

Drug Discovery for Neglected Diseases in an Academic Setting



Ruth Brenk

Major tropical parasitic diseases

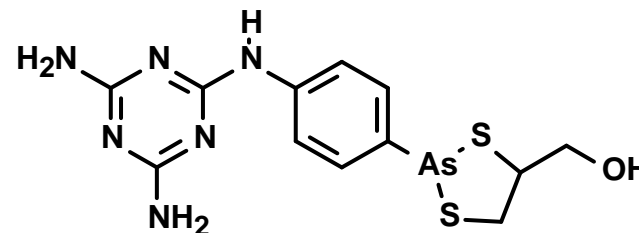


Disease	Population at risk (thousands)	Deaths in 2002 (thousands)
Malaria	> 2,100	1,272
Leishmaniasis	350	51
African trypanosomiasis	> 60	48
Chagas' disease	120	14
Schistosomiasis	600	15

Pink R, Hudson A, Mouriès MA, Bednig M, Nat Rev Drug Discov 2005

Issues with current treatments

- Many drugs were introduced in the colonial times => do not comply with current standards
- Severe adverse effects
- Resistance
- Cost
- Difficult to administer
- Not effective against all stages of the disease



Melarsoprol (1946)

➔ Need for new drugs

The need for new drugs

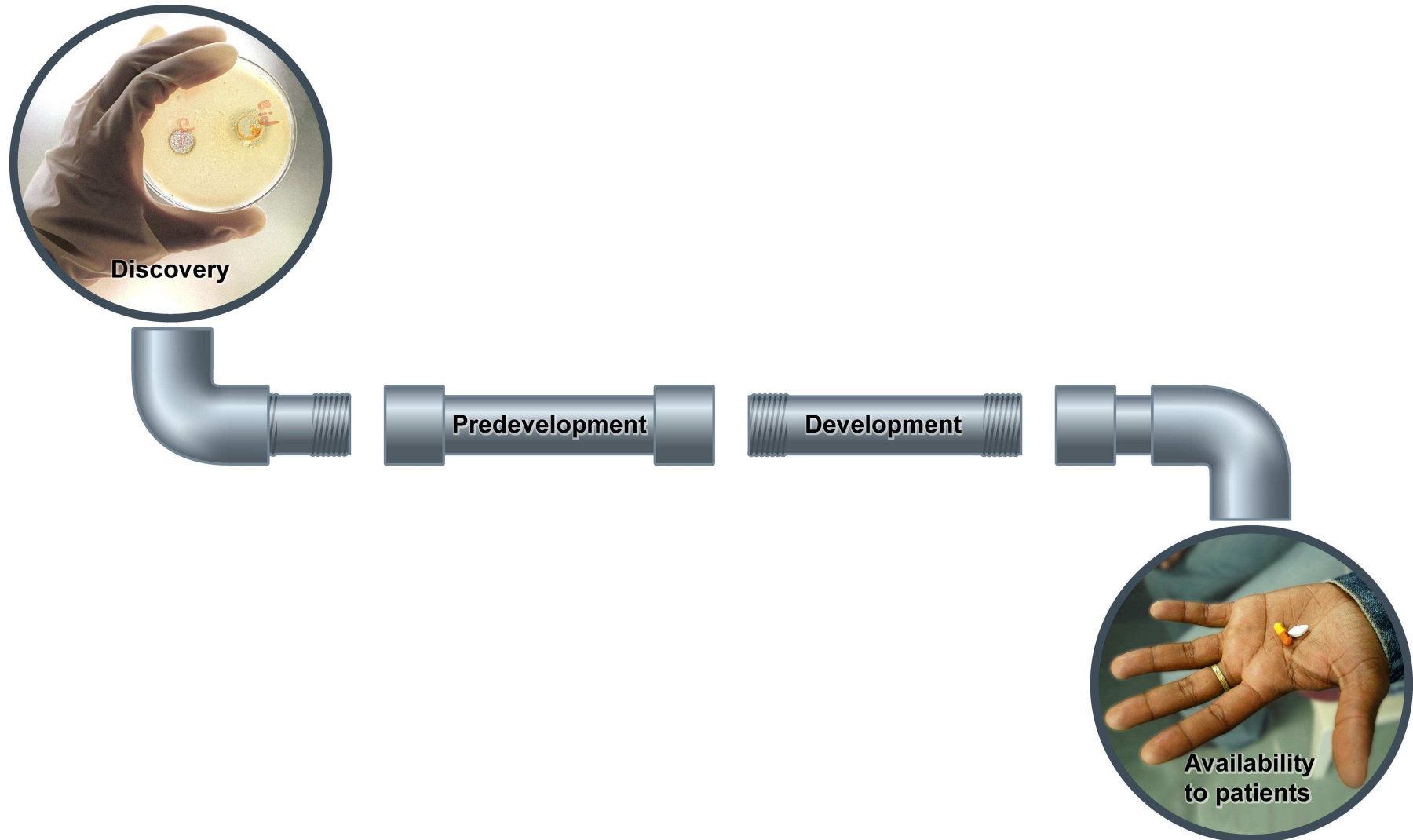
- > 1,300 new drugs introduced between 1975 and 1999
- Only 13 for tropical diseases
- An important problem is market forces:

U.S.A. healthcare budget:
\$4,180 per capita per year

Sub-Saharan Africa:
\$13 per capita per year

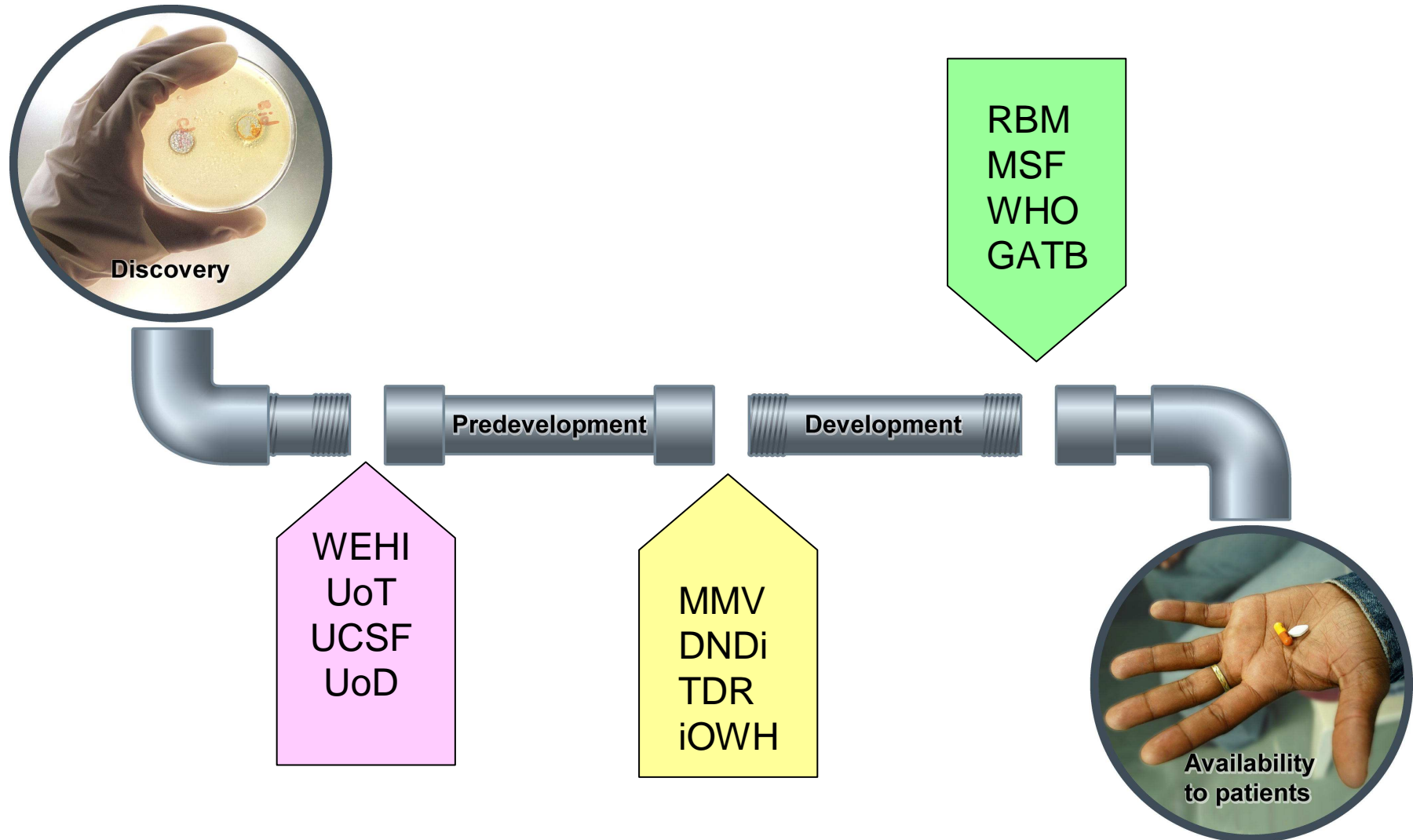
The solution does not lie solely with the commercial sector

The gaps in the pipeline



Pécoul B, PLoS Medicine 2004; Nwaka S, Ridely RG, Nat Rev Drug Discov 2003

The gaps in the pipeline



Pécoul B, PLoS Medicine 2004; Nwaka S, Ridely RG, Nat Rev Drug Discov 2003

Drug Discovery at the University of Dundee

PRE-EXISTING EXPERTISE:

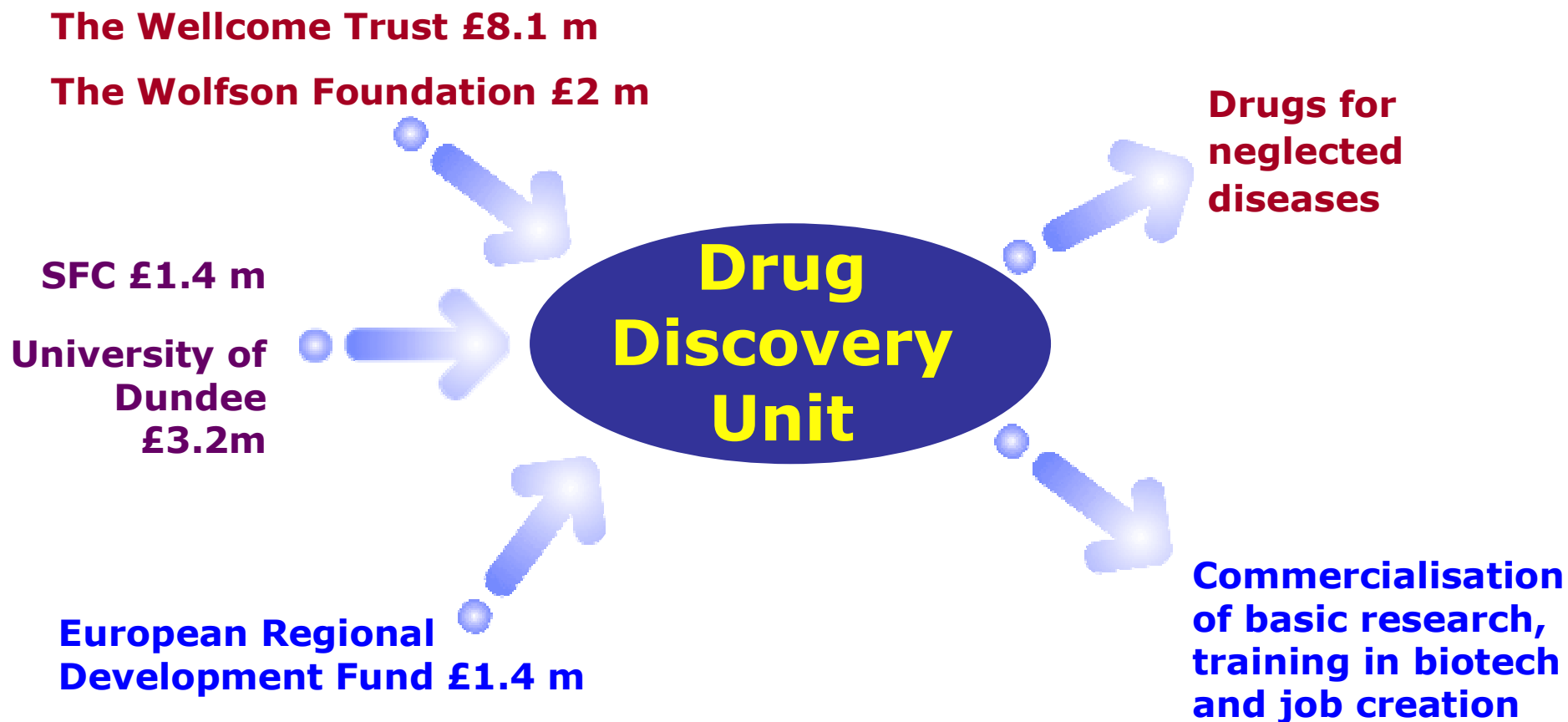
- Parasitology
- Bioinformatics
- Biochemistry
- Molecular Biology
- Structural Biology
- Synthetic Organic Chemistry

