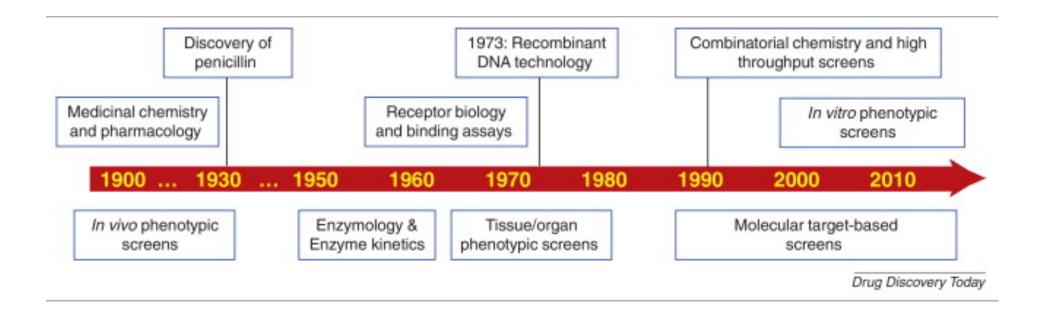
#### iJOBS Workshop: Drug Development in Biotechnology

# Technologies for discovery of new drug candidates

Mary Konsolaki, PhD
New Jersey Institute of Technology
(previously Novartis and Rutgers)



#### Chronological view of drug discovery technologies



#### Last ~30 years

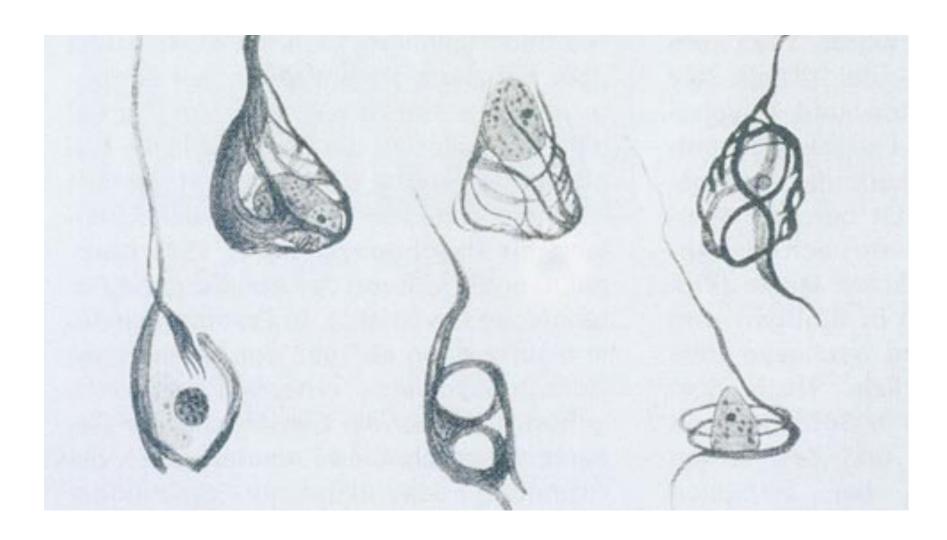
Studies in animal models and clinical observations have been used to identify drug targets





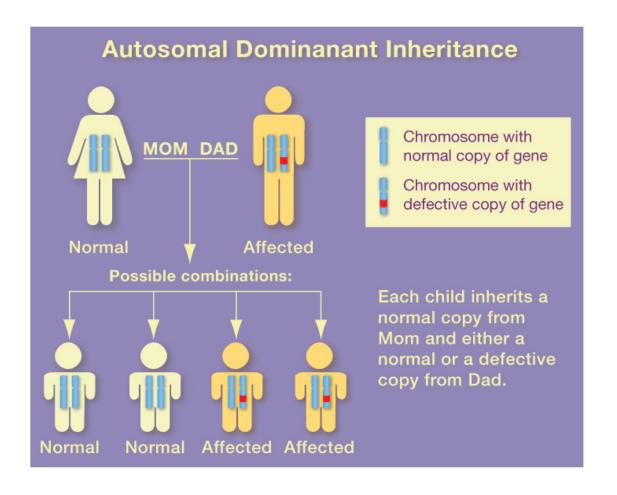
Slow process, usually conducted in academic and clinical settings

#### **EXAMPLE**: Alzheimer's disease (AD)



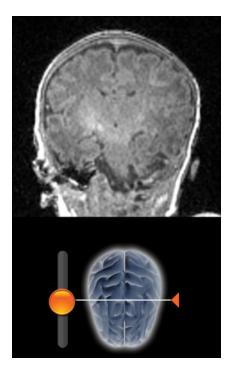
Alois Alzheimer - 3 November 1906

#### Familial AD: caused by inheritance of specific mutations

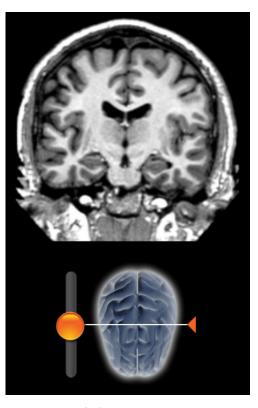


Sporadic AD: unknown causes, contribution from both genetic and environmental factors

