

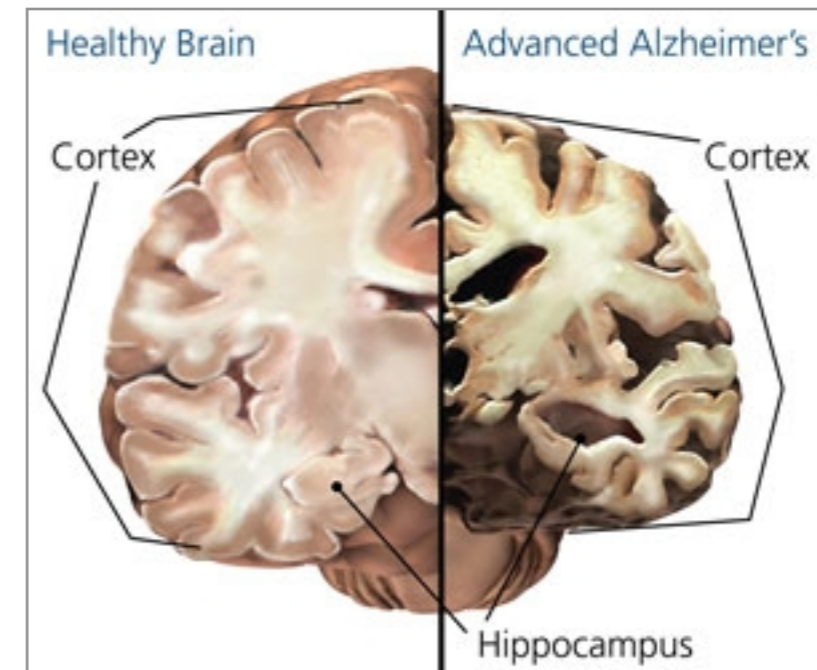
# *Central Nervous System Drug Design*



MacMillan Group Meeting  
Stefan McCarver  
November 8<sup>th</sup>, 2017

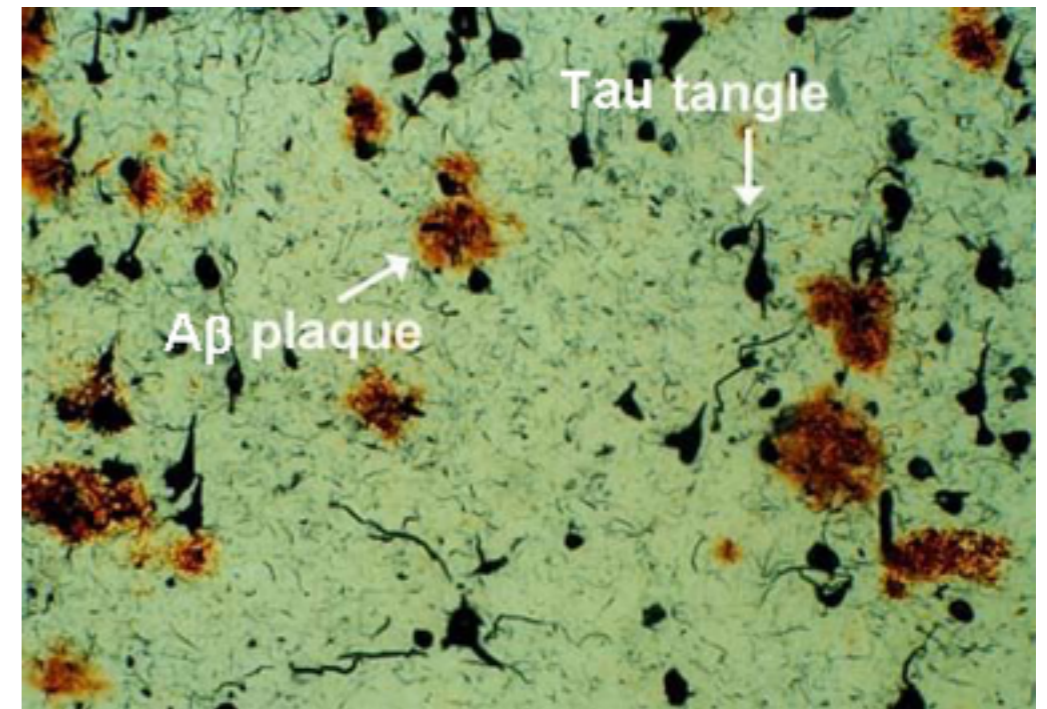
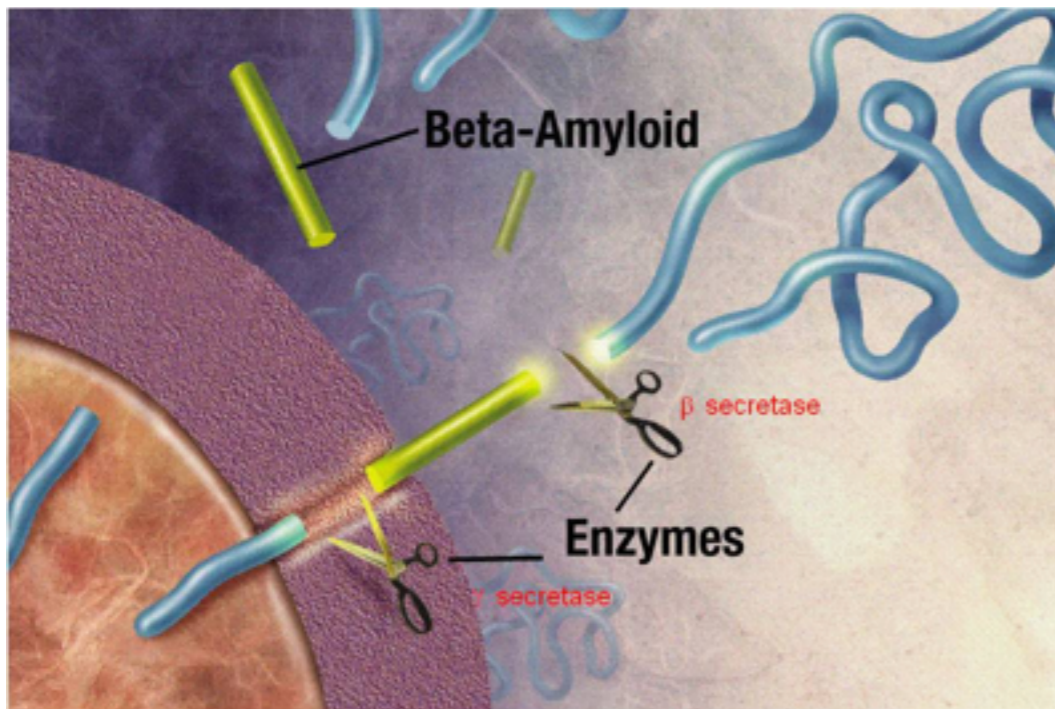
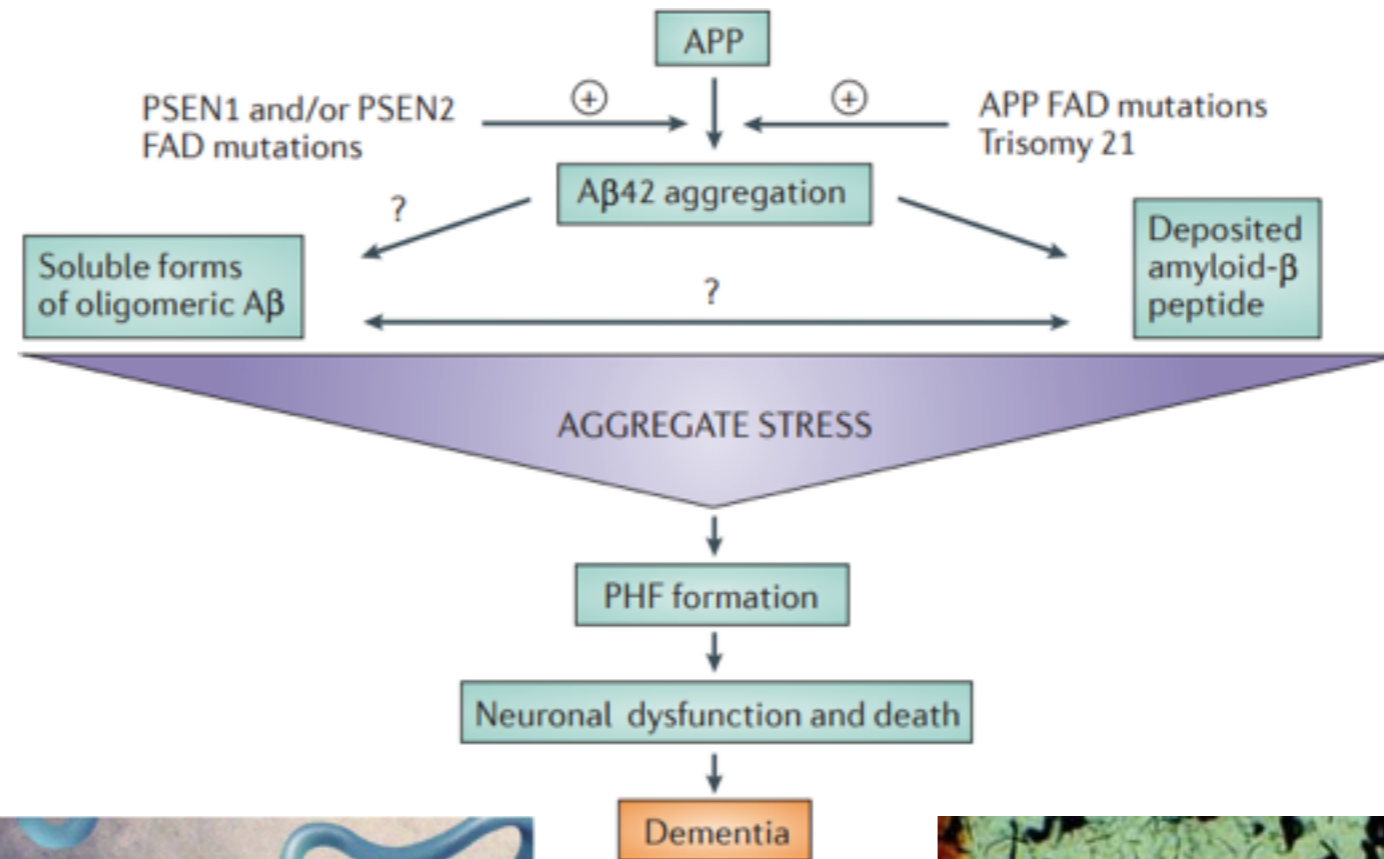
# Why is Central Nervous System Drug Discovery Important?

- Neurodegenerative Disease
  - Almost 6 million Americans suffer from either Alzheimer's or Parkinson's
  - There is a greater than 50% chance of dementia by age 90



***Despite the size of this societal burden, no effective treatments exist!***

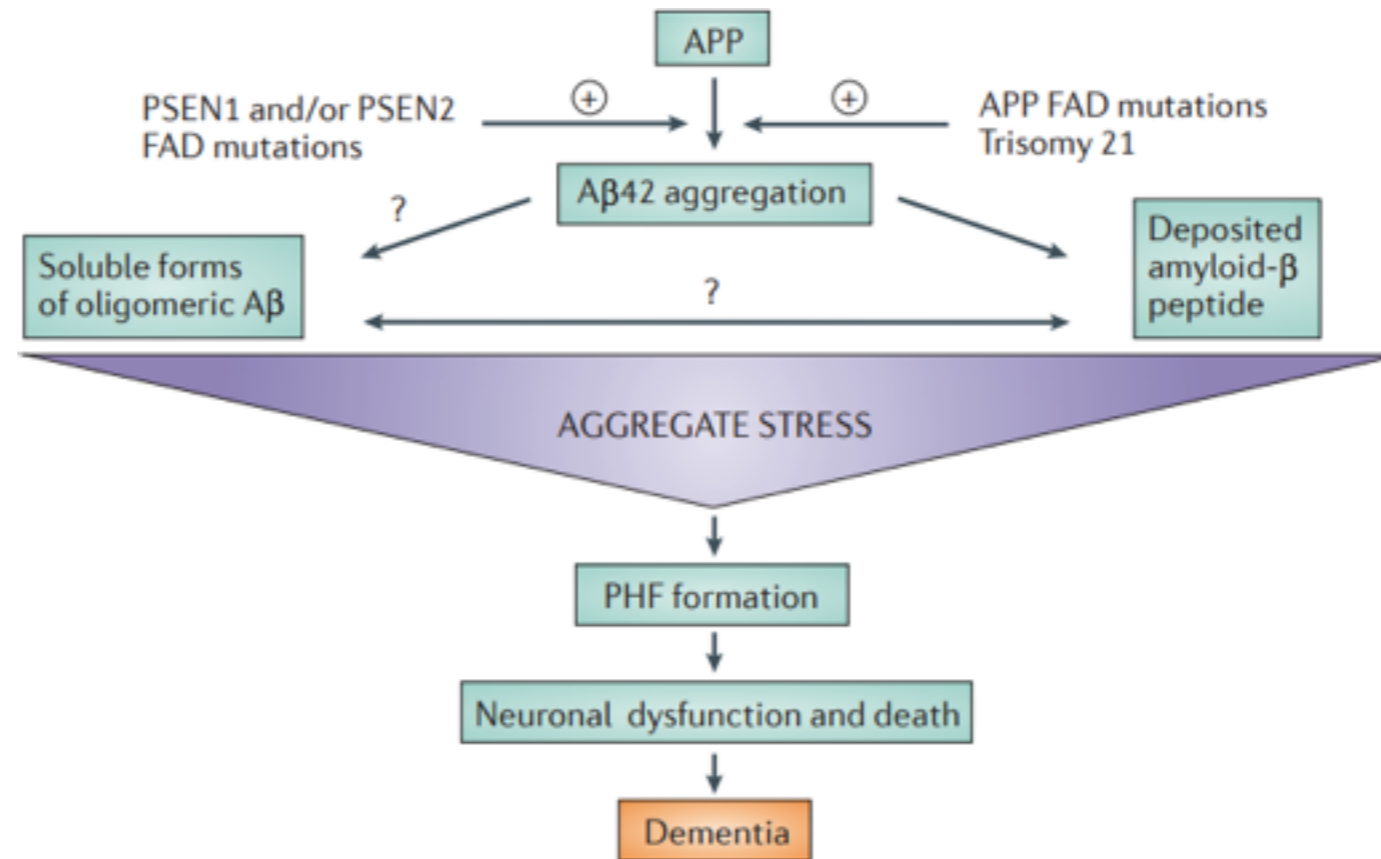
# $\beta$ -Amyloid Hypothesis in Alzheimer's Disease



Karran, E.; Mercken, M.; De Strooper, B. *Nat. Rev. Drug Discov.* **2011**, *10*, 698.  
 Shih, H-P.; Zhang, X.; Aronov, A. M. *Nat. Rev. Drug Discov.* **2017**



## $\beta$ -Amyloid Hypothesis in Alzheimer's Disease

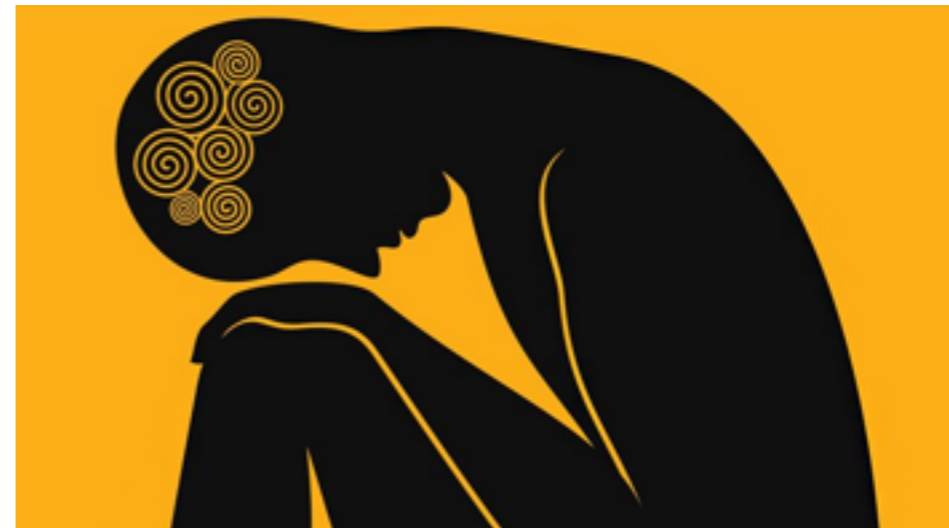


Indication	Mechanism	Number of discontinuations for pair	Example drug
<i>Active unvalidated pairs with ongoing projects</i>			
Alzheimer disease	Amyloid- $\beta$ synthesis inhibitor	26	Semagacestat
Alzheimer disease	Amyloid- $\beta$ deposition inhibitor	25	Tramiprosate
Alzheimer disease	Amyloid- $\beta$ antagonist	24	Ponezumab
Non-insulin-dependent diabetes	PPAR $\alpha$ agonist	22	Aleglitazar
Alzheimer disease	Amyloid- $\beta$ modulator	18	Lovastatin
Asthma	K <sup>+</sup> channel stimulator	15	Rilmakalim
Depression	5-HT <sub>1A</sub> receptor agonist	14	Naluzotan
Breast cancer	EGFR inhibitor	12	Vandetanib
Non-insulin-dependent diabetes	Glucokinase stimulator	11	Piragliatin
Pain	TRPV1 antagonist	11	MK-2295



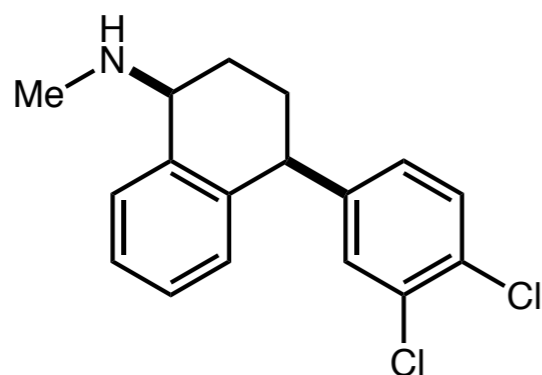
# Why is Central Nervous System Drug Discovery Important?

- Mood Disorders - Depression
  - Overall lifetime prevalence rate of 17% (21% of women, 13% of men)
  - Depression is the second leading cause of disability worldwide
  - Responses are often delayed and many patients do not respond to treatment

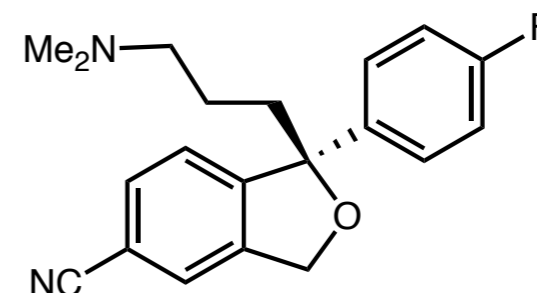


## Existing Antidepressant Treatments

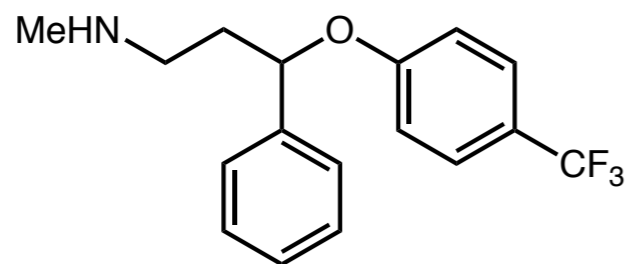
most best-selling antidepressants have identical biological targets



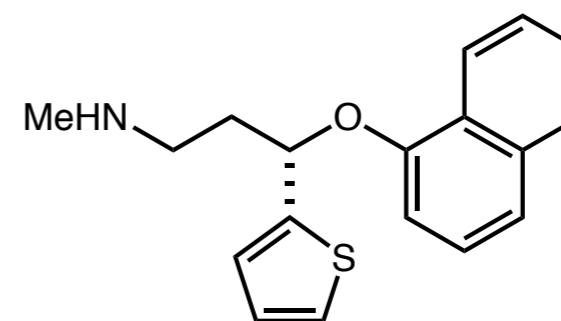
sertraline (Zoloft®)  
selective serotonin reuptake inhibitor



escitalopram (Lexapro®)  
selective serotonin reuptake inhibitor



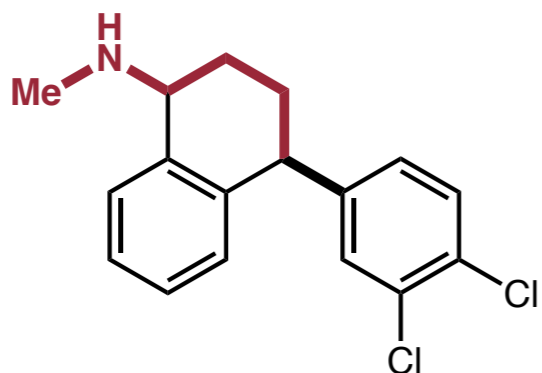
fluoxetine (Prozac®)  
selective serotonin reuptake inhibitor



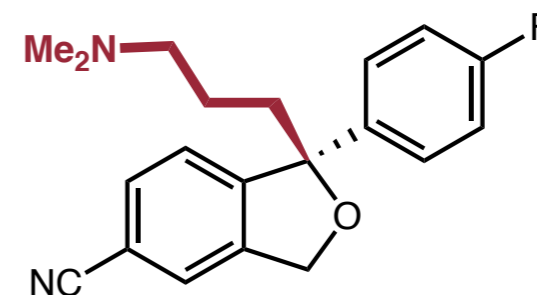
duloxetine (Cymbalta®)  
serotonin-norepinephrine reuptake inhibitor

## Existing Antidepressant Treatments

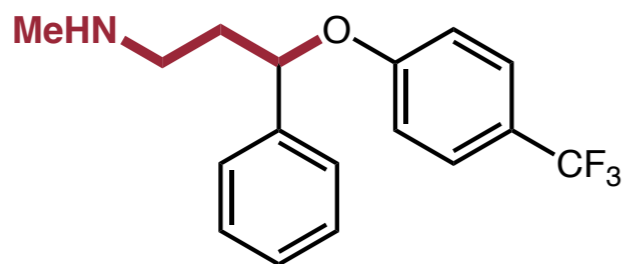
most best-selling antidepressants have identical biological targets



