

Carbonic IX inhibitors: a new class of targeted agents

Philippe Lambin

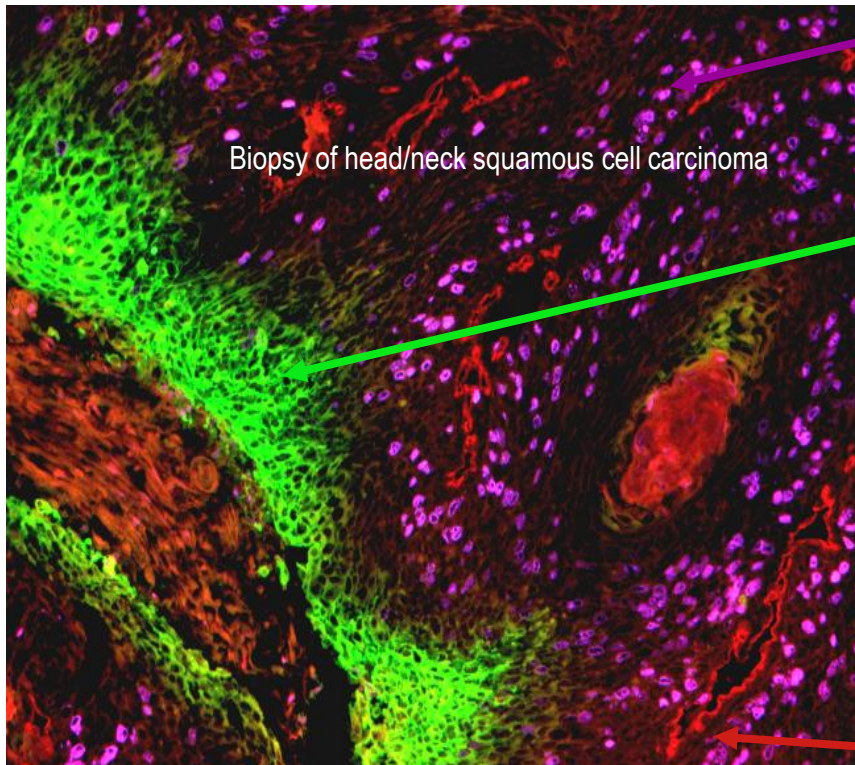


1. Radiotherapy + targeted agents = *Promising*
2. Collaboration of Radiation Oncology community + Pharmaceutical companies = *Suboptimal*
3. The Radiation Oncology community should invest in *the design & development of « smart » radiosensitizers*

What are the requirements of the « perfect drug »?

1. Supra-additive effect with radiation
2. Low toxicity, tumour specific
3. Oral administration
4. Biomarkers (tissues, blood, imaging...)
5. Known target
6. *Multifunctional* with known mechanisms of actions

Hypoxia a feature of solid tumours



**proliferating cells
(IdUrd +)**

**Hypoxia
(pimonidazole +)**

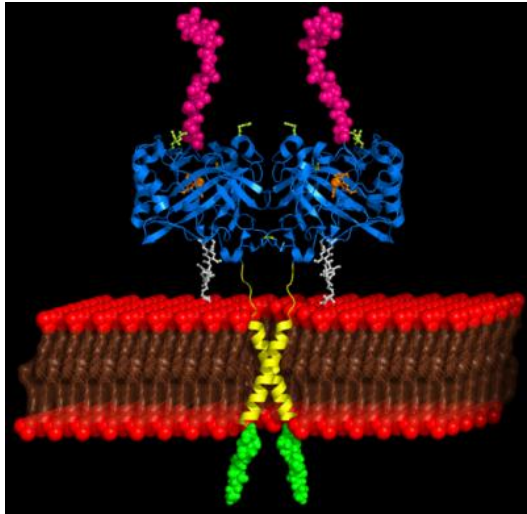
Consequences for the patient?

- less sensitive to therapy
- more metastasis
- increased mortality

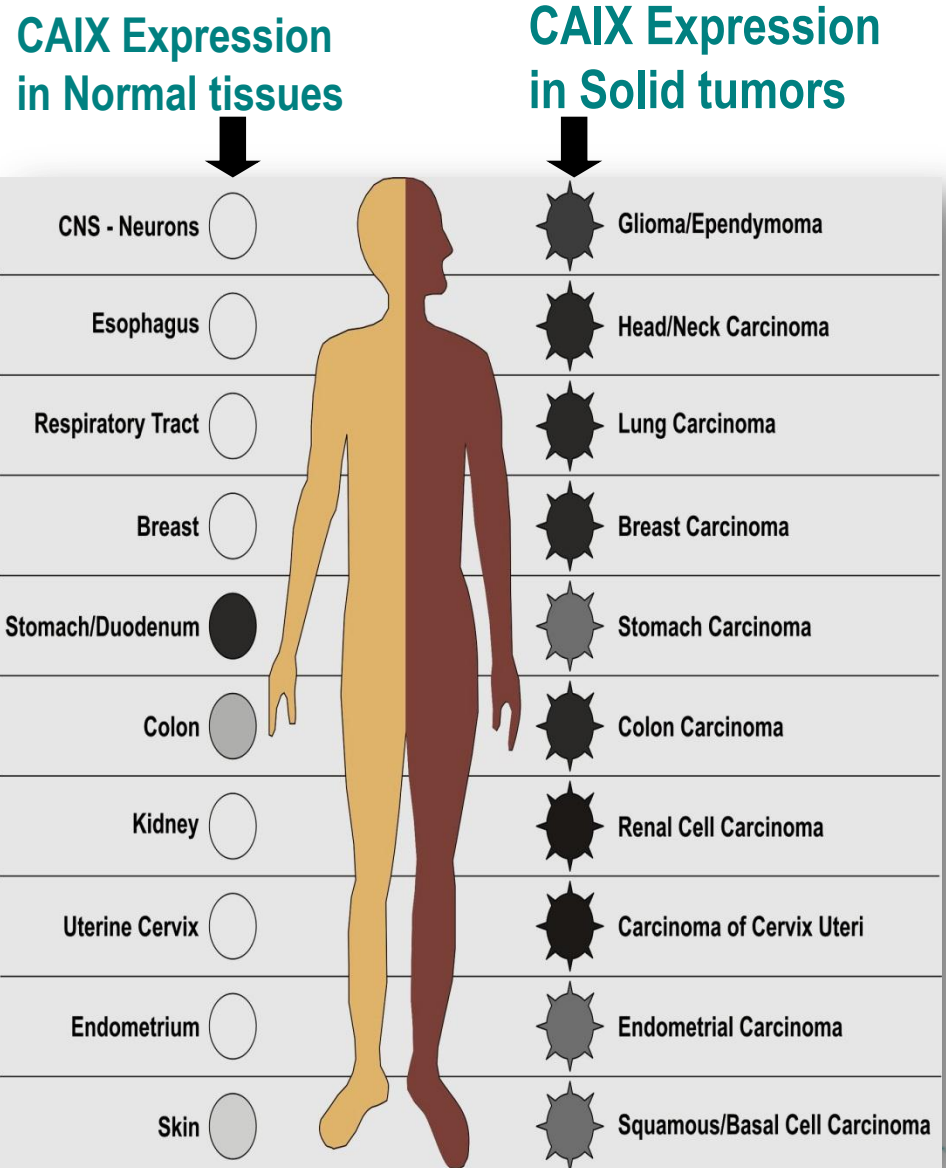
blood vessels

Carbonic Anhydrase IX: a therapeutic target?

Hypoxic CA IX
= functional + Dimer

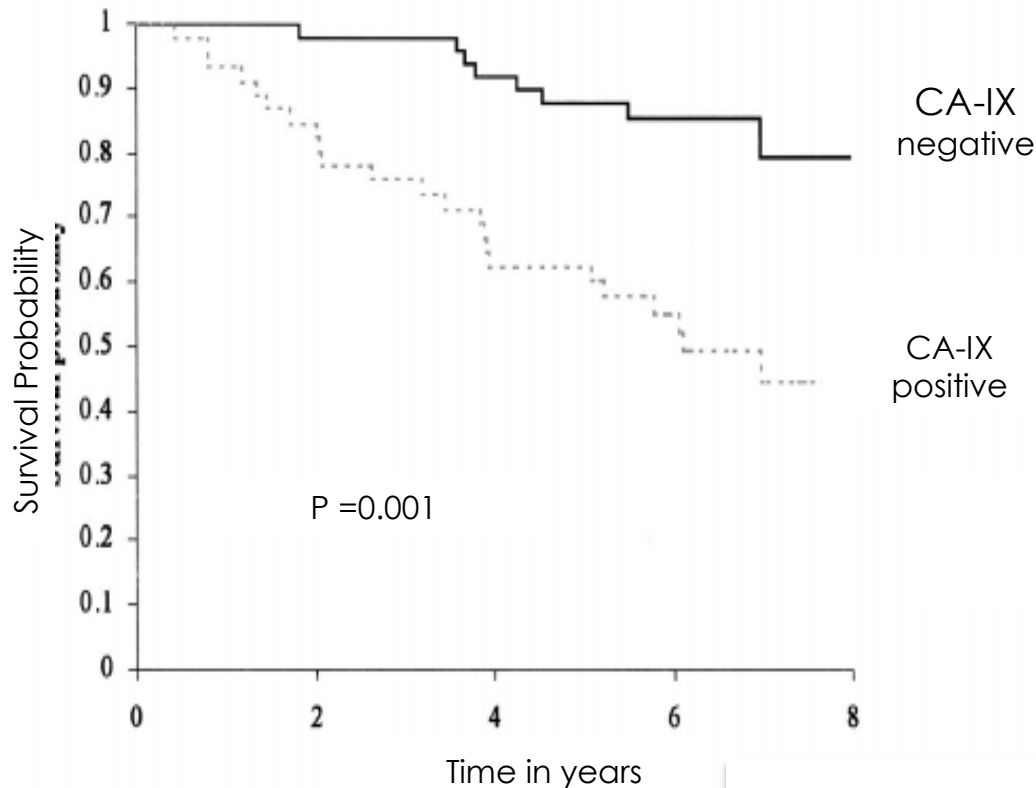


Oosterwijk et al, 1986-
Parkkila et al, 1997-
Harris et al, 2000-
>400 papers



CAIX expression has proven to be an indicator of overall survival

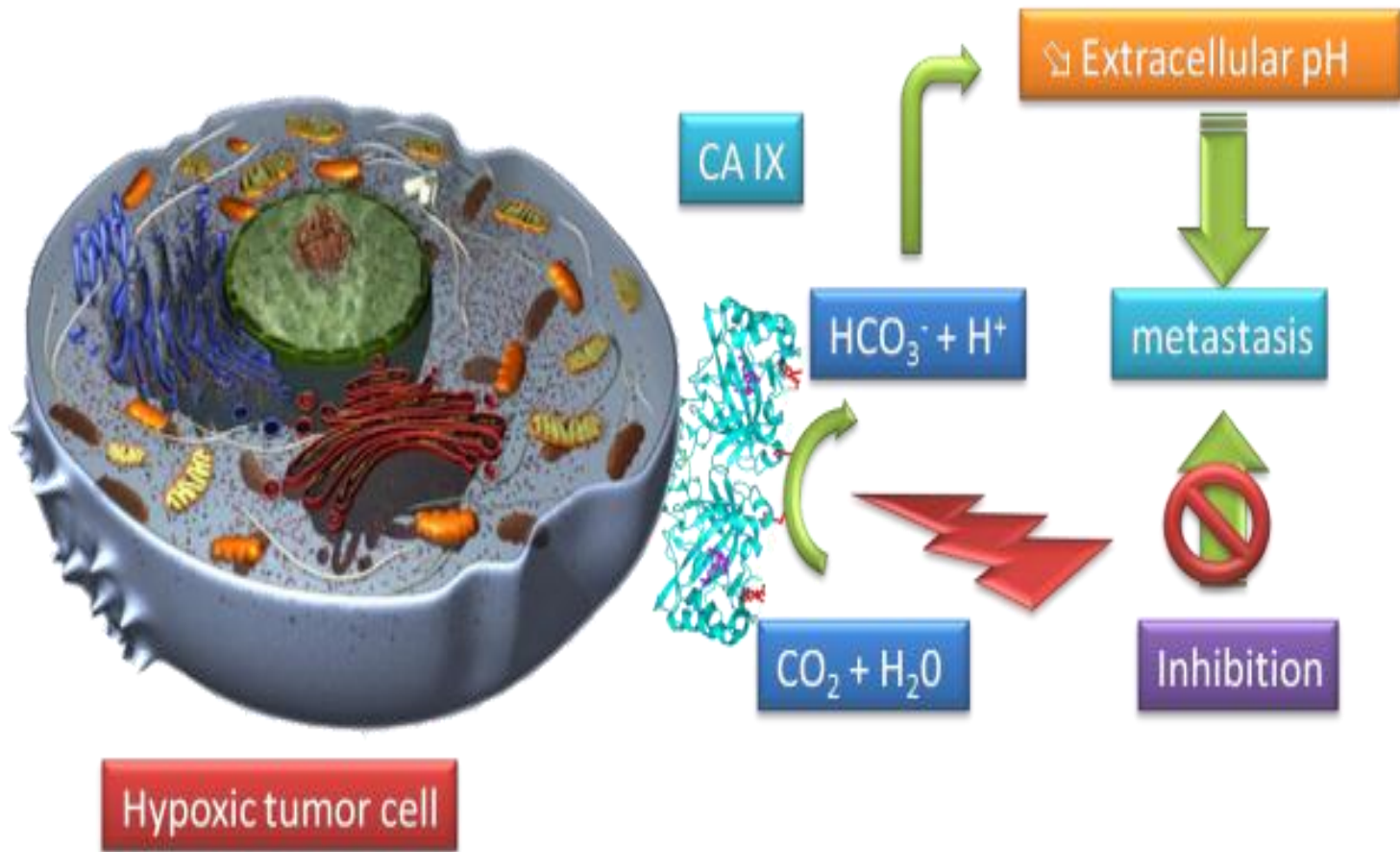
(i.e. the higher the level of expression of CAIX in a tumour, the lower the chances of survival).



CAIX plays a key role in the biology of tumours. Patients with a high CAIX expression have a worse survival rate in most of solid cancers (see Chia et al. 2001).



