



IMAGE COPYRIGHT: THOMSON REUTERS

THE ONES TO WATCH

A PHARMA MATTERS REPORT.

JANUARY-MARCH 2009

Expert review from Thomson Reuters of the most promising drugs changing clinical phase, receiving approval and launched this quarter, based on the strategic data and insight of *Thomson Pharma*[®], the world's leading pharmaceutical competitive intelligence solution.



The main news story as we go to press, eclipsing all others, is the sudden appearance and rapid spread of the influenza A virus subtype H1N1, first identified in April 2009 in the US and traced to a seasonal flu outbreak in Mexico.

It's too early to assess the epidemic's true significance, but it's safe to say that H1N1 is putting yet more pressure on the pharmaceutical industry. The political exposure may well turn out to be beneficial for the industry, increasing funding and stimulating research, but the outbreak also reveals a public that is impatient for a cure and easily scared.

Naturally, none of the drugs in this quarter's *The Ones To Watch* is directly related to H1N1. We do, however, see the virus having an effect. Intercell USA has been forced to delay its phase III trials of a vaccine patch against traveler's diarrhea which were intended to start in April among volunteers traveling to Mexico and Guatemala.

Thomson Reuters is adding its knowledge and expertise to the fight against this and further influenza A epidemics. We are pleased to offer, free to download, our entire disease briefing on influenza, taken direct and unabridged from the wealth of information and knowledge in our investigational drug database *Prous Science Integrity*® and updated daily.

You can download it at science.thomsonreuters.com/pharma/h1n1

The disease briefings in *Prous Science Integrity* are dynamic executive summaries of the current status and future trends in drug therapy for a specific disease or disorder, providing key facts on the disease, such as risk factors, prevalence and incidence, morbidity and mortality figures, and cost, along with a structured, scientific approach to the R&D-related aspects of diagnosis, prevention and treatment. They utilize a mechanistic (target- or mechanism of action-based) approach to describing drug therapies that are currently under development and thus are potential new treatment options for the future.

The daily, free-to-download influenza disease briefing on our website differs from the information found on other H1N1 sites in its focus on drugs and vaccinations that are currently in the development pipeline or on the market. It brings a drug R&D approach to this subject, providing information designed for scientists in the pharmaceutical industry and academia, in contrast to the medical or epidemiological approaches found elsewhere.

It is our hope that making these data freely available will give investigators and researchers the information they need to better support efforts to limit its spread and severity.

Meanwhile the normal business of research goes on, and all the perennial big killers—such as diabetes and cancer, both featured in this edition of *The Ones To Watch*—are still with us. So let's take a closer look at the five most promising drugs launched or receiving approval, and moving through each of the clinical phases, between January and March 2009.

For more information on Thomson Pharma, Thomson Pharma Partnering and Prous Science Integrity visit go.thomsonreuters.com/commercial or email scientific.lifesciences@thomsonreuters.com

THE FIVE MOST PROMISING DRUGS LAUNCHED OR RECEIVING APPROVAL

DRUG	DISEASE	COMPANY
Stelara™	Plaque psoriasis	Centocor
Gelnique™	Overactive bladder	Watson Pharmaceuticals
Priligy™	Premature ejaculation	ALZA Corp
Valdoxan®	Major depressive disorder	Servier, Novartis
Uloric®	Hyperuricemia	Teijin, Ipsen, Takeda

It is estimated that as many as 3% of the population of Europe suffers from plaque psoriasis, a chronic inflammatory disease that causes the over-production of skin cells. Of this number, 20-30% have cases that are considered severe.

Help may come from [Stelara™](#), an injectable monoclonal antibody with a novel mechanism of action, developed by Centocor (a Johnson & Johnson subsidiary). It targets the p40 sub-unit of cytokines interleukin-12 and interleukin-23, naturally occurring proteins that are important regulators of immune responses and are thought to be associated with some immune-mediated inflammatory disorders, including plaque psoriasis.

