

Predicting Contractility Risk of Cancer Agents with Adult Human Primary Cardiomyocytes



58th Annual SOT Meeting

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VP of R&D

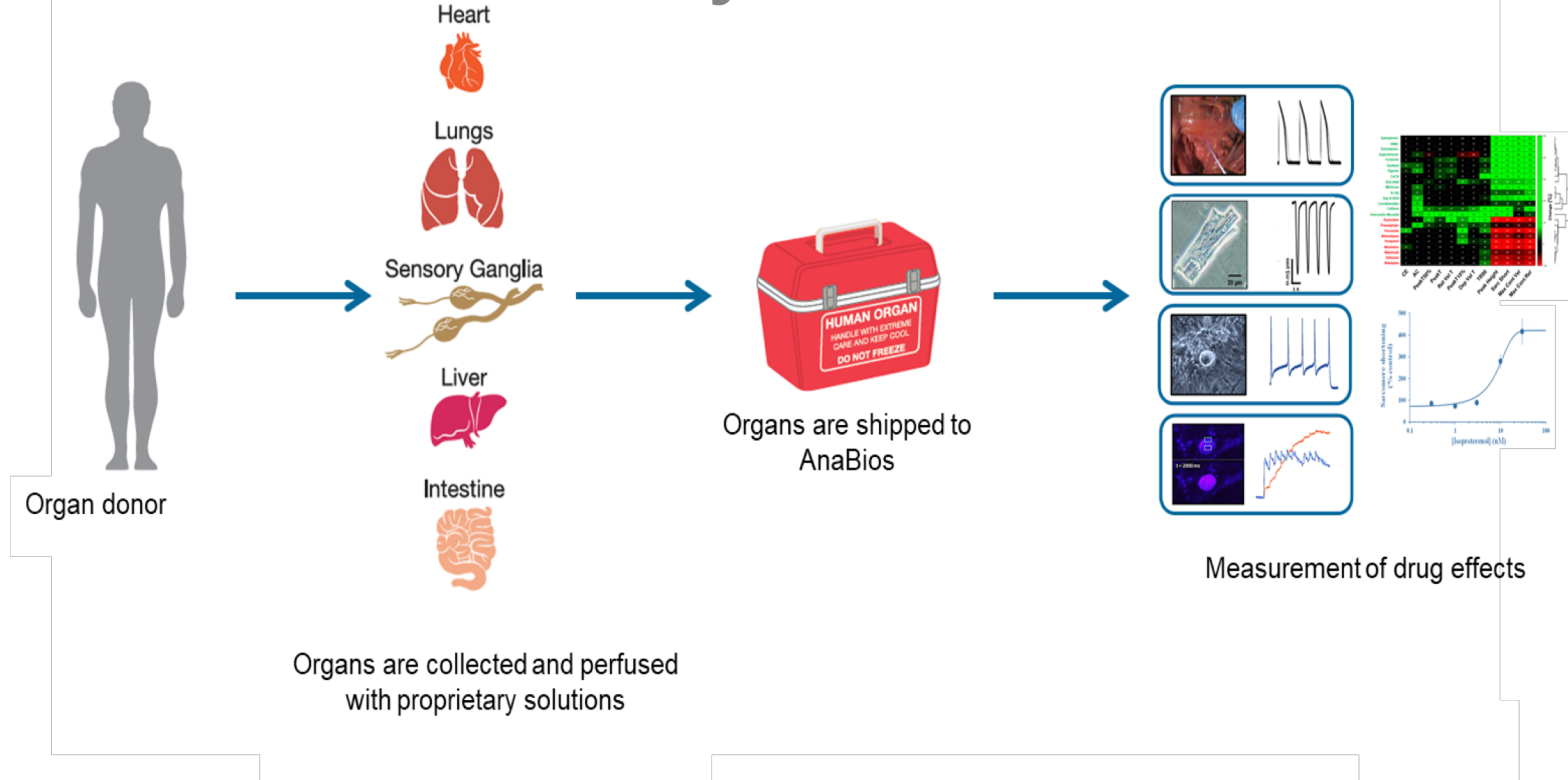
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AnaBios studies drug effects directly on

isolated human organs and tissues

Enabling Drug Discovery in Human Healthy and Diseased Tissues



- Tissue harvesting methods and solutions are designed to avoid ischemic damage and reperfusion injury
- Complete chain of custody, processing methods and rigorous QC ensure excellent tissue quality
- Large U.S.A.-based network ensures the availability of samples
- Excellent heart quality permits integrated human cardiac drug discovery at the preclinical stages

Comprehensive Drug Discovery

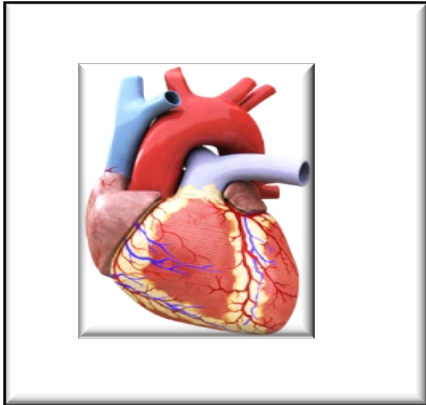
in Ex-Vivo Healthy Human Cardiac Models

CELL-BASED ASSAYS

(Optimization of drugs)

