

EMERGE and ENGAGE Topline Results: Two Phase 3 Studies to Evaluate Aducanumab in Patients With Early Alzheimer's Disease

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Forward-looking statements

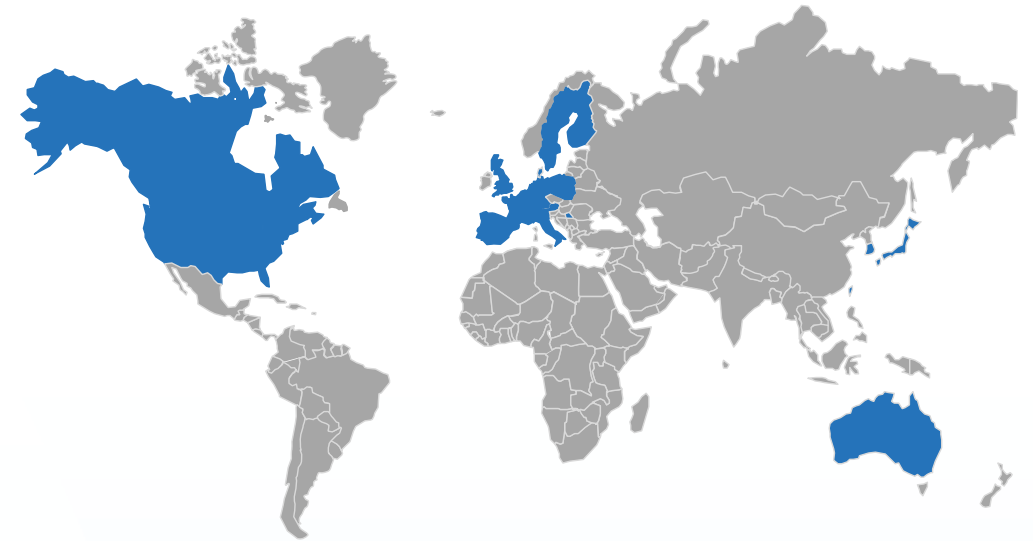
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- Aducanumab is an investigational compound and is not yet approved in any country
- Biogen licensed the worldwide rights to aducanumab from Neurimmune Holding AG in 2007 and is responsible for its development and commercialization
- As of October 22, 2017, Biogen and Eisai are collaborating on the development and commercialization of aducanumab globally

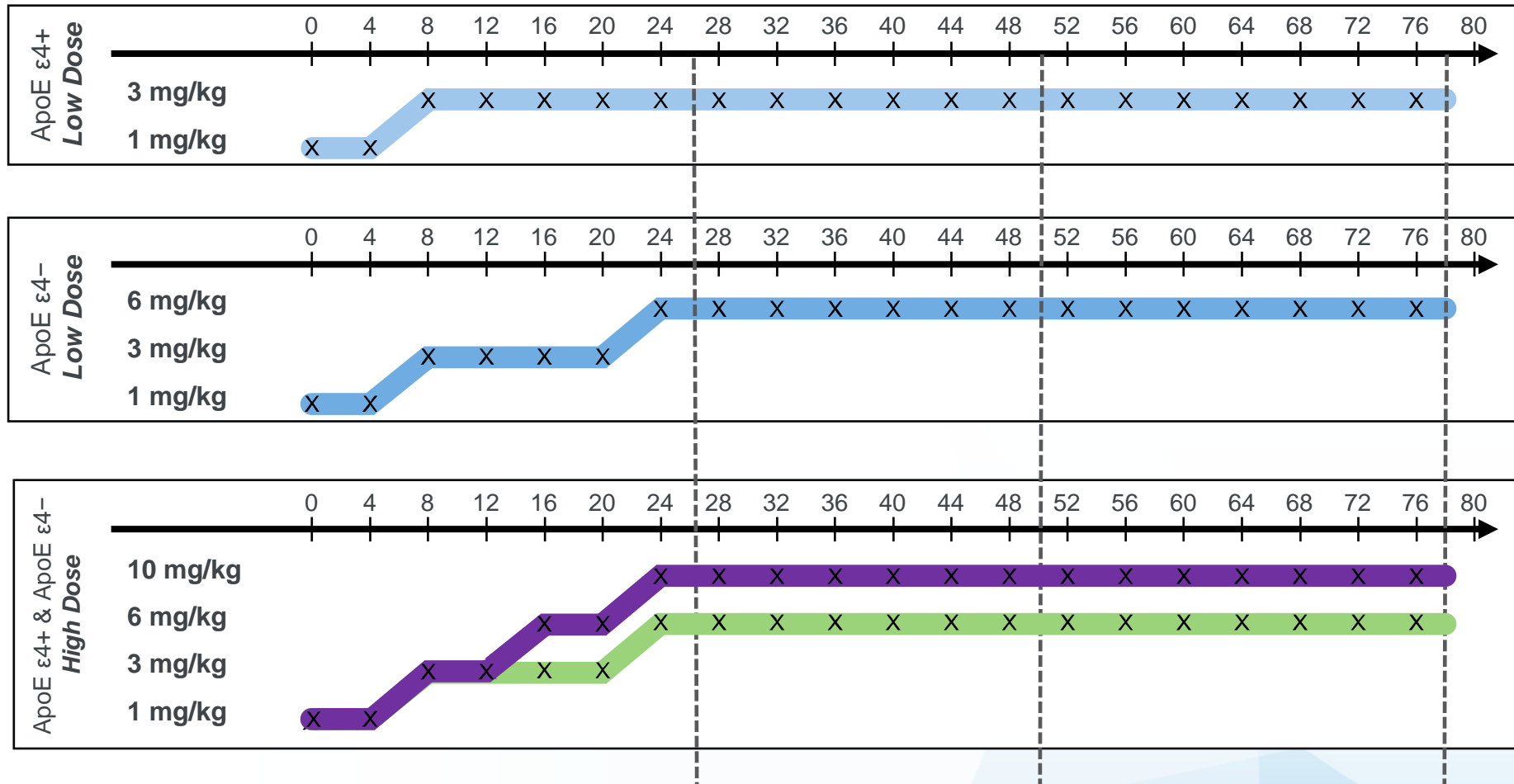
Aducanumab Phase 3 studies EMERGE and ENGAGE

