

# THE TREAT FTD FUND

## BACKGROUND

Frontotemporal dementia (FTD) encompasses a spectrum of neurodegenerative diseases with varied biological mechanisms, clinical symptoms and prognoses that come with unique challenges for clinical drug development. There are currently no approved treatments that delay or halt the progression of FTD disorders or that effectively treat symptoms. While there are increasing numbers of promising treatments entering clinical trials, the number remains small, and none have resulted in viable treatments.



The Alzheimer's Drug Discovery Foundation (ADDF) and the Association for Frontotemporal Degeneration (AFTD) launched the Treat FTD Fund to provide critical funding for early-stage clinical trials that:

- help address these challenges
- build on emerging scientific understanding of biological mechanisms underlying FTD
- stimulate the field to develop new therapies for FTD disorders
- advance the development, validation and adoption of informative biomarkers
- enable novel trial designs and technologies

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## GOAL

The Treat FTD fund aims to support programs testing drugs or devices for FTD disorders while building clinical data around FTD mechanisms in human disease and corresponding biomarker endpoints in response to treatment. The fund aims to de-risk clinical development programs by supporting clinical trials generating data leading to clear go/no-go decisions and if positive, sufficient data to encourage follow on funding of the approach. Programs will be considered that test novel or repurposed drug candidates or devices in phase 0, 1 or 2 clinical trials for FTD disorders, led by academic researchers or biotechnology companies, worldwide. Both disease-modifying and symptomatic approaches will be considered.

The RFP seeks to support clinical trials with:

1. biological mechanisms that have a sound scientific rationale for FTD
2. suitable clinical trial designs, that may include features such as basket, adaptive or other novel approaches
3. biomarkers that can indicate target engagement and/or downstream pharmacologic effects
4. biomarker endpoints that can provide a deeper understanding of the drug mechanism and disease progression
5. therapeutics applicable to both sporadic and genetic forms of FTD

Although the strongest proposals will address all these aspects, any approach with a sound biological rationale and well justified outcome measures for the patient population will be considered.

In 2019, the ADDF and the AFTD convened an advisory panel to generate recommendations on outcome measures and statistical considerations for value-generating exploratory trials in neurodegenerative dementias. Please find the resulting publication and guidelines [here](#).

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## AWARD INFORMATION

Up to \$2,000,000 based on stage and scope of the trial. For studies requiring additional support, co-funding from other funding agencies or investors is encouraged. Payment structure will be negotiated and based on milestone achievements and patient enrollment.

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## DEADLINES

**Letter of Intent:** January 27th, 2023

**Full Proposal:** March 17th, 2023

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## ELIGIBILITY

Funding is open to researchers and clinicians worldwide at:

- Academic medical centers, universities or non-profits. Industry partnerships are encouraged.
  - Biotechnology companies. Existing companies and new startups are both eligible.
  - ***NOTE:*** All funding is provided through mission-related investments that require return on investment based upon scientific and/or business milestones (see [Our Research Strategy](#) for more information).
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## FUNDING PRIORITIES

**Clinical Stage:** Funding can support phase 0, 1 or 2 studies. This includes single ascending dose (SAD) and multiple ascending dose (MAD) studies to establish safety, brain penetration or target engagement in healthy subjects and/or patients. It also includes exploratory phase 1b or phase 2a trials designed to assess pharmacologic effects with shorter treatment durations and fewer patients than a traditional phase 2 study. These types of studies can serve as an important proof-of-principle to justify larger phase 2 clinical trials. Smaller studies that address one critical question or can further de-risk a clinical program will be considered. Studies that don't align with any of these descriptions but fit the goals of the fund are also eligible.

**Patient Population:** Can include both genetic or sporadic forms of any FTD disorder, including behavioral variant FTD, primary progressive aphasia, corticobasal syndrome, progressive supranuclear palsy, and FTD/ALS, as well as healthy individuals for phase 1 studies or asymptomatic individuals at risk for developing FTD. A clear description of the rationale for the mechanism of action in the targeted population must be included in the application. Applicants must also provide information about recruitment of the target population to demonstrate (1) a sufficient number of patients are available to meet recruitment goals (particularly in genetic variants), and (2) participants have been accurately diagnosed at clinical sites with FTD expertise. Approaches for sporadic forms of FTD are especially encouraged.

