

ACADEMIC DRIVEN DRUG DEVELOPMENT: FROM MOLECULES TO PROOF-OF-CONCEPT CLINICAL TRIALS



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8th Advanced in silico Drug Design
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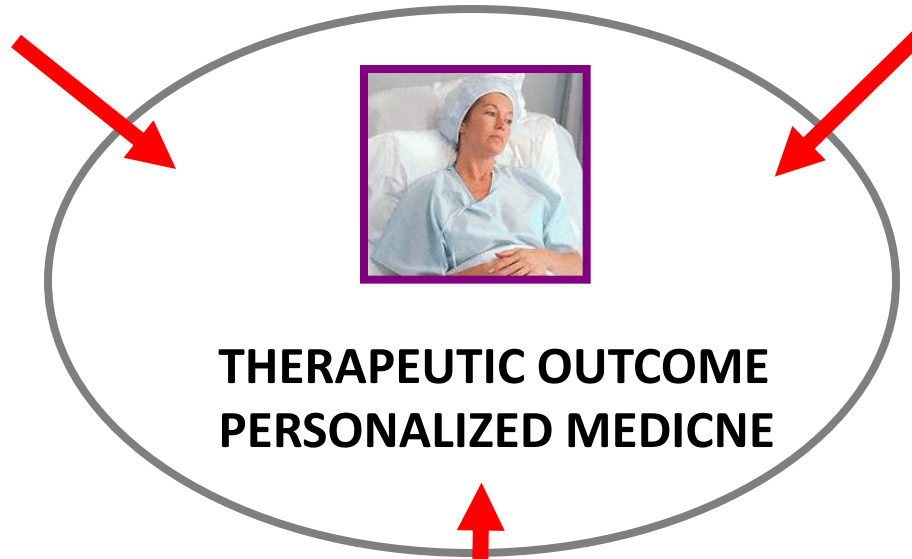
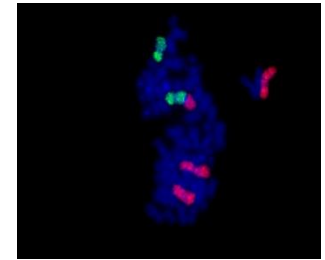
- Successful case studies in drug development – current drugs on the market
- Philosophy of academic drug development
- Case studies in drug research and development
- What we have learned?

Major determinants of therapeutic outcome

ANATOMIC STAGE
OF DISEASE
(DIAGNOSTICS -
IMAGING)



BIOLOGY
(BIOMARKERS & MOLECULAR
TARGETS)



**THERAPEUTIC OUTCOME
PERSONALIZED MEDICINE**

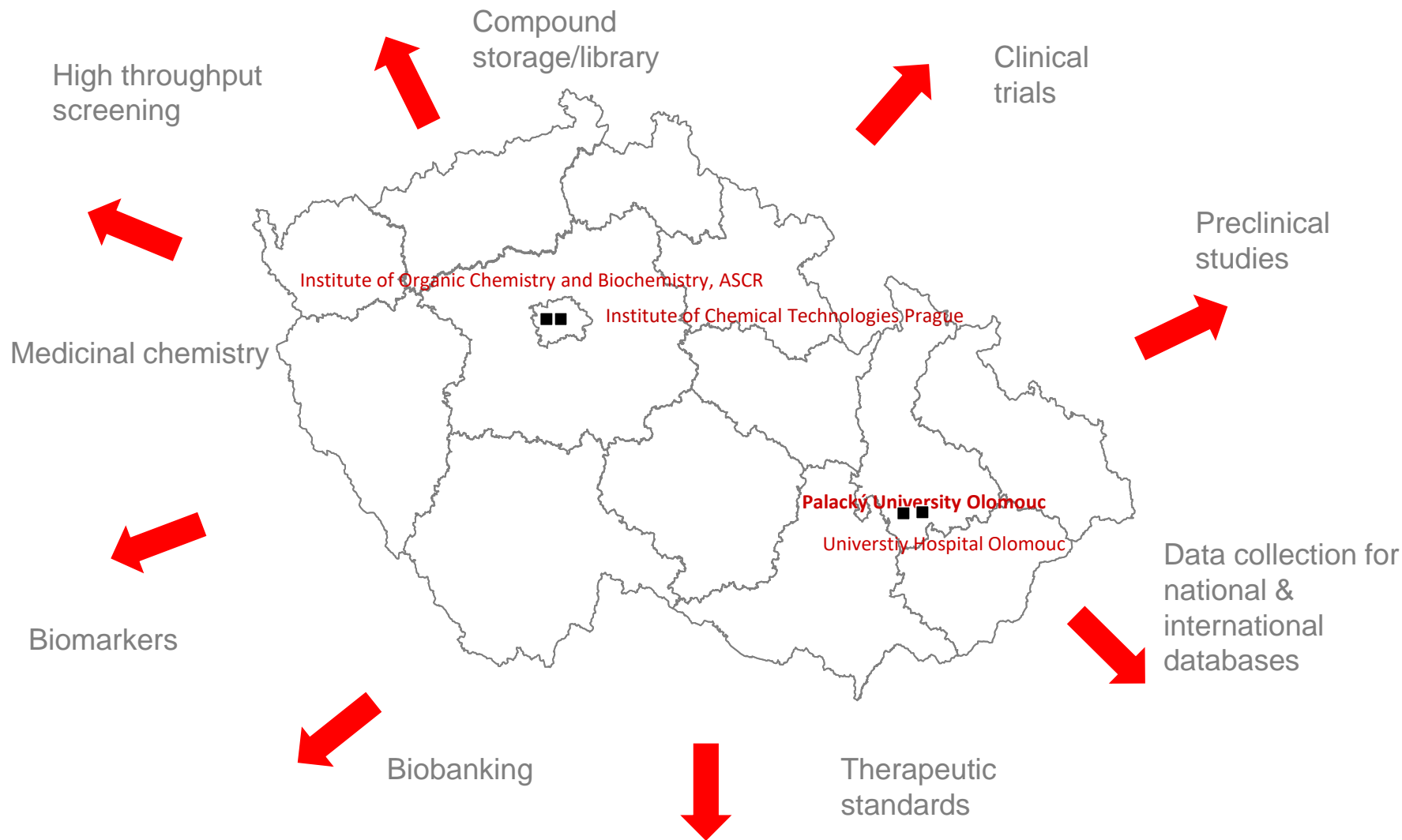
THERAPIES
(SMALL MOLECULES, BIOLOGICS, ATMPs)



Academic drug development?

- Partially de-risking novel drug discovery targets; through the parallel running of milestone driven drug discovery projects alongside academically driven development of the underpinning target biology.
- Neglected and orphan diseases; through the development of therapies for diseases whose patient base demographics or numbers will not generate a sufficient commercial return to offset the cost of drug development.
- New paradigms for drug discovery; universities are an excellent environment for the development of new paradigms for drug discovery, „undrugable“ targets and „drug unlike“ molecules.
- Access to new and/or more predictive models, techniques requiring the human materials and/or patients (PDXs, iPSCs, etc.).
- Training young scientists in the practice of drug discovery and educating basic scientists in the requirements for the translation of fundamental research into drug discovery.

Infrastructural project for chemical biology and translational medicine (BIOMEDREG) – concentrating, evaluating and developing the national chemical knowledge



Betulinic acid derivatives

Chemistry: Dr. Sarek, Faculty of Sciences, UP

Anticancer

Antimicrobial

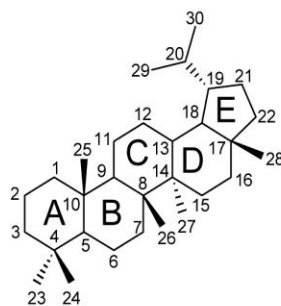
Antiinflammatory (Nrf2 activators)

Aniviral (HIV – maturation inhibitors)

Hedgehog inhibitors

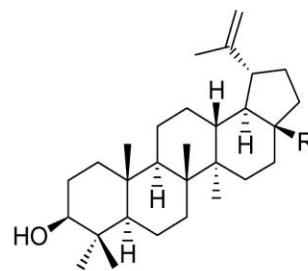


Formal skeleton



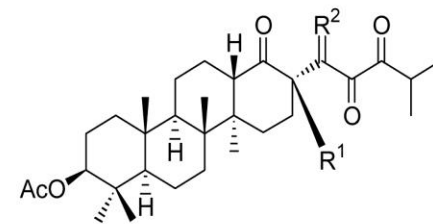
Lupane skeleton

Lead structures for derivatization



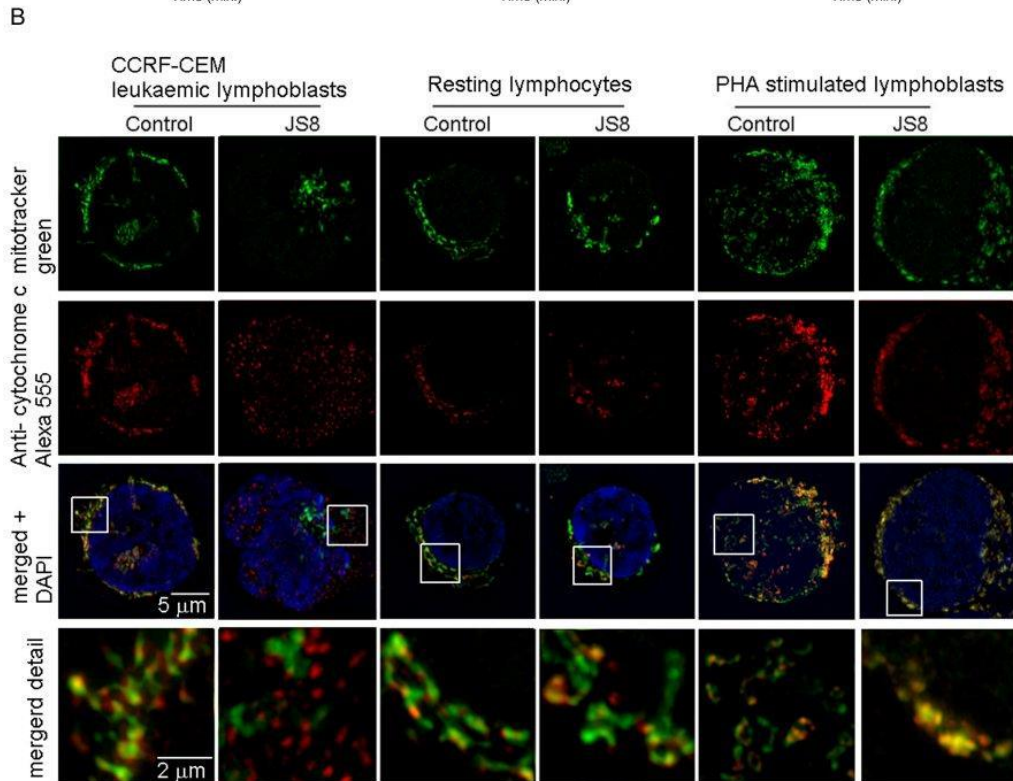
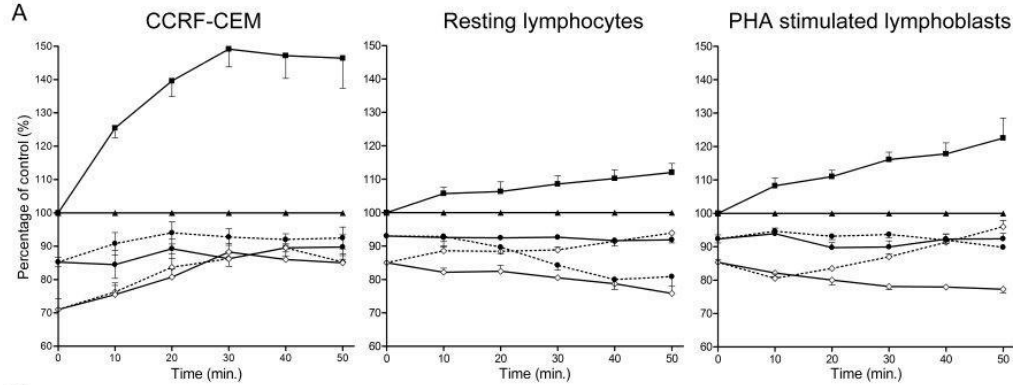
Betulin, R = CH₂OH
Betulinic acid, R = COOH

Example of new structure(s) with pro-apoptotic activity

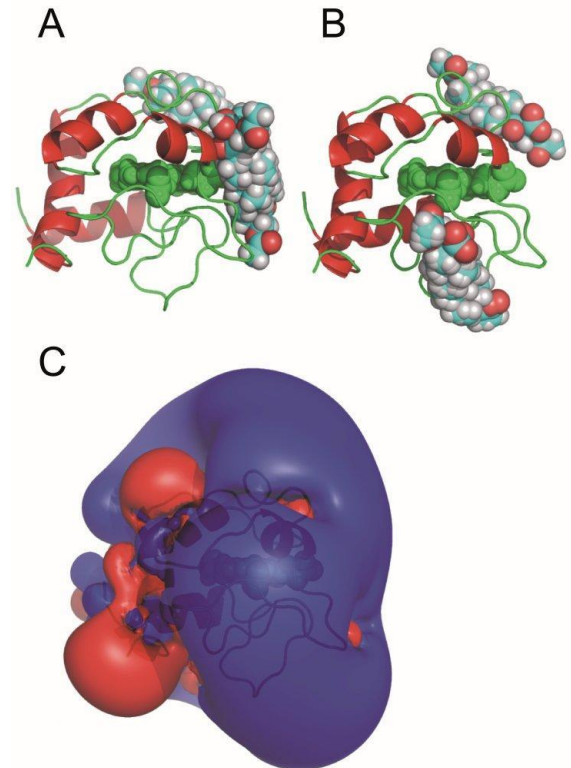


Highly oxygenated 18,19-secolupane type;
R¹ is CH₂OAc or CO₂R³, R² is O or H,H
and R³ is ester group

Anticancer activity – mechanism of action



Betulinic acid derivative JS8 – selective binding to cytochrome c in tumor cells and consequent induction of apoptosis



