

Ahead of the Curve – Emerging CF Therapies 2009: Ongoing Research into CFTR Modulation

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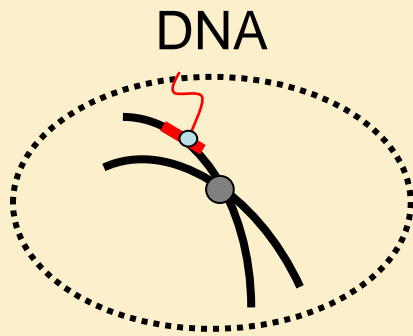


Disclosures

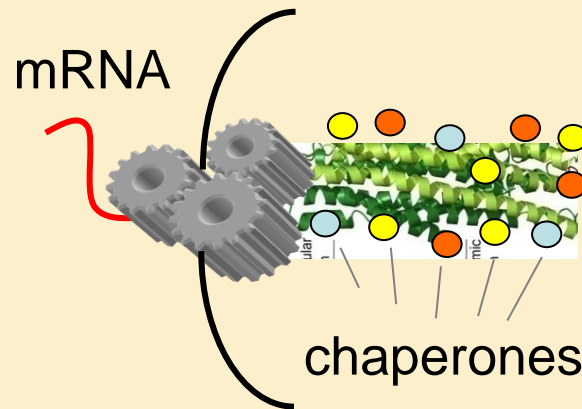
- CFFT-TDN Translational Center
 - CFFT funding through center grant
- Vertex Pharmaceuticals
 - Study PI: A Randomized, Double-Blind, Placebo-Controlled, Multiple Dose Study of VX-809 to Evaluate Safety, Pharmacokinetics, and Pharmacodynamics of VX-809 in Cystic Fibrosis Subjects Homozygous for the $\Delta F508$ -CFTR Gene Mutation
 - Nasal PD Central Reading Services for study entitled a phase 2a, randomized, double-blind, placebo-controlled study of VX-770 to evaluate safety, pharmacokinetics, and biomarkers of CFTR activity in cystic fibrosis (CF) subjects with genotype G551D
 - VX-770-02 (co-investigator)
 - VX-770-03 (co-investigator)
 - VX-770-04 (co-investigator)
- PTC Therapeutics
 - Nasal PD central reading services for clinical trial entitled: A Phase 3 Efficacy and Safety Study of PTC124 as an Oral Treatment for Nonsense-Mutation-Mediated Cystic Fibrosis
- Grant reviewer
 - CFF, CFFT, NIH (Rare Disease Network DSMB)

The steps from CF gene to CFTR protein

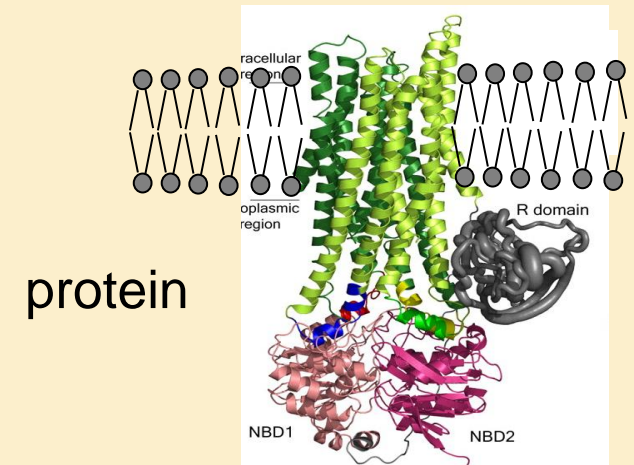
- CF gene (chromosome #7)
 - Codes for...
- CFTR (cystic fibrosis transmembrane conductance regulator)
 - Membrane protein that regulates salt transport



Nucleus –
Gene/chromosome



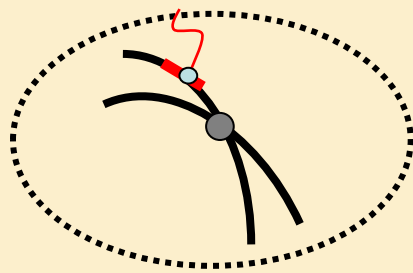
ER/Golgi –
Translation/protein maturation



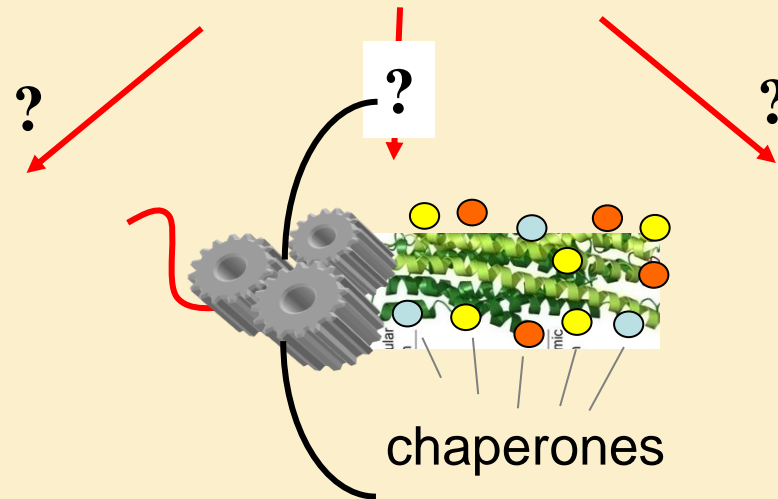
Plasma membrane –
Pore open/closed

What is a CFTR modulator, and why is it different from other CF therapies?

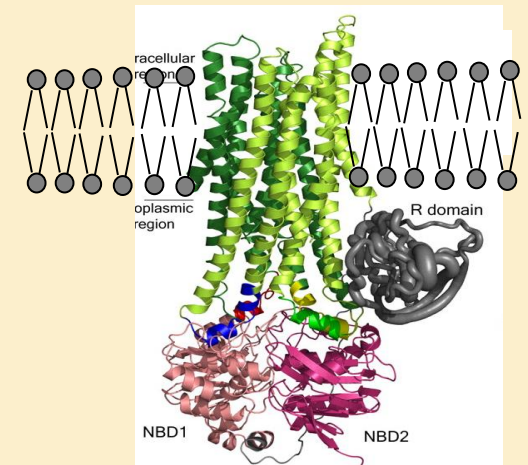
- Modulator – targets underlying defects in CFTR
 - Restore function (not replace)
- Addresses primary cause of CF
 - Not downstream symptoms
- Different defects – different targets – different strategies
 - Generally based on CF mutation class



