

การสัมมนา NAC2016 31 มีนาคม 2559 09.00-12.00 น.
อาคารศูนย์ประชุมอุทยานวิทยาศาสตร์ประเทศไทย อุทยานวิทยาศาสตร์ประเทศไทย

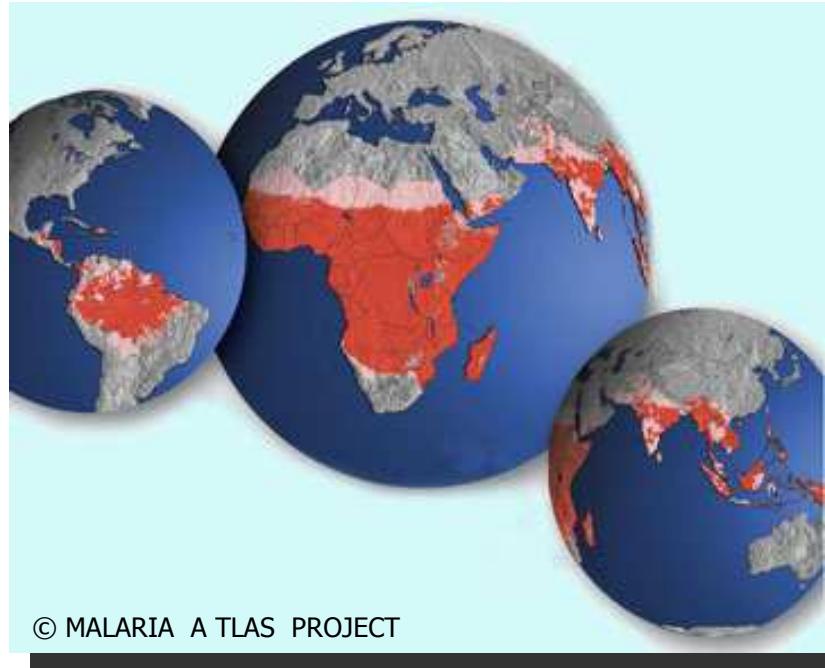
การค้นพบยาต้านมาลาเรีย P218: โอกาสและความท้าทายในด้านการพัฒนาใน ประเทศไทย

ยงยุทธ ขุทรองศ์ สุมาลี กำจรงค์ไพบูล และ ดารินทร์ คงคาสุริยะฉะษาย ศูนย์พันธุวิศวกรรมและเทคโนโลยีชีวภาพแห่งชาติ

Needs in health care for developing countries

- Improving universal health care
- Care for aging and disadvantaged population
- Care for newborns, children and women
- Managing emerging and diseases of the poor (**malaria**, TB, AIDS, Dengue, etc.)
- Ability in producing medicines and health care products

BIOTEC's drug discovery program for infectious diseases of poverty – MALARIA MODEL