Compounds antiviral activity: HIV

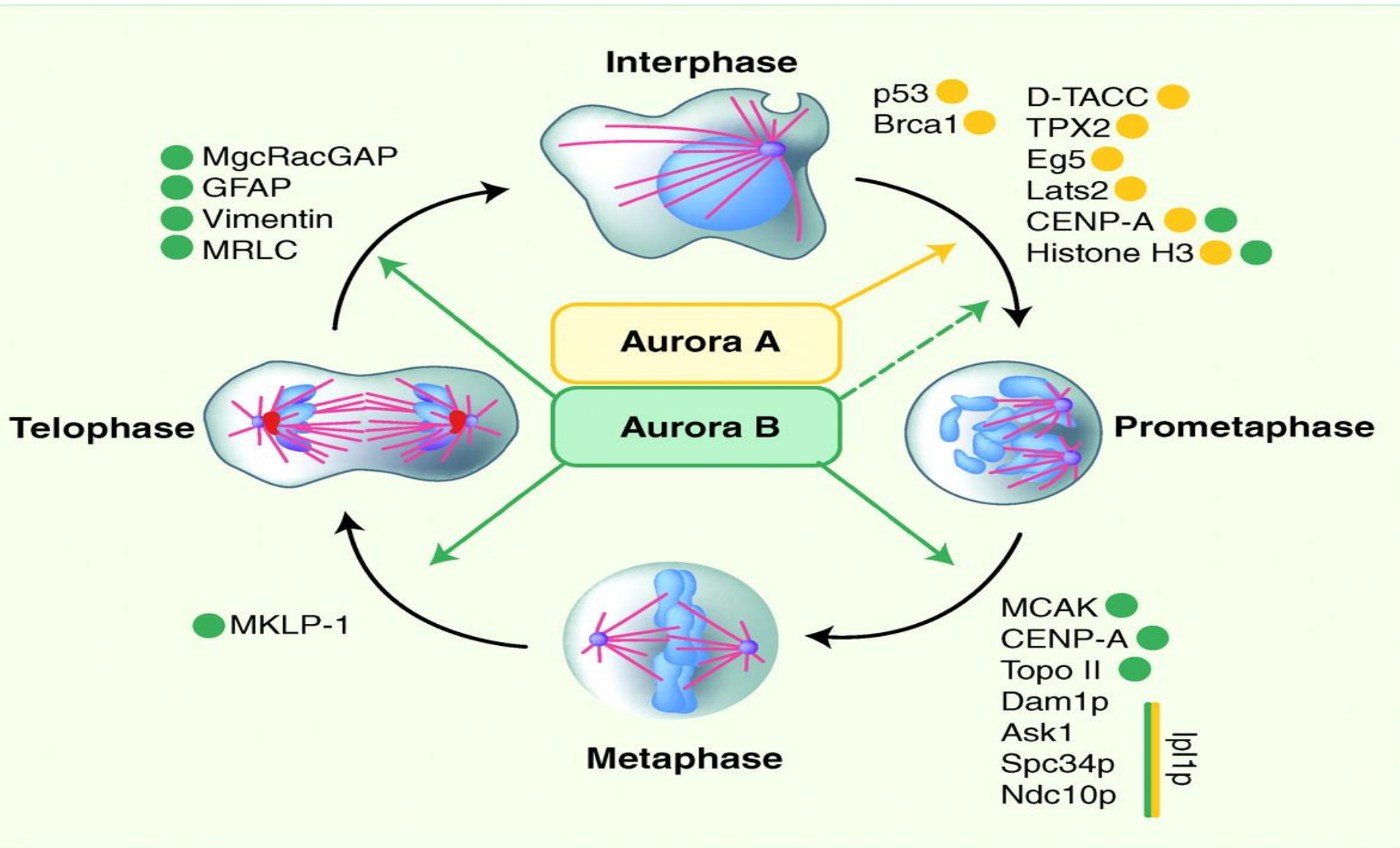
Maturation inhibitors – block the last cleavage site of the HIV gag protein
 4th class of anti-HIV drugs active against all clinical drug resistant isolates

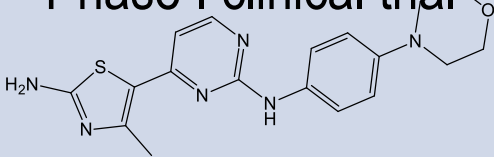
WHAT WE HAVE LEARNED?

- Market driven decision are important.
- Merging companies may result in different priorities.

150		2	9	5500	2750
80118		7 - 35	60-315	15,000	3,350
151		36	920	15,000	416
PA-457		2.7	16.7	23,000	8,500

Aurora A and/or Aurora B targets



Compound	IC50	Comments
<p>CYC116 (Cyclacel) Phase I clinical trial</p> 	<p><u>ATP competitive assay</u></p> <p>Aurora A - 44 nM B - 19 nM C - 65 nM</p> <p><u>Cellular</u> 34-1370 nM</p>	<p>Antitumor activity in <i>in vivo</i> animal models. 50mg/kg dose significantly reduced tumor weights.</p>
<p>ZM447439 (A.Zeneca) Reference compound</p>	<p><u>ATP competitive assay</u></p> <p>Aurora A - 110 nM B - 130 nM</p>	<p>Using ZM447439, Aurora B roles in mitosis discovered.</p>

- Potential Tumor resistance mechanisms towards CYC116 was not identified
- Helps in predicting clinical response and to design alternative strategies to combat resistance

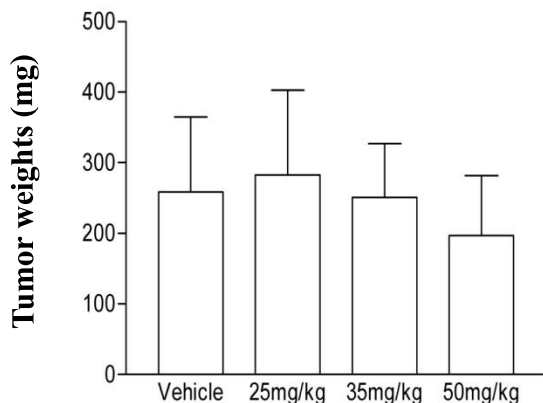
The effect of CYC12116 on tumor weights and leukemia bone marrow infiltration

Day 2

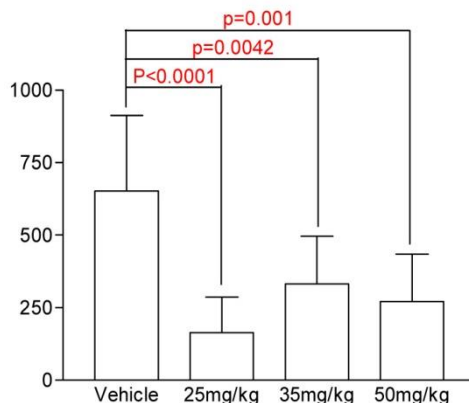
Day 5

Day 10

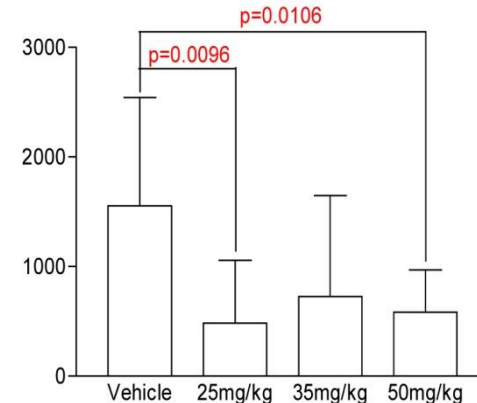
Tumor weights CYC 12116; D1-2



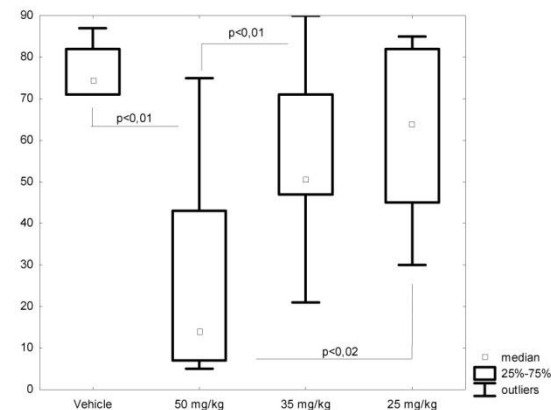
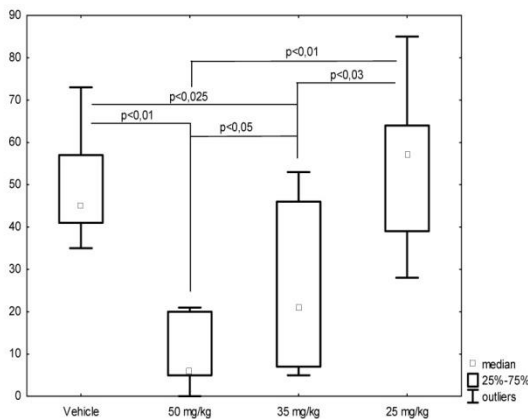
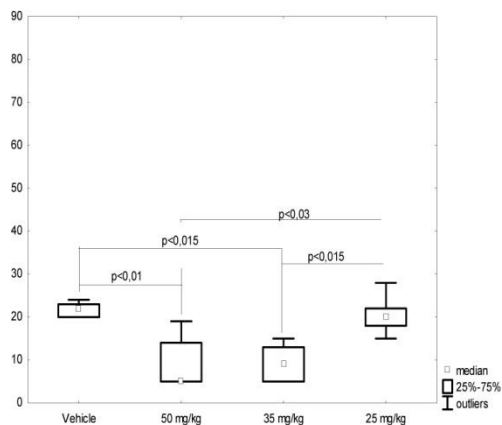
Tumor weights CYC 12116; D1-5



Tumor weights CYC 12116; D1-10



Leukemia bone marrow infiltration (%)



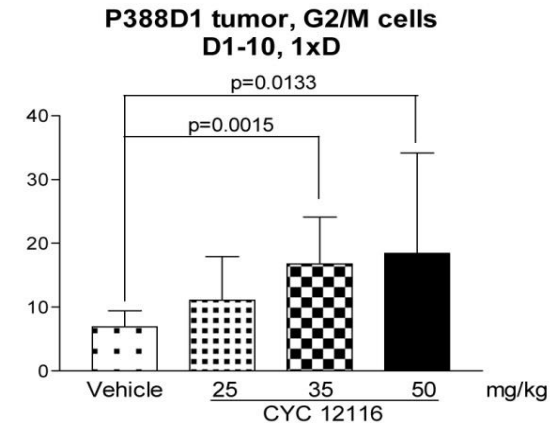
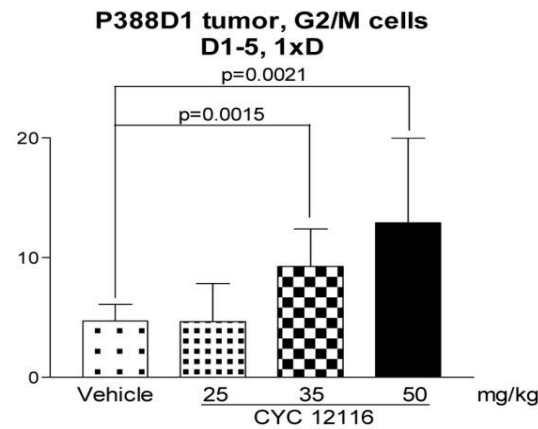
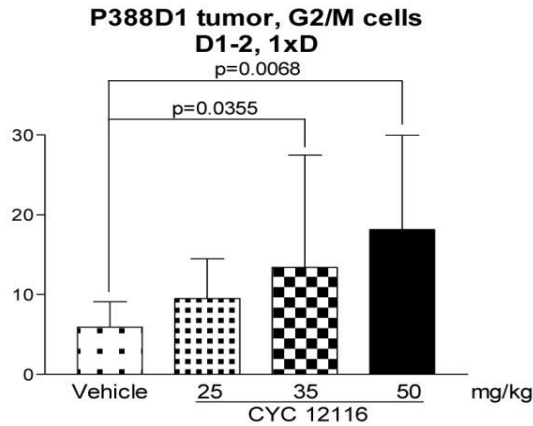
The effect of CYC12116 on tumor cell cycle and ploidy

Day 2

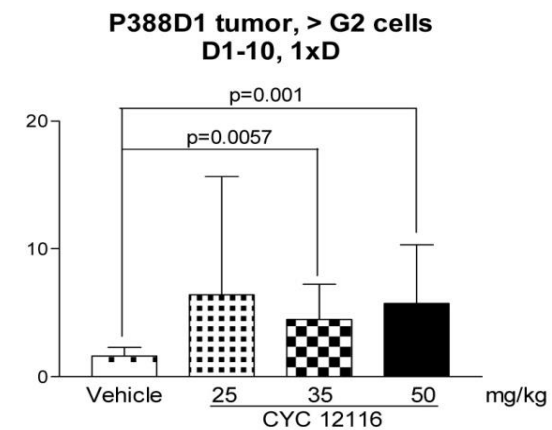
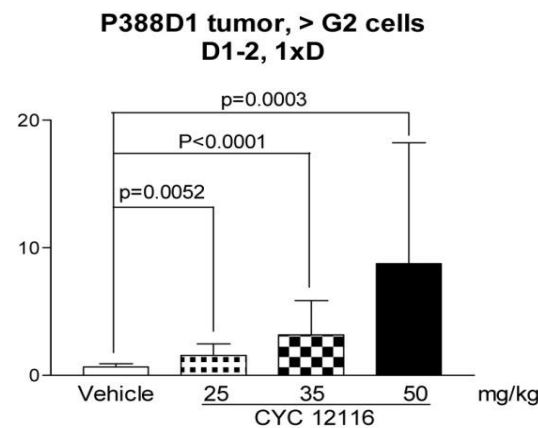
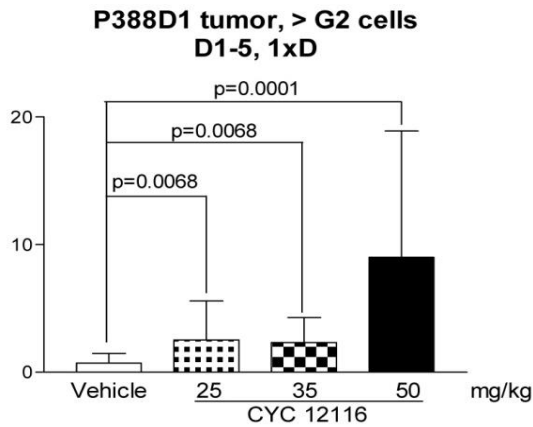
Day 5

