



# A Journey through Anti-Inflammatory Drug Discovery

Dr John Unitt

ELRIG Networking Events - Nottingham

June 13<sup>th</sup> 2019

**Enabling Success**

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# Outline




- What's inflammation?
- Drug Discovery Trends and Landmarks
- Current Challenges and the Future

# What is inflammation?

- Part of body's response to insult and initiation of healing process
- Causes
  - Wound
  - Infection
  - Auto-immune
- Original characterised by Celsus 50 AD
  - Pain, swelling, heat, redness, immobility
- Phases
  1. Acute
  2. Chronic
  3. *Resolution*
- Overlap with immunology
  - **Immuno-inflammation**

Aulus Cornelius Celsus

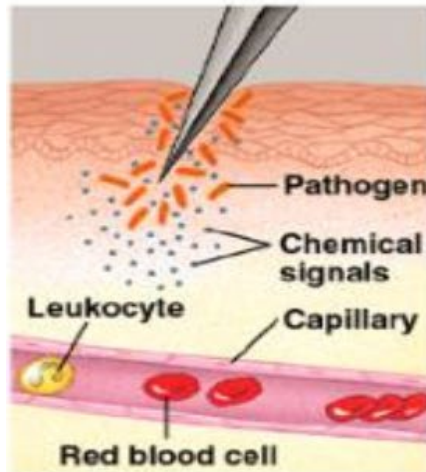


Live in rooms full of light. Avoid heavy food. Be moderate in the drinking of wine. Take massage, baths, exercise, and gymnastics. Fight insomnia with gentle rocking or the sound of running water. Change surroundings and take long journeys. Strictly avoid frightening ideas. Indulge in cheerful conversation and amusements. Listen to music.

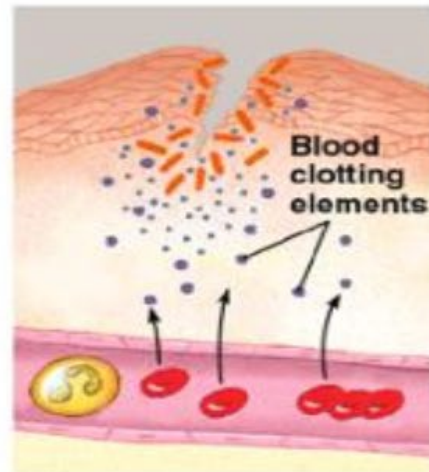
AZ QUOTES



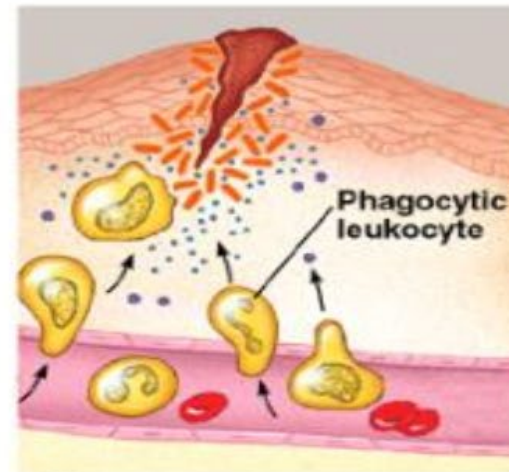
# Acute Inflammation



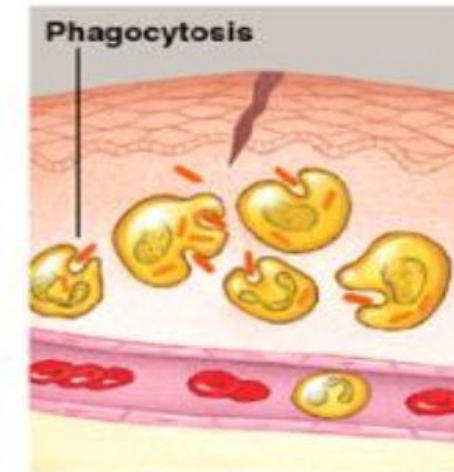
**1** Histamine & prostaglandins released



