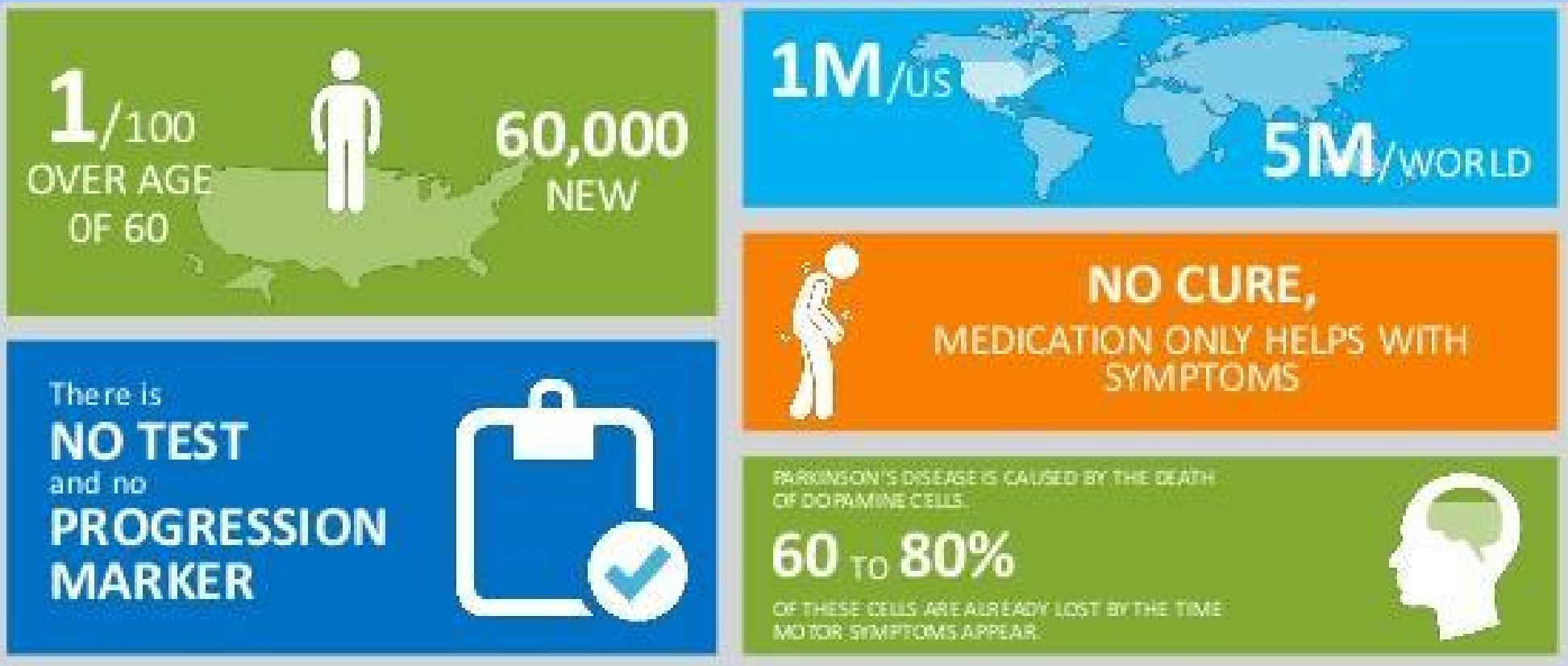
ADVANCEMENTS IN THE TREATMENT OF PARKINSON'S DISEASE

Neurorestoration and Beyond

INOVA®

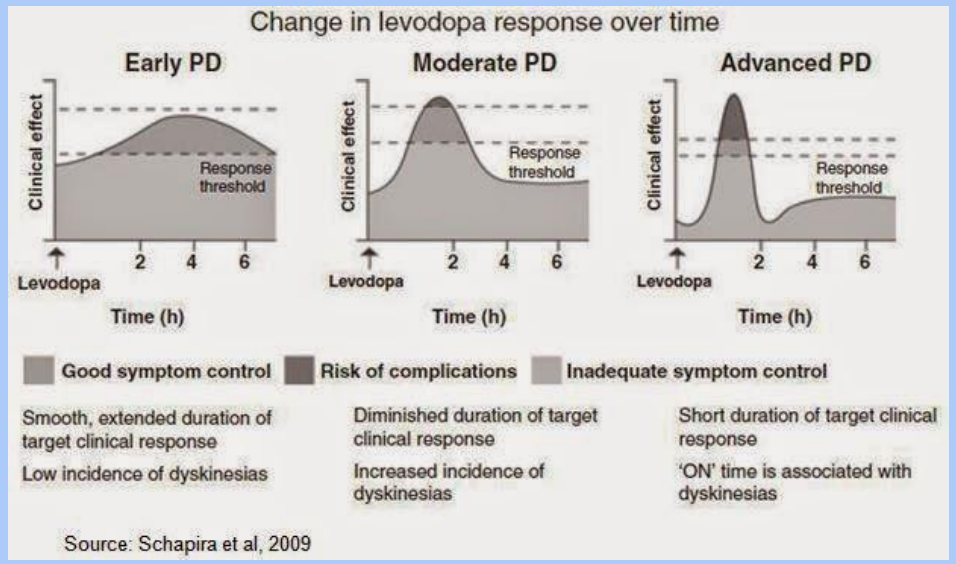
Movement Disorders Program

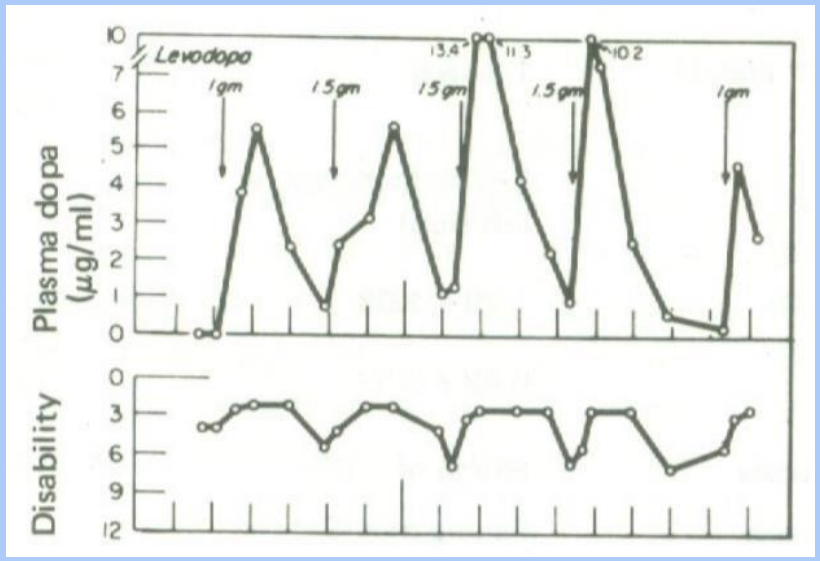
WHAT IS PARKINSON'S?