TISSUE-BASED ASSAYS

(Nomination of drugs)



> 1000 **ex vivo**
human hearts tested

Pro-arrhythmia & Inotropy
Ventricular Myocytes

Arrhythmia & Inotropy
Atrial Myocytes

Pro-arrhythmia
*Action Potential
Ventricular
Trabeculae*

Inotropy
*Contractility
Ventricular & Atrial
Trabeculae*

Ca²⁺ Assay
Ventricular Myocytes

Ion Channel
*Ventricular & Atrial
Myocytes*

Chronotropy
*Spontaneous Action
Potential Sinoatrial
Node*

**Vaso-
constriction
Dilation**
Coronary Rings

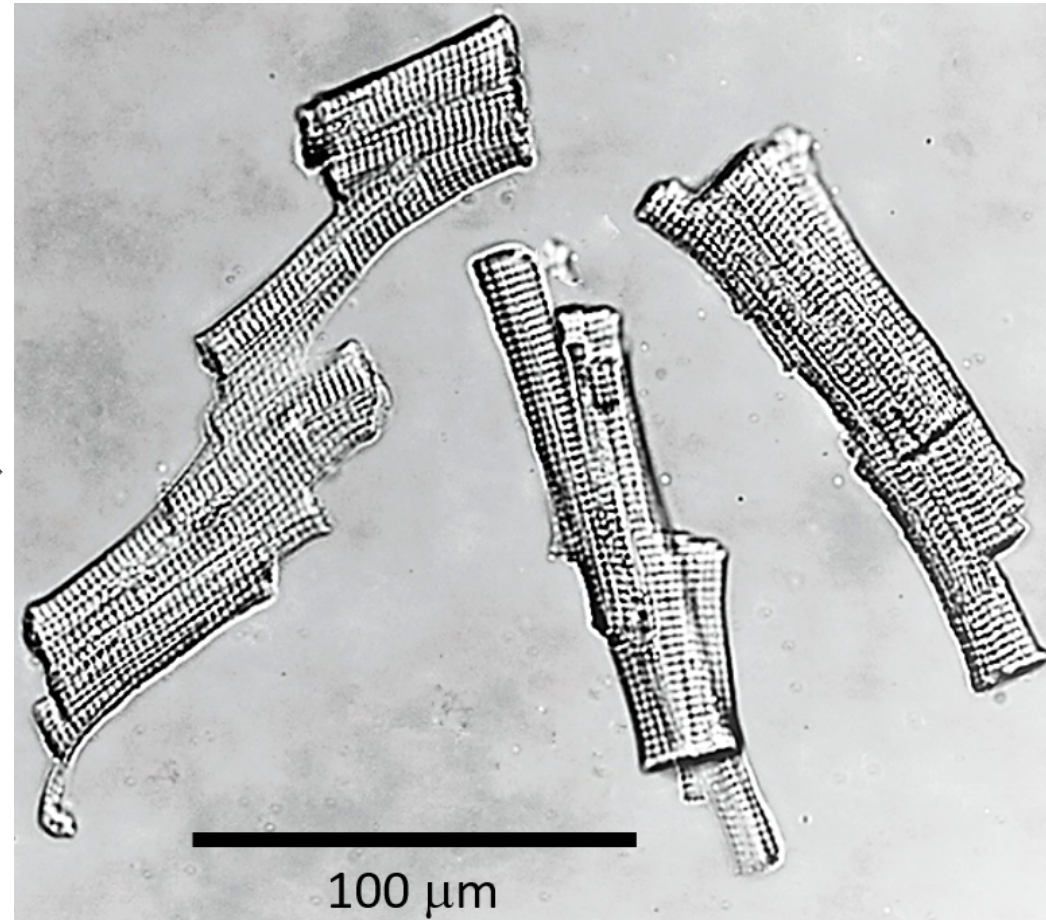
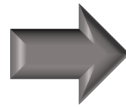
Action Potential
*Ventricular & Atrial
Myocytes*

