Cure-Finder is a service of Aescap, designed to try to help people that were told that there is no (further) treatment available to them. The service provides you with insights on potential available medicines that aren't yet on your doctor's radar. It gives insight into treatments that are still in development through clinical studies. There might be an opportunity to get access to such medicines, assuming the clinical data being available so far points to a safe and efficacious profile.

Why Cure-Finder?

People with a life-threatening illness or debilitating condition sometimes are confronted with a situation where their doctor informs them that approved medicines or other forms of treatment aren't available or have shown not to be effective. This does not always mean that there are no alternatives left.

With medicine development taking a leap and regulators in different areas of the world having a different pace or criteria for approving medicines, doctors are not always aware of these alternatives. There could be medicines still in development and being studied in clinical trials as potential treatment options.

A web search isn't sufficient to get all the options available. Another hurdle is the difference in nomenclature between patients and doctors. As an example, where a patient calls something eczema, doctors amongst themselves may talk about atopic dermatitis.

Aescap's Cure-Finder could help people who thought they had entered a dead-end street.

Our mission

The development of new medicines has entered a phase in which so many different technologies are used globally that it's difficult for doctors to keep track of all possible treatments available. Even within their expertise. The goal of Cure-Finder is to help patients and their doctors to find treatments options that aren't on their radar yet. Medicines that could already be approved in another part of the world or those still in development but accessible via a clinical study or a so called 'Early Access' program.

How does Cure-Finder work?

We are typically contacted by a patient or doctor and then start to collect all relevant data from a person. This includes biomarker results and potentially genetic information. We then make use of our databases to define if treatment options are available:

- Medicines on the market in other countries.
- Medicines available through 'Early Access' programs.
- Medicines still in development.

When our research shows possibilities, we share the Cure-Finder report with the patient and/or doctor to enable them to have a well-informed conversation on the options available. The support of the doctor is key for potentially getting access to available treatment options.

Together we decide on the next step. Are we getting into contact with:

1. Any company that has a medicine on the market but not yet in the patient's territory?
2. Any hospital that is performing a clinical study close to the patient.

What's in in the Cure-Finder report?

Should we find possibilities, we will share:

- Name of medicine on the market somewhere around the world.
- Name of medicine possibly available through Early Access programs.
- Overview of medicines in development, including the phase of the clinical study they are in.

Eligibility criteria for 'Early access' programs

Companies that have medicines in development that are part of an 'Early Access' Program typically require the following criteria be met for a request to be considered:

- The investigational medicine must be part of an active clinical development program.
- Access to the medicine will not compromise clinical trials or the regulatory pathway.
- There is substantial scientific evidence to support the benefit risk profile of the investigational product for its intended use.
- Sufficient supply of the investigational medicine is available.
- It's logistically possible to safely administer the investigational medicine outside of a clinical trial setting.
- The patient must often also meet the following criteria. He/she:
    - Has a serious or immediately life-threatening disease.
    - Lacks other currently available therapeutic options.
    - Is unable to join an active clinical trial of the investigational product.

  And the treating physician believes there is potential for the patient under consideration to reasonably expect benefit from the treatment.

History of 'Early Access' Programs and 'Right to try'

- **2014:** Colorado was the first state in the USA to adopt the 'Right to Try' law. This law gave terminally ill patients the option to use medicines in development outside of the control of the FDA.

- In the same year the Early Access to Medicines scheme (EAMS) was introduced in the UK.
  In response to the Ebola crises in Africa in 2014, the WHO, together with several governments proposed the use of medicine still in development through 'Early Access' programs to treat Ebola patients.
- **2018:** In 2018 the 'Right to Try Act' for the entire US, was signed. This allowed patients diagnosed with a life-threatening disease that tried all approved medicines and are unable to participate in a Clinical Trial, to have access to medication pre-approval.
- **Today:** The USA accounts for a large part of R&D of medicines and therefore most new medicines are first approved and launched in that country. If a medicine is approved somewhere in the world, other countries often allow the medicine to be shipped into that country as long as:
    - The patient meets the conditions as described in the country's pre-approval access regulations.
    - The patient's physician is willing to prescribe the medicine.