



# **BIO 302:**

# **APRIL 22, 2014**

## **LECTURE 1:**

## **DEVELOPING THERAPIES FOR CANCER: DRUG DISCOVERY, DEVELOPMENT AND REGULATION**

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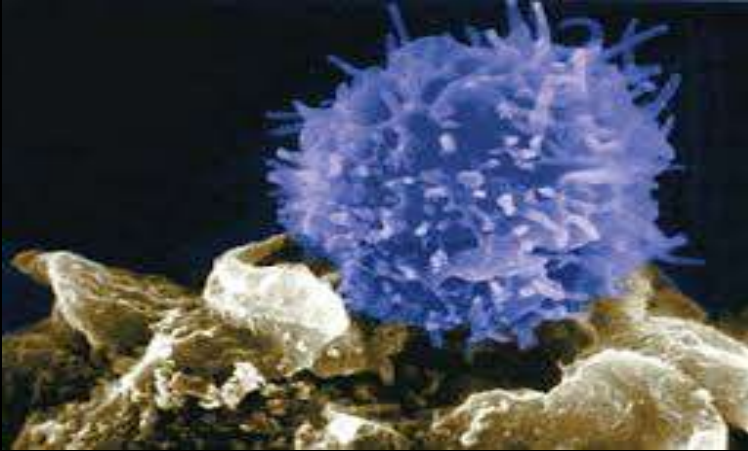
**Confronting Cancer:  
Changing Outcomes to Reduce the Massive  
Clinical, Economic and Personal Impact of a  
Devastating Disease**

# The Elusive Quest for Effective Cancer Treatments

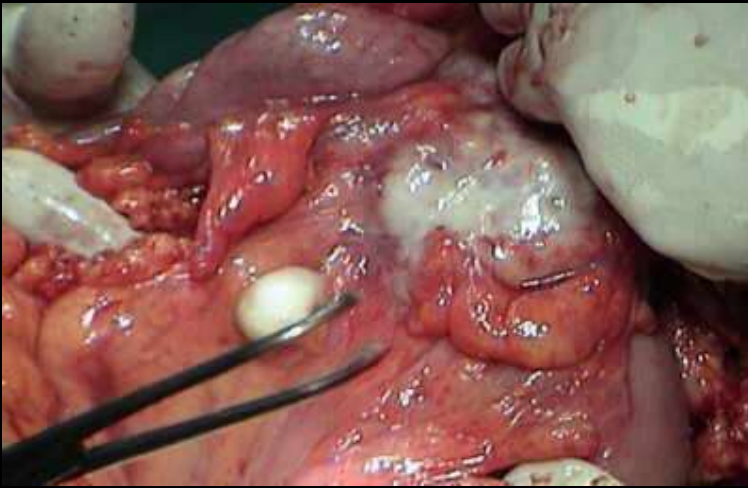
- 134 new cancer drugs approved by FDA in last 28 years
- gains in disease-free interval/QOL but only limited gains in overall survival (OS)
- greater Rx progress in hematologic malignancies (HM) versus solid tumor (SM)
  - reduced cellular heterogeneity in HM?
- changing therapeutic paradigms
  - cytotoxic agents (1940s to present)
  - targeted therapies (1990s to present)
- unlikely prospect of major gains in OS without radical changes in therapeutic strategies
  - understanding the complex evolutionary ecology of tumors and their escape from homeostatic histiotypic control systems

# Dynamic Clonal Heterogeneity in Tumor Progression: The Most Clinically Dangerous Phenotypes

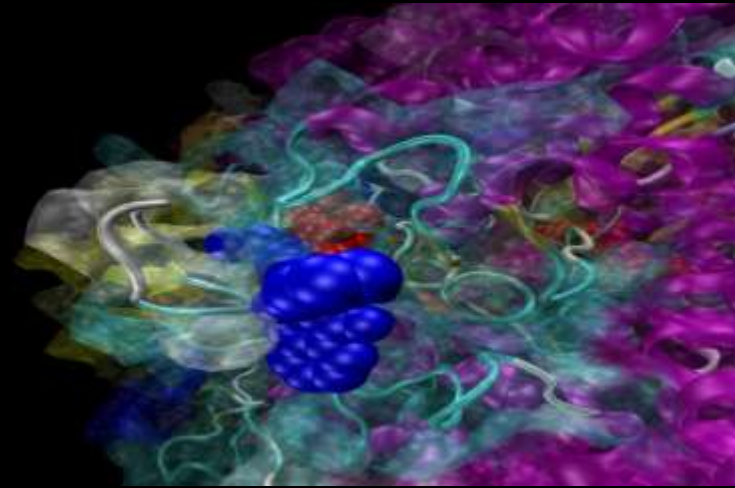
**Evasion of Detection/Destruction  
by Host Immune System**



**Use of Host Systems to  
Promote Progression**



**Invasion and Metastasis**



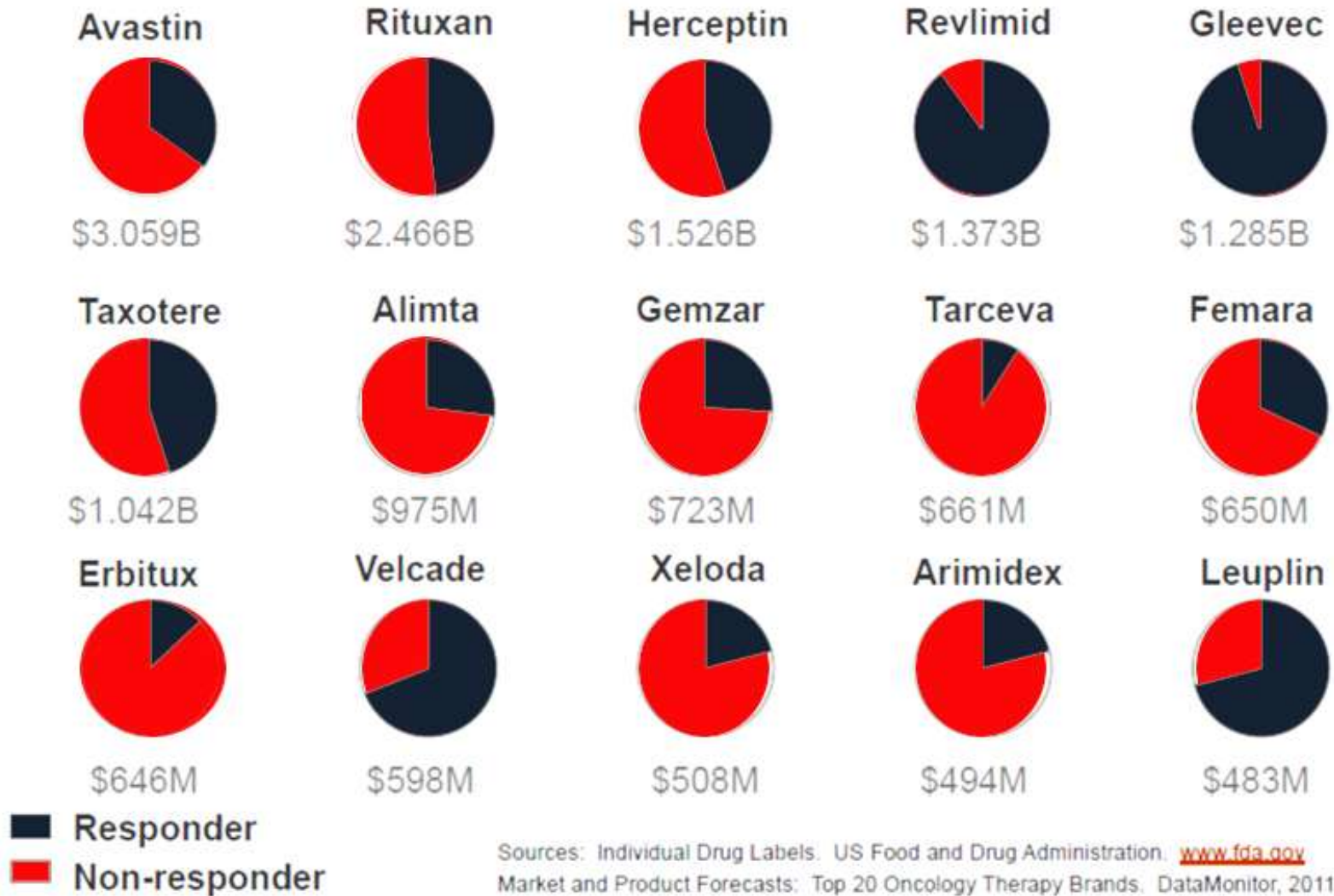
**Emergence of  
Drug-Resistant Clones**

# The Current Status of Too Many Therapeutic Decisions in Cancer





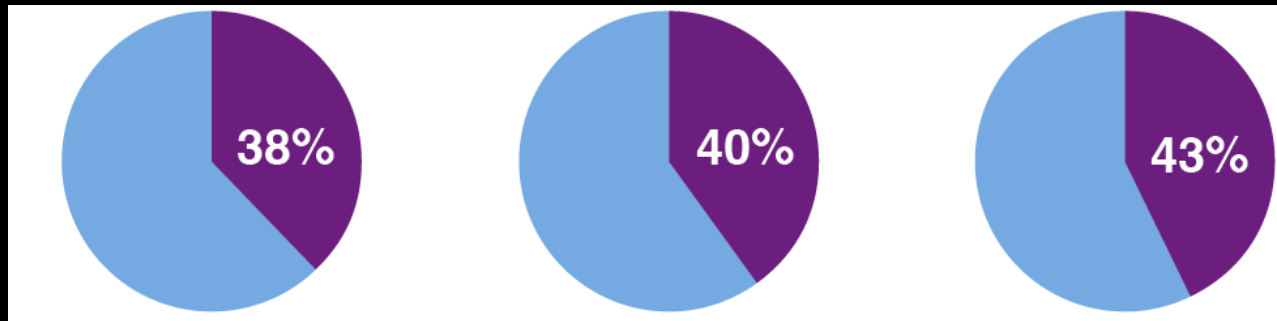
# Non-responders to Oncology Therapeutics Are Highly Prevalent and Very Costly



Sources: Individual Drug Labels. US Food and Drug Administration. [www.fda.gov](http://www.fda.gov)  
Market and Product Forecasts: Top 20 Oncology Therapy Brands. DataMonitor, 2011.

