



## **Givinostat in DMD**

PPMD Annual Meeting, June 29<sup>th</sup> 2018

Dr. Paolo Bettica, VP R&D

- Dr. Bettica is a full time employee of Italfarmaco, the manufacturer of Givinostat
  - Givinostat (ITF2357) is currently in development for the treatment of DMD and BMD. It is not approved for sale in any country including USA
  - This presentation is intended for dissemination and discussion of scientific information only
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- Role of Givinostat (ITF2357) in Duchenne Muscular Dystrophy
  - Brief review of Givinostat Clinical Data - Phase 2 study
  - Phase 3 study
-

# Role of HDAC in the Pathogenesis of Duchenne Muscular Dystrophy

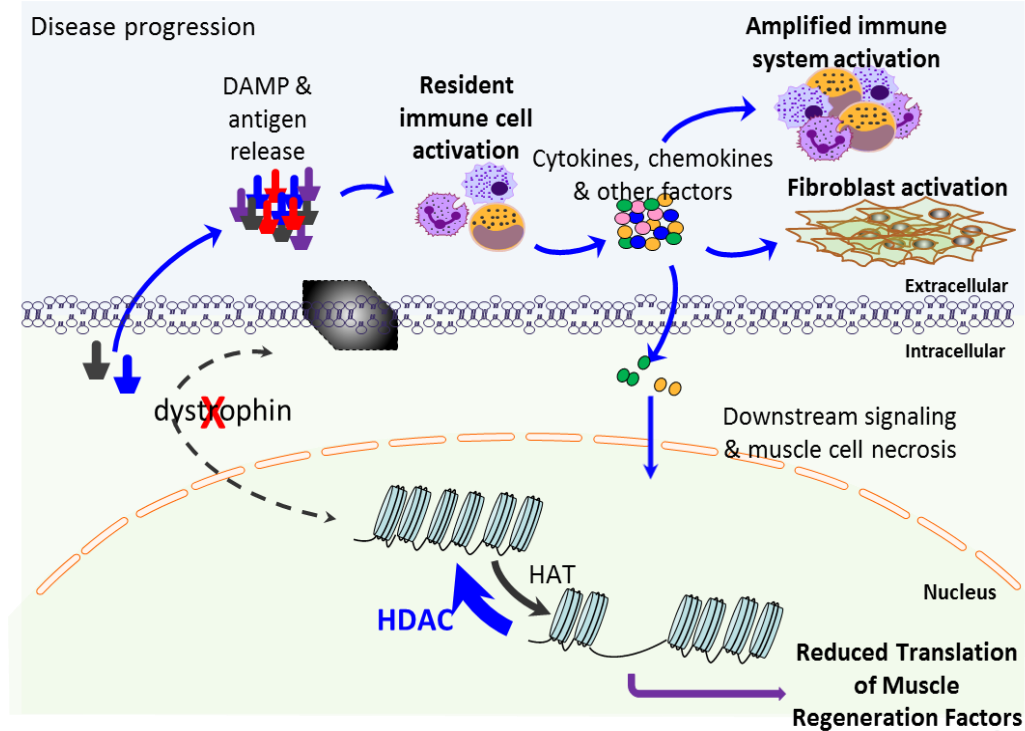
## Downstream effects of the lack of dystrophin

