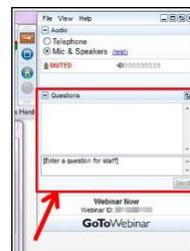
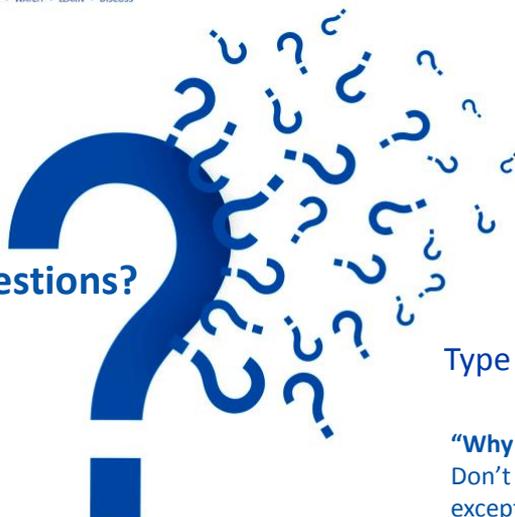




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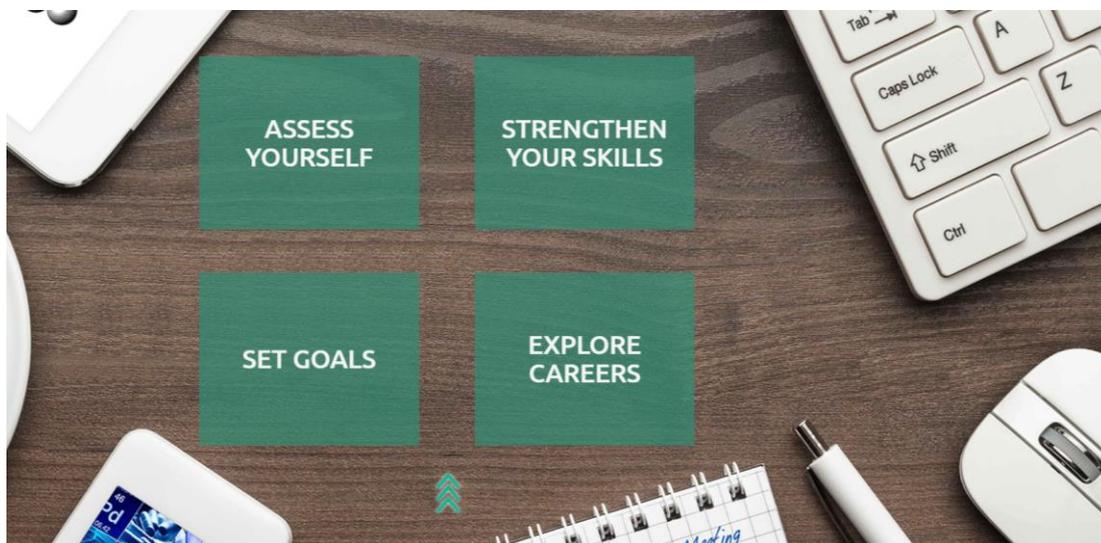
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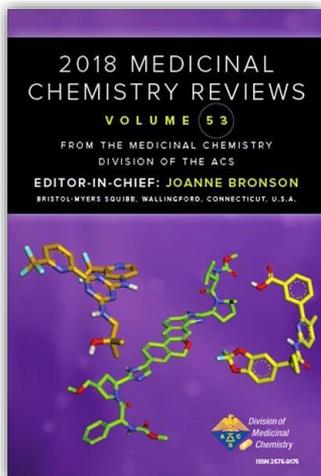
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2019 Drug Design and Delivery Symposium

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Jan 31 **How to Succeed in Drug Discovery: Insight from Medicinal Chemists (1.5 hrs.)**
John Lowe III - JLI3 Pharm
Mark Murcko - Relay Therapeutics
Ann Weber - Kallyope
William Greenlee - MedChem Discovery Consulting



Feb 28 **Cosolvent Molecular Dynamics: Mapping Protein Surfaces to Discover Allosteric Sites**
Heather Carlson - University of Michigan
Rommie Amaro - UC San Diego



Mar 28 **Women at the Interface of Computational Chemistry and Drug Discovery (1.5 hrs)**
Zoe Cournia - Biomedical Research Foundation and JCI
Kate Holloway - Gfree Bio
Yvonne C. Martin - Previously of Abbott Laboratories
Shana Posy - Bristol-Myers Squibb



Apr 18 **Effective Exploration of Chemical Space in Hit-Finding**
Hanneke Jansen - Novartis Institutes for BioMedical Research
Zoe Cournia - Biomedical Research Foundation and JCI



May 30 **Widening the Therapeutic Window: Kinetic Selectivity and Target Vulnerability**
Peter Tonge - Stony Brook University and ACS Infectious Diseases
Stewart Fisher - C4 Therapeutics



Jun 27 **Precision Control of CRISPR-Cas9**
Amit Choudhary - Broad Institute of Harvard and MIT
Venkat Krishnamurthy - AstraZeneca



Aug 8 **Transformation of Recombinant Cells to FDA Approved Products: Clinical Development to Marketplace (New Date)**
Rodney Ho - University of Washington
Venkat Krishnamurthy - AstraZeneca

Aug 22 **The Evolving Landscape of the Pharmaceutical CROs**
Bart DeCorte - Mercachem

