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ENDOTHELIAL PROFILING OF DRUG VASOTOXICITY

PREDICTIVE SAFETY ANALYSIS OF A PANEL OF SMALL-MOLECULE TYROSINE KINASE INHIBITORS

JAGIELLONIAN
UNIVERSITY
IN KRAKOW



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WHY ENDOTHELIAL PROFILING?

- vascular endothelium is the largest interface for systemic drugs
- **drug-induced endothelial/vascular dysfunction** is an important safety issue – yet currently neglected in pre-clinical drug development
- severe vascular adverse effects have led to clinical failure of a number of diverse drugs
- endothelial dysfunction is an independent predictor for major cardiovascular events
- **evaluation of endothelial function can predict vascular toxicity**



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PROTEIN KINASE INHIBITORS – THE HOTSPOT OF PHARMA

- >250 kinase inhibitors are currently undergoing clinical trials, **>50 already approved for use by the FDA** [1]
- most in oncologic indications (**imatinib - first small molecule KI approved for chemotherapy**)
- emerging KIs for **other indications**, such as RA, IBD, glaucoma and neurodegenerative diseases [2]
- one of the most prevalent druggable targets - **about 1/3 of all drug discovery programs** aimed at developing KIs
- however, attrition rate is high due to **severe toxicities** observed in preclinical studies and **in clinical trials** [3, 4]

[1] Roskoski R., Jr., *Properties of FDA-approved small molecule protein kinase inhibitors: A 2020 update*. *Pharmacol Res*, 2020. 152: p. 104609.

[2] Benn & Dawson, *Clinically precedented protein kinases: rationale for their use in neurodegenerative disease*. *Front Aging Neurosci*, 2020. 12: p. 242.

[3] Bhullar et al., *Kinase-targeted cancer therapies: progress, challenges and future directions*. *Mol Cancer*, 2018. 17(1): p. 48.

[4] Ferguson & Gray, *Kinase inhibitors: the road ahead*. *Nat Rev Drug Discov*, 2018. 17(5): p. 353-377.



THREE GENERATIONS OF TYROSINE KINASE INHIBITORS

Major drug of each gen	FDA approval	Sponsor	Target	Indications	FDA label cardiovascular warnings and precautions*
Imatinib (1st gen)	2001	Novartis	Bcr-Abl	First-line Chronic Myelogenous Leukaemia (CML) treatment	severe congestive heart failure and LV dysfunction; cardiogenic shock
Nilotinib (2nd gen)	2007	Novartis	Bcr-Abl	Second-line Chronic Myelogenous Leukaemia (CML) treatment	QT prolongation and sudden deaths (boxed warning)
Ponatinib (3rd gen)	2012	ARIAD Pharmaceuticals	Bcr-Abl, BEGFR, PDGFR, FGFR, EPH, SRC, c-KIT, RET, TIE2, FLT3	T315I-positive Chronic Myelogenous Leukaemia (CML); T315I-positive Acute Lymphoblastic Leukaemia (ALL)	arterial occlusion, venous thromboembolism, heart failure (black box); hypertension; cardiac arrhythmias

* Lanmore et al. (2020) *Chem. Res. Toxicol.* 33, 125–136; see also Moslehi J.J. (2016) *N Engl J Med.* 375(15):1457-1467, Alexandre et al. (2020) *J Am Heart Assoc.* 9(18):e018403, Manouchehri et al. (2020) *Arterioscler Thromb Vasc Biol.* 40(2):301-308

CAN WE PREDICT CV LIABILITIES WELL BEFORE CLINIC?

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PREDICTIVE VASCULAR SAFETY STUDIES USING MRI *IN VIVO*

Drug studied	6-year incidence of cardiovascular events*	Hypertension	Abnormal ankle-brachial index (ABI)*	Overall cardiovascular risk	PRECLINICAL ENDOTHELIAL PROFILING
Imatinib (1st gen)	2.5% (400 mg once per day)	N/A	6.3% (first-line imatinib)	low	endothelial dysfunction detected in mice at a HIGH DAILY DOSE
Nilotinib (2nd gen)	15.9% (400 mg twice per day)	6.6%**	26% (first-line nilotinib)	medium	endothelial dysfunction detected in mice at a MEDIUM DAILY DOSE
Ponatinib (3rd gen)	cumulative serious adverse effects: 10% cardiovascular, 7% cerebrovascular, 7% peripheral, 14% arterial, 3% venous (median follow-up 28 months)	26% (median follow-up 28 months)*	N/A (first-line trial closed due to significant vascular toxicity)	high	endothelial dysfunction detected in mice at a LOW DAILY DOSE

* compiled from: Moslehi & Deininger (2015) *J Clin Oncol* 33:4210-4218; ** as reported by: Novo et al. (2020) *Oncology* 98(7):445-451



