

Fourth AIMBE/NIH Workshop on Validation and Qualification of New In
Vitro Tools and Models for The Pre-clinical Drug Discovery Process

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One European Perspective: Changing the Paradigm for Safety Testing of Pharmaceuticals in Europe.

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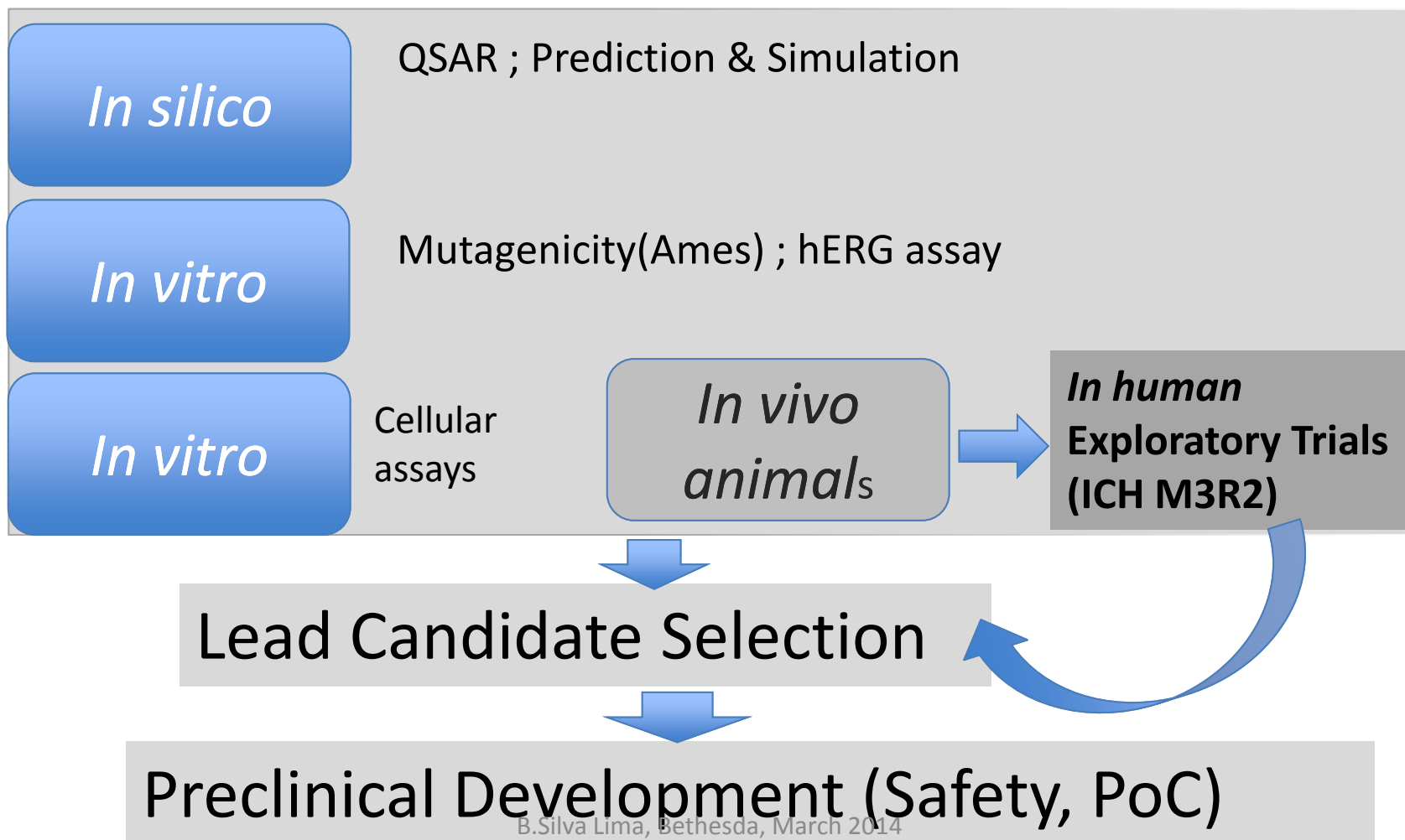

Innovative Medicines Initiative

Disclaimer

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Discovery & Screening



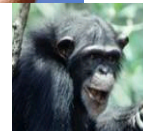
Safety Testing Program

No Stand Alone

Single Dose
Studies



Repeated Dose
Studies



6 months

2-4 Weeks

1 month

3 months

9 (6, 12) months

Additional studies:
immunotox;
juvenile animals, neurotox

Genotoxicity

- *in vitro*
- *in vivo*

Carcinogenicity

1 life-span
+
1 additional model

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Reproduction Toxicology

- fertility
- embryofetal toxicity
- peri-post natal toxicity

The Paradigm is Getting Old

How old??

