



We will begin momentarily at 2pm ET



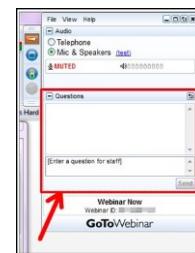
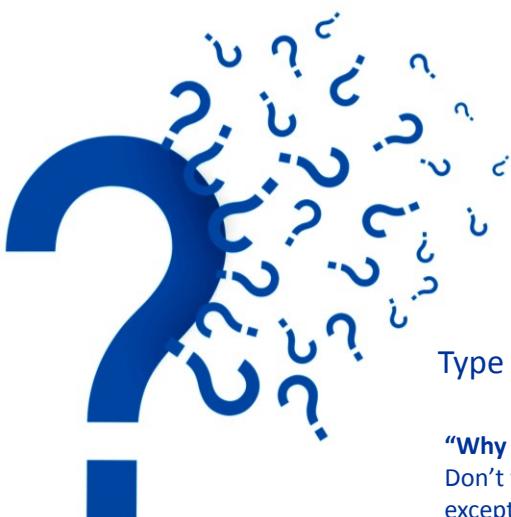
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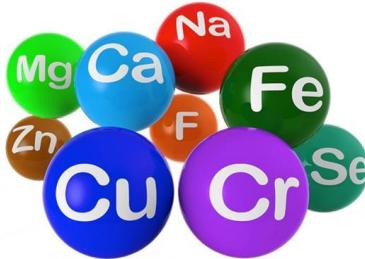
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A photograph of a wooden desk setup. On the desk is a white tablet displaying a molecular structure, a white coffee cup, a white keyboard, and a notepad with the words 'work meeting' written on it. The overall theme is professional and academic.

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- Optimized Approaches to a Successful Preclinical Formulation Development
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2016 Drug Design and Delivery Symposium

I - Time: The Fourth Dimension in Drug Discovery	
January 28	<i>The Importance of Drug-Target Kinetics in Drug Design</i> Robert Copeland - EpiCrine, Inc. Dan Erlanson - Carmot Therapeutics
February 25	<i>Long-Acting Injectable Medications: Strategies and Metabolic Considerations</i> Julie Remmer - Alkermes Annette Bak - Merck
March 31	<i>Modified Release Formulations for Solubility Starved Compounds</i> Mengwei Hu - Merck John Morrison - BMS
April 28	<i>The Medicinal Chemist of Tomorrow (Special Topic)</i> Joe Barrish - Achillion Randy Townsend - Merck Molly Schmidt - Tech Coast Angels

II - Beyond Traditional Small Molecules	
May 19	<i>Design of Deliverable Macrocycles</i> Scott Lively - UC Santa Cruz Nicholas Meanwell - BMS
June 23	<i>Dreaming Big and Thinking Small: Applying Medicinal Chemistry Strategy to Antibody-Drug-Conjugates</i> L. Nathan Tumey - Pfizer Peter Senter - Seattle Genetics
July 28	<i>Nucleic Acids Therapeutics: Making Sense of Antisense Oligonucleotides</i> Punit Seth - Ionis Richard Olson - BMS
August 18	<i>Crystallography as a Drug Design and Delivery Tool (Special Topic)</i> Robert Westover - Crystal Pharmaceuticals Vincent Stolti - AbbVie Andrew Brunskill - Merck

III - Pharmacology Revisited	
September 29	<i>Dealing with Reactive Drug Metabolism in Drug Discovery: Can We Predict Toxicities of Drug Candidates that form Reactive Metabolites?</i> Deborah Davie - Pfizer Frederick Peter Guengerich - Vanderbilt University
October 27	<i>Rational Design of Small Molecules Targeting RNA</i> Matt Disney - Scripps Research Institute Amanda Garner - University of Michigan

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Treating Cancer with Nanoparticles Powered by the Sound of Light

Justin Harris, Lead Research Scientist, NanoHybrids

Mark Jones, Executive External Strategy and Communications Fellow, Dow Chemical



Thursday, October 13, 2016

Failure: Why Science Is So Successful

Stuart Firestein, Author and Professor of Neuroscience, Columbia University

Darren Griffin, Professor of Genetics, University of Kent

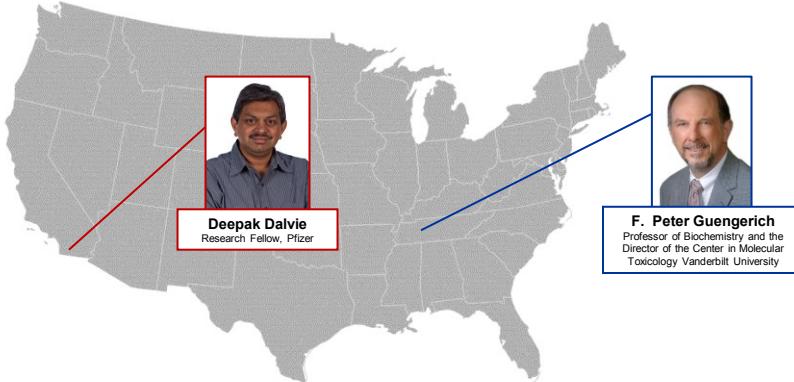
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2016 Drug Design and Delivery Symposium

“Dealing with Reactive Drug Metabolites in Drug Discovery”



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Dealing with Reactive Metabolites in Drug Discovery:

Can we Predict Toxicities of Drug Candidates that form Reactive Metabolites?

