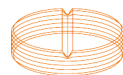


XVIII Encuentro de Cooperación Farma-Biotech

Multivalent vaccines based in gold nanoparticles coupled to peptides: tuberculosis, listeriosis & pneumonia



Madrid, 29 de octubre de 2019



MEDICAMENTOS INNOVADORES
Plataforma Tecnológica Española

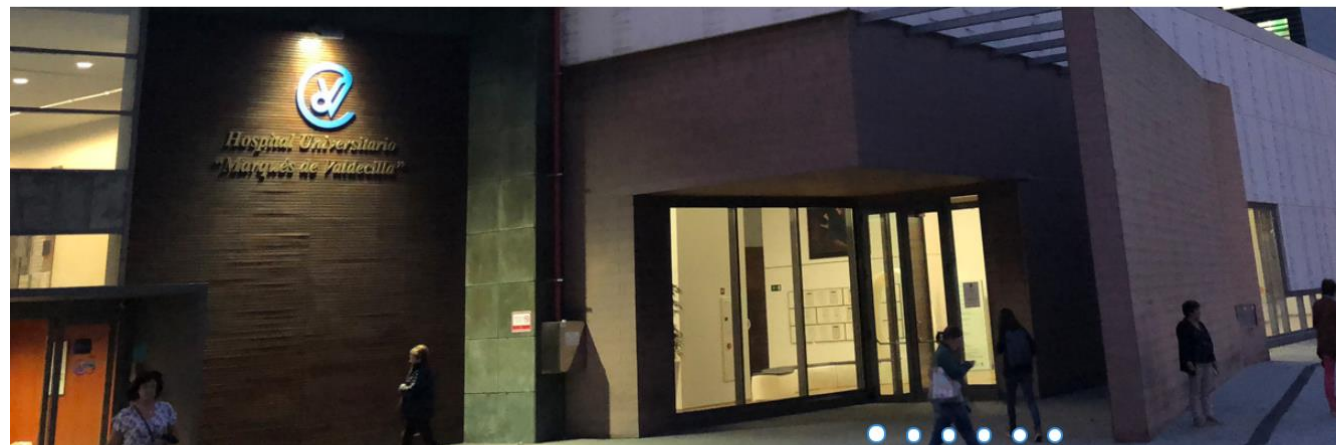


farmaindustria

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XVII Encuentro de Cooperación Farma-Biotech



"IDIVAL el Instituto de Investigación Sanitaria de Cantabria"

Acreditado por el Instituto de Salud Carlos III desde el año 2015

[Saber más...](#)

Actividad Científica

Terapia epigenética en hepatocarcinoma

Un estudio colaborativo entre el CIMA, el INSERM y el IDIVAL

Formación

Jornada sobre espondiloartritis axial un enfoque práctico multidisciplinar

Tendrá lugar el próximo 13 de diciembre en el Instituto IDIVAL

Ayudas Idival

Publicada la Resolución de la 20ª Convocatoria Nacional Enfermería Valdecilla

Entrega de Premios en las 6ª Jornadas de Innovación y Desarrollo los días 28 y 29...

Ayudas Externas

VIII Premio Nacional de Investigación en Cáncer "Doctores Diz Pintado"

Presentación de solicitudes hasta el día 5 de diciembre de 2018

Valdecilla Biomedical Research Institute (IDIVAL)

- Founded by the government of Cantabria and the University of Cantabria (UC).
- IDIVAL promotes and develops research and innovation in the biomedical environment of Cantabria whose epicentre is the Valdecilla University Hospital (HUMV).
- Since 2015, IDIVAL is accredited by the Spanish Institute of Health Carlos III as one of the reference Institutes for Health Research in our country.
- In 2018, Impact Factor: 2250; Budget: €7.5M

1. The Research Group

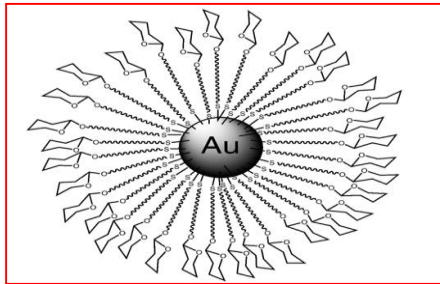
- **Principal Investigator:** *Dra. Carmen Alvarez Dominguez* (PhD Immunology)
- **Project group:** a **Microbiologist** (*Dr. Concepción Perez Del Molino*, MD, PhD Medicine, HUMV), a **Dermatologist** (*Dra. Sonsoles Yañez Diaz*, MD, PhD Medicine, HUMV), **two Anatomico-pathologists** (*Dr. Javier Gomez-Roman* MD, PhD Medicine & *Dr. Javier Freire*, PhD Molecular Biology, HUMV), **two post-doctoral fellows** (*Dr. Ricardo Calderon-Gonzalez* & *Dra. Elisabet Frande*, PhD Biomedicine, IDIVAL), **two pre-doctoral students** (*D^o Hector Terán-Navarro*, Chemist-MS Nanomedicine & *D^o David Salcines-Cuevas*, Biotechnologist, IDIVAL), **an Innovation Engineer** (*D^a Patricia Zorilla*, MS Telecommunications, IDIVAL).
- **Two research lines:**
 - ❑ **Prepare *Listeria* based nanovaccines for prevention of infectious diseases: listeriosis, tuberculosis and pneumonia**
 - ❑ Design *Listeria* based nanovaccines as immunotherapies for solid tumors
- **Funding:** ISCIII (DTS18-00022), INNVAL17/01, TRANSVAL18/03, CI19/16.



