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(continued on next page)

(54) Title of the Invention: **Use of cannabidiol in the treatment of seizures associated with rare epilepsy syndromes related to genetic abnormalities**
Abstract Title: **A cannabidiol (CBD) preparation for use in the treatment of seizures associated with congenital disorder of glycosylation 1P**

(57) A cannabidiol (CBD) preparation for use in the treatment of seizures associated with congenital disorder of glycosylation 1P. The seizures associated with congenital disorder of glycosylation 1P can be tonic and myoclonic seizures. The CBD preparation can comprise greater than 95% (w/w) CBD and not more than 0.15% (w/w) tetrahydrocannabinol (THC). The CBD preparation can comprise less than or equal to 2% (w/w) other cannabinoids comprising THC, cannabidiol C-1 (CBD-C1), cannabidivarin (CBDV), or cannabidiol C-4 (CBD-C4). The THC can be present as a mixture of trans-THC and cis-THC. The CBD preparation can be used in combination with other anti-epileptic drugs (AED). The AED can be levetiracetam and/or rufinamide. The CBD can be isolated from cannabis plant material. The CBD can be present as a synthetic preparation. The CBD preparation can be used at a dose greater than 5 mg/kg/day (e.g. 20, 25, or 50 mg/kg/day). A further aspect of the invention is a method of treating seizures associated with congenital disorder of glycosylation 1P comprising administering a CBD preparation to a subject.

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(58) Field of Search:
Other: **WPI, EPODOC, Patent Fulltext, INTERNET, BIOSIS, MEDLINE**

USE OF CANNABIDIOL IN THE TREATMENT OF SEIZURES ASSOCIATED WITH RARE EPILEPSY SYNDROMES RELATED TO GENETIC ABNORMALITIES

FIELD OF THE INVENTION

[0001] The present invention relates to the use of cannabidiol (CBD) for the treatment of seizures associated with rare epilepsy syndromes. In particular the seizures associated with rare epilepsy syndromes that are treated are those which are experienced in patients diagnosed with congenital disorder of glycosylation 1P. In a further embodiment the types of seizures include tonic and myoclonic seizures. Preferably the dose of CBD is between 5 mg/kg/day to 50 mg/kg/day.

[0002] In a further embodiment the CBD used is in the form of a highly purified extract of cannabis such that the CBD is present at greater than 95% of the total extract (w/w) and the cannabinoid tetrahydrocannabinol (THC) has been substantially removed, to a level of not more than 0.15% (w/w).

[0003] Preferably the CBD used is in the form of a botanically derived purified CBD which comprises greater than or equal to 98% (w/w) CBD and less than or equal to 2% (w/w) of other cannabinoids. More preferably the other cannabinoids present are THC at a concentration of less than or equal to 0.1% (w/w); CBD-C1 at a concentration of less than or equal to 0.15% (w/w); CBDV at a concentration of less than or equal to 0.8% (w/w); and CBD-C4 at a concentration of less than or equal to 0.4% (w/w). The botanically derived purified CBD preferably also comprises a mixture of both trans-THC and cis-THC. Alternatively, a synthetically produced CBD is used.

[0004] Where the CBD is given concomitantly with one or more other anti-epileptic drugs (AED), the CBD may be formulated for administration separately, sequentially or simultaneously with one or more AED or the combination may be provided in a single dosage form.

BACKGROUND TO THE INVENTION

[0005] Epilepsy occurs in approximately 1% of the population worldwide, (Thurman *et al.*, 2011) of which 70% are able to adequately control their symptoms with the available existing anti-epileptic drugs (AED). However, 30% of this patient group, (Eadie *et al.*, 2012), are unable to obtain seizure freedom from the AED that are available and as such are termed as suffering from intractable or "treatment-resistant epilepsy" (TRE).

[0006] Intractable or treatment-resistant epilepsy was defined in 2009 by the International League Against Epilepsy (ILAE) as "*failure of adequate trials of two tolerated and appropriately*

chosen and used AED schedules (whether as monotherapies or in combination) to achieve sustained seizure freedom" (Kwan *et al.*, 2009).