Sep 19 **Compound Design in the Agricultural Areas**
Fides Benfatti - Syngenta

Oct 17 **To Be Announced**

Nov 28 **Prodrugs**
Jarkko Rautio - University of Eastern Finland

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Dan Ferguson - Carver Therapeutics</p> <p>Long Acting Injectable Medications: Strategies and Mechanistic Considerations 2016 #2 Julie Renner - Adarex Annette Bai - Merck</p> <p>Modified Release Formulations for Solubility Starved Compounds 2016 #3 Mengxue Hu - Merck John Morrison - BMS</p> <p>The Molecular Chemistry of Tumor Necrosis Factor 2016 #4 Joel Barron - Actinium Paul Berglund - Merck Molly Schmidt - Tech Coast Angels</p> <p>II - Beyond Traditional Small Molecules 2016 #5 Design of Deliverable Macrocycles Sally Little - UC Santa Cruz Nicholas Meehan - BMS</p> <p>Dreaming Big and Thinking Small: Applying Molecular Chemistry Strategy to Antibody-Drug Conjugates 2016 #6 L. 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Jeffman - Genentech Mark Wilson - Bristol-Myers Squibb</p> <p>2 - Fighting Cancer: Epigenetic Targets for Oncology 2017 #2 Stuart Conroy - Oxford Sharon Ragan - AstraZeneca</p> <p>3 - Fighting Cancer: Allosensory and Targeting Cancer Cell Metabolism 2017 #3 Stefan Grese - Agos Scott Edmundson - AstraZeneca</p> <p>Special Broadcast 2017 #4 Cyclic Peptides: Discovery of CTRP Modulators Peter Grodzinski - Vertex Nic Weinmann - Bristol-Myers Squibb</p> <p>II - Anti-Infectives 2017 #5 Anti-Infectives: Rational Approaches to the Design and Optimization Jason Sato - Brown University Courtney Aldrich - University of Minnesota</p> <p>6 - Tuberculosis: An Introduction for Medical Chemists 2017 #6 Carl Haman - Wall-Cornell Medicine Christopher Bayne - Merck</p> <p>7 - Viral Hepatitis: The Search for a Cure 2017 #7 Mike Saffa - Artivion Biopharma Stephen Mason - Genentech Corporation</p> <p>Special Broadcast 2017 #8 Some Muscular Anisotropy Kevin Hoegstedt - Harvard Medical School Allyson Trethowan - JCF Publications</p> <p>III - Immunology 2017 #9 Rational: Therapeutics and Vaccine Approaches Francis Ragan - AstraZeneca John Morrison - Bristol-Myers Squibb</p> <p>10 - Lupus: Treatment and Novel Approaches 2017 #10 Laurence Mearns - Bristol-Myers Squibb Mary Smothers - Bristol-Myers Squibb</p>	<p>A New Strategy in Drug Discovery: Proxal-Induced Protein Degradation 2018 #1 Ian Clouston - Biomelevbio Aaron Balog - Bristol-Myers Squibb</p> <p>Women in Drug Discovery and Development: How to Succeed as a Female in Academia and Industry 2018 #2 Annette Bai - AstraZeneca Somia Muryu - University of Pittsburgh Erika Aragon - Bristol-Myers Squibb Nuriam Zaveri - AstraZeneca Therapeutics</p> <p>A Nanomedicine Overview for mRNA Delivery: Innovative Methods Using Lipid Nanoparticles 2018 #3 Mariana Vazquez-Arteta - AstraZeneca Dennis Long - Genentech</p> <p>Nanomedicine: Discovery of CTRP Modulators 2018 #4 Peter Grodzinski - Vertex Nic Weinmann - Bristol-Myers Squibb</p> <p>Advanced Nano-Delivery Systems: Facilitating Tumor Delivery and Mitigating Resistance 2018 #5 Manoj Arora - Northeastern University Vishal Kishore - AstraZeneca</p> <p>Hitfalls and Promise of Central Nervous System Drug Discovery 2018 #6 Valentin Orlov - Yale University Nicholas Meehan - Bristol-Myers Squibb</p> <p>How to Optimize Central Nervous System Therapeutics: Med Chem Strategies, Toxics, and Workflows 2018 #7 Craig Lindley - Vanderbilt Center for Neuroscience Drug Discovery Amy Newman - Interuniversity Research Program, NIH</p> <p>PKAD with a Monoclonal Antibody 2018 #8 Peter Thomson - AstraZeneca Nuriam Zaveri - AstraZeneca Therapeutics</p> <p>How to Predict Human CYP P450: Practical Experiments and Advanced Mathematical Modeling 2018 #9 Elizabeth de Lange - Leiden Academic Center for Drug Research Alexander Troshin - University of North Carolina</p> <p>Human Enzymes: An Ideal Vehicle for Delivery of Therapeutic RNAs to Cells and Organs 2018 #10 Heli Vahedi - University of Gothenburg Alexander Kapustin - AstraZeneca</p>

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Transformation of Recombinant Cells to FDA Approved Products: Clinical Development to Marketplace



Rodney J.Y. Ho

Professor, Department of Pharmaceutics, Bioengineering
(Adjunct) and Director of the Targeted Long-Acting
Combination Antiretroviral Therapy (TLC-ART) Program,
University of Washington

Venkat Krishnamurthy

Associate Principal Scientist,
AstraZeneca

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Transformation of Recombinant Cells into FDA Approved Products: Clinical Development to Marketplace *

Rodney J Y Ho, PhD, FAAAS, FAAPS

Professor and Presidential Entrepreneurial Fellow
Director, Targeted and Long-acting Combination Anti-Retroviral
Therapeutic (TLC-ART) Program



*Bak et al. J Pharm Sci. 2019 May 29. pii: S0022-3549(19)30360-0. doi: 10.1016/j.xphs.2019.05.027.