Nucleus –
Gene/chromosome



ER/Golgi –
Translation/protein maturation



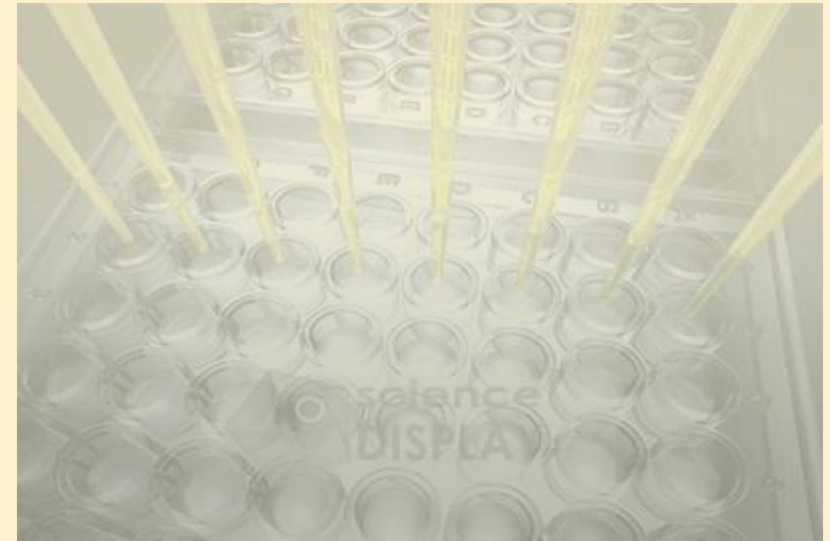
Plasma membrane –
Pore open/closed

Defining modulator strategies

- Structural drug design from mutant protein
 - Requires detailed structural ‘map’ (ie, crystallized protein)
- Bench observations
 - Dissect the pathway/problem that causes defect
 - Identify targets to exploit
 - **Adapt approved therapies** based on Mechanism of Action
- High Throughput Screening (HTS)
 - Bulk screening of compound libraries
 - Validation of hits, optimization
 - Testing in preclinical model systems

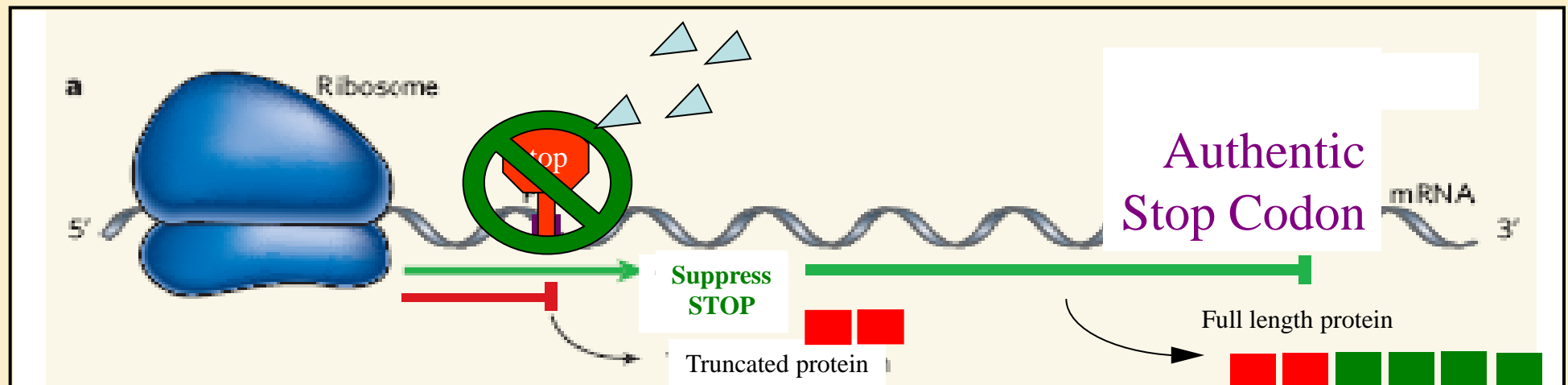
HTS – identification of small molecule modulators

- Use of cell lines (stably expressing CFTR or reporter gene)
 - Luciferase gene with stop mutation
 - CFTR (wt, Δ F508, G551D)
- PTC Therapeutics
 - **Suppressors (PTC124)**
- Vertex Pharmaceuticals
 - **Potentiators (VX-770)**
 - **Correctors (VX-809)**



Suppressors of stop mutations

- 'Class I': Defective early step(s) in CFTR production
 - One example = Premature Termination Codons (PTCs)
 - Characterized by 'X' (stop signal) in gene
 - Translation stops
 - Short (truncated) protein
 - Degradation of mRNA
- Suppression of PTC ► production of full length CFTR protein



Suppression of PTCs with aminoglycosides (gentamicin)

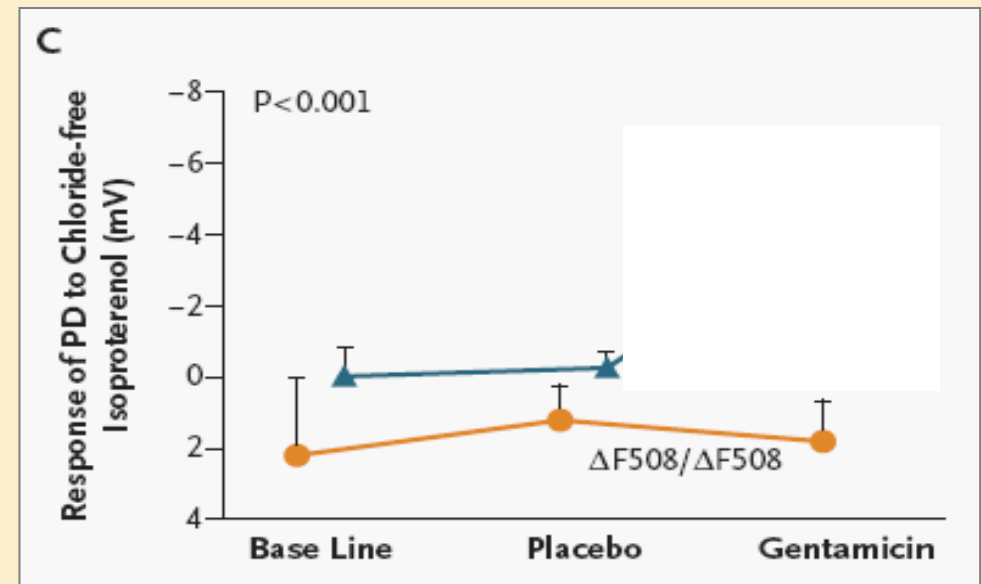
- 1st described in bacteria and yeast
- Applied principle to CF-causing mutations
 - Single cells - transgenic mice - CF patients