WHAT WAS MISSING?

Resources, space and Staff for:

- Computational Chemistry
- Medicinal Chemistry
- Compound Screening
- ADME-Tox

Resources



(Total funding over 5 yrs for translational research: £16.1 m)

Space



Our Drug Discovery Team @ Dundee



Alan Fairlamb



Mike Ferguson



Bill Hunter



Daan van Aalten



Julie Frearson
ex-BioFocus plc



Ian Gilbert
Ex-Cardiff Univ.



Ruth Brenk
ex-UCSF

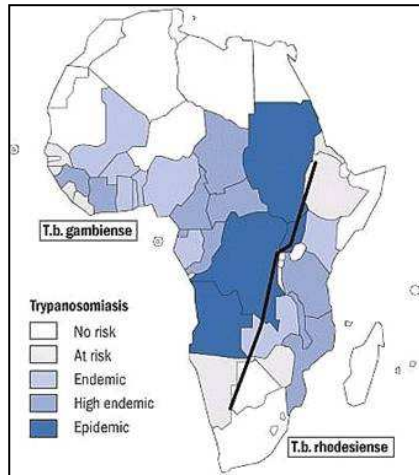


Paul Wyatt
ex-Astex Therapeutics

Our goal

To deliver at least ONE drug candidate for a neglected disease for entry into formal pre-clinical development by March 2011

African trypanosomiasis / Sleeping sickness



- Distribution: sub-Saharan Africa
- Causative agent: Trypanosoma
- Transmission: Tsetse fly
- Symptoms:
 - Beginning: malaise, tiredness, joint pain, swollen tissue, fever, headache, ...
 - Late: neurological and endocrine disorders, mental deterioration, coma, death
- Treatment:
 - Pentamidine : not effective against late stage, resistance
 - Suramin: only iv, severe side effects
 - Melarsoprol: late stage, severe side effects (including death)