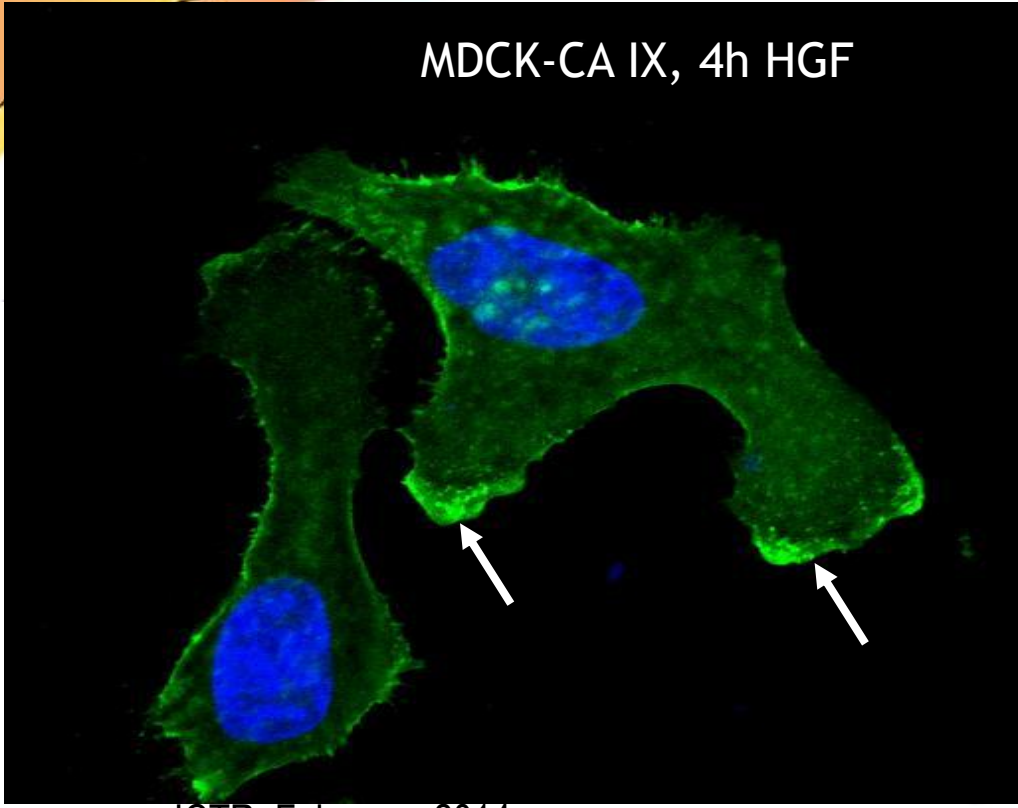
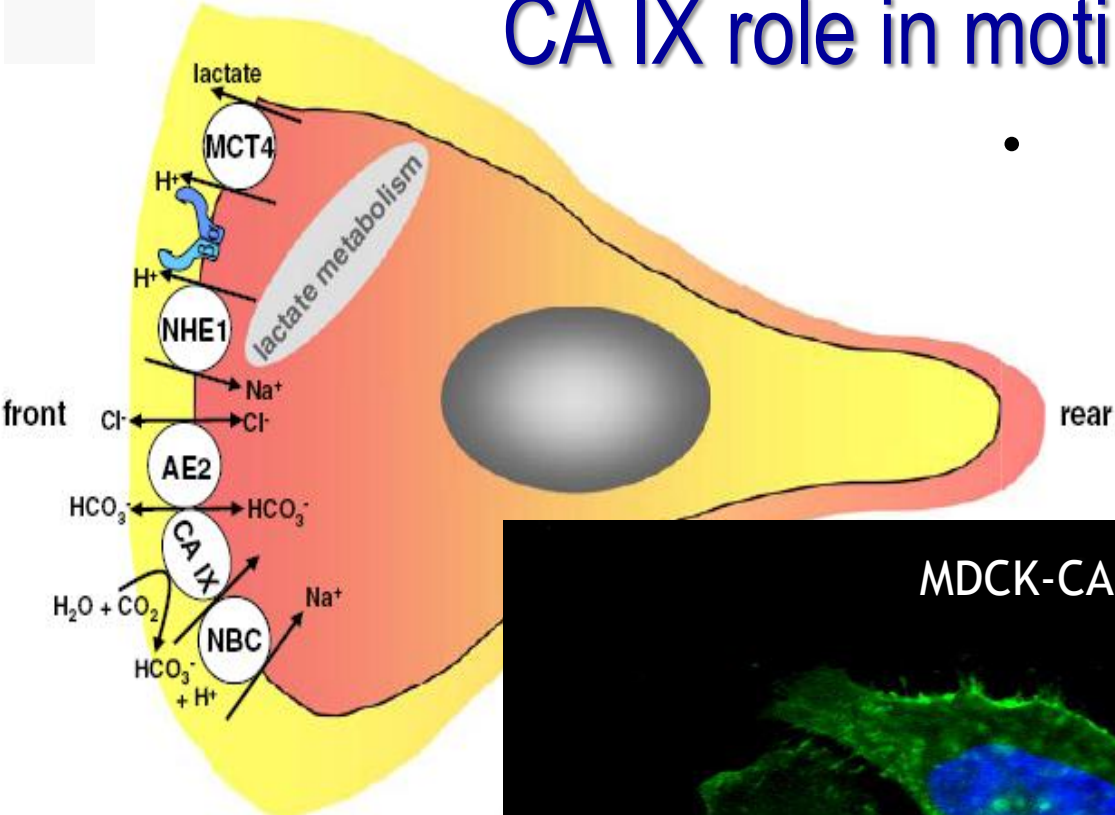
Tumor associated CAIX : Regulate pHi & pHe



Med Res Rev. **2008**, 28, 445-63.

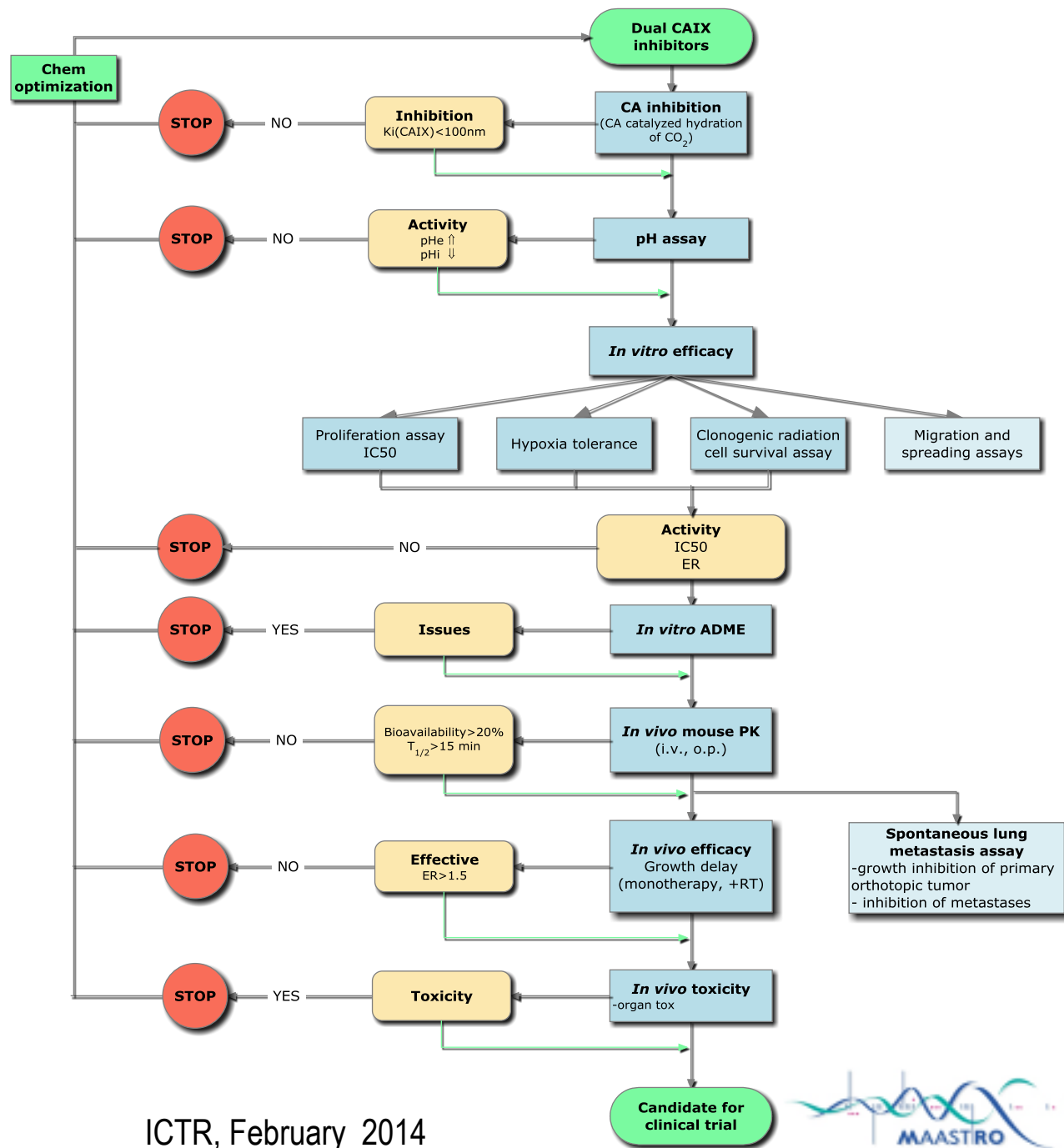
Oncotarget. **2012**, 3, 84-97.

CA IX role in motility & invasion

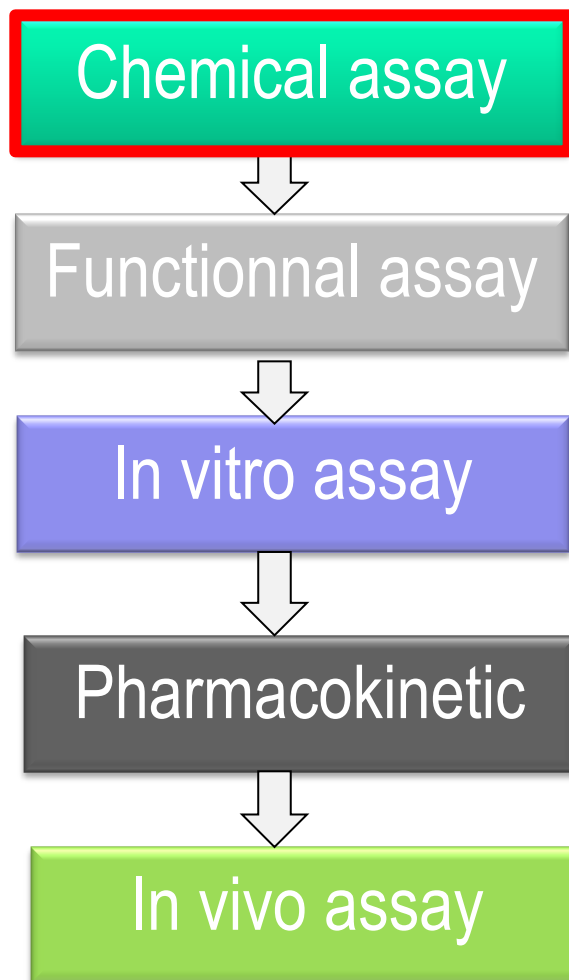


A program to screen compounds and select a development candidate for Phase I clinical evaluation.

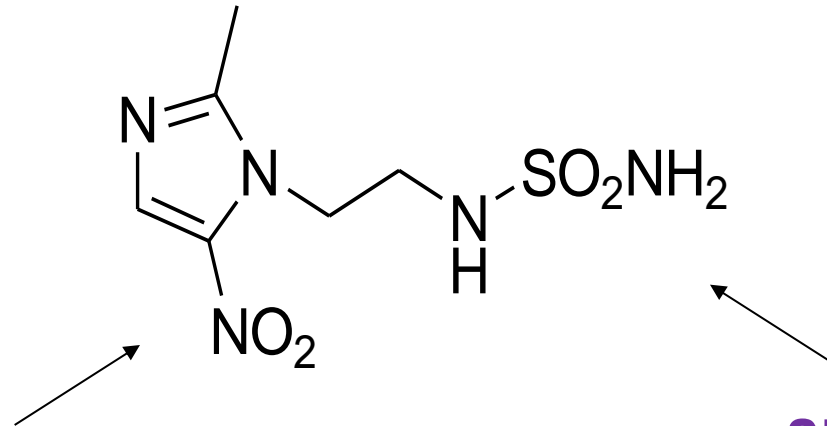
For a compound to be considered for clinical evaluation it should be specific, active, effective, safe as well as it should have favorable pharmacokinetic profile. A number of in vitro and in vivo assays are employed at different steps of the screening program to allow prioritization of the compounds according to the balance of their properties.



Simplified screening pathway



Dual drugs: the leading compound = DH 348



5-nitroimidazole

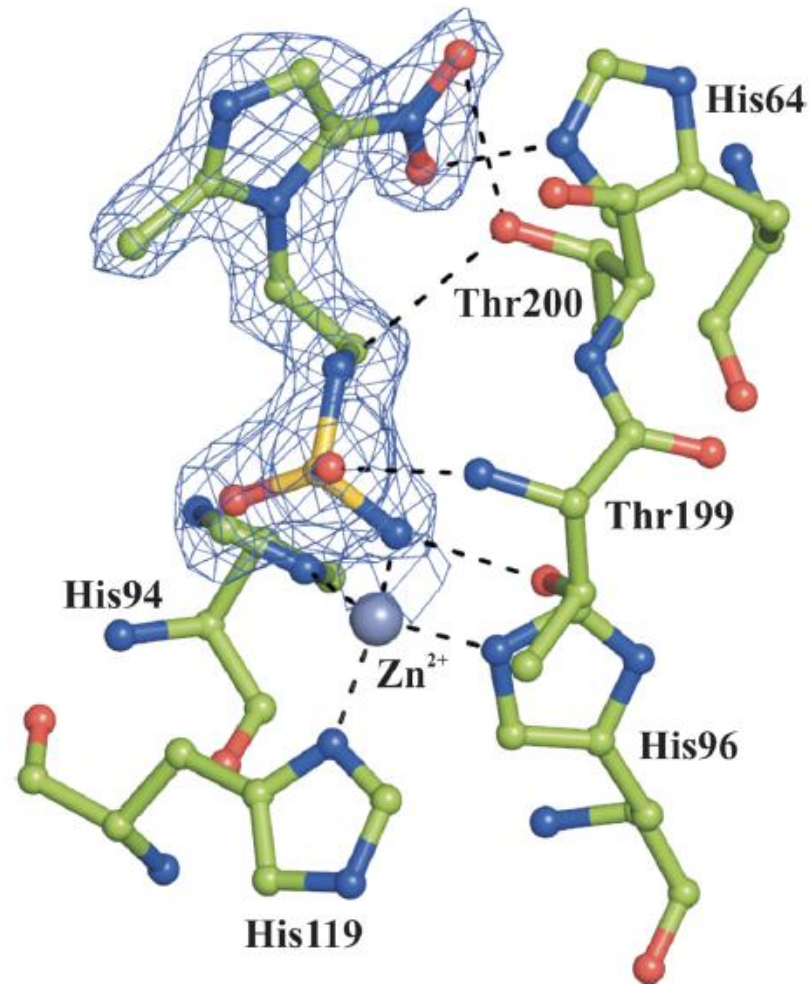
- radiosensitizers hypoxia targeting
- nimorazole: clinically relevant doses without toxicity resulting in important benefits

sulfamide

- CAIX targeting
- more targeting tumors compared to normal healthy tissue
- ability to reduce extracellular acidosis

+ negative controle: separate single moieties

Sulfamide blocks the CA active site



Rami et al, J Med Chem 2013

CA inhibition @ chemical assay: low nanomolar efficacy

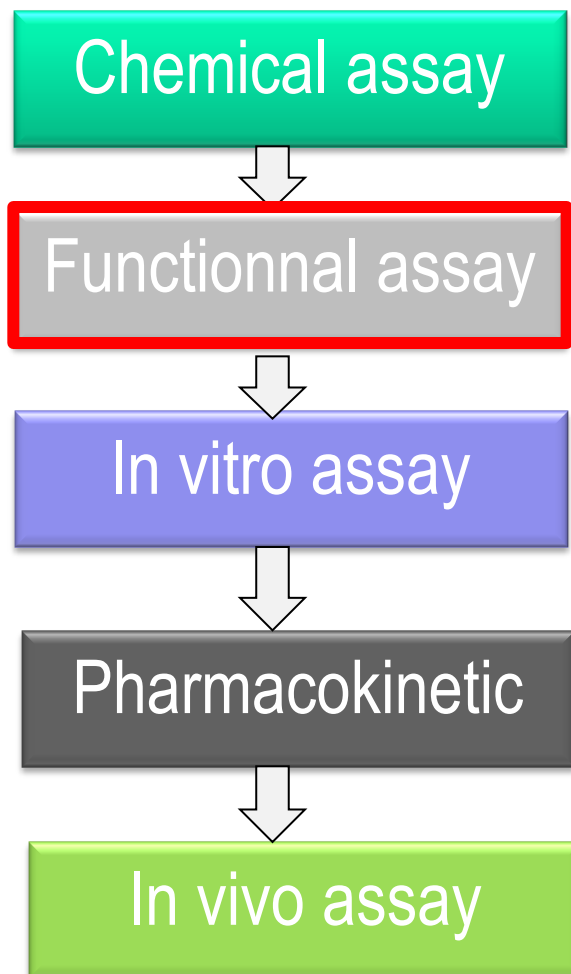
J. Med. Chem. 2013

compd	K_i (nM) ^b				K_i (nM) ^b	K_i (nM) ^b
	hCA I ^c	hCA II ^c	hCA IX ^d	hCA XII ^d		
AAZ	250	12	25	5.6	2.14	2.14
4a	3203	330	70	64	5.15	5.15
4b	107	37	7.9	8.0	4.56	4.56
4c	79	4.8	8.0	8.0	0.71	0.71
4d	101	3.8	7.3	7.3	0.47	0.47
6a	105	5.5	7.3	7.3	0.68	0.68
6b	483	7.4	7.3	7.3	0.96	0.96
6c	79	2.9	7.3	7.3	0.34	0.34
6d	84	6.6	7.3	7.3	0.86	0.86
7	9576	10.1	7.3	7.3	1.24	1.24
9	4435	32.8	7.3	7.3	3.79	3.79
11	9120	10.1	7.3	7.3	1.52	1.52
12	>20000	>20000	>20000	>20000		
13	>20000	>20000	>20000	>20000		
15	8718	21	21	37	2.47	1.40

