

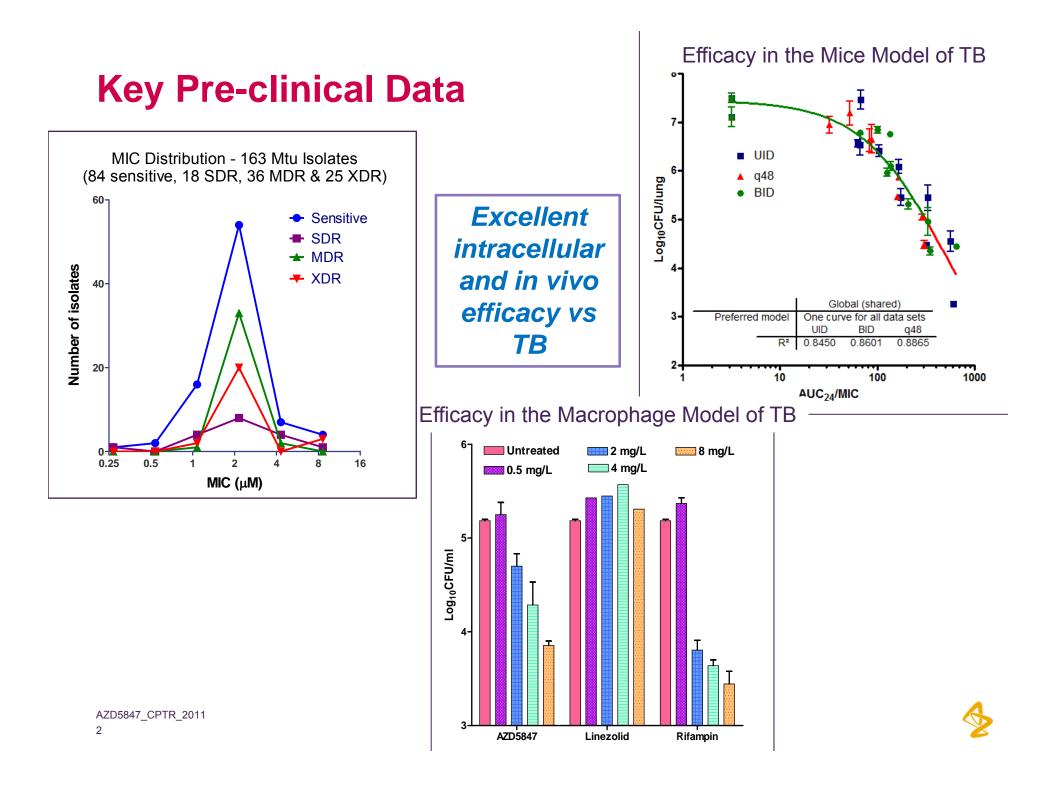
AZD5847

Phase 1 completed in healthy volunteers

- Bactericidal vs. multiple physiological states of TB bacteria: an uncommon attribute among TB drugs
- Well tolerated at predicted therapeutic dose in healthy volunteers
- Hematologic toxicities, a key risk seen at exposures above the predicted therapeutic dose

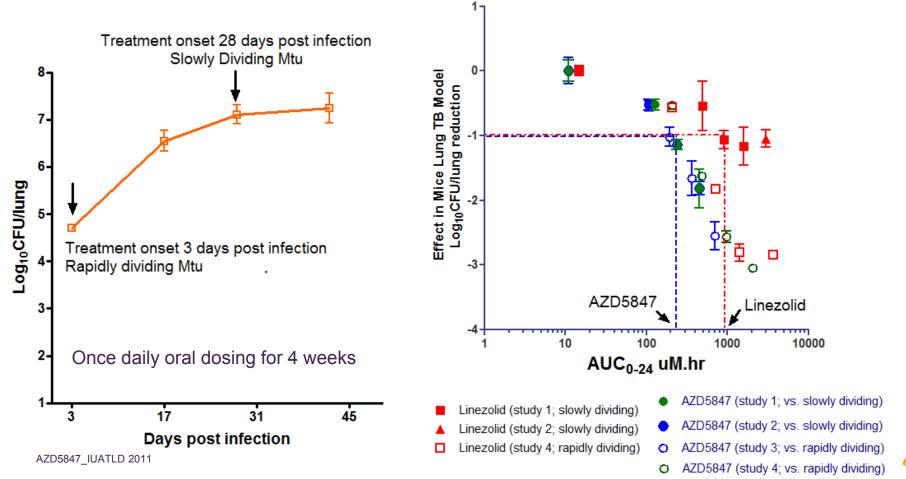
Risk versus benefit is the key question





AZD5847 retains PKPD index vs. rapidly dividing and slowly dividing Mtu in mouse lung TB model