Disclosure

- 30+ Years as an HIV/HSV, Cancer and Pain Researcher
- Director of UM1 Targeted and Long-acting Combination Anti-Retroviral Therapeutic-TLC-ART Program
- Professor at U Washington, and FHCRC member, Seattle
- Presidential Entrepreneurial Fellow
- Built Integrated HIV/AIDS and Cancer Programs
- Elected Fellow of
 - American Assoc. for the Advancement of Science (*Science*)
 - American Assoc. of Pharmaceutical Scientists
- Advisor to NIH on Grant and Center Reviews
- Editor, J. Pharmaceutical Sciences
- Dawson Biotechnology Award—Life Time Teaching & Research
- Biotechnology Achievement Award-One of the highest honors endowed by the AAPS
- Volwiler Research Achievement Award- a high honor of the AACP
- Luminary Award—Chinese Institute of Engineers USA
- Founding Member of Several Biotech Companies—Impel, NTN..
- Consultant to Major and Large Pharmaceutical Companies



Outline

- I. Chemical and Biologic versus Recombinant Cell Therapy
- II. Why Autologous Recombinant and Live Cells?
- III. Transformation of Autologous T cell from the same Patient as a Therapeutic Product
- IV. Health Outcomes and System Impact
- V. Summary

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Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT



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Recombinant cells are: (Select all that apply)

- Used to produce proteins; some are marketed as FDA approved prescription pharmaceuticals
- (Fixed or killed) are available as therapeutic products
- Not yet approved by the FDA as live and functional cell therapeutic products
- Approved by the FDA as a part of a regenerative (stem-cell) medicine for spinal cord injury
- None of the above

** If your answer differs greatly from the choices above tell us in the chat!*

I. Chemical and Biologic vs Recombinant Cell Therapy

- **Chemical based therapeutics or small molecule drugs can be synthesized and the product homogeneity (purity) verified**
- **Biologics or large proteins (MW> 5-10kD) are often manufactured by recombinant cells and verification of product quality is more challenging (often not homogenous)**
- **The use of recombinant cells (not the protein produced by these cell) are even more complex as a therapeutic product**



I. Chemical and Biologic vs Recombinant Cell Therapy

Increasing complexity of therapeutic product platform

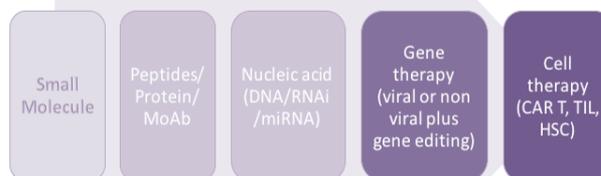


Figure 1. Schematic representation of complexity in pharmaceuticals derived from different platforms.

The scale up and manufacturing of small molecules is well known to the industry and hence generally of lower complexity than biotechnology products. Small molecule drug substances can be made homogeneously at nearly 100% purity, a target that larger peptides, proteins, nucleic acid therapeutics, and vectors are unable to achieve. In addition, cell products intended for reintroduction into patients such as viral delivery systems or cell therapy (e.g., chimeric-antigen receptor expressing recombinant autologous T or CAR T cell) include logistical and stability complexity. Thus, cell therapy is a considerably more complex therapeutic product platform than small molecules. MoAb, monoclonal antibody; TIL, tumor infiltrating lymphocytes; HSC, hematopoietic stem cells. (Bak et al., JPS 2019)

Ho, *Biotechnology and Biopharmaceuticals*, ed2, 2013; doi/book/10.1002/9781118660485



I. Chemical and Biologic vs Recombinant Cell Therapy

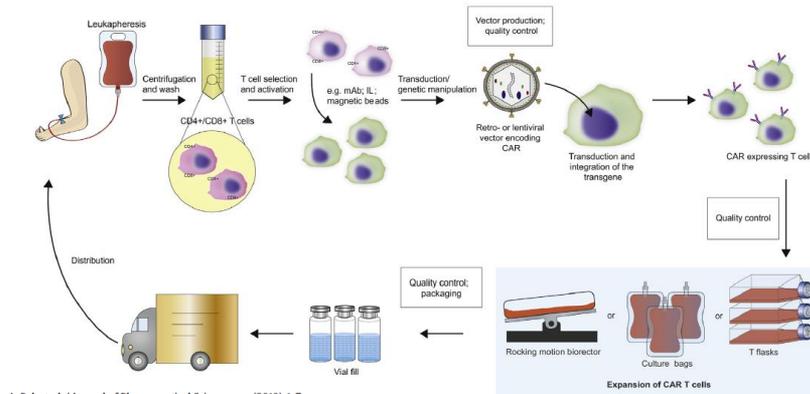
Rationale for recombinant vs stem (self-renewal) cell therapy

Intent	Stem Cell	Recombinant Cell
Application	Self-renewal and regenerative medicine	Specific purpose, i.e., immunotherapeutic action
Examples	<ul style="list-style-type: none"> Hematopoietic stem cell transplantation (HSCT) for VOD (hepatic veno-occlusive disease) Bone marrow stem cell for leukemia 	<ul style="list-style-type: none"> Modified autologous cell for cancer vaccine Car T cell products as immuno-therapy
FDA approval for use as cells that are modified and expanded in vivo for reinfusion as cell therapeutic product		<ul style="list-style-type: none"> Provenge (Sipuleucel-T) autologous T cell vaccine (2010) Yescarta-CAR T autologous recombinant T cell for B-cell cancer (2017) Kymriah-CAR T autologous recombinant T cell for leukemia (2017)



