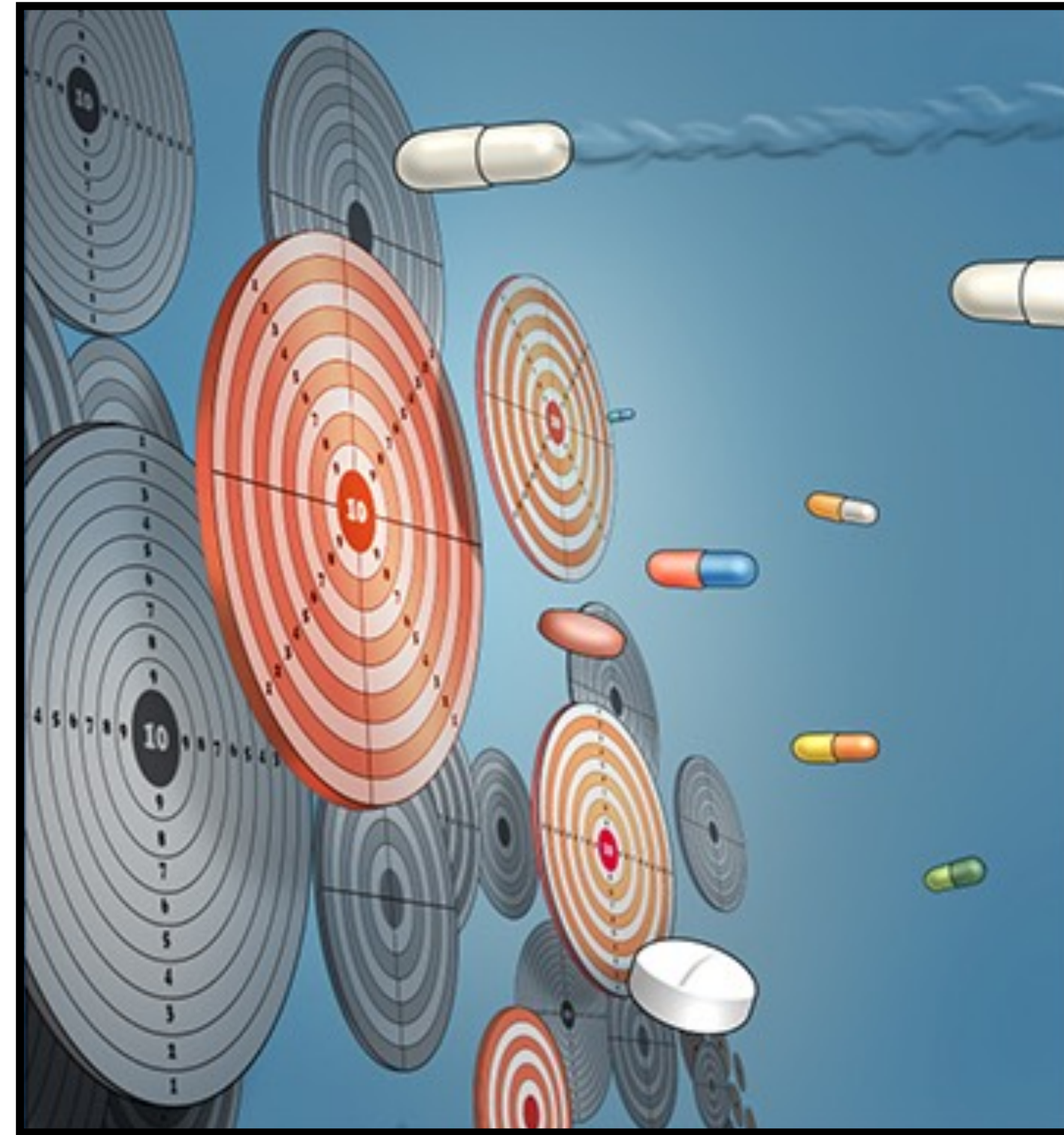


Polypharmacology: A Brief History of Drug Design Philosophy



Sean Huth

MacMillan Research Group

Group Meeting

May 6th, 2024

Outline

- What is polypharmacology?
- Historical context:
 - classical drug discovery
 - rational drug design
 - the modern era
- Case studies
 - PARP inhibitors
 - fragment-based drug design
- Lessons learned and looking forward

How do we define polypharmacology?

polypharmacology

*the binding of a molecule to more than one target
at therapeutically relevant concentrations*



polypharmacy

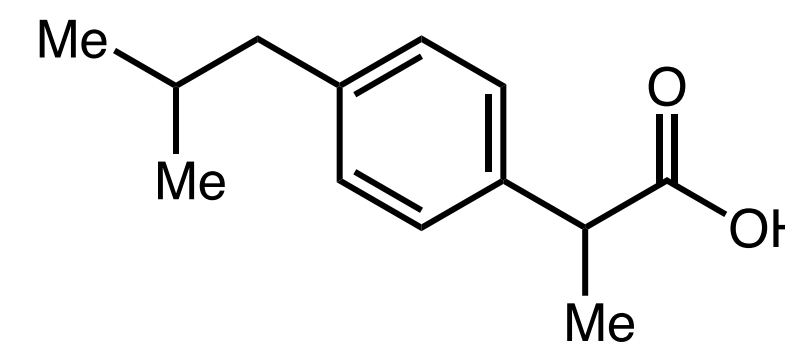
*the regular use of more than 5 medications
at once in a single patient*

What kinds of molecules qualify as exhibiting polypharmacology?

How do we define polypharmacology?

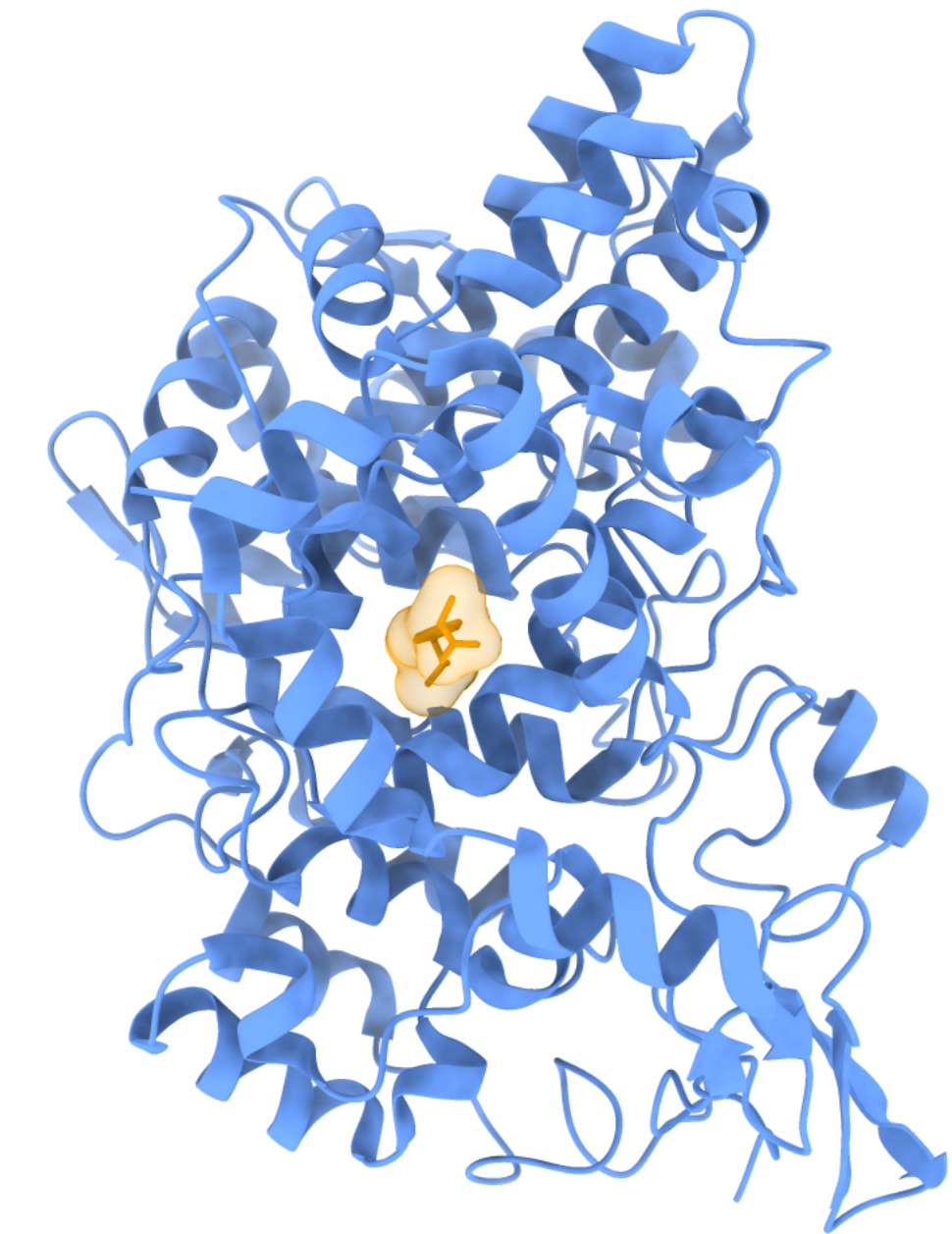
COX

cyclooxygenase



Ibuprofen

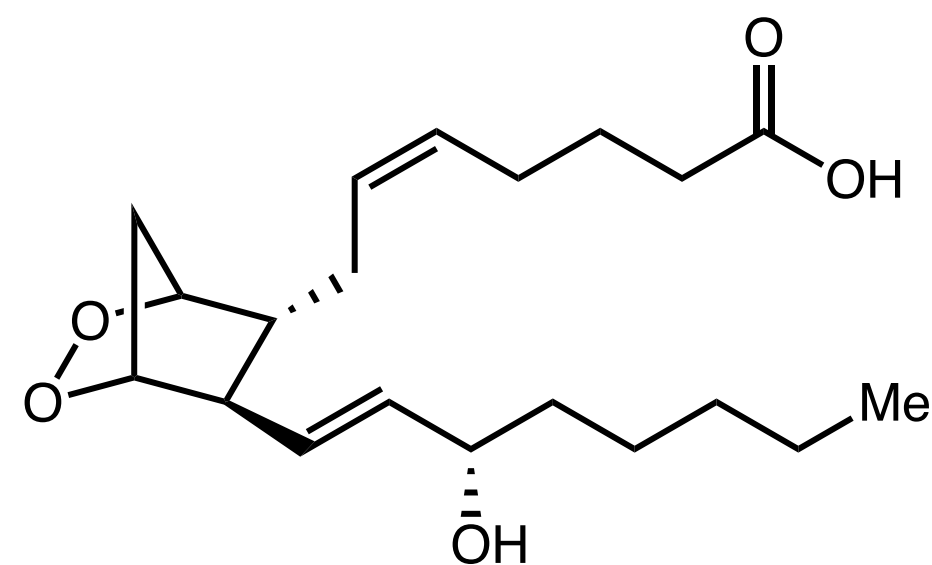
NSAID - Non-steroidal anti-inflammatory drug



NSAIDs mechanism of action

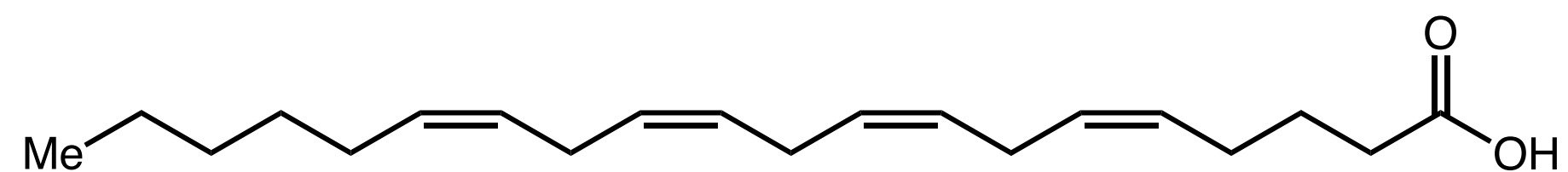
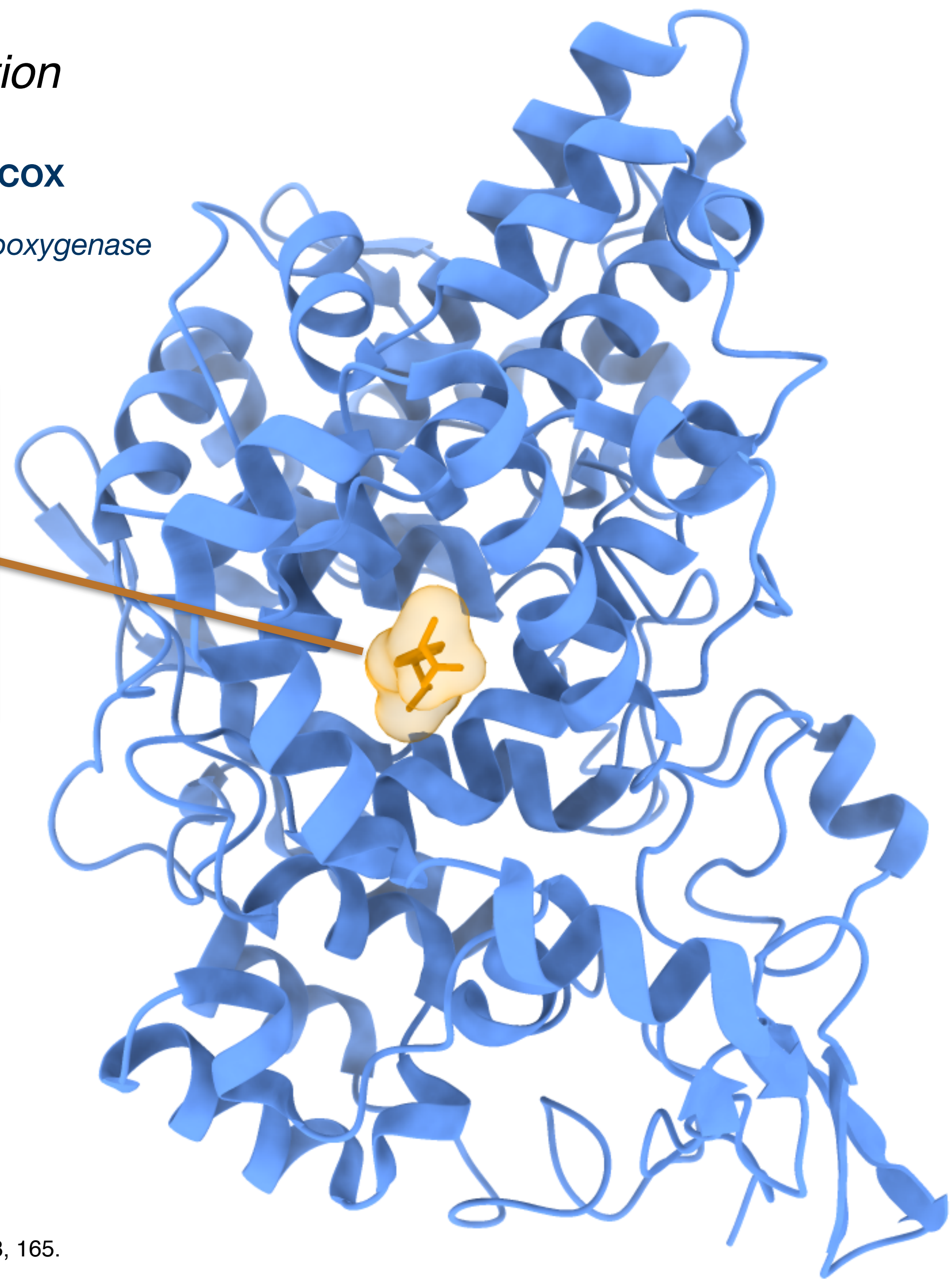
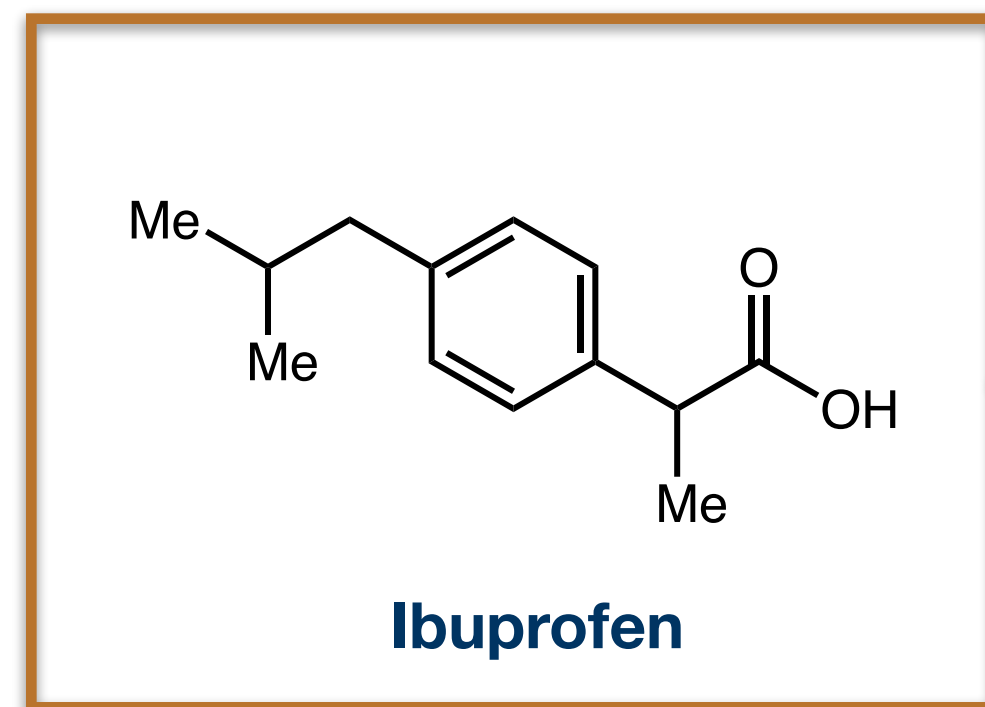
Prostaglandin G2

mediator of pain/inflammation



COX

cyclooxygenase

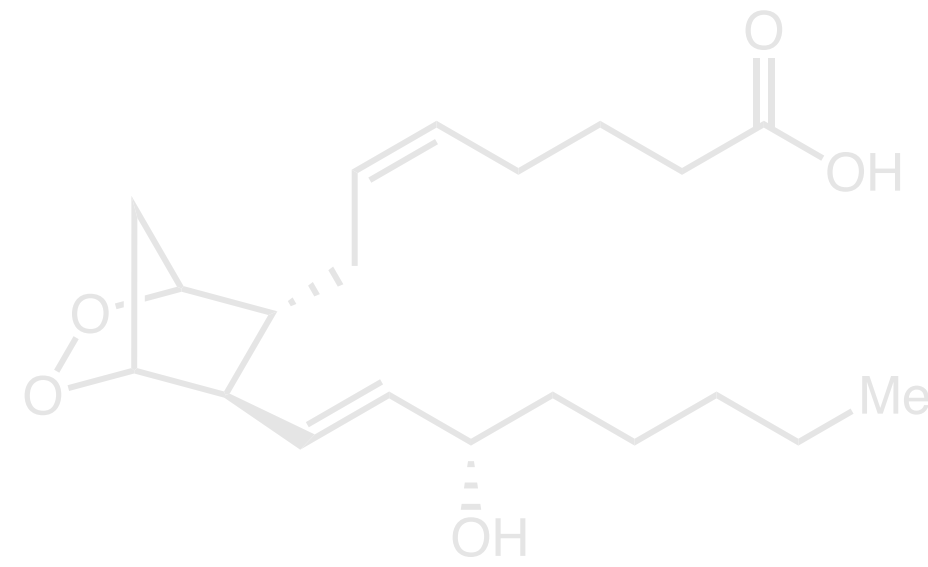


arachidonic acid

NSAIDs mechanism of action

Prostaglandin G2

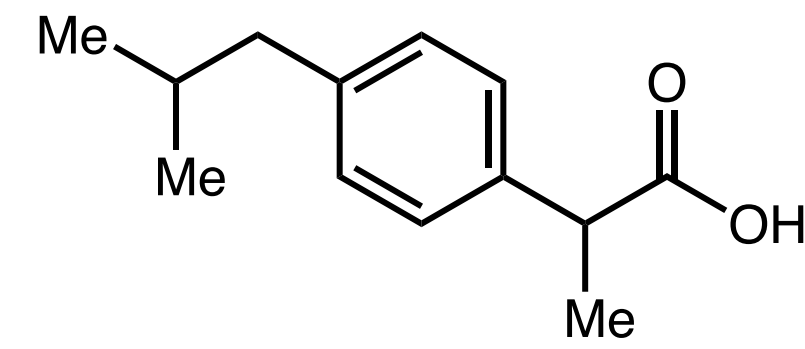
mediator of pain/inflammation



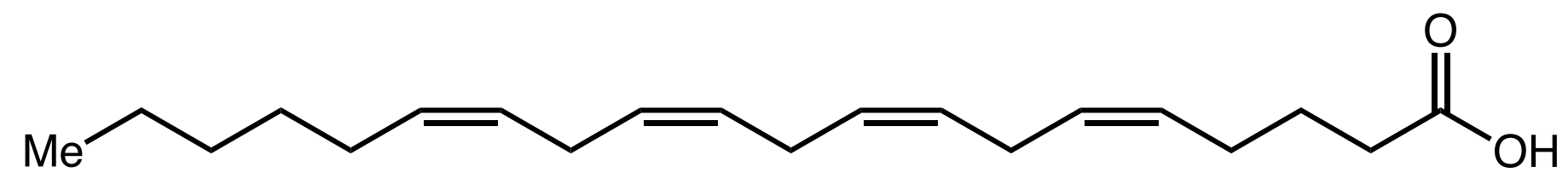
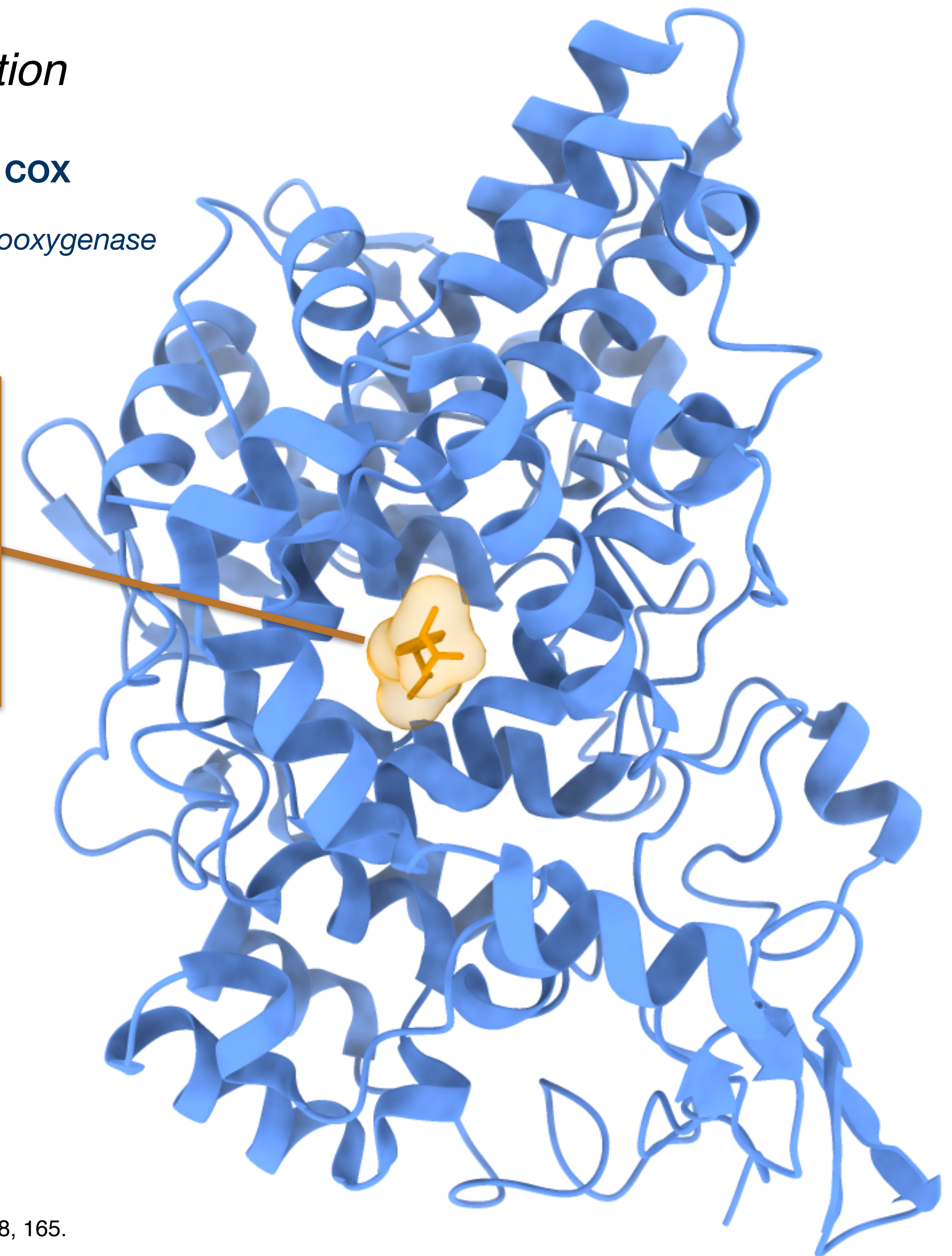
inhibition of prostaglandin synthesis

COX

cyclooxygenase



Ibuprofen



arachidonic acid

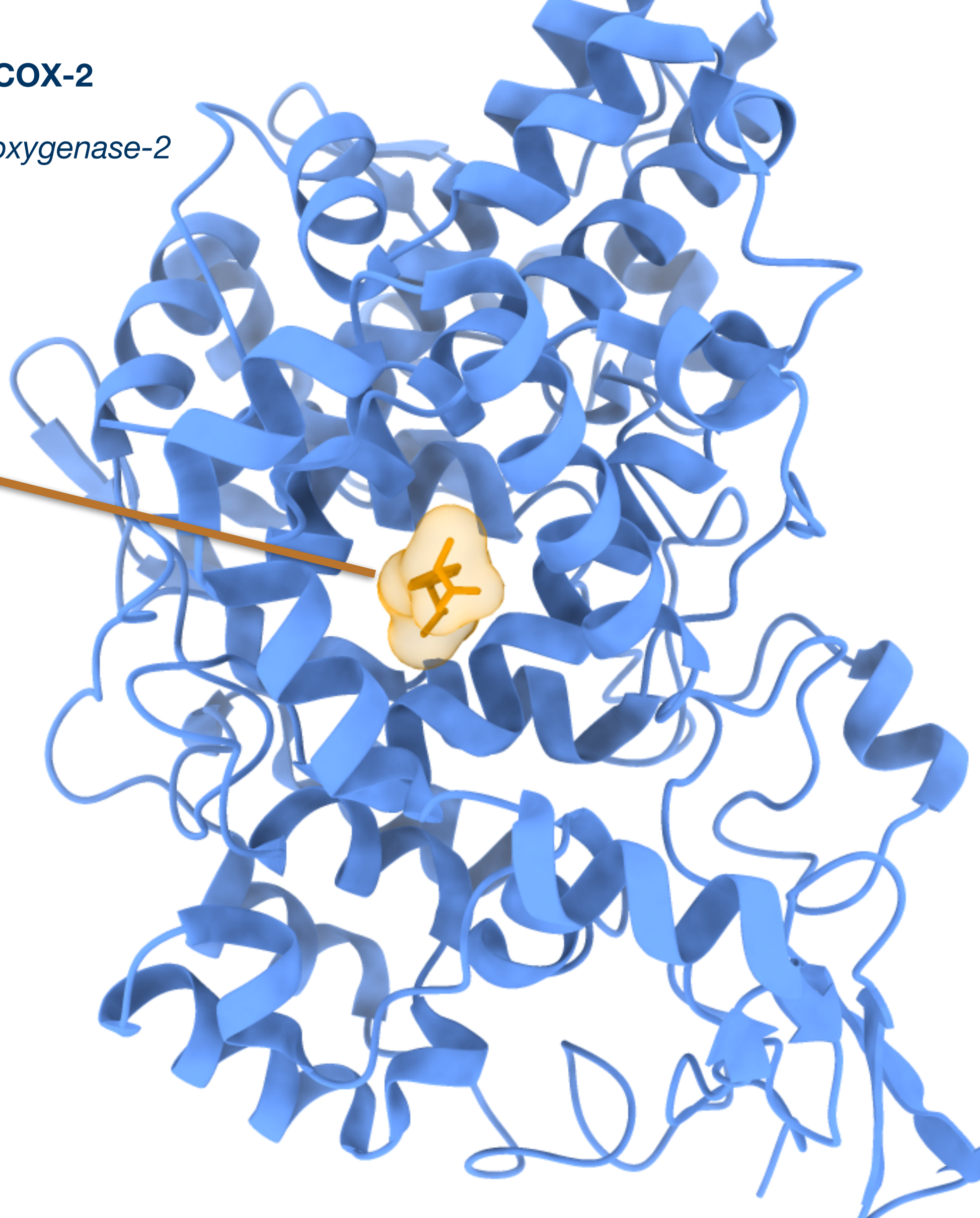
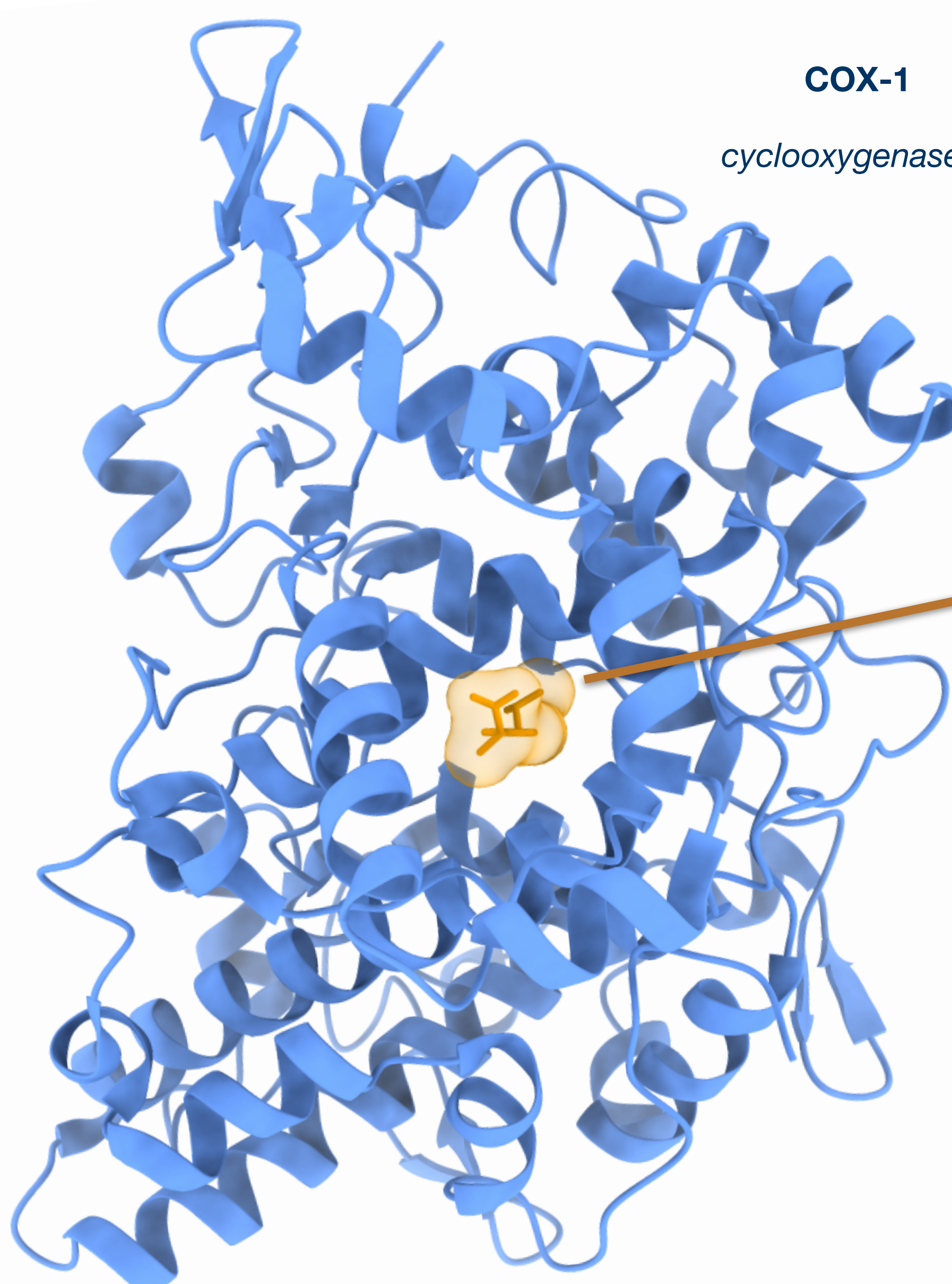
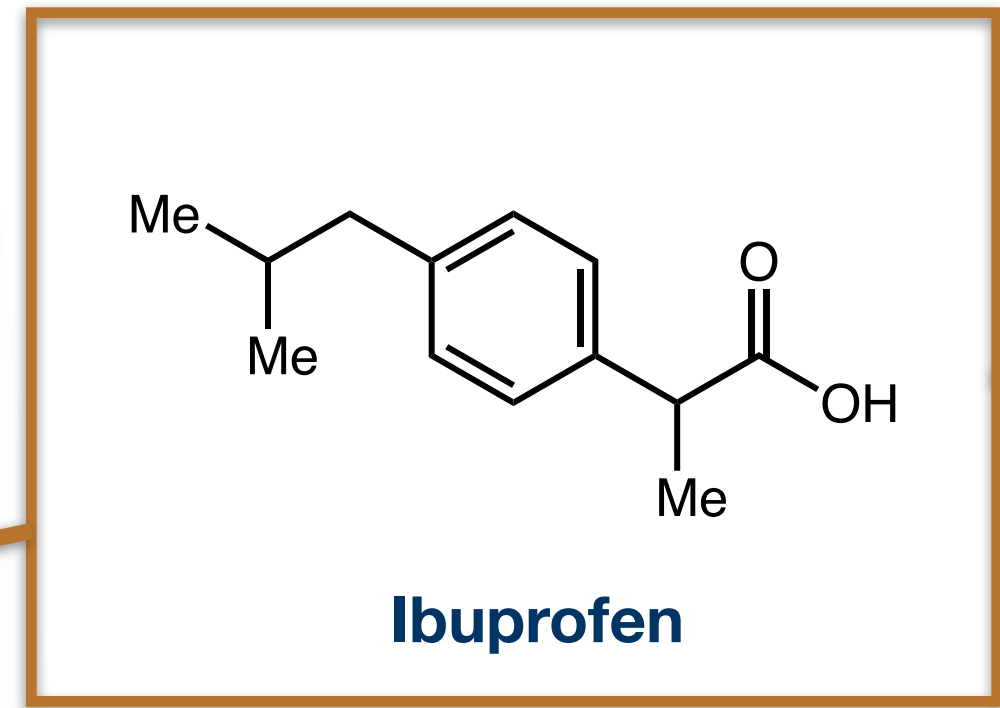
NSAIDs mechanism of action

COX-1

cyclooxygenase-1

COX-2

cyclooxygenase-2



two distinct COX enzymes exist



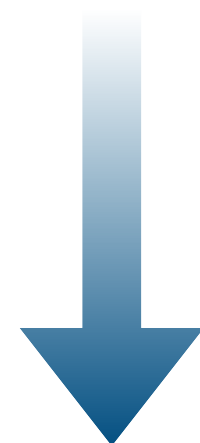
BOTH are targets of NSAIDs

...so what's the difference?

