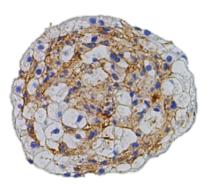
# Mechanistic Approaches Using 3D Microtissues to Evaluate Preclinical and Clinical Drug-Induced Liver Injury

Armin Wolf, Prof., PhD Chief Scientific Officer, InSphero

> American College of Toxicology Signature Webinar October 21, 2020

# **Presentation Overview**

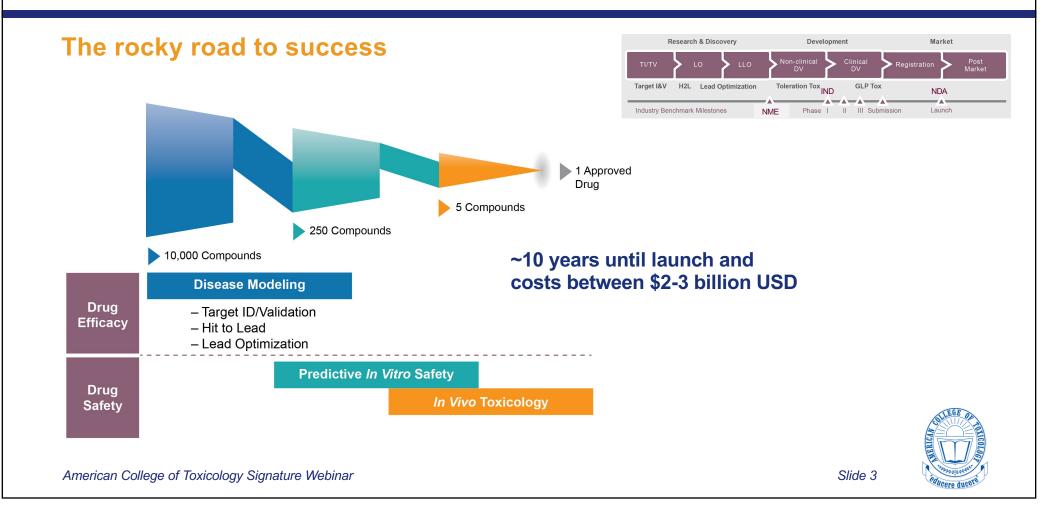
- Introduction: Drug discovery and translation to man
- ATP-based DILI hazard identification
- Stepping beyond ATP: from hazard identification to risk assessment
- Impact of 3D microtissues in drug development
- Outlook: challenges and opportunities



Slide 2

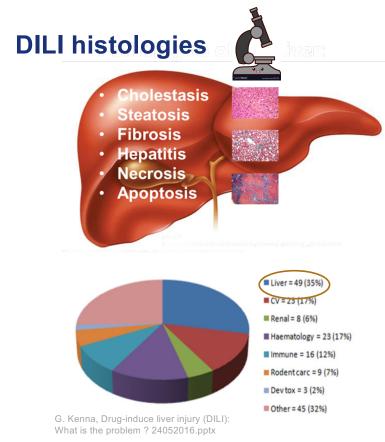


# **Drug Discovery and Development Workflow**



### **Drug-induced Liver Injury (DILI): A Major Cause for Attrition DILI histologies Cholestasis Steatosis Fibrosis** Hepatitis • Necrosis Apoptosis Liver = 49 (35%) CV = 23 (17%) Renal = 8 (6%) Haematology = 23 (17%) Immune = 16 (12%) Rodentcarc = 9 (7%) Dev tox = 3 (2%) Other = 45 (32%) G. Kenna, Drug-induce liver injury (DILI): What is the problem ? 24052016.pptx American College of Toxicology Signature Webinar Slide 4

# **Drug-induced Liver Injury (DILI): A Major Cause for Attrition**



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### **Preclinical attrition**

- After animal tox studies
- Pharma average nonclinical attrition rates due to DILI are between 30-45%

### **Clinical attrition**

• Liver toxicity in clinical testing phases I, II, III after preclinical risk assessment

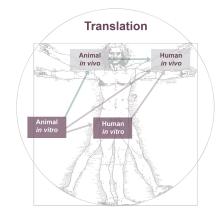
### Post-launch market withdrawals

 Acute liver injury (idiosyncratic DILI) after successful clinical evaluations



### High failure rate suggests we're getting Lost in Translation

- 90% of IND entering clinical testing phase fail due to lack of efficacy or safety issues
- Tremendous need for improved translation to human



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Be open about drug failures to speed up research

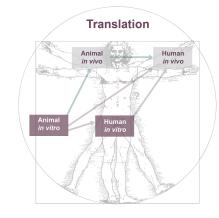
Access to evidence from disappointing drug-development programmes advances the whole scientific process, explain Enrica Alteri and Lorenzo Guizzaro.



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### High failure rate suggests we're getting Lost in Translation

- 90% of IND entering clinical testing phase fail due to lack of efficacy or safety issues
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- 3D spheroid models show outstanding features bridging gaps from 2D to the clinic



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## High failure rate suggests we're getting Lost in Translation

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- 3D cell culture opens new opportunities for discovery and safety

Translatio	on
Animal in vivo	Human in vivo
Animal in vitro	

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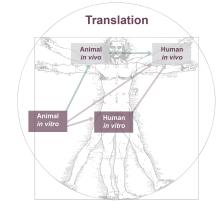




Thomas Hartung MD, Chair

ACT2019, Phoenix Nov17-20

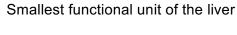
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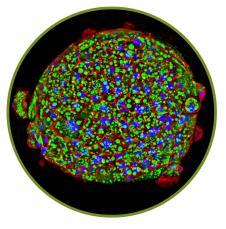


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### Why 3D-liver microtissues/spheroids ?

