

Ahead of the Curve – Emerging CF Therapies 2009: Pathophysiology and Therapeutic Targets

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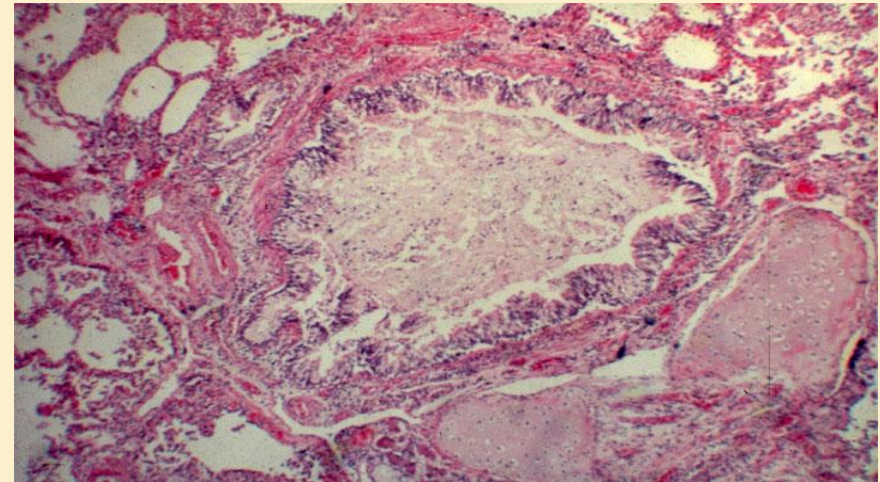
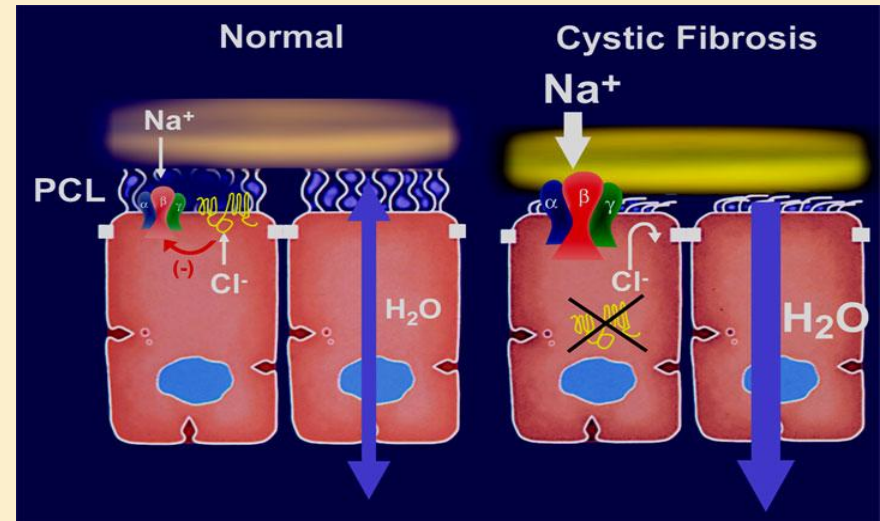
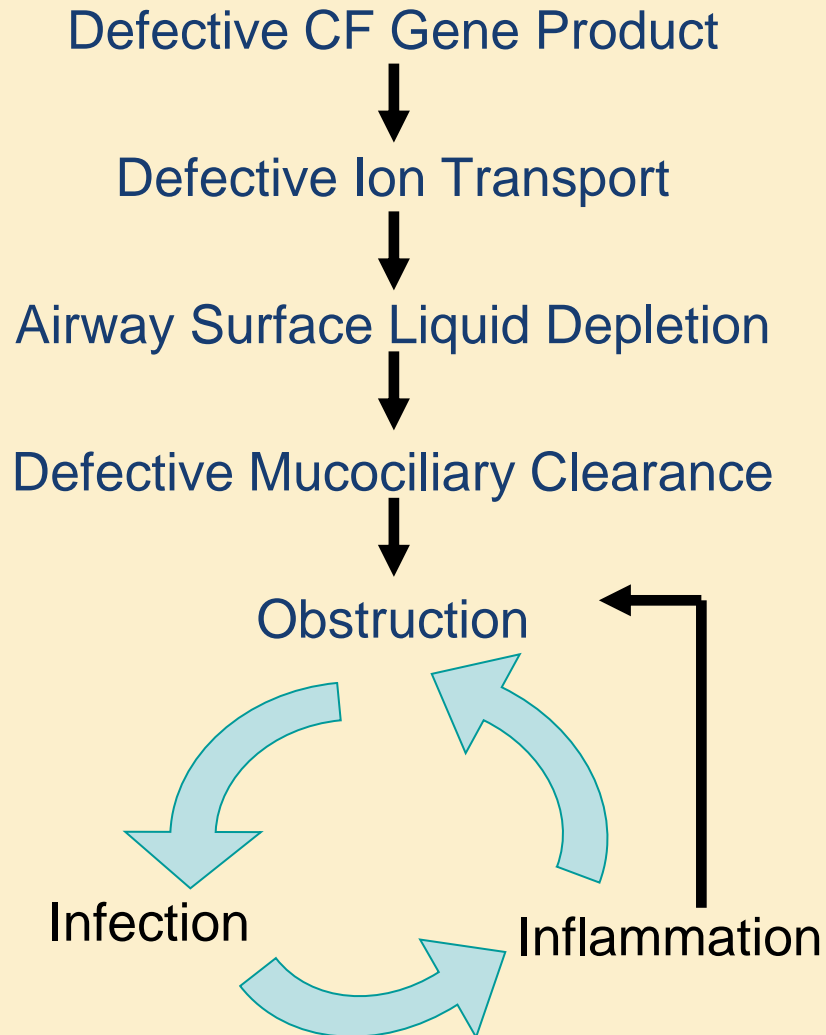


Disclosure

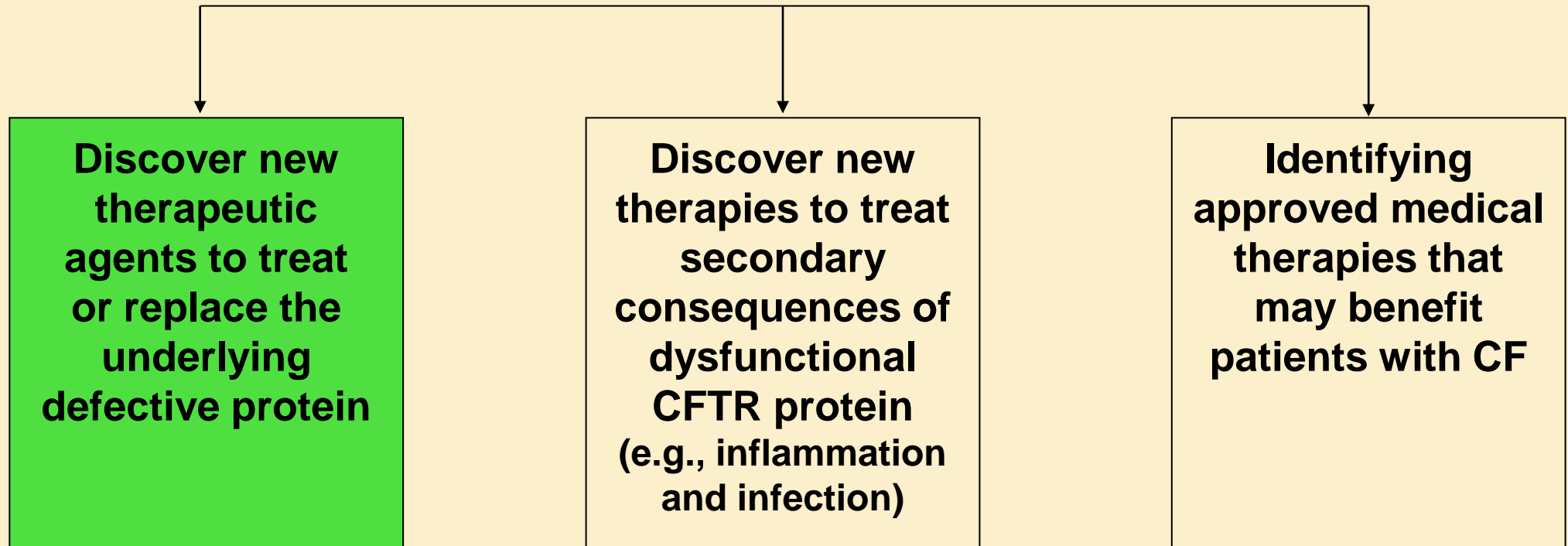
Principal Investigator: Gilead, GlaxoSmithKline, Inspire Pharmaceuticals, PTC Therapeutics, Inc., Vertex Pharmaceuticals

