

# Overview of current drug discovery approaches for childhood epilepsies



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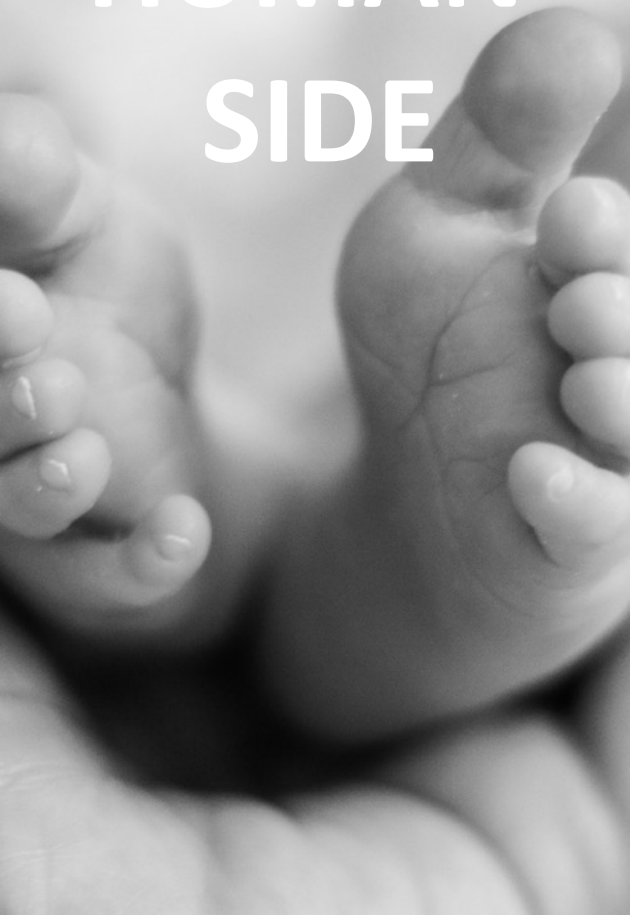


SÍNDROME DE DRAVET  
FUNDACIÓN  
[www.dravetfoundation.eu](http://www.dravetfoundation.eu)



ACS Fall 2019 National  
Meeting & Exposition

**HUMAN  
SIDE**



**DRUG  
DISCOVERY**



**HUMAN  
SIDE**



# The human side of catastrophic childhood epilepsies



**Children**

**Every child is unique**

Some are also *rare*

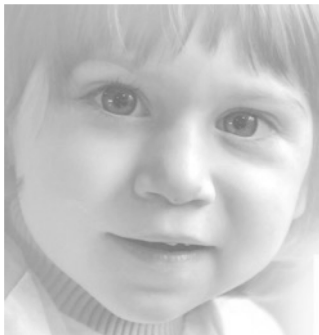
Less than **1 in 2,000** births

Less than **200,000** people in  
the US



# Rare epilepsy syndromes

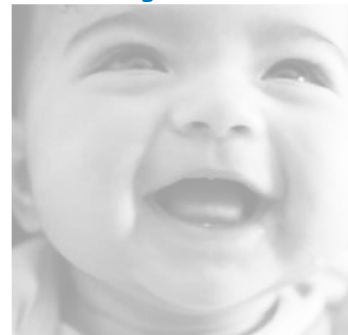
**Lucía**



**Eric**



**Lydia**





Emergencies....

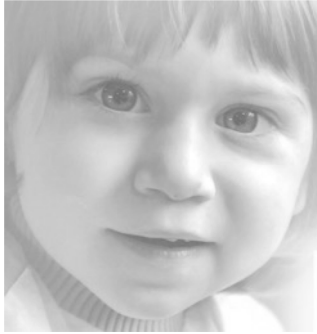


**Seizures...**

... and a diagnostic odyssey



## Lucía



- **No mutation found**
- **Dravet syndrome**
- 10 big seizures a month
- 20% die early, often at night
- Major concerns: her risk of sudden death, her behavioral problems and moderate ID

## Eric



- **Mutation in CDKL5**
- **CDKL5 Deficiency Disorder**
- Hundreds of seizures a month
- Severe disability
- Major concerns: his inability to hold his head up, communicate in any form, or use his hands

## Lydia



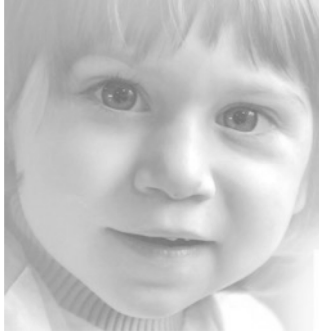
- **Mutation in KCNQ2**
- **KCNQ2 encephalopathy**
- Hundreds of seizures a month
- Severe disability
- Major concerns: if she will survive past age 3

# catastrophe

*noun* [ C ] • **US**  /kə'tæs·trə·fi/

- ★ a sudden event that causes great suffering or destruction:

**Lucía**



**Dravet syndrome**

**20,000+**

**Eric**



**CDKL5 Deficiency Disorder**

**8,000+**

**Lydia**

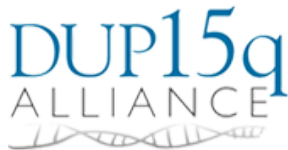


**KCNQ2 encephalopathy**

**15,000+**

**Estimated number of cases just in the US**





# Rare syndromes with epilepsy



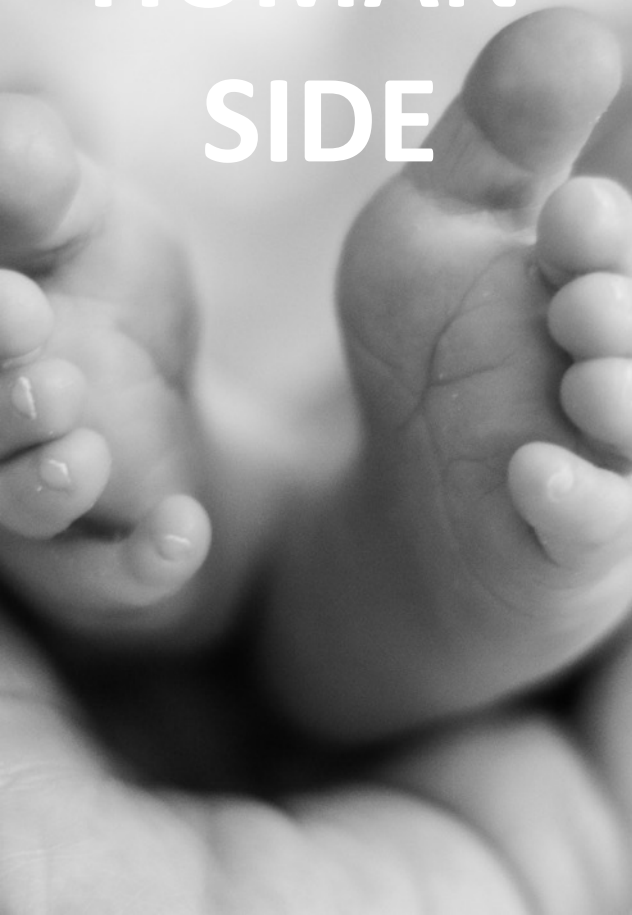


**One common problem**



**Life-threatening  
refractory epilepsy**

**HUMAN  
SIDE**



**DRUG  
DISCOVERY**

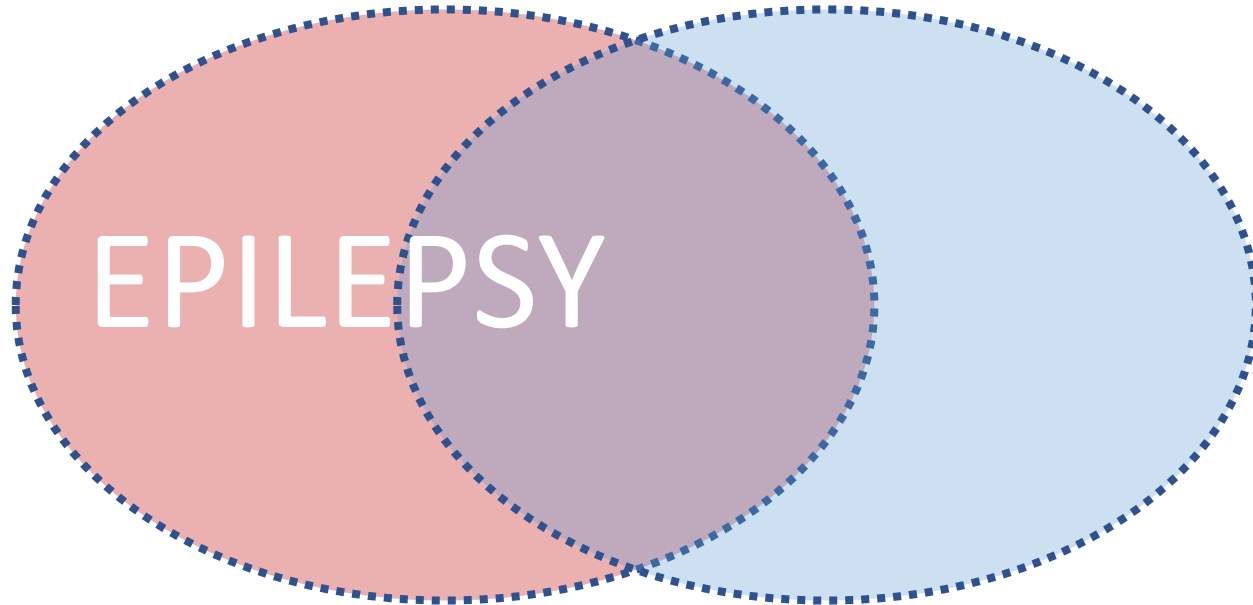


**HUMAN  
SIDE**



# Drug discovery approaches for childhood epilepsies

# The intersection of two fields



**50 million**

people globally  
