

ECNP Summer School – 28 June 2016

How pharmaceutical companies develop  
new drugs

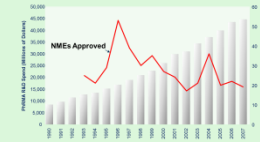
**Gerry Dawson**

**P1vital LTD.**

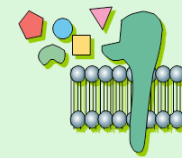
# Overview



## Introduction



## Drug Targets



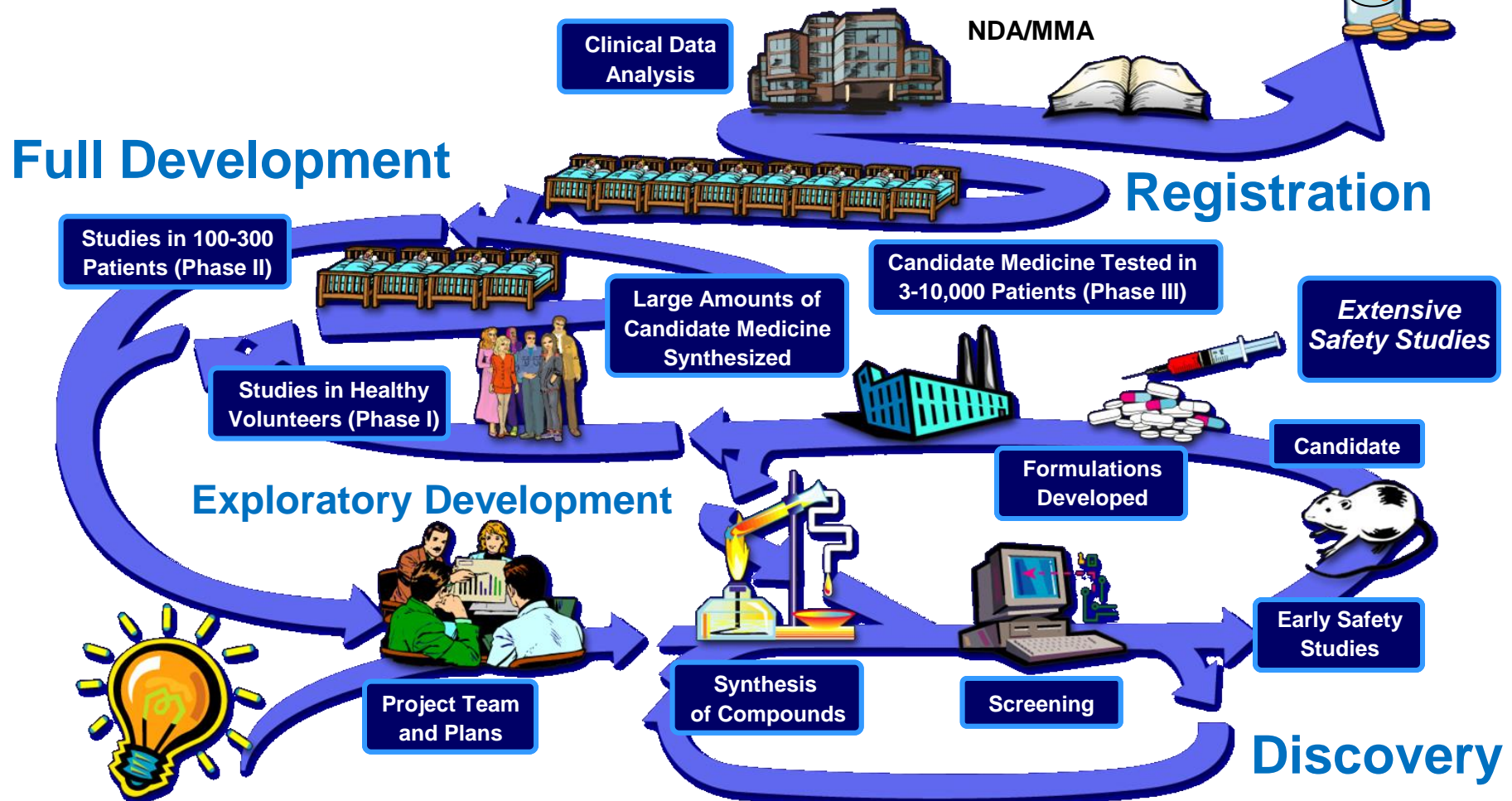
## Developing a drug



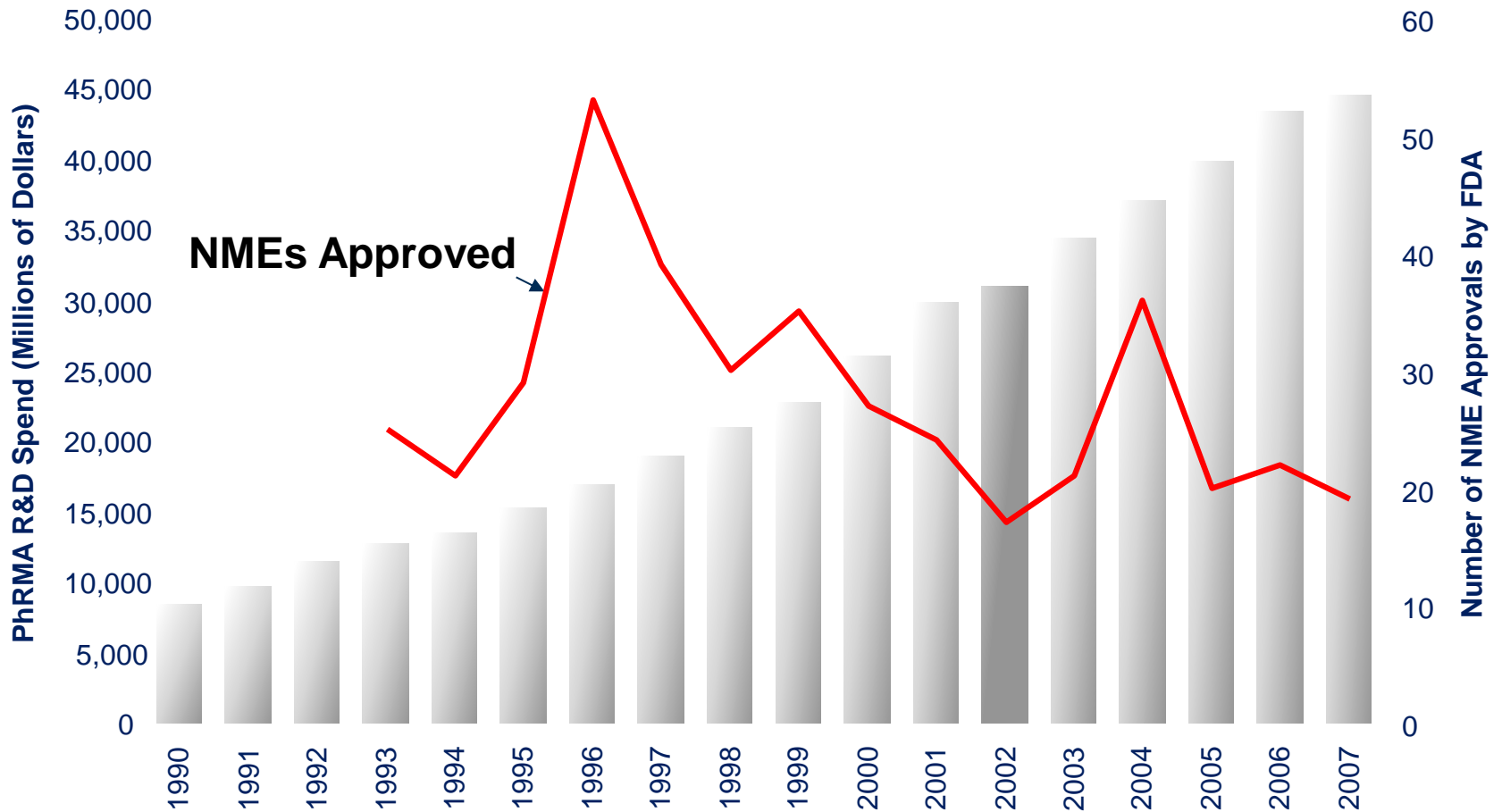
## You Decide



# The Long Road to a New Medicine

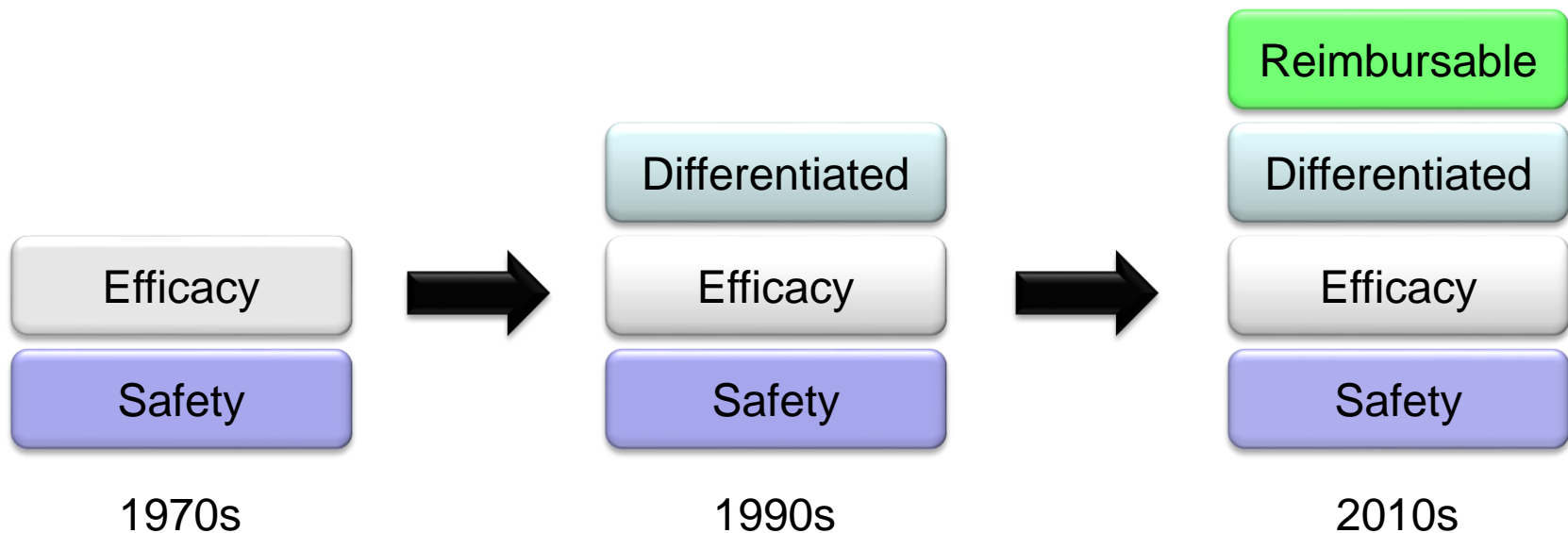


# R&D Output Across The Industry is Flat...

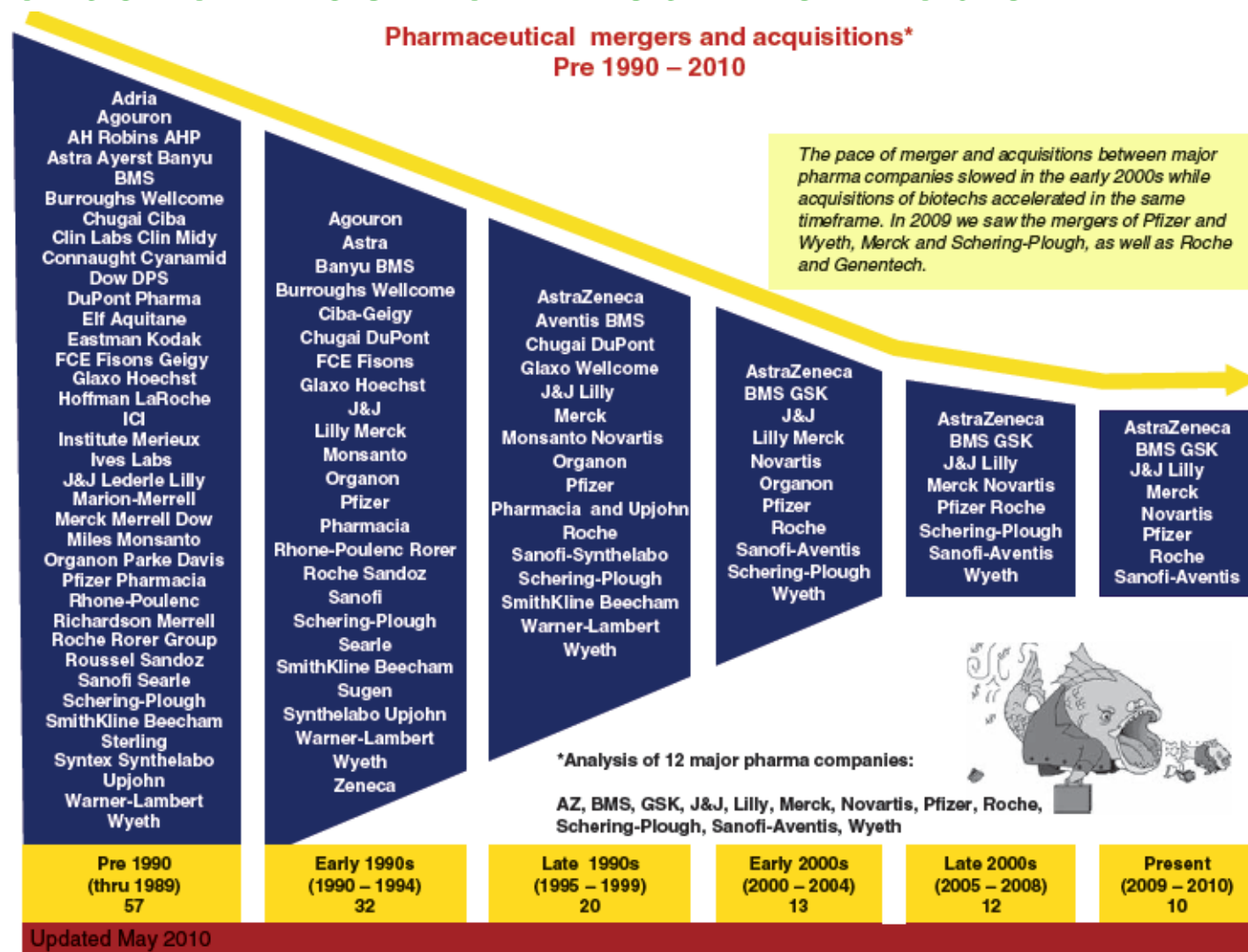


Source: Pharmaceutical Research and Manufacturers of America, PhRMA Annual Membership Survey, 2008; CDER

# Evolving nature of drug approvals



# Consolidation Has Not Fixed The Problem

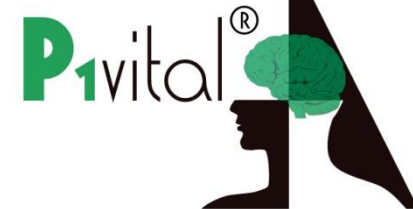



Updated May 2010

Source: Expert Opin Drug Discov 5:813-818 (2010)



# Pharma R&D in Crisis?





**Discovery and Innovation: Technologies, Strategies**  
Barbara M. Bolten, M.S., M.B.A., Senior Program Manager

**Rethinking Pharmaceutical R&D: Will New Strategies Yield a Pipeline?**  
Barbara M. Bolten, M.S., M.B.A.  
Decision Resources

"Pharmaceutical companies must rapidly reform R&D to meet the challenges facing the industry. However, restructuring and shrinking R&D units is not enough to increase R&D productivity: companies must identify the right targets and efficiently implement new technology to discover novel, innovative drugs."  
—Barbara M. Bolten, M.S., M.B.A., Senior Program Manager

**Morgan Stanley**  
February 5, 2010

**Pharmaceuticals**  
Research shrinkage. Even faster than we envisaged

**Quick Comment – Impact on our views:** Recent presentations at FY09 results by GSK and AZN support our recent industry thesis anticipating a much-accelerated shrinkage of significant parts of the small molecule research infrastructure, we believe. Given GSK and AZN comments, we expect Sanofi Aventis to outline a similar strategy at their results next week. We reiterate our thesis that small molecule

**Morgan Stanley**  
January 20, 2010

**Pharmaceuticals**  
Exit Research and Create Value

Still significant value in Pharma – we see material upside to ROIC, earnings and multiples as Pharma withdraws from most internal small molecule research and reallocates capital to licensing and

**REUTERS**

**Special Report: Big Pharma's stalled R&D machine**  
Wed, Jun 16 2010

By Ben Hirschler and Kate Kelland

LONDON (Reuters) - At just 28, Duncan Casey has already been from the university science bench to the world of Big Pharma research and back again. Now working in an Imperial College lab tucked behind London's famous Science Museum, he has no illusions about the prospects for researchers in the pharmaceutical industry.

"The unit I used to work in -- GlaxoSmithKline's place in Harlow -- has been closed down now," says Casey, dressed in signature protective goggles and white coat as he works on synthetic chemistry. "It used to be a job for life. Now it's a job until the next restructuring."

Across the western world, Big Pharma is cutting back on the number of scientists it employs in its labs and the money it spends on research and development. The drugs continues, but the men and women in white coats -- traditionally viewed as the lifeblood of the industry -- are as untouchable as they once were.

**Lessons from 60 years of pharmaceutical innovation**

Investment in pharmaceutical R&D has been approved by the US Food and Drug Administration. This conundrum, this article invests in analysing data on the companies then approved by the FDA since 1950. Pharmaceutical companies in this period have attempted to increase R&D investment.

**ANALYSIS**

**OUTLOOK**

**The case for entrepreneurship in R&D in the pharmaceutical industry**

Resa Mitchell and Robert E. Litan

behaviour has often been highlighted as a major barrier to research and development (R&D) productivity. Here, we present an assessment of the impact of R&D on the pharmaceutical industry based on interviews with 26 former and current major pharmaceutical and biotechnology executives and that could be important in promoting R&D and that could serve as a catalyst for revitalizing R&D

Given that the R&D departments in large pharmaceutical companies in theory provide strong platforms for innovation and thus competitive advantage, we therefore sought to investigate three interrelated questions

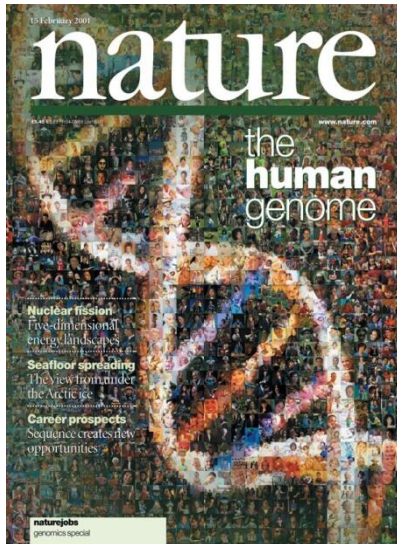
**How to improve R&D productivity: the pharmaceutical industry's grand challenge**

Steven M. Paul, Daniel S. Mytelka, Christopher T. Dunwiddie, Steven E. Persinger, Bernard H. Munos, Stacy R. Lindborg and Thomas J. Schindler

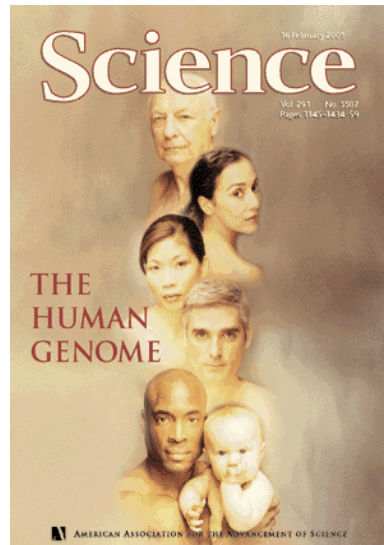
**Abstract** | The pharmaceutical industry is under growing pressure from a range of environmental issues, including major losses of revenue owing to patent expirations,

# How Does Pharma Emerge From The Crisis?

- New technology should provide the answers
  - Molecular biology
  - Genomics
  - Epigenetics
- Each advance produces more opportunities, and more challenges



Feb, 2001



Feb, 2001



2011

***“We should remember that genomics obeys the First Law of Technology: we invariably overestimate the short-term impacts of new technologies and underestimate their longer-term effects.”***  
 Francis Collins, NIH Director