[0007] Individuals who develop epilepsy during the first few years of life are often difficult to treat and as such are often termed treatment resistant. Children who undergo frequent seizures in childhood are often left with neurological damage which can cause cognitive, behavioral and motor delays.

[0008] Childhood epilepsy is a relatively common neurological disorder in children and young adults with a prevalence of approximately 700 per 100,000. This is twice the number of epileptic adults per population.

[0009] When a child or young adult presents with a seizure, investigations are normally undertaken in order to investigate the cause. Childhood epilepsy can be caused by many different syndromes and genetic mutations and as such diagnosis for these children may take some time.

[0010] The main symptom of epilepsy is repeated seizures. In order to determine the type of epilepsy or the epileptic syndrome that a patient is suffering from an investigation into the type of seizures that the patient is experiencing is undertaken. Clinical observations and electroencephalography (EEG) tests are conducted and the type(s) of seizures are classified according to the ILEA classification.

[0011] Generalized seizures, where the seizure arises within and rapidly engages bilaterally distributed networks, can be split into six subtypes: tonic-clonic (grand mal) seizures; absence (petit mal) seizures; clonic seizures; tonic seizures; atonic seizures and myoclonic seizures.

[0012] Focal (partial) seizures where the seizure originates within networks limited to only one hemisphere, are also split into sub-categories. Here the seizure is characterized according to one or more features of the seizure, including aura, motor, autonomic and awareness / responsiveness. Where a seizure begins as a localized seizure and rapidly evolves to be distributed within bilateral networks this seizure is known as a bilateral convulsive seizure, which is the proposed terminology to replace secondary generalized seizures (generalized seizures that have evolved from focal seizures and are no longer remain localized).

[0013] Focal seizures where the subject's awareness / responsiveness is altered are referred to as focal seizures with impairment and focal seizures where the awareness or responsiveness of the subject is not impaired are referred to as focal seizures without impairment.

[0014] Congenital disorders of glycosylation (CDG) is a group of rare genetic, metabolic disorders that is caused by defects in the glycosylation process of cells and is characterised by under-glycosylated serum glycoproteins. CDG is a multisystem disorder. The disorder results in a wide variety of clinical features, including defects in the nervous system development,

psychomotor retardation, dysmorphic features, hypotonia, coagulation disorders, and immunodeficiency. The broad spectrum of features reflects the critical role of N-glycoproteins during embryonic development, differentiation, and maintenance of cell functions. The treatment of most forms of CDG is directed toward the specific symptoms that are apparent in each individual.

[0015] Congenital disorder of glycosylation 1P is a form of CDG, characterized by facial dysmorphism including microcephaly, high forehead, low posterior hairline, strabismus, and hypotonia, failure to thrive, intractable seizures, developmental delay, persistent vomiting and gastric bleeding. Other symptoms may include fat pads anomalies, inverted nipples, and body temperature oscillation. The disease is caused by mutations in the gene *ALG11* (13q14.3).

[0016] Cannabidiol (CBD), a non-psychoactive derivative from the cannabis plant, has demonstrated anti-convulsant properties in several anecdotal reports, pre-clinical and clinical studies both in animal models and humans. Three randomized control trials showed efficacy of the purified pharmaceutical formulation of CBD in patients with Dravet and Lennox-Gastaut syndrome.

[0017] Based on these three trials, a botanically derived purified CBD preparation was approved by FDA in June 2018 for the treatment of seizures associated with Dravet and Lennox-Gastaut syndromes.

[0018] The applicant has found by way of an open label, expanded-access program that treatment with CBD resulted in a significant reduction in tonic and myoclonic seizures in patients with congenital disorder of glycosylation 1P.

BRIEF SUMMARY OF THE DISCLOSURE

[0019] In accordance with a first aspect of the present invention there is provided a cannabidiol (CBD) preparation for use in the treatment of seizures associated with congenital disorder of glycosylation 1P.

