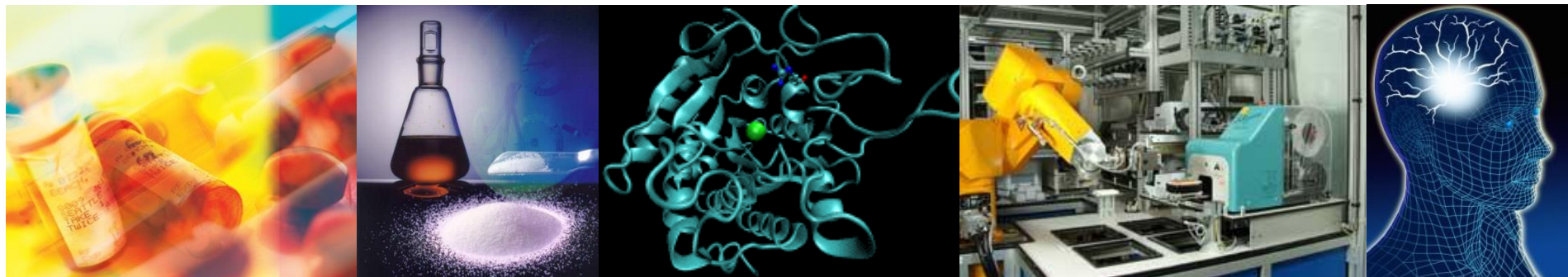


IUPAC Richter Prize Lecture

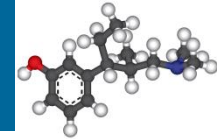
Wednesday September 10, 2014



Medicinal Chemistry, Quo Vadis? The changing climate of Pharmaceutical R&D

Helmut Buschmann

Tapentadol – A New Analgesic with a Dual Mode of Action

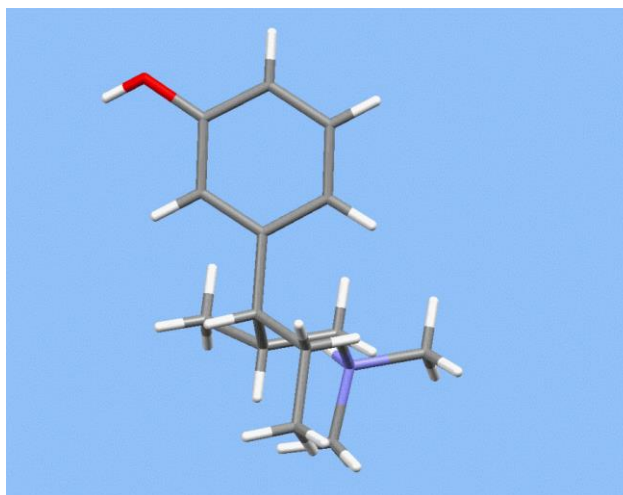
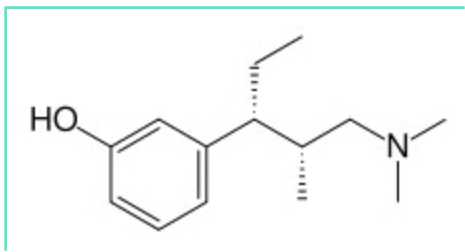


PALEXIA[®]
TAPENTADOL

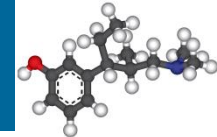


PALEXIA[®]

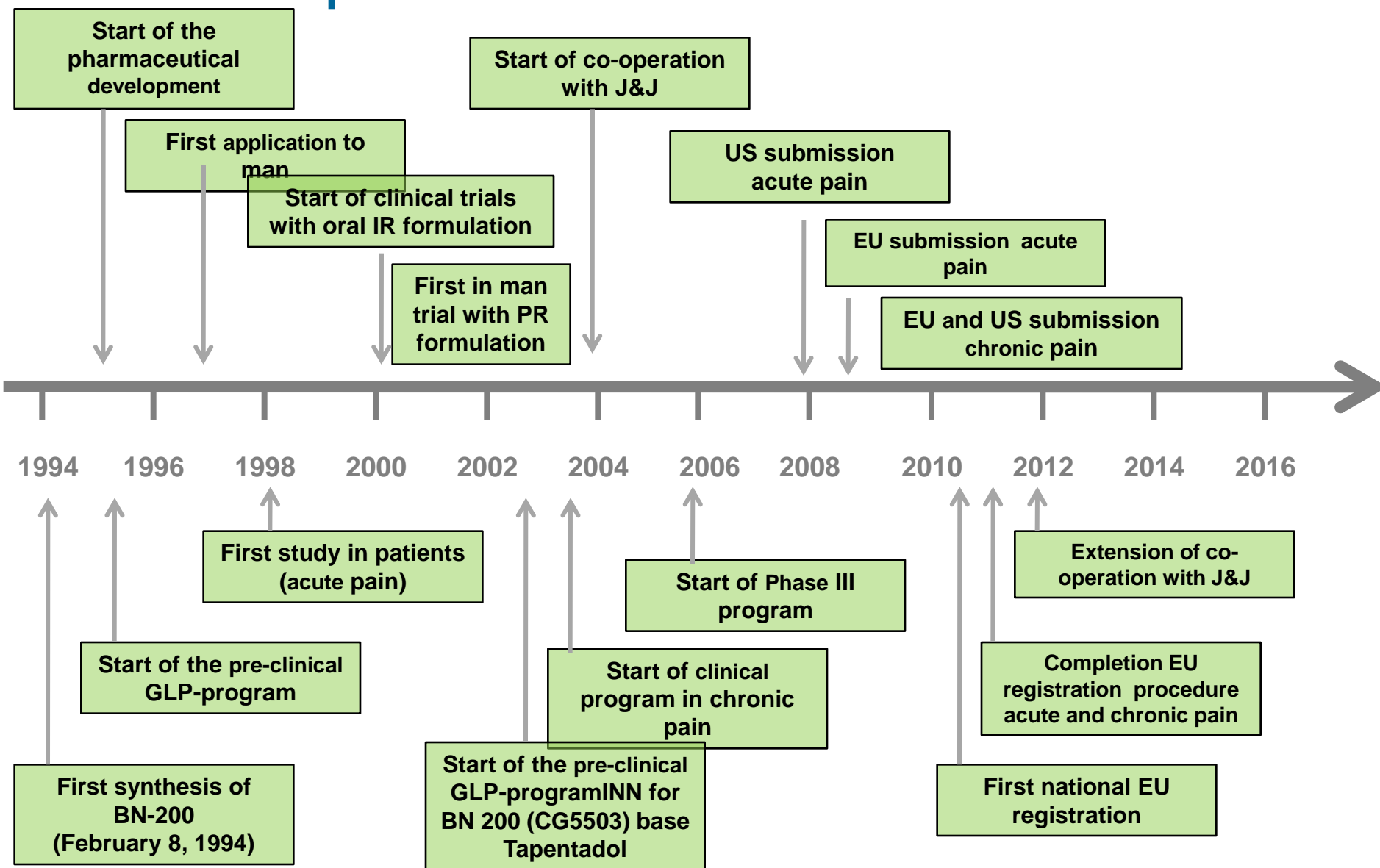
Tapentadol - From Morphine and Tramadol to the Discovery Tapentadol



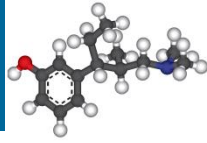
Tapentadol – A New Analgesic with a Dual Mode of Action



Tapentadol – The Path To The Market



Pain Transduction



Overview of the Different Types of Pain

physiological or
nociceptive pain

inflammatory pain

neuropathic
pain

Pain

perioperative
pain

postoperative
pain

non-surgical
trauma

diabetic
neuropathy

phantom
limb pain

post-herpetic
neuralgia

menstrual
pain

headache

bone
pain

visceral
pain

migraine

aids
pain

rheumatic
pain

cancer
pain

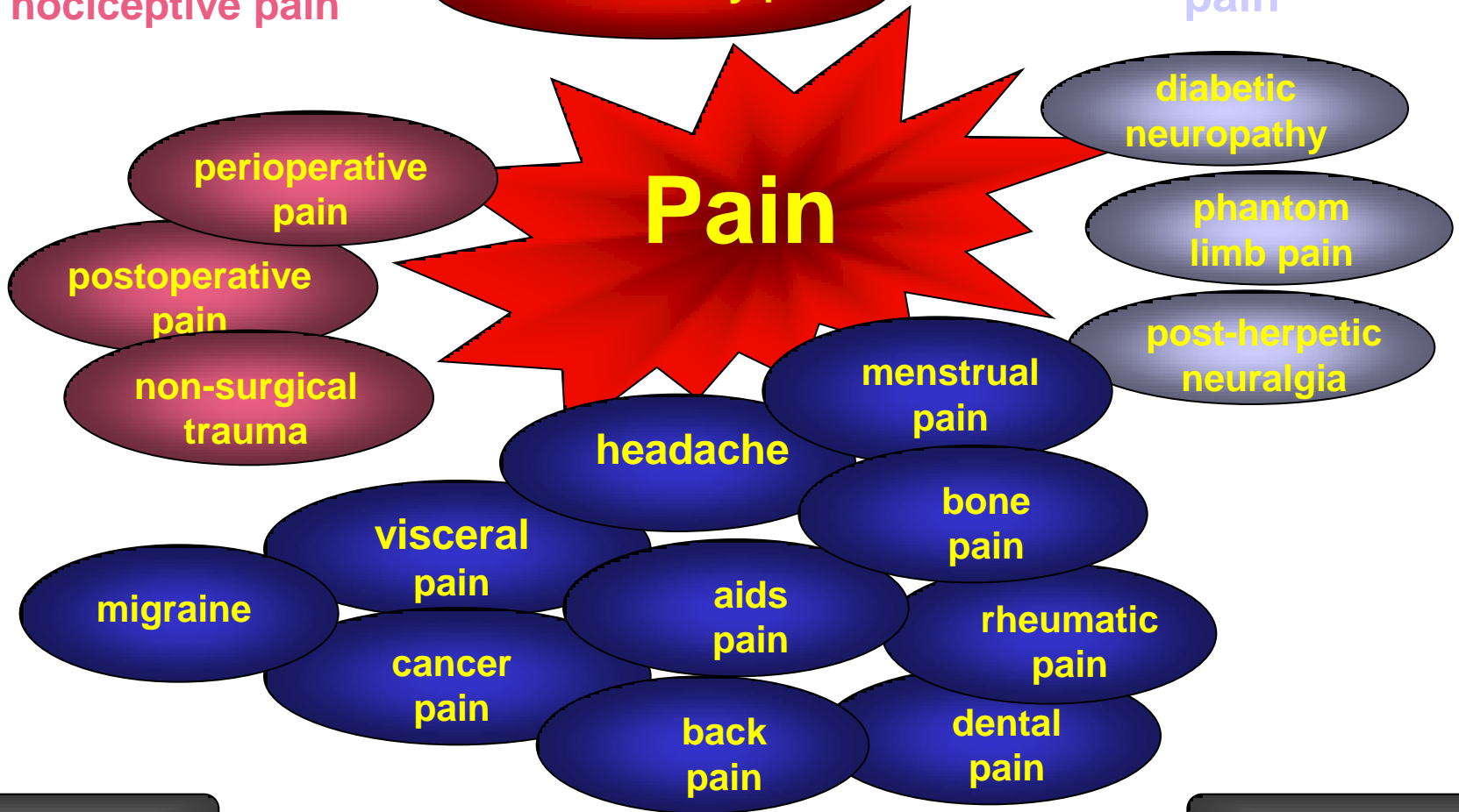
back
pain

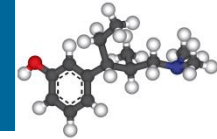
dental
pain

acute pain

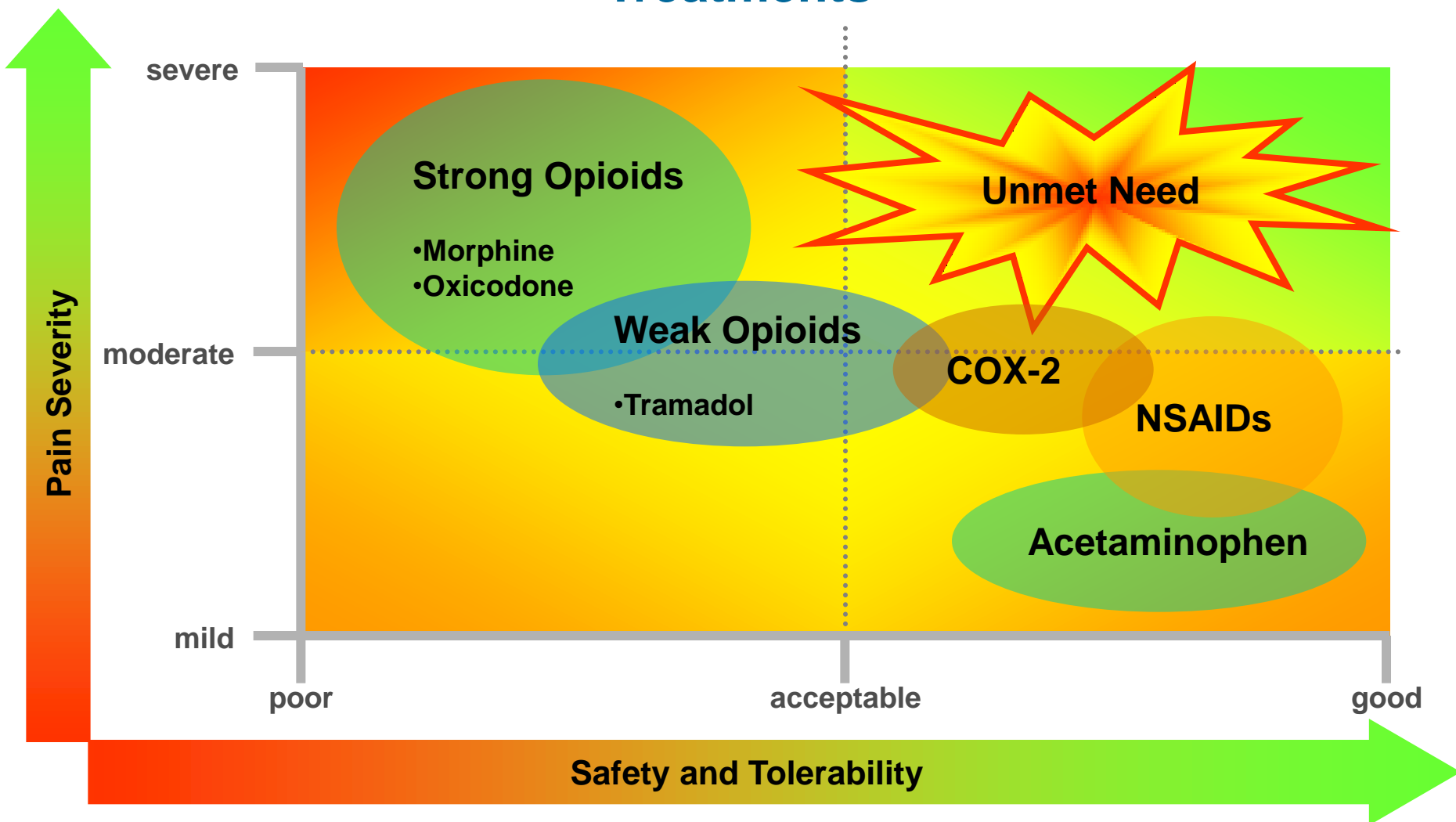
disease-related pain

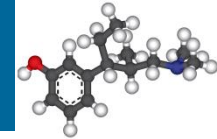
chronic pain



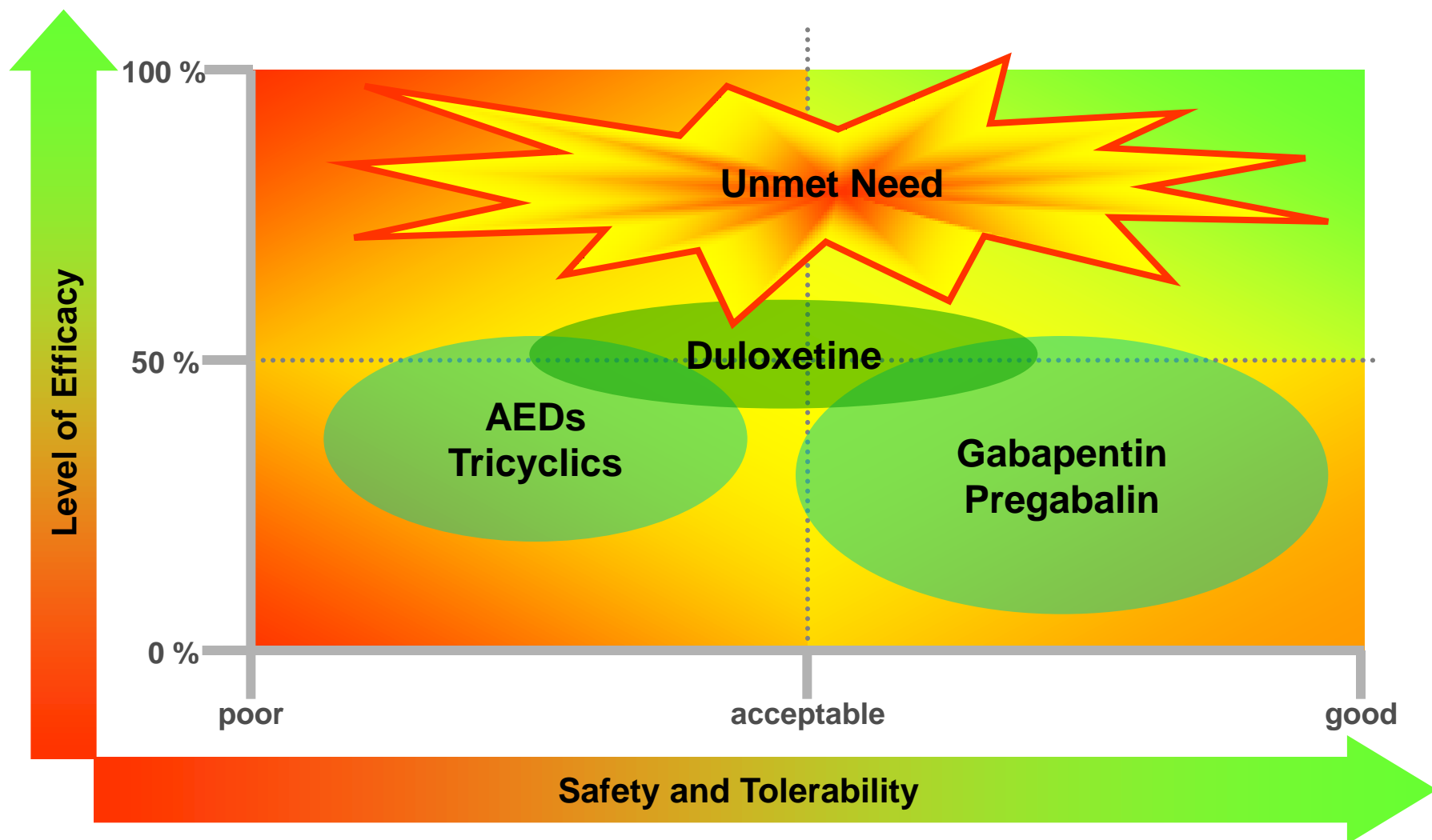


Significant Unmet Needs in Inflammatory/Nociceptive Pain Treatments

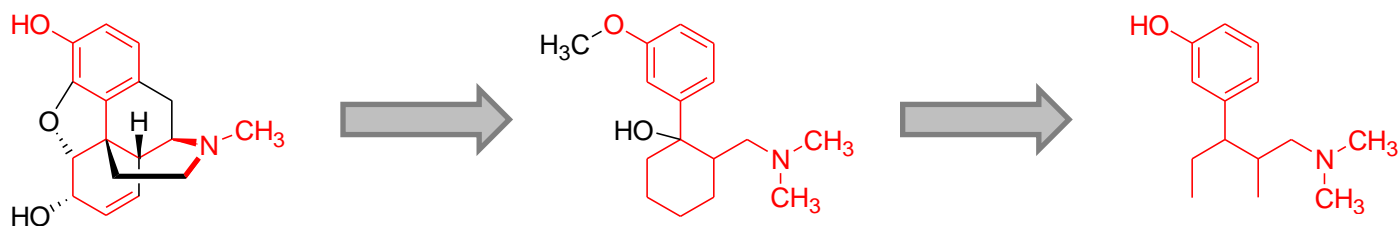
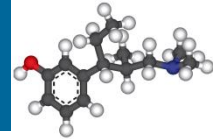




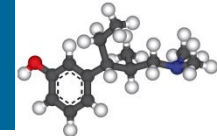
Significant Unmet Needs in Neuropathic Pain Treatments



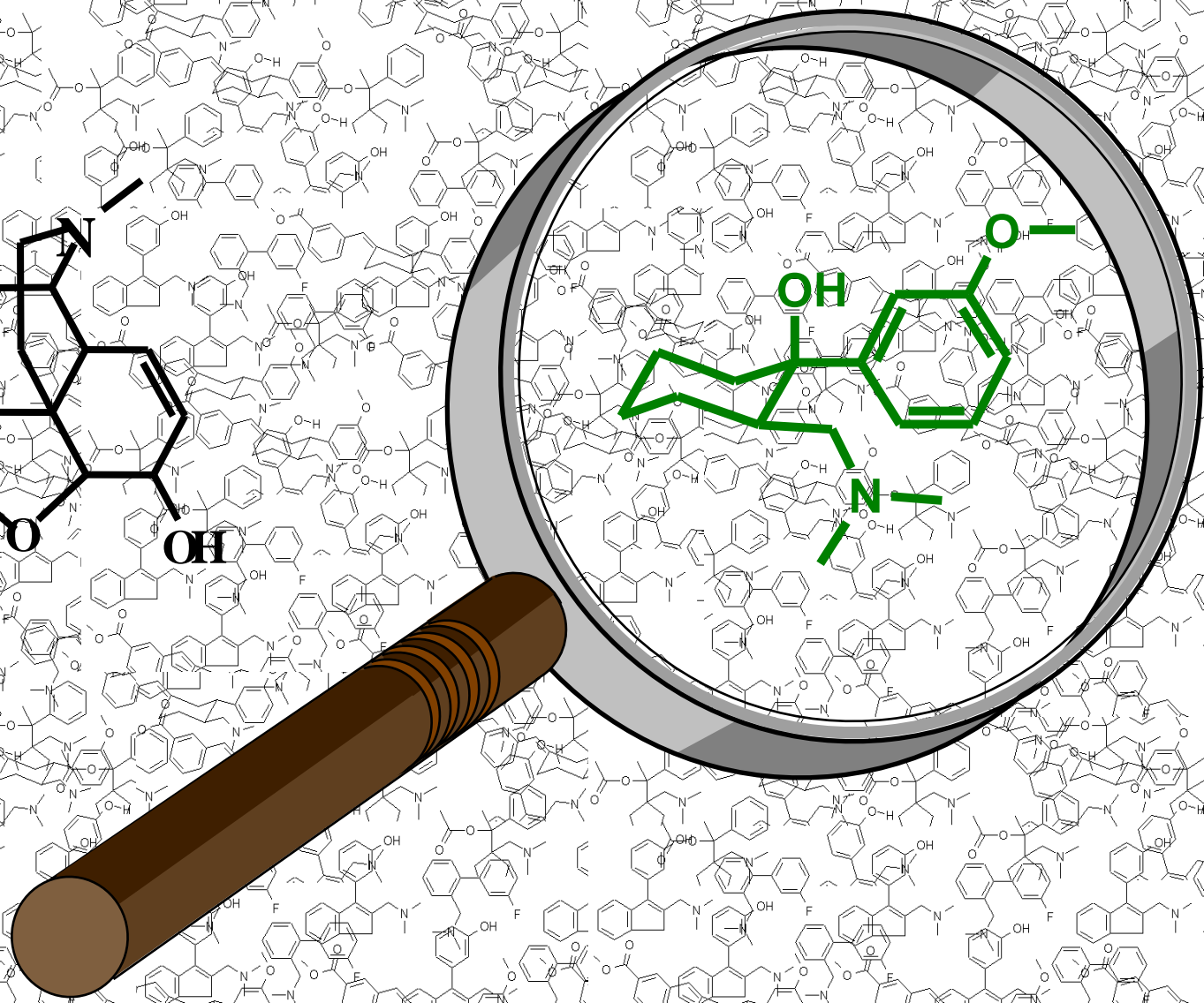
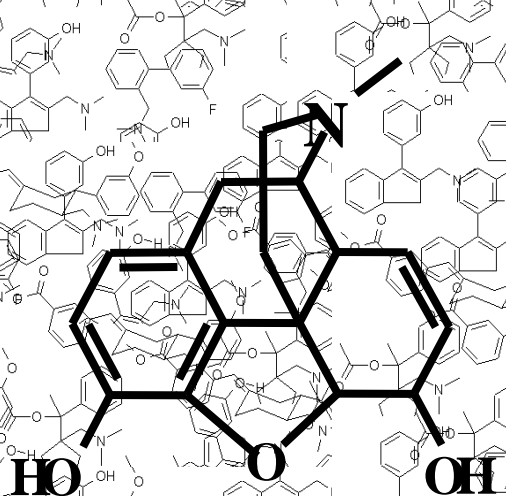
Tapentadol – A New Analgesic with a Dual Mode of Action



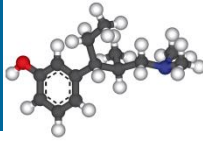
Tramadol



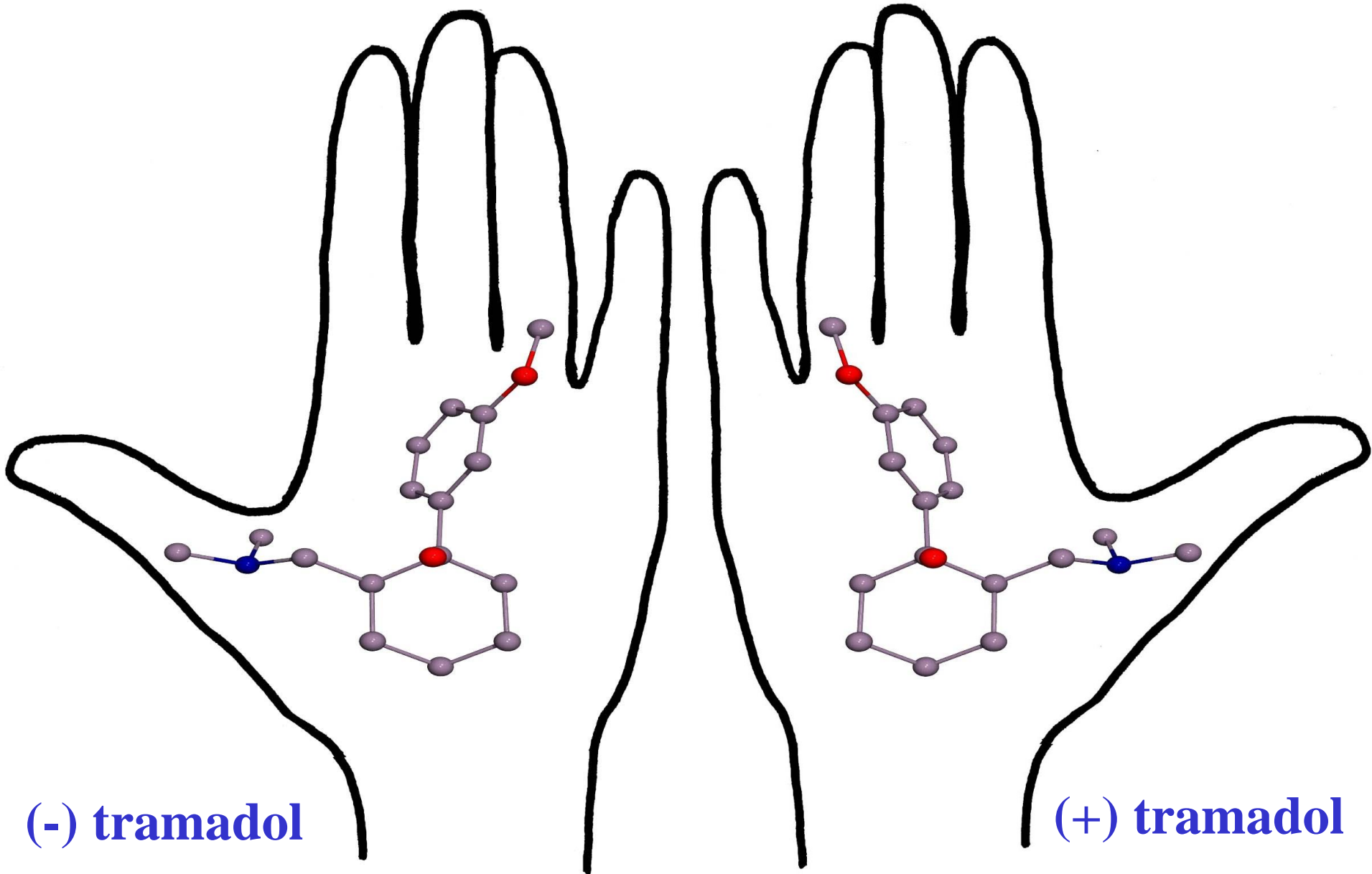
The Search for a New Morphine Without Side Effects