# One Size Does Not Fit All: The Huge Economic Waste in Therapeutics

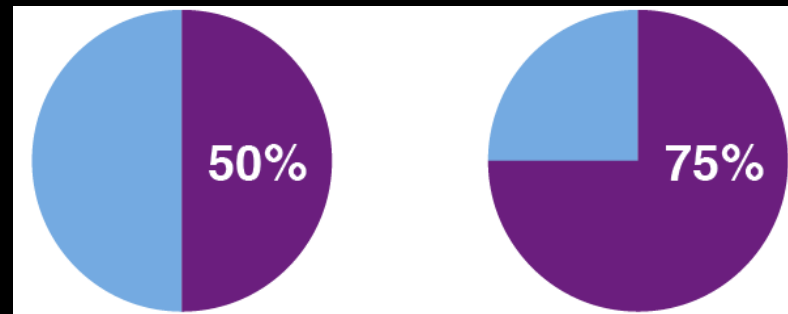
**Percent of population for whom class of drugs do not work**



**Antidepressants**

**Asthma**

**Diabetes**



**Arthritis**

**Cancer**

**Cost of Ineffective Rx**

- 90% of drugs work in only 30-50% individuals

**The Biological Complexity of Cancer:  
Understanding the Limited Effectiveness of  
Current Therapy and the Urgent Need to  
Design New Treatment Strategies**



# **The Biological Complexity of Cancer and the Design of Future Treatment Strategies**

- **successful surgical removal of primary tumor assumed (except brain tumors)**
- **targeting metastatic disease and circumventing Rx resistance**
  - **subclinical (adjuvant Rx)**
  - **clinically evident advanced metastasis**
  - **minimal residual disease and tumor dormancy**

# **The Biological Complexity of Cancer and the Design of Future Treatment Strategies**

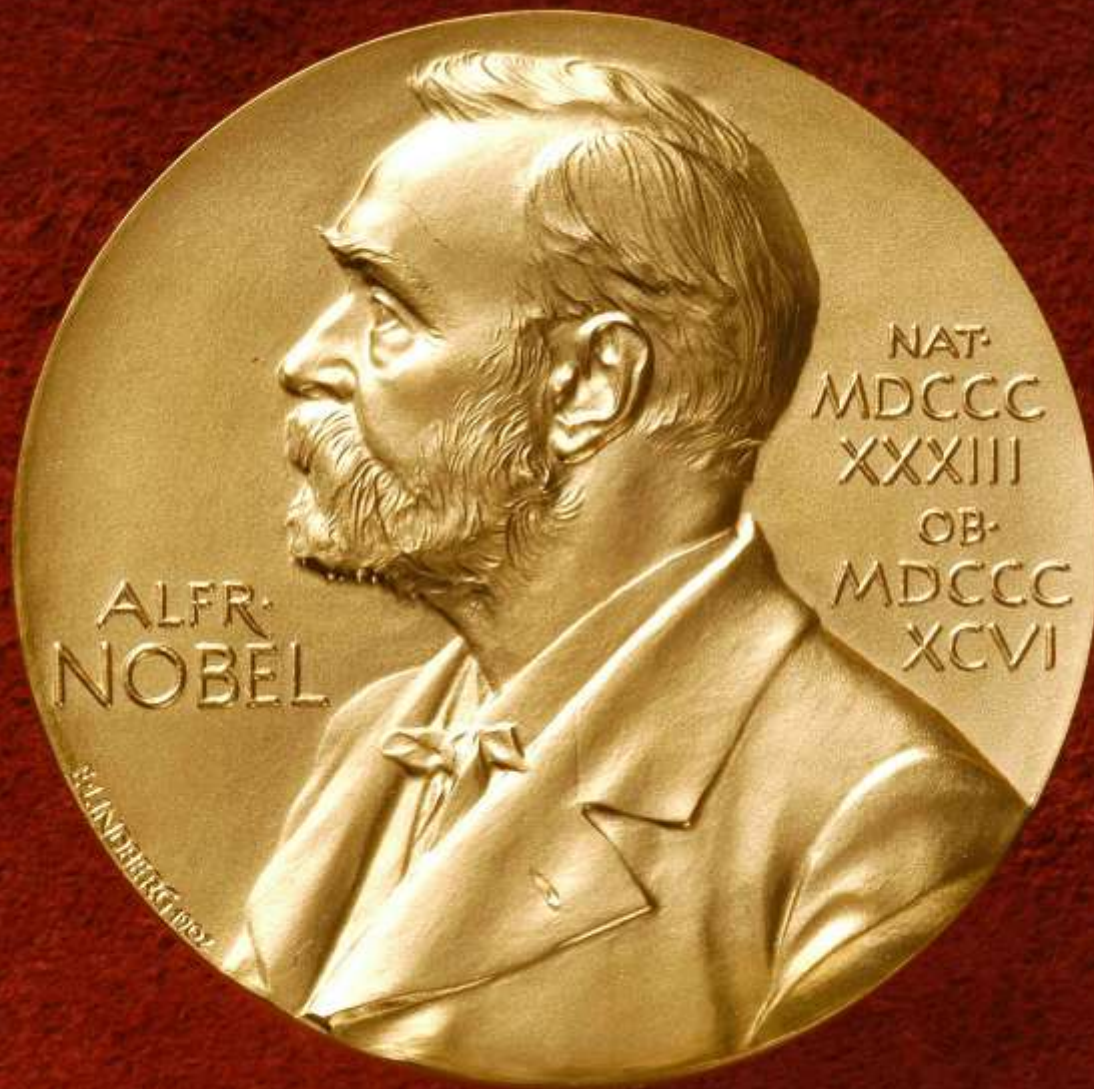
## **Formidable Performance Requirements**

- **hit all clones**
- **hit all clones in multiple metastases in multiple body locations**
- **hit all new emergent Rx-resistant clones**

# Future Innovation from the 2014 Class of Bio302?

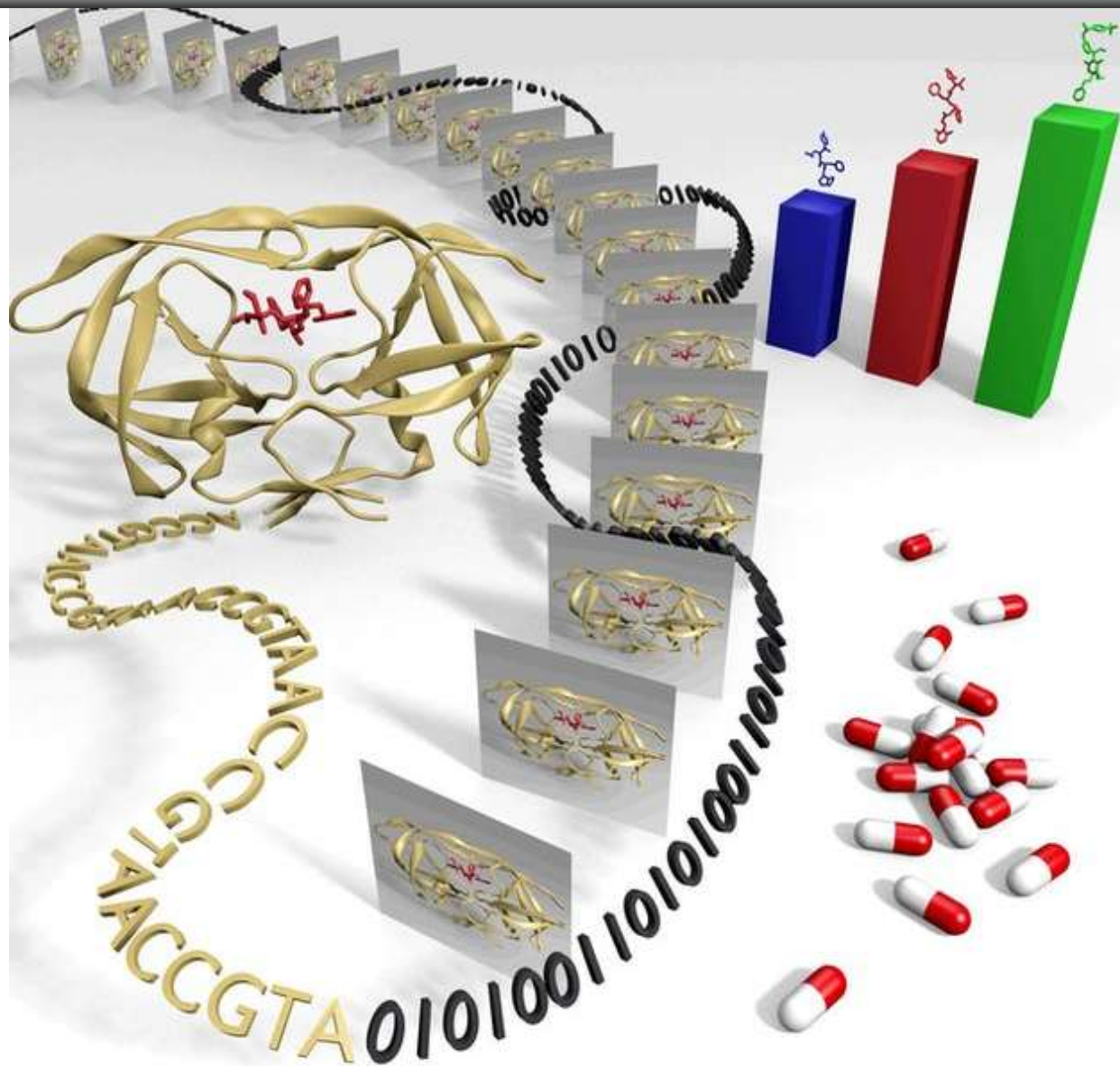


**The Discovery of Comptonomycin (panOncoRx)**



# **The Journey of Comptonomycin: From Discovery to Regulatory Approval**



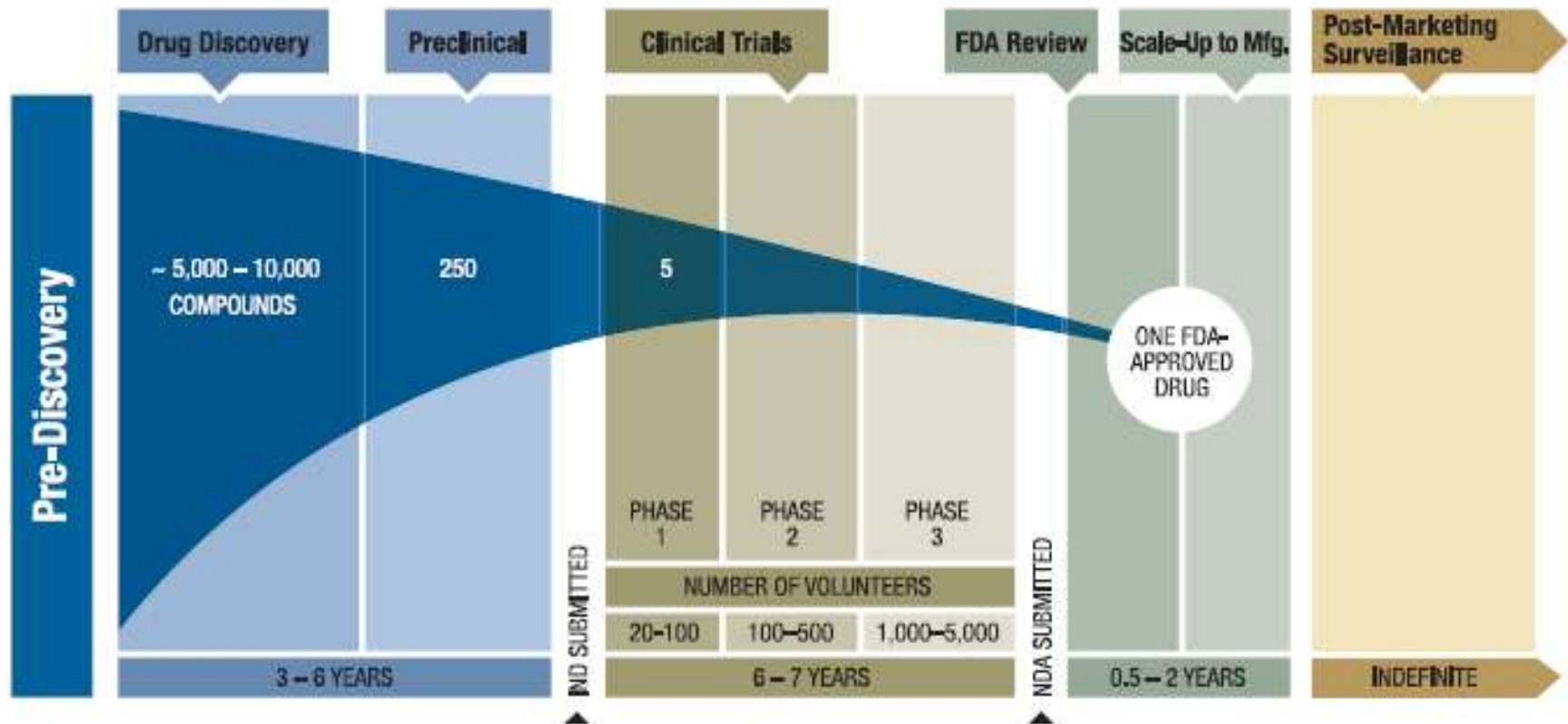




# **(Bio) Pharmaceutical R&D: How Much Does It Cost to Successfully Develop a New Pharmaceutical Drug or Biological Agent?**

