
NEUROSEARCH

ACR16 for the Treatment of Huntington's Disease

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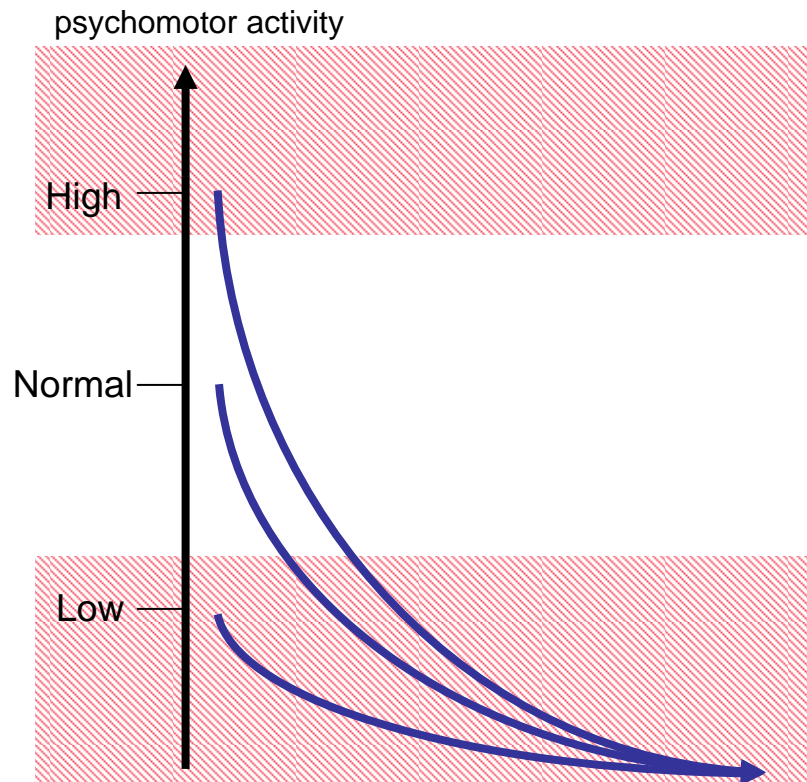
ACR16 for Huntington's disease



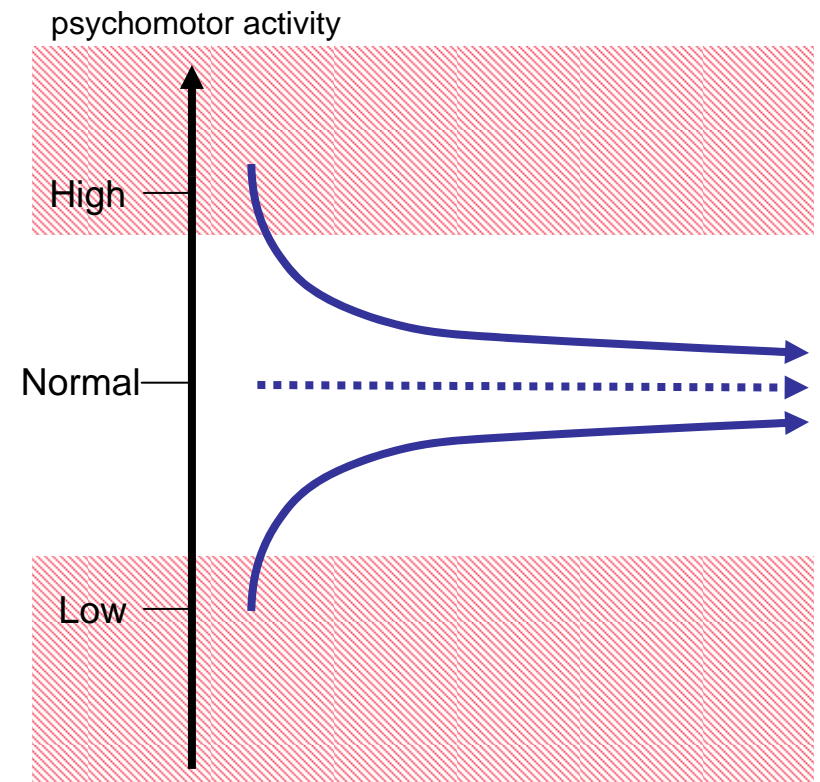
- ACR16 is a small molecule belong to a pharmacological class called 'dopaminergic stabilizers'
- Dopamiergic stabilizers are compounds that can *enhance* or *inhibit* activity depending on the initial level of activity
- ACR16 has a broad neuropharmacological activity potential
- ACR16 is still an expermental therapeutic.
- It has undergone limited clinical testing in patients and the results have been encouraging

