

# 2023 IIS Strategic Priorities

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## **Body Contouring: CoolSculpting® Elite, CoolTone®, Rapid Acoustic Pulse (RAP)**

### **CoolSculpting® Elite**

1. To assess the impact of different treatment regimens using CoolSculpting Elite alone or in sequence with other treatment modalities to understand factors that optimize patient selection, treatment and management
2. To assess the impact of CoolSculpting® Elite on skin quality
3. To explore novel indications for CoolSculpting® Elite

### **CoolTone®**

1. To assess the impact of different treatment regimens using CoolTone® alone or in sequence with other treatment modalities to understand factors that optimize patient selection, treatment and management
2. To assess treatment maintenance regimens
3. To explore innovative solutions to assess and measure CoolTone® treatment outcomes

### **Rapid Acoustic Pulse (RAP)**

1. To further understand the etiology and assessment of cellulite as well as cellulite presentation across diverse populations
2. To understand factors for optimal patient selection and treatment with RAP
3. To assess the impact of different treatment regimens using RAP alone or in sequence with other treatment modalities as part of a multi-modality approach
4. To assess the impact of RAP on skin laxity
5. Novel uses of RAP

### **Things to consider for the investigator:**

Limited funds may be available to support proposals

## **Facial Aesthetics: Botox/Vistabel, Fillers (Juvederm, Vycross, Hylacross), HArmonyCa Hybrid Filler, Pan Facial**

### **Botox/Vistabel Priorities:**

1. Impact of adherence to a long-term treatment plan
2. Impact of labelled dose and regular repeat dosing on PROs/OROs
3. Innovative clinical, PRO/ORO measures and predictive models of treatment effect/outcomes
4. Outcomes in diverse populations (e.g., skin type, ethnicity, age)
5. Novel aesthetic uses

### **Filler Priorities:**

1. Correlation of volume/treatment planning with patient outcomes, including PRO/OROs and injectors' experience
2. Data supporting longer term efficacy/safety of products than demonstrated in development trials and benefit of adhering to a long-term treatment plan
3. Use of Aesthetics portfolio in diverse populations (skin type, ethnicity, age, congenital/acquired deformity, gender affirmation)
4. Real world evidence using the Allergan Aesthetics range of fillers, including novel aesthetic uses and new areas
5. Use of product portfolio to establish facial harmony/balance
6. Development/use of novel objective measures of clinical outcomes/use of sophisticated and adaptable objective measures beyond photonumeric scales (e.g., video, 3D imaging, volumetric analysis)
7. Correlation of rheologic/physiochemical properties with clinical benefit/impact to patient

### **HArmonyCa Hybrid Filler Priorities:**

1. Data exploring changes in skin architecture after treatment, and how these could translate into clinical benefits, including patient reported outcomes (PROs) / observer reported outcomes (OROs)
2. Impact of patient selection on clinical outcomes including PROs / OROs
3. Data evaluating long term efficacy / safety
4. Demonstration of how HArmonyCa can be used as part of the Allergan Aesthetic portfolio of treatments
5. Development / use of novel objective measures of clinical outcomes beyond photonumeric scales (e.g., video, 3d imaging, volumetric analysis, measurements of skin laxity, ultrasound, novel medical devices)
6. Use of HArmonyCa in diverse populations (e.g., skin type, ethnicity, age, congenital / acquired deformity, gender)

**Pan Facial Priorities:**

1. Impact of Allergan Aesthetics portfolio in combination with other modalities on overall outcomes
2. Use of Allergan Aesthetics portfolio as part of a sequential treatment plan, demonstrating the psychosocial impact and impact on investigator/patient/observer reported outcomes
3. Impact of adherence to a non-surgical facial aesthetic treatment plan – short-term and long-term outcomes
4. Use of Aesthetics portfolio in diverse populations (e.g., skin type, ethnicity, age, gender identity)
5. Innovative solutions to measure, predict and optimize outcomes

**Things to consider for the investigator:**

Limited funds may be available to support proposals

# **Plastics and Regenerative Medicine: Breast Implants, ADMs, Fat Grafting**

## **Breast Implant Portfolio**

### **Breast Implant Portfolio**

Enhancing scientific knowledge to improve clinical outcomes:

- Immediate & long-term patient outcomes with Natrelle Inspira smooth implants and tissue expanders
- Systemic symptoms reported by patients with breast implants (SSBI): etiology, pathogenesis, epidemiology and management
- BIA-ALCL/rare malignancies that have been reported in breast implant capsules: mitigation, etiology, pathogenesis, epidemiology and treatments

Supporting best practice techniques:

- Infection control techniques to improve patient outcomes (e.g. Keller funnel, aseptic technique)
- Keller funnel clinical outcomes measures
- Patient/implant matching for optimal outcomes (cohesivity matching)
- Global best practice surgical techniques to optimize outcomes with Allergan Aesthetics Breast Implant portfolio
- Using Allergan Aesthetics breast surgical products to address clinical needs and optimize patient outcomes

