

## Novel antimicrobials specific against *Helicobacter pylori*



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1. The Institution
2. The Product
  - a) Target Indications
  - b) Innovative mechanisms of action
  - c) Differential features facing the market
  - d) Current status of development
  - e) IPR protection
  - f) Pitfalls & Risks to be considered
3. Partnering Opportunities

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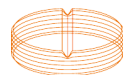
**Universidad**  
Zaragoza



Instituto Universitario de Investigación  
Biocomputación y Física  
de Sistemas Complejos  
**Universidad Zaragoza**



**Aragón**  
Instituto de Investigación  
Sanitaria Aragón



MEDICAMENTOS INNOVADORES  
Plataforma Tecnológica Española



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Universidad Zaragoza



IIS Aragón  
Instituto de Investigación  
Sanitaria Aragón

## Bifi

### The labs

1500 m<sup>2</sup> of high tech scientific infrastructure  
devoted to Biocomputation and Drug Discovery

### The People

100 people (60 PhD)



## Aragón Drug discovery Center

*Rapid, target-oriented, screening of thousands of molecules  
to identify pharmacological activities*

*Computationally driven Medicinal Chemistry*

*Repurposing of existing drugs*



**LACRIMA**

Laboratorio Avanzado de Cribado e  
Interacciones Moleculares de Aragón

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**LACRIMA**

Laboratorio Avanzado de Cribado e  
Interacciones Moleculares de Aragón

Year	Target	Type of compound	Application	Patent
2008	PAH	pharmacological chaperons	Phenylketonuria (PKU)	X
<b>2009</b>	<b>Fld</b>	<b>antimicrobials</b>	<b><i>Helicobacter pylori</i></b>	<b>X</b>
2009	Stem cells	apoptotic cell death	Cell therapy	
2012	AB(1-42)	aggregation inhibitors	Alzheimer disease	X
2013	NS3 protease	antivirals	Hepatitis C	
2016	hIAPP	aggregation inhibitors	Type II Diabetes	
2016	PEPCK-C	enzyme inhibitors	Isoform phenotyping	
2017	IDP	antitumoral	Pancreatic cancer	
2017	FNR	antimicrobials	<i>Xanthomonas citri</i>	
2018	$\alpha$ -syn	aggregation inhibitors	Parkinson disease	X
2018	FAD sintasa	antimicrobials	<i>C. ammoniagenes</i> / <i>M. tuberculosis</i> / <i>S. pneumoniae</i>	
2019	AIF	apoptosis regulators	Apoptosis regulation	

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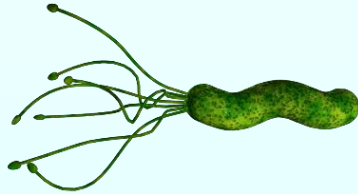
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## *Helicobacter pylori* (Hp)

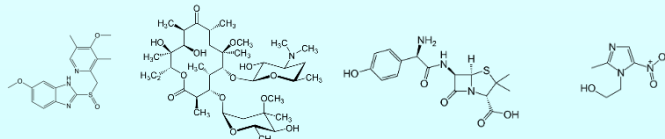


Gram- proteobacteria

~50 % people infected world-wide (47 % in Europe)  
(*Gastroenterology* 2017;153:420-429)

Causes peptic ulcers and stomach cancer

Triple/cuadruple therapy failure: 30 %



OMEPRAZOLE CLARITHROMYCIN AMOXICILLIN METRONIDAZOLE

No new drug has been developed for this indication

There is not a single *H pylori*-specific antimicrobial

Management of *Helicobacter pylori* infection—the  
Maastricht V/Florence Consensus Report  
*Gut* 2017 66:6-30

“**Statement 2:** A test-and-treat strategy is appropriate for **uninvestigated dyspepsia**. This approach is subject to regional *H. pylori* prevalence and cost-benefit considerations. It is not applicable to patients with alarm symptoms or older patients.  
Level of evidence: high  
**Grade of recommendation: strong**”

