



# Small Molecules and Drug Repurposing

Dr. Bruce Bloom

Chief Collaboration Officer, Healx

[Bruce.Bloom@Healx.ai](mailto:Bruce.Bloom@Healx.ai)

CSO, Kabuki Syndrome Foundation

[Bruce@Kabukisyndromefoundation.org](mailto:Bruce@Kabukisyndromefoundation.org)

CEO Fortuity Pharma

[Bruce.Bloomn@FortuityPharma.com](mailto:Bruce.Bloomn@FortuityPharma.com)

# Small Molecules

- Small molecules make up about 90% of pharmaceutical drugs (as of 2020) such as statins, aspirin, and antihistamines
- They also include biological therapeutics such as fatty acids, glucose, and amino acids, and secondary metabolites such as lipids, glycosides, alkaloids, and natural phenols
- They do not include larger molecules such as polysaccharides, proteins, **ASOs and gene therapies**

# Small Molecules

Small molecule drugs have been the mainstay of the pharmaceutical industry for nearly a century

They are low molecular weight organic compounds (must have a carbon atom) with **distinct advantages** as therapeutics:

- ▶ most can be administered orally
- ▶ they can pass through cell membranes to reach intracellular targets
- ▶ they can also be designed to engage biological targets by various modes of action
- ▶ their distribution can further be tailored, for example to allow for systemic exposure with or without brain penetration, or perhaps to be maintained just within the GI system (Rifaximin)

# Small Molecules

## Small molecules also have some **disadvantages**

- ▶ Most are promiscuous-hit lots of targets and tissues
- ▶ Some do not cross the blood brain barrier (we wish they would!)
- ▶ Some suffer from “first-pass” degradation in the liver
  - Can be an **advantage** in liver diseases
- ▶ Some accumulate in certain tissues
  - This can also be an **advantage** in certain conditions
- ▶ Some have manufacturing or stability issues
  - Intermediates in the manufacturing process can be explosive!

# Small Molecules

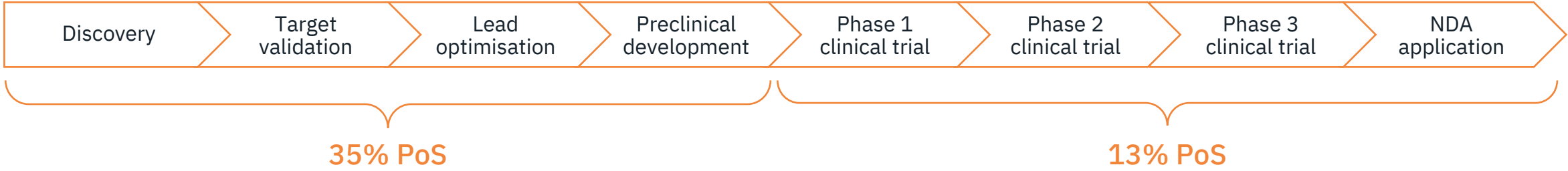
- **Drug**-Any substance (other than food) that is regulatory approved to prevent, diagnose, treat, or relieve symptoms of a disease or abnormal condition through a physiological effect
- **Nutraceutical**-a “biologically active substance” that has not been approved by a regulatory agency for a specific disease indication or condition but is available for human use.
  - ▶ Most are natural substances, some are new chemical entities
- **Shelved Compound**-a “drug-like molecule” that has been proven safe for human use in a clinical trial but has not been approved for a specific indication and IS NOT available for human use except in a clinical trial

# Small Molecules

- Ways to develop new small molecules
  - ▶ Developed through traditional rational drug design
  - ▶ Modified from existing drugs
  - ▶ Isolated from natural resources
  - ▶ Created by AI/ML techniques
- Traditional small molecule design includes
  - ▶ Biological target identification and validation
  - ▶ Making lots of molecules to hit the target
  - ▶ Determining which “hits” convert to “lead” molecules
  - ▶ Lead optimization

