

Neuropharmacology and Drug Design

Week 13

Fides Zenk

Learning Objectives of this week

Identifying drug targets in the CNS

Testing and predicting a drugs function

Mechanisms of CNS drugs targeting pain - perturbation screens, virtual cells

Delivery systems to the CNS and the Blood-Brain-Barrier

iPSC derived therapies and systems to model diseases

Cost of CNS diseases and drug development

European Brain Council estimate (2010): **798 billion Euro/per year** (mental and neurological disorders)

CNS drugs

Probability of reaching the market: 7% (other therapeutics 15%)

Average time to develop: 12.5 years (6.3 cardiovascular)

Cost: about 2.5 Billion \$

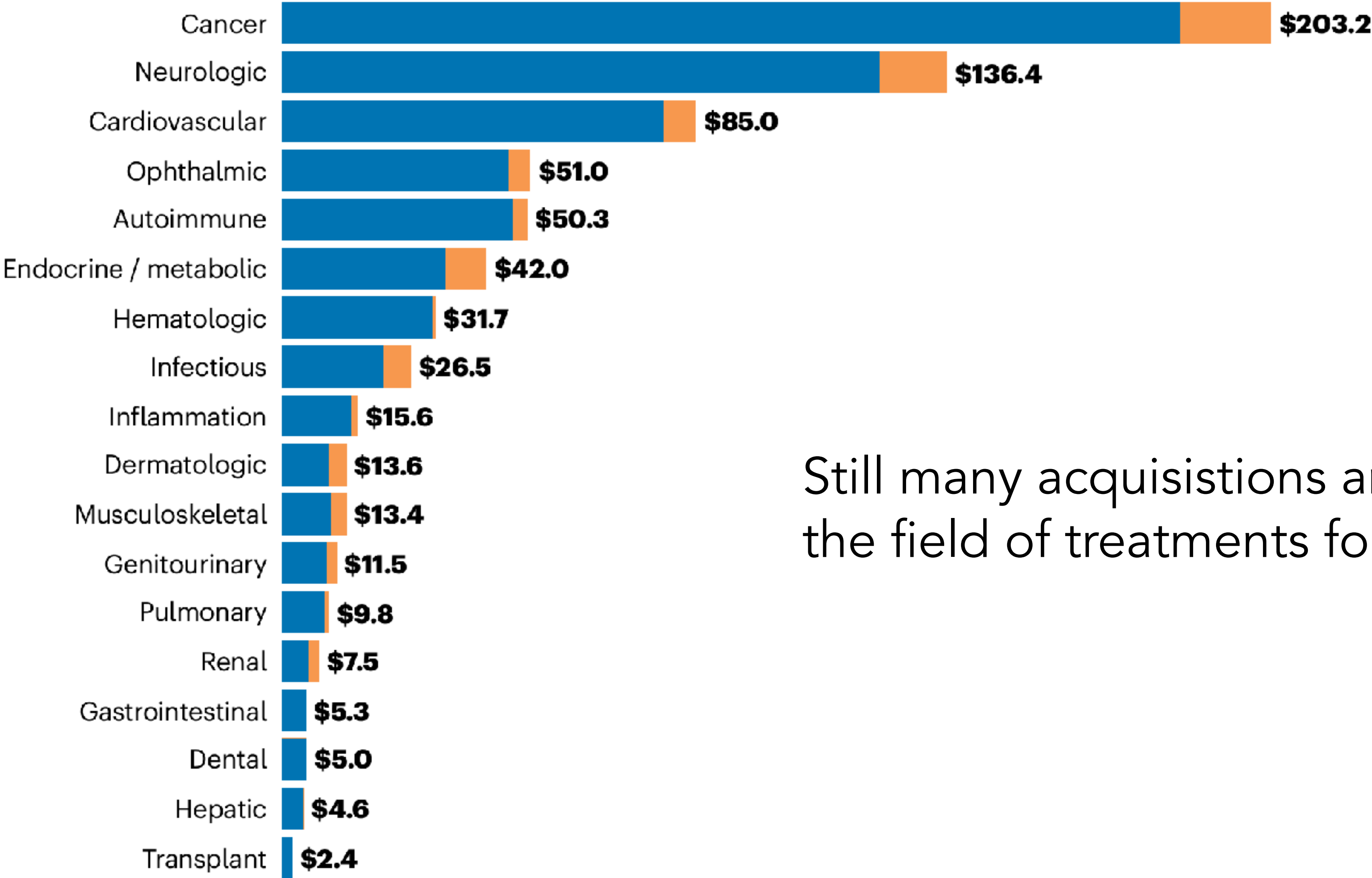


Not a very good business for Pharma companies

Cost of CNS diseases and drug development

M&A, top therapy areas — 2020–2024

Total M&A cash no contingents (\$B) Total M&A with contingents (\$B)



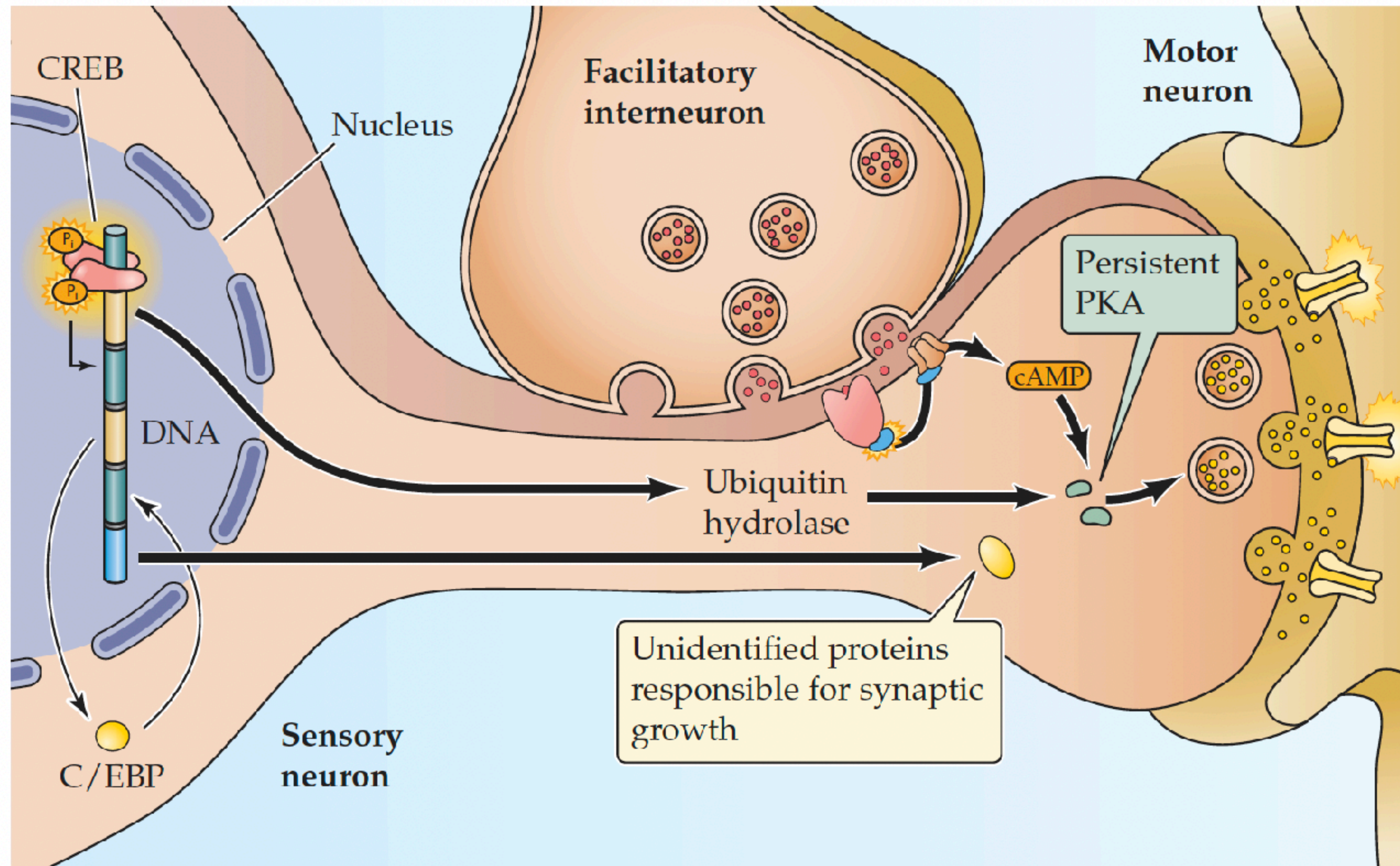
Still many acquisitions and mergers happen in the field of treatments for neurologic disorders.

Which pathways do you remember from the lecture that could be targets for drugs?



Which pathways do you remember from the lecture that could be targets for drugs?

(B)



Ion channels

Neurotransmitter receptors

G-Protein coupled receptors

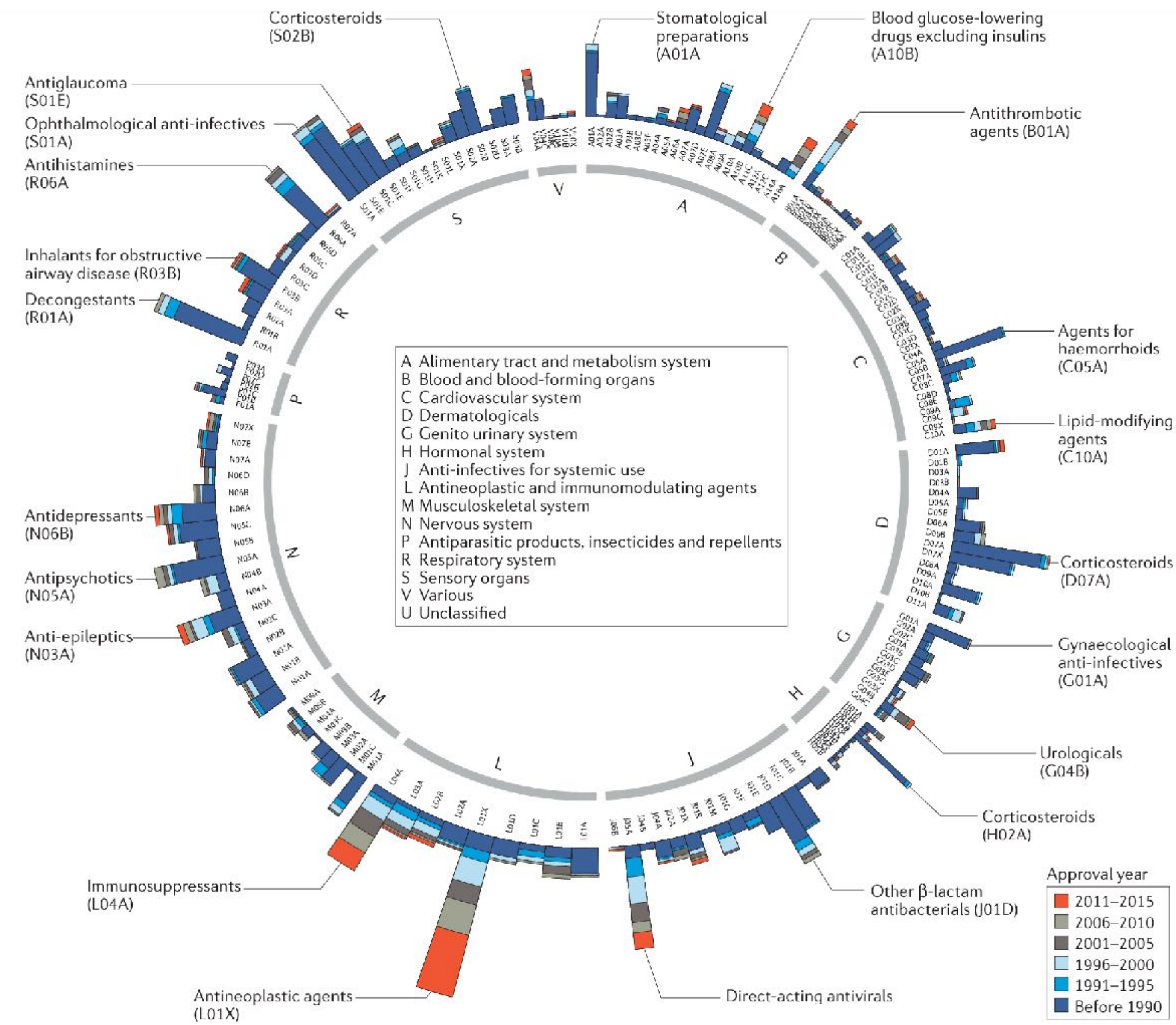
Kinases

Nuclear receptors

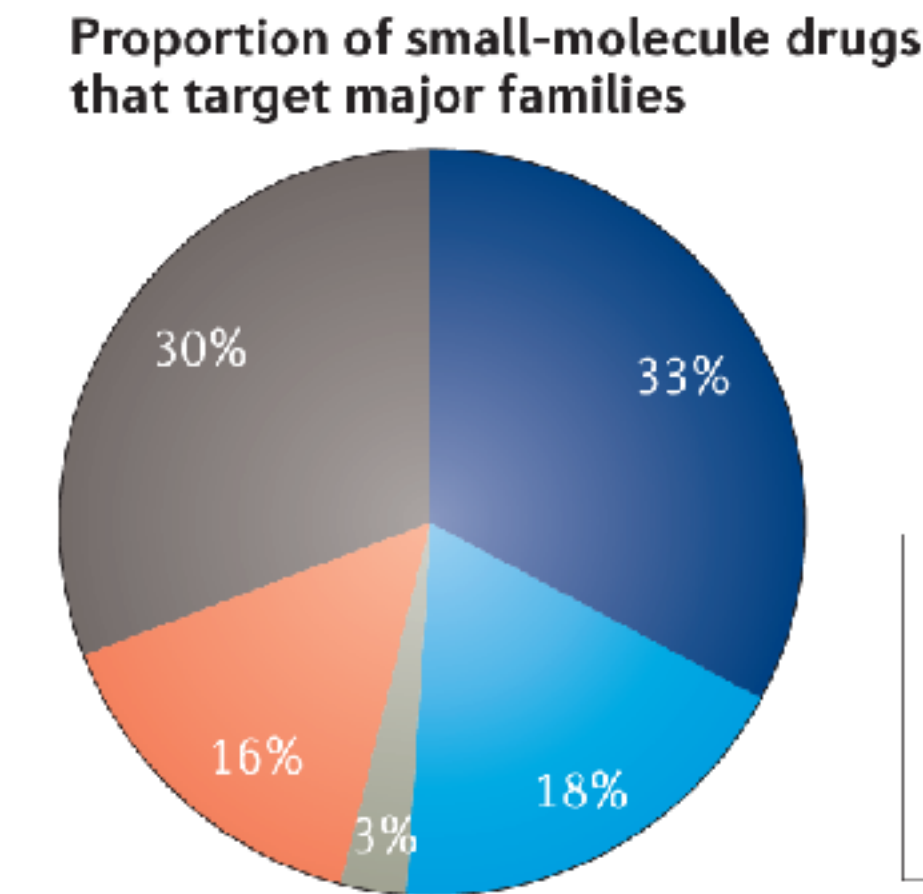
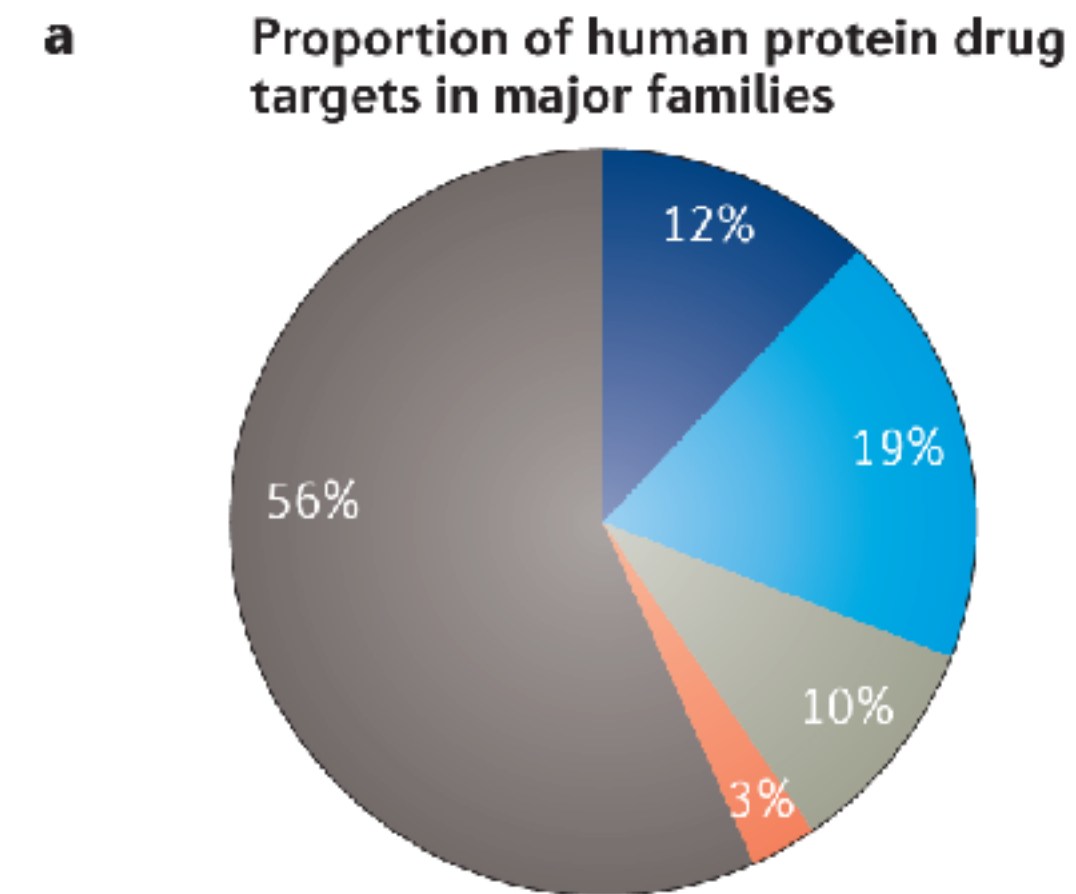
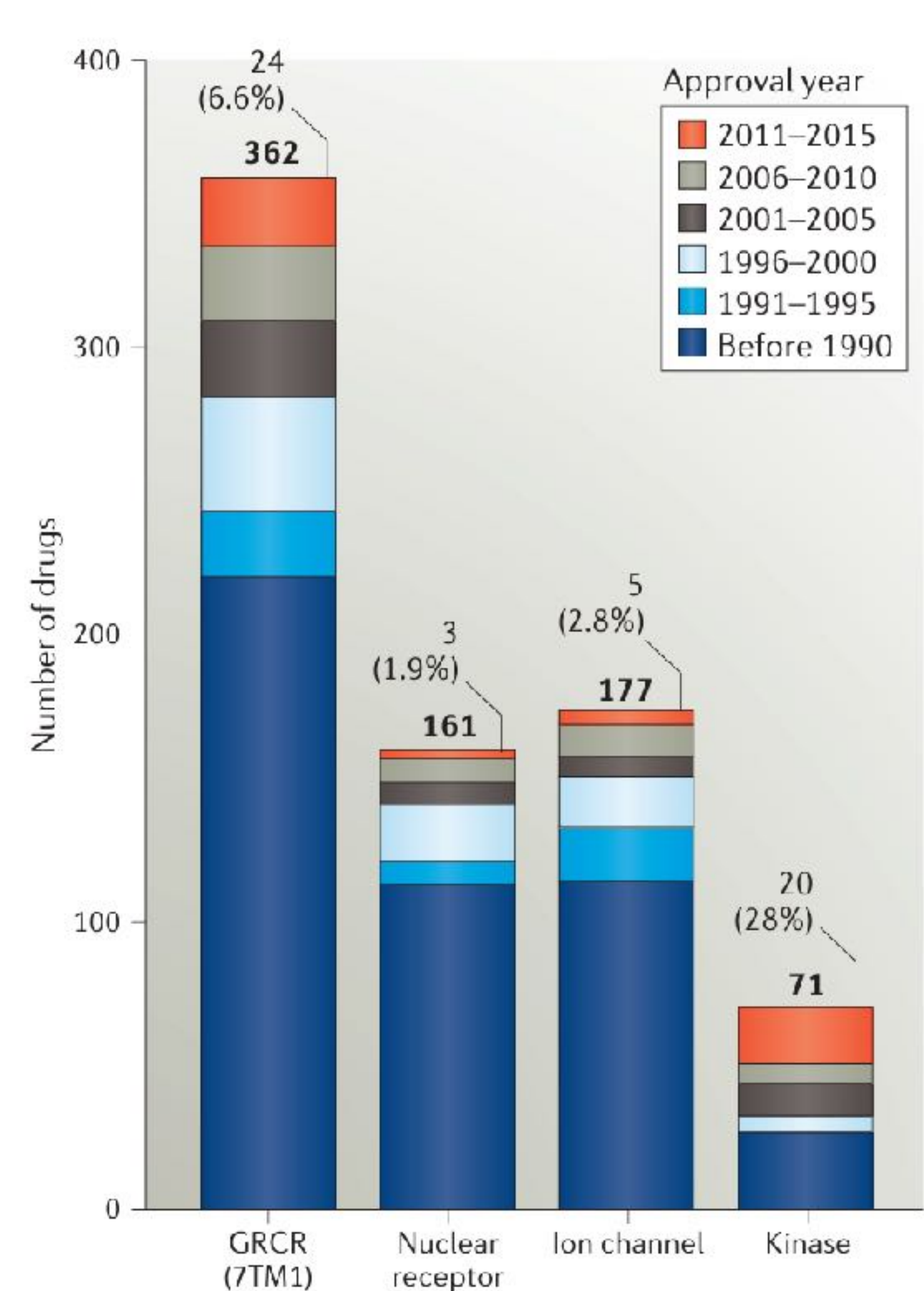
(many more...)

Popular drug targets

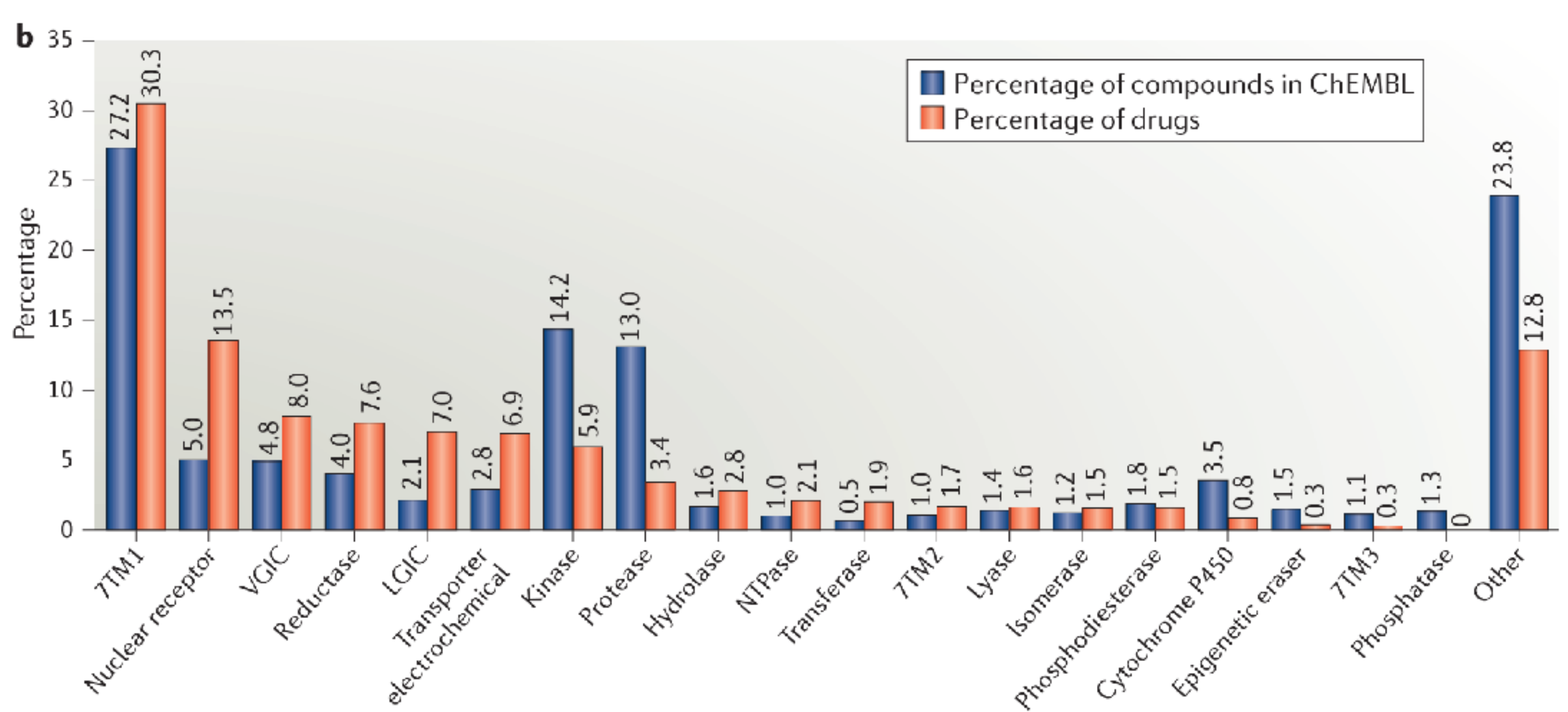
Most recent drug developments (here only until 2015) in the nervous system focus on psychiatric and mental disorders but also neurodegenerative disorders.



Popular drug targets

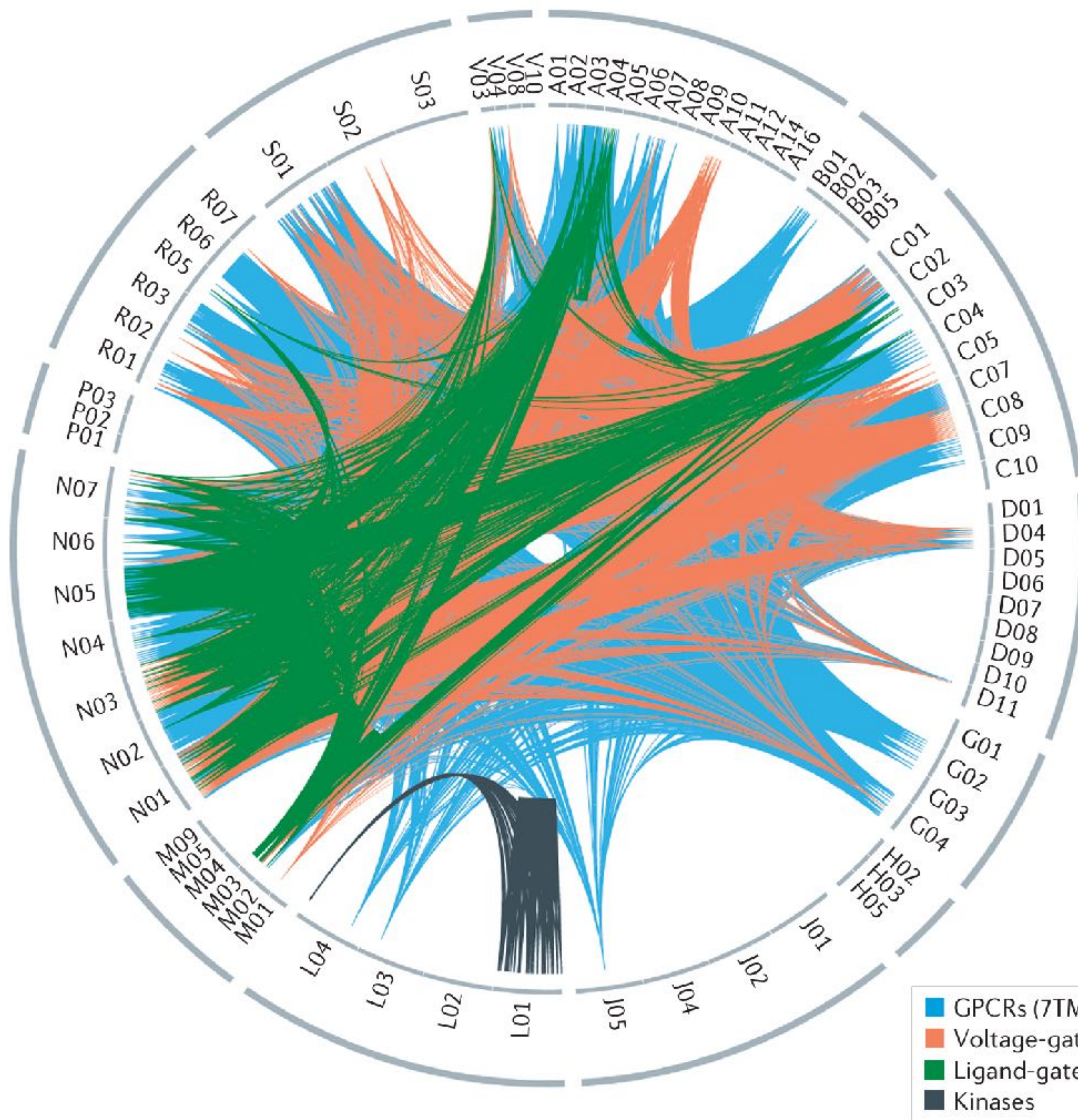


Privileged protein families make up 44% of drug targets. They play important roles in the nervous system.



Popular drug targets

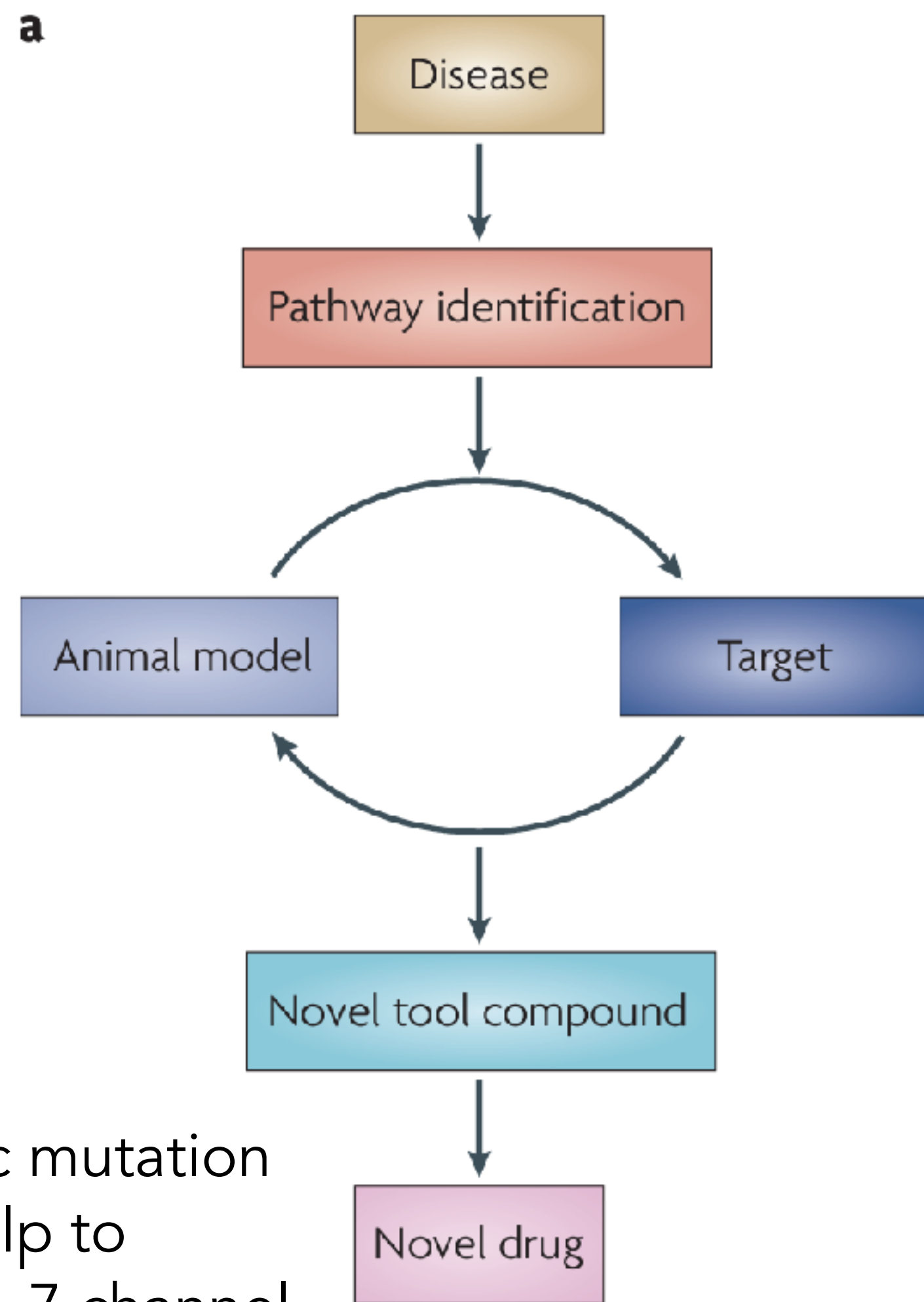
Privileged protein families also play important roles outside of the nervous system. Making drug development often more difficult in order to target a specific target or system.



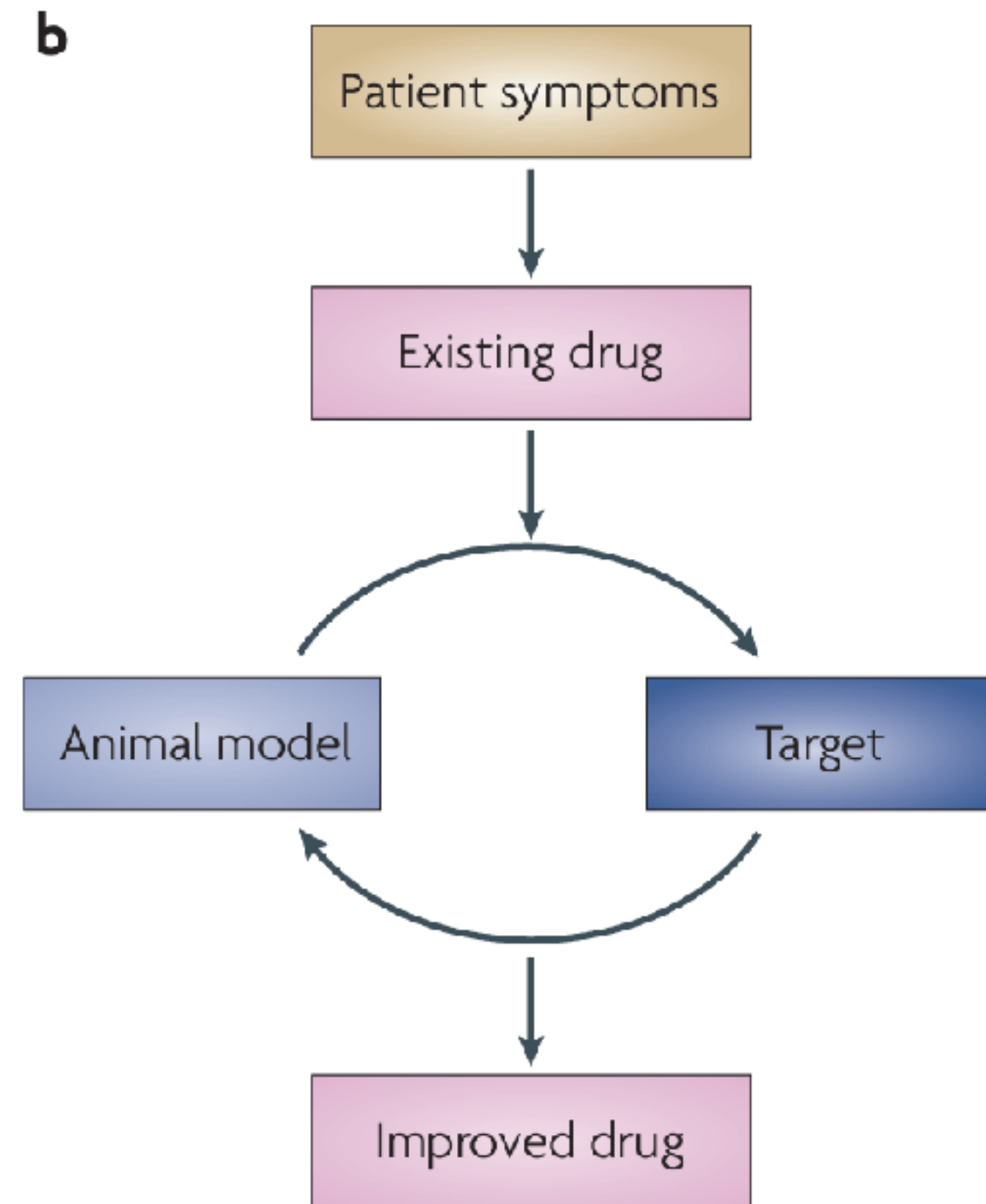
- A Alimentary tract and metabolism system
- B Blood and blood-forming organs
- C Cardiovascular system
- D Dermatologicals
- G Genito urinary system
- H Hormonal system
- J Anti-infectives for systemic use
- L Antineoplastic and immunomodulating agents
- M Musculoskeletal system
- N Nervous system
- P Antiparasitic products, insecticides and repellents
- R Respiratory system
- S Sensory organs
- V Various
- U Unclassified

- GPCRs (7TM1)
- Voltage-gated ion channels
- Ligand-gated ion channels
- Kinases

Process and approaches to drug development

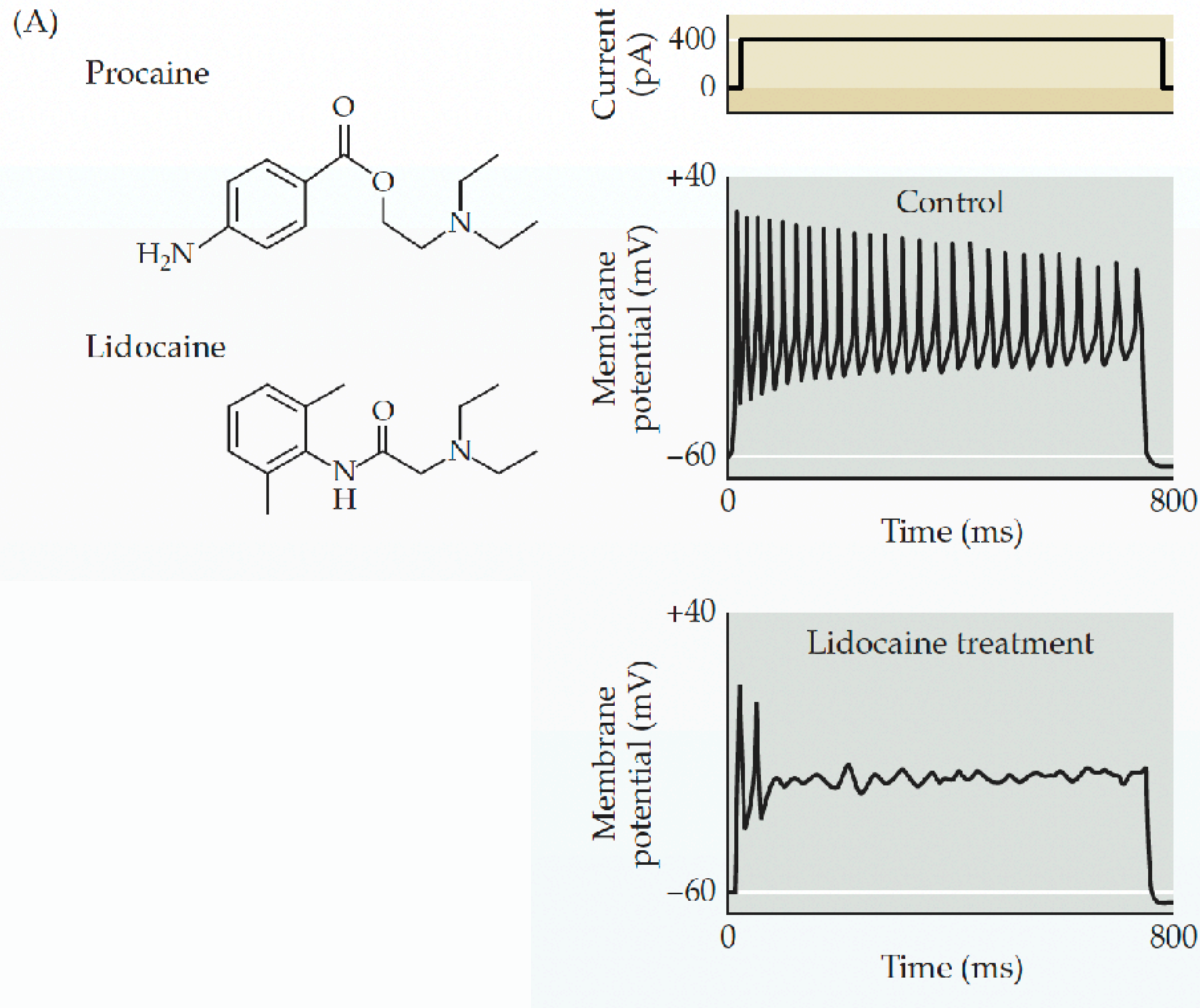


E.g. knowing a specific mutation and phenotype can help to identify a target. (Nav1.7 channel mutations in human lead to loss of pain sensation)