Day 10

G2/M cells

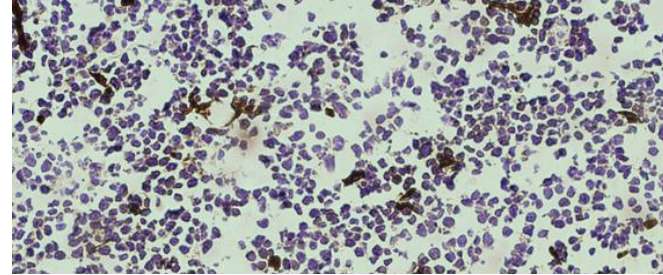
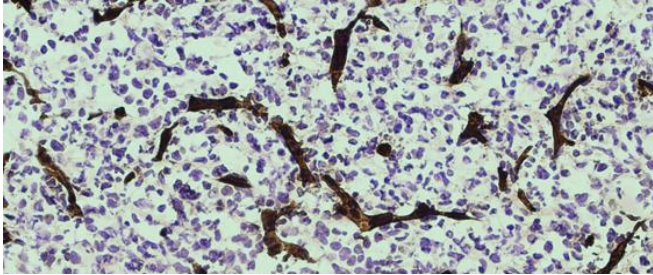


Polyploid >G2 cells



**Suppression of angiogenesis and histone H3 phosphorylation in
CYC12116 treated P388D1 tumors (50 mg/kg p.o., 1xD, D1-5)**

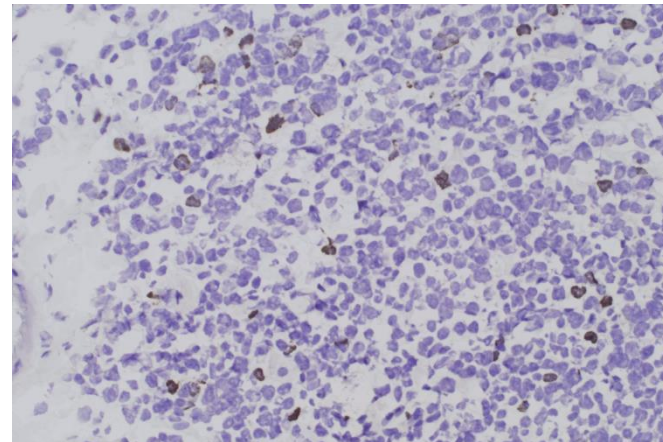
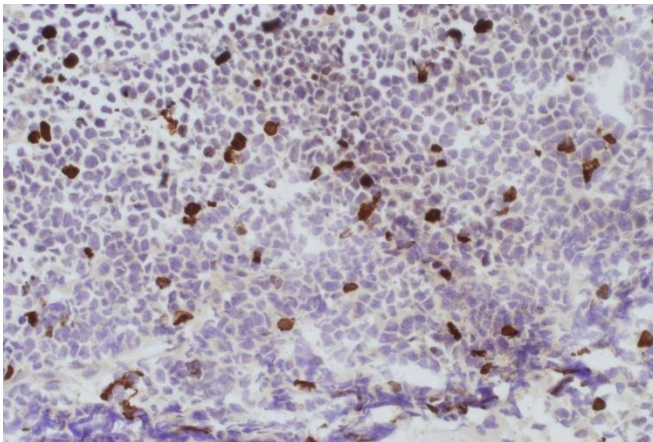
Tumor microvessel density
(anti-CD31 staining)



WHAT WE HAVE LEARNED?

- Collaborative research with academia may have added value.

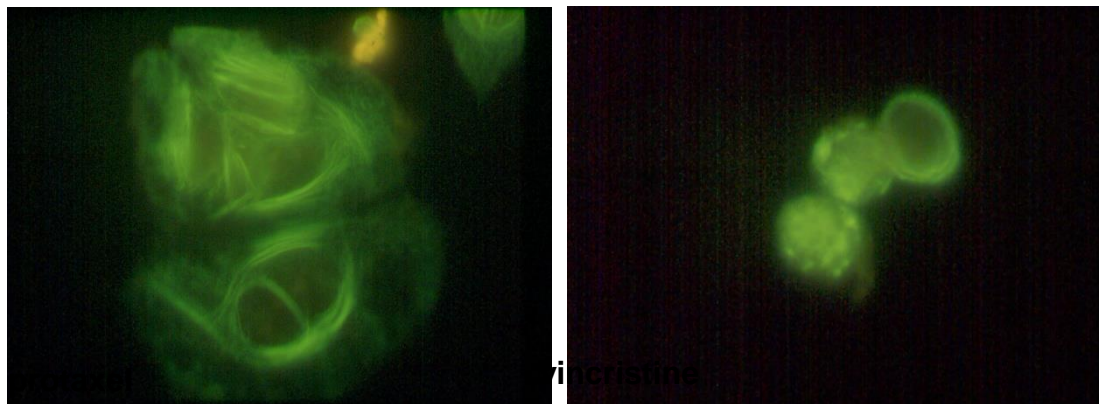
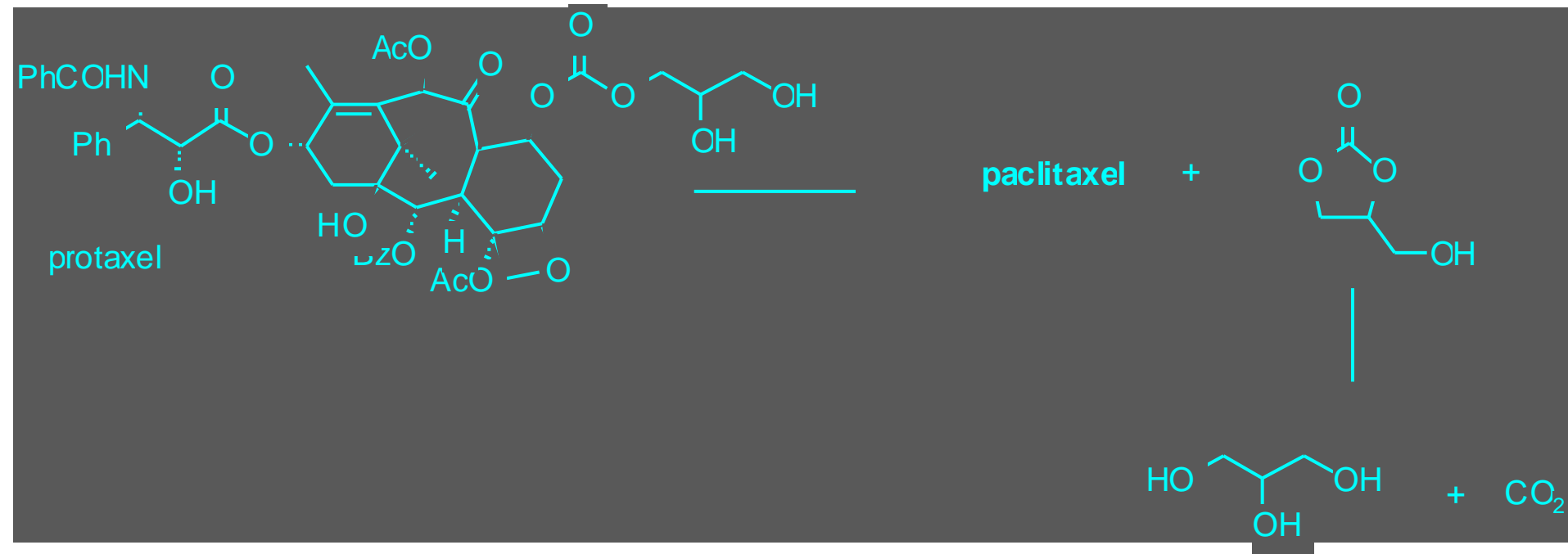
Histon H3 phosphorylation



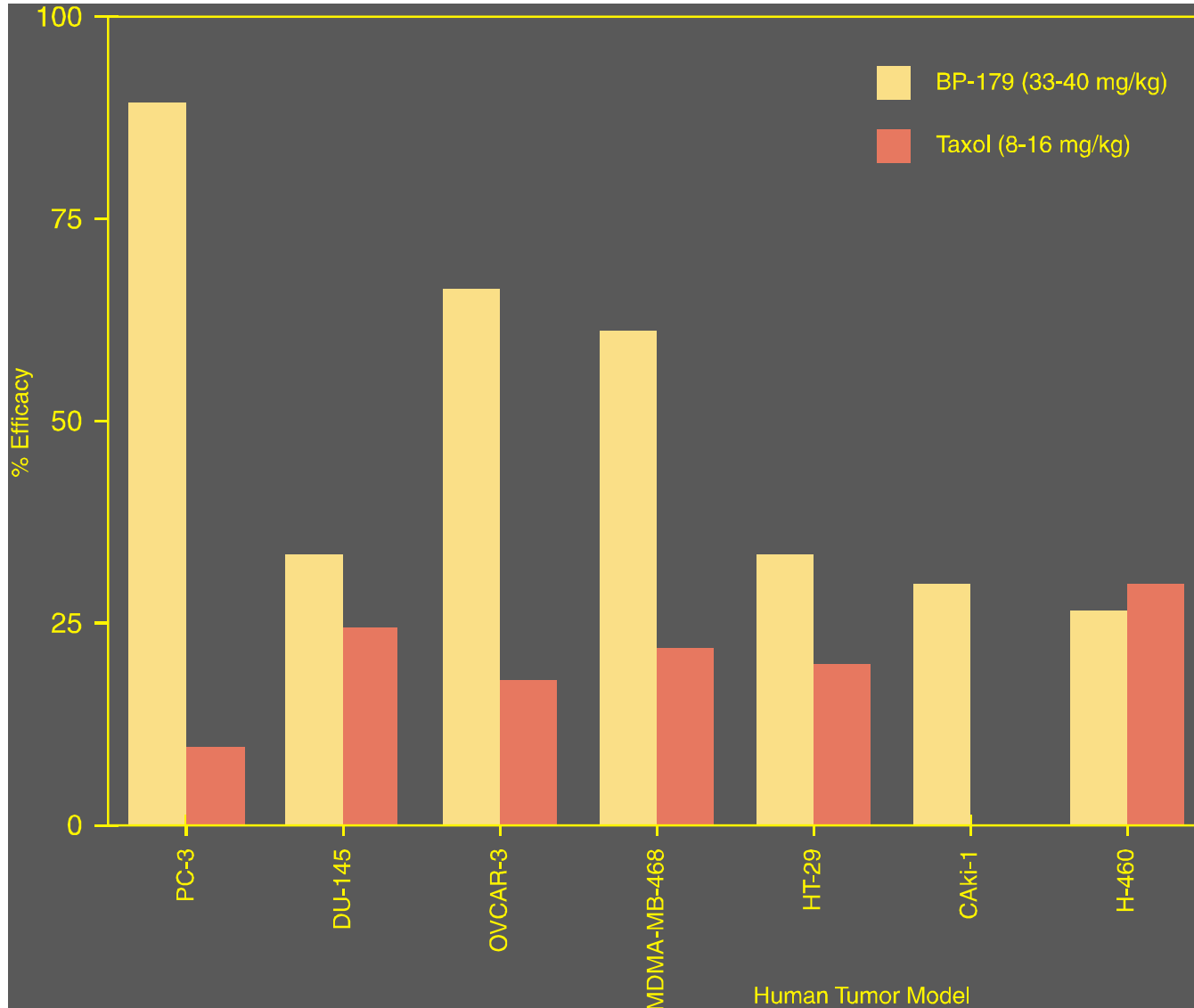
vehicle

CYC12116

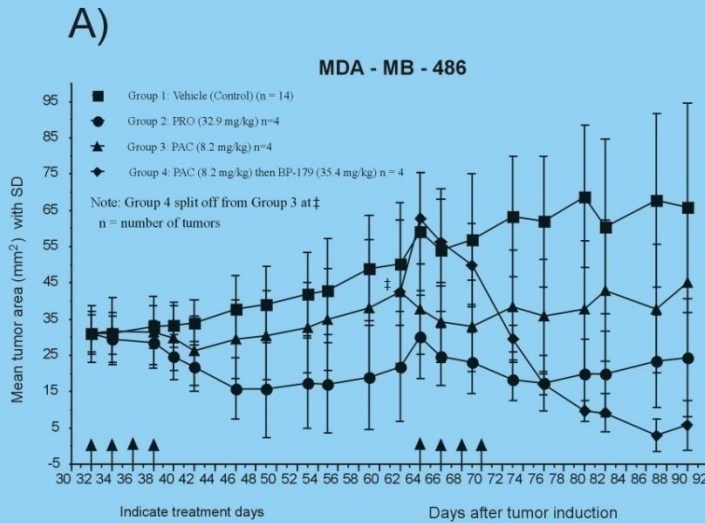
Protaxel – paclitaxel pro-drug – mechanism Chemistry: Biophysica Fnd.



