# THE WISCONSIN CONNECTION

*The Newsletter of the Prader-Willi Syndrome Association of Wisconsin, Inc.*

**The mission of the Prader Willi Syndrome Association of Wisconsin, Inc. is to Support, Educate and Advocate for persons with Prader-Willi Syndrome, their families and professionals in meeting the challenges of this disability.**



**Office Address**:
PWSA of WI, Inc.
PO Box 324
Menasha, WI 54952
**(920) 733-3077**
**Email**:
progdir@pwsaofwi.org
**Website**:
www.pwsaofwi.org
**Facebook:**
www.Facebook.com/PWSAofWI
**Twitter:**
Www.twitter.com/PWSAofWI
**Instagram:**
Www.instagram.com/PWSAofWI

PWSA of WI, Inc. is a chapter of PWSA (USA)
Website: www.pwsausa.org

Hello from the office! It has been quite the couple of months here. A few folks have contacted me concerned how things are going with the organization and more specifically my ability to continue what we do here. Fear not! I already work from home and I am still here Monday-Friday 9-5 to provide support and information for anyone who needs it.

There is so much uncertainty about the rest of the year, especially for individuals with Prader-Willi. Many individuals have underlying conditions that could be exacerbated by Covid-19 and things like a high pain threshold and temperature dysregulation can lead to a late diagnosis. PWSA (USA) has more information about this topic. https://www.pwsausa.org/?s=covid
For this reason many parents will be put in a tough situation come the fall. We don't know what school will look like and it will definitely vary from district to district. This may mean that as parents you may have to weigh your options at the end of the summer. I bring this up not to scare anyone, but instead to encourage you to be having a dialogue with your child's teachers. Likely they do not have answers right now, and I wouldn't expect them to, but communication and preparation are key. As always, we are here to help as well.

I can say I am very glad for the beautiful weather we have been having (except that 90s/humid stuff, Mother Nature can keep that). May was amazing and so many people were able to get out and walk every single day. I am very sorry that we weren't able to see everyone for the walk this year but that just means next year will be that much more awesome!

*Joshua Escher-Program Director*


We will have 7 board member spaces up for election in October of this year. If you have thought in the past about being more involved with our organization, let us know! Our board members help to plan events, make budget decisions, provide support for our staff, and steer our organization into the future. For more information or if you have any questions feel free to reach out progdir@pwsaofwi.org or 920-733-3077.

**Millendo Therapeutics Announces Topline Results for Pivotal Phase 2b Study of Livoletide in Patients with Prader-Willi Syndrome (PWS)**

April 6, 2020

- *Livoletide did not achieve statistically significant improvement in primary endpoint of change in hyperphagia and food-related behaviors relative to placebo*
- *Millendo to discontinue livoletide program in PWS and focus on development of pipeline assets nevanimibe and MLE-301*

ANN ARBOR, Mich.--(BUSINESS WIRE)--Apr. 6, 2020-- Millendo Therapeutics, Inc. (Nasdaq: MLND), a biopharmaceutical company primarily focused on developing novel treatments for endocrine diseases, announced today that it is discontinuing the development of livoletide as a potential treatment for Prader-Willi syndrome (PWS). The decision to discontinue the PWS program was based on topline data from the pivotal Phase 2b ZEPHYR study which showed that treatment with livoletide did not result in a statistically significant improvement in hyperphagia and food-related behaviors as measured by the Hyperphagia Questionnaire for Clinical Trials (HQ-CT) compared to placebo.

"Unfortunately, treatment with livoletide did not significantly improve hyperphagia and food-related behaviors in our ZEPHYR study. While we are disappointed in these results, I want to recognize our team's hard work and commitment in executing this robust study that informed the difficult decision to discontinue the livoletide PWS program," said Julia C. Owens, President and Chief Executive Officer of Millendo Therapeutics. "We are deeply grateful to the patients, caregivers and researchers who made the ZEPHYR study possible. We are committed to understanding the totality of the Phase 2b results and we intend to report the data at a future scientific meeting or publication when they are available."

Owens added, "Moving forward, we will shift our development focus to compelling portfolio programs nevanimibe for congenital adrenal hyperplasia (CAH) and MLE-301 for menopausal vasomotor symptoms. With the rapidly evolving COVID-19 global pandemic and the extraordinary burden it has put on hospitals and healthcare providers, we are monitoring the potential impact of the situation on these programs and will provide an update when we have more clarity on expected timelines."