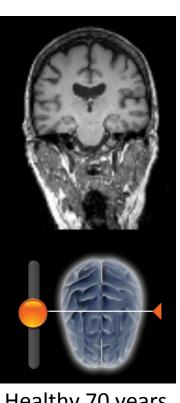
#### The brain changes as we age



Healthy 2 weeks

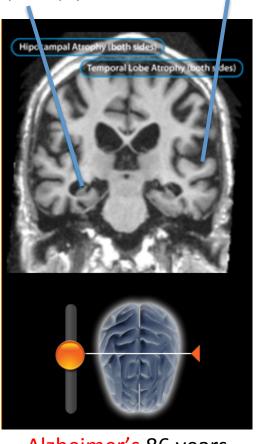


Healthy 46 years



Hippocampal atrophy

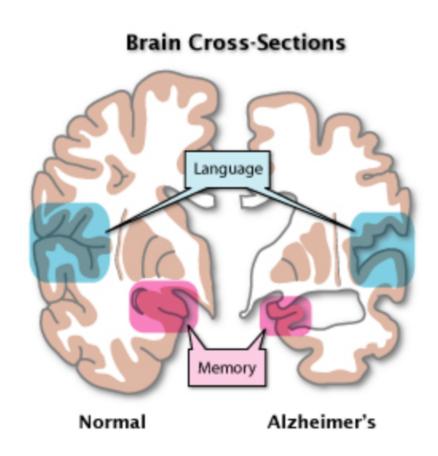
Healthy 70 years



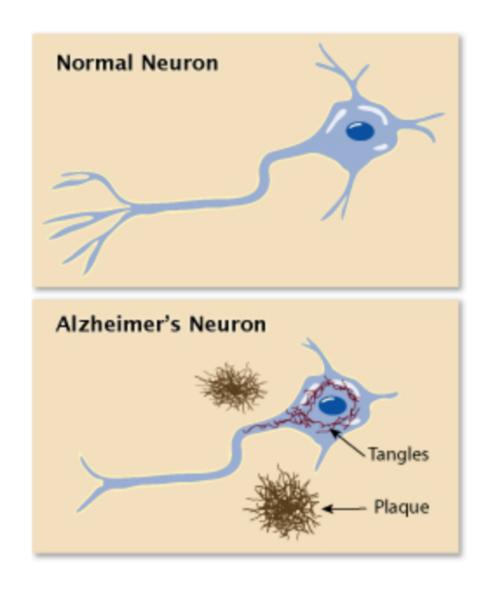
Temporal lobe atrophy

Alzheimer's 86 years

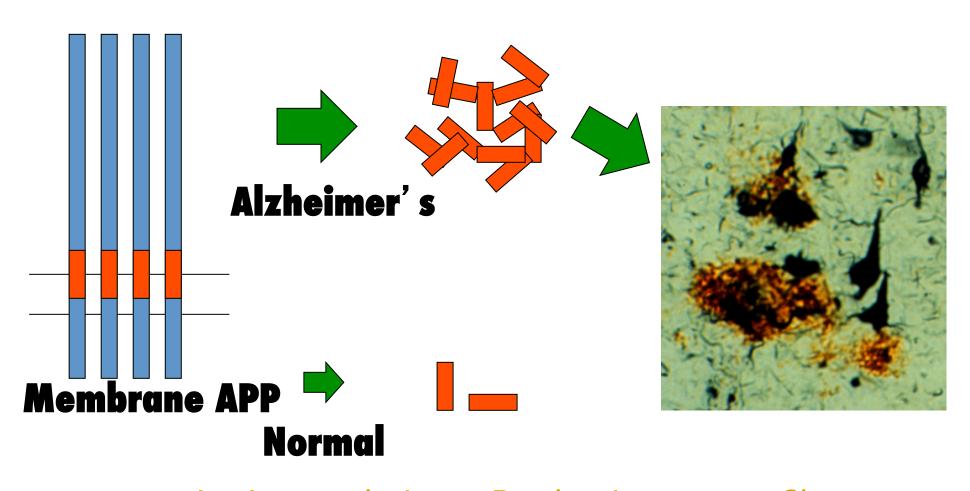
## Alzheimer's disease causes degeneration of certain areas of the brain



#### Alzheimer's disease pathophysiology



#### Generation of $\beta$ -amyloid (A $\beta$ ) from APP



 $A\beta$  Accumulation = Production versus Clearance

#### **2013**: 10 YEARS OF THE HUMAN GENOME

#### The New York Times

#### **Science**

WORLD U.S. N.Y. / REGION BUSINESS TECHNOLOGY SCIENCE HEALTH SPORTS OPINION A

ENVIRONMENT SPACE & COSMOS

A CONVERSATION WITH ERIC D. GREEN

Human Genome, Then and Now



Evelyn Hockstein for The New York Times

Eric D. Green, director of the National Human Genome Research Institute.

By GINA KOLATA

Published: April 15, 2013

#### **APRIL 14, 2003**

- First human genome
- Cost: \$1 billion
   (3 billion bases)
- 8 years

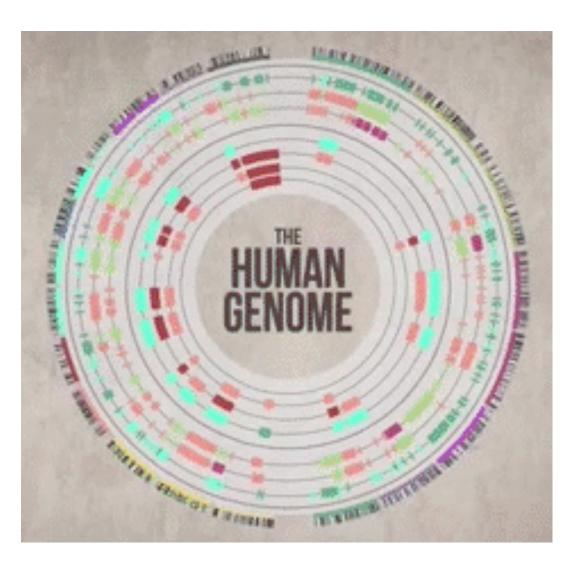
#### **APRIL 15, 2013**

- >33,000 genomes
- \$4,000-5,000

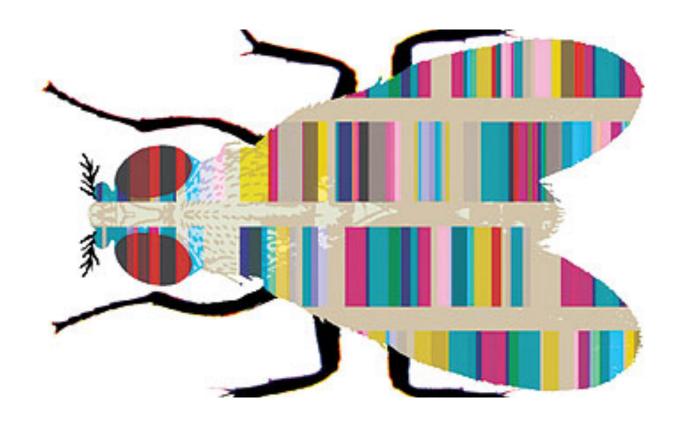
(46 chromosomes, 6 billion bases)