## **Regenerative Medicine Portfolio**

### **ADM Portfolio (Artia, Alloderm and Strattice)**

- Data demonstrating integration of ADM using histology and/or outcomes measures
- Short and long term patient outcomes using Allergan Aesthetic ADMs for patients requiring soft tissue reinforcement or repair
- Best practice surgical technique considerations to enhance patient outcomes

### **Fat grafting benefits**

- Advance the understanding of surgical and patient outcomes using Revolve/Envi including patient/surgeon satisfaction, time savings and graft retention

### **Things to consider for the investigator:**

Limited funds may be available to support proposals

## **Neuroscience – Migraine: OnabotulinumtoxinA/BoNTA (Botox), ubrogepant (Ubrelvy), atogepant (Qulipta)**

### **Things to consider:**

- Studies will only be considered for compounds that have received regulatory approval for at least one indication in the country of interest.

### **Proposals for the topics listed below will NOT be considered:**

- OnabotulinumtoxinA vs placebo, vs other toxins, vs mAbs (monoclonal antibodies)
- Ubrogepant vs placebo, vs other acute treatments for migraine
- Atogepant vs placebo, vs other preventive treatments for migraine
- Double-blind, placebo controlled pediatric studies
- Placebo controlled studies for treatment during premonitory/prodrome phase

### **Priority will be given to proposals investigating the following areas:**

#### **Migraine Disease State**

- Characterize and describe disease state across migraine
- Impact of disease management on disease state including acute and preventive treatment patterns
- Impact of early intervention of disease
- Impact of COVID, COVID vaccines and COVID-related treatments on disease outcomes in patients treated with onabotulinumtoxinA, ubrogepant and/or atogepant

#### **OnabotulinumtoxinA/BoNTA (Botox) - Chronic Migraine**

- Understanding the impact of onabotA on migraine associated co-morbidities, including the prevention of associated comorbidities,
- Further understand the mechanism of action of onabotA/
- Preclinical research to understand potential synergistic effect of onabotA/ used in combination with mAbs/gepants
- Understand the impact of onabotA/ on functional outcomes, quality of life, health resource utilization and work productivity/return to daily activities
- Safety and effectiveness of onabotA/ treatment in other primary or secondary (HA) disorders
- Assess the long-term real-world economics and effectiveness of onabotA/
- Real-world effectiveness of the combination treatment of adding a CGRP mAb/gepant to a chronic migraine patient being treated with onabotA/ and vice-versa

- Real-world effectiveness and health resource utilization switching from mAb to mAb vs mAb to onabotA/

### **Ubrogepant (Ubrelvy) - Acute Treatment of Migraine**

- Safety and effectiveness of Ubrogepant + other acute treatments
- Safety and effectiveness of Ubrogepant + preventive treatments for migraine
- Impact of Ubrogepant management on disease state
- Impact of Ubrogepant use and Medication Overuse Headache (MOH)

### **Atogepant (Qulipta) - Migraine Prevention**

- Safety and effectiveness of Atogepant + Ubrogepant
- Safety and effectiveness of Atogepant + OnabotulinumtoxinA
- Safety and effectiveness of Atogepant + other migraine treatments
- Treatment switching
- Impact on QoL (including function, daily activities, etc.), work productivity and/or cognition
- Impact on co-morbidities
- Impact on health care resource utilization
- Impact of Atogepant management on disease state

## **Neuroscience – Neurotoxin Therapeutics: Botox (OnabotulinumtoxinA)**

For the purposes of this document the IIS Strategic Priorities will be described for these indications:

- Toxin Science and New Indications
- Spasticity and Movement Disorders (focus on adult spasticity and cervical dystonia)
- Urology (focus on OAB and NDO)

For Migraine and for Botox Cosmetics indications, please refer to the applicable sections

### **Things to consider:**

- Limited funds may be available to support proposals

### **Proposals for the topics listed below will NOT be considered:**

- Studies assessing novel/developmental toxins (toxins other than Botox) under evaluation by AbbVie
- Studies conflicting with current research and development programs
- For Spasticity - Assessment of anticoagulants pre/post injection procedure
- For SMD - Imaging studies with no clear patient reported outcomes
- For Urology – Evaluation of Botox for Premature Ejaculation (PE) or Benign Prostatic Hypertrophy (BPH)

### **Priority will be given to proposals investigating the following areas:**

#### **Toxin Science and Novel Indications**

- Real world evidence of clinical and health economic outcomes of Botox utilization vs other toxins, including the consequences of non-medical toxin switching
- Botox utilization studies in multi-indication patients
- Novel indications, applications and treatment paradigms.
- Non-classical mechanism of action of Botox
- Pain, sensory, anti-inflammatory mechanisms of action of Botox
- Preclinical studies assessing Botox vs other toxin

