



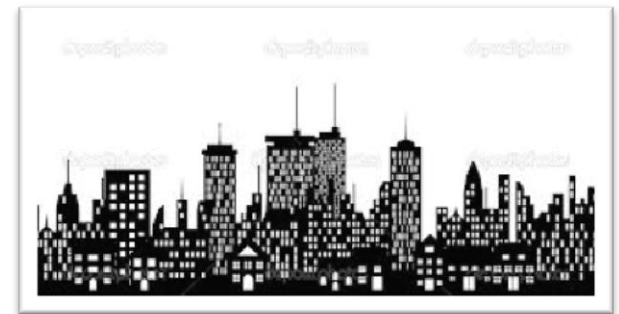
Innovative Medicines Initiative

IMI's neuroscience projects – pan – european PPP's in brain research

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Society is changing



Depression no. 1 burden in 2030



- Depression is, according to WHO, the greatest cause for disability
- Depression will be no. 1 healthcare burden in 2030.

| Rank | As % of total DALYs | 2030 Disease or Injury |
|------|---------------------|--------------------------------------|
| 1 | | Unipolar depressive disorders |
| 2 | | Ischaemic heart disease |
| 3 | | Road traffic accidents |
| 4 | | Cerebrovascular disease |
| 5 | | COPD |
| 6 | | Lower respiratory infections |
| 7 | | Hearing loss, adult onset |
| 8 | | Refractive errors |
| 9 | | HIV/AIDS |
| 10 | | Diabetes mellitus |



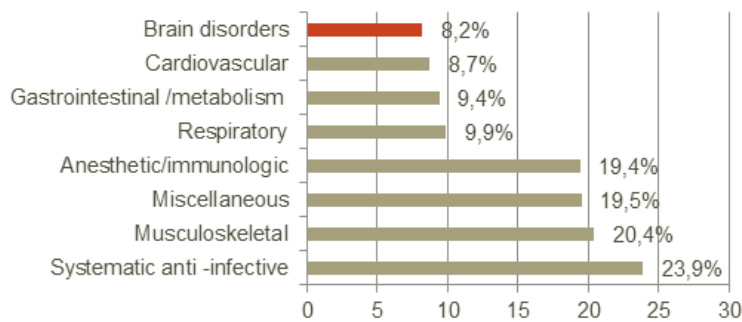
The challenge of brain research



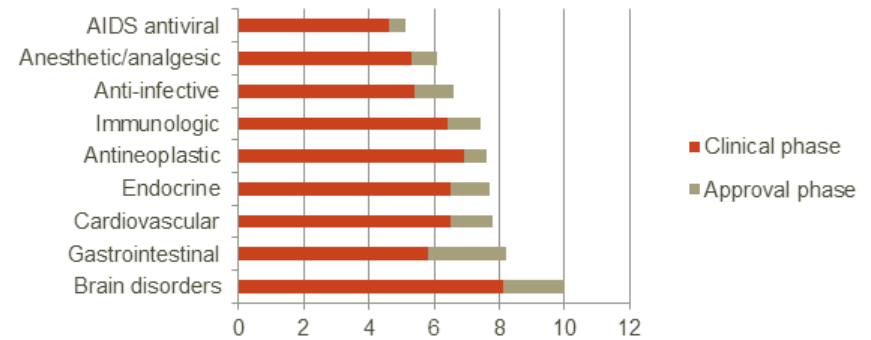
Disease understanding

- The brain being the most complex organ of all, understanding underlying causes for brain diseases is extremely difficult.