**Hypothesized therapeutic mechanism or mode of action:** The strongest proposals will provide a clear rationale for targeting the proposed mode or mechanism of action in FTD disorders, compelling evidence that demonstrates a link to FTD, supportive preclinical data, and where available, human data. Proposals without an identified target will also be considered but a clear connection to FTD should be described. Biological areas of interest include, but are not limited to:

- Genetic causes of disease (C9orf72, MAPT, GRN, etc.)
- Misfolded proteins (TDP-43, tau, FUS, etc.)
- Inflammation
- Autophagy
- Mitochondrial & metabolic function
- Epigenetics
- Neuroprotection
- Synaptic activity & Neurotransmitters

*Other novel targets or pathways that are supported by compelling evidence that demonstrate a rational biological connection to the disease process will also be considered.*

**Drug that has completed IND-enabling studies (or international equivalent):** The drug should have completed or be in the process of completing IND-enabling studies at the time of application. If IND-enabling work is in progress, any award would be contingent upon getting an IND from the FDA and full review of the data package. We encourage applications worldwide. Any applications from outside the U.S. would be expected to meet the country or regionally specific regulatory equivalent.

**Biologically relevant biomarkers:** Where appropriate, proposals should include biomarkers that can measure pharmacokinetic/pharmacodynamic relationships and evidence of target engagement. Inclusion of novel, exploratory biomarkers that can provide insight into the biological effects of the intervention are encouraged. Biomarkers used for participant selection or patient stratification are also encouraged, where relevant and available.

**Study design:** Studies should be designed around a clear, testable hypothesis with go/no-go decision points. Studies should be milestone driven, generate interpretable data and help with future decision making. Smaller, exploratory trials or trials that can derisk or deploy new technologies or designs that enable smaller sample sizes and faster trials are also encouraged. Please find additional guidance outlined in: [Friedman LG, et al. Value-Generating Exploratory Trials in Neurodegenerative Dementias. Neurology. 2021;96\(20\):944-954. doi:10.1212/WNL.0000000000011774.](#)

**Ability to address unmet need:** Effective interventions that can help manage debilitating symptoms as well as disease modifying approaches are both critically needed for FTD.

**Data sharing:** Applicants should address their plans for data sharing in the full proposal. The Treat FTD Fund encourages data sharing and will work with applicants during the diligence process to outline a clear sharing plan.

**Type of therapy:** Experimental and repurposed drugs, including small molecules, peptides, antibodies, gene therapies, antisense oligonucleotides (ASOs), and others. Non-pharmacologic interventions, such as devices, will also be considered.

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## SELECTION PROCESS

Applicants will first submit a letter of intent (LOI) that includes brief information about the proposed mechanism or mode of action, the drug, supporting data, biomarkers and proposed clinical trial features. The top LOIs will be invited to submit a full proposal that includes a clinical trial protocol, budget, team biosketches and business documents, if applicable. Applications will be reviewed confidentially by a panel of FTD experts. Applicants may expect to receive recommended revisions to their workplan or clinical trial design as part of the review process. In some circumstances, applicants may be offered access to a consultant with industry experience.

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## RECOMMENDED RESOURCES

Leveraging of existing resources, clinical coordination centers/networks, and patient registries are highly encouraged.

Relevant resources include:

- [ARTFL-LEFFTDS Longitudinal Frontotemporal Lobar Degeneration \(ALLFTD\)](#)
- [Genetic Frontotemporal Dementia Initiative \(GENFI\)](#)
- [FTD Prevention Initiative](#)
- [The FTD Disorders Registry](#)

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## APPLICATION SUBMISSIONS

[Review the Application Instructions](#) for steps on applying.

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## ADDF FUNDING PORTAL

[LOG IN OR CREATE ACCOUNT](#)

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*We encourage you to contact us if you would like to discuss your proposed clinical trial and receive initial feedback. We have an iterative process and are happy to meet with you.*

**For scientific inquiries, please contact:**

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**For policies, contracts and terms, and IT related inquiries, please contact:**

Grants and Mission-Related Investments Team

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Alzheimer's Drug Discovery  
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A GuideStar-  
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