“**Statement 12:** *H. pylori* eradication is the first-line treatment for localised stage **gastric MALToma**.  
Level of evidence: moderate  
**Grade of recommendation: strong**”



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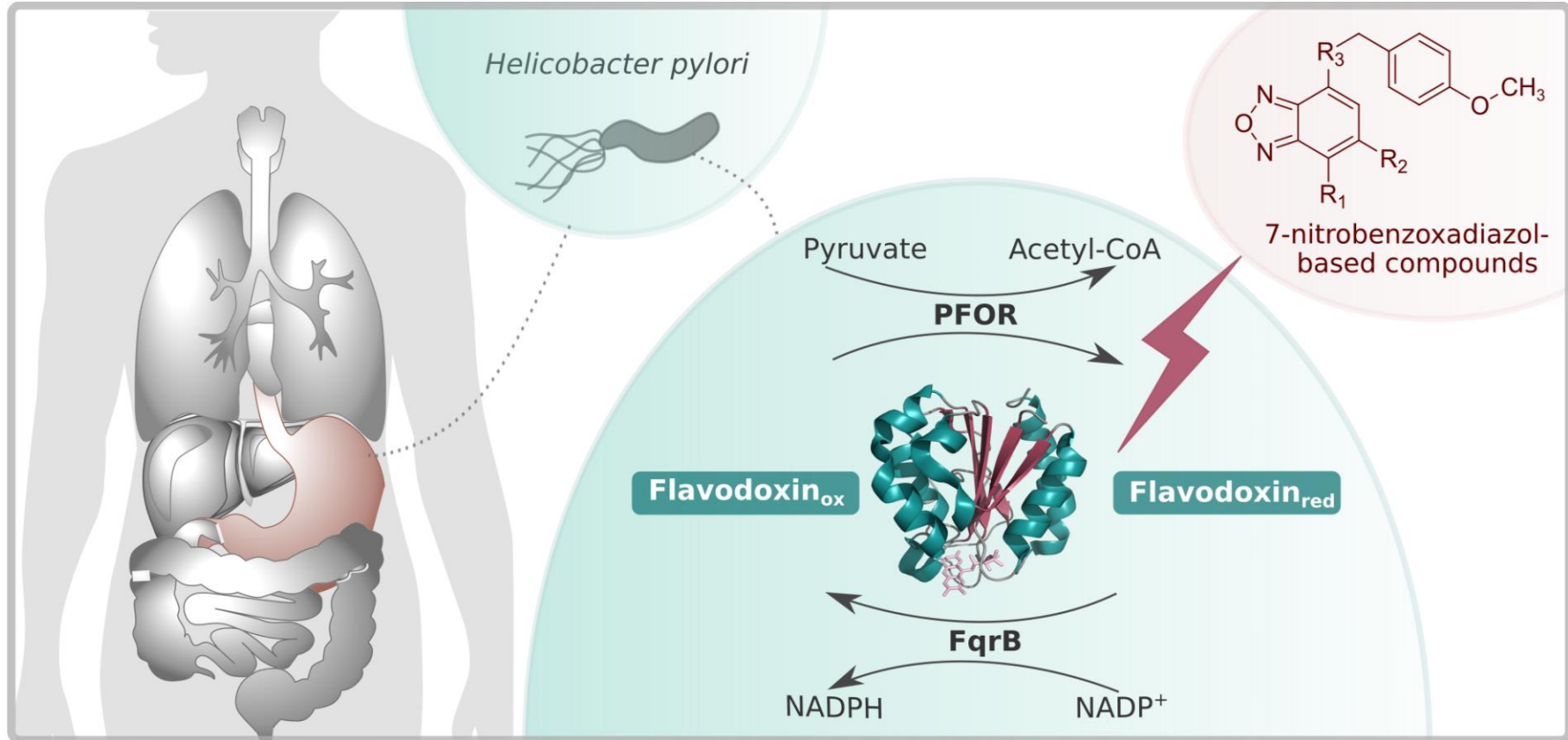
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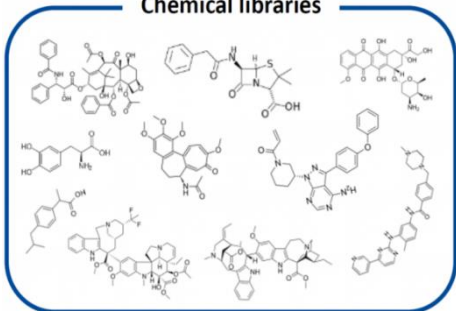
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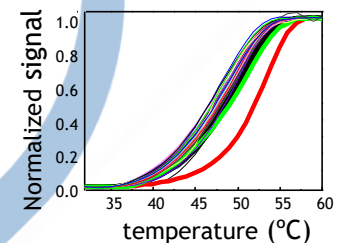
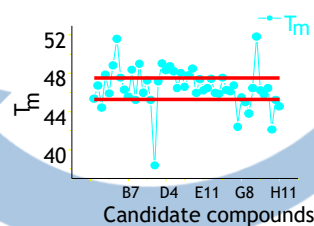
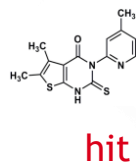
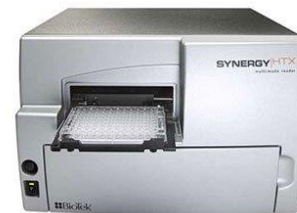
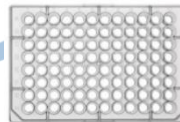
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156 M chemicals

