

R&D in an Age of Multiplying Modalities and Targets

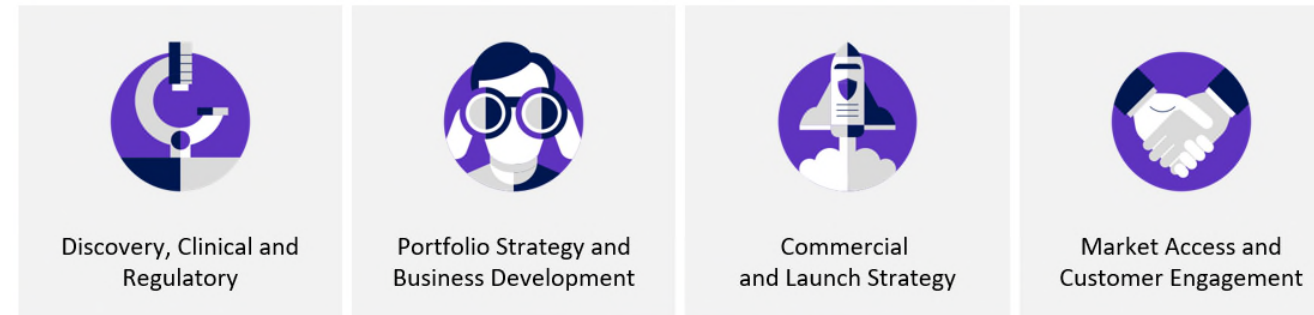
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January 20, 2022



Our Focus

Billions of data points, thousands of harmonized sources			
Pharmacy and medical claims	Electronic health records	Clinical trial data	Pre-clinical data
Restrictions data	Purchase volume data	Health plan formulary and lives	Healthcare affiliations
Epidemiology	Diagnosis and procedure data	Primary market research	Hospital data
Distributor sales data	Regulatory documents	Social data	Licensing and M&A deals



- Research and Data Products
- Custom Data and Analytics
- Consulting and Managed Services

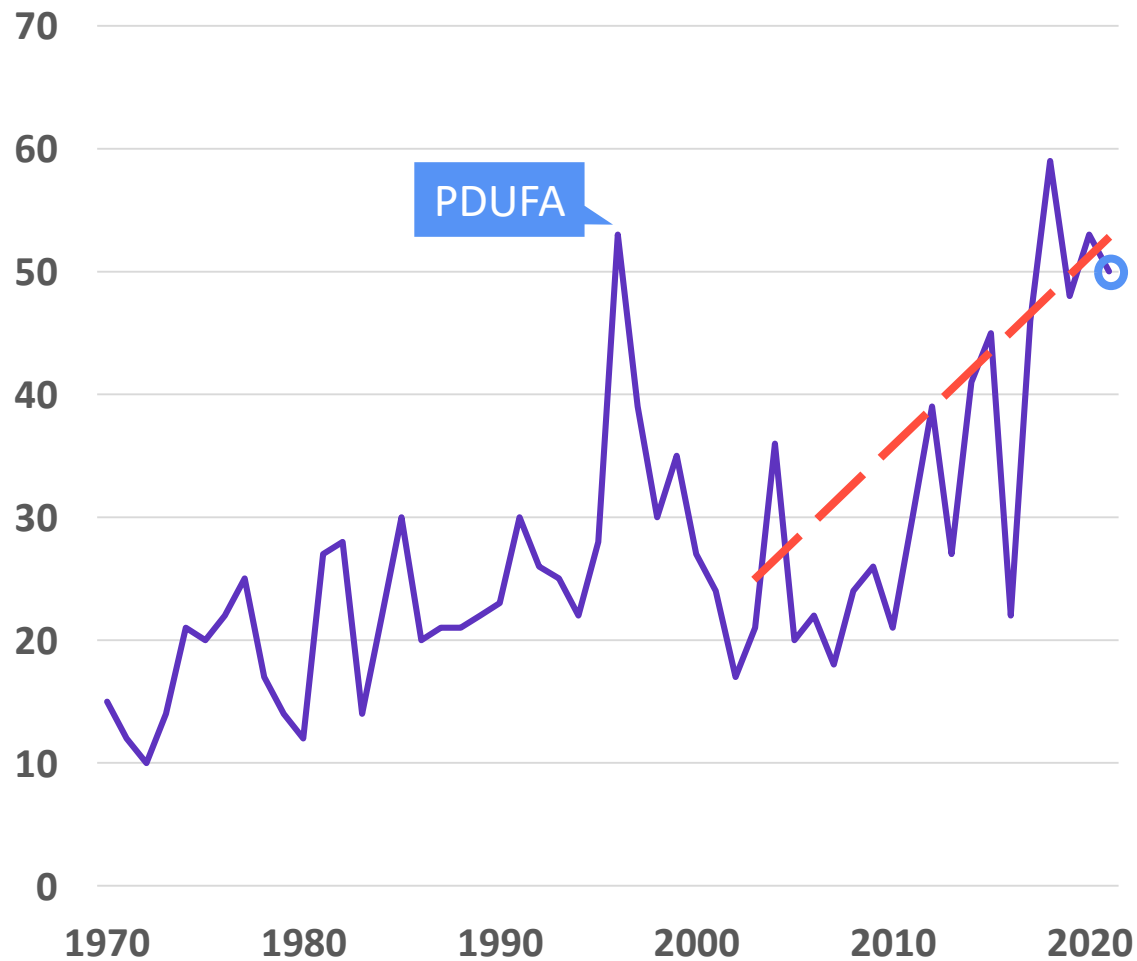
1 How is the R&D landscape expanding and becoming more complex?

2 What clinical and commercial challenges does this create?

3 How can we drive clinical success and ROIC?

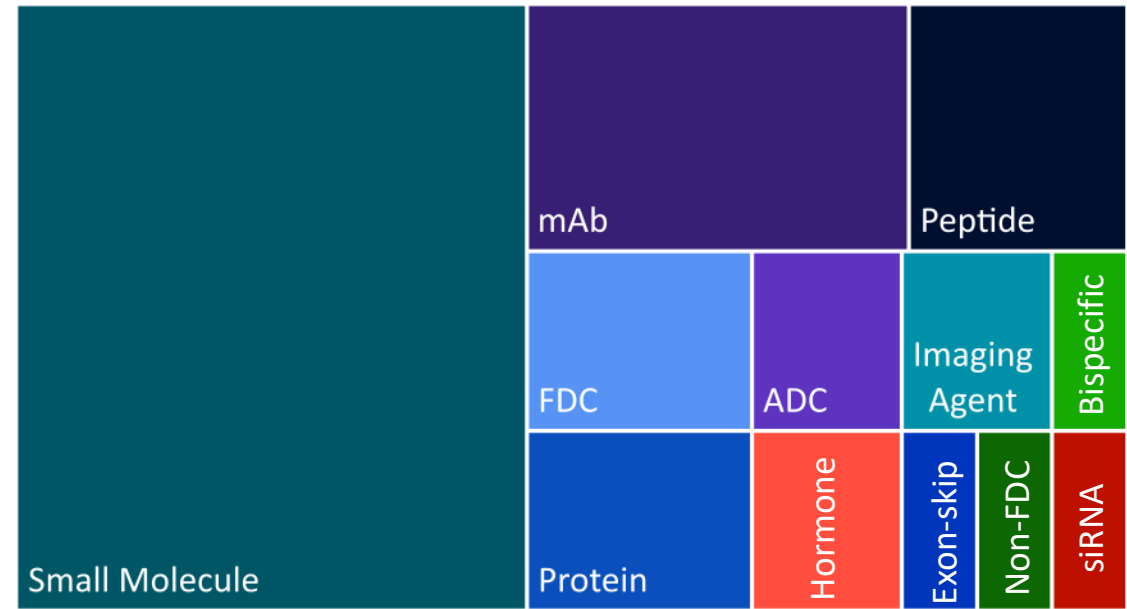
The pace of R&D has increased ...