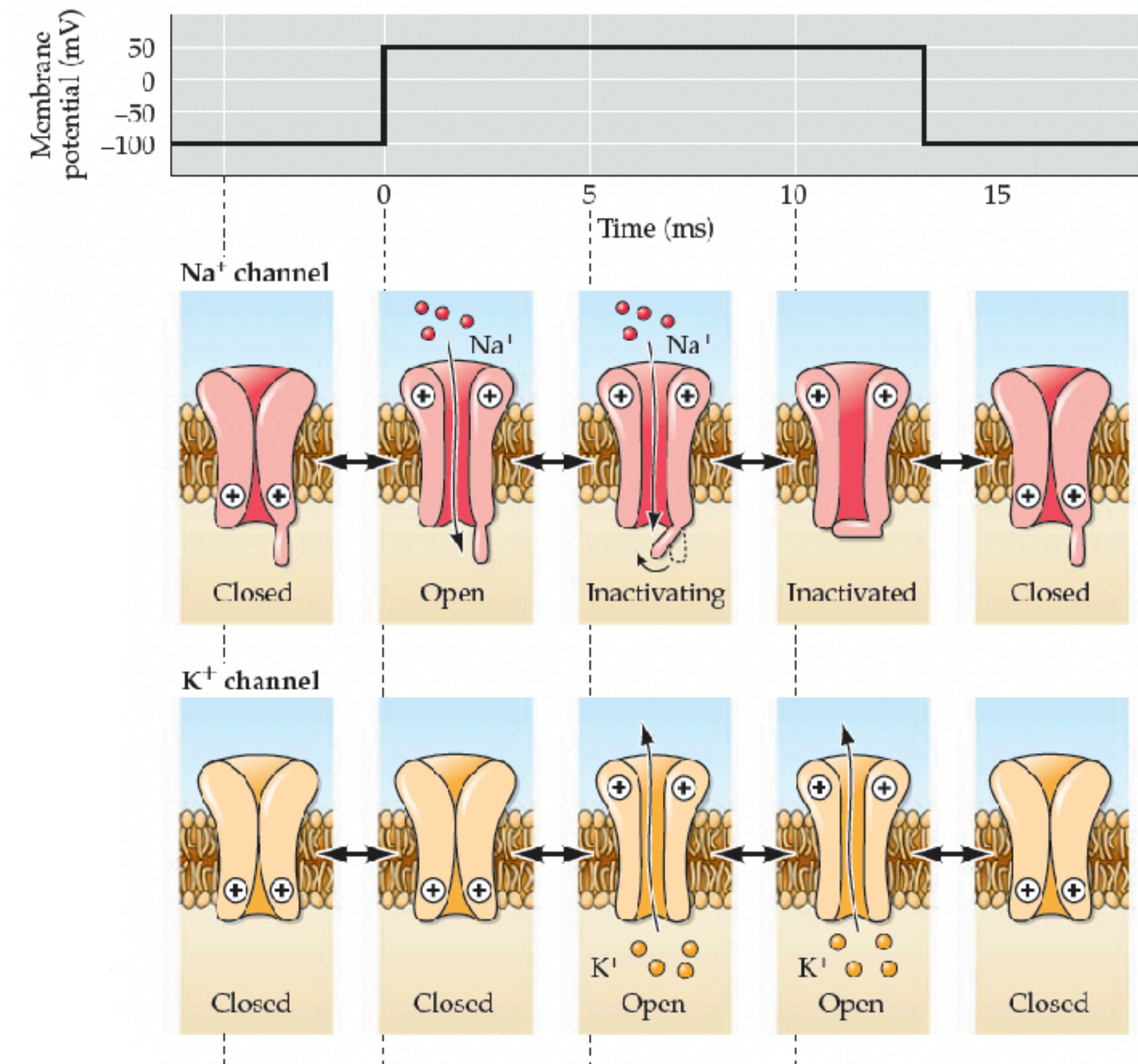


E.g. Cobenfy against schizophrenia combines Xanomeline muscarinic acetylcholine receptor agonist combined with trospium muscarinic antagonist in the enteric nervous system

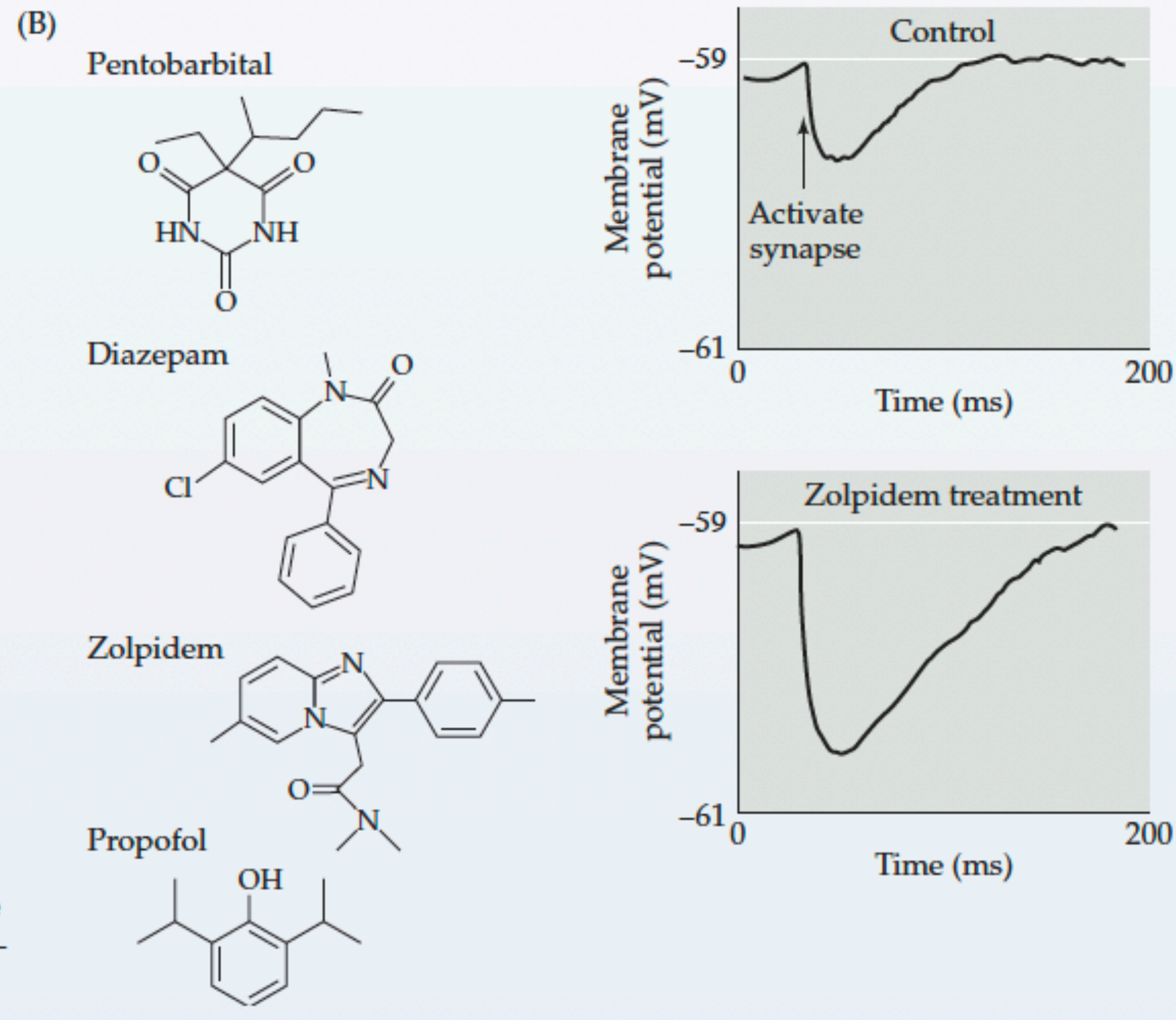
Typical drugs use in the CNS - most target pain



Lidocaine blocks voltage-gated sodium channels and prevents the generation and propagation of action potentials. Most commonly used as a local anaesthetic.

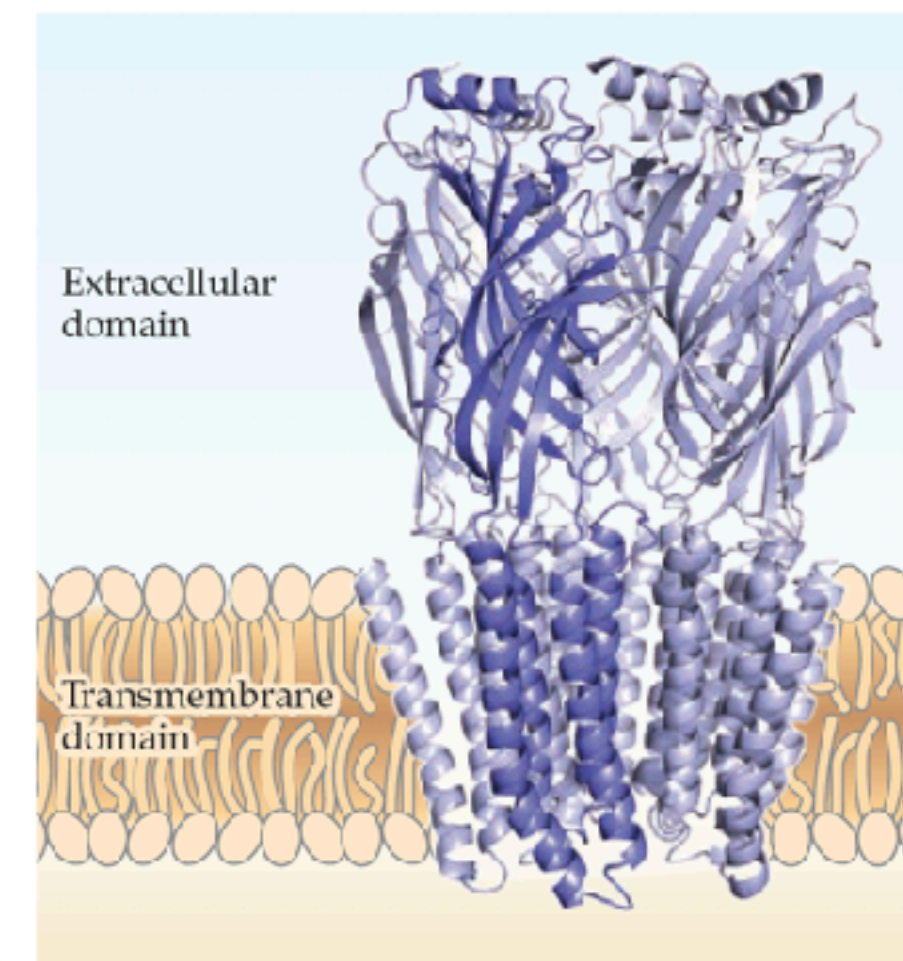


Typical drugs use in the CNS - most target pain

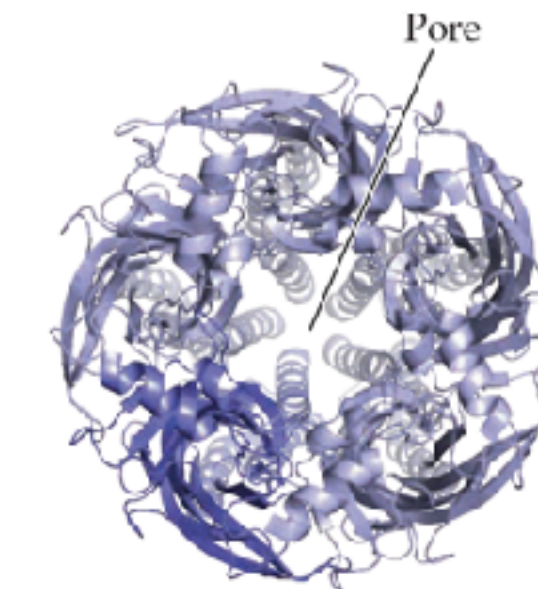


Sedatives enhance the activity of postsynaptic GABA receptors. Enhances inhibitory signalling and reduces neural activity. Barbiturates are used to treat anxiety and depression, today mostly benzodiazepines are used. They also block Sodium channels. Overdoses can be lethal.

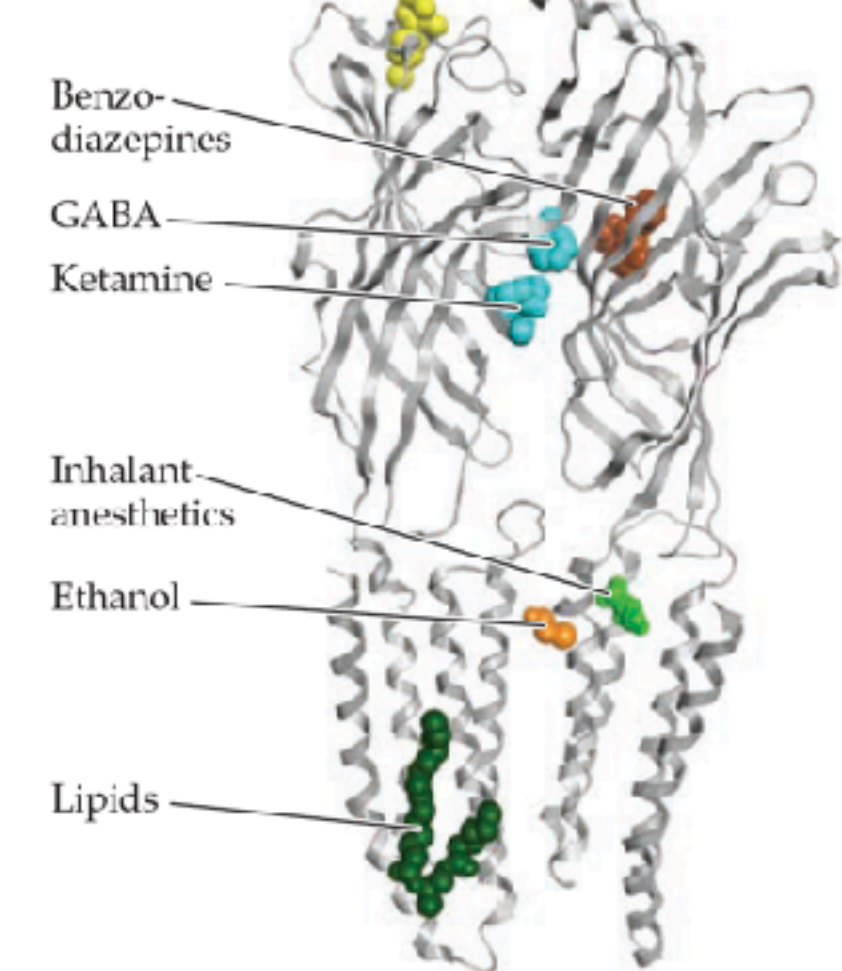
(B) Side view



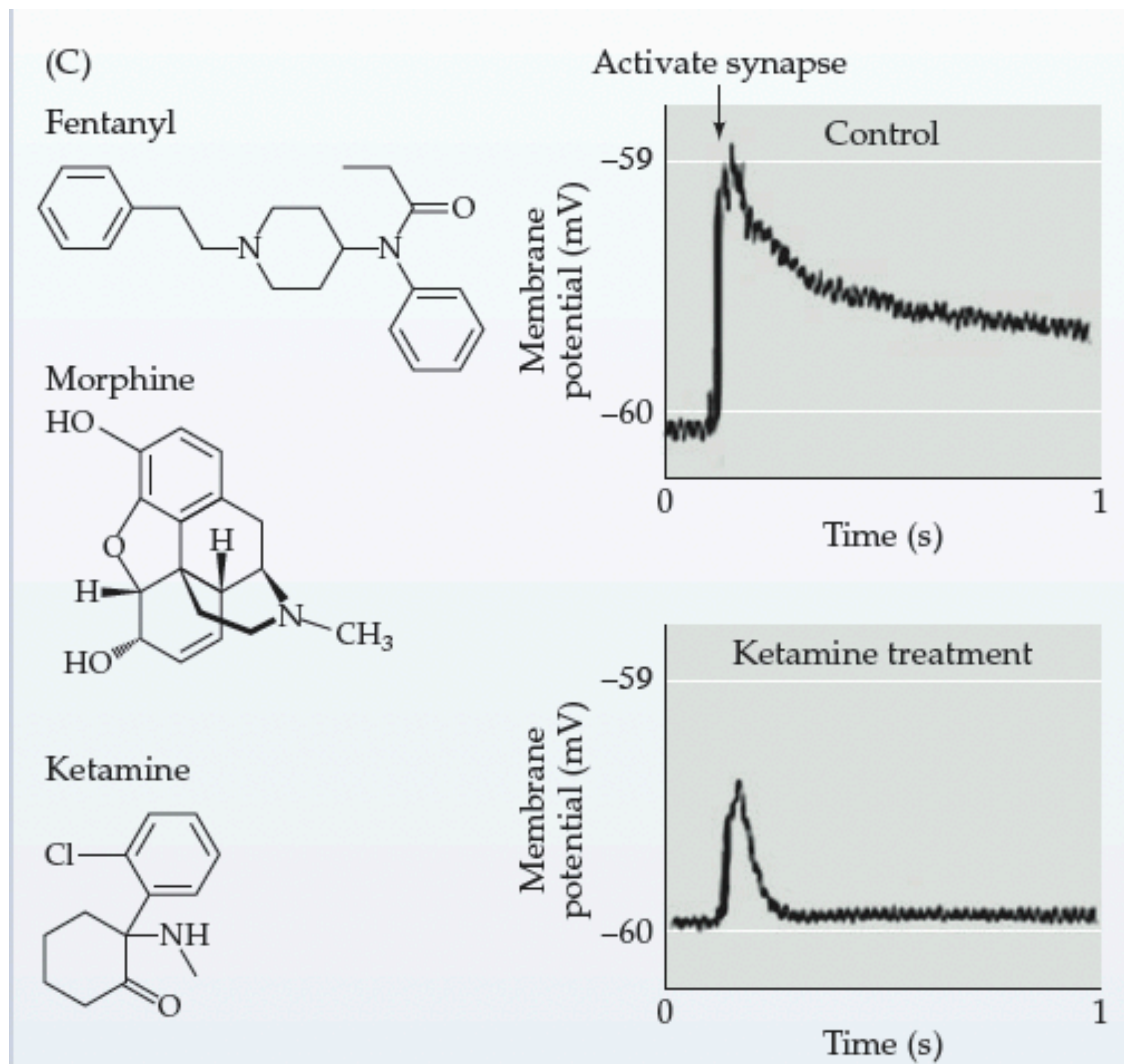
(C) Top view



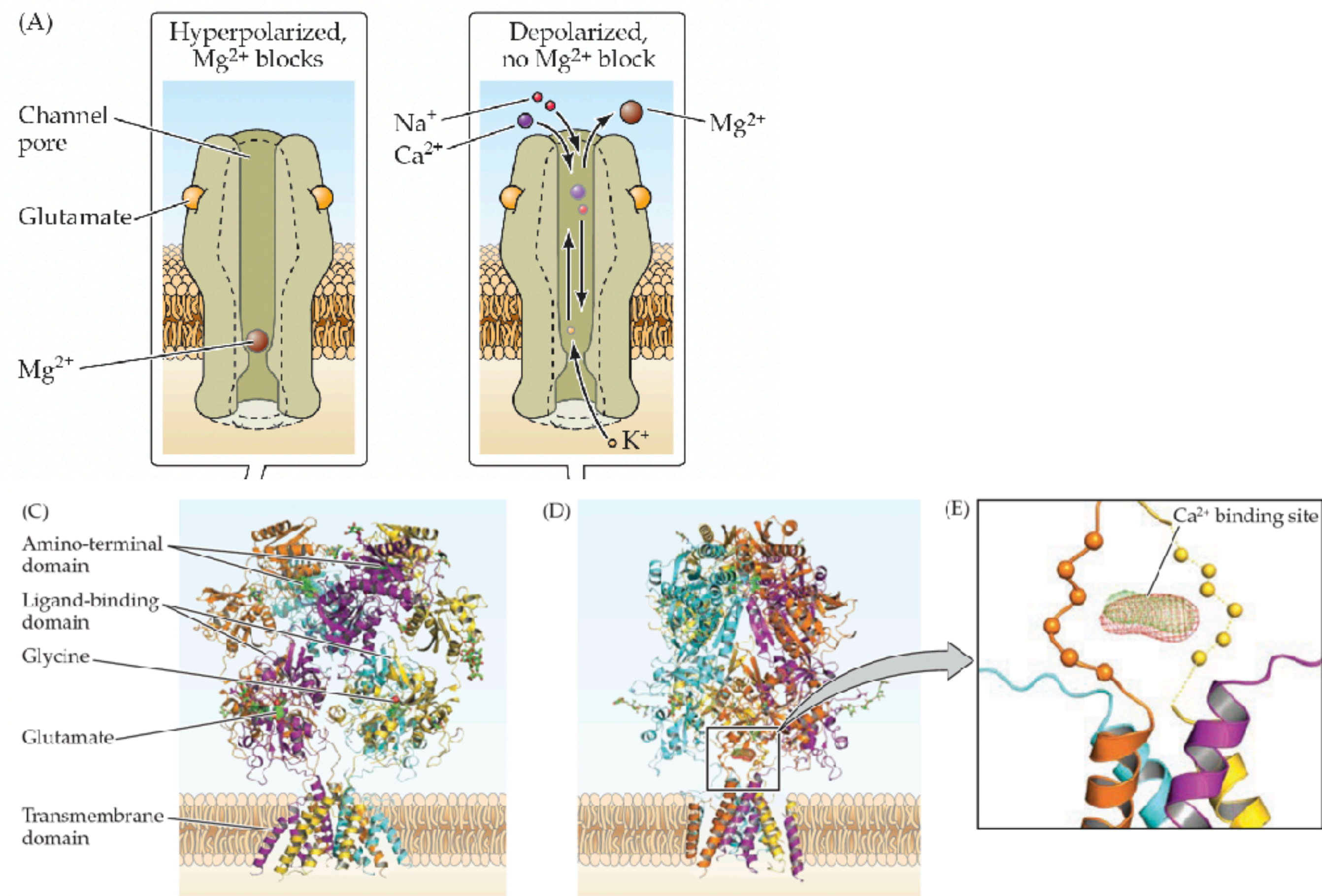
(D)



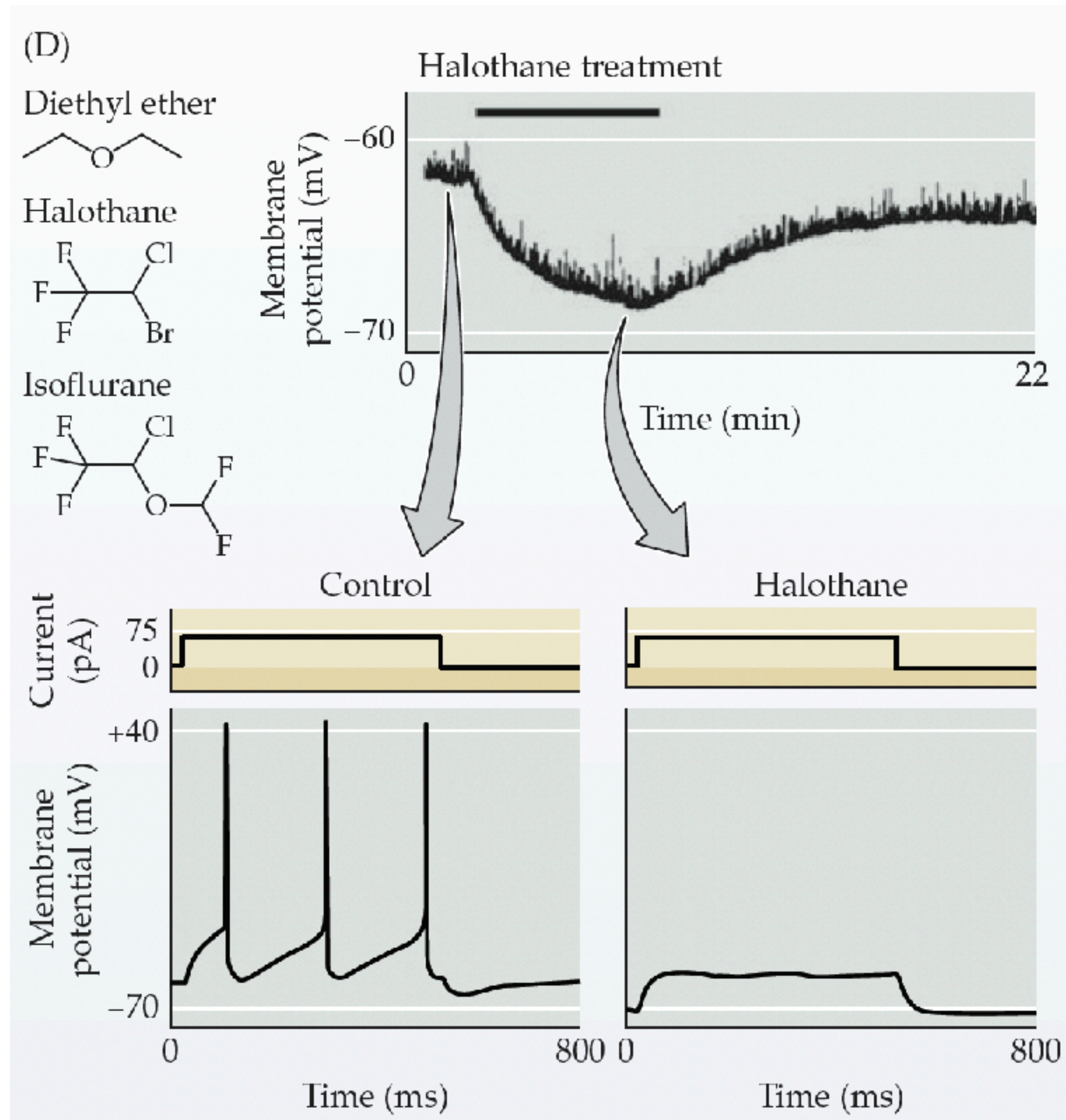
Typical drugs use in the CNS - most target pain



Analgesic agents prevent pain sensation by blocking NMDA-type glutamate receptors. These blocks excitatory transmission.

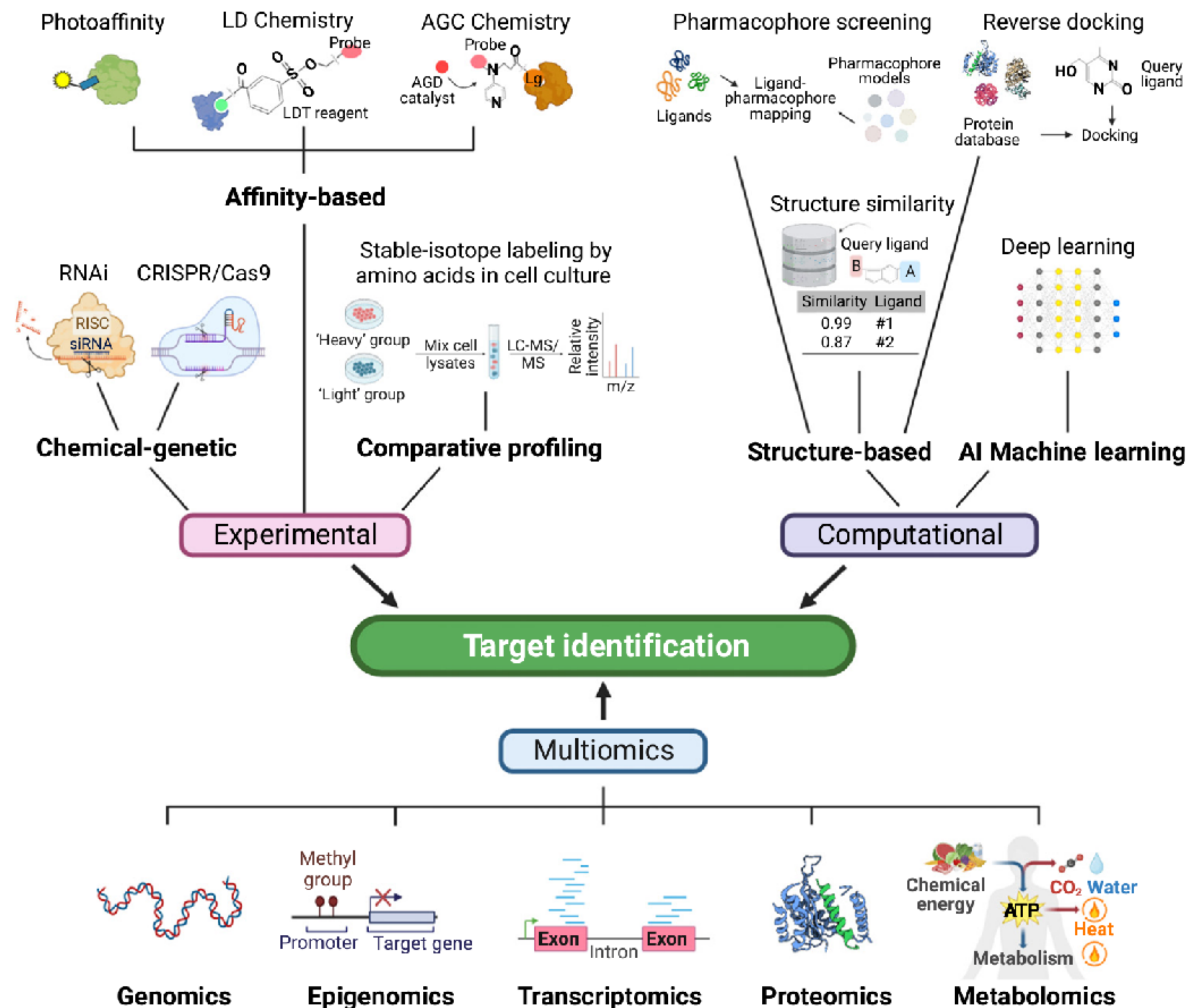


Typical drugs use in the CNS - most target pain

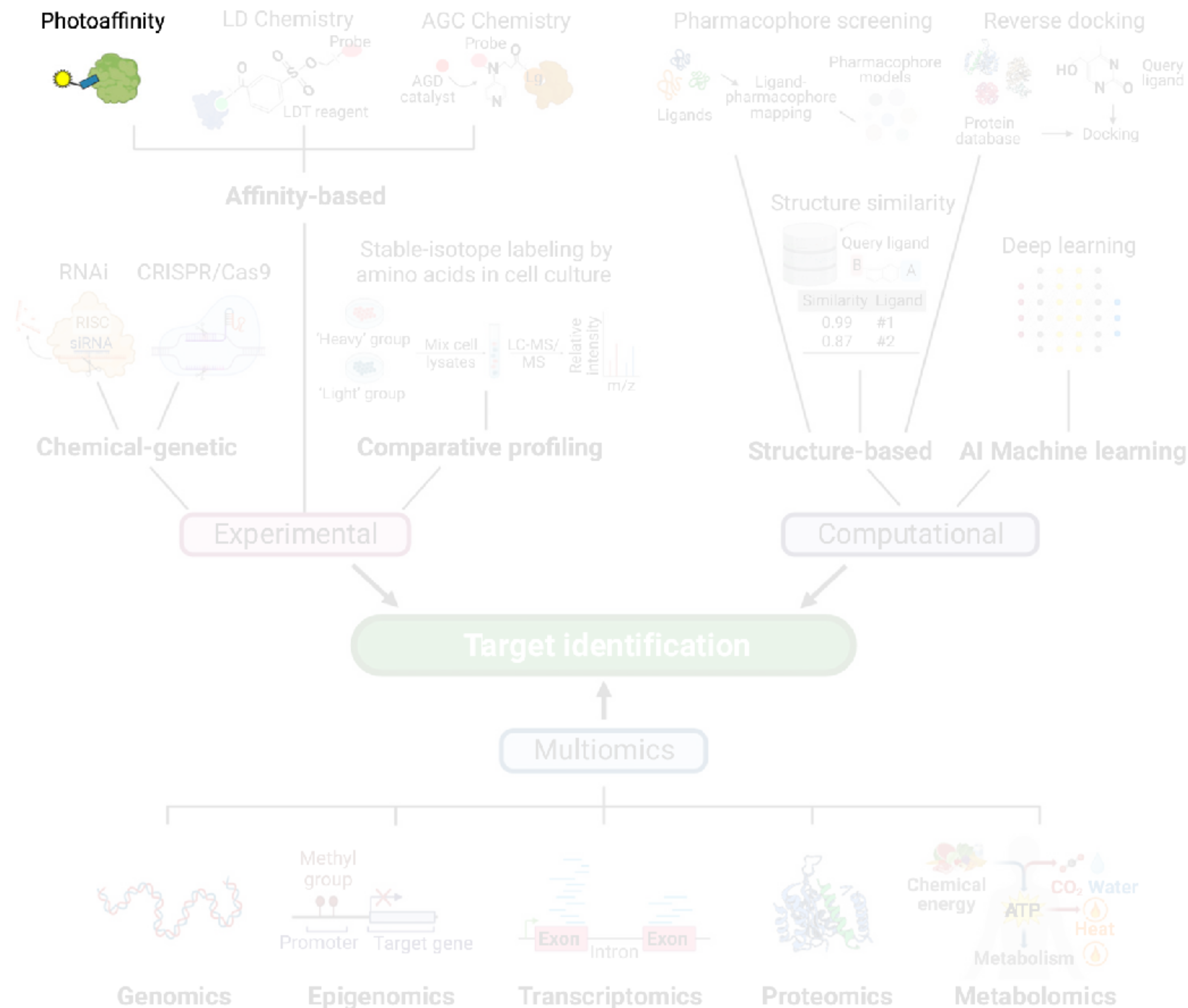


Inhalation anaesthetics hyperpolarise the membrane and block action potential propagation. The exact mechanisms have not been explained.

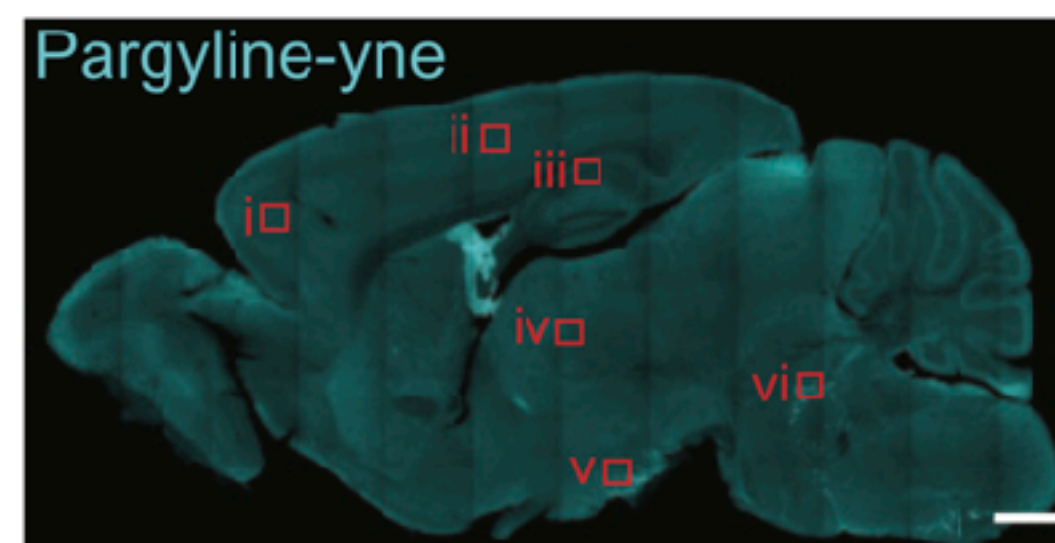
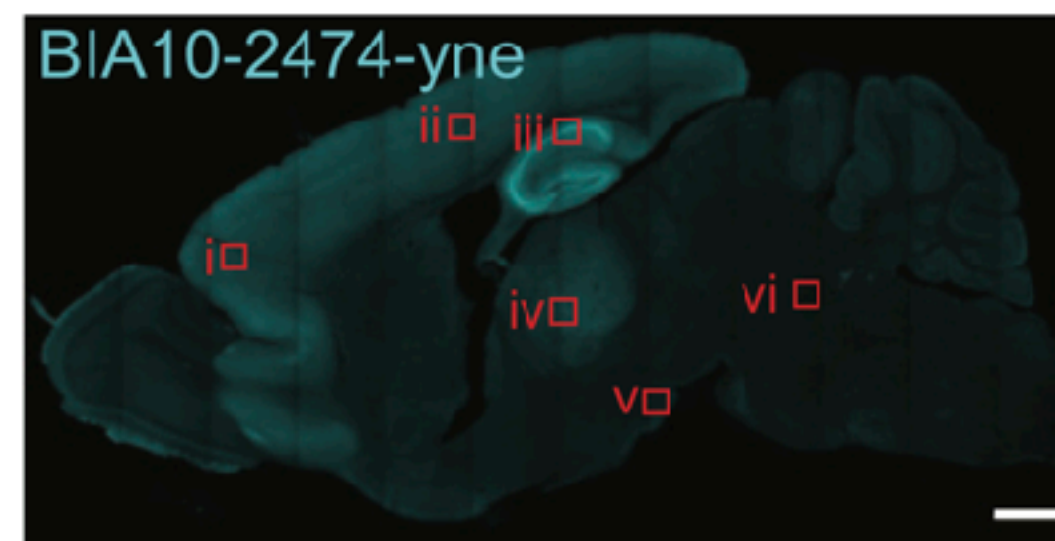
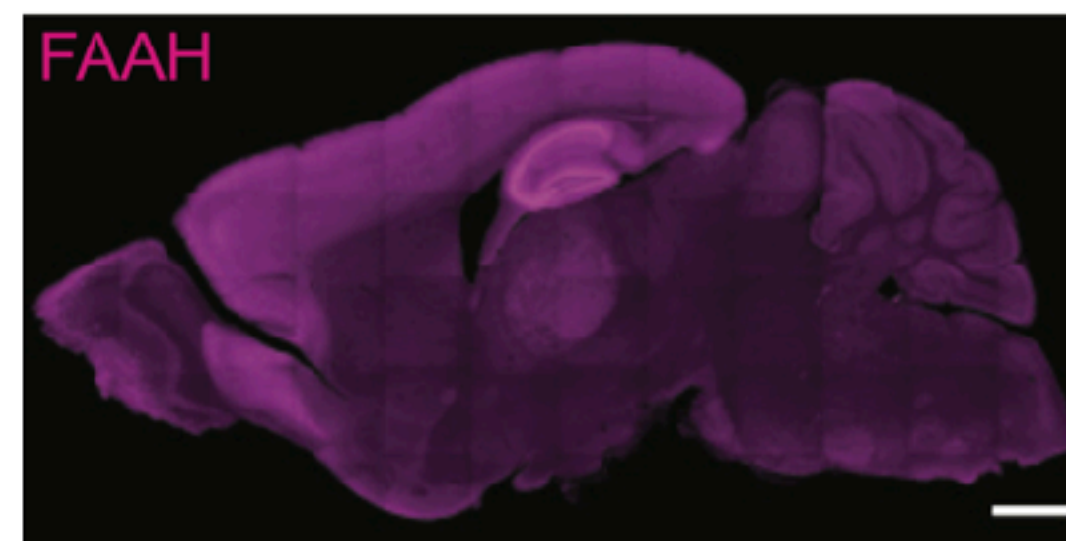
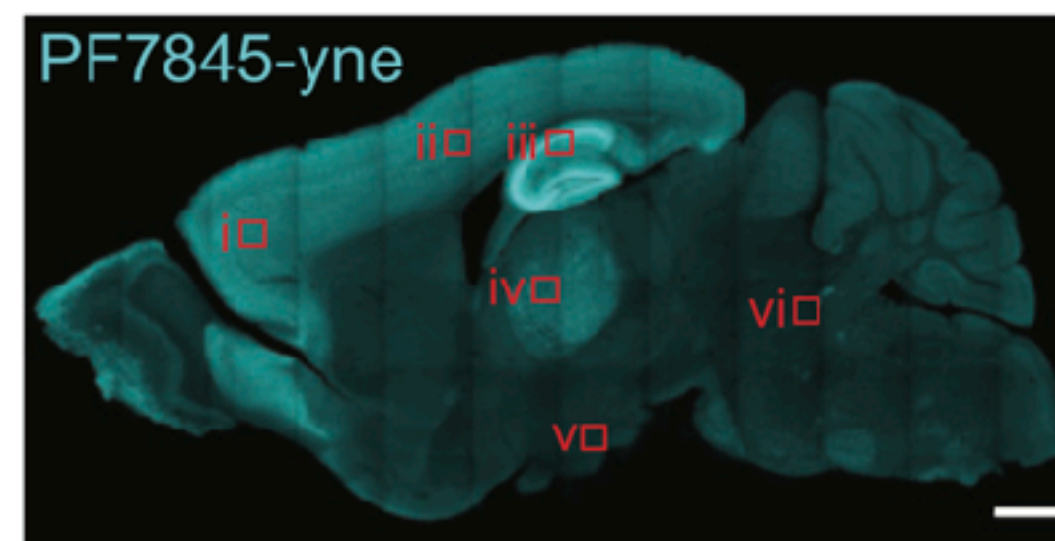
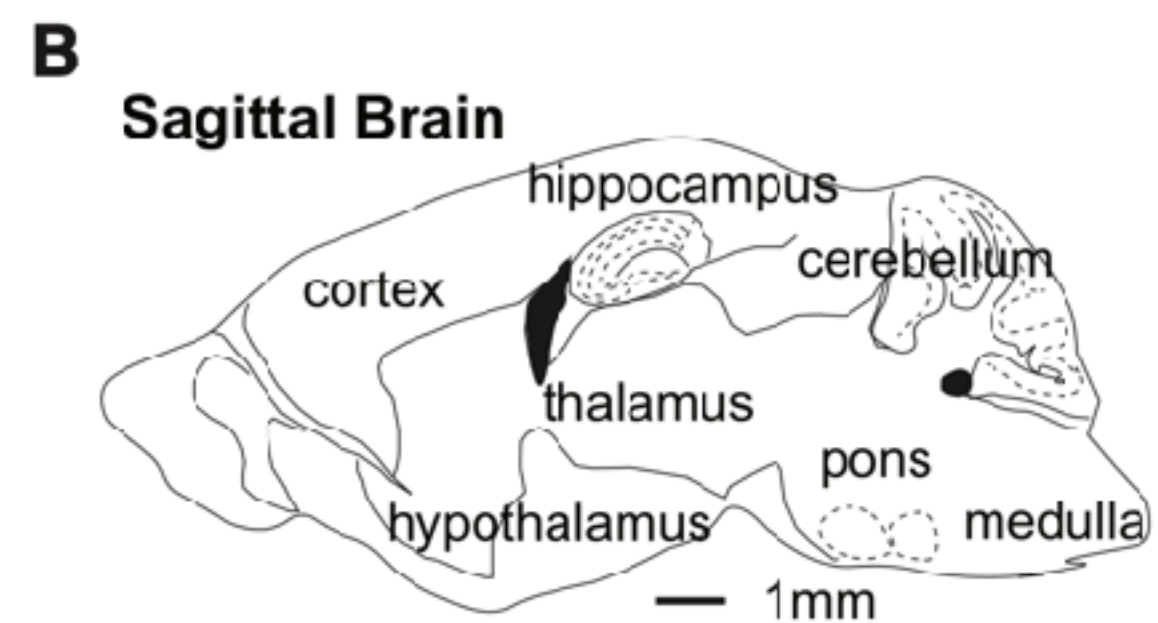
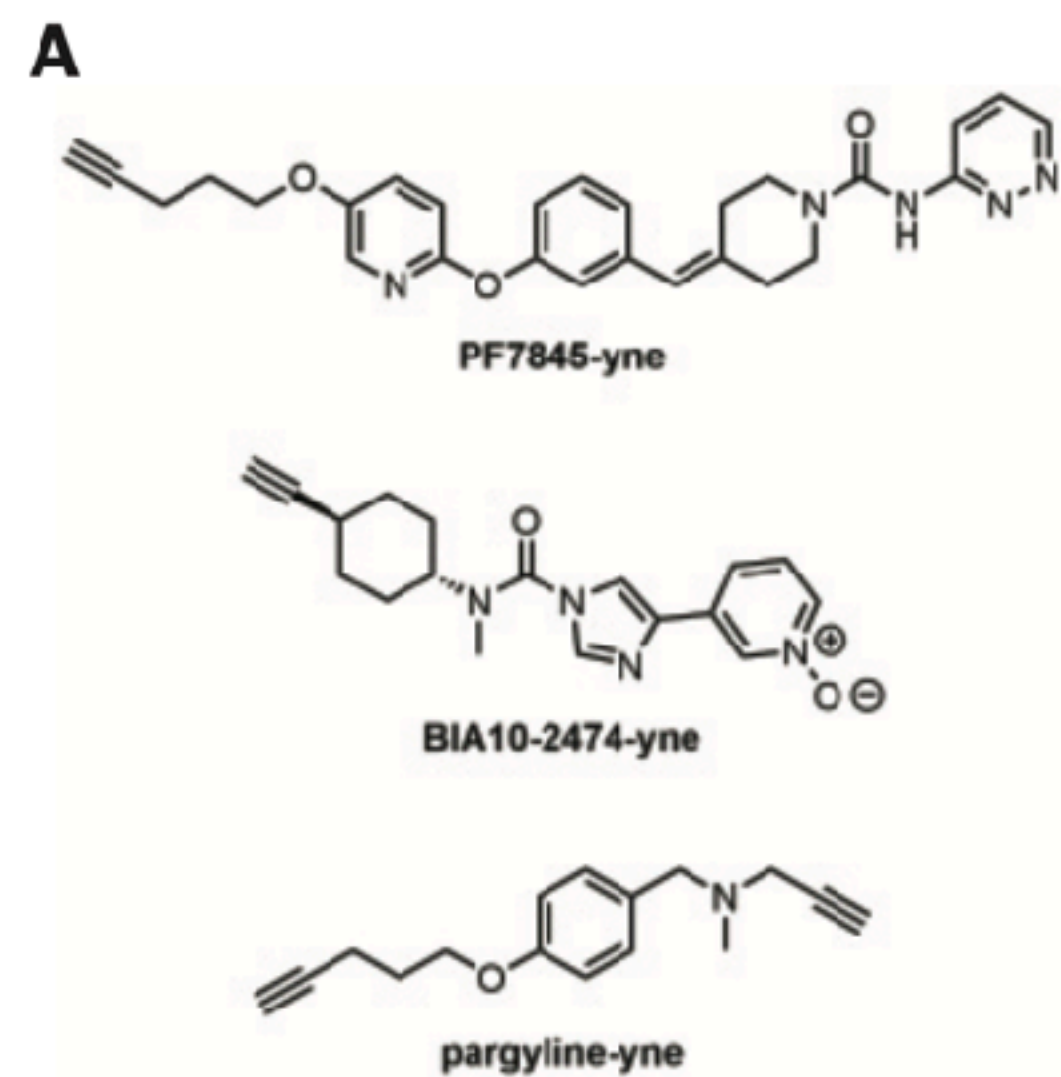
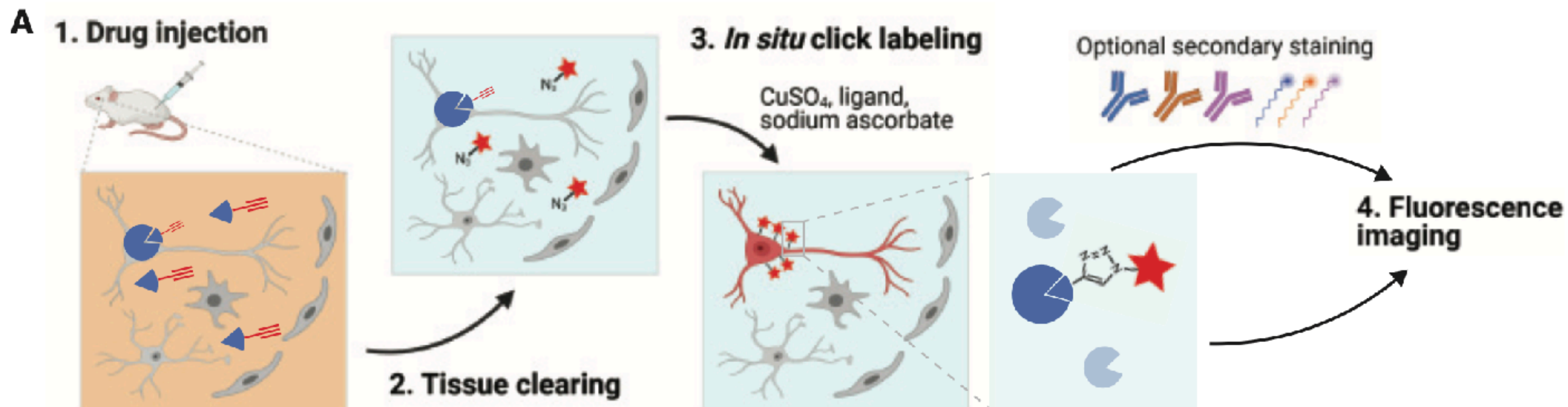
How do you identify a drug target?



