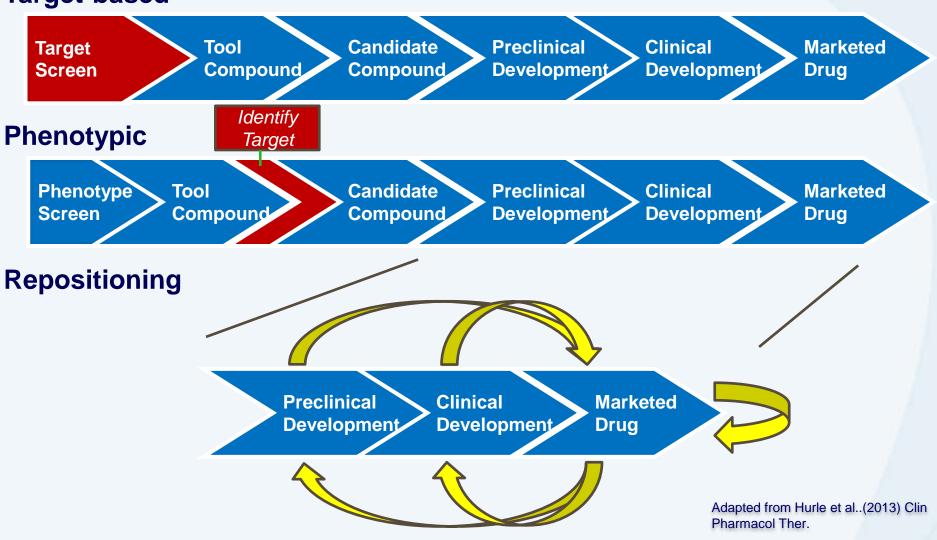
# Data Mining for Drug Repurposing

Lon Cardon
Alternative Discovery and Development
GlaxoSmithKline

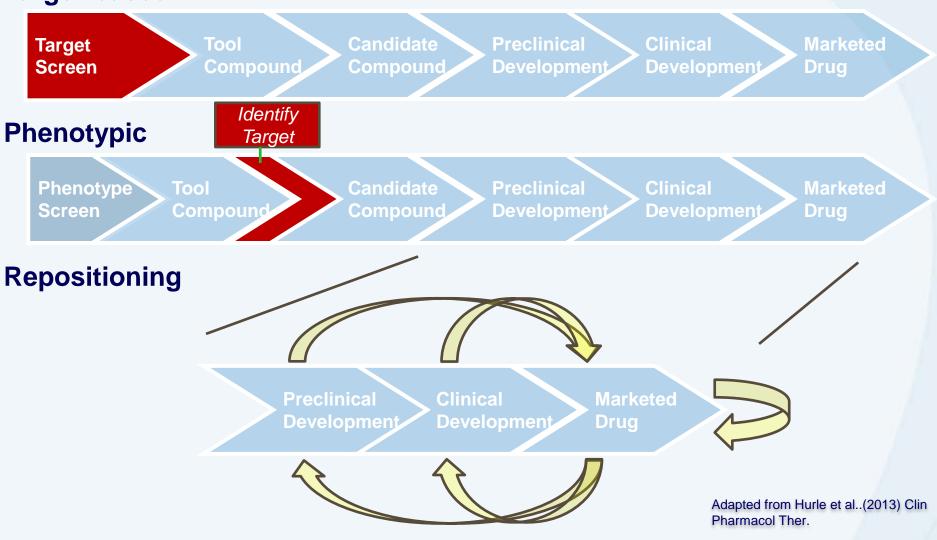
## **Drug Discovery Modalities**

#### **Target-based**

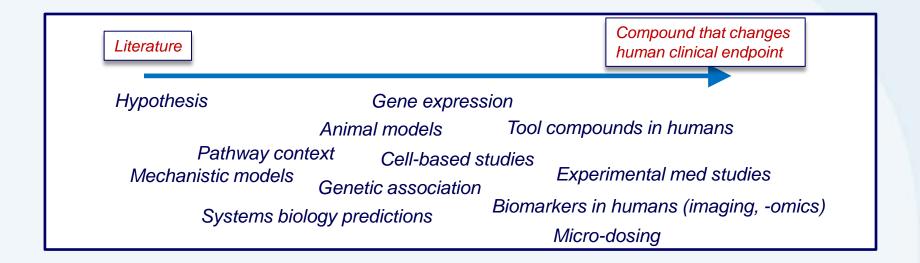