Studies	Two 18-month, randomized, double-blind, placebo-controlled, Phase 3 studies
Geography/ sample size	3285 patients at 348 sites in 20 countries
Population	<ul style="list-style-type: none"> ▪ Early Alzheimer's disease (MCI due to Alzheimer's disease + mild Alzheimer's disease dementia) <ul style="list-style-type: none"> • MMSE 24-30, CDR-G 0.5, RBANS ≤ 85, with confirmed amyloid pathology
Doses	<ul style="list-style-type: none"> ▪ Two dosing regimens (low and high) and placebo; randomized 1:1:1
Primary endpoint	<ul style="list-style-type: none"> ▪ CDR-SB at 18 months
Other endpoints	<ul style="list-style-type: none"> ▪ Secondary: MMSE, ADAS-Cog 13, ADCS-ADL-MCI ▪ Sub-studies: amyloid PET, tau PET, CSF disease-related biomarkers



Countries with active sites included:
 Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Italy, Japan, the Netherlands, Poland, Portugal, South Korea, Spain, Sweden, Switzerland, Taiwan, United Kingdom, United States

EMERGE and ENGAGE: Dose regimen



- Low dose titrated to 3 or 6 mg/kg
- Maintained throughout study

- High dose titrated to 6 or 10 mg/kg for Protocol Versions 1-3
- High dose titrated to 10 mg/kg for Protocol Version 4 and higher

Expected # of 10 mg/kg in high dose group

by Week 26: 1 dose

by Week 50: 7 doses

by Week 78: 14 doses

Baseline demographics

	EMERGE			ENGAGE		
	Placebo (n=548)	Low dose (n=543)	High dose (n=547)	Placebo (n=545)	Low dose (n=547)	High dose (n=555)
Age in years, mean ± SD	70.8±7.40	70.6±7.45	70.6±7.47	69.8±7.72	70.4±6.96	70.0±7.65
Female, n (%)	290 (52.9)	269 (49.5)	284 (51.9)	287 (52.7)	284 (51.9)	292 (52.6)
Race, n (%)						
Asian	47 (8.6)	38 (7.0)	41 (7.5)	55 (10.1)	55 (10.1)	65 (11.7)
White	415 (75.7)	418 (77.0)	405 (74.0)	413 (75.8)	412 (75.3)	413 (74.4)
Education years, mean ± SD	14.5±3.82	14.5±3.63	14.6±3.74	14.7±3.66	14.6±3.77	14.6±3.72
Alzheimer's disease medications used, n (%)	279 (50.9)	277 (51.0)	277 (50.6)	293 (53.8)	307 (56.1)	307 (55.3)
ApoE ε4, n (%)						
Carriers	367 (67.0)	362 (66.7)	365 (66.7)	376 (69.0)	391 (71.5)	378 (68.1)
Non-carriers	178 (32.5)	178 (32.8)	181 (33.1)	167 (30.6)	156 (28.5)	176 (31.7)
Clinical stage, n (%)						
MCI due to Alzheimer's disease	446 (81.4)	452 (83.2)	438 (80.1)	443 (81.3)	440 (80.4)	442 (79.6)
Mild Alzheimer's disease	102 (18.6)	91 (16.8)	109 (19.9)	102 (18.7)	107 (19.6)	113 (20.4)
Amyloid PET SUVR, mean composite ± SD (n) <i>PET sub-study population only</i>	1.37±0.175 (157)	1.39±0.181 (157)	1.38±0.183 (171)	1.38±0.198 (203)	1.39±0.186 (198)	1.41±0.177 (181)

ITT population.

ApoE, apolipoprotein E; ITT, intent to treat; MCI, mild cognitive impairment; PET, positron-emission tomography; SD, standard deviation; SUVR, standardized uptake value ratio.