How do you identify a drug target?

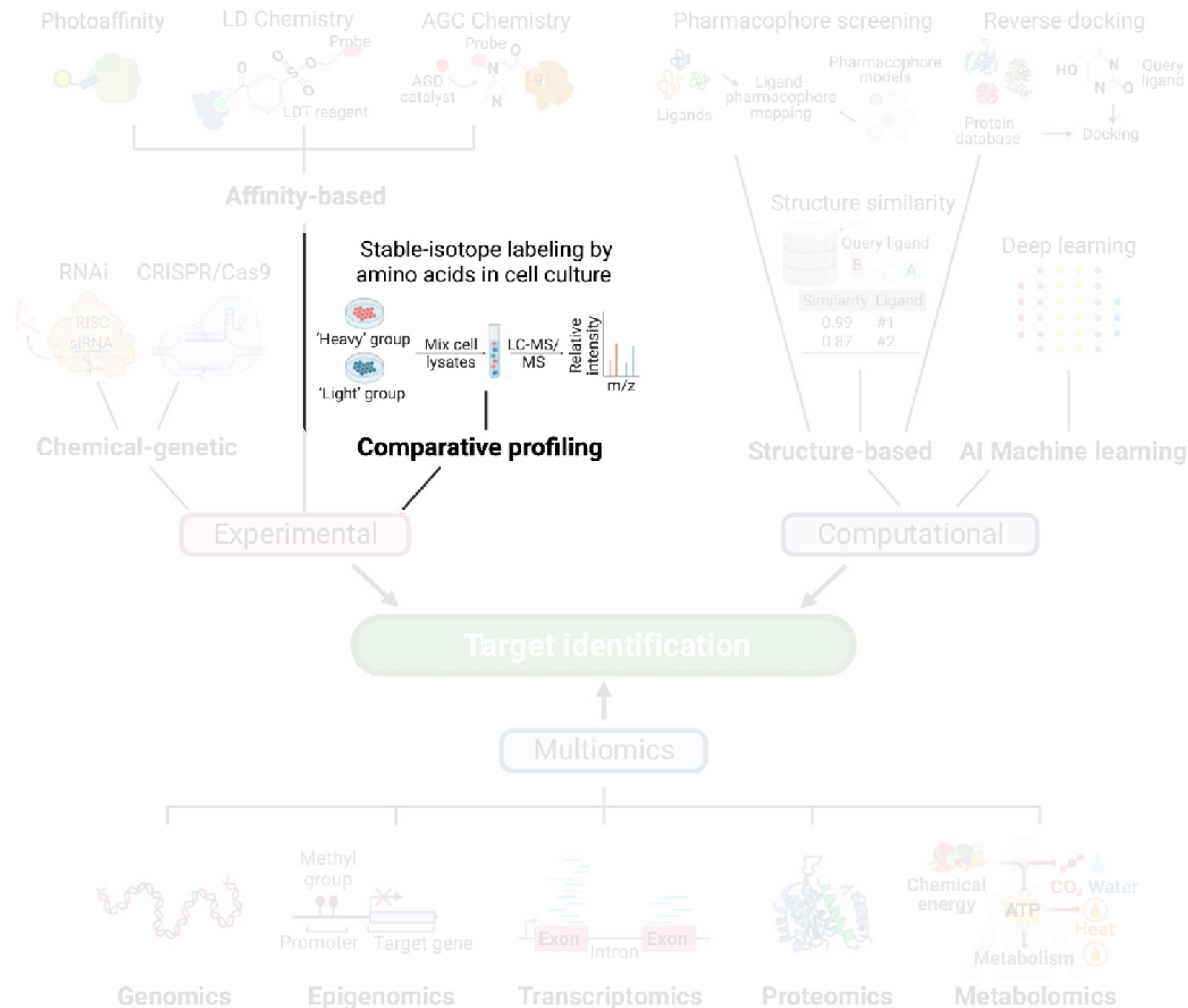


Photoaffinity

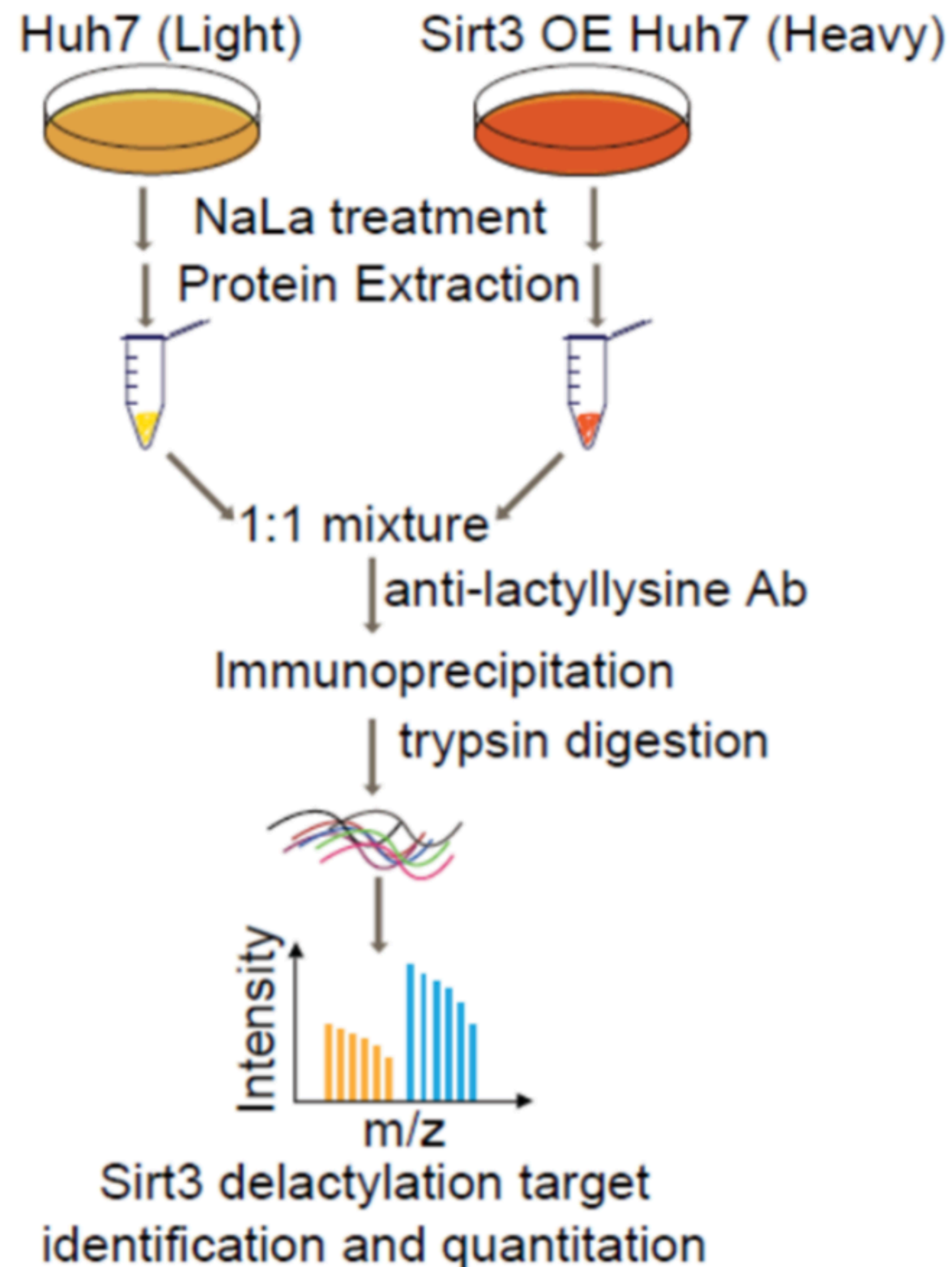


Fluorescent labelling of small molecules reveals that different molecules localize specifically to various brain regions potentially explaining differences in efficacy

How do you identify a drug target?



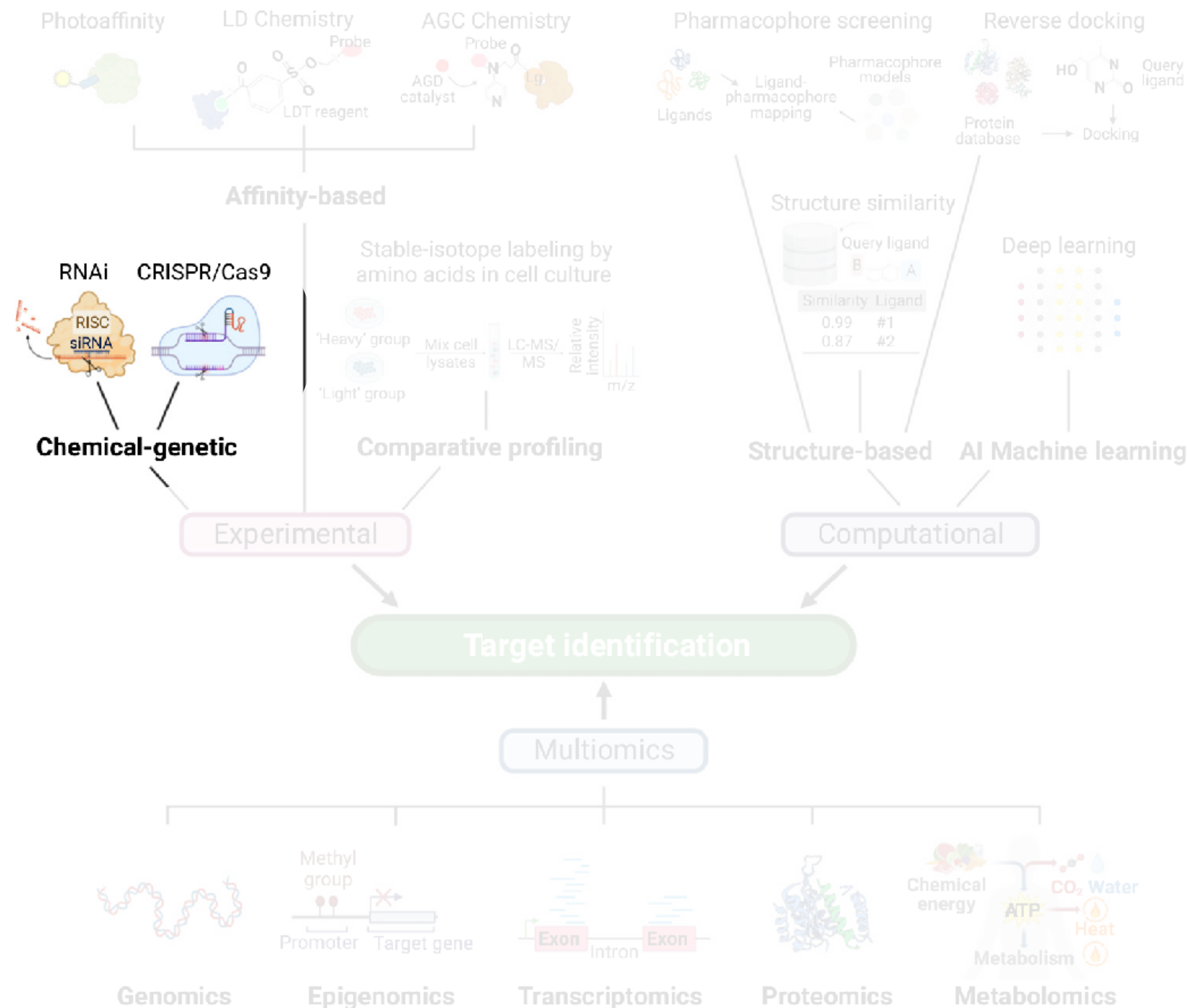
SILAC



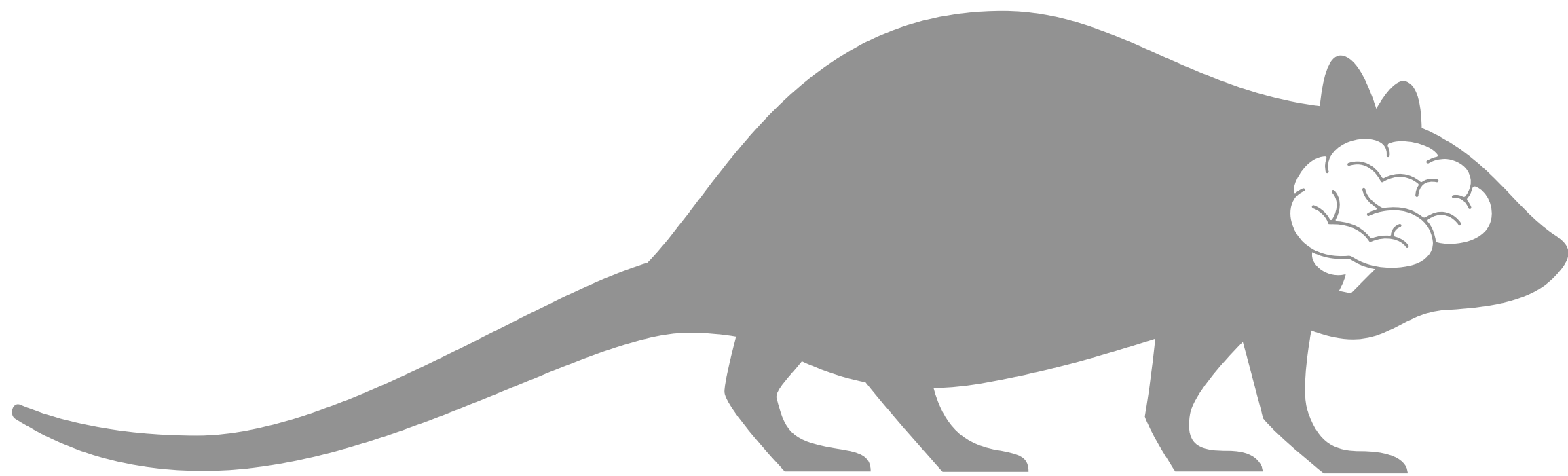
SILAC allows for the measurement of proteome changes in response to drug perturbations.

In this way proteins that changes their expression or modification can be identified.

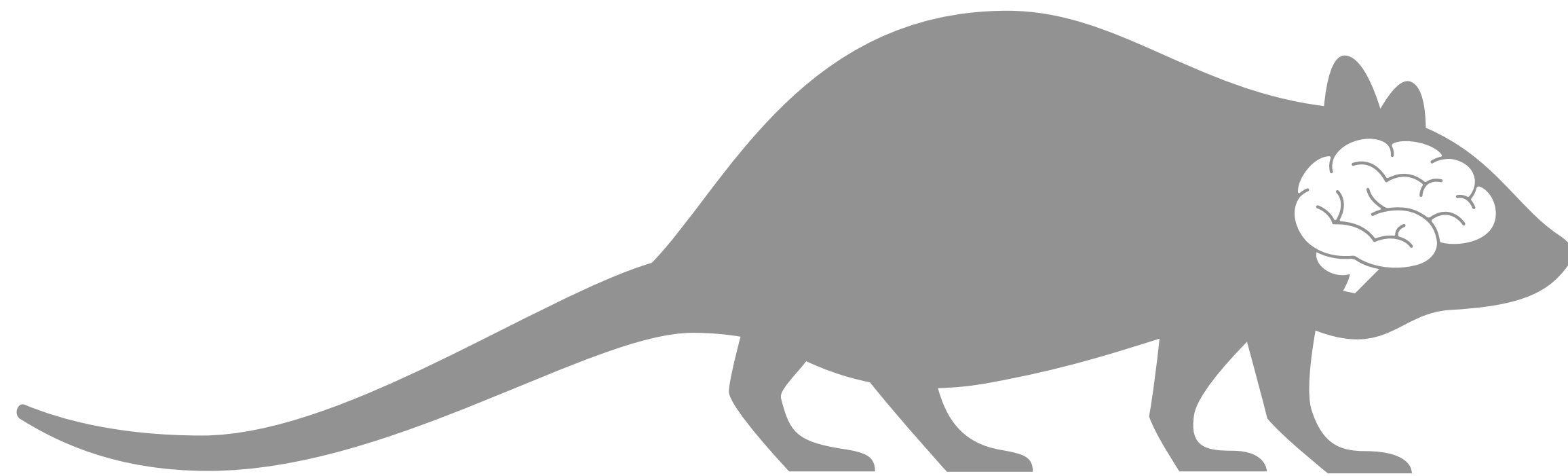
How do you identify a drug target?



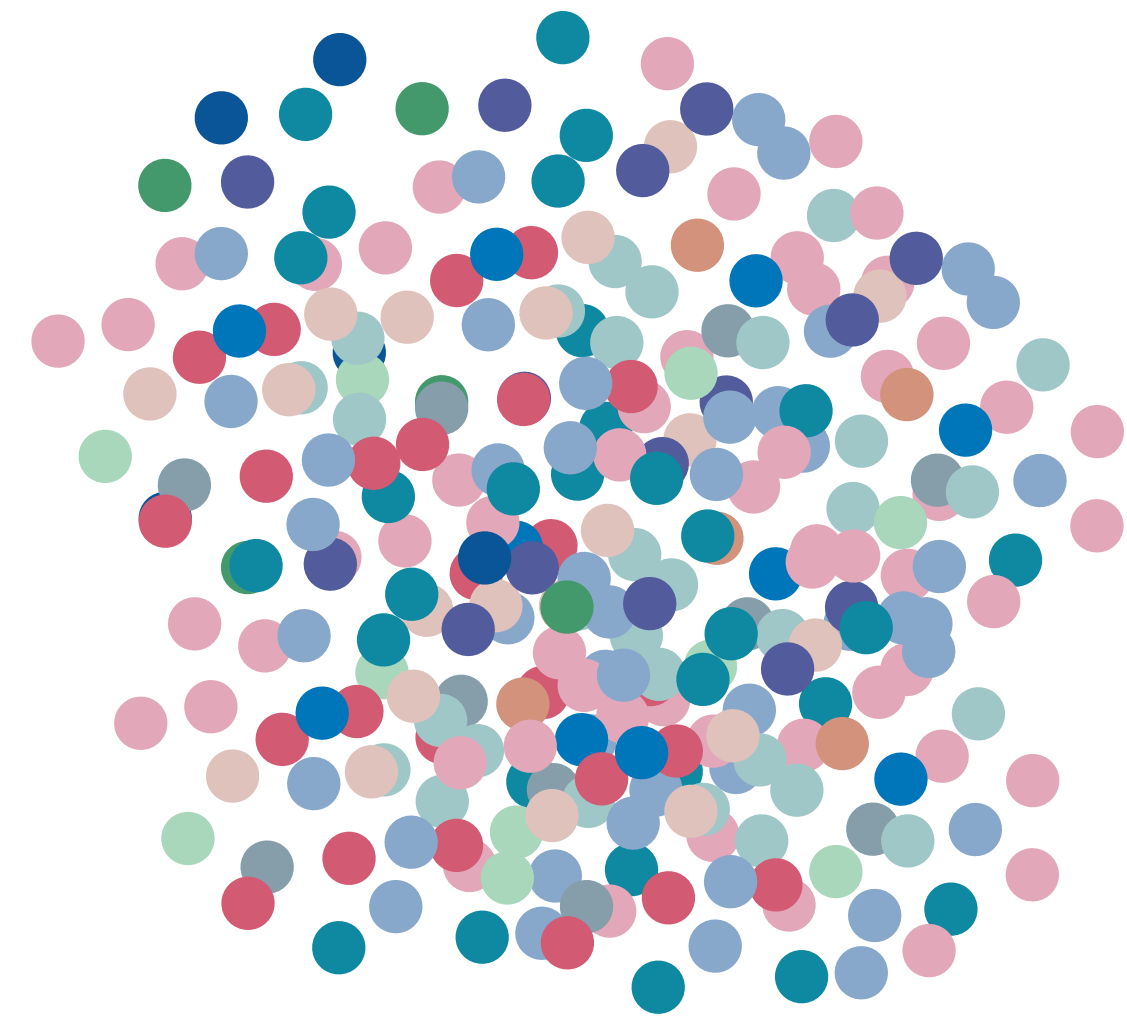
Quantifying gene expression changes upon perturbation



Quantifying gene expression changes upon perturbation



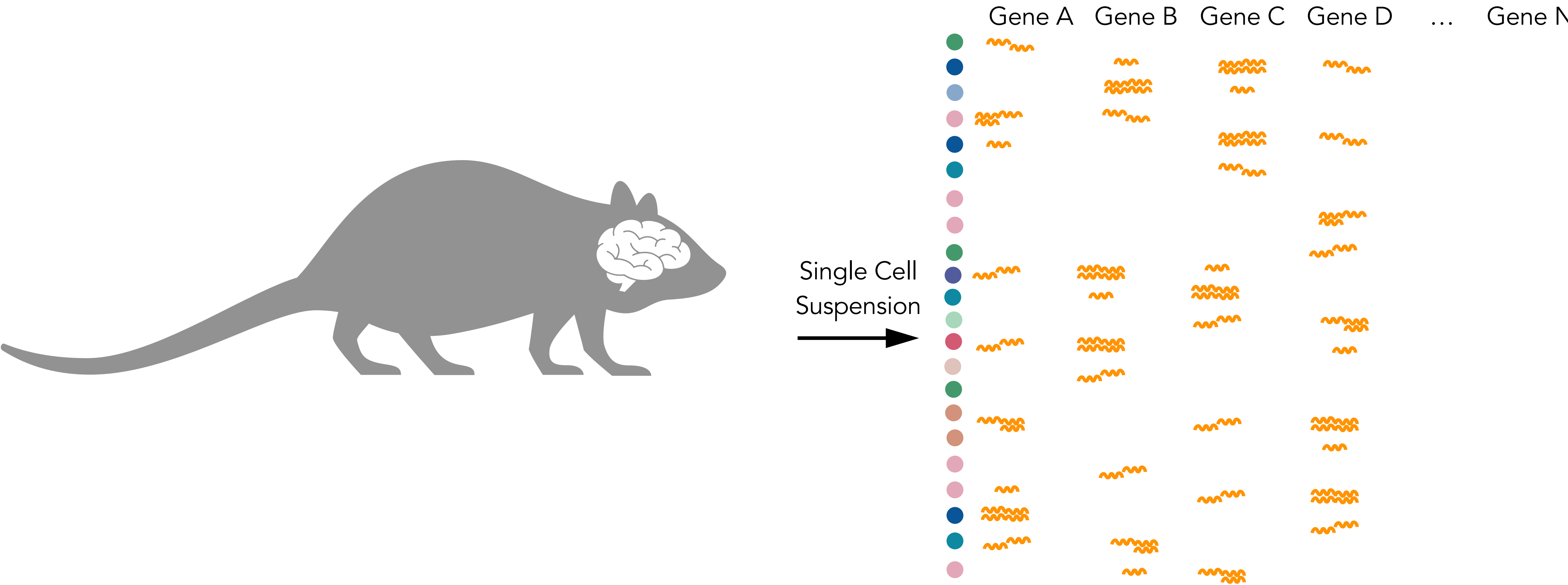
Single Cell
Suspension
→



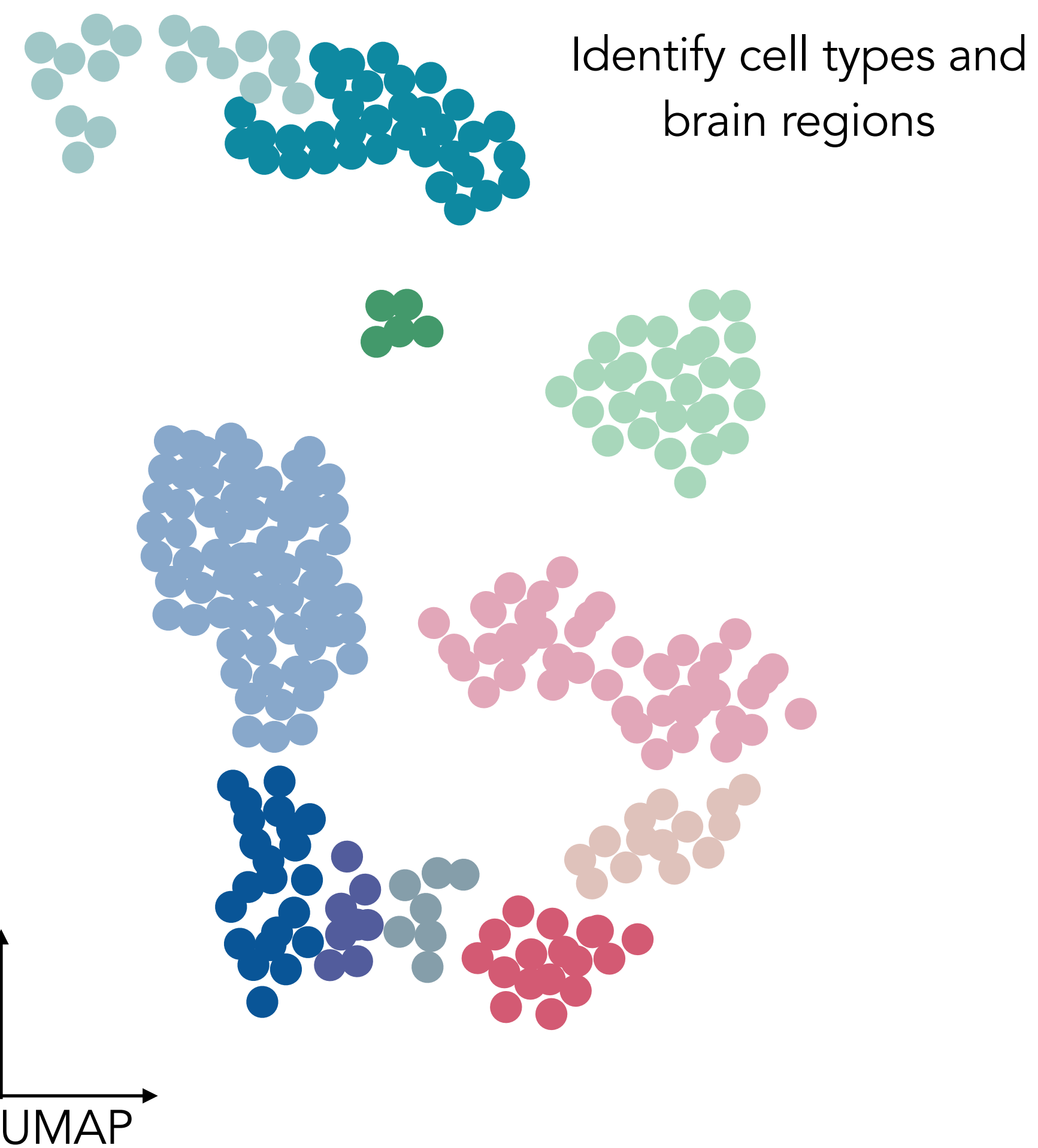
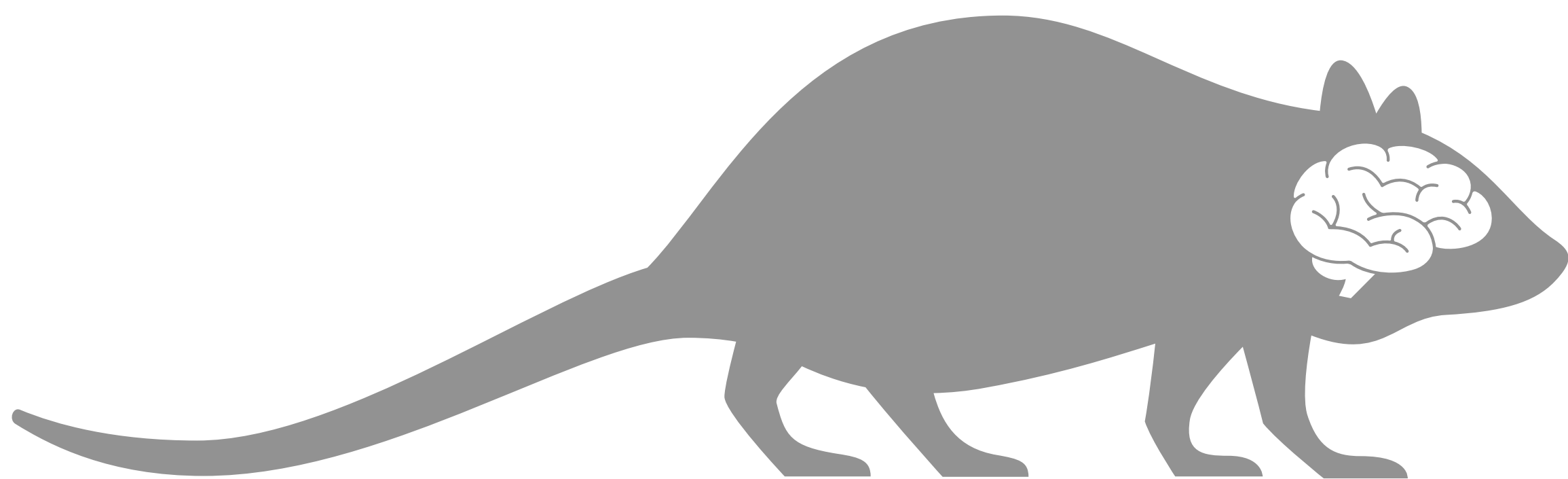
Analyze RNA
expression in each cell



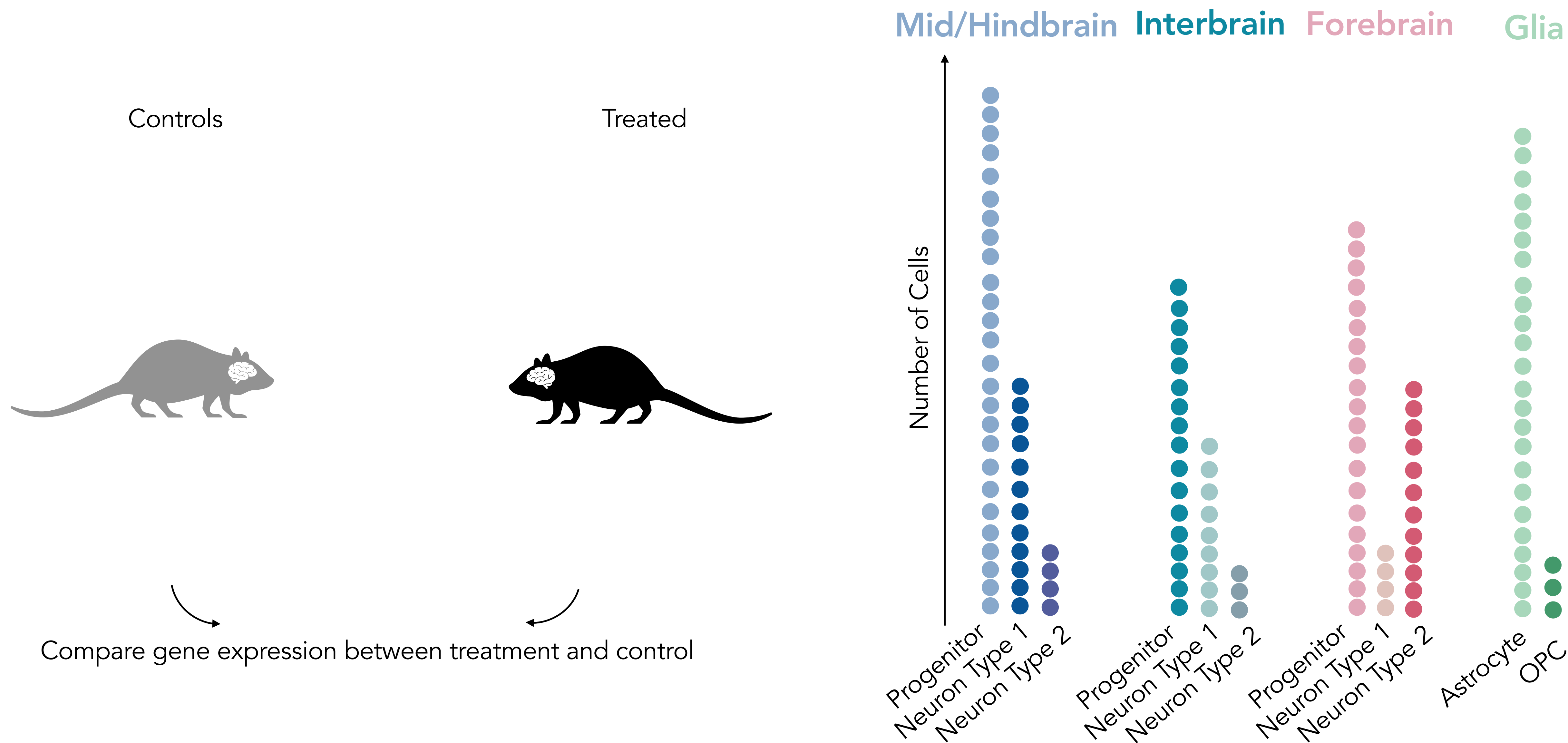
Quantifying gene expression changes upon perturbation



