Setting up partnerships to discover drug targets

Structural Genomics Consortium



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SGC Oxford



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1. Choose an important problem

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10 years post-genome: The proteome remains underexplored

Protein kinase citation patterns (the "Harlow-Knapp Effect")



Patents



2. Agree on clear mandate and use top-down decision making

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Clear mandate

- 1000 3D structures of therapeutically relevant human targets (selected by funders)
- 100 3D structures of parasite drug targets

Simple top-down organization

CIHR, Genome Canada, GSK, Merck, Novartis,, Ontario, Sweden, Wellcome Trust



3. Generate clear rules for IP

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SGC does not take out IP

- Collaborate quickly with any scientist, lab or institution
- Work closely with multiple private organisations, on same project
- Generate data quickly
- Place data in public domain quickly

Has it worked?

- > 1,000 structures solved
 - SGC now contributes >30% of global output of human structures annually and 15% of total output
 - SGC contributes >40% of global output of human parasite structures annually
 - SGC generates each structure for ~\$150,000 (including Cap Ex)

Making impact in science

Nature Methods. 6:477 (2009); PLoS Biology 7:384 (2009); EMBO J. 28:969 (2009); J. Med. Chem. 52:3108 (2009); Nature Chemical Biology 5:436 (2009); J. Med. Chem. 51:7053 (2009); Cell 136:352 (2009); J. Med. Chem. 52:6369 (2009); Nature Methods 6:477 (2009); J. Med. Chem. 52: 3108 (2009); J. Clin. Invest. 119:1350 (2009); PNAS 106: 1039 (2009); J. Med. Chem. 52(24):7950-3. (2009); PNAS 106:20198 (2009); J. Med. Chem. 53:1810 (2010); Nature Chemical Biology 6:166 (2010), Nature Mol and Struct Biol. 17:596 (2010); Nature Chemical Biology 6:359 (2010); Nature 464:728 (2010), Nature 465:359 (2010)

Keys to PPP success?

- Clear and quantifiable objectives
- Output must have value for all participants (publications for academics, deliverables for industry aligned with their internal interests)
- Leadership: if you can't find the right person, don't start. Don't run project "by committee" or consensus
- If pre-competitive, take a "no IP" position
- Assume the best in collaborators!



Moving the pre-competitive boundary **Open access chemistry to accelerate Target** Discovery

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Nuclear receptors: The H-K Effect, with a twist



Effect



NUCLEAR HORMONE RECEPTOR

The Model for Pre-Competitive Chemistry

Public/Private Partnership	Public Domain	Industry
Chemical Probes	Target Exploration	Drug Discovery
Screening Chemistry Cell-based Assays	No IP No restrictions Publication	(re)Screening Chemistry Lead optimization Pharmacology DMPK Toxicology Chemical development Clinical development
Creative commons		Proprietary



....more than \$50M of resource

Chemical Probe Consortium Released UNC0638 as a Chemical Probe on June 1st

http://www.thesgc.org/chemical_probes/UNC0638/#overview



• Data released prior to publication. Living document that is updated as new data are generated

Collaborators Who Are Using UNC0638



Open access PoC studies

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Largest attrition in drug discovery for novel targets is at clinical POC



And most drug programs are done in duplicate



Aurora Kinase Inhibitors

- Antimitotic kinase potential treatment for numerous cancer types
 - Will also affect healthy proliferating cells risk of low TI
 - >60 separate organizations have pre-clinical programs with patents
 - 11 compounds in Phase I
 - Further 4 compounds in Phase II
 - Estimated total expenditure >£200M
 - No data available on outcomes of clinical studies, apart from rumours

11 AT9283 F03814735 AS703569 AMG-900 4 W-2449 CYC116 AZD-1152 **MLN-805**4 MLN-823 /X-667 PHA-739358 SU-6668 VX-680 SNS-314 Preclinical Phase I Phase II

>60

Global PPP to deliver clinical PoCs on novel targets (with no IP)



How to organize it?

- A charitable consortium comprising public funders, charities, industry, regulators and patient groups
- All participants have voice in research priorities
- Top-down objective of PPP is to generate clinical PoC for 40 (?) novel targets by funding research anywhere
- All results into public domain, from med chem to PK/PD and tox to clinical data