NSAIDs mechanism of action

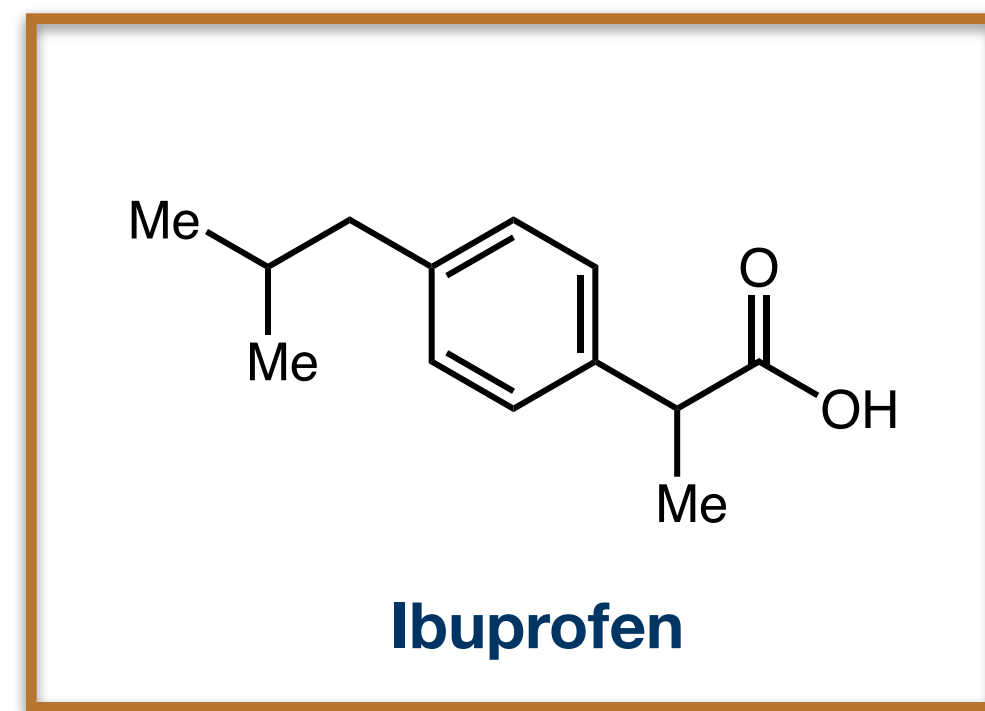
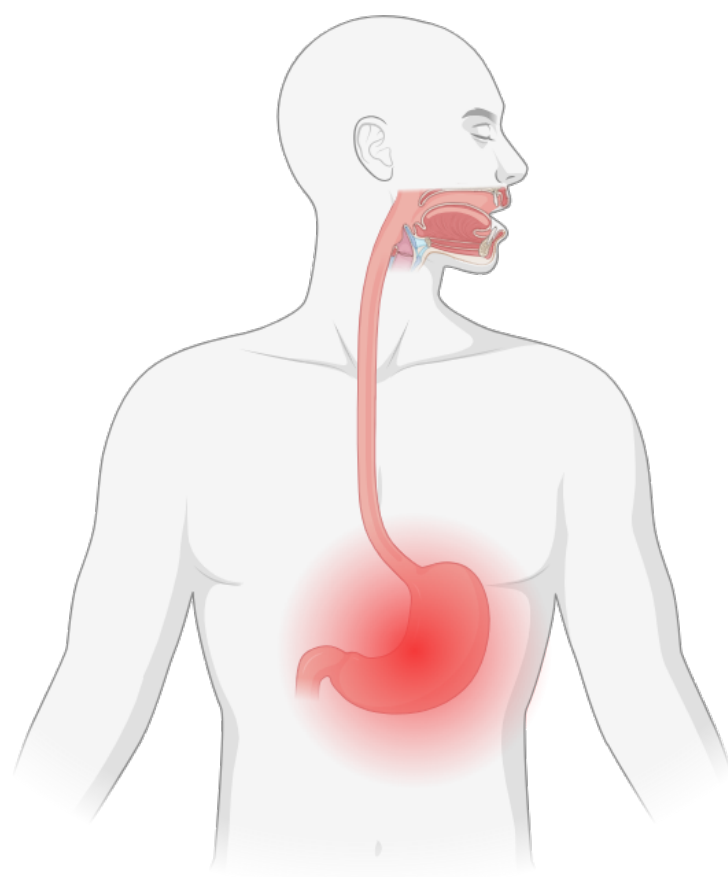
COX-1

cyclooxygenase-1



gastrointestinal prostaglandins
protect gastrointestinal mucosa

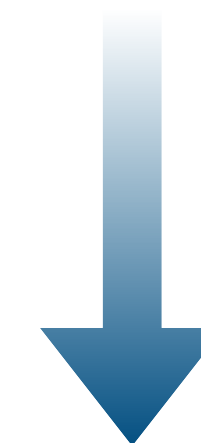
“off-target”
“anti-target”



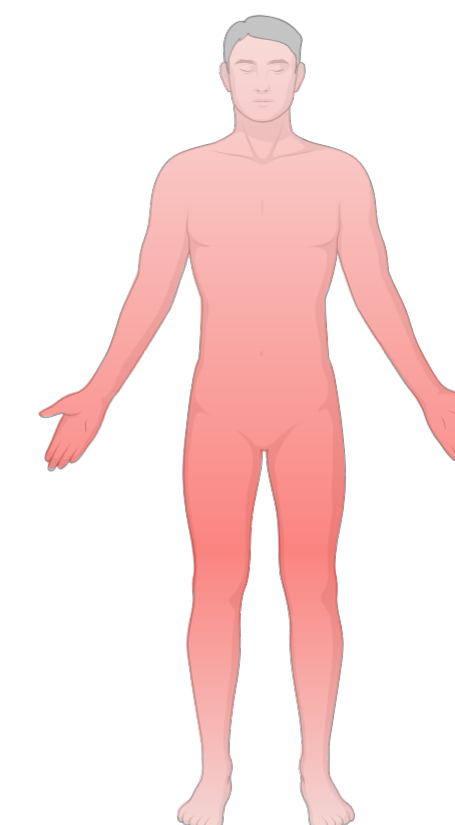
“nonselective COX inhibitor”
exhibits *promiscuity*

COX-2

cyclooxygenase-2



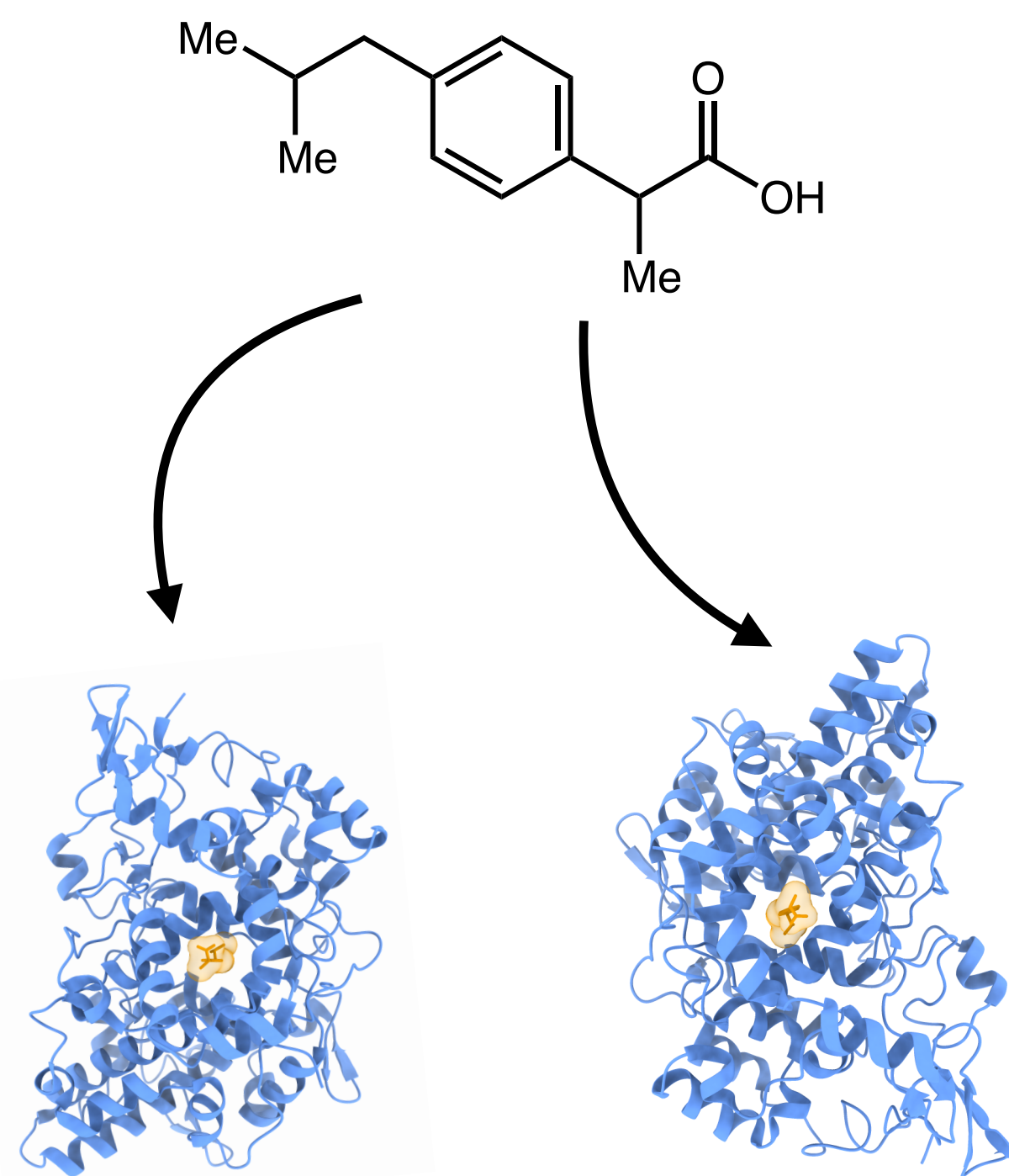
inflammation/pain related prostaglandins
anti-inflammatory/pain relieving effect



target

How do we define polypharmacology?

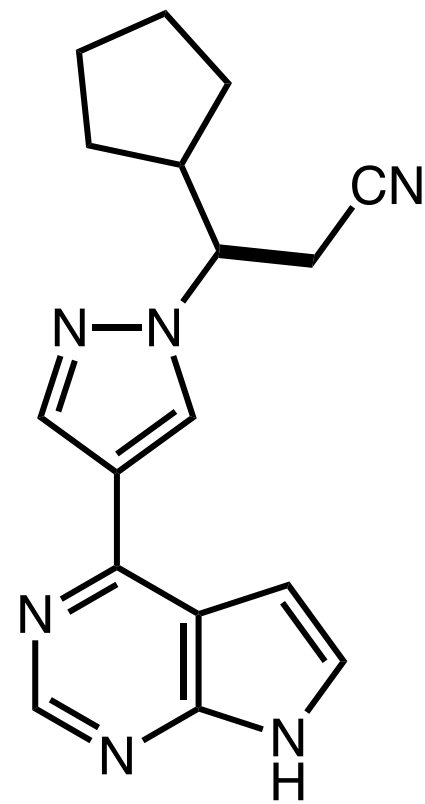
1. Multiple structurally similar targets



*one drug, multiple
highly similar targets*

Designer multi-targeting molecules

Designer multi-targeting molecules

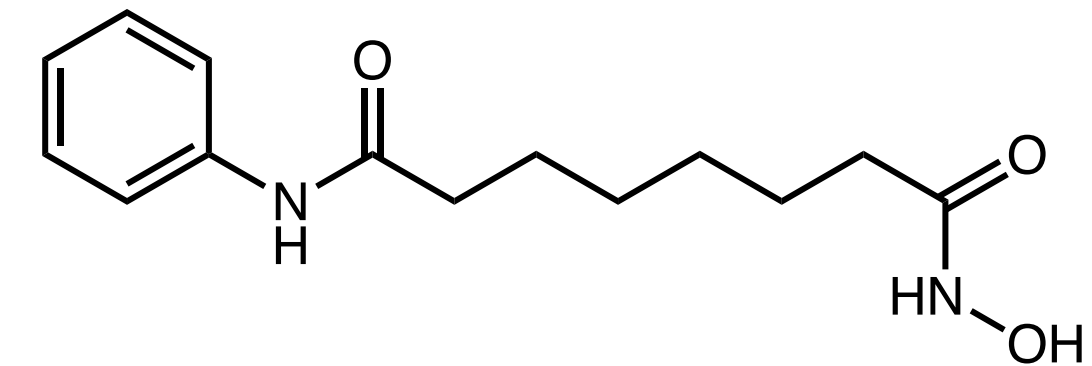


ruxolitinib

JAK 1/2 kinase inhibitor

anti proliferative, anti-inflammatory effects

IC₅₀ = 3 nM



vorinostat

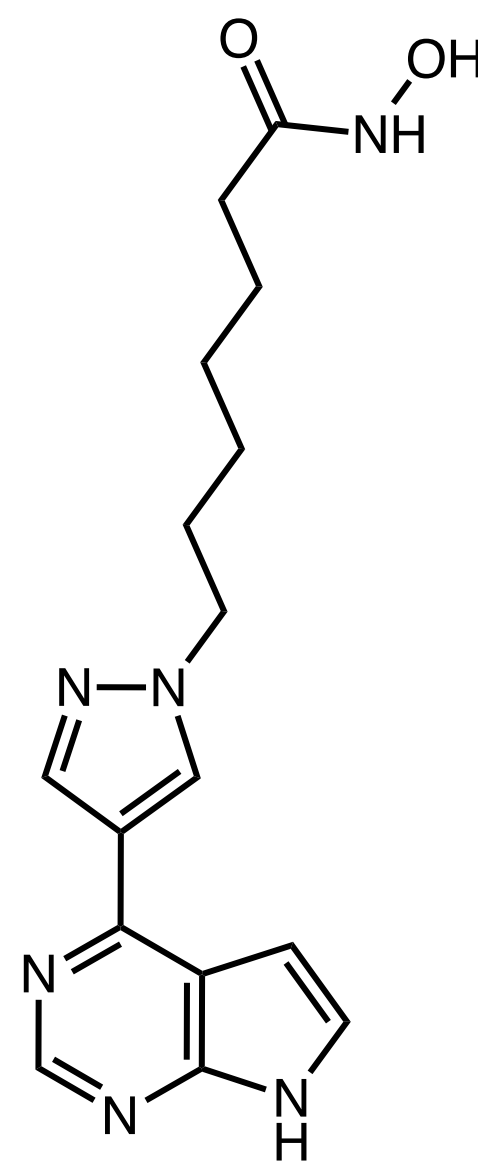
pan-HDAC inhibitor

blocks de-acetylation of histones - epigenetic effects

IC₅₀ = 10 nM

Designer multi-targeting molecules

Dual JAK-HDAC Inhibitor



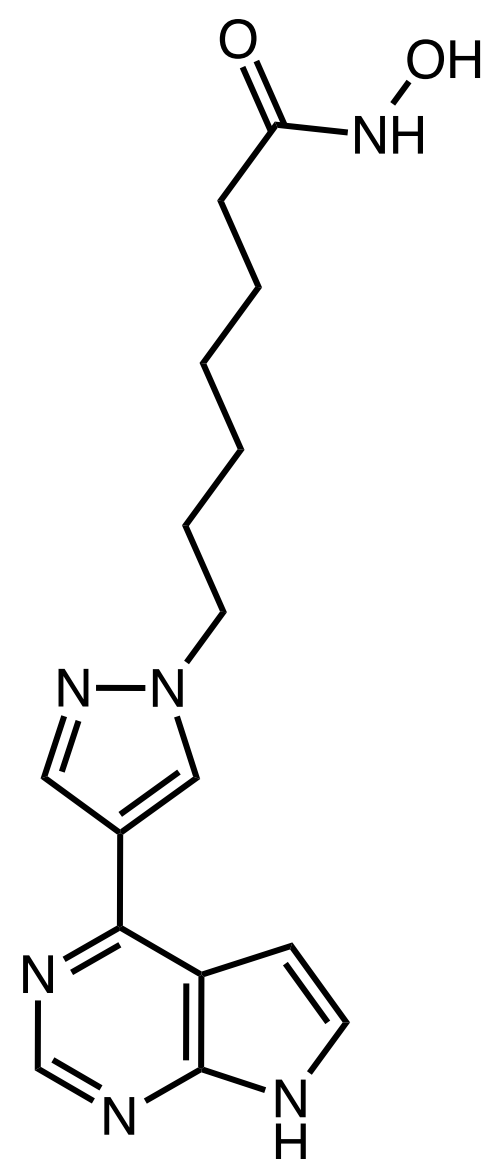
excellent activity for both JAK and HDAC proteins

JAK IC₅₀ = 75 nM

HDAC1 IC₅₀ = 6.9 nM, HDAC6 IC₅₀ = 1.4 nM

Designer multi-targeting molecules

Dual JAK-HDAC Inhibitor

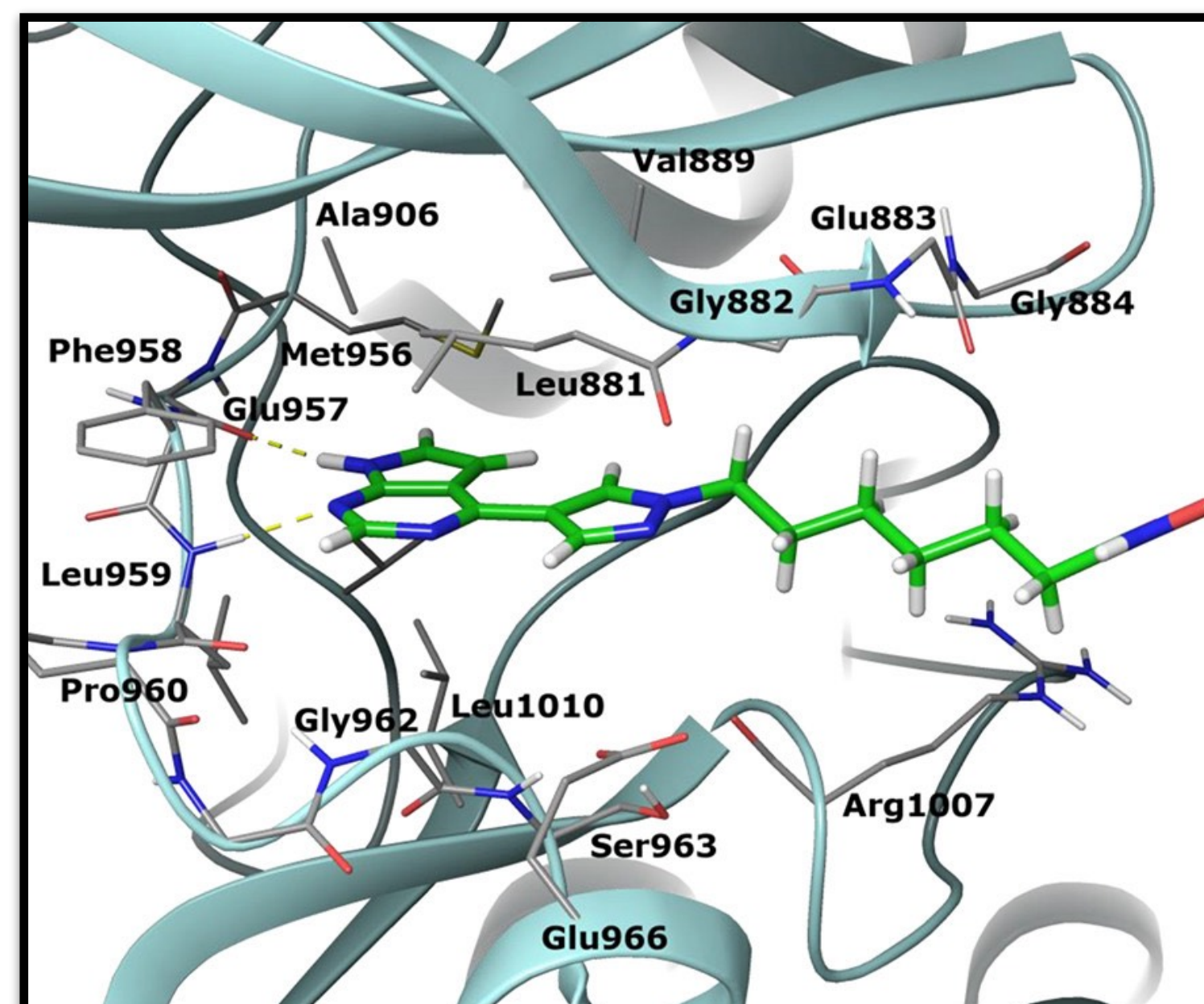


excellent activity for both JAK and HDAC proteins

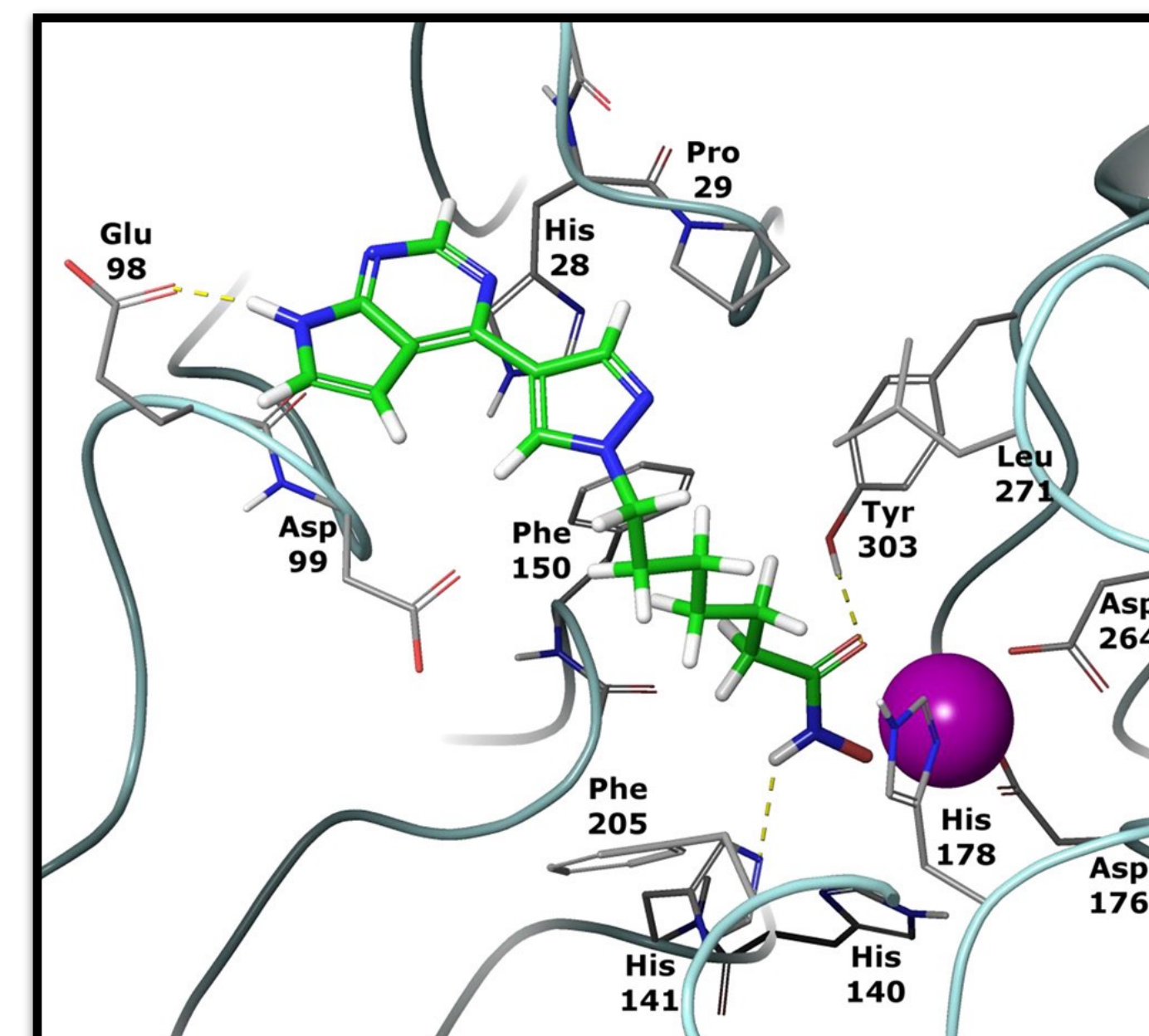
$JAK IC_{50} = 75 \text{ nM}$

$HDAC1 IC_{50} = 6.9 \text{ nM}$, $HDAC6 IC_{50} = 1.4 \text{ nM}$

JAK-1 Molecular Docking



HDAC-1 Molecular Docking



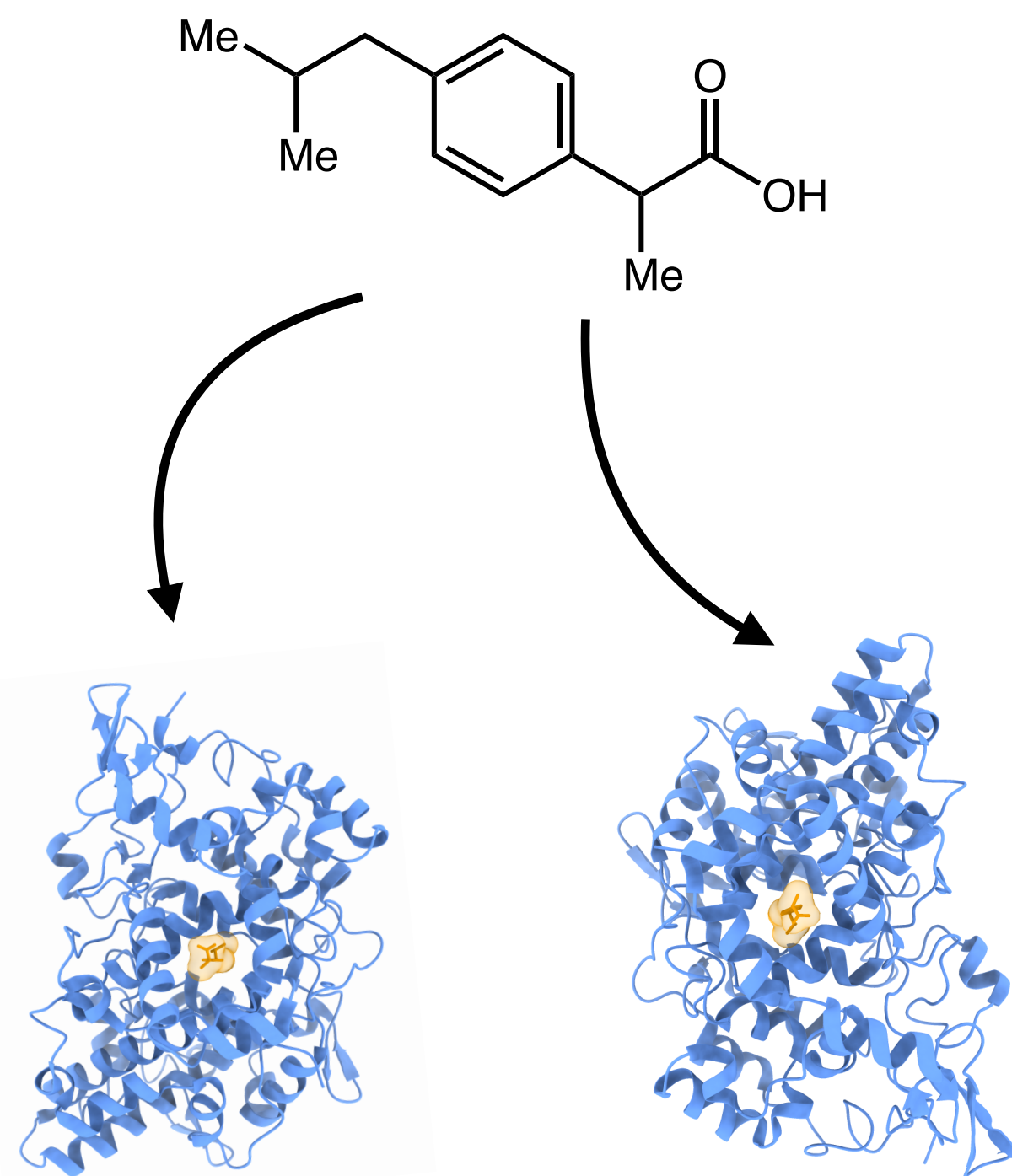
dual HDAC/EGFR inhibitor strategy currently in clinical trials

Yao, L.; Mustafa, N.; Tan, E.C. et al. *J. Med. Chem.* **2017**, 60, 8336.

Meyers, J.; Chessum, N. E.A.; Cheeseman, M. D. et al. *ACS Omega* **2023**, 8, 19, 16532.

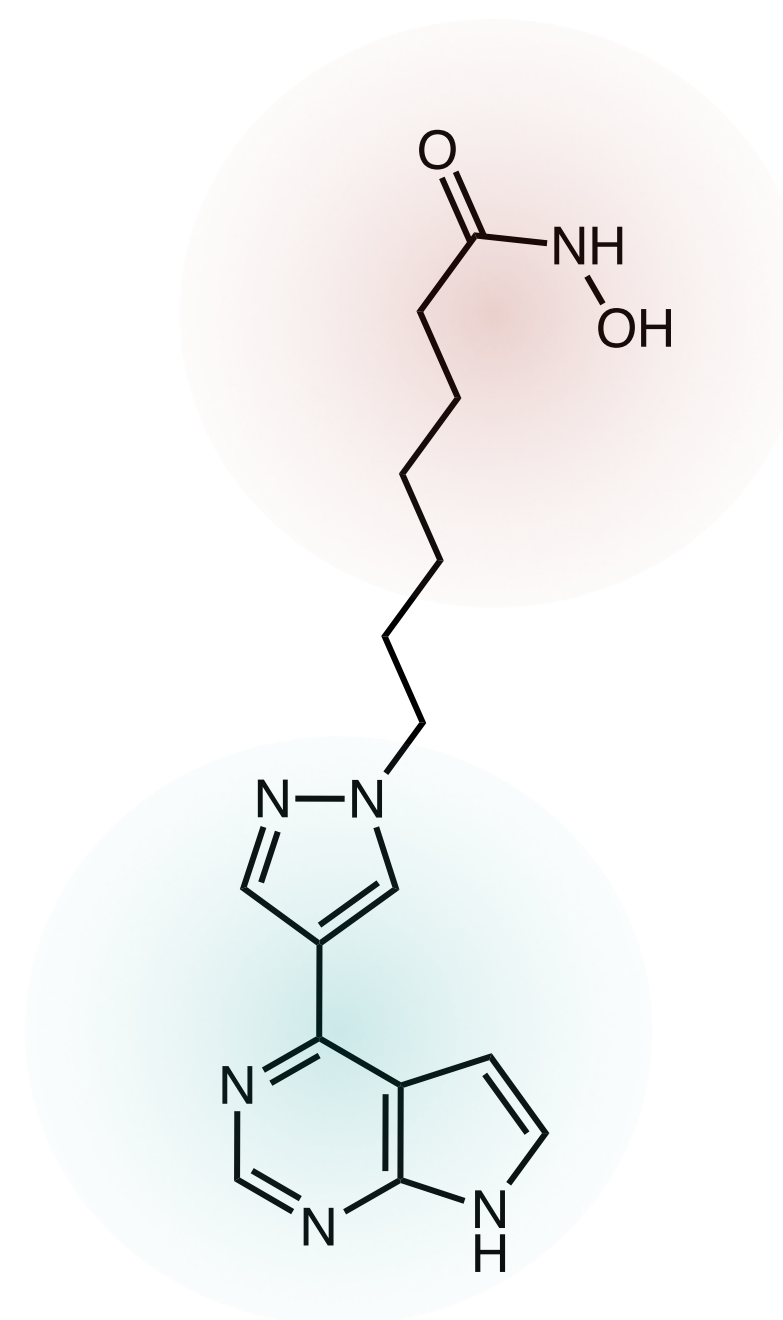
How do we define polypharmacology?

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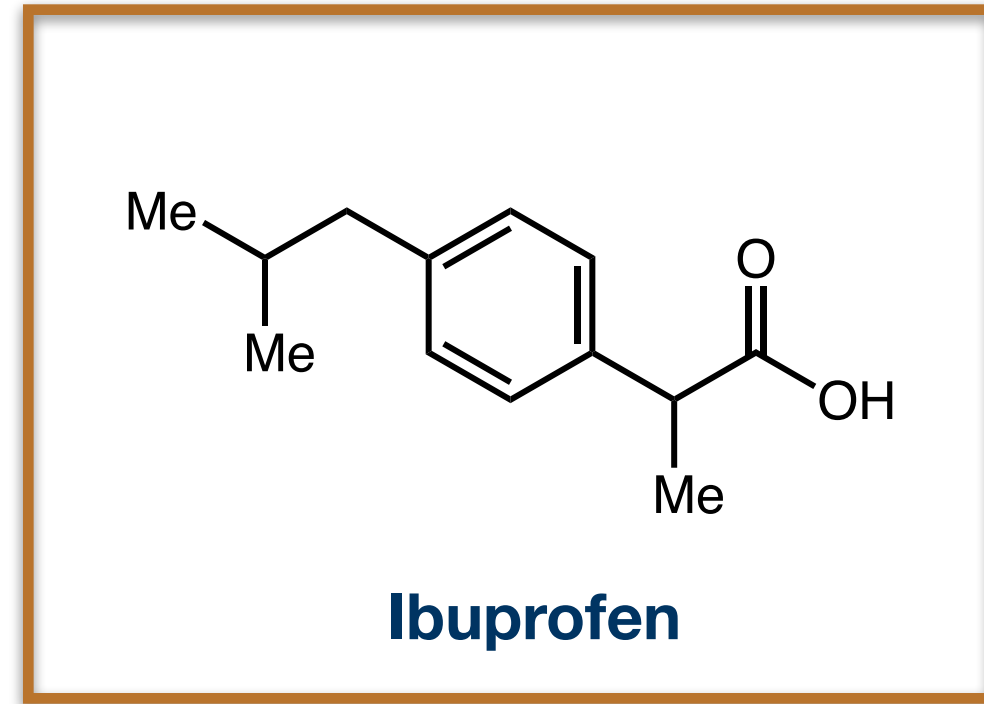
*one drug, multiple
highly similar targets*

2. Multi-targeted by design



*one drug, multiple
targeting motifs*

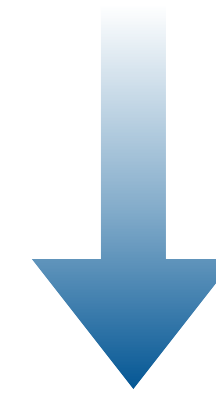
Further targets of NSAIDs



COX1, COX2 inhibitor

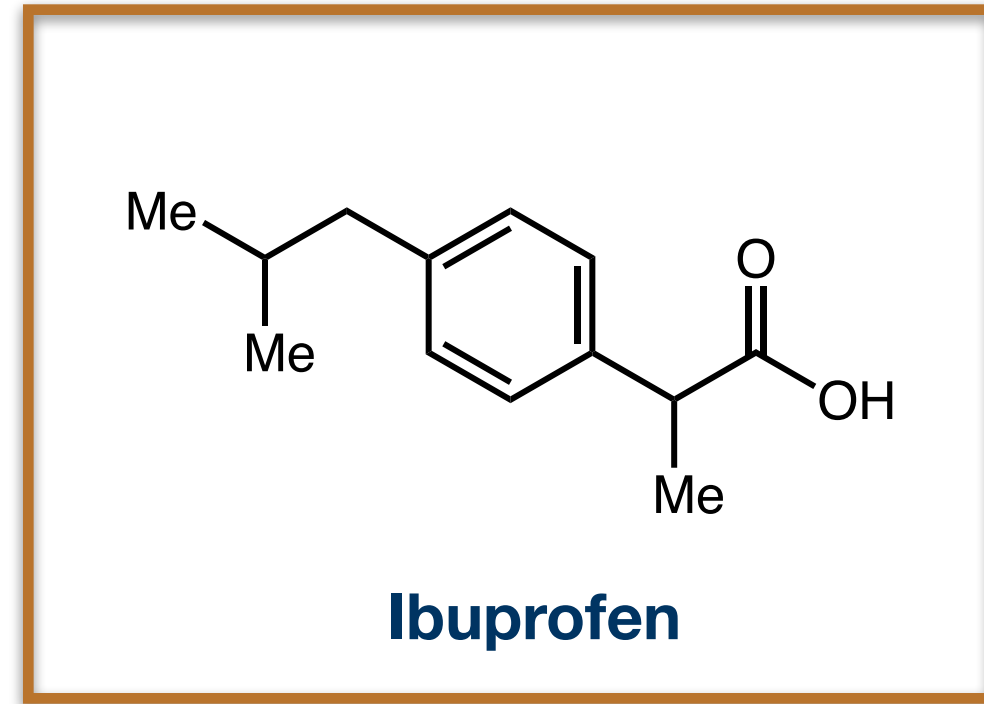
anti-inflammatory, anti-pain

1990s - it was noticed that users of NSAIDs showed reduced instances of Alzheimers



Early 2000s - efforts to study why this trend was observed

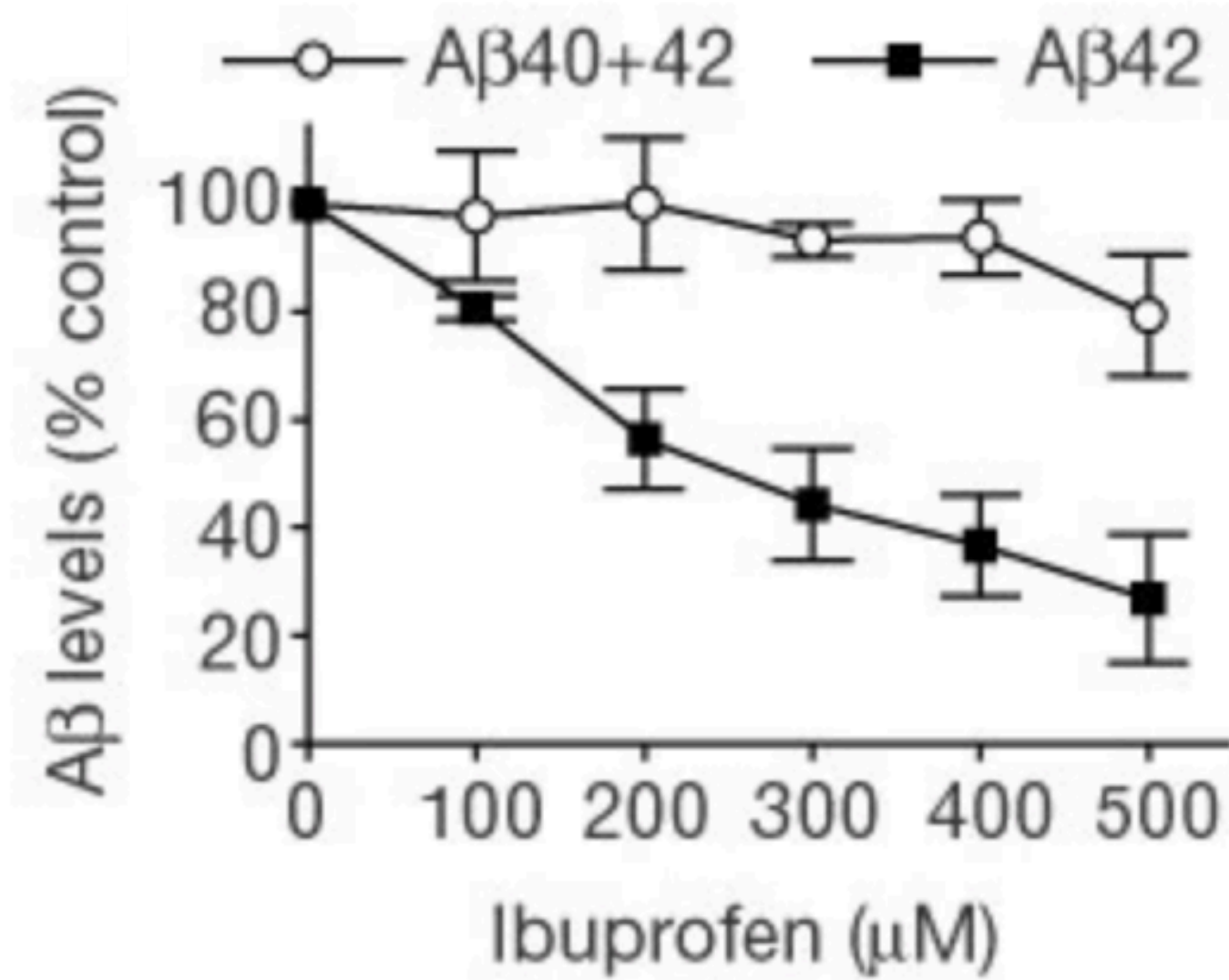
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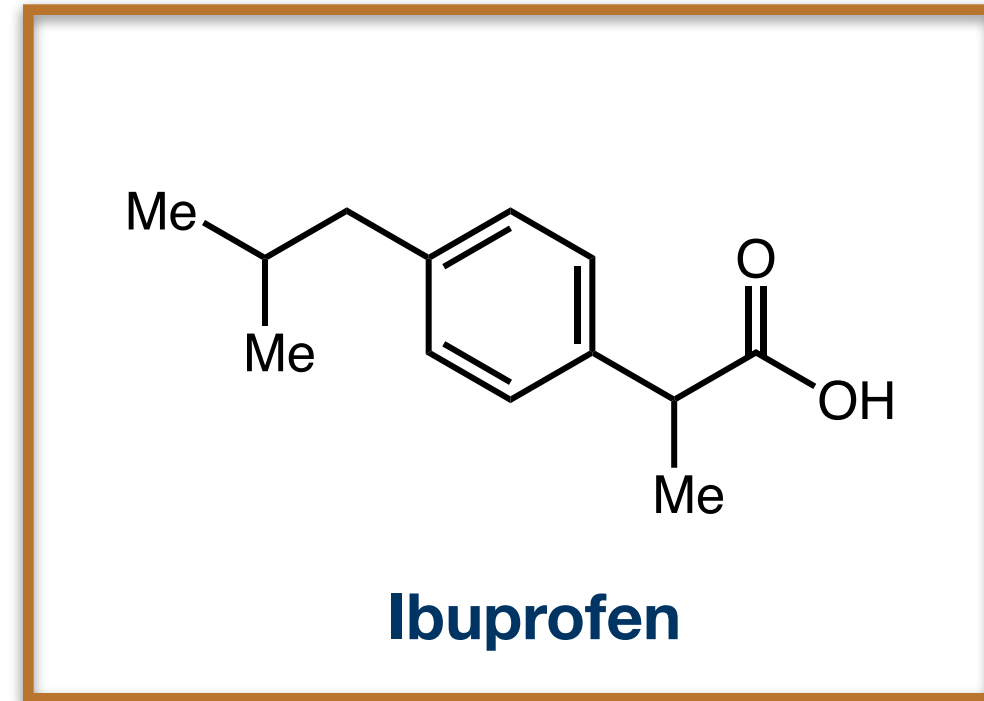
anti-inflammatory, anti-pain

