
THE RACE FOR THE SUPERIOR CORRECTOR – AN AGGRESSIVE TRIPLE COMBO STRATEGY

Vertex – TRAFFIC AND TRANSPORT studies leave room from improved outcomes in patients. Key gaps include:

- Modest clinical benefit – The difference between active treatment and placebo with respect to the mean absolute improvement in the percentage of predicted FEV1 ranged from 2.6 to 4.0% points ($P < 0.001$), which corresponded to a mean relative treatment difference of 4.3 to 6.7% ($P < 0.001$).
- Orkambi's limited clinical benefit is limited to homozygous patients – Implies at least 40% of the commercial opportunity is currently untapped
- Dropout rates (between 30% to 15%) and compliance (between 80% to 70%) on Orkambi suggests room for improved safety profile

The challenge here is all the drugs need to bind to the same target without interacting and increasing the possibility of adverse events. Logically, one can either fix each dose on its own, in a sequence. However, since triple combo is the play here, the Galapagos program is in trouble if the third component affects the binding of the first two.

Galapagos has two correctors in development, which include:

- C1- 2222, its and backup;
- And C2 – 2737

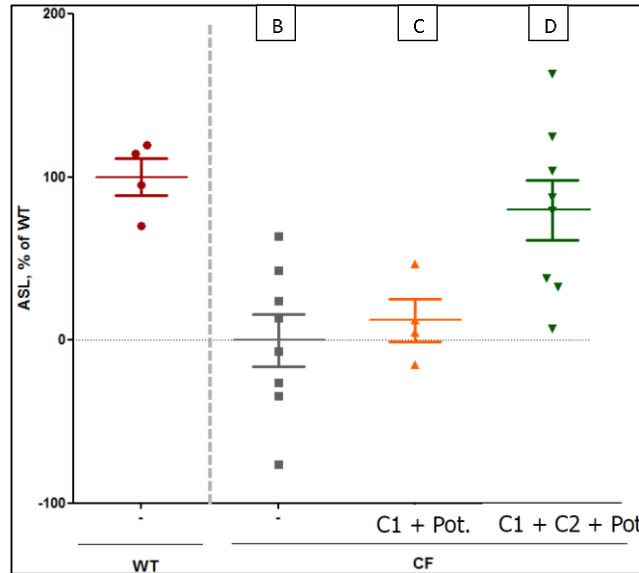
Note, C1- 2222 healthy volunteer study is complete and a PK study in CF patients will be initiated later this year.

Importantly, 2222 was well-tolerated in healthy volunteers. Key take-aways from the randomized, double blind, placebo-controlled healthy volunteer study:

- SAD doses ranged from 50 - 800 mg
- MAD doses ranged from 150 - 600 mg qd. for 14 days
- PK supports once daily dosing regimens for future development
- Favorable & rapid absorption in patients was noted
- Phase 1 in combination with potentiator to start after the SAPHIRA 1 and 2 read out

Also note, healthy volunteer phase 1 with C2 – 2737 is likely to commence during 4Q16. As a note of caution highlighting the risks (unfavorable drug-drug interactions) of aggressively developing multiple programs targeting the same target, a previous corrector 2665 has been discontinued in favor of 2737. C2 -2737 selection was likely based on lung penetration and 2665 had a negative impact on the competitive binding to the CFTR protein when combined with P+C1). -2737 is currently in preclinical toxicological studies, which is rate limiting in the race for a triple combo vs. VRTX.

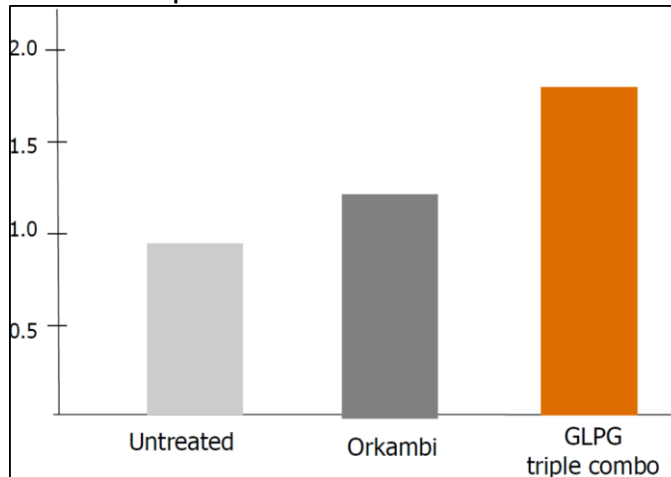
Exhibit 33: *In vitro* data: (A) Control cell line – healthy (100%); (B) Untreated delta F508 homozygous cell line; (C) Corrector + potentiator; and (D) Triple therapy, C1+C2+potentiator drives recovery close to normal cells.



