

Quantify AD Clinical Outcomes Database



Summary Information

The current version of the database includes clinical safety and efficacy information on all symptomatic drugs as well as newer Abeta drugs currently approved or in development for Alzheimer Disease (AD).

This document describes the structure and content of two databases, the source database and the clinical outcomes database. The source database is a database that maintains the sources of information identified by searches and reviewed for inclusion or exclusion from the database. The clinical outcomes database contains the information on trial, treatment and patients characteristics and safety and efficacy results of the trials identified for inclusion in the database.

Table 1. Summary information

| Parameter | Description |
|------------------------|--|
| format | Excel or web-based platform |
| indications | AD + MCI, AD, probable AD, dementia + probable AD, AD + dementia, AD + CVD or mixed dementia, AD or dementia, probable AD or AD + CVD |
| references | 178 |
| trials | 152 |
| trial.arms | 400 |
| patients | 50,273 |
| data.rows | 9,673 |
| compounds | an1792, atorvastatin, avagacestat, azd3480, bapineuzumab, cad106, celecoxib, cerebrolysin, cerebrolysin , choline alfoscerate, citalopram hbr, coenzyme q, conjugated equine estrogen, dimebolin, donepezil, galantamine, ginkgo biloba, hrt, immunoglobulin, kami-untan-to, ly450139, melissa oil, memantine, naproxen, pbt2, perphenazine, phenserine, pioglitazone, placebo, ponezumab, quetiapine, risperidone, rivastigmine, rofecoxib, rosiglitazone, sb-742457, semagacestat, sertraline, silymarin, simvastatin, solanezumab, tacrine, tarenflurbil, tramiprosate, vitamin e |
| key.efficacy.endpoints | adas-cog, adas-cog-11, adas-cog <=-4, adas-cog <=-7, adas-cog <=0, adcs-adl, adcs-adl >=0, cdr-sob, cgic, cgic 5-7, cibic-plus, cibic-plus = 1, cibic-plus = 2, cibic-plus = 3, cibic-plus = 4, cibic-plus = 5, cibic-plus = 6, cibic-plus = 7, cibic-plus 1-3, cibic-plus 1-4, cibic-plus 5-7, dad, gds, mmse, npi, npi-cd, sib |
| key.safety.endpoints | abdominal pain, accidental/inflicted injury, ae serious, ae total, agitation, anorexia, confusional state, death, depression, diarrhea, dizziness, dropout, dropout ae, dropout efficacy, fatigue, headache, hypertension, insomnia, muscle cramps, nausea, rhinitis, somnolence, upper respiratory infection, urinary tract infection, vomiting |

Features and Benefits

Key Features

- **Comprehensive:** includes information for marketed drugs; data sources include journal publications, conference posters, regulatory reviews, etc.
- **Ease of tracking:** all clinical trial publications are listed in a separate source database and linked to unique clinical trial names
- **Flexibility:** the database design allows for quick updates as well as expansions to include additional indications/drugs/endpoints/trials
- **Model-friendliness:** designed and reviewed by experienced modelers to ensure highest quality and usability for modeling and simulation to support drug development strategies
- **Customizability:** can be augmented with clinical trial data proprietary to the client (this information goes into a separate proprietary database and will be owned by the client)

Potential Applications

Understand relative efficacy and safety profiles

This type of analysis is important and frequently done, especially for compounds in crowded diseases. Population differences, design differences, and endpoint variability make direct numbers difficult to compare. Clinical outcomes databases capture a broad range of trial-specific information, which enables comparative efficacy and safety analysis NORMALIZED by variants such as existing therapy, placebo response, patient characteristics, etc.

Link/Scale different endpoints or indications

Clinical outcomes databases aggregate endpoint data from tens of thousands of patients, making it possible to make reasonable predictions of clinical outcomes from existing data. For example, clinical teams find it valuable to predict a compound's performance in late phase development based on early development biomarkers, or short-term efficacy studies.

