

# **PHARMACOGENOMICS and PHARMACEUTICAL RESEARCH, DEVELOPMENT and THERAPY**

Jan Gheuens, M.D., Ph.D.  
Vice President, Clinical Development, U.S.  
Amgen Inc.

# Current Pharmaceutical R&D and Therapy



# Drug Discovery Research



# The Discovery Process

- **High-throughput screening of libraries of compounds against targets to active molecules, called 'hits'**
- **Chemical optimization of hits in broader array of tests to generate 'leads'**
- **Further characterization of 'leads' to generate 'development candidates'**

# Discovery Targets are the Main Issue

- **All known effective drugs are directed against a few hundred receptors or enzymes**
- **Much effort and money has been wasted on drug discovery against non-validated targets**
  - **precedented targets are valued but limit breakthrough innovation**
  - **targets based on scientific hypothesis are risky**

# Genomics or Genetics Approach?

## ➤ Genomics

- data mining of sequences
- targets need much functional validation to relate them to a disease process
- amenable to high throughput screening

## ➤ Genetics

- identifying disease-related susceptibility genes
- always relevant, but not automatically valid as a target
- often not amenable to high throughput screening

# Functional Validation Methods

- **Differential gene expression**
- **Transgenic Animals**
- **Proteomics**
  - **a drug generally requires a sub-Angstrom fit with its target receptor or enzyme**
  - **in general, we can't predict the folding of a protein with sufficient accuracy**

# DNA Microarrays or ‘Chips’

- **A microarray of oligonucleotides or DNA clones on a glass plate**
- **Used to**
  - **test for SNPs or other sequence variations**
  - **profile gene expression in a cell or organism**
- **DNA chips enable large scale, fast, inexpensive DNA tests**



# Potential Applications of Pharmacogenomics In Pharmaceutical R&D and Drug Therapy



**Research**

**Development**

**Therapy**

- **Identify new therapeutic targets**
- **Identify new disease mechanisms**
- **Identify new disease susceptibility genes**