**2** Capillaries dilate  
Clotting begins

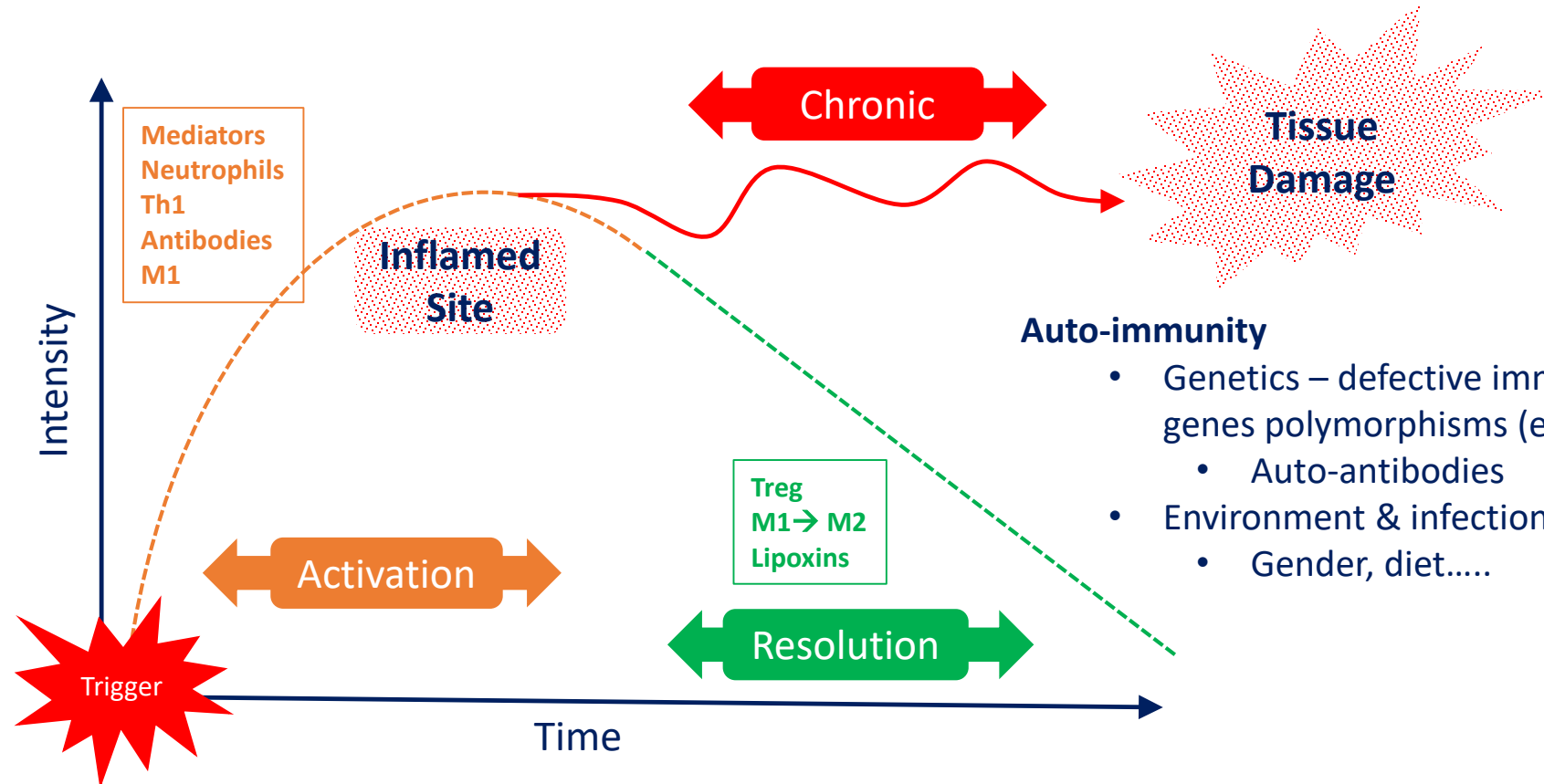


**3** Chemotactic factors attract phagocytic cells



**4** Phagocytes consume pathogens & cell debris

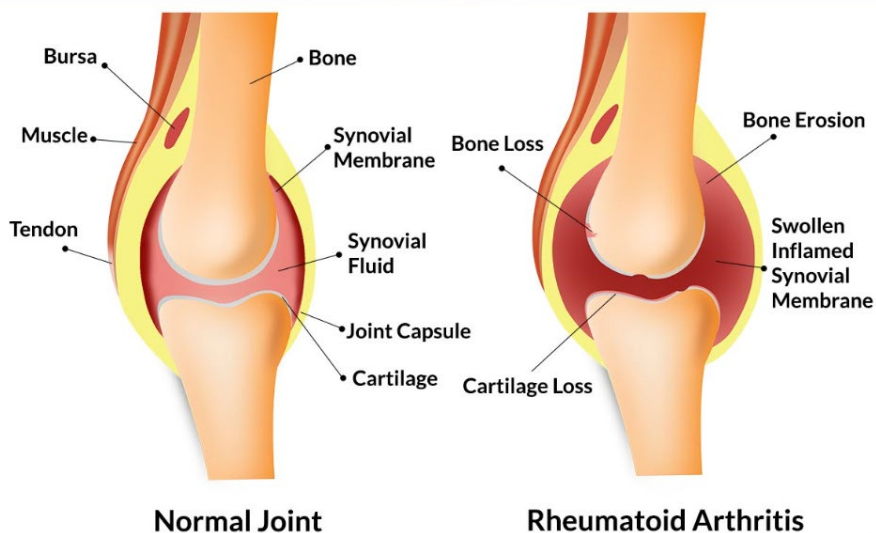
# Chronic Inflammation



# Auto-immune diseases

## Rheumatoid Arthritis

Rheumatoid arthritis



**AROUND 10 MILLION** people in the UK have a form of arthritis, of which almost **700,000** have rheumatoid arthritis.<sup>1</sup>

**STRESS & ANXIETY** **7.5 MILLION** working days are lost each year due to musculoskeletal conditions, second only to stress and anxiety.<sup>5</sup>



Musculoskeletal conditions account for the **FOURTH LARGEST** NHS programme budget spend in England at about **£5 BILLION**.<sup>4</sup>

**50% INCREASE**

Projections suggest that the number of people with arthritis is set to **increase by over 50% by 2030**.<sup>2</sup>

EACH YEAR ABOUT 20% OF THE GENERAL POPULATION CONSULT A GP ABOUT A MUSCULOSKELETAL PROBLEM SUCH AS ARTHRITIS. **THAT'S OVER 100,000 CONSULTATIONS EVERY DAY**.<sup>3</sup>