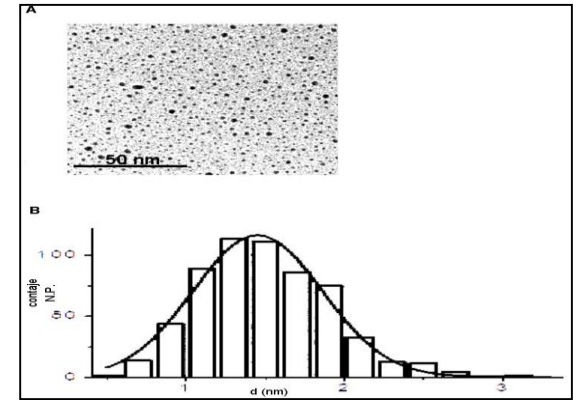
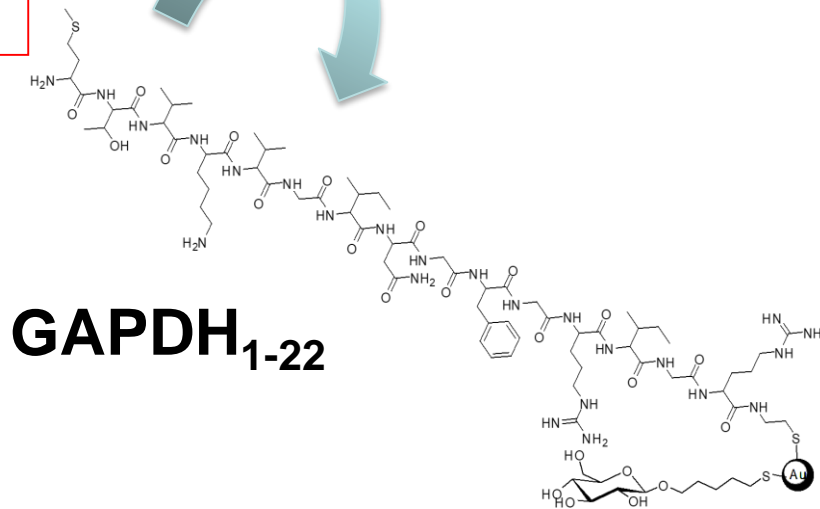
2. The product

- Multivalent vaccines based in gold nanoparticles coupled to peptides: tuberculosis, listeriosis & pneumonia.

❑ Technological origin



AuGNP (GNP)
(gold-glyconanoparticules)



~ 2 nm

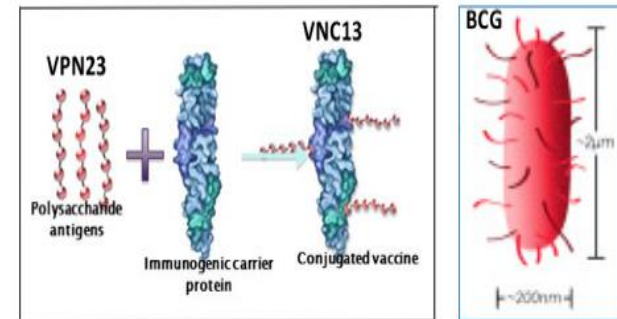
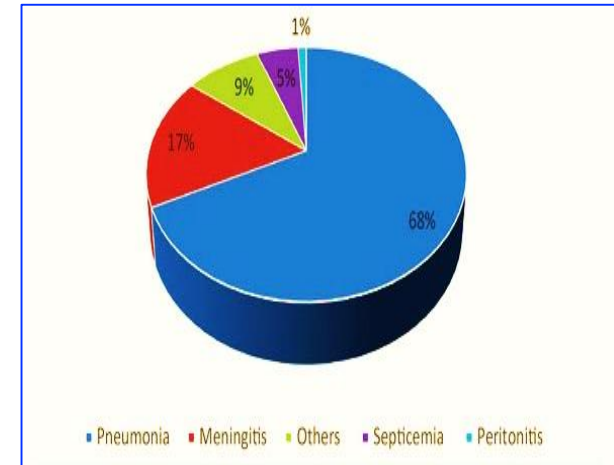
- Chemical synthesis and homogeneous size distribution of GNPs

2. The product

- Multivalent vaccines based in gold nanoparticles coupled to peptides: tuberculosis, listeriosis & pneumonia.

