

How do drugs work in the body?

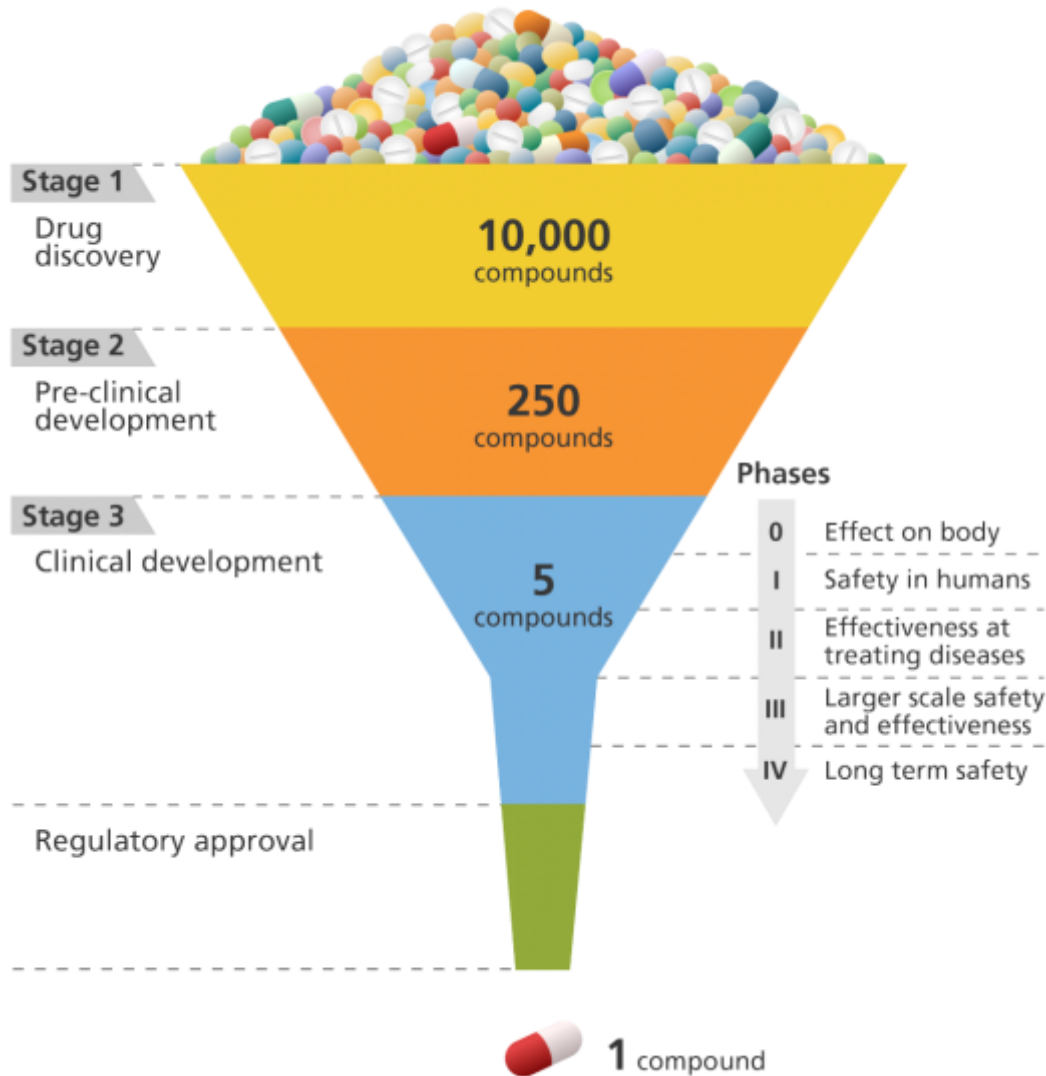
Novel approaches to understand & predict non-obvious effects of pharmaceuticals

