

HOW ANTI-TNF THERAPY WAS DISCOVERED BY A PUBLIC-PRIVATE PARTNERSHIP

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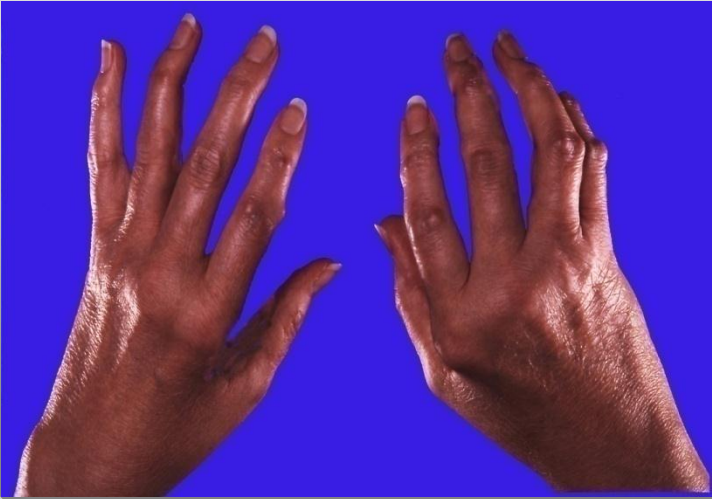
Supported by

Arthritis
Research UK

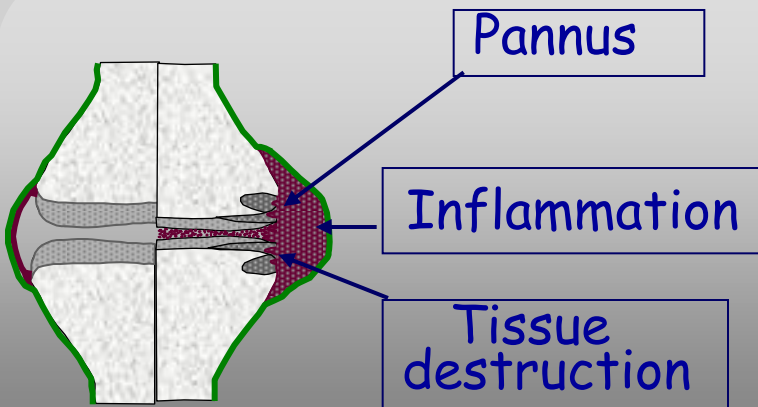


UNIVERSITY OF
OXFORD

RHEUMATOID ARTHRITIS (RA)



- **Chronic immune inflammatory disease**
- **Sex : F:M 3:1, ~1%**
- **Progressive joint damage & disability, reduced quality of life**
- **Structural damage early & progressive**
- **50% severely impaired by 10 yrs (not working)**
- **Pathology: leucocyte recruitment inflammation, tissue destruction and repair**



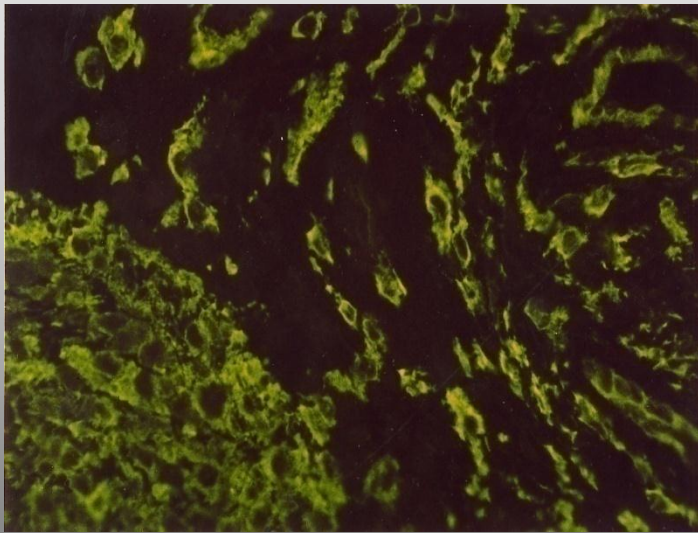
PLAN OF TALK

- A. IDENTIFYING & VALIDATING TNF AS A THERAPEUTIC TARGET**
- B. TRANSLATING INTO CLINICAL PRACTICE**
- C. HOW WAS ANTI-TNF DISCOVERY A PUBLIC-PRIVATE PARTNERSHIP?**
- D. FUTURE OF PUBLIC-PRIVATE PARTNERS
e.g. STRUCTURAL GENOMICS CONSORTIUM**