Nature, 2001 - Effect of NSAIDs on Amyloid Beta Levels



*ibuprofen and other NSAIDs
reduce amyloid-beta 42 levels*

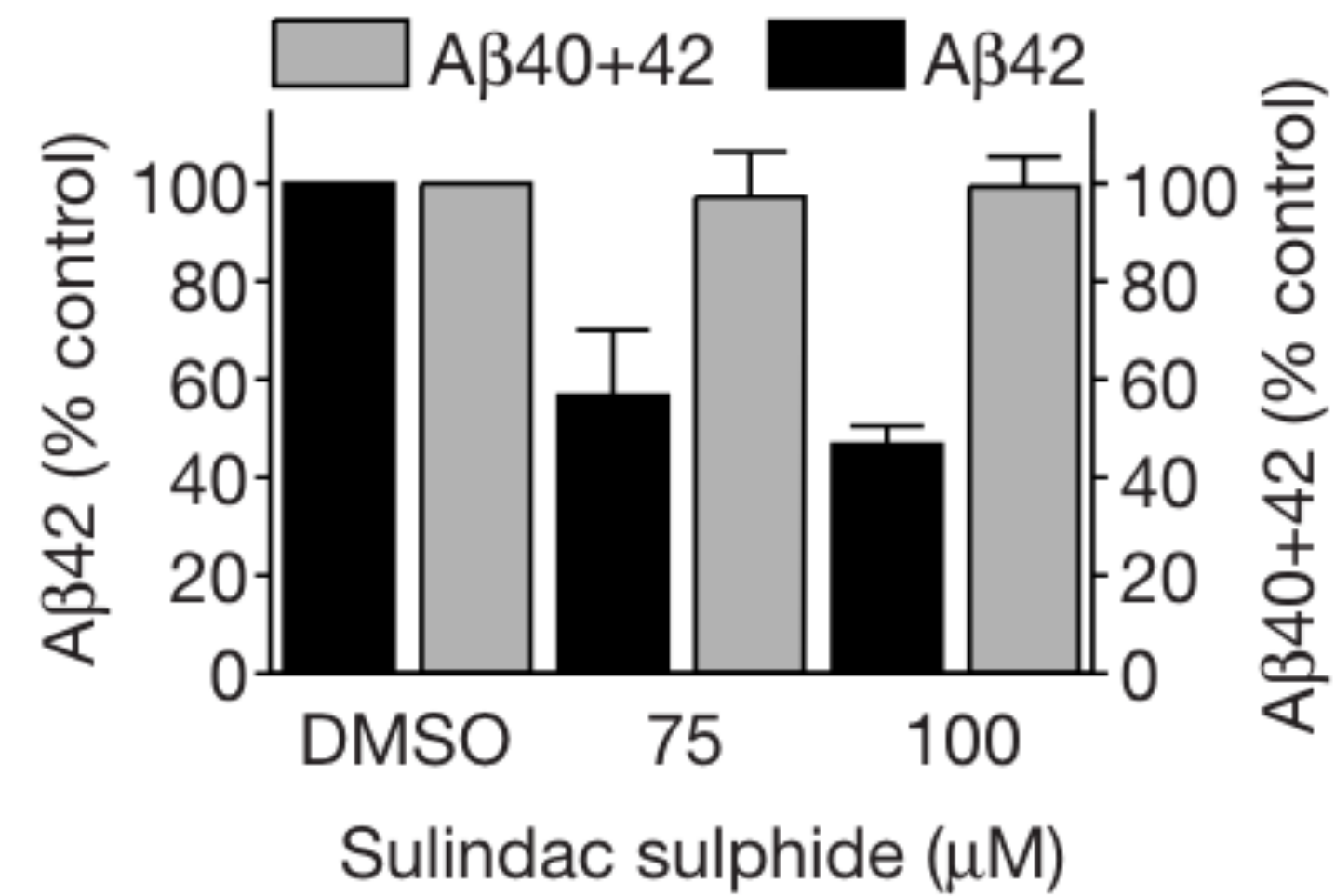
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anti-inflammatory, anti-pain

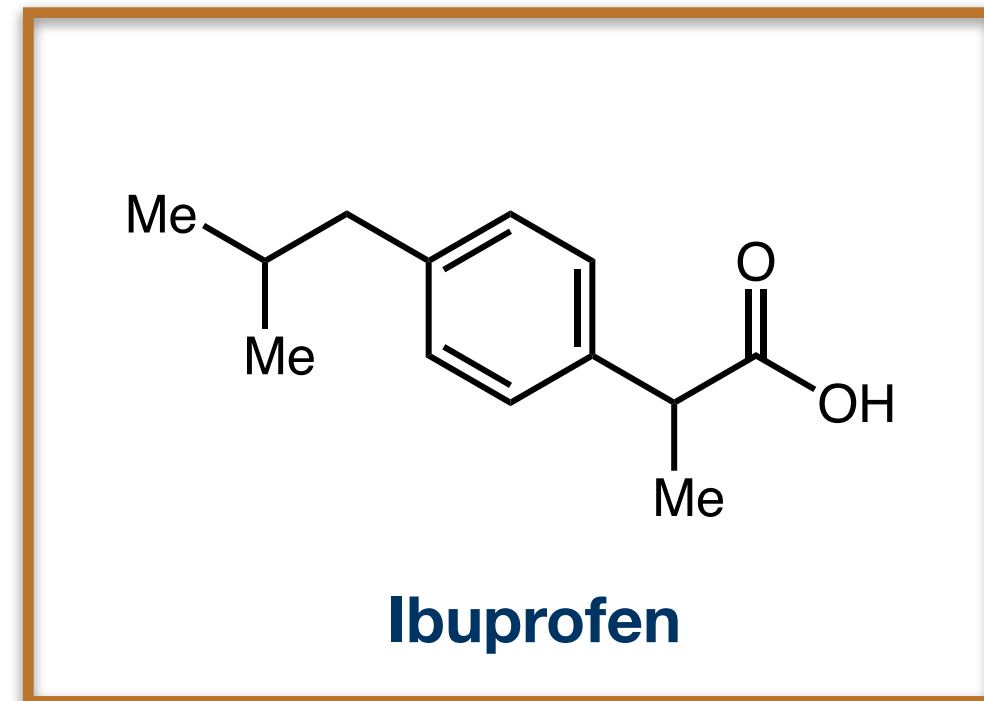
Nature, 2001 - Effect of NSAIDs on Amyloid Beta Levels



*reduction in Aβ42 is **independent**
of COX inhibition activity*

performed in COX1-/COX2- cell line

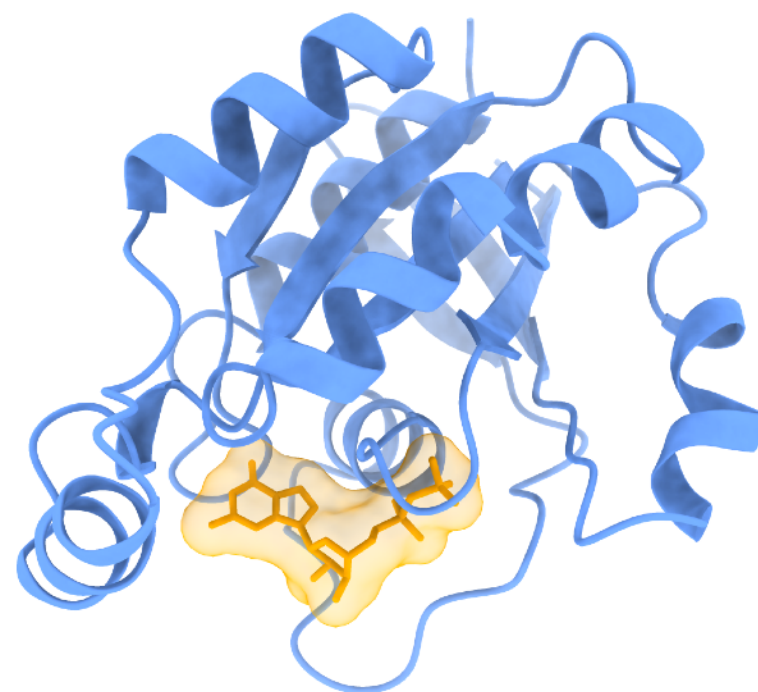
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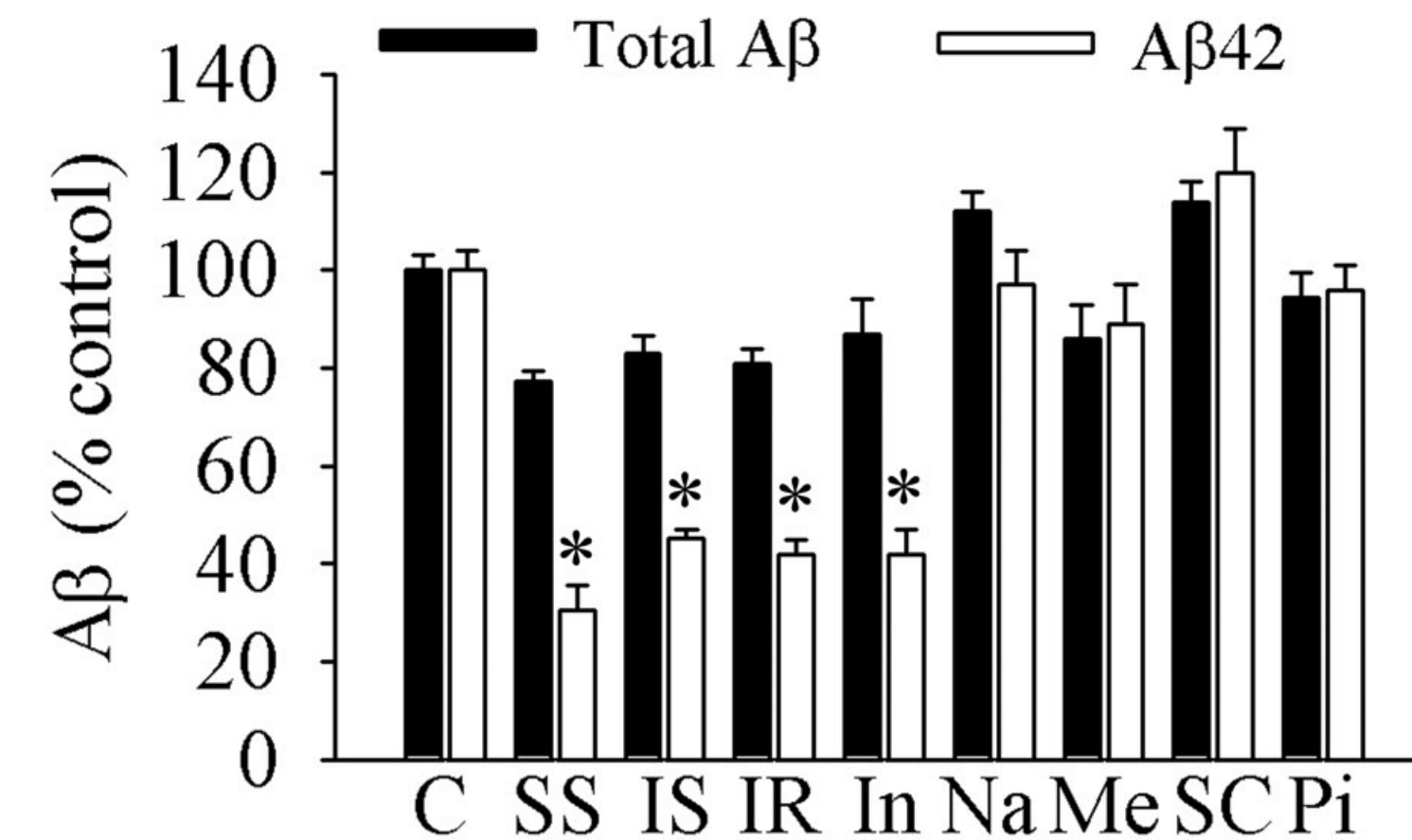
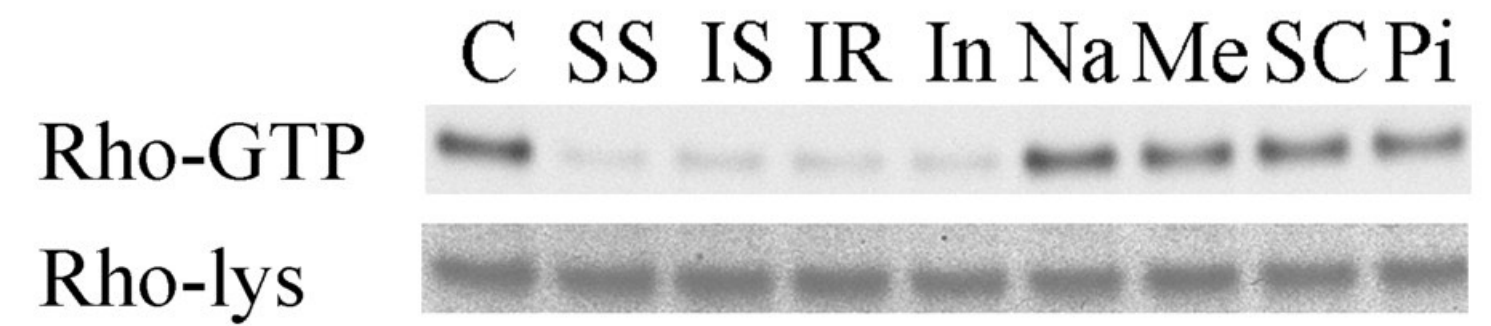
anti-inflammatory, anti-pain

additionally targets Rho protein



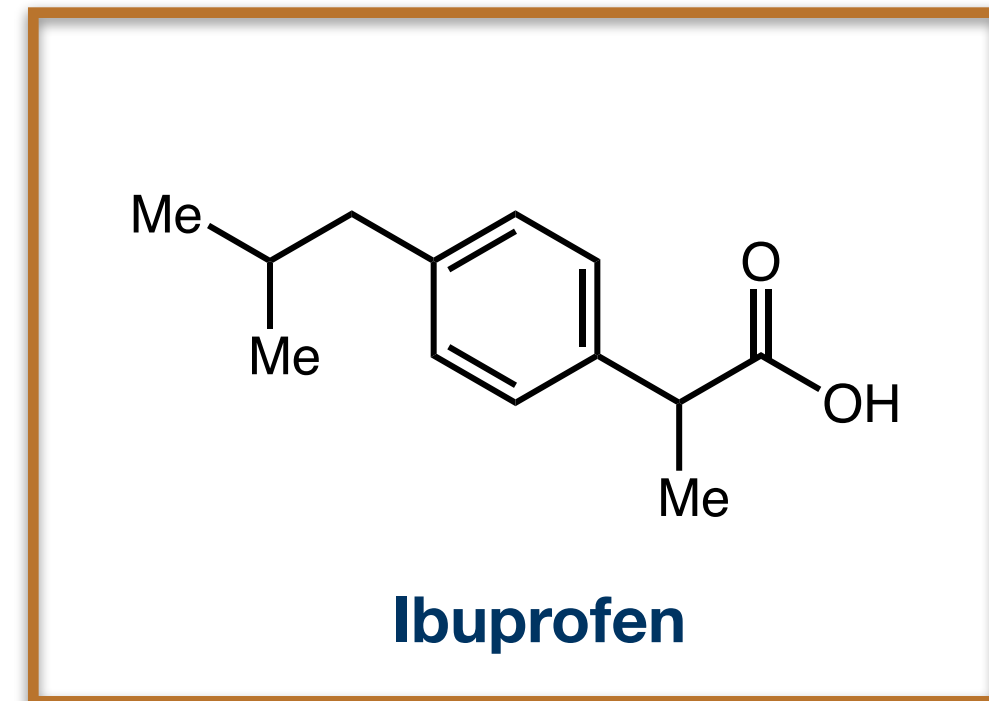
RhoA
GTPase

Science, 2003 - Mechanism of NSAID Amyloid Beta Reduction



Ibuprofen reduces Rho activity

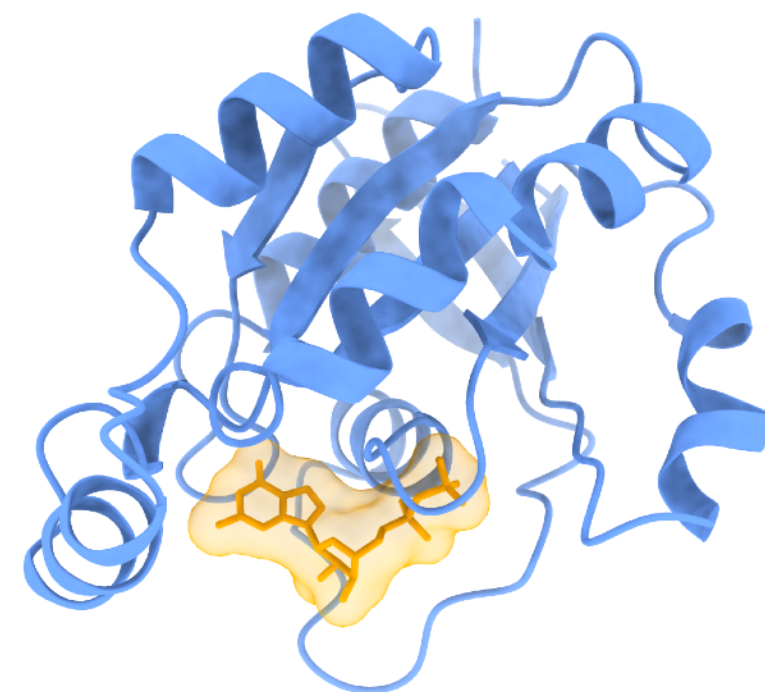
Further targets of NSAIDs



COX1, COX2 inhibitor

anti-inflammatory, anti-pain

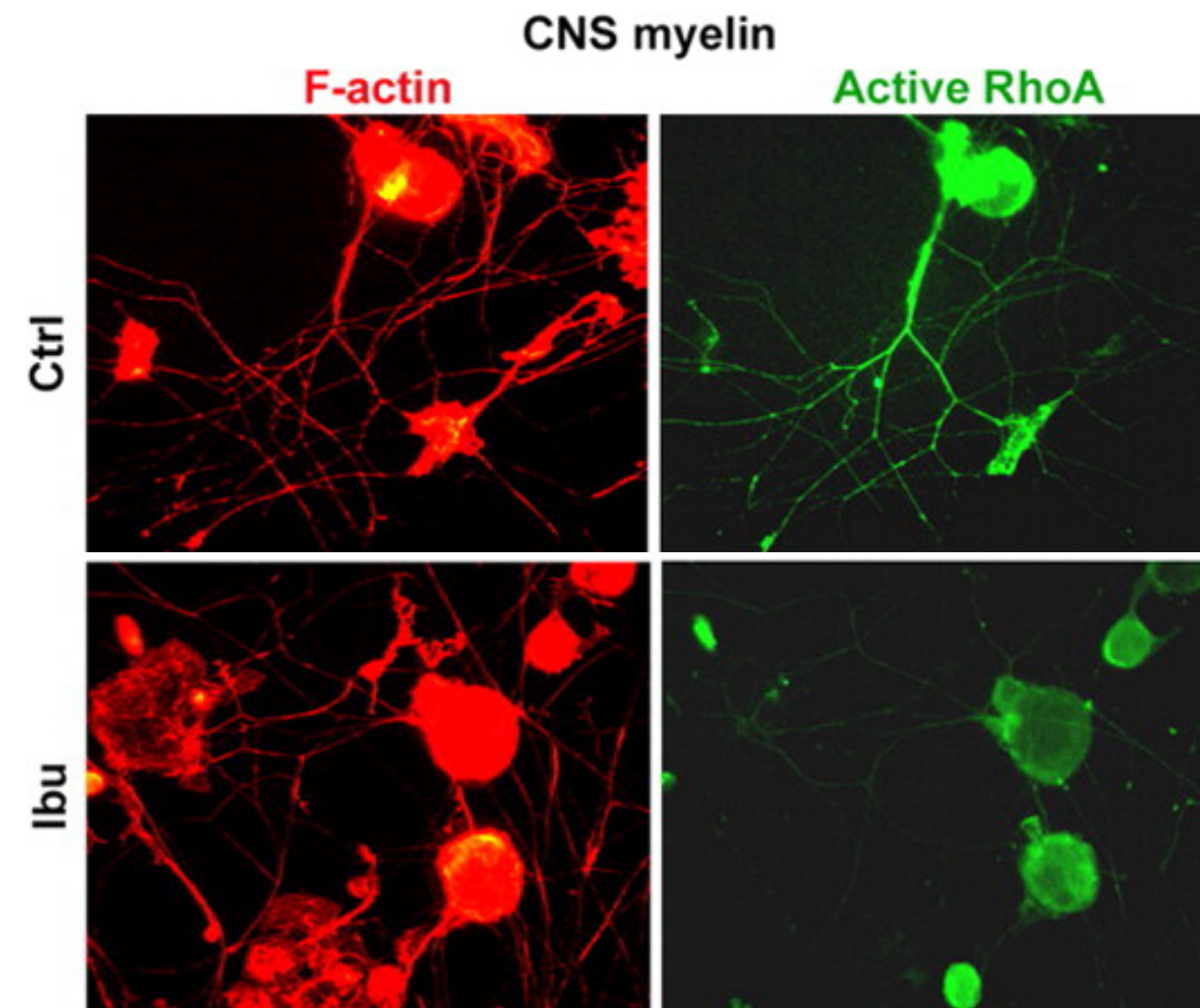
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GTPase

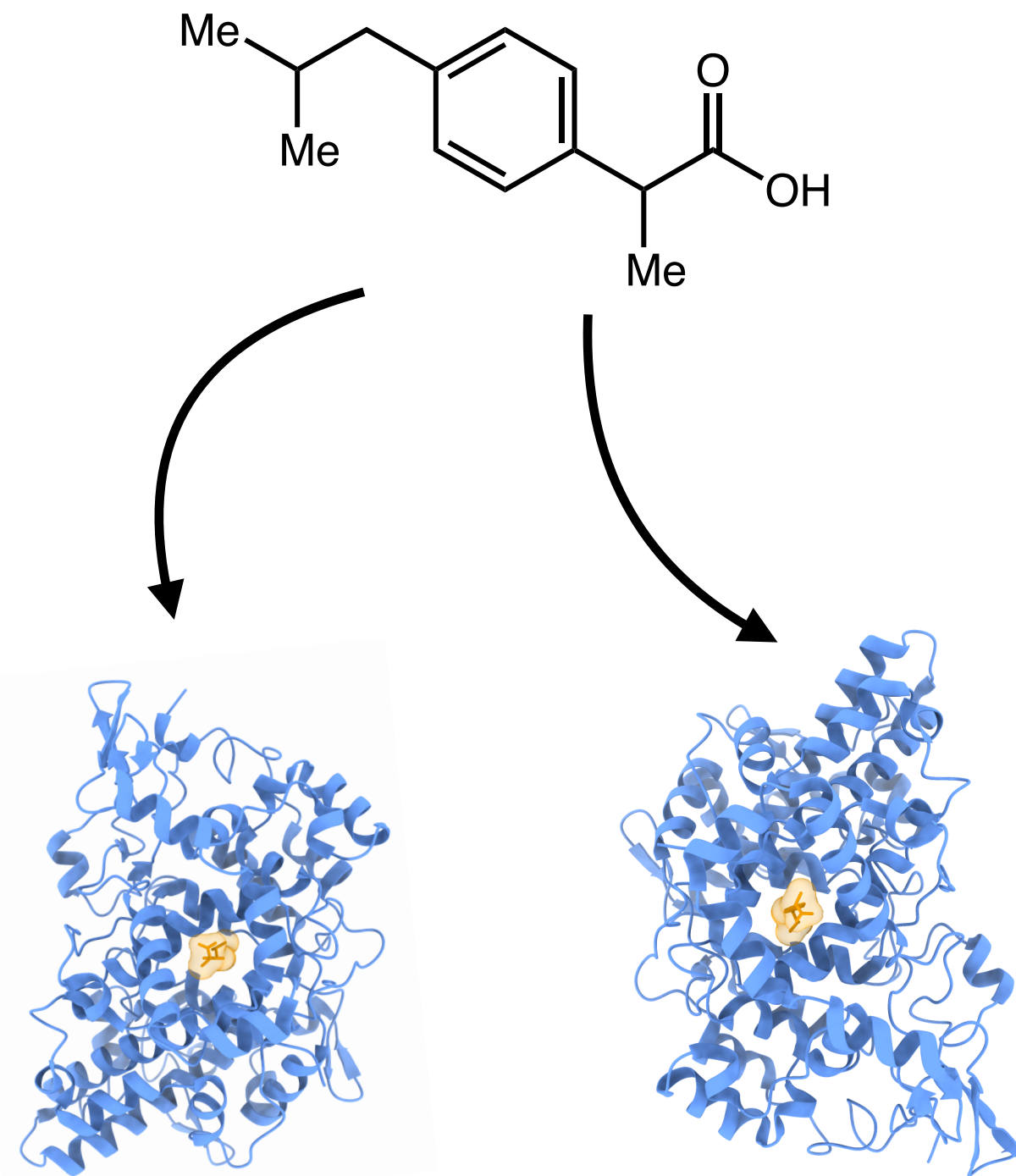
2007 - Ibuprofen, via RhoA inhibition, boosts neuronal growth

neuronal outgrowth model



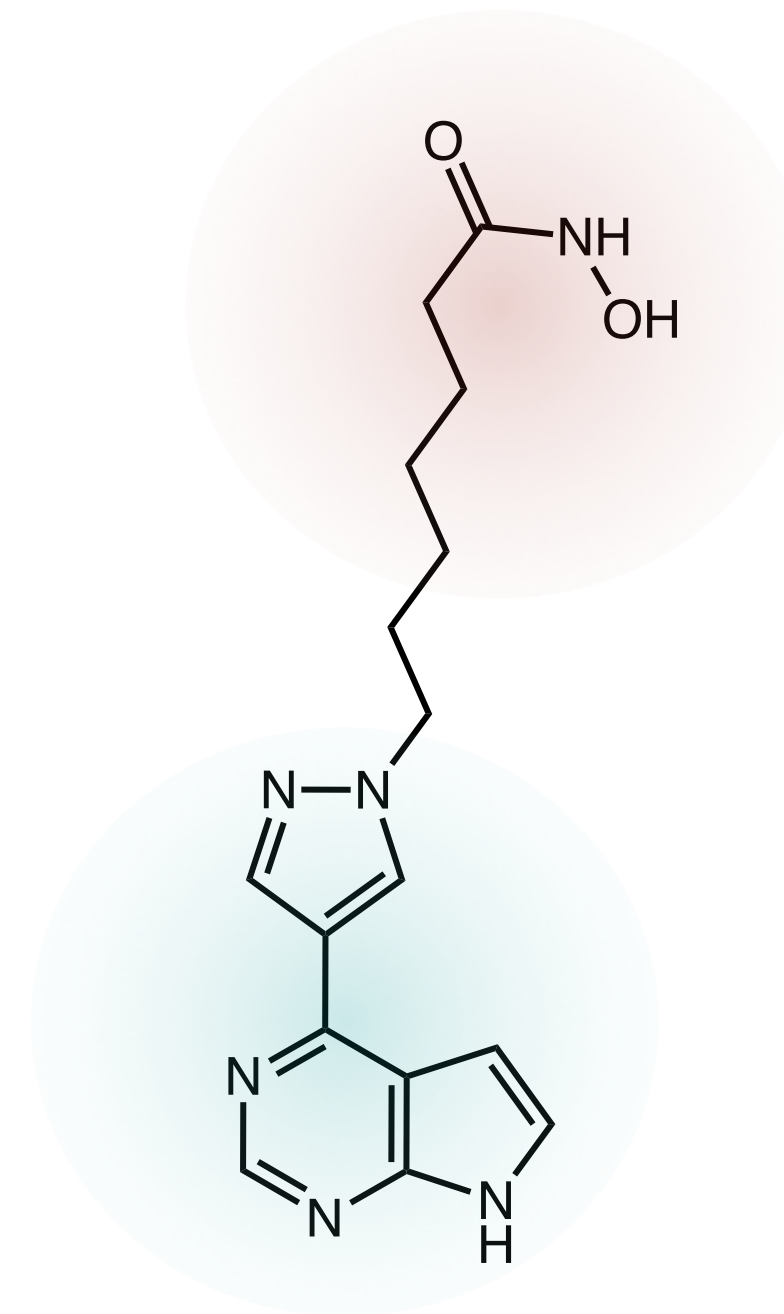
How do we define polypharmacology?

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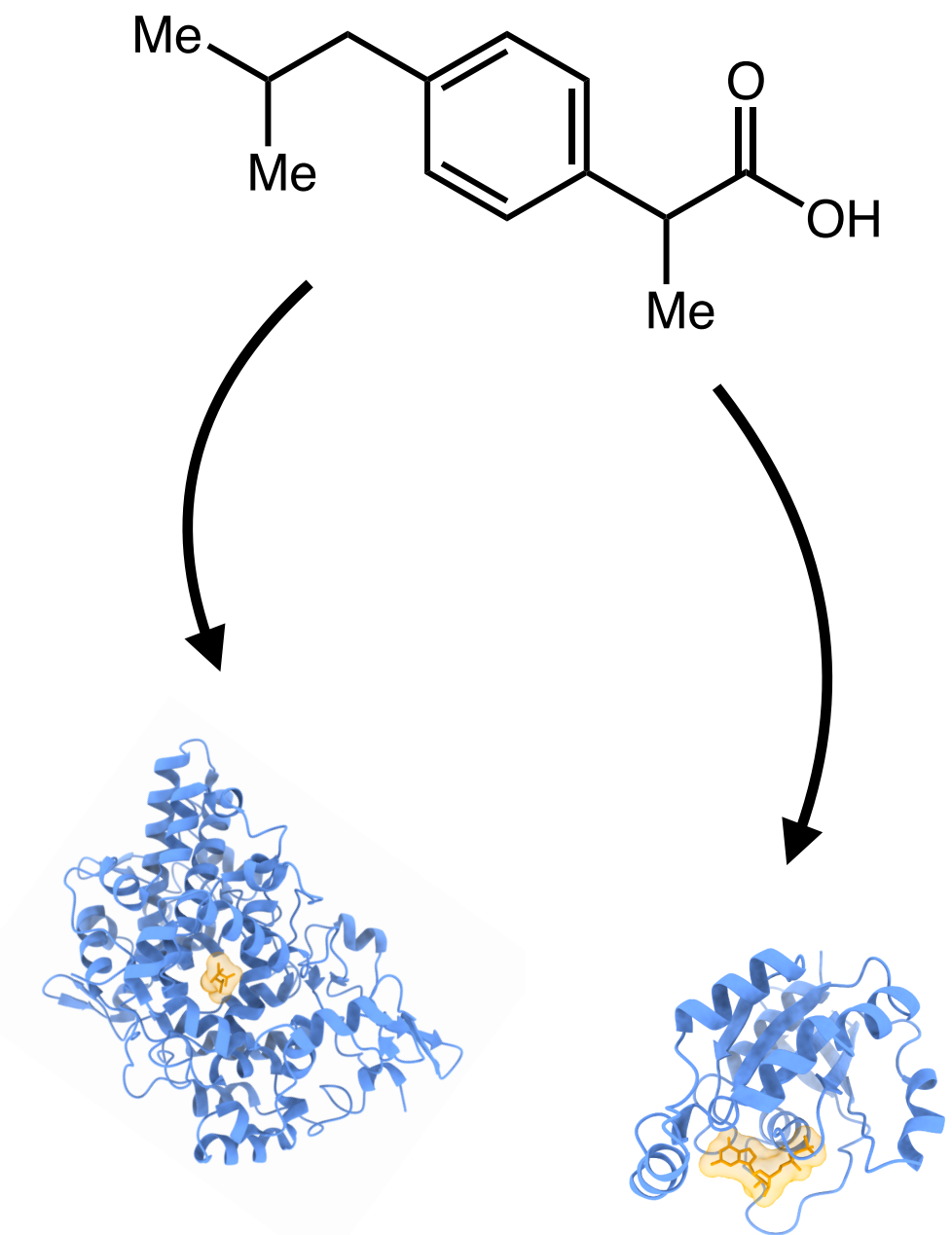
*one drug, multiple
highly similar targets*

2. Multi-targeted by design



*one drug, multiple
targeting motifs*

3. Multiple completely orthogonal targets



*one drug, multiple
totally different targets*

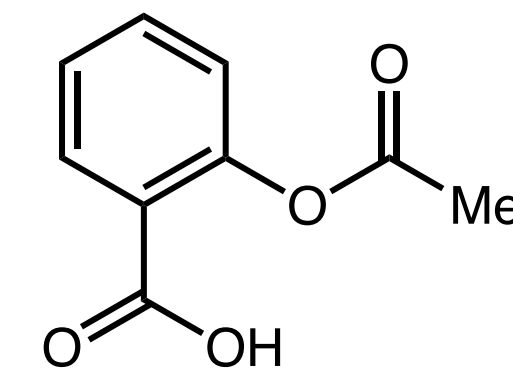
Historical context of polypharmacology in drug discovery

The Phenotypic Approach (????-late 1980s)

“observational”

“anecdotal”

Willow tree bark

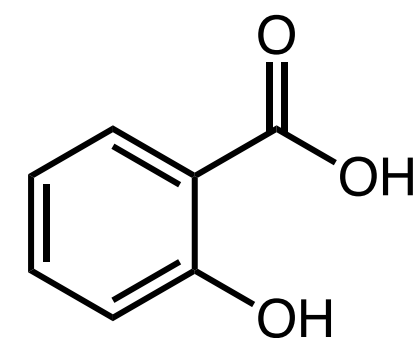


Acetylsalicylic acid (Aspirin)

first synthesized/registered by Bayer in 1899

mechanism wasn't elucidated until 1970s

Salicylic acid



Historical context of polypharmacology in drug discovery

The Phenotypic Approach (????-late 1980s)

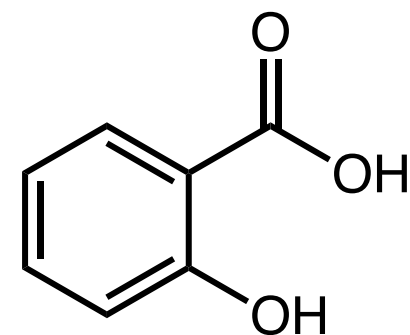
“observational”

“anecdotal”

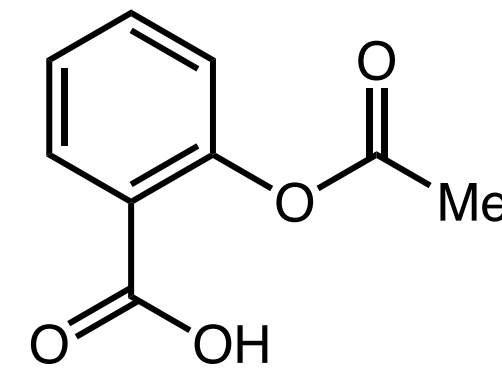
Willow tree bark



Salicylic acid



COX polypharmacology wasn't discovered until 1991

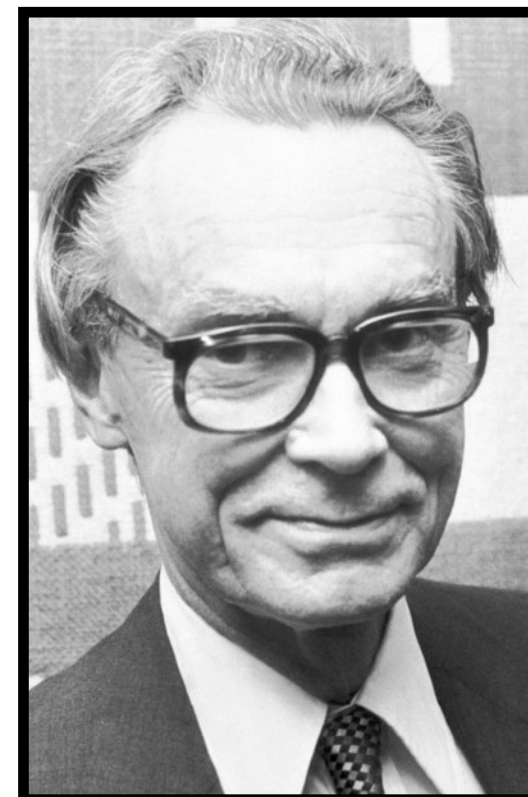


Acetylsalicylic acid (Aspirin)



1982 Nobel Prize in Physiology/Medicine

"for their discoveries concerning prostaglandins and related biologically active substances"



Sune K. Bergström



Bengt I. Samuelsson



John R. Vane

Historical context of polypharmacology in drug discovery

The Phenotypic Approach (????-late 1980s)



Why was this approach taken?

