

Systematic Indication Prioritization

Maximize ROI by selecting indications for your asset with the highest likelihood of success

Description

- 1 — We help companies systematically
- 2 — expand indication space for their assets considering biological mechanism, competitive landscape and epidemiology of the disease across thousands of indications.
- 3 —

We do this by applying advanced AI approaches to Clarivate proprietary datasets spanning the entire drug development lifecycle.

Expert-curated datasets containing

 **4.6M+** molecular interactions

 **1,500+** pathway maps

 **2.7M+** gene-disease associations

 **746K+** drugs and biologics

 **1.2K+** diseases with epidemiology



Methodology

Inputs

Asset MoA and primary indications if known

Workflow

Biomedical prioritization

- Systematic screen across thousands of indications applying a predictive model over a proprietary biomedical knowledge graph
- Aims to capture scientific rationale for relevance of the asset for each indication



Commercial prioritization

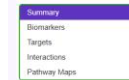
- Assessment of competitive landscape, patient population size and extent of unmet medical need for a shortlist of indications
- Aims to narrow the list of eligible indications to those with highest patient impact and commercial potential



Evidence-driven indication recommendations

Output

- Report detailing scientific and commercial rationale for recommended indications



Supporting Evidence for idiopathic pulmonary fibrosis

Indication prioritization for LPAR1-targeting asset

Summary

This report shows a summary of the supporting evidence gathered for idiopathic pulmonary fibrosis as the candidate indication for LPAR1-targeting asset.

Description: Idiopathic pulmonary fibrosis is a devastating, age-related lung disease of unknown cause that has low treatment options. Current evidence indicates that the fibrotic response is driven by abnormally activated alveolar epithelial cells (AECs). The fibroblast and myofibroblast foci secrete excessive amounts of extracellular matrix, mainly collagen, resulting in scarring and destruction of the lung architecture. (PMID: 21719092)

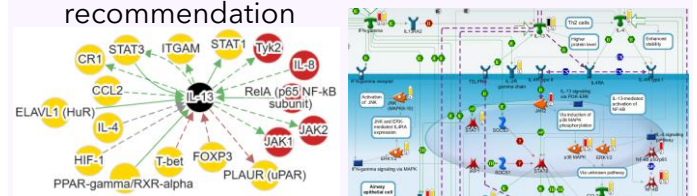
Symptoms which could be targeted: Inflammation, fibrosis.

Evidence in favour: Expression of LPAR1 was strongly elevated in IPF lungs and was attributable to alveolar type II cells and fibroblasts/myofibroblasts (1).

- Transparent prioritization framework for informed decision-making

Condition	Overall score	Scientific rationale	Clinical biomarkers	Competitive landscape	Population size
Idiopathic pulmonary fibrosis	3	4	3	3	2
Atopic dermatitis	2.75	4	2	2	3
Rheumatoid arthritis	2.5	2	2	2	4
Non-alcoholic steatohepatitis	1.75	3	1	1	2

- Deep mechanistic evidence supporting the recommendation



Typical Project Timeline

From 4 weeks for initial ranking

Select case studies available upon request