# Attrition is High in the R&D Process

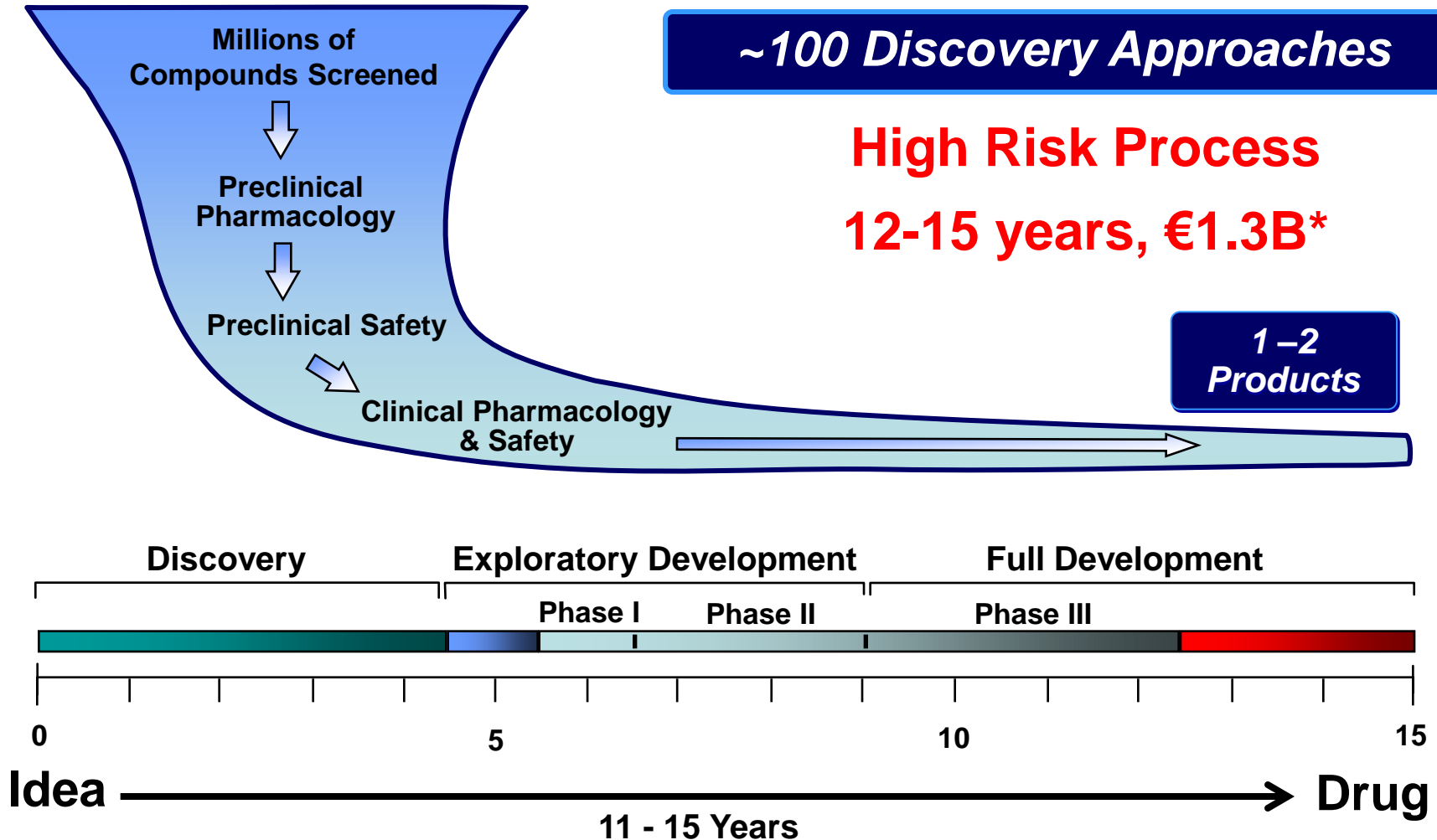


**~100 Discovery Approaches**

**High Risk Process**

**12-15 years, €1.3B\***

**1-2 Products**

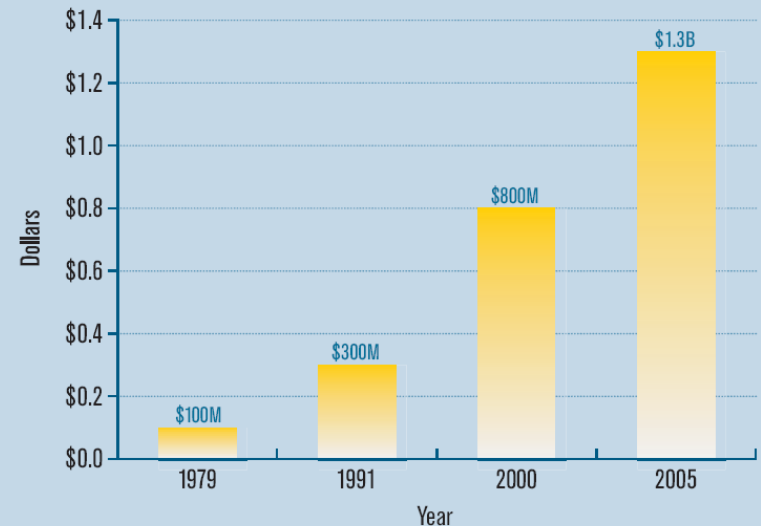


\* Source: DiMasi & Grabowski, *Managerial Decision Econ*, 2007;28:469-479

# Costs of Drug Development

- Current cost of new drug
  - > £1billion
- Success rate
  - 1/10 per new compound
- Development Compounds
  - 1970 ~ 10
  - 1995 ~ 12
  - 2000 ~ 15
  - 2004 ~ 40
- Active Phase 1 R&D projects
  - 1998=521, 2008=1,265.
  - Technology driven productivity

**FIGURE 13: Cost to Develop One New Drug**



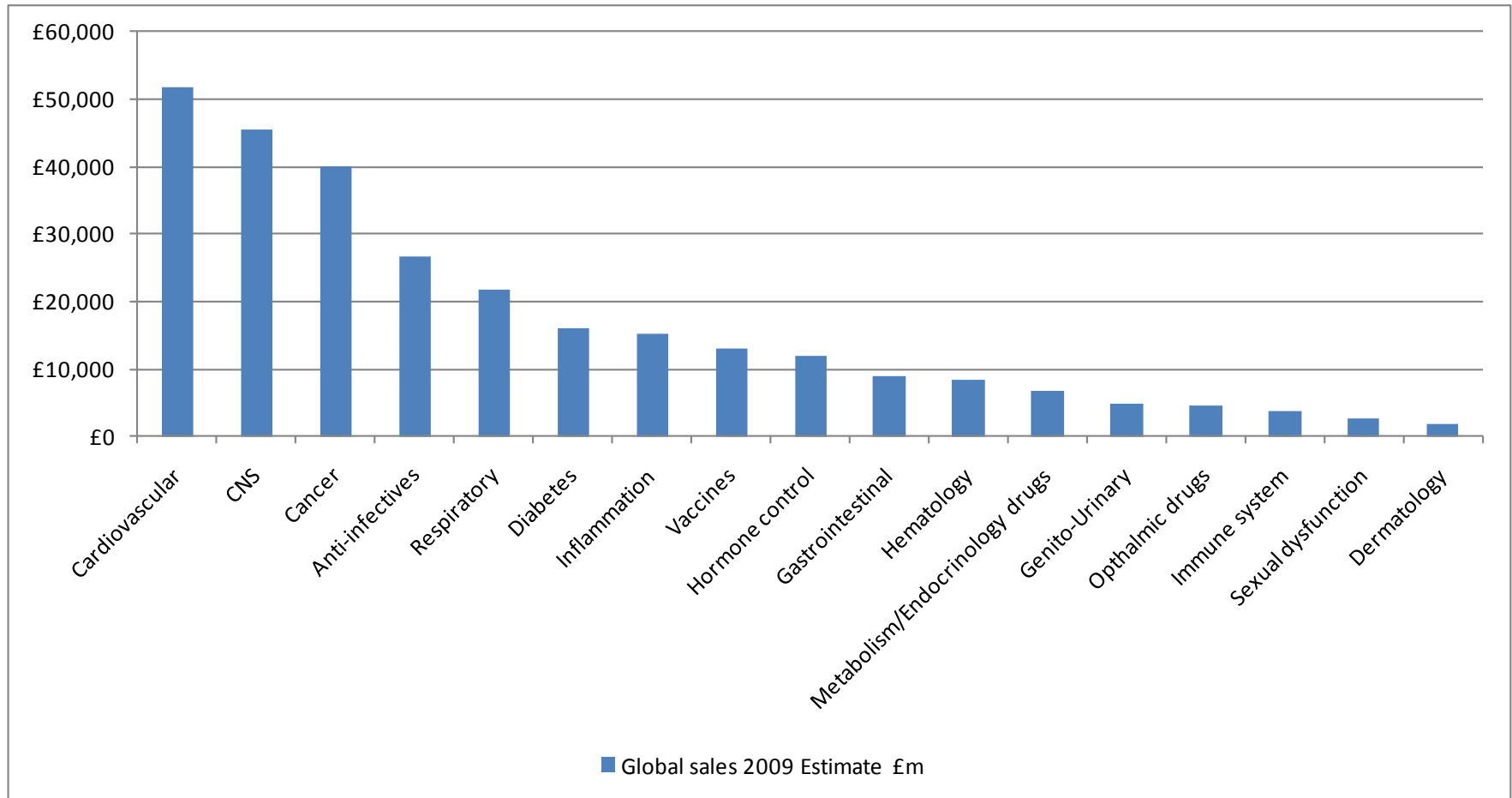
SOURCES: J. A. DiMasi and H. G. Grabowski, "The Cost of Biopharmaceutical R&D: Is Biotech Different?" *Managerial and Decision Economics* 28, no. 4-5 (2007): 469-479; J. A. DiMasi, et al., "The Price of Innovation: New Estimates of Drug Development Costs," *Journal of Health Economics* 22 (2003): 151-185.

# Bottlenecks

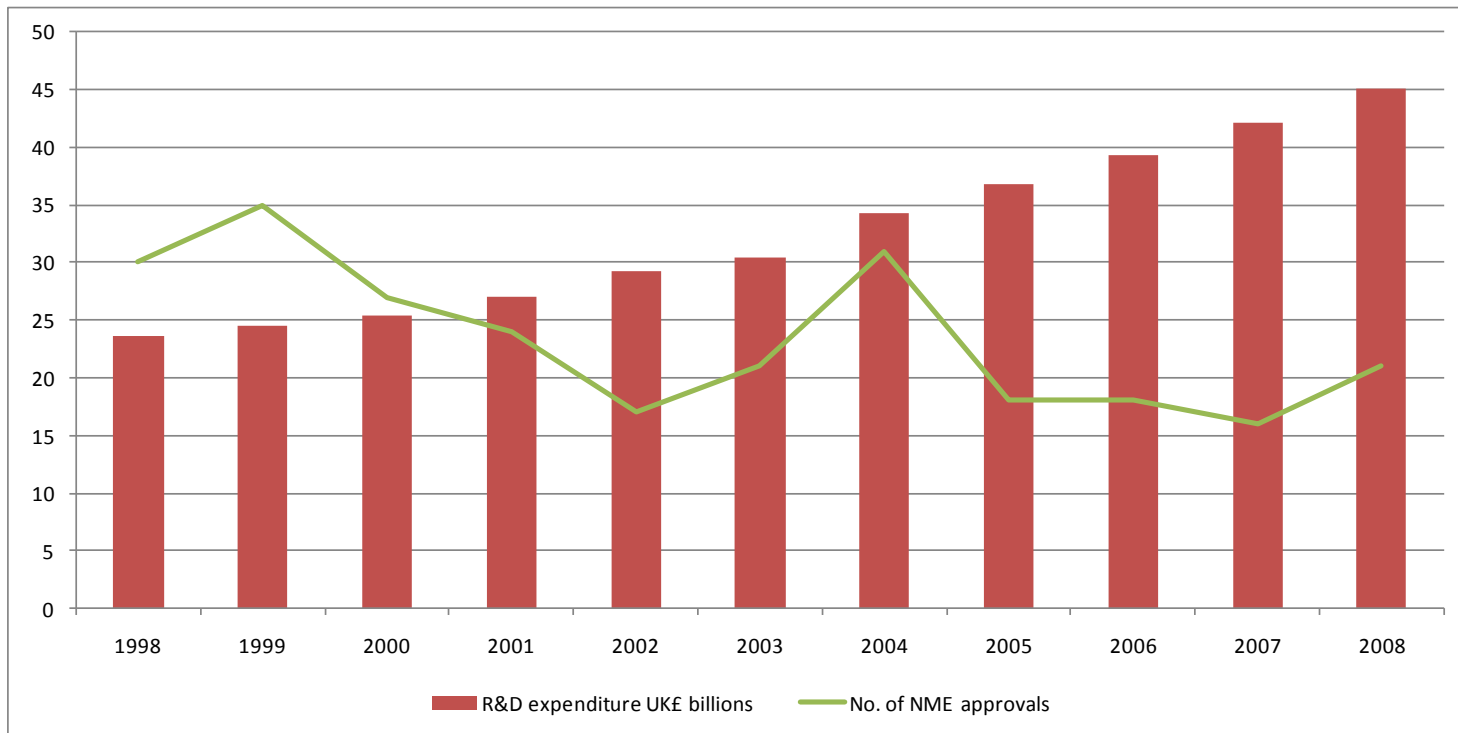


- Identifying new targets
- Preclinical safety
- Phase 1 clinical trials
  - Making Go No/Go decisions on adverse events and pharmacokinetics
- Phase 2 clinical trials
  - Making Go No/Go decisions based on efficacy

# Sales in CNS estimated to exceed £45,000 million in 2009



Source: (Lehmann Brothers Universe)

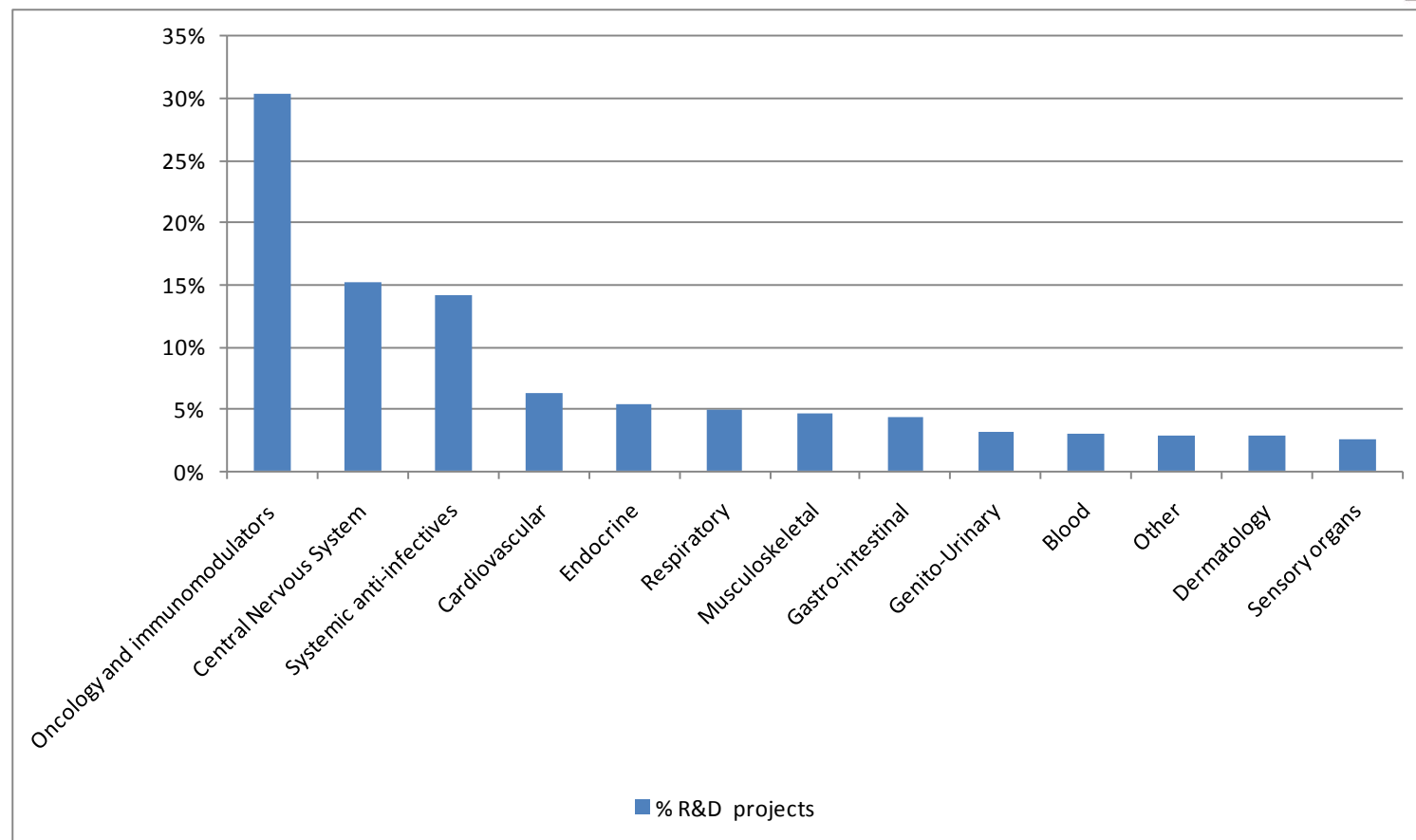


*Source: CMR 2008 Factbook and CDER*

- The gap between R&D spend and NMEs is growing
- R&D spend was fuelled by sales of antidepressants and cardiovascular drugs
- Expectation was that neuroscience would deliver new NMEs