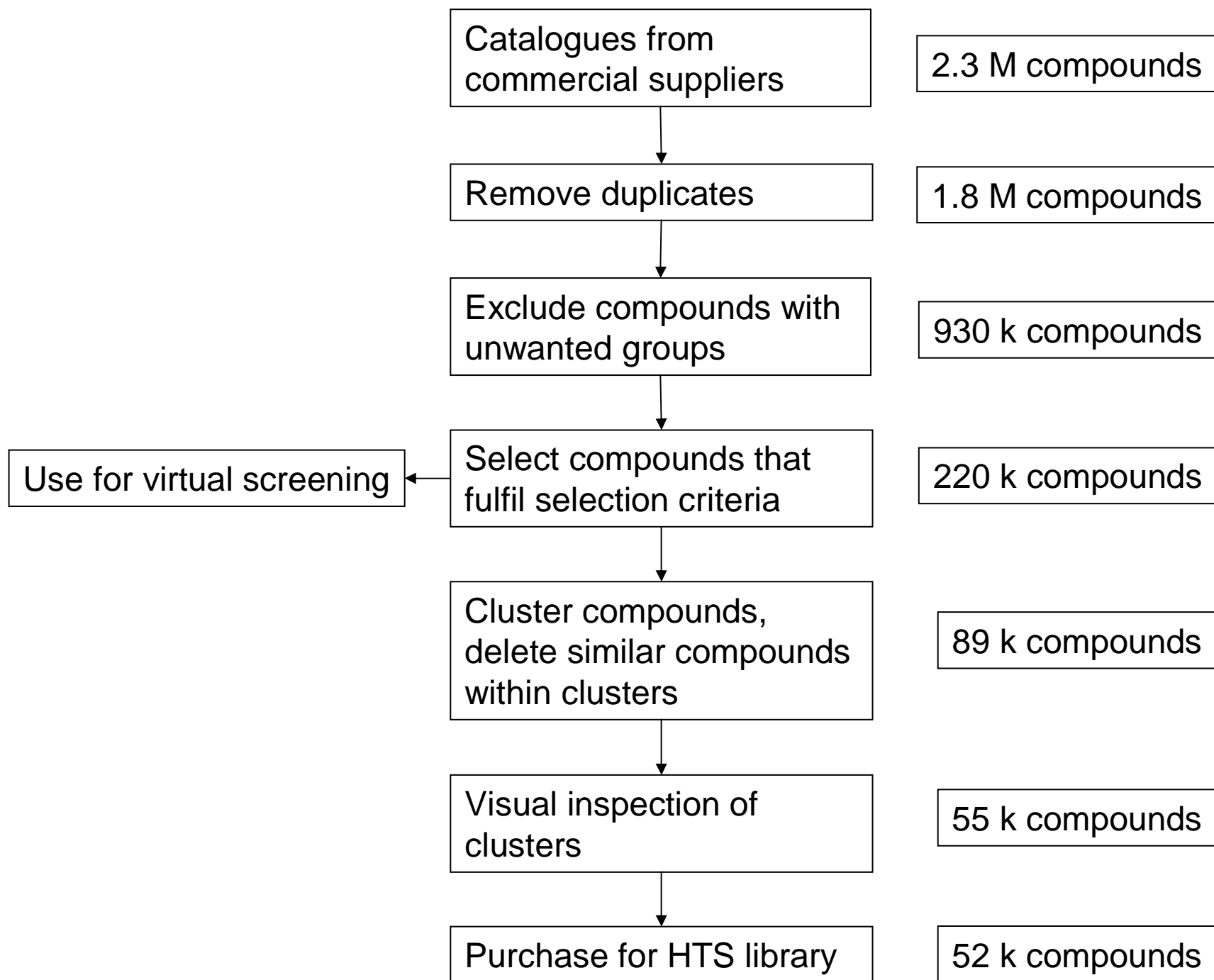
Traffic Light Priority System



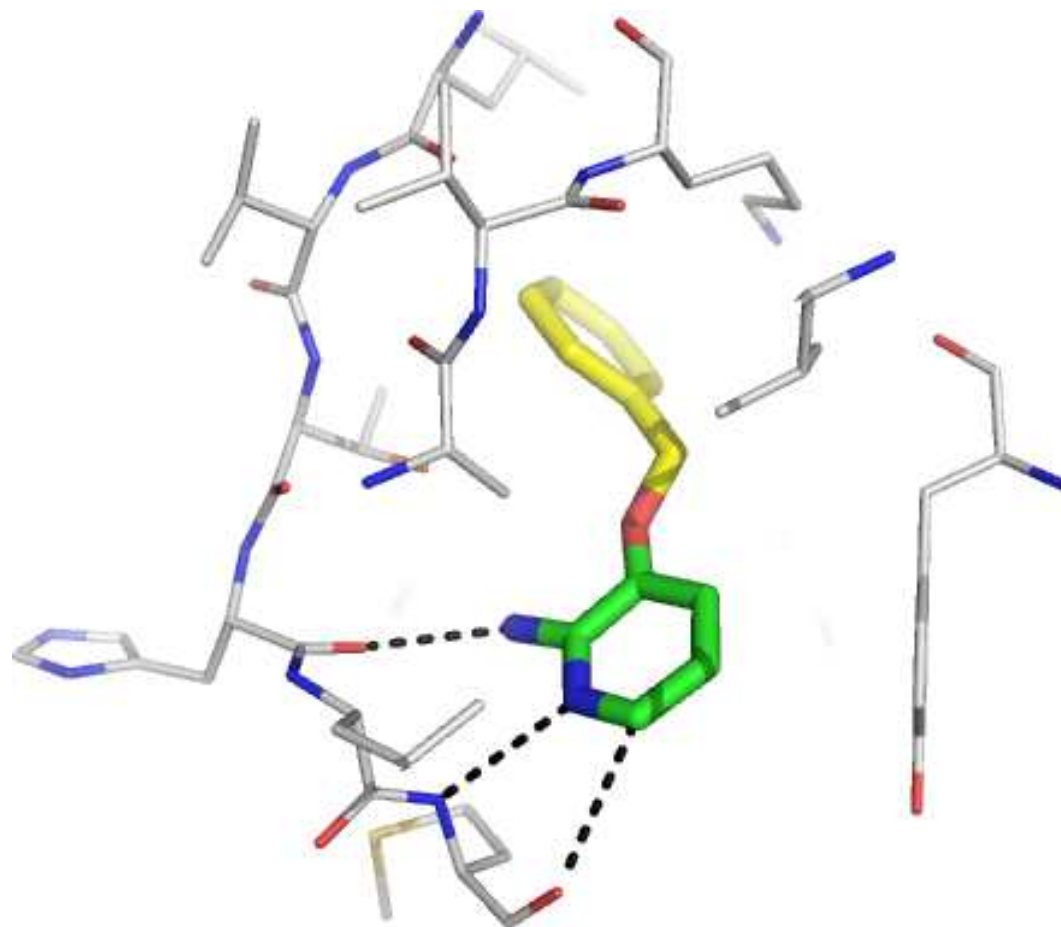
Target	Target 1	Target 2	Target 3
Target validation	●	●	●
Assay feasibility	●	●	●
Druggability	●	●	●
Chemical tractability	●	●	●
Toxicity issues	●	●	●
Resistance potential	●	●	●
Structural information	●	●	●

Target-tailored approach

- Random compound screening
- Screening of focused libraries
- Structure-based design

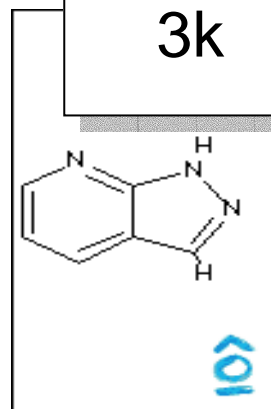
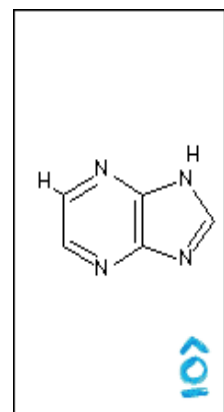
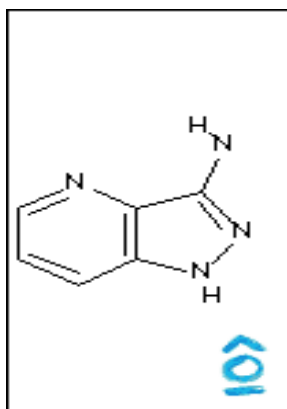