In January 2009, the EMEA approved the drug for chronic moderate-to-severe plaque psoriasis in adults for whom other systemic therapies were not effective or indicated. Stelara was launched in Europe the following month.

US approval is still in progress. Centocor filed a BLA with the FDA in November 2007, but the FDA issued a complete response in December 2008 requesting additional information, including a risk evaluation and mitigation strategy. Additional preclinical or clinical studies were not required.

Overactive bladder is characterized by a sudden, uncomfortable need to urinate, and affects as many as 33 million adults in the US alone. The market may be worth as much as US\$1.8 billion annually. Watson Pharmaceuticals claims that its oxybutynin topical gel [Gelnique™](#) is the first and only effective topical gel for overactive bladder and provides an attractive alternative to the currently-available oral treatments. The FDA approved the formulation in January 2009.

The gel is clear, colorless, fragrance-free and quick-drying. A single, one-gram dose is applied each day to the thigh, abdomen, upper arm or shoulder. Because the active ingredient is delivered transdermally, it is not metabolized by the liver in the same way as orally-administered oxybutynin (Ditropan, and other generics). This results in a low level of side effects such as

dry mouth and constipation.

Originally developed as an anti-depressant by Eli Lilly in 1992, dapoxetine was taken up by ALZA Corp, another subsidiary of Johnson & Johnson, in December 2000 for the potential treatment of genitourinary disorders and premature ejaculation. As [Priligy™](#) the drug, an oral, selective 5-HT uptake inhibitor, achieved regulatory approval in Finland and Sweden in February 2009 for premature ejaculation, the first oral treatment to do so for this indication.

The deals surrounding the drug are complex. By December 1999, PPD GenuPro (a subsidiary of PPD) had licensed dapoxetine as a genitourinary therapy from Eli Lilly, and granted exclusive worldwide rights to ALZA Corp the following year. In December 2003, PPD acquired Lilly's dapoxetine patents and terminated its previous agreement for the drug. Under the terms of the new agreement, PPD would pay US\$ 65 million in cash and royalties on sales in excess of annual net sales. Priligy will be marketed by Janssen-Cilag, also a subsidiary of Johnson & Johnson.

In February 2009, the EMEA approved [Valdoxan®](#), developed by Servier in collaboration with Novartis as a once-daily treatment for major depressive disorder and its symptoms, particularly anxiety and sleep disturbance.

The company claims Valdoxan, a dual oral 5-HT₂ receptor antagonist and melatonin agonist, as the first melatonergic antidepressant. The drug allows restoration of the circadian rhythms of depressed patients, including those with the most severe form of the disorder. Noticeable clinical improvement may be evident as early as the first week of treatment, with fewer significant adverse effects than existing treatments.

Gout occurs when too much uric acid builds up in the blood, a condition known as hyperuricemia, forming needle-like crystals that collect in the joints, most commonly the big toe. It is estimated that 5 million patients in the US have hyperuricemia associated with gout.

[Uloric®](#), developed by Teijin and its licensees Ipsen and Takeda, is an oral non-purine selective inhibitor of xanthine oxidase, and according to the company represents the first treatment option for hyperuricemia in patients with gout for more than 40 years.

The drug was approved in Europe in May 2008 under the name [Adenuric®](#), and achieved approval in the US in March 2009. Chinese launch is planned for 2011. Regulatory approval was filed in South Korea in July 2008. Japanese launch is likely to be delayed for several years while additional clinical trials are undertaken.

THE FIVE MOST PROMISING DRUGS ENTERING PHASE III TRIALS

DRUG	DISEASE	COMPANY
ETEC vaccine patch	Traveler's diarrhea	Intercell USA
Syncria®	Type 2 diabetes	GlaxoSmithKline
Intravenous formulation of carbamazepine	Epilepsy	Lundbeck
Relaxin	Congestive heart failure	Corthera
NX-1207	Benign prostatic hyperplasia	Nymox

As we noted in the introduction, Intercell USA (formerly Iomai) has delayed the start of phase III trials of its needle-free [enterotoxigenic *Escherichia coli* \(ETEC\) vaccine patch](#), due to start in April 2009, in response to the outbreak of H1N1 influenza in Mexico. The study was expected to enroll 1,800 volunteers traveling to Mexico or Guatemala. Intercell claims that the delay will not alter its development timeline, which suggests interim results on product efficacy can be expected towards the end of the year.

