

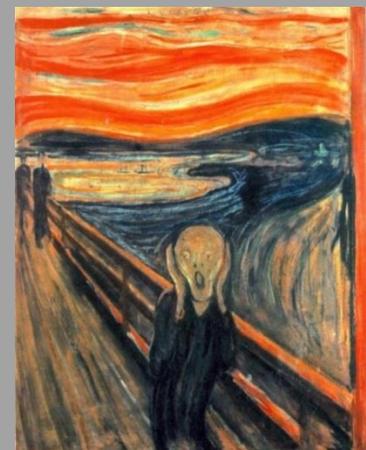


LABORATÓRIO DE FARMACOLOGIA BIOQUÍMICA E MOLECULAR
INSTITUTO DE CIÊNCIAS BIOMÉDICAS – ICB / UFRJ



Ensaio fenotípicos e alvo-dirigidos no processo de desenvolvimento de novos fármacos: aplicação ao caso de um antipsicótico atípico

François Noël



FF-UFRJ, 05/05/2016



DRUG DISCOVERY
REVIEW

Drug Discovery: A Historical Perspective

Jürgen Drews

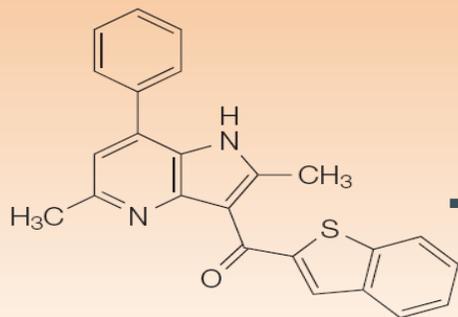
*“Driven by **chemistry** but increasingly guided by **pharmacology** and the clinical sciences, drug research has contributed more to the progress of medicine during the past century than any other scientific factor.”*

DESCOBERTA E DESENVOLVIMENTO DE FÁRMACOS

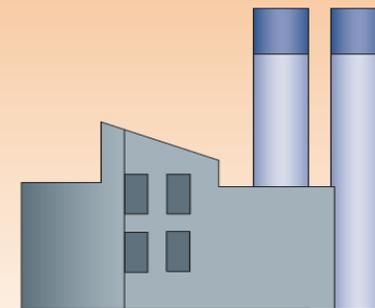
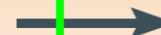
Preclinical studies



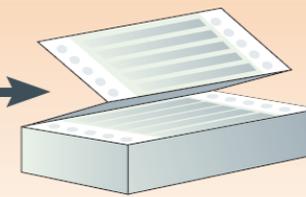
Research team formed and objectives set



Chemicals tested for efficacy and safety in test tubes and animals. Results used to choose drug candidate.



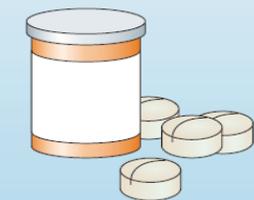
Formulation, stability scale-up synthesis, chronic safety in animals



Company files Investigational New Drug (IND) application with FDA



Clinical studies

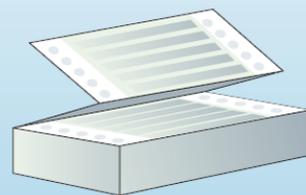


Drug is approved for marketing



FDA

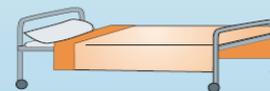
FDA reviews NDA



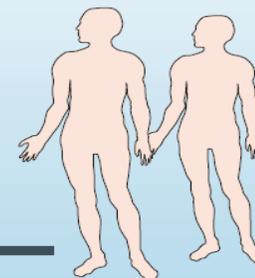
Company files New Drug Application (NDA)



Phase III: large clinical trials in many patients



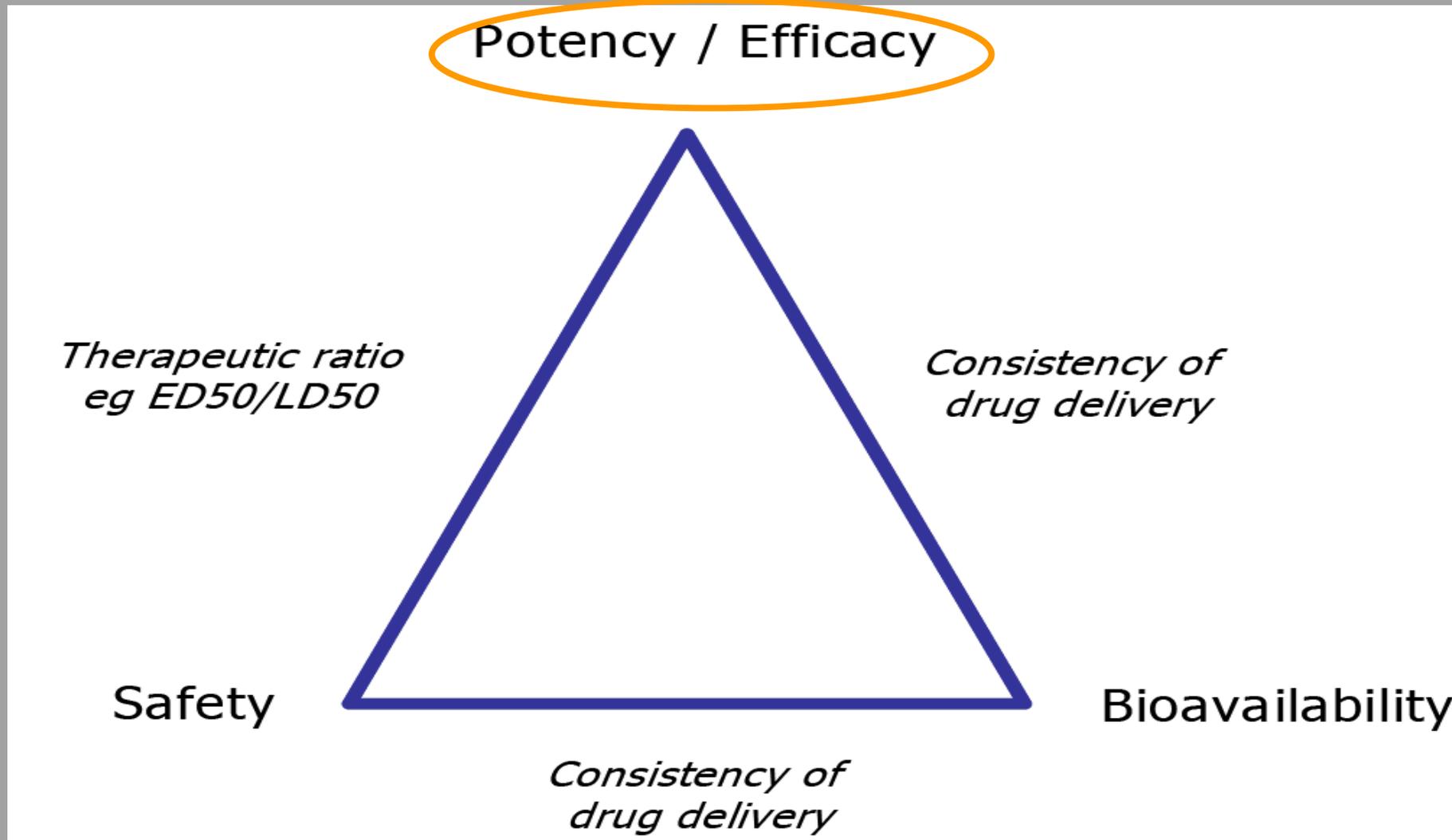
Phase II: studies in patients (efficacy)



Phase I: studies in healthy humans (toleration)

Desenvolvimento de fármacos:

- o *Triângulo das Bermudas*



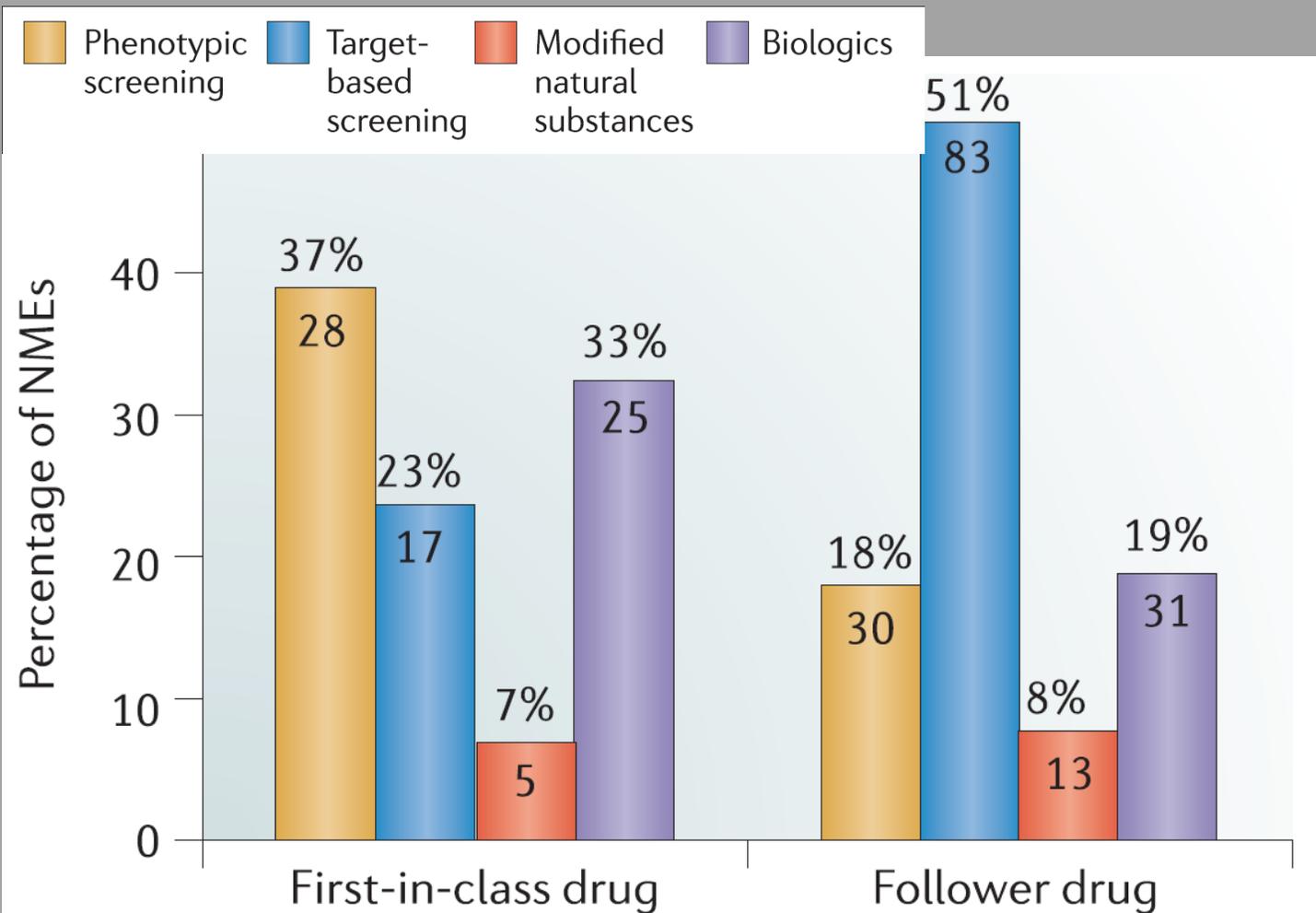
Phenotypic vs. Target-Based Drug Discovery for First-in-Class Medicines

DC Swinney¹



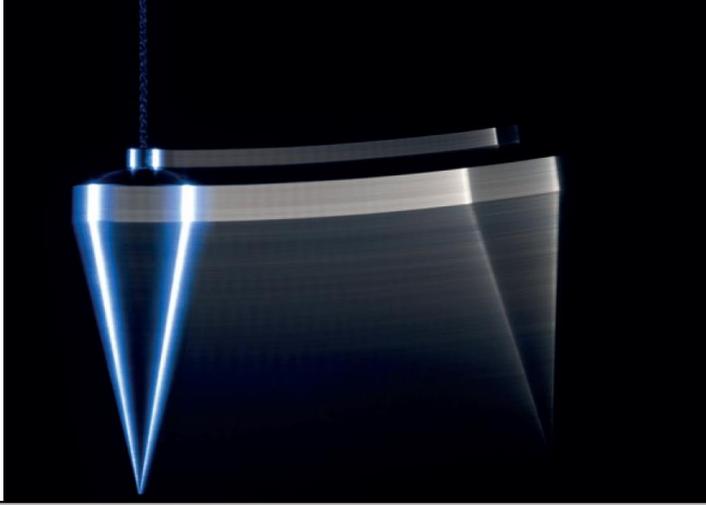
CLINICAL PHARMACOLOGY & THERAPEUTICS

VOLUME 93 NUMBER 4 | APRIL 2013



“Each of these two approaches has its strengths and weaknesses, and advocates and detractors”.

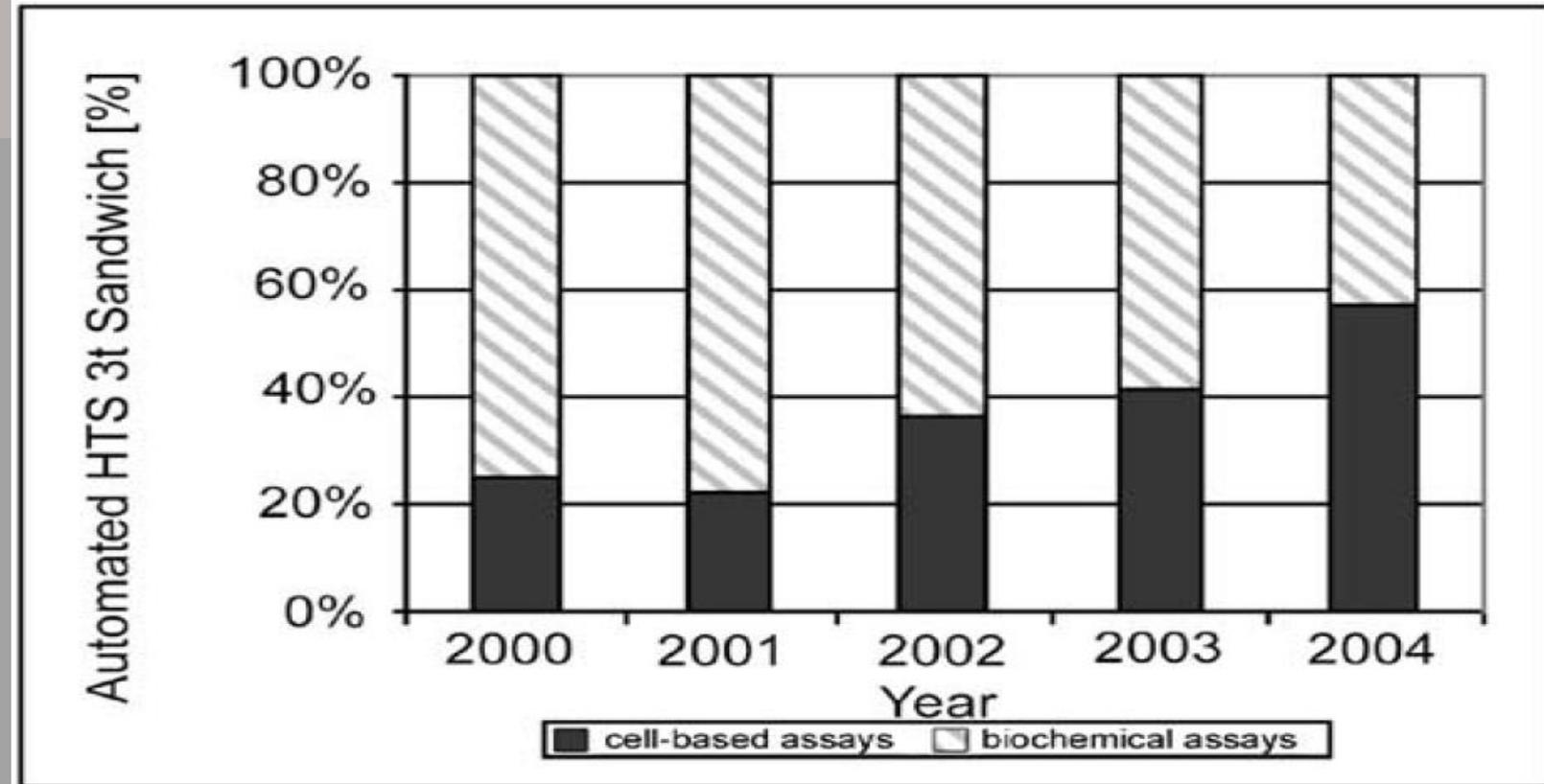
*“The challenge is to use an **appropriate combination of empirical and mechanistic research** and development to enable good ideas to successfully move forward”*



The phenotypic screening pendulum swings

Nature Rev. Drug Discov. 14: 807, 2015

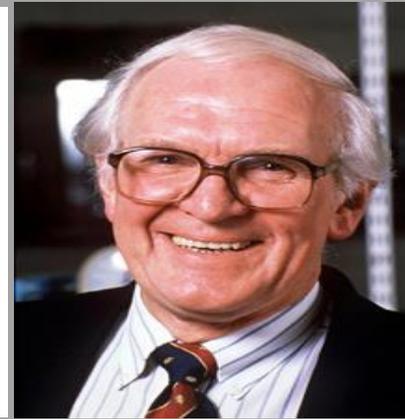
Pfizer: a mudança começou em 2002



SPECIAL LEAD ARTICLE

Reflections on drug research

James Black



“Nenhum nível de avaliação é mais informativo do que o outro.

Por isso, acredito fortemente que a farmacologia precisa ser estudado em todos os níveis, sendo que a escolha do nível deve ser ditada pela natureza da questão que é feita”



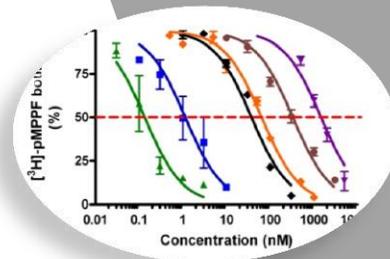
Esquizofrenia



Antipsicóticos: mecanismo, efeitos e necessidades



LASSBio-579: efeitos *in vivo*



LASSBio-579: MMA (*in vitro*)

EPIDEMIOLOGIA

- Transtorno psiquiátrico crônico e incapacitante
- 1% da população adulta
- Frequência de suicídio: 5,6 %
- 50% dos esquizofrênicos não recebe tratamento adequado

ESQUIZOFRENIA: sintomas

SINTOMAS POSITIVOS *(psicóticos)*

- Delírios
- Alucinações (auditivas)
- Fala desorganizada
- Conduitas estereotipadas, agitação motora



SINTOMAS NEGATIVOS

- Isolamento social
- Perda de motivação e higiene
- Abrandamento das respostas emocionais



DÉFICITS COGNITIVOS PERSISTENTES

- Déficit de atenção, problemas de memória



ETIOLOGIA: ??