I. Chemical and Biologic vs Recombinant Cell Therapy

Overall end-to-end (complex) process of a CAR T cell product



A. Bak et al. / Journal of Pharmaceutical Sciences xxx (2019) 1-7

Figure 3. Schematic overview of the needle-to-needle approach as described for the CTL019 CAR T cell production for early clinical trials. The process involves removing blood from the patient through the process of leukapheresis, separating the leucocytes, and clearing the sample for impurities such as anticoagulants and platelets, enriching for T-cells with separation at the level of CD4+/CD8+ T-cells. Following this the T-cells are activated, often by monoclonal antibodies and interleukins (IL2 or IL7 and IL15) and more specific for CTL019 the activation was carried out with anti-CD3/CD28 magnetic beads. The activated T-cells are hereafter genetically modified with the lentiviral vector encoding for the CAR and the transduced cells are allowed to expand in cell number (various methods have been described for this process including T-flasks, culture bags and bioreactors as reviewed in ref. 2) before concentrating the CAR T cells (e.g., 5L cell culture is concentrated [up to 100x]) before reinfusion—typically 10 to 250 million cells in 10 to 50 mL volume per dose per patient.



Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT



Current Chimeric Antigen Receptor or CAR T cell therapeutic products are personalized and individualized medicine because: (Select all that apply)

- Leukocyte or white blood cells collected from the subject are used as a starting point
- Patient's own cells are transduced to express chimeric antigen receptors to clear cancer
- Transduced cells from cell-lines or other donors may induce a graft-vs-host response or rejection that aborts the function
- The recombinant leukocytes (T cell) verified to express chimeric antigen receptor or CAR (on T cells) are re-introduced into the same patient donor
- None of the above

** If your answer differs greatly from the choices above tell us in the chat!*

II. Why Autologous Recombinant and Live Cells?

Why these cells be better than platform than that of fixed cell vaccines such as PROVENGE® (sipuleucel-T) autologous T cell product?



II. Why Autologous Recombinant and Live Cells?

Isn't protein therapeutics made by recombinant cells already complex and challenging enough?

- **Chemical or small molecule** (MW ~500-1kD) **drugs are synthesized and their purity homogeneity readily verified**
- **Biologic or protein** (MW > 5-10kD) **drugs, manufactured with recombinant cells need tighter process controls as verification of final product quality is more challenging** (often not homogenous)
- **The use of recombinant cells** (not the protein produced by these cell) **are even more complex to produce therapeutic products such as Epoetin, Somatotropin, Herceptin** (antibody)



II. Why Autologous Recombinant and Live Cells?

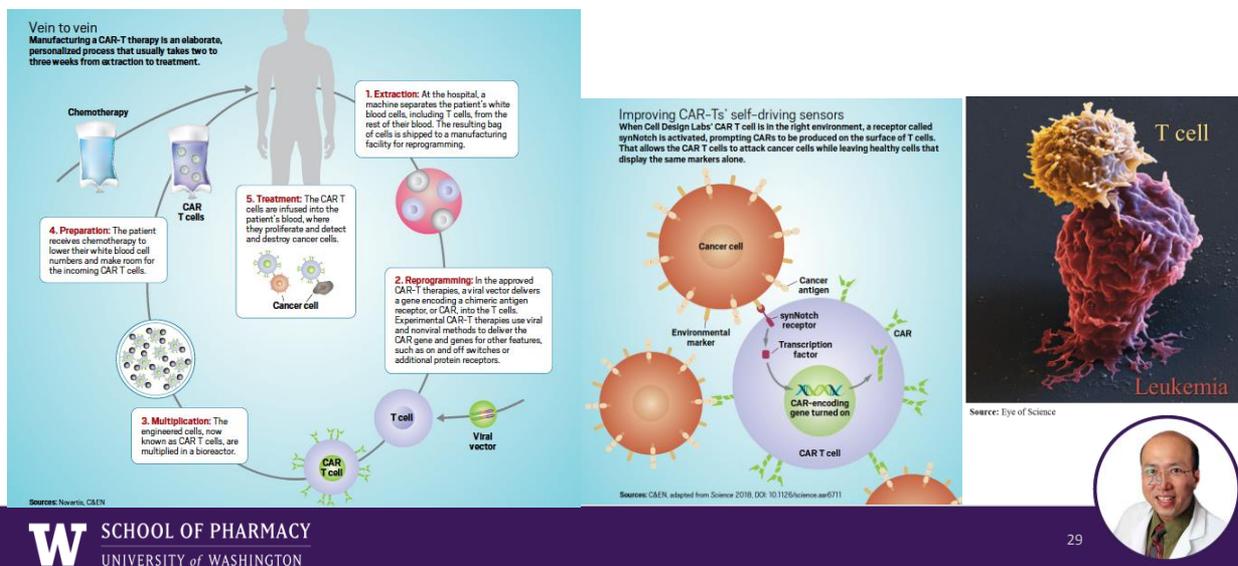
Three essential elements for CAR T cell function

- **Autologous** — T cells from the same patient to prevent rejection (due to inter-individual variations in transplant antigen MHC)
- **Recombinant** — A process used to transform the autologous T cell to recognize target marker (i.e., Chimeric Antigen Receptor or CAR)
- **Live** (functional) **cell** — To produce cell-mediated processes (in the case of CAR-T, to seek out cancer cells and dock them via the chimeric antigen receptor and allow contact-mediated cancer cell killing function of T cells to proceed)



II. Why Autologous Recombinant and Live Cells?

CAR T cell therapeutic integrate all these three aspects



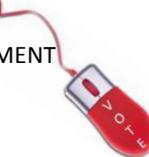
II. Why Autologous Recombinant and Live Cells?