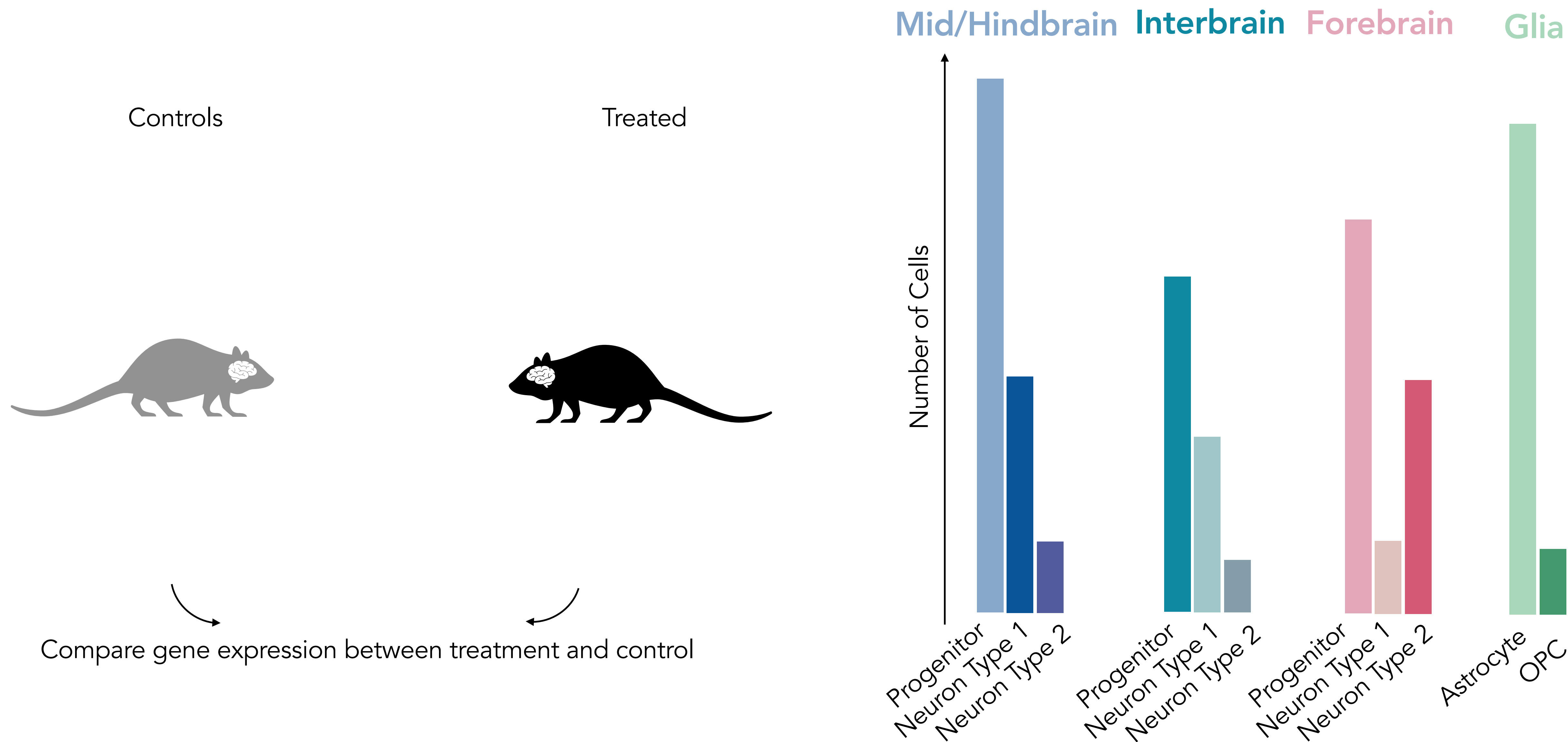
Quantifying gene expression changes upon perturbation



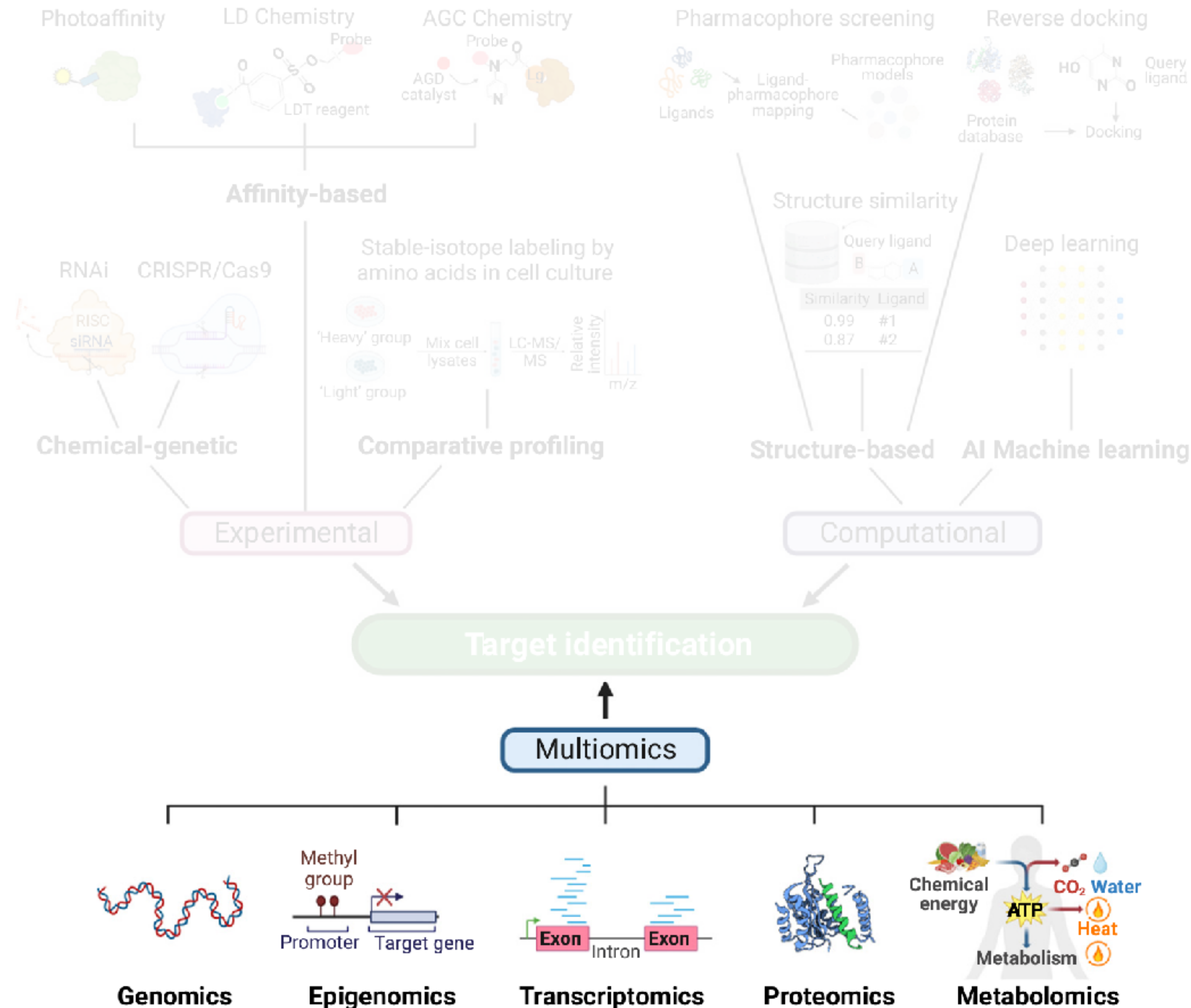
Quantifying gene expression changes upon perturbation



Quantifying gene expression changes upon perturbation

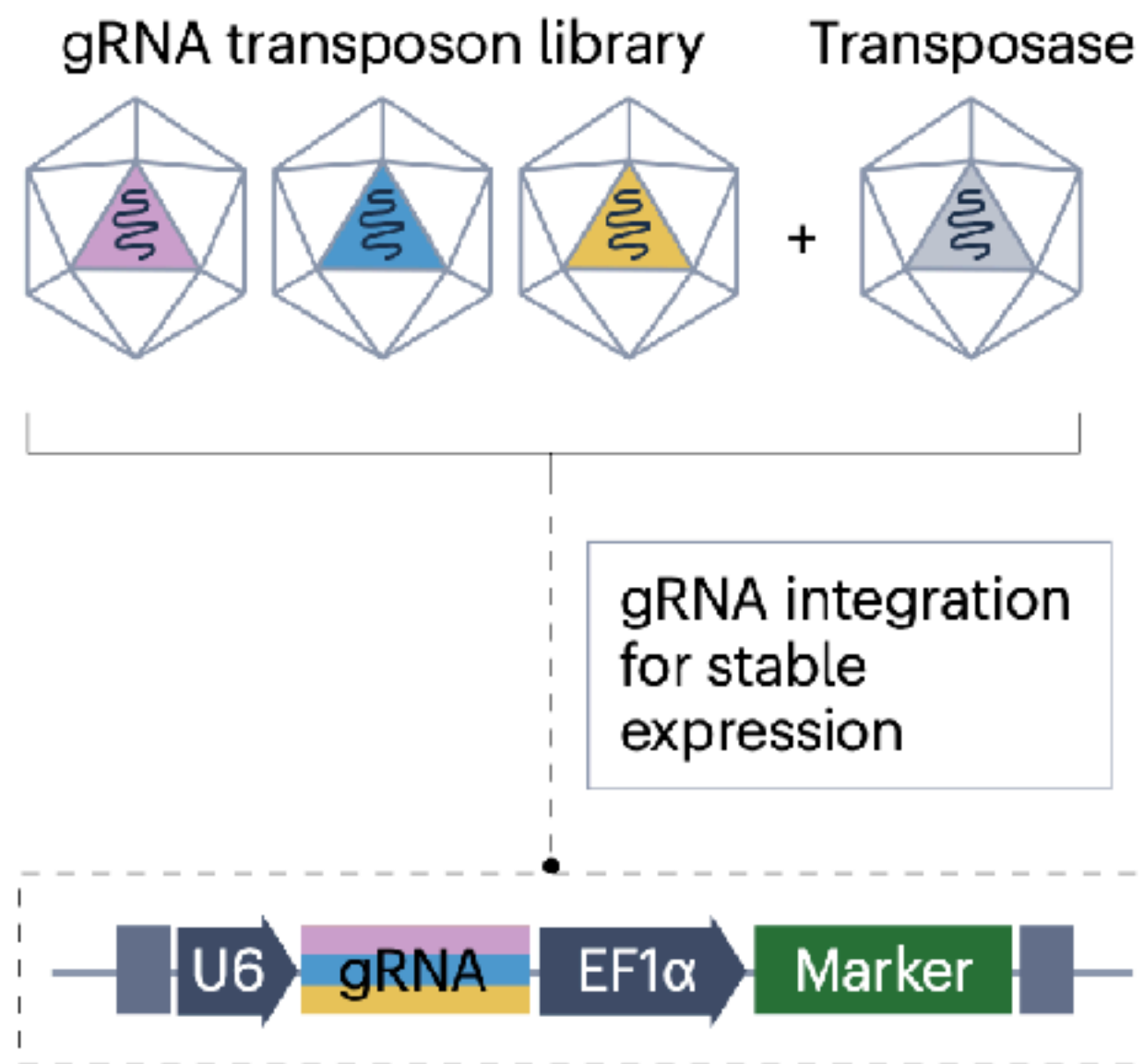


How do you identify a drug target?

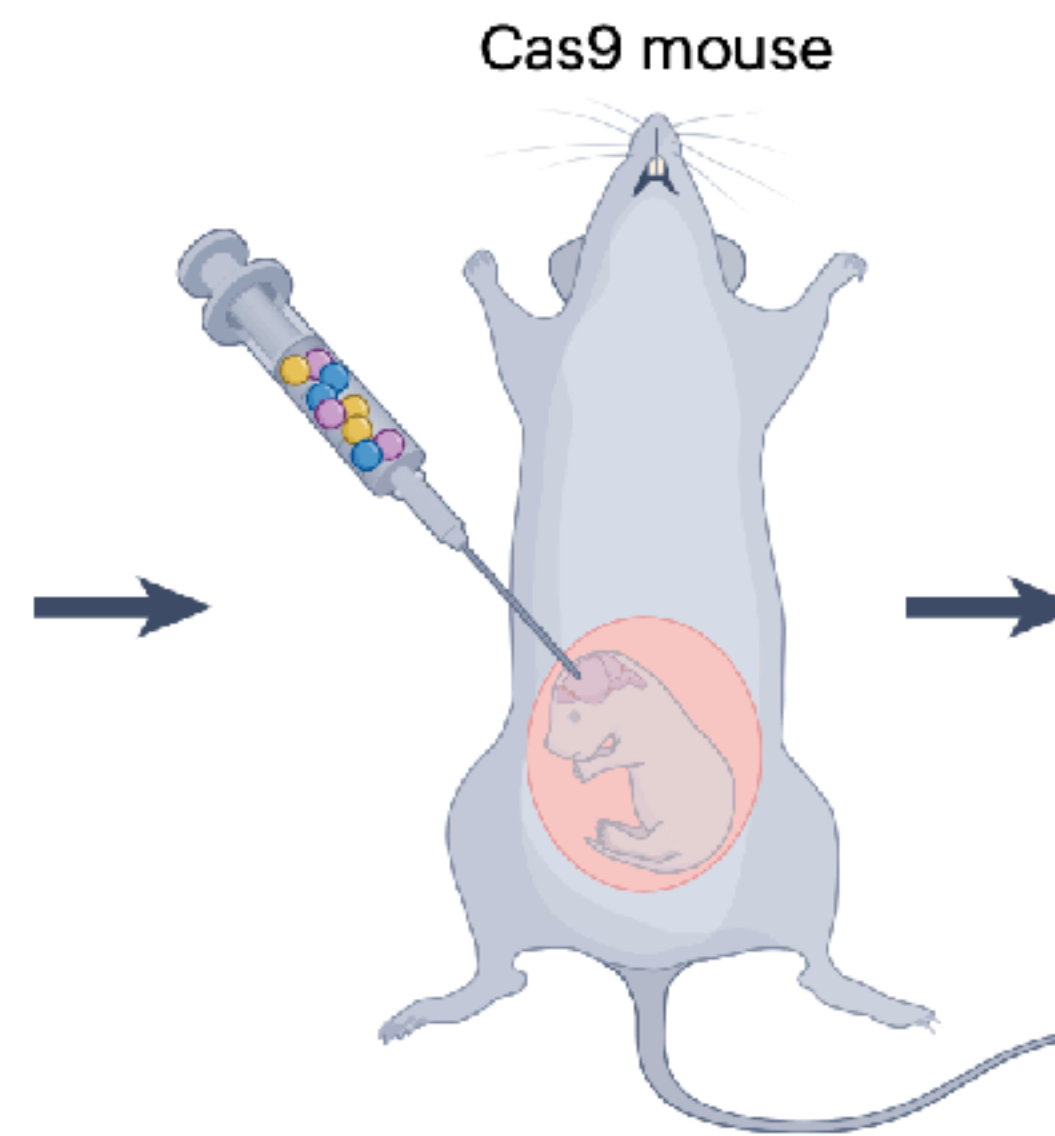


Large scale CRISPR screens

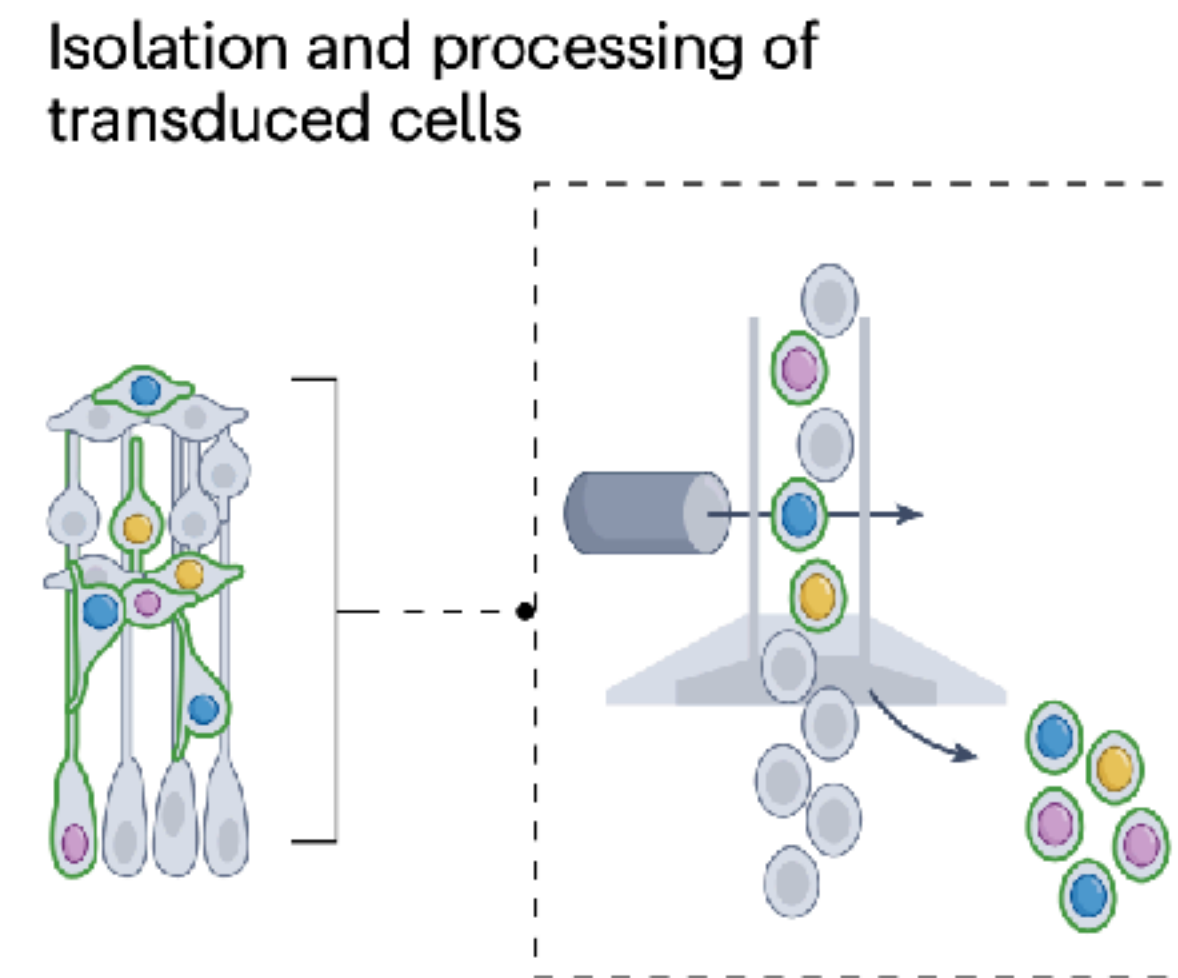
a AAV-based gRNA delivery for CRISPR editing



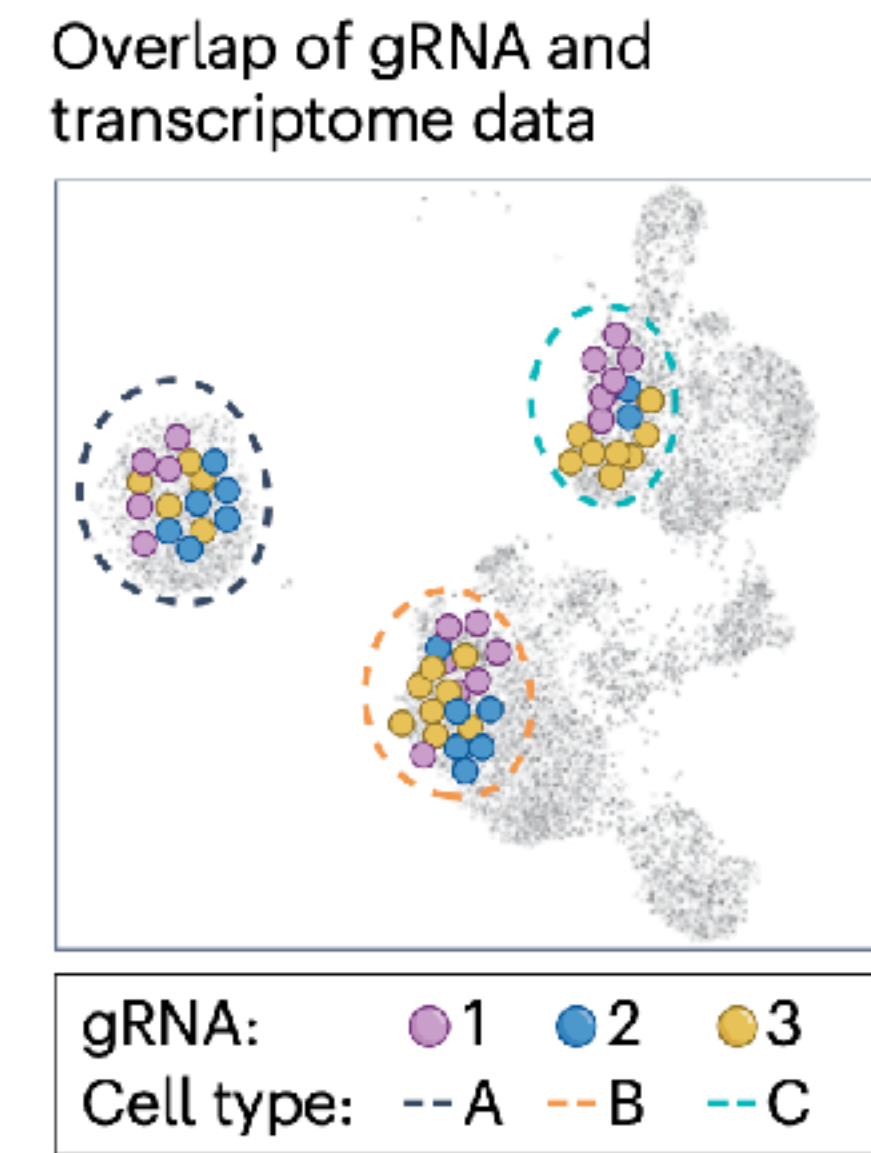
b In utero brain injection for gene editing



c Single-cell transcriptome and gRNA readout



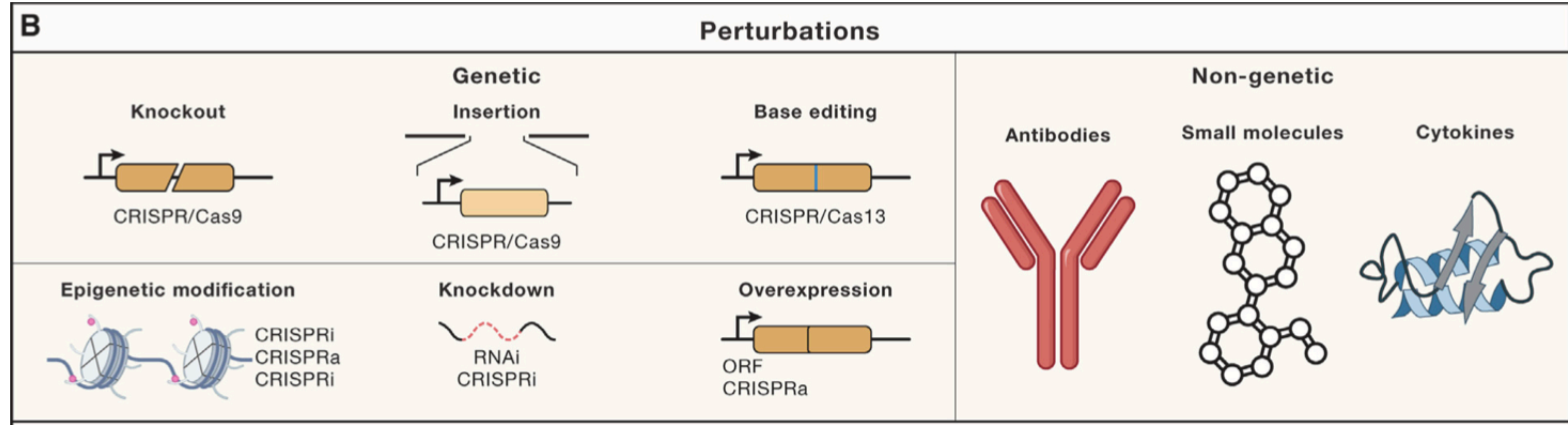
d Phenotypic analysis of perturbed cells



Large-scale CRISPR screens help identify the role of certain genes in different cellular processes.

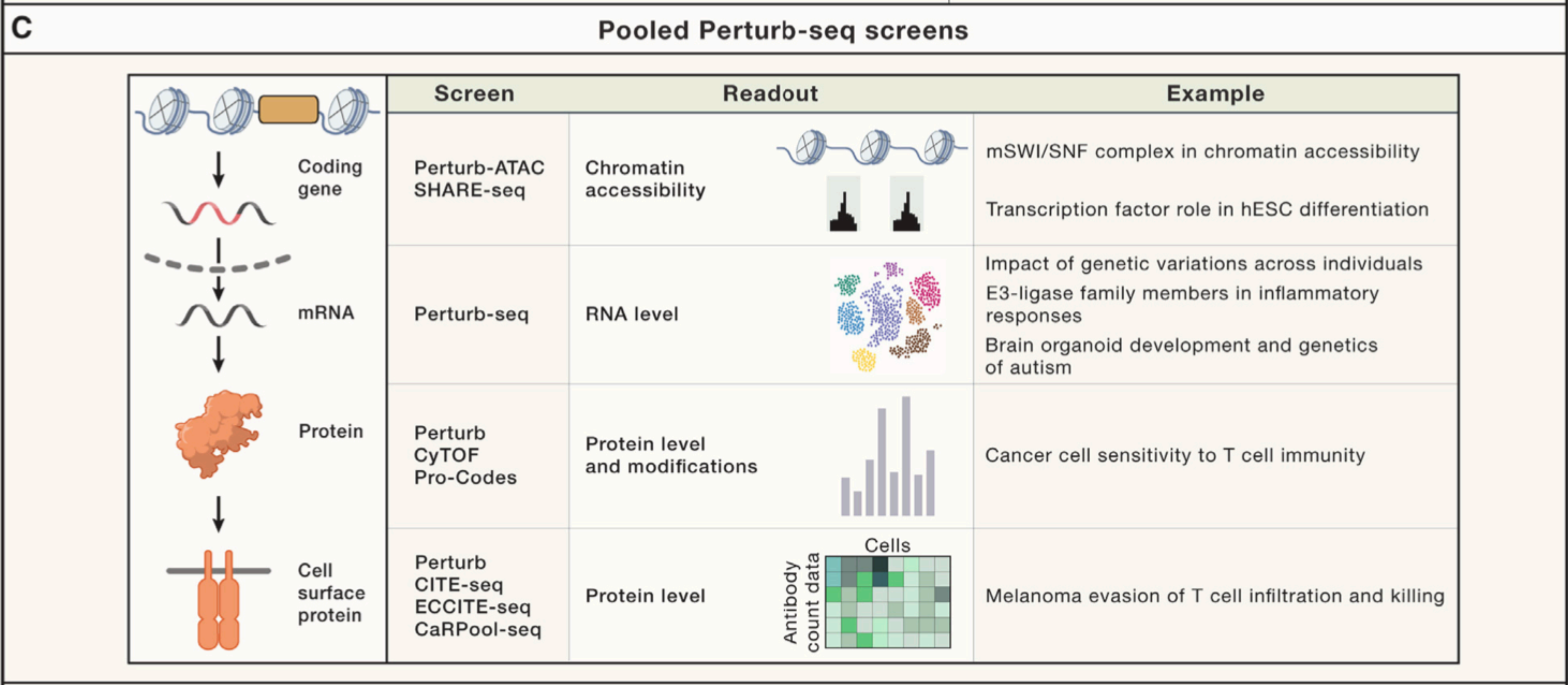
The identification of growth regulators, for example, can help identify targets for cancer drugs.

Large scale single cell perturbation screens



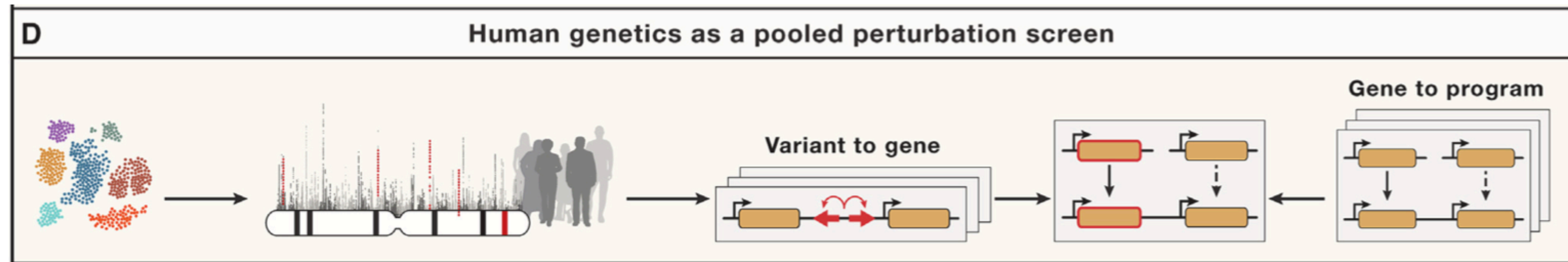
With different genetic and single-cell technologies we can perform many different perturbations to individual cells

Building virtual cells



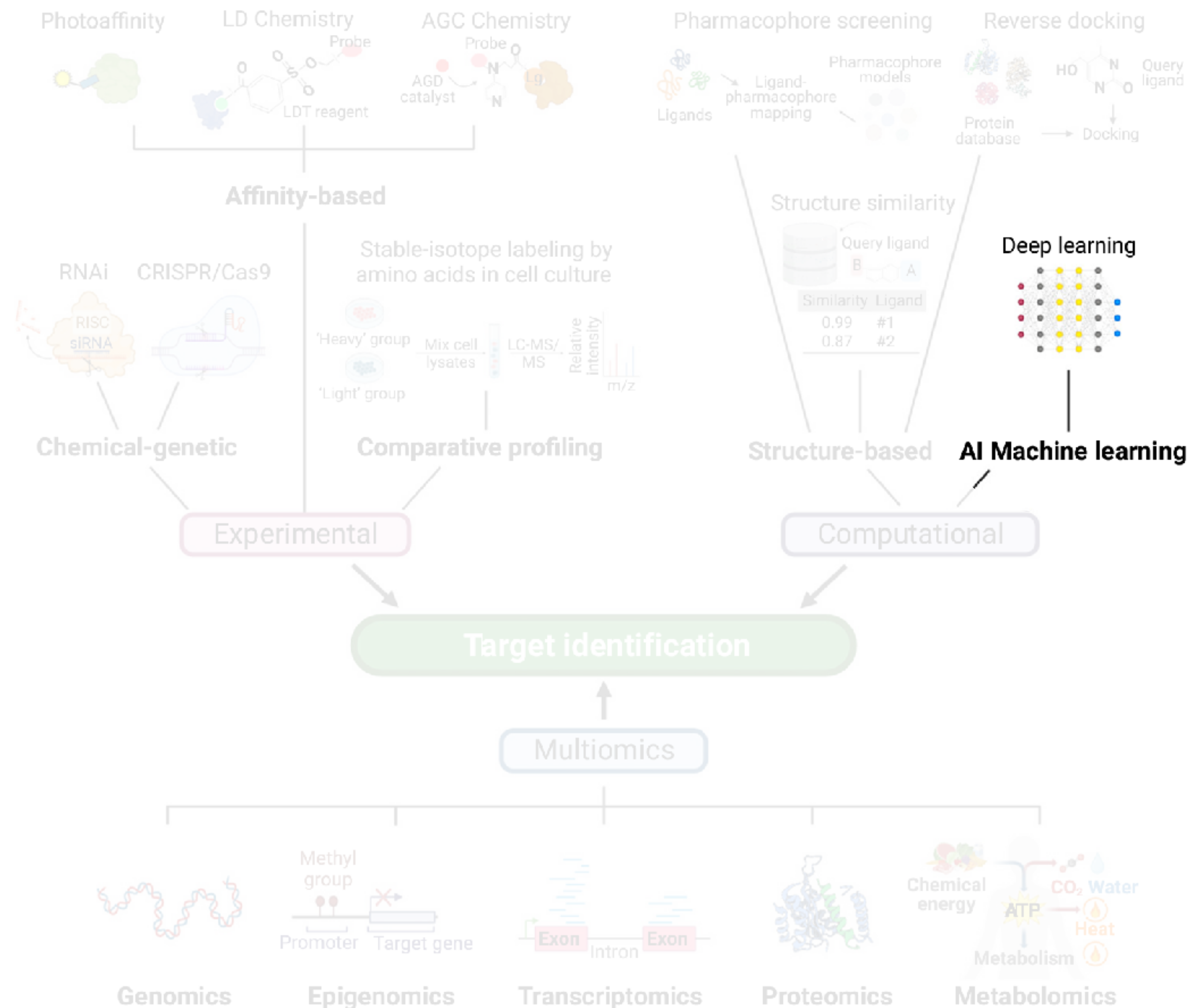
The perturbations can be read out at many different levels (chromatin changes, transcription changes, protein changes..)

Building virtual cells

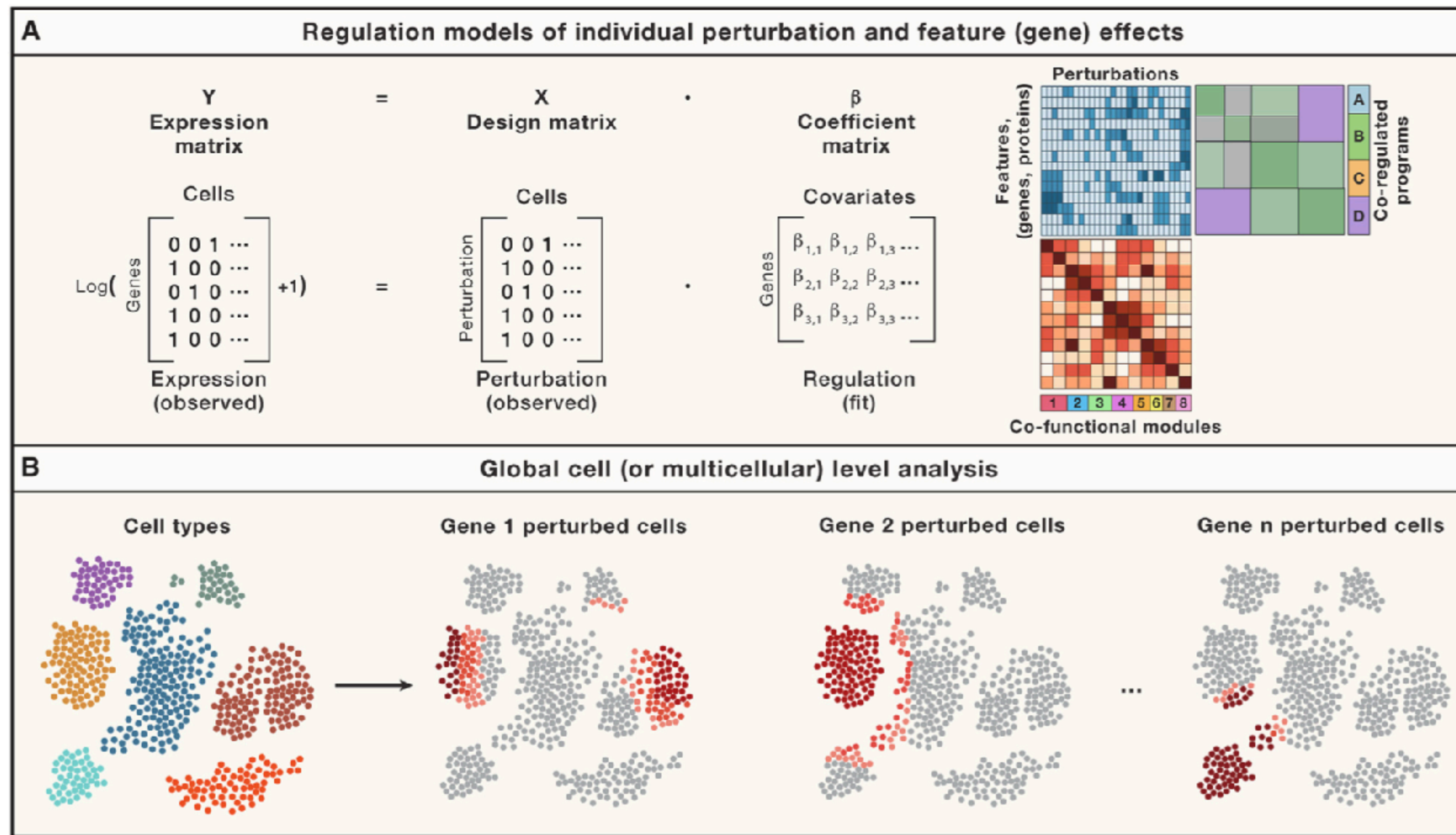


Also, variation in the human genome can be used to associate gene expression changes.

How do you identify a drug target?

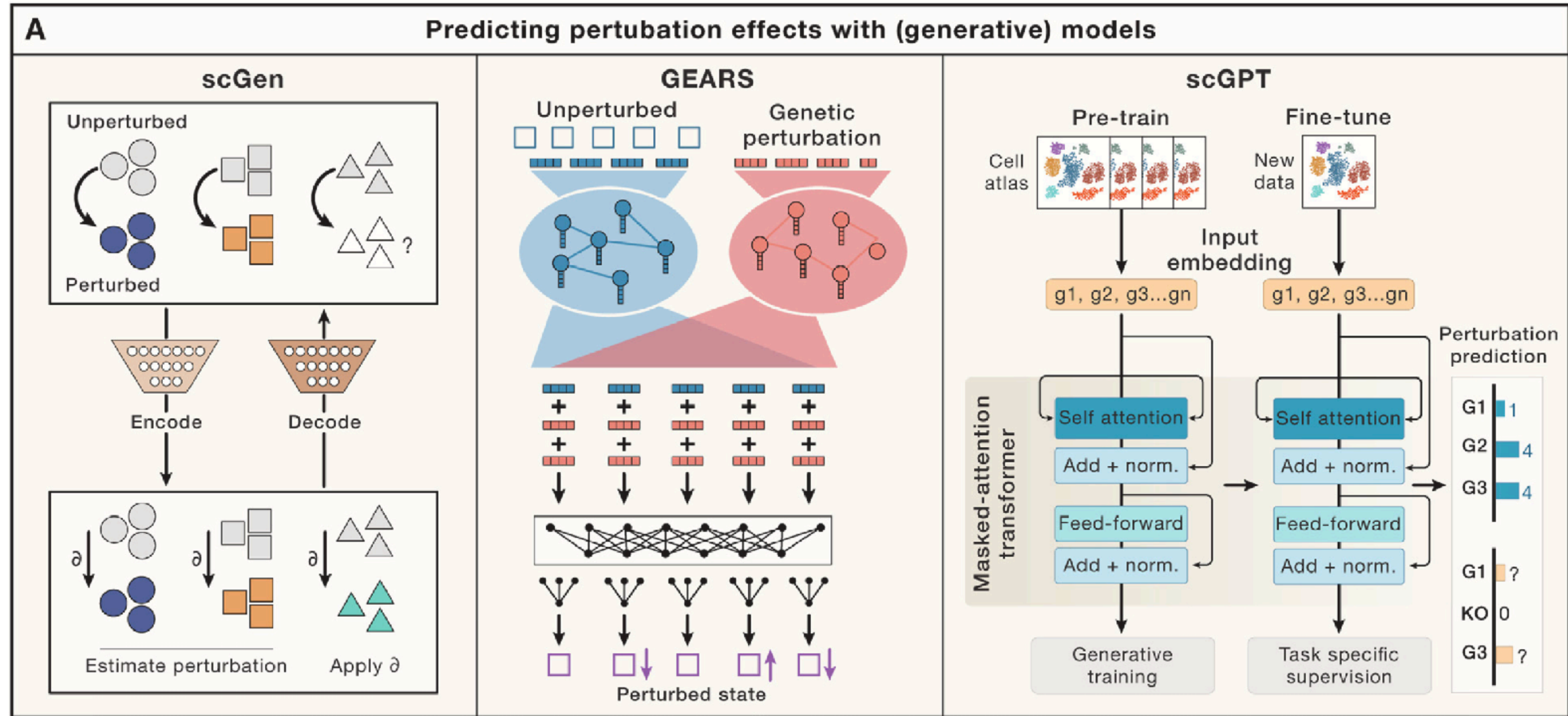


Building virtual cells



From large-scale screens, we can identify groups of genes or gene regulatory models that respond to the same perturbation. This will help to identify potential targets to drug.

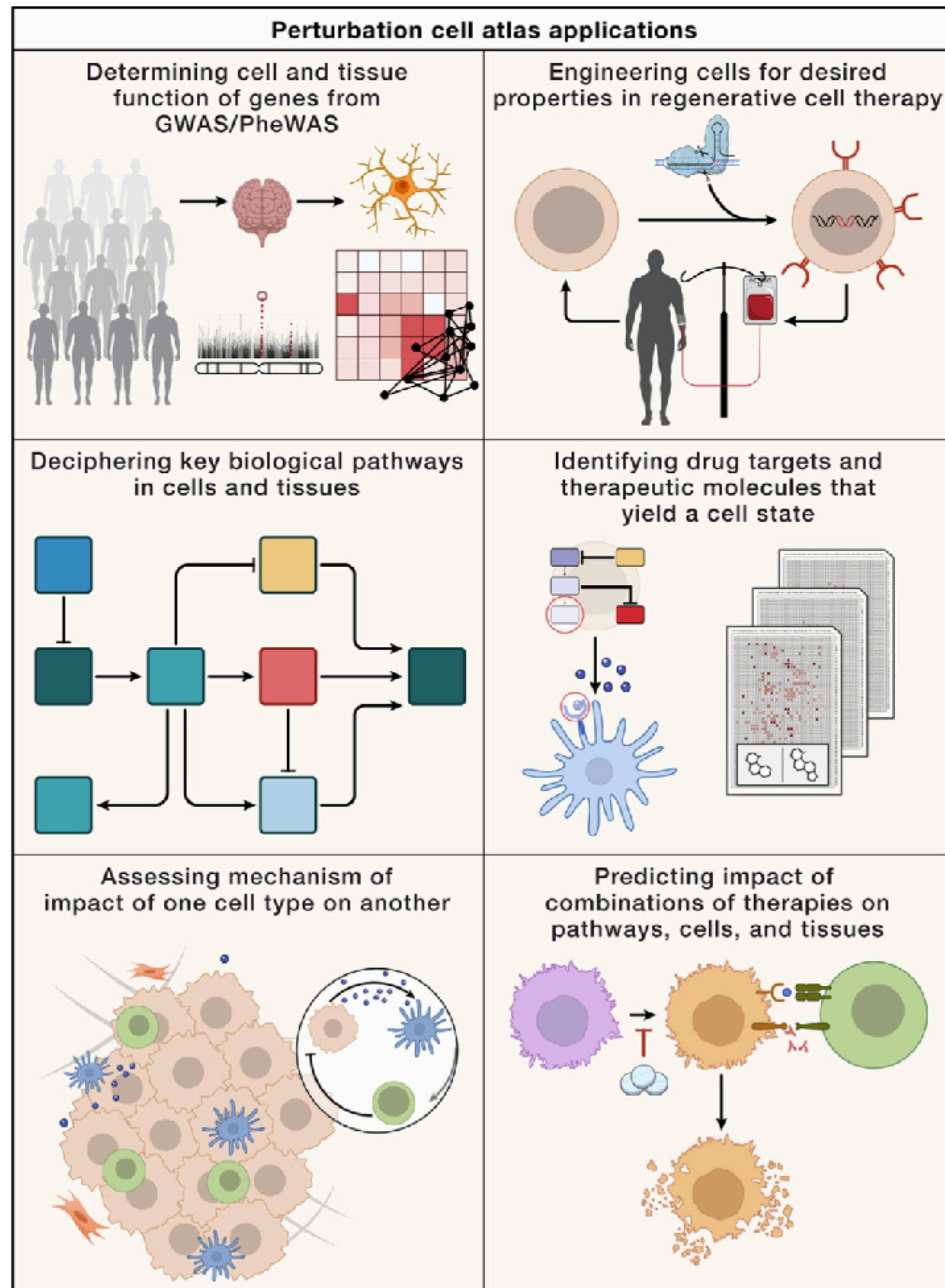
Building virtual cells



Many generative models have already been developed to predict the effect of unknown perturbation on different cell types. These foundation model can now be adapted to many other different cells types.