Luigi Margiotta-Casaluci

Biology@Brunel – 2 May 2018



Drug development is a risky & expensive process



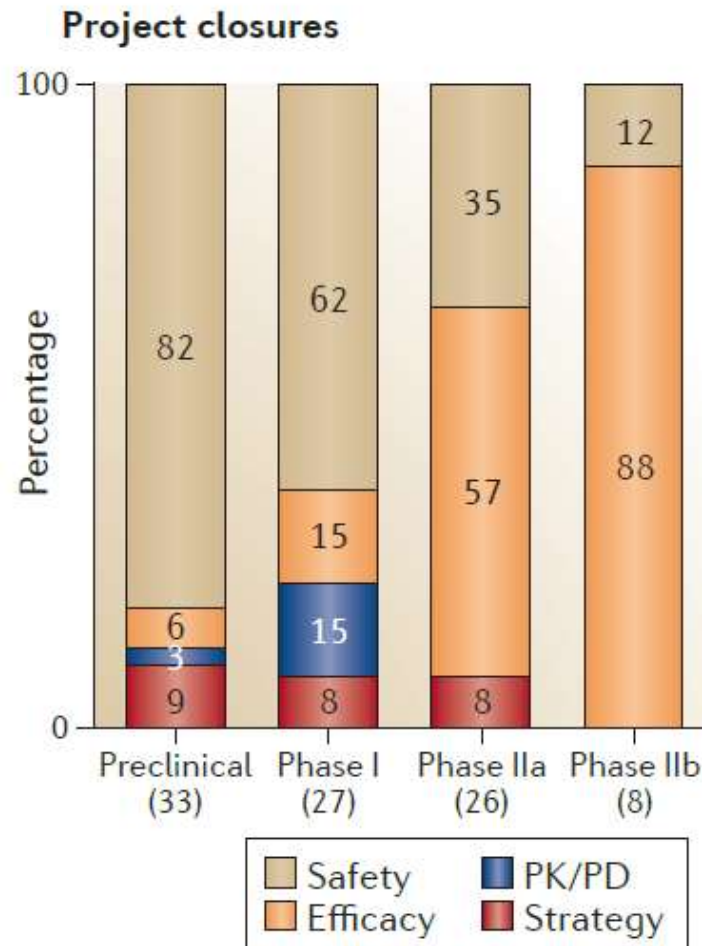
\$2.6 billion

Tufts Centre for the Study of
Drug Development 2014

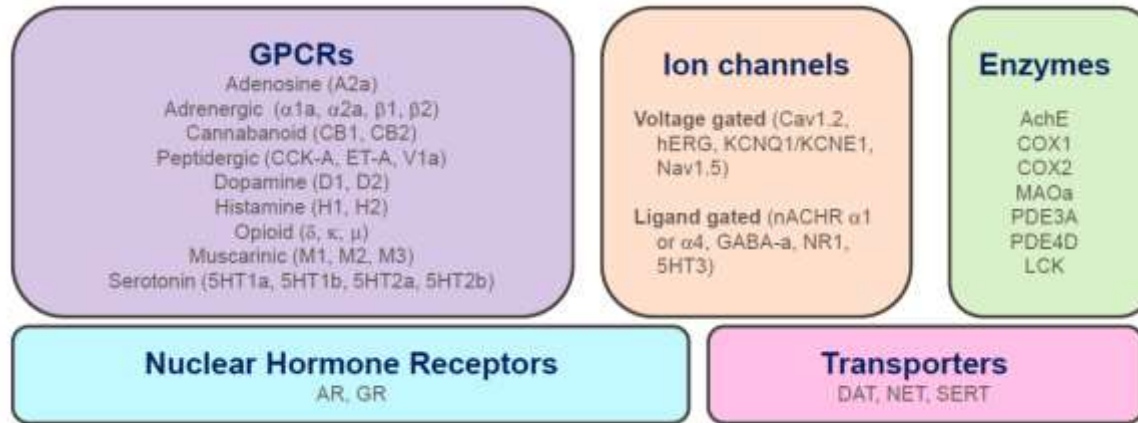
Drug safety and project failures

82% of the failures in preclinical studies are due to safety issues

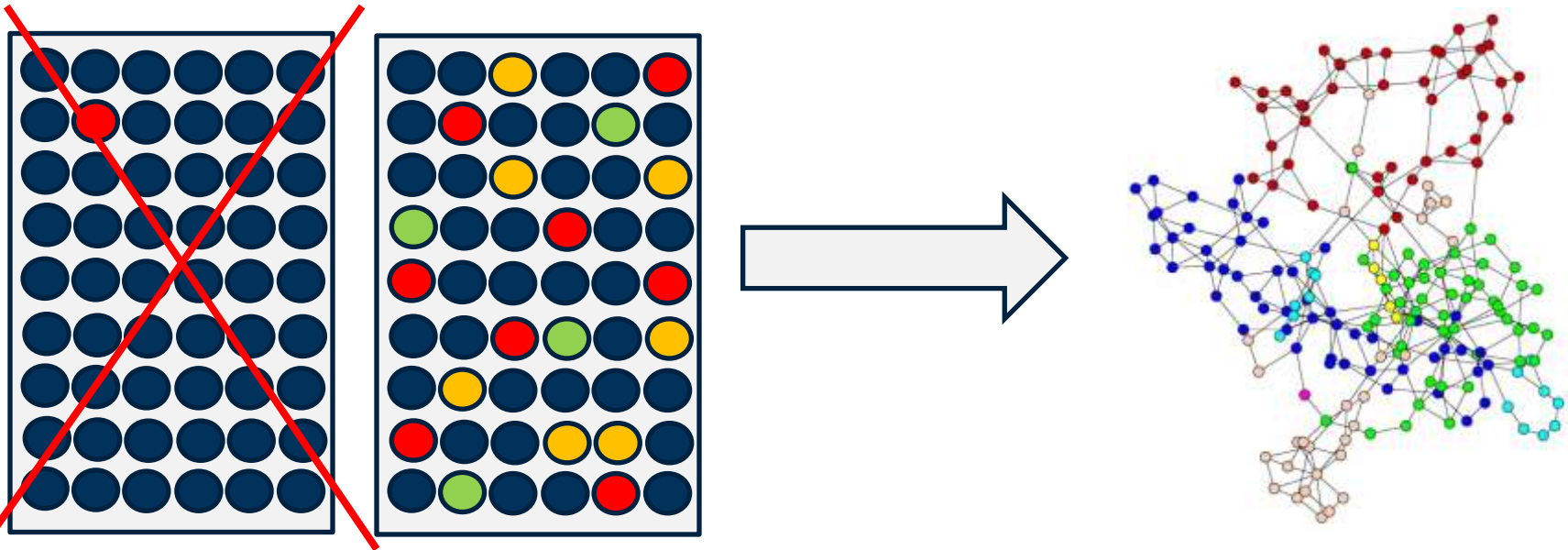
2005-2010



Hazard identification - Risk mitigation

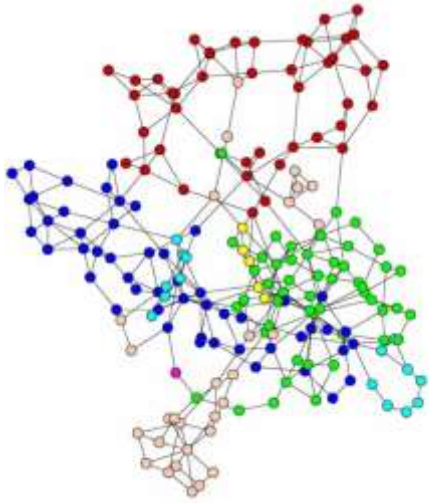


Bowes et al, Nature Reviews Drug Discovery 11, 909 (2012)

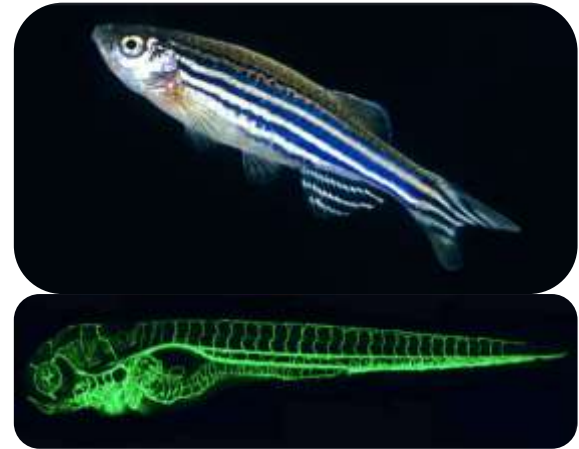


Our research vision

Computational biology, multi-scale modelling & network pharmacology



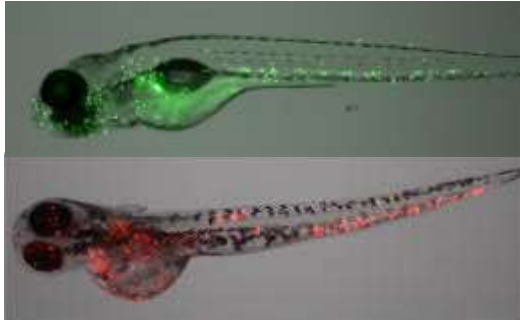
Zebrafish model



Supporting pre-clinical & clinical drug safety assessment



Our tools



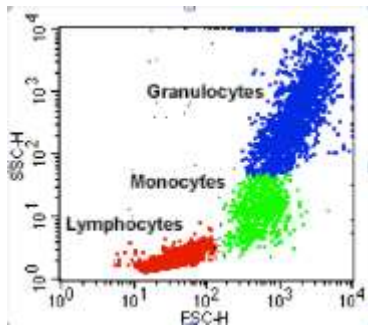
- *Neutrophils*
- *Interleukin-1b*
- *Macrophages*

Automated system for behavioural profiling

(temporary courtesy of Dr Winter, U. of Exeter)



- *-omics outsourced*



- *Advanced flowcytometry
@ Queen Mary University*

*Fluorescence
microscope
(Leica DMI8)*



NC3Rs Strategic Award 2017-2018

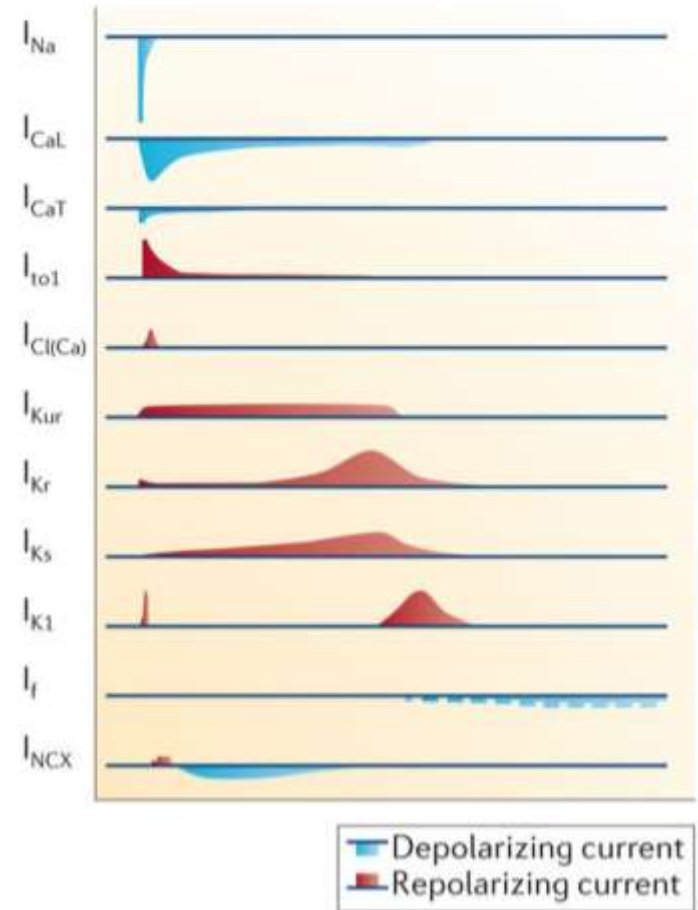
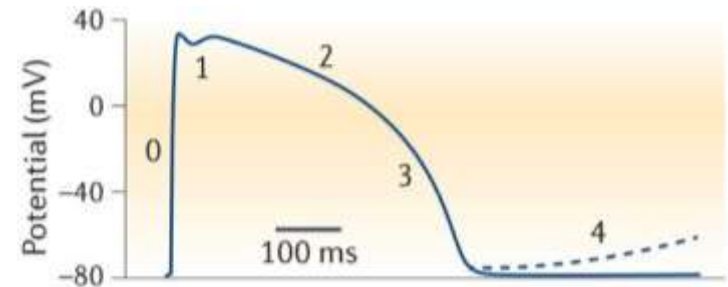
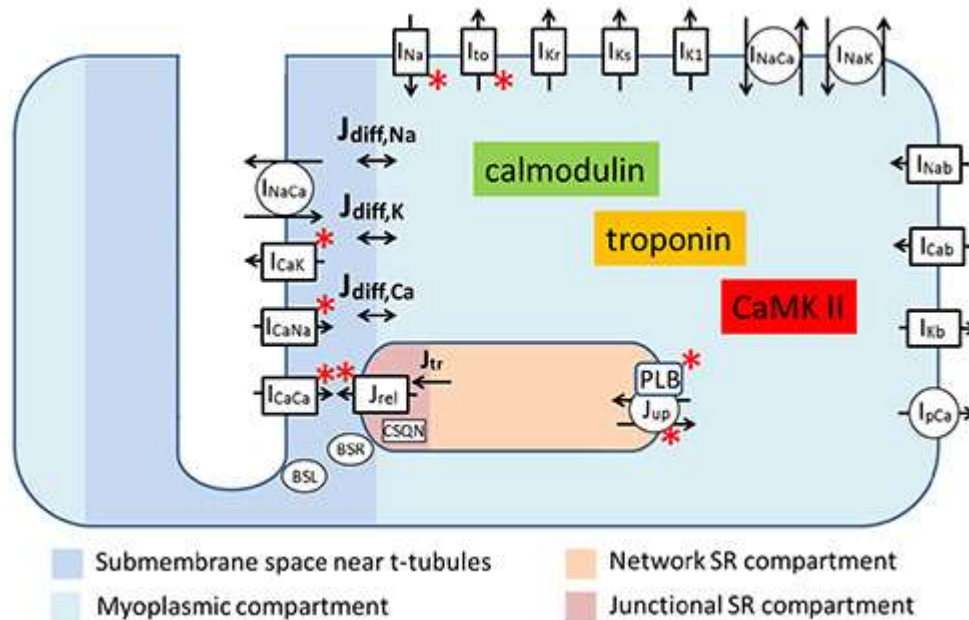