# Clinical Research & Development



# **Drug Development**

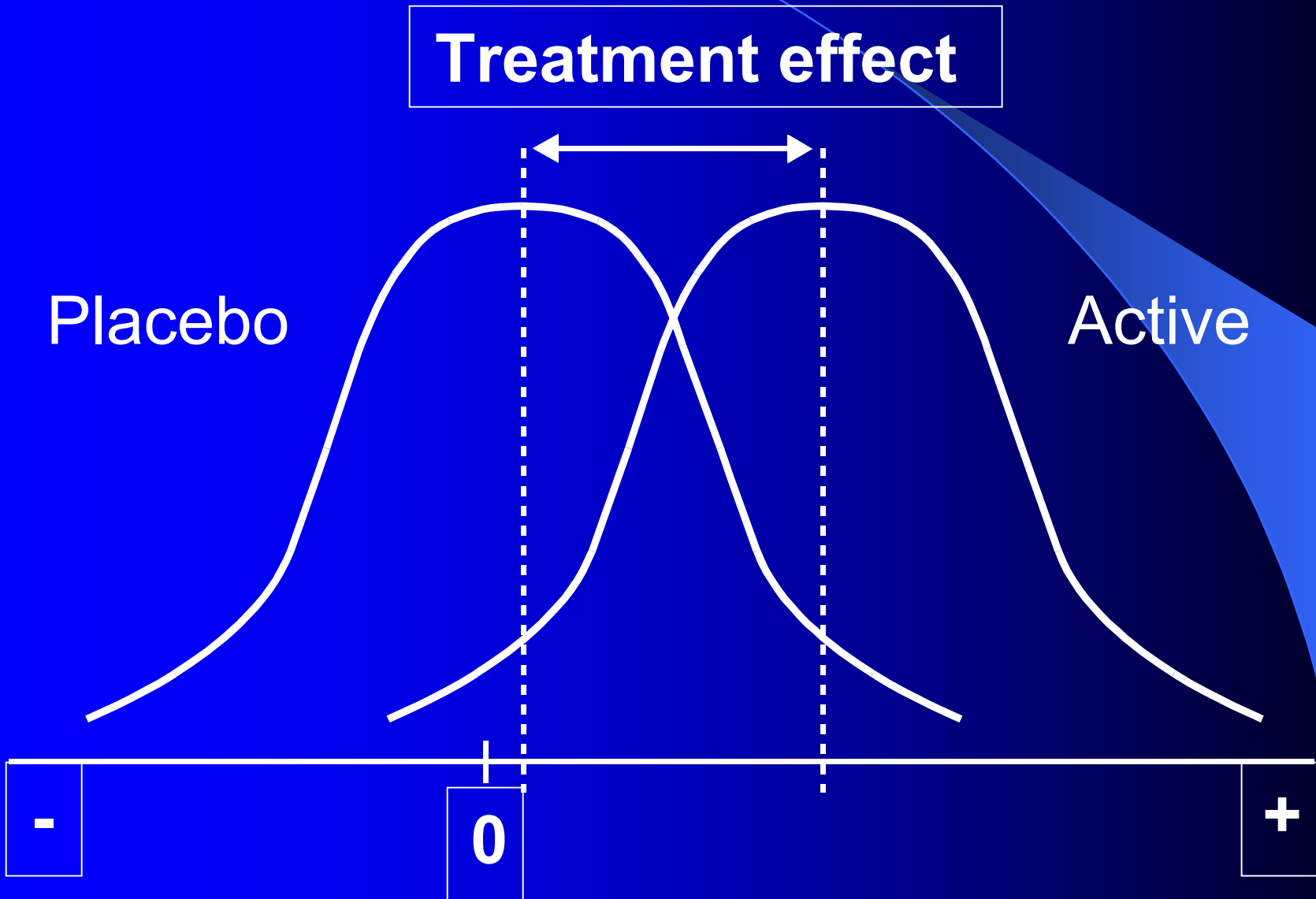
## **Why do compounds fail clinically?**

- **Pharmacokinetics**  
**Variability in absorption and metabolism**
- **Safety**  
**Rare occurrence of serious adverse events**
- **Efficacy**
  - **Unrecognized disease heterogeneity**
  - **Variable therapeutic responses**
- **Effectiveness**

# Establishing efficacy

- **Heterogeneous groups of patients, with polymorphic genetic backgrounds**
  - **different underlying disease susceptibility genes**
  - **genetic polymorphism of the drug target**
  - **different non-disease genetic background**
- **Fixed, rather than individually optimal dosage**

# Clinical trials results



# How can genomics help ?

- **Pharmacokinetics – metabolism genes**
  - Predict profiles in individuals and populations
- **Safety – drug target genes**
  - Identify predisposition to side effects
- **Efficacy – disease susceptibility and drug target genes**
  - Confirm clinical diagnosis and distinguish disease subtypes
- **Effectiveness – diseased susceptibility genes**
  - Identify prognostic variables (disease severity progression rate, associated conditions)

**PGx**

```
graph LR; PGx((PGx)) --> P1[Phase 1  
Drug Metabolism  
Bioavailability]; PGx --> P2[Phase 2  
Efficacy]; PGx --> P3[Phase 3  
Efficacy and Safety]; PGx --> P4[Phase 4  
Effectiveness, Safety  
& New Indications]; P1 --> O1[Select subjects with  
variants and confirm  
or exclude effect]; P2 --> O2[Determine if known  
variants predict  
efficacy]; P3 --> O3[Use phase 1 & 2  
data to conduct  
more efficient  
clinical trials]; P4 --> O4[Validation  
Case-control for rare  
effects  
Extend our  
understanding of  
disease];
```

**Phase 1**  
**Drug Metabolism**  
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**Phase 2**  
**Efficacy**

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**Phase 3**  
**Efficacy and Safety**