1955 (US)



2014



1957



Historical Background of the Nonclinical Paradigm

1955- USA

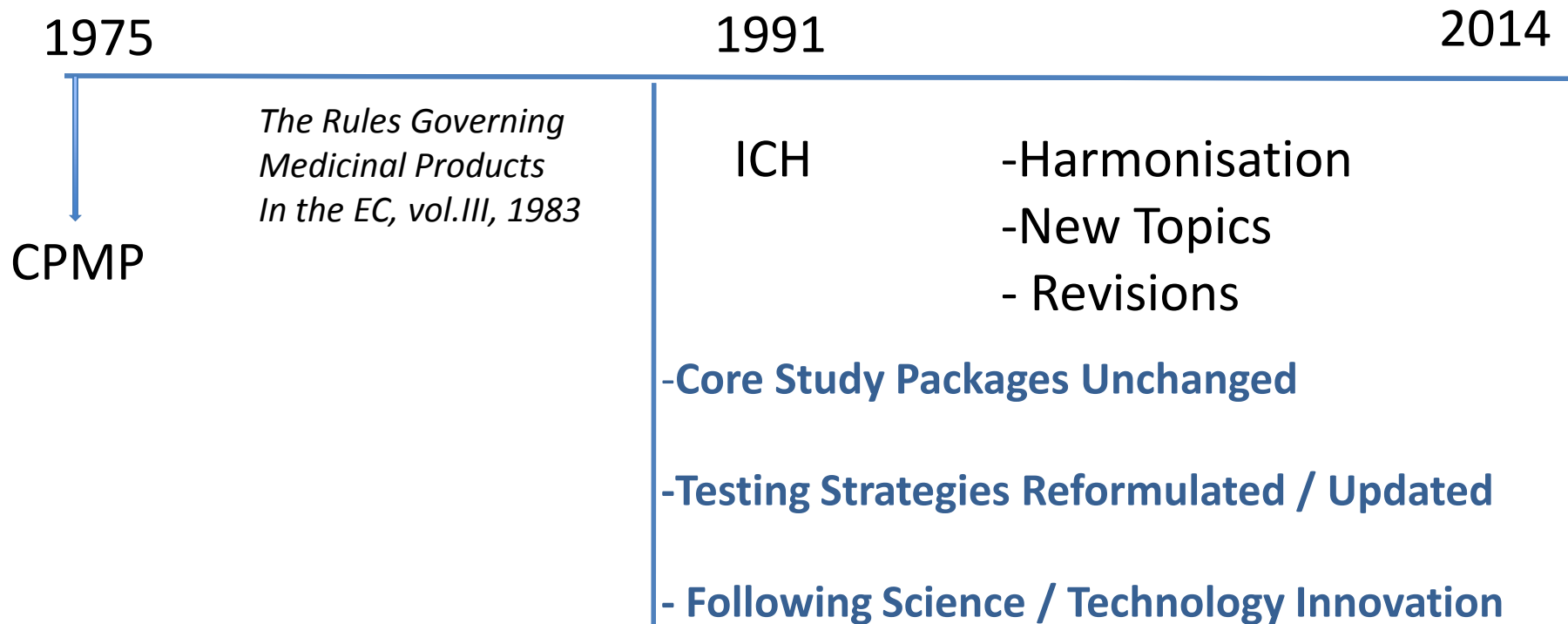
Pharmacodynamics (BP, HR, Respiration)

- Acute toxicity (dose response, minimum 3 species)
- sub-acute toxicity (1 or more species; 6-12 weeks)
- Chronic toxicity
- Carcinogenicity (1960s)
- External effects (skin irritation, sensitization)
- Special studies:
 - Reproduction
 - Hematology
 - Absorption / Distribution / Excretion..

1983- Europe (Notice to Applicants)