### Mechanical effects :

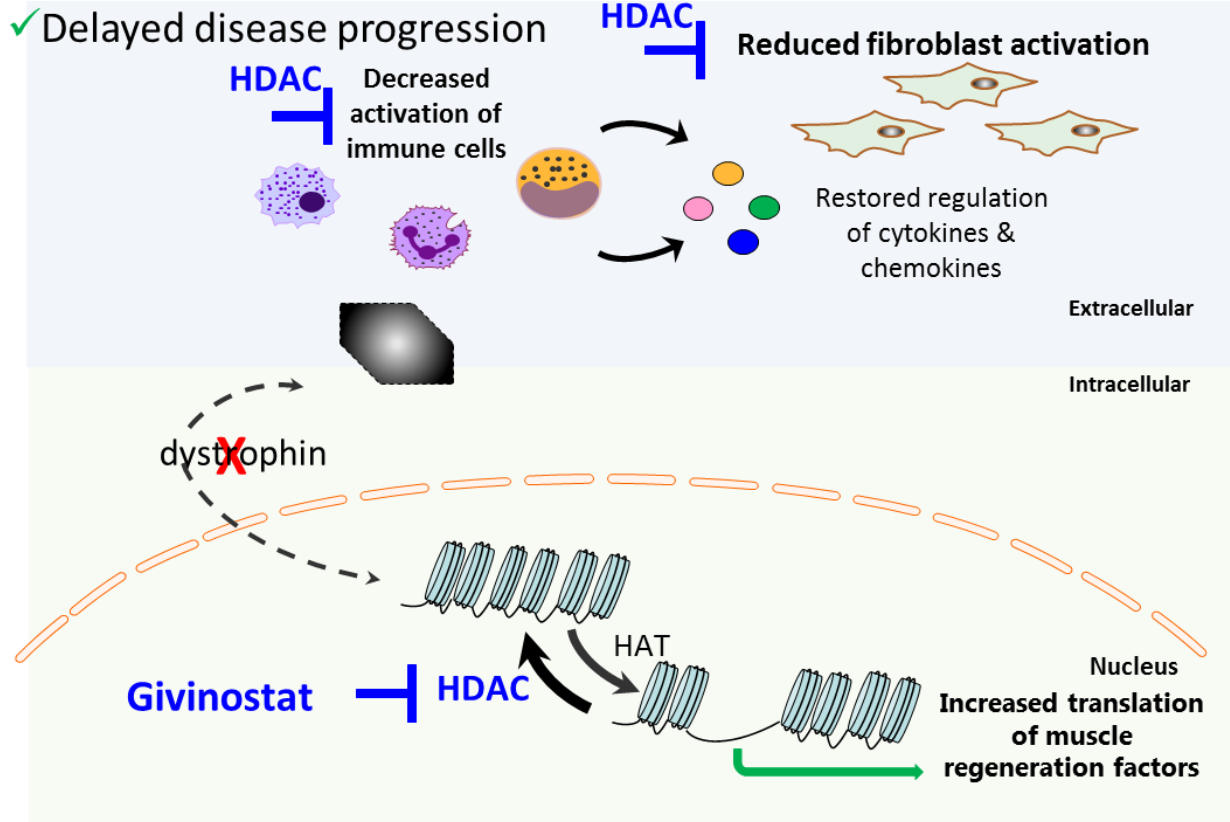
- Increased muscle damage
- Muscle cell membrane instability
- Muscle cell necrosis

### Epigenetic effects:

- **Direct:** Lack of DAPC leads to a hyperactive HDAC repressing the translation of muscle regeneration factors
- **Indirect:** Damage-associated molecular pattern (DAMP) release and increased cytokines lead to activation of immune cells and fibroblast, which can be halted by HDAC inhibition



# Givinostat Mechanism of Action in DMD Patients



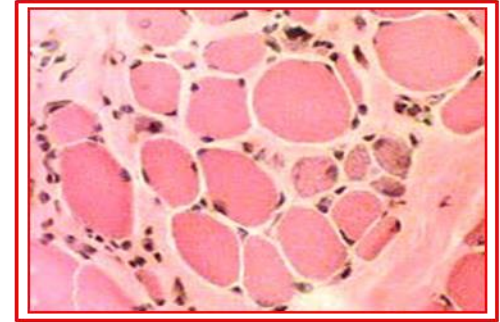
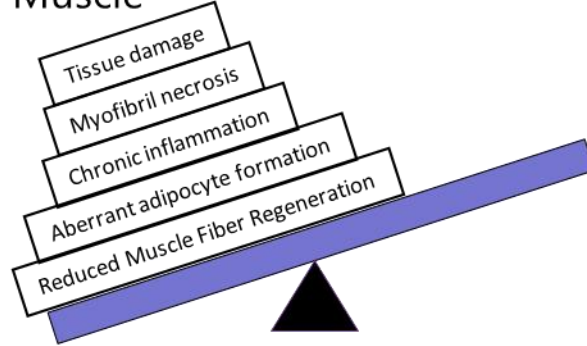
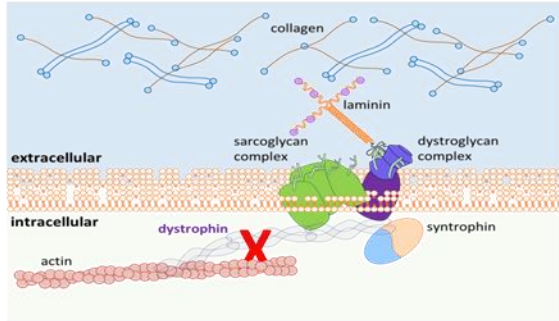
## Impact on the epigenetic effects of the lack of dystrophin