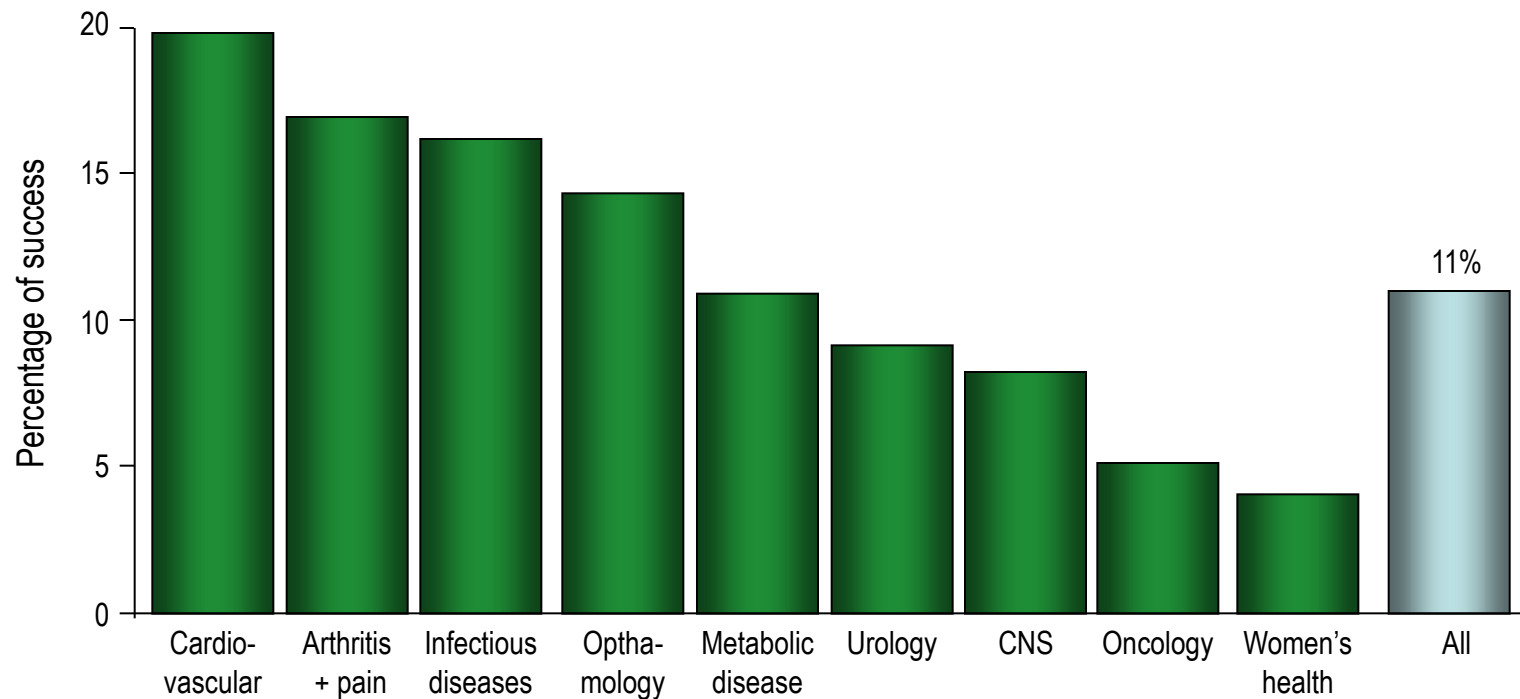


# Oncology and CNS top therapeutic areas in R&D April 2009



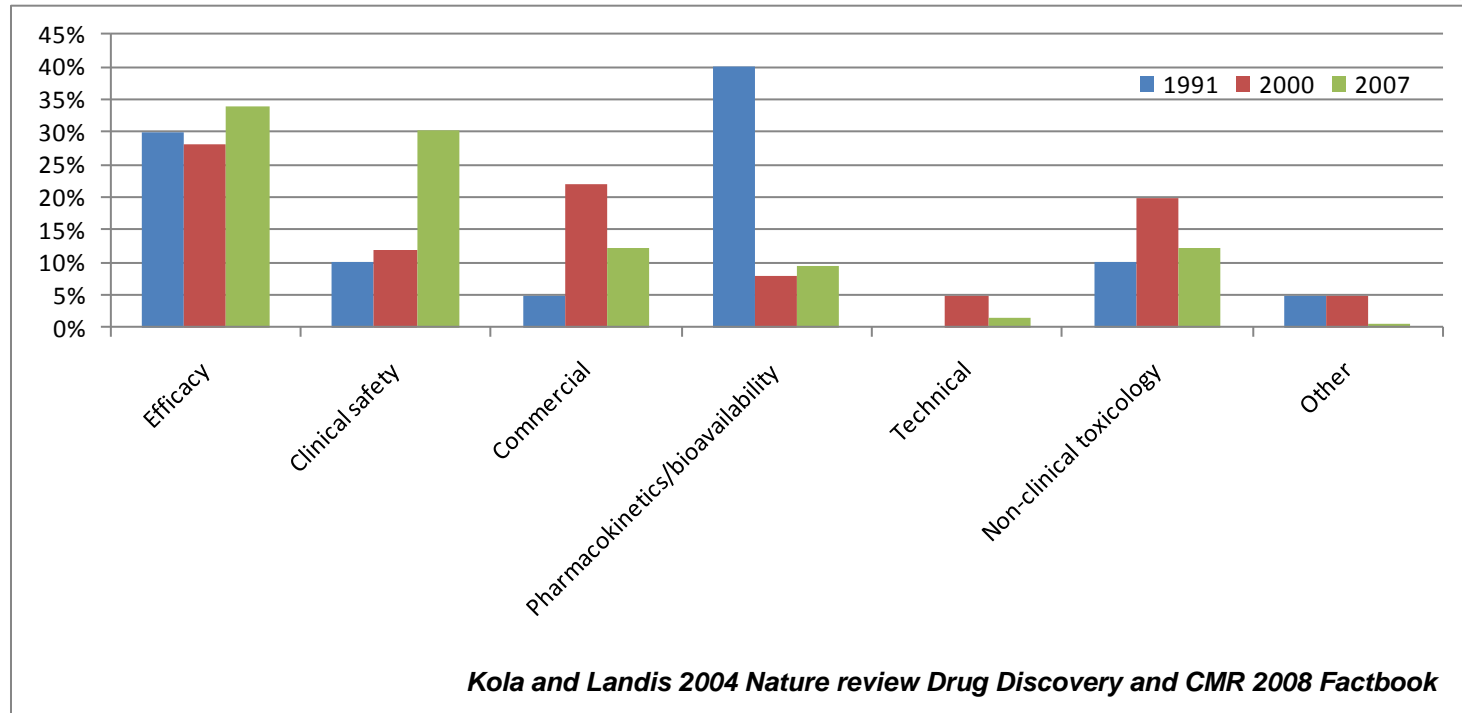
Source: EvaluatePharma April 2009

# CNS has one of the lowest success rates



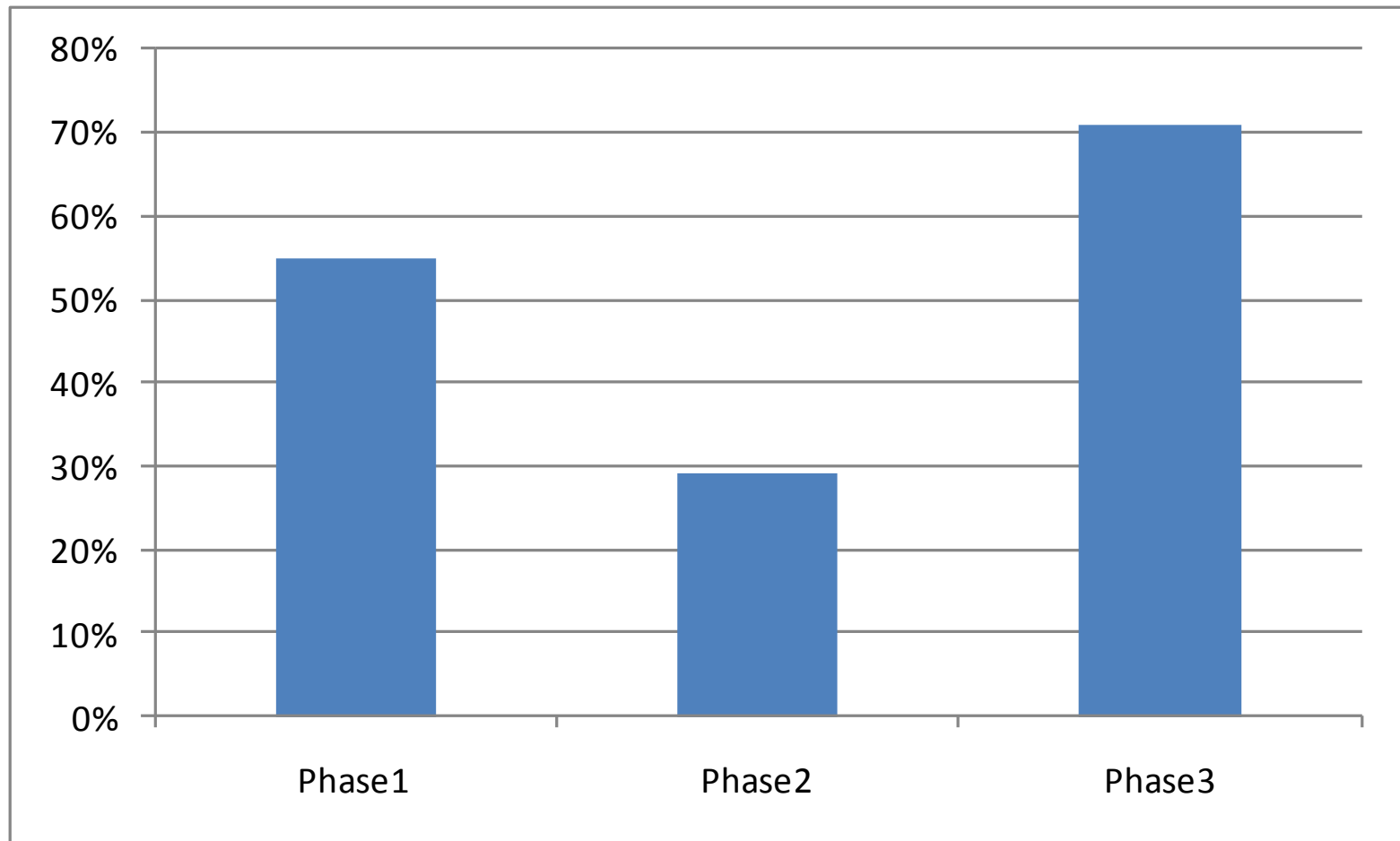
- Low percentage of success in CNS drug development second only to oncology and women's health

# Lack of efficacy is the main reason for failure



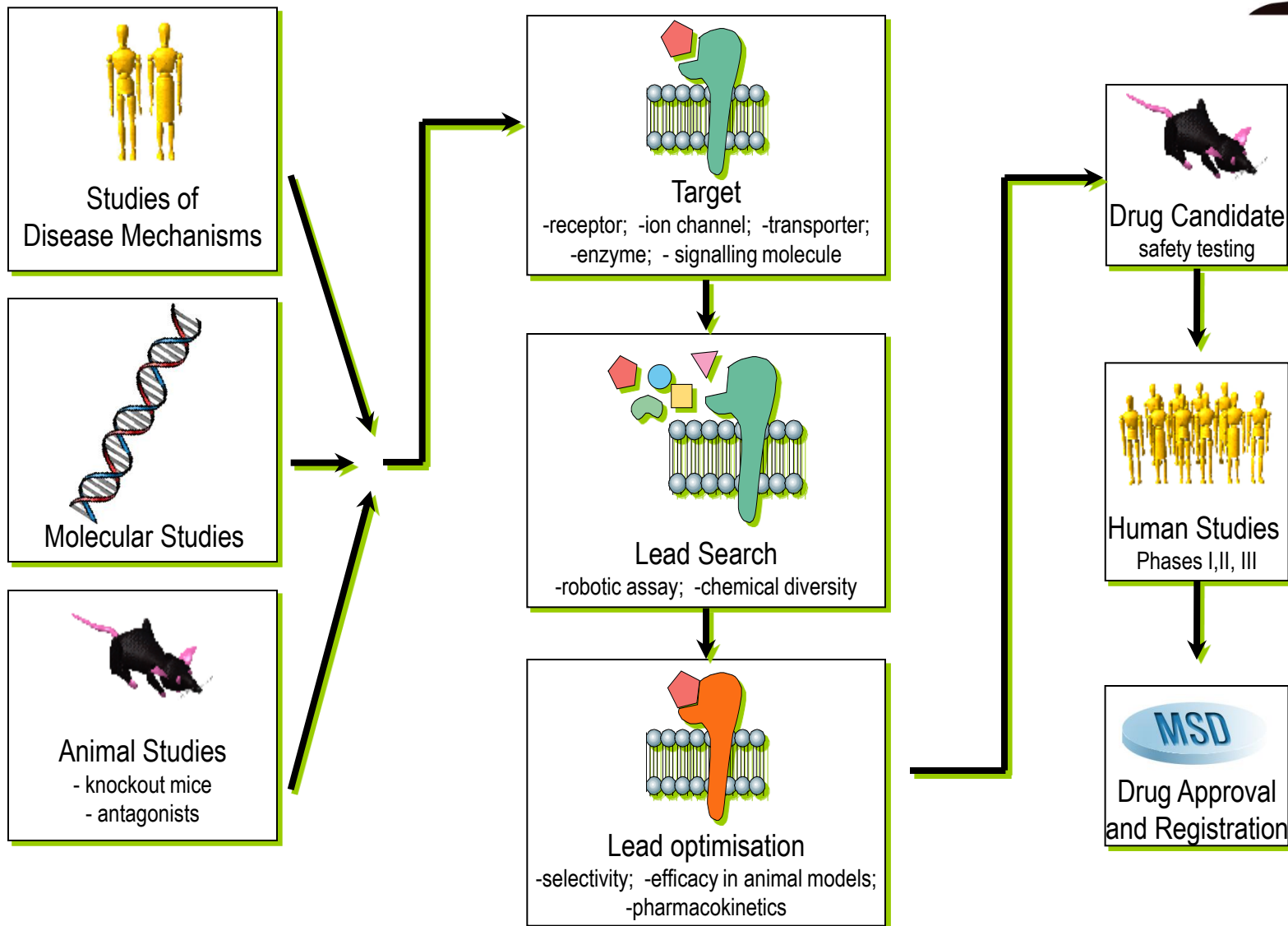
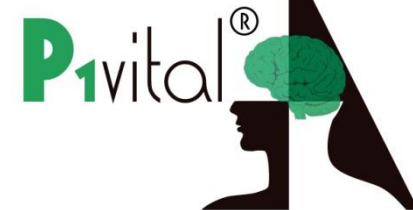
- In 1991 unpredictable PK was the main reason for failure
- In 2000 lack of efficacy was the main reason for failure
- In 2007 lack of efficacy remains the main reason for failure

# Phase 2 has the lowest success rate



Source: CMR 2008 Factbook

# The Drug Discovery Process





# Research Project Selection



- Is there a medical need?
- Is there a rational scientific approach?
- What is the long-term perspective?
- What is the competitive environment?
- Do we have in-house expertise and resources?

# Strategy for Drug Discovery



- Understand the molecular basis of a disease
- Select a therapeutic target (e.g. a 'receptor' in the brain)
- Link the therapeutic target to a defined mechanism of action
- Discover a compound that is safe, effective and novel

# Drug Targets



- Current Targets of drugs in psychiatry/neurology
  - 15 Targets of currently used drugs
- Potential Targets
  - >80 Neurotransmitter/neuropeptide receptors
  - >30 Ion channels expressed by nerve cells
  - >160 Orphan GPCRs
  - >20 CNS specific transporters and enzymes



# What are the *in vivo* properties of BZs?



**BZs are:**

**Anxiolytic  
Muscle Relaxant  
Anticonvulsant  
Hypnotic**

**BZs also:**

**Daytime somnolence  
Interact adversely with ethanol  
Impair memory  
Induce dependence  
Cause tolerance  
Have abuse potential**





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Have abuse potential**

**Do different GABA-A receptor subtypes mediate these various effects?**

- 1. Using GABA-A subtype selective compounds**
- 2. Generating transgenic mice insensitive to BZs at one or more subtype**

# Aims



Develop compounds that are:

1. Agonists at  $\alpha 2/\alpha 3$  subtypes
2. Have minimal effects at  $\alpha 1$  or  $\alpha 5$  subtypes

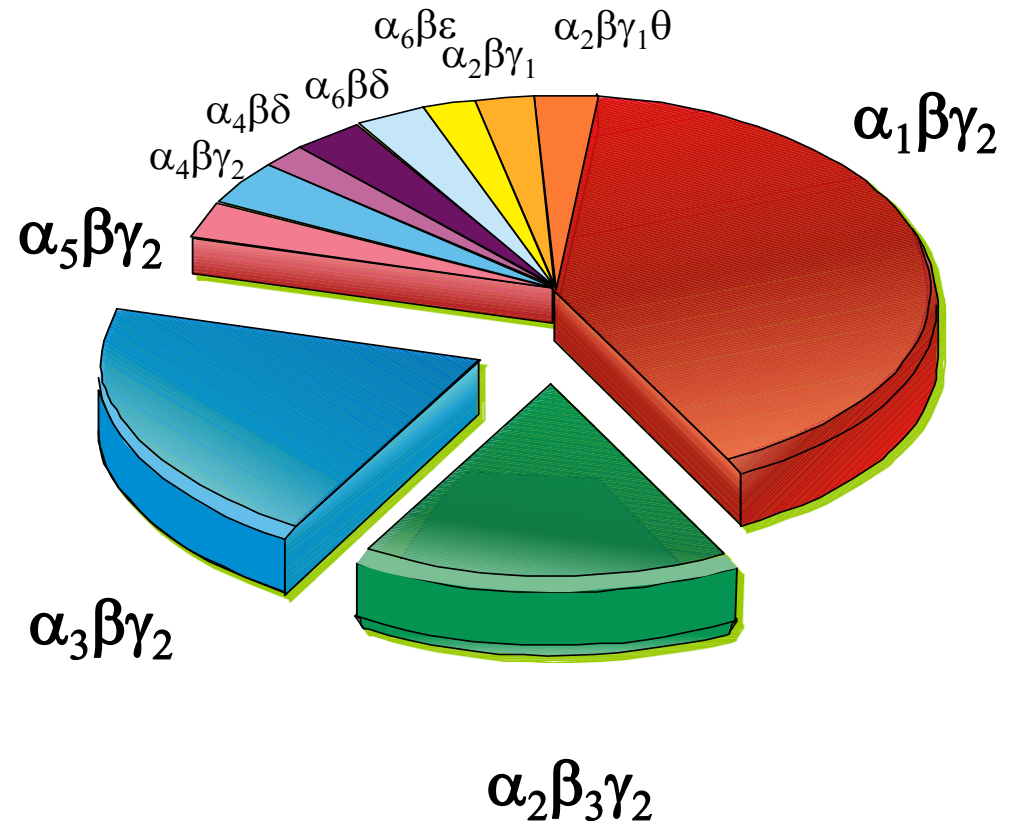
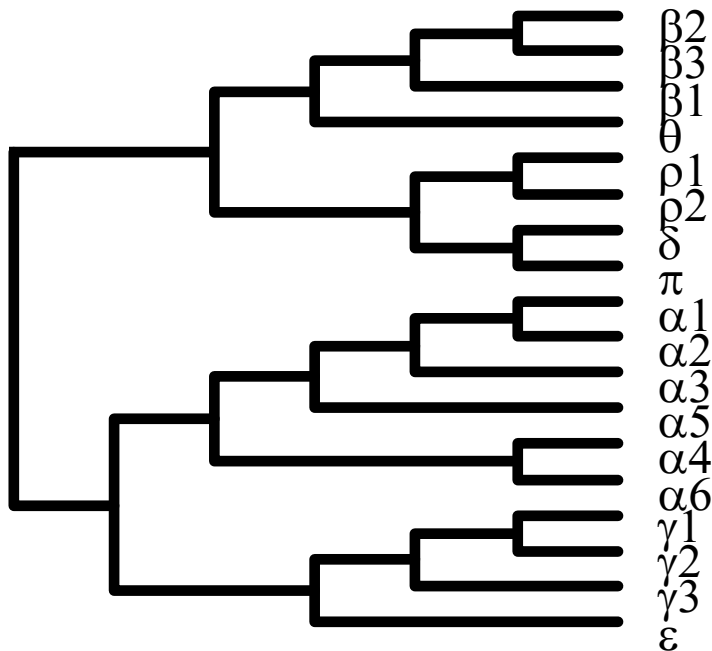
With the aim that:

1. Anxiolytic activity is retained, but
2. Daytime somnolence, amnesia, dependence and withdrawal are reduced

# There are multiple GABA-A receptors subtypes in the brain



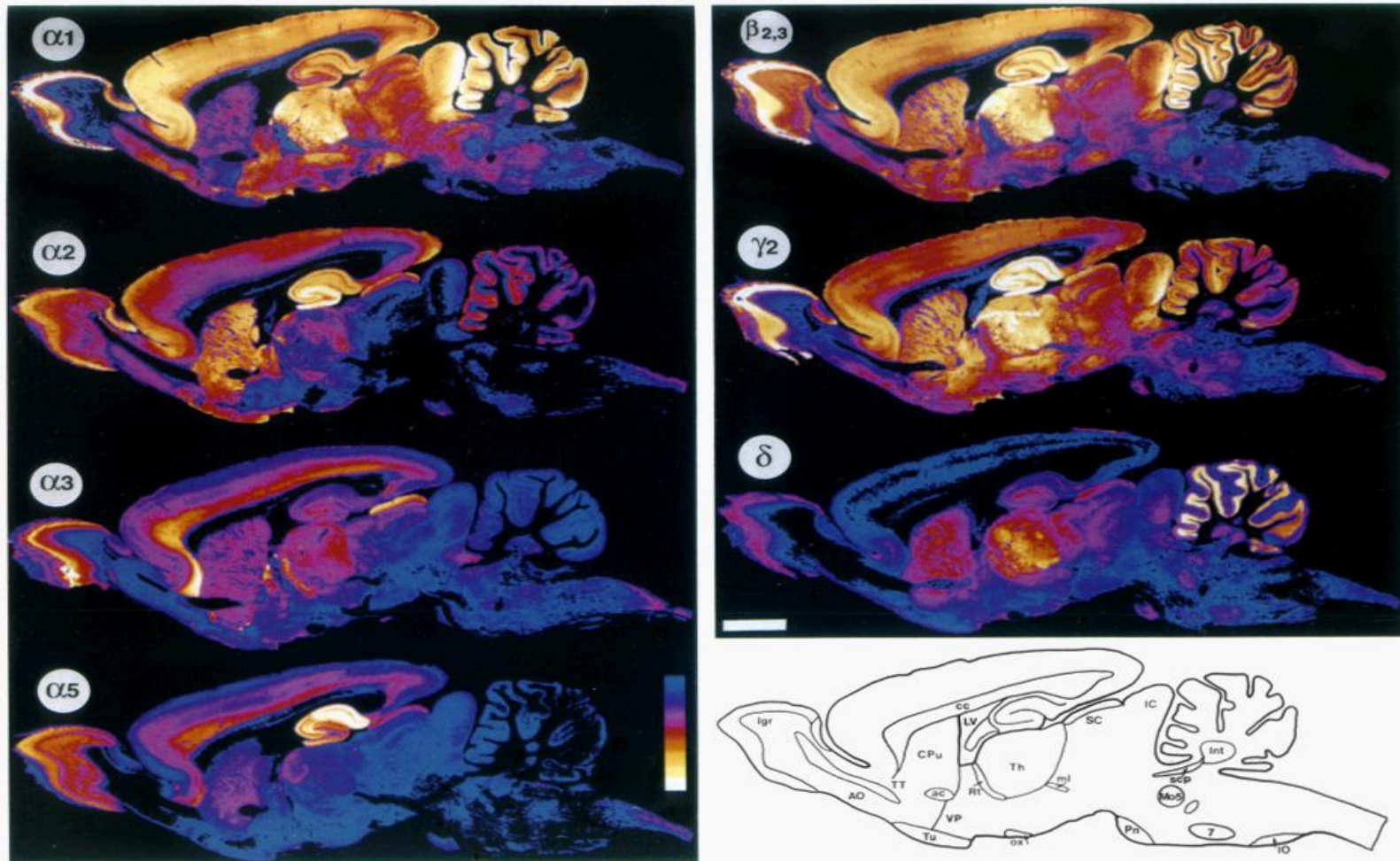
GABA<sub>A</sub> subunits



Some subtypes bind benzodiazepines

$\alpha_1\beta\gamma_2$   $\alpha_2\beta\gamma_2$   $\alpha_3\beta\gamma_2$   $\alpha_5\beta\gamma_2$

# GABA<sub>A</sub> Receptors Containing $\alpha 1$ , $\alpha 2$ , $\alpha 3$ & $\alpha 5$ subunits have distinct distributions consistent with different functions



Fritschy and Mohler, 1995

# $\alpha$ 1 His101Arg Knock-in Mice



Subunit	Sequence			Diazepam binding	
$\alpha$ 1	86	NNLMASKIWTPDTFF <b>H</b> NGKKSVAHNMTMPNK	116	✓	
$\alpha$ 2	86	NNLMASKIWTPDTFF <b>H</b> NGKKSVAHNMTMPNK	116	✓	
$\alpha$ 3	111	NNLLASKIWTPDTFF <b>H</b> NGKKSMAHNMTTPNK	141	✓	
$\alpha$ 4	84	NNMMVTKVWTPDTFF <b>R</b> NGKKSVSHNMTAPNK	114	✗	
$\alpha$ 5	90	NNLLASKIWTPDTFF <b>H</b> NGKKSLAHNMTTPNK	120	✓	
$\alpha$ 6	85	NLMNVSKIWTPDTFF <b>R</b> NGKKSLAHNMTTPNK	115	✗	
$\alpha$ 1H101R	86	NNLMASKIWTPDTFF <b>R</b> NGKKSVAHNMTMPNK	116	✗	

Modified from Benson et al., (1998) FEBS Lett, 431:400-404

## Rationale

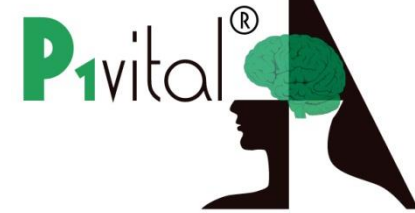
- Normal behaviour of knock-in mice should be the same as Wild Type mice
- When diazepam is administered, there is a loss of  $\alpha$ 1 subunit-mediated effects

Mouse	Diazepam-induced behaviours	Conclusion
WT	A + B + C + D	Normal behavioural profile
$\alpha$ 1H101R	B + C + D	$\alpha$ 1 containing GABA <sub>A</sub> receptors mediate behaviour A
$\alpha$ 2H101R	A + C + D	$\alpha$ 2 containing GABA <sub>A</sub> receptors mediate behaviour B
$\alpha$ 3H126R	A + B + D	$\alpha$ 3 containing GABA <sub>A</sub> receptors mediate behaviour C
$\alpha$ 5H105R	A + B + C	$\alpha$ 5 containing GABA <sub>A</sub> receptors mediate behaviour D

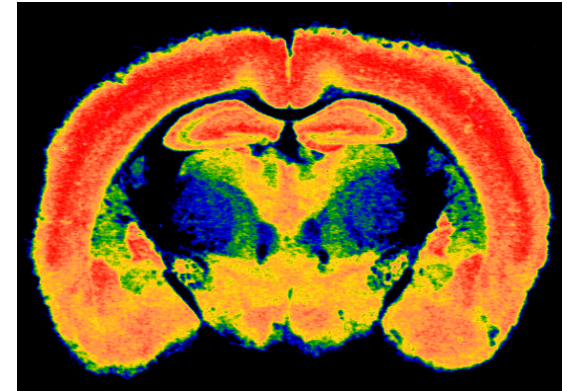
see also Rudolph et al., 1999, Nature, 401:796-800



