



# L'impegno di Novartis nella ricerca cardiovascolare

**74° Congresso Nazionale FIMMG-METIS 2017  
S. Margherita di Pula (CA)  
5 ottobre 2017**

**Giuseppe Maiocchi**  
*Responsabile Medico Area Cardio-Metabolica*

# Novartis: chi siamo

**>54.000** collaboratori



Le nostre terapie raggiungono  
**un miliardo di pazienti**

in

**140 Paesi**  
di tutto il mondo



# Ricerca e Sviluppo in Italia

- Il contributo dell'Italia all'innovazione si esprime in un forte impegno nella ricerca clinica farmaceutica.
- Per numero e qualità di studi, l'Italia svolge un ruolo significativo nelle strategie della ricerca del Gruppo.



**Investimenti  
Ricerca e Sviluppo**  
**63 milioni di euro**



**Studi sostenuti**  
**180**



**Centri ospedalieri**  
**2.514**

**Pazienti**  
**11.020**

## La ricerca clinica farmaceutica in Italia

	STUDI	PAZIENTI	CENTRI	
	Oncologia ed Ematologia	85	2.121	1.040
	Cardiometabolico	18	1.947	422
	Immunologia e Dermatologia	39	1.642	334
	Neuroscienze	18	1.695	229
	Oftalmologia	9	1.426	246
	Respiratorio	11	2.189	243
	180	11.020	2.514*	

(\*) I centri che partecipano a studi in diverse aree terapeutiche sono conteggiati più volte; all'interno di una stessa area terapeutica, il centro è conteggiato una sola volta (anche nel caso partecipi a più studi).

# Gli studi clinici: porta dell'innovazione, opportunità e risorsa per il Paese

**Posizione dell'Italia per qualità delle pubblicazioni scientifiche a livello internazionale**  
(media tra documenti citabili, citazioni, H-index)



Nel 2016 le imprese del farmaco hanno investito **700 milioni di euro in studi clinici**, presso le strutture del Ssn

L'Italia ha le caratteristiche per diventare un **hub per gli studi clinici**: vanta solide competenze scientifiche ed eccellenze nell'industria, nelle università e nelle strutture del Ssn

Investire in studi clinici significa non solo **rendere disponibili terapie innovative per i pazienti**, ma anche **assicurare al Ssn importanti risorse e meno costi**, poiché le imprese si fanno carico di tutte le spese ad essi connesse (in oncologia per 1 euro investito, il SSN ne risparmia 2,2)



# Novartis Institutes for BioMedical Research (NIBR)

## *Drug discovery and early development*

~6,000

Scientists /  
7 sites globally

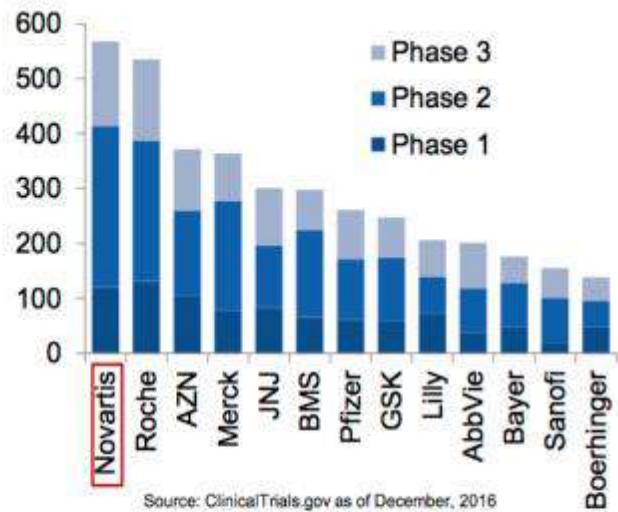


~400

Research projects

>500

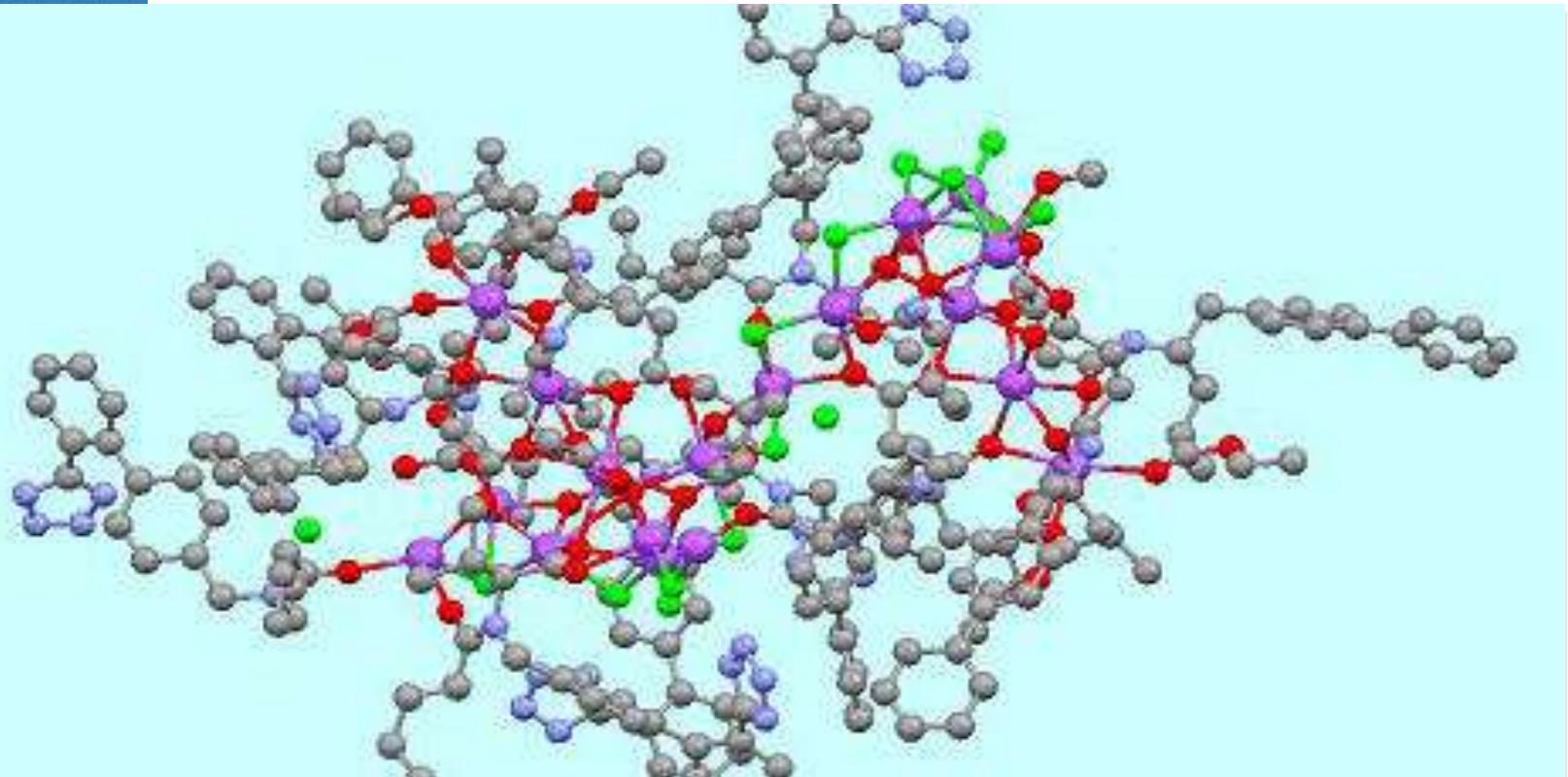
Ongoing  
clinical trials  
(NIBR &  
GDD)