### HDAC inhibition:

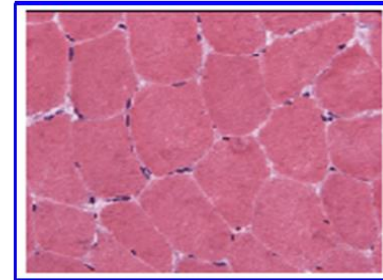
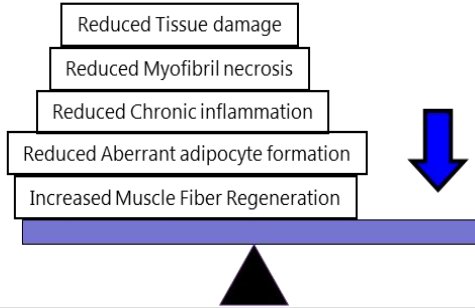
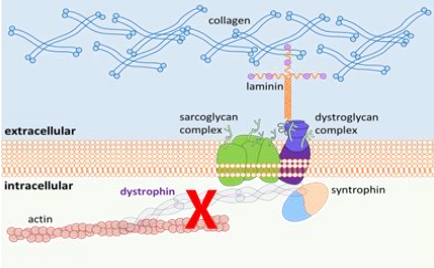
- ✓ Increased translation of muscle regeneration factors with an increase in muscle regeneration
- ✓ Reduced activation of immune cells with a reduction in pro-inflammatory cytokine release
- ✓ Reduced fibroblast activation with a reduction in fibrosis

# Restoring the Balance in DMD Patients with Givinostat

## Duchenne Muscular Dystrophy Muscle



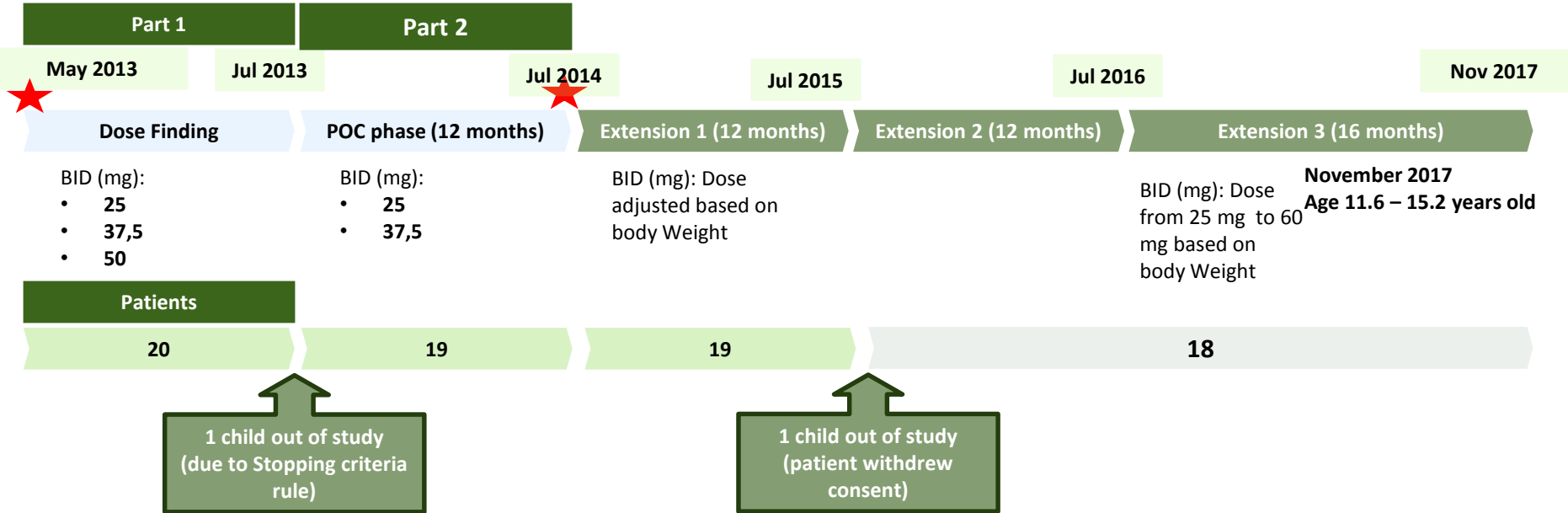
## Duchenne Muscular Dystrophy Muscle + Givinostat



- Role of Givinostat (ITF2357) in Duchenne Muscular Dystrophy
  - **Brief review of Givinostat Clinical Data - Phase 2 study**
  - Phase 3 study
-

