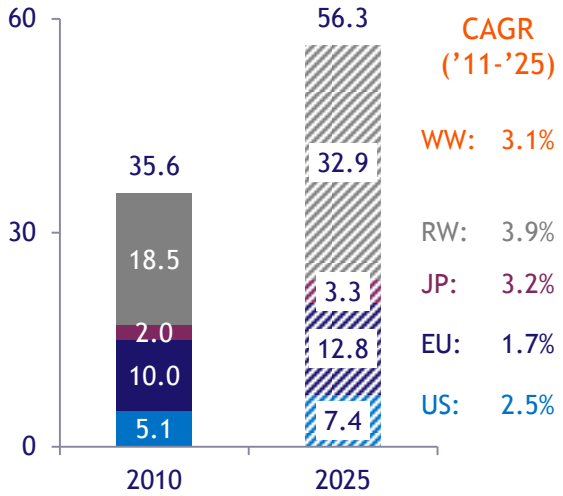
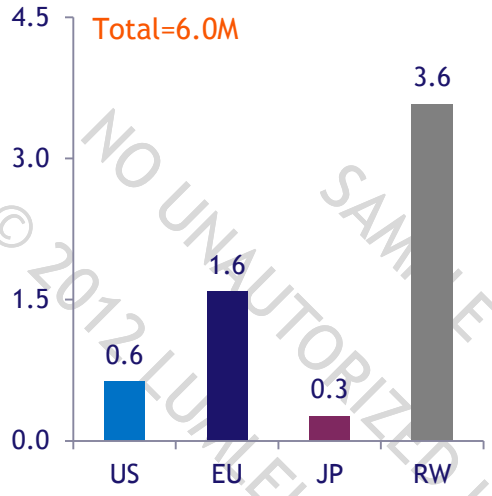
Global AD prevalence was ~36M in '10, with an incidence of ~6M; Prevalence is forecast to grow by ~3.1% to ~56M in '25; US '10 prevalence was ~5M in '10, with incidence of ~600K; Age and genetics (ApoE4 carrier status) are primary risk factors.

AD Global Prevalence (M)

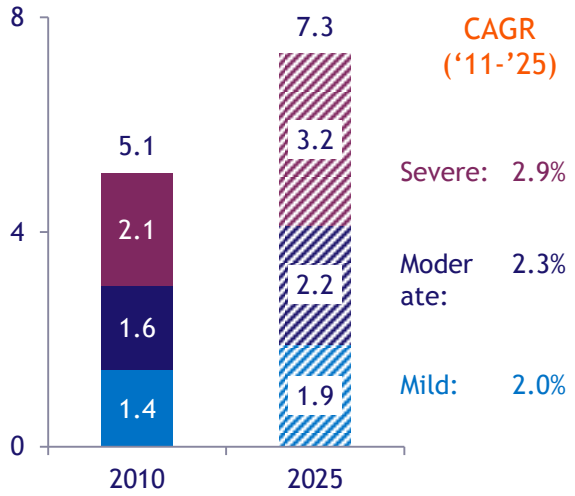


Epidemiologic Studies: Solid bars

2010 AD Global Incidence (M)



AD US Prevalence by Patient Segment (M)



Lumleian Estimate: Hashed bars

Primary Risk Factors

- Age: Aging is the dominant risk factor and the risk doubles every 5 years after the age of 65
- Genetics: ApoE4 carrier status is a primary risk factor impacting outcomes; ApoE4 carriers (homozygotes) are at 15 fold higher risk and (heterozygotes) are at 3 fold higher risk
  - In phase II trials, Bapineuzumab slowed progression in ApoE non-carriers but not in carriers
  - is estimated that ~60% of Northern European and North American's are ApoE4 carriers

Secondary Risk Factors

- Gender: Women are at higher risk than men, which is largely explained by differences in life expectancy
- Educational: People with fewer years of education are at higher risk, but this has not been found to be SS
- Race: African Americans are at 1.5 fold higher risk than Caucasians, but this has not been found to be SS

Lumleian

Notes: Global incidence and prevalence estimates exclude the prodromal AD segment

Sources: Ferri, C.P. et al. Global prevalence of dementia: a Delphi consensus study. Lancet. 366, 2112-2117 (2005); Plassman, B.L. et al. Prevalence of dementia in the United States: The Aging, Demographics, and Memory Study. Neuroepidemiology. 29(1-2), 123-132 (2007); Alzheimer's Association. Changing the Trajectory of Alzheimer's Disease: A National Imperative. (2009)