## **Drug Discovery Modalities**

#### **Target-based**

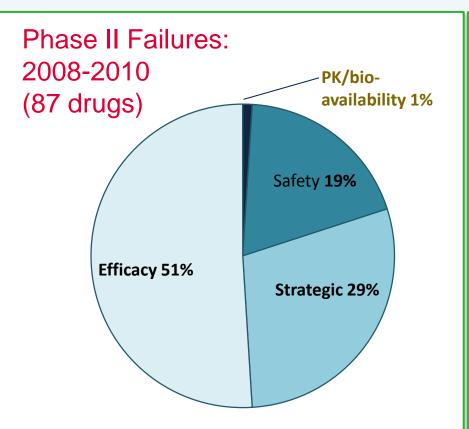


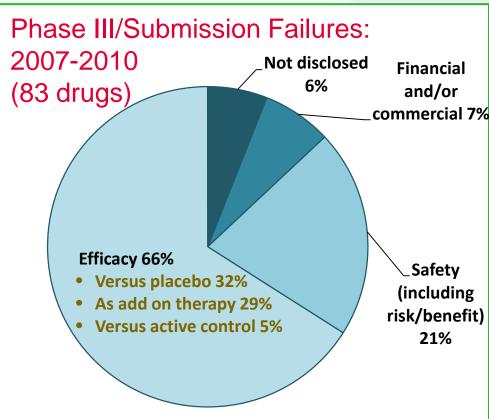
### Selection & Validation of Drug Targets



- ✓ Known mechanism
- ✓ Animal models
- ✓ Unmet need
- ✓ Previous success
- **√** ...
- ✓ Evidence in humans
- **√**...
- ✓ Genetically validated
- **✓** ..