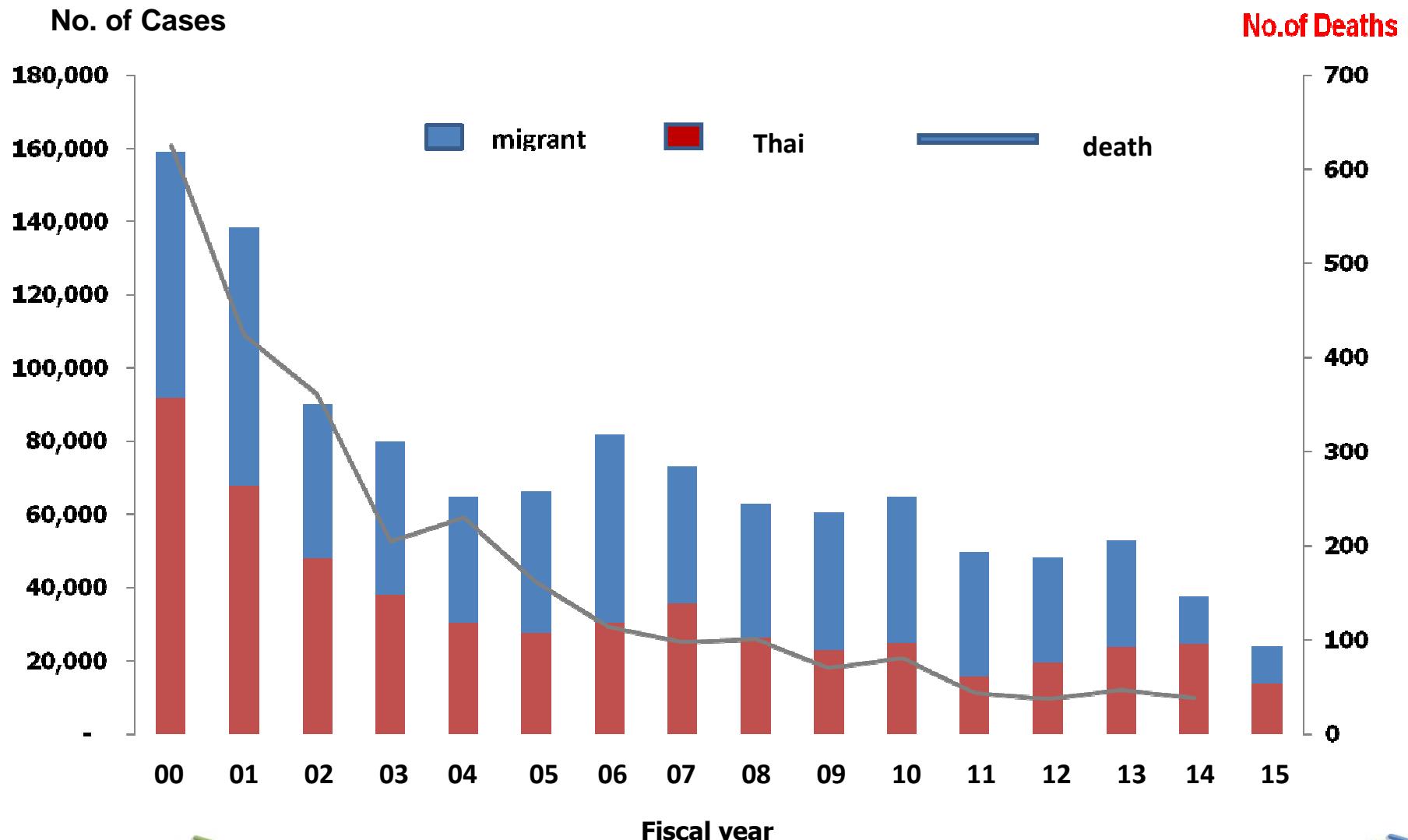


**50% of world's population at risk
~214 million new malaria cases
438,000 deaths**

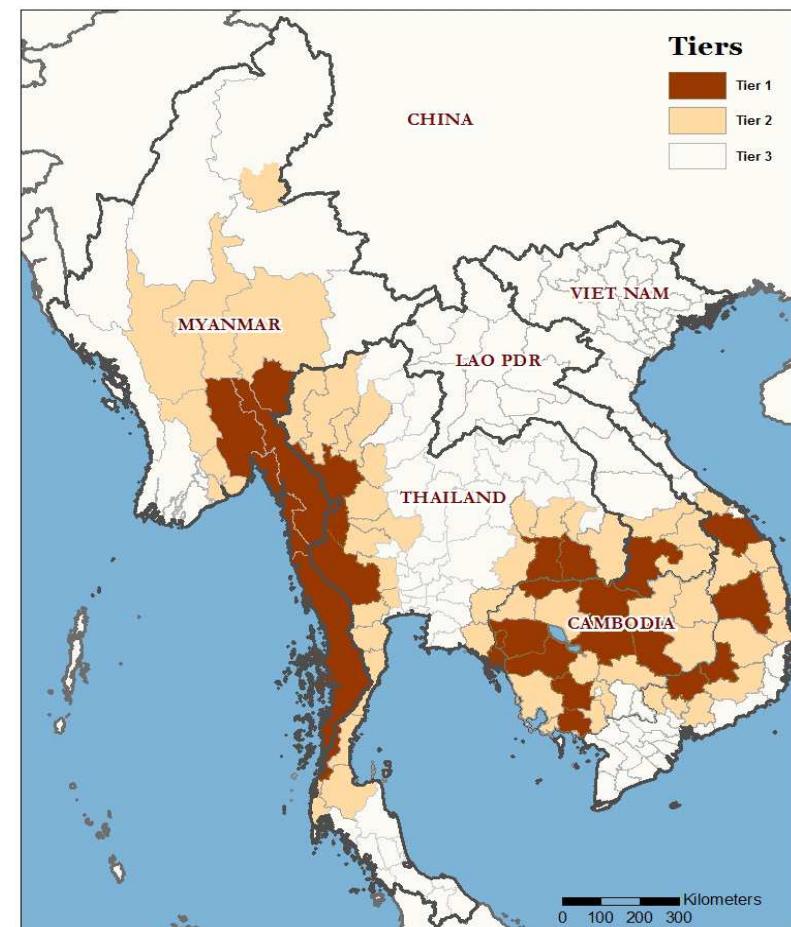
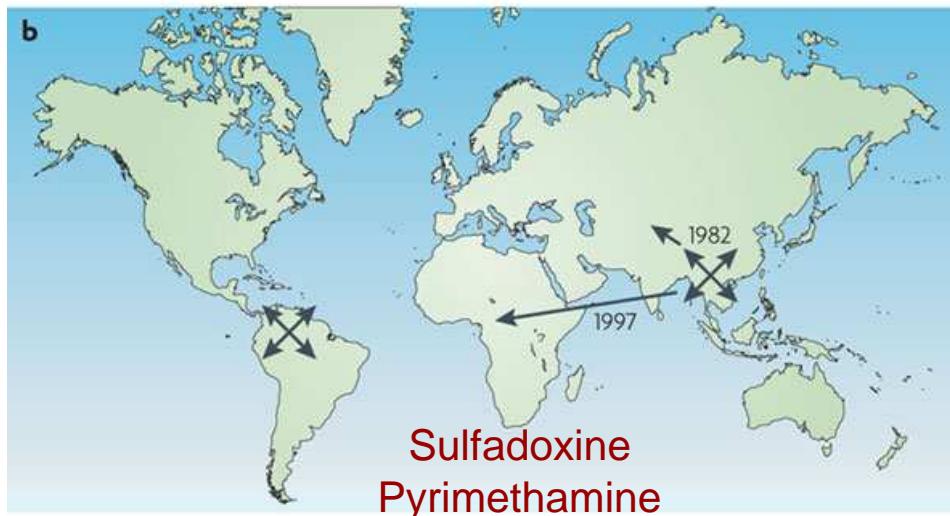
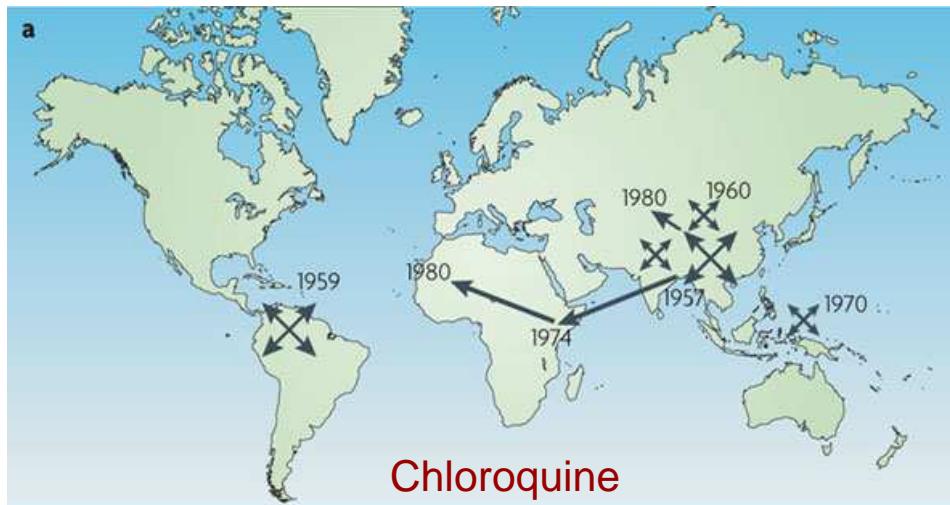
A child dies every 2 minutes of malaria

(WHO, 2015)

Confirmed Malaria Cases and Deaths (FY 2000-2015)



Hot Spots for Drug Resistant Parasites

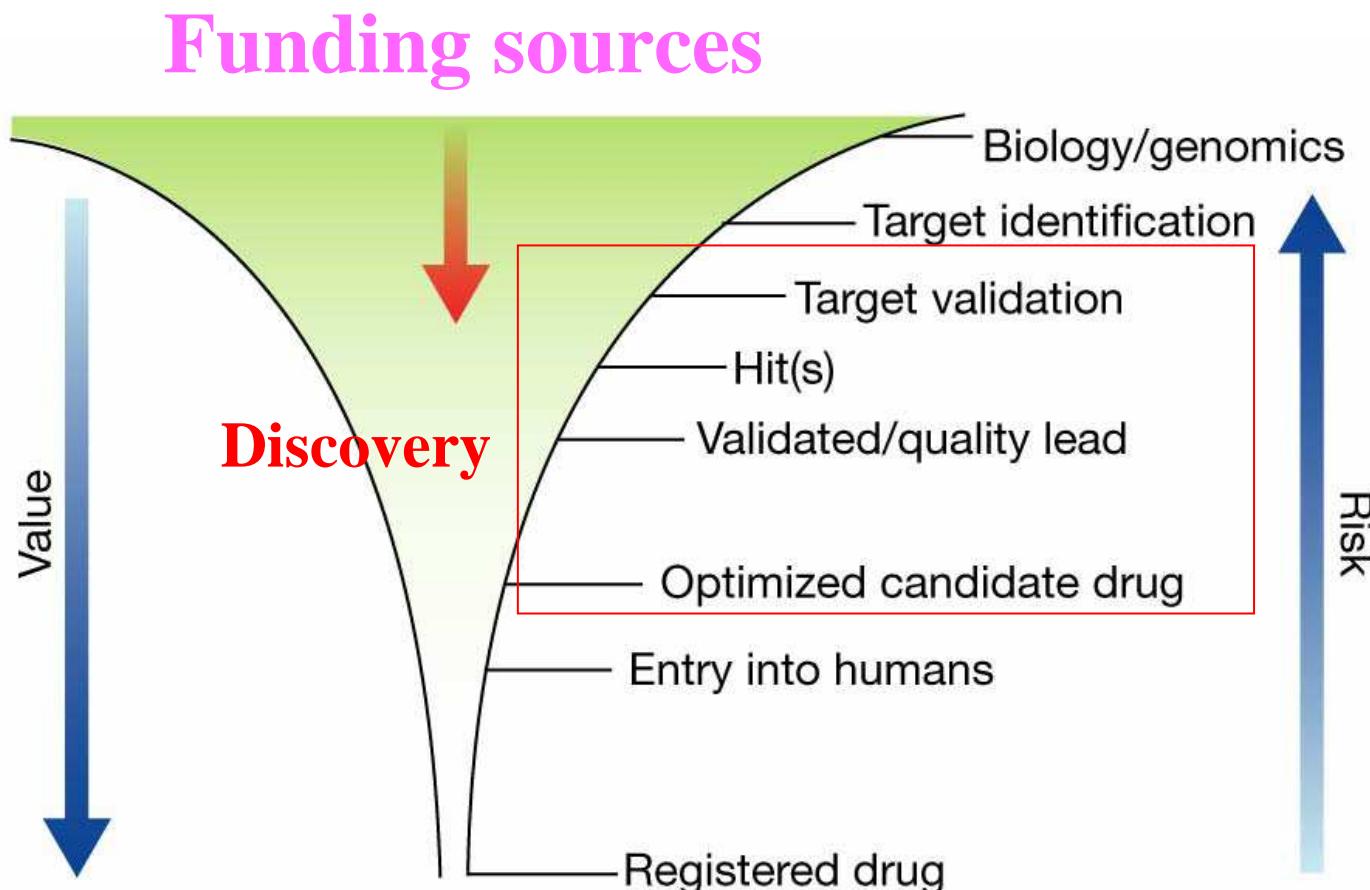


Areas with reduced efficacy using
Artemisinin Combination Therapy (ACT)