ACR16- a dopamine stabilizer

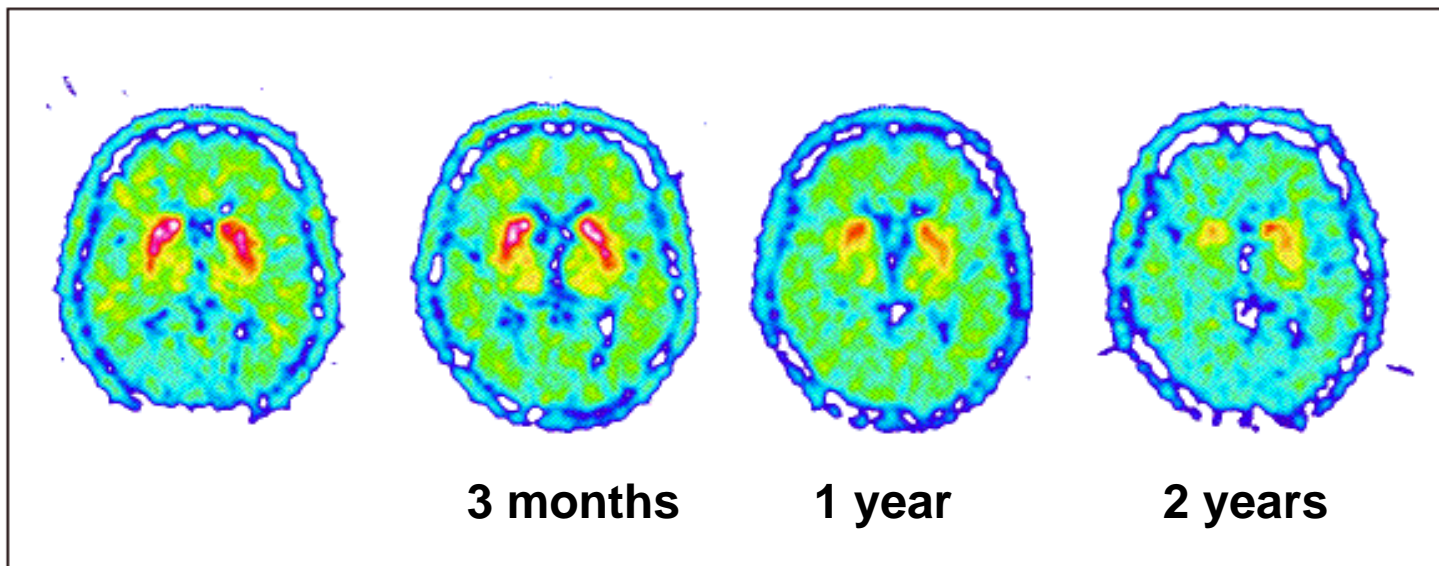
Neuroleptic



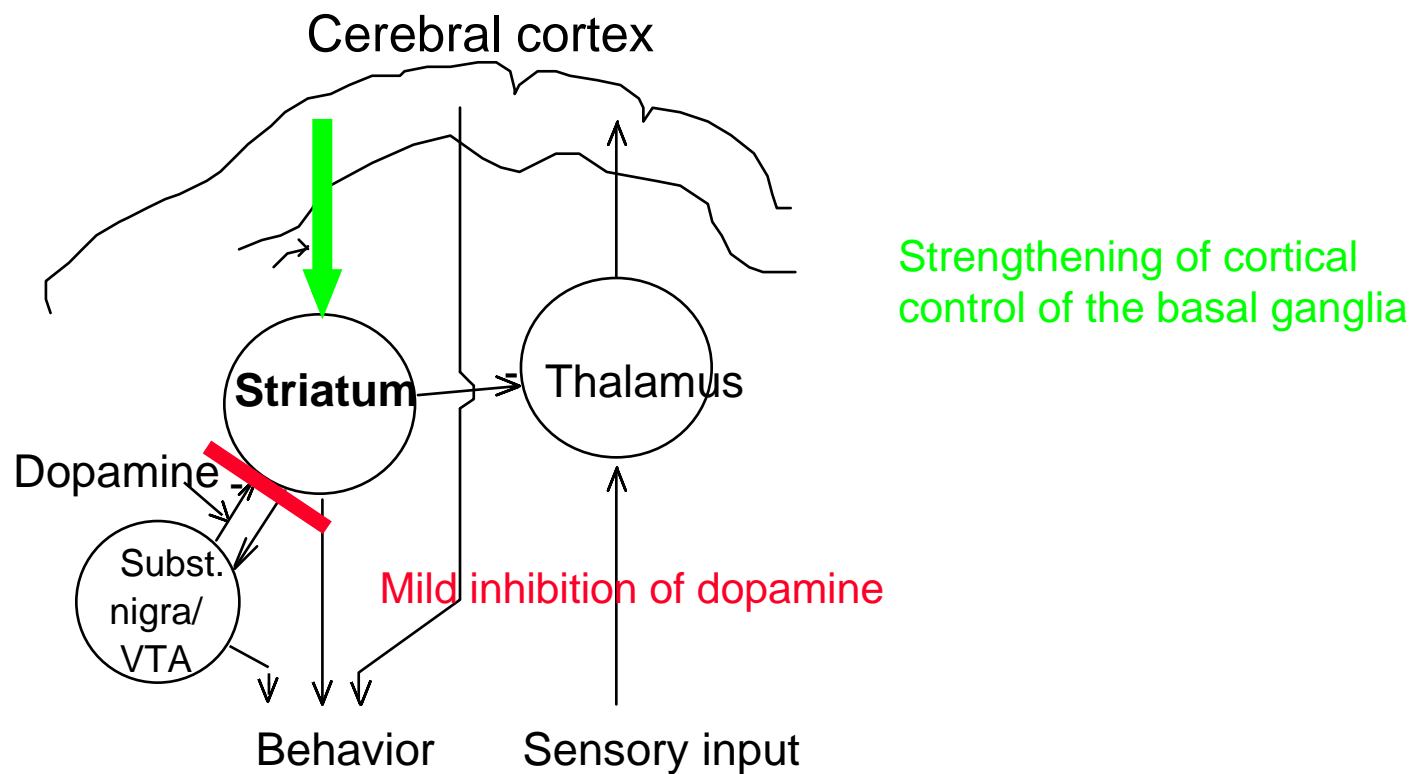
ACR16



Reduction of dopamine receptors with the progression of Huntington's disease



What does ACR16 do?