Kinase library



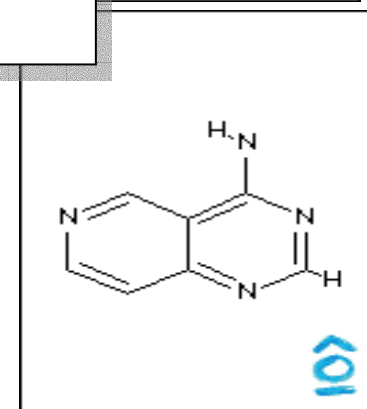
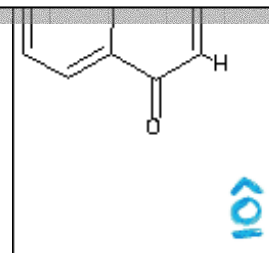
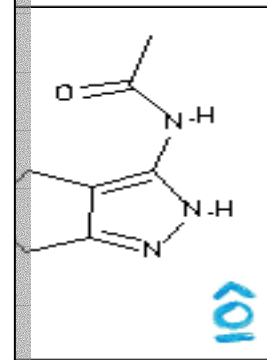
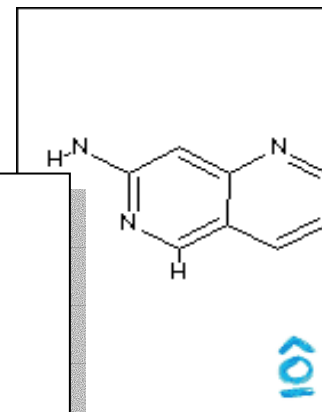
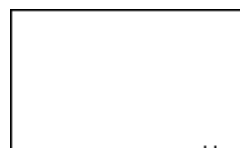
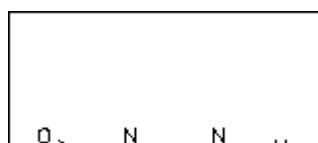
Brenk et al, ChemMedChem, in press

Kinase library



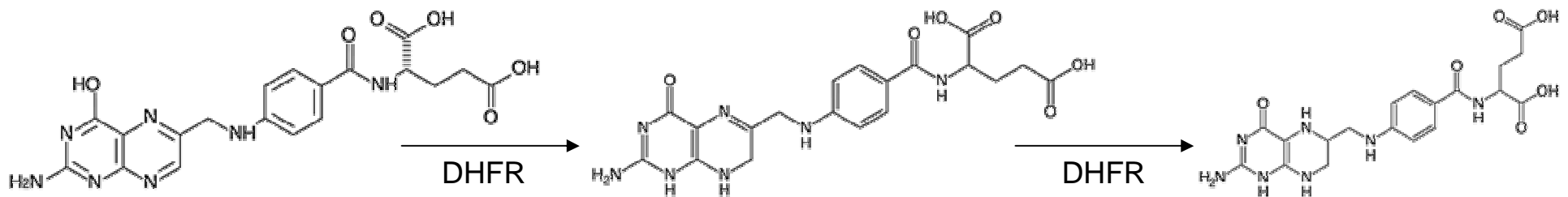
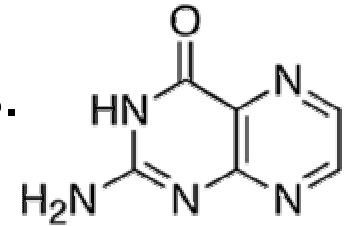
- 113 core fragments identified
- Substructure search:
 - 0 hits for 31 core fragments,
 - < 50 hits for 40 core fragments
 - ≥ 50 for 42 core fragments.

➤ 1.6k cpds, subsequently expanded to 3k



Pterin metabolism

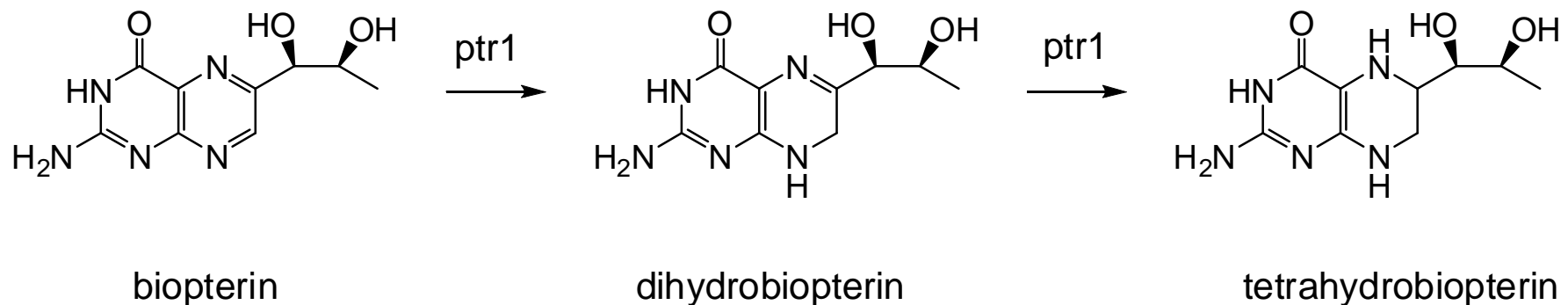
- Pterins are important co-factors, e. g. for the synthesis of thymidylate which is necessary for DNA synthesis.
- Trypanosomes are auxotrophic for pterins such as biopterin and folate
- Take-up of oxidised pterins via specific transporters, subsequently reduction to active tetrahydro-form
- Dihydrofolate reductase (DHFR) reduces folic acid to tetrahydrofolic acid