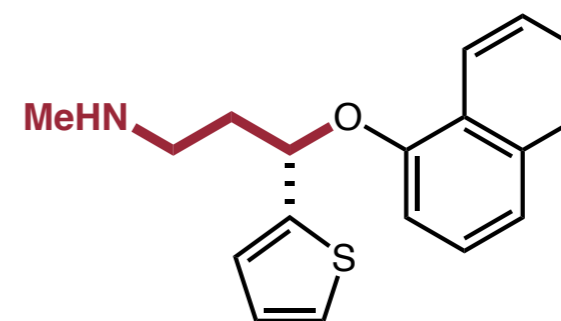
sertraline (Zoloft®)  
selective serotonin reuptake inhibitor



escitalopram (Lexapro®)  
selective serotonin reuptake inhibitor



fluoxetine (Prozac®)  
selective serotonin reuptake inhibitor

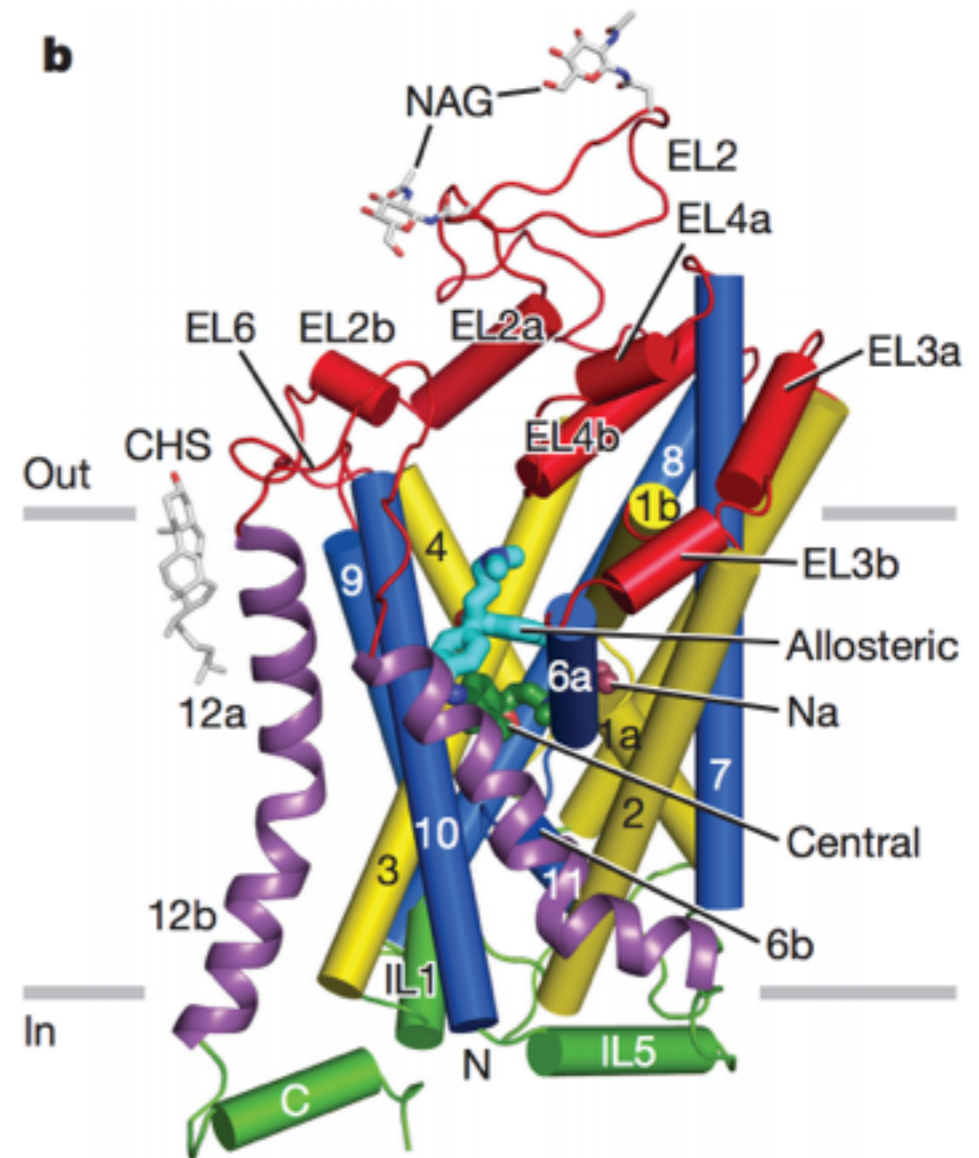
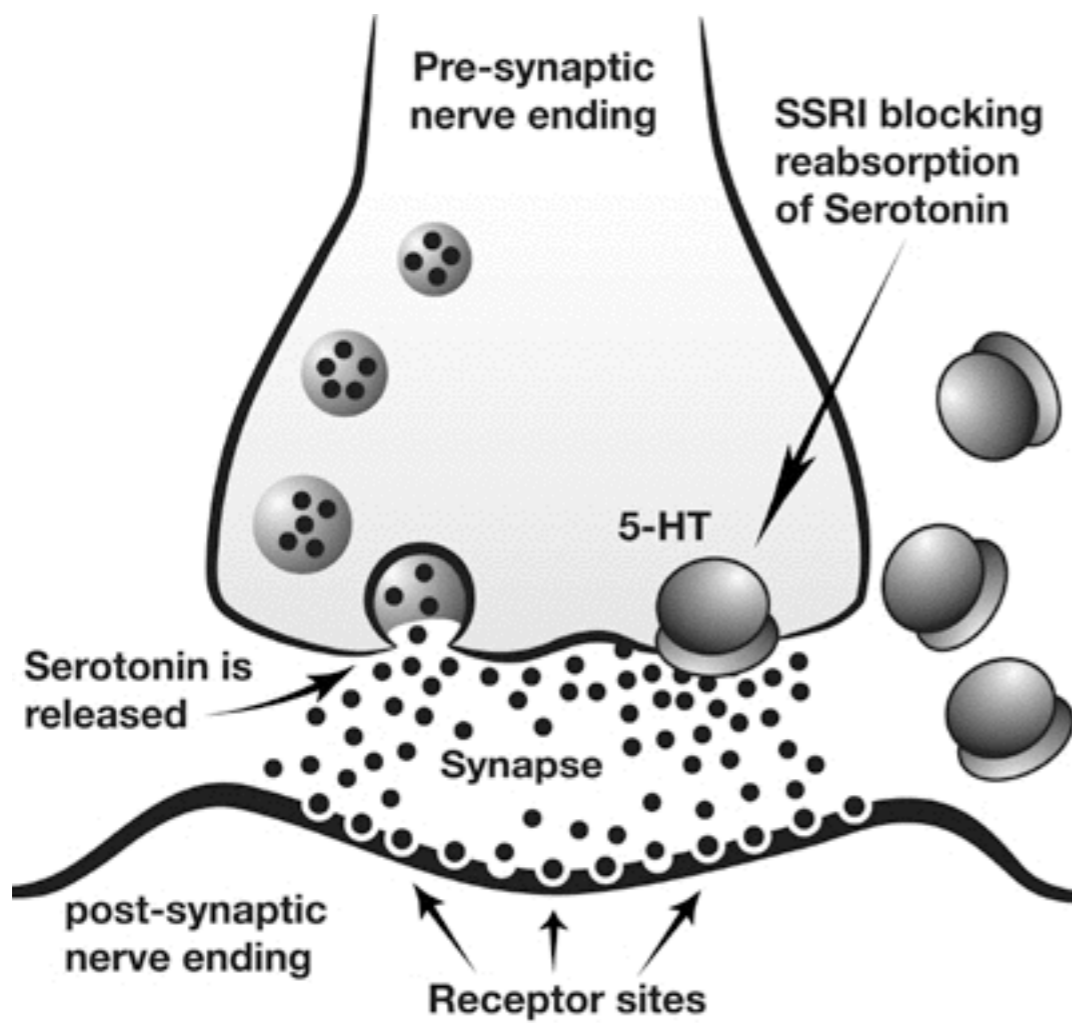


duloxetine (Cymbalta®)  
serotonin-norepinephrine reuptake inhibitor



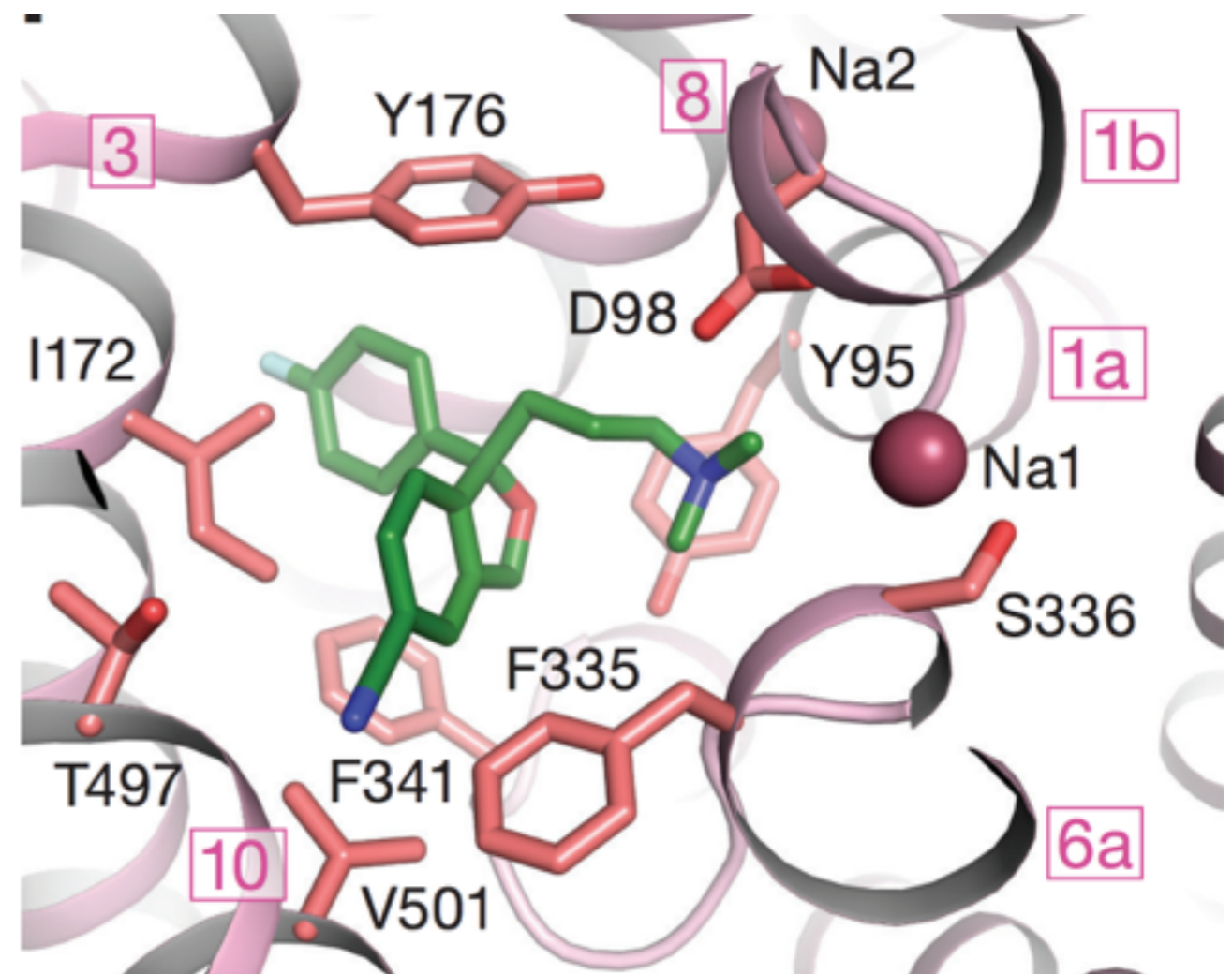
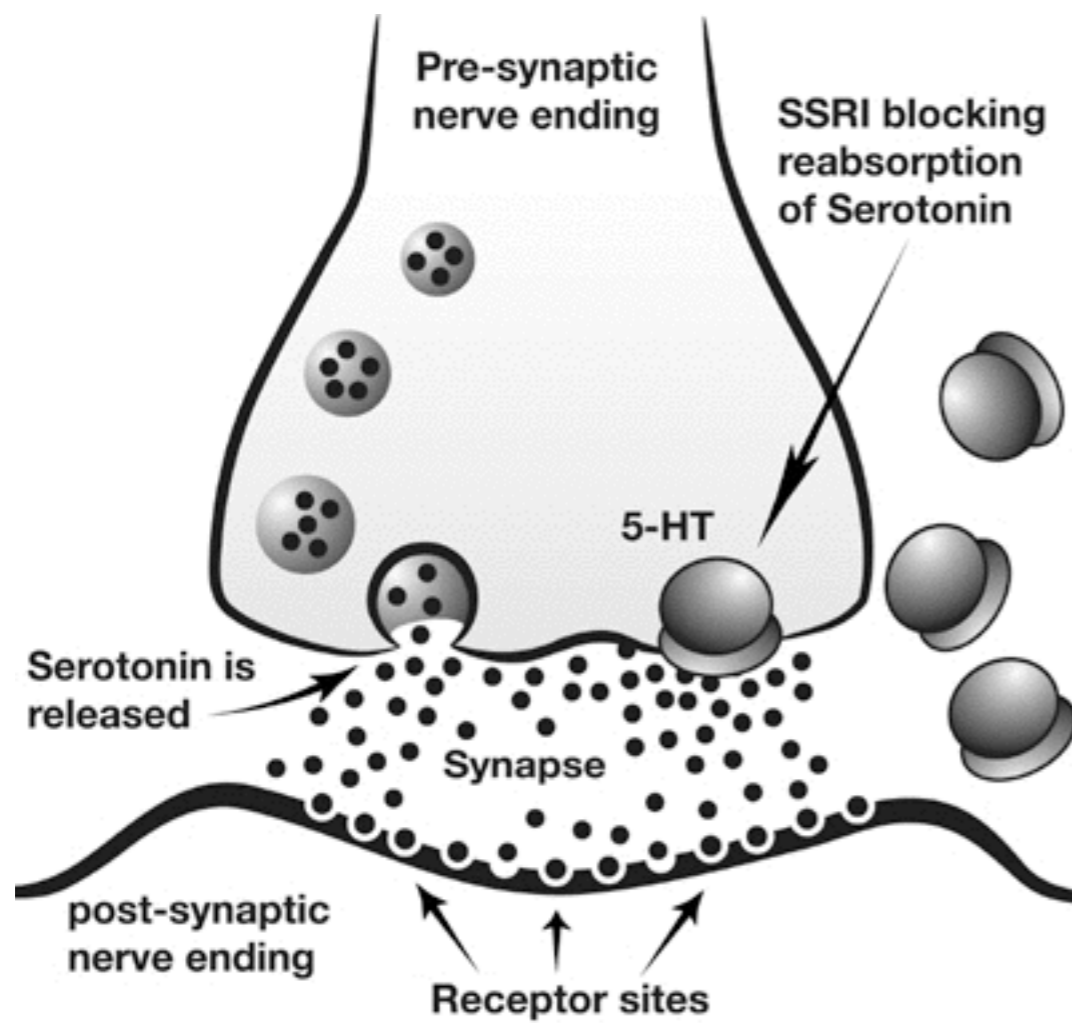
# Existing Antidepressant Treatments

serotonin reuptake inhibitor target



# Existing Antidepressant Treatments

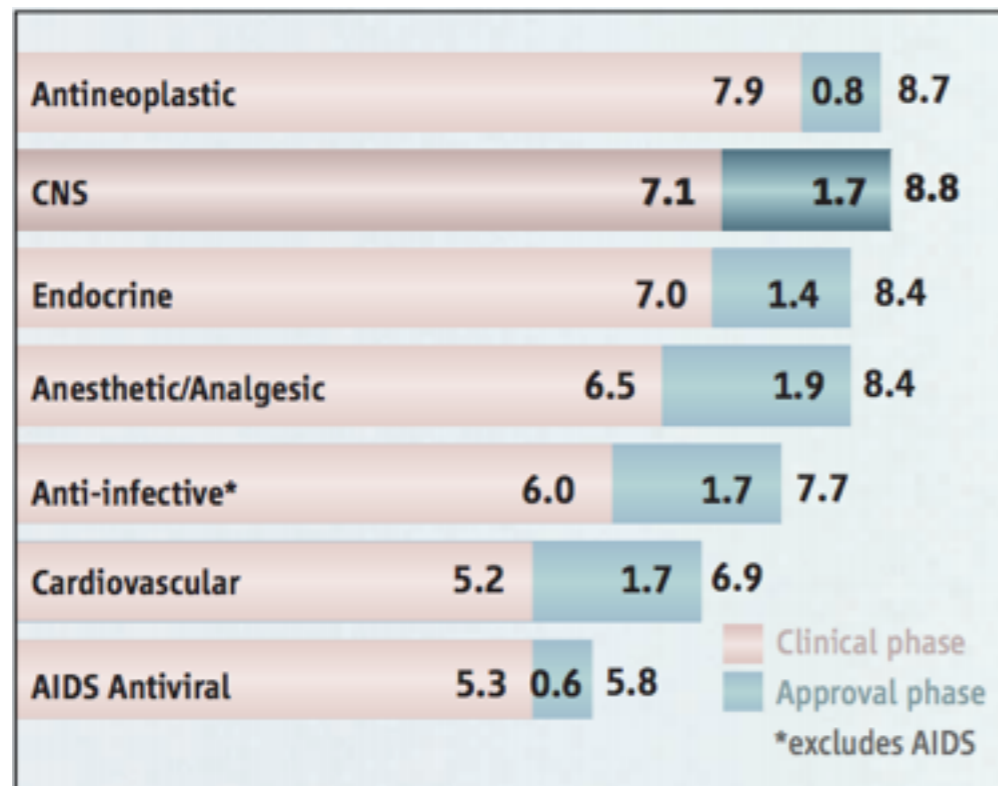
serotonin reuptake inhibitor target



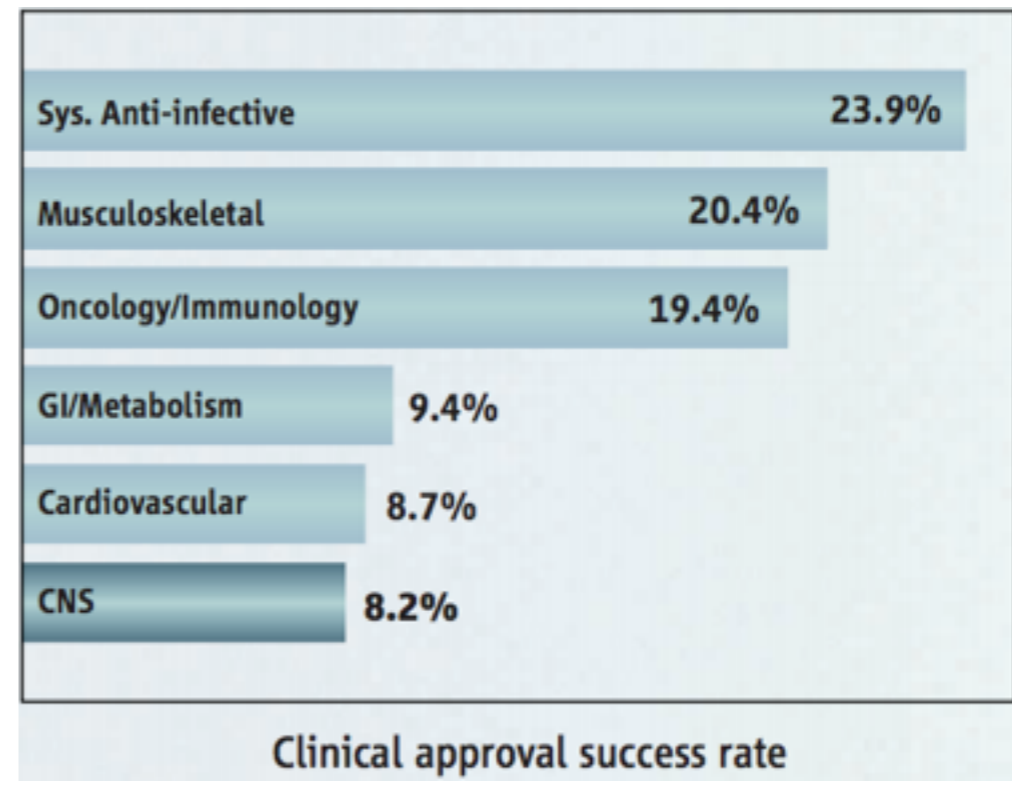
# Innovation Gap in CNS Drug Development

*investment in CNS drug design has decreased rapidly in recent years*

- CNS drugs cost more and take longer to bring to market than most other therapies
- Only 8% of clinical compounds are approved, about half the average success rate



Clinical development and approval time (years)



Clinical approval success rate



## *Innovation Gap in CNS Drug Development*

***investment in CNS drug design has decreased rapidly in recent years***

- CNS drugs cost more and take longer to bring to market than most other therapies
- Only 8% of clinical compounds are approved, about half the average success rate



Halted drug discovery in  
pain, depression, and anxiety



Halted drug discovery in bipolar disorder,  
depression, schizophrenia, and anxiety