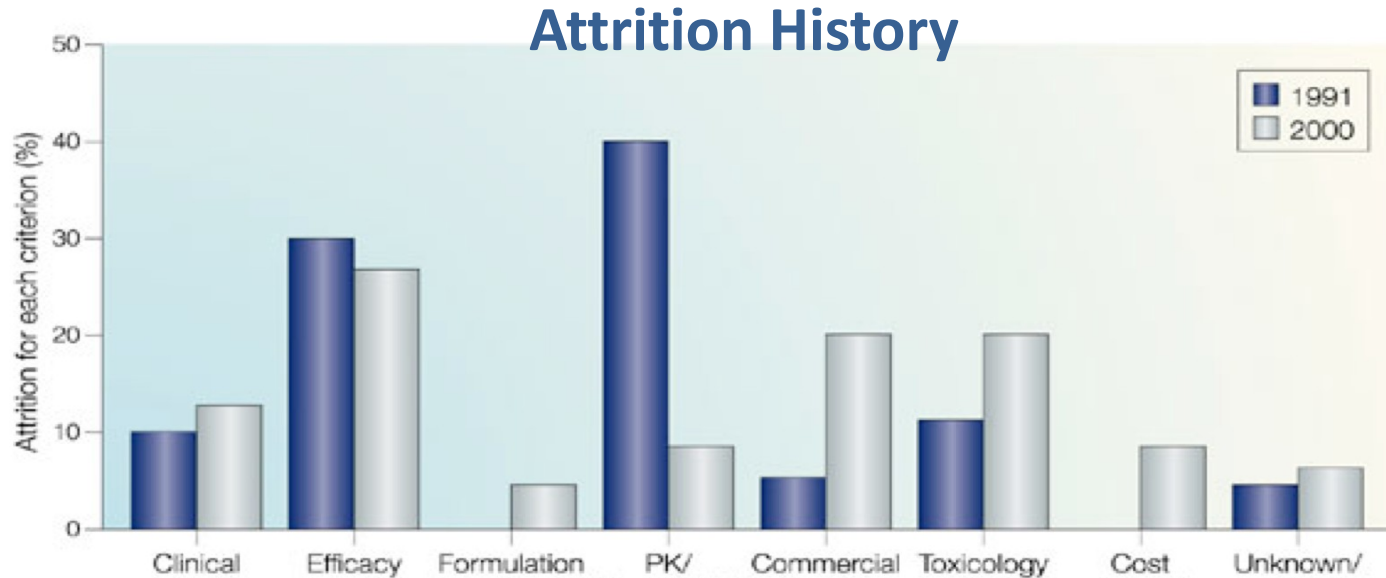
- Pharmacokinetics
- Single dose Toxicity (2 species)
- Repeated Dose Toxicity (2 species)
 - Sub-acute
 - chronic
- Reproduction Toxicity
- Genotoxicity
- Carcinogenicity
- Other studies

Historical background on Safety Testing EUROPE – ICH

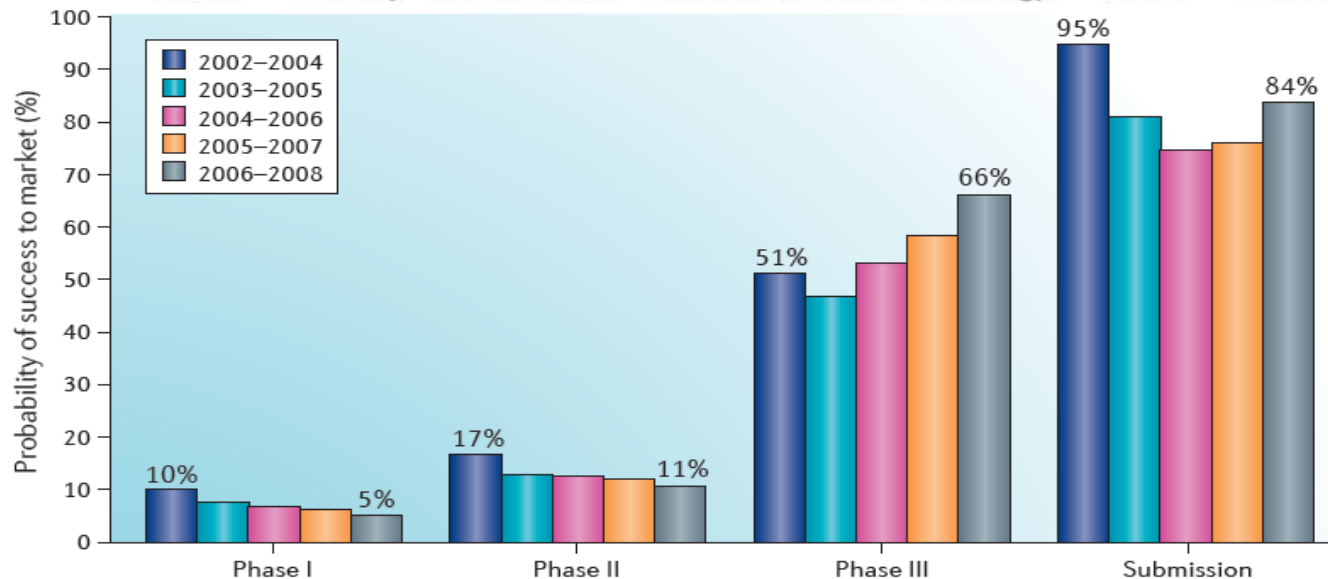


Paradigm Enriched but Format Unchanged

1.



2.



1- Kola and Landis (2004).. *Nature Reviews Drug Discovery*; 3: 711–715

2- J Arrowsmith(2012) , *Nature Reviews Drug Discovery*, 11: 17-18.

