



ADAM MICKIEWICZ UNIVERSITY, POZNAŃ

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# Drug screening and development using animal disease models

dr Savani Anbalagan

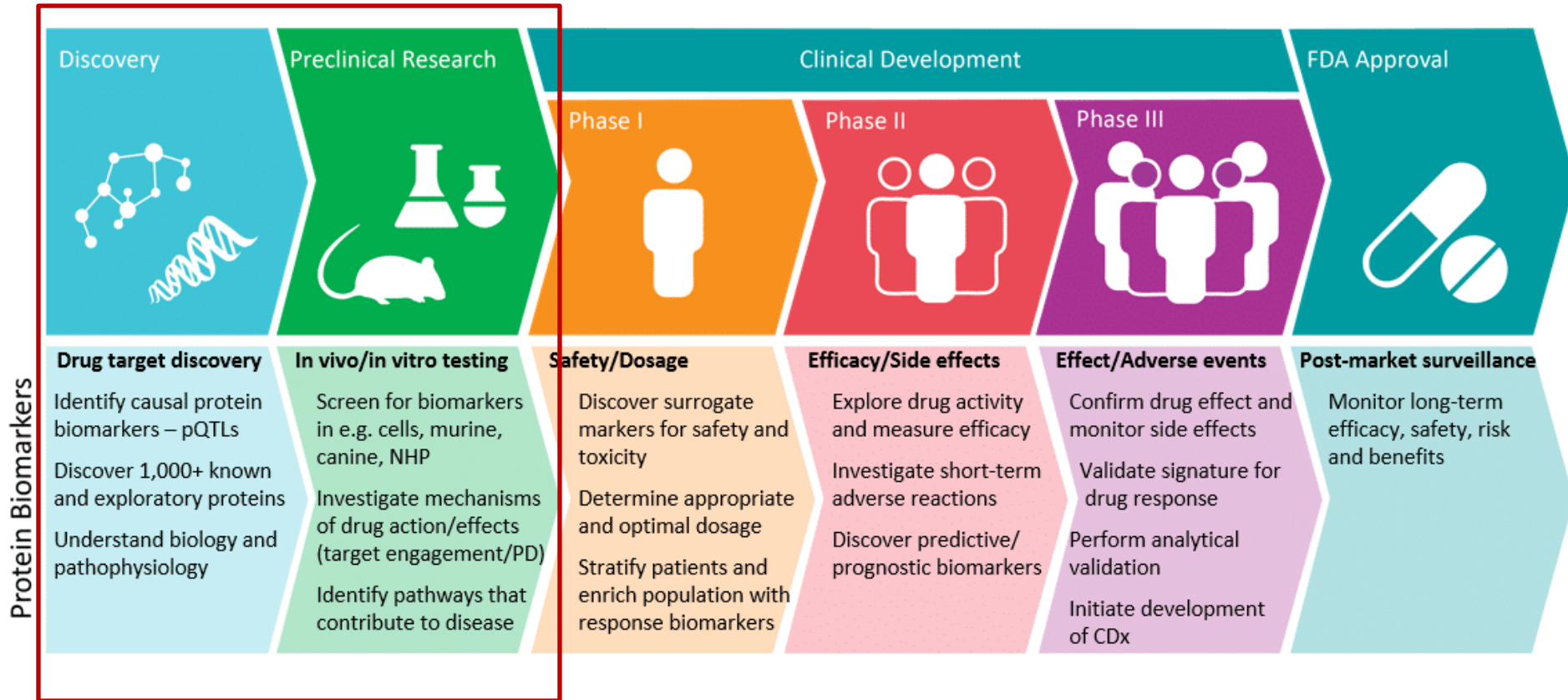
# Drug screening

- A process by which potential drugs are identified and optimized before selection of a candidate drug to progress to clinical trials.
- It can involve screening large libraries of chemicals for a particular biological activity in high-throughput screening assays

# Basic terms

- **Target:** molecular entity with a biological function
- **Hit:** a chemical having a significant degree of activity at a particular molecular target.
- **Lead:** a chemical having significant activity at a molecular target whose structure is, or is thought to be, readily modified to improve selectivity or toxicological and pharmacokinetic properties necessary for investigation in human).
- **Phenotype:** observable properties of an cell or organism

# Where are animals needed?



**Animal models are involved in target discovery and preclinical research phases**

# Comparison of animal models attributes

Attribute of disease model	Model organism			
	Fly	Zebrafish	Mouse	Rat
<b>Practical issues</b>				
Husbandry infrastructure	\$	\$	\$\$\$	\$\$\$
Cost per animal per year	\$	\$	\$\$\$	\$\$\$
Characterized inbred strains	+	-	++++	+++
Outbred laboratory strains	+	+++	++	++
Anatomical similarity	-	+	++	++
Molecular or genetic similarity	+	++	+++	+++
Pathological similarity	-	++	+++	+++
Storage; for example, freezing sperm	No	Yes	Yes	Yes
<b>Molecular biology tools</b>				
Transgenesis*	++	++	++	++
Targeted gene modification*	+	-	++++	+
Transient <i>in vivo</i> assays*	++	++++	+	+
Allelic series from TILLING*	+++	++++	++	+
Feasibility of large-scale screens <sup>‡</sup>	++++	+++	++	+
Affordability of large-scale screens <sup>‡</sup>	++++	+++	+	-
Sequencing progress <sup>§</sup>	+++	++	+++	++
Annotation progress <sup>§</sup>	++	++	++++	++
<b>Cell-biology tools</b>				
Cell lines and tissue culture	++	+	++++	+
Antibody reagents	++	+	++++	++

# Strategies in drug discovery

- Phenotypic drug discovery
- Target-based drug discovery

# Phenotypic drug discovery

- a strategy to identify molecules with the ability to alter a cell's or animals phenotype.
- does not rely on knowing the identity of the specific drug target or its hypothetical role in the disease
- Examples :
  - Morphine, Quinine, Paracetamol, Oxytocin, Insulin, Aspirin, Isoniazid, Chlordiazepoxide
  - Drugs for spinal muscular atrophy (SMA), cystic fibrosis (CF), and hepatitis C

# Target-based drug discovery

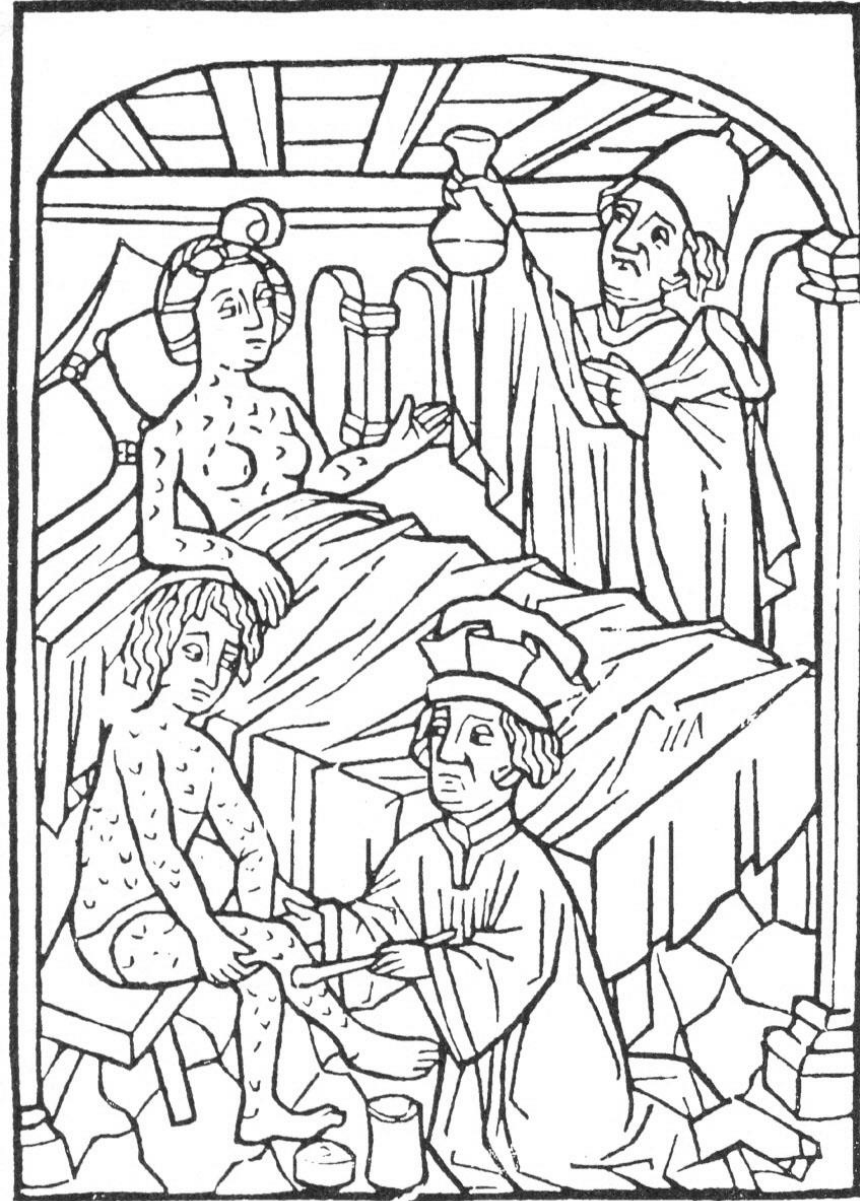
- Also called as Rational drug discovery
- in which the starting point is a defined molecular target that is hypothesized to have an important role in disease
- Due to advances in molecular biology and genomics, a dominant approach to drug discovery in the pharmaceutical industry,
- Examples:
  - 1987: Fluoxetine (SSRI\* for depression)
  - 1998: Celecoxib (COX2 inhibitor for pain and inflammation)
  - 2001: Imatinib (bcr-abl inhibitor for cancer)
  - 2003: Omalizumab (anti-IgE for asthma),
  - 2004: Bevacizumab (anti-VEGF for cancer)



# **Phenotypic drug discovery case studies**

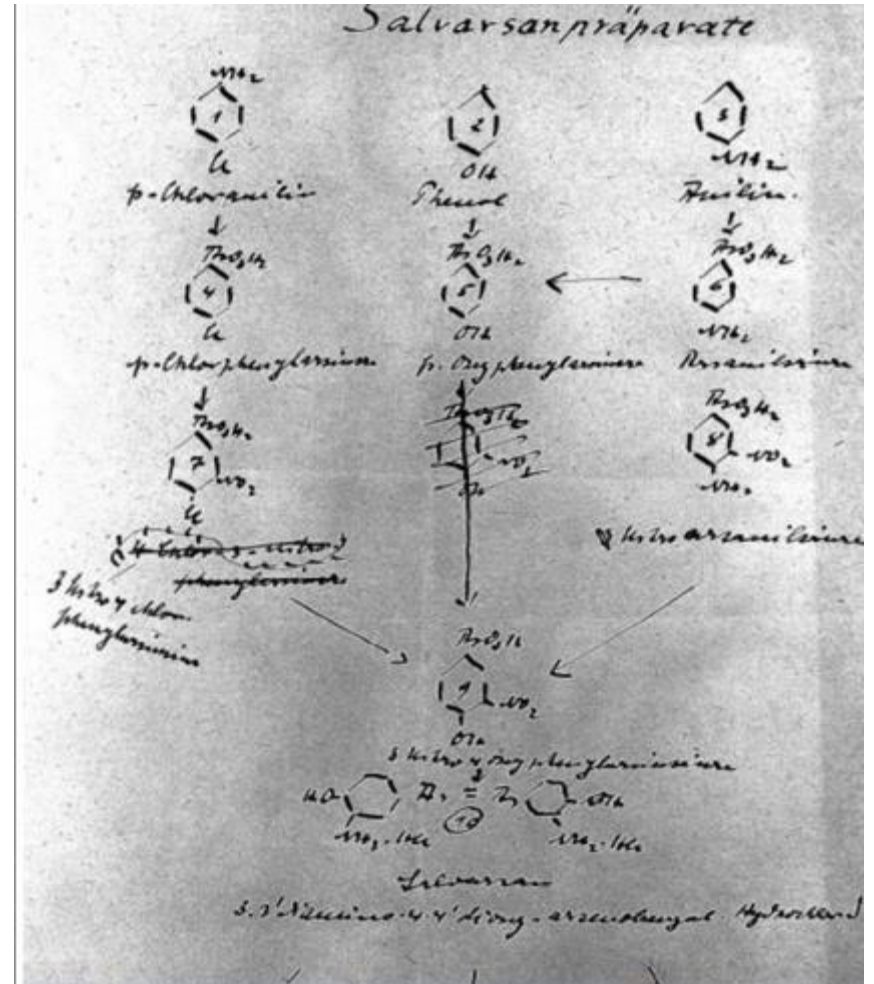
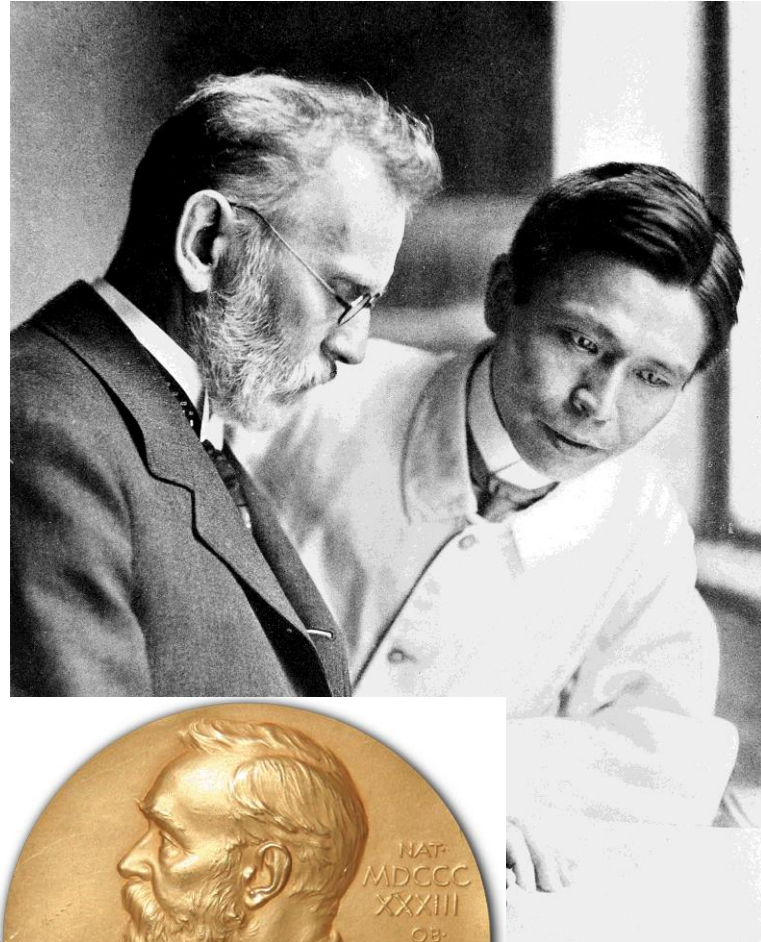
# Syphilis

- Sexually transmitted infection
- Caused by bacterium *Treponema pallidum*
- Symptoms include
  - Skin lesion in infected site
  - Skin rashes



# Drug screen for syphilis

Paul Ehrlich & Sahachiro Hata



# Drug screen for Syphilis

- mice were intraperitoneally injected with blood containing *Trypanosoma* bacterium
- Inject each mice with a candidate compounds (arsenic-derivatives)
- Several 100s of compounds were screened
- Blood were tested daily for bacterium

# Drug screen for Syphilis in rabbits

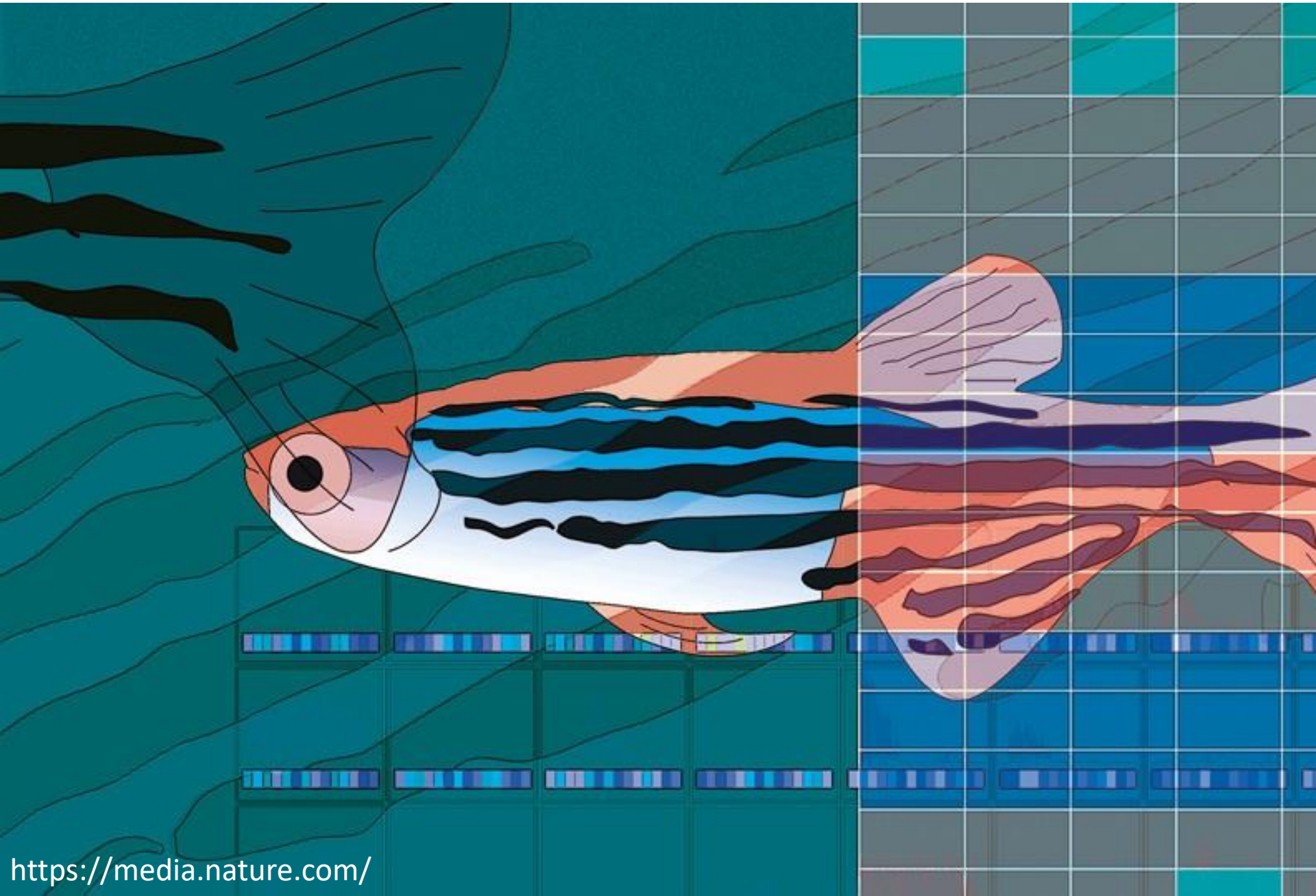
Tabelle I. Verlauf des Mäuserecurrrens bei verschieden starker Infektion.