CAR T (functional) cell therapy provides hope and cure for cancer

- Impressive outcomes of the two FDA approved CAR T cell therapies for B-cell cancers
- Works on a majority of previously non-responsive to current drug or biologic therapies
- Over 50% of subjects on the two tested and approved CAR T cell therapy (single infusion dose) experienced event-free survival

Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT

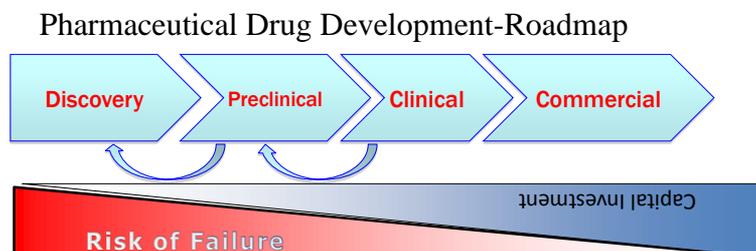


CAR T cell therapeutic product can be manufactured: (Select all that apply)

- With a process similar to making chemical drugs (e.g., Tylenol tablets)
- Only on site at the local blood and cancer research center
- Large-scale in batches intended for hundreds/thousands of people onsite
- At an off-site facility with clearly traceable quality, sterility and chain of custody
- But FDA regulations cover only the manufacturing plants and product released from the respective facility

** If your answer differs greatly from the choices above tell us in the chat!*

III. Transformation CAR T cell into Therapeutic Product

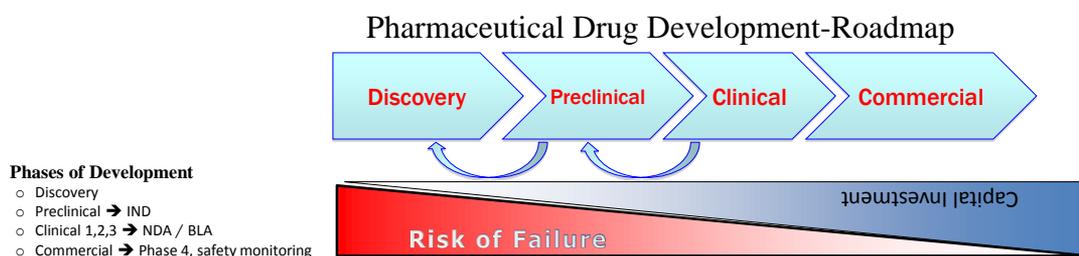


III. Transformation CAR T cell into Therapeutic Product

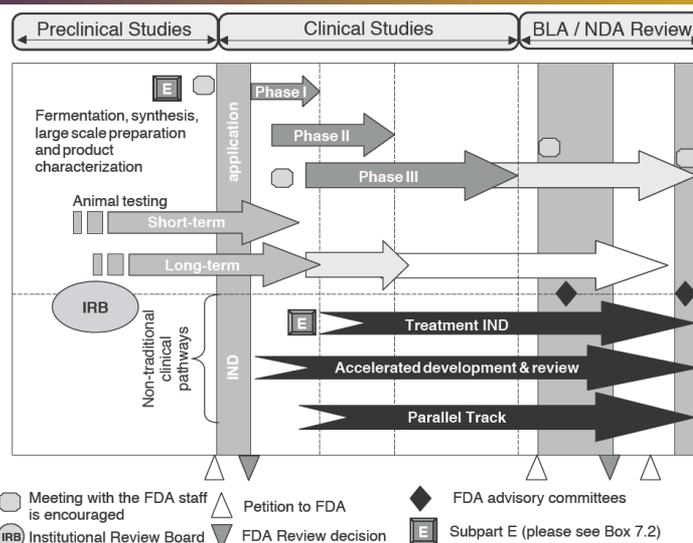
- **Market Drivers for R&D and Clinical Development**

- Financial ~\$2.3 billion annual gene and cell therapeutic market with 50% annual growth (BBC market analysis, 2018); \$17.4 billions by 2023.
- Promised to find a cure for incurable diseases (e.g., Cancer and HIV/AIDS)

- **Manufacture, Logistics and Regulatory Assurance and Approval**



III. Transformation CAR T cell into Therapeutic Product



Ho, *Biotechnology and Biopharmaceuticals*, ed2, 2013; doi/book/10.1002/9781118660485



III. Transformation CAR T cell into Therapeutic Product

In 2017 two CAR T cell products were approved-impressive primary end point—overall remission (response) rate in 3 month or longer



- **Kymarih** (Tisagenlecleucel) — indicated for Acute Lymphoblastic Leukemia (AML)
 - ELIANA Clinical Trial (multi-center pivotal trial)
 - A single 0.2-5.4 million CAR T cell/kg dose
 - Maude et al., N Engl J Med 2018;378:439-48. DOI: 10.1056/NEJMoa1709866
- **Yescarta** (Axicabtagene ciloleucel) — indicated for Lymphoma
 - **ZUMA-1** Clinical Trial (multi-center trial)
 - A single autologous CAR T cell dose of 2 million cells/kg
 - Locke and Neelapu et al., Lancet Oncol 2019; 20: 31–42. DOI: 10.1016/ S1470-2045(18)30864-7