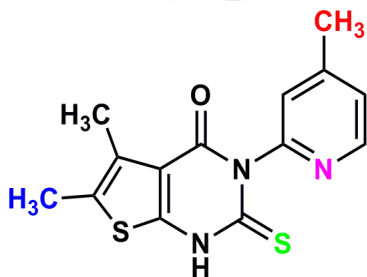
Chemical libraries



Target to hit screening



Hit to lead medicinal chemistry



Testing in animal models



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1) New compounds: **no resistances** (yet)

2) *Hp*-specific: presumably **less damaging to microbiota**

MIC ( $\mu\text{g/mL}$ )

Compound	Gram-					Gram+								
	<i>H. pylori</i>	<i>C. jejuni</i>	<i>E. coli</i>	<i>S. thyphimurium</i>	<i>P. aeruginosa</i>	<i>B. subtilis</i>	<i>S. pneumoniae</i>	<i>L. monocytogenes</i>	<i>E. faecalis</i>	<i>S. aureus</i>	<i>C. diptheriae</i>	<i>C. ammoniagenes</i>	<i>M. smegmatis</i>	
IV	2	2	>64	>64	>64	4	8	>64	2	16	16	16	>64	
IV-a	8	>64	>64	>64	>64	>64	>64	>64	>64	>64	64	>64	>64	
IV-b	1	>64	>64	>64	>64	>64	>64	>64	>64	>64	>64	>64	>64	
IV-c	2	>64	>64	>64	>64	>64	64	>64	>64	>64	8	>64	>64	
IV-d	8	>64	>64	>64	>64	>64	>64	>64	>64	>64	>64	>64	>64	
Amp	0,25		0,5	0,5	>64	<0,032	0,063	0,125	8	0,063	0,063	0,063	>64	
Mnz	2	1	>64	>64	>64	>64	>64	>64	>64	>64	>64	>64	>64	
Cla	$\leq 0,125$	4	16/32	>64	8	0,063	<0,032	0,25	0,25	<0,031	0,063	<0,032	4	
	$\epsilon$ proteobacteria		$\gamma$ proteobacteria			firmicutes					actinobacteria			