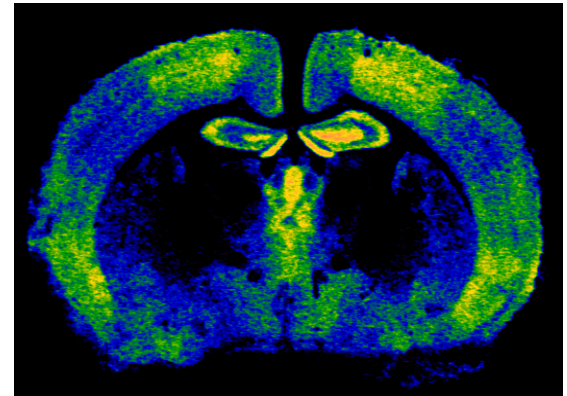
# BZ Binding Sites Decrease in $\alpha 1$ H101R Knock-in Mice



Compound	Wild Type mice					
	$\alpha 1$	$\alpha 2$	$\alpha 3$	$\alpha 4$	$\alpha 5$	$\alpha 6$
Diazepam (Valium®)	✓	✓	✓	✗	✓	✗
[3H]Ro 15-1788 (flumazenil)	✓	✓	✓	✗	✓	✗
[3H]Ro 15-4513	✓	✓	✓	✓	✓	✓
[3H]Ro 15-4513 + diazepam	✗	✗	✗	✓	✗	✓



Compound	$\alpha 1$ His101Arg mice					
	H $\alpha$ 1R	$\alpha 2$	$\alpha 3$	$\alpha 4$	$\alpha 5$	$\alpha 6$
Diazepam (Valium®)	✗	✓	✓	✗	✓	✗
[3H]Ro 15-1788 (flumazenil)	✗	✓	✓	✗	✓	✗
[3H]Ro 15-4513	✓	✓	✓	✓	✓	✓
[3H]Ro 15-4513 + diazepam	✓	✗	✗	✓	✗	✓

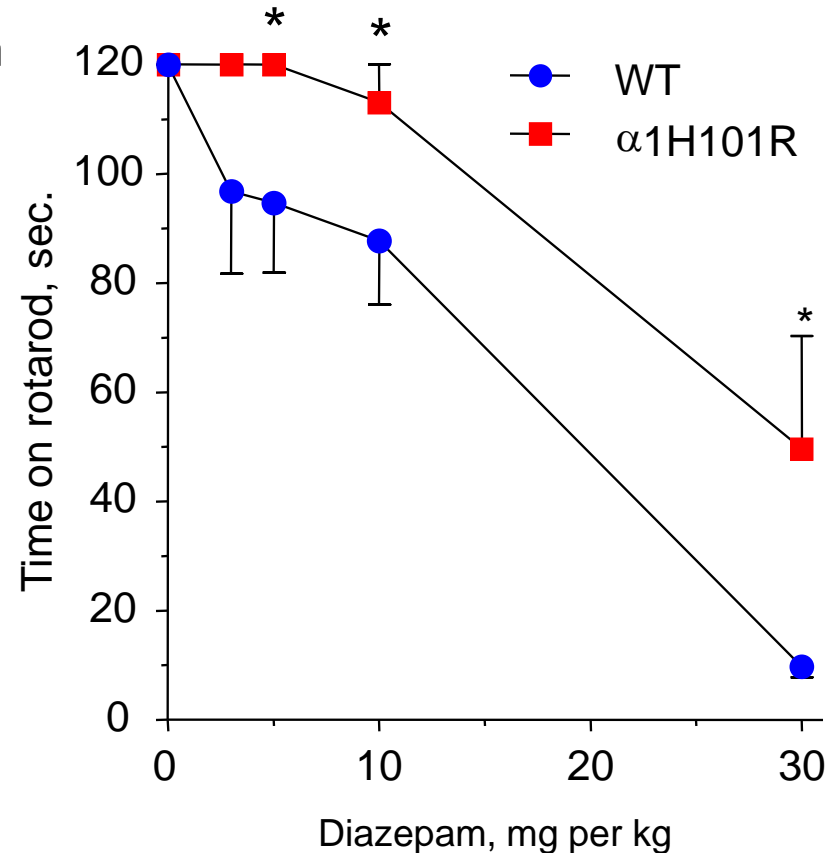
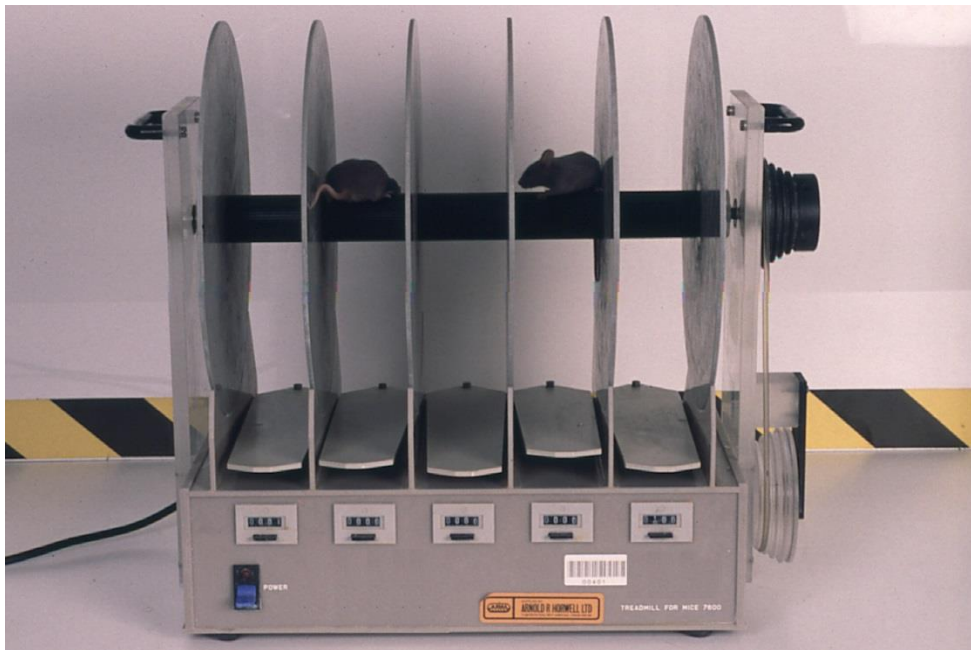


- Total number of GABA<sub>A</sub> receptors unaltered
- $\alpha 1$ H101R receptors have normal GABA response

# Diazepam is Less Sedating in $\alpha 1H101R$ Mice



- Mice trained to walk on rotarod for 2 min
- Latency to fall off or complete trial (120 sec.) is recorded after dosing



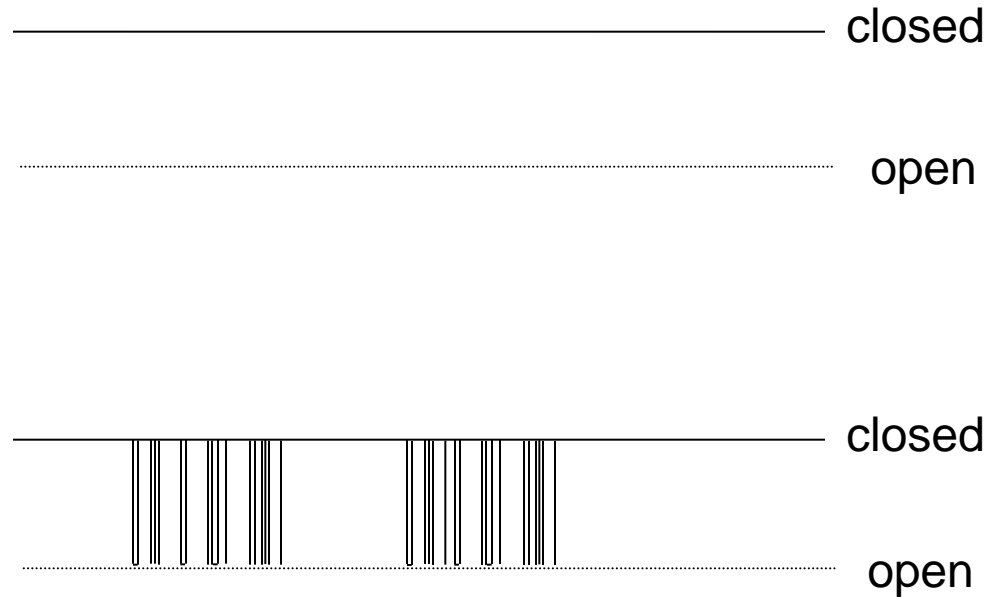
\* = significantly different from WT

- $\alpha 1$ -containing GABA<sub>A</sub> receptors play a role in sedation

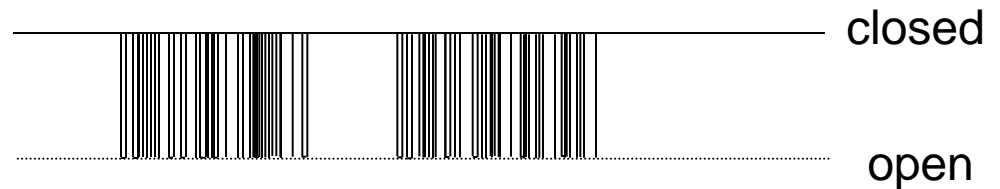
# What happens when a GABA molecule binds?



Cl<sup>-</sup>



# What happens when a BZ molecule binds?



- BZ agonist increases GABA binding site affinity
- BZ agonist increases probability of channel opening while agonist is bound

# Make a compound that does not *bind* to $\alpha 1$



- Place your bets – stake €10M





# Make a compound that does not *bind* to $\alpha 1$



- Place your bets – stake €10M

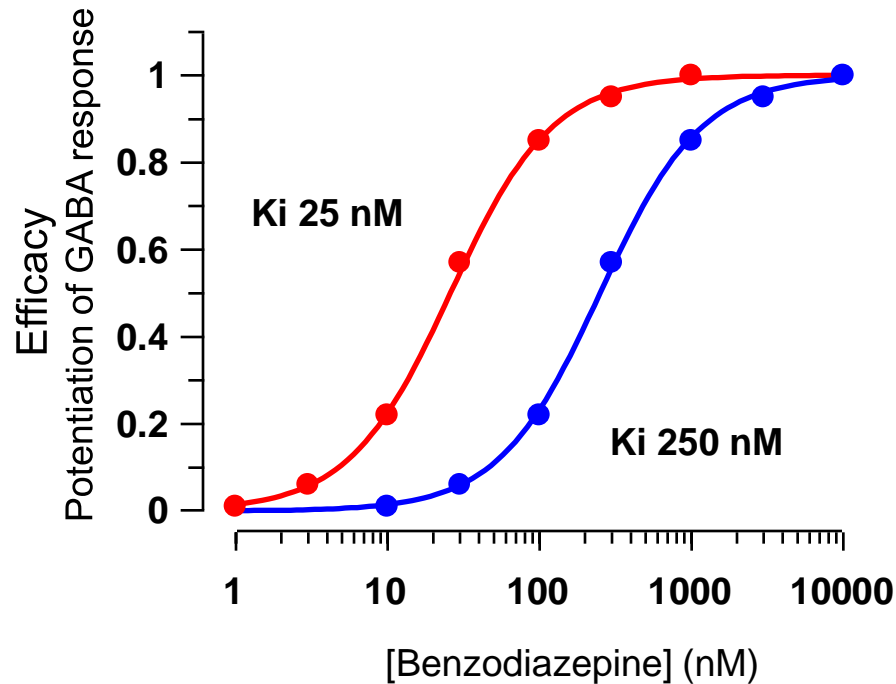


**You lose!** – not possible to make an  $\alpha 1$  selective compound

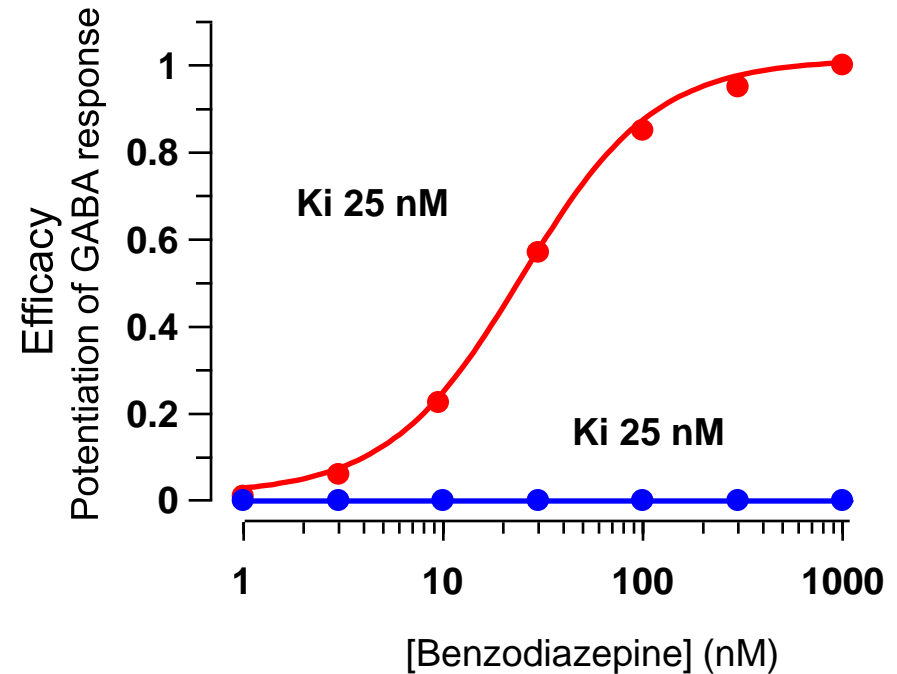
# A compound can have selective affinity or efficacy



## Selective affinity



## Selective efficacy



# Make a compound that has selective efficacy



- Place your bets – stake €30M





# Make a compound that has selective efficacy

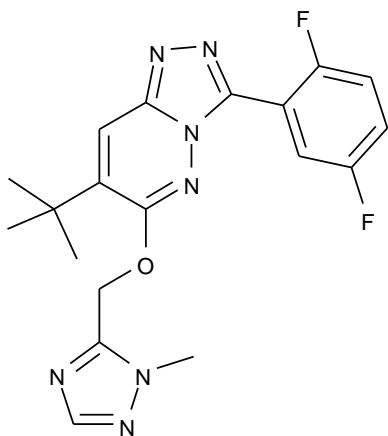


- Place your bets – stake €30M



You win! – It is technically possible but takes 3 years

## L-838,417 has high affinity for BZ-sensitive GABA<sub>A</sub> receptors



L-838,417

Receptor combination	Binding Ki (nM)
$\alpha 1\beta 3\gamma 2$	0.8
$\alpha 2\beta 3\gamma 2$	0.7
$\alpha 3\beta 3\gamma 2$	0.7
$\alpha 4\beta 3\gamma 2$	267
$\alpha 5\beta 3\gamma 2$	2.2
$\alpha 6\beta 3\gamma 2$	2183
Mouse brain	1.2

....but is an antagonist at the  $\alpha 1$ -subtype

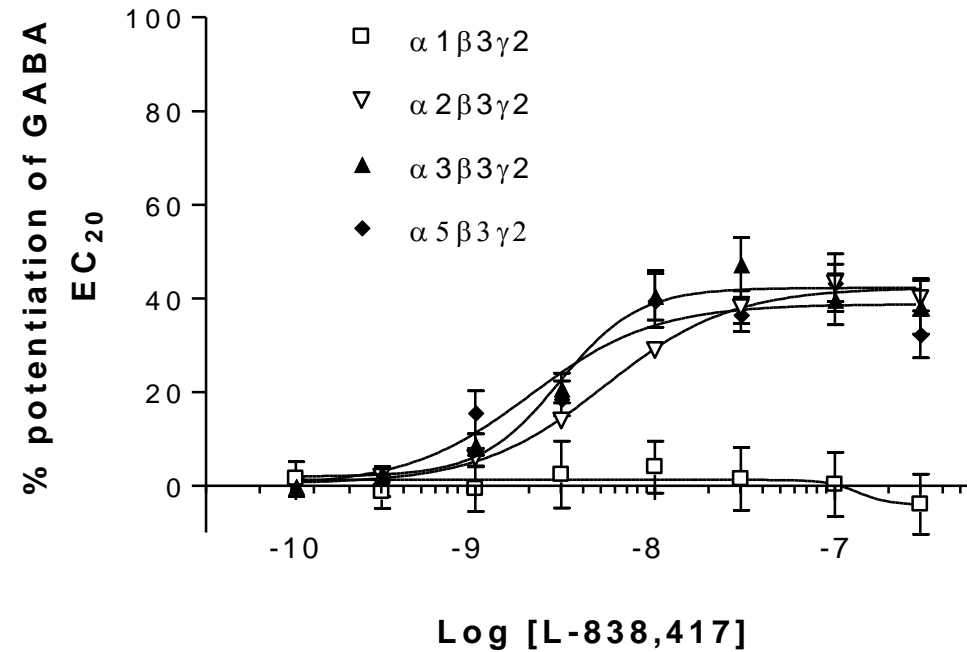
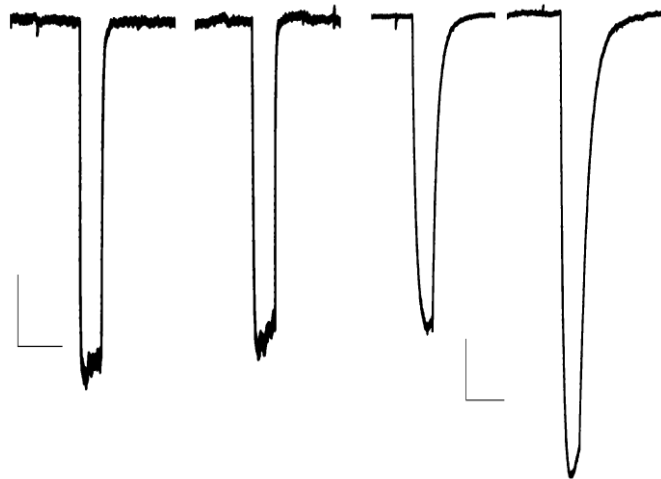


$\alpha 1\beta\gamma 2$

100nM L-838,417

$\alpha 3\beta\gamma 2$

100nM L-838,417

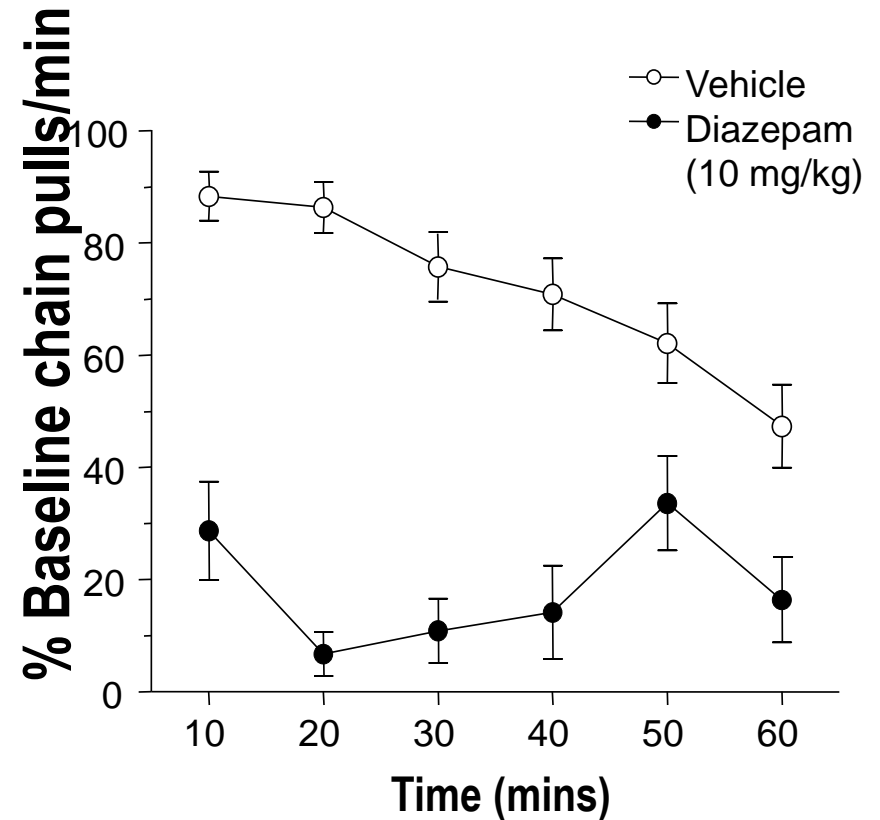
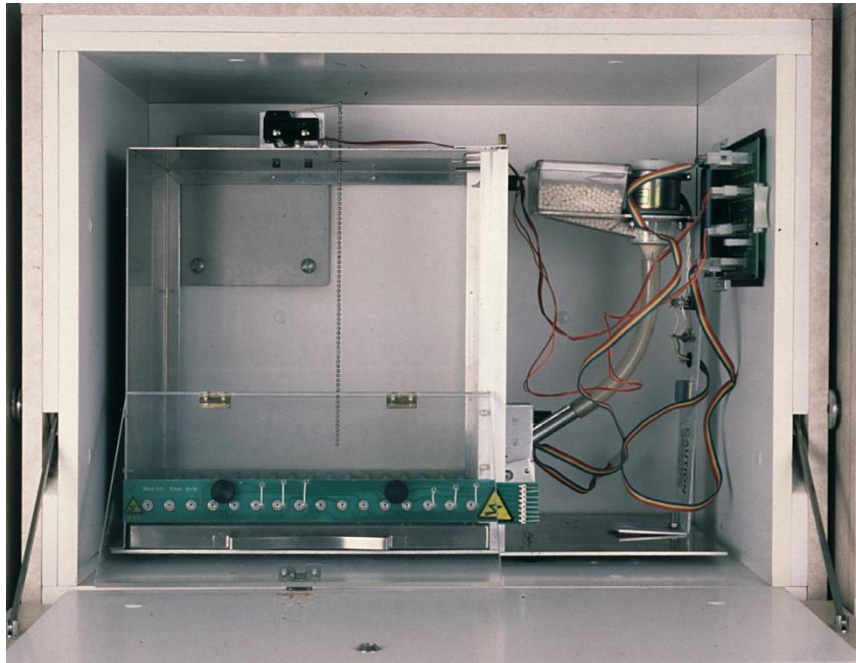