Cardiac Fibrosis
Cardiac Fibroblasts

New Isolation Method Provides High Yield of Cardiomyocytes



> 1000 **ex vivo**
human hearts
tested



Non-Invasive Measurement of Contraction

Full Retention of Cardiomyocyte Functionality

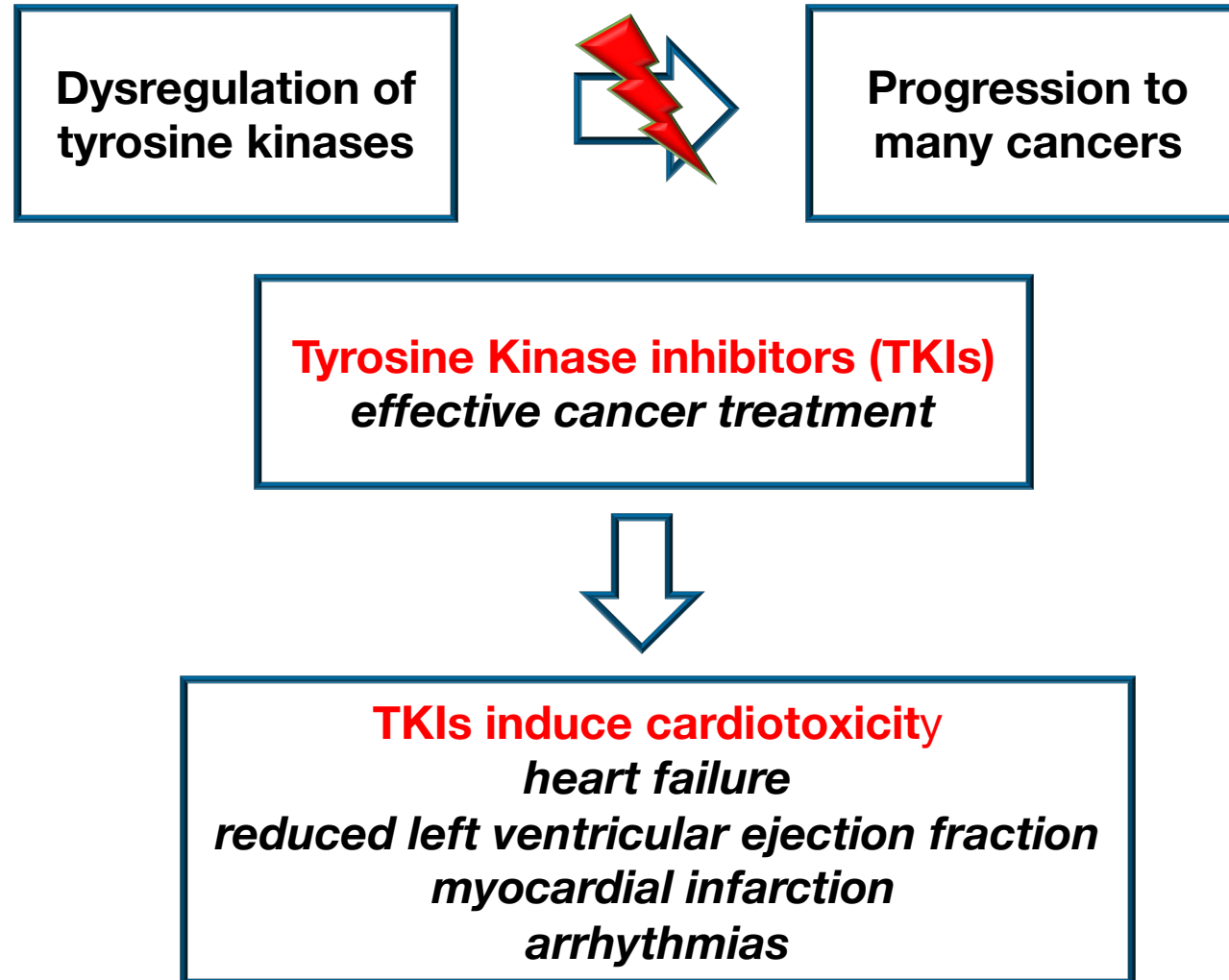


- Bright-field imaging
- Low technical complexity
- No cytotoxic fluorescent reagents
- High information content

IonOptix: Sarcomere shortening measured by digital cell geometry tracking; stimulation frequency 1Hz