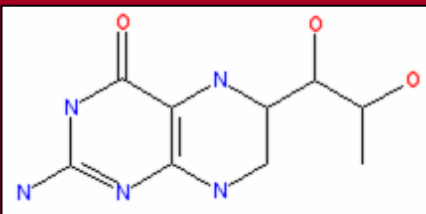
But: DHFR inhibitors are not effective against trypanosomes

Pteridine Reductase 1 (PTR1)

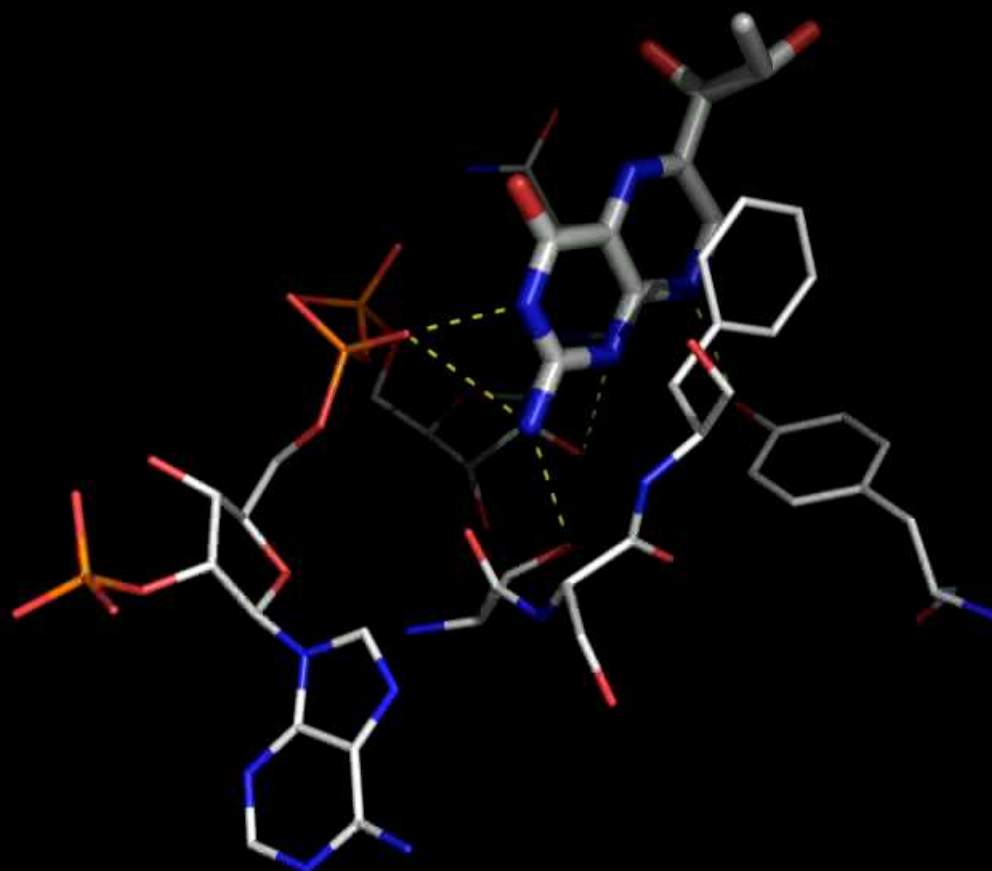
- Short chain dehydrogenase
- Role not fully understood
- Broad-spectrum activity with pterins and folates



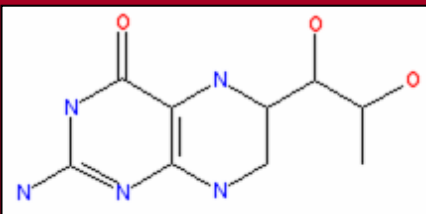
- Can act as by-pass for DHFR
- Up to now all attempts to obtain a PTR1 double knock out strain have failed -> might be essential on its own



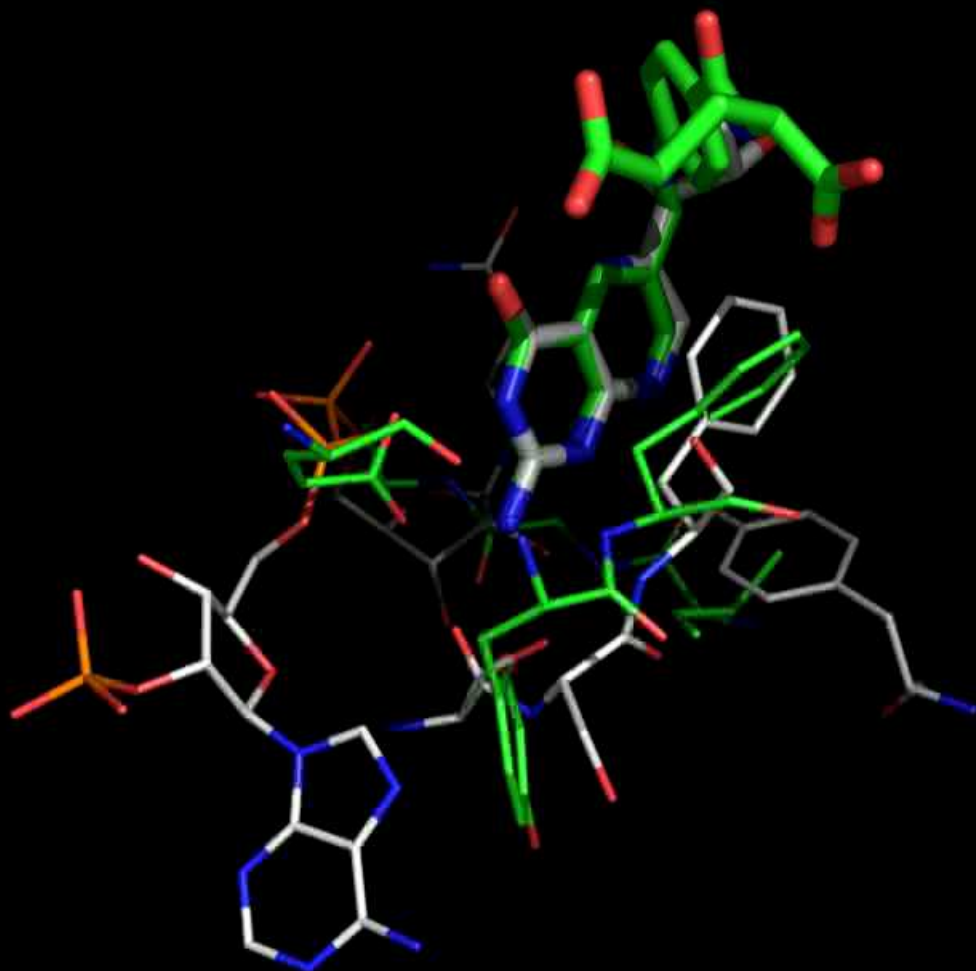
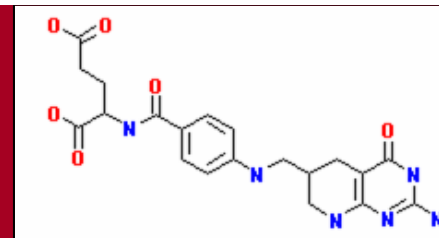
PTR1 / DHFR