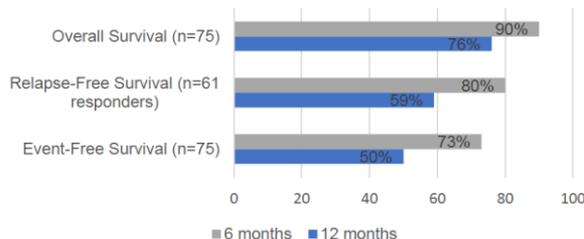
III. Transformation CAR T cell into Therapeutic Product



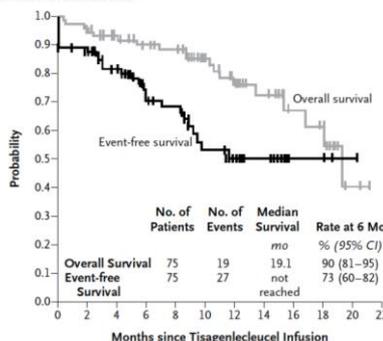
indicated for B-cell Lymphoblastic Leukemia (AML)

- ELIANA Clinical Trial (multi-center pivotal trial)
- Maude et al., N Engl J Med 2018;378:439-48. DOI: 10.1056/NEJMoa1709866

Survival Probabilities in ELIANA



B Event-free and Overall Survival



No. at Risk

	75	72	64	58	55	40	30	20	12	8	2	0
Overall survival	75	72	64	58	55	40	30	20	12	8	2	0
Event-free survival	75	64	51	37	33	19	13	8	3	3	1	0



III. Transformation CAR T cell into Therapeutic Product



indicated for B-cell Lymphoma

- ZUMA-1 Clinical Trial (multi-center trial)

- Locke and Neelapu et al., Lancet Oncol 2019; 20: 31–42. DOI: 10.1016/S1470-2045(18)30864-7

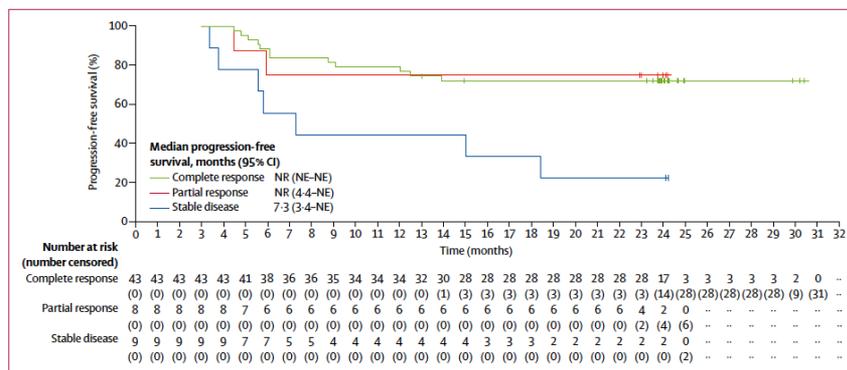


Figure 2: Post-hoc analysis of investigator-assessed progression-free survival by response status at 3 months after axicabtagene ciloleucel

60 patients with ongoing complete response, partial response, or stable disease month 3 in phase 2 are shown. The x-axis shows time since infusion of chimeric antigen receptor T cells. Four of eight patients with partial responses and four of nine patients with stable disease at 3 months subsequently converted to complete responses. NR=not reached. NE=not estimable.



III. Transformation CAR T cell into Therapeutic Product

With these impressive immunotherapeutic outcomes, many more cell-therapeutics are in the pipe-line

Generic [Trade] name	Conditions	Vector and intervention	Gene editing	Clinical Status	Sponsor
NY-ESO-1	Multiple myeloma, synovial sarcoma, myxoid/round cell liposarcoma, melanoma	Intravenous infusion with NY-ESO-1 redirected autologous T cells (CRISPR edited endogenous TCR and PD-1)	Ex vivo	Phase 1 (NCT03399448)	University of Pennsylvania
CTX001	β-thalassemia and sickle cell disease	Intravenous infusion with autologous CRISPR-Cas9 modified CD34+ Human Hematopoietic Stem and Progenitor Cells	Ex vivo	Phase 1/2 (NCT03655678)	CRISPR Therapeutics/ Vertex Pharmaceuticals
UCART019	B-cell leukemia and B-cell lymphoma Esophageal cancer	Intravenous infusion with CAR T cells Intravenous infusion with PD-1 knockout T-cells	Ex vivo	Phase 1/2 trial (NCT03166878) Phase 2 (NCT03081715)	Chinese PLA General Hospital Hangzhou Cancer Hospital/Anhui Kedgene Biotechnology Co.,Ltd Spark Therapeutics
Voretigene neparvo-vec-rzyl [Luxturna]	Retinal dystrophy: Leber's congenital amaurosis	AAV2; single subretinal injection	In vivo	Approved 2017 (FDA)	Spark Therapeutics
GSK2696273 [Strimvelis]	Adenosine deaminase deficiency-severe combined immunodeficiency	Autologous CD34+ cells modified through lentiviral vector transduction	Ex vivo	Approved 2016 (EMA)	Ochard Therapeutics/ GlaxoSmithKline
Axicabtagene ciloleucel [Yescarta]	Diffuse large B-cell lymphoma	Intravenous infusion with CAR T cells	Ex vivo	Approved 2017 (FDA), 2018 (EMA)	Gilead
Tisagenlecleucel [Kymriah]	B-cell acute lymphoblastic leukemia	Intravenous infusion with CAR T cells	Ex vivo	Approved 2017 (FDA), 2018 (EMA)	Novartis