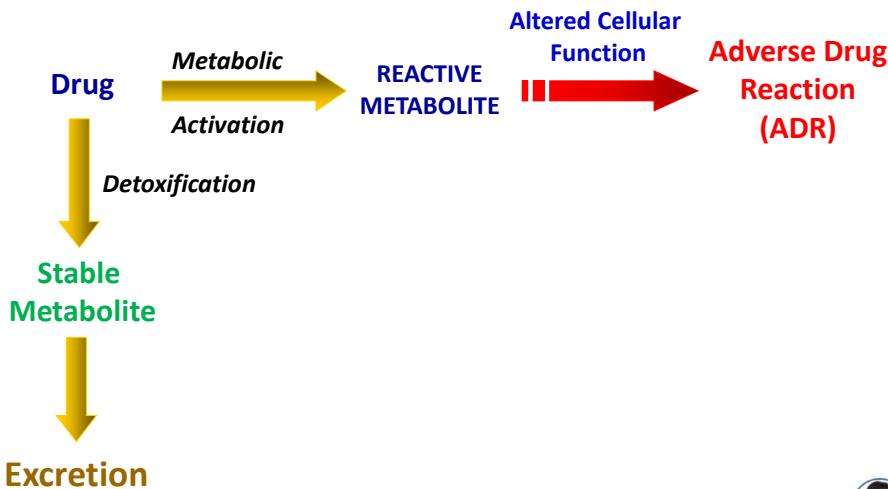
Deepak Dalvie

Pharmacokinetics, Dynamics and Metabolism Department
Pfizer

Addressing Reactive Metabolites in drug discovery has become regular routine



Circumstantial evidence links reactive metabolites to adverse drug reactions



**Predicting Toxicity of Reactive
Metabolites can be Challenging**

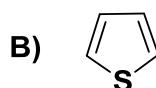
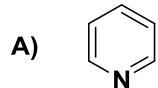


Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT



Which of these groups are considered to be “structural alerts” in medicinal chemistry?



- A
- B
- Both
- Neither

Agenda

★ Background

- Idiosyncratic Adverse Drug Reactions (IADRs)
- Reactive metabolites
- Reactive Metabolite Assays

★ Discuss why predicting toxicity of RM-positive compounds can be challenging?

★ Approaches to deal with reactive metabolites from a DM-PK perspective



Adverse Drug Reactions

A Leading Cause of Candidate Attrition and Drug Recalls

Idiosyncratic Drug Reactions (IADRs)

A Major Problem

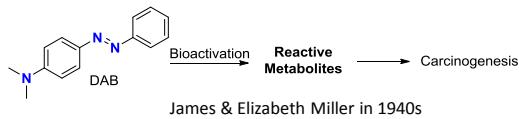
- ★ Unpredictable
- ★ Not easy to study
- ★ The underlying mechanism is not clear
- ★ Believed to be immune mediated!



Reactive Metabolites A Major Risk Factor in Toxicity

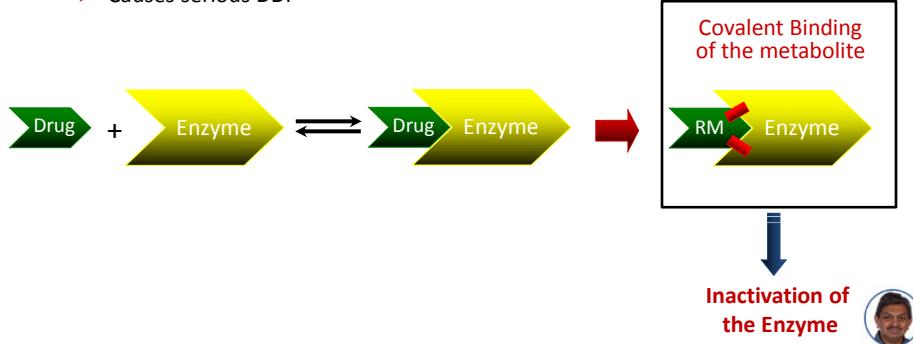
★ Carcinogenic

- Modify DNA
- Genotoxicity

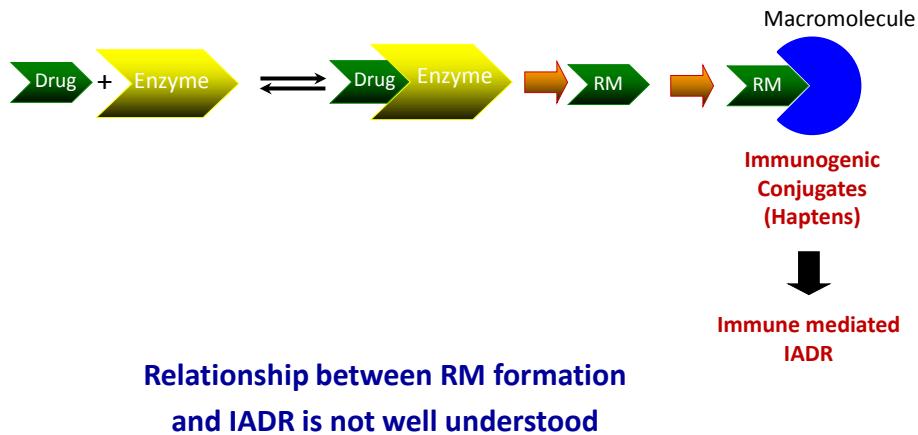


★ RM also associated with inhibition of enzymes – mainly P450

- Covalently bind to the heme or apoprotein
- Results in inactivation of enzyme
- Causes serious DDI



Reactive Metabolites & Idiosyncratic Adverse Drug Reactions (IADR)