affected by epilepsy

**Hyperexcitation**

**Hypersynchrony**

**Unknown / idiopathic**

Brain trauma

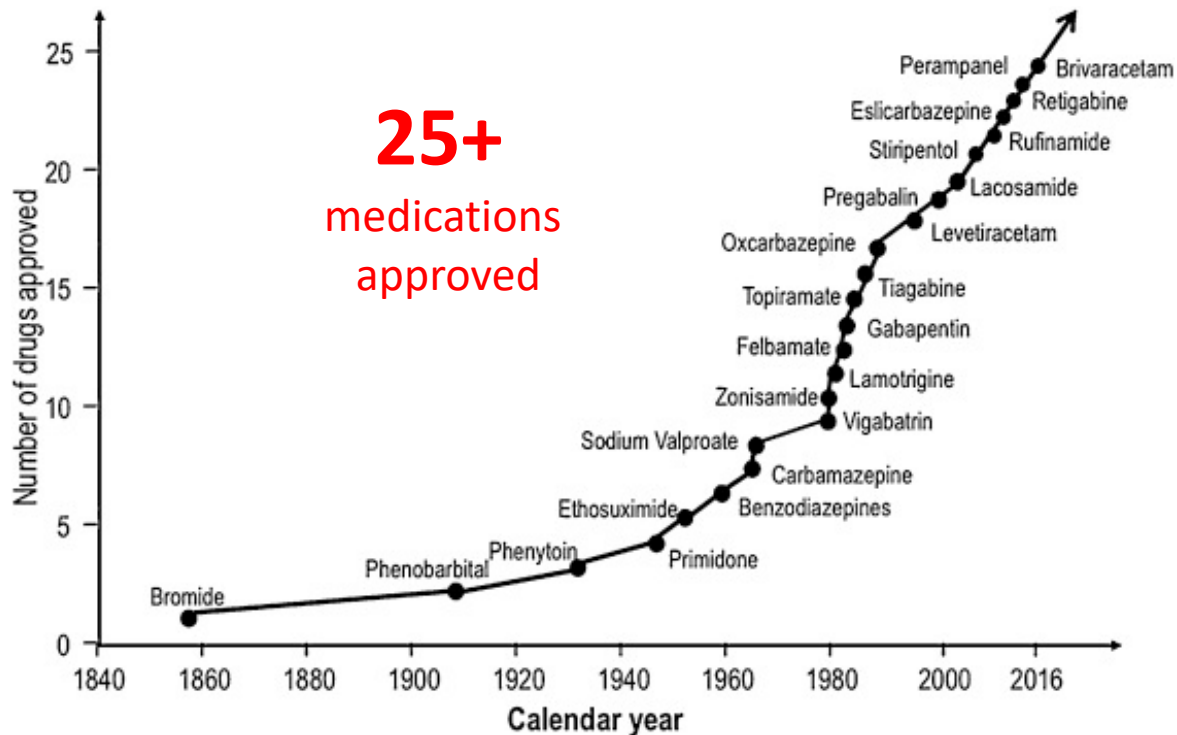
Brain tumors

Brain malformation

Genetic mutations

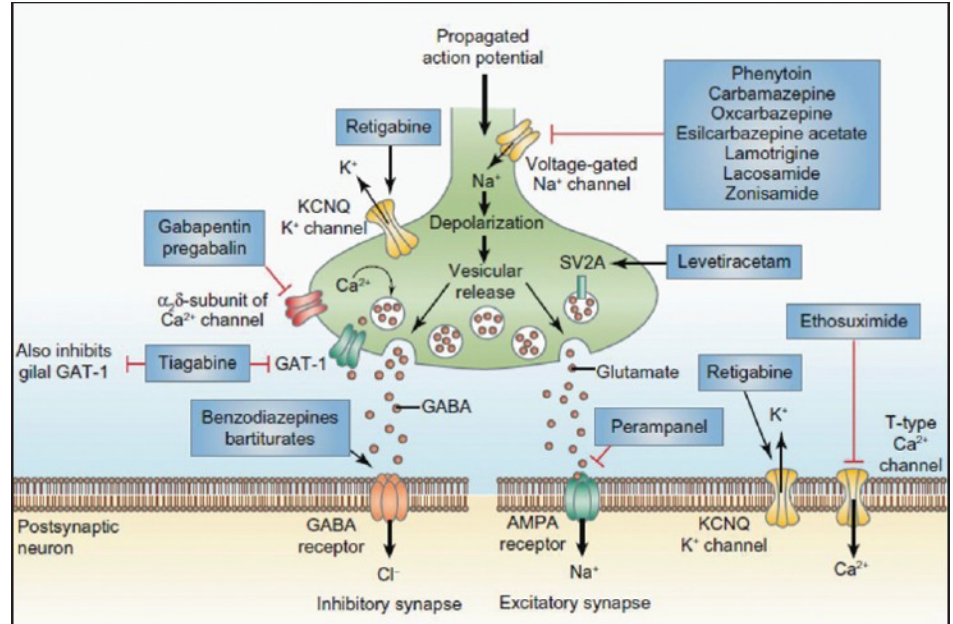
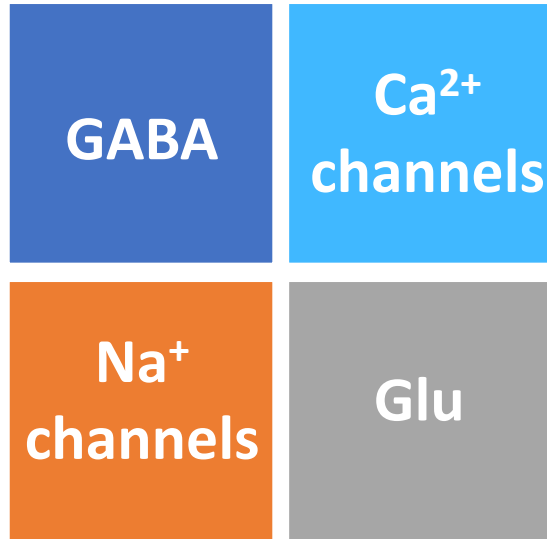


# Epilepsy: a very successful field for drug development

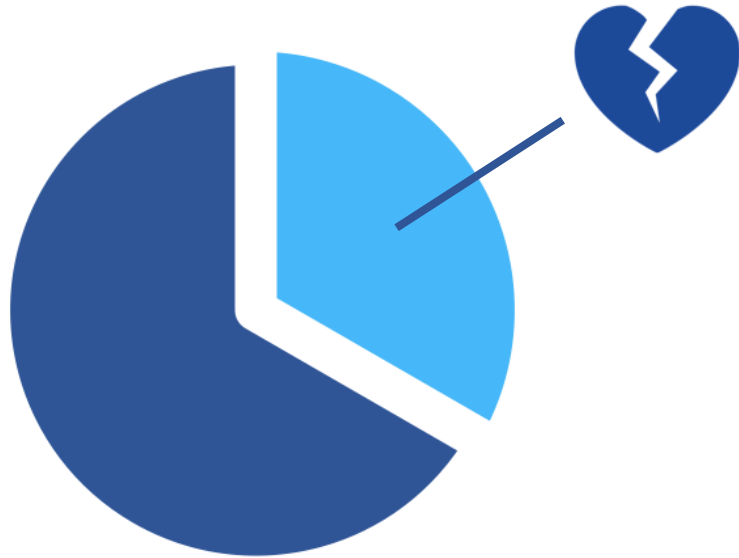


- Easy clinical trials (seizure counting)
- Very large populations
- Chronic disease
- Good preclinical models
- Used to be very attractive for large companies