- **\$100 million?**
- **\$250 million?**
- **\$500 million?**
- **\$1 billion?**
- **\$1.5 billion?**
- **\$2.5 billion?**


# The Complexity and Protracted Process of New Drug Development





Drug Discovery and Development

UNDERSTANDING THE R&D PROCESS



innovation.org

# The Challenge of Successful Drug Delivery

Stage	Preclinical		Phase I		Phase II		Phase III		Regulatory Review
Percent Success	70%	X	50%	X	35%	X	50%	=	5% overall success
Cost \$MM	10	X	15	X	100-150	X	300-1 billion	=	450 to 1 billion plus
Time Years	2	X	1.5	X	2	X	4-8	=	9.5 to 13.5

# **Drug Classes**

# **(Bio) Pharmaceutical R&D**

- **small molecules ( $M_r$  typically <500 Daltons)**
- **biologicals (nucleic acids, genes, proteins, monoclonal antibodies, vaccines)**



# **(Bio) Pharmaceutical R&D**

- **small molecules ( $M_r$  typically <500 Daltons)**
  - **proprietary drugs (on patent) and generic versions (off-patent)**
- **biologicals (nucleic acids, genes, proteins, monoclonal antibodies, vaccines)**
  - **proprietary biologicals (on-patent) and biosimilars (off patent)**

# Regulatory Criteria for Drug Approval



- **safety**
- **efficacy**



- **safety**
- **efficacy**
- **cost-effectiveness**
- **separate review for regulatory approval (EU wide) and pricing (national)**



- **Center for Drug Evaluation and Research (CDER)**
  - small molecules
- **Center for Biologics Evaluation and Research (CBER)**
  - biologicals
- **Center for Devices and Radiological Health (CDRH)**
  - diagnostic tests



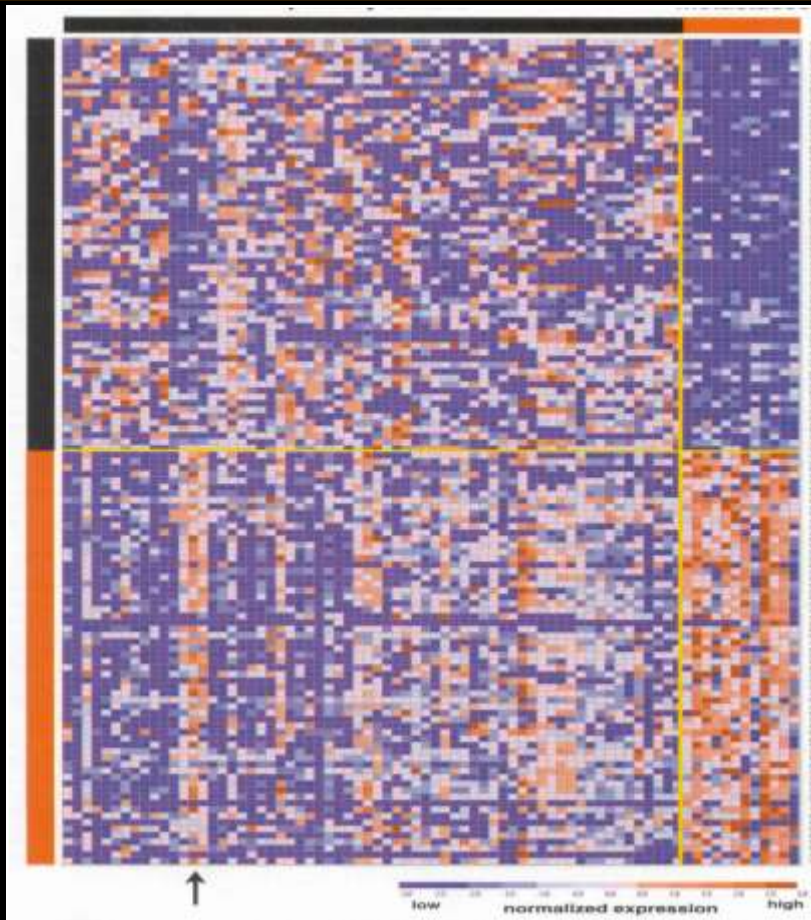
# FDA Review and Approval of New Drugs and Vaccines

- **Investigational New Drug (IND) application**
- **New Drug Application (NDA)**
  - **small molecular weight drugs**
- **Biological Licensing Application (BLA)**
  - **biologicals**
  - **vaccines**
- **approval and labeling**
- **post-approval obligations**
  - **REMS (risk evaluation measurement system)**
  - **SENTINEL (adverse event monitoring)**

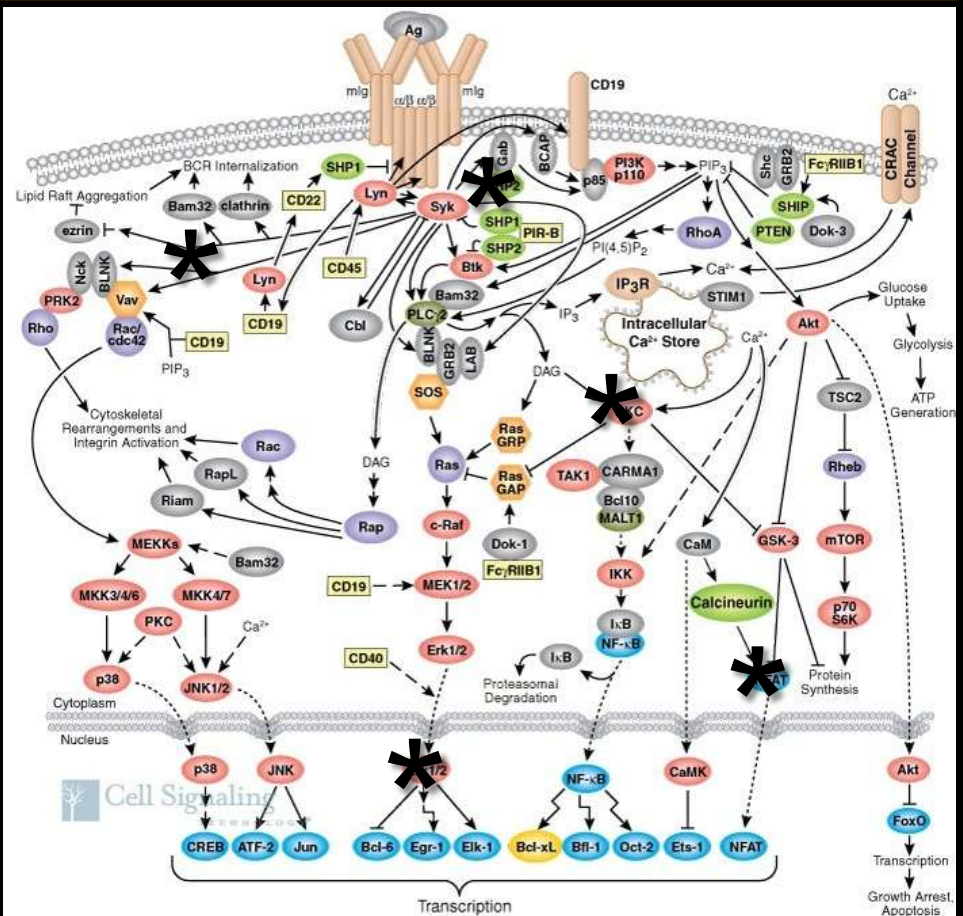
# **Drug Discovery**

# Mapping Dysregulation of Biological Networks in Disease

## Disease Profiling to Identify Subtypes (+ or - Rx Target)



## ID Molecular Targets for Rx Action and Blockade of Compensatory “By pass” Pathways





**“Druggability”**

**Different Molecular Targets Pose Different  
Challenges for Drug Discovery**

# The Challenge of “Druggability”

- **druggable targets**
- **non-druggable targets**

# The Challenge of “Druggability”

- surface receptors ● versus intracellular targets ● (access)
- target altered in disease ● versus normal cells ● (lower risk of toxicities)
- over-expression of the target in disease ● versus reduced expression/deletion in disease ●
- knocking out the target (antagonism) ● versus restoration of function (agonism) ●
- targets that are individual molecular nodes in a network ● versus ‘hubs’ connected to multiple nodes ●
- successful control of by-pass pathways as driver of Rx-resistance ●

**Rx Blockade of Target Molecule Function (Antagonism)  
Is Easier to Achieve Than Restoration of  
Target Molecule Function (Agonist)**

# Cancer Driver Genes as Rx Targets

## Oncogenes

- gain-of-function mutations
- antagonist Rx (targeted therapies to block activity)

## Tumor Suppressor Genes

- loss-of-function mutations
- agonist Rx (restore function)

# Cancer Driver Genes as Rx Targets

## Oncogenes

- gain-of-function mutations
- antagonist Rx (targeted therapies to block activity)
- range of Rx design options