WHY DOES PD CHANGE OVER TIME?

The disease itself AND medications used





WHY DOES PD CHANGE OVER TIME?

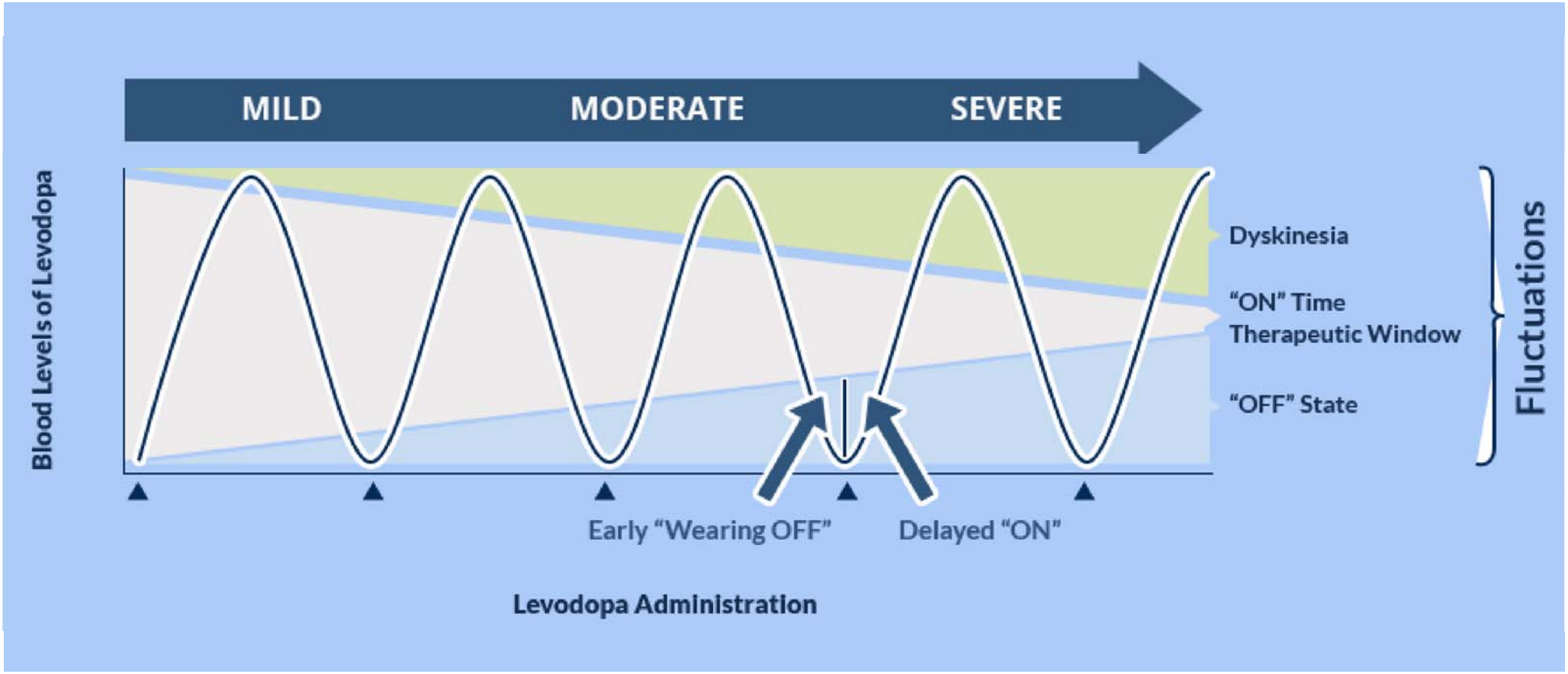
Medications used – Classic levodopa

- ELLDOPA trial 16.5% of patients randomized to **600 mg** of LD daily developed dyskinesias after only 9 months of treatment versus 2.3% among those on 300 mg (2004)
- Worsening motor complications with doses ≥ **600mg** per day at 6 months and 6 years (2005)
- STRIDE-PD trial showed increased motor fluctuations and dyskinesia ≥ **500mg** per day at 6 years (2013)

Combination of disease progression and pulsatile medication dosing impacts the number of dopamine receptors present among other things.

Result = Worsening on-off fluctuations throughout the day

CARBIDOPA – LEVODOPA



APPROACH TO THERAPY

Classic	vs	Contemporary
▪ Pulsatile and frequent ▪ Higher and higher doses		▪ Predictable and long acting ▪ Low doses, multiple targets ▪ "Rational polypharmacy" ▪ Employ technology earlier
▪ Fluctuations ▪ Early side effects ▪ Treatment horizon		▪ Smoother ▪ Reduced side effects ▪ Evergreen

EXPANDED TOOLBOX UP UNTIL 5 YEARS AGO

- Dopamine Agonist

Neupro® (Rotigotine Transdermal System)

REQUIP® ropinirole HCl

Mirapex® pramipexole dihydrochloride tablets

- Carbidopa/Levodopa formulation

PARCOPA® (carbidopa and levodopa orally disintegrating tablets)

- MAOB inhibitor

Once-Daily AZILECT® (rasagiline tablets)

- COMT inhibitor

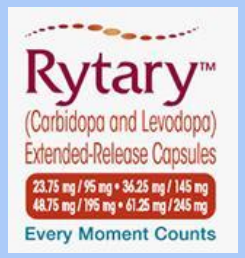
Stalevo® (levodopa, carbidopa and entacapone) tablets