The ZEPHYR study was a two-part, randomized, double-blind, placebo-controlled pivotal Phase 2b/3 study. The pivotal Phase 2b study included a three-month double-blind, placebo-controlled period in which patients (N=158) were randomized to either 60 μg/kg or 120 μg/kg of livoletide, or placebo. The Phase 2b data showed improvements from baseline in HQ-CT scores of -4.7 ($p = 0.13$) and -3.8 ($p = 0.45$) for the livoletide treated groups (60 μg/kg or 120 μg/kg, respectively) at 12 weeks compared to -2.8 for placebo. The average HQ-CT baseline score was 20.2. No positive trends were observed for any of the secondary endpoints of fat mass, body weight or waist circumference.

Livoletide was well tolerated during the ZEPHYR study, with injection site reaction being the most frequently reported adverse event, as expected with an injectable drug, and mostly mild in severity. A total of 2 patients (1.3%) dropped out of the study during the 12-week core period. There were 4 serious adverse events reported during the 12-week period, with none being related to livoletide treatment.

Millendo has made the decision to stop all livoletide development efforts in PWS, including the 9-month extension study and initiation of the Phase 3 ZEPHYR study.

**About Livoletide**

Livoletide is an unacylated ghrelin analogue in late-stage clinical development for the treatment of hyperphagia in Prader-Willi syndrome (PWS). This rare genetic disease is characterized by hyperphagia, a chronic unrelenting hunger, that leads to obesity, metabolic dysfunction, reduced quality of life and early mortality. In a randomized, double-blind, placebo-controlled pivotal Phase 2b clinical trial in 158 patients with PWS, administration of livoletide once daily for 12 weeks showed that livoletide did not result in a statistically significant improvement in hyperphagia and food-related behaviors. For more information about Millendo's pivotal study of livoletide (ZEPHYR) please visit www.clinicaltrials.gov (NCT03790865) or the Our Patients portion of our website.

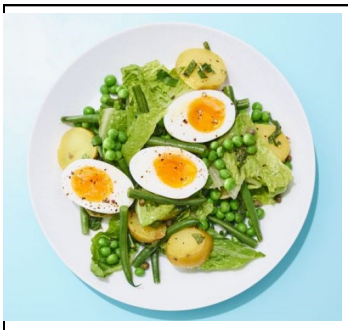
**About Nevanimibe**

Nevanimibe decreases adrenal steroidogenesis through the inhibition of acyl coenzyme A: cholesterol acyltransferase 1, or ACAT1, and is being studied for the treatment of classic congenital adrenal hyperplasia (CAH). CAH is a rare, monogenic adrenal disease that requires lifelong treatment with exogenous cortisol, often at high doses. These chronic high doses of cortisol can result in side effects that include diabetes, obesity, hypertension and psychological problems. Millendo has received Orphan Drug Designation for nevanimibe for the treatment of CAH from the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA). In a Phase 2a clinical trial in patients with CAH, Millendo observed nevanimibe to be associated with clear signs of clinical activity in seven of 10 treated patients. A Phase 2b trial of nevanimibe in CAH (NCT03669549) is ongoing.

Continued on page 3

Continued from page 2

**About MLE-301** MLE-301 is a neurokinin 3 receptor (NK3R) antagonist that is being developed as a potential treatment of VMS, commonly known as hot flashes and night sweats, in menopausal women. NK3R plays a key role in regulating the activity of KNDy (kisspeptin/NKB/dynorphin) neurons, which are believed to participate in the generation of VMS. By inhibiting the NK3R signaling on the KNDy neurons and potentially other NK3R-expressing neurons that propagate heat dissipation signals through the hypothalamus, MLE-301 aims to reduce the effects of hyperactive KNDy neurons and thereby address the excessive heat dissipation signaling associated with VMS. MLE-301 is currently in preclinical studies designed to enable first-in-human clinical studies.



# Summer Egg Salad

Ingredients

1 cup potatoes, thickly sliced

1 cup French beans, trimmed

1 cup frozen peas

3 eggs

1 cup romaine lettuce, roughly torn into pieces

For the dressing

1 tbsp extra virgin olive oil

2 tsp cider vinegar

½ tsp English mustard powder

2 tbsp chopped mint

3 tbsp chopped basil

1 garlic clove, finely grated

1 tbsp capers

Method

Cook the potatoes in a pan of simmering water for 5 mins. Add the beans and cook 5 mins more, then tip in the peas and cook for 2 mins until all the vegetables are just tender. Meanwhile, boil the eggs in another pan for 8 mins. Drain and run under cold water, then carefully shell and halve.