# Sub nM affinity for BZ-sensitive GABA<sub>A</sub> receptors

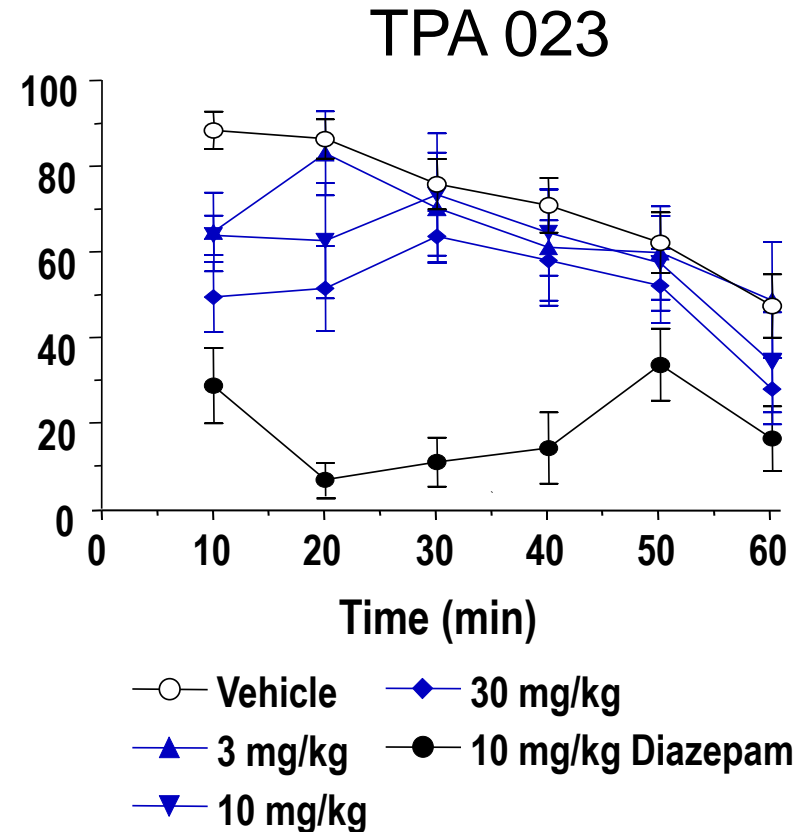
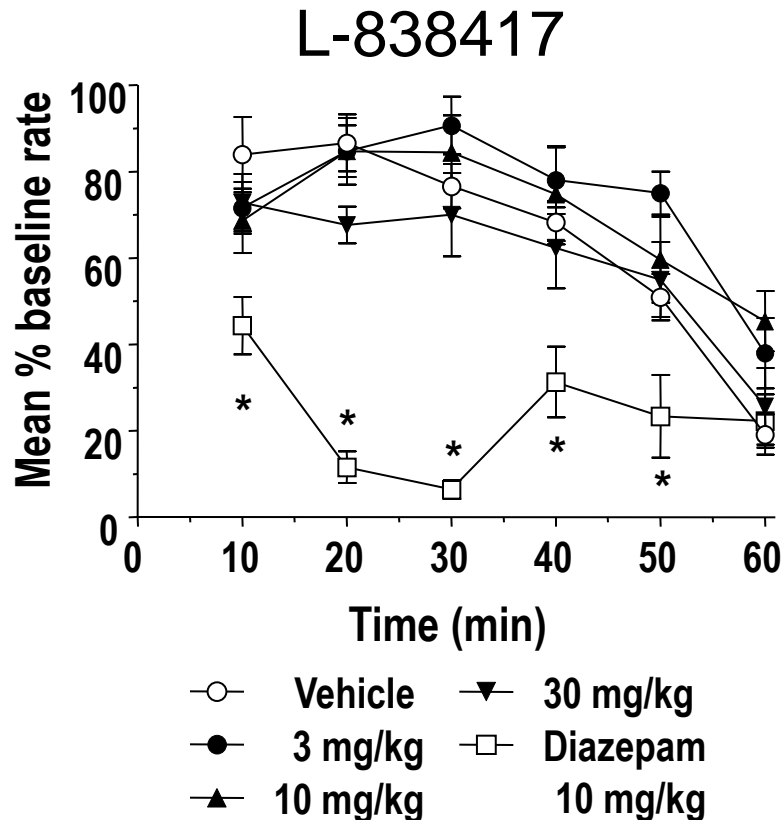


Receptor combination	Efficacy % relative to diazepam		
	L-838417	TPA123	TPA023
$\alpha 1\beta 3\gamma 2$	0	20	0
$\alpha 2\beta 3\gamma 2$	40	40	15
$\alpha 3\beta 3\gamma$	40	40	30
$\alpha 5\beta 3\gamma 2$	40	40	<5

# Diazepam rate decreasing effects in the rat chain-pulling test



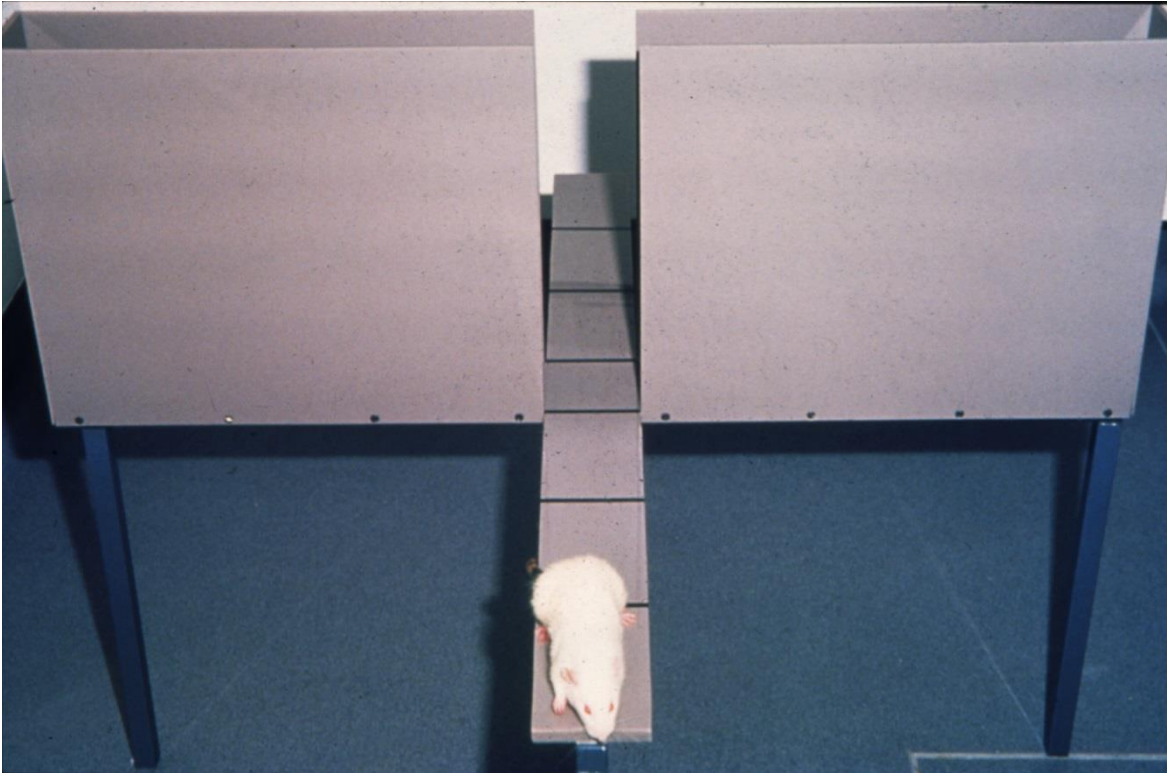
# Subtype selective compounds do not reduce response rates in the rat chain-pulling test



$\alpha 1$  is responsible for rate reducing effects  
but are anxiolytic effects retained?



# Elevated plus maze - unconditioned anxiety

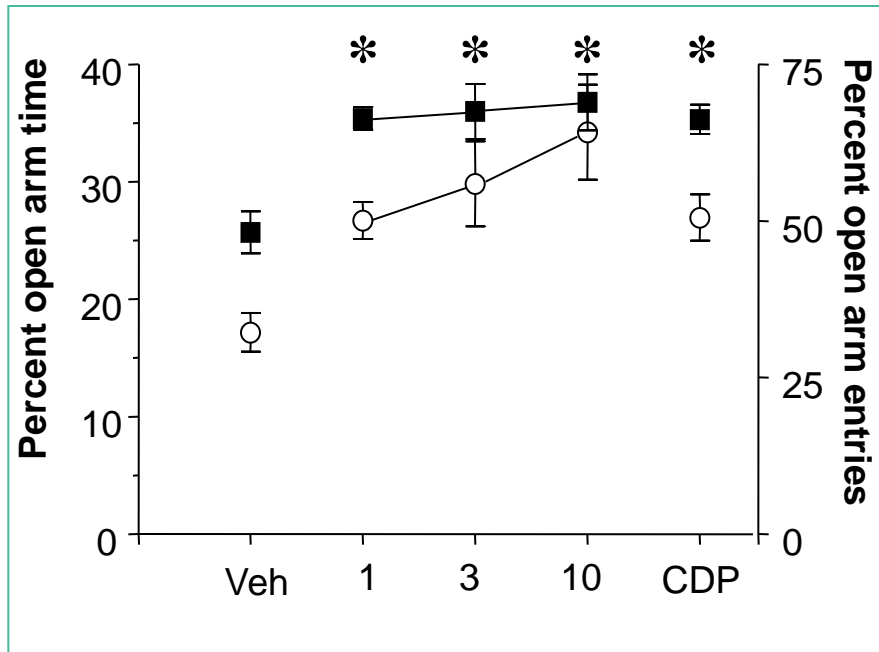


- 5 minute trial
- Rats spend typically spend <1 min exploring the open arms

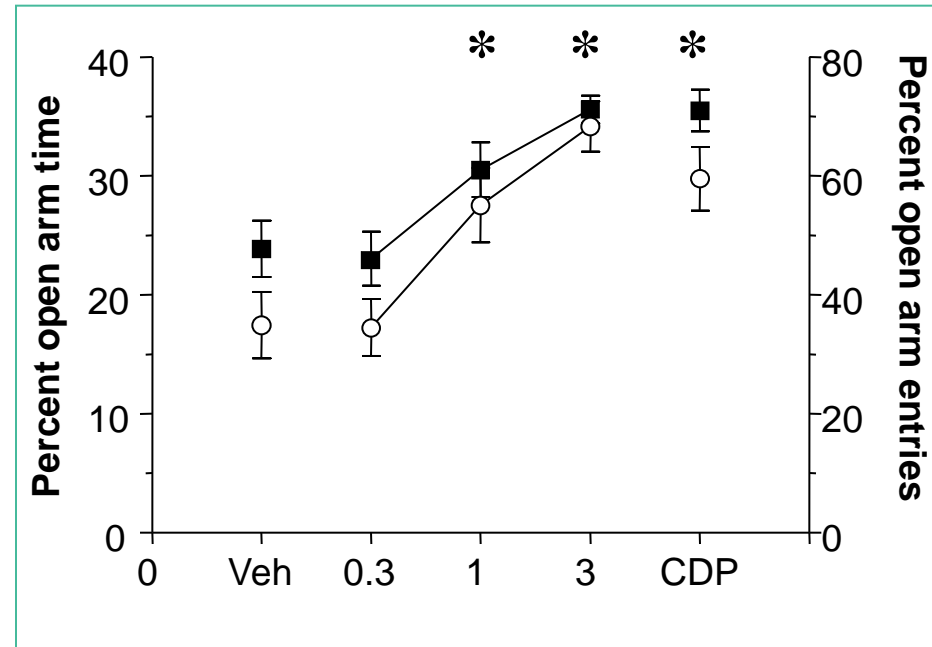
# Subtype selective compounds are anxiolytic in the elevated plus maze



## L-838417



## TPA 023

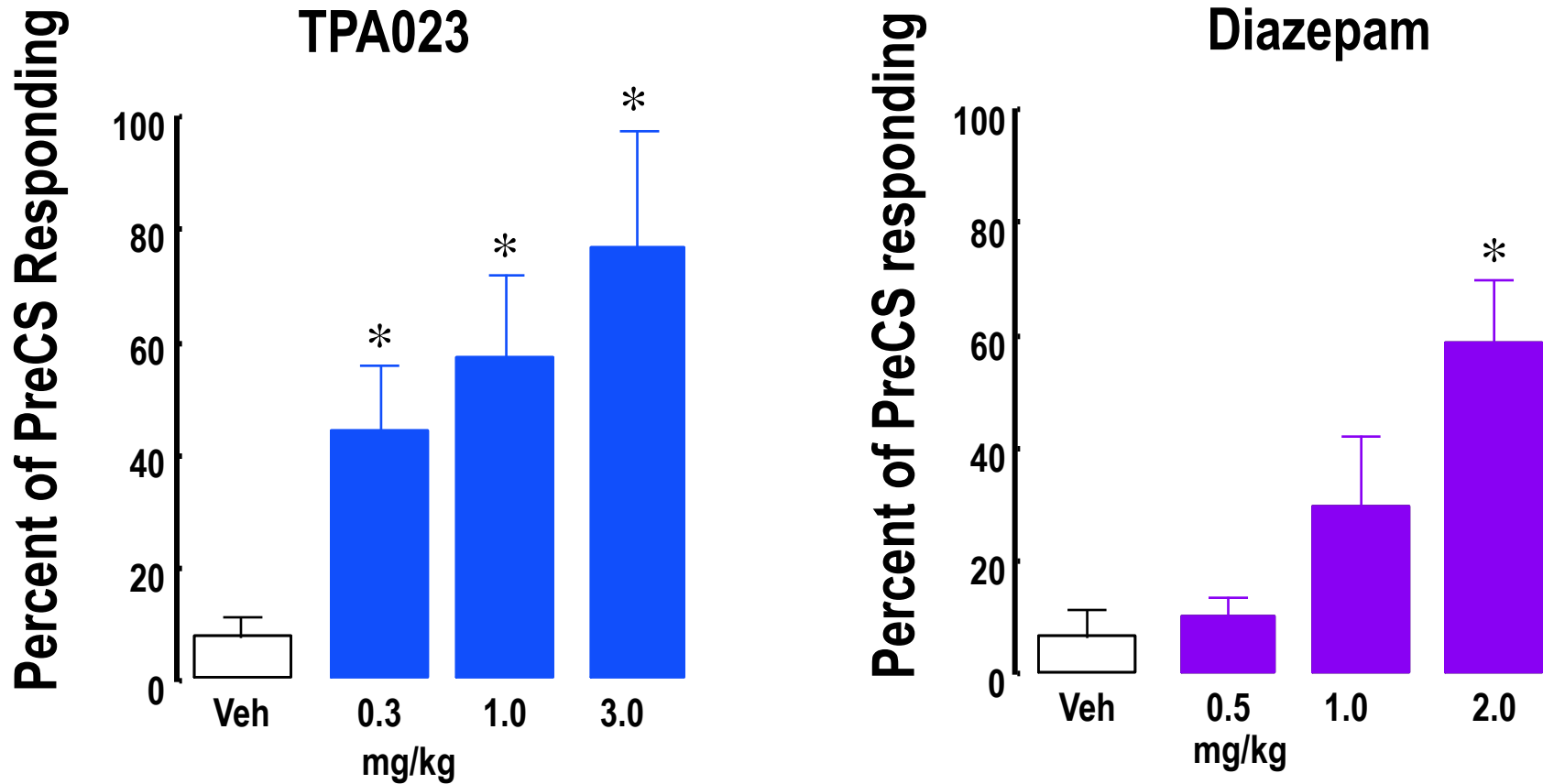


■ Percent open arm entries

○ Percent open arm time



# TPA023 is anxiolytic in primate



Route = PO squirrel monkey  
Pre-treatment = 30 mins  
\*  $p < 0.05$  compared to Vehicle

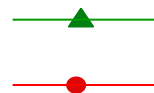
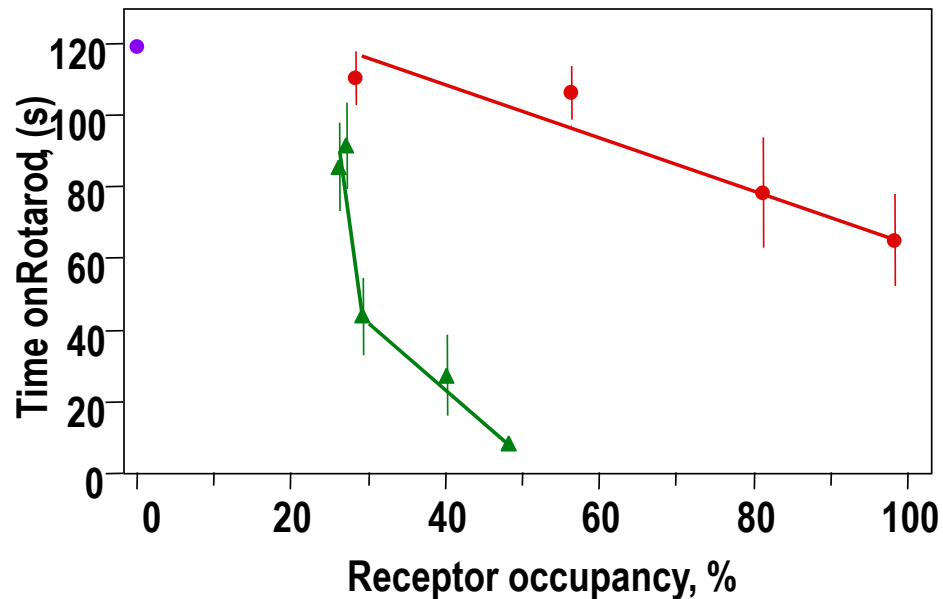
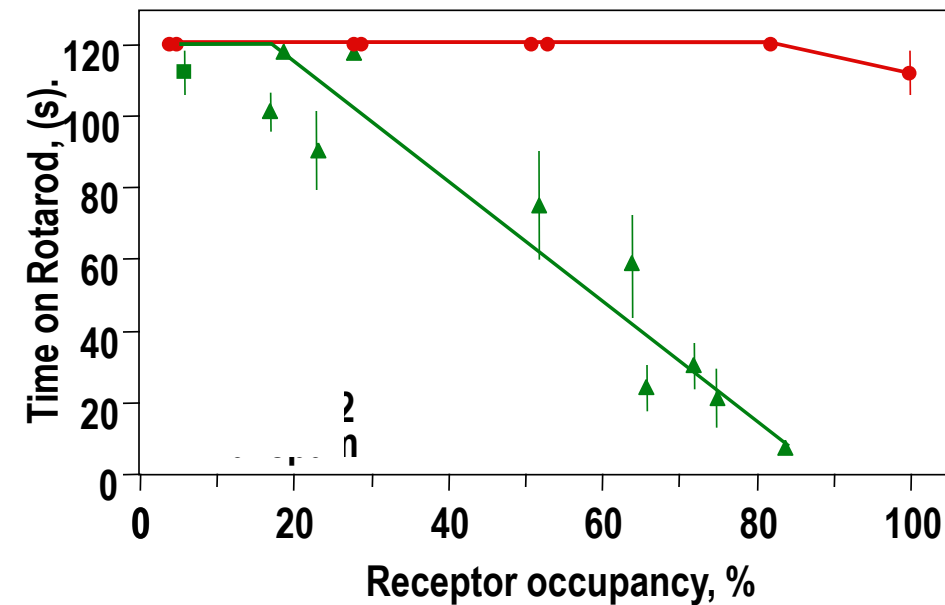
Great but what about side effects?