2 days per genome

# Early 2000's: Thousands of genes with unknown functions



## Genomes of higher organisms are very homologous. The human and the fly genomes are 60% homologous.

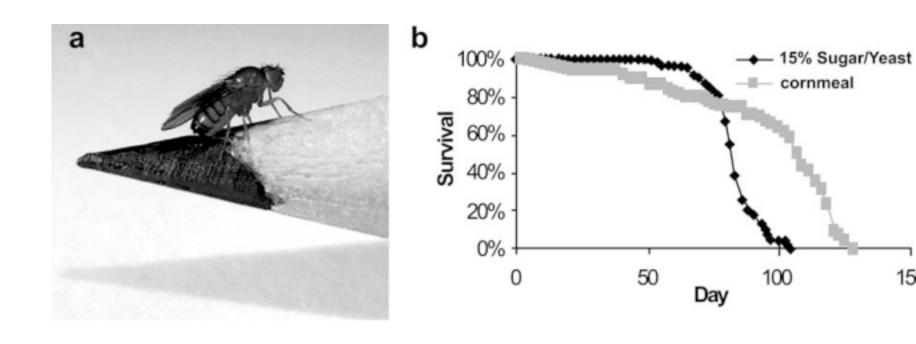


Won for All: How the Drosophila Genome was Sequenced by Michael Ashburner

Cold Spring Harbor Laboratory Press: 2006. 107 pp. \$19.95

#### Drosophila as a model organism

150



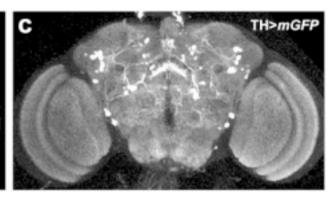
#### The Drosophila brain



Confocal (autofluorescence)
Parafin section

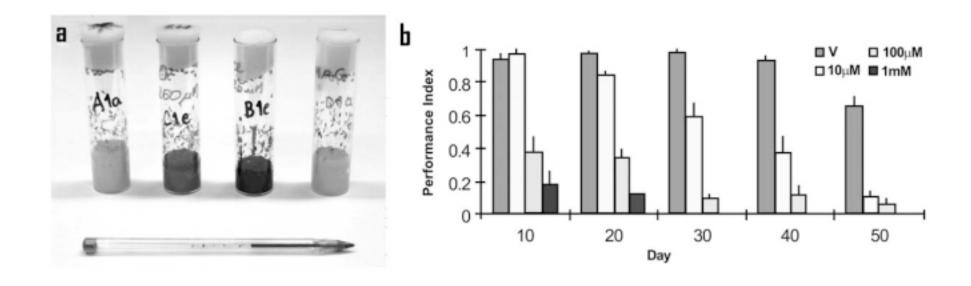


Confocal (synaptic terminal Ab) Whole mount



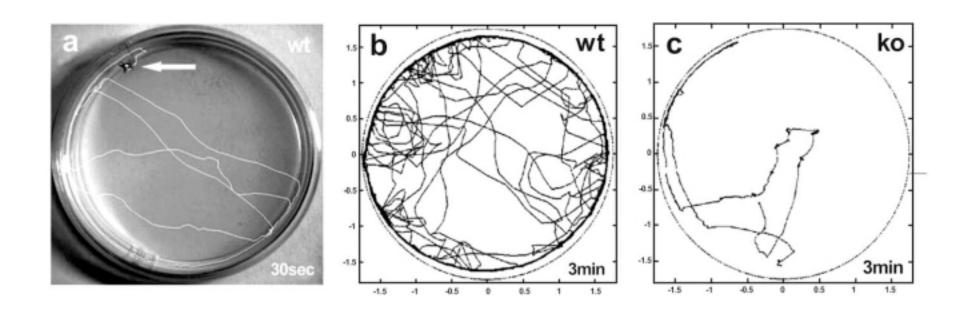
Confocal (tyrosine hydroxylase, DA neurons) Whole mount

#### Assay for drug treatment in flies



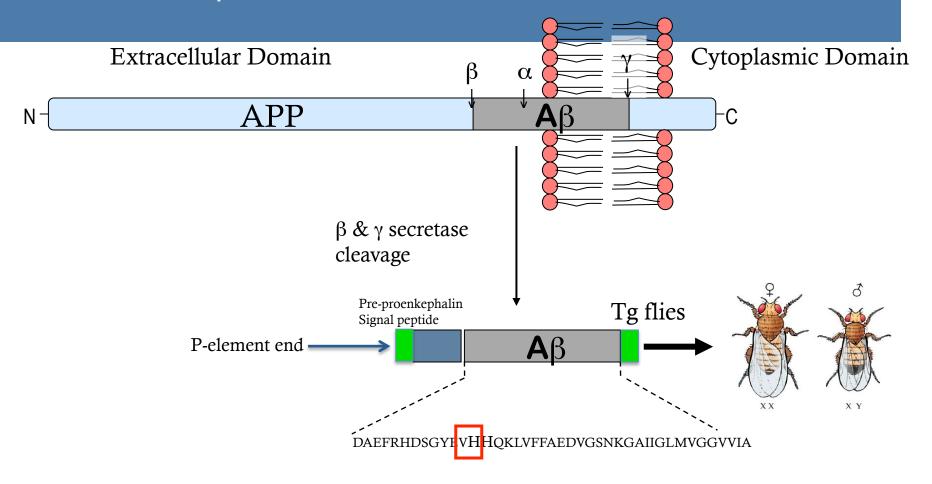
drug enhances a movement disorder in a concentration-dependant and age-related manner

#### Assay for motor neuron diseases in flies





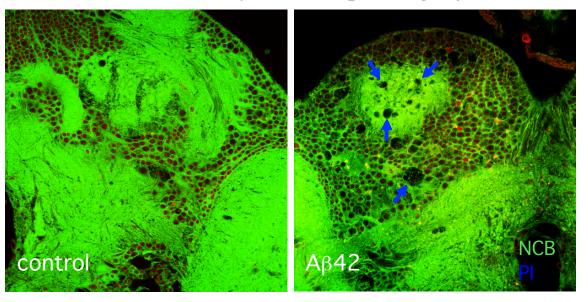
#### Drosophila model for Alzheimer's disease



