Bridging the Preclinical to Clinical Translation Gap in Alzheimer's Disease

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Why Should Clinicians Care About Preclinical Research?



Cummings et al. Alzheimer's Research & Therapy (2019) 11:76 https://doi.org/10.1186/s13195-019-0529-5

Historical Drug Discovery





Historical Drug Discovery

Primary Screen: Behavioral Testing in Rodent Models

- Reversal of a scopolamine/MK801 induced cognitive deficit in normal young adults often males only
- Reversal of a "cognitive deficit" in male Tg mice not correlating with pathology and often only single dose with no PK
- Assay confounds often resulting in mis-interpretation of data
 - Aging dependent visual impairments
- Hyperactivity –> ability to perform task
 - Background strain offects

-



Confounds in Preclinical Efficacy Studies

• Locomotor Activity

- Hyperactivity confounds ability of mice to perform tasks
- AD mouse models with hyperactivity relative to WT include: 5XFAD, 3XTg, Tg4510, Tg2576, APP/PS1, TgCRND8....

• Vision & Hearing

- Several background strains of AD mouse models carry retinal degeneration alleles: FVB, C3H
- Mice demonstrate age-dependent visual and hearing impairments

Competing Behaviors

- Stereotypy
- Shock sensitivity
 - Hyperactive mice may not respond to shock which confounds ability to learn the task
 - If the animal has not learned the task, memory <u>cannot</u> be tested



Historical Drug Discovery

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Novel **Object** Recognition

Enabling Reproducibility

Pilot studies are exploratory studies aimed at testing a hypothesis

- Data can be used to inform:
 - A go/nogo decision for an independent confirmatory study
 - A power analysis for an independent study designed to assess efficacy
- It is *inappropriate* to add samples to a pilot study to achieve "statistical significance" and qualify it as an efficacy study



Sukoff Rizzo and Silverman 2016

Well-designed efficacy studies require rigor comparable to a clinical trial

- Apriori inclusion and exclusion criteria
- Pre-determined sample sizes based on power analyses
- Blinding, randomization, counterbalancing, and appropriate controls
- Multiple levels of QC under blinded conditions
- Dose–response relationships that correlate with in vivo target engagement/pharmacodynamics
- Both sexes at pathophysiologically relevant age (demonstration of disease biomarker/target)



Monitoring Staff Proficiency for Quality

Proficiency Metrics for Executing Behavioral Studies Staff are required to reproduce a positive control under blinded conditions prior to being assigned to run experimental studies









Recommendations from 2015 NIA AD Summit

Increasing the Predictive Value of AD Animal Models and Enabling Transparent and Reproducible Preclinical Efficacy Testing

- Establish and implement guidelines for rigorous preclinical testing in LOAD models with the standards/rigor comparable to clinical trials in humans
- Provide a resource/facility for standardized therapeutic efficacy testing of preclinical drug candidates that prioritizes translational biochemical and physiological endpoints (e.g. PET/MR) over behavioral measures using best practices
- Develop a database of preclinical studies that would be available to the AD scientific community and incorporating experimental details as well as unpublished negative and positive data



MODEL-AD Consortium

Model Organism Development and Evaluation for Late-onset Alzheimer's Disease U54 AG054345 (IU/JAX), U54 AG054349 (UCI)

Expand animal model resources for basic research and preclinical testing of candidate therapeutics with 50 new mouse models of AD



NIA and Trans-NIH translational pipeline for AD and ADRD

A Pipeline of NIA and Trans-NIH Translational Research Funding Initiatives (R21, R01, U01, R43/R44)



MODEL-AD Infrastructure: Enabling the NIA and Trans-NIH Translational Pipeline for AD and ADRD



Establish and implement guidelines for rigorous preclinical testing in LOAD models with the standards/rigor comparable to clinical trials

Provide a resource for standardized therapeutic efficacy testing of preclinical drug candidates that prioritizes translational biochemical and physiological endpoints (e.g. PET/MR) over behavioral measures using best practices