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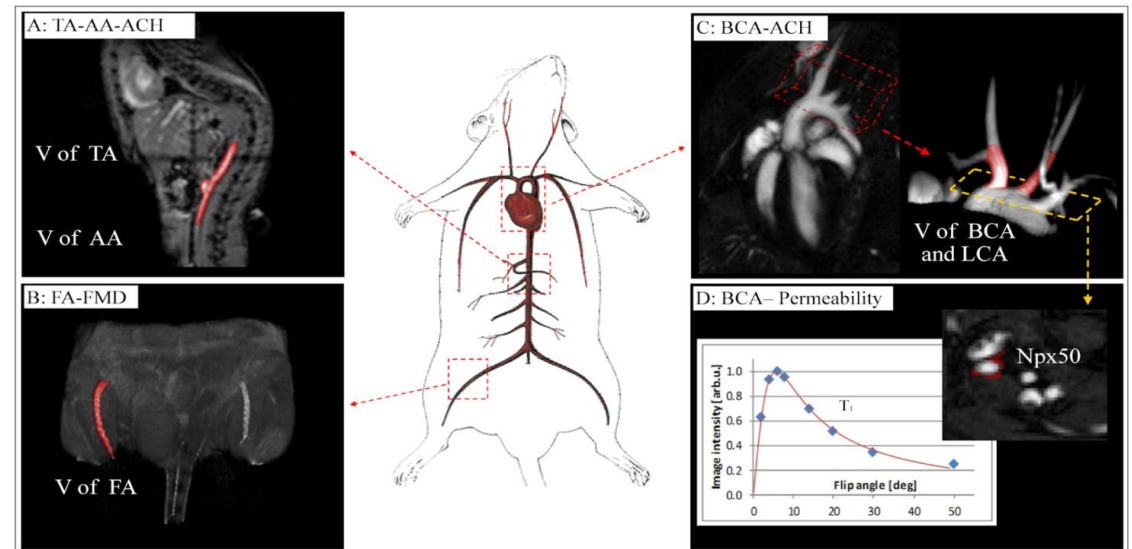
ENDOTHELIAL PROFILING *IN VIVO*

- impact of TKIs on endothelium-dependent vasodilation *in vivo* (C57BL/6 mice)
- 3 series of experiments including:
 1. **endothelium-dependent response to acetylcholine** and evaluation of vasodilatation response assessed in the abdominal (AA) and thoracic (TA) aorta
 2. **endothelium-independent response to sodium nitroprusside** and evaluation of vasodilatation response assessed in the abdominal (AA) and thoracic (TA) aorta
 3. assessment of vasodilation resulting from increased blood flow in the femoral artery (FA) after short-term occlusion using flow-mediated vasodilation (FMD) - **the most widely accepted way to assess endothelial function in clinical condition**
- study used **original MRI-based method to evaluate endothelial function in mice** (*developed by JCET**)

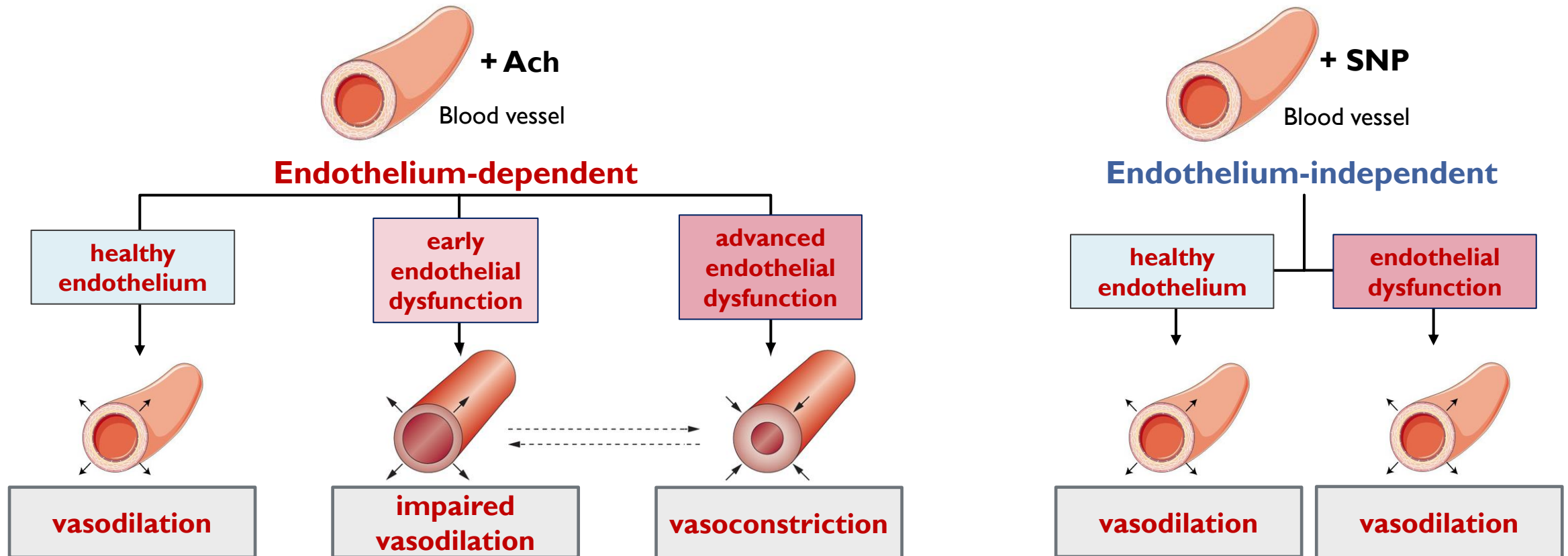
MAGNETIC RESONANCE IMAGING (MRI)



- imaging performed using a 9.4 T scanner (BioSpec 94/20 USR, Bruker) with a 210 mm horizontal bore magnet, equipped with a BFG-113/60-S gradient system and 36 mm ^1H quadrature volume resonator