## Phase II Study 43: Trial design and patient disposition

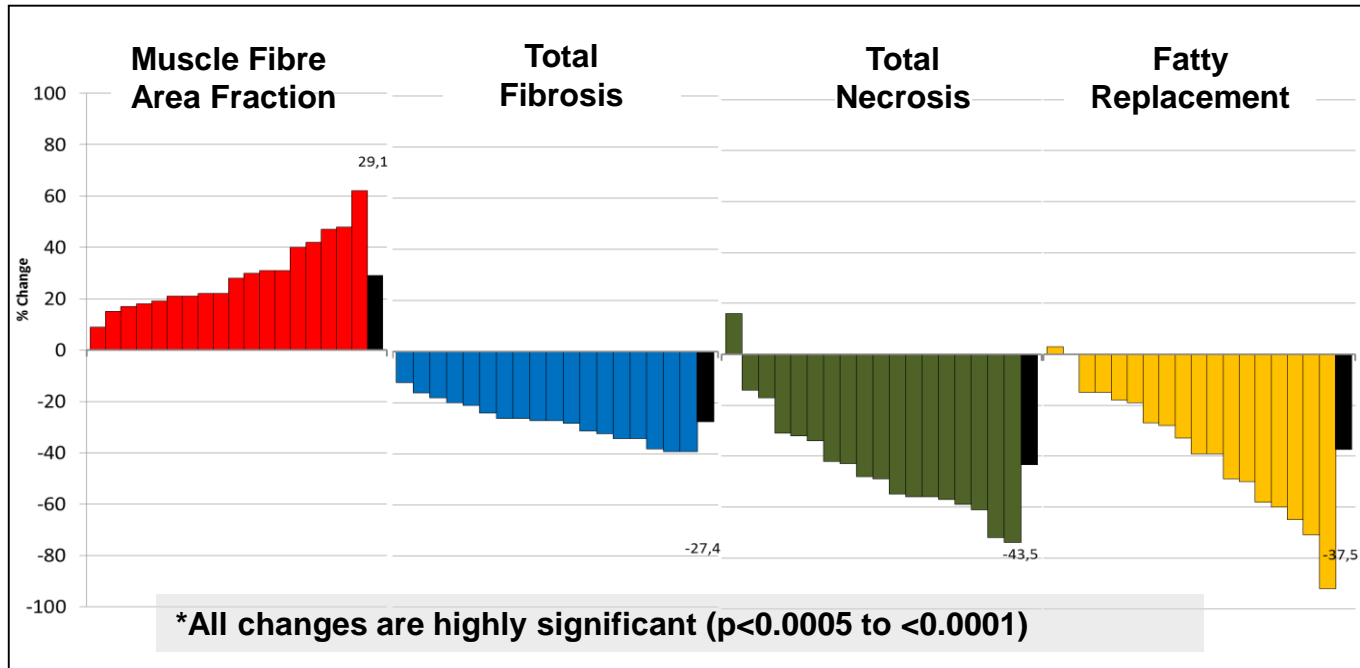
*Open label phase 2 study: 20 enrolled DMD ambulant boys from 7 to <11 years old, in stable steroids treatment. Boys who completed the study treatment (month 52): 18*





## Phase II Study 43: Histological results

*Givinostat histological results on Muscle Fibres Area Fraction (MFAF), fibrosis, necrosis and fatty replacement are consistent across all children*



## Phase II Study 43: Givinostat Effect on Ambulation Milestones After 4.4 years

*As boys are now in the 5th year of treatment we can evaluate the effect of Givinostat on Disease Milestones, such as Time to Rise >10 seconds and Loss of Ambulation*

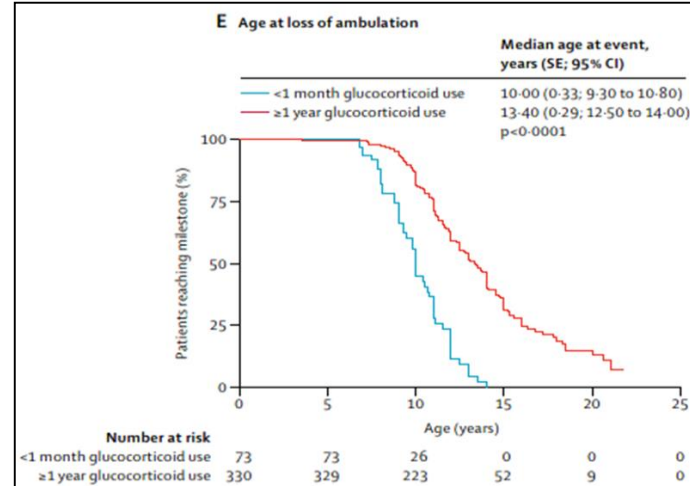
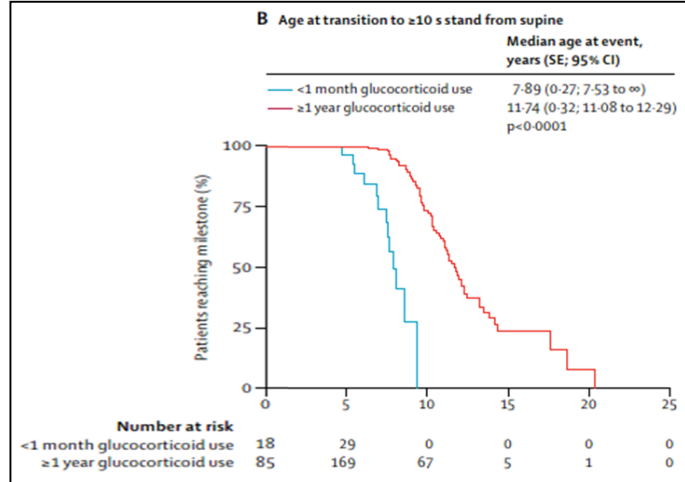
*Results in study 43 can be contrasted with recently published CINRG Results (McDonald et al., 2018)*