Adapted from Bak (and Ho) et al., J Pharm Sci 2019,

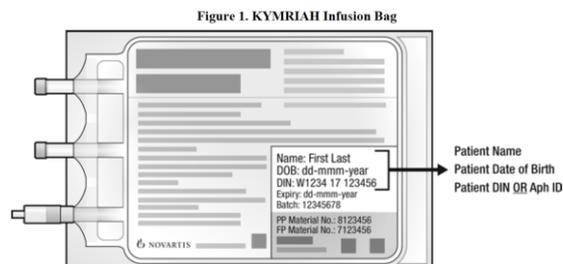
Table 3. A representative sample of selected gene therapies in clinical trials as well as current FDA/EMA approvals (as of February 2019)



III. Transformation CAR T cell into Therapeutic Product

Regulatory, Manufacturing, Quality and Logistics and more [Commercial Scale]

- Intended use, product specification, quality assurance, sterility, functional verification, stability (production to infusion site)*
- Who, where and how to ensure the right patient receive within the target schedule time-line.
- Logistics of planning from collecting autologous cells to infusion of recombinant CAR T cell to the same patient.



* FDA regulatory guidance on cell therapeutics preclinical and clinical evaluation including chemistry manufacturing and controls, product specification, quality assurance to ensure the final product meet the defined product specifications based on validated and appropriate assays.



IV. Health Outcomes and System Impact

Who are appropriate candidates and how to gain access?



IV. Health Outcomes and System Impact

- **Which patient would benefit?**
 - Not for primary B-cell lymphoma or AML (only refractory or in second or later relapse—there are significant side-effects)
- **Cost of CART T personalized cell medicine**
 - \$475k **Kymarih** and \$373K **Yescarta** (for a single dose)
- **Cost-effectiveness** (ELIANA cost-effectiveness data; 600-750k)
- **Impact on the overall health system** (overall budget in billions?)
- **Payers perspective**



IV. Health Outcomes and System Impact

*One Large (the Center for Medicare and Medicaid CMS) Payer's perspective**

Price and Cost	Kymarih (Tisagenlecleucel)	Yescarta (Axicabtagene Ciloleucel)
Product Price	US \$ 475k	US \$ 373K
CMS reimburse (hospital)	\$ 500k	\$ 400k
Patient (20%)	\$ ~100k	\$ 79k
But US SS Maximum out of pocket annual co-payment		\$1,340

*Weighing the Cost and Value of CAR T-Cell Therapy - The ASCO Post based on panel discussion—accessed 3/26/2019



Summary

- Recombinant Cell is a Complex Live, Functionally Active Product
- Autologous Recombinant and Live Cells provide therapeutic effects not achievable by other drug platforms
- Transformation of Autologous T cell from the same Patient as a Therapeutic Product have made break-through impact on cancers
- Health Outcomes and System Impact data also point to overall benefit
- This new therapeutic modality may redefine the role of pharmacist and pharmaceutical scientists



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Thank You!

धन्यवाद (Hindi)

ਤੁਹਾਡਾ ਧੰਨਵਾਦ (Pujabi)

આભાર (Gujarati)

ধন্যবাদ (Bangli)

ကျေးဇူးတင်ပါတယ် (Burmese)

謝謝 (Chinese)

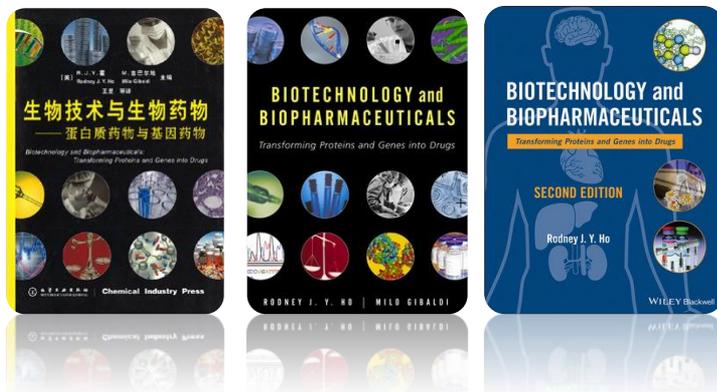
Merci (French)

شكرا (Arabic)

ขอบคุณ (Thai)

Mahadsanid (Somali)