FDA New Molecular Entity Approvals, 1970-21

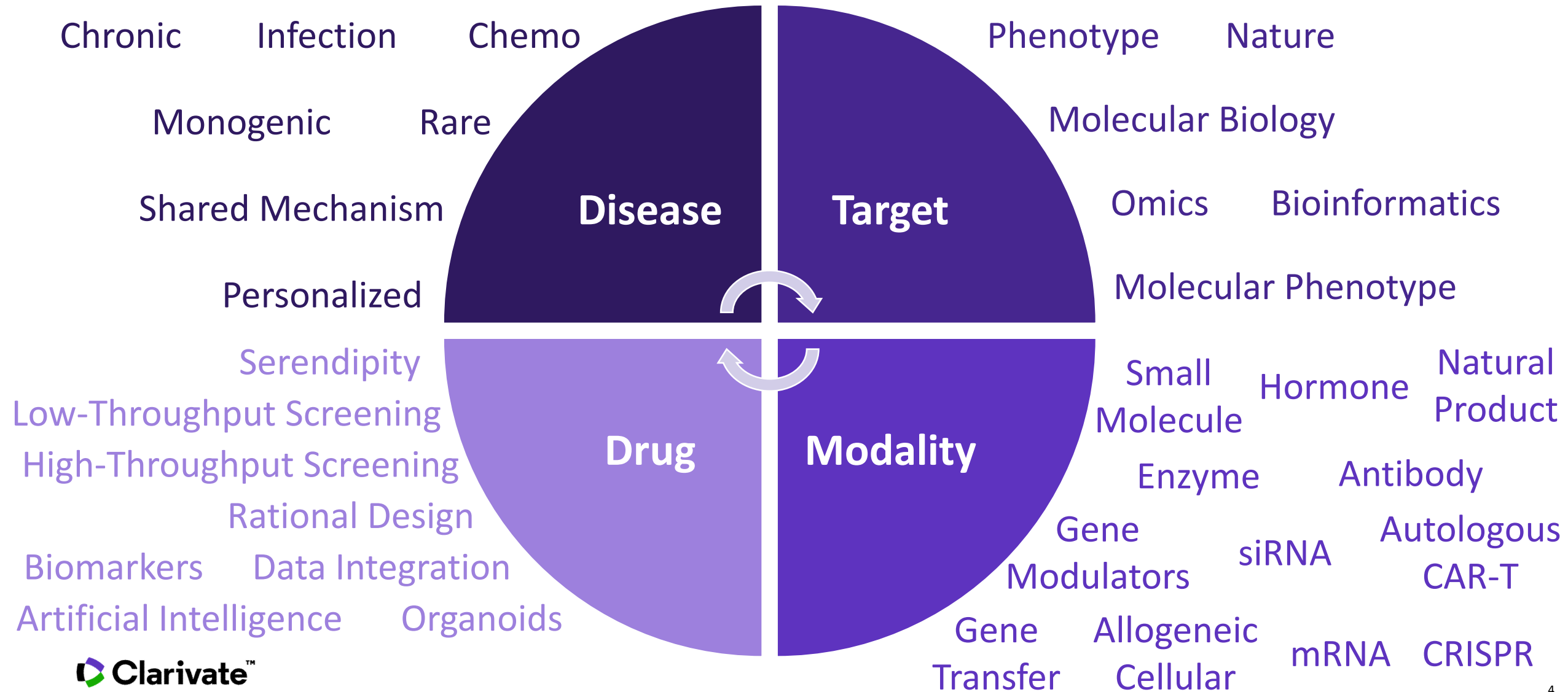


... as has the diversity of therapies

2021 FDA NMEs by Modality and Target

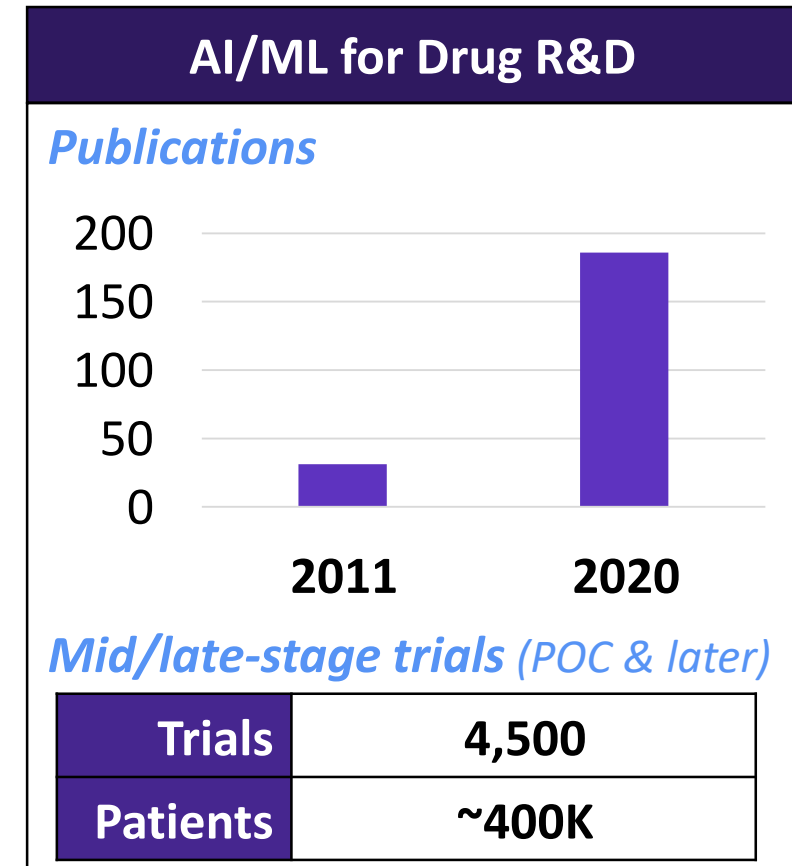
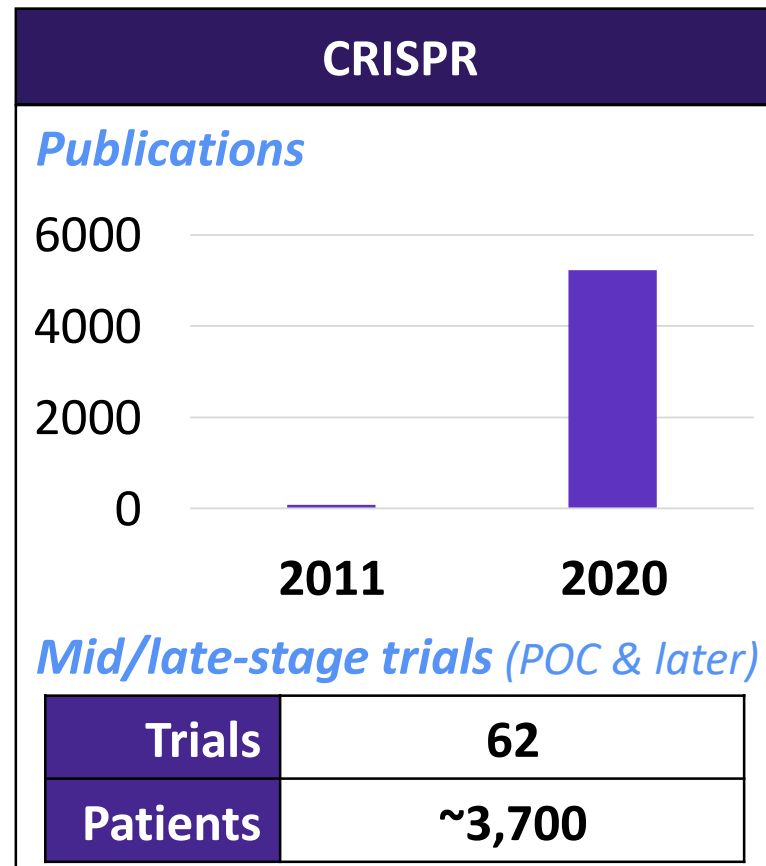
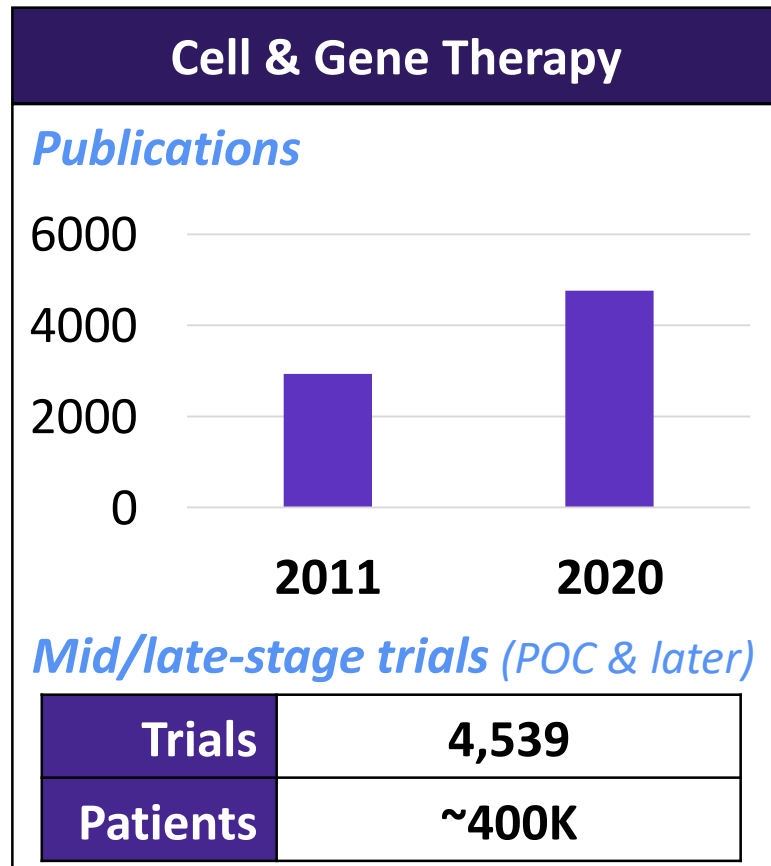