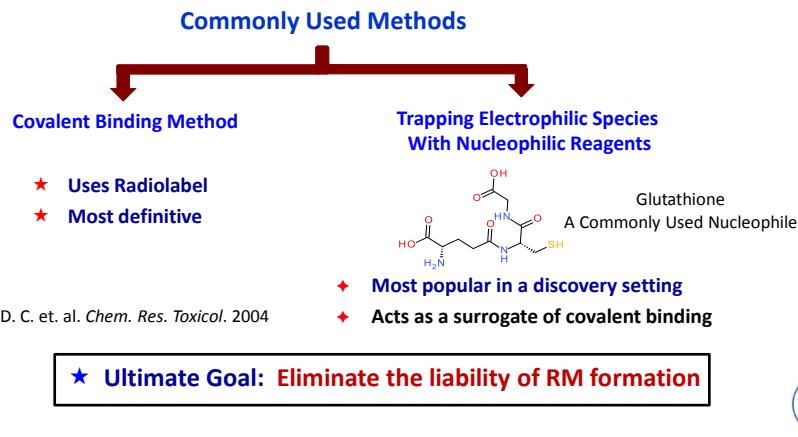
★ **Basic Premise:**

Molecules that do not produce **Reactive Metabolites**
will not cause IADRs

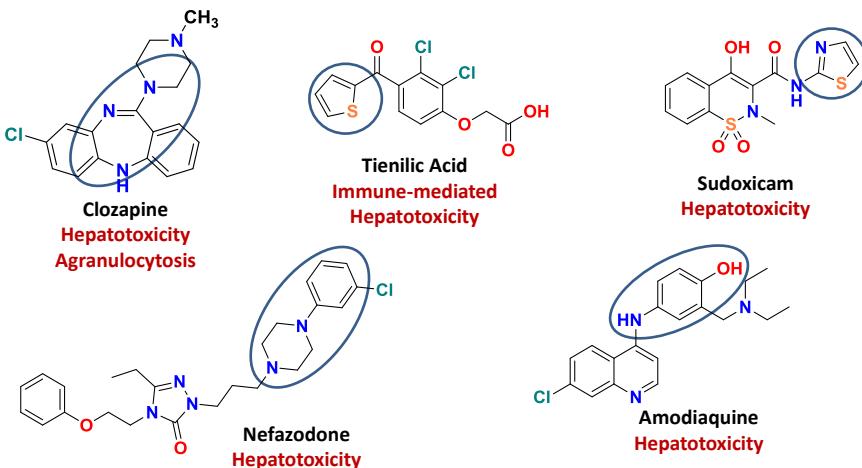


Basic Tactic Used By Pharma Industry “Avoid Reactive Metabolites”

- ★ Two approaches frequently adopted:
- ★ Exclude chemical functionalities undergoing metabolic activation
 - So called “Structural Alerts” or known toxicophores
- ★ Screen for Reactive Metabolite Formation (RM Assays)



Drugs that Possess a Structural Alert can be Toxic!

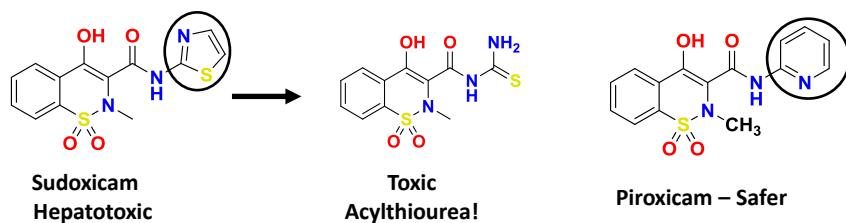
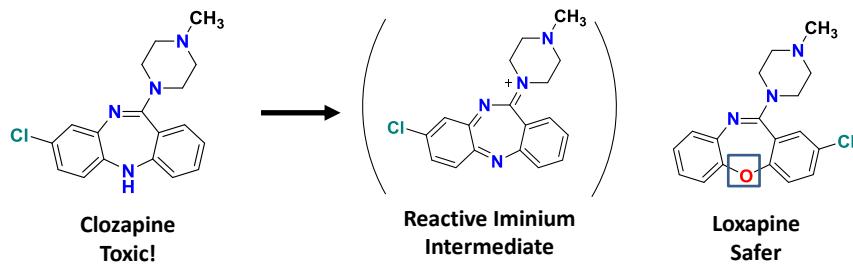


~ 80 % of the drugs associated with IADR
contain structural alerts and form reactive metabolites

Stefan, A. et. al. 2011 *Chem. Res. Toxicol.* 24:1345-1410



Absence of Structural Alerts Improves Safety Profile of Drugs



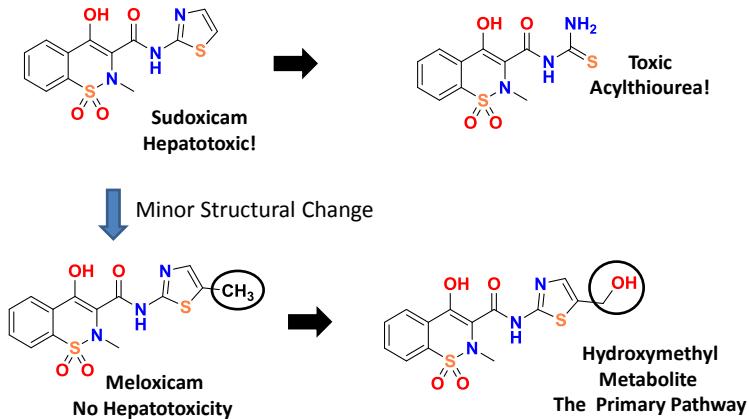
Definitely a good idea to replace motifs
that form reactive metabolites!