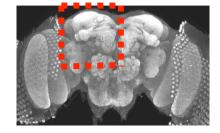
- expression of  $A\beta$  peptides in flies leads to neurodegenerative phenotypes
- $A\beta$  expression in flies perturbs novel and known pathways

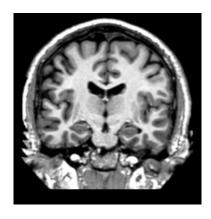
#### Brain morphology of Aβ42-expressing flies

#### Vacuolization in 21d fly brains expressing $A\beta42$



Fly brain

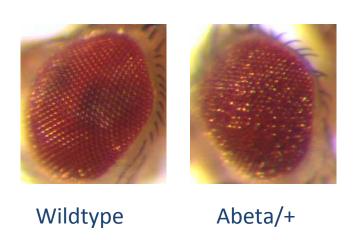


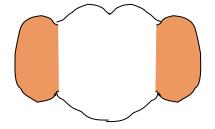


Human brain

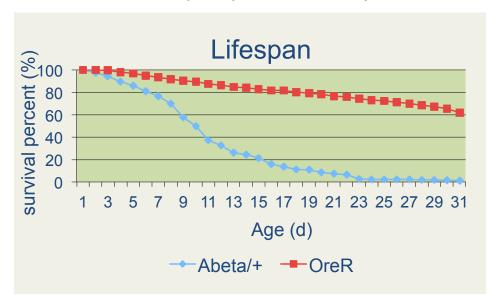
#### Phenotypes caused by tissue-specific expression of A $\beta$

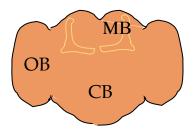
#### human Aβ expressed in fly eyes



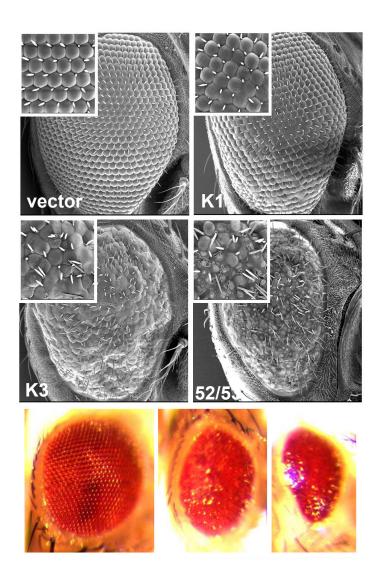


#### human Aβ expressed in fly CNS

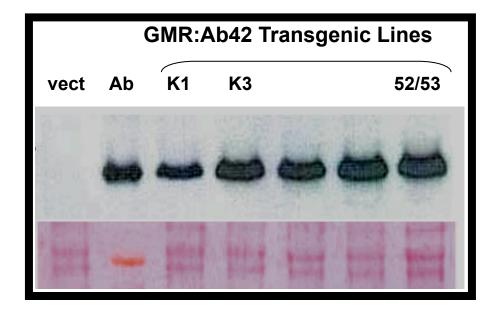




## Drosophila model for Aβ toxicity Eye expression



Aβ42 overexpression causes dose-dependent eye phenotypes



#### Genetic analysis leads to elucidation of disease pathways

- A strain carrying a random mutation is crossed with a strain that exhibits a disease phenotype
- Modification of a disease phenotype implies a genetic interaction between the disease gene and the mutation that is being tested
- A genetic interaction suggests that the mutated gene is active in the disease pathway