[0020] In a further embodiment, the seizures associated with congenital disorder of glycosylation 1P are tonic and myoclonic seizures.

[0021] In a further embodiment, the CBD preparation comprises greater than 95% (w/w) CBD and not more than 0.15% (w/w) tetrahydrocannabinol (THC).

[0022] Preferably the CBD preparation comprises greater than or equal to 98% (w/w) CBD and less than or equal to 2% (w/w) other cannabinoids, wherein the less than or equal to 2% (w/w) other cannabinoids comprise the cannabinoids tetrahydrocannabinol (THC); cannabidiol-C1 (CBD-C1); cannabidivarin (CBDV); and cannabidiol-C4 (CBD-C4), and wherein the THC is present as a mixture of trans-THC and cis-THC.

[0023] Preferably the CBD preparation is used in combination with one or more concomitant anti-epileptic drugs (AED).

[0024] Preferably the one or more AED is levetiracetam and/or rufinamide.

[0025] In one embodiment the CBD is present is isolated from cannabis plant material. Preferably at least a portion of at least one of the cannabinoids present in the CBD preparation is isolated from cannabis plant material.

[0026] In a further embodiment the CBD is present as a synthetic preparation. Preferably at least a portion of at least one of the cannabinoids present in the CBD preparation is prepared synthetically.

[0027] Preferably the dose of CBD is greater than 5 mg/kg/day. More preferably the dose of CBD is 20 mg/kg/day. More preferably the dose of CBD is 25 mg/kg/day. More preferably the dose of CBD is 50 mg/kg/day.

[0028] In accordance with a second aspect of the present invention there is provided a method of treating seizures associated with congenital disorder of glycosylation 1P comprising administering a cannabidiol (CBD) preparation to the subject in need thereof.

DEFINITIONS

[0029] Definitions of some of the terms used to describe the invention are detailed below:

[0030] Over 100 different cannabinoids have been identified, see for example, Handbook of Cannabis, Roger Pertwee, Chapter 1, pages 3 to 15. These cannabinoids can be split into different groups as follows: Phytocannabinoids; Endocannabinoids and Synthetic cannabinoids (which may be novel cannabinoids or synthetically produced phytocannabinoids or endocannabinoids).

[0031] "Phytocannabinoids" are cannabinoids that originate from nature and can be found in the cannabis plant. The phytocannabinoids can be isolated from plants to produce a highly purified extract or can be reproduced synthetically.

[0032] "Highly purified cannabinoids" are defined as cannabinoids that have been extracted from the cannabis plant and purified to the extent that other cannabinoids and non-cannabinoid components that are co-extracted with the cannabinoids have been removed, such that the highly purified cannabinoid is greater than or equal to 95% (w/w) pure.

[0033] "Synthetic cannabinoids" are compounds that have a cannabinoid or cannabinoid-like structure and are manufactured using chemical means rather than by the plant.

[0034] Phytocannabinoids can be obtained as either the neutral (decarboxylated form) or the

carboxylic acid form depending on the method used to extract the cannabinoids. For example, it is known that heating the carboxylic acid form will cause most of the carboxylic acid form to decarboxylate into the neutral form.

[0035] "Treatment-resistant epilepsy" (TRE) or "intractable epilepsy" is defined as per the ILAE guidance of 2009 as epilepsy that is not adequately controlled by trials of one or more AED.

[0036] "Tonic seizures" can be generalised onset, affecting both sides of the brain, or they can be focal onset, starting in just one side of the brain. If a tonic seizure starts in both sides of the brain, all muscles tighten and the subject's body goes stiff. If standing, they may fall to the floor, their neck may extend, eyes open wide and roll upwards, whilst their arms may raise upwards and legs stretch or contract. If a tonic seizure starts in one side of the brain muscles tighten in just one area of the body. Tonic seizures usually last less than one minute.

[0037] "Myoclonic seizures" are characterised by a 'muscle jerk'. Myoclonic seizures are brief but can happen in clusters (many happening close together in time) and often happen shortly after waking. In myoclonic seizures the person is conscious, but they are classified as generalised seizures.