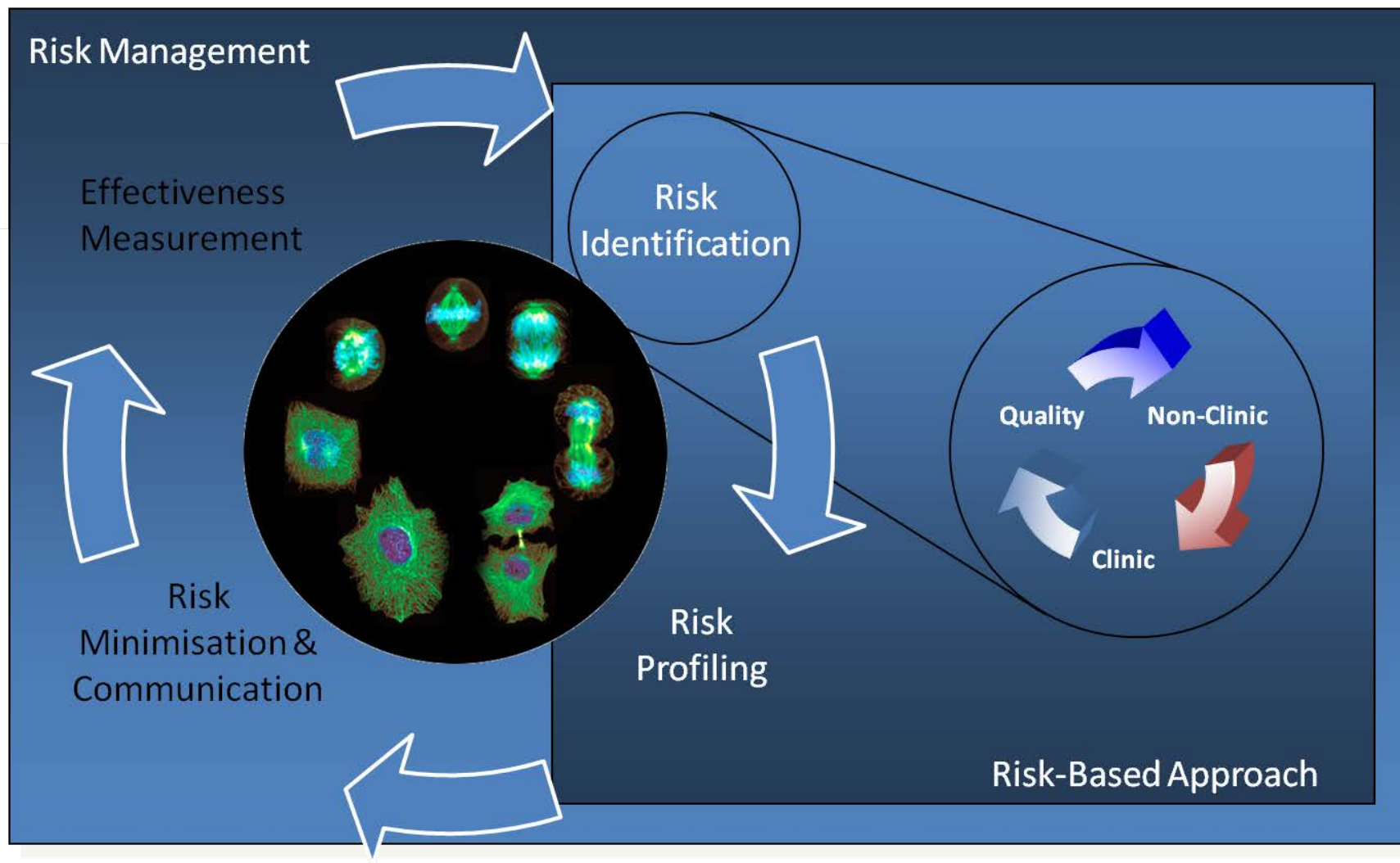
But High Attrition Rates Persist! WHY?

- Insufficient screening ?
- Wrong lead candidate selection?
- Insufficient animal predictivity? (PoC, safety)
- Inadequate Clinical Paradigms?
- All those reasons together?

Drug Innovations and Paradigm Adaptations (nonclinical)

- **Biopharmaceuticals:**
1 species; 6 Month studies; no carcinogenicity(WOE)
vitro only acceptable (if nonrelevant species)
- **Biosimilar mAbs:** mostly comparability in vitro
- **Nanopharmaceuticas:** size-based concerns?
- **Advanced Therapies (CTMP; GTMP)**
risk anticipation; case-based design