Multi-cellular spheroid model





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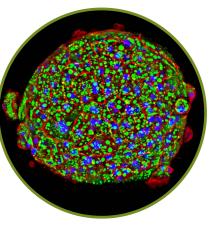


### Why 3D-liver microtissues/spheroids ?

Multi-cellular spheroid model Smallest functional unit of the liver

Physiologically relevant co-culture (PHH, LEC, KC, and SC)

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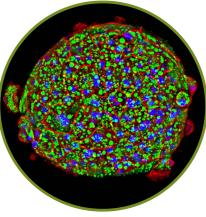




### Why 3D-liver microtissues/spheroids ?

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Maintenace of basic liver-typical functions Drug metabolism, transport, synthesis and secretion Multi-cellular spheroid model Smallest functional unit of the liver



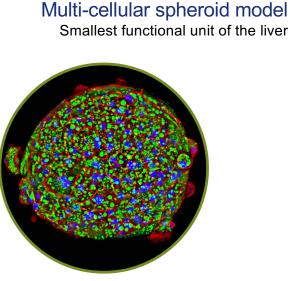


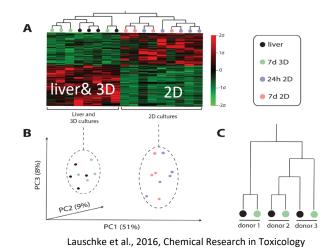
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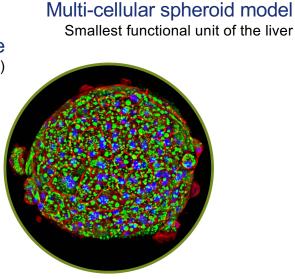
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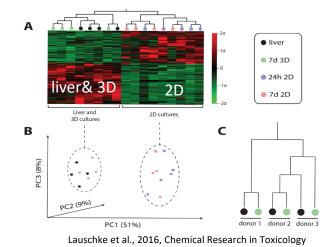
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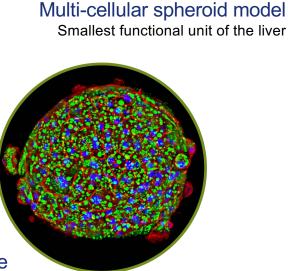
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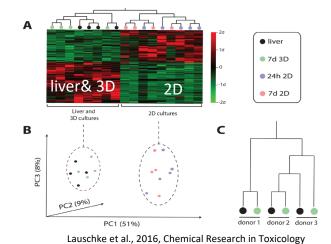
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#### Long lifespan in culture

Viable for up to 28 days in culture, enables long-term daily treatment at low dosages







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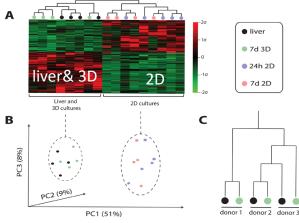
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Lauschke et al., 2016, Chemical Research in Toxicology



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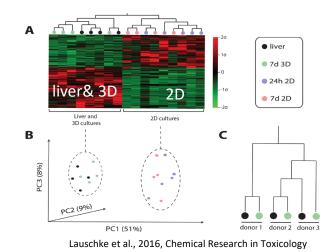
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1 microtissue per well in 70 µL supernatant



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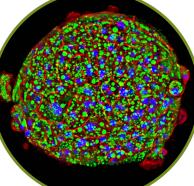
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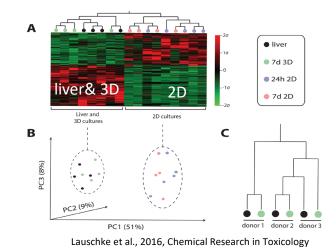
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1 microtissue per well in 70  $\mu L$  supernatant

#### Amenable to wide range of endpoints

Biochemical and cellular biomarkers, HCI, 'omics data



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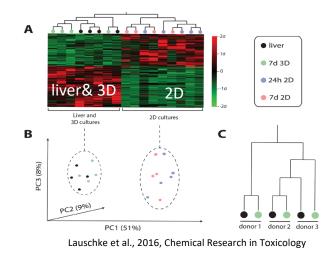
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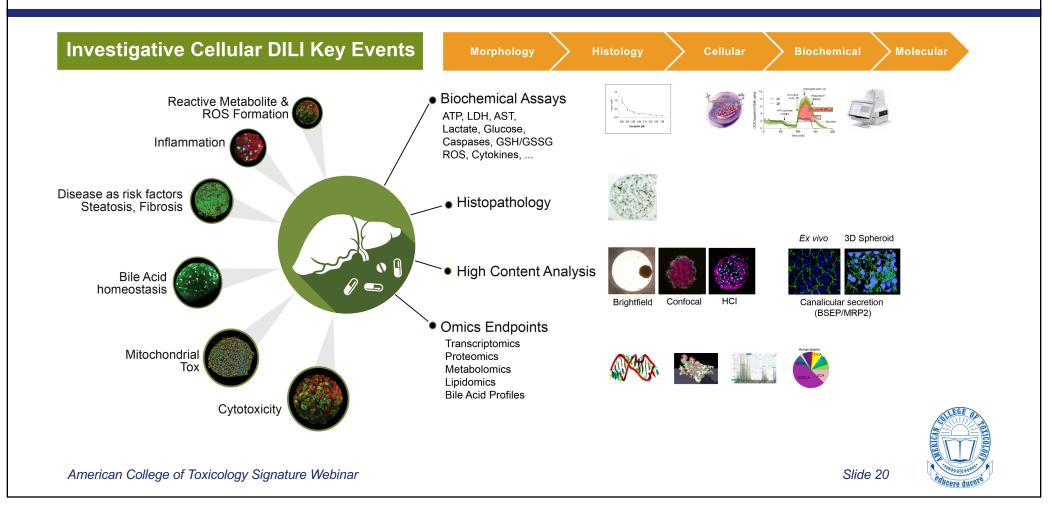
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Scalable, robust, for reproducible data

Available in 96 and 384 plate formats

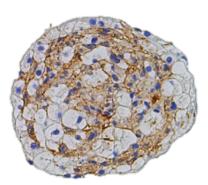


# Biomarkers that can be measured in 3D InSight<sup>™</sup> Liver Microtissues



# **Presentation Overview**

- Introduction: Drug discovery and translation to man
- ATP-based DILI hazard identification
- Stepping beyond ATP: from hazard identification to risk assessment
- Impact of 3D microtissues in drug development
- Outlook: challenges and opportunities