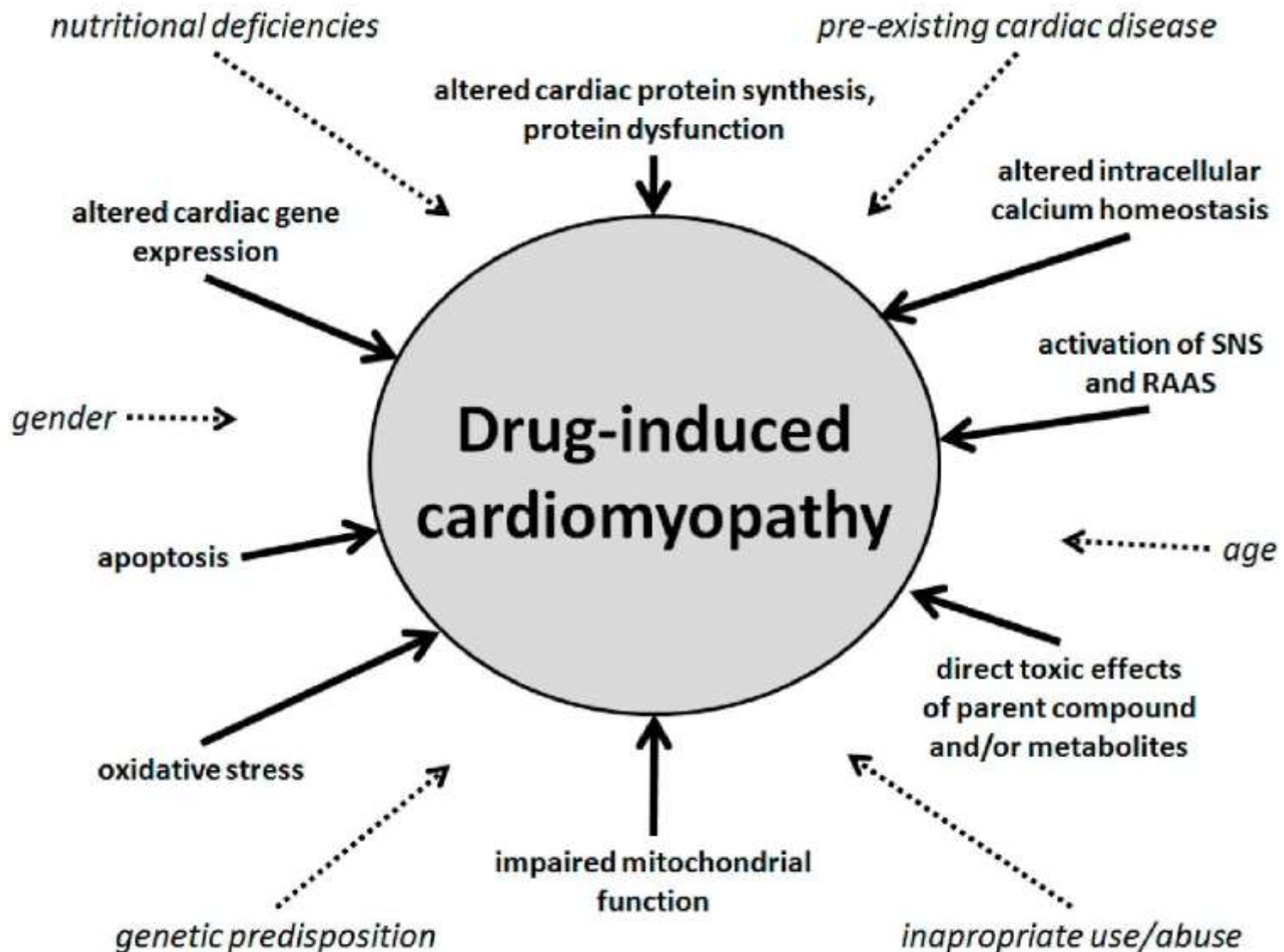
National Centre
for the Replacement
Refinement & Reduction
of Animals in Research

**Development of an Adverse
Outcome Pathway for
cardiotoxicity mediated by the
blockade of L-type calcium
channel**



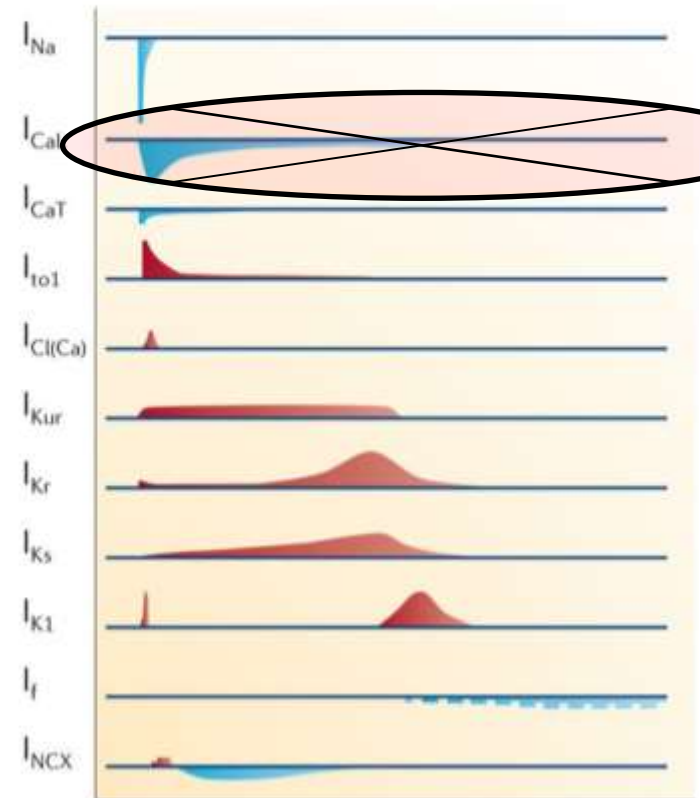
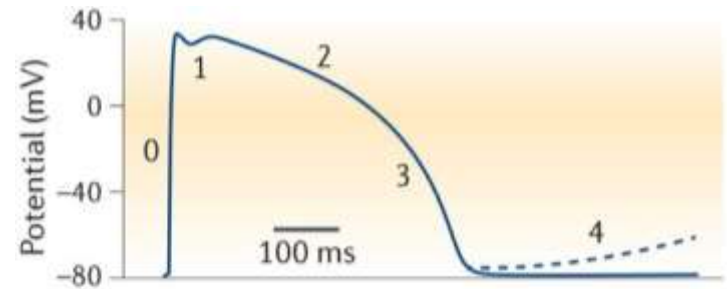
Unpredicted cardiotoxicity is a major cause of drug failure



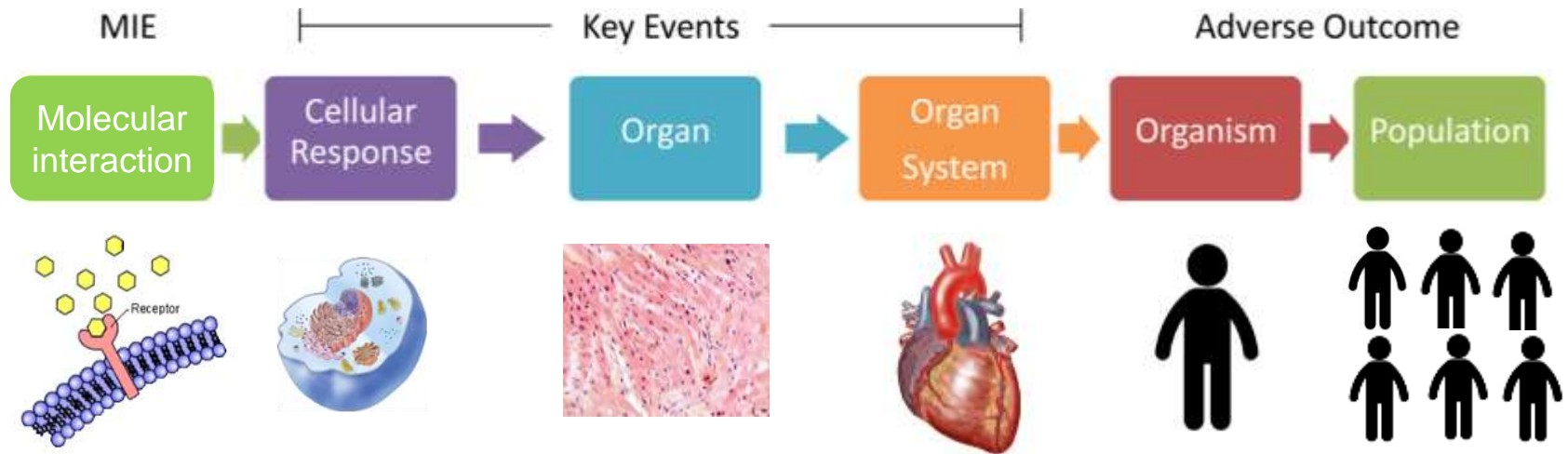


L-type calcium channel blockade as molecular initiating event (MIE)