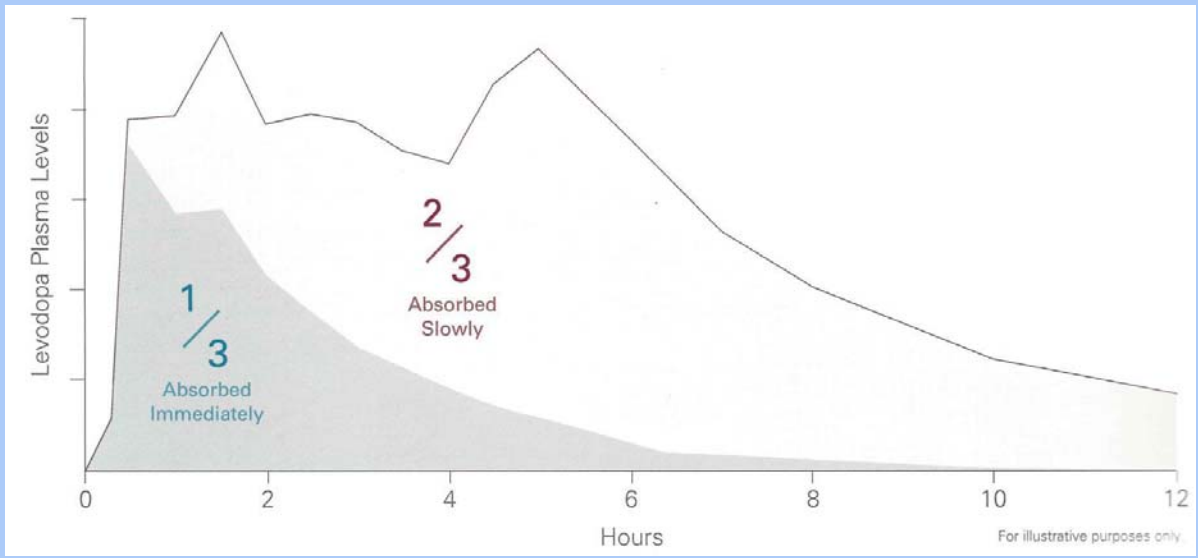
COMTan® (entacapone) tablets

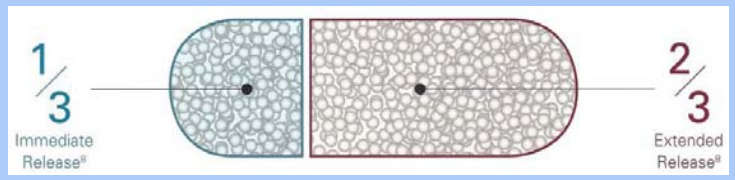
NEW LEVODOPA FORMULATION

Rytary

- New formulation to deliver Carbidopa-Levodopa.
- Can last from 5 to 8 hours compared to 2 to 3 hours for Sinemet.
  - 1 to 2 hours less off time, 2 hours more on time







Pahwa et al: APEX-PD Investigators. Randomized trial of IPX066, carbidopa/levodopa extended release, in early Parkinson's disease. Parkinsonism Relat Disord. 2014 Feb;20(2):142-8.

Hauser et al: ADVANCE-PD investigators. Extended-release carbidopa-levodopa (IPX066) compared with immediate-release carbidopa-levodopa in patients with Parkinson's disease and motor fluctuations: a phase 3 randomised, double-blind trial. Lancet Neurol. 2013 Apr;12(4):346-56.

NEW MAO-B INHIBITOR, AUGMENTING THE SYSTEM

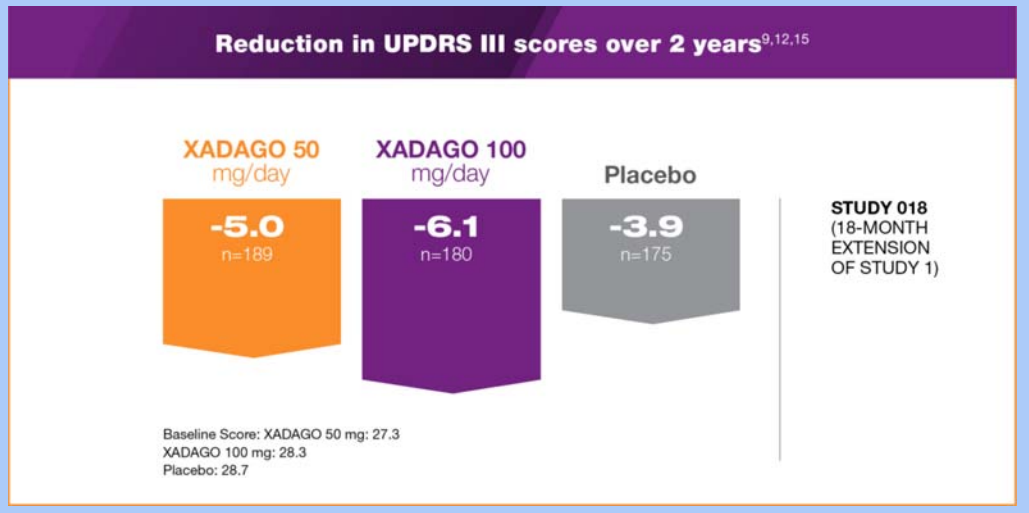
Safinamide (Xadago)

XADAGO®
(safinamide) tablets

- Reversibly inhibits the MAO-B enzyme
- Boosts natural dopamine and potentiates artificial dopamine

- 1x daily

- Similarity to rasagiline (Azilect) which is now generic but still expensive to some

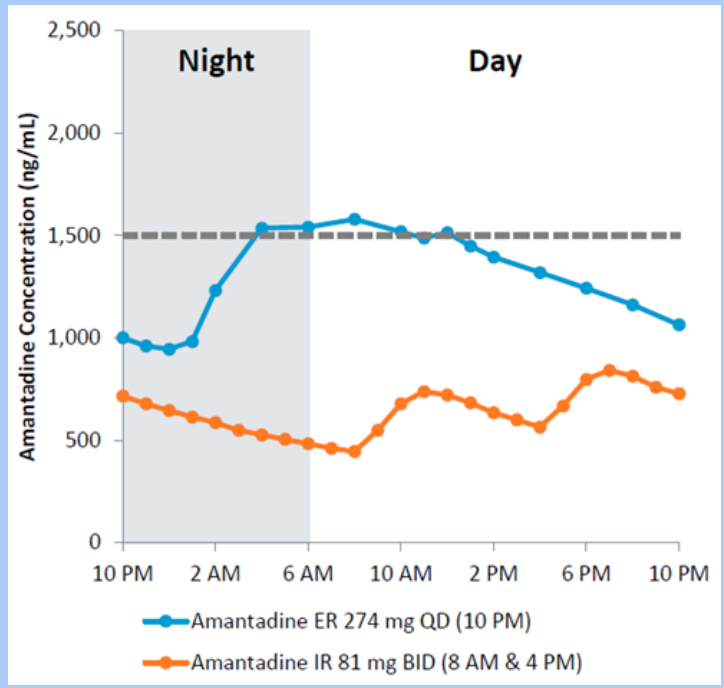


LONGER-ACTING AMANTADINE

Amantadine ER (Gocovri)

- 1x daily amantadine
- First "FDA approved" therapy for dyskinesia
  - Classic amantadine is 'off label'
- Used to reduce dyskinesia (37% reduction)
- Reduced OFF time by 45%
- Available in 2 doses

GOCOVRI™
(amantadine) extended release capsules
68.5 mg | 137 mg



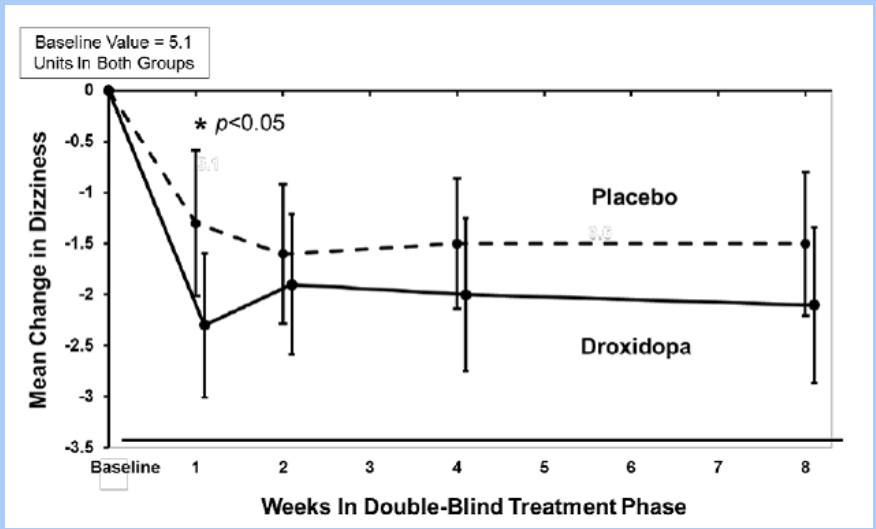
ORTHOSTATIC HYPOTENSION

Northera

- OH is common symptom of Parkinson's Disease
- Can be worsened by dopamine supplementation

- Prodrug for Norepinephrine, crosses BBB
- Peripheral Nervous system – increased BP, improved Neurogenic Orthostatic Hypotension
- Central Nervous system – attention? Gait? Falls?