IN VIVO COMPARISON OF BP-179 AND TAXOL'S % EFFICACIES AGAINST SEVERAL HUMAN TUMOR MODELS

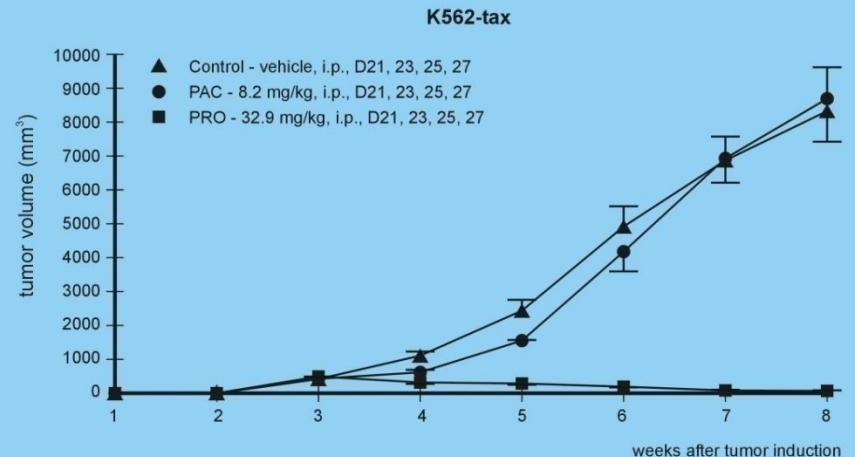
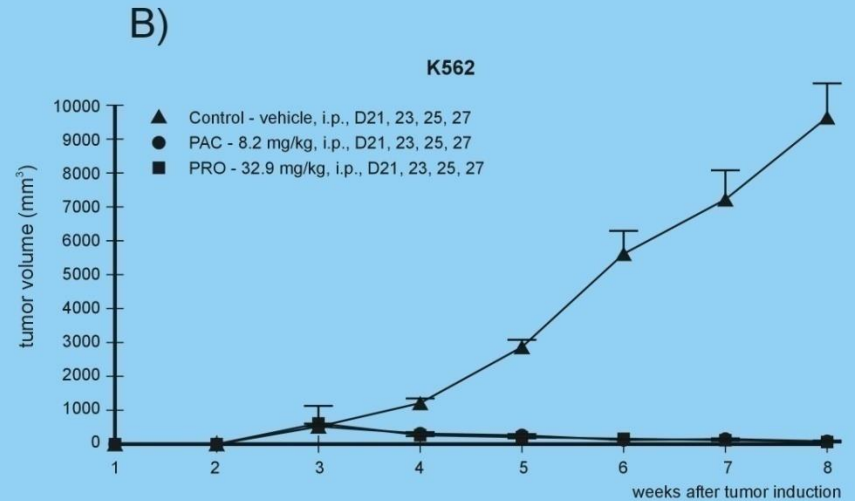


Protaxel works in paclitaxel resistant tumors

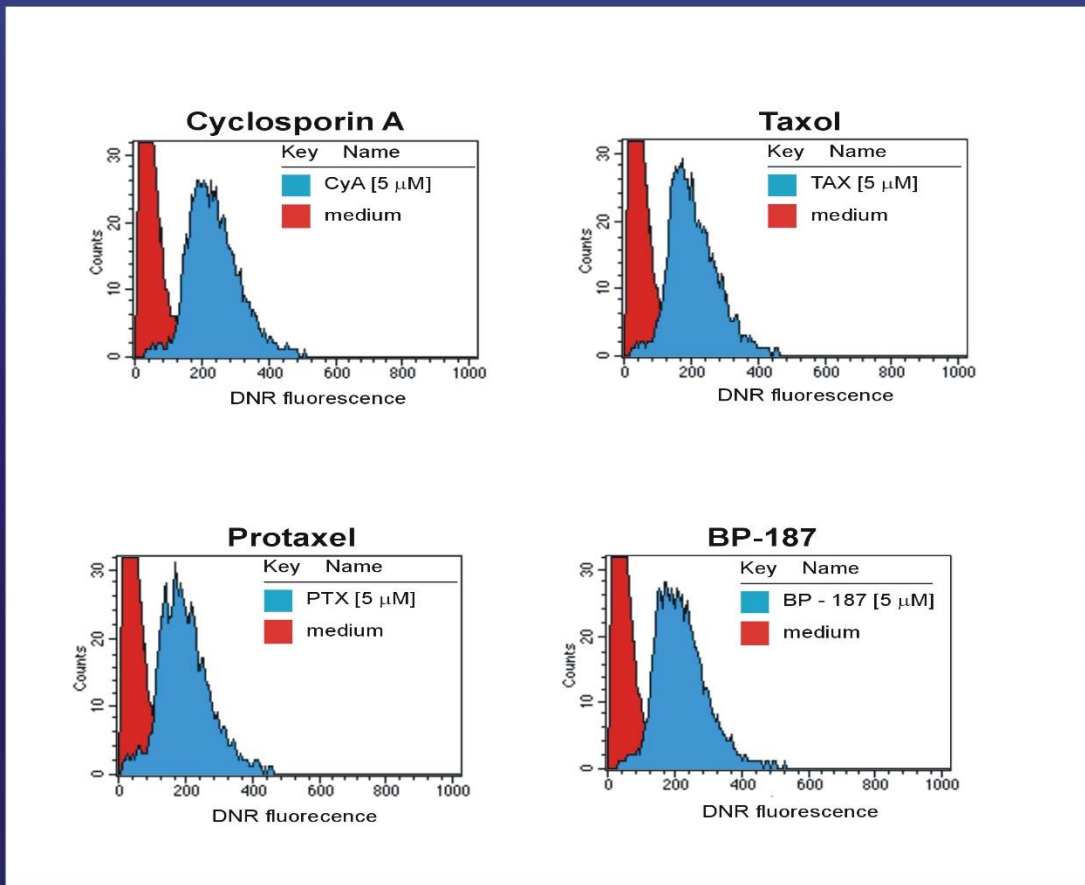


A) Nude mice were xenotransplanted with the breast carcinoma cells, MDA-MB-486, and then treated with PAC or PRO. While PRO induced an effective antitumor effect, animals treated with PAC relapsed. However, re-treatment of PAC-failed mice with PRO resulted in a rapid shrinkage of the tumor.

B) An athymic mice model of the human K562 myeloid leukemia and its PAC-resistant counterpart, K562-tax. Transplanted animals were treated with or without PAC/PRO. Nonetheless only the PRO treatment induced an effective response in the K562-tax PAC-resistant line.



INHIBITION OF DAUNORUBICIN EFFLUX IN TAXOL RESISTANT K562-tax CELL LINE



Protaxel phase clinical I trial

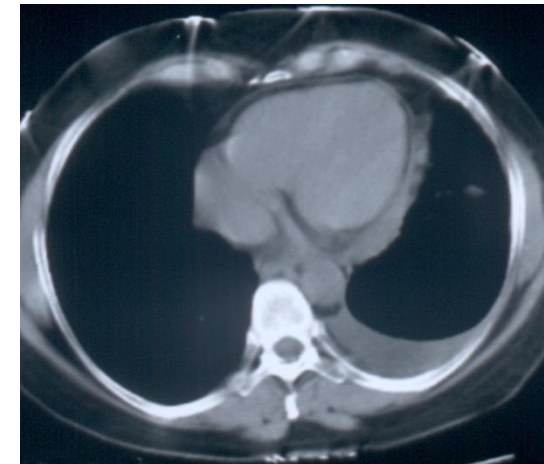
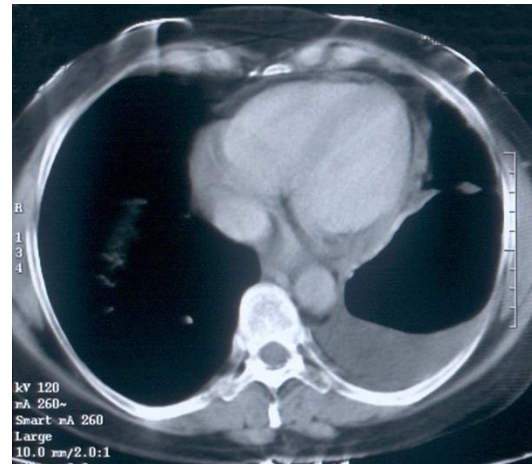
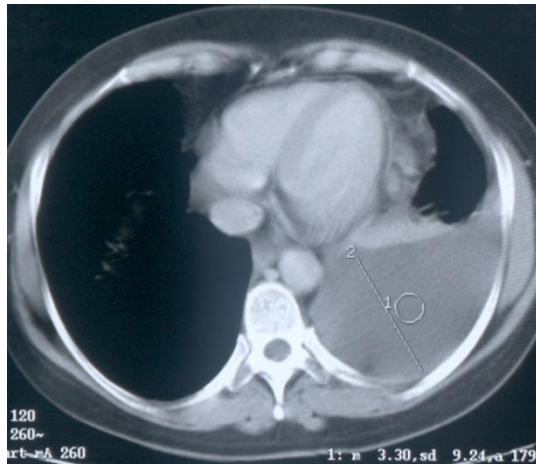
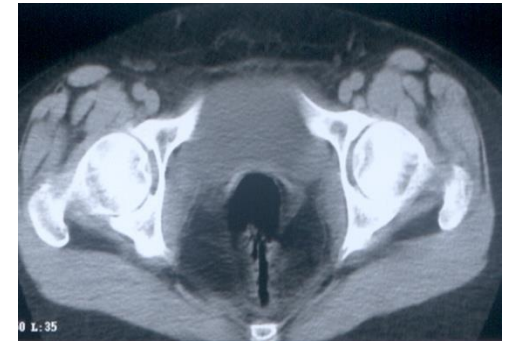
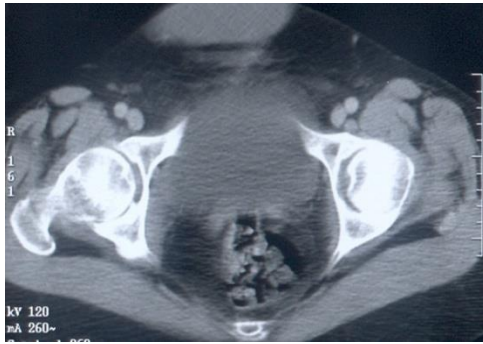
- Study design: single center opened study
- Chemotherapy resistant and paclitaxel refractory/relapsed ovarian cancers (orphan drug status)
- Antiandrogen resistant prostate cancer patients
- Inpatient escalation in modified Fibonacci schema
- Primary endpoints: toxicity, tolerability, maximum tolerated dose, dose limiting toxicity
- Secondary endpoints: efficacy

Clinical efficacy of Protaxel therapy in ovarian carcinoma patient

before treatment

after 3 cycles

after 5 cycles



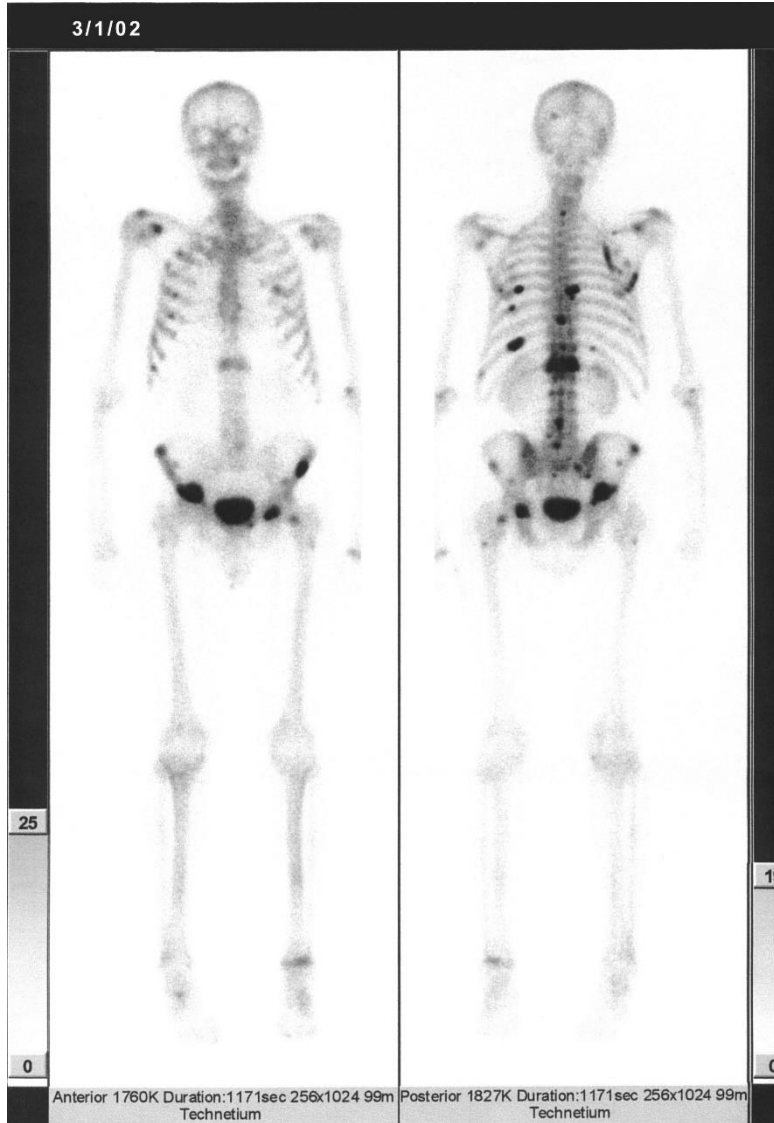
CA-125: 1400

640

106 ng/ml

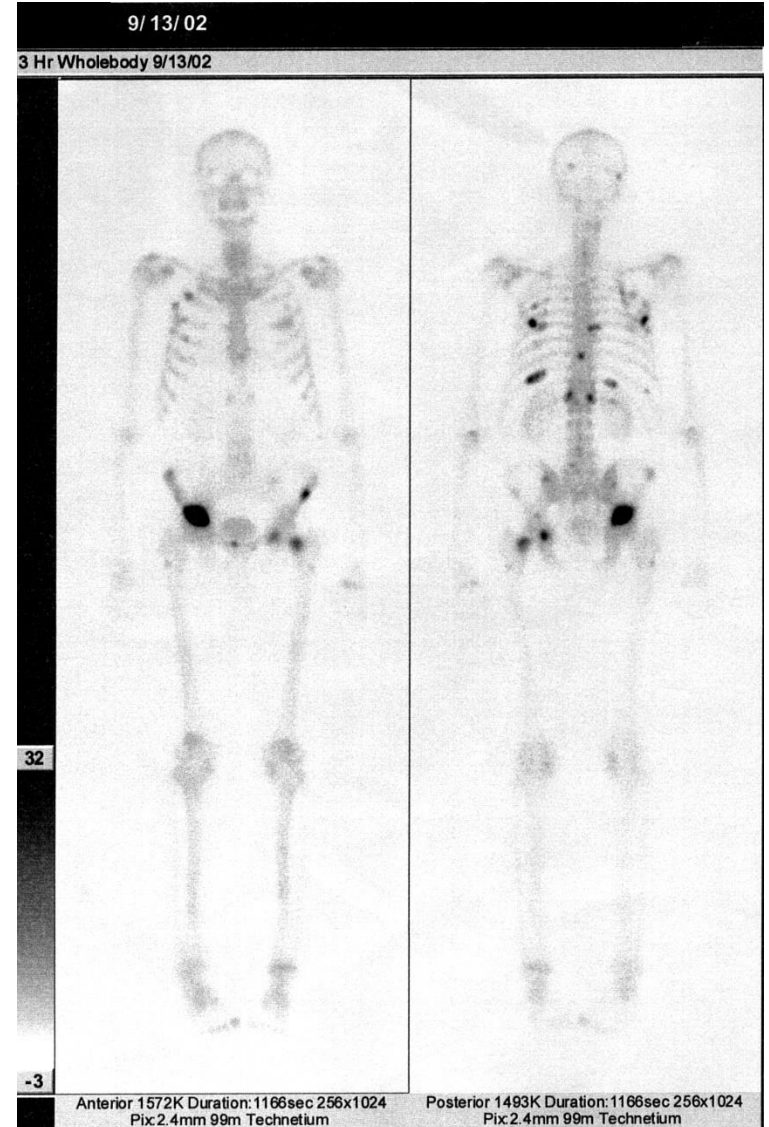
^{99m}Tc scintigraphy: bone metastases in Protaxel treated prostate cancer patient

before treatment



PSA = 64.3 ng/ml

after 5th cycle of chemotherapy



PSA = 9.1 ng/ml

Drug Discovery Process Perspective

ACADEMIC/INDUSTRIAL DILEMA

Publish or perish *versus* Publish and perish.