# TPA023 has a modest interaction with ethanol



Rotarod

+ Ethanol



Diazepam  
TPA023

# Summary of pre-clinical data



BZ Property	$\alpha 1$	$\alpha 2/3/5$
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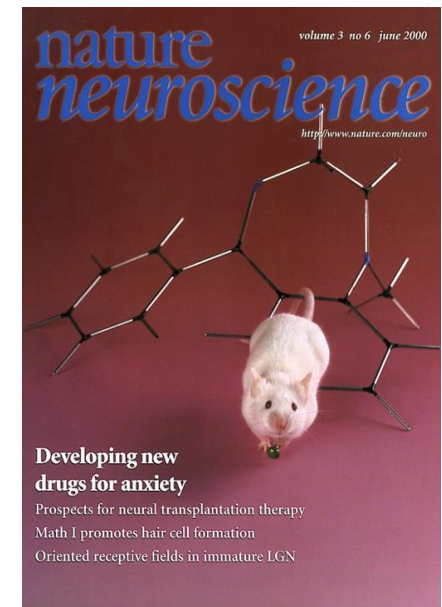
anxiolysis - exploration	-	+++
- plus maze	-	+++
- FPS	-	+++

Somnolence	+++	(+)
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Ethanol potentiation	+++	+
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Cognition	+	+
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Dependence	}	James Rowlett/Nancy Ator
Abuse potential		



## Go to safety and toxicology – 1 year



- Place your bets – stake €10M



# No Go – BZs have abuse potential

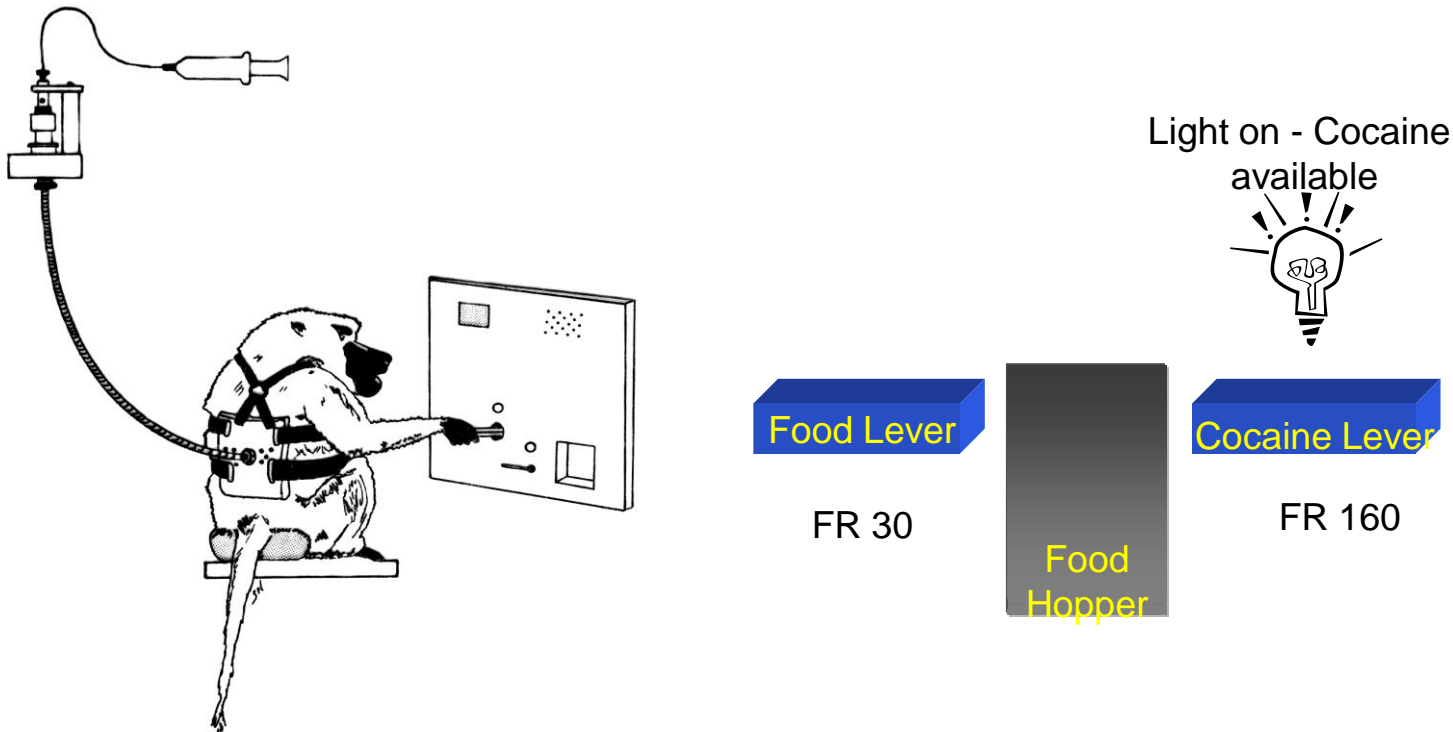


- FDA say does you compound have abuse potential?
- Do abuse potential study
  - Stake €2 M - 1 year development delay



- Patent life  $(20-4) = 16\text{yrs}$
- Lost sales = €1 b.

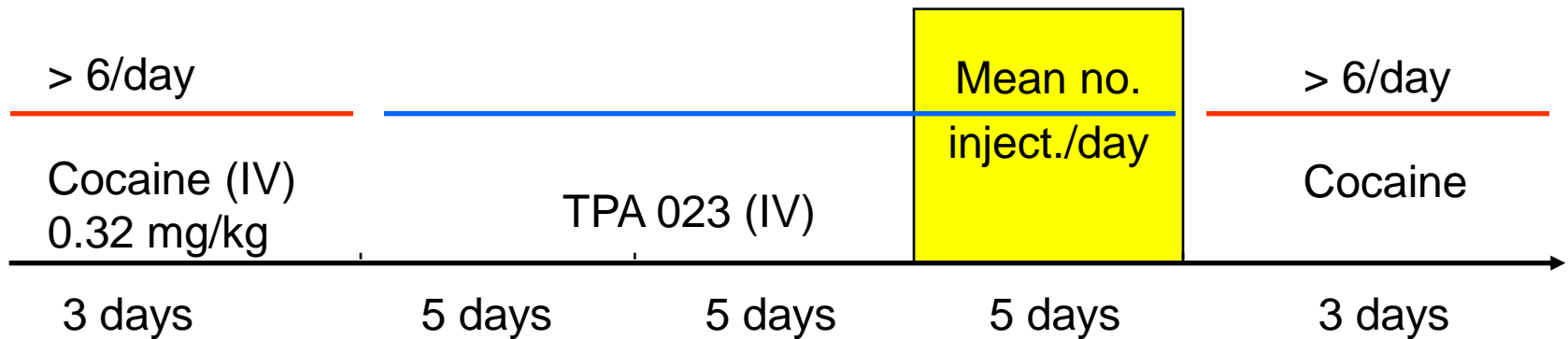
# Evaluating abuse potential



- Food available 24 hr
  - food delivered after 30 lever presses
- Cocaine (0.32 mg/kg i.v.) available every 3 hrs (max. 8 injections/day)
  - cocaine delivered after 160 level presses

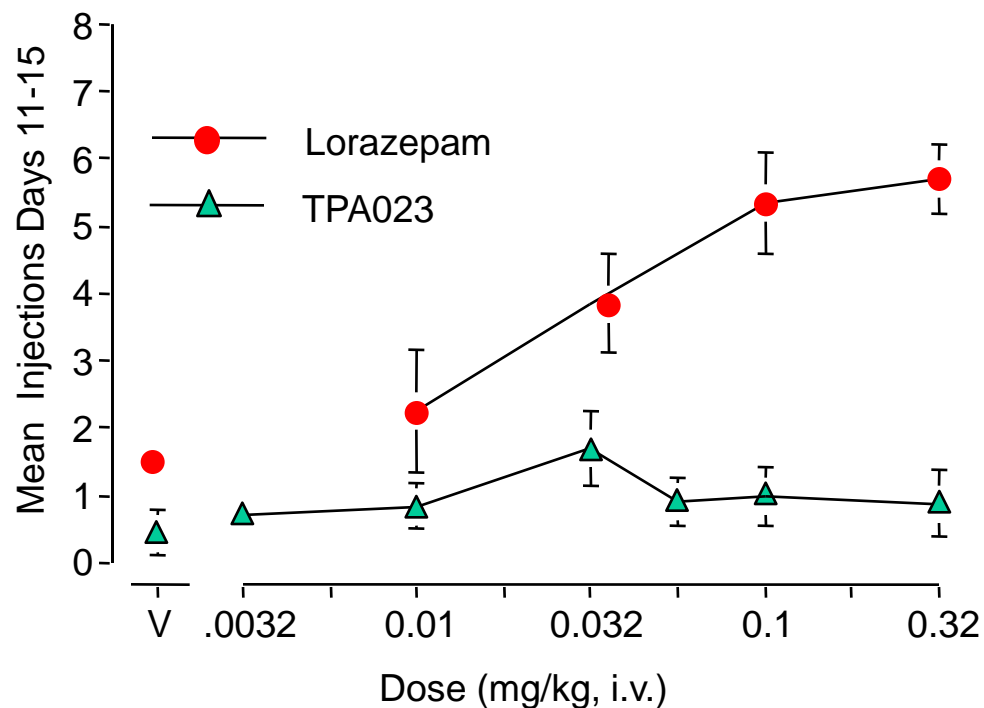
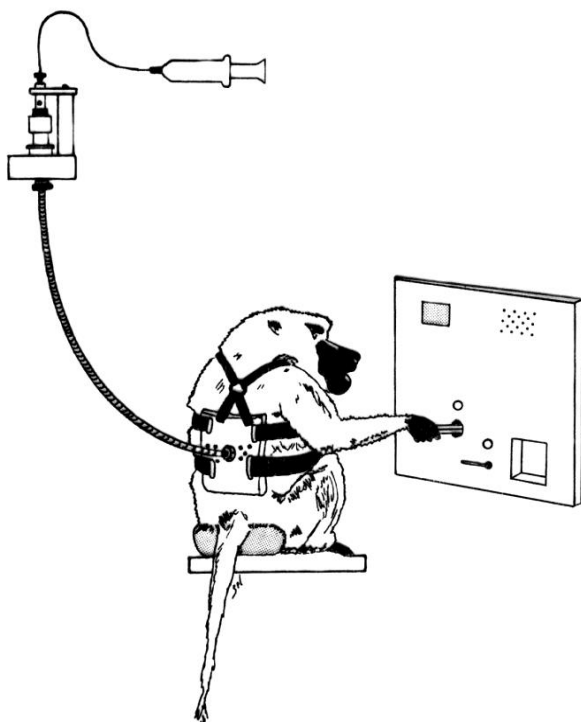


# Baboon Self Administration Experimental Design



- Baboons cycle between cocaine and drug/vehicle
- Results: mean number of injections per day during the final 5 days

# TPA023 - Lack of abuse potential



- TPA 023 has no abuse potential in baboons

Data from Nancy Ator, Johns Hopkins Univ., Baltimore



# No abuse potential in baboon!



- Place your bets
  - Stake €10 M - 1 year safety study in you male adults



# No abuse potential



- Place your bets
  - Stake €10 M - 1 safety study in you male adults



- Hold on - Does compound actually get into baboon brain and occupy receptors?

# No abuse potential

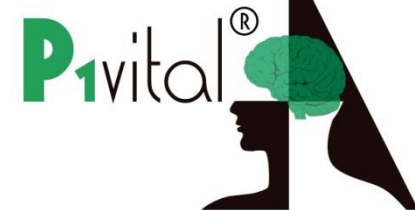


- Place your bets
  - Stake €10 M - 1 safety study in you male adults

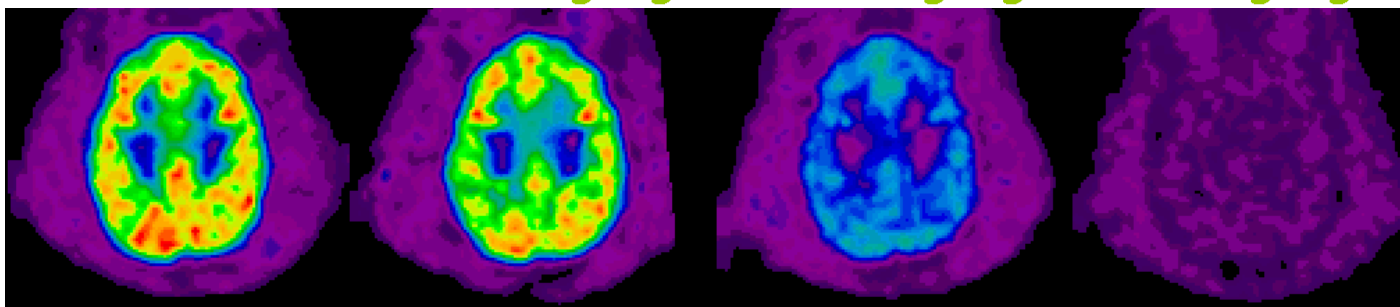


- Does compound actually get into baboon brain and occupy receptors?
- Conduct baboon PET study – 1 year delay cost - €3M

# Baboon PET Studies – TPA023



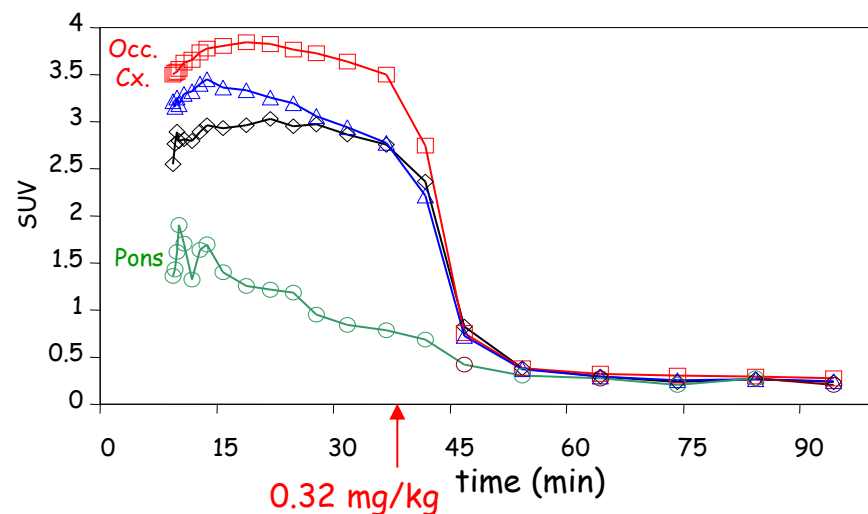
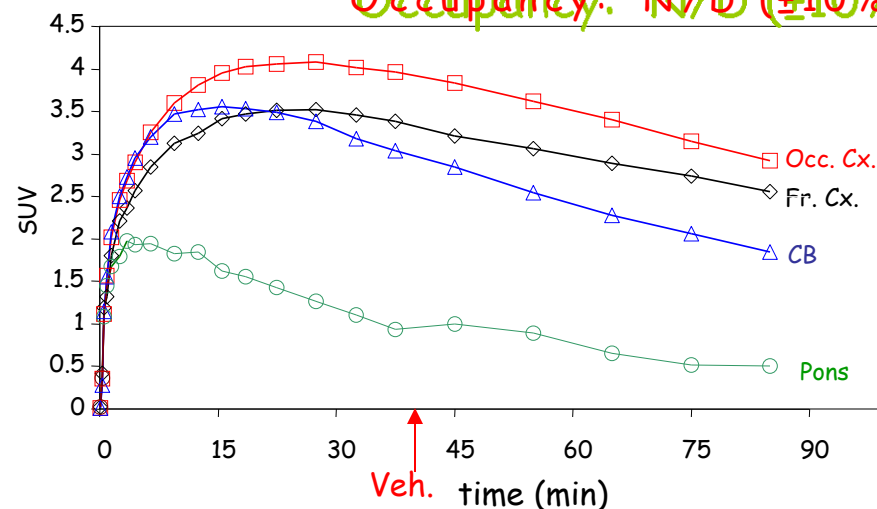
Baseline 0.0032 mg/kg 0.032 mg/kg 0.32 mg/kg



Occupancy: N/D ( $\pm 10\%$ )

74%

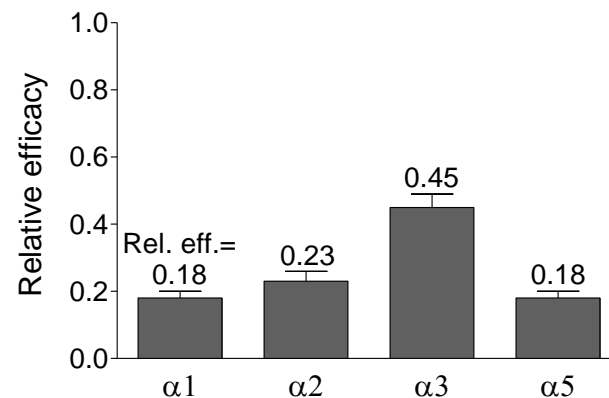
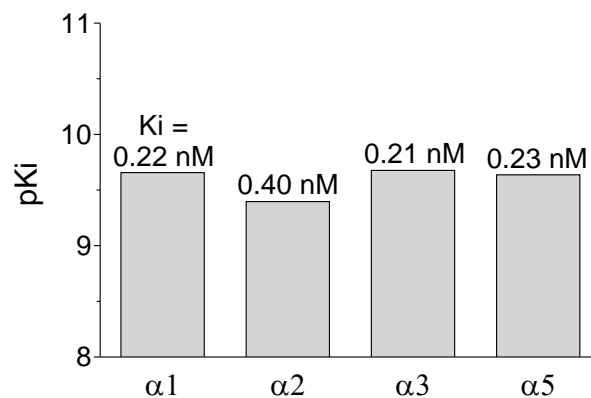
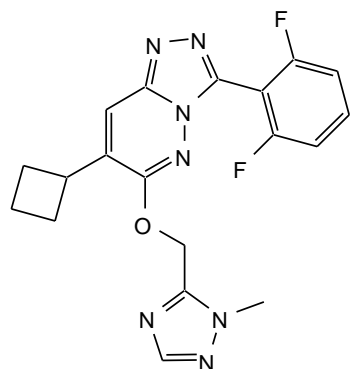
100%



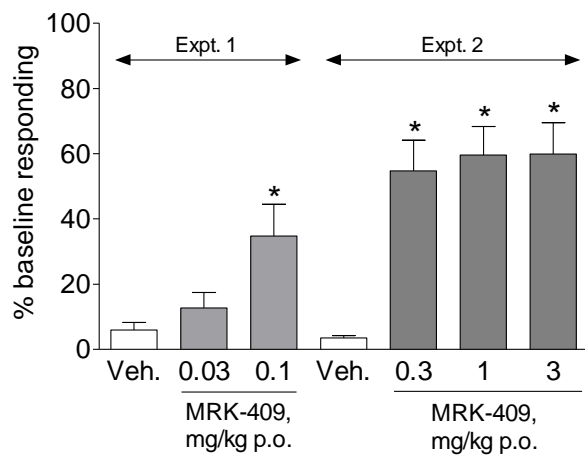
- at full receptor occupancy (0.32 mg/kg) TPA023 has no abuse potential

R. Hargreaves, MRL, West Point, PA

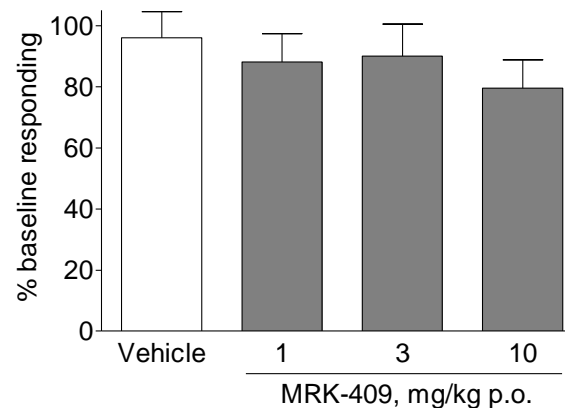
# MRK-409 (MK-0343) Non-sedating anxiolytic in preclinical species



## A. Anxiolysis - CER



## B. Sedation - Lever-pressing





# Conduct clinical study?



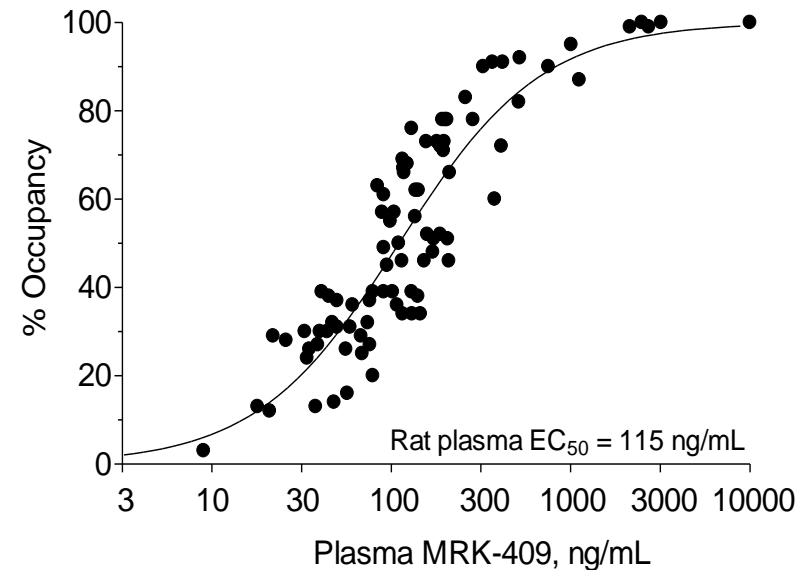
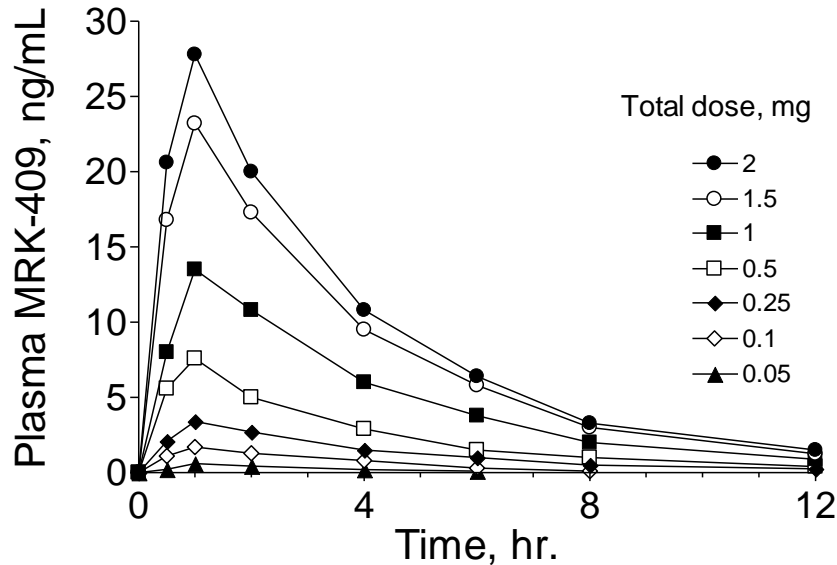
- Place your bets
  - Stake €10 M - 1 year safety study in you male adults



# MRK-409 (MK-0343) induced sedation at very low dose



- Phase I maximum tolerated single dose = 1 mg
- Dose-limiting adverse events (1.5 and 2 mg) = somnolence



- Plasma  $C_{max}$  for sedation = 20-30 ng/mL mg
  - Based on rat plasma-occupancy relationship 20-30 ng/mL = low occupancy
- What is the human plasma-occupancy relationship?

## No abuse potential



- Place your bets (stake so far = €53 M)
  - Stake €5 M - 1 year PET study in you male adults



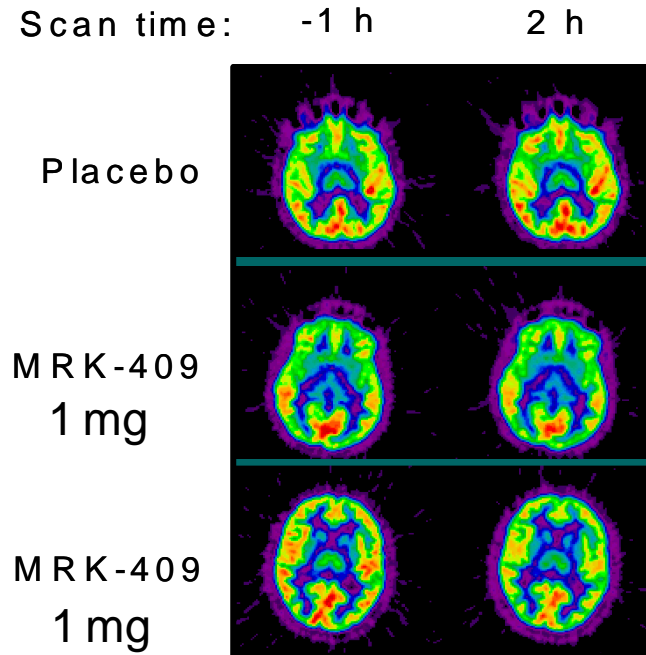
- At what receptor occupancy does sedation occur?