CFTR activity as measured by NPD
(Cl⁻ transport)



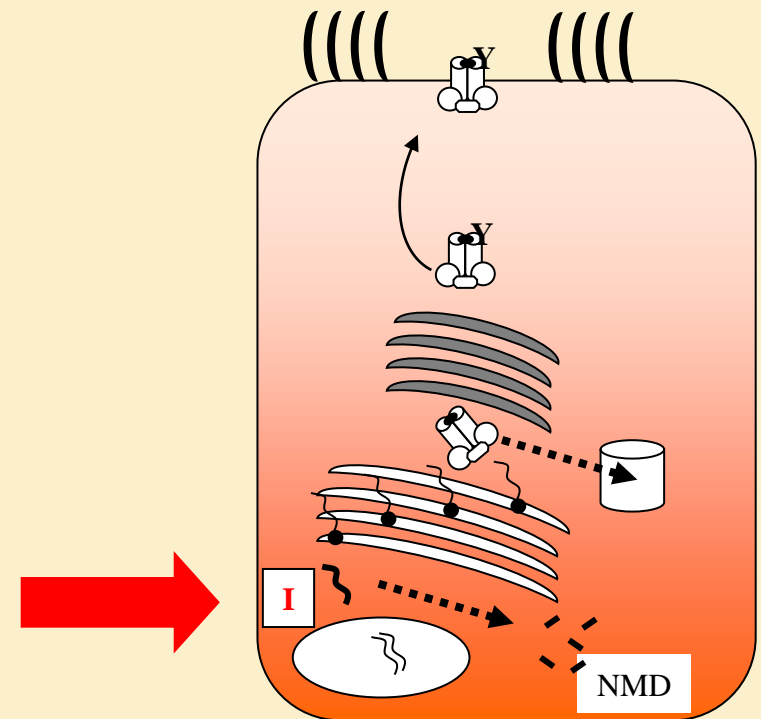
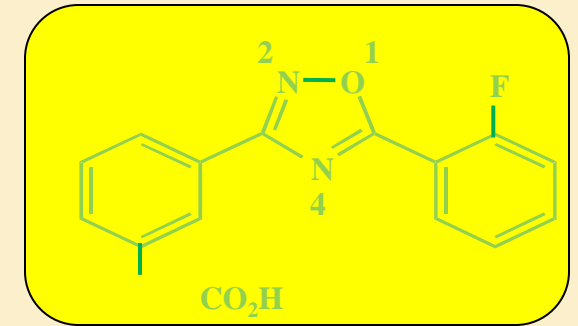
More negative
= improvement

Cl⁻ transport

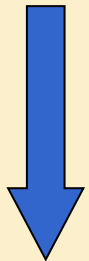


PTC124 (ataluren®)

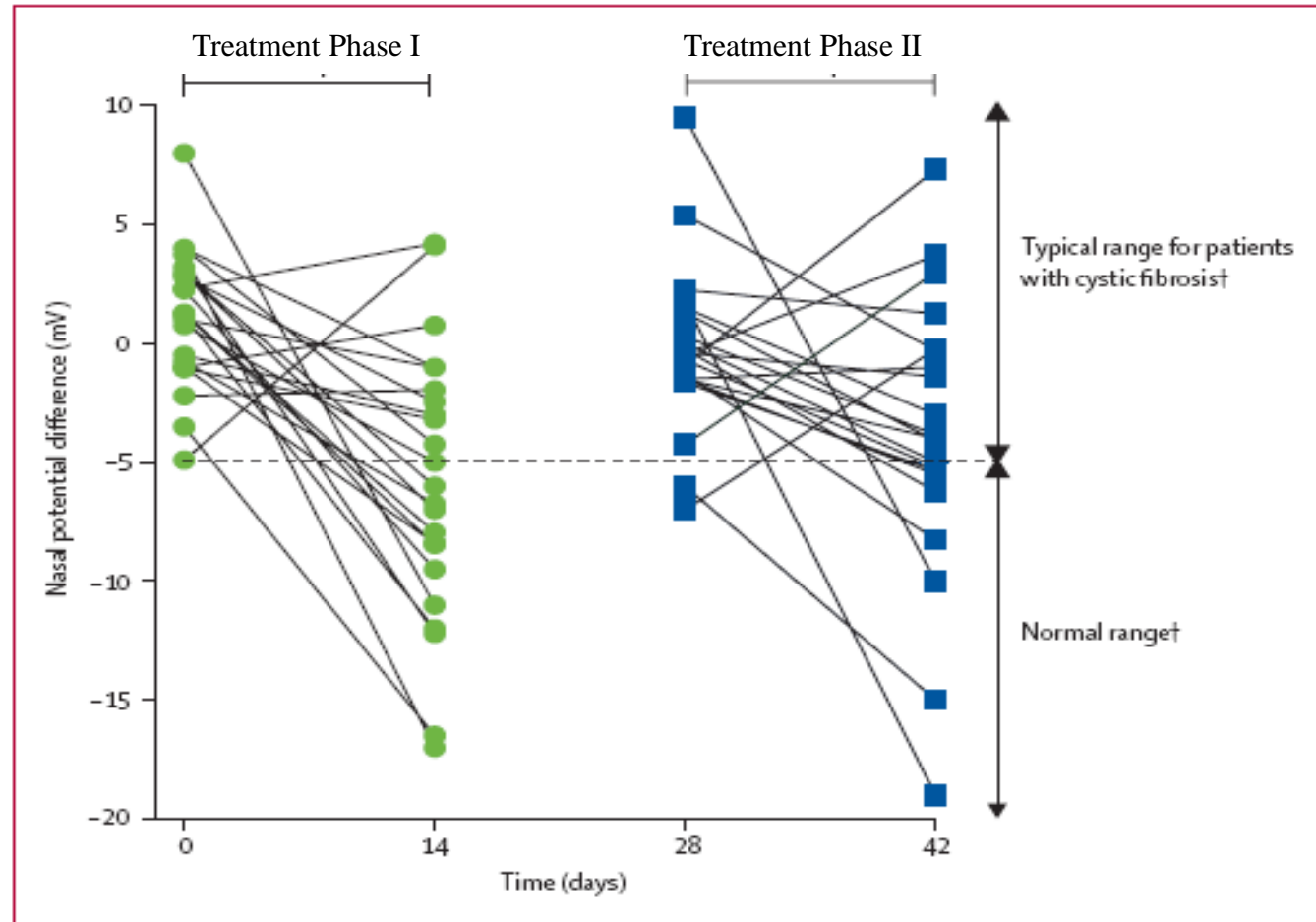
- Developed through HTS
- Non-antibiotic
- Human studies:
 - CF patients
 - Israel
 - US
 - Belgium/France
 - Duchennes MD patients