Baseline disease characteristics

	EMERGE			ENGAGE		
	Placebo (n=548)	Low dose (n=543)	High dose (n=547)	Placebo (n=545)	Low dose (n=547)	High dose (n=555)
RBANS delayed memory score, mean ± SD	60.5±14.23	60.0±14.02	60.7±14.15	60.0±13.65	59.5±14.16	60.6±14.09
MMSE score, mean ± SD	26.4±1.78	26.3±1.72	26.3±1.68	26.4±1.73	26.4±1.78	26.4±1.77
CDR global score, n (%)						
0.5	544 (99.3)	543 (100)	546 (99.8)	544 (99.8)	546 (99.8)	554 (99.8)
1	3 (0.5)	0	1 (0.2)	1 (0.2)	1 (0.2)	0
CDR-SB score, mean ± SD	2.47±0.999	2.46±1.011	2.51±1.053	2.40±1.012	2.43±1.014	2.40±1.009
ADAS-Cog 13 score, mean ± SD	21.9±6.73	22.5±6.76	22.2±7.08	22.5±6.56	22.5±6.30	22.4±6.54
ADCS-ADL-MCI score, mean ± SD	42.6±5.73	42.8±5.48	42.5±5.82	43.0±5.55	42.9±5.73	42.9±5.70

ITT population.

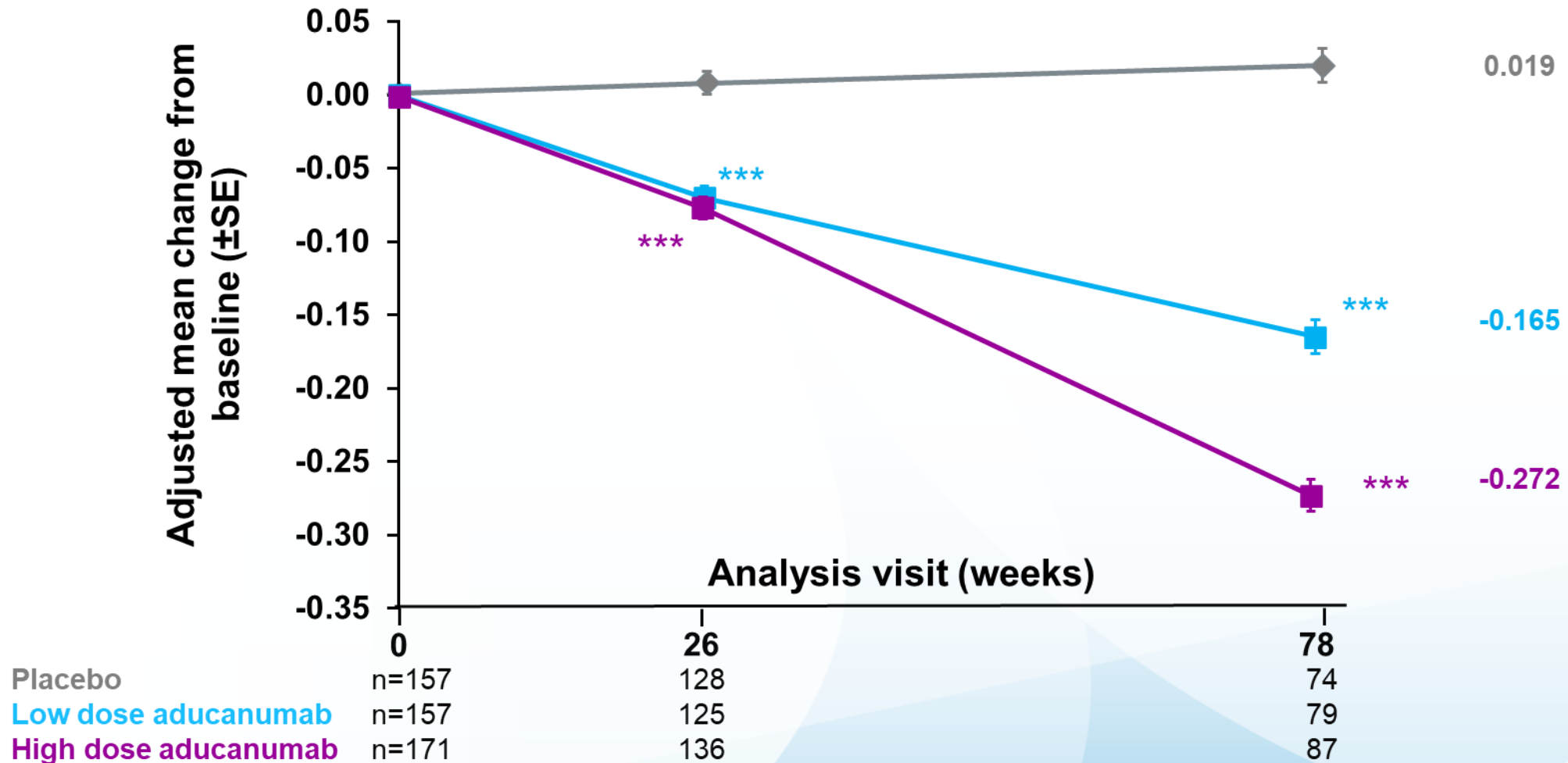
ADAS-Cog 13, Alzheimer's Disease Assessment Scale–Cognitive Subscale (13-item); ADCS-ADL-MCI, Alzheimer's Disease Cooperative Study–Activities of Daily Living Inventory (mild cognitive impairment version); CDR-SB, Clinical Dementia Rating–Sum of Boxes; ITT, intent to treat; MCI, mild cognitive impairment; MMSE, Mini-Mental State Examination; RBANS, Repeatable Battery for Assessment of Neuropsychological Status.