❑ Scientific origin → Prevention against infections

- ✓ Main clinical syndromes affecting adults (bacteria)
 - ❑ 68% pneumonia → 17% meningitis → 5% septicemia
- ✓ Severe bacterial infectious diseases in adults: pneumonia, meningitis, lung tuberculosis, listeriosis
 - elderly, immunocompromised patients
- ✓ Current challenge in vaccination of adults:
 - ❑ Immune senescence (basal state of inflammation)
 - ❑ Available commercial vaccines → low effect in adults
 - VPN23/VNC13 (pneumonia), BCG (tuberculosis)
 - No one available (listeriosis)



1. Need of vaccines for *Streptococcus*, *Mycobacterium*, *Listeria*
2. Common population at high risk → justify multivalent vaccines
3. Search for an antigen → to include in multivalent vaccine designs

2. The product

a) Target Indications

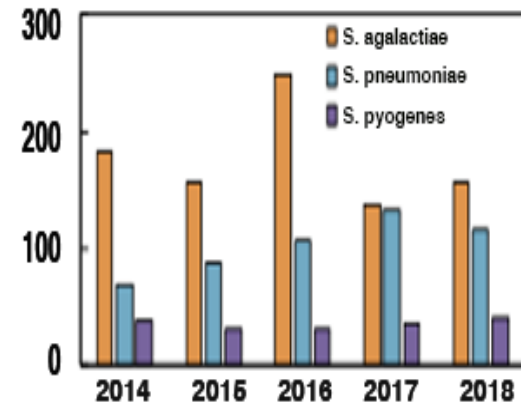
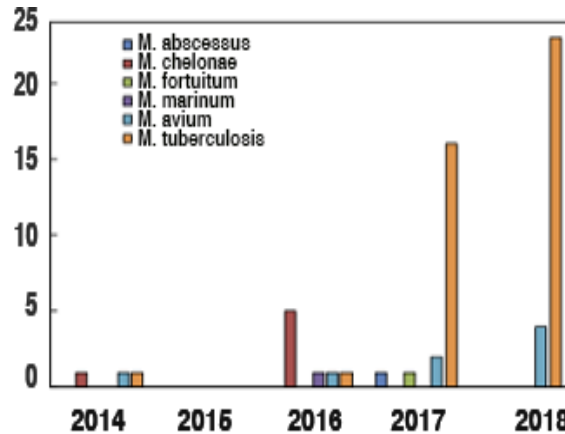
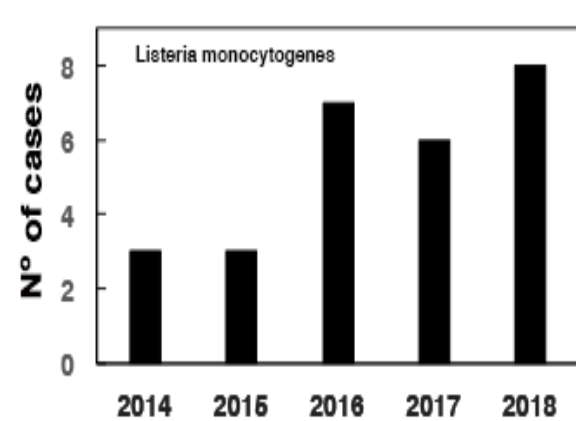
a1).- Therapeutic areas

Infectious Diseases (Microbiology)
Oncology /Reumatology
Immunology/Vaccinology

a2).- Target population

→ individuals older than 50 years

Retrospective 5-years study on older than 50 years in HUMV:



- *M. tuberculosis* (2-23 cases)
- *L. monocytogenes* (3-8 cases)

- *S. pneumoniae* (68-132 cases)
- *S. agalactiae* (156-248 cases)
- *S. pyogenes* (31-41 cases)



- 4-10 fold more re-emergent meningitis-respiratory bacteria → tuberculosis/meningitis
- High & stable numbers of pneumonia-meningitis bacteria → pneumonia/meningitis/severe cutaneous forms

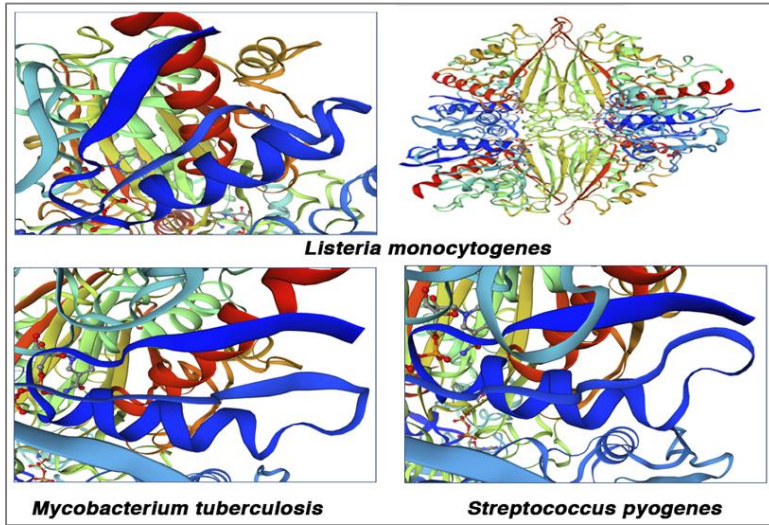
2. The product

a) Target Indications

a3).- Target antigen → glyceraldehyde-3-phosphate dehydrogenase (GAPDH)