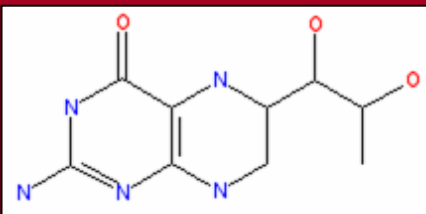
Hunter et al, Nat Struct Biol 2001, J Mol Biol 2005, Mol Microbiol 2006



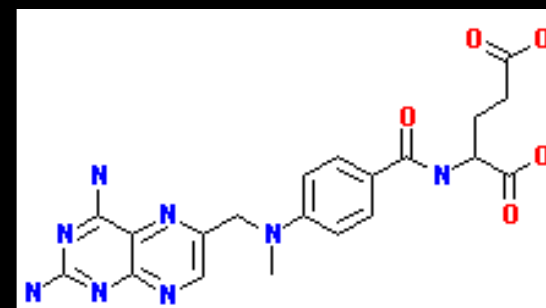
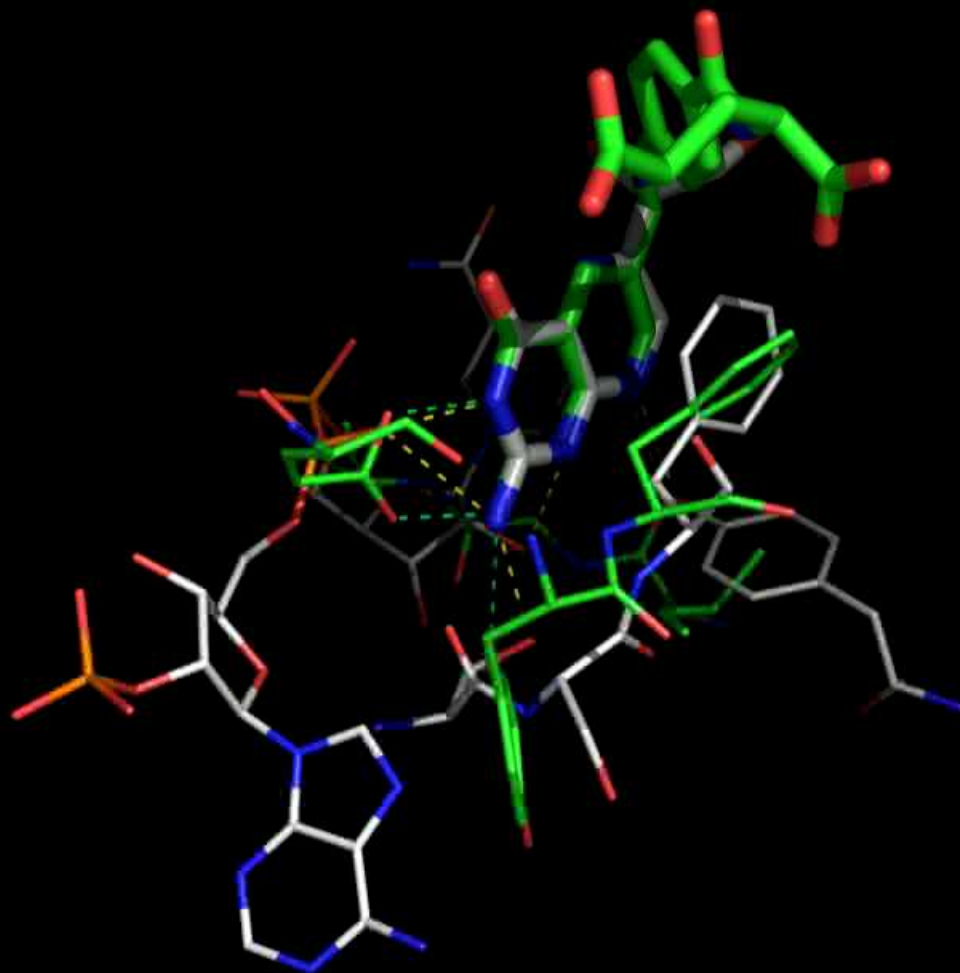
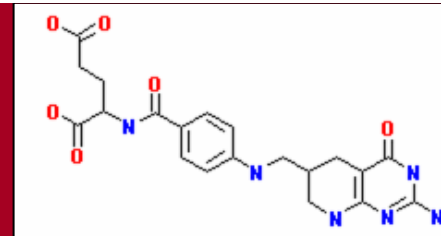
PTR1 / DHFR



