

Nano2Clinic

Cancer Nanomedicine - from the bench to the bedside





Best practice: Clinical translation of a orphan nanodrug





ciber-b Centro de Investigación Riomédica en Rei Bioingeniería, Biomateriales y Nanomedicina





Elisabet González Mira, PhD

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Orphan Products: Hope for People With Rare Diseases

- A rare disease is defined by the EC as a life-threatening or chronically debilitating condition with a very low prevalence (< 1 in 2,000 people)
- Evident limitations on the development of therapies; fewer than 6% of rare diseases have an approved treatment option and if so, with limited effectiveness.

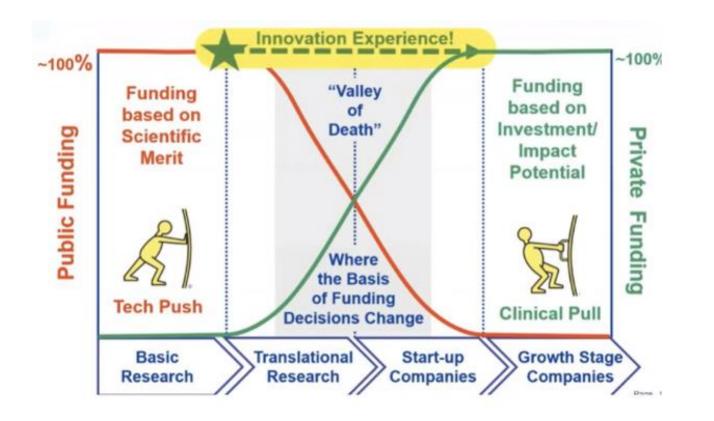


• Main challenges to face:

- small market (low interest for orphan products since unlikely that marketing of the medicine would generate sufficient returns to justify the investment needed for its development)
- poor understanding of the metabolic and biological basis of the disease
- regulatory challenges: low patient recruitment for clinical trials, more stringent requirements for demonstrating safety and efficacy due to the limited treatment options available for patients with rare diseases, ...
- Overall, drug development for rare diseases is not financially viable without the **support of regulatory** agencies and the funding and incentives through research and innovation framework programs

Public Funding to foster the clinical transition of orphan nanodrugs

Publicly funded research investment led by the European Commission has extensively supported the development of treatments for rare diseases





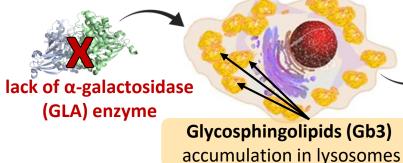


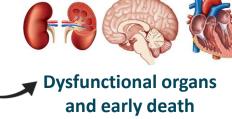


The Challenge in Fabry Disease



Lysosomal Storage Disorder (1 to 40,000 – 117,000 worldwide)





(kidney, heart, brain...)

Limitations in Enzyme Replacement Therapy



- Rapid enzyme degradation
- Poor penetration of enzyme in endothelial cells
- High immunogenicity
- Short circulation half-life, poor biodistribution and limited efficacy
- Frequent dosing is required (EOW)
- High-cost treatment (>280 k€/year)