#### Most drugs fail because they don't work





Industry data from Nature Reviews Drug Discovery **10**, 2011

#### Drug (re-)positioning: How much opportunity?

Targets selected vary in level of evidence, yielding

...many targets with weak empirical link to indication

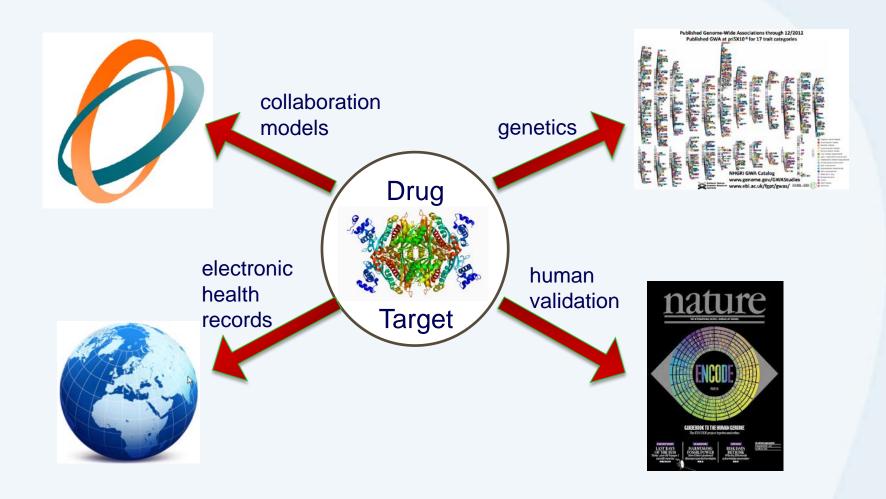
→ Many opportunities

Large investment required for drug discovery, yielding

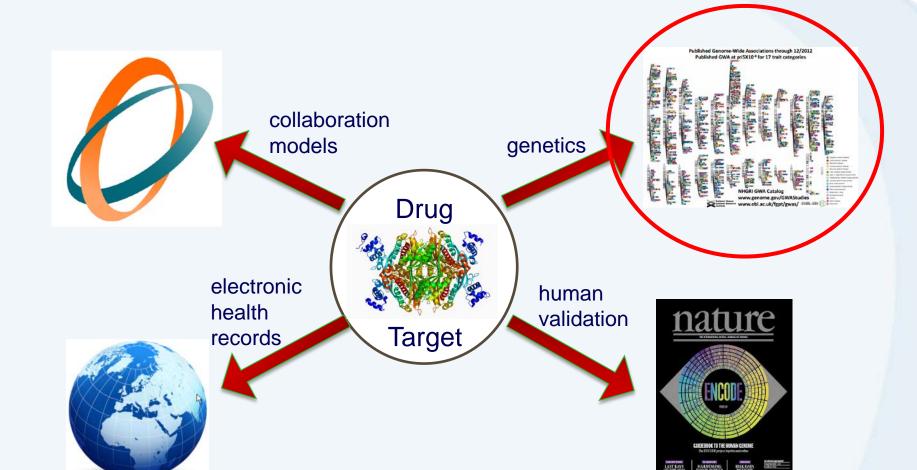
...extensive evaluation before terminating programs

→ Few opportunities

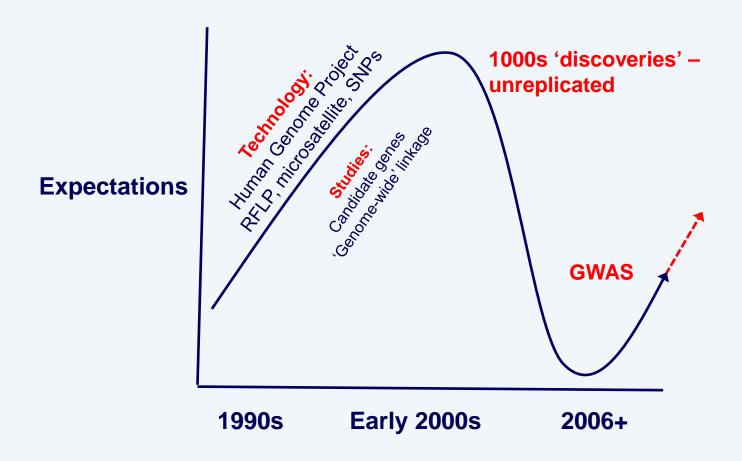
## Drug (re-)positioning: Target is key



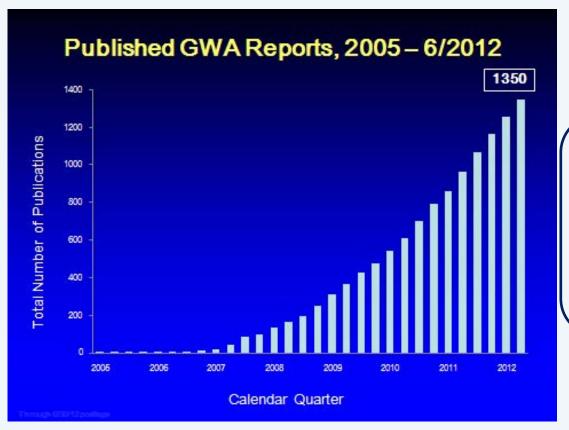
## Drug (re-)positioning



#### **Human Genetics**



#### **GWAS Data**



NHGRI (National Human Genome Research Institute) GWAS catalog: <a href="http://www.genome.gov/gwastudies/">http://www.genome.gov/gwastudies/</a> Hindorff et al. PNAS, 2009

Feb 2013: 1,505 publications and 8,348 SNPs

#### Repositioning with GWAS



Genome Wide
Association Studies
(GWAS)\*



155 GWAS genes targeted by drugs/biologics actively pursued by the industry (2.5X expected)



**Industry pipeline** 

GWAS trait similar to drug

indication?