Not that Straightforward



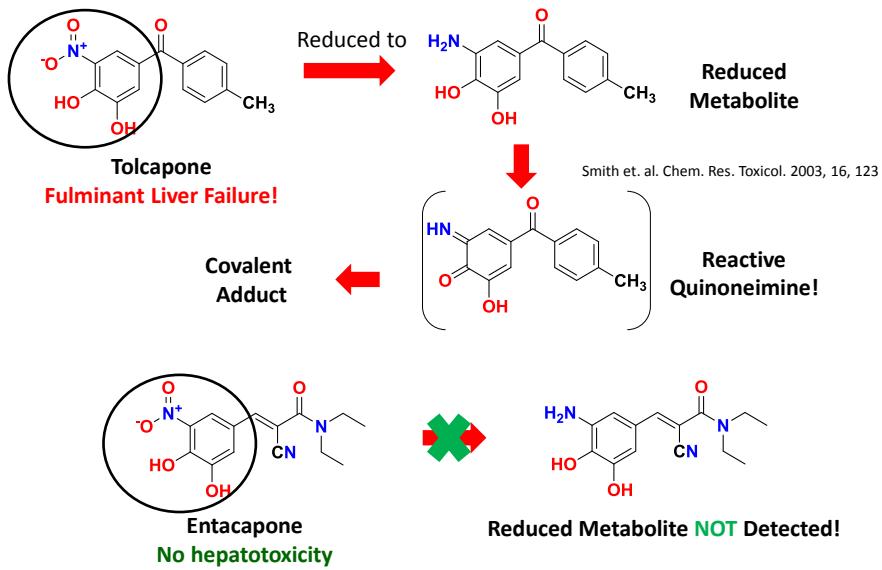
All Molecules with Structural Alerts Are Not Bioactivated!



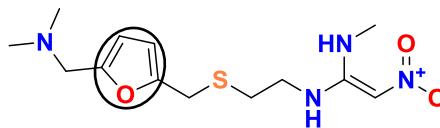
Introduction of methyl group dramatically alters the metabolic profile

Obach et.al. CRT 2008 21:1890

Tolcapone versus Entacapone



Some Molecules Contain A Structural Alert BUT the Clearance Mechanism is Different



Ranitidine SA - Furan

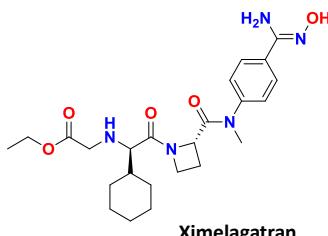


Pramipexole SA - Aminothiazole

Both drugs are renally excreted!



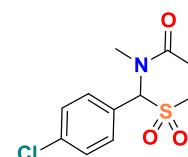
Some Molecules Devoid of SA Are Toxic



Ximelagatran



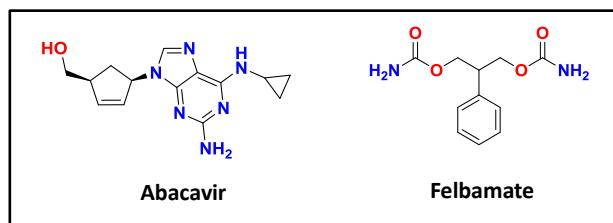
Isoxicam



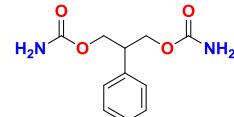
Chlormezanone



Pemoline



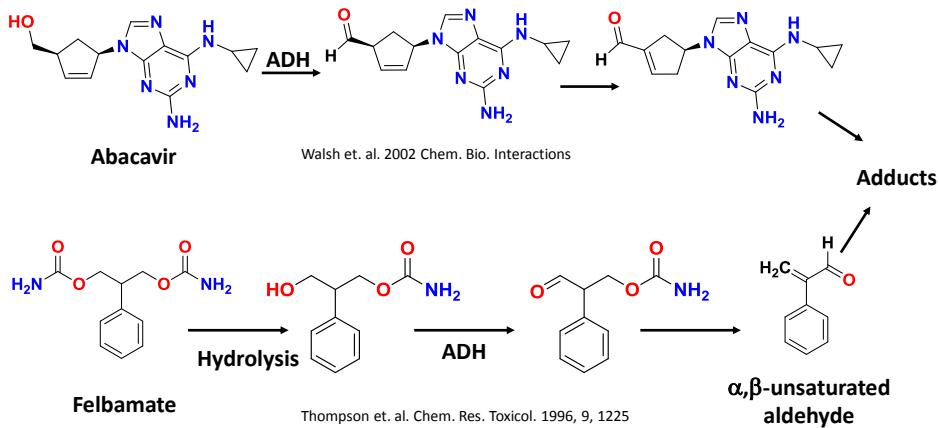
Abacavir



Felbamate



Felbamate and Abacavir – No Typical SA But Bioactivated!



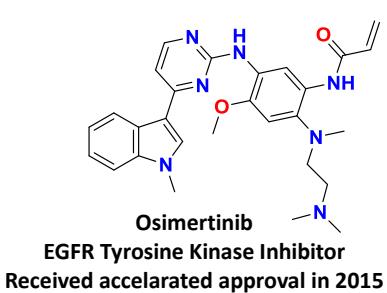
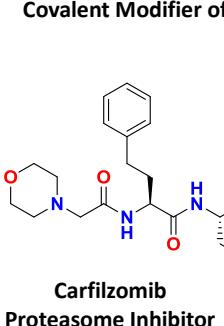
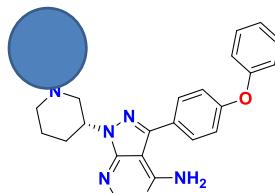
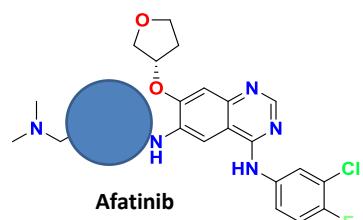
Relying on structural alert database alone may not be the right thing!