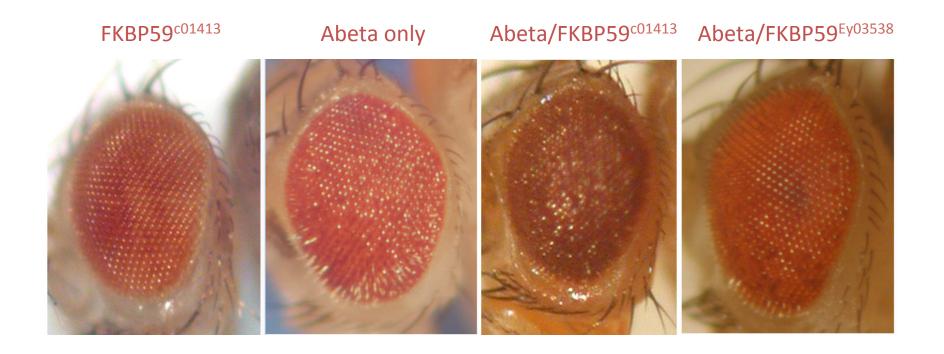
#### What people think geneticists do



#### What we actually do

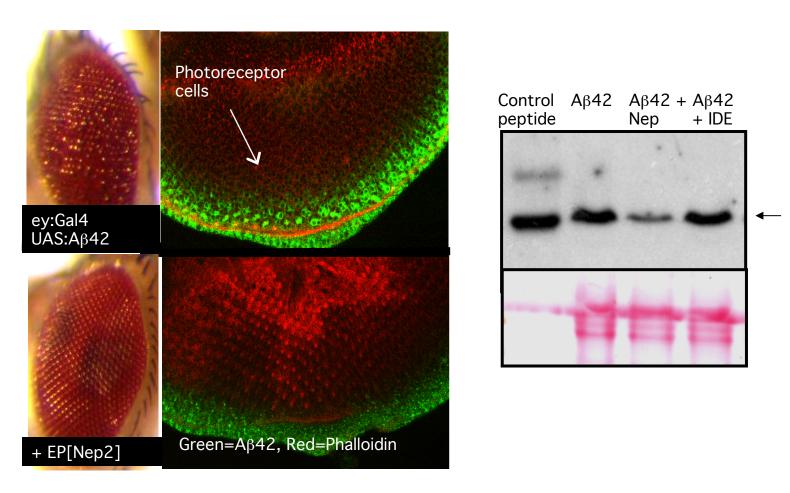


#### Genetic modifier screen



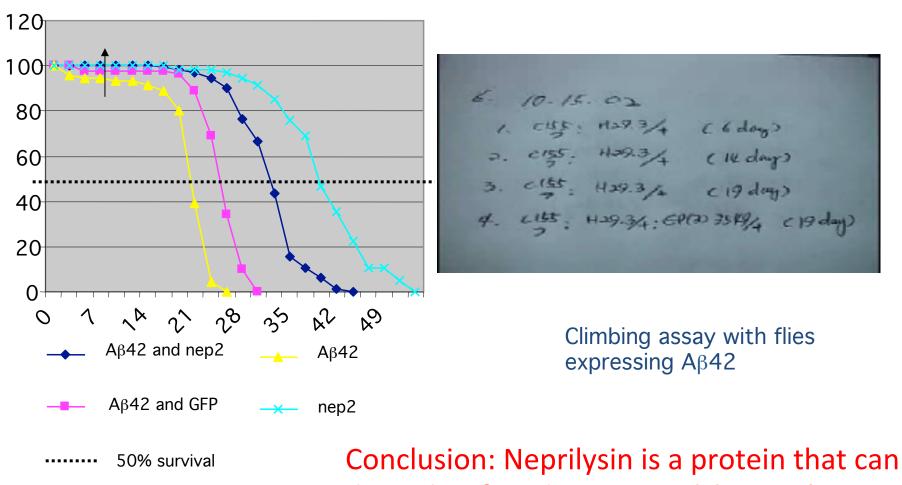
#### Genetic modifier screens in model organisms identify new disease factors

#### Neprilysin overexpression degrades Aβ



Finelli et al, 2004

## Genetic modifier screens in model organisms identify new disease factors



Conclusion: Neprilysin is a protein that can degrade  $A\beta$  and improve Alzheimer's phenotypes

## Identification of Novel Genes That Modify Phenotypes Induced by Alzheimer's β-Amyloid Overexpression in Drosophila

Weihuan Cao,\* Ho-Juhn Song,† Tina Gangi,\* Anju Kelkar,† Isha Antani,\* Dan Garza† and Mary Konsolaki\*,1

Mutations in 23 genes, out of ~2,000 genes screened, were identified as modifiers of the Abeta phenotype in Drosophila. Several new biochemical pathways were found to be implicated in AD

# New genomic-era technologies used in drug discovery

Large-scale differentiation of iPSC-derived cells

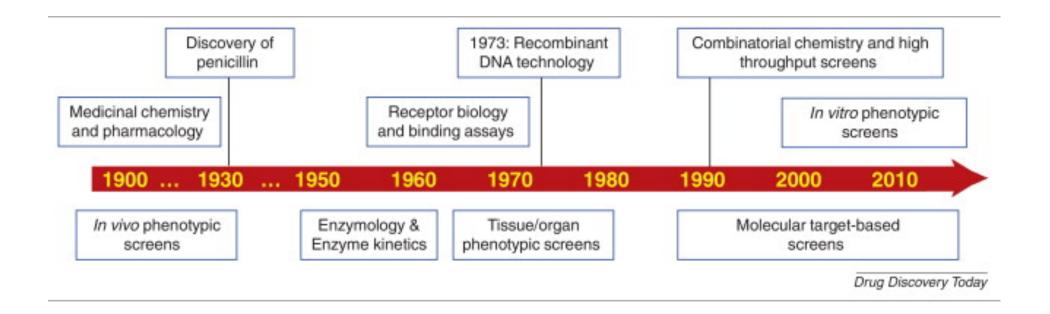
CRISPR engineering used to model disease in cells or mouse

 Nextgen sequencing to get transcriptome maps in healthy and disease tissue and understand mechanism of action

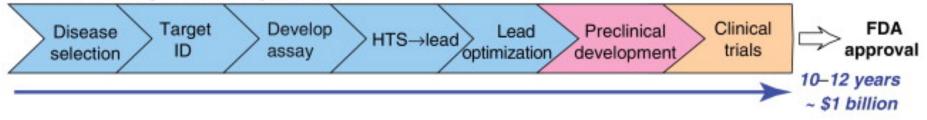
# iPS cells can make any cell type in any genetic background to be used for phenotypic screening

- renewed approach for lead discovery.
- may improve the success rate of drug approval.
- New drug targets can be identified from phenotypic screening of known drug library.
- Patient derived iPS cells can generate better phenotypic cell-based disease models.

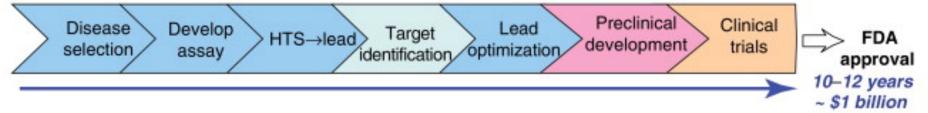
#### Phenotypic screening in drug discovery is not new thing!



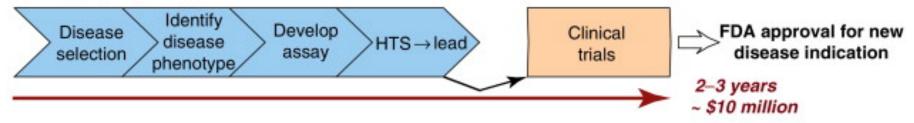
#### (a) Molecular target screening approach:



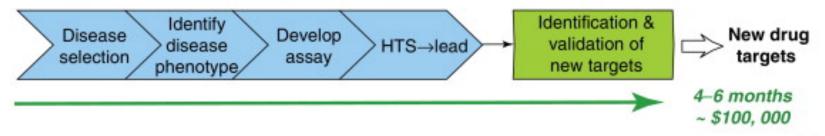
#### (b) Phenotypic screening approach:



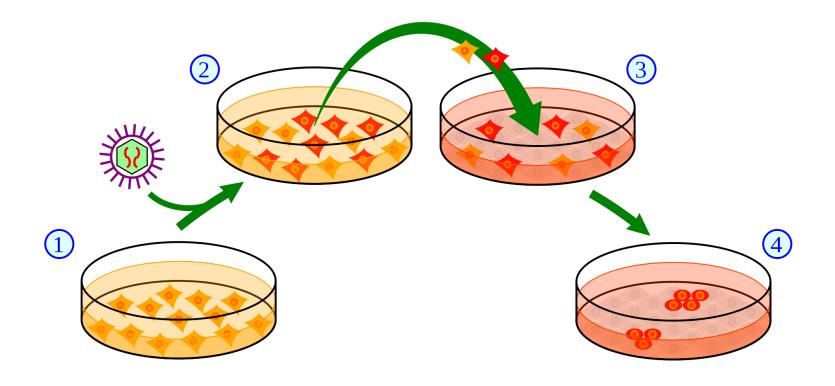
#### (c) Drug repurposing screen:



#### (d) Target identification by drug repurposing screen using phenotypic assays:



#### iPS cells speed up the availability of different cell types



Cell-based phenotypic assays use specific cell types differentiated from induced pluripotent stem cells (iPSCs) derived from patient or normal human cells

#### Examples of cell types used in phenotypic screens

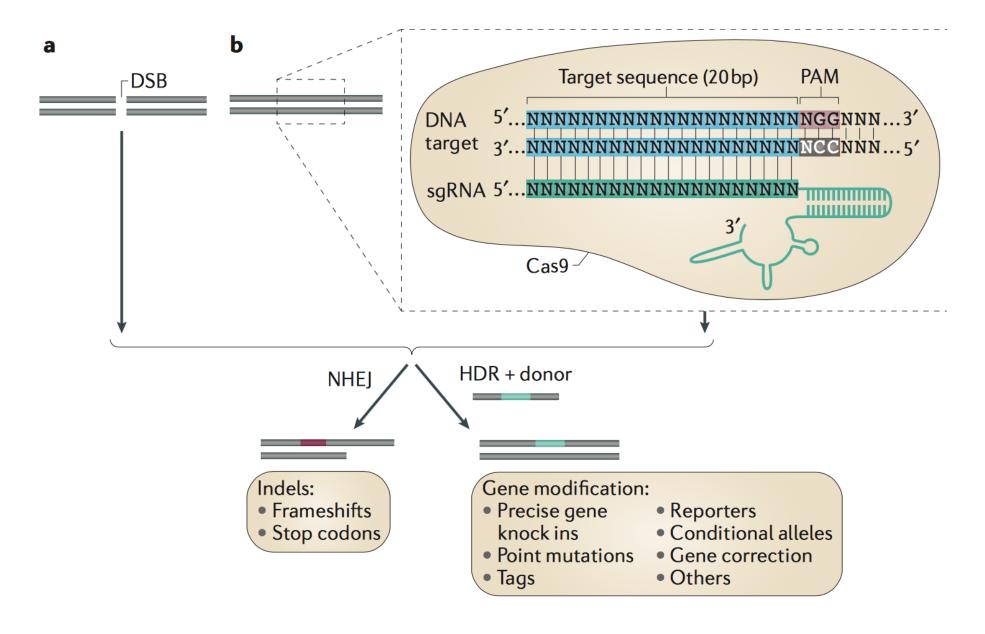
Disease	Cell type	Assay type				
Primary cells						
Thyroid cancer	Thyrocytes	TSH responsive proteins				
Cystic fibrosis	Bronchial epithelial cells	Electrophysiology				
Immortalized primary cell	Tumor cells Cell viability (ATP					
Respiratory papillomatosis	Tumor cells	,				
Cystic fibrosis	Bronchial epithelial cells	Electrophysiology				
Engineered cell lines						
Huntington disease	PC12 expressing HTT Q103-GFP	Protein aggregates (GFP)				
SMA	U2OS expressing SM2-luciferase reporter	RNA splicing (luciferase)				
Human cells derived from						
Familial dysautonomia	Neural crest precursors	RT-PCR				
NSC proliferation/differentiation	Neuroepithelial-like stem cell line	Cell viability (ATP content)				

#### **CRISPR**

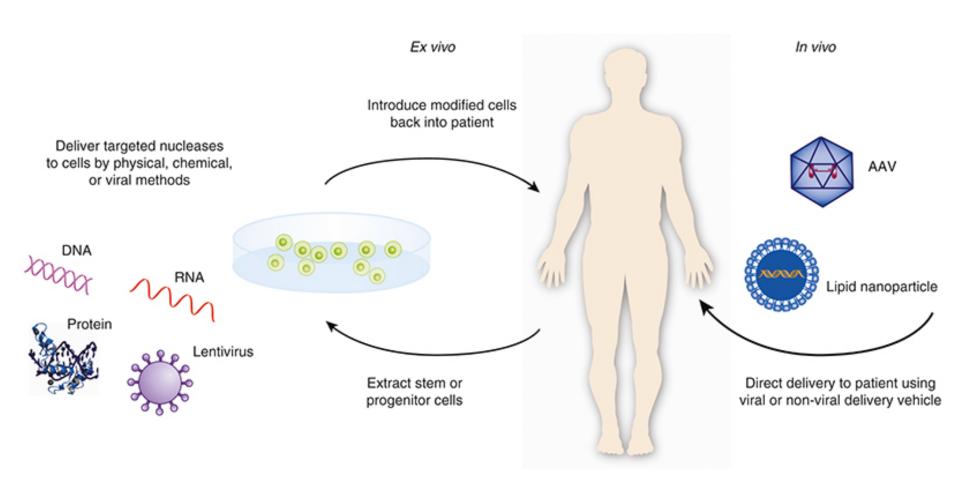


- Can produce appropriate cell lines and transgenic mice to use in disease modeling
- ~73,000 single guide RNAs (sgRNAs) targeting human genes to screen (Sabatini group)

