

Dr. Lopera, we can see you speaking, but you are probably on mute.

Thank you. We have studied for 40 years the largest population with autosomic dominant Alzheimer's disease at Antioquia University, Colombia. This is the largest population with 3,000 members, 1,200 of them carriers of the [INAUDIBLE]. And for many years, they were waiting for having a solution for the Alzheimer's disease problem.

And 10 years ago, we had the luck to find a collaboration with National Institute of Age-- National Institute Aging, Banner Institute, Genentech, and Roche. And we started the API Colombia clinical trial after starting the API registry. And now we are very happy, because we were able to finish in a good way the clinical trial, even if we have no good results in the clinical outcome.

Being the [INAUDIBLE] science team of the Antioquia University and the families were very optimistic. But anyway, we know that we did a big step in the contribution to the investigation of Alzheimer's disease. And now we are prepared to do-- to start other steps in the looking the solution for this disease. The families are very-- have very good adherence to the group. And I am sure that-- I know that we are going to continue in this work looking the solution.

Thank you very much, again, to Banner, National Institute of Aging, and Genentech, and Roche for your contribution with our work here.

Thank you. We now invite Dr. Richard J. Hodes, the Director of the National Institute on Aging at the National Institutes of Health to share his perspective.

Thank you very much. I appreciate enormously the partnership that we have had, most importantly, with the very courageous participants in this study, as well as with those you'll be hearing from our colleagues globally in public and private sectors, emblematic of the commitment we shared in working together to address the issue of treatment and ultimately prevention of Alzheimer's disease.

In context, I just want to emphasize that the study that we've heard about today, we are hearing about today, has been made possible by really remarkable advances over the past years-- the identification by genetics the populations at high risk, that in Colombia being a prime example on the topic of the study just being reported here, but in addition, the use of biomarkers, our ability with imaging or [? allusion ?] to blood biomarkers to track the disease process, the remarkable insights we've had into the complex changes which happen in the brain, which are revealing not only amyloid, certainly a target for important future studies, but an increasing multiplicity and complexity of targets.

We at NIA and NIH remain committed to continued and expanded cooperation, collaboration of which this is such an important model, and look forward to the future. We look forward to hearing the specific outcomes of this trial at the meeting later this summer you've heard alluded to, as well as the future months and years to come. Our commitment, just as that which Dr. Lopera mentioned, is a commitment of the people of Colombia, the commitment from all of those who hope to profit from the design and execution of our research.

We're here to stay as well. And we look forward to continued collaboration to this end. It's my privilege next to introduce Dr. Rachelle Doody.

Thank you, Dr. Hodes. And thank you for having this conference. It's very important that we speak to everyone about what has been accomplished and what needs to be done for the future.

My name is Rachelle Doody, and I am a former neurologist and center director of an Alzheimer's disease research center, who now is the Global Head of Neurodegenerative Diseases in Late Stage Neuroscience for Roche and Genentech. So I tell you that background, because it's very pertinent to what we're talking about today.

We talk about collaboration. And I would like to bring that to life. What did that mean for entities such as ours, to collaborate with each other? So go back to the early 2000s, when our colleague, who's also going to be introduced later today, Dr. Andrea Pfeifer and her team, were inventing a monoclonal antibody directed against a particular form of beta amyloid.

Eventually, that came to us in our partnership. And by 2009, we had that molecule, that antibody, in human beings in the clinic. And we spent several years optimizing that, trying to explore subcutaneous doses, trying to explore intravenous doses, and begin to understand how to use such antibodies at a very, very early point in the history of this work.

By 2011, we were testing a much lower dose of crenezumab than it is ultimately the target dose of this study in patients with mild and moderate Alzheimer's disease. And around that same time, the Alzheimer's prevention initiative led by, and really founded by, the Banner Institute in Arizona asked us, could we consider working with crenezumab?

So we have people in a remote region of the world, some in big cities but many in remote, rural, and even jungle regions of the country, who are afflicted by a form of Alzheimer's disease that goes back to the 17th century and probably to a single founder. Imagine that you have people living in that place in that time who were fortunate enough to be understood and discovered by Dr. Lopera and his team of clinicians and researchers, who began to bring those families together and offer them hope for the future.

We have a drug, and we partner with our academic colleagues at Banner and begin the process of trying to decide, well, how can we best design a study and give a drug like this in a setting like that, and really test its potential for something that's never been tried, which is preventing Alzheimer's disease in people who are not yet sick? This was kicked off and underway. And as Dr. Tariot mentioned, and also Dr. Reiman, we learned more about our molecule over time, and the field learned more about Alzheimer's disease, about familial Alzheimer's disease, sporadic Alzheimer's disease, and about treatment approaches with monoclonal antibodies over time.

And we all got together and adjusted. We have to adjust moving from a subcutaneous to an intravenous dose for those subjects who were willing to do so. We had many problems along the way-- problems like the need for certain facilities in order to put machines, in order to advance the kind of diagnostic tools that were being used in the study. And we got together, and we solved these problems.

Eventually, I think what we proved is that you can do this, whether you're a patient who lives in a very big city in a first-world country, or a patient who lives in a third-world country or a LAMIC country, you can be part of this global effort to solve your problem.

We did not get the results that we wanted. We learned that we could do such a study. We learned many things about this molecule that we're continuing to look at very closely. And we learned that we can accomplish the goal of trying to prevent Alzheimer's disease.

We want the families and our colleagues to know that we are still with you on this. We are completely committed that every patient at risk for or afflicted by Alzheimer's disease has options for the future. With that, I would like to introduce Dr. Andrea Pfeifer, who is the CEO of AC Immune. She is going to be part of this panel discussion here with the rest of us today. So thank you.

Thank you so much, everyone. Those were great insights and perspectives. I believe Dr. Pierre Tariot had one more comment. I would like to jump back over to him for just a second here.

As others were speaking, I realized I left out an important point. And I think it is an important point. As was noted in the press releases, there were numerical differences favoring crenezumab over placebo across the dual primary endpoints and multiple secondary and exploratory endpoints that were not statistically significant.

We're still reflecting on the meaning of these data and still awaiting results from further very important analyses, like exposure response analyses. So this is by no means the end of the story. It's the beginning of the story.

And one other anecdote that I was reminded of when Dr. Reiman was speaking about the number, the incredible number of collaborators, the Banner team has been invited by Dr. Lopera and his colleagues to meet the families in the past. And as we transition from a role as sort of collaborators planning a study to sponsor team, we held a family meeting and showed the names of all of the people at that time who were working behind the scenes to support the trial.

And one of the family members quipped, you have more people working on the trial than there will be participants in the trial. And that was actually true. Jen, back to you.

Thank you very much, Dr. Tariot. And thank you to all of our experts. At this time, I will start reading questions that have been submitted by reporters in attendance so that each of you can answer them.

Just a friendly reminder to our media partners and attendees-- please include your name and media outlet affiliation, and type your question in there as if you were asking it in person so I can read it to the appropriate experts.