Source: ClinicalTrials.gov as of December, 2016

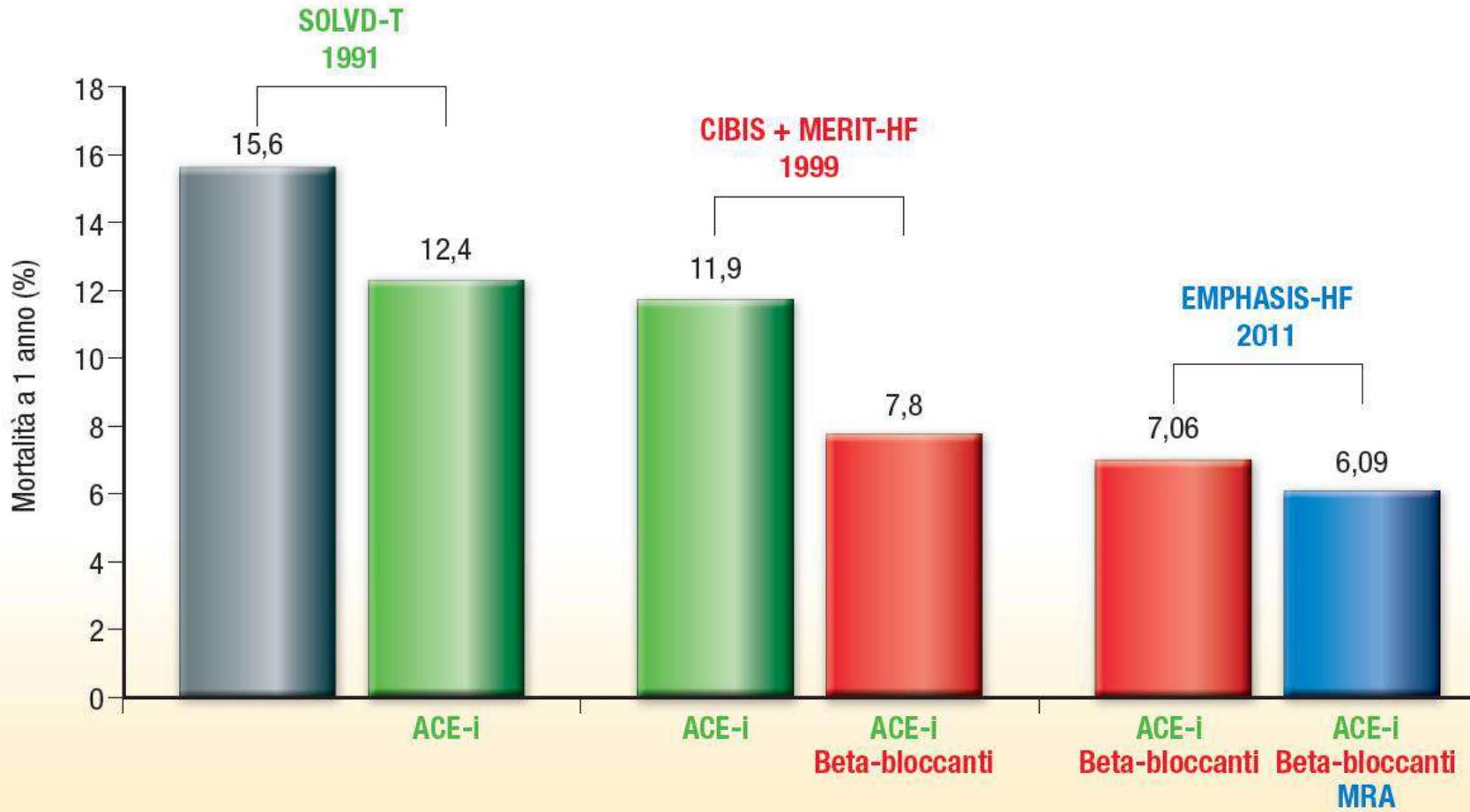
~90

New Molecular Entities

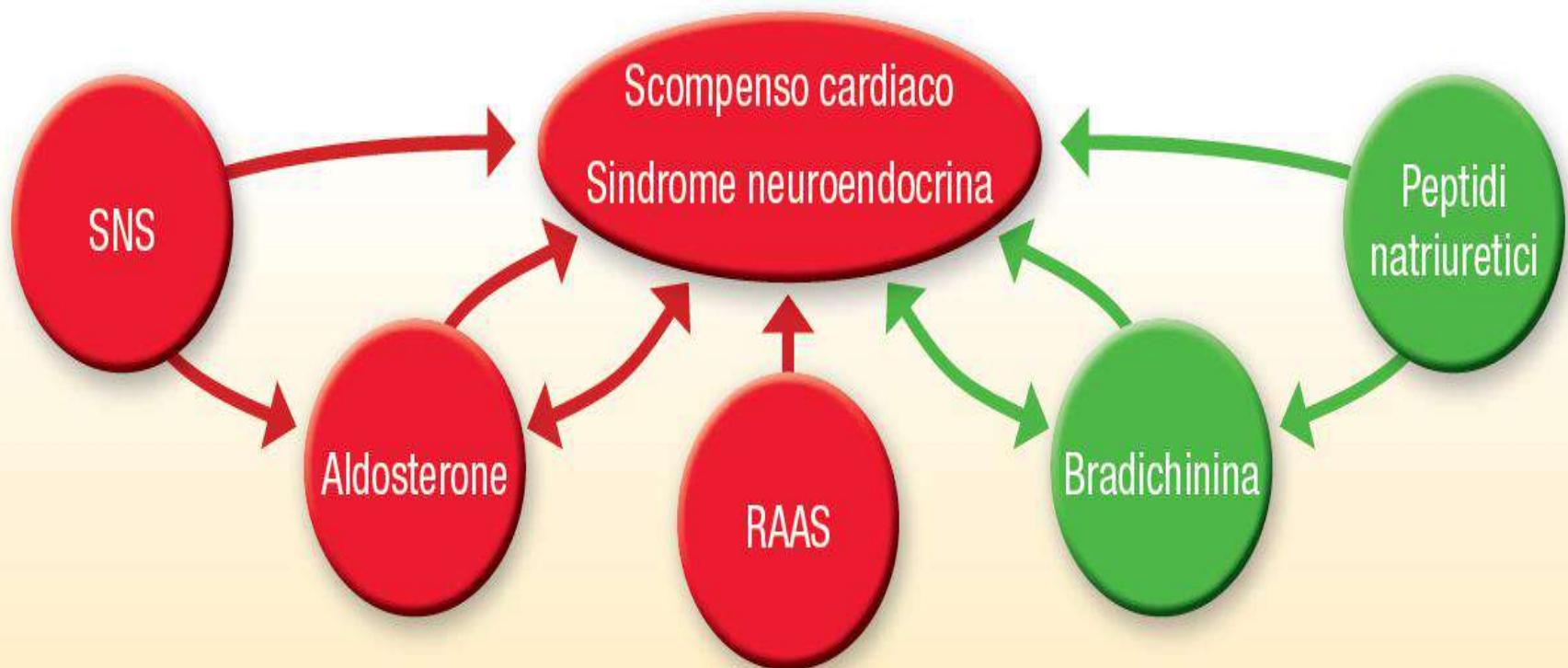


# **Sacubitril / valsartan: il presente**

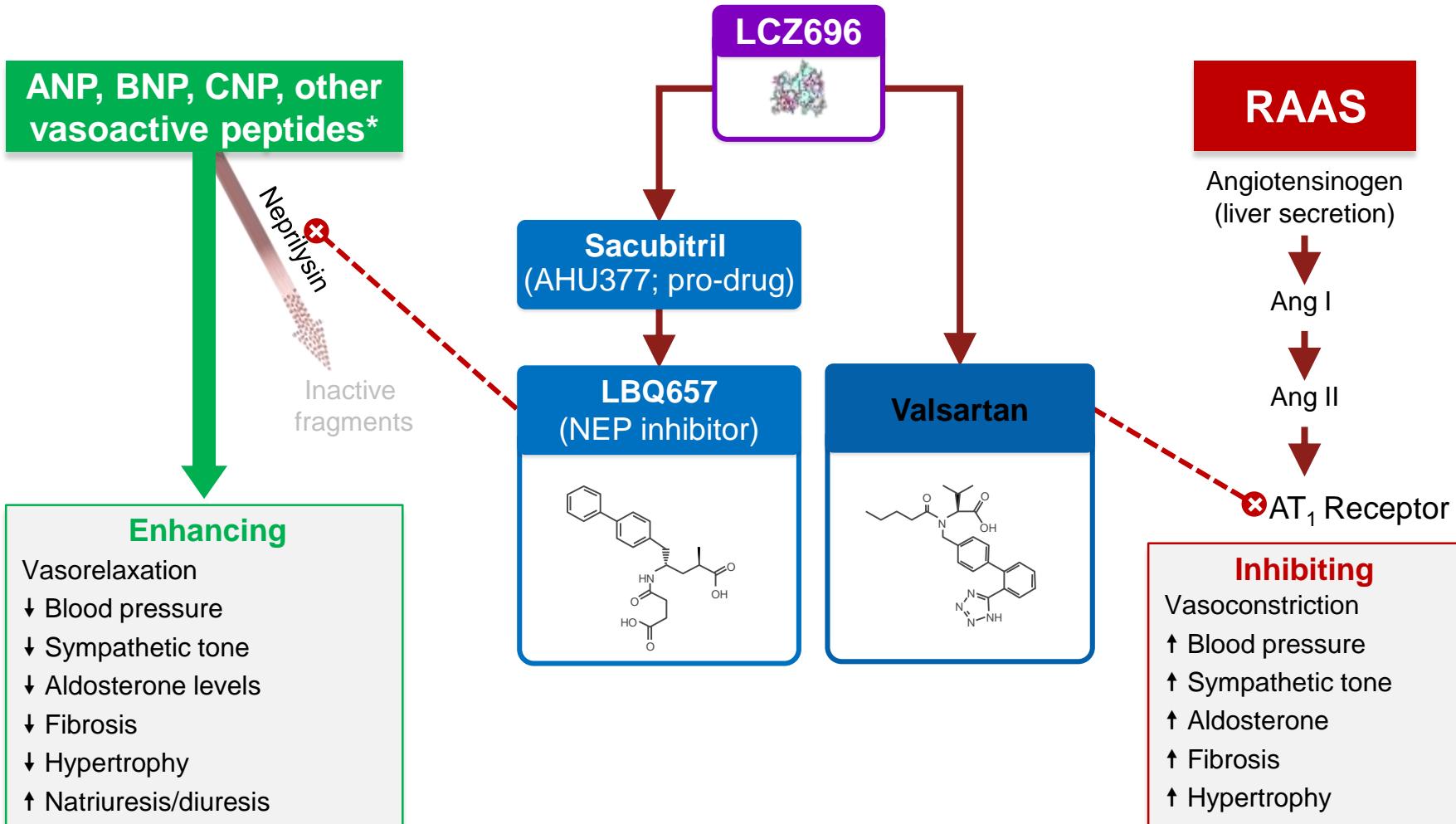
# **Effetto incrementale della modulazione combinata della sindrome neuro-ormonale**