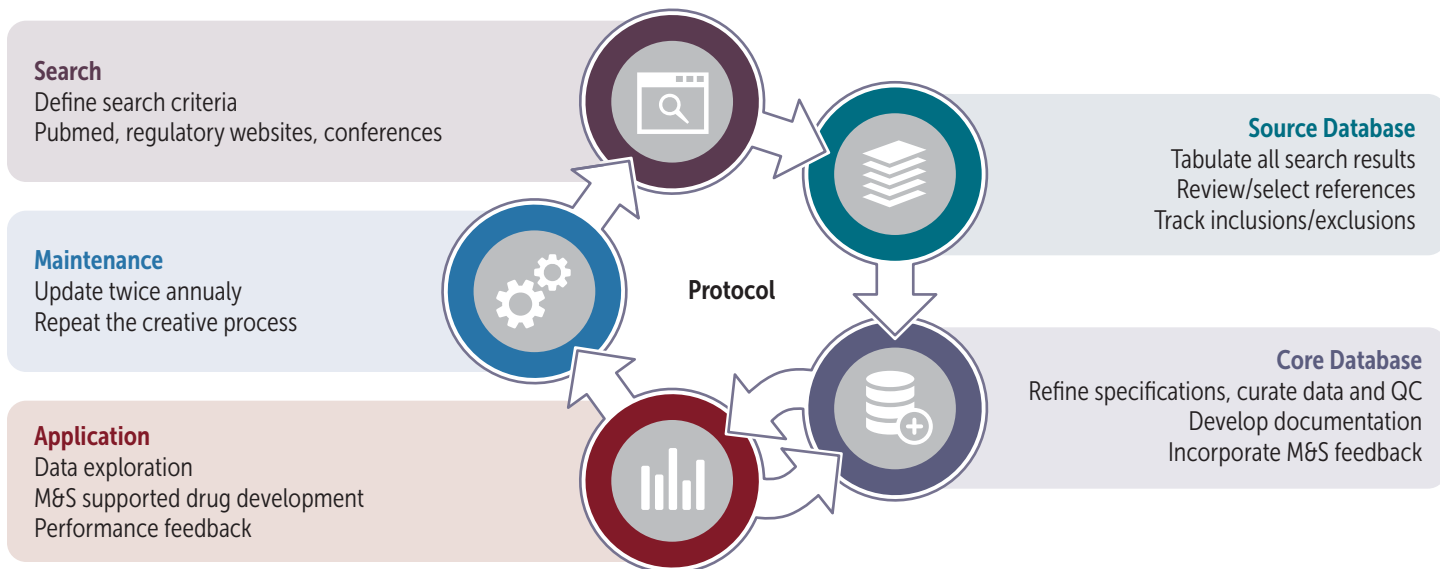
Why Use Our Databases

- Designed and managed by experienced modelers
- Provides most relevant data to support clients' needs for quantitative decision making
- Contains up-to-date and high quality data so that it is always readily available to provide timely analysis required to support critical clinical trial decisions
- Supported by additional services such as modeling and simulation consulting services and custom curation services (by our partner, GVK Bio)

Organization and Structure

This product consists of two databases, the source database and the clinical outcomes database (core database). The source database is a database that maintains the sources of information identified by searches and reviewed for inclusion or exclusion from the database. The clinical outcomes database contains the information on trial, treatment and patients characteristics and safety and efficacy results of the trials identified for inclusion in the database.

The following is a flowchart showing the process with which databases are created, optimized and updated.



Overview of the Alzheimer’s Source Database

The primary data sources were controlled clinical trials published in the medical literature or available through FDA and EMEA. A secondary source of information was ClinicalTrials.gov, all trials for the treatments of interest were reviewed and data available on ClinicalStudyResults.org was evaluated.

581 references were identified and documented in the source database, of which a total of 178 were selected for inclusion in the database after careful review. The detailed reference information as well as reasons for exclusion is recorded to facilitate potential future expansion of the database.