- Calcium ions play a vital role in cellular and organism physiology
 - E.g. mediation of **muscle contraction**, hormone secretion, and neuronal transmission
- L-type calcium channels are responsible for the excitation-contraction coupling of skeletal, smooth, and cardiac muscle
- Perturbation of calcium dynamics in the heart may impair organ function and health



Adverse Outcome Pathway concept



Cardiotox AOP - Project workflow

Literature review and data extraction

Review papers
Genetic manipulation studies
CCBs exposure studies

In vivo, ex vivo, in vitro

148 experimental papers + reviews

Plausibility, essentiality, & weight of evidence analysis
(e.g. dose response concordance, reproducibility, etc)

AOP development

Outputs:

- Database of LTCC-mediated effects
- #1 report for OECD submission
- #1 manuscript

Literature review and data extraction

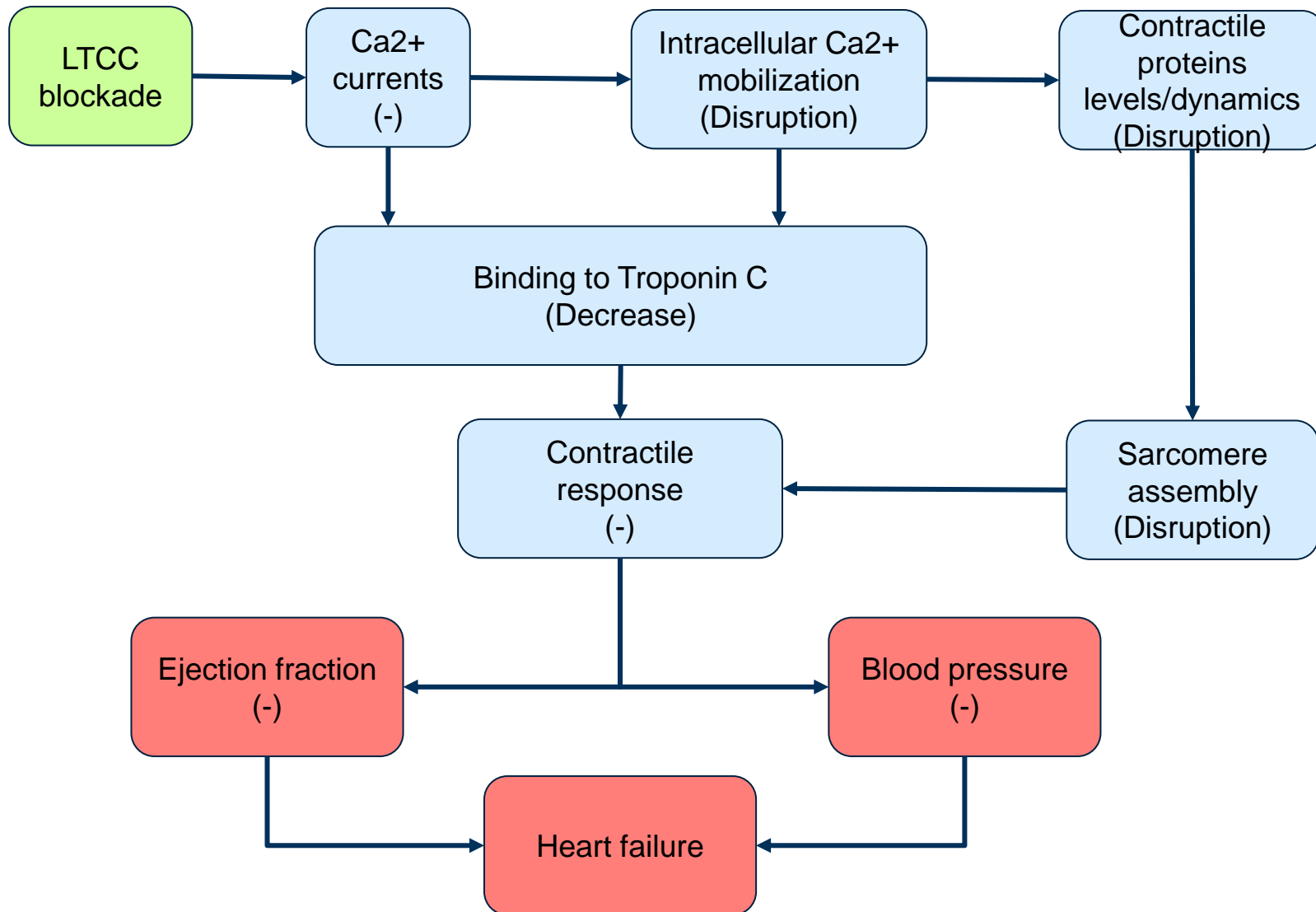
Empirical evidence

CCBs exposure studies

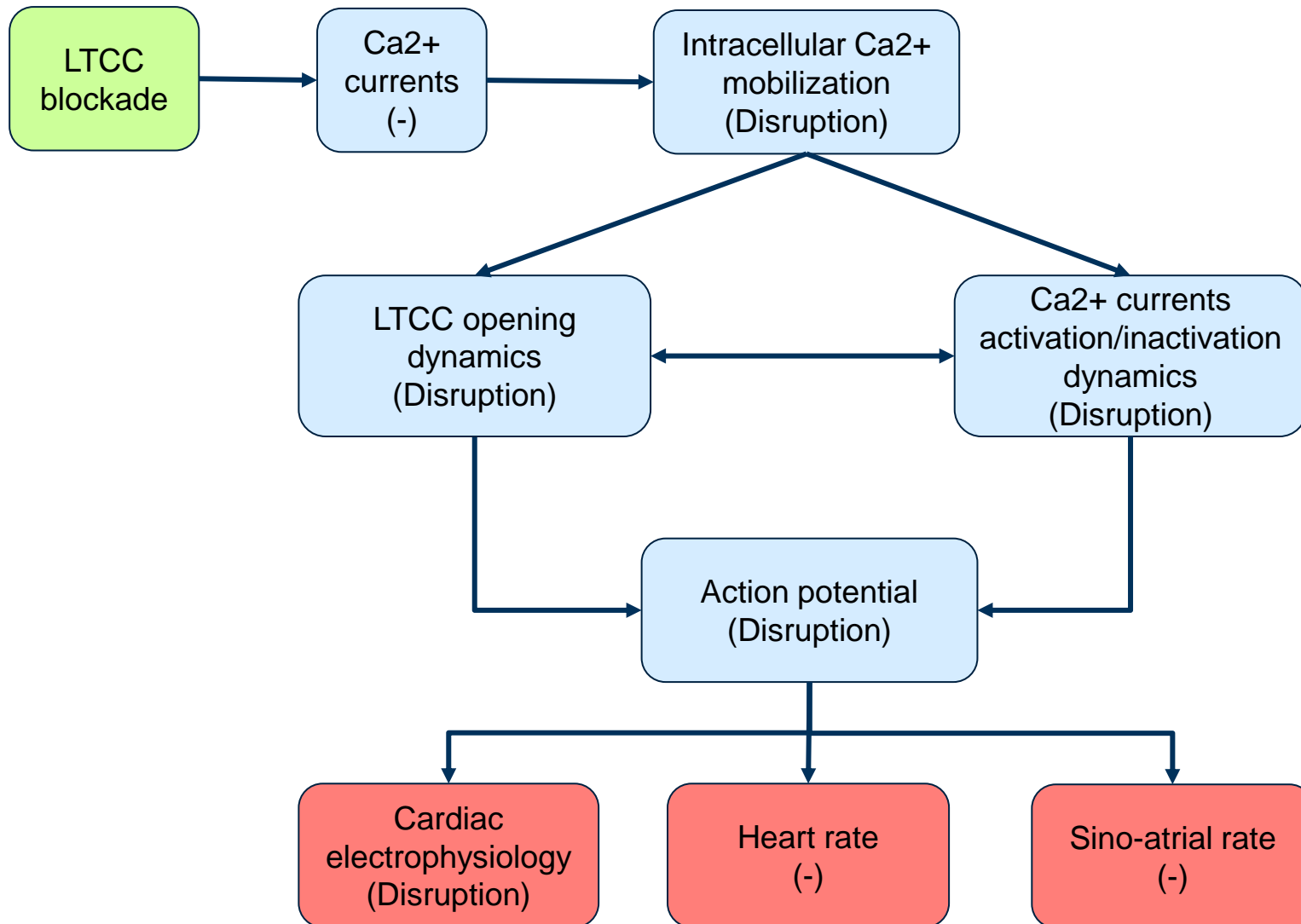
AOP developed using data extracted from exposure studies involving 10 CCBs and healthy biological models (i.e. non-disease models)

