

Vasomotor Symptoms: Disease and Market Overview

The global menopausal hot flashes market is expected to post a CAGR of 4.5% during the next five years (2022–2027), driven by a rise in the incidence of vasomotor symptoms and increasing R&D studies looking for effective therapies

Vasomotor symptoms (VMS), such as hot flashes or night sweats, are considered the cardinal symptoms of menopause. These are characterized by sudden episodes of rise in blood flow, often to the face, head, neck, chest, and upper back. These episodes cause sensations of extreme heat and profuse sweating



North America is the largest VMS market globally



Among the EU5 countries, the UK and Germany have the highest VMS prevalence



About 80% of women experience hot flashes during menopause transition



Only 20–30% of women in the US seek medical attention for VMS



The hot flashes market is fragmented, with several key players present in the market



Epidemiology

- In 2018, the VMS-prevalent population in the US was ~19 million
- A survey conducted in 2019–2020 revealed that
- The prevalence of moderate-to-severe VMS was higher in the EU (40%) than in the US (34%)
- About 73% of US women in the 40–65 age group are currently not treating their menopausal symptoms
- Among the women under treatment, 65% would not opt for hormonal replacement therapy



Market Size



2022

- The global menopausal hot flashes market was valued at ~USD 16.34 billion in 2022
- It is expected to reach USD 20.36 billion by 2027, posting a 4.5% CAGR during 2022–2027
- By 2025, over 1 billion women (~12% of the global population) are expected to experience menopause, implying lucrative opportunities in the market



Growth Drivers

- Increasing geriatric population and rising incidence of menopausal vasomotor symptoms
- Increasing awareness
- Changes in **lifestyle** (e.g., smoking, alcohol consumption, and obesity)
- Technological advancements and increasing focus on R&D of new drugs for treatment, other than hormone replacement therapies
- Demand for effective drugs to relieve psychological issues like mood swings and brain fog

Market Map for VMS Pipeline Therapies

Bayer's entry could have a positive impact on growing the VMS therapeutics market (expected to reach ~USD 20.4 billion by 2027) and unlocking significant market opportunities for NK3 antagonists

Next-generation Hormonal **DARE-HRT1** Therapy **DONESTA - Phase 3** - Phase 1/2 mithra darébio GEDEON RICHTER LTD. Estrogen + progesterone **Native Estrogen acting** receptor agonist **Selectively in Tissues (NEST)** PH80-HF - Phase 2 **Elinzanetant – Phase 3 Elismetrep – Phase 2** Q-122 - Phase 2 Therapy Mitsubishi Tanabe Pharma BAYER **Transient receptor potential Partial CXCR4 antagonist** Neurokinin-1,3 (NK1, NK3) melastatin 8 (TRPM8) channel **Neurotransmitter receptor** antagonist modulator antagonist Non-hormonal MNGX100 **Osanetant Fezolinetant - Preregistered FP101 – Phase 2** - Phase 1/2 - Phase 1/2 Meno dervent **astellas Geni X **NK3** antagonist **Granulocyte Colony NMDA** receptor **NK3** antagonist **Stimulating Factor** antagonist agonist **Early Stage Late Stage**

Phase of Drug Trials

Type of Therapy

VMS Hormonal Therapy: Market Landscape

The hormonal VMS market, although declining, may continue to lead among available therapies, given its advantages in treating bone loss and vaginal atrophy along with VMS. Innovative hormonal VMS therapies such as Donesta and DARE-HRT1 may further boost its growth



Key Products



- Well positioned with its stellar products such as Prempro, Premphase,
 Premarin, and Duavee
- Strong patient assistance programs and patient-centered outcome assessment
- Knowledge exchange programs



- Brands such as Femoston and Zumenon that contribute to its key position in the VMS HT* space
- Inorganic portfolio expansion
- First-mover advantage (launched first generic of Allergan's Estrace in US)