Waves of innovation in new modalities and our understanding of molecular biological have expanded the palette of drug discovery



Novel modalities and technologies for target-based discovery have seen explosive growth in research and clinical activity since 2010

Publication volume 2011-22 and active mid/late-stage clinical trials (from POC onwards)

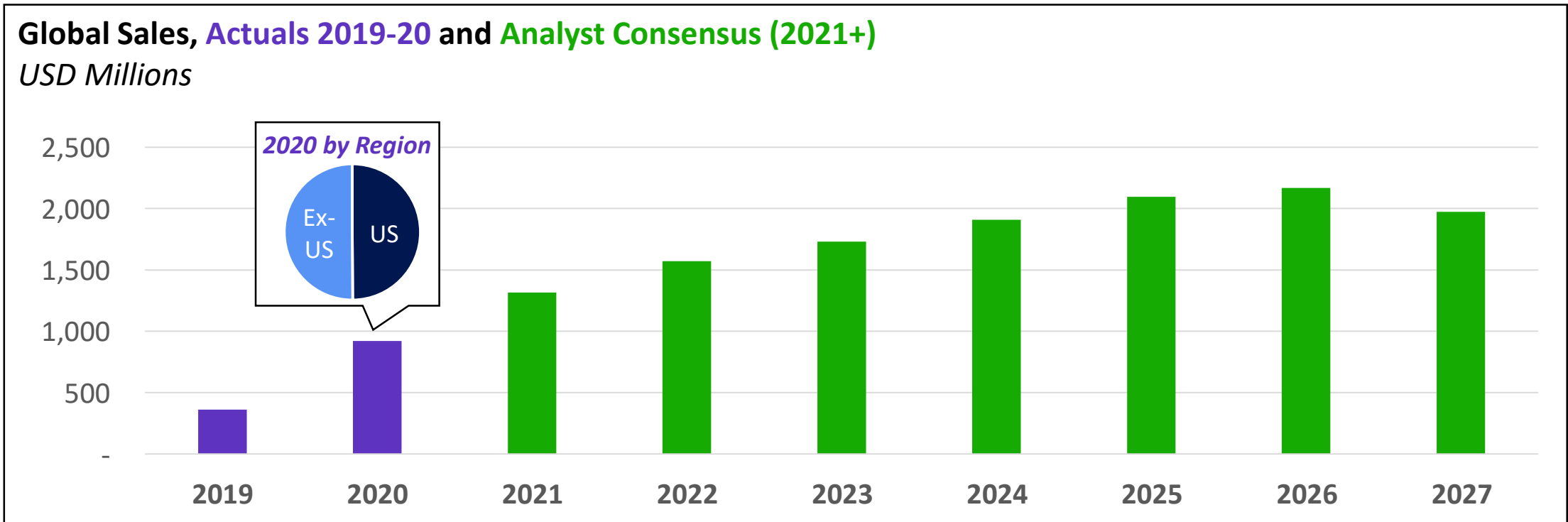


New modalities like viral vectors for gene transfer face clinical uncertainties and commercial barriers, with few analogs and roadmaps

Novartis' ZOLGENSMA AAV9 SMN1 GTx for Spinal Muscular Atrophy

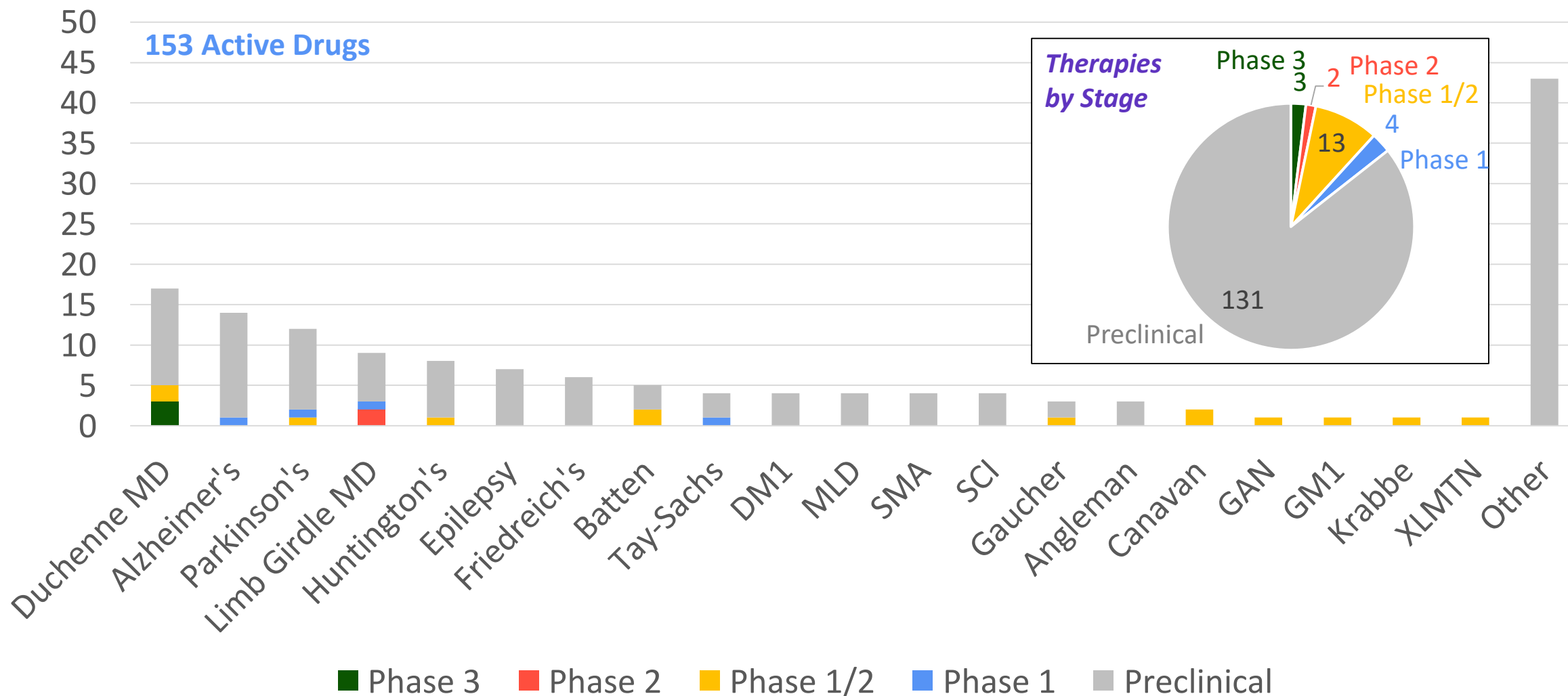


- Approved by FDA and EMA as IV administration in children age <2 (*Type 1*)
- Intrathecal in development for Type 2 (age > 2)