Inhibition of Kinase Activity to Control Tumor Growth

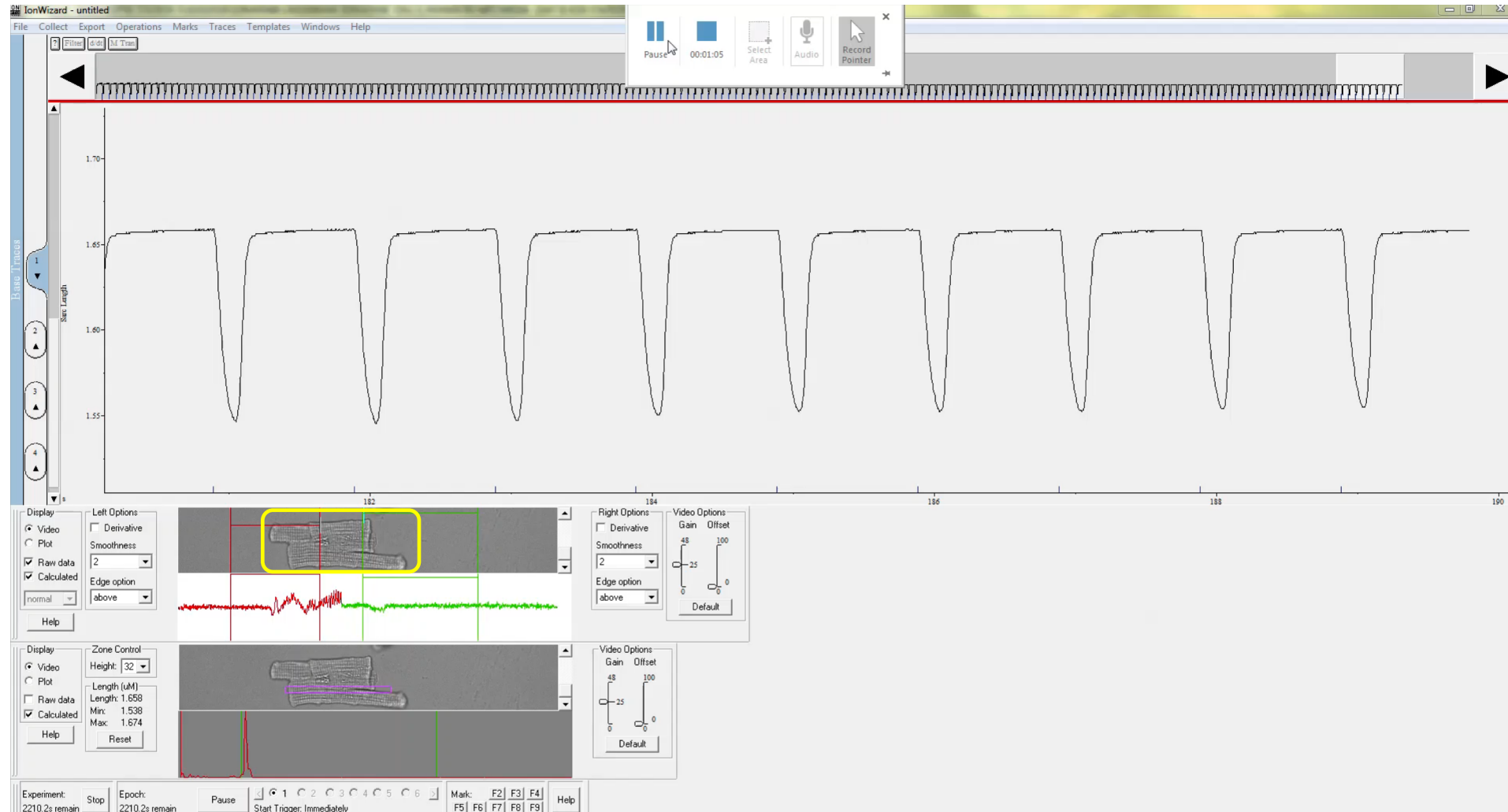
Can Lead to Cardiotoxicity



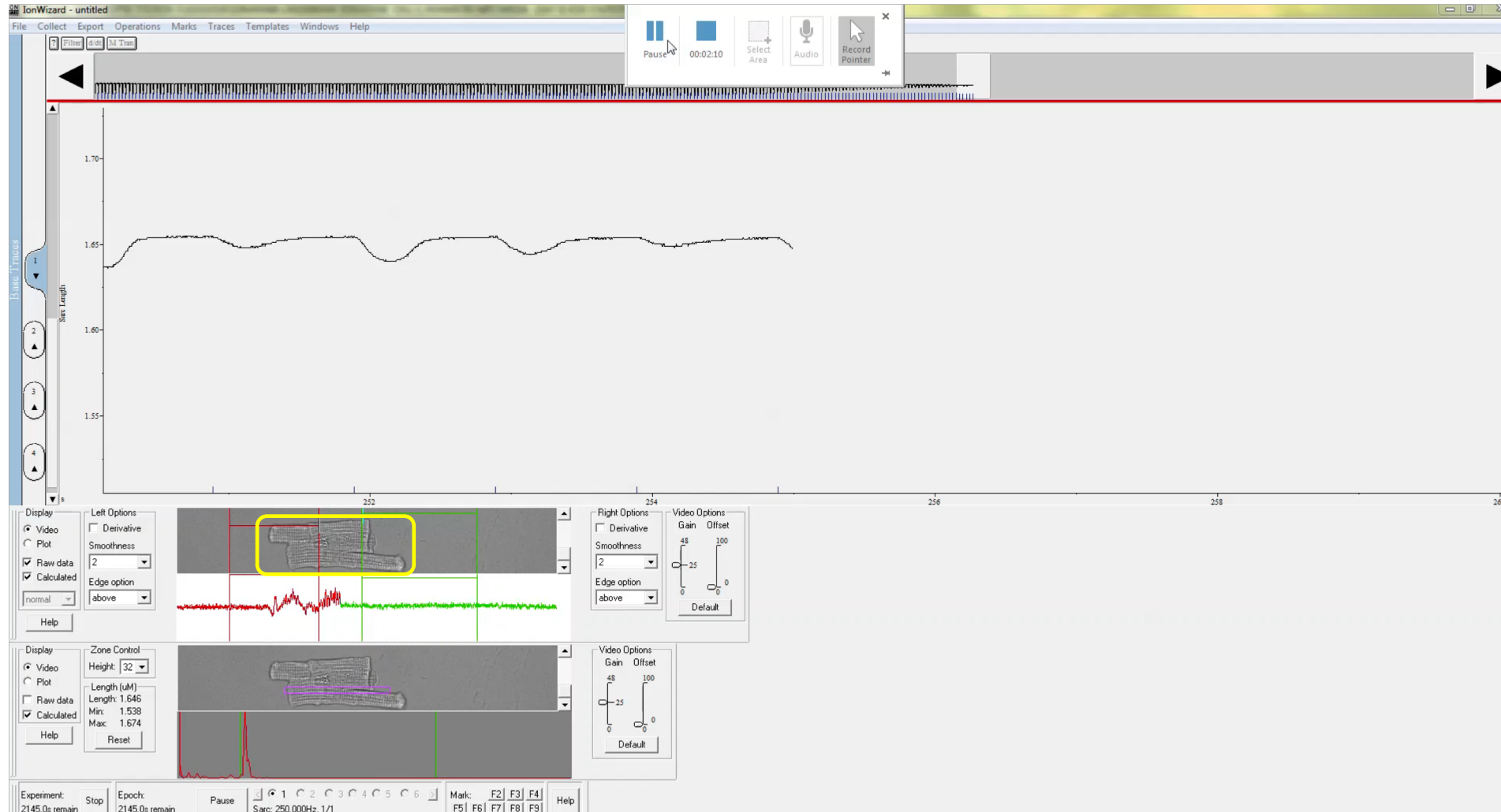
Validating Clinical Relevance of Cancer Agents