No

Potential drug repositioning opportunities (92 genes)

Yes

Increased confidence in the indication (63 genes) (ex., PPARG)

Sanseau, Agarwal *et al.* Nat. Biotech. 30, 2012

Table 1 Selected examples of matches between GWAS trait and drug indication<sup>a</sup>

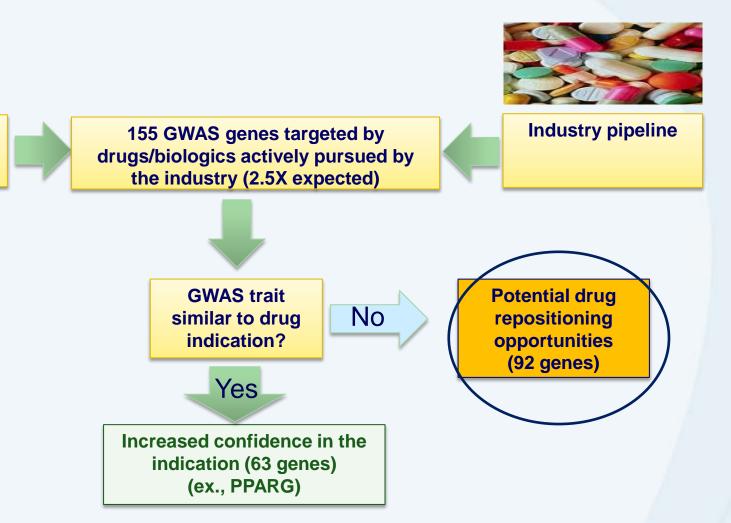
Drug name or class	Most advanced development phase (for the indication)	Gene	Drug indication	GWAS trait	GWAS reference
Statins	Launched	HMGCR	Hypercholesterolemia	LDL Cholesterol	1
Ustekinumab	Approved	IL12B	Psoriasis	Psoriasis	13
Ustekinumab	Phase 2	IL12B	Crohn's disease	Crohn's disease	2
Anti-IL2 receptor mAb	Phase 2	IL2RA	Ulcerative colitis	Crohn's disease	2
AMG -785/ CDP-7851	Phase 2	SOST	Bone regeneration/ osteoporosis	Bone mineral density	14
Znt8 agonists	Preclinical	SLC30A8	Type 2 diabetes	Type 2 diabetes	15

<sup>&</sup>lt;sup>a</sup>Examples are ranked from most advanced drug (launched) to less advanced (preclinical). The associated gene between each GWAS and the drug is shown. The drug indication and the phase of development for each drug are derived from the Pharmaprojects database. In each example the GWAS trait is identical (rows 1, 2, 3 and 6) or closely related (rows 4 and 5) to the drug indication. For the full list, see **Supplementary Table 3**. In many cases, more drugs for the gene are listed in the database at different phases. The GWAS references are from the catalog of GWAS data (http://www.genome.gov/gwasstudies).

#### Repositioning with GWAS



Genome Wide
Association Studies
(GWAS)



