EPAD
European Prevention of Alzheimer Dementia

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The global impact of dementia

Around the world, there will be 9.9 million new cases of dementia in 2015, one every 3 seconds.

46.8 million people worldwide are living with dementia in 2015. This number will almost double every 20 years.

Much of the increase will take place in low and middle income countries (LMICs): in 2015, 58% of all people with dementia live in LMICs, rising to 65% in 2030 and 68% in 2050.

The total estimated worldwide cost of dementia in 2015 is US$ 818 billion. By 2018, dementia will become a trillion dollar disease, rising to US$ 2 trillion by 2030.

If global dementia care were a country, it would be the 18th largest economy in the world exceeding the market values of companies such as Apple and Google.

Much of the increase will take place in low and middle income countries (LMICs).

This map shows the estimated number of people living with dementia in each world region in 2015.

We must now involve more countries and regions in the global action on dementia.

The Sad Truth

Unsuccessful Investigational Drugs for Alzheimer’s Disease 1998-2014

123 Total Unsuccessful Drugs | 4 Total Approved Medicines

Why EPAD?

EPAD aims to Develop a Platform to test treatments for the Secondary Prevention of Alzheimer’s Dementia

- **Limited Translatability of existing Disease Models**
- **Lack of validated, non-invasive biomarkers**

- **Scientific Knowledge Gap**
  - AD mechanism
  - Slow data sharing

- **Inefficient Trial System**
  - long duration
  - slow recruitment & high screen failure rates
  - lack of suitable outcome measures & regulatory acceptance
EPAD Stepped Approach

Criteria for identifying AD pathology

Define criteria for identifying AD pathology early in the course of disease in people who have no or minimal symptoms.

EPAD Register
N = ± 24,000

Identifying these individuals from existing population and clinical cohorts or registers.

EPAD Cohort
N = ± 6000

Developing a large longitudinal cohort study to ease identification for trial inclusion, provide trial run-in data and generate high quality data for updating AD disease models, including defining risk for developing AD and evaluating efficacy.

EPAD Trial
N = ± 1500

Establishing a protocol and infrastructure for a standing, double-blind, adaptive, proof-of-concept clinical trial for secondary prevention of AD.

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EPAD Project Overview

EPAD trial “machine”

LOW probability, based on risk factors, disease evidence, symptoms

Parent Cohorts
Virtual register
Research
Participants (RPs)
Identified by fingerprinting

Longitudinal Cohort Study
6000 Research Participants
phenotype & monitored

Alzheimer's Probability Spectrum

Proof of Concept Study
Single Sponsor

Multiple Treatment arms

Placebo arm
Shared across study

Study arm 1
500 RPs

Study arm 2
500 RPs

Study arm 3
500 RPs

Continuous LCS recruitment

Adaptive design

HIGH probability, based on risk factors, disease evidence, symptoms
EPAD Collaborating to prevent AD

ARUK Drug Discovery Institute

Target identification and development

Dementias Platform UK

Deep and Frequent phenotyping

European Medical information Framework

EPAD

Trials ready cohorts and data

Proof of concept trials

Global Alzheimer’s Prevention

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