Northera™
(droxidopa) Capsules
100 mg · 200 mg · 300 mg



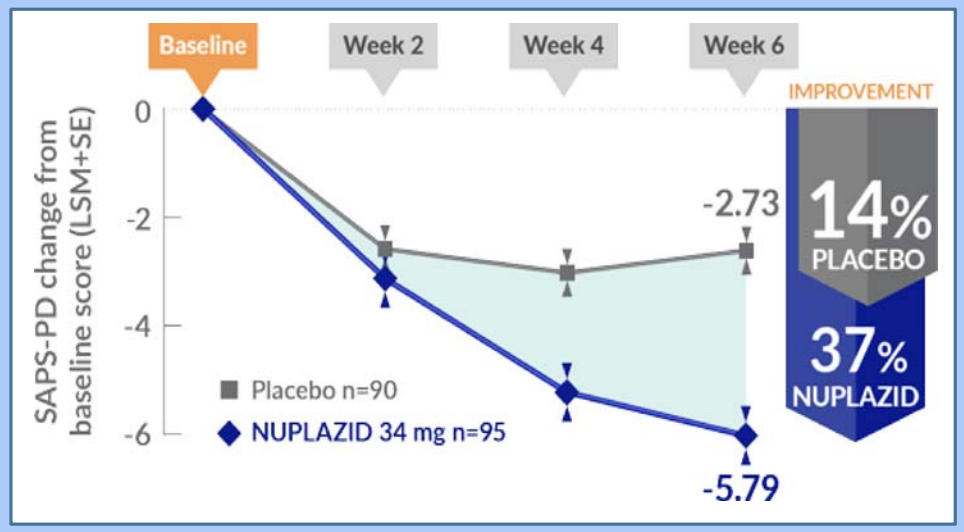
Kaufmann et al. Droxidopa for neurogenic orthostatic hypotension: a randomized, placebo-controlled, phase 3 trial. Neurology. 2014 Jul 22;83(4):328-35.

HALLUCINATIONS AND PSYCHOSIS

Nuplazid (Pimavanserin)

- First antipsychotic medication specifically designed for hallucinations and 'psychosis' associated with Parkinson's Dementia and Lewy Body Dementia.
- Serotonin Agonist with no impact on dopamine receptors
- Novel drug status
- + SAPS-PD improvement with no change in UPDRS

NUPLAZID™
(pimavanserin) tablets

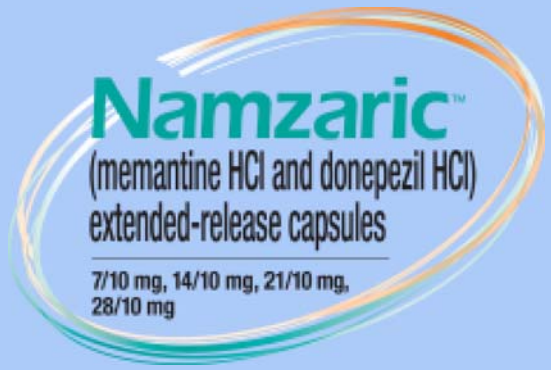


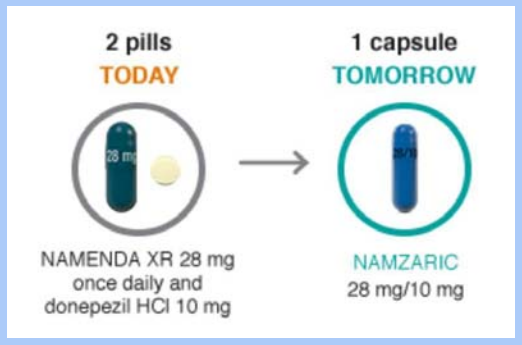
Hacksell, Uli et al. "On the Discovery and Development of Pimavanserin: A Novel Drug Candidate for Parkinson's Psychosis." *Neurochemical Research*39.10 (2014): 2008–2017. *PMC*. Web. 4 June 2015.

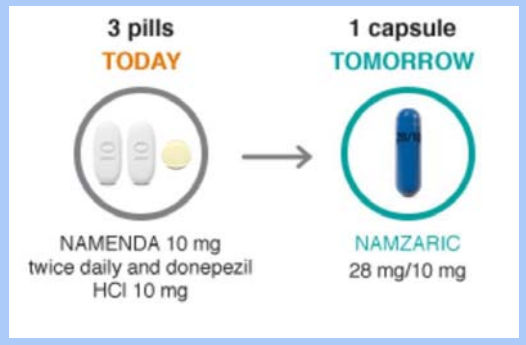
COMBINATION MEDICATION

Namzaric™ (Donepezil + Memantine)

- Once a day combination of the two agents
- Moderate disease to severe.
- Can be opened and sprinkled to administer.





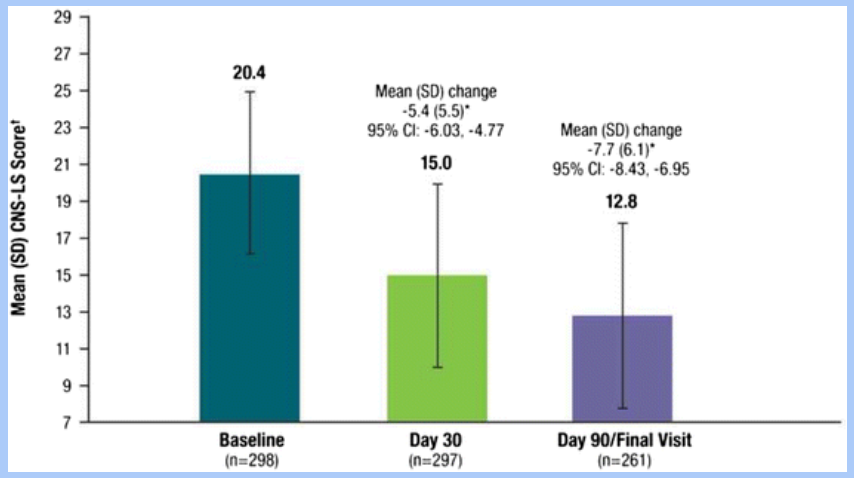


PSEUDOBULBAR AFFECT

Nuedexta

- "Uncontrollable episodes of crying and/or laughing, or other emotional displays."
- Disconnect between emotion and display, or inappropriate display
- PRISM study – 26%, though up to 40% in PD
- CNS-LS Screening reflects symptoms
- **Reduction in episodes at 90 days was 72.3%.**