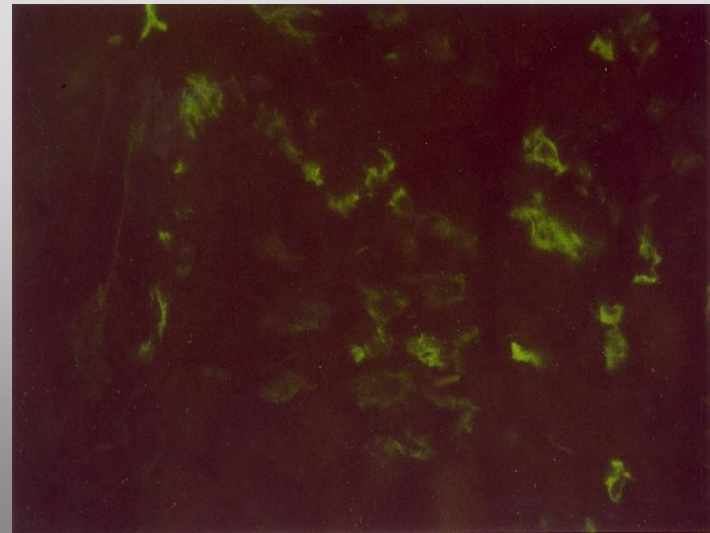
WHY LOOK FOR CYTOKINES IN RHEUMATOID ARTHRITIS?

Upregulation of HLA-DR in rheumatoid synovium

(Klareskog, Wigzell, Panayi, Janossy etc. 1981/82)



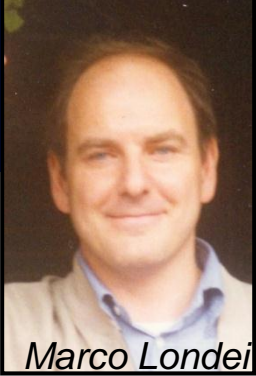
Rheumatoid Arthritis



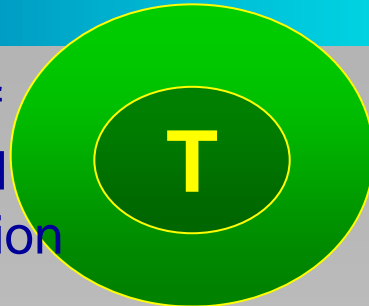
Osteoarthritis

Expression of HLA-DR on cells usually negative indicates presence of inducers = cytokines

1983: A NEW HYPOTHESIS FOR AUTOIMMUNITY



Upregulation of HLA class II and antigen presentation



Londei et al., 1984, Nature
Epithelial cells expressing aberrant MHC class II determinants can present antigen to cloned human T cells.

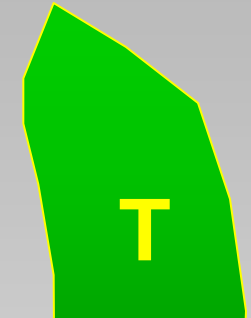
VIRUSES

CYTOKINES & INTERFERONS



APC

CYTOKINES



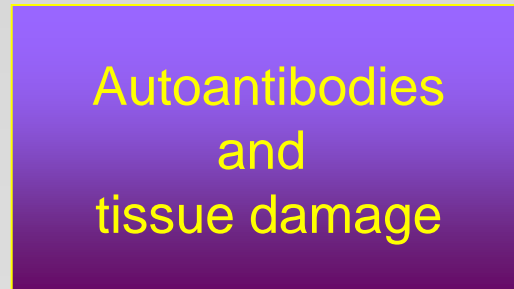
Non tolerant autoantigen reactive T cells



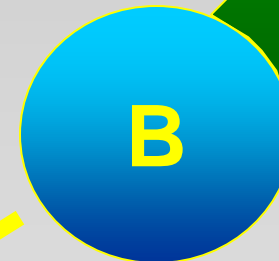
TISSUE DAMAGE

Pujol-Borrell et al., 1987, Nature
HLA class II induction in human islet cells by interferon-g plus TNF or lymphotoxin

CYTOKINES



Autoantibodies and tissue damage



Londei et al., 1985, Science
Human T-cell clones from autoimmune thyroid glands: specific recognition of autologous thyroid cells.

Bottazzo et al, 1983, Lancet
Hypothesis: Role of aberrant HLA-DR expression and antigen presentation in the induction of endocrine autoimmunity.

MANY CYTOKINES ARE PRODUCED IN RHEUMATOID SYNOVIUM

Pro-inflammatory

e.g. IL-1, IL-6, TNF α , IL-12, IL-15, IL-17, IL-18, IFN γ , IL-2, OncoM, GM-CSF

Anti-inflammatory

e.g. IL-10, IL-1Ra, TGF β , IL-11, IL-13

Chemokines

e.g. IL-8, MIP-1 α , MCP-1, RANTES, ENA-78, GRO α

Growth Factors

e.g. VEGF, PDGF, FGF

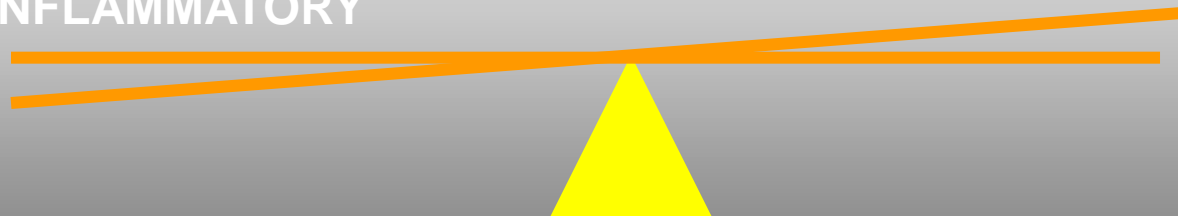


Tiny Maini

ARE ANY THERAPEUTIC TARGETS?