	15-aa	Sequence homology
<i>L. monocytogenes</i>	MTVKVGINGF GRIGRLAFRR	IKEVSDDIEV
<i>M. tuberculosis</i>	MTVRVGINGF GRIGRNFYRA	LLAQQEQTGTA 95%
<i>M. avium</i>	MTVRVGINGF GRIGRNFYRA	LLAQQEQTGTA 95%
<i>M. leprae</i>	MTVRVGINGF GRIGRNFYRA	LLAQQEHGIA 95%
<i>M. marinum</i>	MTVRVGINGF GRIGRNFYRA	LLAQQEQTGTA 95%
<i>S. pneumoniae</i>	MVVKVGINGF GRIGRLAFRR	IQNIEGVEVT 95%
<i>S. pyogenes</i>	MVVKVGINGF GRIGRLAFRR	IQNIEGVEVT 95%
<i>S. aureus</i>	MAVKVAINGF GRIGRLAFRR	IQEVEGLEVV 90%
<i>P. aeruginosa</i>	MTIRLAINGF GRIGRNVLRA	LYTGHYREQL 60%
<i>Homo sapiens</i>	MGKVKGVNG FGRIGRLVTR	AAFNSGKVDI 45%
<i>Mus musculus</i>	MVKVGVNGFG RIGRLVTRAA	ICSGKVEIVA 42%

GAPDH₁₋₂₂ peptide: common 3D structure



→ Common ADP-ribosylation activity on Rab5a



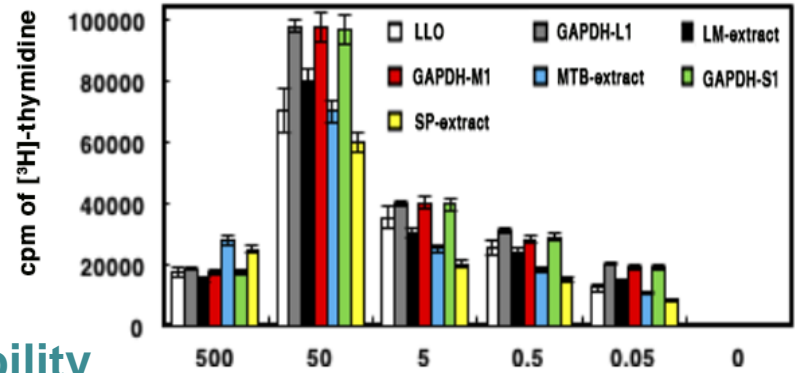
→ GAPDH₁₋₁₅ peptide: minimal unit of effect



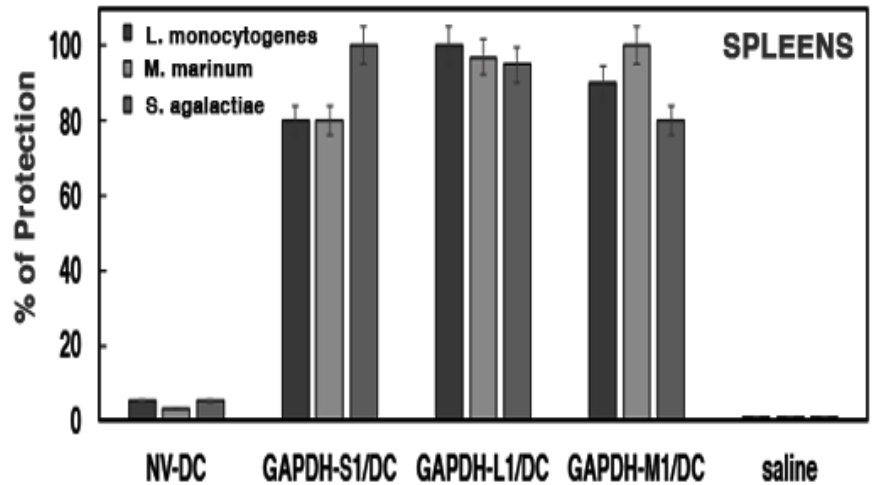
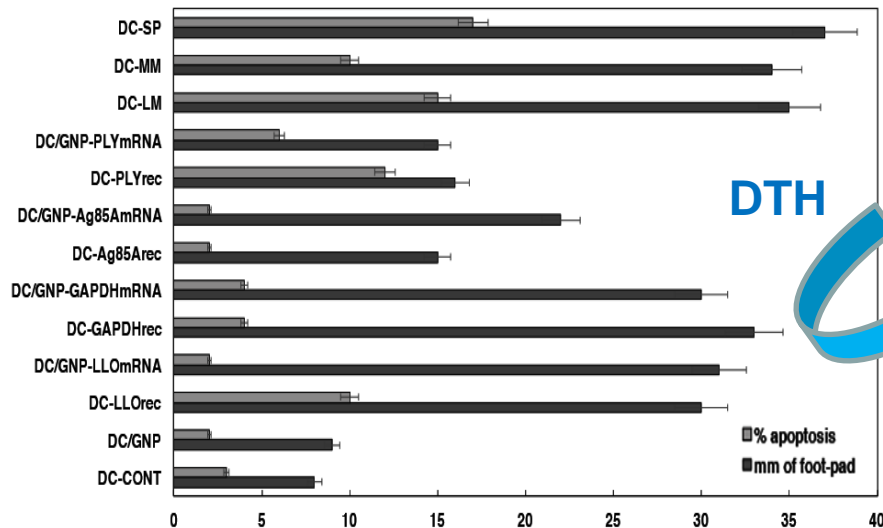
2. The product