# Redefining and de-risking new drug discovery

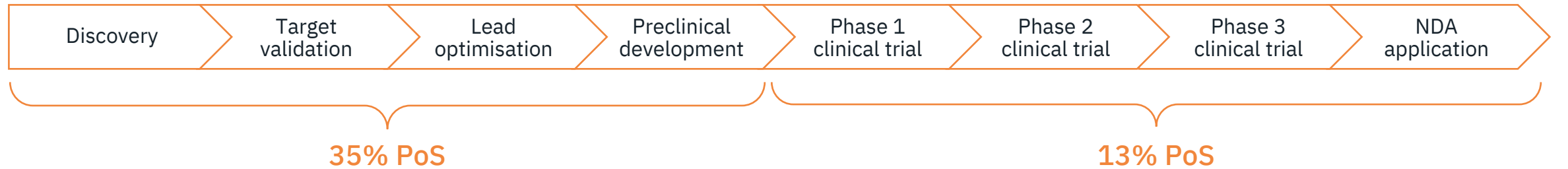
## Traditional drug discovery process



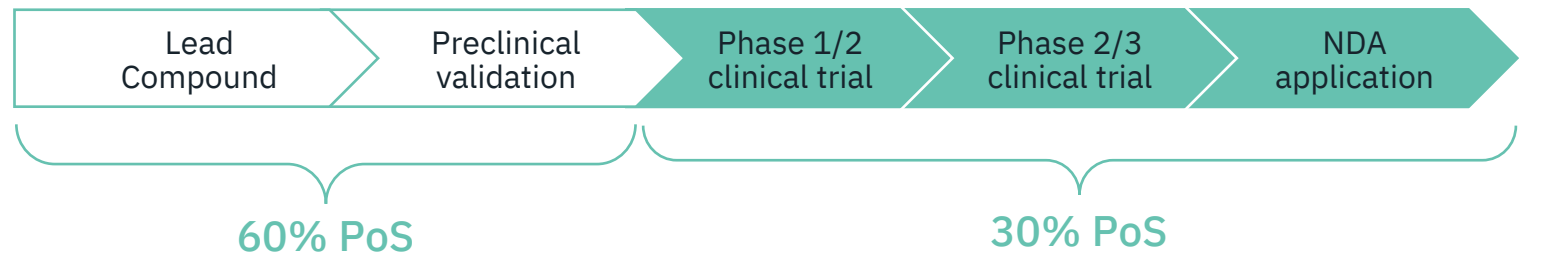
Overall PoS = 5%

# Redefining and de-risking drug discovery

## Traditional drug discovery process



## Drug Repurposing



**Overall PoS = 18%**



# Repurposing Pathways

- Patient/Caregiver Discovery-work with MD for “N of 1 study” (“Easiest”)
  - ▶ Use of AI tools/publication research, social media and other grassroots information
  - ▶ Some MDs may not be willing; + PoC could lead to larger trials
- PAG/Parents work with MDs for “N of Some” observational repurposing study (“Moderate”)
  - ▶ Small, open label to gather information that could lead to a “real” study
  - ▶ [Syngap Drug Repurposing of Tanganil](#); [Fortuity Pharma / amlexanox](#)
- PAG/Parent led investigator-Initiated Trial (IIT) to off-label use (“Possible”)
  - ▶ Small, open label, low cost/short time frame, publication critical
  - ▶ Depends on the disease endpoints, biomarkers, timeframe, pre-clinical data

# Repurposing Pathways

- Patient Group led regulatory approval of generic drug (“Currently Hardest”)
  - ▶ Intermediate costs/time frame; can be challenging labeling requirements
  - ▶ Usually requires RCT pivotal study
- Full commercialization (Often no viability for Pharma, especially in rare)
  - ▶ Longer and more expensive; only if strong commercial potential
  - ▶ Modify an existing drug or repurposing a shelved compound