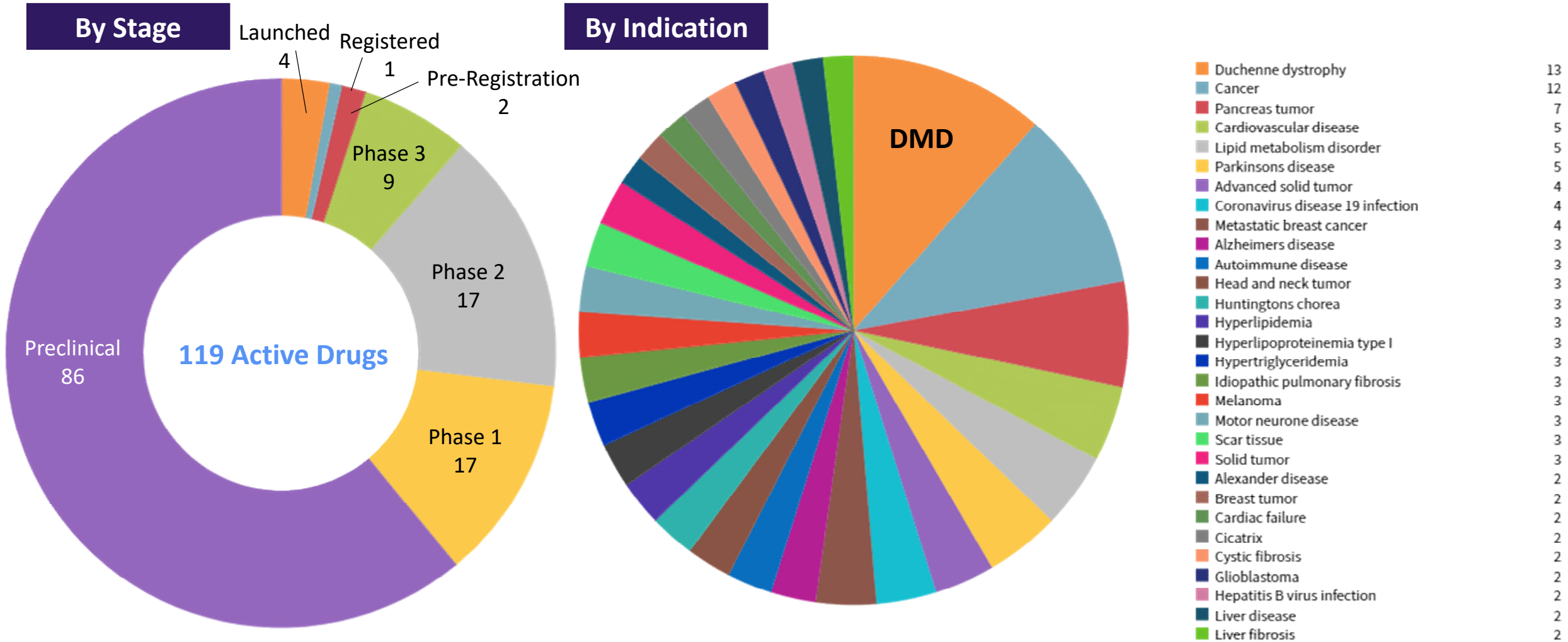
Development activity is intense in emerging modalities, as seen for gene therapies to treat neurological diseases

Gene therapies in development by neurological indication and stage



RNA antisense shows similarly high R&D activity and diversity

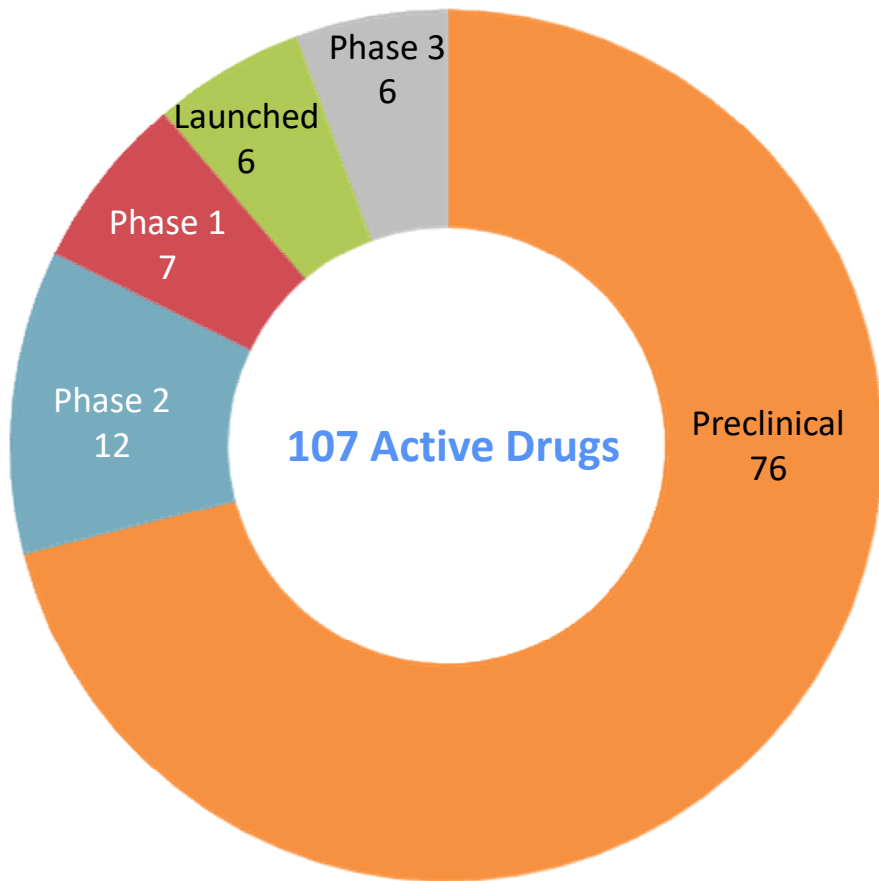
RNA antisense therapies by status and indication



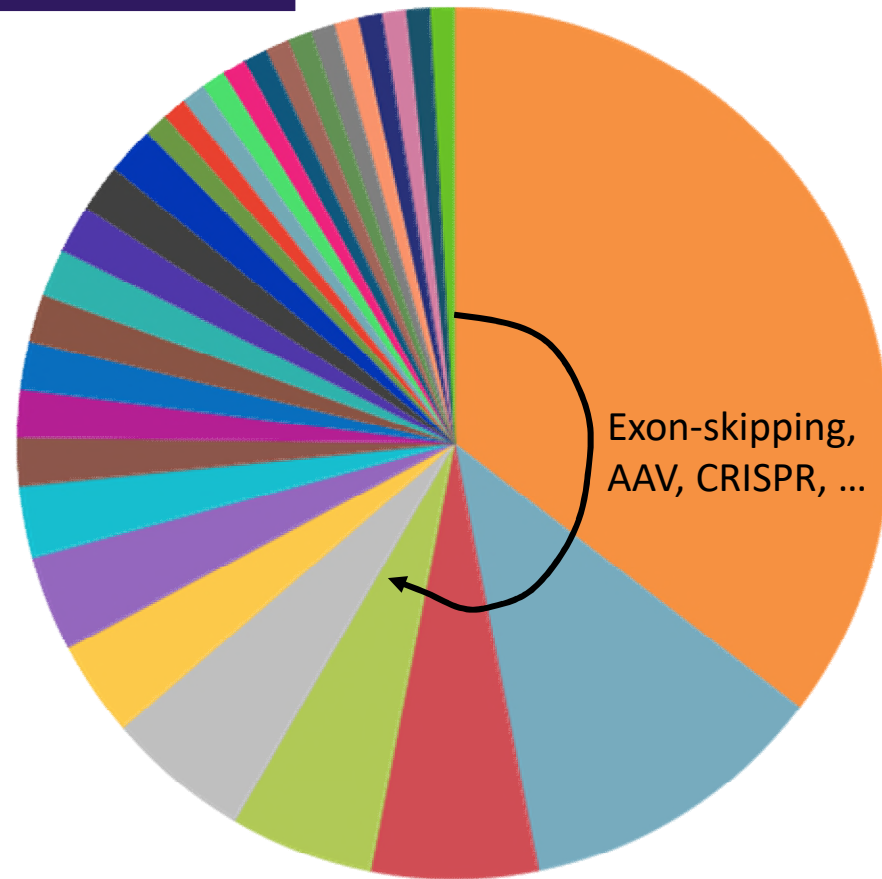
Expanding modalities and target actions are creating complex and crowded disease areas, as in Duchenne Muscular Dystrophy