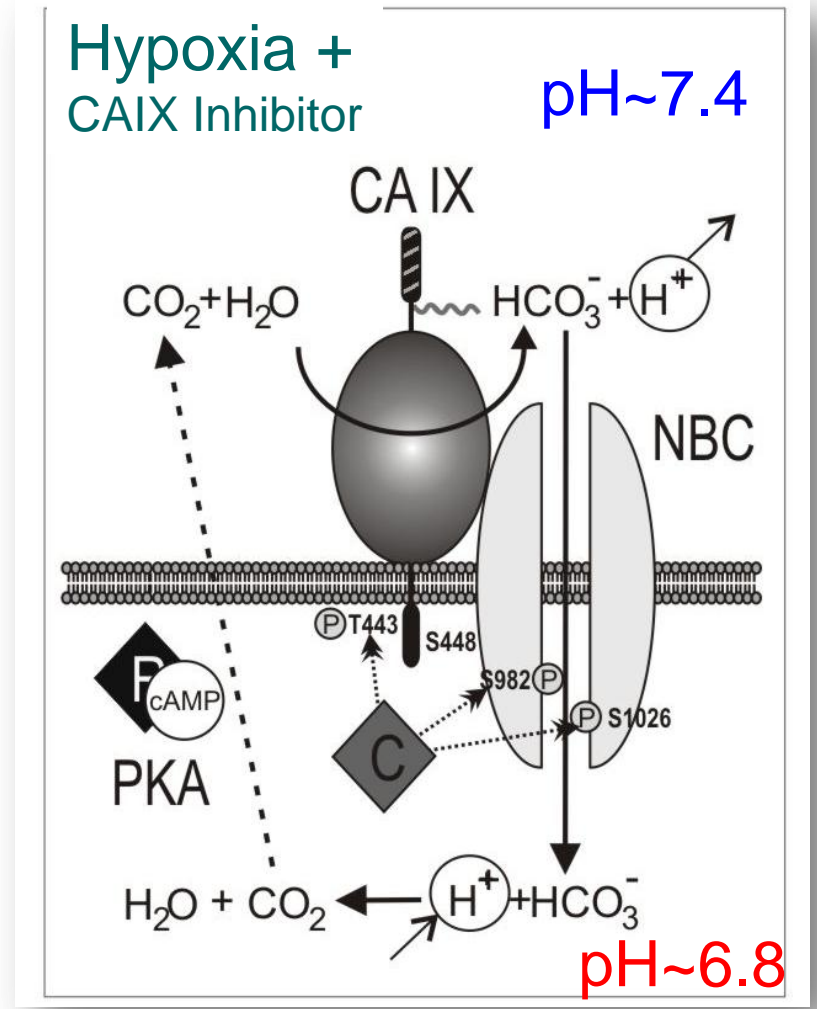
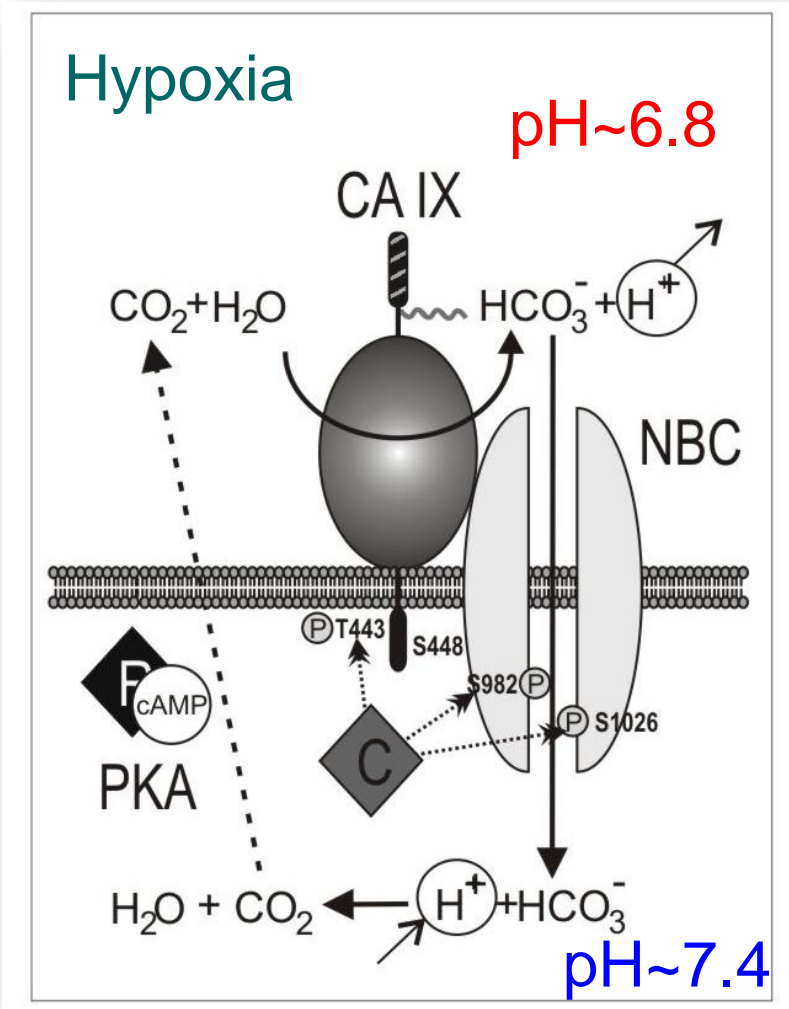
^aSelectivity ratios for hCA I and II over the mitochondrial (CA IX and XII) isozymes are also reported. ^bErrors in the range of $\pm 5-10\%$. ^cFull length, cytosolic isoform. ^dCatalytic domain, recombinant enzyme.

DTP348: K_i 20nM CAIX, 8 nM CAXII

Simplified screening pathway

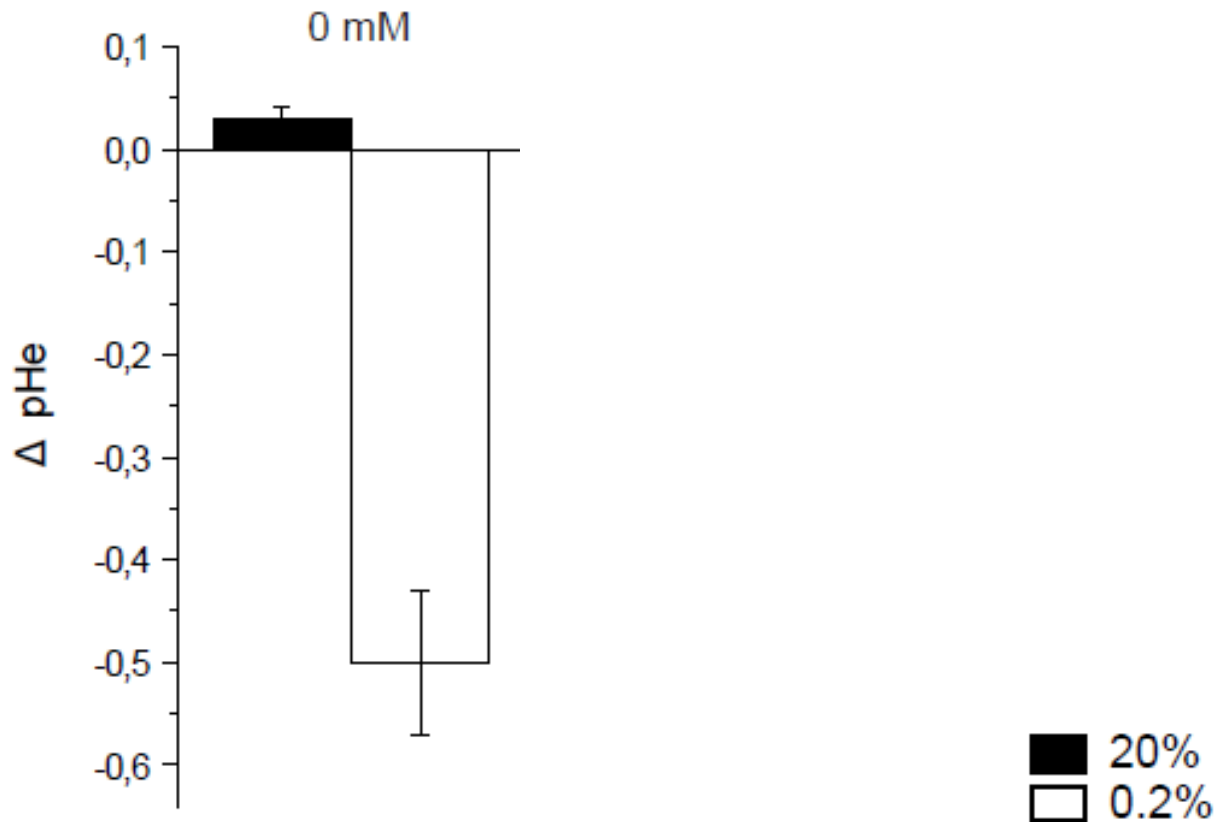


CA IX role in tumour cells

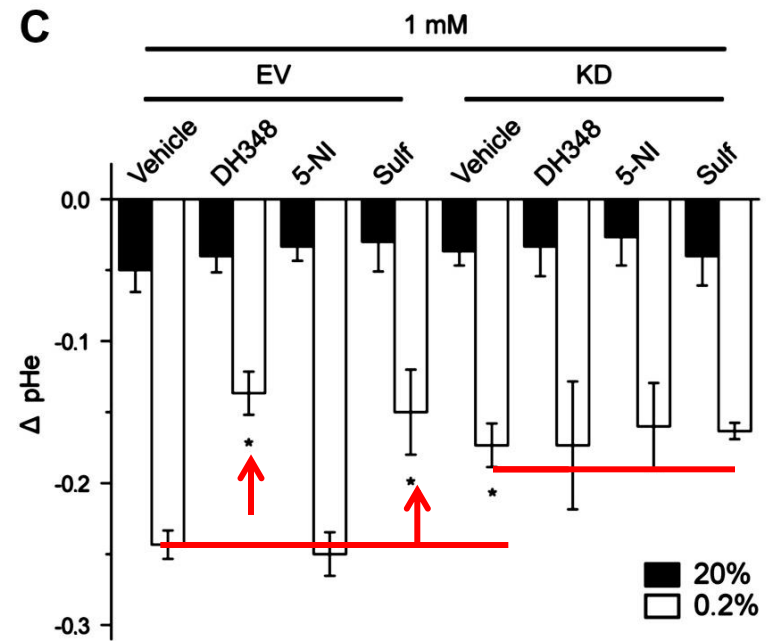
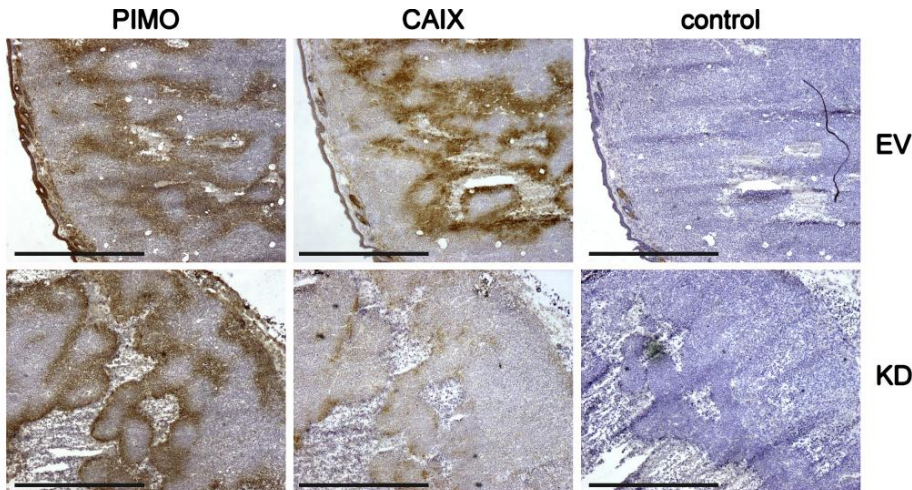
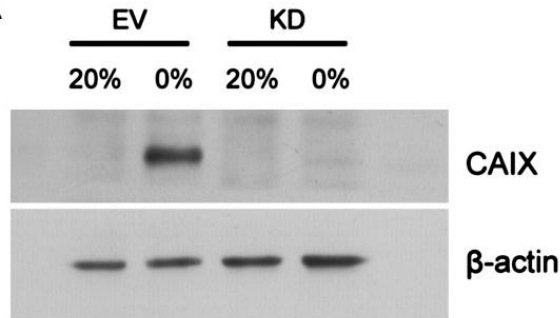


= Toxic for the cancer cell

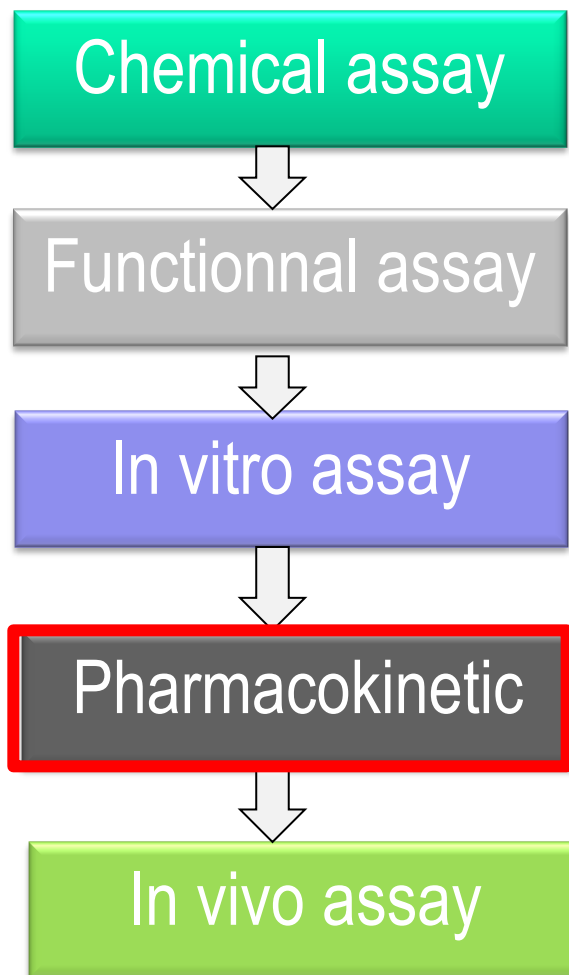
A significant dose-dependent ($P < 0.05$) reduction in hypoxia-induced extracellular acidosis of DH348 was observed, while the effect on cells exposed to ambient air was negligible



... in a CAIX dependent manner



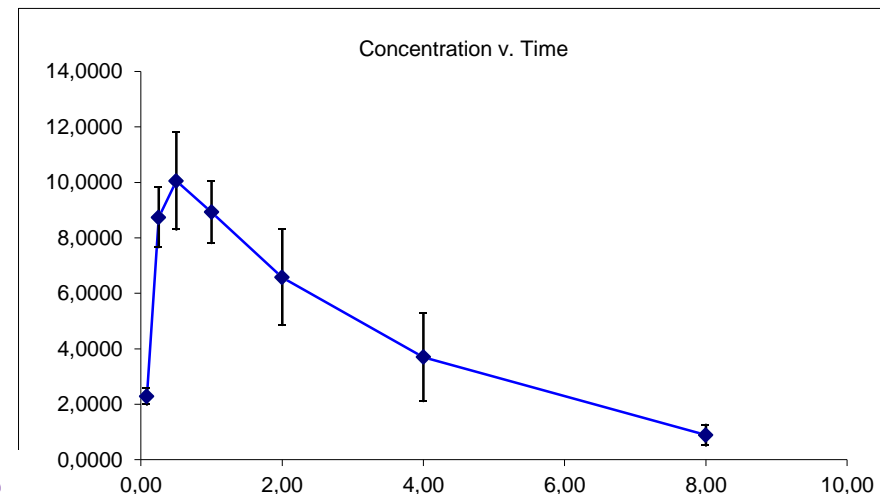
Simplified screening pathway



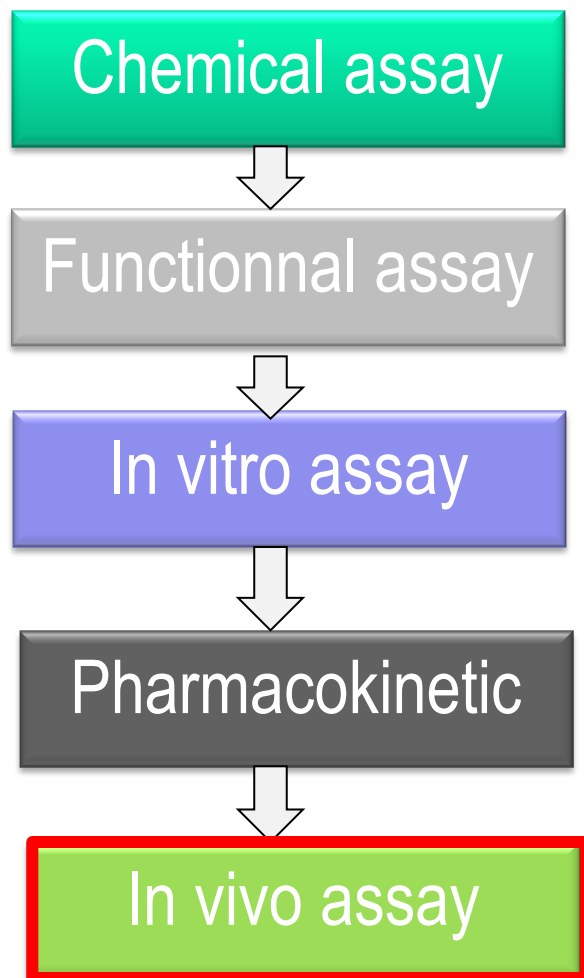
Mouse pharmacokinetics & formulation

Mouse Pharmacokinetic analysis				
Compound	IV Dose (5mg/kg)		PO Dose (50mg/kg)	bioavailability
	Total Cl _{int} (mL/min/kg)	AUC to Last (μg-hr/mL)	AUC to Last (μg-hr/mL)	
S4	278	0.306	0.161	3.00%
FC9-403	108	0.752	0.342	4.50%
FC9-398	59.9	1.4	7.85	57.60%
DH307	174.79	0.448	0.356	3.80%
DH338	-1.57	1.497	13.351	90.30%
DH348	44.31	1.829	35.294	178.90%
NKP60	10.47	8.034	78.968	96.00%

