

# **Target Validation in Drug Discovery**

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GlaxoSmithKline

# Translation and Genetics

21<sup>st</sup> century genetics clearly contributing to

- Understanding disease etiology
- Mechanistic hypotheses and (sometimes) direct insights
- Broad spectrum of trait-gene relevance
- Technology and unforeseen tools

Translation?

- Diagnostics, prognostics, treatment?
- Pharmacogenetics?
- Novel targets?

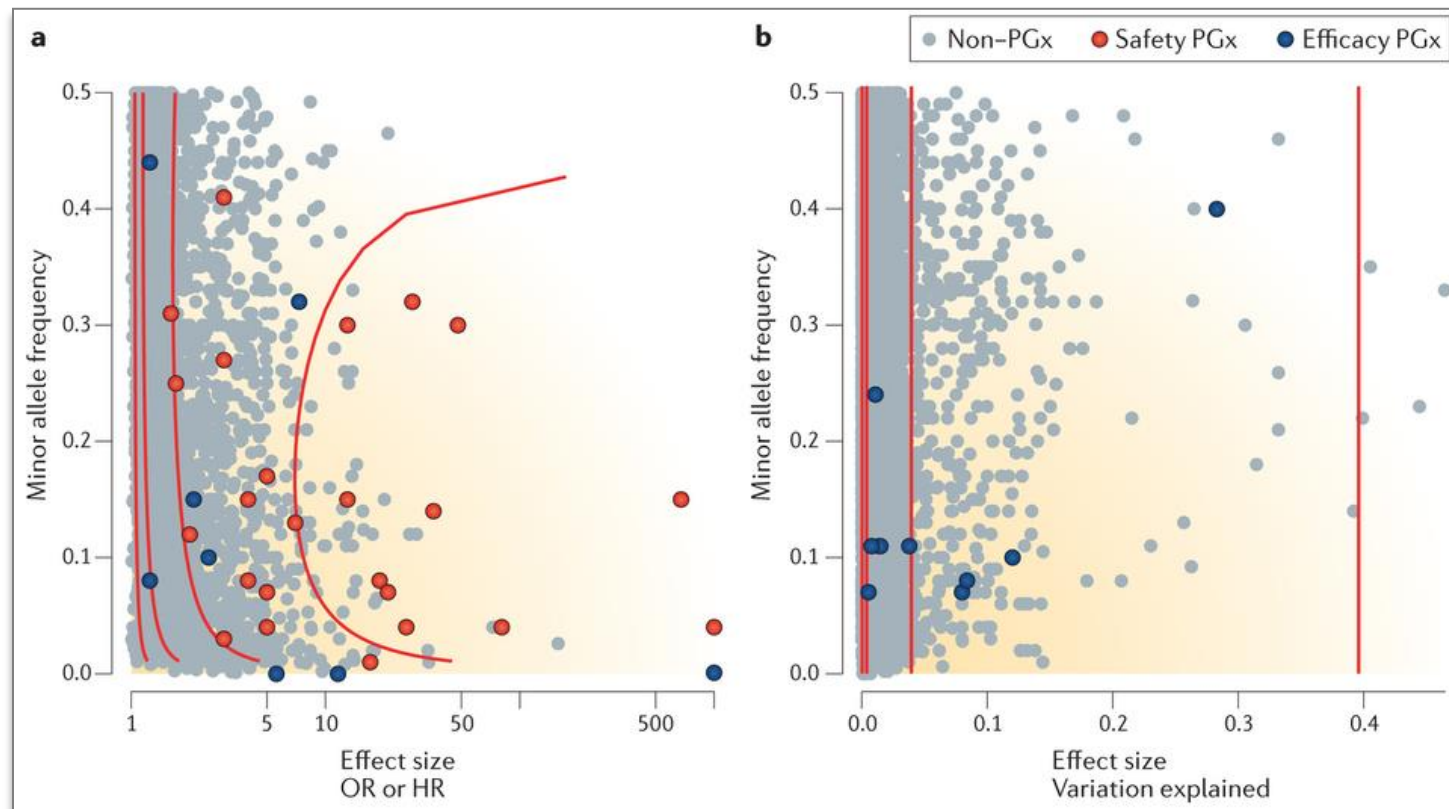
✓ **Oncology, rare diseases and (ad hoc) drug safety**  
Otherwise, “Valley of Death” is as wide as ever