DMD therapies by status and target action

By Stage



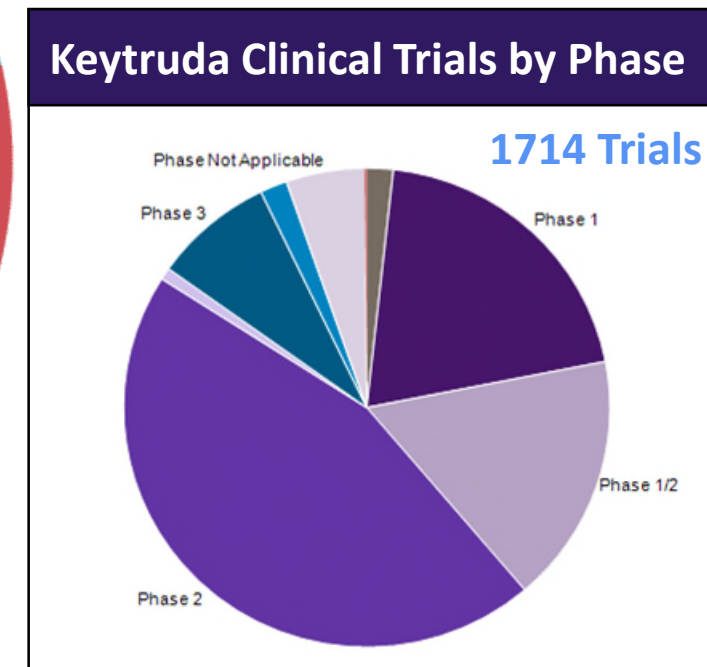
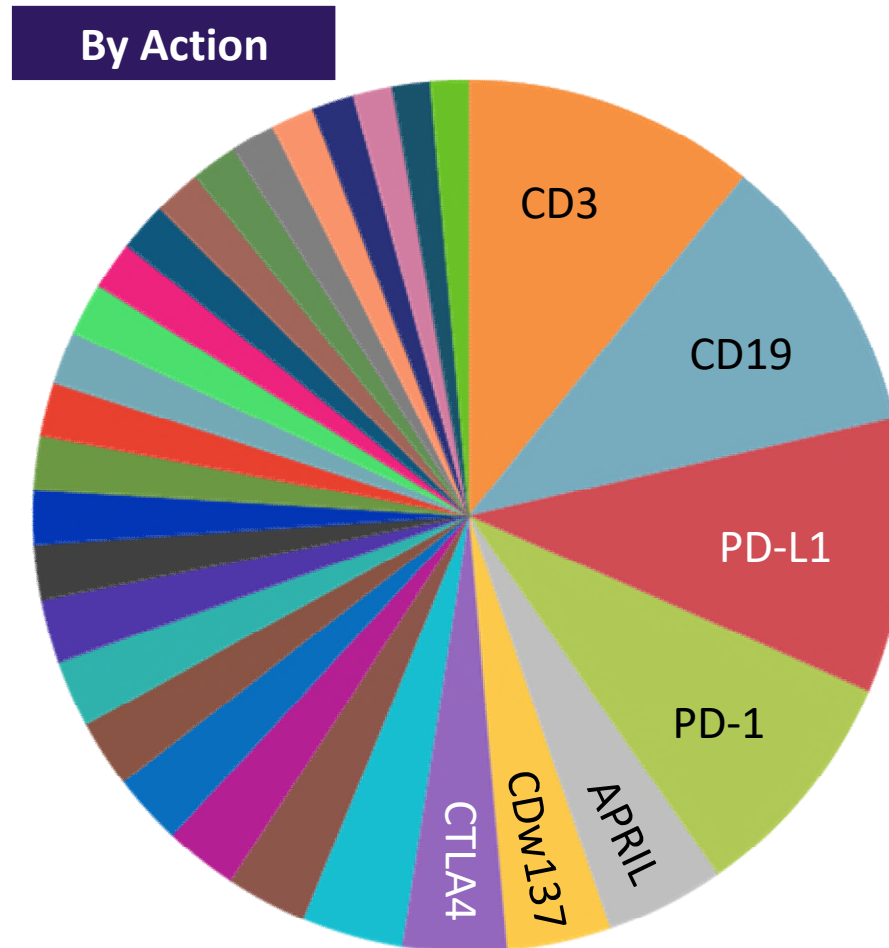
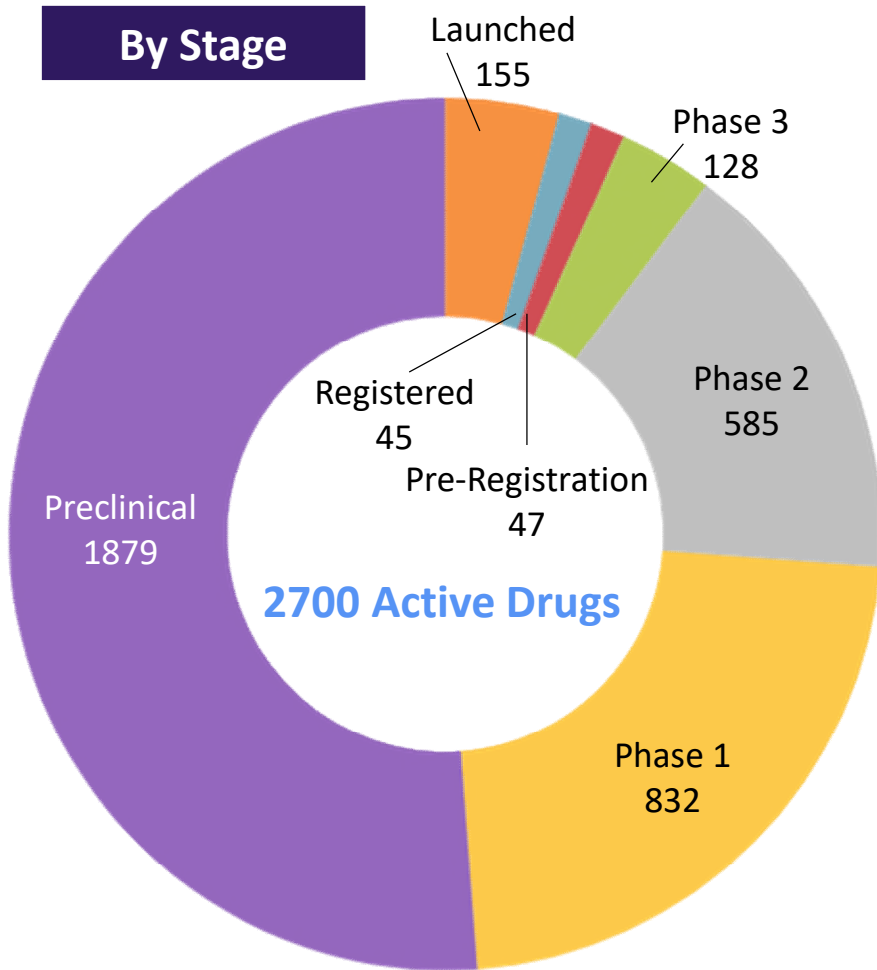
By Action



- DMD gene modulator 40
- DMD gene stimulator 13
- CRISPR associated endonuclease Cas9 modulator 7
- Dystrophin stimulator 6
- Integrin alpha-7/beta-1 agonist 6
- Dystrophin modulator 4
- GDF-8 antagonist 4
- Glucocorticoid receptor agonist 3
- Androgen receptor modulator 2
- Calcium channel modulator 2
- Histone deacetylase inhibitor 2
- Nuclear factor kappa B inhibitor 2
- PPAR delta modulator 2
- Proto-oncogene Mas agonist 2
- Ryanodine receptor modulator 2
- UTRN gene stimulator 2
- ACTH receptor agonist 1
- Adiponectin receptor agonist 1
- Adrenocorticotrophic hormone ligand 1
- Androgen receptor agonist 1
- Angiotensin II receptor modulator 1
- B4GALNT2 gene stimulator 1
- BDNF gene stimulator 1
- Biglycan modulator 1
- Caveolin 3 modulator 1
- CLK gene inhibitor 1
- Connective tissue growth factor ligand inhibitor 1
- Cytochrome P450 3A4 inhibitor 1
- Dyserferlin modulator 1
- Endonuclease modulator 1

Crowded classes and diversity of targets are seen across many areas of R&D focus, as in immuno-oncology