EMERGE: Primary and secondary endpoints from final data set at Week 78

	Placebo decline (n=548)	Difference vs. placebo (%) ^a p-value	
		Low dose (n=543)	High dose (n=547)
CDR-SB	1.74	-0.26 (-15%) 0.0901	-0.39 (-22%) 0.0120
MMSE	-3.3	-0.1 (3%) 0.7578	0.6 (-18%) 0.0493
ADAS-Cog 13	5.162	-0.701 (-14%) 0.1962	-1.400 (-27%) 0.0097
ADCS-ADL-MCI	-4.3	0.7 (-16%) 0.1515	1.7 (-40%) 0.0006

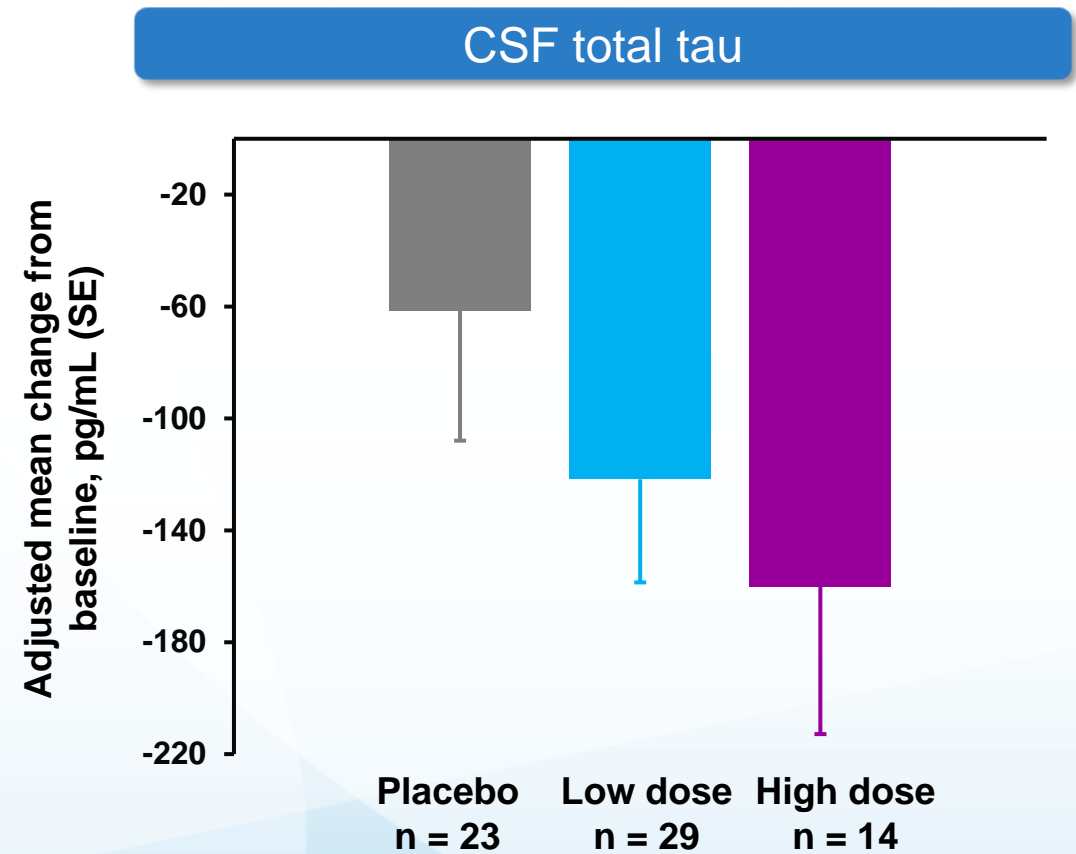
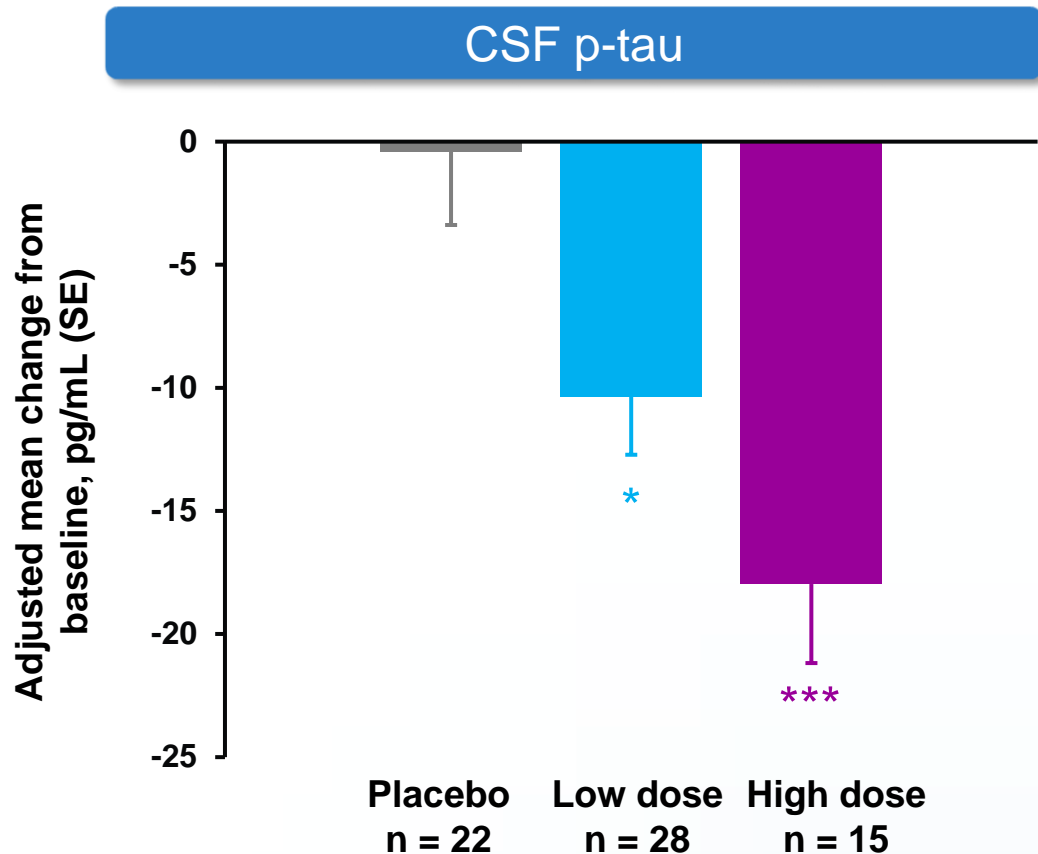
ITT population. ^aDifference vs placebo at Week 78. Negative percentage means less progression in the treated arm. ^bNominal for MMSE, ADAS-Cog 13, and ADCS-ADL-MCI. ADAS-Cog 13, Alzheimer's Disease Assessment Scale–Cognitive Subscale (13-item); ADCS-ADL-MCI, Alzheimer's Disease Cooperative Study–Activities of Daily Living Inventory (mild cognitive impairment version); CDR-SB, Clinical Dementia Rating–Sum of Boxes; ITT, intent to treat; MCI, mild cognitive impairment; MMSE, Mini-Mental State Examination.