PRO-INFLAMMATORY

ANTI-INFLAMMATORY



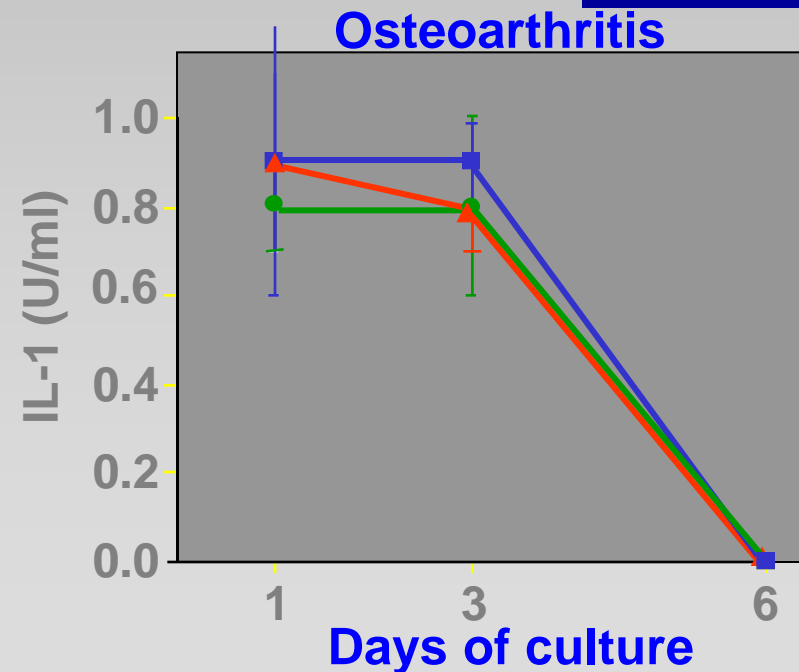
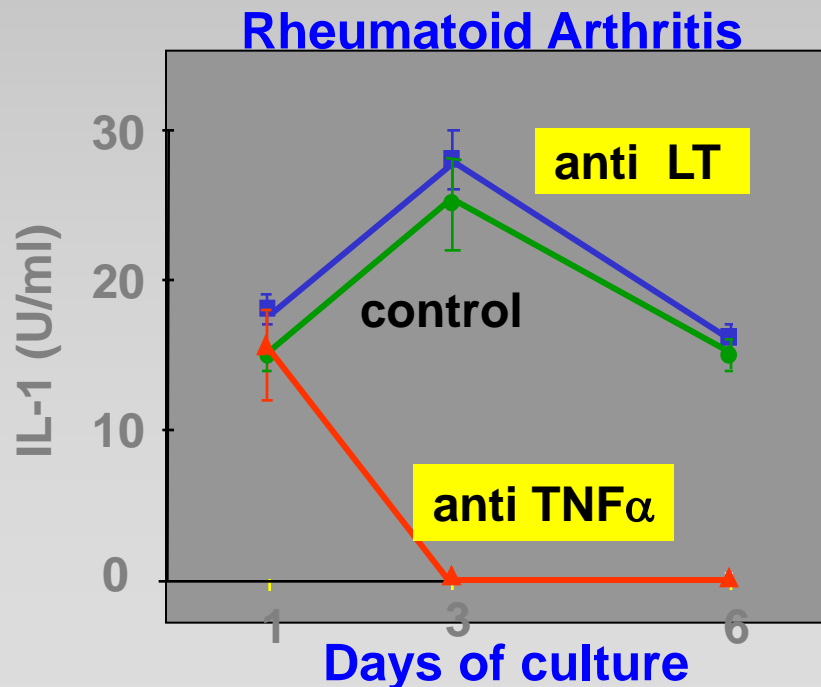
CHRONICITY