DETAILED DESCRIPTION

PREPARATION OF HIGHLY PURIFIED CBD EXTRACT

[0038] The following describes the production of the highly-purified (>95% w/w) cannabidiol extract which has a known and constant composition.

[0039] In summary the drug substance used is a liquid carbon dioxide extract of high-CBD containing chemotypes of *Cannabis sativa* L. which had been further purified by a solvent crystallization method to yield CBD. The crystallisation process specifically removes other cannabinoids and plant components to yield greater than 95% CBD. Although the CBD is highly purified because it is produced from a cannabis plant rather than synthetically there is a small number of other cannabinoids which are co-produced and co-extracted with the CBD. Details of these cannabinoids and the quantities in which they are present in the medication are as described in Table A below.

Table A: Composition of highly purified CBD extract

Cannabinoid	Concentration
CBD	> 95% w/w
CBDA	NMT 0.15% w/w
CBDV	NMT 1.0% w/w
Δ^9 THC	NMT 0.15% w/w

CBD-C4	NMT 0.5% w/w

> – greater than

NMT – not more than

PREPARATION OF BOTANICALLY DERIVED PURIFIED CBD

[0040] The following describes the production of the botanically derived purified CBD which comprises greater than or equal to 98% w/w CBD and less than or equal to other cannabinoids was used in the open label, expanded-access program described in Example 1 below.

[0041] In summary the drug substance used in the trials is a liquid carbon dioxide extract of high-CBD containing chemotypes of *Cannabis sativa* L. which had been further purified by a solvent crystallization method to yield CBD. The crystallisation process specifically removes other cannabinoids and plant components to yield greater than 95% CBD w/w, typically greater than 98% w/w.

[0042] The *Cannabis sativa* L. plants are grown, harvested, and processed to produce a botanical extract (intermediate) and then purified by crystallization to yield the CBD (botanically derived purified CBD).

[0043] The plant starting material is referred to as Botanical Raw Material (BRM); the botanical extract is the intermediate; and the active pharmaceutical ingredient (API) is CBD, the drug substance.

[0044] All parts of the process are controlled by specifications. The botanical raw material specification is described in Table B and the CBD API is described in Table C.

Table B: CBD botanical raw material specification

Test	Method	Specification
Identification: -A -B -C	 Visual TLC HPLC/UV	 Complies Corresponds to standard (for CBD & CBDA) Positive for CBDA
Assay: CBDA + CBD	In-house (HPLC/UV)	NLT 90% of assayed cannabinoids by peak area
Loss on Drying	Ph.Eur.	NMT 15%
Aflatoxin	UKAS method	NMT 4ppb
Microbial: - TVC - Fungi - E.coli	Ph.Eur.	NMT 10^7cfu/g NMT 10^5cfu/g NMT 10^2cfu/g
Foreign Matter:	Ph.Eur.	NMT 2%
Residual Herbicides and Pesticides	Ph.Eur.	Complies

Table C: Specification of an exemplary botanically derived purified CBD preparation

Test	Test Method	Limits
Appearance	Visual	Off-white / pale yellow crystals
Identification A	HPLC-UV	Retention time of major peak corresponds to certified CBD Reference Standard
Identification B	GC-FID/MS	Retention time and mass spectrum of major peak corresponds to certified CBD Reference Standard
Identification C	FT-IR	Conforms to reference spectrum for certified CBD Reference Standard
Identification D	Melting Point	65 - 67°C
Identification E	Specific Optical Rotation	Conforms with certified CBD Reference Standard; -110° to -140° (in 95% ethanol)
Total Purity	Calculation	≥ 98.0%
Chromatographic Purity 1	HPLC-UV	≥ 98.0%
Chromatographic Purity 2	GC-FID/MS	≥ 98.0 %
CBDA CBDV THC CBD-C4	HPLC-UV	NMT 0.15% w/w NMT 1.0% w/w NMT 0.1% w/w NMT 0.5% w/w
Residual Solvents: Alkane Ethanol	GC	 NMT 0.5% w/w NMT 0.5% w/w
Residual Water	Karl Fischer	NMT 1.0% w/w

[0045] The purity of the botanically derived purified CBD preparation was greater than or equal to 98%. The botanically derived purified CBD includes THC and other cannabinoids, e.g., CBDA, CBDV, CBD-C1, and CBD-C4.