ETEC infection is the most prevalent cause of traveler's diarrhea (TD). It is estimated that of the 55 million international travelers to Africa, Asia and Latin America, where the infection is endemic, nearly 20 million will suffer from TD, and as much as 30% of these will go on to develop irritable bowel syndrome. Being applied simply and painlessly as a skin patch, Intercell's treatment should therefore command a huge potential market.

The drug is under license from the Walter Reed Army Institute of Research, the largest US Department of Defense biomedical research facility, a signal that the vaccine would also be of huge benefit to the armed forces. In addition, it is hoped that it may prove an effective treatment to prevent diarrhea among children living in at-risk regions of the world.

Several of the candidates in this quarter's *The Ones To Watch* are potential treatments for type 2 diabetes, a sobering reminder of the ever-expanding market in patients of the disease. The first is [Syncria®](#) (formerly known as Albugon™), a novel long-acting subcutaneous albumin-based fusion of glucagon-like peptide being investigated by GlaxoSmithKline under license from Human Genome Sciences Inc. Phase III trials to evaluate the drug's efficacy and cardiovascular safety in more than 4,000 patients commenced in February 2009.

Syncria is intended to help patients control their blood sugar, particularly when oral treatments alone are not effective. This will put it into rivalry with exenatide (Amylin and Eli Lilly's [Byetta®](#)), the only glucagon-like peptide-1 (GLP-1) agonist launched so far according to *Thomson Pharma® Partnering*. Sales of Byetta are burgeoning—a 31% increase in US prescriptions in 2007 saw its reported revenue swell from US\$430 million in 2006 to US\$636 million in 2007.

Competition will also come from Amylin's long-acting formulation of Byetta, currently in phase III trials, which is expected to reach NDA submission in the middle of 2009, and Roche, Teijin and Chugai's sustained-release GLP-1 agonist taspoglutide, also currently in phase III. Though GlaxoSmithKline has completed a phase IIb trial comparing Syncria with Byetta, we have yet to see the data. It is expected that Syncria's phase III program will be completed in 2011 or 2012.

Another therapy area seeing revenue growth is epilepsy. In 2007, worldwide sales of Novartis's orally-administered GABA modulator carbamazepine (Tegretol®) totaled US\$413 million. The drug commands a 17% market share.

Following its acquisition of US pharmaceutical company Ovation Pharmaceuticals, Inc, whose specialty is disorders of the central nervous system, Danish company Lundbeck hopes to break into the US epilepsy market with an [intravenous formulation of carbamazepine](#). The candidate entered phase III trials in February 2009, with an NDA filing expected toward the end of the year.

Acute heart failure remains the single largest expense in US medical care, accounting for approximately US\$13 billion in hospitalization costs alone. More than three million hospital discharges each year give heart failure as a diagnosis. The mortality rate is also extremely high. Most sufferers have fluid accumulation in the lungs, causing shortness of breath and other complications. Treatment exists, but the current standards of care are plagued with adverse effects.

A promising new treatment is [relaxin](#), a combinant two-chain peptide from the insulin family that regulates the turnover of connective tissue. It is produced naturally by the body during pregnancy to modulate increases in renal and cardiac function, but pharmaceutically-manufactured relaxin can also have these effects in men and non-pregnant women.

In development by Corthera under license from Connetics, the drug is intended as a vasodilator for the potential intravenous treatment of congestive heart failure (CHF) and may also prove effective for pre-eclampsia and cervical ripening to facilitate labor.