PTC124 – evidence for suppression of PTCs in CF patients

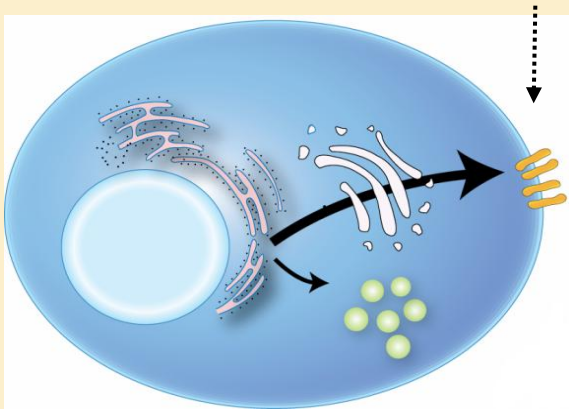


More negative
= improvement

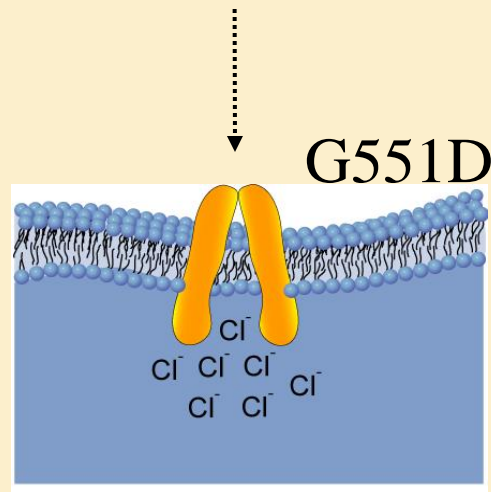


Potentiators of CFTR – open the channel

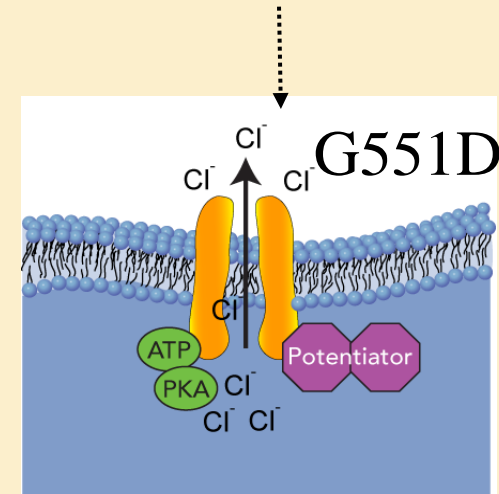
Normal Levels of Surface CFTR



Gating Defect Channel 'locked'



'Unlock' channel



Logical targets:

- G551D CFTR (3-4% CF patients)
- Normal amounts of G551D CFTR at the plasma membrane
- Other mutations?

VX-770: restores gating of G551D CFTR *in vitro*

Single channel patch clamp studies in Fisher Rat
Thyroid cells expressing G551D CFTR