# Drug Repurposing Identification

- **Serendipity**

- ▶ Viagra, Minoxidil: side effect to therapy /pivot / almost direct to clinical trials
- ▶ [Neonatal Hemangioma: biology points to drug propranolol / direct to off label SOC](#)
- ▶ Cyclodextrin for Niemann-Pick Type C disease given to control animals improved condition and [led to human use](#)

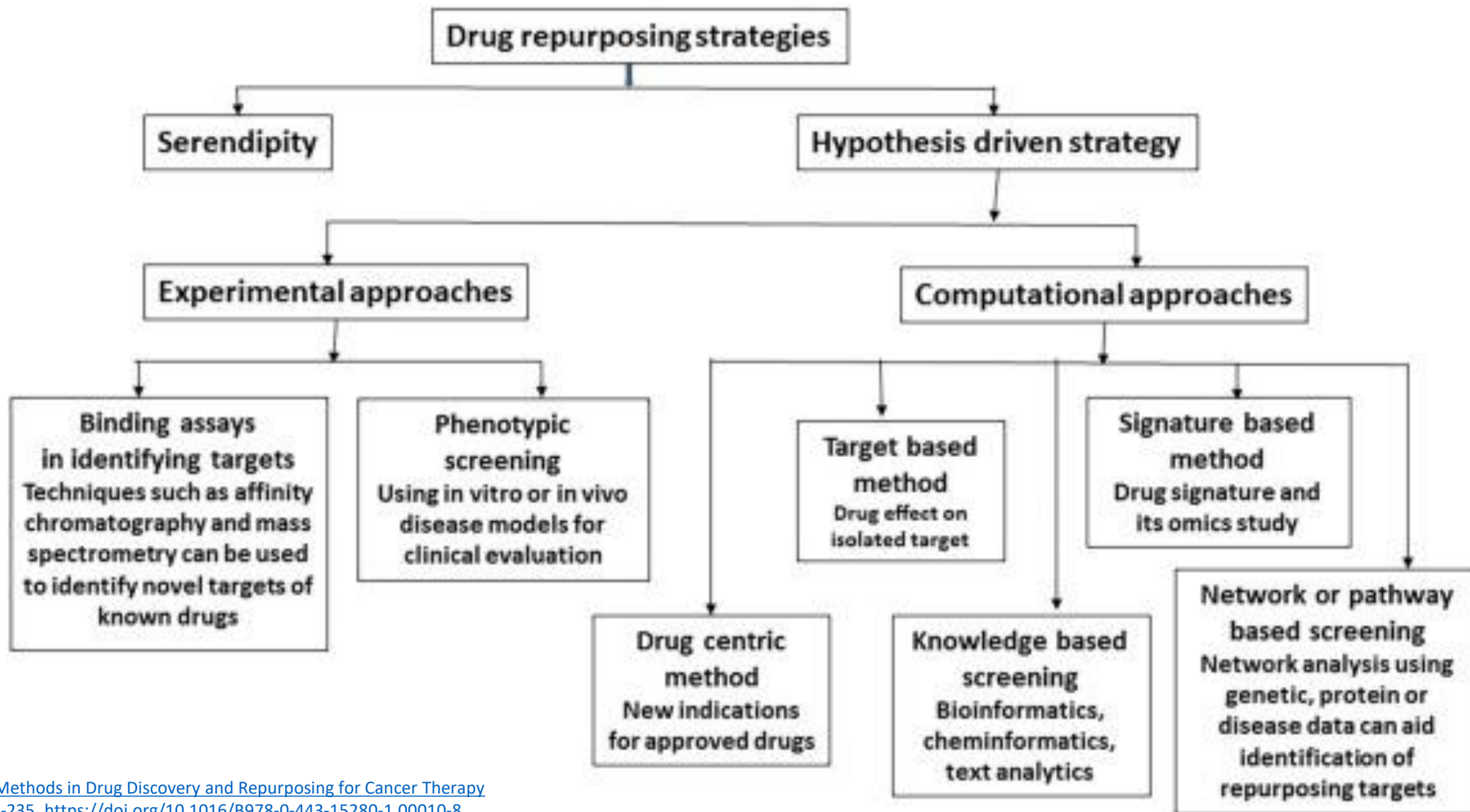
- **Traditional Biology**

- ▶ [ALPS](#): gene discovery / elucidate target / obvious drug candidate / test in *in vivo* model / PoC clinical trial / change SoC / use off label / [test on similar diseases](#)
- ▶ [FD](#): gene discovery / elucidate protein function / assays built-biology confirmed / test nutraceuticals / **NO CLINICAL TRIAL** / patient+physician RWE testing / currently 8+ nutraceuticals combined restore 100% circulating protein
- ▶ T1D-BCG vaccine repurposed to slowly change autoimmunity / traditional PH 1,2,[3](#) [clinical testing](#) / \$25M and 6+ years

# Drug Repurposing Identification

- **Drug screening**
  - ▶ Assay development
  - ▶ Libraries
  - ▶ High throughput discovery to low throughput confirmation
- **Clinical observation**
  - ▶ Patients with co-morbidities
  - ▶ Physicians struggling for a solution
  - ▶ Patients self-treating
  - ▶ Social media/patient organizations
- **In silico screening**
  - ▶ Massive data
  - ▶ AI/ML
  - ▶ Discover new biology / existing drugs can lead to improved new chemical entities

# Drug Repurposing Strategies



# Drug Repurposing

- **Positives**

- ▶ **Faster** to patients

- Lead compounds can get to clinical trials in under 2 years
    - Might be able to skip Phase I
    - Physician use without clinical trial validation
    - Off-label use after clinical trial validation
    - 505(b)2 FDA approval pathway

- ▶ **Safer**

- Known dosing, side effects, drug-drug interactions
    - Some repurposing is not in new indication (adult to child)
