

Unlocking Opportunities: Exploring Strategies for Lp(a) therapy in ASCVD Market

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ASCVD Market

AtheroSclerotic CardioVascular Disease:

- Plaques built up in blood vessels¹
- US prevalence: 8% (2020²) with CVD high death rate (1/3)³
- Risk factors³: smoking, age, obesity*, high LDL, diabetes*

Projected CAGR **2.8%** from 2023-33⁴



Aging population⁶

Continued* \$⁷

Current therapies target anti-platelet and anti-cholesterol with low adherence^{8,9}

Unmet Needs:

High-cost therapies¹⁰

Limited coverage on diagnosis¹¹





ASCVD & Lp(a): Niche Market

About:



- Independent, genetic risk factor ¹²
- Prevalence ~20% but ~1% tested ^{13,14}
- Race-based susceptibility ¹⁵
- + ASCVD risk by 2.5 fold ¹⁶
- *No approved therapy on the market*

Testing:

- Blood test (\$39- \$595, not covered by Medicare) ^{17,18}
- 23AndMe screening test ¹⁹

Restraints stem from lack of attention → Educational outreach

Competitive Landscape

Competition	Phase	Valuable Assets  clinical  non-clinical	Diagnostic Pathway/ Target
Pelacarsen ²⁰ (Novartis)	III (80% ↓)	- No side effect/ tolerability concerns ²⁰ - Maybe first in-line	ASO: inhibits Apo(a) synthesis to lower Lp(a) ²¹
Lepodisiran ²⁵ (Eli Lilly)	II (94% ↓)	- Long lasting efficacy (336 days) ²² - Collaboration with Verve Therapeutics, Inc. ²³	siRNA: same as above ²⁴
Muvalaplin ²⁶ (Eli Lilly)	II (65% ↓)	- Oral - No side effect/ tolerability concerns ²⁶	Small molecule: inhibits Lp(a) formation ²⁶
Zerlasiran ²⁸ (Silence Therapeutics)	II (99% ↓)	- “Best” mechanism with 2-month efficacy	siRNA: silence LPA gene ²⁷
Olpasiran ³⁰ (Amgen)	III (96% ↓)	?	siRNA: degrades Apo(a) product ²⁹

Insight: Stent manufacturers (e.g. Boston Scientific, Abbott)



Be Visionary: Our Opportunities

Previous Unmet Needs/ Problem:

- High-cost with low adherence
- Lack of awareness on Lp(a) test

Attributes (ranked):

1. Long-lasting efficacy/ dosage advantage (adherence)
2. Novel drug mechanism
3. (Non-clinical) Target slogan “lowering ASCVD risk by x%”



Lp(a): Beyond ASCVD

ACS, MI (Acute Coronary Syndrome, Myocardial Infarction):

