



Innovative Medicines Initiative

NEWMEDS

Novel methods leading to New medications in Depression and Schizophrenia

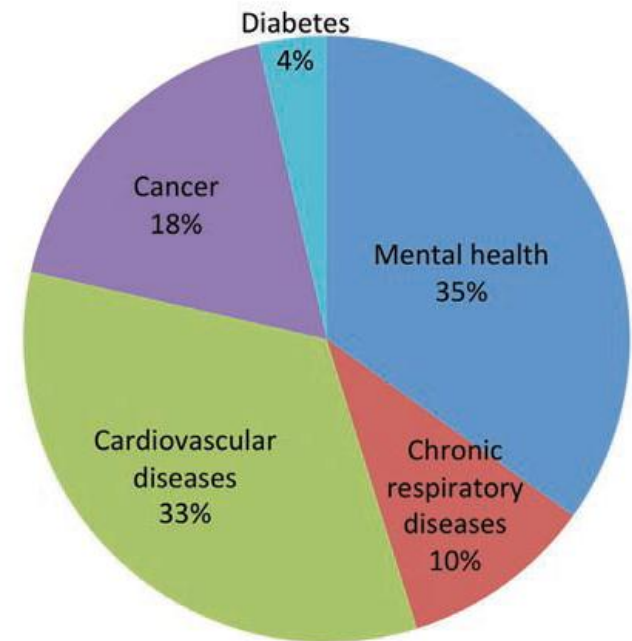
Tine Bryan Stensbøl
H. Lundbeck A/S

Psychiatry

a continuous burden on Patients, Families,
Caregivers and Society



- The global cost of mental health conditions in 2010 was estimated at US\$ 2.5 trillion, with the cost projected to surge to US\$ 6.0 trillion by 2030.
- **Mental Health is one of the top drivers in loss of output**
- Schizophrenia and Depression are among the top drivers in Mental Health



We have had very limited success in psychiatry



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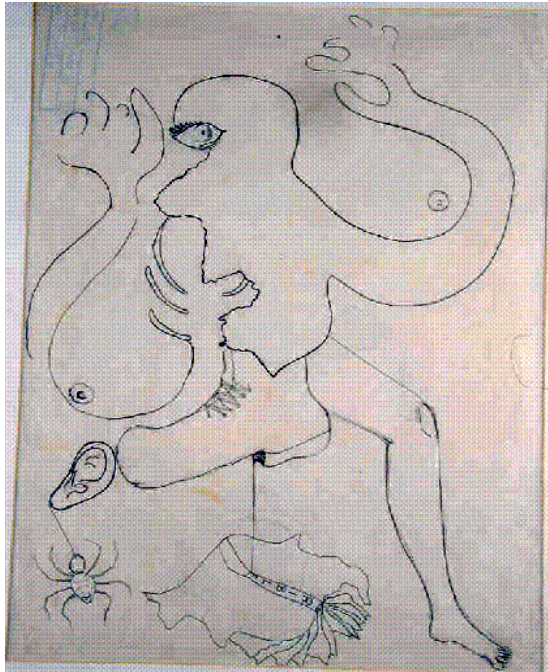
Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia

Jeffrey A. Lieberman, M.D., T. Scott Stroup, M.D., M.P.H., Joseph P. McEvoy, M.D., Marvin S. Swartz, M.D., Robert A. Rosenheck, M.D., Diana O. Perkins, M.D., M.P.H., Richard S.E. Keefe, Ph.D., Sonia M. Davis, Dr.P.H., Clarence E. Davis, Ph.D., Barry D. Lebowitz, Ph.D., Joanne Severe, M.S., and John K. Hsiao, M.D., for the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) Investigators*

In summary, patients with chronic schizophrenia in this study discontinued their antipsychotic study medications at a high rate, indicating substantial **limitations in the effectiveness of the drugs**. Within this limited range of effectiveness, olanzapine appeared to be more effective than the other drugs studied, and **there were no significant differences in effectiveness between the conventional drug perphenazine and the other second-generation drugs.**



The Patients are heterogenous



- Mental disorders have been considered "behavioral," implying that an exclusive focus on symptoms could yield a precise diagnosis
- Research has demonstrated that diagnostic labels such as **depression** or **schizophrenia** do not specify the underlying heterogeneity of these disease appropriately.
- Attempts to subdivide these categories by considering additional symptoms, such as *anxious depression*, have until now failed to give reliably better prediction of treatment response – *Tom Insel NIMH*



Key Research Challenges in Psychiatry



Challenge

Why do patients not respond well to current medication ?