ANALYSIS OF CYTOKINE REGULATION REVEALED IMPORTANCE OF TUMOUR NECROSIS FACTOR

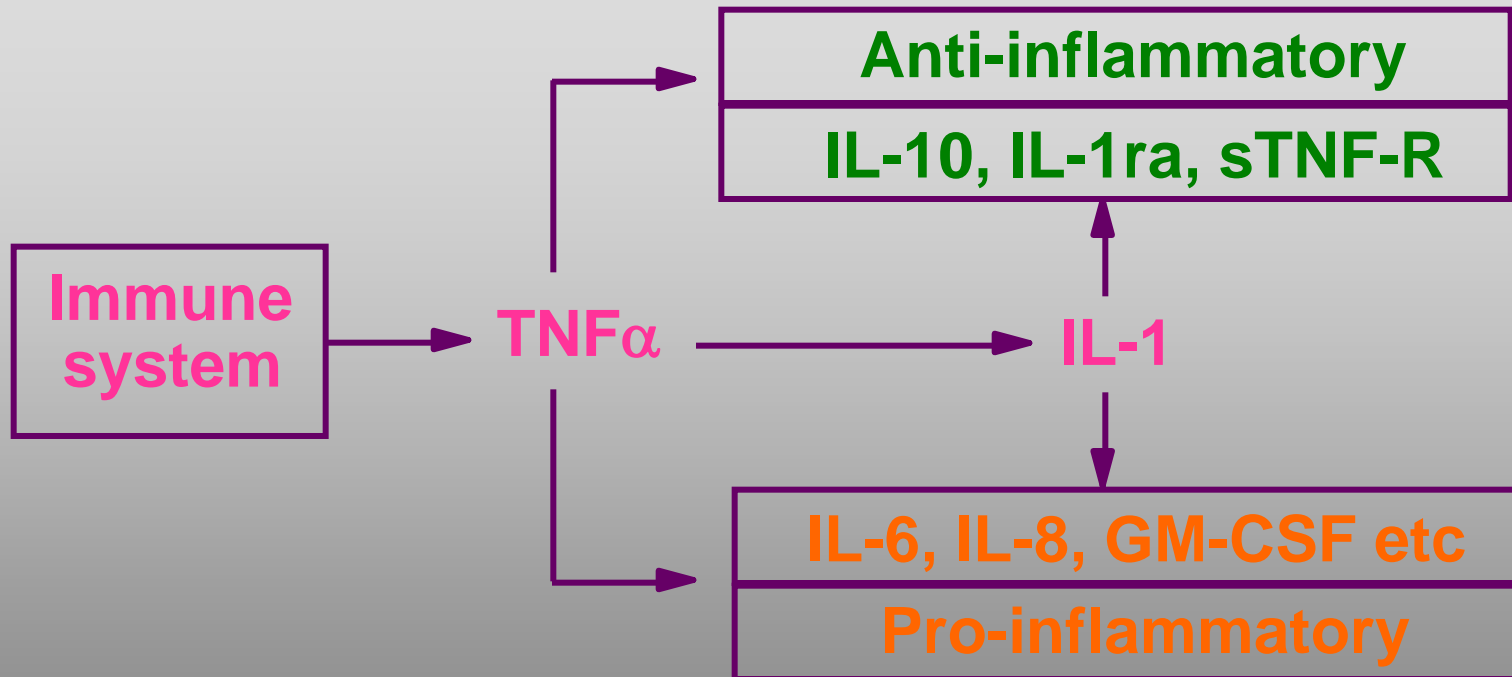
APPROACH	Operative sample RA synovium, cells placed in 'tissue culture'
OBSERVATION	Spontaneous production of cytokines etc
EXPERIMENT	Antibody to TNF



Fionula Brennan



TNF DEPENDENT CYTOKINE CASCADE IN RHEUMATOID ARTHRITIS



A USEFUL OVERSIMPLIFICATION....

RATIONALE FOR ANTI-TNF α THERAPY IN RHEUMATOID ARTHRITIS

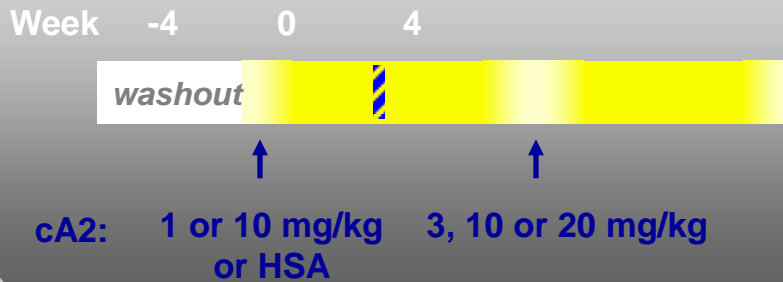
1. **Disregulated cytokine network in RA synovium is dependent on TNF α**
2. **TNF α /TNF-Receptor upregulated in synovium**
3. **Animal model of RA responds very well to anti TNF α administered after disease onset.**



FORMAL PROOF:

RANDOMISED, PLACEBO-CONTROLLED TRIAL OF INFLIXIMAB IN RHEUMATOID ARTHRITIS

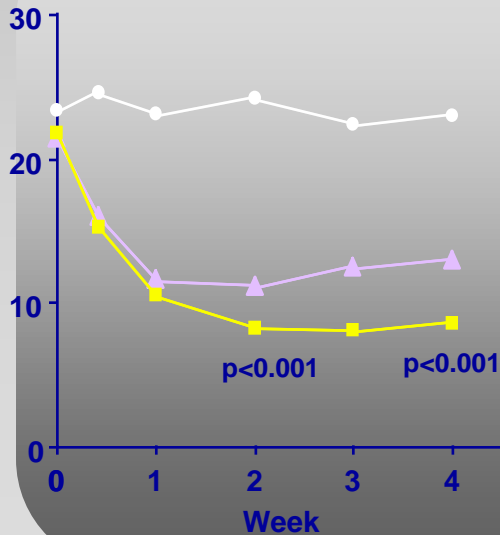
Design



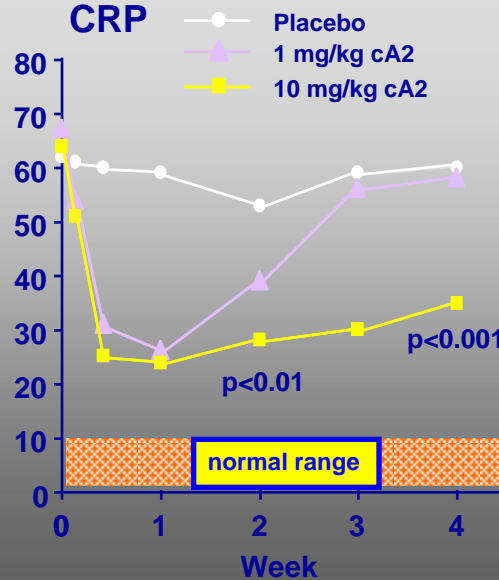
Results

well-tolerated
good clinical responses
in cA2 groups
dose-response
relationship

