

Yale

**Treating Epilepsy in an Orphan  
Genetically-defined Seizure Disorder,  
Tuberous Sclerosis Complex (TSC)**

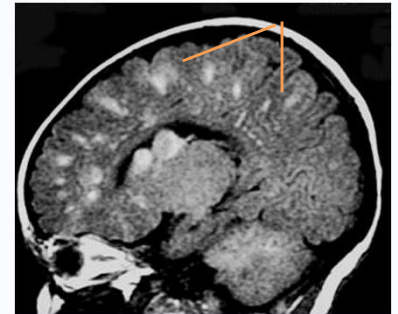
# Tuberous Sclerosis Complex, a genetically-defined (*TSC1/TSC2*) life-long epilepsy disorder



## TSC diagnosis:

- 1-100 Daily Seizures: 85% of all patients
- Median age of seizure onset: 3 months
- Skin patches (dermatologists)

Brain malformations



### Characteristics

- Brain Malformations
- Childhood onset seizures
- Life-long epilepsy
- AED resistant

### Current SOC

- Brain surgery
- Everolimus

### Efficacy

- Limited efficacy
- Side-effects

### Comorbidities

- Insomnia
- Learning disabilities
- Behavior issues

- **We need new options to treat seizures and comorbidities**

## **TSC is an orphan disorder with a high societal cost and inadequate SOC**

**Incidence:** 1/6,000 new births; 50,000 TSC pts with epilepsy in the US  
30,000-40,000 TSC pts with drug-resistant epilepsy

### **SOC:**

**Brain surgery:** In only 10-15% of pts with 50% becoming seizure free

**Everolimus:** Limited efficacy (40% seizure reduction)  
(Afinitor) Major side-effects

**Cost of Everolimus (SOC):** \$16K/mo/pt  
For 30,000 patients this represents a **US market opportunity of \$5-6B/year**

# TEAM

## Science



**Angélique Bordey, PhD**

Professor  
Vice-Chair for Research  
Neurosurgery, Yale

Science Lead

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## Access to patients



**Jo Anne Nakagawa**

Director, Clinical  
Projects at the TSC  
Alliance (TSCA)

Liaison between TSCA  
and the **68 TSC Clinics**

## Business



**David Lewin, PhD**

Director Business  
Development, Yale, OCR

IP Management

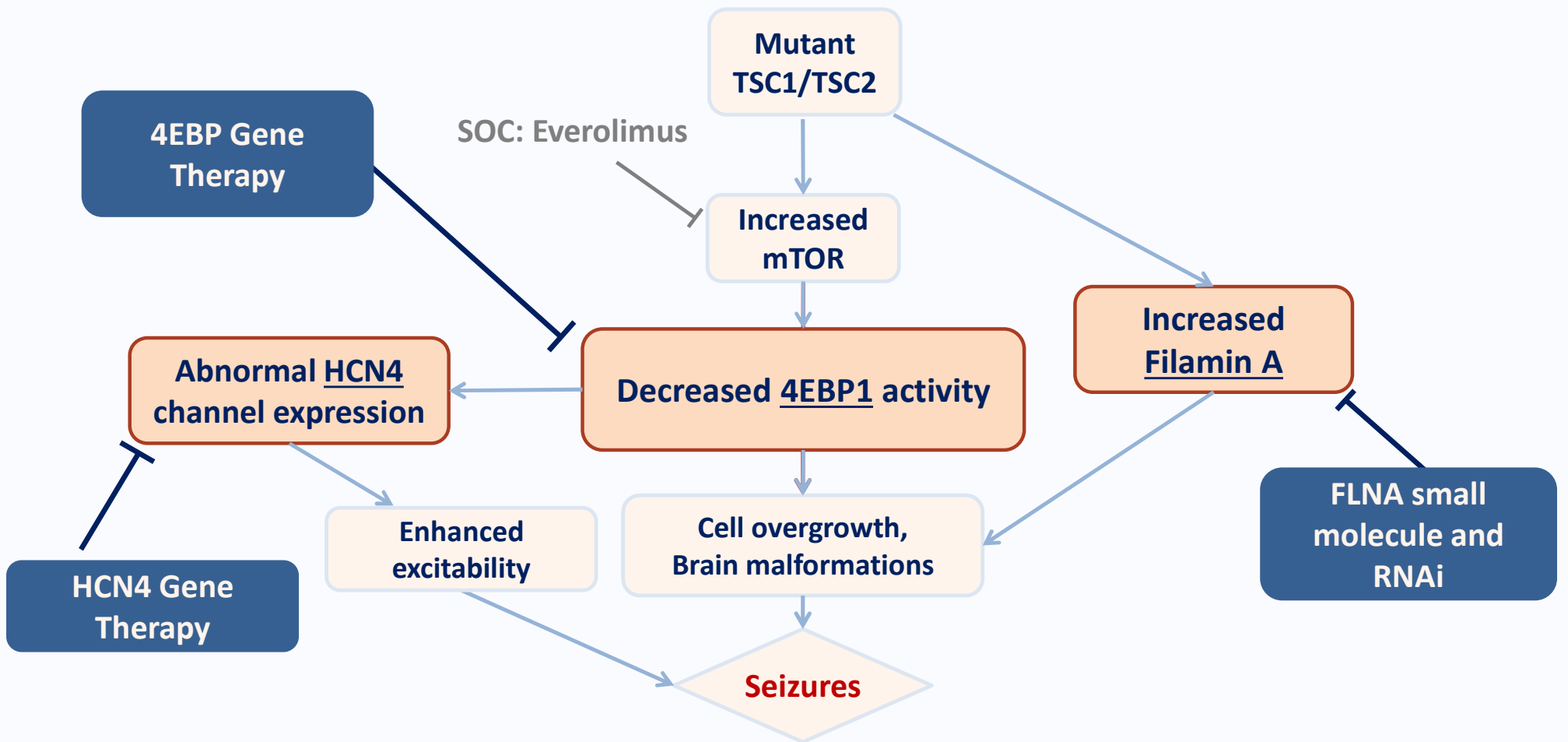
[david.lewin@yale.edu](mailto:david.lewin@yale.edu)