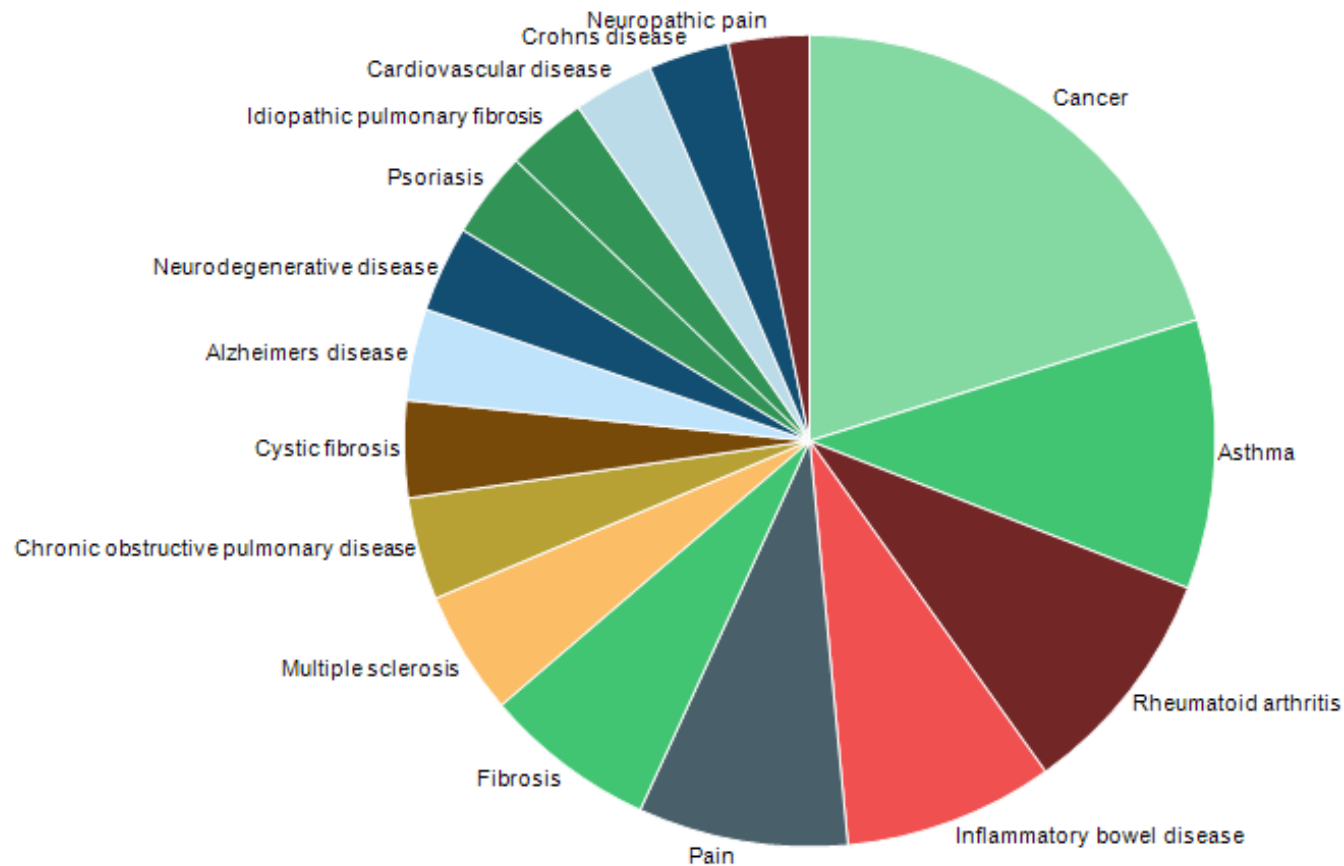


From RAAID

# Inflammation under pins nearly all diseases



**No. of projects in Discovery Phase  
Linked to Inflammation?**



# Outline

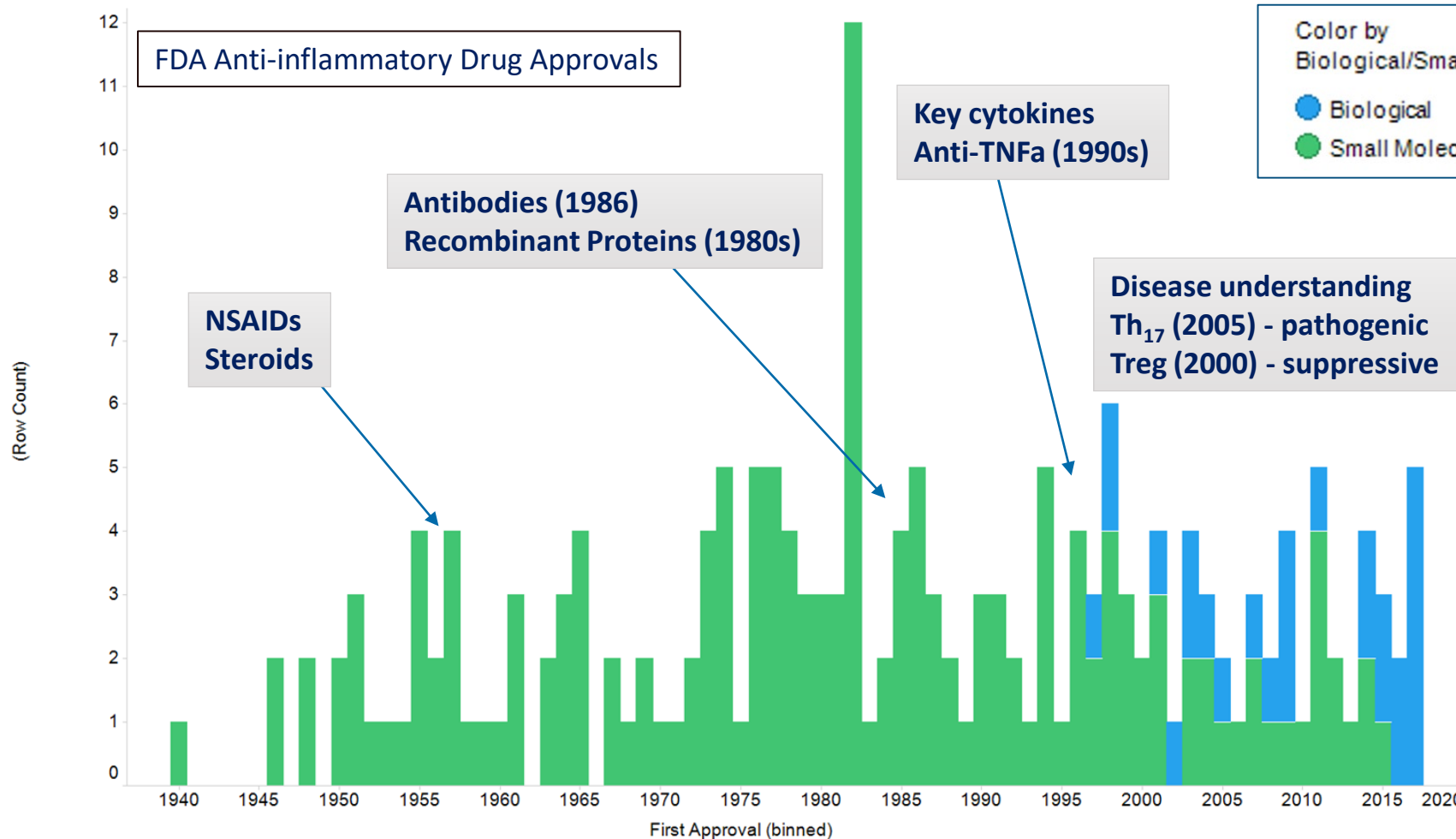


- What's inflammation?
- Drug Discovery Trends and Landmarks
- Current Challenges and the Future



# Small Molecules to Biologics

Histogram – First Approval

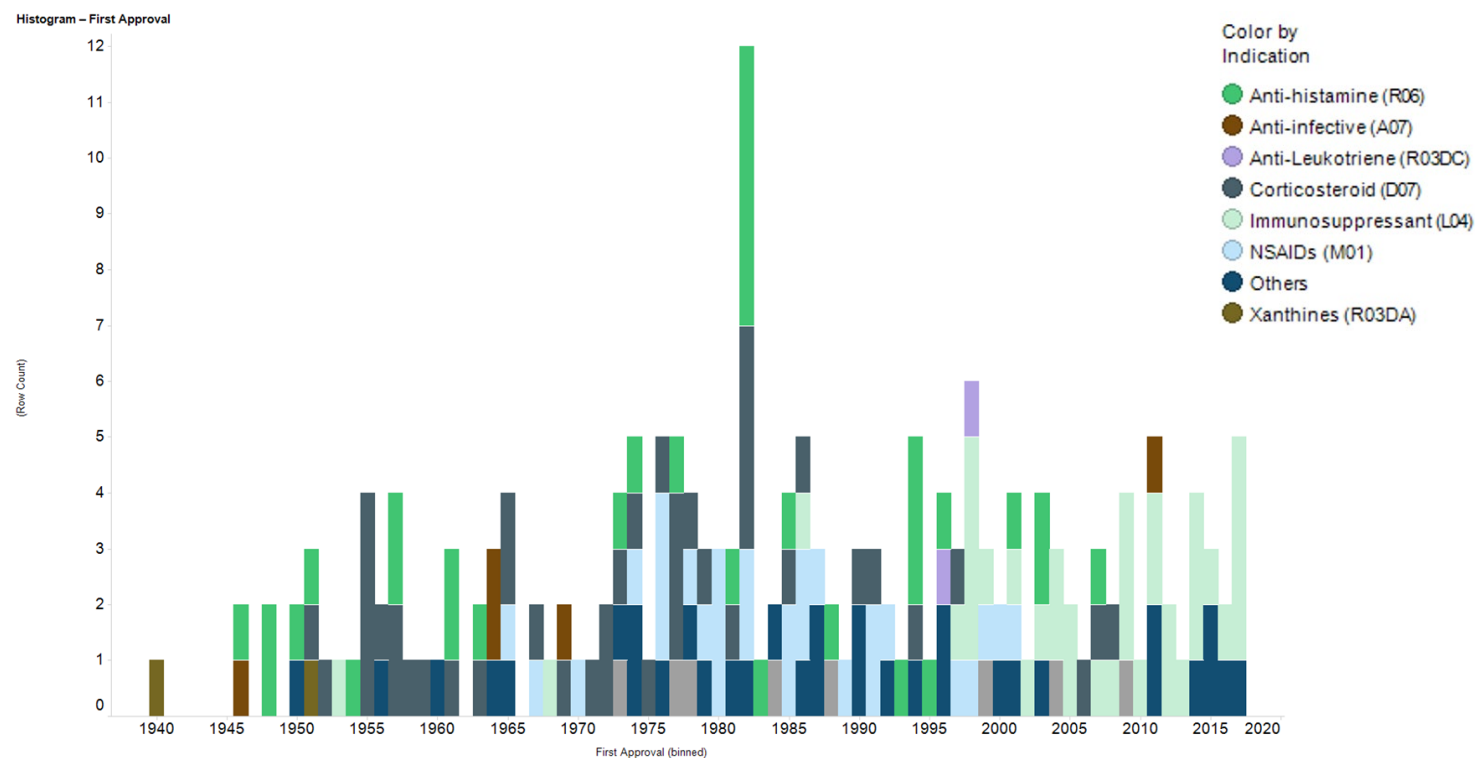


Still unmet needs