- Desordem do desenvolvimento nervoso com clara contribuição genética mas também interação gene-ambiente

ARTICLE

Nature 511, 421–427, 2014

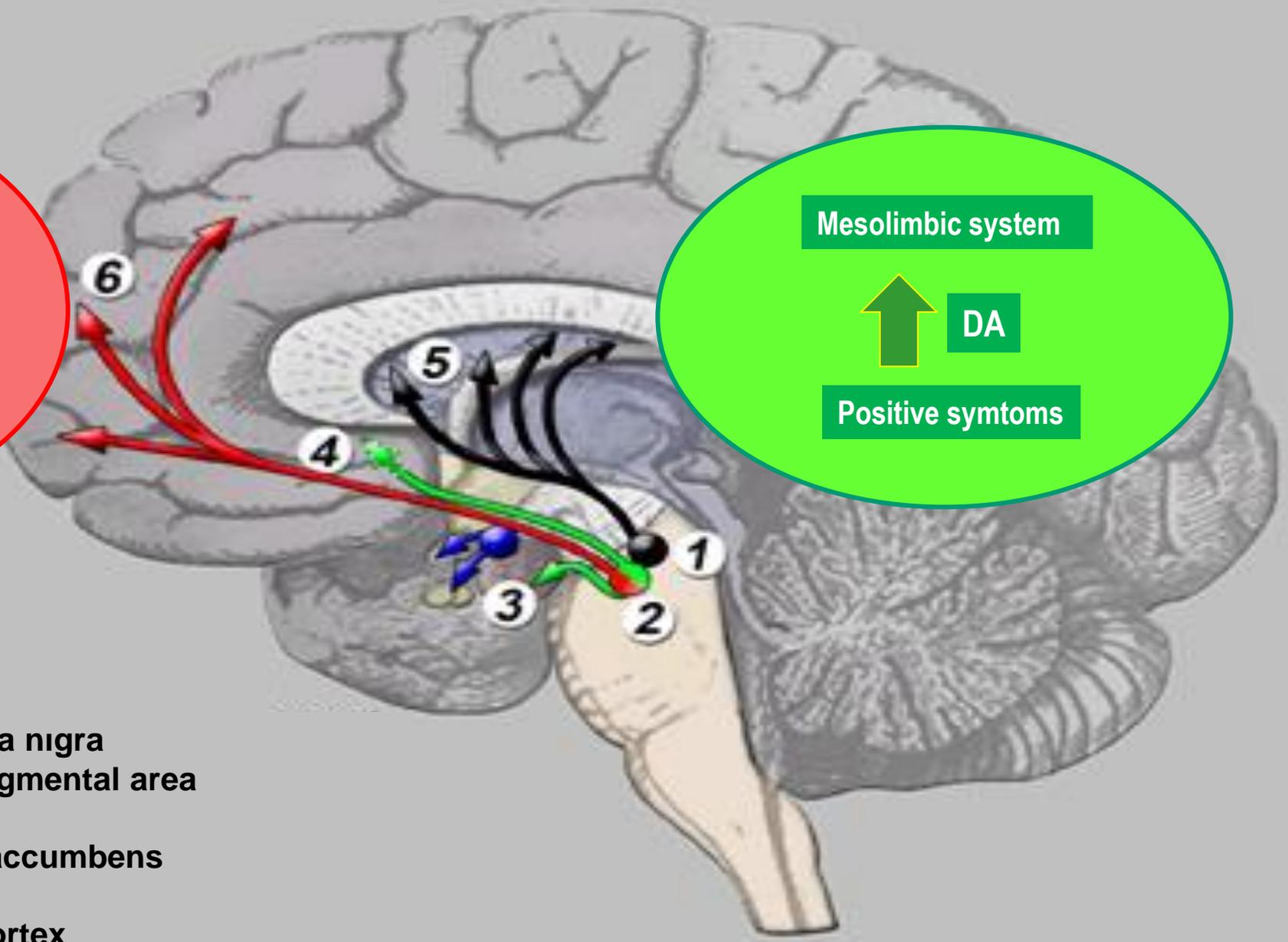
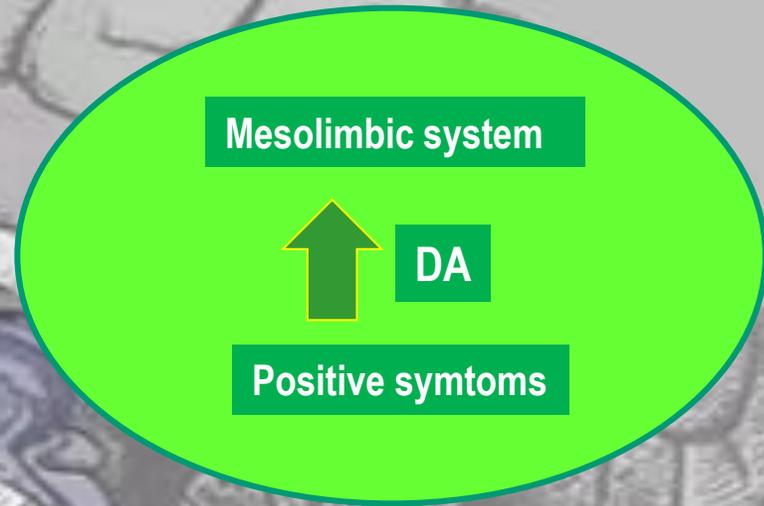
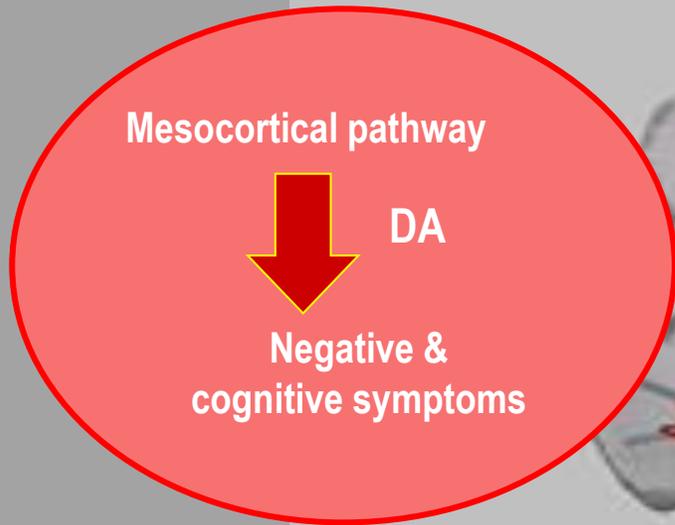
doi:10.1038/nature13595

Biological insights from 108 schizophrenia-associated genetic loci

Schizophrenia Working Group of the Psychiatric Genomics Consortium*

HYPOTHESE DOPAMINERGICA (*revised - Davis, 1991*)

www.inec-usp.org/cursos/cursoV/figuraIV

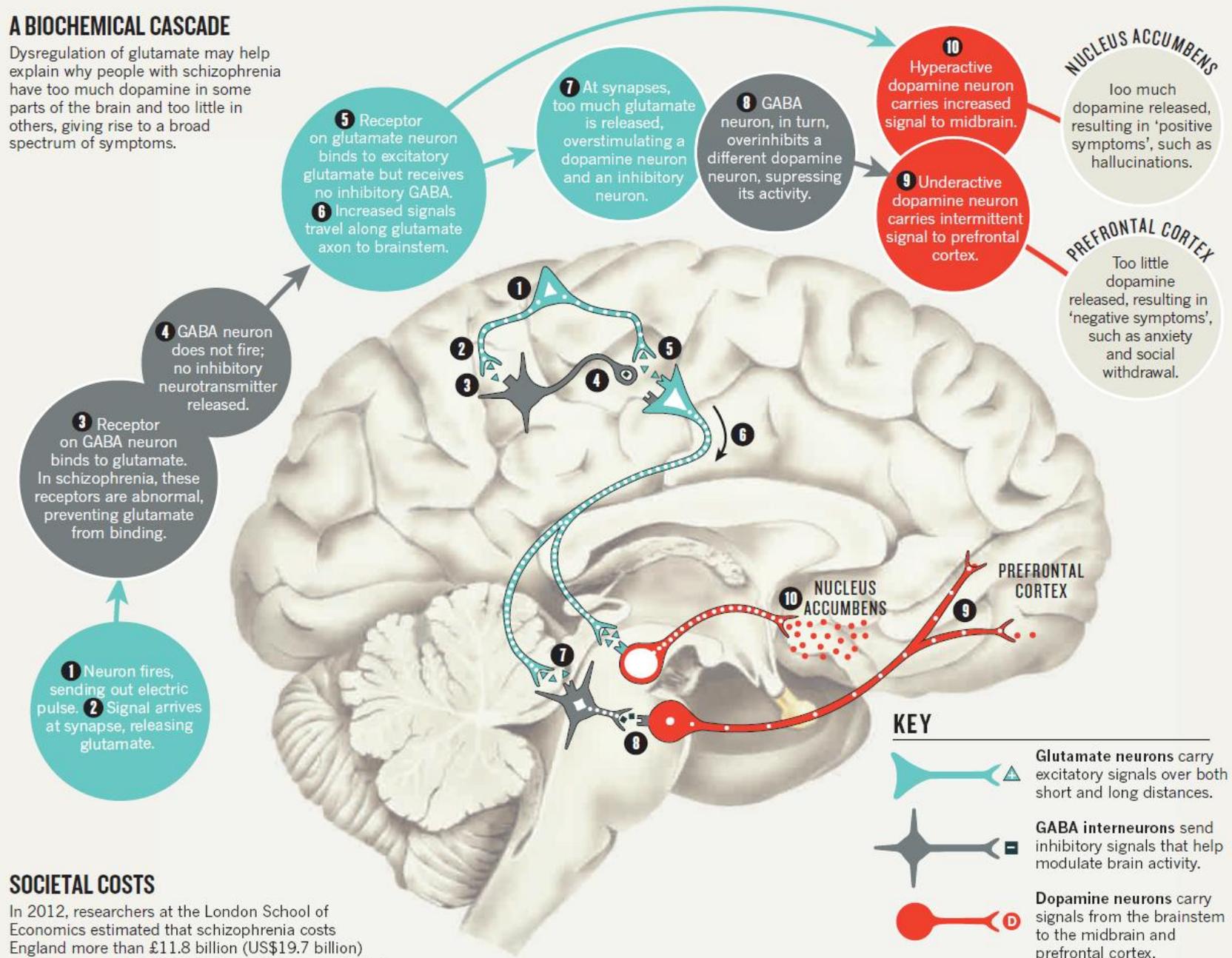


- 1 – Substantia nigra
- 2 – Ventral tegmental area
- 3 – Amigdala
- 4 – Nucleus accumbens
- 5 – Striatum
- 6 – Frontal cortex

HIPOTESE GLUTAMATERGICA

A BIOCHEMICAL CASCADE

Dysregulation of glutamate may help explain why people with schizophrenia have too much dopamine in some parts of the brain and too little in others, giving rise to a broad spectrum of symptoms.

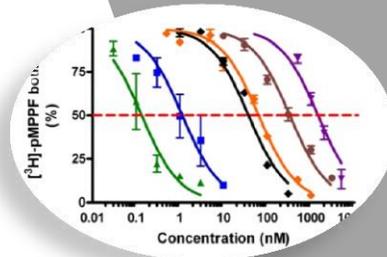


SOCIETAL COSTS

In 2012, researchers at the London School of Economics estimated that schizophrenia costs England more than £11.8 billion (US\$19.7 billion) each year — nearly £76,000 for each person afflicted.



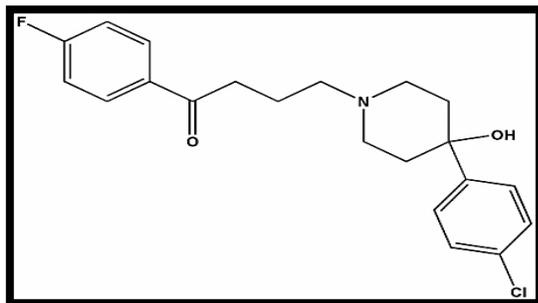
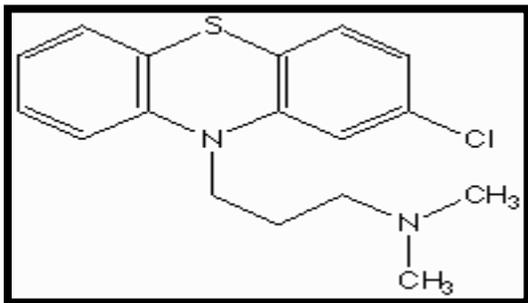
ANTIPSIKÓTICOS: mecanismo, efeitos e necessidades



Tratamento Farmacológico da Esquizofrenia

Antipsicóticos de 1ª geração (típicos)

- Clorpromazina e Haloperidol



- Antagonistas D_2

- Eficácia: sintomas positivos
- Efeitos adversos extrapiramidais

X

Antipsicóticos de 2ª geração (atípicos)

- Clozapina, amisulprida, olanzapina, risperidona, ziprasidona

- Antagonistas D_2 e $5-HT_{2A}$

- *Multi-target drugs*

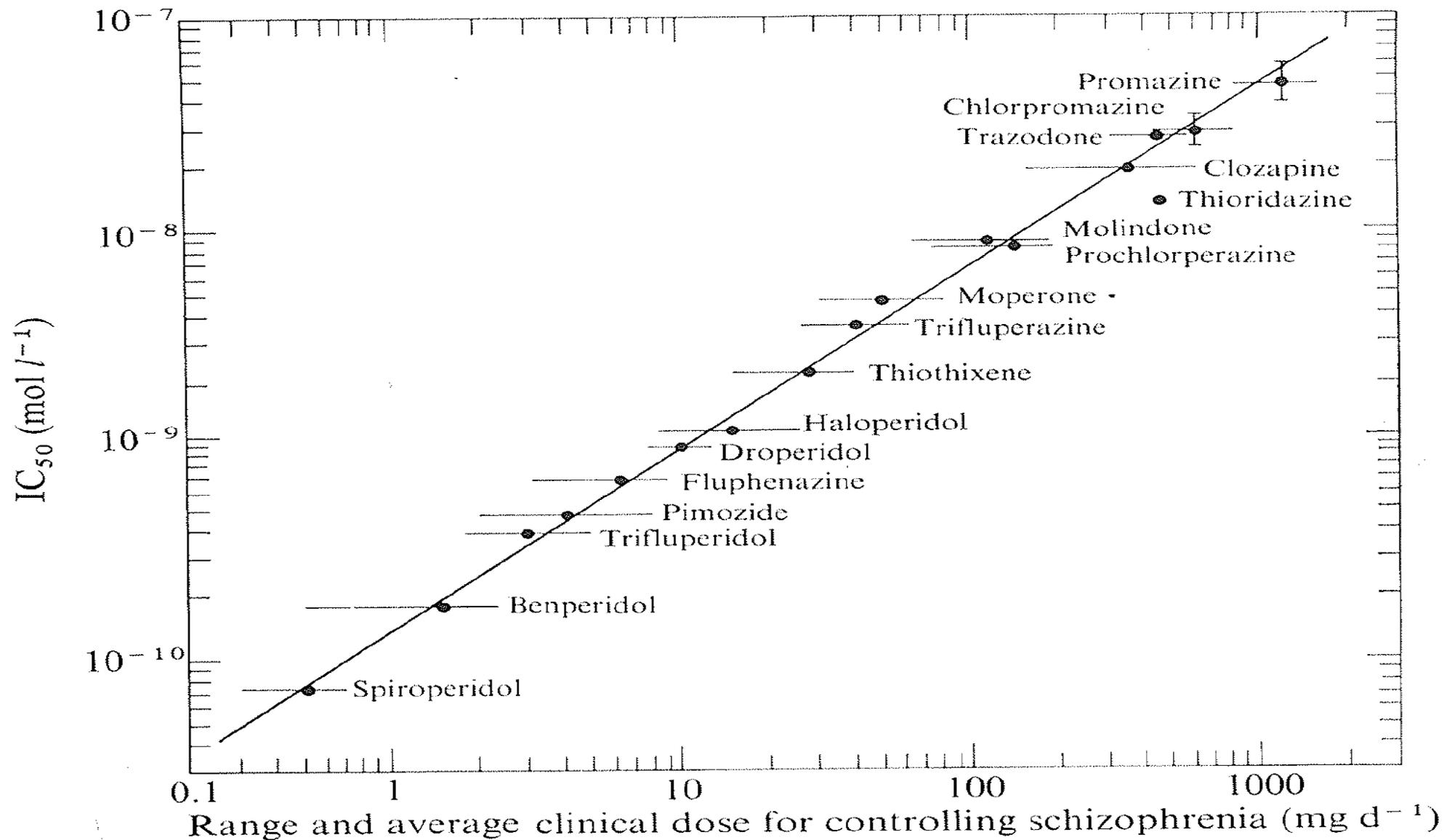
- Eficácia: sintomas positivos + (negativos, cognitivos)

- ↓ Efeitos extrapiramidais

- Efeitos adversos metabólicos

RECEPTOR D₂: ALVO DE TODOS OS ANTIPSICÓTICOS

Excelente correlação entre valores de IC₅₀ no receptor D₂, mas não D₁, e doses usadas



Seeman e cols.,
Nature 261: 717, 1976

Second-generation versus first-generation antipsychotic drugs for schizophrenia: a meta-analysis

Lancet 2009; 373: 31–41

Stefan Leucht, Caroline Corves, Dieter Arbter, Rolf R Engel, Chunbo Li, John M Davis

1. Better than first-generation for **overall efficacy**, with small to medium effect sizes:
amisulpride – clozapine – olanzapine – risperidone
2. Fewer extrapyramidal side-effects than did haloperidol (but: only a few have fewer EPS than low-potency first-generation antipsychotic drugs)
3. With the **exception** of aripiprazole and ziprasidone, second-generation APS drugs induced **more weight gain** than did haloperidol but not than low-potency first-generation drugs
4. The second-generation drugs also differed in their sedating properties

Interpretation Second-generation antipsychotic drugs differ in many properties and are not a homogeneous class. This meta-analysis provides data for individualised treatment based on efficacy, side-effects, and cost.

NECESSIDADE DE NOVOS ANTIPSICÓTICOS

EFICÁCIA:

Pouca eficácia sobre sintomas negativos e déficits cognitivos

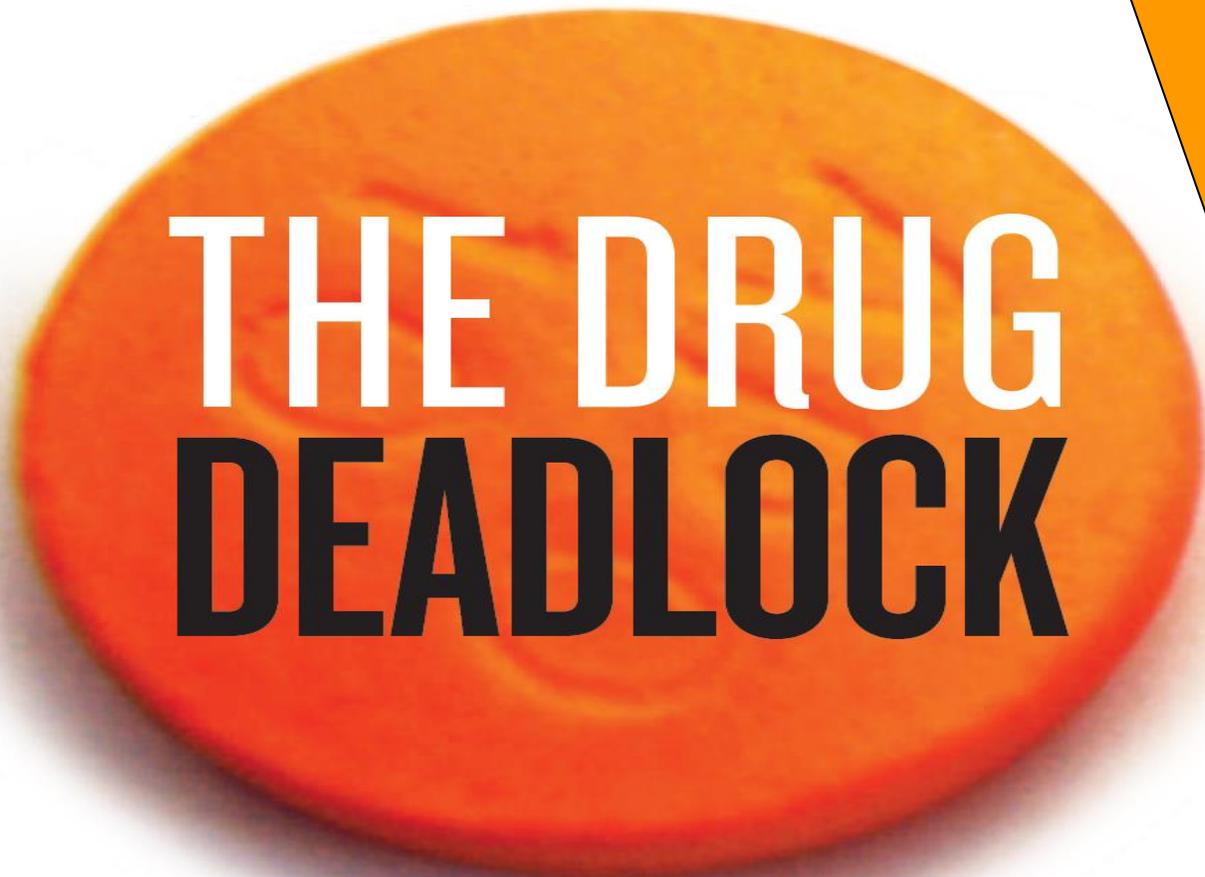
EFEITOS ADVERSOS

ADESÃO: CATIE-NIH (*Clinical Antipsychotic Trials of Intervention Effectiveness*)

Alto índice de descontinuação ! 74% dos pacientes abandonam o tratamento em 18 meses < baixa tolerabilidade ou eficácia incompleta



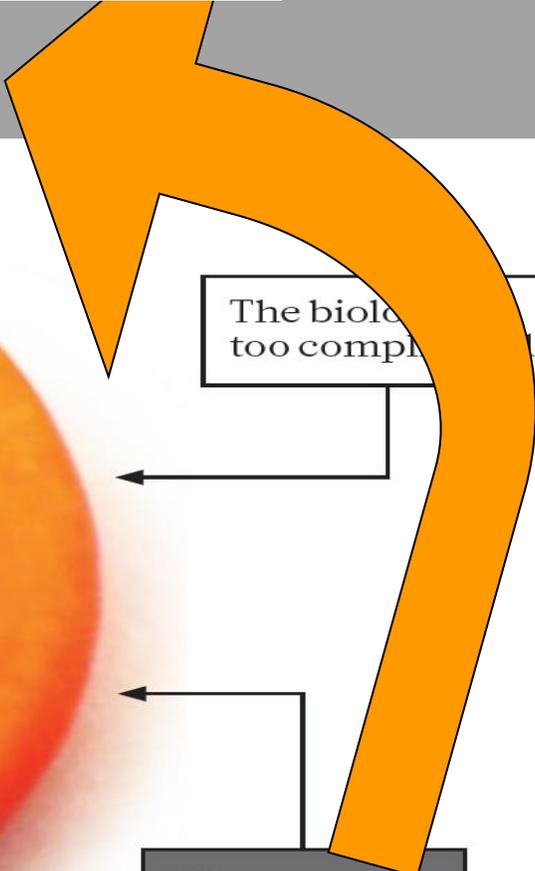
Academic-Industry collaboration ??
(NEWMEDS:Lundbeck – Kings College London)



Pharma companies are quitting.

The biology is too complex.

Where are schizophrenia drugs going to come from?



Building a Better Antipsychotic: Receptor Targets for the Treatment of Multiple Symptom Dimensions of Schizophrenia

Dennis H. Kim,* Matthew J. Maneen,* and Stephen M. Stahl†

If an antipsychotic were to be “built” from scratch, what features would be desirable?