Mix all the dressing ingredients together in a large bowl with a good grinding of black pepper, crushing the herbs and capers with the back of a spoon to intensify their flavors.

Mix the warm vegetables into the dressing to coat, then add the lettuce and toss everything together. Pile onto plates, top with the eggs and grind over some black pepper to serve.

*Serves: 2*

*Recipe appeared in Good Food Magazine June 2018*

# Too Darn Hot!

**This is a compilation of some suggestions for how to keep individuals with PWS cool from the 2017 PWSA (USA) article by Kathy Clark**

- Always travel with a frozen water bottle.
- Cold drinks or frozen drinks (Slurpees) can help reduce body temperature internally.
- Babies should sleep in an air-conditioned room with good air circulation.
- Travel with a small insulated cooler filled with thin wet towels, a water bottle, and blue ice packs.
- There are many small battery powered fans that include a spray water bottle, the ideal combination for cooling – air movement over damp skin.
- Duct tube devices can direct the front seat AC vents directly to the child in the back seat.
- Fans help cool the skin, which is a highly effective way to lower temperature rapidly.
- Don't expect any person with PWS to do well in a hot car – let the car cool off.

# Thank you to all those who participated in our PWS On the Move May Awareness Fitness Challenge 2020!

Fundraisers brought in over $10,000 in pledges!

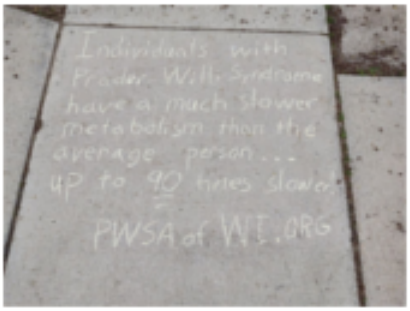
278 awareness shirts were ordered and will provide continuing awareness every time they are worn!

Families from all over the country walked, worked out, and raised awareness throughout the month. We even had a family from Manila, Phllippines participate!

## Thank you to our Bronze Sponsors


Root Connections
Consultative Services, LLC
Where Hope Grows

www.rootconnectionsllc.com




ATHENA LEGAL SOLUTIONS LLC
Virtual In-House Counsel

Athenalegalsolutionsllc.com

***Joseph Bacigalupo In Honor of Teresa***

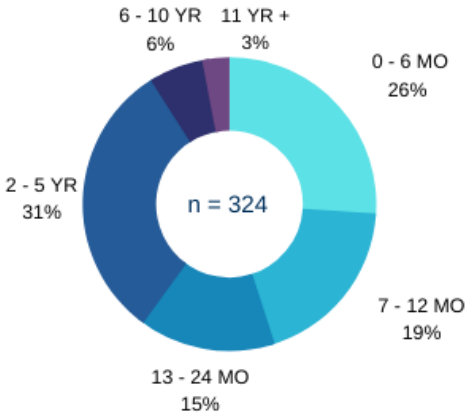
# VISION & PWS

GLOBAL PRADER-WILLI SYNDROME REGISTRY
WWW.PWSREGISTRY.ORG

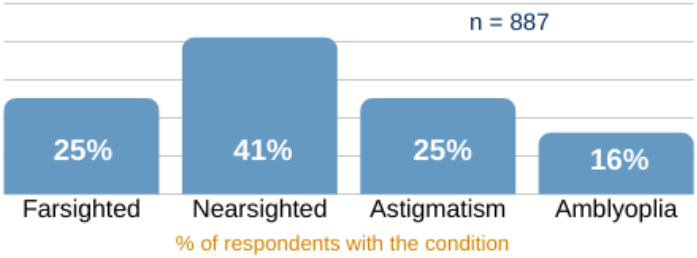
**40%** *of registry participants* have had **strabismus**

*There is no statistically significant difference in strabismus among PWS subtypes.*

