PRESS RELEASE

Novel HCMV compound of AiCuris in phase IIb trial with bone marrow transplant recipients

Wuppertal, May 10, 2010 – AiCuris announced today that its novel HCMV inhibitor AIC246 is now being tested in a phase IIb trial with bone marrow transplant recipients. First patients have already been included into the trial. AIC246 is under development for the treatment of HCMV (humane cytomegalovirus) infections in transplant recipients and other immune compromised individuals.

In a first phase II trial in kidney transplant recipients, who developed HCMV viraemia post transplantation, the compound had demonstrated efficacy and good tolerability. “This positive results shall be supported further by our present trial aimed at inhibiting HCMV reactivation in bone marrow transplant patients”, said Prof Helga Rübsamen-Schaeff, CEO of AiCuris. Another aim of the trial is to determine the right dose for the following phase III studies.

„Based on the existing data we expect that AIC246 has the potential to significantly improve the prophylaxis and treatment strategies of HCMV infections in immune compromised patients”, said Dr. Holger Zimmermann, CSO of AiCuris. Apart from the good tolerability demonstrated in the first phase II trial, the compound had shown efficacy in the treatment of one patient who developed viraemia due to multi-resistant (Ganciclovir, Foscarnet and Cidofovir) HCMV. Dr. Holger Zimmermann: “The medical need for new and well-tolerated therapeutic options against HCMV is still high – especially for immune compromised individuals and for newborn children.”

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About HCMV

Human cytomegalovirus (HCMV), a beta herpes virus, represents an important pathogen for immune compromised individuals. It is the most common virus pathogen in solid organ transplant recipients (kidney, heart, liver, lung and pancreas) as well as bone marrow transplant recipients and is the major cause of morbidity and mortality during the first six months after transplantation.

Besides transplant recipients, newborn children are highly threatened by HCMV infections. The infection might be acquired before, during or after birth. Because of the side effects of presently available drugs against HCMV, it is nearly impossible to treat these children. Neither can pregnant women with an active HCMV infection be treated.

Patients with AIDS might suffer from a HCMV infection if HIV has already caused a massive immune deficiency. In these patients, the virus might lead to blindness as well as to life threatening pneumonia. Thanks to HAART, severe AIDS cases have become rare in the Western world. But in countries where not everybody has access to anti-viral medication, these consequences are more common.

Apart from immune compromised patients, another group of individuals may also become affected by HCMV: Lately, an American research group found that HCMV also poses a risk to patients under intensive care (e.g. after heart attack, suspected sepsis or burn). In this patient group, an active HCMV infection was associated with longer hospital detention and death.

CMV disease is characterised by fever, leucopenia (very low white blood cells) and thrombocytopenia (very low platelet numbers) with or without specific organ dysfunction. Two main strategies to prevent CMV disease have been adopted: prophylaxis of organ recipients with antiviral agents, or pre-emptive treatment of organ recipients, who develop evidence of CMV infection during routine screening.

About AiCuris
AiCuris GmbH & Co KG is a privately held company located in Wuppertal, Germany. It is devoted to research and clinical development of novel, resistance-breaking drugs for the treatment of HCMV, Herpes, Hepatitis B, HIV and Hepatitis C as well as resistant Gram positive and Gram negative bacterial infections in hospitals. Furthermore, the portfolio comprises two immune modulators.

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