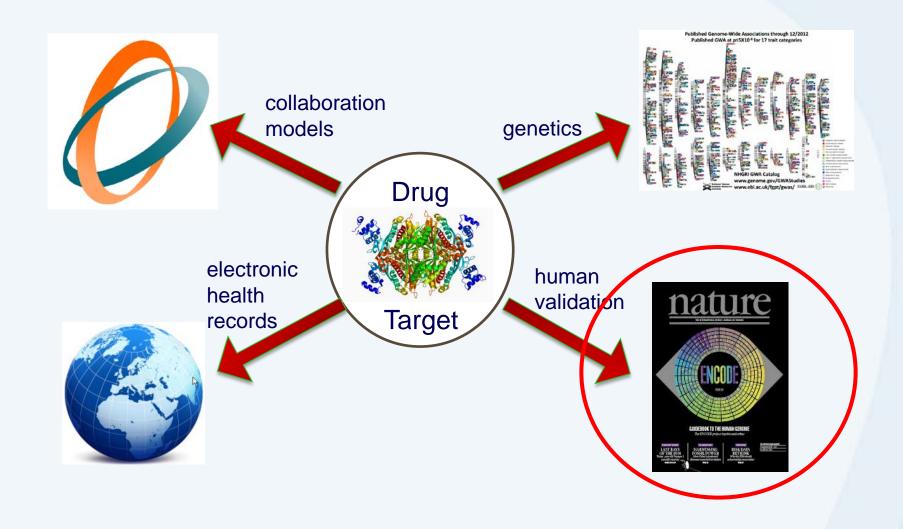
#### **Drug Repositioning Opportunities?**

Table :	2 Selected exam	ples of mismatch	between GWAS	trait and drug	indicationa
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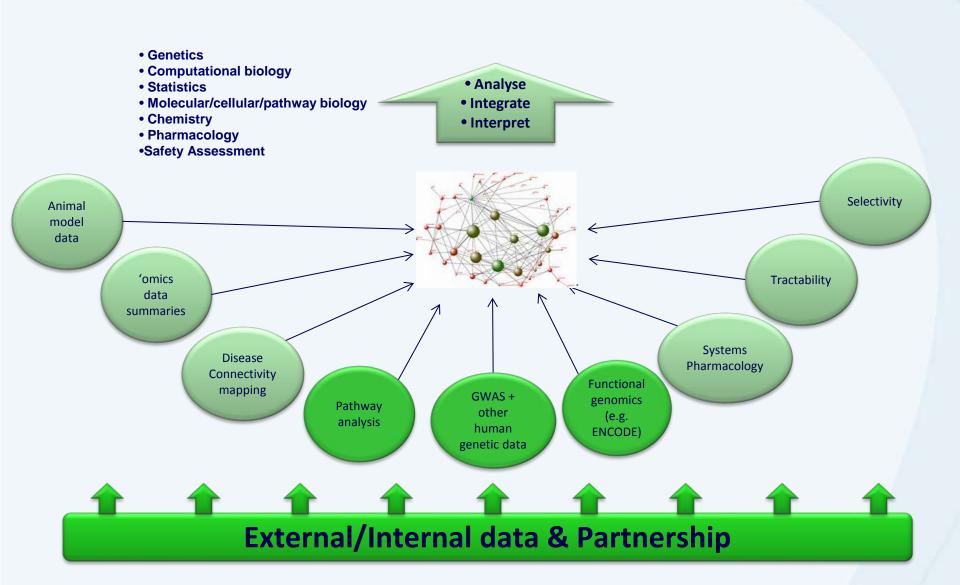
Drug name	Most advanced development phase (for the indication)	Gene	Current drug indication	GWAS trait (new potential drug indication)	GWAS references
Denosumab/AMG-162	Launched/registered	TNFSF11	Osteoporosis/bone cancer	Crohn's disease	2
RPI-78M	Phase 3	IL27	Adrenoleukodystrophy	Crohn's disease/inflammatory bowel disease	2,16
Nepicastat	Phase 2	DBH	Cocaine addiction/post- traumatic stress disorder	Smoking cessation	7
Biib-033	Phase 1	LINGO-1	Multiple sclerosis	Essential tremor	4,5
AMG-557	Phase 1	ICOSLG	Systemic lupus erythematosus	Crohn's disease/celiac disease/ulcerative colitis	17–19
Cwp-231	Preclinical	TCF4	Cancer	Fuchs's corneal dystrophy	20

<sup>&</sup>lt;sup>a</sup>Examples are ranked from most advanced drug (launched) to less advanced (preclinical). The associated gene between each GWAS and the drug is shown. The drug indication and the phase of development for each drug are derived from the Pharmaprojects database. For the full list, see **Supplementary Table 4**. In many cases, more drugs for the gene are listed in the database at different phases. The GWAS references are from the catalog of GWAS data (http://www.genome.gov/gwasstudies).