WHAT WE HAVE LEARNED?

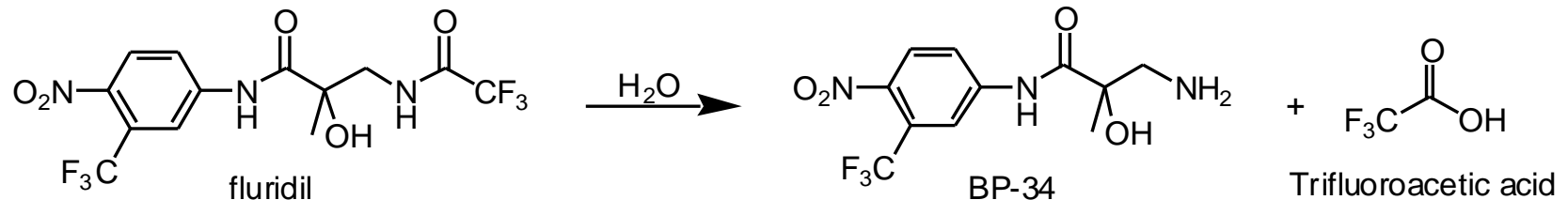


- Time is money.

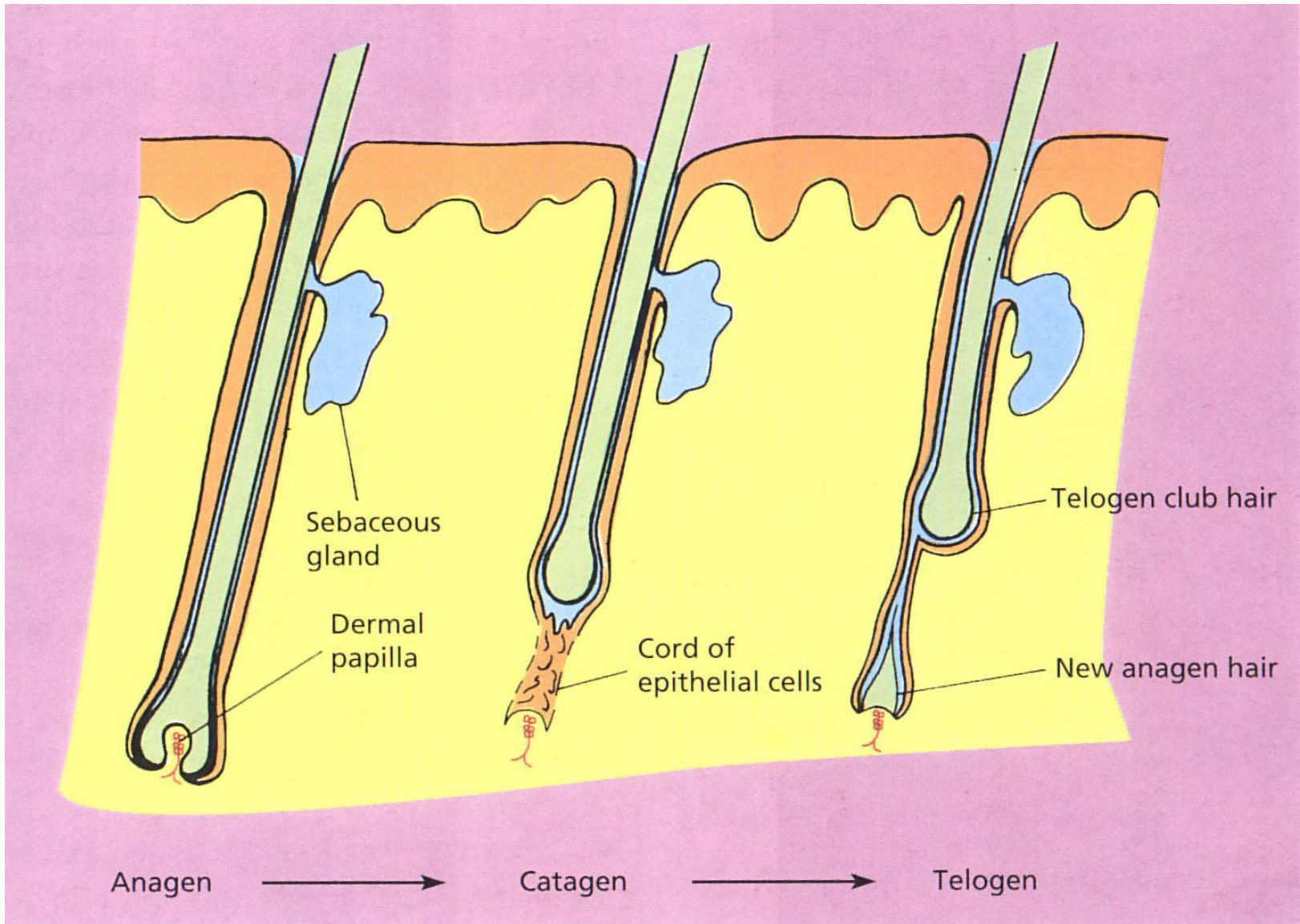


Fluridil – topical antiandrogen

- Originally developed for hormonal therapy of prostate cancer
- Blockage of androgen receptor (AR) in hair follicle
- hydrophobic property
- hydrolytic instability-quick disintegration of fragments, systemic tolerance and rapid excretion



Hair cycle



Survey of pictures of thatches

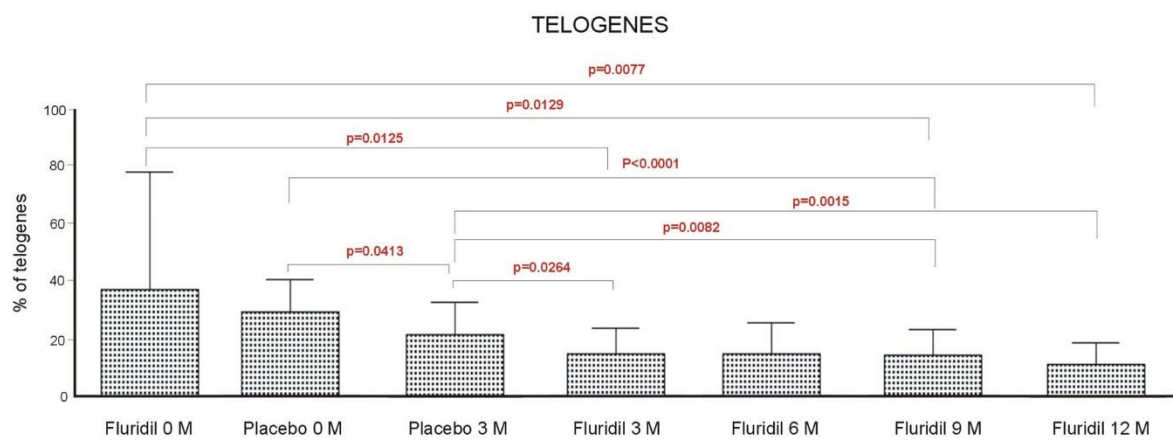
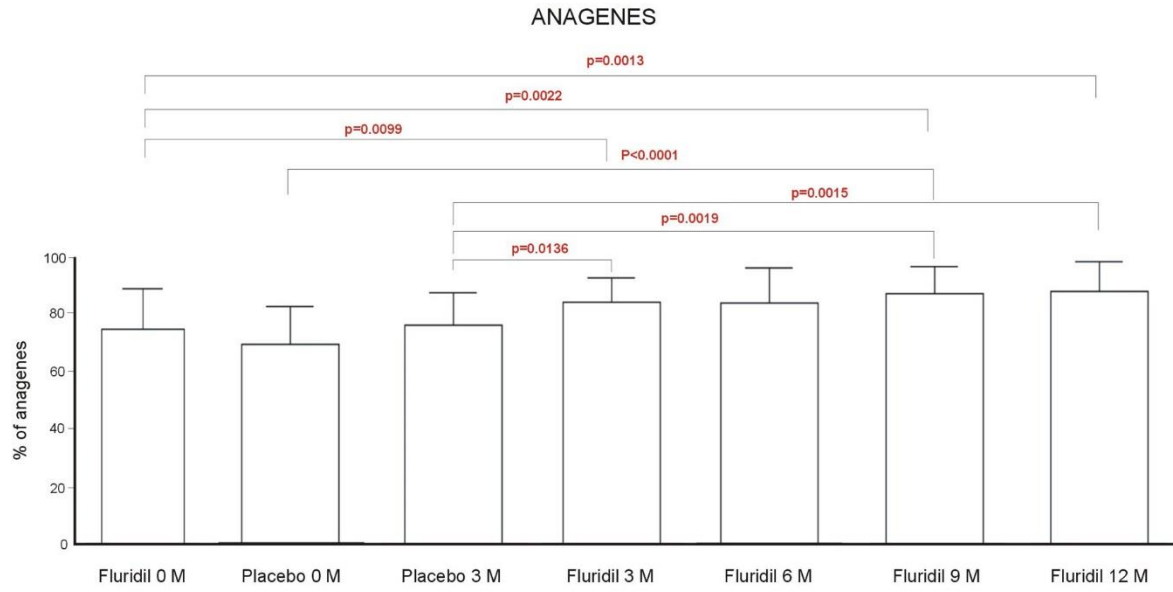
0



12 months



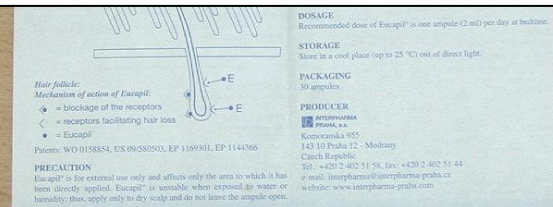
Evaluation phototrichograms



Fluridil - Eucapil

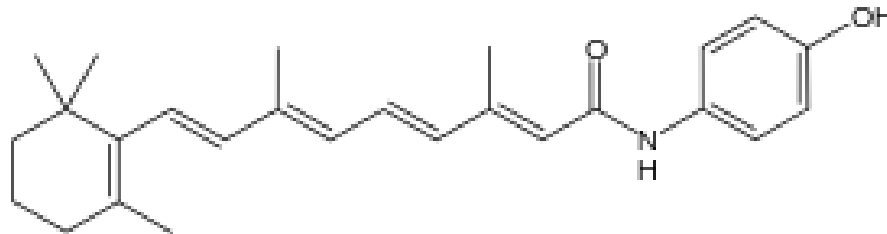
WHAT WE HAVE LEARNED?

- Unexpected drug characteristics may result in new product and/or indication.
- Valuable expertise in development of cosmetic products.

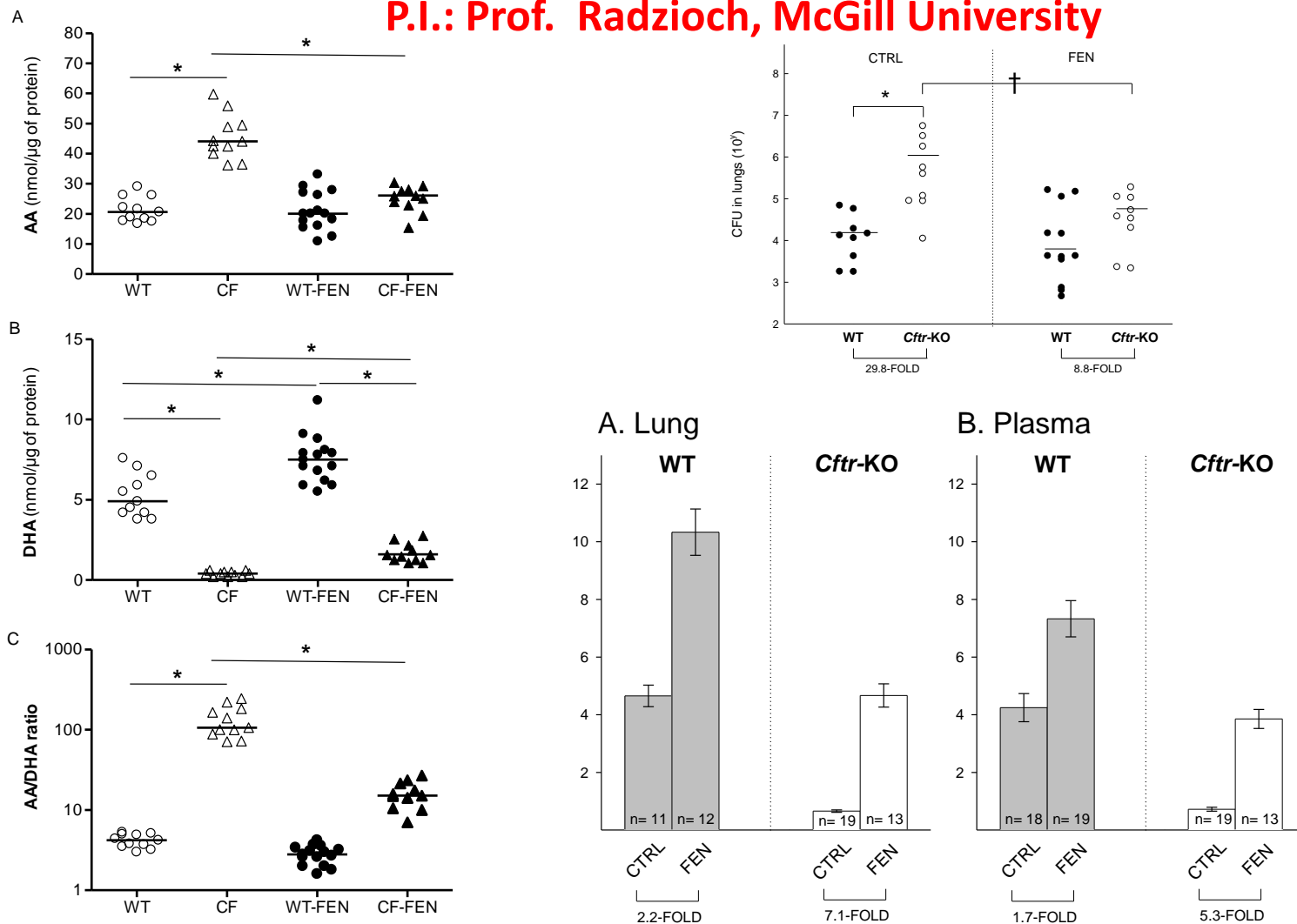


Fenretinide drug repositioning

- Synthetic retinoid: 4-hydroxy(phenyl)retinamide
- Anticancer activity: neuroblastoma (ROS, ceramide metabolism, AA/DHA ratio, apoptosis)
- Chemopreventive trials
- Antiinflammatory activity in RA, psoriasis, CF...