Risk Assessment for Advanced Therapies



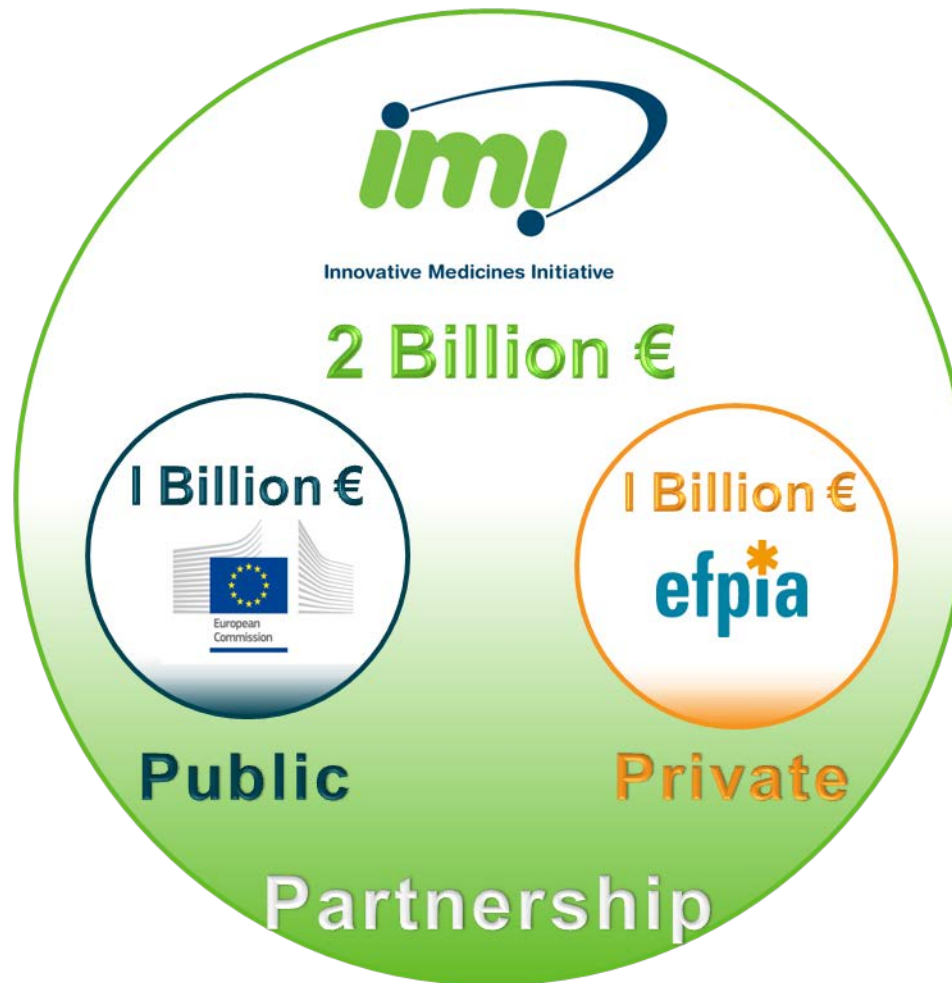
NC Paradigm Improvement: what is needed?

- **Efficacy: Reinforce knowledge on:**
 - Disease
 - Target involvement on disease
 - Target biology
 - Target distribution
 - Target mediated cascades
 - Cascades Cross talk
- **Safety:**
 - Models for improved human predictivity

IMPACT ON CLINICAL PARADIGM?

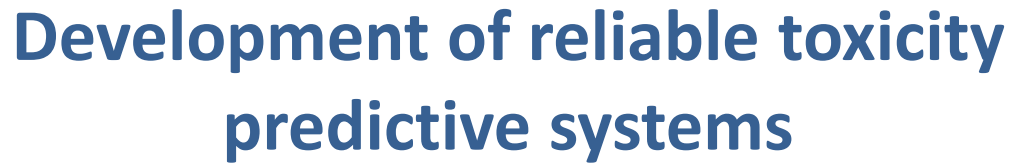
Re-Thinking Drug Development in Europe: The Innovative Medicines Initiative:

Joining Forces in the Healthcare Sector



IMI Nonclinical Safety Projects

- **Intensive Joint Research Initiatives towards:**
 - In silico: databases Structure-Toxicity relationship
 - In vitro toxicity prediction: liver, kidney, vascular
 - Cancer biomarkers
 - Human cell culturing systems (iPS)
 - Healthy
 - patients