NUEDEXTA®
(dextromethorphan HBr and quinidine sulfate) capsules 20 mg / 10 mg



PHYSICAL/OCCUPATIONAL/SPEECH THERAPY

LSVT BIG® and LSVT LOUD®

But also non-LSVT Therapy aimed at balance/gait and strengthening

TECHNOLOGY

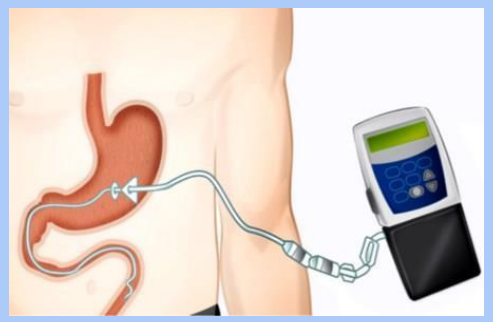
- DUOPA Intestinal Gel
- Focused Ultrasound
- Deep Brain Stimulation

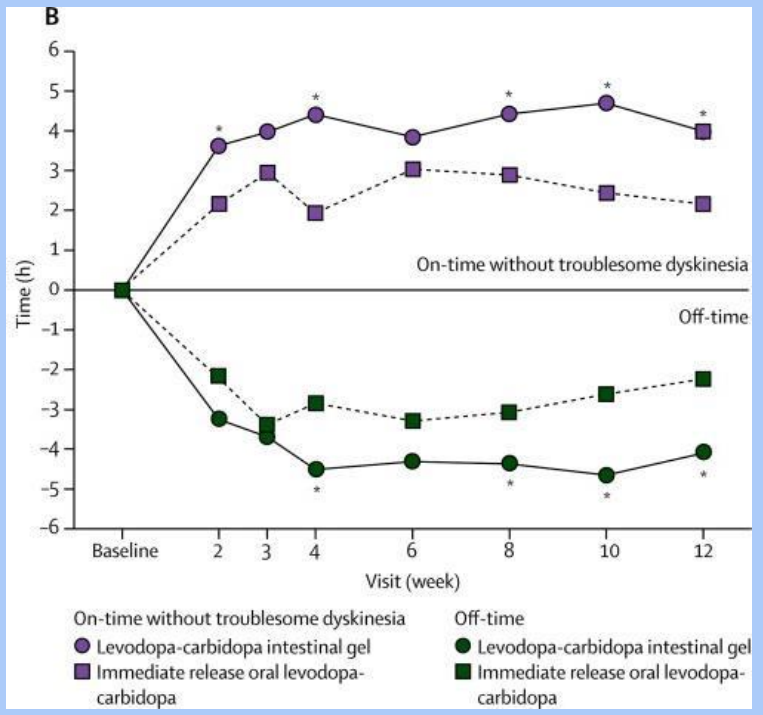
CONSTANT DELIVERY OF LEVODOPA

Duopa

- Dopamine gel continuously administered via intra-intestinal pump
- Provides steady delivery of levodopa without the fluctuations of oral medication
- Off time decreased by 4h and on time increased by 4h[1]

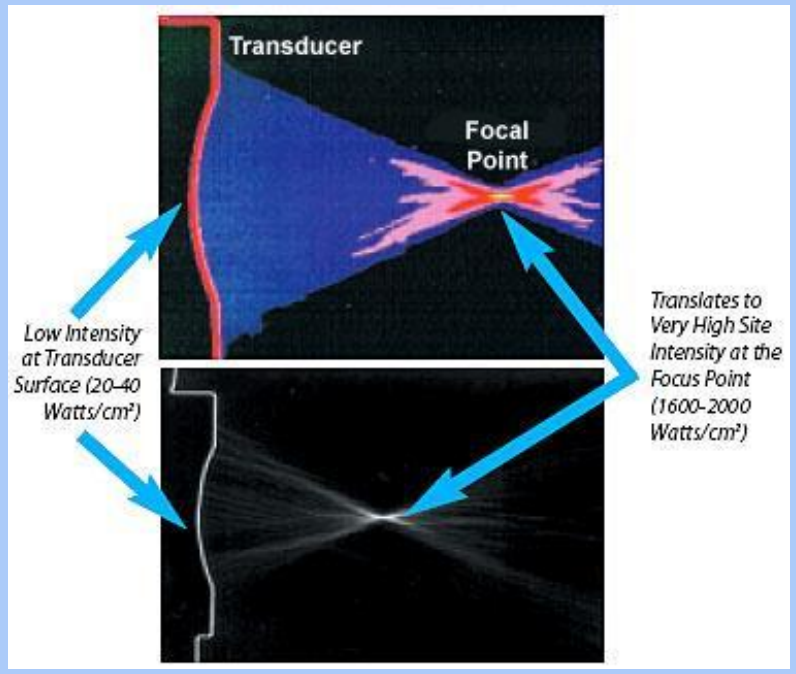
Duopa
carbidopa/levodopa
enteral suspension
4.63 mg/20 mg per mL



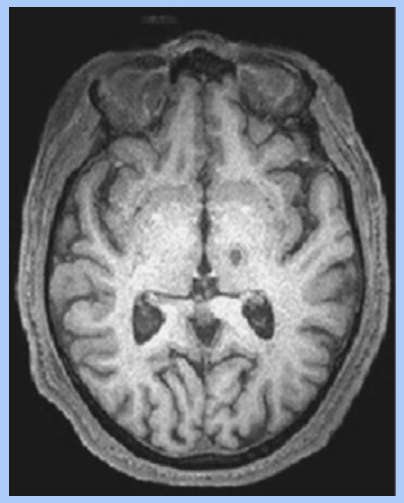


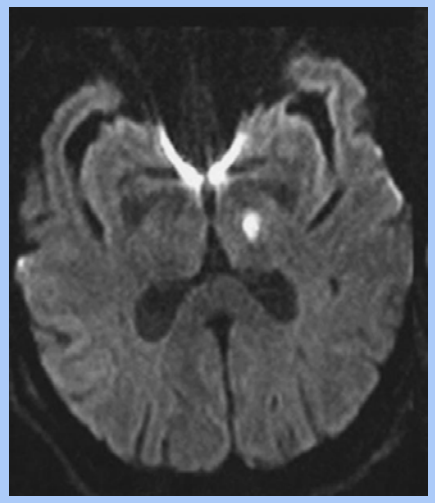
Olanow et al. Continuous intrajejunal infusion of levodopa-carbidopa intestinal gel for patients with advanced Parkinson's disease: a randomised, controlled, double-blind, double-dummy study. Lancet Neurol. 2014 Feb;13(2):141-9.
http://www.parkinson-italia.it/

FOCUSED ULTRASOUND



- 1,000 ultrasound beams
- Non-invasive
- Creates focal lesion at target
- Still in research



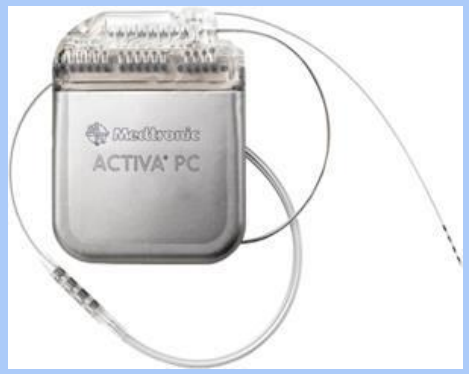


"So far, the jury is out. We are, after all, burning a hole in the brain."