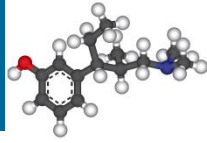


Tramadol – Pharmacological Profile

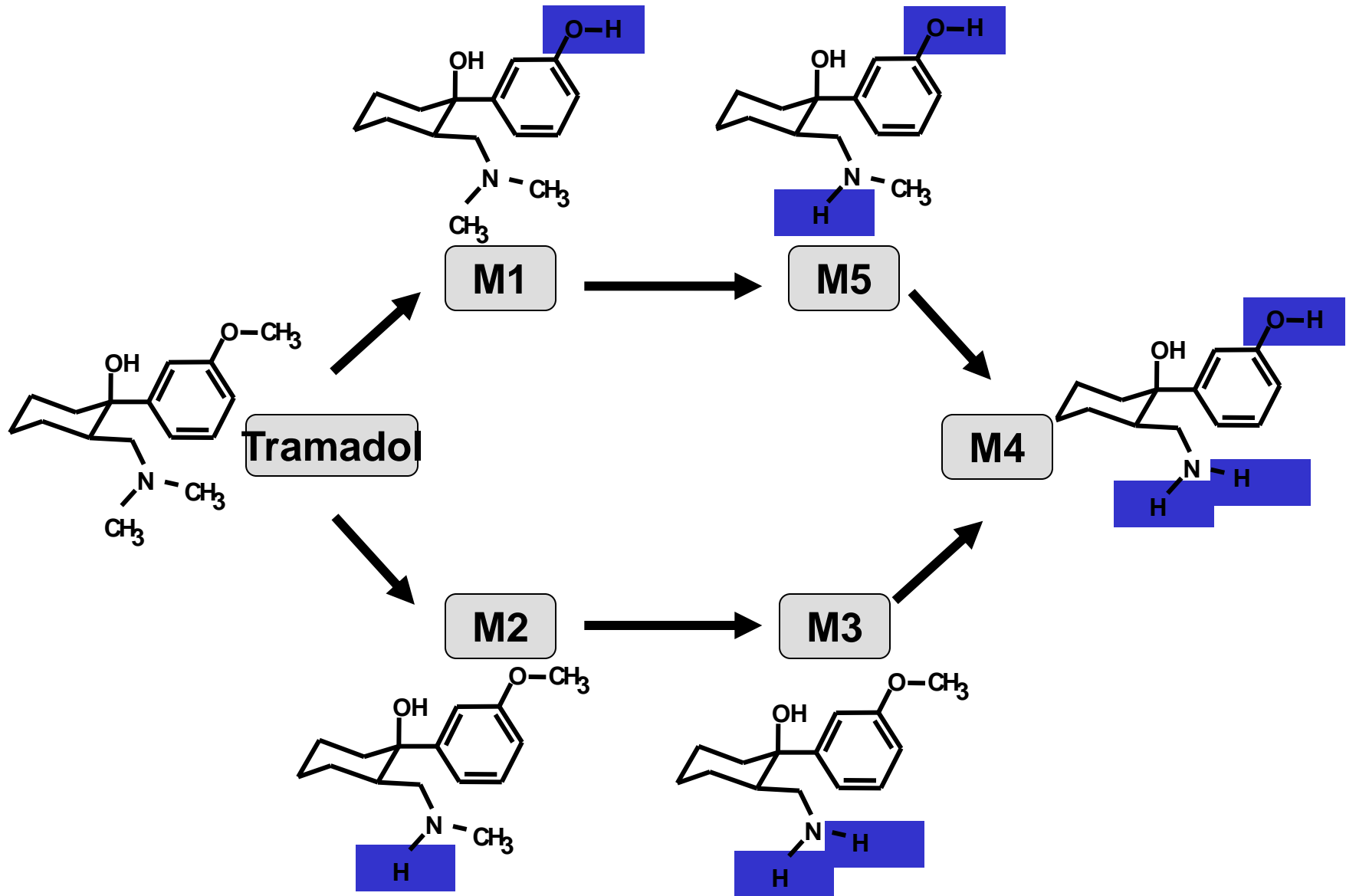


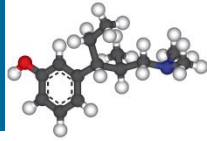
Tramadol is a racemate



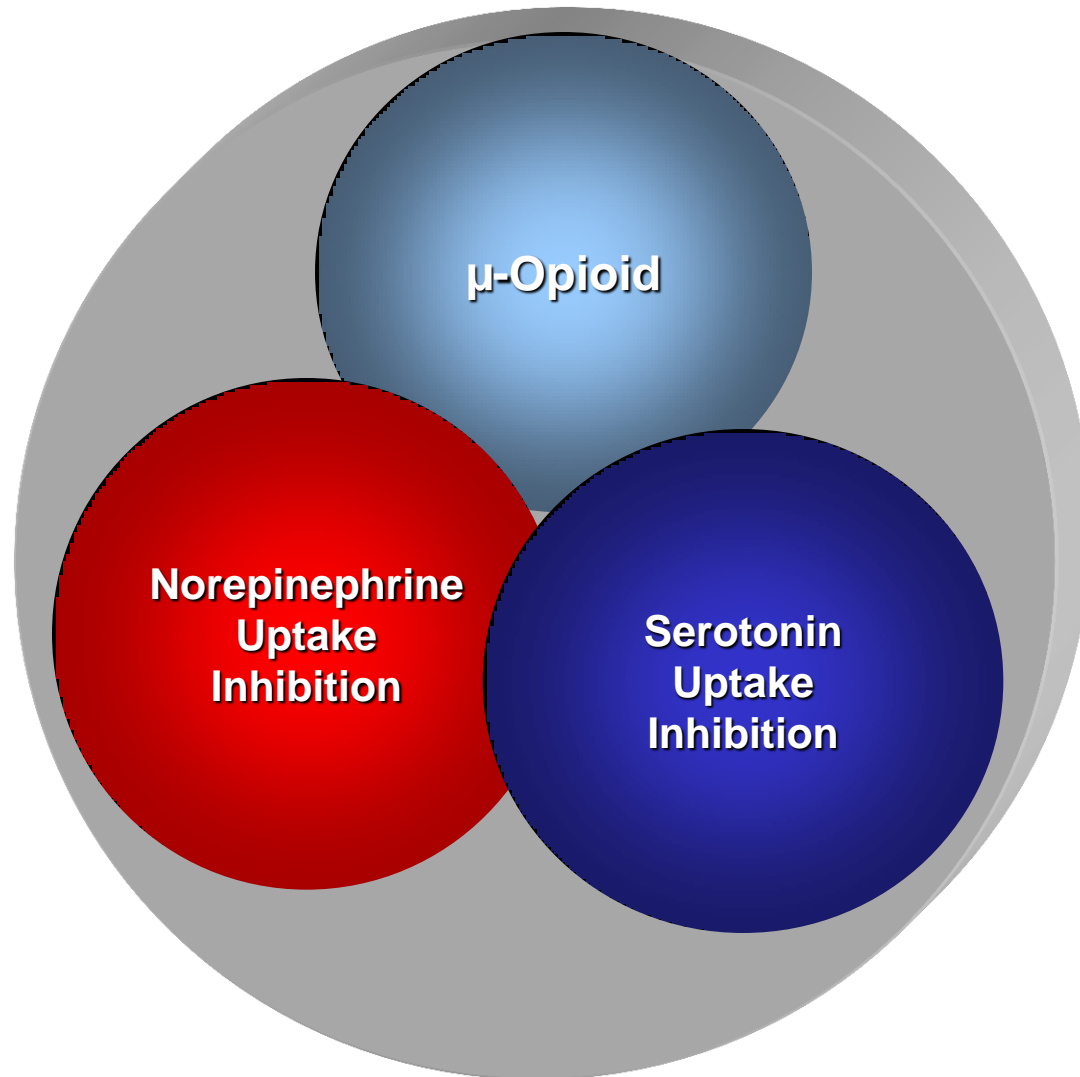


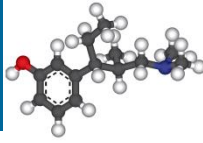
Metabolites of Tramadol



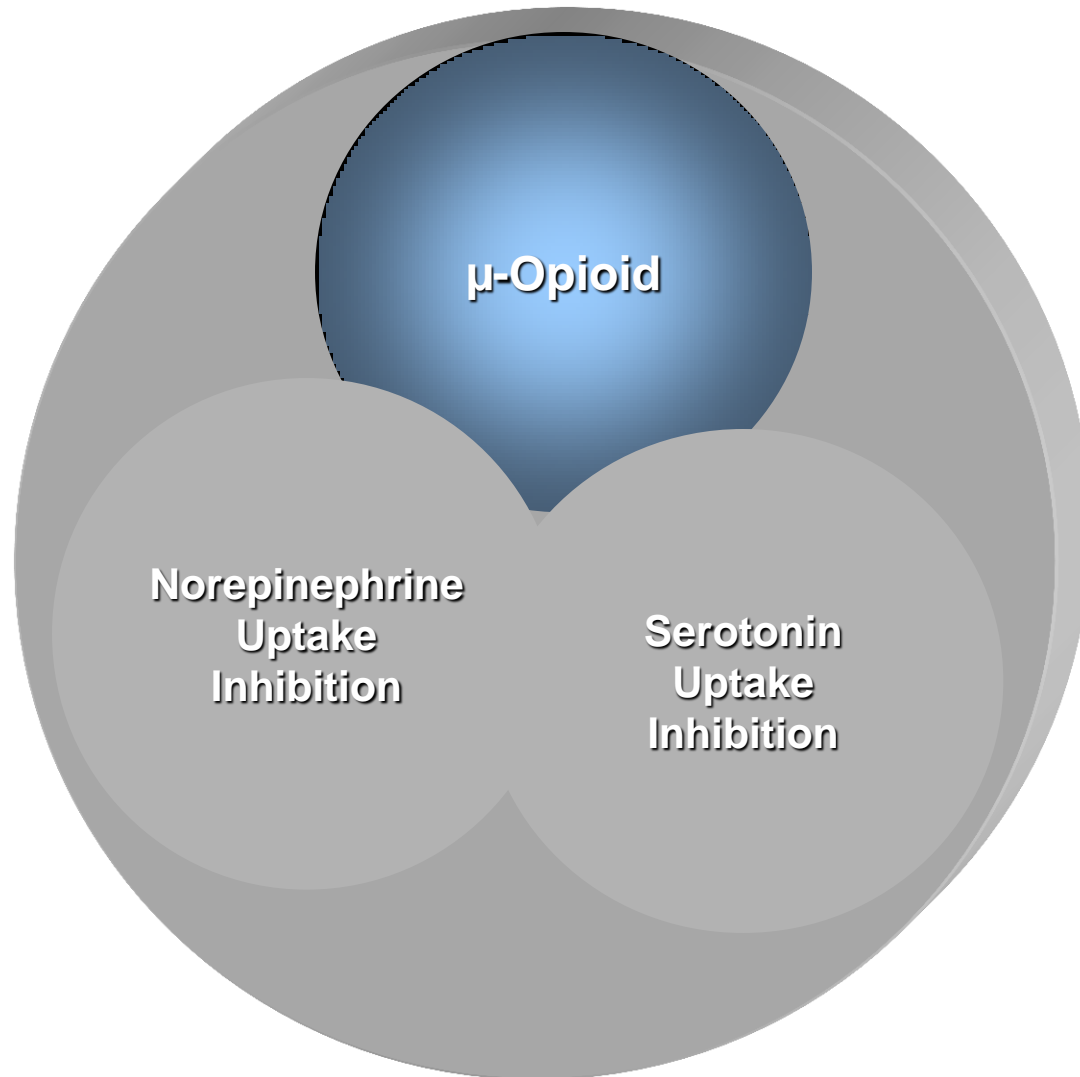


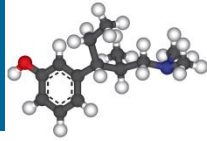
Tramadol's mode of action - biochemical profile



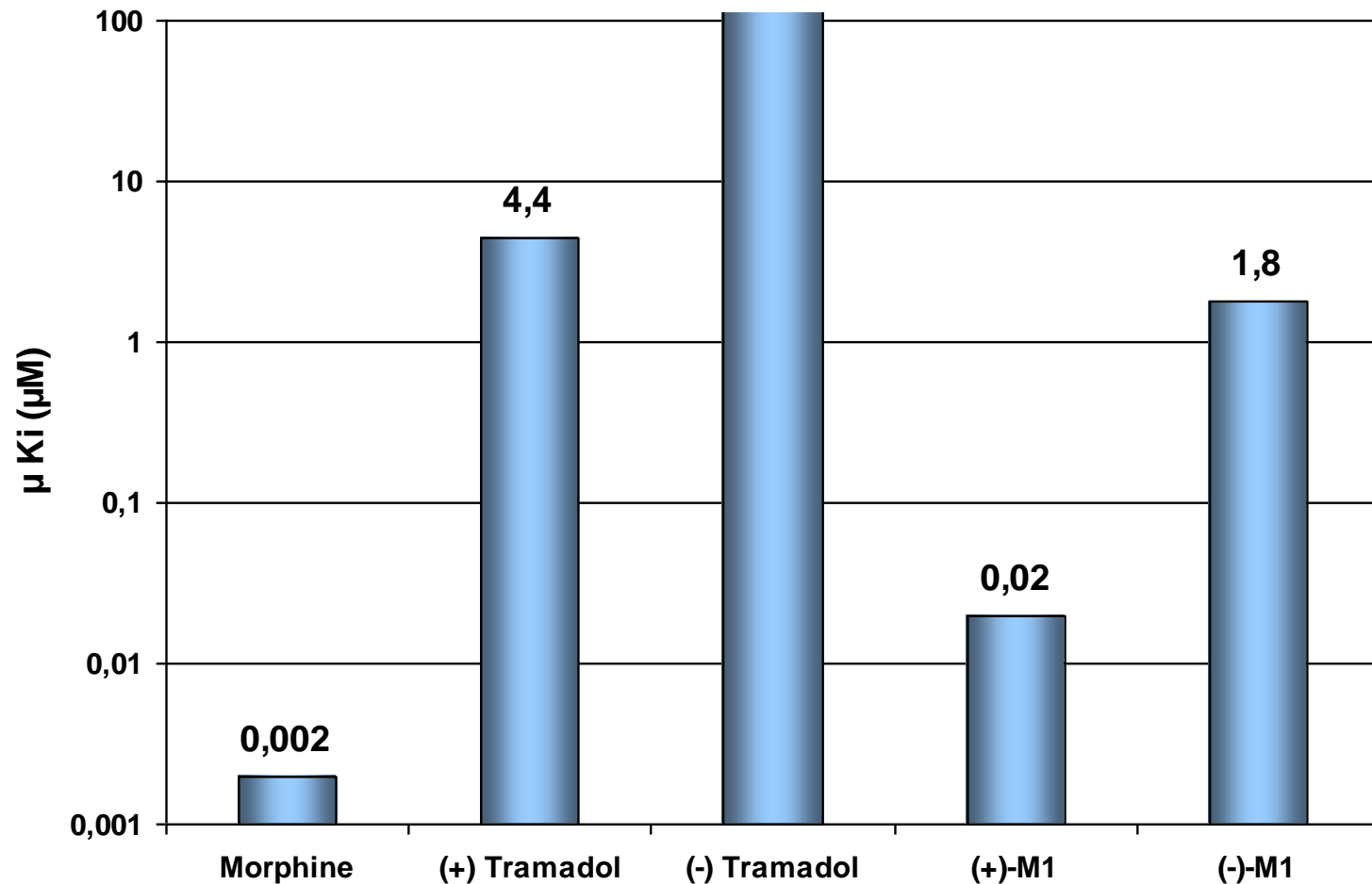


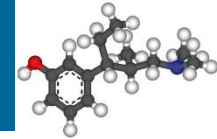
Tramadol's mode of action - biochemical profile



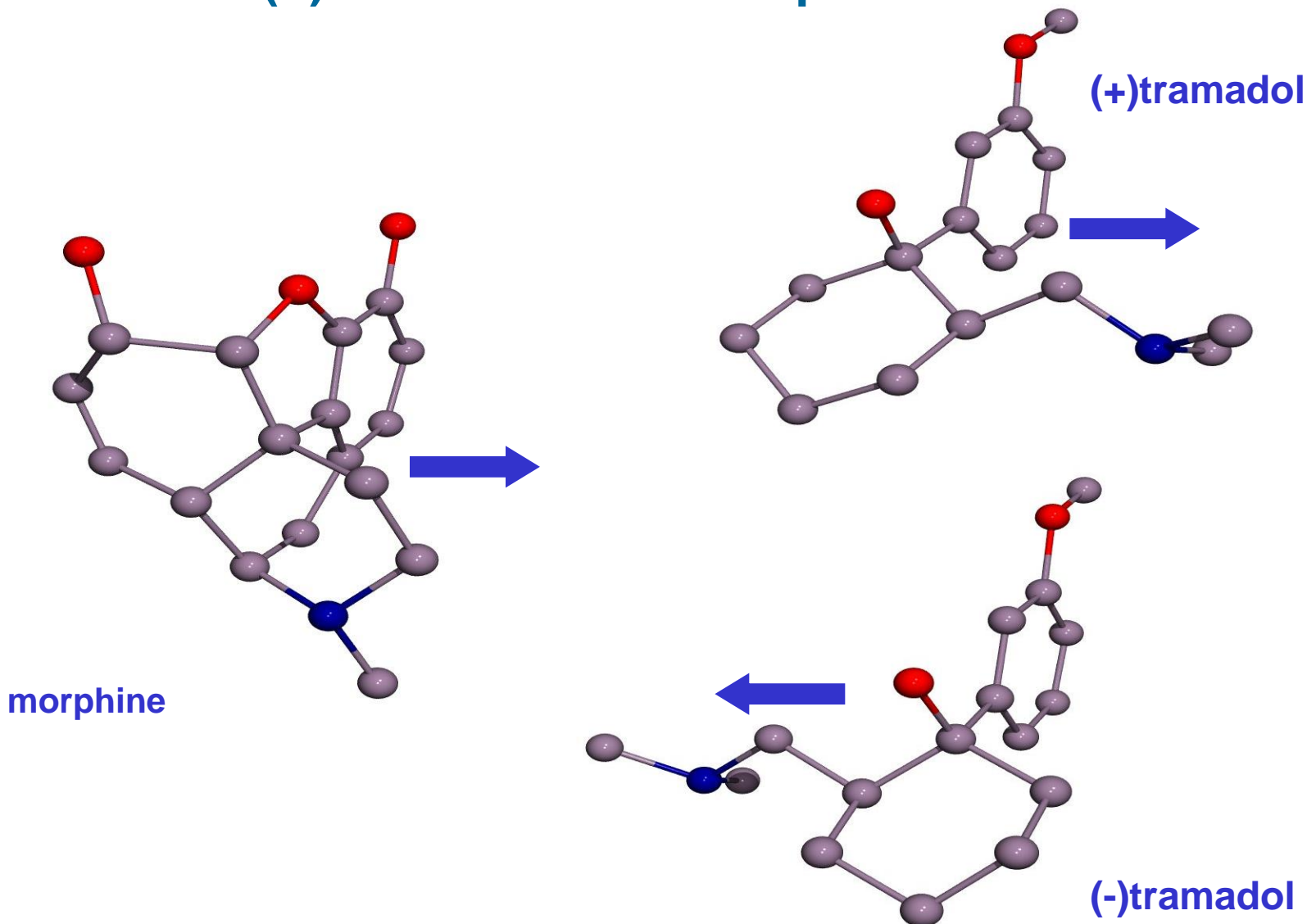


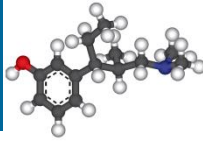
μ -Opioidbinding of tramadol and tramadol-M1



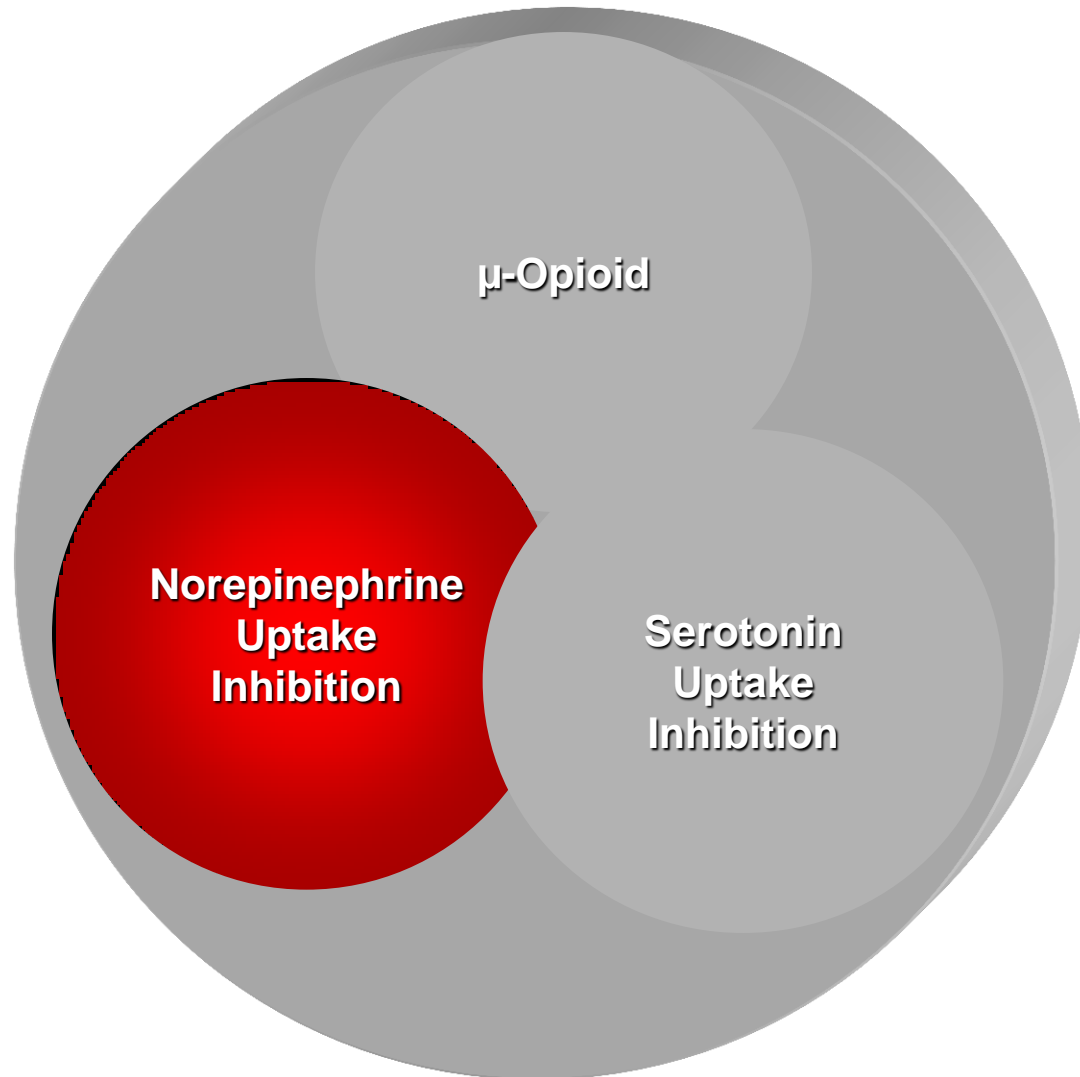


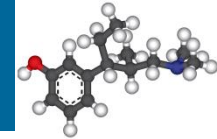
Comparison of molecular structures (+) Tramadol and Morphine



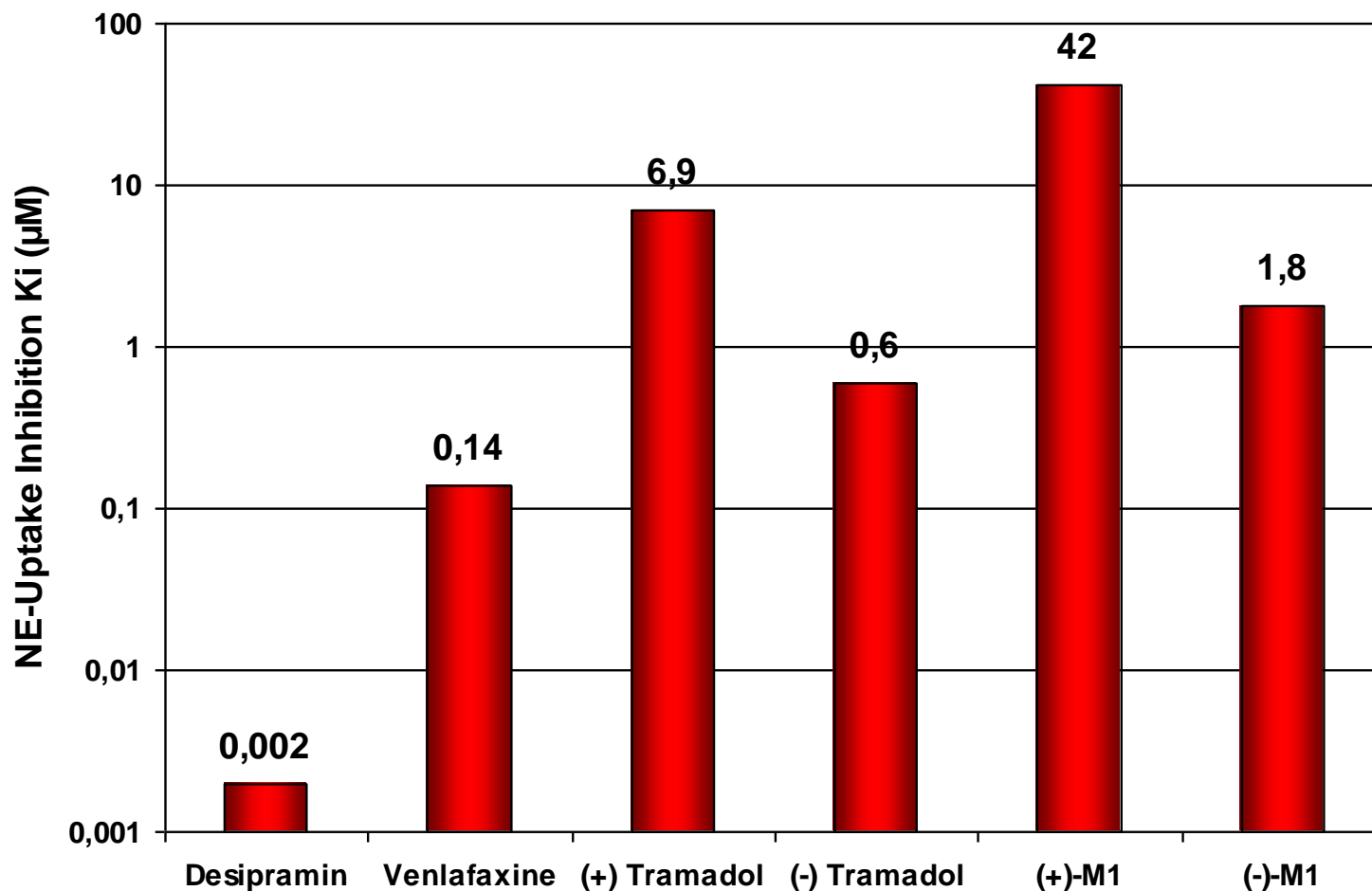


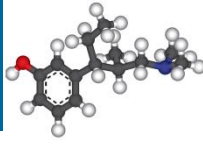
Tramadol's mode of action - biochemical profile