## Age At Strabismus Diagnosis

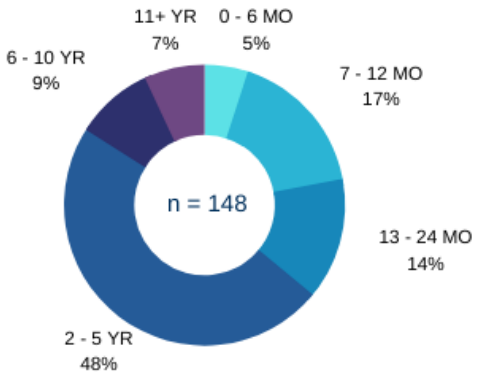



## Frequency of Other Eye Conditions




**48%** of strabismus patients go on to have corrective surgery

## Age At Strabismus Surgery




WWW.PWSREGISTRY.ORG MARCH 2020


**Save the Date for the PWSA (USA) 36th National Convention! Join us from June 23 - 26, 2021 at Lake Buena Vista Palace in Orlando, FL**

PRESS RELEASE

April 22, 2020

## Saniona Reports Positive Topline Results from Phase 2 Trial of Tesomet in Hypothalamic Obesity

- Tesomet is safe and well-tolerated in hypothalamic obesity patients
- Tesomet led to statistically significant reductions in the key efficacy endpoints, including change in body weight, waist circumference and glycemic control compared to placebo

Saniona (OMX: SANION), a clinical stage biopharmaceutical company focused on rare diseases, today announced top line results from its 24-week double blind, randomized, placebo-controlled Phase 2 trial evaluating the safety and efficacy of Tesomet in patients with hypothalamic obesity (HO). The study results showed that Tesomet was safe and well tolerated. Furthermore, robust efficacy data was also reported, with statistically significant improvements in body weight, waist circumference, and glycemic control observed with Tesomet treatment compared to placebo.

"We are highly encouraged by the promising safety and efficacy observed in our Phase 2 randomized controlled trial," said Rami Levin, President and Chief Executive Officer of Saniona. "This is an important accomplishment that we believe is a step forward towards a possible first approved treatment for HO. We recognize the importance of discovering a treatment for this devastating rare disease and are committed to rapidly advancing Tesomet for HO patients. We are evaluating next steps for the development of Tesomet in Hypothalamic Obesity and intend to pursue an End of Phase 2 meeting with FDA to define a regulatory path forward."

Highlights from top-line study data include:

- Tesomet was found to be safe and well tolerated. Side effects seen more frequently in treated patients include sleep problems, dry mouth, and headache, which are well known side effects associated with tesofensine and/or metoprolol. There was a single case of Tesomet related anxiety/paranoia reported as a Serious Adverse Event (SAE), which improved after discontinuation of treatment.
- There were no clinically meaningful differences in heart rate or blood pressure between treatment groups.
- 18 of the 21 study participants completed the placebo-controlled part of the study (2 dropouts in placebo group; 1 dropout in treatment group) and have entered the open-label extension for an additional 24-week period.
- Treatment with Tesomet led to a statistically significant 6.8% average reduction in bodyweight compared to placebo ($p < 0.001$).
- Average waist circumference of Tesomet treated patients was significantly reduced by 7.9% compared to placebo ($p < 0.001$).
- Tesomet treatment improved glycemic control as measured by a statistically significant 14.6% reduction in hemoglobin A1c (HbA1c) compared to placebo ($p = 0.015$).

Saniona AB (publ), Baltorpvej 154, DK-2750 Ballerup, Denmark
Web: saniona.com Email: saniona@saniona.com


THE PRADER-WILLI SYNDROME ASSOCIATION OF WISCONSIN, INC.

Professional SERVICE PROVIDER AWARD

Do you have a teacher, doctor, care provider, or other professional that you think deserves to be recognized for their service to the PWS community? We want to reward them! Visit our website at https://pwsaofwi.org/ProRecognition and fill out an application today! Each winner will receive a certificate, a card, and a $50 gift card.

Prader-Willi Syndrome Association of WI, Inc.
PO Box 324
Menasha, WI 54952
920-733-3077
Email: progdir@pwsaofwi.org
Web site: www.pwsaofwi.org

Nonprofit Org
U.S. Postage Paid
Menasha, WI 54952
**Permit #75**

PWSA WISCONSIN

| PWSA of WI, Inc.'s Event Calendar | | |
|---|---|---|
| September 27th, 2020 | PWSA of WI Golf Benefit | The Oaks, Cottage Grove, WI |
| October 17th, 2020 (This date is pending Covid guidelines) | 2nd Annual Sparkle and Shine Gala | Red Circle Inn & Bistro, Nashotah, WI |
| | | |