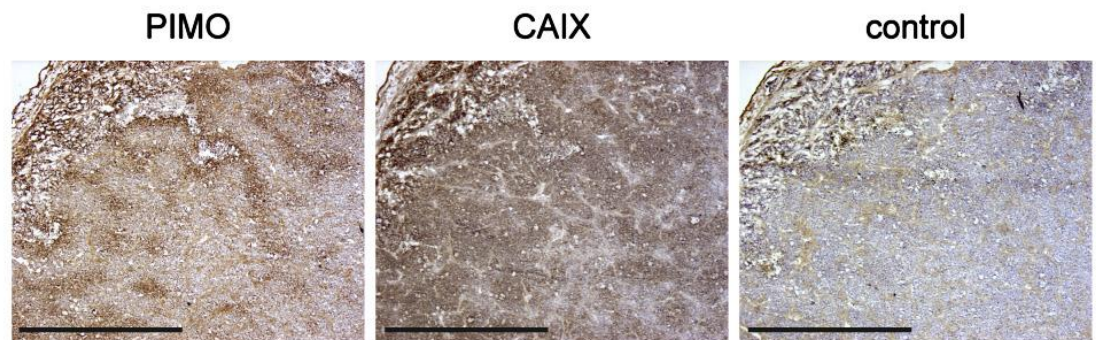
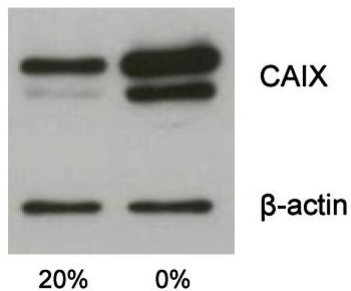
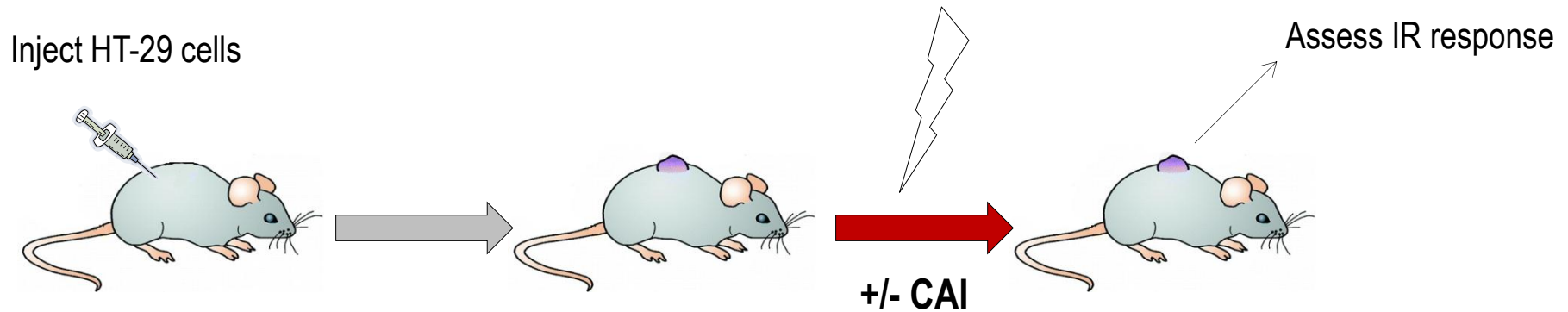
+ Oral formulation possible



Simplified screening pathway

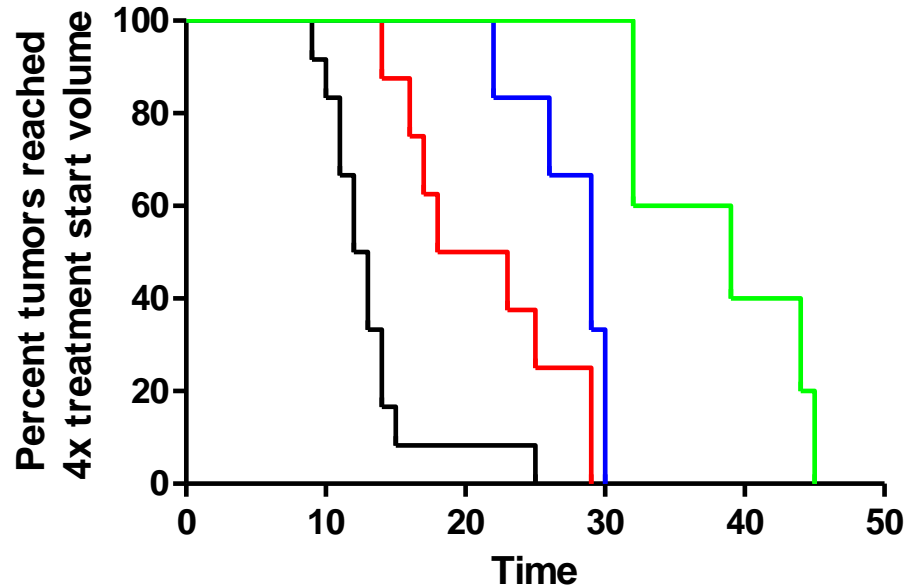
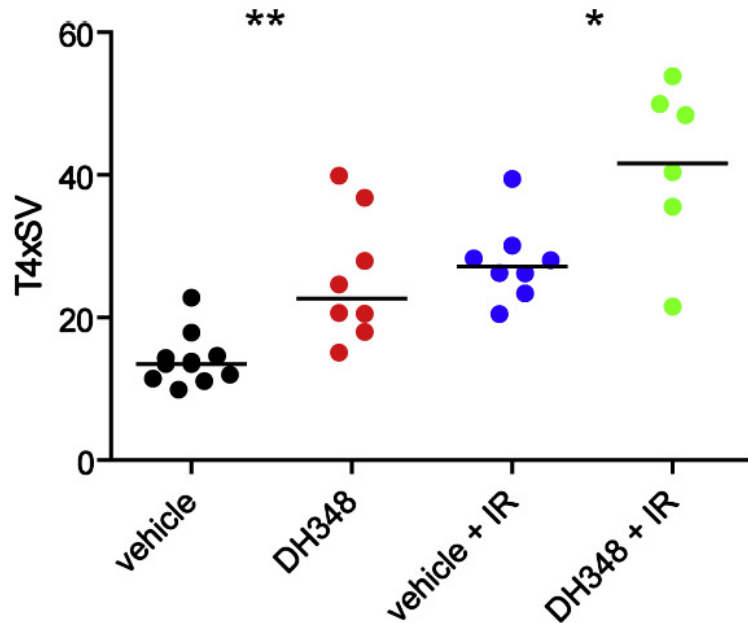


Does DH348 enhances effect of conventional therapies?

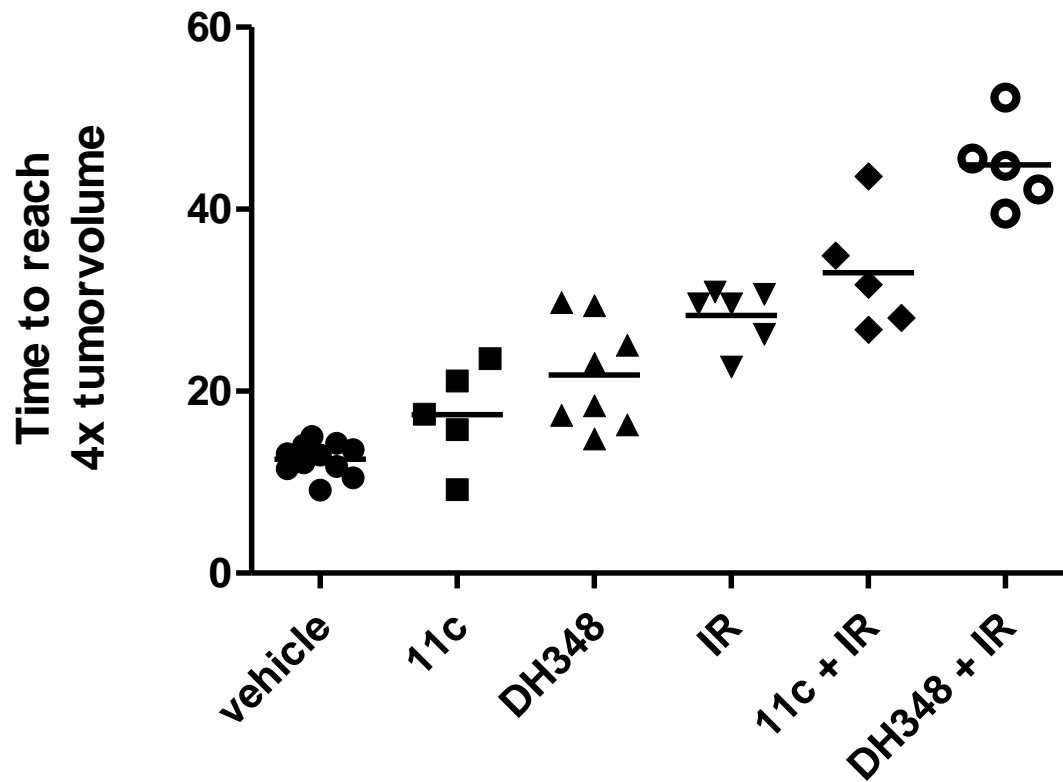


DH348 sensitizes HT-29 tumors to IR (10 Gy SD)...

- vehicle
- DH348
- vehicle + IR
- DH348 + IR



... more compared to previously published single CAIX targeting (11c)



SER:

DH348 = 1.50

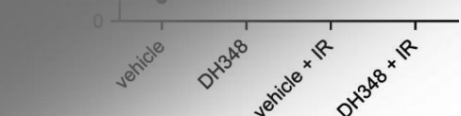
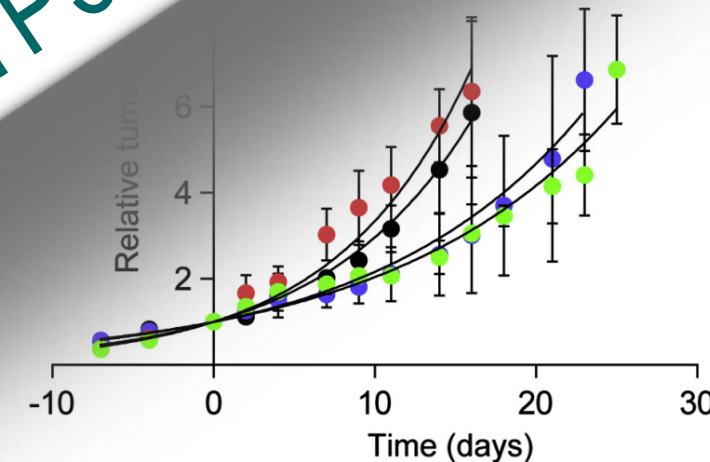
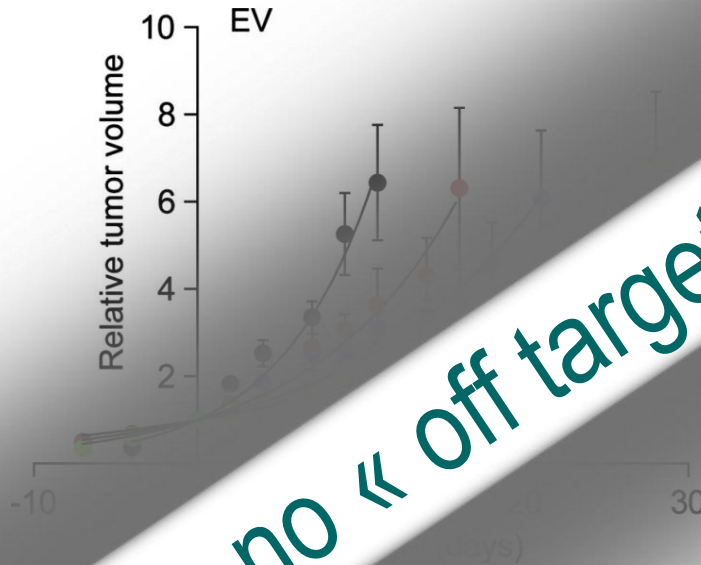
11c = 1.14

$$\text{SER} = \frac{\text{T4xSV Drug} + \text{IR}}{\text{T4xSV vehicle} + \text{IR}}$$

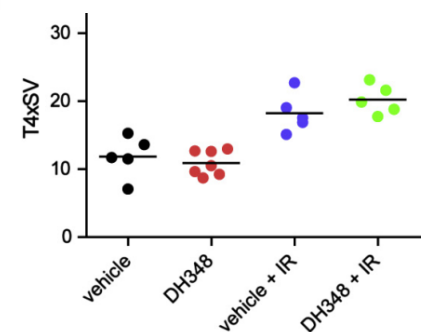
... in a CAIX dependent manner

- vehicle
- DH348
- vehicle + IR
- DH348 + IR

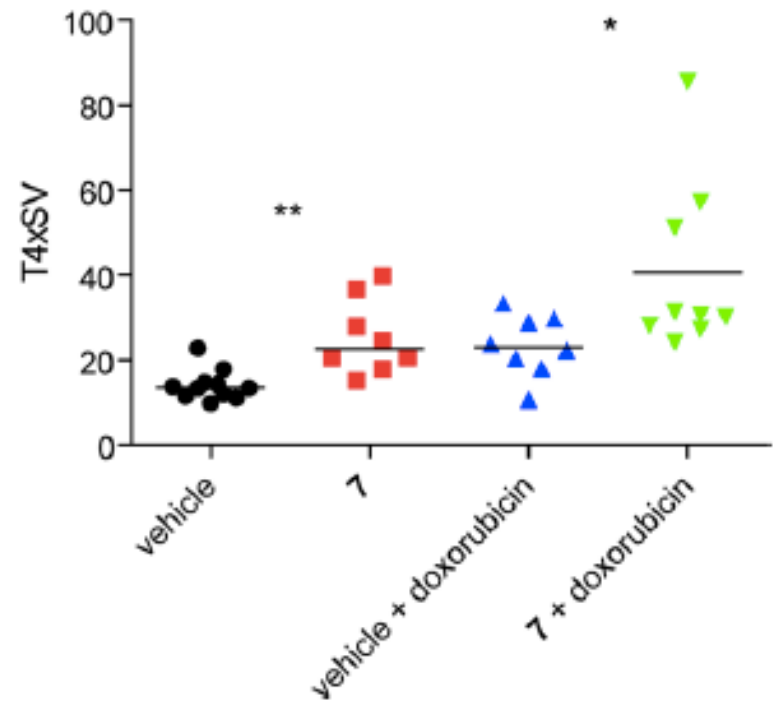
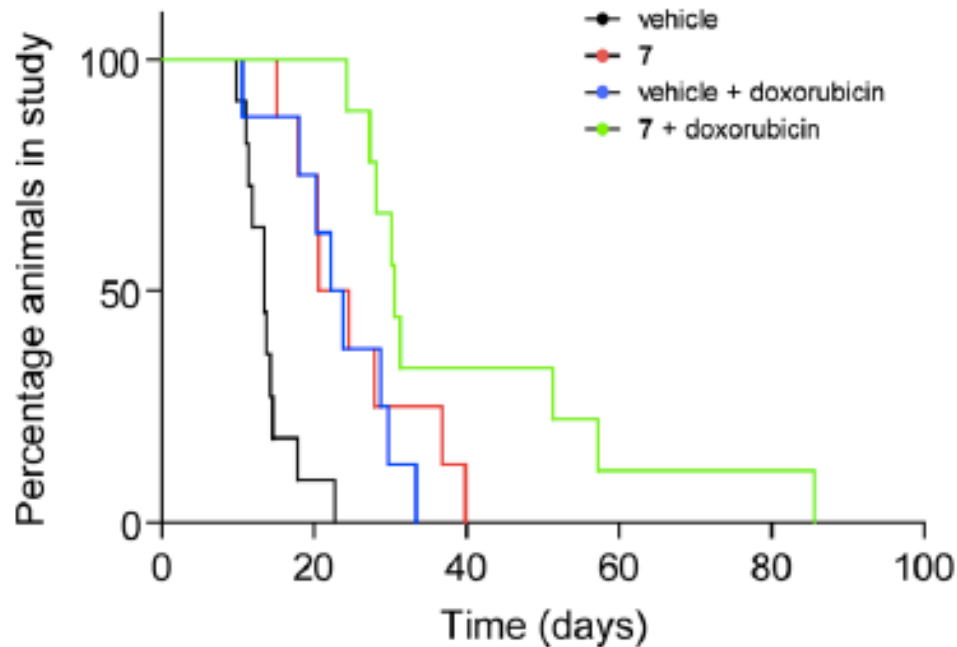
DTP348: no « off target » effect