Tage nach der Infektion	Tödliche Infektion mit stark virulentem Stamm				Starke Infektion mit stark virulentem Stamm				Mäßige Infektion mit stark virulentem Stamm			Schwächere Infektion mit schwächerem Stamm	
	a	b	c	d	a	b	c	d	a	b	c	a	b
1	+ (3-5)	+ (3-5)	+ (5-7)	+ (3-5)	+ ( $\frac{1}{1-2}$ )	+ ( $\frac{1}{2}$ )	+ (1)	+ ( $\frac{1}{1-2}$ )	+ ( $\frac{1}{3}$ )	+ ( $\frac{1}{5}$ )	+ ( $\frac{1}{10}$ )	+ w.	+ w.
2	+++	+++	+++	+++	+ (8)	+ (8-10)	+ (10)	+ (8-10)	+ (8)	+ (8)	+ (5)	+ (4)	+ (2)
3	+++	++++	++++	++++	+++	+++	+++	+++	++	++	++	++	++
4	+++	tot	++++	++++	++++	+++	+++	+	—	—	—	—	+ w.
5	+		tot	++	tot	—	+ w.	+ w.	—	—	—	—	+ s. w.
6	+			tot		—	+ w.	+ s. w.	—	—	—	—	—
7	+ w.					—	+	+	—	+	+ w.	—	—
8	+ s. w.					+	+	+	+	+ w.	+	+ w.	+
9	+					+	+	+	+	+	+	+ w.	+
10	+					+ w.	tot	+ w.	—	—	—	+ s. w.	—
11	++					—		—	—	+ w.	—	+ s. w.	—
12	tot					+		—	—	+ w.	—	—	—
13						+		—	+	—	+	+ w.	+
14						—		—	+ w.	—	+ s. w.	+	+
15						—		—	+	—	+ w.	—	—
16						+		—	—	—	—	—	—
17						+		—	—	—	+ w.	—	+ w.
18						—		—	—	+ s. w.	—	—	—
19						—		—	—	+ w.	—	—	—
20						—		—	—	+	—	—	+ w.
21						—		—	—	—	+ w.	+ s. w.	+
22						—		—	—	—	+	—	—
23						—		—	—	—	—	+ w.	+ w.
24						—		—	—	—	—	—	—
25						—		—	—	+ s. w.	—	—	—
26						—		—	—	+	+ s. w.	—	—
27						—		—	—	—	—	+ s. w.	—
28						—		—	—	—	—	+	—
29						—		—	—	—	—	+ s. w.	+ w.
30						—		—	—	—	—	—	—
31						—		—	—	—	—	—	—
32						—		—	—	—	—	—	—
33						—		—	—	—	—	—	—
34						—		—	—	—	—	+	—
35						—		—	—	—	—	+	—
36						—		—	—	—	—	—	—
37						—		—	—	—	—	—	—

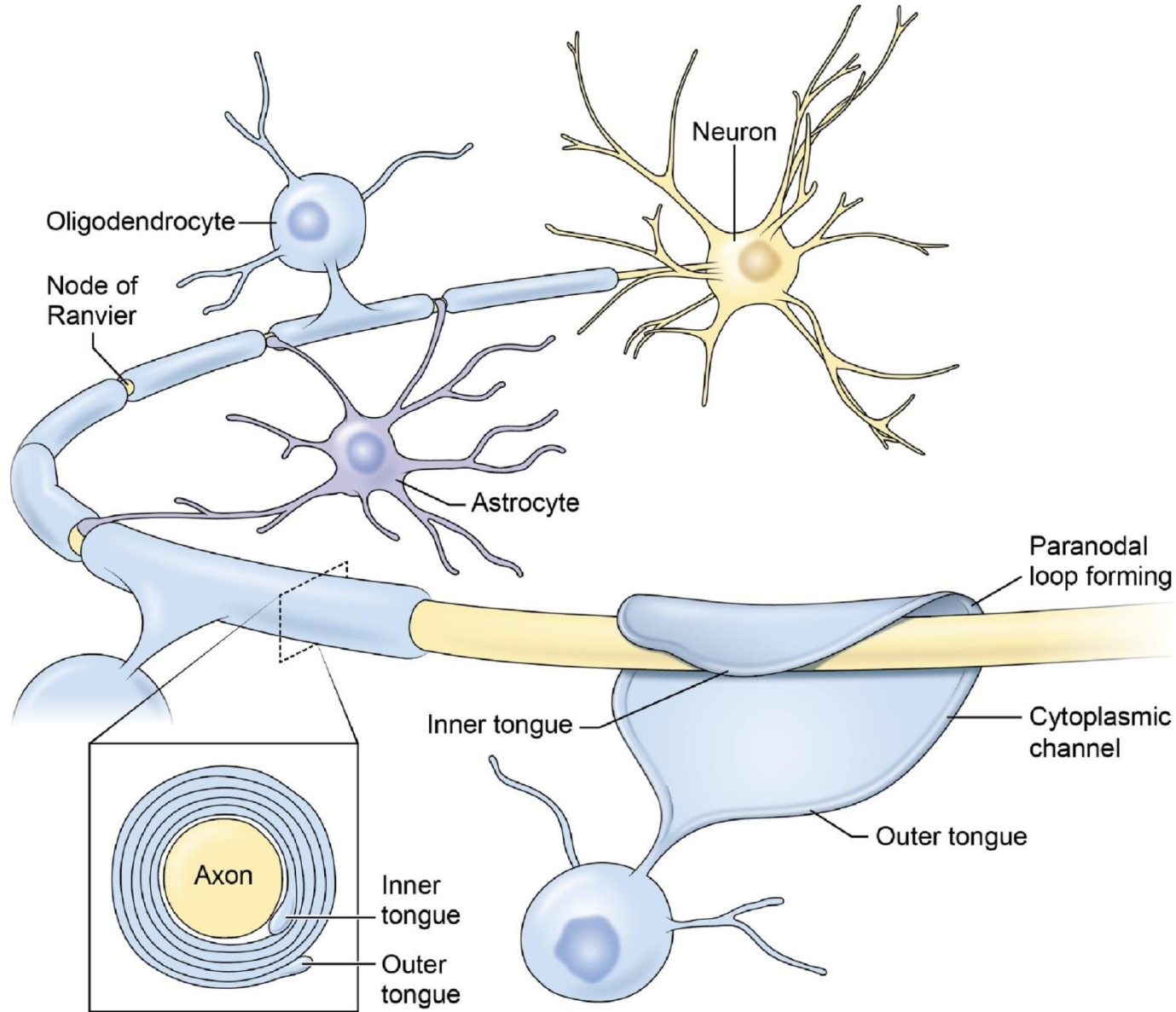
# Drug screen for Syphilis

- Compound 606, arsphenamine was able to reduce bacterial load in animals
- Was eventually tested in humans
- Marketed as Salvarsan in 1910 - first effective chemotherapeutic drug

# Zebrafish in phenotypic drug screen



# Oligodendrocytes myelinate axons

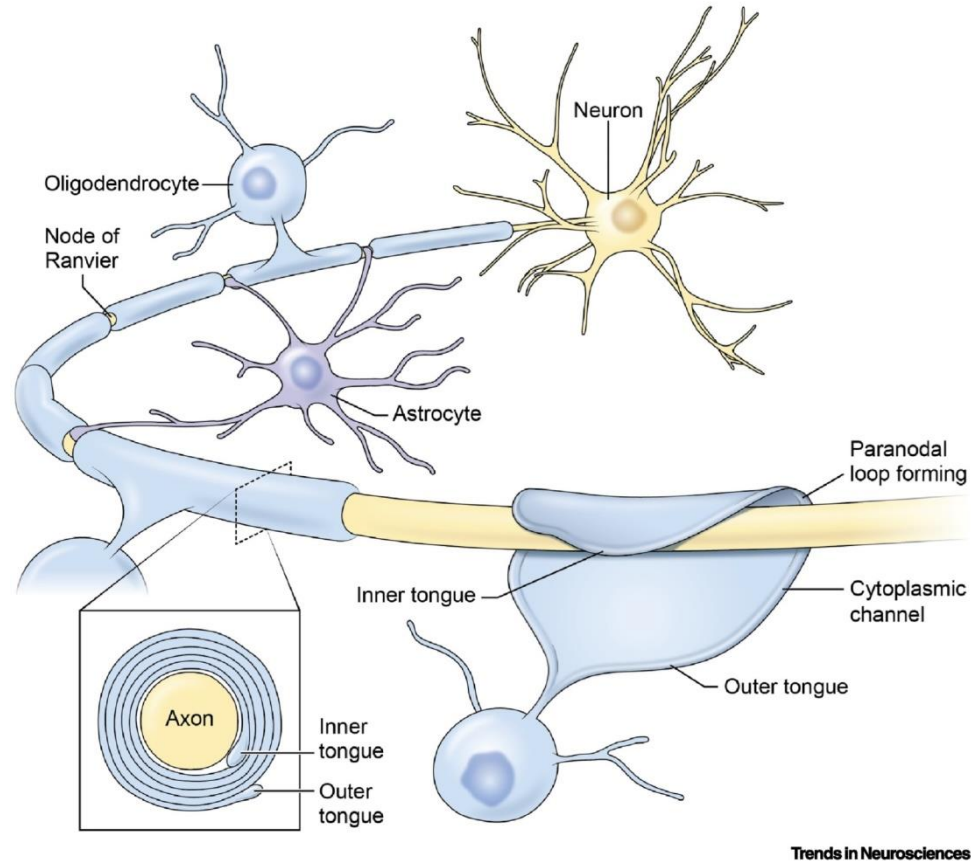




# Myelination-associated diseases and disorders

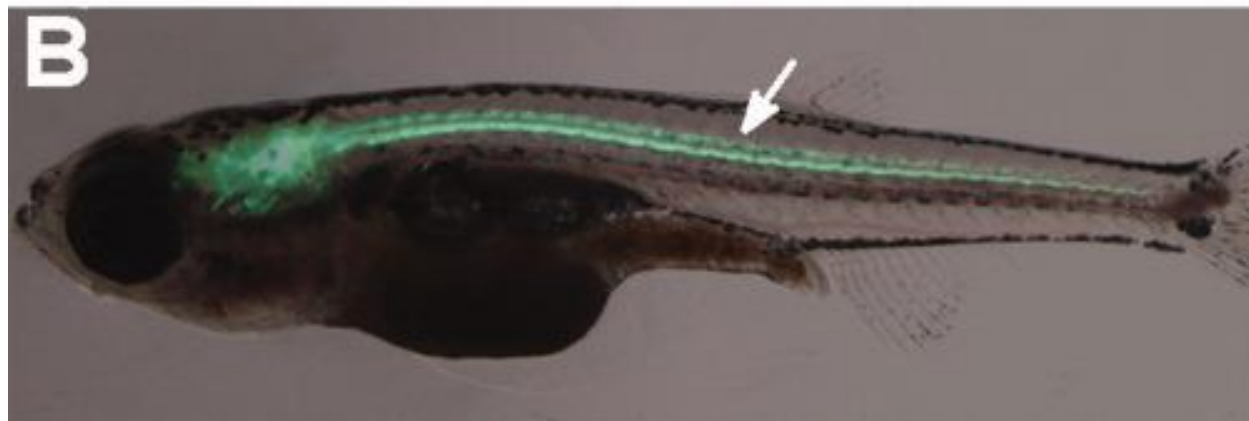
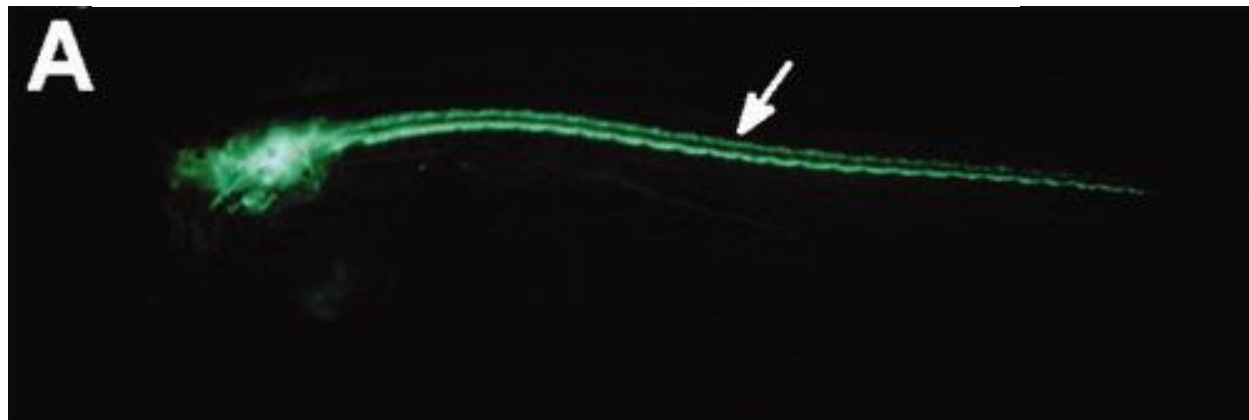
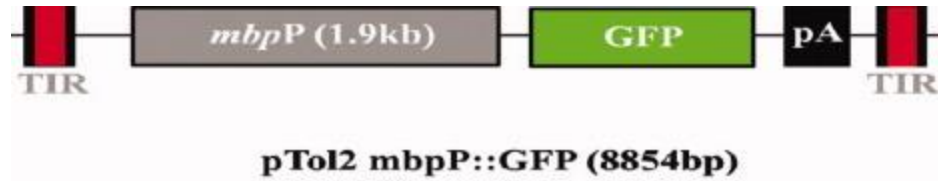
- age-related cognitive decline
- neonatal hypoxia
- childhood leukodystrophies
- autism
- schizophrenia
- multiple sclerosis
- motor neuron disease
- Huntington's disease
- Alzheimer's disease

# Oligodendrocytes myelinate axons

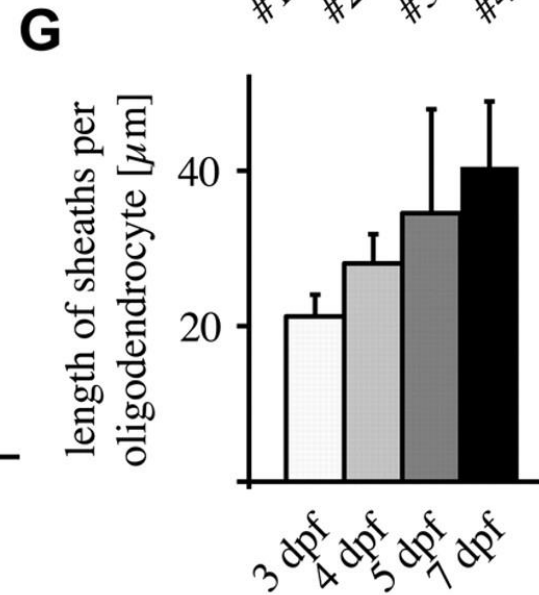
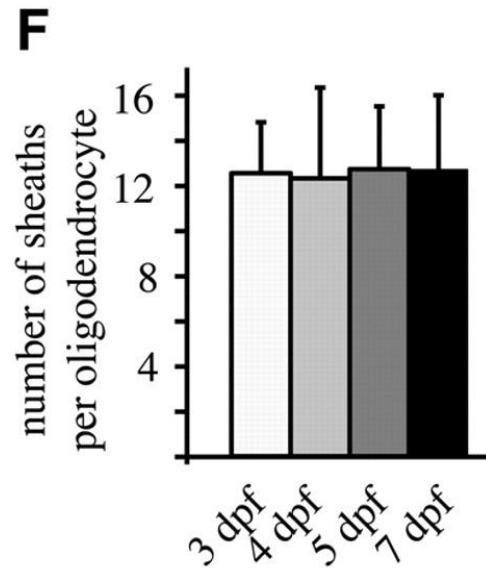
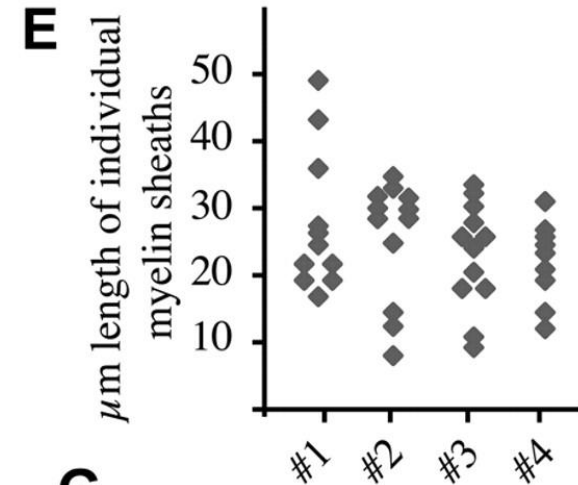
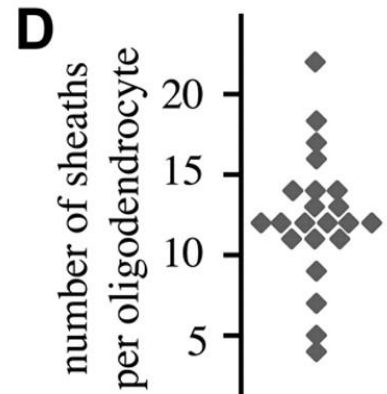
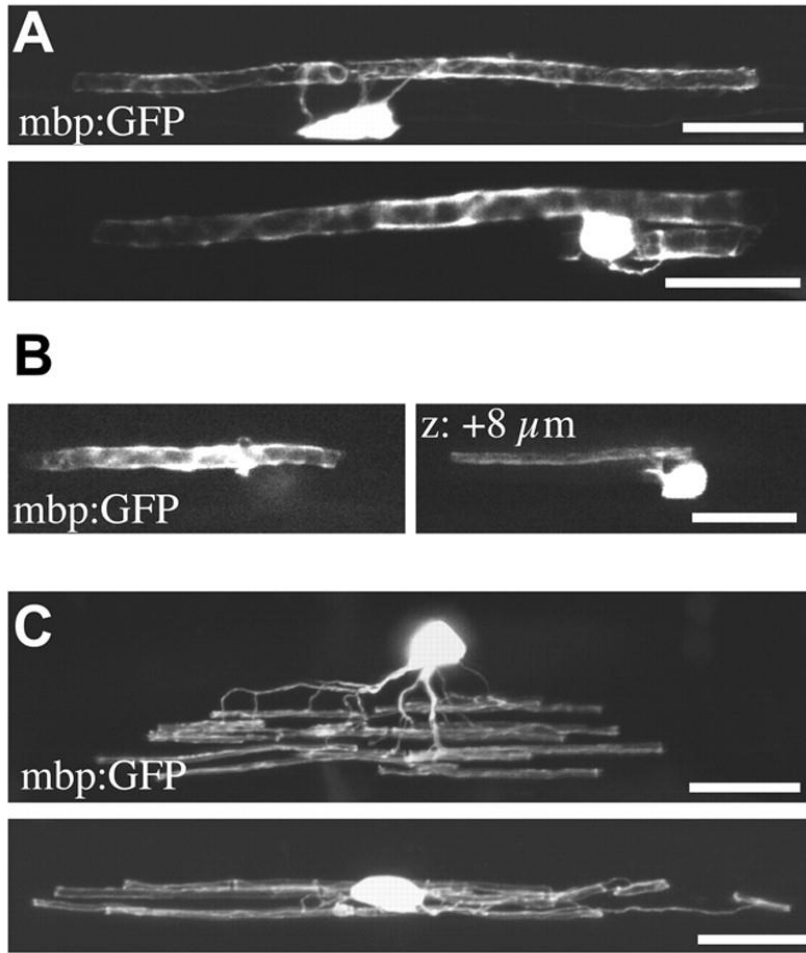