Question?

Can we identify groups of patients and medications that match better?

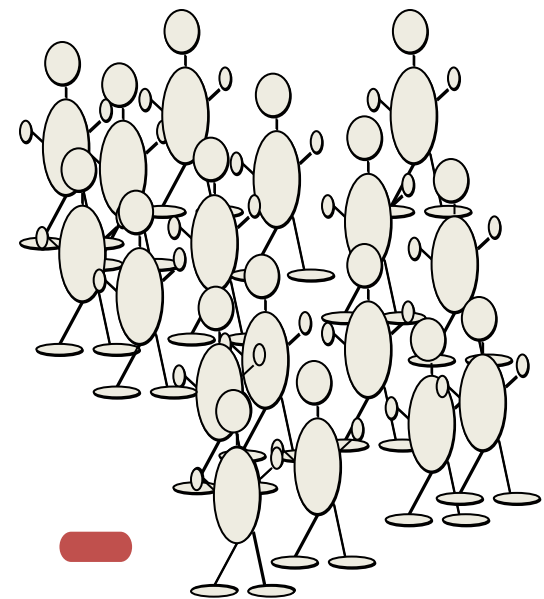
Clinical phenotype

Biological phenotype

Animal models

Clinical trials in a meaningful way

We are in desperate need of better tools



The need for a PPP



- The scientific questions that remain unanswered in psychiatry are extremely complex
 - One organisation cannot solve this by themselves
- A number of big pharma have recently pulled out of basic research in psychiatry (GSK, AZ)
 - More will follow due to the costs
- We need a platform where we can join forces
 - IMI has successfully provided that platform



Three major bottlenecks....



are holding back the progress of the field

Lack of pathophysiologically **relevant animals models** to guide the drug discovery efforts

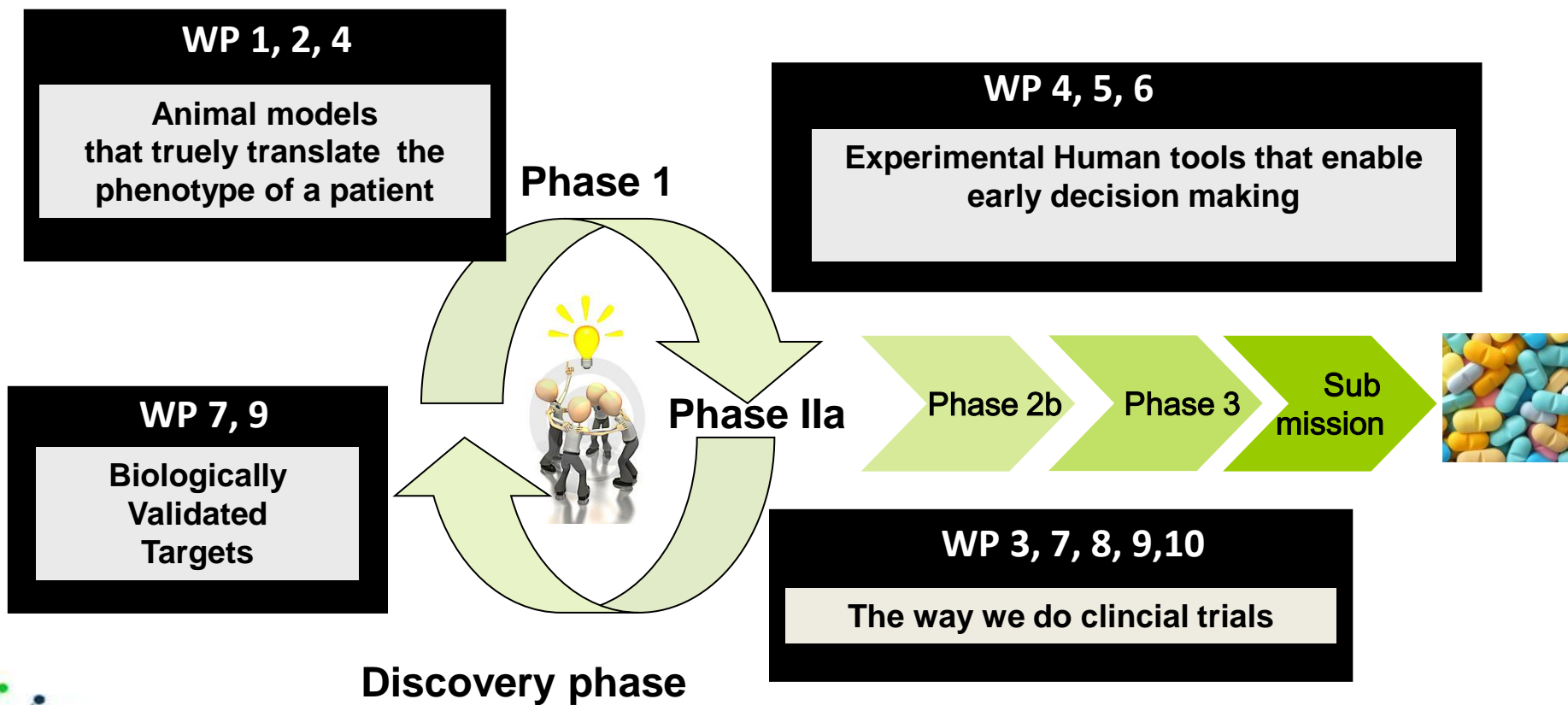
Lack of tools and tests in healthy volunteers that provide **early indications of efficacy**