- vehicle + IR
- DH348 + IR



... and sensitizes to chemotherapy drugs (such as doxorubicin), having *basic* properties



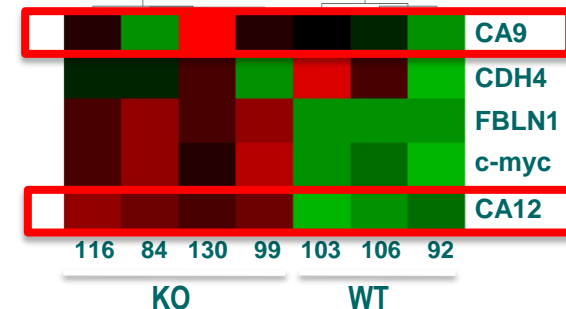


Pharmacological inhibition of carbonic anhydrase XII interferes with cell proliferation and induces cell apoptosis in T-cell lymphomas

Nadia Lounnas^{a,b}, Célia Rosilio^{a,b}, Marielle Nebout^{a,b}, Didier Mary^{a,b}, Emmanuel Griessinger^{a,b}, Zouhour Neffati^{a,b}, Johanna Chiche^{b,c}, Hergen Spits^d, Thijs J. Hagenbeek^e, Vahid Asnafi^f, Sally-Ann Poulsen^g, Claudiu T. Supuran^h, Jean-François Peyron^{a,b,i,j,*,1}, Véronique Imbert^{a,b,*,1}

- ✓ CA XII expression is upregulated in mouse T lymphoma cells, in a human T lymphoma cell line and in human T-ALL samples.
- ✓ CA XII participates to cell survival of T lymphoma cells by maintaining an alkaline intracellular pH.
- ✓ CA XII may represent a new therapeutic target for T ALL/LL.
 - alone
 - as an adjuvant therapy (L-asparaginase, dexamethasone)

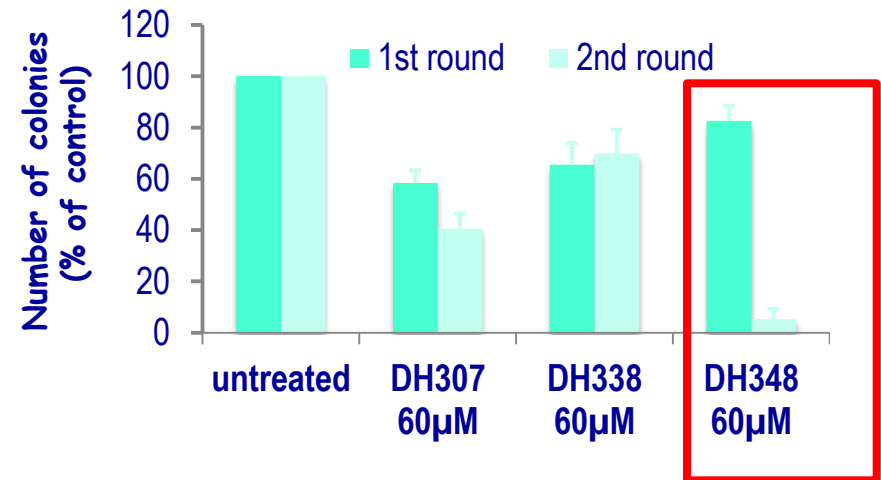
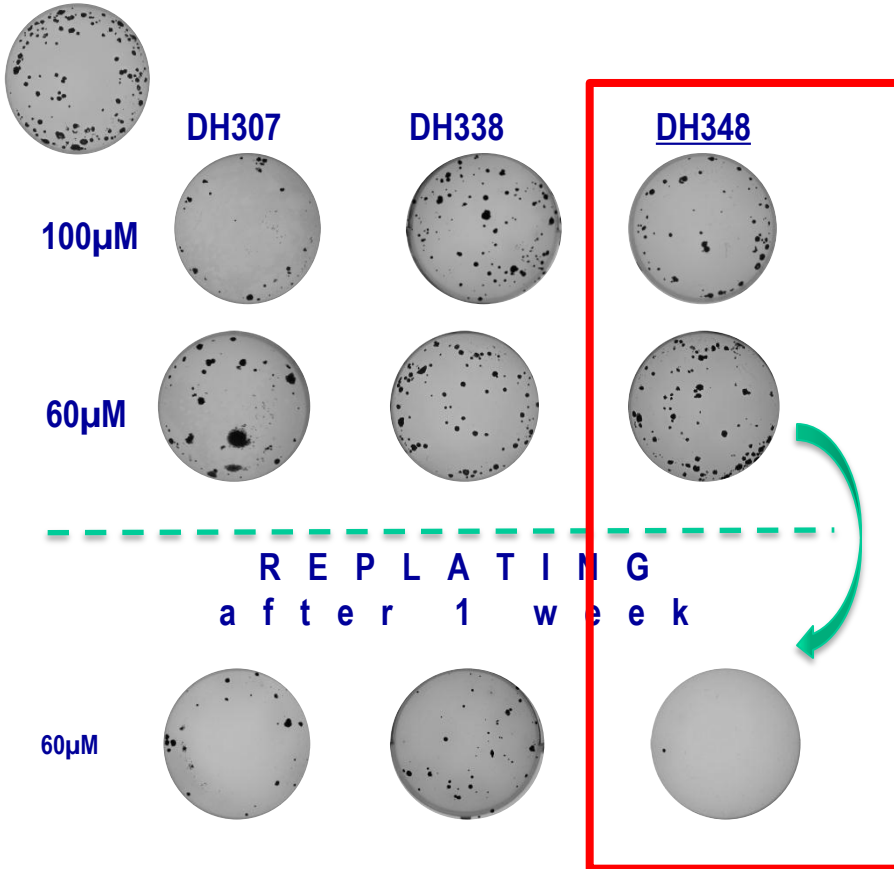
Transcriptomic analysis
Affymetrix-MoGene-1_0-st-v1



Courtesy of V. Imbert

Therapeutic effect of DH348 on lymphoma cells CAXII

Untreated



Mouse Lymphoma tPTEN^{-/-} Cells cultured in solid methylcellulose medium

Conclusions

- Bifunctional 5-nitroimidazole CAIX targeting drugs are promising compounds with good PK to combine with IR and/or chemotherapy
- Ongoing:
 - Test dual compound oral formulation (50 mg/kg) in different models (lung, glioma, H&N, colon)
 - Test separate single moieties in vivo
 - Assess normal tissue toxicity on intestinal (short-term toxicity) and lung (long-term toxicity) epithelium combined with irradiation
 - Large-scale toxicity studies
 - GMP production
 - First in human clinical trial

What are the requirements of the « perfect drug »?

- + 1. Supra-additive effect with radiation
- + 2. Low toxicity, tumour specific
- + 3. Oral administration
- Not shown + 4. Biomarkers (tissues, blood, imaging...)
- + 5. Known target
- + 6. *Multifunctional*, known mechanisms of actions
- + 7. Antitumoral effect alone («cure» rather than « response »)
- + 8. Chemosensitizing effect
- 9. Effect on μ metastasis
- + 10. Cheap to manufacture

CAXII:
T-ALL & T
lymphoma



Acknowledgements

Maastro CAIX group

- Ludwig Dubois
- Sarah Peeters
- Simon van Kuijk
- Ala Yaromina
- Natasja Lieuwes



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- Claudiu Supuran
- Andrea Scozzafava
- Fabrizio Carta

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- Adrian Harris
- Simon Wigfield
- Alan McIntyre

Nice

- Véronique Imbert
- Nadia Lounnas

Montpellier

- Jean-Yves Winum
- Marrouan Rami
- Nanda Kumar Parvathaneni

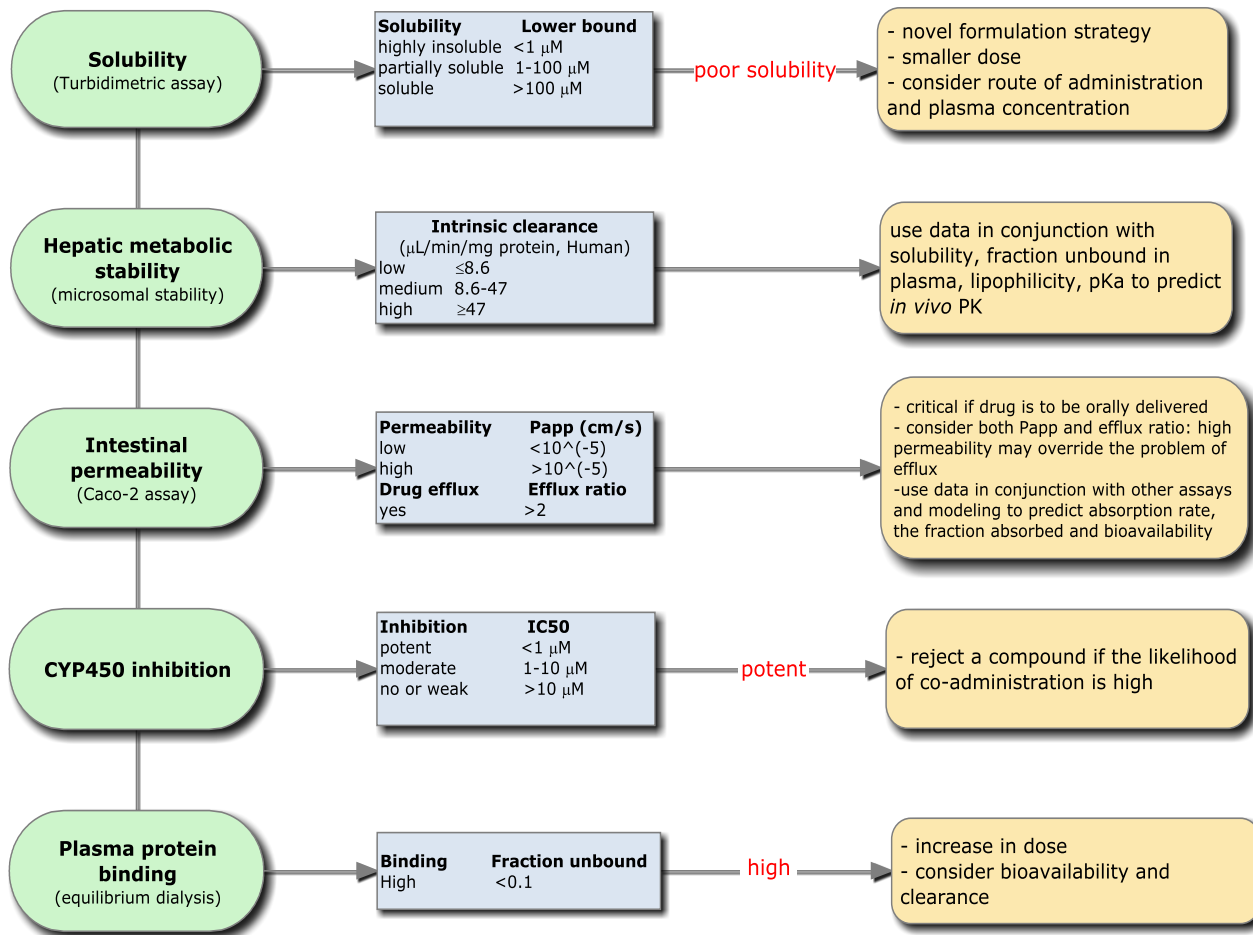


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ADME in vitro screening



ADME *in vitro* screening.

Absorption, distribution, metabolism and excretion (ADME) properties contribute to the drug success rates. Early detection and eradication of poor ADME properties *in vitro* eliminates unfavourable compounds and improves the quality of compounds in the pipeline. A number of important ADME properties that contribute to pharmacokinetic profile are listed. ADME properties act interdependently underlying the necessity to consider a specific property in conjunction with other assays.

ADME in vitro screening

Cyprotex 2013

compound	Solubility bound (μM)	Permeability efflux ratio	Stability clearance	Metabolism cytochrome inhibition (μM)	Plasma protein binding mean fraction unbound
DH307	>100	2 X9	1 X2	>25	0.432
DH338	>100	1.11	6.67	>25	0.422
DH348	>100	0.638	4.88	>25	1.000
NKP60	>100	1.11	2.27	>25	0.308

- Solubility: compound considered soluble > 100 μM

- Caco-2 permeability: efflux ratio < 2 indicates (1) reasonable oral bioavailability and (2) low efflux possibility by P-glycoprotein transporters

- Hepatic stability: low intrinsic clearance if CL < 8.8 $\mu\text{l}/\text{min}/\text{mg}$ protein

- CYP450 metabolism: no or weak inhibition when IC50 > 10 μM

- Plasma protein binding: how higher unbound fraction, how more free drug available

PK simulation on based on ADME data

Cyprotex 2013

Mouse: Oral route 50 mg/kg dosing (mouse weight 0.03 kg)

All values are given as Median (10 – 90 percentile)

Com-pound	C _{max} (µg/ml)	t _{max} (h)	AUC (µg·h/ml)	t _{1/2} (h)	MRT (h)*	Bioavaila-bility	Elimination rate con-stant (h ⁻¹)	Volume of distri-bution** V _d (l/kg)	Volume of distribution V _{ss} (l/kg)	Clearance (ml/min/kg)
DH307	1.4 (0.23- 2.3)	3 (2.9- 3.3)	13 (3.4-21)	7 (5.6-11)	12 (11-18)	0.27 (0.06-0.35)	0.099 (0.064-0.12)	10 (7.1-16)	12 (9.1-18)	16 (13-21)
DH338	12 (2.7-20)	2.5 (2.2- 3.9)	69 (31-130)	6.9 (5-10)	6.5 (5.1-15)	0.77 (0.43-0.87)	0.1 (0.066-0.14)	5.1 (3.2-8.9)	3.5 (2.4- 7.6)	8.7 (5.2-14)
DH348	11 (1-22)	3.7 (3-5.5)	110 (21-310)	6.1 (5-10)	11 (8.1-23)	0.69 (0.16-0.81)	0.11 (0.07-0.14)	2.5 (1.3-5.4)	3.2 (1.7- 7.6)	4.6 (1.9-10)
NKP60	47 (13-70)	2.8 (2-5.2)	420 (130- 1700)	6.5 (4.7-18)	11 (5-28)	0.95 (0.61-0.99)	0.11 (0.039-0.15)	0.95 (0.67-2)	0.95 (0.61-0.99)	1.8 (0.46- 4.7)