Two major drug types

- Small molecules, molecular weight <1,000.
 - Mostly compounds from synthesis or natural products.
 - Work by binding with biological targets
- Biomolecules, molecular weight >10,000.
 - Mostly proteins from cloning
 - Work as substitutes for natural molecules (insulin, erythropoietin, etc.), boosting immune system (vaccines) or by killing pathogens, cancer cells, etc.
 - “Biotech” drugs

Discovery as part of product R&D process



Adapted from R. G. Ridley

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Prof. Lorem Ipsum
The Methodist Hospital Research Institute, USA

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Prof. Lorem Ipsum
Hebrew University of Jerusalem, Israel

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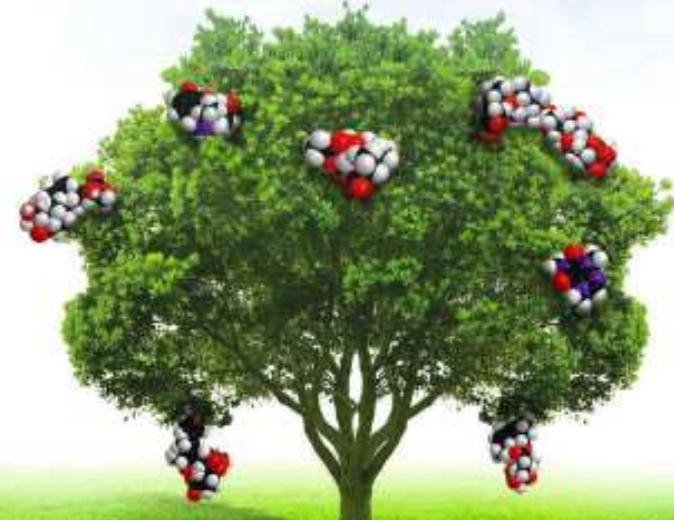
BIOTEC
a member of NSTDA

Tapping Molecular Wilderness

Yuthayong

Tapping Molecular Wilderness

Drug Development at the Interface of Chemistry,
Biology, and Biodiversity



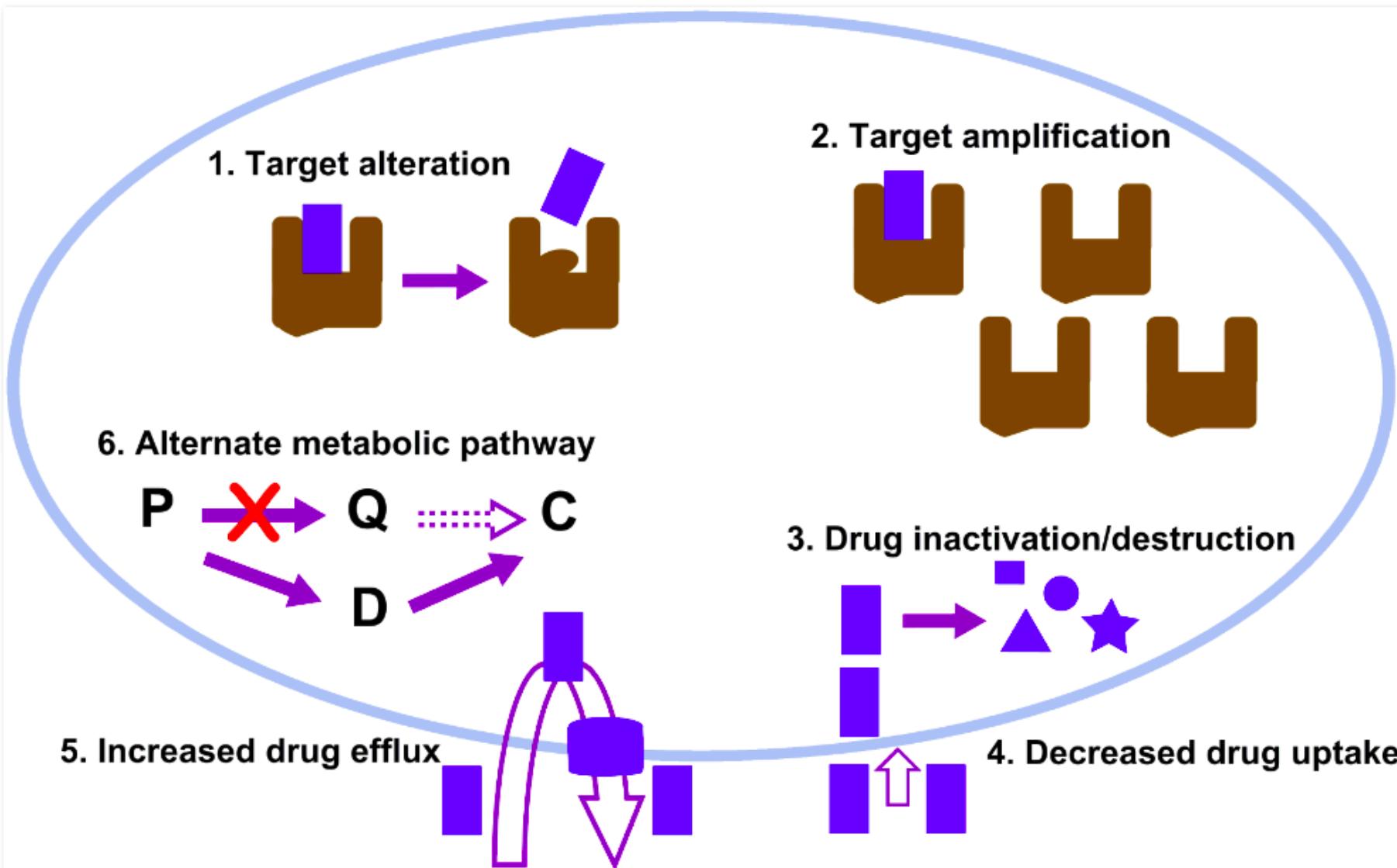
Yongyuth Yuthayong

לְאַבָּדָה
NSTDA

Research questions

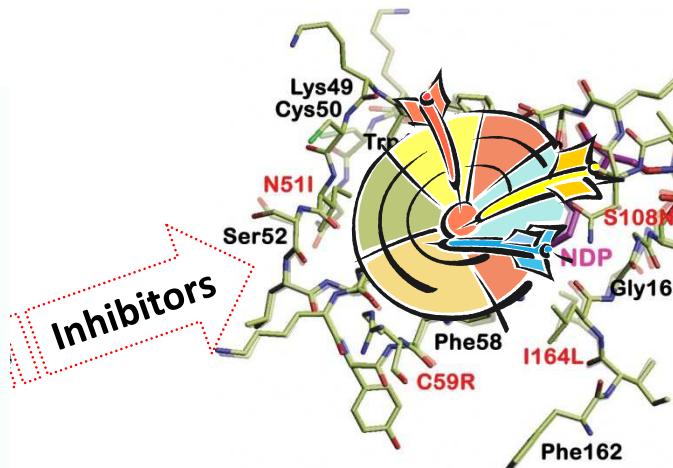
- What causes drug resistance?
 - *Target changes (number, binding strength), drug breakdown, drug efflux, drug inactivation etc.*
- What changes occur (at the molecular level) in the parasite enzymes/receptors that led to resistance?
 - *Are there new essential proteins in malaria to exploit as drug target?*
- Can we design **new drugs** that can overcome the resistance? **CHEMISTRY**
 - *Can we improve methods for compound screening?*
- Can we identify **new drug targets** to be used in rational design/random screening? **BIOLOGY**