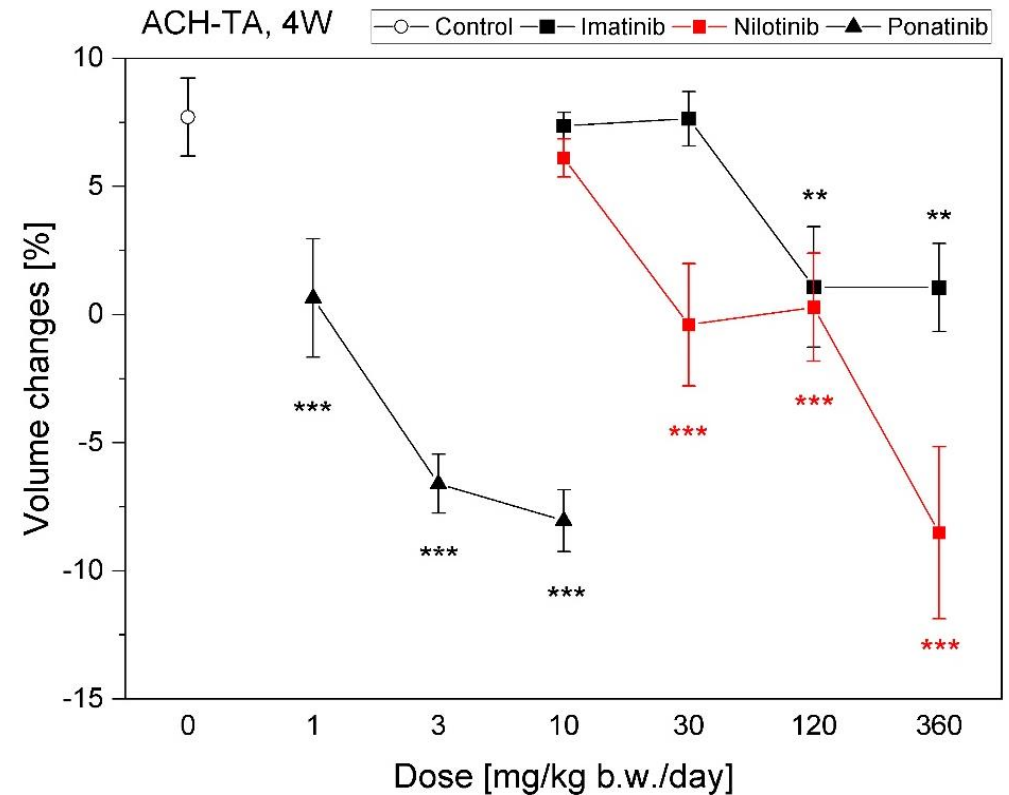
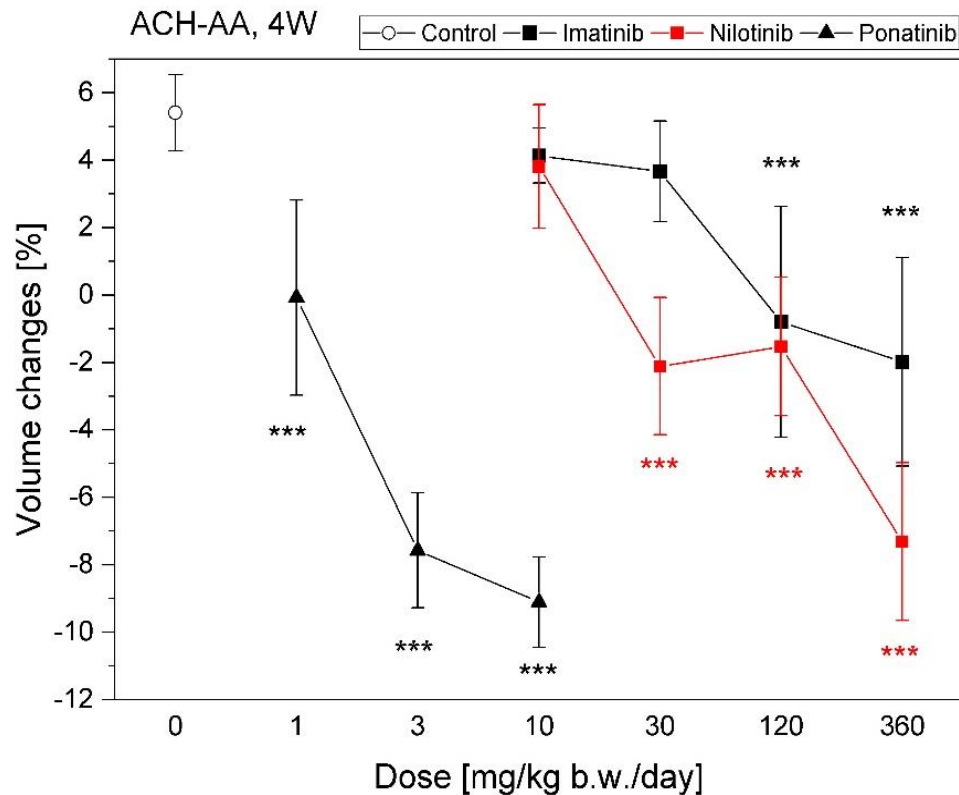
EXPERIMENTAL APPROACH – THE PHARMACOLOGY BEHIND