Drug	Class	Total no. of data points	Affinity to LTCC (1C) (Lowest Ki, nM)*	Species	Data source
Nifedipine	Dihydropyridine CCB	345	0.5	Rat	ChEMBL
Amlodipine	Dihydropyridine CCB	114	20	Rat	ChEMBL
Felodipine	Dihydropyridine CCB	14	0.053	Rat	ChEMBL
Nisoldipine	Dihydropyridine CCB	2	0.476	Rat	ChEMBL
Nimodipine	Dihydropyridine CCB	2	0.156	Rat	ChEMBL
Nitrendipine	Dihydropyridine CCB	1	0.246	Rat	ChEMBL
Diltiazem	Benzothiazepine CCB	123	16 nM	Rat	ChEMBL
Verapamil	Phenylalkylamine CCB	272	12 nM	Rat	ChEMBL
Fendiline	Phenylalkylamine/non-selective CCB	17	17000 (**IC50, Ki n/a)	Rat	ChEMBL
Mibefradil	Non selective CCB	44	156 nM (**IC50, Ki n/a)	Human	ChEMBL

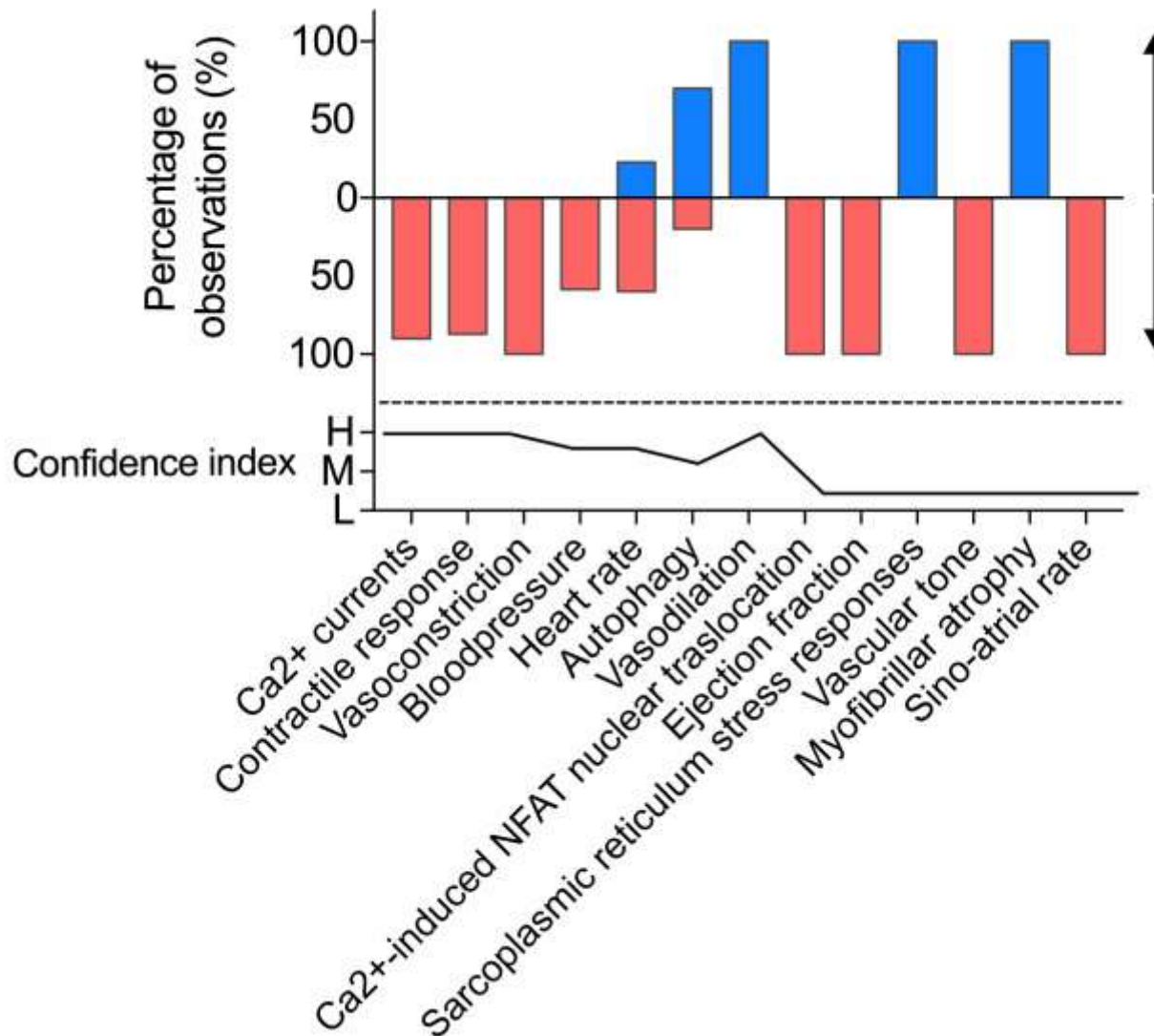
AOP1: Disruption of cardiac contractility



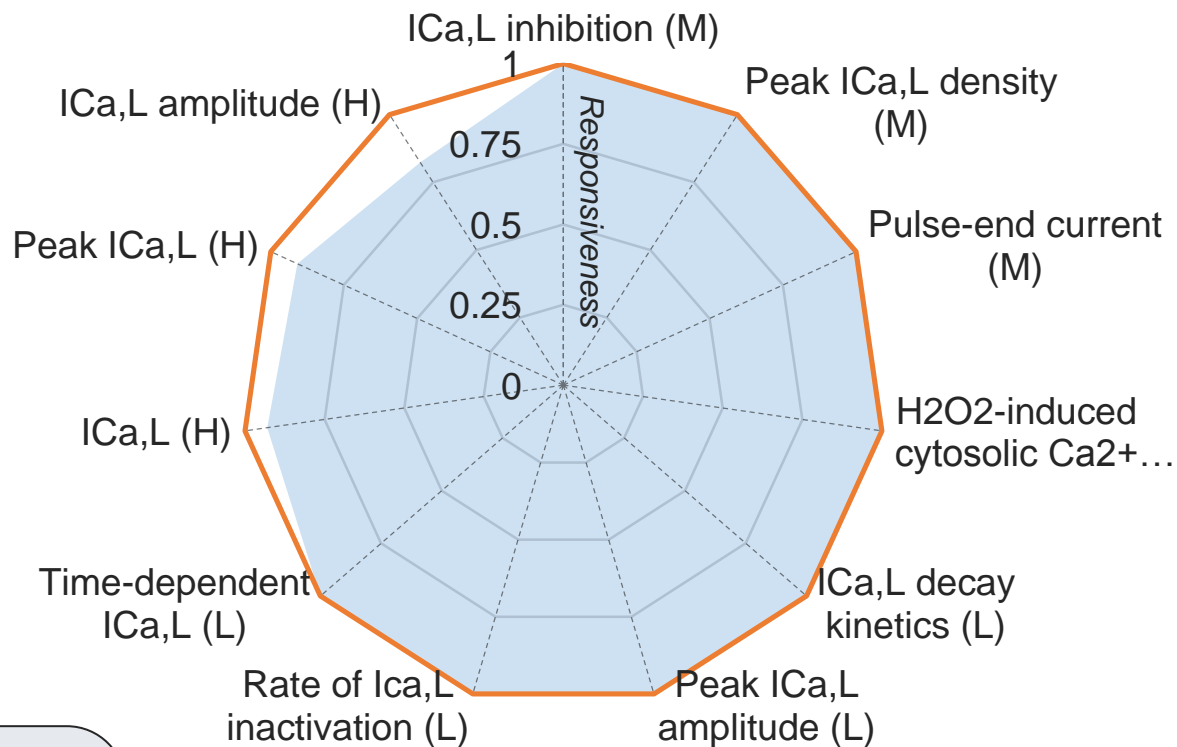
AOP2: Disruption of cardiac electrophysiology