# **Principali sistemi di regolazione alla base della sindrome neuro-ormonale, con significato prognostico negativo (in rosso) o positivo (in verde)**



# LCZ696 simultaneously inhibits NEP (via LBQ657) and blocks AT1 receptors (via valsartan)



# PARADIGM-HF

**Prospective comparison of ARNI with ACEi to Determine Impact on Global Mortality and morbidity in Heart Failure Trial**

# The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

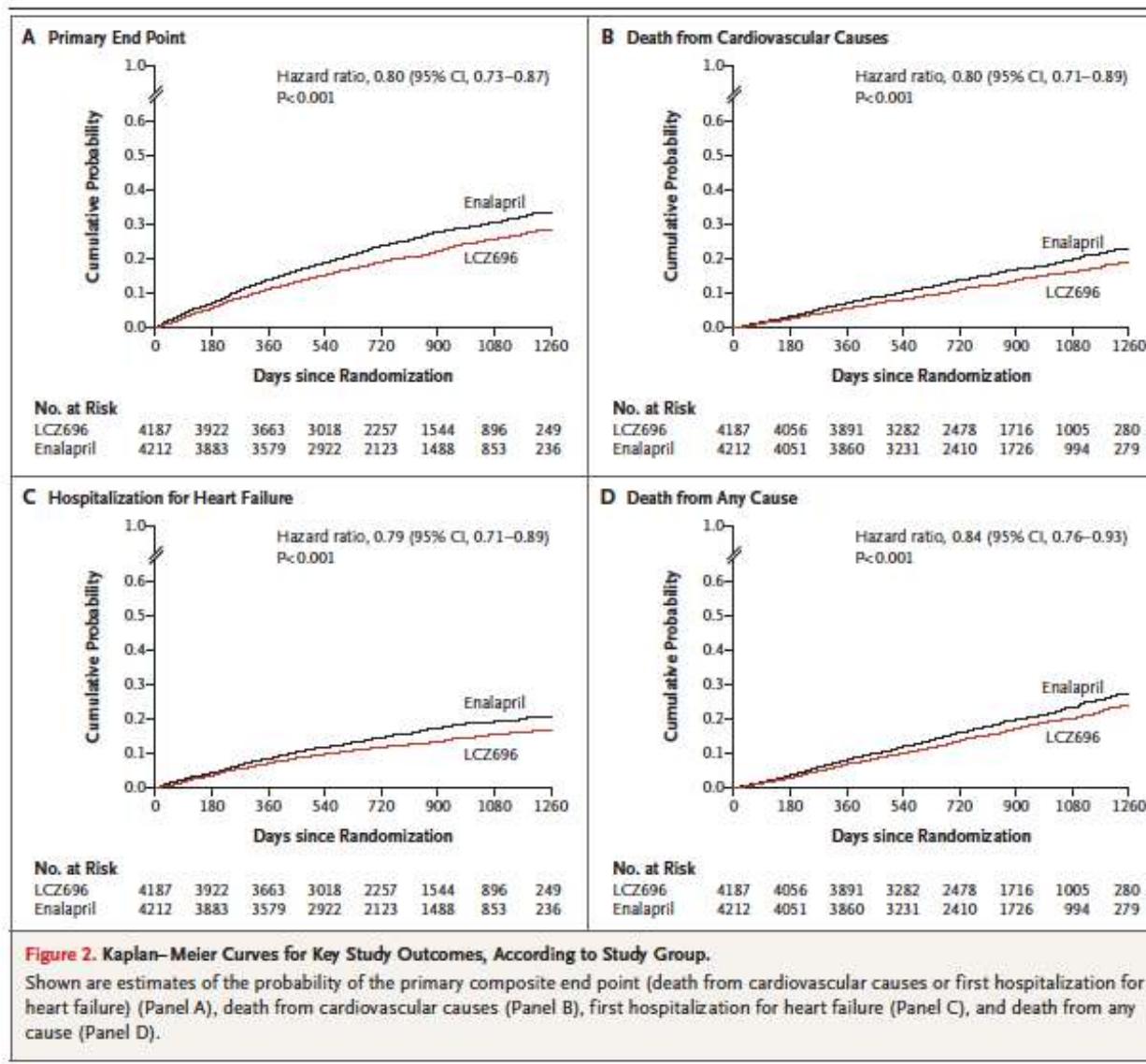
SEPTEMBER 11, 2014

VOL. 371 NO. 11

## Angiotensin–Neprilysin Inhibition versus Enalapril in Heart Failure

John J.V. McMurray, M.D., Milton Packer, M.D., Akshay S. Desai, M.D., M.P.H., Jianjian Gong, Ph.D.,  
Martin P. Lefkowitz, M.D., Adel R. Rizkala, Pharm.D., Jean L. Rouleau, M.D., Victor C. Shi, M.D.,  
Scott D. Solomon, M.D., Karl Swedberg, M.D., Ph.D., and Michael R. Zile, M.D.,  
for the PARADIGM-HF Investigators and Committees\*