# The genetics of drug efficacy: opportunities and challenges

Matthew R. Nelson<sup>1\*</sup>, Toby Johnson<sup>2\*</sup>, Liling Warren<sup>3,4</sup>, Arlene R. Hughes<sup>5</sup>,  
Stephanie L. Chissoe<sup>6</sup>, Chun-Fang Xu<sup>2</sup> and Dawn M. Waterworth<sup>1</sup>



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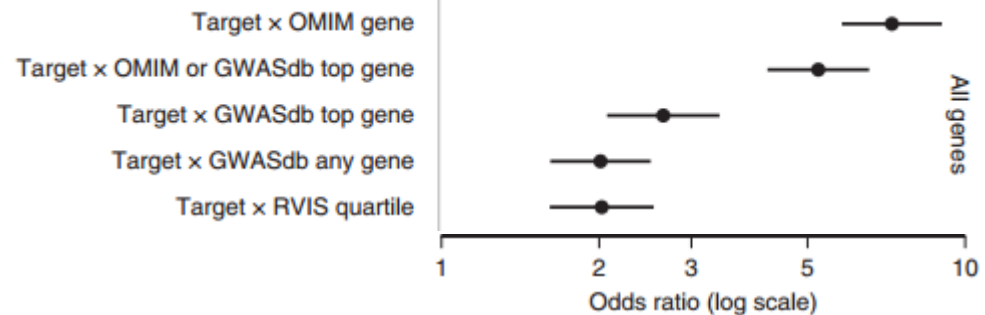


# The support of human genetic evidence for approved drug indications



Matthew R Nelson<sup>1</sup>, Hannah Tipney<sup>2</sup>, Jeffery L Painter<sup>1</sup>, Judong Shen<sup>1</sup>, Paola Nicoletti<sup>3</sup>, Yufeng Shen<sup>3,4</sup>, Aris Floratos<sup>3,4</sup>, Pak Chung Sham<sup>5,6</sup>, Mulin Jun Li<sup>6,7</sup>, Junwen Wang<sup>6,7</sup>, Lon R Cardon<sup>8</sup>, John C Whittaker<sup>2</sup> & Philippe Sanseau<sup>2</sup>

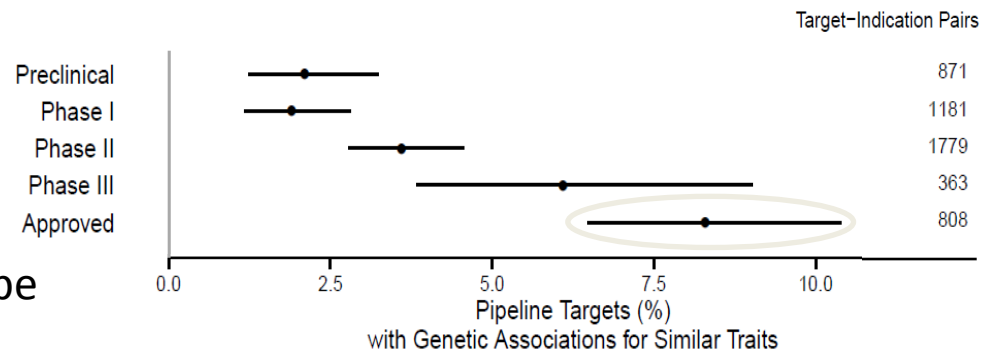
Drugs with human genetic information  
>2x more likely to be successful