As new motifs are introduced – new structural alerts may surface

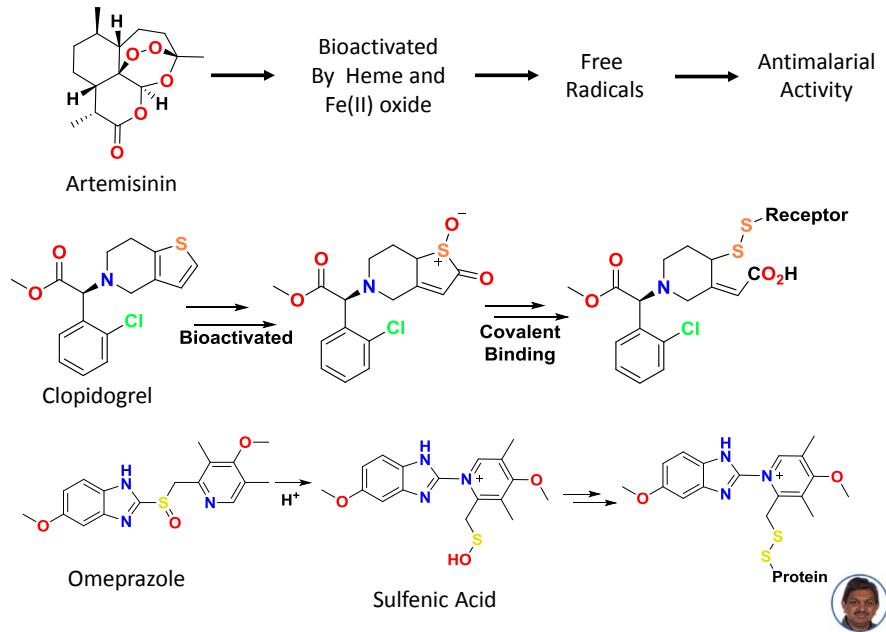


Recently Approved
Irreversible Inhibitors

Structural Alerts Are Back!!

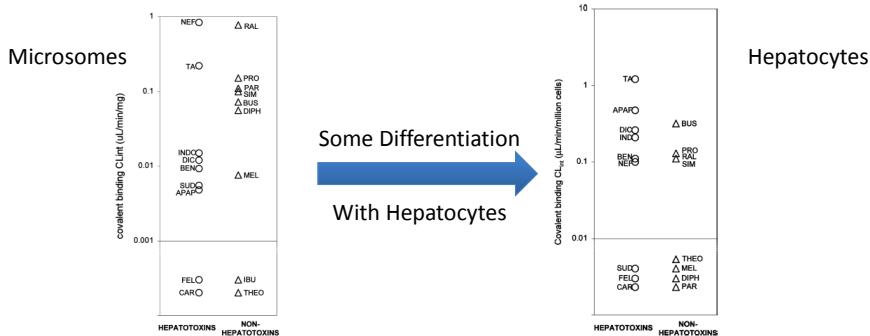


Some Compounds Need Bioactivation to Exert Action



What About Reactive Metabolite Assays?

Data Generated By Obach and his Colleagues



★ Overlap observed between hepatotoxins and non-hepatotoxins

Bauman *Chem. Res. Toxicol.* 2009, 22, 332-340
Obach *Chem. Res. Toxicol.* 2008, 21, 1814-1822

Covalent Binding or GSH adduct formation only suggests the presence of an electrophilic intermediate!

★ Lack of Covalent Binding or GSH Adduct formation does not guarantee safety



What Does This Tell Us?

★ Avoiding SA and eliminating RM formation– makes sense

➤ Avoids Risks

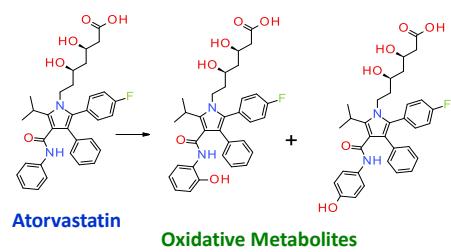
★ Reactive Metabolite formation does not predict toxicity

➤ No guarantee that elimination of reactive metabolites will make a safe drug
➤ Presence of a **structural alert** will **not** make the molecule **toxic!**

★ Several widely prescribed drugs form reactive metabolites

□ Stefan, A. et. al. 2011 *Chem. Res. Toxicol.* 24:1345-1410

Even a #1 Blockbuster drug
contains SA
and can form potential RMs



Bottomline

NO ASSAY OR KNOWLEDGE BASED SYSTEMS
CAN PREDICT THE POTENTIAL OF A DRUG TO CAUSE IADR !

More to it than just bioactivation!



Why is there a Disconnect?

- ★ Several factors influence toxicity
 - Bioactivation is a part of it
- ★ Some other factors that may result in IADRs
 - Direct association with Human Leukocyte Antigen (HLA)
 - Examples:
 - ❖ Abacavir
 - ❖ Allopurinol
 - ❖ Carbamazepine
 - ❖ Flucloxacillin
 - Transporters – Inhibition of the Bile Salt Export Pump (BSEP)
 - Examples
 - ❖ Bosentan
 - ❖ Imitanib

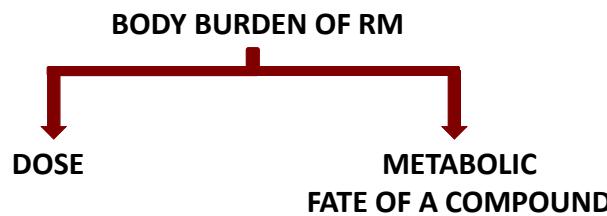
➤ It is multi-factorial most of the times

- Troglitazone



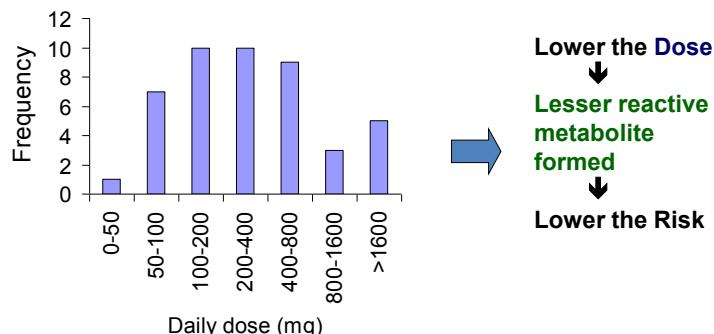
What is the Path Forward?