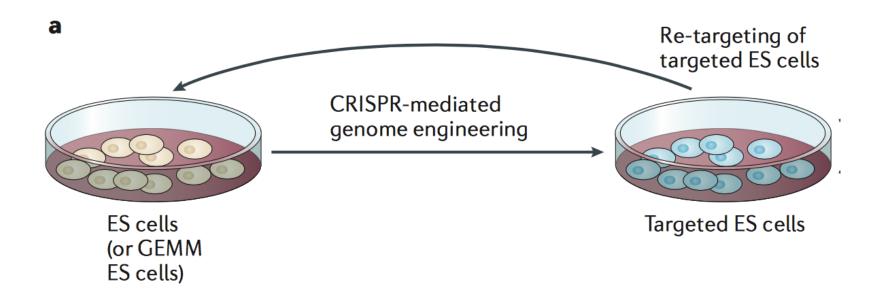
#### **CRISPR** overview



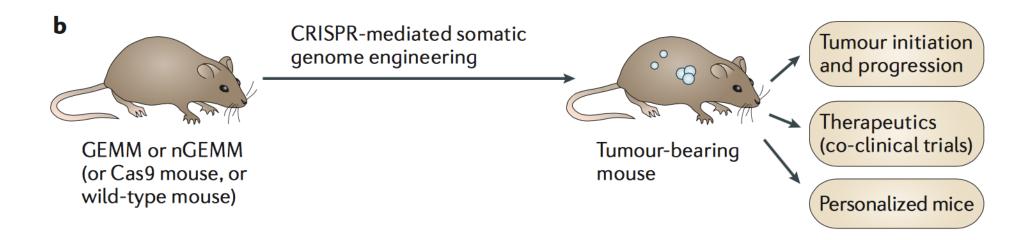
# Ex vivo and in vivo strategies for therapeutic genome editing



# CRISPR used to model diseases in mammalian cells



#### CRISPR used to model diseases in mice



#### NextGen sequencing (NGS)

- Massive parallel sequencing technology
- Genomic DNA is extracted, fragmented, and linked to adapters and primers for the amplification reaction (PCR) to generate a library
- DNA fragments in the library are simultaneously sequenced in a matter of days. The data obtained is processed with bioinformatics software and interpreted
- NGS can also help with the characterization of DNAprotein interactions, DNA methylation analysis, and more.



#### NextGen sequencing (NGS)



- Used for large-scale screening of SNPs to ultimately determine if a drug candidate will be effective and safe.
- Identify unique biomarkers so that drug targets can be discovered
- Identify gene expression level differences between disease and healthy tissue

**EASIER** and **FASTER** to understand Mechanism of Action

#### NGS and Alzheimer's disease



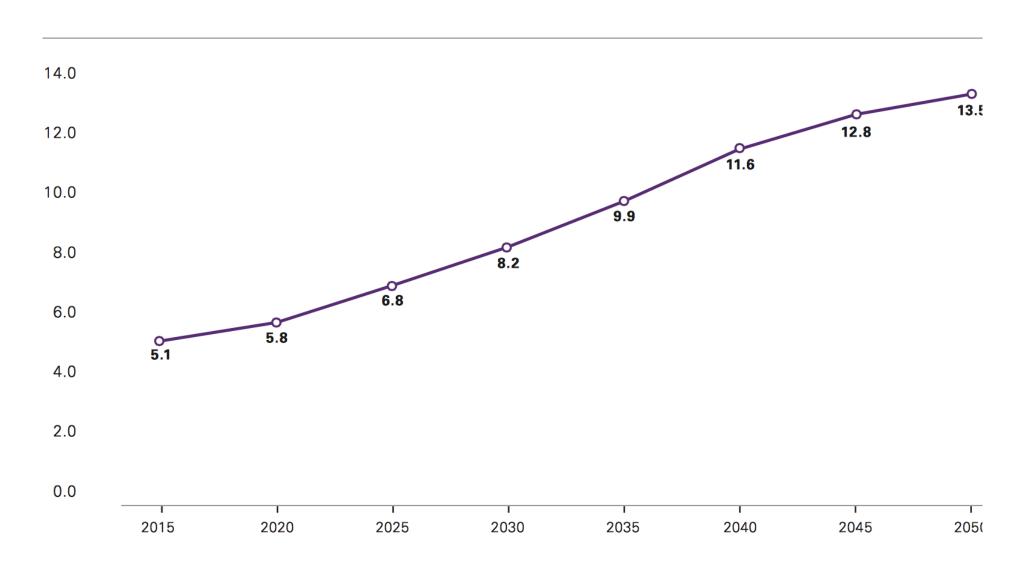
Massive sequencing capabilities have facilitated the comparison of whole human genomes of people with and without Alzheimer's

