

How can we use digital technology to augment conventional cognitive assessments?

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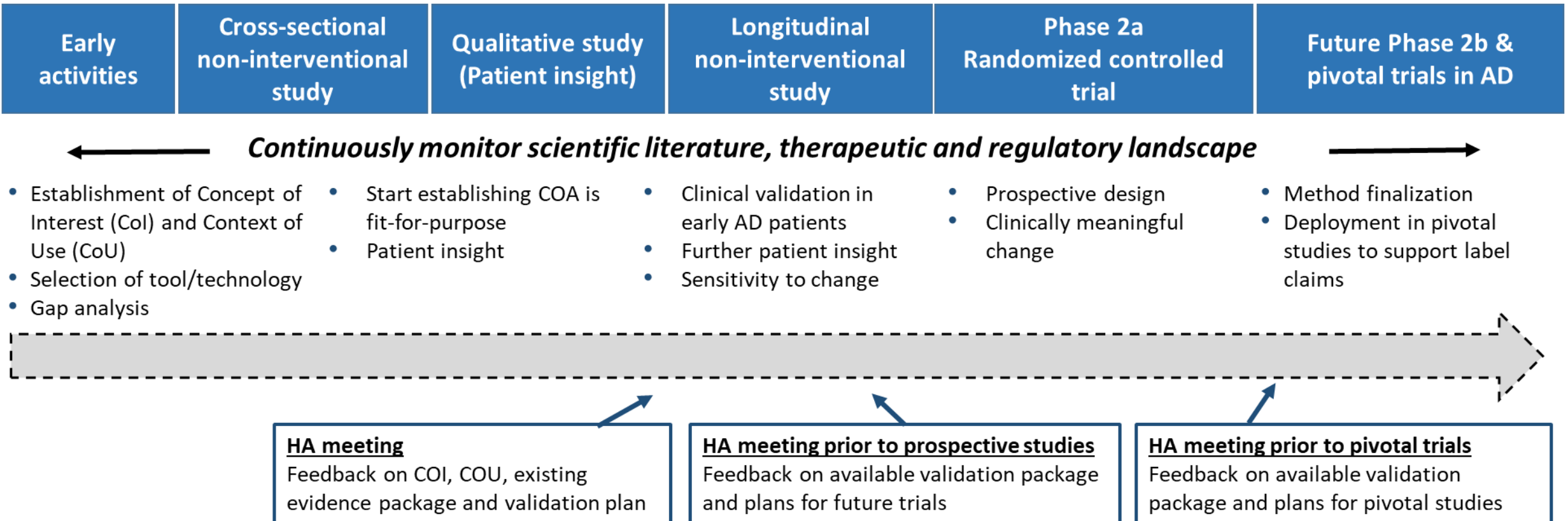


Disclosure

- Kristin Hannesdottir and Gül Erdemli are employees of Novartis and hold Novartis shares

Validation for regulatory acceptance

- Lengthy process requiring step wise approach – can only be achieved if started early in development
- Early Health Authority (HA) interactions are essential to understand gaps and address them in timely manner



Context of Use and Concept of Interest

An electronic performance outcome assessment (ePerfO) for cognition in the regulatory evaluation of new drugs for the treatment of early AD

CoU - In early AD (i.e., mild cognitive impairment due to AD and mild AD), ePerfO will be considered as a secondary or primary efficacy endpoint of interventional randomized controlled trials to confirm that new drugs results in attenuation of cognitive impairment relative to placebo.

Initial focus would be validation for a specific agent but broader validation for all AD treatments will also be explored with HAs. Progress will be reviewed in a data driven fashion.

End point positioning:

- For a co-primary endpoint, as a component of a comprehensive cognitive test battery in addition to scales for functional assessment (e.g., ECog or ADCS-iADL)
 - **Concept of interest:** cognitive function (comprehensive)
- For a secondary endpoint, as a standalone test
 - **Concept of interest:** specific cognitive domains assessed by the ePerfO

Expected project outcomes

- A validated digital endpoint to use in early AD trials across drug development phases
- Extensive data and operational know-how to allow use in additional indications
- Validation know-how to advance additional digital endpoints across drug development phases

Key activities prior to pivotal studies

- Definition of patient population
- Establishing clinically important difference for protective study design
- HA feedback on the existing validation package

Conclusion: value of novel endpoints

Augment existing endpoints for improved accuracy → **reduce failed trials**

Greater understanding of the impact of disease on patient's lives → **clinical meaningfulness**



Reduce endpoint variability and increase effect size → **smaller, more efficient trials**

Briefer, at home assessments → **lower burden** to sites and trial participants

- Augmented endpoints hold promise to
1. Streamline and increase accuracy of early clinical trials → de-risking late-stage development
 2. Increase understanding of disease

➤ *Ultimately delivering better medicines to patients faster*

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Thank you