a) Target Indications

a4).- Target epitope → glycerinaldehyde-3-phosphate dehydrogenase (GAPDH)
 GAPDH1₋₂₂ peptide → Common immunogenic capacity
 Antibody recognition
 DTH response/foot pads



GAPDH1₋₂₂ peptide → Common protection ability

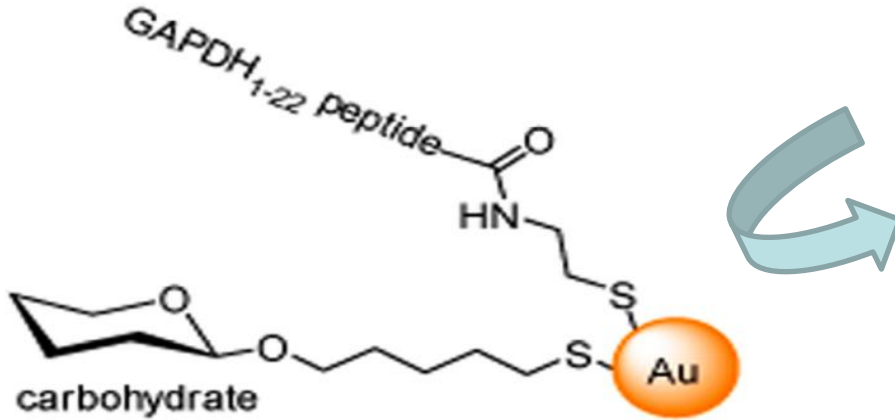


2. The product

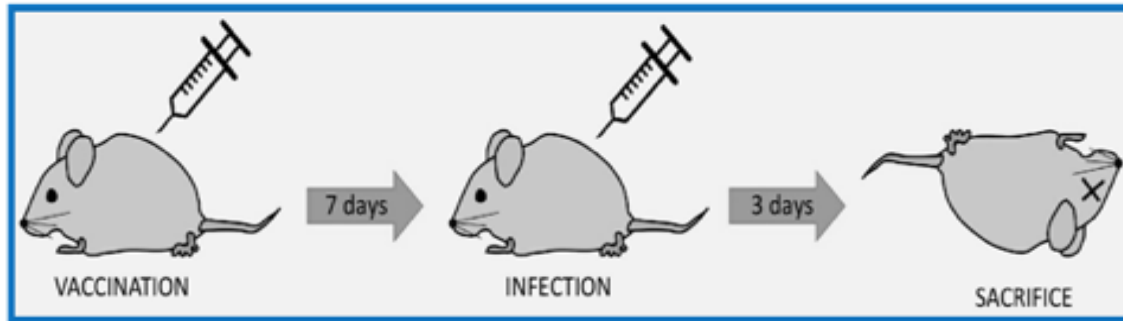
a) Target Indications

a5).- Vaccine design → GNP-GAPDH₁₋₂₂/GNP-GAPDH₁₋₁₅ + adjuvant

GAPDH₁₋₁₅



<i>L. monocytogenes</i>	MTV <u>K</u> VGINGF	GRIGR
<i>M. tuberculosis</i>	MTV <u>R</u> VGINGF	GRIGR
<i>M. avium</i>	MTV <u>R</u> VGINGF	GRIGR
<i>M. leprae</i>	MTV <u>R</u> VGINGF	GRIGR
<i>M. marinum</i>	MTV <u>R</u> VGINGF	GRIGR
<i>S. pneumoniae</i>	M <u>V</u> VKVGINGF	GRIGR
<i>S. pyogenes</i>	M <u>V</u> VKVGINGF	GRIGR