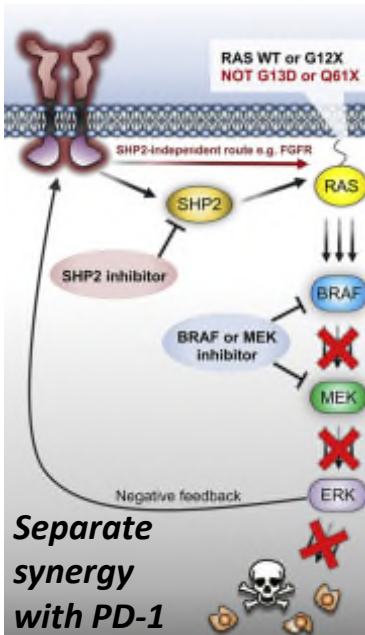
Immuno-oncology therapies by stage and target action



Development Trends

Multi-Target Strategies in Oncology

SHP2 Inhibition



- Cross-tumor combo regimens (2, 3+)
- Multiplying options
- Fragmented markets
- Cost to payers
- Unmet need and mechanistic rationale vs. Evidence-Based Medicine

Rare Disease Specialists

- 1 Target orphans with high unmet need for favorable regulatory and reimbursement pathways
- 2 Ensure mechanism is well understood and that the drug directly addresses it to de-risk POC trials
- 3 Surrogate endpoints and accelerated approval to gain approval with limited Phase 3 expense
- 4 Multiple programs with de-coupled risks to raise odds of winners funding the rest

bridgebio

Rallybio

healx

Technology Specialists and Alliances

- Modality specialists

Alnylam[®]
PHARMACEUTICALS

moderna

REGENXBIO[™]

mesoblast

IONIS

BIONTECH

- AI specialists

Exscientia

Atomwise

insitro

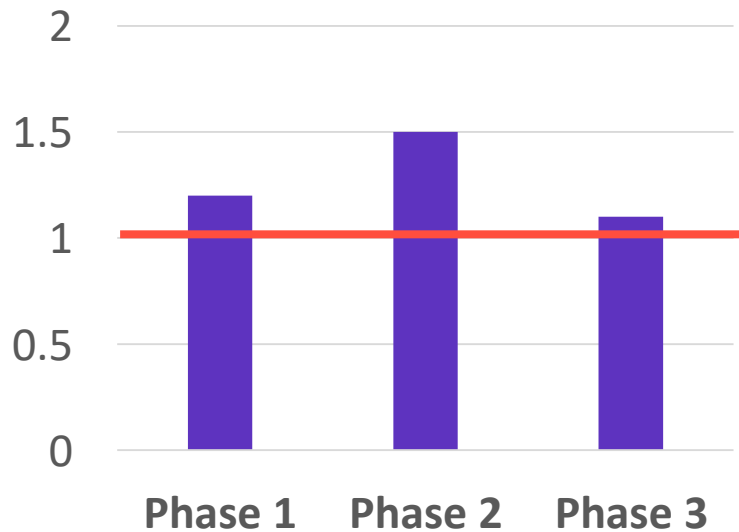
Generate

Valo

Isomorphic Laboratories

Bioinformatics and AI are not just accelerating target-based discovery, they can guide our portfolio and programs to improve ROIC

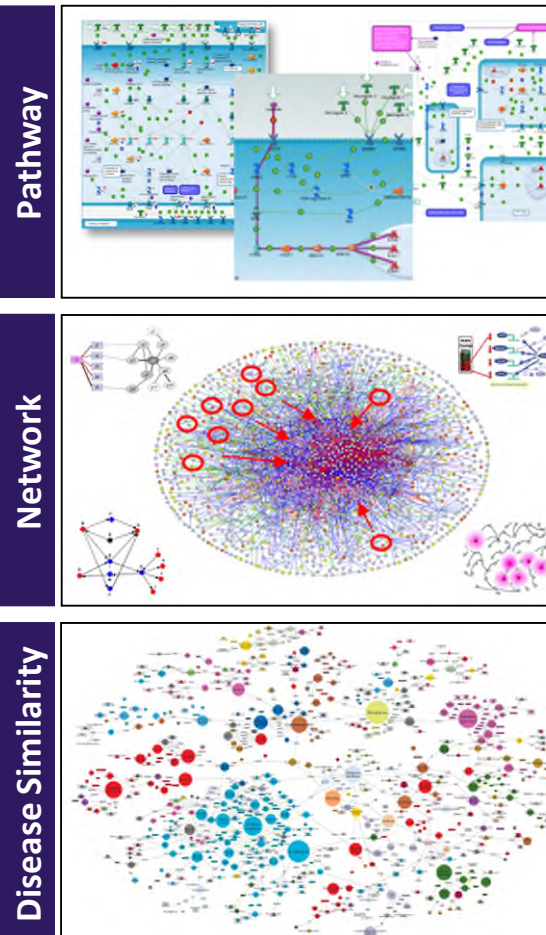
Odds Ratio for Progression with Genetic Support of the Target-Indication Pair



Genetic support doubles pTRS from Phase 1 to Approval

+18% gain in pTRS from Phase 2 onwards with genetic support [CMR data]

Mechanistic Support of Drug Target to Disease is Strongest when Consistent Across Multiple Sources



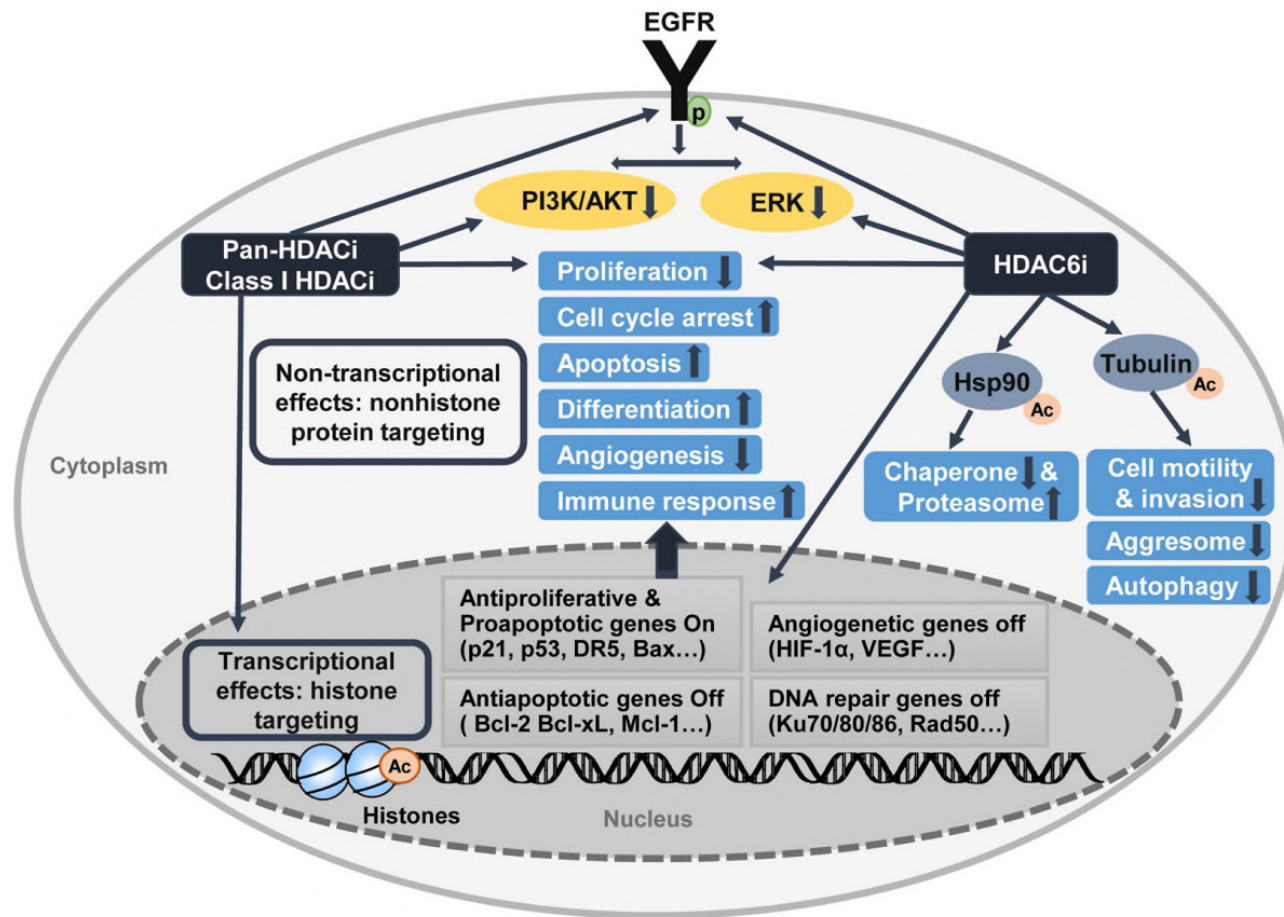
Are the target and disease linked through clinical/biological studies, GWAS data, or pathways?