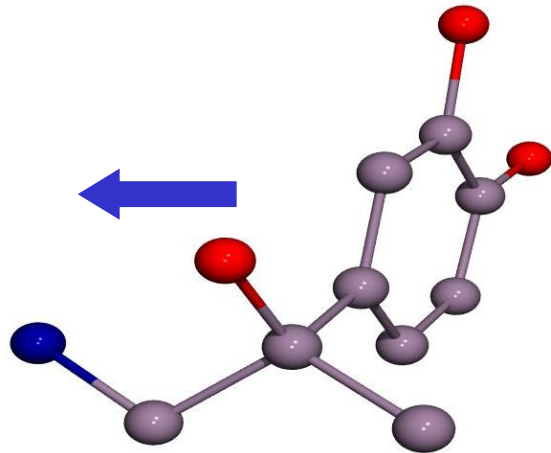


Norepinephrine-Uptake inhibition of tramadol and tramadol-M1

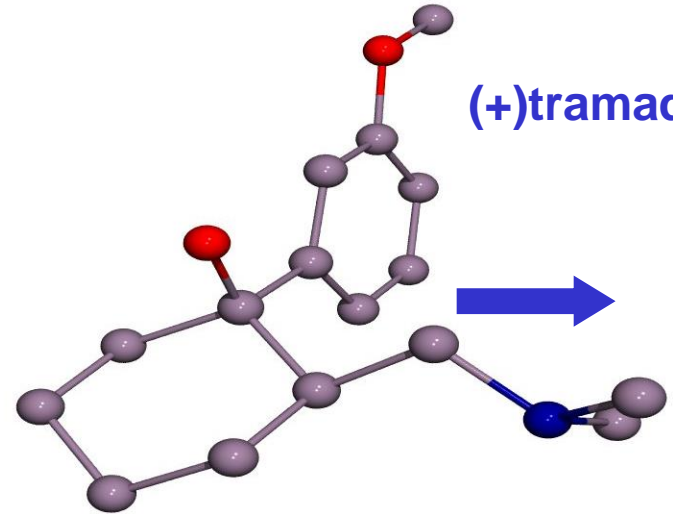




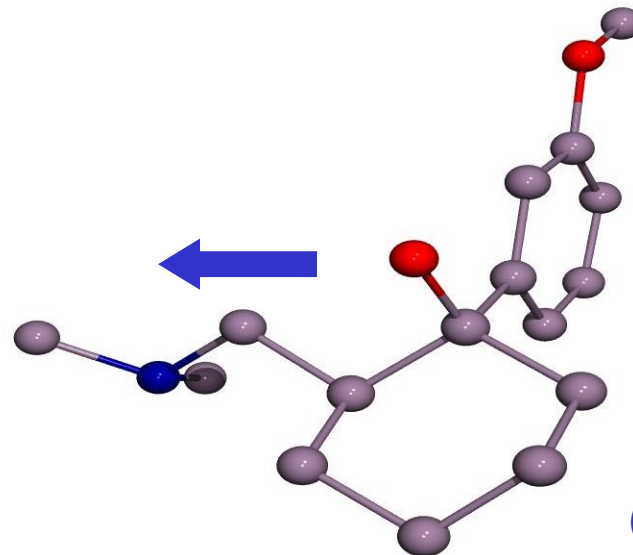
Comparison of molecular structures



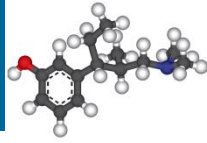
norepinephrine



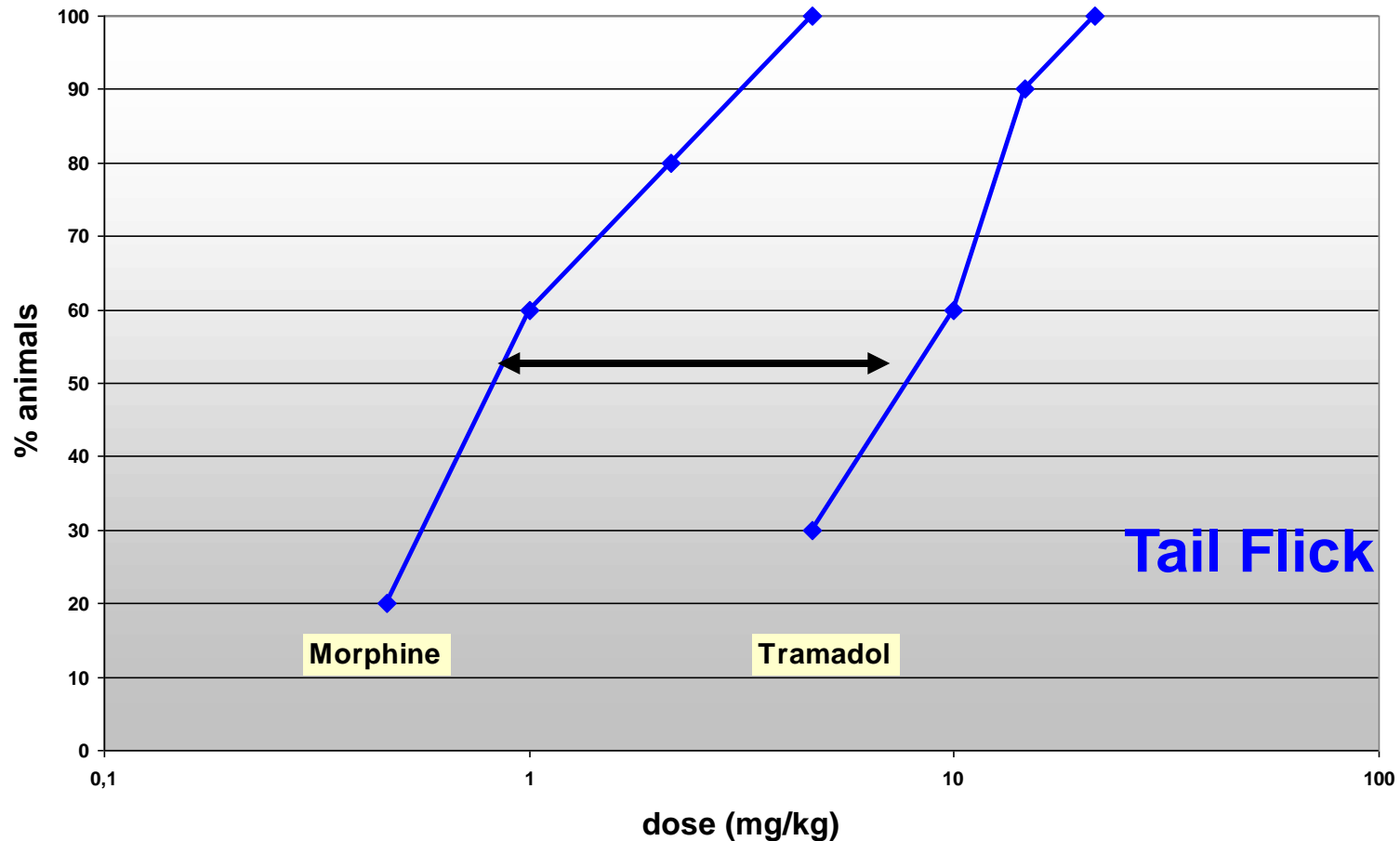
(+)-tramadol

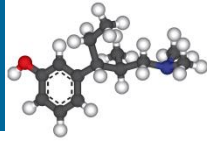


(-)-tramadol

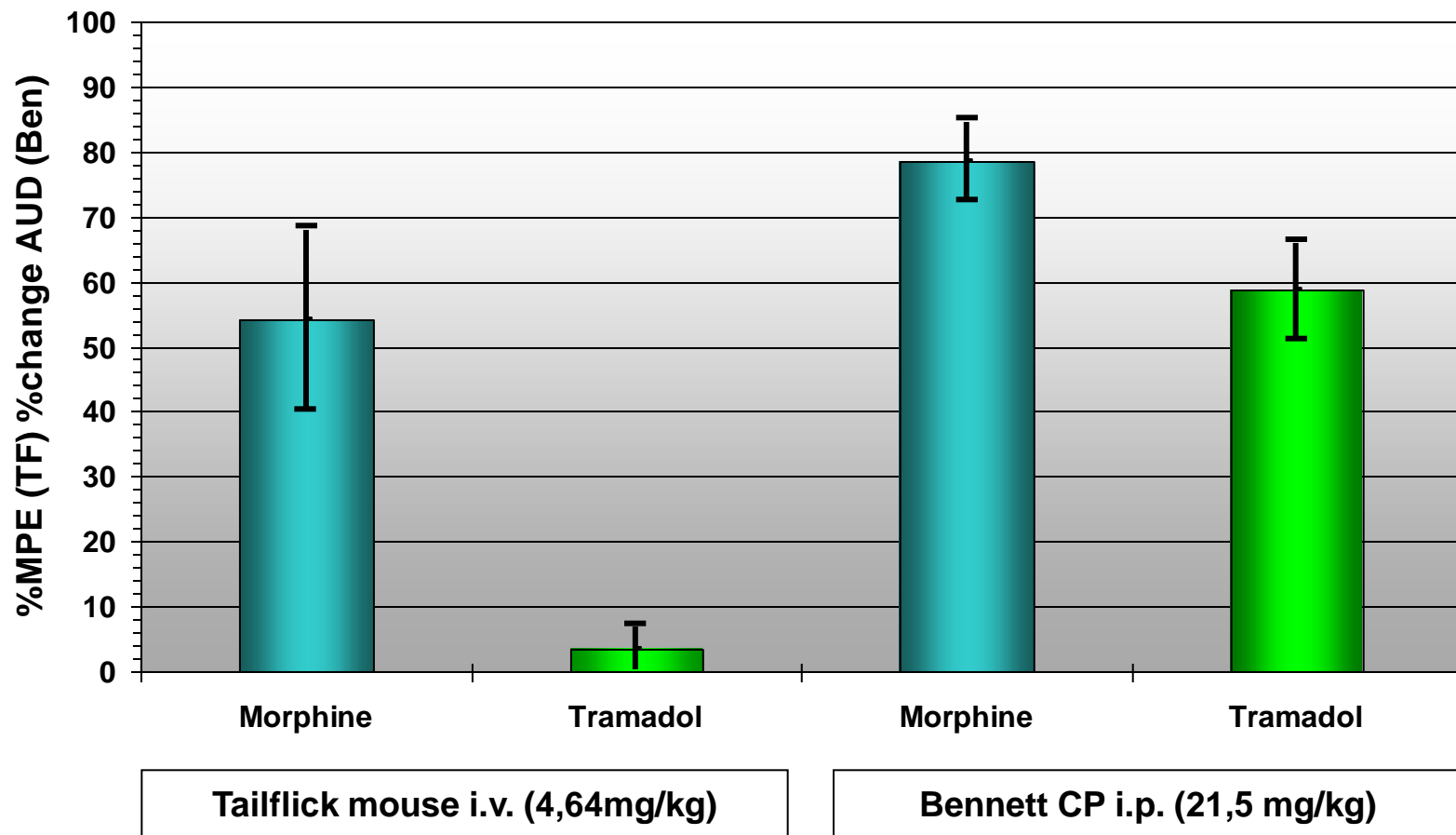


Comparison of **acute pain** (Tail Flick) and chronic inflammatory pain (Randall Selitto)





Comparison of acute pain (Tail Flick) and neuropathic pain (Bennett)



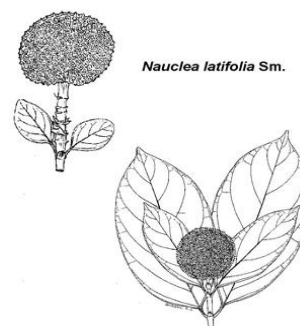
Occurrence of the Synthetic Analgesic Tramadol in an African Medicinal Plant

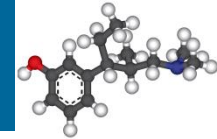
Natural Products

DOI: 10.1002/ange.201305697

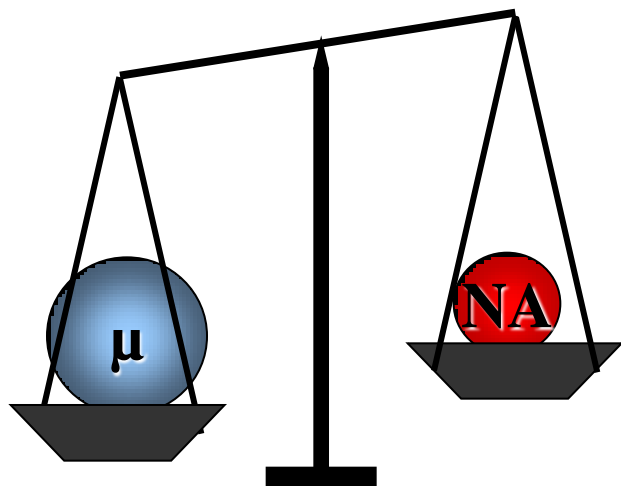
Occurrence of the Synthetic Analgesic Tramadol in an African Medicinal Plant**

Ahcène Boumendjel, Germain Sotoing Taiwe,* Elisabeth Ngo Bum, Tanguy Chabrol, Chantal Beney, Valérie Sinniger, Romain Haudecoeur, Laurence Marcourt, Soura Challal, Emerson Ferreira Queiroz, Florence Souard, Marc Le Borgne, Thierry Lomberget, Antoine Depaulis, Catherine Lavaud, Richard Robins, Jean-Luc Wolfender, Bruno Bonaz, and Michel De Waard*

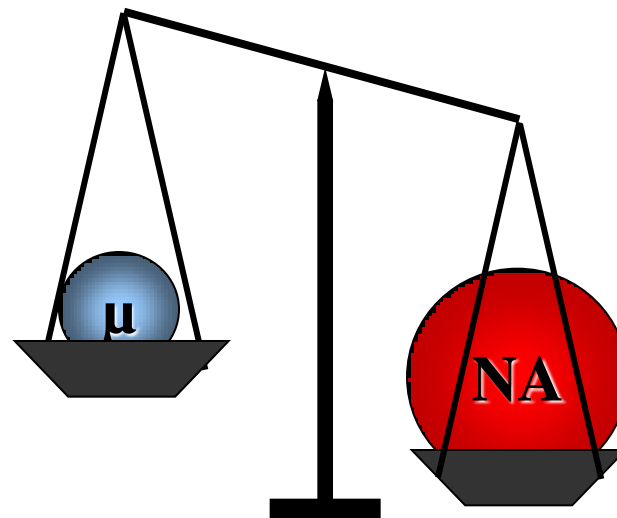




What have we learned from the Tramadol story?

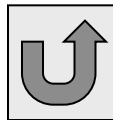


(+)-Tramadol

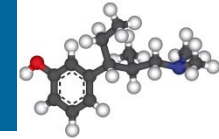


(-)-Tramadol

Can both principles be combined in one molecule
(one enantiomer) ?



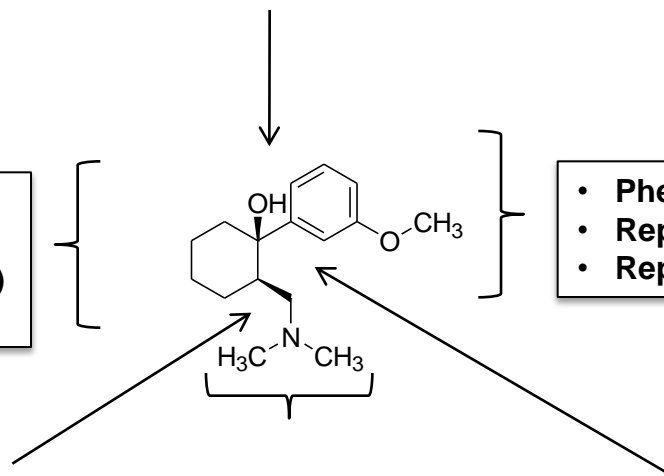
Tapentadol – A New Analgesic with a Dual Mode of Action



- Derivatisation of hydroxyl group: ester, ether, ...
- Replacement of hydroxyl group by N, H, halogen
- Elimination resulting in olefins

- Substitution of cyclohexane ring
- Size of ring system
- Introduction of hetero atoms (e. g. O, N, S)
- Aromatic rings

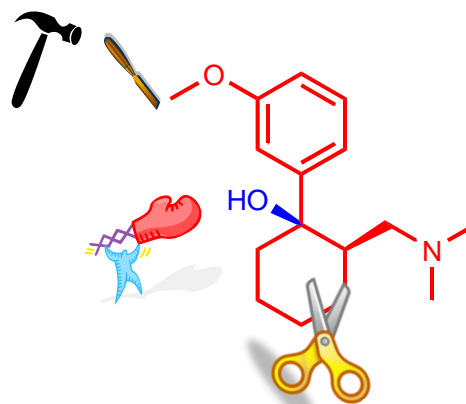
- Phenyl ring substitution
- Replacement by heterocyclic aryl rings
- Replacement by acyclic ring systems



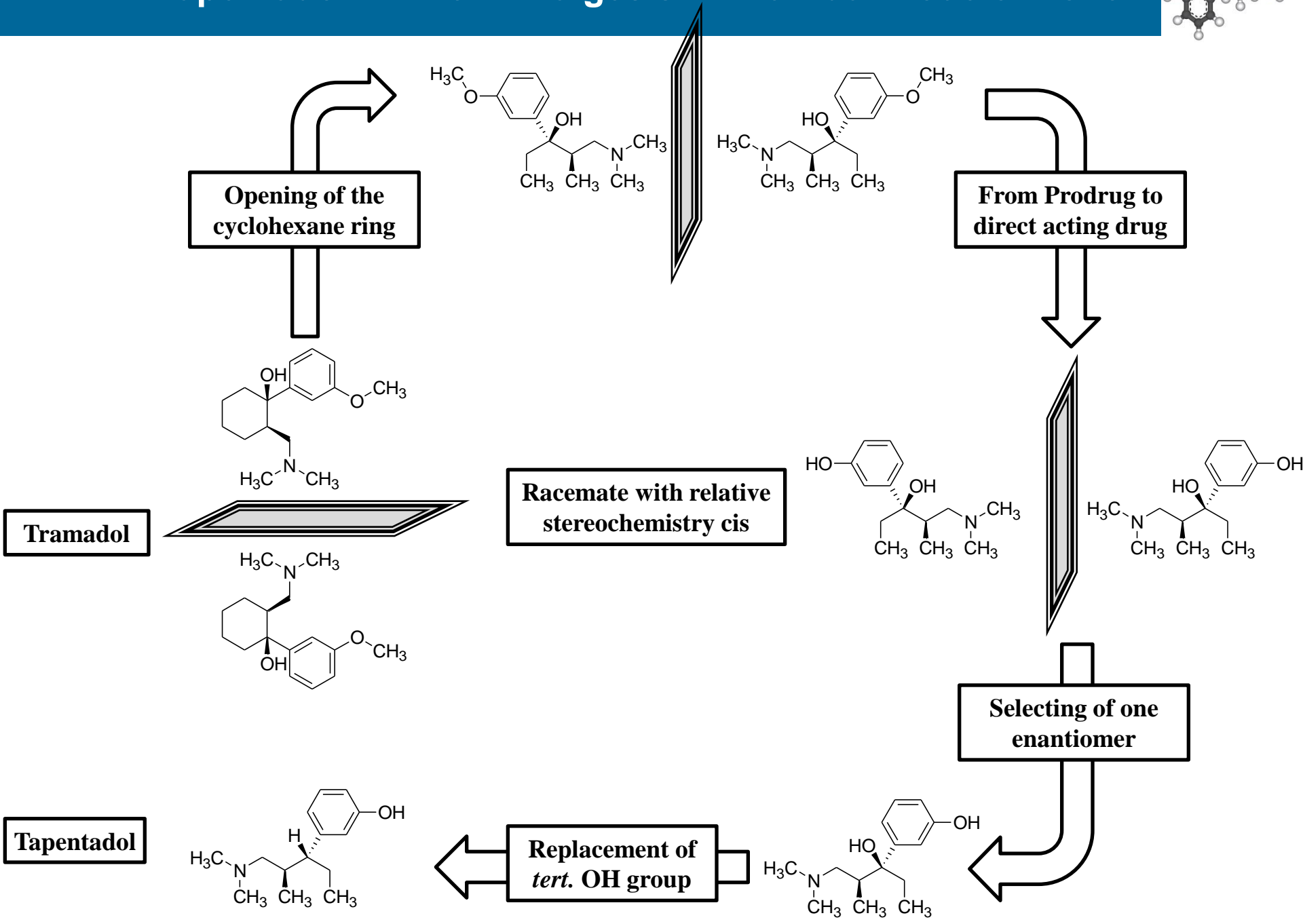
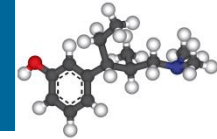
- Methylen group substitution

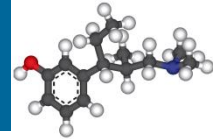
- N- Substitution
- N-containing ring systems

- Introduction of spacer groups between ring systems

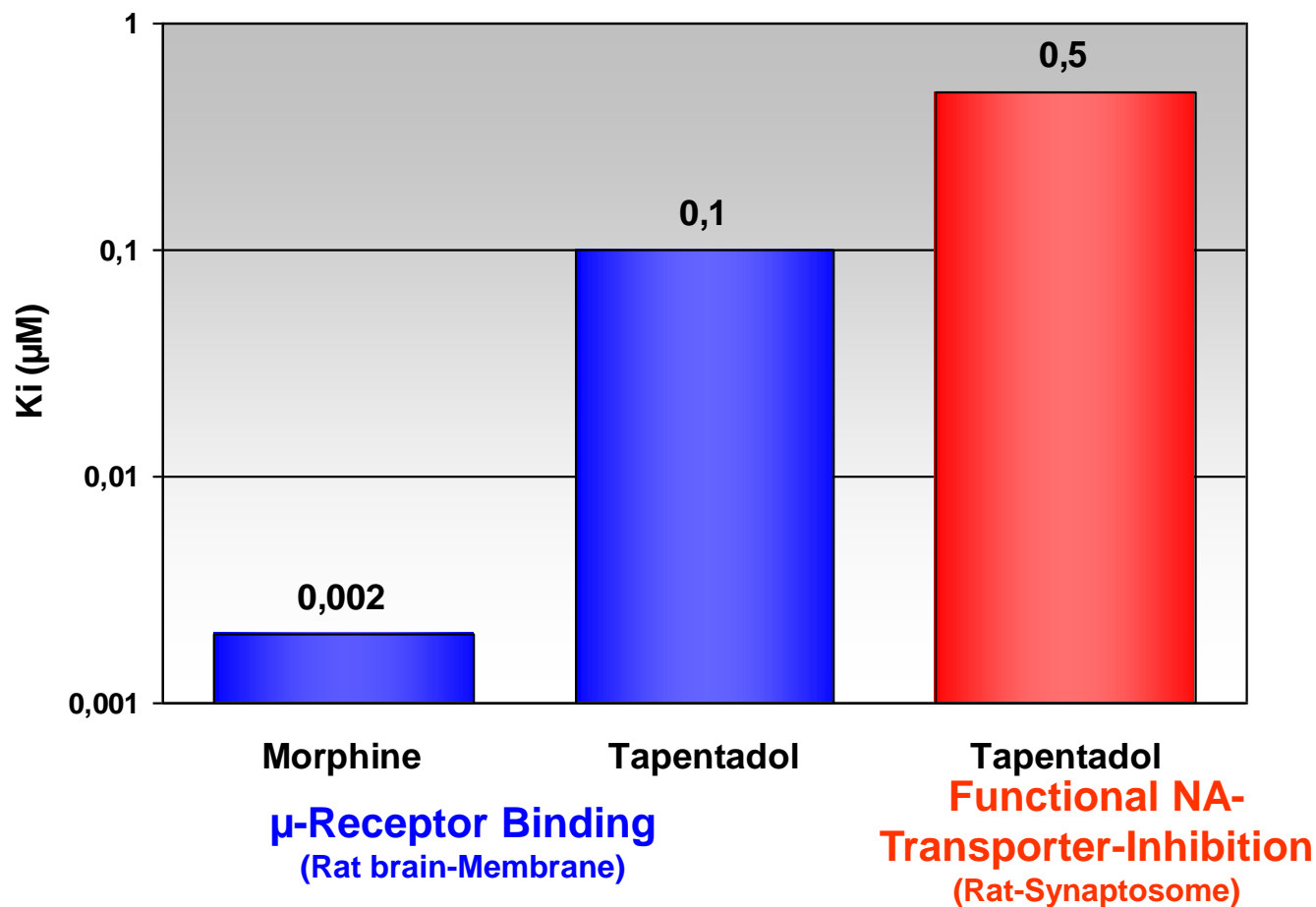


Tapentadol – A New Analgesic with a Dual Mode of Action



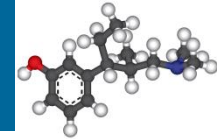


μ -Rezeptor-Agonism (MOR) and Noradrenalin Reuptake Inhibition (NRI)



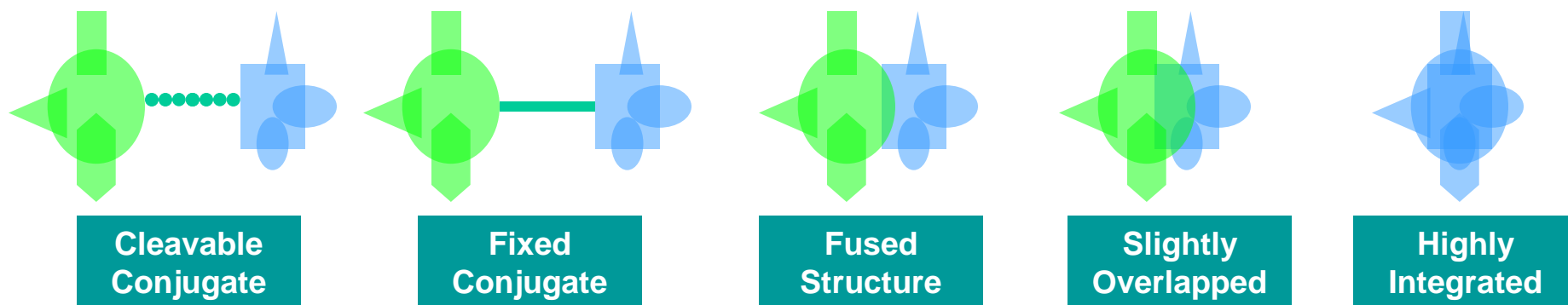
50-fold weaker μ -receptor binding
in comparison to Morphine

Tapentadol as a Multiple Ligand



Designed Multiple Ligand Continuum^{*)**)}

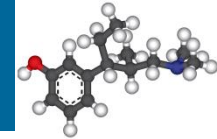
Decreasing molecular size and structural complexity



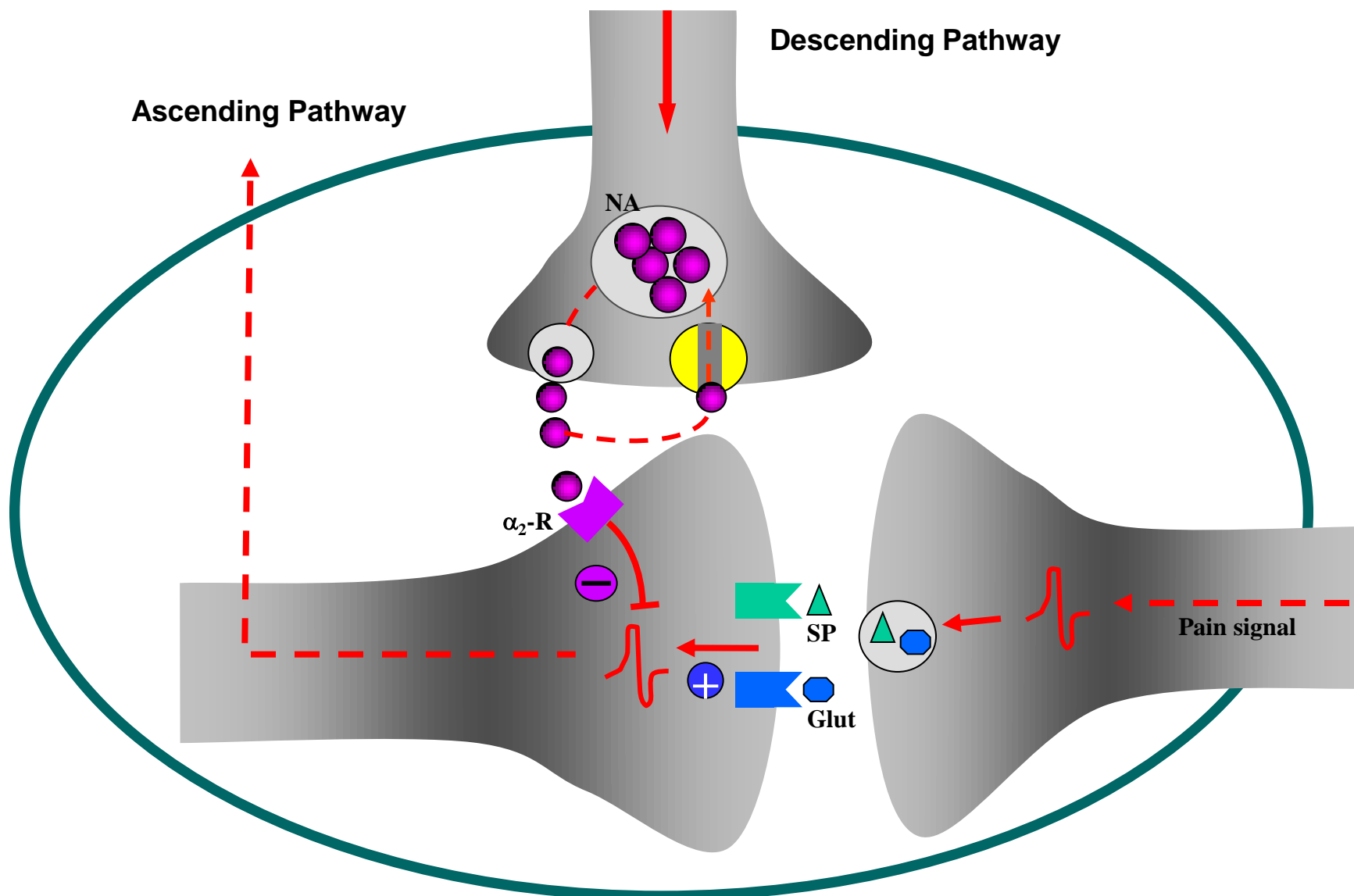
Increasing degree of overlap of two pharmacophores

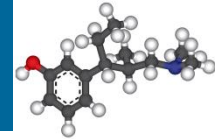
*) R. Morphy, Z. Rankovic, *Designed Multiple Ligands. An Emerging Drug Discovery Paradigm*, J. Med. Chem. 2005 (48), 6523-6543.