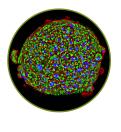


Slide 21



# **DILI Hazard Identification**

## **DILI Screening**



### **Predictive Toxicology**

- Data science
- Correlations and statistics
- Specificity and sensitivity





Utility of spherical human liver microtissues for prediction of clinical drug-induced liver injury

William R. Proctor<sup>1</sup> · Alison J. Foster<sup>2,4</sup> · Jennifer Vogt<sup>1</sup> · Claire Summers<sup>2,4</sup> · Brian Middleton<sup>3,4</sup> · Mark A. Pilling<sup>3,4</sup> · Daniel Shienson<sup>5</sup> · Monika Kijanska<sup>6</sup> · Simon Ströbel<sup>6</sup> · Jens M. Kelm<sup>6</sup> · Paul Morgan<sup>2,4</sup> · Simon Messner<sup>6</sup> · Dominic Williams<sup>2,4</sup>

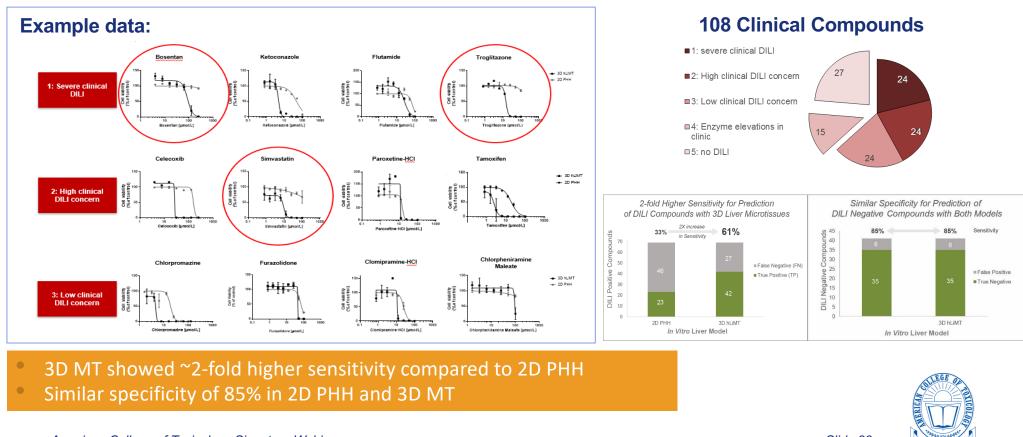
- ATP based assay for hazard identificationScreening for human DILI
- No mechanistical information needed



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# **DILI Hazard Identification**

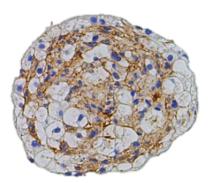
#### Comparison 2D (after 2 days) versus 3D MT (PH, KC, LEC) (after 14 days)



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Slide 24



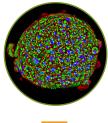
# Moving from hazard identification to risk assessment



Bridging the gaps between in vitro and in vivo

- Starting by solid animal and human *in vivo* data
- Application of *in vitro* models with DILI specific mechanistic information
  - specific mechanistic information Establish correlation between *in vivo* and *in*

### **Generation of mechanistic information**





### **Causality Programs**

- Evidence based science
- Individual cases
- Sequence of events
- Validated pathways



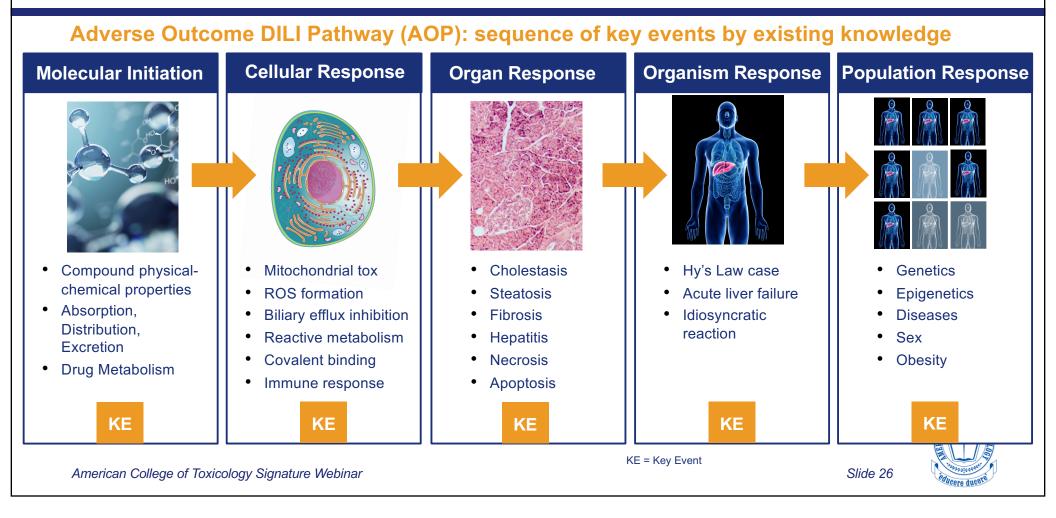
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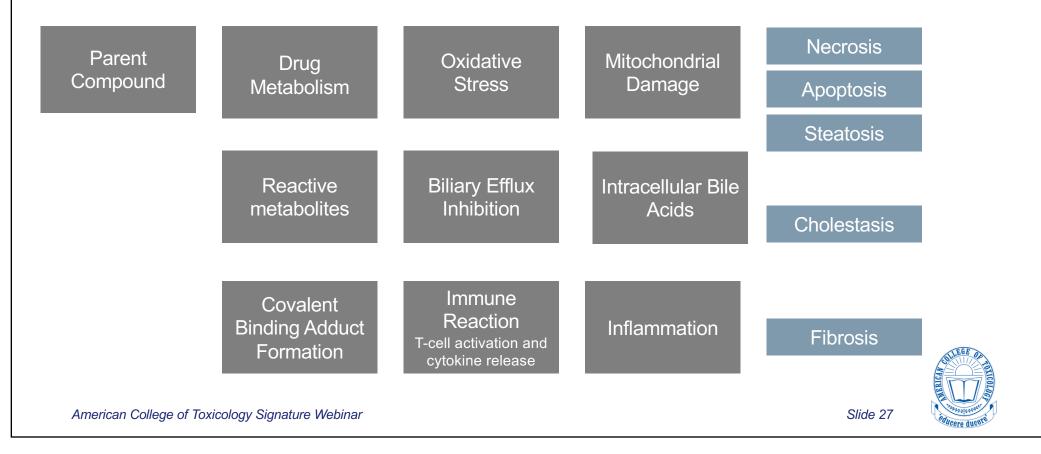
vitro data