Effect direction and confidence assessment of bi-directional KEs



KE: Calcium current, Decrease



Total no. of data points = 91

Nifedipine: 37

Verapamil: 25

Diltiazem: 17

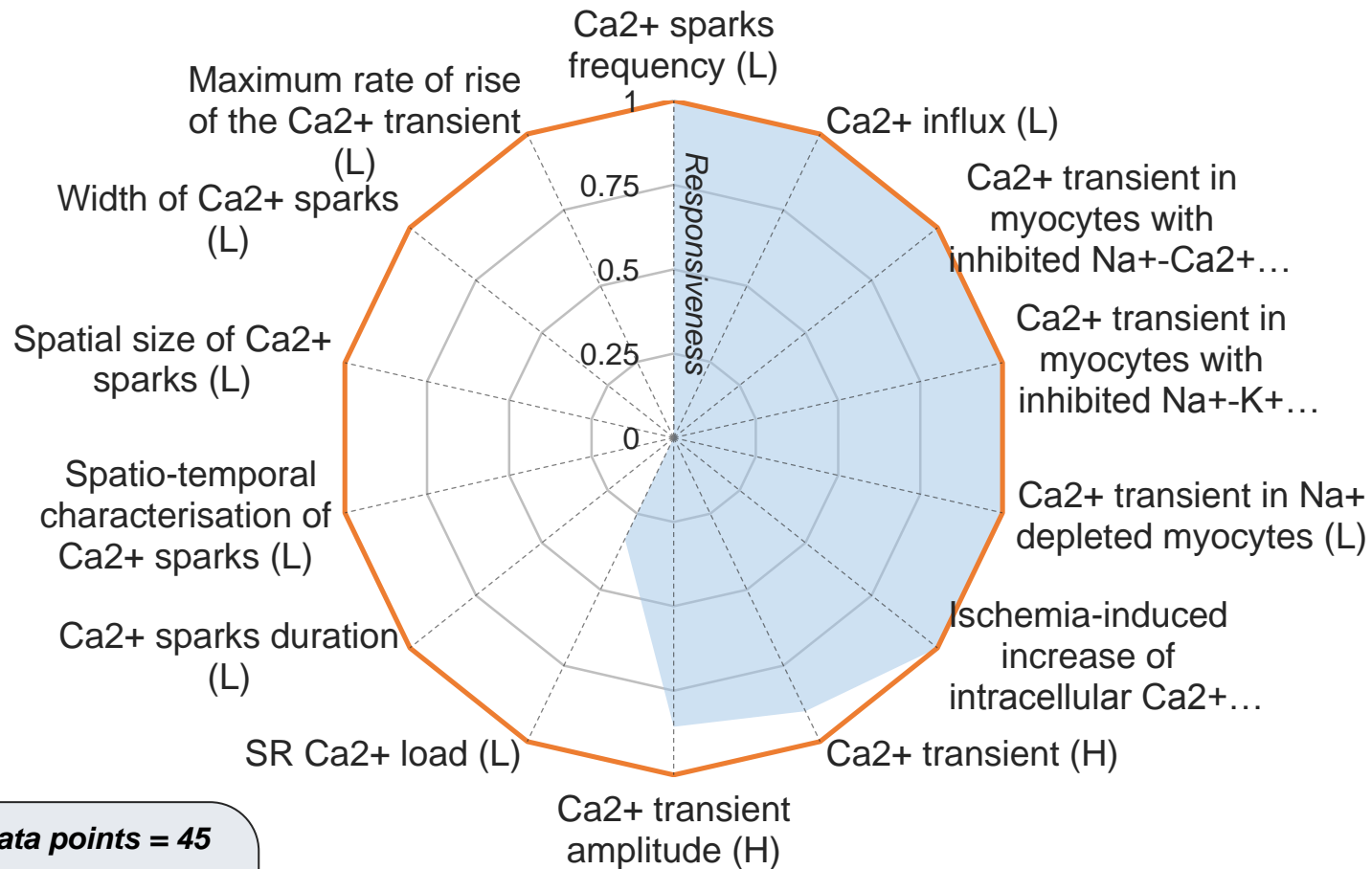
Fendiline: 6

Felodipine: 3

Amlodipine: 2

Semotiadil: 1

KE: Intracellular calcium mobilization, Disruption



Total no. of data points = 45

Nifedipine: 24

Verapamil: 8

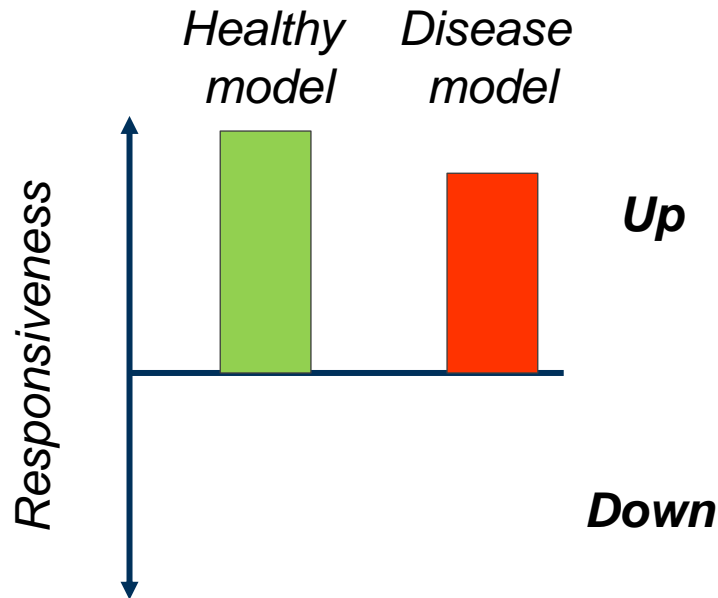
Amlodipine: 7

Mibefradil: 3

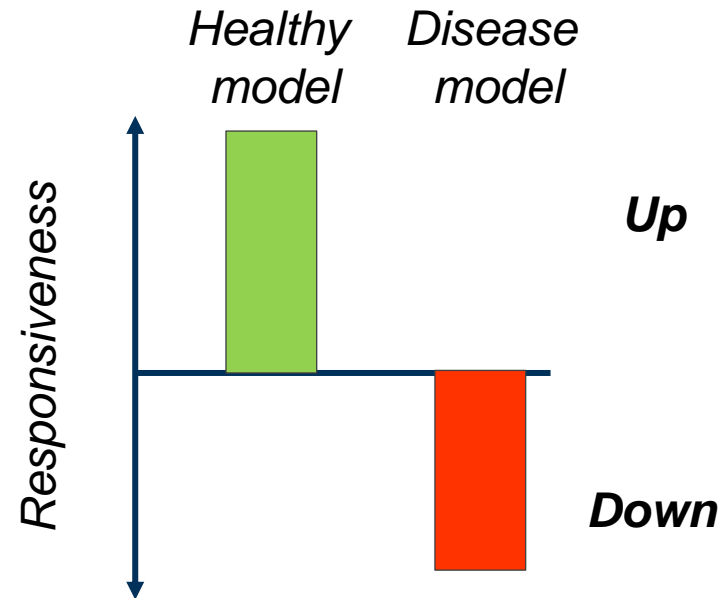
Felodipine: 2

Fendiline: 1

Influence of disease state on the KEs



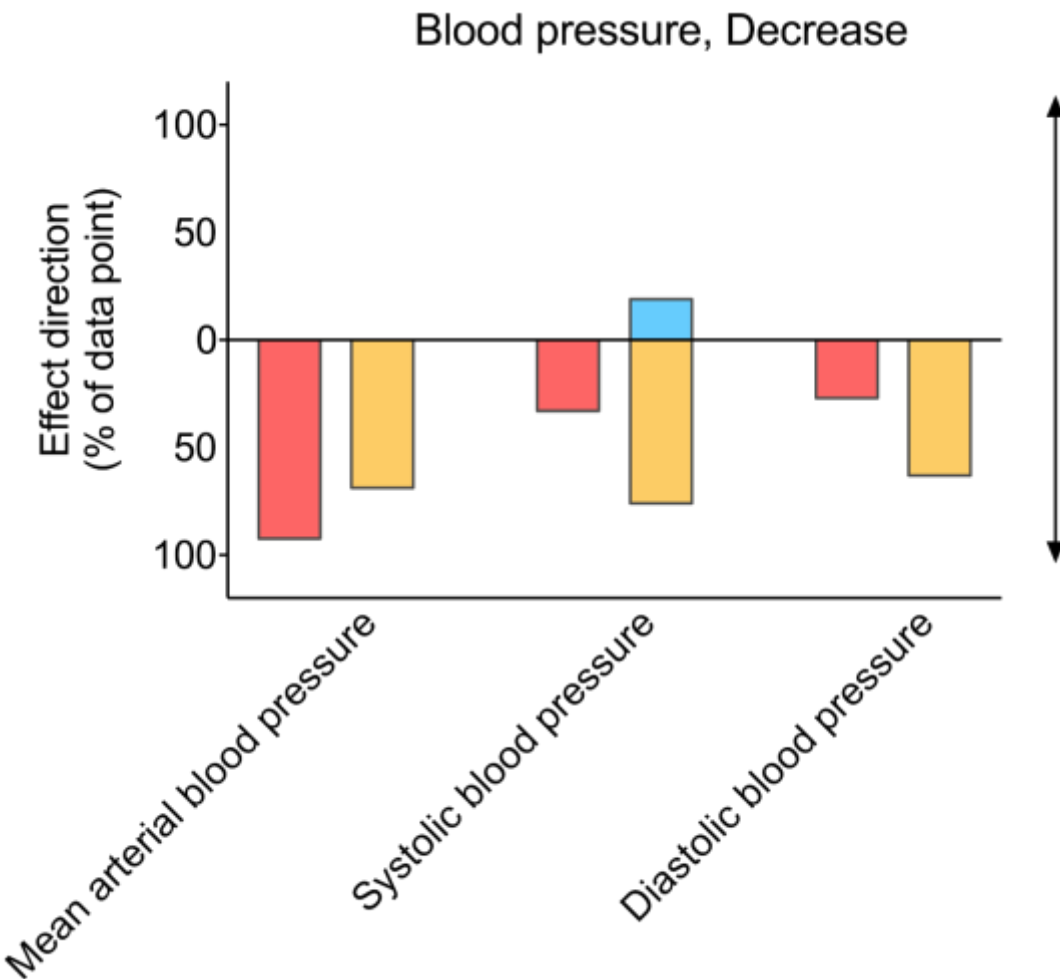
**Empirical support
+
Weight of Evidence**