- Validated 9 clinically well-characterized controls :
 - 1) 4 cardiotoxic TKIs (Sorafenib, Vandetanib, AZD7762, Imatinib)
 - 2) 4 safe TKIs (Erlotinib, Dasatinib, Afatinib, Gefitinib)
 - 3) One cardiotoxic anthracycline (Doxorubicin)
 - 4) Each drug was tested at multiples of the C_{max}
 - 5) Each concentration was perfused for 5 mins

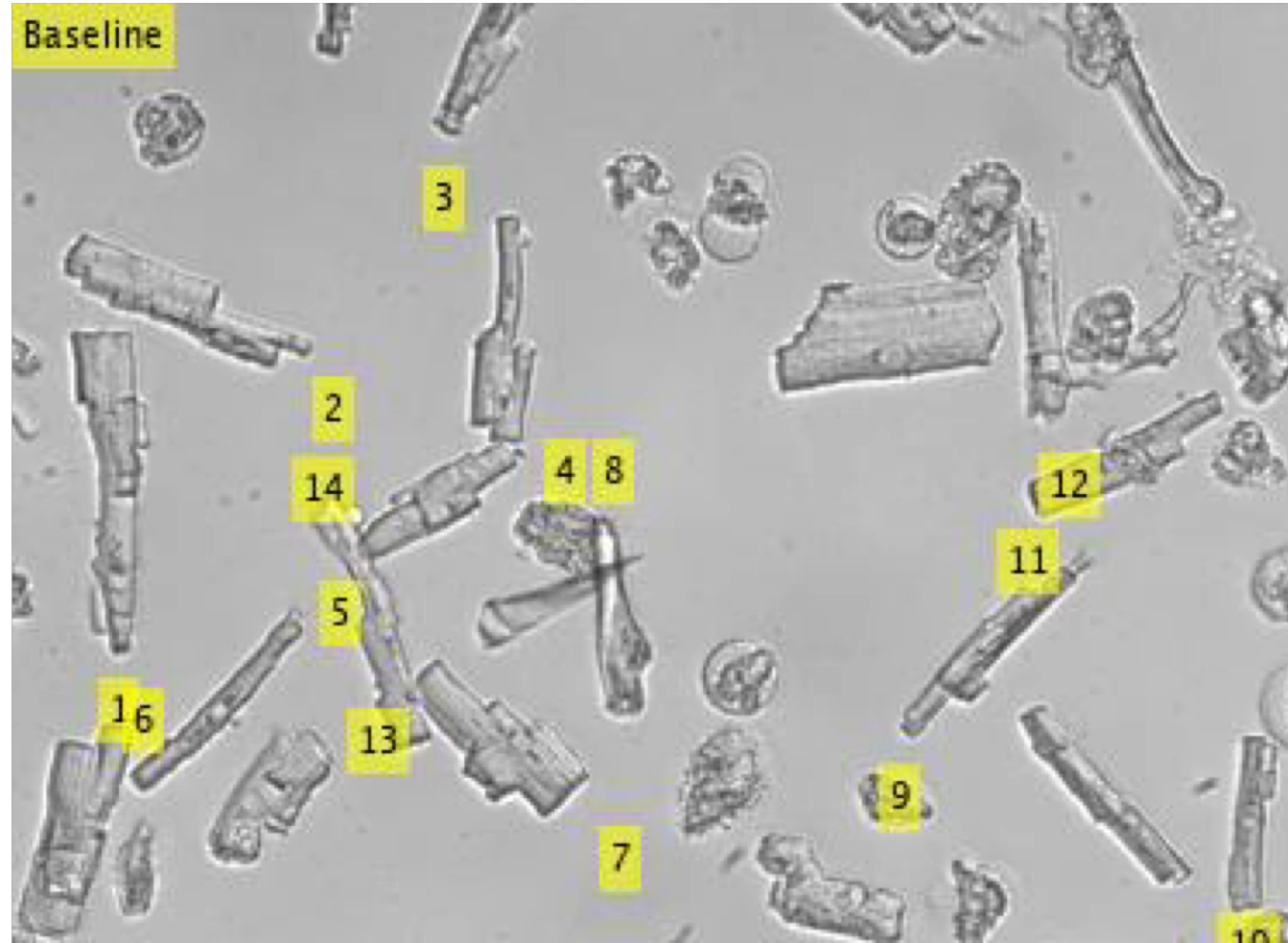
Sorafenib Induces Functional Cardiotoxicity in Human Cardiomyocytes