# Signs and Symptoms to Disease Modifying



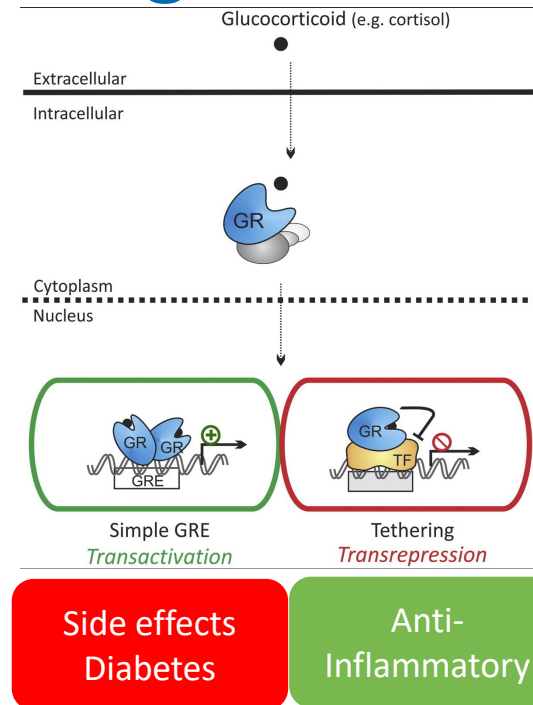
- Signs and symptoms
  - NSAIDs
  - Steroids
- Disease modifying
  - Immune cell anti-proliferatives
    - Methotrexate, leflunomide...
  - Anti-cytokines
    - Humira (anti-TNF $\alpha$ )
    - Benlysta (anti-BAFF)
    - IL-1, IL-6, IL-12/23, IL-17
    - CD20 (B cells)
    - CD3 (T cells)
    - JAK inhibitors
  - Increase in efficacy & permanence