EMERGE: Longitudinal change from baseline in amyloid PET SUVR



¹⁸F-florbetapir amyloid PET analysis population. ***p<0.0001 compared with placebo (nominal). Values at each time point were based on an MMRM model, with change from baseline in MMSE as the dependent variable and with fixed effects of treatment group, categorical visit, treatment-by-visit interaction, baseline SUVR, baseline SUVR by visit interaction, baseline MMSE, Alzheimer's disease symptomatic medication use at baseline, region, and laboratory ApoE ε4 status. ApoE, apolipoprotein E; MMRM, mixed model for repeated measure; MMSE, Mini Mental State Examination; PET, positron emission tomography; SE, standard error; SUVR, standardized uptake value ratio.

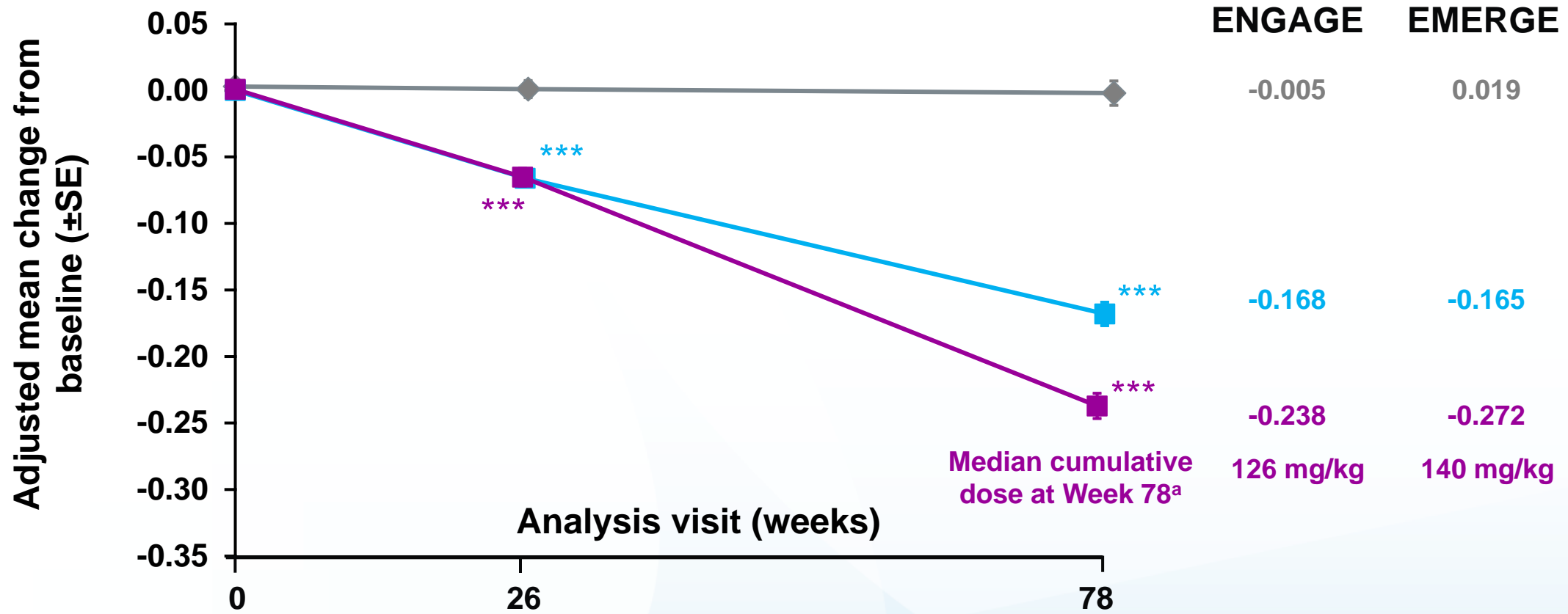
EMERGE: CSF biomarkers of tau pathology and neurodegeneration