# A Framework for Explaining and Exploring Mechanisms of DILI



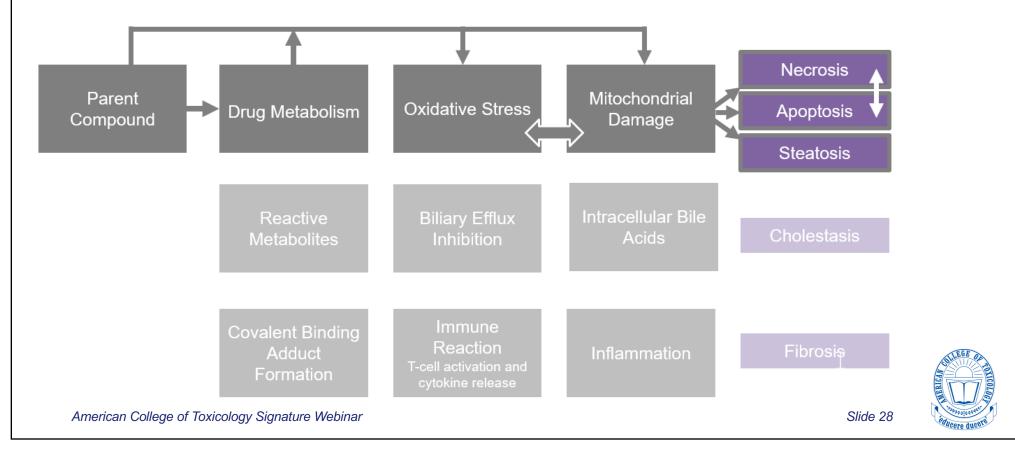
# Building blocks of the cellular key event tool-box

