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## **Press Release, December 06, 2007**

**In a first longterm controlled double-blind study (CALIPSO), lisuride sc infusion therapy has proved highly effective in reducing severe motor complications in patients with advanced Parkinson's Disease (PD) refractory to optimized oral therapy.**

CALIPSO has been the first double-blind controlled study of a sc continuous infusion of a dopamine agonist in complicated advanced PD. In this study 66 PD patients (average age 62 years, 44 % females) with about 10hours of severe motor fluctuations ("off" + "troublesome dyskinesia") have been treated in a double blind core phase of the study over 6 weeks. Lisuride subcutaneous (sc) infusion was compared with optimized oral dopamine agonist therapy (ropinirole, pramipexole, cabergoline). Patients in the lisuride group received lisuride infusion + oral placebo - the control group received their pre-study oral dopamine agonists + placebo infusion. All other anti-Parkinson therapy including L-Dopa was kept constant. After finishing the core phase 49 patients (~75%) have chosen to continue lisuride sc infusion in the extension phase over 2 years.

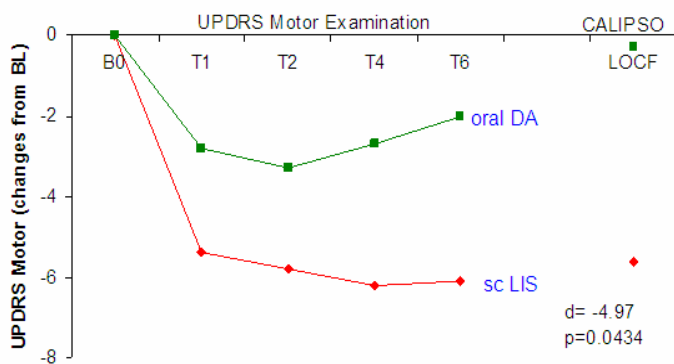
In the efficacy results, lisuride sc infusion proved significantly superior to the oral dopamine agonists in better mobility (UPDRS III motor score) and less troublesome dyskinesias (UPDRS IV A dyskinesia score) in the same patients. Statistically significant improvement was also obtained in Clinical Global Impression (CGI) and Responder Rates, thus confirming the results from a previous open controlled study over 4 years (Stocchi et al. Brain 2002). A mean reduction of 4 hours (from ca 10 h at baseline) in "Off" and in "troublesome dyskinesia" (prim. endpoint) based on patient diaries was observed under lisuride sc therapy after 6 weeks treatment which came close to the 0,05 level of significance. Spontaneous day-to-day fluctuations might have a marked influence on the patients' diary documentation whilst the clinical evaluation of PD symptoms is not affected.

In patients with complicated late stage PD who had been diagnosed refractory to optimized oral combination therapy, the CALIPSO results constitute a remarkable improvement which

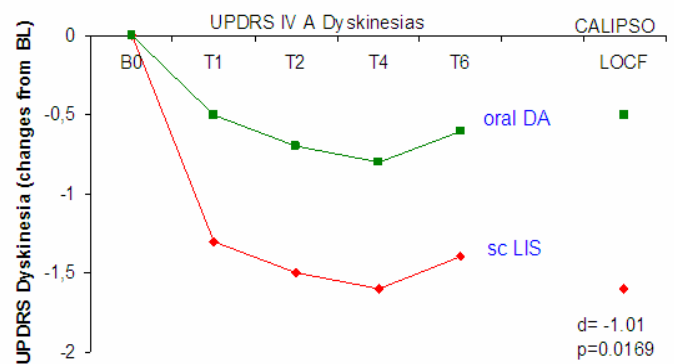
will be validated by further efficacy data during the extension phase and another confirmatory study in preparation.

The results obtained (see figures) are evidence that lisuride sc infusion fully replaces a maximum oral dopamine agonist therapy and improves at the same time motor function as well as dyskinesias without change in concomitant levodopa therapy. In the extension phase, the dose of levodopa can be gradually reduced.

**Figure 1: UPDRS III Change from Baseline**



**Figure 2: UPDRS IV A Dyskinesias**



No new safety-relevant findings have been reported. Local tolerance of the lisuride sc infusion was good.