#### **Spasticity**

- Botox for treatment of pain associated with spasticity
- Studies assessing the applicability of tools and biomarkers as a measure of efficacy and/or predictors for early spasticity diagnosis
- Studies that assess pharmacodynamics and/or novel ways to assess duration of Botox effects
- Impact of early diagnosis and intervention
- Impact of treatment adherence/discontinuation
- Real world safety and utilization of Botox (assessing muscles, doses and retreatment)
- Impact of Botox treatment on comorbidities (e.g., depression/anxiety)
- Impact of Botox on patient relevant outcomes (including but not limited to patient satisfaction, functional impairment, pain relief, quality of life etc.)
- Real world studies assessing improvement of function and/or specific functional goal attainment after treatment with Botox in spasticity due to any etiology (beyond post stroke etiology)
- Optimization of Botox therapy with pattern-based treatment paradigms
- Optimization of Botox when used in combination with other therapies



- Optimization of Botox therapy with utilization of new technologies, training tools and/or treatment paradigms

### **Movement Disorders**

- Botox for treatment of pain associated with movement disorder (focus on cervical dystonia)
- Clinical and/or Pharmacoeconomic impact of early diagnosis and intervention
- Studies assessing approaches/predictors for prompt diagnosis and early intervention with Botox for Cervical Dystonia to obtain optimized patient outcomes
- Real world observations describing impact of Botox on comorbidities (e.g., depression/anxiety) and/or patient reported outcomes (including but not limited to patient/physician satisfaction, functional impairment, pain relief, quality of life etc.)
- Optimization of Botox therapy with utilization of new technologies, training tools and/or treatment paradigms
- Studies that assess pharmacodynamics and/or clinically meaningful duration of Botox effects
- Impact of treatment adherence/discontinuation on pharmacoeconomic and functional outcomes

### **Urology Indications**

- Studies to assess long-term real-world economics, safety and/or effectiveness of Botox in OAB and/or NDO
- Mechanism of action of Botox in the bladder for overactive bladder conditions or painful bladder conditions
- Assessment of treatment paradigms (e.g., injection number or pattern), treatment administration setting, and other optimizations, which could impact tolerability, treatment adherence and/or patient satisfaction
- Studies to assess variables that impact time between diagnosis and advancement to third line therapies (including prolonged cycling on oral medications)
- Impact of treatment adherence/discontinuation when utilizing Botox on pharmacoeconomic and functional outcomes
- Studies showing benefit of Botox specifically in men with OAB/NDO

## **Neuroscience – Parkinson’s Disease: Duopa/Duodopa ABBV-951**

### **Things to consider:**

- Studies will only be considered for compounds that have received regulatory approval for at least one indication in the country of interest.

### **Proposals for the topics listed below will NOT be considered:**

- Head-to-head proposals between device aided therapies

### **Priority will be given to proposals investigating the following areas:**

#### **Parkinson’s Disease**

- Disease burden/Progression:
  - Further understand the characteristics and/or burden in different stages of advancing Parkinson’s disease (PD) inadequately controlled by optimized oral therapy including but not limited to the impact on: night/time sleep disturbances, patients, caregivers, and healthcare resource utilization
- Disease Management:
  - Clinical utility of diagnostics or technology to identify signs and symptoms of Advancing Parkinson’s Disease and resultant changes in care.
  - Understand the right time for intervention (and provide referral, if needed) using different tools (i.e., Tools/Criteria such as “5-2-1”, MyPDCare, and MANAGE-PD; biomarkers, technology based objective measures (TOM)) for use by HCP, patient/caregiver, and patient foundations/associations.
  - Challenges with current treatment options
- Patient Perspective:
  - Evaluate patient barriers to refusal or initiation of invasive treatment (with a focus on subcutaneous infusion options) despite insufficient symptom control

#### **Continuous dopaminergic stimulation (CDS)**

- Short and long-term effects of CDS vs pulsatile stimulation, including but not limited to use in earlier stages of PD to assess the ability of continuous therapies for disease modification and prevention/delay of motor complications
- Investigate indicators/markers (including but not limited to laboratory, clinical, imaging) to provide evidence to support whether continuous drug delivery translates to continuous dopaminergic stimulation in patients.
- Evaluate preclinical impact of CDS on neuroinflammation

#### **Levodopa Carbidopa Intestinal Gel/Carbidopa Levodopa Enteral Suspension (LCIG/CLES)**

- Evaluate LCIG/CLES efficacy and safety in subpopulations of advanced PD (APD) patients uncontrolled on orals where currently limited data exists
- Understanding the use of LCIG/CLES in combination with or after failure with other “device aided therapies (DATs)”
- Further understand the characteristics of responders to LCIG/CLES therapy
- Additional areas:
  - Evaluate LCIG/CLES in other Parkinsonism disorders