**Use phase 1 & 2  
data to conduct  
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**Phase 4**  
**Effectiveness, Safety**  
**& New Indications**

**Validation**  
**Case-control for rare  
effects**  
**Extend our  
understanding of  
disease**

# **APOE Genotyping in AD Clinical Trials**

**APOE genotype, and more specifically the E4 allele, is associated with**

- age of onset of AD**
- family history of AD**
- gender**

**But not with**

- rate of decline**
- efficacy of galantamine (Reminyl) or donepezil (Aricept®) treatment**



# Future of drug development

**Today:**

**Drug development based on populations – Undifferentiated treatment**

**Tomorrow:**

**Drug development takes into account variation between individuals – Differentiated treatment**

## Current label information

- **Herceptin:** “indicated for the treatment of patients with metastatic breast cancer whose tumors overexpress the HER2 Proteins. Her2 protein overexpression is observed in 25%-30% of primary breast cancers”
- **Risperdal:** “The enzyme catalyzing hydroxylation of risperidone to 9-OH risperidone is CYP 2D6, also called debrisoquin dehydroxylase. CYP 2D6 is subject to genetic polymorphism (about 6-8% of Caucasians and a very low percent of Asians have little or no activity)”

# Potential Applications of Pharmacogenomics In Pharmaceutical R&D and Drug Therapy

## Research

- Identify new therapeutic targets
- Identify new disease mechanisms
- Identify new disease susceptibility genes

## Development

- Correlate genotype with drug efficacy, safety and metabolism
- Stratification of disease subtypes (better diagnosis)
- Validate responders and non-responders to a drug
- Correlate genotype with disease progression

## Therapy

# Drug Therapy



# Rational drug therapy: the issue

- **“If it were not for the great variability among individuals, medicine might as well be a science and not an art”**  
**Sir William Osler, 1892** [Roses, A.D.: Nature 405: 857, 2000]
- **Little rational polytherapy**
- **How to apply statistical ‘truths’ to an individual patient’s therapy?**

# Single nucleotide polymorphisms [SNPs] markers

- A polymorphism occurs about once every 1000 nucleotides between individuals:

ATATAGCCGAGTTGACTATGGTACTG  
ATATAGCCGAGTTGACTATGGTACTG

- Can occur in coding regions: cSNPs
- May or may not have functional consequences
- Amenable to large-scale automated scoring on chips

# PHARMACOGENOMICS

## What Are the Implications Of These Genetic Variations

- **Some differences have functional consequences and account for variation**
  - in disease phenotype or in disease susceptibility
  - in drug response or side effect propensity
- **Not all people will react to the same extent, with the same response to the same dose of the same drug**
- **Some differences can be useful biomarkers**

# Prediction of drug response

- **...a combination of 6 polymorphisms in neurotransmitter-receptor related genes resulted in a 76.7% success in the prediction of the clozapine response ( $p=0.0001$ )....[Arranz, MJ.: Lancet Vol 355, No. 9215: 1615-6, 2000]**
- **...responsiveness of asthma patients to albuterol was connected to 2 common SNP haplotype markers for beta2-receptor...[Drysdale, CM.: Proceedings of the National Academy of Sciences, US, Vol 97, No 19: 10483-8, 2000]**



# A Vision on the Future

- **Individual patients will receive customized therapeutic advice, based on their likely response to different medicines**
- **This advice will pertain to**
  - **choice, based on efficacy, safety, effectiveness**
  - **dose and regimen**

# A Vision on the Future

- **This advice will be derived from information of the individual patient's DNA**
- **SNPs will be the genetic markers of choice**
- **The technology platform will be microarrays ('chips') that contain panels of abbreviated SNP linkage disequilibrium profiles**

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## Therapy

- Select most likely effective drug
- Individualize dosing
- Minimize safety risk
- Cost effective health care management