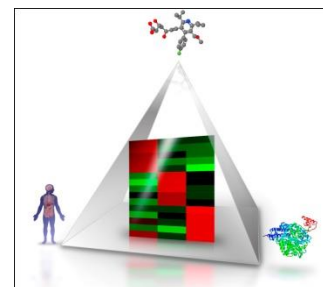


Cheminformatics and Bioinformatics Approaches Applicable to Neglected Diseases

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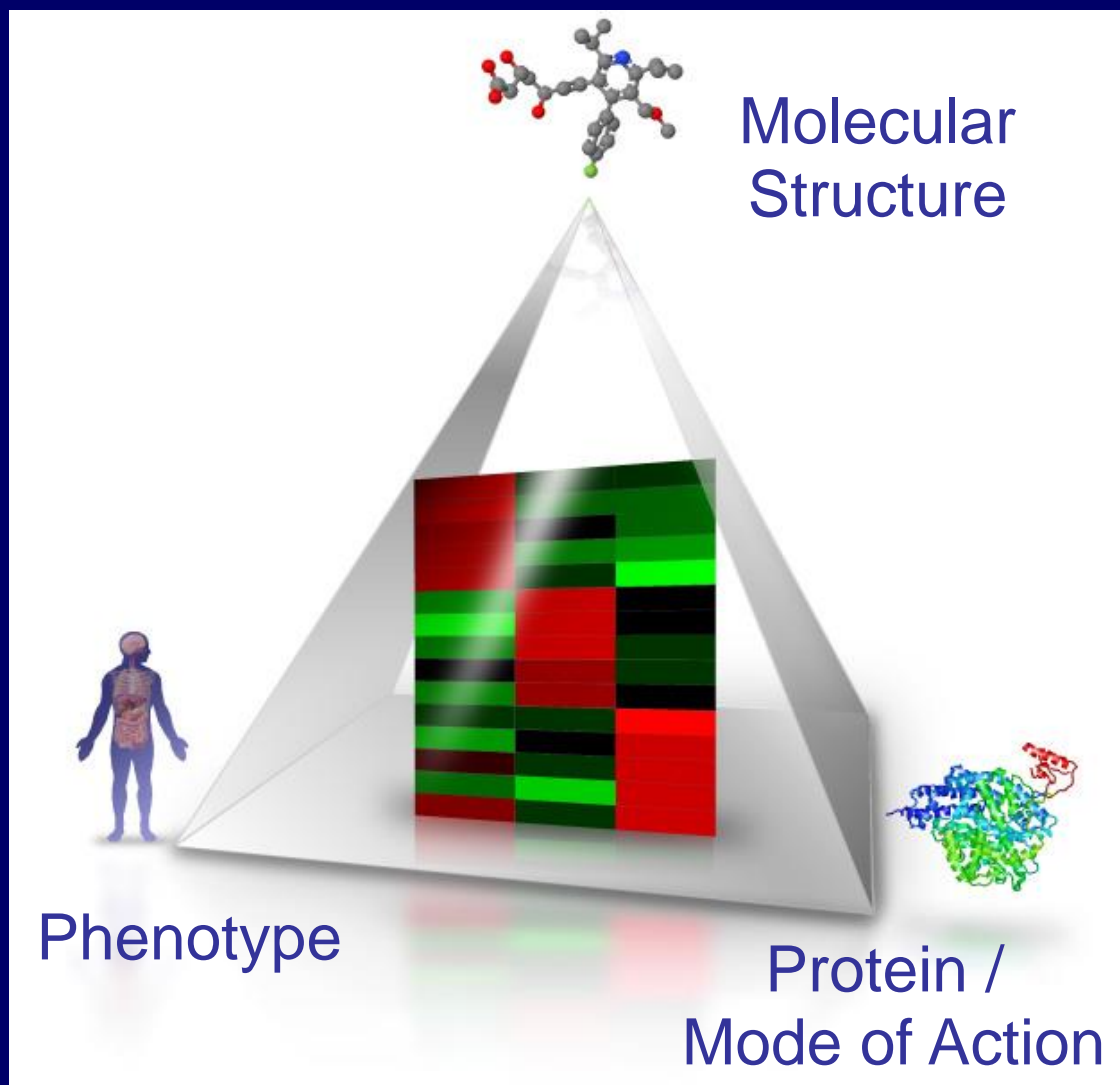
Outline

- Our take on chemical and biological information
- Cases where our approaches were applied / could be applied to neglected diseases
 - Mode-of-action analysis from phenotypic screens
 - Compound selection against protein mutants
 - Analysis of compound combination screens against Plasmodium
 - Using gene expression data for compound selection and assessment

More and More Data is Available...