Hunter et al, Nat Struct Biol 2001, J Mol Biol 2005, Mol Microbiol 2006

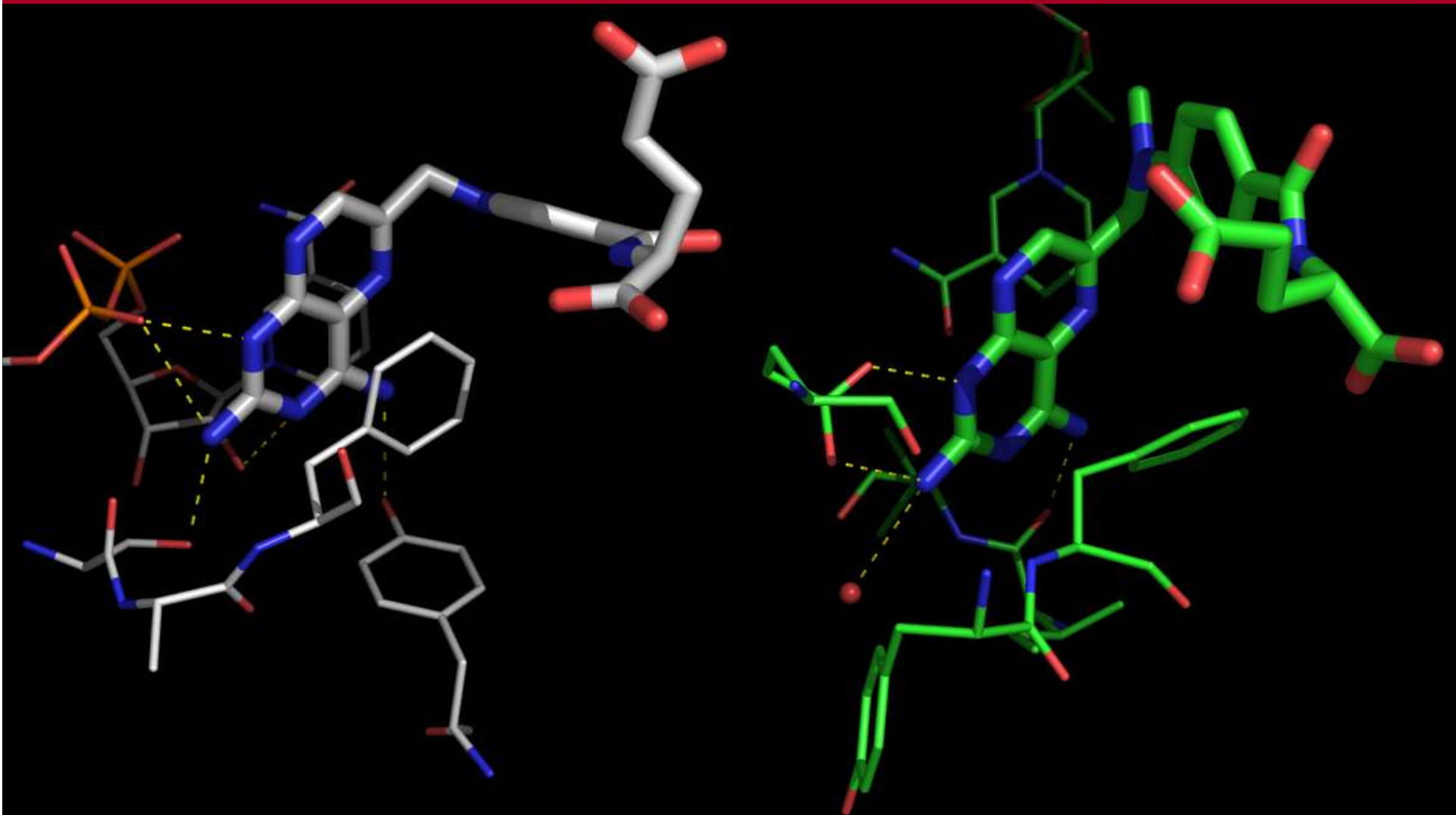
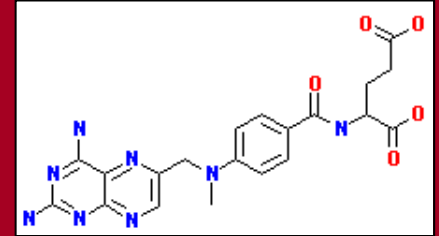


PTR1 / DHFR



Hunter et al, Nat Struct Biol 2001, J Mol Biol 2005, Mol Microbiol 2006

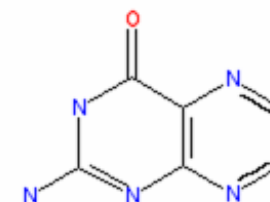
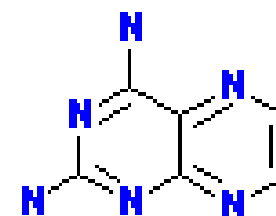
PTR1 / DHFR



Hunter et al, Nat Struct Biol 2001, J Mol Biol 2005, Mol Microbiol 2006

PTR1

- Derivatives of typical DHFR inhibitors inhibit PTR1, but
 - Low solubility
 - Large polar surface area



Summary

- Set up a functional drug discovery unit in an academic setting
- Virtual screening for PTR1 inhibitors resulted in two novel hit series
- Core fragment of hit series 2 can adopt three different binding modes
- Derivatives of series 2 are highly potent in the enzyme assay and selective over hDFR
- No activity against Tryps

Thank you!

Paul Wyatt

Ian Gilbert

Chido Mpamhanga, Agata Krasowski

David Robinson, Lindsay Tulloch, Bill Hunter

Emma Shanks, Julie Frearson

welcometrust