# Most epilepsy drugs have the same mechanisms



# Most epilepsy drugs have the same mechanisms

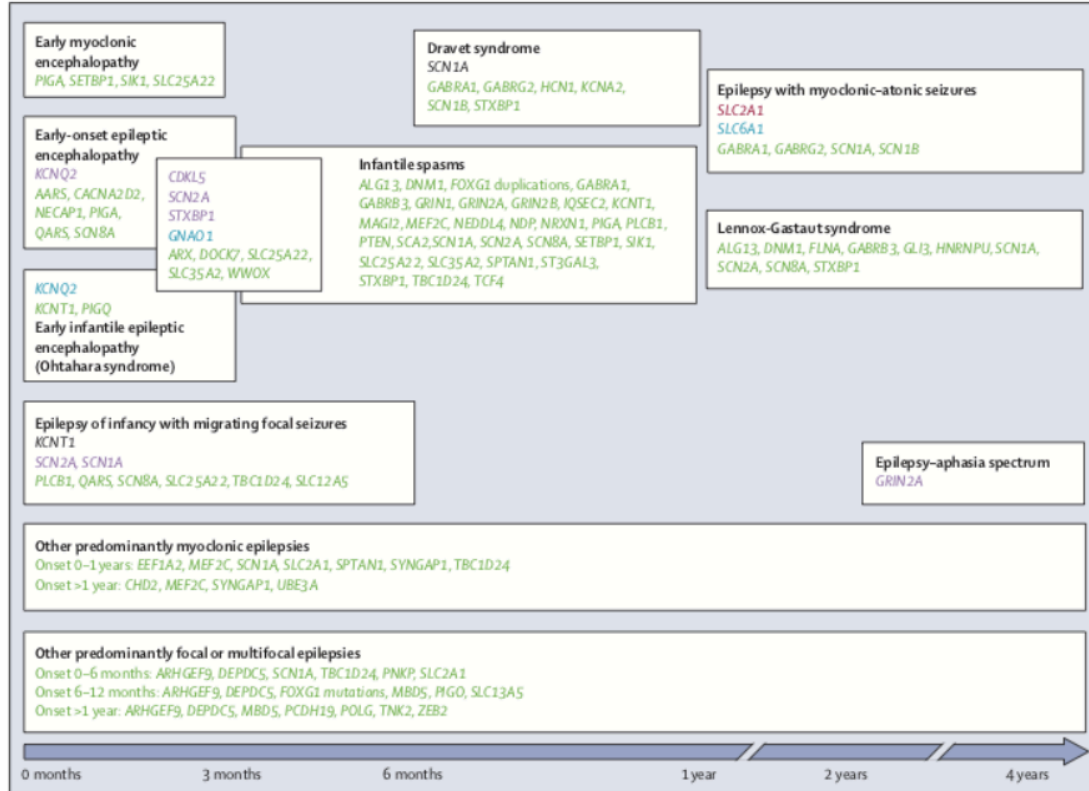


Ineffective in 1/3 of the patients



**Catastrophic  
childhood epilepsies**  
are notoriously  
drug-refractory.

# Many refractory epilepsies are genetic

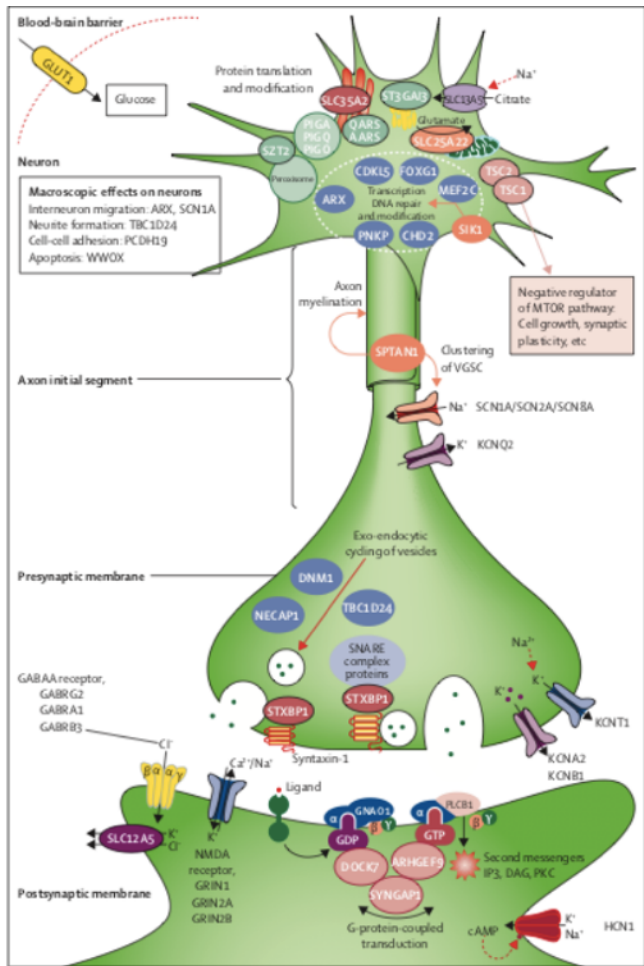


- Until 2001, the cause of epileptic encephalopathies was unknown
- In 2001, *SCN1A* was discovered as the cause of many cases of Dravet syndrome
- Today a genetic panel for epilepsy might contain more than 400 genes

**Figure 1: Genetic causes of epilepsy syndromes**

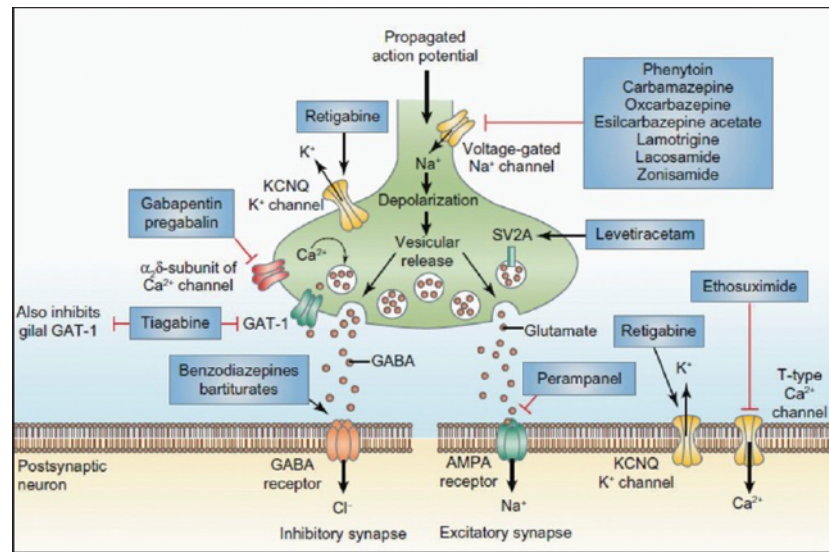
Genetic causes, and proportion of cases caused by each gene, including only non-chromosomal, non-malformative, and non-metabolic disorders. Only genes with more than one case reported are included. Black font denotes genes that account for at least 50% of cases, purple font 10-50% of cases, red font 5-10% of cases. Blue font denotes genes that account for less than 5% of cases, and green font denotes genes that account for an unknown percentage of cases.

# RARE EPILEPSY GENES

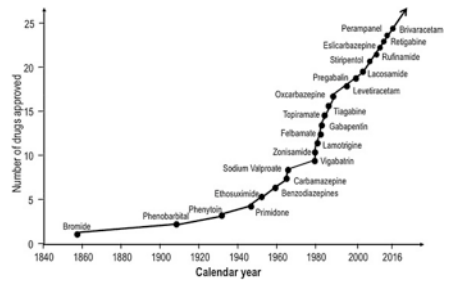


And they are caused by mutations in critical synapse genes

## EPILEPSY DRUGS



# Evolution of drug discovery in epilepsy



**Overcrowded!**  
**Big pharma**  
**freaks out.**

**Boom**



**Maturation**

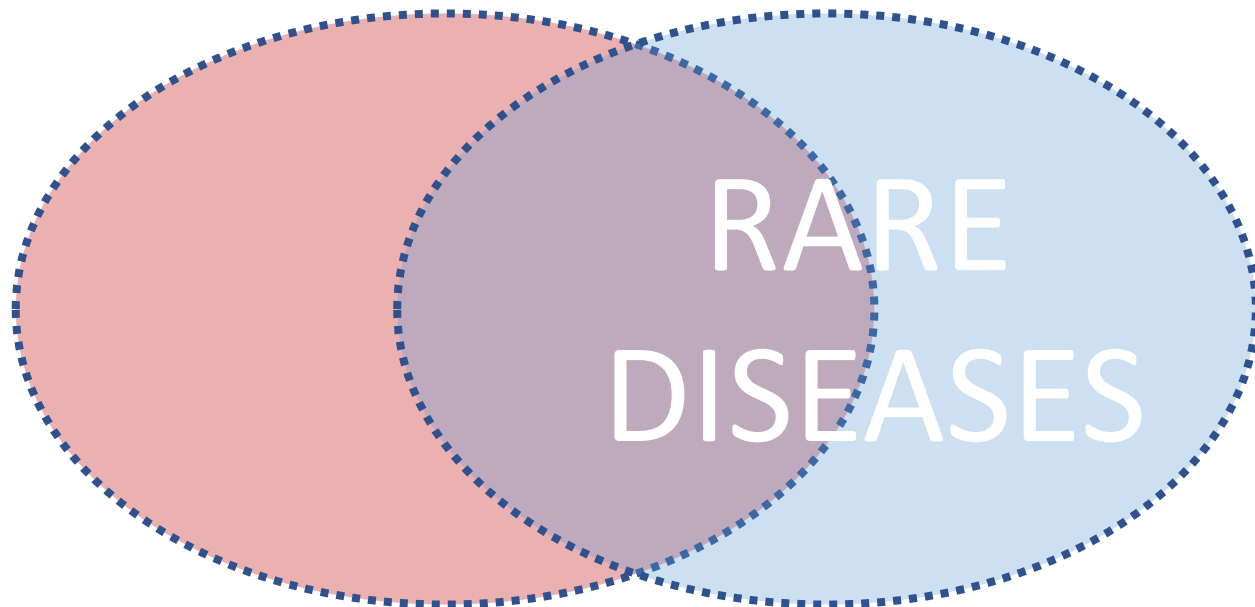


**Now what?**

- Fast progress
- Many approvals
- Broad label

- Still a third refractory
- Harder to recruit
- Smaller market slice

Enter rare diseases....