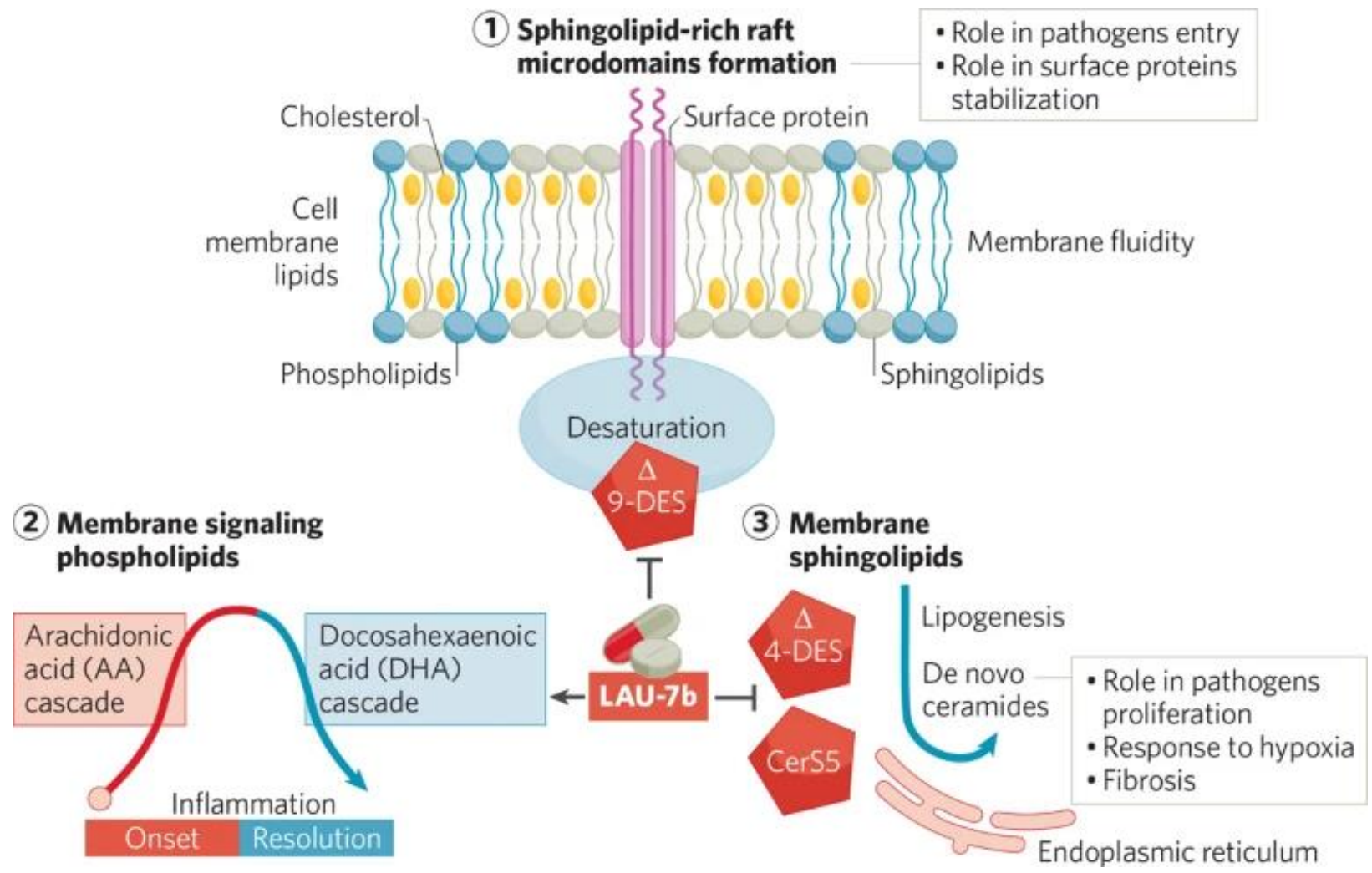
Drug repurposing/Rare diseases projects: Fenretinide in Cystic Fibrosis P.I.: Prof. Radzioch, McGill University



Gibault et al. AJRCMB 2009, Wojewodka et al. AJRCMB2009, AJRCMB 2014

Fenretinide for colonized CF patients – FDA approval for orphan drug status

Fenretinide mechanism of action



Fenretinide phase I trial

Table 1 Demographic data of patients and healthy controls and response of patients to fenretinide in the third cycle of phase Ib clinical trial

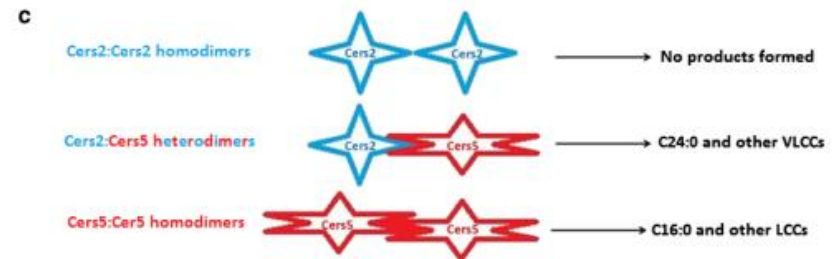
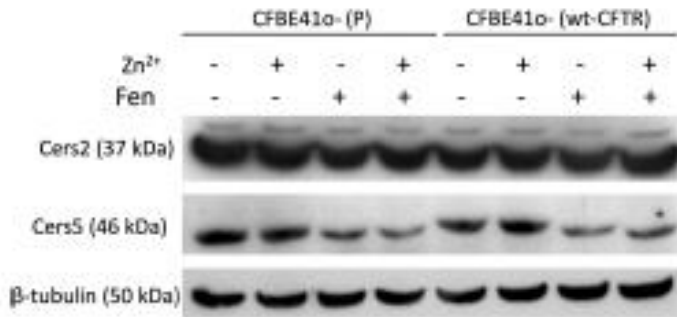
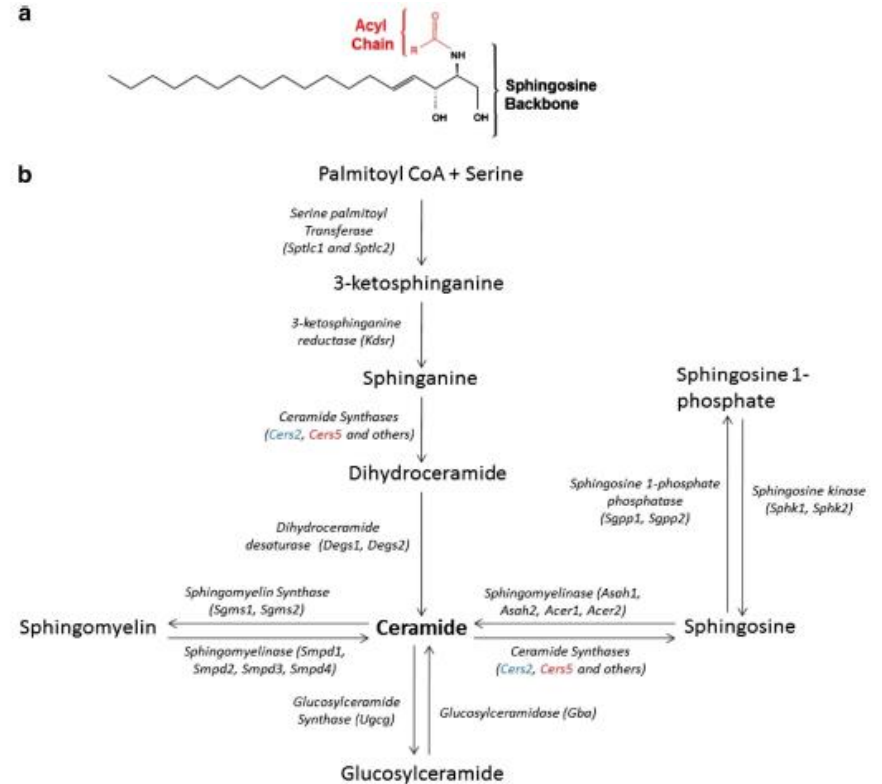
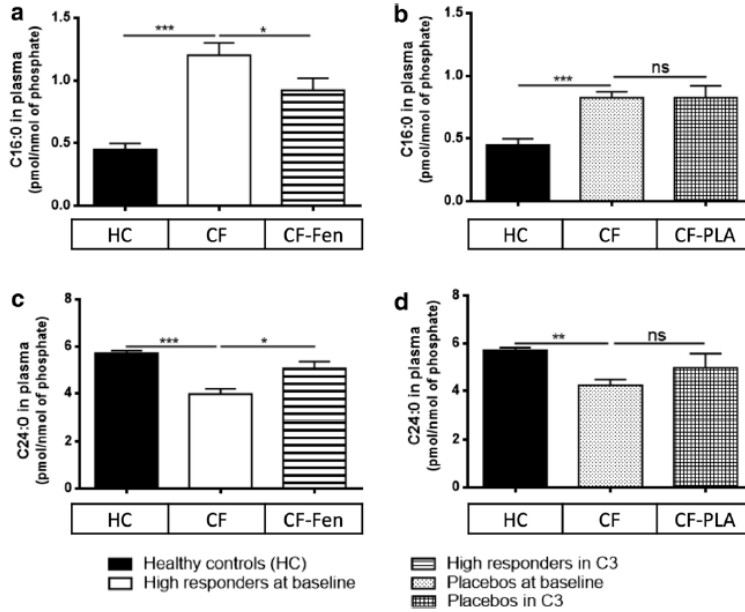
Patient number	Sex	Age (years)	BMI (kg/m ²)	Genotypes		Fen (μM)	C24:0 (pmol/nmol of phosphate) at the baseline	C24:0 (pmol/nmol of phosphate) in C3 after fenretinide administration	C16:0 (pmol/nmol of phosphate) at the baseline	C16:0 (pmol/nmol of phosphate) in C3 after fenretinide administration				
				Traditional nomenclature	HGVS nomenclature									
High responders (C24:0 ↑, C16:0 ↓)														
CF3	M	29	18.9	F508del/F508del	p.[Phe508del]; [Phe508del]	2.278	3.9	3.96 ± 0.5	4.2	5.1 ± 0.6	1.2	1.2 ± 0.22	1.1	0.92 ± 0.21
CF5	M	22	23.5	F508del/F508del	p.[Phe508del]; [Phe508del]	4.594	4.5		5.2	(C3 vs. baseline; <i>p</i> = 0.03)	0.9		0.6	(C3 vs. baseline; <i>p</i> = 0.03)
CF7	M	18	19.0	F508del/621+1G>T	c.[1521_1523delCTT]; [489+1G>T]	3.326	3.9		5.9	<i>p</i> = 0.03	1.1		0.8	<i>p</i> = 0.03
CF10	M	25	19.4	F508del/F508del	p.[Phe508del]; [Phe508del]	1.978	4.3		5.2		1.3		1.1	
CF14	M	33	19.0	F508del/F508del	p.[Phe508del]; [Phe508del]	N/A ^b	3.2		4.9		1.5		1.0	
Partial responders														
CF1	M	36	24.4	F508del/F508del	p.[Phe508del]; [Phe508del]	1.008	3.5	4.06 ± 0.8	3.5	4.8 ± 0.84	1.7	1.0 ± 0.43	1.2	1.0 ± 0.43
CF6	M	18	21.0	F508del/G85 E	p.[Phe508del]; [Gly85Glu]	1.702	4.2		5.7	(C3 vs. baseline; <i>p</i> = 0.13)	0.8		1.1	(C3 vs. baseline; <i>p</i> = 0.41)
CF9	M	36	24.9	F508del/3849+10KbC>T	c.[1521_1523delCTT]; [3717+12191C>T]	3.981	4.0		4.9	<i>p</i> = 0.13	0.6		1.1	<i>p</i> = 0.41
CF12	M	57	16.5	F508del/R352G	p.[Phe508del]; [Arg352Gly]	2.966	3.3		5.3		0.8		1.0	
CF15	F	52	19.7	F508del/F508del	p.[Phe508del]; [Phe508del]	N/A ^b	5.3		4.5		1.1		0.9	
Placebos														
CF4	F	21	24.2	F508del/F508del	p.[Phe508del]; [Phe508del]	0	3.8	4.2 ± 0.5	3.3	4.9 ± 1.1	0.9	0.8 ± 0.1	1.1	0.8 ± 0.2
CF8	M	29	26.6	F508del/S549N	p.[Phe508del]; [Ser549Asn]	0	4.8		6.0	(C3 vs. baseline; <i>p</i> = 0.18)	0.8		0.7	(C3 vs. baseline; <i>p</i> = 0.50)
CF11	F	31	23.6	F508del/Unknown	p.[Phe508del]; [?]	0	4.5		5.0	<i>p</i> = 0.18	0.7		0.7	<i>p</i> = 0.50
CF13	M	29	21.2	F508del/711+1G>T	c.[1521_1523delCTT]; [579+1G>T]	0	3.8		5.6		0.9		0.8	
HC (n = 15)	M/F ^a	41.6 ± 12.9	24.7 ± 3.1	Wild-type/Wild-type	p.[=]; [=]	0	5.72 ± 0.4		N/A		0.44 ± 0.20		N/A	

BMI body mass index, HGVS Human Genome Variation Society, Fen fenretinide, N/A not applicable, HC healthy controls, ns *p* > 0.05, **p* ≤ 0.05

^a Male sex, 46%

^b According to the approved ethical protocol for clinical trial phase Ib, pharmacokinetic analysis was approved for 12 patients, including placebos

Fenretinide phase I trial



General Conclusions phase II trial Study of LAU-7b in the Treatment of Cystic Fibrosis in Adults (APPLAUD). Phase II NC265288

- Patients with CFTR correctors therapy benefit with Lau7b treatment, increase FEV1, decrease primary inflammatory markers.
- The response to FEN is better in younger CF patients, in similar fashion in the trials of breast cancer.
- LAU-7b first inflammation-controlling drug to demonstrate clinical benefit in adults with CF, complementary to administration of CFTR modulators.
- Study achieves clinically meaningful reduction in lung function loss at 6 months, measured as absolute change in ppFEV1, reaching statistical significance in the Per Protocol population.