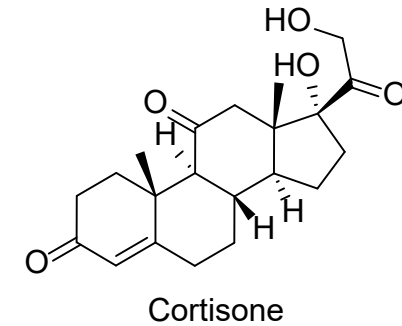
# Steroids

## Glucocorticoid Receptor Agonists

- Nuclear hormone receptor
- Cortisone (1950)
  - Highly efficacious
  - Systemic side effects
- Topical delivery
  - Inhaled
    - Budesonide (1981)
  - Skin
    - Dexamethasone (1958)
- Dissociated (SEGRAs)
  - Separate good (anti-inflammatory) from side effects (diabetogenic etc.)
  - Shown *in vitro*, but not *in vivo*
  - Still some discovery effort on going.....

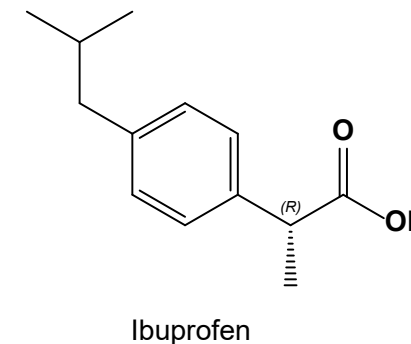
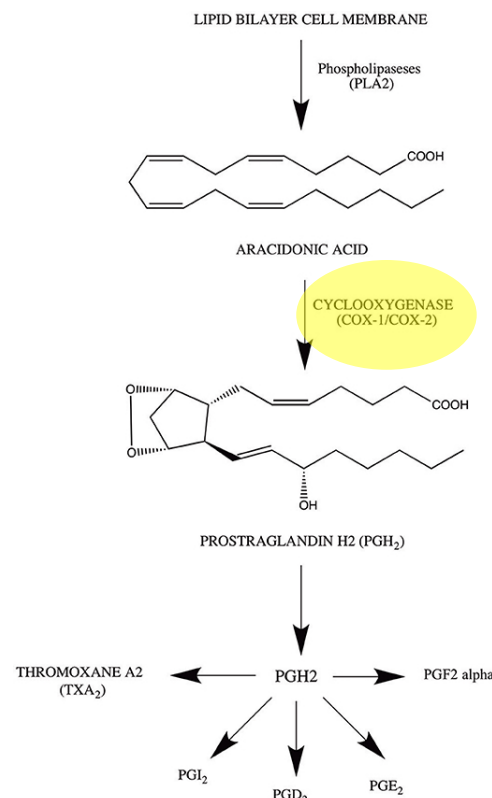