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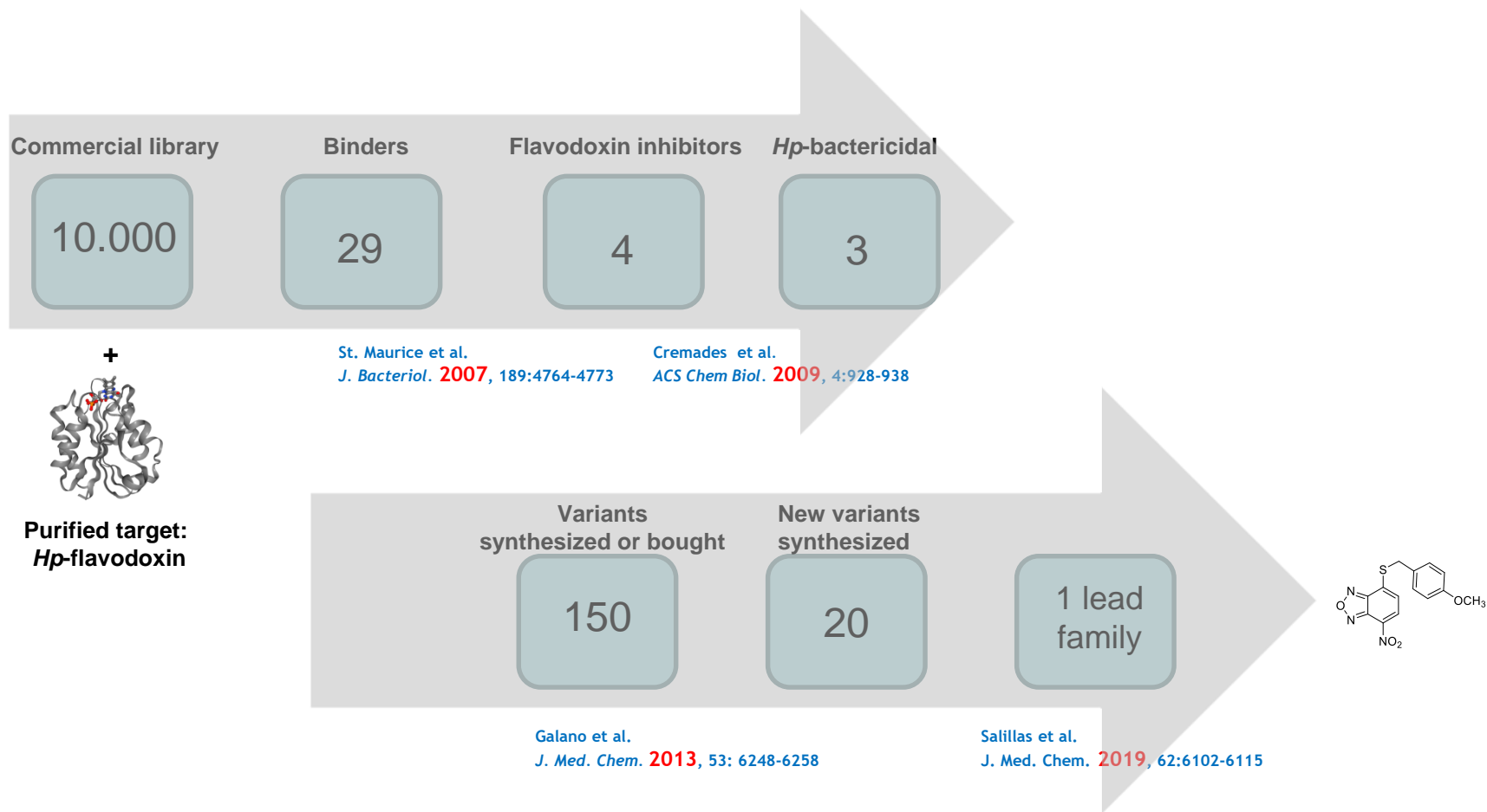
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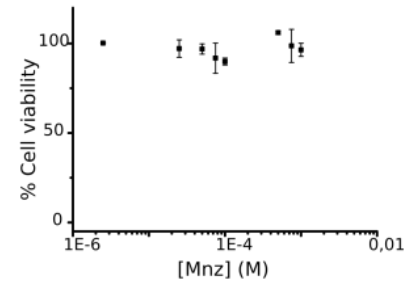
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➤ Some variants show very low or no toxicity in vitro toward eukariotic cell (HeLa)