Positive results from a phase II/III trial for acute heart failure were reported in March 2009. Patients received various doses of relaxin or placebo for two days. Results showed that 40% of patients in the 30 microgram group reported moderate or marked improvements in dyspnea (shortness of breath) compared with 23% receiving the placebo. Significantly greater relief was seen at day 14. After 30 days, 3% of patients in this cohort had been rehospitalized for heart failure, compared with 17% on placebo. The drug had a good safety profile. A larger phase III trial is underway.

Lastly in this section, [NX-1207](#) is a potential intraprostatic treatment of benign prostatic hyperplasia (BPH) under development by Nymox. It is estimated that more than 100 million men worldwide suffer from BPH, the gradual increase in size of the prostate as men grow older. Approximately 50% of men over age 50 and almost 90% of those aged 80 are affected. As the prostate enlarges, it compresses the urethral canal, causing symptoms such as frequent, difficult or painful urination, and nocturia (the need to get up to urinate during the night).

Currently approved drugs can have side effects including sexual dysfunction and changes in blood pressure. In multicenter US clinical trials, NX-1207 was shown to produce significant improvements in BPH symptoms without any significant side effects. Of especial interest is the comparison with finasteride (Merck & Co's Proscar®), which achieved worldwide sales of US\$411 million in 2007. NX-1207 reduced nocturia by 41%, compared with 4% for finasteride.

The drug is also notable for its method of administration. Whereas finasteride is an oral treatment, NX-1207 is injected directly into the zone of the prostate where the enlargement occurs. The company claims the procedure lasts as little as 5 minutes and involves little or no pain or discomfort. Phase III studies began in February 2009.

THE FIVE MOST PROMISING DRUGS ENTERING PHASE II TRIALS

DRUG	DISEASE	COMPANY
XOMA-052	Type 2 diabetes, rheumatoid arthritis	XOMA
AR-9281	Type 2 diabetes	Arete Therapeutics
ESBA-105	Uveitis	ESBATech
TB-402	Ischemic stroke, deep vein thrombosis	ThromboGenics, BioInvent
VX-809	Cystic fibrosis	Vertex

At the head of our survey of promising drugs entering phase II trials, [XOMA-052](#) is a once-monthly injectable IgG2 humanized mAb against IL-1 beta. Developer XOMA hopes it will be effective to treat type 2 diabetes and rheumatoid arthritis, and is also investigating its efficacy for osteoarthritis, systemic juvenile idiopathic arthritis and gout.

The company is upbeat, claiming XOMA-052's move from insulin therapy to anti-inflammatory treatment to be one of the most significant medical advances in diabetes in decades. A phase IIa trial for rheumatoid arthritis began in March 2009, comparing XOMA-052 with standard of care in 18 patients with moderate-to-severe disease. Phase I trials for type 2 diabetes should be completed by the middle of 2009, with a phase II trial to follow almost immediately.

Remaining with diabetes, [AR-9281](#) is the lead in a series of orally-available soluble epoxide hydrolase (s-EH) inhibitors, under development by Arete Therapeutics as a regulator of arterial pressure for the potential treatment of type 2 diabetes, angiotension-II-dependent hypertension and metabolic syndrome. Compounds from the series are also being investigated for inflammatory disease and sepsis.

In February 2009, Arete began a phase IIa trial for type 2 diabetes. According to the company, this is the first clinical study of an s-EH inhibitor in patients, and the first study designed to establish proof of concept that s-EH inhibition modulates glucose metabolism or blood pressure in patients with impaired glucose tolerance and hypertension. It follows encouraging data from a phase I hypertension trial in 2008 and the drug's excellent safety profile in pre-clinical trials.

The multicenter, double-blind study will enroll 150 pre-diabetic patients with impaired glucose tolerance, mild obesity and mild-to-moderate hypertension. They will receive AR-9281 or placebo twice daily for 28 days, with endpoints including safety, tolerability, reduction of blood pressure and other measures of glucose and lipid metabolism. Results are expected in the first quarter of 2010.

