

# BIOPHARMA Due Diligence Process/Checklist

## \$SAVA Failure as Primary Example

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## 1 Market

1. Market efficiency in drug valuation:
  - Top 5% of known-effective medicines priced accordingly
  - Similarly for known-ineffective drugs (SAVA case shows occasional lag in market realization)
2. Holder analysis:
  - Determine market cap drivers: retail "lottery ticket" investors vs. experienced sector investors
3. Options market analysis:
  - Premiums as sentiment indicators for binary outcomes
4. Pipeline assessment:
  - Portfolio size and origin (internal development vs. patent acquisition)
5. FDA event dynamics:
  - Binary approval/rejection outcomes with pre-event volatility
  - Hedging strategies recommended

## 2 Judgement

1. Emotional discipline:

- Eliminate personal bias (e.g., affected family members)
  - Hope is irrelevant to scientific assessment
2. Clinical trial determinism:
- Outcomes governed by physics/biology, not chance
  - Proper trials reveal true efficacy (no "maybe" outcomes)
  - Statistical design accounts for individual variability

### 3 Starting from the Beginning

1. Inventor background:
  - Academic pedigree verification
2. Motivation analysis:
  - Scientific merit vs. financial lottery potential
3. Track record:
  - Previous project successes/failures
4. Approach novelty:
  - Historical precedent for methodology
5. Publication history:
  - Peer-reviewed chemistry work
  - Retraction history (especially if relevant to current research)
6. Historical timeline (Dr. Wang case study):
  1. 2000: Amyloid- $\beta$ /A $\beta$  research at J&J
  2. 2005: Oxytrex failure (opioid)
  3. 2008: Filamin A/MOR mechanism publication
  4. 2009: Retracted GSK drug claim
  5. 2010: Simuflam patent filing (pain)
  6. 2012: Amyloid-42/ $\alpha$ 7 inhibition claim
  7. 2015-16:  $\alpha$ 7 agonist failures in Alzheimer's
7. Scientific transparency:
  - Journal publications (including chemistry details)
  - In-house medicinal chemistry capability
8. Legal scrutiny:
  - Active indictments (SAVA example)
  - Fraud allegations (company-related vs. unrelated)

## 4 Chemistry and Biology

### Key Definitions

**Crystal Structure** Atomic arrangement in crystalline material

**Co Crystal** Multi-molecule crystalline structure with non-covalent bonds

**Crystal Clear Evidence** High-confidence binding validation (X-ray/cryo-EM + peer review)

**SAR** Structure-Activity Relationship (essential for rational drug design)

**Ligand** Target-binding molecule

**Shape Complementarity** Molecular lock-and-key fit principle

1. Binding event characterization
2. Molecular interaction requirements
3. Target-disease relevance
4. Hydrogen bond networks:
  - Typical protein binding mechanism
  - Functional disruption via competitive binding
5. Target validation:
  - Knockout studies (Filamin A case study)
  - Actin cytoskeleton implications
  - Toxicity/binding paradox
6. Pathway viability:
  - Literature consensus assessment
7. MoA basis:
  - FDA-approved vs. hypothetical mechanisms
  - Failure-derived hypotheses
8. Molecular sizing:
  - Small molecules:
    - \* Hydrogen bonding requirements (Lipinski rules)
    - \* Binding pocket compatibility
  - Large molecules:
    - \* Reduced hydrogen bonding emphasis
    - \* Multi-interaction dependence
9. Binding verification:
  - Crystallographic evidence
  - Peer-reviewed SAR
  - Binding site characteristics:

- \* Known ligand precedent
- \* Surface topology
- \* Solvent exposure effects

10. Functional plausibility:

- Inhibition/activation mechanics

## 5 Pharmacodynamics (PD) and Pharmacokinetics (PK) and Clinical Data

### Definitions

**Pharmacodynamics** Drug's biological effects (receptor binding, downstream effects)

**Pharmacokinetics** ADME properties (absorption, distribution, metabolism, excretion)

**First Pass** Hepatic pre-systemic metabolism

**Efficacy** Treatment's beneficial effect capacity

1. PD assessment:

- Dose-response curve validation
- Patent consistency check

2. PK optimization:

- Administration route compatibility (Simufilam oral case)
- Solubility/metabolic resistance
- GI stability and first-pass effects
- Half-life adequacy
- Tissue distribution alignment

3. Trial evaluation:

- Phase II:
  - \* Efficacy signals vs. placebo
- Phase IIb:
  - \* Go/no-go for Phase III investment
  - \* Blinded vs. open-label designs
- Statistical rigor:
  - \*  $p$ -value threshold ( $< 0.05$ )
  - \* ADAS-Cog benchmarks (Alzheimer's)
- Data transparency:
  - \* Subgroup analysis pitfalls
  - \* Post-hoc rationalization risks

- Publication status:
  - \* Peer-reviewed journal validation
- Comparison validity:
  - \* Controlled vs. open-label data
  - \* Cross-trial reliability

## 6 Final Checklist

1. High-affinity binding with crystallographic validation
2. Optimal PK profile (half-life, distribution)
3. Molecular size appropriateness
4. Target-disease relevance and reproducibility
5. Phase data showing statistical significance ( $p < 0.05$ )
6. Comparison methodology validity
7. Historical success rates for disease target