Perturbation Cell atlases

Perturbation cell atlases will be link genotype and phenotype, engineer cellular models (examples later), and understand biological pathways and drug targets.

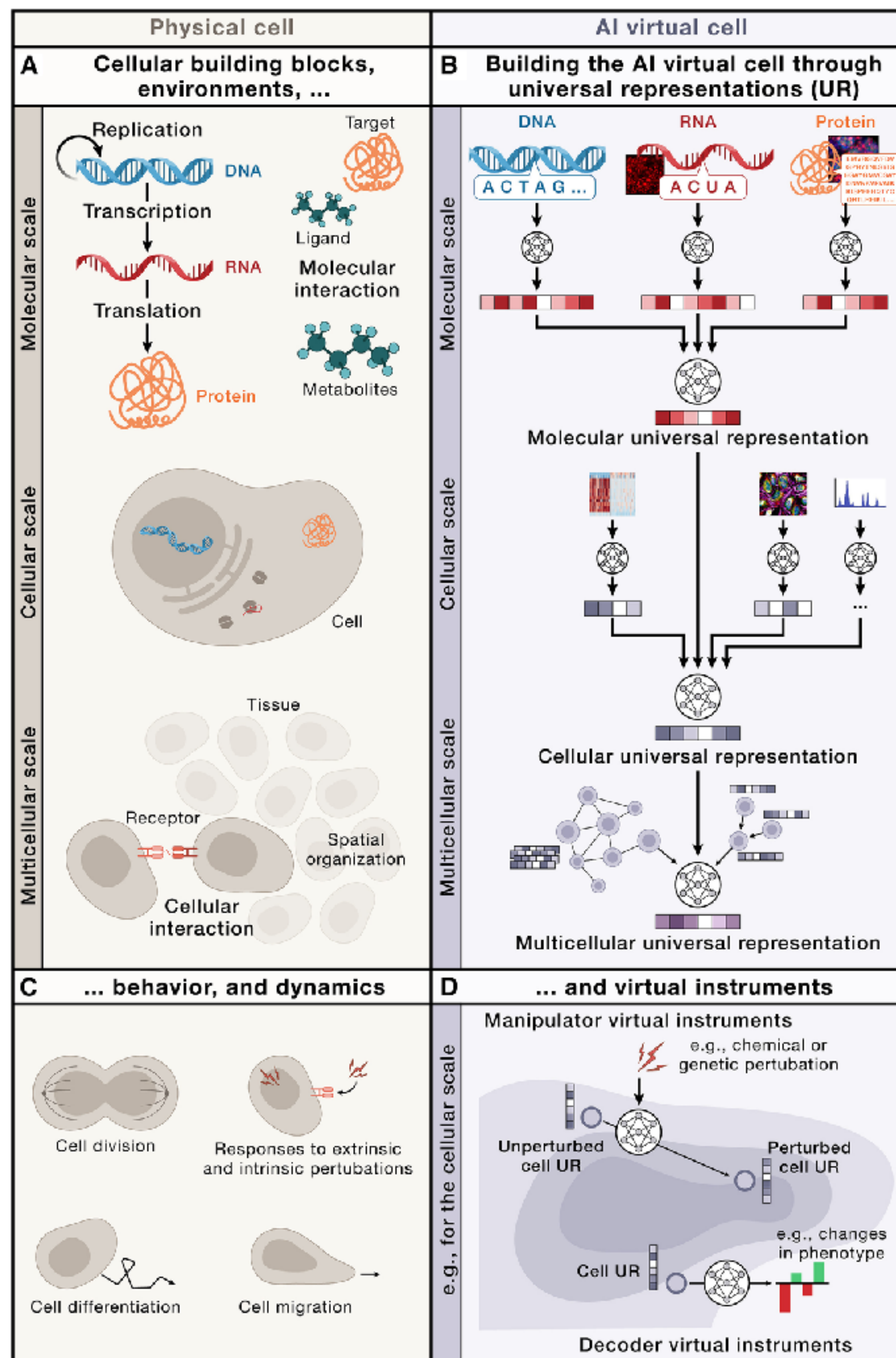


Building virtual cells

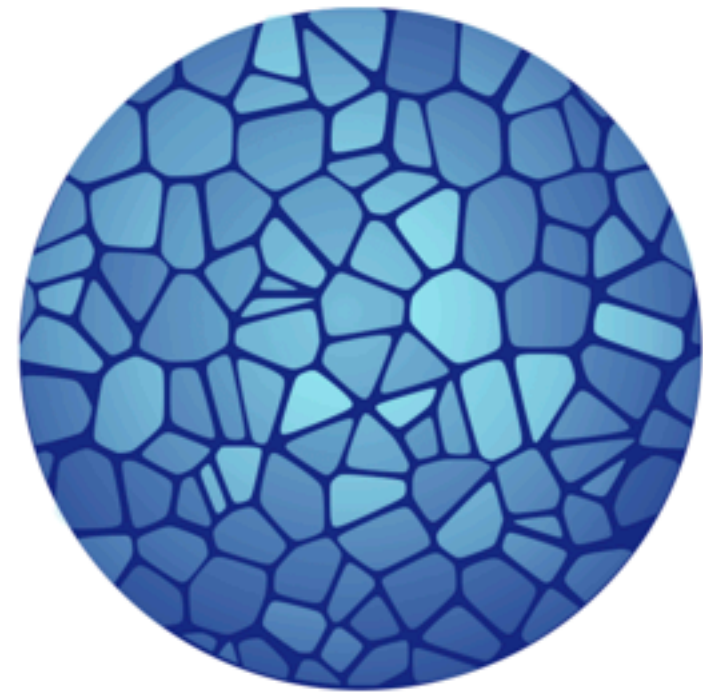
Virtual cells will help to predict the effect of unknown molecules/perturbations and patient mutations in the future



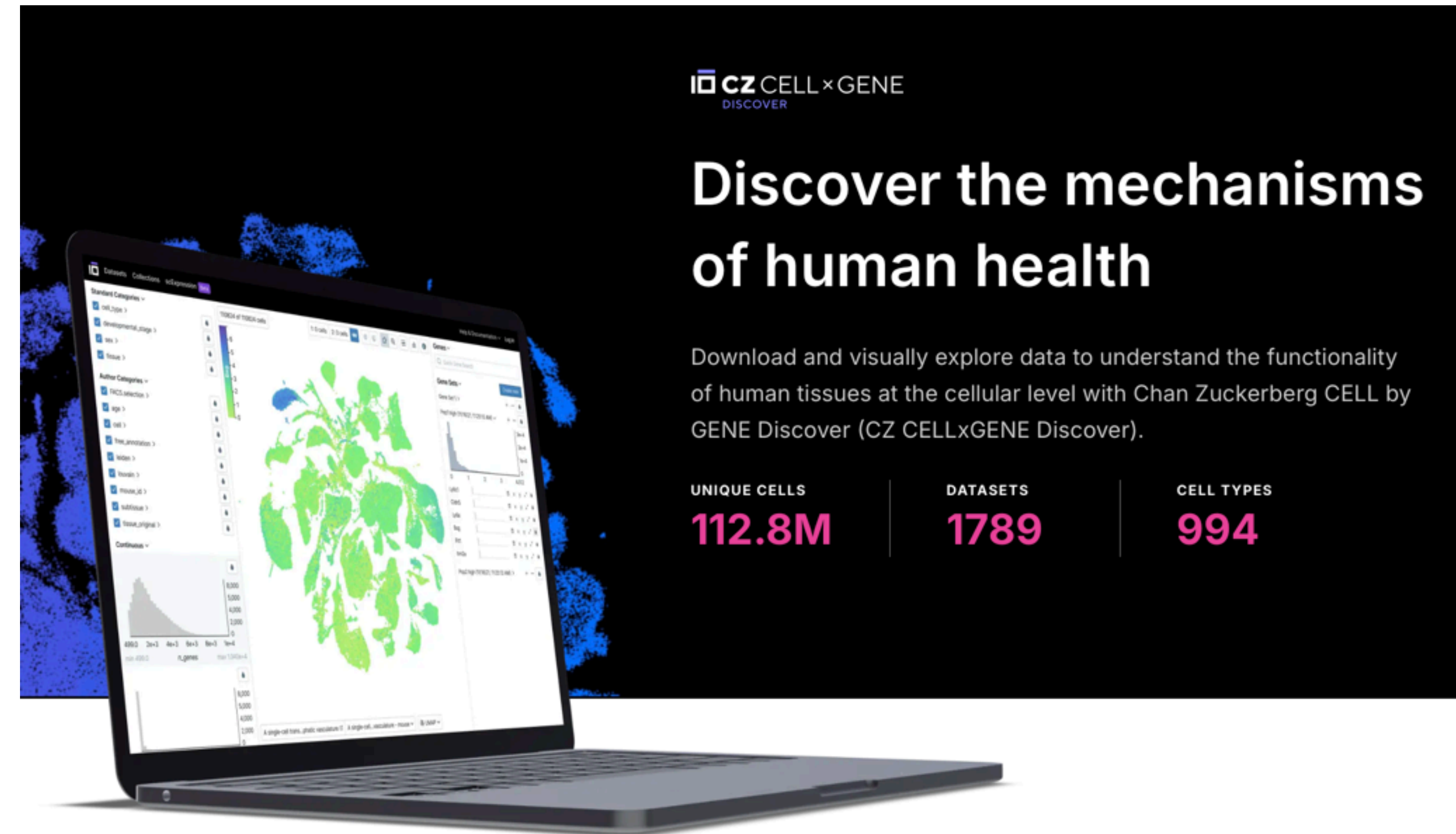
Professor at EPFL-IC:
Artificial Intelligence in
Molecular Medicine



Building virtual cells

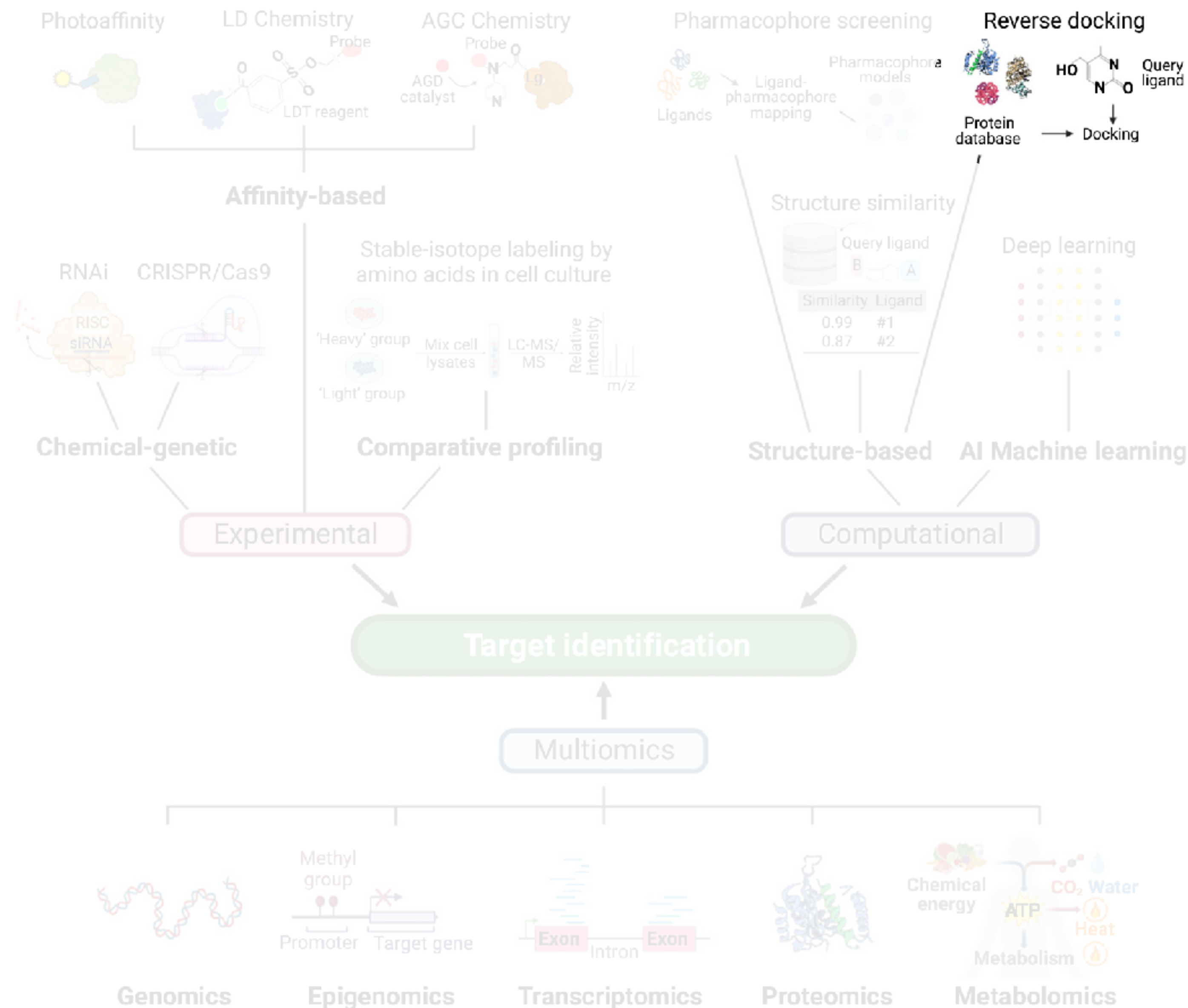


**HUMAN
CELL
ATLAS**

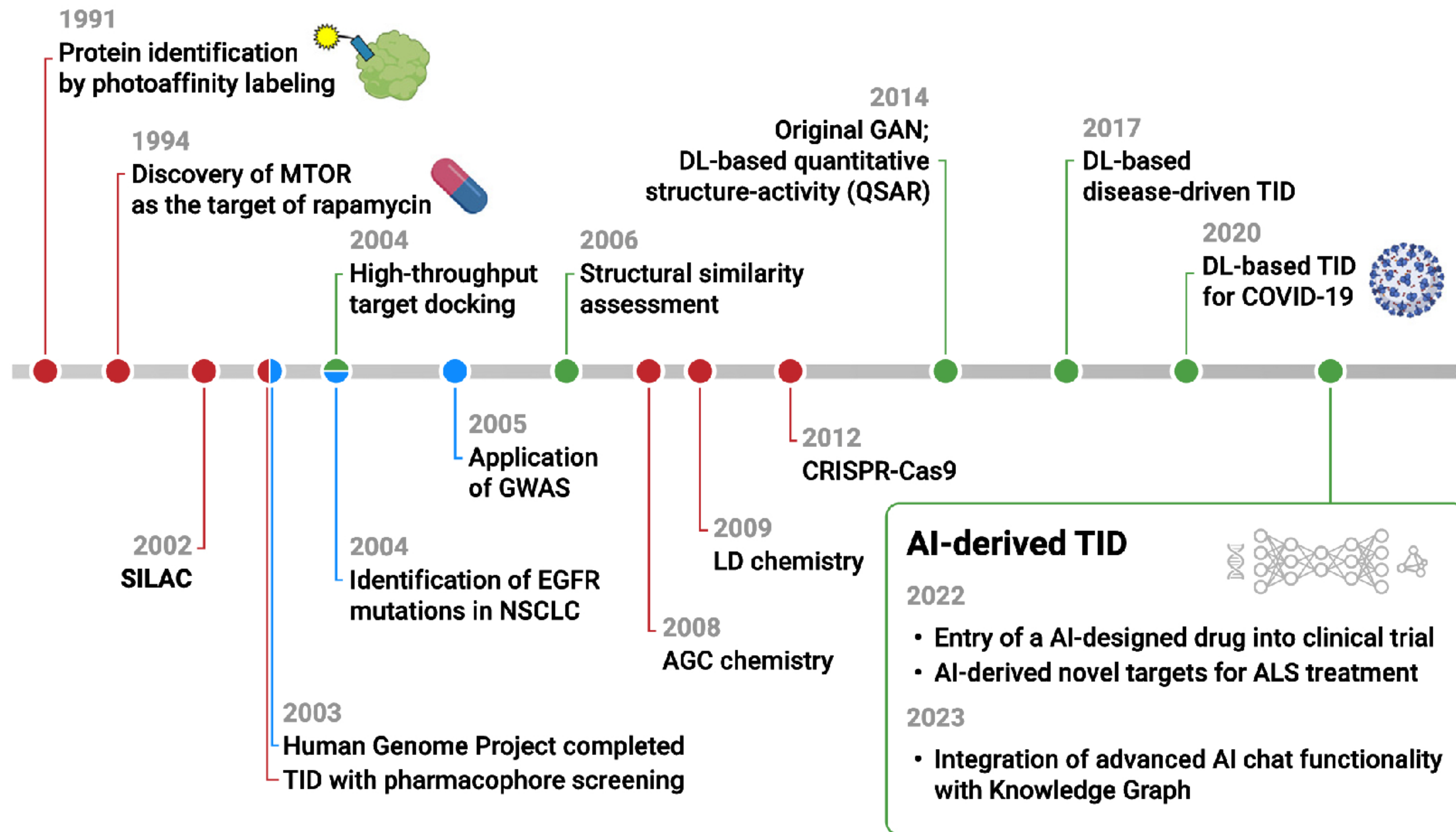


The Human Cell Atlas and Chan Zuckerberg CellxGene are huge collaborative scientific initiatives that collect the transcriptomes of Millions of individual cells that can be used to build foundation models.

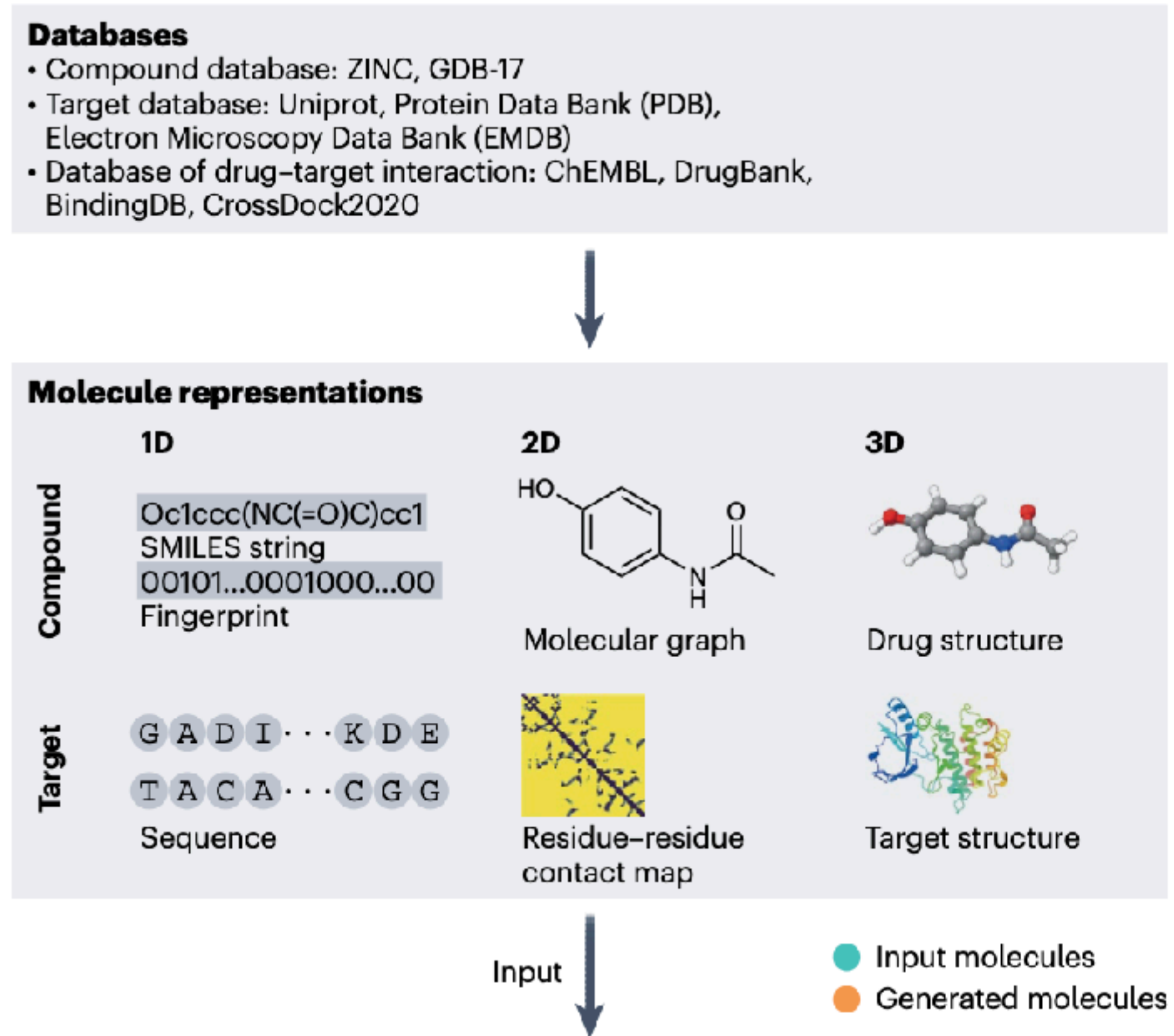
How do you identify a drug target?



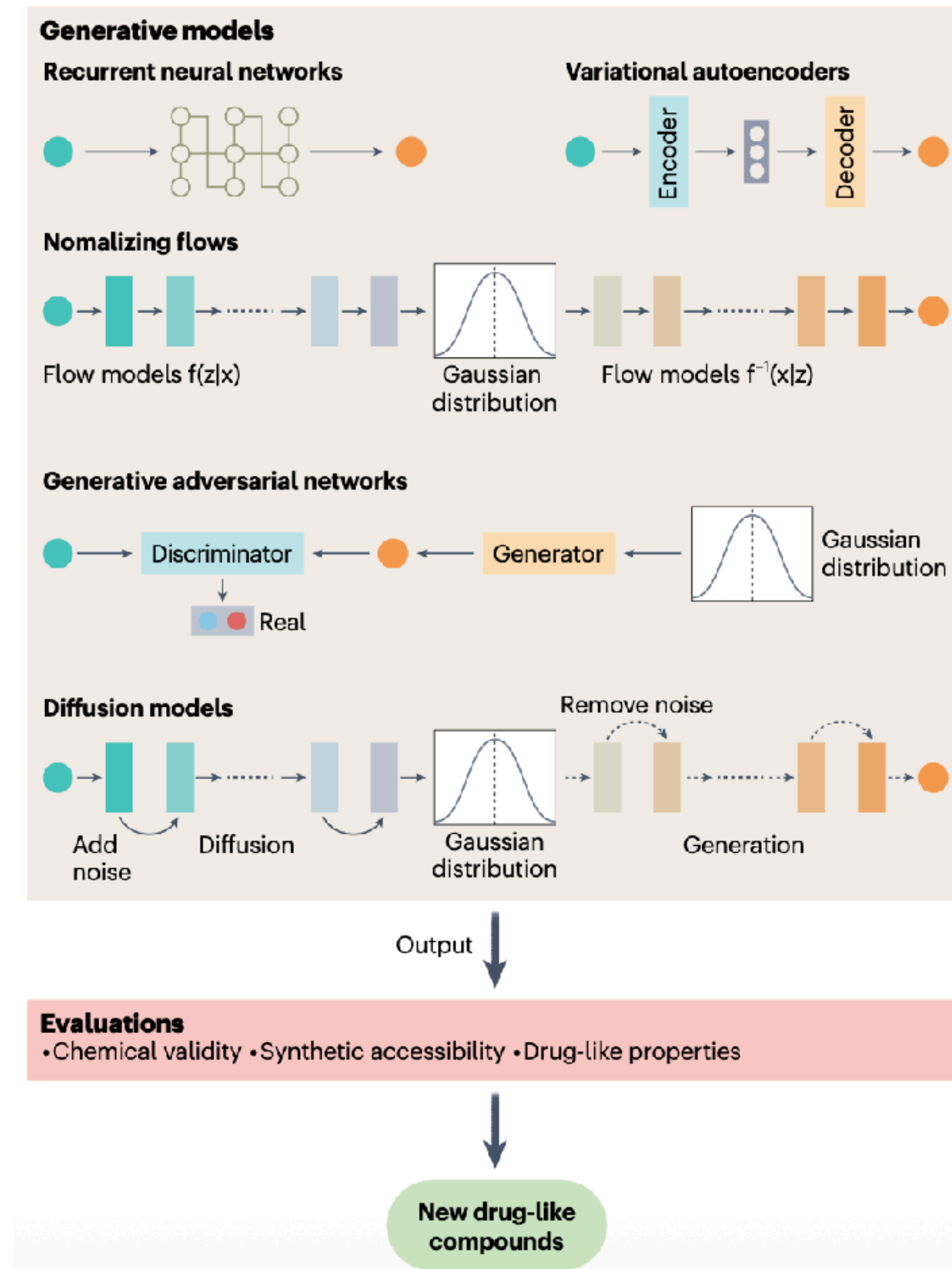
How do you identify a drug target?



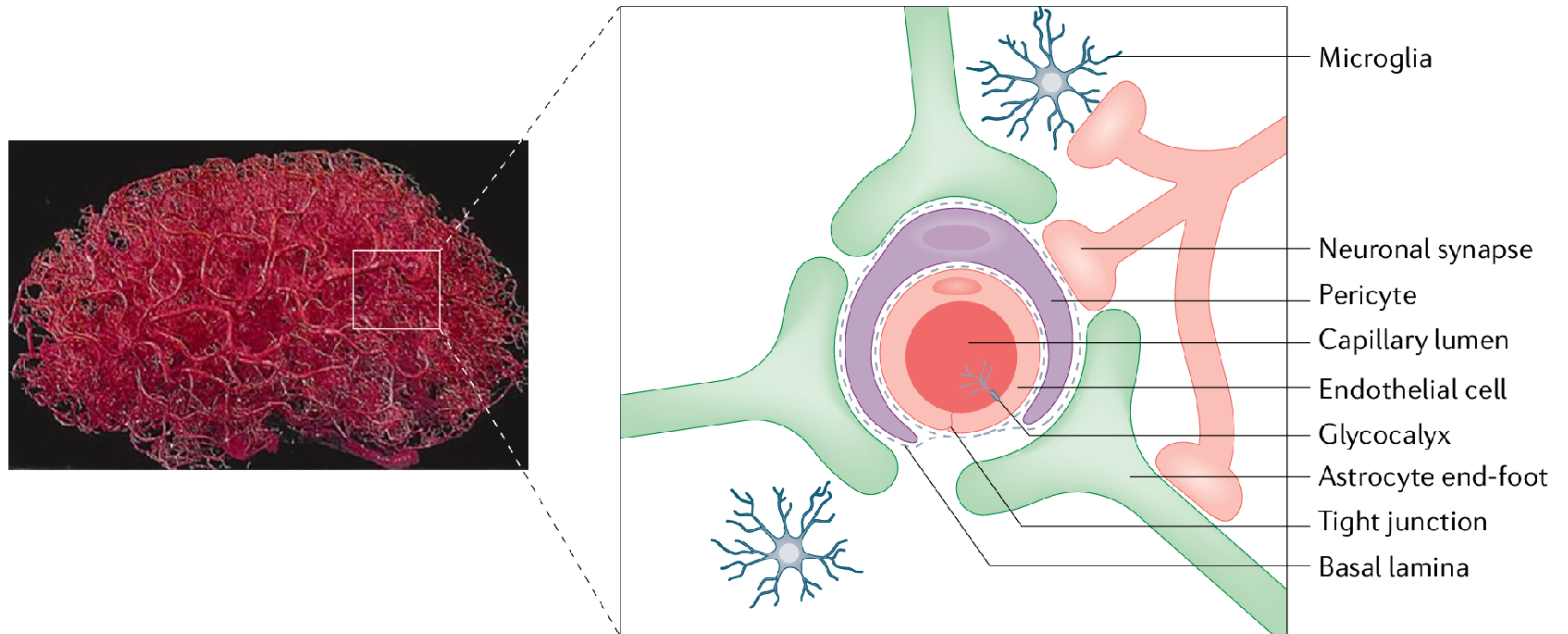
Reverse Docking



Generative models can also help to learn and predict which molecules might bind to which protein targets.



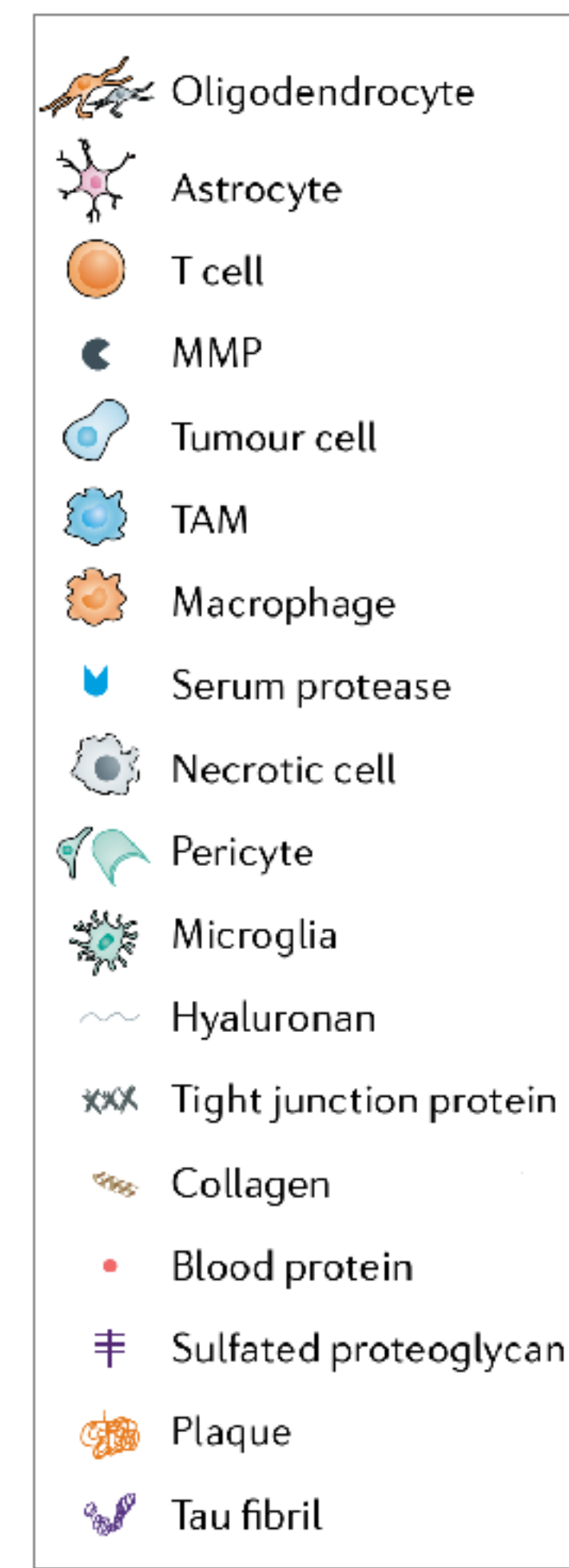
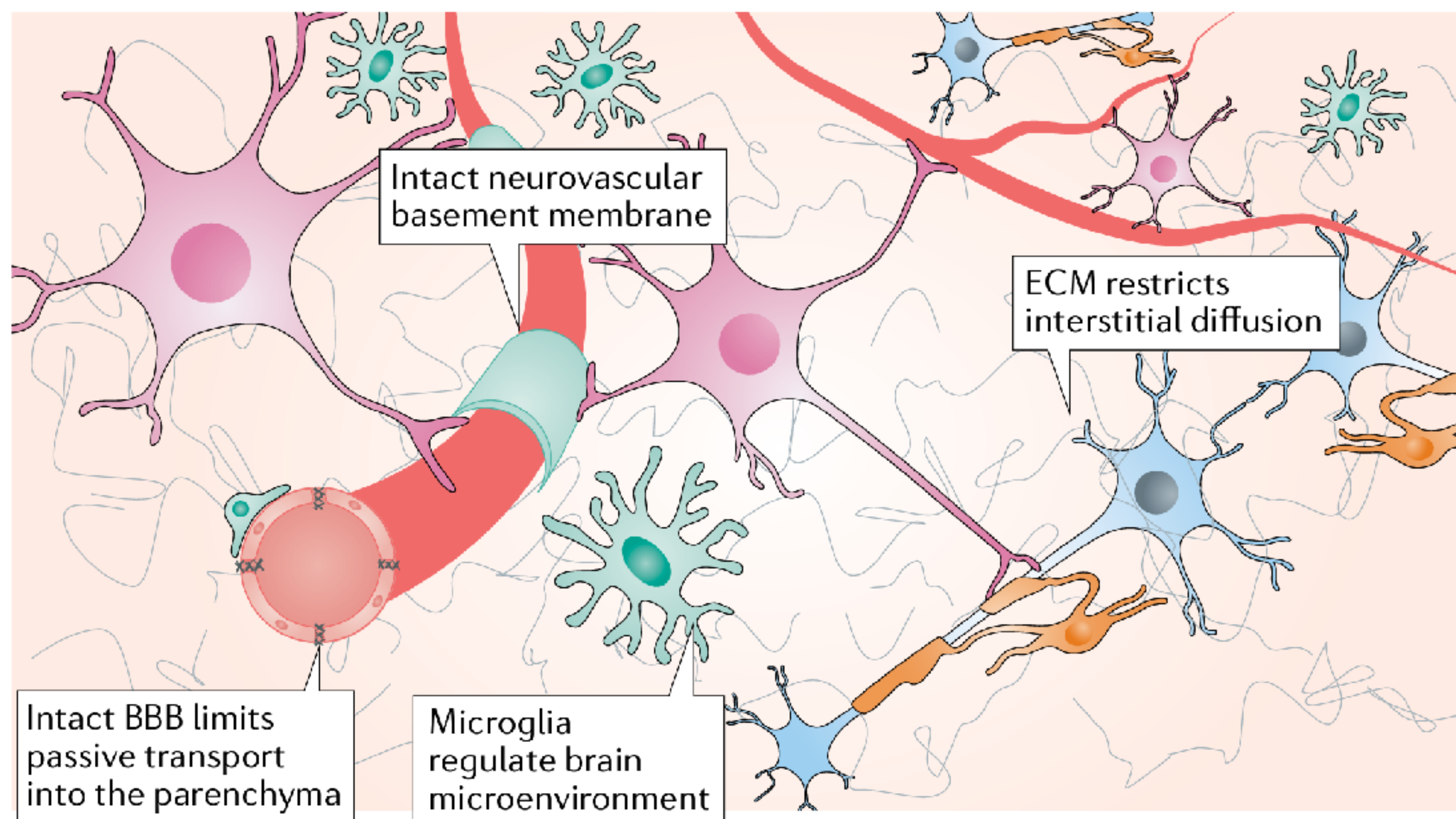
Blood Brain Barrier



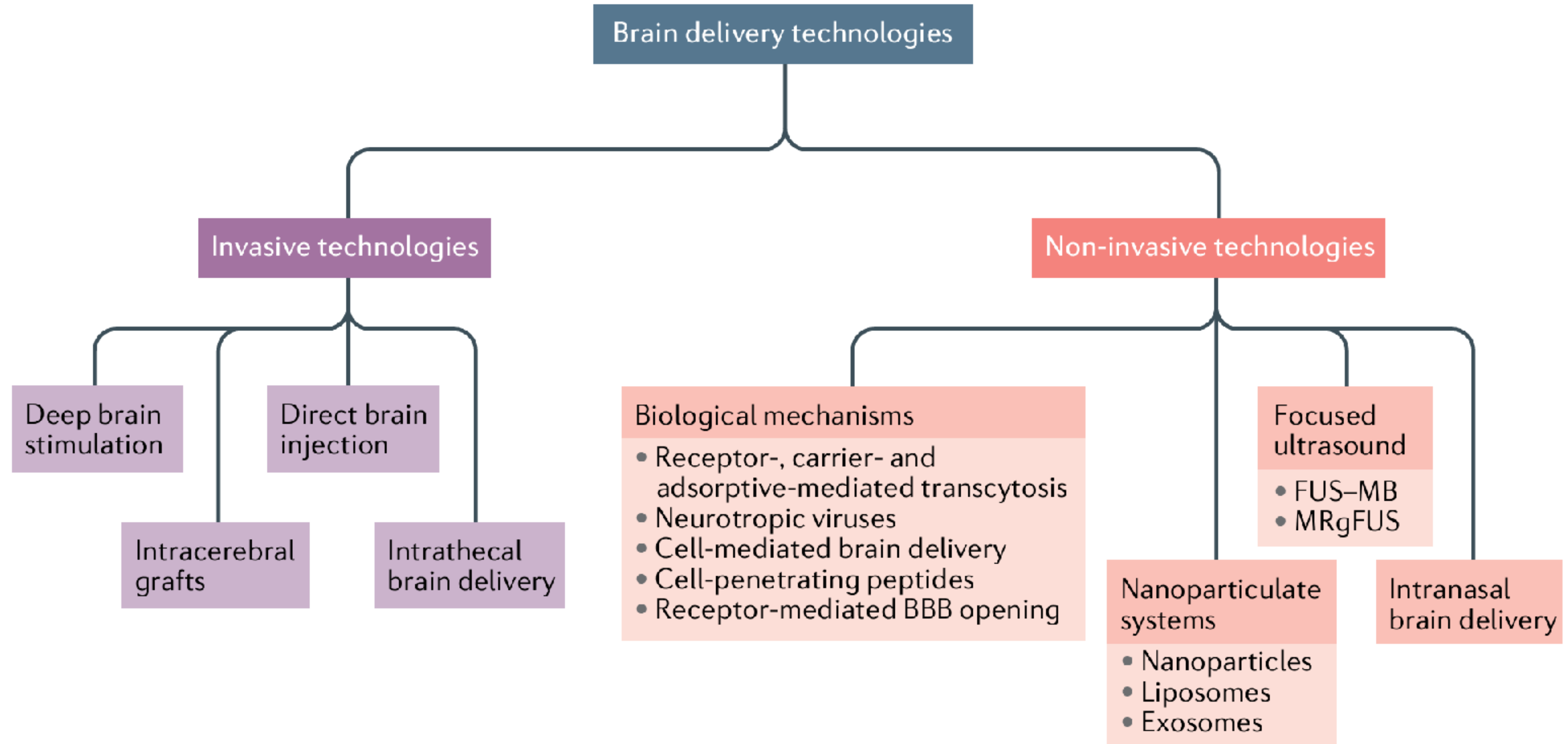
The blood-brain barrier limits the diffusion of molecules from the blood system into the brain. It's one of the very few tight boundaries in the human body.