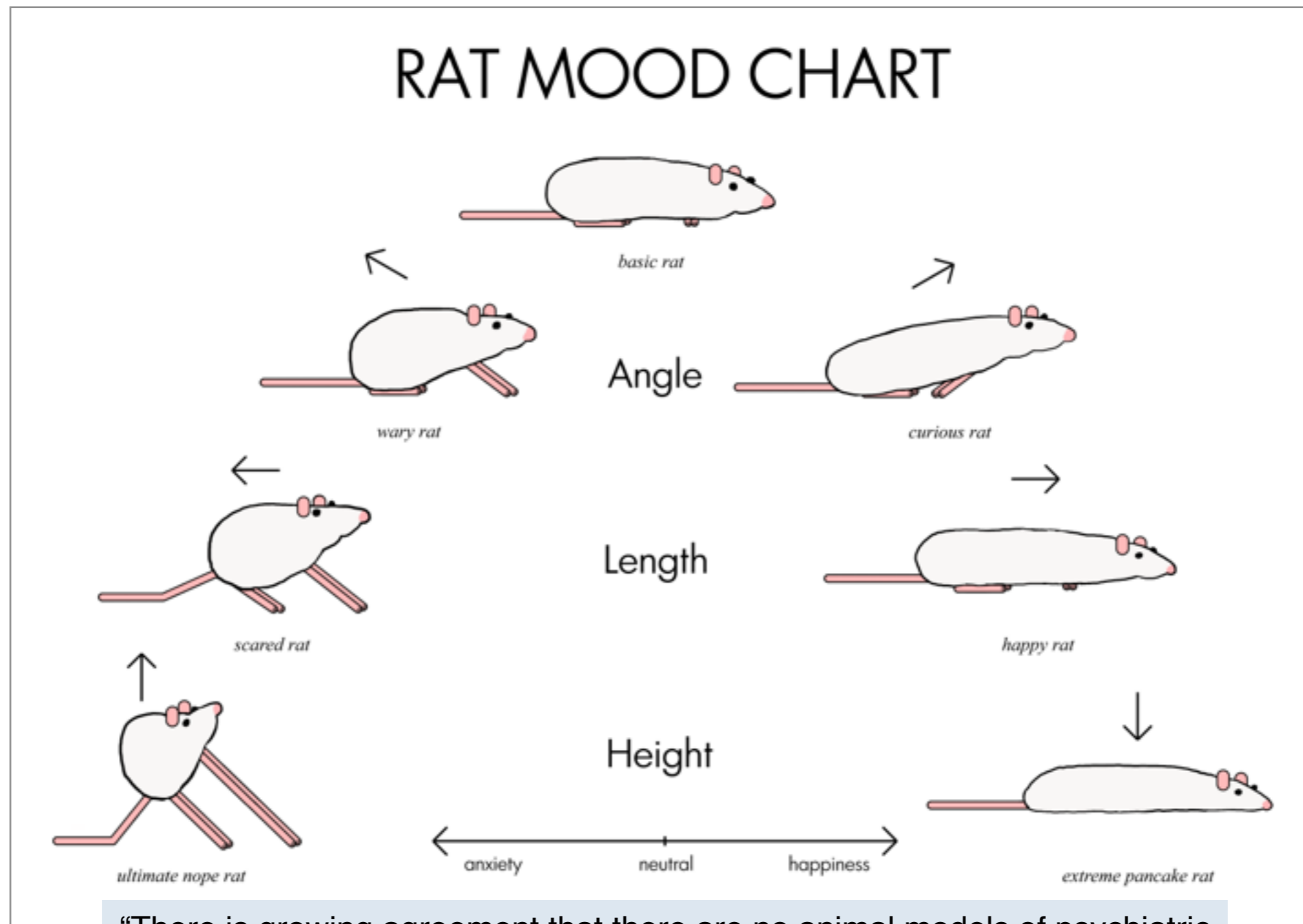
*Designing Therapies for Neuropsychiatric Diseases is Challenging*

**Inadequate Pre-Clinical Models**

**Challenging Target Validation**

**Mechanisms Poorly Understood**

## Pre-Clinical Models Possess Limited Predictive Value



“There is growing agreement that there are no animal models of psychiatric disorders such as depression that capture the relevant pathophysiology”



*Pre-Clinical Models Possess Limited Predictive Value*



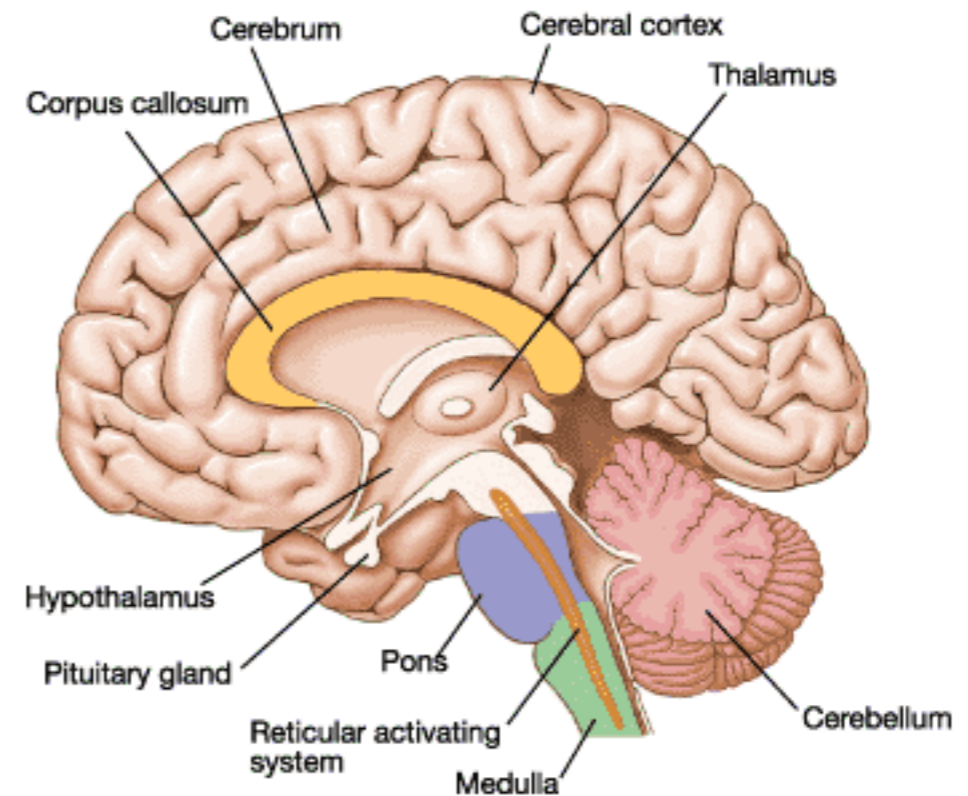
Mobile rat = "happy rat"  
Immobile rat = "depressed rat"

**"Forced Swim Test"**

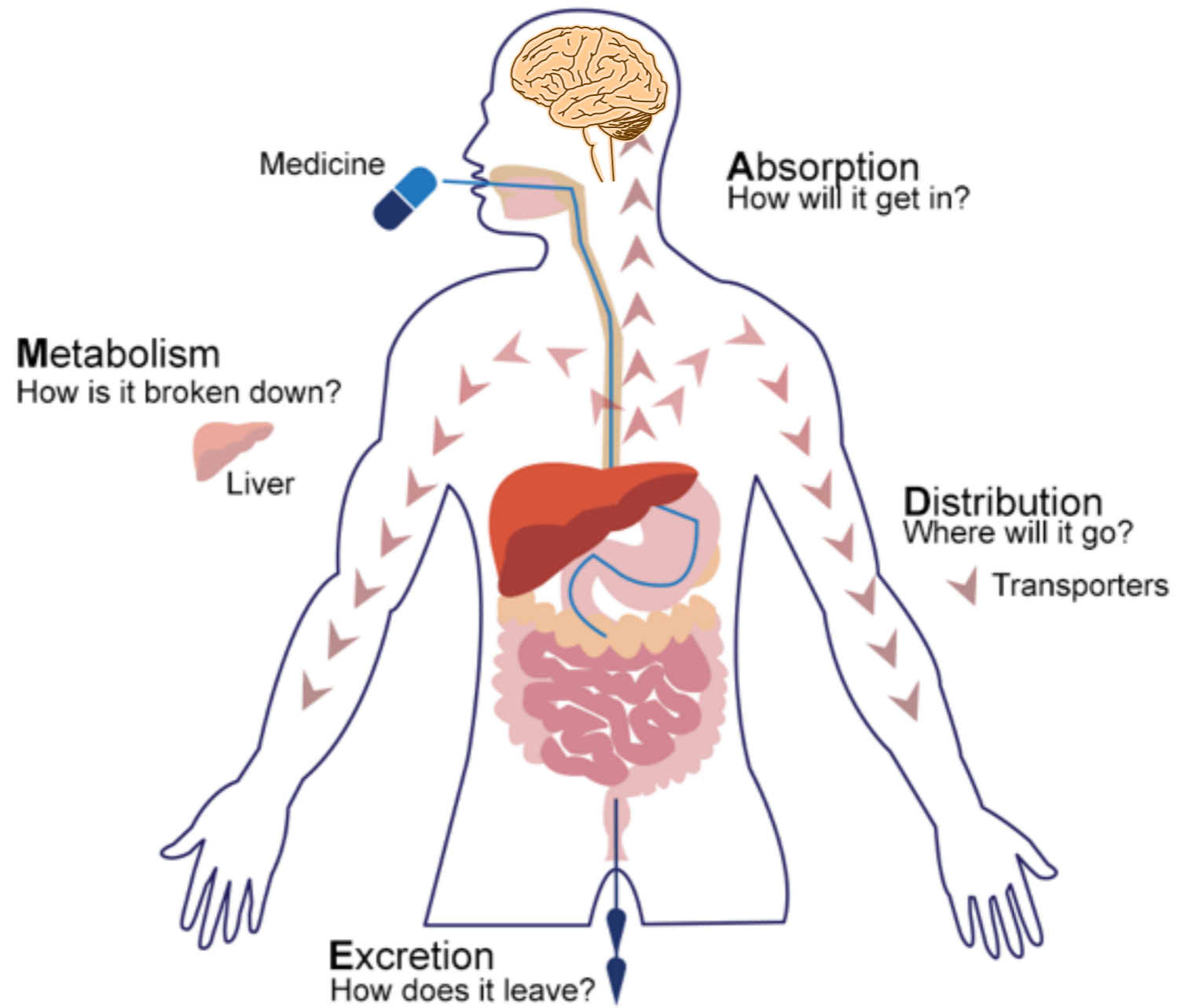
# *CNS Disease Mechanisms are Not Well Understood*

Deep understanding of disease mechanism is difficult to achieve.

- Human brain biology is incredibly complex
- Significant differences from animal models
- Surgical procedures are impossible in most cases
- *Brain disorders are not cell autonomous*

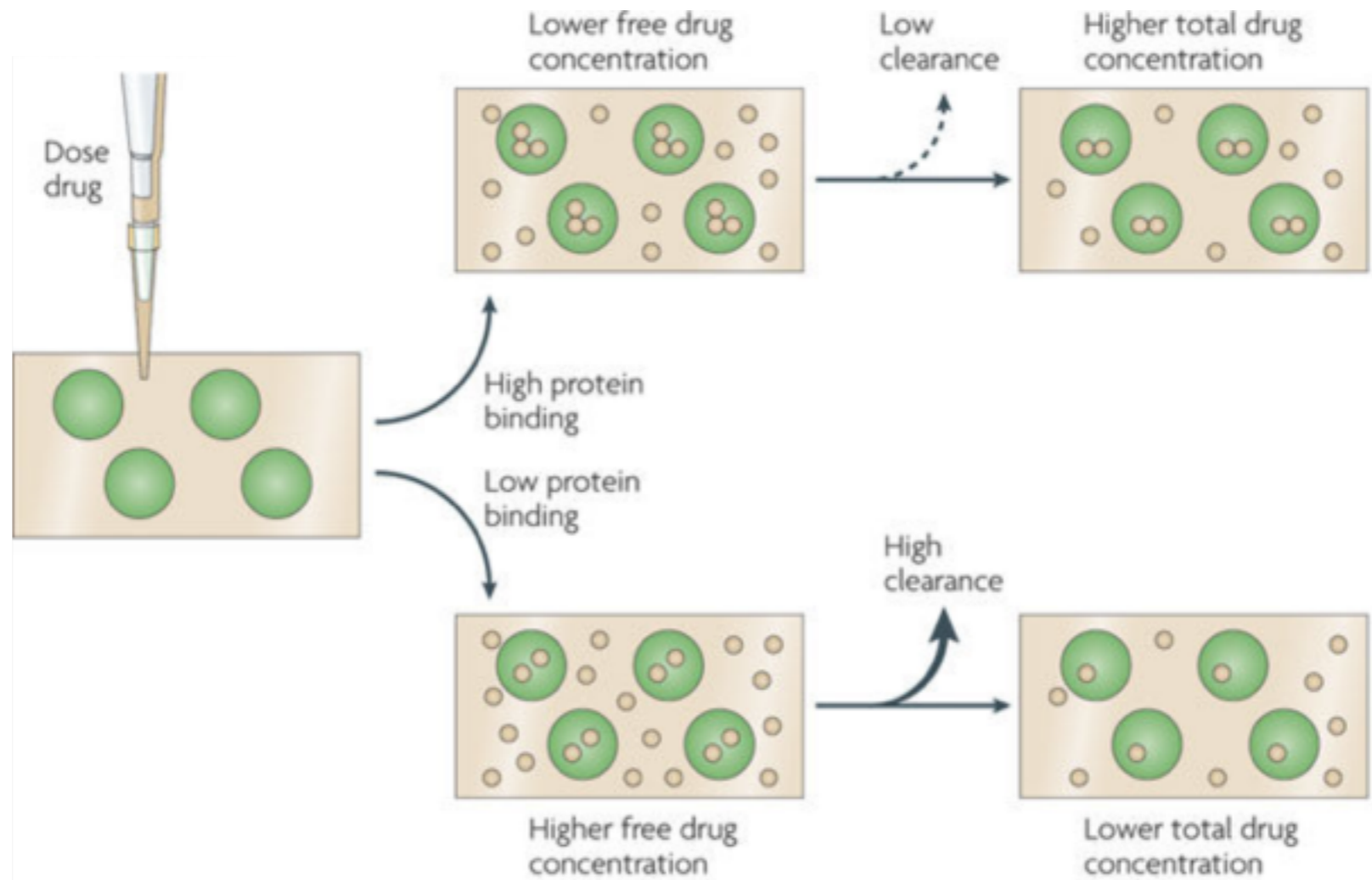


# How Do Molecules Enter and Exit the Brain?





## The Free Drug Hypothesis

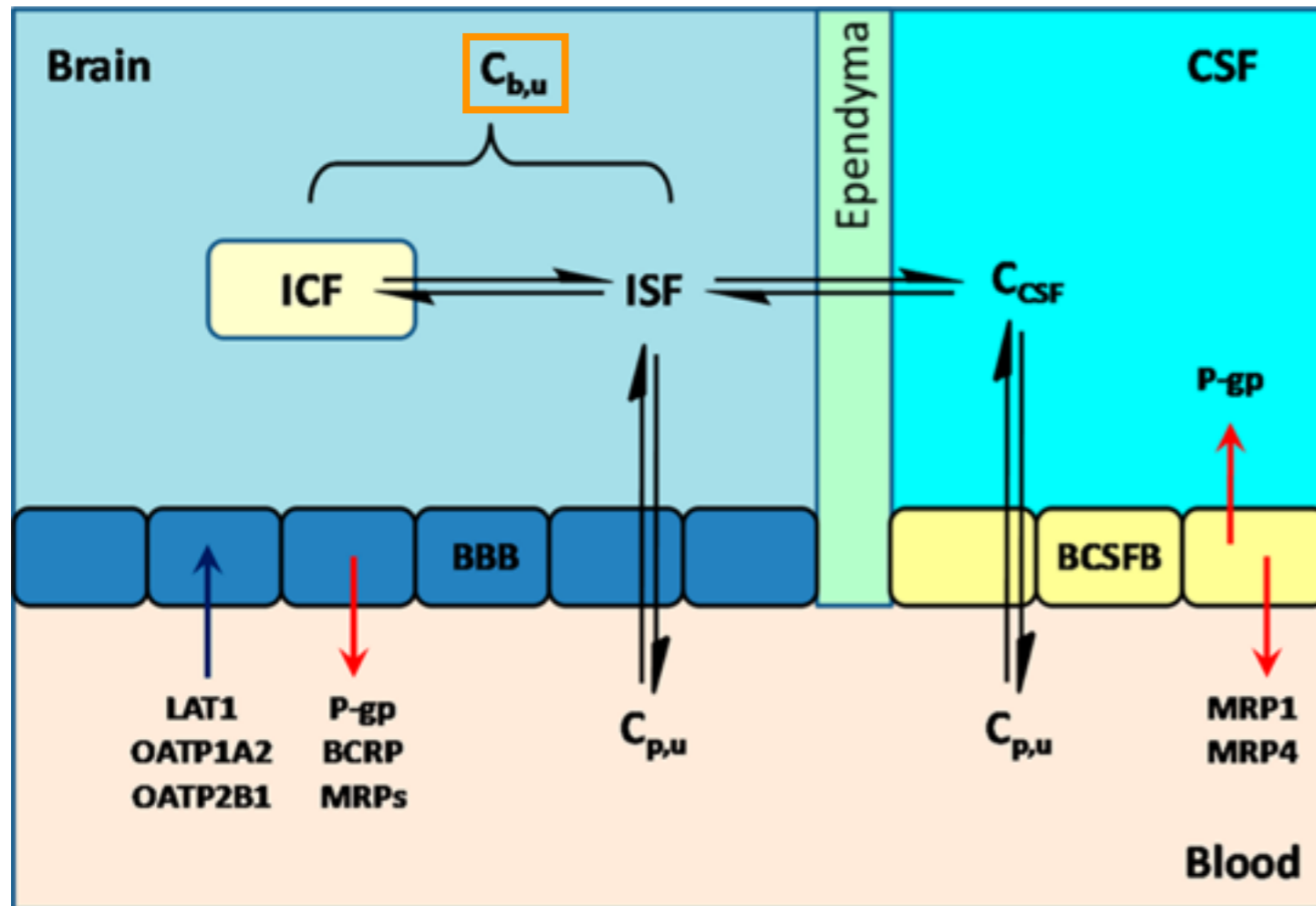


I. The free drug concentration at the site of action is responsible for pharmacological activity *in vivo*

II. At steady state in the absence of active transport, free drug concentration is the same on both sides of any biomembrane

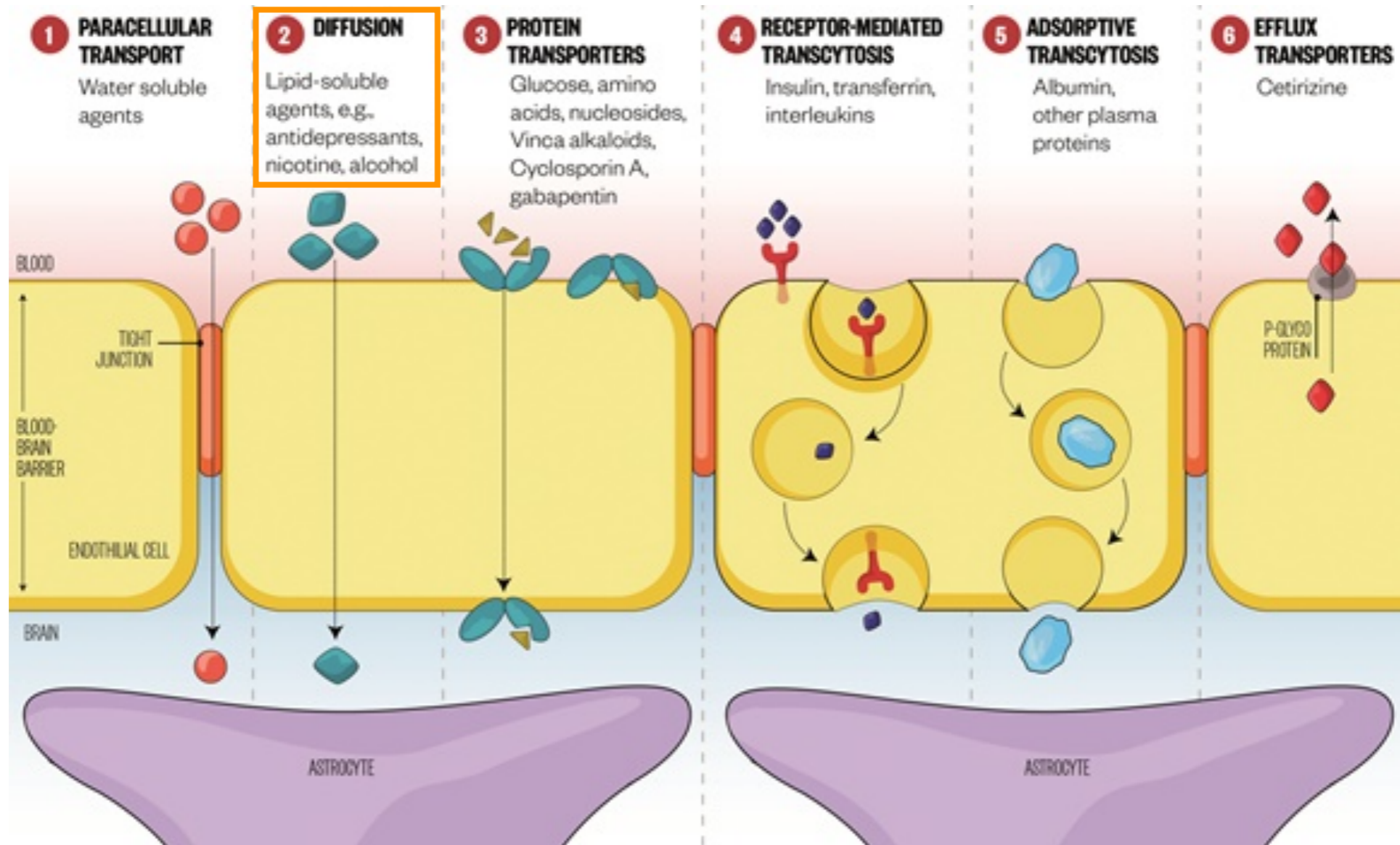
# How Do Molecules Enter and Exit the Brain?