D_2 or not D_2 (D_3 , D_4)?

Tuning Dopamine Output With 5-HT_{2A}

5-HT_{1A} : Full or Partial Agonism ?

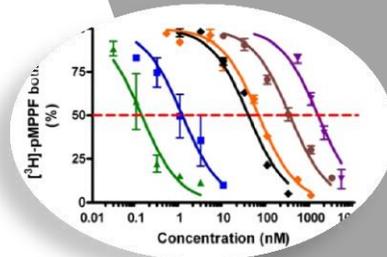
5-HT_{2C} : Agonist or Antagonist ? / 5-HT_7 : ?

α_2 adrenergic Antagonist ?

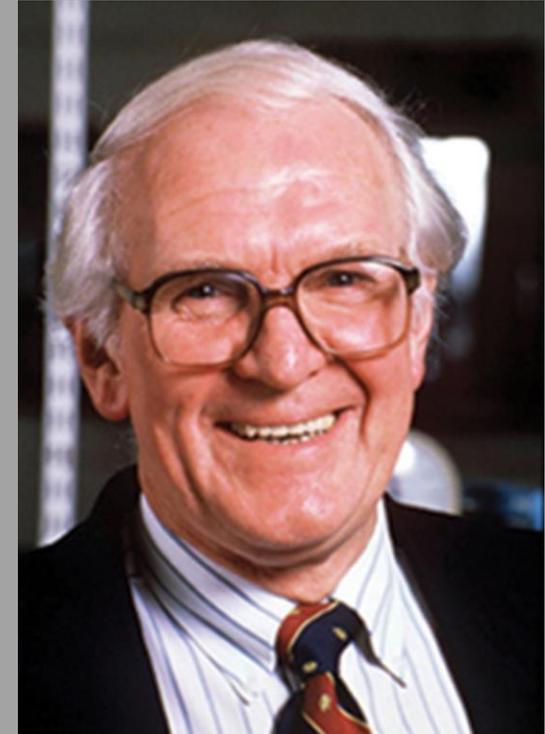
Glutamatergic / Glycine targets



LASSBio-579: efeitos *in vivo*



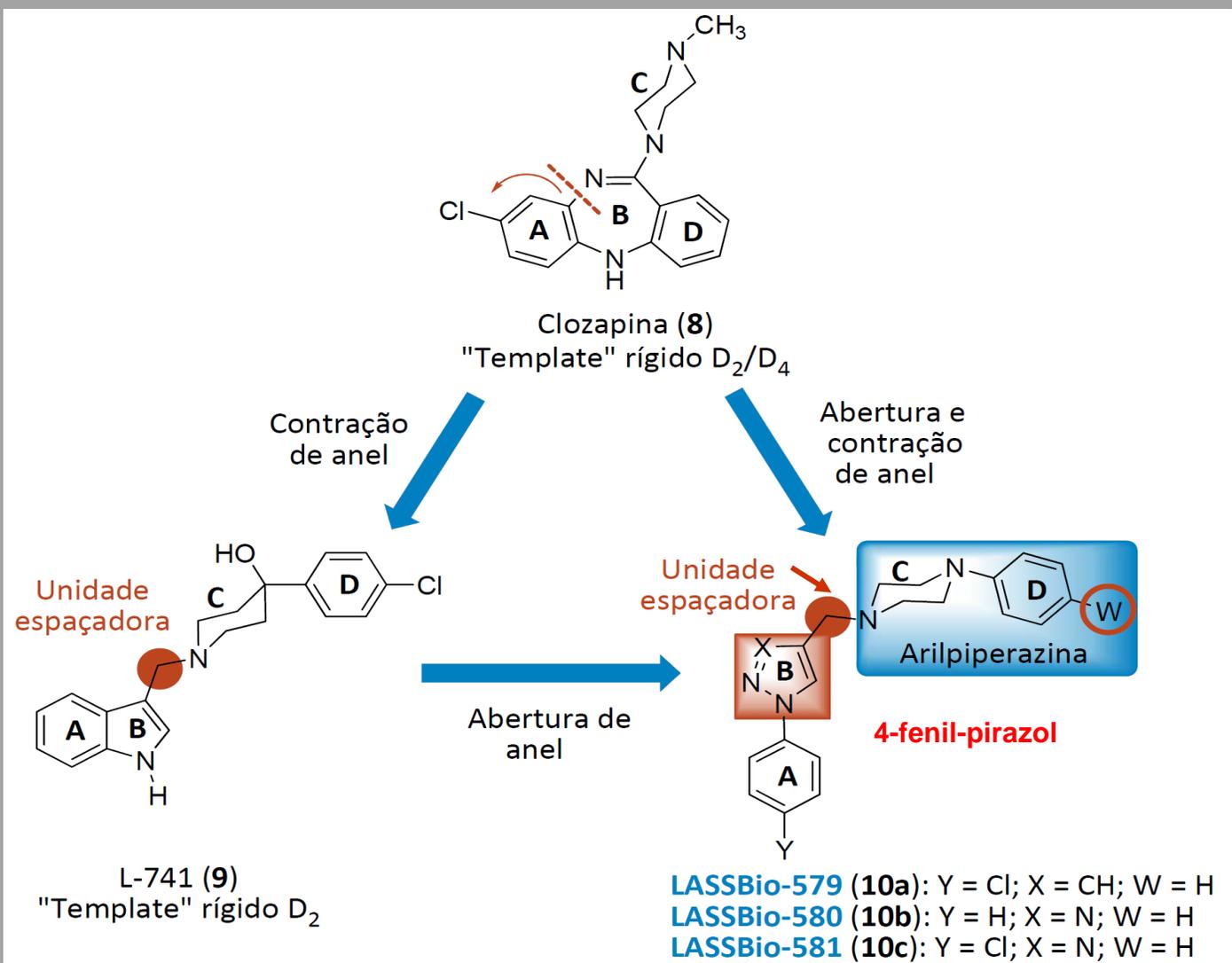
“The most fruitful basis of the discovery of a new drug is to start with an old drug”



Sir James Blake

Design, Synthesis and Pharmacological Profile of Novel Dopamine D₂ Receptor Ligands

Ricardo Menegatti,^{a,b} Anna C. Cunha,^c Vítor F. Ferreira,^c Edna F. R. Perreira,^d Ahmed El-Nabawi,^d Amira T. Eldefrawi,^d Edson X. Albuquerque,^{d,e} Gilda Neves,^f Stela M. K. Rates,^f Carlos A. M. Fraga^{a,b} and Eliezer J. Barreiro^{a,b,*}



Dopaminergic profile of new heterocyclic N-phenylpiperazine derivatives

G. Neves, R. Fenner, A.P. Heckler, A.F. Viana, L. Tasso, R. Menegatti, C.A.M. Fraga, E.J. Barreiro, T. Dalla-Costa and S.M.K. Rates

LASSBio-579 (i.p.) was active in some tests predictive of TYPICAL antipsychotic activity:

- Discrete **catalepsy** in mice



- Inhibitory effect on **amphetamine-induced stereotypy** in rats



Contents lists available at SciVerse ScienceDirect

Behavioural Brain Research

journal homepage: www.elsevier.com/locate/bbr



Research report

New insights into pharmacological profile of LASSBio-579, a multi-target *N*-phenylpiperazine derivative active on animal models of schizophrenia

Gilda Neves^{a,b,1}, Camila B. Antonio^{a,1}, Andresa H. Betti^a, Mariana A. Pranke^a, Carlos A.M. Fraga^c, Eliezer J. Barreiro^c, François Noël^b, Stela M.K. Rates^{a,*}

^a Programa de Pós-Graduação em Ciências Farmacêuticas, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil

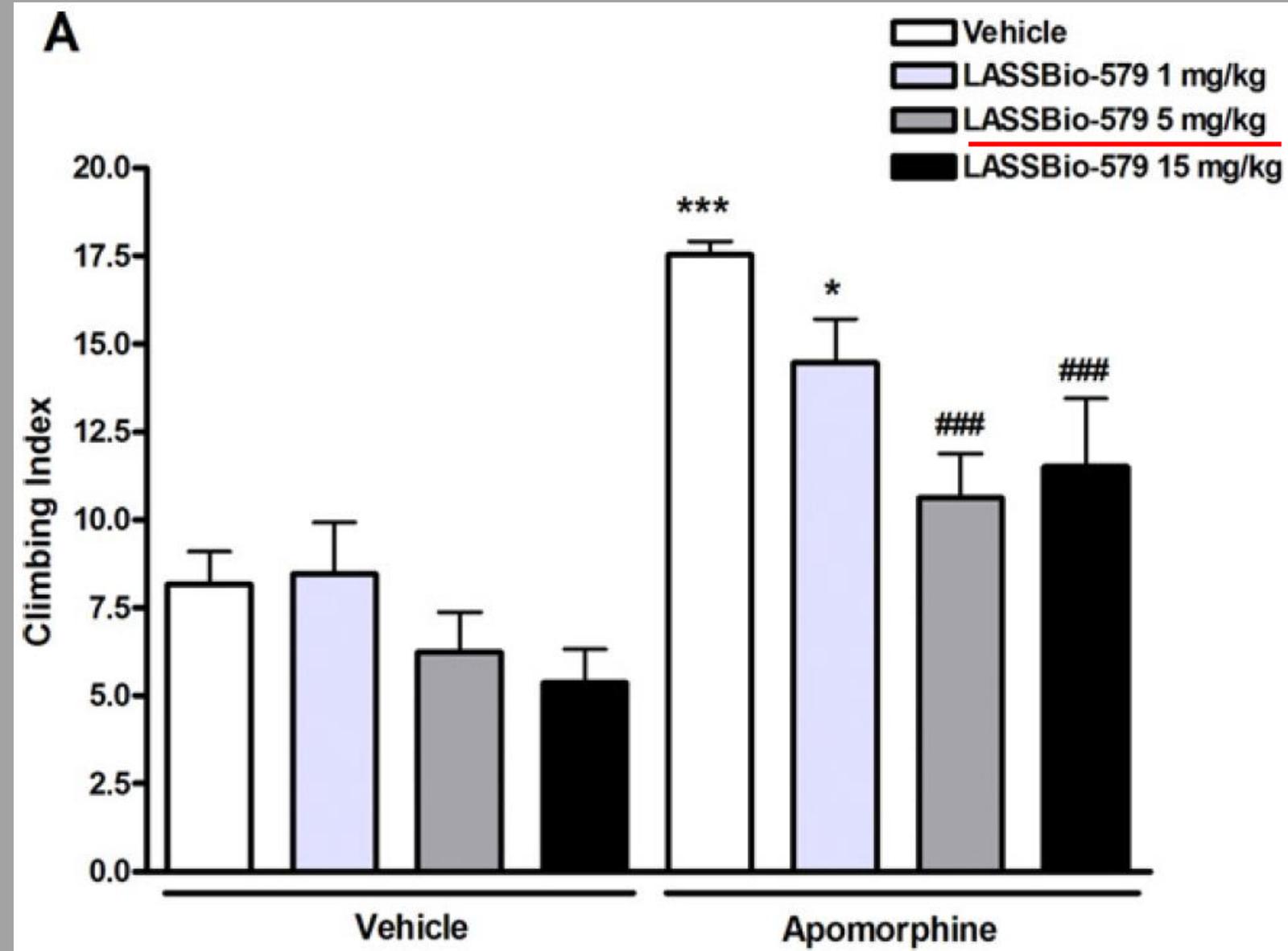
^b Laboratório de Farmacologia Bioquímica e Molecular, Instituto de Ciências Biomédicas, Centro de Ciências da Saúde, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

^c Laboratório de Avaliação e Síntese de Substâncias Bioativas, Faculdade de Farmácia, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

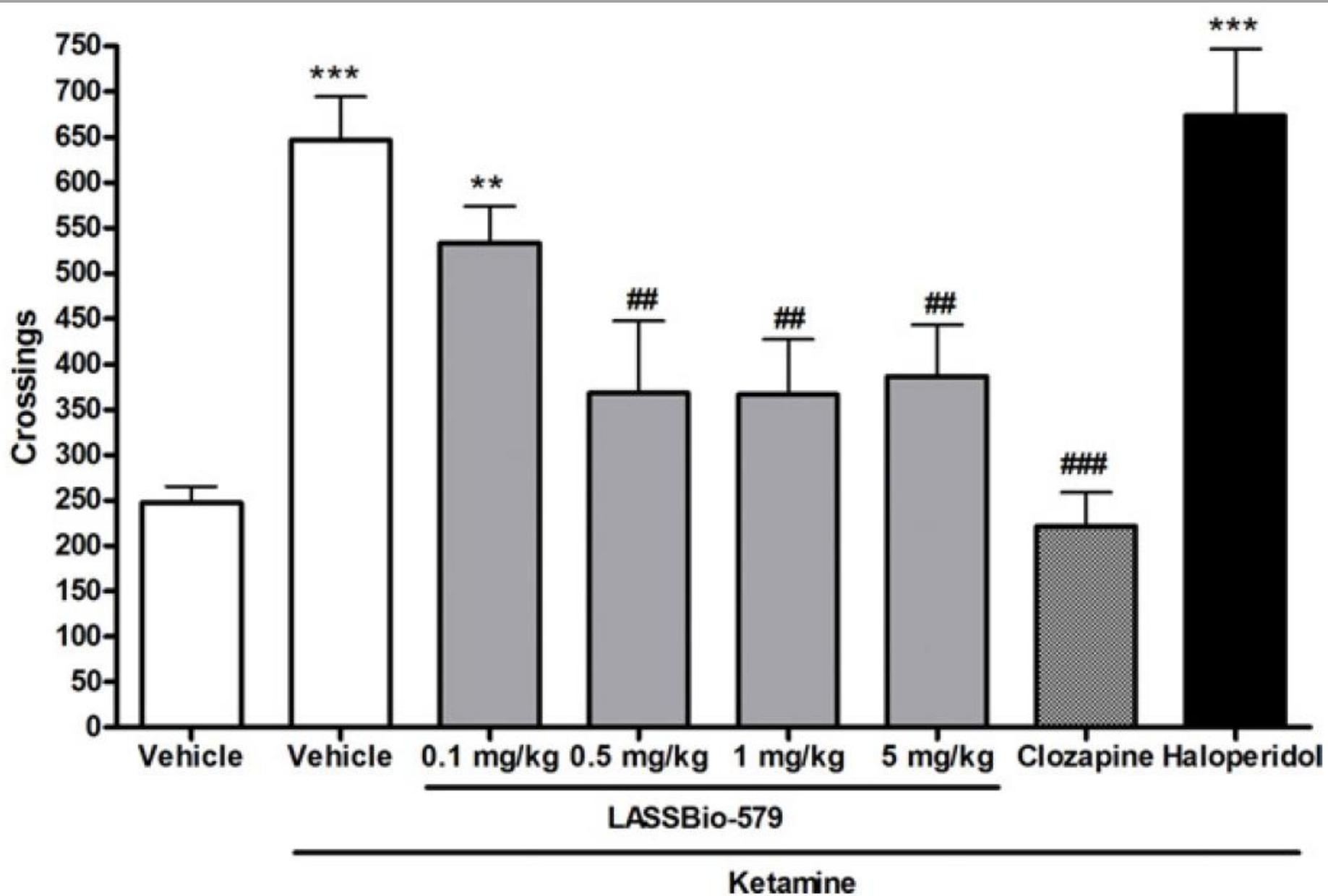
1. Modelos roedores preditivos de sintomas positivos da esquizofrenia

- Escalada induzida por apomorfina (5 mg/kg, p.o.)
- Hiperlocomoção induzida por cetamina (0.5 mg/kg, p.o.)

Escalada induzida por apomorfina (camundongo – p.o. – 30 min LB)



Hiperlocomoção induzida por cetamina (p.o. – 30 min LB)



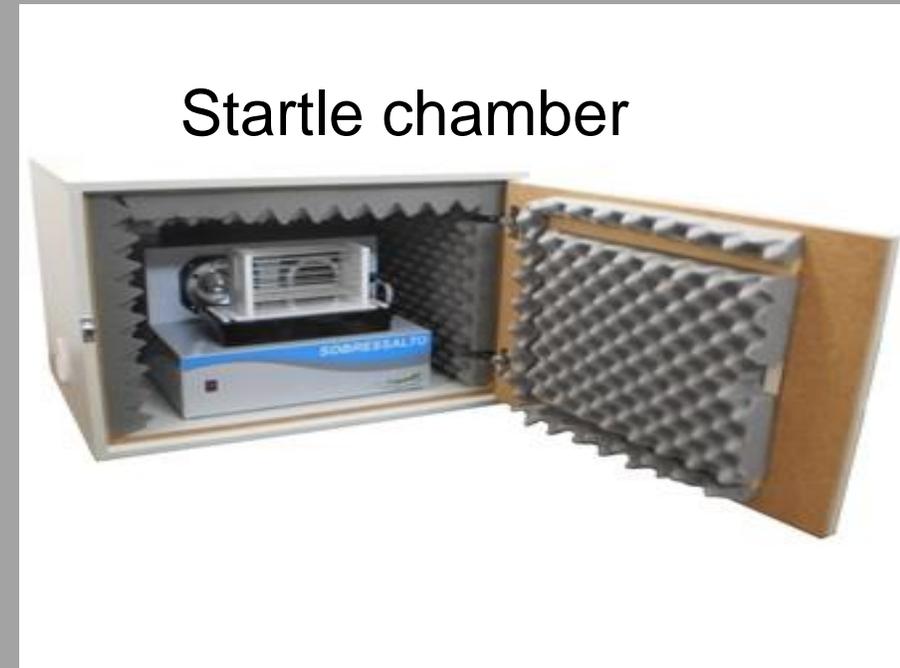
2. Modelos roedores de processos pré-atencionais

O LASSBio-579 foi efetivo em três condições diferentes do modelo padrão para se avaliar processos pré-atencionais:

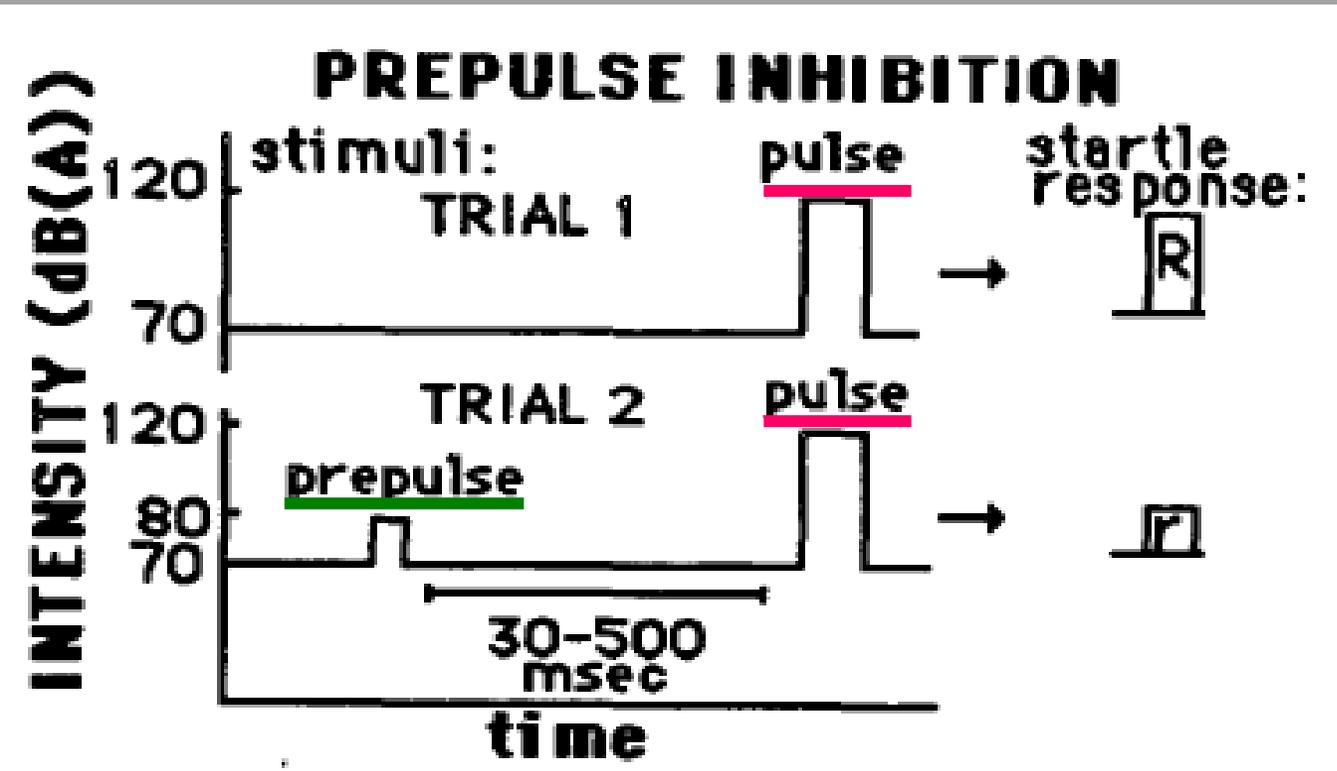
Inibição do reflexo de sobressalto por pré-pulso (PPI)

INIBIÇÃO DO REFLEXO DE SOBRESSALTO ACÚSTICO POR PRÉ-PULSO (prepulse inhibition of acoustic startle reflex – PPI: mice)