*Mean residence time

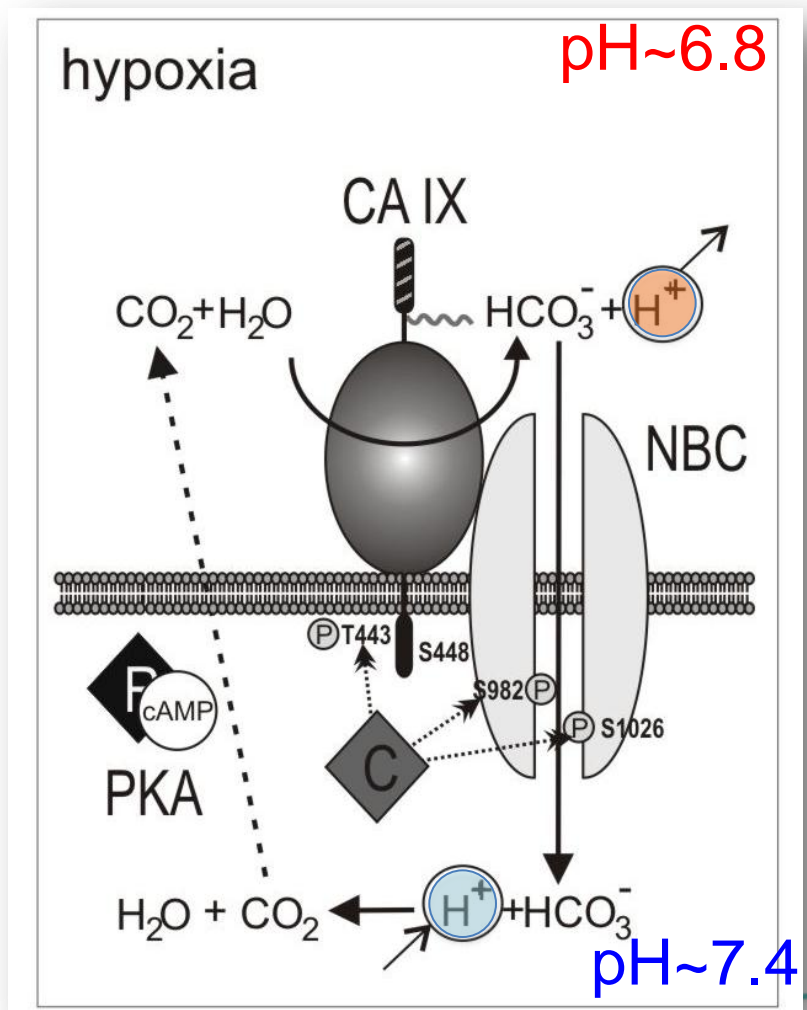
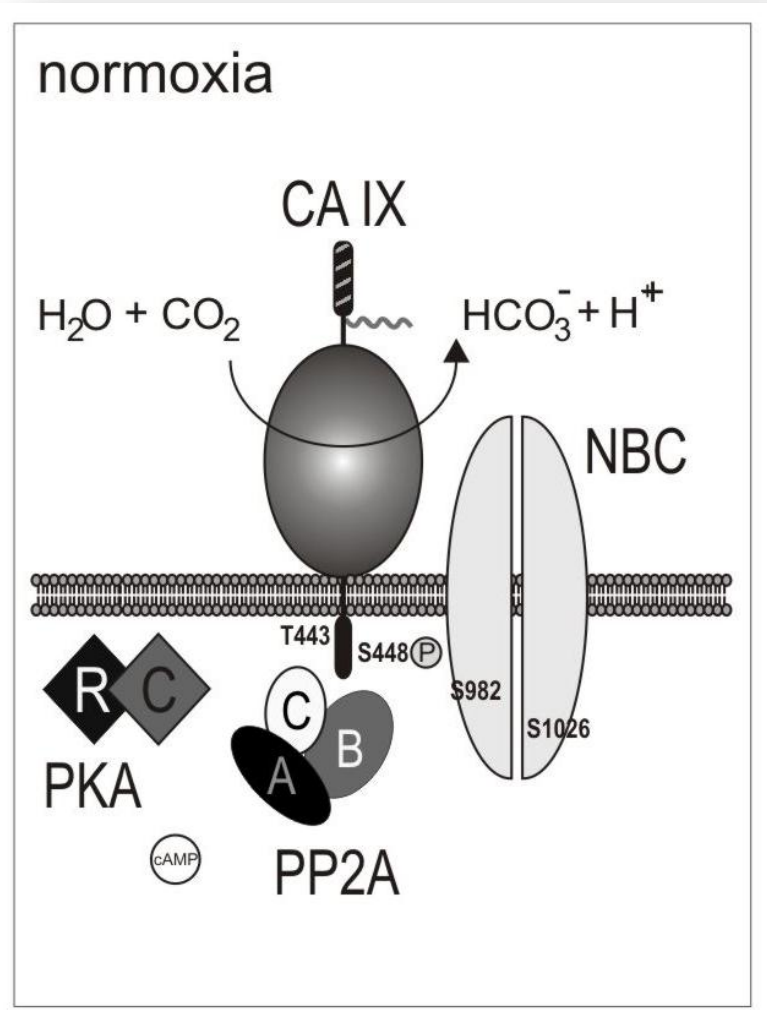
**V_d: Proportionality factor to calculate amount remaining in the body from measured blood plasma level.

Info needed on

- Solubility
- Caco-2 permeability
- Hepatic stability
- CYP450 metabolism
- Plasma protein binding
- LogP and PKa

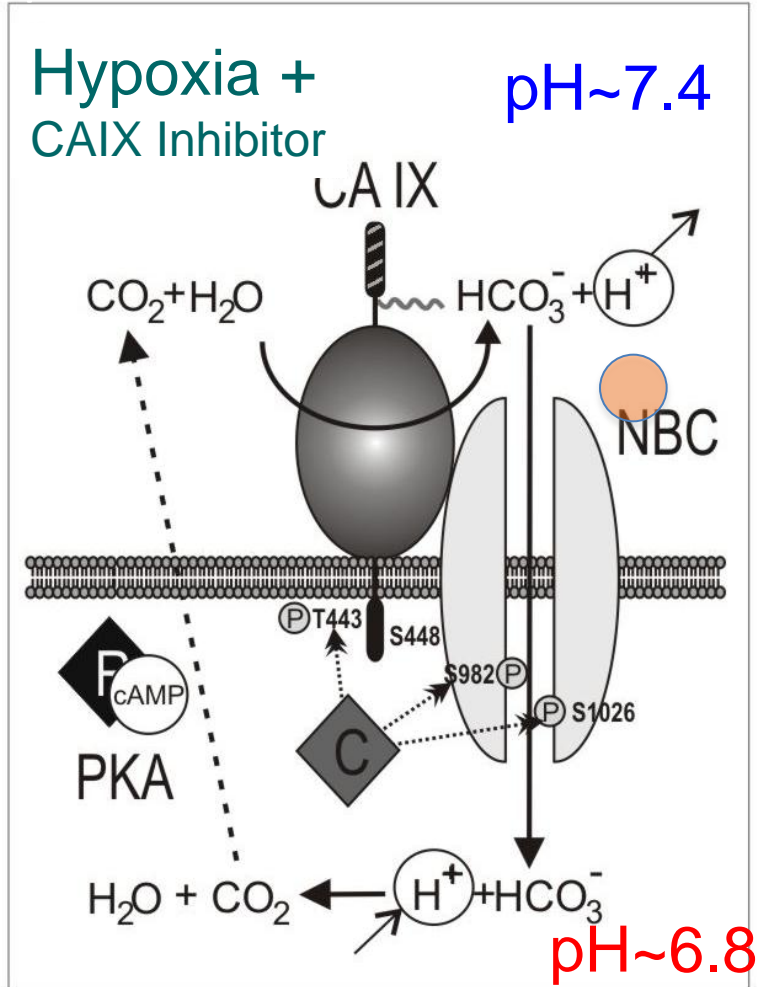
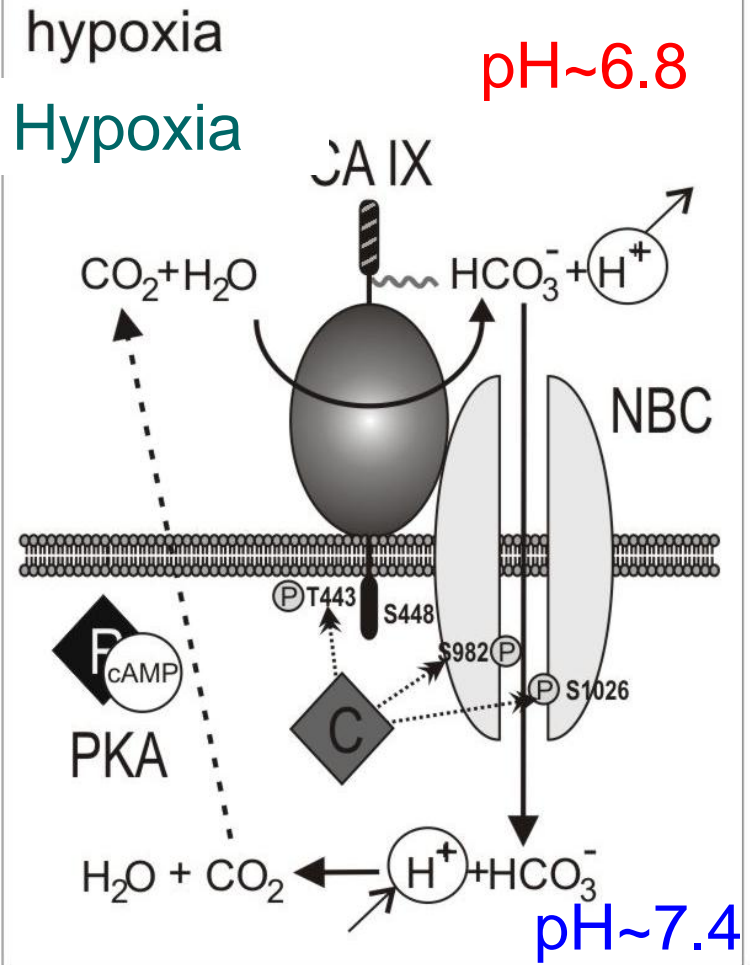
CA IX role in tumor cells

•



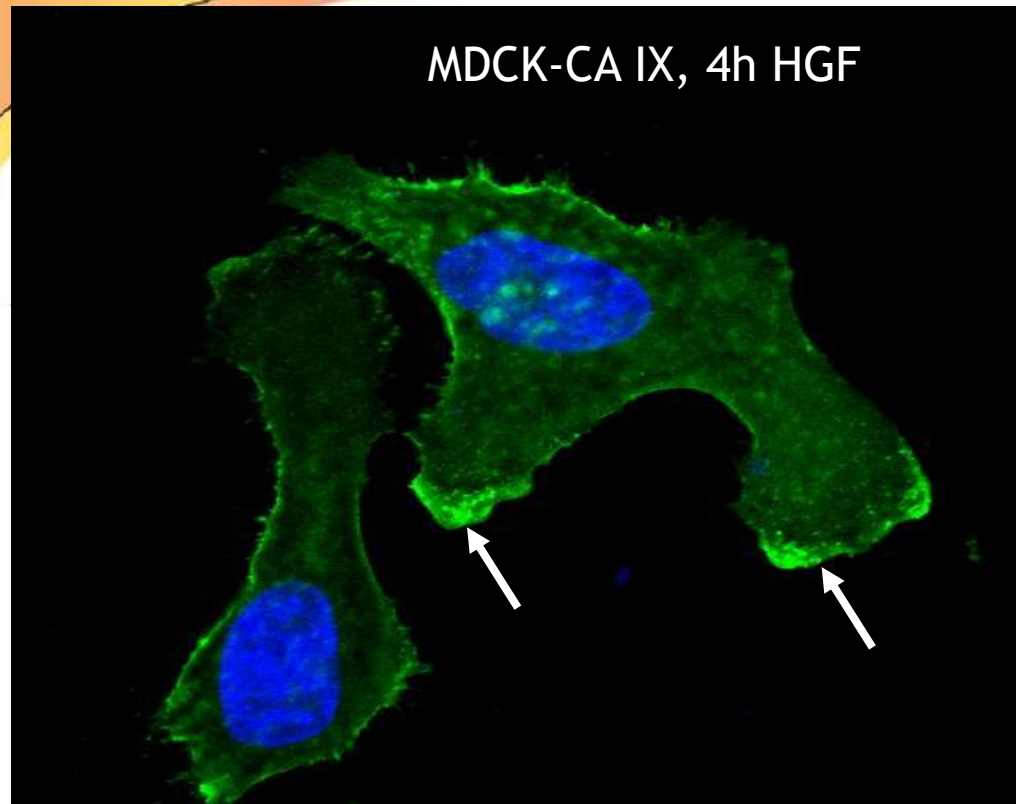
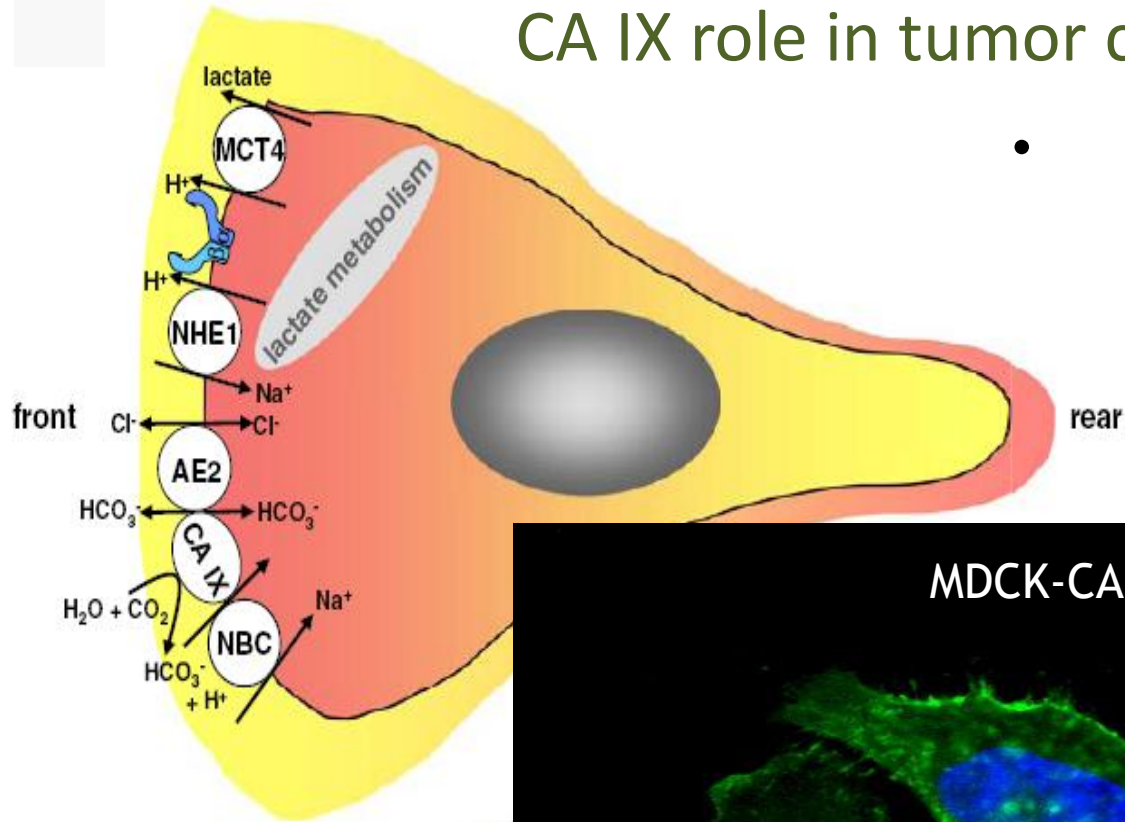
CA IX role in tumour cells

hypoxia/acidosis



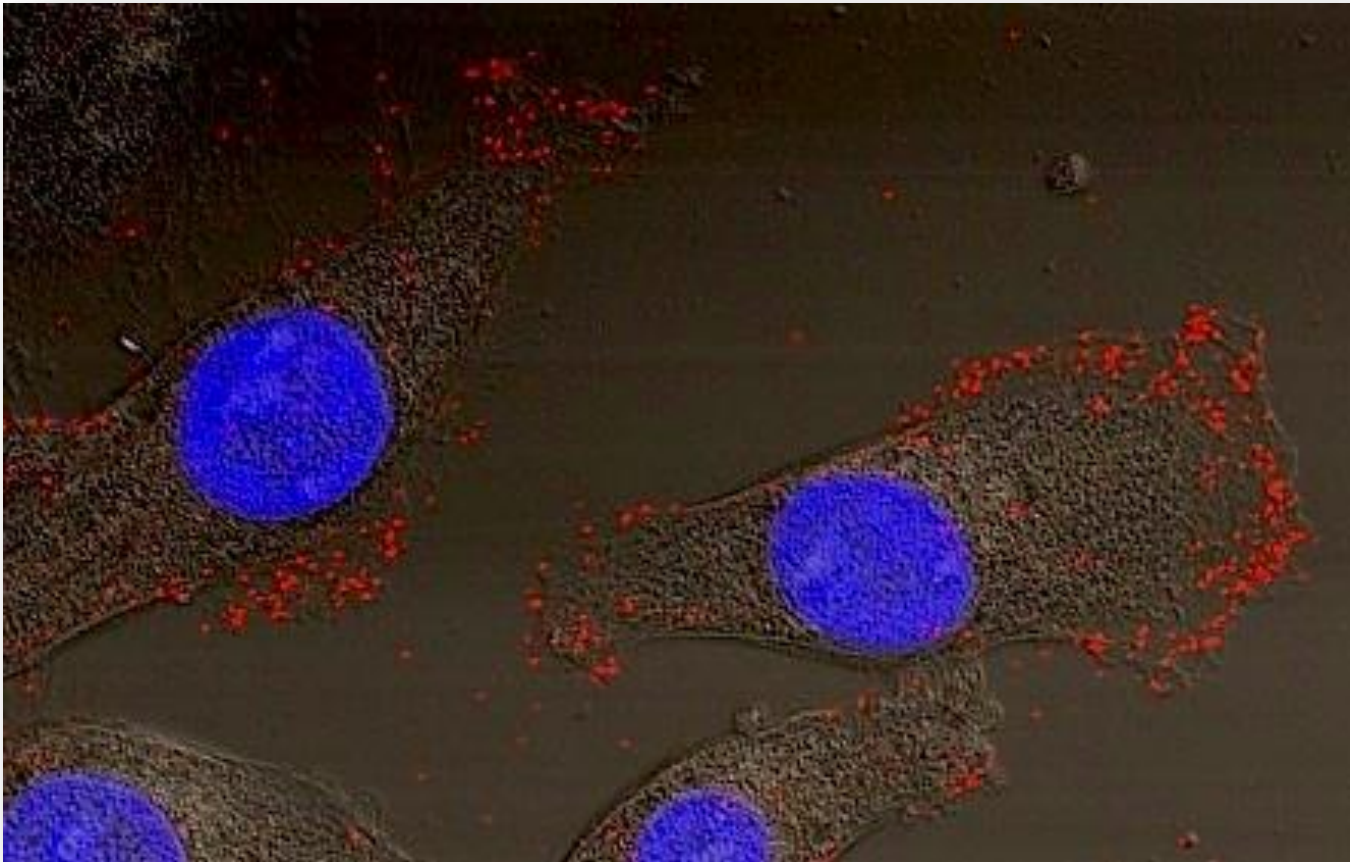
= Toxic for the cancer cell

CA IX role in tumor cells

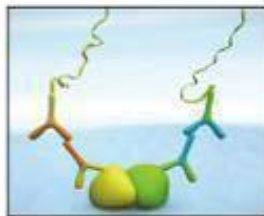


MDCK-CA IX, 4h HGF

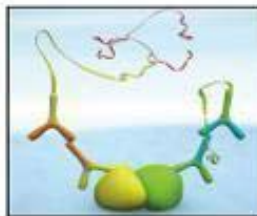
CA IX interacts with bicarbonate transporters