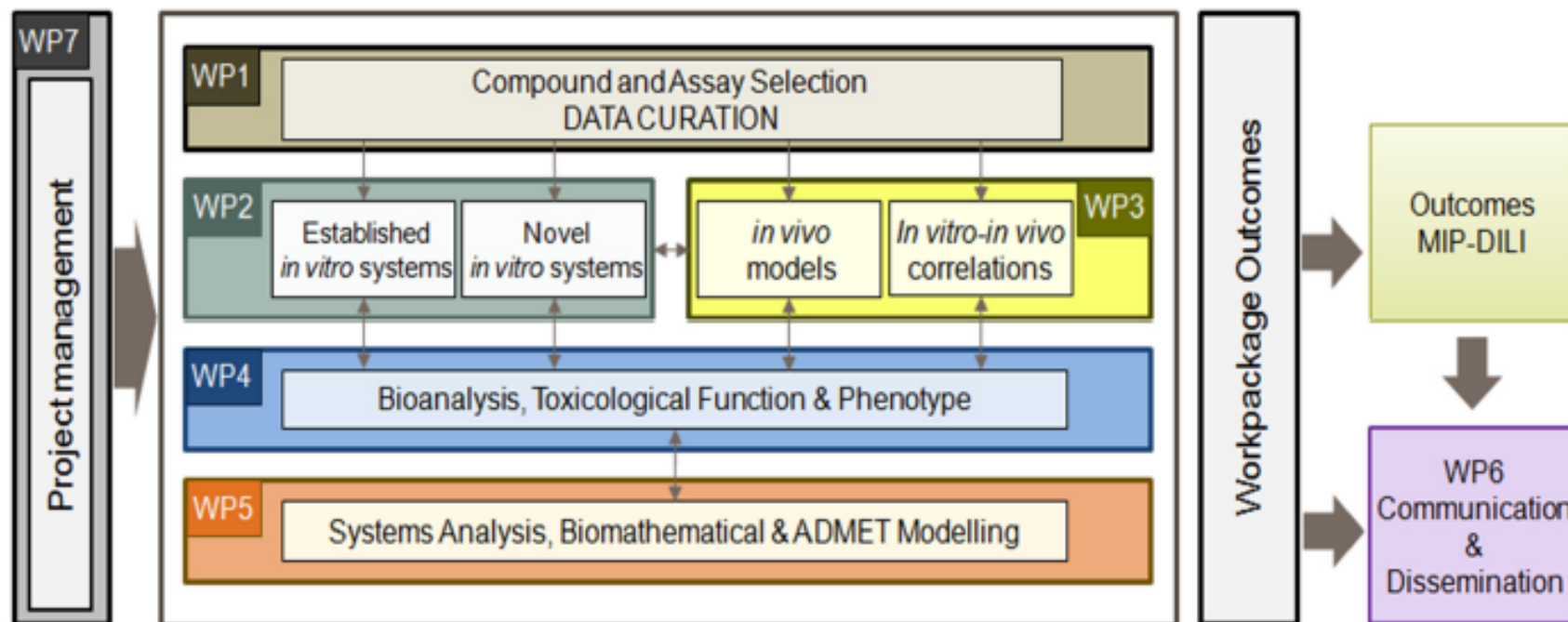


- ✓ 90 predictive models developed

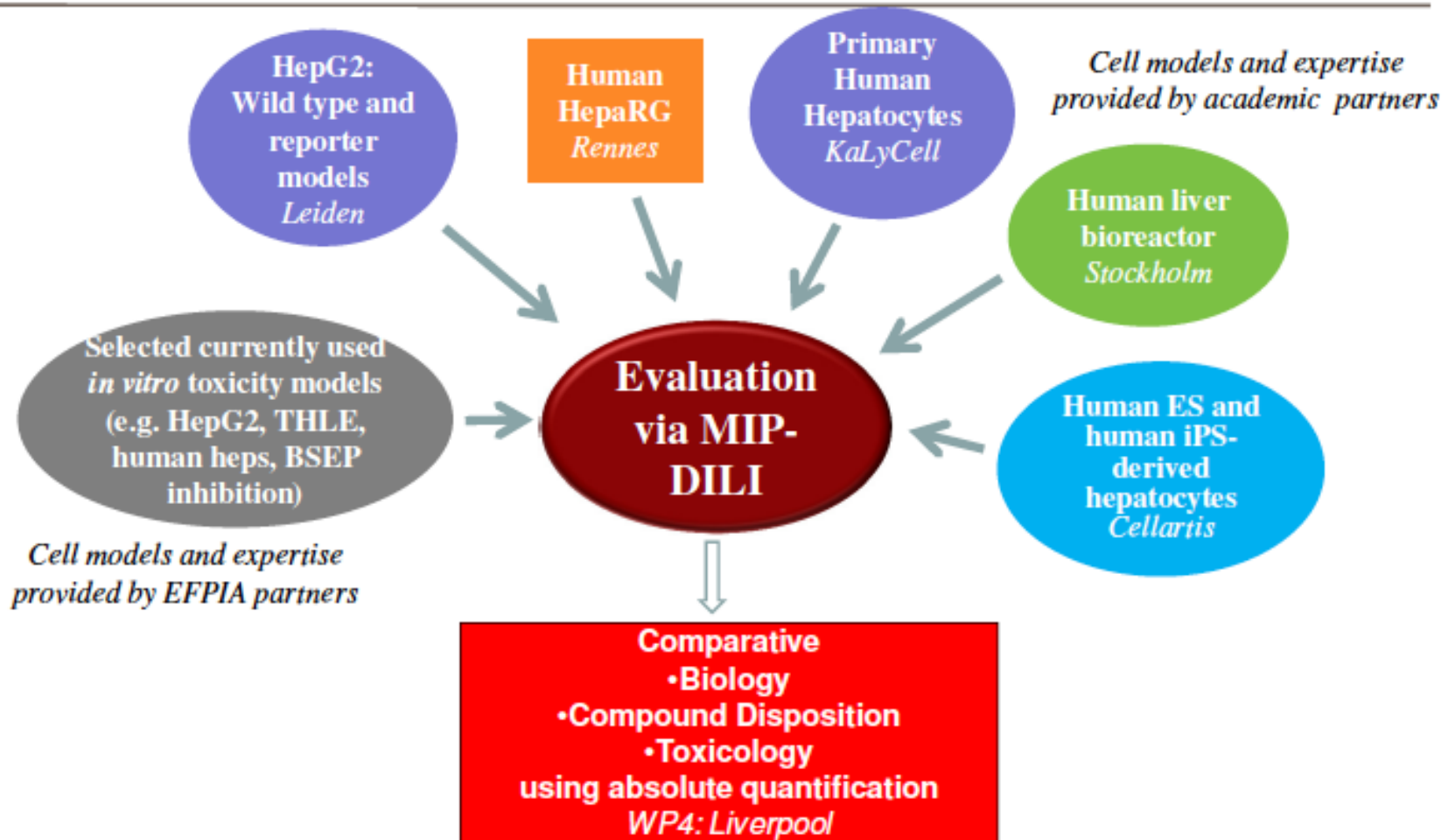


MIP-DILI Mechanism based improved prediction of drug-induced liver injury

Summary Work Plan



In vitro models in MIP-DILI





Safer and Faster Evidence Based Translation

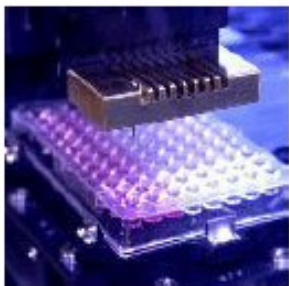