Study of LAU-7b for the Treatment of COVID-19 Disease in Adults (RESOLUTION) NCT04417257

- Patient goal 508 individuals.
- Double blind, Randomized trial. One capsule a day for 14 days
- Primary

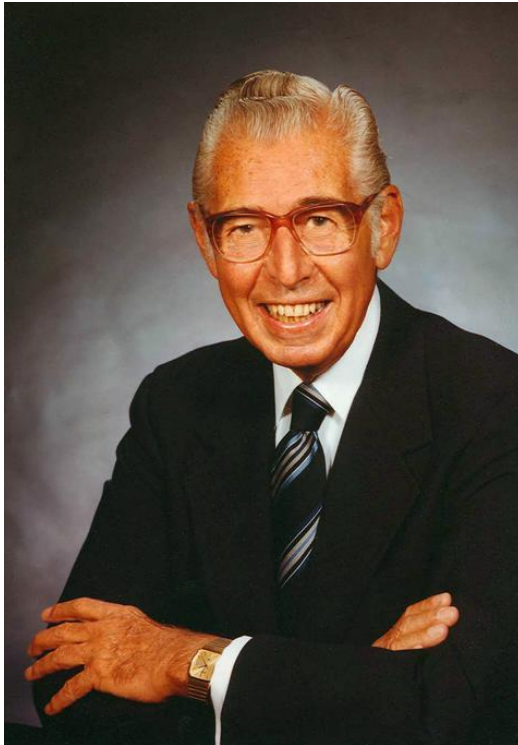
WHAT WE HAVE LEARNED?

- Differences in US – EMA – regulations.
- New reformulation strategy improved pharmacology of the drug resulting in new IP.
- Triple drug repurposing for COVID-19.

%

- Decreased lung inflammation observed only in Lau 7b treated patients.
- Underway
 - Analysis of post Covid symptoms.
- Patent of use application WO/2021/189153

Has disulfiram indeed anticancer effect?



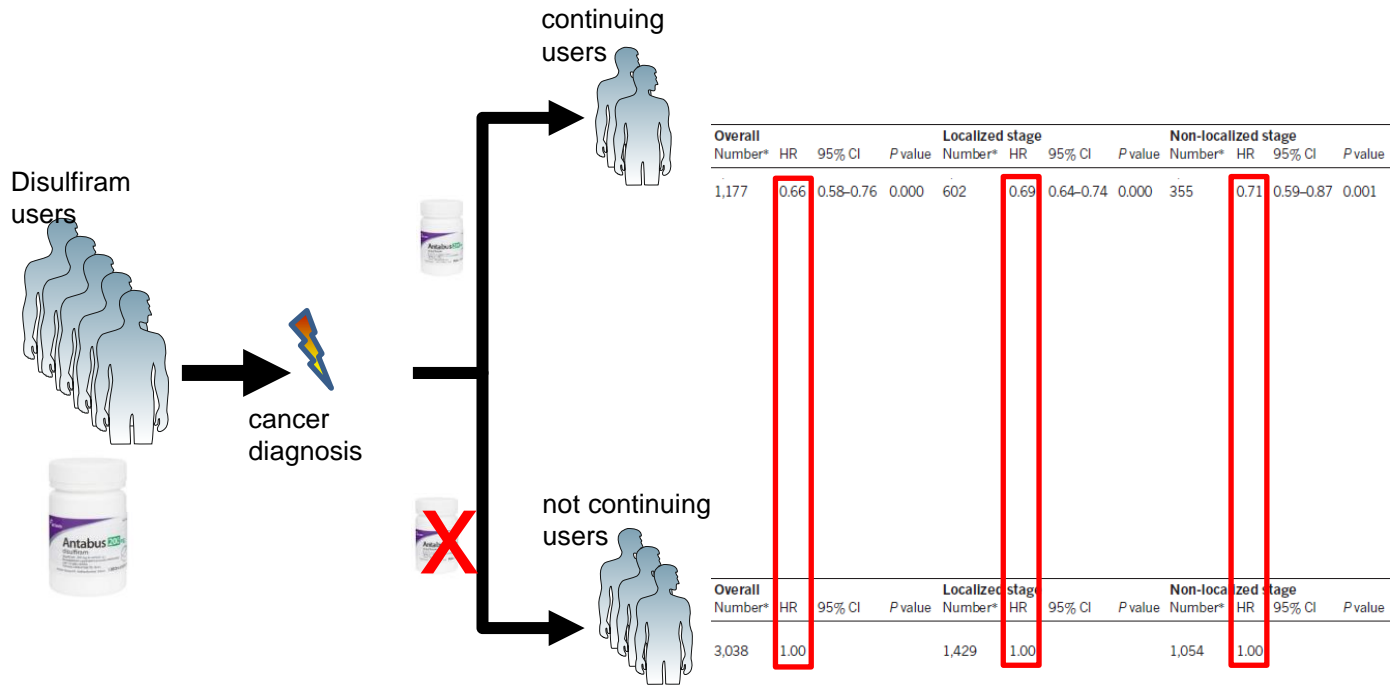
SPONTANEOUS REGRESSION OF BREAST CANCER

Edward F. Lewison, M.D.

Johns Hopkins Hospital
Baltimore, Maryland

E.T. A 35 year old female was operated upon for breast cancer in 1956. She remained well for three years until 1959. At that time severe back pain developed as the result of metastases to the spine, ribs and pelvis with collapse of T-5. She was treated by oophorectomy, radiation therapy and hormone therapy and her condition improved for the next two years. However, in 1961 she became a severe alcoholic and it was necessary to discontinue all hormone therapy and antabuse (Disulfiram) was started. Over the next 10 years--from 1961 to 1971--complete resolution of all bone lesions in the spine, skull, pelvis and ribs gradually occurred and the patient remained clinically free of cancer with no further hormone therapy, chemotherapy, or radiation therapy. Frequent psychiatric care was required and she remained on and off Antabuse therapy for her continued drinking problem. She died in 1971 when she accidentally fell from a third floor window. The coroner's report showed a high blood alcohol level and residual nests of metastatic carcinoma in the bone marrow.

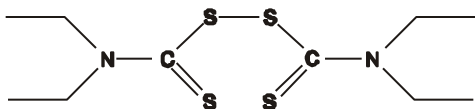
Epidemiological data for Danish Cancer Registry



Skrott Z, et al.. Alcohol-abuse drug disulfiram targets cancer via p97 segregase adaptor NPL4. Nature. 2017 Dec 14;552(7684):194-199. doi: 10.1038/nature25016.

Repurposing of disulfiram: Targeting cancer via p97 segregase adaptor NPL4

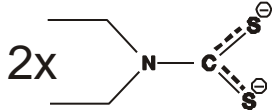
DSF, Disulfiram (tetraethylthiuram disulfide)



in the stomach
and/or the blood



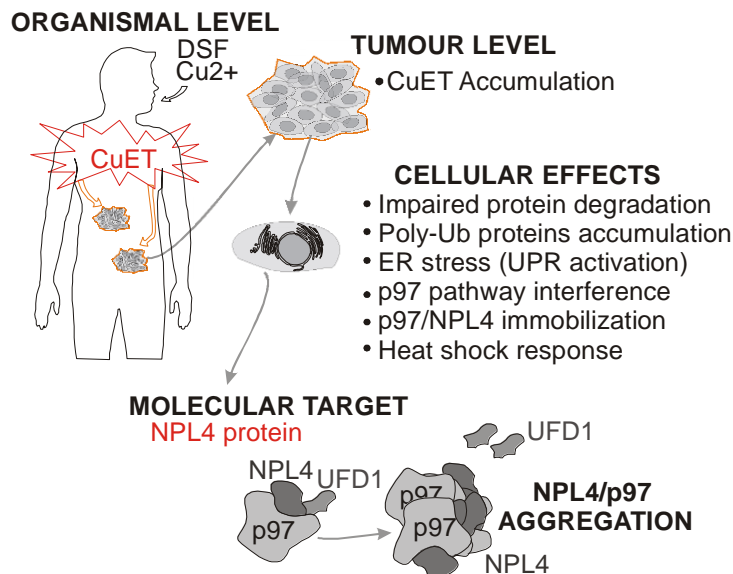
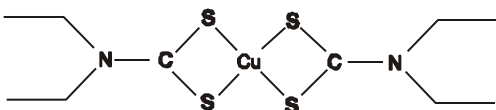
DTC, (diethyldithiocarbamate)



in the presence of
Cu²⁺



CuET, bis(diethyldithiocarbamate)-copper

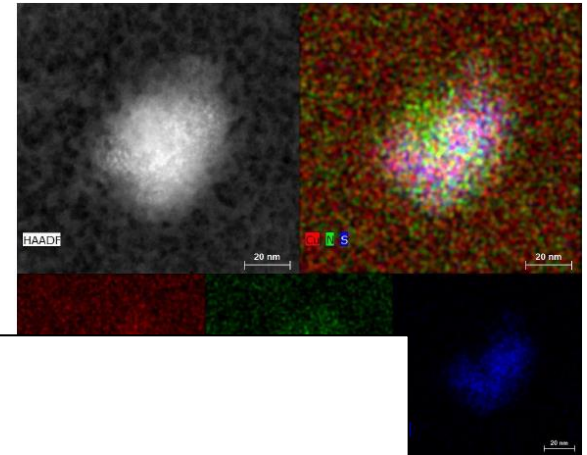
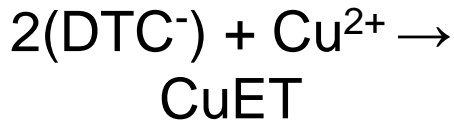


Alcohol-abuse drug disulfiram targets cancer via p97 segregase adaptor NPL4, *Nature*, 2017, 552, 194

Disulfiram's anti-cancer activity reflects targeting NPL4, not inhibition of aldehyde dehydrogenase, *Oncogene*, 2019, 38, 6711

Targeting the NPL4 Adaptor of p97/VCP Segregase by Disulfiram as an Emerging Cancer Vulnerability Evokes Replication Stress and DNA Damage while Silencing the ATR Pathway, *Cells*, 2020, 9, pii: E469

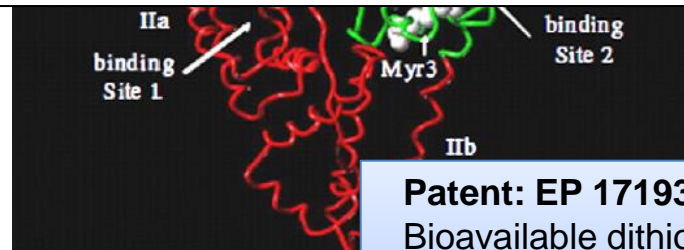
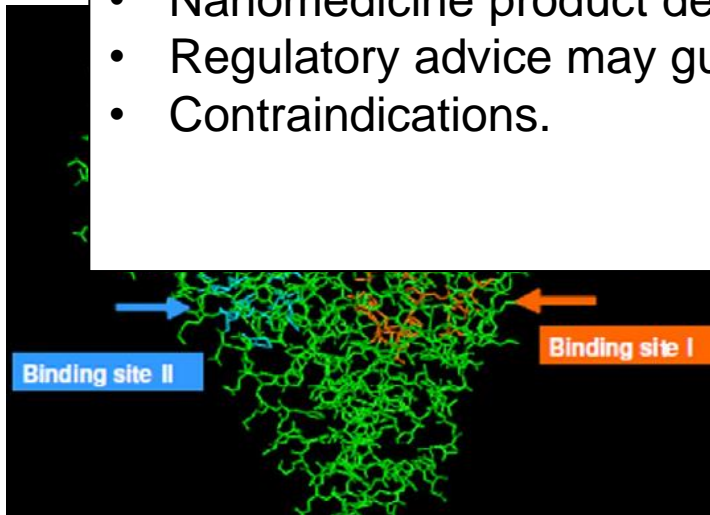
CuET in albumin nanoparticles



solubility <0.5

WHAT WE HAVE LEARNED?

- Good science is important.
- Nanomedicine product development.
- Regulatory advice may guide further development pathway.
- Contraindications.