Blood-Brain Barrier: Endothelial cells with very tight intracellular junctions



- $C_{b,u}$  : unbound brain concentration
- ISF : interstitial fluid
- ICF : intracellular fluid
  
- A number of transport proteins regulate drug or other molecule concentration in the brain via active transport mechanisms

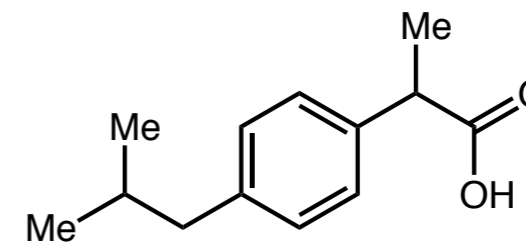
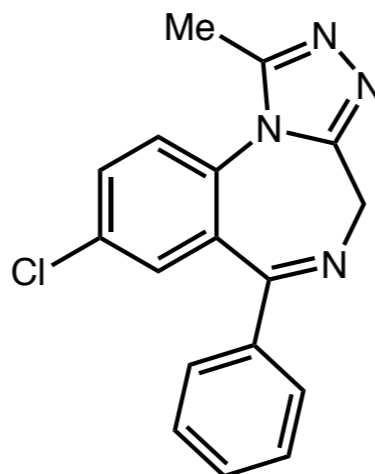
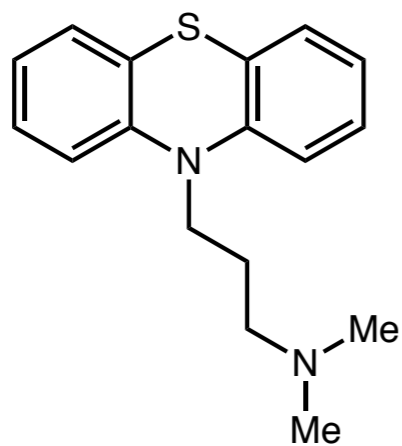
# Crossing the Blood-Brain Barrier



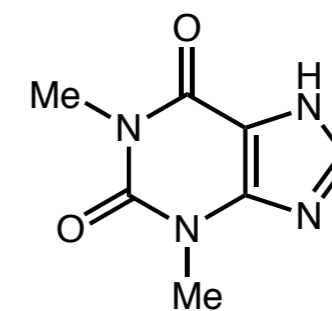
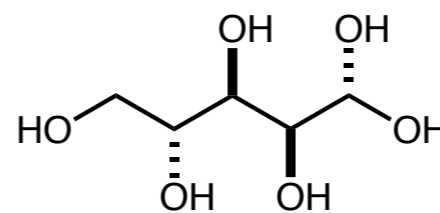
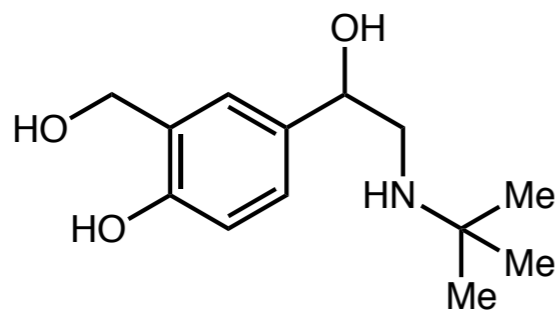
Most common route: Passive permeation

# Crossing the Blood-Brain Barrier

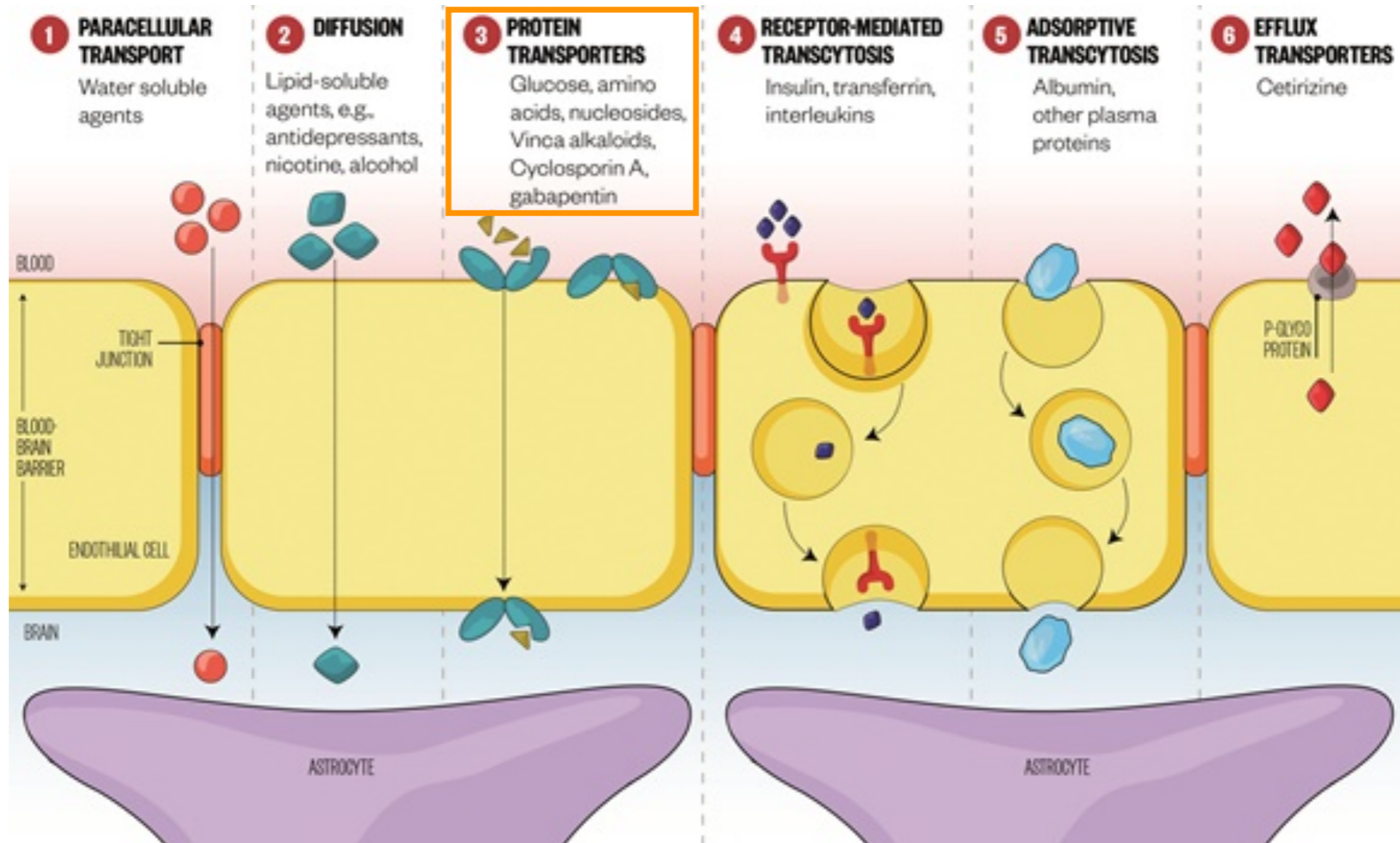
*Blood-brain barrier permeable*



*Do not diffuse across BBB*



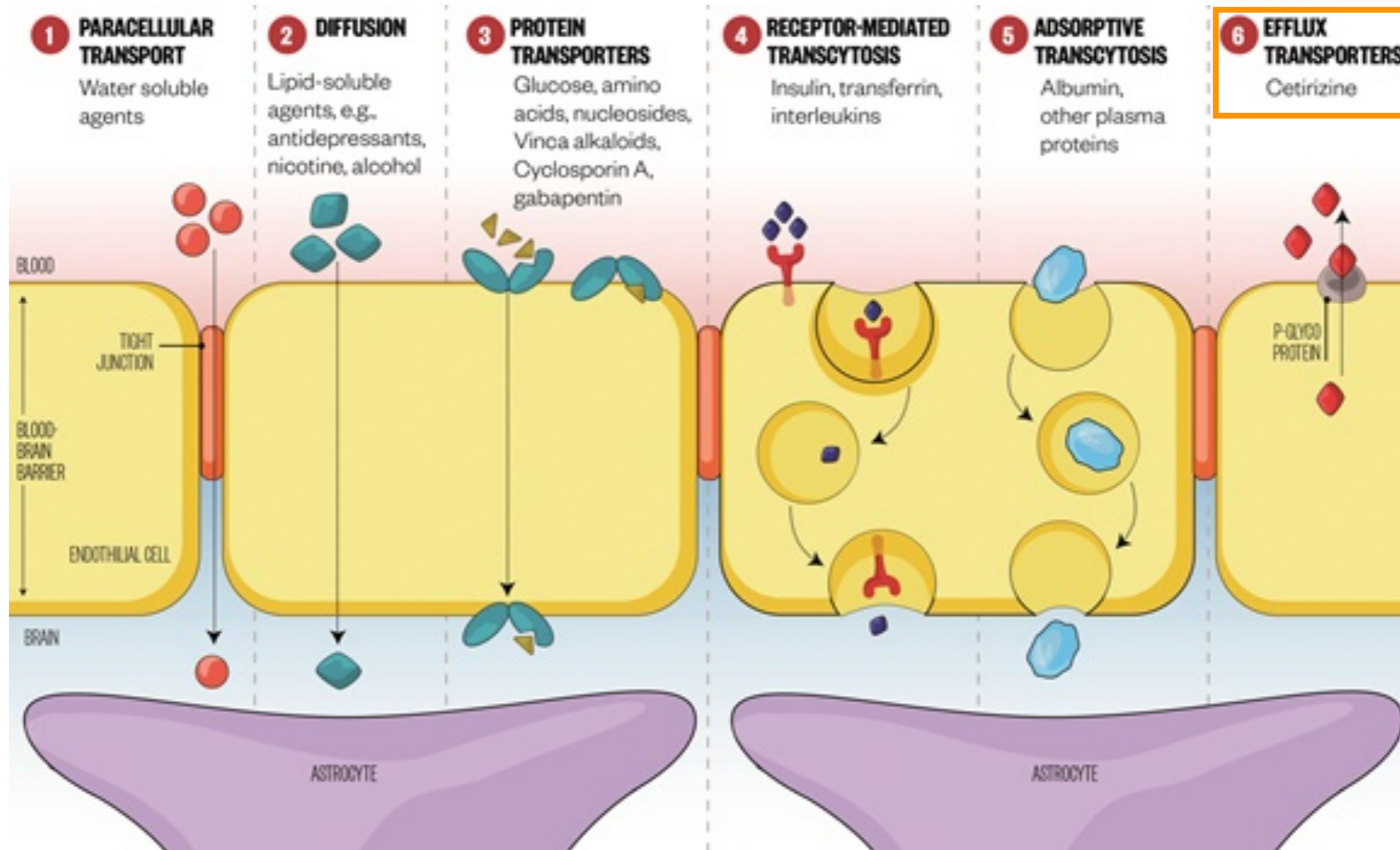
# Crossing the Blood-Brain Barrier



Active Transport

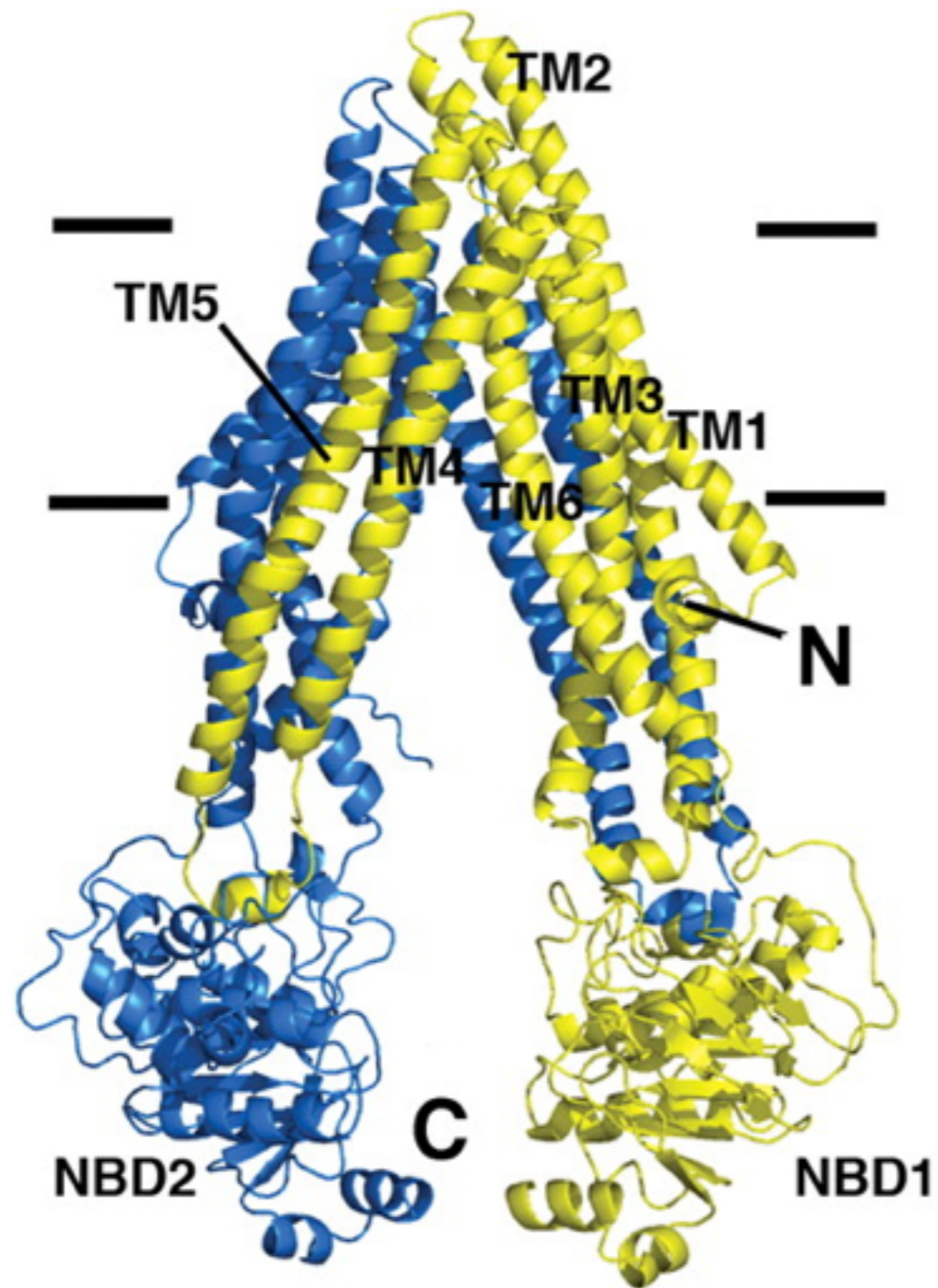


# Crossing the Blood-Brain Barrier



Efflux mechanisms need to be avoided!

## *P*-Glycoprotein Mediated Efflux



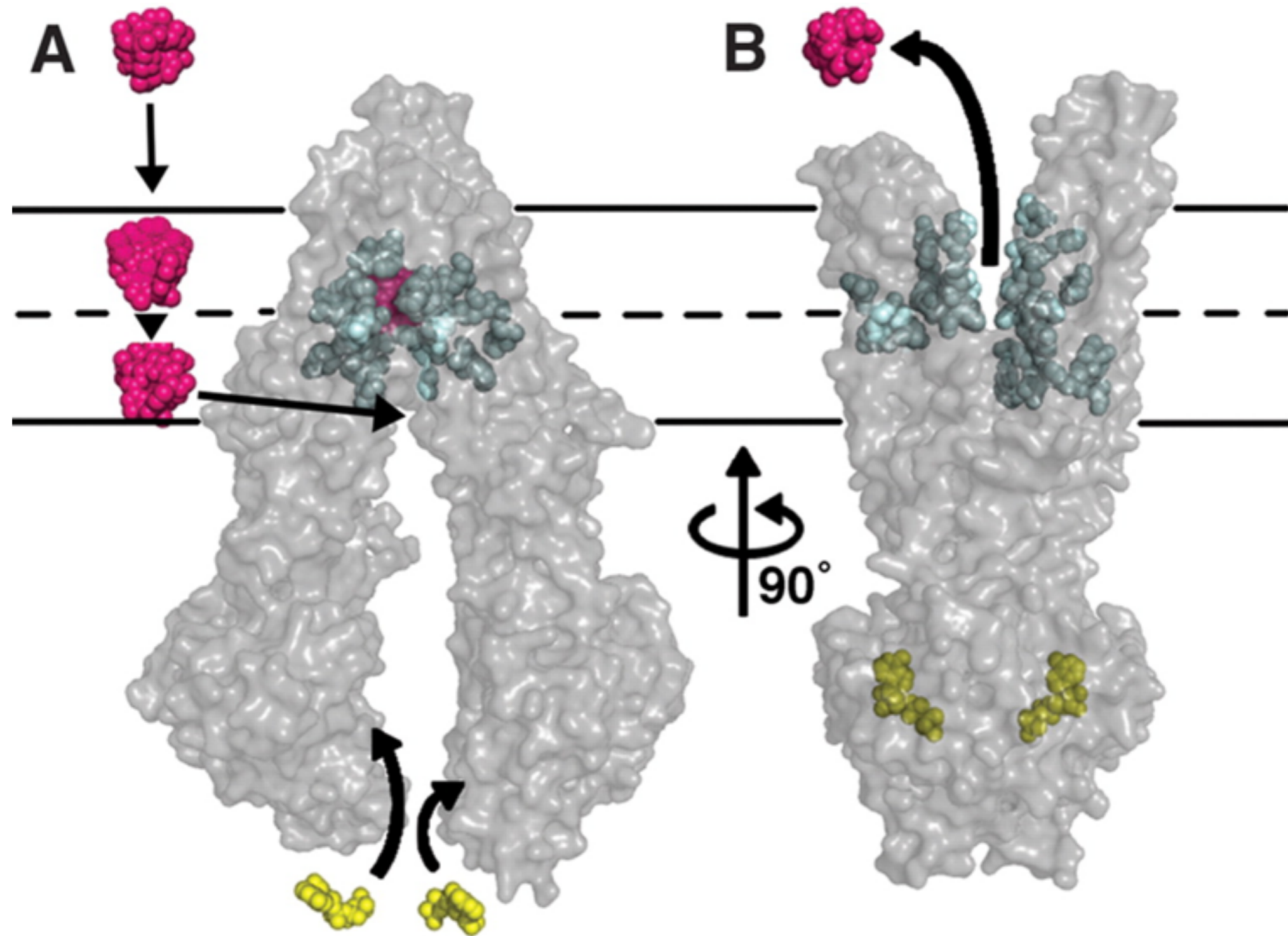
### P-Glycoprotein

Highly expressed at the blood-brain barrier

Serves as a molecular “pump”

Very broad substrate specificity

## *P*-Glycoprotein Mediated Efflux



## *Critical Parameters and How They Are Measured*

1.  $C_{b,u}$  : unbound brain concentration

2.  $K_{p,uu}$  : unbound brain to plasma ratio

3.  $P_{app}$  : rate of brain permeability

4. ER : efflux ratio

## *Critical Parameters and How They Are Measured*

1.  $C_{b,u}$  : unbound brain concentration

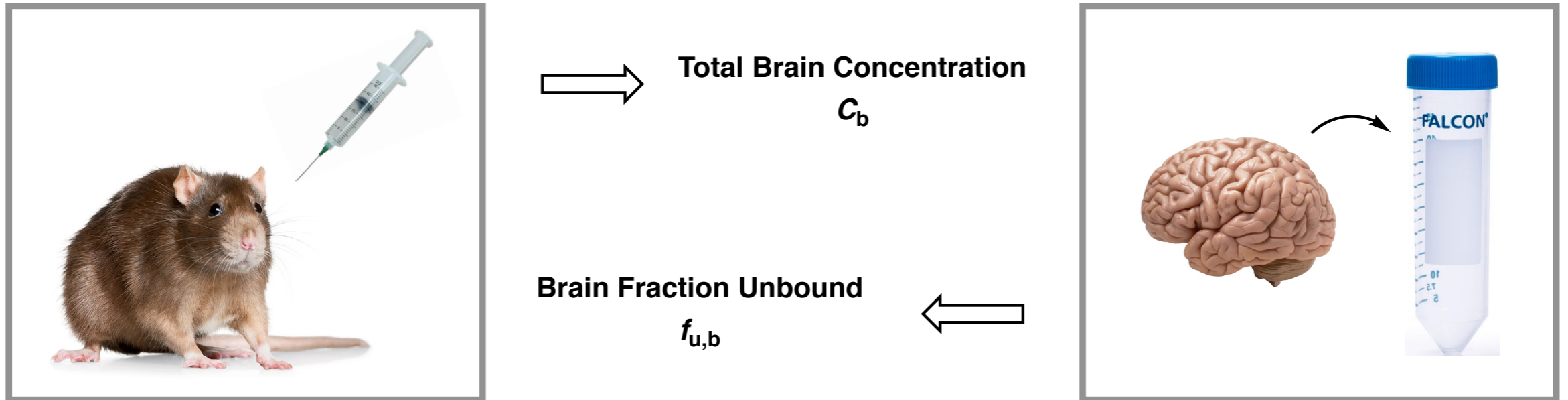
2.  $K_{p,uu}$  : unbound brain to plasma ratio

3.  $P_{app}$  : rate of brain permeability

4. ER : efflux ratio



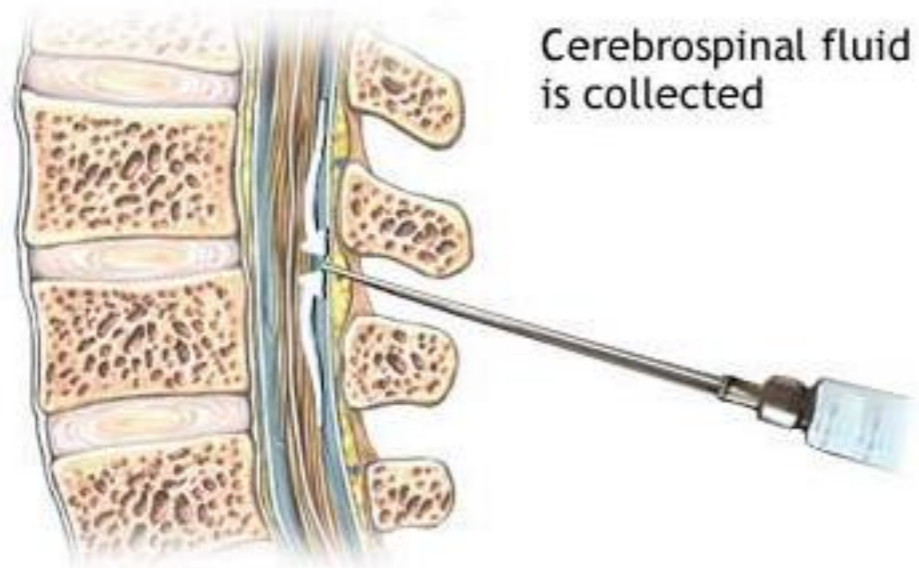
## Measurement of Unbound Drug Concentration in the Brain



$$C_b \times f_{u,b} = C_{u,b}$$

*Unbound drug concentration is the most important parameter for CNS pharmacokinetics.*