**Find a drug that can increase oligodendrocytes or myelination with aim to treat myelination-associated diseases**

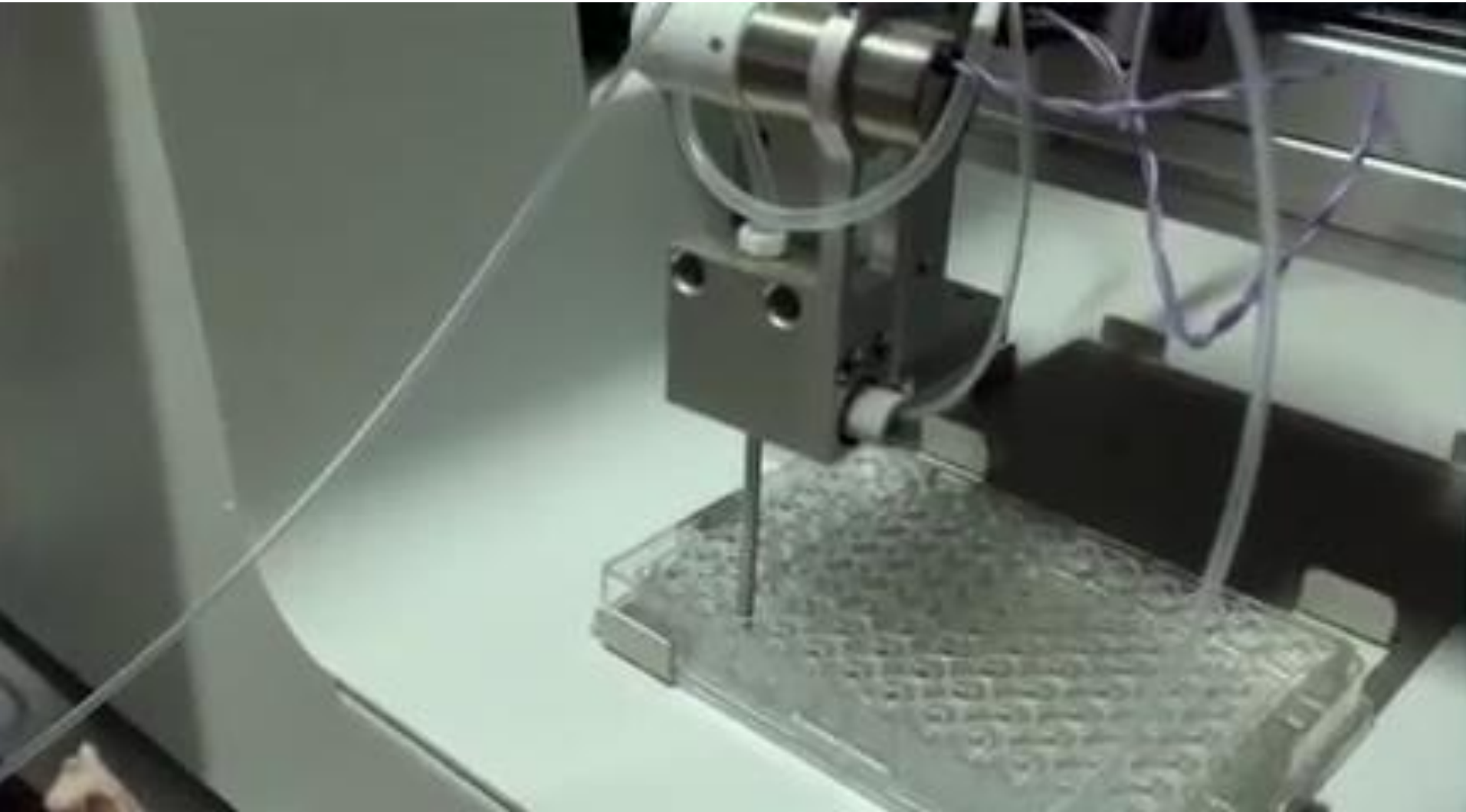
# Transgenic zebrafish can label oligodendrocytes



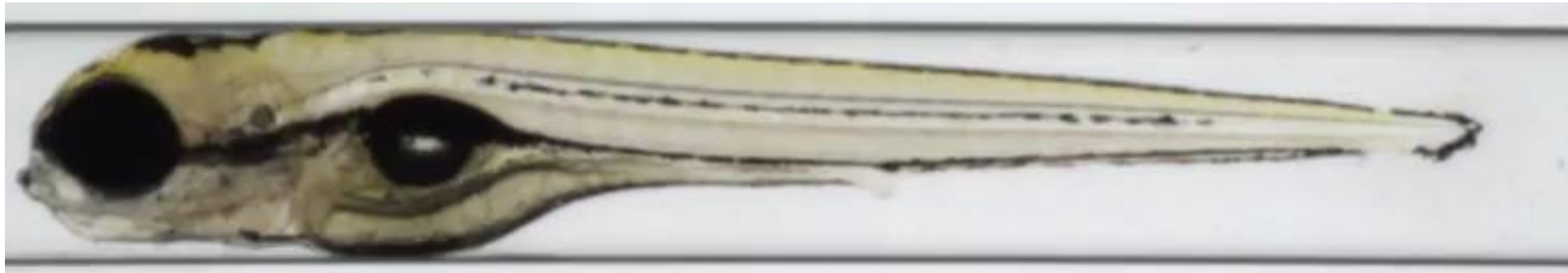
# Transgenic zebrafish can label oligodendrocytes



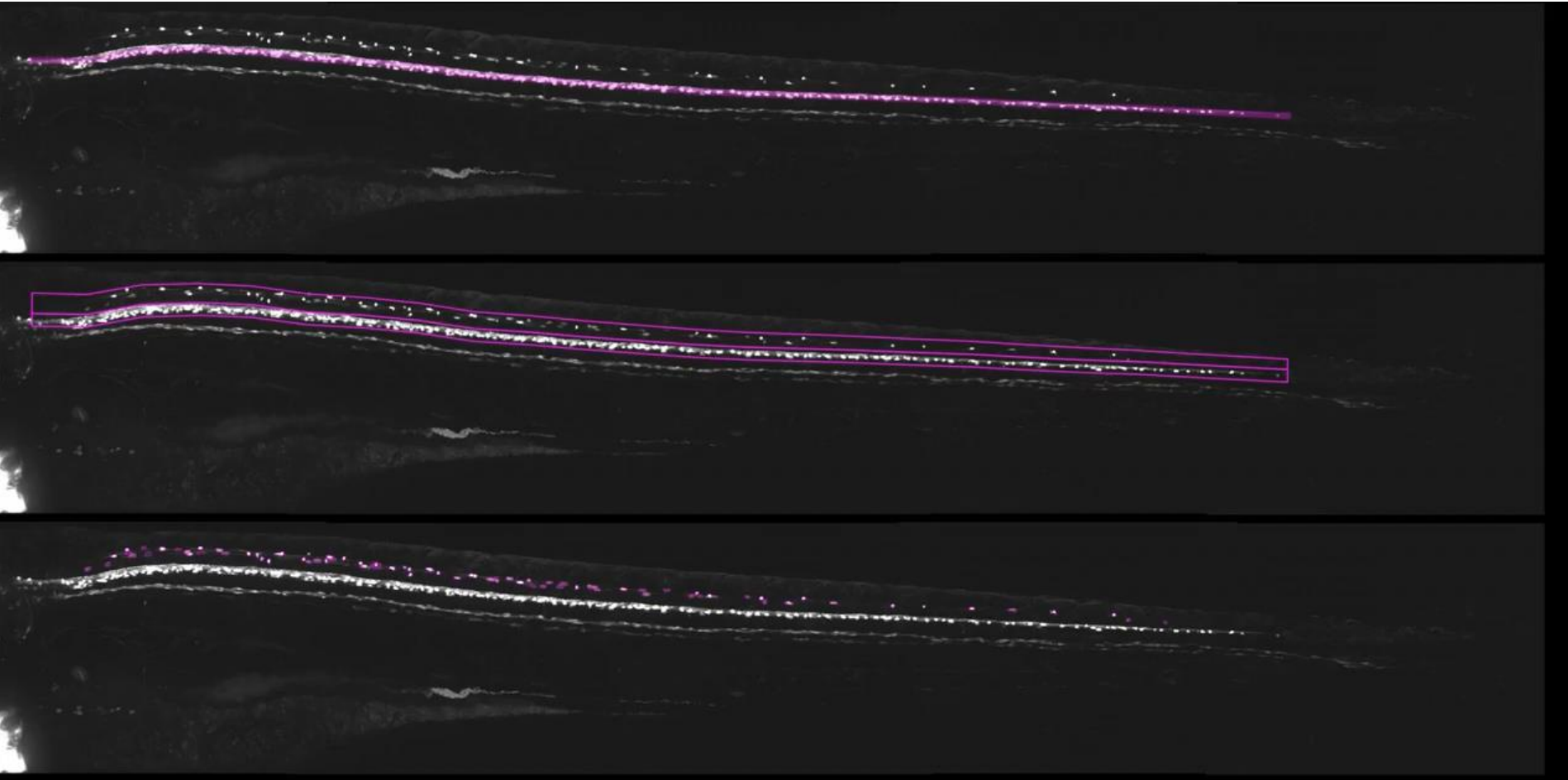
# Automated-imaging of transgenic zebrafish larvae



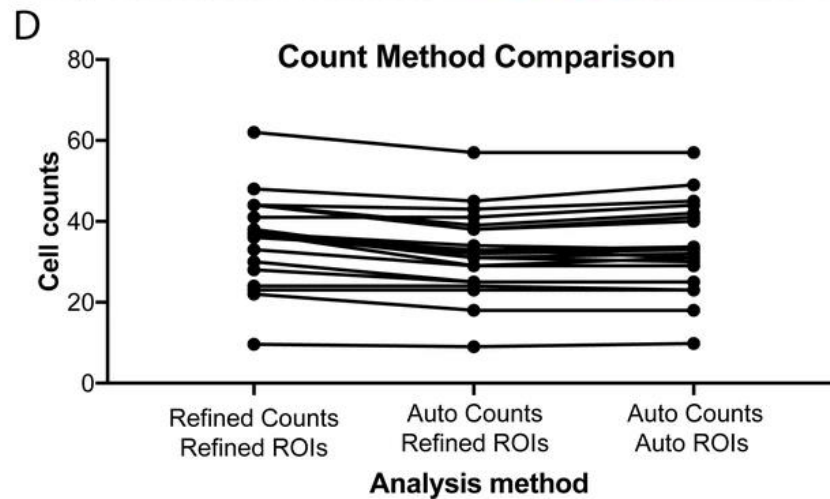
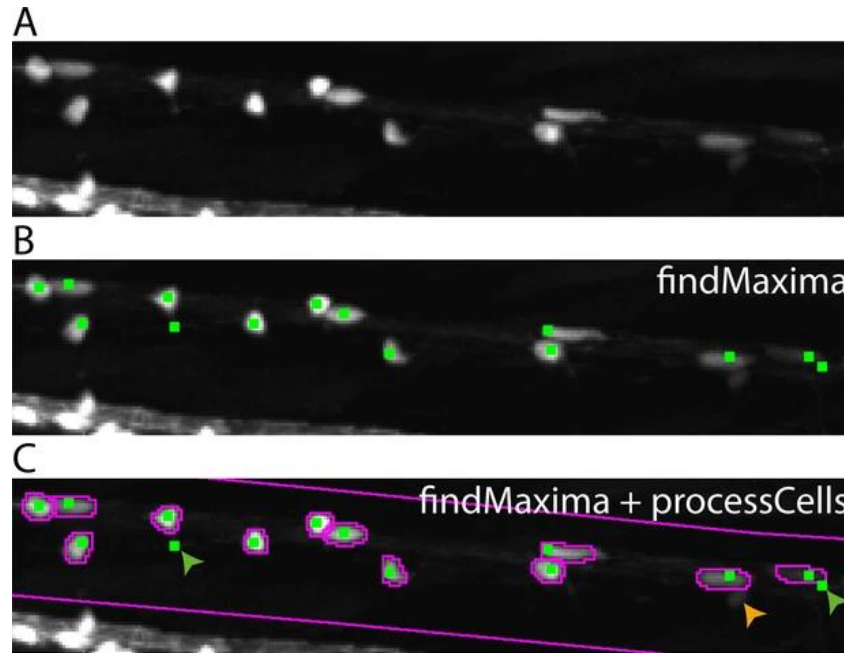
# Automated-imaging of transgenic zebrafish larvae



# Automated-image analysis to identify oligodendrocytes

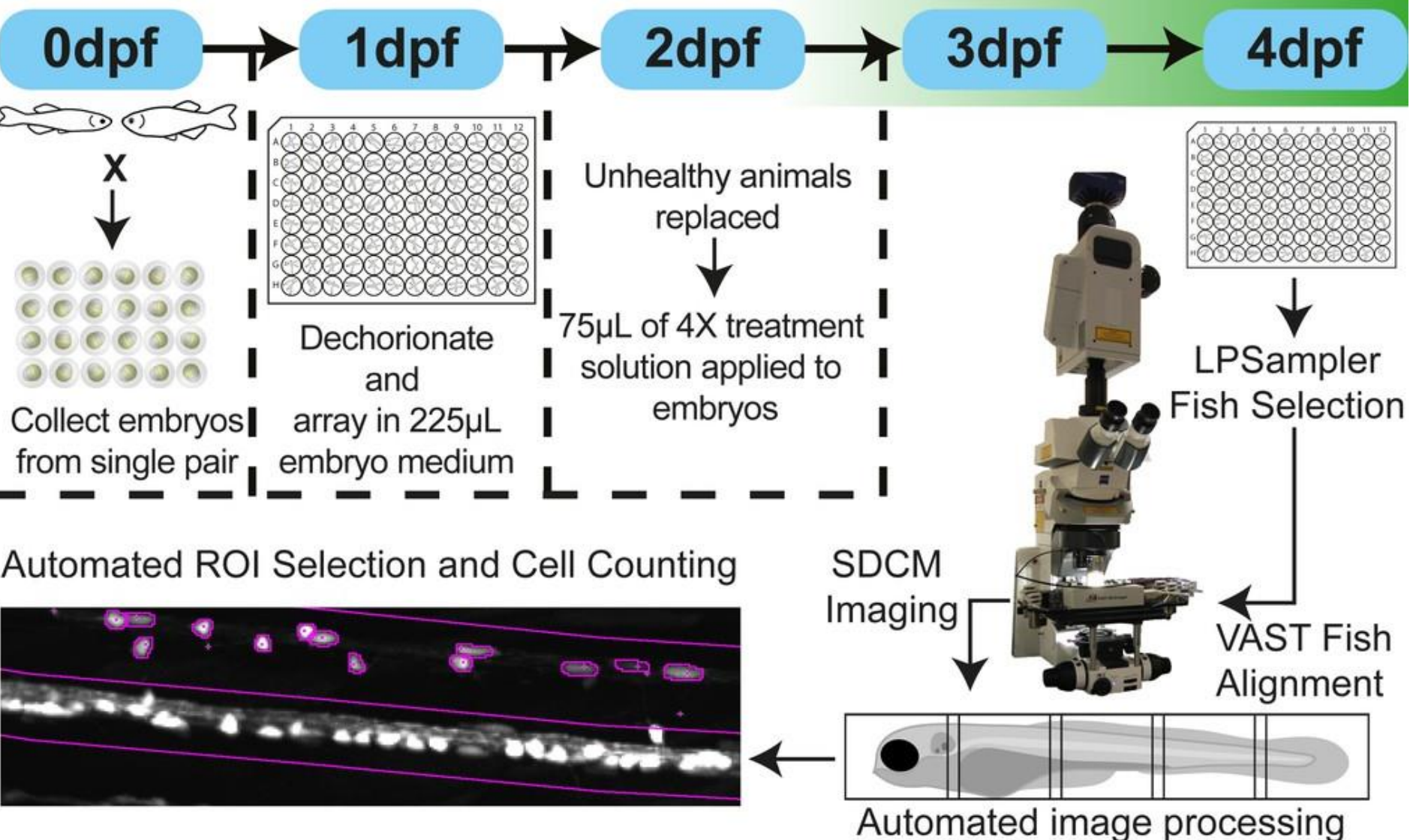


# Automated-image analysis to identify oligodendrocytes

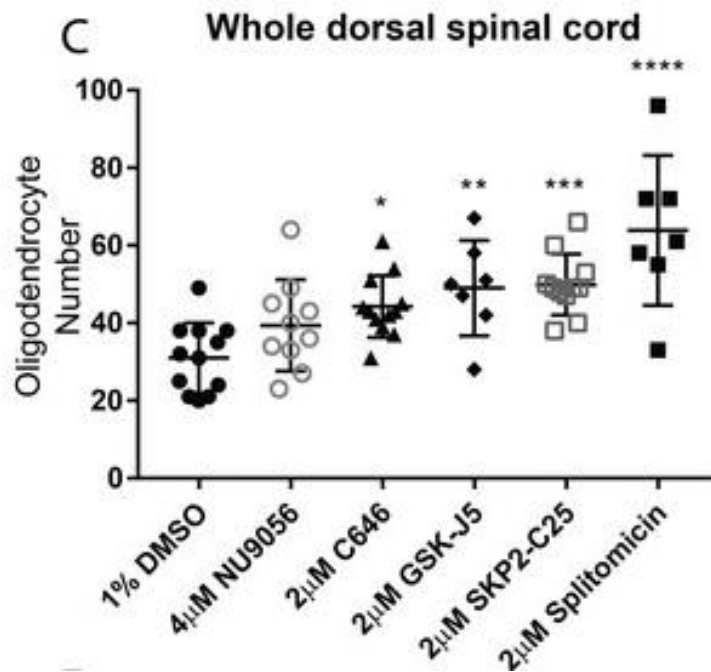
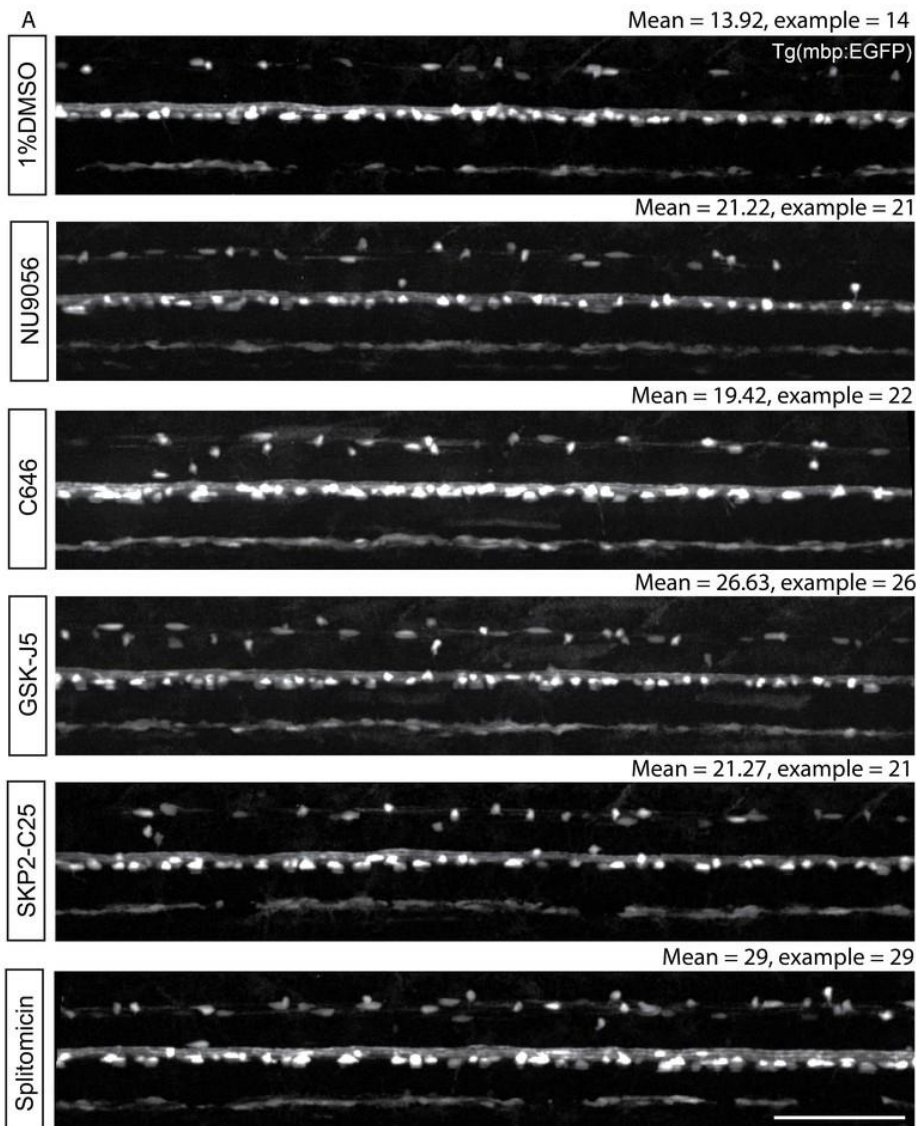