	Baseline	Month 12	Month 24	Month 36	Month 48	Month 52
	Mean (range)	Mean (range)	Mean (range)	Mean (range)	Mean (range)	Mean (range)
Age	8.6 (7-10.7)	9.9 (8.2-11.9)	10.9 (9.2-12.9)	12 (10.2-13.9)	13 (11.2-14.9)	13.3 (11.6-15.2)
N	19	19	19	18	18	18

# CINRG Disease Milestone Analysis: Population

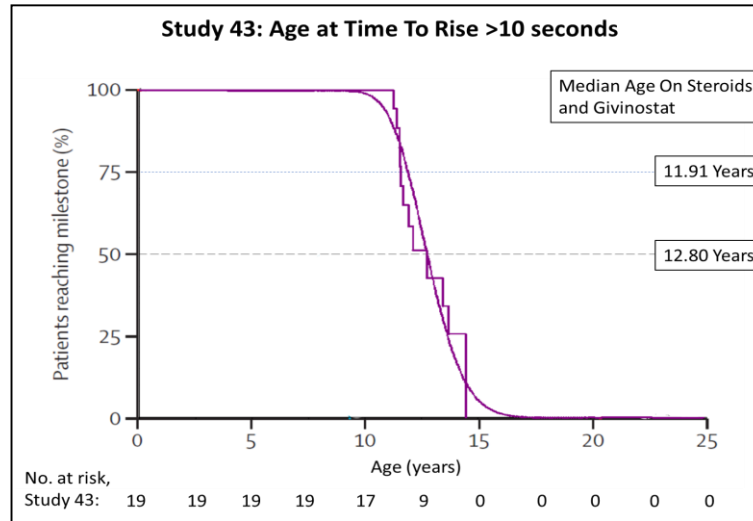
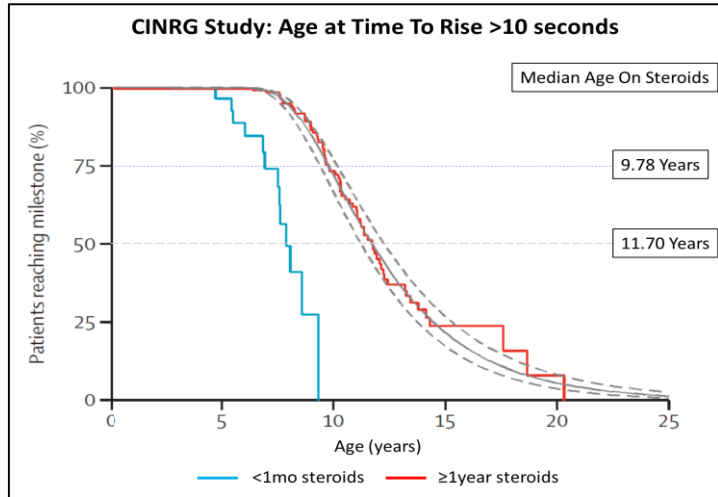
## Long-term effects of glucocorticoids on function, quality of life, and survival in patients with Duchenne muscular dystrophy: a prospective cohort study

Craig M McDonald, Erik K Henricson, Richard T Abresch, Tina Duong, Nanette C Joyce, Fengming Hu, Paula R Clemens, Eric P Hoffman, Avital Cnaan, Heather Gordish-Dressman, and the CINRG Investigators\*