Vac sites: *ip*
iv
sc

ADVAX

TLR2

DIO-1

TLR2/TLR4



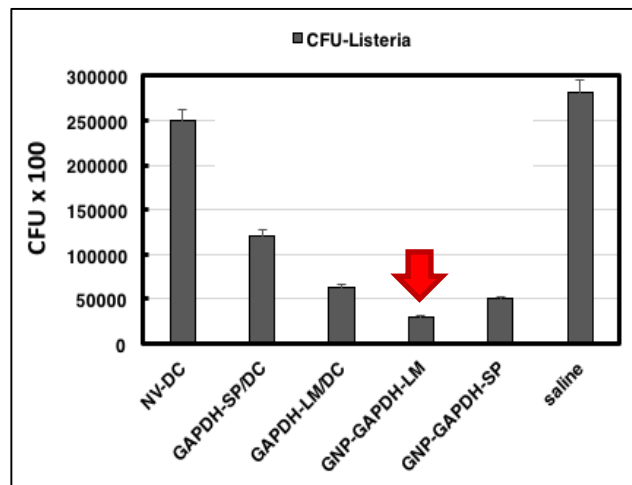
adjuvants

2. The product

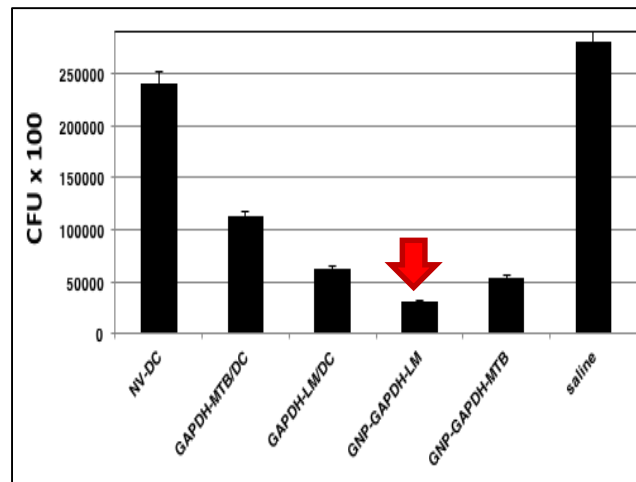
b) Innovative mechanism of action of GAPDH₁₋₂₂ peptide

- GAPDH₁₋₂₂/DC vaccine → show multivalent ability
- GNP-GAPDH₁₋₂₂ + DIO-1 → multivalent capacity higher than DC (vac site + infection: iv)
 - Protection in listeriosis mice models
 - Protection in lung and cutaneous tuberculosis mice models
 - Protection in pneumonia mice models

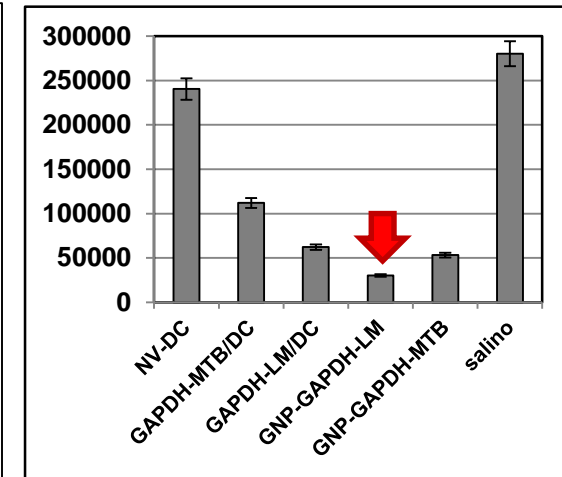
Protection in listeriosis



Protection in cutaneous tuberculosis (*M. marinum*)



Protection in pulmonar tuberculosis (*M. smegmatis*)