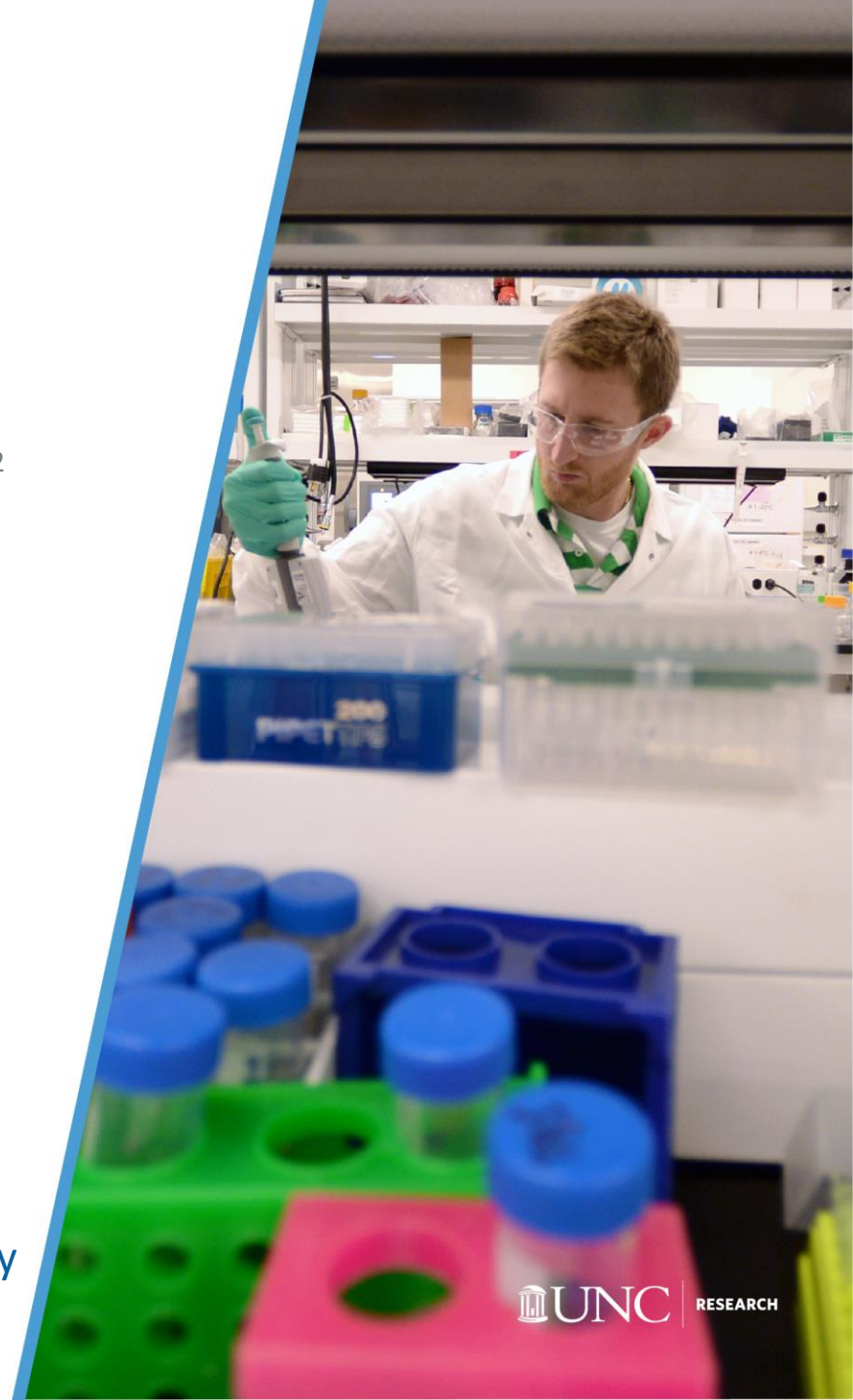
- High mortality rate $\sim 23\%^{31}$ within 1 year of initial MI
- Aggressive treatment then pharmacotherapy: Statin \rightarrow Lp(a) + + ³²
- Suboptimal adherence to current therapies ³³
- Huge economic burden: room for innovation

Heart Failure:

- US Prevalence $2.6\%^{34}$ with greater risk in African descent³⁵
- **No** association with elevated Lp(a) if excluding MI cases³⁶

Consider:

1. Survival rate after MI attack
2. Acute/ chronic
3. If there is expectation on new drug target
4. Regulation risk of gene therapy



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Thank You/Questions

Look forward
to joining
AMGEN



Words from Kristy

Dear Mr. Rocha, Mr. Lewis, and Ms. Hadi:

First, I'd like to thank you, not just for the interview, but for witnessing my growth. As a student with little business background, I have learned a great deal about commercial insights knowledge that is entirely new to me (such as how to assess drug targets, what aspects to consider when estimating market potential, understanding the healthcare ecosystem, etc.). I am FASCINATED by this case challenge - I find solving such problems very interesting and enjoyable! While there is definitely a lot of room for improvement, I'd like to take on opportunities to learn and continually develop my acumen and knowledge at Amgen.

Personally speaking, today actually marks an important milestone in my life: I walked through this stage by being bold and proactive about the changes I want to make (transitioning from a career in statistics). I am not sure how well I did today, so regarding the internship, I can only secretly pray that my problem-solving potentials were recognized by you. But life is not a test. Looking beyond the internship, personal exploration goes a long way. Therefore, I am already thankful for this opportunity that I have earned for myself, so that I can walk towards my goals. I will keep fighting on no matter what.

Thank you again for the time reading my inner thoughts and personal story. Fingers crossed for some good news!

Regards,

Kristy