Sorafenib Induces Structural Cardiotoxicity in Human Cardiomyocytes

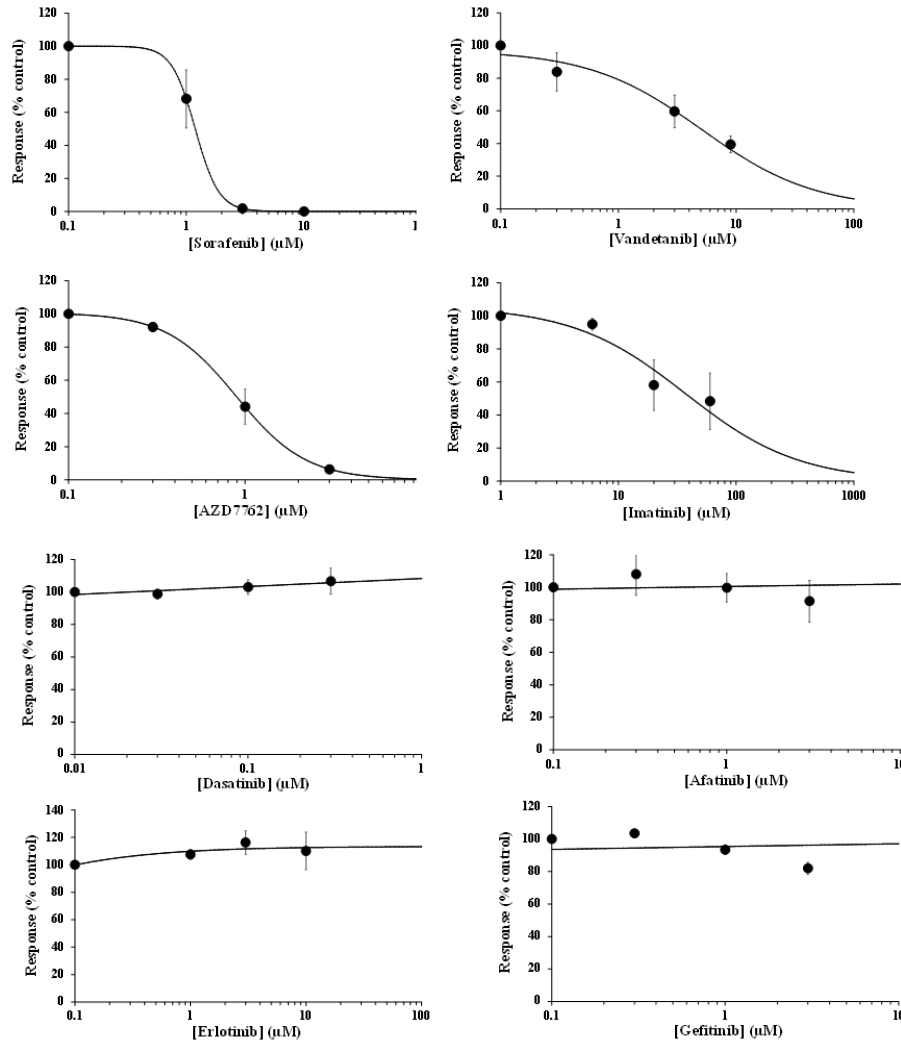


Afatinib Induces No Functional or Structural Cardiotoxicity in Human Cardiomyocytes



$0.3\mu M = 3\text{-fold } C_{max}$
 $1\mu M = 10\text{-fold } C_{max}$
 $3\mu M = 30\text{-fold } C_{max}$

Tyrosine Kinase Inhibitors Affect Human Cardiomyocyte Contractility



TKI	Clinical contractility risk	Human cardiomyocyte contractility	C _{max} (μM)	IC ₅₀ (μM)	Ratio (IC ₅₀ /C _{max})
Sorafenib	Risk	Risk	3.4	1.2	0.35
Vandetanib	Risk	Risk	1.8	4.6	2.55
AZD7762	Risk	Risk	0.12	0.8	6
Imatinib	Risk	Risk	5	44	8
Erlotinib	No risk	No risk	2.5	>10*	>4
Dasatinib	No risk	No risk	0.01	>0.3	>30
Afatinib	No risk	No risk	0.1	>3	>30
Gefitinib	No risk	No risk	0.1	>3	>30

Similar human cardiac tissue data recently published by Schneider C et al., 2018 Nature Scientific Reports