- ★ Body Burden of a Reactive Metabolite can influence IADR
- ★ One Strategy - Reduce the body burden of the electrophilic intermediate



Impact of DOSE – Now a Well Known Concept!

★ Low dose reduces the risk of IADRs



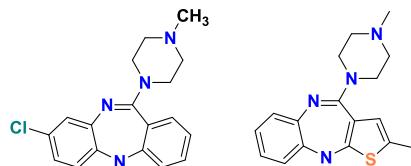
Kalgutkar, A. et. al. 2005, *Curr. Drug Metab.* 6:161:225

Utrecht, J. 1999 *Chem. Res. Toxicol.* 12:387-95
 Lammert, C. et. al. 2008, *Hepatology* 47:2003-2009
 Stefan, A. et. al. 2011 *Chem. Res. Toxicol.* 24:1345-1410



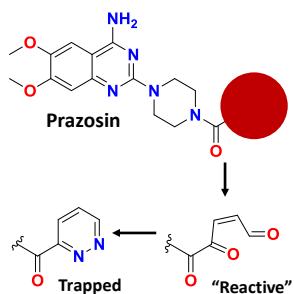
Impact of Dose on Toxicity

Mol Pharmacol 1998 53:999

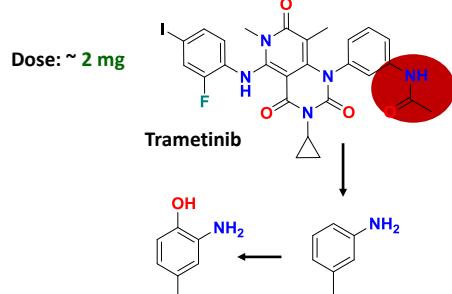


Clozapine
Dose: 300-900 mg

Olanzapine
Dose: 10 mg



Erve et. al. DMD 2007 35:908

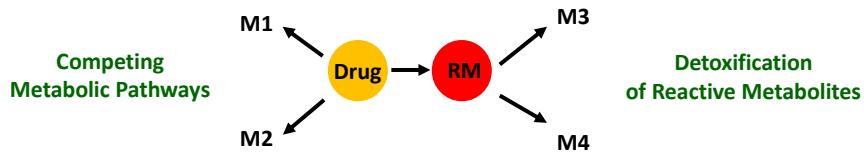


Both Are Structural Alerts!



Other Driver of RM Body Burden – Metabolic Fate

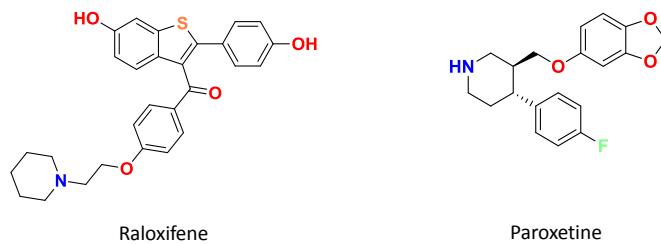
- ★ Amount of a Reactive Metabolite Formed depends on:
 - Contribution of competing metabolic routes
 - Contribution of pathways that detoxify the reactive metabolite