“observational”

“anecdotal”

limitations in biochemical understanding

Advantages

- *lead compound, direct effect readout*
- *chemistry, biology are “in-sync”*
- *in retrospect: favors potential polypharmacology*

Disadvantages

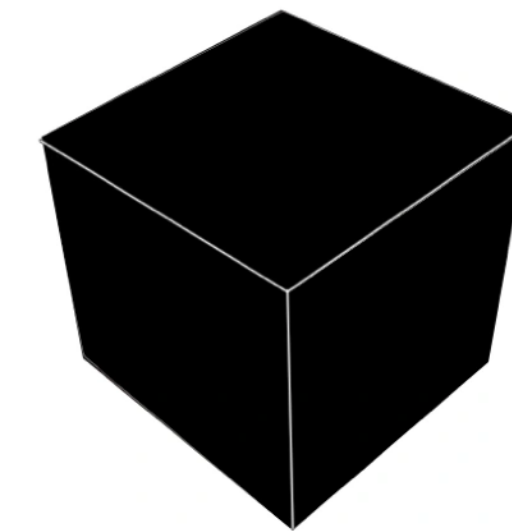
- *phenotype \neq mechanistic insight*
- *no structural knowledge to guide optimization*
- *off-targets, toxicity hard to predict/measure*

chemistry



laborious

biology



“black-box”

concepts such as promiscuity, polypharmacology not widely appreciated/acknowledged

Historical context of polypharmacology in drug discovery

“target based”

Rational Drug Design (Late 1980s and onward)

“hypothesis based”

enabled by two major advances in the late 1980s:

recombinant DNA technologies



fast-protein liquid chromatography



protein accessibility led to:

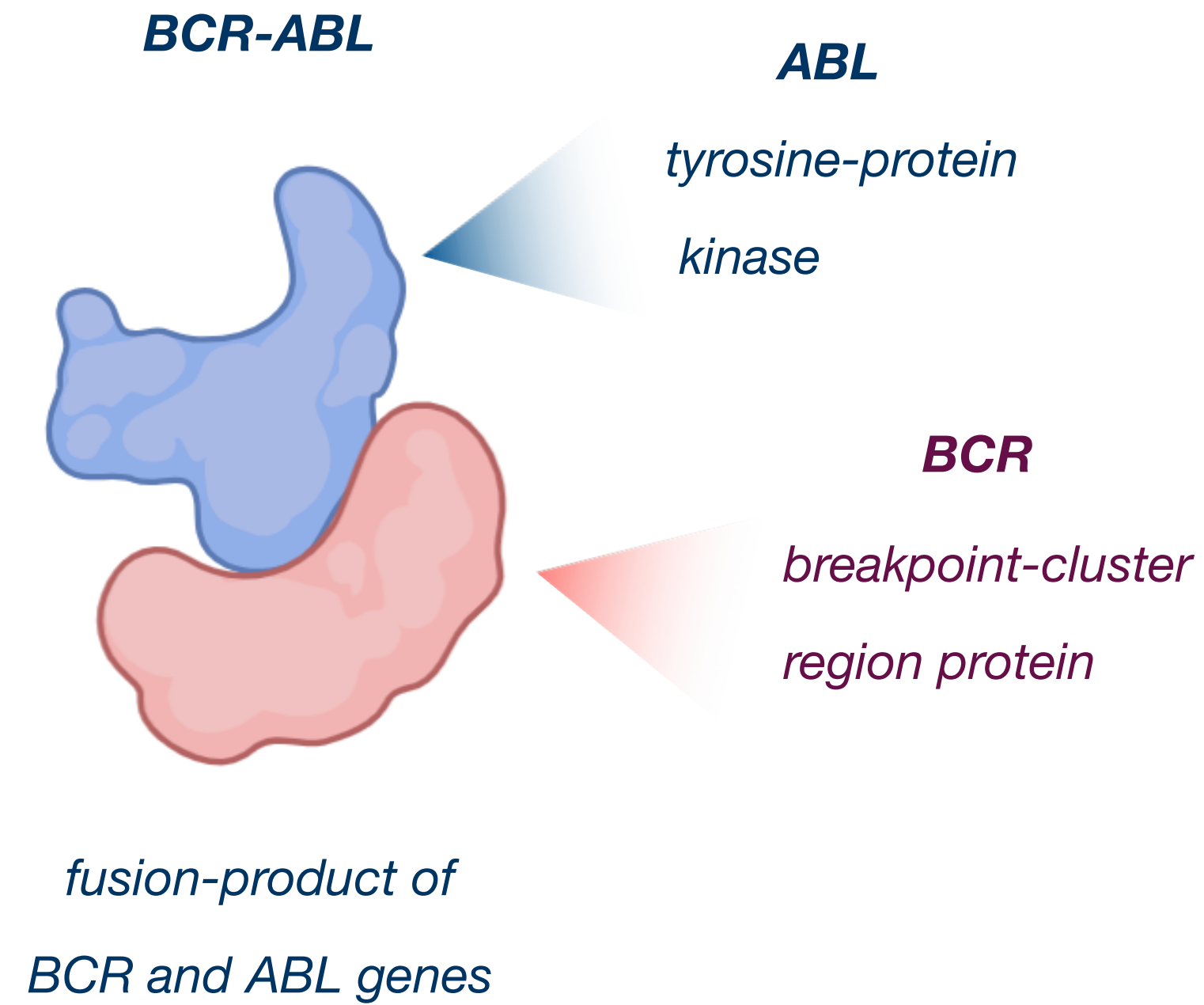
- quantitative assay data
- high-throughput screening
- metabolism/PK studies

Historical context of polypharmacology in drug discovery

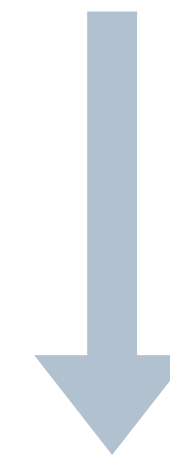
“target based”

Rational Drug Design (Late 1980s and onward)

“hypothesis based”



known as the Philadelphia Chromosome (Ph)
common in chronic myelogenous leukemia (CML)



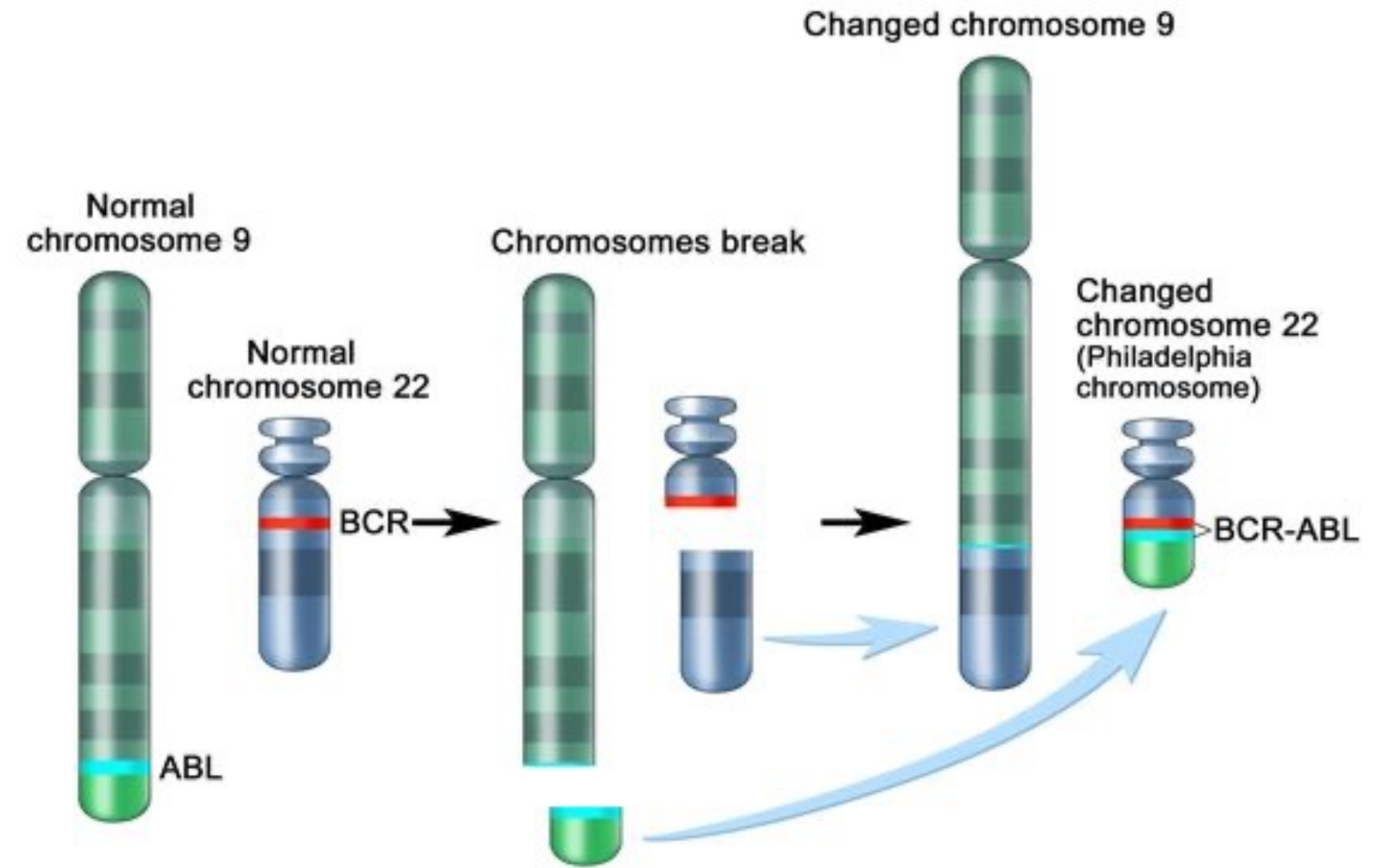
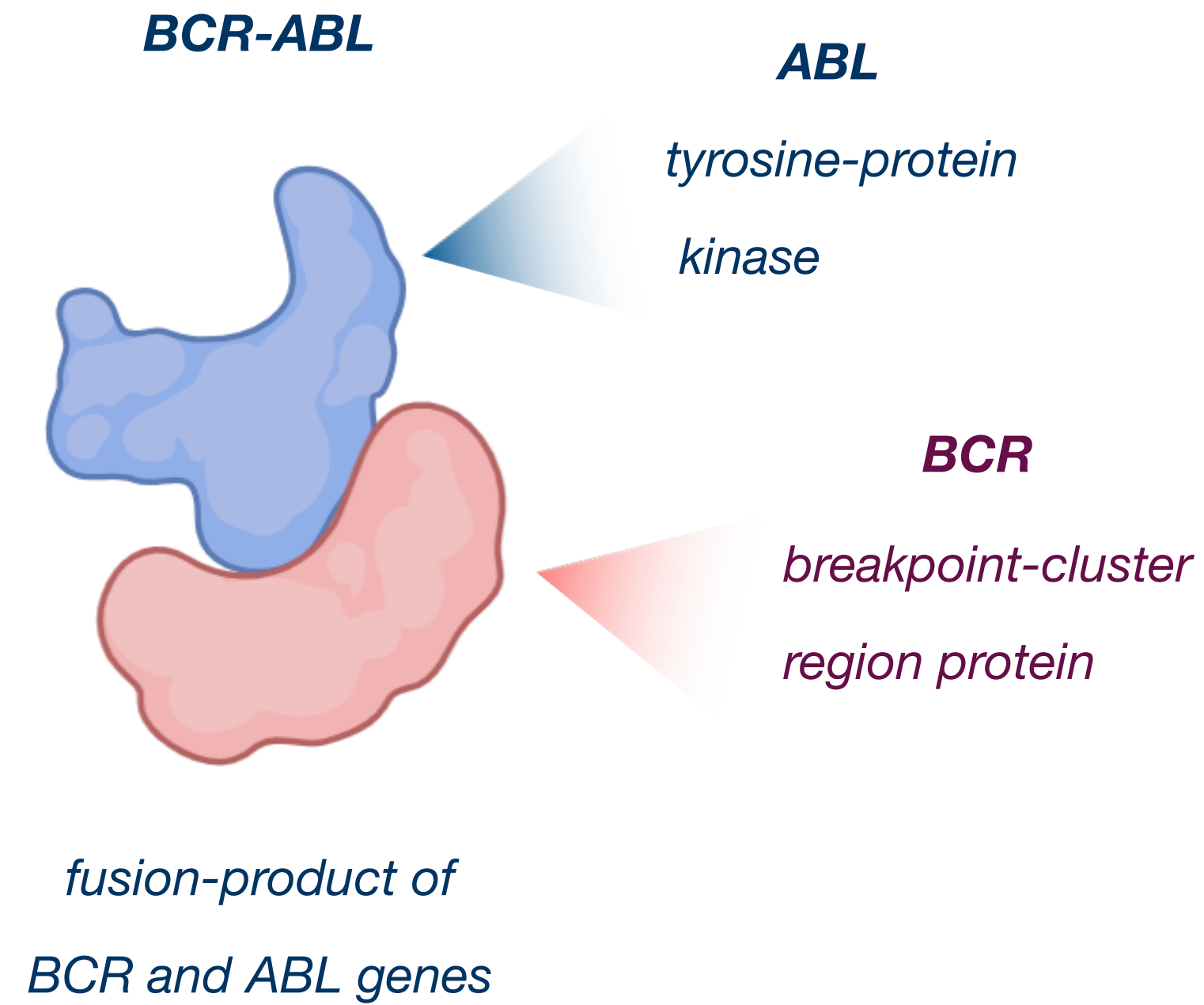
early example of a specific protein-product that
was directly linked to a cancer type

Historical context of polypharmacology in drug discovery

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Rational Drug Design (Late 1980s and onward)

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late 1990s - campaign to screen for BCR-ABL inhibitors

Historical context of polypharmacology in drug discovery

“target based”

Rational Drug Design (Late 1980s and onward)

“hypothesis based”

BCR-ABL



*fusion-product of
BCR and ABL genes*



Nicholas Lydon

performed high-throughput screening of molecules against BCR-ABL

Druker, B.J.; Lydon, N.B. *J Clin Invest.* **2000**, 105, 3.

Survival statistics for chronic myeloid leukemia. *Canadian Cancer Society*, **2022**.

Historical context of polypharmacology in drug discovery

“target based”

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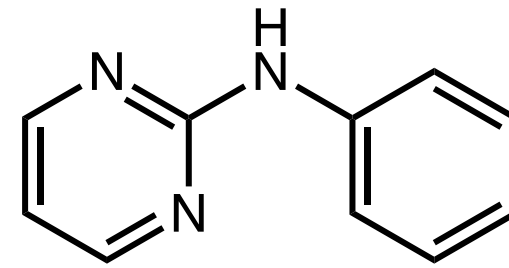
“hypothesis based”

BCR-ABL



*fusion-product of
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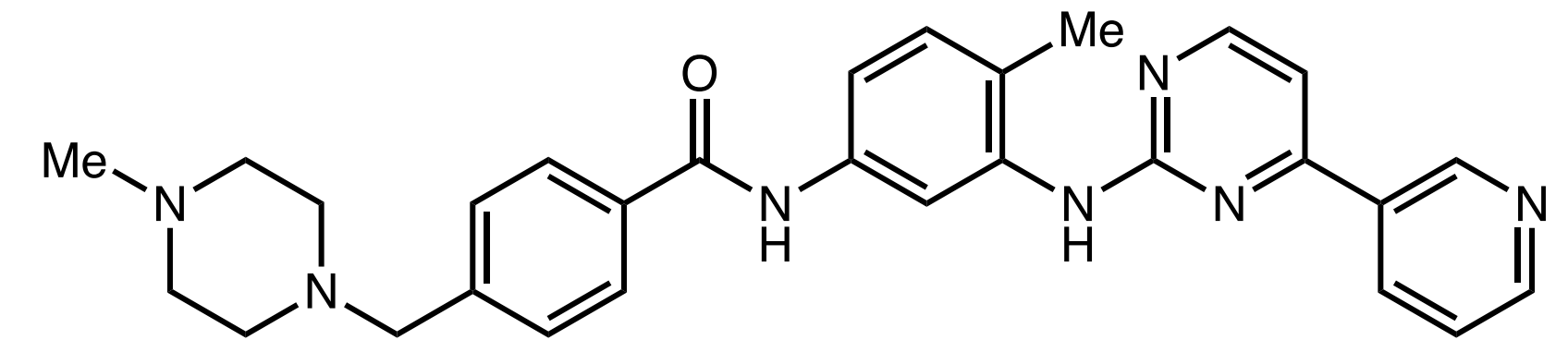
2-phenylaminopyrimidine



showed BCR-ABL inhibition



imatinib



final optimized compound

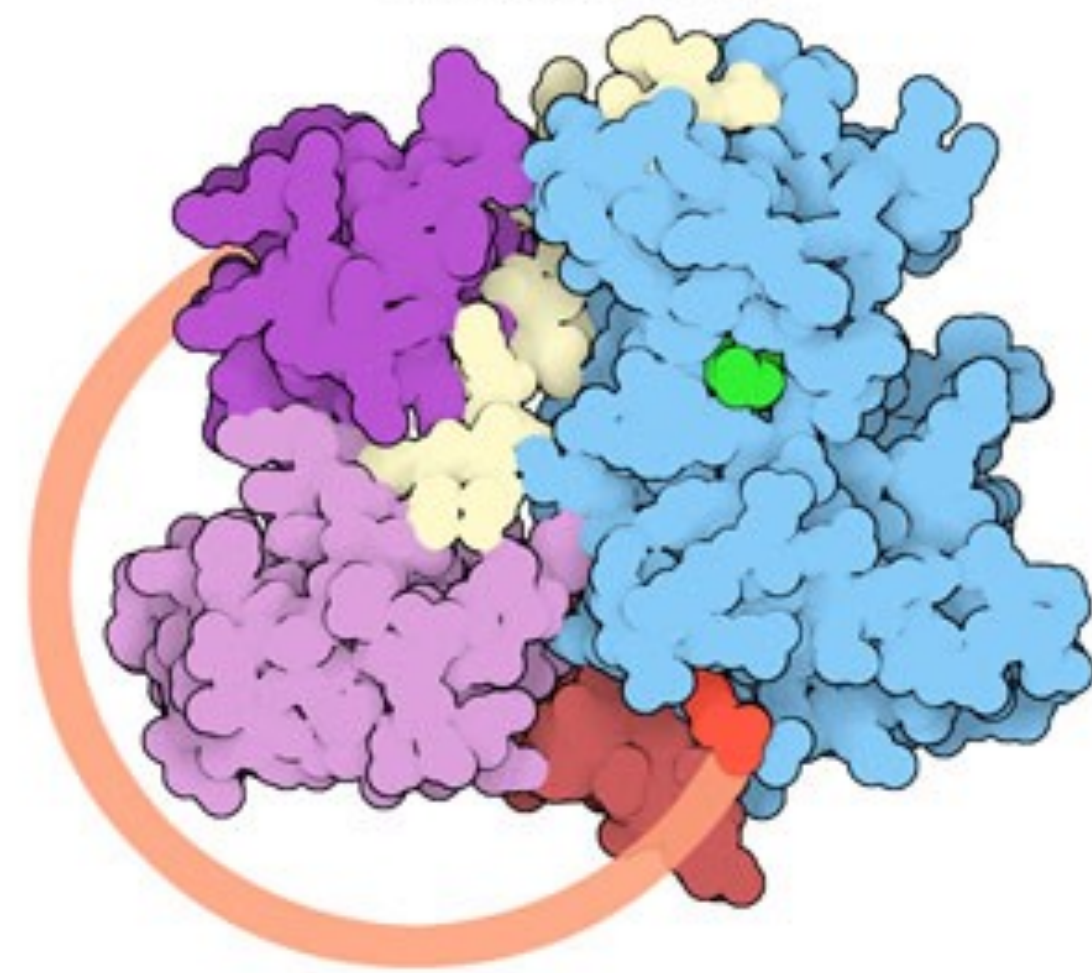
Historical context of polypharmacology in drug discovery

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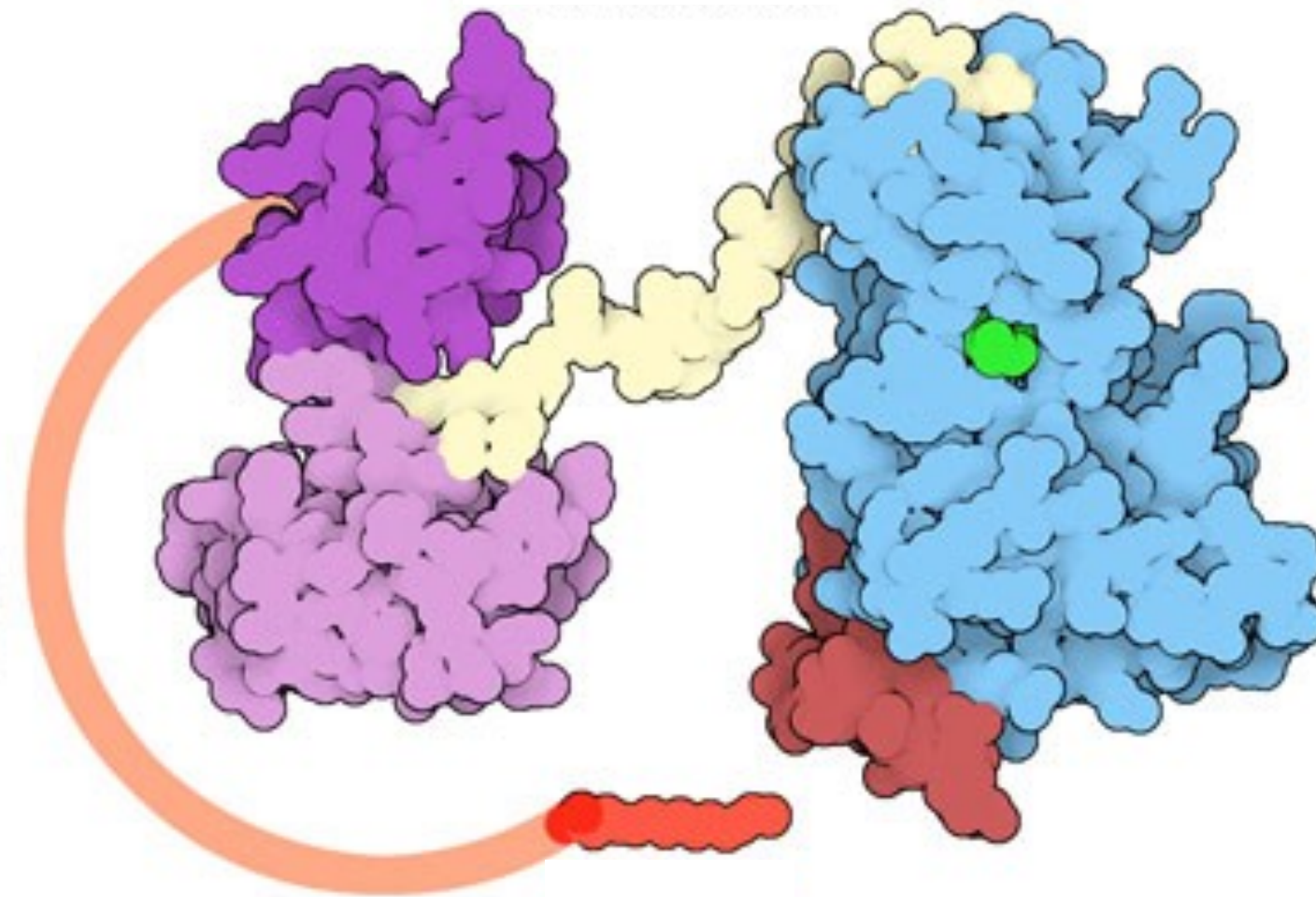
Rational Drug Design (Late 1980s and onward)

“hypothesis based”

Inactive ABL

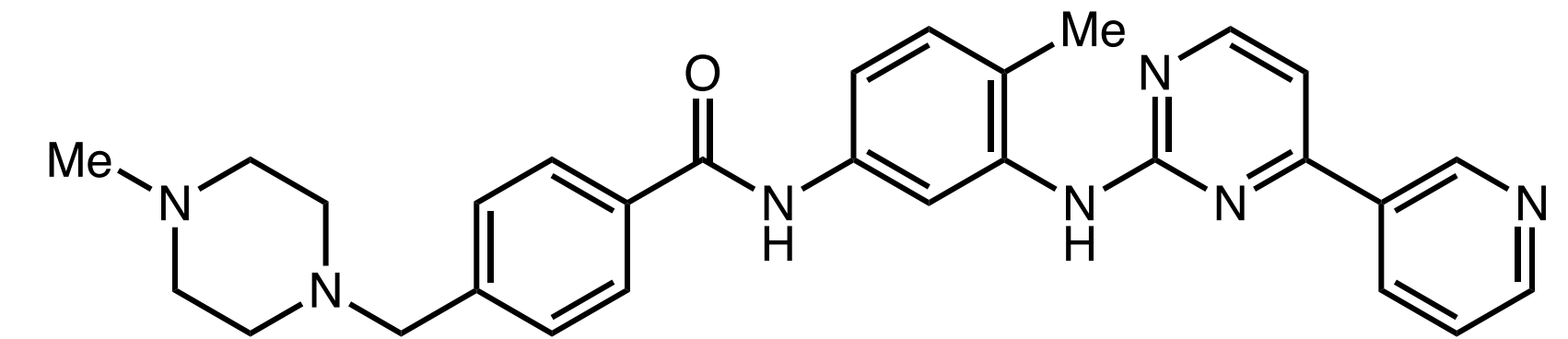


Active ABL



auto-inhibitory region

imatinib



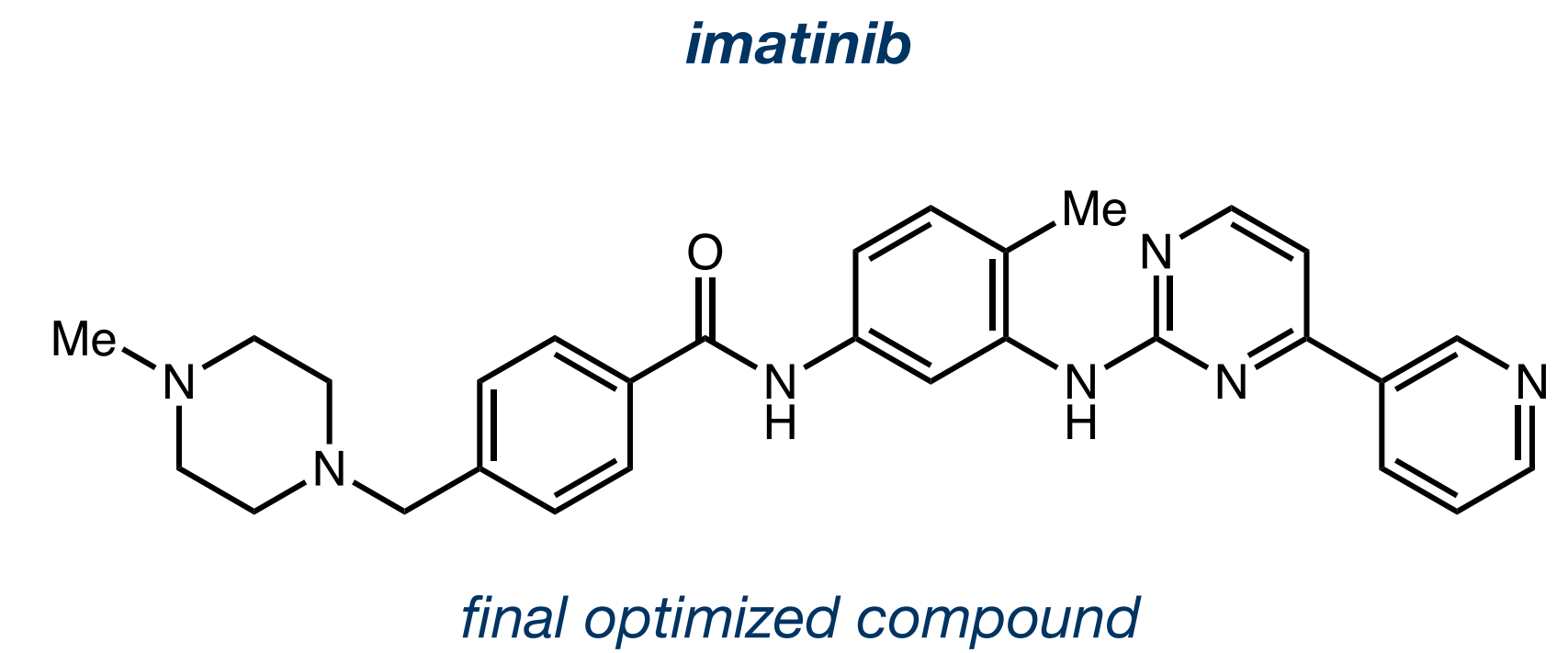
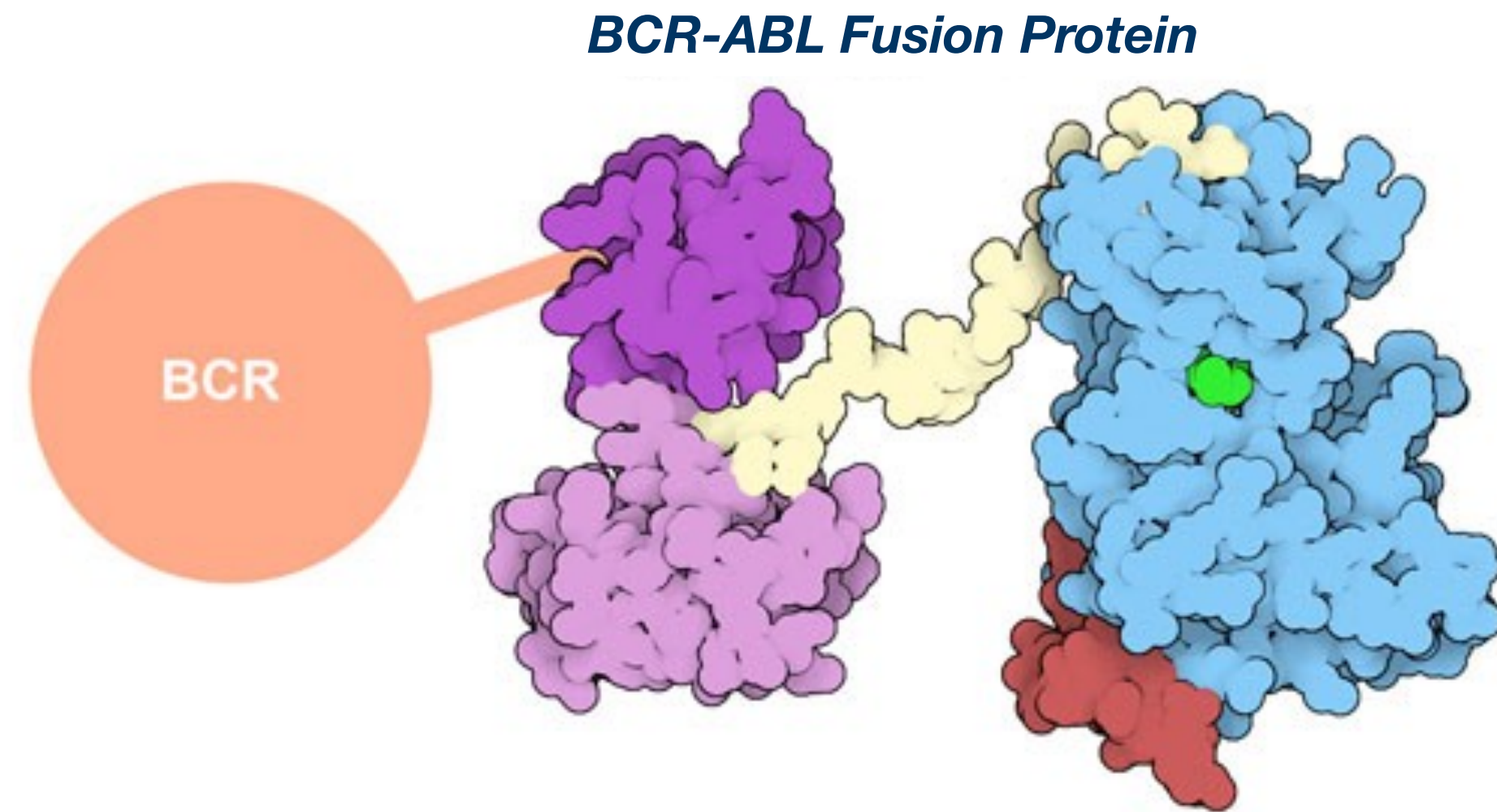
final optimized compound

Historical context of polypharmacology in drug discovery

“target based”

Rational Drug Design (Late 1980s and onward)

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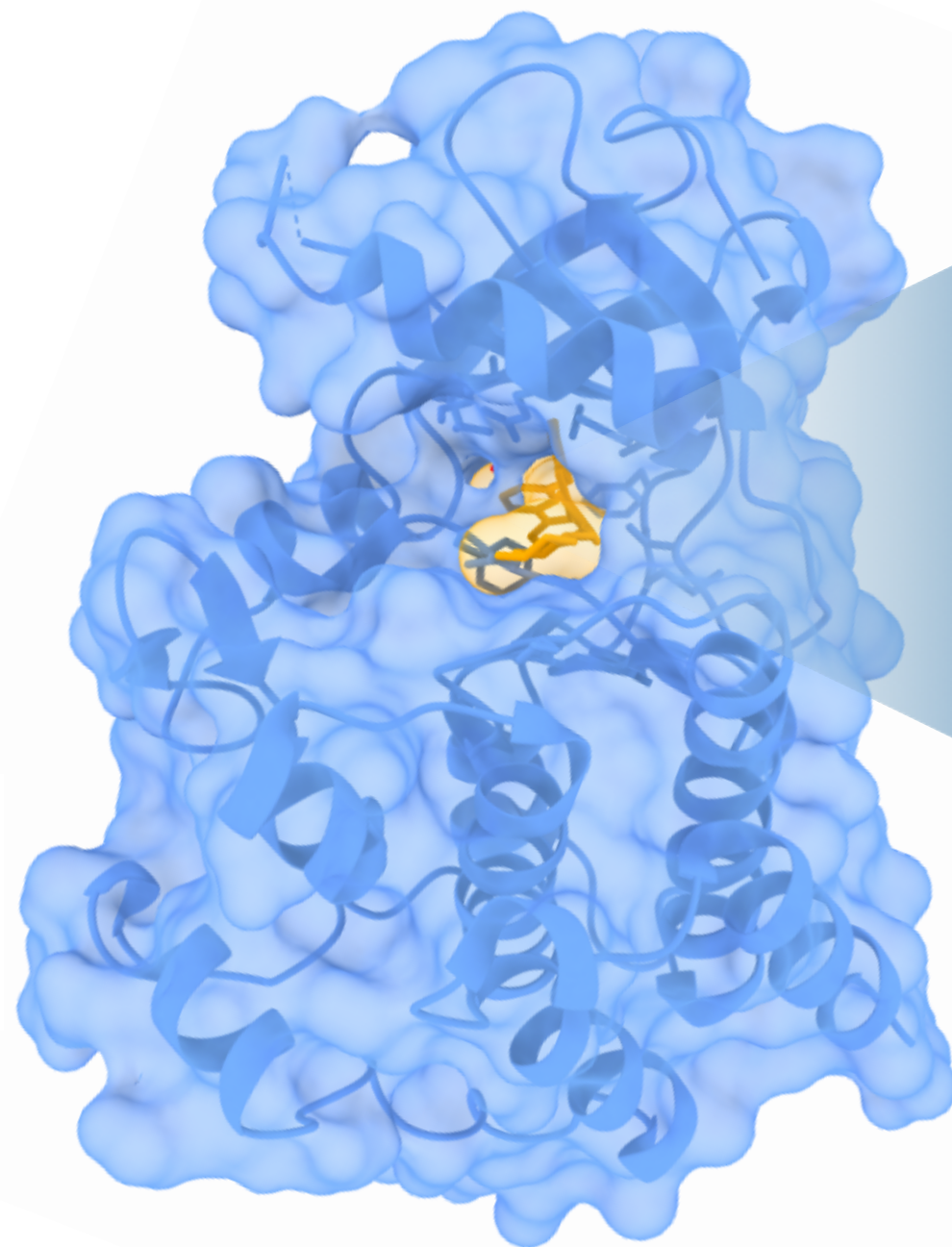
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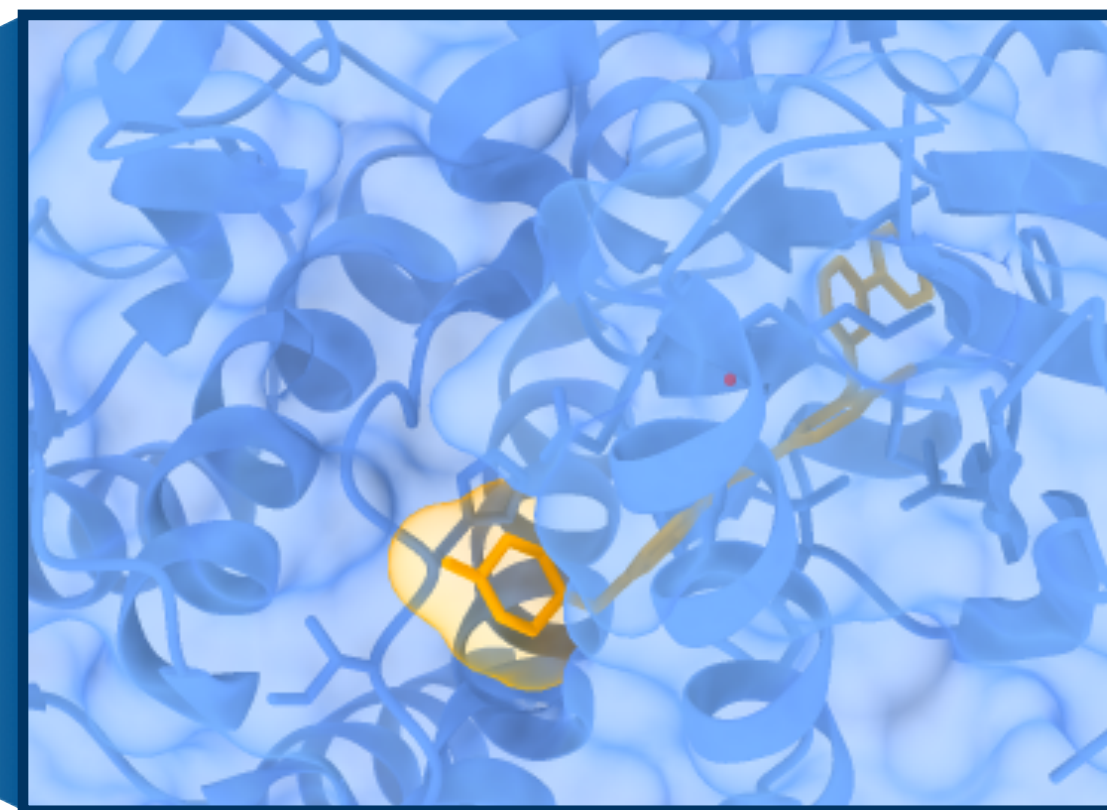
Rational Drug Design (Late 1980s and onward)

“hypothesis based”

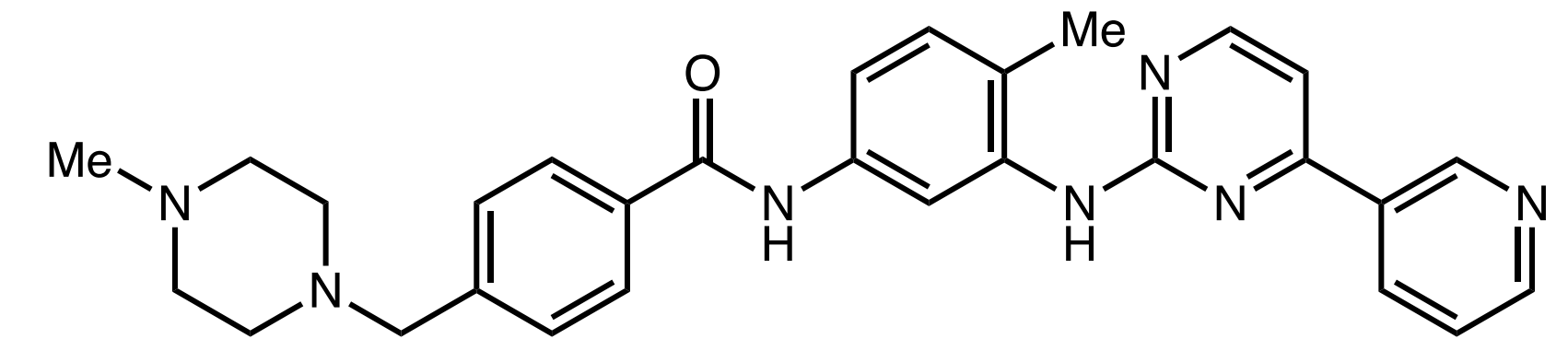
ABL



**imatinib locks ABL into
its inactive conformation**



imatinib



final optimized compound

FDA approved in May 2001

\$4.6 billion peak sales in 2012

as of 2023, CML 5 year survival rate has surpassed 90%

Druker, B.J.; Lydon, N.B. *J Clin Invest.* **2000**, 105, 3.

Survival statistics for chronic myeloid leukemia. *Canadian Cancer Society*, **2022**.