ENGAGE: Primary and secondary endpoints from final data set at Week 78

	Placebo decline (n=545)	Difference vs. placebo (%) ^a p-value ^b	
		Low dose (n=547)	High dose (n=555)
CDR-SB	1.56	-0.18 (-12%) 0.2250	0.03 (2%) 0.8330
MMSE	-3.5	0.2 (-6%) 0.4795	-0.1 (3%) 0.8106
ADAS-Cog 13	5.140	-0.583 (-11%) 0.2536	-0.588 (-11%) 0.2578
ADCS-ADL-MCI	-3.8	0.7 (-18%) 0.1225	0.7 (-18%) 0.1506

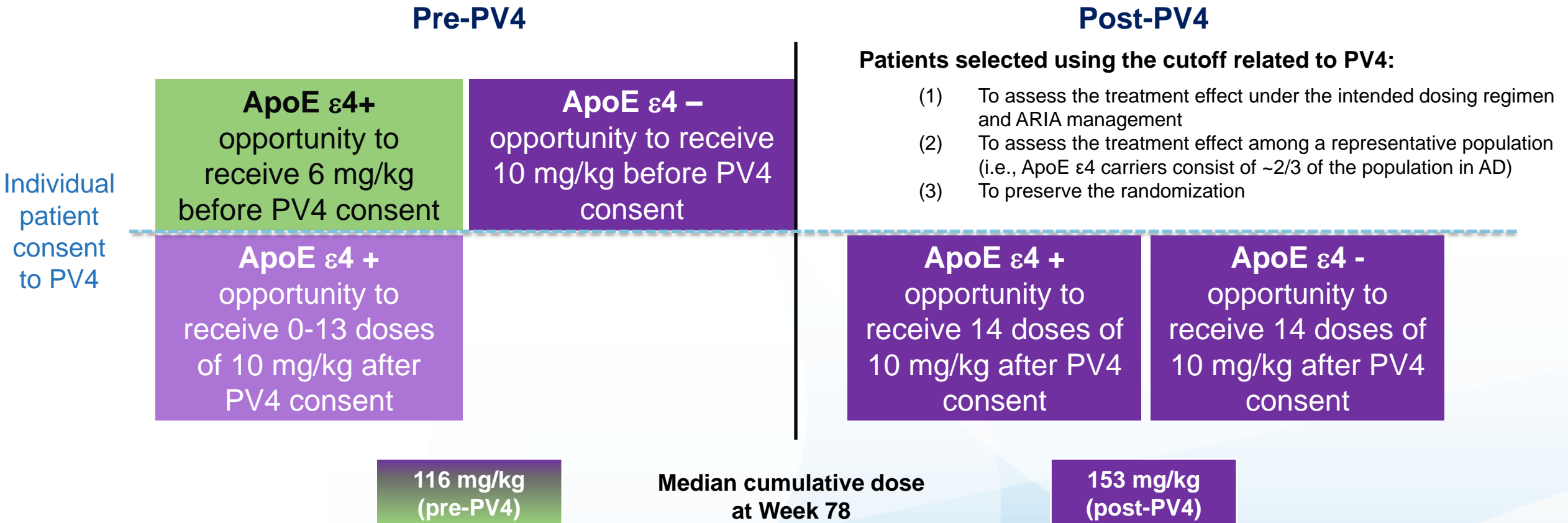
ENGAGE: Longitudinal change from baseline in amyloid PET SUVR



	0	26	78
Placebo	n=203	164	104
Low dose aducanumab	n=198	166	116
High dose aducanumab	n=181	149	97

^aCalculated from patients with Week 78 PET assessment. ¹⁸F-florbetapir amyloid PET analysis population. ***p <0.0001 compared with placebo (nominal). Values at each time point were based on an MMRM model, with change from baseline in MMSE as the dependent variable and with fixed effects of treatment group, categorical visit, treatment-by-visit interaction, baseline SUVR, baseline SUVR by visit interaction, baseline MMSE, Alzheimer's disease symptomatic medication use at baseline, region, and laboratory ApoE ε4 status. ApoE, apolipoprotein E; MMRM, mixed model for repeated measure; MMSE, Mini Mental State Examination; PET, positron emission tomography; SE, standard error; SUVR, standardized uptake value ratio.