Develop a database of preclinical studies that would be available to the AD scientific community and incorporating experimental details as well as unpublished negative and positive data



MODEL-AD Preclinical Testing Core (PTC) Aims and Milestones

• Years 1-2

- Establish and validate processes and procedures
 - Testing protocols (SOPs), exclusion/inclusion criterion, subject identification, logistics (e.g. sample shipment logistics to IU)
- Recruit and Train staff
 - Staff are required to reproduce data validation sets under blinded conditions
 - Develop training protocols and provide this resource to the community

• Establish preclinical testing pipeline

- Validate pipeline with BACE inhibitor in well characterized mouse model (5xFAD)
- Determine Go/NoGo criterion

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- Refine processes and procedures
- Test preclinical pipeline with drug currently in clinic
- Develop and implement process for vetting potential drug candidates nominated by the greater AD research community: STOP-AD

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- Establish a publically accessible web mechanism to submit drug candidates
- Years 3-5: Evaluate 2 novel compounds per year in MODEL-AD LOAD mouse models

Disease/Drug/Biomarker Optimization



- The **Disease** ∩ **Drug** ∩ **Biomarkers** (D)
- An MOA relevant and translatable biomarker is available
- PET Biomarkers provide clinically relevant information on disease endpoints
- PET Biomarkers provide rapid clinical translation based on current clinical use
- Secondary confirmation via AutoRad ensures reliability of PET Biomarkers at higher resolution

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 Tertiary confirmation via Immunopathology ensures target engagement independent of PET or AutoRad

Intersection of the disease, drug mechanism of action, and biomarker properties yields region (A-C) represents potential false negative (-) or positive (+) readouts. Region D provides the optimal measure of drugs action on a disease process.



PTC: Building a Preclinical Testing Pipeline



• Mouse models will be best matched to the compound of interest being evaluated in the screening pipeline based on both disease pathology and compound mechanism of action.



PTC: Building a Preclinical Testing Pipeline

or tomorrow's cures



aluation for Late-Onset

ARRIVE: Highlights

Model Systems

- Construct validity of models
- Face validity of models

Animal Care

- Housing conditions (single vs. multiple)
- Husbandry (food, water, lighting, bedding)

Study Conduct

- Subject randomization/allocation
- Blinding of study personnel (techs, PI)
- Counter balancing for groups, sex, age

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- Sample sizes yielding well powered studies (n=10-12 per sex per dose level per tracer)
- Inclusion/Exclusion criteria



Evaluation of Verubecestat in 5xFAD – In vivo PK

mAU

300-



New Batch* Verubecestat PK Study – Oral Dosing

• 6 mo aged 5xFAD males and females (n=3-4 per dose level)



DOSE (mg/kg) → 1.5 - 3 → 10 - 15 - 30

PK analysis revealed a short half-life (~2.4h) and effect of dose and formulation on absorption rate constant. Cmax:Cmin PK/PD modeling indicate administration required every 4-6 hrs to maintain exposure levels



Alternative to 4x Daily PO dosing – Verubecestat milled into Chow

Quality Control

- Ensure drug is the active and correct compound
- Ensure concentrations as expected in chow

Drug Milled into Diet (Commercial Vendor)

- Whole Pellets: Crush with mortar and pestle to fine powder

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- **Pellet Slices:** Using a clean razor blade divide pellet into 4 sections (A and D are the end pieces of the pellet, B and C are the middle pieces)