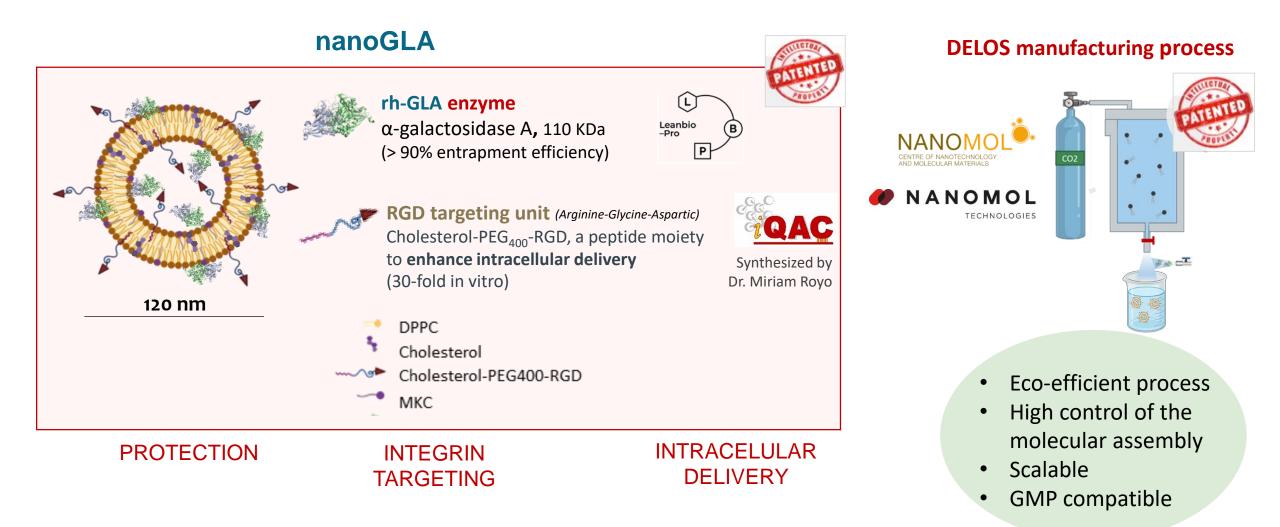
The EU orphan status already expired



Advance a novel nanoliposome formulation of a novel GLA enzyme from an experimental PoC up to an advanced stage of preclinical development



RGD-targeted nanovesicles for GLA delivery in Fabry disease

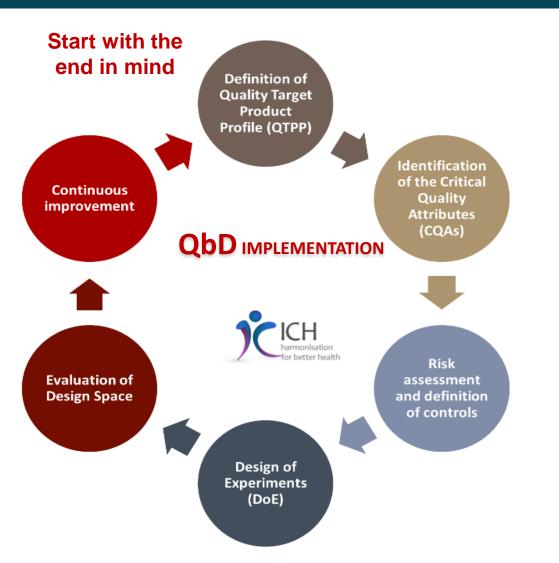


J. Tomsen-Melero et al. ACS Appl. Mater. Interfaces 2021. J. Merlo, et al. Journal of Supercritical Fluids, In press Cabrera, I. et al Adv. Healthc. Mater. 2016, 7, 829-840.

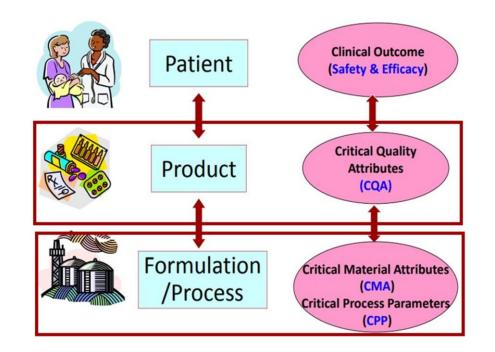
Granted patent WO/2014/001509, major holders CSIC & CIBER-BBN (2012)

IP protection of nanoGLA through a selection patent application, PCT/EP2022/051727 (2021)

Quality by Design approach



Systematic methodology recommended by EMA and FDA to formulation and process development.