Blood Brain Barrier

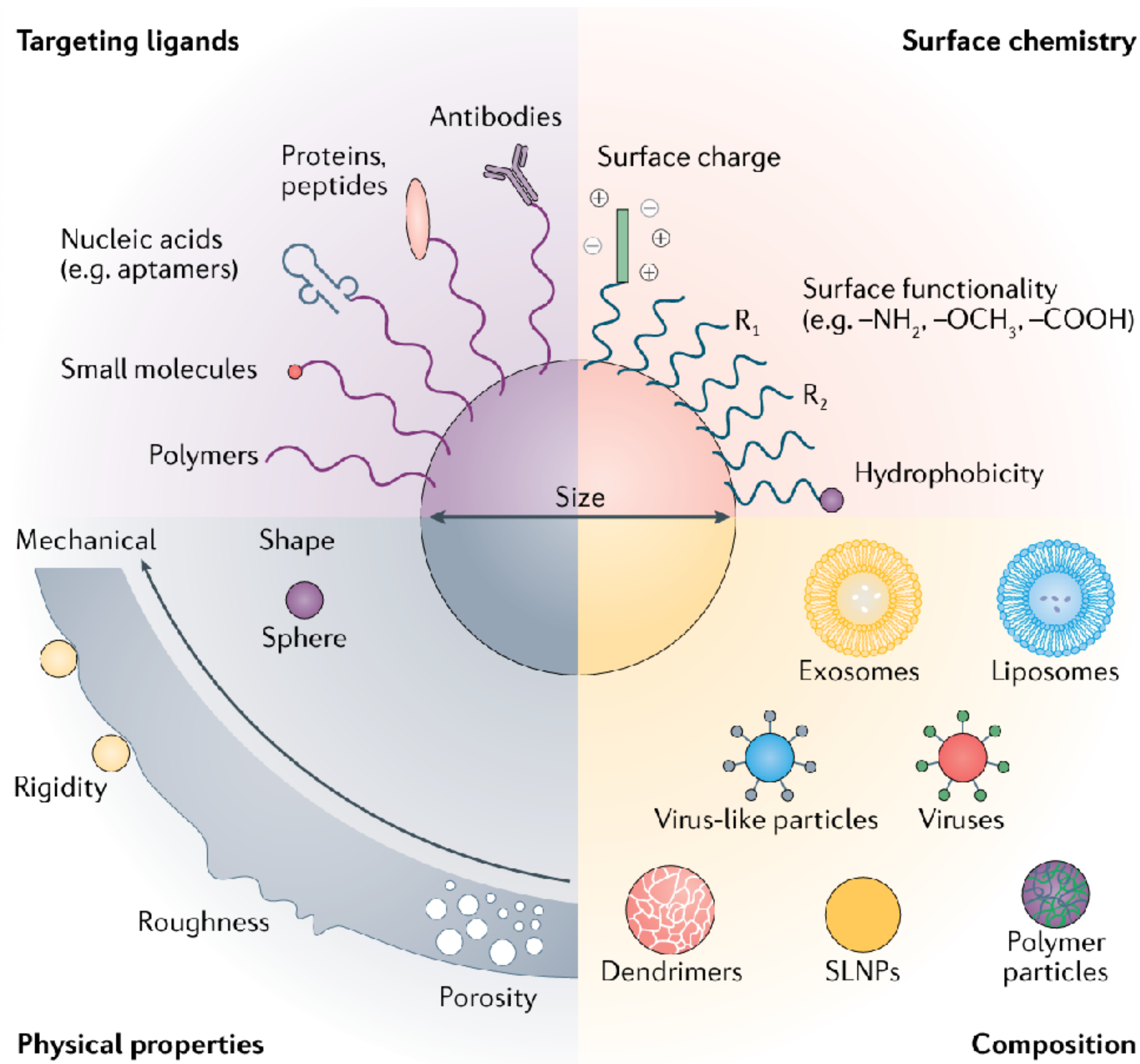
a Normal brain



Drug Delivery to the brain

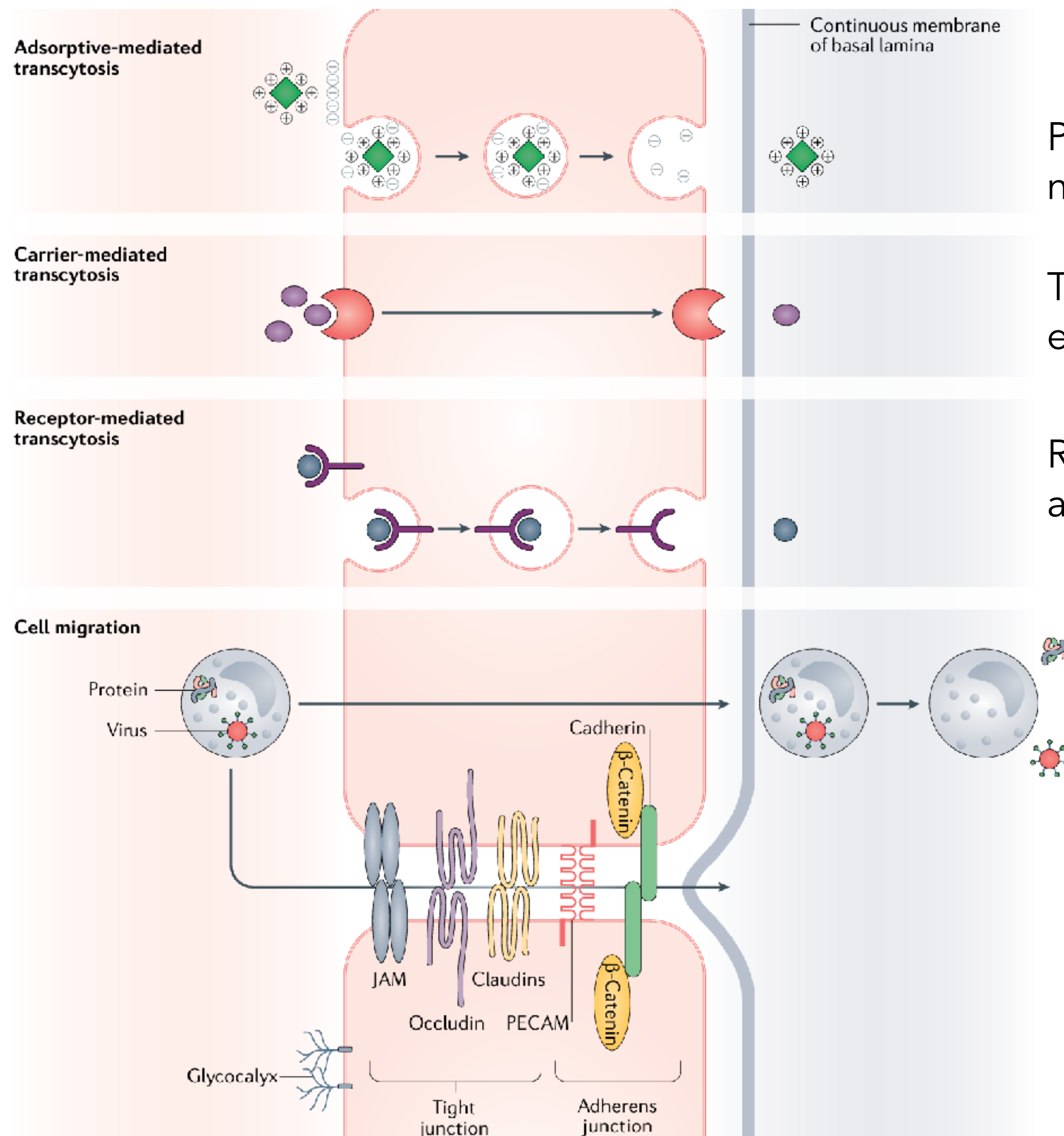


Blood Brain Barrier



Several factors influence the permeability of the BBB and novel tools try to effectively cross it.

Blood Brain Barrier



Positively charged molecules interact with the negatively charged glycocalyx

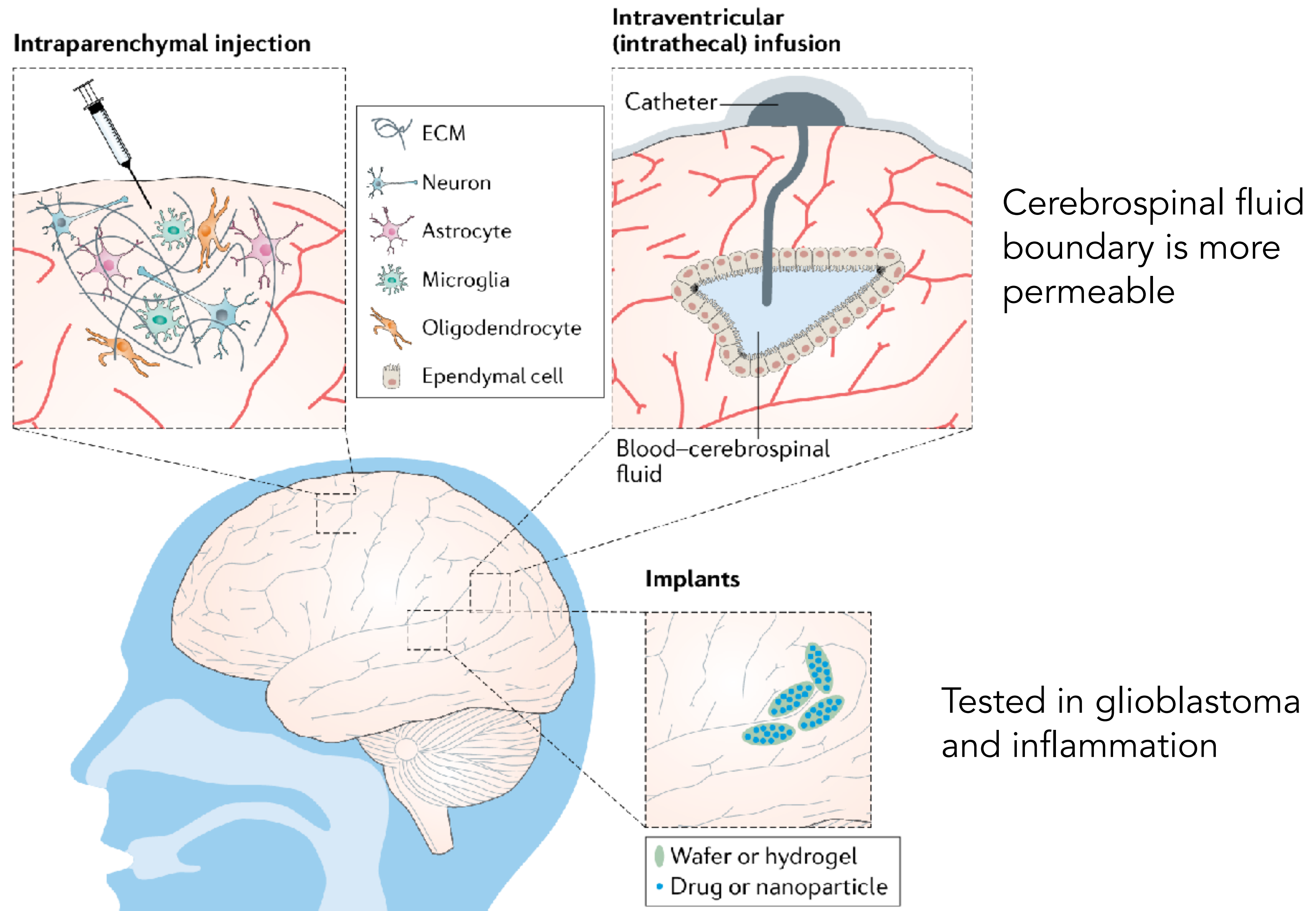
Target molecule binds to carrier and gets endocytosed

Receptor or antibody bind to target molecule and get endocytosed

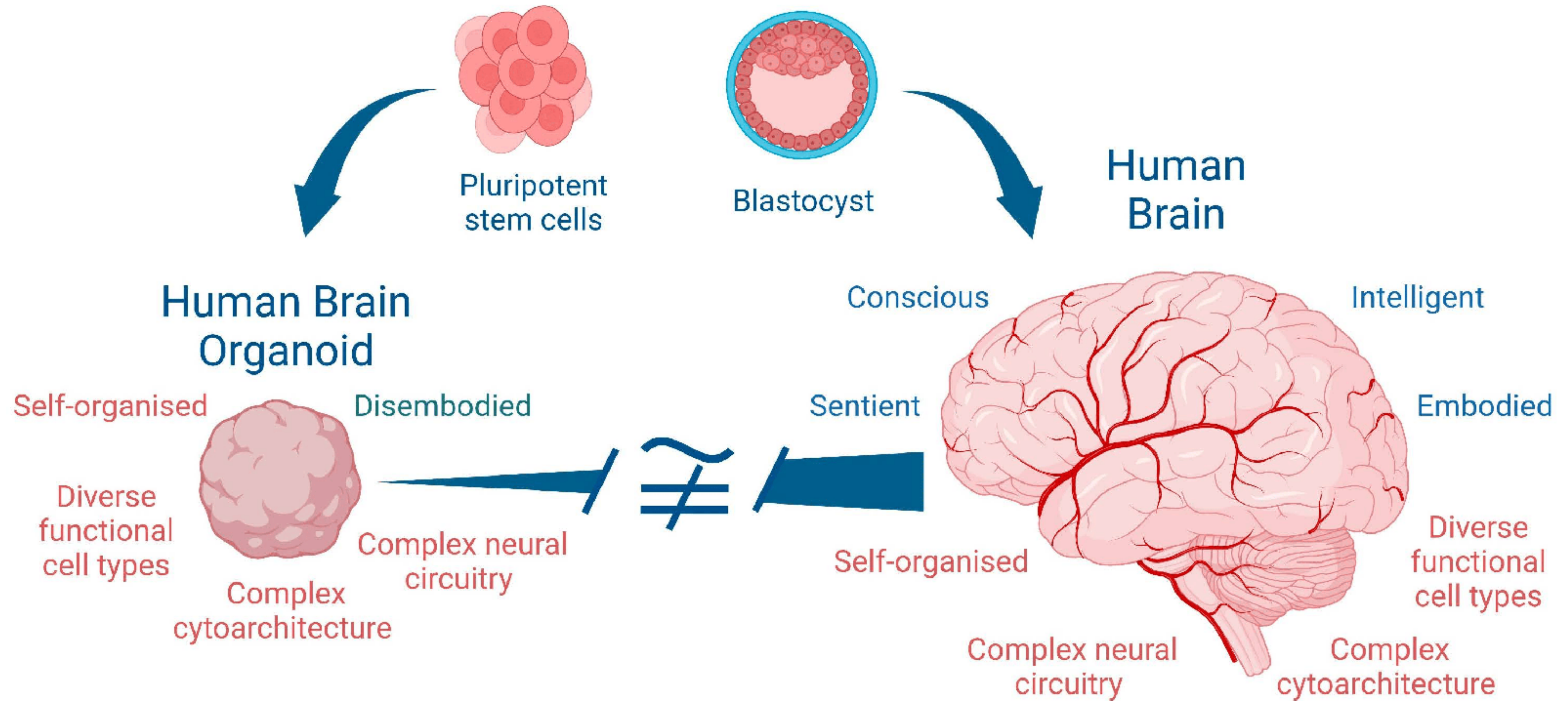
Macrophages and monocytes (immune cells) can get endocytosed or travel through the pericellular space

Drug Delivery to the brain

Drug coupled to polymers for longterm release

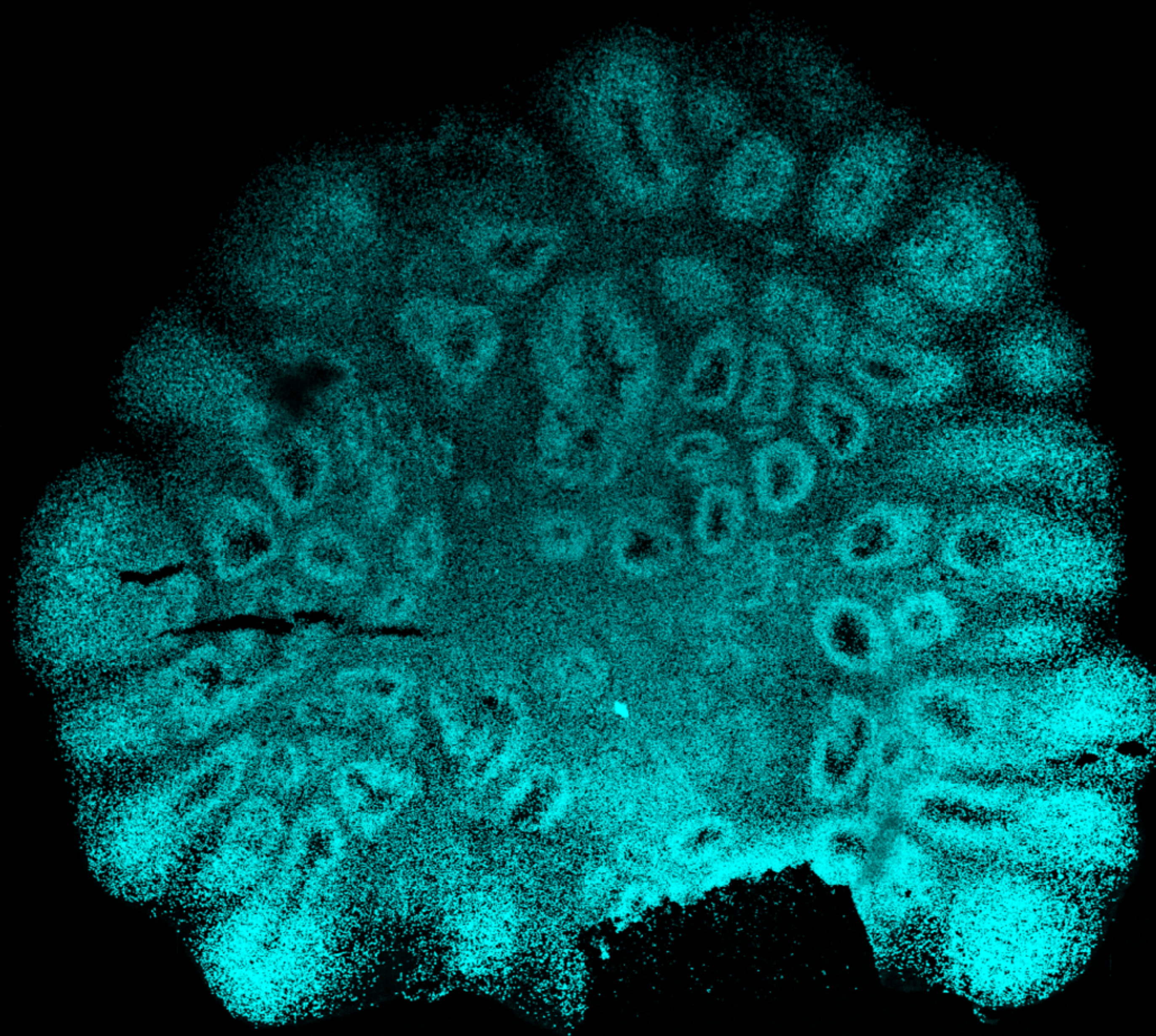


Building reliable in vitro models of the CNS

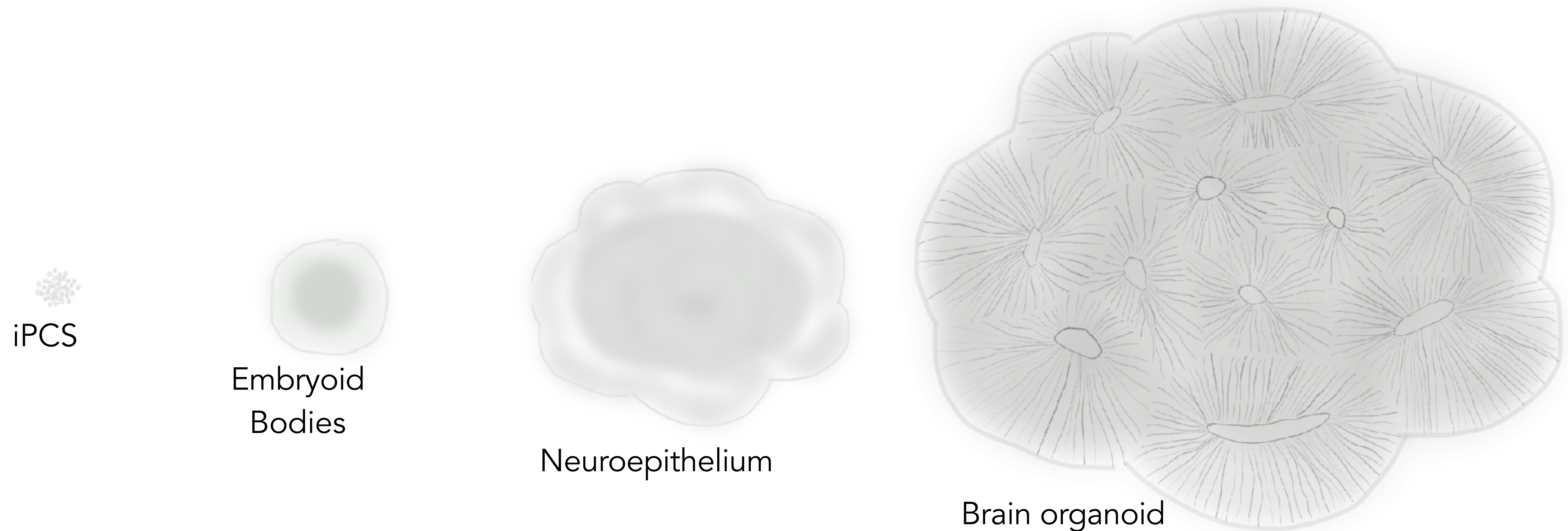


Molecular studies on human patient brains are almost impossible. Stem Cell models can help overcome this bottleneck.

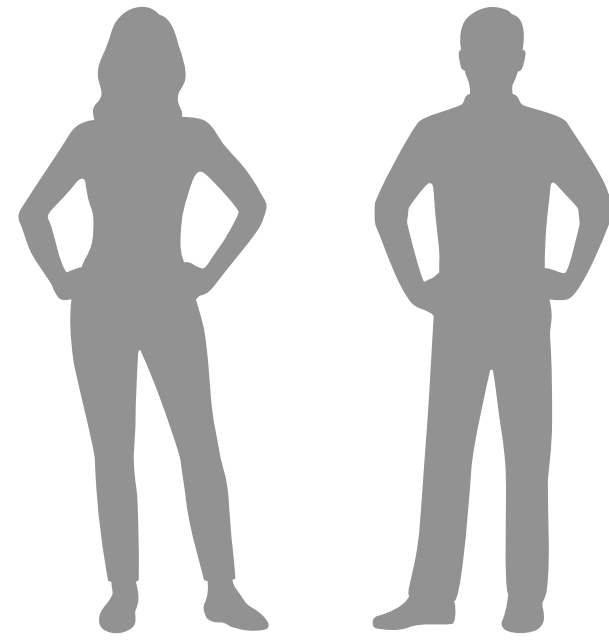
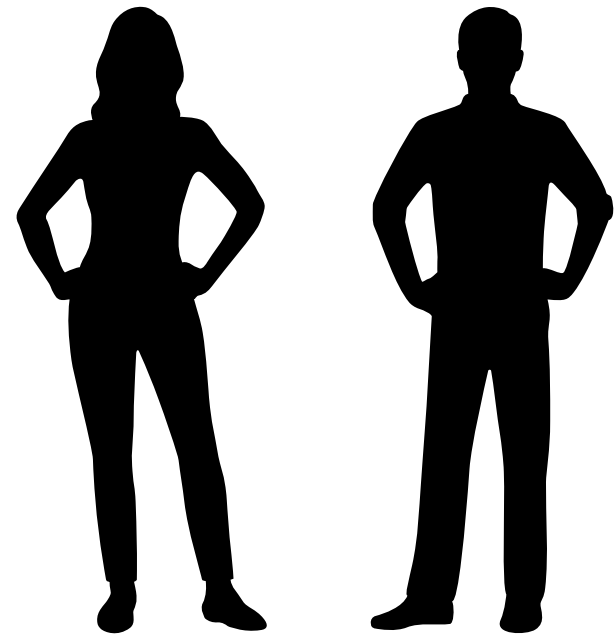
Understanding Human Brain Development using Neural Organoids



Human Neural Organoids recapitulate embryonic Development



Human Neural Organoids are generated from iPSCs



Healthy and Patient
derived skin cells



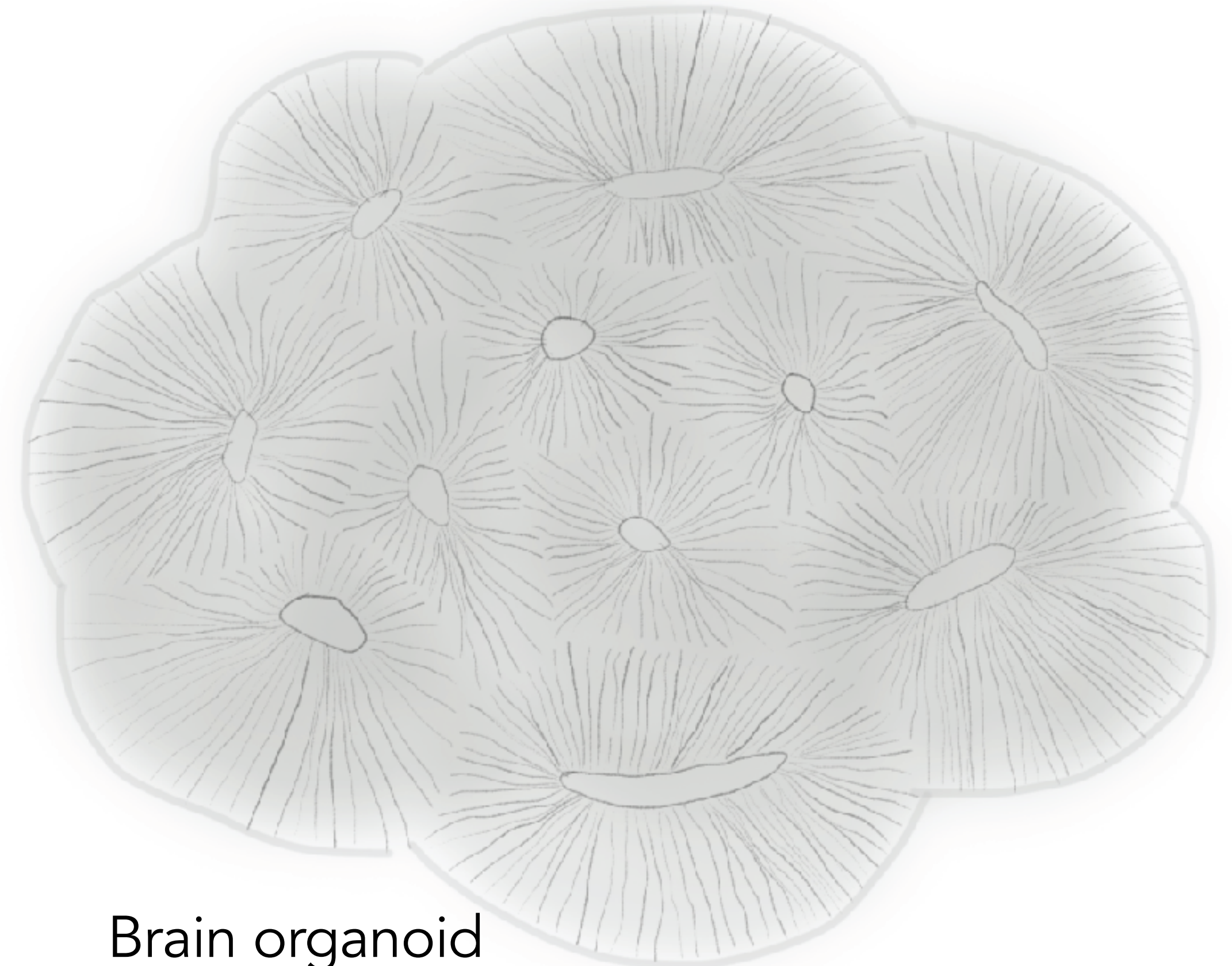
iPCS



Embryoid
Bodies

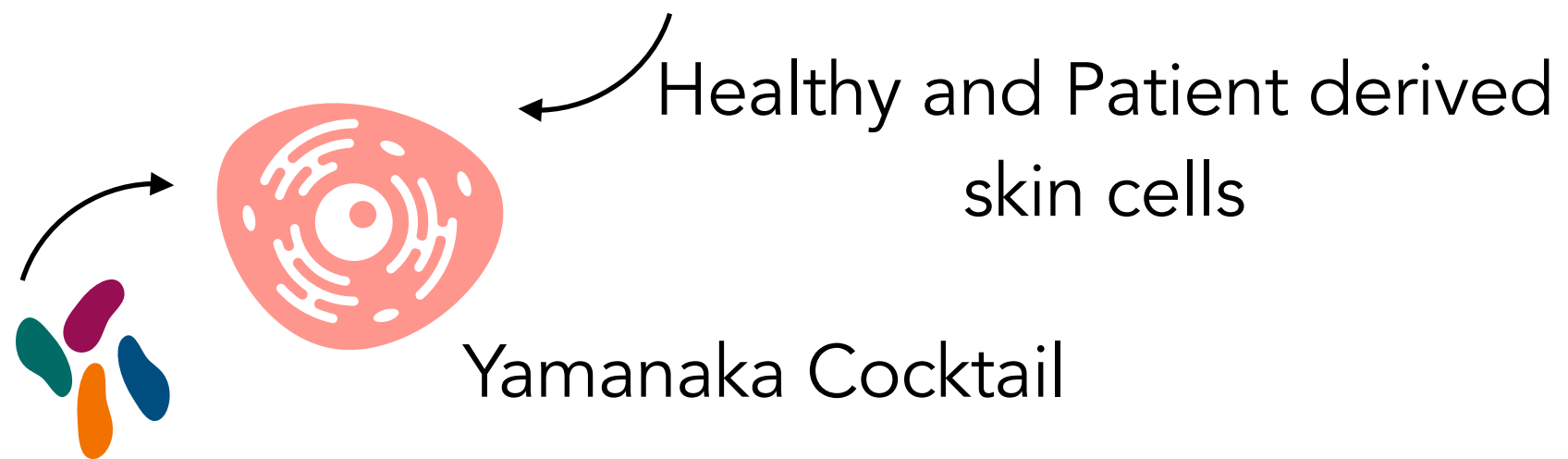
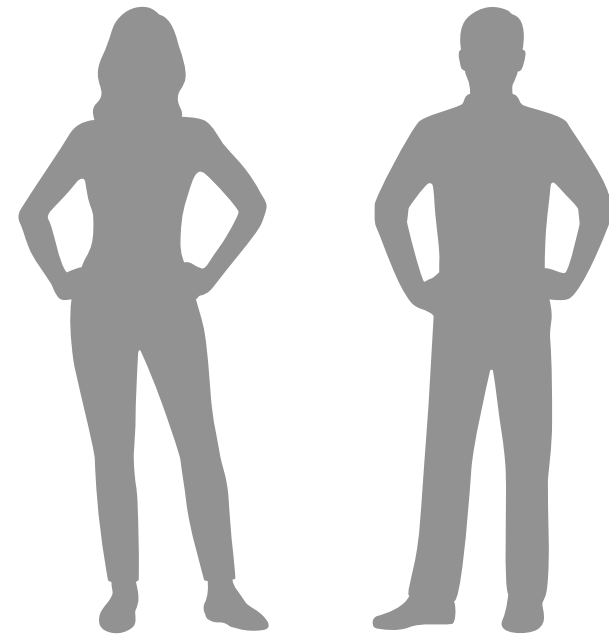
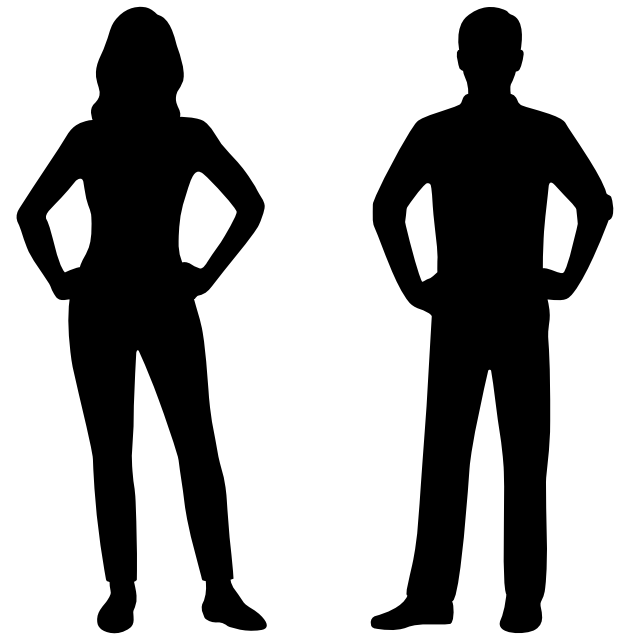