These results from the CALIPSO study as a whole confirm the strong efficacy and good tolerability of lisuride sc infusion in patients with treatment-resistant advanced PD compared to oral dopamine agonists (i.e. continuation of previous therapy) under double-blind conditions. A similar significant improvement in motor function and at the same time in dyskinesias without any modification of the levodopa dosage has not been described for any non-invasive drug therapy in a comparable population of patients with severe PD.

**About Lisuride sc Infusion**

Lisuride sc is indicated for the treatment of patients in an advanced stage of Parkinson’s Disease refractory to conventional oral Anti-Parkinson therapy. This continuous application of a parenteral dopamine agonist using a small portable minipump provides stable drug levels and thereby achieves superior therapeutic results in treatment-resistant stages of Parkinson’s Disease complicated by motor fluctuations.

Today the concept of continuous dopaminergic stimulation which mimics the physiological profile of activation by substantia nigra neurons, is favoured for the therapy of Parkinson’s Disease.

## **About Axxonis Pharma AG, Berlin**

Axxonis Pharma AG, Berlin, is a pharmaceutical company specialized on CNS products. Axxonis is developing a portfolio of internally discovered or licensed product candidates to improve the therapeutic benefits of existing drugs and develop the products for indications of higher value. Axxonis' most advanced product candidate, the lisuride patch, is the subject of a Phase III clinical program for the treatment of RLS which has now been completed successfully. Axxonis has also reported positive results from a Phase III clinical trial of transdermal lisuride (as separate brand) in patients with advanced Parkinson's Disease. Axxonis is also committed to the development and marketing of the parenteral application form of lisuride for continuous dopaminergic stimulation (CDS).

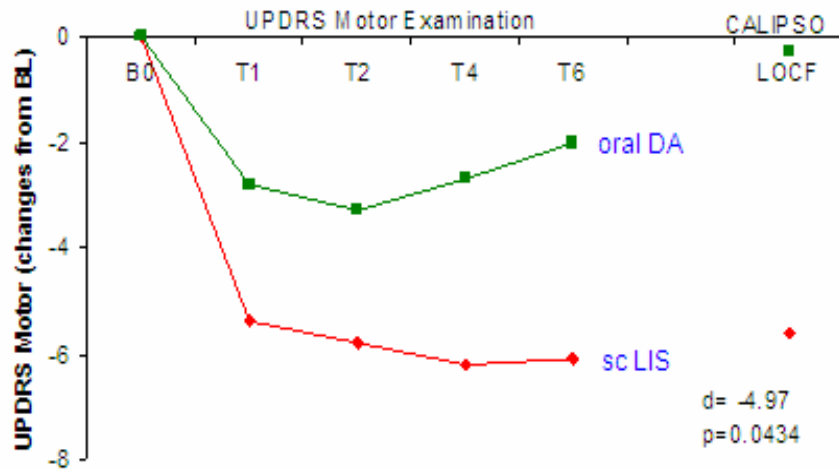
To learn more about Axxonis, please visit the website at [www.axxonis.com](http://www.axxonis.com).

## **Forward-Looking Statements**

*This press release contains "forward-looking" statements, including, without limitation, all statements related to our clinical development program with lisuride and the timing thereof; the potential filing of a NDA with lisuride; the therapeutic and commercial potential; potential milestone and royalty payments; and future commercialization plans. These forward-looking statements are based upon Axxonis' current expectations. Forward-looking statements involve risks and uncertainties. Axxonis' actual results and the timing of events could differ materially from those anticipated in such forward-looking statements as a result of these risks and uncertainties, which include, without limitation, the ability of the company to successfully conduct the clinical trials, the uncertainty of the EMEA approval process and other regulatory requirements, the therapeutic and commercial value of the company's products and issues relating to regulatory approval, manufacturing and commercialization, Axxonis expressly disclaims any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements contained herein to reflect any change in the company's expectations with regard thereto or any change in events, conditions or circumstances on which any such statements are based.*

Axxonis is a registered trademark.

**Figure 1: UPDRS III Change from Baseline**



**Figure 2: UPDRS IV A Dyskinesias**