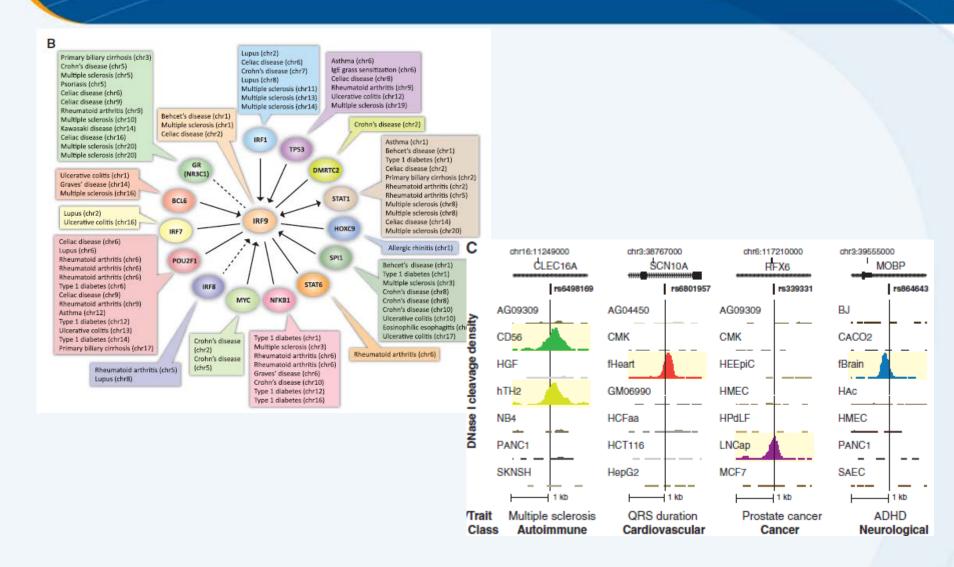
## Drug (re-)positioning



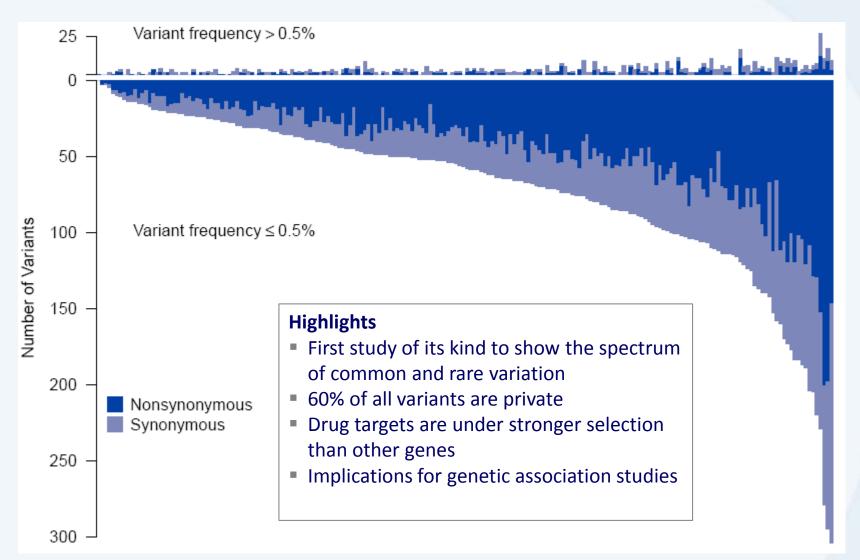
#### Leveraging data to influence drug discovery decisions