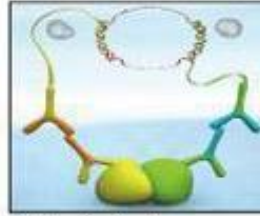
1. Incubate with target primary antibodies



2. Add PLA probes PLUS and MINUS



3. Hybridize connector oligos



4. Ligation to form a complete DNA circle



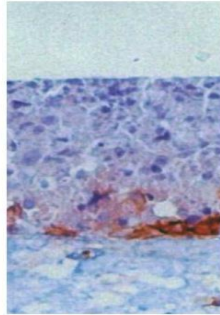
5. Rolling circle amplification



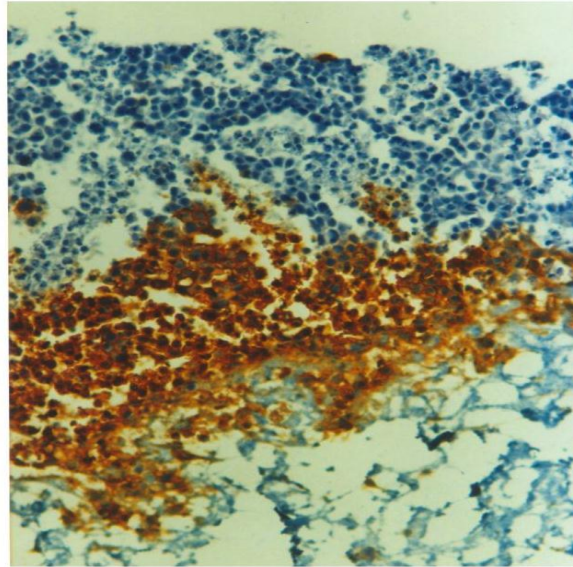
6. Add fluorescent probes to reveal interaction

CA IX is present in invading tumor cells

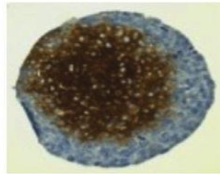
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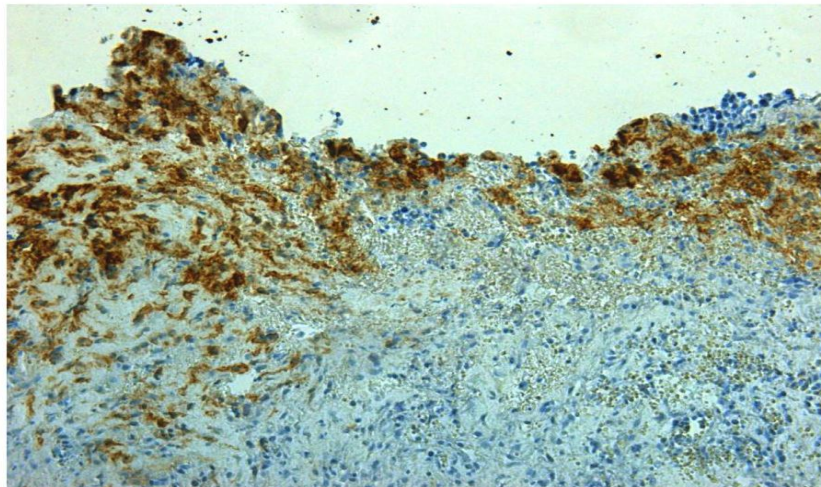
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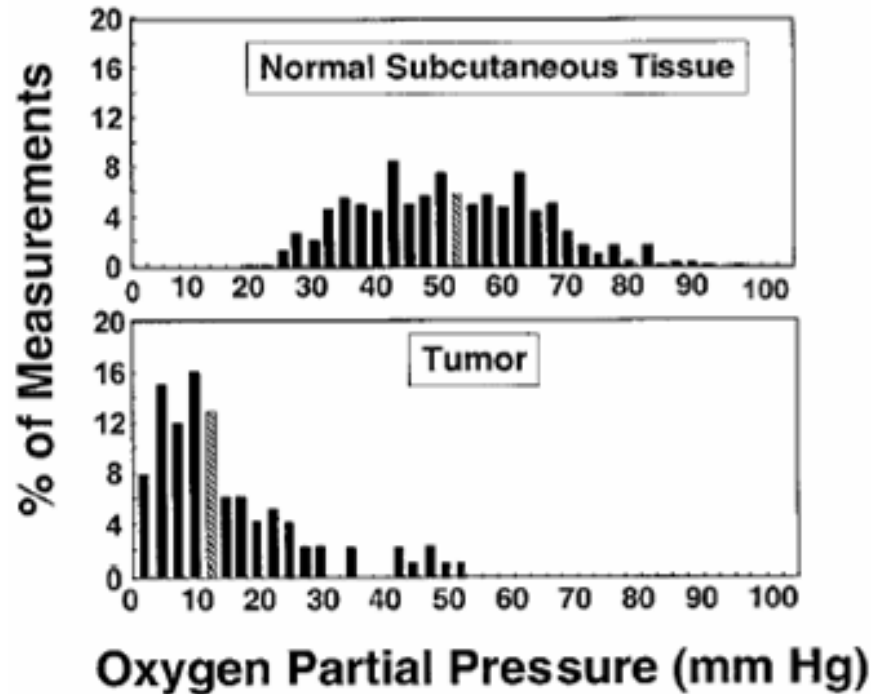
B



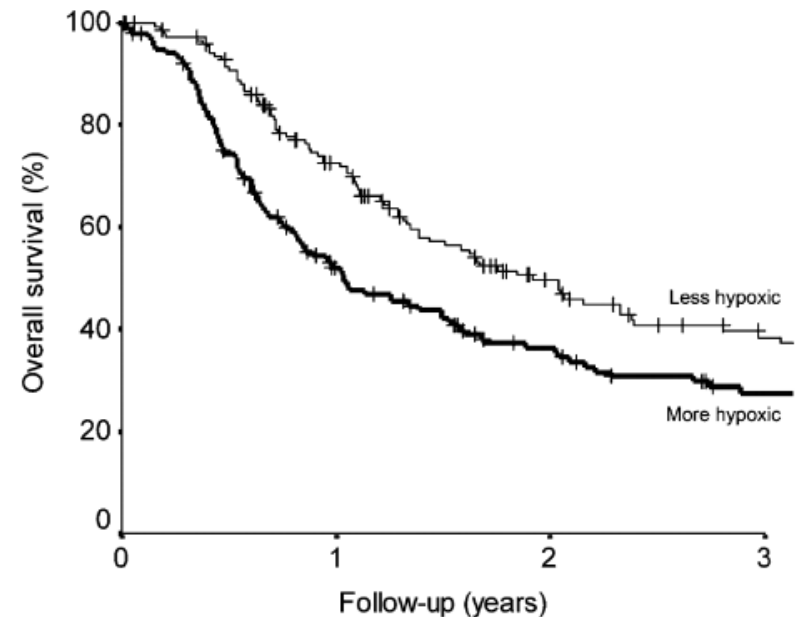
D



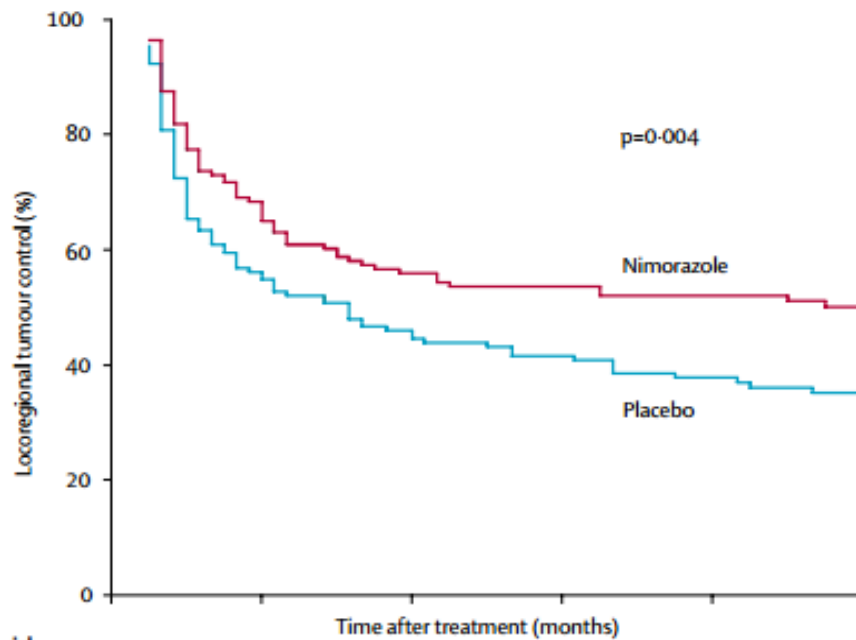
Clinical relevance of hypoxia on irradiation



Head & Neck cancer: 397 patients

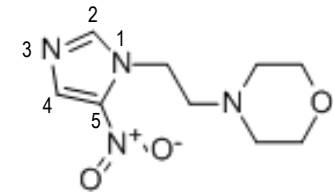


5-nitroimidazoles improve tumor control (DAHANCA 5)



Numbers at risk

Nimorazole	164	101	75	67	60	49
Placebo	156	83	64	55	47	39



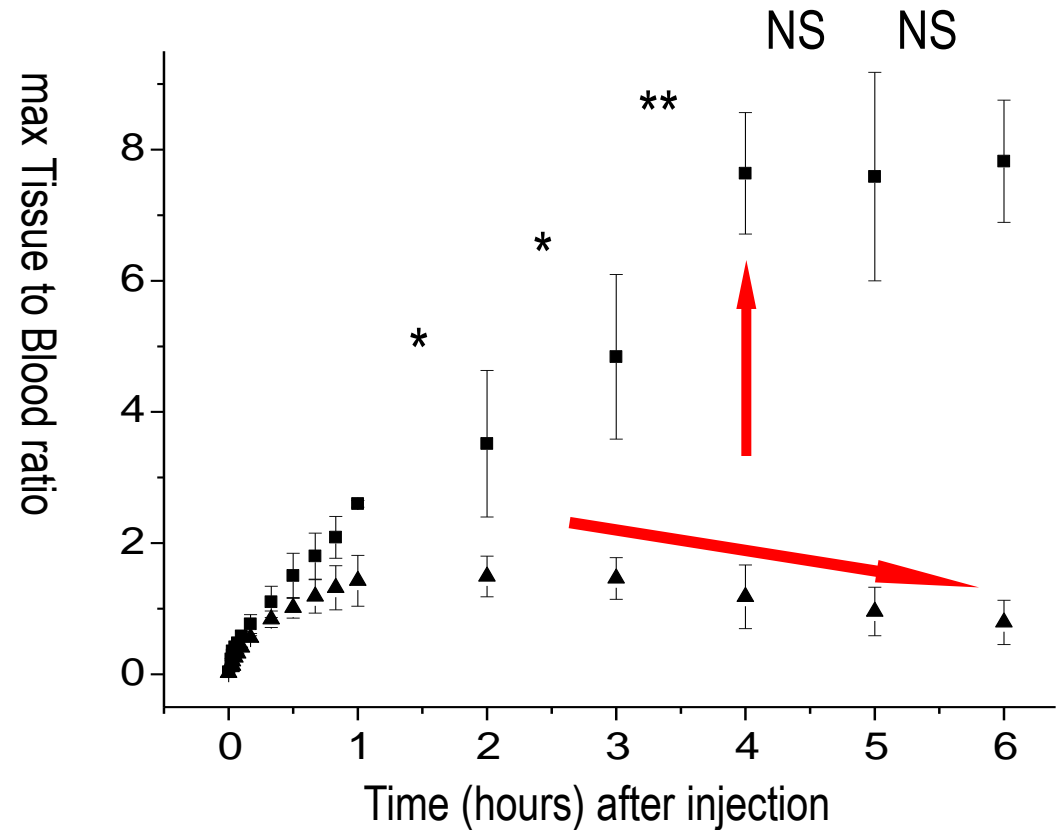
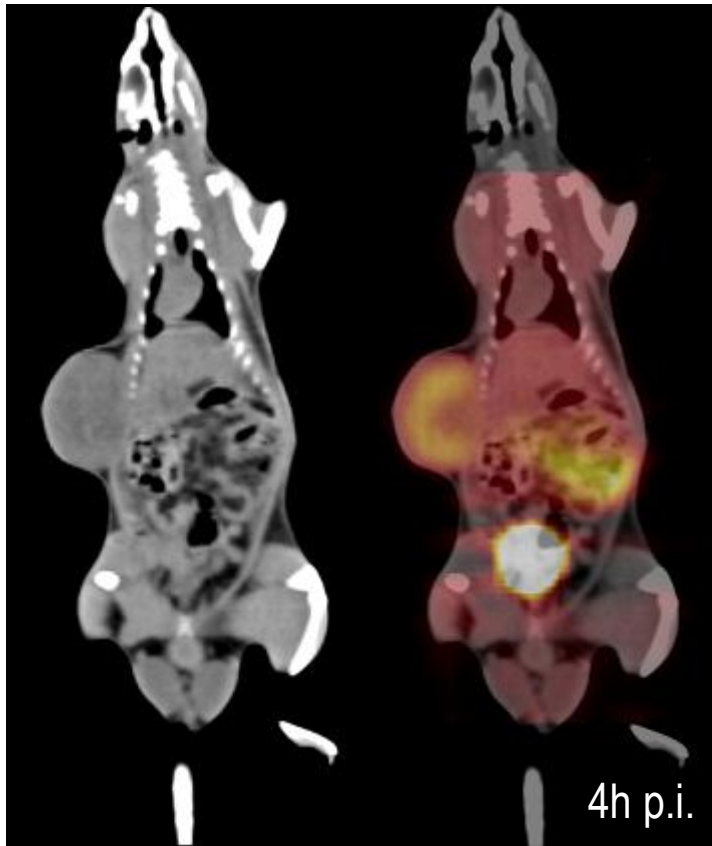
Nimorazole

Herceptin:

Δ « Companion biomarker »

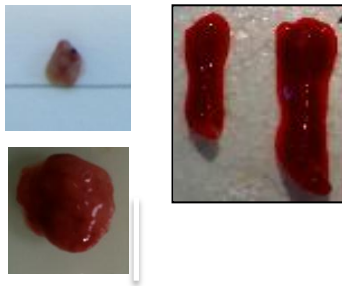
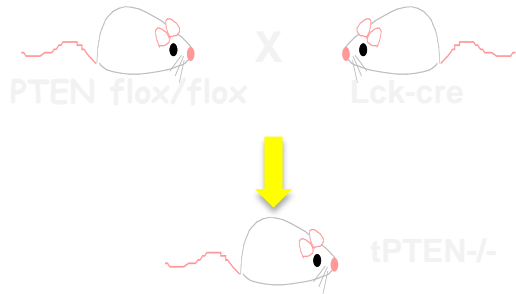
Trastuzumab:

Rhabdomyosarcoma: optimizing imaging conditions

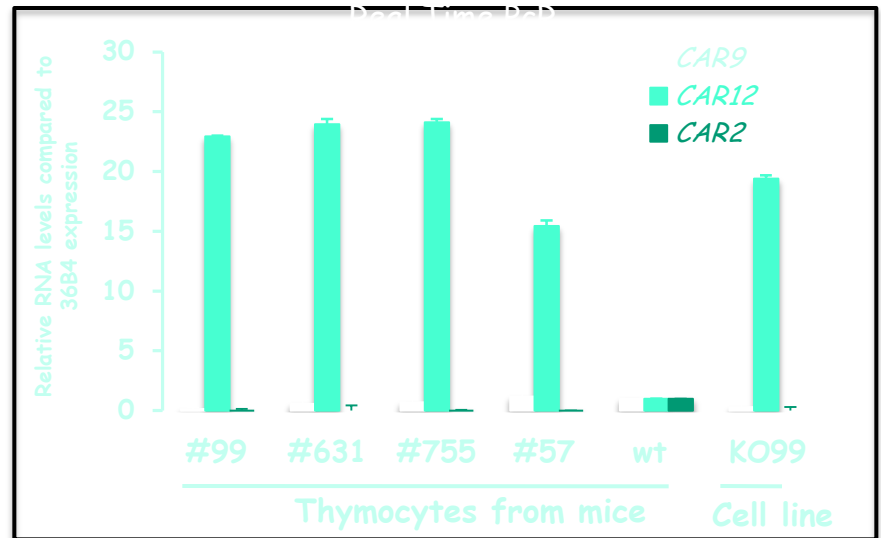
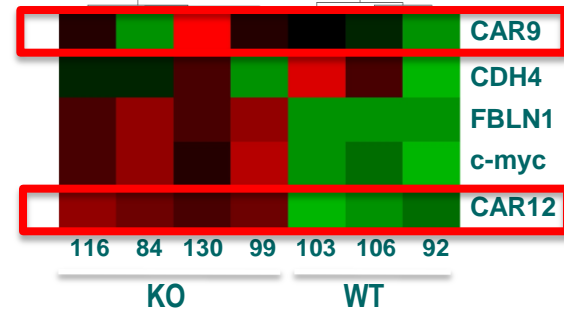


CARBONIC ANHYDRASE XII : A POTENTIAL THERAPEUTIC TARGET FOR T CELL ACUTE LEUKEMIA/LYMPHOMA.