### With a focus on three major DILI Pathways



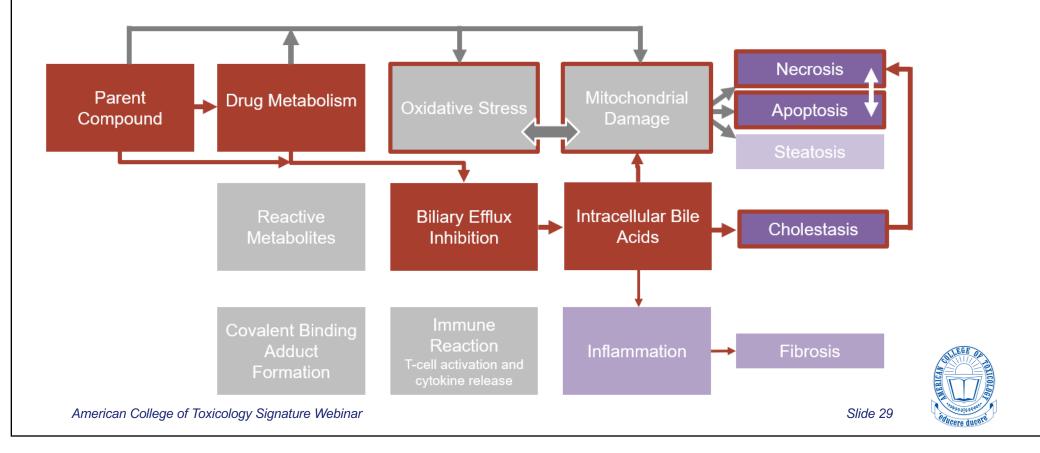
# **Hepatocyte Stress Hypothesis**

### **Mitochondrial toxicity and ROS formation**



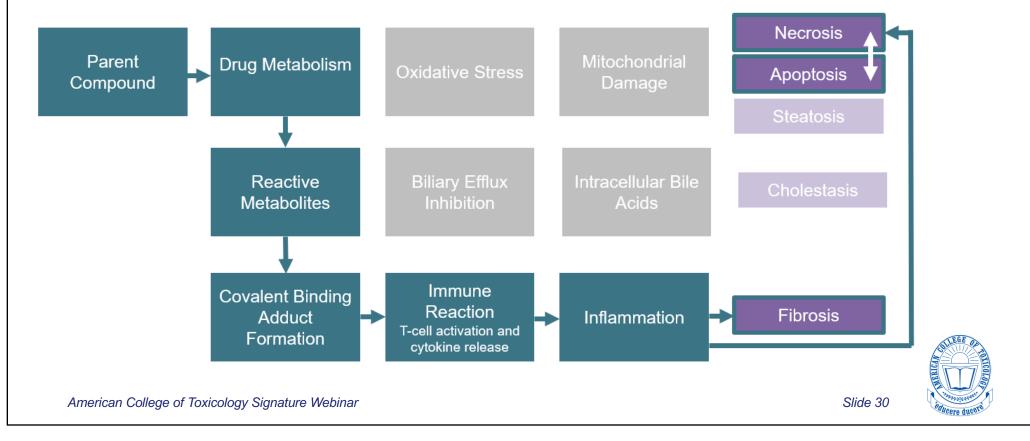
# **Hepatocyte Stress Hypothesis**

#### **Disturbed bile acid homeostasis**

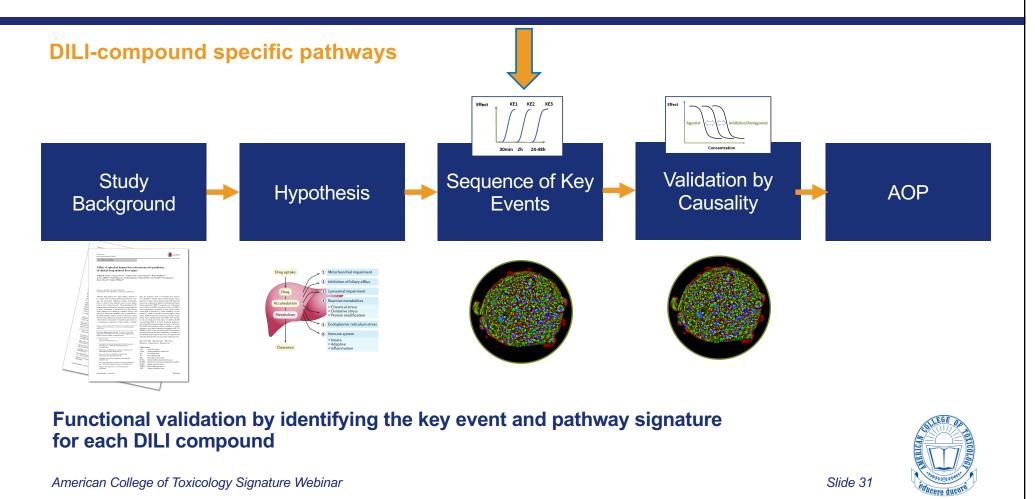


# **Hepatocyte Stress Hypothesis**

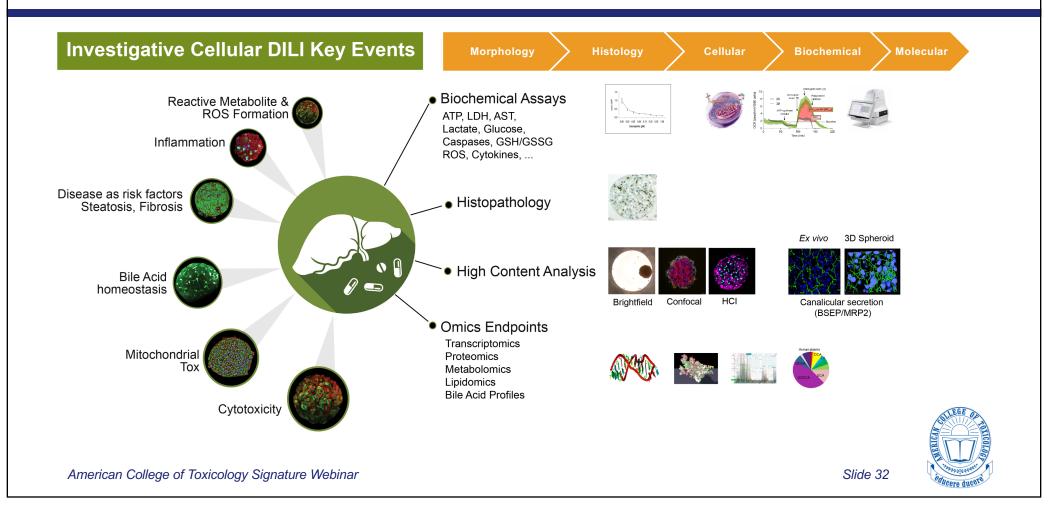
#### Neo-haptenization after covalent binding with the liver



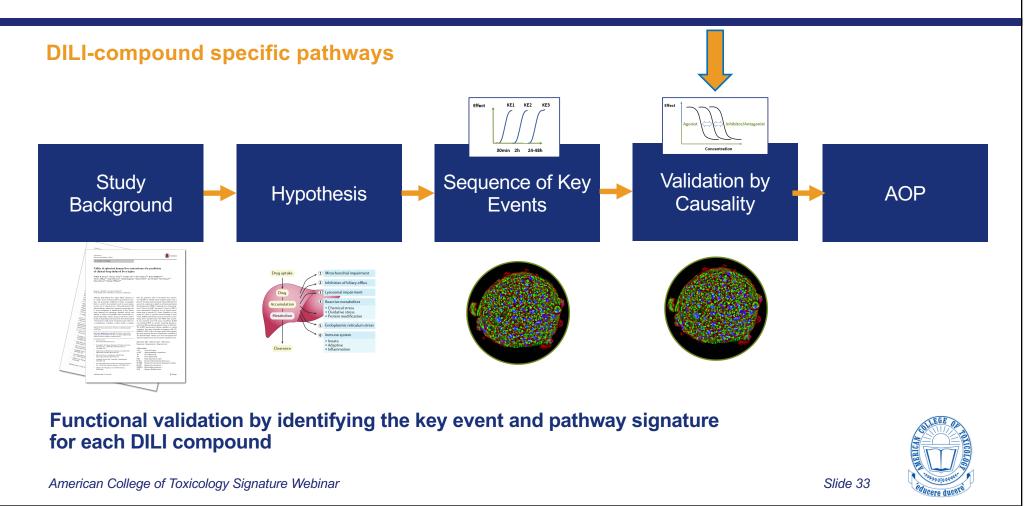
# **Program Design for Establishing Causal Links in AOPs**



# Biomarkers that can be measured in 3D InSight<sup>™</sup> Liver Microtissues

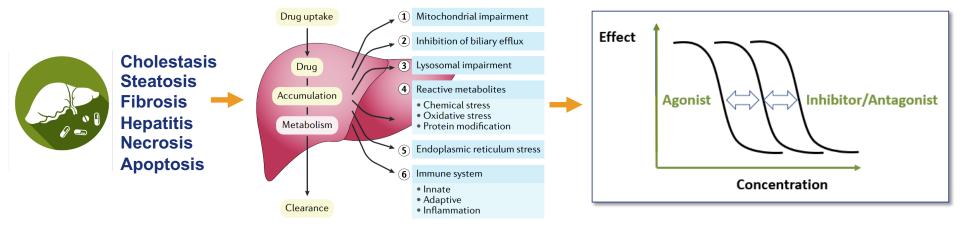


# **Program Design for Establishing Causal Links in AOPs**



## Causality Assay: Causal Links Between Pathways and Cellular Responses

#### Applying a suite of causality assays for functional validation of specific pathways



Richard Weaver et al, Nature Review Drug Discovery 19, 131-148 (2020)

#### **Causality Assay principles:**

- 1. IC<sub>50</sub> of test compound (ATP/LDH)
- 2. IC<sub>50</sub> in presence of specific modulator: Agonist (enhancer) and/or Antagonist (inhibitor)
- 3.  $IC_{50}$  curve shift indicates causality (Causality = cause & effect)