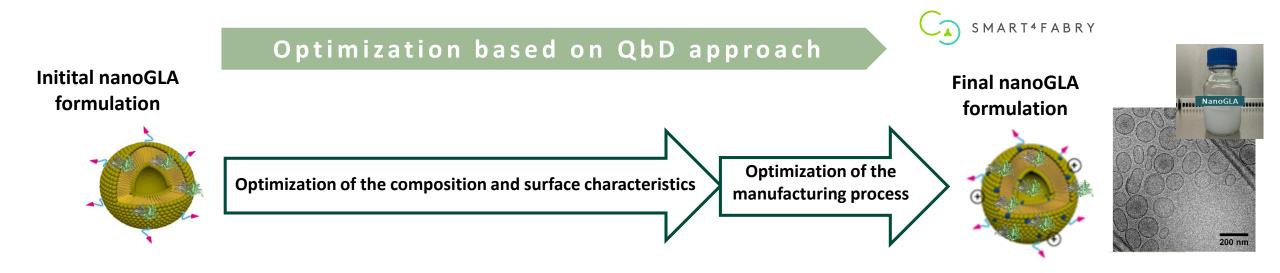
ICH Guideline Q9 - Quality Risk Management. *QUALITY RISK MANAGEMENT Q9, Step 4*. ICH Guideline Q10 - Pharmaceutical Quality System. *PHARMACEUTICAL QUALITY SYSTEM Q10, Step 4*. ICH Guideline Q8 - Pharmaceutical Development. *PHARMACEUTICAL DEVELOPMENT Q8(R2), Step 4*.

Definition of the Product Quality: Quality Target Product Profile

Pharmaceutical quality related to nanoscale properties

QTPP elements		Target	HETEROGENEOUS NANOFORMULATION	HOMOGENEOUS NANOFORMULATION
Dosage form Dosage design Administration route		Nanoformulation For targeted delivery Intravenous	DRUG	DRUG
Quality attributes of the liposomal product	 Physico-Chemical (PC) properties: Mean Particle Size and Particle Size Distribution (PdI) Particle morphology and lamellarity ζ-potential (liposome surface charge) Drug Entrapment Efficiency/Free drug substance Integration efficiency of Chol-PEGn-RGD in the vesicular membrane pH Dispersion stability 	Must meet the standards resulted from the specifications of similar approved products or from the current scientific research	Poor pharmaceutical quality	High pharmaceutical quality
	Osmolality Lipid and GLA degradation products Biological properties: Bioactivity Biocompatible Microbiological quality	Preserve the enzymatic activity Lack of hemolytic activity and cytotoxicit Sterile and free of endotoxins		f nanoformulation

NanoGLA and process development for scale-up & preclinical testing



Defined CQAs & specification in line with Relevant CMC Guidance and EMA recommendations (Scientific Advice)

Nanoformulation with optimal characteristics for scale-up & preclinical testing

Specific Relevant Guidance

NanoGLA is classified as **biologic in a liposomal delivery system** and will be subject to biological and other quality legislation

Essential to refer to guidance relevant to both, drug substance and drug product

- a. Specific Guidance on Liposomal or other Nanodrug Delivery Systems:
 - ✓ Reflection paper EMA/CHMP/806058/2009/Rev.02 (February 2013)

(only indirectly relevant as neither Replagal or Fabrazyme are liposomal products)