**) R. Morphy, C. Kay, Z. Rankovic, *From Magic Bullets to Designed Multiple Ligands*, Drug Discovery Today 2004 (9), 641-651.

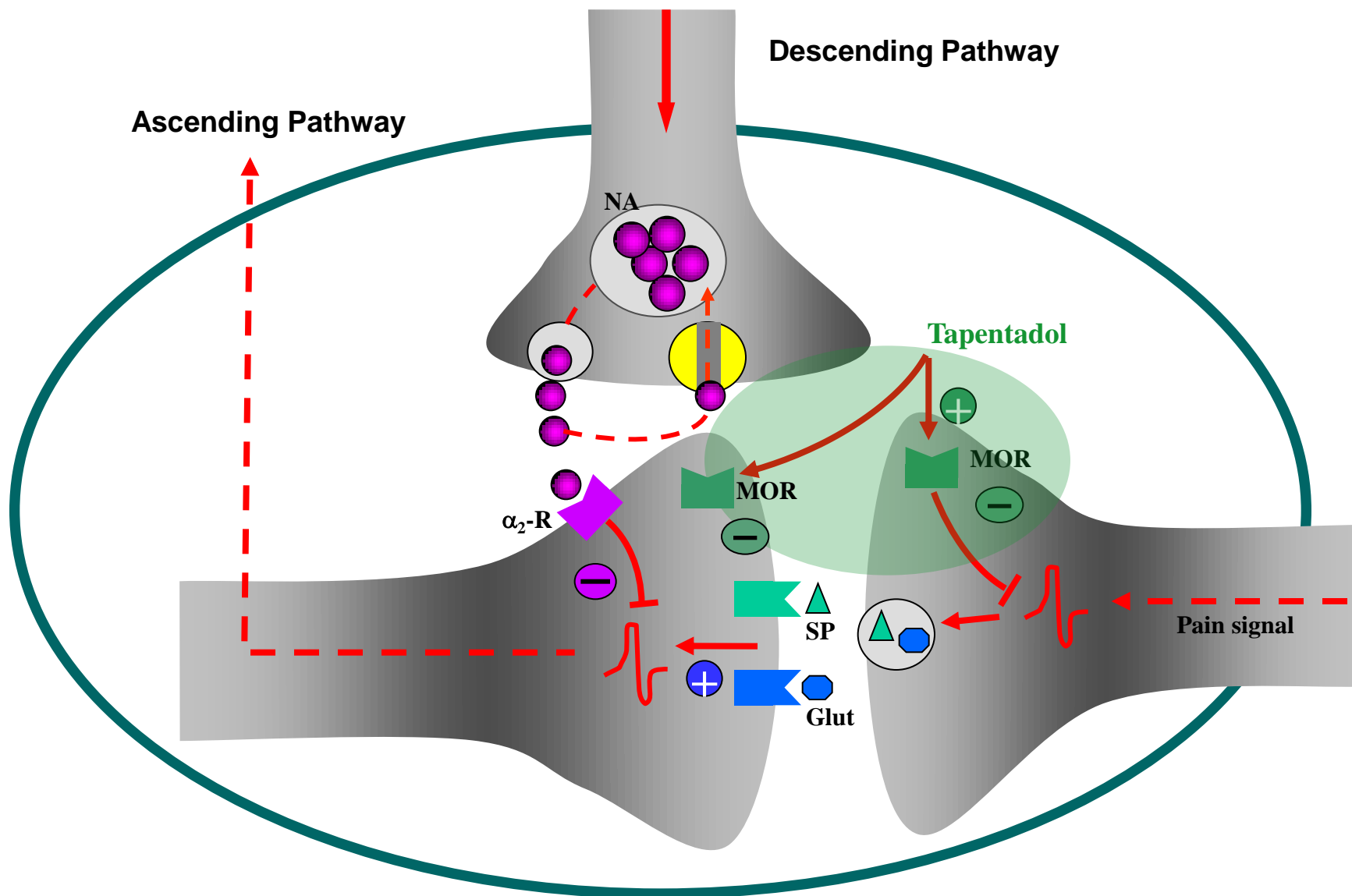


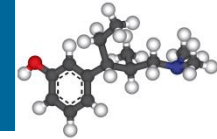
Spinal Mechanism of Action: MOR-NRI



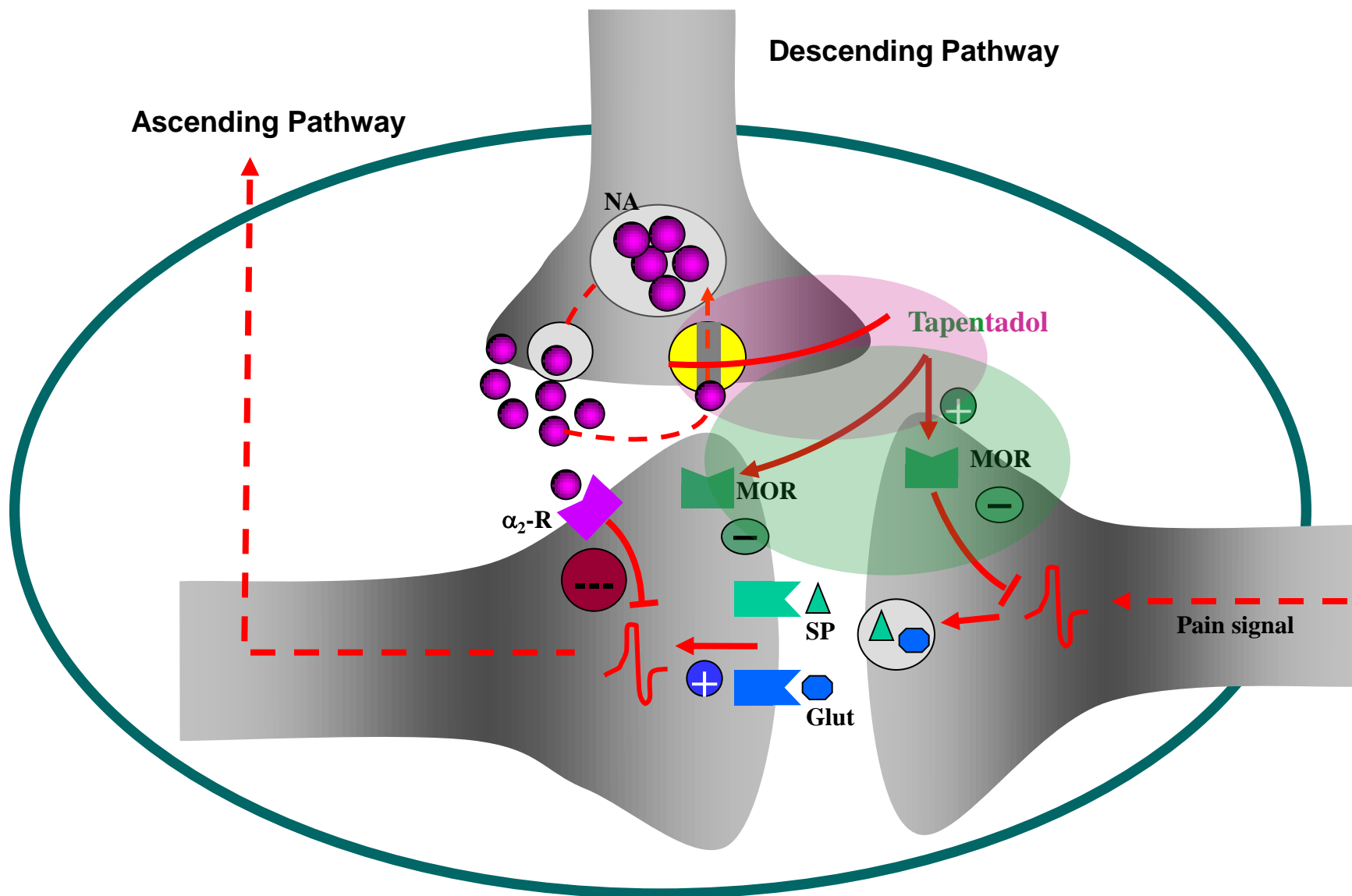


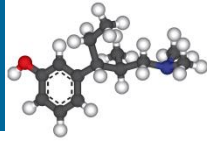
Spinal Mechanism of Action: MOR-NRI





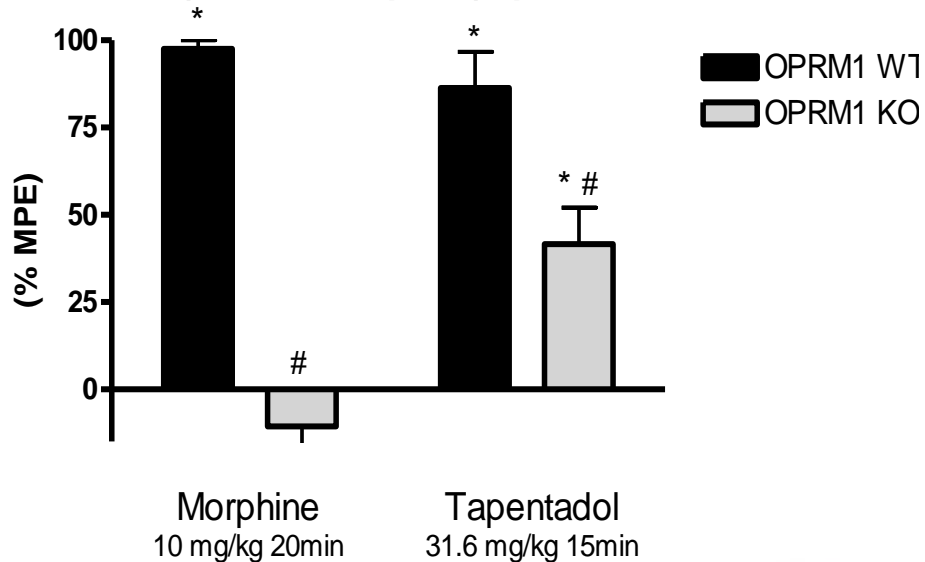
Spinal Mechanism of Action: MOR-NRI





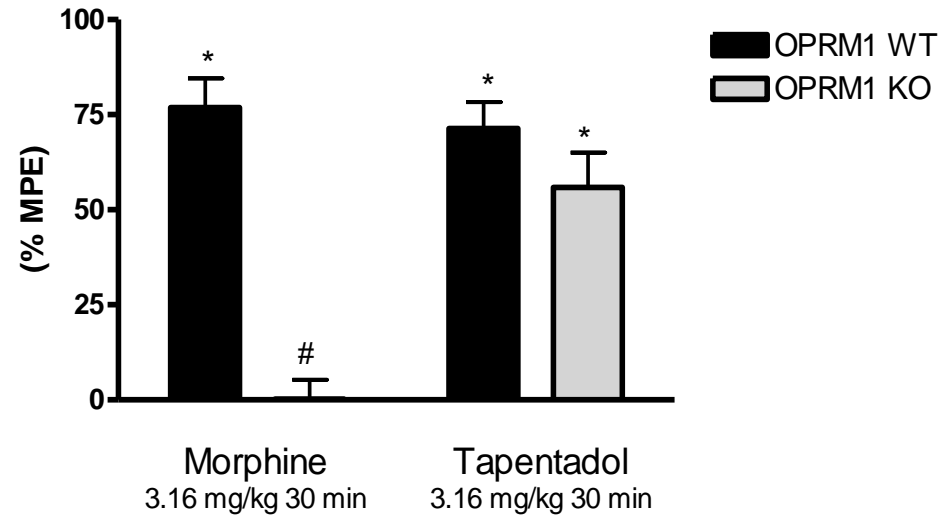
Tapentadol: Activity in MOR knock-out- und Wildtype-Mice

Acute Pain
(heat nociception), ip



* p<0.05 treatment vs vehicle
p<0.05 KO vs WT

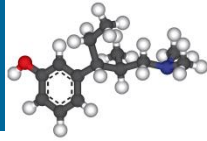
STZ diabetes
(heat hyperalgesia), ip



* p<0.05 treatment vs vehicle
p<0.05 KO vs WT



Tapentadol remains partially active in MOR-Knock-out Mice



Pharmacology: Pain Models

Acute

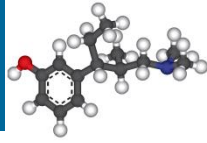


Chronic inflammatory

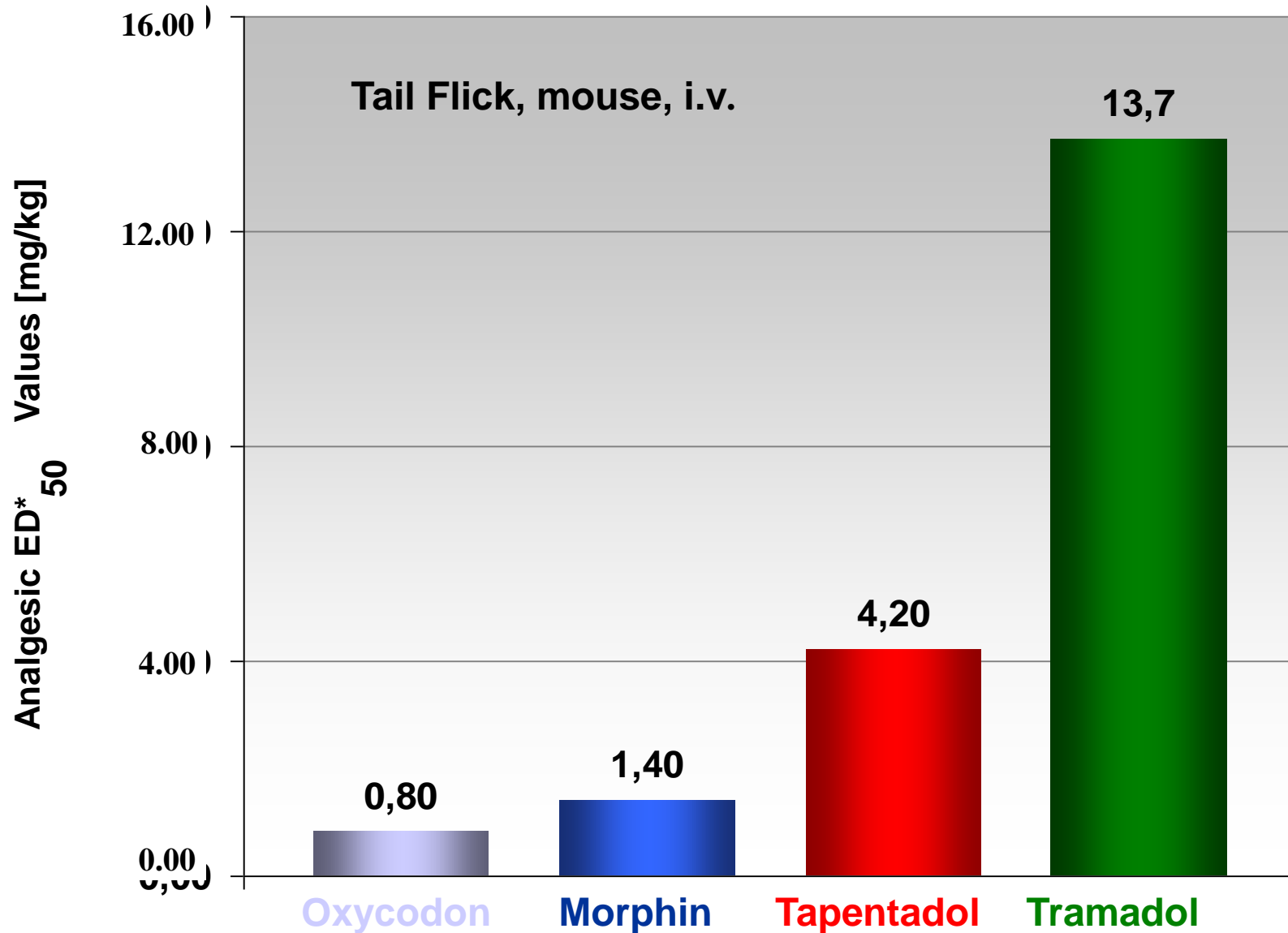


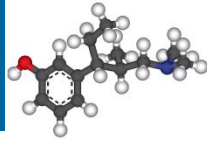
Chronic neuropathic



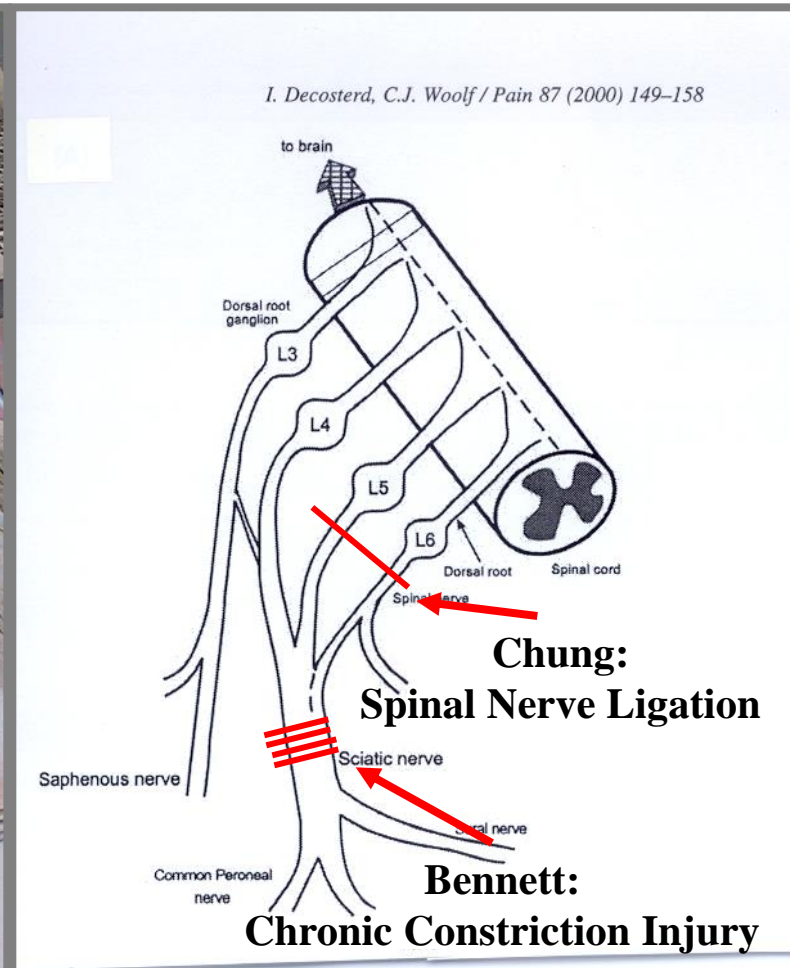


Analgesic Potency in Acute Pain

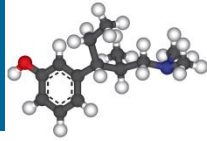




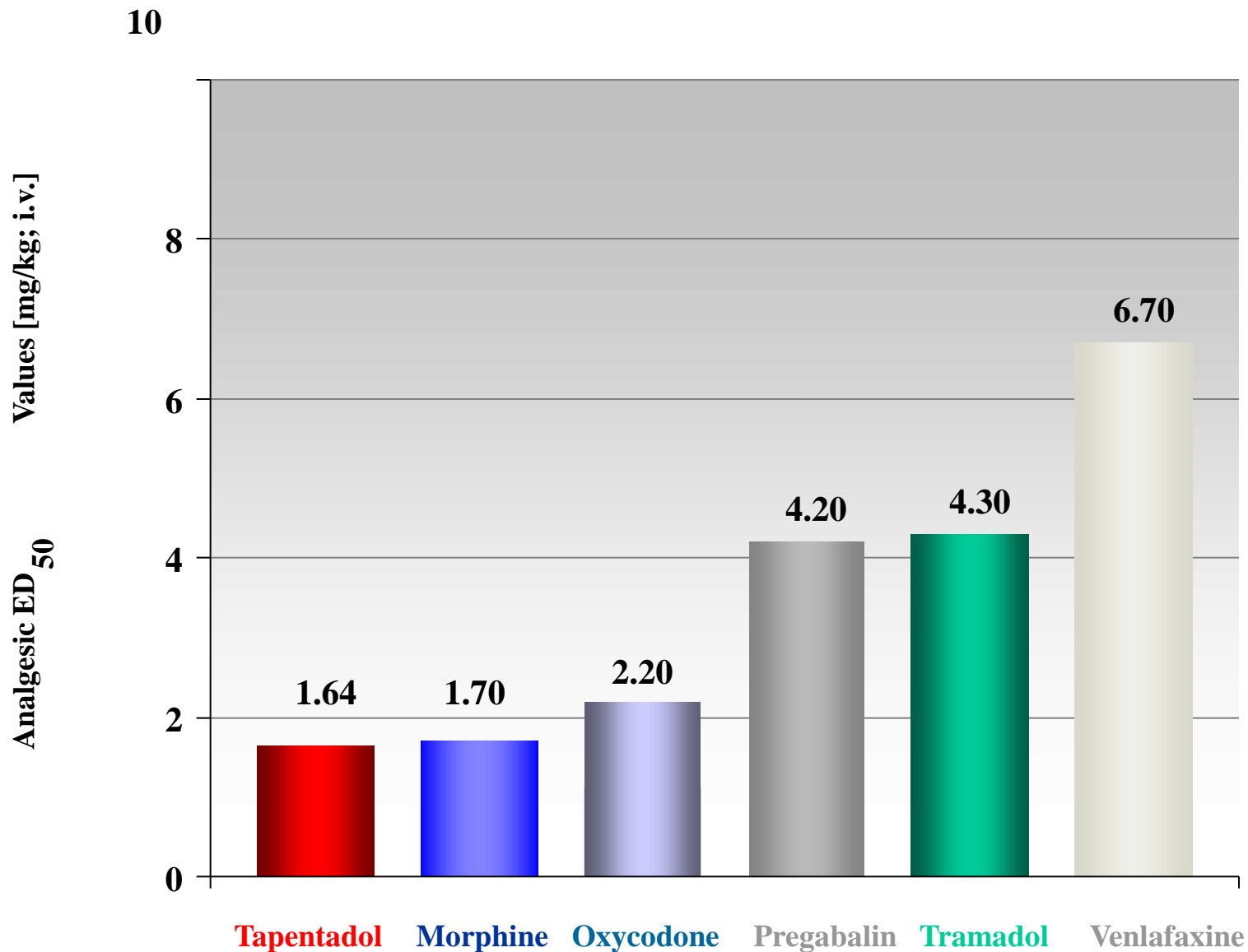
Neuropathic pain model: Peripheral Mononeuropathy (Chung model)

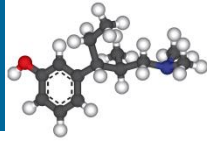


Investigation of tactile allodynia after tight ligation of the dorsal root of spinal nerves (L5, L6)



High potency and efficacy in neuropathic pain (Chung)



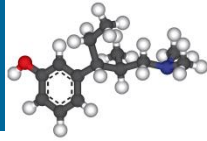


Tapentadol



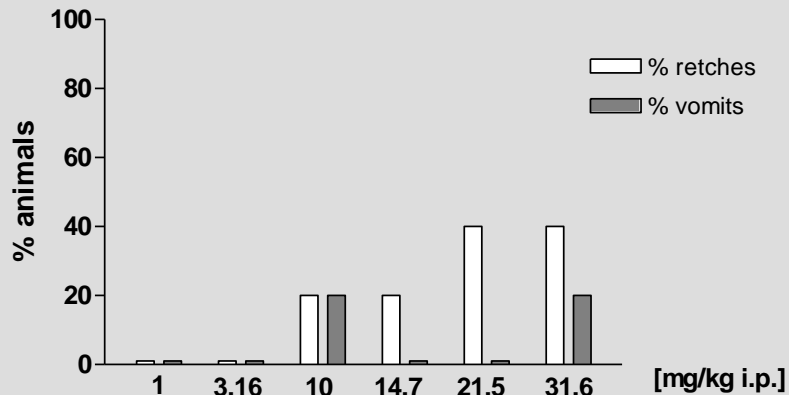
Morphin



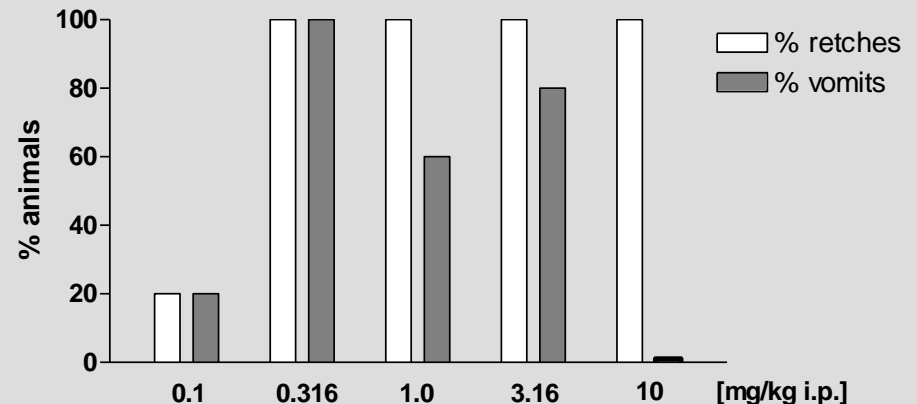


Opioid Induced Side Effects: Emesis

Tapentadol

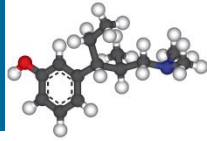


Morphine



Tzschentke et al (2006) Drugs Fut 31:1053ff

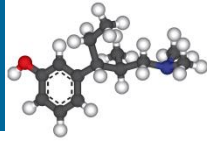
Tapentadol shows a reduced emetic potential in comparison to Morphine



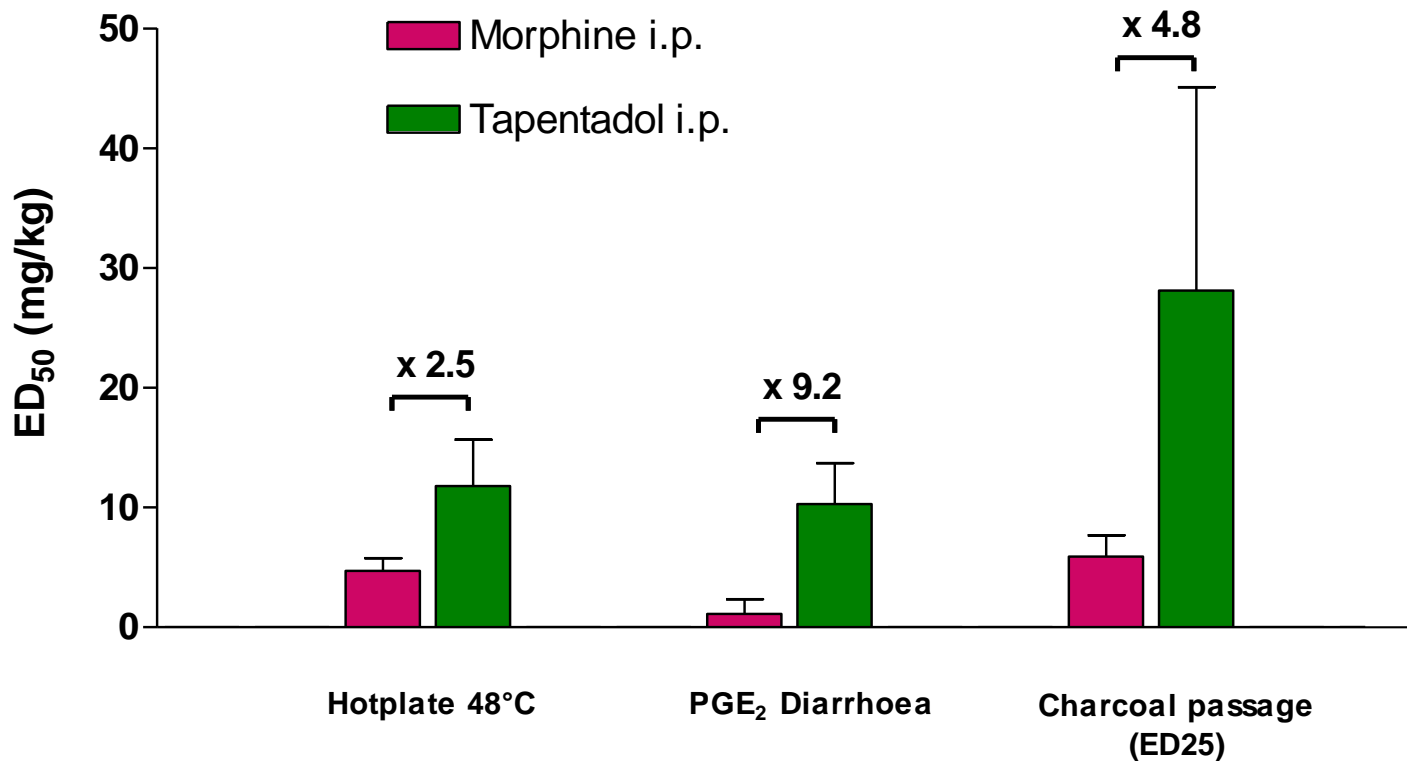
Opioid Induced Side Effects: Obstipation