Less than **1 in 2,000** births



# RARE DISEASES



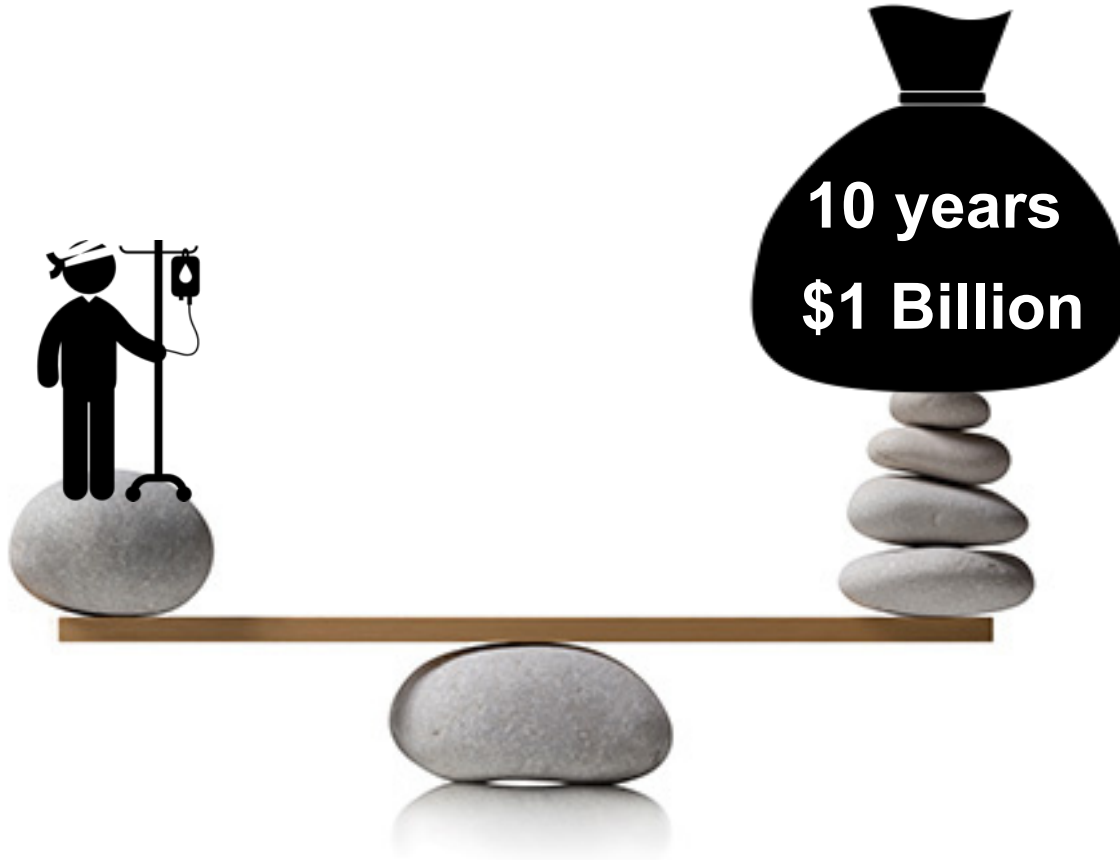
**7,000**  
rare  
diseases



**350 million**  
people in  
the world



**95% have**  
no drug  
approved



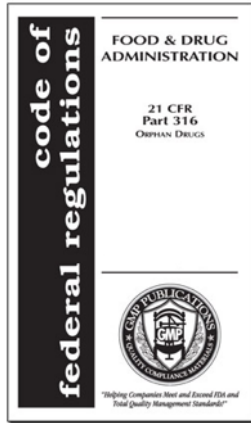
10 years

\$1 Billion

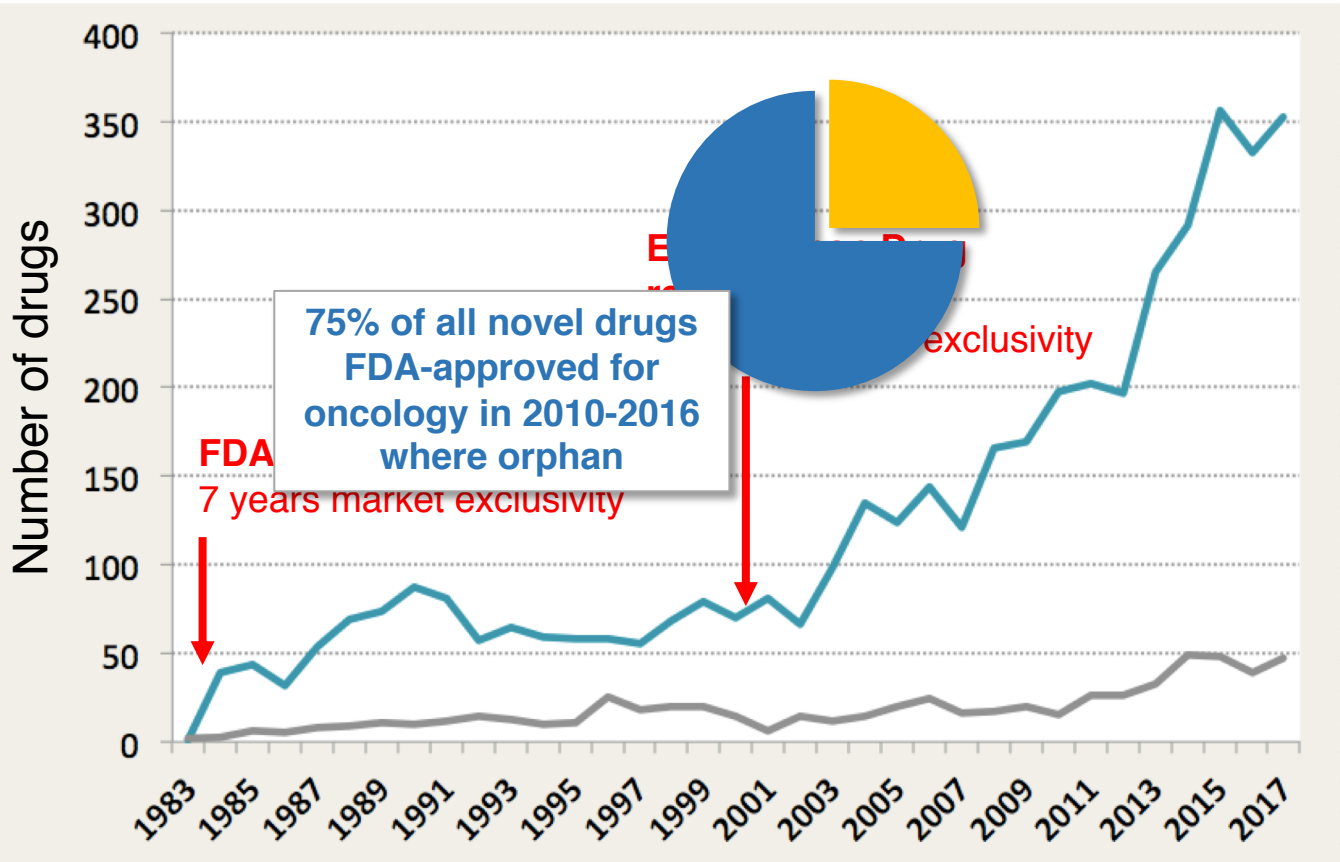
# Orphan drugs

## Drugs for rare diseases

# An Orphan Drug Act was needed (1987)



- 7-year market exclusivity
  - Tax credits
  - Waiver of Prescription Drugs User Fees
  - Rare pediatric priority review voucher
- 
- **Shorter development:** Often a pilot study followed by 1-2 pivotal
  - Therefore **cheaper development** → opportunity for smaller companies
  - Might command **higher price** (but smaller market!)