Sundahl *et al.* (2015) *Pharm. Ther.* 152:28



# Non-steroidal ant-inflammatory drugs NSAIDs

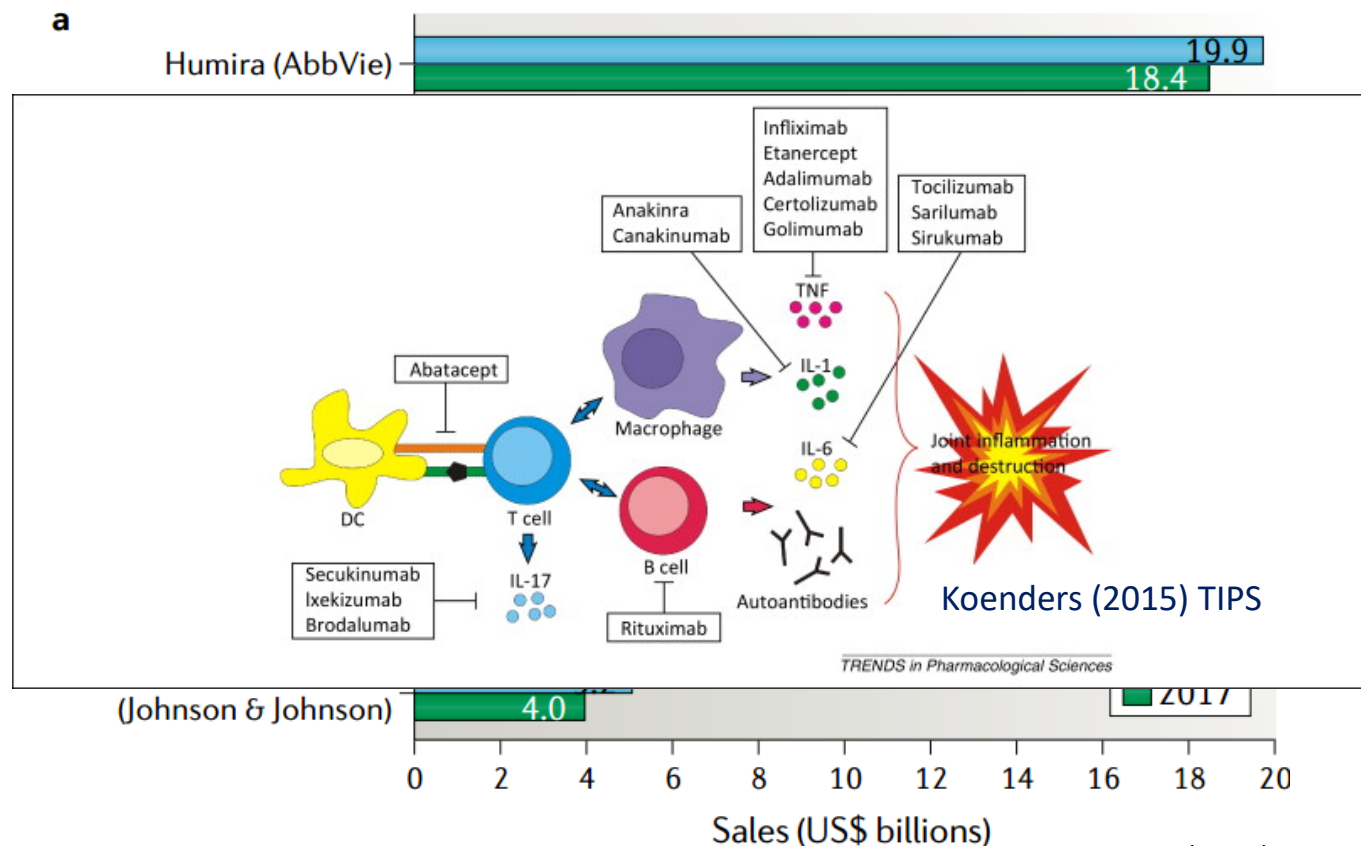
- Aspirin/Ibuprofen/Indomethacin (Pre-1970s)
  - Anti-inflammatory, but limited by GI side effects
- Mechanism identified by John Vane (1970s)
- COX1 and COX2 (1988)
  - COX1: housekeeper/constitutive
  - COX2: inducible, pro-inflammatory
  - Go for COX-2 selective!
- Vioxx – first COX-2 selective
  - Increase cardiac AEs
  - Withdrawn from market
- Roles of COX-1 and 2
  - Further research
- Protection of gastric damage
  - NO-NSAIDs
  - Local NO delivery





# Anti-Cytokine Biologicals

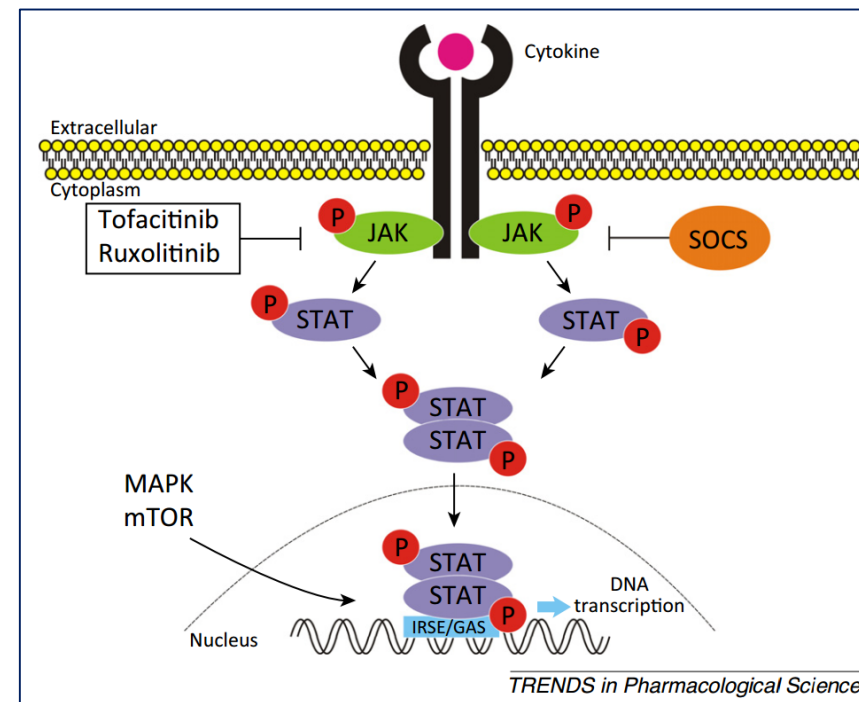
- Auto-immune disease therapies
  - Driven by increase in disease understanding
  - Biological drug capability
- Key cytokine inhibition
  - Highly efficacious
  - Multiple targets
  - Now top selling drugs
- Still room for improvement
  - Confounded by complex disease polygenetics and environment factors
  - Patient response rates roughly.....
    - 1/3 respond
    - 1/3 don't respond
    - 1/3 respond then lose efficacy
  - Infection and malignancy due to chronic use



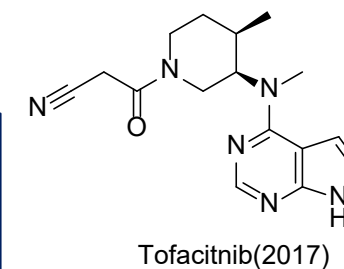
NRDD (2018) 17: 231

# JAK Kinase Inhibitors

- 4 JAK kinases
  - JAK1, 2, 3 and Tyk2
- Key players in major cytokine signalling pathways
  - Pathogenic Th17 → IL-17/IL-23
- Tofacitinib – Pan JAK inhibitor
  - Efficacious, but CV AEs via JAK 2 (EPO)
- Push for more selectivity
  - Phase II – Filgotinib – JAK 1 selective
  - Decernotinib - JAK 3 selective
- Similar efficacy and adverse effects to anti-TNF $\alpha$
- JAK selectivity profile v. efficacy relationship still remains to be defined