Startle chamber: um alto-falante produz um barulho de fundo contínuo de 65 dB assim como um pulso de maior intensidade (115 dB - 50 ms) desencadeador de reação (pulo)



Startle chamber

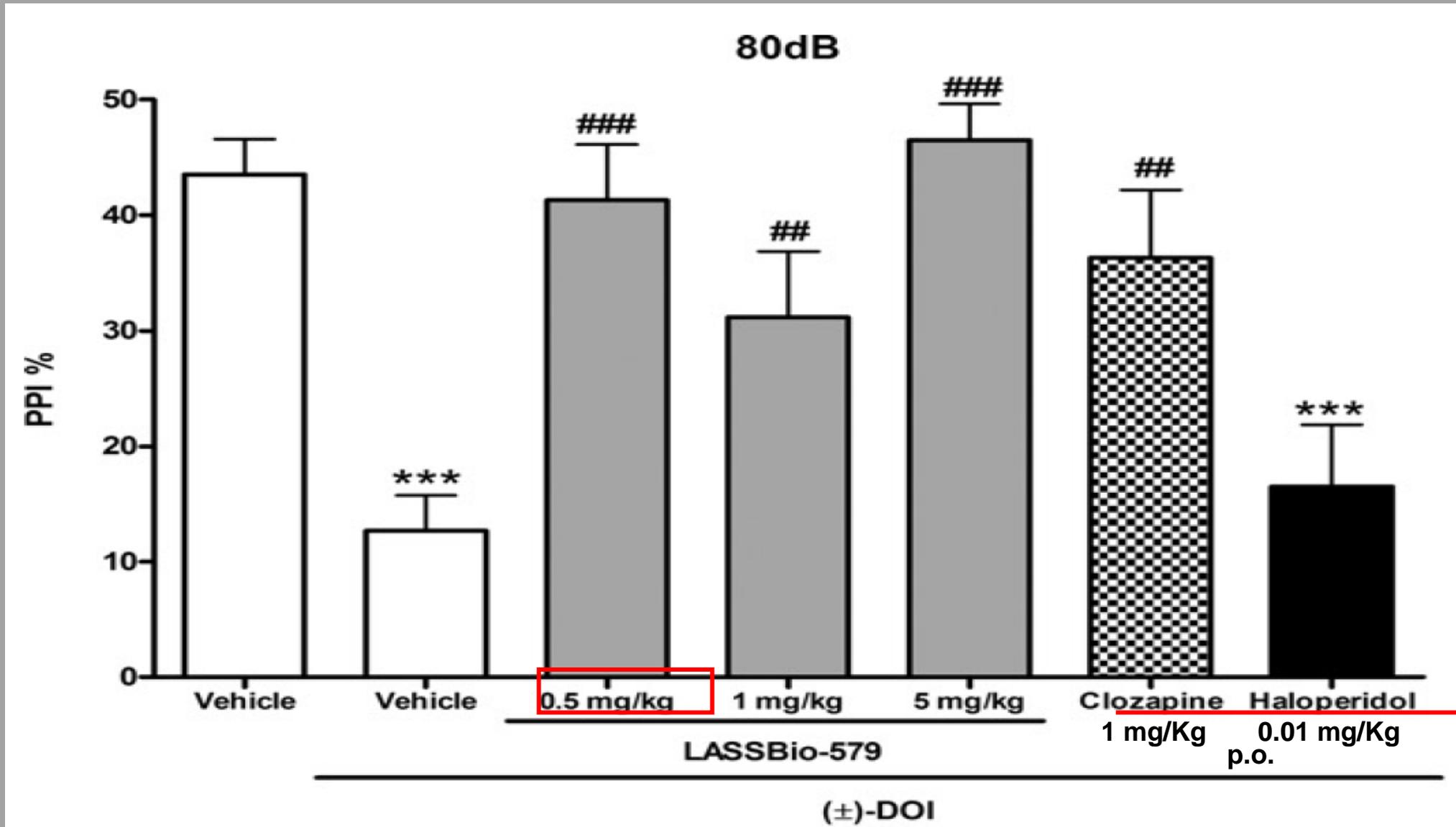


Quando se aplica um estímulo prévio de menor intensidade (80- 90 dB, 20 ms), observa-se uma diminuição da resposta.

= medida comum da capacidade de filtrar as informações externas, que é deficitária na esquizofrenia

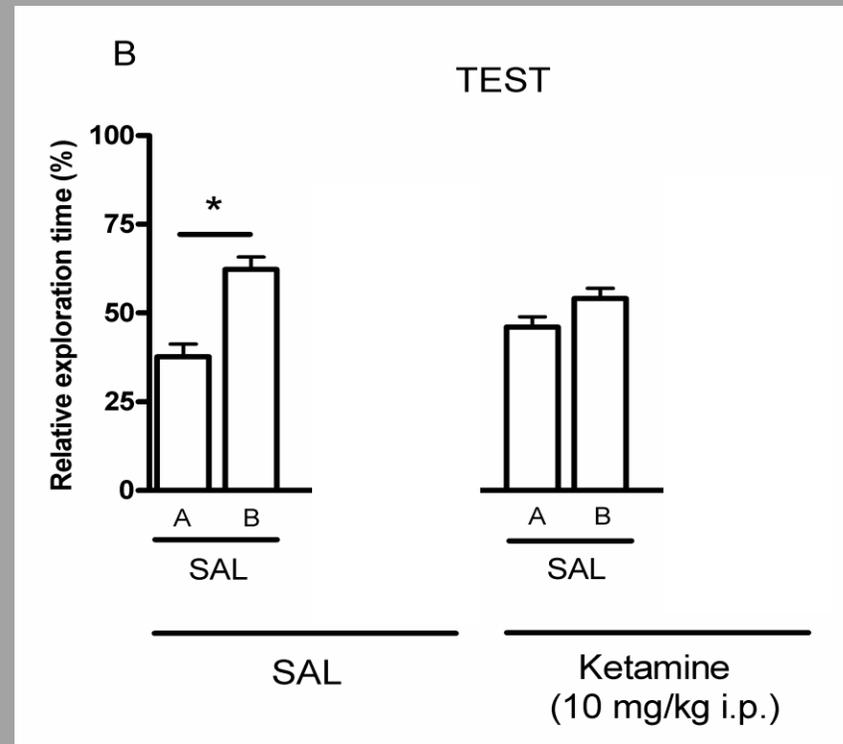
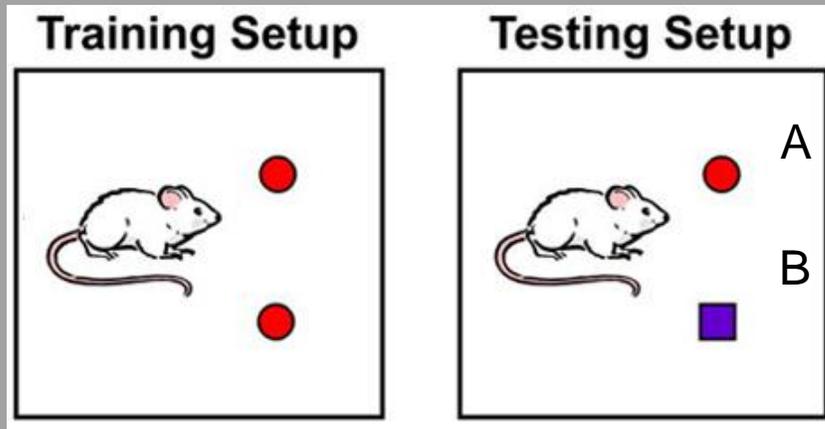
PREJUÍZO NO PPI INDUZIDO POR (±)-DOI (0.5 mg/kg s.c. - camundongo)
(também por apomorfina e cetamina):

padrão de efeito muito semelhante ao da clozapina e diferente do haloperidol

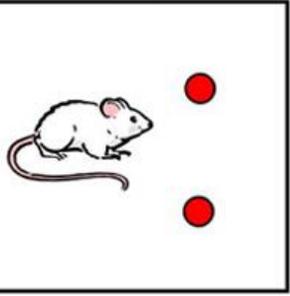


3. MODELOS ROEDORES DE MEMÓRIA

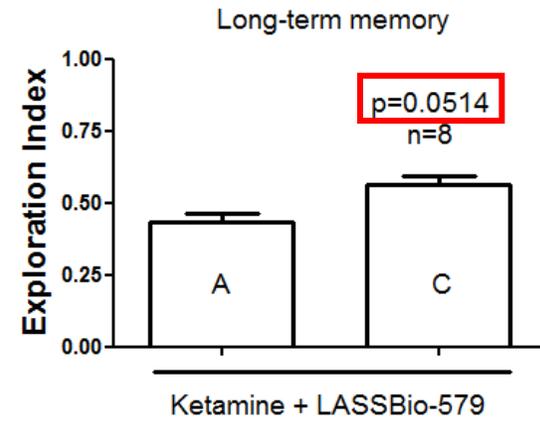
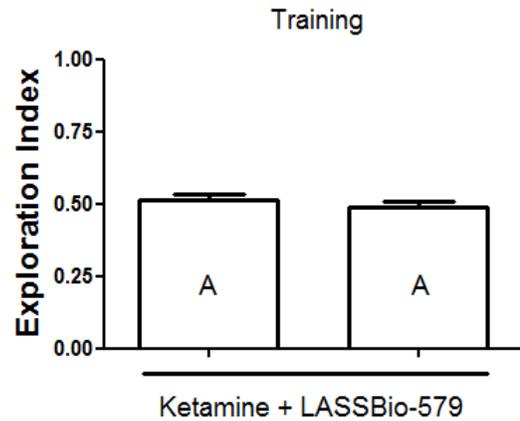
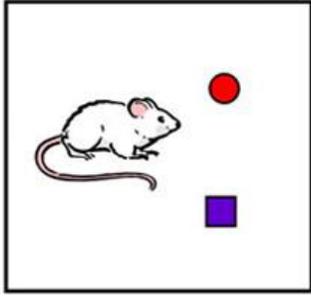
- Reconhecimento de Objeto Novo (5 mg/kg, p.o.):
Indução de prejuízo de memória induzido por cetamina:



Training Setup

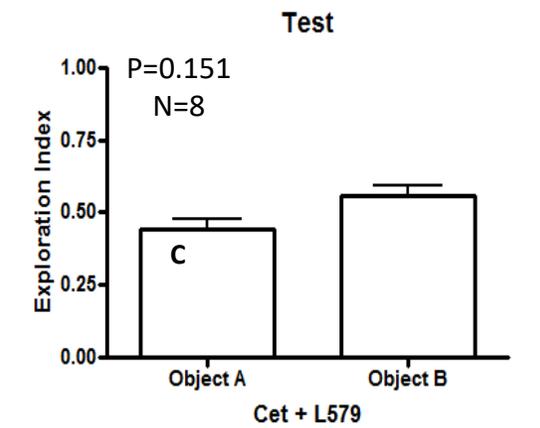
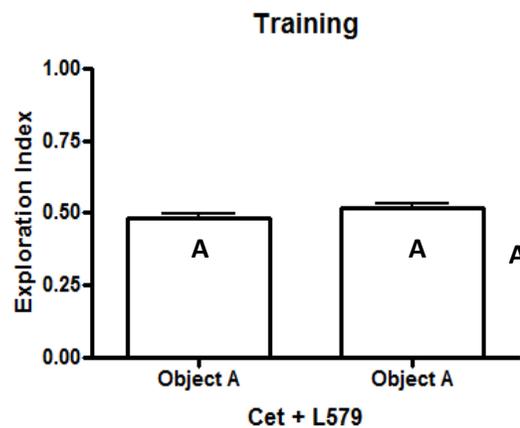


Testing Setup



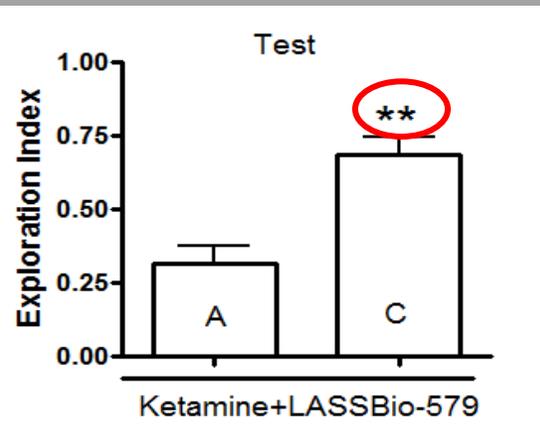
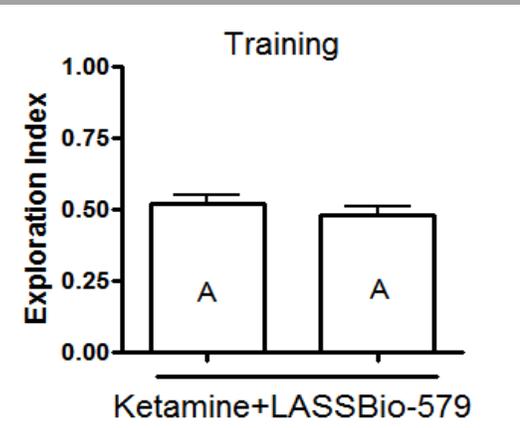
Aquisition

Ketamine and LASSBio-579
1h before training



Consolidation

Ketamine 1h before training
LASSBio-579 post-training



Evocation

Ketamine 1h before training
LASSBio-579 1h before testing

o LASSBio-579 foi efetivo na fase de **aquisição** e também de **evocação**

Pharmacokinetic evaluation of LASSBio-579: an *N*-phenylpiperazine antipsychotic prototype

Daniela J. Conrado, Hugo Verli, Gilda Neves, Carlos Alberto Manssour Fraga,
Eliezer J. Barreiro, Stela Maris Kuze Rates and Teresa Dalla Costa

Journal of Pharmacy and Pharmacology 2008, 60: 1–9

Table 2 Pharmacokinetic parameters obtained after single intraperitoneal and oral administration of LASSBio-579 to Wistar rats

Parameter	30 mg kg ⁻¹ i.p.		60 mg kg ⁻¹ i.p.		60 mg kg ⁻¹ oral
	Model-independent (G2A)	Two-compartment (G2B)	Model-independent (G3A)	Two-compartment (G3B)	Model-independent (G4)
t _{1/2} β (h)	—	9.5 ± 5.8	—	17.9 ± 10.1	—
t _{1/2} (h)	6.2 ± 1.2	—	9.7 ± 3.2 ^a	—	11.5 ± 4.2
AUC _{0-∞} (μg/mL ⁻¹ /h ⁻¹)	2.1 ± 0.8	2.3 ± 1.1	4.7 ± 1.3 ^a	5.5 ± 1.5 ^b	1.5 ± 0.5
CL _{tot} (L h ⁻¹ kg ⁻¹)	0.26 ± 0.10	0.25 ± 0.13	0.24 ± 0.08	0.20 ± 0.05	0.25 ± 0.11
Vd _{ss} (L kg ⁻¹)	1.9 ± 0.9	2.6 ± 1.1	3.5 ± 1.6 ^a	4.6 ± 2.1 ^b	—
MRT (h)	8.2 ± 1.5	12.7 ± 7.7	15.5 ± 6.5 ^a	24.3 ± 13.7	18.9 ± 5.0
a (μg mL ⁻¹)	—	1.4 ± 1.3	—	4.07 ± 3.03 ^b	—
b (μg mL ⁻¹)	—	0.17 ± 0.06	—	0.26 ± 0.14	—
α (h ⁻¹)	—	2.53 ± 0.68	—	2.70 ± 1.98	—
β (h ⁻¹)	—	0.10 ± 0.05	—	0.05 ± 0.03	—
k _a (h ⁻¹)	—	8.96 ± 7.61	—	3.80 ± 2.04	—
t ₀ (h)	—	0.16 ± 0.12	—	0.15 ± 0.10	—
f (%)	1.6	—	1.8	—	0.6

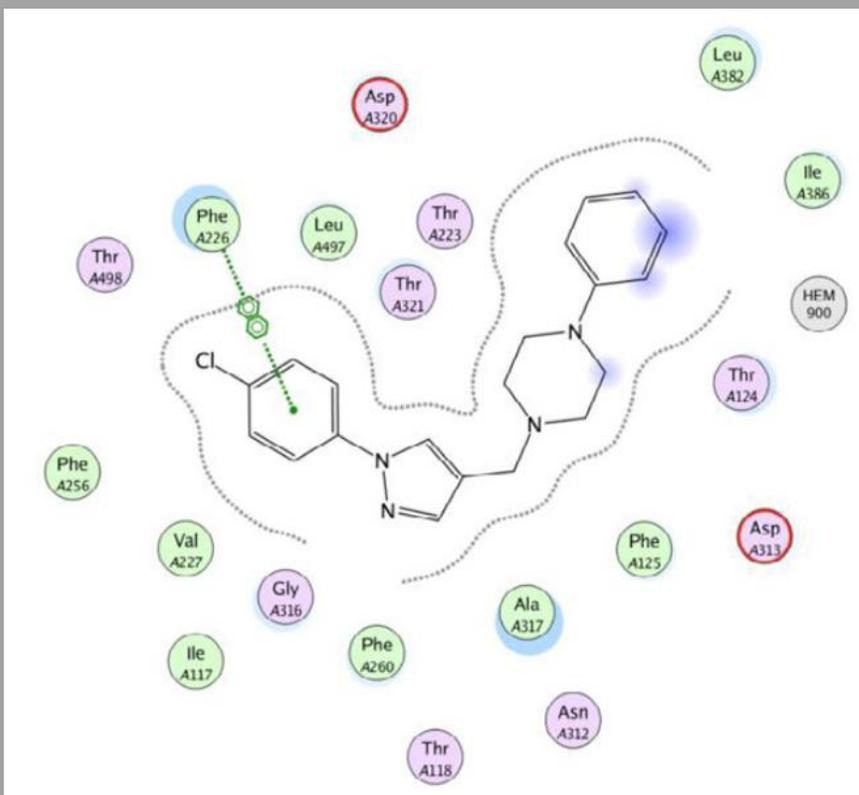
Baixa biodisponibilidade (ratos)

Baixa permeabilidade cerebral (ratos): 6,3%

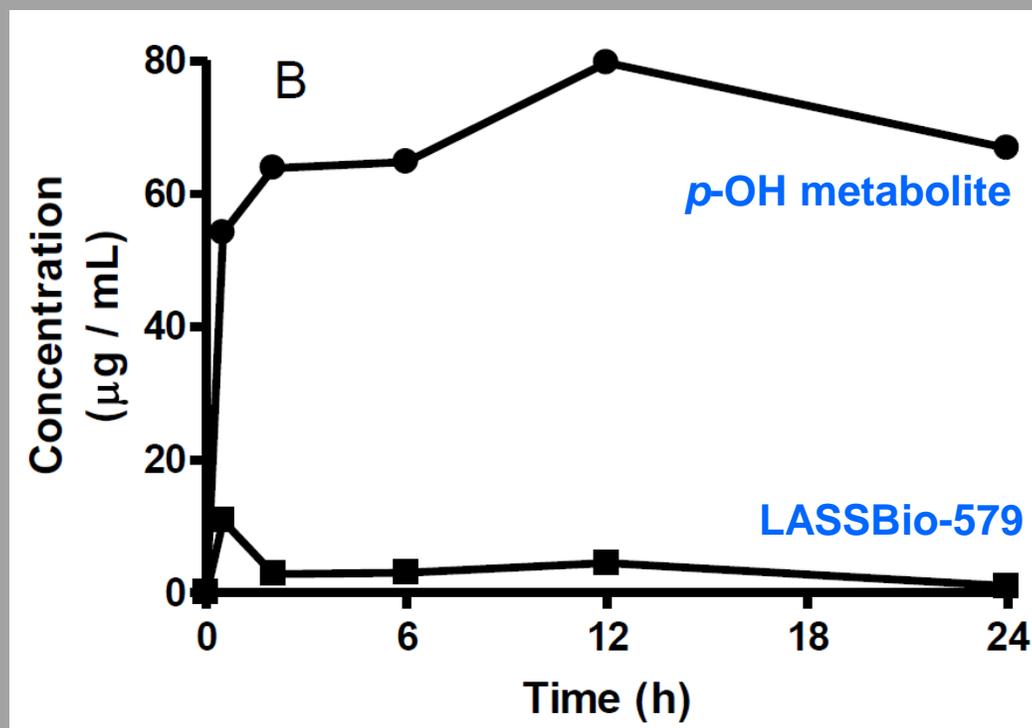
Biotransformation of LASSBio-579 and pharmacological evaluation of *p*-hydroxylated metabolite a *N*-phenylpiperazine antipsychotic lead compound

Tatiana F. Gomes^a, Thais E.T. Pompeu^b, Daniel A. Rodrigues^a, François Noël^b, Ricardo Menegatti^a, Carolina H. Andrade^a, José R. Sabino^c, Eric S. Gil^a, Teresa Dalla Costa^d, Andresa H. Betti^d, Camila B. Antonio^d, Stela M.K. Rates^d, Carlos A.M. Fraga^e, Eliezer J. Barreiro^e, Valéria de Oliveira^{a,*}

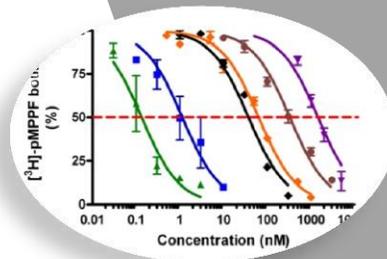
European Journal of Medicinal Chemistry 62 (2013) 214–221



Binding pose of LASSBio-579 in the active site of CYP1A2, as predicted by docking



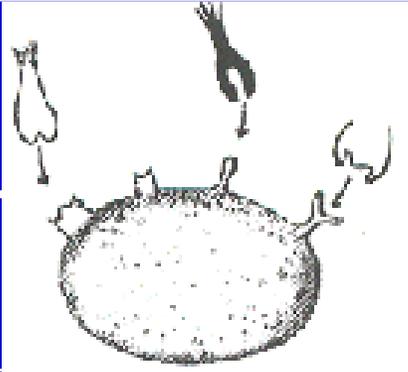
Plasma level-time curve for LASSBio-579 (■) and its *p*-OH metabolite (●) after *i.p.* administration in rat.