### **ABBV-951**

- Evaluate ABBV-951 efficacy and safety in subpopulations of advanced PD (APD) patients uncontrolled on orals including, but not limited to: age <65 years, Body-Mass-Index subgroups (eg BMI <18.5, 18.5-25, >25), cognitively impaired, treated with DATs previously, patients with impulse control disorders (ICDs), difficult to treat dyskinesia, freezing of gait, difficult to treat prominent non motor symptoms (NMS), and with axial symptoms in whom oral treatments are no longer effective
- Evaluate device-aided therapy sequencing patterns
- Evaluate efficacy and safety in PD patients earlier within “advanced” PD (eg, time to motor fluctuations < 5 years, less daily motor complication burden, shorter disease duration), “active” patients (e.g., with regards to exercise levels)
- Characterize APD medication management to achieve monotherapy with ABBV-951.
- Further understand the characteristics of ABBV-951 patient population and responders, clinical assessment tools, and key clinical and/or health economic outcomes, including but not limited to:
  - Patient and caregiver-related outcomes, preferences, and satisfaction (patient/caregiver experience), activities of daily living (ADL), quality of life (QoL), perceived independence
  - General or specific Non-Motor Symptoms (NMS) including but not limited to sleep
  - Using Technology based Objective Measurements (e.g., wearable devices, biosensors, and others) as surrogates of efficacy and safety of ABBV-951 in APD patients
- Long-term data on effectiveness and safety (including infusion site events), factors leading to discontinuations and interventions to improve adherence.
- Understand titration and the impact of different settings for the treatment initiation with ABBV-951, evaluated by patient/Caregiver-related outcomes (like satisfaction, self-efficacy, QoL, ADL) in APD, under the following circumstances
  - Outpatient versus inpatient titration setting (or even fully remote initiation, see telemedicine)
  - General Neurologists (GN)-initiated versus Movement Disorder Specialist (MDS)-initiated titration
  - Different nurse care models
  - Use of telemedicine
- Understand practical aspects of long-term therapy, including evaluating handling of the infusion device (e.g., infusion site rotation, alternative infusion sites, frequency of needle placement, use of different infusion sets), skin care regimens for the prevention or treatment of skin reactions and nodules etc., nighttime dosing
- Additional focus areas:
  - Evaluate ABBV-951 in other Parkinsonian Syndromes.
  - Evaluation of Biomarkers in APD patients and response when treated with ABBV-951

## **Neuroscience – Psychiatry – Vraylar (Cariprazine): Bipolar Disorder I (BP-I) depressive, manic, and mixed episodes; Schizophrenia; and US only: Adjunctive treatment of MDD (aMDD)**

Cariprazine (VRAYLAR) is an orally active atypical antipsychotic. It is a partial agonist at central dopamine D3/D2 and serotonin 5-HT1A receptors and has antagonist activity at serotonin 5-HT2A receptors.

We welcome proposals from Investigators from under-represented groups.

Vraylar is approved for adults with:

- Bipolar Disorder I (BP-I) - depressive, manic, and mixed episodes
- Schizophrenia
- US only: Adjunctive treatment of MDD (aMDD)

Studies will only be considered for compounds that have received regulatory approval for at least one indication in the country of interest.

### **Priority will be given to proposals to investigate the following areas:**

- Investigation of disease states where Vraylar's pharmacology matches with the hypothesized underlying biology of psychiatric illnesses.
- Understanding the impact of Vraylar on the following in BP-I and MDD populations:
  - Sexual functioning
- Additional areas of interest for the approved indications (BP-I, schizophrenia, and MDD) include:
  - Increasing accuracy of BP-I Disorder diagnosis
  - Real world experience with and implementation of Rapid Mood Screener
  - Response of gut microbiome to treatment with Vraylar
  - Variance in the response to Vraylar based on the status of the gut microbiome.
  - Burden of disease
  - Novel outcomes related to treatment with Vraylar
  - Pharmacogenetic predictors of Vraylar response
  - Clinical relevance and prognostic value of BP-I maintenance treatment selection based on patients' predominant polarity and polarity index of medication
  - Efficacy on anhedonia as an adjunctive treatment for MDD
  - Long-term efficacy data as adjunctive therapy for MDD
  - Efficacy and safety in patients with substance use disorders
  - Potential to improve cognitive deficits in patients with Long Covid

### **Proposals in the following areas will NOT be considered:**

- Indications for which Cariprazine (VRAYLAR) has been or is being evaluated:
  - Pediatric adjunctive Major Depressive Disorder (aMDD)
  - Pediatric BP-I disorders
  - Pediatric schizophrenia
  - Maintenance treatment of BP-I disorder in adults
  - Irritability associated with autism spectrum disorder (ASD)
  - Negative symptoms in Schizophrenia
- Populations at high risk for impulse control dysfunction/compulsive behavior
- Patients at high risk for seizures
- Populations and/or indications under consideration by AbbVie

# **Eye Care: Durysta, XEN 45/63, Ozurdex, AGN-190584 Pilocarpine 1.25% ophthalmic solution (Vuity)**

## **Durysta Priorities**

- Risk factors leading to Endothelial Cell Loss (ECL) with Durysta (e.g., anatomic profile, placement, etc.)
- Effectiveness of Durysta after Selective Laser Trabeculoplasty (SLT)
- Effectiveness of subsequent treatments after Durysta
- How to transition from poly-pharmacy to Durysta
- Real World Evidence (RWE) on effectiveness and safety of Durysta
- Impact on topical AEs profile (including Ocular Surface Disease (OSD)) of switch from drops to Durysta
- Identification of predictors of long-term Intraocular Pressure (IOP) lowering effect with Durysta

