

Apollo Therapeutics launched the first drug discovery programme

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Apollo Therapeutics was established in January 2016 by AstraZeneca, GlaxoSmithKline, Johnson & Johnson Innovation and the technology transfer offices of Imperial College London, University College London and the University of Cambridge. It supports the translation of ground-breaking academic science from within these universities into innovative new drug discovery programmes and potential new medicines for a broad range of diseases.

After evaluating initial opportunities across all three universities, Apollo has approved funding for and launched its first four drug discovery projects:

- A small molecule discovery programme to treat alpha1 antitrypsin deficiency, a genetic disorder affecting the lungs and liver, with Dr Ravi Mahadeva, University of Cambridge and Addenbrooke's Hospital
- A cell therapy for the treatment of retinal degeneration, which is a major cause of vision loss and blindness, with Prof Astrid Limb and Prof Sir Peng Khaw at the UCL Institute of Ophthalmology
- A small and large molecule discovery programme for the treatment of pulmonary arterial hypertension, a condition affecting the cardiovascular system, with Prof Martin Wilkins and Prof Lan Zhao, Imperial College London
- A project to enhance the efficacy and persistence of autologous and in vivo T-cell therapies, with Prof Randall Johnson, University of Cambridge

These initial projects represent novel and compelling drug discovery projects, emerging from academic research in areas of high medical need for which Apollo's Drug Discovery Team saw a clear route to value creation. A total of £8.5m has been committed in milestone project plans. Two further projects are currently being finalised, with multiple others in the evaluation process across all three academic institutions.

The recruitment of the Drug Discovery Team Project Directors is now complete with Dr Paul Hamblin, Dr Darren Cawkill and Dr Nadine Clemo accepting positions under the leadership of CEO, Dr Richard Butt.