[ESBA-105](#) also targets inflammatory diseases, specifically ocular conditions such as uveitis. Formulated as eye drops, the candidate is the lead in a series of fully human, single-chain antibody fragments against TNF alpha under development by ESBATech, which claims it as the most advanced topical antibody fragment yet available in ophthalmology.

The concept of administering a biologic therapeutic to patients topically, without systemic or intravitreal injections, makes ESBA-105 particularly noteworthy. In preclinical and volunteer phase I studies, topical administration resulted in significant levels in the vitreous body, with an excellent safety profile.

ESBATech initiated a randomized, double-blind, placebo-controlled, monocentric phase Ib/IIa trial in patients undergoing cataract surgery in January 2009. Ninety subjects undergoing cataract surgery in Switzerland will be treated with 10mg/ml of ESBA-105 or placebo four times a day for four days prior to surgery. The trial will assess the drug's safety, tolerability and ocular pharmacokinetics, evaluate its preventative activity on ocular inflammation, and monitor its intraocular levels and local biodistribution.

[TB-402](#) is another promising antibody, this time a potential therapy for the prevention of ischemic stroke in patients with atrial fibrillation, and also for the prevention of deep vein thrombosis, including DVT following orthopedic surgery and that related to certain types of heart arrhythmia.

Jointly developed by ThromboGenics and BioInvent, it is the lead from a series of human anti-Factor VIII monoclonal antibodies, to be administered as an intravenous monotherapy. Early trials demonstrated that the drug is safe and well tolerated, and it is expected to cause fewer unwanted bleeding events than existing anti-coagulants. Additionally, its prolonged half-life allows for one-off or once-monthly administration.

Given the huge market potential, it is expected that the two companies will outlicense the drug for later stage development and commercialization.

A phase II trial began in February 2009, to be conducted in Central Europe on 300 patients undergoing knee replacement surgery. It should be completed by the end of 2010.

According to the Cystic Fibrosis Foundation, available treatment of cystic fibrosis involves the use of multiple drugs that address the disease's symptoms and complications, but no therapy currently exists to target its underlying cause. Two novel therapies from Vertex Pharmaceuticals might change that. The cystic fibrosis transmembrane regulator (CFTR) potentiator VX-770 is expected to enter registration studies in 2009, while [VX-809](#) entered phase IIa trials in March.

VX-809 is the lead in Vertex's series of oral capsule correctors of the CFTR trafficking defect, which also includes VRT-422, VRT-325 and VRT-532. In the trials, VX-809 will be evaluated for its safety, tolerability pharmacokinetics, pharmacodynamics and effect on CFTR function in 90 North American and European patients homozygous for the F508del CFTR mutation. We look forward to bringing you the results in 2010.

THE FIVE MOST PROMISING DRUGS ENTERING PHASE I TRIALS

DRUG	DISEASE	COMPANY
GLPG-0259	Rheumatoid arthritis	Galapagos
NCX-6560	Cardiovascular disease	NicOx
ACHN-490	Bacterial infection	Achaogen
CX-4945	Cancer	Cylene
NKTR-105	Cancer	Nektar

Turning to notable candidates entering trials this quarter, Antwerp-based Galapagos is developing [GLPG-0259](#), a small molecule that inhibits mitogen-activated protein kinase-activated protein kinase 5 (MAPKAPK5), for the potential oral treatment of rheumatoid arthritis. *Thomson Pharma* lists it as the only drug in development with this mechanism of action.

The signs are good. MAPKAPK5 is believed to play a key role in inflammation and in the breakdown of collagen in human cartilage. In mice, GLPG-0259 demonstrated anti-inflammatory and bone protectant efficacy at least as good as etanercept (Amgen and Wyeth's Enbrel®), which commanded sales of US\$5.4 billion in 2007.