Those that succeed are more likely to be  
genetically validated

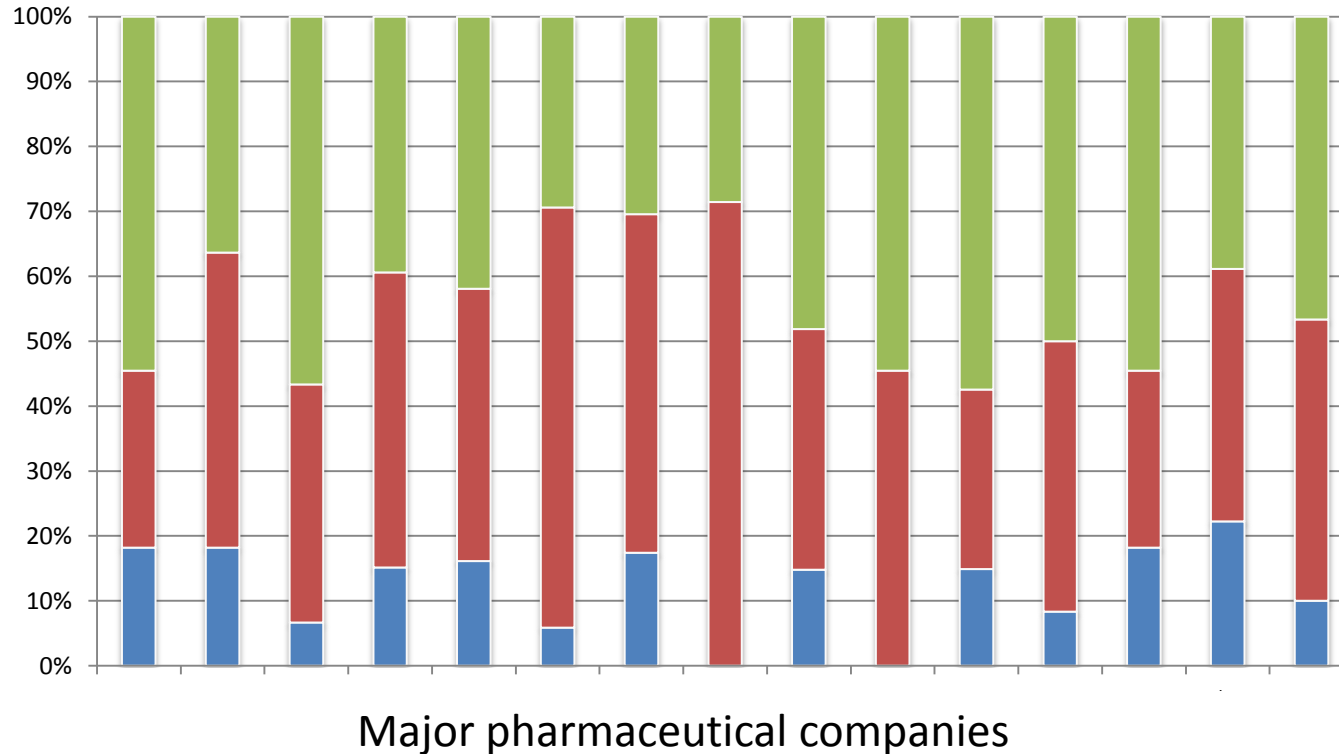
*or*

Failures at each stage are more likely to be  
those **without** genetic validation

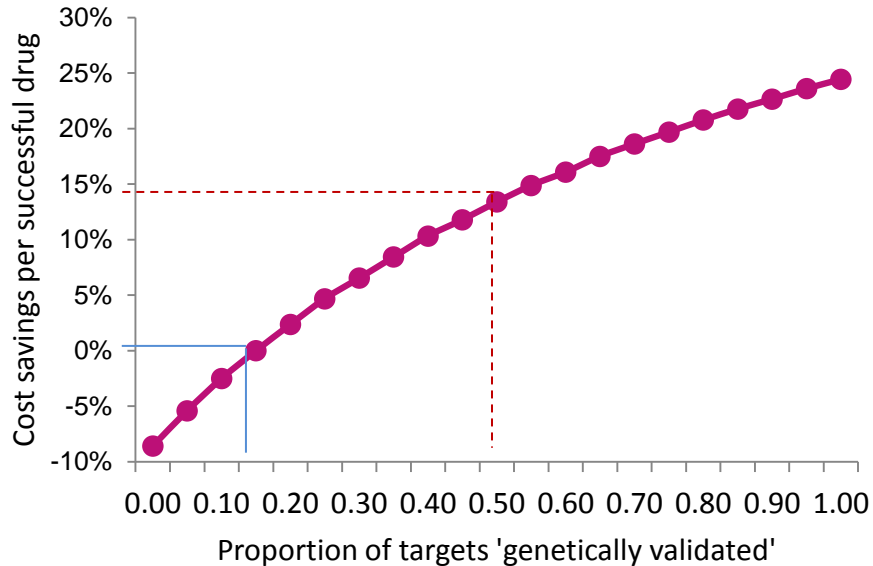


# Genetics in clinical studies today

Proportion of new targets with genetic support for **ongoing** or **another** indication