More the pathways \Rightarrow lesser the amount of RM



Raloxifene & Paroxetine

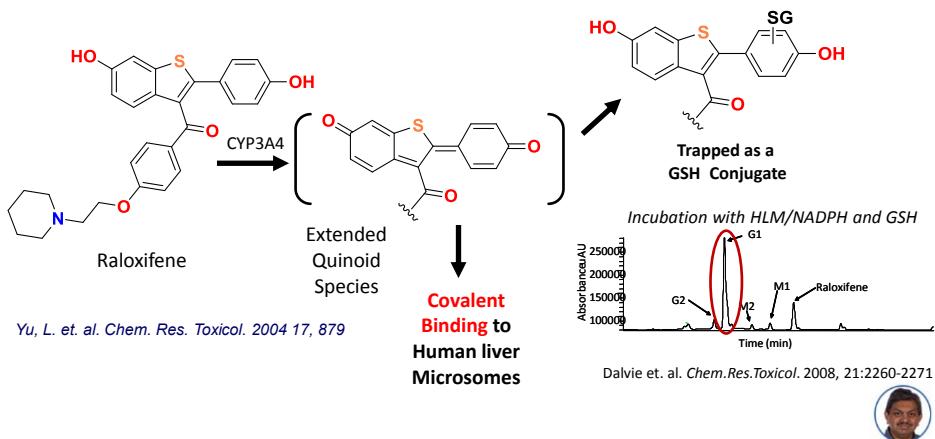


Two cases that illustrate influence of metabolic pathways on RM body burden



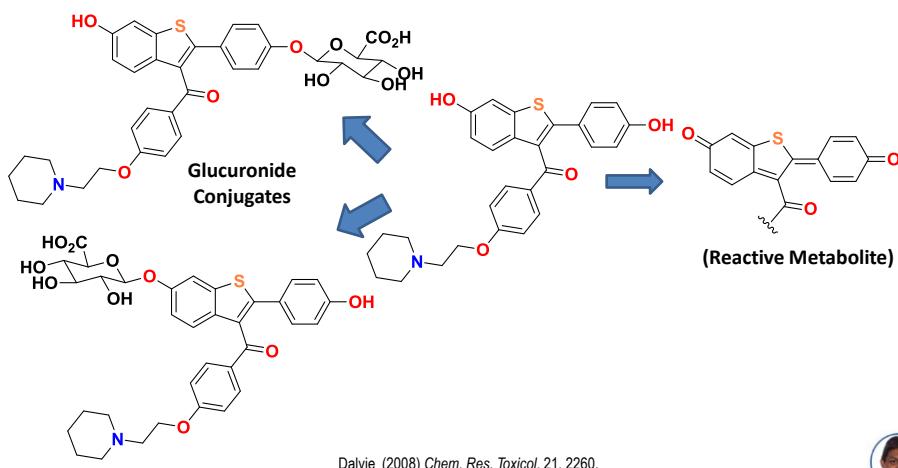
The Raloxifene Case

- ★ Raloxifene - A selective estrogen receptor modulator (SERM)
- ★ Bioactivated by CYP3A4 to quinoid intermediates
- ★ A mechanism-based inhibitor of CYP3A4 – covalently binds to Cys residue in CYP3A4 (CRT 2007)
- ★ No IADRs or DDIs reported



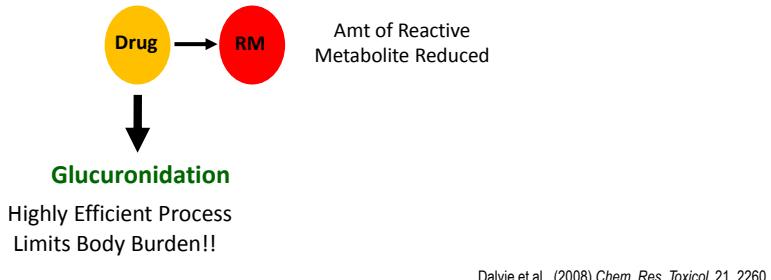
Why is Raloxifene is Devoid of any IADRs or DDI ?

- ★ Primary route of raloxifene metabolism – Glucuronidation
- ★ Highly efficient glucuronidation pathway competes with oxidation



Competing Pathways Make A Difference

- Glucuronidation limits the amount of raloxifene undergoing bioactivation

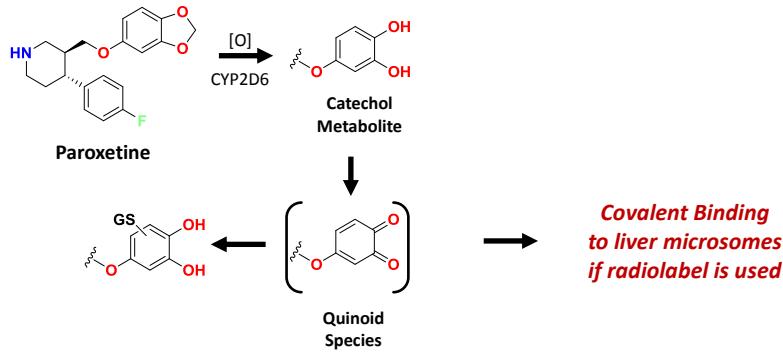


- Dose may also influence (Dose of raloxifene – 60 mg QD)



Paroxetine Case

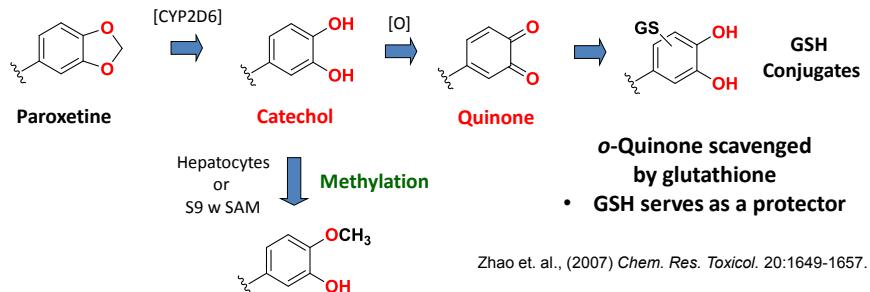
- Paroxetine – a widely used antidepressant
- Undergoes metabolic activation
- But Paroxetine is not a hepatotoxin!



Zhao et. al., (2007) *Chem. Res. Toxicol.* 20:1649-1657.



Detoxification of Reactive Metabolite and its Precursor Influences its Body Burden



★ Methylation limits the amount of catechol being oxidized

★ Dose may contribute:

- Paroxetine - Low daily dose (20 mg QD)
- Reactive metabolite burden is readily handled by endogenous glutathione pool

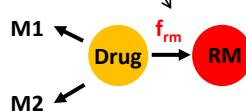


What did we learn from this ?

★ It is all about Body Burden!

★ RM Body Burden is dependent on

- Dose
- Contribution of the RM pathway



★ Knowledge of the complete metabolite profile is important

- Important to use integrated tissue systems
- Liver S9 w co-factors or hepatocytes rather than liver microsomes



Take Home Message!

★ Predicting toxicity of RM-Positive compounds is challenging

★ Good to avoid **Structural Alerts**

- Replace if a bioisotere is available
 - If there is no loss of pharmacological activity
- Avoids unnecessary risk assessment

★ If the **Structural Alert** is necessary for activity

- Demonstrate if the SA is prone to RM using met ID

★ RM Assays are good “Gate Keepers”

- A “flag” to trigger additional studies
- GSH adducts provide a mechanistic understanding of bioactivation
- Results need to be put in right context



Take Home Message!