Neuroepithelium



Brain organoid

Human Neural Organoids are generated from iPSCs



Healthy and Patient derived
skin cells

Yamanaka Cocktail



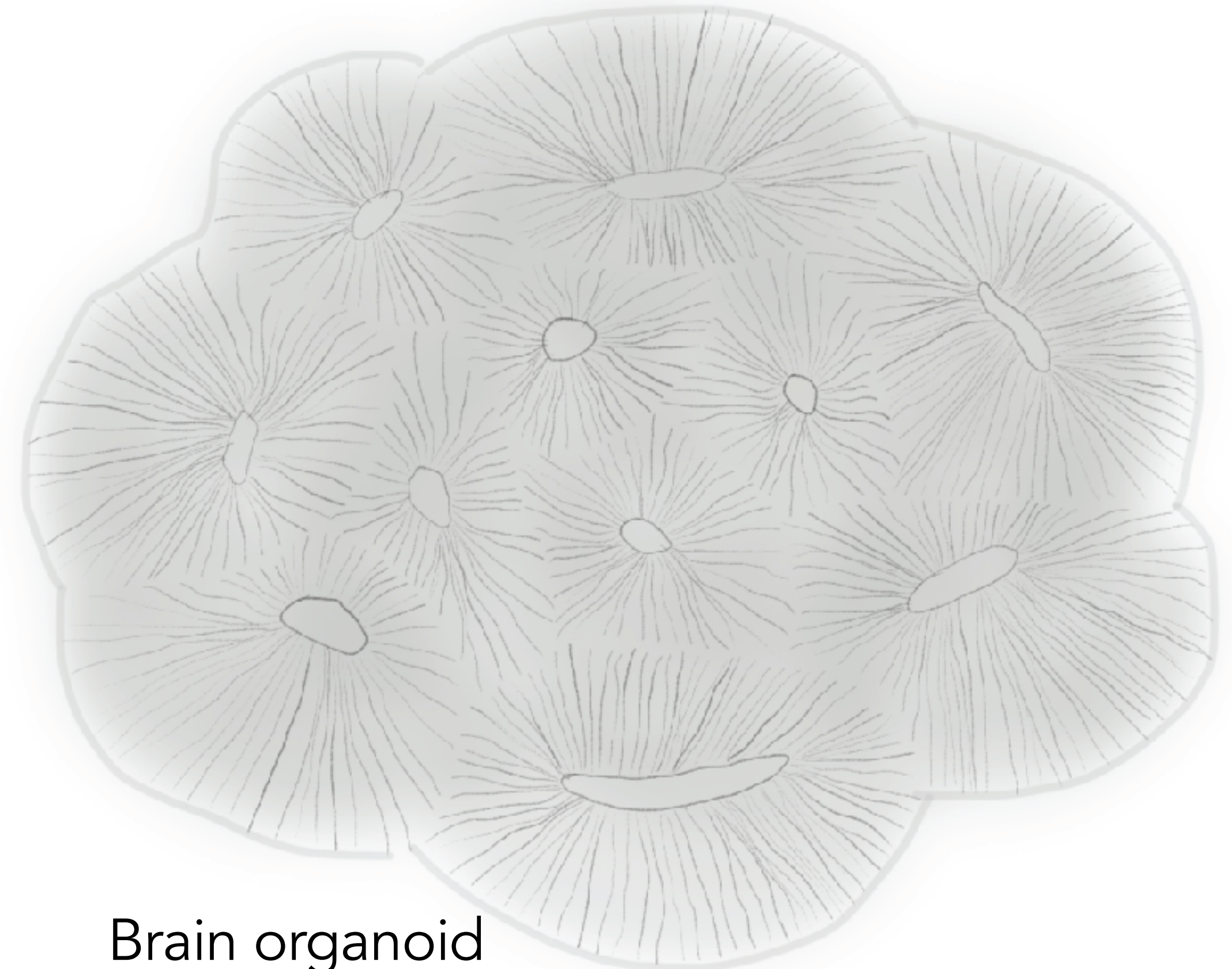
iPCS



Embryoid
Bodies

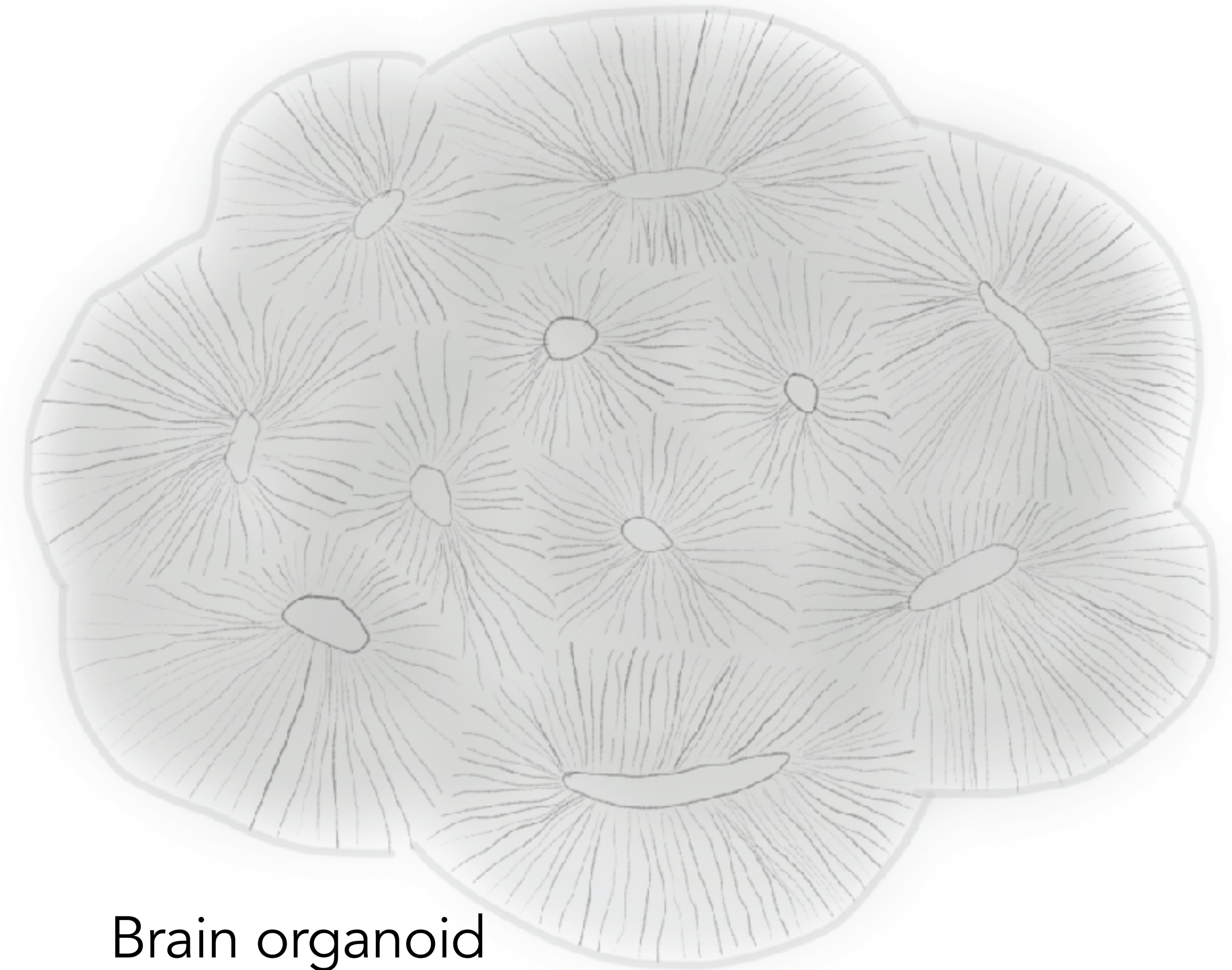
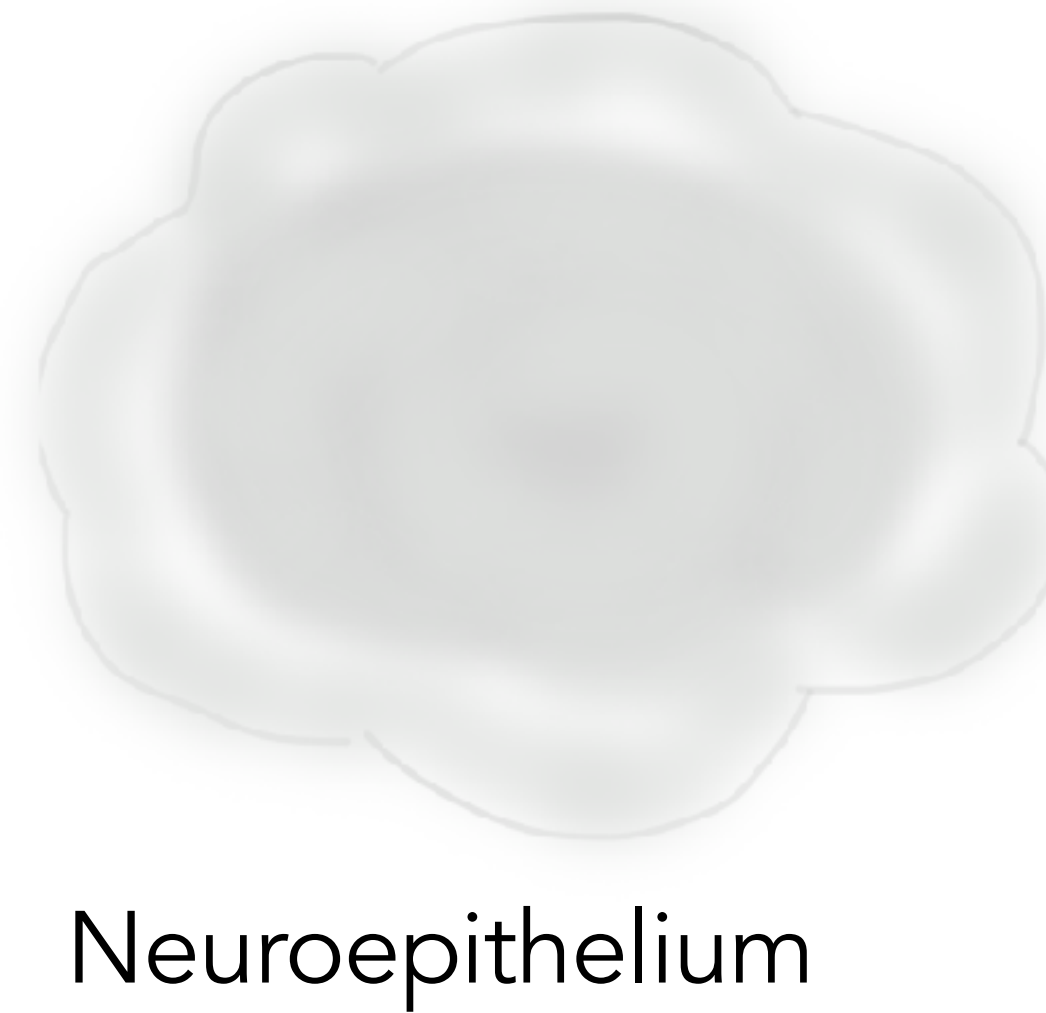
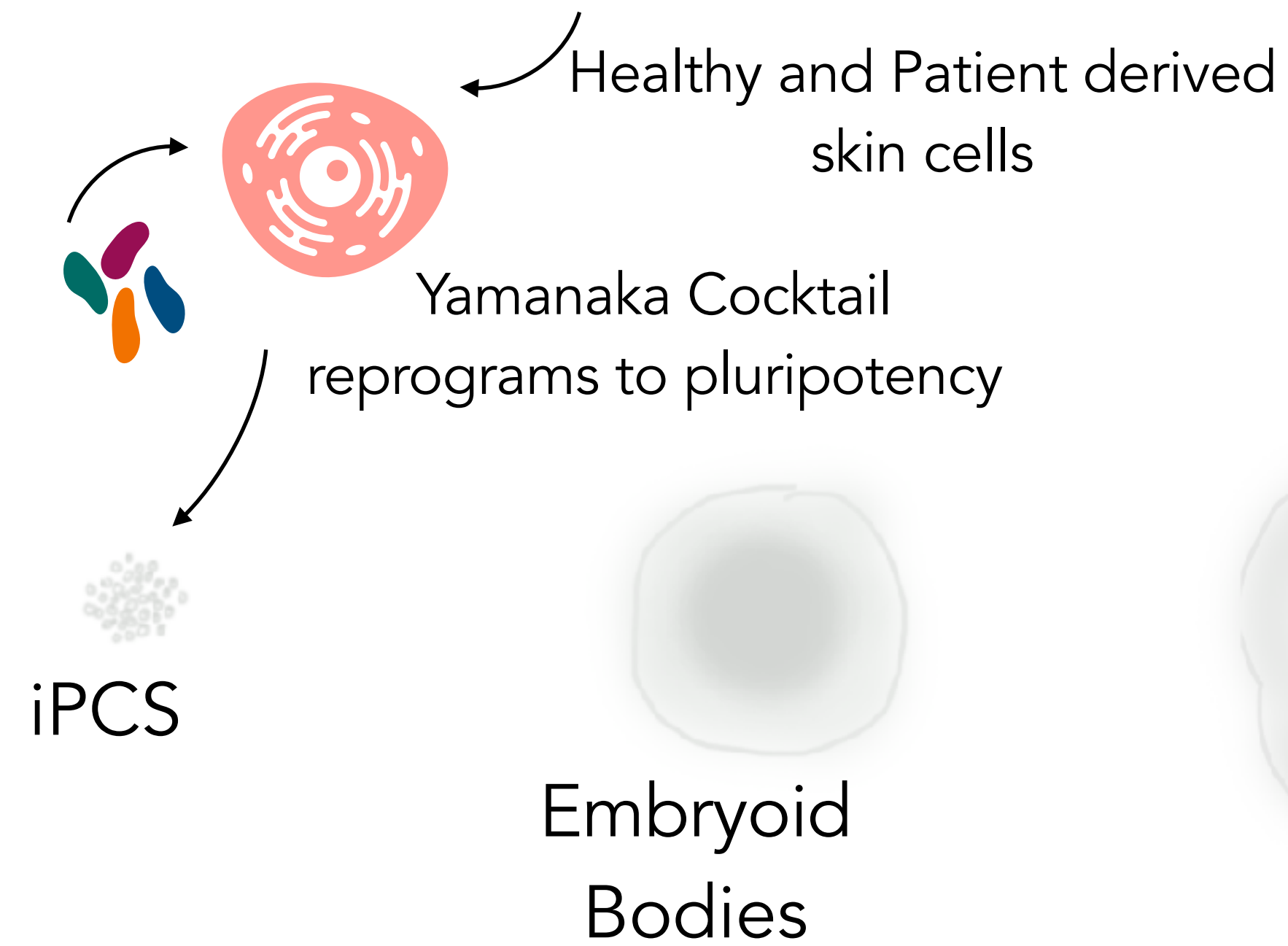
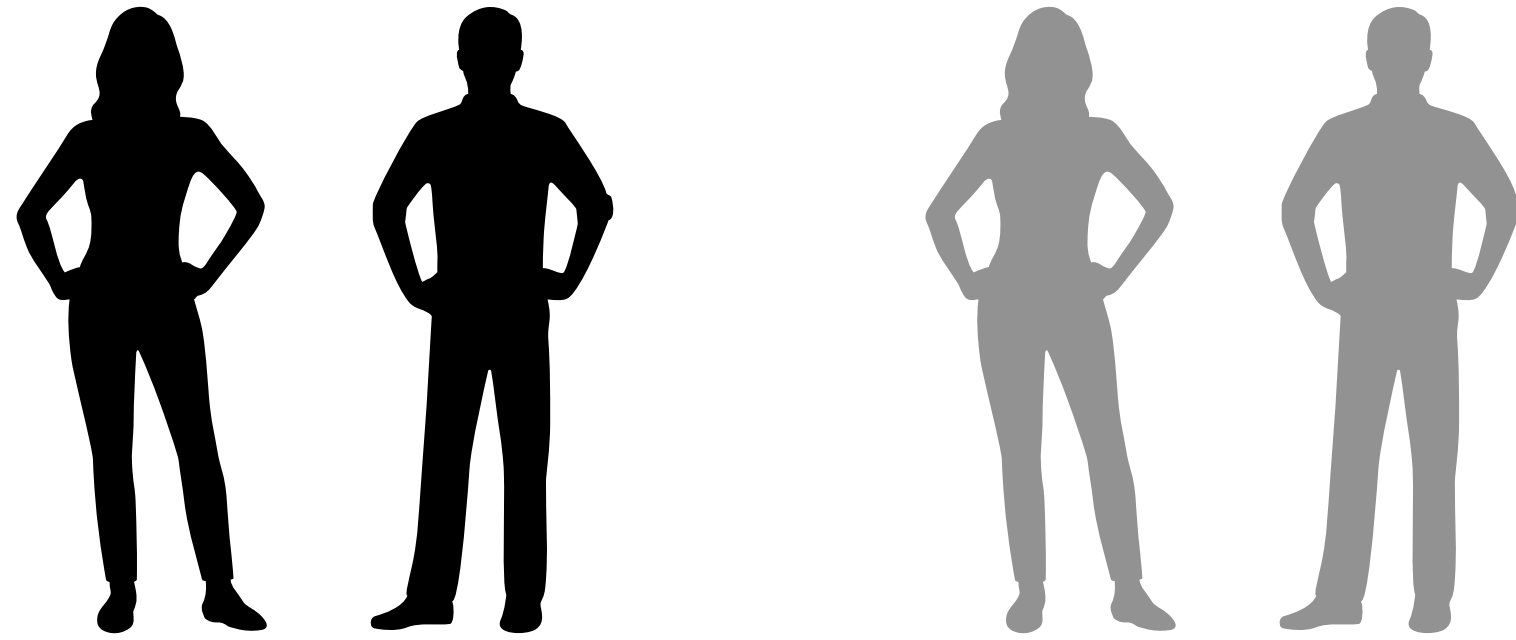


Neuroepithelium

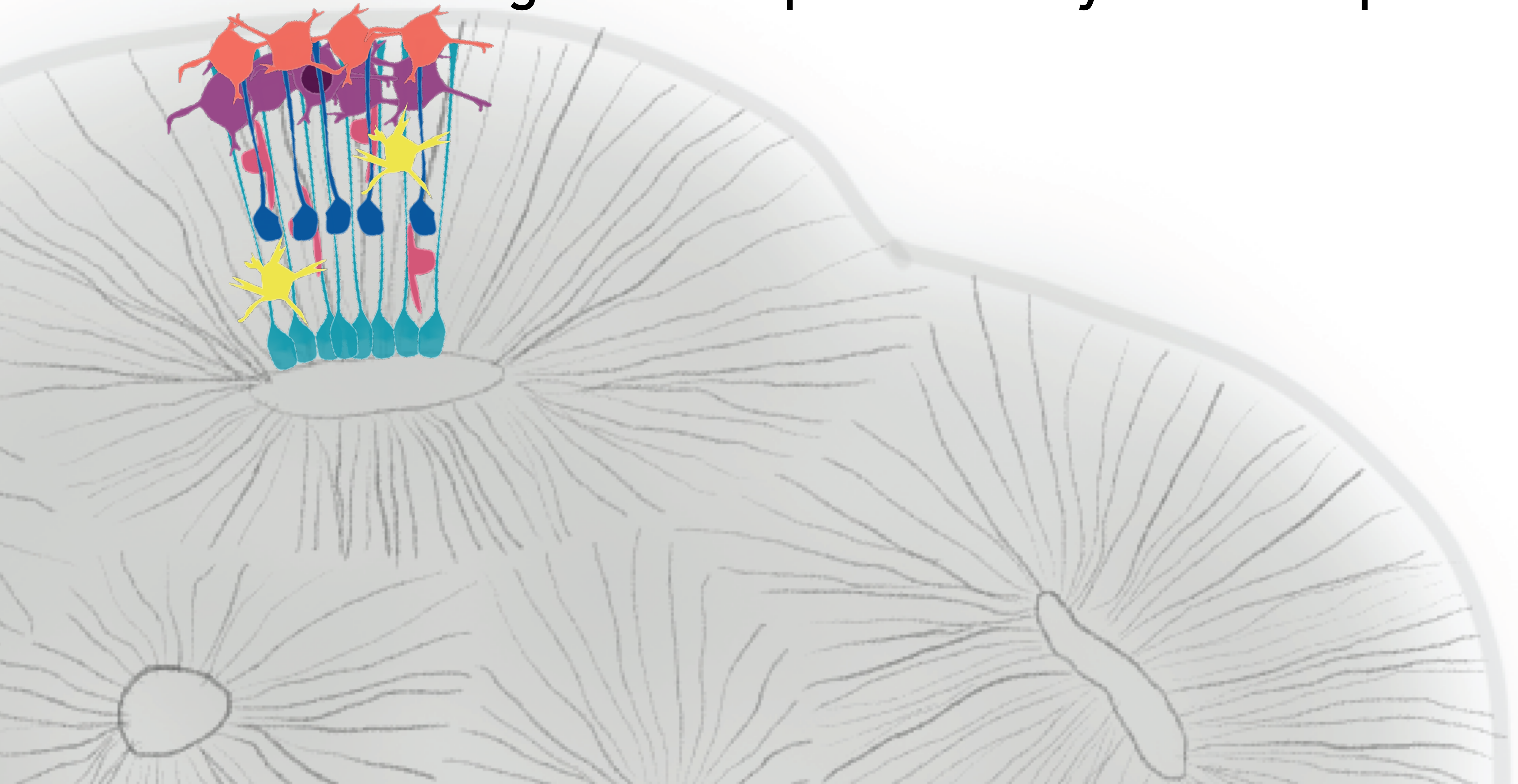


Brain organoid

Human Neural Organoids are generated from iPSCs

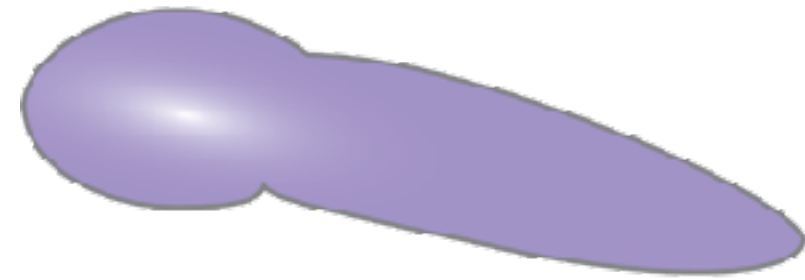


Human Neural Organoids recapitulate embryonic Development



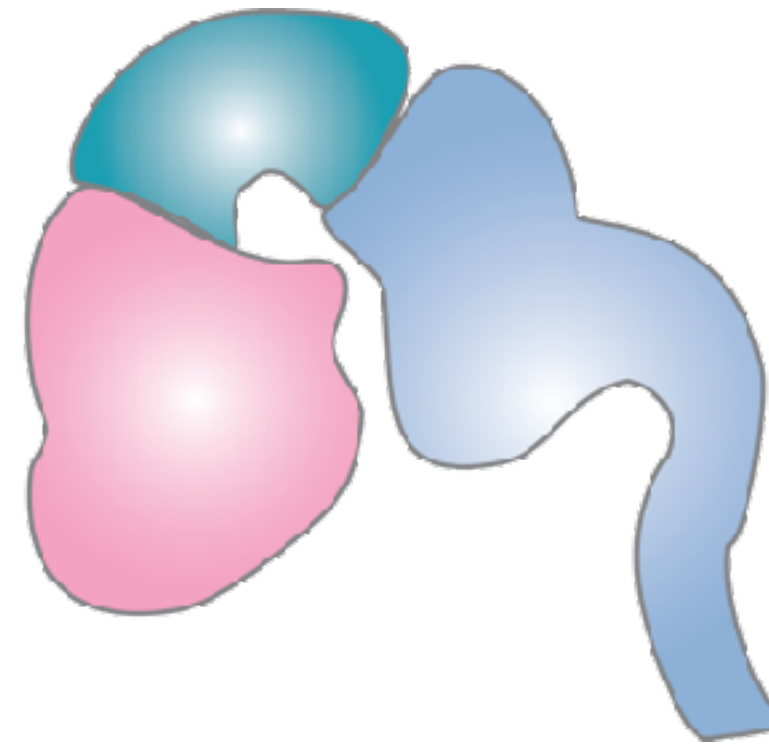
Understanding Human Brain Development

21 Days



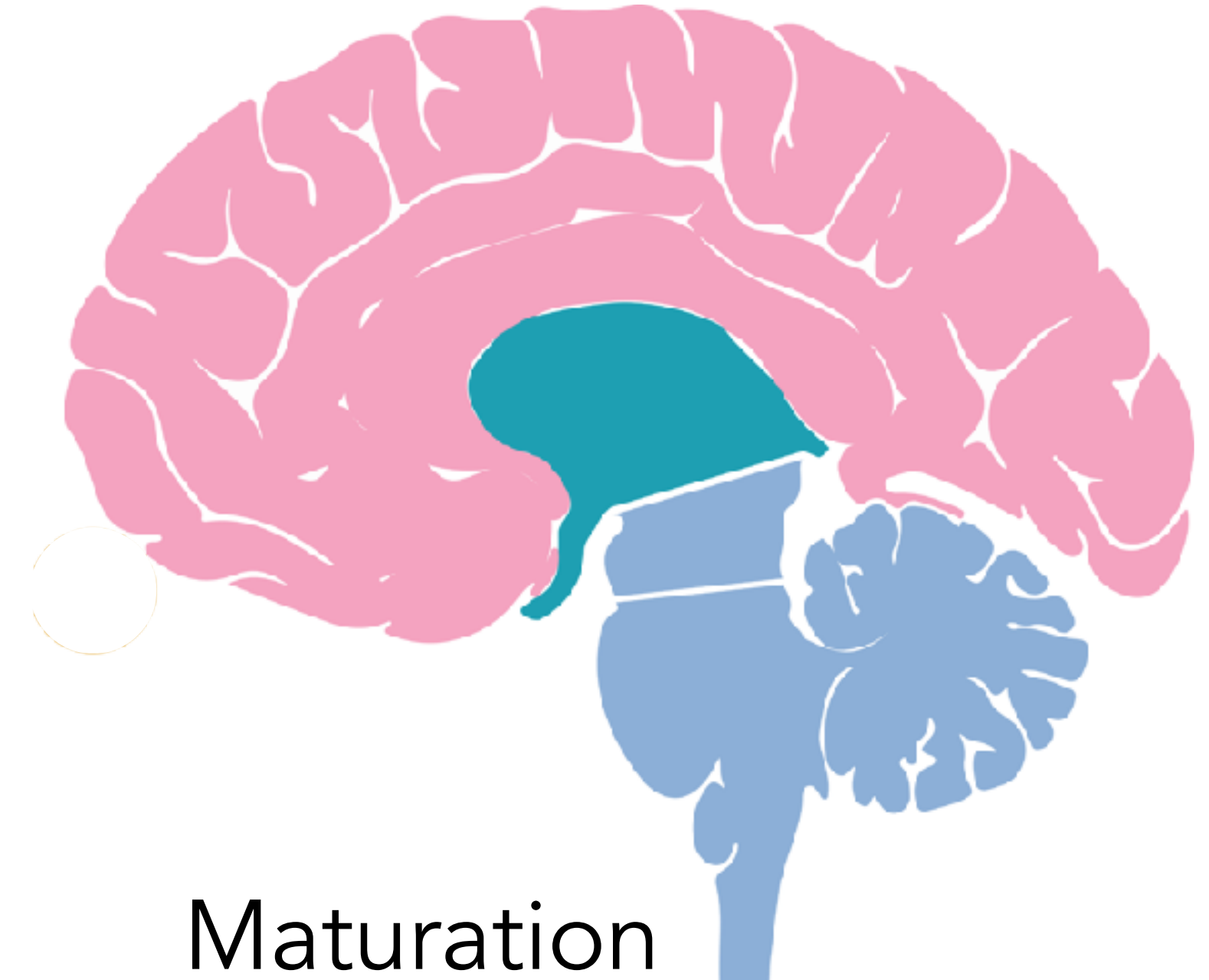
Formation of Neural Tube

35-40 Days



Regionalization

9 Months

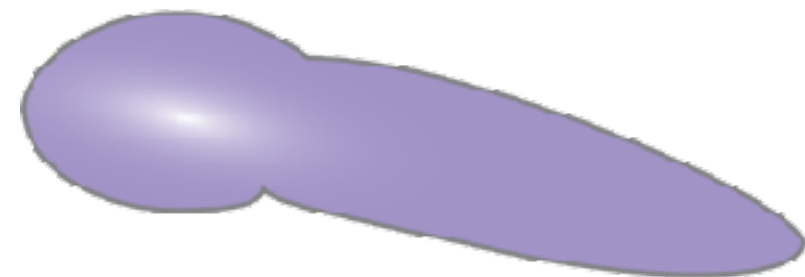


Maturation

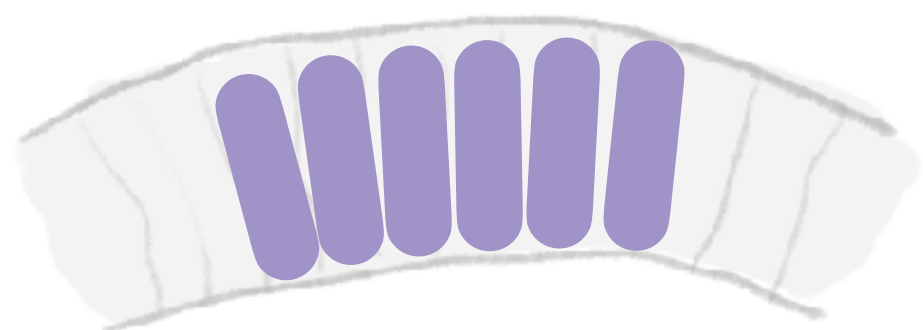


Understanding Human Brain Development

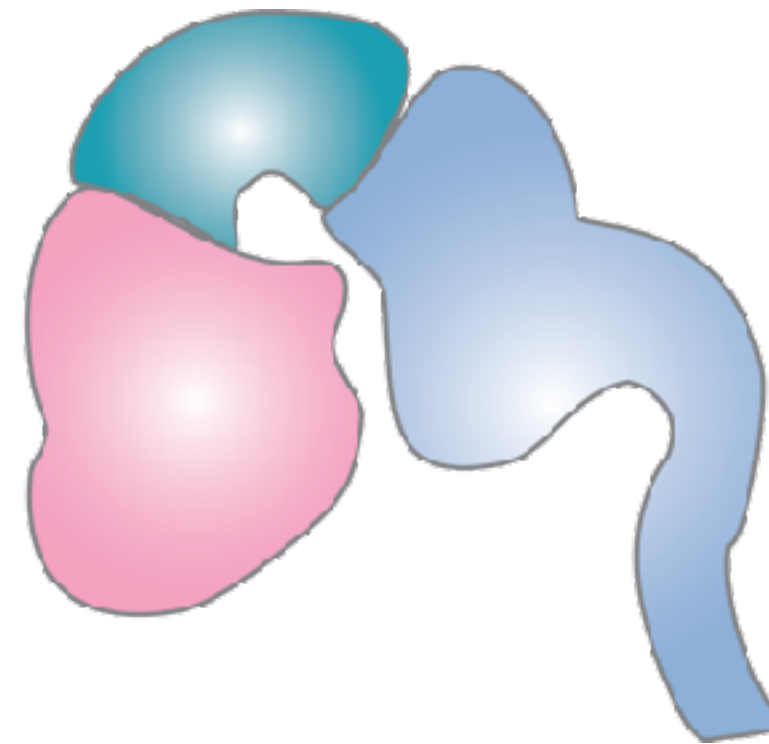
21 Days



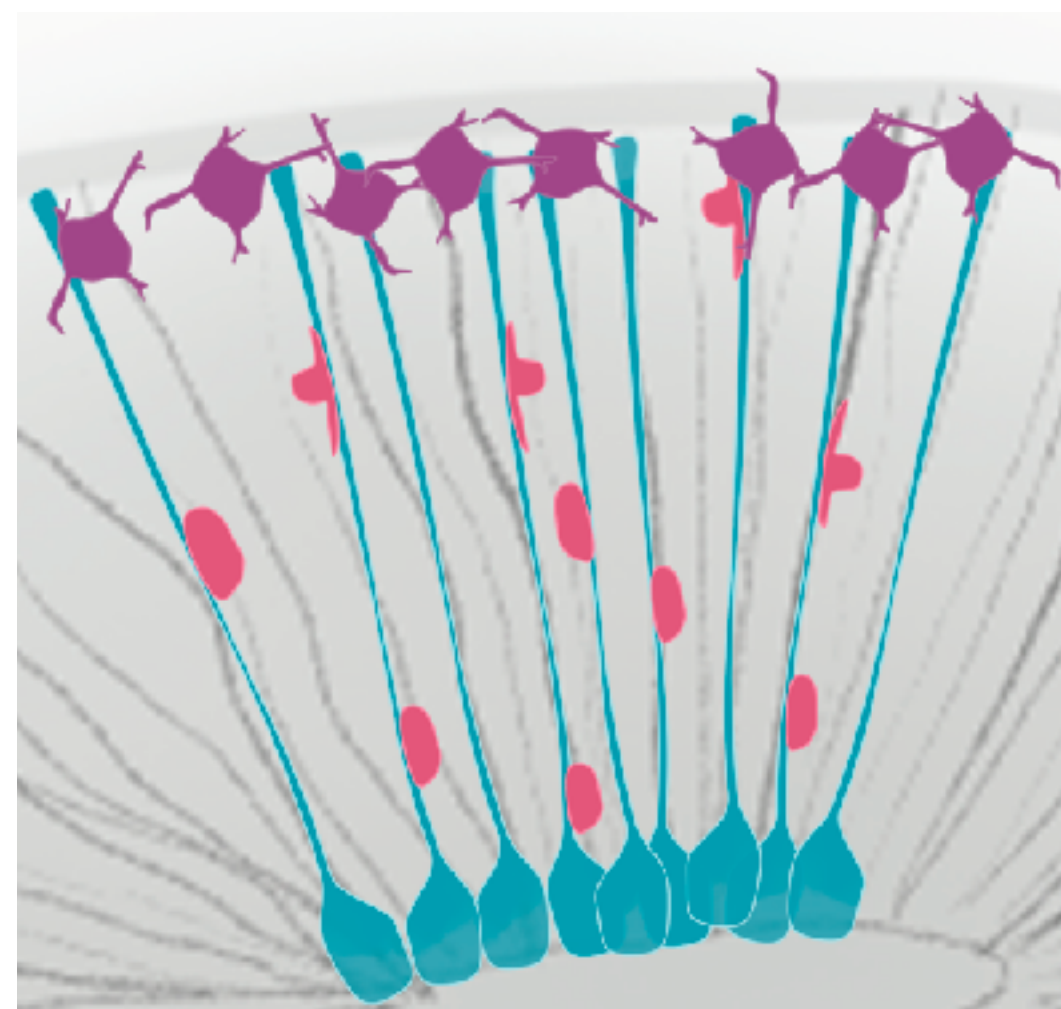
Formation of Neural Tube



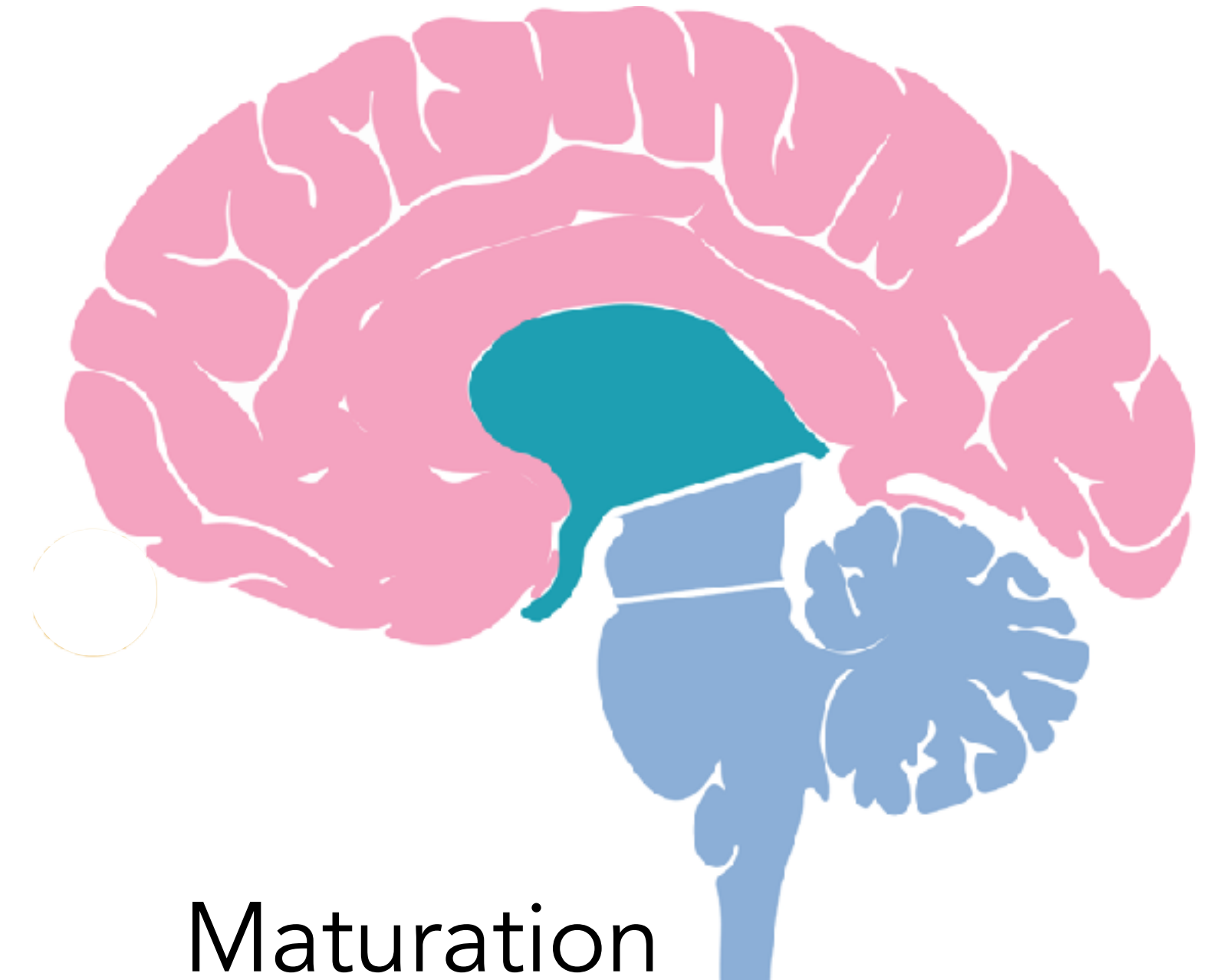
35-40 Days



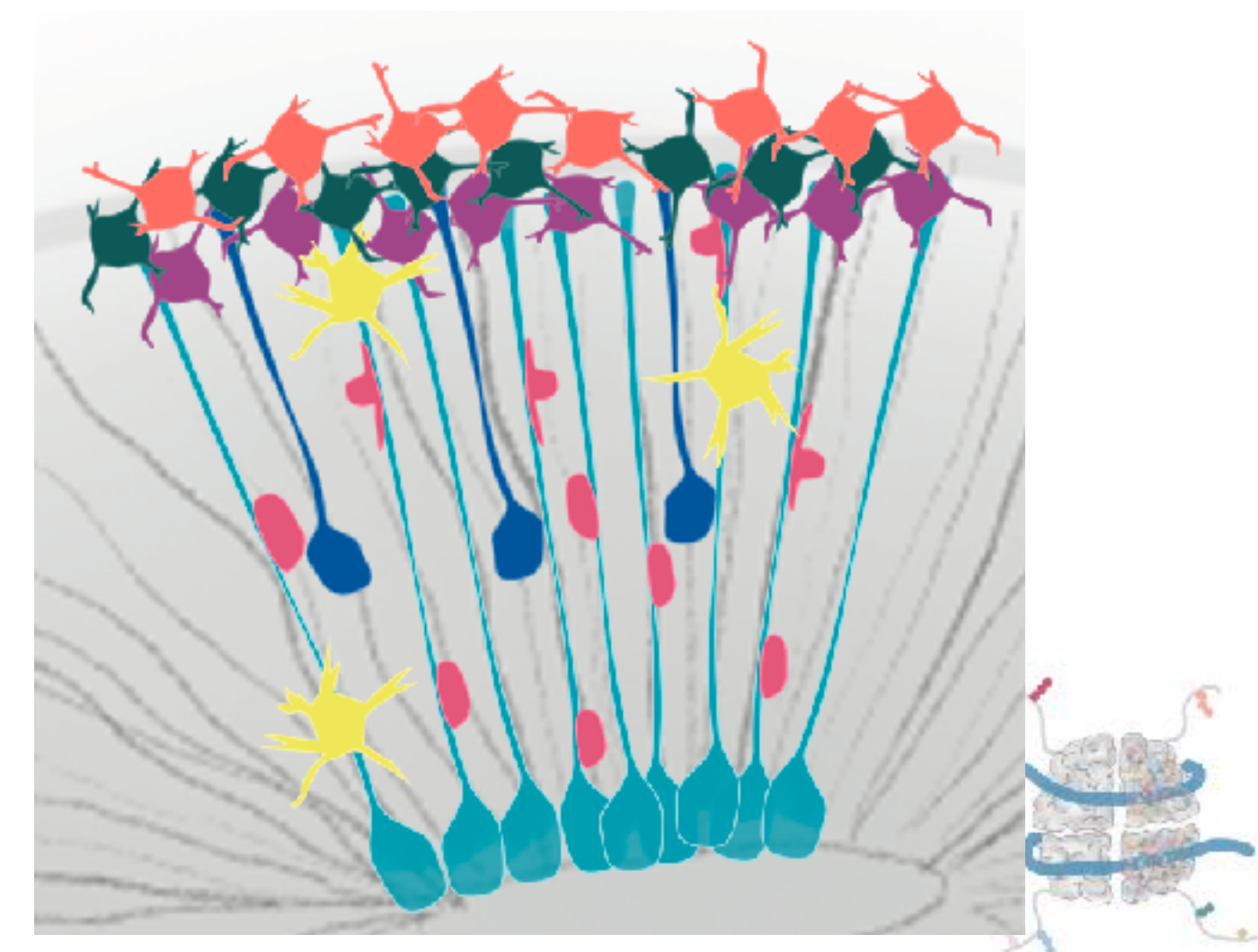
Regionalization



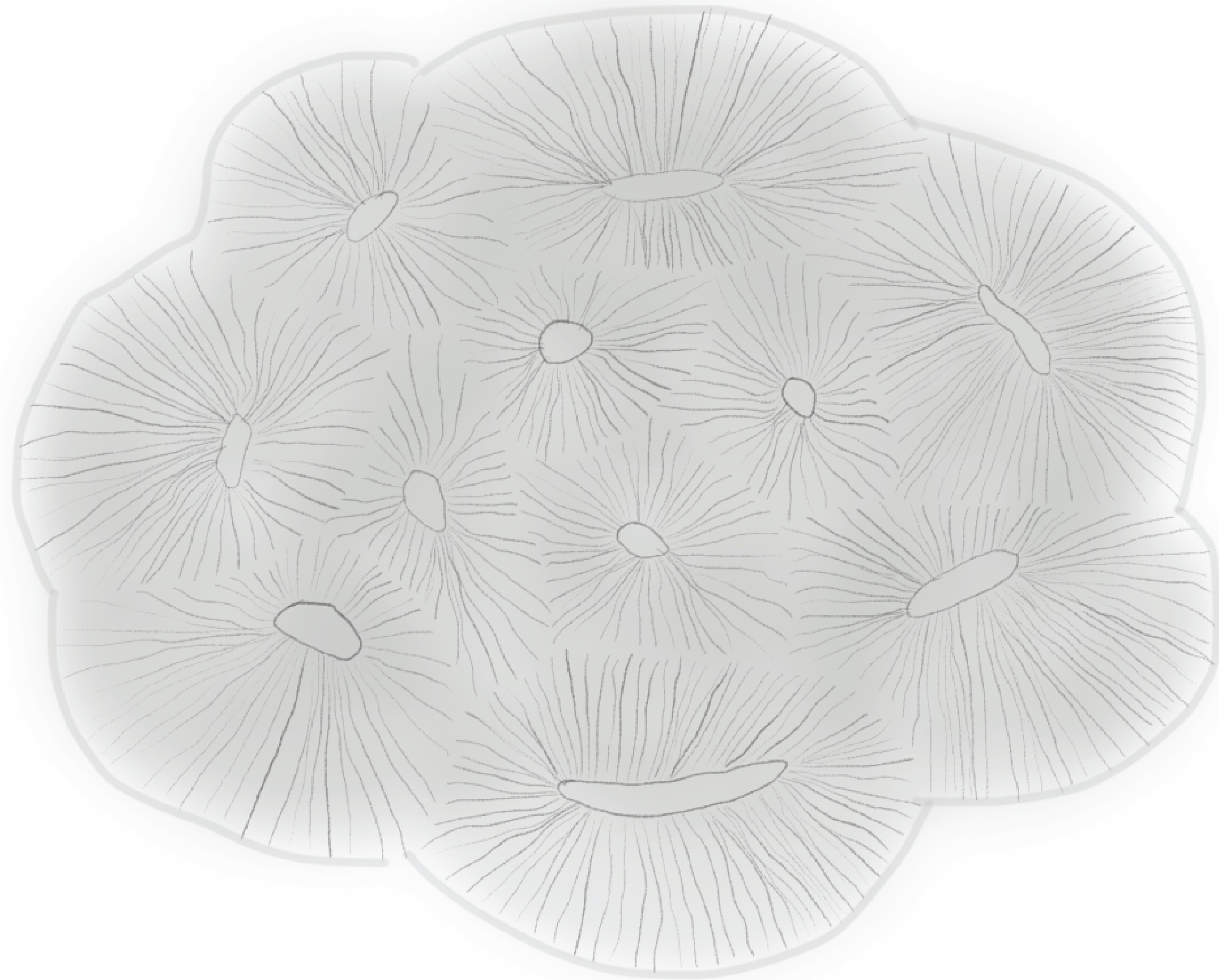
9 Months



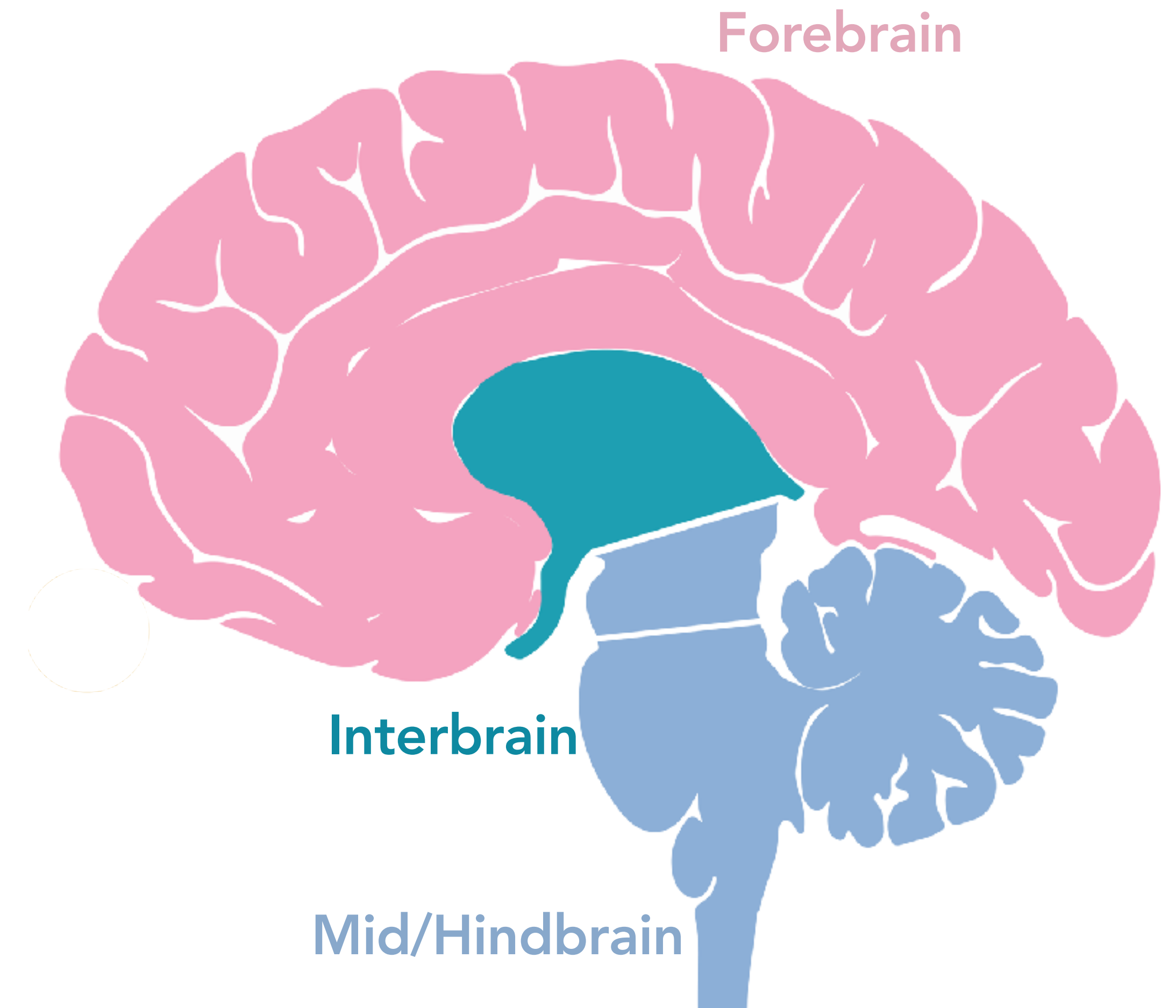
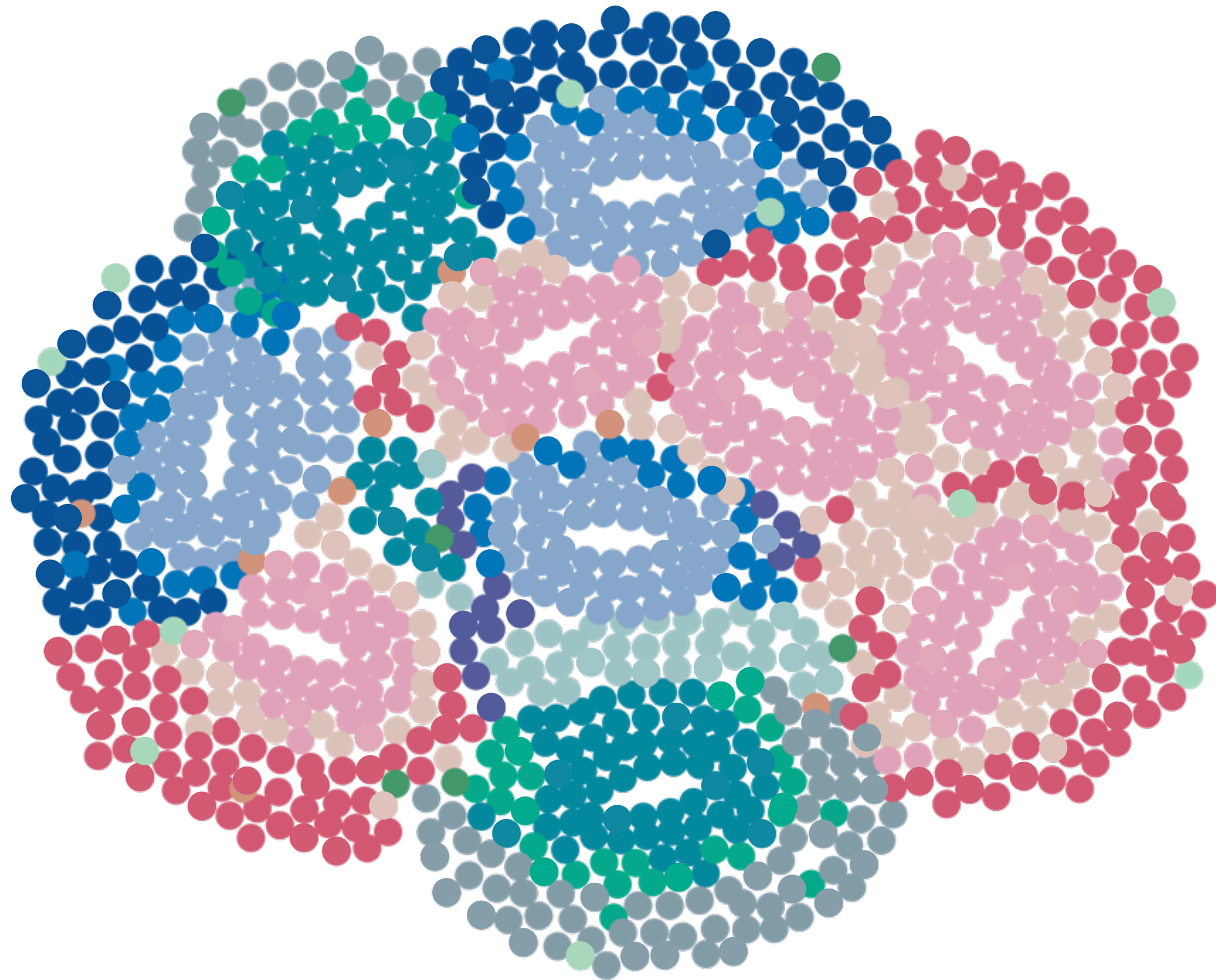
Maturation