## Phase II Study 43: Givinostat Effect on Time To Rise >10 Seconds

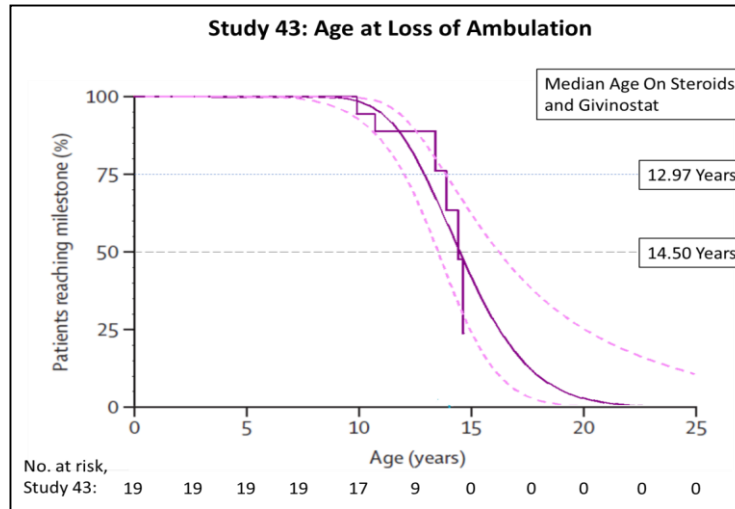
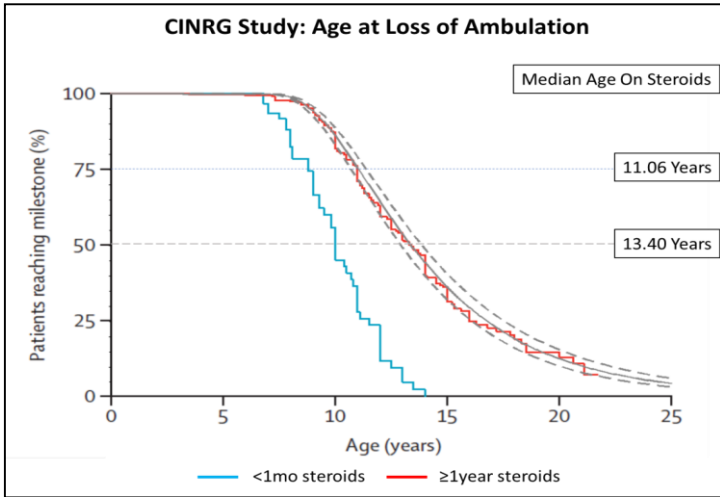
*Contrasted with the natural history published results (CINRG study<sup>1</sup>) study 43 results suggest that the addition of Givinostat to steroid treatment delays disease progression*



<sup>1</sup> McDonald et al. 2018

## Phase II Study 43: Givinostat Effect on Loss of Ambulation

*Contrasted with the natural history published results (CINRG study<sup>1</sup>) study 43 results suggest that the addition of Givinostat to steroid treatment delays disease progression*



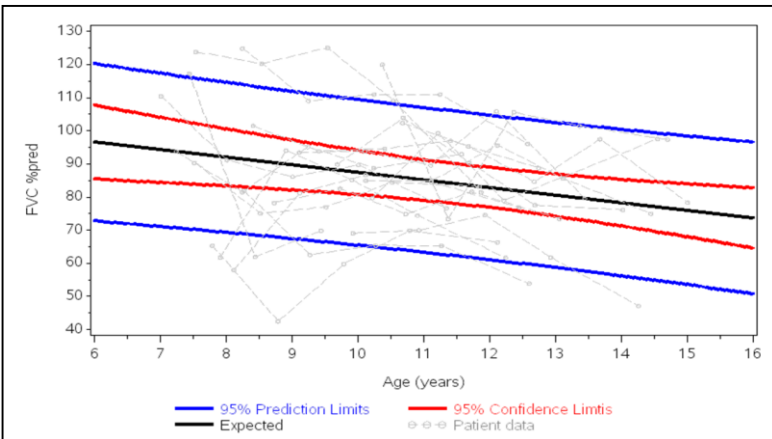
<sup>1</sup> McDonald et al. 2018

## Phase II Study 43: Pulmonary Function

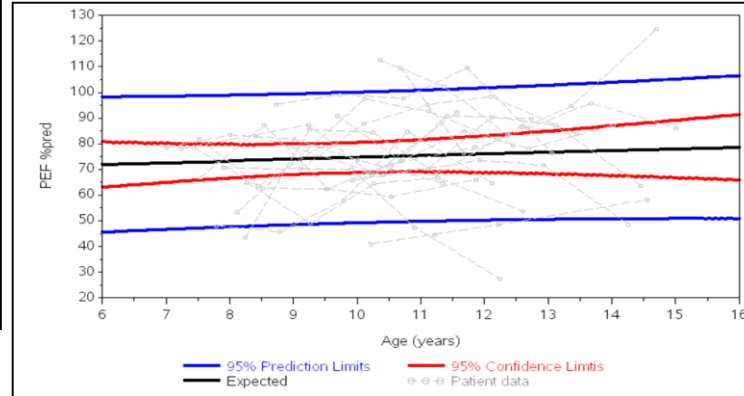
A 4 to 6% yearly rate<sup>1, 2, 3</sup> of decline in FVC% Predicted and PEF% Predicted has been shown in natural history studies in a patient population comparable to that of Study 43.