**FDA orphan drug designations**  
(not yet approved)

**FDA orphan drug approvals**

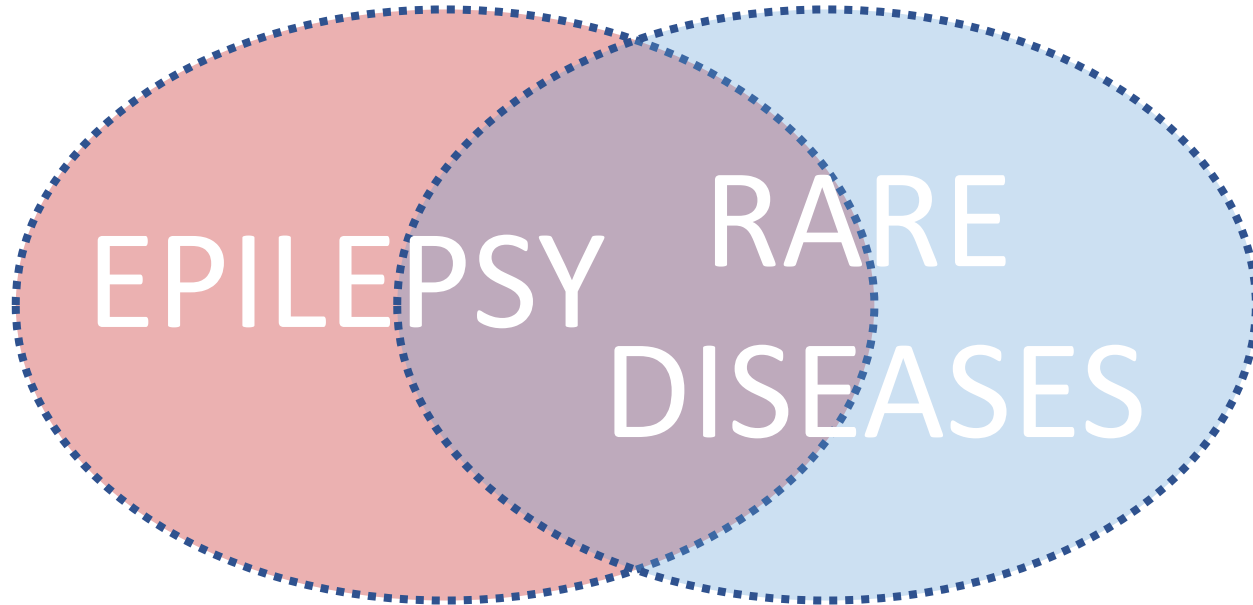
Source data compiled by James Love, Harvard Law blog

# Orphanization

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## Personalized medicine

# The intersection of two fields



**Rare** childhood epilepsies have  
given a **second life** to the field  
of epilepsy drug discovery



From epilepsy to epilepsies

# 2010

Partial Onset Seizures add on  
Partial Onset Seizures monotherapy  
Generalized Seizures add on  
Generalized Seizures monotherapy



# 2018-2019

Lennox-Gastaut syndrome  
Dravet syndrome  
CDKL5 Deficiency Disorder  
PCDH19 epilepsy  
Tuberous Sclerosis Complex  
.....



