
Novo Nordisk to Acquire Cardior Pharmaceuticals and Strengthen Pipeline in Cardiovascular Disease



Novo Nordisk and Cardior Pharmaceuticals announced that Novo Nordisk has agreed to acquire Cardior for up to 1.025 billion Euros, including an upfront payment and additional payments if certain development and commercial milestones are achieved.

Cardior is a leader in the discovery and development of therapies that target RNA as a means to prevent, repair and reverse diseases of the heart. The company's therapeutic approach targets distinctive non-coding RNAs as a platform for addressing root causes of cardiac dysfunctions, with an aim to achieve lasting patient impact.

The agreement includes Cardior's lead compound CDR132L, currently in phase 2 clinical development for the treatment of heart failure.

The acquisition is an important step forward in Novo Nordisk's strategy to establish a presence in cardiovascular disease. Novo Nordisk aims to build a focused, impactful portfolio of therapies through internal and external innovation to address the significant unmet needs that still exist within cardiovascular disease, the most common cause of death globally.

"By welcoming Cardior as a part of Novo Nordisk, we will strengthen our pipeline of projects in cardiovascular disease where we already have ongoing programmes across all phases of clinical development," said Martin Holst Lange, executive vice president for Development at Novo Nordisk. "We have been impressed by the scientific work carried out by the Cardior team, especially on CDR132L, which has a distinctive mode of action and potential to become a first-in-class therapy designed to halt or partially reverse the course of disease for people living with heart failure."

CDR132L is designed to halt and partially reverse cellular pathology by selectively blocking abnormal levels of the microRNA molecule miR-132, potentially leading to long-lasting improvement in heart function.

In a phase 1b trial published in the *European Heart Journal*¹, CDR132L was reported to be safe and well tolerated and the results suggested cardiac functional improvements in people with heart failure compared to placebo. CDR132L is currently being investigated in the phase 2 trial HF-REVERT in 280 people with heart failure with reduced ejection fraction (HFrEF) who have previously suffered a heart attack (myocardial infarction). The first patient was dosed in the HF-REVERT trial in July 2022.

Novo Nordisk plans to initiate a second phase 2 trial that will investigate CDR132L in a chronic heart failure population with cardiac hypertrophy – a condition that causes the walls of the heart muscle to become thick and stiff, affecting the heart's ability to pump blood.

"This acquisition is a reflection of CDR132L's transformative potential as a disease-modifying therapy for heart failure," said Claudia Ulbrich, MD, CEO and co-founder of Cardior. "Novo Nordisk is the ideal partner based on its deep clinical and commercial expertise combined with its resources to accelerate our late-stage development programme, including through larger registrational studies. We look forward to advancing CDR132L towards market approval."

The closing of the acquisition is subject to receipt of applicable regulatory approvals and other customary conditions and is expected to happen in the second quarter of 2024.

© For personal and private use only. Reproduction must be permitted by the copyright holder. Email to copyright@mindbyte.eu.

The transaction will not impact Novo Nordisk's previously communicated operating profit outlook for 2024 or the ongoing share buy-back programme. Novo Nordisk will fund the acquisition from financial reserves.

Source & Image Credit: [Novo Nordisk](#)

Reference:

¹ Täubel J et al. European Heart Journal 2021 Jan 7;42(2):178-188 [Novel antisense therapy targeting microRNA-132 in patients with heart failure: results of a first-in-human Phase 1b randomized, double-blind, placebo-controlled study - PubMed \(nih.gov\)](#)

² Jones NR et al. European Journal of Heart Failure 2019 Nov; 21(11): 1306–1325 [Survival of patients with chronic heart failure in the community: a systematic review and meta-analysis - PMC \(nih.gov\)](#)

³ Bragazzi NL et al. Preventive Cardiology 2021;28(15):1682-1690 [Burden of heart failure and underlying causes in 195 countries and territories from 1990 to 2017 – PubMed \(nih.gov\)](#)

⁴ McDonagh TA et al. European Heart Journal 2021 Sep 21;42(36):3599-3726 [2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure - PubMed \(nih.gov\)](#)

⁵ Savarese G, Lund LH. Cardiac Failure Review. 2017;03(01):7-11 [Global Public Health Burden of Heart Failure - PubMed \(nih.gov\)](#)

Published on : Mon, 25 Mar 2024