- But: How should we deal with it?
- Databases contain tens of millions of bioactivity data points, gene expression data, organ tox endpoint data, clinical trial data, ...
- *However*, integration – and utilization – of data is often not ideal
- This is what we aim to do in our group; integrate and analyze *heterogeneous* life science data; provide testable hypotheses; test those hypotheses

Core Data Considered: Chemistry, Phenotype, Targets / Mode of Action



So what's the point of it all?

We would like to answer questions!

- “What is the reason upon treatment with A for phenotypic effect B?”
-> *Mode of Action*
- “Which compound should I make to achieve effect C in a biological system?”
-> *Chemistry*
- “Does patient D or patient E respond better to drug F?”
-> *Phenotype / Phenotype Change*

Group Research Organized in Clusters

(Numbers = number of people working on project)

Mode-of-action analysis

- Mode-of-action analysis ('target prediction') (~7)
- Modelling bioactivities on target families (~2)

Modelling compound mixtures, traditional medicines

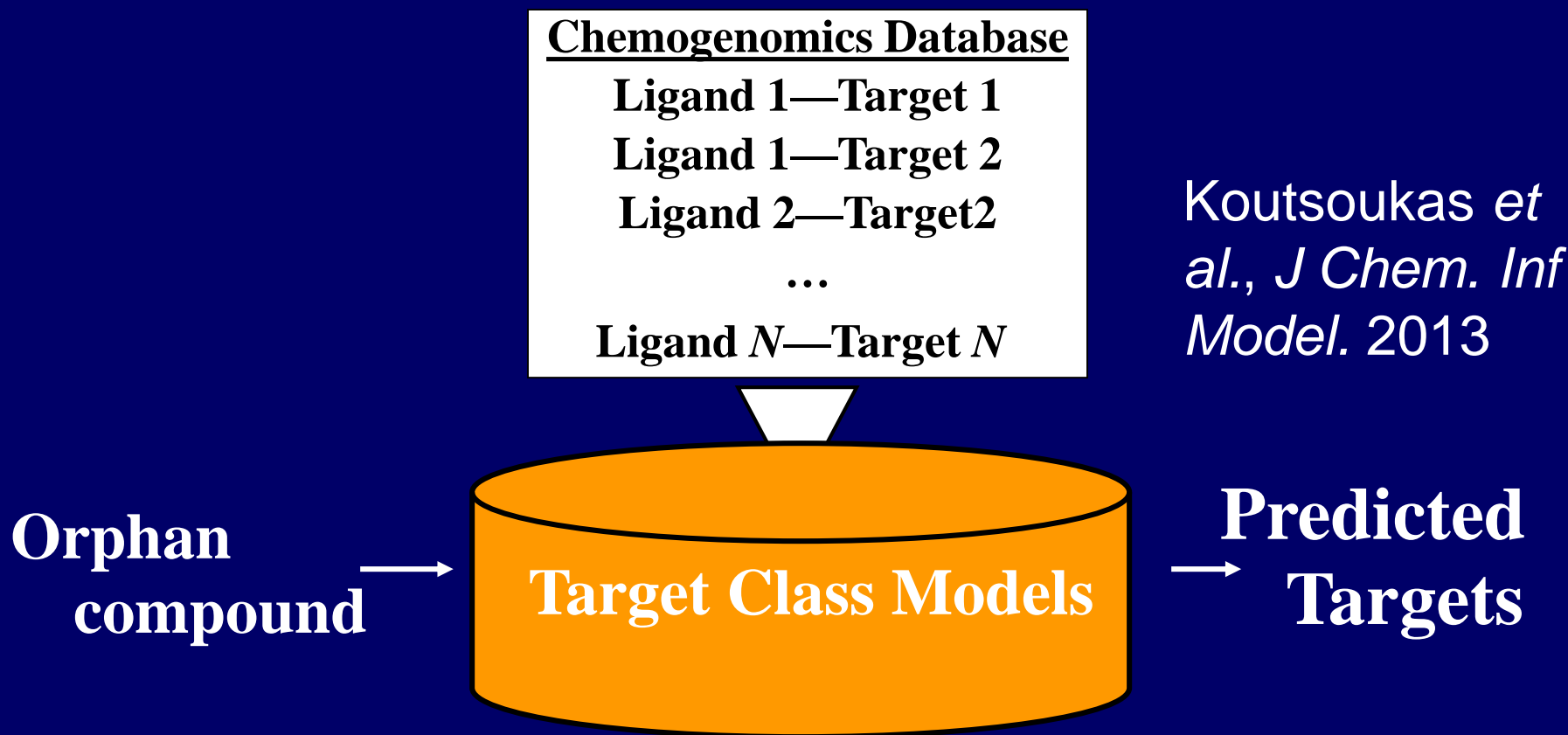
- Mixture modelling (~6; ERC Starting Grant)
- Traditional medicines/natural products (~3)