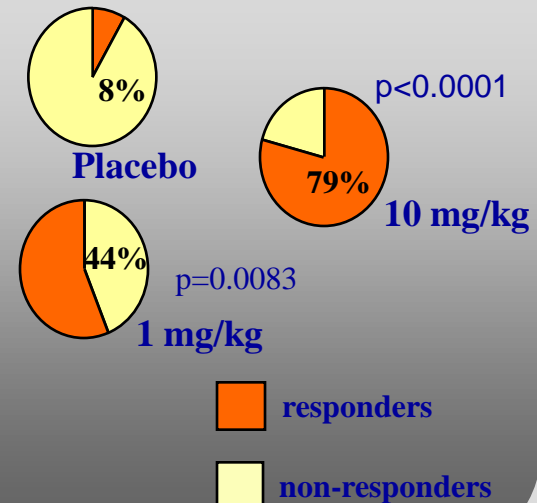
Swollen Joint Count



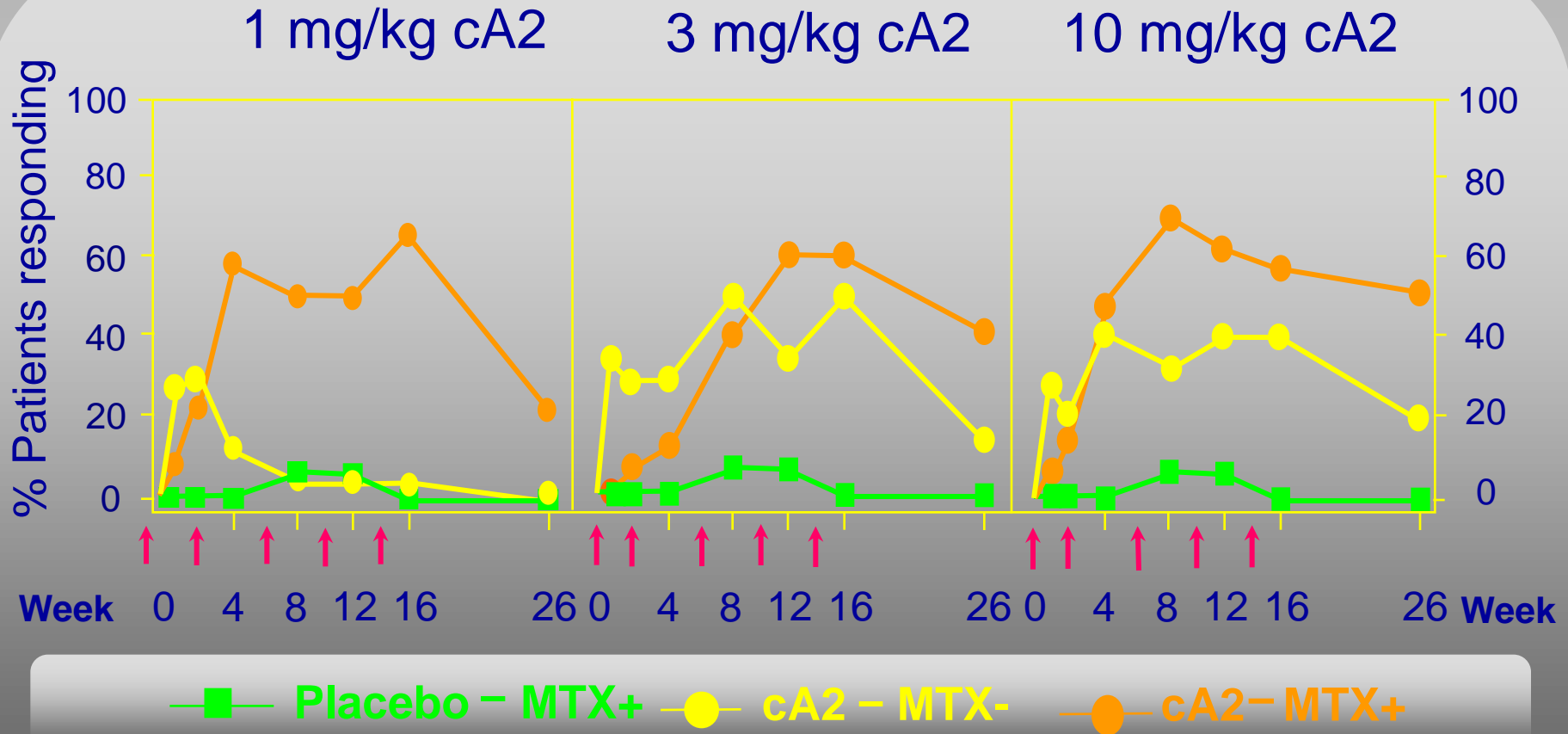
CRP



Paulus 20% responses at week 4



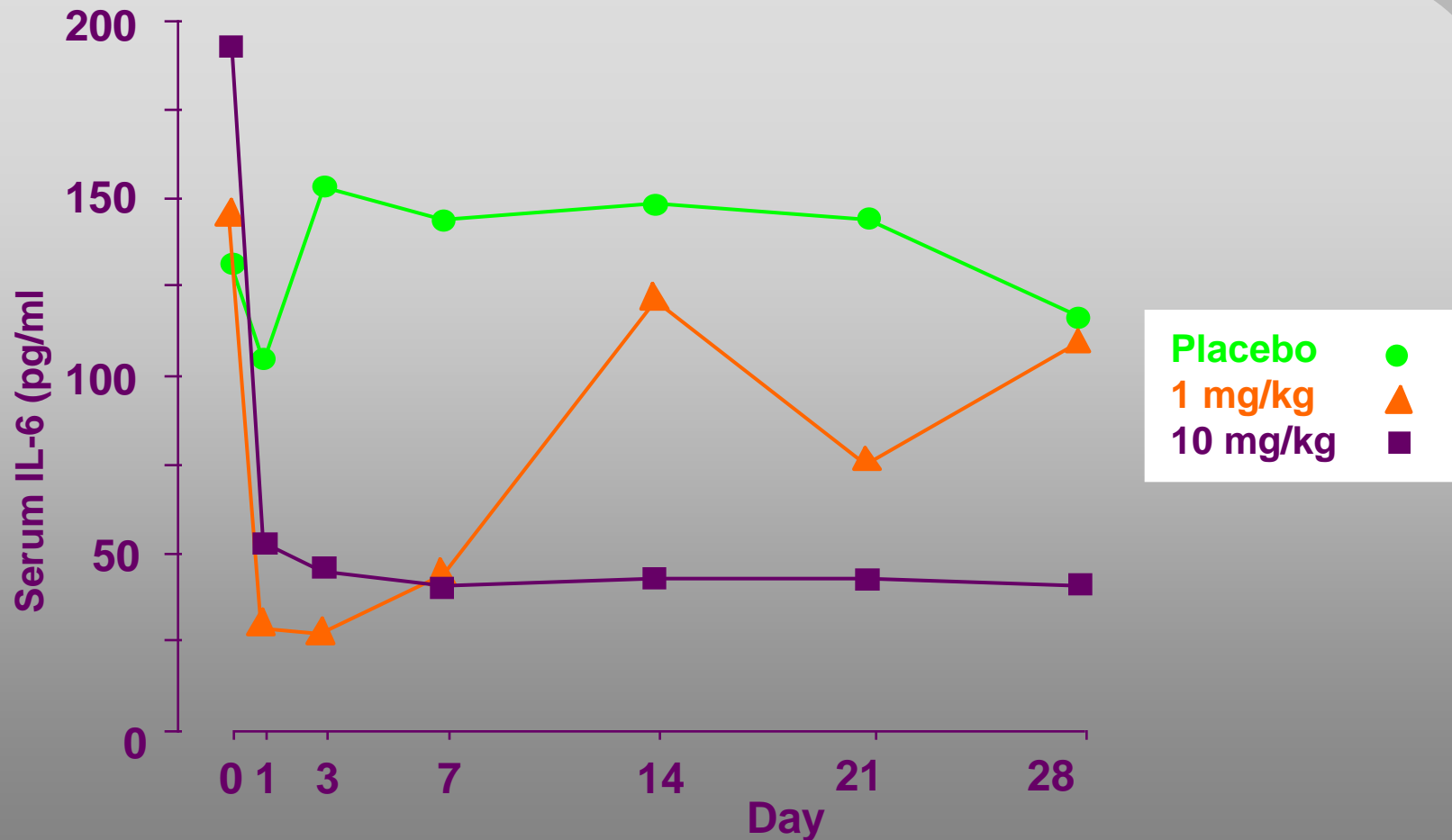
ENHANCED EFFICACY OF ANTI-TNF WITH METHOTREXATE: ACR 50 *(50% Paulus response)*