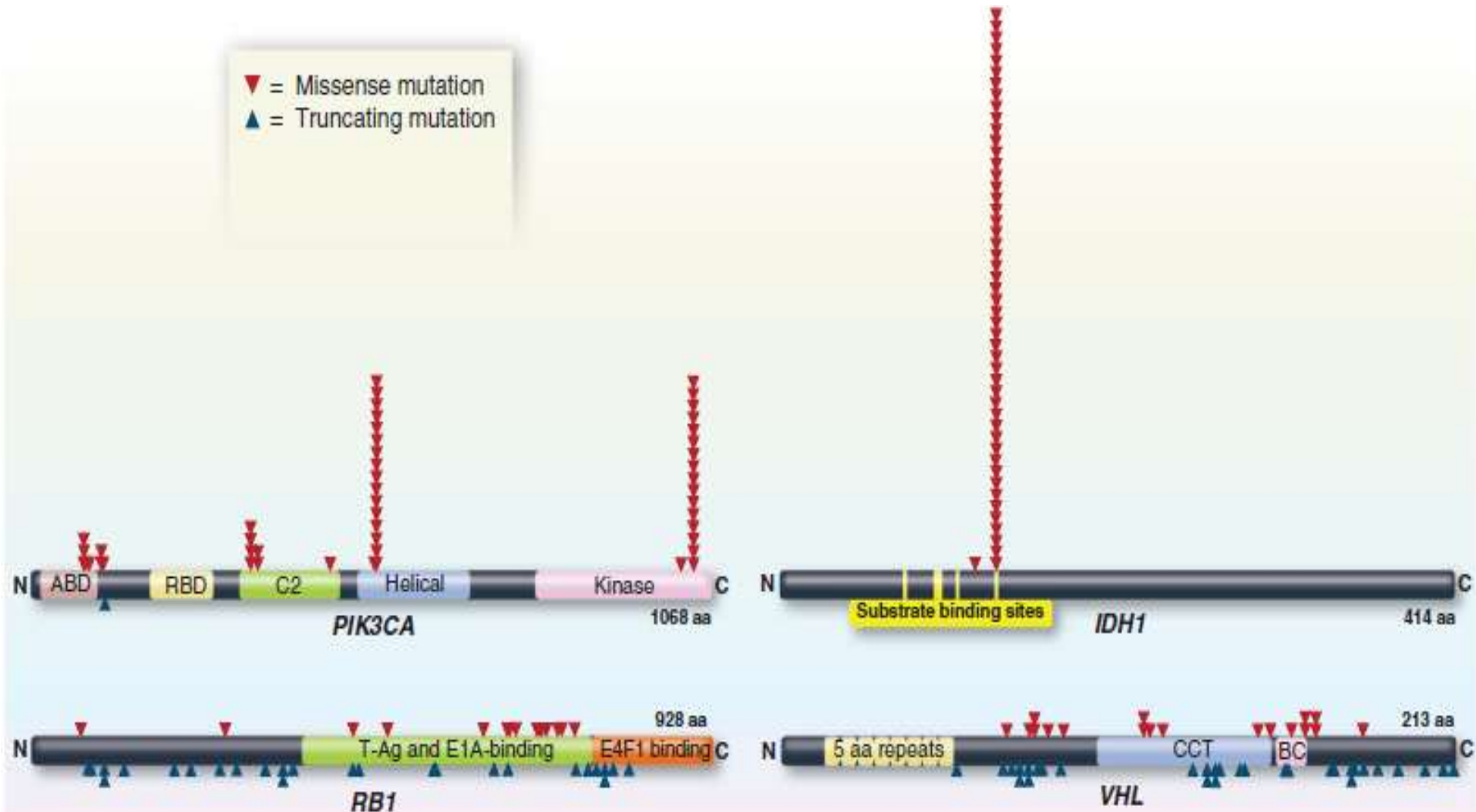
## Tumor Suppressor Genes

- loss-of-function mutations
- agonist Rx (restore function)
- far more difficult Rx design (very few examples in any therapeutic area)



# Distribution of mutations in two oncogenes (PIK3CA and IDH1) and two tumor suppressor genes (RB1 and VHL)

▼ = Missense mutation  
▲ = Truncating mutation

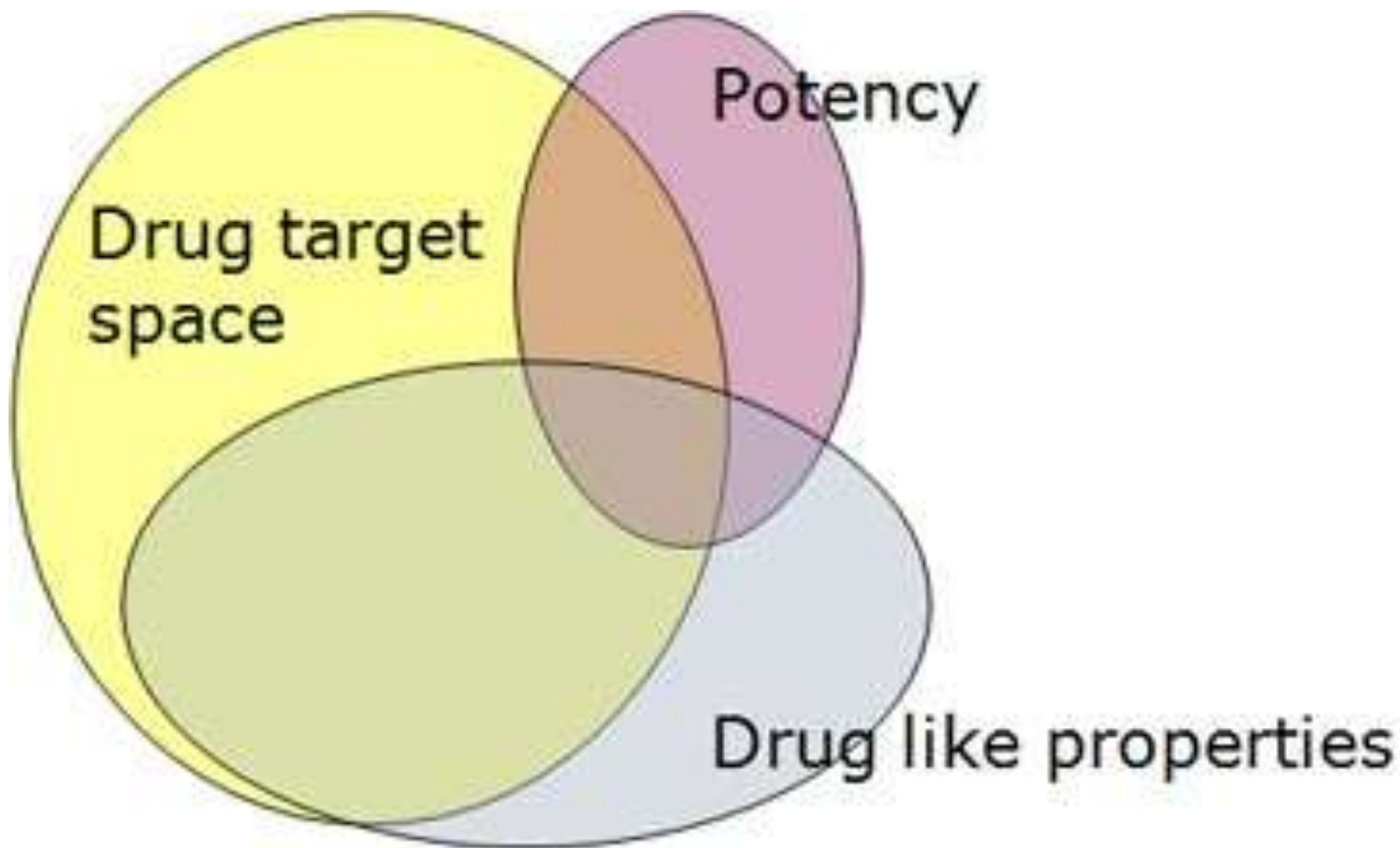


From: B. Vogelstein et al. (2013) Science 339, 1546

# Targeting the Elusive Mutated K-RAS Gene in Cancer

- 30% of human tumors
- 90% of pancreatic cancers
- 40% of colon cancers
- 20% of non-small cell lung cancers

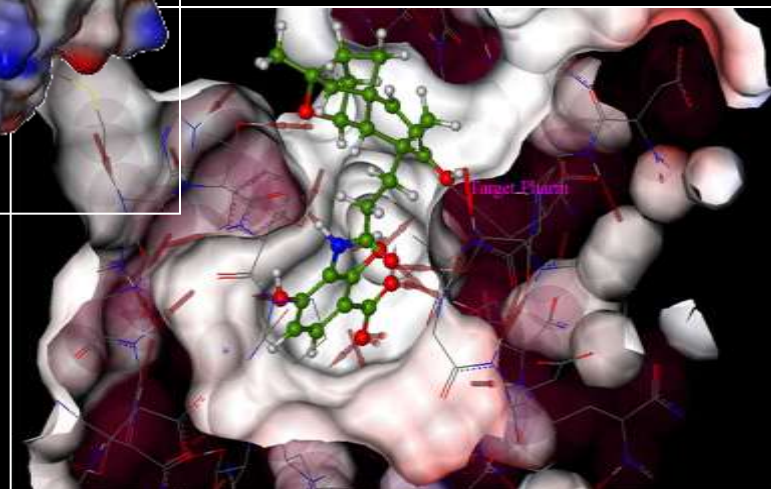
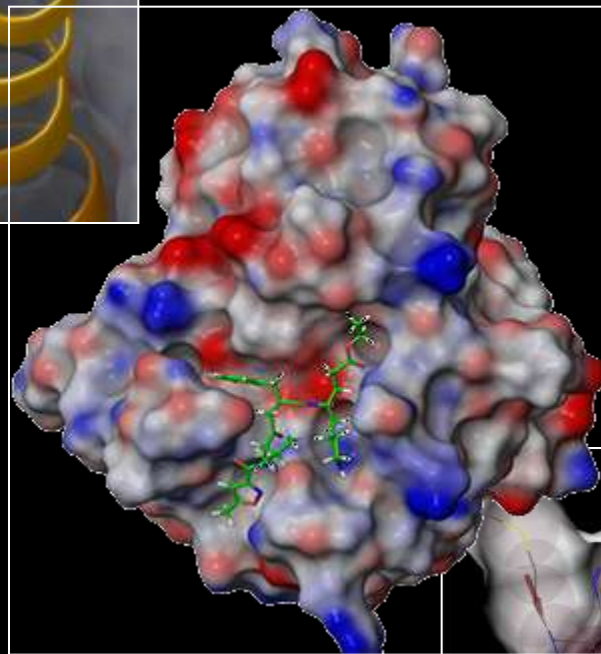
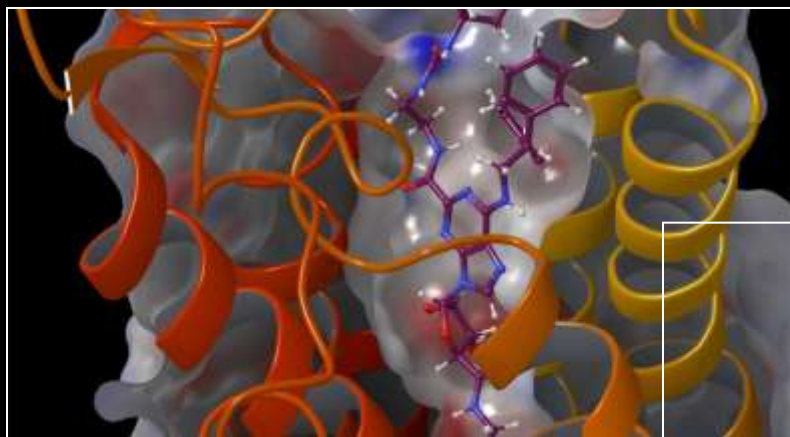
# Matching Drug Candidates to Molecular Targets



# Drug Discovery: Two Approaches

- rational drug design based on knowledge of detailed structure of the desired target
- screening of libraries of structurally diverse molecules against desired target(s) to identify 'hits' for subsequent refinement as potential candidate Rx