Mechanisms of drug resistance



DHFR is a moving target

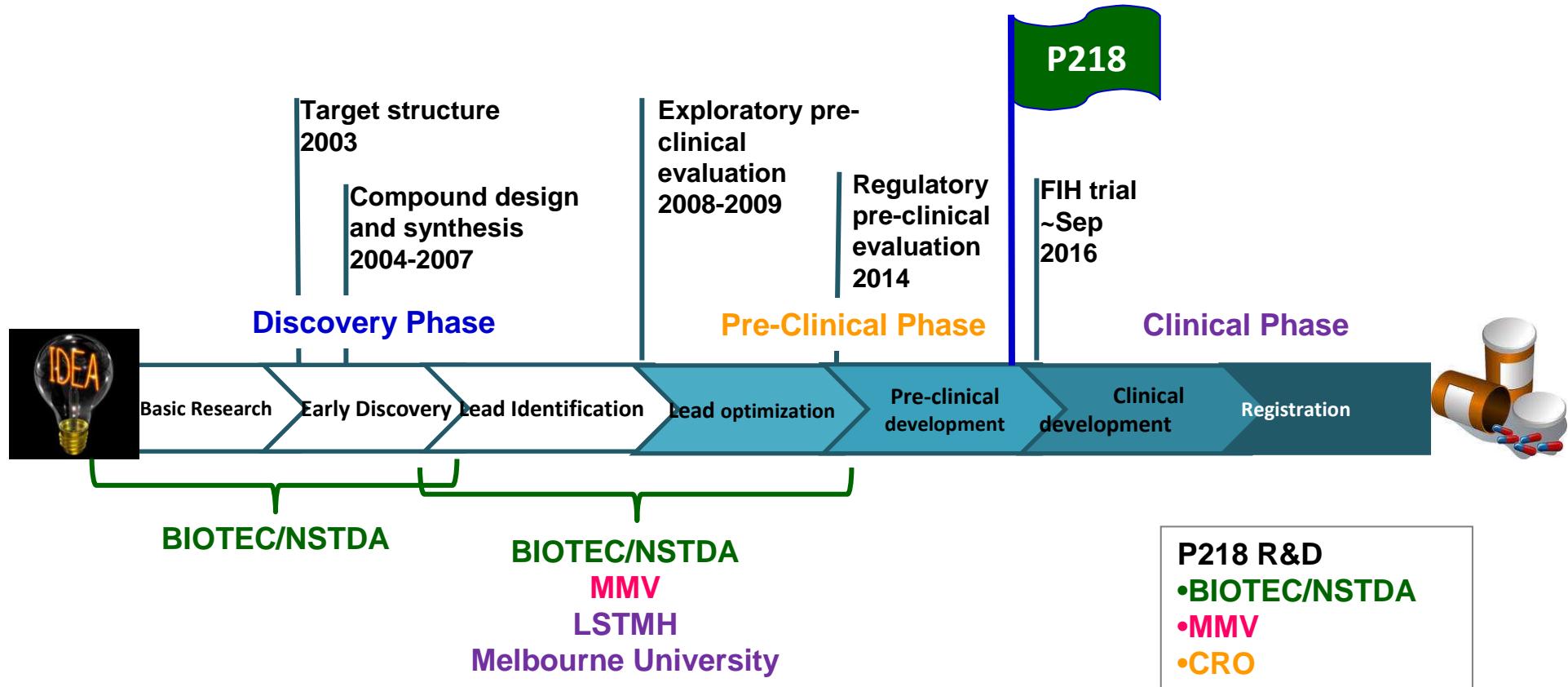
Drugs must be guided arrows



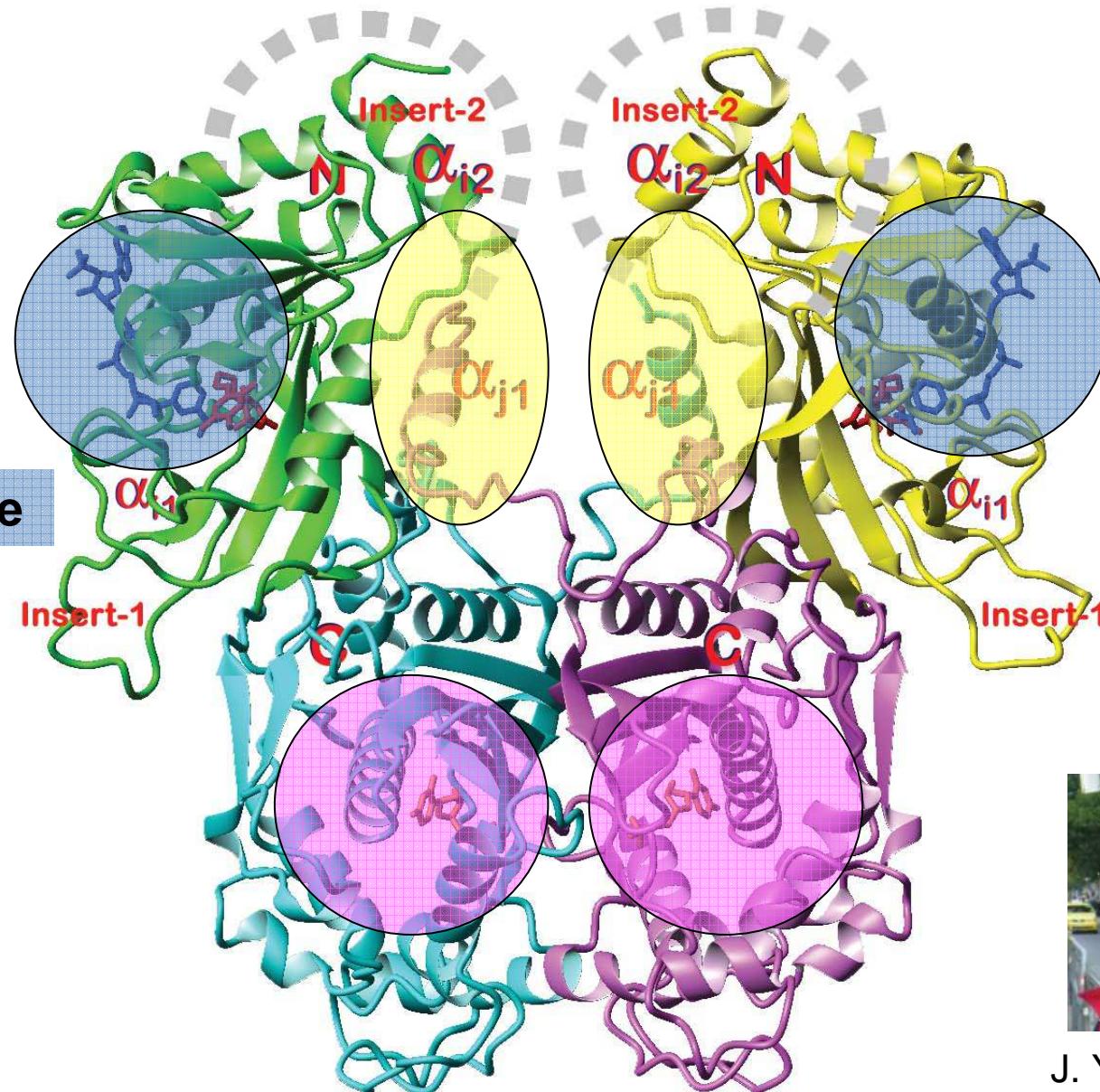
Malaria Drug Discovery Research (BIOTEC)