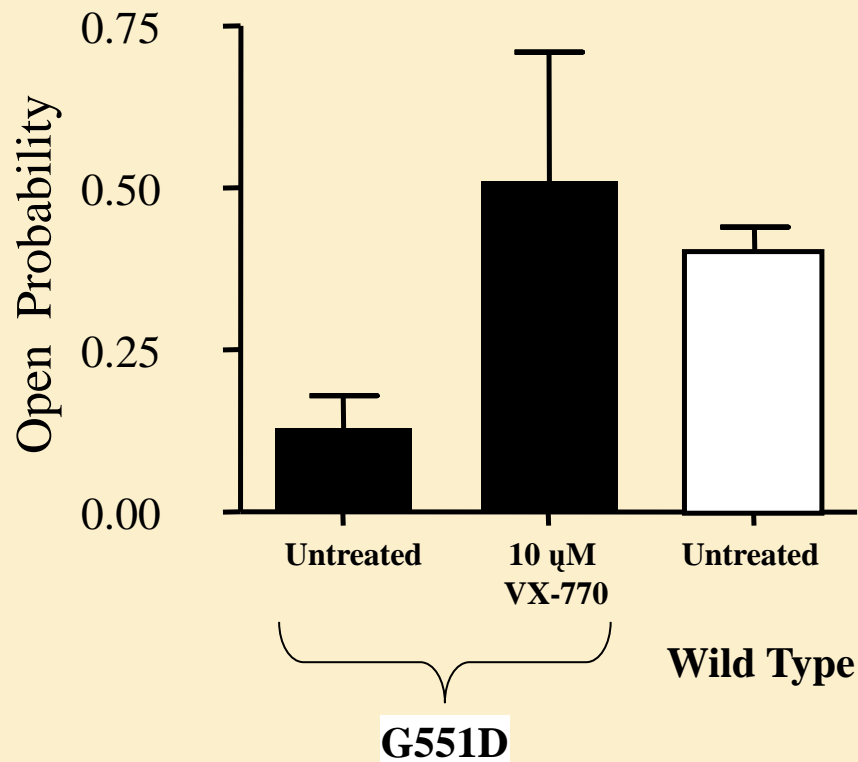
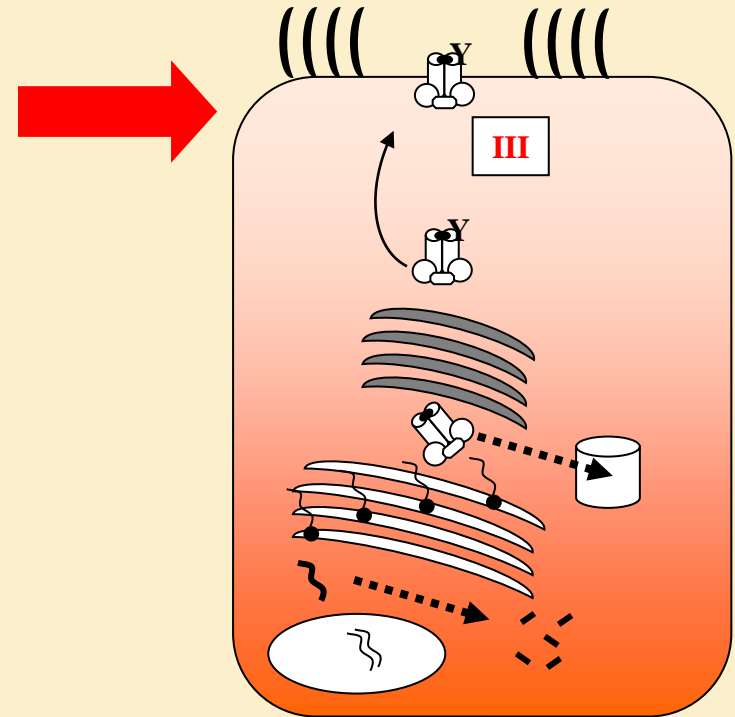
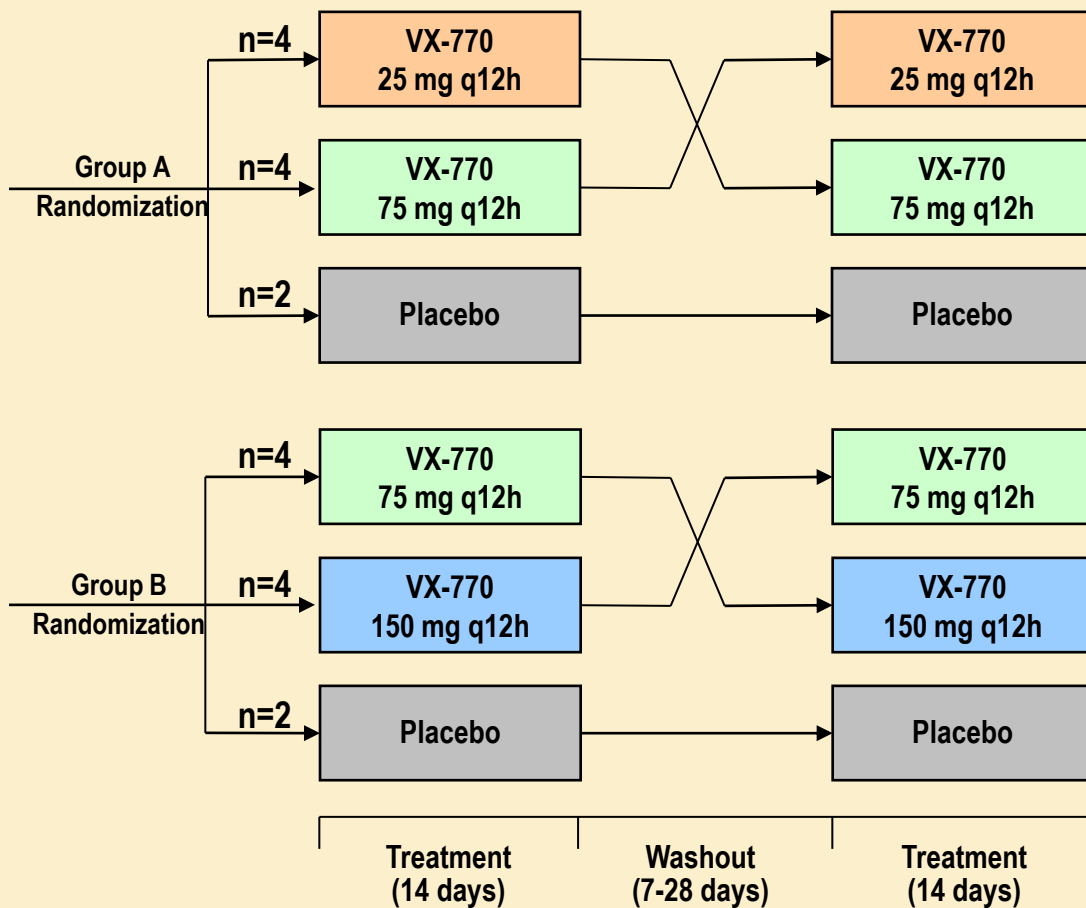