# Target validation and cost reduction



**10-15%** targets have genetic data today

If increase to **50%**, expect **13-15%** cost reduction

If increase to **100%**, expect **25%** cost reduction



**Tufts Center for the Study of Drug Development**

November 18, 2014

## **Cost to Develop and Win Marketing Approval for a New Drug Is \$2.6 Billion**

BOSTON – Nov. 18, 2014 – Developing a new prescription medicine that gains marketing approval, a process often lasting longer than a decade, is estimated to cost \$2,558 million, according to a new study by the Tufts Center for the Study of Drug Development.

The \$2,558 million figure per approved compound is based on estimated:

- Average out-of-pocket cost of \$1,395 million
- Time costs (expected returns that investors forego while a drug is in development) of \$1,163 million

## **The \$2.6 Billion Pill — Methodologic and Policy Considerations**

Jerry Avorn, M.D.

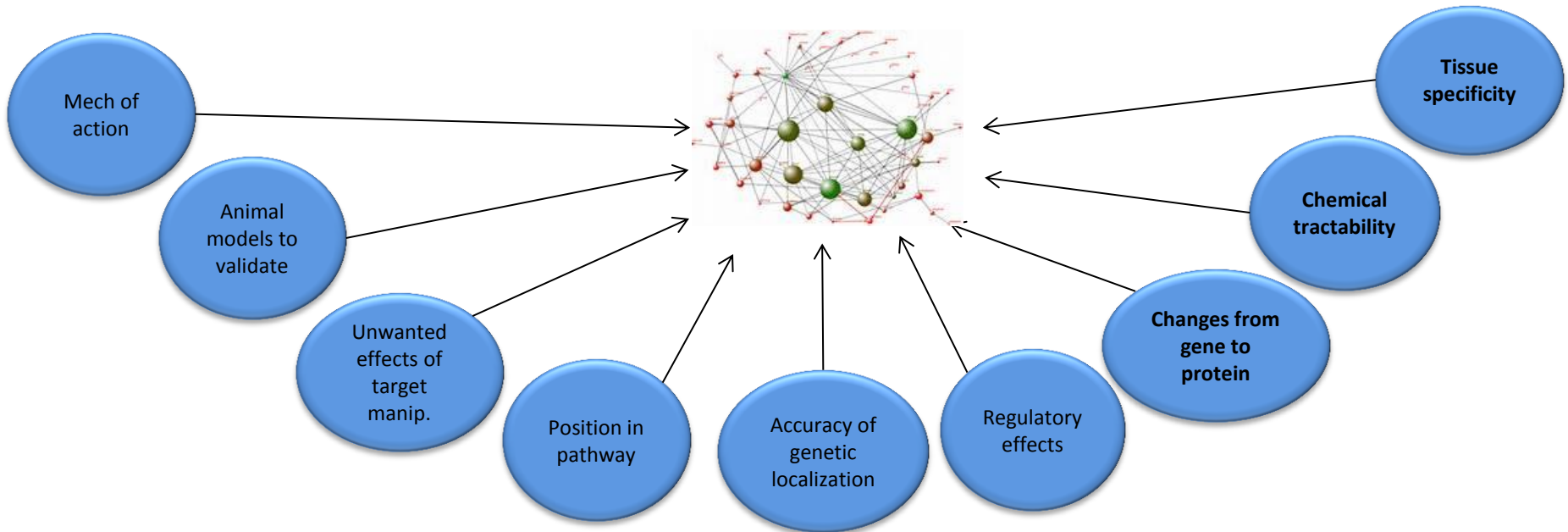


*The* **NEW ENGLAND JOURNAL** *of* **MEDICINE**

# Not all genes are targets

*...GWAS catalogue is not enough. DNA sequencing is not enough*

- Mechanism of action (GoF, LoF, Dom Neg, ...)?
- Pleiotropy, generalized vs undesirable effects?
- Druggability? Chemical tractability?
- Predicting drug effect size from lifelong exposure (genetics)?
- Position in pathway?
- Tissue specificity, delivery?