Huntington's disease- many symptoms



- Motor symptoms
- Neuropsychiatric symptoms
- Disruption of mental processing

HD- many symptoms a challenge

- **Motor symptoms**

- Neuropsychiatric symptoms

- Disruption of mental processing

- Chorea, dystonia (involuntary movements)
- Problems with eye movements
- Problems with voluntary control of movement (balance, gait, slowness, clumsiness, speech difficulties, swallowing problems etc.)**

HD- many symptoms a challenge



- Motor symptoms
- **Neuropsychiatric symptoms**
- Disruption of mental processing
 - Mood symptoms (depression, anxiety, apathy, mania, irritability)
 - Psychosis

HD- many symptoms a challenge



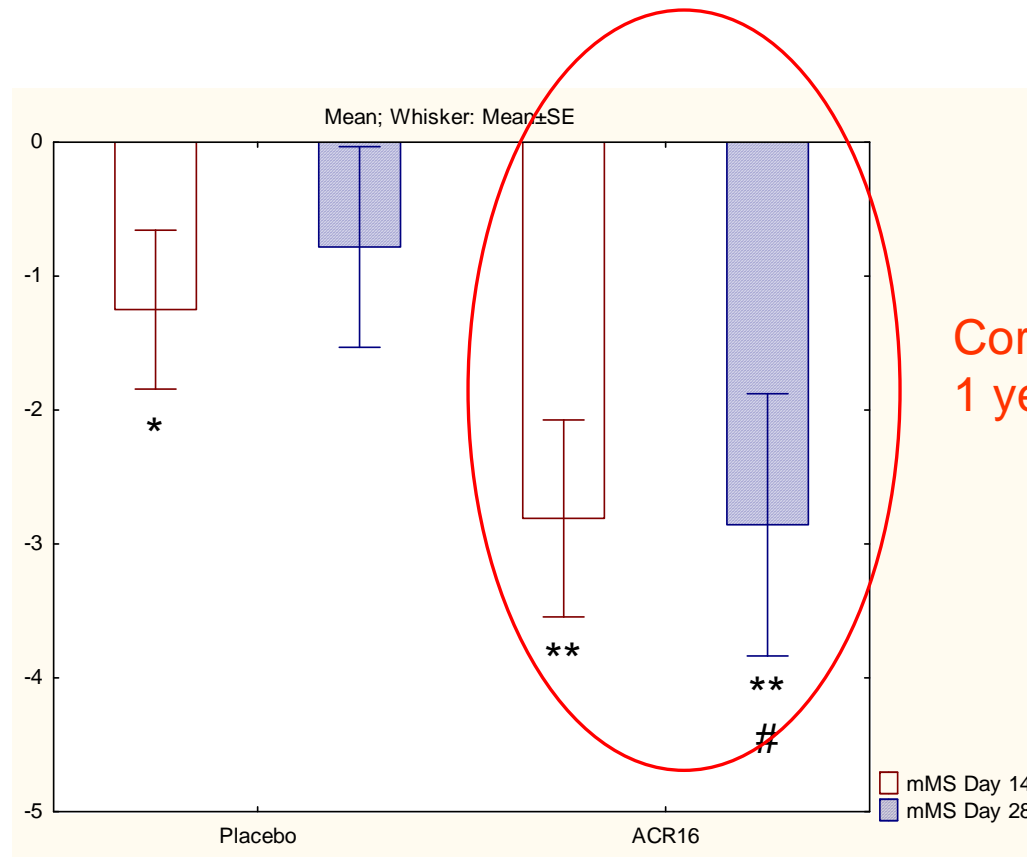
- Motor symptoms
- Neuropsychiatric symptoms
- **Disruption of mental processing**
 - Thought processing problems
 - Forgetfulness