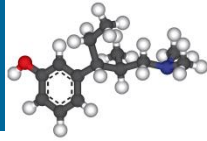
- Increase of the intestinal charcoal passage
- Reduction of the PGE2 induced diarrhoe



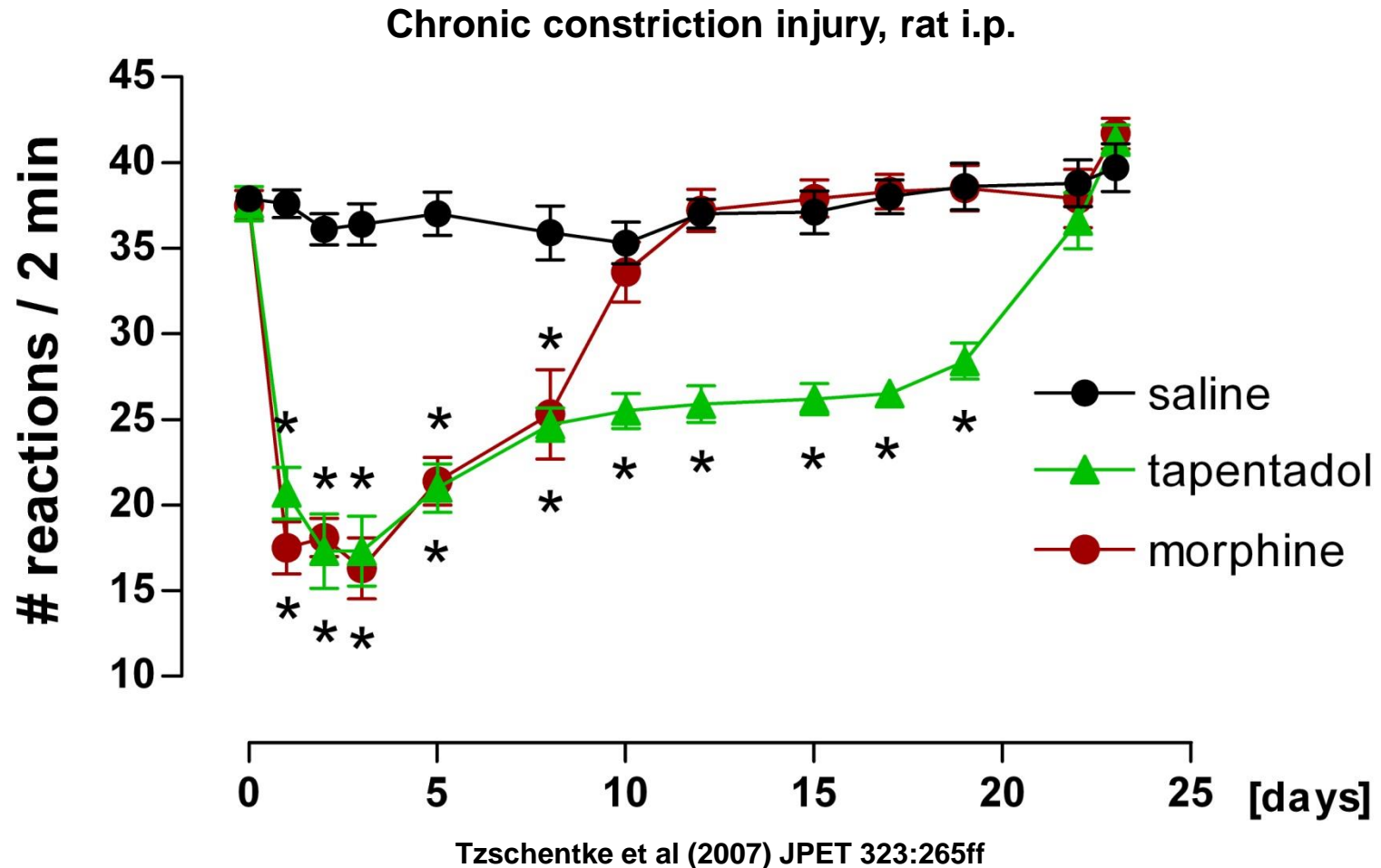
Opioid Induced Side Effects: Obstipation



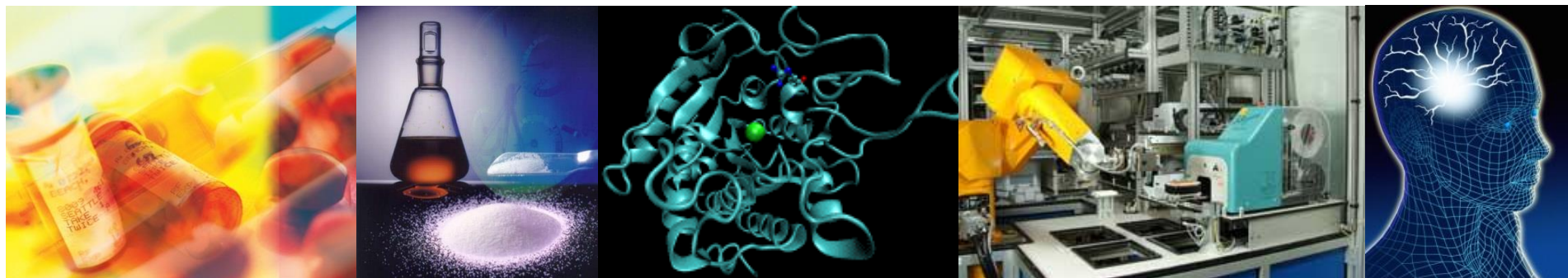
Tapentadol shows a reduced gastrointestinal inhibitory potential in comparison to Morphine



Opioid Induced Side Effects: Tolerance Development



Significant reduced tolerance development



Medicinal Chemistry, Quo Vadis?

The changing climate of Pharmaceutical R&D

New Drug Development: Some Facts

- **Global situation:**

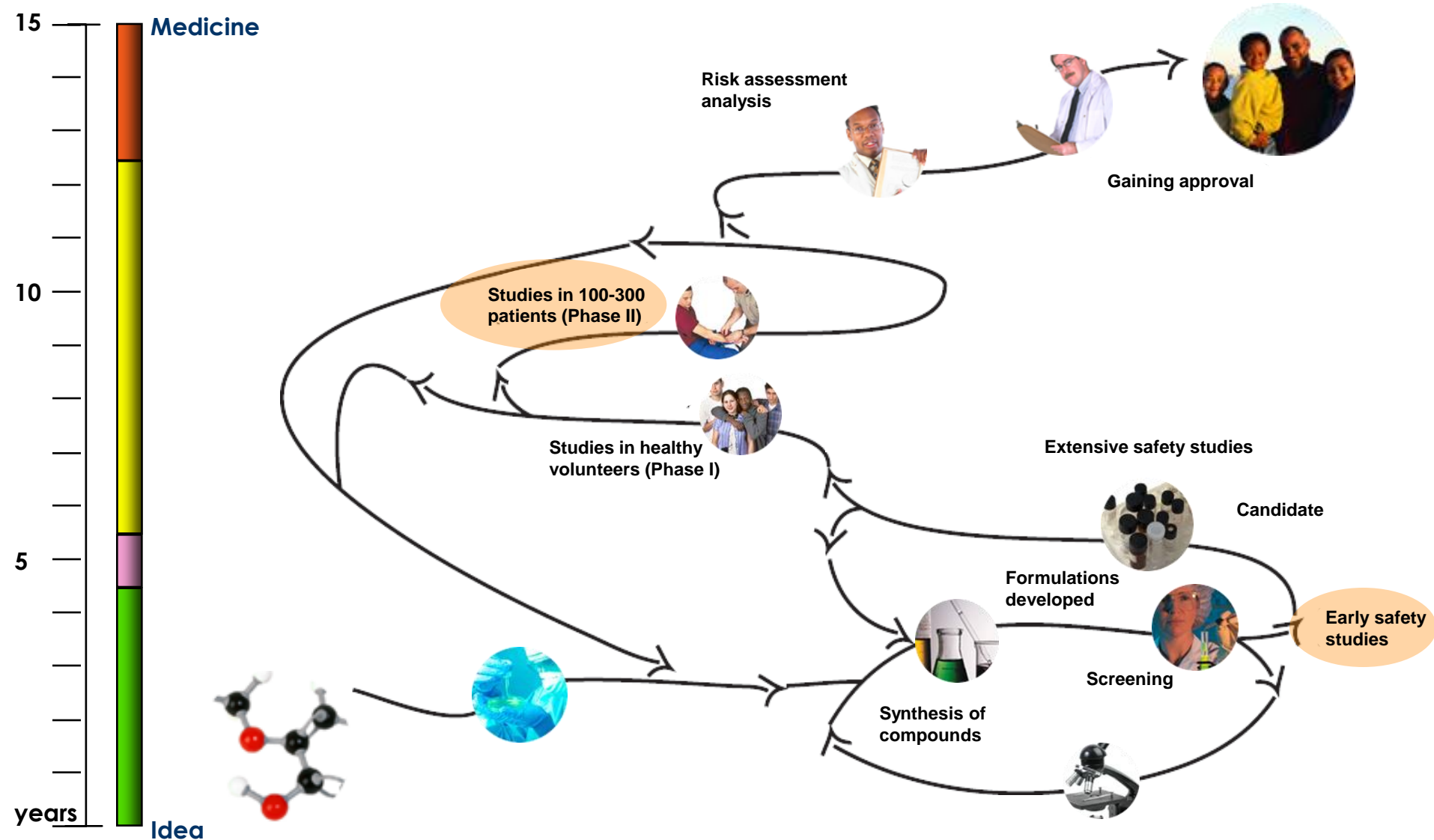
- World population: 7 Billion with Growth rate of 1.1%
- World GDP: 70 Trillion Dollars with Growth rate of 5.2%
- World Pharma Market: 950 Billion Dollars with Growth rate of 6%

- **Drug discovery and development:**

- To develop a new drug takes 10-15 years
- The average cost of a new drug is in the range of \$ 1.3 billion, this being a big financial risk
- 20-30 new drugs are approved annually by the US-FDA: on average; 24 between 2000 and 2009;
- Similar numbers by EMA
- >3000 potential new drugs are under clinical development (Phase I, II, and III), however, the attrition rate has become very high

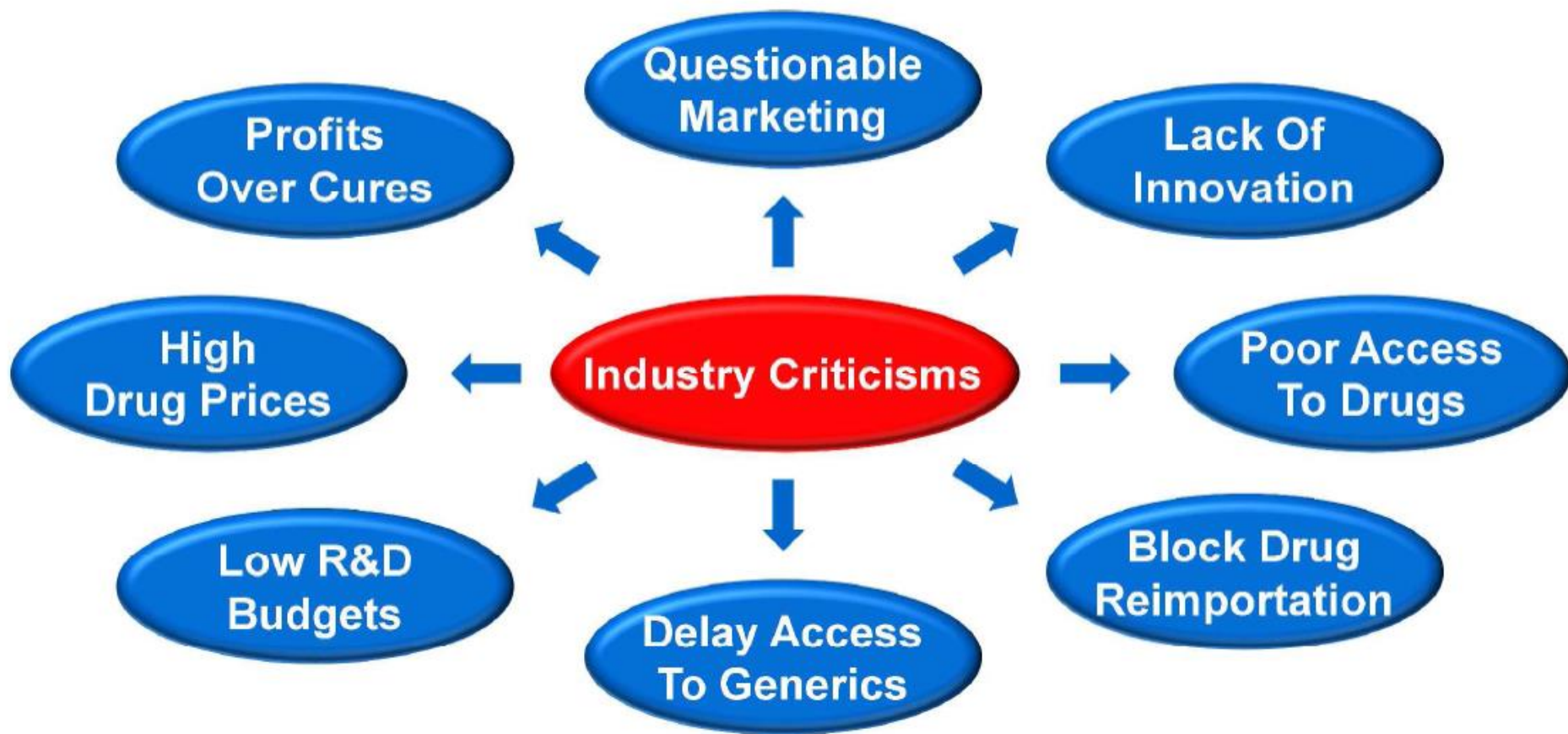
Pharmaceutical Industry – The R & D Process

Creating New Medicines is a High Risk Journey



Pharmaceutical Industry – Changing Climate

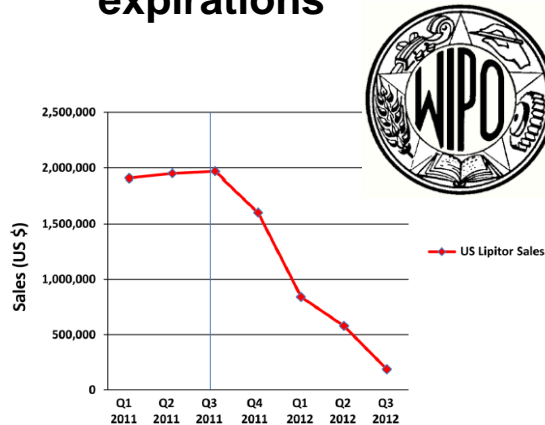
Commonly Perceived Criticisms of the Pharmaceutical Industry



Pharmaceutical Industry – Changing Climate

Trends driving the evolution of the global healthcare environment

Blockbuster patent expirations



Pressure to control health care spending



R&D productivity crisis



Rise of Emerging markets

Rated Top 10 Emerging Markets 2012-2017



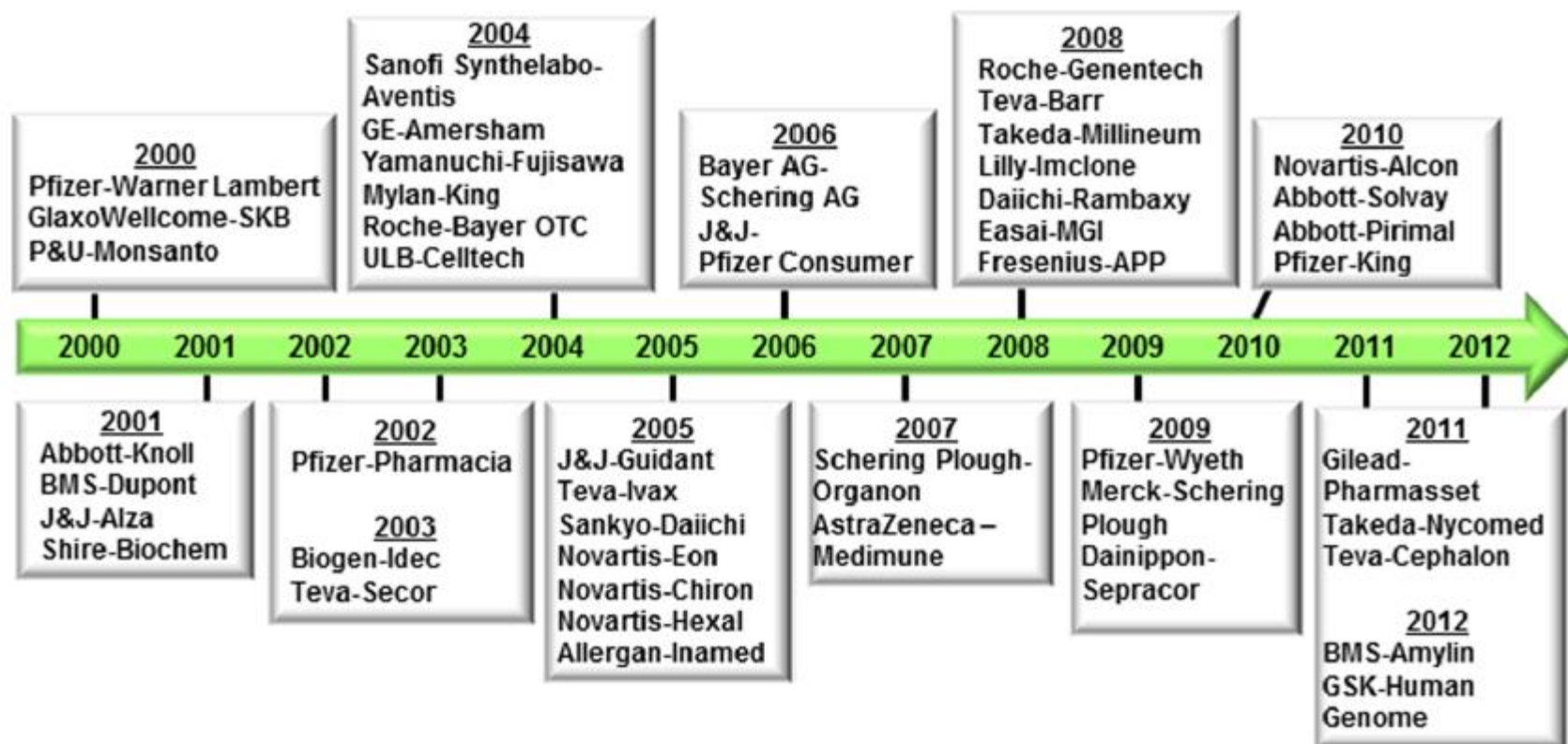
Source: Global Intelligence Alliance, Business Perspectives on Emerging Markets 2012-2017 Survey, Qn: Which are the top 5 Emerging Markets for your industry over the next 5 years? N=38

Metamorphosis of the Pharmaceutical Industry

- The recent years has brought considerable sales and erosions for most of the leading multinational pharmaceutical companies
- There is not a single reason for this development, many different causes happened at nearly the same time:
 - Patent expiries of big blockbuster drugs and lack of innovative new drugs due to a decline in R&D productivity and efficiency;
 - Worldwide economy crisis;
 - Health care reforms in many countries with cost and price pressures and shift to cheap generics.
- The traditional blockbuster model is more or less outdated;
- Megamergers and acquisitions in this industry will surely continue, but will not be the solutions of the problems.
- Also outsourcing of (newly-defined) non-core activities like manufacturing and parts of R&D will only give temporary cost relief.

Pharmaceutical Industry – Changing Climate

Timeline of mergers and acquisitions with values \geq \$2 billion that occurred from 2000 to 2012



Pharma Industry Layoffs (2000-2011)

Year	Number of jobs cut
2000	2,453
2001	4,736
2002	11,488
2003	28,519
2004	15,640
2005	26,300
2006	15,638
2007	31,732
2008	43,014
2009	61,109
2010	53,636
2011	ca. 21,000
Total:	315,265

2009 *Total layoffs: 61,109*

thereof Pfizer (19,500), Merck & Co. (16,000), J&J (8,900), AstraZeneca (7,400),
GSK (6,000), Eli Lilly (5,500)

2010 *Total layoffs: 53,636*

thereof AstraZeneca (8,550), Pfizer (8,480), GSK (5,201), Roche (4,800), Bayer (4,500),
Abbott (3,000), Sanofi-Aventis (2,500), Takeda (1,400), Novartis (1,400), Genzyme (1,280)

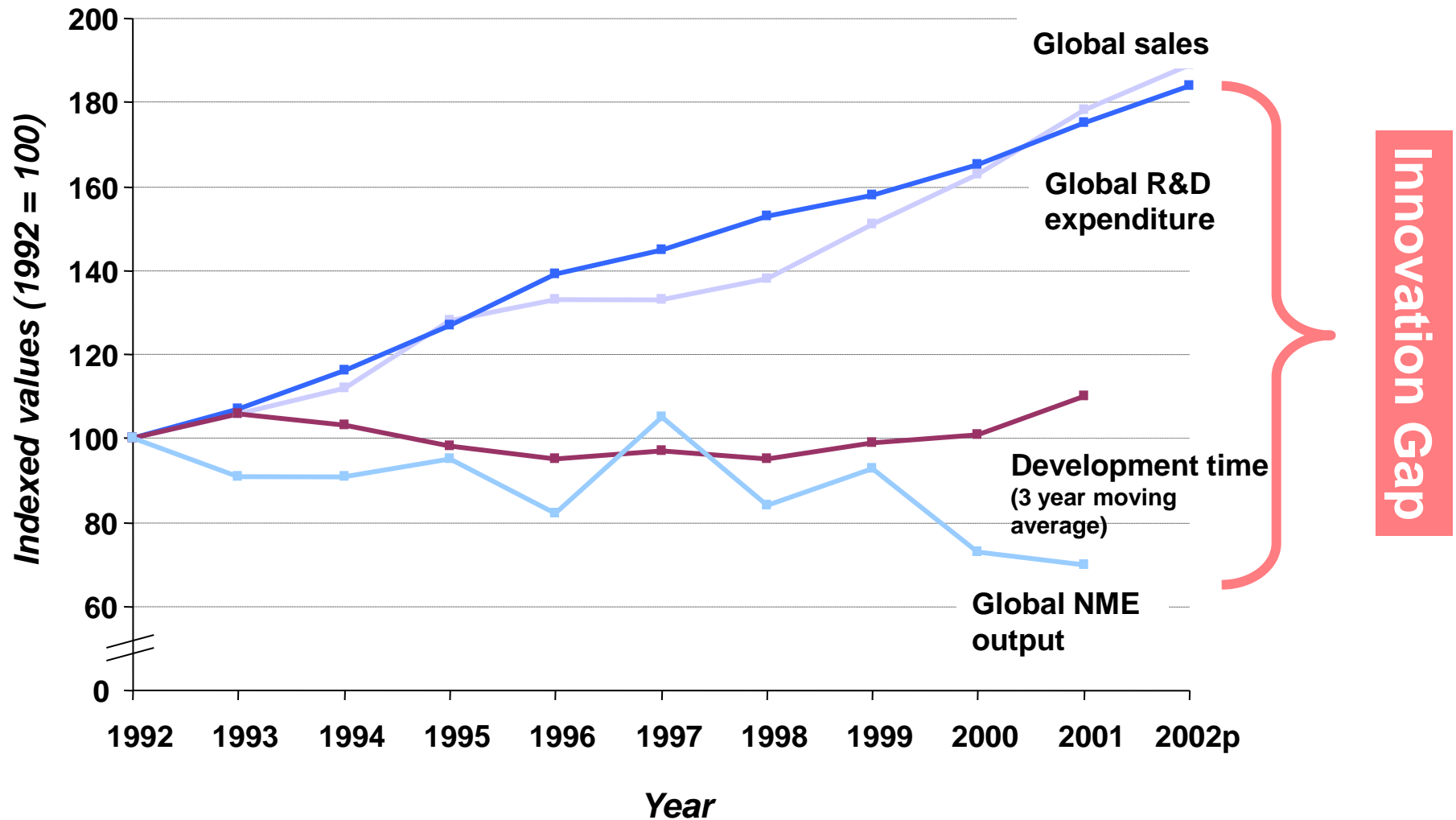
Blockbuster Drug Patent Expirations between 2011 and 2016

year	brand name	2010 sales (billions of dollars) ^b	company
2011	Actos [®]	4.6	Takeda
2011	Zyprexa [®]	5.0	Eli Lilly
2011	Lipitor [®]	12	Pfizer
2012	Levaquin [®]	1.4	Janssen
2012	Lexapro [®]	3.5	Forest
2012	Seroquel [®]	5.6	AstraZeneca
2012	Plavix [®]	9.1	BMS ^c / Sanofi
2012	Singulair [®]	5.4	Merck
2012	Diovan [®]	6.1	Novartis
2013	Cymbalta [®]	3.5	Eli Lilly
2013	OxyContin [®]	2.4	Purdue
2013	Zometa [®]	1.5	Novartis
2014	Nexium [®]	5.0	AstraZeneca
2014	Celebrex [®]	2.7	Pfizer
2014	Sandostatin [®]	1.3	Novartis
2015	Abilify [®]	4.6	BMS ^c
2015	Gleevec [®]	4.3	Novartis
2016	Crestor [®]	6.1	AstraZeneca

^aSource: ref 49. ^bWorld-wide sales. ^cBMS, Bristol-Myers Squibb.

Pharmaceutical Industry – Productivity

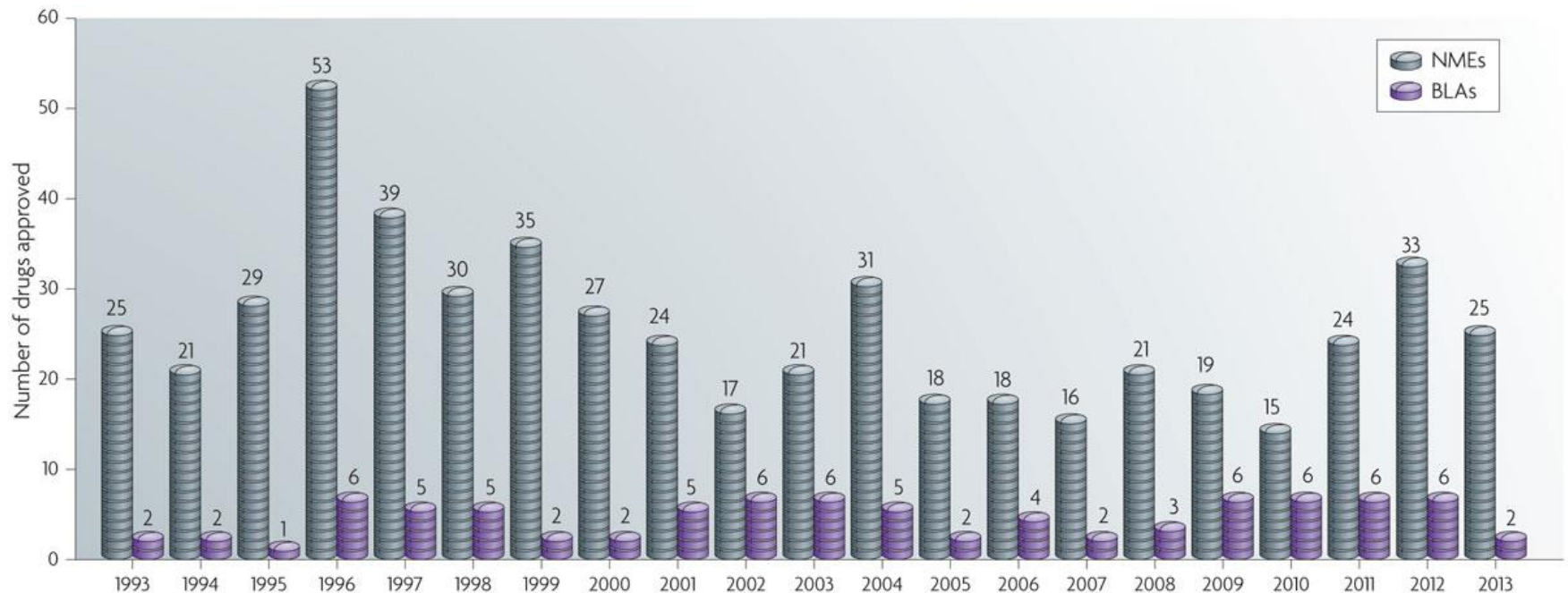
Global pharmaceutical R&D expenditure, development time, NME output and sales 1992-2002p



Pharmaceutical Industry – Productivity

FDA drug approvals since 1993.