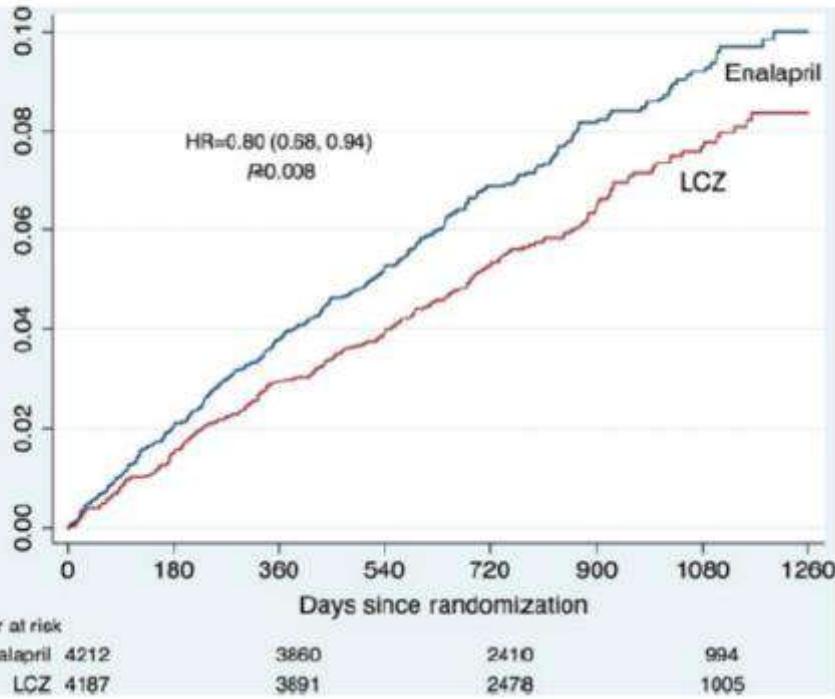
# PARADIGM-HF results



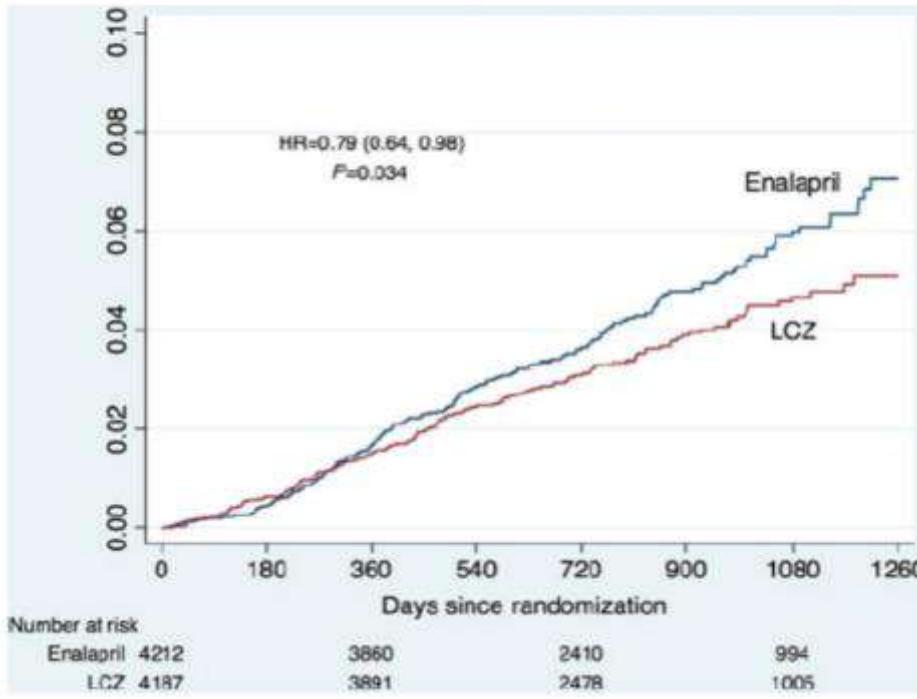
## Effect of the angiotensin-receptor-neprilysin inhibitor LCZ696 compared with enalapril on mode of death in heart failure patients

Akshay S. Desai<sup>1</sup>, John J.V. McMurray<sup>2</sup>, Milton Packer<sup>3</sup>, Karl Swedberg<sup>4,5</sup>,  
 Jean L. Rouleau<sup>6</sup>, Fabian Chen<sup>7</sup>, Jianjian Gong<sup>7</sup>, Adel R. Rizkala<sup>7</sup>, Abdel Brahimi<sup>1</sup>,  
 Brian Claggett<sup>1</sup>, Peter V. Finn<sup>1</sup>, Loren Howard Hartley<sup>1</sup>, Jiankang Liu<sup>1</sup>,  
 Martin Lefkowitz<sup>7</sup>, Victor Shi<sup>7</sup>, Michael R. Zile<sup>8</sup>, and Scott D. Solomon<sup>1\*</sup>