★ Keeping the dose low is important

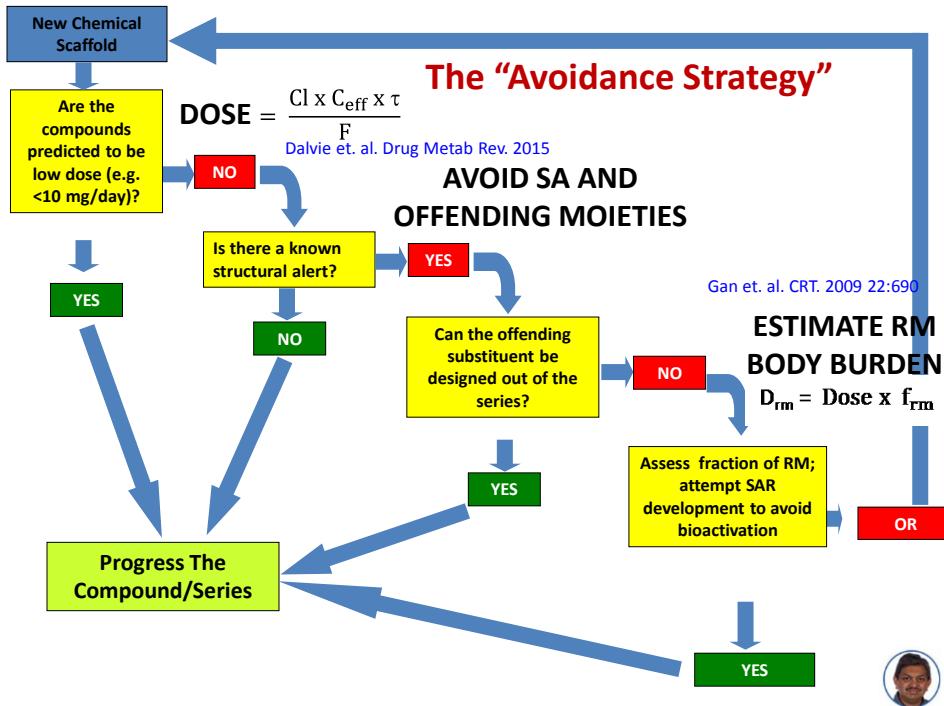
- Exposure to RM is tolerated

★ Estimation of RM Body Burden could be useful

- A more positive step towards prediction of IADR Risks

B.K. Park et. al. *Nature Drug Discovery* 10, 292-309 (2011) – A seminal paper!





Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT

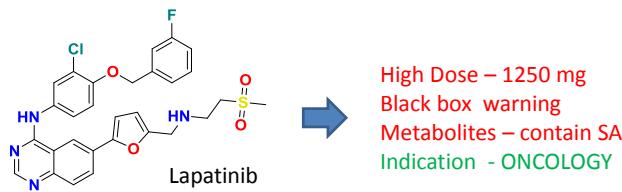
What other factors can you not forget when thinking about level of risk? (multiple correct answers)

- Indication
- Route of Administration
- Target Population
- pH
- Medical need

Never Forget Other Factors!

- ★ Level of Risk also depends on factors such as

- Indication
- Medical need
- Target population ...



- ★ These factors will influence the avoidance strategy



Acknowledgements



Amit Kalgutkar – Cambridge Site



Scott Obach – Groton Site

Kalgutkar AS. and Dalvie DK. *Annu. Rev. Pharmacol. Toxicol.* 2015. 55:35–54

Dalvie D, Kalgutkar AS. and Chen W. *Drug Metab Rev.* 2015. 47:56–70.



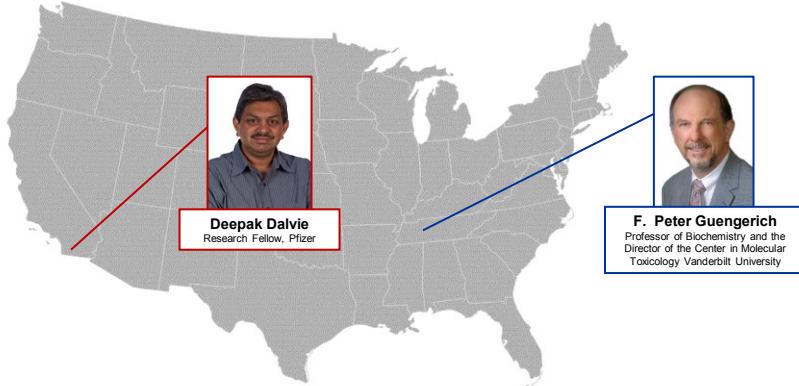
Kalgutkar, A.S., Dalvie, D.K., Obach R.S., Smith D.A.





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II - Beyond Traditional Small Molecules	
May 19	<i>Design of Deliverable Macrocycles</i> Scott Lacey - UC Santa Cruz Nicholas Meanwell - BMS
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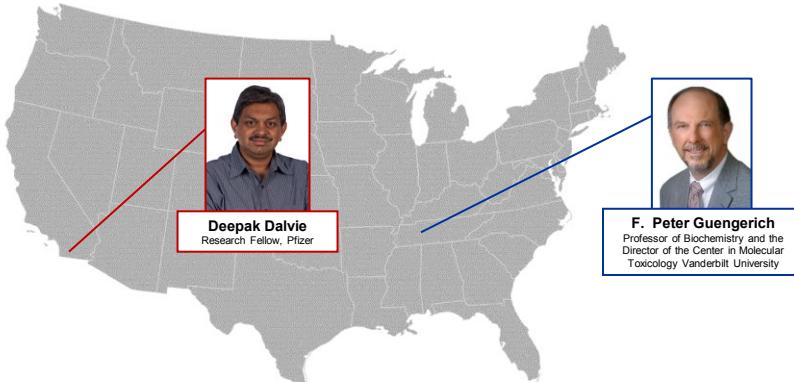
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