# Design of Candidate Rx via Detailed Structural Knowledge of 'Active Site' in the Target Molecule



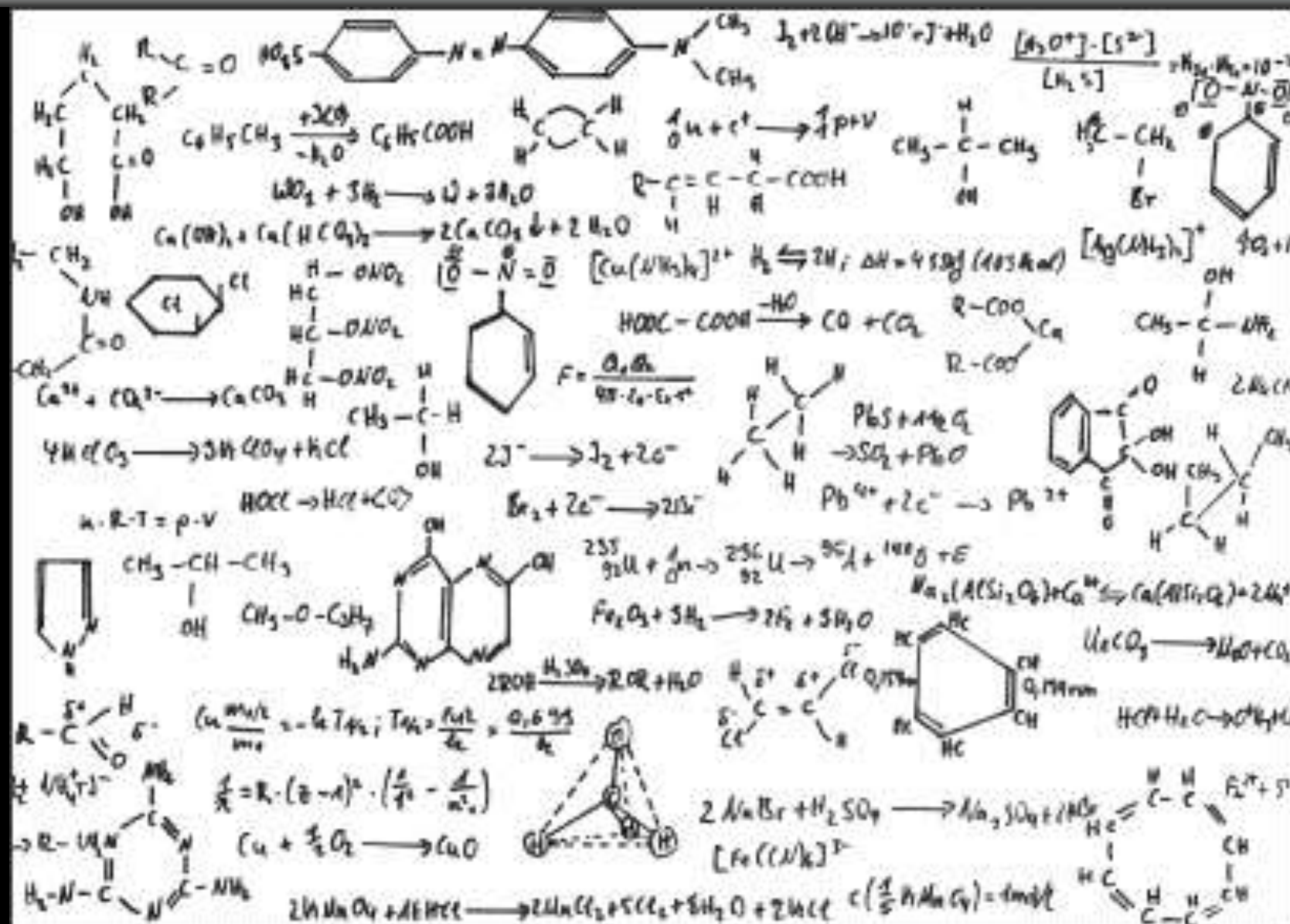
# Drug Discovery

## Rational Drug Design of Small Molecule Candidates

- **low molecular weight heterocyclic molecules**
- **prediction of likely desired activity of a candidate molecule based on its chemical structure/reactivity and knowledge of the tertiary (3D) structure of the target**
- **databases of accumulated knowledge of drug-like properties and structure activity relationships (SAR) of particular classes of chemical structure**



# The Value of Experience and Creativity





# Understanding How Different Chemical Structures Interact with Different Target Molecules

**DrugBank**



**Therapeutic Targets Database**



**BIDID**  
Bioinformatics and  
Drug Design group

**PDTD** [Potential Drug Target Database]



**DRUGDEX**

**CTSA Pharmaceutical Assets Portal**

The NCGC Pharmaceutical Collection version 1.0.19

**PharmGKB**  
Pharmacogenomics Knowledge Base

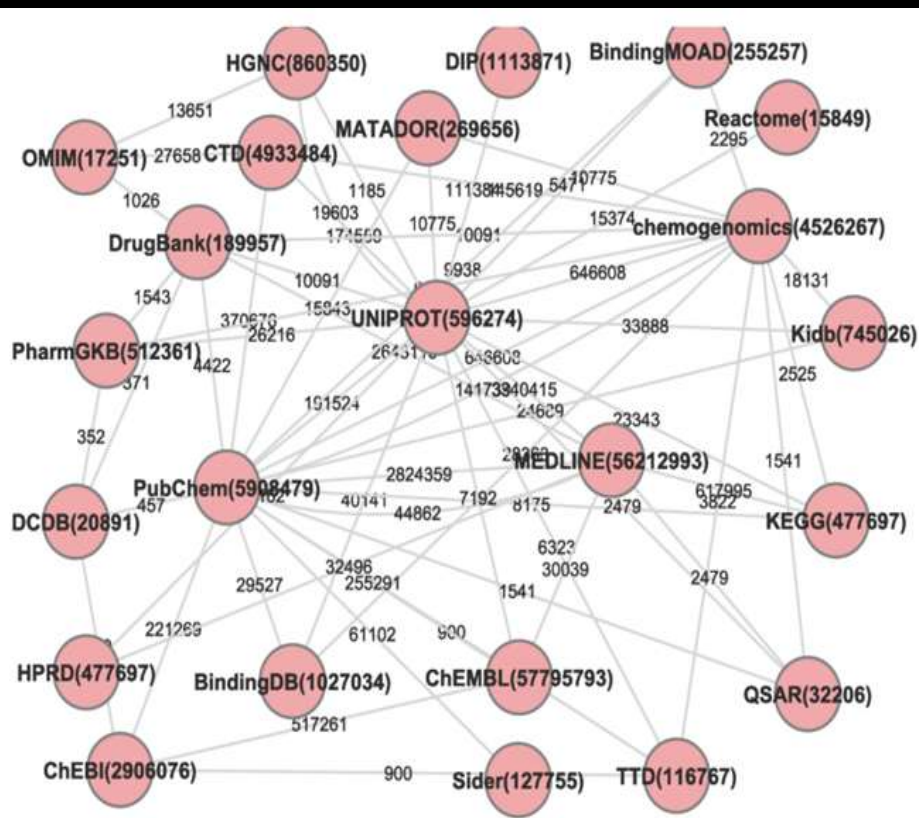
**Drug-Disease  
Knowledge Base  
(DrDKB)**