Overview of the Alzheimer’s Clinical Outcomes Database

The clinical outcomes database contains information from 152 trials, representing 400 unique treatment arms and about 50,273 patients. There are a total of 9,673 rows in the database. Each row contains the information for an endpoint in one arm of a trial at a specific point in time.

| randomized.drug | trials | arms | patients |
|---|--------|------|----------|
| an1792 | 1 | 1 | 64 |
| an1792+qs-21 | 1 | 1 | 299 |
| atorvastatin | 2 | 2 | 346 |
| avagacestat | 1 | 4 | 167 |
| azd3480 | 1 | 3 | 244 |
| bapineuzumab | 4 | 11 | 1624 |
| cad106 | 1 | 2 | 46 |
| celecoxib | 1 | 1 | 285 |
| cerebrolysin | 1 | 1 | 70 |
| cerebrolysin+donepezil | 1 | 1 | 72 |
| choline alphoscerate+donepezil | 1 | 1 | 92 |
| citalopram hbr | 1 | 1 | 25 |
| coenzyme q | 1 | 1 | 26 |
| conjugated equine estrogen+micronized progesteron | 1 | 1 | 29 |
| dimebolin | 1 | 1 | 89 |
| donepezil | 45 | 54 | 6099 |

Table 2. Overview of trials in the AD database by drug

| | | | |
|--|------------|------------|--------------|
| donepezil+ginkgo biloba | 1 | 1 | 32 |
| donepezil+hirudin | 1 | 1 | 42 |
| donepezil+perphenazine | 1 | 1 | 6 |
| galantamine | 17 | 28 | 4202 |
| ginkgo biloba | 2 | 2 | 56 |
| hrt | 1 | 1 | 59 |
| immunoglobulin | 1 | 6 | 41 |
| kami-untan-to | 1 | 1 | 18 |
| ly450139 | 2 | 3 | 71 |
| melissa oil | 1 | 1 | 38 |
| memantine | 21 | 23 | 2570 |
| memantine+donepezil | 1 | 1 | 73 |
| memantine+rivastigmine | 1 | 1 | 88 |
| naproxen | 1 | 1 | 118 |
| pbt2 | 1 | 2 | 49 |
| perphenazine | 1 | 1 | 6 |
| phenserine | 1 | 1 | 10 |
| pioglitazone+vitamin e | 1 | 1 | 14 |
| placebo | 122 | 123 | 17042 |
| placebo+donepezil | 2 | 2 | 164 |
| placebo+ert | 1 | 1 | 9 |
| placebo+lecithin | 1 | 1 | 41 |
| placebo+placebo | 1 | 1 | 89 |
| placebo+rivastigmine | 1 | 1 | 84 |
| placebo+vitamin e | 1 | 1 | 15 |
| ponezumab | 2 | 9 | 41 |
| quetiapine | 1 | 1 | 31 |
| risperidone | 1 | 1 | 12 |
| rivastigmine | 24 | 44 | 6356 |
| rivastigmine+fluoxetine | 1 | 1 | 41 |
| rofecoxib | 3 | 3 | 1193 |
| rosiglitazone | 4 | 8 | 2300 |
| sb-742457 | 1 | 1 | 68 |
| semagacestat | 1 | 2 | 1036 |
| sertraline | 1 | 1 | 124 |
| silymarin | 1 | 1 | 110 |
| simvastatin | 3 | 3 | 257 |
| solanezumab | 3 | 6 | 1069 |
| tacrine | 9 | 11 | 1093 |
| tacrine+ert | 1 | 1 | 37 |
| tacrine+lecithin | 2 | 2 | 129 |
| tacrine+placebo | 1 | 1 | 41 |
| tarenflurbil | 2 | 3 | 1001 |
| tramiprosate | 2 | 5 | 744 |
| vitamin e | 2 | 3 | 50 |
| vitamin e+vitamin c with alpha lipoic acid | 1 | 1 | 26 |
| TOTAL | 152 | 400 | 50273 |