Givinostat treatment for 4.4 years leads to a delay in the decline of the respiratory parameters (Forced Vital Capacity, FVC & Peak Expiratory Flow, PEF)

FVC% Predicted: 2.3% yearly decline



PEF% Predicted: No decline



## Phase II Study 43: Safety Data

- ✓ 8 subjects (40%) experienced at least one Serious Adverse Event:
  - Only 2 SAEs were related and the events were “platelets count decreased”
- ✓ All subjects experienced at least one AEs; most of the AEs were mild or moderate in intensity, 11 events were severe; only one subject discontinued from the study due to SAE (i.e “platelets count decreased”) during part 1 of the study at 50 mg BID
- ✓ The most common Related Adverse Events (i.e. at least 4 subjects) were:

	All AEs N (%)	Drug Related N (%)
Diarrhoea	15 (75)	15 (75)
Platelet count decreased	14 (70)	14 (70)
Abdominal pain	11 (55)	9 (45)
Decreased appetite	7 (35)	7 (35)
Vomiting	8 (40)	5 (25)
White blood cell count decreased	4 (20)	4 (20)

## Phase II Study 43: Data analysis conclusions

- ✓ *Givinostat's open-label phase 2 study met its primary endpoint (statistically significant histologic effects)*
- ✓ *Long term results vs natural history data suggest a delay of the disease milestones*
- ✓ *Givinostat was safe at the doses used*
- ✓ *Phase 2 results strongly support the execution of a larger phase 3 study to further explore Givinostat's efficacy in Duchenne*

Stage / Study		Result
Histological Effects		✓
Macroscopic level: MRI data		✓
Efficacy on function	Effect on Ambulation	✓
	Respiratory and Upper Limb function data	✓



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### Study Objectives

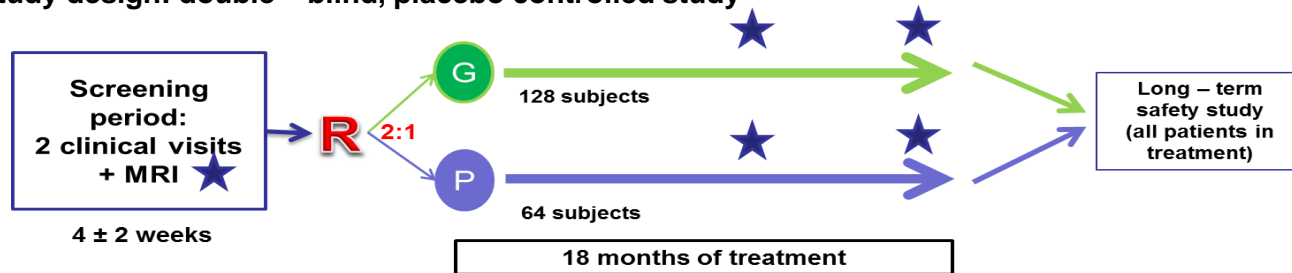
to demonstrate that Givinostat preserves muscle mass and slows down disease progression evaluating:

- the functional effects by function tests
- the morphological effects by MRI

### Inclusion/exclusion criteria

- No genetic mutation restriction
- $\geq 6$  years old
- on stable corticosteroid for at least 6 months
- able to perform:
  - The 4 stairs climb test in  $\leq 8$  sec
  - The time to rise test in  $< 10$  sec
- No contraindication to perform MRI (e.g., claustrophobia, metal implants, or seizure disorder)

### Study design: double – blind, placebo controlled study



★ MRI: baseline after 12 months and after 18 months

- **Sign Informed Consent**
- Attend the clinical visits, in total of **15 visits** (every 3 months):
  - Blood draw more frequently during the first 3 months:
    - first month: weekly
    - second month: every 2 weeks
    - from the third month: every 3 months

*in some visits a nurse will perform the blood draw at participant's home (Illingworth Research Group)*

- Muscle tests every 3 months
- Pulmonary Function test baseline, at 12 and 18 months
- Thigh muscle **MRI**: baseline, at 12 and 18 months