[0046] Distinct chemotypes of the *Cannabis sativa* L. plant have been produced to maximize the output of the specific chemical constituents, the cannabinoids. Certain chemovars produce predominantly CBD. Only the (-)-trans isomer of CBD is believed to occur naturally. During purification, the stereochemistry of CBD is not affected.

Production of CBD botanical drug substance

[0047] An overview of the steps to produce a botanical extract, the intermediate, are as follows:

a) Growing
b) Direct drying
c) Decarboxylation
d) Extraction - using liquid CO_2
e) Winterization using ethanol
f) Filtration

g) Evaporation

[0048] High CBD chemovars were grown, harvested, dried, baled and stored in a dry room until required. The botanical raw material (BRM) was finely chopped using an Apex mill fitted with a 1 mm screen. The milled BRM was stored in a freezer prior to extraction.

[0049] Decarboxylation of CBDA to CBD was carried out using heat. BRM was decarboxylated at 115ºC for 60 minutes.

[0050] Extraction was performed using liquid CO_2 to produce botanical drug substance (BDS), which was then crystalized to produce the test material. The crude CBD BDS was winterized to refine the extract under standard conditions (2 volumes of ethanol at -20°C for approximately 50 hours). The precipitated waxes were removed by filtration and the solvent was removed to yield the BDS.

Production of botanically derived purified CBD preparation

[0051] The manufacturing steps to produce the botanically derived purified CBD preparation from BDS were as follows:

a) Crystallization using C_5-C_{12} straight chain or branched alkane
b) Filtration
c) Vacuum drying

[0052] The BDS produced using the methodology above was dispersed in C_5-C_{12} straight chain or branched alkane. The mixture was manually agitated to break up any lumps and the sealed container then placed in a freezer for approximately 48 hours. The crystals were isolated via vacuum filtration, washed with aliquots of cold C_5-C_{12} straight chain or branched alkane, and dried under a vacuum of <10mb at a temperature of 60°C until dry. The botanically derived purified CBD preparation was stored in a freezer at -20°C in a pharmaceutical grade stainless steel container, with FDA food grade approved silicone seal and clamps.

Physicochemical properties of the botanically derived purified CBD

[0053] The botanically derived purified CBD used in the clinical trial described in the invention comprises greater than or equal to 98% (w/w) CBD and less than or equal to 2% (w/w) of other cannabinoids. The other cannabinoids present are THC at a concentration of less than or equal to 0.1% (w/w); CBD-C1 at a concentration of less than or equal to 0.15% (w/w); CBDV at a concentration of less than or equal to 0.8% (w/w); and CBD-C4 at a concentration of less than or equal to 0.4% (w/w).

[0054] The botanically derived purified CBD used additionally comprises a mixture of both trans-THC and cis-THC. It was found that the ratio of the trans-THC to cis-THC is altered and can be controlled by the processing and purification process, ranging from 3.3:1 (trans-THC:cis-THC) in its unrefined decarboxylated state to 0.8:1 (trans-THC:cis-THC) when highly purified.

[0055] Furthermore, the cis-THC found in botanically derived purified CBD is present as a mixture of both the (+)-cis-THC and the (-)-cis-THC isoforms.

[0056] Clearly a CBD preparation could be produced synthetically by producing a composition with duplicate components.

[0057] Example 1 below describes the use of a botanically derived purified CBD in an open label, expanded-access program to investigate the clinical efficacy and safety of purified pharmaceutical cannabidiol formulation (CBD) in the treatment of congenital disorder of glycosylation 1P.