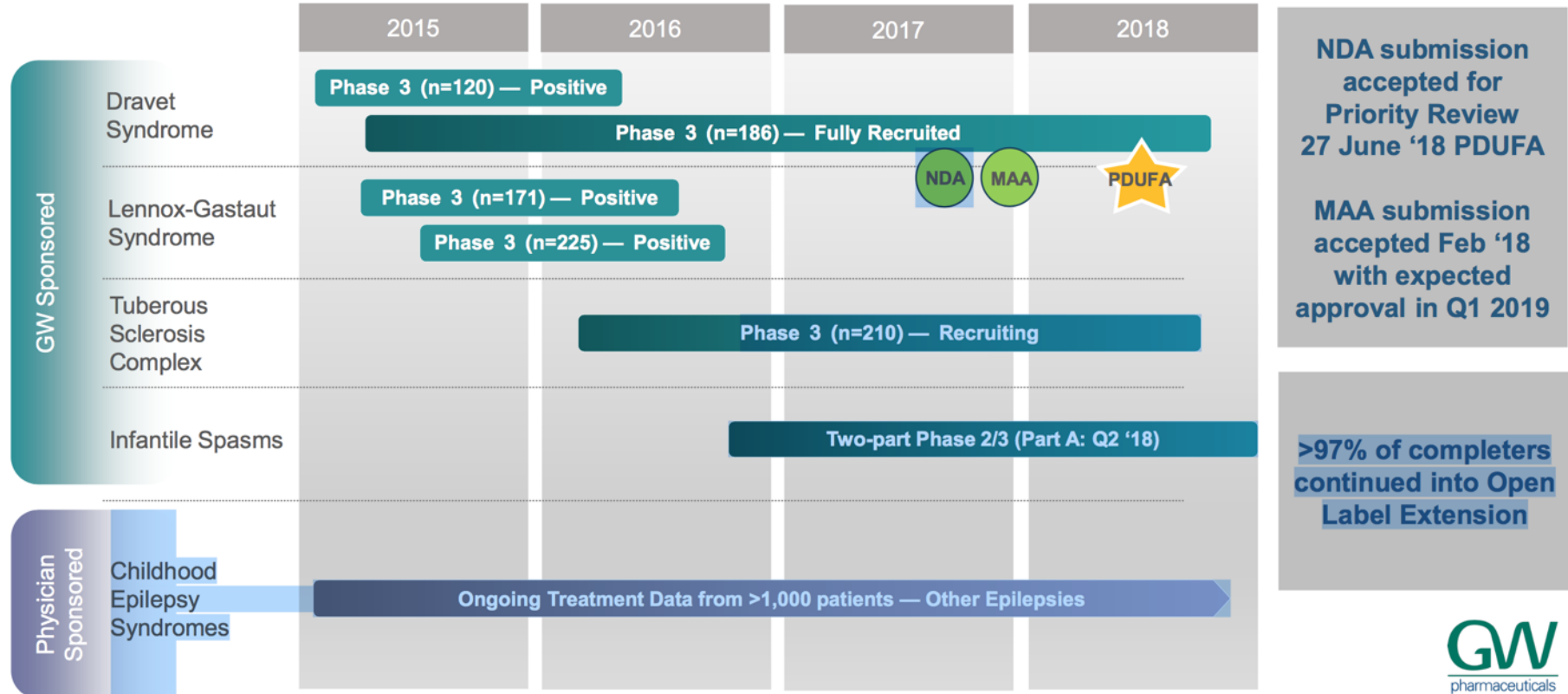
**The pioneer**

The logo icon consists of a stylized figure with arms and legs outstretched, rendered in shades of green and grey. A small black dot is positioned above the figure's head.

Epidiolex<sup>®</sup>  
(cannabidiol) <sup>Ⓢ</sup>

# Epidiolex<sup>®</sup> Phase 3 Program Overview





(old slide)



- 3,5 years IND to NDA
- De-risked protocols (epilepsy!)
- Big medical/patient interest
- Market exclusivity as orphan drug
- Opportunity for multiple indications

# The new era of epilepsy drug development

# Multiple syndromes for one drug

GANAXOLONE	PHASE 1	PHASE 2	PHASE 3
<b>Orphan Refractory Seizure Programs</b>			
	CDKL5 Deficiency Disorder (CDD)*		
	PCDH19-Related Epilepsy (PCDH19)*		
 	Refractory Status Epilepticus*		



# A couple of syndromes for each drug



PRODUCT CANDIDATE	INDICATION	RESEARCH	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3
<b>OV101</b> δ-selective GABA <sub>A</sub> receptor agonist	Angelman Syndrome	STARS – Completed NEPTUNE – Initiated ELARA OLE – Ongoing				
	Fragile X	ROCKET – Ongoing				
<b>OV935*</b> CH24H inhibitor	CDKL5 Deficiency Disorder / Dup15q Syndrome	ARCADE – Ongoing ENDYMION OLE – Ongoing				
	Dravet / LGS	ELEKTRA – Ongoing ENDYMION OLE – Ongoing				
<b>OV329</b> GABA aminotransferase inhibitor	Treatment Resistant Epilepsy					
<b>OV881</b> microRNA	Angelman Syndrome					

\*Also known as TAK-935. Co-development program with Takeda Pharmaceutical Company Limited pursuant to a license and collaboration agreement.

# Multiple drugs for epilepsy / syndromes



	Preclinical	Phase 1	Phase 2	Phase 3	Approved
<b>XEN1101</b> for Epilepsy	█	█	█		
<b>XEN901</b> for Epilepsy	█	█			
<b>XEN496</b> for Epilepsy	█	█	█		

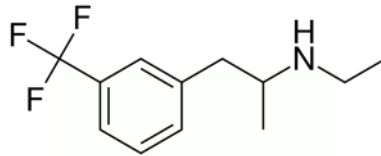
From epilepsy to epilepsies

Developing therapies for  
childhood epilepsies  
**makes (business) sense**  
in several scenarios



# YOU CAN RECYCLE OLD DRUG

- 7 years of **market exclusivity** post-approval (10 years in other markets) encourages drug repurposing
- Very interesting opportunity for old drugs that have a **weaker IP position**



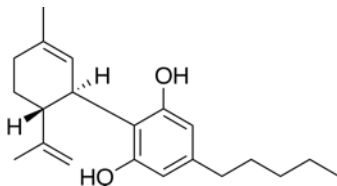
Zogenix

- 1973: Approved combined with phentermine (Fen-Phen) for appetite suppression.
- 1997: Removed from market.
- 2015 starts trials for Dravet syndrome.
- Expected US and EU decisions in 2020
- **Old drug: market exclusivity is key.**

# CLUSTER OF RARE DISEASES



- Some mechanisms of action mean a drug can be developed in parallel for a **group of related** rare diseases
- This is one of the best approaches from the company perspective



**Next presentation**

# THE STEPPING STONE

- Some rare diseases serve as “gateway indications” to de-risk a compound before approaching the larger disease
- These are often genetic diseases



**GLADSTONE  
INSTITUTES**

**Nav1.1 activators**



**Dravet  
syndrome**



**Alzheimer's disease  
Schizophrenia**



REPURPOSING



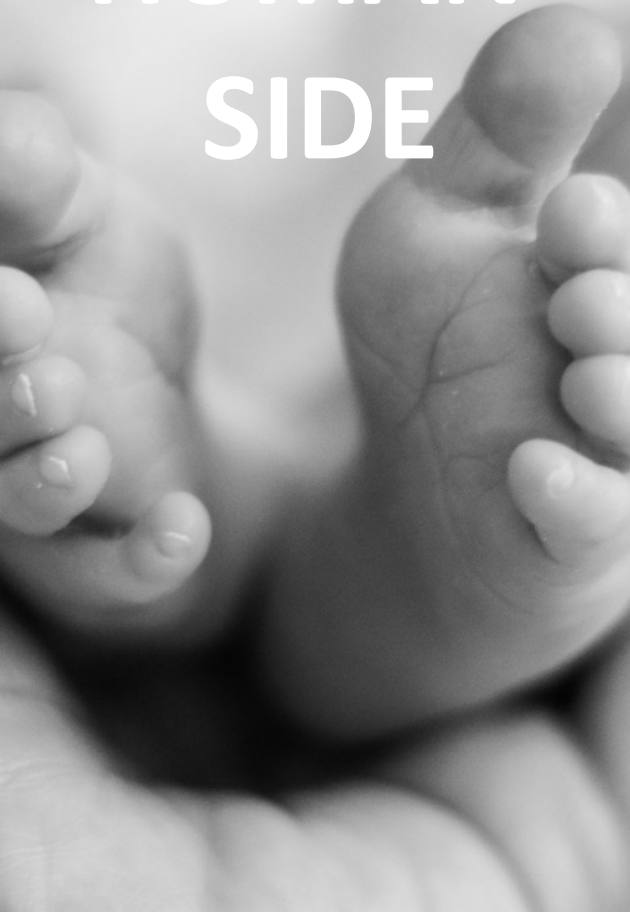
CLUSTER



STEPPING STONE



**HUMAN  
SIDE**



**DRUG  
DISCOVERY**



**HUMAN  
SIDE**





**Epilepsy is  
often  
invisible.**

**Stigma.**



Last month **20-year old Disney star Cameron Boyce** died of sudden death in epilepsy (SUDEP).