The reliance of **clinical trials on symptom-based DSM-categories** which inevitably lead to heterogeneous groups of patients

Newmeds tries to address this



Headline achievements of the NEWMEDS program

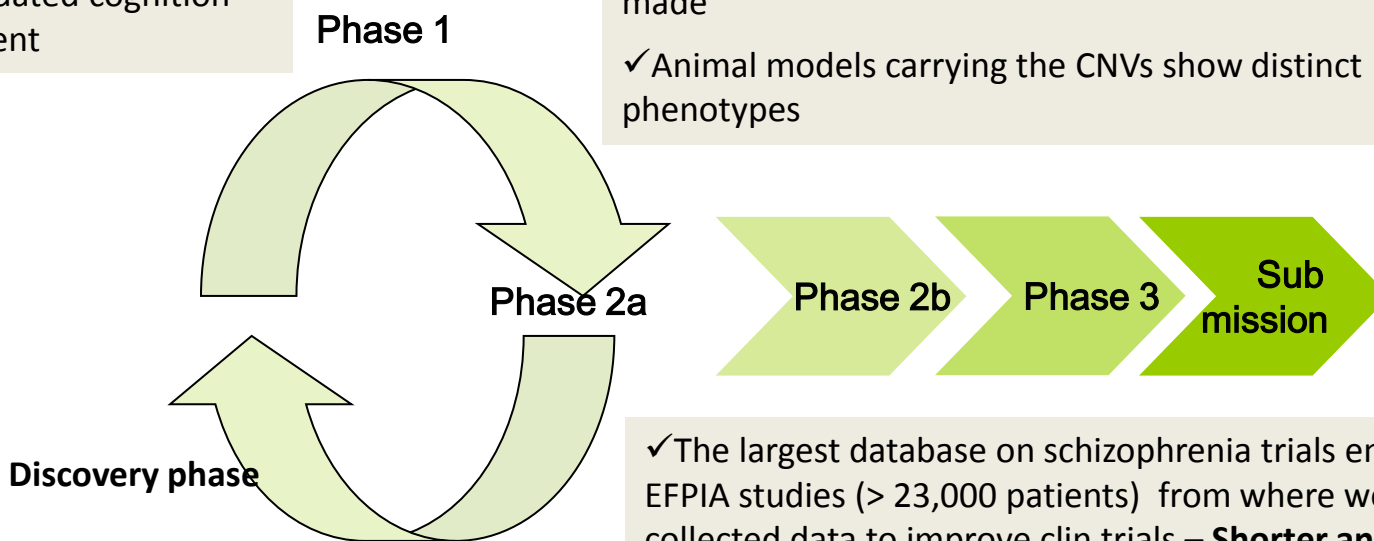


Headline achievements of the NEWMEDS program



- ✓ Animal-human imaging methodology has been developed and is ready to be used
- ✓ Cross site validated cognition assays in rodent