What is the connectivity of the target to disease genes within the tissue-specific network?

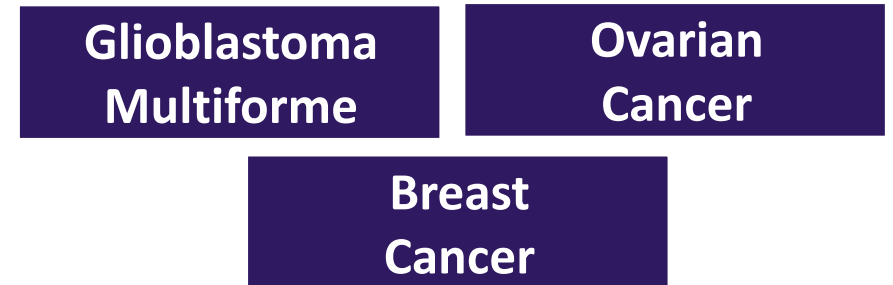
What is the network similarity between the disease and those for which the target is validated?

For a single target, we find increasing diversity of indications with clinical potential, that may be hard to merge in a single program

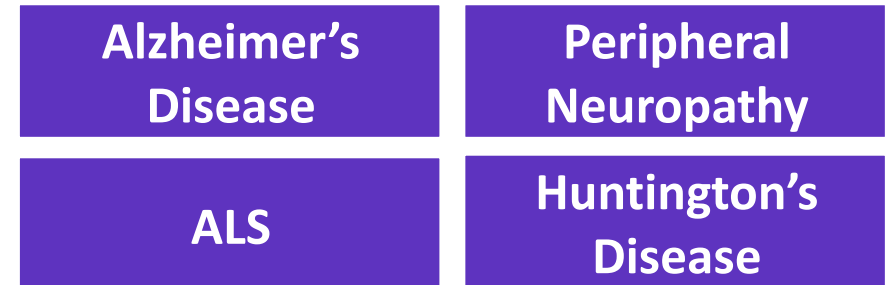
Potential indications for HDAC6 inhibition



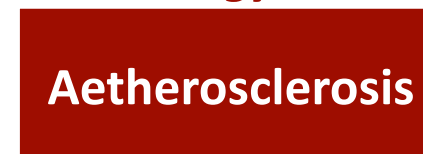
Oncology



Neurology



Cardiology



Renal/Rare



The expanded R&D landscape benefits patients and opens new areas of investment, but poses clinical and commercial challenges

Opportunities

- ✓ Disease modifying therapies
- ✓ Synergistic combinations
- ✓ Personalized regimens
- ✓ Secular growth in drug R&D

Challenges

- ⊗ Market fragmentation
- ⊗ Complex/evolving positioning
- ⊗ Evidence through RCTs alone
- ⊗ Maintaining and growing ROIC

Driving ROIC in Today's R&D Landscape

1 Pick the right bets in complex and uncertain markets (odds ↑, table stakes ↓)

2 Leverage innovative designs and technologies to streamline and speed trials

3 Realize asset value across a diverse set of indications and patients

Levers

Portfolio & Program Design

Time-to-market ↓ pTRS ↑

Label breadth ↑ Cost ↓

Trial Efficiency

Reach ↑ *(sites, decentralized)*

Velocity ↑ *(EHR, RT monitoring)*

Count ↓ *(synthetic arms, adaptive)*

Evidence & Contracting

Real World Evidence ↑

Outcomes Contracting ↑

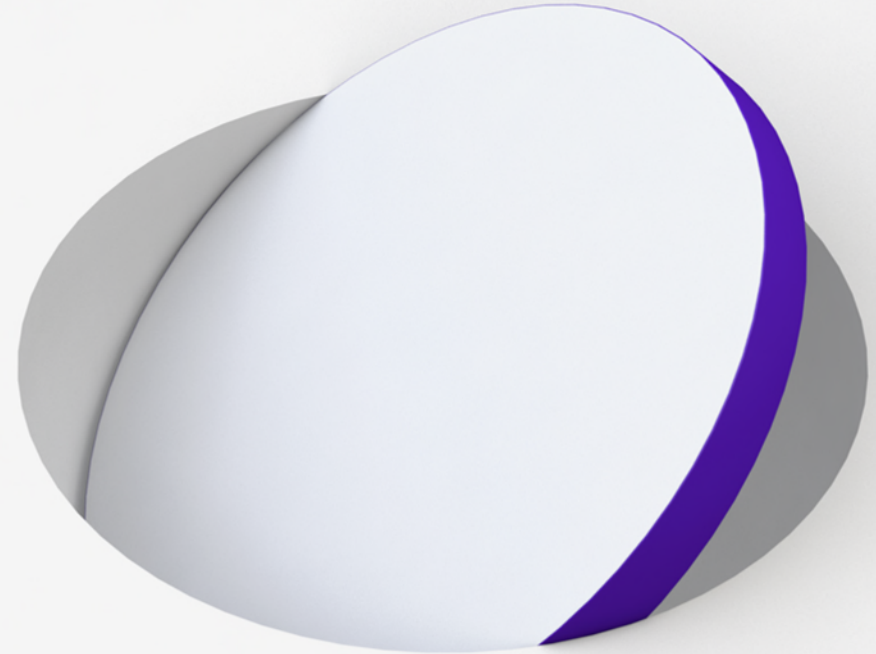


Questions?