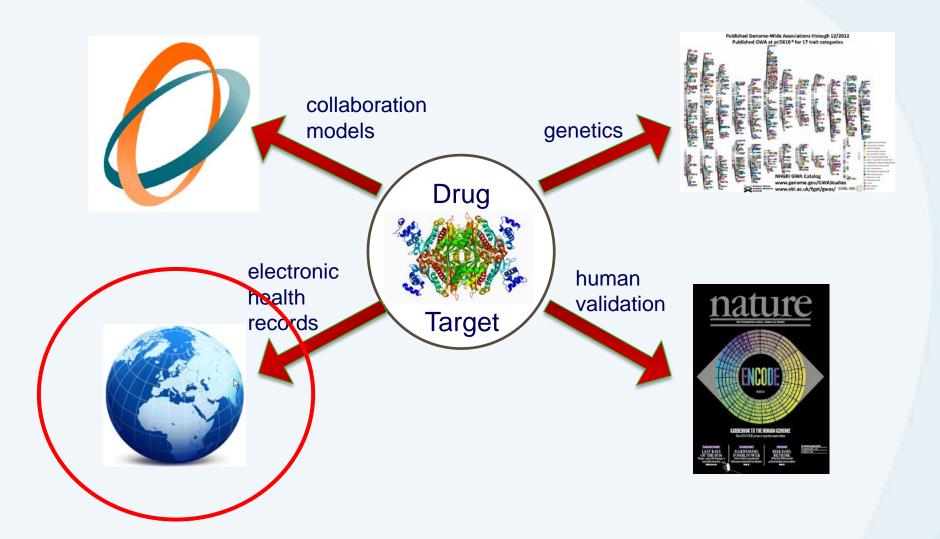
#### **ENCODE: Early, but with potential**



#### **Deep sequencing of drug targets**

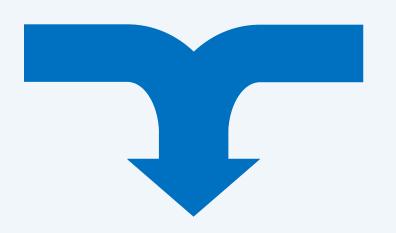


## Drug (re-)positioning



## Electronic health records and biological information





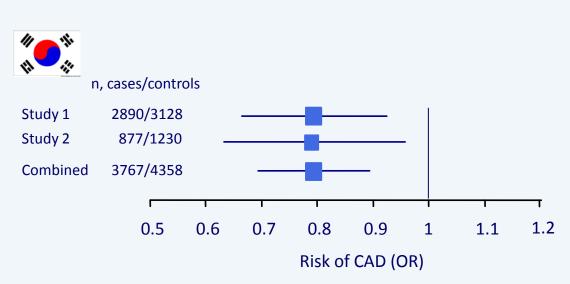


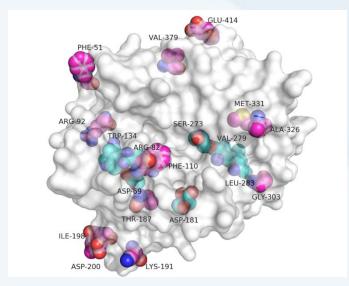
- X-disease effects of variants for repurposing (PheWAS)
- Causality assessment (Mendelian randomization)
- Expand disease knowledge in 'real world'

- Drug response
- Adverse reactions
- Targeted trial recruitment
- Pilot genetic translation

Target > Preclinical > Clinical > Launch

#### PLA2G7 - Human "Knock-Out" for CAD





#### PLA2G7 null allele (V279F) protects against CAD

- → Support for darapladib pharmacology (MOA)
- → Null variant carriers excluded from Asian studies

### Deep sequencing of *PLA2G7* in Europeans identifies rare LOF variants

- → New tools to understand target
- → Confidence that LOF variants are not common in Europeans