Historical context of polypharmacology in drug discovery

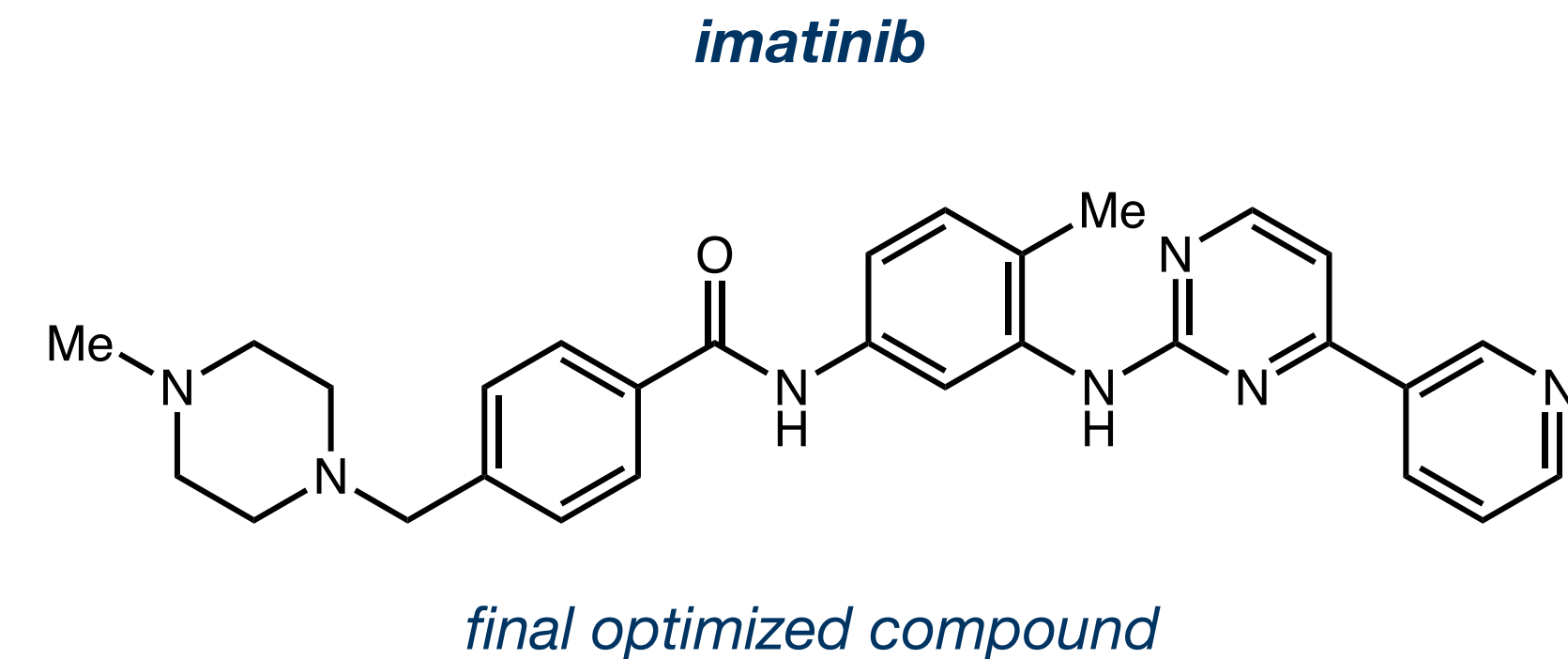
“target based”

Rational Drug Design (Late 1980s and onward)

“hypothesis based”



Time Magazine, May 28, 2001



FDA approved in May 2001

\$4.6 billion peak sales in 2012

as of 2023, CML 5 year survival rate has surpassed 90%

first “magic bullet”, beginning of a new era

Druker, B.J.; Lydon, N.B. *J Clin Invest.* **2000**, 105, 3.

Survival statistics for chronic myeloid leukemia. *Canadian Cancer Society*, **2022**.

Historical context of polypharmacology in drug discovery

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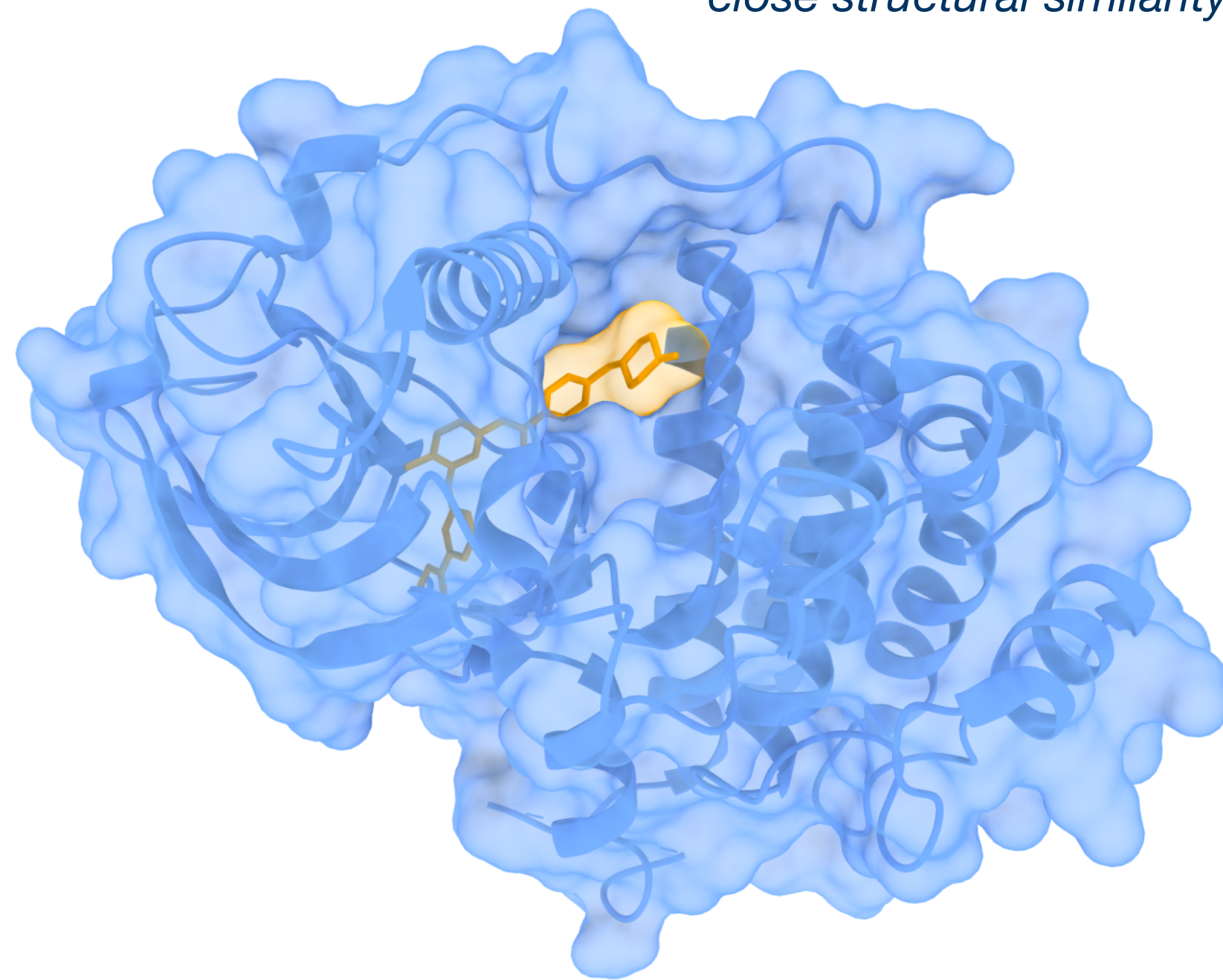
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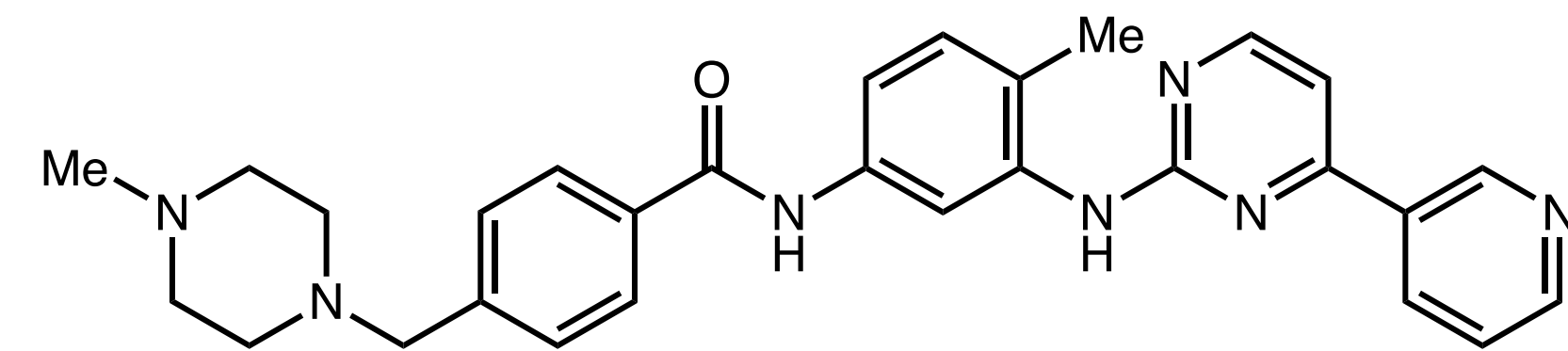
c-KIT

tyrosine protein kinase

close structural similarity to ABL



imatinib



final optimized compound

2002 - FDA approved for GIST (gastrointestinal stromal tumors)

imatinib also inhibited c-KIT

coincidental polypharmacology allowed for multiple oncology use-cases

Historical context of polypharmacology in drug discovery

“target based”

Rational Drug Design (Late 1980s and onward)

“hypothesis based”

Advantages

- *high-throughput screening possible*
- *direct structure-binding optimization possible*
- *allows high selectivity, mitigation of promiscuity*

Disadvantages

- *reductionist system, not 1:1 transferable findings*
- *relied upon single-target amenable diseases*
- *single-target compounds can lead to **resistance***

in acute lymphoblastic leukemia (ALL) - imatinib resistance within 6 months is as high as 70%

point mutations in ABL gene lead to failure of response

highly selective drugs are also more reliant on single-target efficacy

Historical context of polypharmacology in drug discovery

Recognition of Polypharmacology as a Strategy (early 2000s)

until this time, was mostly viewed as something to be avoided or coincidental

OPINION

Magic shotguns versus magic bullets: selectively non-selective drugs for mood disorders and schizophrenia

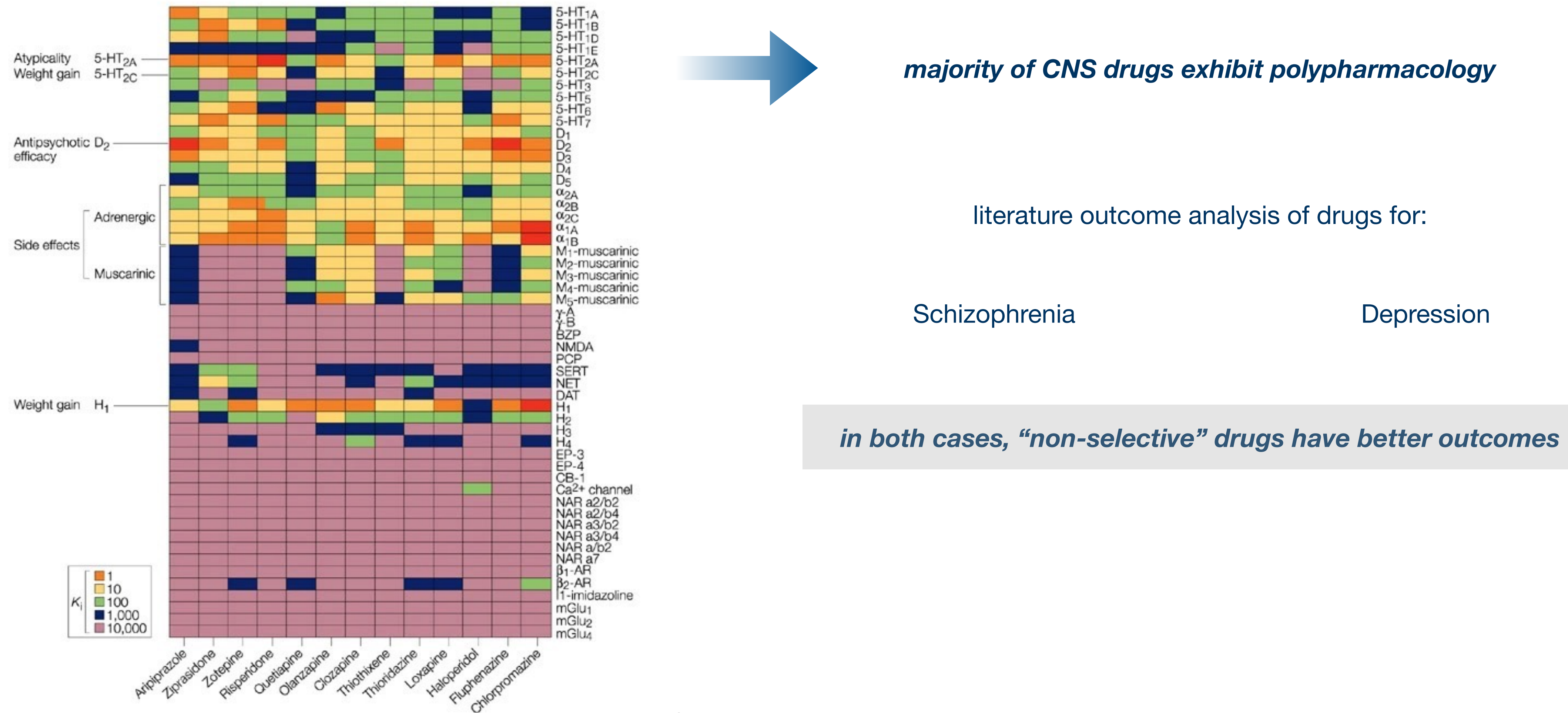
Bryan L. Roth, Douglas J. Sheffler and Wesley K. Kroeze

the idea that “dirty” drugs may actually be better

highly relevant in CNS contexts

Historical context of polypharmacology in drug discovery

Recognition of Polypharmacology as a Strategy (early 2000s)



Historical context of polypharmacology in drug discovery

Recognition of Polypharmacology as a Strategy (early 2000s)

“Clearly, conventional approaches relying on high-throughput screening (HTS) of cloned human molecular targets and the subsequent optimization of these ‘single-target agents’ is not likely to yield selectively non-selective agents, except, perhaps, by chance.”

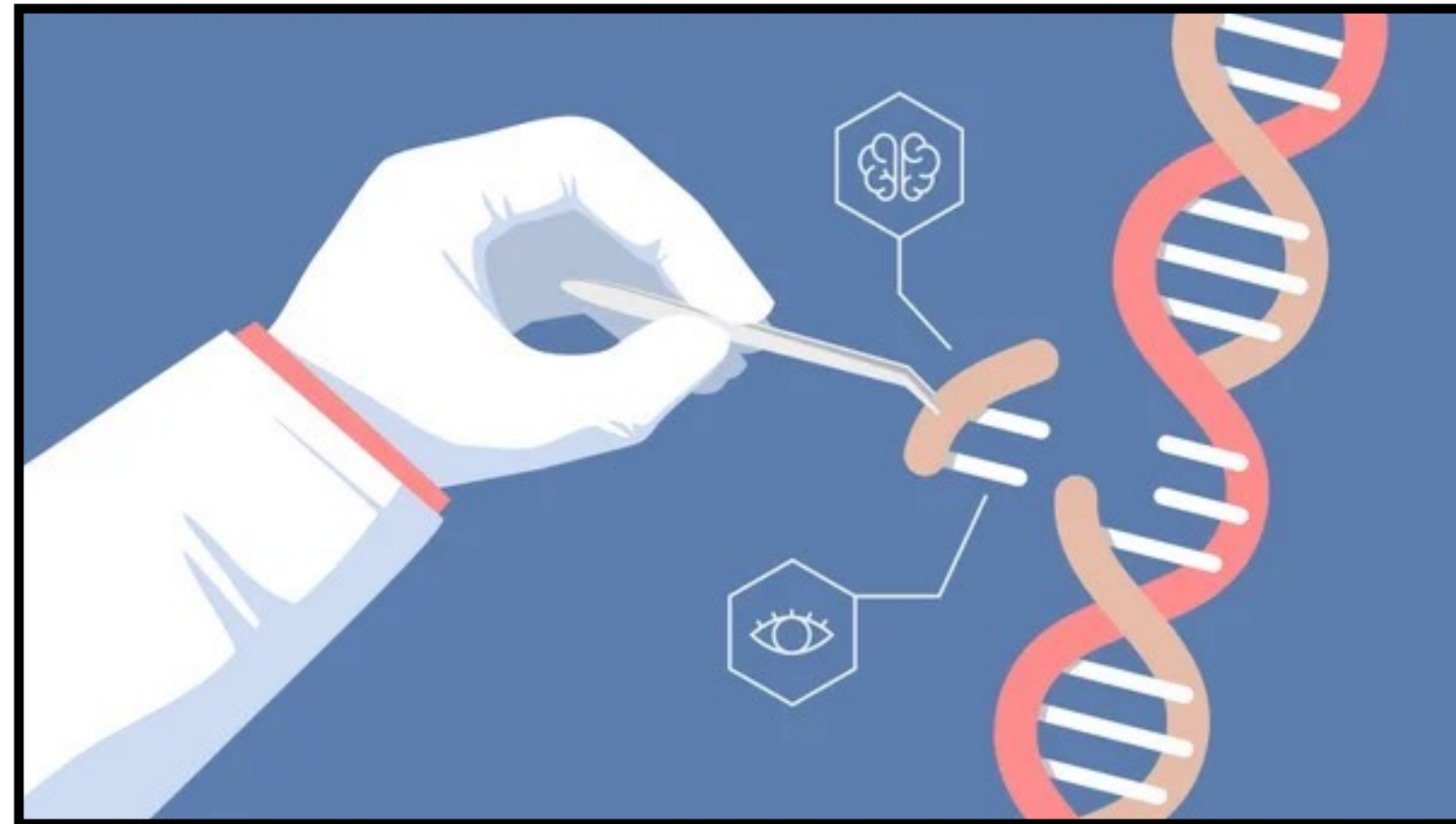
proposed combination of “behavioral” and genomics based screening, followed by med-chem lead optimization

Historical context of polypharmacology in drug discovery

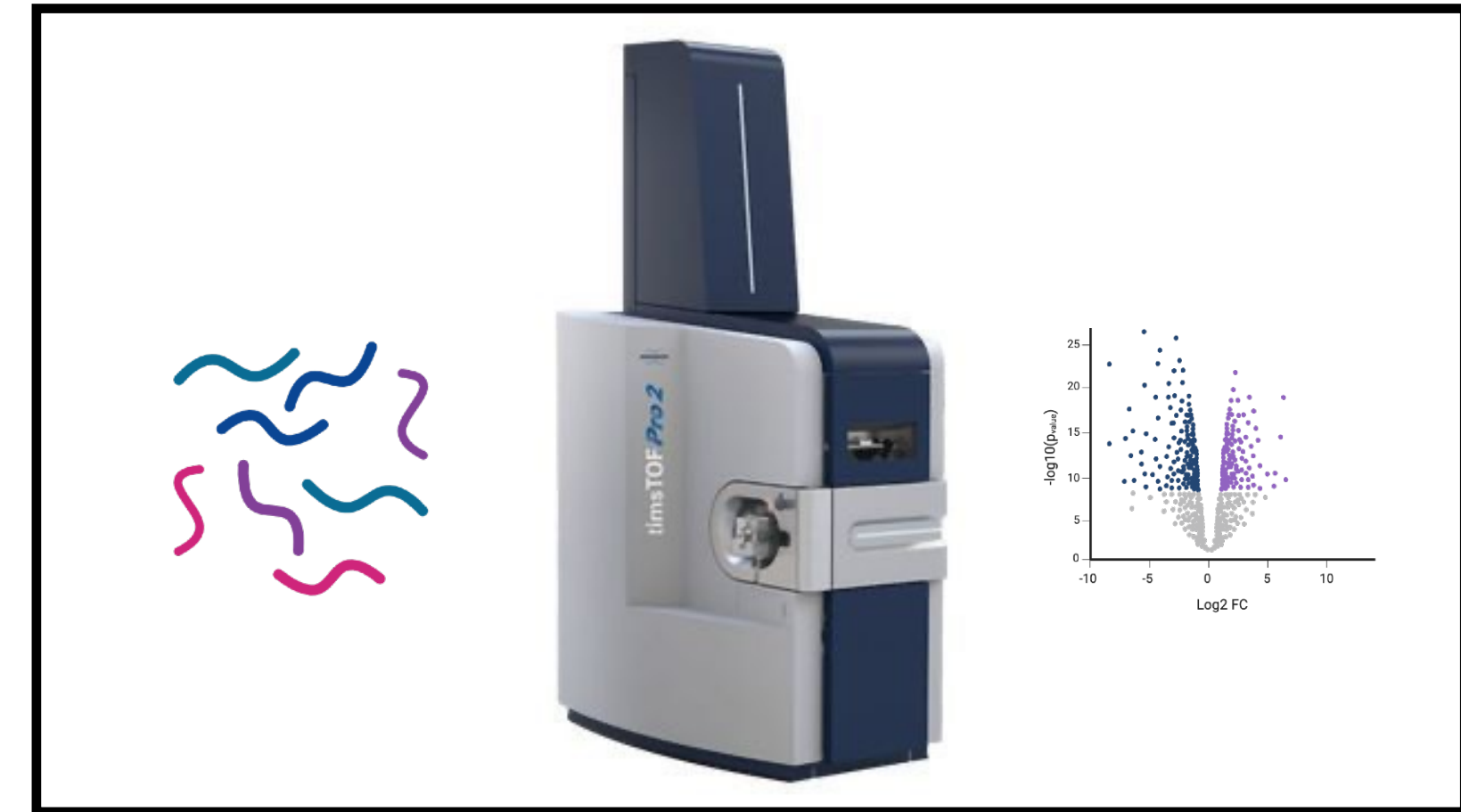
The Modern Era (2012 onwards)

new, powerful technologies for studying drug mechanism:

genetic screening/CRISPR



modern high-fidelity chemoproteomics



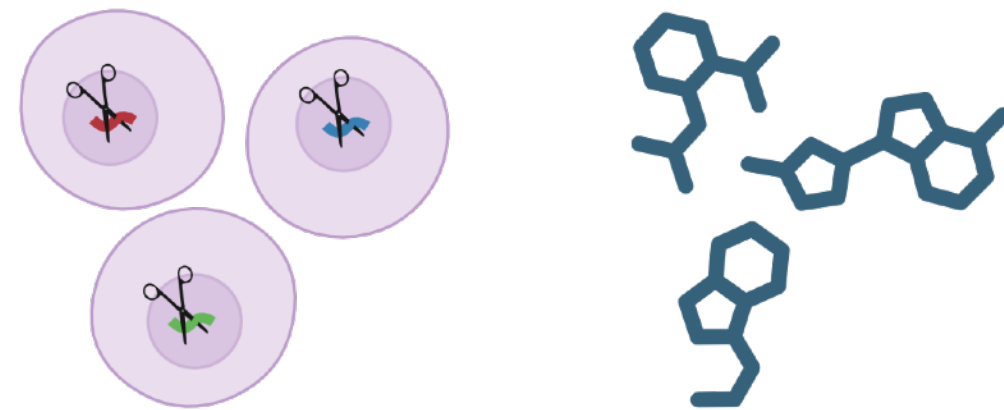
Historical context of polypharmacology in drug discovery

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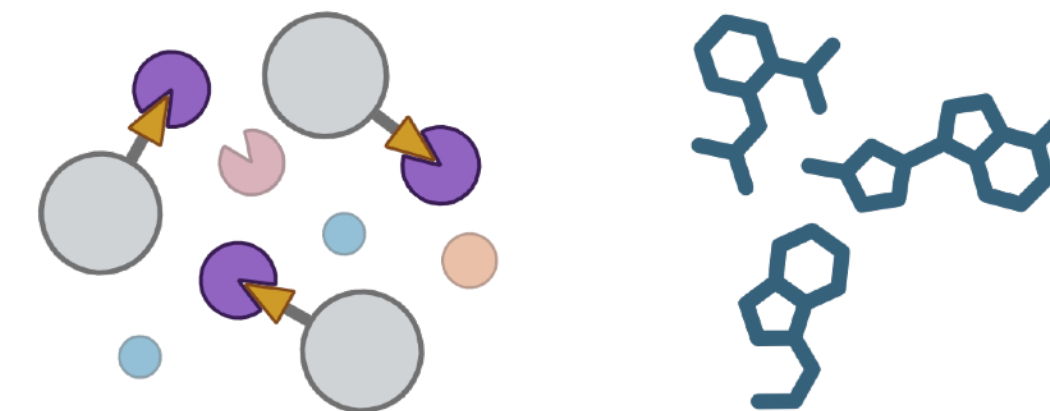
high throughput gene profiling



Which genes affect this drug's activity?

modern high-fidelity chemoproteomics

protein-level interaction data

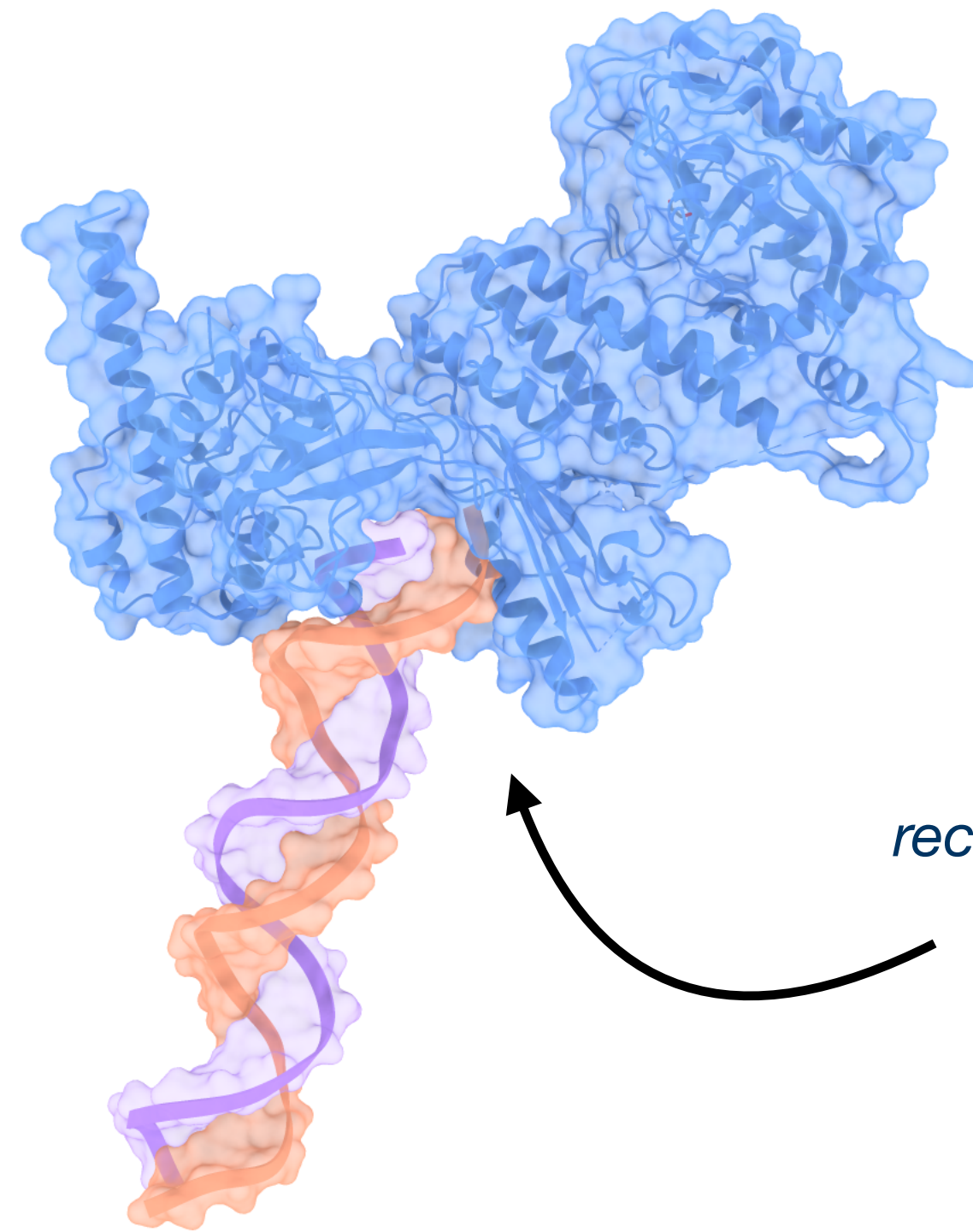


What proteins is this drug interacting with?

computation

“How specific are these drugs really?”

Case study: polypharmacology in PARP inhibitors



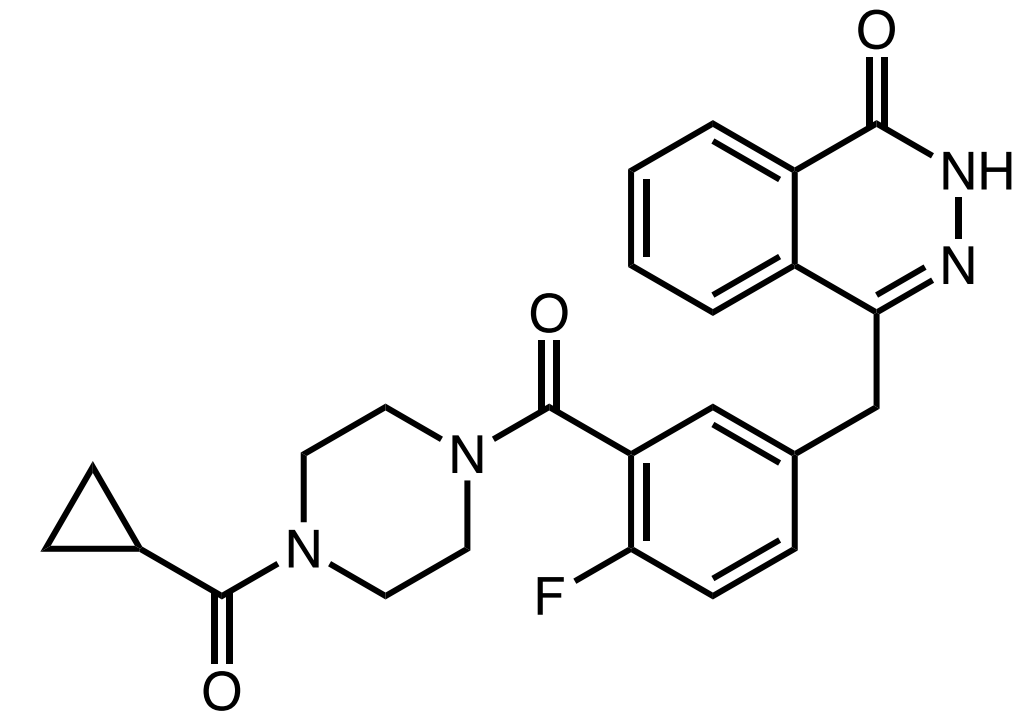
PARP

poly-(ADP) ribose polymerase

DNA repair, genomic stability

*recognizes single strands breaks (SSBs) in DNA
and recruits repair machinery*

***PARP inhibition is a powerful anti-cancer strategy
(BRCA ovarian/breast cancer)***



olaparib

FDA approved 2014

AstraZeneca 

 **MERCK**

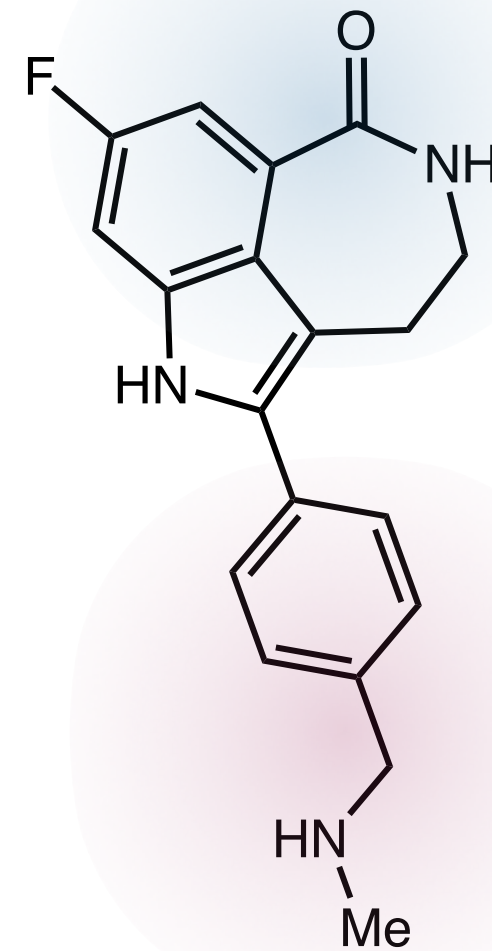
\$2.8 billion in sales in 2022

Case study: polypharmacology in PARP inhibitors

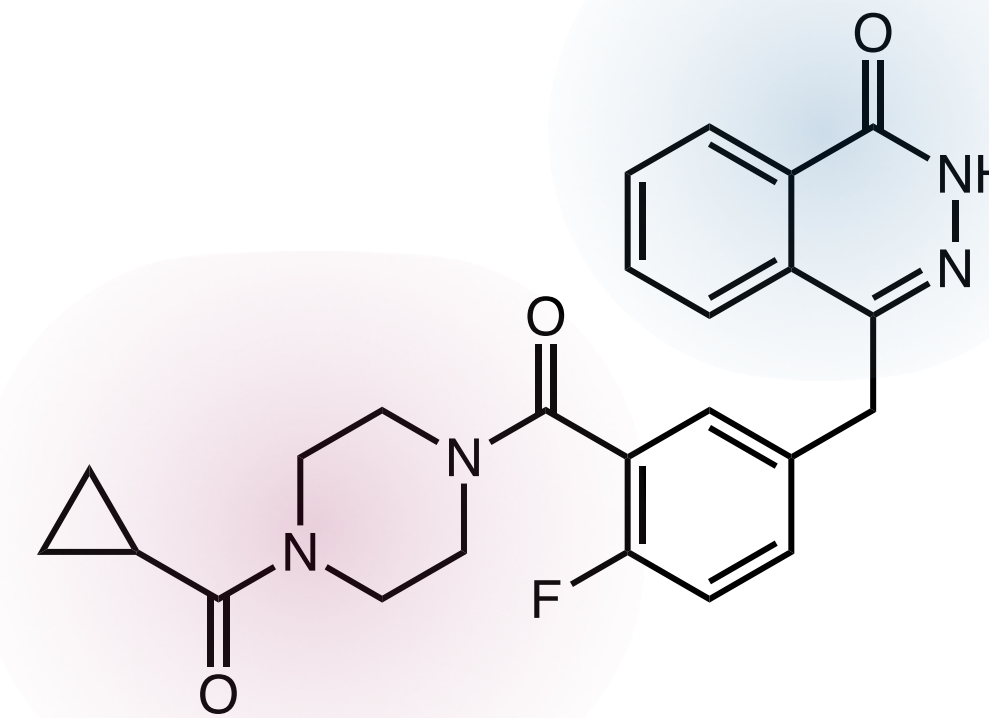
comparison of PARP inhibitors



rucaparib
FDA approved 2016

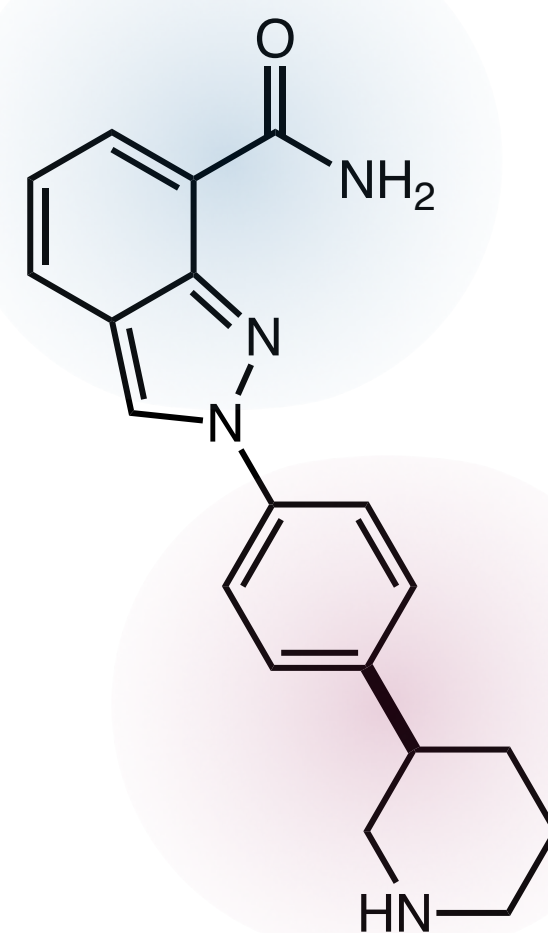


olaparib
FDA approved 2014



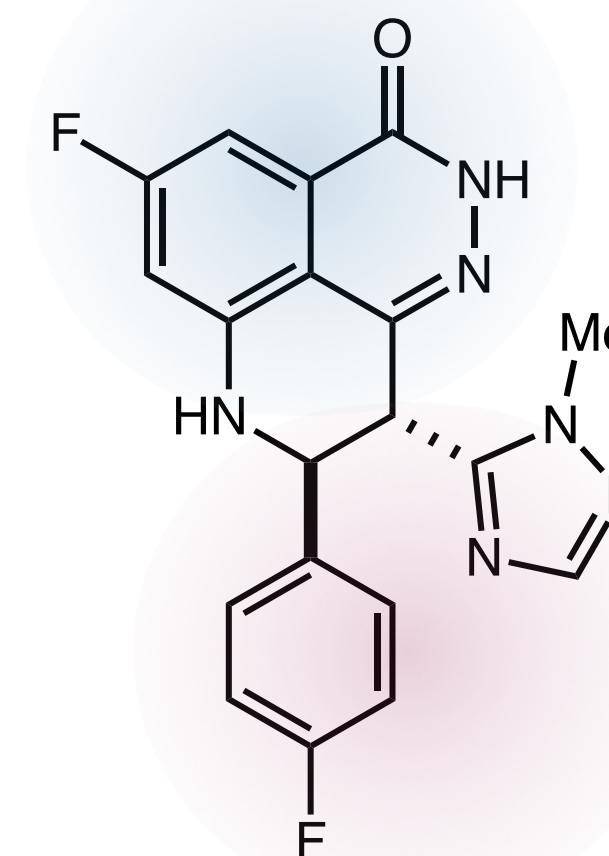
*conserved benzamide
motif - PARP binding*

niraparib
FDA approved 2017



*significant variability
on rest of scaffold*

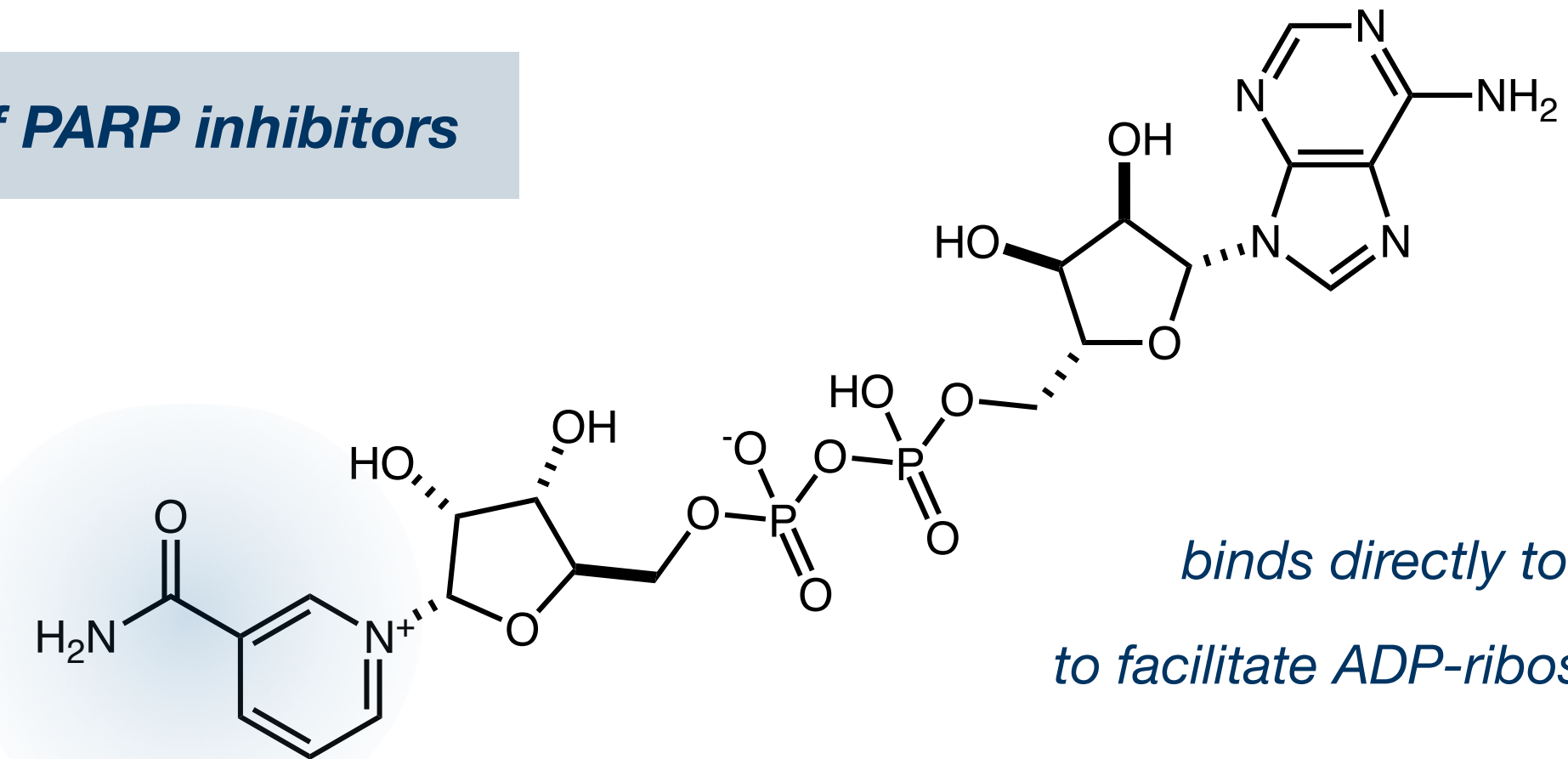
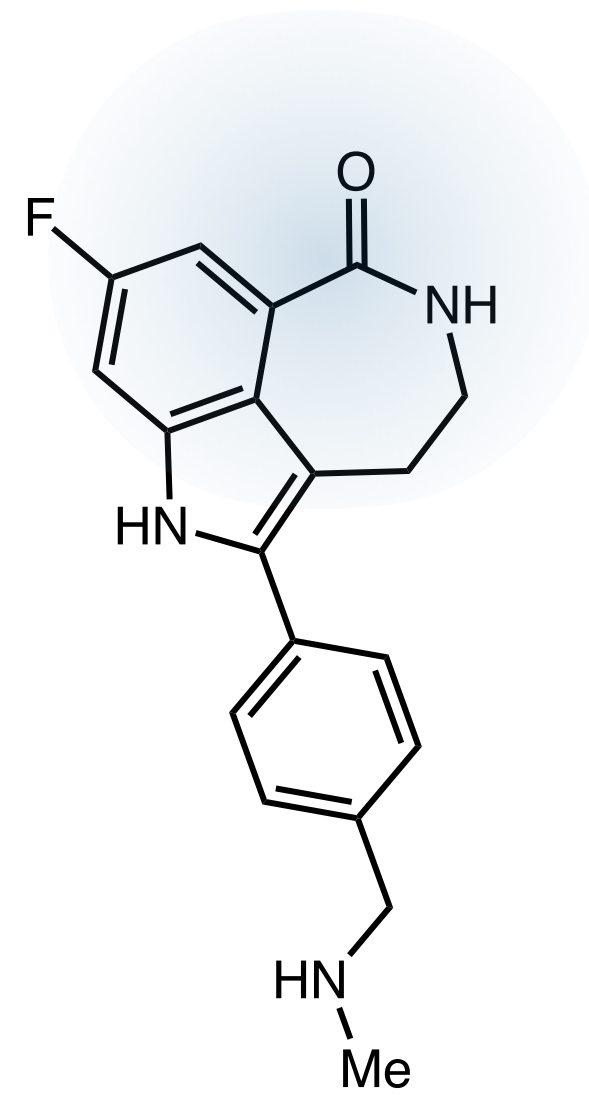
talazoparib
FDA approved 2018