Table 3. Overview of efficacy endpoints in the AD database

| endpoint | trials | arms | patients |
|-----------------------------|--------|------|----------|
| abdominal pain | 24 | 61 | 7922 |
| abdominal pain/diarrhea | 1 | 2 | 100 |
| accidental/inflicted injury | 17 | 38 | 4711 |
| adas-cog | 38 | 101 | 9264 |
| adas-cog-11 | 44 | 118 | 25159 |
| adas-cog-11 slope | 1 | 2 | 1684 |
| adas-cog-12 | 3 | 10 | 2594 |
| adas-cog-13 | 2 | 4 | 404 |
| adas-cog-14 | 4 | 12 | 2321 |
| adas-cog <=-10 | 4 | 12 | 2988 |
| adas-cog <=-4 | 16 | 43 | 8383 |
| adas-cog <=-7 | 8 | 20 | 4081 |
| adas-cog <=0 | 12 | 30 | 6752 |
| adas-cog brazilian version | 1 | 2 | 23 |
| adas-cog japanese version | 1 | 2 | 268 |
| adas-cog korean version | 1 | 4 | 300 |
| adas-cog slope | 1 | 2 | 1684 |
| adcs-adl | 40 | 103 | 19442 |
| adcs-adl-severe | 2 | 5 | 668 |
| adcs-adl >=0 | 6 | 13 | 3254 |
| adcs-adl >=2 | 1 | 3 | 892 |
| adcs-adl >=4 | 2 | 5 | 1296 |
| adcs-adl >=6 | 1 | 3 | 892 |
| adcs-adl >=8 | 2 | 5 | 1296 |
| adcs-adl slope | 1 | 2 | 1684 |
| ae clinical | 1 | 2 | 640 |
| ae lab | 2 | 3 | 93 |
| ae serious | 69 | 172 | 30295 |
| ae severe | 5 | 13 | 1438 |
| ae total | 74 | 189 | 33837 |
| agitation | 48 | 120 | 20842 |
| anorexia | 32 | 79 | 13751 |
| cbq | 2 | 4 | 1928 |
| cdr-sob | 22 | 62 | 13602 |
| cdr-sob slope | 1 | 2 | 1684 |
| cgic | 17 | 43 | 4651 |
| cgic = 1 | 4 | 12 | 1894 |
| cgic = 1 japanese version | 1 | 2 | 268 |
| cgic = 2 | 4 | 12 | 1894 |
| cgic = 3 | 4 | 12 | 1894 |
| cgic = 3 japanese version | 1 | 2 | 268 |
| cgic = 4 | 5 | 17 | 2463 |
| cgic = 4 japanese version | 1 | 2 | 268 |
| cgic = 5 | 3 | 10 | 1728 |
| cgic = 5 japanese version | 1 | 2 | 268 |