Consultant: Aridis Pharmaceuticals, Arriva Pharmaceuticals, Inc., Genentech, Inc., Inspire Pharmaceuticals, Johnson & Johnson, Lantibio, Inc./AOP Orphan Pharmaceuticals AG, MPEX Pharmaceuticals, Novartis Pharmaceuticals, PTC Therapeutics, Inc., Vertex Pharmaceuticals

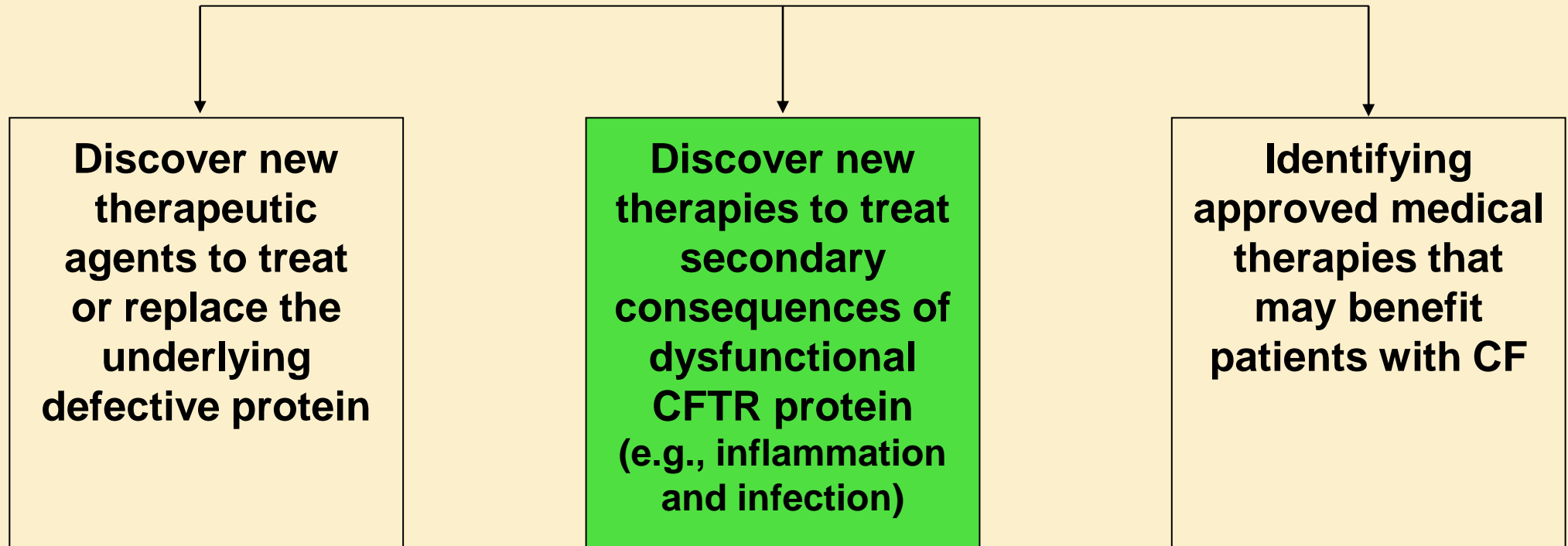
Pathogenesis of CF Lung Disease



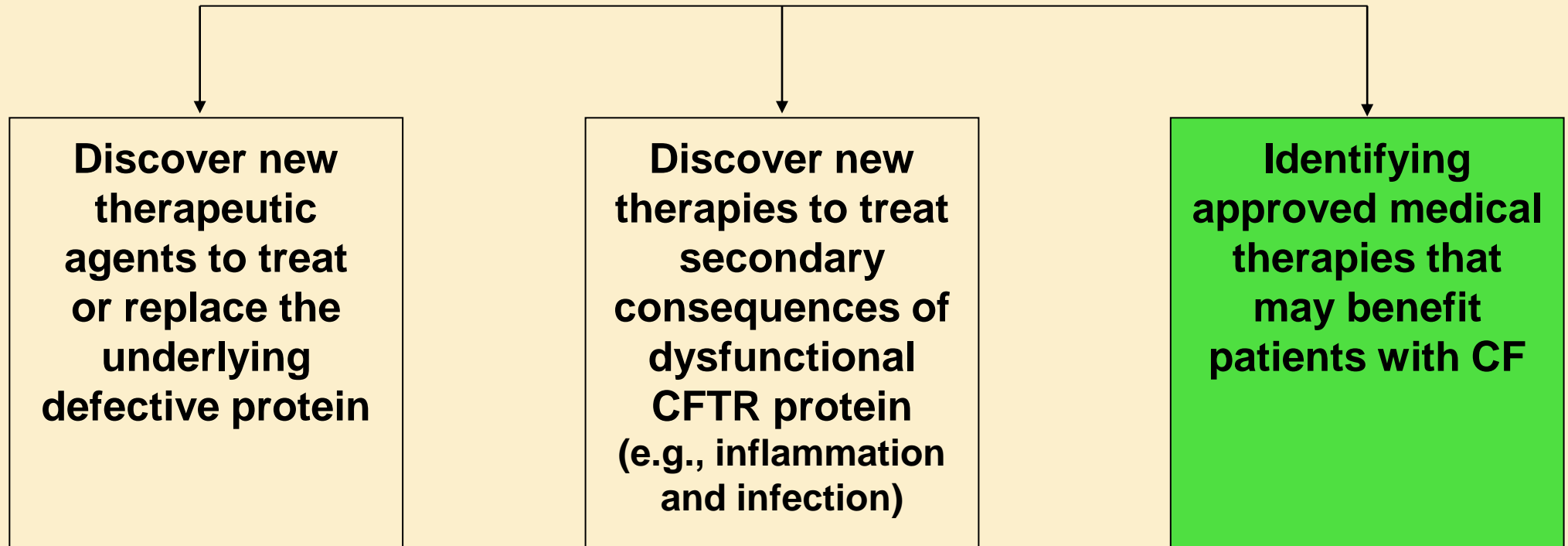
Three-Pronged Approach to Drug Discovery