Integrating chemical and biological data

- Pharmacogenomics/toxicogenomics (~2)
- Gene expression/RNA-Seq data for compound selection and mode of action analysis etc. (~3)

Exploiting known bioactivity data for new decisions: Target predictions

- The models enable automated prediction of the targets or target families of orphan ligands given only their chemical structures.



In silico target prediction, based on large databases:

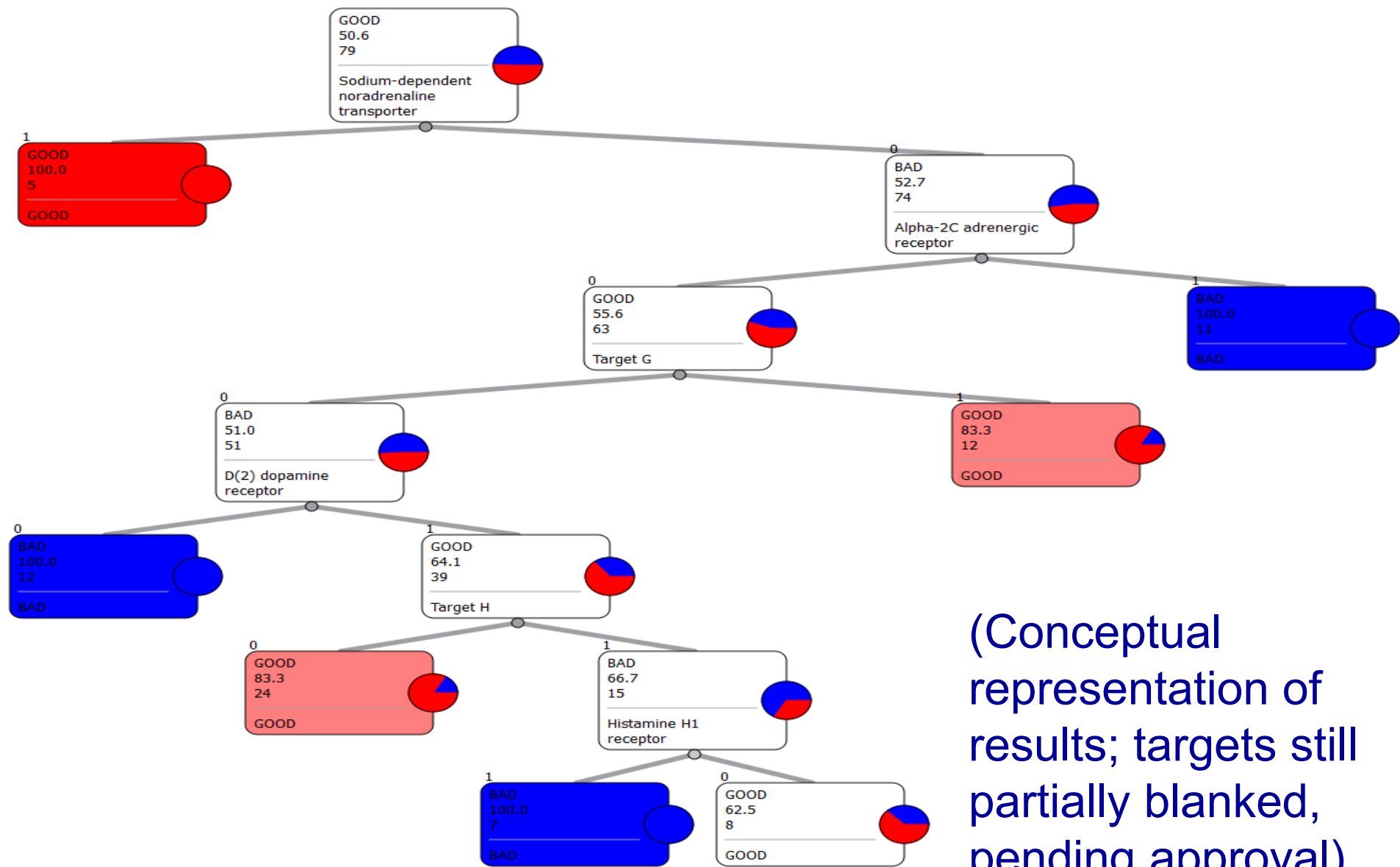
- Gleevec (Novartis),
 - Launched
 - Targets Bcr-Abl, c-kit, PDGFRb