- ***Why DHFR?***
 - Essential for parasite survival & known target for pyrimethamine
 - Mutations in DHFR results in antifolate resistance
- ***Research interests***
 - Rational design of anti-malaria inhibitors against *PfDHFR*
 - Synthesis and screening of *PfDHFR* inhibitors
 - Validate new targets for development of new class of inhibitor
- ***Research goals***
 - To obtain lead compounds based on rational design effective against wild-type and resistant parasites

P218 development pipeline – New Compound Entity (NCE)

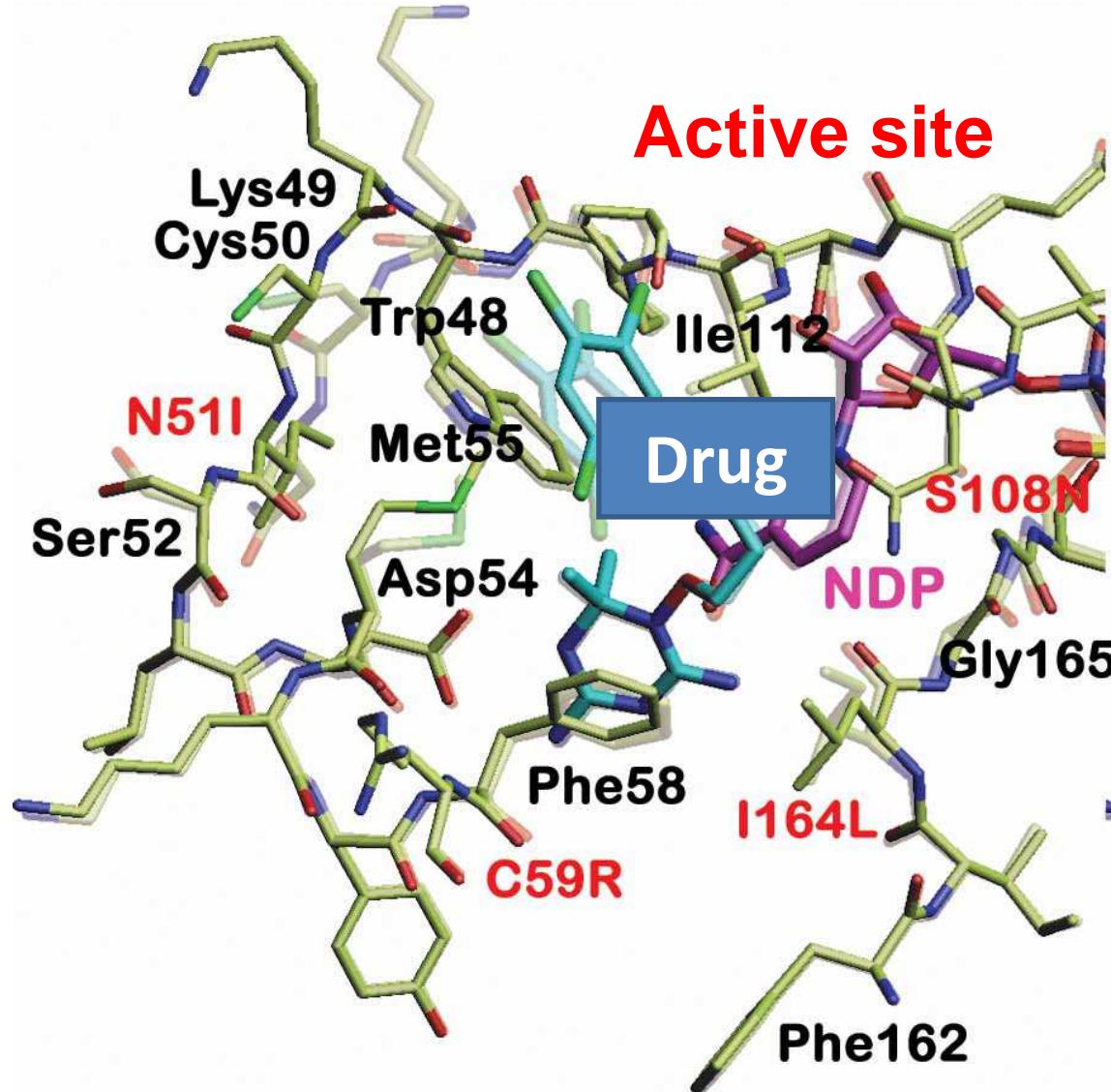


P. Chitnumsub



J. Yuvaniyama

P. falciparum DHFR-TS (Yuvaniyama et al., *Nature Struct. Biol.* 2003, 10, 357-365)





T. Vilaivan



B. Tarnchompoon



C. Thongphanchang

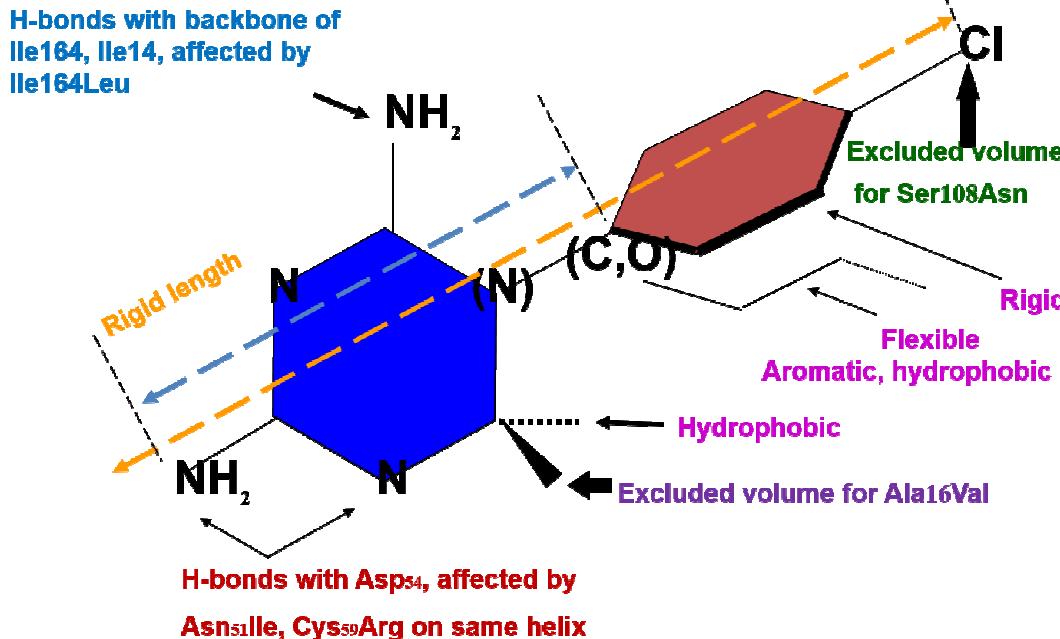


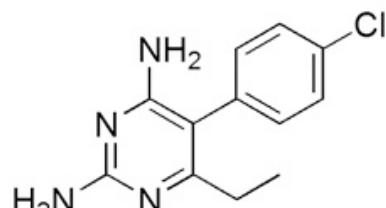
U. Arwon

Design, synthesis and testing of DHFR inhibitors

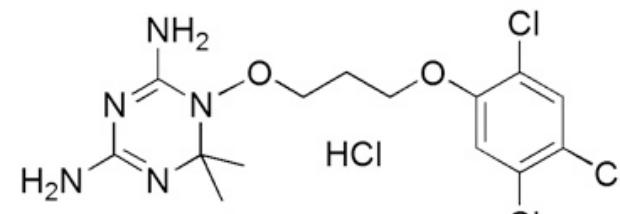
Approximately 1000 molecules were designed, synthesized and tested for target affinity and antimalarial activity

Template for effective inhibitors.