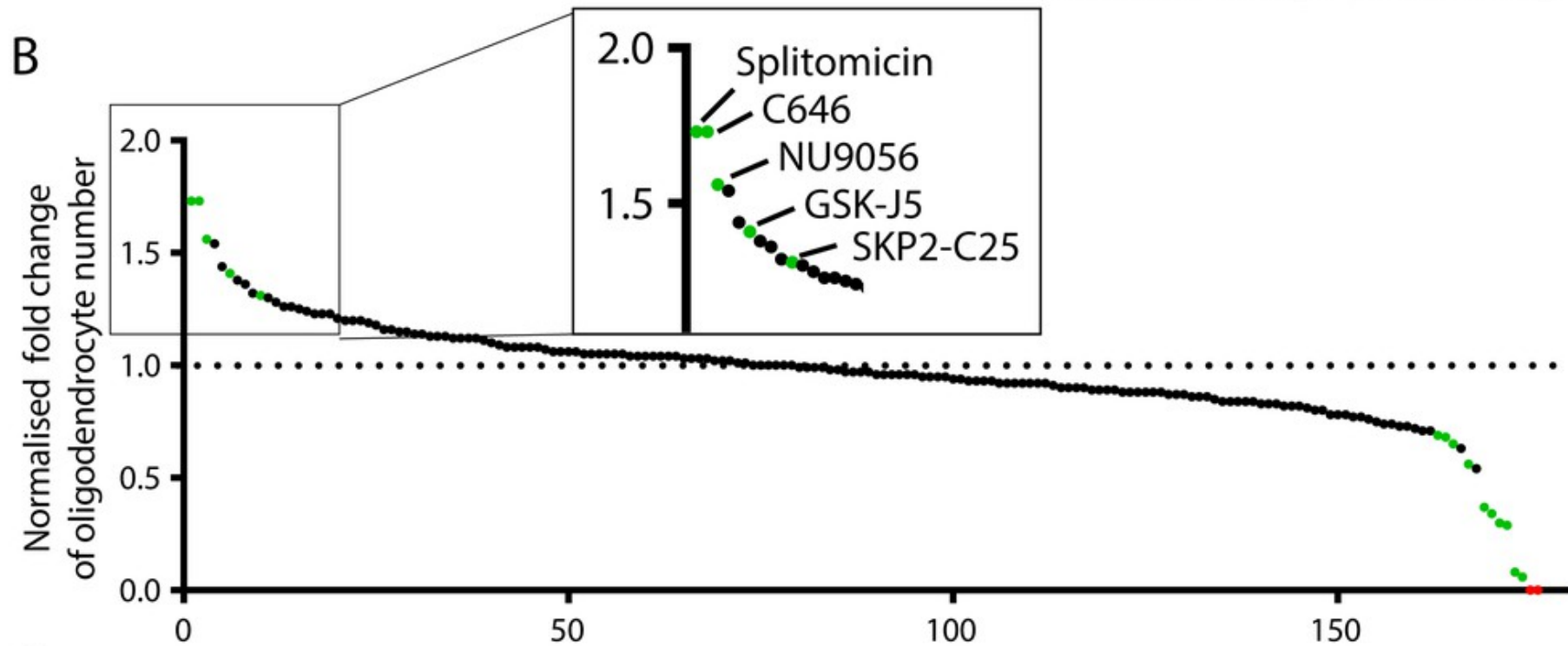
# Large scale chemical screen to identify oligodendrocyte regulators



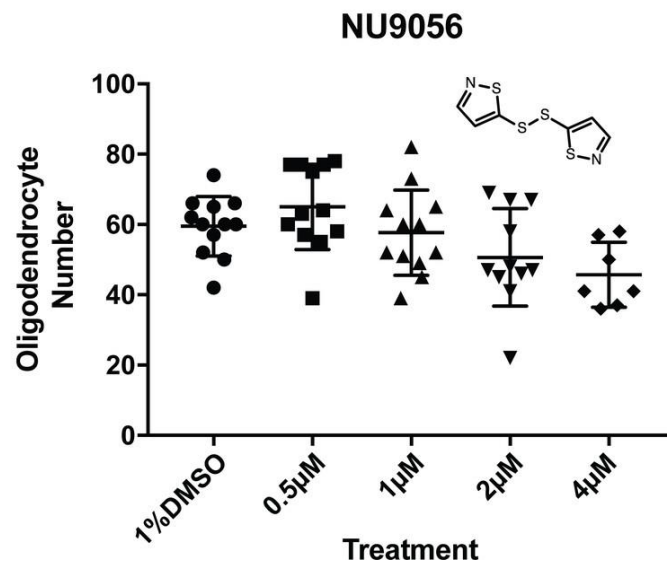
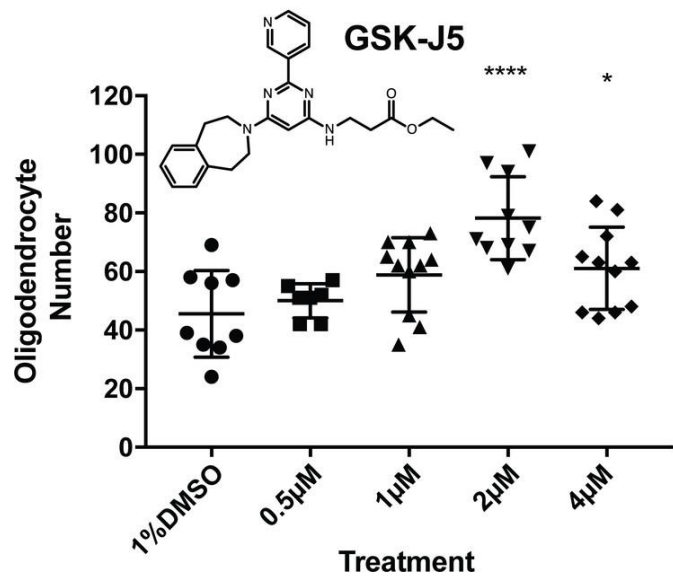
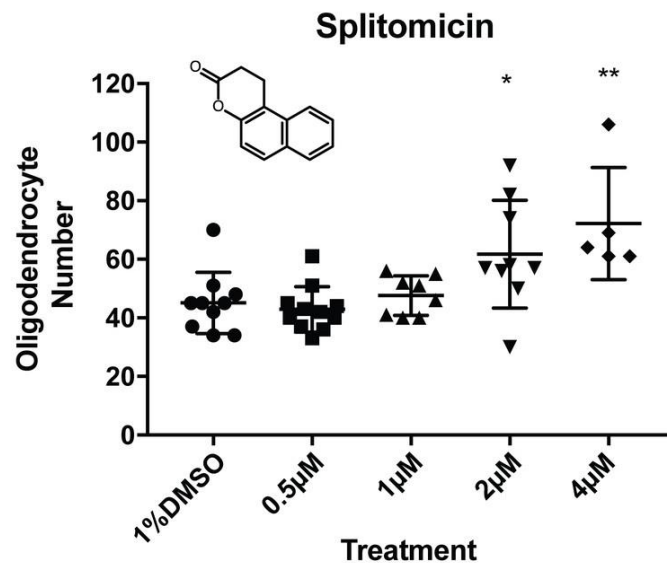
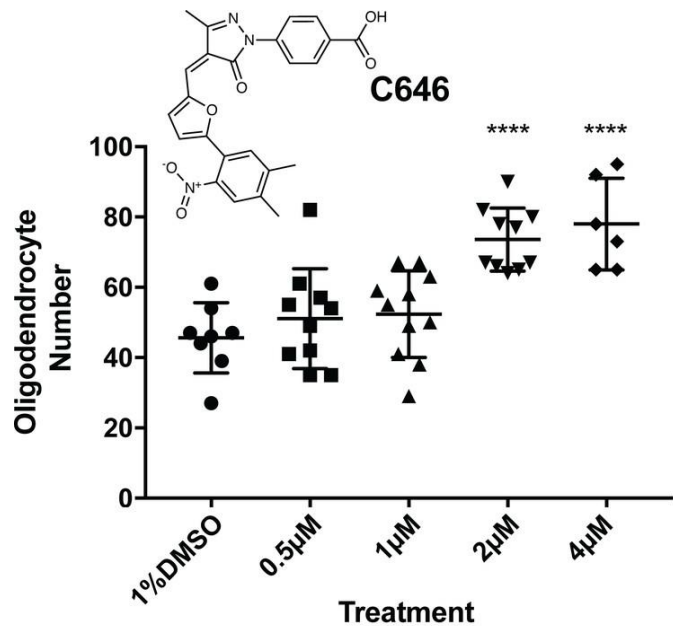
# Large scale chemical screen to identify oligodendrocyte regulators



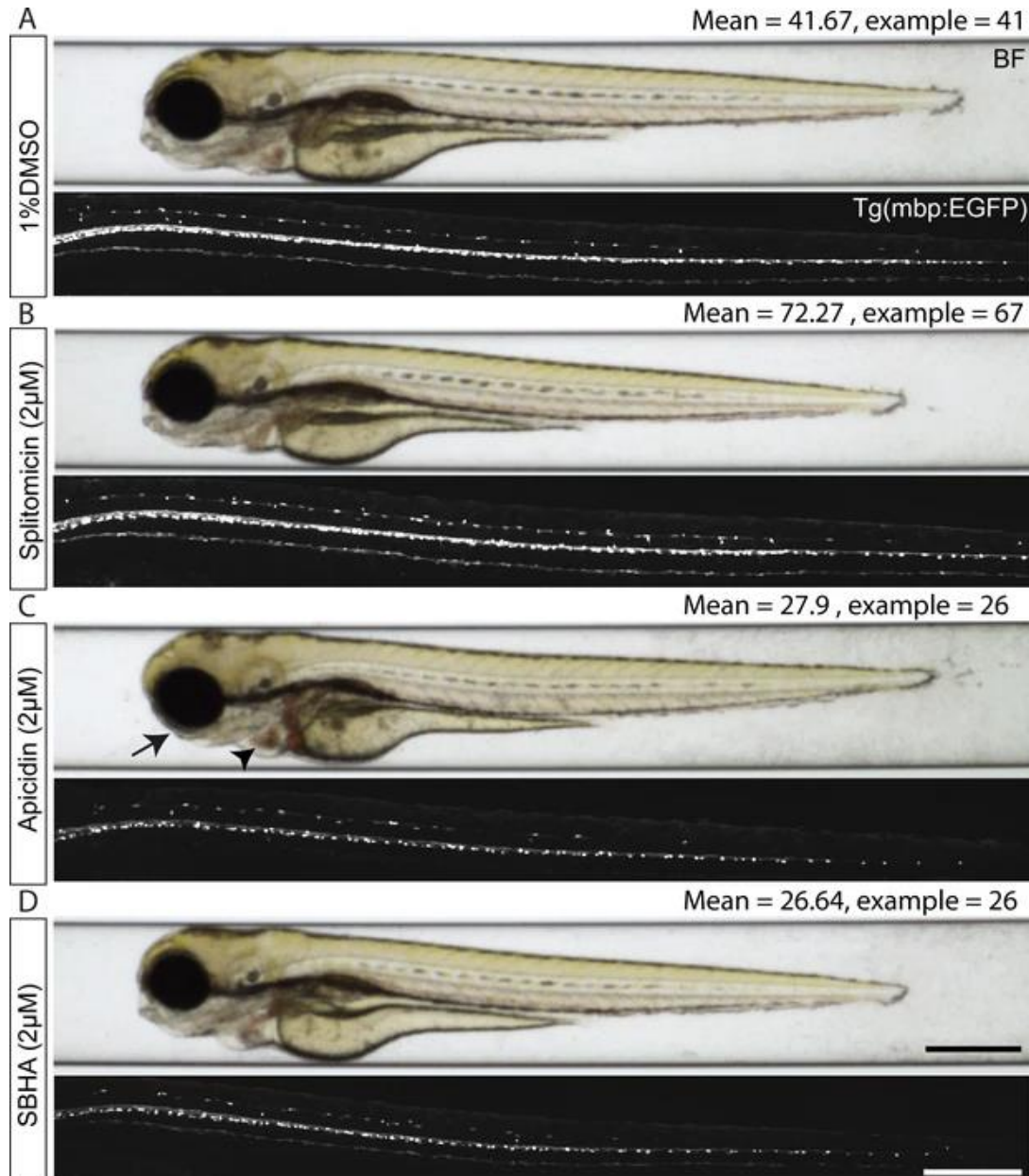
# Large scale chemical screen to identify oligodendrocyte regulators



# Optimization of drug concentrations



# Drug safety issues can be monitored



# Summary

- Transgenic zebrafish larvae can be used in phenotypic drug screening
- Novel compounds with therapeutic potential can be identified without prior knowledge of targets

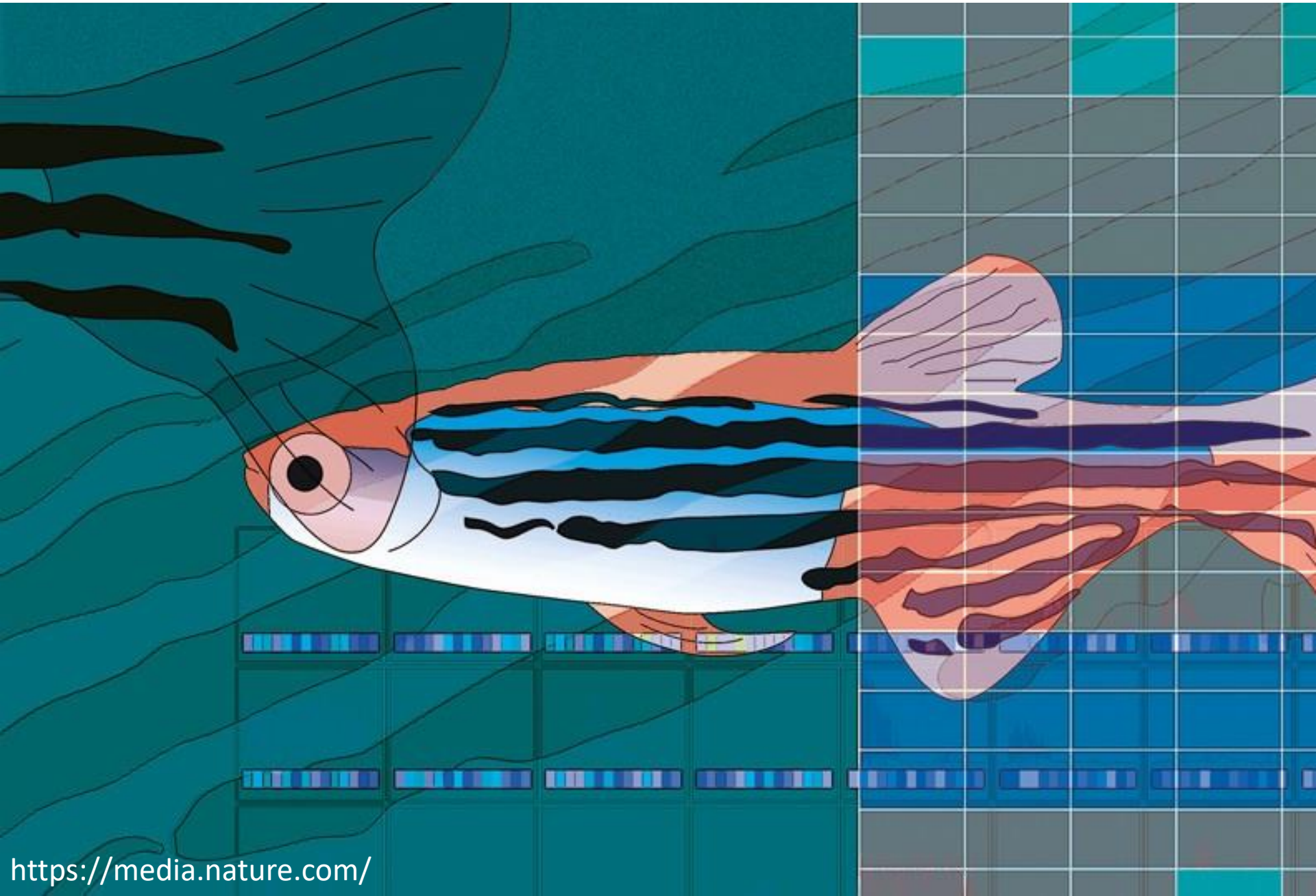
# Phenotypic drug discovery - Summary

- Animal models with robust phenotypes can be used in PDD.
- PDD allows unbiased selection of drug candidates without prior assumptions as to how the candidate will work.
- Target is identified at later stages

# **Target-based drug discovery case studies**



# Zebrafish model in Dravet syndrome



# Dravet syndrome – childhood epilepsy

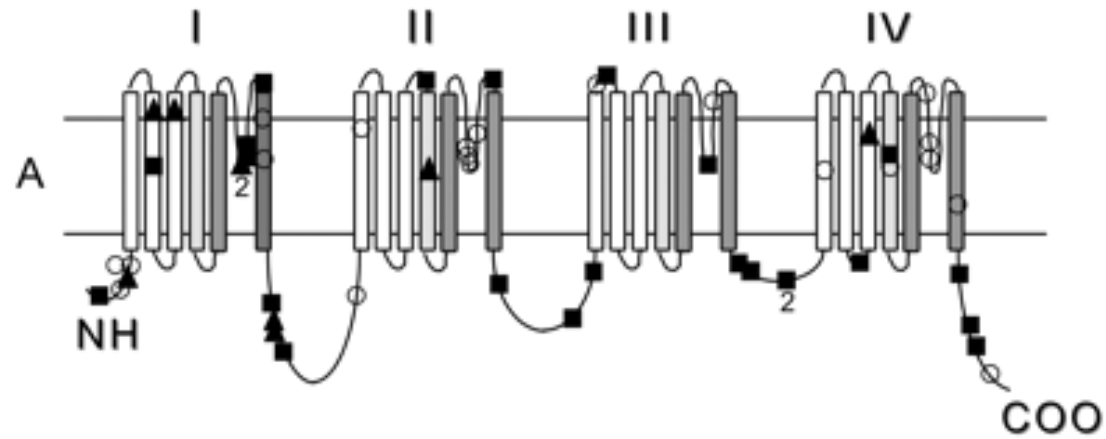
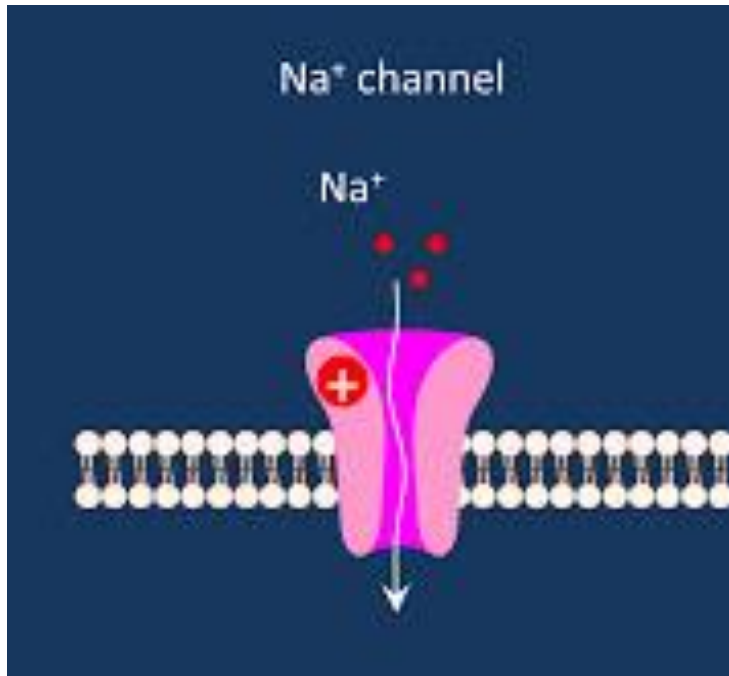


# Dravet syndrome – childhood epilepsy

- Dravet syndrome is a rare disorder of pediatric epilepsy
- 1:40000 live births (in UK)
- Seizures triggered by fever
- persistent drug-resistant seizures
- severe intellectual disability
- impaired social development
  
- FDA approved drugs:
  - 2018: Epidiolex (cannabadiol)
  - 2018: Stiripentol (in combination with valproate and clobazam)
  - 2020: Fenfluramine (associated with valvular heart disease and pulmonary arterial hypertension).