Defining a population by a randomized cohort who had the opportunity for all 14 doses of 10 mg/kg



CDR-SB for ITT population compared with Post-PV4 population for EMERGE and ENGAGE at Week 78

ITT

Post-PV4^{a,b}

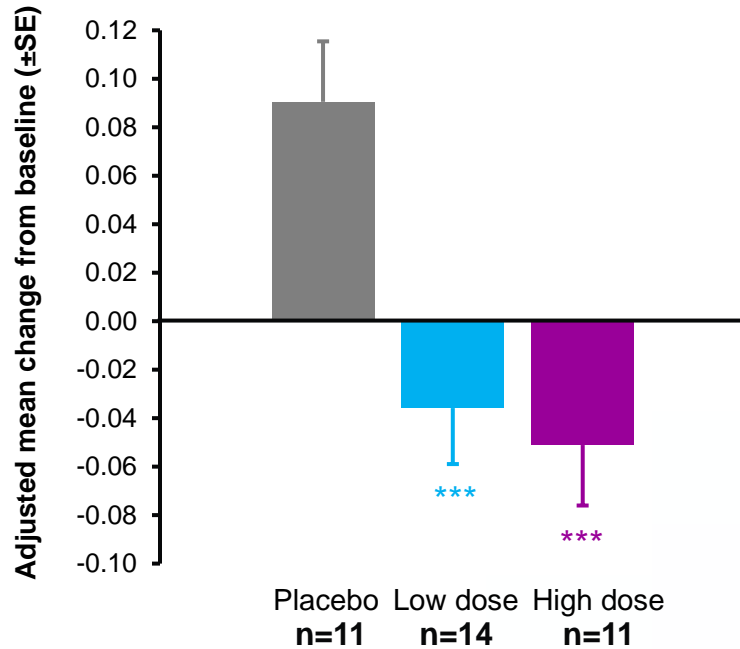
EMERGE	Placebo decline (n=548)	Low dose (n=543)	High dose (n=547)	Placebo decline (n=304)	Low dose (n=295)	High dose (n=288)
		diff vs. placebo, (%) ^c	diff vs. placebo (%) ^c		diff vs. placebo (%) ^c	diff vs. placebo (%) ^c
CDR-SB	1.74	-0.26 (-15%)	-0.39 (-22%)	1.76	-0.42 (-24%)	-0.53 (-30%)

ENGAGE	Placebo decline (n=545)	Low dose (n=547)	High dose (n=555)	Placebo decline (n=247)	Low dose (n=261)	High dose (n=282)
		diff vs. placebo, (%) ^c	diff vs. placebo (%) ^c		diff vs. placebo (%) ^c	diff vs. placebo (%) ^c
CDR-SB	1.56	-0.18 (-12%)	0.03 (2%)	1.79	-0.35 (-20%)	-0.48 (-27%)

^aMMRM model was fitted separately for pre- and post-Protocol Version 4 set; ^bPatients who consented to PV4 or higher version prior to Week 16 in ITT population; ^cDifference vs placebo at Week 78. Negative percentage means less progression in the treated arm; N denotes the number of all randomized and dosed patients that were included in the ITT analysis. CDR-SB, Clinical Dementia Rating–Sum of Boxes; ITT, intent to treat.

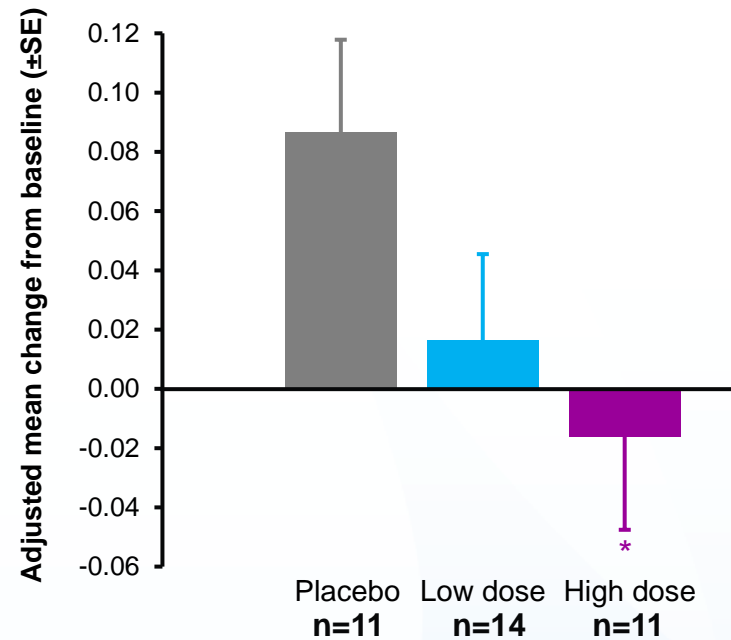
EMERGE and ENGAGE: Composite SUVR change from baseline