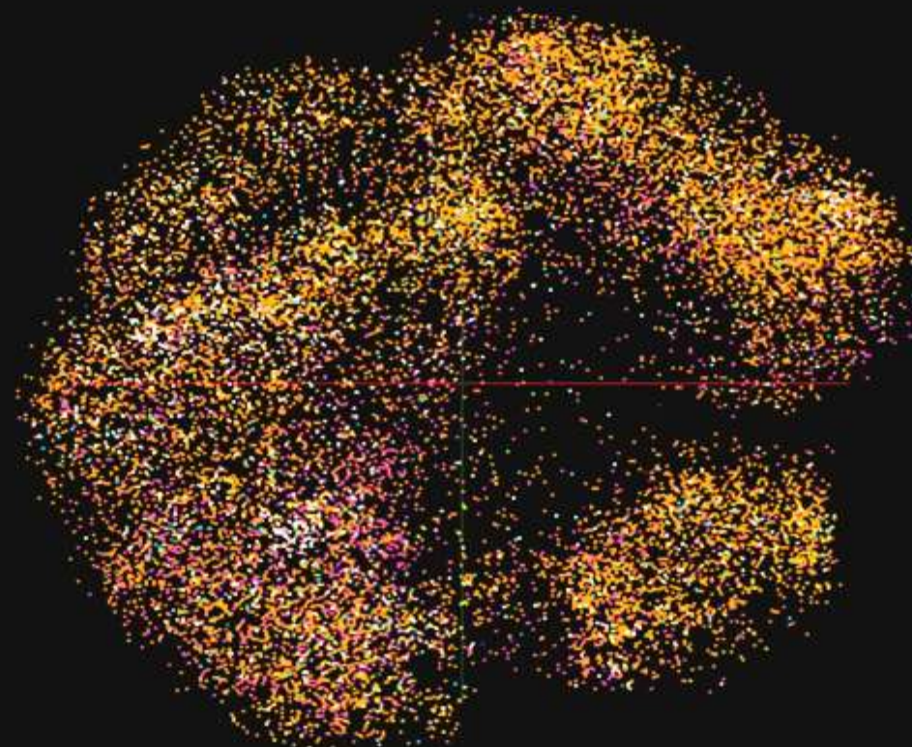
**chem2bio2rdf**

# Big Data in Drug Discovery

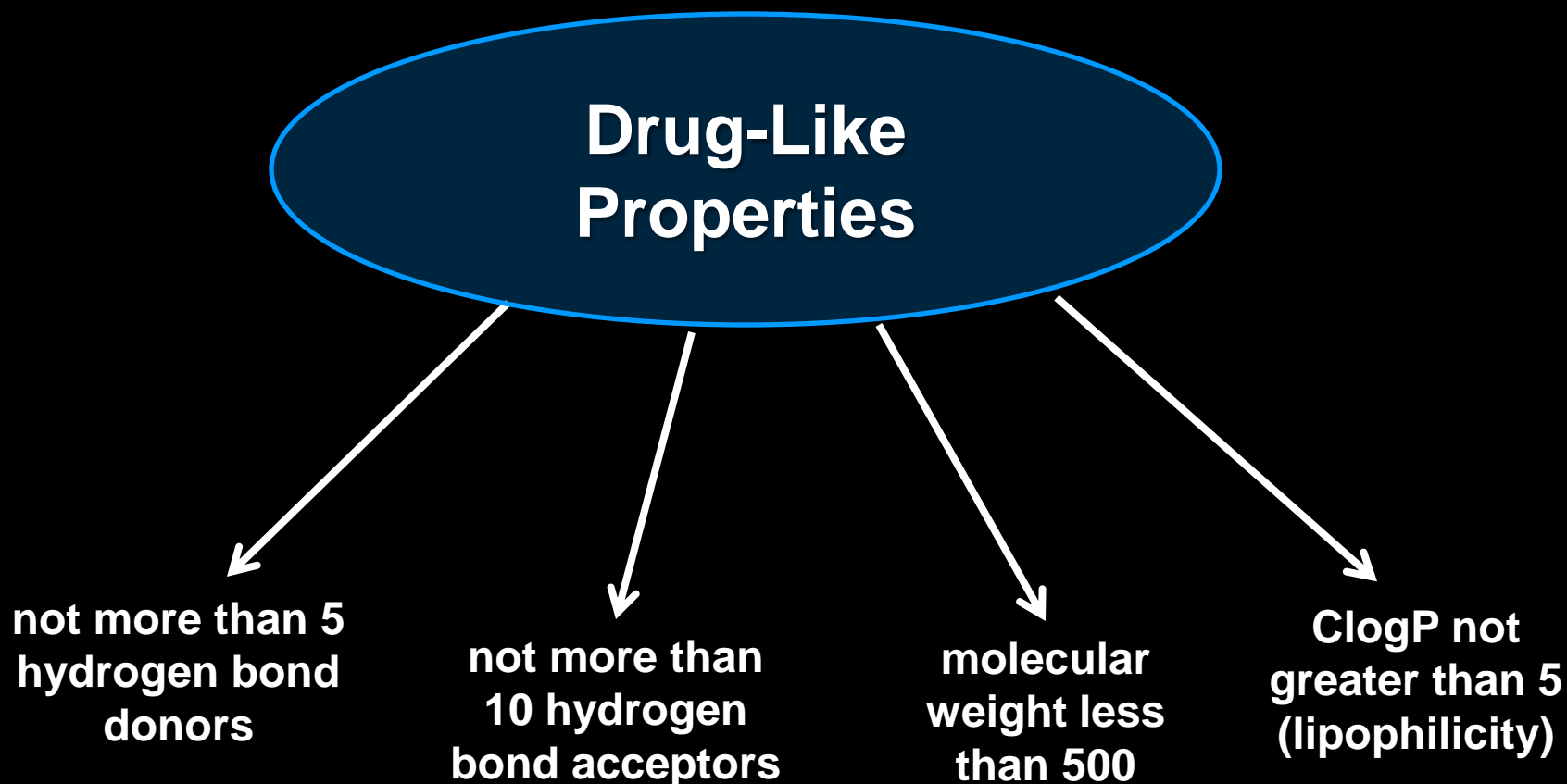
## Chem2Bio2RDF



## Mapping Large Scale Chemoinformatics Space



# Lipinski's Rule of Five for Drug-Like Properties for Small Molecules





# Automated High Throughput Screening of Structurally Diverse Chemical Libraries to Identify 'Hits' as Leads for Drug Discovery



# **Drug Discovery**

## **Automated High Throughput Screening (HTS) of Small Molecule Candidate Rx**

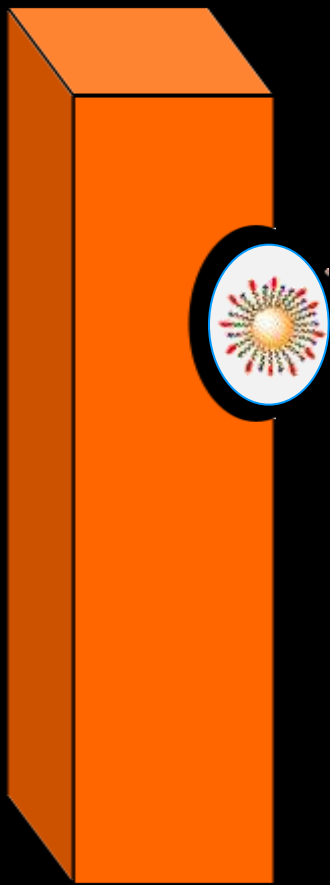
- **screen large ‘libraries’ of compounds for interaction with proposed target**
  - **100,000 or more chemical candidates**
- **screen ‘focused’ libraries of 5-10,000 compounds based on prior knowledge of likely potential to interact with the target**
- **identification of ‘leads’ (5-10) for more detailed exploration of action of the target**
  - **target specificity or promiscuity for multiple targets?**
  - **binding affinities**

# Assessment of Rx Activity

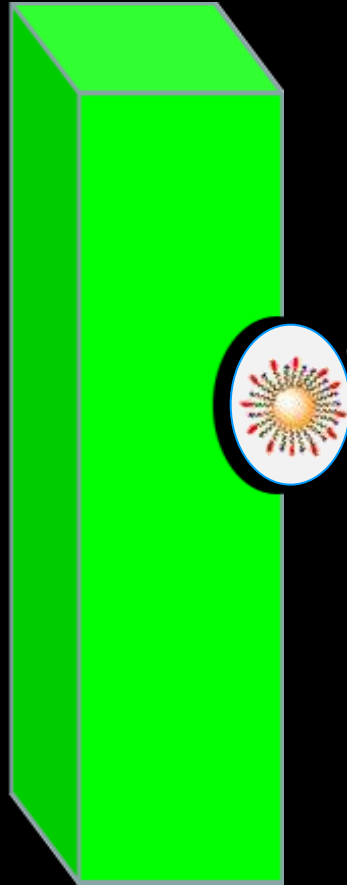
## pharmacodynamics

- interaction of Rx with molecular target(s)
- agonist or antagonist?
- binding affinity and kinetics: reversible or irreversible?
- direct action at active site on the target or allosteric effects?

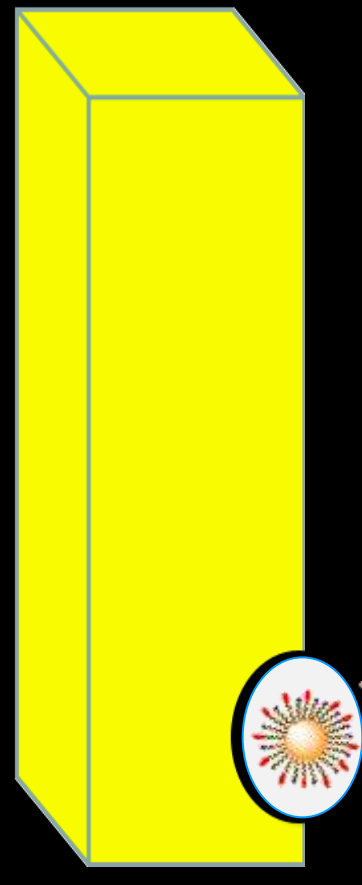
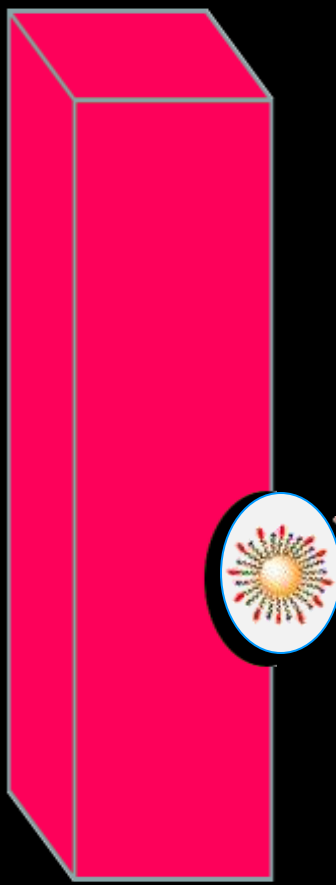
# Pharmacodynamics



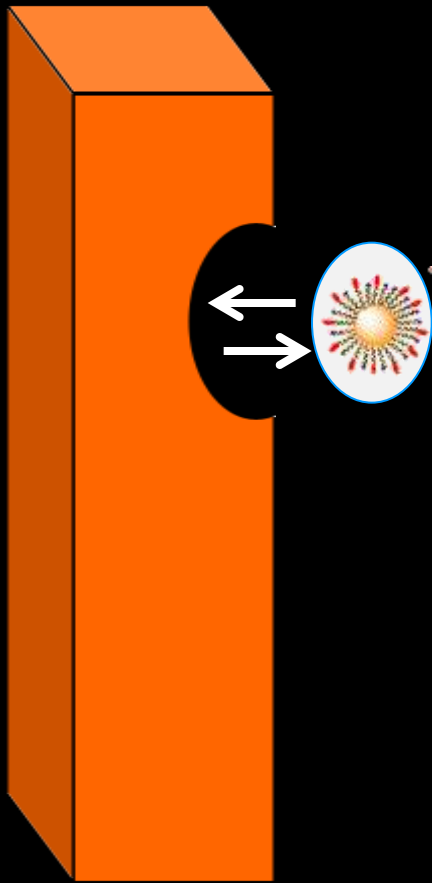
**desired  
target  
molecule**



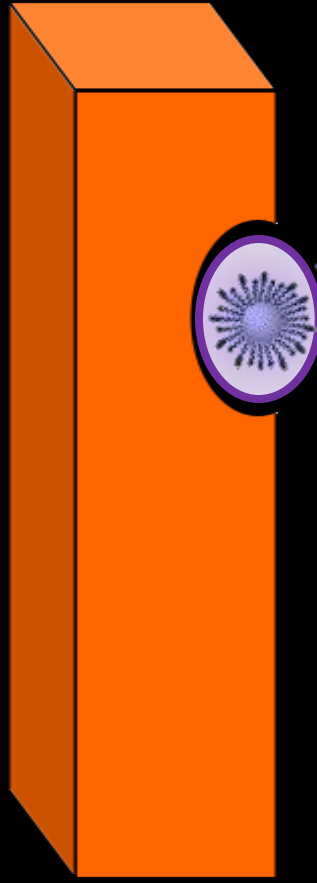
**off-target binding to non-target molecules  
with structurally-related binding sites  
(benign effects or toxicity)**