LASSBio-579: Mecanismo de ação molecular (*in vitro*)

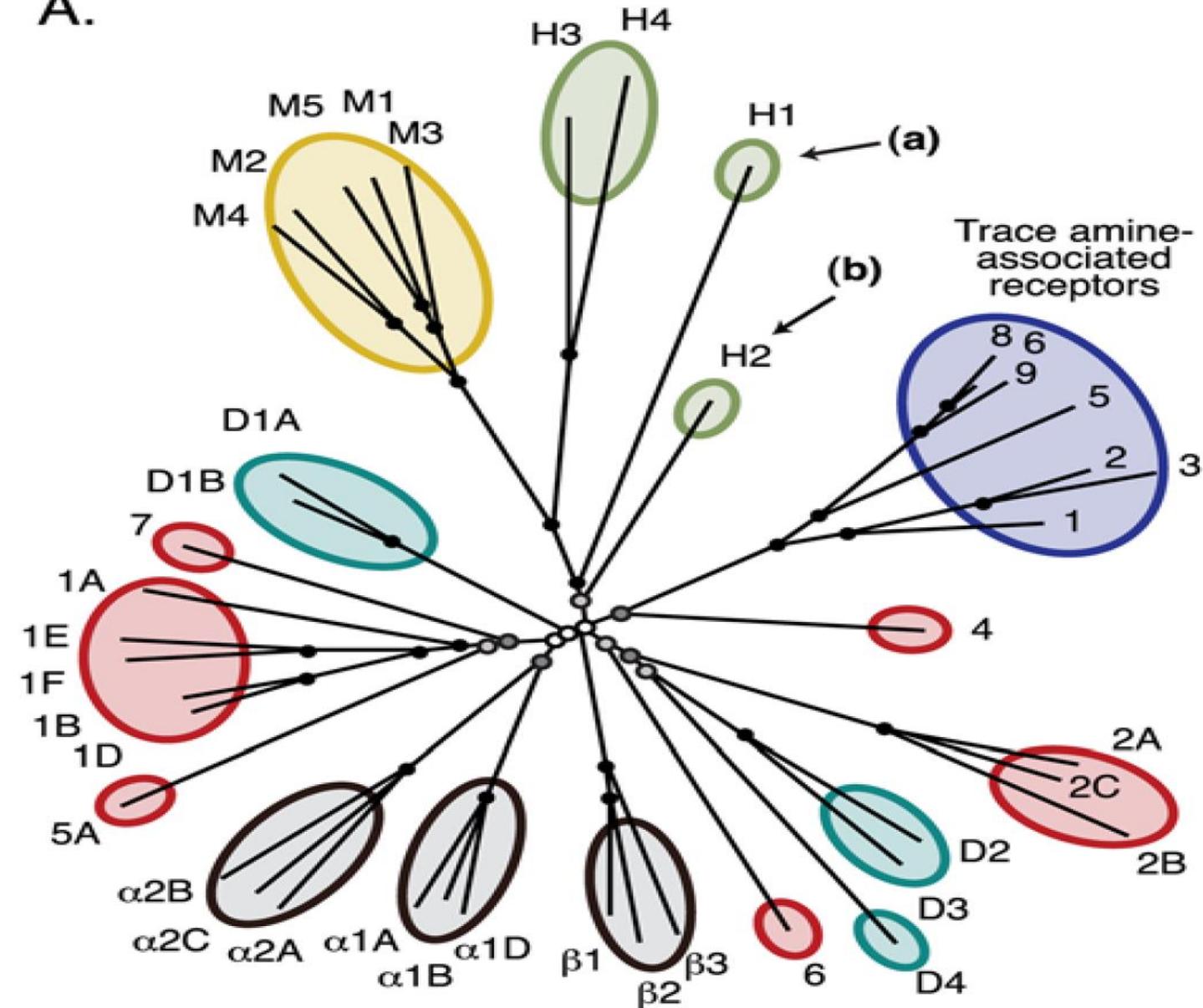
1. AFINIDADE PARA RECEPTORES AMINÉRGICOS

O LASSBio-579 é um **ligante multi-alvo dos receptores D2-like, D4 e 5-HT1A**, com afinidade menor para o receptor **5-HT2A**

	K_i (μM)								
	D2-like	D3	D4	5-HT1A	5-HT2A	5-HT2C	$\alpha 2$	$\alpha 1\text{B}$	musc.
Clozapine	<u>0,14</u>	1,43	0,06	0,26	0,021	0,023	0,10	0,025	0,022
LASSBio-579	0,39	1,89	0,18	0,22	<u>6,91</u>	8,63	2,5	2,6	>30
Metabólito p-OH do LASSBio-579	0,53	-	0,034	5,87	8,22	12,3	6,45	1,15	>30

Relações entre os domínios ligantes de aminas em 42 GPCRs humanos

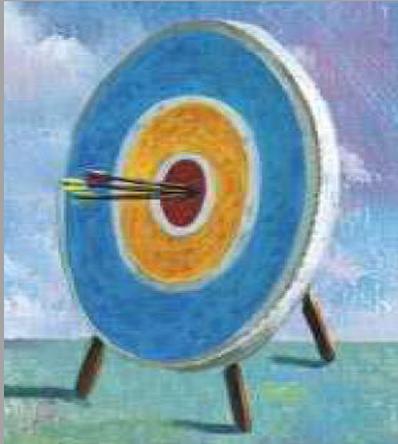
A.



-  Histamine
-  Muscarinic Acetylcholine
-  Dopamine
-  Adrenoceptors
-  Serotonin
-  Amine (general)

FÁRMACO SELETIVO vs MULTI-ALVO

Magic bullet



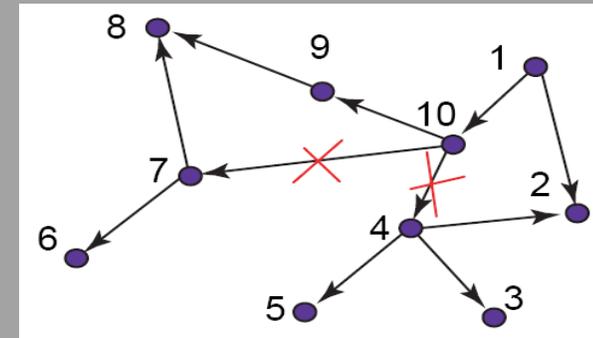
X

Magic shotguns versus magic bullets:
selectively non-selective drugs for
mood disorders and schizophrenia

Bryan L. Roth, Douglas J. Sheffler and Wesley K. Kroeze

Nature Drug Discov. 3: 352-359, 2004

visão holística:
redes e circuitos neurais



**The efficiency of multi-target
drugs: the network approach
might help drug design**

Péter Csermely¹, Vilmos Ágoston² and Sándor Pongor^{2,3}

TIPS 26: 178-182, 2005

2. ATIVIDADE INTRÍNSECA PARA RECEPTORES AMINÉRGICOS

Ensaio de **binding funcional** mostram que o LASSBio-579 se comporta como:

- 1. Antagonista dos receptores 5-HT_{2A}
- 2. Agonista parcial fraco do receptor 5-HT_{1A}
- 3. Agonista parcial fraco dos receptores D₂

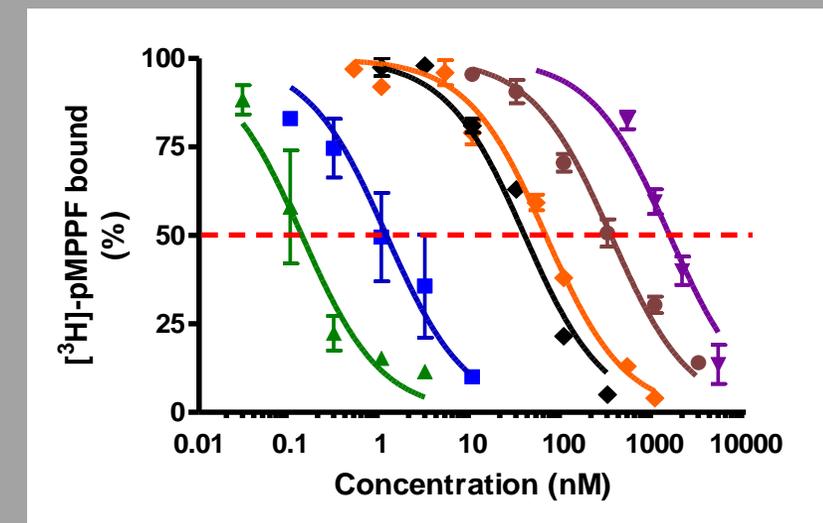
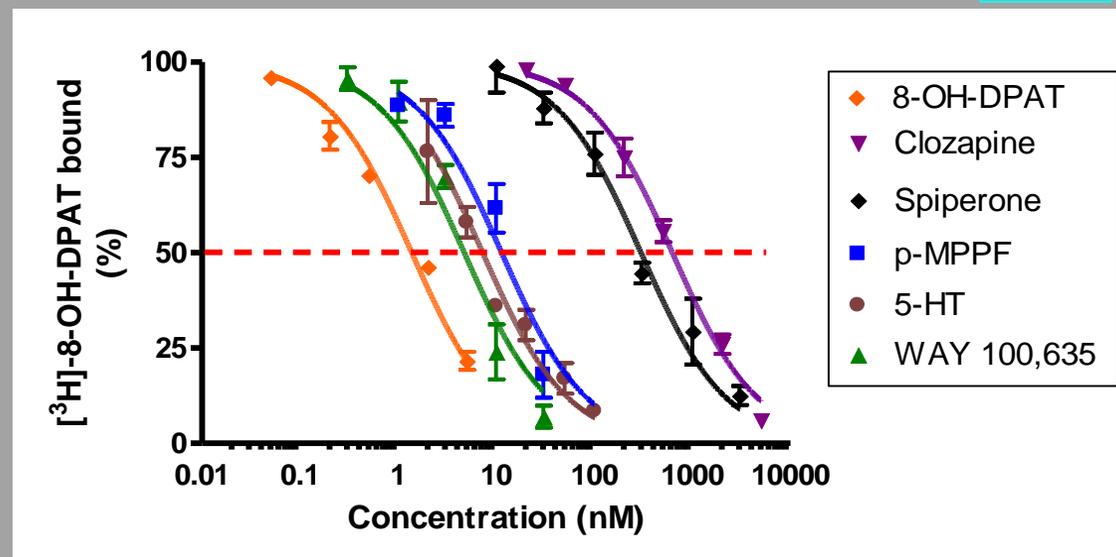
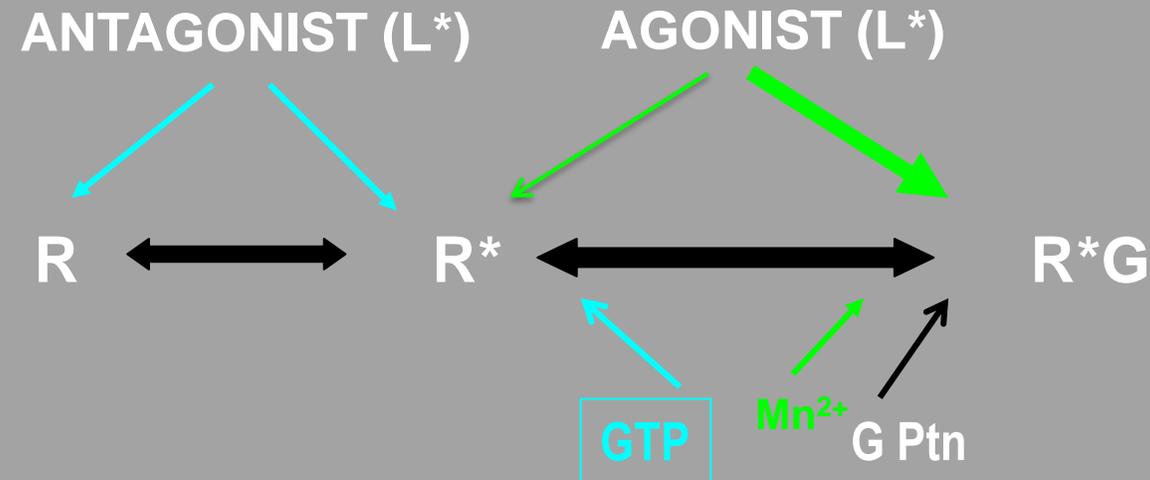
o que poderia **contribuir para sua atipicalidade**

Functional binding assays for estimation of the intrinsic efficacy of ligands at the 5-HT_{1A} receptor: Application for screening drug candidates

François Noël*, Thais E.T. Pompeu, Bruna C. Moura

Extended ternary complex model

Journal of Pharmacological and Toxicological Methods 70 (2014) 12–18



2.1. RECEPTOR 5-HT_{1A}: AVALIAÇÃO DA ATIVIDADE INTRÍNSECA (RAZÃO DE KI)

	K_i (nM) (1) [³ H] <i>p</i> -MPPF	K_i (nM) (2) [³ H]-8-OH-DPAT	<i>Ratio</i> (1) / (2)
5-HT	189 [6] (125 - 282)	2.46 [3] (0.99 - 5.87)	76.6 (40.4 - 145)
8-OH-DPAT	29.1 [6] (17.8 - 46.9)	0.517 [3] (0.365 - 0.732)	51.0 (26.4 - 98.9)
Buspirone	111 [4] (49.2 - 242)	19,2 [4] (8,38 - 42,2)	5.81 (2.43 - 13.9)
Clozapine	847 [5] (542 - 2606)	259 [3] (132 - 508)	3.29 (1.83 - 5.9)
<i>p</i>-MPPF	1.20 [5] (0.97 - 1.46)	4.65 [3] (3.61 - 5.99)	0.250 (0.196 - 0.330)
Spiperone	11.8 [6] (4.15 - 31.8)	117 [3] (57.3 - 237)	0.100 (0.025 - 0.400)
WAY 100,635	0.18 [6] (0.087 - 0.35)	2.0 [3] (1.10 - 3.68)	0.088 (0.033 - 0.230)
LASSBio-579	753 [4] (430 - 1311)	218 [5] (145 - 326)	3.45 (1.21 - 9.77)

Agonist
(>>1)



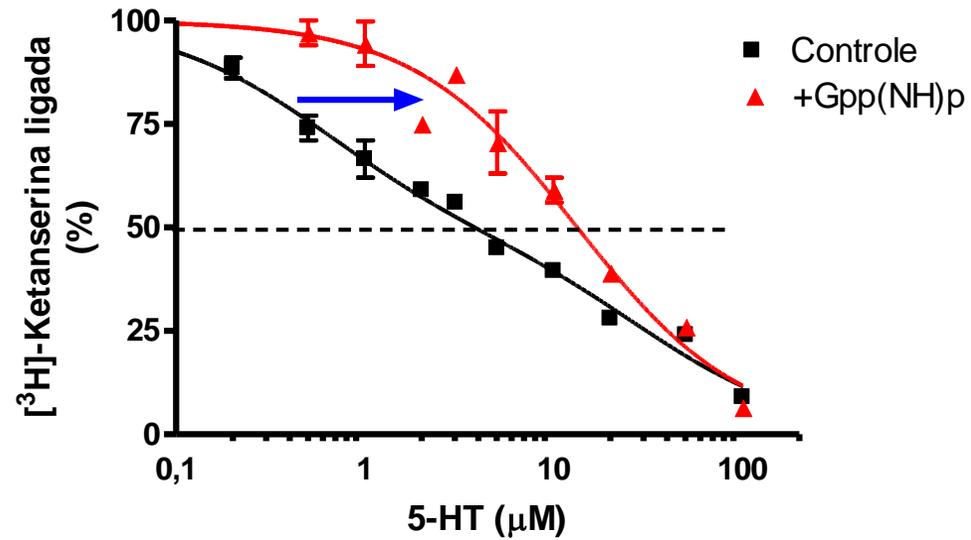
Neutral
Antagonist
(1)



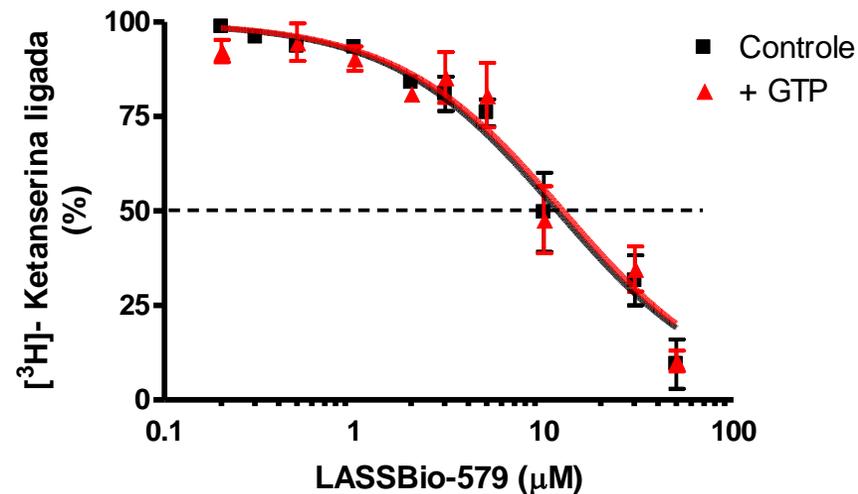
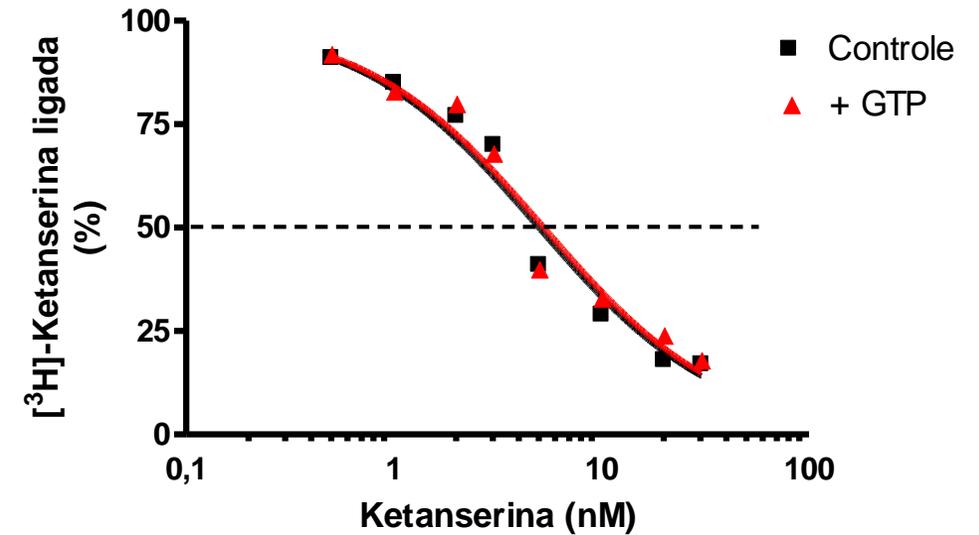
Inverse
agonist
(<1)