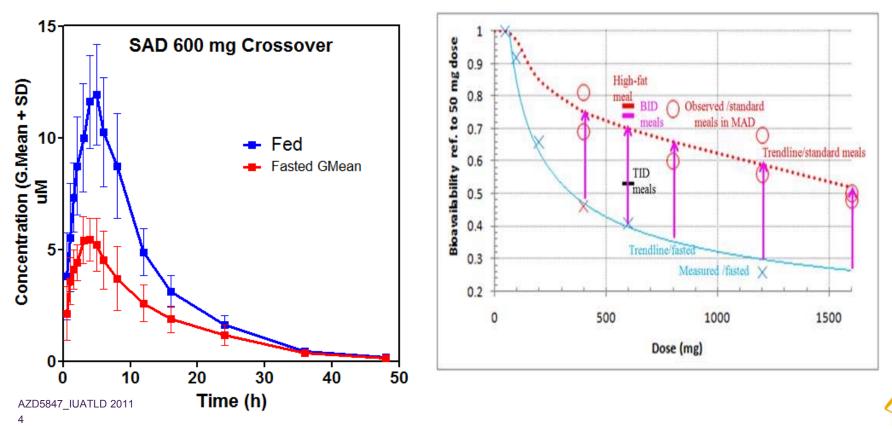
- AZD5847 and linezolid are equally effective versus rapidly dividing Mtu in mouse lung TB model
- But, AZD5847 has superior activity versus slowly dividing Mtu, that is key to achieving sputum sterilization.



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Key Clinical Data: Phase 1

- The maximum dose administered was 1200mg PO q12h x 14 days
 - Maximum gmean daily AUC: 524.6 µM.hr (fAUC 104.9 µM.hr)
 - Maximum gmean Cmax: 31.8 µM (fCmax 6.4 uM)
- Bioavailability decreases with increasing dose, but largely compensated if taken after meals

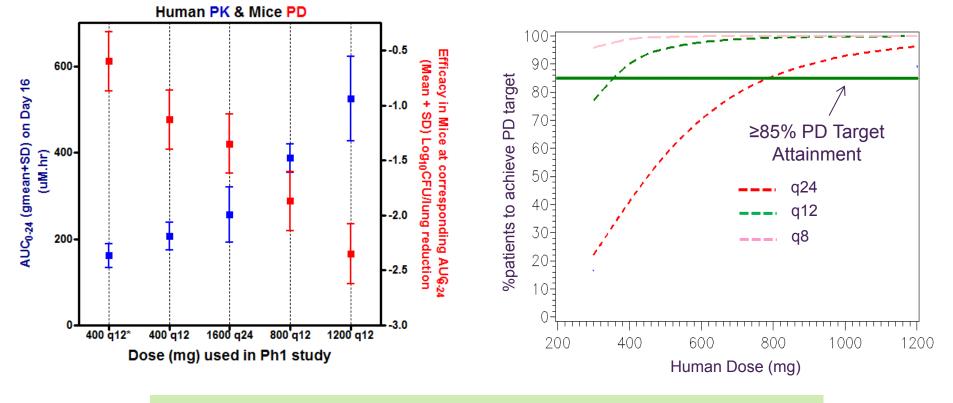


Key Clinical Data

Exposures in Phase 1 correspond to efficacious level in the mouse model

Modelling of Ph1 Data for Likely Attainment of Preclinical PD Target

- Inter-subject PK variability and the MIC distribution for *M. tuberculosis* are taken into account
- Monte-Carlo simulation is used to calculate target attainment in ≥85% patients

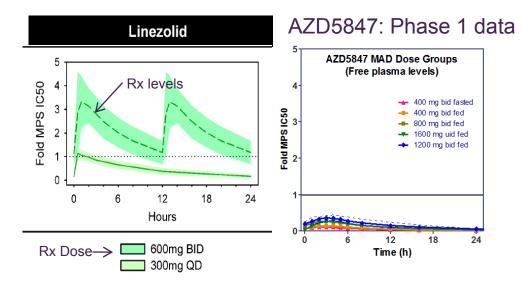


800 mg qd / 400 mg q12 likely to give efficacy



Key Safety Data: Mitochondrial Protein Synthesis inhibition

- For linezolid, the linkage to myelotoxicity, lactic acidosis and neuropathy may be MPS inhibition^{1,2,3}
- At the approved dosage (600mg PO q12h), linezolid plasma levels are above the *in vitro* IC₅₀ for MPS during the entire dosing interval, which may explain its toxicity upon use >14 days⁴
- AZD5847 offers an increased margin vs. in vitro MPS. Longer term studies will be required to determine the clinical significance of this observation.