ENDOTHELIUM-DEPENDENT FUNCTION IMPAIRED

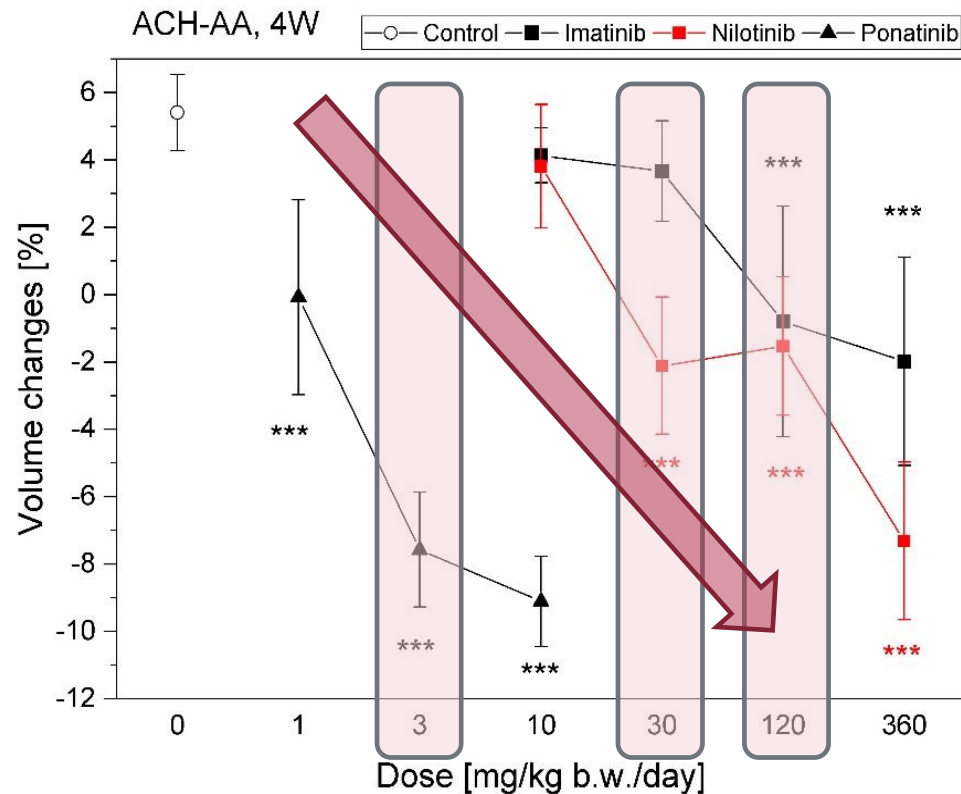
ACETYLCHOLINE-MEDIATED VASODILATATION OF AORTA (AA, TA)





ENDOTHELIUM-DEPENDENT FUNCTION IMPAIRED

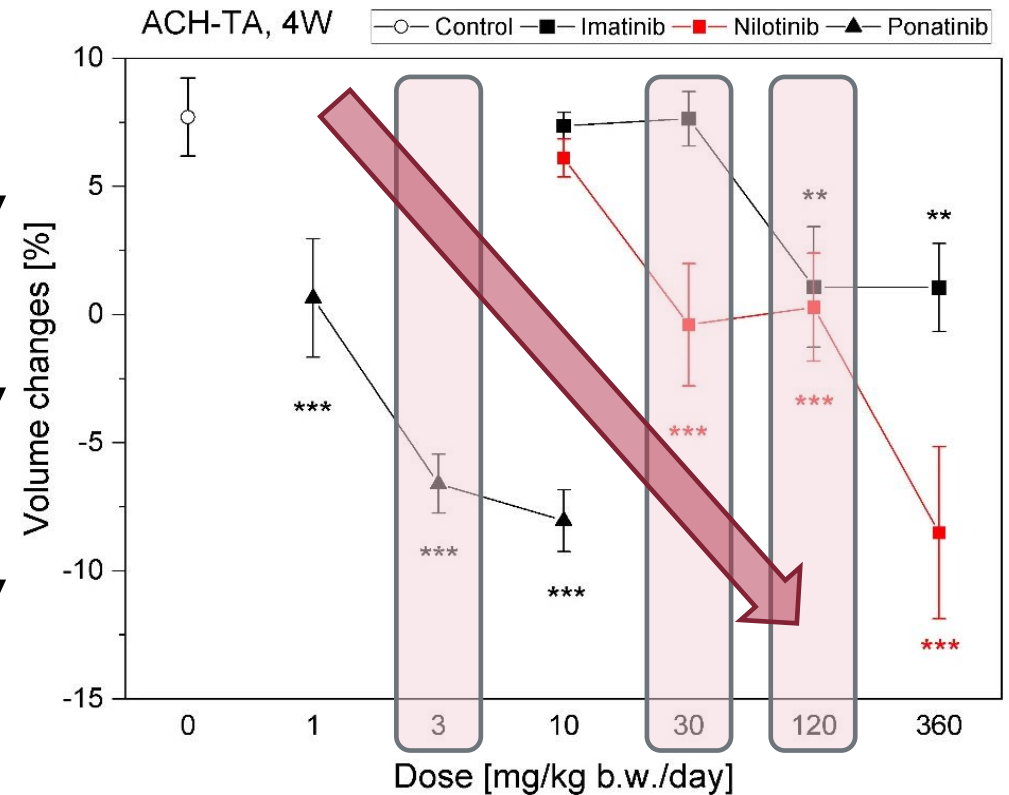
ACETYLCHOLINE-MEDIATED VASODILATATION OF AORTA (AA, TA)