- Offers Donesta** (estetrol), a nextgeneration hormonal therapy
- Safer alternative to low-dose estrogens with positive clinical profile
- Late-stage Phase 3 E4Comfort studies ongoing; potential approval in 2024



- Offers DARE-HRT1, potentially the first monthly therapy for both VMS and vaginal symptoms of menopause
- Offers an intravaginal ring
- Positive results in Phase 1/2; potential approval in early 2026

Highlights from a 2021 IQVIA survey

- Among 500 surveyed women, 46% reported that they seek medical attention for menopausal symptoms, while 54% said they do not
- According to physicians, the **usage of HT treatments** is split as under:
- FDA-approved hormones (37%)
- Other approved hormones (24%)
- Compounded hormones (11%)
- OTC (11%)
- No treatment (17%)

 Donesta has significant opportunity to capture market share from the currently treated and untreated women across the US and the EU

Physician opinion on Donesta

- Positive perception as a safe estrogen
- Reduced risk of breast cancer and thrombotic disease
- No drug-drug interactions
- Treats multiple menopausal symptoms

Patient opinion on Donesta

- Considered for treatment by a significant number of women
- Safe profile
- Natural
- Potential to treat many menopausal symptoms

HTs have dominated the market for a long time. However, their market has been consistently shrinking after safety issues (risk of stroke, breast cancer, and CAD) were observed in the early 2000s. Significant unmet need exists for safe and effective non-hormonal therapies.

VMS Non-hormonal Therapy

Non-HT is suitable for women with mild-to-moderate hot flashes, who are against using HTs or prefer not to, have contraindications to HT (e.g., estrogen-responsive cancer, liver disease), or are looking for short-term treatments

High

Threat Index for Available Non-HT Drugs

Low

Fezolinetant [Astellas]

- Potential first-in-class non-hormonal selective NK3 antagonist
- >450 times more selective for human NK3R than NK1 and NK3 antagonist elinzanetant
- Encouraging top-line data from <u>SKYLIGHT 1</u>, <u>SKYLIGHT 2</u>, and <u>SKYLIGHT 4</u> clinical trials (part of the BRIGHT SKY™ program)
- Filing accepted by US FDA with PDUFA target action date of May 22, 2023

Elinzanetant [Bayer]

- Investigational non-hormonal NK1 and NK3 antagonist
- Expected to have better safety profile than Fezolinetant, and better effect on sleep and peripheral flushing
- Late-stage Phase 3 OASIS studies ongoing; data due by H2 2023 with anticipated approval in 2025

ACER-801 (osanetant) [Acer Therapeutics]

- Selective non-peptide NK3 receptor antagonist for induced VMS (by anti-androgen therapy / antiestrogen therapy / surgical procedures)
- PoC Phase 1/2a trial initiated in Q1 2022, top-line data due mid-March 2023; anticipated approval in 2026

Q-122 [Que Oncology]

- Partial CXCR4 antagonist with broader target population of VMS (including postmenopausal women and breast and cancer patients receiving HT)
- Probable approval in US in early 2026
- Established evidence of clinical activity and safety in Phase 2a study

FP101 [Fervent Pharmaceuticals]

- Oral reformulation of dextromethorphan, an NMDA receptor antagonist for moderate-to-severe VMS; established positive PoC data in <u>Phase 2a</u> study
- Probable approval in US in early 2026



Move Toward Non-HTs

Focus increasingly shifting toward novel non-HTs for VMS

 Contemporary non-HTs include SSRIs (paroxetine, citalopram), SNRIs (desvenlafaxine and venlafaxine), and Gabapentinoids (gabapentin, pregabalin)



 Complementary and alternative therapies include cognitive behavioral therapy, herbal products, mind and body techniques, and acupuncture



- Emerging therapies like KNDy neuronal overactivity spawned interest in NK receptors as a novel target for drug development (Astellas' Fezolinetant, Bayer's Elinzanetant and Acer's Osanetant)
- Fezolinetant has the potential to be the trailblazer breakthrough therapy for VMS