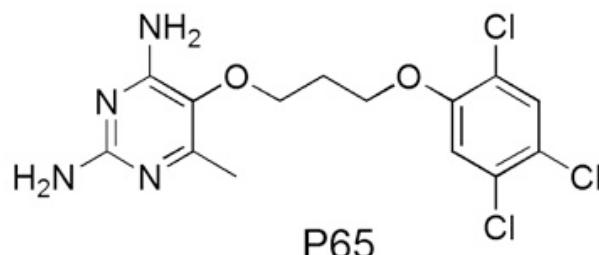




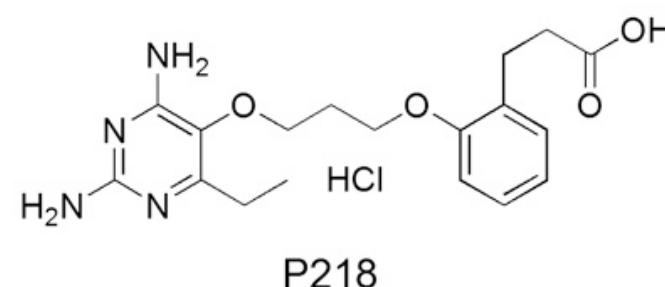
Pyrimethamine



WR99210

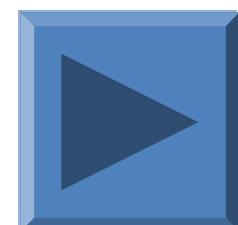
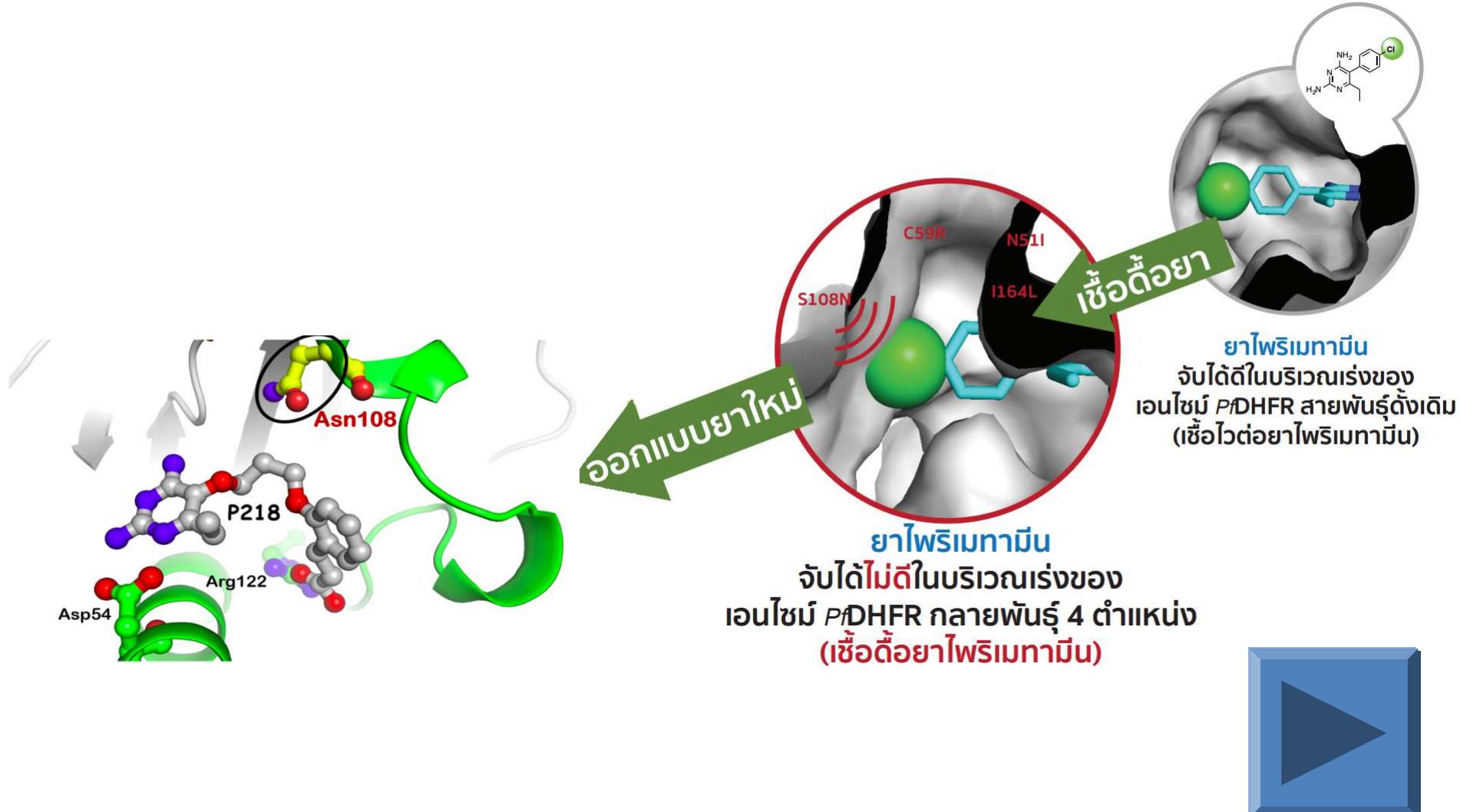


P65



P218

	Pyrimethamine	WR99210 *	P65 *	P218
<i>Biological activity</i>				
K_i quadruple mutant <i>P. falciparum</i> DHFR (nM) \pm SD	385 ± 163	1.9 ± 0.8	5.59 ± 0.1	0.54 ± 0.12
IC_{50} wild-type <i>P. falciparum</i> (TM4) (nM) \pm SD	58 ± 33	0.57 ± 0.1	229 ± 68	4.6 ± 1.9
IC_{50} quadruple mutant <i>P. falciparum</i> (V1/S) (nM) \pm SD	$>100,000$	18 ± 12	$3,490 \pm 1,610$	56 ± 20
Oral ED ₉₀ <i>P. chabaudi</i> (mg/kg) [†]	1.1	74.22	1.53	0.75