Dr Véronique IMBERT INSERM U1065 Mediterranean Centre for Molecular Medicine (C3M) - Nice - France



Transcriptomic analysis
Affymetrix-MoGene-1_0-st-v1



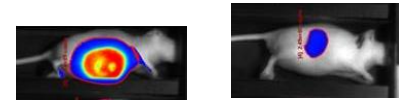
Perspectives

✓ Xenograft tumor model (3D+hypoxia)

$tPTEN^{-/-}$ KO99 cell line
with luciferase reporter gene
(plenti-Fire Luciferase)



Follow up of tumor
progression by Imaging



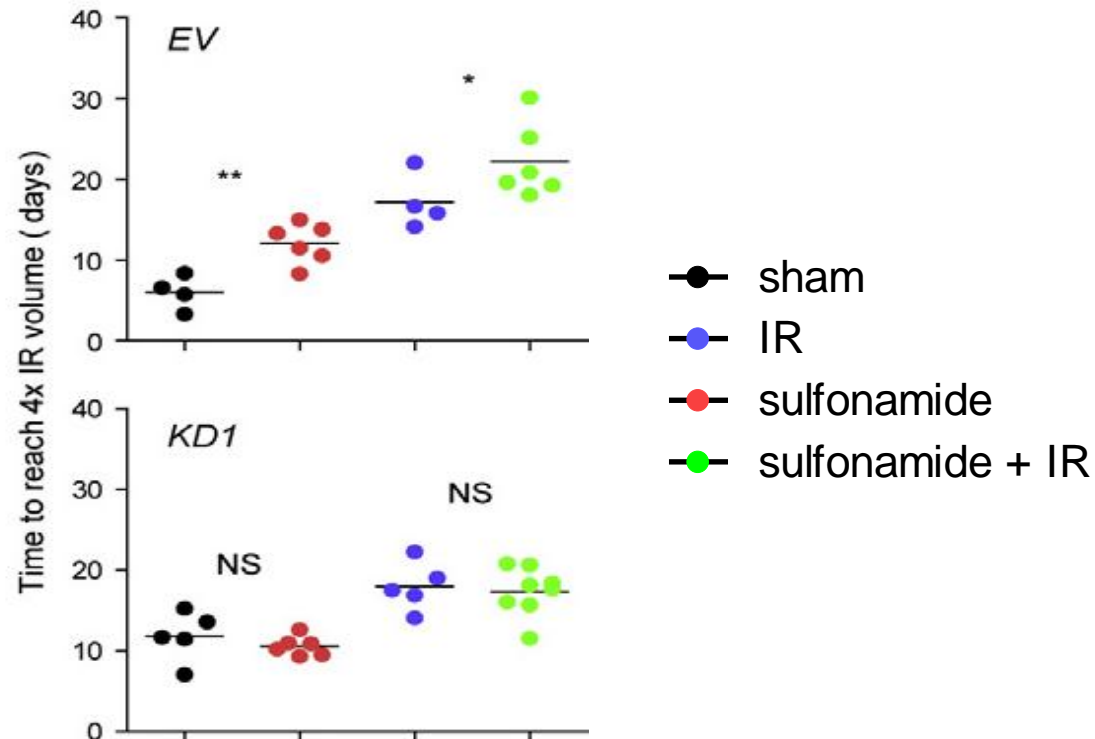
vehicle drug

✓ Study the capacity of DH307 and DH348 to enhance the effects of conventional therapies used in T-ALL/LL (dexamethasone/L-asparaginase) *in vitro* (mouse $tPTEN^{-/-}$ cells and human samples) and *in vivo*

Inhibition of CAIX activity, an attractive therapeutic avenue?

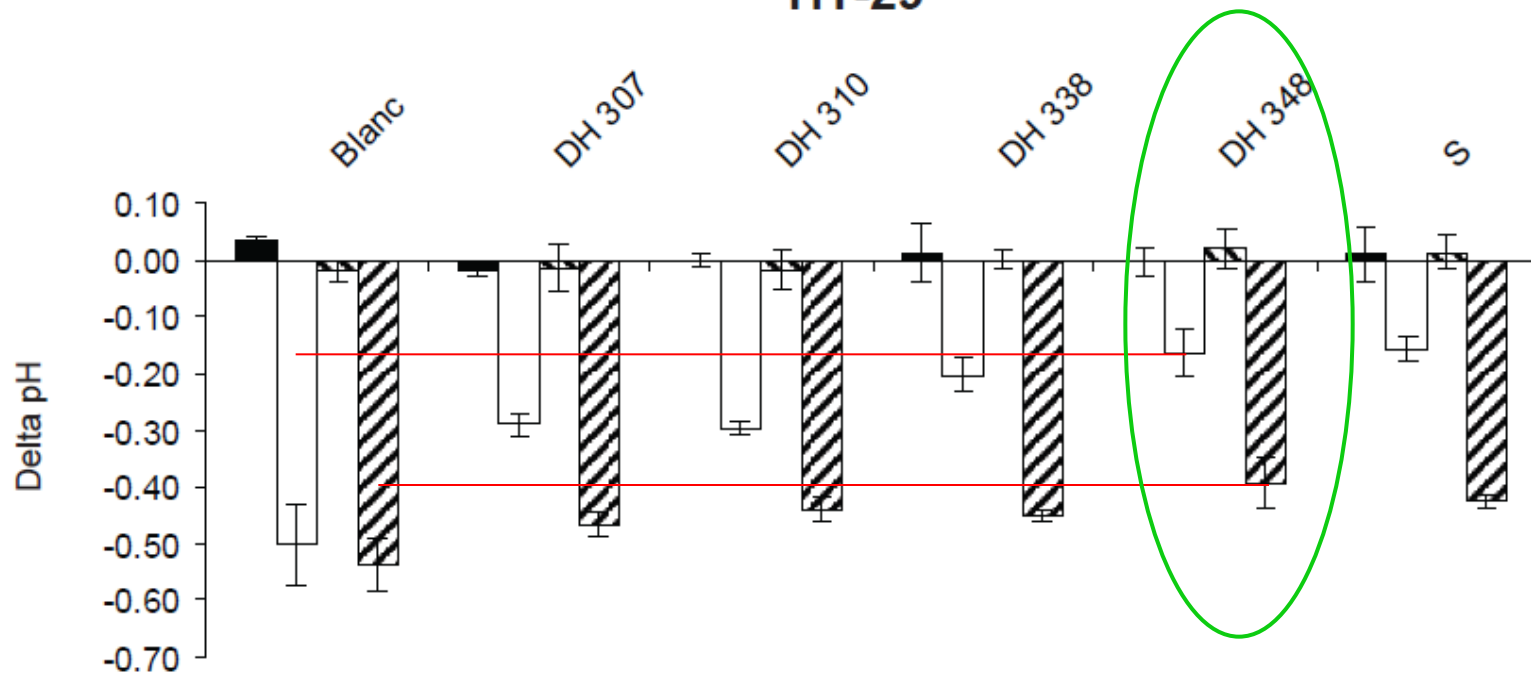
What have we done so far?

1. Indanesulfonamides are able to inhibit extracellular rate of acidification and tumor cell proliferation under hypoxia in a CAIX dependent manner
2. Indanesulfonamide treatment sensitizes HT-29 tumors to irradiation in a CAIX dependent manner

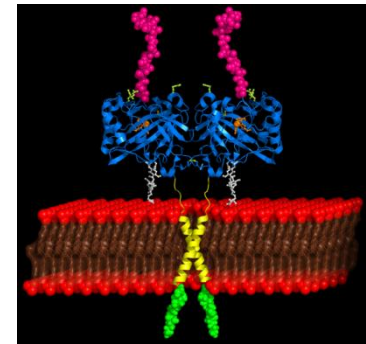
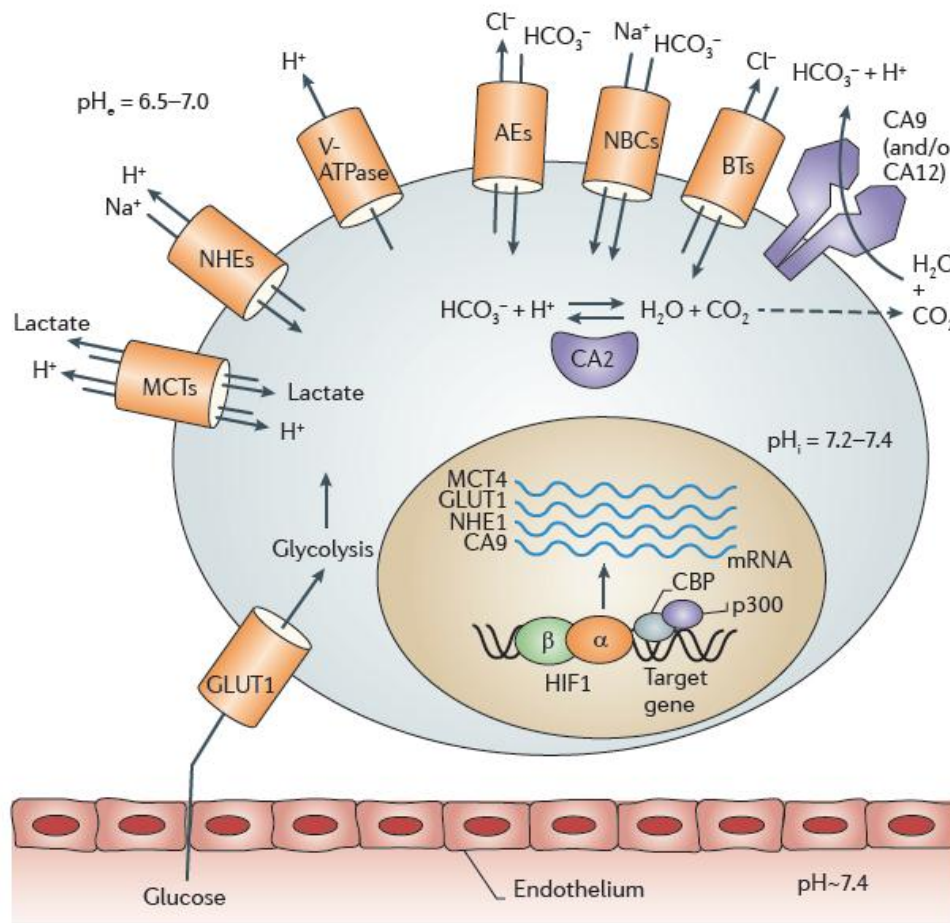


Reduction of extracellular acidification upon hypoxia

HT-29



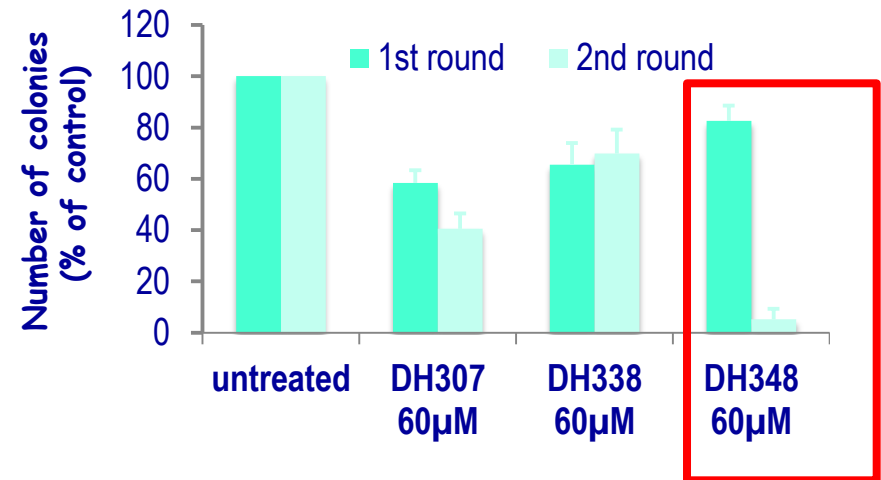
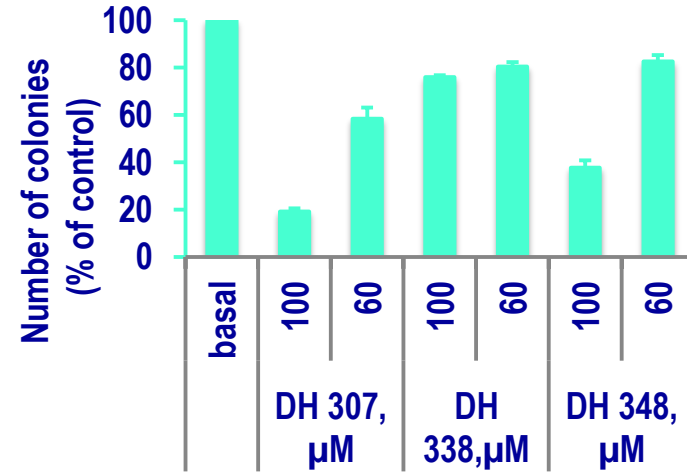
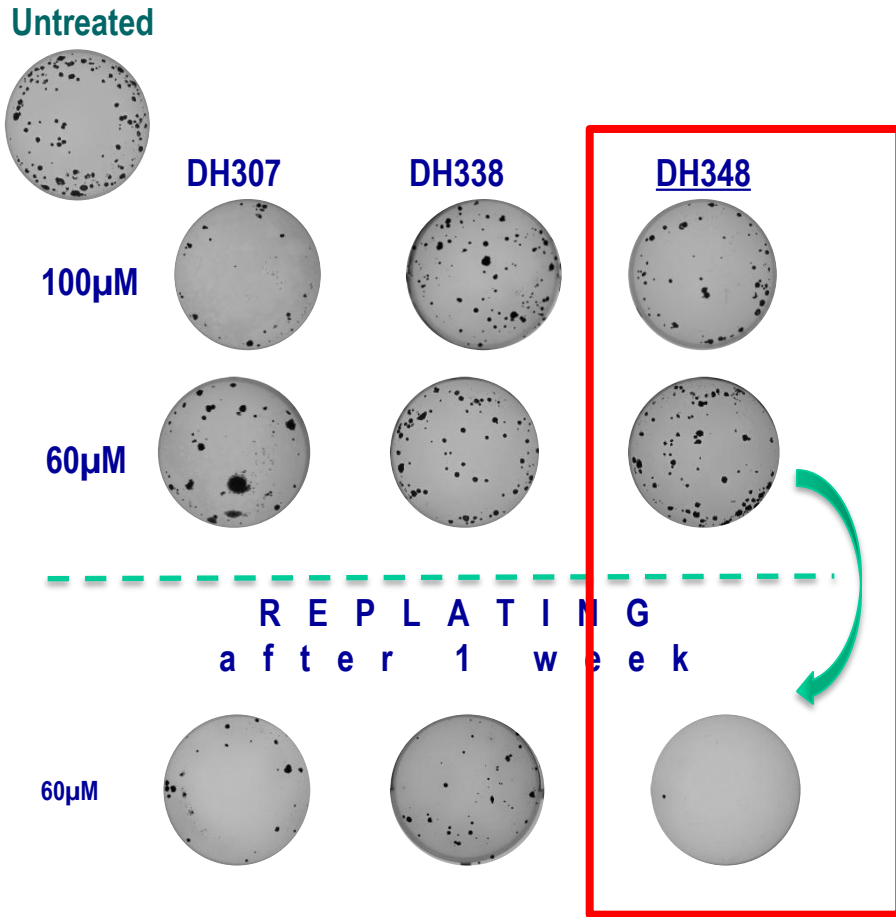
CAIX: ensure Extracellular acidification and CAIX



- Sulfonamides
- Sulfamates
- Sulfamides

e.g. acetazolamide, indisulam, celecoxib

Therapeutic effect of DH348 on lymphoma cells CAXII



Mouse Lymphoma tPTEN^{-/-} Cells cultured in solid methylcellulose medium