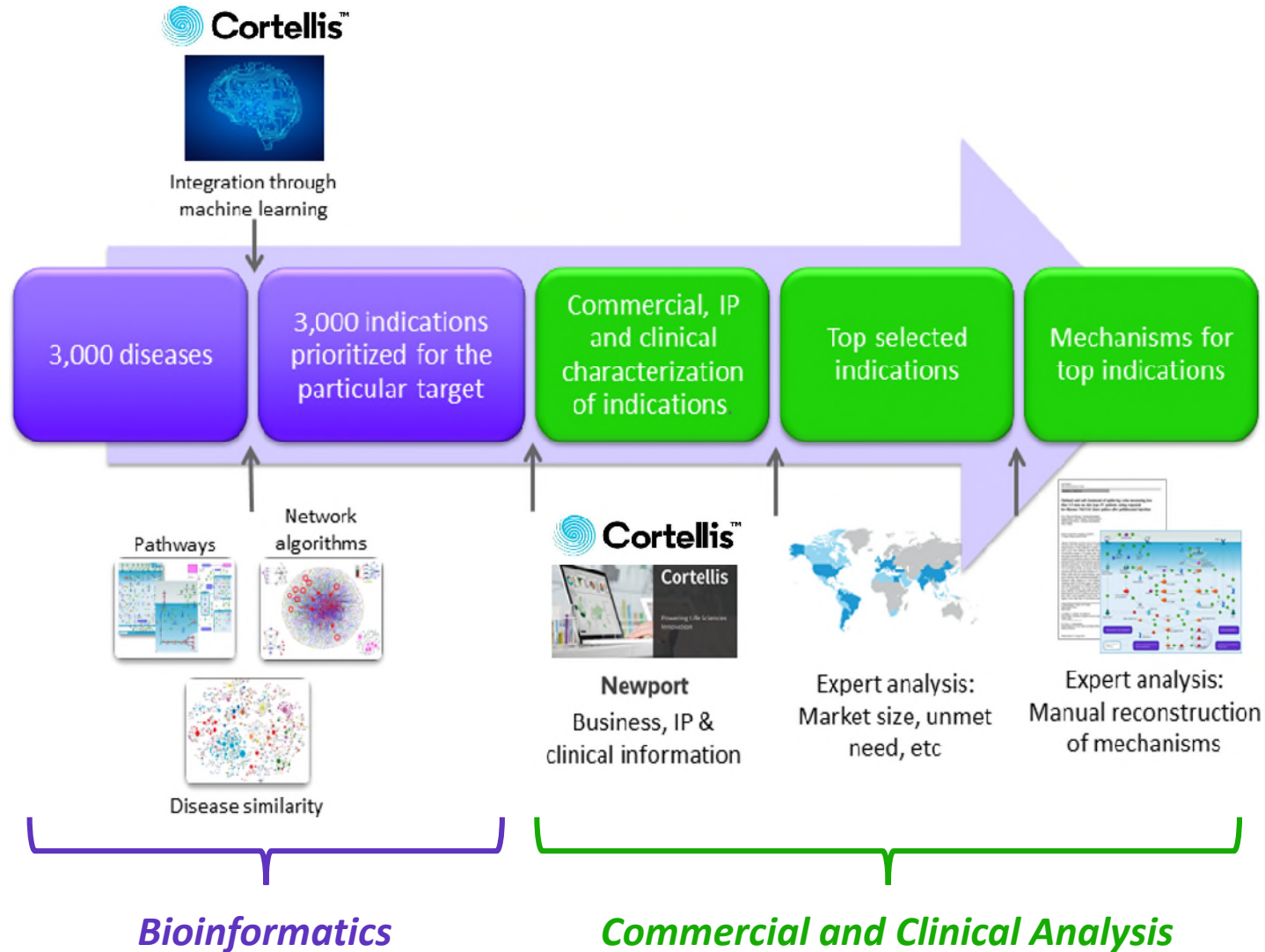
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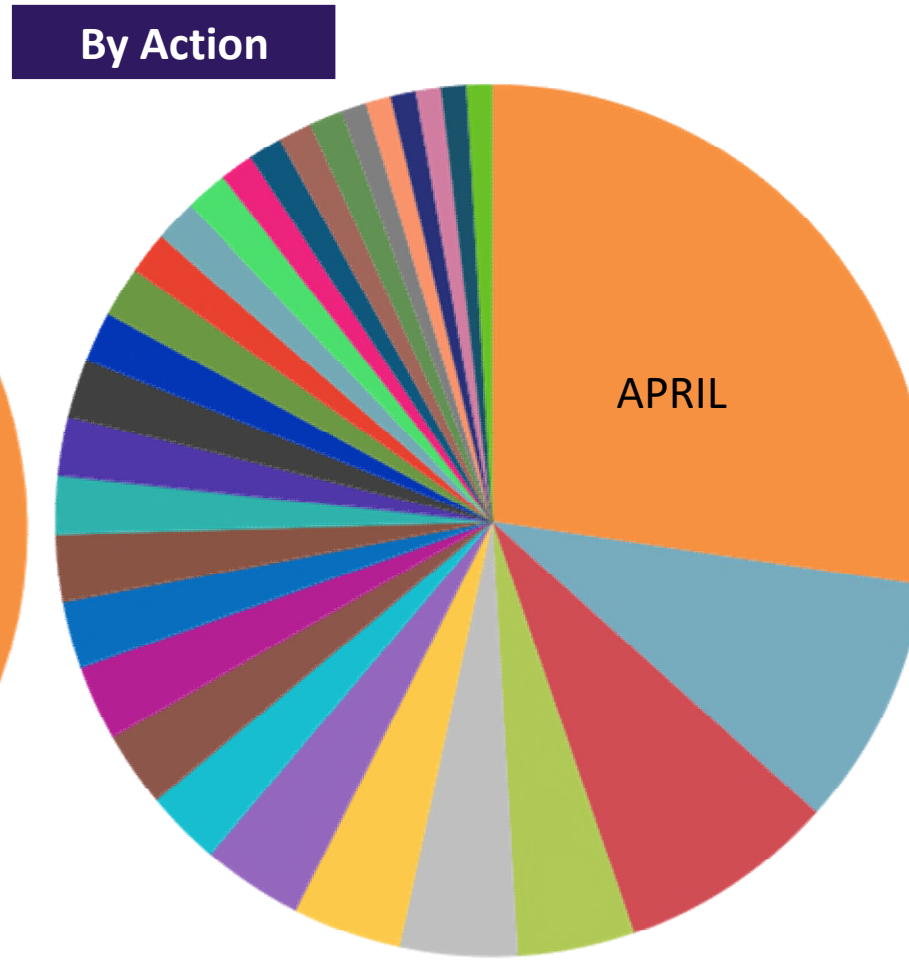
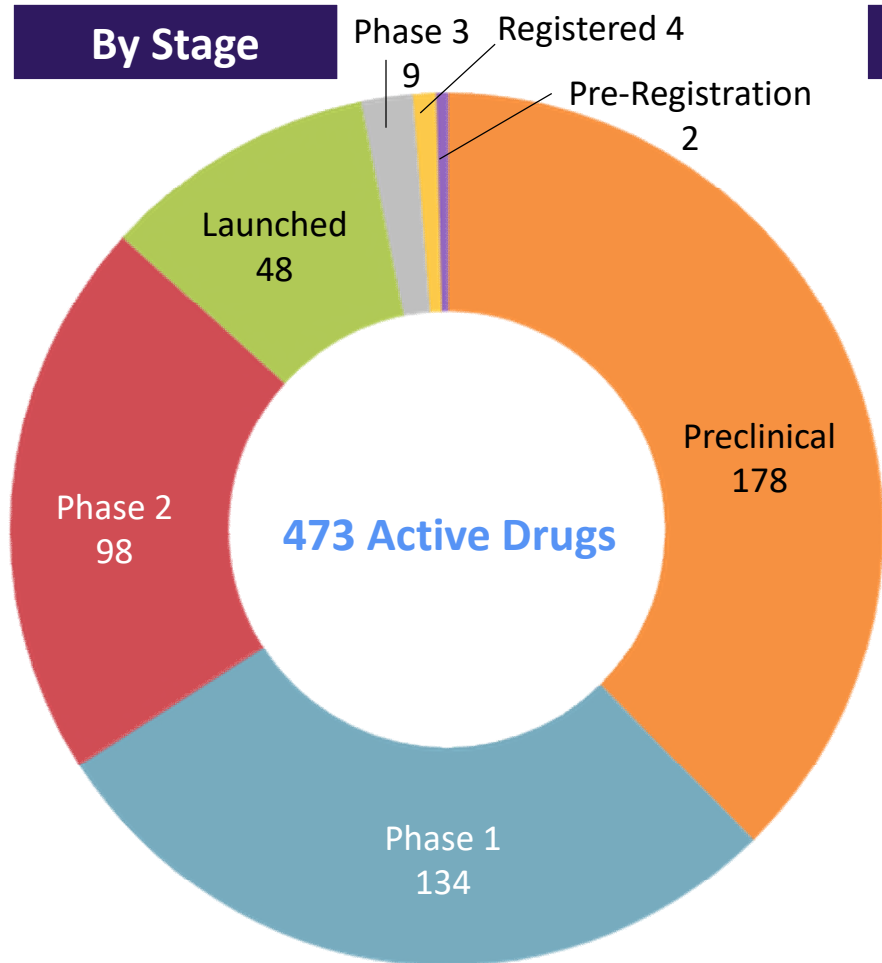


Our Approach to Bioinformatics-Driven Indication Prioritization



Across many diseases we see a similar story... the first 2 APRIL drugs launched in MM in 2020 & 2021, but another 86 are in development

Multiple myeloma therapies by stage and target action



- APRIL receptor modulator 88
- CD3 modulator 30
- ADP ribosyl cyclase-1 modulator 26
- ADP ribosyl cyclase-1 inhibitor 14
- Interferon alpha 2 ligand 14
- Protein cereblon modulator 13
- SLAM family member 7 modulator 12
- APRIL receptor antagonist 9
- B-lymphocyte antigen CD19 modulator 9
- CD47 antagonist 9
- Bcl-2 protein inhibitor 8
- Mcl-1 differentiation protein inhibitor 8
- Cancer testis antigen NY-ESO-1 modulator 7
- HLA class I antigen A-2 alpha modulator 7
- Proteasome inhibitor 7
- Programmed cell death protein 1 inhibitor 6
- T cell immunoreceptor Ig ITIM protein inhibitor 6
- G protein coupled receptor C 5D modulator 5
- Histone deacetylase inhibitor 5
- Histone deacetylase-6 inhibitor 5
- DNA polymerase inhibitor 4
- Exportin 1 inhibitor 4
- Syndecan-1 modulator 4
- Topoisomerase II inhibitor 4
- Bcl-xL Bcl-2 associated death promotor inhibitor 3
- Bromodomain containing protein inhibitor 3
- Btk tyrosine kinase inhibitor 3
- Gamma-secretase inhibitor 3
- Histone deacetylase-1 inhibitor 3
- Histone deacetylase-2 inhibitor 3

Monogenic rare diseases enjoy a ROIC advantage from de-risked POC trials and cheaper Phase 3... can we achieve this more broadly?

Risk-adjusted EBIT impact per approved drug in a large, de-coupled portfolio (\$ Millions)