I: 120 mg /kg b.w./day

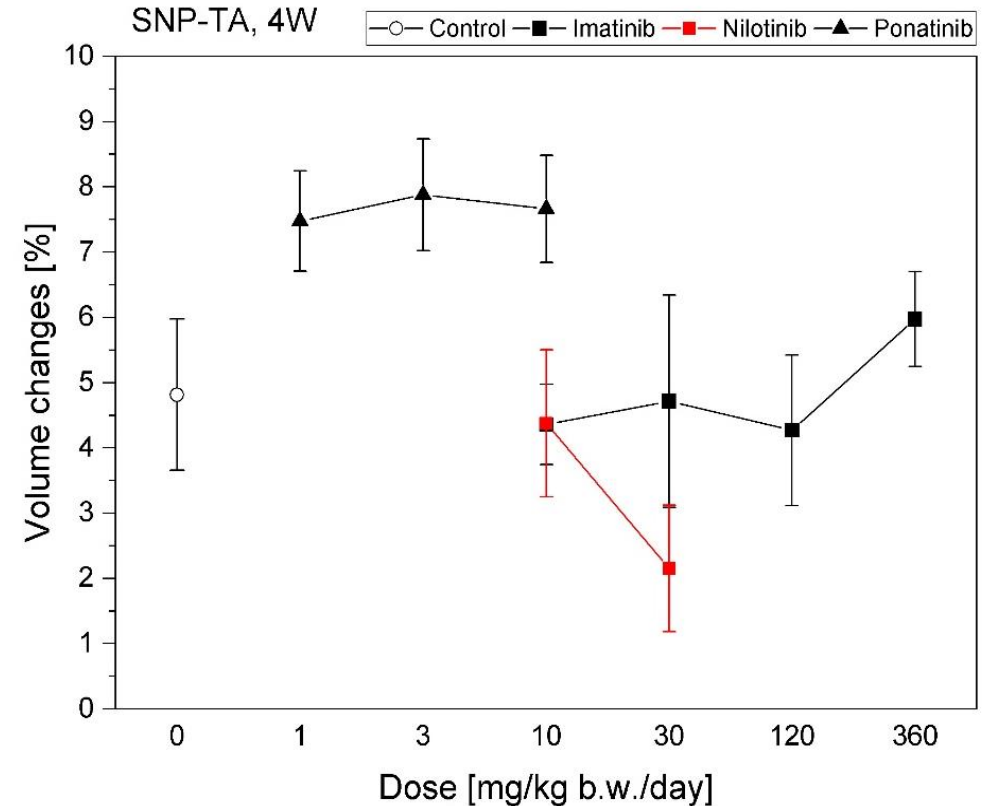
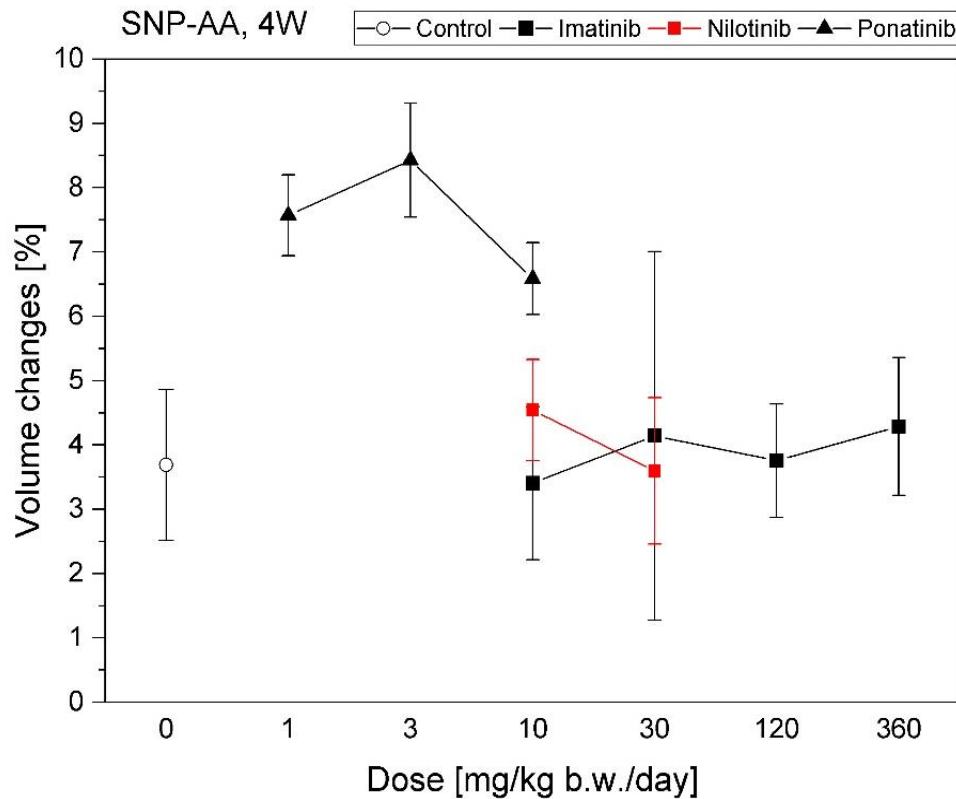
N: 30 mg /kg b.w./day