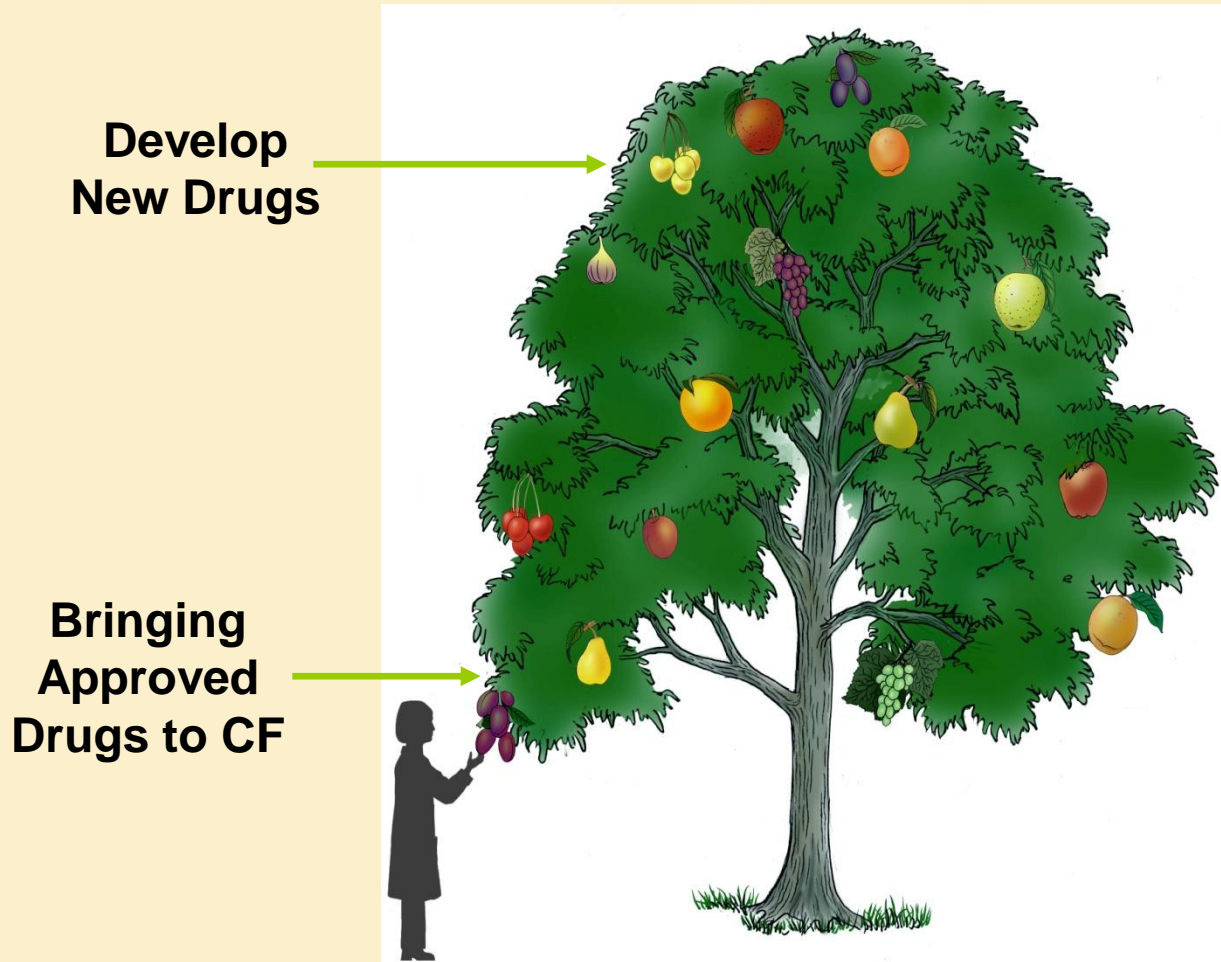
Three-Pronged Approach to Drug Discovery



Three-Pronged Approach to Drug Discovery



'Low-Hanging Fruit' Approach to CF Clinical Trials



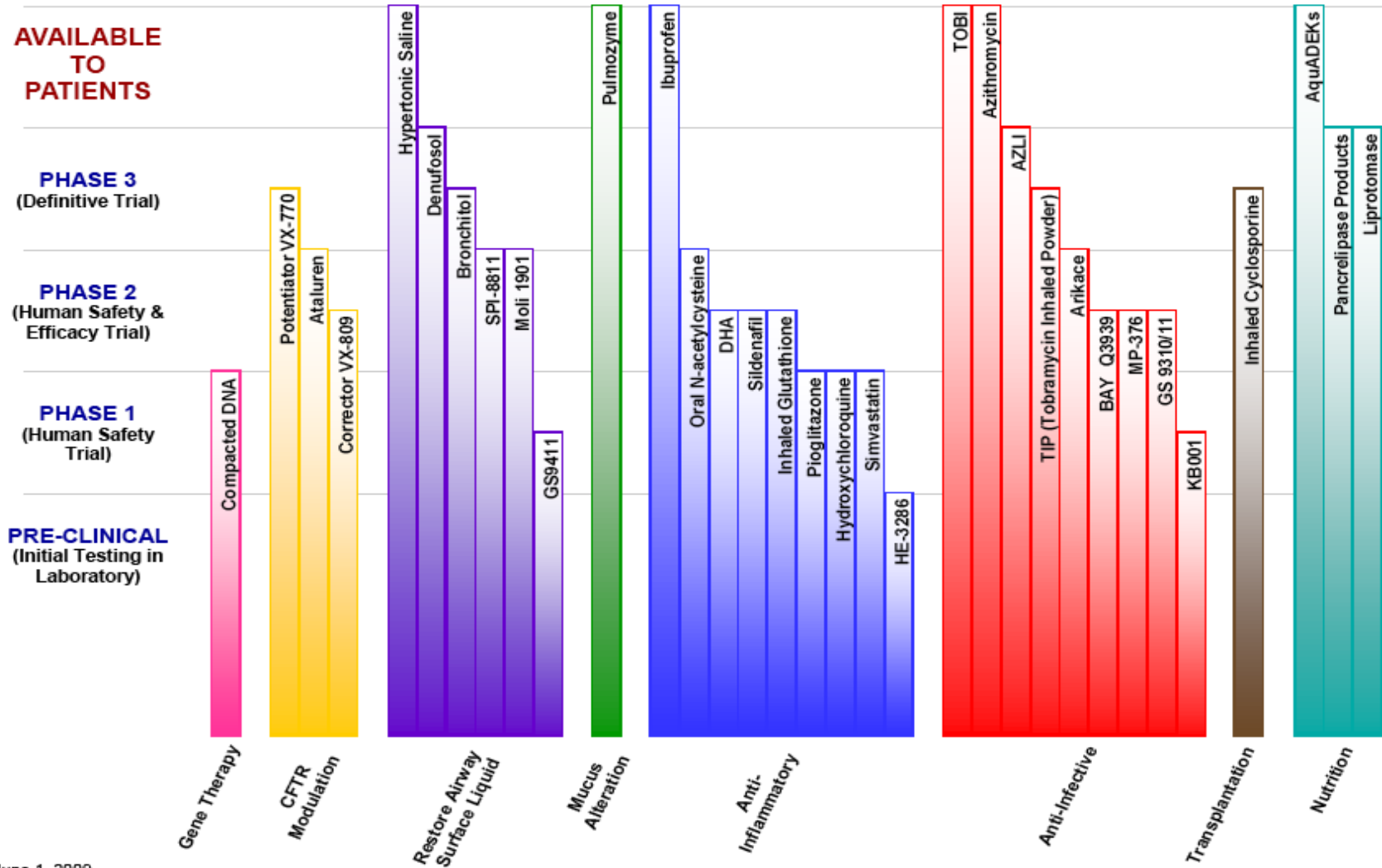
■ Advantages

- Faster
- Cheaper
- Immediately available to patients
- Low risk for industry
- Well defined safety profile