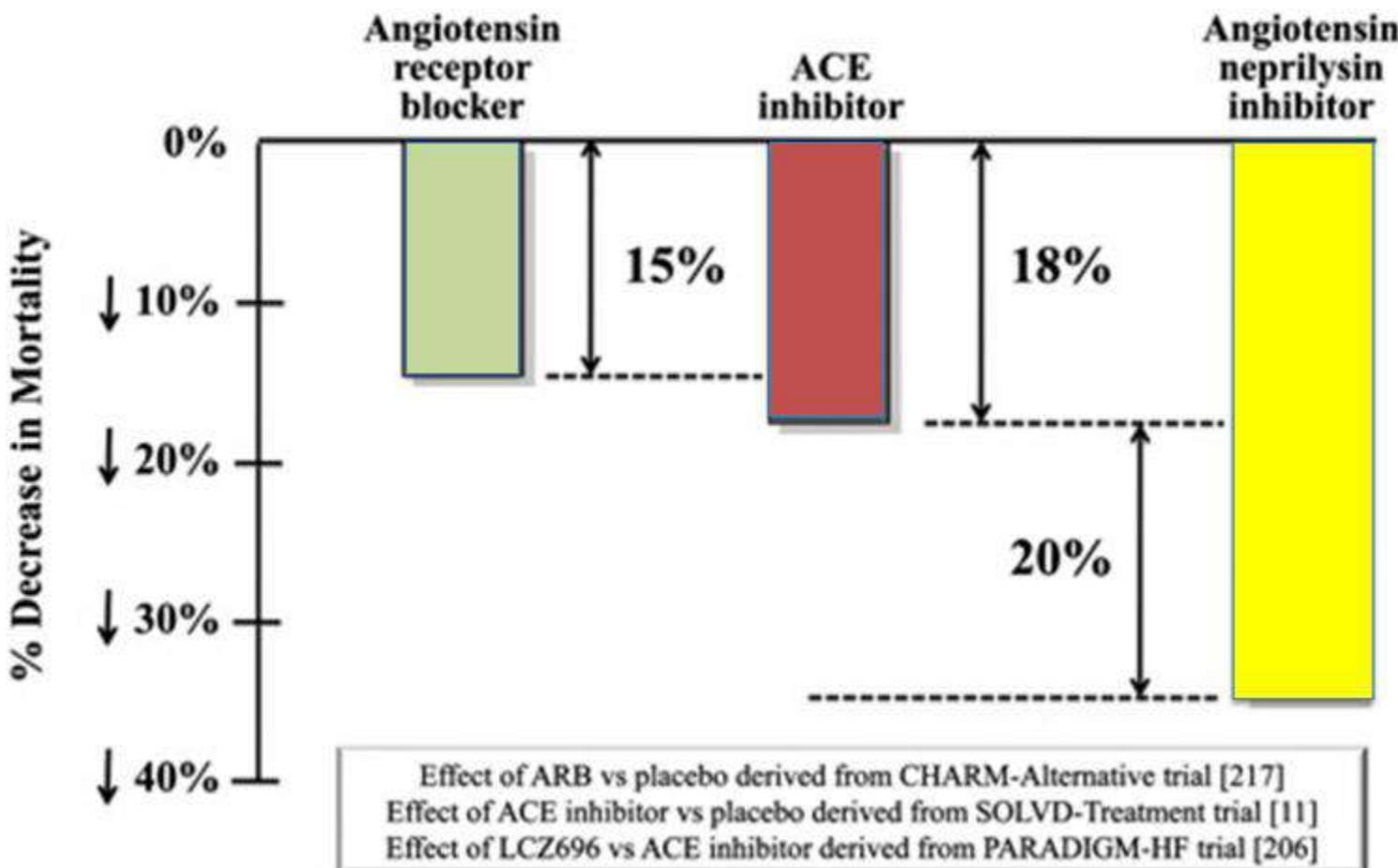
### Sudden death

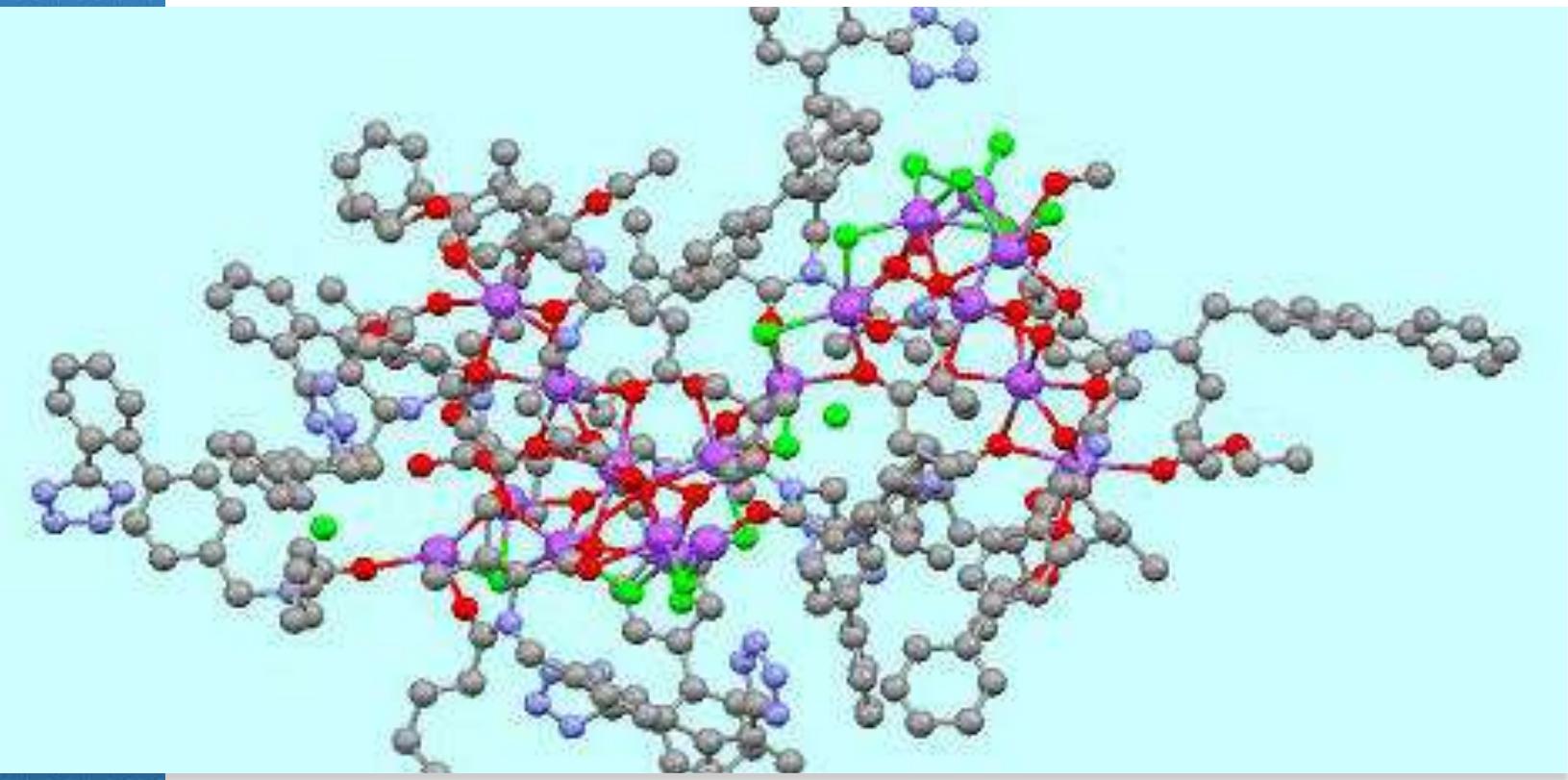


### Death due to worsening HF



# **Sacubitril/valsartan raddoppia il beneficio nella riduzione della morbi-mortalità ottenibile con gli ACEi in pazienti HFrEF**

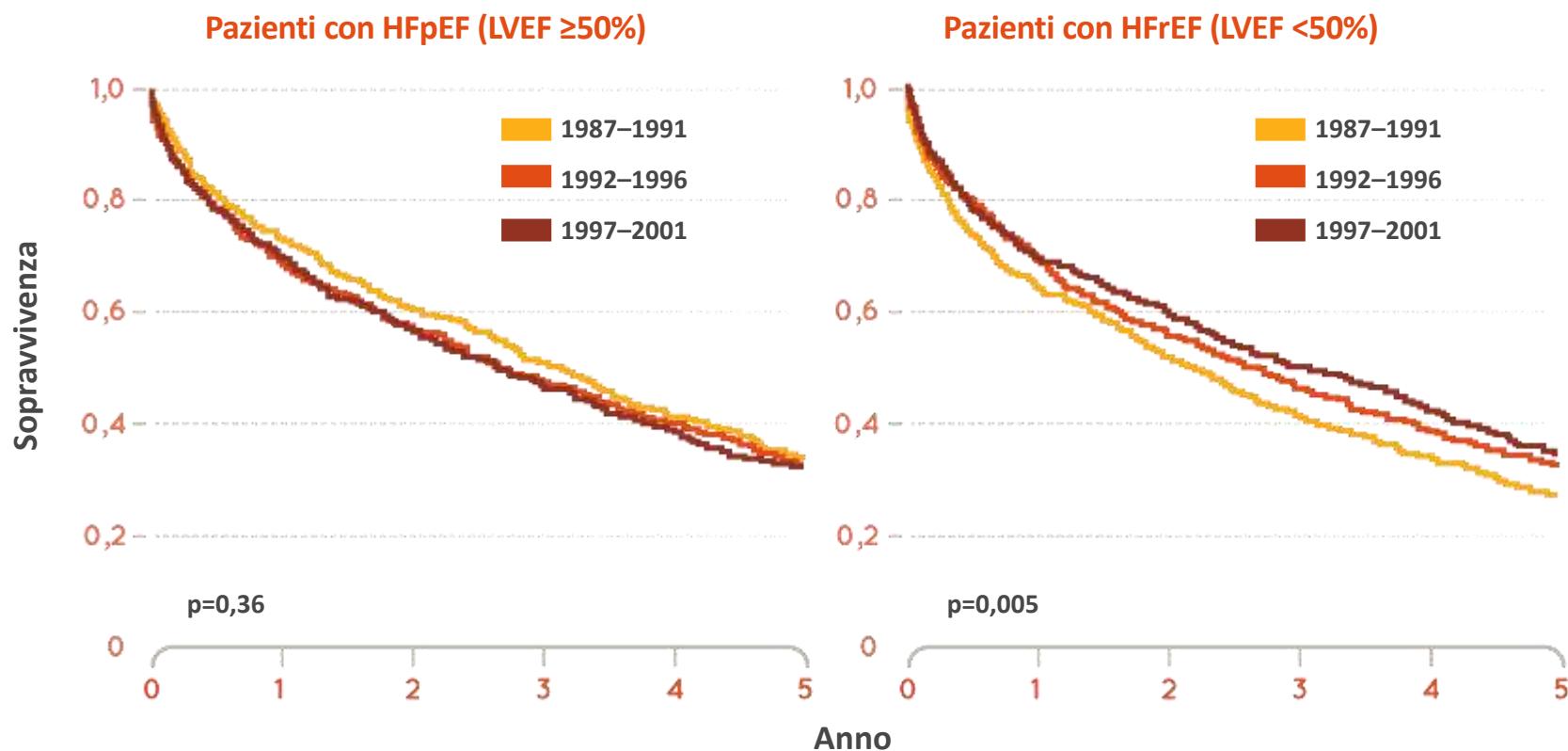




**Sacubitril / valsartan:  
il futuro... prossimo**

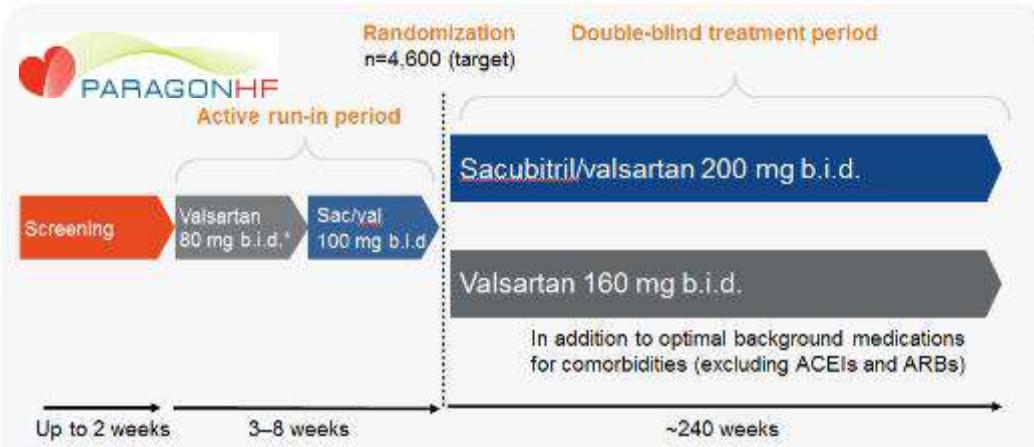
# A differenza dello HFrEF, i tassi di sopravvivenza non sono migliorati nel tempo per lo HFpEF

Il tasso di sopravvivenza tra i pazienti con una diagnosi di HFpEF alla dimissione non si è modificato significativamente nel tempo



HFpEF = scompenso cardiaco con frazione d'eiezione preservata; HFrEF = scompenso cardiaco con frazione d'eiezione ridotta; LVEF = frazione d'eiezione ventricolare sinistra

# PARAGON-HF & PARADISE-MI

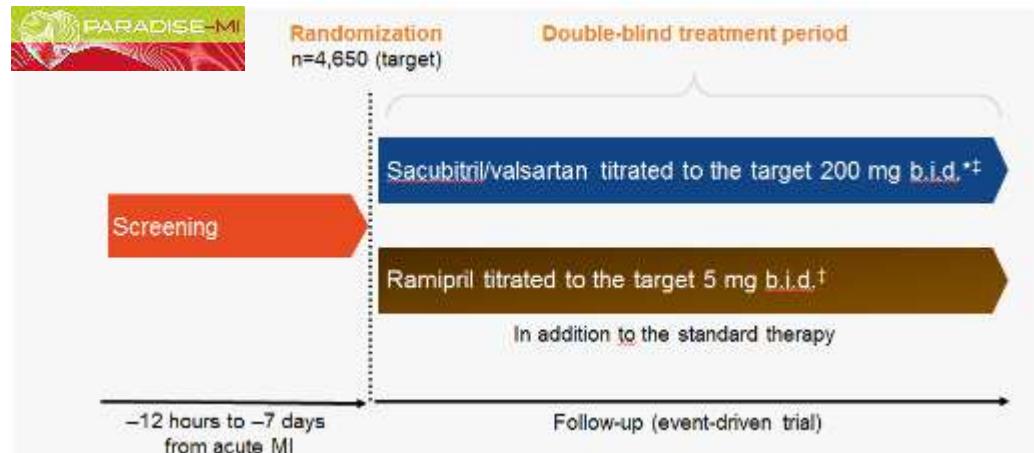


## Primary objective:

To compare sacubitril/valsartan with valsartan in reducing the rate of the composite endpoint of CV death and total (first and recurrent) HF hospitalizations