Khan (2016) Immunopharmacology. 93



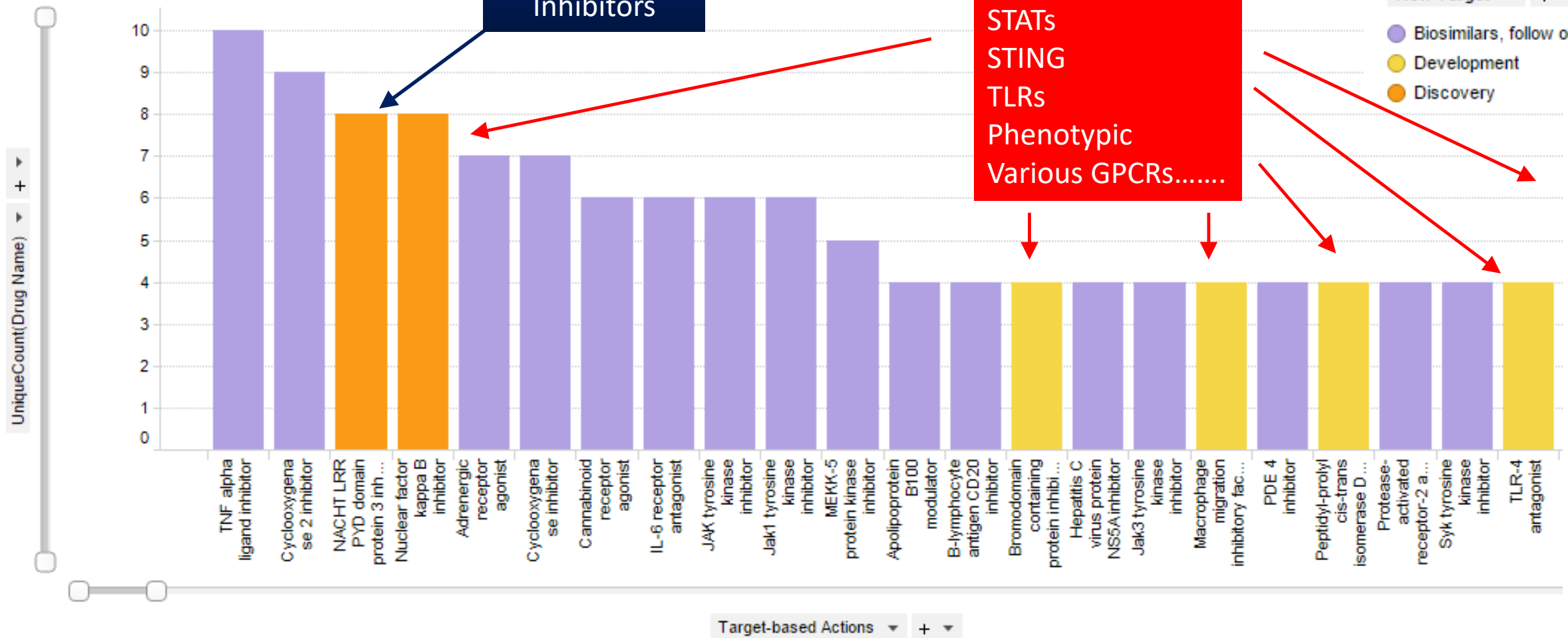


Color by:  
New Target +  
Biosimilars, follow on...  
Development  
Discovery



Inflammasome Inhibitors

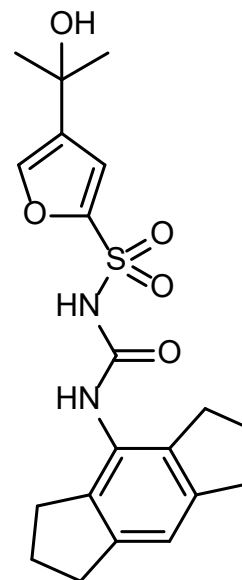
BRDs  
STATs  
STING  
TLRs  
Phenotypic  
Various GPCRs.....





# Inflammasome Inhibitors

- Family of intracellular multiprotein complexes
  - Makes pro-inflammatory IL-1/IL-18
  - Activated by non-infectious agents
    - Less risk of infection (c.f. other anti-cytokines)
  - Supported by human monogenetic diseases
- Pfizer 1990s
  - CP-456773 (from phenotypic hit)
  - Inflammasome (2015)
- Canakinumab → IL-1 inhibition
  - Clinical cancer and CV benefit
  - Multiple indications
- New target with broad application



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© 2003 by The American Society for Biochemistry and Molecular Biology, Inc. Vol. 278, No. 19, Issue of May 9, pp. 16567-16578, 2003  
Printed in U.S.A.

**Glutathione S-Transferase Omega 1-1 Is a Target of Cytokine Release Inhibitory Drugs and May Be Responsible for Their Effect on Interleukin-1 $\beta$  Posttranslational Processing\***

Received for publication, November 13, 2002, and in revised form, February 24, 2003  
Published, JBC Papers in Press, March 6, 2003, DOI 10.1074/jbc.M211596200

Ronald E. Laliberte, David G. Perregaux, Lise R. Hoth, Philip J. Rosner, Crystal K. Jordan, Kevin M. Peese, James. F. Egger, Mark A. Dombroski, Kieran F. Geoghegan, and Christopher A. Gabel $\ddagger$