- ✓ Recruitment of more than 1300 subjects, controls and subjects carrying CNVs and MRI scanning of > 300 subjects
- ✓ Neuropsychological and anthropometric phenotypes associated with schizophrenia CNVs have been identified
- ✓ Links from animal models to humans carriers have been made
- ✓ Animal models carrying the CNVs show distinct phenotypes



- ✓ Cognitive and electrophysiological batteries have been validated in animal models **ready to be used in humans**

- ✓ 14 animal models of schizophrenia evaluated in a proteomic markers

- ✓ The largest database on schizophrenia trials enrolled in EFPIA studies (> 23,000 patients) from where we have collected data to improve clin trials – **Shorter and more efficient trials**

- ✓ The largest database on treated depressed populations generated - **no single gene does it.**

- ✓ depressiontools.org, an easy-to-operate web calculator to determine whether a biomarker is meaningful or not

An example from NEWMEDS...

There is clearly a genetic link.....

If you have a schizophrenic....	Your risk of getting schizophrenia is...
Identical twin	46%
Both parents	48%
Sibling or parent	12%
Aunt, Nephew, grand parent	5%
First cousin, great aunt	2%
No relatives	1%



Copy Number Variations (CNVs) could they be the link?



Vol 455 | 11 September 2008 | doi:10.1038/nature07239

nature

LETTERS

Rare chromosomal deletions and duplications increase risk of schizophrenia

The International Schizophrenia Consortium*

Schizophrenia is a severe mental disorder marked by hallucinations, delusions, cognitive deficits and apathy, with a heritability estimated at 73–90% (ref. 1). Inheritance patterns are complex, and the number and type of genetic variants involved are not understood. Copy number variants (CNVs) have been identified in individual patients with schizophrenia^{2–7} and also in neurodevelopmental disorders^{8–11}, but large-scale genome-wide surveys have not been performed. Here we report a genome-wide survey of rare CNVs in 3,391 patients with schizophrenia and 3,181 ancestrally matched controls, using high-density microarrays. For CNVs that were observed in less than 1% of the sample and were more than 100 kilobases in length, the total burden is increased

22q11.21
1q21.1
15q13.3

in comparison with controls. Rare, single-occurrence genes as opposed to those found within the genome, which includes multiple copies. Associations with CNVs on chromosomes were not previously been identified after genome-wide surveys for a model of schizophrenia of multiple rare CNVs at specific loci.

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LETTERS

nature
genetics

Strong association of *de novo* copy number mutations with sporadic schizophrenia

Bin Xu^{1,2}, J Louw Roos³, Shawn Levy⁴, E J van Rensburg

Schizophrenia is an etiologically heterogeneous psychiatric disease, which exists in familial and nonfamilial (sporadic) forms¹. Here, we examine the possibility that rare *de novo* copy number (CN) mutations with relatively high penetrance contribute to the genetic component of schizophrenia. We carried out a whole-genome scan and implemented a number of steps for finding and confirming CN mutations. Confirmed *de novo* mutations were significantly associated with schizophrenia (~8 times more frequent than in sporadic cases and rare genetic lesions at many different loci can account, at least in part, for the genetic heterogeneity of this disease.