# MRK-409 (MK-0343) induced sedation at very low receptor occupancy



- [ $^{11}\text{C}$ ]flumazenil PET studies showed occupancy at 1 mg <10%
- Sedation/somnolence occurs at low levels of occupancy
  - No margin between sedation and potential anxiolysis



- Development of MRK-409 halted – Start again?

# Conclusions

- Even the best characterised animal models do not predict effects in humans
- Path forward is in the clinic from Bed to Bench
  - patient back to animal – probably
- Mantra – ‘Fail early, fail cheap’
  - 90% No/Go, early decisions are cost effective
  - We failed cheap despite €50M+ costs
  - Phase 3 failure costs €300M+ costs
    - NK-1, bitopertin
  - Experimental Medicine solutions

# Alzheimer's disease

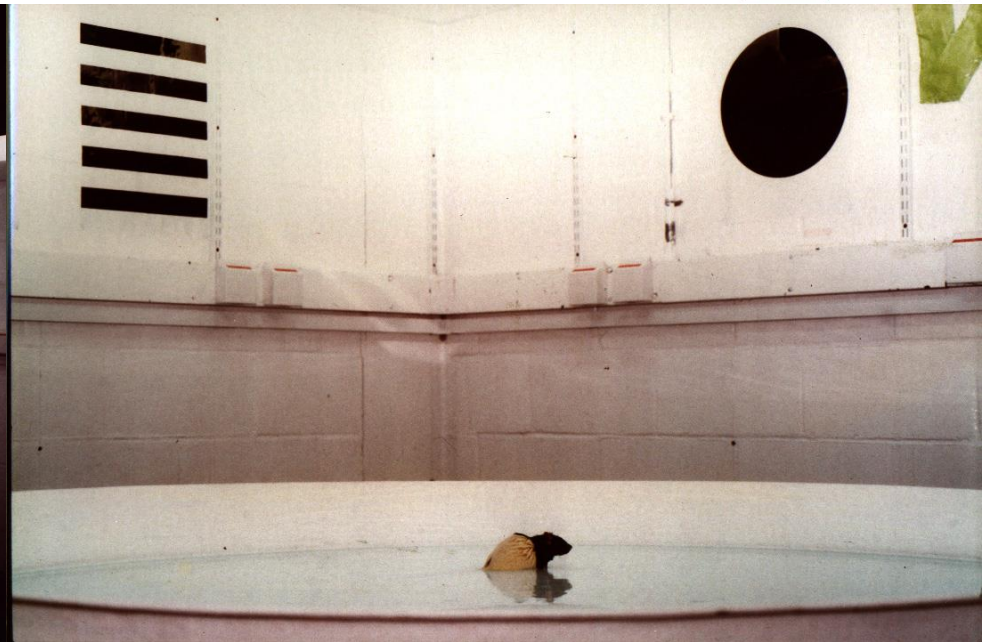


- Alzheimer's disease the most common cause of dementia affects 4 million US citizens
  - As more and more Americans live longer, the number affected by Alzheimer's disease will continue to grow unless a cure or effective prevention is discovered.
- Current therapies (cholinesterase inhibitors) have significant limitations
  - Side-effects including nausea, diarrhoea, vomiting
  - Little or no effect on disease progression
- Need for an well tolerated treatment that slows or halts disease progression
- Registration trials require large numbers of patients
- Potential for Experimental Medicine studies to select best compound(s) for late stage trials

# Human spatial memory & fMRI

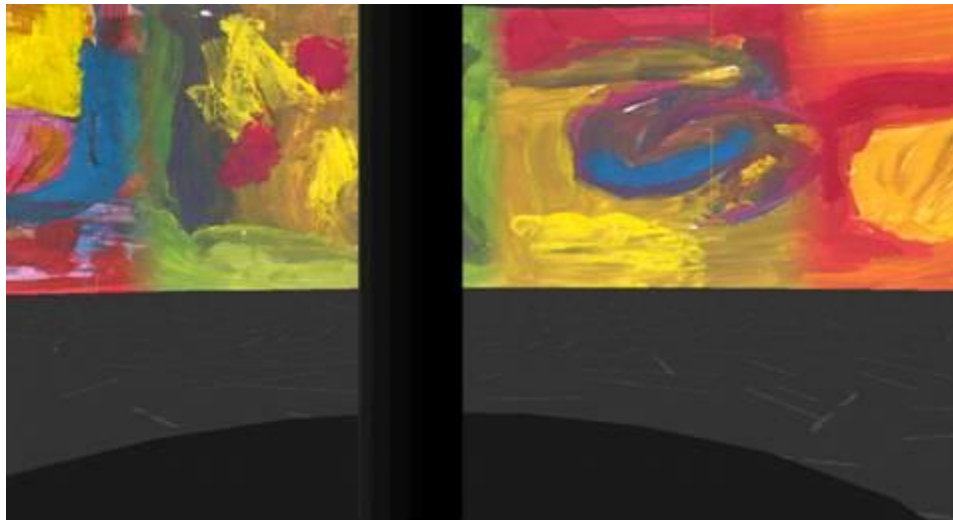
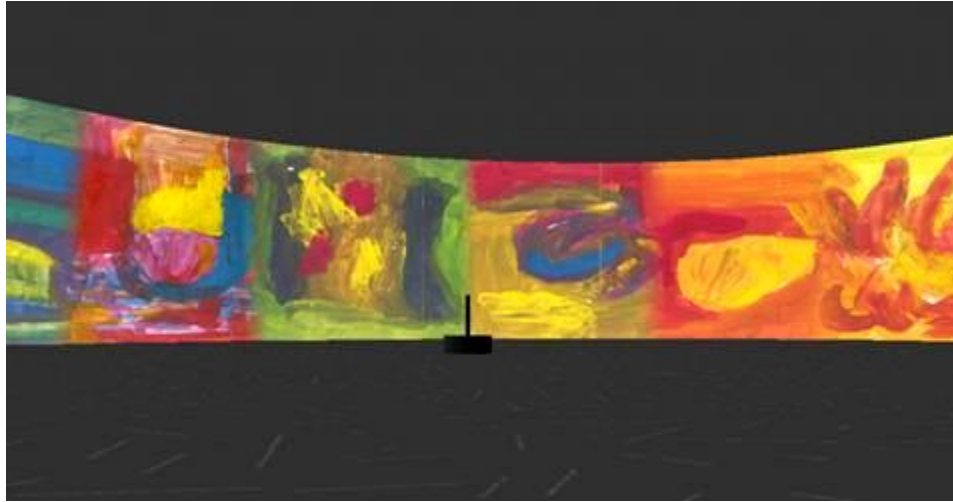


- Develop spatial learning and memory paradigms that engage hippocampal processing
  - Image participants to ensure hippocampal activation during task
  - Test participants during encoding and recall to determine differential activation
  - Determine effects of age on performance
  - Determine effects of drugs on performance
  - Optimise fMRI methods for clinical trials
- Virtual reality task developed and validated
  - Arena maze (human analogue of Morris water maze)
    - Easy to administer, flexible designs, validated with scopolamine and healthy elderly participants

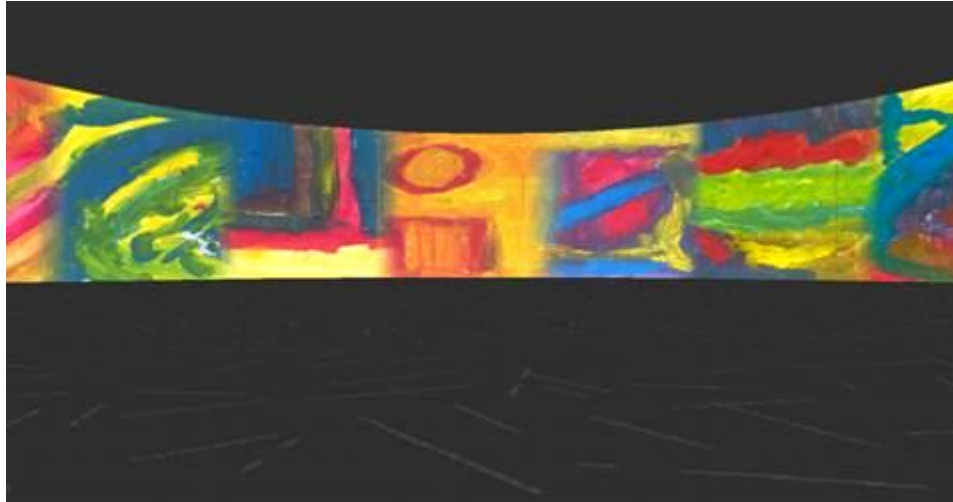


- Rats are placed in a 2m diameter pool containing a hidden platform
- Rat finds platform and notes position in relation to a number of visual cues
- Time taken to swim to platform is recorded over a series of trials (= learning)
- Platform removed and time spent in platform quadrant is recorded (probe trial = memory)

# Arena pole paradigm: encoding



# Arena pole paradigm: retrieval







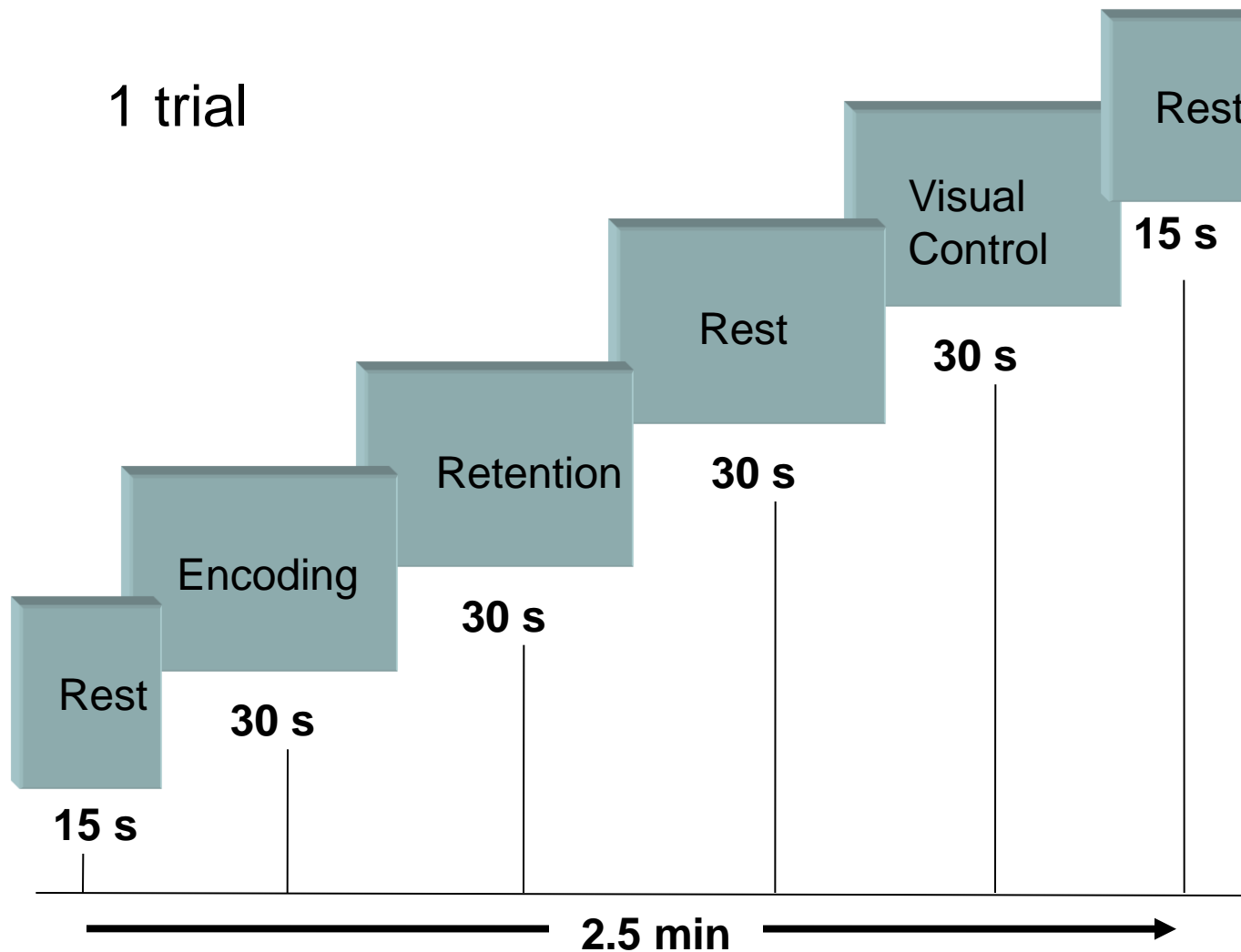
[Play M`ovie](#)

# Study 2: Aging effects

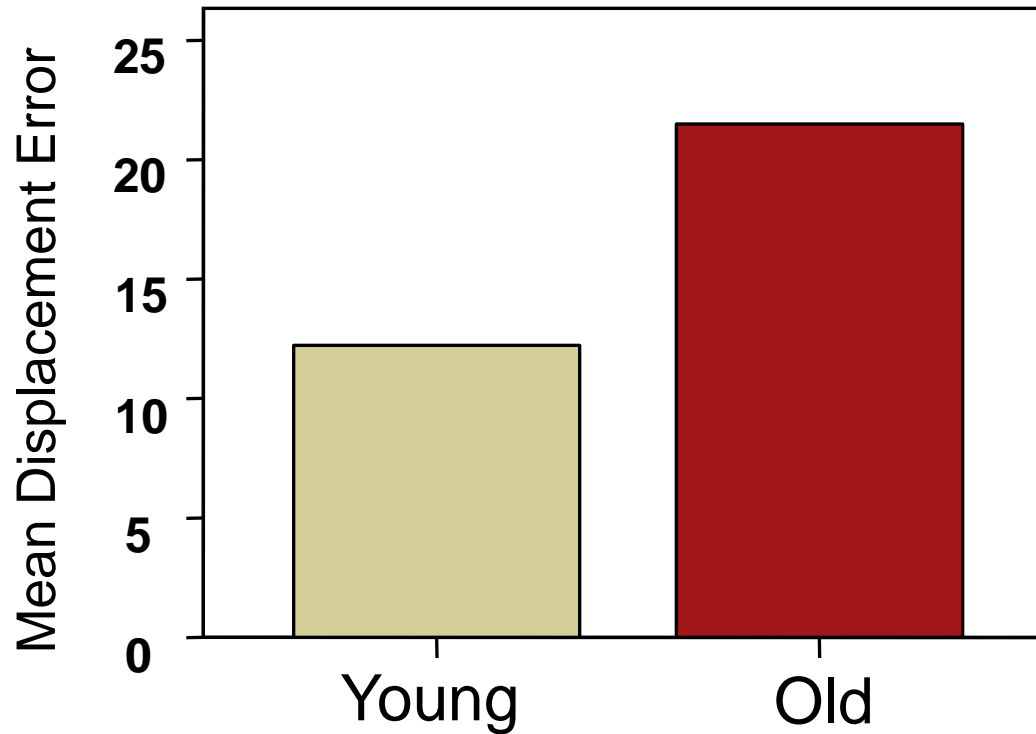
## Procedures

- Groups
  - Young healthy adults (Mean age = 24 years  
age range = 20-26, n=11)
  - Elderly healthy adults (Mean age = 72 years  
age range = 64-79, n =9)
- Young participants trained on 18 trials to criterion
- Older participants trained on 36 trials to criterion

# fMRI Design



# Behavioural Results: Young vs Old



Older participants performed significantly worse across three experimental blocks of trials (each block = 6 trials,  $t_{17} = -3.542$ ,  $p = .003$ )

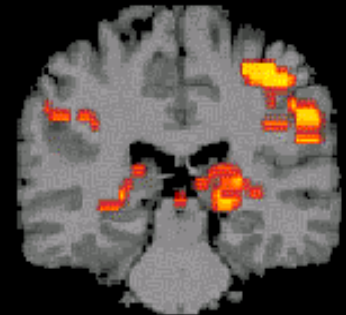
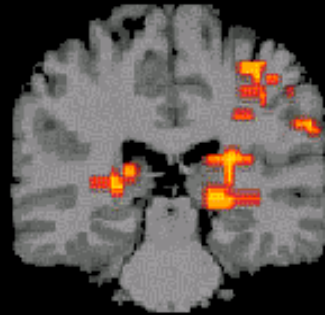
# Reduced Hippocampal Activation in Elderly Subjects



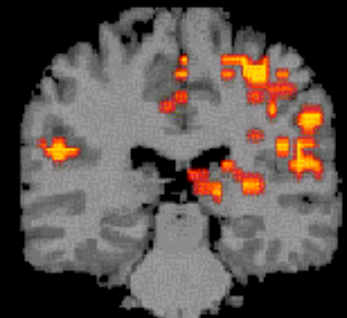
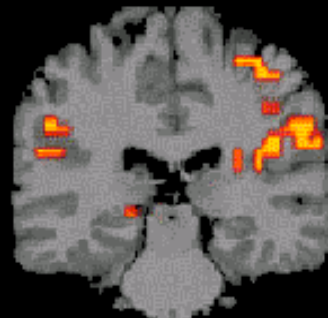
Encoding

Retrieval

Study 2 Young Male  
(20-26 years old)



Study 2 Elderly Male  
(65-79 years old)



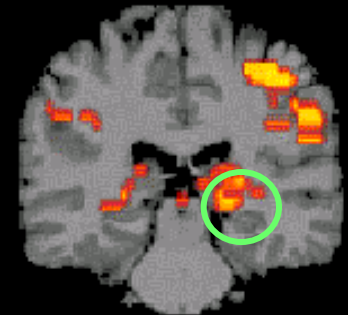
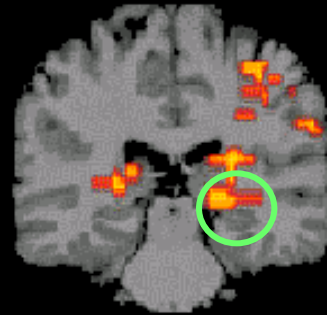
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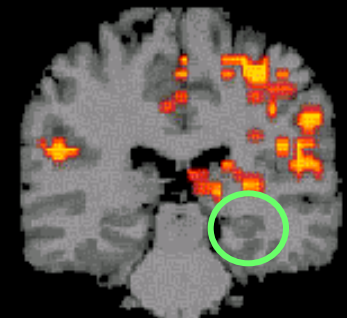
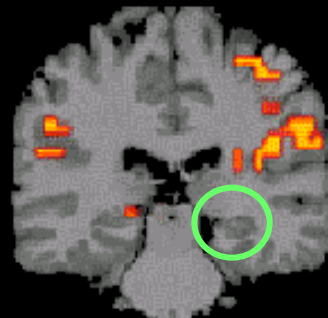
Encoding

Retrieval

Study 2 Young Male  
(20-26 years old)



Study 2 Elderly Male  
(65-79 years old)



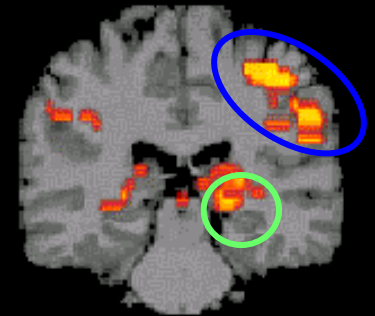
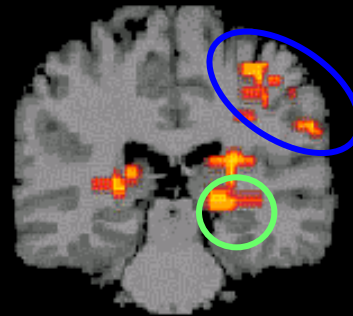
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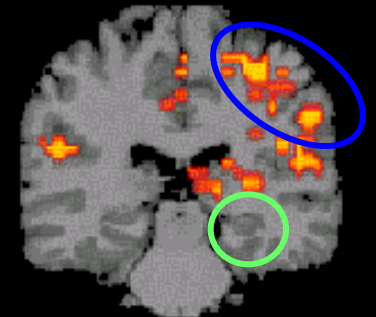
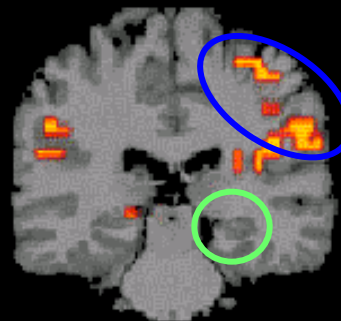
Encoding

Retrieval

Study 2 Young Male  
(20-26 years old)



Study 2 Elderly Male  
(65-79 years old)





# Effects of scopolamine on behavioural performance and fMRI measures

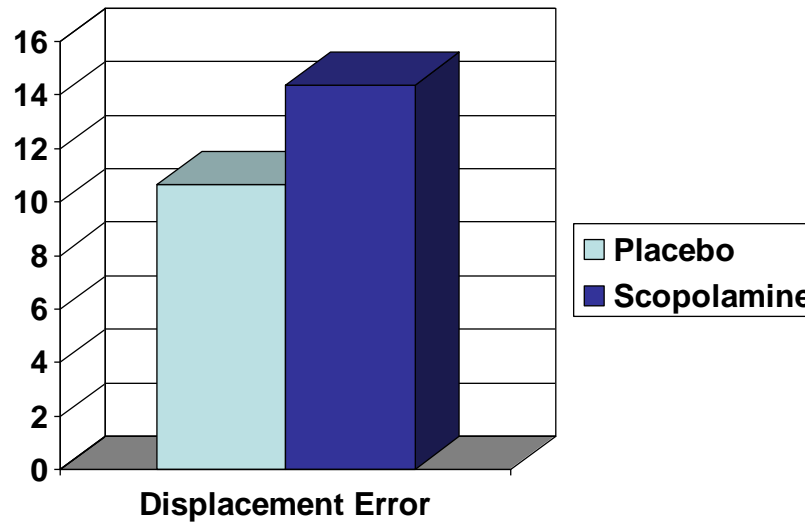


- 20 young participants
- Scopolamine 0.4 mg vs placebo
  - Cross-over study
- fMRI measurement
  - 3-Tesla MRI