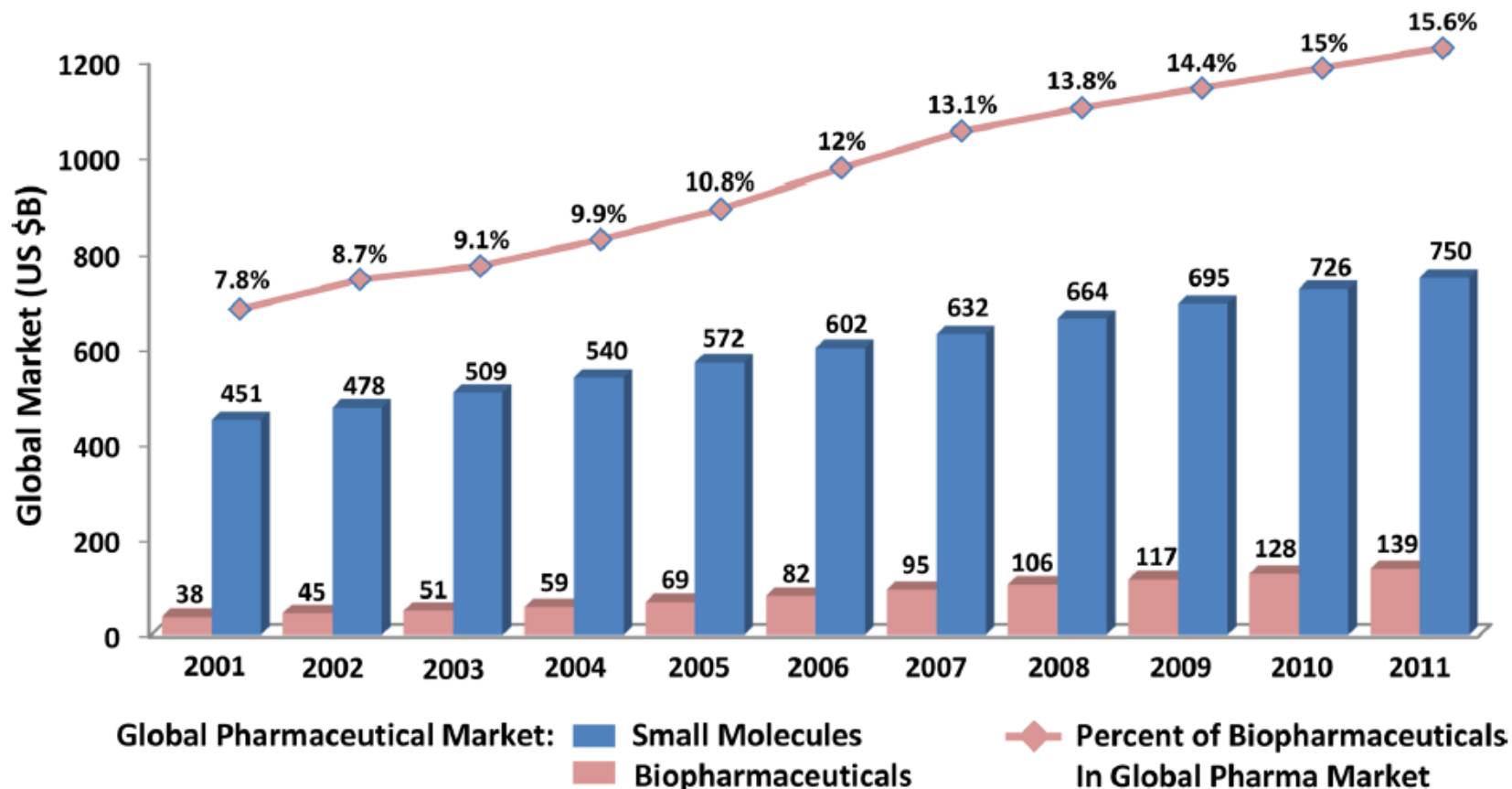
New molecular entities and biologics license applications approved by the US Food and Drug Administration's (FDA's) Center for Drug Evaluation and Research, by year.



Nature Reviews | Drug Discovery

Pharmaceutical Industry – Productivity

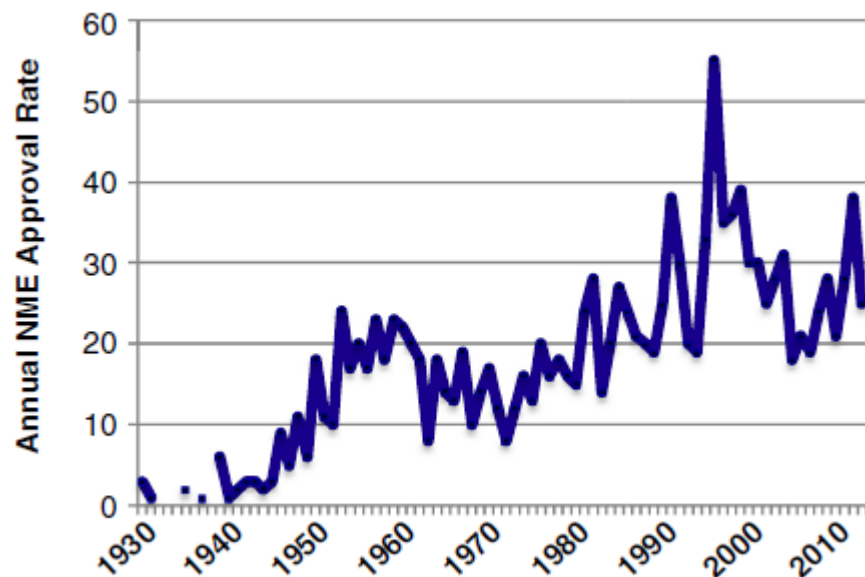
Percentage of biopharmaceuticals in the pharmaceutical market, 2001–2011



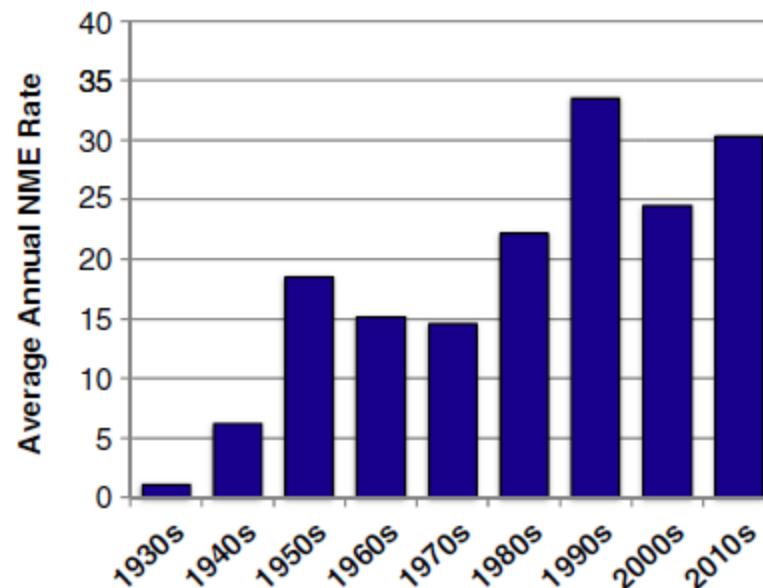
Pharmaceutical Industry – Productivity

R&D Productivity – FDA-approved New Molecular Entities

The number of annual approvals since 1930

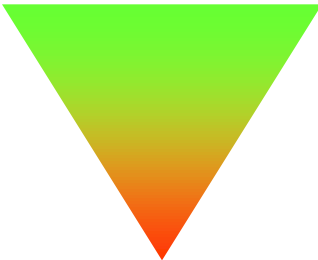


The average annual rates of approval by decade since 1930



Pharmaceutical Industry - Innovation

Ranking System for New Drug Approvals Using FDA Characterizations as Criteria^{*)}

New Drug Approval (NDA) Type	Level of Innovation
Priority NMEs	 Most Innovative Least Innovative
Standard NMEs	
Priority IMDs	
Standard IMDs	
Other Drugs	

^{*)} www.nihcm.org; Changing Patterns of Pharmaceutical Innovation, May 2002.

The Pharmaceutical Marketplace

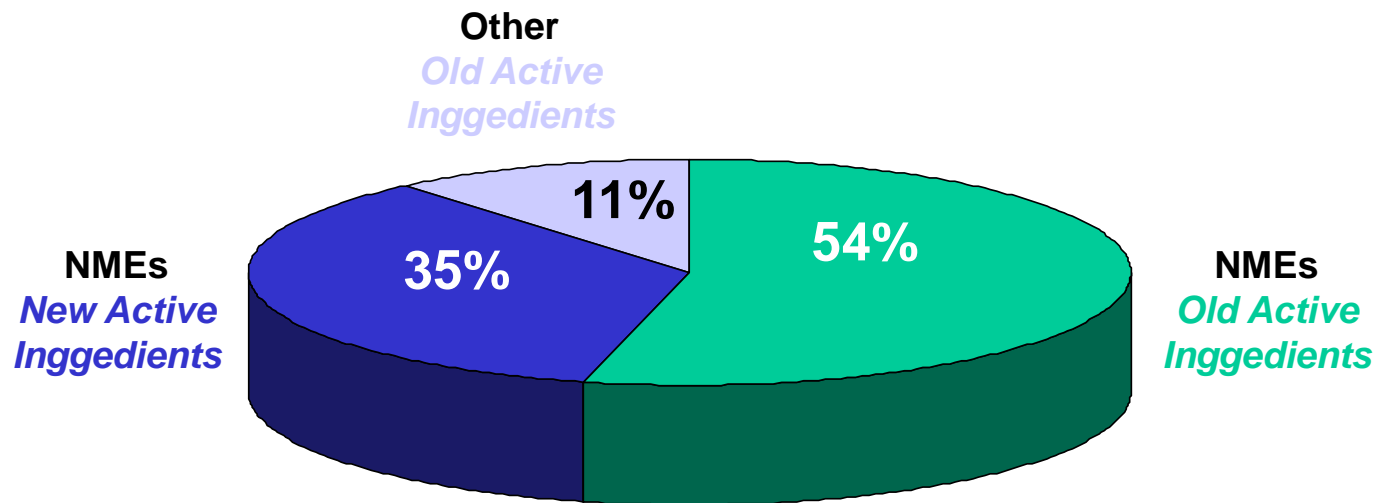
“New drugs to treat and cure sick patients are coming into the market in the United States at the slowest rate in a decade, despite billions invested by pharmaceutical companies on research and a costly expansion by the federal agency that”

“The decline in the number of new drugs is most pronounced in the category considered by the Food and Drug Administration to have the greatest promise for patients -- those listed as **breakthrough "priority" drugs** and "new molecular entities" that are different from any others on the market.”

Source: Washington Post, 11/18/02

Pharmaceutical Industry - Innovation

New Drug Approvals by the FDA in 1989-2000^{*)}



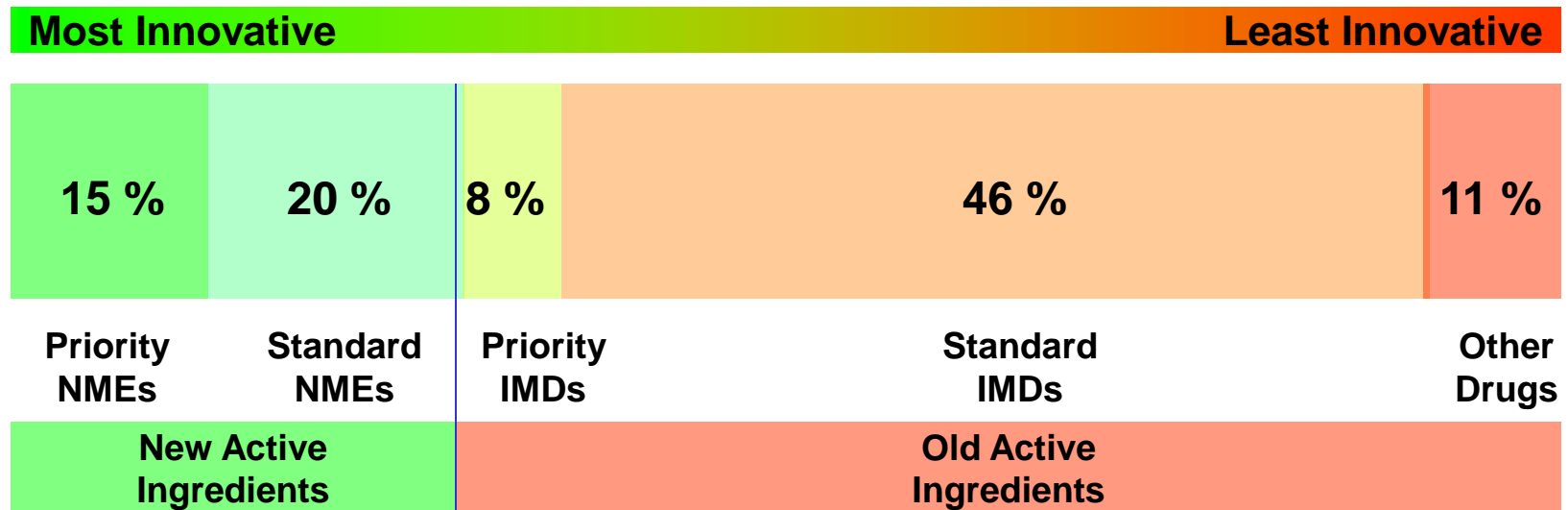
Two-third of new drugs approved in 1989-2000 used active ingredients already on the market

Source: FDA 2001

^{*)} www.nihcm.org; Changing Patters of Pharmaceutical Innovation, May 2002.

Pharmaceutical Industry - Innovation

New Drug Approvals by the FDA in 1989-2000^{*)}



Distribution of NDAs, 1989-2000: Total 1.035 New Drugs

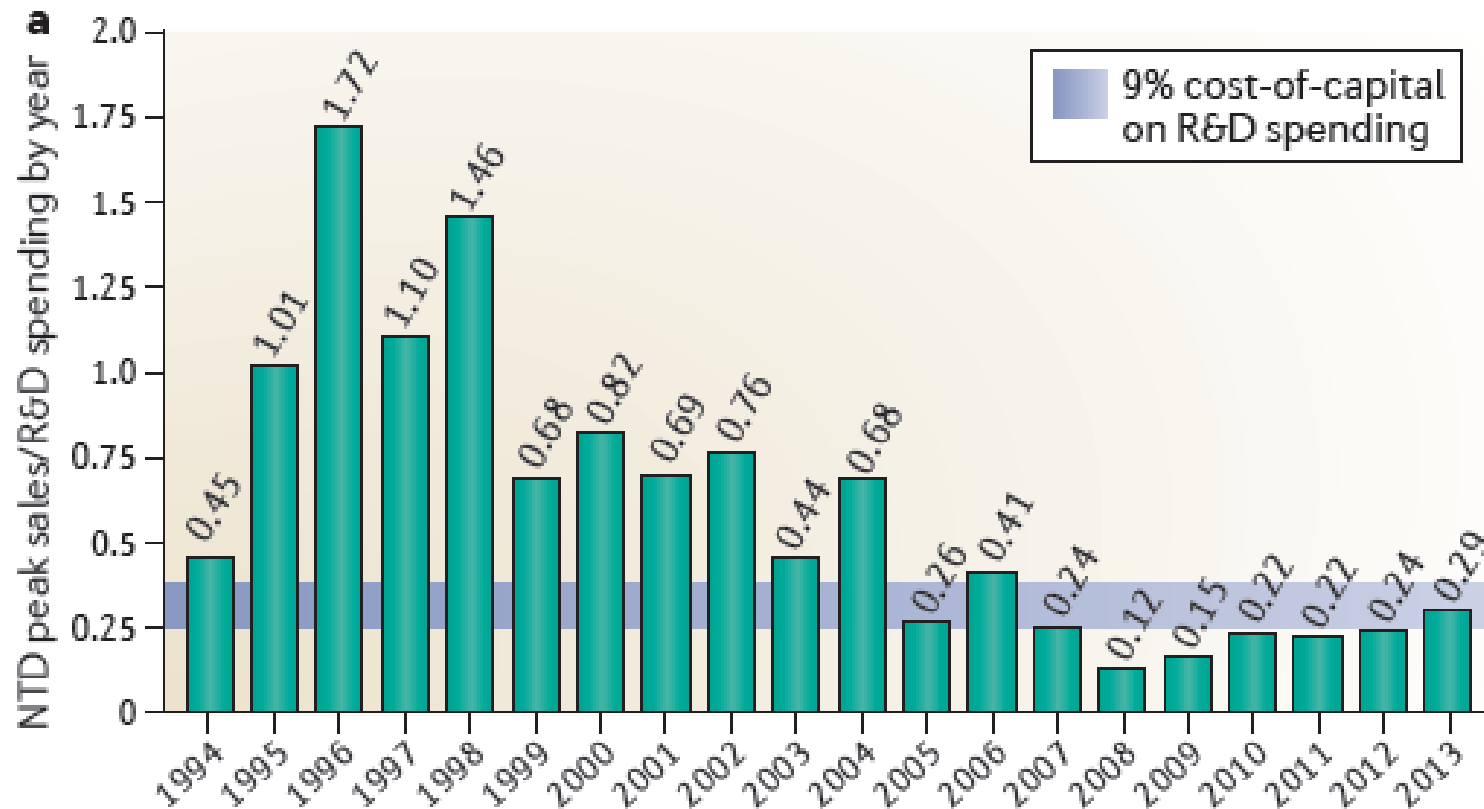
Only 15 % of new drugs approved in 1989-2010 were highly innovative priority NMEs
Source: FDA 2001

^{*)} www.nihcm.org; Changing Patters of Pharmaceutical Innovation

Pharmaceutical Industry - Innovation

R&D Productivity

R&D Productivity Data



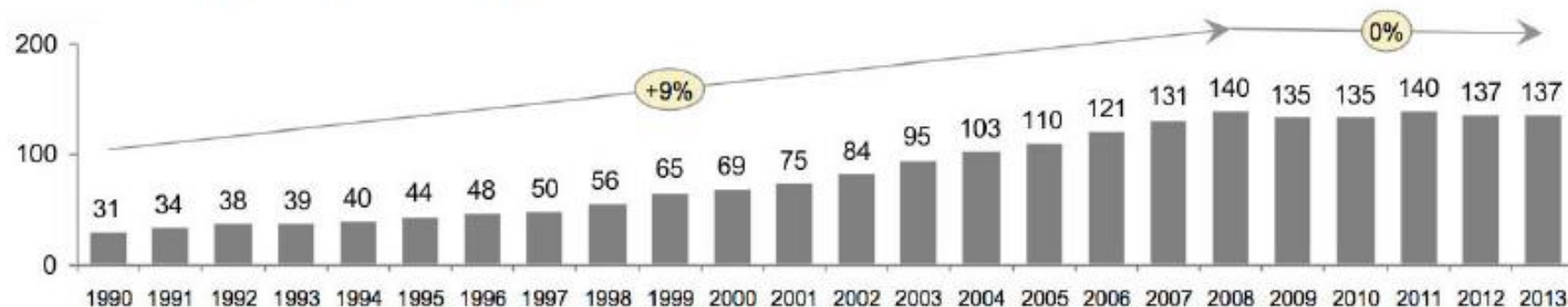
U. Schulze, M. Baedeker, Yen Ting Chen, D. Greber, R&D productivity: on the comeback trail, Nature Reviews Drug Discovery 13, 331–33, (2014)

Pharmaceutical Industry – Changing Climate

R&D Productivity

Aggregate industry spending on research and development

Industry R&D spending (US\$ billion)



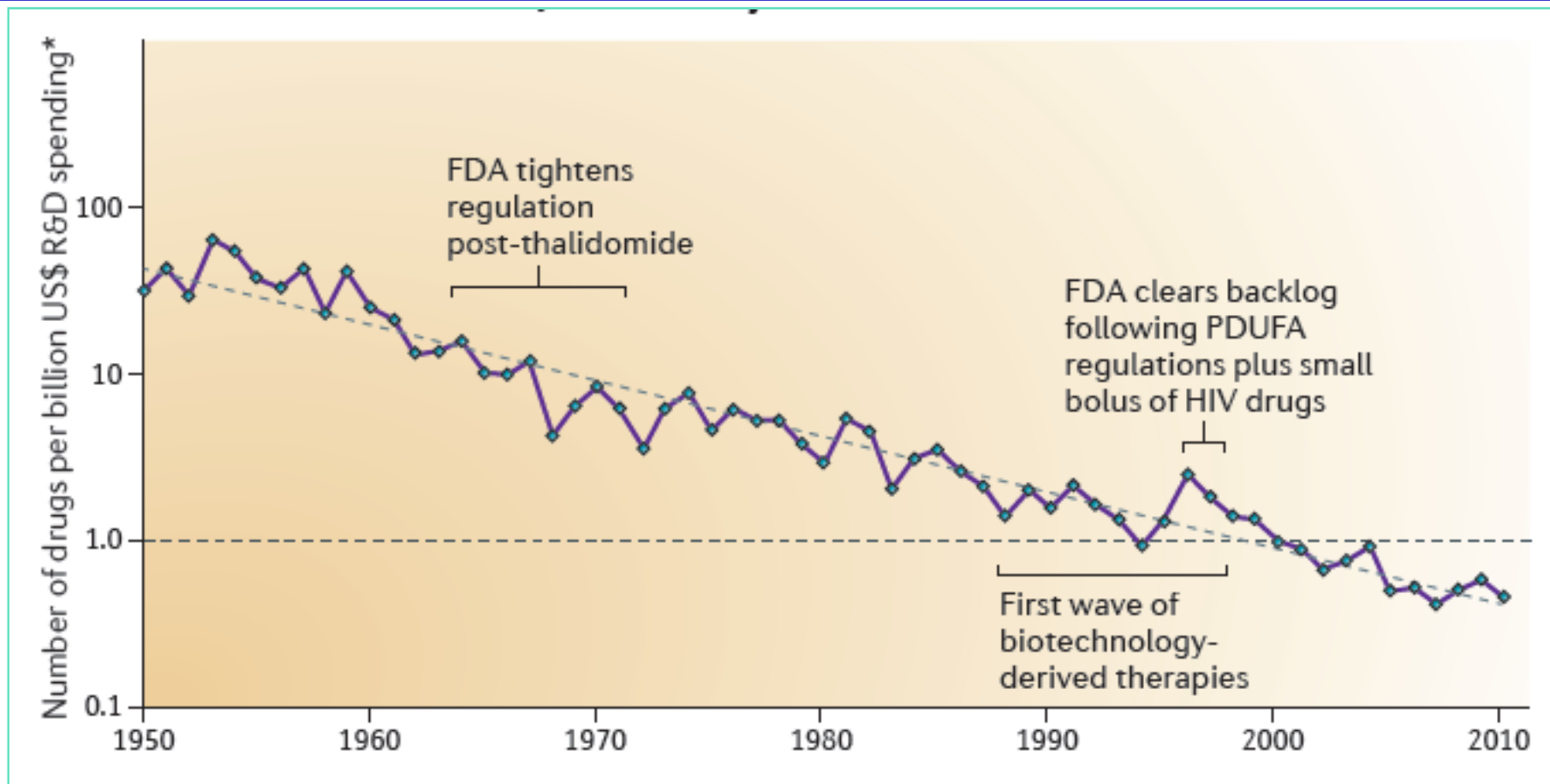
All values inflation adjusted to 2013.

Sources: EvaluatePharma; US Food and Drug Administration (FDA); Boston Consulting Group (BCG) analysis

Pharmaceutical Industry – Changing Climate

Eroom's Law in pharmaceutical R&D.

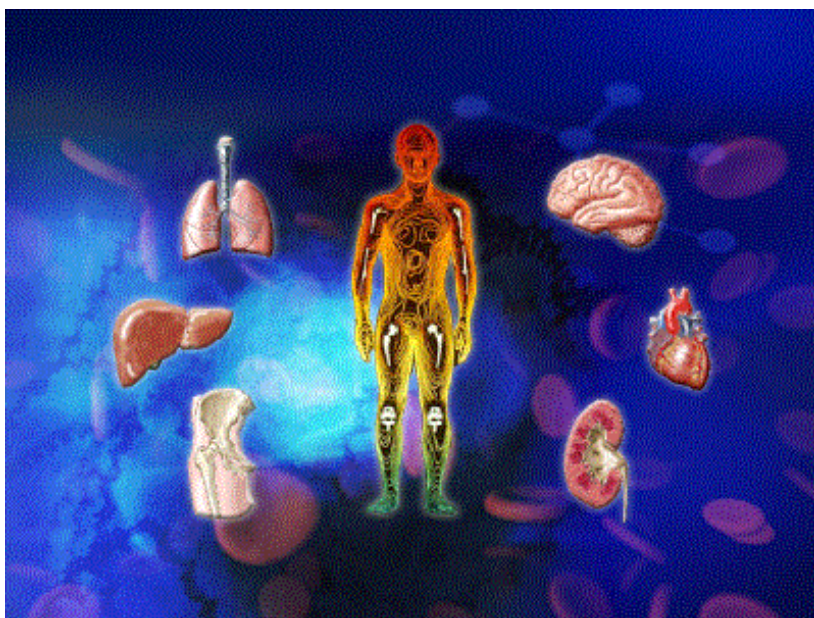
Overall trend in R&D efficiency (inflation-adjusted)



The number of new drugs approved by the US Food and Drug Administration (FDA) per billion US dollars (inflation-adjusted) spent on research and development (R&D) has halved roughly every 9 years.