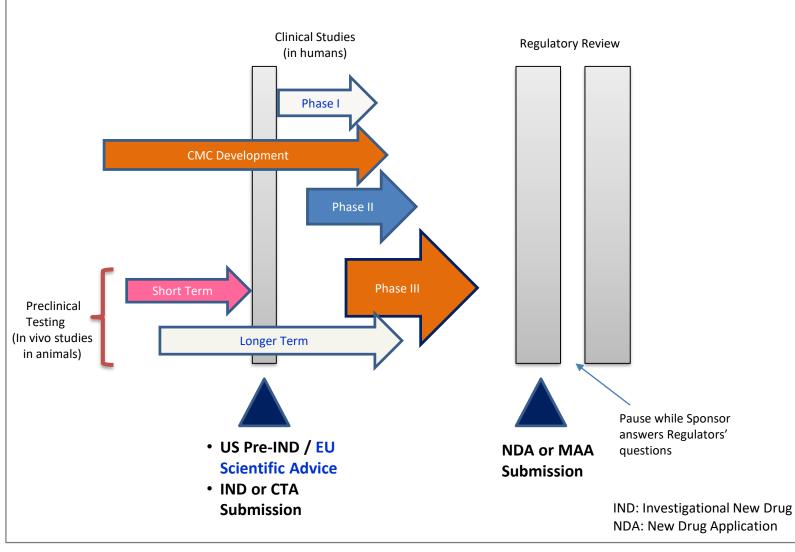
- ✓ FDA Final Guidance for Liposome Drug Products (April 2018)
- ✓ FDA Final Guidance for Industry: Considering Whether an FDA-Regulated Product Involves the <u>Application of Nanotechnology</u> (June 2014)
- b. Guidance on Biotechnological Product
 - ICH Q6B guideline "Specifications: Test Procedures and Acceptance Criteria for Biotechnological/Biological Products"
- c. Guidance on Pharmaceutical Development
 - ✓ ICH Q8(R2), Q9 , Q10 & Q11 guideline

In addition to the existing guidelines for conventional drugs about non-clinical / clinical trials



Scientific considerations from regulatory agencies

The Pharmaceutical Development Path: Chemistry, Manufacturing & Controls (CMC), nonclinical, and clinical studies



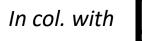




Scientific considerations are given by the regulatory agencies in the frame of preparing the drug product for:

- the clinical trial application (CTA)
- the future marketing-authorisation application (MAA)

Regulatory Support: Scientific Advice (SA) (CHMP-EMA)

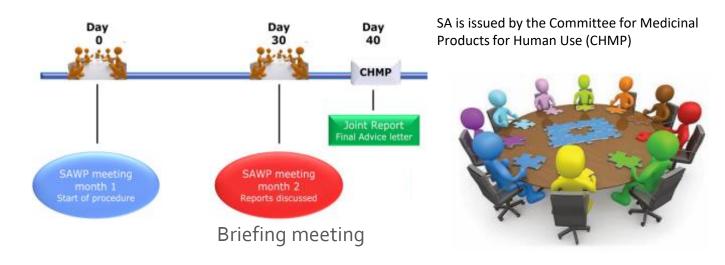




 $\circ~$ Preparation of the Briefing Document:

Contains scientific questions regarding:

- Quality (Critical Quality Attributes, specifications, stability programme, etc.)
- Non-clinical (Toxicity and safety studies design)
- Submission and Procedural timelines:





Recommendations have been taking into consideration for pharmaceutical development

S M A R T ⁴ F A B R Y





Competitive advantages of the nanoGLA regarding the current solutions



Orphan Drug Designation (ODD)



To qualify for orphan designation, a medicine must meet a number of criteria:

1 it must be intended for the treatment, prevention or diagnosis of a disease that is lifethreatening or chronically debilitating

the prevalence of the condition in the EU must not be more than 5 in 10,000 or it must be unlikely
 that marketing of the medicine would generate sufficient returns to justify the investment needed for its development;

2

no satisfactory method of diagnosis, prevention or treatment of the condition concerned can be authorised, or, if such a method exists, the medicine must be of **significant benefit** to those affected by the condition.

Orphan Drug Designation (ODD)

Which are the advantages? Which are the incentives?





Protocol assistance from the EMA about the trials needed to demonstrate the quality, safety, and efficacy of the medicine

2

Fee reductions/exemption during the procedures

3

Exclusivity in the market for 10 years after being approved, and 12 years for pediatric drugs.