■ Examples

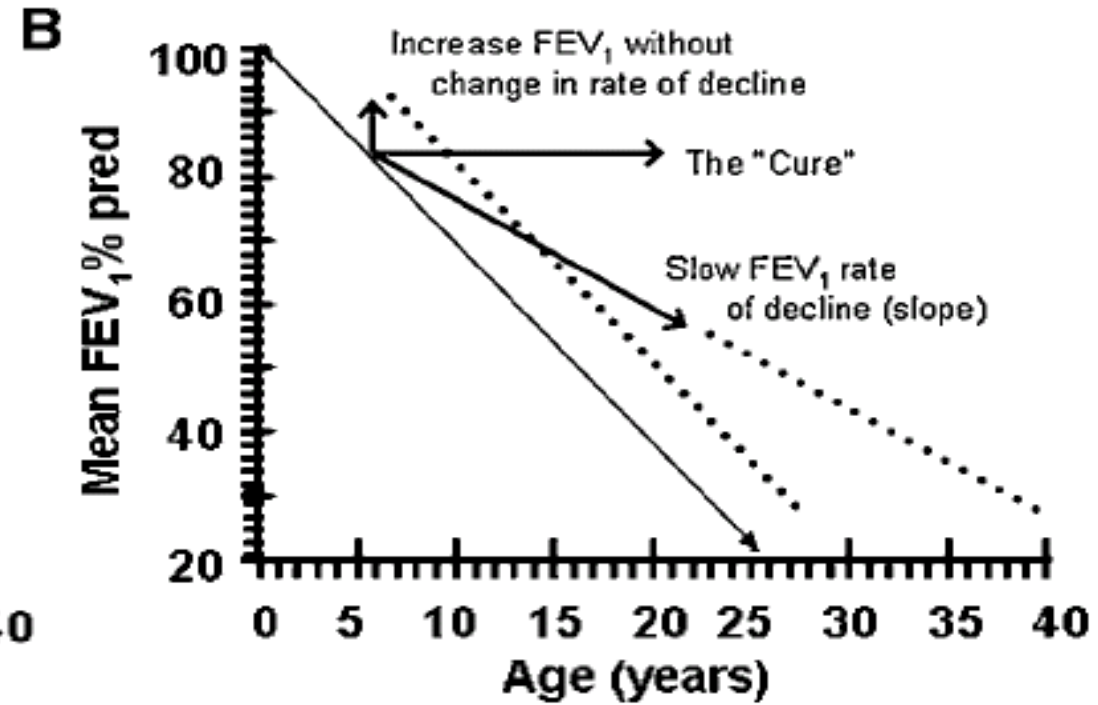
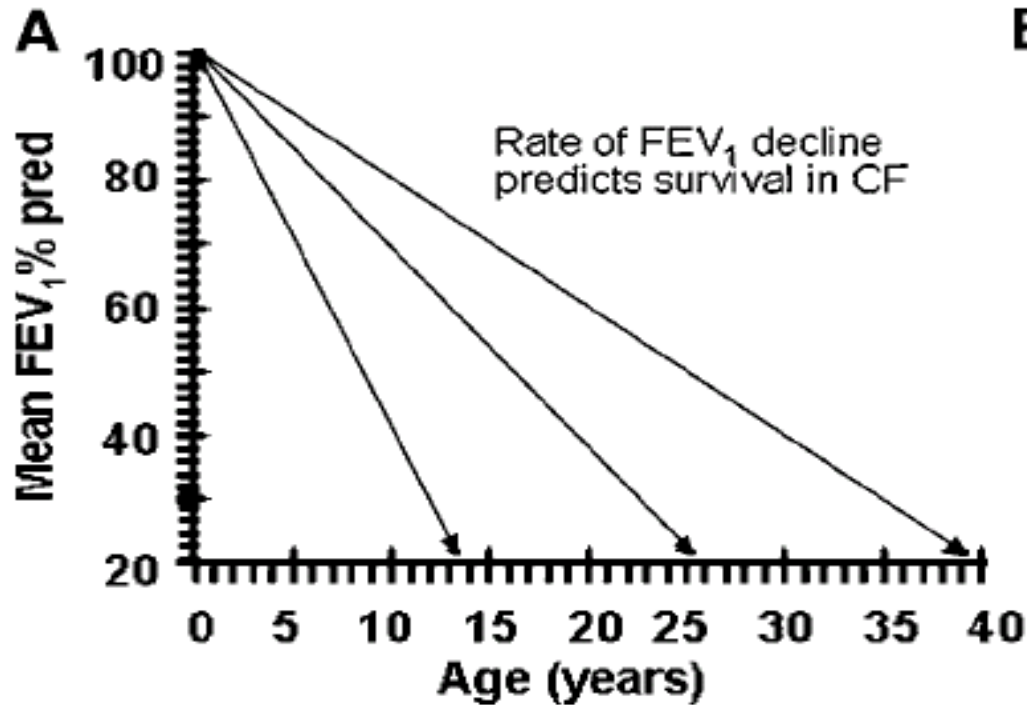
- Ibuprofen
- Azithromycin
- Hypertonic Saline