## **Ozurdex Priorities**

- Biomarkers in Diabetic Macular Edema (DME): Identifying and validating as predictors of inflammation or Ozurdex therapeutic effect
- Use in phakic patients with DME
  - First and second line use
- Sequential use of Ozurdex and Anti-Vascular Endothelial Growth Factor (a-VEGF) (e.g., Ozurdex as 1st line)
- Intraocular pressure (IOP) safety profile of Ozurdex in relationship to posology and/or shorter treatment intervals
- Efficacy and safety across indications (e.g., DME, Retinal Vein Occlusion (RVO), Uveitis), including assessments using Artificial Intelligence.
- Limitations of standards of care in DME (e.g., focusing on functional and anatomical outcomes when switching within a-VEGF class)

## **XEN 45/63 Priorities\***

- Improvement of patient outcomes via novel surgical techniques
- Effectiveness and safety after failure of Minimally Invasive Glaucoma Surgery (MIGS) procedures
- Comparative evaluation of XEN45 and XEN63
- Effectiveness and safety of XEN vs Preserflo
- Prospective effectiveness and safety data vs. Trabeculectomy
- Impact of COVID 19 on Glaucoma progression and IOP control
- Effectiveness and safety when implanted after 2 drops
- Effectiveness and safety of XEN in Angle Closure Glaucoma (ACG)

\*Wherever possible, long-term data 3+ years (Visual Field (VF) progression, Endothelial cell count) and Primary Open Angle Glaucoma (POAG) sub-group analysis desirable

## **AGN-190584 Pilocarpine 1.25% ophthalmic solution (Vuity) Priorities**

- Data on the treatment of presbyopia with AGN-190584 Pilocarpine 1.25% across the range of visual acuity (near, intermediate, and distance)
- Evaluation of AGN-190584 Pilocarpine 1.25% for the treatment of presbyopia when used complementary to other refractive/surgical techniques
- Evaluation of AGN-190584 Pilocarpine 1.25% in additional presbyopia patient sub-types and practical clinical use scenarios
- Evaluation of patient's use patterns and outcomes with AGN-190584 Pilocarpine 1.25% for presbyopia

## Immunology – Gastroenterology: Risankizumab & Upadacitinib

COVID-19 studies will be considered as related to vaccine impact on AbbVie's marketed Immunology products or the impact of these marketed therapies on the safety and efficacy of vaccines.

Clinical interventional studies will only be considered for compounds that have regulatory approval for use in that respective indication in that country.

For preclinical studies utilizing upadacitinib and risankizumab outside of approved indications only *ex-vivo*, *in-vitro* or *in-silico* studies will be considered.

1. Prevention and treatment of pouchitis
2. Prevention and treatment of fistulizing and stricturing disease, and post-operative recurrence in Crohn's disease
3. Treatment of acute severe ulcerative colitis
4. Predictive and prognostic factors of disease severity, disease course, and response to therapy in inflammatory bowel disease (IBD) (adult and pediatric)
5. Optimal monitoring of symptoms and inflammation in IBD (adult and pediatric)
6. Non-invasive mucosal healing monitoring tools and proposals of validation of monitoring tools
7. Exploration of drug mechanisms and targeted therapy approaches in IBD
8. Broadening the knowledge about the role of early and sustained control of inflammation to prevent disease worsening or optimize long-term outcomes in IBD
9. Global burden of IBD (total cost of illness, quality of life, co-morbidities, unmet needs)
10. Evaluation of biomarkers in IBD geared towards identifying the differentiating drivers of response as well as developing and testing patient stratification hypotheses
11. Exploration of mechanisms of disease (disease state and novel therapeutic targets in IBD)
12. Broadening the knowledge of IL23 and JAK pathways to better understand their roles and impact in IBD

## **Immunology – Dermatology: Risankizumab (SKYRIZI), Upadacitinib (RINVOQ) and Adalimumab (HUMIRA)**

Clinical interventional studies will only be considered for compounds that have regulatory approval for use in that respective indication in that country.

COVID-19 studies will be considered as related to vaccine impact on AbbVie's marketed Immunology products or the impact of these marketed therapies on the safety and efficacy of vaccines.

### **Approved Indications**

#### **Compounds: Risankizumab (Skyrizi), Upadacitinib (Rinvoq)**

**Priority consideration will be given to applications proposing to investigate the following areas of interest:**

1. Development and use of novel technological tools and devices for referral, diagnosis, assessment, disease management, and monitoring.
2. Remote and virtual, monitoring and disease management –challenges associated with remote environment.
3. Impact of treat to target strategies, treatment goals and initiatives to advance quality of care in managing disease.
4. Assessment of the impact / benefits of achieving and maintaining high levels of clearance over the long term.
5. Understanding treatment patterns, including dosing, sequencing, and compliance, including persistence, adherence, adverse events, and outcomes in all patients including patients with skin of color.