**Identification of
modulating factors**

+300 data points

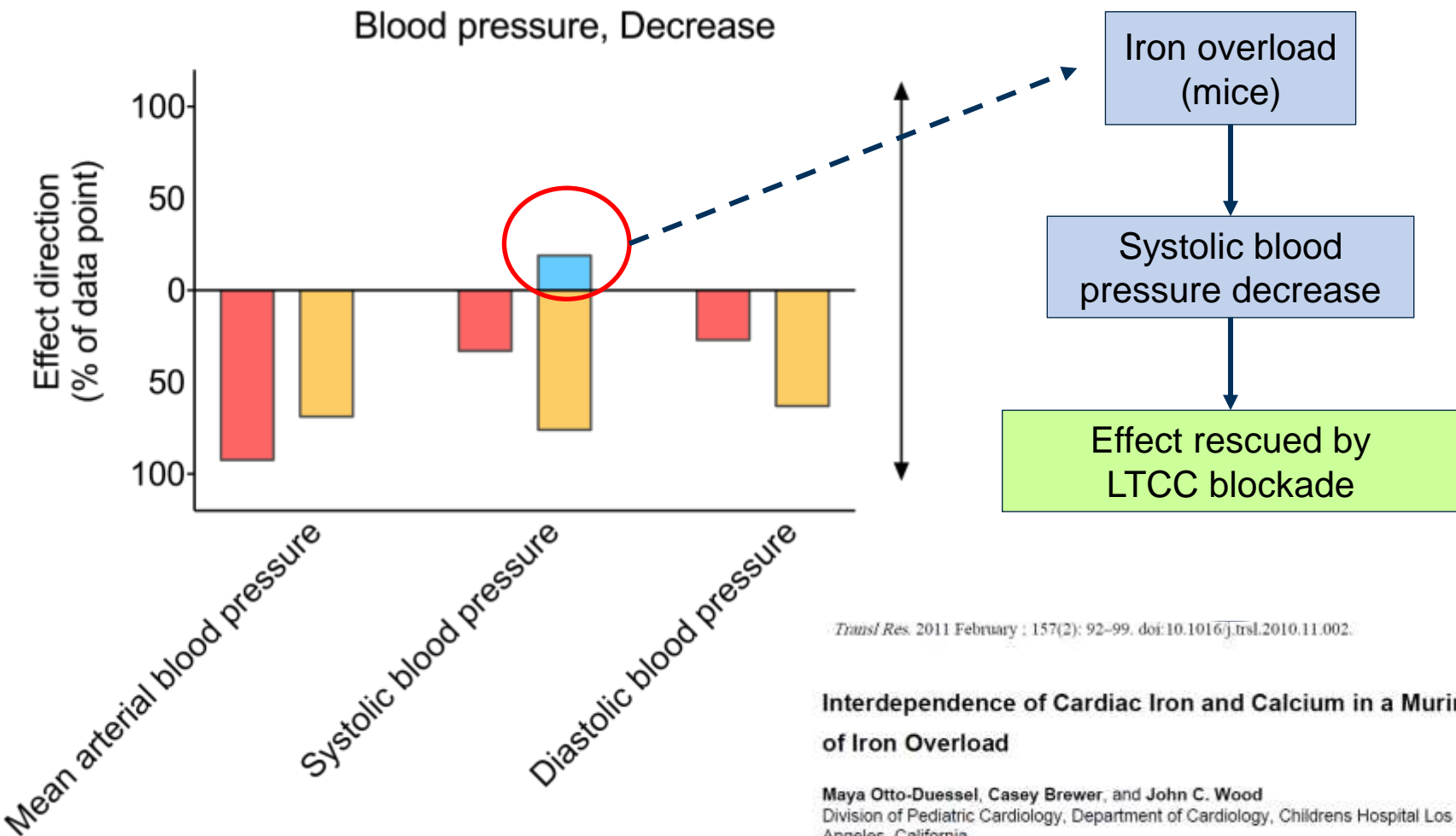
Influence of disease state on the KEs



Disease type

- *Alcohol dependence*
- *Balloon injury of the carotid artery*
- *Chronic atrioventricular block*
- *Heart failure*
- *High salt diet*
- *Hypertension*
- *Iron overload*
- *Ischemia*
- *Myocardial infarction*
- *Rapid atrial pacing*
- *Patients undergoing coronary angiography with or without percutaneous coronary interventions*
- *SHR hydronephrotic model*

Influence of disease state on the KEs

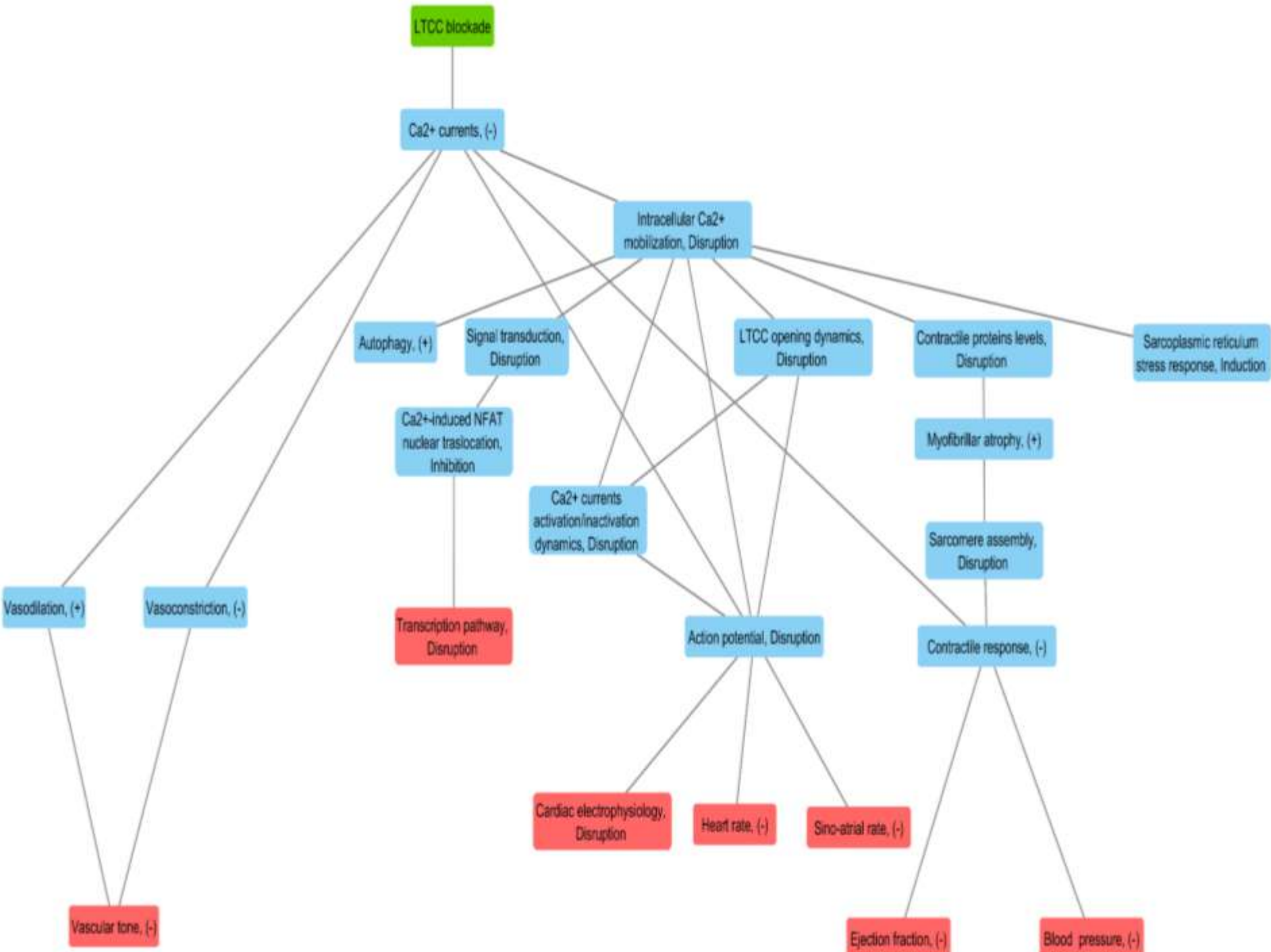


Transl Res. 2011 February ; 157(2): 92-99. doi:10.1016/j.trsl.2010.11.002.