Case study: polypharmacology in PARP inhibitors

comparison of PARP inhibitors

rucaparib
FDA approved 2016



*binds directly to PARP
to facilitate ADP-ribose synthesis*

NAD+

Nicotinamide adenine dinucleotide

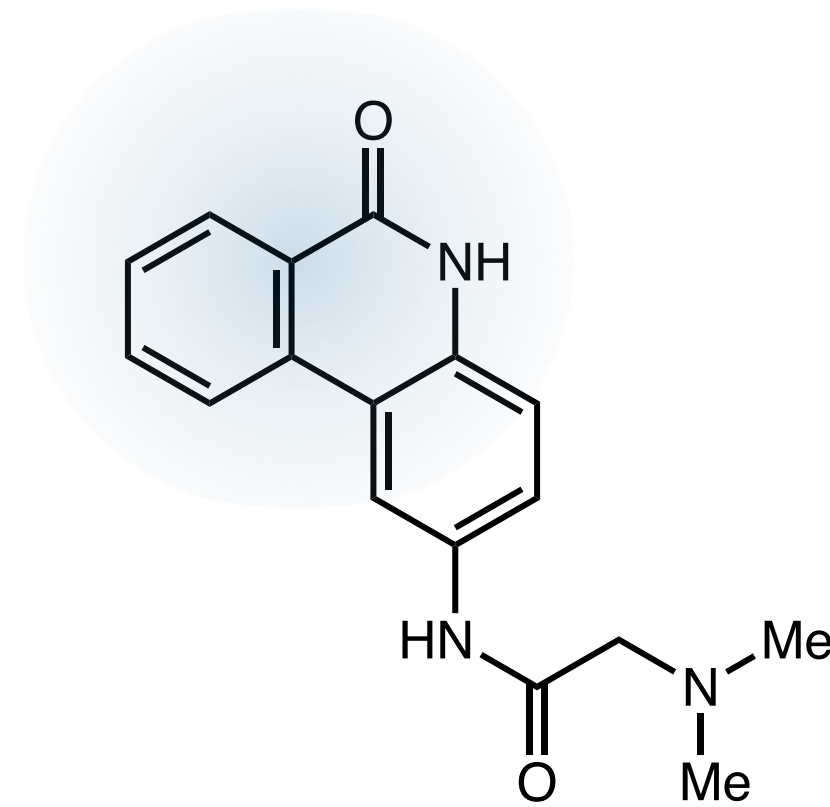
clinically, there is no strong rationale for selecting one PARP inhibitor over another

...but they have different structures

So are there differences?

Case study: polypharmacology in PARP inhibitors

clues to promiscuity



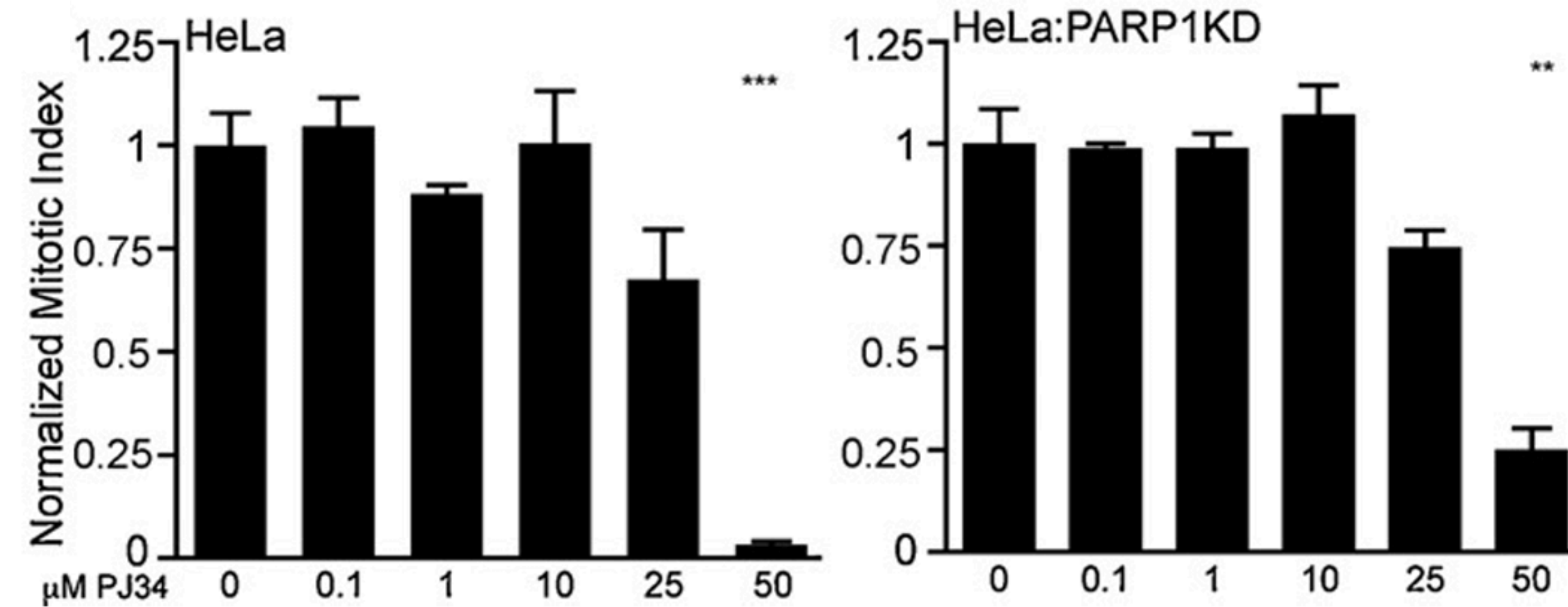
PJ34

- “test” molecule, known PARP inhibitor
- discovered in 2001
- used in 100s of studies for PARP biology

assumed to be highly selective PARP1 inhibitor

IC₅₀ = 20 nM

PJ34 has unique properties, unexplainable solely by PARP binding

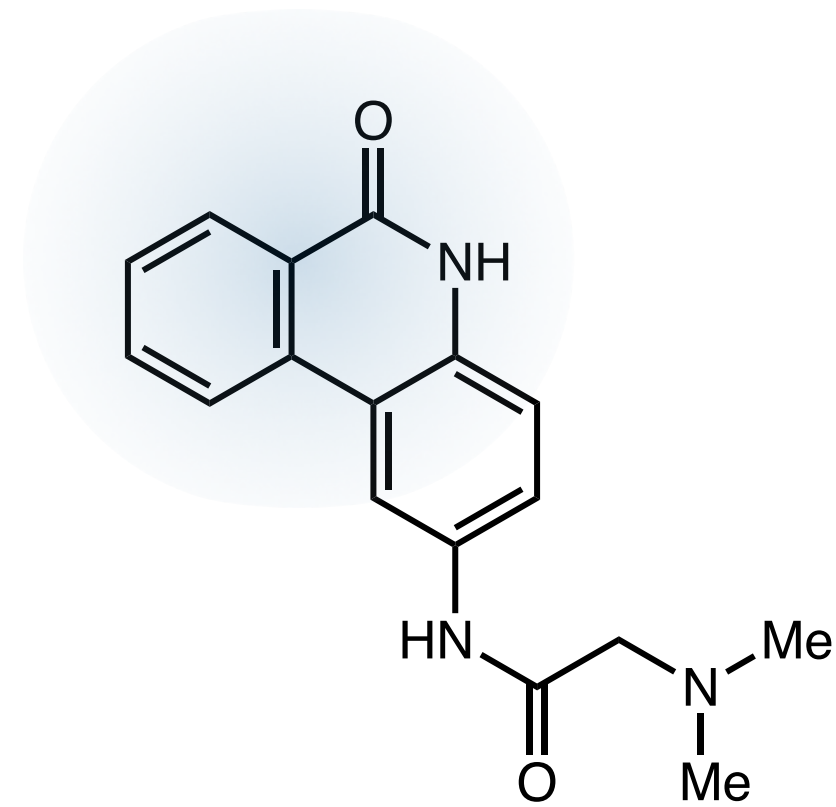


*PJ34 leads to mitotic arrest
(cell cycle stoppage)*

*PARP1 knockout does not
affect mitotic arrest activity*

Case study: polypharmacology in PARP inhibitors

PIM1 inhibition and its implications



PJ34

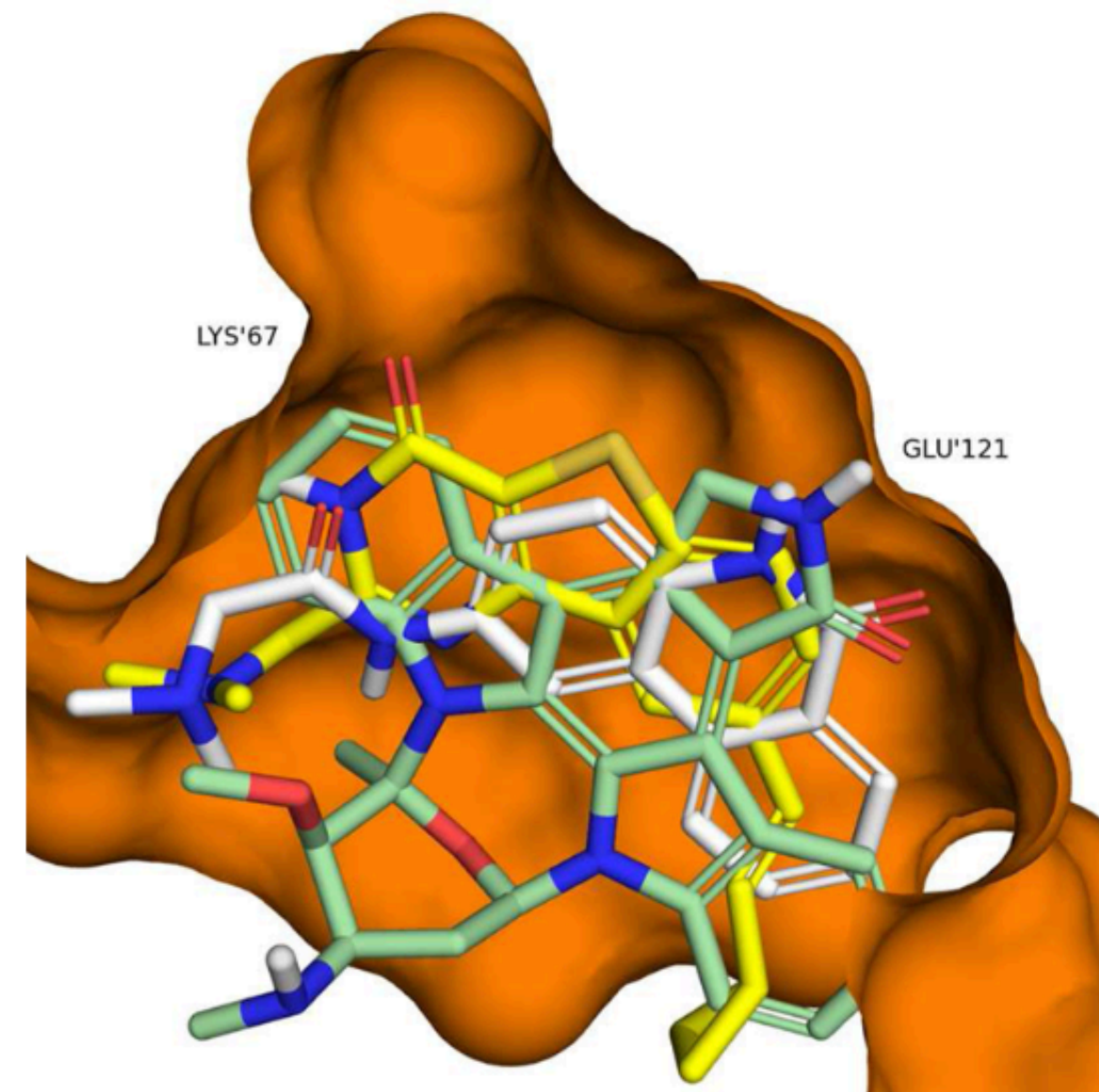
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PJ34 had unique properties, unexplainable solely by PARP binding

in-silico screen of potential targets reveals PIM1, PIM2 as predicted off-targets

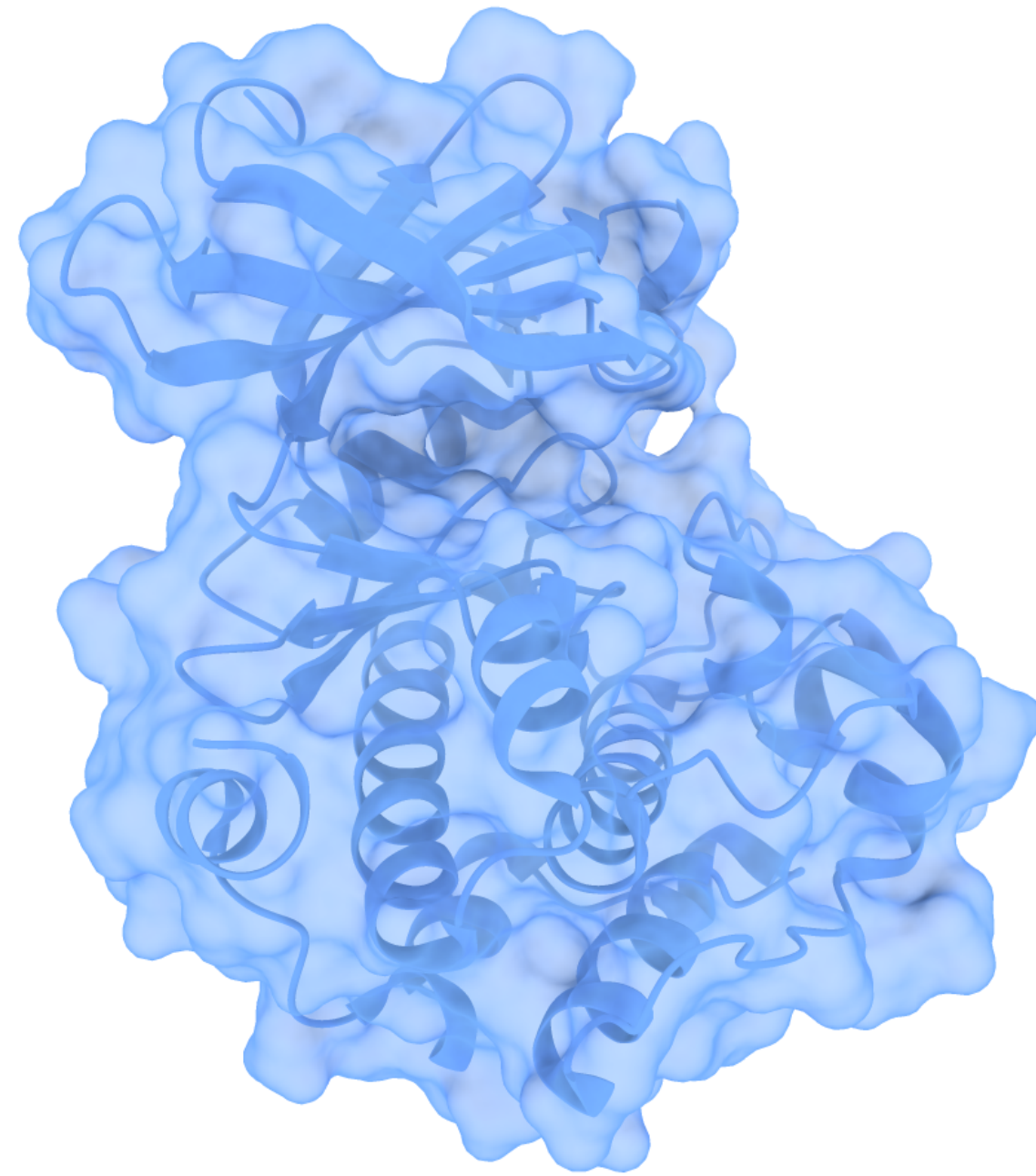


PJ34 binding mode shown in white
contrasted with other kinase inhibitors

**no similarity in PARP1, PIM1
binding motifs/rationales**

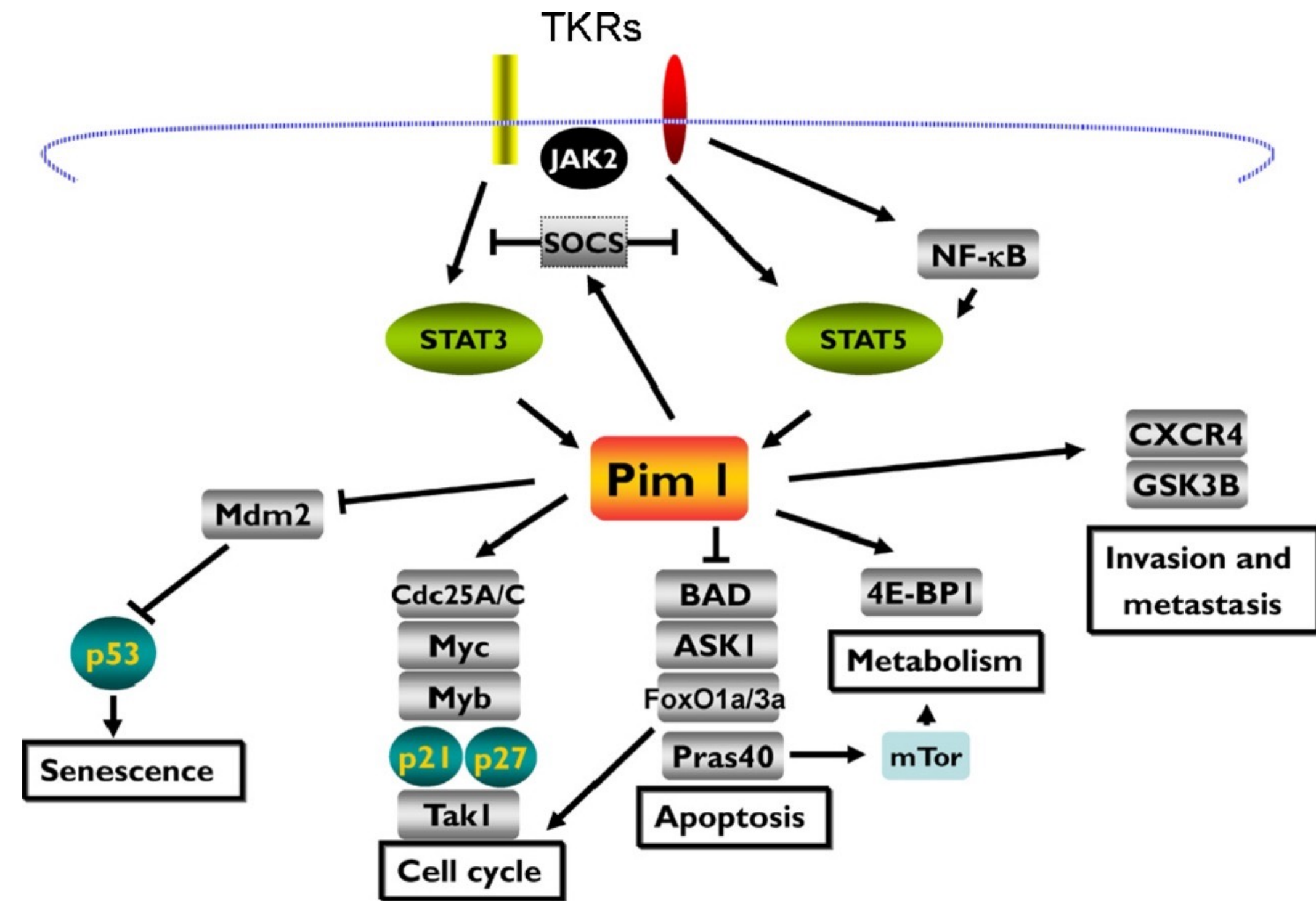
Case study: polypharmacology in PARP inhibitors

PIM1 inhibition and its implications



PIM - proto-oncogene serine/threonine kinase

overexpressed in many cancers, target for cancer therapy



Does this activity extend to FDA approved PARP inhibitors?

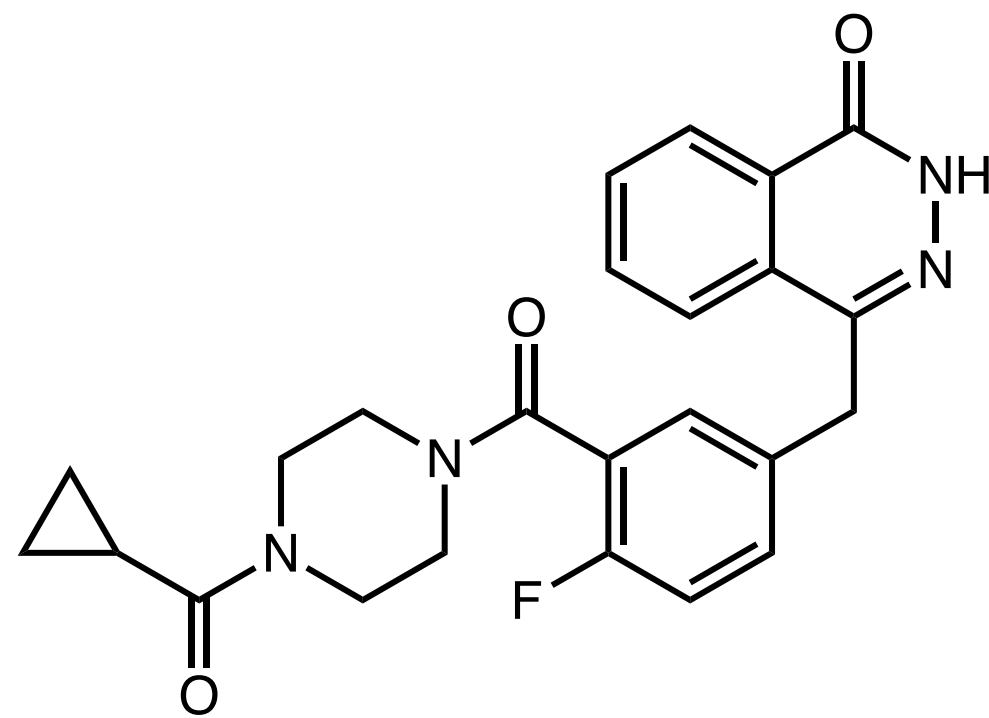
Case study: polypharmacology in PARP inhibitors

in-vitro kinome screen

screening of PARP inhibitors against 392 human kinases (76% of all known human kinases)

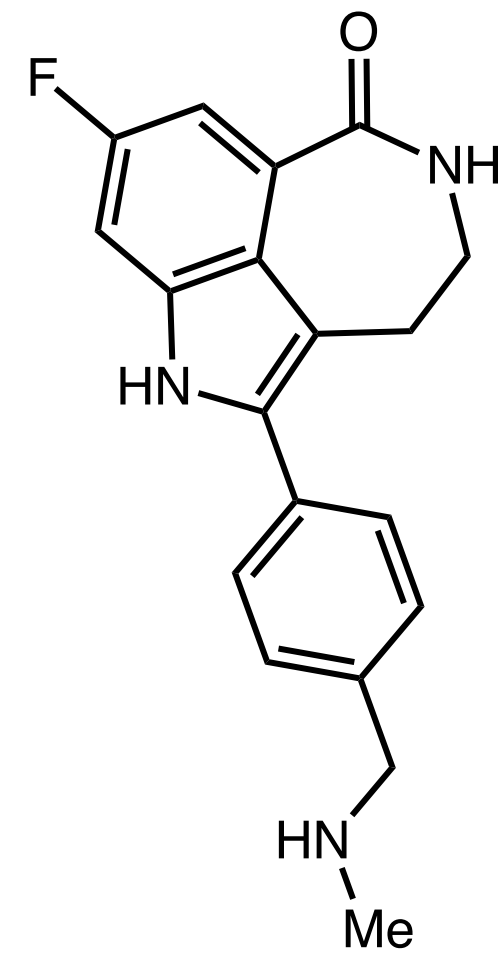
olaparib

FDA approved 2014



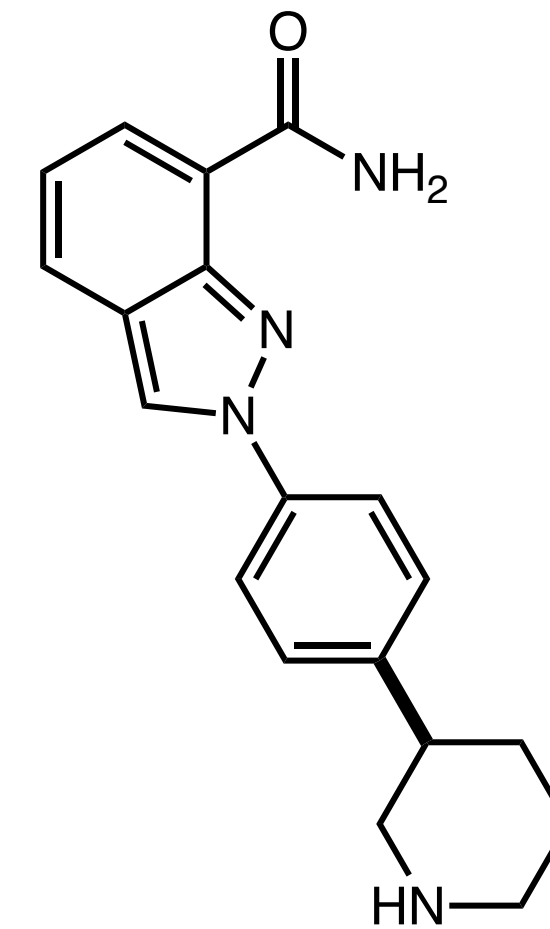
rucaparib

FDA approved 2016



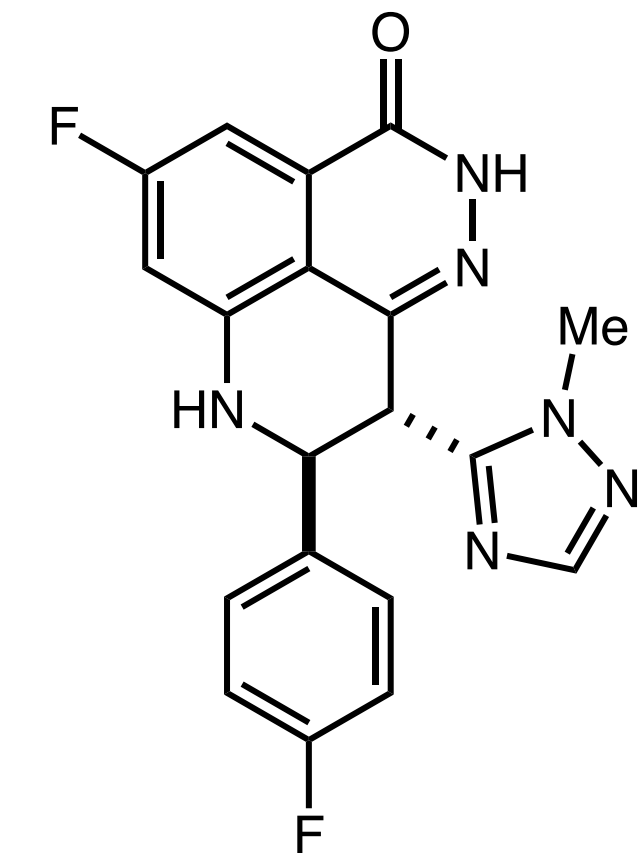
niraparib

FDA approved 2017



talazoparib

FDA approved 2018



Case study: polypharmacology in PARP inhibitors

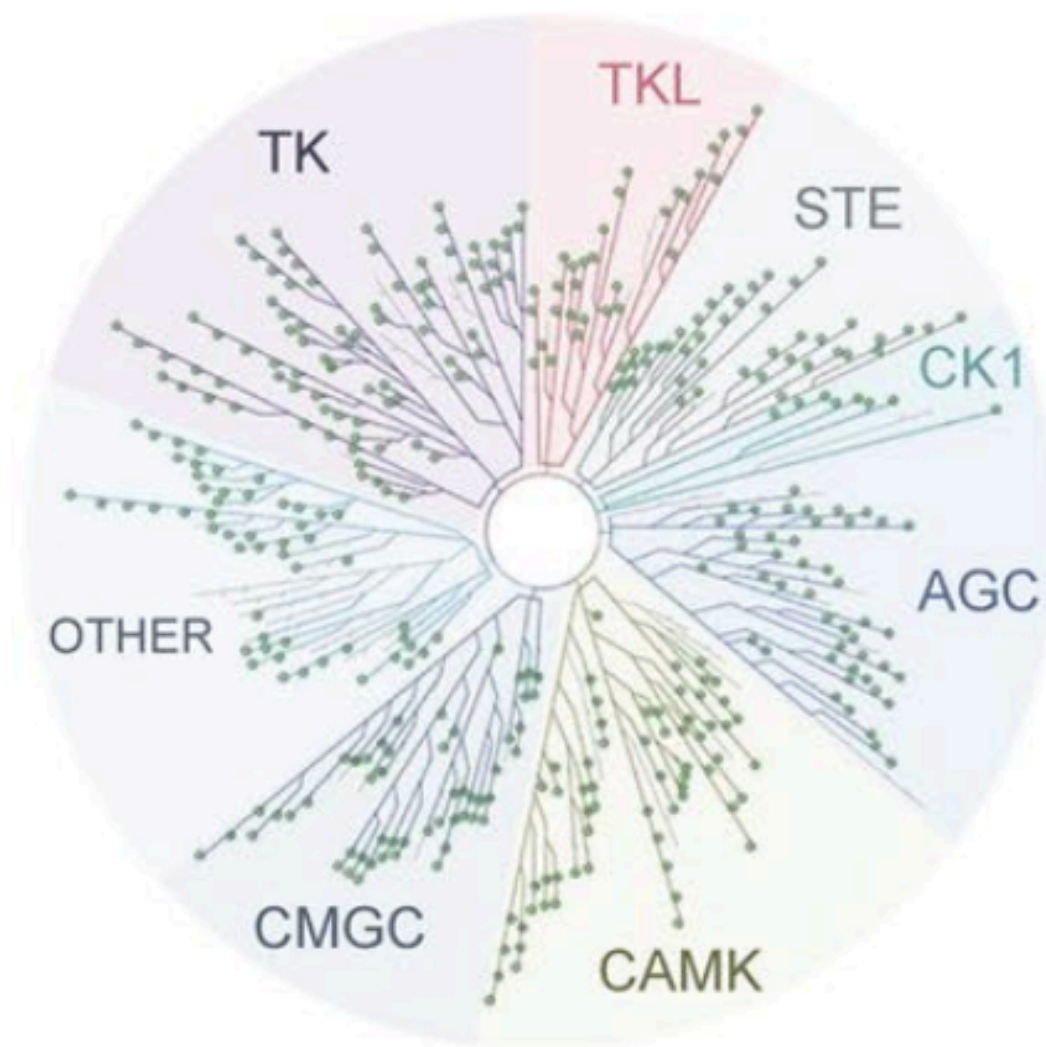
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unique differences in kinase off-targets observed