### **Psoriatic Disease (PsO, PsA)**

#### **Compound: Risankizumab (Skyrizi)**

6. In vitro or in vivo research of risankizumab or IL-23 in the pathogenesis of psoriasis, psoriatic arthritis, or associated comorbidities
7. Epidemiology, associated comorbidities, cumulative life course impairment (CLCI), and markers for early detection
8. Impact of early intervention and disease modification of risankizumab in psoriasis across all severities (including mild to moderate)
9. Impact of risankizumab on psoriatic comorbidities, including prevention of comorbidities
10. Real World Effectiveness and safety of risankizumab
11. Impact of risankizumab in PsA, including impact on musculoskeletal symptoms including oligo-arthritis, extra articular manifestations, structural joint damage, patient reported outcomes (including pain and fatigue) and skin outcomes

## **Atopic Dermatitis (AD)**

### **Compound: Upadacitinib (Rinvoq)**

12. Epidemiology, natural course of the disease, including co-morbidities and CLCI, management, and burden of AD
13. Pathogenesis and systemic nature of AD
14. Understanding skin pain and itch in AD and mode of action of Upa in treating these
15. Clinical and biomarker characterization of different AD endotypes and phenotypes
16. Effectiveness and safety of upadacitinib in AD, including AD sub-types, ethnicities and variants, treatment regimen optimization, and characterization of adverse event profiles
17. Long-term impact of use and patient experience with topical steroids and other topicals including topical calcineurin inhibitors
18. Understanding the importance of multi-dimensional disease control (speed of onset, importance of itch control, rapidity and depth of response, long-term control, CLCI, minimal disease activity) and its impact on patients and shared decision-making
19. Impact of Upa on AD co-morbidities

## **Hidradenitis Suppurativa (HS)**

20. Disease prevalence and natural course of disease, including progression
21. Practical diagnostic and monitoring tools that aid in disease classification, assessment of disease severity, activity progression, flares, response to treatment, and goals of therapy
22. Pathogenesis of HS
23. Biomarkers and phenotypes of HS
24. Patient types/segments and their needs with respect to treatment and disease management
25. Impact of early referral, diagnosis and treatment in HS including impact on progression, and the consequences of underdiagnosed / undertreated disease
26. Burden of disease, including co-morbidities, psychosocial impact (stigma, mental health), access to care, and cost (direct and indirect), as well as the cumulative long-term impact of disease across varying patient types (age, extent of disease, skin phototype)

## **Vitiligo**

27. Disease pathogenesis
28. The natural course of disease, including disease activity and progression



29. Burden of disease, including co-morbidities, psychosocial impact (stigma, mental health), access to care, and cost (direct and indirect), as well as the cumulative long-term impact of disease across varying patient types (age, extent of disease, skin phototype)

30. Disease scoring and assessment measures

31. Treatment goals, from both the HCP and patient perspective

32. Treatment patterns, including treatment transitions and combination therapy

### **Other Inflammatory Skin Diseases**

33. Research to understand the pathogenesis, disease course, burden (including co-morbidities, CLCI), disease assessments and, treatment goals and patterns of other inflammatory skin diseases

34. Efficacy/effectiveness and safety of approved assets in other inflammatory skin diseases

## Immunology – Rheumatology: Upadacitinib (RINVOQ) and Skyrizi (Risankizumab)

COVID-19 studies will be considered as related to vaccine impact on AbbVie's marketed Immunology products or the impact of these marketed therapies on the safety and efficacy of vaccines.

Clinical interventional studies will only be considered for compounds that have regulatory approval for use in that respective indication in that country.

Upadacitinib is a selective and reversible JAK inhibitor that is being evaluated in rheumatoid arthritis [RA], psoriatic arthritis [PsA], axial spondyloarthritis [axSpA] and giant cell arteritis [GCA].

### Rheumatology / Overarching

Compounds: Upadacitinib

Indications: RA, PsA, axSpA, TAK, GCA, JIA, JPsA, SLE

Additional indications which are asset agnostic include polymyalgia rheumatica [PMR]

1. Adherence and persistence with JAK-inhibitors in inflammatory diseases
2. Understanding JAK-related pain mechanisms
3. Role of JAKi on extra-musculoskeletal manifestations
4. Impact of Upadacitinib treatment via imaging modalities
5. Understanding burden of systemic glucocorticoid treatment
6. Mechanistic basis for and potential risk factors associated with Herpes Zoster with JAK inhibition
7. Non-clinical pharmacological assessments of JAK inhibitor differentiation
8. Understanding unmet needs, patient reported outcomes, characteristics, burden of disease, treatment patterns/strategies, economic assessments, novel outcomes and assessments (including aspirational cure)
9. Roles of JAKs in disease progression
10. Biomarkers predictive of response to treatment and/or prognostic of disease progression
11. Epidemiology and risk factors associated with VTEs, MACE, malignancies, and mortality
12. Assessment of step-down approaches of concomitant medications (e.g., methotrexate, glucocorticoids, NSAIDs)
13. Outcomes associated with patients achieving and/or maintaining remission
14. Assess the benefit and understand the barriers of goal directed / treat-to-target therapy
15. Understanding telemedicine/remote monitoring assessment approaches to optimize patient care

Compound: Risankizumab

Indications: PsA

16. Efficacy in PsA patients with mono- or oligoarticular disease
17. Comparative and/or real-world effectiveness in PsA
18. Effectiveness on radiographic outcomes
19. Efficacy on axial manifestations in PsA
20. Impact of early intervention and disease modification of risankizumab in Psoriatic Disease
21. Impact of risankizumab in PsA, including impact on musculoskeletal symptoms including oligoarthritides, extra articular manifestations, structural joint damage, patient reported



## Oncology:

AbbVie Oncology compounds with areas of interest for investigator-initiated studies are listed below. AbbVie is accepting preclinical and clinical applications in 2023.