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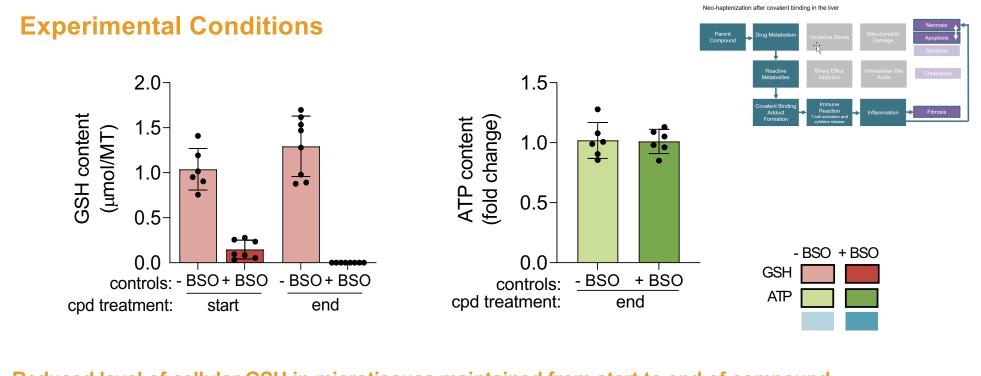


# **Building blocks for DILI AOPs with Causality Assays**

#### Application of 3D Human Liver Microtissues for Systemic Functional Validation



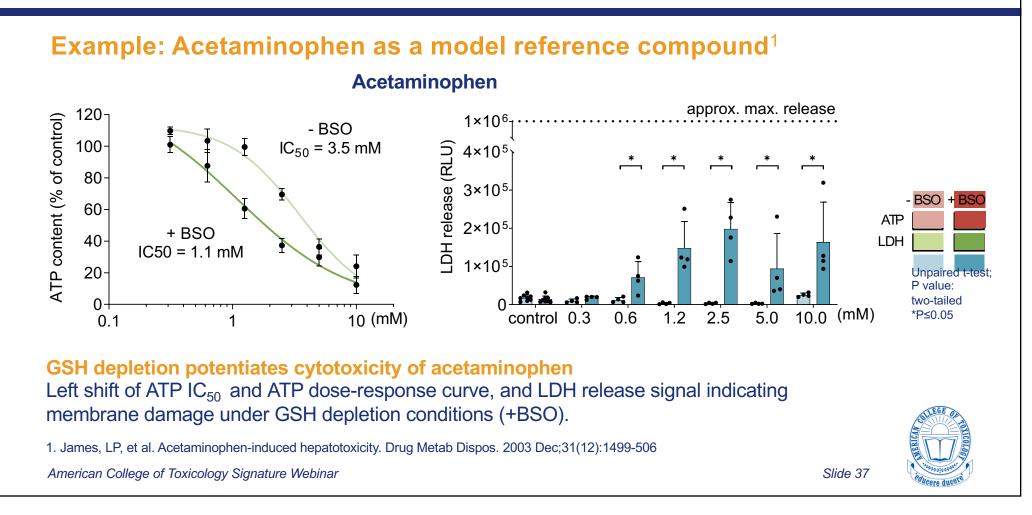
# Case Study: Reactive Metabolite/Oxygen Species Causality Assay



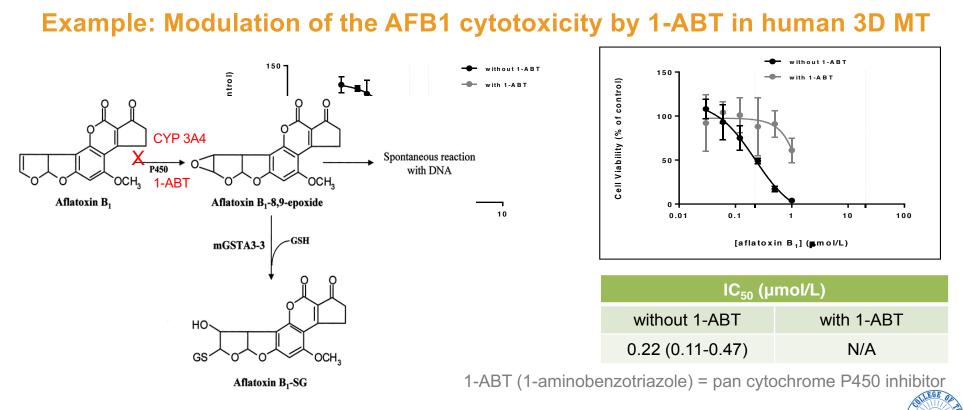
Reduced level of cellular GSH in microtissues maintained from start to end of compound exposure by the GSH synthesis inhibitor BSO without causing cytotoxicity

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### Case Study: Reactive Metabolite/Oxygen Species Causality Assay

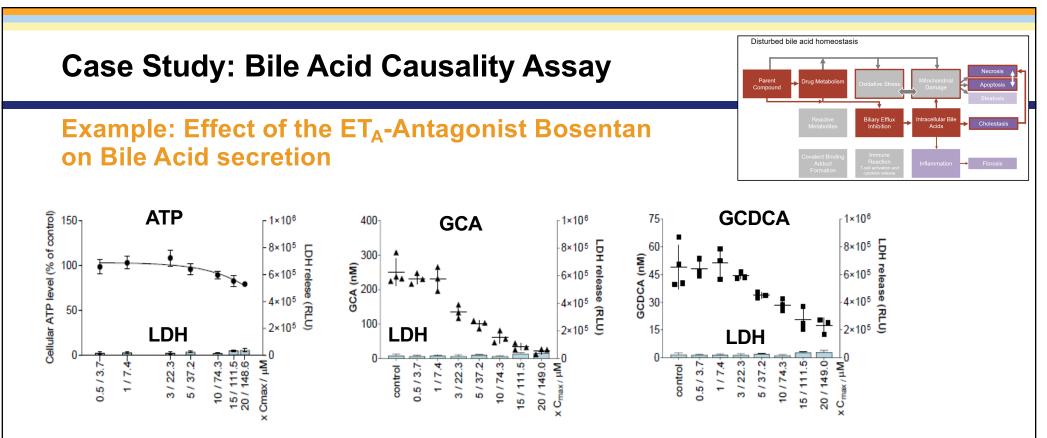


## **Case Study: Reactive Metabolite Causality Assay**



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**Results suggest reactive epoxide formation** 



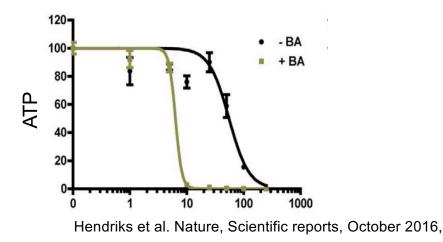
- Bosentan (DILI positive) decreased the secretion of the endogenous Bile Acid metabolites GCA and GCDCA at non-cytotoxic concentrations.
- The structural DILI negative analog ET<sub>A</sub>-inhibitor Ambrisentane had no effect.