    - May need new tox studies for repurposing in a new rare indication

# Drug Repurposing

- **Positives**

- ▶ **Cost**

- Can be cheaper to manufacture, buy, test, market
    - Downside is that repurposing generics have poor commercial viability

- ▶ **Availability**

- Often available to test (FDA Import Program)
    - If successful often generic and globally available to buy/use clinically
    - If not available in most countries, may be a way to create exclusivity

- ▶ **Knowledge**

- Data available for research (standard research and *in silico*)

# Exclusivity, Development Benefit, Commercialization

- [ODD](#) (Orphan Drug Designation)-treats a disease affecting <200K people in the US, or >200K but no chance of commercial success
  - ▶ Tax credits for qualified clinical trials; Exemption from user fees
  - ▶ Potential seven years of market exclusivity after approval
- [Fast Track](#)-expedite the review of drugs to treat serious conditions and fill an unmet medical need
- [Accelerated Approval](#)-allows drugs for serious conditions that fill an unmet medical need to be approved based on a surrogate endpoint.
- [Breakthrough Designation](#)-expedite the development and review of drugs which may demonstrate substantial improvement over available therapy
- [Pediatric or other Priority Review Vouchers](#)-Fungible voucher that can be redeemed to receive priority review for a different product



# Additional Resources

- NIH Translator AI/ML prediction generator for drug repurposing: <https://ui.transltr.io/>
- Companies that will do AI/ML predictions for PAGs:
  - ▶ BioVista <https://www.biovista.com/solutions/drug-repositioning/>
  - ▶ Purposeful <https://purposeful.eu/diseases/>



Sponsored by Ultragenyx

# Thank You

Dr. Bruce Bloom  
Chief Collaboration Officer, Healx  
[Bruce.Bloom@Healx.ai](mailto:Bruce.Bloom@Healx.ai)

CSO, Kabuki Syndrome Foundation  
[Bruce@Kabukisyndromefoundation.org](mailto:Bruce@Kabukisyndromefoundation.org)