lead

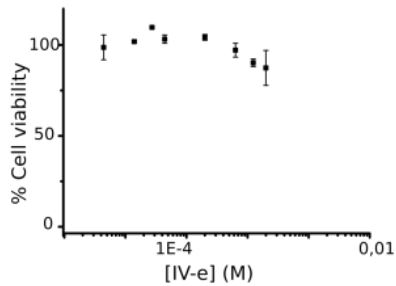
$MCC_{50}=7\mu M$

metronidazole



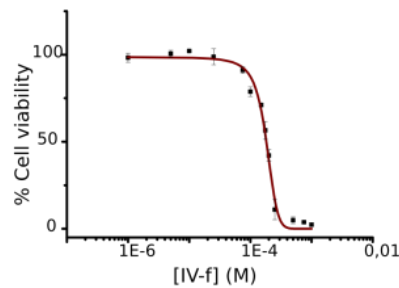
$MCC_{50}>1000\mu M$

Compound IV-e



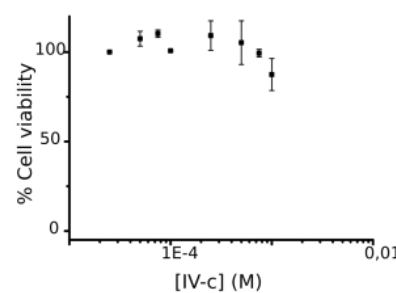
$MCC_{50}>1000\mu M$

Compound IV-f



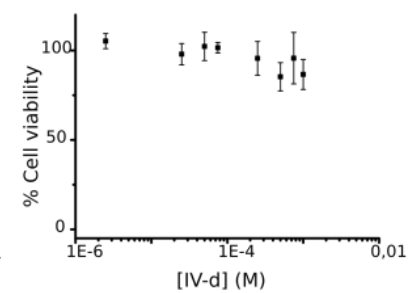
$MCC_{50}=179\mu M$

Compound IV-c



$MCC_{50}>1000\mu M$

Compound IV-d

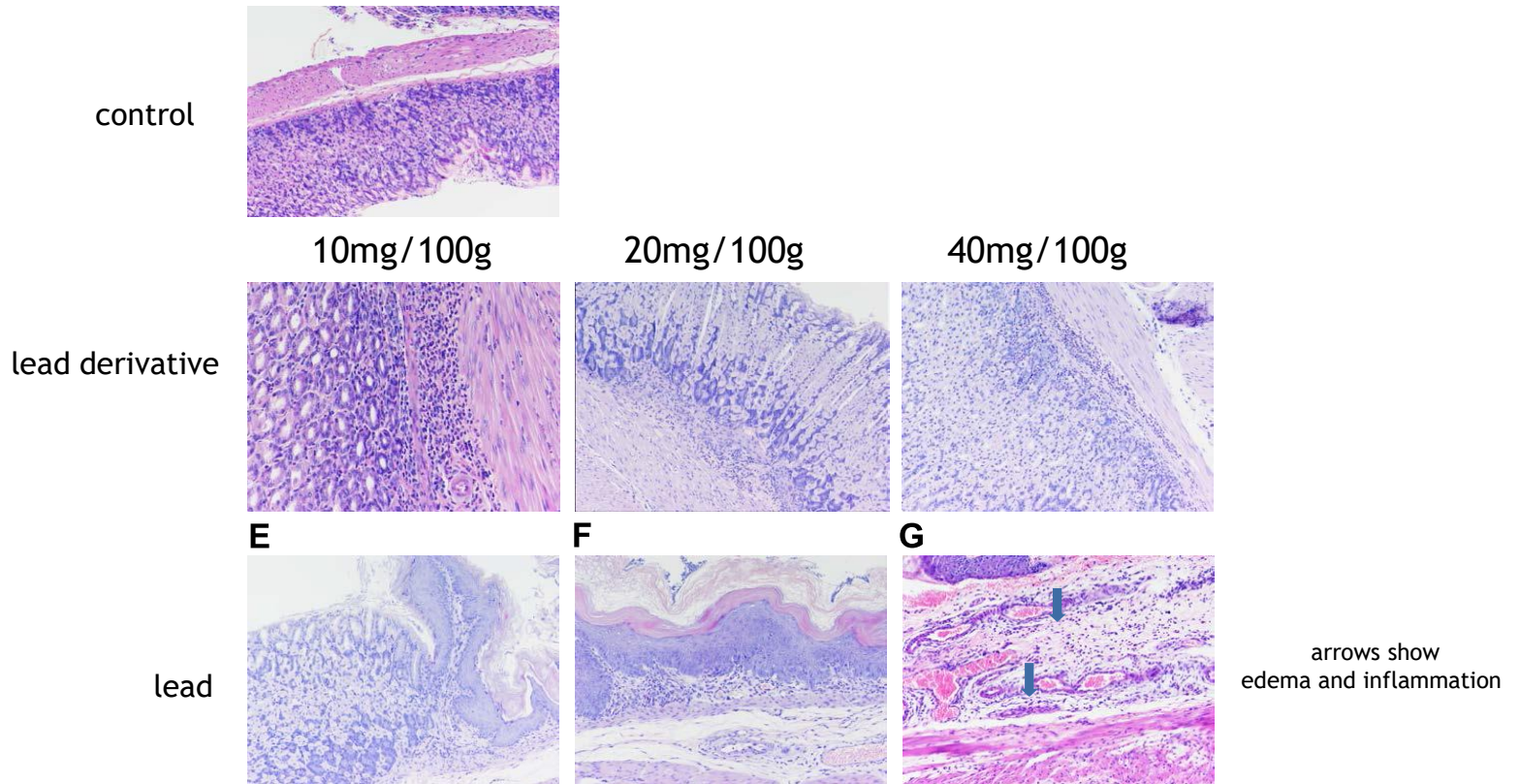


$MCC_{50}>1000\mu M$



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➤ Not even the lead is toxic for the mouse model, except at very high concentration



Histological study of *in vivo* toxicity of inhibitors IV (lead) and IV-a (one representative derivative)

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## Efficacy *in vitro* against drug-resistant clinical isolates