The Changing Climate in Pharmaceutical Research

The human body is complex



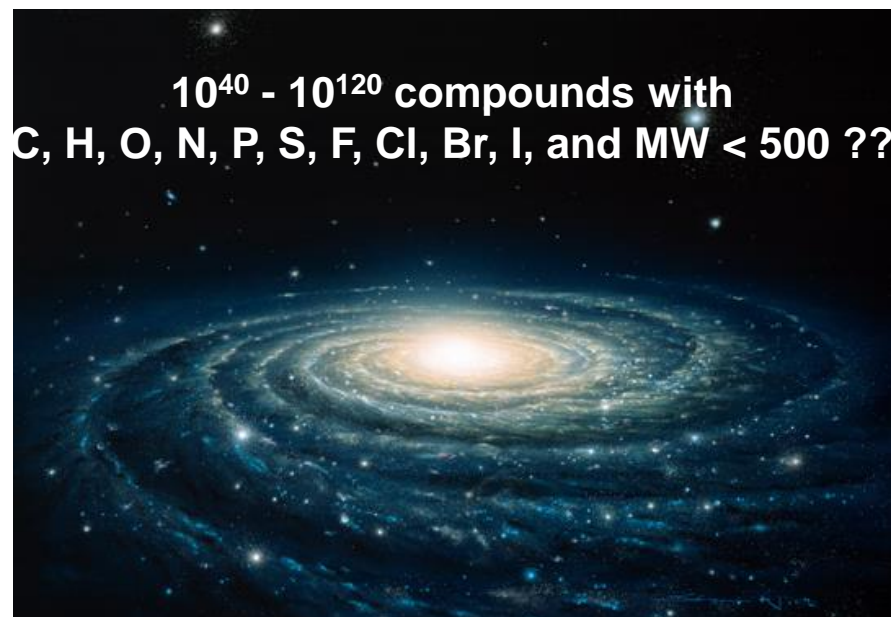
100 organs,
1500 different cell types,
10.000 diseases

- **Scientific Advances**
 - The Human Genome
 - Advances in Screening Technologies
 - Advances in Synthesis Technologies
- **Raising bar on drug-like characteristics**
 - Attrition rates too high
 - Increasing multi-parameter property optimization
- **Increasing Scale**
 - Data volumes and complexity soar
 - Global, multi-site, multi-cultural organizations
 - Rising costs of drug discovery and development

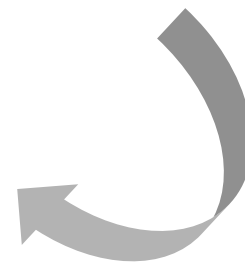
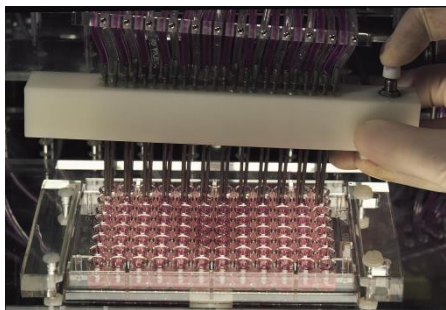
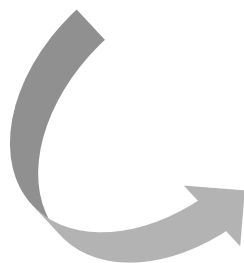
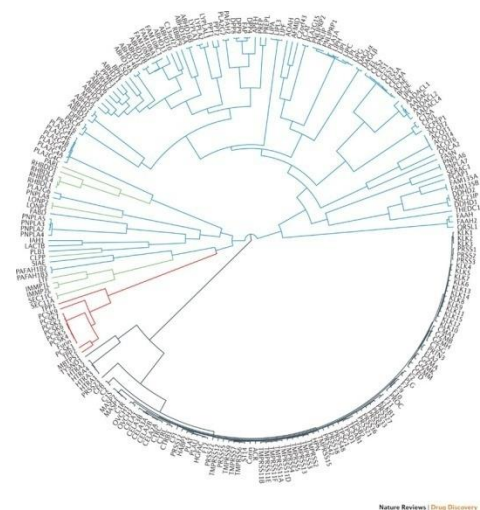
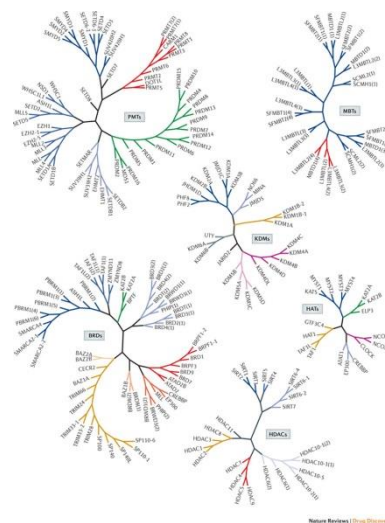
Pharmaceutical Industry – The R & D Process

Chemogenomics

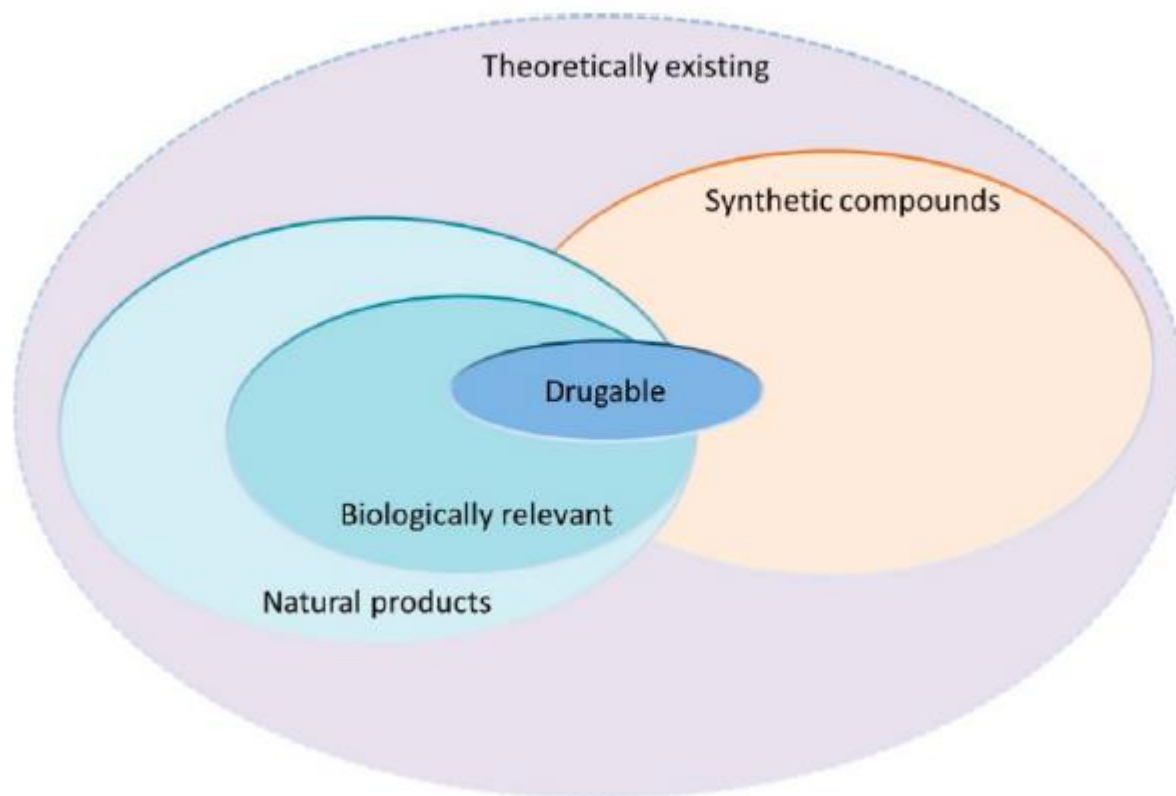
Cemical Universe



Target Universe



Venn diagram of the distribution of commonly used libraries in chemical space



Technological Inputs into Drug Research & Development

Number of drug like molecules that could be synthesized per chemist per year



1970s

1980s

1990s

2000s

2010s

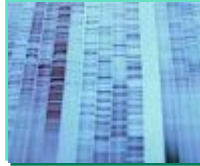
**100 compounds per
chemist per year**

**10.000 – 100.000 compounds
per chemist per year**

x 1.000

Technological Inputs into Drug Research & Development

DNA Sequencing



1970s

1980s

1990s

2000s

2010s

1st Genome Sequence

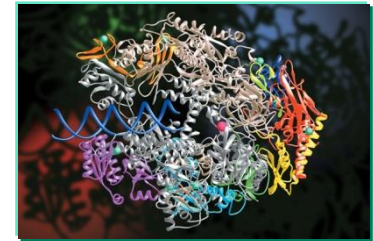
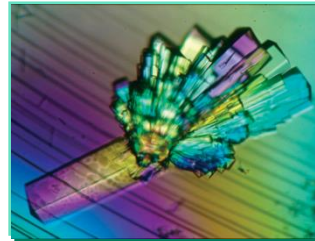
Genomics



x 1.000.000.000 faster

Technological Inputs into Drug Research & Development

X-ray Crystallography



1970s

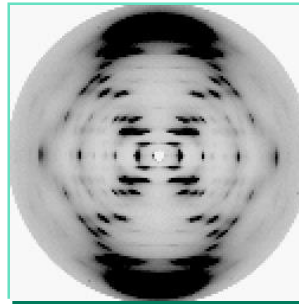
1980s

1990s

2000s

2010s

1st Protein X-ray Structures

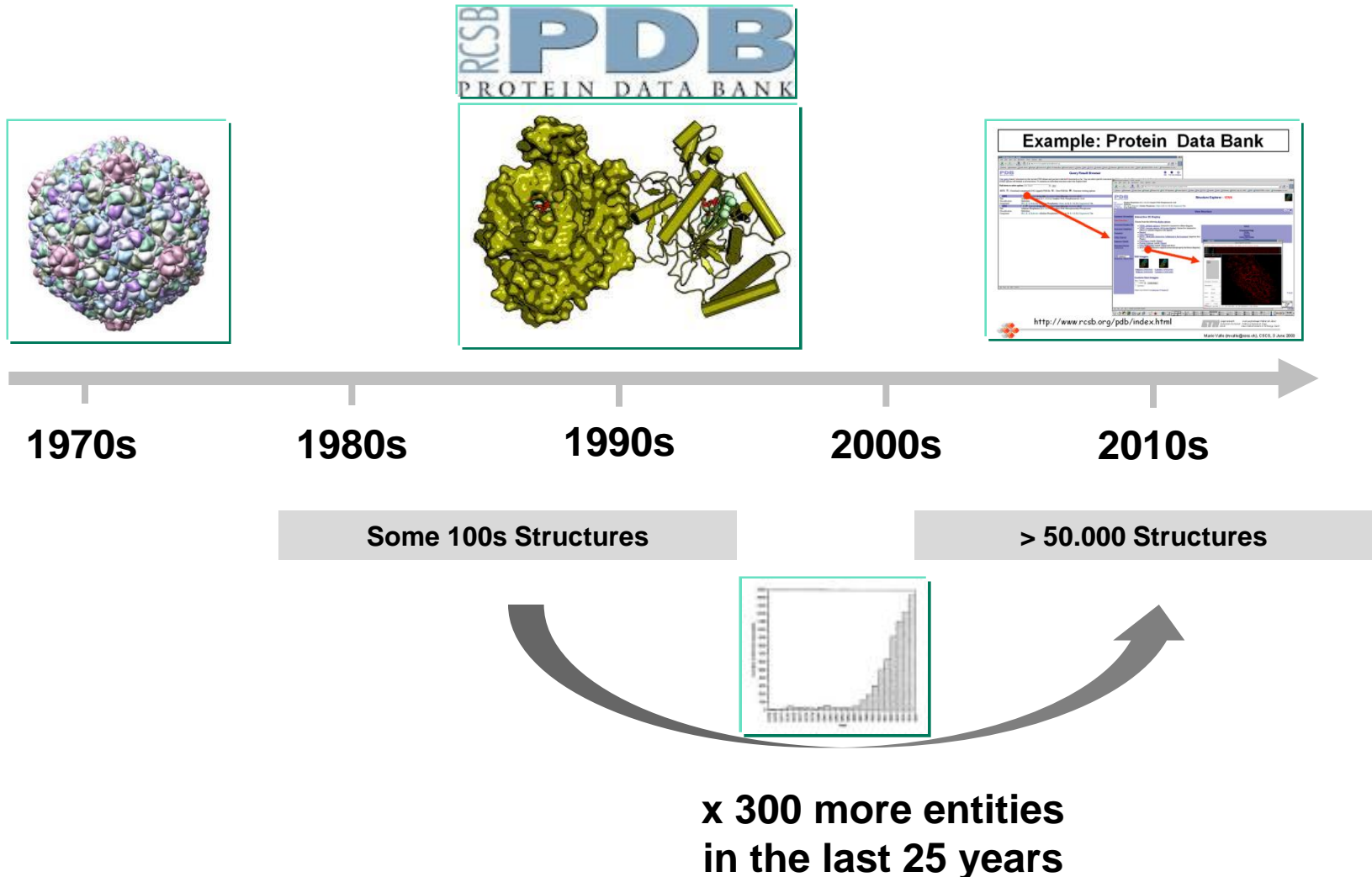


Structure-Based Design

x 1.000 faster calculation

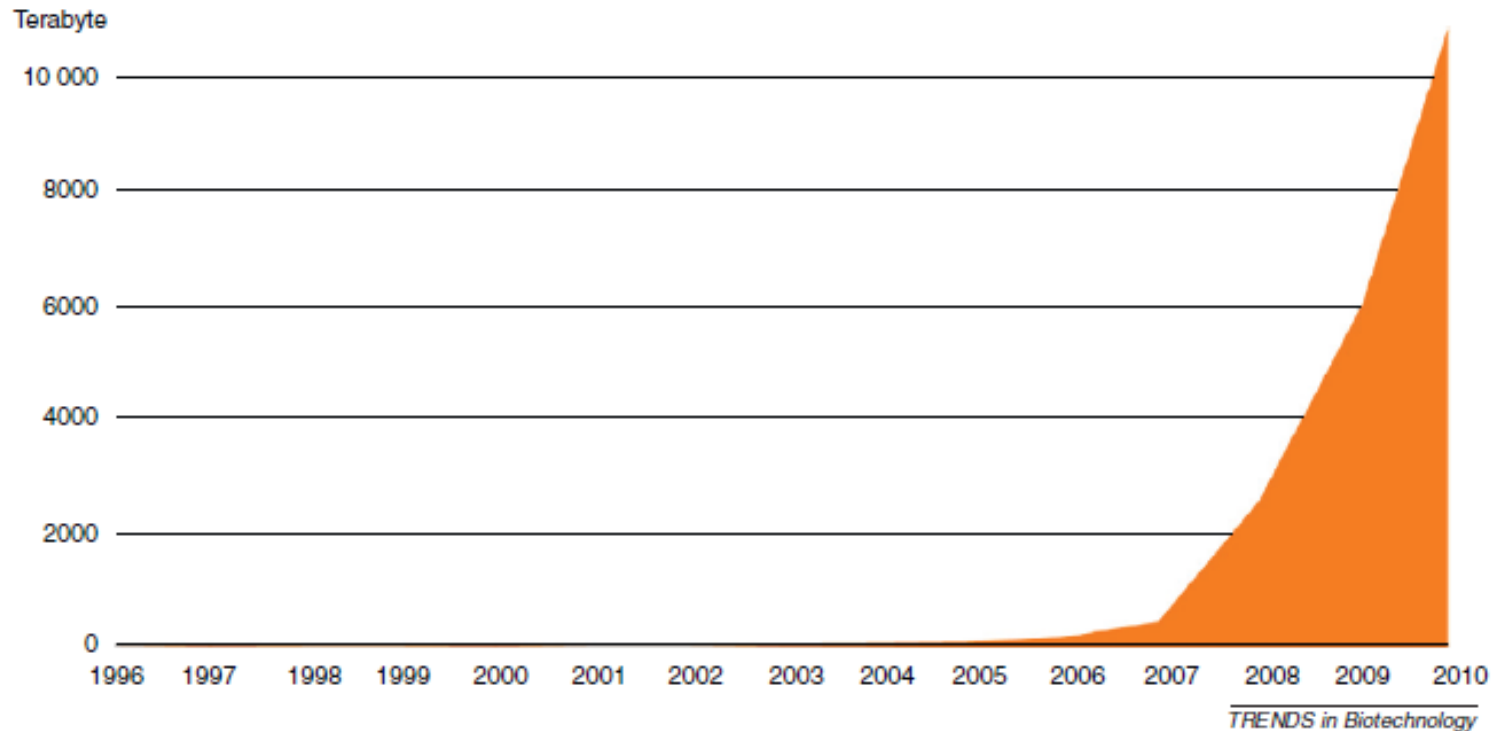
Technological Inputs into Drug Research & Development

Three Dimensional Protein Structures



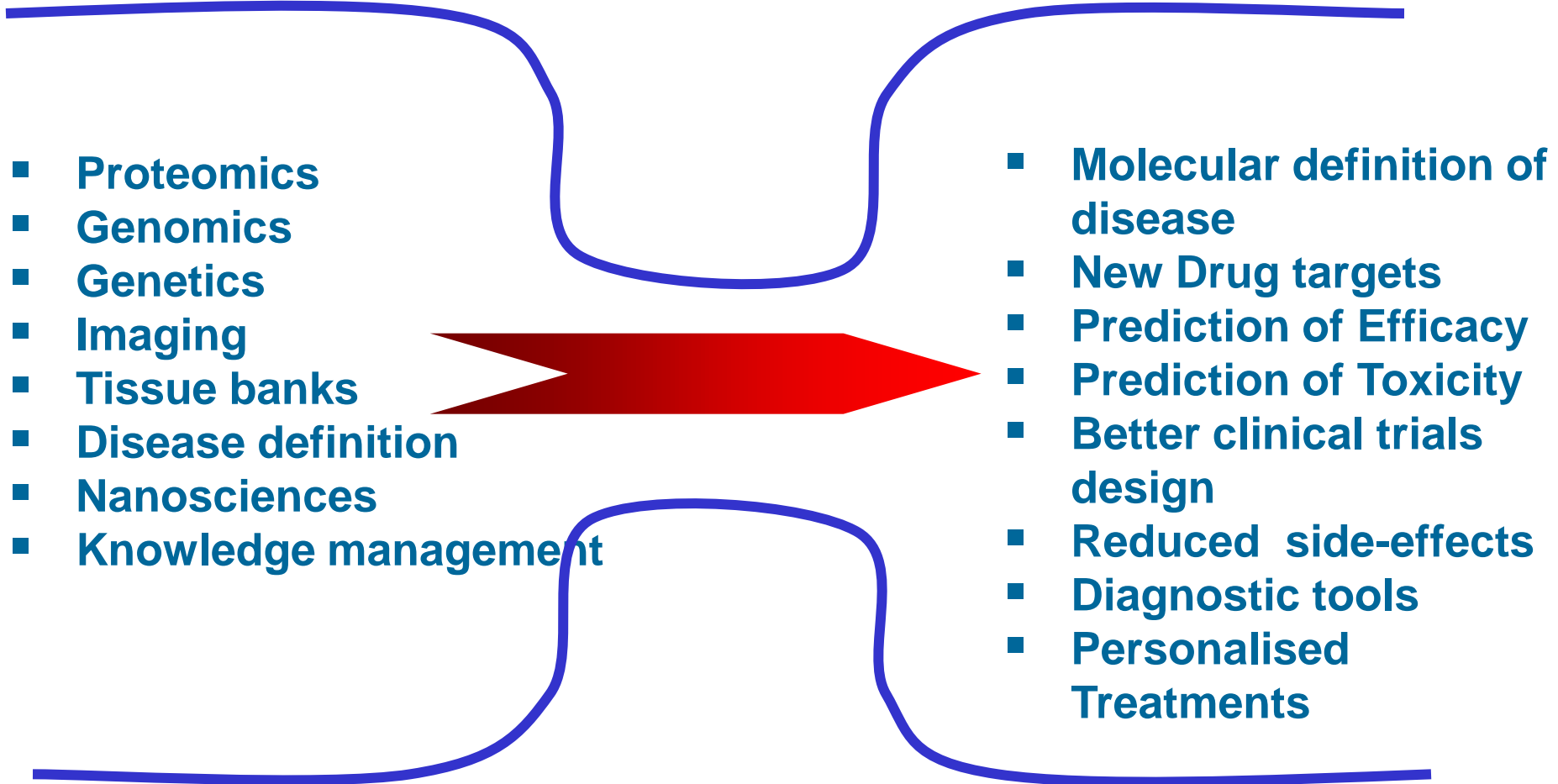
Technological Inputs into Drug Research & Development

The scale of data growth



The chart shows the trend in storage capacity needed to store biological data at EMBL-EBI (a terabyte is a million million bytes).

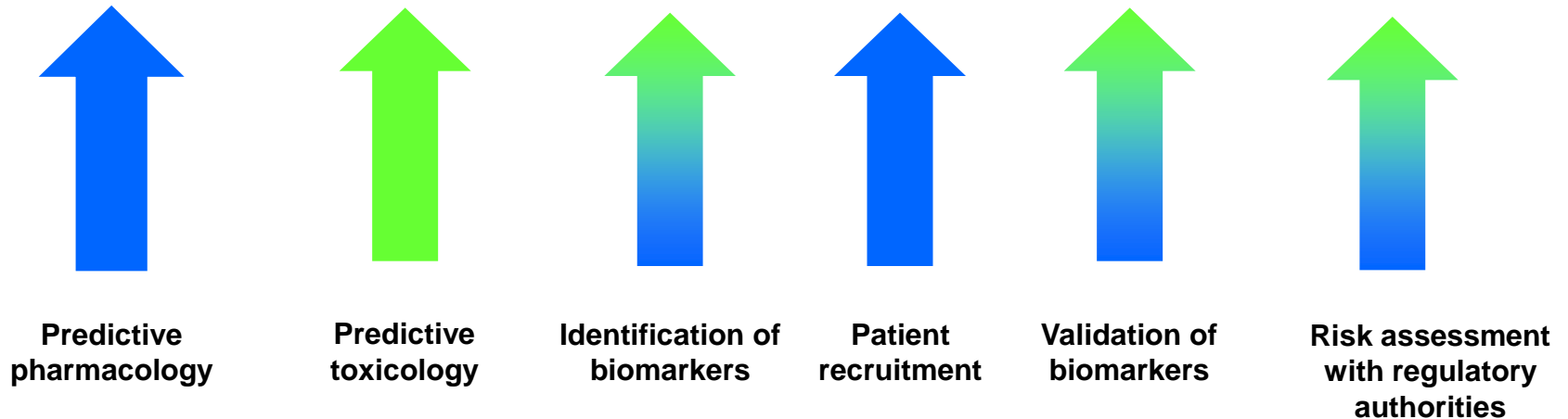
Potential outcome of new technologies

- 
- Proteomics
 - Genomics
 - Genetics
 - Imaging
 - Tissue banks
 - Disease definition
 - Nanosciences
 - Knowledge management

- Molecular definition of disease
- New Drug targets
- Prediction of Efficacy
- Prediction of Toxicity
- Better clinical trials design
- Reduced side-effects
- Diagnostic tools
- Personalised Treatments

Pharmaceutical Industry – The R & D Process

Key R&D bottlenecks to overcome



 **Efficacy**  **Safety**

Data → Knowledge → Prediction

EFFICACY in Pharmacology

TRANSLATIONAL MEDICINE

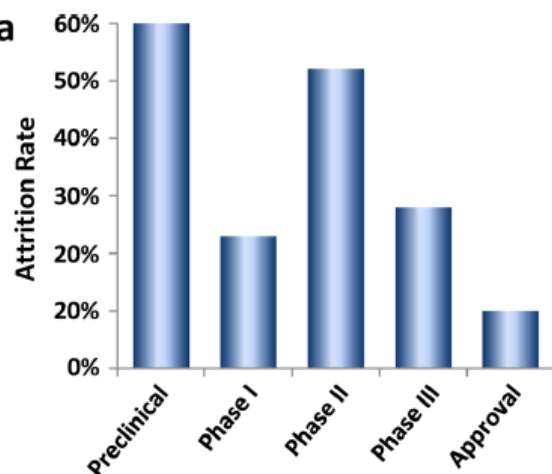


**Drug Discovery Strategies Today –
*What Has Pharmaceutical Industry Learned From
The Past?***

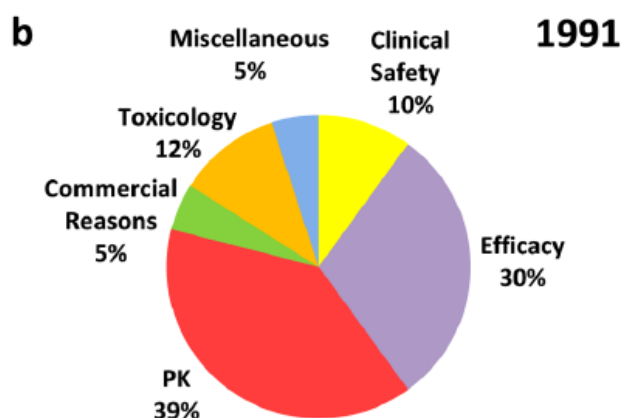
Nothing

Clinical attrition statistics

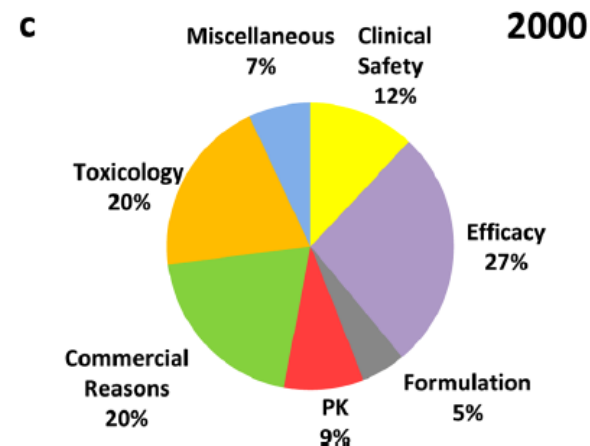
Attrition rate by stage of development



Reasons for clinical failure in 1991



Reasons for clinical failure in 2000



Pharmaceutical Industry – The R & D Process

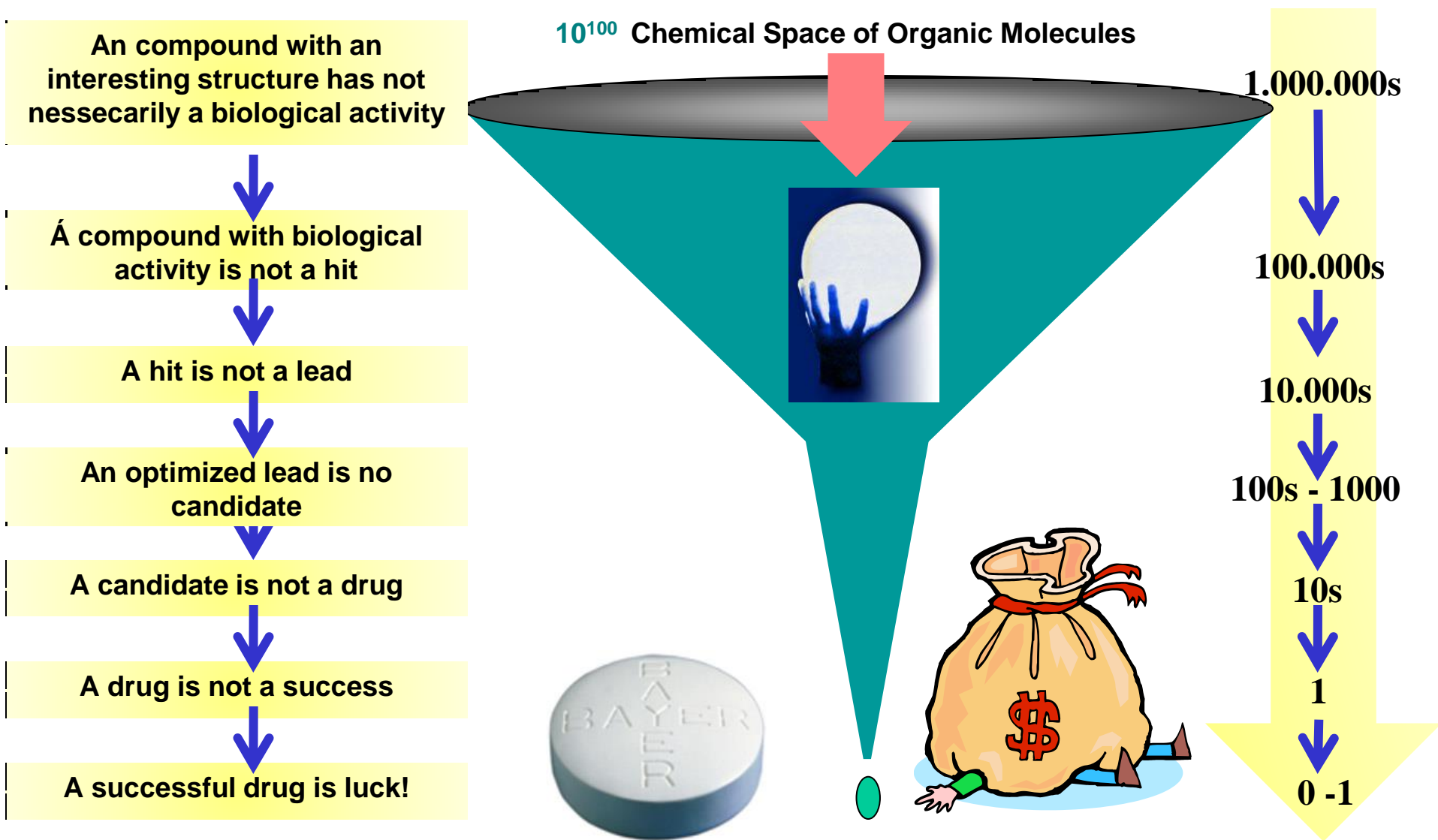
Drug Research was and is...