Approval rates for new drugs in individual therapeutic areas



The relative time it takes to get drug approval for brain disorders

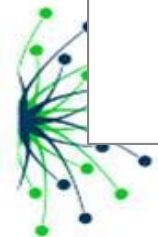
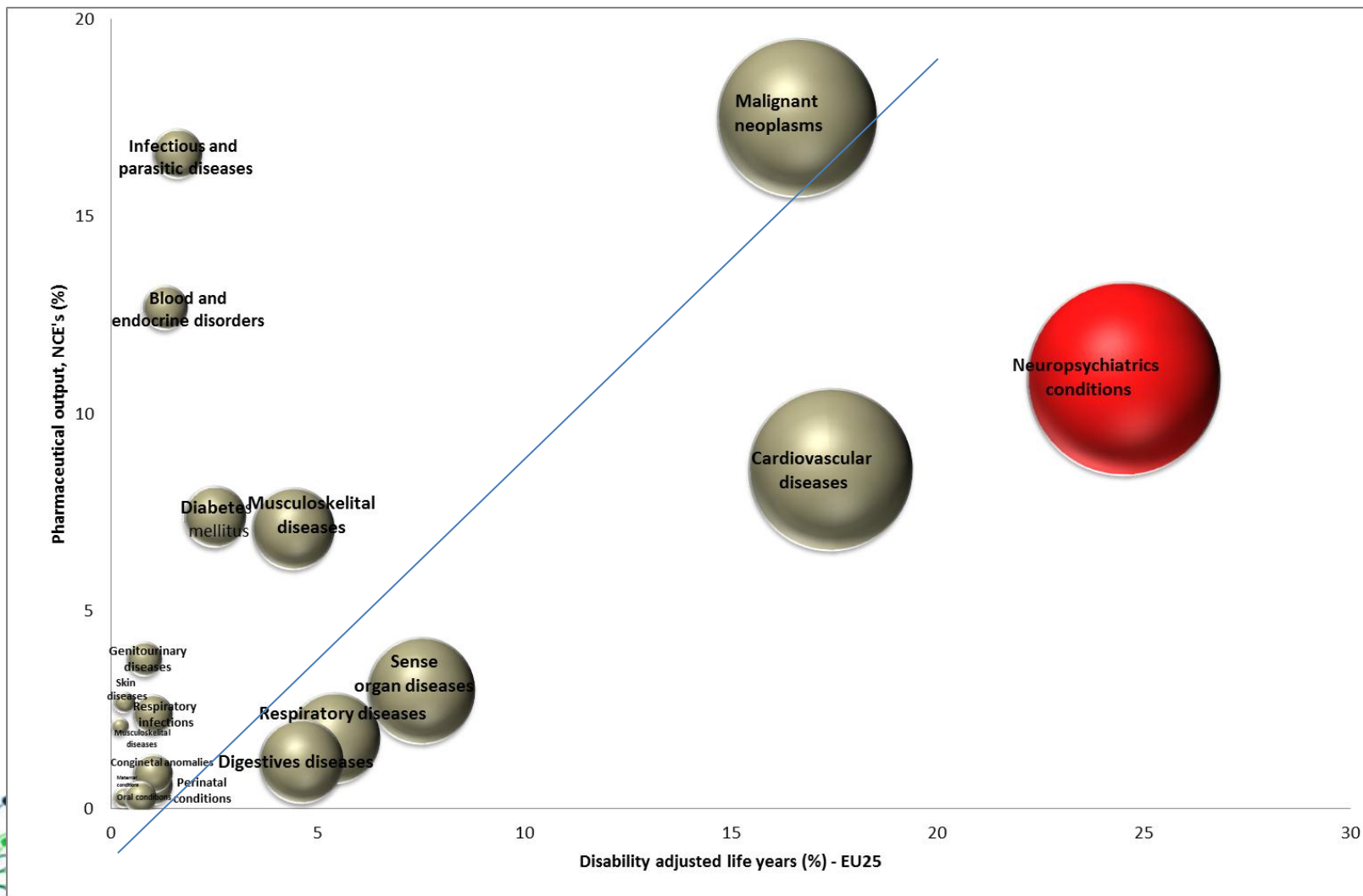


"The fall in the European neuroscience investment has been dramatic. The investment trend in neuroscience is very worrying, given that the population in the developed world is living considerably longer, and aging means they develop more brain disease."

- Mary Baker, president of the European Federation of Neurological Associations



Burden \neq Investment

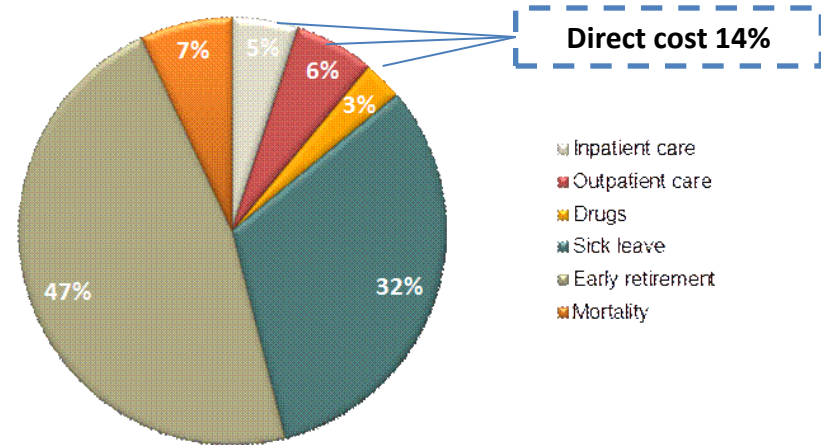


The total medical healthcare costs are substantial



- The total cost of brain disorders has recently (2011) been estimated at **€798 billion**
- Drug cost is less than 3 % of total costs
- Sick leave accounts for almost 1/3 of all cost in relation to depression
- Reduced productivity at work is estimated to be the greatest part of depression associated costs