## Measurement of Unbound Drug Concentration in the Brain



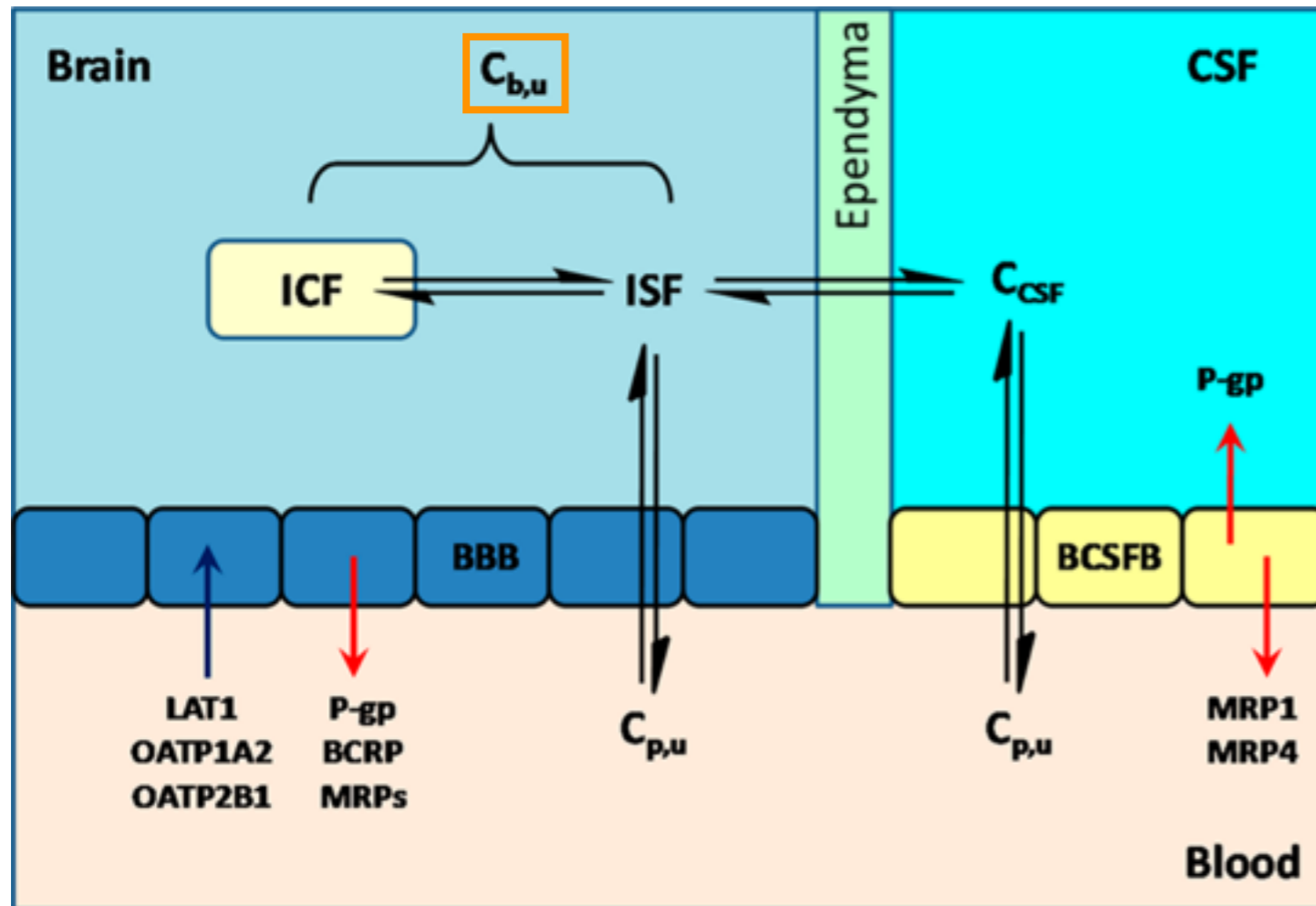
**In humans, CSF concentration approximates brain concentration when transporters are not involved.**

$$C_b \times f_{u,b} = C_{u,b}$$

*Unbound drug concentration is the most important parameter for CNS pharmacokinetics.*

# How Do Molecules Enter and Exit the Brain?

Blood-Brain Barrier: Endothelial cells with very tight intracellular junctions



- $C_{b,u}$  : unbound brain concentration
- ISF : interstitial fluid
- ICF : intracellular fluid
  
- A number of transport proteins regulate drug or other molecule concentration in the brain via active transport mechanisms

## *Critical Parameters and How They Are Measured*

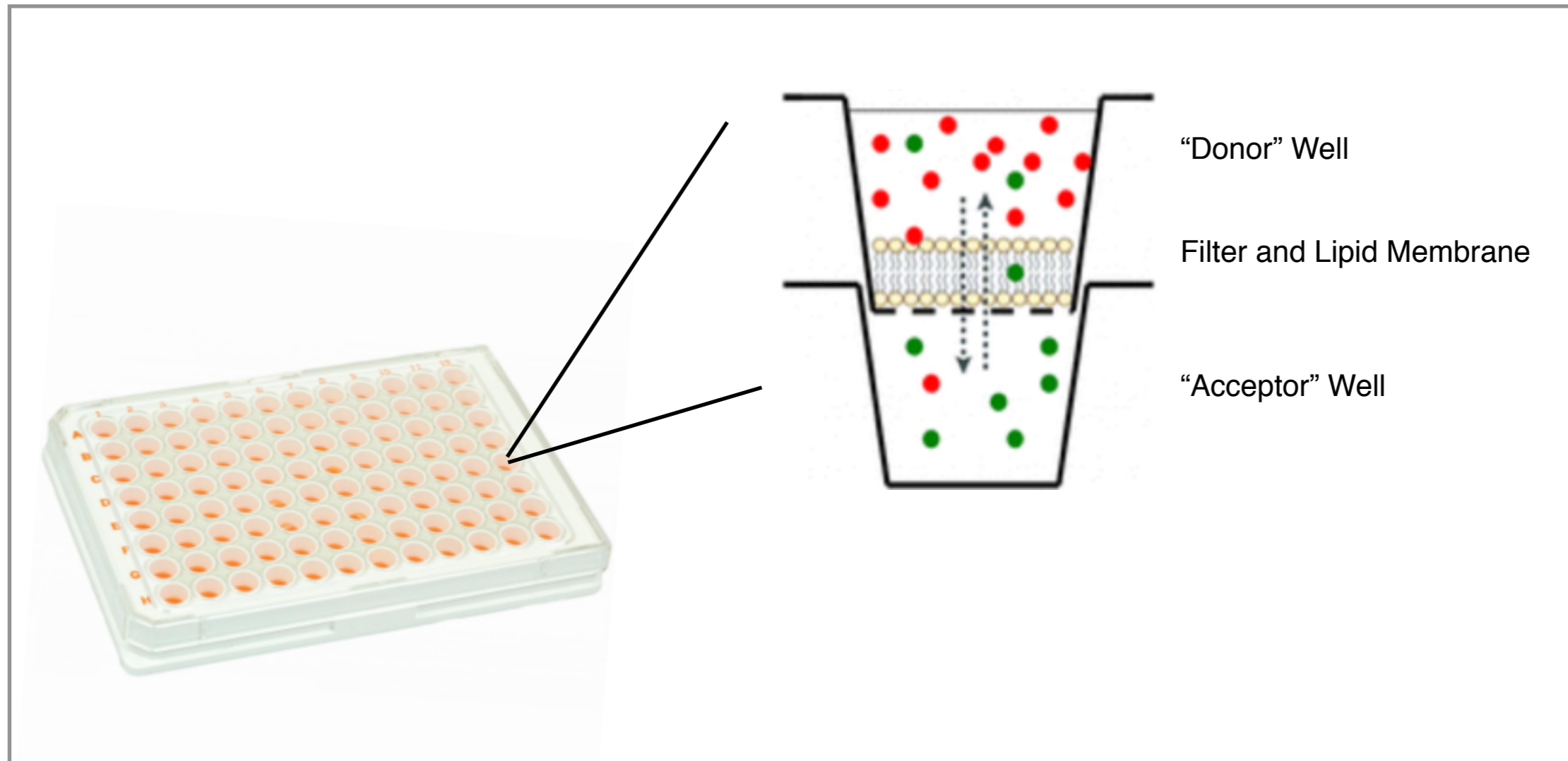
1.  $C_{b,u}$  : unbound brain concentration

2.  $K_{p,uu}$  : unbound brain to plasma ratio

3.  $P_{app}$  : rate of brain permeability

4. ER : efflux ratio

## Blood-Brain Barrier Passive Permeability



### Parallel Artificial Membrane Permeability Assay

The amount of drug in each compartment is measured following an incubation period.



## *Critical Parameters and How They Are Measured*

1.  $C_{b,u}$  : unbound brain concentration

2.  $K_{p,uu}$  : unbound brain to plasma ratio

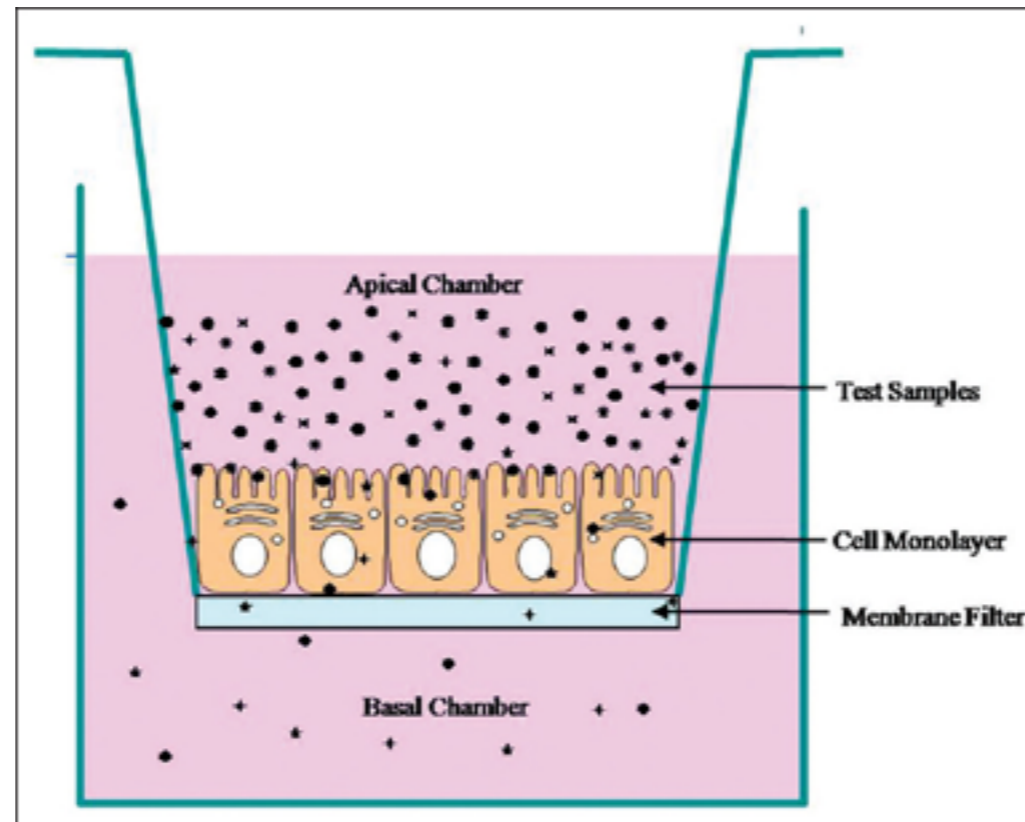
3.  $P_{app}$  : rate of brain permeability

4. ER : efflux ratio

## Measuring Efflux Ratio with MDR1-MDCK

Culture Cells

Madin Darby canine kidney  
transfection with MDR1



Measure Concentration

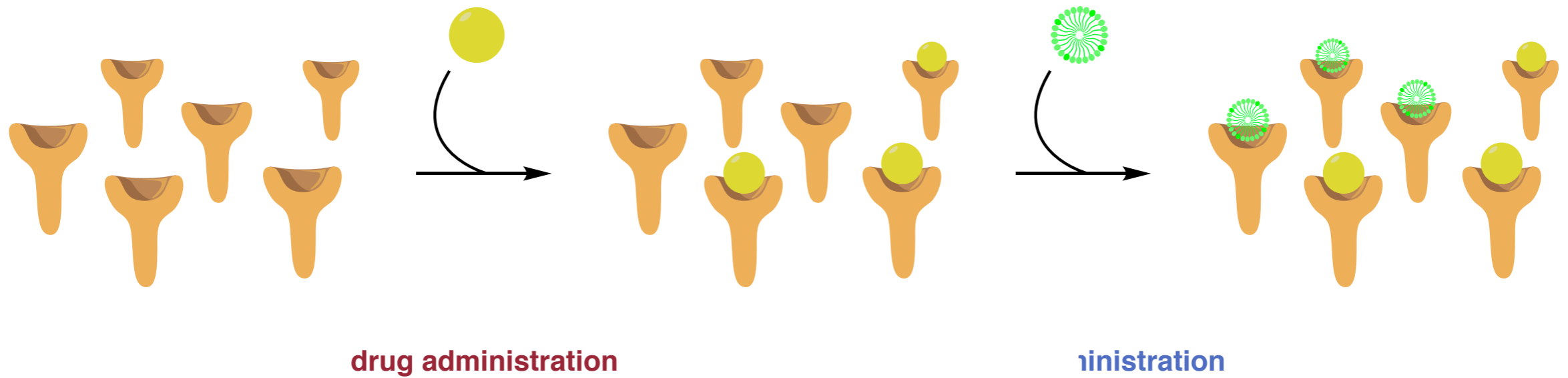
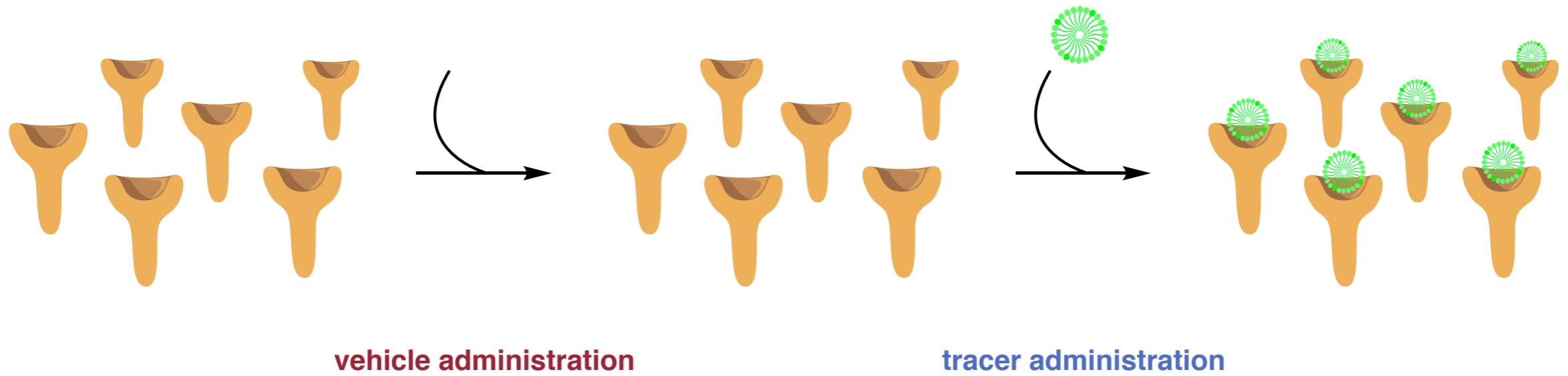
Efflux Ratio (ER) = (compound in apical chamber)/(compound in basal chamber)

highly effluxed compounds are prevented from diffusing to the basal chamber

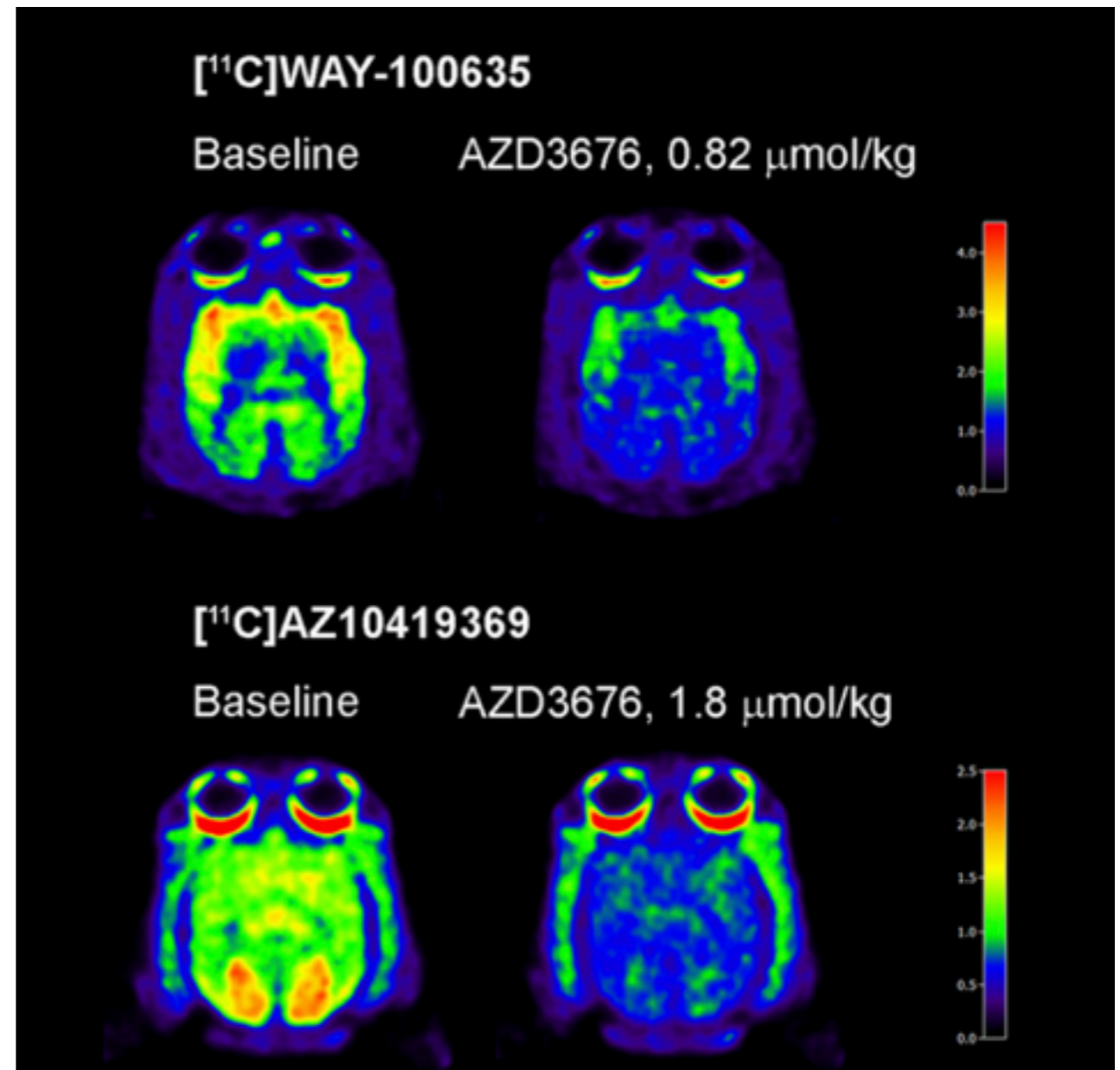
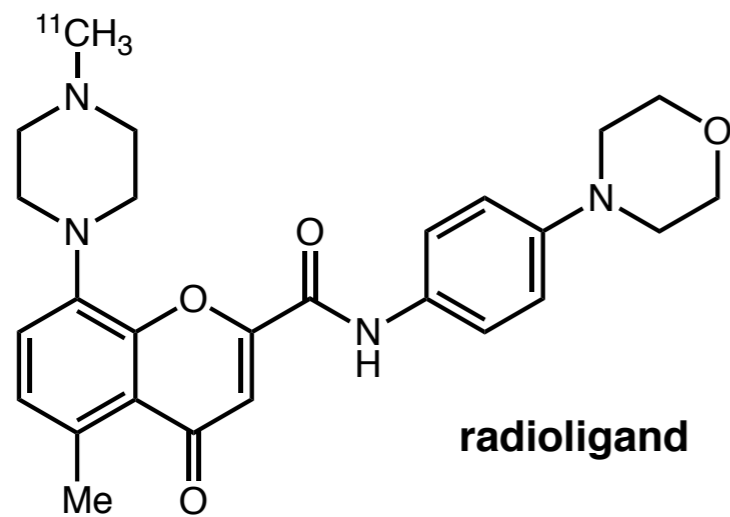
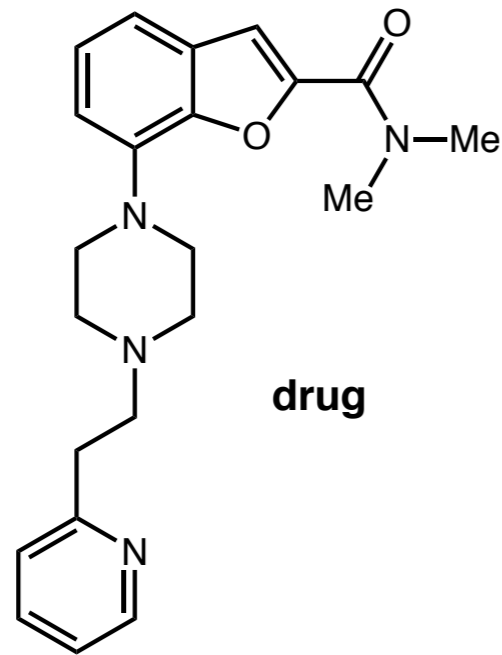
## *Measuring Receptor Occupancy*

**How can you tell if a drug is reaching its target?**

# Measuring Receptor Occupancy



# Measuring Receptor Occupancy

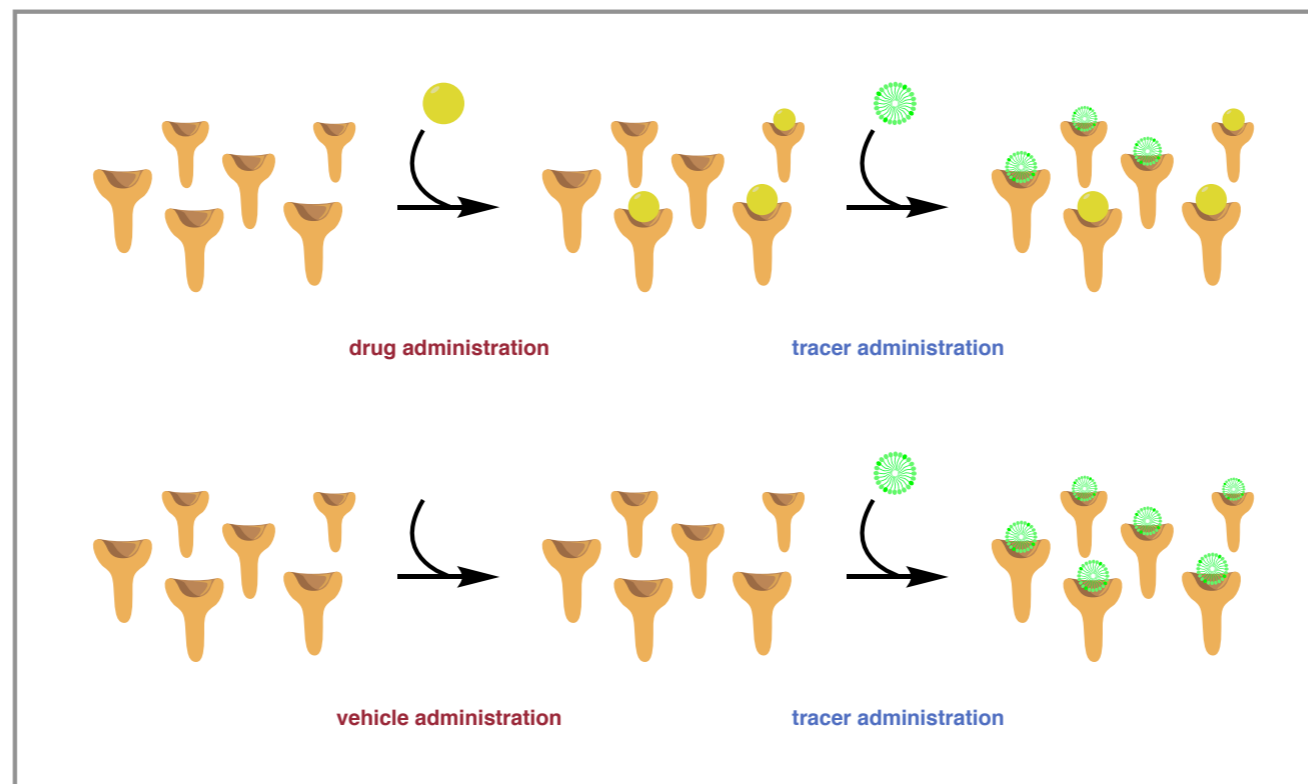


5-HT<sub>1A</sub> receptor occupancy



# Measuring Receptor Occupancy

- Receptor occupancy studies provide the most direct information on drug exposure
- Cost and time concerns preclude their use for all but the most advanced compounds