- Ruboxistaurin (Lilly/Takeda), Phase III
 - PKCb

Molecule	Targets	Scores
 <chem>CN1C=NC2=C1C(=C(C=C2)N)N3C=CC=C3</chem>	ABL1	46.50
	PDGFRB	28.99
	KIT	22.02
	CDK9	21.30
	BRAF	16.13
	FLT1	13.09
	PLK1	8.05
	BTK	5.44

Molecule	Targets	Scores
 <chem>CN(C)C[C@H](O)C1=CC=C2C(=C1)N(C3=CC=CC=C3C(=O)NC3=CC=CC=C3)C2=O</chem> Chiral	PRKCB1	95.81
	CAMK2G	87.48
	PRKCG	66.35
	PRKCA	56.99
	PRKCD	52.44
	PRKCH	51.41
	PRKCE	50.42
	PRKCZ	42.48

Understanding polypharmacology of CNS-active compounds (with Eli Lilly)

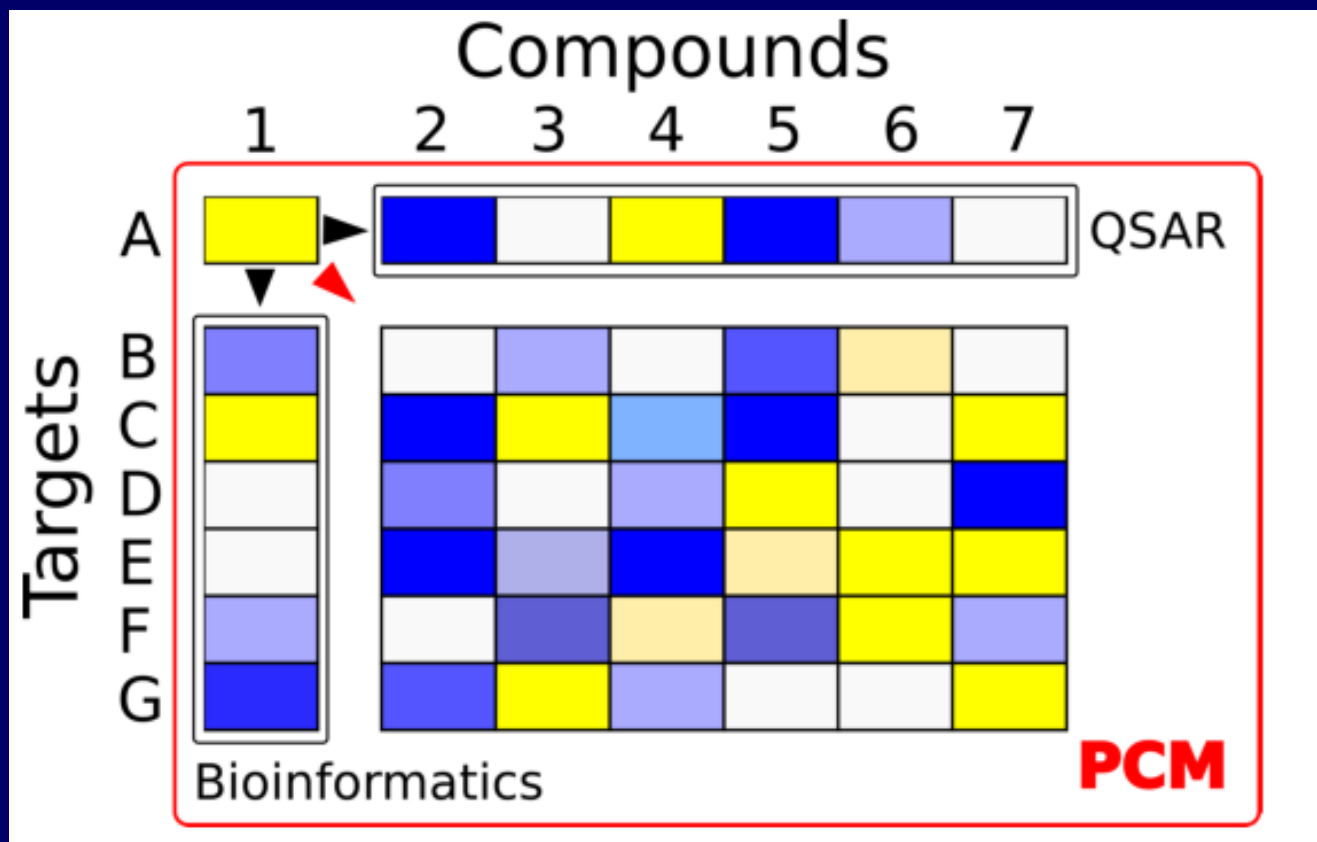