Cystic Fibrosis Foundation Therapeutics Pipeline

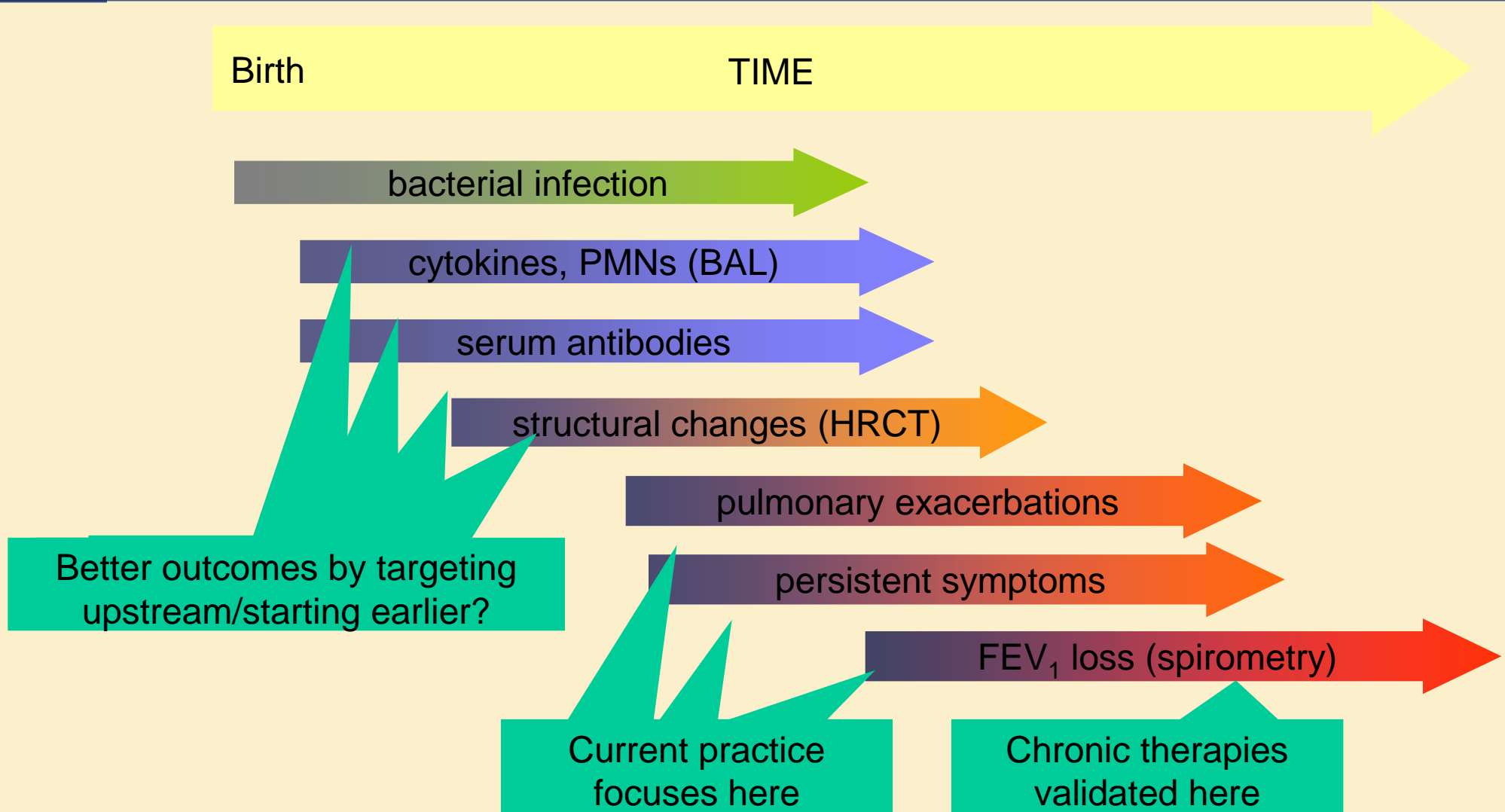


June 1, 2009

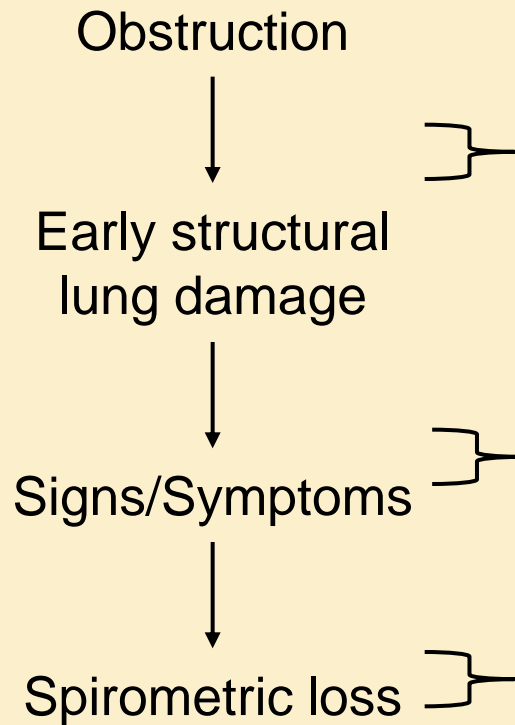
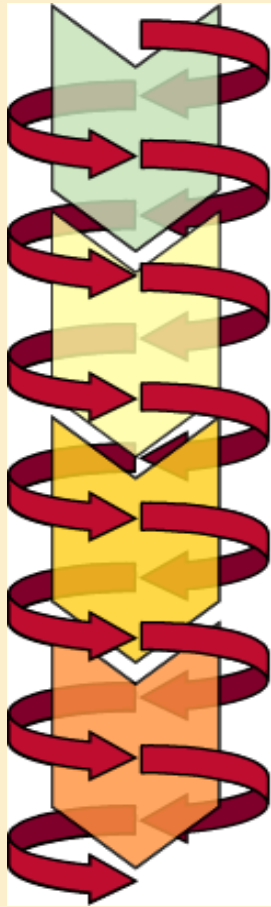
Our Goal: "Disease Modification" – Slowing or Stopping the Rate of Lung Function Decline



CF lung disease begins before loss of FEV₁



Targeting of Interventions



CFF Consensus Guidelines

Experimental Therapies

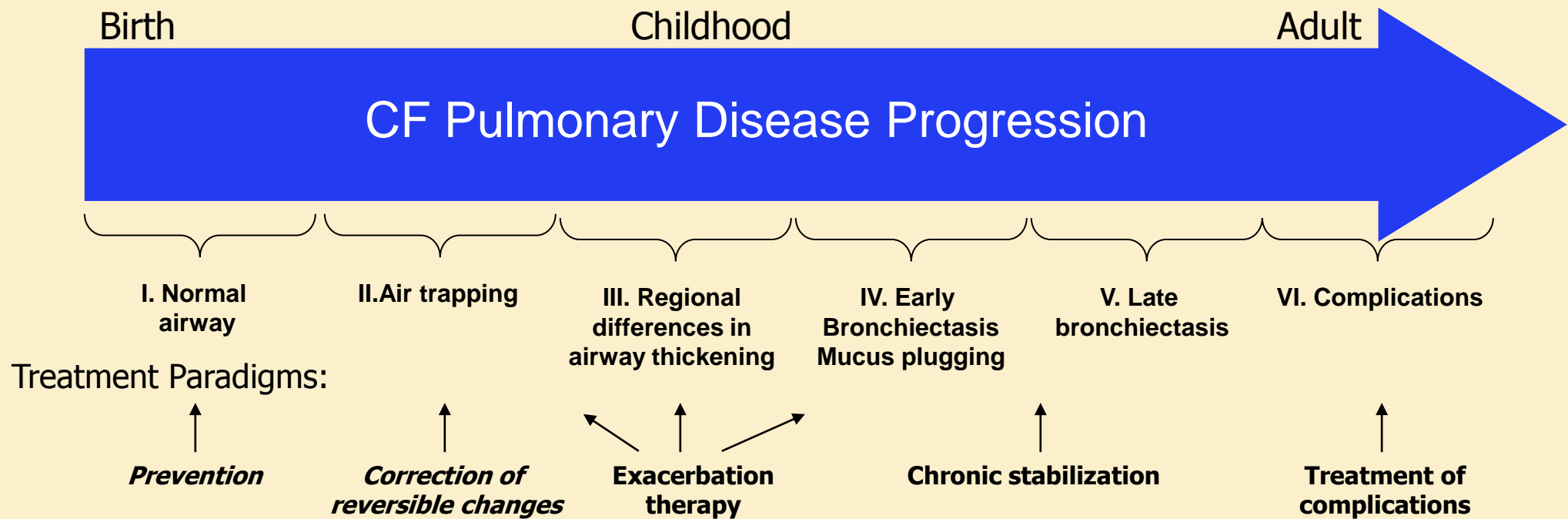
CFTR potentiators Gene therapy
Ion channel agents CFTR correctors