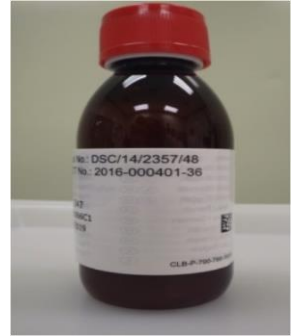


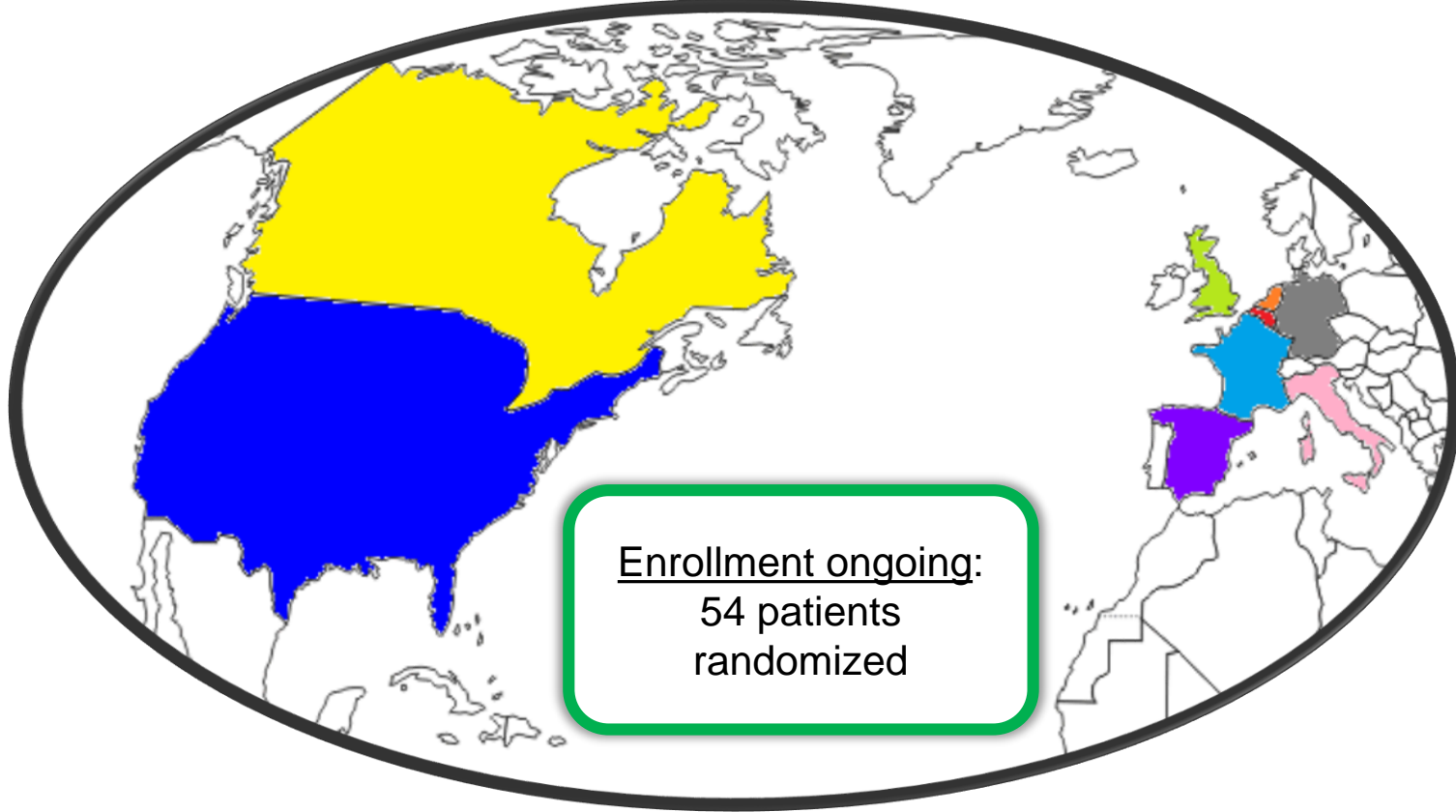
- **Take Givinostat/Placebo Oral suspension** twice daily in fed state: after breakfast and after about 12 hour e.g. after dinner or light snack before going to bed at 7 or 8 pm
- Reasonable expenses related to clinical visits will be reimbursed

**Family support:** family travel planning and /or reimbursement



- Upon successful completion of the study, participants will have the opportunity to enter into long term safety study and they will ALL receive the drug





Enrollment ongoing:  
54 patients  
randomized



Asociación  
Duchenne Parent Project  
España  
contra la distrofia muscular de Duchenne y Becker

- Patients and Families
- Clinical Sites
- Patients' associations



FONDAZIONE



For further information <https://clinicaltrials.gov/> using the  
Identification Number: **NCT02851797** for Duchenne  
Or email to [patientadvocacy@italfarmaco.com](mailto:patientadvocacy@italfarmaco.com)