Garrabou, G., Soriano, A., et al.. (2007). Antimicrob. Agents Chemother. 51, 962-967.
Nagiec, E. E.; Swaney, S. M.; et al.. (2005) Antimicrob. Agents Chemother. 49, 3896-3902.
McKee, E. E.; Ferguson, M.; et al.. (2006) Antimicrob. Agents Chemother. 50, 2042-2049.
Wallis R. S. et al.. (2011) Antimicrob Agents Chemother. 55(2):567-74.

Salient Features

Mechanism of action

- AZD5847 targets bacterial protein synthesis
- Bactericidal vs. clinical *M. tuberculosis* (Mtu) isolates (susceptible, MDRand XDR-isolates)
- AZD5847 demonstrates activity vs. extracellular, intracellular, rapidly dividing and slowly dividing Mtu in mouse model of tuberculosis

PK/PD

- Efficacy in the mouse lung TB model is linked to AUC/MIC
- AZD5847 is not an inducer or inhibitor of major CYPs
- Human PK data show that food enhances bioavailability such that therapeutic exposure levels predicted from PK/PD modeling have been achieved.

Safety

- AZD5847 generally well tolerated over 14 days in healthy volunteers
- Reversible changes in WBC and reticulocyte counts seen at exposure > predicted therapeutic
- Improved *in vitro* margin vs. inhibition of mitochondrial protein synthesis for AZD5847 vs. linezolid

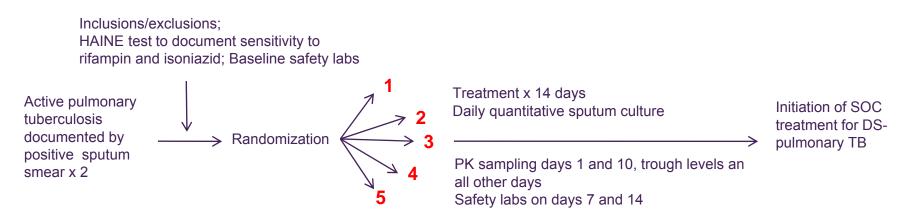
• Inhibits human Monoamine oxidase A *in vitro*

Phase 2a: (Supported by NIAID)

Study to be conducted in South Africa

Principal Investigators:

Andreas Diacon, Cape town, S. Africa; Henry Boom, Case Western Reserve, Cleveland, USA



Treatment	groups	with	Diol
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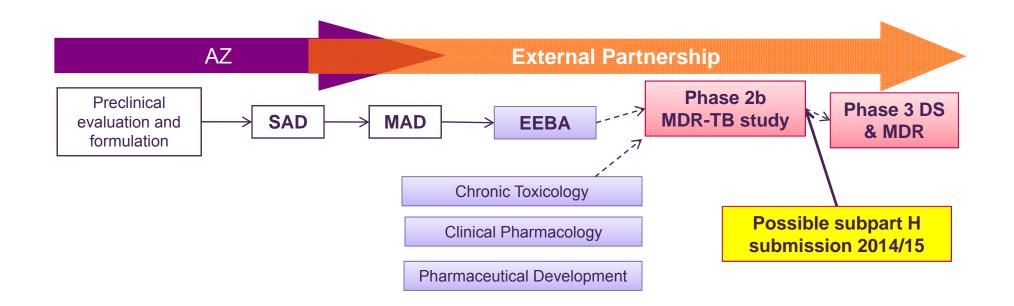
- 1. AZD5847 500mg qd
- 2. AZD5847 500mg bid
- 3. AZD5847 1200mg qd
- 4. AZD5847 800mg bid
- 5. Rifafour 1 tab PO qd

AZD5847 Dosing regimens	Cmax range (µM)	Total Daily AUC range (µM.hr)
500 mg, QD	9.5-11	131 -146
500 mg, BID	12-15	250 - 304
1200 mg, QD	17-21	228 - 288
800 mg, BID	17-21	352 - 430



Current Development Strategy for AZD5847

Next step: Phase 2a EEBA study via NIAID support





Line of sight (Clinical Plan & Partnerships)