| | Observed ng on column | Mean | SD | cv | | | |
|-----------------|--------------------------|------|------|-----|--|--|--|
| | Intra-pellet variability | | | | | | |
| 1a-end slice | 0.80 | 0.81 | 0.07 | 8% | | | |
| 1b-middle slice | 0.90 | | | | | | |
| 1c-middle slice | 0.74 | | | | | | |
| 1d-end slice | 0.80 | | | | | | |
| 2a-end slice | 0.45 | 0.63 | 0.23 | 36% | | | |
| 2b-middle slice | 0.97 | | | | | | |
| 2c-middle slice | 0.57 | | | | | | |
| 2d-end slice | 0.54 | | | | | | |
| | Inter-pellet variability | | | | | | |
| pellet 1 | 0.49 | 0.54 | 0.17 | 31% | | | |
| pellet 2 | 0.68 | | | | | | |
| pellet 3 | 0.51 | | | | | | |
| pellet 4 | 0.46 | | | | | | |
| pellet 5 | 0.47 | | | | | | |
| pellet 6 | 0.40 | | | | | | |
| pellet 8 | 0.48 | | | | | | |
| pellet7 | 0.35 | | | | | | |









In Vivo PK Protocol for Drug Milled into Chow

- At least 1 week ad libitum (daily weights to evaluate taste aversion/adverse effects)
- Within subject sampling- 1x with a 3 night inter-sample interval
- Sample times: @ lights off (6pm), @ peak feeding (8pm), midnight, @ lights on (6am), midday (timed to PD)



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- Significant differences observed for single vs. group housed, male vs. female, and time of day.
 - Concentrations were lower in males than females.
 - Inter-individual variability was greater in females than males.

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 PK/PD modeling supported selection of appropriate dose range (10-100 mg/kg/day) for chow formulation to cover pellet variability and sex differences in exposure levels for long term PD studies *in progress*.

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PTC: Building a Preclinical Testing Pipeline



PET/MRI/AutoRad as a PD biomarker of:

- Glucose Metabolism (18F-FDG)
- Tissue Perfusion (64Cu-PTSM)
- Beta Amyloid Deposition (18F-AV45)
- Tau (3R/4R) Deposition (18F-AV1451)



Verubecestat PD Study In Progress – Drug in Diet

Target Engagement!

- Verubescestat produced coat color changes beginning at approximately 4 weeks of age in treated mice in the current study.
- Verubecestat is a small-molecule inhibitor of BACE1
- Fur hypopigmentation was observed in rabbits and mice but not in monkeys (Kennedy et al. 2016)
- PMEL (Pigment cell-specific melanocyte protein also known as PMEL17, Silver, SILV, ٠ gp100) is a transmembrane glycoprotein solely expressed in melanocytes and is involved in eumelanin synthesis.

SCIENTIFIC REPORTS

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OPEN Pharmacological BACE1 and **BACE2** inhibition induces hair depigmentation by inhibiting PMEL17 processing in mice

Received: 07 October 2015 Accepted: 02 February 2016 Published: 25 February 2016

Derya R. Shimshek¹, Laura H. Jacobson^{1,†}, Carine Kolly², Natasa Zamurovic², Kamal Kumar Balavenkatraman², Laurent Morawiec², Robert Kreutzer², Juliane Schelle⁵, Mathias Jucker⁵, Barbara Bertschi², Diethilde Theil², Annabelle Heier², Karine Bigot², Karen Beltz³, Rainer Machauer⁴, Irena Brzak¹, Ludovic Perrot¹ & Ulf Neumann⁴















NEJM April 11. 2019 **ORIGINAL ARTICLE**

Randomized Trial of Verubecestat for Mild-to-Moderate Alzheimer's Disease

Michael F. Egan, M.D., James Kost, Ph.D., Pierre N. Tariot, M.D., Paul S. Aisen, M.D., Jeffrey L. Cummings, M.D., Sc.D., Bruno Vellas, M.D., Ph.D., Cyrille Sur, Ph.D., Yuki Mukai, M.D., Tiffini Voss, M.D., Christine Furtek, B.S., Erin Mahoney, B.A., Lyn Harper Mozley, Ph.D., Rik Vandenberghe, M.D., Ph.D., Yi Mo, Ph.D., and David Michelson, M.D.