2.2. RECEPTOR 5-HT_{2A}: AVALIAÇÃO DA ATIVIDADE INTRÍNSECA: **GTP-SHIFT**

Agonista



Antagonista



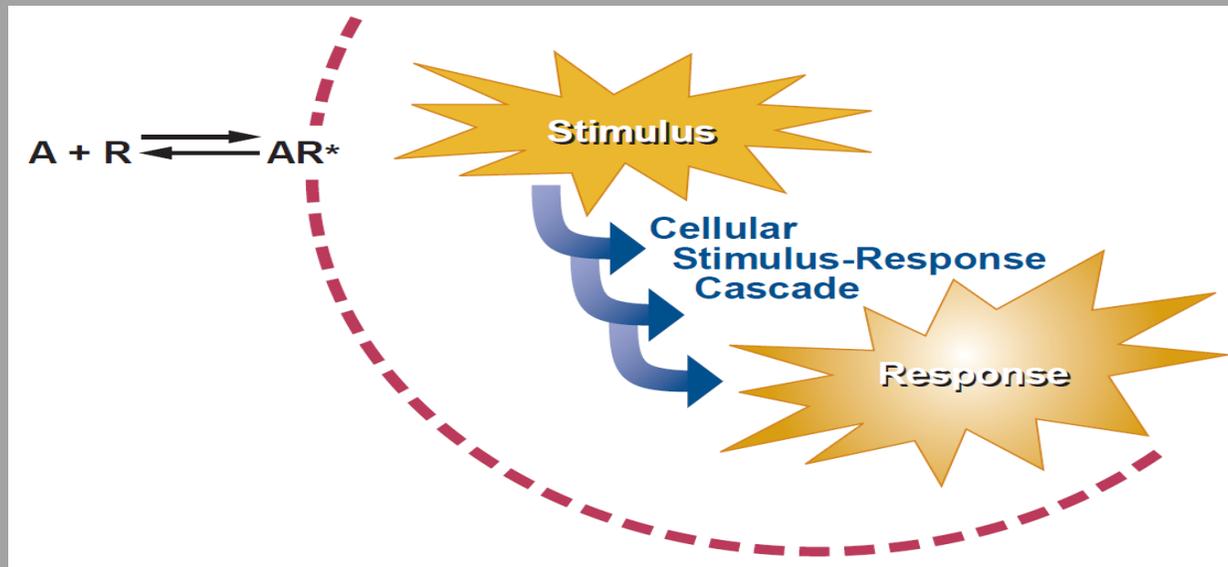
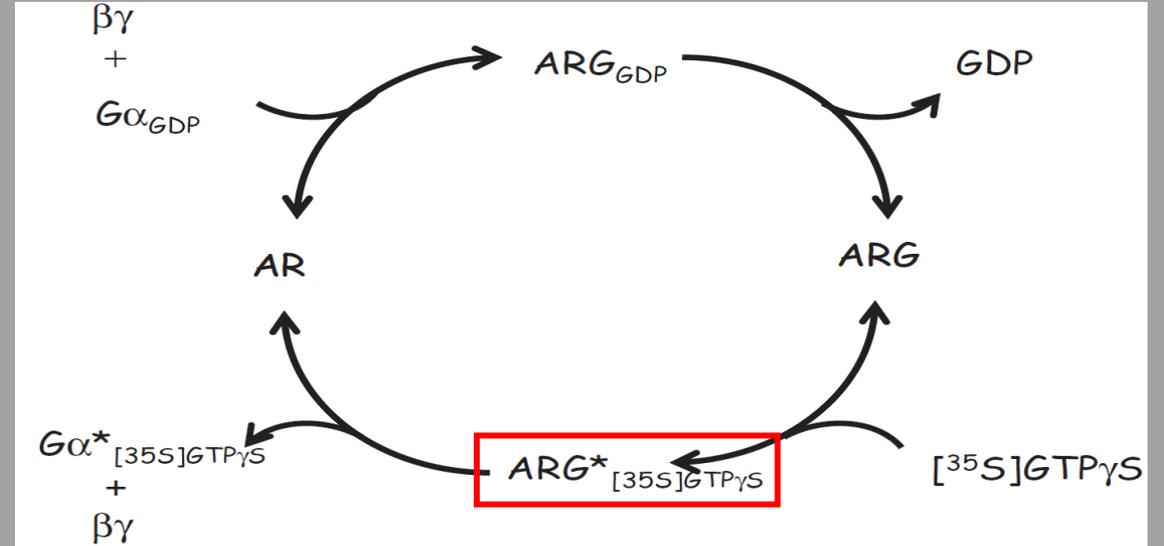
→ LASSBIO-579
= ANTAGONISTA

2.3. RECEPTOR D₂: AVALIAÇÃO DA ATIVIDADE INTRÍNSECA: ENSAIO DE LIGAÇÃO DO ³⁵S]-GTPγS

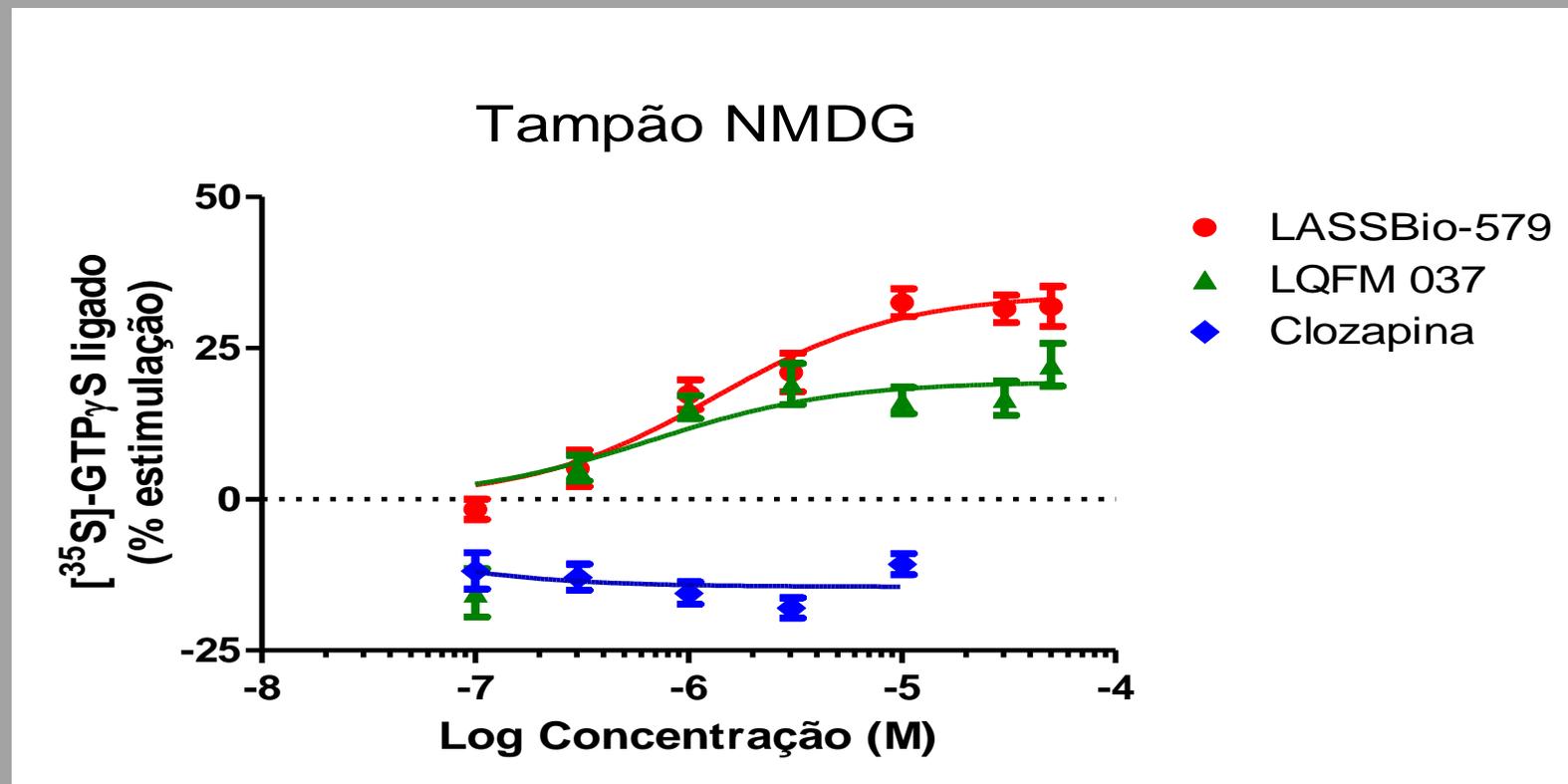
**Use of the GTPγS
([³⁵S]GTPγS and Eu-GTPγS)
binding assay for analysis of
ligand potency and efficacy
at G protein-coupled
receptors**

Strange PG

Brit. J. Pharmacol. 161:1238–1249, 2010



Células Hela Tet-On-pTRE com superexpressão de receptor D_{2L} de rato



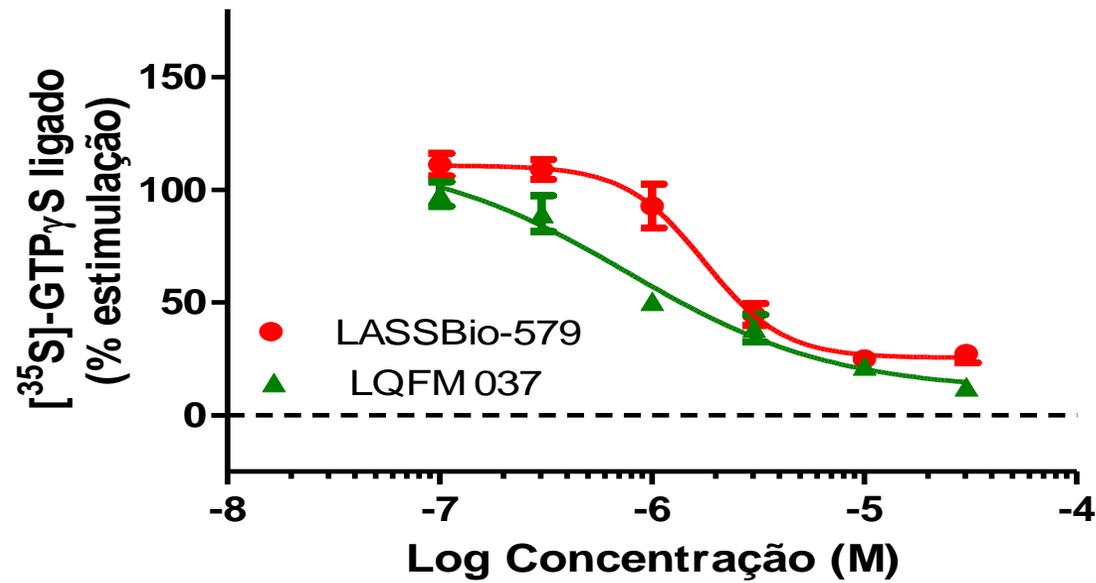
LASSBio-579 (n=4)	LQFM 037 (n=4)
$E_{\max}: 34 \pm 2,1 \%$	$E_{\max}: 19.4 \pm 2,1 \%$
$\text{Log EC}_{50} \text{ (M)} = -5,87 \pm 0,12$	$\text{Log EC}_{50} \text{ (M)} = -6,18 \pm 0,24$

Dopamina 1 μ M
 $E_{\max} = 162\%$

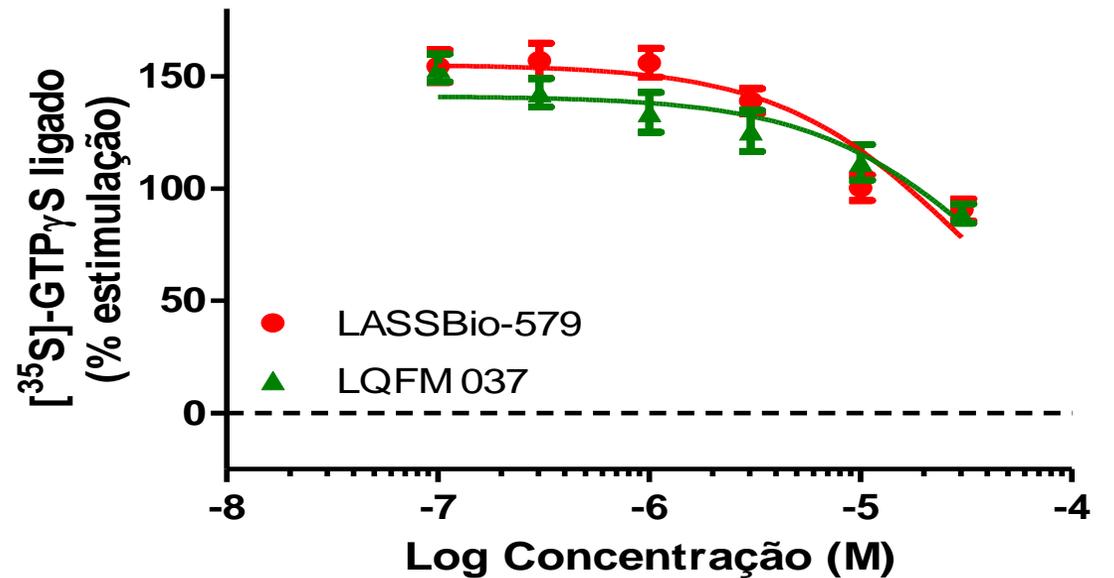
Compound	E_{max} (% of stimulation relative to dopamine)
	NMDG
Dopamine 100 μM	100 (261*)
Apomorphine 10 μM	84
3-PPP 100 μM	65
Aripiprazole 1 μM	20.7
LASSBio-579 10 μM	14
LQFM 037 10 μM	12.5
Clozapine 10 μM	-7.1
Domperidone 0.1 μM	-6.7

Efeito antagônico de LASSBio-579 e LQFM 037 sobre a estimulação da ligação do [³⁵S]-GTP_γS induzida por 1 μM de dopamina

Tampão NaCl



Tampão NMDG

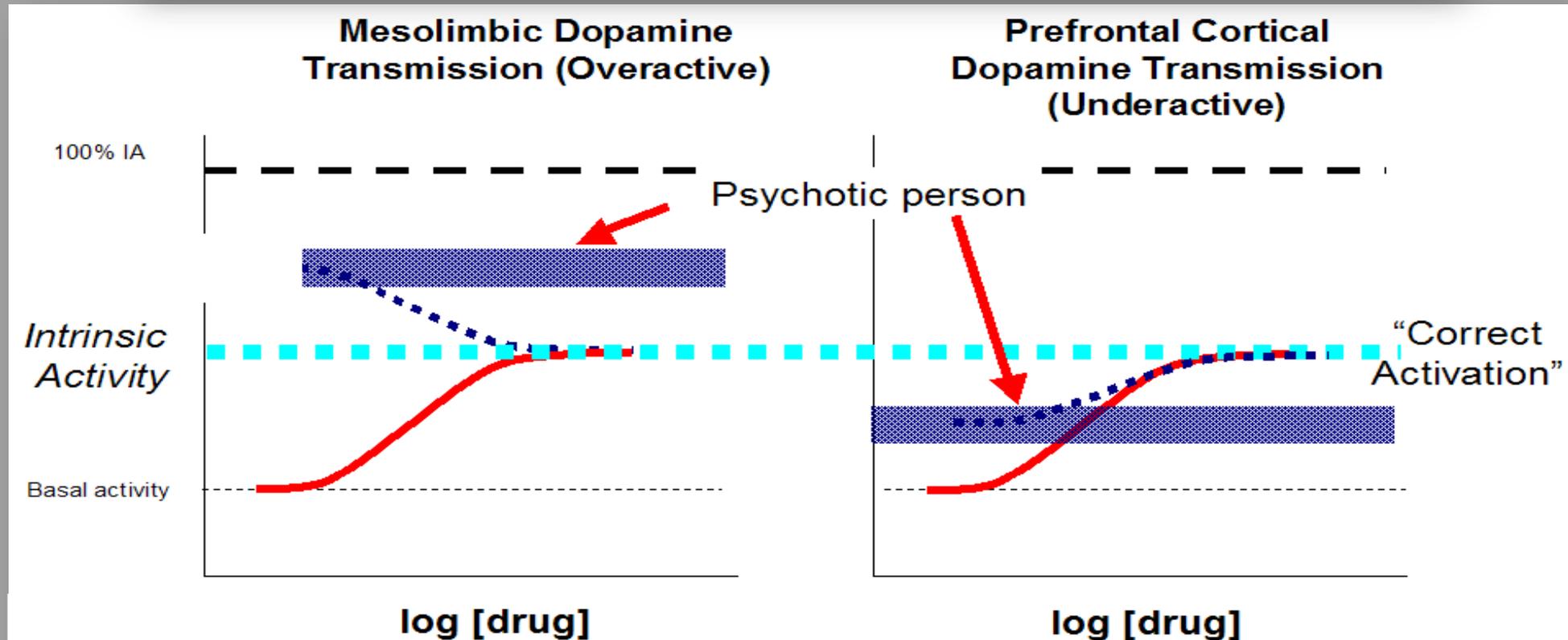


Aripiprazole, a Novel Antipsychotic, Is a High-Affinity Partial Agonist at Human Dopamine D2 Receptors

KEVIN D. BURRIS,¹ THADDEUS F. MOLSKI, CEN XU, ELAINE RYAN, KATSURA TOTTORI, TETSURO KIKUCHI, FRANK D. YOCCA, AND PERRY B. MOLINOFF¹

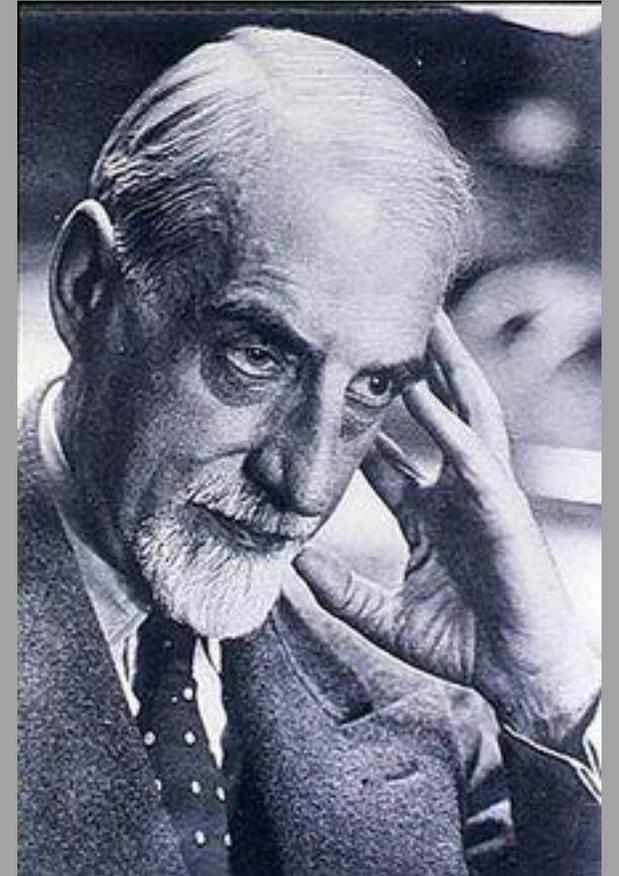
Neuroscience Drug Discovery, Bristol-Myers Squibb Pharmaceutical Research Institute, Wallingford, Connecticut (K.D.B., T.F.M., C.X., E.R., F.D.Y., P.B.M.); and CNS Research Group, Research Institute of Pharmacological and Therapeutic Development, Otsuka Pharmaceutical Co. Ltd., Tokushima, Japan (K.T., T.K.)

Received January 15, 2002; accepted March 27, 2002



“Quand on est tombé sur un bon produit il n’a jamais fini d’être intéressant”

Quando se tem um bom produto, ele nunca deixa de ser interessante



Ernest Fourneau
(1872-1949)

3. Busca por outro MMA que poderia contribuir para atipicalidade: Cinética de ligação ao receptor D₂

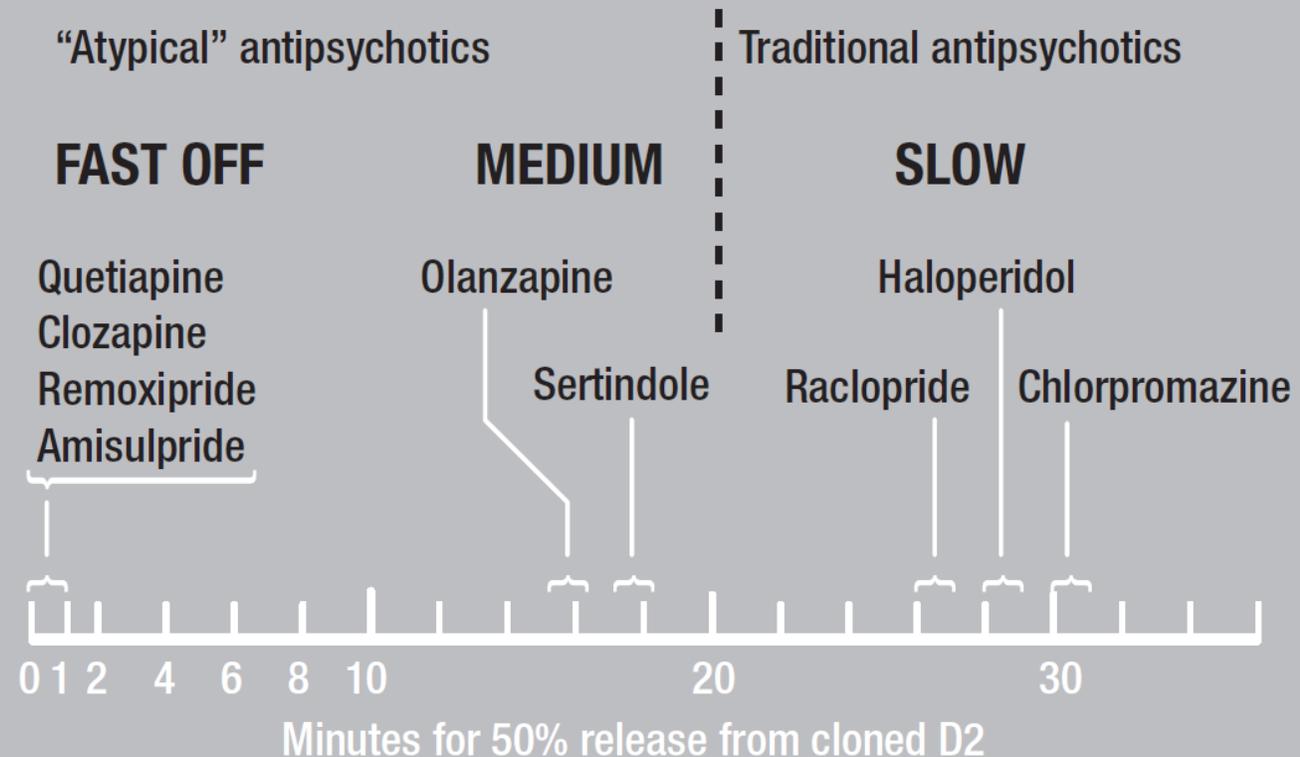
Teoria da rápida dissociação (*Fast-off theory*)

Antipsychotic agents differ in how fast they come off the dopamine D₂ receptors.