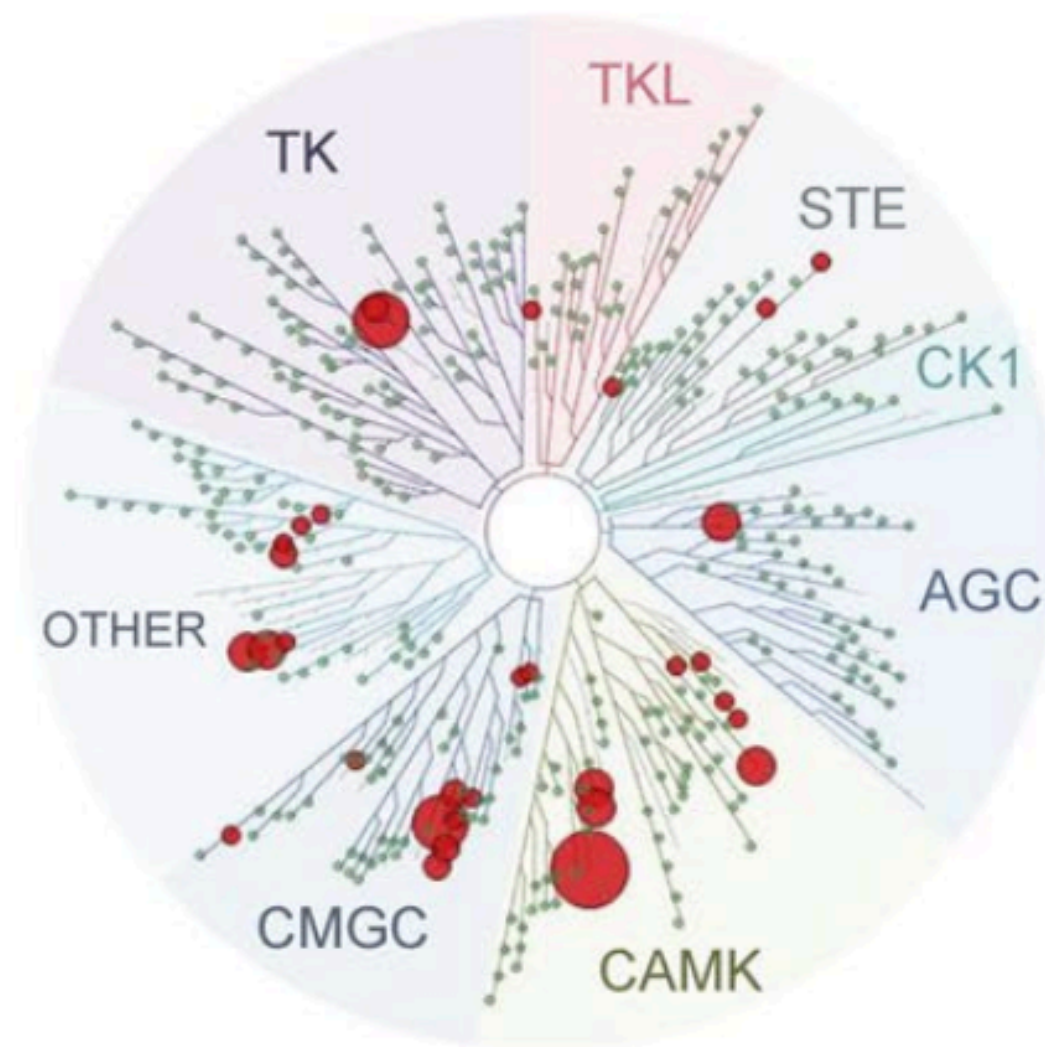
olaparib

FDA approved 2014



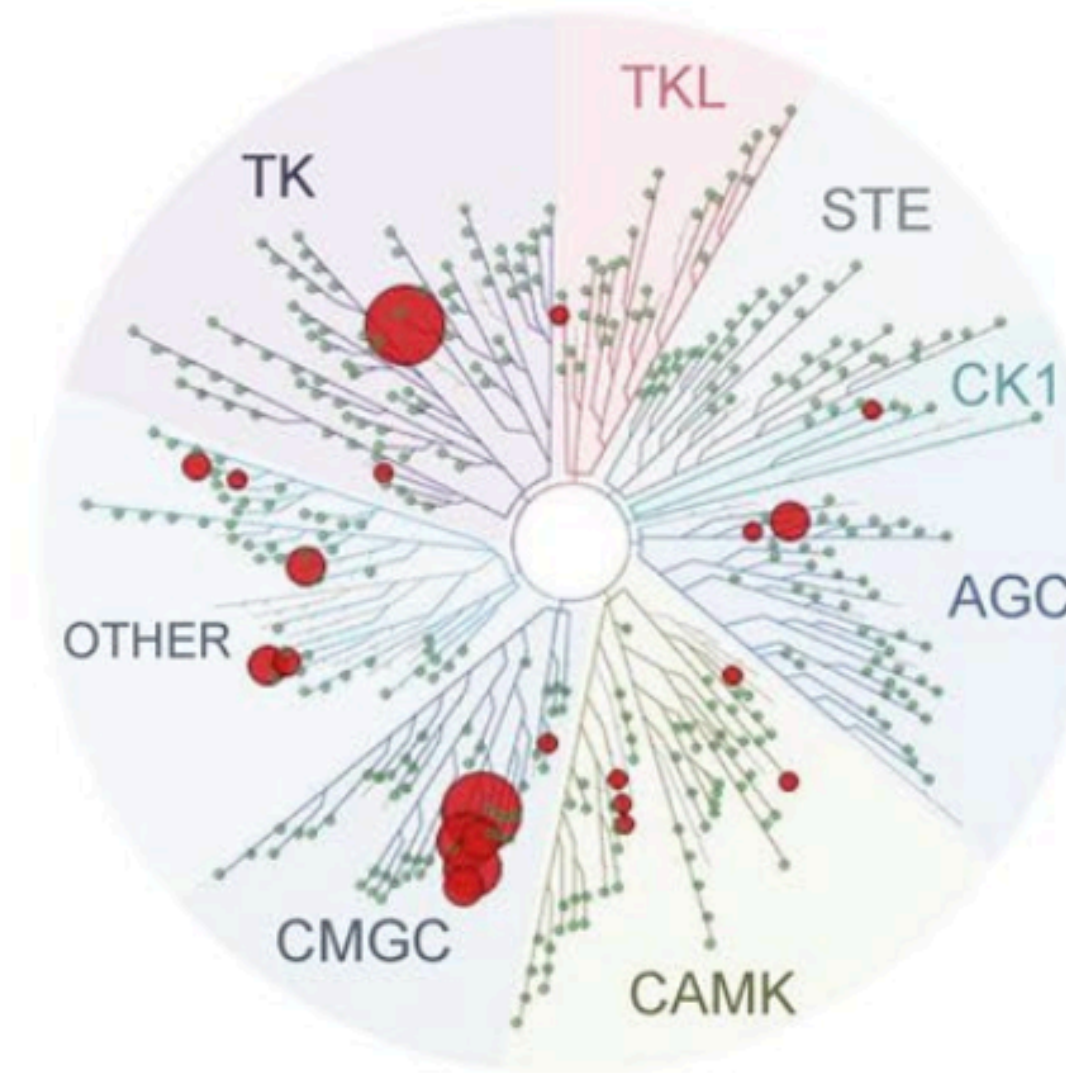
rucaparib

FDA approved 2016



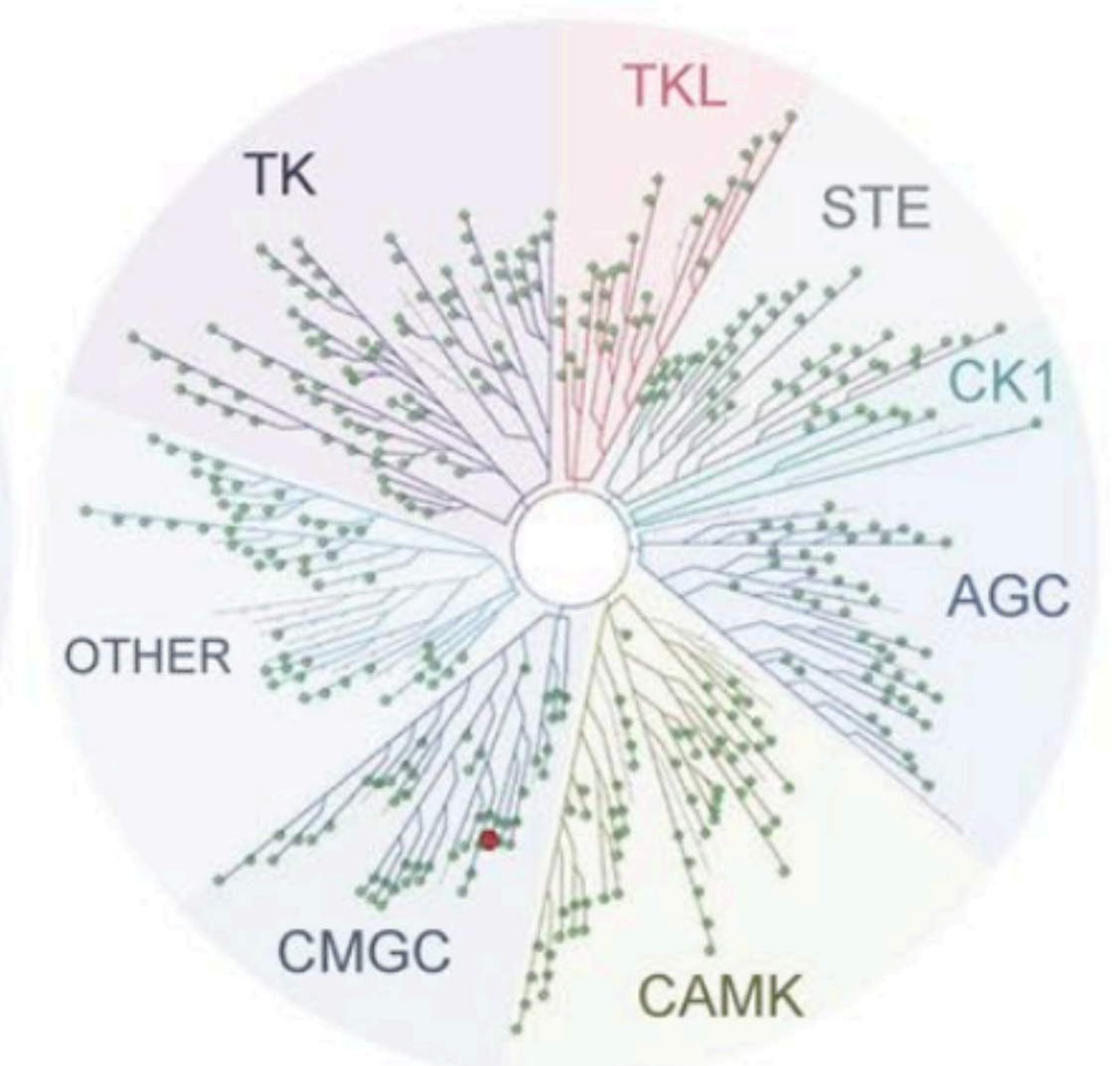
niraparib

FDA approved 2017



talazoparib

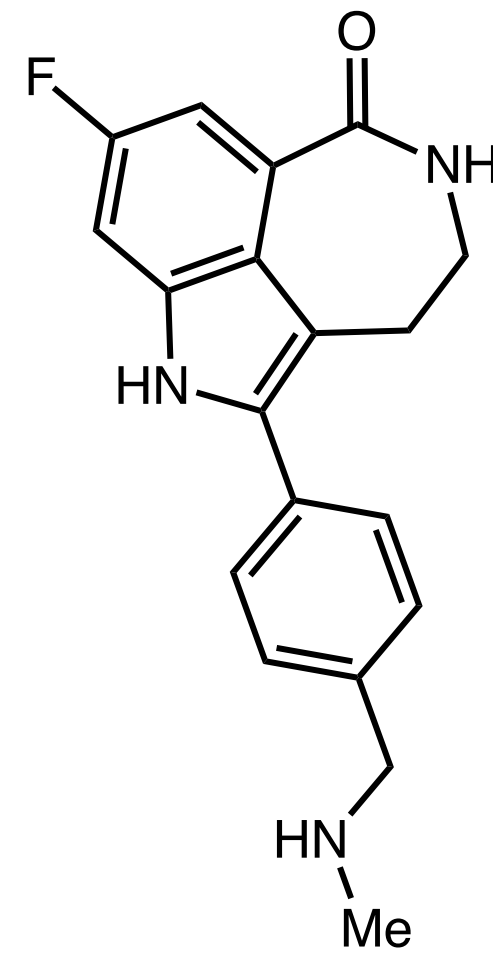
FDA approved 2018



Case study: polypharmacology in PARP inhibitors

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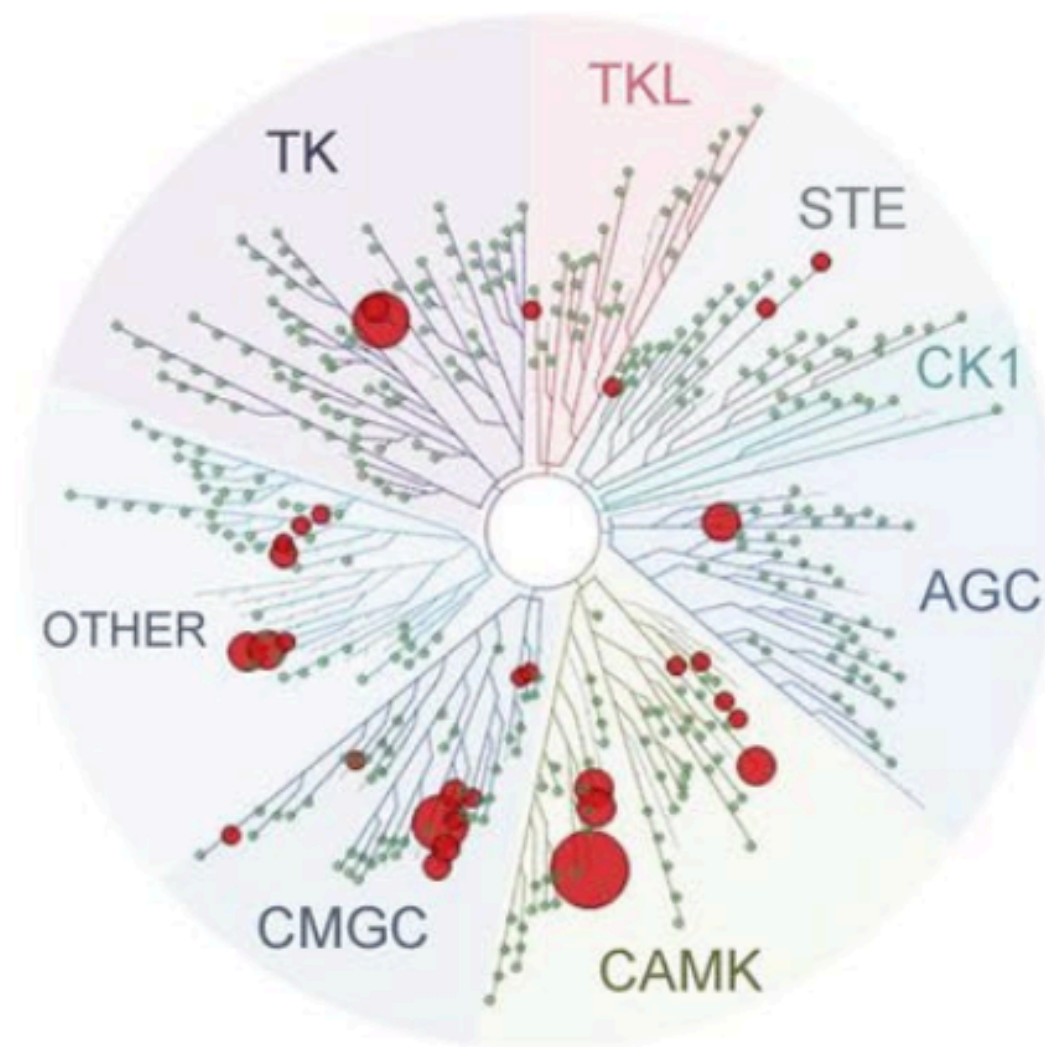
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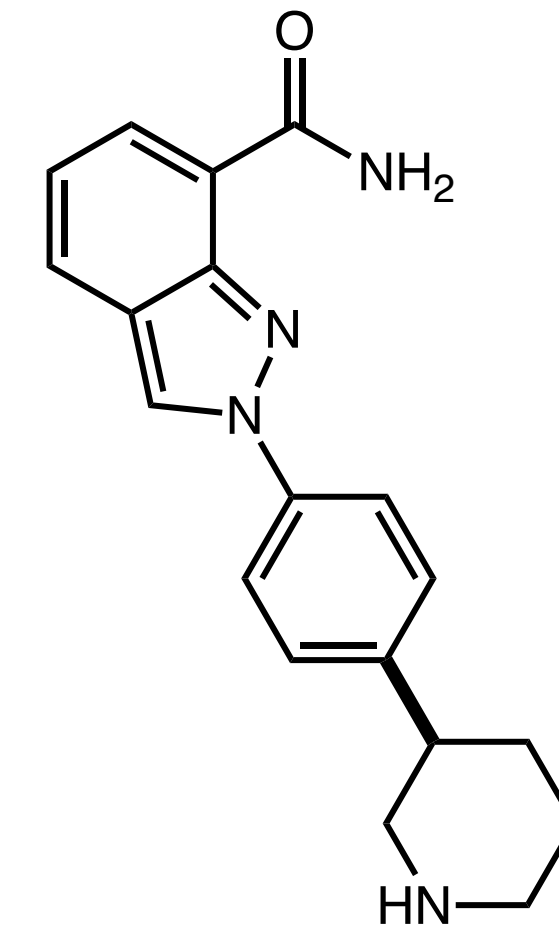
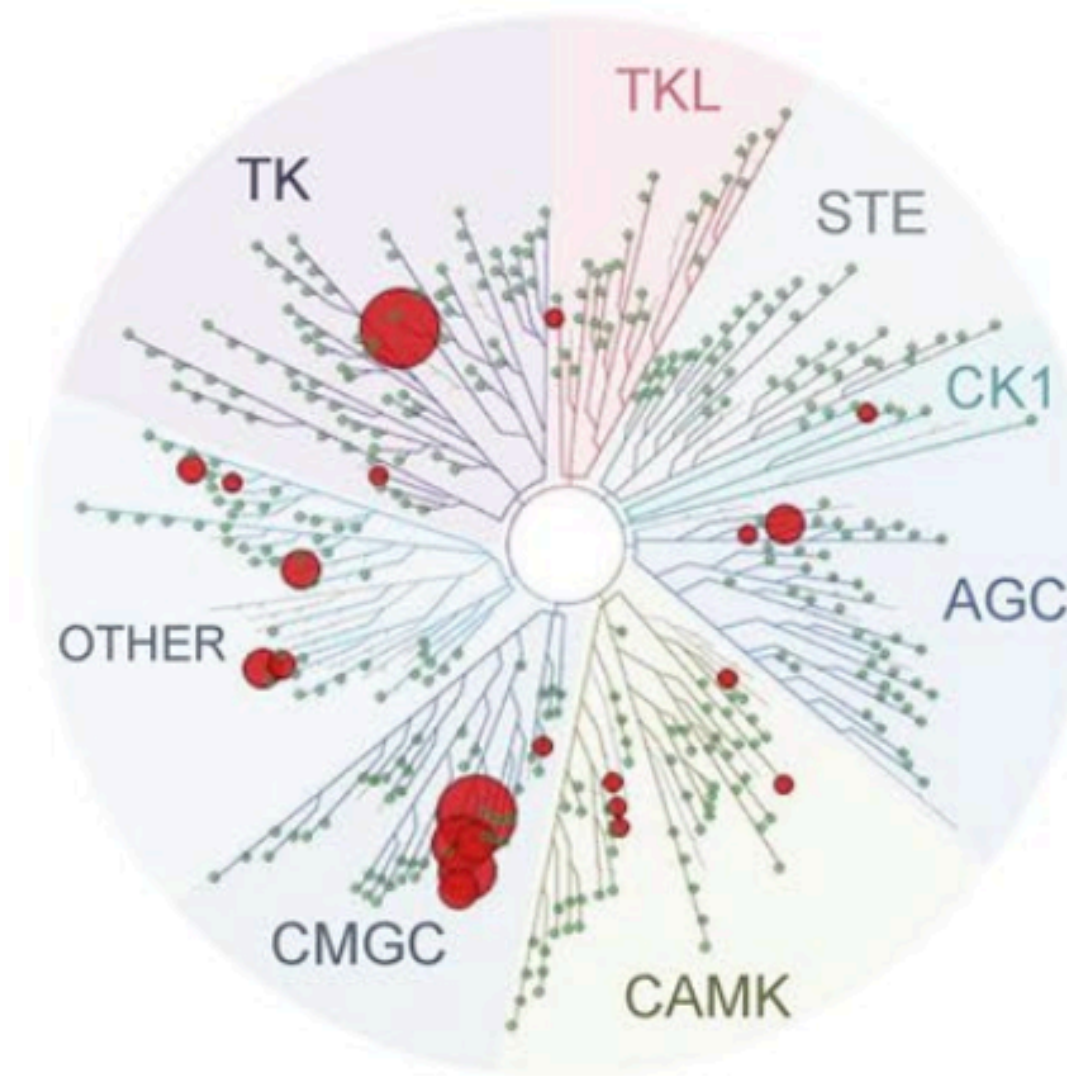
rucaparib

FDA approved 2016



niraparib

FDA approved 2017

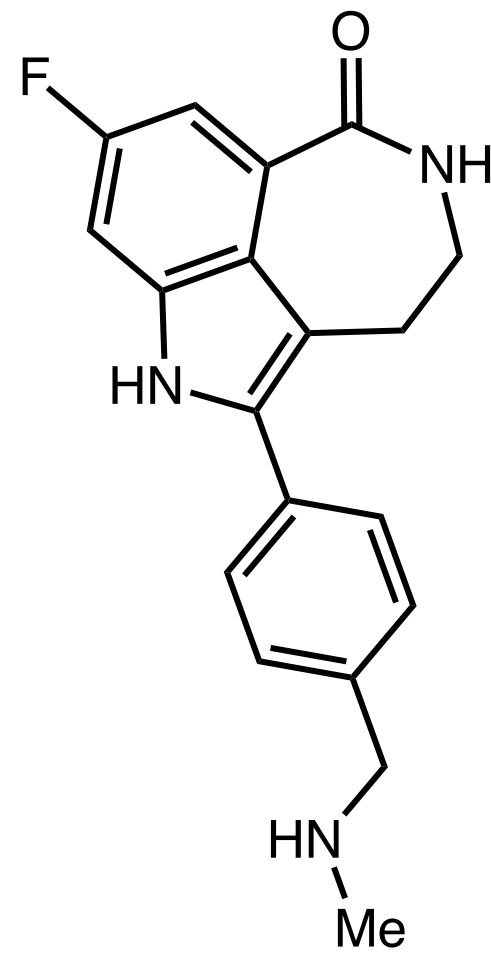


Case study: polypharmacology in PARP inhibitors

in-vitro kinome screen

screening of PARP inhibitors against 392 human kinases (76% of all known human kinases)

unique differences in kinase off-targets observed



rucaparib

FDA approved 2016

rucaparib inhibits CDK16 (IC₅₀ = 381 nM)

cell cycle control protein

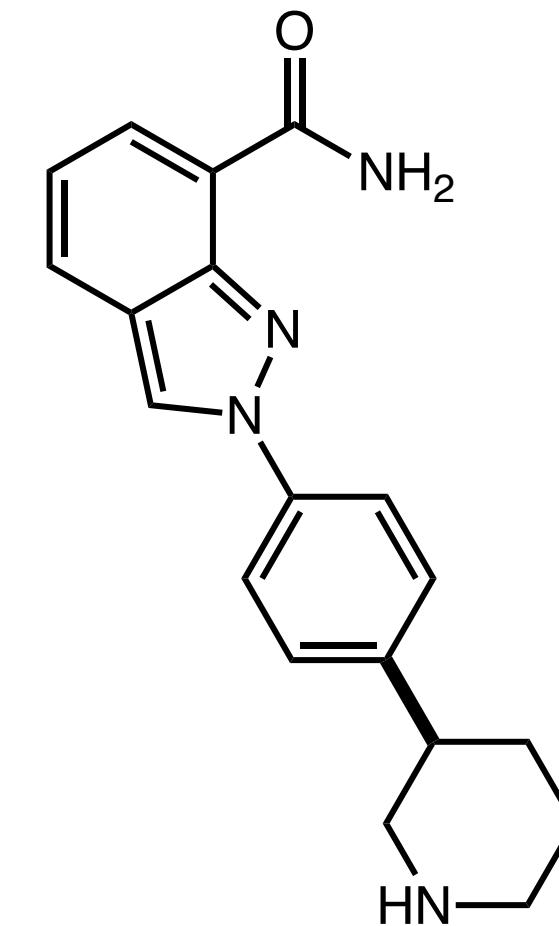
involved in cancer proliferation

niraparib

FDA approved 2017

both bind PIM1/PIM2

relatively weak (μM)



niraparib inhibits DYRK1B (IC₅₀ = 254 nM)

cell cycle transition regulator

involved in cancer proliferation

Case study: polypharmacology in PARP inhibitors

meta-analysis based upon differing polypharmacology

Differential adverse reactions between FDA-approved clinical PARP inhibitors

Side-effect	Olaparib	Rucaparib	Niraparib	Talazoparib
Dry mouth			●	
Anxiety			●	
Insomnia		●	●	
Hypertension			●	
Palpitations	●		●	
Increase in mean corpuscular volume	●			
Decrease in lymphocytes	●	●		●

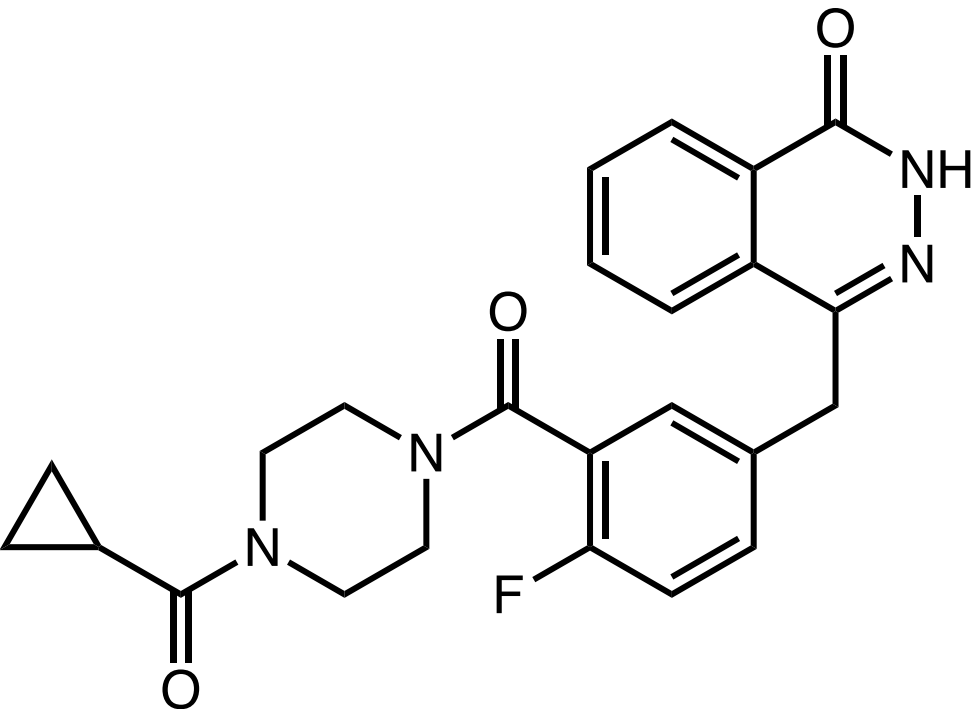
side-effects may be patient-dependent based upon expression profile of off-targets

Case study: polypharmacology in PARP inhibitors

2024 clinical trial comparison of PARP inhibitors

olaparib

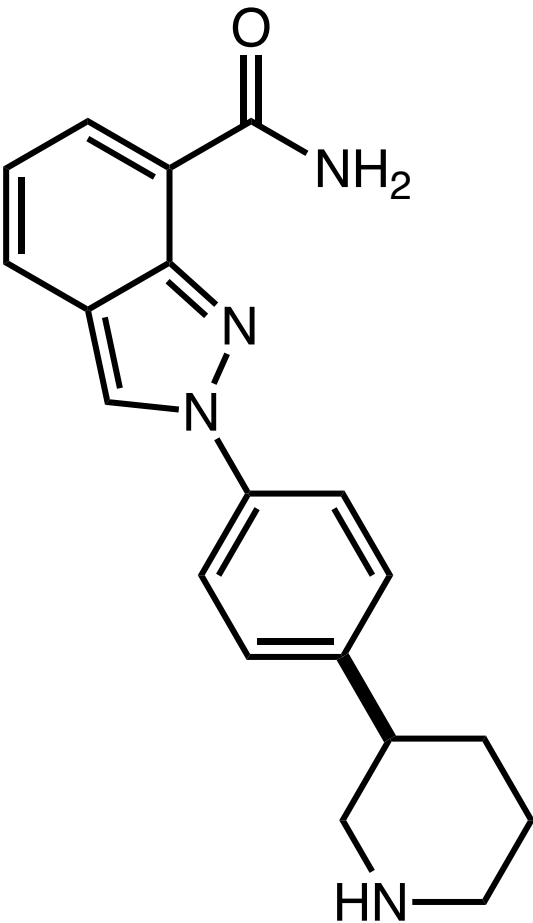
FDA approved 2014



few kinase off-targets

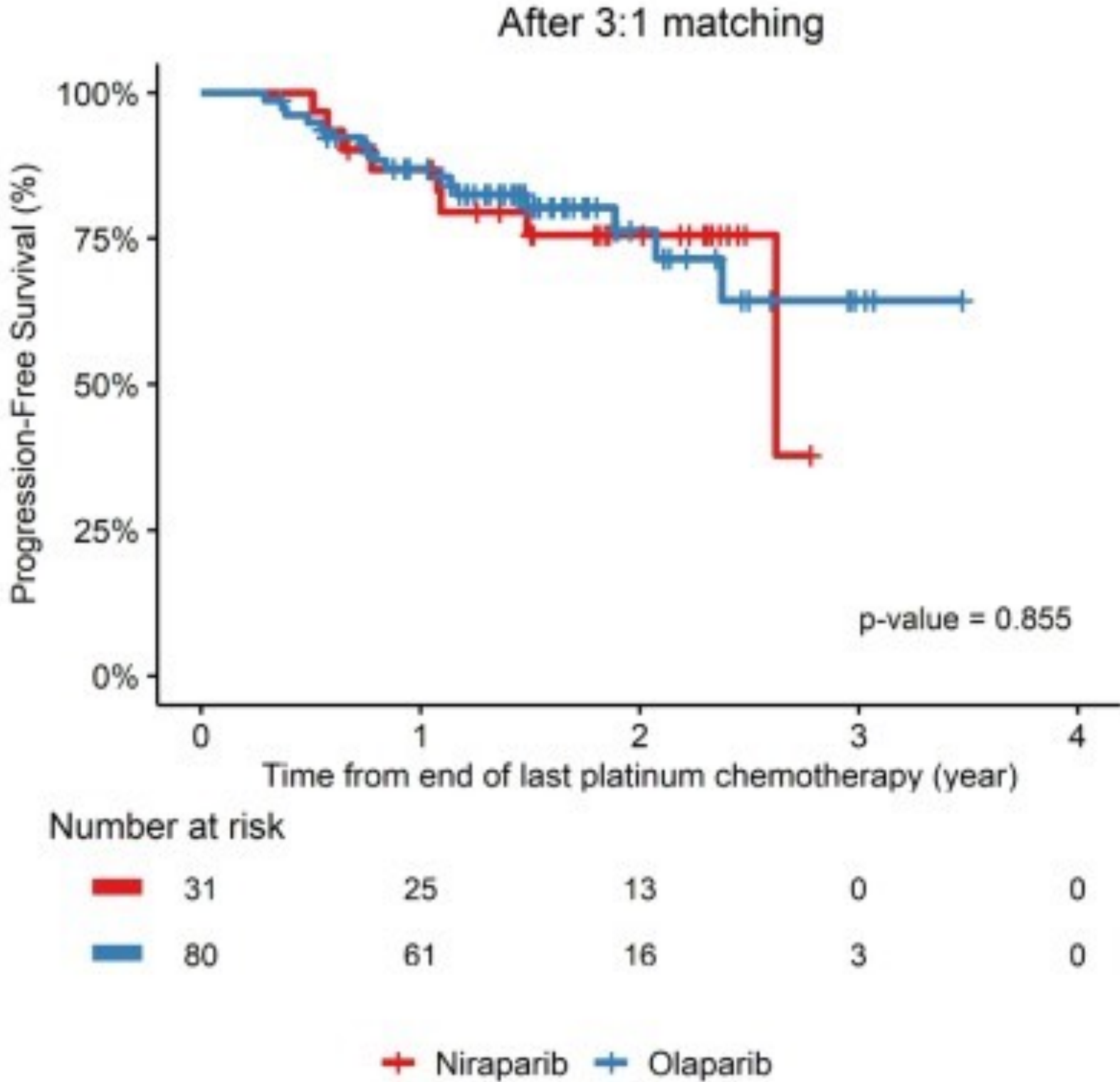
niraparib

FDA approved 2017



significant kinase off-targets

advanced ovarian cancer patients

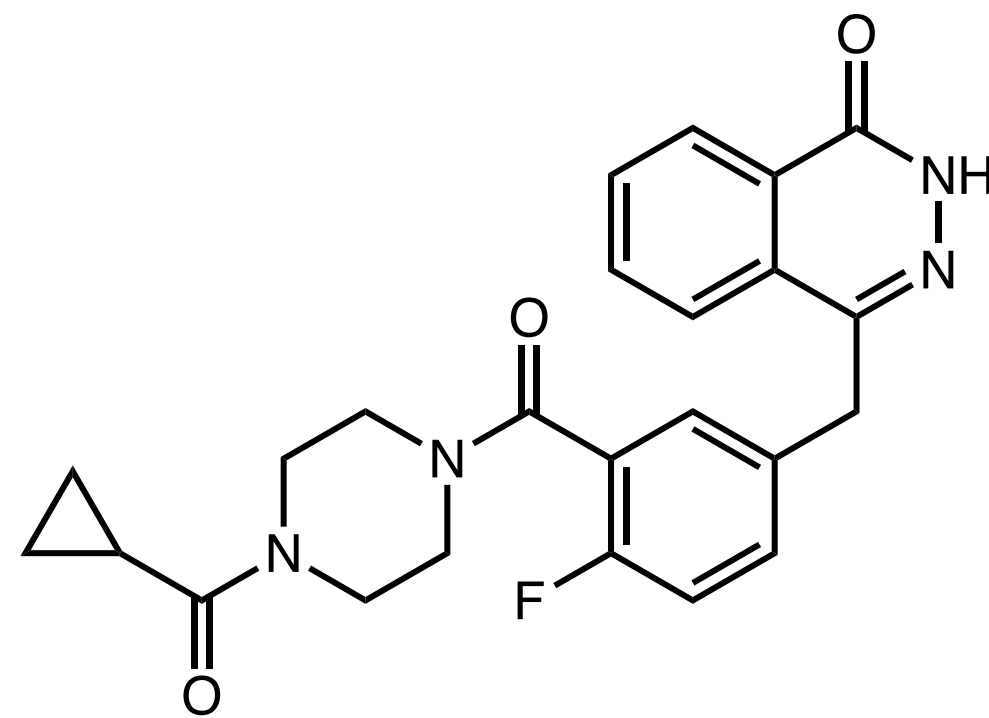


Case study: polypharmacology in PARP inhibitors

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olaparib

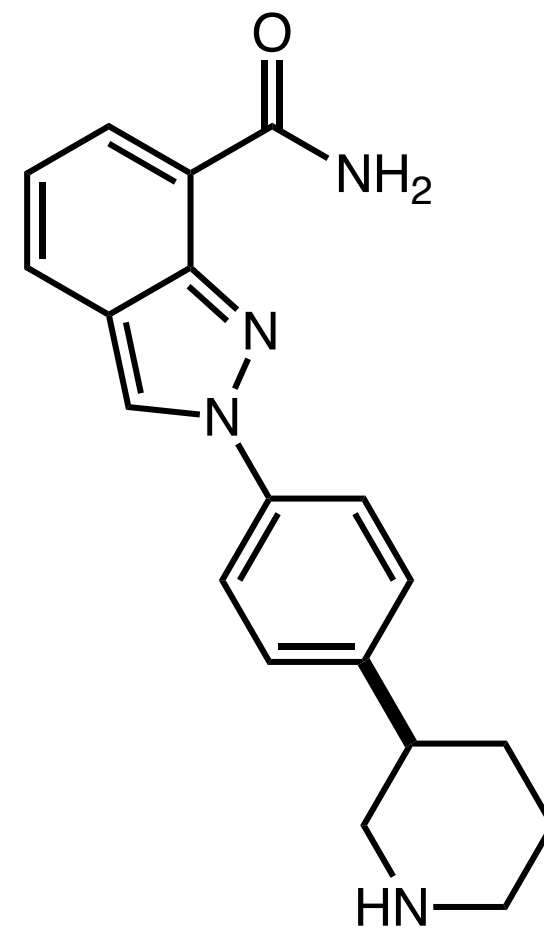
FDA approved 2014



few kinase off-targets

niraparib

FDA approved 2017



significant kinase off-targets

advanced ovarian cancer patients

no statistically significant survival difference

but:

niraparib patients showed increased frequency of:

thrombocytopenia

p = 0.021

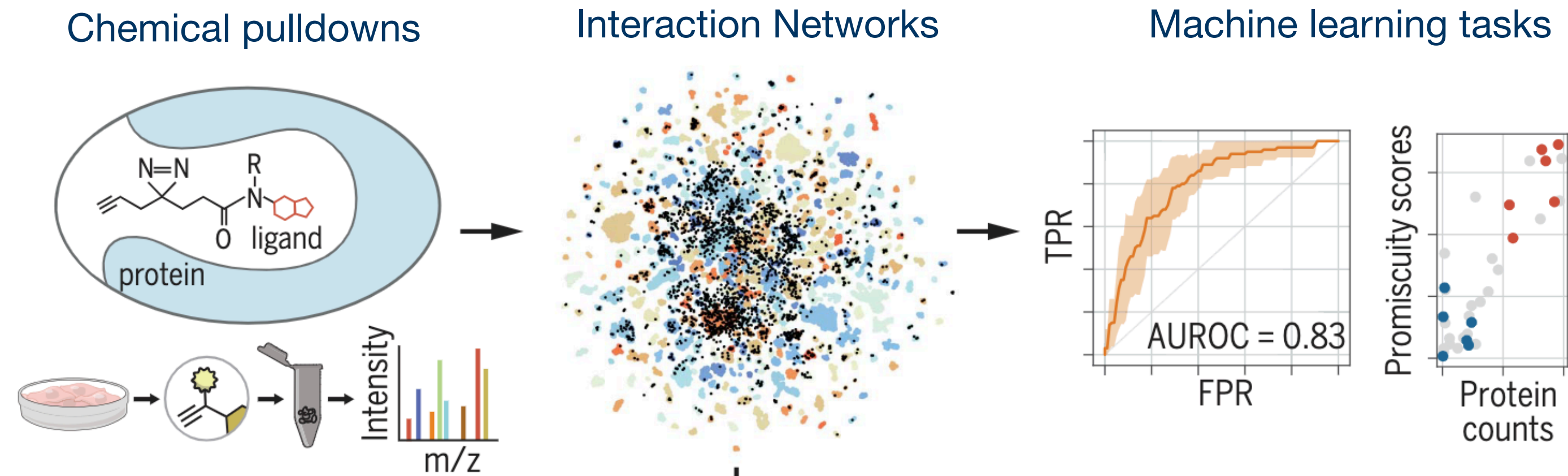
neutropenia

p = 0.011

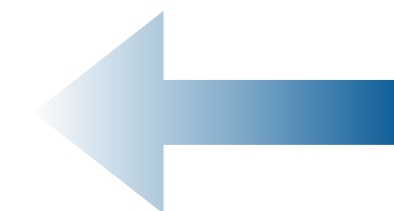
hematological toxicity

Case study: large scale proteomics for ligand discover/prediction

April 26, 2024 - Pfizer, Georg E. Winter

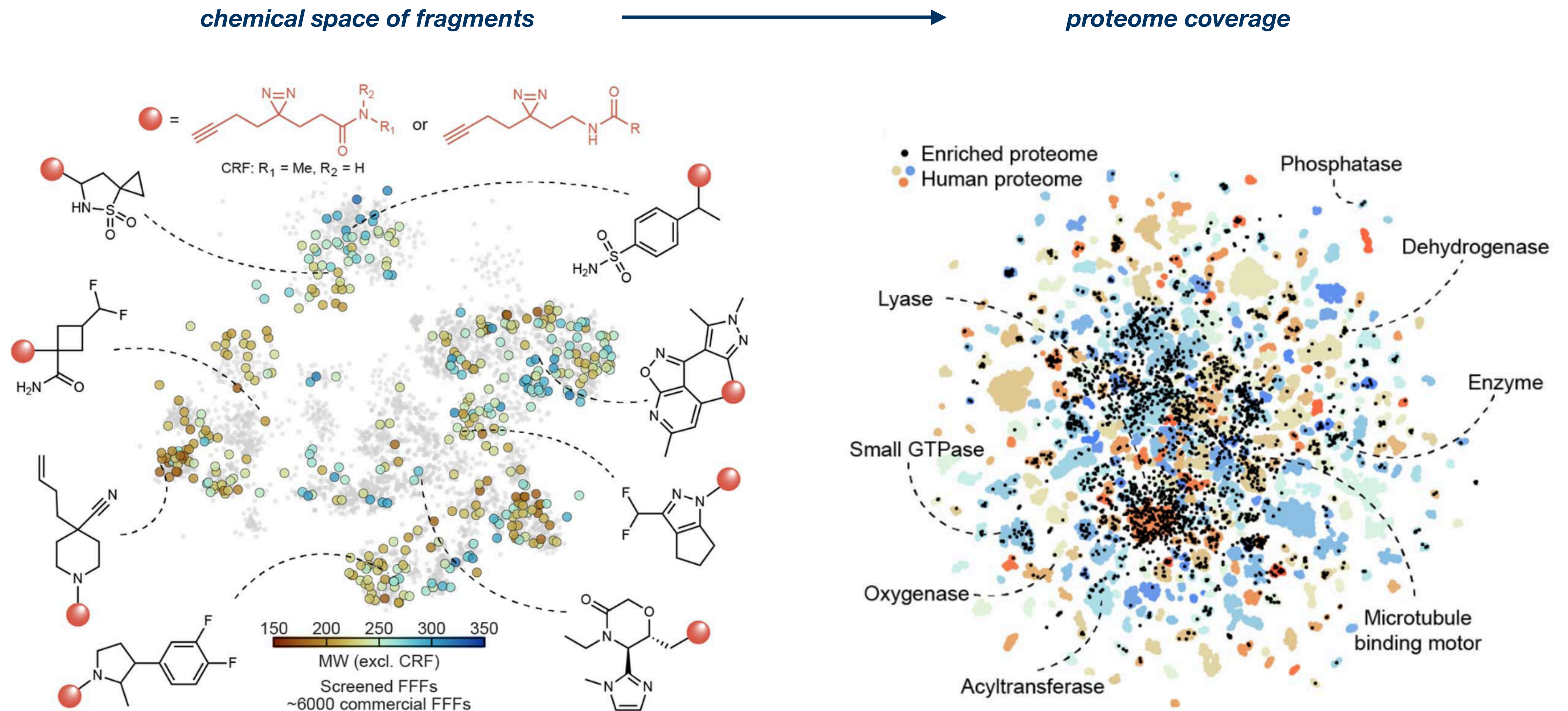


- 407 drug fragments encompassing a variety of chemical space
- each fragment linked to diazirine-azide moiety for PAL
- tested against HEK293T cells at 50 μ M



What if we could do FBLD in cells?

