
From: [REDACTED]>
Sent: Friday, August 4, 2017 1:53 AM
To: Jeffrey Epstein
Subject: so far

[REDACTED] Ideas for Transforming the Alzheimer Landscape

<= class="gmail-MsoListParagraphCxSpFirst">1. Segment the landscape until we have a natural advantage

2. =C2◆ Opportunities small enough to win, large enough to matter

3. ◆=A0 Measurable points on the board

<=>Situation

- Not a typical disease with a single causal factor / etiology

- Requires longitudinal investments in health and hard to track

- What needs to be built – preferably invest in places that can do all three

o Institutions - processes, policies

o Tools & technologies - validation

o Science – exploration

- =C2◆ Downside(s) of creating a new institution from bgc3; difficulty managing “portfolio” of tools & technologies; exploration challenging to manage </=pan>

What is required?

\$75 million, 3 year WIN-WIN strategy managed quietly from bgc3 that will result in

1.=C2◆ \$\$ savings to CMS

2.=C2◆ Improved trial participation</=>

3. Shared data

4. Validated biomarkers

5. \$\$ savings for caregivers</p>

6. Global public goods in basic science

7. =span style="font-size:12pt;line-height:115%">Stronger existing institutions

8. </=pan>New market deve=opment

9. ♦=A0 Novel fin=ncial product offerings

10.=span style="font-variant-numeric: normal; font-stretch: normal; font-size: 7p=; line-height: normal; font-family: "Times New Roman""> New drugs from fail=ed ones

How - 7 ways, as of today...

Underwrite risk for private sector; keep data in the public domain

...\$20 million matching fund for private sector (1:2 for government, 1:1 for private secto=) to the AMD-AD

...Outcomes:

- * * =A0 In 3 years, study and trial data for 2016++ pipeline fully public and curated =y NIA
- =C2♦ 10 new candidate drugs put into later stage discovery process

Endow a biomarker consortium secretariat = biomarker moonshot

...\$10 mill=on to create a “world” secretariat between US & Europe

...Biomarker consortium - 5-20 million per biomarker validation from public-private and partner w IMI to ensure candidate studies are flowing</=>

...Outcomes:

- In 3 years, 5 validate biomarkers
- Open and shared trial and registry data
- Aligned US/Europe regulatory and study processes

...\$5 mil=ion to NIA/NIH to RFP and identify gut pre-inflammatory and inflammatory marker= (multiple diseases benefit) consider PPP or matching grant abilities<=span>

...\$5 million to ICDDR,B to classify non-pathogenic colonists and create a digital World =ut Library with partners like Danone and Yoplait

...\$=0 million to redraw bacterial taxonomy based on genetic criteria to supplement tradit=onal identification and classification (gram + etc) could partner with BMGF

...Outcomes

- * Creation of several global goods
- Bacterial genetic taxonomy is a library for world use, all drug development and food safety would have modern standards based on reality rather than staining (traditional) criteria
- =C2♦ Microbiome non-pathogenic library offers biomarkers for health but also potential prebiotic and endobiotic candidates for food and pharmaceutical industries (monetizable = creates new market)

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Computational repurposing of failed candidate drugs

...\$20 million (for profit vs. shared profit) for repurposing of top 20 failed candidate therapies based on computational models can be done as a special initiative at Schrodinger or within the NIA as part of the AMP-AD

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=/span>

...Outcomes

- 20 repurposed medications
- Creates new market opportunity for failed drugs
- * This experiment could lead to the creation of an institution (for profit most sustainable)

Investigate and build social biomarkers=span>

...\$1 million for grand challenge-like process managed by NIA to identify social changes directly correlated with aging and dementia

...partner with Tesla and/or invest in autocameras or real time digital cognitive (reaction time/ocular movement/decision-making) monitors for mobile

...Outcomes

- Digital biomarkers

*=B7 ♦=A0 Financial and social safety nets for at risk (early detection or red flagging)<=span>

Bring the financial industry into the conversation

...\$1 million to explore Healthcare, alongside the Federal Reserve (efforts already underway...) and major financial institutions to better understand behaviors and challenges of the senior investors (over age 65)

◆=80◆ create long term care insurance for caregivers (not just facilities = insure against you having to care for someone or to pay you to do it) and relieve burden on long term facility care insurance providers

<= class="MsoNormal">◆=80◆ Outcomes

=C2* =C2◆ Save massive money for CMS, insurance companies and caregivers

* =C2* Create a new financial product

· Create automated checks and balances or financial standards for demented adults or retirees over age 65 with cognitive challenges

* Share actuarial burden between long term facility care-caregivers </=pan>

Reduce CMS facility and hospital admission costs

...\$2 million for RAND to shape financial argument for CMS reimbursement for cognitive home health nurses (like hospice nurses) = classify cognition and safety as skilled medical needs – currently only covered as: skilled nursing visits, = physical, speech-language pathology, occupational therapy, or home health aide services

...Outcomes

<= class="gmail-MsoListParagraphCxSpFirst">* ◆=A0 Save tons of money

=C2* =C2◆ Reduce hospital admissions

Improve trial enrollment

...\$1 million for corporate advocacy and lobbying/awareness campaigns on family leave

...Who enrolls in trials? Spousal-patient dyads but most patients are cared for by adult children who need to work. Family leave act.

... =orporate leadership. It's unpaid, which often makes taking a leave financially impossible. Only 12% of private-sector workers have paid family leave. It only applies to employers with 50 or more workers. So employees at many small businesses are out of luck. It excludes recent hires. To qualify, you must have worked for your current employer for at least 12 months and for at least 1,500 hours. It doesn't cover the reasons people often need to take time off to care for their parents - under the law's rules, you can't take a leave to: shepherd your mom or dad to a doctor's appointment, stay with your parent during a short-term illness or help him or her get resettled after moving from one type of care facility to another. Chronic dementia not considered a "serious medical condition." It also doesn't let workers take a leave to care for their grandparents, in-laws, siblings or adult children.

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...Outcomes

- Greater ability to participate in clinical trials
- * =C2* Reduced burden on caregivers