



Addressing the challenges of antibacterial discovery and development

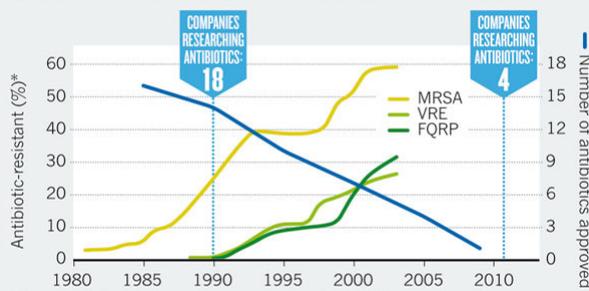
Patrick Vallance
President, Pharma R&D
GSK

The Perfect Storm



A PERFECT STORM

As bacterial infections grow more resistant to antibiotics, companies are pulling out of antibiotics research and fewer new antibiotics are being approved.



*Proportion of clinical isolates that are resistant to antibiotic. MRSA, methicillin-resistant *Staphylococcus aureus*. VRE, vancomycin-resistant *Enterococcus*. FQRP, fluoroquinolone-resistant *Pseudomonas aeruginosa*.

Shlaes & Cooper, Nature (2011) 472; 32

1. The scientific challenge
2. The complexity of clinical investigation
3. The return on investment

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Success of antibacterial R&D compared to other areas



- Antibiotic discovery has a higher attrition than other areas
 - Vast majority of historic antibacterial R&D effort focused on ‘small molecule kill the bug’
 - Same science base since Fleming

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*Hit to Phase 2 based on novel mechanism AB discovery (GSK) *Based on Paul, et al (2010), Nature Reviews Drug Discovery 9: 203-214.

Why is this so difficult ?

Plenty of good AB targets, hard to find good leads

- GlaxoSmithKline#
 - 70 HTS (1995-2001)
 - Mainly enzyme based
 - 5 Leads
 - 7% success rate
- Pfizer*
 - 62 HTS
 - Mix of whole cell & enzyme
 - 4 Leads
 - 6.5% success rate

Industry average success (all TAs) for leads = 80%^a

Optimising antibacterial activity is challenging (esp Gram-ves)

AB have to achieve v.high exposures with a viable therapeutic index

^apublished in *Nature Reviews Drug Discovery* 6, 29-40, 2007 *Personal communication from Paul Miller, Pfizer (now AZ)

Discovery programs on novel classes can be very long and resource intensive: eg....

Novel Bacterial type II Topoisomerase Inhibitors (NBTI) class of AB, different mechanism to quinolones

Nature 2010, 465: 935-940
Nature Struct Mol Biol, 2010, 17, 1152

Program focused on Gram -ve and Gram +ve, but only Gram +ve delivered

Started 1998. Initial focus to overcome CV liabilities

↓ ✓

*GSK203815 X genotox risk

Focus on addressing risk

↓

*GSK966587 X hepatic tox risk

Focus on addressing risk

↓

*GSK945237 X testicular tox & ocular tox risk

Focus on addressing risk

↓

*GSK2140944 ✓ Passed 3 month tox

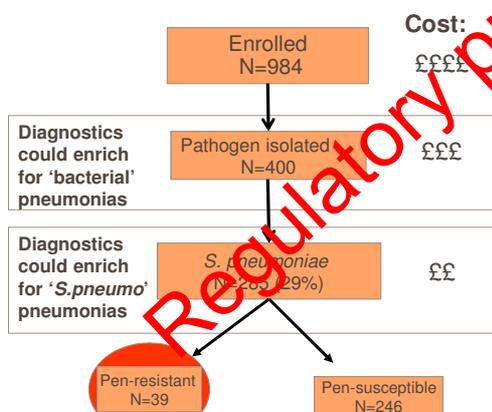
⁶ *MICs, efficacy & initial tox all excellent

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Challenge of antibacterial clinical trials and the role of diagnostics

e.g.: Challenge of seeking penR
S.pneumo infections in a CAP trial



Impact of diagnostics in antibiotic trials

- Enable patients with resistant pathogens to be targeted
- Decreases size & cost of trials
- Enriched populations will improve end points

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New funding partnerships



- New antibiotics needed to address MDR pathogens in our hospitals
- New antibiotics needed to protect against the threat of bioterrorism



BARDA
(Novel
portfolio
partnership)



DTRA

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Creation of ND4BB (IMI) as a highly collaborative approach to address challenges





www.ScienceTranslationalMedicine.org 19 March 2014 Vol 6 Issue 228 228ed7

TRANSLOCATION Project: How to Get Good Drugs into Bad Bugs

THE SCIENTIFIC LITERATURE, LAY PRESS, AND GOVERNMENT BOODS ALL NOW RECOGNISE antimicrobial resistance (AMR) as a major global public health threat (1-3). Addressing the need for new antimicrobials is complicated by the increasing cost

TRANSLOCATION (Drugs into Gram-ves)

Consortia tbd (Commercial models)

COMBACTE (Clinical trials)

ENABLE (Collaborative hit/lead optimization programs)

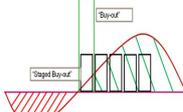
COMMENT

ND4BB: addressing the antimicrobial resistance crisis

John H. Rex

The Innovative Medicines Initiative (IMI) recently launched its third public-private partnership, ENABLE (European Gram-negative Antibacterial Engine), to tackle the shortage of effective

Nature Reviews Microbiology | AOP, published online 10 March 2014; doi:10.1038/nrmicro3245







COMBACTE CLIN-Net: 280 members and Candidate members



A broader discovery agenda is needed for addressing bacterial infections



- Most of the antibacterial effort focused on the traditional antibiotic model of ‘small molecule kill the bug’
- A broader research agenda is needed eg:

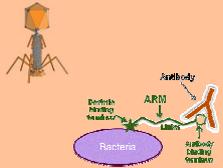
Alternative Approaches to tackling the bacteria

- Zwitterionic Prodrugs
- Pathogenesis
- Virulence
- Inhaled delivery
- Liposome delivery
- Biofilm disrupters



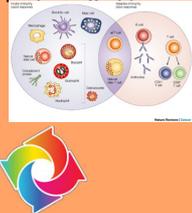

New Modalities (not small molecule)

- Bacteriophage
- Antibody-drug conjugates
- Antibody Recruiting Molecules (ARMs)
- Bacterial delivery systems
- Monoclonal Antibodies



Host Targets

- Adhesion/invasion
- Modulate Inflammation
- Targeting innate immunity and immunomodulators
- Repurposing opportunities



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New regulatory paths globally harmonised to expedite development of antibacterials



- Regulatory pathways evolving to expedite dev't of AB
 - EMA: Pilot project on adaptive licensing
 - FDA: 'Antibacterial therapies for patients with unmet medical need for treatment of serious bacterial diseases' ('streamlined' development)
- Limited Population Antibacterial Drug (LPAD), IDSA
 - Expedite approval for drugs that target resistant infections with few options
 - Safety/effectiveness in smaller trials, higher dependence PK/PD
 - Label informs about uncertainties to ensure appropriate use (special logo)
 - New data can subsequently broaden the intended use
- Global harmonisation for these new routes is key
- Pursuing these paths for current & future unmet needs


 EUROPEAN MEDICINES AGENCY
 SCIENCE MEDICINES HEALTH



LPAD: Limited population Antibacterial Drug; IDSA: Infectious Diseases Society of America

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Thank you