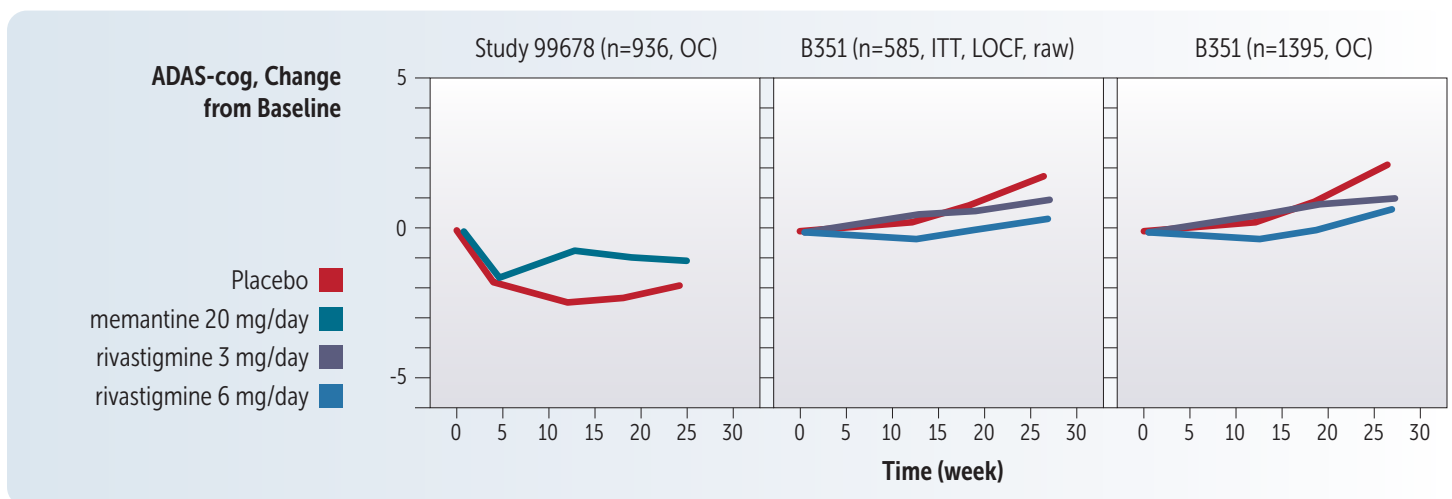
| | | | |
|-------------------------------|-----|-----|-------|
| cgic = 6 | 4 | 12 | 1894 |
| cgic = 7 | 4 | 12 | 1894 |
| cgic = 7 japanese version | 1 | 2 | 268 |
| cgic 1-2 | 1 | 3 | 402 |
| cgic 1-3 | 3 | 10 | 857 |
| cgic 1-4 | 4 | 12 | 778 |
| cgic 1-4 japanese version | 1 | 2 | 268 |
| cgic 4 | 1 | 3 | 122 |
| cgic 4-7 | 1 | 2 | 166 |
| cgic 5-7 | 6 | 20 | 1469 |
| cgic 5-7 japanese version | 1 | 2 | 268 |
| cgic caregiver rated | 1 | 2 | 154 |
| cgic clinician rated | 2 | 4 | 307 |
| cgis | 3 | 7 | 354 |
| cibic-plus | 27 | 68 | 13025 |
| cibic-plus = 1 | 10 | 28 | 5322 |
| cibic-plus = 2 | 10 | 28 | 5322 |
| cibic-plus = 3 | 10 | 28 | 5322 |
| cibic-plus = 4 | 12 | 32 | 5848 |
| cibic-plus = 5 | 10 | 28 | 5322 |
| cibic-plus = 6 | 10 | 28 | 5322 |
| cibic-plus = 7 | 10 | 28 | 5322 |
| cibic-plus 1-3 | 11 | 31 | 5506 |
| cibic-plus 1-3 korean version | 1 | 4 | 300 |
| cibic-plus 1-4 | 7 | 15 | 3048 |
| cibic-plus 5-7 | 6 | 14 | 2754 |
| cibic-plus nyu version | 1 | 2 | 252 |
| confusion | 1 | 2 | 153 |
| confusional state | 26 | 66 | 9229 |
| csf abeta1-40 | 4 | 18 | 139 |
| csf abeta1-42 | 5 | 21 | 197 |
| csf abeta40 | 6 | 14 | 2295 |
| csf abeta42 | 8 | 19 | 2430 |
| csf abetan-42 | 1 | 3 | 58 |
| csf abetax-40 | 1 | 3 | 58 |
| csf abetax-42 | 1 | 3 | 58 |
| csf drug concentration | 2 | 3 | 48 |
| dad | 14 | 35 | 5619 |
| dad korean version | 1 | 4 | 300 |
| death | 71 | 187 | 35398 |
| depression | 26 | 59 | 13044 |
| diarrhea | 75 | 204 | 33248 |
| dizziness | 60 | 167 | 24829 |
| dose reduction | 3 | 6 | 1550 |
| dropout | 124 | 312 | 44247 |
| dropout ae | 98 | 248 | 40624 |

