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Sanofi extends collaboration with MMV for malaria treatment

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Sanofi has announced that the company will extend its collaboration with Medicines for Malaria Venture (MMV) to jointly develop a new single, fixed-dose combination therapy for malaria, the deadliest parasitic disease in the world. The announcement of the collaboration extension comes as Sanofi is preparing to participate in the Infectious Diseases World Summit 2015 in Boston.

The collaboration began a three-year research project agreement in May 2011 to develop drug candidates from Sanofi's compounds selected for their potential activity against malaria parasites. At each stage, the project has been evaluated by a joint Sanofi/MMV steering committee applying MMV's criteria for compound progression.

The collaboration has yielded two potential treatments, OZ439/Piperaquine and OZ439/Ferroquine, each of which is a single, fixed-dose combination therapy independent of artemisin. Extension of this collaboration will allow phase 2b trials for OZ439/Ferroquine to begin this summer. OZ439/Piperaquine is currently in a phase 2b clinical trial. At the end of phase 2b, the Joint Steering Committee will determine if either of the two combinations meet the criteria for advancement to phase 3 trials.

"Sanofi has a deep commitment and long history of addressing public health threats like malaria. As resistance increases to current antimalarial therapies, it is critical that we innovate to improve the efficacy and convenience of antimalarial treatment," said Mr Gary Nabel, chief scientific officer, Sanofi. He added, "By joining the fight against infectious diseases around the world and extending the successful collaboration with MMV, we aim to stay one step ahead of this ever-changing threat and work together toward the eradication of malaria."

The new combination therapies would be administered in a single-dose, representing an improvement in administration over the three-day courses used for ACT therapies. The efficacy of these single-dose administrations will be evaluated and compared to ACT existing treatments.