Implications for atypical antipsychotic action

Shitij Kapur, MD, PhD; Philip Seeman, MD, PhD

J Psychiatry Neurosci 2000;25(2):161-6.

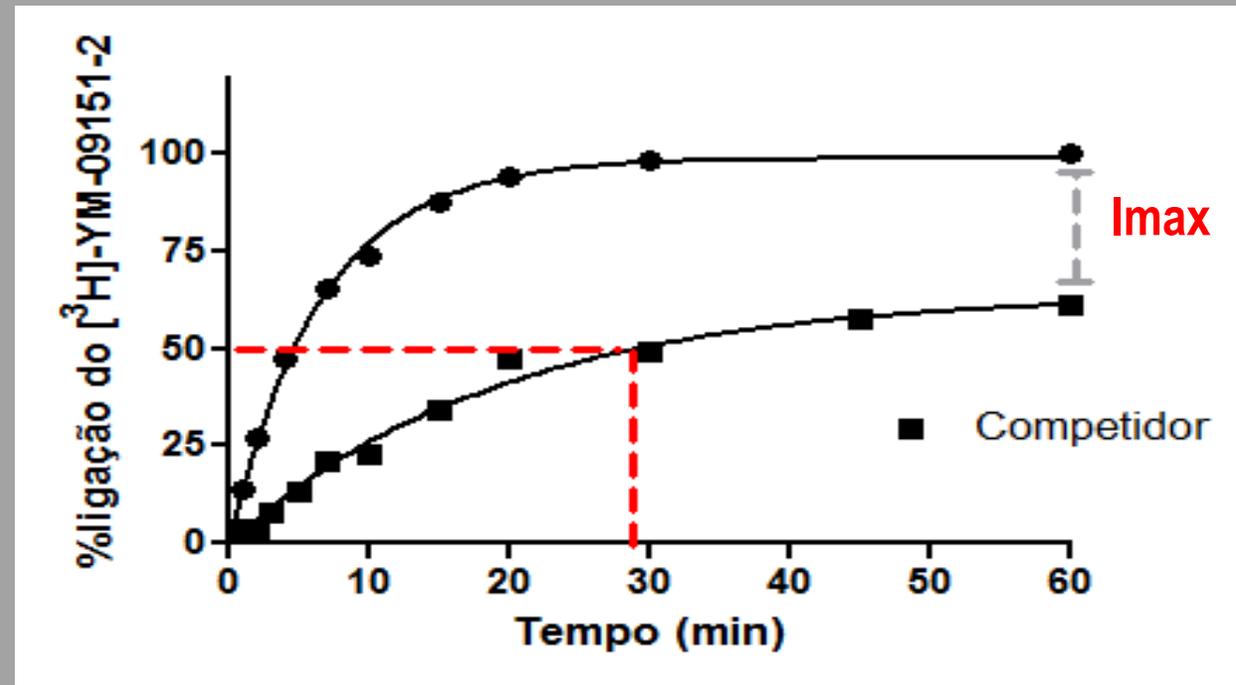
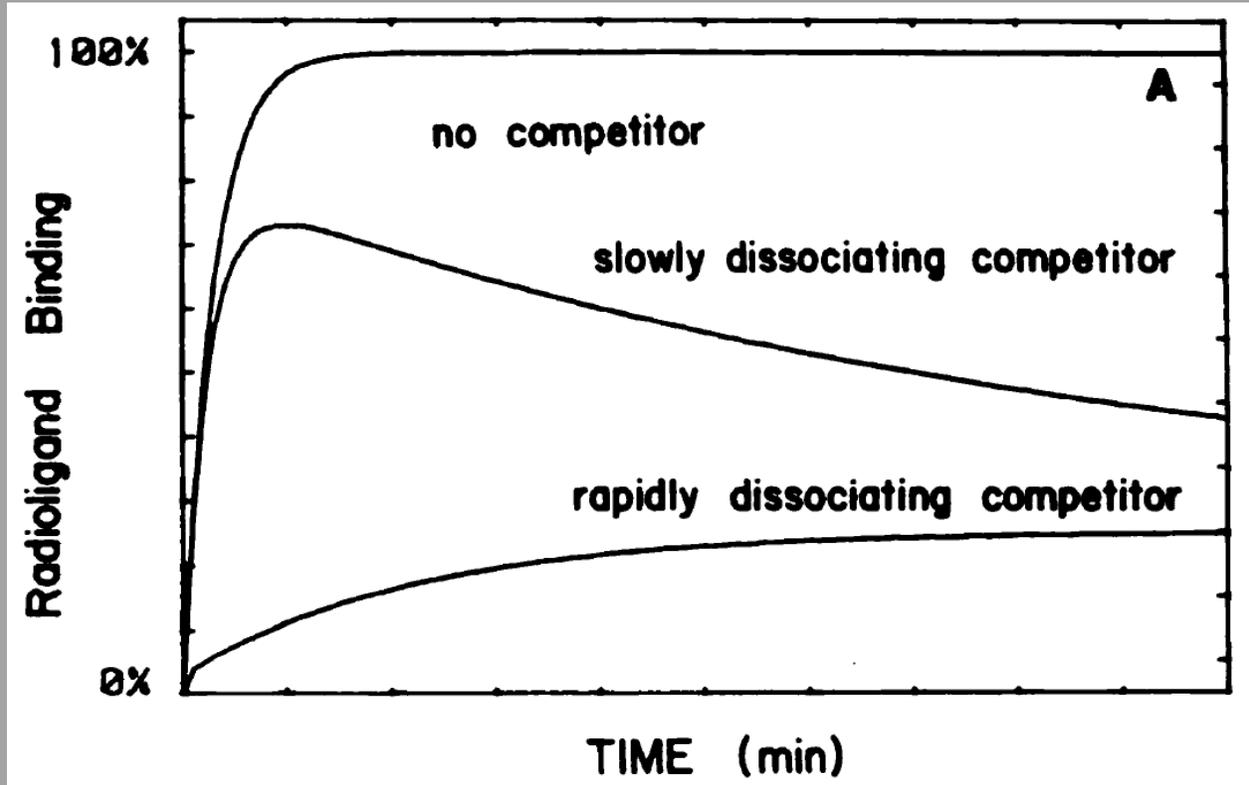


The Kinetics of Competitive Radioligand Binding Predicted by the Law of Mass Action

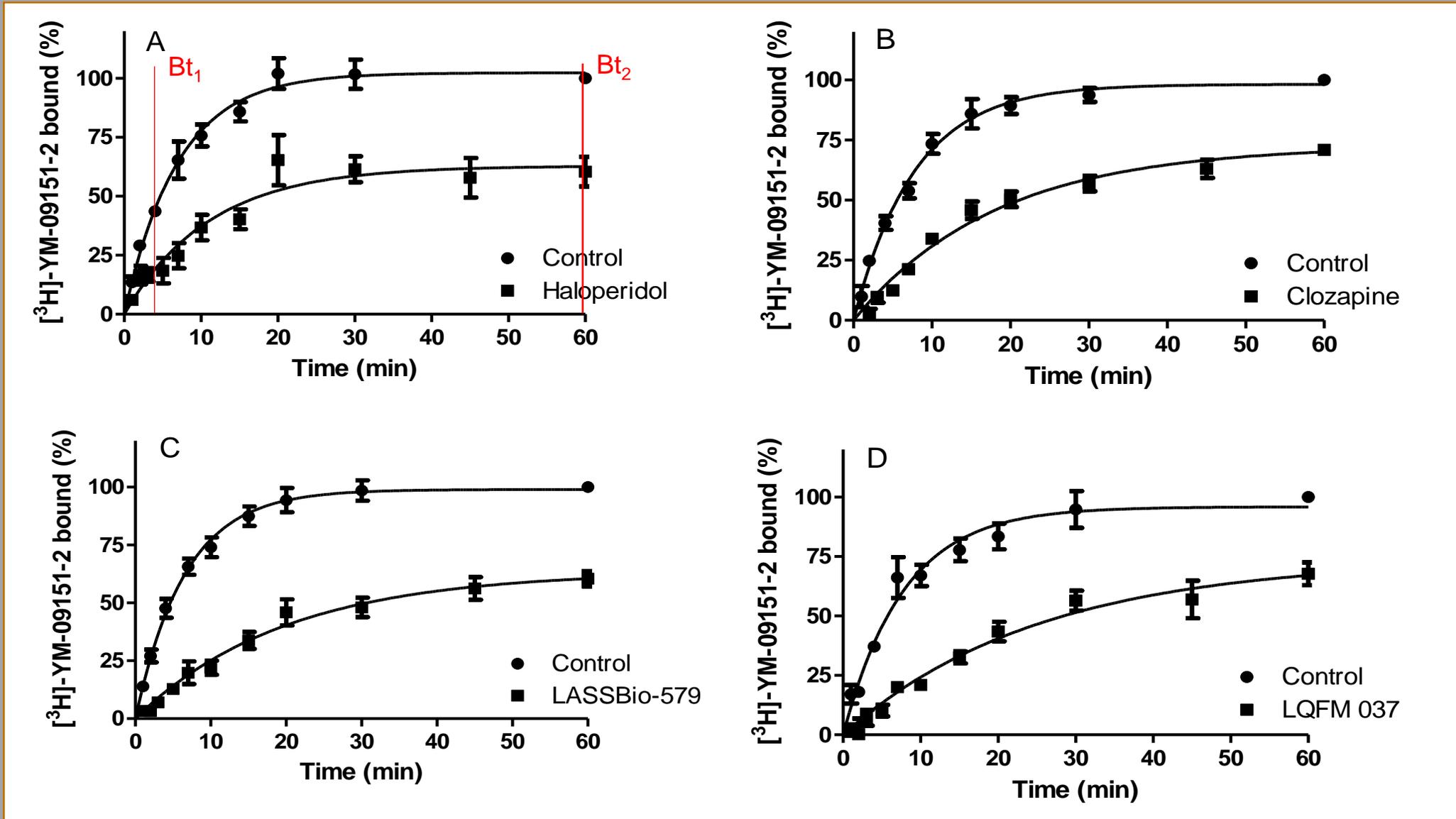
HARVEY J. MOTULSKY¹ AND LAWRENCE C. MAHAN²

MOLECULAR PHARMACOLOGY, 25:1-9, 1983

Ensaio de Competição de Associação



Cinética da ligação de [³H]-YM09151-2 aos receptores D₂ de estriado de rato



Compound	% Inhibition (at equilibrium)	Half-life (min)	Kinetic rate index (Bt ₁ /Bt ₂)
Control	-	5.10 ± 0.27	0.510 ± 0.020
Haloperidol (5 nM)	38.6 ± 6.4	7.70 ± 0.63	0.360 ± 0.024**
Clozapine (0.3 μM)	26.5 ± 2.3	12.6 ± 0.96***#	0.250 ± 0.015***#
LASSBio-579 (0.3 μM)	33.2 ± 3.5	16.2 ± 2.3***###	0.230 ± 0.028***#
LQFM 037 (0.3 μM)	22.3 ± 1.6	17.9 ± 1.8***###	0.190 ± 0.012***#

TEMPO DE RESIDÊNCIA

NATURE REVIEWS | **DRUG DISCOVERY**

Drug–target residence time and its implications for lead optimization

*Robert A. Copeland**, *David L. Pompliano[‡]* and *Thomas D. Meek[§]*

The drug–target residence time model: a 10-year retrospective

Robert A. Copeland



Drug-Target Residence Time
An Alternative Approach to Drug Optimization



Robert A. Copeland, Ph.D.

CONCLUSÕES

1

LASSBio-579: ativo em modelos animais de esquizofrenia (atípico) + efeito pró-cognitivo

2

LASSBio-579: ligante multi-alvo ($D_2, D_4, 5-HT_{1A} > 5-HT_{2A}$)
 D_2 : agonista parcial fraco ; rápida dissociação

3

Metabólito ativo !

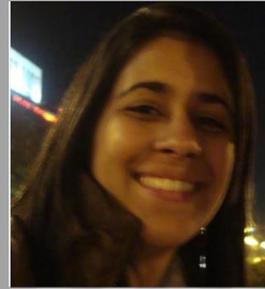
4

Desenvolvimento de fármaco:
interdisciplinaridade !!

AGRADECIMENTOS



ICB-UFRJ (LFBM)



Dr. Thais E. T. Pompeu

Bruna Cunto de Moura

Carolina Drummond M. Figueiredo

Fernando Monteiro do Monte

ICB-UFRJ (LASSBio)

Prof. Carlos Alberto Manssour Fraga



FF- UFRGS

Profa. Stela Maris Kuze Rates



UFRJ



Universidade Federal
do Rio de Janeiro



UFRGS

UNIVERSIDADE FEDERAL
DO RIO GRANDE DO SUL

DESDOBRAMENTOS DO PROJETO: PERSPECTIVAS

1. LASSBio-579 (e metabólito): MMA

1.a. Afinidade para receptor 5-HT₇? (efeito pró-cognitivo)

Binding

1.b. Seletividade funcional ? (Gi/AMPC vs β -arrestina2)

BRET (HEK293T) < Claudio M. da Costa Neto /USP-RP

1.c. Efeito sobre a via Akt/GSK-3 β , *in vivo* ?

Western blot

1.d. ↑ Níveis de glutamato, D-serina e/ou glicina no cérebro ?

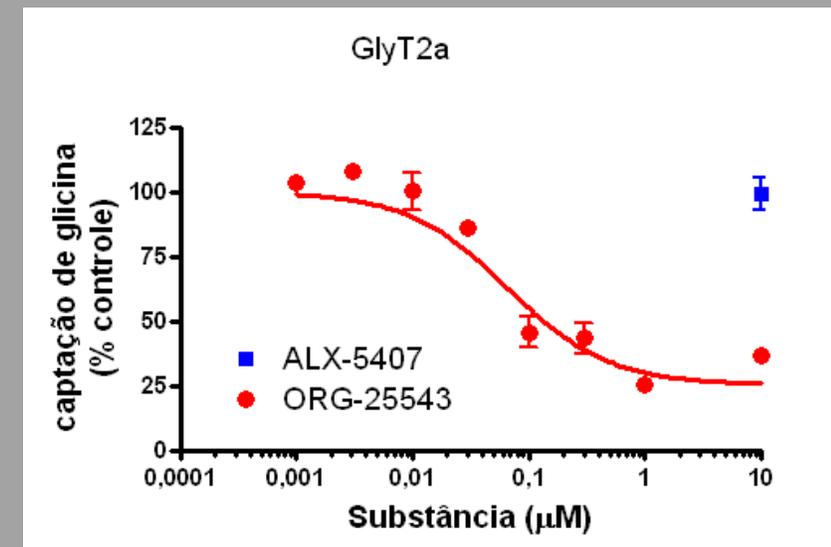
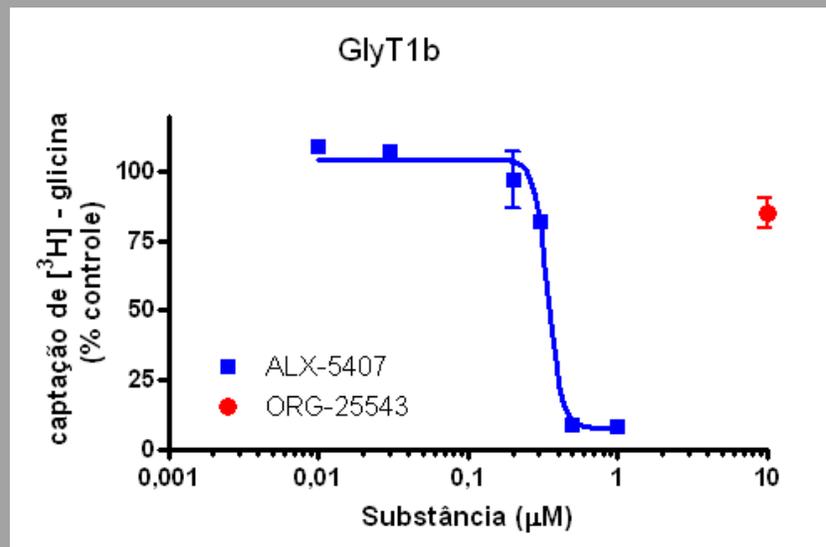
Microdiálise < Rogério A. Panizzutti / ICB

DESDOBRAMENTOS DO PROJETO E PERSPECTIVAS

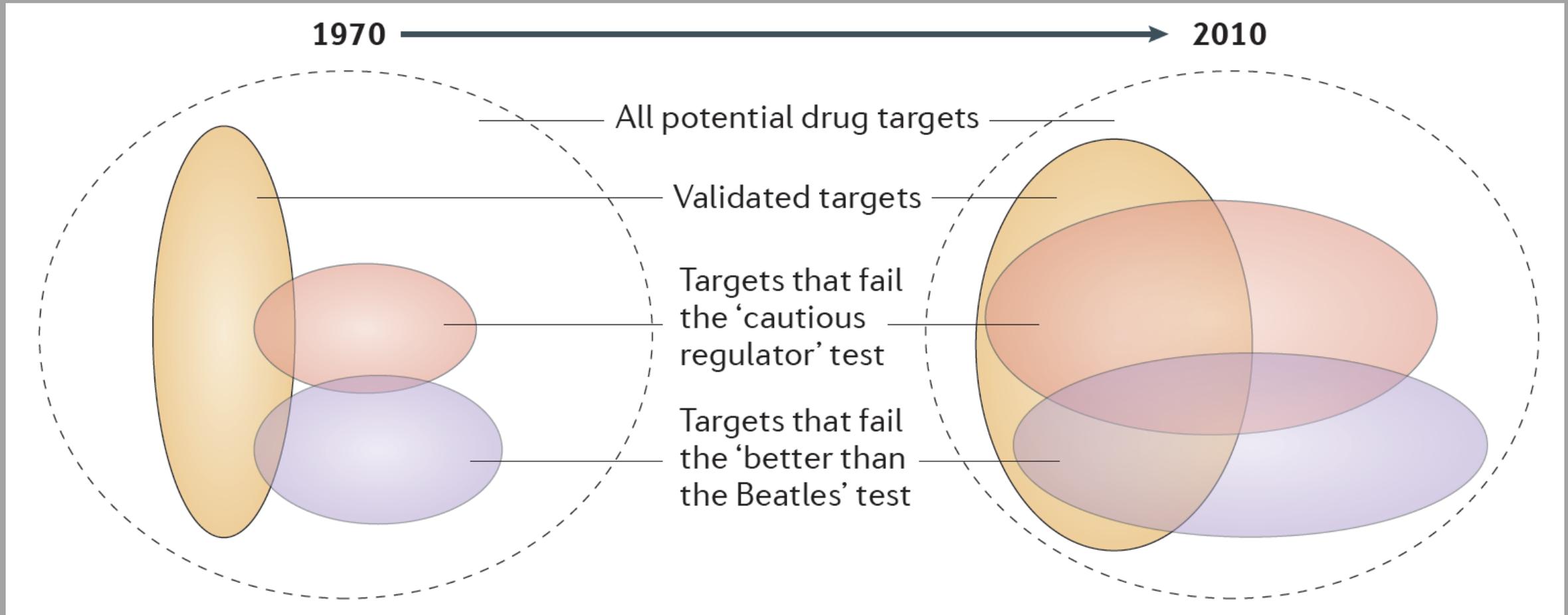
2. Inibidores seletivos do transportador de glicina GlyT1:

Racional: De acordo com a **hipótese glutamatérgica**, desenvolver inibidores seletivos do transportador de glicina do tipo GlyT1 **análogos a bitopertina (Roche®)**, visando efeito sobre os **sintomas negativos e déficits cognitivos** da Esquizofrenia e que poderiam também ser benéficos em outras doenças (Alzheimer)

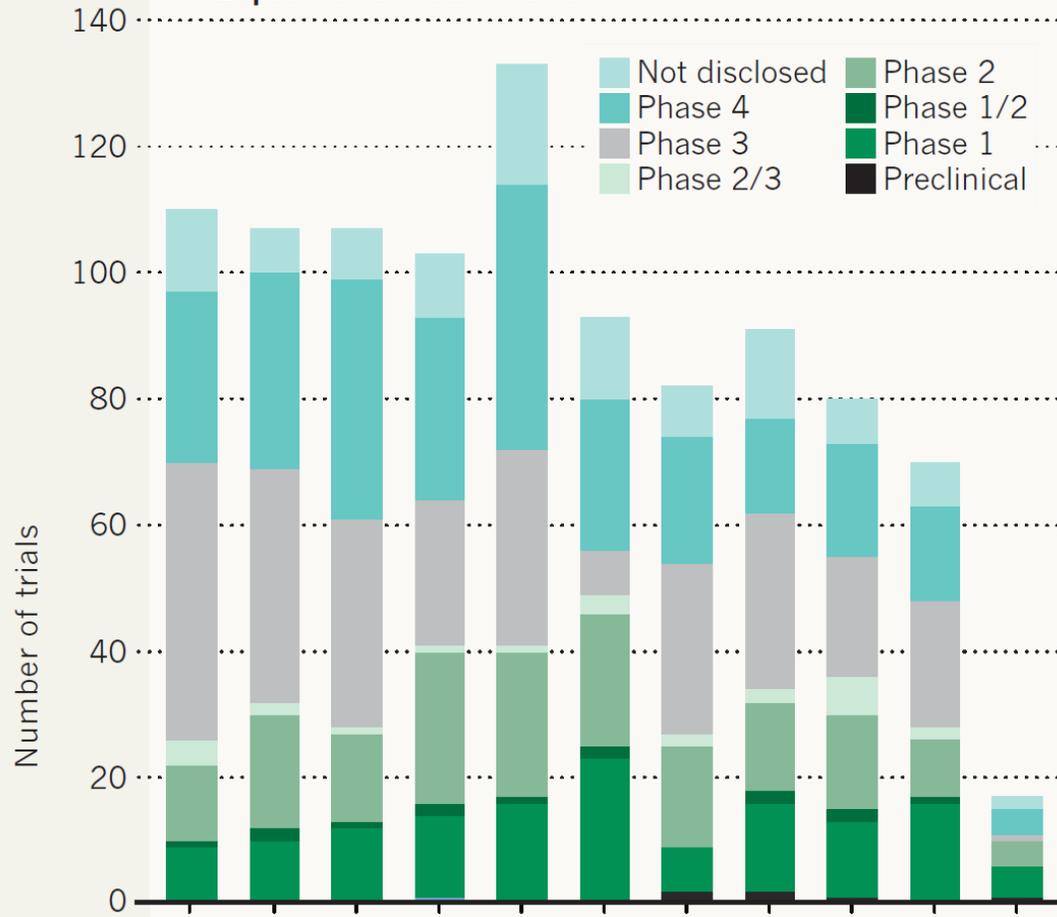
Metodologia: células transfectadas com plasmídeos recombinantes GlyT1b e GlyT2a humanos