DEEP BRAIN STIMULATION (DBS)

1990s – DBS emerged as safer treatment with significantly longer duration of action compared to lesioning; no 'burnout'.

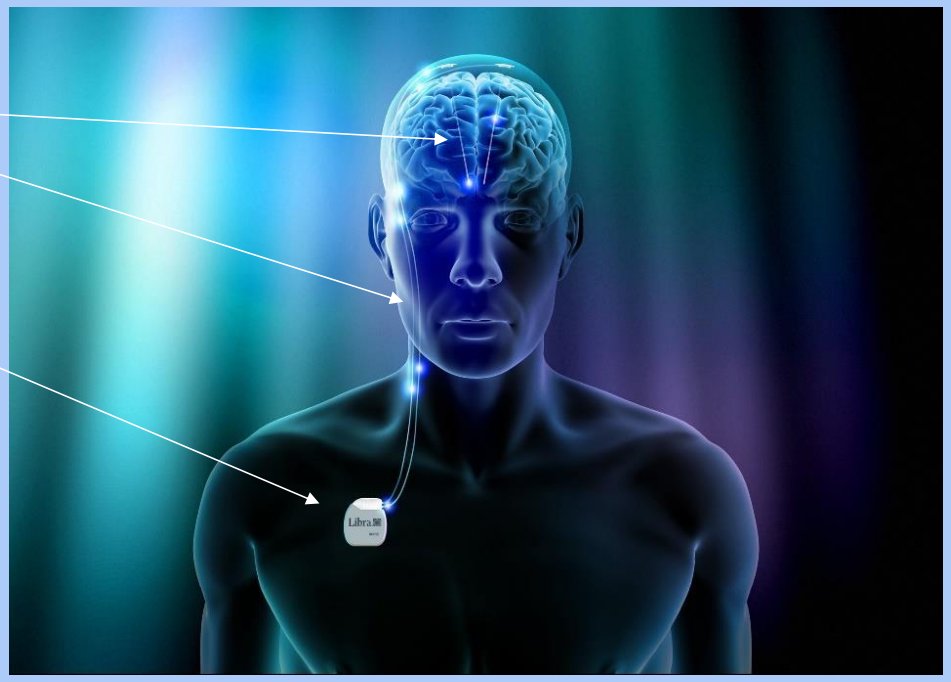
- Surgically implanted device to deliver a controlled stimulation of electricity to a specific region of the brain.
- Implanted in 2 step procedure, then programmed as outpatient.
- Unlike previous surgeries for PD (pallidotomy or thalamotomy), DBS does not damage healthy brain tissue by destroying nerve cells.
- Removable, if necessary, with little to no tissue damage.*



* Haberler et al. No tissue damage by chronic deep brain stimulation in Parkinson's disease. Ann Neurol. 2000 Sep; 48(3):372-6

DEEP BRAIN STIMULATION (DBS)

- The DBS system consists of three components:
  - Intracranial Lead
  - Extension connecting lead and generator
  - Implanted pulse generator (neurostimulator)
- Unilateral or bilateral leads
- Proper patient selection is key

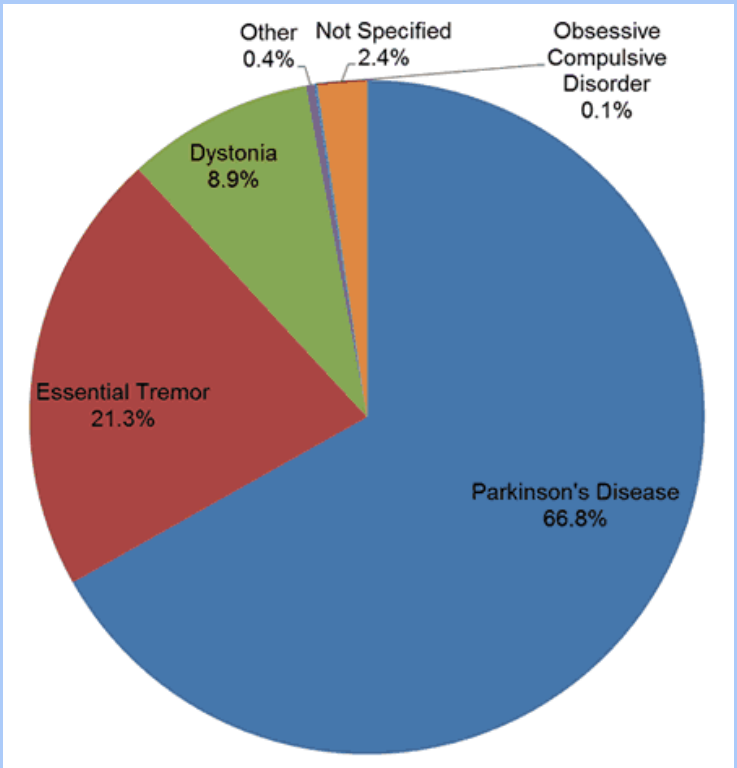


DBS INDICATIONS

- DBS is an FDA indicated surgical procedure for the treatment of movement disorders, such as:
  - Parkinson's Disease
  - Essential Tremor
  - Dystonia

- FDA approved:
  - Essential tremor in 1997
  - Parkinson's disease in 2002
  - Dystonia in 2003

Covered by all insurance providers.



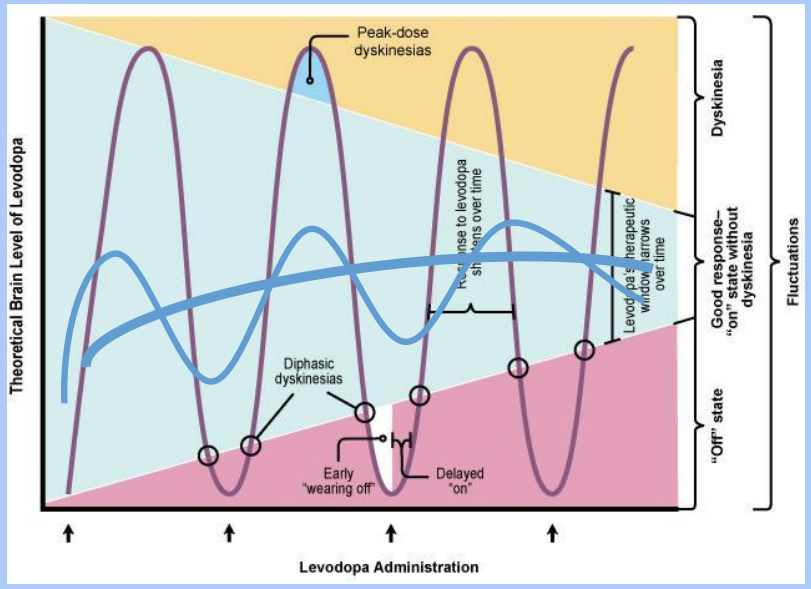
Iplantable Systems Performance Registry (ISPR) for deep brain stimulation systems. July 2009 -July 31, 2013.