*: Limit of solubility

■ Risk
■ No risk

Sorafenib Decreases Force in Contracting Human Myocardia

www.nature.com/scientificreports

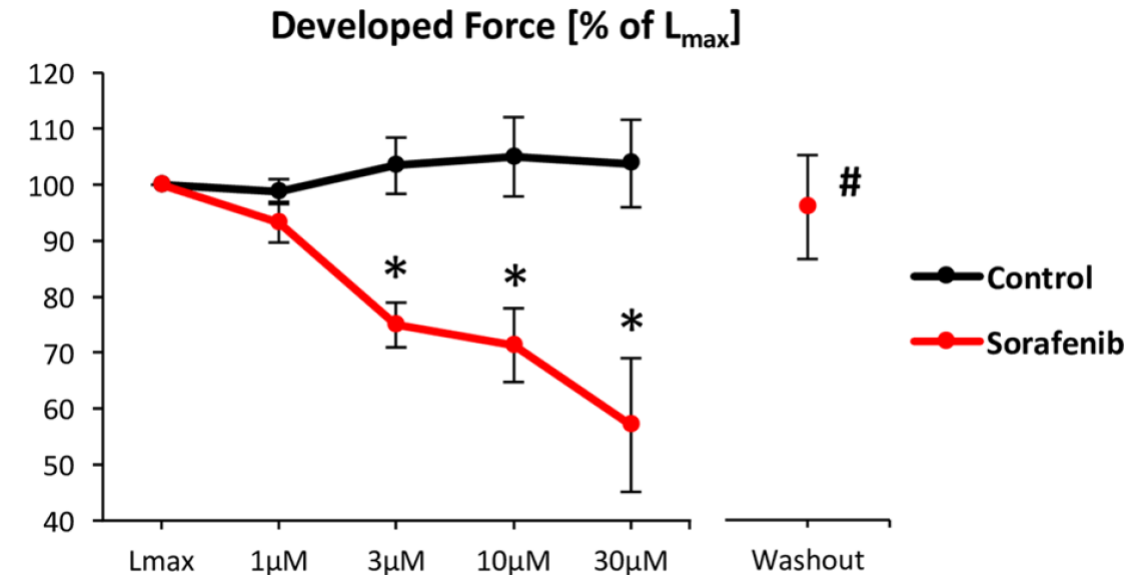
SCIENTIFIC REPORTS

OPEN

The Anti-Cancer Multikinase Inhibitor Sorafenib Impairs Cardiac Contractility by Reducing Phospholamban Phosphorylation and Sarcoplasmic Calcium Transients

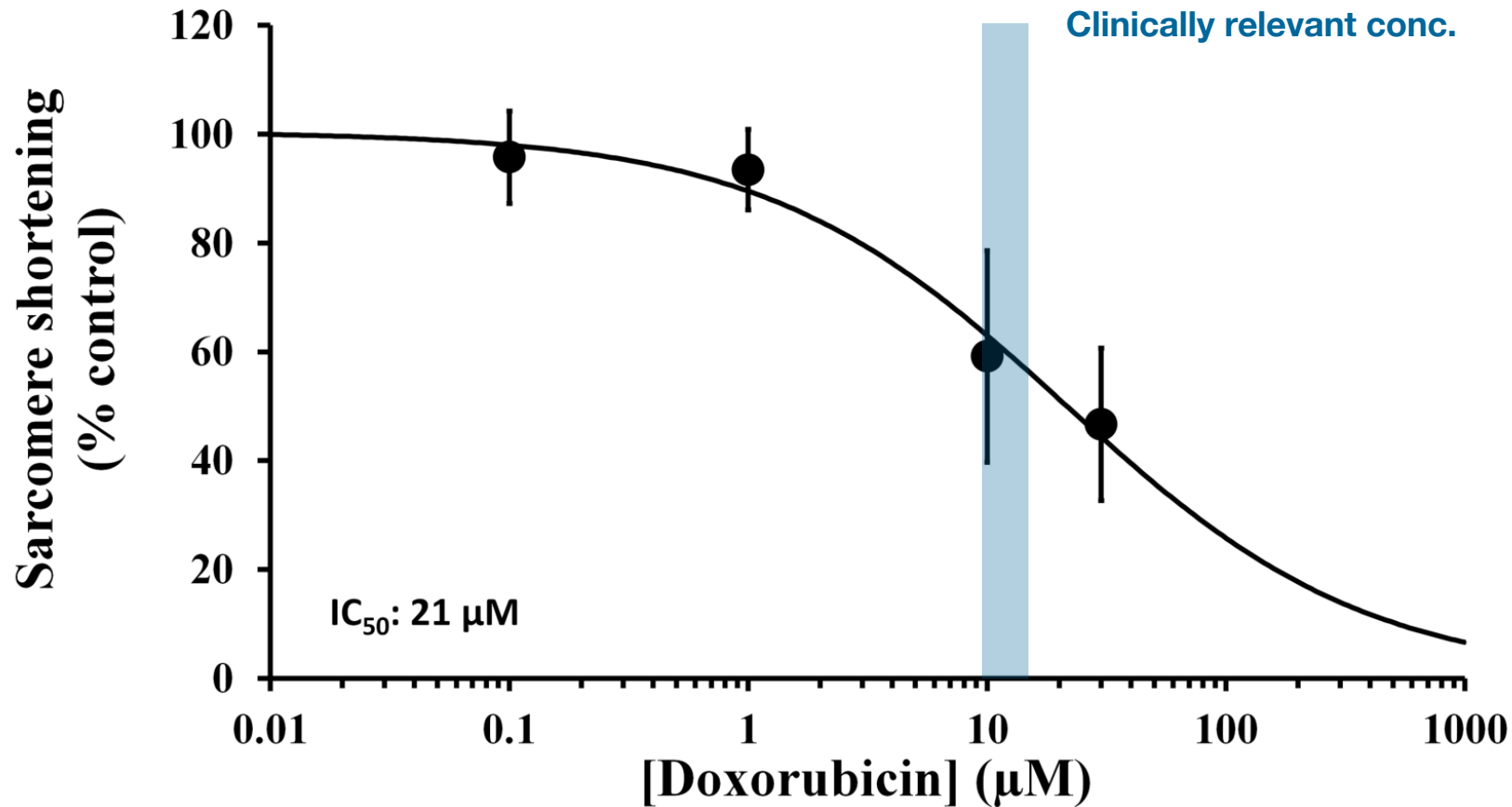
Received: 29 June 2017
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Christopher Schneider¹, Markus Wallner^{1,2}, Ewald Kolesnik¹, Viktoria Herbst¹, Heinrich Mächler³, Martin Pichler^{4,5}, Dirk von Lewinski¹, Simon Sedej^{1,6} & Peter P. Rainer^{1,7}