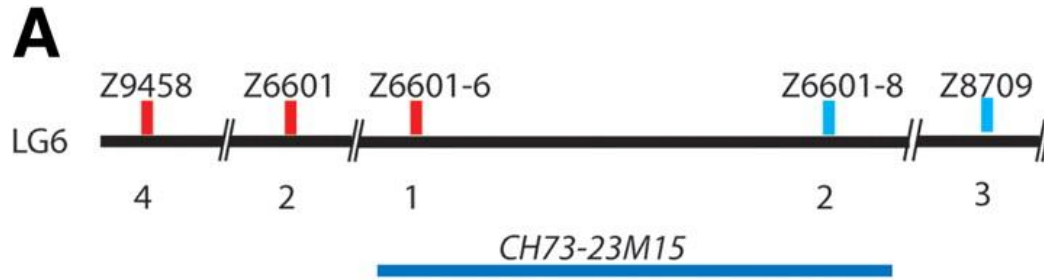
**There is a need for a better drug..**

# Dravet syndrome patients have mutations in *SCN1A* gene



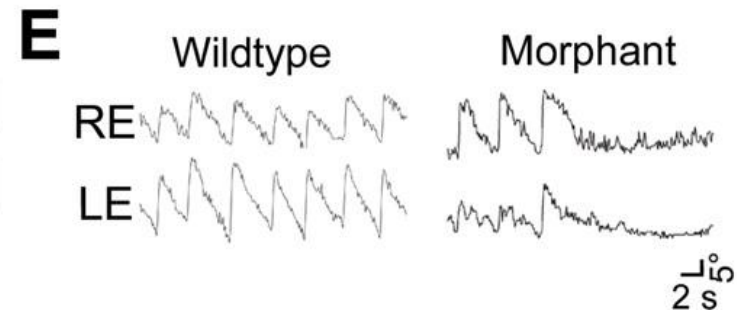
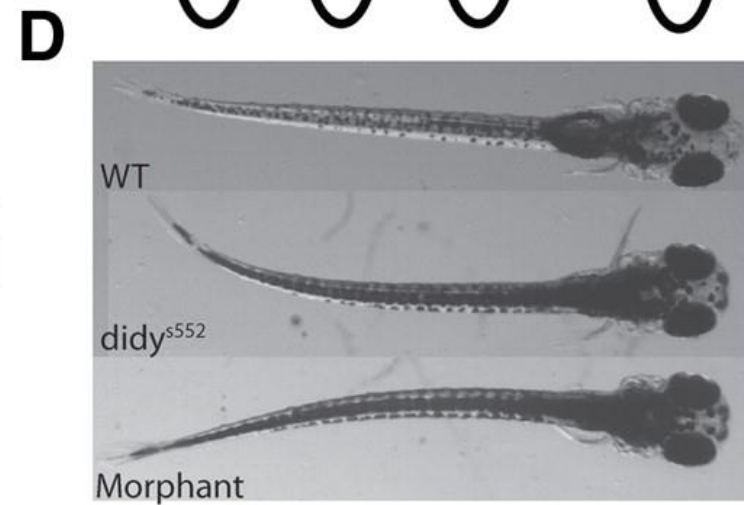
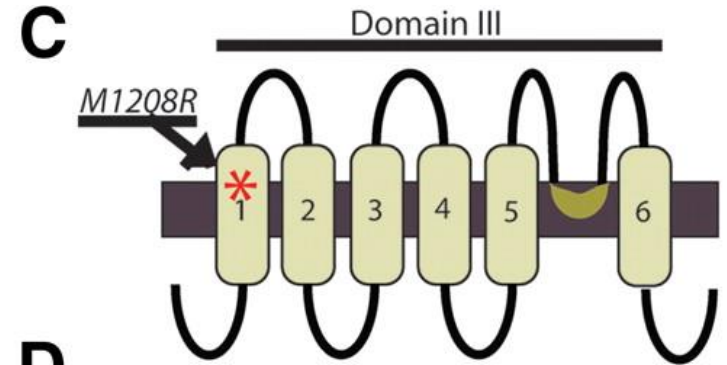
Voltage-gated sodium channel  $\alpha$ -subunits

# SCN1A is conserved in Zebrafish

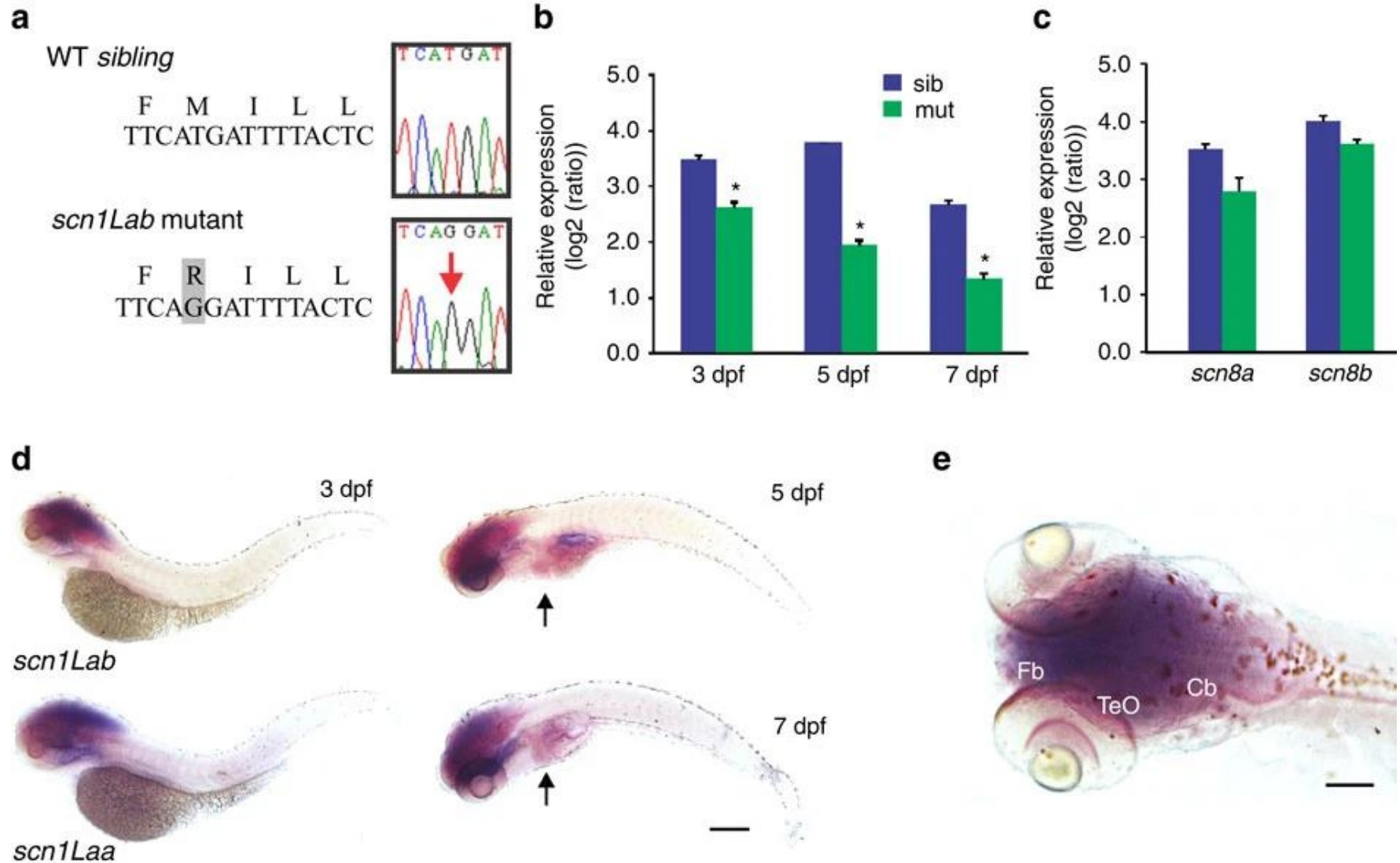


**B**

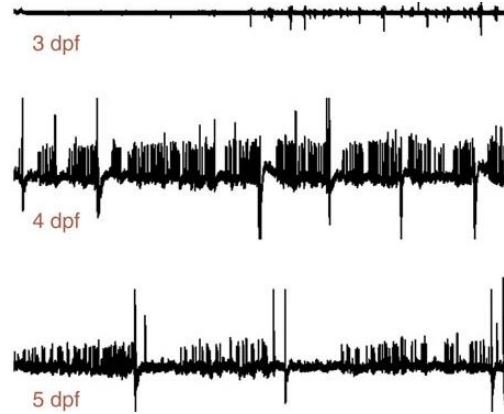
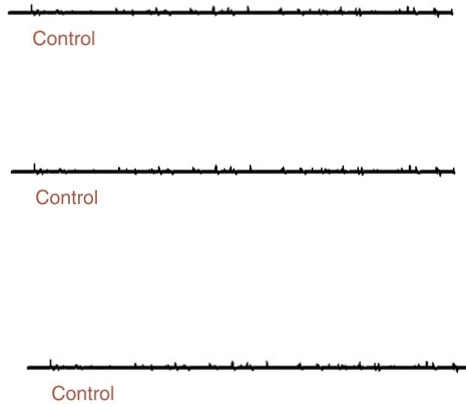
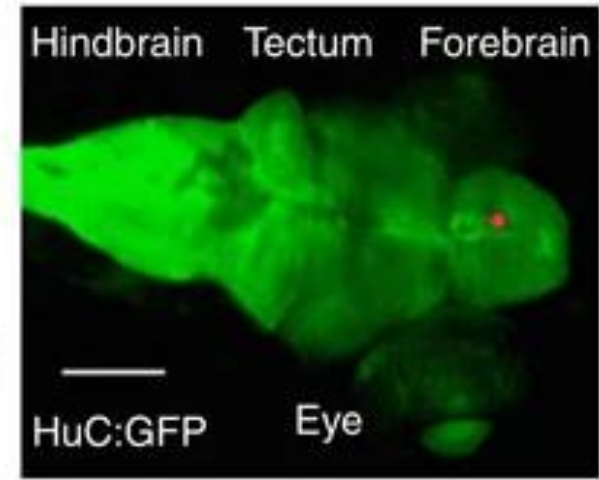
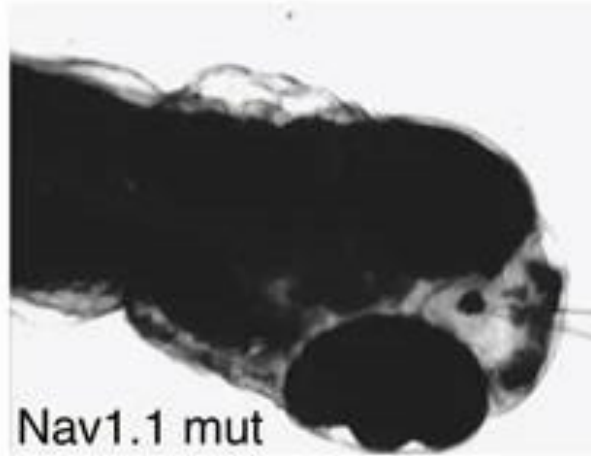
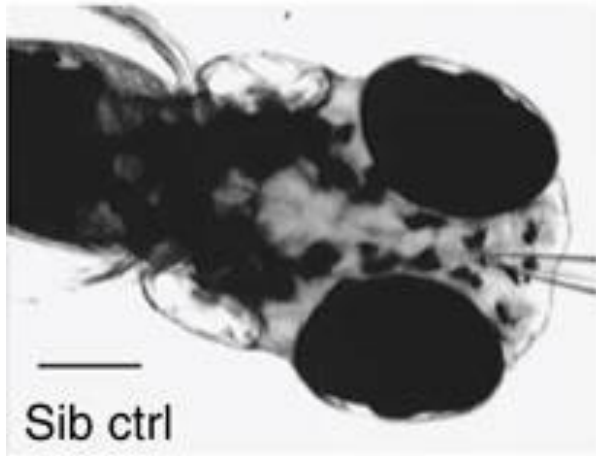
	(1327)	1327		1340		1350
<i>DrScn1lab</i>	(1200)	WFESFI	IIFMILLSSGALAFEDIYIEQRKTI			
<i>DrScn1laa</i>	(1168)	WFETII	IIFMILLSSGALAFEDVYIEQRKTI			
<i>DrScn5a</i>	(1149)	WFETFI	IIFMILLSSGALAFEDIYIDQRKVV			
<i>DrScn7a</i>	(1129)	WFETFI	IIFMILLSSGALAFEDIYIEQRKVV			
<i>DrScn4a</i>	(998)	YFETFI	IIFMILLSSGALAFEDINIERRVI			
<i>RnScn1a</i>	(1219)	WFETFI	IVFMILLSSGALAFEDIYIDQRKTI			
<i>RnScn2a</i>	(1209)	WFETFI	IVFMILLSSGALAFEDIYIEQRKTI			
<i>HsScn1a</i>	(1209)	WFETFI	IVFMILLSSGALAFEDIYIDQRKTI			
<i>HsScn2a</i>	(1209)	WFETFI	IVFMILLSSGALAFEDIYIEQRKTI			
<i>HsScn3a</i>	(1207)	WFETFI	IVFMILLSSGALAFEDIYIEQRKTI			
<i>HsScn4a</i>	(1032)	WFETFI	IVFMILLSSGALAFEDIYIEQRKTI			
<i>HsScn5a</i>	(1206)	WFETFI	IIFMILLSSGALAFEDIYLEERKTI			
<i>HsScn8a</i>	(1199)	WFETFI	IIFMILLSSGALAFEDIYIEQRKTI			
<i>HsScn9a</i>	(1182)	WFESFI	IVFMILLSSGALAFEDIYIERKTI			
<i>HsScn10a</i>	(1153)	WFESFI	IIFMILLSSGSLAFEDYYLDQKPTV			



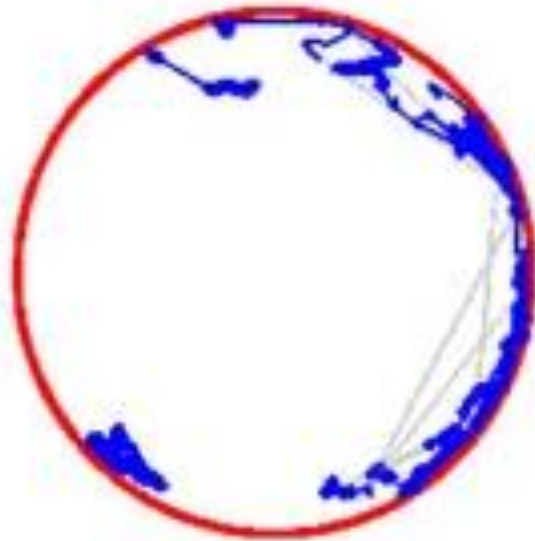
# SCN1A is conserved in Zebrafish



# *scn1a* mutant develop seizures



# ***scn1a* mutant swimming behaviour**



Sib ctrl



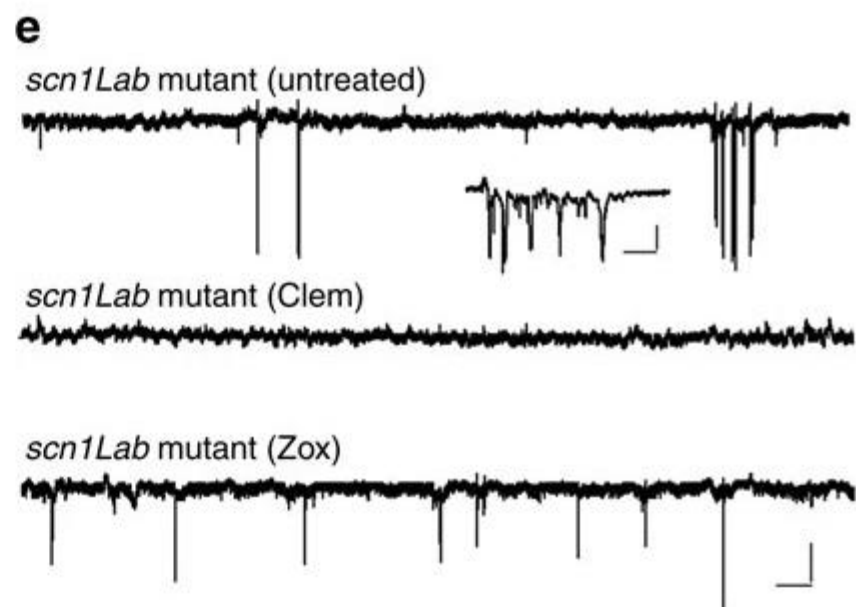
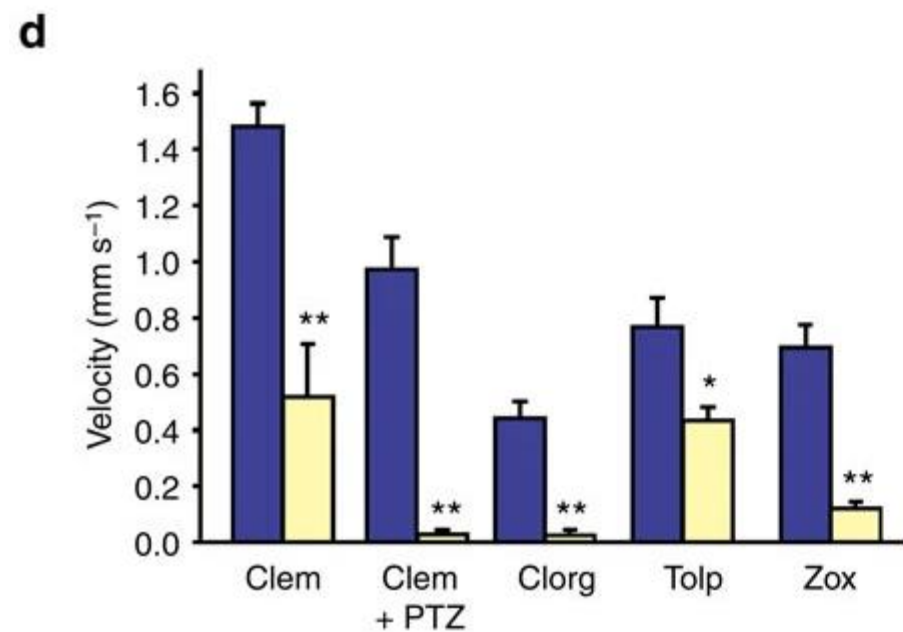
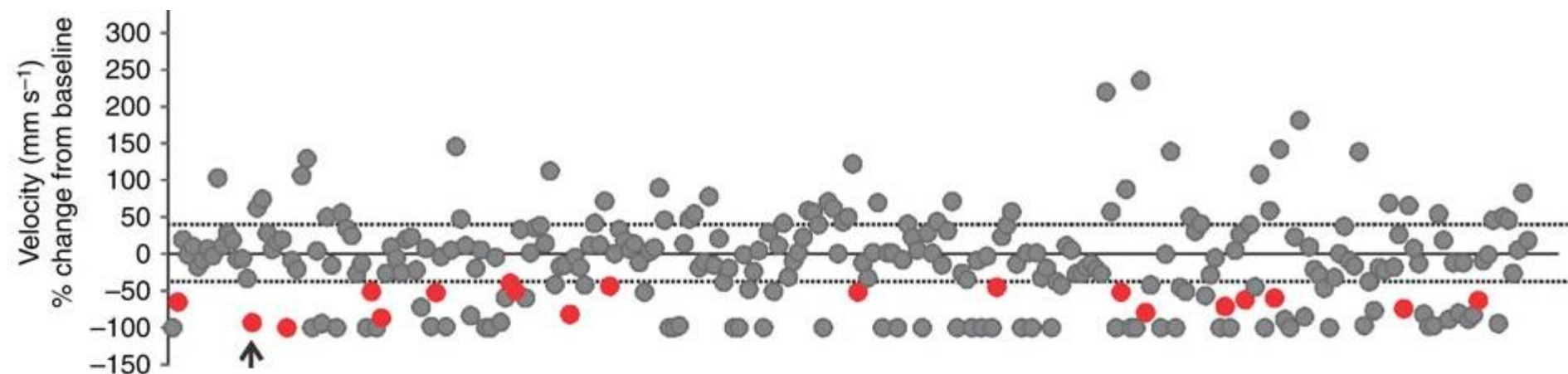
Nav1.1 mut

***scn1a* mutant larvae exhibit elevated swim activity**

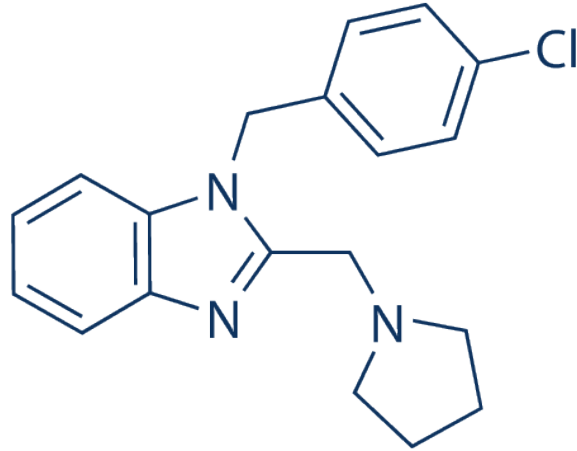
**To find a drug that can rescue swimming behaviour**



# Drug screen based on swimming behaviour

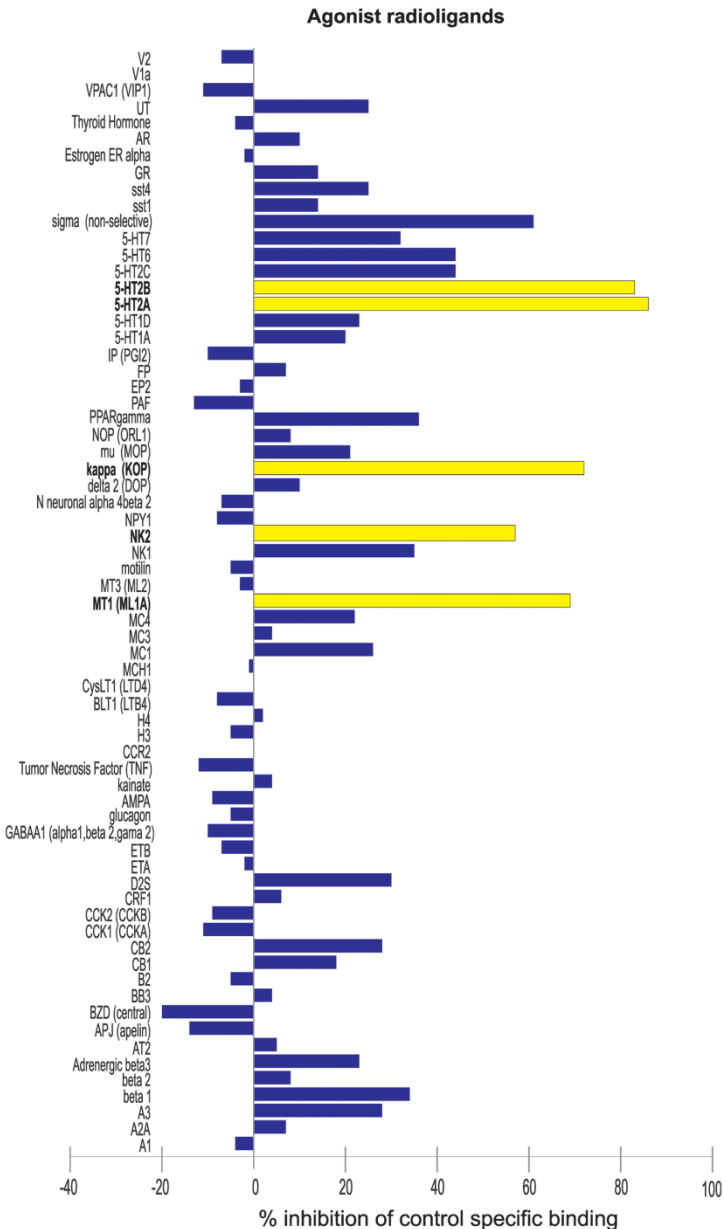


# Clemizole, a novel drug for Dravet syndrome?



- Clemizole is a histamine H<sub>1</sub>-receptor antagonist
- first developed in the 1950s to treat itching
- **BUT** antihistamines are known to aggravate paediatric epilepsies
- So how does Clemizole works?