P: 3 mg /kg b.w./day



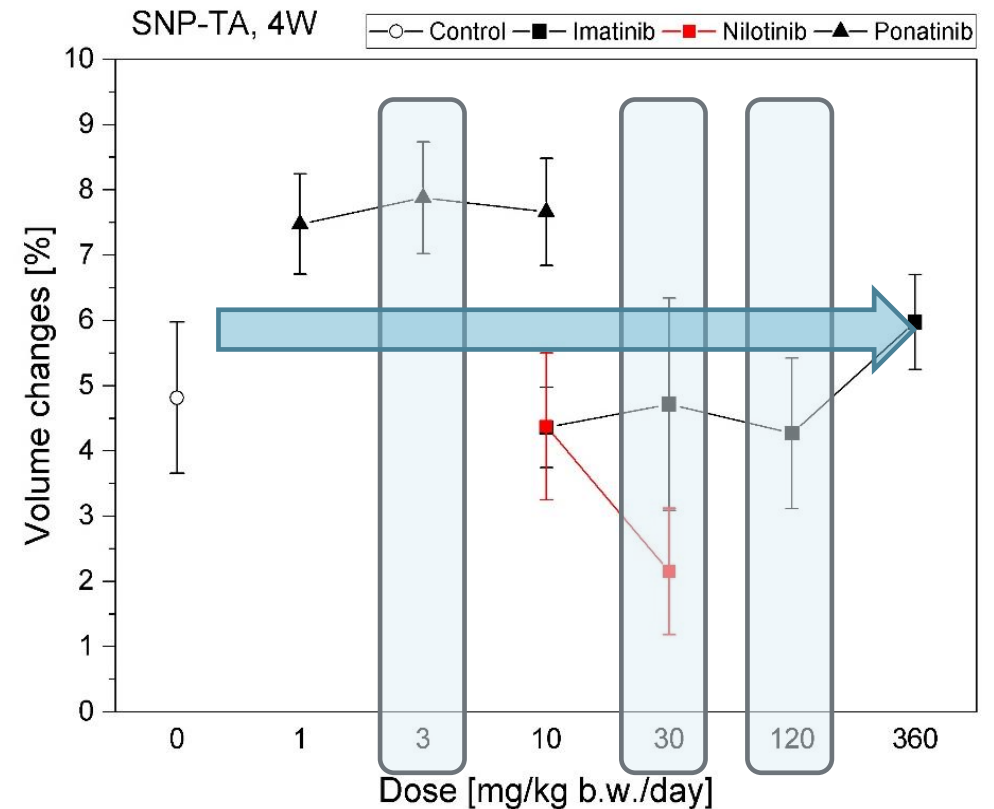
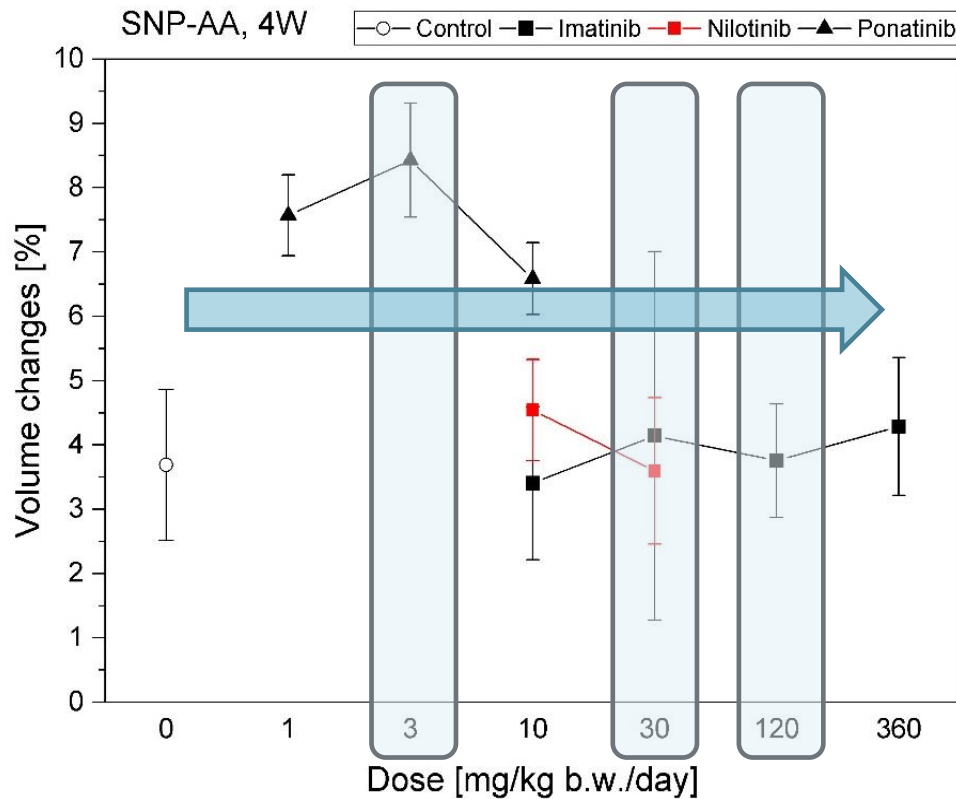


ENDOTHELIUM-INDEPENDENT FUNCTION UNAFFECTED SODIUM NITROPRUSSIDE-MEDIATED DILATATION OF AORTA (AA, TA)