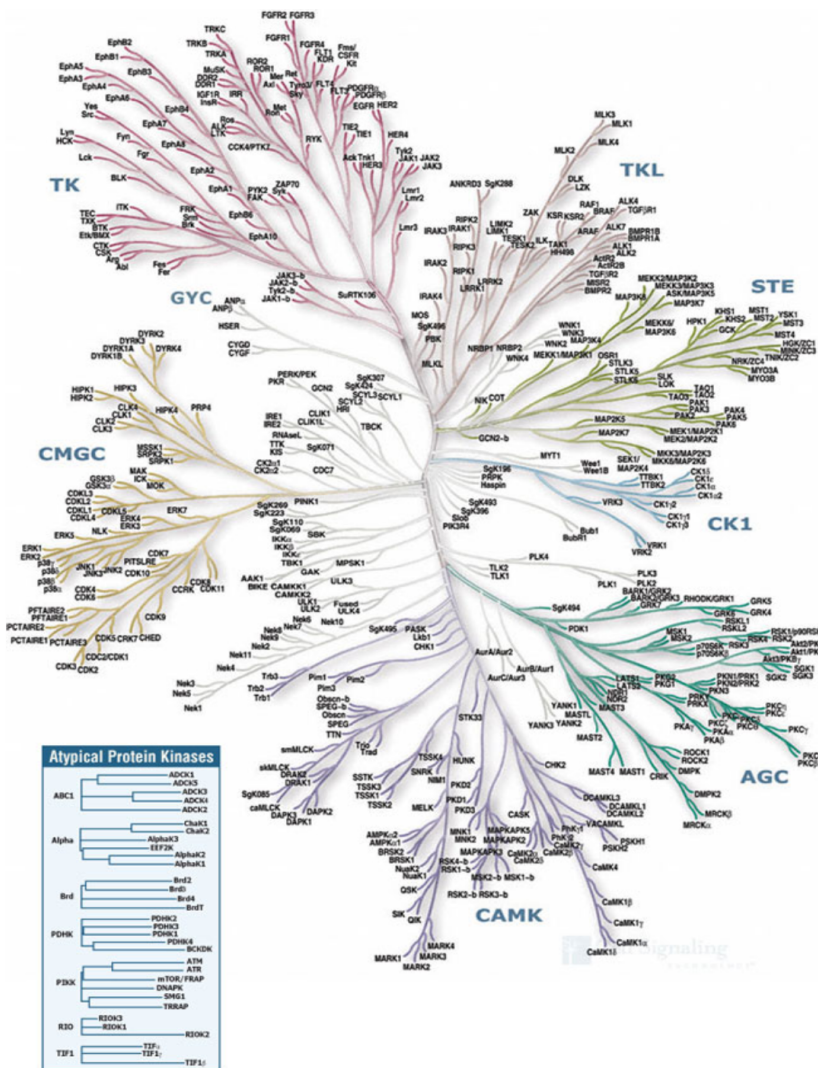


amplitude, and slowed cytosolic calcium removal. These results indicate myocyte intrinsic cardiotoxicity irrespective of effects on the vasculature and chronic cardiac remodeling.

Doxorubicin, Anthracycline Agent, Decreases Human Cardiomyocyte Contractility



Protein Kinases in Human Cancer



Cancer-driving kinases



Expression and role of kinases in cancer are well understood

Protein Kinases in Human Heart

Heart kinases



- Expression & function of kinases in cardiac tissue are poorly characterized
- Mechanism(s) of KI-induced cardiotoxicity are not fully understood

Human Heart Kinome Profiling

Phase 1

Gene expression analysis

Full profile of kinase expression in human heart

Enable efficient selection of **relevant** kinases for selectivity screening to minimize the chance of cardiac side effects

Phase 2

Functional profiling of different chemotypes

Company KI chemical space
Select 300-400 KIs



Contractility assay in human cardiomyocytes

Identify the chemotypes most frequently associated with reduction in cardiac contractility

- Establish a Company Proprietary human-relevant database covering the cardiac kinome
- Enable efficient data-driven selection of leads with lowest cardiotoxicity risk
- Significant opportunity for competitive advantage

Adult Human Cardiomyocyte Model

Early Primary Screening Tool for Cancer Agents

- Provides an integrative assessment with a physiologically functional cell
- Differentiates cardiotoxic from safe cancer drugs
- Predictive of clinical outcomes
- Mechanistic investigations are in progress

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Presented by

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AnaBios
Early Human Insights