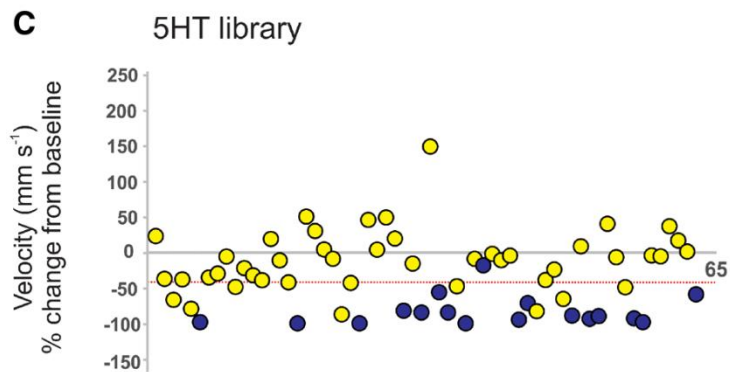
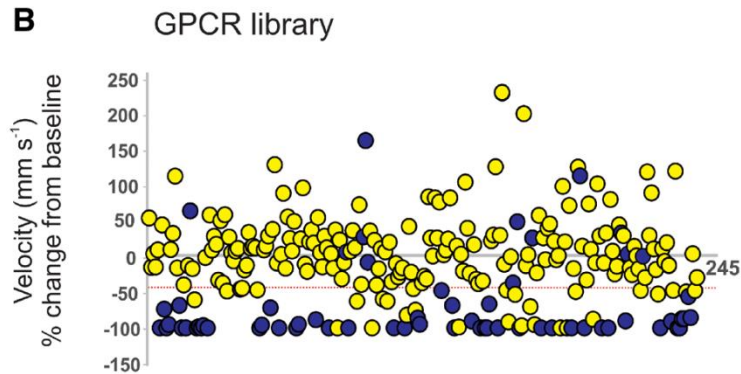
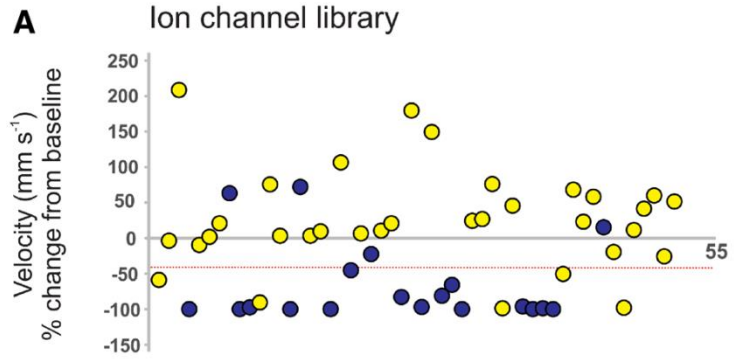
# What is Clemizole's target?



## Clemizole binding targets

- H1 receptor
- HTR2A
- HTR2B
- ion channel modulators and
- G-protein-coupled receptors (GPCRs).

# Novel drug targets for Dravet syndrome



Belviq<sup>®</sup> (lorcaserin) is an FDA-approved HTR2C agonist prescribed for chronic weight management.

Desyrel<sup>®</sup> (trazodone) is also an FDA-approved antidepressant commonly prescribed for sleep disorders.

# Novel drug targets for Dravet syndrome

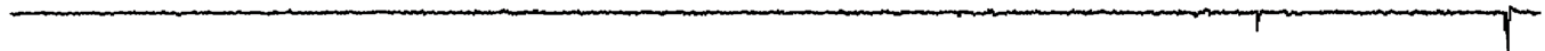
C

lorcaserin



10 mV  
15 s

trazodone



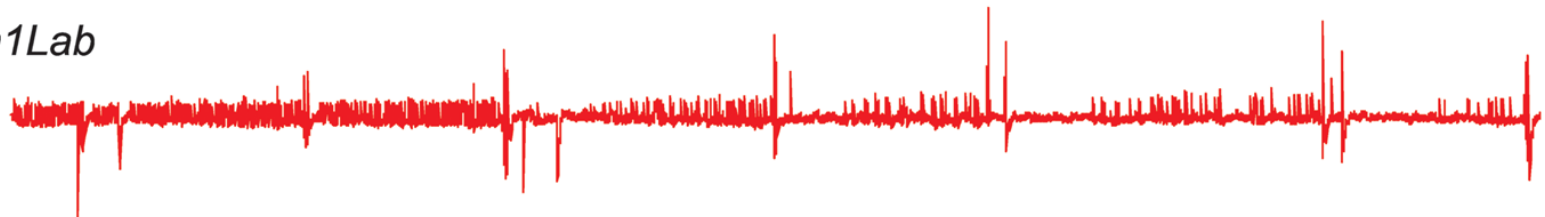
MK-801



TCB-2




*scn1Lab*



# Lorcaserin is currently in Phase 3 clinical trial

## A Study of Lorcaserin as Adjunctive Treatment in Participants With Dravet Syndrome (MOMENTUM 1)

ClinicalTrials.gov Identifier: NCT04572243

The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has  been evaluated by the U.S. Federal Government. [Know the risks and potential benefits](#) of clinical studies and talk to your health care provider before participating. Read our [disclaimer](#) for details.

[Recruitment Status](#) ⓘ : Recruiting

[First Posted](#) ⓘ : October 1, 2020

[Last Update Posted](#) ⓘ : December 17, 2020

See [Contacts and Locations](#)

### Sponsor:

Eisai Inc.

### Information provided by (Responsible Party):

Eisai Inc.

[Study Details](#)

[Tabular View](#)

[No Results Posted](#)

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[? How to Read a Study Record](#)

## Study Description

Go to

### Brief Summary:

The primary purpose of the study is to demonstrate that lorcaserin has superior efficacy compared to placebo on percent change in frequency of convulsive seizures per 28 days in participants with Dravet syndrome.

<a href="#">Condition or disease</a> ⓘ	<a href="#">Intervention/treatment</a> ⓘ	<a href="#">Phase</a> ⓘ
<b>Epilepsies</b> , Myoclonic	Drug: Placebo Drug: Lorcaserin	Phase 3

# Summary

- Zebrafish models enable rapid drug screening and discovery
- Modulation of serotonergic signalling as a potent suppressor of seizure activity in Dravet Syndrome
- Animal model provide a rapid path from preclinical discovery in zebrafish to potential clinical treatments for Dravet syndrome

# Spinal Muscular Atrophy (SMA)

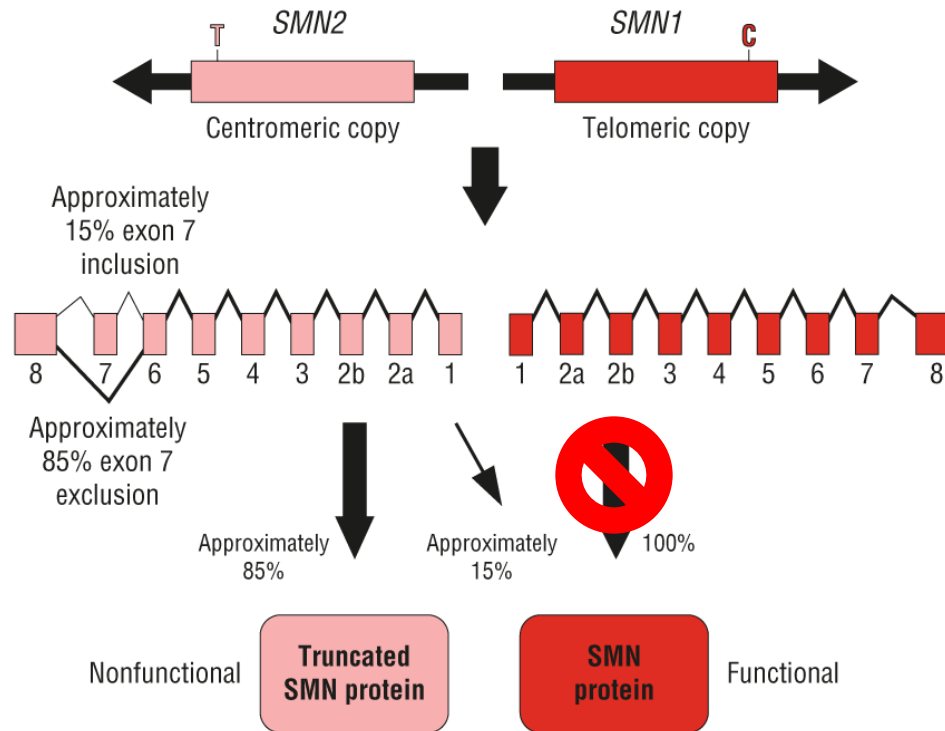




# Spinal Muscular Atrophy (SMA)

- group of neuromuscular hereditary diseases
- autosomal recessive disease
- 1 in 10,000 live births
- Progressive loss of motor neurons
  - Motor neurons control skeletal muscle activity such as speaking, walking, breathing, and swallowing.
  - The loss of motor neurons causes progressive muscle weakness and loss of movement due to muscle wasting (atrophy).

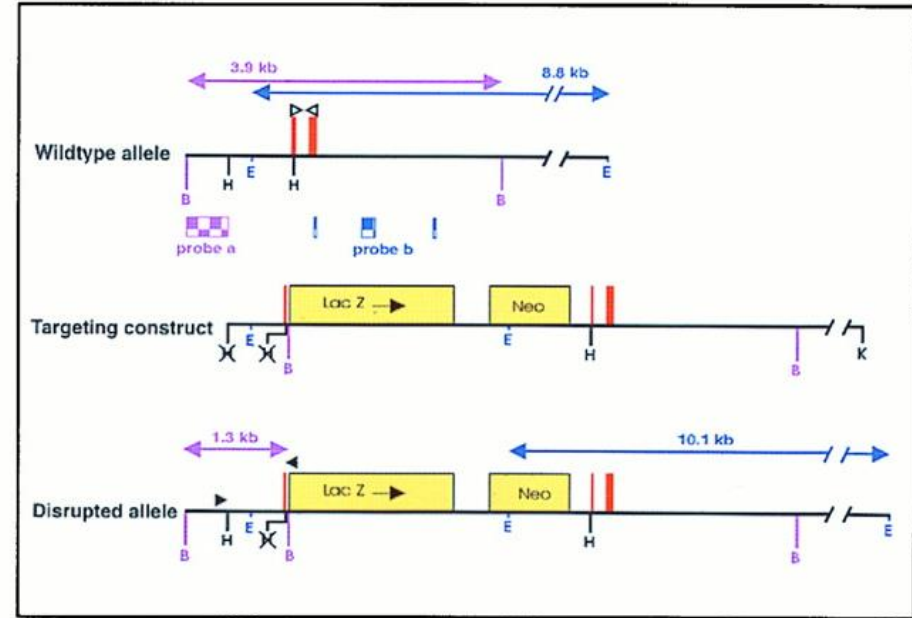
# Genetics of SMA



- SMA patients have mutations in Survival Motor Neuron 1 (*SMN1*) gene and lack SMN1 protein
- SMN is essential for spliceosomal snRNP biogenesis
- *SMN2* gene encode majorly a truncated SMN protein due to alternative splicing

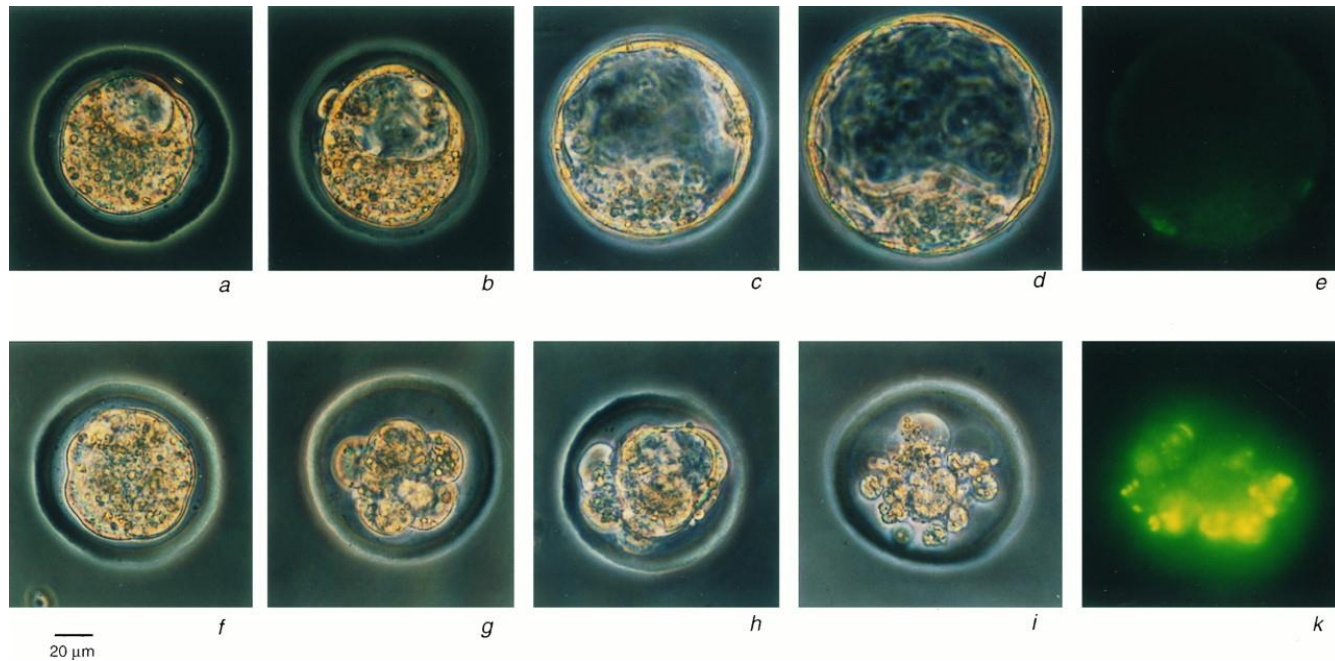
# Mice model of SMA?

hu	MAMs <sub>9</sub> GSGGGVPEQEDSVLFRRGTGQSDSDIWDOTALIKAYDKAVASFKHALKNGDIC	60
mo	MAM--GSGGAGSEQEDTVLFRRGTGQSDSDIWDOTALIKAYDKAVASFKHALKNGDIC	57
hu	ETSGKPKTTPKRKPAKKNKSQKKNTAASLQQWKVGDKCSAIWSEGGCIYPATIASIDFKR	120
mo	ETPDKPKGTARRKPAKKNKSQKKNATTPKQWKVGDKCSAVWSEGGCIYPATITSIDFKR	117
hu	ETCVVYVTGYGNREEQNLSDLLSPICEVANNIEQNAQENenESQVSTDESENSRSPGNKS	180
mo	ETCVVYVTGYGNREEQNLSDLLSPTCEVANSTEQNTQEN--ESQVSTDDSEHSSRSLRSK	175
hu	DNIKPKSAPWNSFLPPPPMPGPRLLGPGKPKLKFNGPPPPPPPHLLSCWLPFPSPGP	240
mo	AHSKSKAAPWTSFLPPPPMPGSGLGGPKPKLKFNGPPPPPLPPPFPCWMPFPSPGP	235
hu	PIIPPPPICPDSLDDADALGSMLISWYMSGYHTGYMGRQNKKEGRCSSH1n	294
mo	PIIPPPPISPDCLDDTDALGSMLISWYMSGYHTGYMGRQNKKEGRCSSH1n-	288



- Mice has only one *SMN* gene
- What about *SMN* knockout mice?
- Does it develop SMA?

# Mice model of SMA



- *SMN*<sup>-/-</sup> embryos cannot transition to the blastocyst stage
- Mice *SMN*<sup>-/-</sup> are embryonic lethal
- So, how to make a SMA mice model?

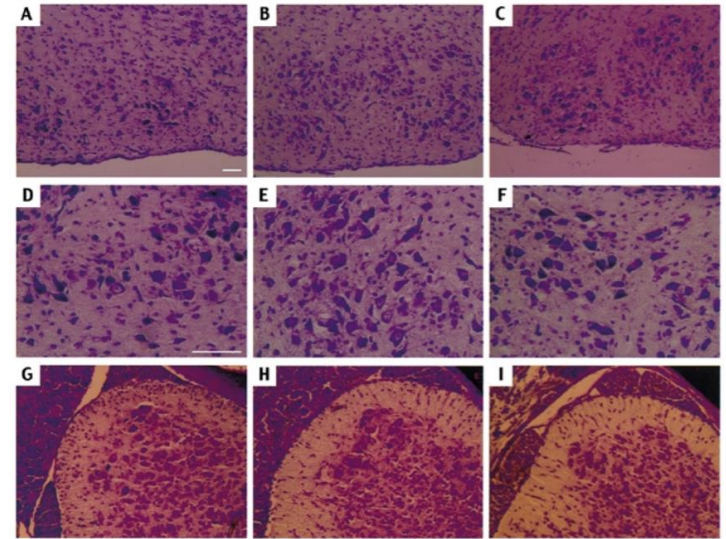
# SMN2 in SMA?