Table 2. Antimicrobial resistance profiles of *H. pylori* drug-resistant clinical isolates following the EUCAST criteria. (S = sensitive; R = resistant)

Compound	Isolate 1	Isolate 2	Isolate 3	Isolate 4	Isolate 5	Isolate 6
Amoxicillin	S	S	S	S	S	S
Clarithromycin	S	S	S	<b>R</b>	S	<b>R</b>
Tetracycline	S	S	S	S	S	S
Levofloxacin	S	S	S	S	S	S
Metronidazole	<b>R</b>	<b>R</b>	<b>R</b>	<b>R</b>	S	<b>R</b>
Rifampicin	S	S	S	S	<b>R</b>	S

## Efficacy (EUCAST) against resistant isolates

Table 3. TI values ( $MCC_{50}/MIC$ ) of some developed compounds against *H. pylori* drug-resistant clinical isolates

Compound	Isolate 1	Isolate 2	Isolate 3	Isolate 4	Isolate 5	Isolate 6
<b>IV-a</b>	<b>144</b>	<b>72</b>	9.0	<b>144</b>	9.0	<b>72</b>
<b>IV-c</b>	<b>161</b>	<b>322</b>	10.0	<b>80</b>	<b>40</b>	<b>322</b>
<b>IV-d</b>	9.5	9.5	9.5	9.5	9.5	9.5
<b>IV-e</b>	10.0	10.0	20.0	20.0	10.0	10.0