EXAMPLE 1: CLINICAL EFFICACY AND SAFETY OF PURIFIED PHARMACEUTICAL CANNABIDIOL (CBD) IN THE TREATMENT OF PATIENTS DIAGNOSED WITH CONGENITAL DISORDER OF GLYCOSYLATION 1P

Study design

[0058] The subject was required to be on one or more AEDs at stable doses for a minimum of two weeks prior to baseline and to have stable vagus nerve stimulation (VNS) settings and ketogenic diet ratios for a minimum of four weeks prior to baseline.

[0059] The patient was administered botanically derived purified CBD in a 100 mg/mL sesame oil-based solution at an initial dose of 9 milligrams per kilogram per day (mg/kg/day) in two divided doses. Dose was then increased weekly by 5mg/kg/day to a goal of 25 mg/kg/day.

[0060] A maximum dose of 50 mg/kg/day could be utilised for the patient if they were tolerating the medication but had not achieved seizure control; the patient had further weekly titration by 5mg/kg/day.

[0061] There was one patient in this study, and they received CBD for 132 weeks. Modifications were made to concomitant AEDs as per clinical indication.

[0062] Seizure frequency, intensity, and duration were recorded by caregivers in a diary during a baseline period of at least 28 days. Changes in seizure frequency relative to baseline were calculated after at least 2 weeks and at defined timepoints of treatment.

Statistical Methods:

[0063] Patients may be defined as responders if they had more than 50% reduction in seizure frequency compared to baseline. The percent change in seizure frequency was calculated as follows:

$$\text{seizure frequency \% change} = \frac{(\text{weekly seizure frequency } \textit{time interval}) - (\text{weekly seizure frequency } \textit{Baseline})}{(\text{weekly seizure frequency } \textit{Baseline})} \times 100$$

[0064] The percent change of seizure frequency may be calculated for any time interval where seizure number has been recorded. For the purpose of this example the percent change of seizure frequency for the end of the treatment period was calculated as follows:

$$\text{seizure frequency \% reduction} = \frac{(\text{weekly seizure frequency } \textit{Baseline}) - (\text{weekly seizure frequency } \textit{End})}{(\text{weekly seizure frequency } \textit{Baseline})} \times 100$$

Results

Patient description

[0065] One patient enrolled in the open label, expanded-access program was diagnosed with congenital disorder of glycosylation 1P. The patient experienced several different seizure types including tonic and myoclonic seizures and was taking several concomitant AEDs.

[0066] The patient was 3 years old and he was male as detailed in Table 1 below.

Table 1: Patient demographics, seizure type and concomitant medication

Patient Number	Age (years)	Sex	Seizure types	Concomitant AEDs
1	3.03	M	Tonic, myoclonic	LEV, RGN

LEV = levetiracetam, RFN = rufinamide

Study medication and concomitant medications

[0067] The patient on the study was titrated up to 26 mg/kg/day of CBD.

[0068] The patient was on two concomitant AEDs at the time of starting CBD.

Clinical changes

[0069] Table 2 illustrates the seizure frequency for the patient as well as the dose of CBD given.

Table 2: Seizure frequency data for Patient 1

Patient 1			
Time	**Seizure Type**		**Dose CBD (mg/kg/day)**
	Tonic	**Myoclonic**	
Baseline	448.0	700.0	-
2 weeks	328.0	384.0	9.1
4 weeks	231.2	424.8	18.2
8 weeks	52.0	608.0	26.3
12 weeks	22.8	986.0	19.0
16 weeks	20.0	1251.2	13.3
24 weeks	0.0	232.0	11.3
36 weeks	0.0	825.2	9.8
48 weeks	0.0	292.0	19.6
60 weeks	144.8	747.6	14.3
72 weeks	204.0	875.6	13.7
84 weeks	80.8	248.0	15.0
96 weeks	266.4	218.0	13.8
108 weeks	188.8	140.0	12.6
120 weeks	140.8	228.0	12.3
132 weeks	191.6	195.2	13.4

[0070] Patient 1 was treated for 132 weeks and experienced a 57.2% reduction in tonic seizures and a 72.1% reduction in myoclonic seizures over the treatment period.