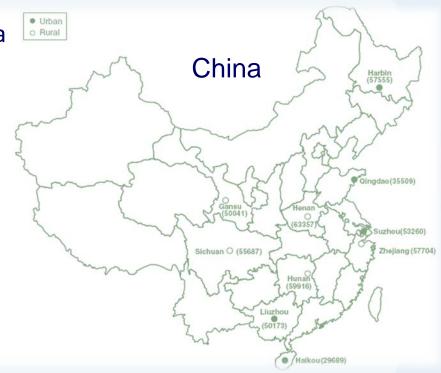
Jang , PLoS One 2011

Song, Pharmacogenomics J 2012

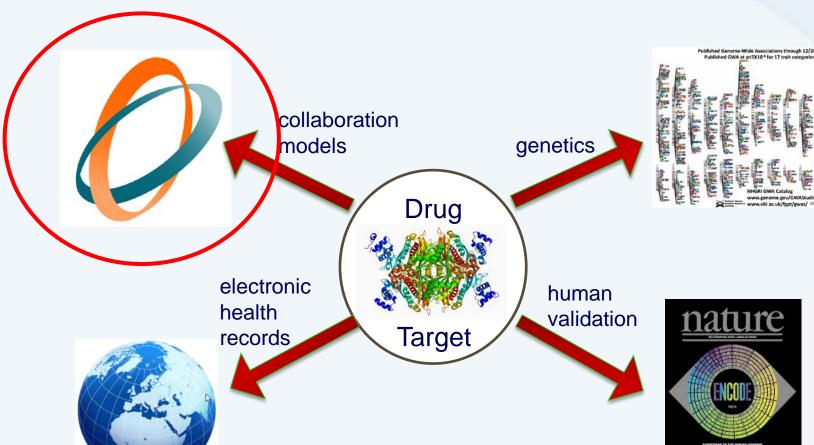
## Kadoorie Study: Opportunities for safety prediction & repurposing

- Kadoorie -> 500K subject electronic health record (EHR)-linked biobank study
- PLA2G7 V279F frequency = 4-9% in China
- Provides 'in silico' model of long-term exposure

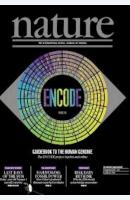




## Drug (re-)positioning







#### Models of collaboration

- Drug discovery is not the exclusive domain of industry or academia
  - Innovative Medicines Initiative
  - Severe Adverse Events Consortium
  - NCATS
  - **–** ...
- Real progress will require re-thinking of established practice
  - Intellectual property
  - Data sharing
  - Transparency
- Need models that play to strengths of all groups

#### Academia/Industry collaboration requires multiple models



1 to 1: to maximize complementary capabilities

Avalon Ventures 3-way: academia + biotech + pharma



**Discovery Fast Track** 

Open access to high throughput screening

#### Data sharing/data transparency





















ACS Medicinal Chemistry Letters LETTER

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An Invitation to Open Innovation in Malaria Drug Discovery: 47 Quality Starting Points from the TCAMS

Félix Calderón," David Barros, José María Bueno, José Miguel Coterón, Esther Fernández, Francisco Javier Gamo, José Luis Lavandera, Jaría Luisa León, Simon J. F. Macdonald, Araceli Mallo, Pilar Manzano, Esther Porras, José María Fiandor, da Julia Castro V.

<sup>†</sup>Tres Cantos Medicines Development Campus, DDW, GlaxoSmithKline, Severo Ochoa 2, 28760 Tres Cantos, Spain <sup>†</sup>Medicines for Malaria Venture (MMV), 20, route de Pré-Bois-PO Box 1826, 1215 Geneva 15, Switzerland





#### Conclusions

- Drug repositioning is neither straightforward nor guaranteed
- Better understanding of the drug target and mechanism is key for both initial and subsequent applications
- Emergent data in human genetics and increased availability of human samples are attractive drug (re-)positioning
- Pathways to success are collaborative

#### Acknowledgements

- Pankaj Agarwal
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