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Dan Ferguson - Carmed Therapeutics</p> <p>Long Acting Injectable Medications: Strategies and Mechanistic Considerations Joan Ramirez - Adarex Annette Bai - Merck</p> <p>Modified Release Formulations for Solubility Starved Compounds Mengqin Hu - Merck John Morrison - BMS</p> <p>The Molecular Chemistry of Tumor Necrosis Factor Jed Barron - Actinium Rui Wang - Merck Molly Schmidt - Tech Coast Angels</p> <p>II - Beyond Traditional Small Molecules</p> <p>Design of Deliverable Macrocycles Sally Lipp - UC Santa Cruz Nicholas Meehan - BMS</p> <p>Dreaming Big and Thinking Small: Applying Molecular Chemistry Strategy to Antibody-Drug Conjugates L. Hagan-Taylor - Pfizer Peter Senter - Seattle Genetics</p> <p>Nucleic Acids Therapeutics: Making Sense of Antisense Oligonucleotides Ruth Smith - Inet Robert Cooper - BMS</p> <p>Crystallography as a Drug Design and Delivery Tool (Special Topic) Tizabi Robert Worsley - Crystal Pharmaceutics Vignesh Sankar - Abbvie Andrew Burtsell - Merck</p> <p>III - Pharmacology Revisited</p> <p>Dealing with Reactive Drug Metabolites in Drug Discovery: Can We Predict Toxication of Drug Candidates that Form Reactive Metabolites? Debbie Garcia - Pfizer Frederic Peter Guengerich - Vanderbilt University</p> <p>Rational Design of Small Molecules Targeting RNA Walt Driess - Scripps Florida Amanda Garner - University of Michigan</p> <p>Cell Penetrating Peptides to Improve Cellular Drug Uptake Daphne Ren - The Ohio State University Scott Harris - Bristol-Myers Squibb</p>	<p>I - Fighting Cancer</p> <p>1 - Fighting Cancer: Targeting Cytotoxicity with Kinase Inhibitors Thomas R. Jeffman - Genentech Mark Wilson - Bristol-Myers Squibb</p> <p>2 - Fighting Cancer: Epigenetic Targets for Oncology Stuart Conroy - Oxford Sharon Ragan - AstraZeneca</p> <p>3 - Fighting Cancer: Allosensory and Targeting Cancer Cell Metabolism Sander Green - Agos Scott Edmundson - AstraZeneca</p> <p>Special Broadcast</p> <p>Cytic Fibrosis: Discovery of CFTR Modulators Peter Groszmann - Vertex Nic Weinmann - Bristol-Myers Squibb</p> <p>II - Anti-Infectives</p> <p>Anti-Infectives: Rational Approaches to the Design and Optimization Jason Sato - Brown University Courtney Aldrich - University of Minnesota</p> <p>Tuberculosis: An Introduction for Medical Chemists Carl Newman - Wall-Cornell Medicine Christopher Bayne - Merck</p> <p>Viral Hepatitis: The Search for a Cure Mike Saffa - Abbvie Biopharma Stephen Mason - Genentech Corporation</p> <p>Special Broadcast</p> <p>Some Muscular Atrophy Kevin Hoegstedt - Novartis Medical Shop Allyson Tretham - ACIPollstar</p> <p>III - Immunology</p> <p>Parasitic Treatments and New Approaches Francis Nagle - AstraZeneca John Morrison - Bristol-Myers Squibb</p> <p>Lupus: Treatment and New Approaches Laurenza Mariani - Bristol-Myers Squibb Mary Smothers - Bristol-Myers Squibb</p>	<p>A New Strategy in Drug Discovery: Prokinetic-Induced Protein Degradation Ian Cloutier - BioreveloBio Aaron Balogh - Bristol-Myers Squibb</p> <p>Women in Drug Discovery and Development: How to Succeed as a Female in Academia and Industry Annette Baki - AstraZeneca Somini Nayak - University of Pittsburgh Erika Aragon - Bristol-Myers Squibb Nunilan Zaveri - AstraZeneca Therapeutics</p> <p>A Nanomedicine Overview for mRNA Delivery: Innovative Methods Using Lipid Nanoparticles Mariana Vazquez-Arteta - AstraZeneca Dennis Long - Genentech</p> <p>Nanomedicine: Discovery of CFTR Modulators Peter Groszmann - Vertex Nic Weinmann - Bristol-Myers Squibb</p> <p>Advanced Nano-Delivery Systems: Facilitating Tumor Delivery and Mitigating Resistance Manoj Arora - Northeastern University Vishal Kishore - AstraZeneca</p> <p>Hittails and Promises of Central Nervous System Drug Discovery Valentin Orlov - Vale University Nicholas Meehan - Bristol-Myers Squibb</p> <p>How to Optimize Central Nervous System Therapeutics: Med Chem Strategies, Toxics, and Workflows Craig Lindley - Vanderbilt Center for Neuroscience Drug Discovery Amy Newman - Interuniversity Research Program, NIH</p> <p>PKAD with a Monoclonal Antibody Pete Thomson - AstraZeneca Nunilan Zaveri - AstraZeneca Therapeutics</p> <p>How to Predict Human CYP4F50: Practical Experiments and Advanced Mathematical Modeling Elizabeth de Lange - Leiden Academic Center for Drug Research Alexander Tropsha - University of North Carolina</p> <p>Human Enzymes: An Ideal Vehicle for Delivery of Therapeutic RNAs to Cells and Organs Hadi Vahedi - University of Gothenburg Alexander Kapustin - AstraZeneca</p>

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Rodney J.Y. Ho
Professor, Department of Pharmaceutics, Bioengineering (Adjunct) and Director of the Targeted Long-Acting Combination Antiretroviral Therapy (TLC-ART) Program, University of Washington



Venkat Krishnamurthy
Associate Principal Scientist, AstraZeneca

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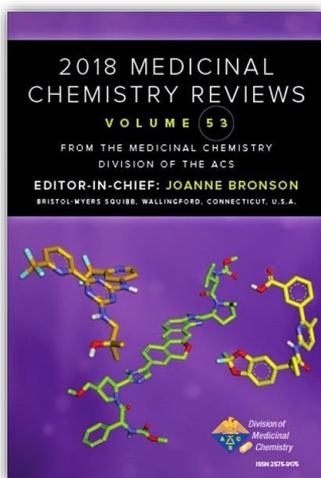
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