Figure compliment of F. Van Goor

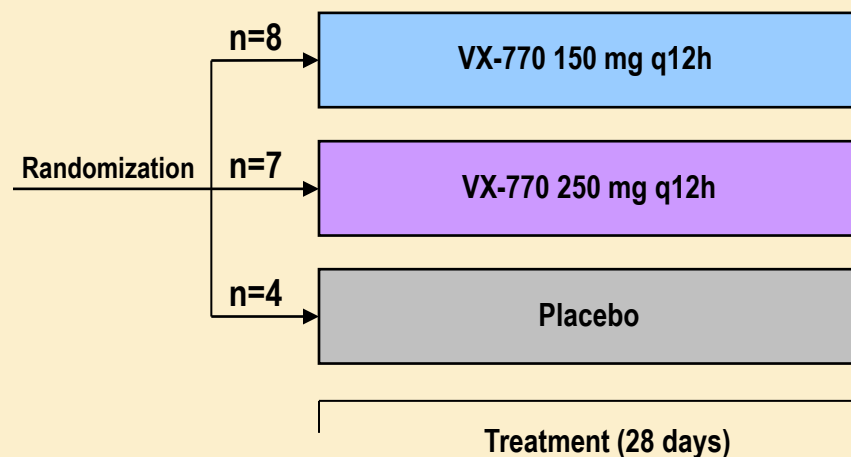


Study schematic

Part 1



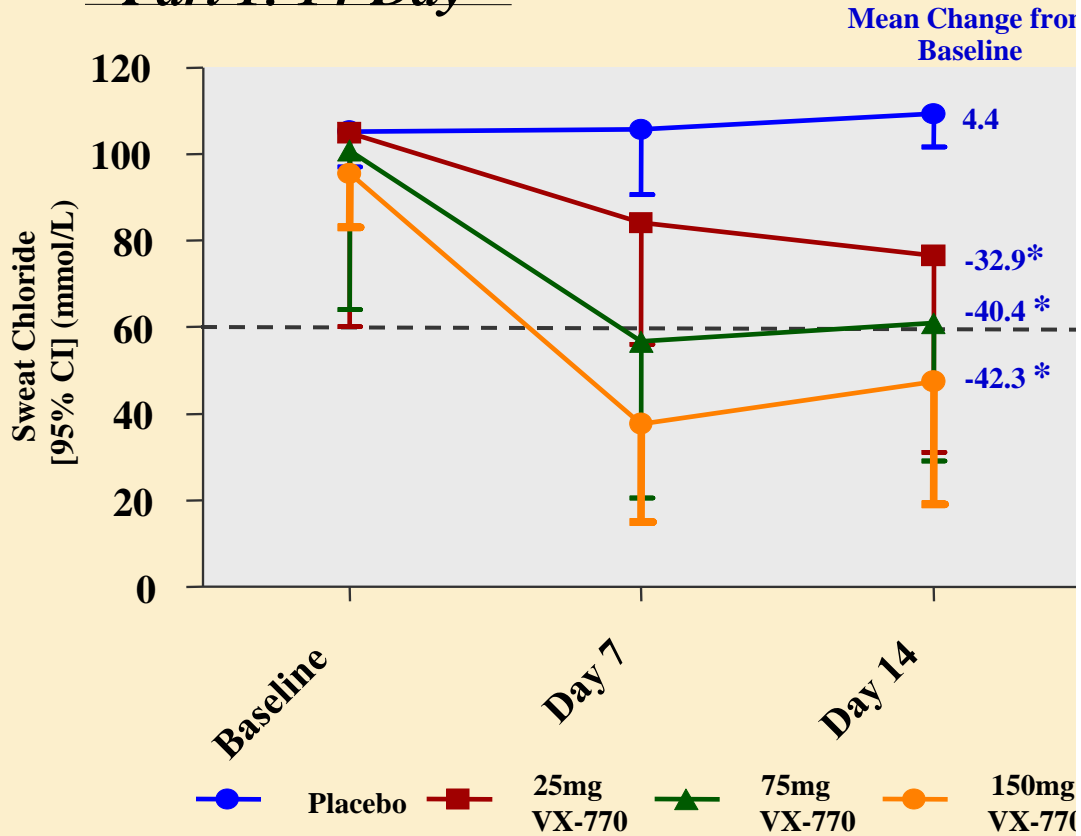
Part 2



- Part 1:
 - 55% female
 - Median age 30 y
- Part 2:
 - 47% female
 - Median age 21 y
- Genotype
 - All with G551D
 - 80% G551D/ΔF508

Change in sweat [Cl⁻] after VX-770

Part 1: 14-Day



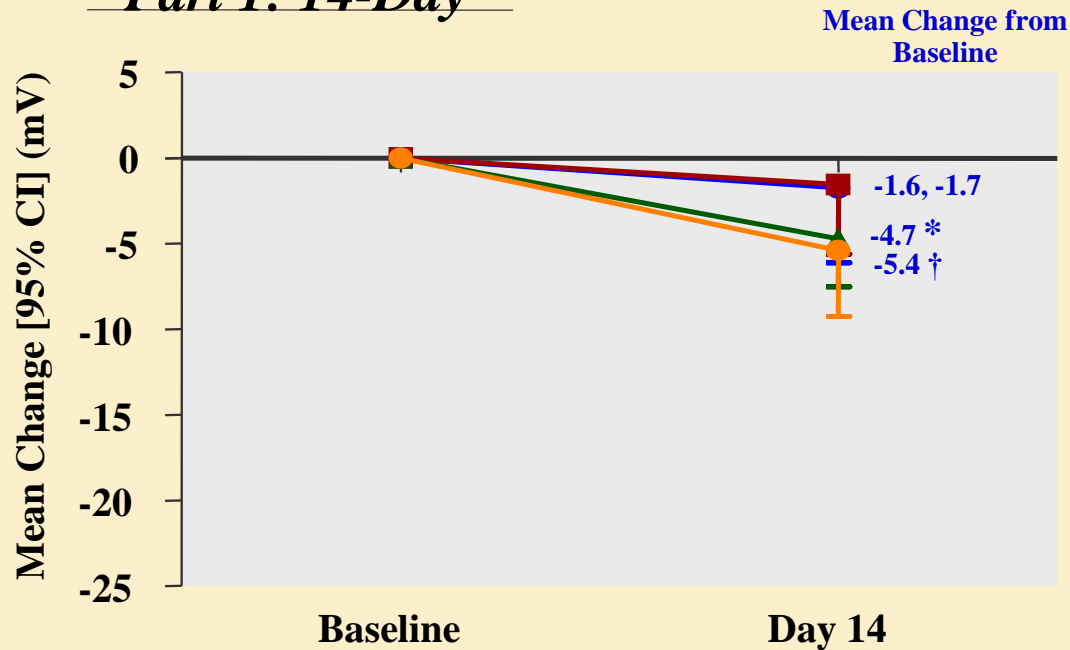
* $p \leq 0.0001$ within subject comparison



Lower value
= improvement

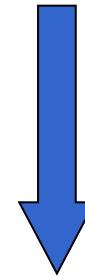
Change in NPD CFTR activity after VX-770: NPD: 0[Cl⁻]/Isoproterenol Response

Part 1: 14-Day



● Placebo ■ 25mg VX-770 ▲ 75mg VX-770 ○ 150mg VX-770

* p < 0.005 (75mg) within subject comparison
† p < 0.010 (150mg) within subject comparison