This designation has important implications for the translation of the new therapeutic product from bench to bedside

Milestones achieved in the frame of S4F

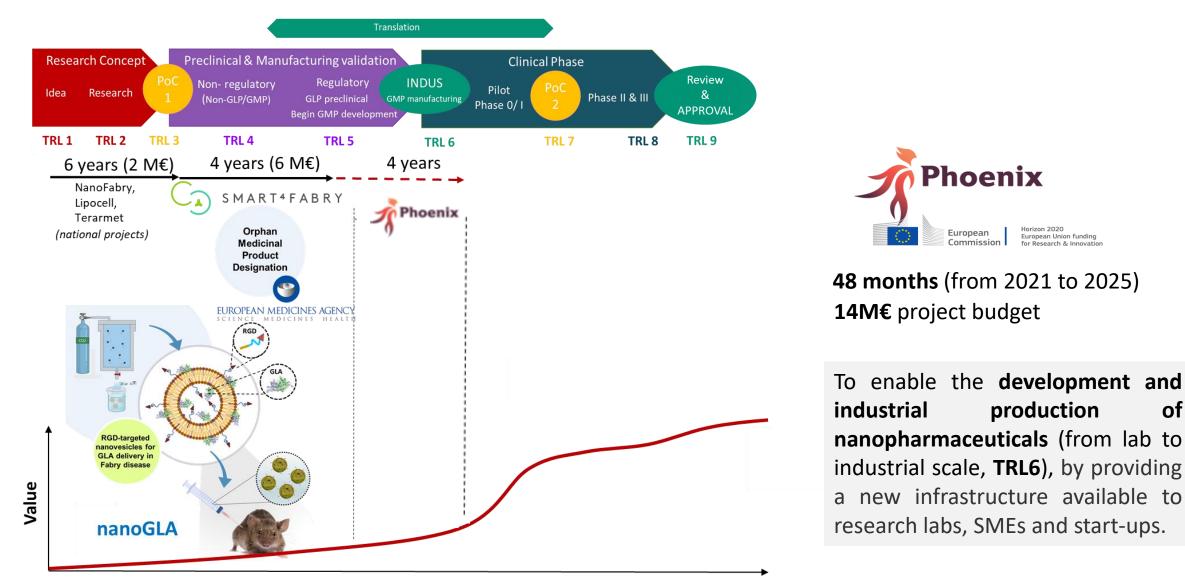
Advanced the development of a novel nanopharmaceutical for the Fabry disease treatment up to the Regulatory Preclinical Phase (TRL5) with the achievement of important milestones:

✓ Orphan Drug Designation:

- Improved efficacy in preclinical models compared to authorized treatments for Fabry disease
- ✓ Initiated the first GLP toxicity studies

✓ Patent application to protect the nanoGLA product (PCT/EP2022/051727)

Further development to reach TRL6: EUH2020 PHOENIX



Time/investment

of

Phoenix Consortium



- □ **11 partners** across Europe (public and private entities)
- □ Coordinated by the Luxembourg Institute (LIST), and the German SME MyBiotech
- □ 3 companies and 1 public institution from Spain:
 - Nanomol Technologies
 - Leanbio
 - Grace Bio
 - CSIC: ICMAB & INMA





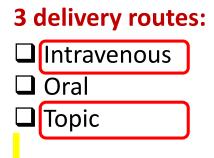
Testing Phoenix OITB: Demo Cases

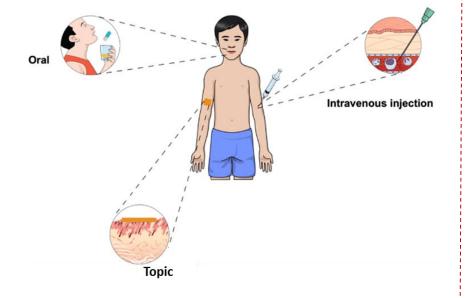


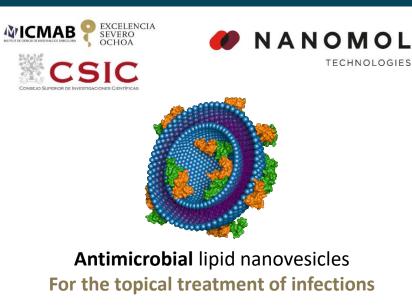
4 demo-cases are contributing for service portfolio establishment:

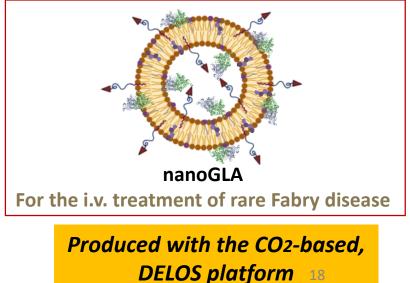
4 nanopharmaceutical types

- Nanocrystals
- Vesicles
- Particle conjugates
- Polymeric diagnostic agent

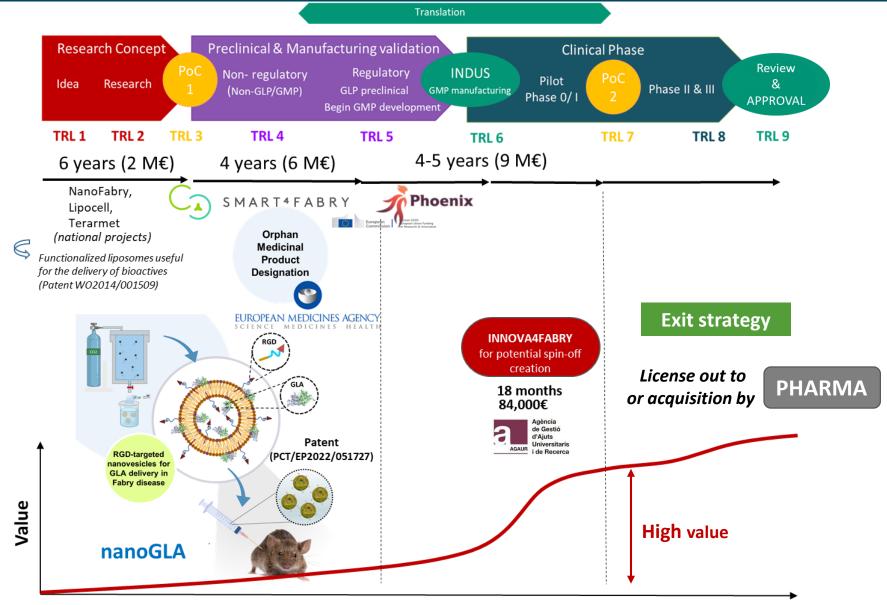








Final overview (and future perspectives) of nanoGLA development



Time/investment

Conclusions

Take home messages

- Developing nanodrugs for rare diseases can be very challenging, since it must to face the significant challenges of both, the nanopharmaceuticals and orphan products' development;
- The support of regulatory agencies and the public funding research investment led by the European Commission is fostering the development of therapies for rare diseases;
- In the frame of the Smart4Fabry EU-project, we have developed a novel, patent protected, and potentially more effective therapy for Fabry disease treatment up to an advanced stage of preclinical development and with the achievement of the Orphan Drug Designation;
- Currently, with the Phoenix EU-project, together with the project Innova4Fabry, a smooth transfer of this novel therapy to clinical phase is pursued.

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*c*iber-bbn Dr. J L Corchero



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Thomas Kroath

(в)-

Dr. Albert Font

Dr. Ariadna Padrós

Prof. Dganit Danino Prof. Jan S. Pedersen

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Dr. Xavier Lúria

Daniel García

Dr. Thomas Birngruber Dr. Hazel Clay











Thank you for your attention!

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