## Secondary objectives:

- To compare sacubitril/valsartan with valsartan with regard to:
- changes in the clinical summary score for HF symptoms and physical limitations, as assessed by KCCQ scores at 8 months
  - improvement in NYHA functional classification at 8 months
  - delay in the time to the first occurrence of a composite renal endpoint\*
  - delay in the time to all-cause mortality



## Primary objective:

To demonstrate that sacubitril/valsartan is superior to ramipril in delaying the time to first occurrence of the composite endpoint of CV death, HF hospitalization or outpatient HF

## Secondary objectives:

- To compare sacubitril/valsartan with valsartan on:
- delay in time to the first occurrence of CV death or HF hospitalization
- delay in time to new onset of symptomatic HF (time to the first occurrence of HF hospitalization or outpatient HF\*)
- delay in time to the first occurrence of CV death, non-fatal spontaneous MI, or non-fatal stroke; reduction in the rates of the composite endpoint of CV death and total (first and recurrent) hospitalizations due to HF, non-fatal spontaneous MI, or non-fatal stroke
- delay in time to all-cause mortality
- safety and tolerability



# Sacubitril/valsartan: il futuro... prossimo

Trial	Indication	Status	Next expected milestone
 PARAGON-HF	HF-pEF <sup>1</sup>	Fully enrolled 4 months ahead of plan	Interim analysis 2018 Filing in 2019
 PARADISE-MI	Post-AMI <sup>2</sup>	Enrolling	Completion 2019 Filing in 2020
 TRANSITION	Pre- vs. post-discharge following ADHF (HF-rEF)	Enrollment on track	Completion 2018
 PIONEER-HF	In hospital initiation vs. Enalapril following ADHF <sup>3</sup>	Enrollment on track	Completion 2018

1. HF-pEF: heart failure with preserved ejection fraction    2. AMI: acute myocardial infarction    3. ADHF: acute decompensated heart failure



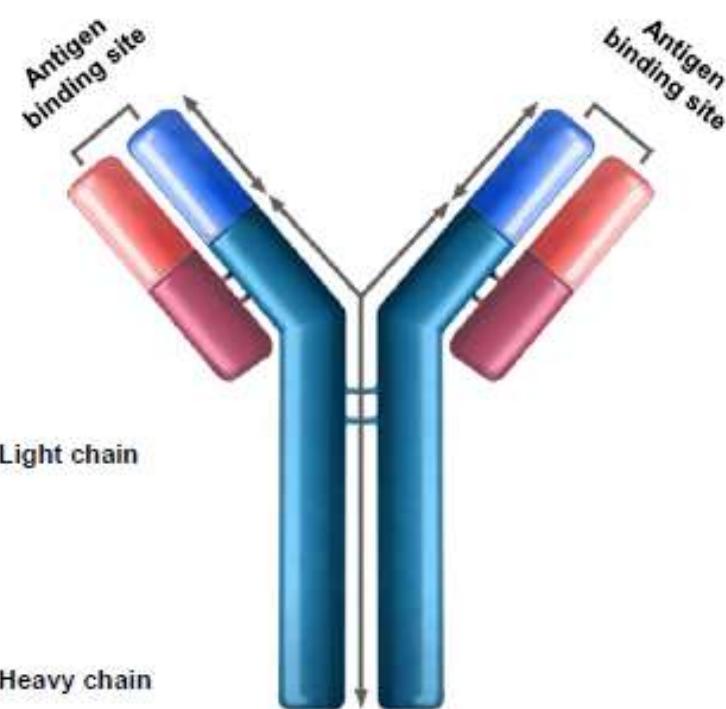
ORIGINAL ARTICLE

# Antiinflammatory Therapy with Canakinumab for Atherosclerotic Disease

P.M. Ridker, B.M. Everett, T. Thuren, J.G. MacFadyen, W.H. Chang, C. Ballantyne,  
F. Fonseca, J. Nicolau, W. Koenig, S.D. Anker, J.J.P. Kastelein, J.H. Cornel, P. Pais,  
D. Pella, J. Genest, R. Cifkova, A. Lorenzatti, T. Forster, Z. Kobalava,  
L. Vida-Simiti, M. Flather, H. Shimokawa, H. Ogawa, M. Dellborg, P.R.F. Rossi,  
R.P.T. Troquay, P. Libby, and R.J. Glynn, for the CANTOS Trial Group\*

# Canakinumab: Fully human anti-IL-1 $\beta$ monoclonal antibody

- Canakinumab is a recombinant, human anti-human-IL-1 $\beta$  monoclonal antibody of the IgG1/k isotype<sup>1</sup>
- Half life: 26 days<sup>2</sup>
- Canakinumab competitively blocks IL-1 $\beta$  binding to both type I and II IL-1 receptors<sup>1</sup>
- Canakinumab is approved for several indications<sup>3</sup>:  
In US and EU:
  - CAPS (Cryopyrin associated periodic syndrome)
  - SJIA (Systemic juvenile idiopathic arthritis)In EU:
  - GA (Gouty arthritis)