For Galapagos, too, this is a significant achievement after ten years of pharmaceutical research. The Phase I trial, which commenced in Belgium in March 2009, is the first for a drug discovered by the company in-house.

Also in March, NicOx began proof-of-concept trials of [NCX-6560](#) for the potential treatment of cardiovascular disease. The drug is a modified, NO-releasing version of atorvastatin (Pfizer's Lipitor®), and follows the company's previous investigations of pravastatin (Bristol-Myers Squibb's Pravachol®) and fluvastatin (Novartis's Lescol®), bound to an NO-releasing moiety, for the same indications.

The study is in three parts. In the first, 40 healthy males will receive single-escalating doses of NCX-6560 or placebo. In the second, 48 subjects with high levels of low-density lipoprotein cholesterol will receive NCX-6560, atorvastatin or placebo. Finally, 10 healthy males who received the highest tolerated dose in the first part of the study will receive NCX-6560 or placebo following a high-fat breakfast.

At the end of these trials, NicOx hopes to have established the candidate's safety, tolerability, pharmacokinetics and pharmacodynamics. It intends also to evaluate a biomarker relevant to cardiovascular disorders, helping researchers to guide future development of the drug.

Of special interest here will be NCX-6560's performance against Lipitor, the largest grossing drug in the world with sales of US\$13.5 billion in 2007. Preclinical studies showed that both drugs had a similar effect at lowering lipids, but NCX-6550 had superior anti-platelet and anti-inflammatory activity, and improved endothelial function.

News of potential new antibiotics with efficacy against resistant strains is always welcome. [ACHN-490](#) is the lead compound in a series of proprietary aminoglycoside antibiotics called neoglycosides, developed by Achaogen under license from Isis and Ibis Therapeutics for the potential treatment of antibiotic-resistant bacterial infections. The company claims the drug displays broad-spectrum activity against MDR Gram-negative bacteria that cause systemic infections, including *E. coli* and methicillin-resistant *Staphylococcus aureus*.

In themselves, aminoglycosides are nothing new—a proven class of antibacterials, they've had extensive clinical use and generate over US\$650 million in annual sales worldwide. But their utility is declining rapidly due to the rapid spread of resistant bacterial strains, while a new member of the class has not been approved in many years. ACHN-490 is therefore extremely interesting. In preclinical studies it demonstrated an acceptable safety profile and the potential for once-daily dosing.

Phase I trials began in February 2009. Achaogen expects to begin phase II complicated urinary tract infection trials early in 2010.

Our final two drugs this quarter are potential oral treatments for cancer. The first, [CX-4945](#), is a highly selective inhibitor of casein kinase II (CK2), a constitutively active protein kinase that is over-expressed in a wide range of cancers.

Over-expression of CK2 drives key cell survival pathways and the proliferation of cancer cells, but is difficult to inhibit. Developer Cylene Pharmaceuticals believes CX-4945 is the first selective inhibitor of CK2 with a favorable safety profile and the ability to promote tumor regressions as a single agent. The claim is backed up by potent tumor regression activity in murine xenograft models and encouraging preclinical studies.

Dose-escalation phase I trials began in January 2009—encouragingly ahead of schedule—to assess the candidate’s safety, tolerance and pharmacokinetics and to determine an optimum dose regime for phase II trials. Cylene hopes that CX-4945 will prove effective against advanced solid tumors, Castleman’s disease and multiple myeloma. It has a second oral CK2 inhibitor, CX-5011, currently in preclinical trials.

[NKTR-105](#) is a novel, PEGylated formulation of docetaxel (Sanofi-Aventis’s Taxotere®), developed using Nektar’s polymer conjugate technology. This technology, according to Nektar, can be used to optimize the bioactivity of docetaxel and other oncolytics, and increase the sustained exposure of active drug to tumor cells in the body.

Indeed, since docetaxel is a key component in the fight against a wide range of cancers (commanding sales of US\$2.6 billion in 2007), anything that can increase its half-life is of huge potential benefit. Nektar hopes its technology will also solve the problem of the unfavorable safety and tolerability profiles that can limit the therapeutic efficacy of oncolytics.