Evaluated **153 potential biomarker candidates** for drug-induced injury of the kidney, liver, and vascular system

17 exploratory clinical studies started or completed

> 6500 retrospective samples collected

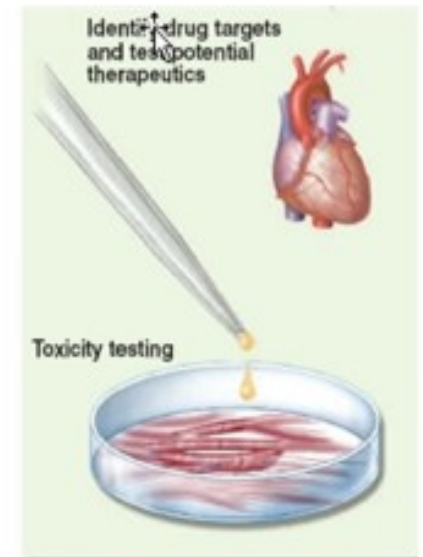
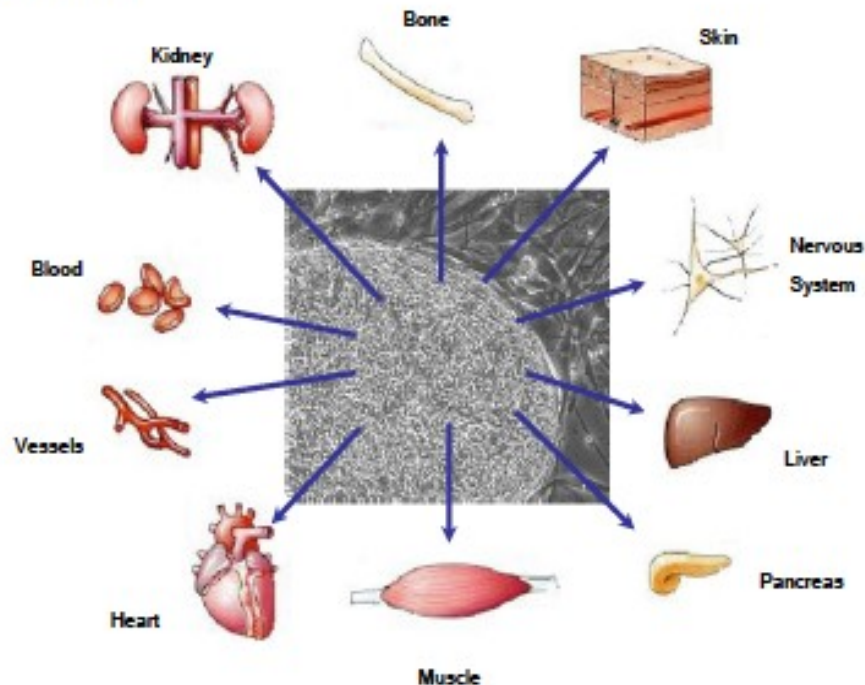
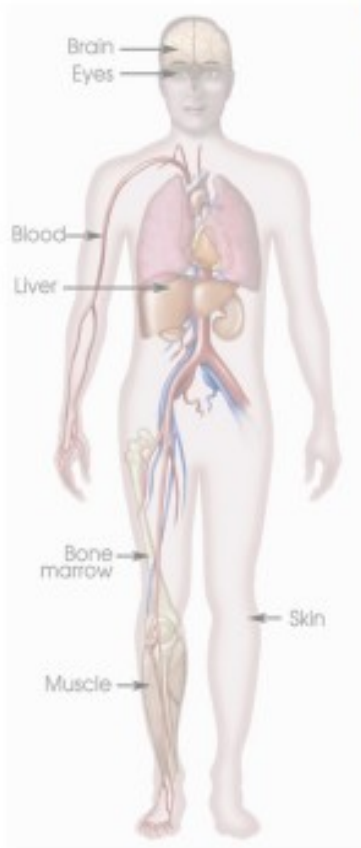
Dialogue with **Regulatory Agencies** established