(Conceptual representation of results; targets still partially blanked, pending approval)

Items to consider for neglected diseases

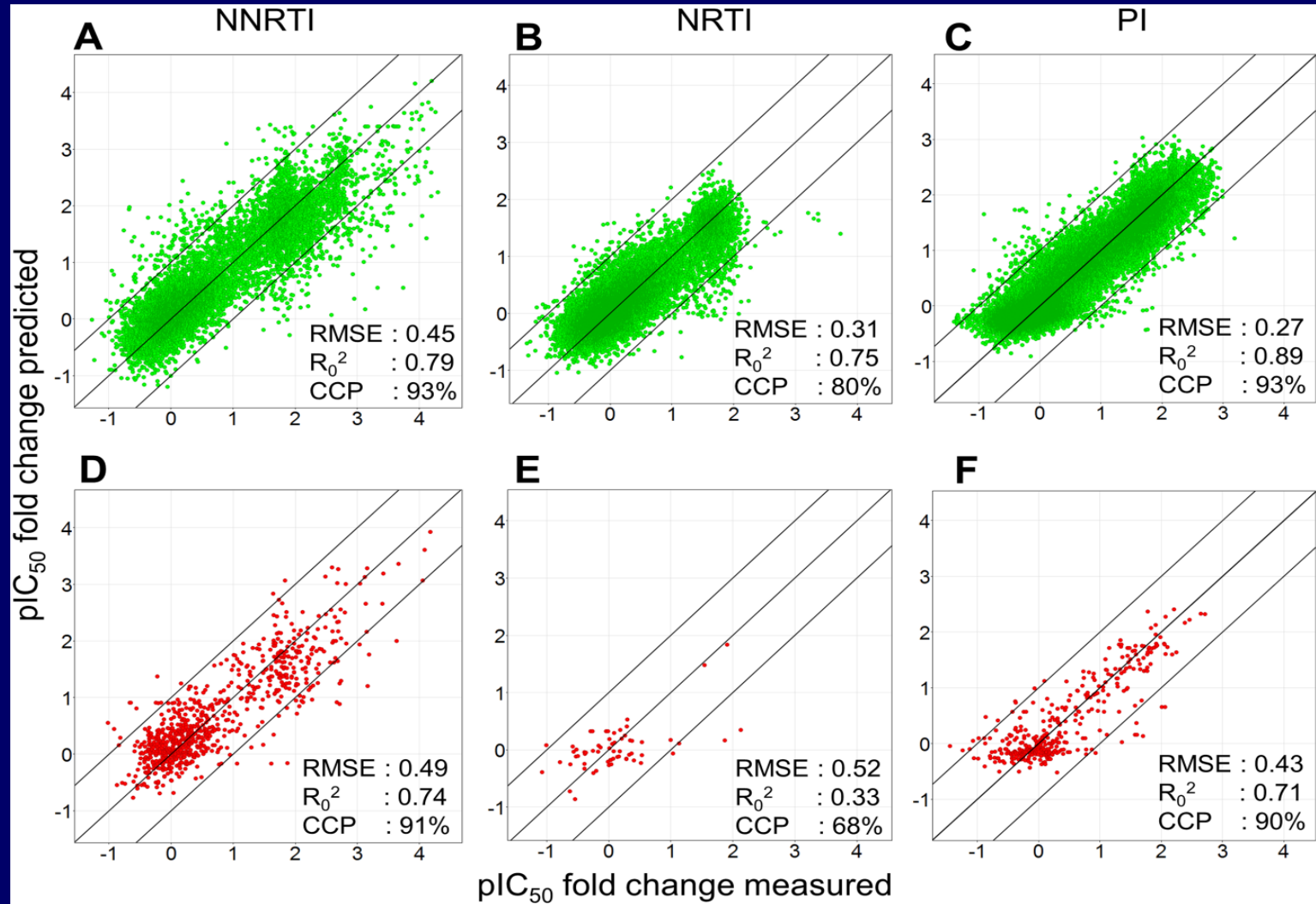
- Targets are usually non-human proteins (= for which relatively little ligand data exists)
- If sufficient assay data *against isolated proteins* exist methods is applicable
- Our experience with *P. falciparum*:
 - Extrapolation from human to parasite possible *in case of closely related proteins*
 - Otherwise *extrapolation remains difficult*
 - At least we can anticipate which cases likely work, which ones don't