BENEFIT FOR OUR PATIENTS

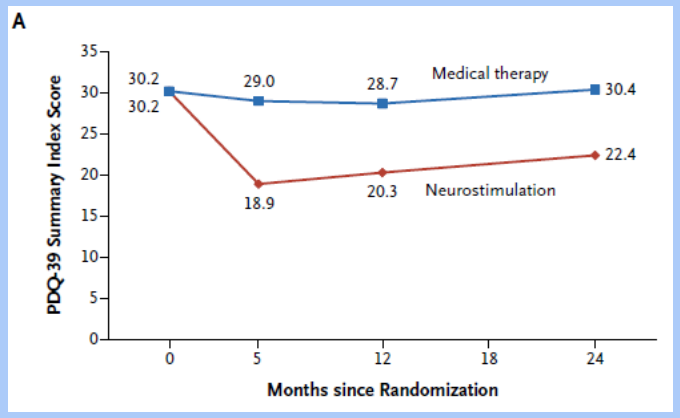
Parkinson's Disease:

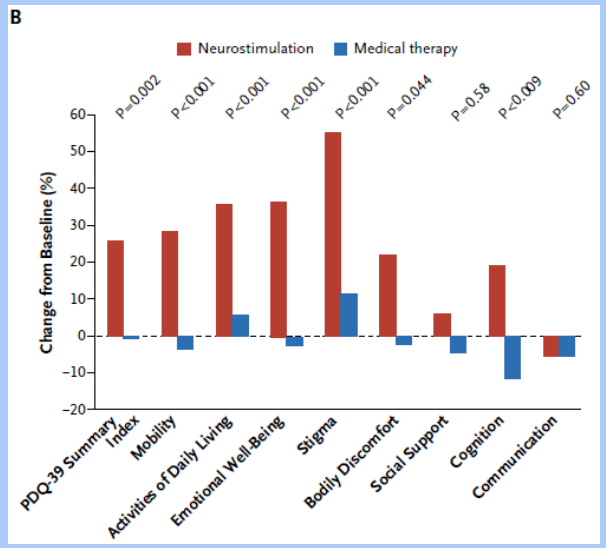
- **80-90%** of patients note improvement
- **60%** reduction in medications
- **60%** reduction in dyskinesias
- **80%** improvement in "off" periods
- **10%** improvement in "on" periods
- 4.6 hours MORE on time without dyskinesia

- Reduction in medications leads to decrease in the following:
  - Cost
  - Side effects (nausea, orthostasis, cognitive change, and downstream dyskinesia risk)



EARLY-STIM STUDY






The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Neurostimulation for Parkinson's Disease with Early Motor Complications

W.M.M. Schuepbach, J. Rau, K. Knudsen, J. Volkmann, P. Krack, L. Timmermann, T.D. Halbig, H. Hesekamp, S.M. Navarro, N. Meier, D. Falk, M. Mehdorn, S. Paschen, M. Maarouf, M.T. Barbe, G.R. Fink, A. Kupsch, D. Gruber, G.-H. Schneider, E. Seigneuret, A. Kistner, P. Chaynes, F. Ory-Magne, C. Brefel Courbon, J. Vesper, A. Schnitzler, L. Wojtecki, J.-L. Houeto, B. Bataille, D. Maltête, P. Damier, S. Raoul, F. Sixel-Doering, D. Hellwig, A. Gharabaghi, R. Krüger, M.O. Pinsker, F. Amtage, J.-M. Régis, T. Witjas, S. Thobois, P. Mertens, M. Kloss, A. Hartmann, W.H. Oertel, B. Post, H. Speelman, Y. Agid, C. Schade-Brittinger, and G. Deuschl, for the EARLYSTIM Study Group*

- **Conclusions:** DBS was found to be superior to medical therapy in patients with PD and early motor complications

REDUCTION IN MEDICATION COST AND POLYPHARMACY

- Medication costs over 24 months
  - Increased **72%** in optimal drug therapy (ODT)
  - Decreased **16%** in DBS+ODT
    - $7,150 cost savings over study period
    - Projected to 10 years – $64,590 savings
- Polypharmacy at 24 months
  - DBS+ ODT subjects were **80%** less likely to require polypharmacy compared to ODT subjects

Journal of Parkinson's Disease 6 (2016) 125–131
DOI 10.3233/JPD-150712
IOS Press

Research Report

Subthalamic Nucleus Deep Brain Stimulation May Reduce Medication Costs in Early Stage Parkinson's Disease

Mallory L. Hacker[a], Amanda D. Currie[a], Anna L. Molinari[a], Maxim Turchan[a], Sarah M. Millan[a], Lauren E. Heusinkveld[a], Jonathon Roach[a], Peter E. Konrad[b], Thomas L. Davis[a], Joseph S. Neimat[b], Fenna T. Phibbs[a], Peter Hedera[a], Daniel W. Byrne[c] and David Charles[a,*]
[a]*Department of Neurology, Vanderbilt University, Medical Center North, Nashville, TN, USA*
[b]*Department of Neurosurgery, Vanderbilt University, Village at Vanderbilt, Nashville, TN, USA*
[c]*Department of Biostatistics, Vanderbilt University, West End, Suite Nashville, TN USA*

REDUCTION IN MEDICATION COST AND POLYPHARMACY

- Same group, followed out to **5 years**

- Polypharmacy at 5 years
  - ODT increased from 43% to 93%
  - DBS+ODT from 36% to 43%

Subthalamic Nucleus Deep Brain Stimulation in Early Stage Parkinson's Disease Reduces the Risk of Polypharmacy: Five-Year Analysis

M. Hacker, M. Turchan, A. Currie, L. Heusinkveld, S. Millan, T. Davis, F. Phibbs, P. Hedera, P. Konrad, D. Charles (Nashville, TN, USA)

Meeting: 21st International Congress

Abstract Number: 1341

Conclusions: These results suggest that people with early stage PD treated with medications alone are 17 times more likely to require polypharmacy after five years compared to those treated with STN-DBS.

BENEFIT FOR OUR PATIENTS

Essential Tremor:

- **80%** improvement in tremor.
- **70%** improvement in handwriting.
- **Significant** reduction in medications with possibility of stopping medication.