**Below you will find overarching guidance as it relates to all Oncology compounds included in this list. In addition to the overall 'Oncology' guidance and priorities outlined below, there are compound-specific areas of priority as listed in each asset sub-section.**

Priority will be given to applications proposing to investigate the following areas:

- Novel therapeutic combinations
- Evaluation of novel and additional clinical endpoints and/or exploratory predictive models or biomarkers

Things to consider for the investigator:

- Prior to Regulatory approval, a clinical interventional IIS may be considered only after the safety profile has been established for a compound.
- AbbVie's medical science liaisons are available to provide guidance throughout this process.
- Funding of research must not exceed local fair market value, nor be used for expenses not associated with the conduct of the research.
- Submissions that include populations that duplicate AbbVie's clinical development are not a high priority.

### **Venetoclax (ABT-199)**

Venetoclax is a BCL2 inhibitor with scientific rationale for evaluation across a broad variety of Hematologic malignancies/disorders.

In addition to the overall 'Oncology' guidance and priorities outlined above, priority will be given to Venetoclax applications proposing to investigate the following areas:

- Evaluation of mechanisms of resistance including but not limited to CLL and AML
- Novel therapeutic combinations in Multiple Myeloma

Notable considerations for the investigator:

- Adult solid tumor proposals will not be accepted.

### **Navitoclax (ABT-263)**

Navitoclax (ABT-263) is a BCL-XL/BCL-2 inhibitor with scientific rationale for evaluation across several hematologic malignancies, particularly myeloproliferative neoplasms (MPN).

In addition to the overall 'Oncology' guidance and priorities outlined above, priority will be given to Navitoclax applications proposing to investigate the following areas within MPN:

- Exploration of Navitoclax combination therapy in special patient populations

Notable considerations for the investigator:

- Clinical indications other than MPN are of lower priority.
- Solid tumor proposals will not be accepted.

Areas of interest for non-clinical/preclinical IISs:

- Evaluating preclinical efficacy and correlative effects of BCL-XL inhibition in myeloproliferative neoplasms (MPN).
- Apoptosis research (e.g., senescence, fibrosis, immune cells).

### **Epcoritamab**

Epcoritamab is a CD3xCD20 bispecific antibody with scientific rationale for evaluation in B-cell Malignancies.

In addition to the overall 'Oncology' guidance and priorities outlined above, priority will be given to Epcoritamab applications proposing to investigate the following areas:

- Evaluation of Epcoritamab management in various patient settings
- Evaluation of real-world data including but not limited to treatment patterns and patient-reported outcomes

### **Telisotuzumab vedotin (Teliso-V, ABBV-399)**

Teliso-V is an antibody drug conjugate (ADC) targeting c-Met with scientific rationale for evaluation in non-small cell lung cancer and other solid tumor malignancies.

In addition to the overall 'Oncology' guidance and priorities outlined above, priority will be given to Teliso-V applications proposing to investigate the following areas:

- Evaluation of Teliso-V as a monotherapy or in combination (e.g., IO, TKI, radiotherapy, ADCs) in NSCLC clinical indications where there is scientific rationale
- Evaluation of Teliso-V as a monotherapy or in combination in clinical indications beyond NSCLC where there is scientific rationale

Notable considerations for the investigator:

- Pediatric proposals will not be accepted.
- Proposals with squamous NSCLC histology will not be accepted.
- Monotherapy proposals in NSCLC patients with EGFR actionable mutations will not be accepted.
- Preferences will be given to proposals with translational components to address unmet scientific questions and provide new scientific insights.

For non-clinical IIS:

- Scientific rationale and mechanisms for combinations in NSCLC
- Evaluate MET contribution to NSCLC disease biology and evolution
- Relationship and crosstalk between MET expression/amplification/mutation and the tumor immune microenvironment
- Diagnostic concordance of MET expression between biopsy and cytological samples
- Effect of Teliso-V on the tumor immune microenvironment
- ADCs and immunogenic cell death

## **Specialty – Hepatology – Maviret/Mavyret: Hepatitis C Virus (HCV)**

AbbVie is committed to support global efforts to meet WHO target of HCV elimination as a major public health threat by 2030.