[0071] Overall, the patient reported reductions of 57-72% in seizures over period of treatment with CBD. CBD was effective in reducing the frequency of tonic and myoclonic seizures.

Conclusions

[0072] These data indicate that CBD was able to significantly reduce the number of seizures associated with congenital disorder of glycosylation 1P. Clearly the treatment is of significant benefit in this difficult to treat epilepsy syndrome given the high response rate experienced in the patient.

[0073] In conclusion, this study signifies the use of CBD for treatment of seizures associated with congenital disorder of glycosylation 1P. Seizure types include tonic and myoclonic seizures for which seizure frequency rates decreased by significant rates, by up to 72%.

CLAIMS

1. A cannabidiol (CBD) preparation for use in the treatment of seizures associated with congenital disorder of glycosylation 1P.

2. A CBD preparation for use according to claim 1, wherein the seizures associated with congenital disorder of glycosylation 1P are tonic and myoclonic seizures.

3. A CBD preparation for use according to any of the preceding claims, wherein the CBD preparation comprises greater than 95% (w/w) CBD and not more than 0.15% (w/w) tetrahydrocannabinol (THC).

4. A CBD preparation for use according to any of the preceding claims, wherein the CBD preparation comprises greater than or equal to 98% (w/w) CBD and less than or equal to 2% (w/w) other cannabinoids, wherein the less than or equal to 2% (w/w) other cannabinoids comprise the cannabinoids tetrahydrocannabinol (THC); cannabidiol-C1 (CBD-C1); cannabidivarin (CBDV); and cannabidiol-C4 (CBD-C4), and wherein the THC is present as a mixture of trans-THC and cis-THC.

5. A CBD preparation to any of the preceding claims, wherein the CBD preparation is used in combination with one or more concomitant anti-epileptic drugs (AED).

6. A CBD preparation for use according to claim 5, wherein the one or more AED is levetiracetam and/or rufinamide.

7. A CBD preparation for use according to any of the preceding claims, wherein the CBD is present is isolated from cannabis plant material.

8. A CBD preparation for use according to any of the preceding claims, wherein at least a portion of at least one of the cannabinoids present in the CBD preparation is isolated from cannabis plant material.

9. A CBD preparation for use according to claims 1 to 6, wherein the CBD is present as a synthetic preparation.

10. A CBD preparation for use according to claim 9, wherein at least a portion of at least one of the cannabinoids present in the CBD preparation is prepared synthetically.

11. A CBD preparation for use according to any of the preceding claims, wherein the dose of CBD is greater than 5 mg/kg/day.

12. A CBD preparation for use according to any of the preceding claims, wherein the dose of CBD is 20 mg/kg/day.

13. A CBD preparation for use according to any of the preceding claims, wherein the dose of CBD is 25 mg/kg/day.

14. A CBD preparation for use according to any of the preceding claims, wherein the dose of CBD is 50 mg/kg/day.

15. A method of treating seizures associated with congenital disorder of glycosylation 1P comprising administering a cannabidiol (CBD) preparation to the subject in need thereof.

Intellectual Property Office

Application No:	GB2011164.7	**Examiner:**	Dr Chris Perry
Claims searched:	1-15	**Date of search:**	9 December 2020

Patents Act 1977: Search Report under Section 17

Documents considered to be relevant:

Category	Relevant to claims	Identity of document and passage or figure of particular relevance
X	1-15	American Journal of Medical Genetics, Vol: 173, Ho and Wassman, "A case for cannabidiol in Wolf-Hirschhorn syndrome seizure management", pp 324-326 This document can be viewed at: (https://onlinelibrary.wiley.com/doi/full/10.1002/ajmg.a.37979) See paragraph 2 of commentary
Y	1-15	Molecular Genetics and Metabolism reports, Vol: 2, 2015, Regal et al, "ALG11-CDG: Three novel mutations and further characterization of the phenotype" pp 16-19 This document can be viewed at: (https://www.sciencedirect.com/science/article/pii/S2214426914000767) See whole document
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