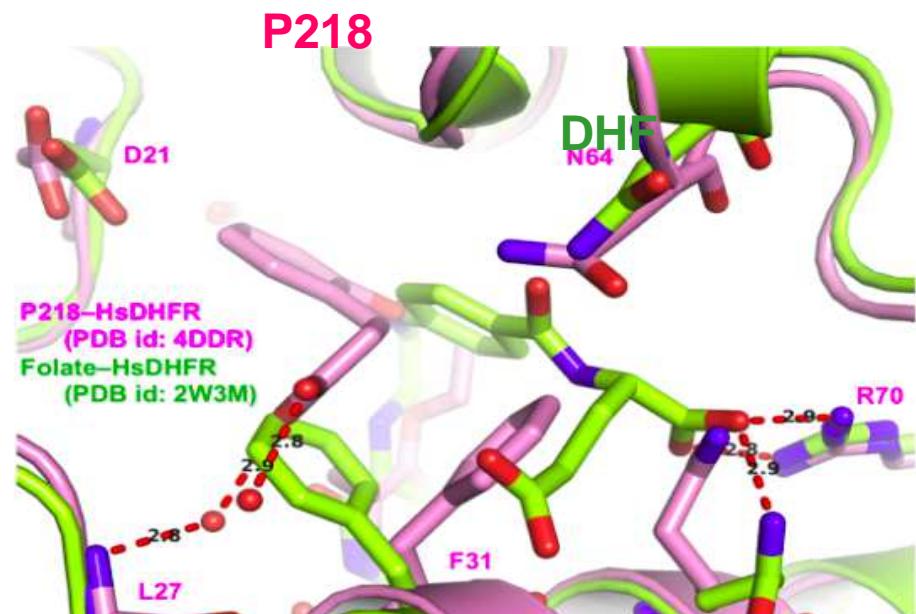
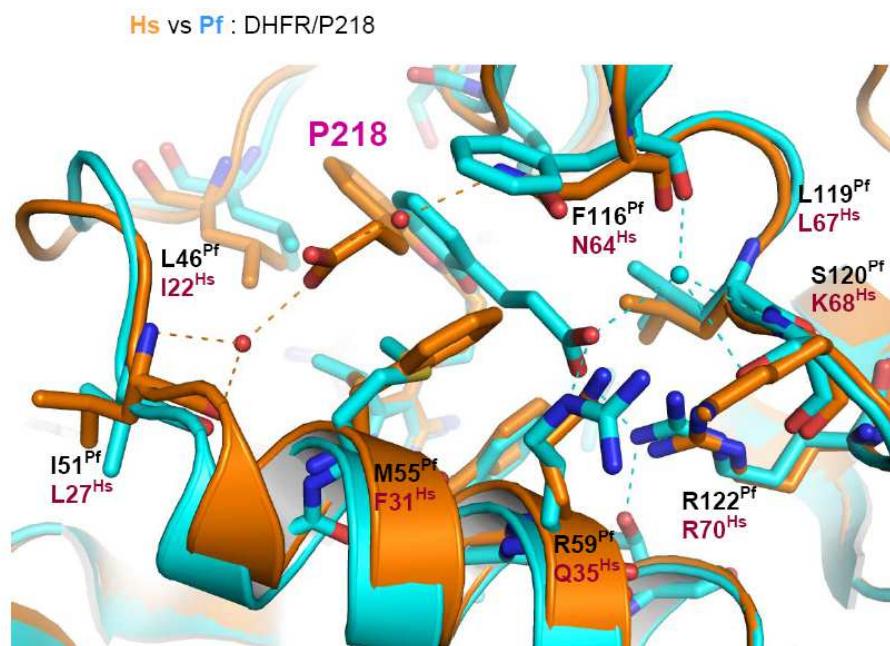
P. Chitnumsub