Cost of depression by cost item
Sweden, 2005



Depression: Cost of lost productivity
UK Study

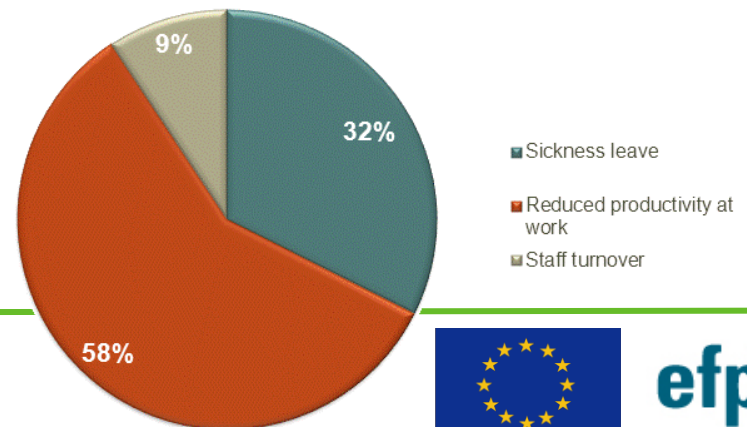


Figure 1: Sainsbury 2008

Figure 2: Sobocki et al. 2007, European Psychiatry

Gustavsson et al. 2011, EBC 2011, Eur Psychopharm











What is the problem?



- Treatment of brain disorders are not prioritized politically
- There continues to be a strong stigma around brain disorders
- The approach from the health care providers' point of view is not integrated – they don't see the follow-on costs
- Limited public and pharmaceutical research in brain disorders
- Lack of clinical tools
- Incentive systems are insufficient
- Regulatory demands are a barrier



"Big pharma" late stage pipeline - CNS

| | Depression | Alzheimers | Schizophrenia | Parkinsons | Other CNS | Phase II programmes |
|--|------------|----------------|---------------|-------------|-------------------------|---------------------|
|  | | | | | naloxegol, OIC | 6 |
|  | | | | | Remoxy and Lyrica, pain | 2 |
|  | | (solanezumab) | | | | 1 |
|  | | (bapineuzumab) | | | | |
|  | | | | | | 7 |
|  | | | | 587124 | | 4 |
|  | | | | preladenant | suvorexant, insomnia | 2 |
|  | | | bitopertin | | ocrelizumab, MS | 6 |

"Big pharma" late stage pipeline oncology



Phase III programmes Phase II programmes



2

11



4

6



3

14



6

NA



3

11



7

6



2

4



8

12

Oncology

35 phase III drugs and
99 phase II/III drugs

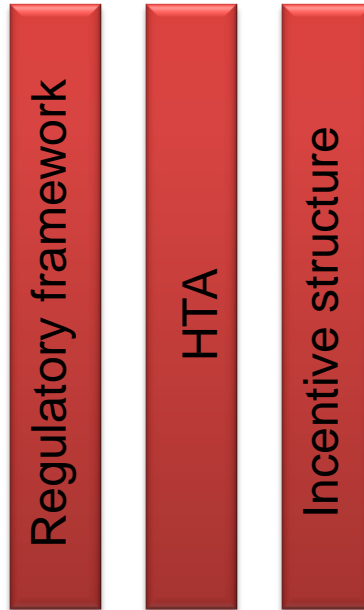
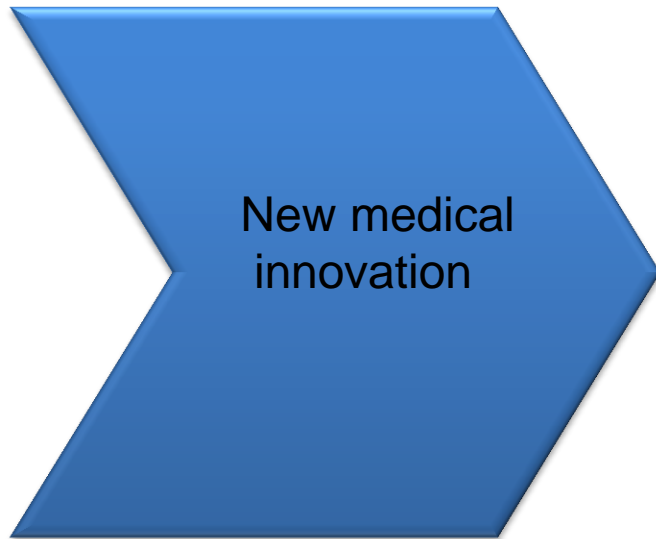
Big pharma will clearly set the
agenda within oncology



Challenges



PUSH



PULL



Optimization

Change

Awareness