Patent: EP 17193240.3
 Bioavailable dithiocarbamate-metal complex nanoparticles, method of preparation and use thereof

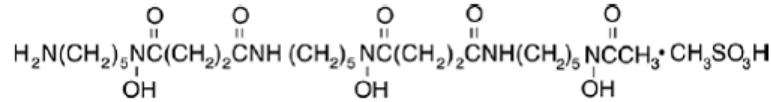
Radiolabelled siderophores for detection of microbial infections

- **Many bacterial, fungal and viral pathogens** can cause nosocomial **infections**, which can be **life-threatening**, especially in **immunocompromised hosts**
- **Early and accurate diagnosis** is often **essential** for successful treatment
- Currently used **methods lack specificity and/or sensitivity**
- **Siderophores** are low molecular mass **iron-chelating molecules** serving as iron transporters for nearly all **bacteria, fungi** and some plants
- Many microorganisms employ a **specific** and highly efficient **iron transporter mechanism** based on iron binding **siderophores**, that are **upregulated** in the pathogen especially **during infection**
- **Siderophores labelled** with a suitable **radionuclide** could be useful tool for the **detection of infections** caused by pathogenic microorganisms using **imaging methods of nuclear medicine**
- **Suitable radionuclide** useful for **labelling of siderophores** seems to be for example **gallium-68**
- ^{68}Ga is a **positron emitter** with complexing properties comparable to those of Fe(III) and readily available from a $^{68}\text{Ge}/^{68}\text{Ga}$ -generator

Desferrioxamine-B (Desferal, DFO-B) repurposing



$^{68}\text{Ge}/^{68}\text{Ga}$ -generator
(with marketing authorization)



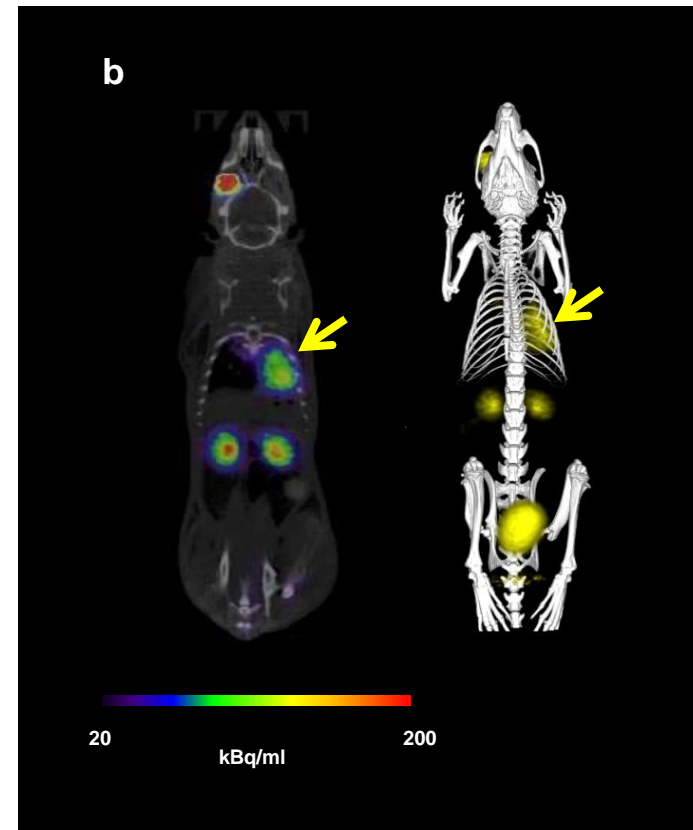
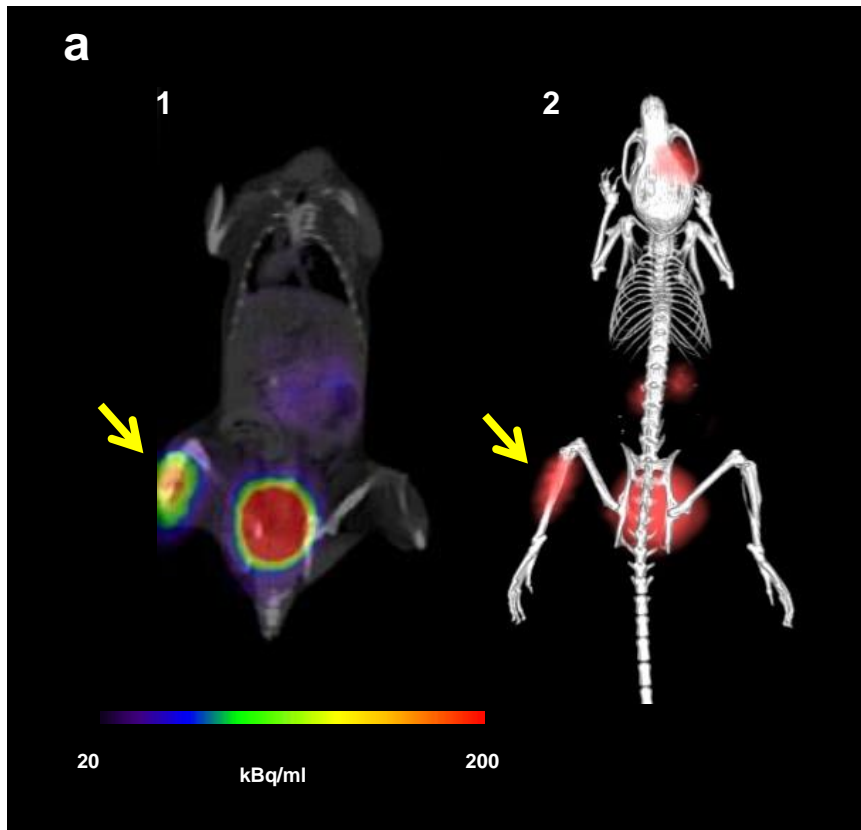
- **FDA approved** drug for long-term metal chelation therapy for decades
- testing of ^{68}Ga -DFO-B for **bacterial infection imaging**



⁶⁸Ga-labelled desferrioxamine-B for bacterial infection imaging

Milos Petrik¹  · Eva Umlafova¹ · Vladislav Raclavsky² · Andrea Palyzova³ · Vladimir Havlicek^{3,4} · Joachim Pfister⁵ · Christian Mair⁵ · Zbynek Novy¹ · Miroslav Popper¹ · Marian Hajduch¹ · Clemens Decristoforo⁵

Received: 21 May 2020 / Accepted: 29 June 2020 / Published online: 30 July 2020
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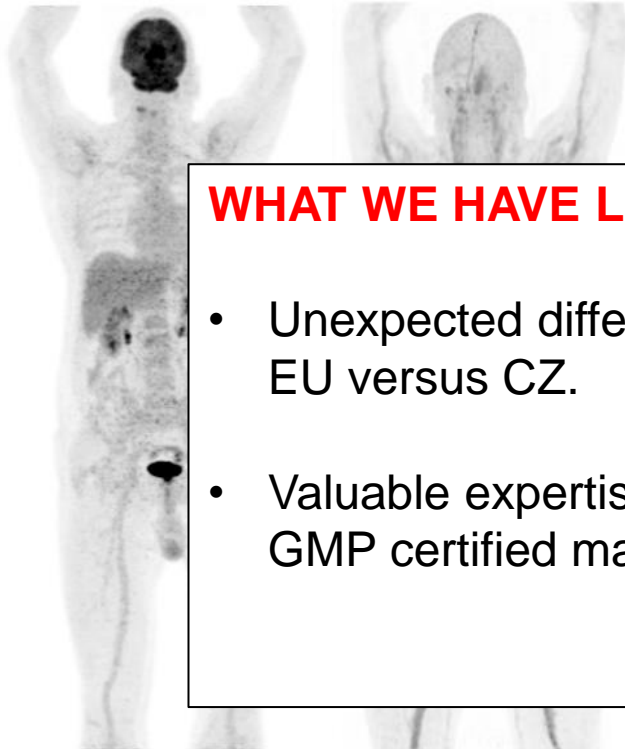


- prospective phase I/IIA study (EudraCT 2020-002868-31)
- primary objectives:
 - **safety and tolerability** of ^{68}Ga -DFO-B in human subjects
 - preliminary **diagnostic sensitivity** of ^{68}Ga -DFO-B
- secondary objectives:
 - **radiation dosimetry** of ^{68}Ga -DFO-B in human subjects
 - characterization of **pharmacokinetics** of ^{68}Ga -DFO-B in human subjects
- total number of participants: **15** (four with radiation dosimetry)



**regulations in AT are
more simple and straightforward
no need of „full GMP“ requirements
in AT**

⁶⁸Ga-DFO-B: first patients (biodistribution and dosimetry)



Target Organ	Total [mSv/MBq]	ICRP-103 ED [mSv/MBq]	Dose actual study [mSv]
Adrenals	1,57E-02	1,45E-04	3,12
Primary bladder wall	1,57E-02	7,76E-04	3,72
Total Body	1,00E-02	0,00E+00	1,99
Effective Dose		9,18E-03	1,82

• no adverse events

WHAT WE HAVE LEARNED?

- Unexpected difference in regulation of radiopharmaceuticals in EU versus CZ.
- Valuable expertise in development of radiopharmaceuticals, GMP certified manufacturing site under preparation.

< 2 mSv
ion
nination
ability
opolites in

• low protein binding

¹⁸F-FDG

⁶⁸Ga-DFO-B

**60
min**

ED = 1.82 mSv

Czech contribution to nuclear medicine



**Prof. Josef Pacák
and
Prof. Miloslav Černý**

Synthesis of 2-Deoxy-2-fluoro-D-glucose

By JOSEF PACÁK,* ZDENĚK TOČEK, and MILOSLAV ČERNÝ

(Department of Organic Chemistry, Charles University, Prague–Albertov, Czechoslovakia)

J. Chem. Soc. D, 1969, 77-77

**1990's: ^{18}F -FDG
approved by FDA for
PET**



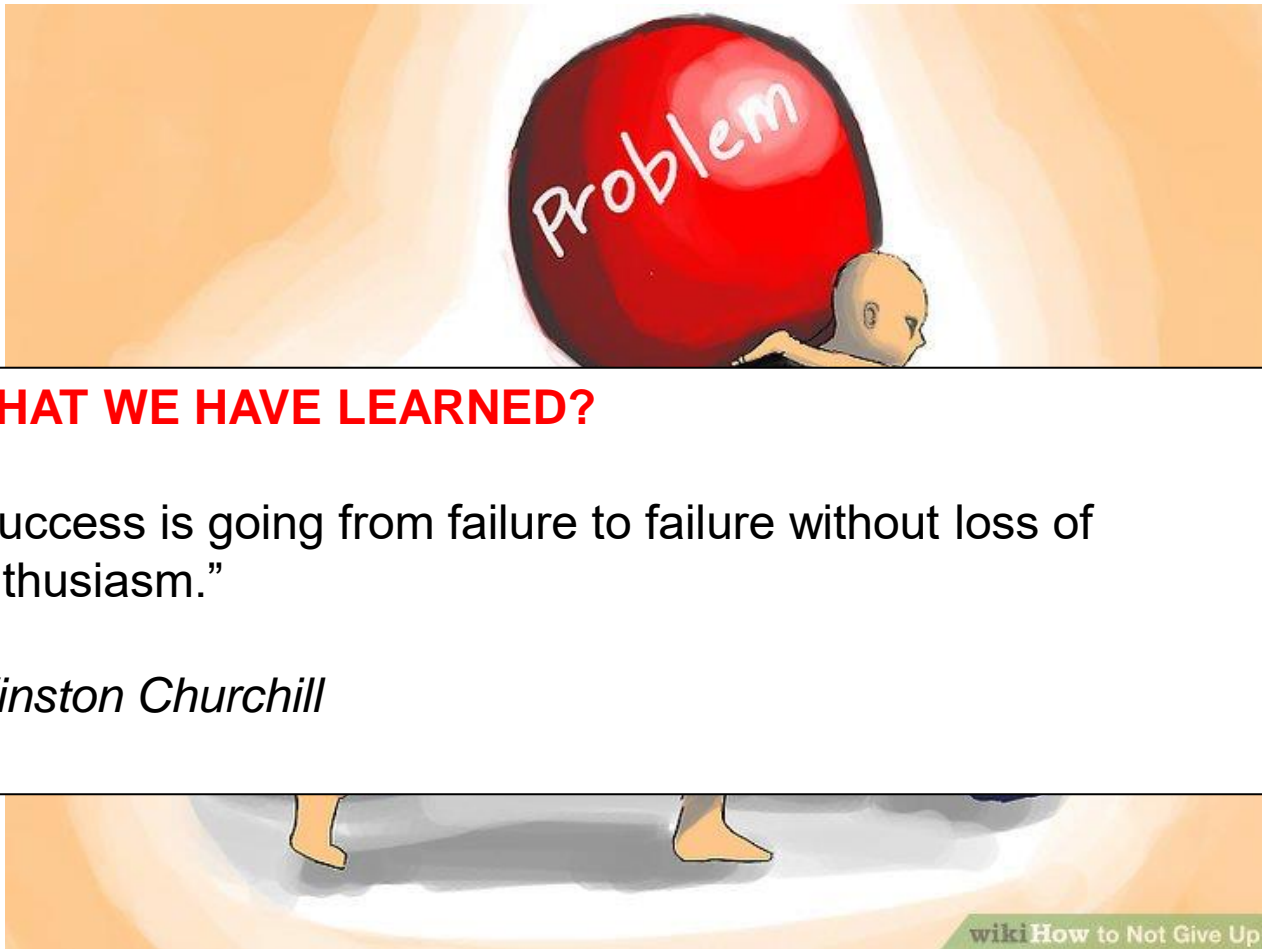
**Dr. Martina
Benešová**

**^{177}Lu -PSMA-617
therapy (β^-)**

**2022: FDA approved
Pluvicto
(^{177}Lu -PSMA 617)**

Academic drug development? YES, but what is important?

- Good science to rise interest.
- Clear and logical plan to develop a product.
- Strong team of dedicated and experienced scientists.
- Positive attitude.
- Do not get disappointed - rejection/failure rates in drug development funding/licensing are much higher than in paper submissions or grant applications.



WHAT WE HAVE LEARNED?

“Success is going from failure to failure without loss of enthusiasm.”

Winston Churchill

wikiHow to Not Give Up

Thank you for attention!