Type	Age at Onset	Highest Function	Natural Age at Death	SMN2 No.
0	Prenatal	Respiratory support	<1 mo	1
1	0-6 mo	Never sit	<2 y	2
2	<18 mo	Never stand	>2 y	3, 4
3	>18 mo	Stand alone	Adult	
3a	18 mo-3 y	Stand alone	Adult	3, 4
3b	>3 y	Stand alone	Adult	4
4	>21 y	Stand alone	Adult	4-8

**SMA patients with *SMN1* mutations and  
with higher copies of *SMN2* can survive relatively longer**



# Mice model of SMA

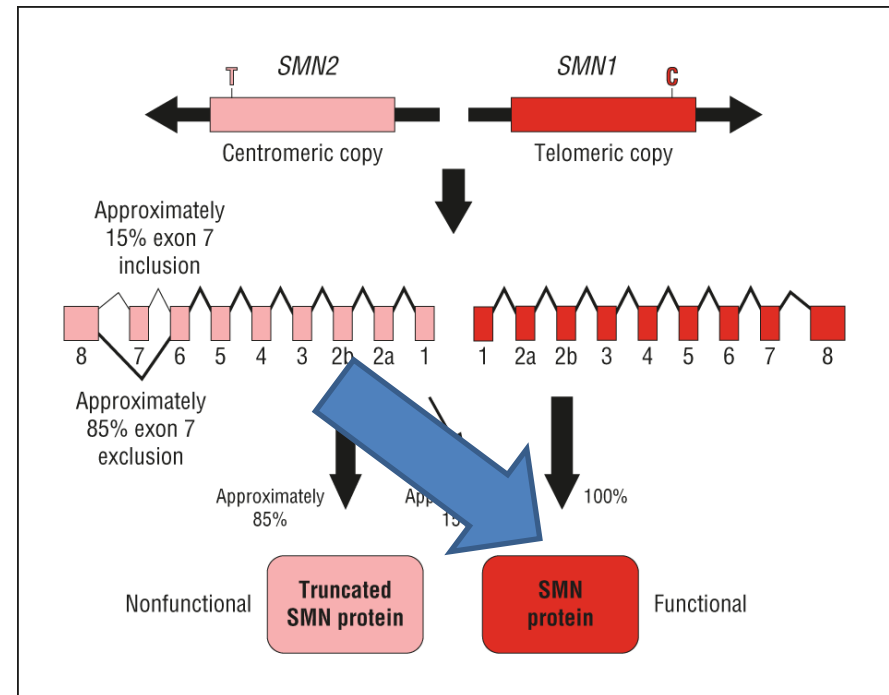
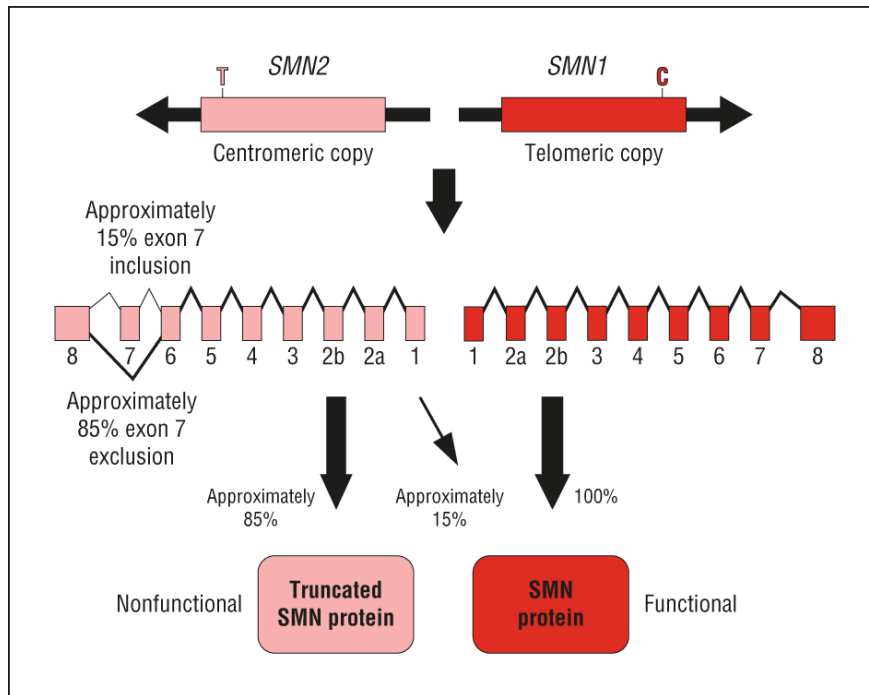


	Low copy <i>Smn</i> <sup>-/-</sup> ; <i>SMN2</i>	High copy <i>Smn</i> <sup>-/-</sup> ; <i>SMN2</i>	<i>Smn</i> <sup>+/+</sup> ; <i>SMN2</i>
Facial motor neurons			
P1	3936 ± 95 (n = 5)	4002 ± 641 (n = 2)	4105 ± 390 (n = 3)
P3-5	1709 ± 189 (n = 4)	2617 ± 173 (n = 4)	2981 ± 152 (n = 4)
Spinal motor neurons			
P1	1876 ± 143 (n = 6)	2186 ± 83 (n = 2)	2299 ± 290 (n = 2)
P3-5	1113 ± 36 (n = 4)	1614 ± 85 (n = 4)	1740 ± 123 (n = 3)

- *SMN* <sup>-/-</sup> with low copy h*SMN2* die at P4-6
- *SMN* <sup>-/-</sup> with high copy h*SMN2*
  - survive to adulthood
  - Do not show loss of motor neurons

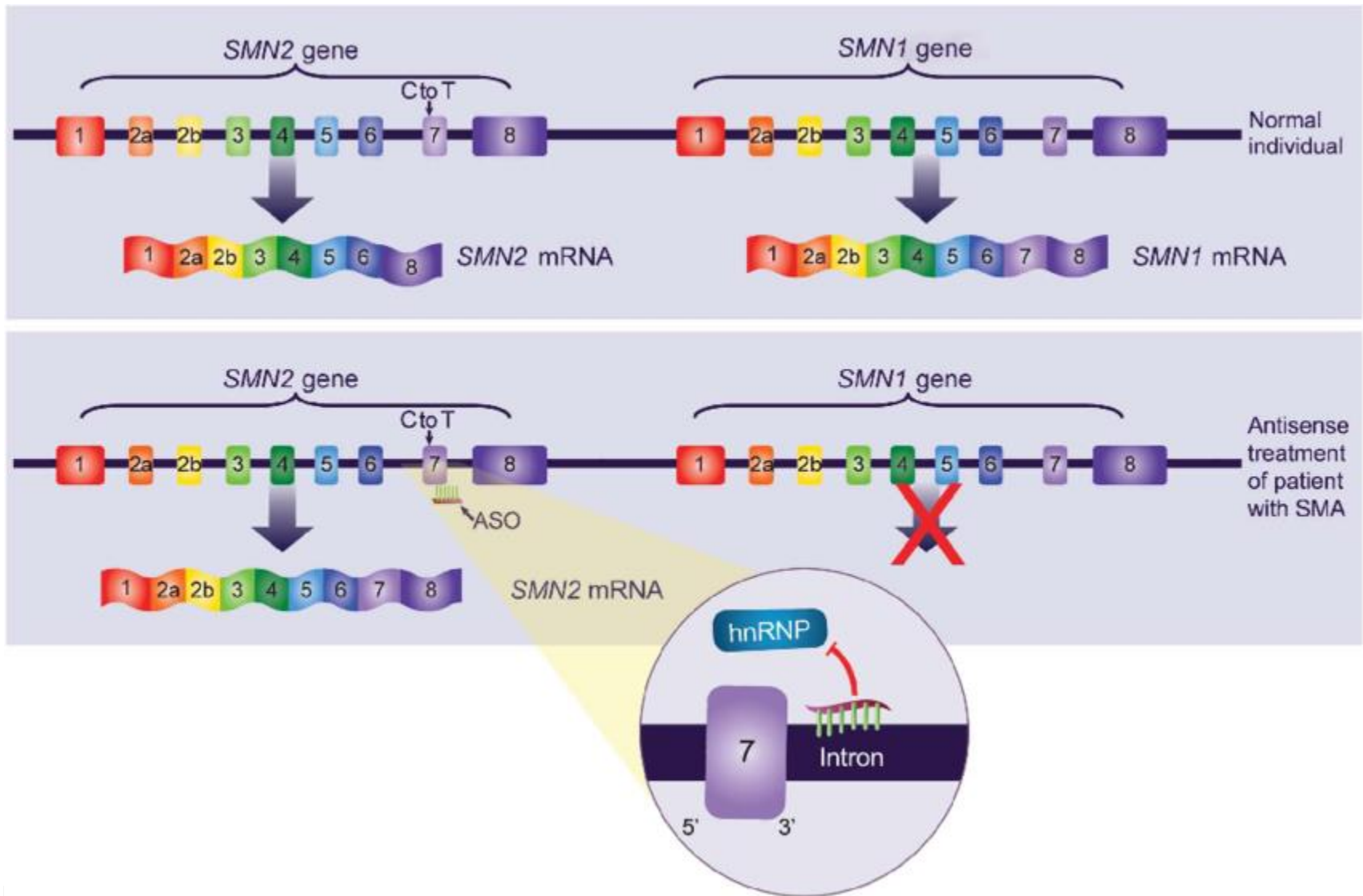
# Mice model of Spinal Muscular Atrophy (SMA)

- But *SMN2* majorly encodes a truncated protein due to alternate splicing
- So how to make *SMN2* gene transcripts to be translated to full-length protein?

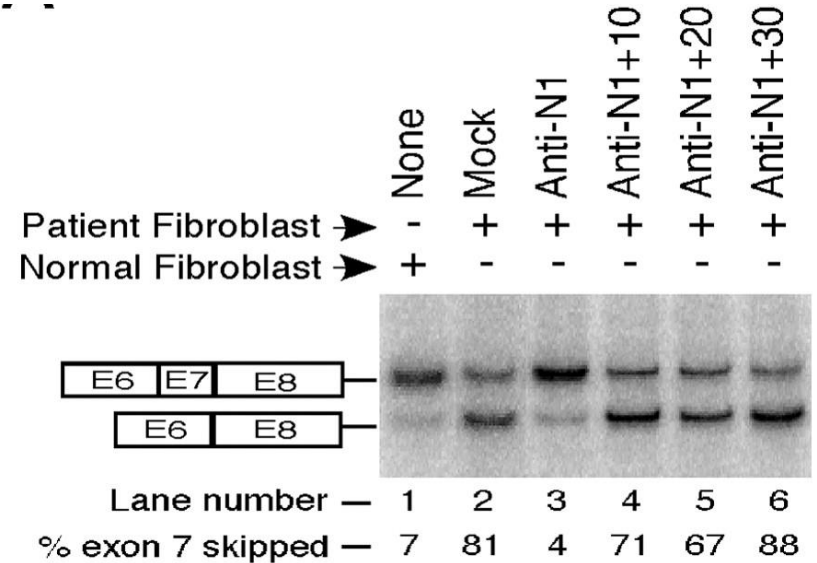
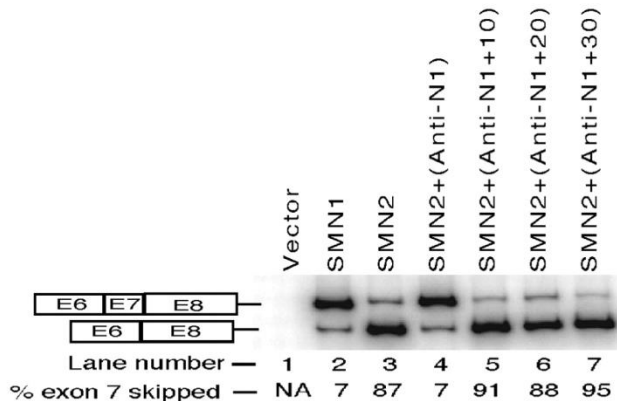
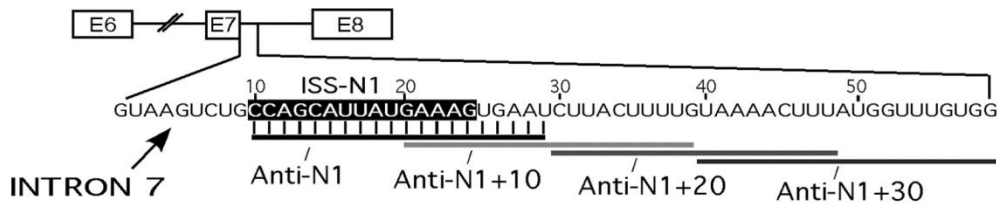




# Can antisense oligonucleotides induce *SMN2* exon 7 inclusion?

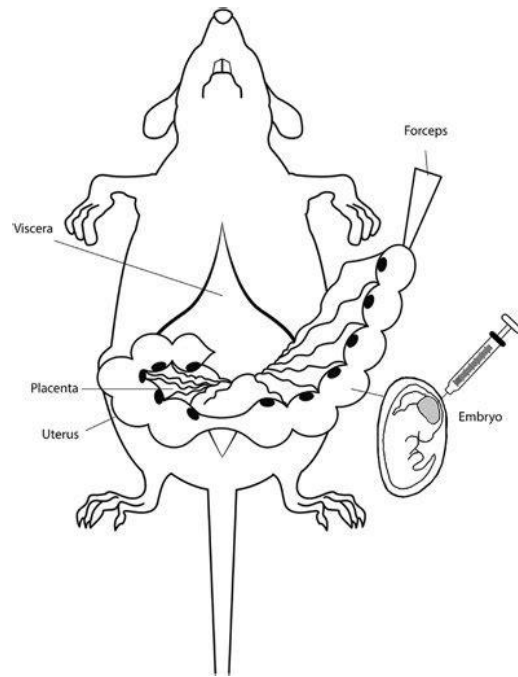


# Antisense oligonucleotides in SMN2 splicing



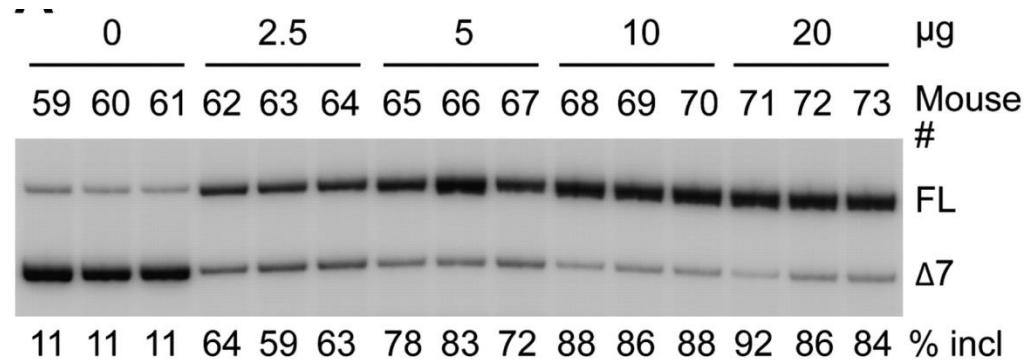
- Antisense oligonucleotides targeting *SMN2* intron 7 splicing silencer N1 (ISS-N1) can promote exon 7 inclusion
- Can this approach work in mice model of SMA?

# Antisense oligonucleotides in SMN2 splicing

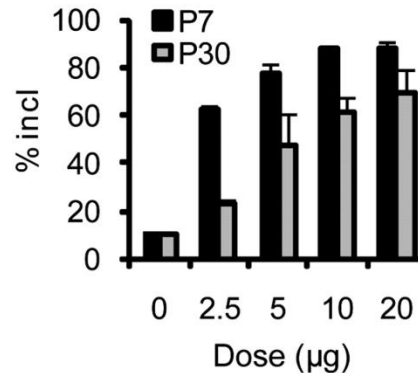


intracerebroventricular  
injection of ASO in embryonic  
day 15 (E15) of *SMN*<sup>-/-</sup> ;  
*hSMN2*

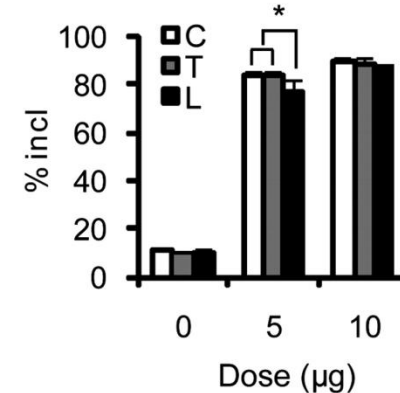
RT-PCR of lumbar spinal cord samples



**B**

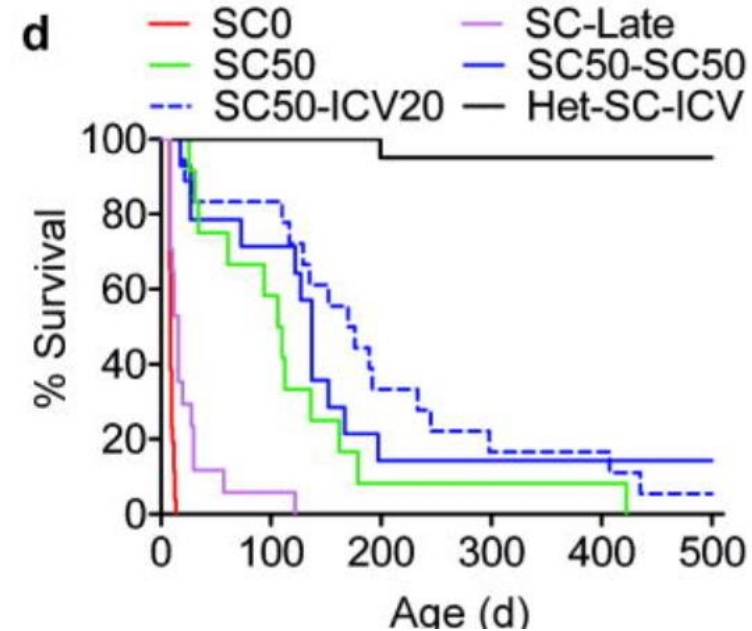
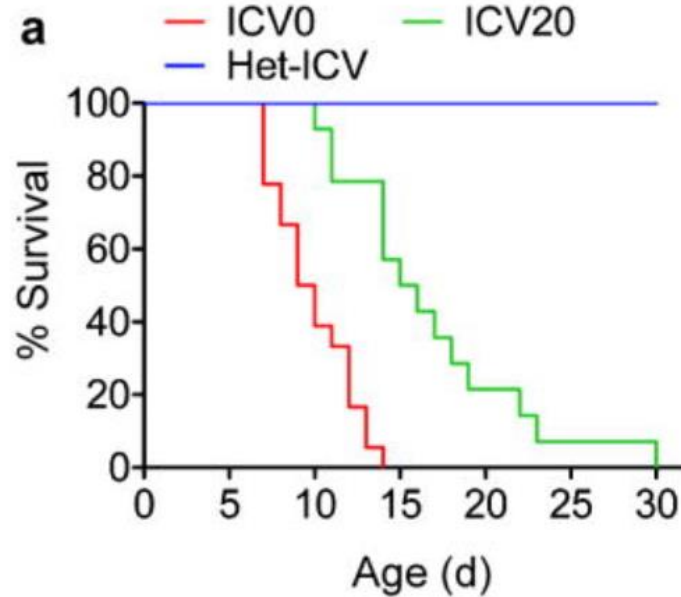
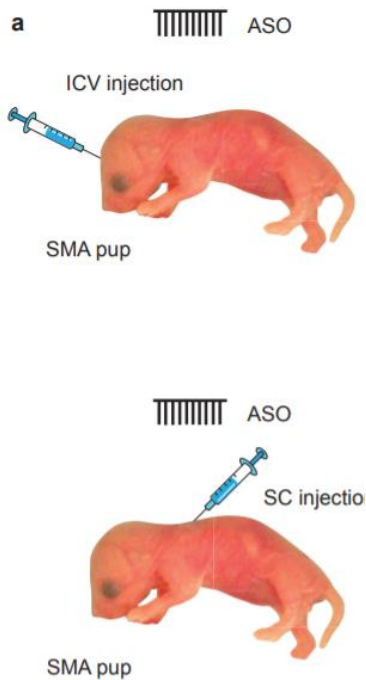


**C**



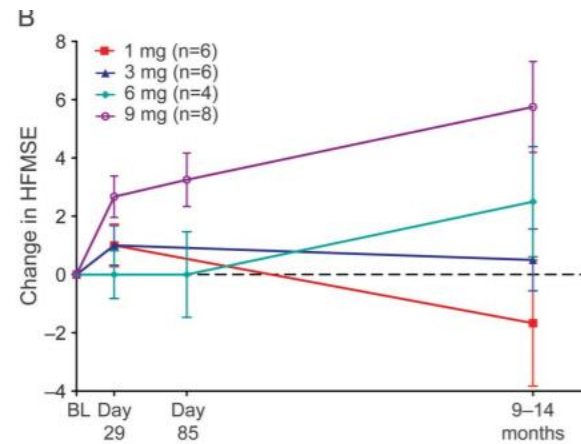
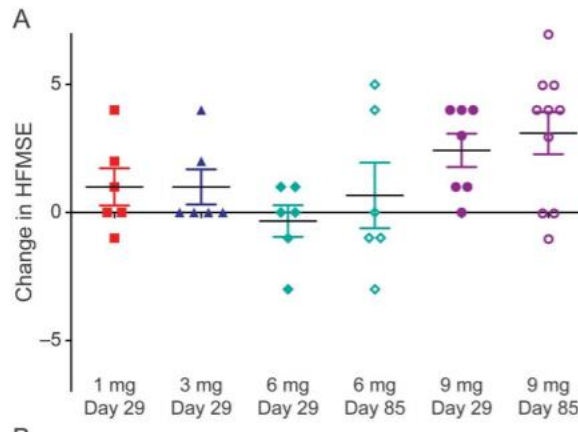
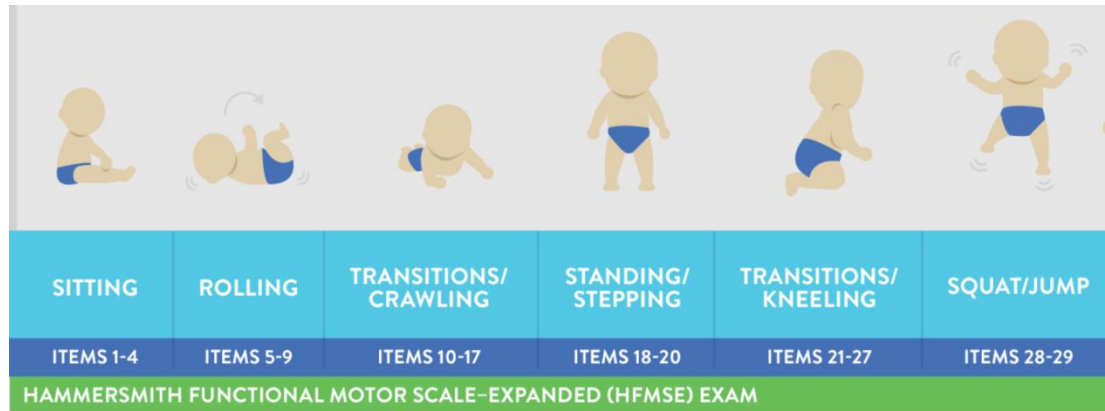
**Embryonic administration of ASO can promote full length  
*SMN2* expression in spinal cord**

# Antisense oligonucleotides in SMN2 splicing



- **Subcutaneous (SC) ASO injections increase median survival**
- **ASO action in peripheral tissues is essential for survival**

# Nusinersin – first FDA/EMA approved ASO for SMA



# Summary

- Animal models can play an important role in target-based drug discovery
- Nusinersen, the first FDA/EMA approved splice-switching drug for SMA was developed using mice model of SMA.