Gene	Location	SNP	frequency controls	OR (95% CI)	attributable fraction (%)	Potential functional variant
APOE (apolipoprotein E)	19q13.32	ε4	0.16	3.78 (2.60-5.48)	30.8ª	ε4
SORL1 (sortilin-related receptor-1)	11q24.1	rs11218343-T	0.96	1.30 (1.22–1.39)	0.91 <sup>b</sup>	Common and rare pathogenic variants <sup>34,3</sup>
BIN1 (bridging integrator 1)	2q14.3	rs6733839-T	0.41	1.22 (1.18–1.25)	8.2ª	rs59335462, 8 bp insertion <sup>40</sup>
CR1 (complement component (3b/4b) receptor 1)	1q32.2	rs6656401-A	0.20	1.18 (1.14–1.22)	3.5ª	Intragenic CHV resulting in different CR1 isoforms <sup>41</sup>
CLU (clusterin)	8p21.1	rs9331896-T	0.62	1.16 (1.12–1.19)	5.1 <sup>b</sup>	Rare coding and common regulatory variants <sup>30,31</sup>
PICALM (phosphatidylinositol-binding clathrin assembly protein)	11q14.2	rs10792832-G	0.64	1.15 (1.12–1.18)	AFO)	=
ABCA7 (ATP-binding cassette transporter A)	19p13.3	rs4147929-A	0.19	1.15 (1.11–1.19)	2.8ª	Loss-of-function variants <sup>37,38</sup>
FERMT2 (fermitin family member 2)	14q22.1	rs17125944-C	0.09	1.14 ( 09-1.19)	1.2ª	-
CASS4 (Cas scaffolding protein family member 4)	20q13.31	rs7274581-T	0.92	(100.09–1.19)	1.0 <sup>b</sup>	i —
MS4A6A locus (membrane-spanning 4-domains, subfamily A)	11q12.2	rs983392-A	0.60	1.11 (1.09–1.15)	3.8 <sup>b</sup>	_
EPHA1 (EPH receptor A1)	7q35	rs11771145-0	0.66	1.11 (1.08–1.14)	3.3 <sup>b</sup>	
HLA-DRB5,HLA-DRB1 locus (major histocompatibility complex, class II, DR beta 5/beta 1)	6p21.32	12 A Tay	0.28	1.11 (1.08–1.18)	3.08	_
PTK2B (protein tyrosine kinase 2 beta)	8p 27.2	rs28834970-C	0.37	1.10 (1.08–1.13)	3.6ª	<del>-</del>
CD2AP (CD2-associated protein)	Sp12.3	rs10948363-G	0.27	1.10 (1.07–1.13)	2.6a	3=3
ZCWPW1 locus (zinc finger, CW-tyle) with PWWP domain 1)	7q22.1	rs1476679-T	0.71	1.10 (1.06–1.12)	2.5 <sup>b</sup>	_
SLC24A4/RIN3 locus (solute carrier family 24/Ras and R. Dinteractor 3)	14q32.12	rs10498633-G	0.78	1.10 (1.06–1.14)	1.9 <sup>b</sup>	-
INPP5D (iposite) polyphosphate-5- phosphat se)	2q37.1	rs35349669-T	0.49	1.08 (1.05–1.11)	3.8ª	·—
MEF2C (myocyte enhancer factor 2C)	5q14.3	rs190982-A	0.59	1.08 (1.05–1.11)	2.8 <sup>b</sup>	(1 <del></del>
NME8 locus (NME/NM23 family member 8)	7p14.1	rs2718058-A	0.63	1.08 (1.05–1.11)	2.5 <sup>b</sup>	-
CELF1 locus (CUGBP, Elav-like family member 1)	11p11.2	rs10838725-C	0.32	1.08 (1.05–1.11)	2.5ª	9 <u>1</u> 2
CD33 (CD33 molecule)	19q13.41	rs3865444-C	0.69	1.06 (1.04–1.1)	1.8 <sup>b</sup>	rs12459419 located in a putativ

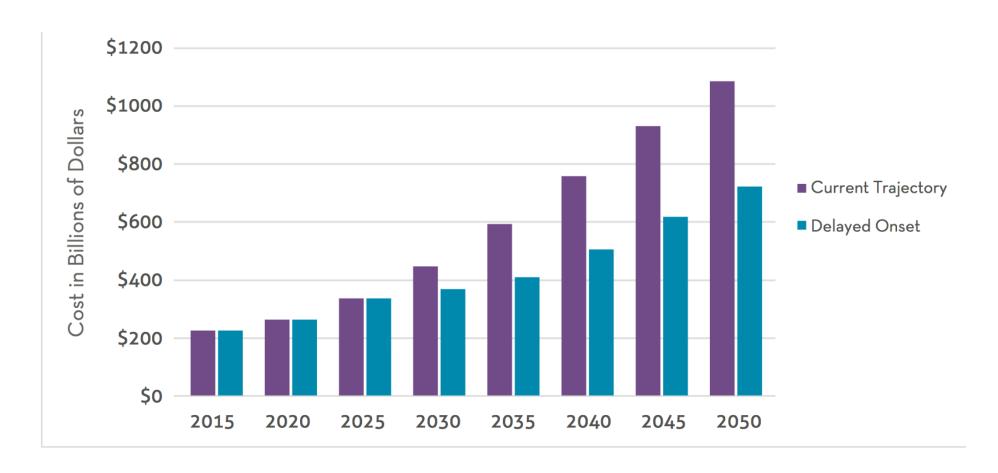


A new analysis finds that between 1998 and 2014, there were **123 unsuccessful attempts** to develop drugs to treat Alzheimer's – or as some call them "failures." In that timeframe, four new medicines were approved to treat the symptoms of Alzheimer's disease; for every research project that succeeded, about 30 failed to yield a new medicine.

## Number of Americans Age 65 and Older Living with Alzheimer's Disease, 2015-2050

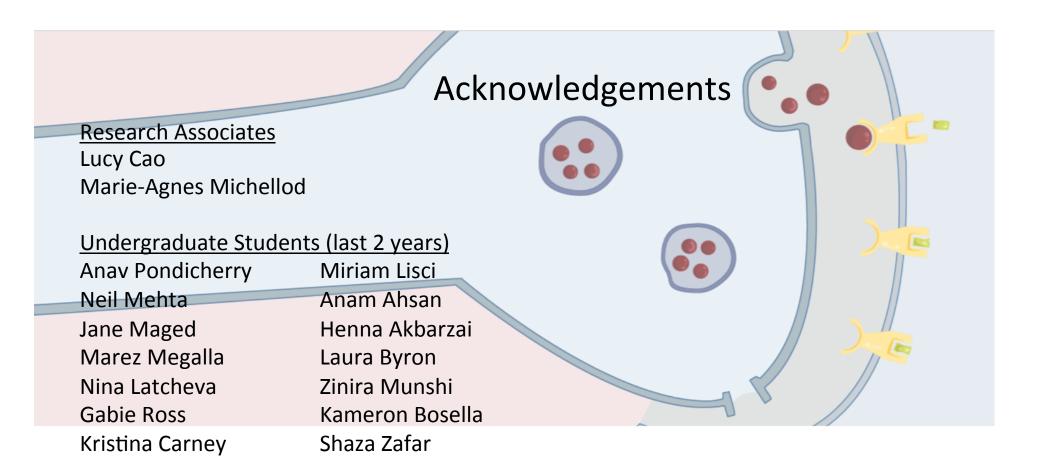


## Projected Impact of a Medicine that Delays Alzheimer's Disease Onset by 5 Years, 2015-2050



Source: Alzheimer's Association, "





#### Collaborators

Jim Camakaris, Univ. of Melbourne
Ray Birge, NJ Medical School
P. Greengard, Rockefeller Univ.
Larry Wennogle, Intracellular Therapies
Rod Eckenhoff, U. Pennsylvania Medicine
K. Reuhl, Rutgers Pharmacy/EOHSI
J. Richardson, Rutgers Pharmacy/EOHSI

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