ACR16 been tested in Huntington's disease



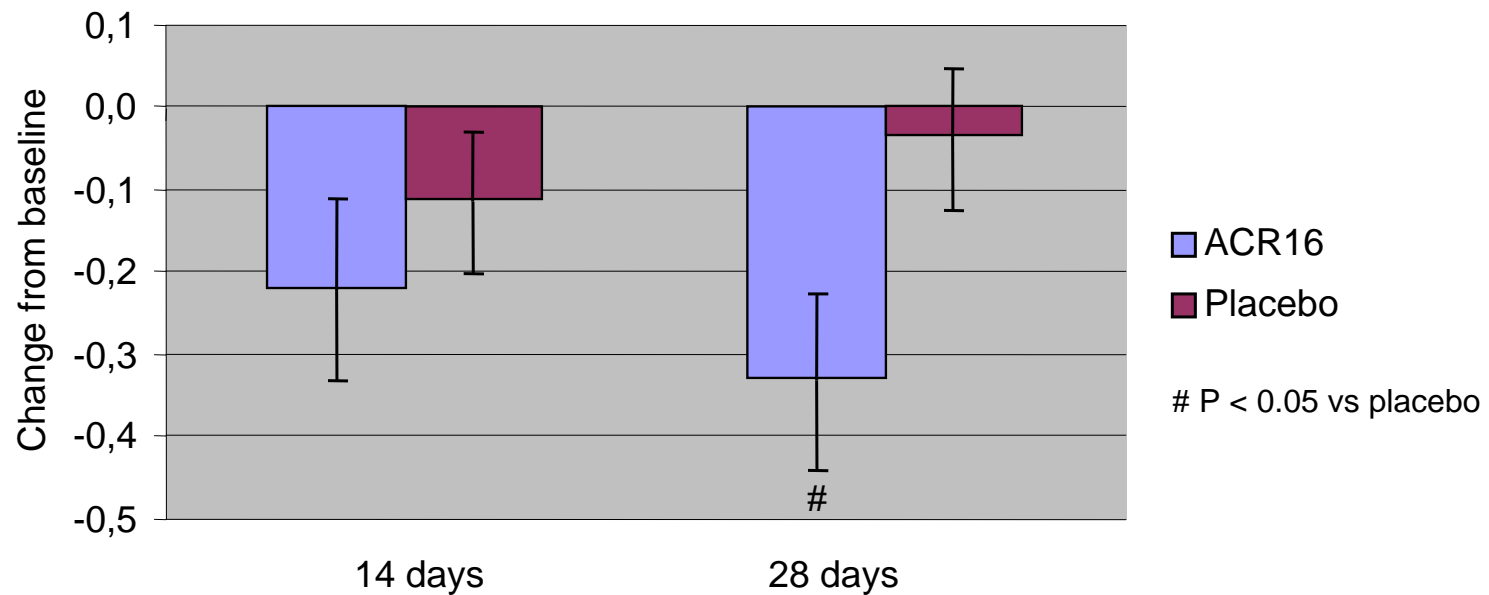
- ✓ So far a limited number clinical trials have been conducted and the results have been encouraging;
- ✓ It seems ACR16 has a clinical profile corresponding to findings in pharmacological experiments

Effects of ACR16 on voluntary movement in Huntington's disease patients



Modified motor score (mMS) change vs. baseline after 14/28 days of treatment. Mean \pm SEM, subjects displaying mMS > 10 at baseline.
* $p < 0.05$ vs. baseline ** $p < 0.01$ vs. baseline # $p < 0.05$ ACR16 vs. Placebo