Integrated modelling of chemical and biological Data (eg for sets of protein mutants)



Isidro Cortes-Ciriano, Qurrat Ul Ain, *et al.*
MedChemComm 2015, *Advance Article*

Drug efficacy prediction in HIV 'works' for >10k patients *across modes of action*



Project
with
J&J

PLoS
Comp
Biol
2013

Analysis of compound combination screens against *P falciparum*

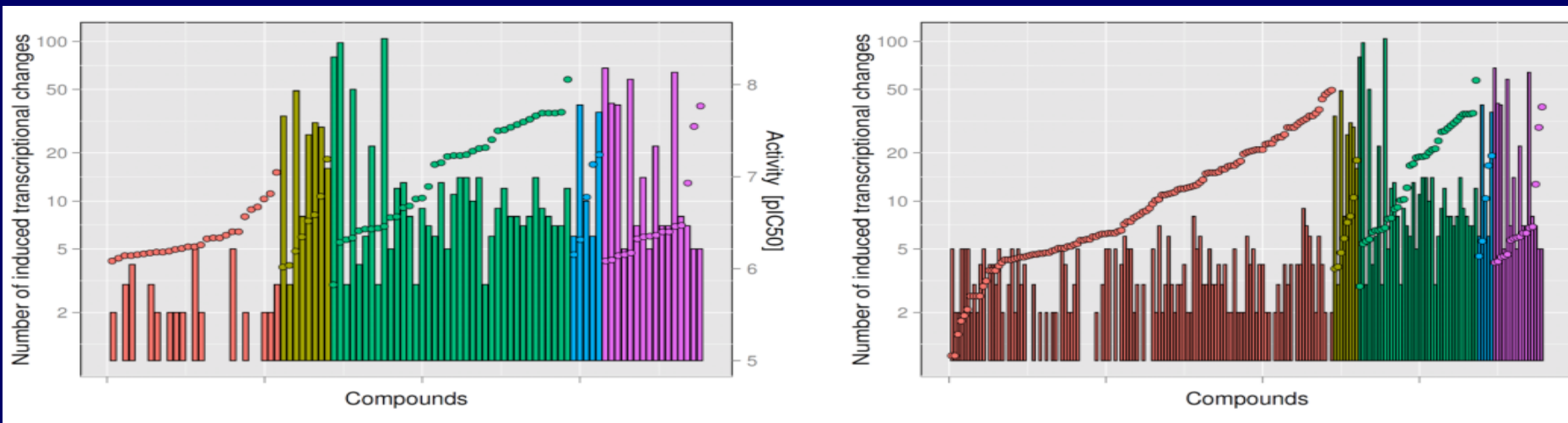
- Compound combination screen against *P falciparum* was performed by the NIH
- About 600 6x6 dose response matrices available
- We aim to understand mechanistically which compound combinations are synergistic (and which ones antagonistic)
- Aim is to then propose novel combinations
- Currently still ongoing; happy to share results/methods when properly validated