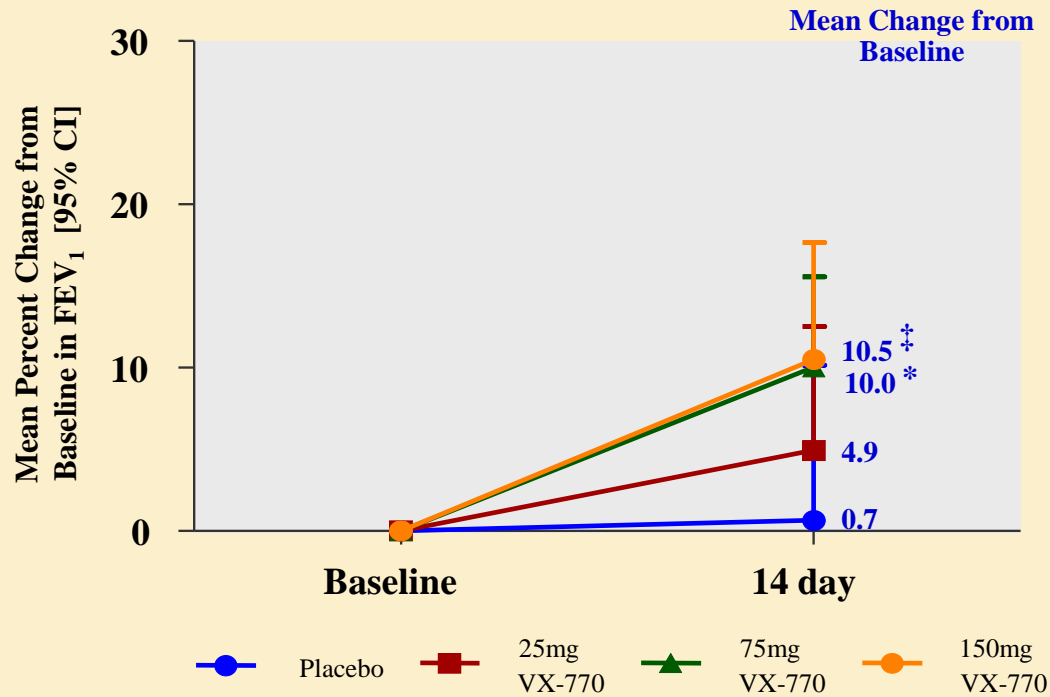


Lower value
= improvement

% change in FEV₁ from baseline after VX-770

Part 1: 14-Day

%Change from Baseline in FEV₁



* p = 0.002 within subject comparison

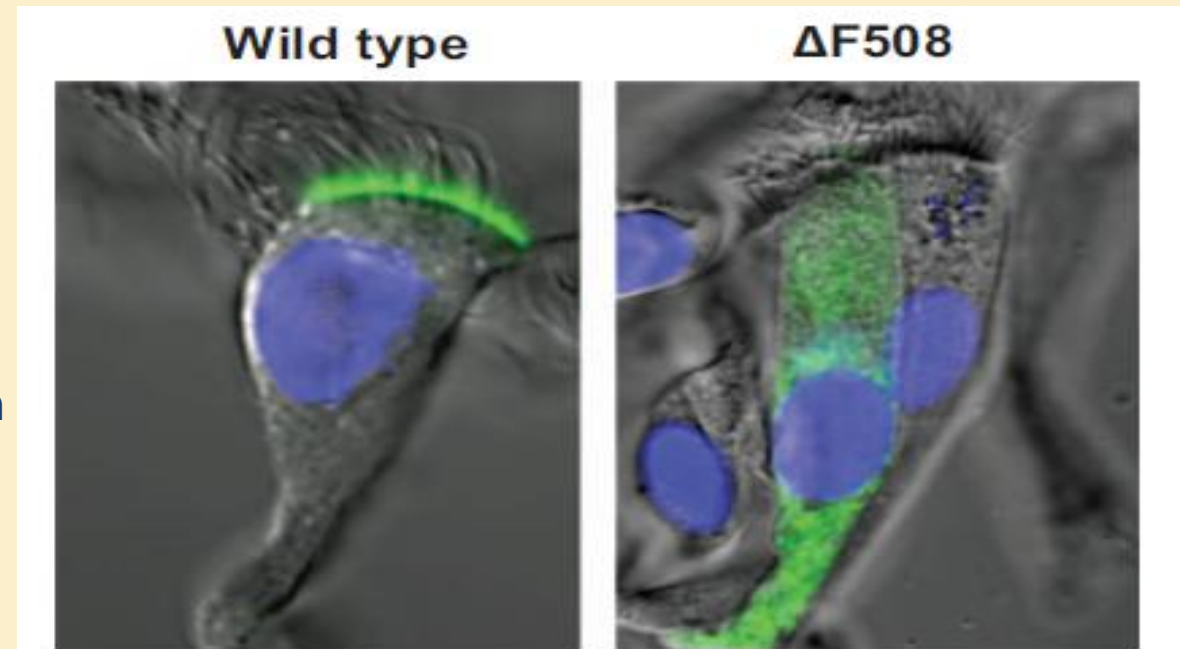
‡p = 0.008 within subject comparison



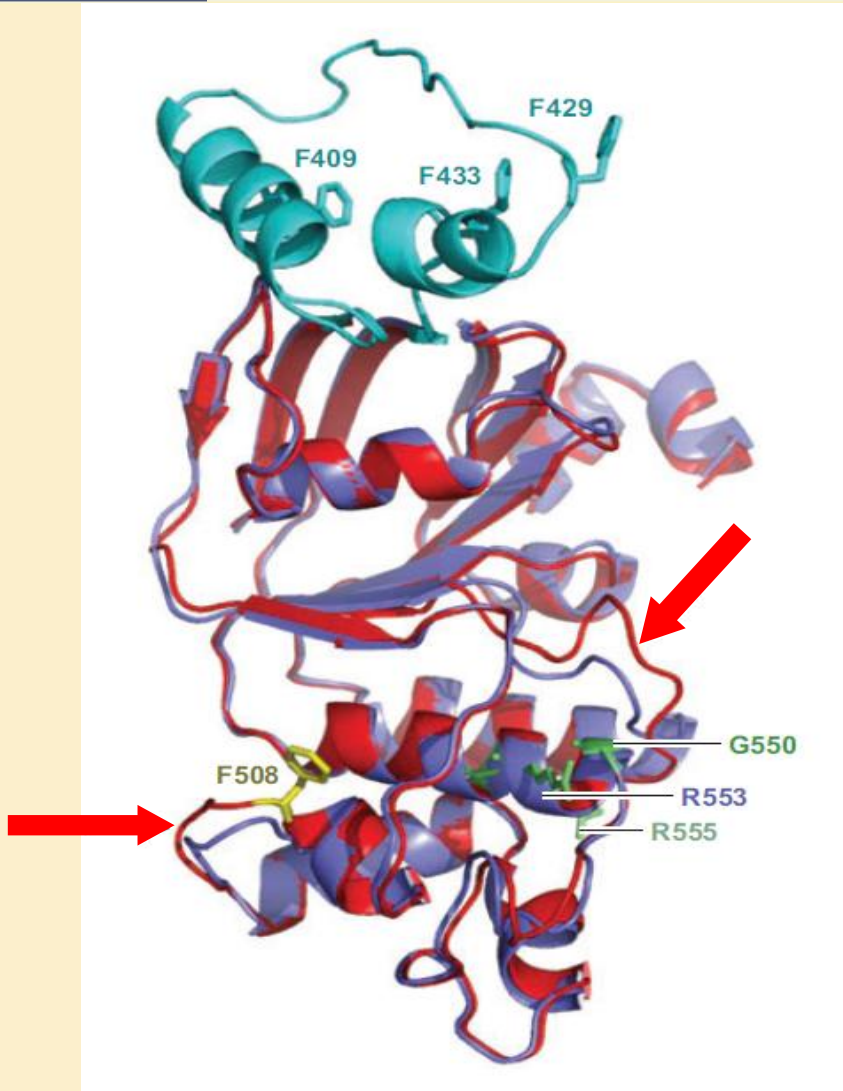
Higher value
= improvement

Correction of $\Delta F508$ CFTR maturation and folding

- $\Delta F508$ CFTR – most common cause of CF
 - 80-90% of CF patients, 65-70% of CF chromosomes
 - Protein misfolding (ER)
 - Protein marked for degradation
 - Failure to ‘mature’ (reach plasma membrane)



Δ F508 CFTR – what's the problem?