X-ray Structure of P218 in *Pf* DHFR and *Hs* DHFR



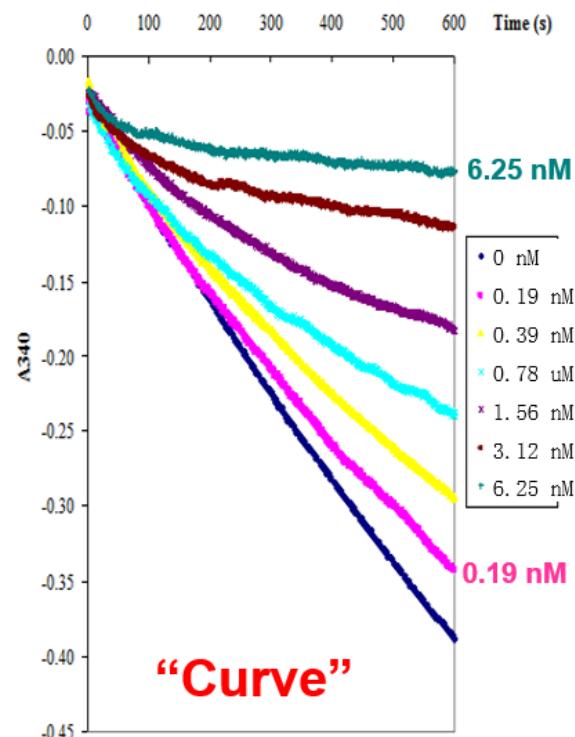
J. Vanichtanankul

Different binding conformation of P218 in *Pf* DHFR-
QM and *Hs* DHFR

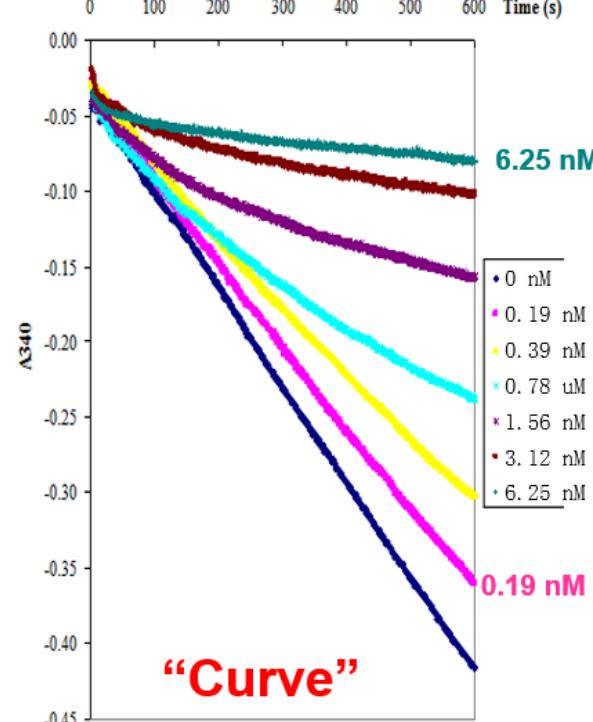


Time dependence inhibition of DHFR by P218

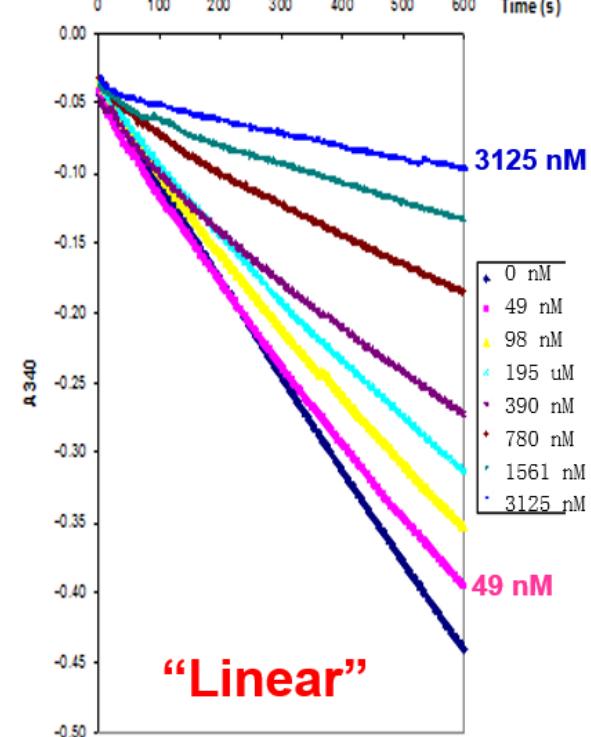
P218 *Pf*DHFR-WT



P218 *Pf*DHFR-QM



P218 *Hs*DHFR



P218-PfDHFR = Tight binding – slow release; P218-hDHFR = competitive binding

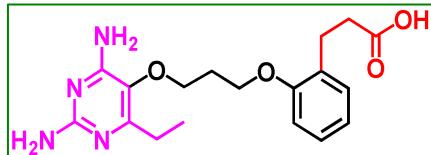


Supannee Taweechai



Sumalee Kamchonwongpaisan

P218 selected



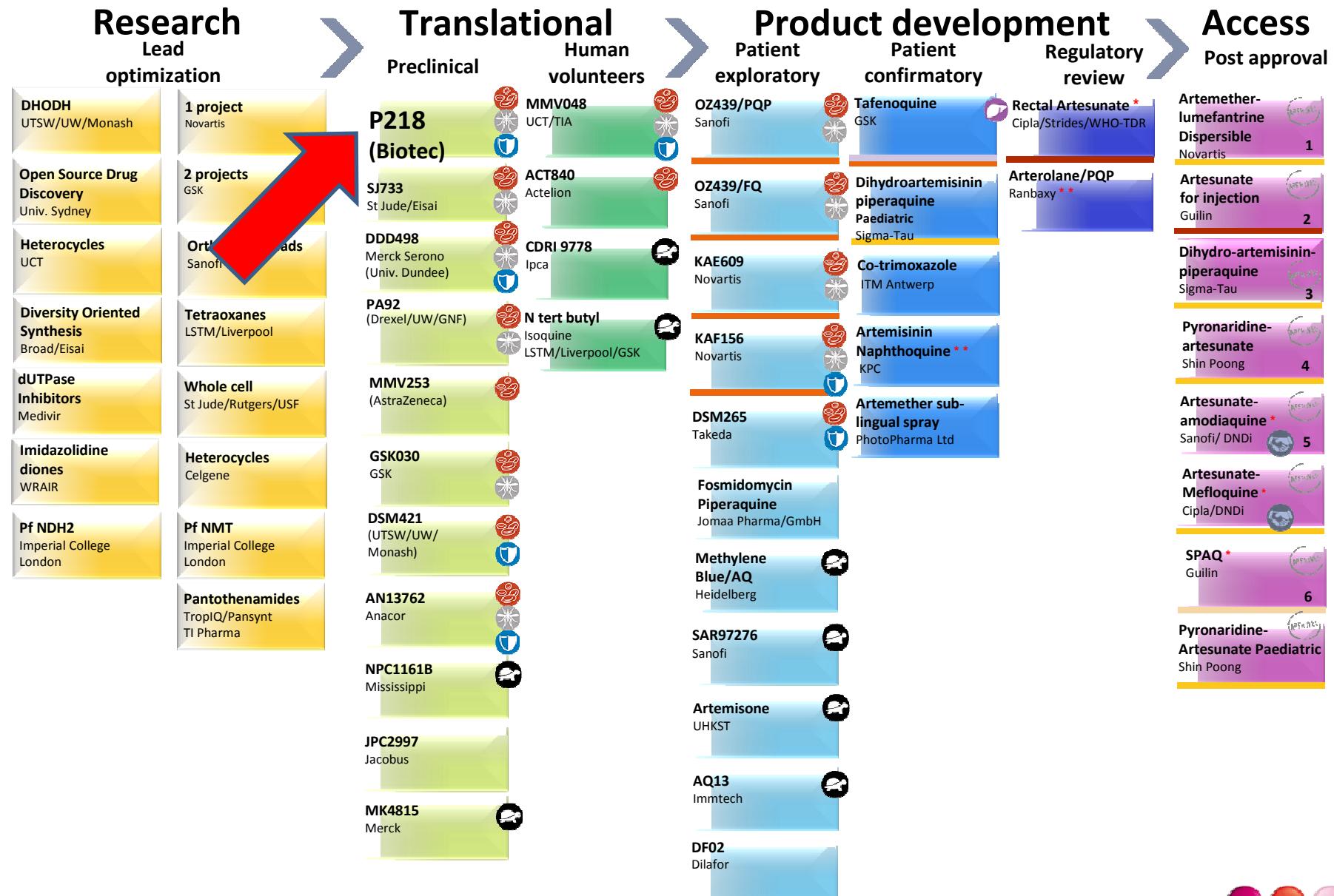
MMV/BIOTEC DHFR team

- **MMV-funded project : NSTDA/BIOTEC (Thailand), LSTMH (UK), Monash University (Australia)**
- Excellent malaria enzyme inhibition
 - Specific, tight binding with targets from both sensitive and resistant parasites.
 - Poor binding with human enzyme.
 - A subsequent slow, tighter binding found - target still inhibited even after blood level is depleted.
- Potency against blood stage, liver stage infection, and transmission stage
- Efficacy across broad range of multi-drug resistant *P. falciparum* isolates

Summary of P218 properties

- PK Properties:
 - Rapid absorption and moderate half-lives (7.3 hours)
 - Good oral bioavailability across all species (30-60%)
- Preliminary toxicity
 - Negative genotoxicity and minimal cytotoxicity
 - Reversible GI toxicity in rodent and canine model
 - Rat: NOAEL at 100 mg/kg/d
- No formulation issues expected

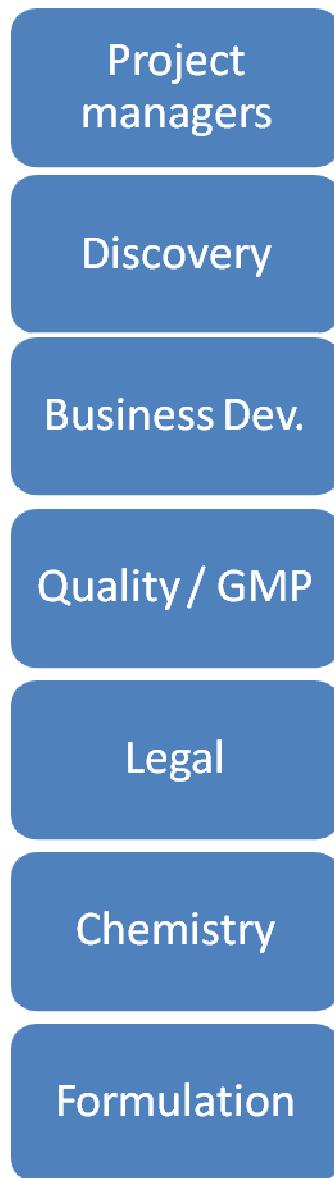
Global Portfolio of Antimalarial Medicines



Footnotes: Brand names 1: Coartem® Dispersible; 2: Artesun®; 3: Euratesim®; 4: Pyramax®; 5: Coarsucam™ ASAQ/Winthrop®; 6: SPAQ-CO™



Team for drug development





Team for drug development

Poor or not existing

Project
managers

Biochemistry

Some capability

Discovery

ADME/PK

Business Dev.

Toxicology

Quality / GMP

Clinical
Pharmacology

Legal

Medical
Director

Chemistry

Clinical Trials

Formulation

Conclusion and Suggestion

- Developing countries in Asia-Pacific have potentials to develop modern pharmaceuticals, both for own use and for export markets
- However, many countries are still weak in many critical areas, such as pre-clinical stage development and coordinated clinical trials
- Co-operation among the private and public sectors across countries can help to enhance capability in pharmaceutical R&D production.

Asia-Pacific developing countries in transition

- *From* looking for help from outside
- *To* helping ourselves and helping others to help themselves
- Health care, with capability in pharmaceutical R&D and production, should be the main example

Protein-Ligand Engineering and Molecular Biology Laboratory



Back row : Darin Kongkasuriyachai, Yongyuth Yuthavong, Uthai Arwon, Thaveechai Vachirayonstien, Pongpisid Koonyosying, Sasithorn Decharuangsilp, Bongkoch Tarnchompoo, Philip Shaw, Chairat Uthaipibull, Supanee Thaweechai, Mayurachat Poopha, Jutharat Peng-on, Yuwadee Talawanich, Ratchanu Boonyong, Jarunee Vanichtanankul, Parichat Prommana, Aiyada Aroonsri
Front row : Sumalee Kamchonwongpaisan, Warangkhana Songsungthong, Chayaphat Wongsombut, Roonglawan Rattanajak, Wanisa Koommuang, Nattida Suwanakitti, Tana Taechalertpaisarn, Thiprumpai Thammamongkut, Apisit Yoomuang, Navaporn Posayapisit