A change in hair color was observed in both the 12-mg group (2.5%) and the 40-mg group (5.0%) but not in the placebo group (Table 3).

Prophylactic treatment of VER in 6 mo aged 5xFAD mice

 VER (10-100 mg/kg, BID, PO) reduced amyloid deposition as measured at 6 months of age in male and female 5xFAD treated prophylactically for 3 months



Average MRI (left), PET (center-left), Fused (center-right), and Autoradiography (right) images at three bregma targets (0.38, -1.94, -3.80) as a function of chronic VER dosing (top to bottom). 18F-AV45 PET/MRI images represent an average of 5 randomly selected male and females, while Autoradiography images are representative males or females.

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Verubecestat – 18F-AV45 PET/MRI Results



Quantitative analysis of 18F-AV45 PET/MRI uptake in male and female 5XFAD mice as a function of VER dose. Data are presented as means ± 1 SEM, and analyzed with a 2-way ANOVA, with sex and treatment as factors. As predicted, VER altered 18F-AV45 uptake in a dose and region dependent manor.



PTC: Building a Preclinical Testing Pipeline



4 Step QC Process for Behavior

fornia, Irvine

- Confirm genotypes from terminal tail tips
- Blinded groups (e.g. A, B, C, D, E) evaluated for a priori inclusion/ exclusion criteria (e.g. technical issues – not mathematical)
- Individual responses correlated with PK and PD (e.g. Aβ levels)
 - "Assigned" treatment group is not reflective of actual dose (via ad libitum drug/feeding paradigm); exposure relevant measures of PK and PD are required
 - Exclusion criteria: control subjects received drug erroneously
- Data unblinded and interpreted with all raw data uploaded to Synapse



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PTC: Building a Preclinical Testing Pipeline





| HOW IT WORKS | APPLY |
|--------------|-------|
|--------------|-------|

ABOUT THE PRECLINICAL TESTING CORE

The PTC is a group of researchers under the direction o the compound to confirm the active pharmaceutical ing

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| | In Vivo Data | Last Name | | | | | | | - 1 |
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| | Acute Dosing | | | | | | | | |
| | Chronic Dosing | | | | | | | | |

⊘ STOP-AD Web Portal

- Required Data
- In Vitro Data
- In Vivo Data
- Pharmacokinetics
- Pharmacodynamics
- Toxicology
- Clinical Data



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MODEL-AD PTC Educational & Training Resources

Improving Preclinical Translation of Alzheimers Disease Research

Upcoming Event

PRINCIPLES AND TECHNIQUES FOR IMPROVING PRECLINICAL TRANSLATION IN ALZHEIMER'S DISEASE



Scholarships Available!



Location: Bar Harbor ME

We invite you to join us for an immersion workshop focusing on the improvement of preclinical translation in Alzheimer's Disease research. This workshop will leverage the expertise and facilities of the Indiana University (IU)/JAX Model Organism Development for Evaluation of Late Onset Alzheimer's Disease (MODEL-AD) Precision Medicine consortium

Lecture Topics

- Drug Discovery and Development Process ٠
- Pharmacokinetics and Bioanalytical ٠
- Pharmacodynamics and PD endpoints for AD .
- PK/PD Modeling ٠
- Behavioral Phenotyping for AD mouse models ٠
- Translational Pharmacology (PET/MR) ٠
- Intersection of Clinical and Preclinical Genetics .
- MODEL-AD Consortium Resources and new AD mouse model Resources .
- Preclinical Biostatistics .

- Hands On Training & Practicums ٠
 - in vivo PK studies
 - drug formulation
 - routes of administration (PO, IP, SC, etc)
 - serial blood sample and terminal CSF and tissue collections
 - Executing experiments in line with ARRIVE guidelines
 - Blinding ٠
 - Randomization
 - Counterbalancing
 - Controls
 - Sample size Analyses



MODEL-AD PTC - Acknowledgements

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