## Optimization of Compounds for CNS Penetration

### Lipophilicity

- Often leads to increased potency
- Increased off-target activity

### Polar Surface Area

- Surrogate measure of hydrogen-bonding and polarity
- Strong correlation with membrane permeability

### Hydrogen Bonding

- Leads to lower passive permeability
- Increases risk of P-gp efflux

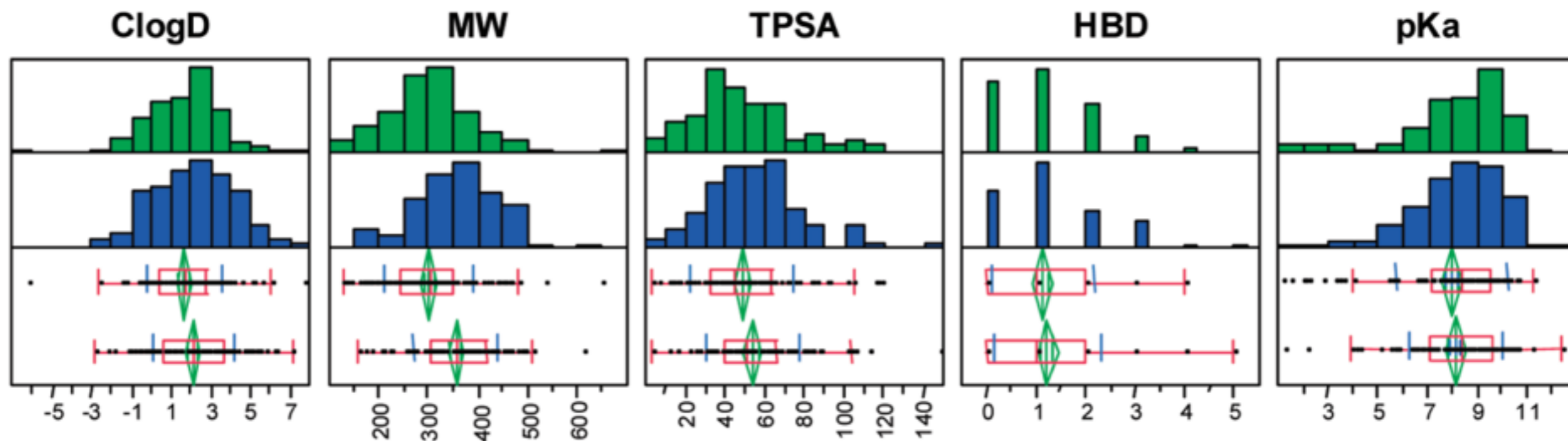
### $pK_a$

- Most CNS drugs contain at least one basic center
- High  $pK_a$  can lead to increased efflux

### Molecular Flexibility

- High flexibility can decrease passive permeation
- Can be improved by IMHB and cyclization

## Optimization of Compounds for CNS Penetration



analysis of 119 marketed CNS drugs and 108 Pfizer CNS candidates

## Optimization of Compounds for CNS Penetration

### Lipophilicity

- Often leads to increased potency
- Increased off-target activity

### Polar Surface Area

- Surrogate measure of hydrogen-bonding and polarity
- Strong correlation with membrane permeability

### Hydrogen Bonding

- Leads to lower passive permeability
- Increases risk of P-gp efflux

### $pK_a$

- Most CNS drugs contain at least one basic center
- High  $pK_a$  can lead to increased efflux

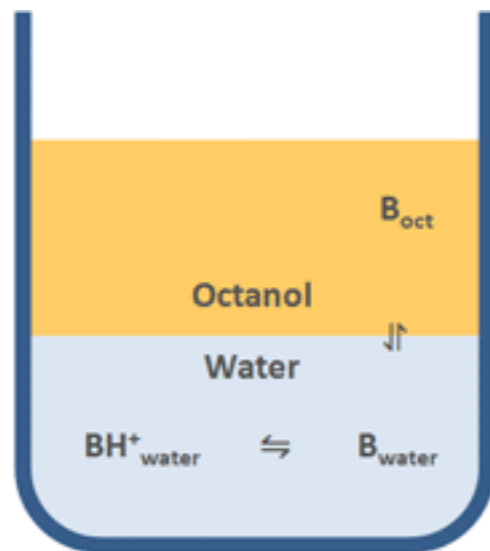
### Molecular Flexibility

- High flexibility can decrease passive permeation
- Can be improved by IMHB and cyclization

## Optimization of Compounds for CNS Penetration

LogP = a determination of lipophilicity based on partitioning between octanol and water

LogD = a pH dependent counterpart to logP, measured at a specific pH using a buffer

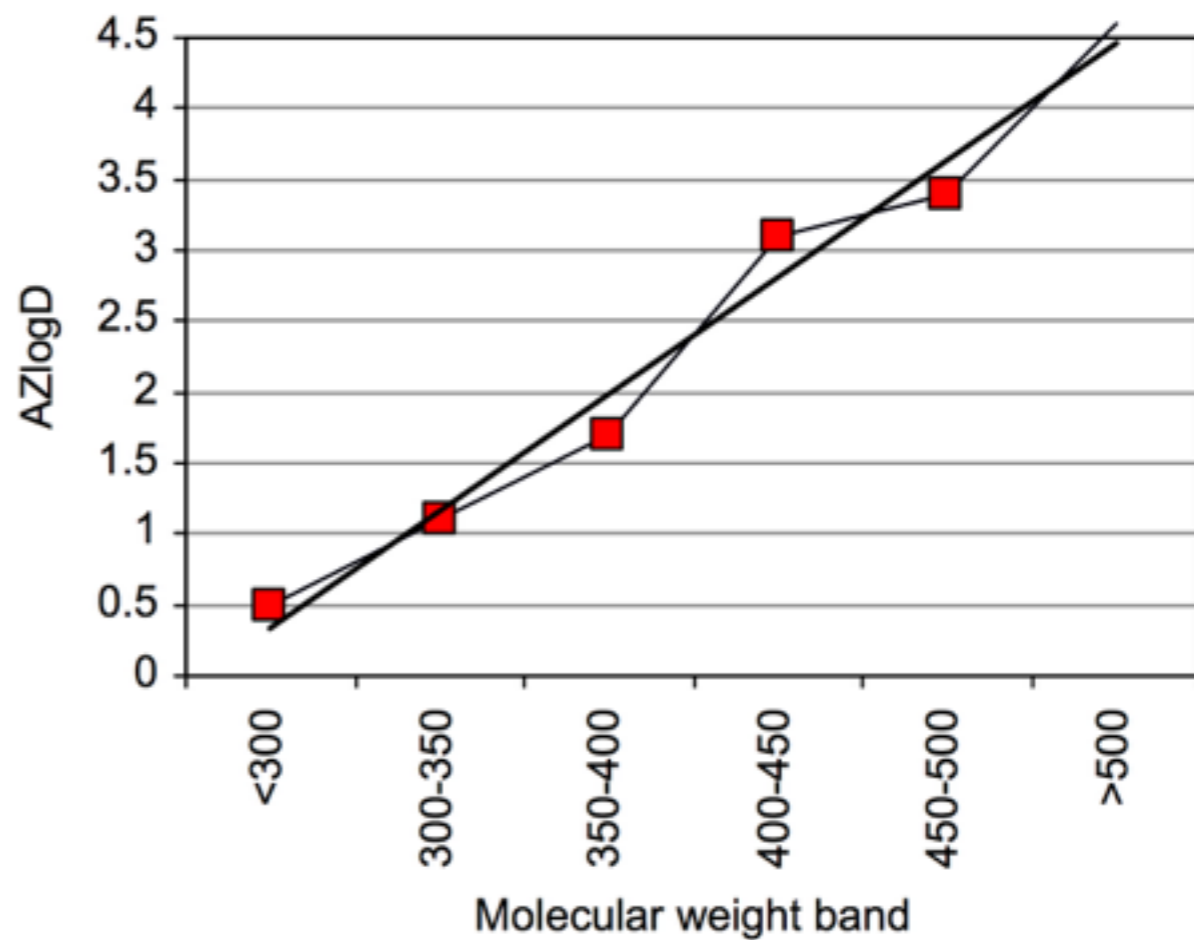
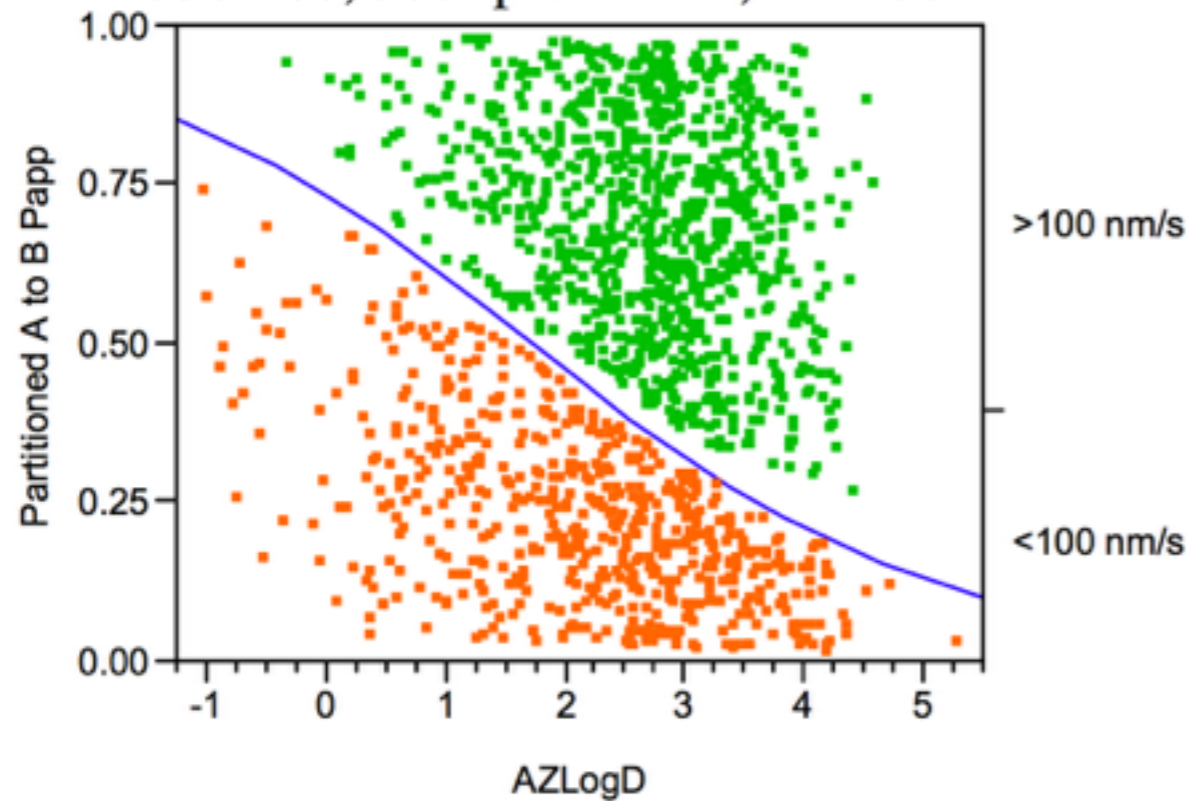


$$\log P_{oct/wat} = \log \left( \frac{[solute]_{octanol}}{[solute]_{water}^{un-ionized}} \right)$$



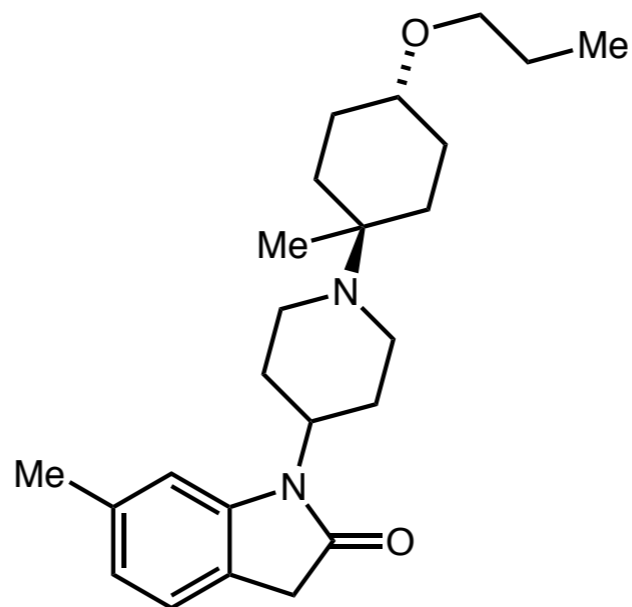
## Increased Lipophilicity Leads to Higher Permeability

MWt 350-400, 50% prob = 1.7, n = 1507



Passive permeability ( $P_{app}$ ) as a function of pH - dependent partition coefficient

## Reducing Lipophilicity to Improve Unbound Brain Concentration



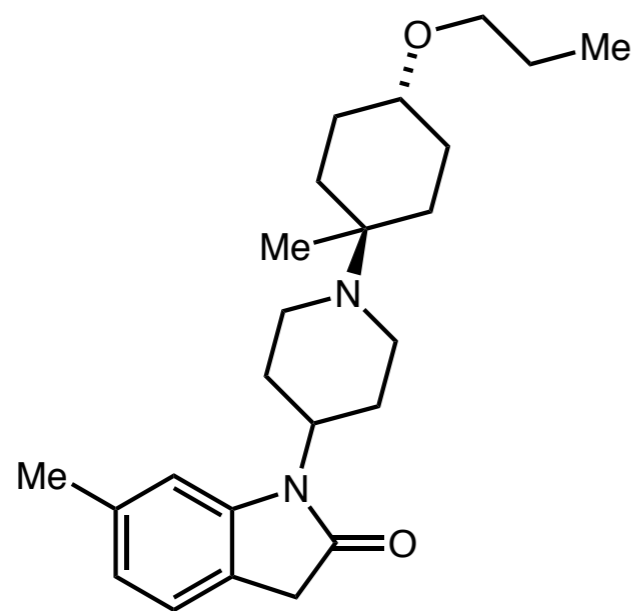
**selective muscarinic M<sub>1</sub> agonist from a GSK high throughput screen**

receptor is highly expressed in the hippocampus and cerebral cortex

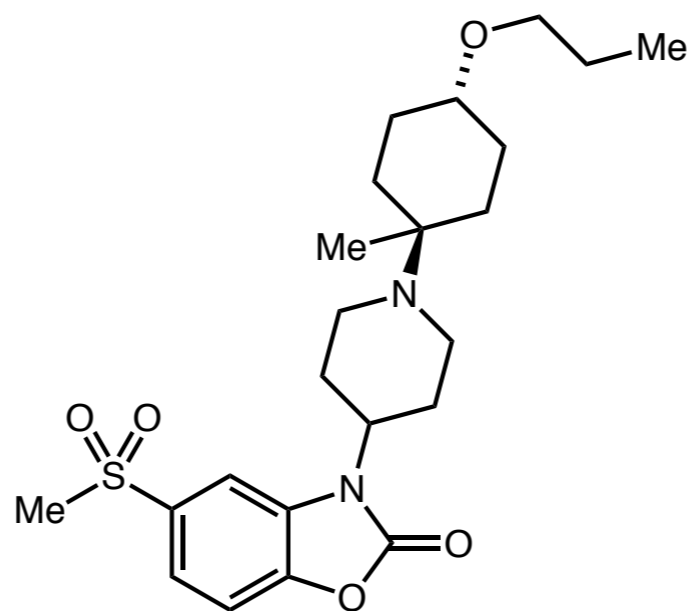
potential targets for treatment of cognitive deficits including in Alzheimer's and schizophrenia

previous compounds showed some clinical efficacy, discontinued due to side effects

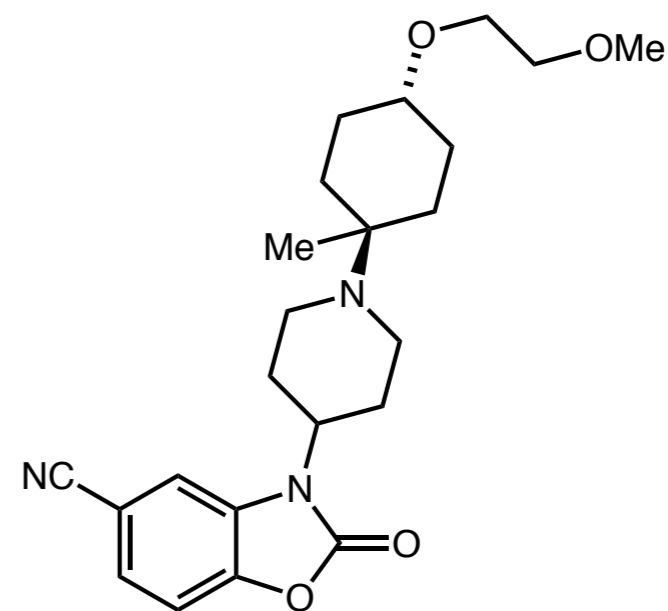
## Reducing Lipophilicity to Improve Unbound Brain Concentration



**1**



**2**



**3**

#	cLogP	$K_p$	$f_{u,b}$	$f_{u,p}$	$C_{u,b}$ (nM)	$C_{u,p}$ (nM)	$K_{p,uu}$
<b>1</b>	3.5	5.7	6%	20%	2.5	2.6	0.96
<b>2</b>	1.5	0.8	36%	40%	168	378	0.44
<b>3</b>	1.5	1.7	39%	38%	261	265	0.98

## Optimization of Compounds for CNS Penetration

### Lipophilicity

- Often leads to increased potency
- Increased off-target activity

### Polar Surface Area

- Surrogate measure of hydrogen-bonding and polarity
- Strong correlation with membrane permeability

### Hydrogen Bonding

- Leads to lower passive permeability
- Increases risk of P-gp efflux

### $pK_a$

- Most CNS drugs contain at least one basic center
- High  $pK_a$  can lead to increased efflux

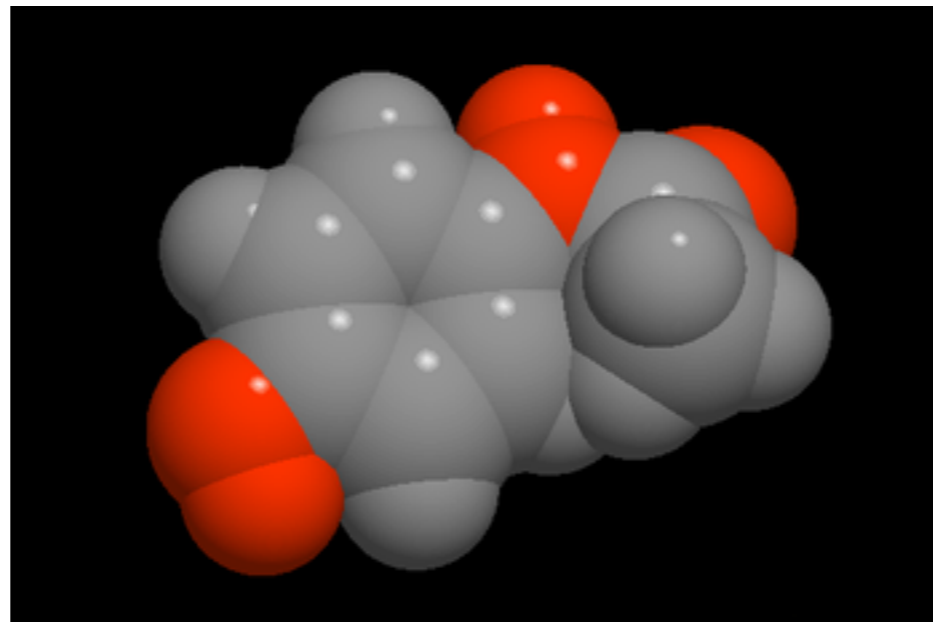
### Molecular Flexibility

- High flexibility can decrease passive permeation
- Can be improved by IMHB and cyclization