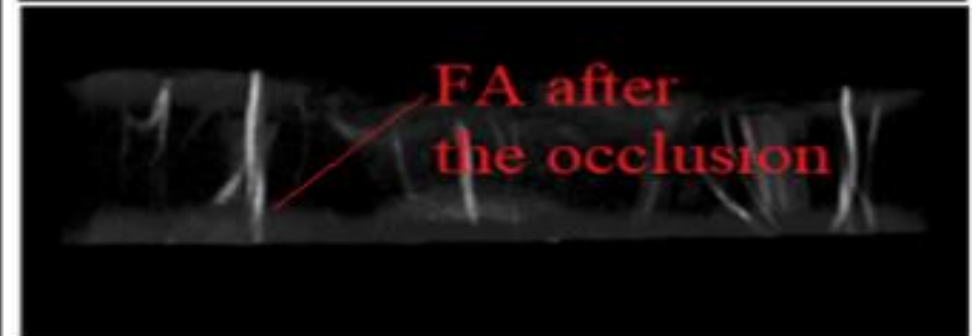
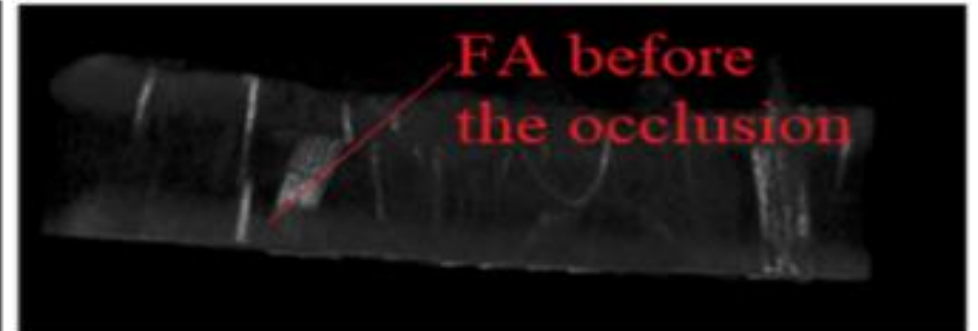
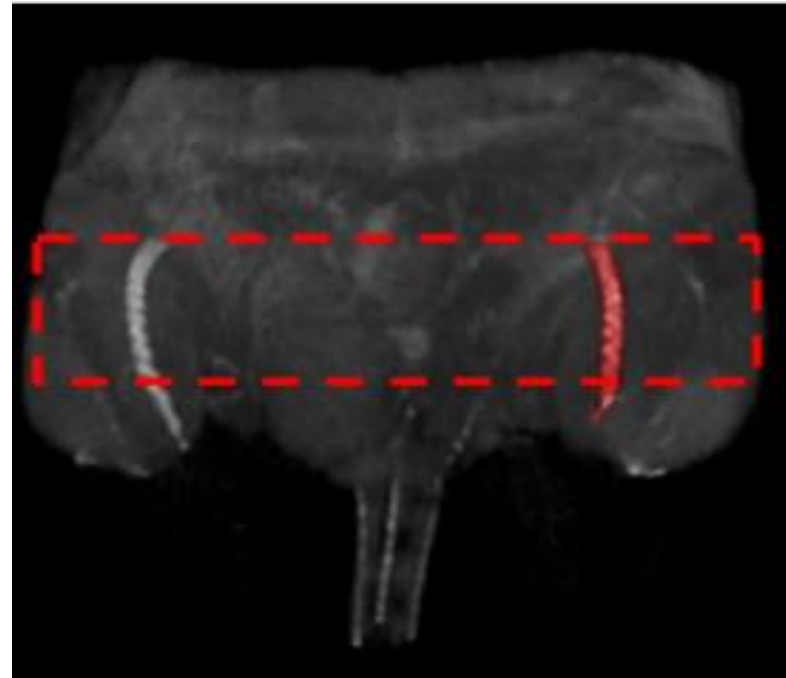
ENDOTHELIUM-INDEPENDENT FUNCTION UNAFFECTED SODIUM NITROPRUSSIDE-MEDIATED DILATATION OF AORTA (AA, TA)





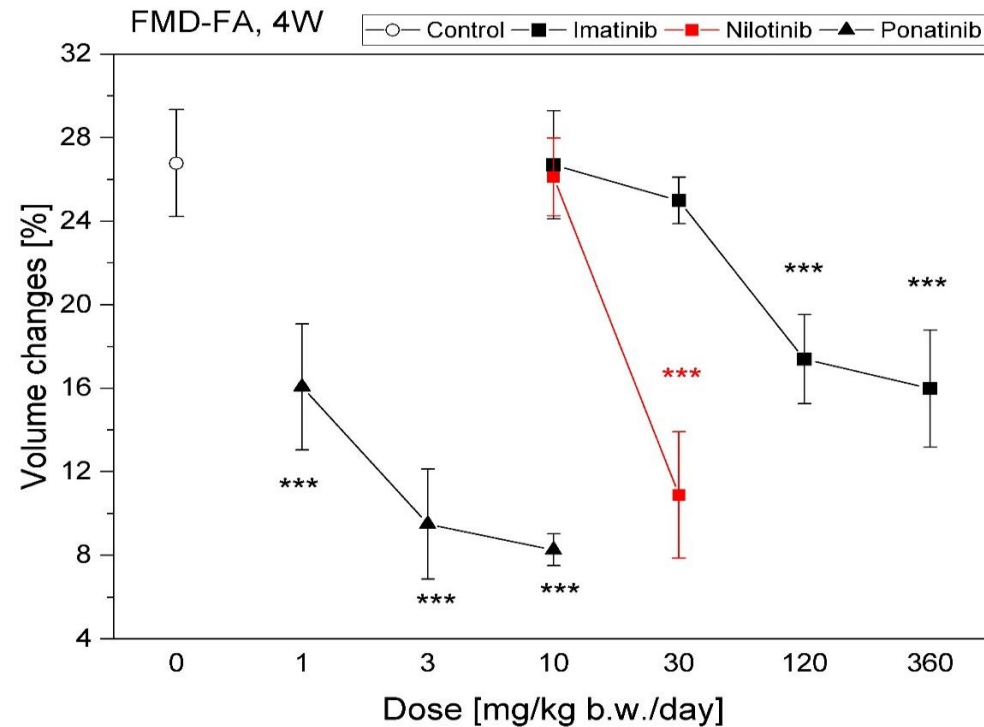
EXPERIMENTAL APPROACH – THE PHARMACOLOGY BEHIND

- **flow-mediated vasodilation (FMD)** – dilation of the femoral artery (FA) resulting from increased blood flow after short-term occlusion
- **clinically-relevant**, used in humans