Evaluation of gene expression data for safety decision making

- Conducted by Johnson&Johnson/Janssen, with University of Cambridge (UK), Ghent University (BE), University of Rochester (US), Hasselt University (BE), KU Leuven (BE), Johannes Kepler University Linz (AT), and Durham University (UK)
- Funded by IWT
- Eight drug discovery projects in 'big pharma'
- To what extent can gene expression data help with decision-making in lead optimization across disease areas, targets and scaffolds

Prioritization of selective scaffold series for ROS1 project

- Bars: number of transcriptional changes; color: chemotype (A-E); dots: Activity on target



- Scaffold A was most selective, but not most potent (left)
- Follow up compounds *retained selectivity, increased potency*

Using gene expression data to select compounds, eg for stem cell differentiation (work with Dr Nasr, Royan Institute, Isfahan)

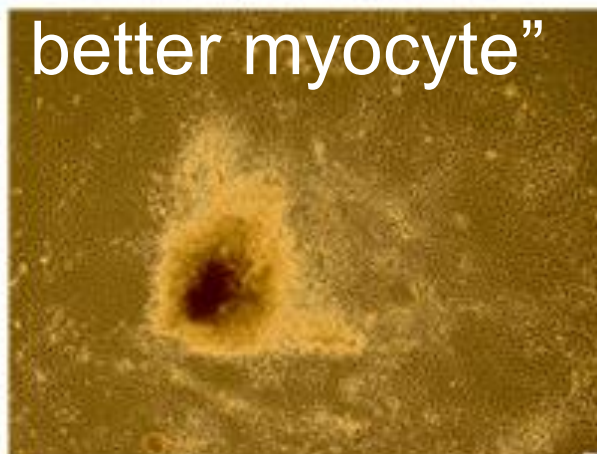
3 days

5 days

Control

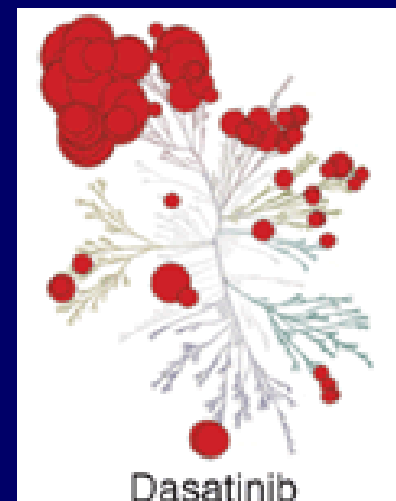
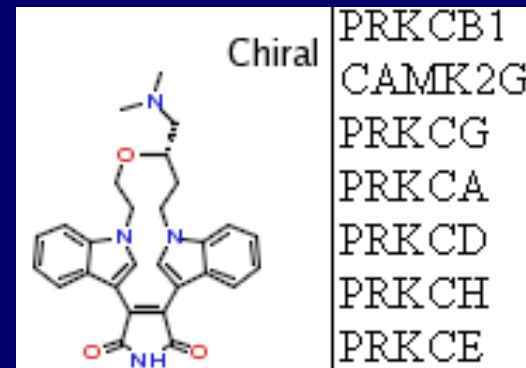


Compound



So what can our group contribute to research on neglected diseases?

- Data analysis methods to rationalize/understand phenotypic screening data
- Compound selection/prioritization methods, also for mutant/multiple protein targets
- Expertise in analyzing gene expression data related to both efficacy and toxicity of compounds



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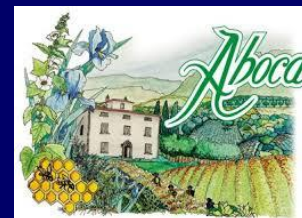
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