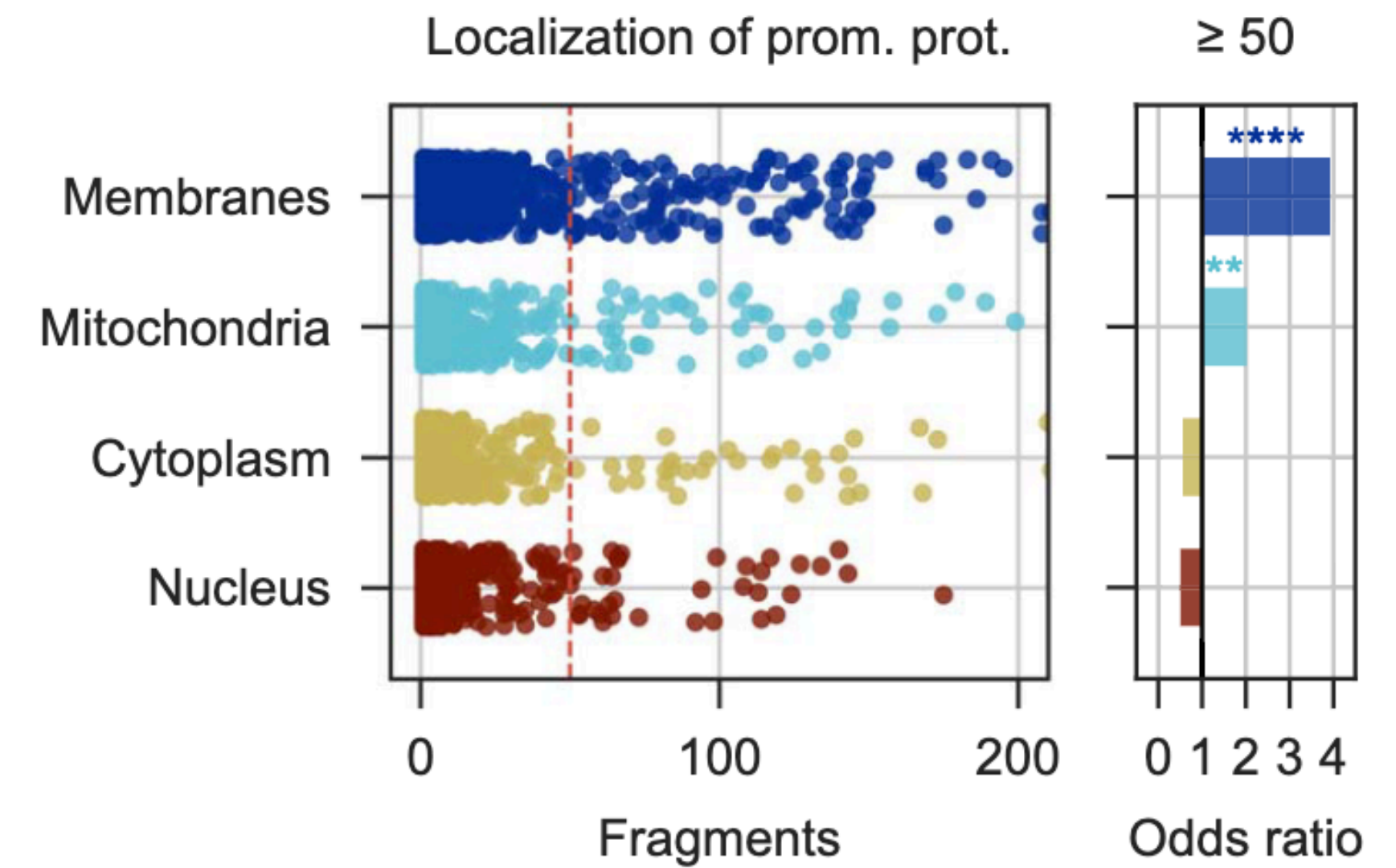
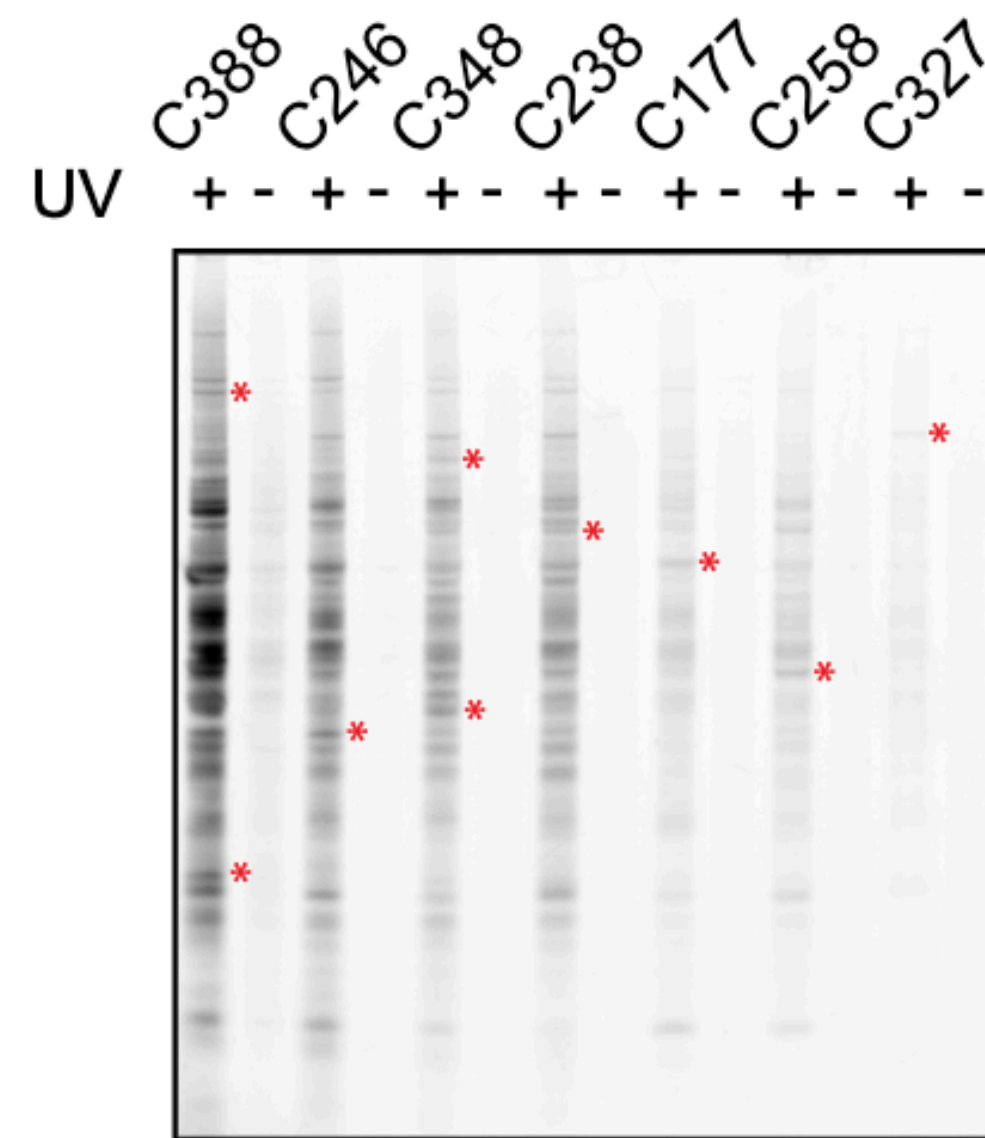
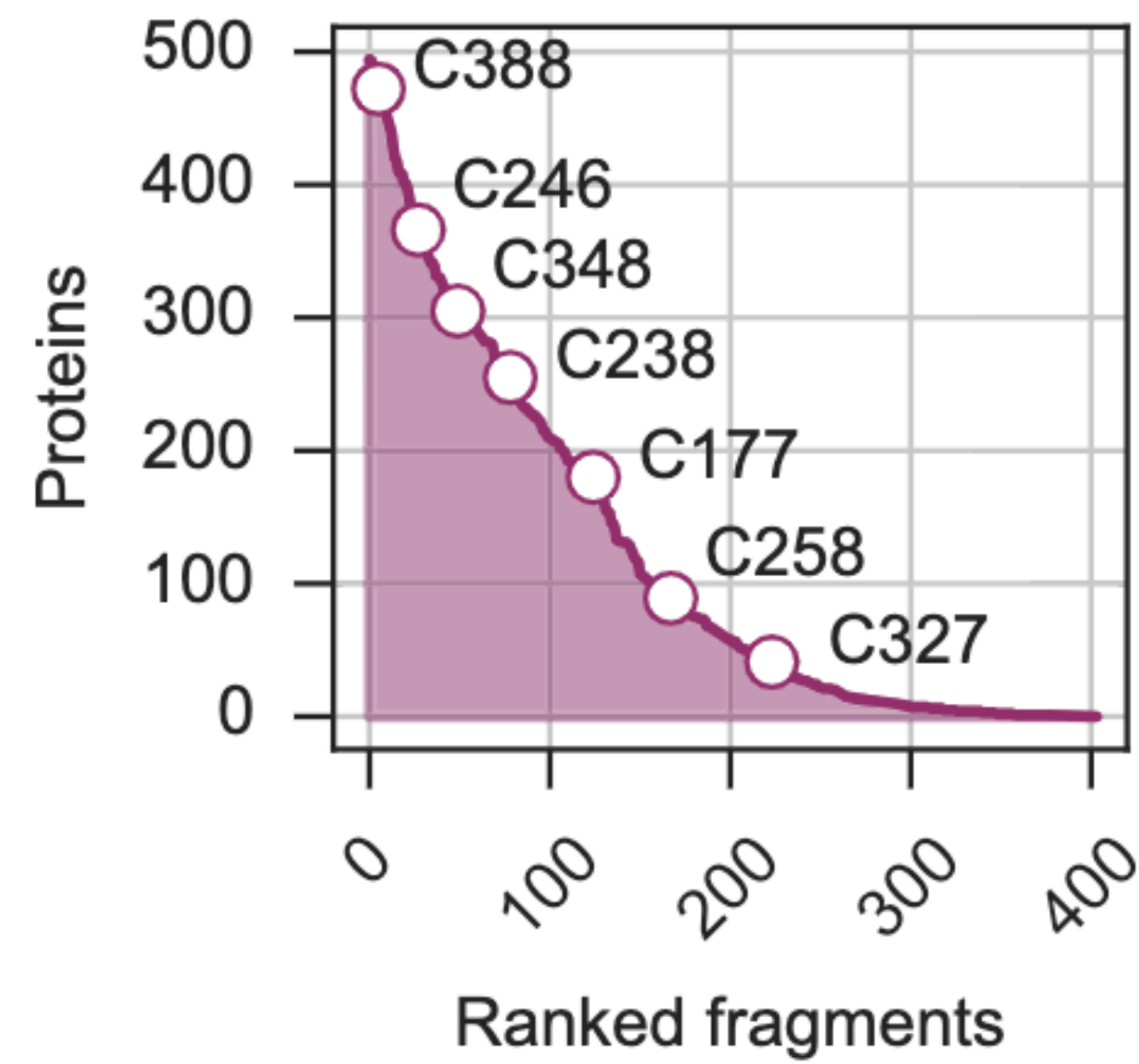
Case study: large scale proteomics for ligand discover/prediction



Case study: large scale proteomics for ligand discover/prediction

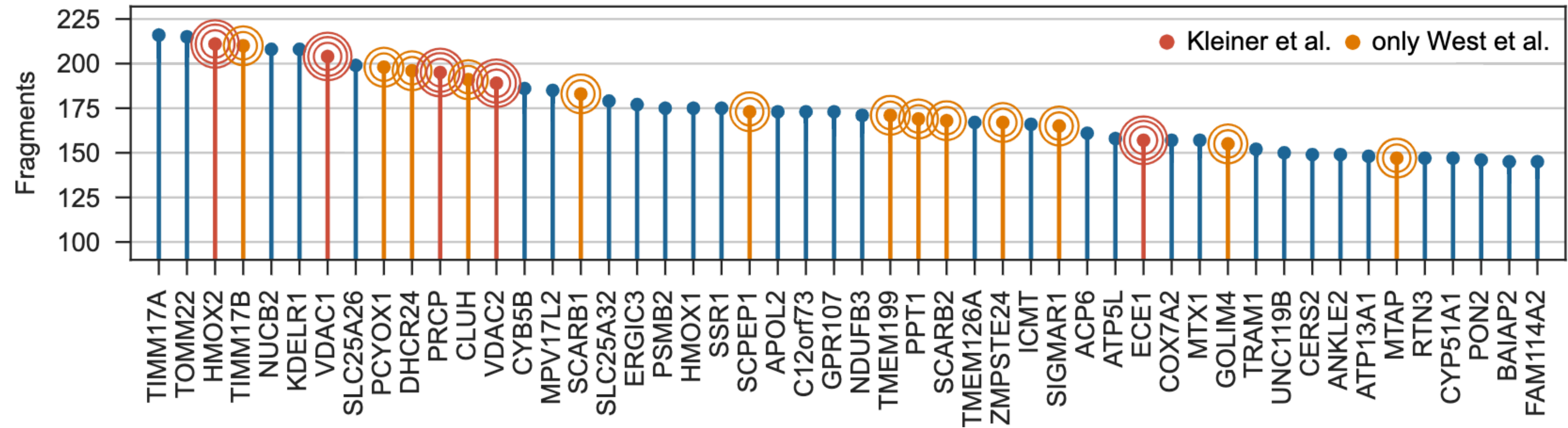
promiscuity ranking of drug fragments

localization of ligand targets



Case study: large scale proteomics for ligand discover/prediction

list of most commonly enriched proteins by fragments

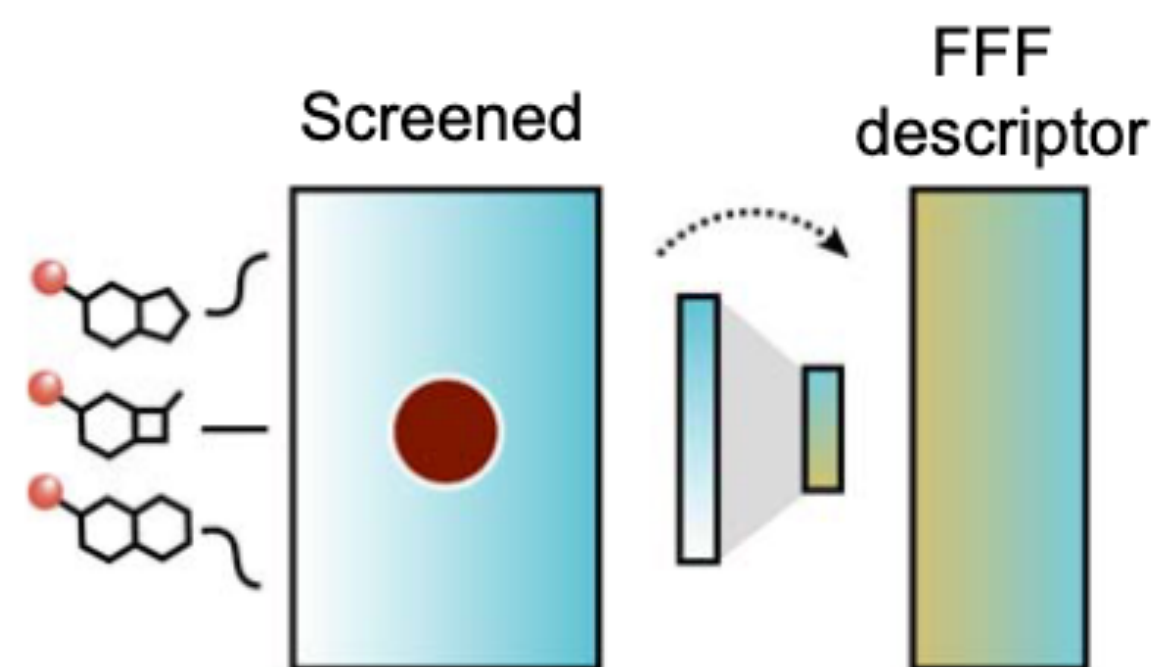


Case study: large scale proteomics for ligand discover/prediction

utilizing fragment data to predict promiscuity

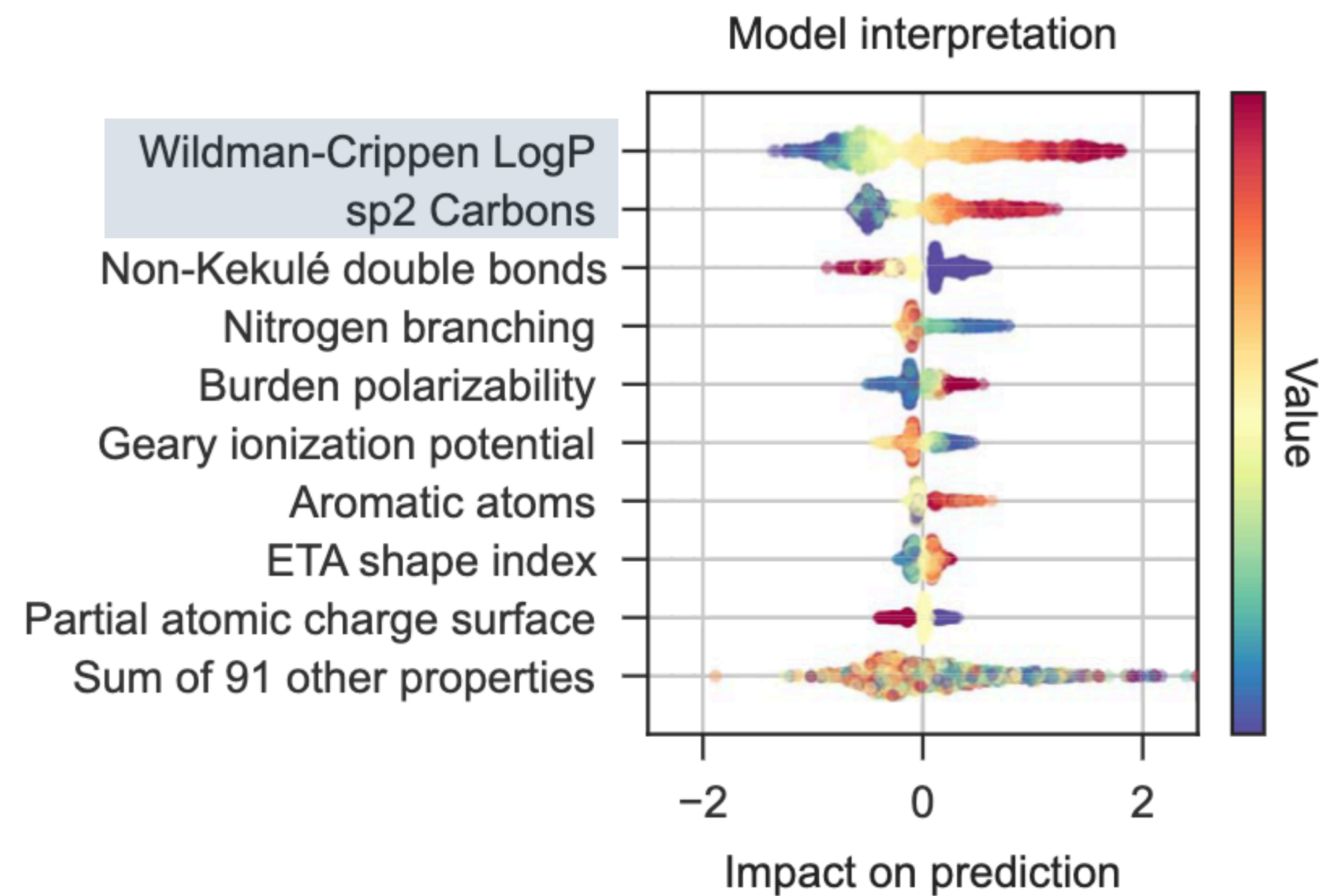
generate predicted promiscuity parameters

utilizing of fragment data
as a training set for machine learning



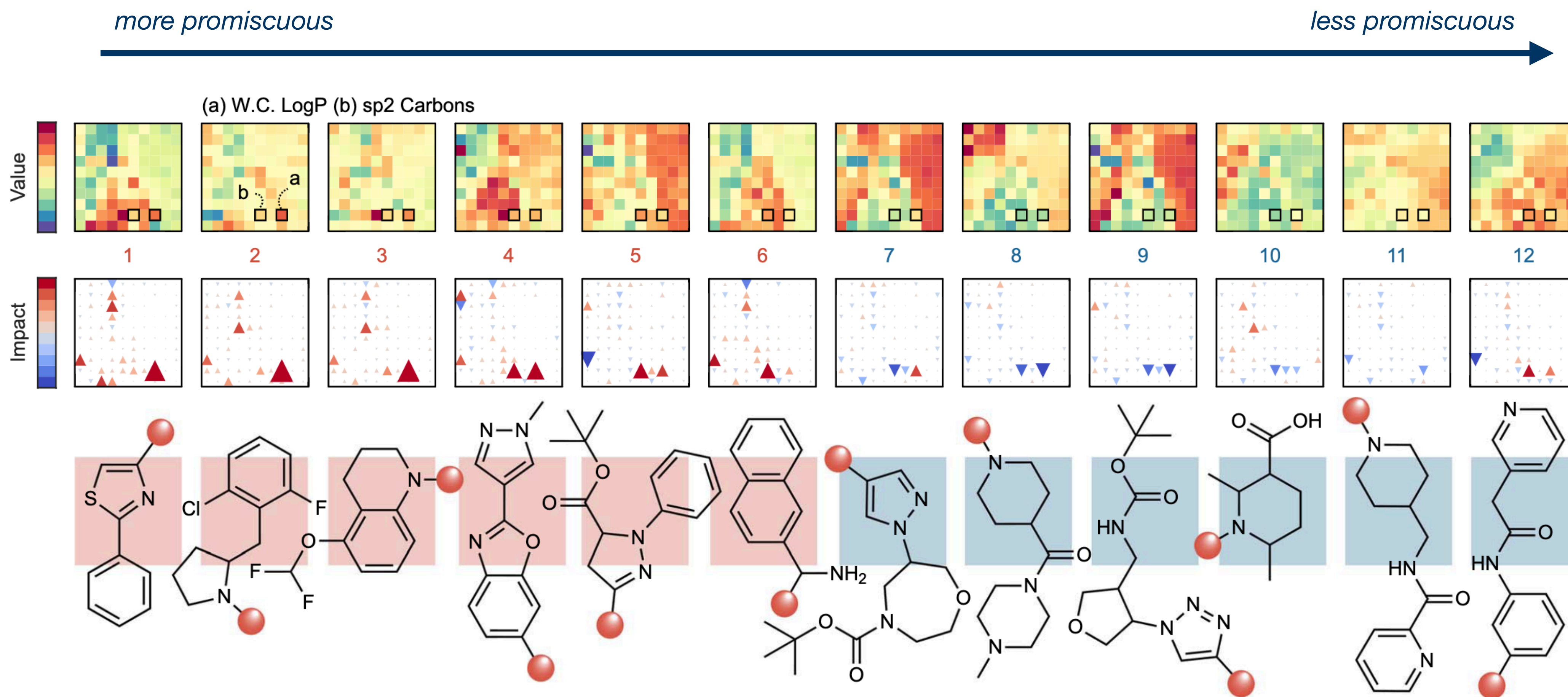
utilize 100 physiochemical properties
as predictors for promiscuity

analysis of most important molecular parameters



Case study: large scale proteomics for ligand discover/prediction

validation of promiscuity readouts



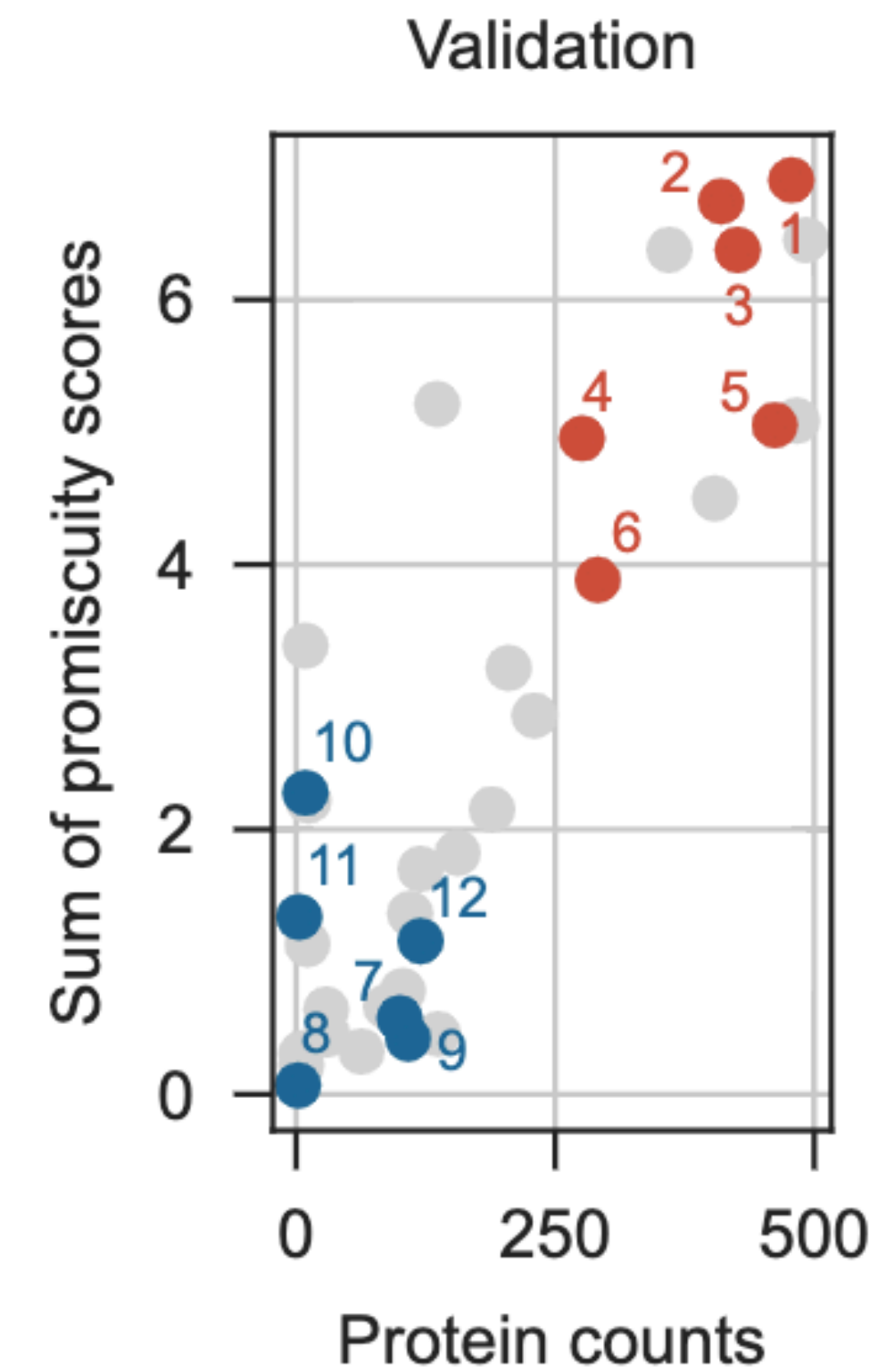
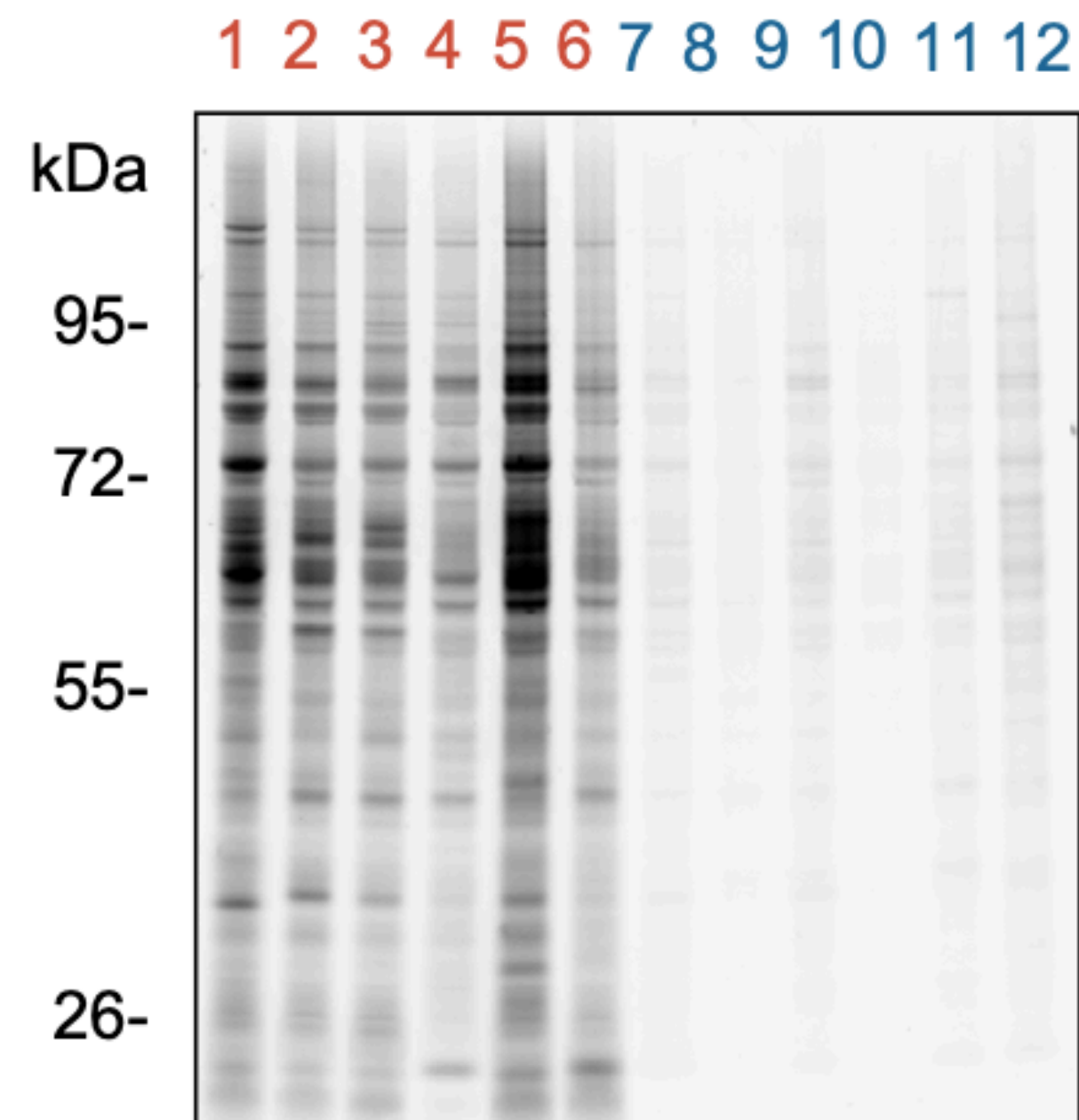
Case study: large scale proteomics for ligand discover/prediction

validation of promiscuity readouts

more promiscuous

less promiscuous

test compounds followed trend of promiscuity



Polypharmacology takeaways

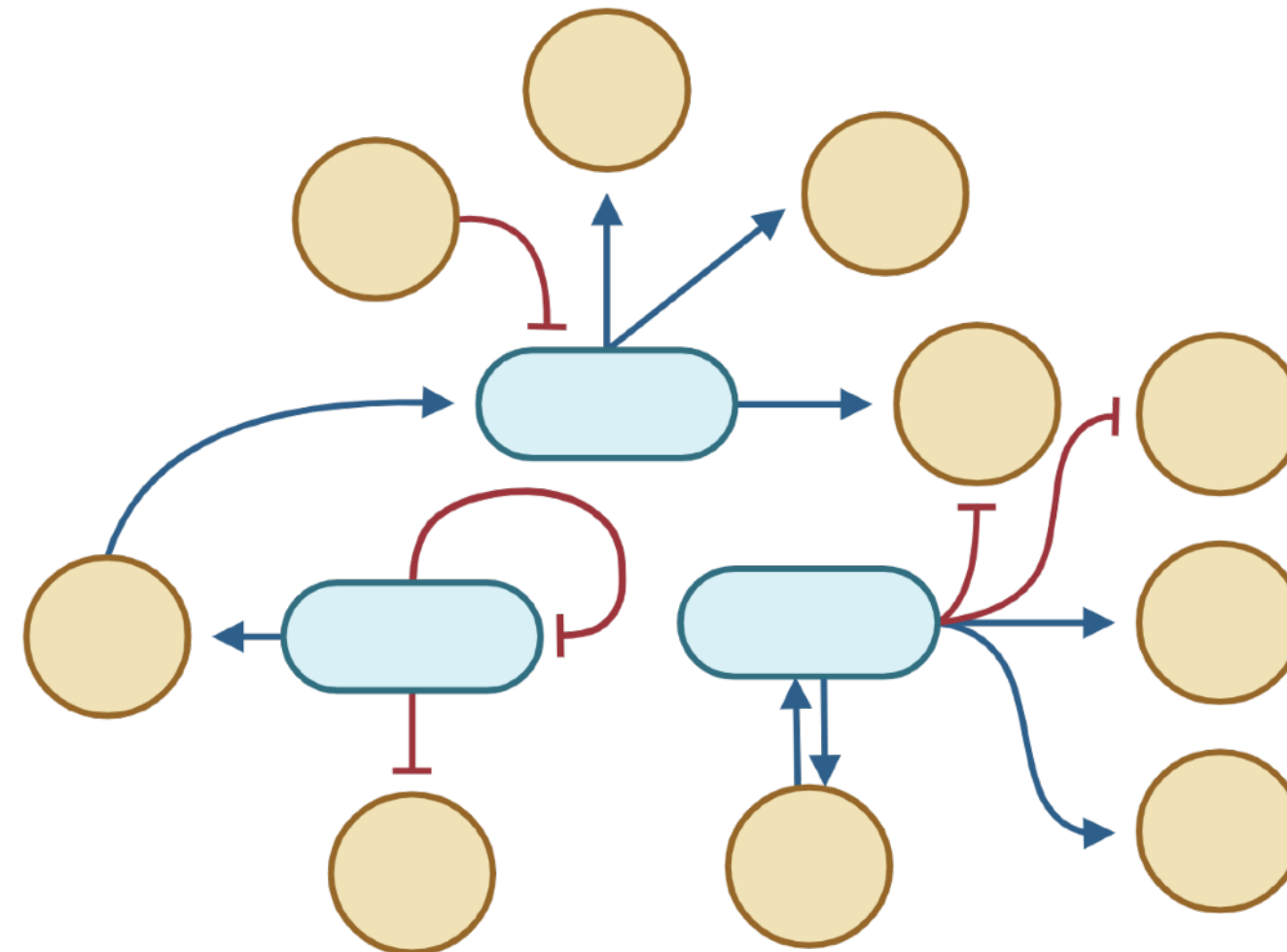
1. Polypharmacology isn't inherently good or bad



Polypharmacology takeaways

1. Polypharmacology isn't inherently good or bad

2. As our understanding of disease biology grows, so does the potential of polypharmacological approaches

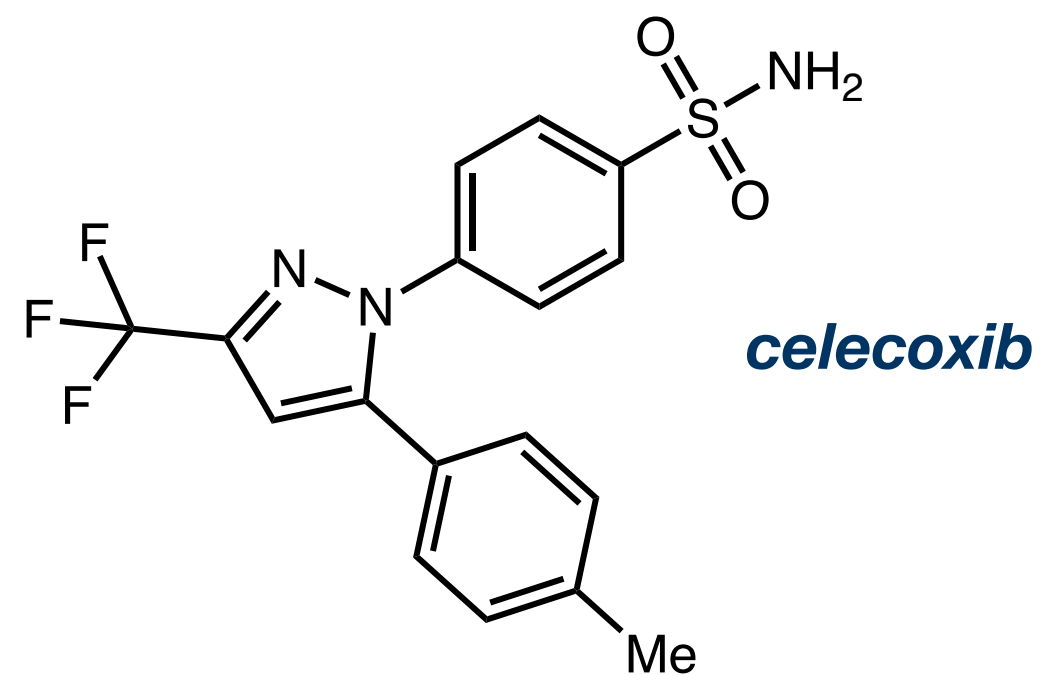


Polypharmacology takeaways

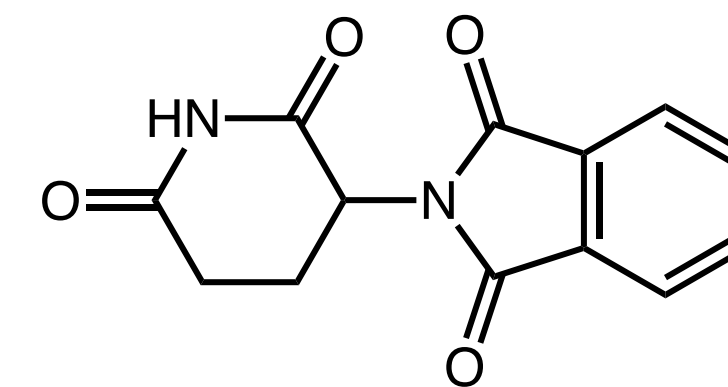
1. Polypharmacology isn't inherently good or bad

2. As our understanding of disease biology grows, so does the potential of polypharmacological approaches

3. Revisiting of already approved drugs can uncover useful polypharmacology that can lead to drug repurposing



thalidomide



Polypharmacology takeaways

1. Polypharmacology isn't inherently good or bad

2. As our understanding of disease biology grows, so does the potential of polypharmacological approaches

3. Revisiting of already approved drugs can uncover useful polypharmacology that can lead to drug repurposing

4. We are in a golden age for drug repurposing with new methodologies and opportunities

Questions?