*Antonova E, et al. J Psychopharmacol. 2011, 25:1256-65.*

■

# Behavioural results: scopolamine vs placebo

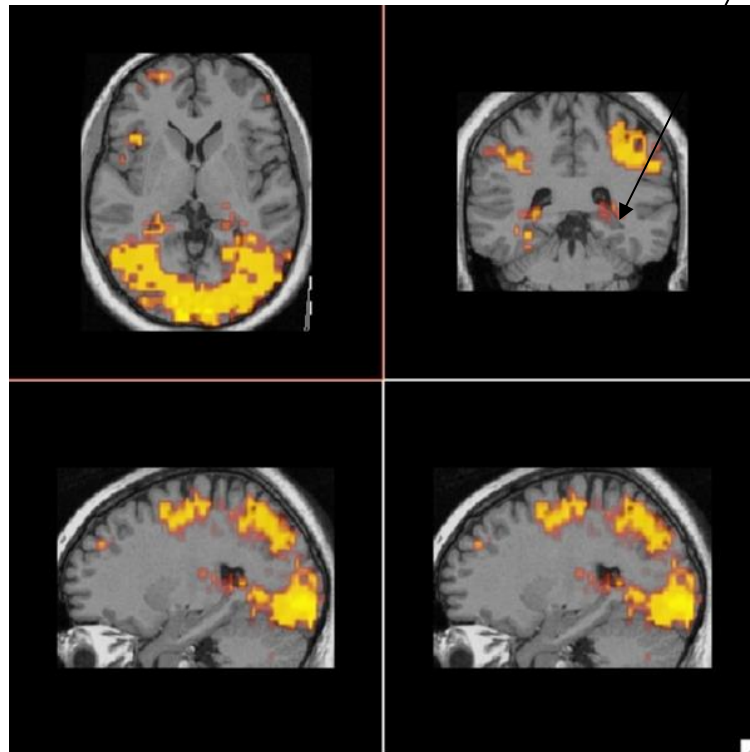


- Scopolamine significantly impaired performance
  - Placebo group: Mean displacement error = 10.67, SD = 4.22
  - Scopolamine group: Mean displacement error = 14.39, SD = 7.37

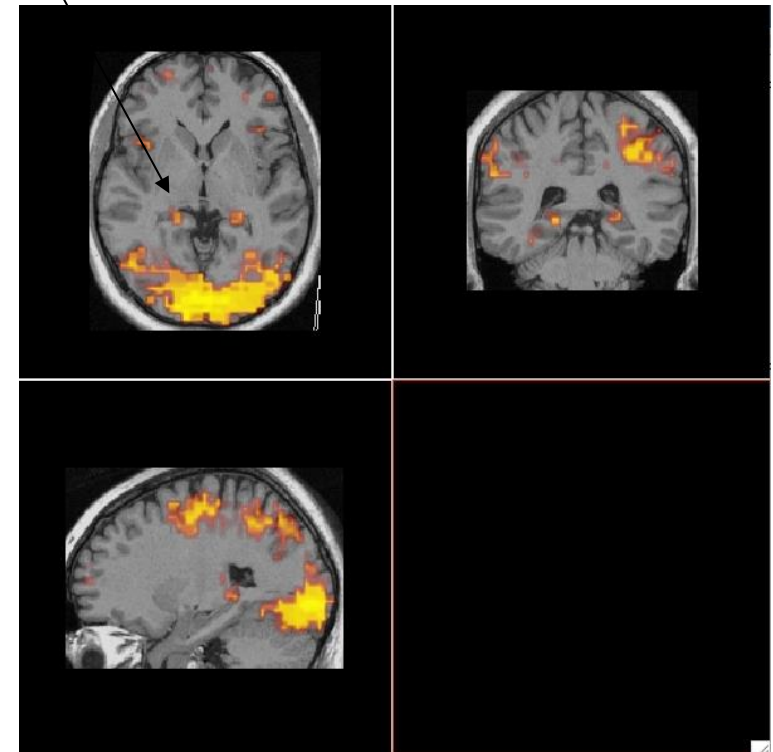
# Hippocampal activation in placebo condition



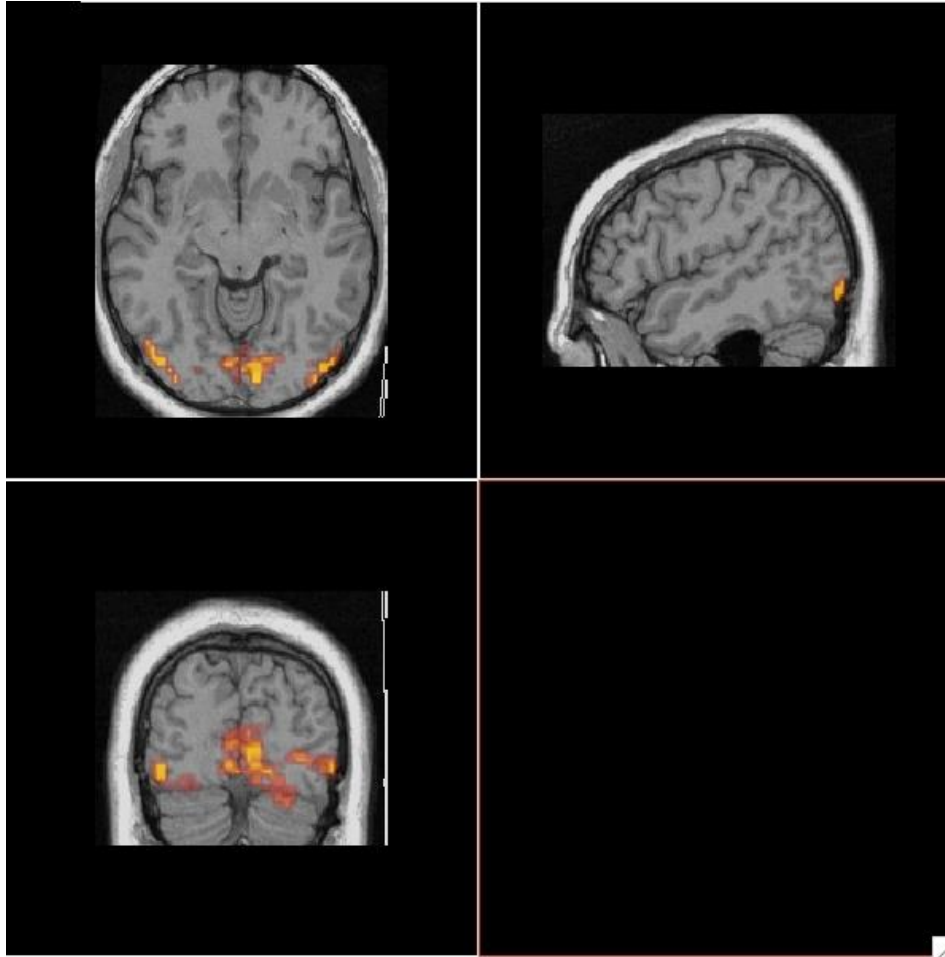
## Placebo -Encoding



## Placebo - Retrieval



# Reduced hippocampal activation induced by scopolamine

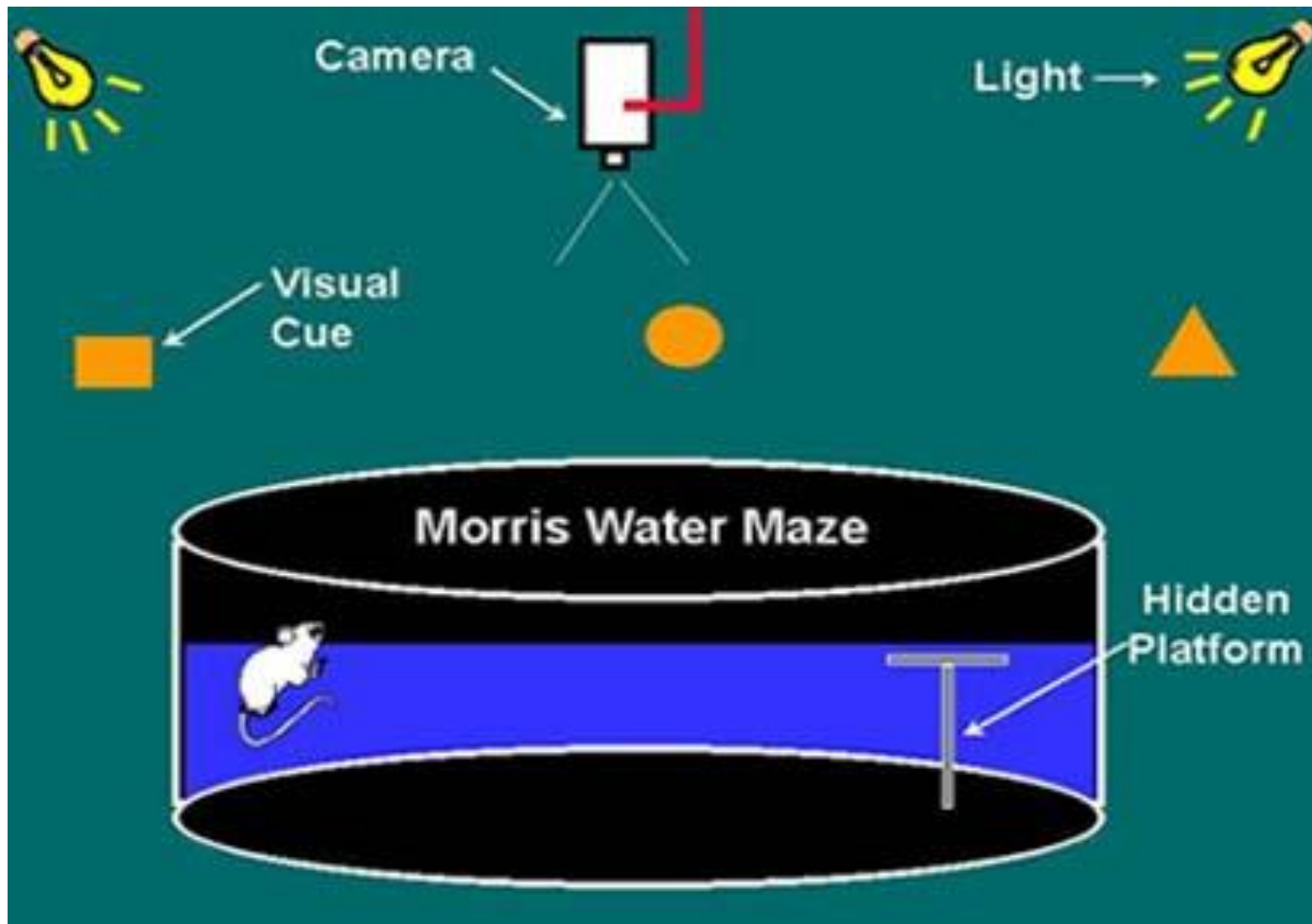


Placebo

>

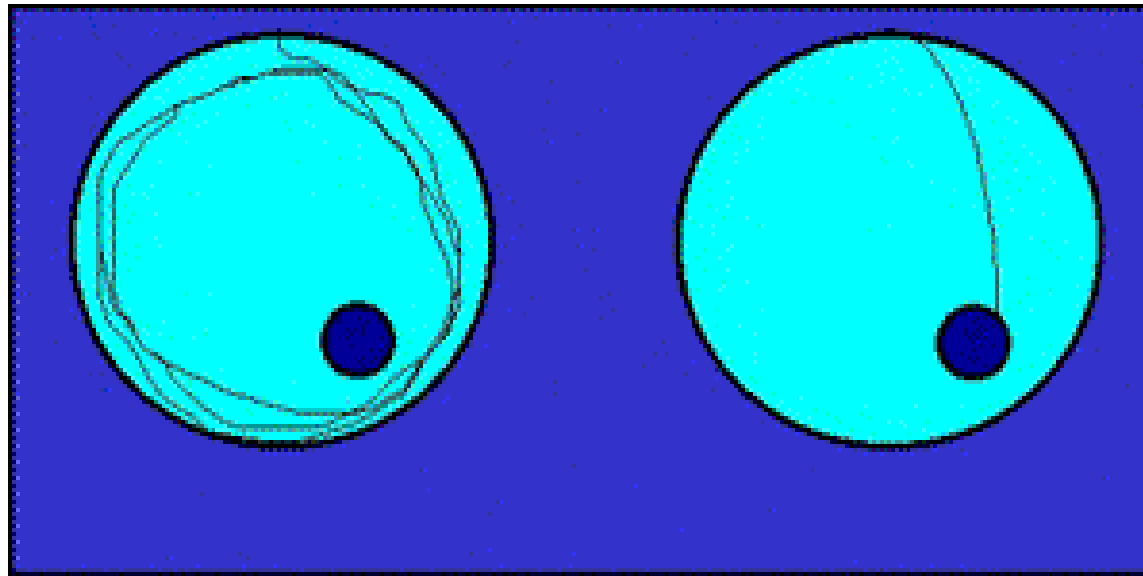
Scopolamine

# Morris Water Maze Model of Cognition

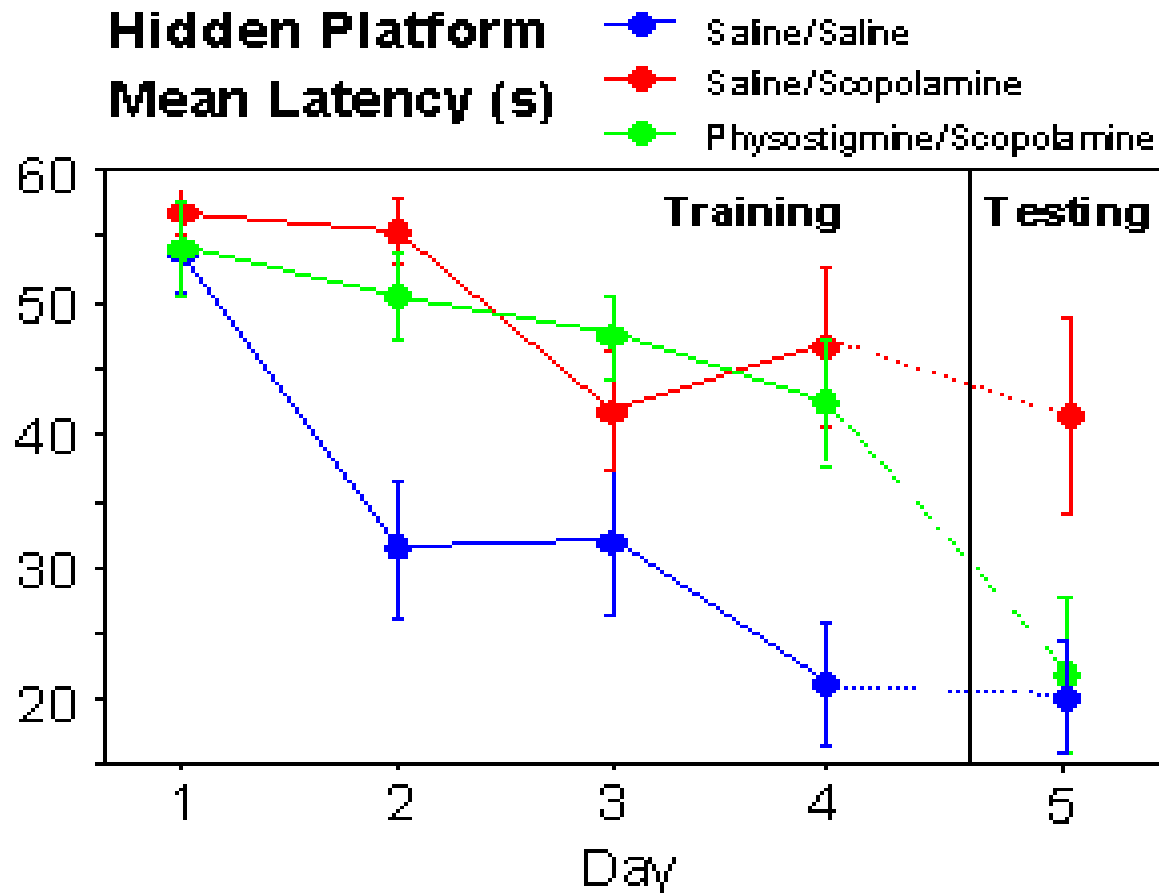


# Morris Water Maze

Path-length at the beginning and at the end of the training period



# Morris Water Maze: Scopolamine



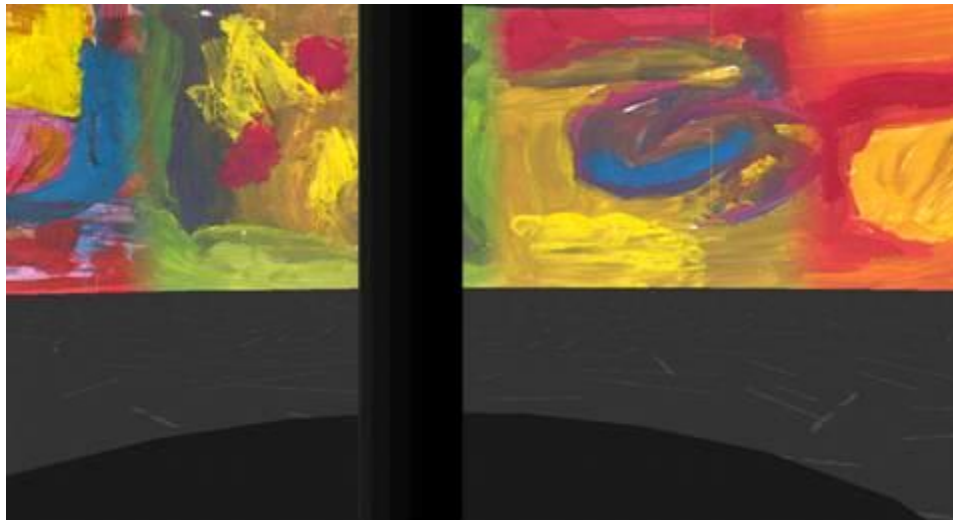
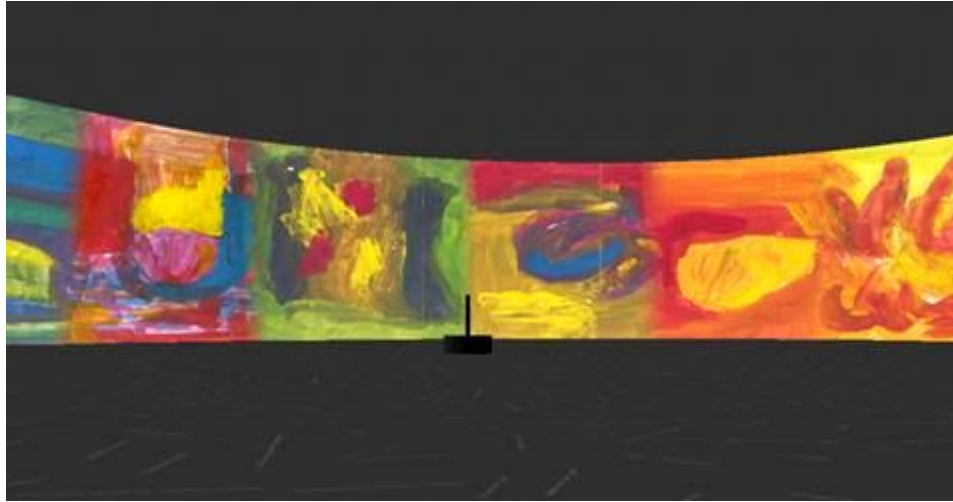


# Spatial Memory Flat Mapping & fMRI

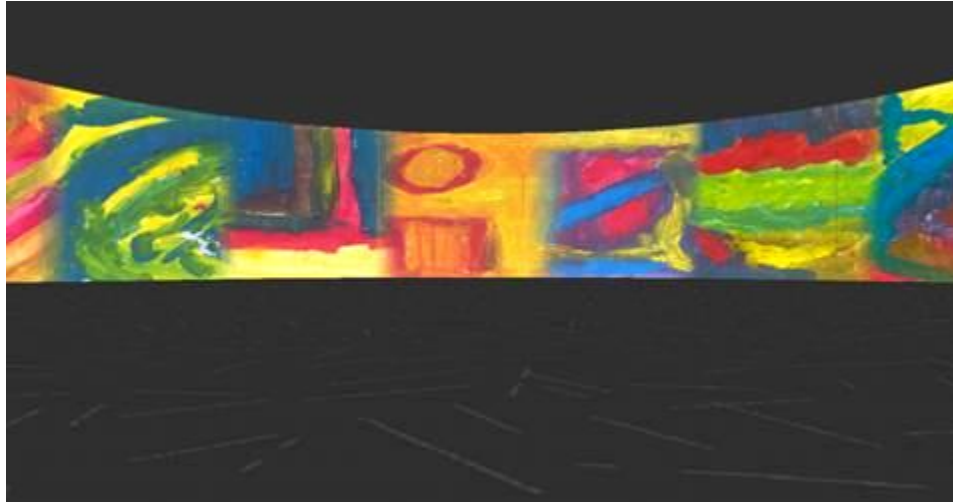


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- Image subjects to ensure hippocampal activation during task
- Test subjects during encoding and recall to determine differential activation
- Determine effects of age on performance
- Determine effects of drugs on performance
- Optimise fMRI methods for clinical trials

# Arena Pole Paradigm: Encoding



# Arena Pole Paradigm: Retrieval



# Arena Pole Paradigm: Visual Control Task





[Play Movie](#)

# Future Developments



- Software validated with young healthy volunteers given placebo, scopolamine and butylscopolamine
- Flat mapping development parallels testing  
[Flat mapping.ppt](#)
- Spatial learning in a natural environment (e.g. shopping trip)