## *Optimization of Compounds for CNS Penetration*

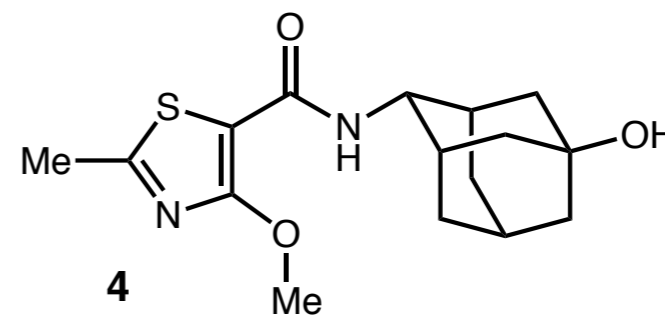
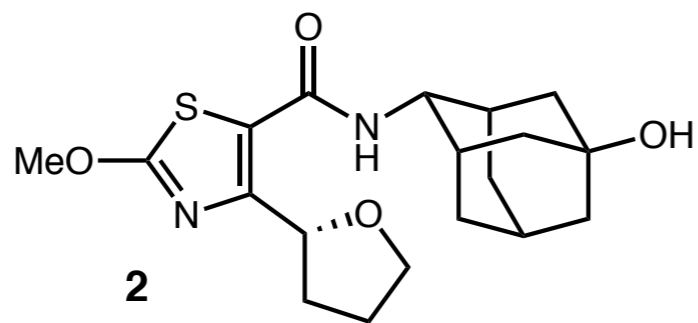
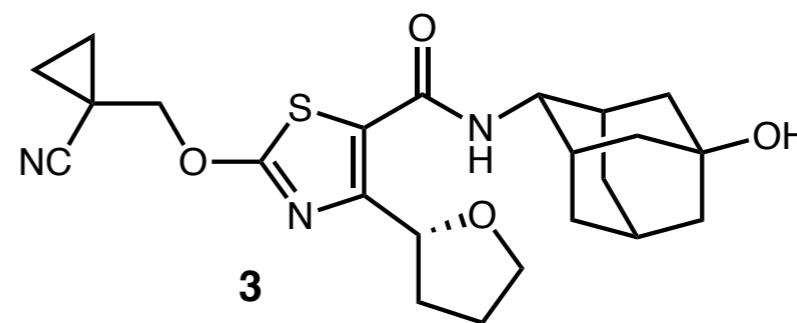
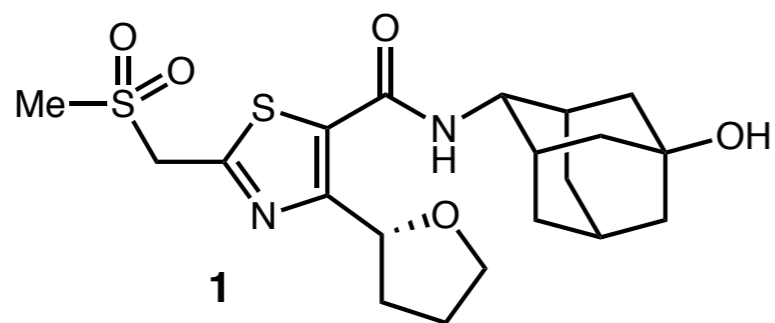
Polar surface area: surface sum over all polar atoms (O, N, etc.) including attached hydrogens

Typically  $< 140 \text{ \AA}^2$  for cell membrane permeability and  $< 90 \text{ \AA}^2$  for BBB permeability





## Higher Polar Surface Area Reduces CNS Exposure



#	LogD	PSA (Å <sup>2</sup> )	$K_{p,uu}$
<b>1</b>	0.4	111	0.03
<b>2</b>	2.6	93	0.4
<b>3</b>	2.3	84	0.7
<b>4</b>	2.0	75	0.9

## Optimization of Compounds for CNS Penetration

### Lipophilicity

- Often leads to increased potency
- Increased off-target activity

### Polar Surface Area

- Surrogate measure of hydrogen-bonding and polarity
- Strong correlation with membrane permeability

### Hydrogen Bonding

- Leads to lower passive permeability
- Increases risk of P-gp efflux

### $pK_a$

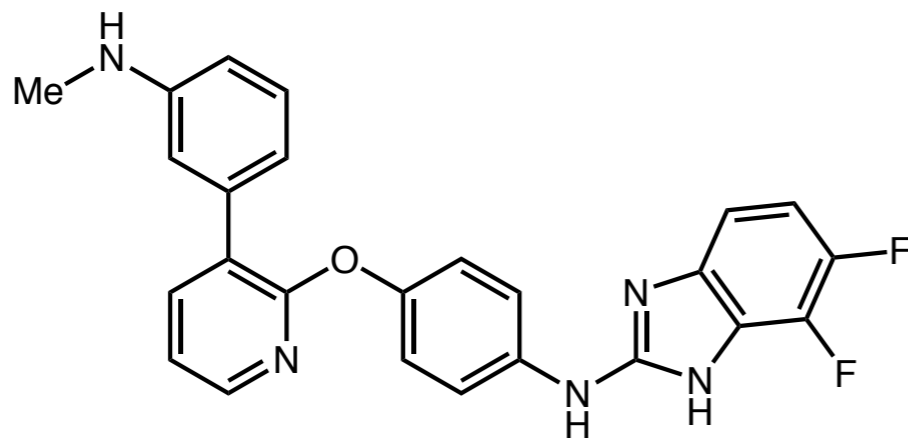
- Most CNS drugs contain at least one basic center
- High  $pK_a$  can lead to increased efflux

### Molecular Flexibility

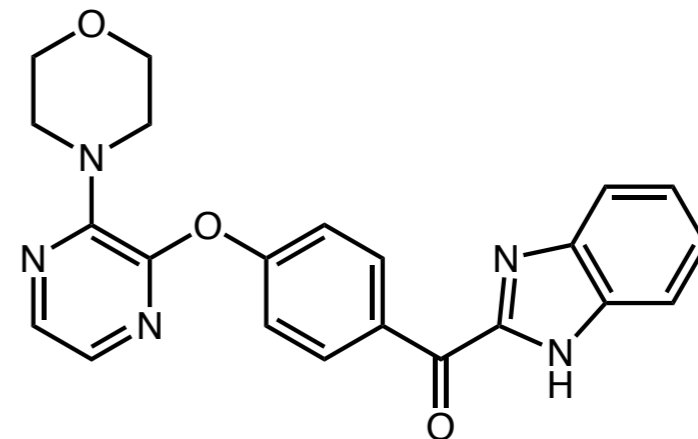
- High flexibility can decrease passive permeation
- Can be improved by IMHB and cyclization

## Optimization of Compounds for CNS Penetration

- PDE10A inhibitors for the treatment of schizophrenia (Amgen)
- regulates cAMP and cGMP in signaling pathway downstream from dopamine receptors



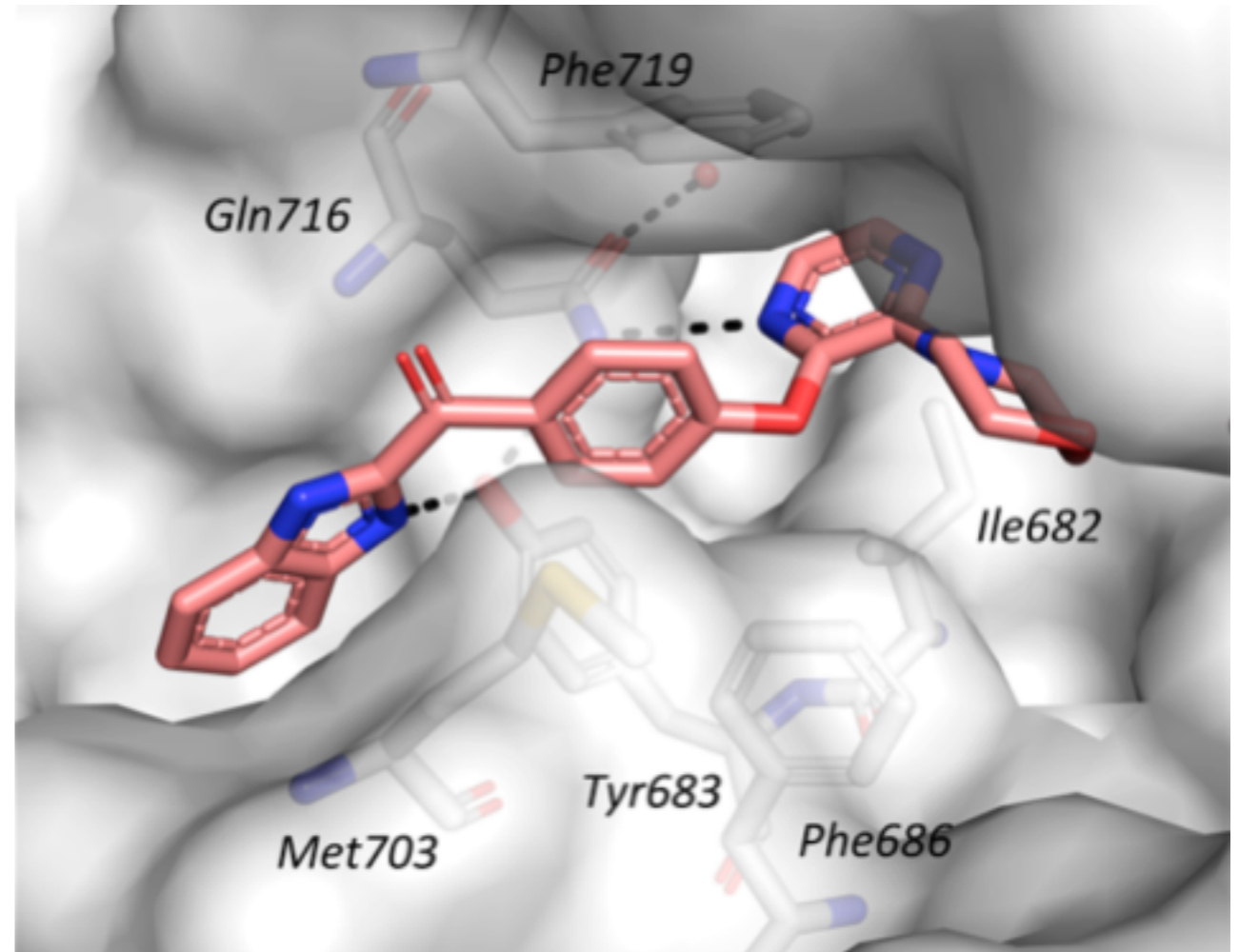
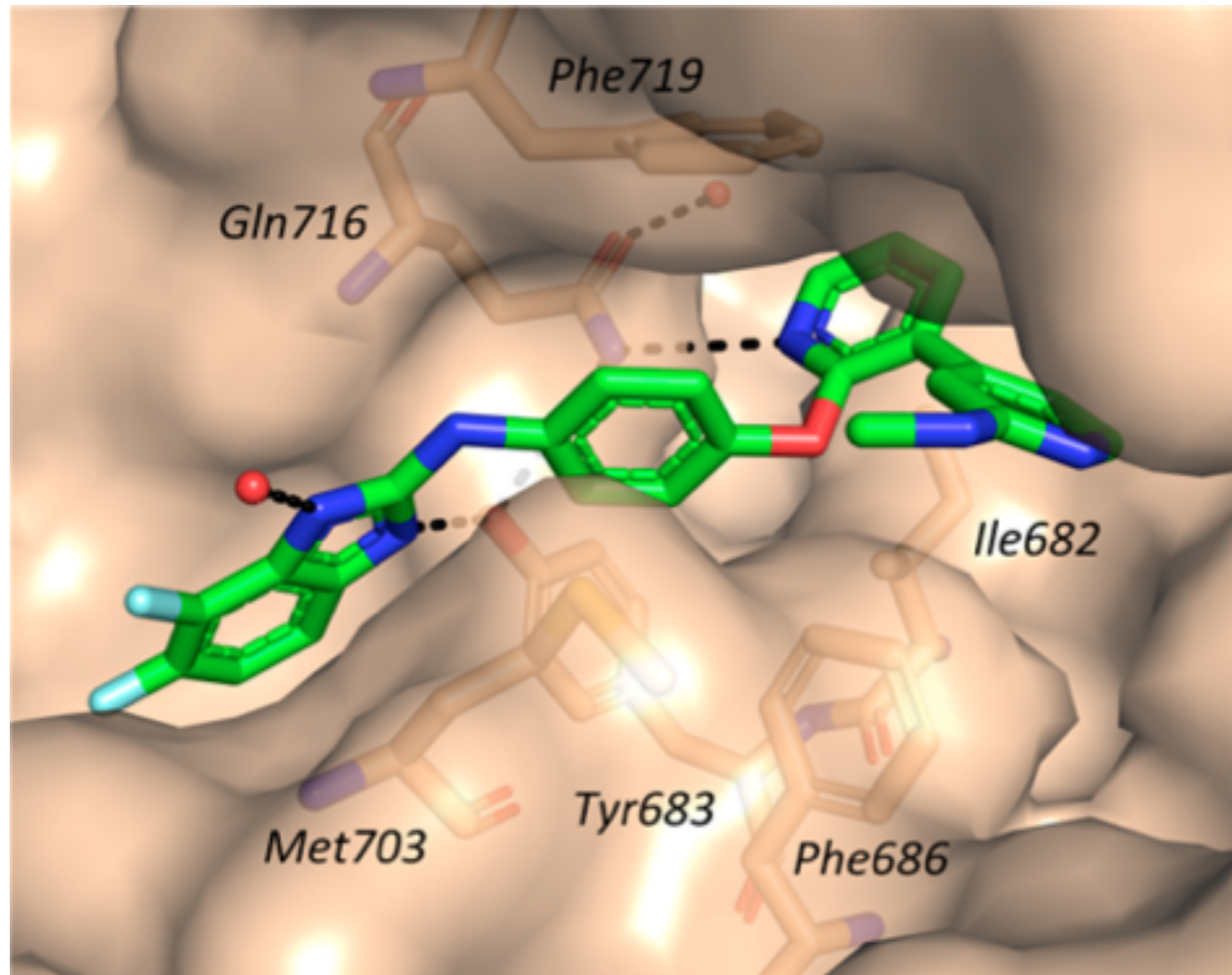
initial HTE hit ( $IC_{50} = 10 \text{ nM}$ )



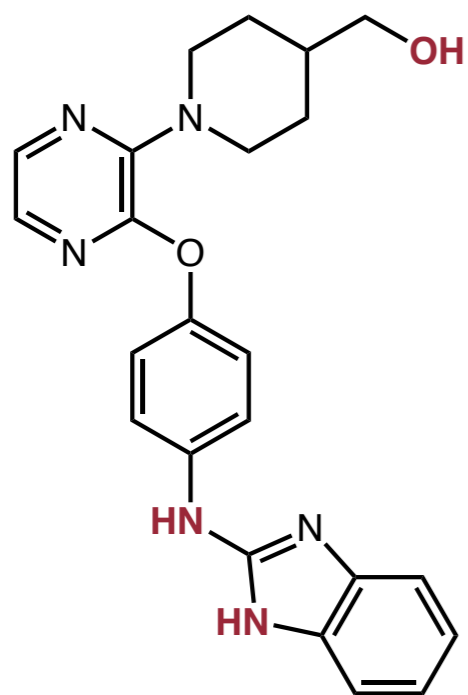
after optimization ( $IC_{50} = 5 \text{ nM}$ )

## Optimization of Compounds for CNS Penetration

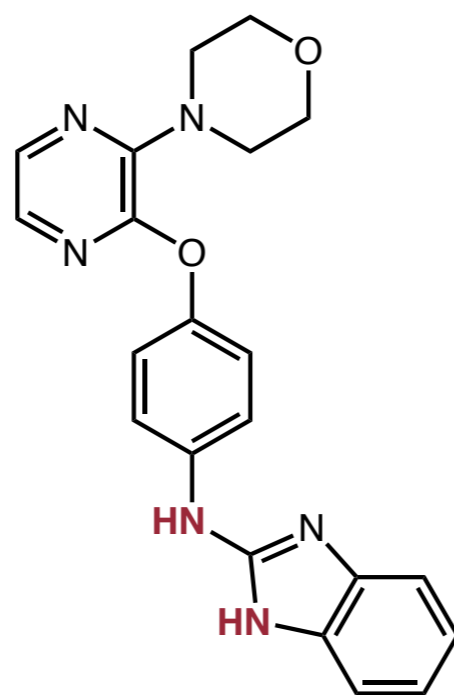
- PDE10A inhibitors for the treatment of schizophrenia (Amgen)
- regulates cAMP and cGMP in signaling pathway downstream from dopamine receptors



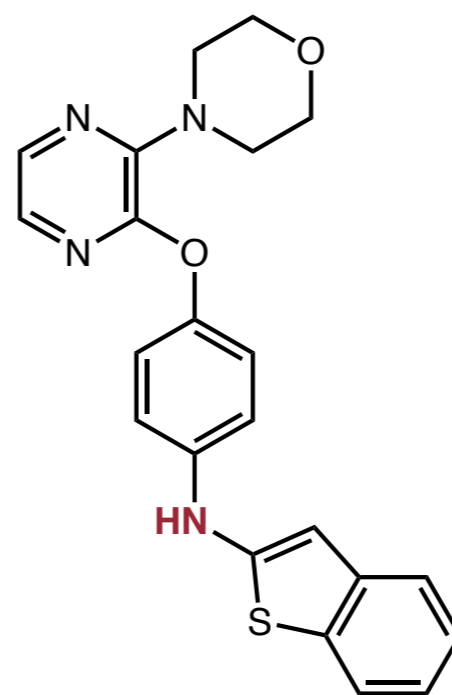
## Hydrogen Bond Donors Can Lead to P-gp Efflux



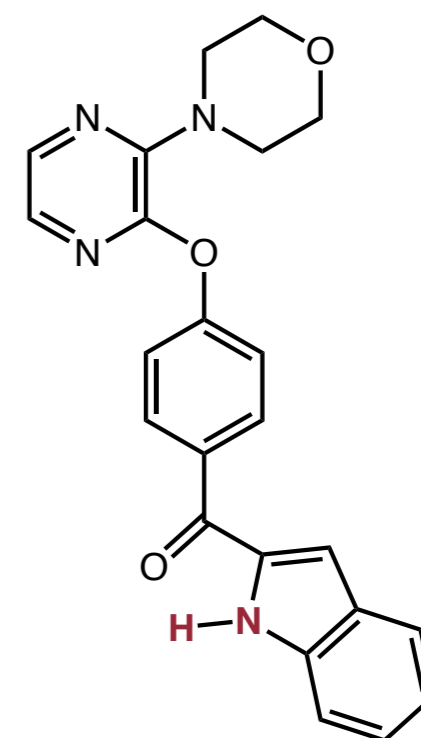
1



2



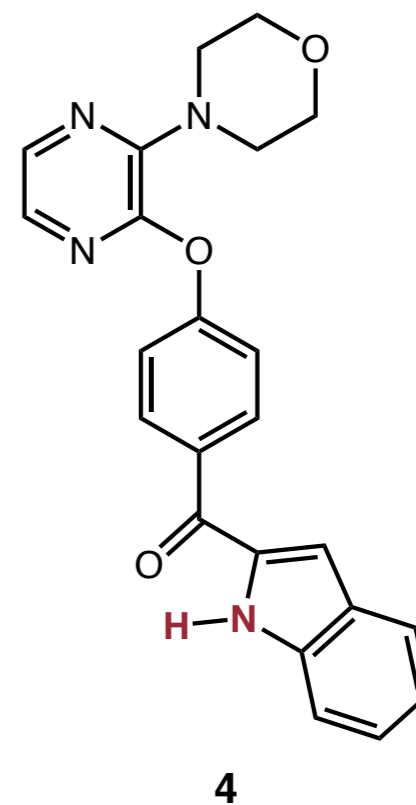
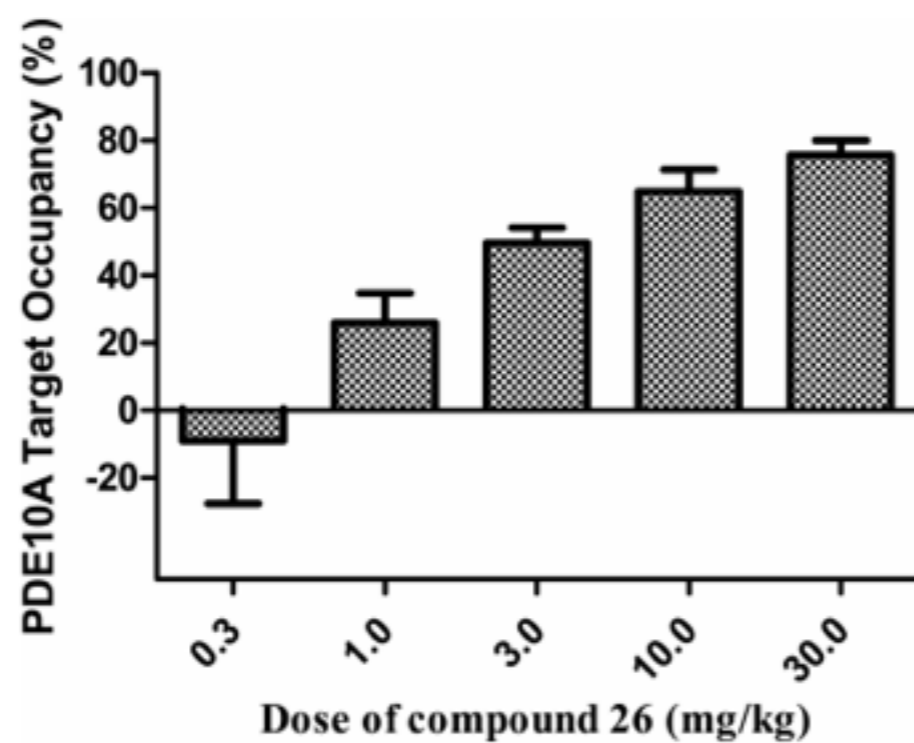
3



4

#	IC <sub>50</sub> (nM)	HBD	efflux ratio
1	92	3	76.7
2	1.1	2	11.1
3	4.3	1	2.4
4	4.5	"1"	0.9

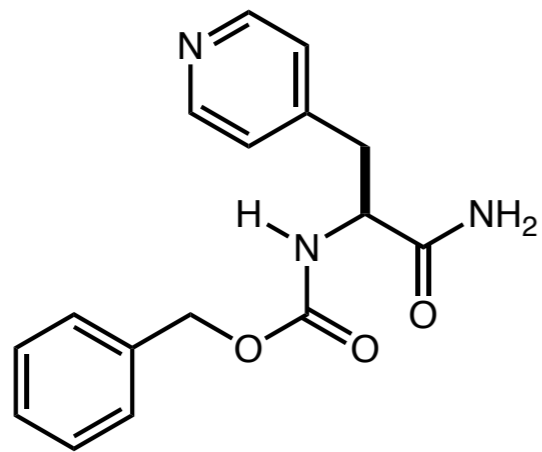
## Hydrogen Bond Donors Can Lead to P-gp Efflux



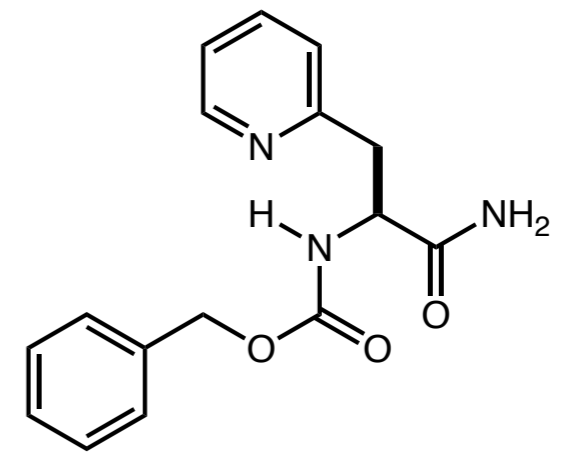
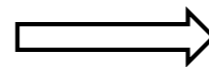
#	IC <sub>50</sub> (nM)	HBD	efflux ratio
1	92	3	76.7
2	1.1	2	11.1
3	4.3	1	2.4
4	4.5	"1"	0.9