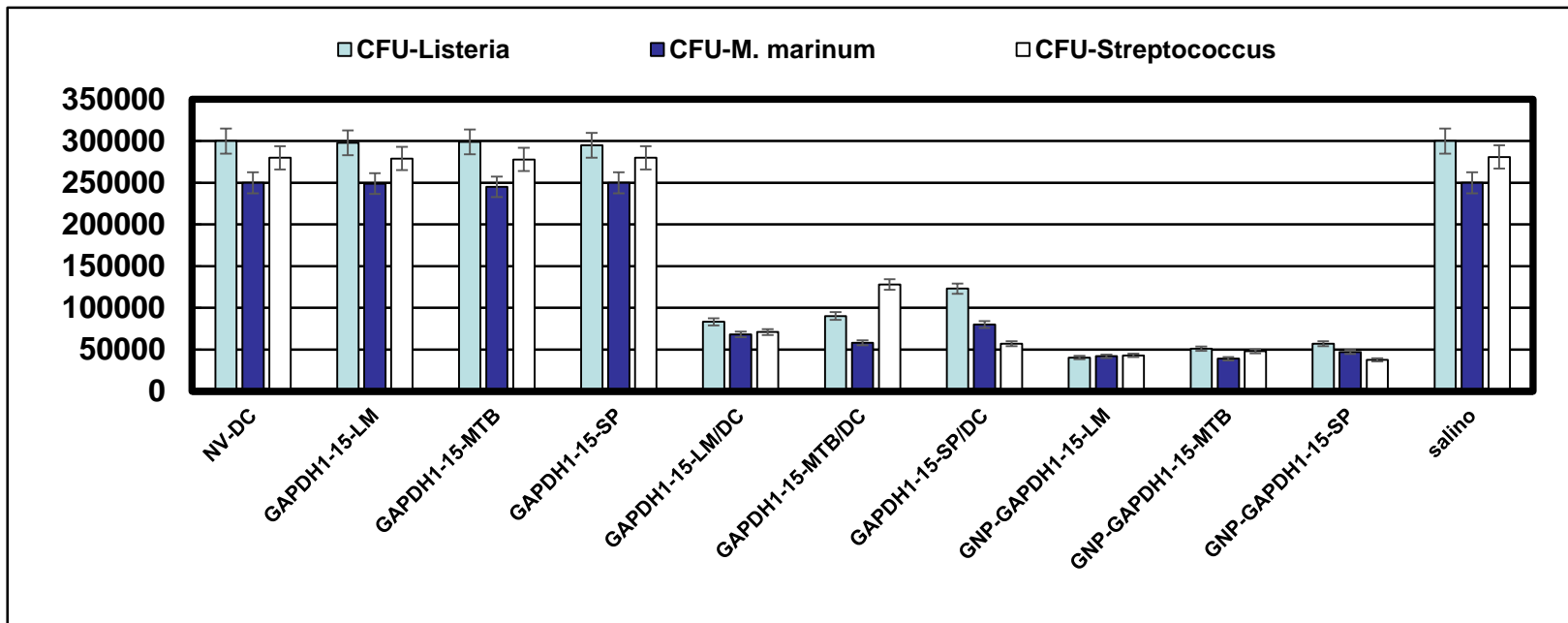


- GNP-GAPDH₁₋₂₂-LM vaccine showed the highest protection ability

2. The product

b) Innovative mechanism of action of GAPDH₁₋₁₅ minimal peptide

- GAPDH₁₋₁₅/DC vaccine → minimal epitope with multivalent ability
- GNP-GAPDH₁₋₁₅ + DIO-1 → multivalent capacity higher than DC (vac site + infection: iv)
 - Protection in listeriosis, lung/cutaneous tuberculosis & pneumonia mice models



- **GNP-GAPDH₁₋₁₅-LM vaccine:**

→ showed the highest multivalent protection ability

2. The product

c) Differential features facing the market (vaccination for adults)

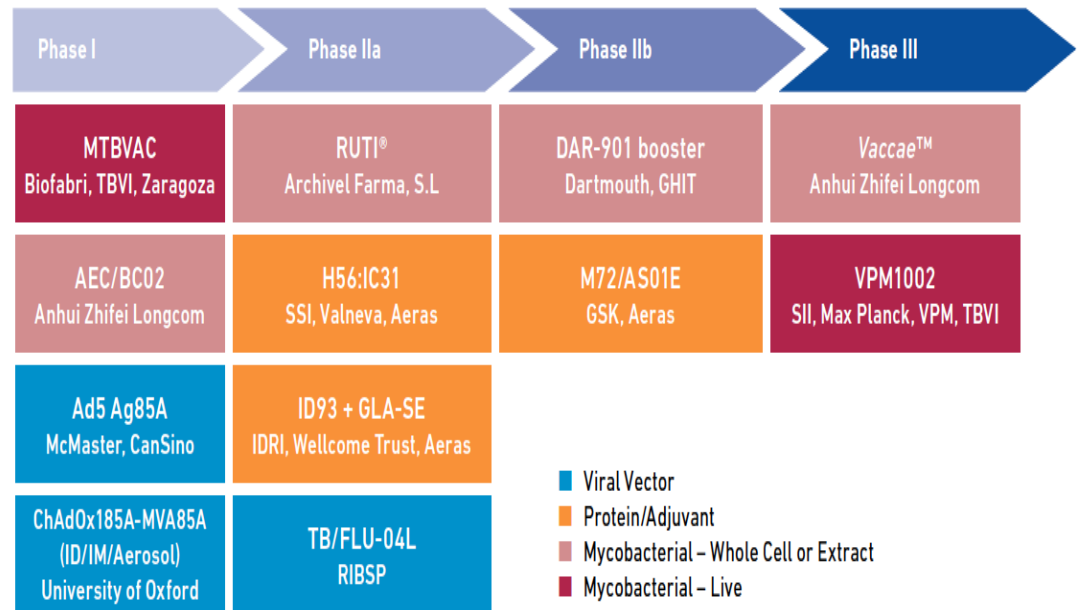
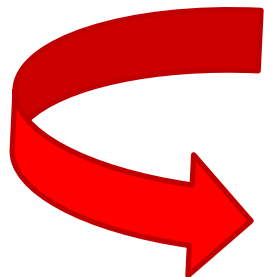
1. No available vaccine for listeriosis
2. No available vaccine for Mycobacteria (cutaneous, lung or tuberculosis)