In preclinical studies, NKTR-105 demonstrated superior anti-tumor activity compared to docetaxel, with up to 2.5 times the tumor growth delay at maximum tolerated dose. Tumor regression was observed in a model with NKTR-105 but not with docetaxel.

Dose-escalation, phase I trials began in February 2009, assessing the candidate’s safety, pharmacokinetics and antitumor activity in 30 patients with refractory solid tumors who had failed all prior available treatments.

To sign up to our Pharma Matters range of publications visit:
scientific.thomsonreuters.com/info/matters

THE ONES TO WATCH

Focuses on the latest phase changes in the pharmaceutical pipeline.

MOVERS AND SHAKERS

Unravels the most significant game-play in the US generics market.

WHO IS MAKING THE BIGGEST SPLASH

Reviews the leading sources of information on medical research.

ABOUT THOMSON PHARMA®

Thomson Pharma® brings together the best of more than 40 pharmaceutical data sources owned by Thomson Reuters in a single comprehensive solution containing millions of pieces of information. And it's not just data. *Thomson Pharma* extends and deepens its knowledge with unique abstracts, commentaries and analysis prepared by our team of industry experts. You can link at a click between different types of content. No other data source puts so much information at your fingertips.

In place of your legacy indexing systems, multiple interfaces, and complex data sources, imagine how *Thomson Pharma* can simplify your information needs, justify and speed your decision-making, and keep you abreast of the market.

ABOUT PROUS SCIENCE INTEGRITY®

The Prous Science Integrity® portal contains data on more than 265,000 compounds with demonstrated biological activity and almost 100,000 patent family records, and forms an ideal complement to *Thomson Pharma*®.

Prous Science Integrity incorporates twelve key knowledge areas related to drug research and development: drugs and biologics, targets and pathways, genomics, biomarkers, organic synthesis, experimental pharmacology, pharmacokinetics/metabolism, clinical studies, disease briefings, companies and research institutions, literature, and patents.

ABOUT THOMSON PHARMA® PARTNERING

Thomson Pharma® *Partnering* (formerly *IDdb*) is a daily-updated, competitor intelligence and R&D monitoring service for the pharmaceutical, biotechnology and chemical industries. Through *Thomson Pharma Partnering*, you can use powerful search functionality to gather essential scientific and commercial information about investigational drugs at all stages of the R&D pipeline, from first patent to launch or discontinuation.

The database includes information on more than 30,000 investigational drugs and contains more than 500,000 references.

ABOUT THOMSON REUTERS

Thomson Reuters is the world's leading source of intelligent information for businesses and professionals. We combine industry expertise with innovative technology to deliver critical information to leading decision makers in the financial, legal, tax and accounting, scientific, healthcare and media markets, powered by the world's most trusted news organization.

Our scientific knowledge and information is essential for drug companies to discover new drugs and get them to market faster, for researchers to find relevant papers and know what's newly published in their subject, and for businesses to optimize their intellectual property and find competitive intelligence.

NOTE TO PRESS:

To request further information or permission to reproduce content from this report, please contact:

Susan Besaw
Phone: +1 215 823 1840
Email: susan.besaw@thomsonreuters.com

For more information on *Thomson Pharma*, *Thomson Pharma Partnering* and *Prous Sciences Integrity* visit: go.thomsonreuters.com/commercial or email scientific.lifesciences@thomsonreuters.com

Scientific Regional Head Offices

Americas

Philadelphia +1 800 336 4474
+1 215 386 0100

Europe, Middle East and Africa

London +44 20 7433 4000

Asia Pacific

Singapore +65 6411 6888
Tokyo +81 3 5218 6500

For a complete listing of Scientific offices, visit:
scientific.thomsonreuters.com/contact

PH0901053

Copyright © 2009 Thomson Reuters



THOMSON REUTERS