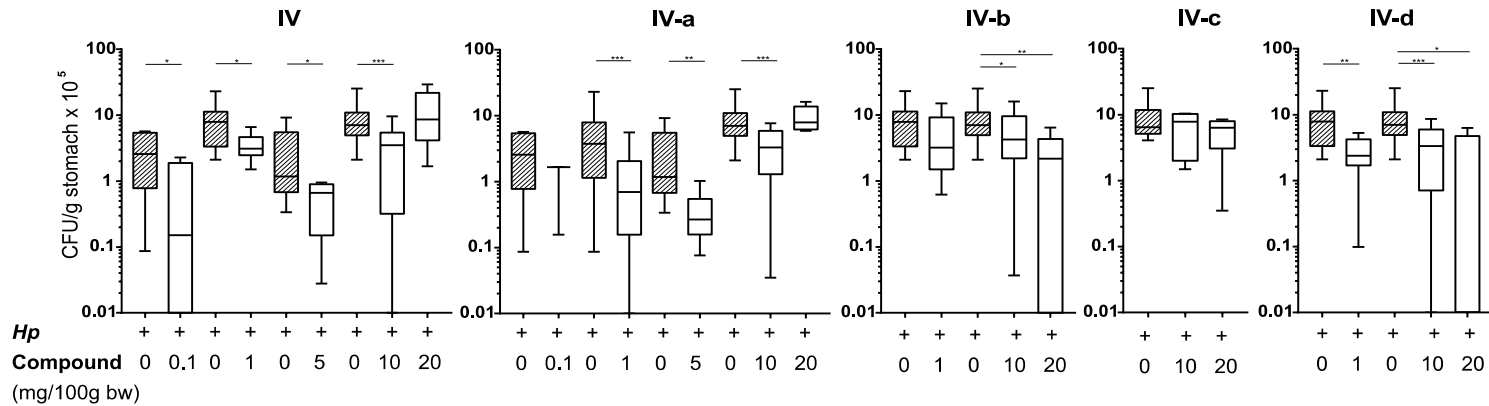
In bold, TI values indicative of effectivity, according to EUCAST (European Committee on Antimicrobial Susceptibility Testing) criteria.

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## Efficacy *in vivo* on the mouse model of *Hp* infection

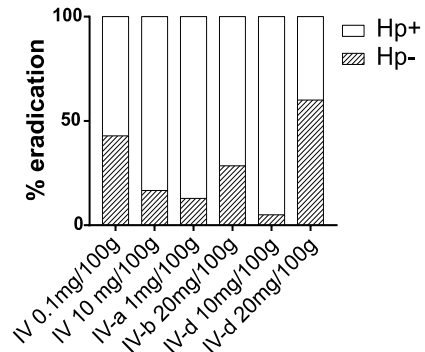
### Reduction of bacterial load in mice

#### IV-related compounds



### Erradicación de *Hp* in mice

#### IV-related compounds



- Single daily doses
- 7 days
- Uncombined with other antimicrobials or PPI

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MINISTERIO  
DE INDUSTRIA, ENERGÍA  
Y TURISMO



Oficina Española  
de Patentes y Marcas

## Justificante de presentación electrónica de solicitud de patente

Este documento es un justificante de que se ha recibido una solicitud española de patente por vía electrónica utilizando la conexión segura de la O.E.P.M. De acuerdo con lo dispuesto en el art. 16.1 del Reglamento de ejecución de la Ley 24/2015 de Patentes, se han asignado a su solicitud un número de expediente y una fecha de recepción de forma automática. La fecha de presentación de la solicitud a la que se refiere el art. 24 de la Ley le será comunicada posteriormente.

Número de solicitud:	P201930445
Fecha de recepción:	21 mayo 2019 16:10 (CEST)
Oficina receptora:	OEPM Madrid
Su referencia:	ES1510.112
Solicitante:	UNIVERSIDAD DE ZARAGOZA
Número de solicitantes:	5
País:	ES
Título:	Compounds for the treatment of diseases caused by Helicobacter

Universidad de Zaragoza  
CSIC  
IIS Aragón  
ARAID  
Institut Pasteur

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- Risk of non obtaining enough activity in human for stand-alone use or in combination with existing antimicrobials or PPIs
- Risk of showing toxicity in human
- Risk of a new therapy for *Hp* suddenly appearing

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- We are looking for a business partner to finalize preclinical studies who is interested in a patent license for commercial exploitation
- We offer a patent license with the possibility of international extension
- Open to proposals from business partner

## Novel antimicrobials specific against *Helicobacter pylori*



Madrid, 29 de octubre de 2019