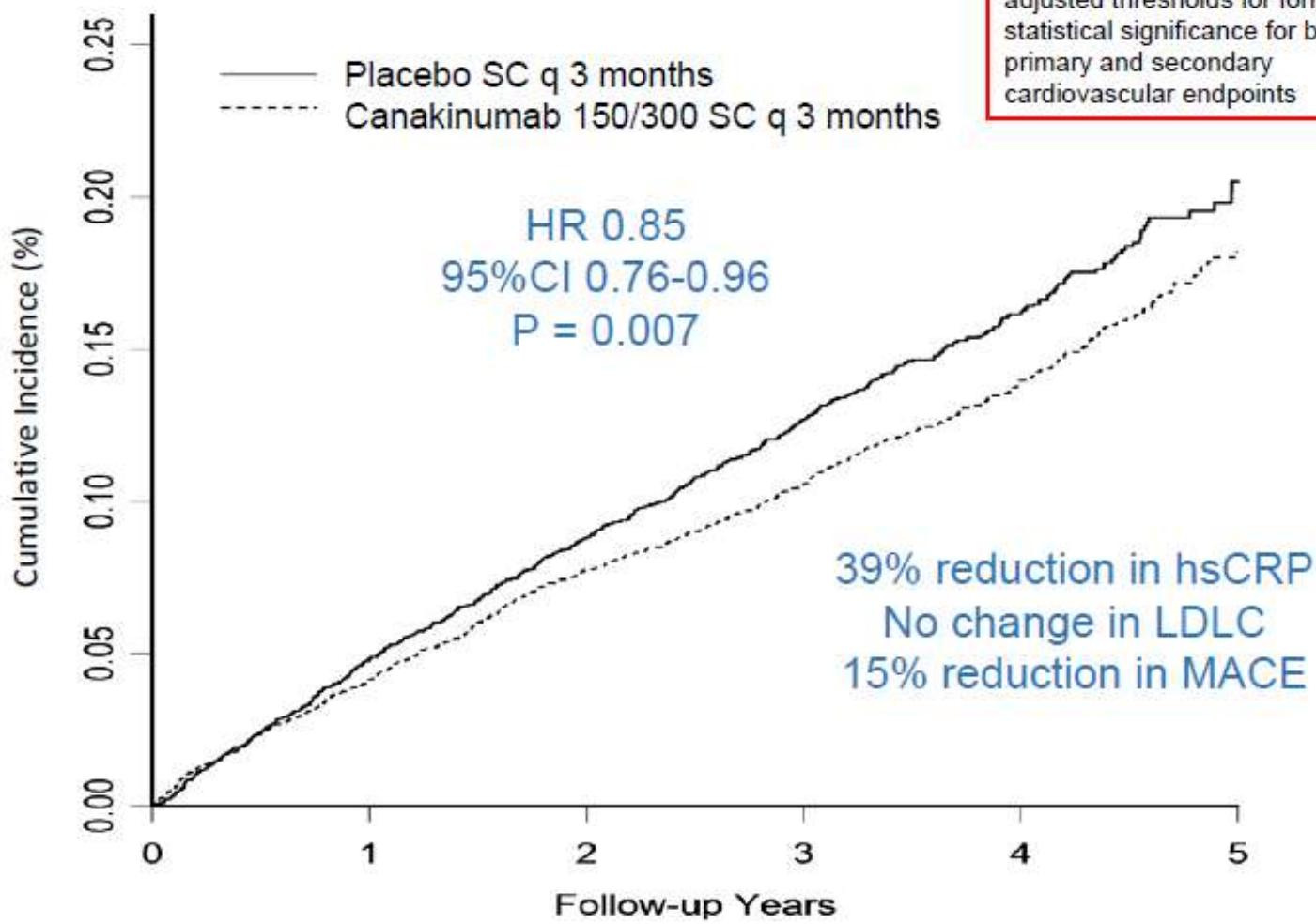
Canakinumab structure<sup>4</sup>

1. Ridker PM, et al. Am Heart J. 2011;162:597-605; 2. Noe A, et al. Clin Ther. 2014;36:1625-37

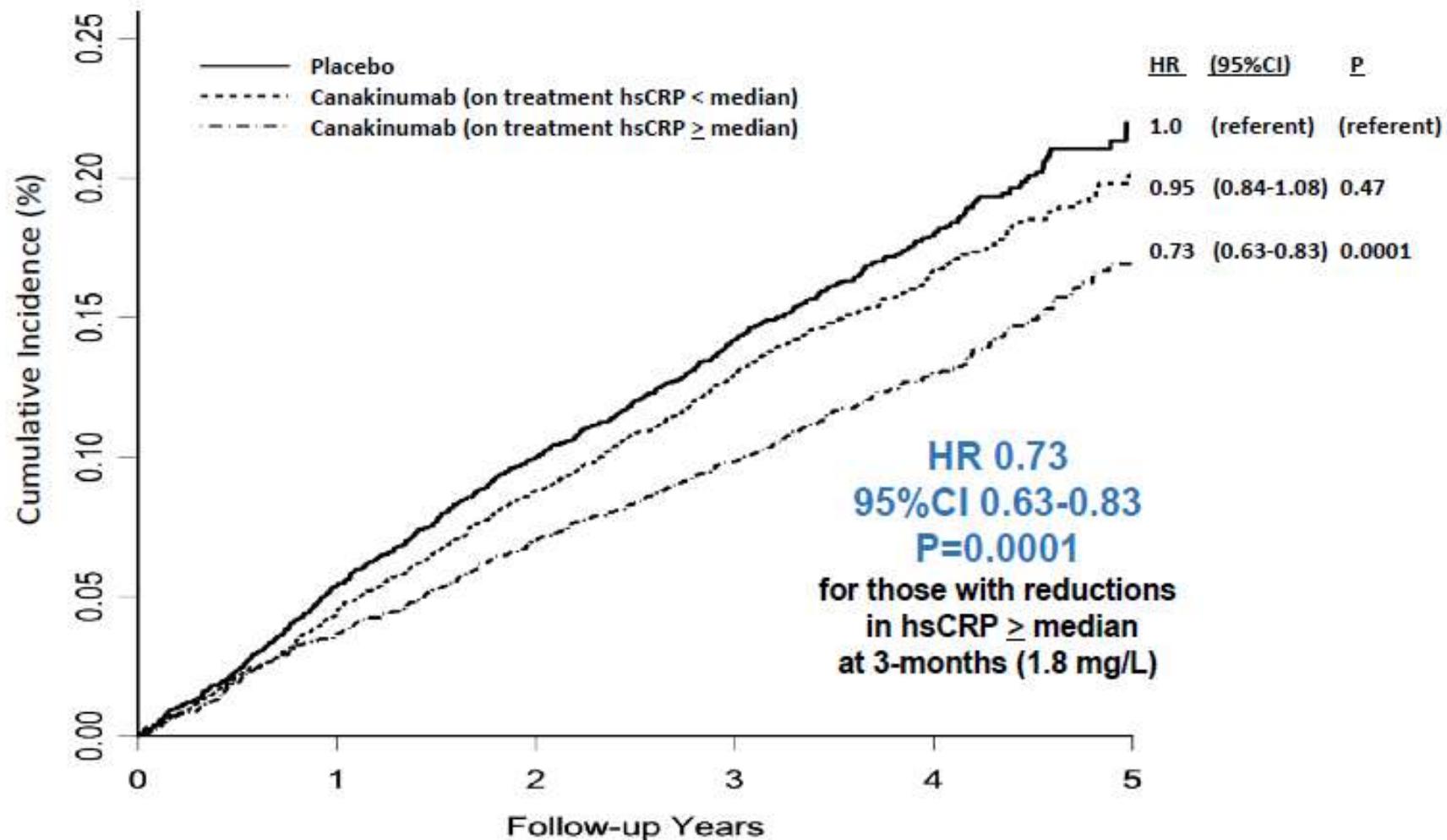
3. European Medicines Agency, 2015: EMA/H/C/001109/P46 041; 4. Chan AC, et al. Nat Rev Immunol. 2010;10:301-16.

CRP, C-reactive protein; IL, interleukin

## CANTOS: Primary Cardiovascular Endpoint (MACE)



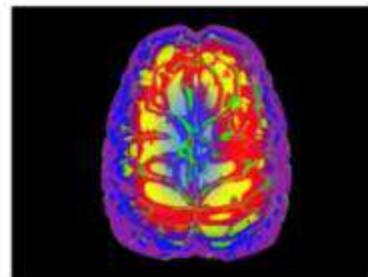
## CANTOS: Greater Risk Reduction Among Those With Greater hsCRP Reduction (MACE+)



# **Cardiovascular and Metabolism**

## ***Programs in clinical investigation***

**Stroke Prevention**  
MAA868: Anti-thrombotic



**Weight Loss**  
LIK066: SGLT1/2 Inhibitor



**Resistant Hypertension**  
LHW090: NEP Inhibitor

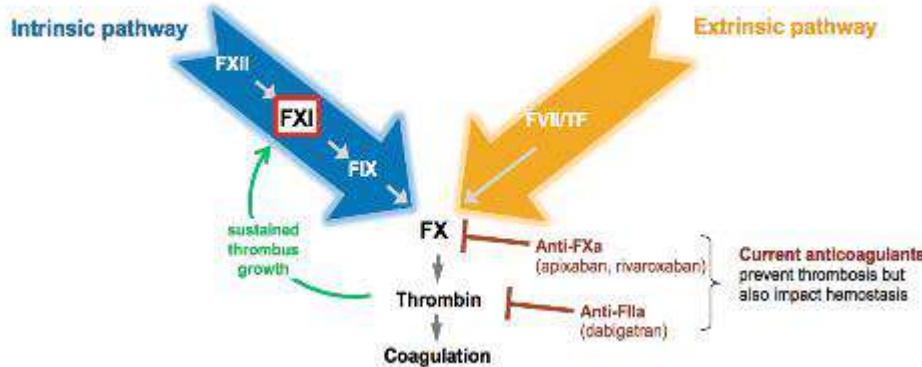


# MAA868: anti-FXI mAb for treatment of thromboembolic diseases

## Exemplary programs in clinical investigation – cardiovascular and metabolism

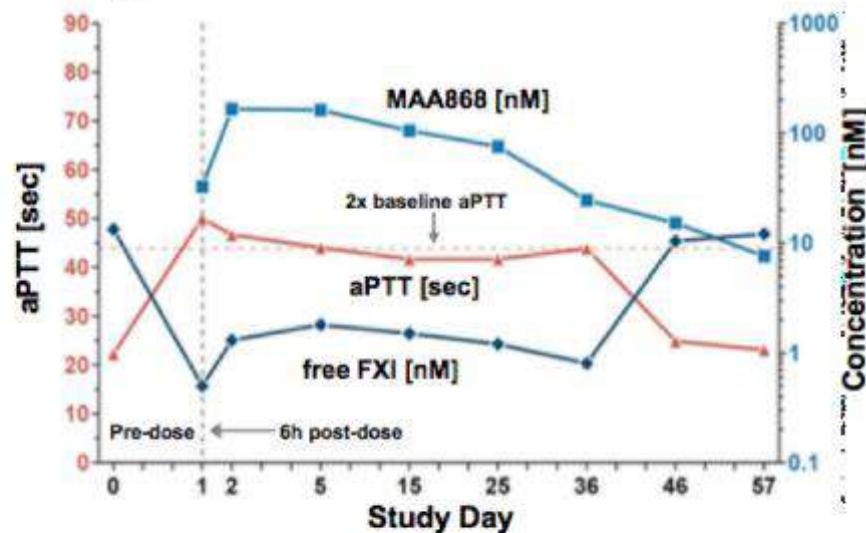
**FXI is important for thrombosis but plays a minor role in hemostasis**

FXI inhibition has potential of providing efficacy but with a reduced bleeding risk compared to other anticoagulants



**MAA868 shows sustained anticoagulant activity in a pre-clinical model**

Single subcutaneous dose doubles coagulation time (aPTT  $\uparrow$  by ~2x) and inversely lowers free FXI for >30 days



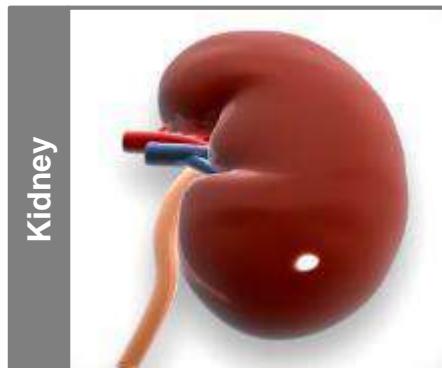
Next steps: start of Ph 2b dose range finding study

Source: NIBR in-house data. Investigational. Efficacy & safety not yet established. CD = catalytic domain.