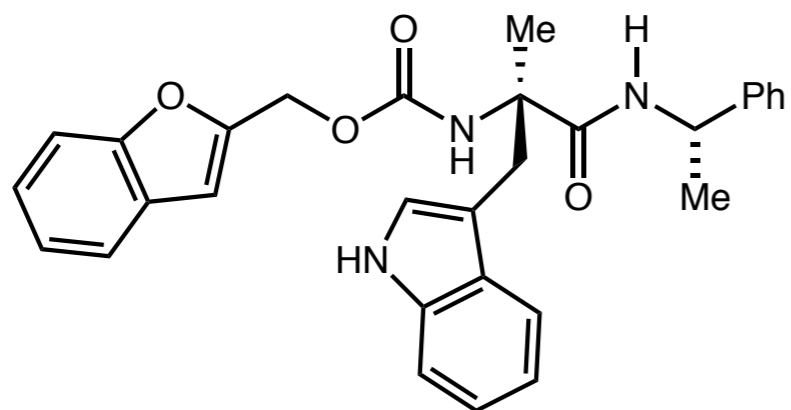
## *Intramolecular Hydrogen Bonding Generally Improves PK*



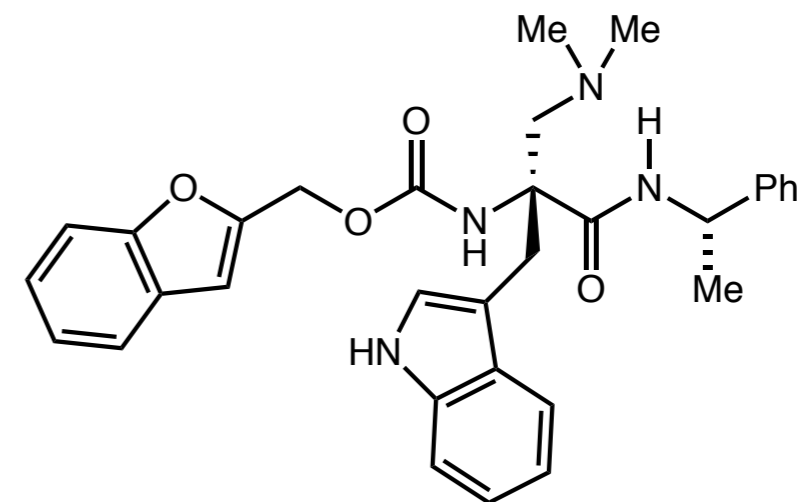
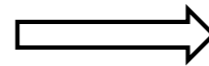
ER = 3.1



ER = 1.1



$K_p = 0.4$ , MED = 30 mg/kg



$K_p = 6.0$ , MED = 1 mg/kg

## Optimization of Compounds for CNS Penetration

### Lipophilicity

- Often leads to increased potency
- Increased off-target activity

### Polar Surface Area

- Surrogate measure of hydrogen-bonding and polarity
- Strong correlation with membrane permeability

### Hydrogen Bonding

- Leads to lower passive permeability
- Increases risk of P-gp efflux

### $pK_a$

- Most CNS drugs contain at least one basic center
- High  $pK_a$  can lead to increased efflux

### Molecular Flexibility

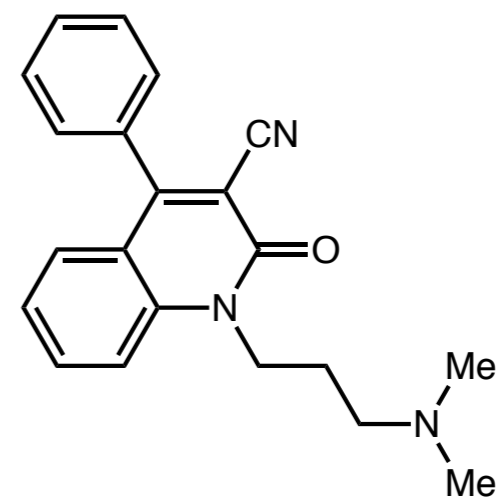
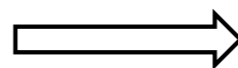
- High flexibility can decrease passive permeation
- Can be improved by IMHB and cyclization

## *$\alpha$ 7 Nicotinic Acetylcholine Receptor Agonists*

- Target of growing interest for cognitive deficits and negative symptoms in schizophrenia
- Several  $\alpha$ 7 nAChR agonists have demonstrated efficacy in preclinical models



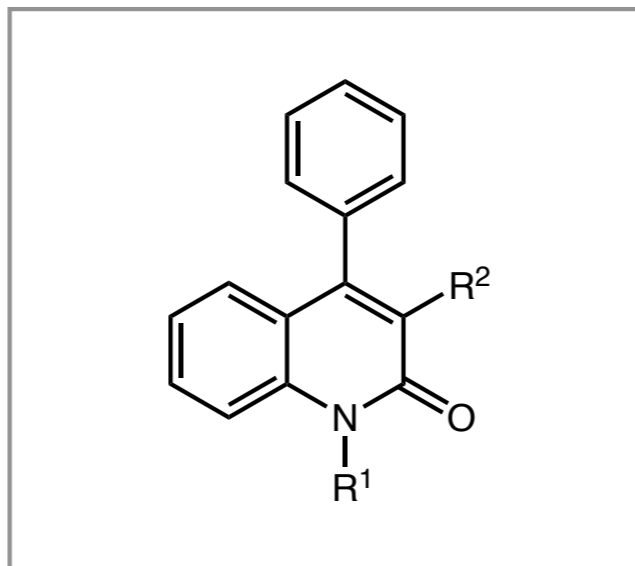
High Throughput Evaluation



Lead Compound

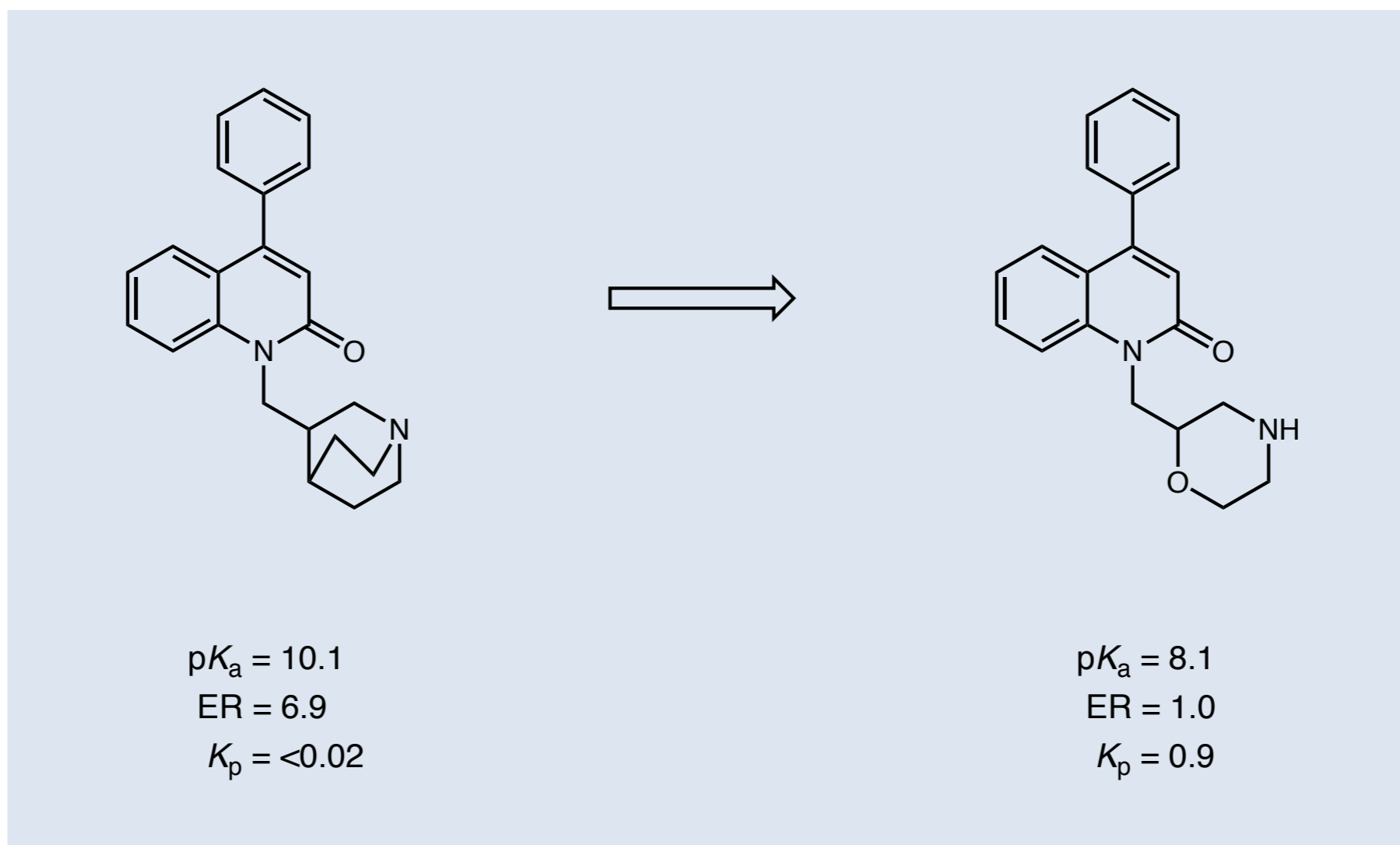
$\alpha$ 7 EC<sub>50</sub> = 1.3  $\mu$ M  
good selectivity over 5HT<sub>3</sub> receptor

# *$\alpha 7$ Nicotinic Acetylcholine Receptor Agonists*



$R^1$	CN	CN	H	H
$R^2$				
$EC_{50}$ ( $\mu M$ )	1.3	0.9	0.46	0.15

## High $pK_a$ Can Lead to Reduced CNS Exposure



**Attenuated basicity leads to significantly reduced efflux and good brain/plasma distribution**

## Optimization of Compounds for CNS Penetration

### Lipophilicity

- Often leads to increased potency
- Increased off-target activity

### Polar Surface Area

- Surrogate measure of hydrogen-bonding and polarity
- Strong correlation with membrane permeability

### Hydrogen Bonding

- Leads to lower passive permeability
- Increases risk of P-gp efflux

### $pK_a$

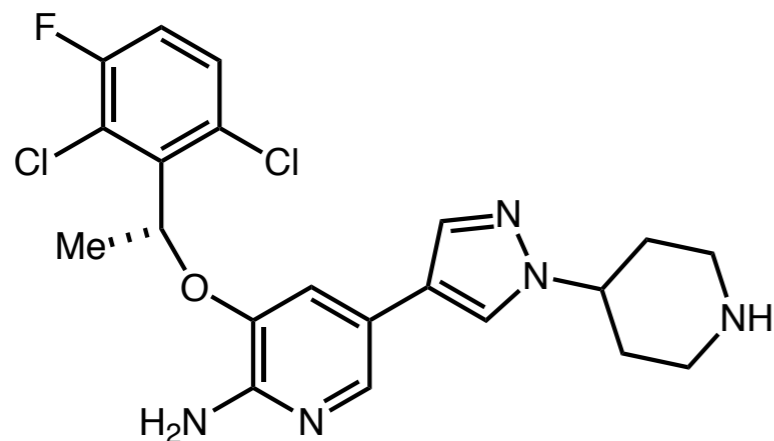
- Most CNS drugs contain at least one basic center
- High  $pK_a$  can lead to increased efflux

### Molecular Flexibility

- High flexibility can decrease passive permeation
- Can be improved by IMHB and cyclization



## *Rigid Structures are Often More Membrane Permeable*



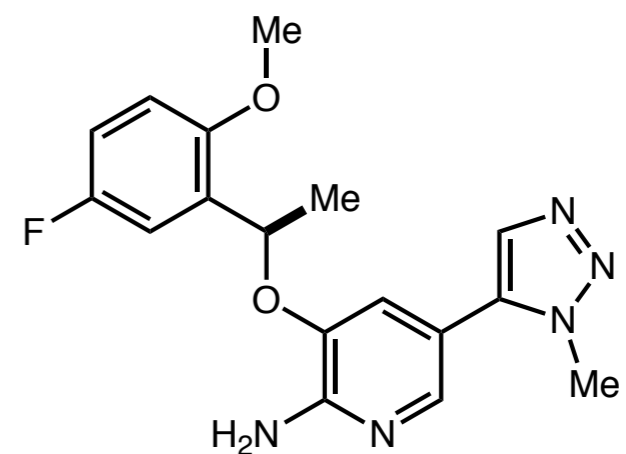
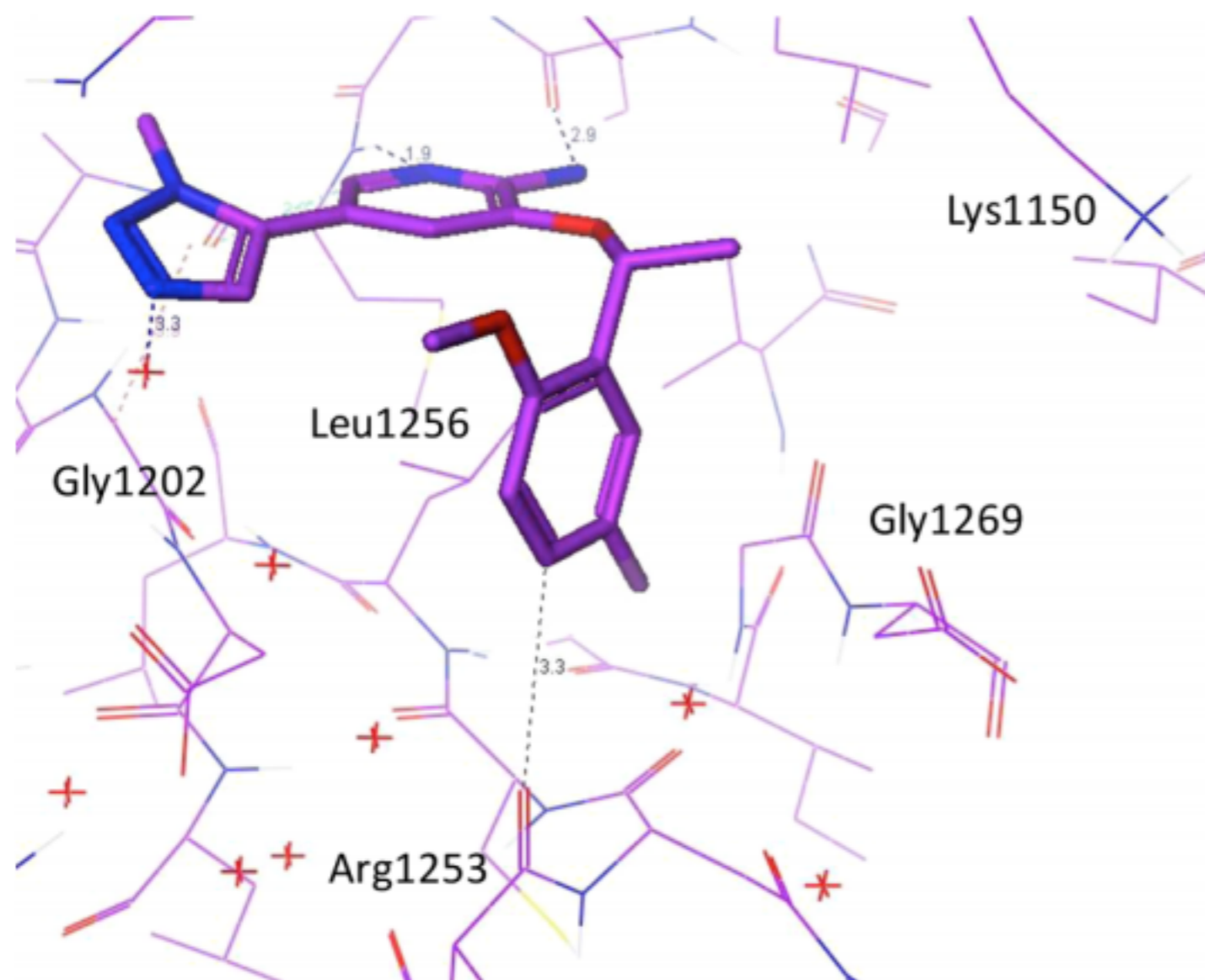
crizotinib

anaplastic lymphoma kinase inhibitor  
non-small cell lung carcinoma

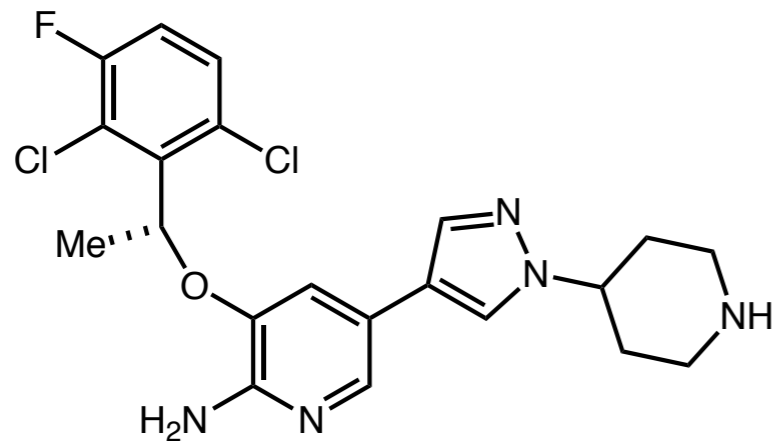
***in some patients, point mutations and cancer metastasis into the brain is observed***

***a compound effective against mutant ALK and CNS penetrant was needed***

## Rigid Structures are Often More Membrane Permeable

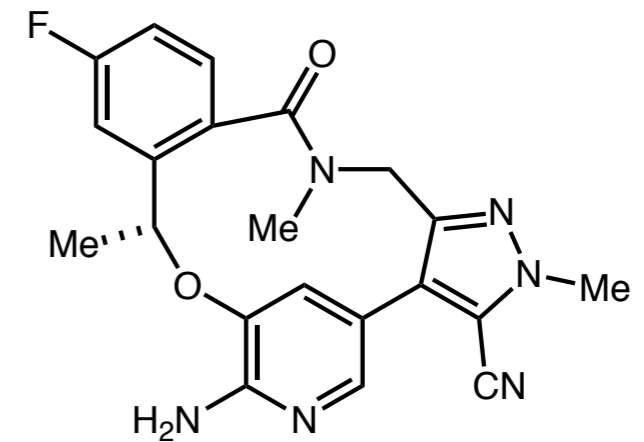
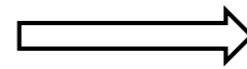


## *Rigid Structures are Often More Membrane Permeable*



crizotinib

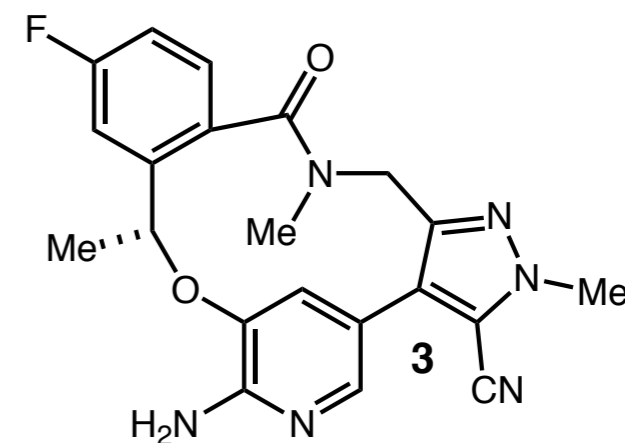
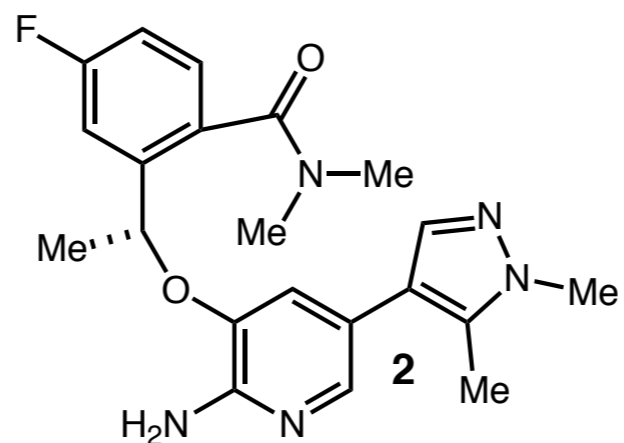
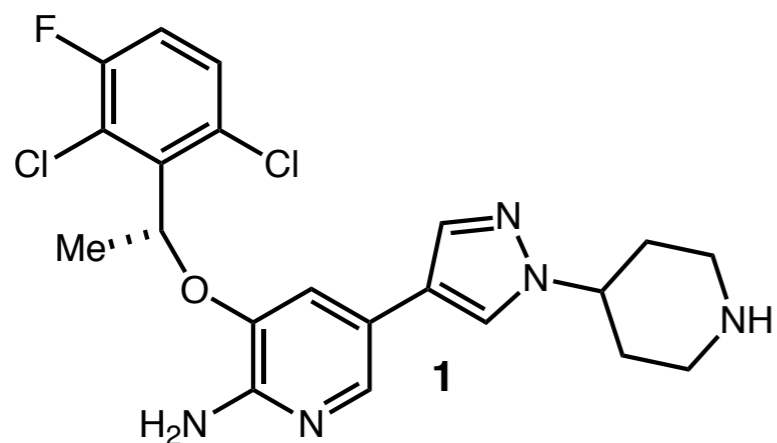
anaplastic lymphoma kinase inhibitor  
non-small cell lung carcinoma



***in some patients, point mutations and cancer metastasis into the brain is observed***

***a compound effective against mutant ALK and CNS penetrant was needed***

## Rigid Structures are Often More Membrane Permeable



#	$K_i$ (nM)	RB #	PSA ( $\text{\AA}^2$ )	cLogP	$P_{app}$	ER	CSF/ $C_{u,p}$
<b>1</b>	0.74	5	78	3.6	12.5	44.5	0.03
<b>2</b>	22	6	86	2.2	18.8	7.6	—
<b>3</b>	0.70	0	110	1.6	28.8	1.5	0.31

*Questions?*