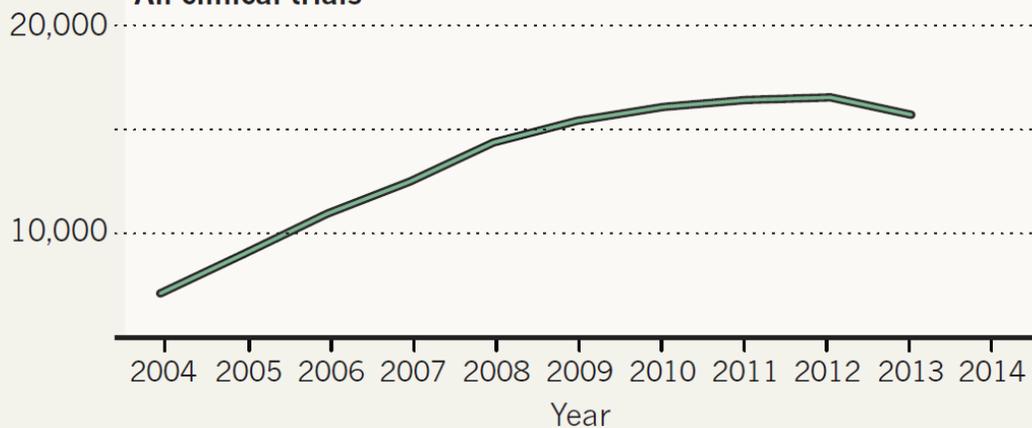
“The increase in the number of validated targets between 1970 and 2010 is outweighed by increasing regulatory caution and an improving catalogue of approved drugs”



Schizophrenia treatment trials



All clinical trials



219

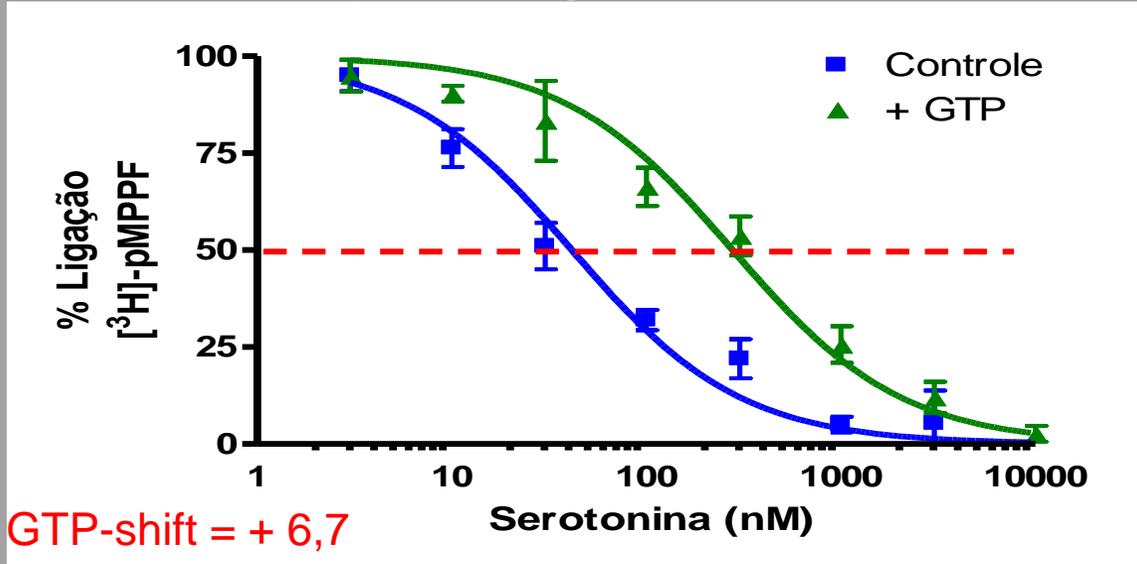
drugs have been tested for the treatment of schizophrenia since 1999.

8

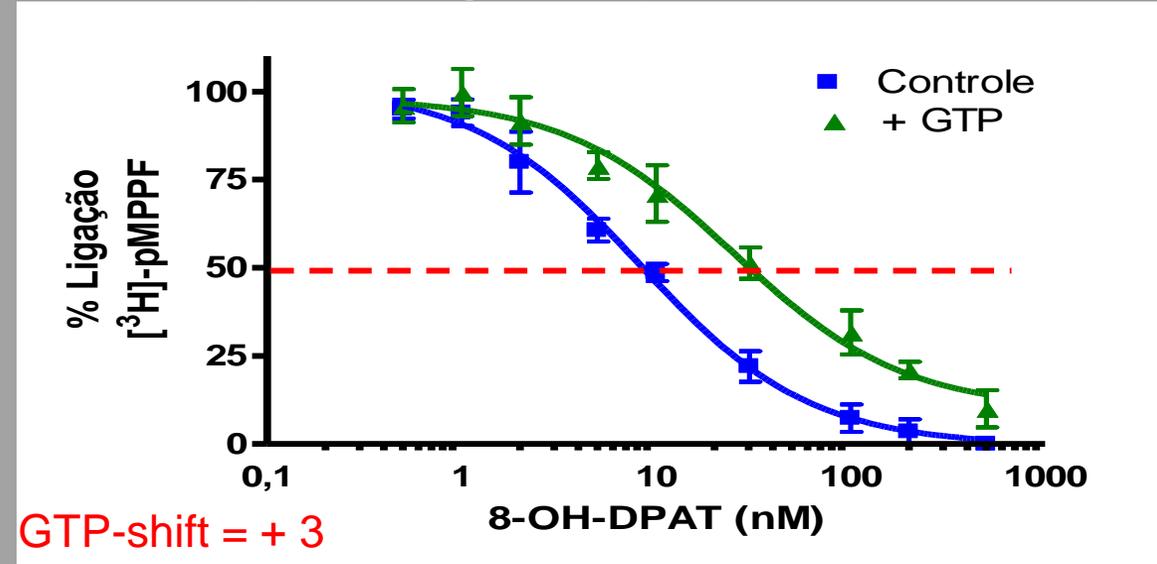
have received FDA approval.

I. GTP-shift (*radioligante antagonista*)

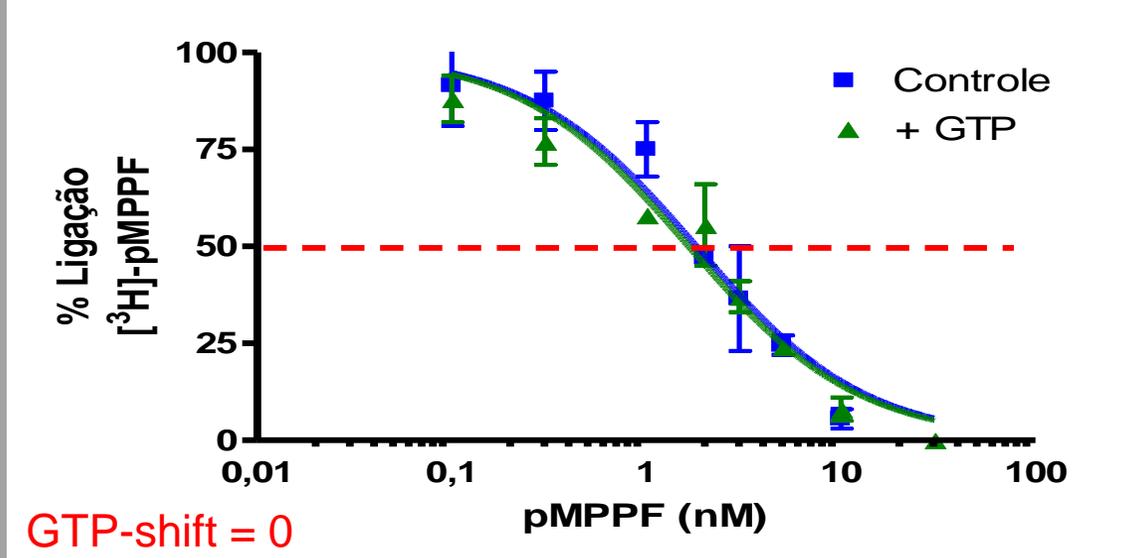
Competidor agonista



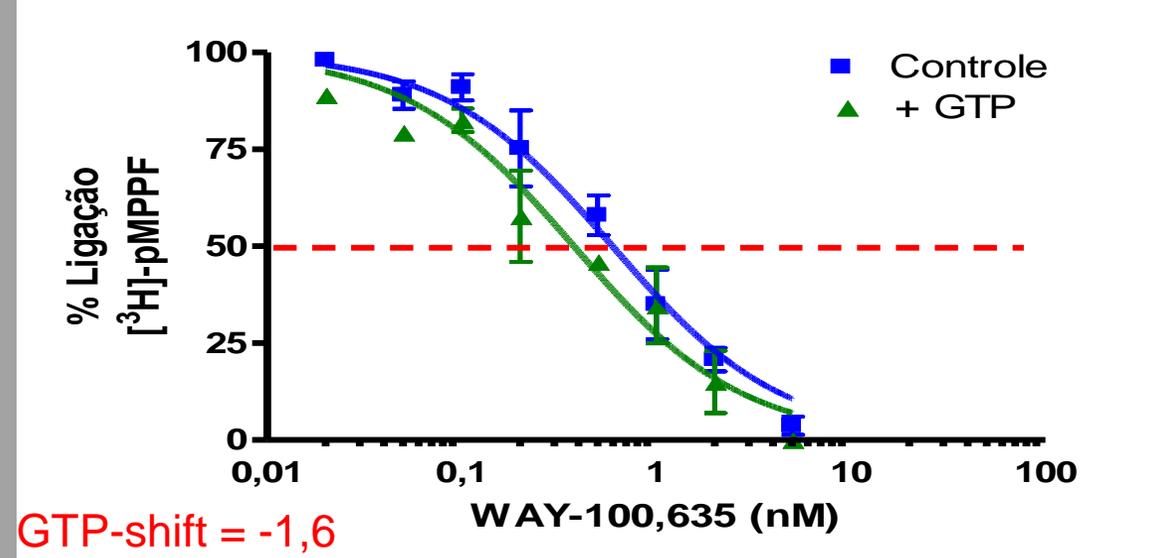
Competidor agonista parcial



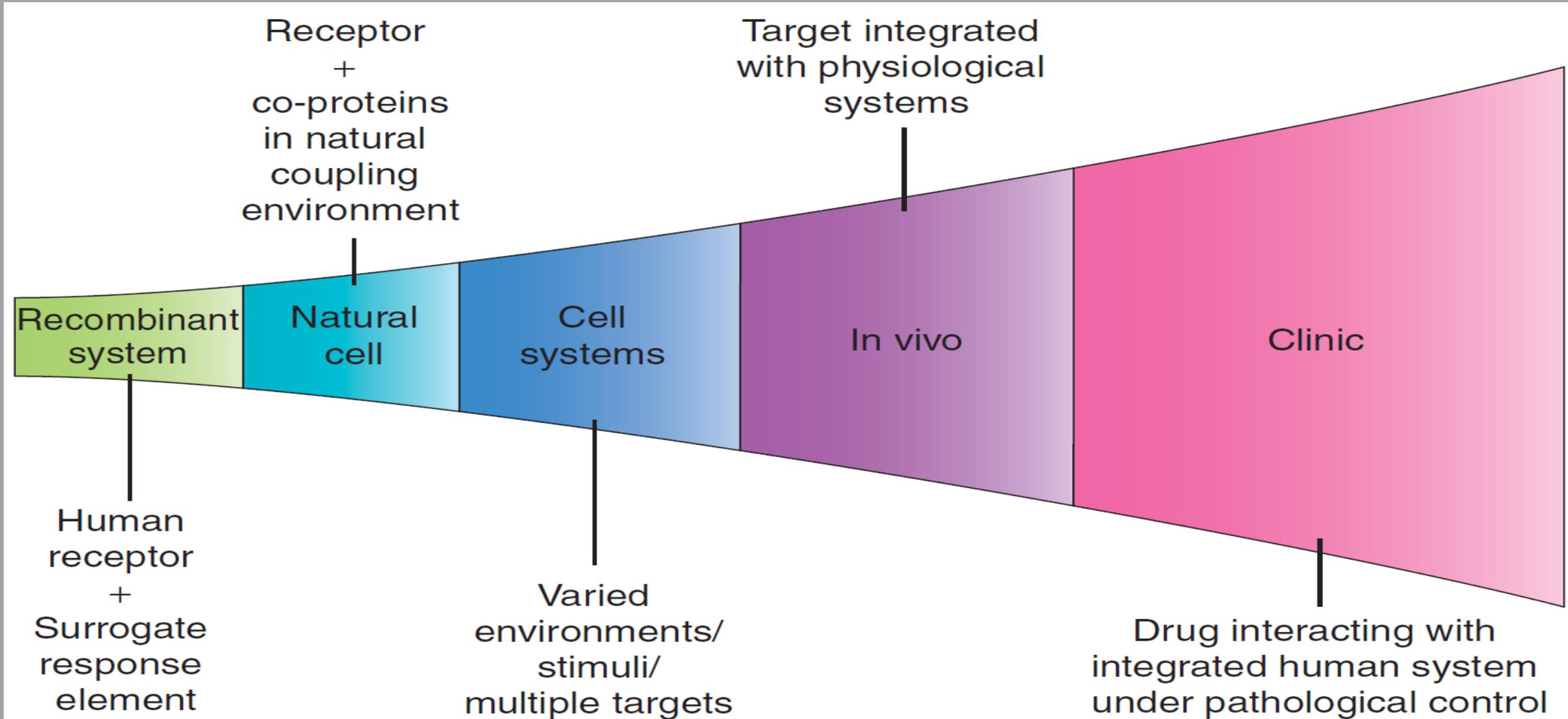
Competidor antagonista



Competidor agonista inverso



ENSAIOS FARMACOLÓGICOS: NÍVEIS DE COMPLEXIDADE

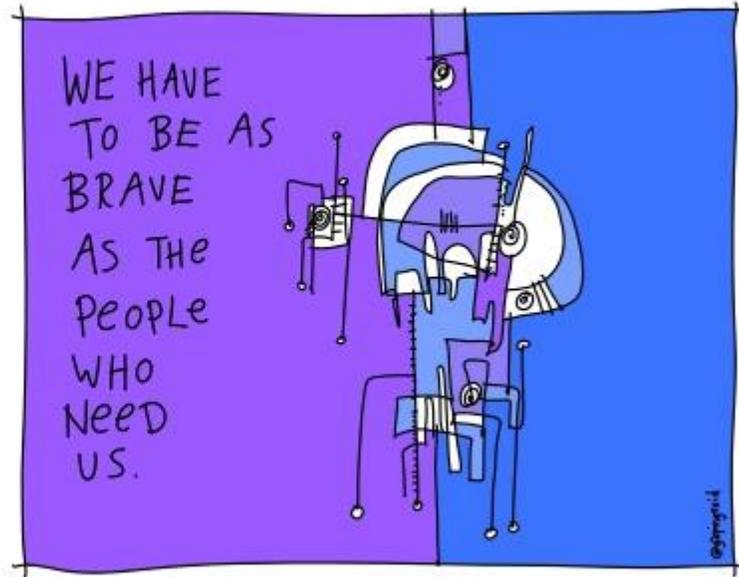


7. Disruptive innovation is driven by ideas that will make you unpopular.

Great ideas may not be understood at first.

That doesn't make them NOT great ideas, it just makes them not quite ready for prime time.

Don't let your biases get the better of you.



gapingvoid





"Discouraging data on the antidepressant."

Doubt is your enemy.

Waiting for permission is a weakness.

Seeking validation is a stall tactic.

The problem with failure is the culture that once defined it as, you know, failing. But in reality, failing is synonymous with trying something new and different. And for those keeping score, venturing into new territories is also synonymous with innovation.

Fail.

Fail often.

Fail fast.



the only way to guarantee

no failure

is to not do anything.

PHARMACOLOGY



<u>AGE 0-4</u>	<u>4-12</u>	<u>12-18</u>	<u>18-24</u>	<u>24-38</u>	<u>38-65</u>	<u>65 —</u>
AMOXICILIN	RITALIN	APPETITE SUPPRESSANTS	NO-DOZ	PROZAC	VIAGRA	EVERYTHING ELSE

Historical developments in Pharmacology

- **PEN PSAO (2700 BC)** It was the great herbal materia medica written in china.
- **Kahun Papyrus (2000 BC)** is an oldest Egyptian document containing information about veterinary medicines and uterine diseases of women.
- **Ebers papyrus (1550 BC)** also an Egyptian document containing information about number of diseases and 829 prescription where castor oil, opium like drug are being used.
- **Hippocrates (460-375 BC)** A greek physician consider **“father of Medicine”**. He was the first person who recognize disease as abnormal reaction of body. He introduce use of metallic salts for the treatment of disease.

16th Century

- Paracelsus- “Father of Pharmacology”



- » Swiss scientist that first advocated the use of a single drug rather than mixtures and potions
- » (advantage: the dosage of a single dose can be regulated more precisely than that of complex mixtures
- » Improved pharmacy and therapeutics, introducing new remedies and compounds and reducing overdosing

☞ **Rudolf Buchheim** (1820 – 1879)

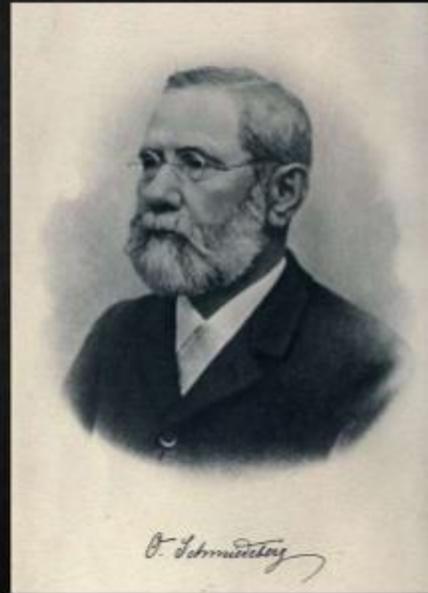
☞ **First pharmacology laboratory** in the world (1860, University of Dorpat in Estonia)

☞ Introduced bioassay .



OSWALD SCHMIEDEBERG

*THE FATHER OF MODERN
PHARMACOLOGY*



Historical developments in Pharmacology

- **Theophrastus (380-287 BC)** a great philosopher called father of Pharmacognosy. He classified medicinal plants on the base of medicinal characteristics.
- **Dioscorides (AD 57)** a greek, produced one of the first materia medica of approximately 500 plants and remedies.
- **Claudius Galen (AD 129-200)** first attempted to consider the theoretical background of pharmacology.
- **Paracelsus (1493-1541)** a Swiss scholar and alchemist, often considered the “**grandfather of pharmacology**”. He introduces the use of chemicals for treatment of disease.
- **Valerius Cordus (1514-1544)** He compiled the first pharmacopeia where he described techniques for the preparation of drugs.

MODERN PHARMACOLOGY

- Conversion of old medicines into the modern pharmacology start taking shape following the introduction of animal experimentation and isolation of active ingredients from plants.
- **Francois Megendie (1783-1855)** a first pharmacologist established the foundation of modern pharmacology. He developed experiment to elucidate the physiological processes and action of drugs on the body.
- **Frederich Sertürner**, German pharmacist's assistant, isolated morphine—the first pure drug—in 1805
- **Claude Bernard (1813-1878)** considered Father of experimental Medicine. He identifies the site of action of curare (arrow Poisoning).

MODERN PHARMACOLOGY

- **Rudolph Buchheim (1820-1879)** German pharmacologist a key figure in the development of pharmacology, a who at the University of Dorpat, created the first pharmacological institute.
- **Oswald Schmiedeberg (1838-1921)** “**Father of Pharmacology**” established pharmacology as an independent discipline. He start teaching Pharmacology in University of Strasbourg (France).
- **John Jacob Abel (1857-1938)** founded first department of pharmacology in USA in the University of Michigan in 1893. In 1897 he established pharmacology department at Johns Hopkins University. Abel also co-founded the Journal of Pharmacology and Experimental Therapeutics in 1909.