### **Case Study: Bile Acid Causality Assay**

### **Example: Bosentan +/- Bile Acids**



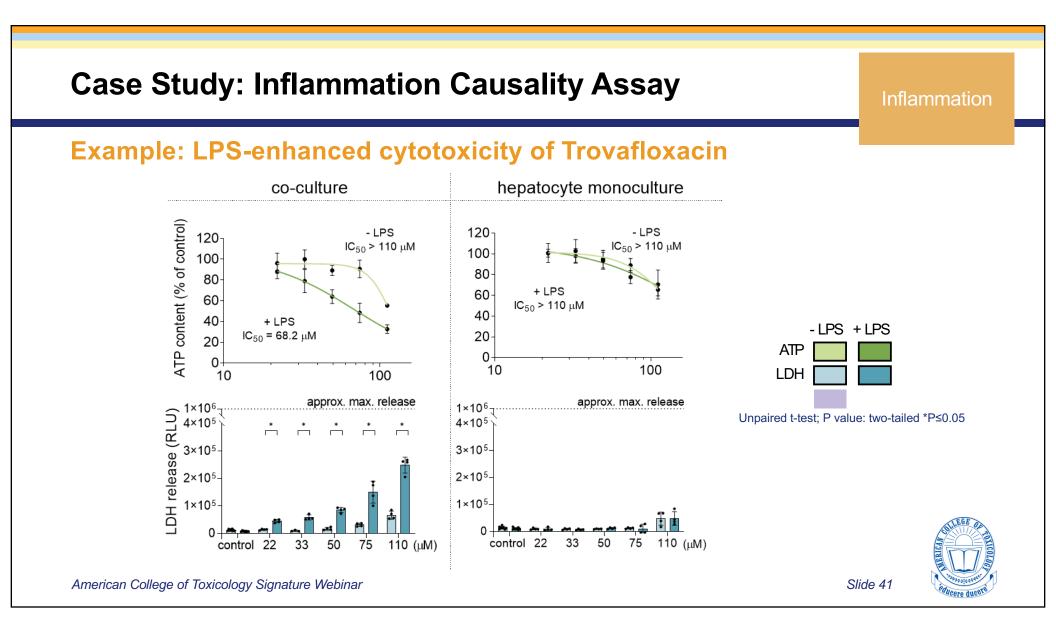
#### Bile acid composition as in human plasma

Bile acid	Concentration in human plasma $(\mu M)^{48}$
Cholic acid	0.41
Chenodeoxycholic acid	0.64
Deoxycholic acid	0.48
Lithocholic acid	0.008
Ursodeoxycholic acid	0.14
Glycochenodeoxycholic acid	0.80
Sum	2.478

#### Increased bosentan cytotoxicity by non-cytotoxic bile acid concentration

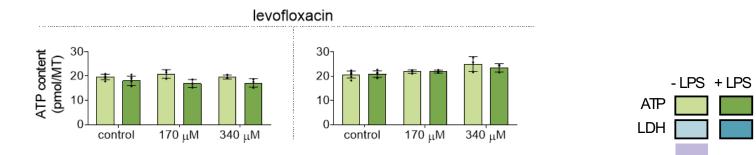


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# **Case Study: Inflammation Causality Assay**

### Example: LPS-enhanced cytotoxicity of Trovafloxacin



#### Summary:

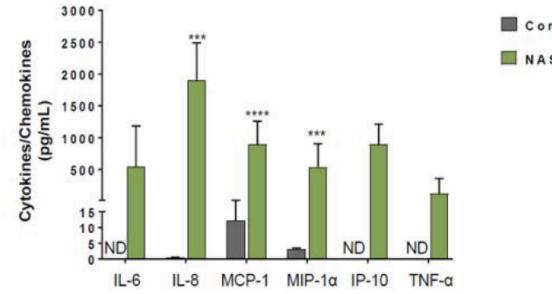
- LPS-enhanced trovafloxacin cytotoxicity in 3D liver MT with NPCs (PHH, KC, LSEC)
- No effect in PHH monoculture 3D MT
- No effect of LPS by levofloxacin (negative control, no liver toxicity *in vivo*).



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## **Case Study: Inflammation Causality Assay**

### Example: LPS-enhanced cytokine/chemokine panel in the InSphero NASH disease model at day 5





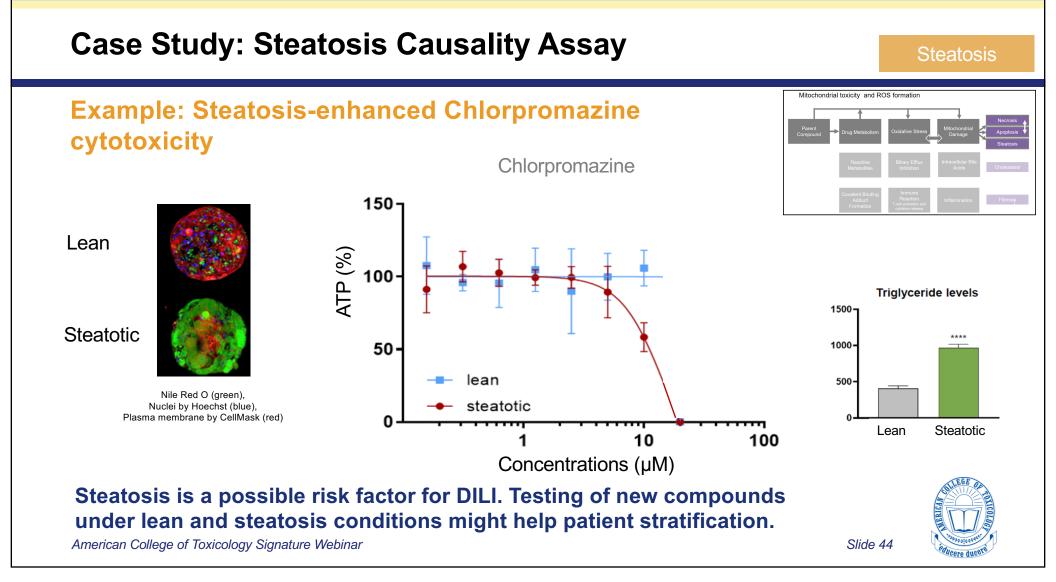
Secreted cytokines/chemokines KCs: IL-6, MIP-1a, TNF-a HSCs: IP-10, MCP-1, IL-8 PHH: IL-8, MCP-1