Used in >70% patients

Kennedy Institute gets royalties on USE patent

MECHANISM OF ACTION: **TNF α DEPENDENT CYTOKINE CASCADE** **IS OPERATIVE *IN VIVO***



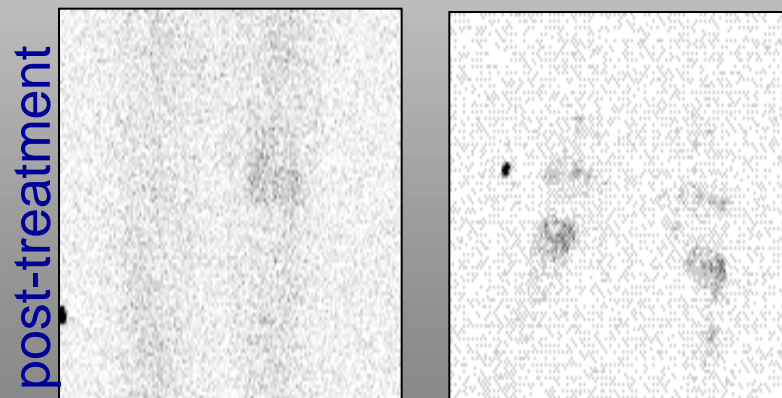
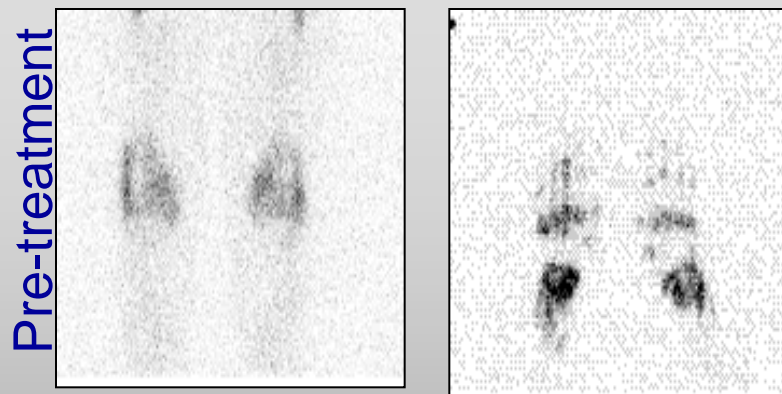
Also IL-1, GM-CSF, IL-8, VEGF etc

Charles et al (1999) J Immunol; 163: 1521-28

MECHANISM OF ACTION: REDUCED LEUCOCYTE TRAFFICKING AFTER INFLIXIMAB THERAPY



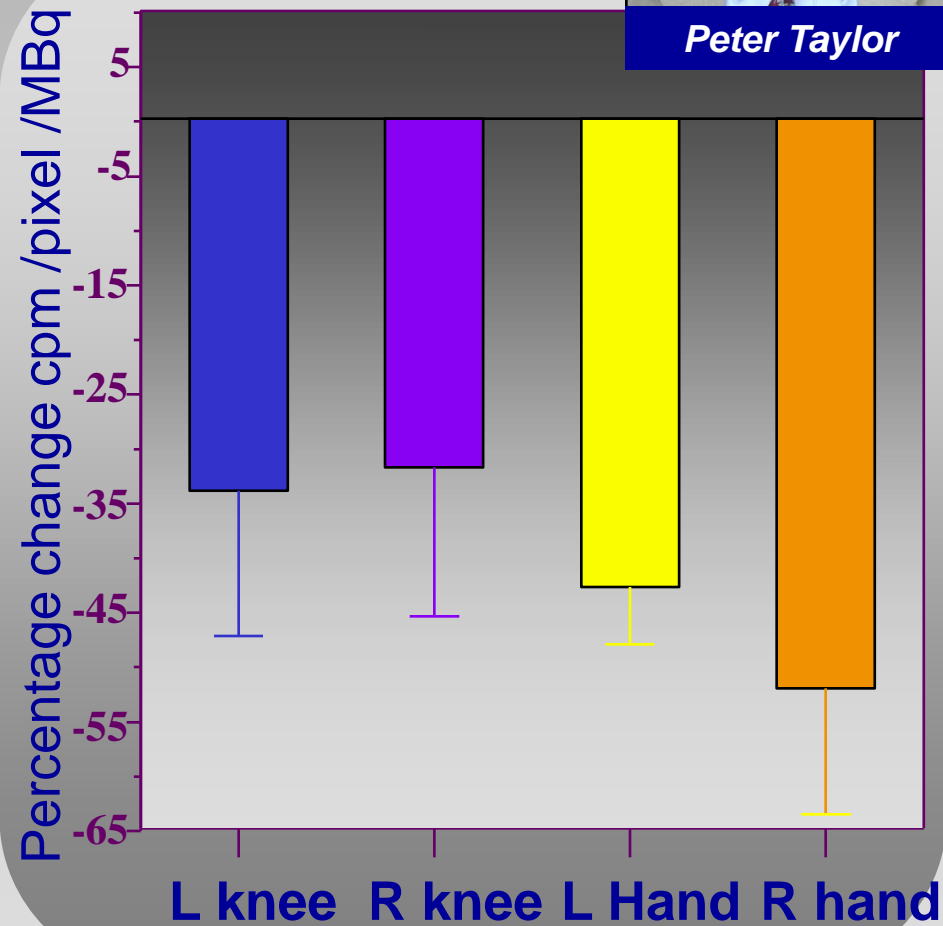
Peter Taylor



Knees

Hands

¹¹¹Indium labelled polymorphs



TNF BLOCKADE IN OTHER DISEASE:

1. CLINICAL STUDIES IN MANY DISEASES

2. APPROVAL ALSO IN: Juvenile RA
Ankylosing spondylitis
Psoriatic arthritis
Psoriasis
Crohn's disease
Ulcerative colitis

3. ROUTINE USE IN: Behcet's
Amyloidosis
etc

4. FUTURE USE: Fibrosis-Dupuytren's
Post-Operative Cognitive Decline

CURRENT PROBLEMS OF ANTI-TNF THERAPY

1. Not all patients respond
2. Degree of response inadequate
3. Side effect profile ● Infection
4. Cost of therapy (\$20-30K)

UNEXPECTED: ACCELERATING A THERAPEUTIC REVOLUTION

**1977 Kohler and Milstein:
mouse Mab by fusion
- problem immunogenicity**



Georges Köhler



Cesar Milstein

**1980' s Molecular engineering
Chimeric Ab
- Infliximab, Rituximab
approved 1999/2002**

**1990' s Humanization & Human Antibodies - Adalimumab
Phage Display, Engineered Mice**



Greg Winter

SALES OF MONOCLONAL ANTIBODIES

**2012 5 of top 10 drugs Mabs
anti-TNF biggest drug class
Mab revolution driven by
- anti TNFs - \$25bn
- anti cancer - >\$20bn**

ANTI-TNF THERAPY: PRIME EXAMPLE OF BENEFIT OF OPEN RESEARCH

1. Hypothesis → Rationale → Proof of Principle 1983-1992

2. Public Disclosure - Sept 1992
- Publication Dec 1993

- Grant by Centocor did not prevent early disclosure for common good
- Other companies joined fray post hearing of clinical success e.g. Celltech, Roche, Immunex, BASF (Abbott)

Public disclosure is a fundamental principle of science:

credit for discovery depends on disclosure

- first to disclose is discoverer (Royal Society 1660's)
- reproducibility is key to science

TIMELINE: DISCOVERY AND DEVELOPMENT OF ANTI-TNF THERAPY

ACADEMIC

1983	Hypothesis	
1985-90's	Cytokine analysis in RA and Joints	
1989	TNF dependent cytokine cascade (Brennan)	
1991	Anti-TNF ameliorates mouse arthritis (Williams)	
1992	Proof-of-Principle open trial London	} GRANT
1992/3	Re-treatment	
SEPT 1992	DISCLOSURE IN ARAD, ISRAEL	
DEC 1993	PUBLICATION	

COMMERCIAL

1993	Randomized, placebo-controlled
1994-5	Dose ranging and combination
1996	Mechanism Action
1997-8	Phase III

1998/9 Registration Etanercept/Infliximab

2002 Approval NICE

2003- Safety by patient registers

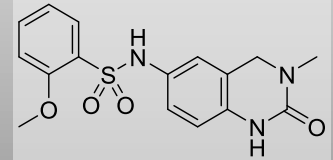
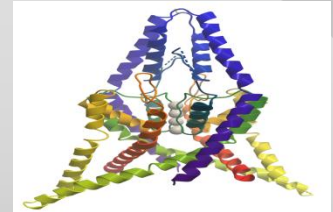
2002 ONWARDS Commercial and Patent Disputes

PUBLIC-PRIVATE PARTNERSHIPS

example in Toronto/Oxford - Structural Genomics Consortium

SGC-Oxford: human proteins/ structures to facilitate therapeutics development

- **World leader in human protein structural biology**
 - Nearly 700 novel structures
 - 8% of all structures solved per annum
- **Generating freely available novel epigenetic inhibitors**
 - 10 so far
 - 5 more per annum
 - In partnership with 8 companies (GSK, Pfizer, Novartis, Lilly, Abbvie, Boehringer-Ingelheim, Janssen, Takeda)
- Now working closely with Kennedy Institute, to help discover a cure for RA

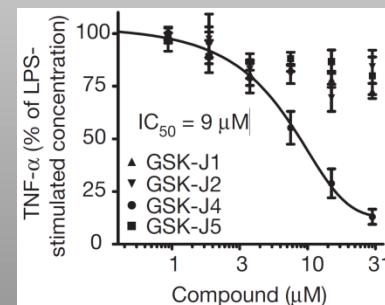


FUTURE: EVOLUTION OF SGC

- Working closely with Kennedy Institute to develop new therapeutics on new targets
e.g. DDR1
CCR4-CAF1
- Use of human disease cells to improve target validation
- increase throughput
- Taking new targets and drugs into proof-of-principle clinical trials

KEY POINTS

- Academic researchers far outnumber Industrial
- Certain specialized skills only in academia due to restricted resources e.g. human blood/tissue
- Avoiding needless duplication reduces costs, improves quality
- i.p. on targets difficult to sustain
- Commercial use of targets leads to new drugs with solid i.p.



CONCLUSIONS

- **Private-Public partnerships are a very efficient way of conducting research with major human impact**

ACKNOWLEDGEMENTS



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Peter Taylor



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Richard Williams



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