Public info available on internet



# LIK066 improves multiple metabolic parameters & delivers significant weight loss



LIK066 blocks reabsorption of filtered glucose by **SGLT1 and SGLT2 in the kidney**, resulting in increased loss of glucose through the urine compared to SGLT2 inhibitors

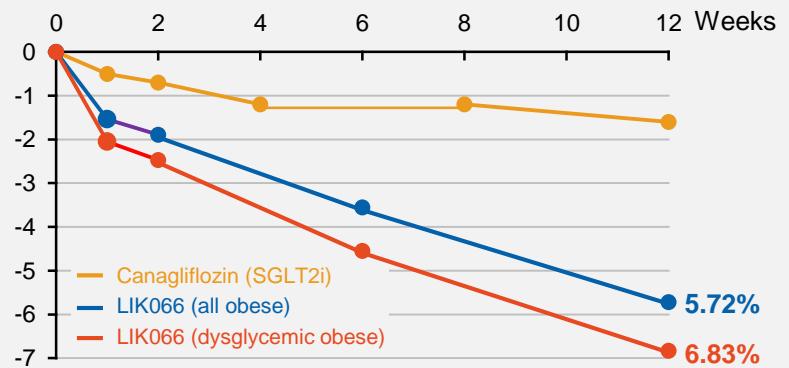


LIK066 inhibits **intestinal SGLT1** which delays/reduces intestinal glucose absorption and stimulates distal L and K cells to release incretin hormones which stimulate insulin secretion and reduce hunger

## LIK066 is differentiated versus metabolic and weight loss competitors

- PoC data projected 10-15% PBO-adjusted weight loss at 52 weeks
- Additional expected benefits include improved glycemic control, lipid profile, BP
- Possible reno-protective effects

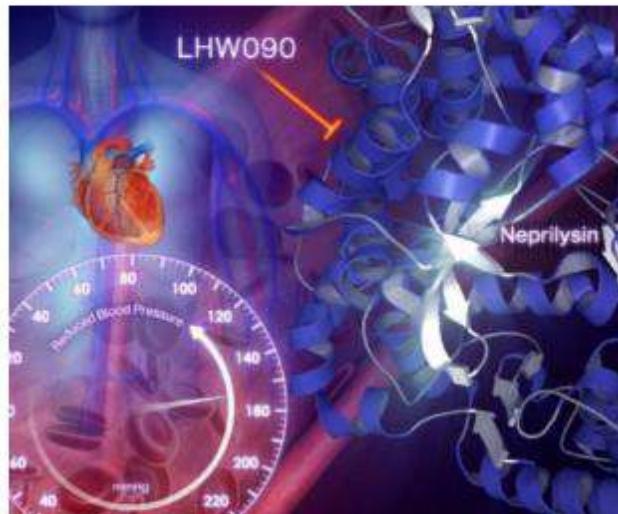
Change in today body weight  
%, placebo corrected



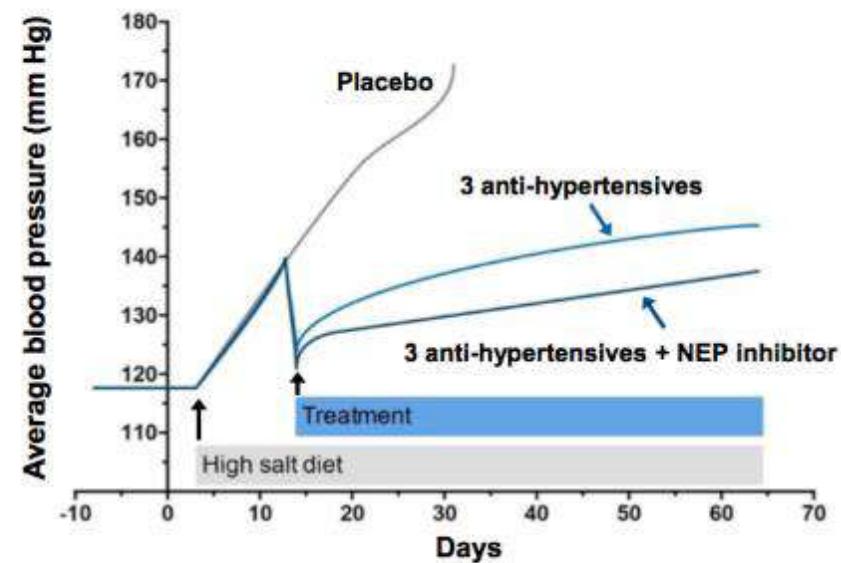
# LHW090: neprilysin (NEP) inhibitor for resistant hypertension

## Exemplary programs in clinical investigation – cardiovascular and metabolism

Patients with resistant hypertension have blood pressure above goal despite concurrent use of 3 anti-hypertensive agents of different classes, and have a ~ 4-fold increased risk for cardiovascular events<sup>1</sup>



NEP inhibitor attenuated Blood Pressure response when used in combination with 3 drugs in a pre-clinical model



Next steps: start of Ph 2b dose range finding study

Source: NIBR in-house data. Investigational. Efficacy & safety not yet established. <sup>1</sup> Pierdomenico et al., AJH, 2005



# Novartis rende disponibili protocolli e risultati degli studi



European Clinical Trials Database

**EudraCT**

**ClinicalTrials.gov**

A service of the U.S. National Institutes of Health



 **Clinical Trial**  
Results Database

Novartis pubblica sul proprio  
sito [www.novctrd.com](http://www.novctrd.com) le sintesi  
dei report degli studi clinici



I ricercatori possono chiedere  
l'accesso ai dati dei pazienti, resi  
anonimi, attraverso un portale  
pubblico

<https://www.clinicalstudydatarequest.com>



 NOVARTIS



## Clinical trial results

Novartis has long been dedicated to informing the public about the results of its interventional trials for innovative products.

[EXPLORE](#)

Novartis launched the results website in 2005 becoming one of the first companies to publicly post results from Phase 2b-4 interventional trials. The Novartis position evolved over time to include public disclosure of results from Phase 1- 2a interventional trials in patients.



### Drug development process

Drug development begins and ends with the patient.



### Transparency position

Novartis is committed to the timely registration of trials and posting of results.



### Clinical trial results

Clinical trials are fundamental to the development of innovative products.

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### ClinicalTrials.gov

Clinicaltrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.

[READ MORE](#)



### EU clinical trial registry

The EU Clinical trials register contains information on interventional clinical trials on medicines conducted in the European Union (EU).

[READ MORE](#)

## Get started

### View »

You can view studies listed on this site before creating an account... \*

### View and submit »

After you create an account, you can select studies and submit a research proposal or enquiry... \*

## About

### This site

ClinicalStudyDataRequest.com (CSDR) is a consortium of clinical study data providers. It is a leader in the data sharing community inspired to drive scientific innovation and improve medical care by facilitating access to patient-level data from clinical studies.

Access to clinical trial data provides opportunities to conduct further research that can help advance medical science or improve patient care. This helps ensure the data provided by research participants are used to maximum effect in the creation of knowledge and understanding.

Researchers can use this site to request access to anonymised patient level data and/or supporting documents from clinical studies to conduct further research.

### Next steps

Study sponsors who have committed to use this site are Astellas, Bayer, Boehringer Ingelheim, Daiichi Sankyo, Eisai, GSK, Lilly, Novartis, Roche, Sanofi, Takeda, UCB and ViiV Healthcare.

Other clinical trial sponsors and funders are invited to join with the aim of transitioning to a fully independent system which allows access to data from clinical trials conducted by multiple companies and organisations. It is hoped that such a system will be put in place as soon as possible.

If you are a study sponsor interested in listing studies on this site, contact information is provided [here](#).

## How it works

### Submission

Researchers can submit research proposals and request anonymised data from clinical studies listed on this site.

Researchers can also submit enquiries to some study sponsors to ask about the availability of data from studies that are not listed on this site.

It is also possible to request or access study documents without patient-level data.

Information on sponsor's criteria for listing clinical studies, assessing study documents, and other relevant sponsor specific information is provided in the [Study sponsors section](#).

[Find out more »](#)

### Review

Research proposals are reviewed by an Independent Review Panel. The study sponsors are not involved in the decisions made by the panel.

[Find out more »](#)

### Access

Following approval and after the relevant study sponsor or sponsors receive a signed [Data Sharing Agreement](#), access to the data needed for the research is provided on a password protected website.

[Find out more »](#)