- Phe 508:
 - External surface of NBD-1
 - Destabilizing
 - Failure of later parts to ‘compact’
 - Driven by proximal/distal interactions
 - Failure to mature (full glycosylation)
 - Proteosomal degradation

Δ F508 CFTR – the ‘triple whammy’

- Folding
 - Protein does not reach the plasma membrane
- Gating
 - After reaching the plasma membrane, Cl⁻ pore closed >> open
- Membrane recycling
 - After reaching the plasma membrane, rapidly internalized

Denning, G. et al. *Nature*, 1991
Hwang, TC et al. *Am. J. Physiol*, 1997
Wang, W et al. *J. Biol. Chem.* 2005
Swiatecka-Urban et al. *J. Biol. Chem*, 2005
Collawn, J. et al. *Biochem J*, 2008

$\Delta F508$ CFTR 'correctors'

- Developed through HTS (Vertex Pharmaceuticals)

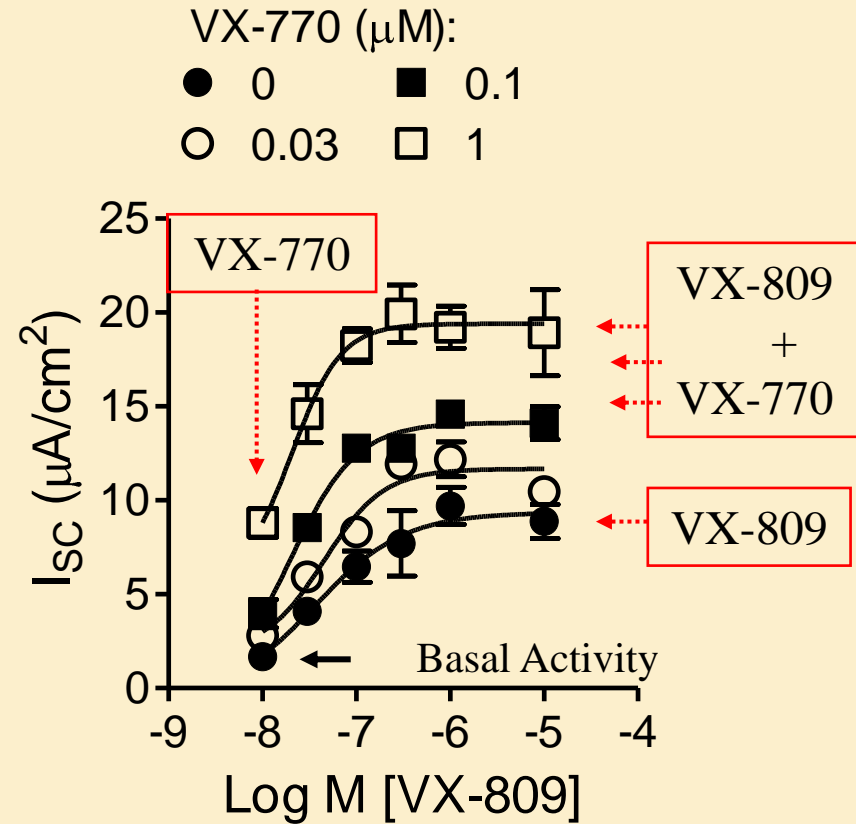
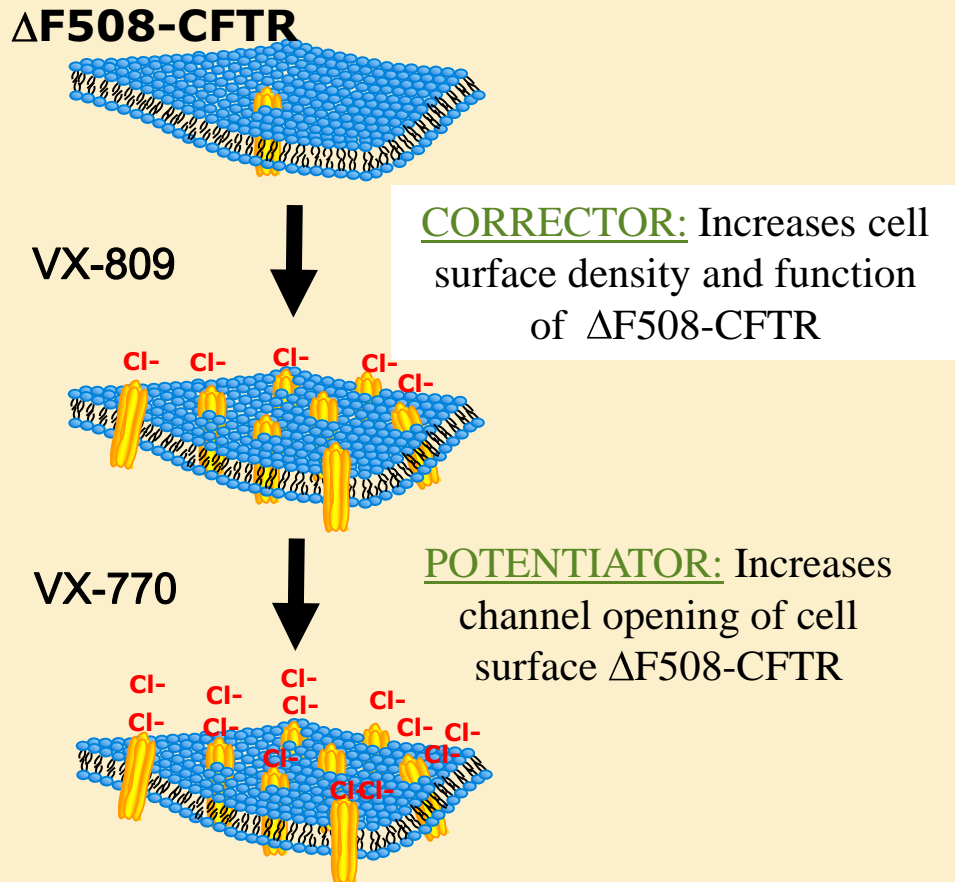


Figure compliment of F. Van Goor

Take home points:

- CFTR modulators:
 - Address underlying causes of CF
- Suppressors
 - Target stop mutations
- Potentiators
 - Open Cl⁻ channel
- Correctors
 - Target primary defect in $\Delta F508$
- Match genotype to restorative treatment