Inhaled tobramycin
ibuprofen
hypertonic saline
 β_2 -agonists

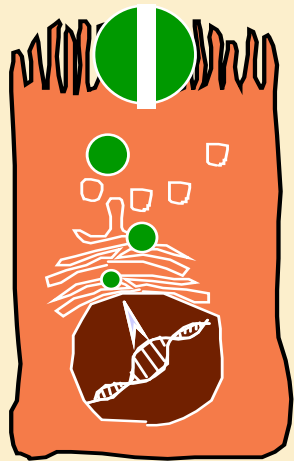
Guidelines

macrolides
(azithromycin)
ibuprofen
 β_2 -agonists

Defining CF Patient Populations for Therapeutic Interventions: Staging Structural Damage



Molecular Consequences of CFTR Mutations



Normal



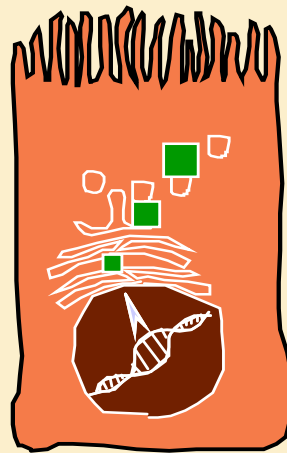
I

**No
synthesis**

Nonsense
G542X

Frameshift
394delTT

Splice junction
1717-1G→A

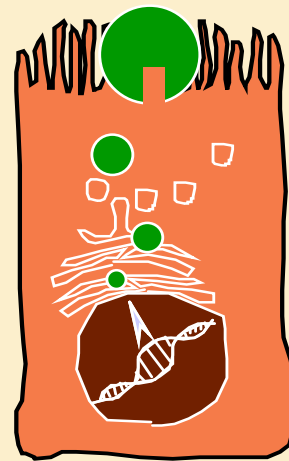


II

**Block in
processing**

Missense

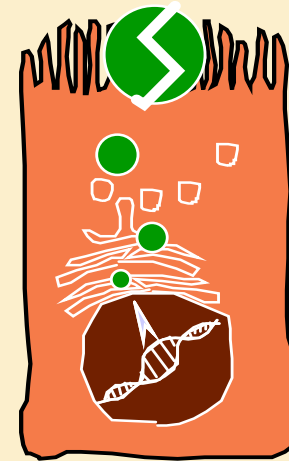
AA deletion
ΔF508



III

**Block in
regulation**

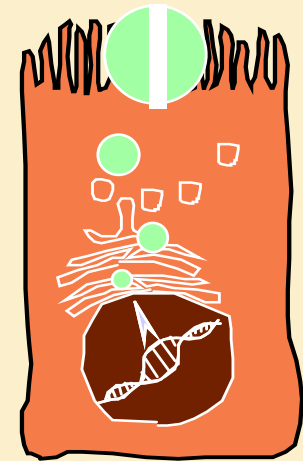
Missense
G551D



IV

**Altered
conductance**

Missense
R117H



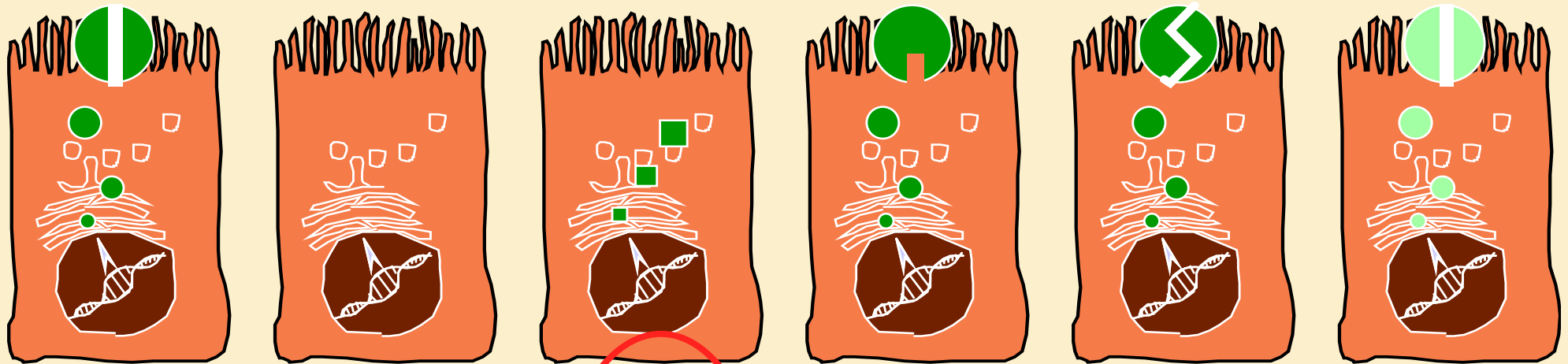
V

**Reduced
synthesis**

Missense
A455E

Alternative
Splicing
3849+10kbC→T

Molecular Consequences of CFTR Mutations



Normal

I

II

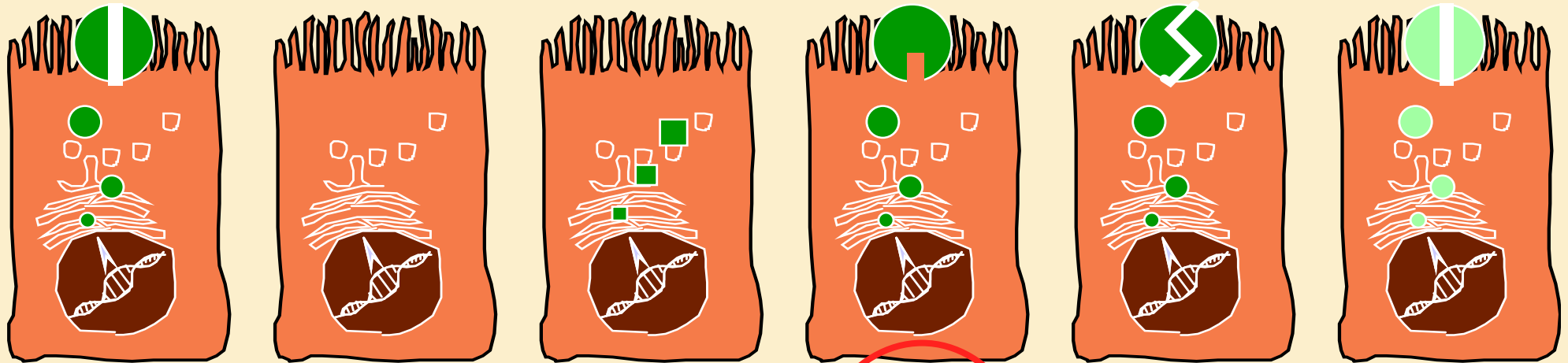
III

IV

V

	No synthesis	Block in processing	Block in regulation	Altered conductance	Reduced synthesis
	Nonsense G542X	Missense	Missense G551D	Missense R117H	Missense A455E
	Frameshift 394delTT	AA deletion Δ F508			Alternative Splicing 3849+10kbC \rightarrow T
	Splice junction 1717-1G \rightarrow A				