In this context, AbbVie is interested in scientific study proposals addressing any of the following priority areas:

1. Research aiming to explore sustainable solutions and models, including 8-week treatment, to allow simplification of the HCV care continuum and/or accelerate the path to elimination, in the following populations\*: A) high incidence of HCV, B) high risk of HCV transmission, C) sub-optimal linkage to care and D) patients receiving concomitant medications of interest including those with substance use disorders. Examination of models that successfully incorporate non-liver specialists into the HCV care, include but are not limited to addiction specialists, OB/GYN, psychiatrist, nurses and primary care physicians.
  - Patient populations may include people who inject drugs (PWID), immigrants, incarcerated, mental health patients
2. Clinical and economic outcomes of 8-week treatment in patients with acute and recently acquired HCV to enable further simplification of HCV care across disease stages.
3. Epidemiological research in HCV populations of interest (e.g., PWID, immigrants from high-prevalence countries, incarcerated, mental health patients, pregnant persons, including pediatric transmission).

## Specialty – COVID-19

AbbVie is committed to continue to understand the impact of SARS-CoV-2 on patients infected with the disease. The development of highly effective vaccines and therapeutics have rapidly impacted the landscape of SARS-CoV-2 however there remains disproportionate access to these therapies across geographies. Given the recent shift of the pandemic moving towards endemic, AbbVie is not actively seeking to repurpose on market therapeutics at this time.

The below outlines the research that AbbVie may consider:

- Epidemiology and natural history of the evolving coronavirus landscape and potential emerging viral pandemics
- Viral dynamics and disease outcome studies to understand the impact of SARS-CoV-2 vaccines and therapeutics on the evolving COVID-19 disease landscape

## **Specialty – Oriahnn, Orilissa, LoLo Estrin Fe, Liletta: Uterine Fibroids, Endometriosis, Contraception**

### **Oriahnn: Uterine Fibroids**

- Real world evidence characterizing the outcome of specific patient types diagnosed with heavy menstrual bleeding due to uterine fibroids and treated with elagolix plus estradiol/norethindrone.

### **Orilissa: Endometriosis**

- Real world evidence characterizing the outcomes of patients treated with elagolix for pain due to endometriosis and who have a contraindication or co-morbid condition that limits use of add back or hormonal therapy.

### **Contraceptives: Liletta and LoLo Estrin Fe**

- Studies evaluating outcomes of norethindrone acetate and ethinyl estradiol tablets, ethinyl estradiol tablets and ferrous fumarate tablets 1mg/10mcg and 10mcg when used in combination with elagolix for treatment of symptoms associated with endometriosis.



## Endo-Metabolic: CREON

Abbvie is interested in scientific study proposals that would address the following priority clinical areas:

1. Burden of exocrine pancreatic insufficiency (EPI) disease and impact of treating EPI in:
  - a. Acute Pancreatitis
  - b. Celiac Disease
  - c. GI surgeries that could result in EPI
2. Outcomes in EPI patients treated with CREON® (pancrelipase) with underlying conditions of EPI, excluding chronic pancreatitis in adults
3. Novel approaches (clinical tools, biomarkers, devices) that
  - a. Accelerate/ease the diagnosis of EPI
  - b. Improve adequate pancreatic enzyme replacement therapy (PERT) dosing
  - c. Improve PERT adherence
  - d. Assess outcome of PERT treatment beyond stool fat measurements

## **Anti-Infectives: Avycaz (ceftazidime/avibactam), Teflaro (ceftaroline fosamil)**

### **Key Focus Areas: Avycaz (ceftazidime/avibactam)**

- Comparative clinical and/or microbiologic data in infections caused by carbapenem-resistant Enterobacterales (CRE), extended-spectrum beta lactamase (ESBL) producing bacteria, and multi-drug resistant (MDR) *Pseudomonas aeruginosa*
- Studies evaluating the impact of early appropriate therapy on clinical outcomes in high-risk patients with suspected or documented resistant Gram-negative infections
- Studies (pre-clinical and clinical) evaluating emergence of resistance of Gram-negative bacteria, including prevalence of resistance, mechanisms of resistance, and strategies for prevention
- Clinical outcomes in patients with Gram-negative bacteremia
- Clinical outcomes in special populations (i.e., immune-compromised, CF patients, pediatrics, transplant)

### **Key Focus Areas: Teflaro (ceftaroline fosamil)**

- Comparative time to clearance data of *S. aureus* bacteremia vs. standard of care (vancomycin, daptomycin)
- Clinical and/or microbiological outcomes in hospitalized ABSSSI and CABP patients with significant co-morbidities (e.g. Diabetes, obesity, immune-compromised), including evaluation of early and sustained clinical responses
- Dose optimization and/or outcomes in difficult to treat infections, including but not limited to methicillin resistant *S. aureus* (MRSA) bacteremia, MRSA pneumonia, osteomyelitis, diabetic foot infection, catheter-related infection

## **GI Care: Linaclotide**

AbbVie is interested in scientific study proposals that would address the following priority areas:

1. Efficacy and safety of linaclotide to treat constipation and/or abdominal symptoms in patients with Parkinson's disease
2. Novel clinical tools and/or biomarkers that:
  - a. Increase the ease of confident diagnosis of IBS-C and CIC
  - b. Improve patient clinical experience, outcomes and/or adherence to linaclotide treatment
  - c. Assess novel outcomes of IBS-C and CIC treatment