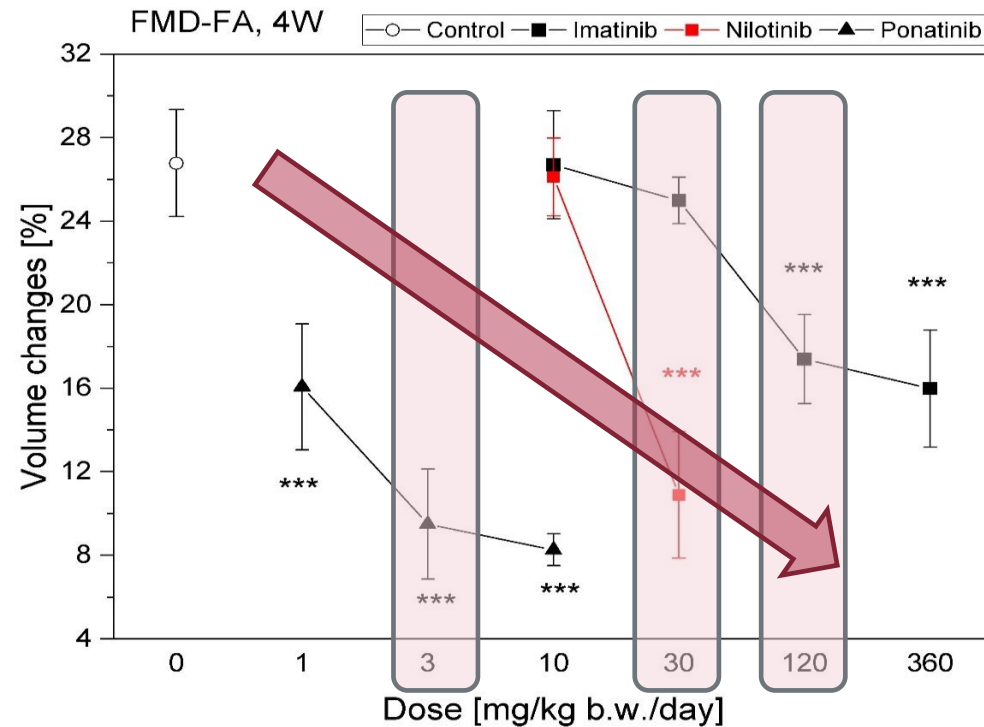
ENDOTHELIUM-DEPENDENT FUNCTION IMPAIRED

FLOW MEDIATED DILATATION OF FEMORAL ARTERY (FA)



ENDOTHELIUM-DEPENDENT FUNCTION IMPAIRED

FLOW MEDIATED DILATATION OF FEMORAL ARTERY (FA)



**I: 120 mg
/kg b.w./day**

**N: 30 mg
/kg b.w./day**

**P: 3 mg
/kg b.w./day**



ENDOTHELIAL PROFILING

PREDICTIVE VALUE – CLINICAL TOXICITIES VS. PRECLINICAL RESULTS

Drug studied	6-year incidence of cardiovascular events*	Hypertension	Abnormal ankle-brachial index (ABI)*	Overall cardiovascular risk	Endothelial profiling <i>in vivo</i>
Imatinib (1st gen)	2.5% (400 mg once per day)	N/A	6.3% (first-line imatinib)	low	LOW RISK endothelial function impaired at 120 mg/kg b.w./day
Nilotinib (2nd gen)	15.9% (400 mg twice per day)	6.6%**	26% (first-line nilotinib)	medium	MEDIUM RISK endothelial function impaired at 30 mg/kg b.w./day
Ponatinib (3rd gen)	cumulative serious adverse effects: 10% cardiovascular, 7% cerebrovascular, 7% peripheral, 14% arterial, 3% venous (median follow-up 28 months)	26% (median follow-up 28 months)*	N/A (first-line trial closed due to significant vascular toxicity)	high	HIGH RISK endothelial function impaired at 3 mg/kg b.w./day

* compiled from: Moslehi & Deiningner (2015) *J Clin Oncol* 33:4210-4218; ** as reported by: Novo et al. (2020) *Oncology* 98(7):445-451



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ENDOTHELIAL PROFILING

SIGNIFICANCE FOR DRUG DISCOVERY AND DEVELOPMENT

- first demonstration of NO-dependent endothelial function impaired by TKI *in vivo* in mice
- direct evidence of **subtle, yet differentiating** endothelium-dependent response in the aorta, both induced by acetylcholine and by increased flow
- dose-dependent endothelial dysfunction at dosing relevant to human CML treatment
- first kinase inhibitor study based on our state-of-the-art 3D MRI method *in vivo*
- **your compound could be next!**



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BEYOND KINASE INHIBITORS – ENDOTHELIAL PROFILING AT JCET

- scientific expertise - **centre of excellence in endothelial research**, 40+ top-tier publications in 2021
- original experimental approach based on **internal know-how and experienced team** [1]
- methodology successfully used and validated in a **number of indications/animal models** in large vessels [2-7], as well as in recently-developed approach to study **microvasculature** [8]

[1] *Bar et al. (2016) NMR in Biomedicine, 29(8):1088*

[2] *Sternak et al. (2018) Frontiers in Pharmacology, 9, 178*

[3] *Bar et al. (2019) Vascular Pharmacology, 106581*

[4] *Bar et al. (2019) Journal of the American Heart Association, 8(6), e011171*

[5] *Bar et al. (2020) Journal of the American Heart Association, 9(21), e016929*

[6] *Proniewski et al. (2021) Cells, 10(6), 1448*

[7] *Mohaisen et al. (2021) Cardiovascular research, cvab306*

[8] *Kwiatkowski et al. (2021) Scientific reports, 11(1):18915*



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USE CASES FOR VASOTOXICITY PROFILING *IN VIVO*

- risk assessment for new compounds
- understanding the mechanisms of toxicity
- lead selection and candidate nomination
- managing clinical development risk
- improved out-licensing data package
- deeper in-licensing due diligence



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MORE THAN TOXICITY: ENDOTHELIAL/VASCULAR PROFILING *IN VIVO*

- risk assessment for new compounds
 - understanding the mechanisms of toxicity
 - lead selection and candidate nomination
 - managing clinical development risk
 - improved out-licensing data package
 - deeper in-licensing due diligence
- detection of **vasoprotective profile**
 - understanding the protective mechanisms
 - exploring new therapeutic areas
 - drug repurposing/repositioning
 - improved out-licensing data package
 - deeper in-licensing due diligence



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