Quantifying differences in Organoid Development

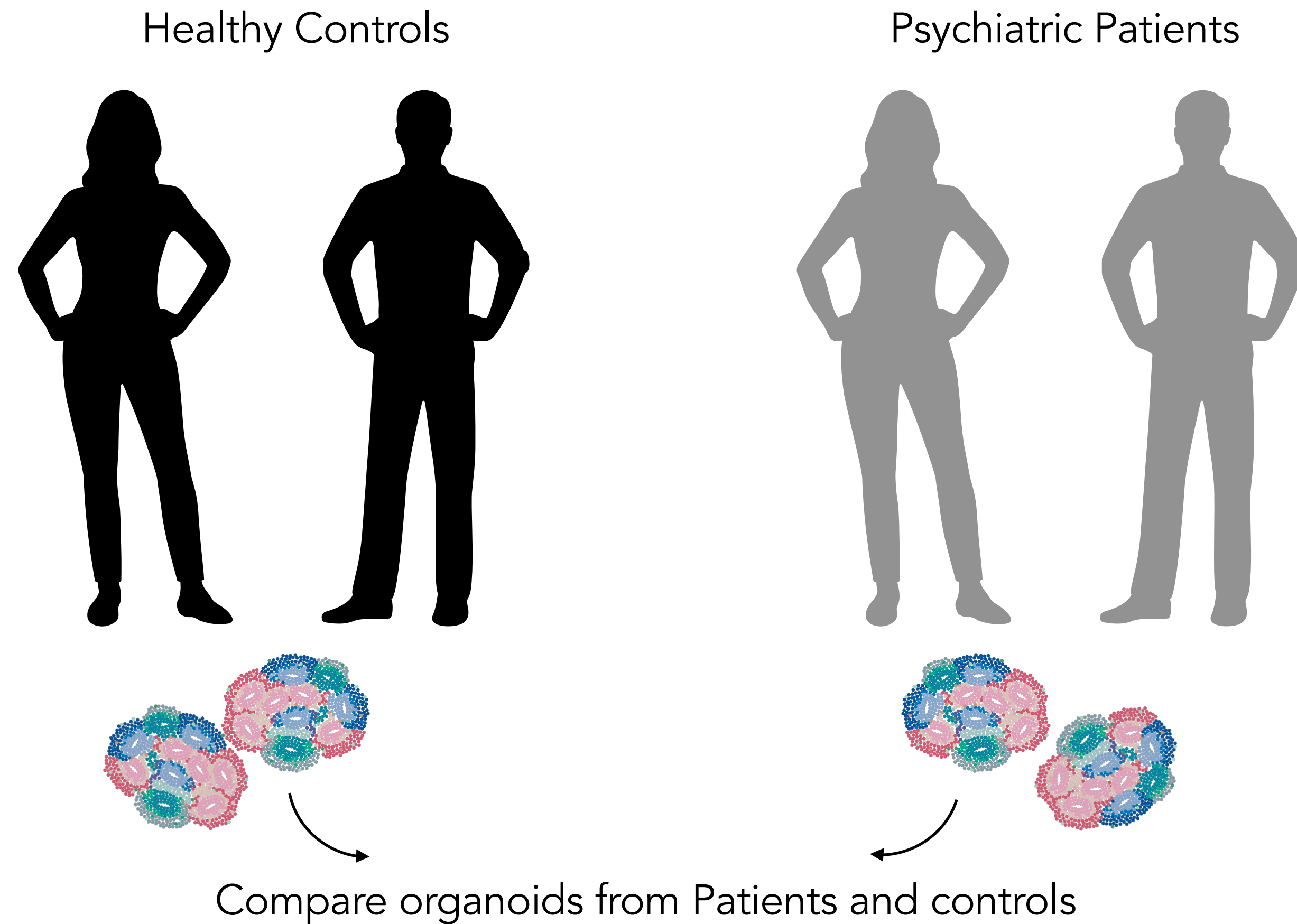


Quantifying differences in Organoid Development



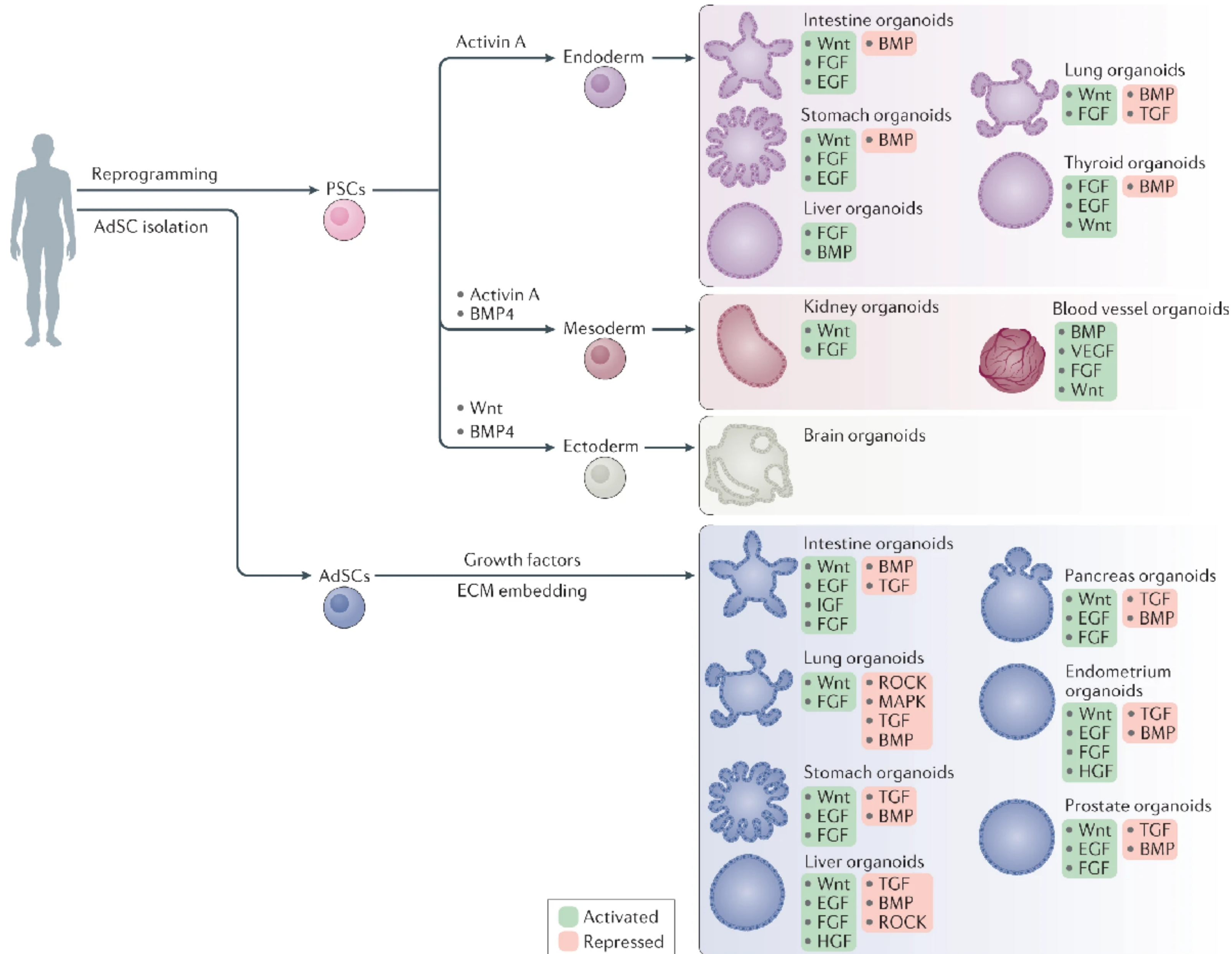
Combine brain organoids with single-cell sequencing studies to understand molecular mechanisms of diseases.

Quantifying differences in Organoid Development



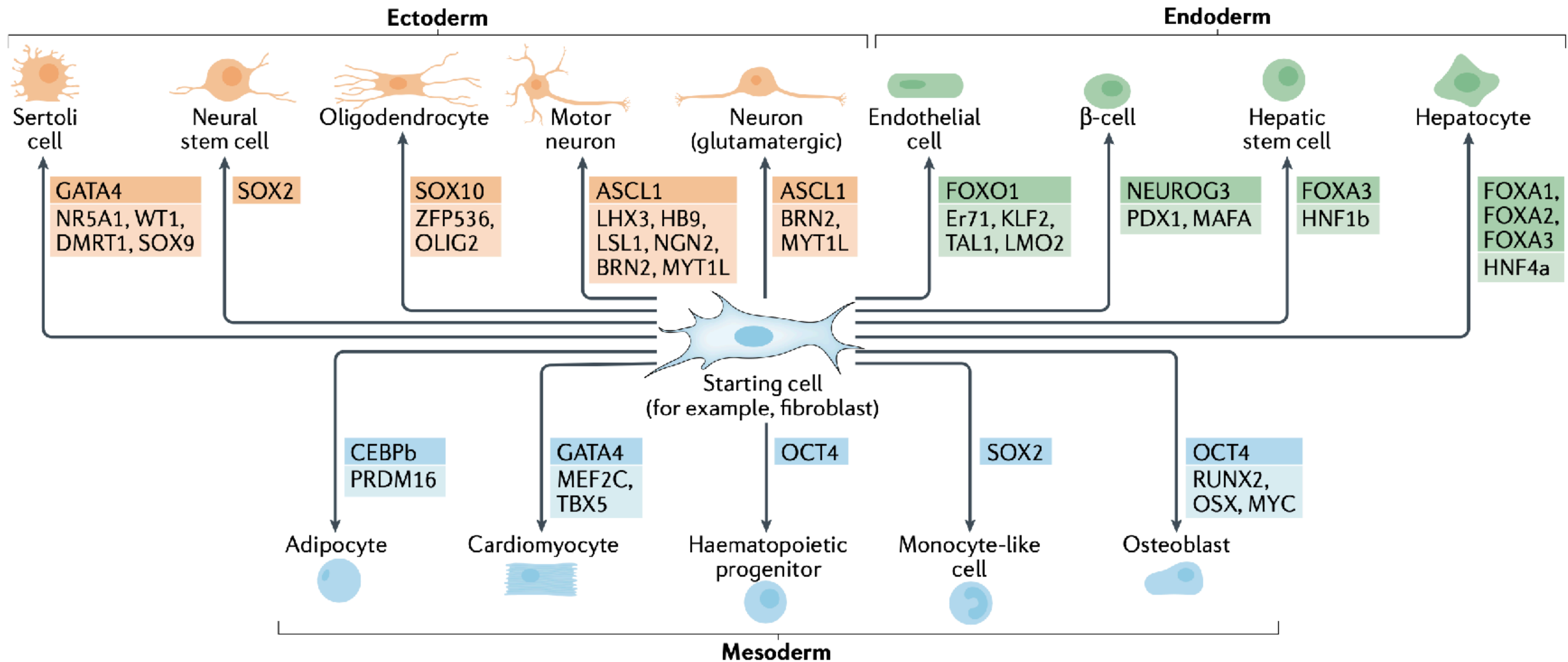
Organoids can serve as patient surrogates, aiding in the development and testing of personalised medicine.

iPSCs can be used to derive organoids

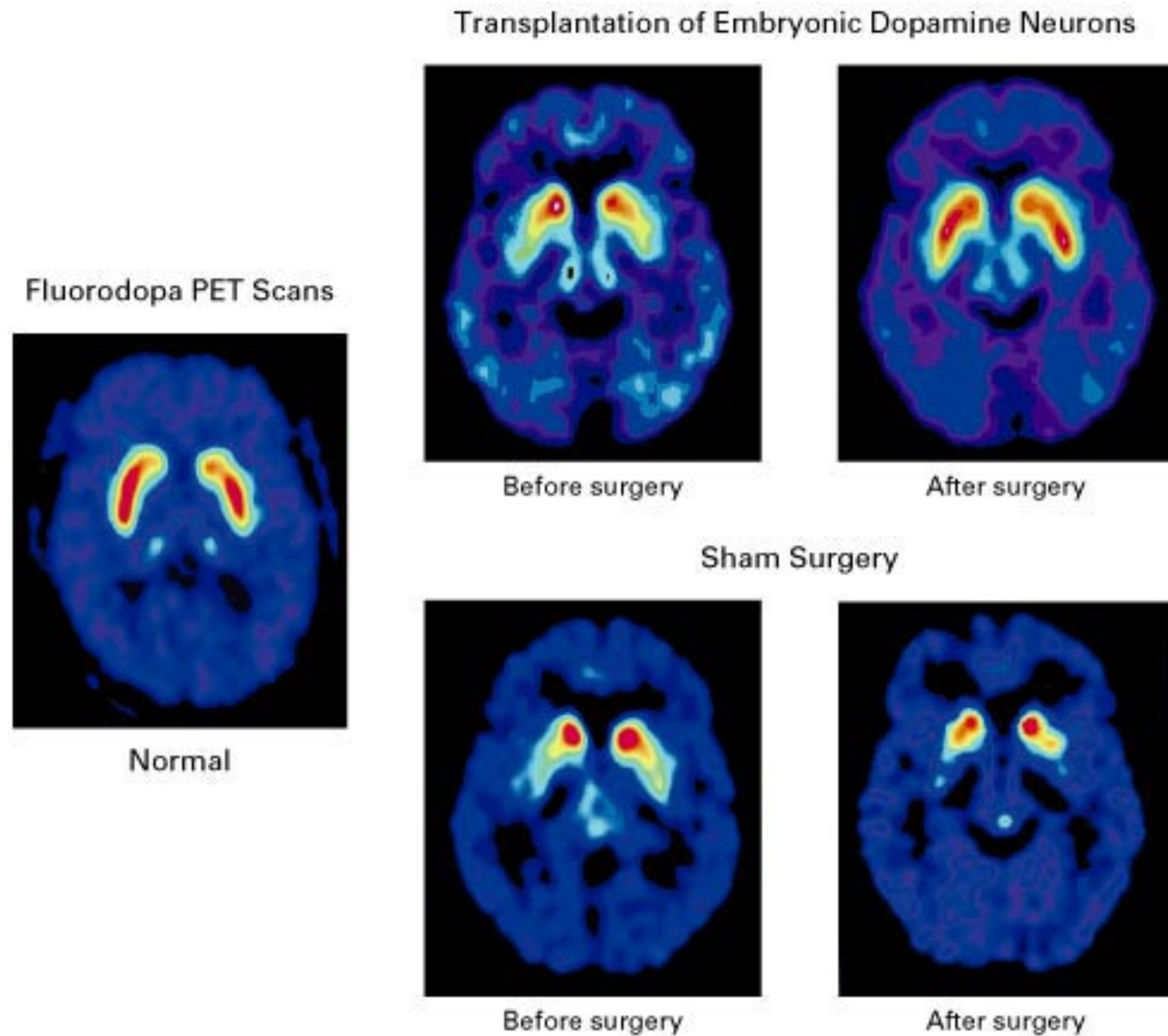


Organoids are 3D aggregates of cells that recapitulate the organotypic functions and morphology

Direct reprogramming can give rise to multiple cell types



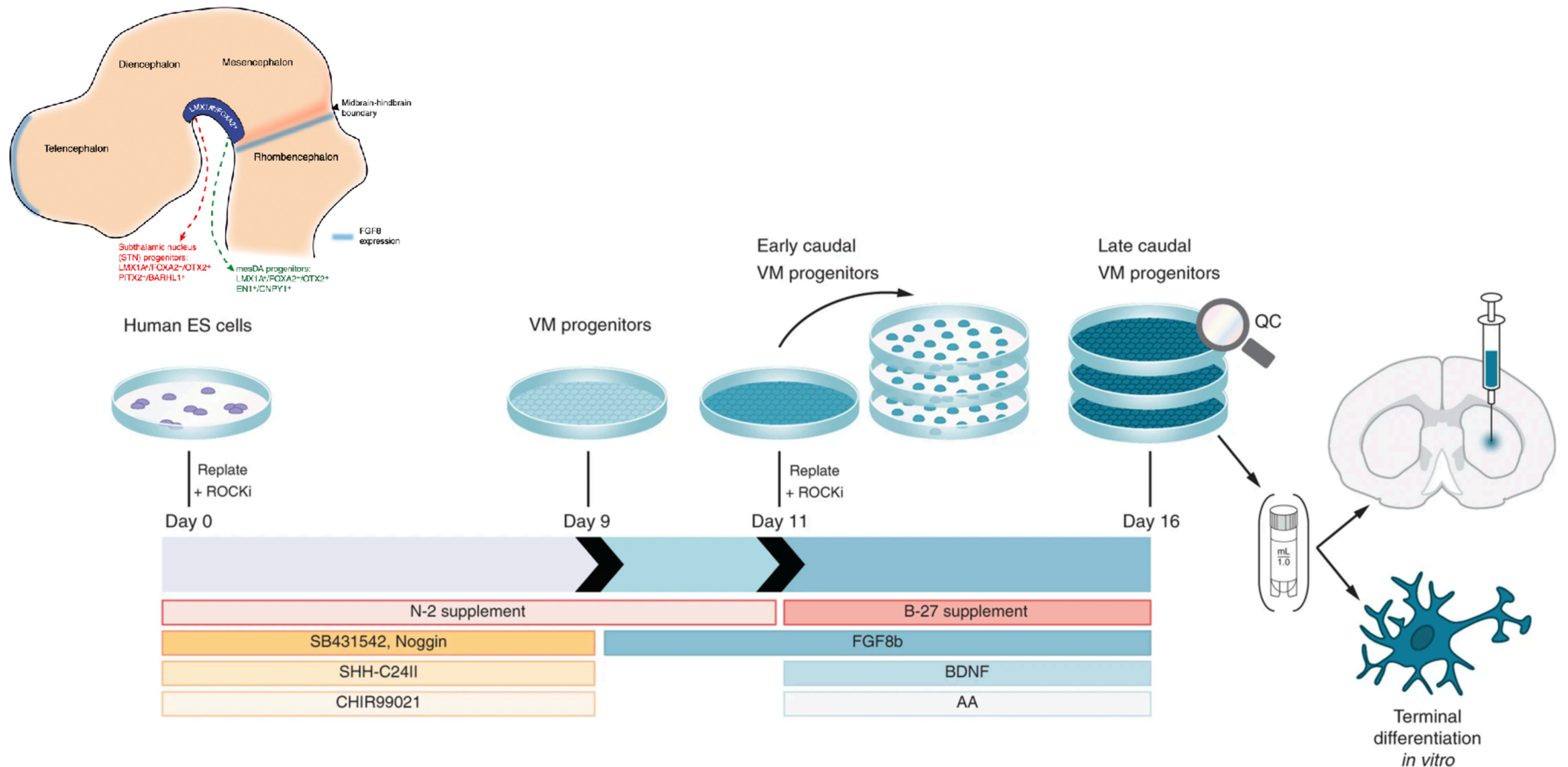
Stem Cell derived therapies



2001, first clinical trial to treat Parkinson's disease by implanting dopaminergic neurons from abortion tissue

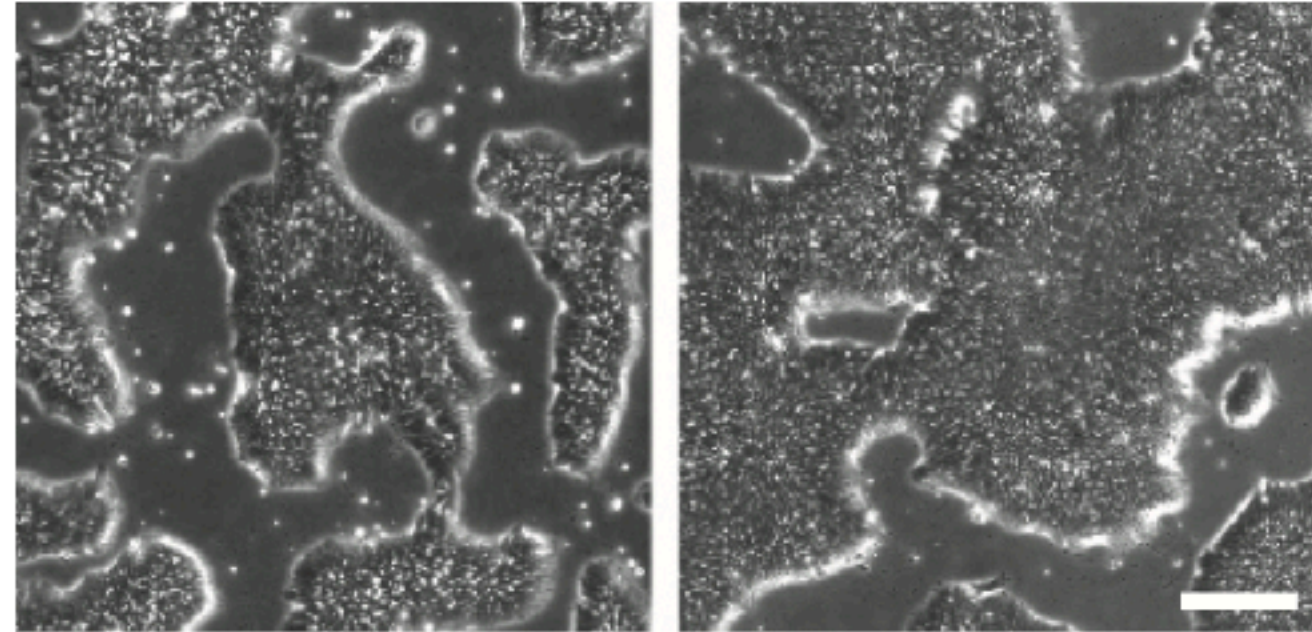
- low efficiency of the graft
- little material
- high variability
- effect too little

Generating mid-brain dopaminergic neurons in vitro

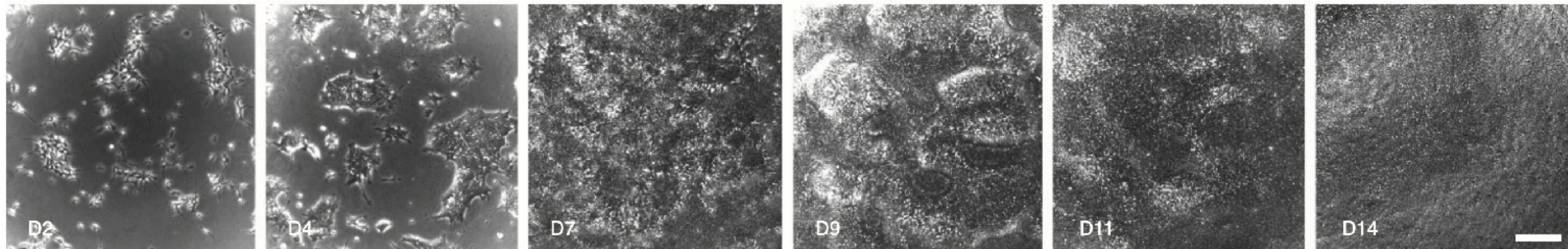


Generating mid-brain dopaminergic neurons in vitro

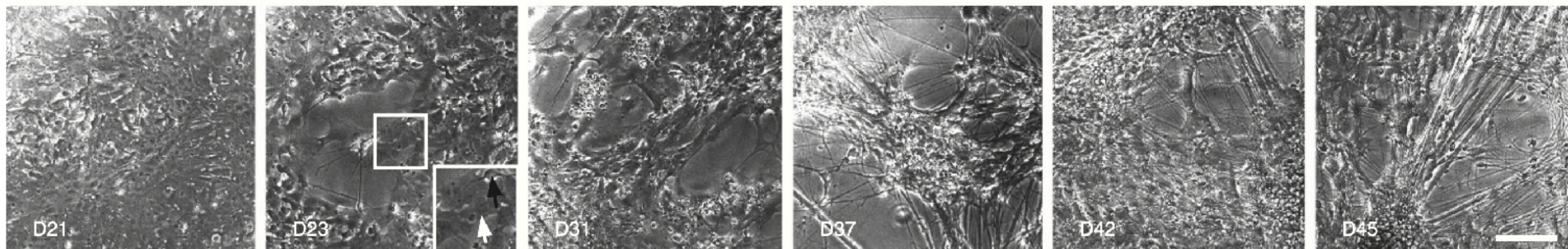
Undifferentiated stage



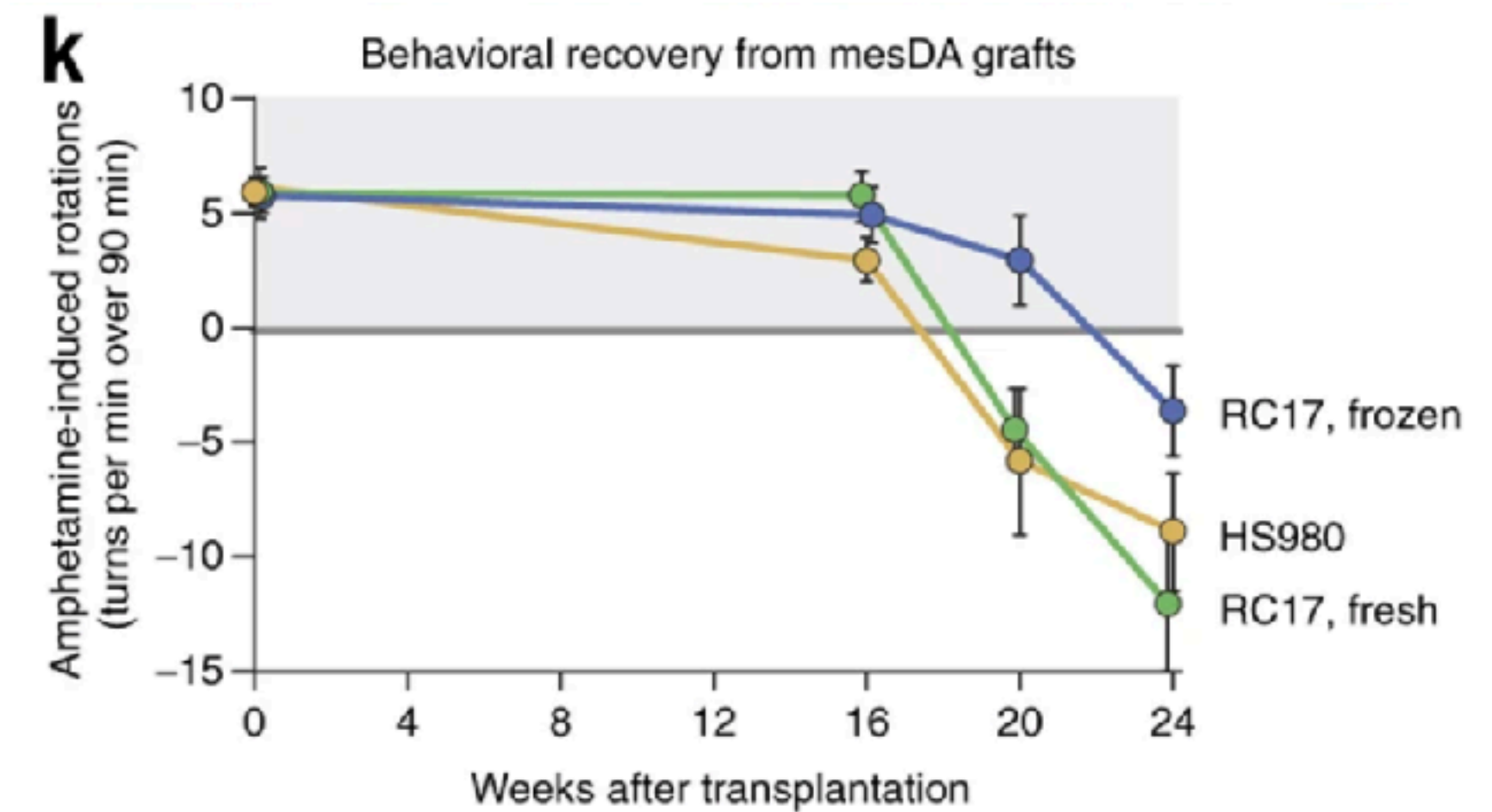
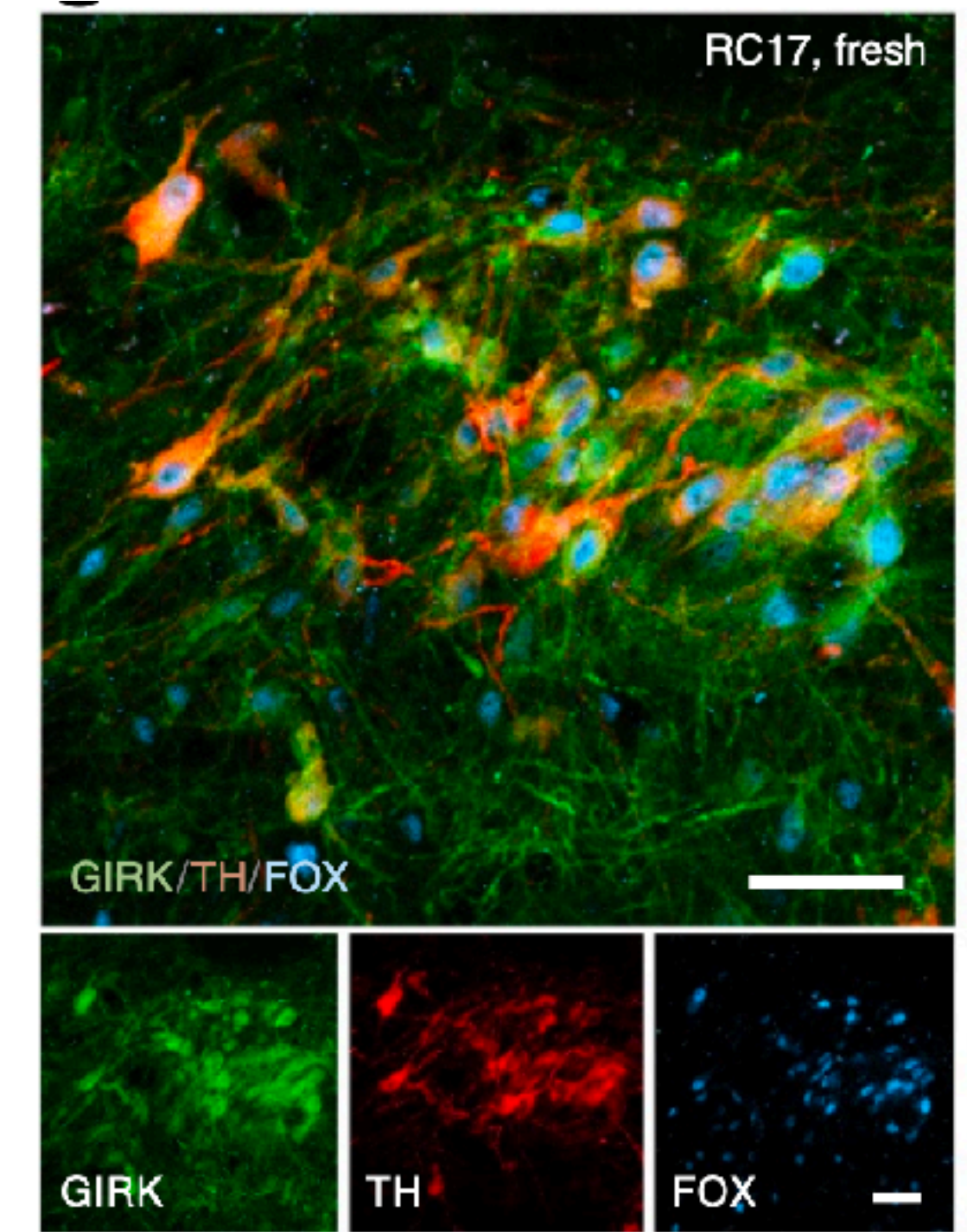
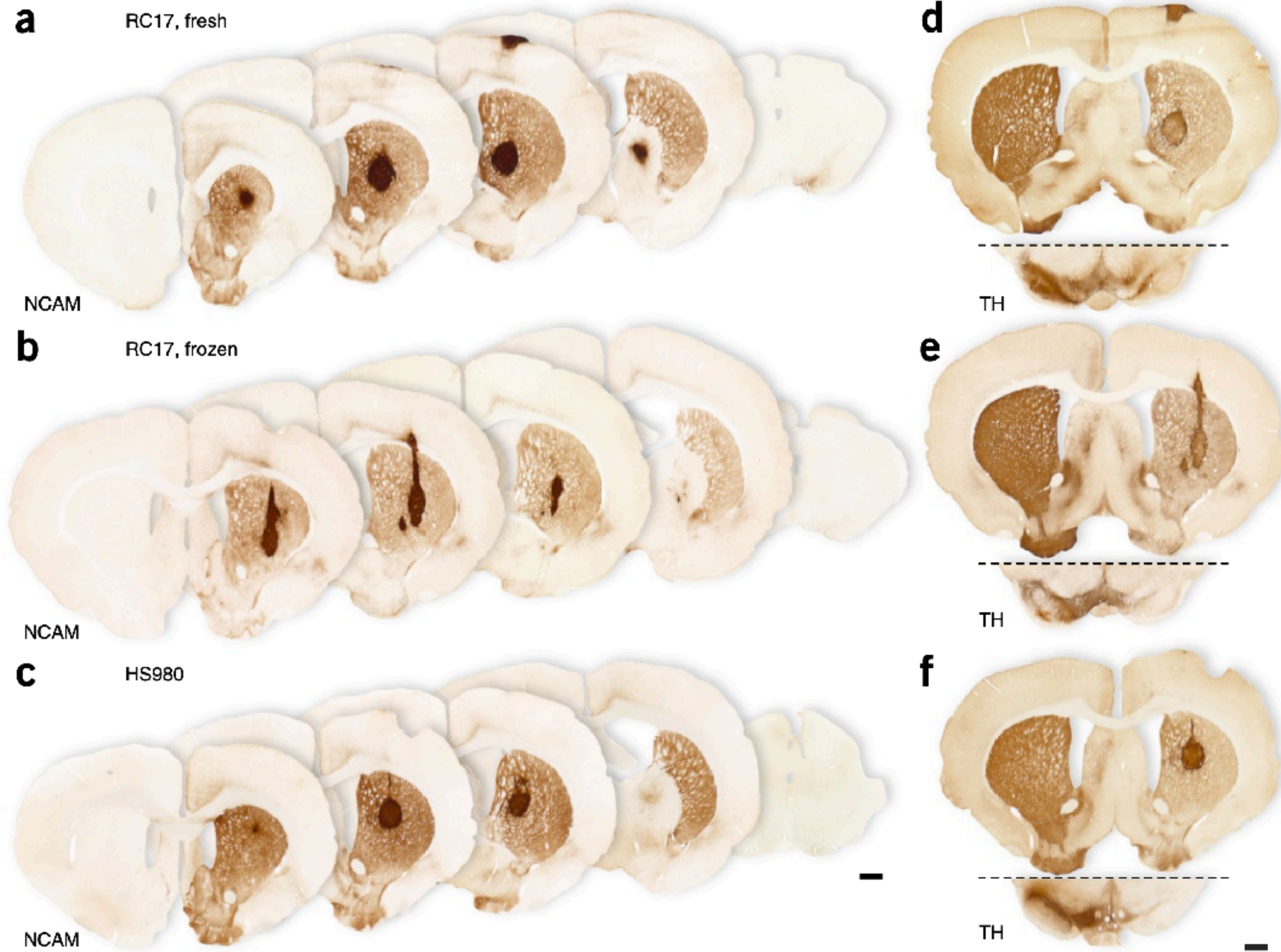
Progenitor stage



Maturation stage



Generating mid-brain dopaminergic neurons in vitro



Stem Cell derived therapies



Bayer // United States

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Pharmaceuticals

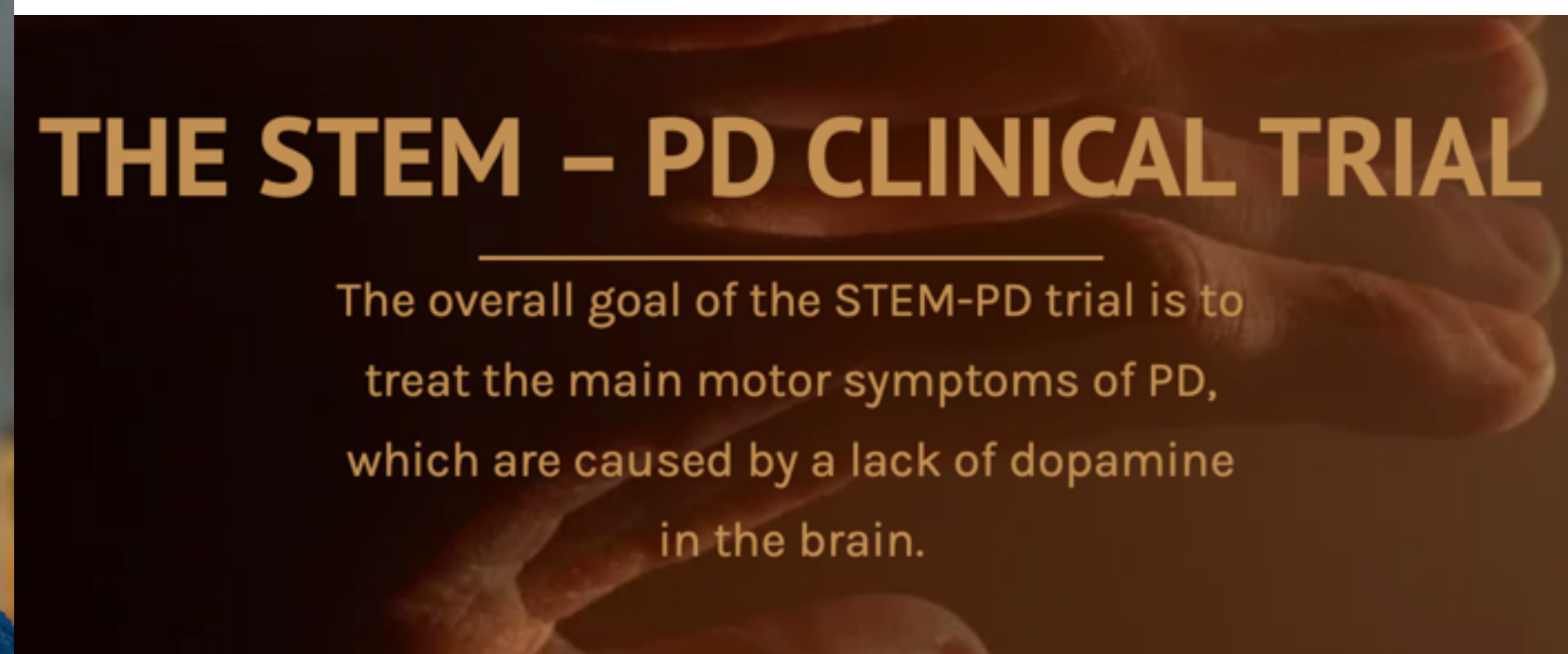
BlueRock Therapeutics' investigational cell therapy bemdaneprocel for Parkinson's disease shows positive data at 24-months



Viviane Tabar & Laurenz Studer



Agnete Kirkeby



Kirkeby, ..., Parmar (2023) Cell Stem Cell



Malin Parmar

Exercise questions

How can you identify a drug target?

Name two different molecular examples of how to target pain sensation.

Explain broadly how single-cell methods work and how they can help to identify drug targets.

Why is it so difficult to target drugs to the brain?

What are the constituents of the BBB?

What determines if a molecule can cross the BBB?

What are iPSCs, and how are they generated?

Why are iPSCs useful in research and medicine (therapeutics and drug discovery)?

What are the limitations of iPSC-derived 3D systems?