Source: GLPG investor day June 2016

While Kalydeco provides significant clinical benefit for 10% of the CF patients, and Orkambi provides a modest clinical benefit for ~45% of the 508del homozygous patients, ~40% of the market (heterozygous patients) remains underserved. *In vitro* data suggests potential benefit for the heterozygous patients might be within the scope with the emerging focus on triple combo. As highlighted in the assay on organoids, the Galapagos triple combo appears to provide a benefit over Orkambi. However, these are *in vitro* assays, and will need to be translated into the clinic.

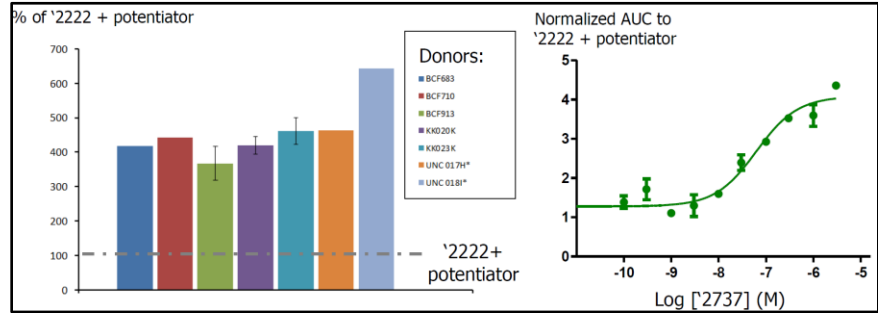
Exhibit 34: Triple combo in heterozygous G542X/F508del organoids - Lumen area after stimulation compared to Orkambi



Source: GLPG investor day June 2016

Note, Galapagos has had to make some changes to its original development strategy, dropping a previous corrector in favor of new and potentially better one, highlighting the risks of an aggressive development strategy. C2 – 2737 was selected because it has a higher lung penetration (compared to 2665), and it has the least impact on binding of potentiator and C1. C2 – 2737 delivers between 400% to 600% increase of ion currents over the membrane compared to dual therapy (left panel, exhibit 25). Additionally, C2 – 2737 has nanomolar EC50, implying less drug.

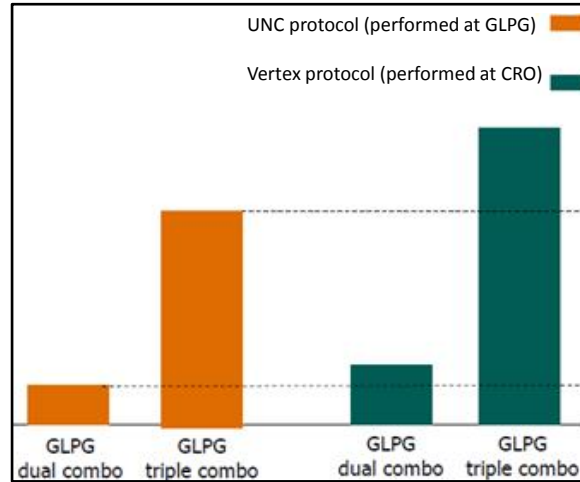
Exhibit 35: Triple combo delivers robust correction across multiple patient F508del/F508del donor cells: C2 – 2737, is the most advanced corrector



Source: GLPG investor day June 2016

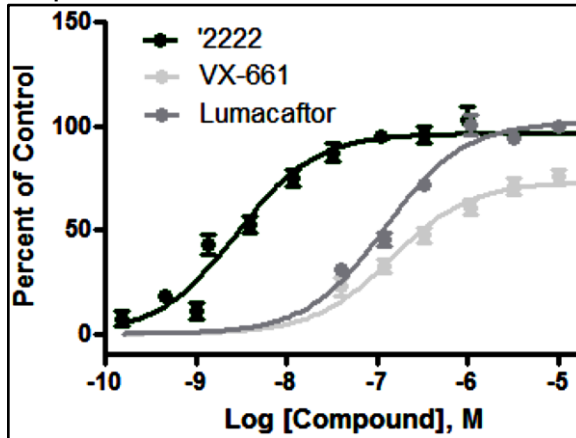
-2222, it's an early binder like Kalydeco and VX-661 and appears to be more potent and hence, dosing and potentially lower SAE 's could be an advantage. Also, the maximal efficacy (Emax) with -2222 appears to be similar to that of Kalydeco (both of which are consistently higher than -661) and if this holds up in the clinic then -2222 could well be a superior corrector than VX-661.

Exhibit 36: Ion current comparisons for P+C1 vs. P+C1+C2 based on assay



Source: GLPG investor day June 2016

Exhibit 37: Corrector -2222 appears to be an early binder and might be an advantage over competitor VX-661



Source: GLPG investor day June 2016