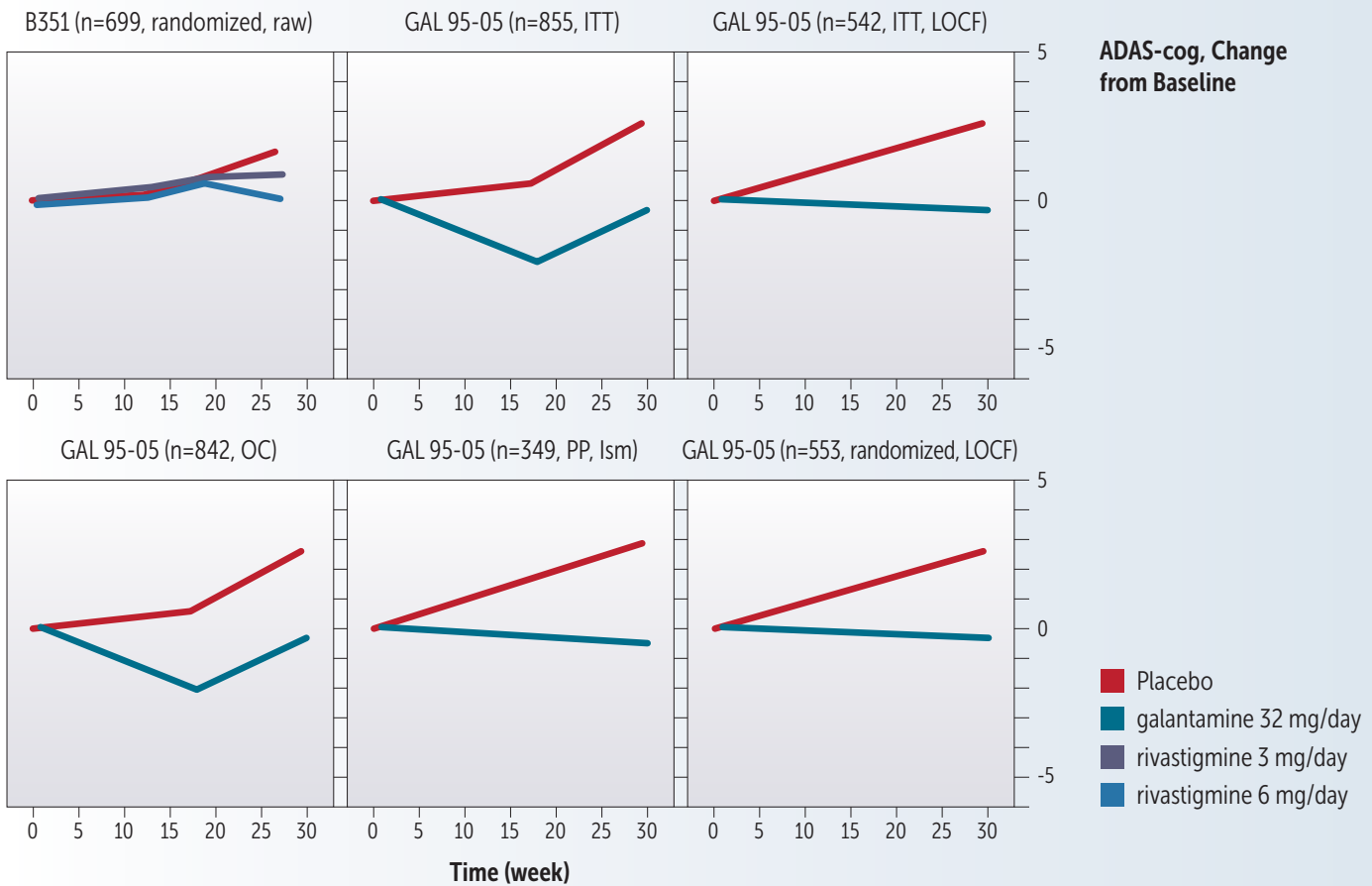
| | | | |
|---|----|-----|-------|
| dropout efficacy | 35 | 88 | 15600 |
| fatigue | 15 | 48 | 4796 |
| frs | 1 | 2 | 290 |
| gds | 12 | 29 | 5609 |
| headache | 63 | 172 | 22354 |
| hypertension | 18 | 39 | 8309 |
| iadl+ | 3 | 6 | 528 |
| injury | 1 | 2 | 592 |
| insomnia | 28 | 73 | 12284 |
| mmse | 84 | 211 | 29049 |
| msms+ | 1 | 2 | 290 |
| muscle cramps | 7 | 16 | 1620 |
| nausea | 70 | 187 | 30483 |
| nausea/vomiting | 4 | 10 | 505 |
| npi | 49 | 111 | 21250 |
| npi-cd | 8 | 19 | 3794 |
| npi behavioral and psychological subscale | 1 | 2 | 244 |
| npi nursing home version | 2 | 4 | 473 |
| pds | 8 | 23 | 3502 |
| plasma abeta1-40 | 4 | 21 | 151 |
| plasma abeta1-42 | 2 | 13 | 107 |
| plasma abeta40 | 4 | 8 | 1158 |
| plasma abeta42 | 2 | 4 | 1072 |