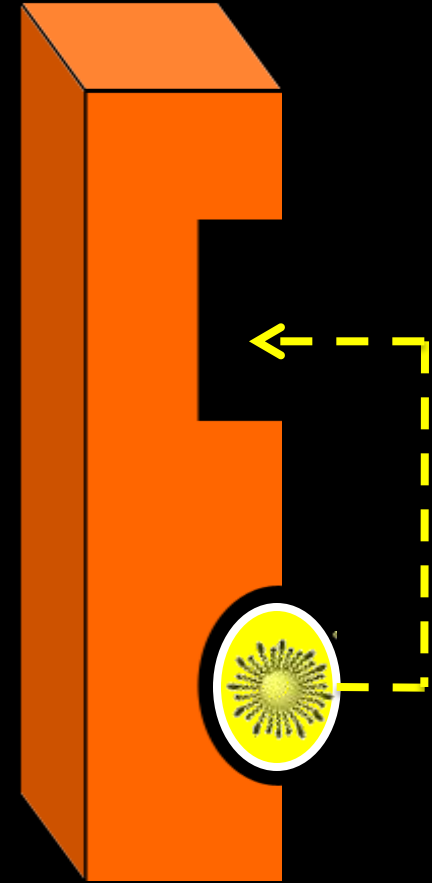
# Pharmacodynamics



**reversible  
binding to  
active site on  
the target**



**irreversible  
binding to  
active site on  
the target**



**allosteric binding to  
target at non-active  
sites induces structural  
change in active site**

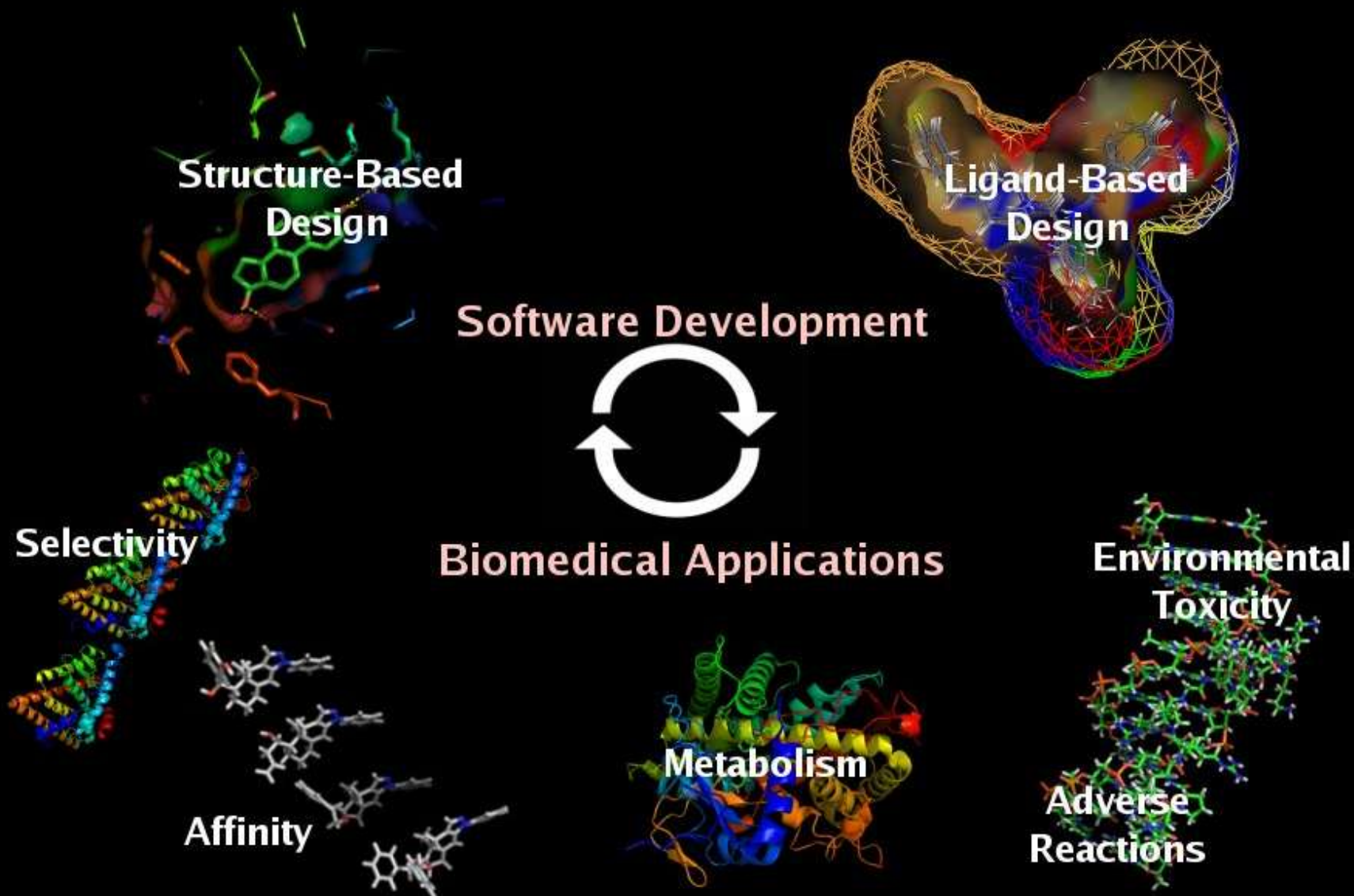


# **Thinking About 'Downstream' Development Challenges**

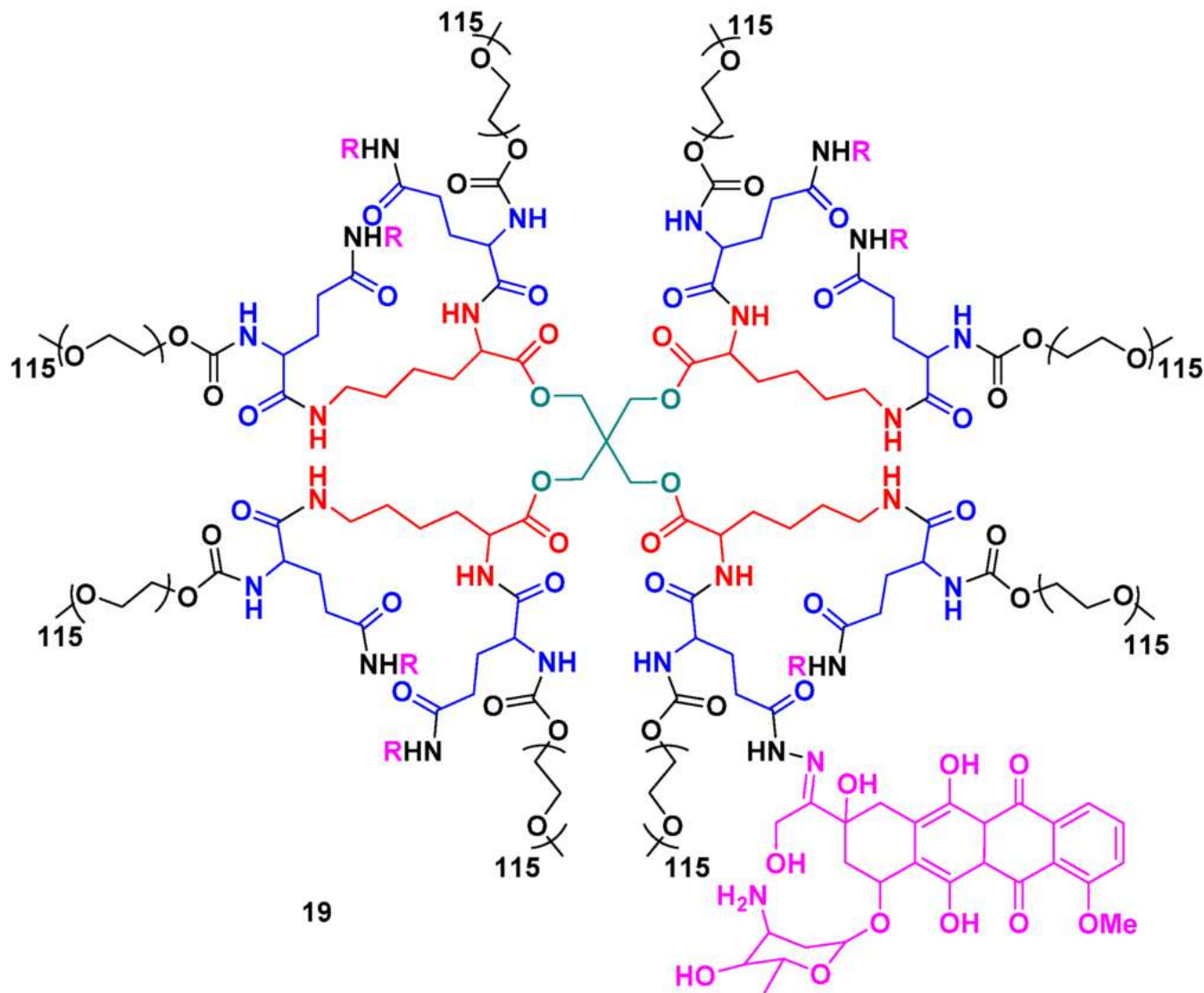
# Thinking About 'Downstream' Development Challenges

- **pharmacokinetics**
- **toxicology**
- **pharmaceutical formulation**
- **cost and complexity of scale up of chemical synthesis for clinical trials and eventual marketing**

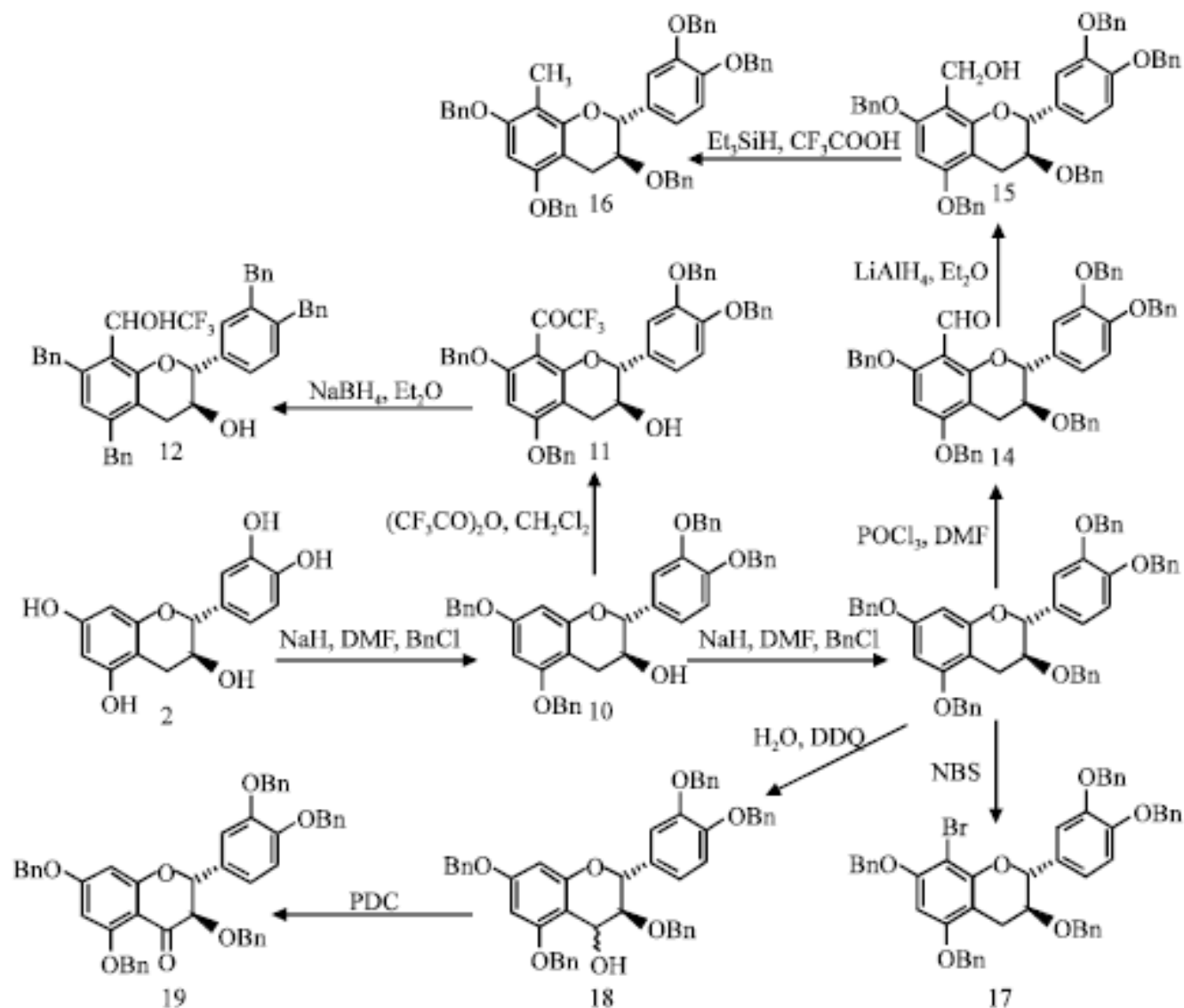
# Computer-Aided Drug Discovery



# Structural Complexity as Barrier to Cost Effective Large Scale Chemical Synthesis



# Multi-step Synthesis as an Economic Barrier to Cost-Effective Large Scale Synthesis



**Drug Discovery:  
A Complex Multi-Disciplinary Exercise**

# **Drug Discovery**

## **A Complex Multi-Disciplinary Exercise**

- **multiple specialized “ologies”**
  - **oncology, gastroenterology, neurology, cardiology, nephrology....**
  - **physiology, pathology, toxicology**
- **analysis and curation of large scale datasets**
  - **V4: volume, variety, velocity, validity**
  - **computational science, informatics**
  - **novel algorithms for big data**