**Are animals needed for drug development?**



# Some lessons from the past

- Sulfanilamide tragedy in USA
- Thalidomide tragedy in 46 countries..



# Elixir Sulfanilamide tragedy

- Sulfanilamide, a drug used to treat *Streptococcal* infections common in children
- Used safely in tablet and powder form
- In 1937, demand for liquid form of the drug increased
- Diethylene glycol was used as solvent to dissolve Sulfanilamide
- Liquid form of sulfanilamide was distributed without prior testing
- Problem started...

# Elixir Sulfanilamide tragedy

## U. S. Races Death to Save 700 From Elixir

**Recovery of Pint Bottles Sold to Patients Goal as Deaths From Poison Reach 36**

By Associated Press.

CHICAGO, ILL., October 24.—A nation-wide race with death, its object recovery of more than 700 bottles, mostly pints, of a new liquid medicine, named Elixir of Sulfanilamide, which has already caused 36 verified deaths, was described today at the headquarters here of

lies in the fact that large dosages are customary with sulfanilamide preparations.

The medicine stops the kidneys. At Medical Association headquarters its effects were said to be like those of bichloride of mercury. No antidote is known yet. The "Elixir" is made of sulfanilamide and di-

## Maker of Fatal Elixir Admits Violating Law

Greeneville, Tenn. — (AP) — S. E. Massengil of Bristol, Va.-Tenn., pleaded guilty in United States district court today to 112 of 166 counts charging him with violating the pure food and drug act, and was fined \$150 on each count by Judge George C. Taylor.

The charges grew out of the manufacture and distribution by the Massengill Manufacturing company of an elixir of sulfanilamide, which, the government contended, was a contributing factor in the deaths of more than 70 persons last year.

# Elixir Sulfanilamide tragedy

- 100s of people who consumed the drug died due to kidney failure
- 1938 Federal Food, Drug, and Cosmetic Act was passed in USA

# Thalidomide tragedy

- Thalidomide, anti-flu and sedative drug identified in 1950
- First entered German market in 1957 as an over-the-counter remedy, based on the maker's safety claims.
- Advertised as “completely safe” for everyone, including mother and child, “even during pregnancy,”
- By 1960, thalidomide was marketed in 46 countries, with sales nearly matching those of aspirin.

# Thalidomide tragedy

- Thousands of samples were distributed to doctors, who were encouraged to prescribe it to pregnant women in order to alleviate pregnancy nausea.
- Thousands of pregnant mothers had been prescribed thalidomide..
- Problem started....
- biggest man-made medical disaster ever

# Thalidomide tragedy



# Thalidomide tragedy



# Thalidomide tragedy





# Thalidomide tragedy

- Thalidomide has teratogenic property
- Babies born to these mothers developed phocomelia,
  - side effect of the drug thalidomide,
  - resulting in the shortening or absence of limbs.
- Biggest man-made medical disaster ever

# Aftermath

- In 1962, all new drugs had to be approved by the Food and Drug Administration (FDA) to gain market authorization.
- Approval could be gained based on proven efficacy and safety
- In 1965, Directive 65/65/EEC in the European Economic Community was passed

# Aftermath

- animal models became the gold standard to demonstrate safety and efficacy of drug for humans
- Drug manufacturers must prove drugs are safe and effective before they are marketed.
- Now, drug approval can take between eight and twelve years, involving animal testing and tightly regulated human clinical trials

# Aftermath

Before starting clinical studies in humans, testing in animals is still the only way to fully evaluate

- the efficacy,
- pharmacology,
- pharmacokinetic and
- safety of a potential drug candidate



# Why drugs fail in clinical trials

- Drugs fails due to
  - Lack of efficacy, the capacity to produce an effect (eg, lower blood pressure or cholesterol).
  - Toxic issues

# Problem of drug toxicity in humans

- In 1993, Fialuridine , Hepatitis B virus therapy was considered safe after rigorous animals studies
- But in a small scale clinical study, 15 patients with chronic hepatitis B infections were administered Fialuridine
- The drug caused lactic acidosis in seven patients
  - Two patients died,
  - five received liver transplantation.
  - Overall, 5 out of 15 patients died
- One of the first cases of human-specific, drug-induced toxicity

# Liver - a major drug metabolism organ

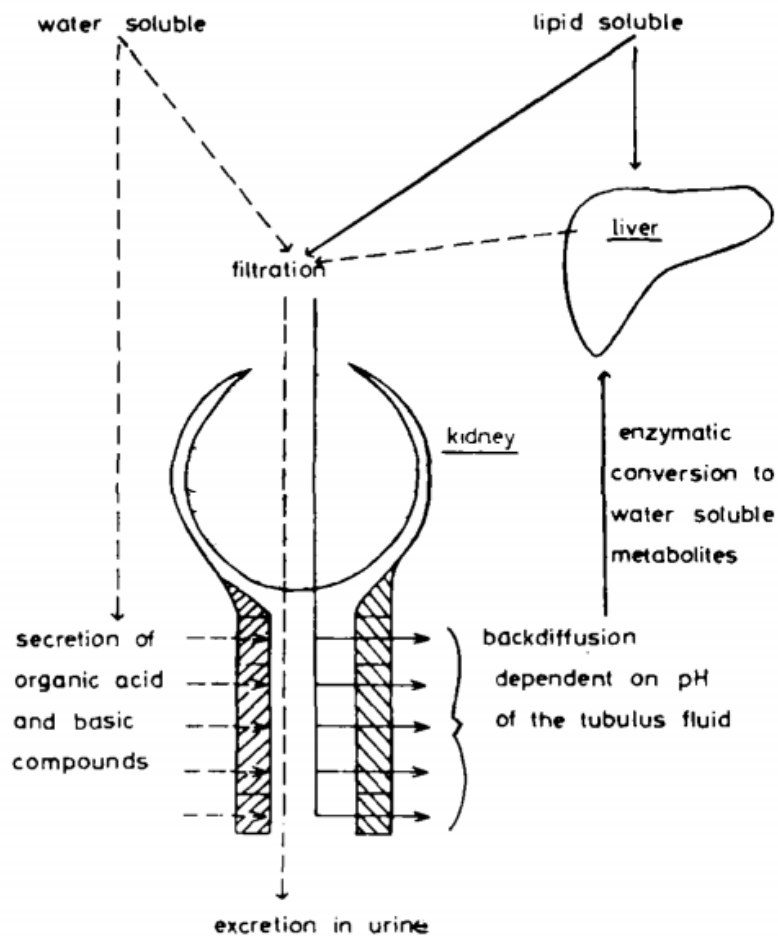


Figure 1. Elimination of drugs.

TABLE I Metabolism of Drugs by Enzymes Located in the Endoplasmic reticulum

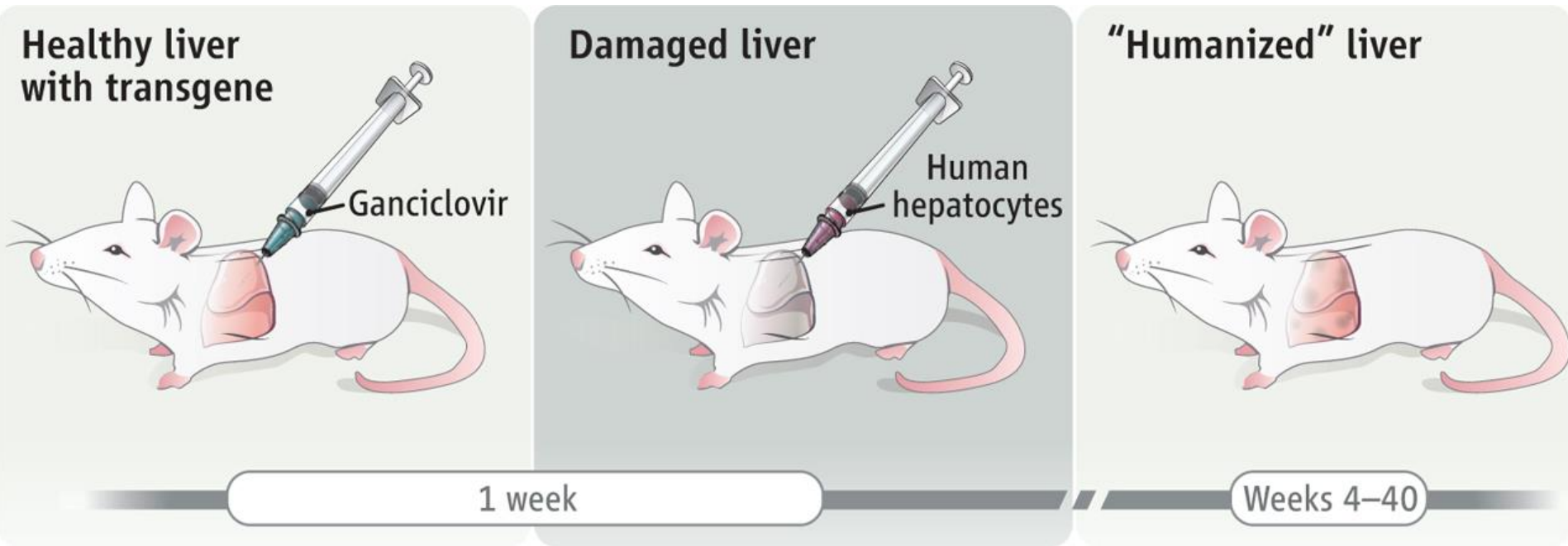
Metabolism	Enzyme
Oxidations of aliphatic and aromatic groups: barbiturates, diazepoxides, phenothiazines, meprobamate, phenytoine, etc. antihistamics, phenacetin, aminopyrine, antipyrine and congeners synthetic steroids, contraceptives, anabolic androgens (digitoxin)	Cytochrome P <sub>450</sub>
Reductions of azo- and nitro-groups: azo-dyes, (chloramphenicol), etc.	Flavin enzymes
Hydrolyses of esters and acidamides: procaine, lidocaine, mepredine, atropine	Esterases
Conjugations of glucuronic acid with following groups: (a) alcoholic and phenolic (b) (carboxyl) (c) (amine)	Transferases

NOTE: Parentheses indicate that the metabolic pathway mentioned plays a minor role in conversion.

***Can we replace animal liver cells with human liver cells?***



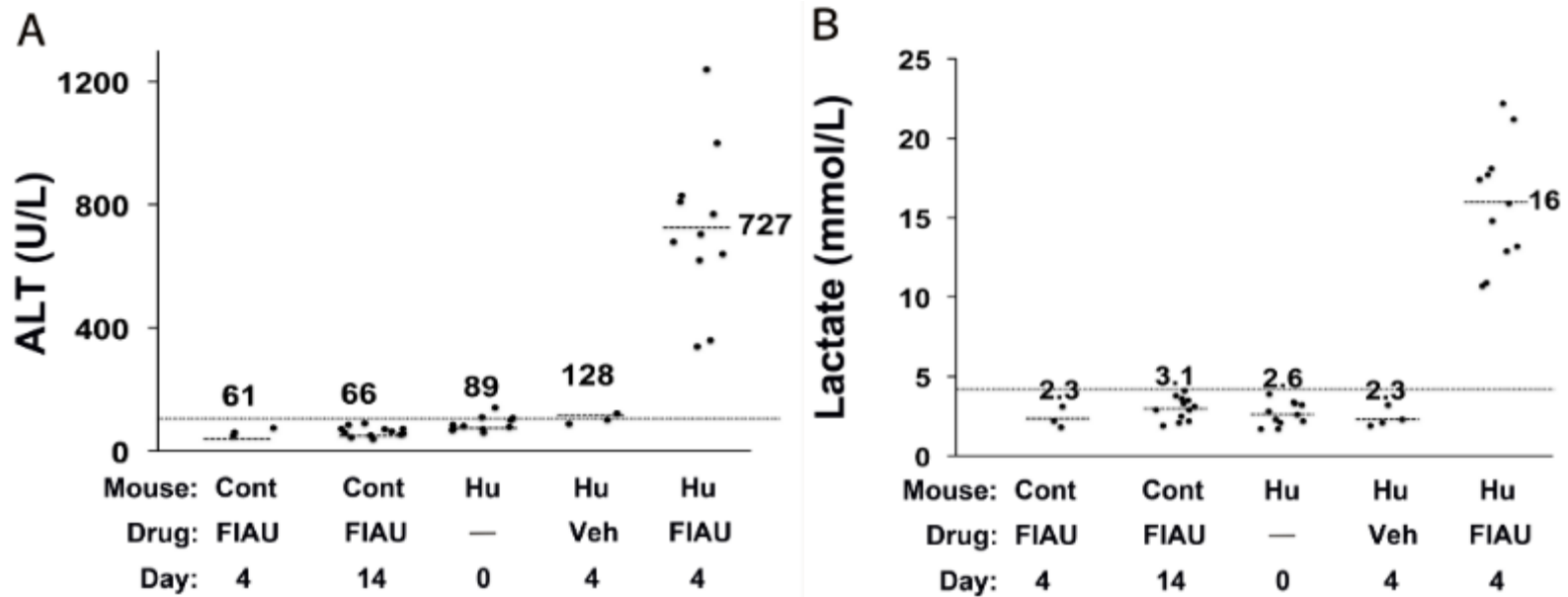
# Mice model with humanized liver



## TK-NOG mice

- immunodeficient mice,
- expressing a herpes simplex virus type 1 thymidine kinase (TK) transgene within the liver

# Mice model with humanized liver



FIAU-treated mice with humanized livers

- develop increased levels of serum ALT and lactate,
- indicators of liver injury

# Limitations of TK-NOG humanized liver model

- TK-NOG mice are highly immunocompromised
- Such mice model cannot be used to analyze immune-mediated drug toxicities.

# Challenge of genetic background



- Opioid addiction is studied using morphine administration in mice
- C57BL/6J mice show addictive behaviour to morphine
- DBA/2J mouse do not show addictive behaviour
- Genetic diversity must be considered at all steps of the drug discovery pipeline

# Conclusions

- Animal models can be used in drug discovery
- Unlike other models, animals represent the biological complexity of integrated organ systems
- Success in drug discovery in animals models requires
  - robust, reproducible data,
  - predictive of human biology

## A WOMAN DOCTOR WHO WOULD NOT BE

## HURRIED

by JOHN MULLIKEN

The application was submitted by the William S. Merrill Co., an old Cincinnati drug firm. When it arrived on Dr. Kelsey's desk in the form of three blue and black-bound folders, each the size of a telephone book, it seemed routine enough. Merrill was asking the Food and Drug Administration to evaluate and license a drug called thalidomide which they wanted to market, by prescription, under the trade name Kevadon—from all accounts the perfect sleeping pill. The folders contained Merrill's complete laboratory, clinical, pharmaceutical and animal testing data, and because of thalidomide's resounding success in Europe the firm wanted to get it on the U.S. market.

For Frances Kelsey, a pharmacologist, physician and mother of two daughters, the application seemed even easier than routine to process. But she knew her job was to move cautiously and watch for that 10th chance in 10 that the drug might be unsafe. As she began to read the contents of the folders, Dr. Kelsey became uncomfortable. "There was something a little different about this one," she explains, "as it seemed better to be safe and sure." The drug did not, for example, have the same effect on animals; they were not put to sleep by it. Dr. Kelsey knew she had to start from scratch—to treat thalidomide as though it had never been used before.

As part of the application procedure Merrill had already sent the drug out to American doctors—the number eventually reached 1,200—

me you couldn't print," she says.

While company men were voicing their opinion of Dr. Kelsey to her superiors, her division boss, Julius Hauser, decided to hold fast. "When they got too thick around Dr. Kelsey," says Hauser, "I would just come in with my little hatchet and clear them out." While this kind of huckling was most welcome, it could not prevent Dr. Kelsey from reading editorials like the one that appeared in a bi-weekly magazine sent to doctors, the *Medical World News*, castigating the FDA for "... dilatory tactics which certainly cause a loss to the industry of millions of dollars ... and even loss of life."

Under this intensive pressure, Dr. Kelsey kept writing letters to Merrill telling them that the information in the application was still incomplete. Then in February 1961 she discovered the first sign that confirmed her now 6-month-old suspicions. Buried in the letters edition of the *British Medical Journal* was a note from a reader which warned that reports had been drifting in to a company marketing thalidomide in England of "a possible toxic hazard with the sedative drug ..." and there were "... signs suggestive of peripheral neuritis in patients receiving thalidomide for periods of six months or more."

Over the next few months other cases were reported. There were strong indications that the drug could cause numbness, shaking, tingling of hands and other motor and sensory disturbances. Dr. Kelsey was not jubilant, for this was not that kind of

necessary, to keep the drug off market. "Needless to say, some of the 60 days were up," she remembers.

Then at the end of November everything fell into place. All her actions, all her patience turned out to have been worthwhile.

From West Germany it was reported that a Dr. Lenz had made a speech indicating that some drug might be causing the phocomelia "epidemic" which had been spreading in his country for the last three years. In speech Lenz had not named the drug but afterward another doctor came to him and asked, "Will you be goodheartedly, is it the drug Contergan? I ask because we have a child and my wife took Contergan. Lenz had to admit that it was."

Other tragic stories began to trickle back to Dr. Kelsey from Austria, Scotland, Sweden, Belgium, Switzerland, Lebanon, Israel and Persia concerning women with deformities who had taken one form or another of thalidomide.

On Nov. 26 Contergan was withdrawn from the German market. Merrill, which actually informed Dr. Kelsey of the Lenz discovery, held further consideration of Kevadon the FDA upon hearing of the speech in November and immediately their investigators took to Europe. March they formally canceled the application.

While Dr. Kelsey's stubbornness has prevented uncounted tragedies, she has also brought her unlooked-for congratulations. Senator Kefauver has proposed that she be given