...the Search for a Needle in a Haystack

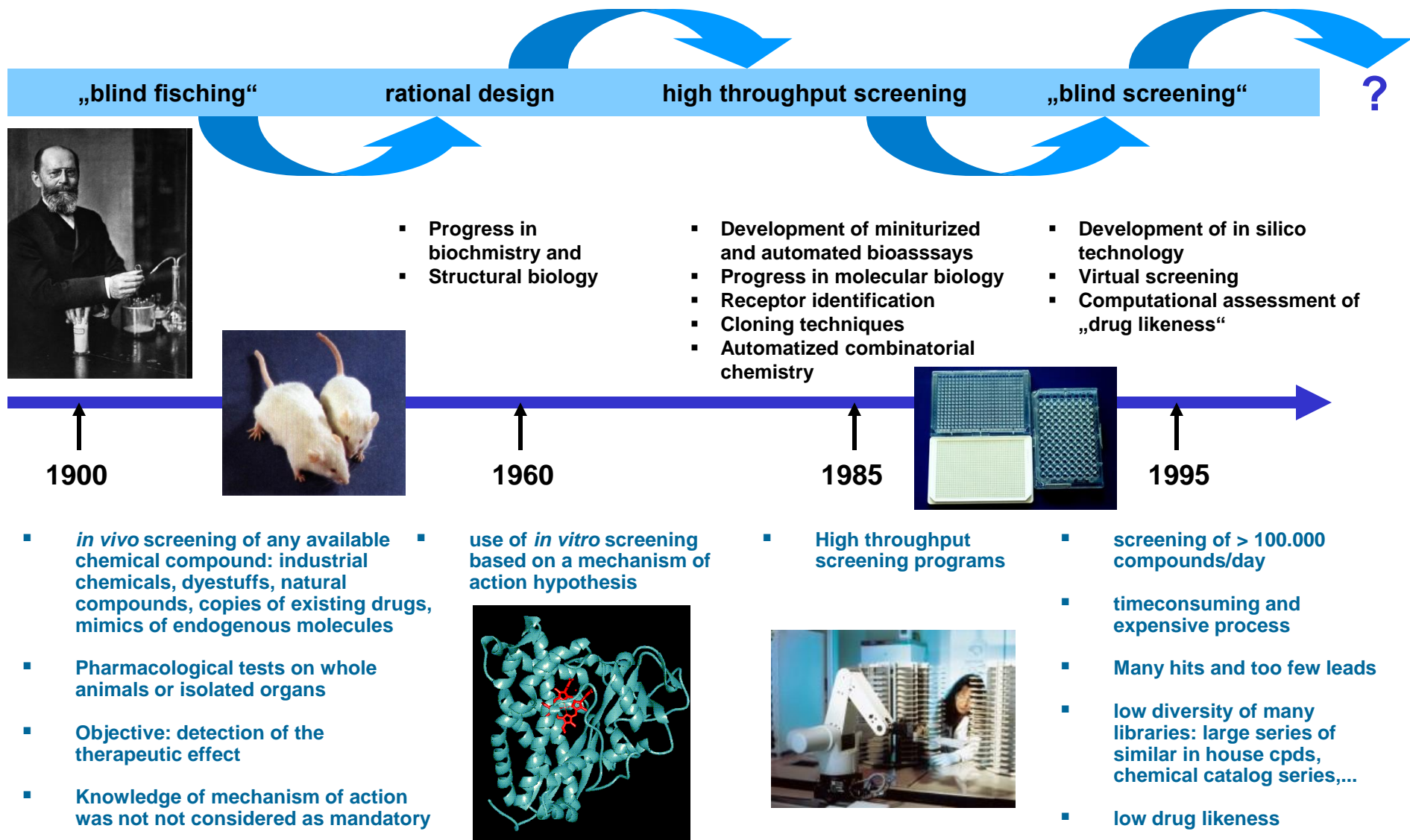
Pharmaceutical Industry – The R & D Process

Success in Drug Research

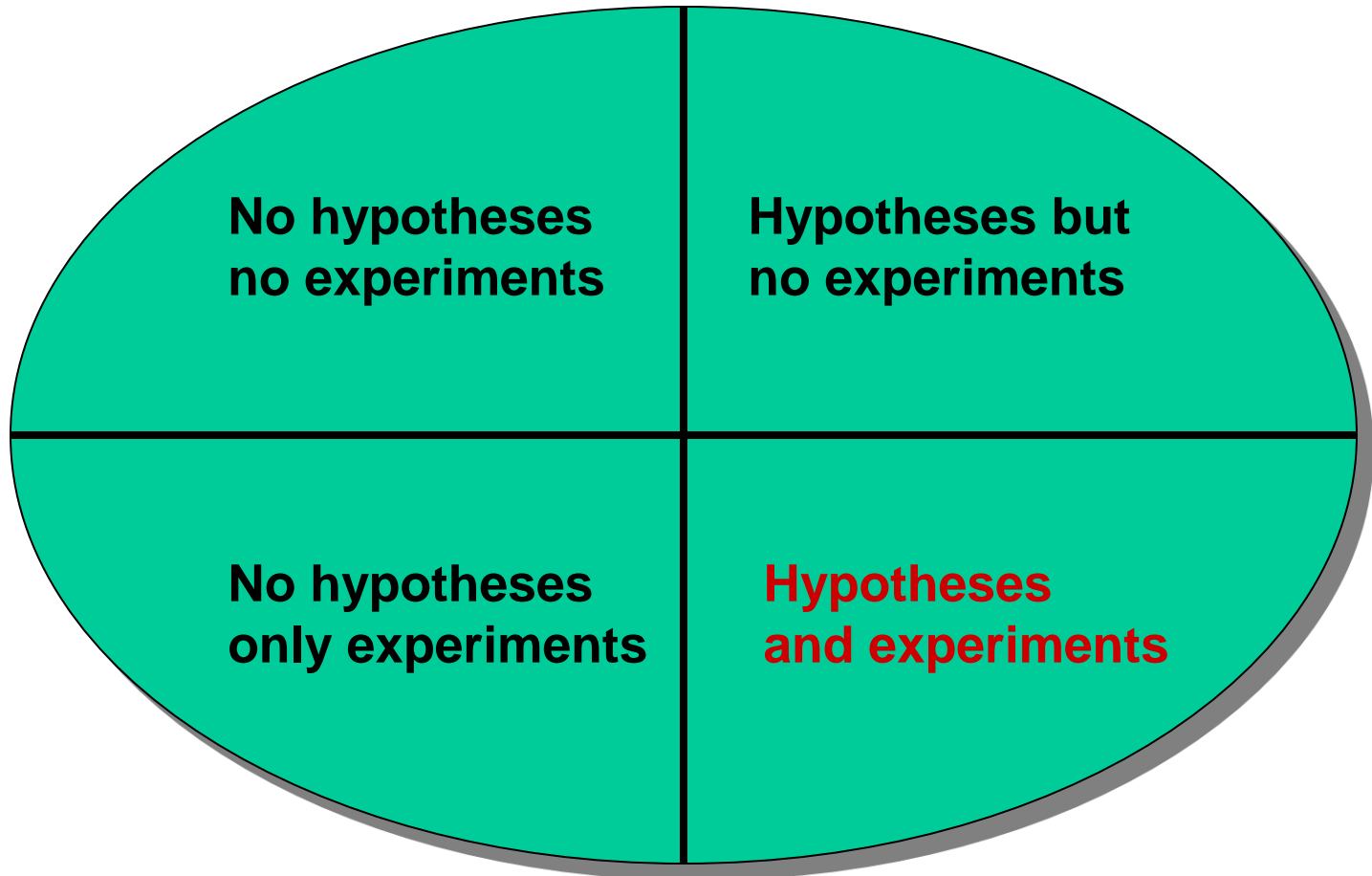


Pharmaceutical Industry – The R & D Process

The Evolution of Drug Discovery Strategies



Four Possible Strategies in Research



Rolf Zinkernagel (Nobel prize in Medicine 1996)

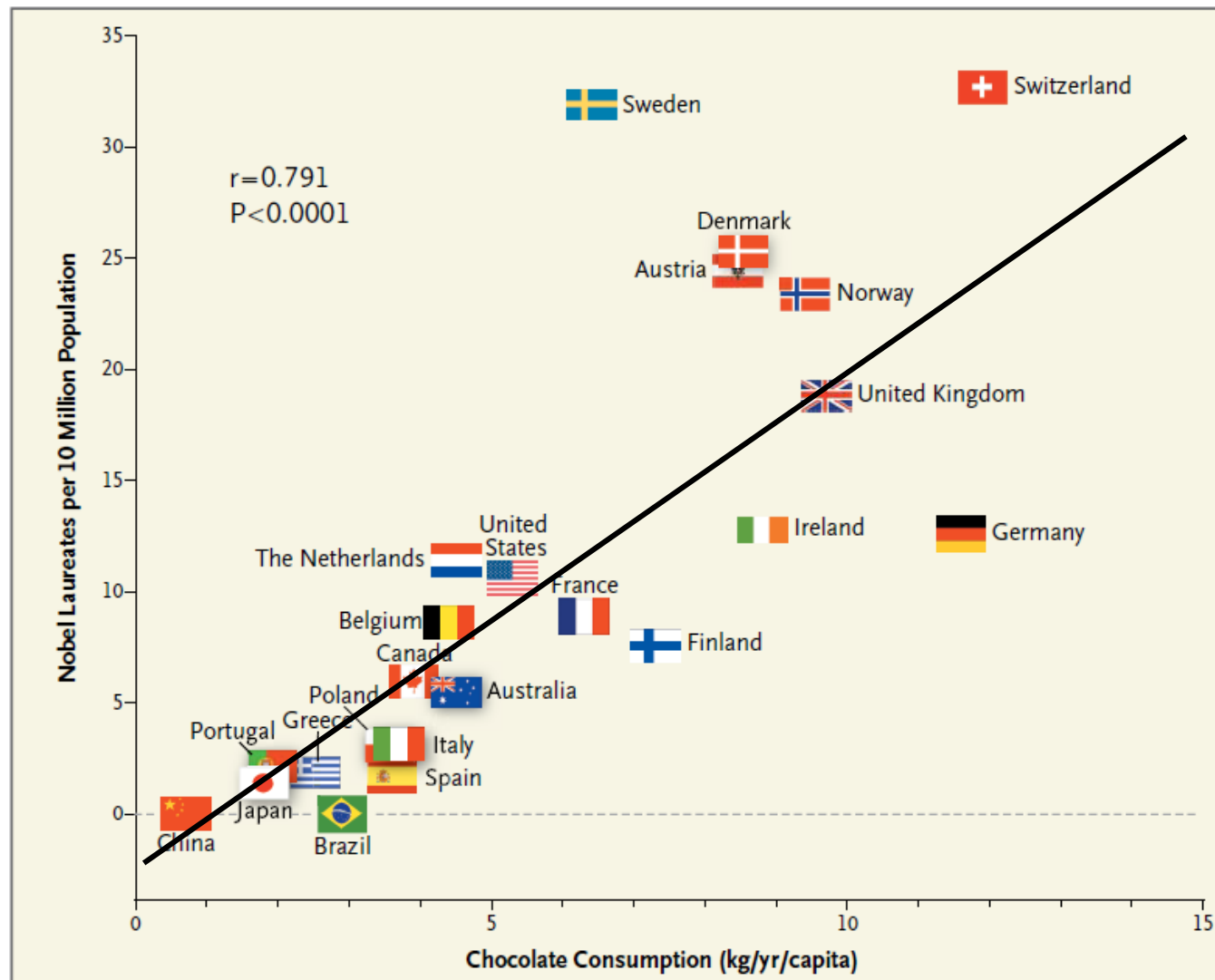
Research Strategies & Drug Discovery Technologies

Correlation between Countries' Annual Per Capita Chocolate Consumption and the Number of Nobel Laureates per 10 Million Population.

Chocolate consumption enhances cognitive function,

which is a sine qua non for winning the Nobel Prize,

and it closely correlates with the number of Nobel laureates in each country.

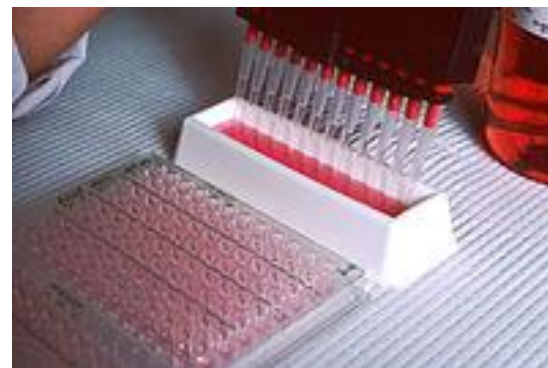


Franz H. Messerli, Chocolate Consumption, Cognitive Function, and Nobel Laureates, The New England Journal of Medicine 367 (16), 2012, 1562-1564.

The early days of drug discovery at Grünenthal (1990)

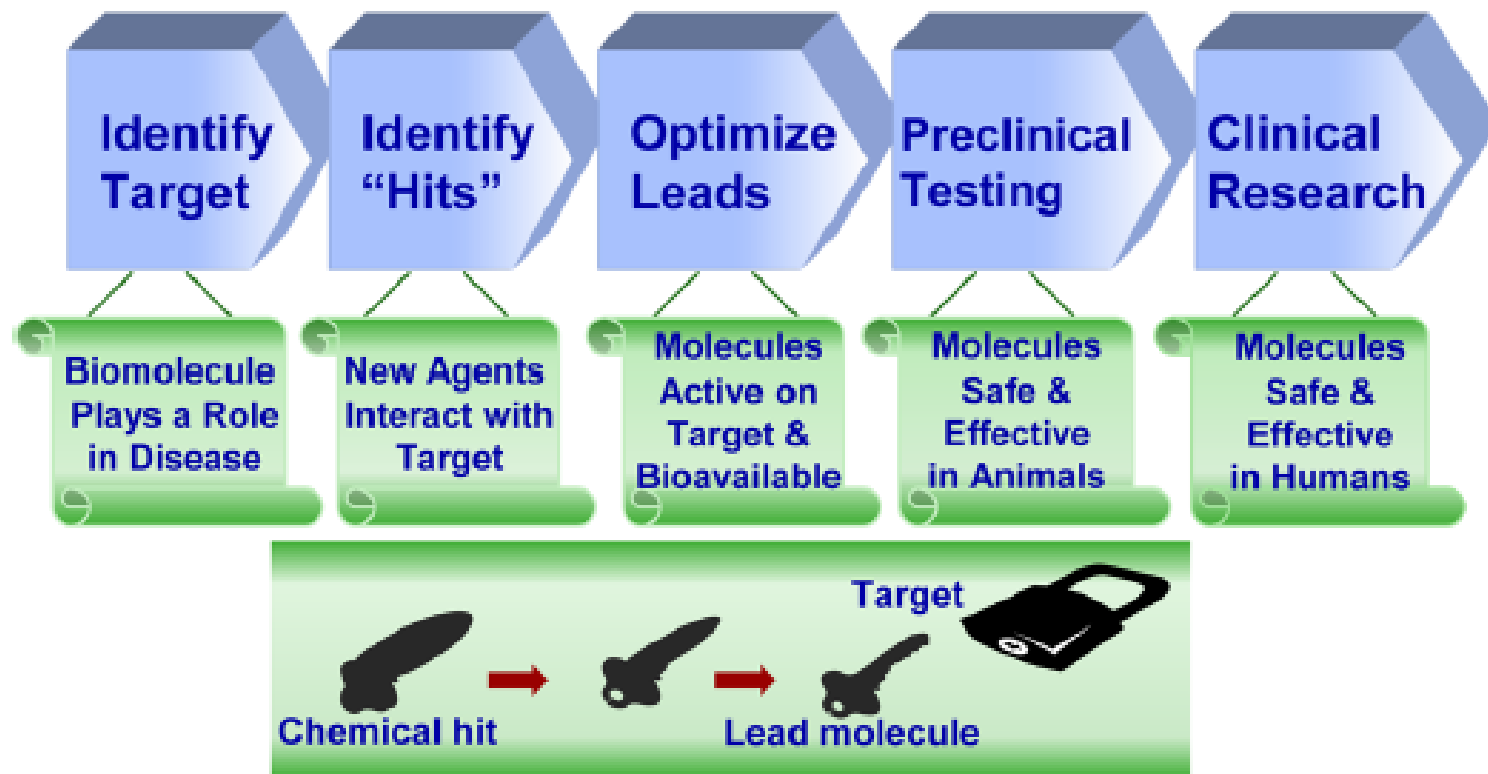


***in vivo* activity**
Writhing Mouse
ED₅₀, oral



***in vitro* Profile**
μ-Opioid receptor affinity
Naloxon binding (K_i)

Drug discovery process



The Future of Medicinal Chemistry & Medicinal Chemists

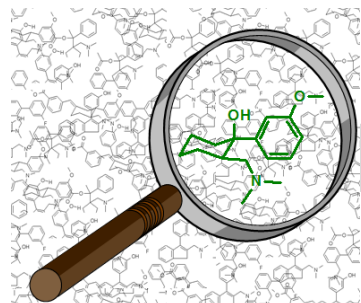
Advantages of early *in vivo* testing

Onset of Action

CNS Side Effects

Oral Bioavailability

Duration of Action



**SAR based
Lead Opzimization**

***in vivo* activity
Writhing Mouse
ED₅₀, oral**

***in vitro* Profile
 μ -Opioid receptor affinity
Naloxon binding (K_i)**

**Early Clinical
Proof of Concept**

**1000 Compounds (14 scaffolds)
280 open chain lead series**

”Drug research needs a paradigm shift”

[By Kalle Lötberg]

According to earlier leading researchers, a paradigm shift is necessary that sees pharmaceutical research returning to animal testing in its primary stages.



Per Lindberg

- ...Top executives of global ”Big Pharma” companies have to realise that pharmaceutical research needs a paradigm shift, moving away from the current practice of early stages protein target testing.
- A new paradigm is needed in which research returns to experiments based on animal testing models (phenotypic research)....
- ...People are very biased today. But medicinal chemists neither can nor have to know exactly how a substance acts.
- This has always been the case, since organisms are very much more complex than the sum of their receptors, enzymes and ion channels....

The Future of Medicinal Chemistry & Medicinal Chemists

"Drug research needs a paradigm shift"

1970s – 1990s

- *Disease models for animals were often developed in collaboration with hospital-based researchers.*
- *Newly synthesized compounds were tested in vivo directly on animals.*
- ***Effect in animals were the all important driving force.***

1990s - Today

- *The golden era of the genome had begun, receptors were linked to specific genes, and an in vitro technique for measuring a protein's affinity to synthetic substances was developed.*
- *The process became rational, efficient, simple, elegant and super-fast – and therefore also attractive.*

The Future

- *Focus on building disease models - for many years an area neglected in favour of for instance multi-chemistry.*
- *Use modern integrated screening directly on animals, including both behaviour and various analyte parameters.*
- ***Synthesize carefully selected substances and test them all on animals.***



The chemists were divided into those who worked at the early and the late testing stages respectively, and their previously acquired competence was often wasted.

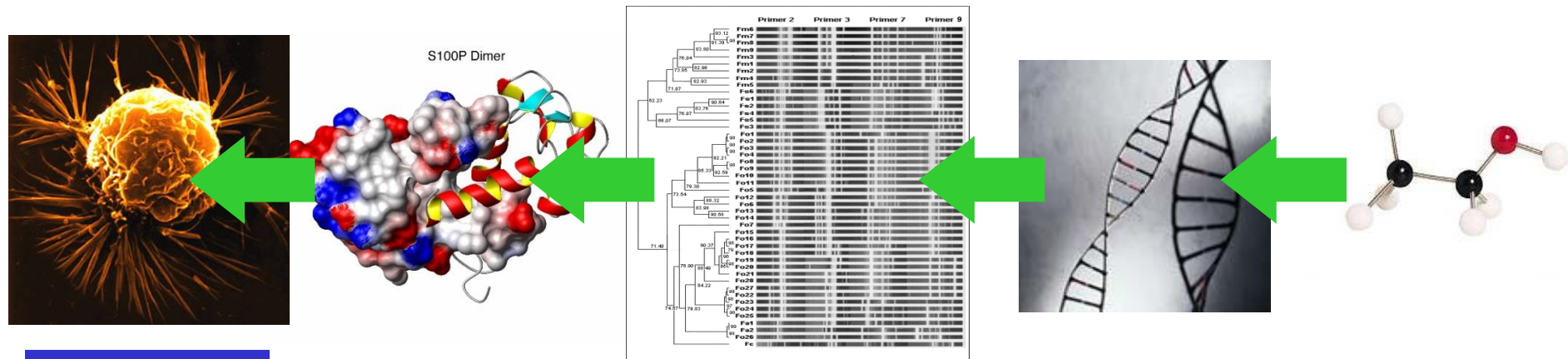
It was taboo not to know the target and the mechanism already at the start of a new project.

The Future of Medicinal Chemistry & Medicinal Chemists

in vivo Pharmacology



The Future of Medicinal Chemistry & Medicinal Chemists



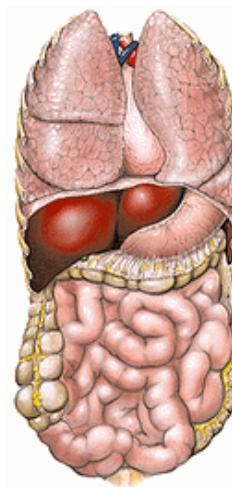
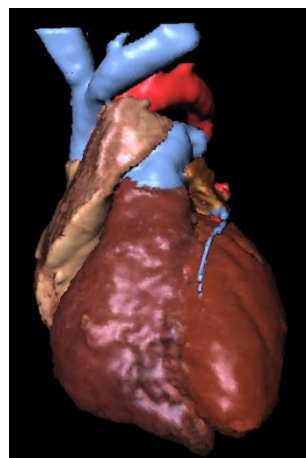
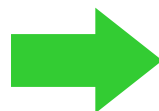
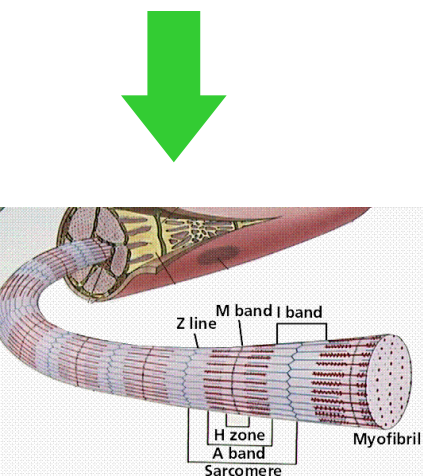
Cell Structure and Function

Protein

Genome

Gene

Molecule



Tissue Structure and Function

Organ Structure and Function

Organ System

Organism

Tough Times for Medicinal Chemists: Are We to Blame?

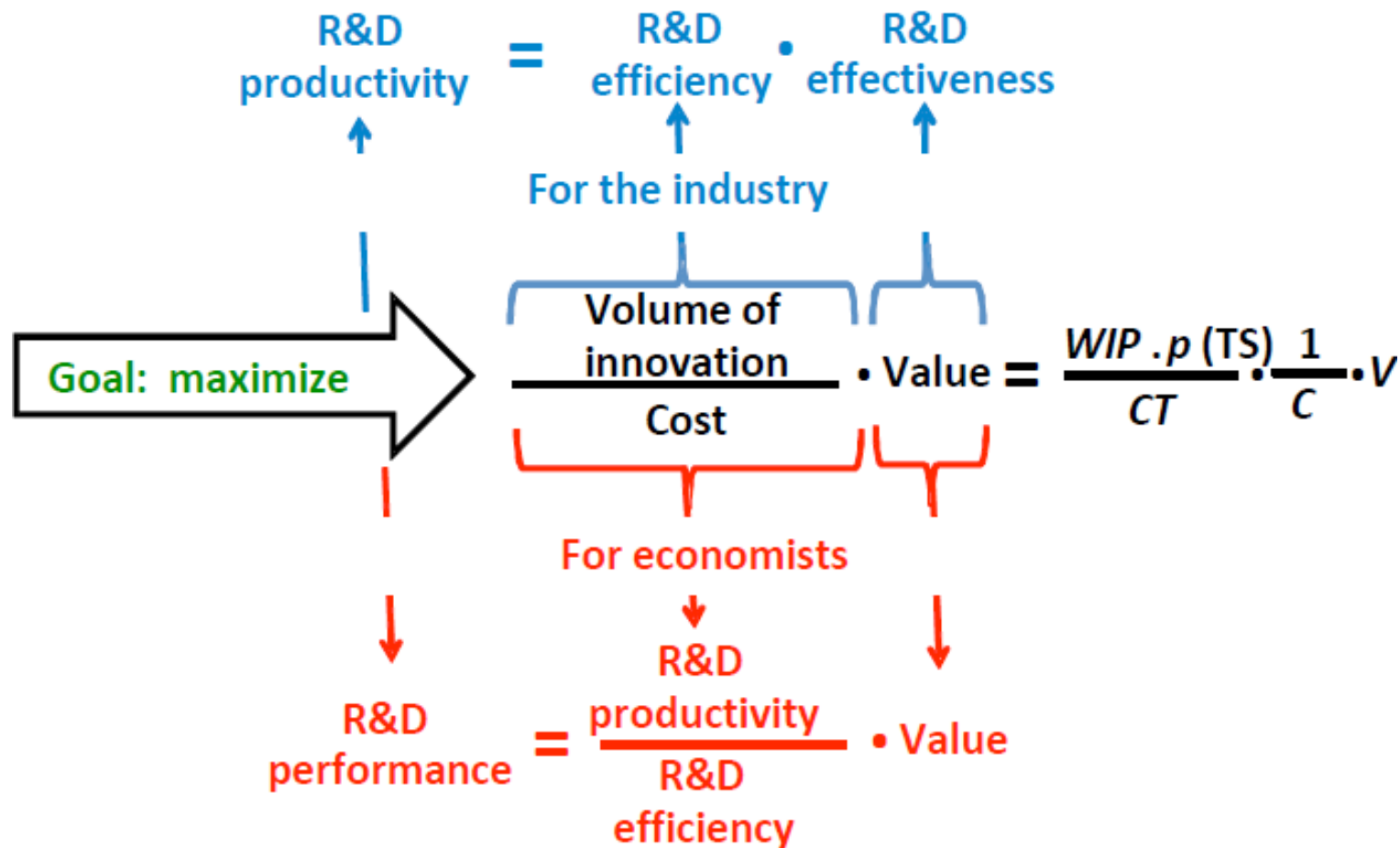
Takashi Tsukamoto*

Department of Neurology and Brain Science Institute, Johns Hopkins University, Baltimore, Maryland 21205, United States

ABSTRACT: In the United States, medicinal chemists continue to face job insecurity and high rates of unemployment. The situation is unlikely to improve in the near future. Is there a light at the end of the tunnel? Is there anything we can do to revitalize our community? The answer may be right in front of us.

- ...We have arguably the most talented and well-trained pool of synthetic chemists in the world, who could contribute innovative ideas to solve the most difficult challenges.
- **However, we have, instead, discouraged innovative and unconventional ideas in the practice of medicinal chemistry.**
- We have not raised the bar for our most capable and skilled chemists. **We failed to provide them with the opportunity to achieve their full potential and push the boundaries of medicinal chemistry.....**
- ...Steve Jobs once said, *“When you grow up, you tend to get told that the world is the way it is, and your life is just to live your life inside the world. Try not to bash into the walls too much. Try to have a nice family life. Have fun, save a little money.”*
- Computers and drugs are not quite the same, but his statement captures the current mind-set of many medicinal chemists...

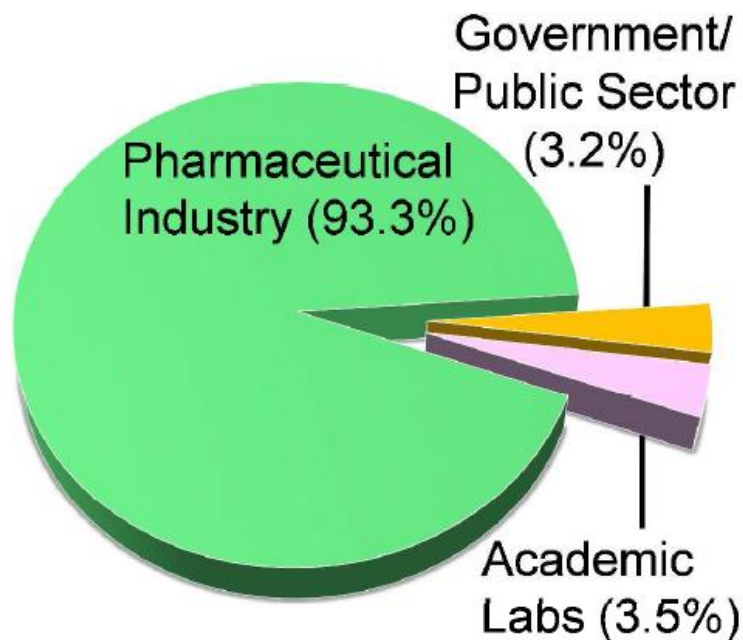
R&D Performance and Productivity



The Future of Medicinal Chemistry & Medicinal Chemists

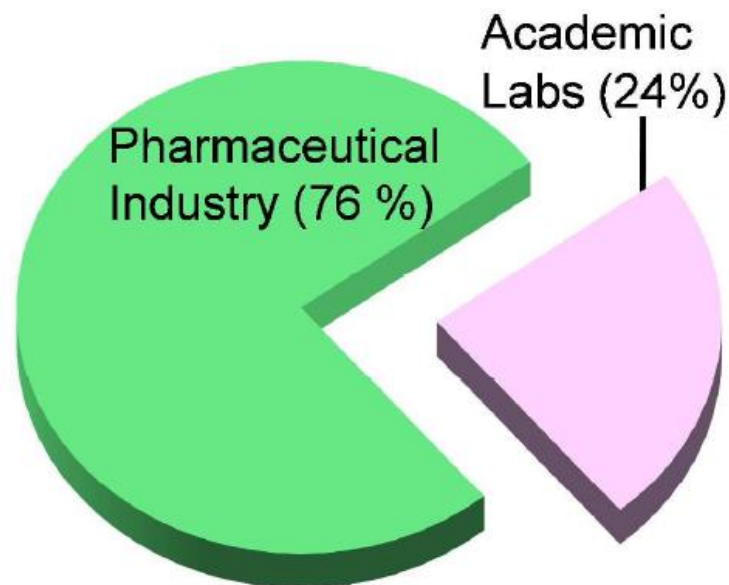
Estimates of Where New Drugs Come From

1990 - 1999



Data taken from Kneller, 2010.

1998 - 2007



Data taken from DiMasi et al., 2003.