Medial temporal composite



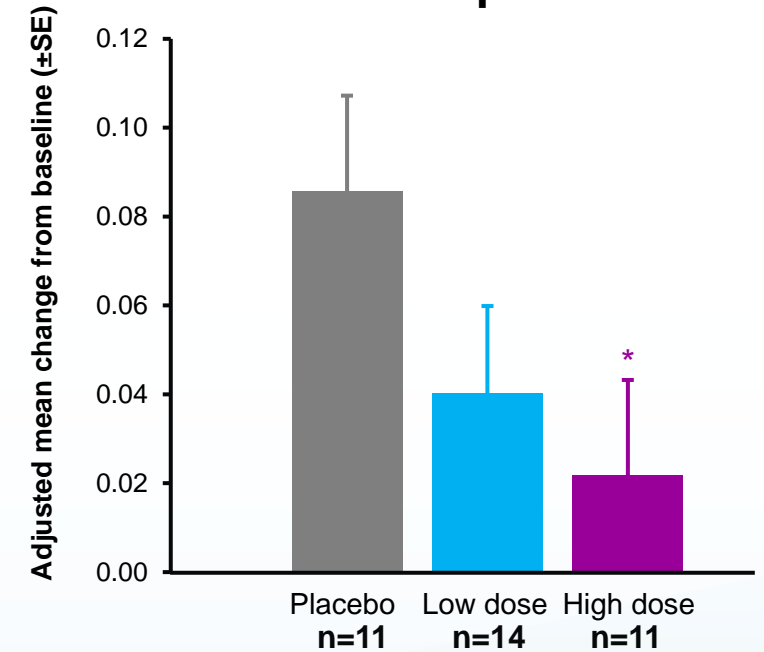
HIPPOCAMPUS
 PARAHIPPOCAMPAL
 TEMPORAL LOBE ANTERIOR MEDIAL
 (includes Entorhinal and Amygdala)
 TEMPORAL LOBE ANTERIOR LATERAL

Temporal composite



TEMPORAL LOBE Comprised of:
 SUPERIOR, POSTERIOR, MIDDLE INFERIOR
 POSTERIOR, SUPERIOR ANTERIOR,
 FUSIFORM GYRUS

Frontal composite



FRONTAL LOBE Comprised of:
 MIDDLE, PRECENTRAL, STRAIGHT GYRUS
 INFERIOR, SUPERIOR
 ORBITOFRONTAL CORTEX Comprised of:
 ANTERIOR, MEDIAL, LATERAL, POSTERIOR

EMERGE and ENGAGE: Adverse events

EMERGE

ENGAGE

Safety population*	Placebo (n=547)	Low dose (n=544)	High dose (n=547)	Placebo (n=541)	Low dose (n=548)	High dose (n=558)
Patients with any event, n (%)	476 (87.0)	477 (87.7)	505 (92.3)	465 (86.0)	491 (89.6)	500 (89.6)
ARIA-E	12 (2.2)	140 (25.7)	186 (34.0)	16 (3.0)	139 (25.4)	198 (35.5)
ApoE ε4 carriers	7/371 (1.9)	109/366 (29.8)	154/362 (42.5)	9/371 (2.4)	112/390 (28.7)	158/378 (41.8)
ApoE ε4 non-carriers	5/173 (2.9)	31/171 (18.1)	32/179 (17.9)	7/162 (4.3)	27/154 (17.5)	40/176 (22.7)
Headache	83 (15.2)	106 (19.5)	106 (19.4)	81 (15.0)	98 (17.9)	114 (20.4)
ARIA-H, micro-hemorrhage	38 (6.9)	88 (16.2)	102 (18.6)	31 (5.7)	85 (15.5)	98 (17.6)
Nasopharyngitis	90 (16.5)	70 (12.9)	87 (15.9)	67 (12.4)	64 (11.7)	66 (11.8)
ARIA-H, superficial siderosis	14 (2.6)	50 (9.2)	73 (13.3)	10 (1.8)	48 (8.8)	86 (15.4)
Fall	68 (12.4)	64 (11.8)	69 (12.6)	55 (10.2)	77 (14.1)	83 (14.9)
Patients permanently discontinuing treatment due to AE, n (%)	16 (2.9)	42 (7.7)	48 (8.8)	28 (5.2)	45 (8.2)	64 (11.5)

- Symptoms reported in patients with ARIA included: headache, dizziness, visual disturbances, nausea, and vomiting
- ARIA-E episodes generally resolved within 4–16 weeks
- The majority of patients who experienced ARIA were able to continue investigational treatment

*Patients randomized to placebo who accidentally received active dose are summarized under active groups (four in ENGAGE and one in EMERGE). All safety data presented are from the placebo-controlled period. This table includes patients who received at least one dose of investigational treatment
 AE, adverse event; ARIA, amyloid-related imaging abnormality; ARIA-E, amyloid-related imaging abnormalities due to vasogenic edema; ARIA-H, amyloid-related imaging abnormalities due to micro-hemorrhages, macro-hemorrhages

Summary of aducanumab Phase 3 topline results

Following study termination based on futility, analysis of a larger dataset showed:

- In EMERGE, high dose aducanumab reduced clinical decline as measured by primary and secondary endpoints
 - In sub-studies, aducanumab showed an effect on disease related biomarkers
- In ENGAGE, aducanumab did not reduce clinical decline
 - In a post hoc analysis, data from a subset of patients with the opportunity to receive 10 mg/kg aducanumab support the positive findings of EMERGE
- The most common AEs were ARIA-E and headache
- A re-dosing study, EMBARK, is currently offering aducanumab to eligible patients who were actively enrolled in the aducanumab clinical studies