Molecular Consequences of CFTR Mutations



Normal

I

II

III

IV

V

**No
synthesis**

**Block in
processing**

**Block in
regulation**

**Altered
conductance**

**Reduced
synthesis**

Nonsense
G542X

Missense

Missense
G551D

Missense
R117H

Missense
A455E

Frameshift
394delTT

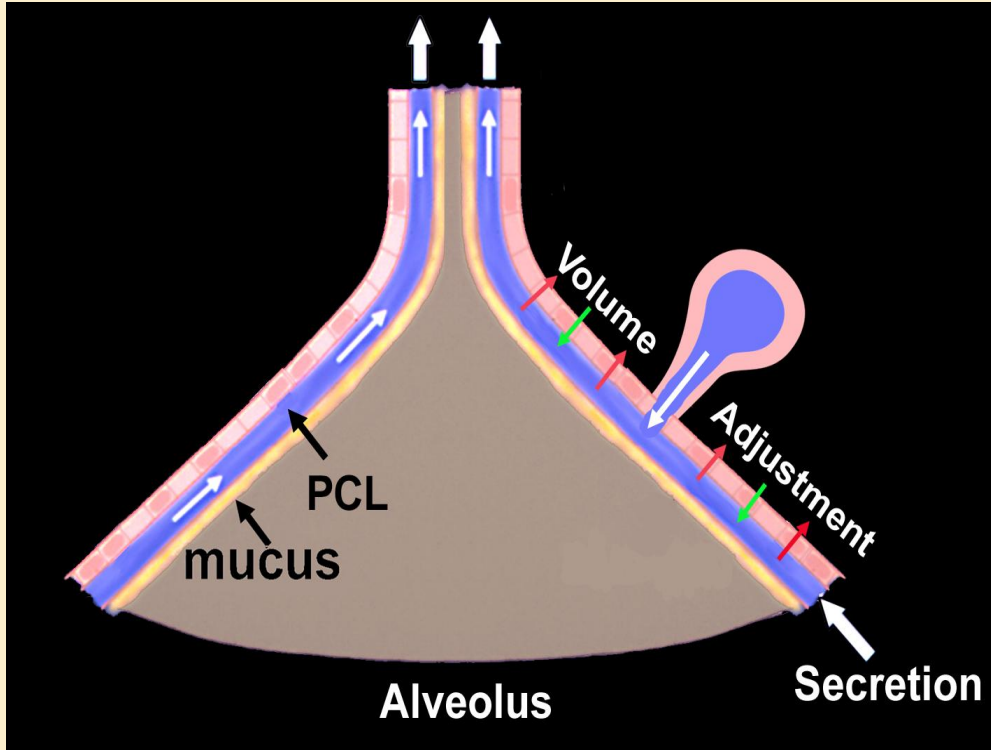
AA deletion
 Δ F508

Alternative
Splicing

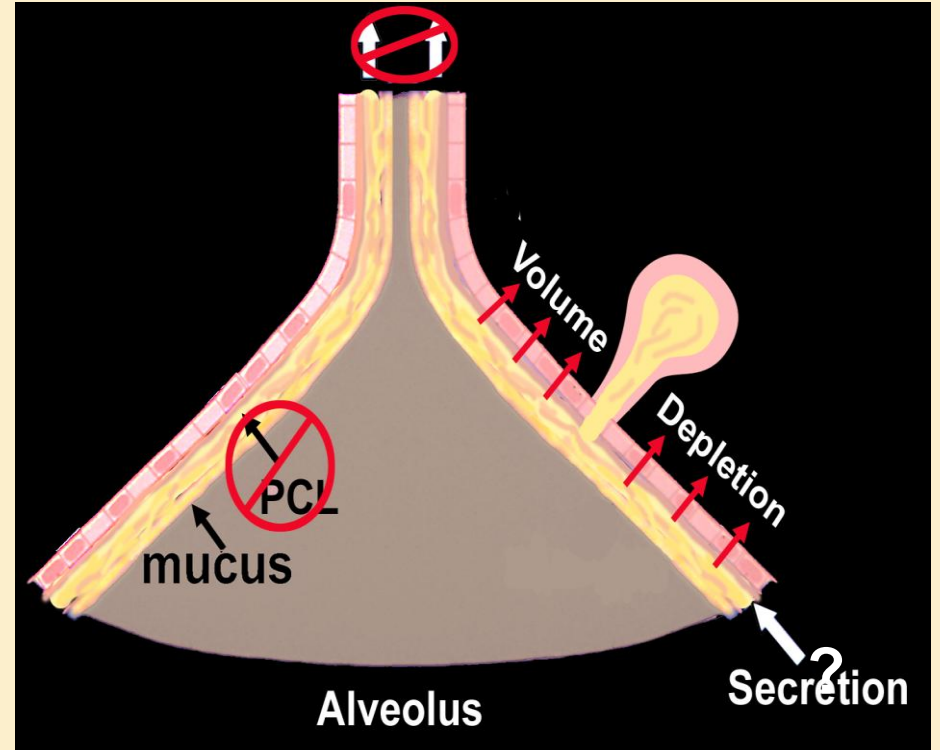
Splice junction
1717-1G \rightarrow A

3849+10kbC \rightarrow T

Mucus Clearance Is a Key Component of Normal Lung Defense, Depends on Adequate Surface Liquid Volume, and Is Defective in CF