From the Departments of Antimicrobials, Immunology and Inflammation, and Exploratory Medicinal Sciences, Pfizer Global Research and Development, Pfizer, Inc., Groton, Connecticut 06340

nature  
medicine

**A small-molecule inhibitor of the NLRP3 inflammasome for the treatment of inflammatory diseases**

Rebecca C Coll<sup>1,2</sup>, Avril A B Robertson<sup>2</sup>, Jae Jin Chae<sup>3</sup>, Sarah C Higgins<sup>1</sup>, Raúl Muñoz-Planillo<sup>4</sup>, Marco C Inserra<sup>2,5</sup>, Irina Vetter<sup>2,5</sup>, Lara S Dungan<sup>1</sup>, Brian G Monks<sup>6</sup>, Andrea Stutz<sup>6</sup>, Daniel E Croker<sup>2</sup>, Mark S Butler<sup>2</sup>, Moritz Haneklaus<sup>1</sup>, Caroline E Sutton<sup>1</sup>, Gabriel Núñez<sup>4</sup>, Eicke Latz<sup>6-8</sup>, Daniel L Kastner<sup>3</sup>, Kingston H G Mills<sup>1</sup>, Seth L Masters<sup>9</sup>, Kate Schroder<sup>2</sup>, Matthew A Cooper<sup>2</sup> & Luke A J O'Neill<sup>1</sup>

Nature Reviews Drug Discovery | Published online 29 Sep 2017; doi:10.1038/nrd.2017.186

**Anti-inflammatory drug cuts risk of heart disease — and cancer**

Results from Novartis's huge trial of the interleukin-1 $\beta$  blocker canakinumab could revitalize efforts to target inflammation in atherosclerosis, and have demonstrated unanticipated activity in lung cancer.

# Inflammasome Inhibitors

Jecure  
THERAPEUTICS

2016

Genentech  
*A Member of the Roche Group*

Jecure  
THERAPEUTICS

2018

IFM  
THERAPEUTICS

2016

NOVARTIS

IFM  
THERAPEUTICS

2019

Clinical safety and efficacy?

Other inflammasomes &  
disease indications?

IFM Quatro

INFLAZOME

2016

idera

gsk

# Challenges

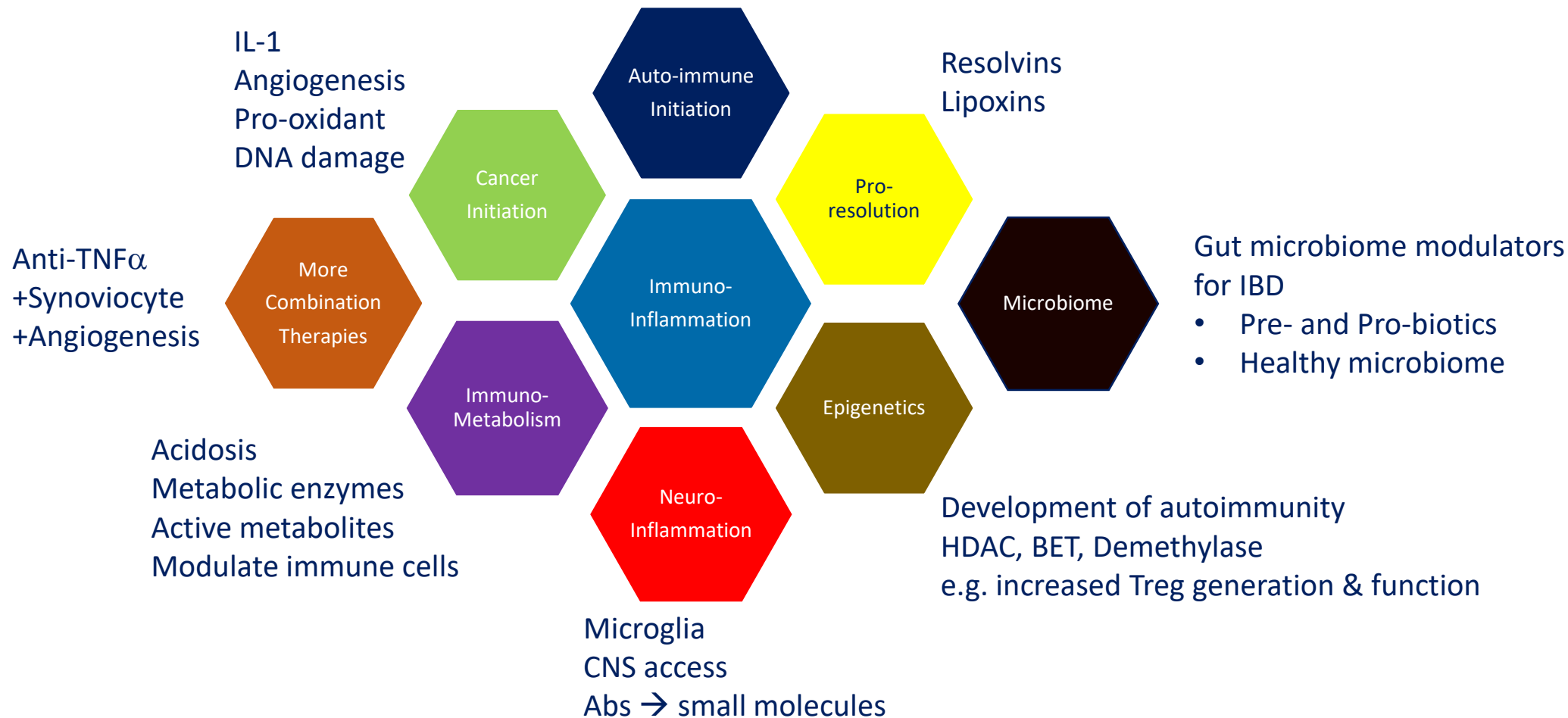
- Current therapies are highly effective
  - BUT need continuous use and have increased risk of malignancy/infection
- Can we cure and/or prevent autoimmune diseases?
  - What initiates autoimmune disease?
    - Most current drugs target later stage disease and not initiation
  - Predictive biomarkers of onset?
    - Early signals prior to disease symptoms -> early intervention and prevention
- Need to induce remission in all patients
  - Only achieved in a minority at the moment
  - Why do some patients not respond?
    - Need greater understanding of disease heterogeneity
    - Personalised medicines – patient specific



# Future



Reset the Treg/Th17 balance  
Ex vivo Treg efficacious in AI disease





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