Pre DBS on high dose Primidone

Post DBS on no medication

- Reduction in medications leads to decrease in the following:
  - Cost
  - Side effects (cognitive change, fatigue, lethargy, etc.)

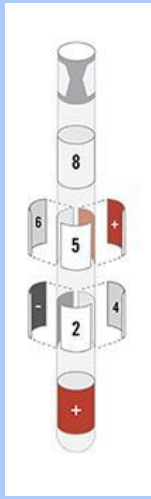
WHO IS A CANDIDATE

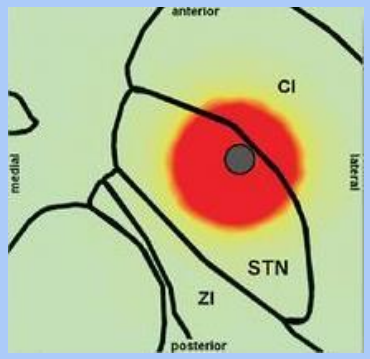
- A good candidate for DBS per our center:

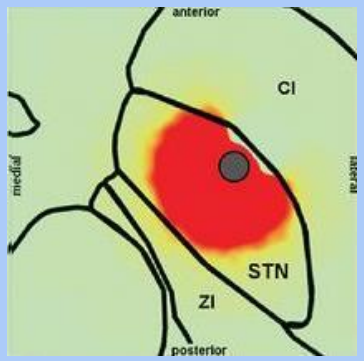
1. Parkinson's Disease at least 4 yrs (FDA indication)
2. Experiencing a response to medication
3. Experiencing the on-off fluctuation of medication
4. Able to participate in care
5. Good surgical candidate
6. No diagnosed dementia or severe psychiatric disorder

AN EXPANDING FIELD

- Directional stimulation
- Improved technology
- Smaller technology, thinner
- Longer battery life







Medtronic

ST. JUDE MEDICAL

Boston Scientific

OPTIONS = GOOD FOR PATIENTS

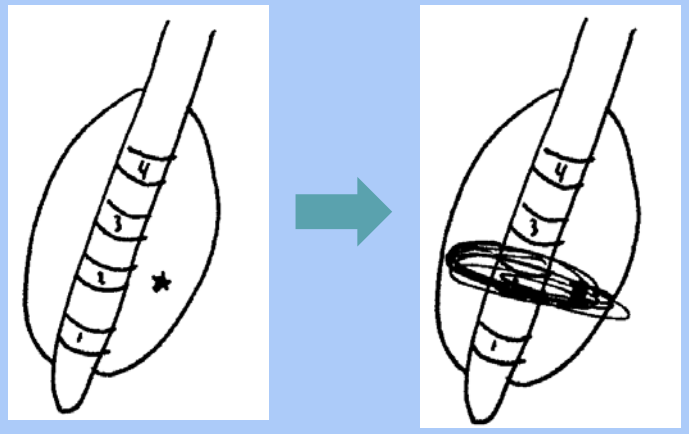
- MEDTRONIC SYSTEM
  - Has been around for 20 years.
  - Created the technology and built the industry.
  - Still a great system where people get better, and widely used.
  - MRI approved.
  - Non-Directional.
  - Voltage based.
  - Older technology

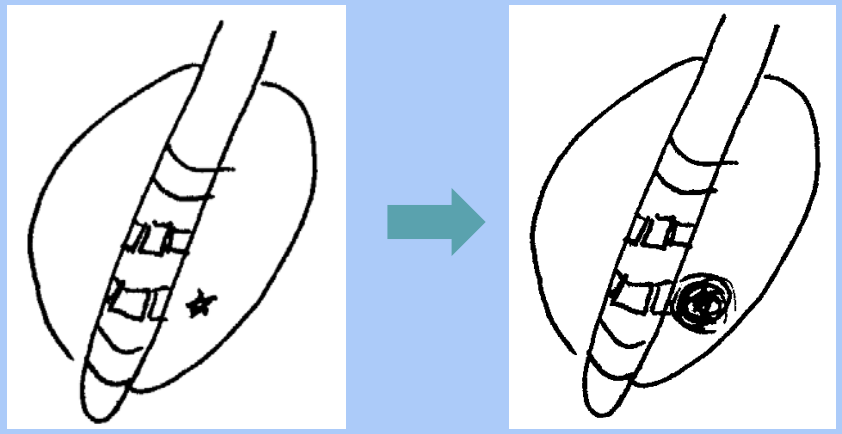
- ABBOTT/ST. JUDE SYSTEM
  - New player on the block.
  - Integrated the last 20 years of research.
    - Directional stimulation.
    - Current based.
  - Truly wireless and built on Apple platform – user designed.
  - Updateable.
  - Improved hardware, lower profile.
  - No MRI approval yet.

VISUALIZATION

Medtronic

ST. JUDE MEDICAL





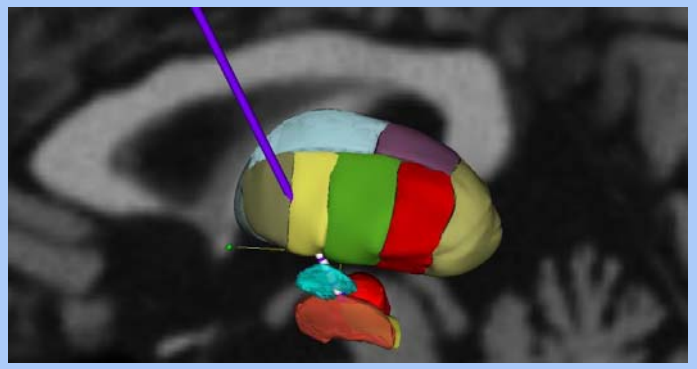
MULTIDISCIPLINARY APPROACH

A team approach is key to a successful outcome.

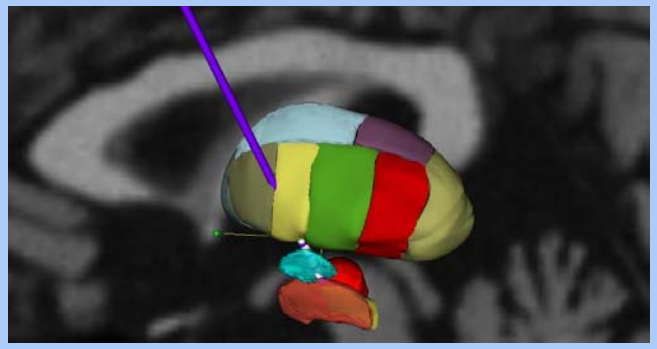
- Cognitive evaluation
  - Full Neuropsychiatric testing
- Psychiatric evaluation, if necessary
- Physical therapy, occupational therapy and speech therapy
- Neurosurgical evaluation
  - Work together for pre-surgical planning
    - GPI vs STN, Unilateral vs Bilateral
  - Intra-operative cooperation
- Movement Disorders Specialist

www.Smithsonianmag.com

PARKINSON'S DISEASE



PARKINSON'S DISEASE



TO THE FUTURE

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