- Providing access to a huge amount of most relevant clinical safety data across all pharmaceutical companies and all major drug classes
- A drug safety signal detection system across global regulatory data is being set up initially with EMA data, driven by IMI and EFPIA



STEMBANCC: Stem Cells in Safety Assessment

hESCs and iPSCs are Pluripotent: They have the potential to differentiate into all tissue of an adult.



Science is Pushing Paradigm to Shift

- Molecular attributes
- Pharmacology / Target
- Pharmacokinetics (in vitro/in silico)
 - absorption
 - transport
 - metabolism
- Toxicity prediction (MoA and QSARS)
- Toxicity testing
- In vitro systems (human based)
 - healthy condition
 - disease condition

First in Human study

- Exploratory approaches
- PK / PD characterization
- Biomarkers Based
- Efficacy
- Safety

Discovery & Screening

In silico

Databases on QSAR; Modelling & Simulation
Omics integration; Systems Biology

In vitro

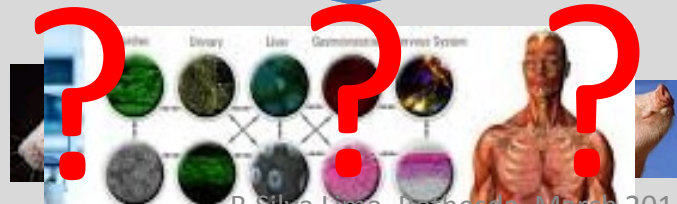
Mutagenicity(Ames) ; hERG assay

In vitro

iPSCs
Human cell systems
3D cultures
Organs in Chip

In human
Exploratory Trials
(ICH M3R2)

Lead Candidate Selection



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Paradigm Shift: Which Path to Take?

- **From observational/reactive approach –**
General toxicity studies in animals then mechanistic
- **Into Predictive/proactive approach:**
integrated MoA/in silico/in vitro / (in animal) /
in human

A Scientists Drive...

- Scientist profile also changing

- Scientific Cross Talk

- Physics
- Medicine
- Engineering
- Electronics
- Computer systems



Regulators
Regulatory Scientists

Impact on Regulatory Framework

- **Current situation:**
multiple safety guidelines for multiple endpoints
(mainly animal based)



- **The future: strategy oriented guideline (s)**
(integrating omics/in silico/in vitro/in human)
nonclinical / clinical cross talk

How to “Validate” a New paradigm?

- **Test by test?**
- **Innovative tests vs animal tests?**
- **Outcomes?:**
innovative program vs human

How to “Validate” a New paradigm?

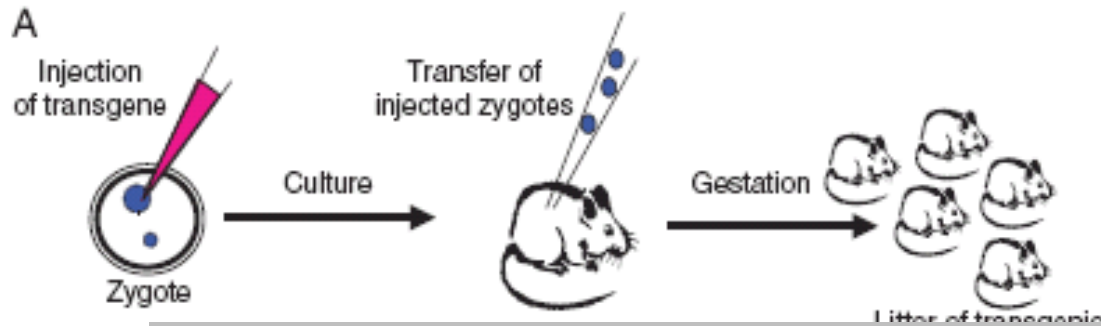
Outcomes:

i) know molecules:

innovative program vs human

ii) new molecules (pilot exercises)

“Parallel Path” : both classical and new paradigm



Thank You!!