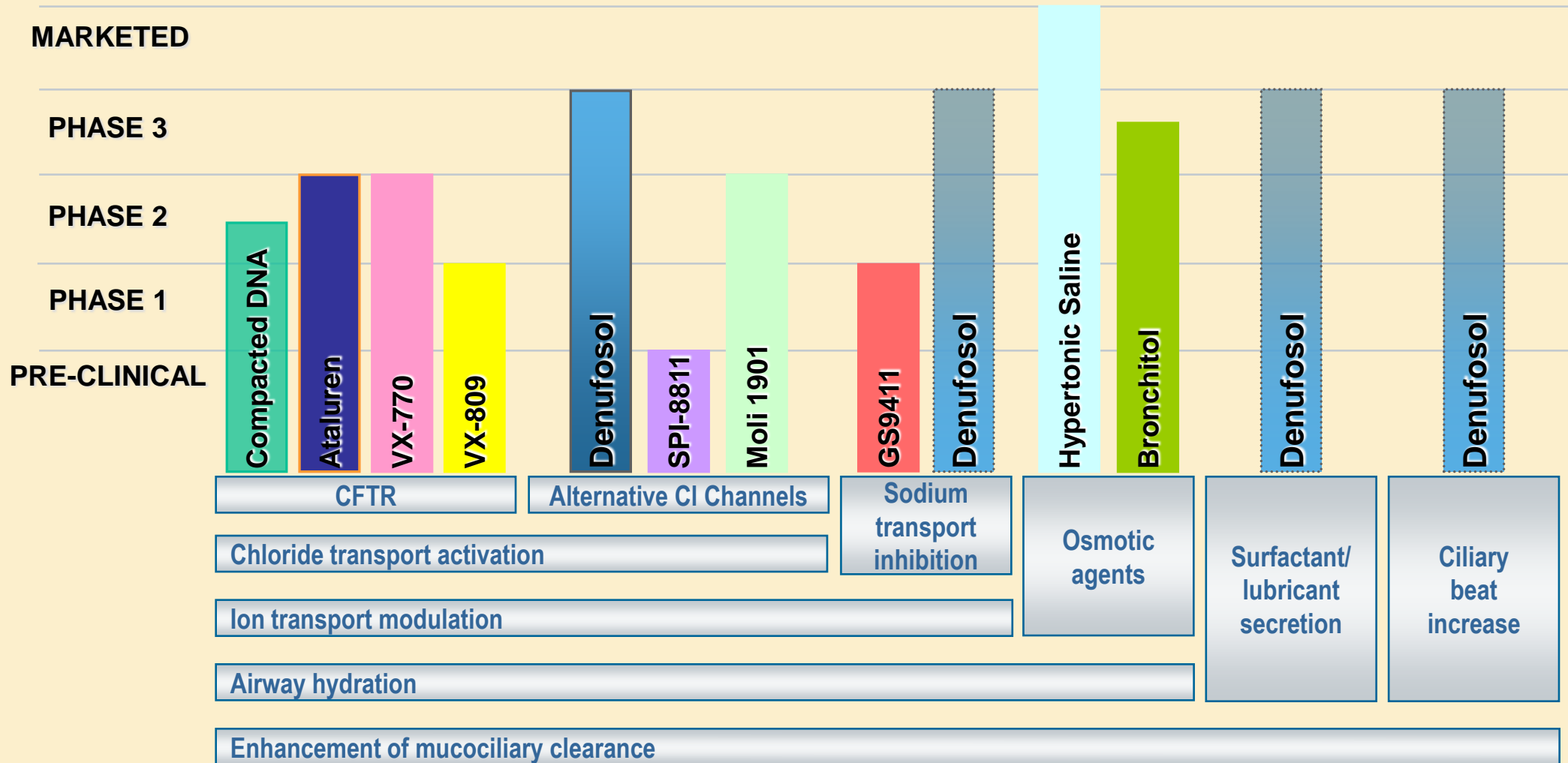


Normal

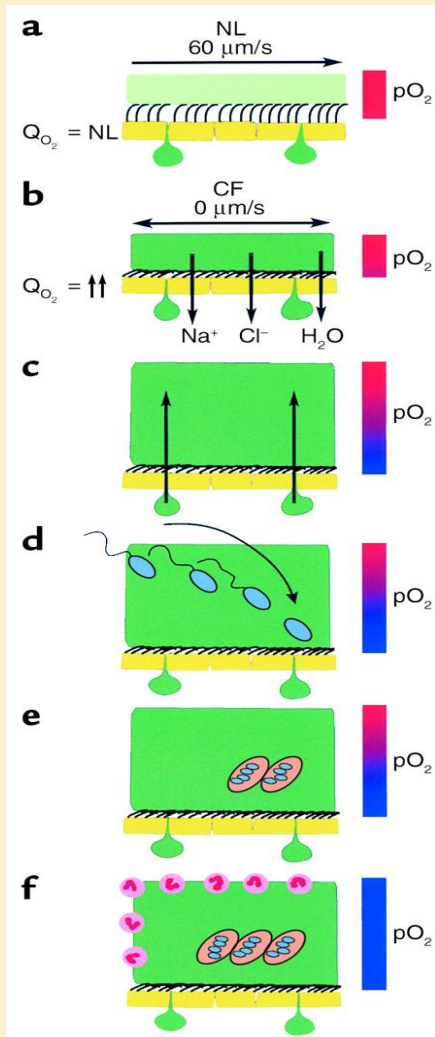


CF

Potential Enhancers of Mucociliary Clearance by Mechanism of Action



Pathogenesis of Cystic Fibrosis lung disease



Normal = adequate ASL, well-hydrated mucus, effective mucociliary clearance, normal O₂ consumption

Mutant CFTR = inadequate ASL, dehydrated mucus, paralyzed mucociliary clearance, elevated epithelial O₂ demand

Mucus plugs and plaques, hypoxic microenvironment

CF pathogen colonization

Vaccines

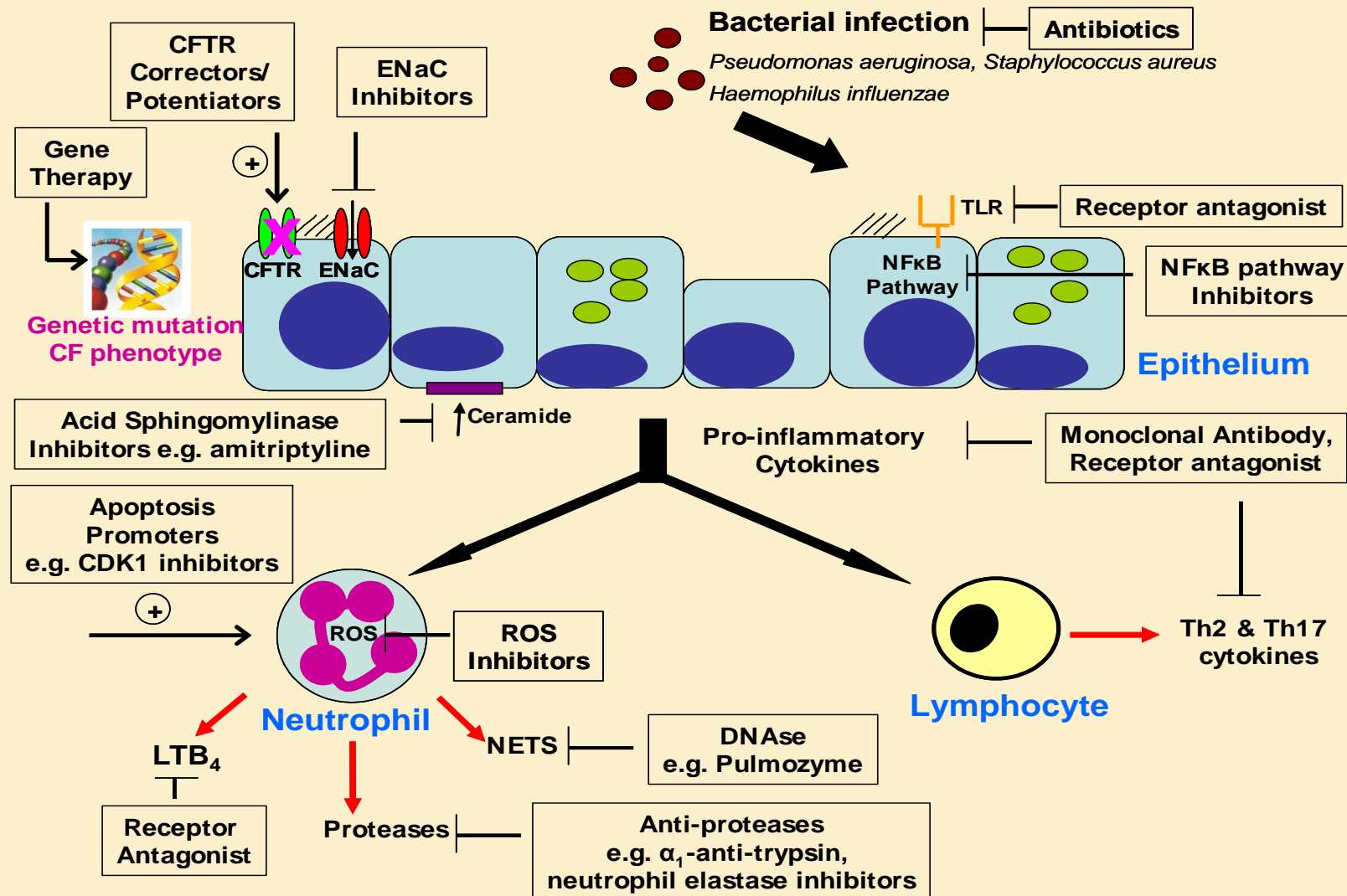
CF pathogen macro-colonies/biofilms, permanent infection

Antibiotics

Ineffective host defense/excessive inflammation

Anti-inflammatories

Potential Anti-Inflammatory Strategies for the Treatment of CF



Therapeutic Approaches to CF