22q11.21

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nature

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LETTERS

Large recurrent microdeletions associated with schizophrenia

Hreinn Stefansson^{1*}, Dan Rujescu^{2*}, Sven Cichon^{3,4*}, Olli P. H. Pietiläinen⁵, Andres Ingason¹, Stacy Steinberg¹, Ragnheidur Fossdal¹, Engilbert Sigurdsson⁶, Thordur Sigmundsson⁶, Jacobine E. Buizer-Voskamp⁷, Thomas Hansen^{8,9}, Klaus D. Jakobsen^{8,9}, Pierandrea Muglia¹⁰, Clyde Francks¹⁰, Paul M. Matthews¹¹, Daniel Gudbjartsson¹, Thorgeir E. Thorgeirsson¹, Asgeir Sigurdsson¹, Asgeir Bjornsson¹, Sigurborg Mattiasdottir¹, Thorarinn Blondal¹, Ina Giegling², Hans-Jürgen Möller², Annette Hartmann², a C. Need¹², Caroline Crombie¹³, Gillian Fraser¹³, Nicholas Walker¹⁴, Tamarie Tuulio-Henriksson¹⁵, Tiina Paunio^{5,15}, Timi Touloupoulou¹⁶, Murray¹⁶, Mirella Ruggeri¹⁷, Evangelos Vassos¹⁶, Sarah Tosato¹⁷, Silescu³, Thomas W. Mühleisen¹, August G. Wang¹⁹, Henrik Ullum²⁰, Lesen²³, Lambertus A. Kiemeny²⁴, Barbara Franke²⁵, GROUPT, Frey R. Gulcher¹, Unnur Thorsteinsdottir¹, Augustine Kong¹, Alexander Georgi²⁸, Marcella Rietschel²⁸, Thomas Werge⁸, Markus M. Nöthen^{3,4}, Leena Peltonen^{5,29,30}, David A. Collier^{16,18}, David St Clair¹³ & Kari Stefansson^{1,31}

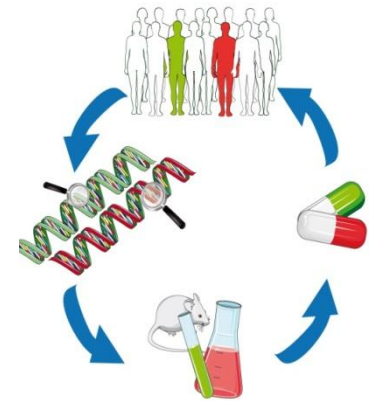
1q21.1

15q11.2

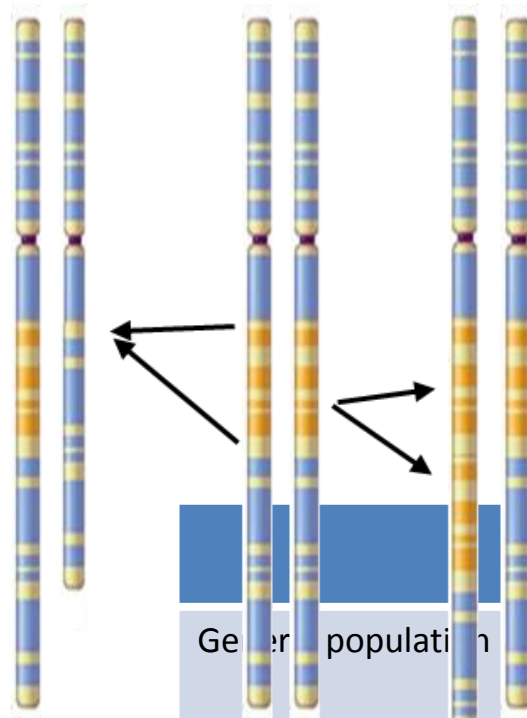
15q13.3



What are CNVs and Why are the CNVs so interesting?



Deletion Normal Dupli-
cation



CNVs are

Chromosomal deletions and duplications containing several genes

	Healthy	Schizophrenia
General population	100	1
22q11	100	30



Pursuing CNV variants as entries into psychiatry



Basis: Unrelated CNVs can lead to similar functional outcome (schizophrenia)

Aim - ultimately:

Identify drug targets with a strong link to underlying biology

How:

Characterize CNV mouse models

Characterise Human carriers of CNVs

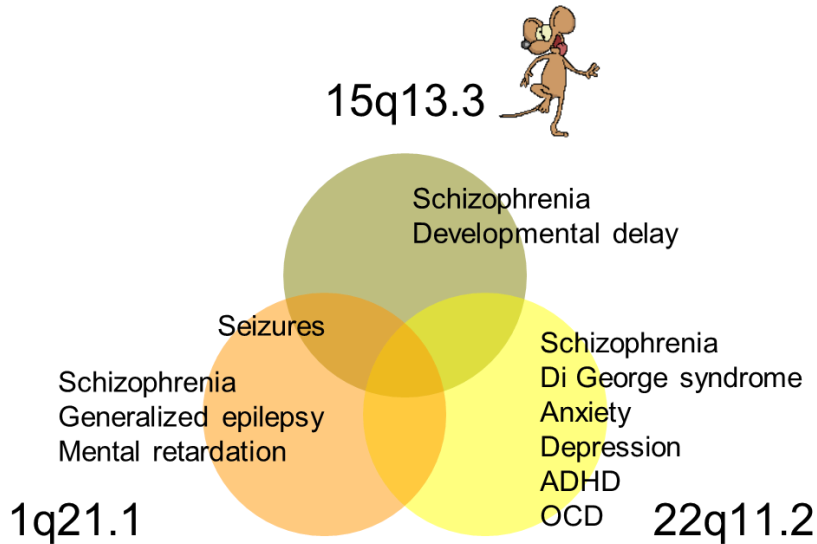
Identify schizophrenia relevant phenotypes in the mice

Outcome:

Platform to identify targets that may be used across diseases with similar biological dysfunctions



Converging symptoms and disorders



CNV carriers

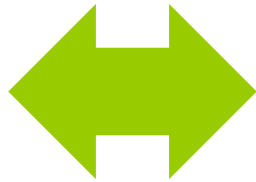
We have made mice models of these syndromes
We also have access to human carriers of these CNVs



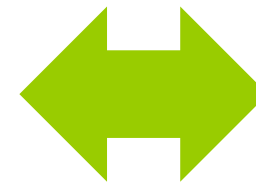
Highlight of this example



CNV mice



CNV carrier



Schizophrenia patient

Phenotypes seen in both CNV animals and human carriers have been found and might represent a novel platform from which we can start to hunt for novel drugs



What next?



- Finalise the validation of our tools
 - So that drug hunting can begin !
- Find a way to best leverage what we have achieved so far and secure that work continues and commitment remains high



Will Newmeds develop new drugs??



NO

But we will provide methods and novel entries to go "drughunting"



And when will we have a novel drug?

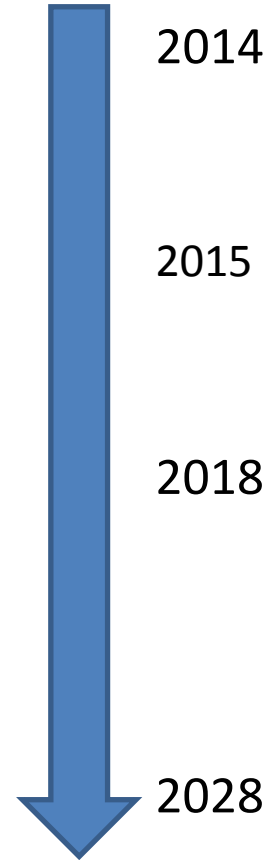
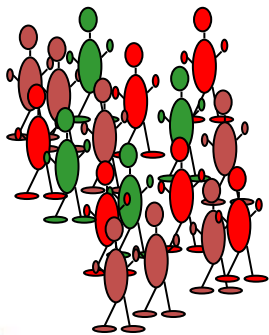


A novel platform to screen

A novel target to screen on next year

A novel drug candidate in 4 years

A truly novel drug in many years...



What impacts has NEWMEDS had?



Sadly,

- We have not as yet changed the lives of the patients that suffer from schizophrenia and depression

BUT we have

- Gained novel insights into the biology of these diseases
- Standardised the application of cognitive models across several industrial partners
- Developed novel tools for drug discovery [animal models, human imaging]
- Developed new web tools for analysis [image analysis, biomarker significance]
- Provided information for the design of more efficient clinical trials
- A single EFPIA company would not have done this on their own
- EFPIA companies continue to stay committed to Psychiatry



Thank you



Coordinator: H Lundbeck A/S, Copenhagen, Dr Tine Bryan Stensbøl

Leader of the Managing Entity: King's College London, London, Prof Shitij Kapur

Project Office: GABO:milliarium mbH & Co. KG, Munich, Kathrin Stoller

www.newmeds-europe.com



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WP11

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(total of 125)

Former members:

Lori Badura, Gabriel Vargas, Judith Jaeger, Svante Nyberg, Enrico Domenici, Donna Palumbo, Jayne Fox, Xiaolan Hu, Sarah Smith, Karen Williams



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Lilly 2011



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