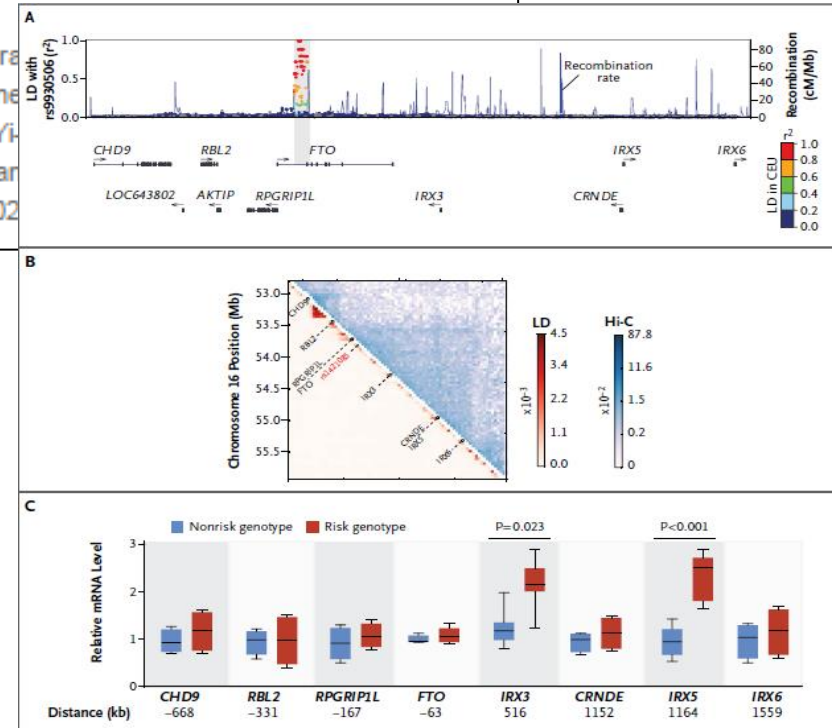


# It is not going to be easy

## ORIGINAL ARTICLE

### *FTO* Obesity Variant Circuitry and Adipocyte Browning in Humans

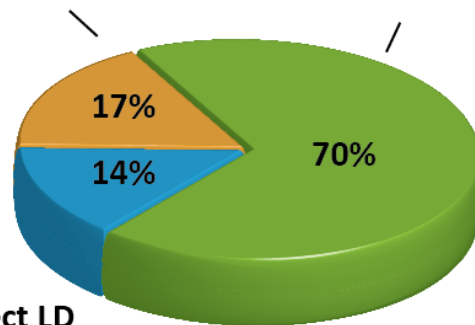
Melina Claussnitzer, Ph.D., Simon N. Dankel, Ph.D., Kyoung-Han Kim, Ph.D., Gera  
Christine Haugen, M.Sc., Viktoria Glunk, M.Sc., Isabel S. Sousa, M.Sc., Jacqueline  
B.Sc., Nezar A. Abdennur, M.Sc., Jannel Liu, B.Sc., Per-Arne Svensson, Ph.D., Yi  
M.D., Gunnar Mellgren, M.D., Ph.D., Chi-Chung Hui, Ph.D., Hans Hauner, M.D., and  
N Engl J Med 2015; 373:895-907 | September 3, 2015 | DOI: 10.1056/NEJMoa1502