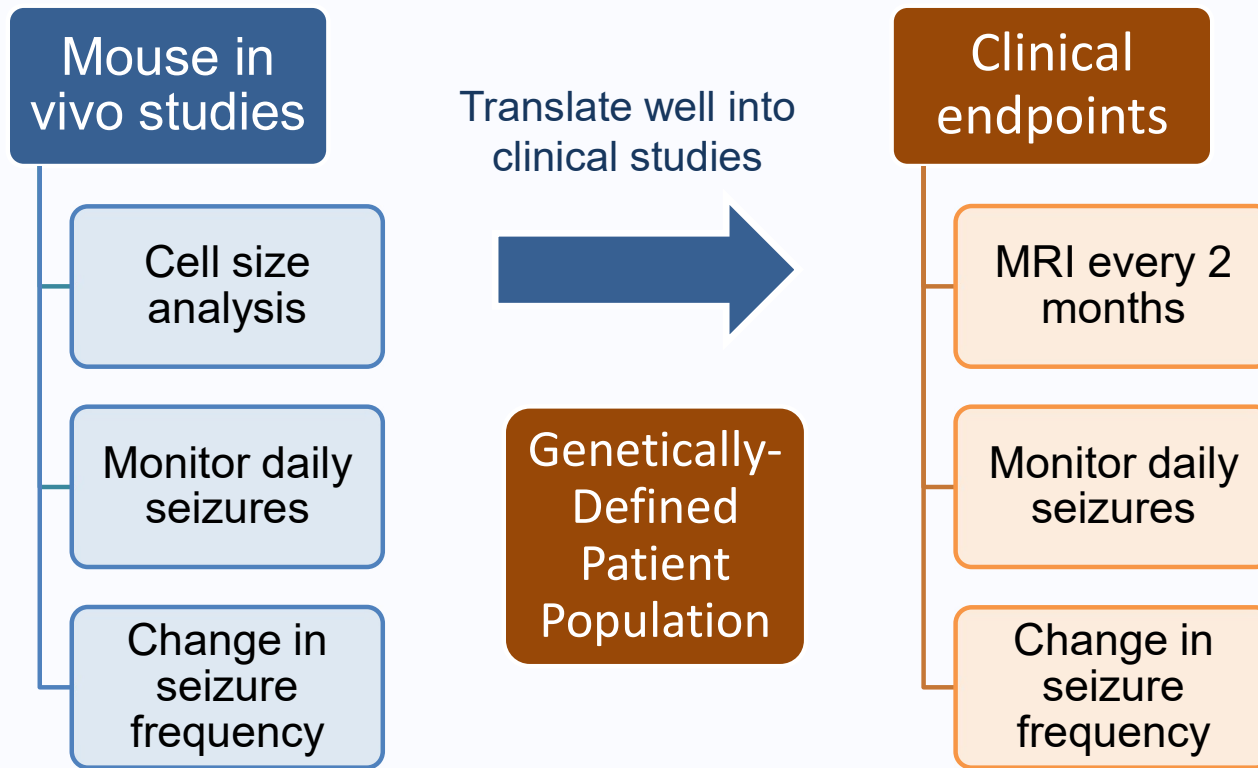
## Competition

Drugs	Efficacy	Formulation	Side-effects	Mode of action	Company
<b>Conventional AED</b>	Seizure reduction in 30-40% pts	Liquid, pill, suppository	e.g., Sleepiness, nausea depending on the drug		several
<b>Everolimus (SOC) (Afinitor)</b>	40% pts with >50% seizures reductions	Liquid suspension	Many and serious: e.g., stomatitis, diarrhea, infections (bone loss)	mTOR inhibitor	Novartis
<b>Under development</b>	Unknown (failed phase II for Fragile X syndrome)	unknown	Unknown but widespread expression	mGluR5 antagonist	Noema Pharma
<b>Epidiolex (cannabidiol)</b>	Age 1-57 years, 201 pts 20% reduction (vs placebo)	Liquid solution, twice daily	serious: e.g. diarrhea, suicidal thoughts, elevated liver enzymes, sleepiness, fever, vomiting, rash	Cannabinoid receptor mTOR inhibition	Greenwich Biosciences Inc.
<b>Under development</b>	MEK blocker	unknown	Serious side-effects expected	mTOR independent	Undisclosed

# Three New Validated Targets & Three Yale Solutions



# Mouse *in vivo* efficacy studies of RNAi and AAV will enable our IND application



# RNAi and AAV efficacy on seizures is gating to pre-IND meeting

## Completed

- ✓ Target validation FLNA and 4EBP1
- ✓ Clinical collaboration
- ✓ Animal model
- ✓ Clinical endpoints established

## FLNA RNAi project – \$500K Q3 2023

### Deliverables Part 1

- RNAi being generated by industry partner
- Efficacy on seizures via intraventricular injections in Yale Model

## 4EBP1 AAV project - \$500K

### Deliverables Part 1

- 4EBP1-AAV being produced (commercial source)
- Efficacy on seizures via intracerebral injection in Yale Model

Q2 2024

### Deliverables Part 2

- Human grade RNAi generation (industry partner)
- Validation of knockdown in human TSC neurons

Q3 2024

- Final Tox study with partners
- Pre-IND package