ACR16- effects on gait function

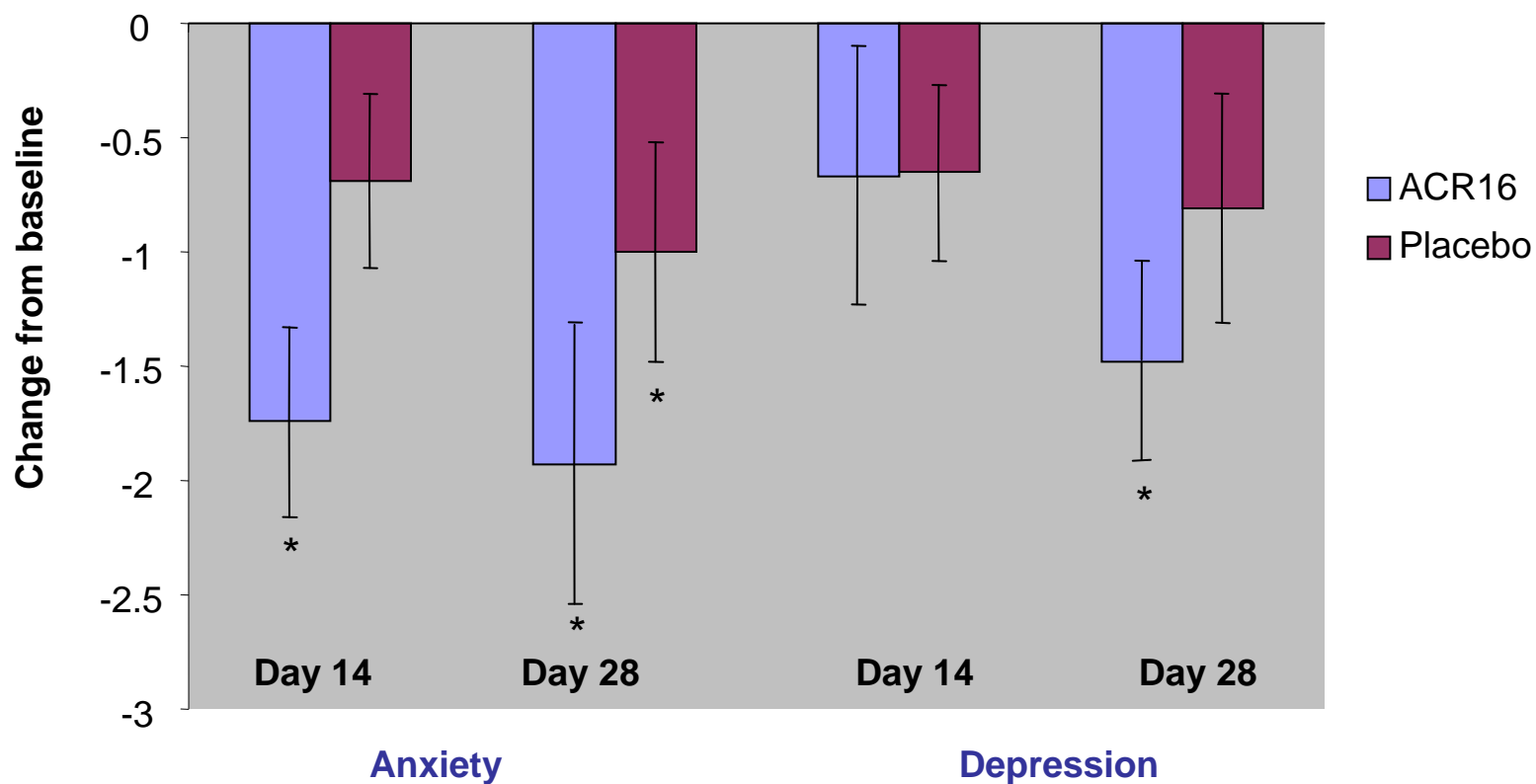


Patients with gait improvement:

11/28 patients ACR16

3/30 patients placebo

ACR16- effects on anxiety and depression



* P < 0.05 vs baseline

What is the place for ACR16 in Huntington's disease?



- Well tolerated with minimal tradeoff for the patient
- To improve voluntary control of movement
- To improve neuropsychiatric symptoms and possibly also cognitive performance



To reduce the overall burden of having HD

What is ongoing ?

- A double-blind placebo controlled study in Europe
- 420 patients
- Treatment groups:
 - 45 mg q.d.
 - 45 mg b.i.d.
 - Placebo
- 6 months duration
- This trial is currently enrolling



North American ACR16 trial



- 3 months treatment duration
- 4 dose groups including placebo
- Eligible patients:
 - HD diagnosed clinically or with a genetic test
 - General good physical health
 - HD motor symptoms of a certain magnitude
 - Treatment with neuroleptics or tetrabenazine not allowed
 - Some other concomitant medications also not allowed

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Thank you for listening