...and this may not be the exception

GWAS SNPs not in LD w/ SNPs in DHS

GWAS SNPs in DHS



GWAS SNPs in perfect LD with SNPs in DHS

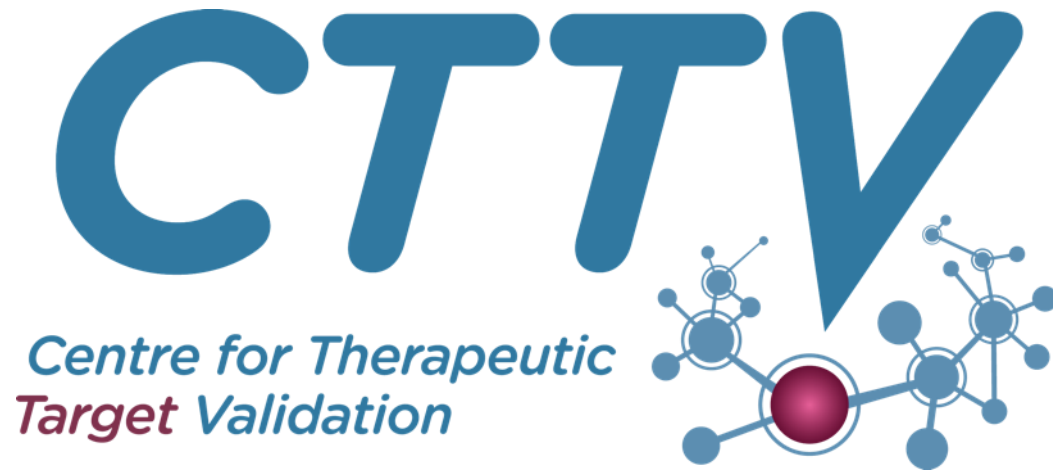
Maurano, Science 201



# Early observations

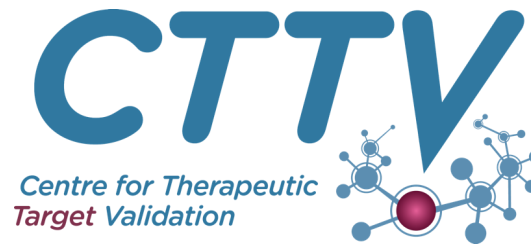
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1. **Genetics** yielding actionable findings for translation
2. **Complexity** is increasing, leading to more specialization
  - Biology & genetics becoming ‘big data’ problem.
  - Drug discovery evolving from previous comfort-zone of approaches
  - Separation of basic sciences and translation remains large, possibly *worsening* (“valley of death”)
3. Targets themselves can be **Pre-Competitive**



Comprehensive, robust data integration  
Responsive, dynamic human cellular experiments  
A pioneering partnership

[www.targetvalidation.org](http://www.targetvalidation.org)



- **Premise:** no single entity, *public or private*, has all of the skills to fully exploit the information emerging
- Consortium of 3 founders, **computational, experimental, translational**



- Formal agreement to **share findings openly**
- Pooling of expertise
  - Joint approach, joint expertise, pre-competitive
  - Enable a new generation of translational scientists

- Key premise:

## Biogen Joins Pioneering Target Validation Collaboration

The Centre for Therapeutic Target Validation Welcomes New Member Biogen, Expanding Its Efforts to Accelerate Drug Discovery Research

Category:  
Autoimmune diseases, Collaborations, Corporate, Neurodegenerative diseases, Rare and Genetic diseases

Monday, February 8, 2016 7:00 am EST

GlaxoSmithKline



- State of art **experimental** and **computational** approaches previously not fully deployed for translation
- Formal agreement to **share findings openly**
- Pooling of expertise
  - Joint approach, joint expertise.
  - Train a new generation of translational scientists

# Target Validation is one piece of puzzle.

## Current paradigm:

### (Im-)Precision Medicine Development



#### Variable target evidence

- 'Hunch'
- Mechanistic hypothesis
- ...
- Previously drugged

#### Traditional translation to clinic

- Tenuous animal models
- Intermediate endpoints
- Limited tox understanding
- High attrition rate

#### Clinical trials

- Small number doses
- Ph III clinical endpoints don't match models or Ph I/II endpoints
- Little sample stratification

*Missing the link from (new) phenotypes to (better) targets*

# A New Initiative on Precision Medicine

Francis S. Collins, M.D., Ph.D., and Harold Varmus, M.D.

The NEW ENGLAND JOURNAL of MEDICINE



State of the Union  
Jan 2015



Feb 2016

*To enable a new era of medicine through research, technology, and policies that empower patients, researchers, and providers to work together toward development of individualized care.*

**PMI for Oncology**  
**PMI Cohort Program**

Key principles around privacy & trust:  
*Governance, transparency, participant  
empowerment, data access & sharing*

# Focus on the individual