# **Drug Discovery**

## **A Complex Multi-Disciplinary Exercise**

- **chemistry**
  - **synthetic, analytical**
  - **scale up technologies**
  - **formulation technologies**
  - **materials science**



# **Drug Discovery**

## **A Complex Multi-Disciplinary Exercise**

- **specialized support services**
  - **animal facilities**
  - **biobanks**
  - **large scale instrumentation resources (mass spec., electron microscopy, 'panOmics'.....)**
- **regulatory compliance**
  - **Good Laboratory Practice (GLP)**
  - **verifiable records for FDA inspection**
  - **relentless QC/QA audit**

**Progress:  
The Transition to Preclinical Development**

# Preclinical Development

- **complex series of tasks to fulfill regulatory requirements for first human tests**
- **large scale chemical synthesis**
- **pharmacokinetics**
- **toxicology**
- **pharmaceutical formulation and purity**

# **Pharmacokinetics**

# Assessment of Rx Activity

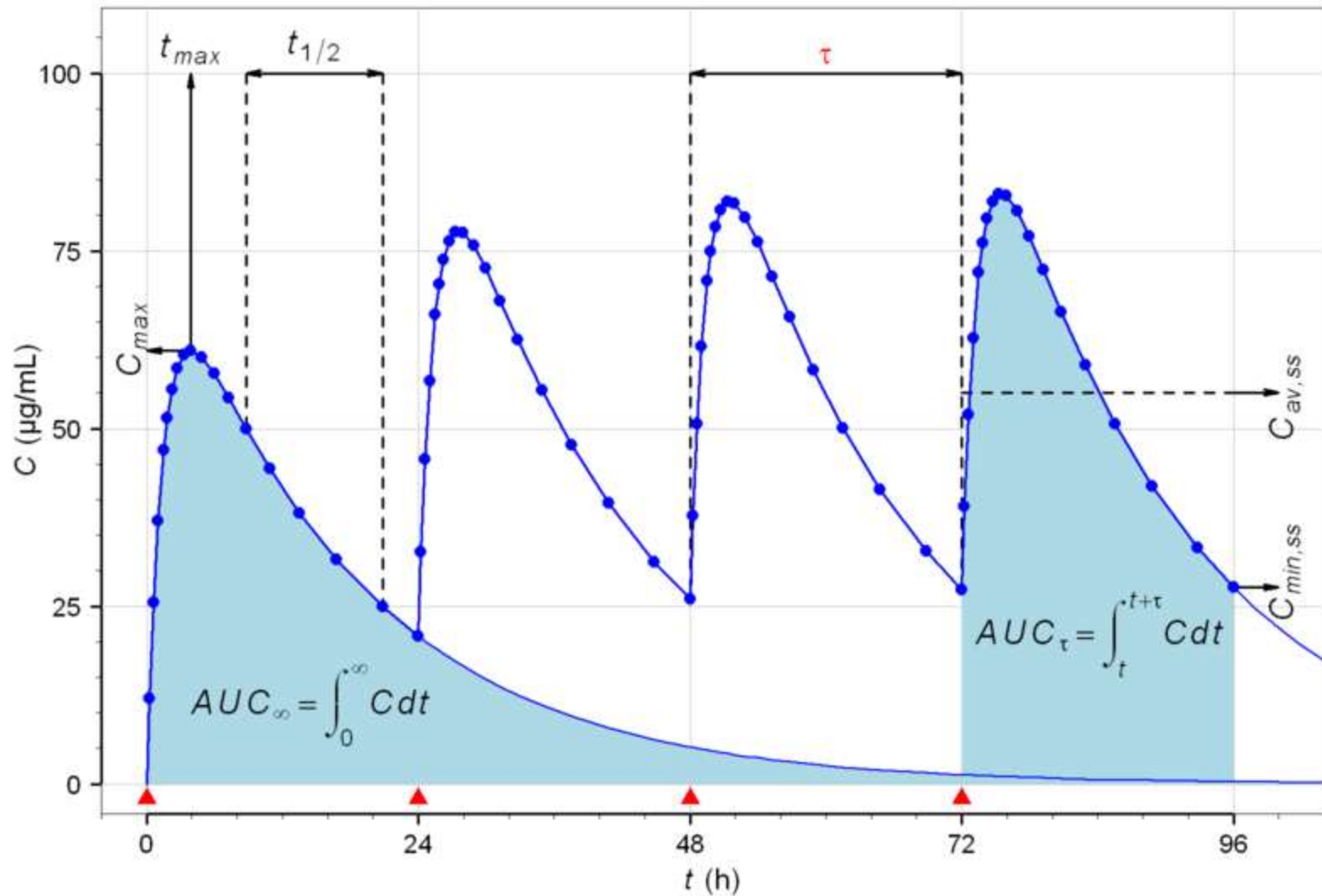
## pharmacokinetics

- timing and pattern of accumulation of Rx and its metabolites in tissue and body fluids

# Preclinical Development: Pharmacokinetics

- ADME
- Absorption, Distribution, Metabolism and Excretion
- typically studied in three species
  - rodents or rabbits, dogs, primates

# Plotting Rx Pharmacokinetics: Concentration and Clearance



# Preclinical Development: Pharmacokinetics

- ADME: **A**bsorption, **D**istribution, **M**etabolism and **E**xcretion
- kinetics and sites of tissue uptake (A and D)
- time to maximum concentration in blood/tissue and kinetics of clearance (A, D and M)
- ADME variation with different dosage levels
- ADME variation with extended dosing
  - acute vs chronic administration
  - drug tolerance (tachyphylaxis)

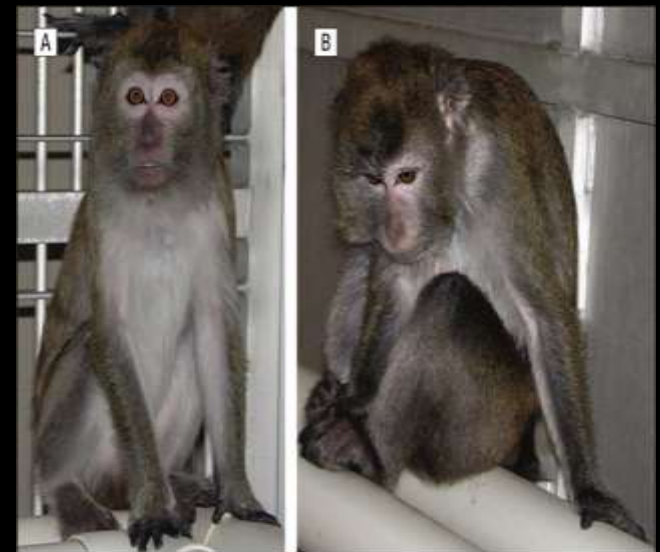
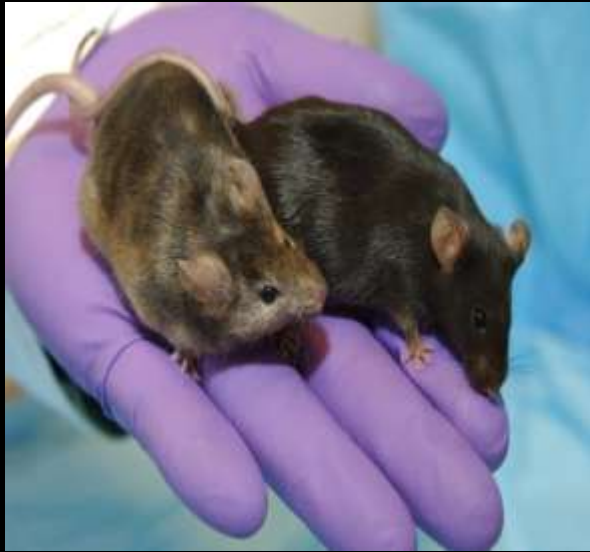


# **Preclinical Development: Pharmacokinetics Metabolism (M)**

- **characterization of metabolic sites and molecular pathways for metabolic degradation**
- **liver > GI > kidney as typical metabolic sites**
- **identification of different class I/II drug metabolism enzyme isoform pathways**
- **impact of genetic variation in drug metabolism enzymes on clearance (pharmacogenetics)**
  - **slow, intermediate and fast metabolizers**

# **Preclinical Toxicology Testing**

# Drug Safety Testing in Laboratory Animals



# Drug Safety Testing in Laboratory Animals

- **contentious issue but formal regulatory requirements**
- **the 3R's**
  - refine, reduce, replace
- **the 'fourth R' (relevance)**
  - relevance to human disease processes
  - cultured cell lines largely inadequate
- **variable validity for extrapolation of laboratory animal data to human trials**

# Preclinical Development: Toxicology

- **acute, subacute and long term toxicology assessment**
  - **30 days, 6 months, 2 years**
- **assessment of multiples of anticipated human dose**
  - **input from preclinical pharmacokinetic studies of peak plasma/tissue concentrations to establish dose multiples**

# Preclinical Development: Toxicology

- **30 day (acute) profiling typically sufficient to initiate human Phase I trials**
  - **rodents, rabbits and larger mammals (dogs, pigs)**
- **6 month and 2 year trials**
  - **rodents**
- **selective use of non-human primates/primates**
  - **depends on Rx mode-of-action and whether it is active in lower species**

**Scale-Up of Drug Synthesis**

**Purity, Stability and Cost**

# Preclinical Development

- **rigorous QA/QC compliance and FDA inspection**
- **scale up synthesis method 'locked in' to ensure that initial clinical trials conducted with identical materials to those used in preclinical testing**
- **all instrumentation calibrated and documented at defined intervals**
- **all processes, procedures and documentation must fulfill FDA Good Laboratory Practice (GLP) requirements**



# Preclinical Development: Pharmaceutical Formulation

- **stability of Rx substance**
  - 2 year shelf-life requirement
- **storage requirements**
  - room temp. or refrigerated (most biologicals)
  - thermotolerance in more extreme climates
- **interaction with components in Rx containers or delivery systems**

**The Great Day Arrives!**  
**Comptonomycin is Ready to Begin Human Clinical Trials**