NK3 Antagonists: Market Overview

A potentially safer alternative to conventional hormonal and other therapies, NK3 antagonists could soon change the treatment landscape of menopausal VMS

The stimulation of NKB-neurokinin 3 receptor (NK3R) signalling can induce hot flashes, leading to **antagonism of NK3R garnering much interest** among researchers as a **novel** therapeutic target to help ameliorate hot flash symptoms. These drugs work by blocking NKB binding on the kisspeptin / neurokinin / dynorphin (KNDy) neuron to regulate neuronal activity in the thermoregulatory center of the brain (hypothalamus)



NK3 is a more specific treatment than hormone therapies, and it can improve women's QoL



This can be an option for women with prior estrogen-sensitive cancers, blood clots, or age above 60 years



NK3 antagonists are more effective and safer than other alternatives like SSRIs or SNRIs



NK3 antagonists could shake up the VMS treatment landscape, long dominated by traditional HTs



NK3 antagonists will, however, not address other menopausal issues like bone loss and vaginal dryness

NK3 Antagonists Under Development for VMS

	fezolinetant	elinzanetant	osanetant (ACER-801)
Company	**astellas	BAA BAYER R	acertherapeutics
Mechanism of action	First-in-class, non-hormonal, selective, NK3 antagonist	Non-hormonal, NK1 and NK3 antagonist	Novel, selective, non-peptide, NK3 receptor antagonist
Current Status	Pre-registered (in the US)	Phase 3	Phase 1/2a
Approval	PDUFA target action date of May 22, 2023	2025 (reported by company)	2026 (anticipated)
Patient Population Targeted	Moderate to severe VMS associated with menopause	Moderate to severe hot flashes; VMS caused by adjuvant endocrine therapy in women with HR+ breast cancer	Induced VMS (by anti-androgen therapy / anti-estrogen therapy / surgical procedures)
Advantage Over Others	>450 times more selective for human NK3R	Better safety profile and better effect on sleep and peripheral flushing	Broader VMS target population
Other Indications (LCM)	NA	Endometriosis, uterine fibroids	PTSD, prostate cancer

Unmet Needs and Potential Addressors

Menopause is still understudied in research, often misunderstood by providers and patients, unaddressed in many areas of healthcare policy, and in need of more effective and safer therapies that avoid the risks related to HTs

Unmet Needs in VMS	Potential Addressors
Menopause is often misunderstood by patients, due to lack of awareness about early symptoms and associated medical conditions such as bone loss or sexual dysfunction	Improving patient education can empower women to take ownership of their menopause journey and advocate for the care they deserve
Even clinicians may be unfamiliar with menopause needs and symptoms due to the lack of training that general HCPs receive on this topic in medical schools and residencies	An improved medical curriculum on menopause is needed, not only for OB-GYNs but also for the variety of HCPs who see women in midlife
Women receiving HTs (especially combined estrogen-progestin therapy) are at an increased risk of coronary heart disease, invasive breast cancer, stroke, and venous thromboembolism	Novel non-hormonal therapies in the pipeline – such as NK3 antagonists (Fezolinetant) and next-generation HTs (Donesta) – are more effective and safer alternatives than current options
Menopause onset and symptoms vary across race and ethnicity. However, there are noticeable gaps in longitudinal data on diverse populations, especially Hispanic and Native American women	Risk factors for severe postmenopausal symptoms merit further genetic and epidemiological research to fully understand incidence and implications in diverse sets of people, accompanied by a robust evidence base
Accessing some menopause treatments is difficult due to dated guidance from government agencies; also, many women struggle financially to obtain prescribed therapies	To improve insurance coverage, clinical guidance and recommendations as well as workplace policies must be updated to reflect the most current and accurate research on menopause care

Source: Evalueserve analysis

• EVALUESERVE

Whitespace Analysis

How can companies maximize their share in the USD20.4 billion (anticipated) VMS market in 2027?



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Thank you!