| | | | |
|-----------------------------------|------------|------------|--------------|
| plasma abetax-40 | 1 | 3 | 58 |
| plasma abetax-42 | 1 | 3 | 58 |
| plasma drug concentration | 8 | 29 | 1248 |
| qol-ad | 4 | 12 | 1406 |
| qol-ad caregiver | 4 | 10 | 3897 |
| qol-ad patient | 4 | 10 | 3897 |
| responders | 8 | 23 | 4291 |
| rhinitis | 9 | 23 | 3218 |
| serum drug concentration | 1 | 3 | 22 |
| sib | 17 | 38 | 7592 |
| sib change from baseline>=0 | 1 | 2 | 290 |
| sib change from baseline>=10 | 1 | 2 | 290 |
| sib change from baseline>=12 | 1 | 2 | 404 |
| sib change from baseline>=4 | 1 | 2 | 404 |
| sib change from baseline>=8 | 1 | 2 | 404 |
| sib change from baseline>0 | 1 | 2 | 404 |
| smmse | 4 | 10 | 997 |
| somnolence | 10 | 23 | 3465 |
| upper respiratory infection | 17 | 45 | 6927 |
| upper respiratory tract infection | 1 | 2 | 1121 |
| urinary tract infection | 41 | 106 | 16811 |
| vomiting | 58 | 162 | 23315 |
| TOTAL | 152 | 400 | 50273 |

Example Plots of Data in the Alzheimer's Database

The following graph shows examples of the time course of ADAS-cog as change from baseline. The graphs show the time course for each treatment arm and each trial that has information on this endpoint.





Outcome Fields

Efficacy outcomes fields

The following efficacy measurements are recorded in the database:

- ADAS-cog: Alzheimer’s Disease Assessment Scale – Cognitive Subscale total score
 - includes different responder definitions: much improvement, improved, no change, worse, much worse
- CIBIS: Clinician’s Interview-Based Impression of Severity
- CIBIC-plus: Clinician’s Interview-Based Impression of Change Plus Caregiver Input total score
 - includes different responder definitions: much improvement, improved, no change, worse, much worse
- ADCS-ADL: the Alzheimer’s Disease Cooperative Study Activities of Daily Living Inventory scale
- CGIC: Clinical Global Impression of Change
- MMSE: Mini-Mental State Examination
- sMMSE: standardized Mini-Mental State Examination
- NPI: Neuropsychiatric Inventory
- NPI-CD: NPI-caregiver distress scale
- SIB: Severe Impairment Battery
- CDR-sob: Clinical Dementia Rating sum-of-boxes
- QOL-AD: the quality of life-AD scale
- DAD: Disability Assessment for Dementia
- CBQ: Caregiver Burden Questionnaire
- GDS: Global Deterioration scale
- PDS: Progressive Deterioration Scale
- FRS: Functional Rating Scale
- IADL+: modified Instrumental Activities of Daily Living
- MSMS+: modified Physical Self-Maintenance Scale
- Plasma/CSF levels of A 40 and A 42 (Category is “A beta” for Aβ40 and Aβ42 levels and Category is “PK” for the Plasma drug concentrations)

Safety/tolerability Outcomes Fields

The following safety and tolerability information is recorded in the database. The number of patients, percent of patients or rate (events per patient year) is recorded. For each safety outcome the numeric values (mean, etc.) is also extracted if available at baseline or during trial:

- Dropout: Total dropout/treatment discontinuation. This refers to all patients that did not complete the study or that did receive rescue therapy. In trials in which rescue treatment was provided also the dropout minus the patients that receive rescue is provided (dropout – rescue)
- Dropout AE: Dropout related to adverse events
- Dropout Efficacy: Dropout related to lack of Efficacy. Some trials provide rescue therapy for patients with lack of efficacy. The number of patients that rescue is captured from those trials. This can be compared to dropout due to lack of efficacy.
- Rescue: Patients receiving rescue treatment due to lack of efficacy (Category is "Rescue")
- Death
- AE total: any adverse events
- AE clinical: clinical adverse events
- AE lab: laboratory adverse events
- AE serious: serious or severe adverse event
- Dose increase, interruption, reduction or modification: AE resulting in changes in dose
- Nausea
- Vomiting
- Dizziness
- Diarrhea
- Headache
- Somnolence
- Accidental/inflicted injury
- Abdominal pain
- Anorexia
- Depression
- Agitation
- Infection upper respiratory: upper respiratory infection
- Infection urinary tract: urinary tract infection
- Insomnia
- Confusional state
- Hypertension
- Fatigue
- Rhinitis
- Muscle cramps
- Development of anti-drug antibodies

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