3. Commercial vaccines for pneumonia

→ lack of effects in adults

4. Bacterial vaccines (MTB)

- attenuated mutants
- Cell-wall extracts
- Viral vectors



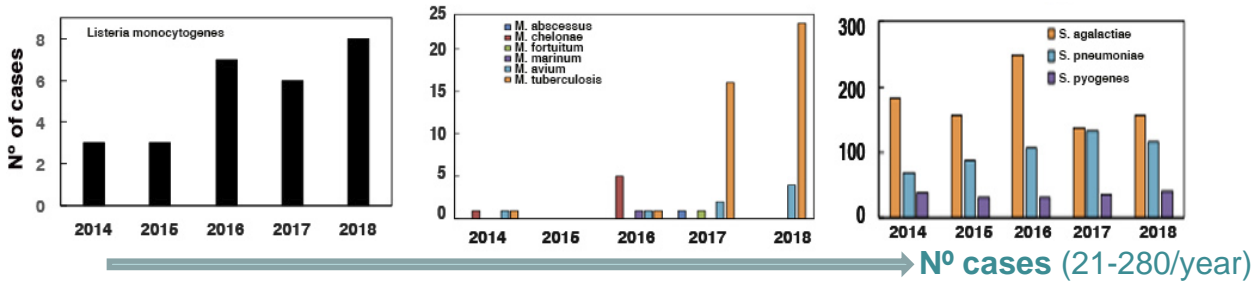
1. Synthetic vaccine (peptide + gold-nanoparticle + adjuvant)

2. Multivalent vaccine able to protect against 3 different bacterial genus

2. The product

d) Current status of development

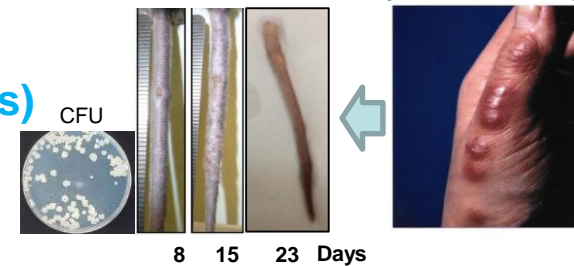
1.- Analysis of current status of infections in Cantabria & experiments in normal mice (C57BL/6) (proof of concept)



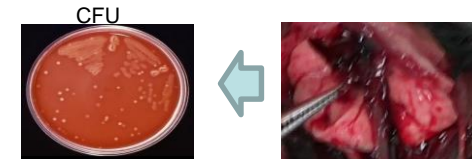
Meningitis (*L. monocytogenes*)



Nodal chain infection (*M. marinum*)



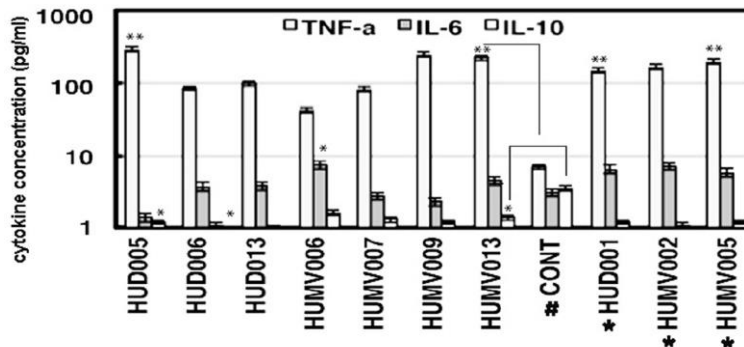
Lung disease (*S. agalactiae*)



2.- Experiments in blood cells of patients-MoDC (pre-clinical studies)

- Human MoDC of patients with listeriosis

Incubation with GNP-GAPDH₁₋₁₅ induce a Th1 pro-inflammatory response (TH2 → TH1)



- Human MoDC of patients with cutaneous mycobacteria
- Human MoDC of patients with *S. pneumoniae* or *agalact*

e) IPR protection

- A Spanish patent application was filed on 22nd June 2018 (ES filing number 201830628).
- On 13rd June 2019 an International patent application was filed (PCT/ES2019/070413) claiming priority of the Spanish patent application. The OEPM act as ISA (International Search Authority).
- The Search Report has already been partially positive considering only a relevant document from the research group.

2. The product

f) Pitfalls & Risks to be considered

- 1.- Missing the kinetics of toxicity *in vivo* (mice)
- 2.- Missing immune biomarkers of protection in mice models & patients
- 3.- Missing *in vitro* effects of nanovaccines with human MoDC with other infections (tuberculosis & cutaneous mycobacteria, pneumonia)
- 4.- Missing *in vivo* experiments with immunodeficient mice (SCID, senescent mice: SAM1, SAMP1,8 o 10 o SAMR1)

3. Partnering opportunities

We need a *partner* that invest in the product development to perform a Phase I clinical assay.

4. Questions

Funding requirement to finish Pre-clinical studies ? 500.000 €

Monetary needs for Phase I clinical assay ? ~ 1.000.000 €