Interdependence of Cardiac Iron and Calcium in a Murine Model of Iron Overload

Maya Otto-Duessel, Casey Brewer, and John C. Wood

Division of Pediatric Cardiology, Department of Cardiology, Childrens Hospital Los Angeles, Los Angeles, California.

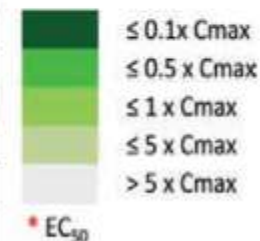


In vitro phenotypic profiling of structural cardiotoxins

- Human embryonic stem cell–derived cardiomyocytes
- H9c2 cell line
- Canine cardiomyocytes



Compound	Contractility	ATP depletion	$\Delta\Psi_m$	Ca ₂₊	ER integrity	Membrane permeability
Amiodarone HCl	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Sunitinib Malate	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Fluorouracil	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax
Sorafenib Tosylate	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Imatinib Mesylate	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Mitoxantrone diHCl	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Lapatinib	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax
Idarubicin HCl	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax
Dasatinib	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Doxorubicin HCl	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 0.1x Cmax
Bortezomib	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Amphotericin B	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Clozapine	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Isoproterenol HCl	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax
Cyclophosphamide	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 0.1x Cmax	≤ 5 x Cmax	≤ 5 x Cmax

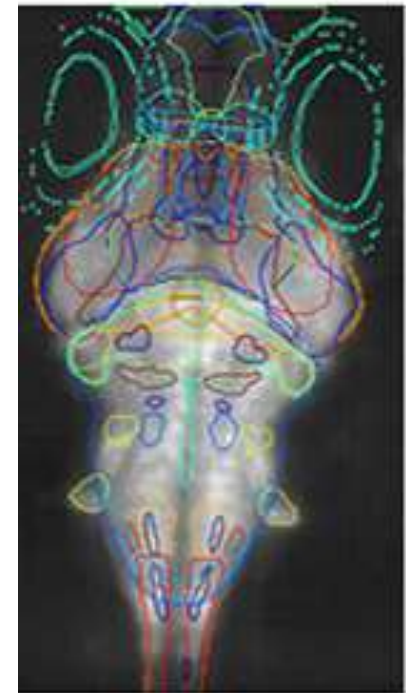
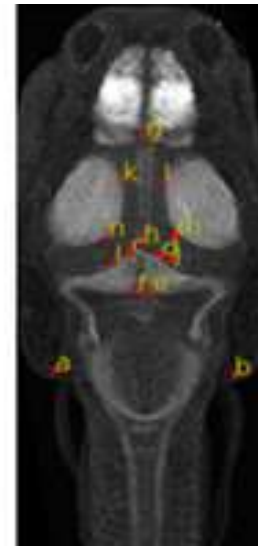
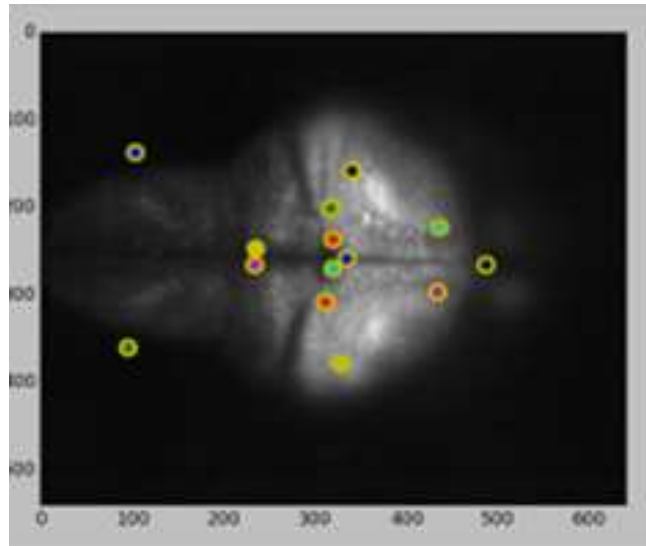


Pointon et al. (2013) Toxicological sciences 132(2), 317–326

Future developments

4-dimensional functional profiling of larval zebrafish brain

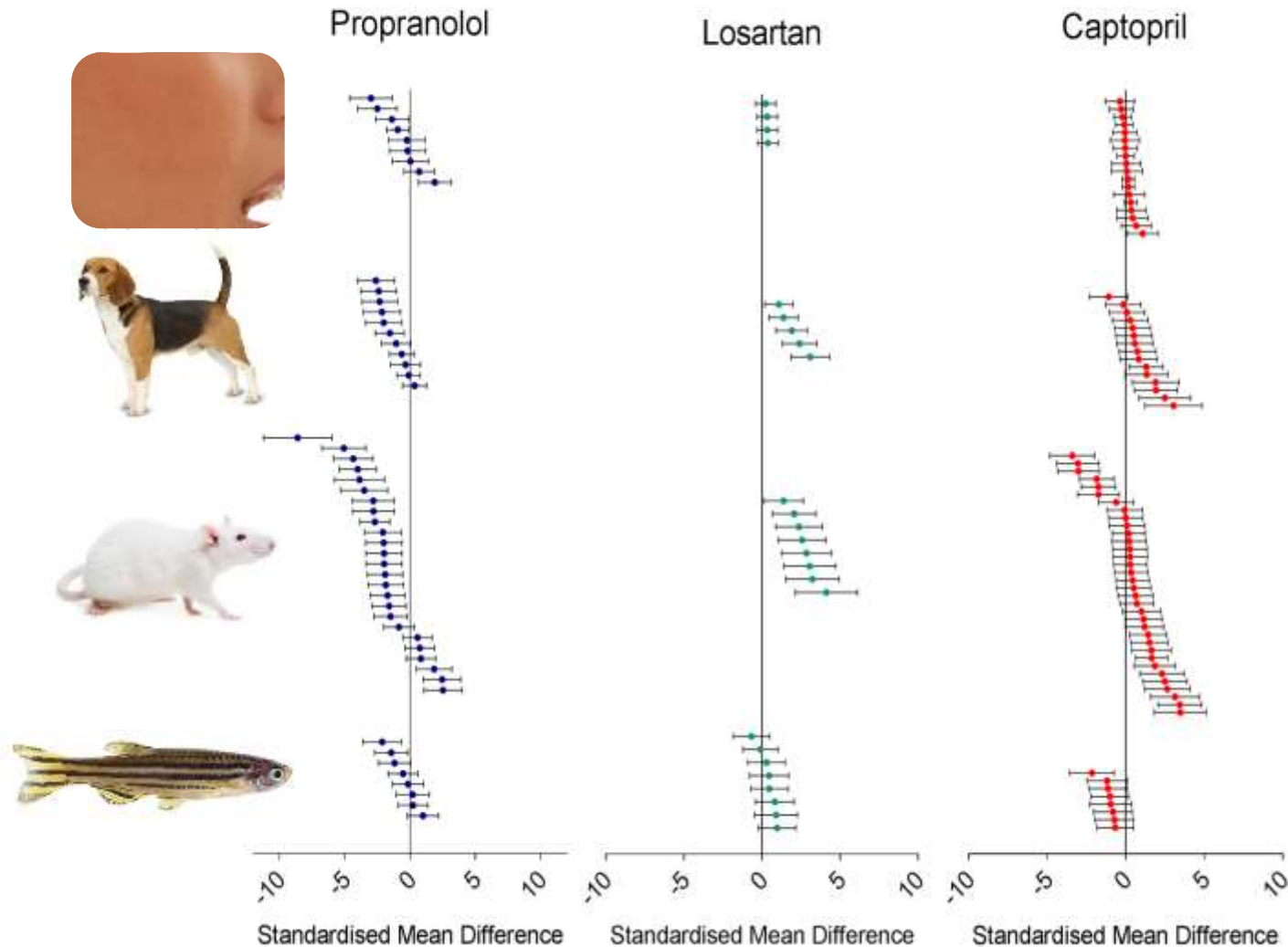
Winter et al. (2017) Scientific Reports 7, 6581



Zebrafish model to investigate the coupling between calcium transient disruption and structural/functional cardiotoxicity

Establishing the translational value of the zebrafish model

Blood flow



Margiotta-Casaluci et al., in preparation

Acknowledgments



Dr Matthew Winter



Hanna Dusza

Inês Moreira

Philip Marmon



Dr Helen Prior