It drew media attention to epilepsy and its consequences

Epilepsy is the 4<sup>th</sup> more common neurological disease in the US.

Yet we hear little about it.

Efforts to make it **visible**

Miguel Cervantes



Book, Music and Lyrics by **LIN-MANUEL MIRANDA**  
Inspired by the book *ALEXANDER HAMILTON* by **RON CHERNOW**  
Choreography by **ANDY BLANKENBUHLER**  
Directed by **THOMAS KAIL**

RICHARD RODGERS THEATRE • 226 WEST 46<sup>TH</sup> STREET



“Adelaide is 2 years old, but she functions much more like a newborn”, Cervantes said. “She doesn't sit or stand or talk or babble. We are always watching her to see if there is a seizure.”

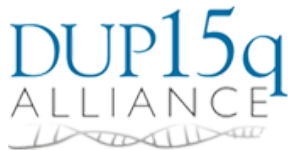
Parents,  
the **impatient** patients

# Parents start...

**Patient  
groups**

**Research  
Foundations**

**Companies**



# Rare syndromes with epilepsy



draveturope  
Dravet Syndrome European Federation



Education & Research Foundation



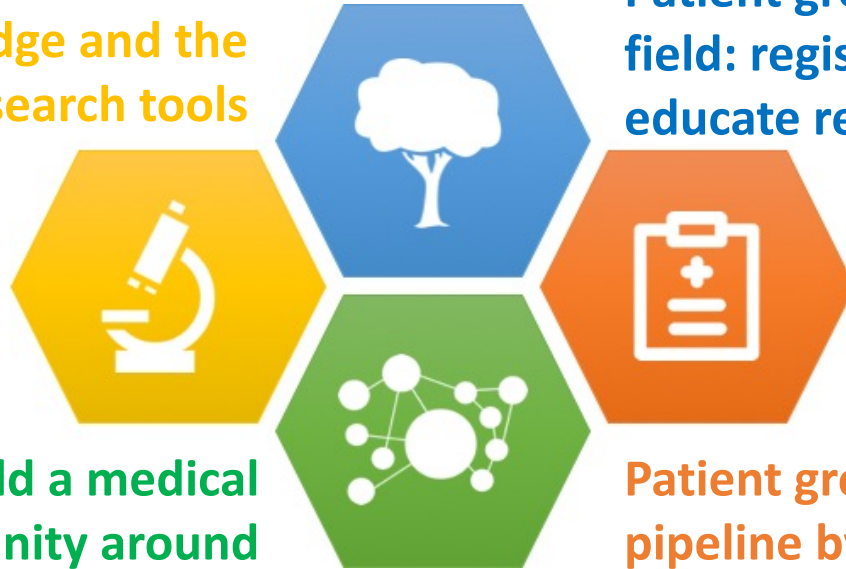


In rare diseases  
**patient groups** are central to  
drug development

For small companies: patient  
groups are **the ideal partner**



**Patient groups build the basic knowledge and the research tools**



**Patient groups de-risk the field: registries, trial sites, educate regulators**

**Patient groups build a medical and research community around their disease (conferences)**

**Patient groups build a drug pipeline by attracting and supporting companies**

For research groups: patient  
groups are **the best support**



**Tools/reagents**

**Access to information**

**Funding**

**Connections**

**Access to samples**



For companies and regulators:  
patient groups are **the experts**



Drug discovery *with* ~~for~~ patients

# Take-home messages



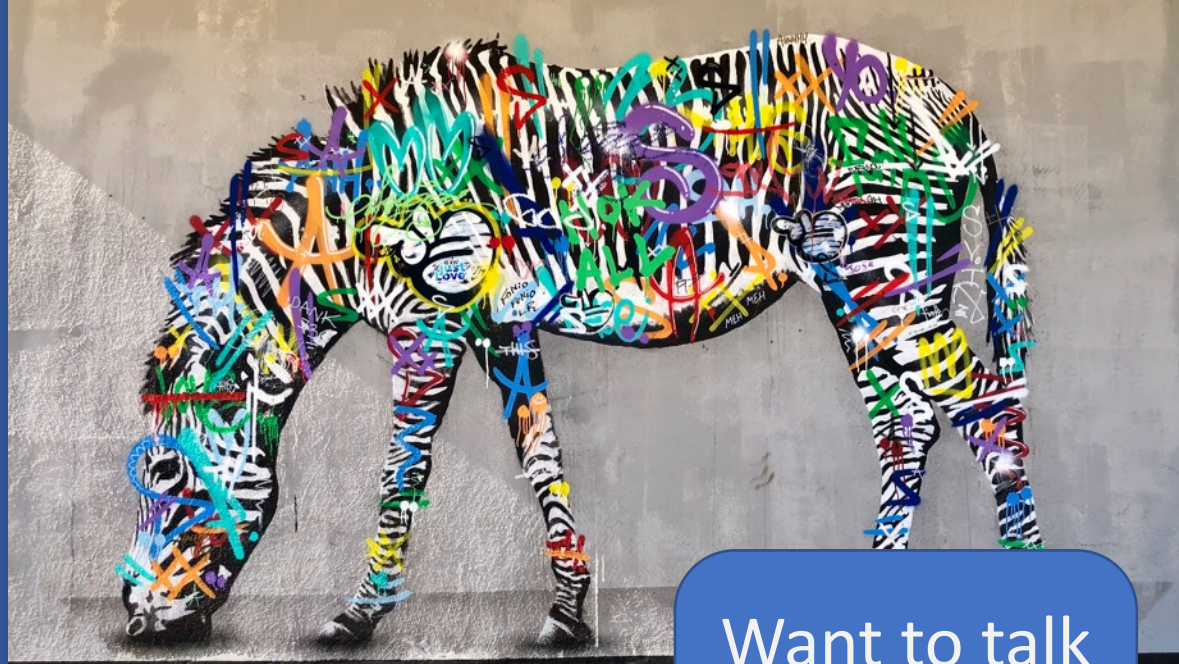
**Rare epilepsy syndromes** have much need for effective therapeutics.

The epilepsy field is going towards **orphan drugs**.

**All rare diseases can be attractive** if you find the right business reason for that company/drug.

If you have a **CNS active drug** and are not sure about potential indications, talk to me!

# Thank you!



**Ana Mingorance**



**ana@dracon.com**



**@CNSDrugHunter**

Want to talk  
about rare  
epilepsies?