Mean +/-SD, n= 4 microtissues \*\*\*p≤0.001, \*\*\*\*p≤0.0001, NASH vs control 1 exp. out of n=3

### Biomarker toolbox to monitor specifically inflammation in cell culture supernatants

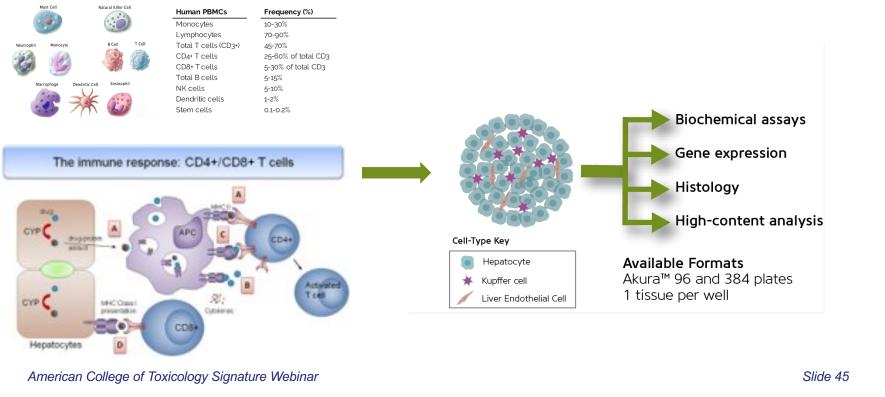
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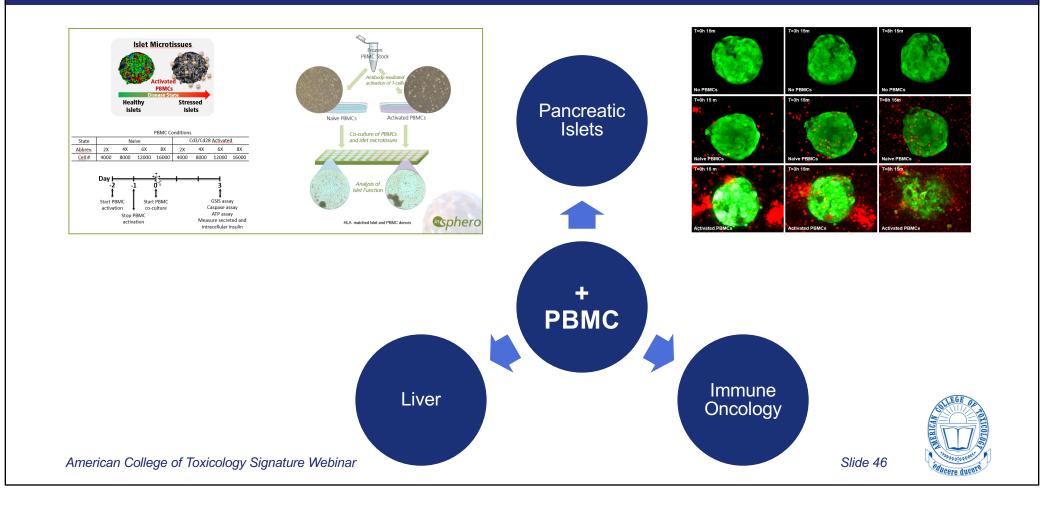
## Immunology on the Chip: 3D liver MT – PBMC coculture

### Interaction between drugs and human leucocyte antigen (HLA) molecule leading to an adaptive immune response

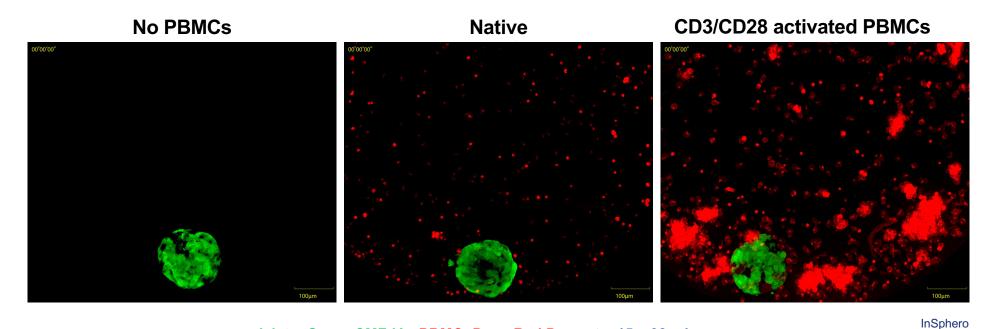




### **Status of 3D Human Microtissues + PBMC Developments**



## **PBMC-Induced Islet Injury Assay**



Islets: Green CMFdA PBMC: Deep Red Dye t = 15 – 38 min

The PBMC – 3D microtissue coculture is a new tool to investigate immune-mediated mechanisms of toxicity in iDILI

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### In a Nutshell

3D-MT causality assays can be adapted to a wide range of pathways by specific pathway modulator.

Possible applications of 3D-MT causality assays are:

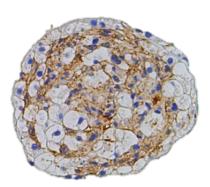
- DILI specific mechanistic investigations
- Mechanism-based screening



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## **Presentation Overview**

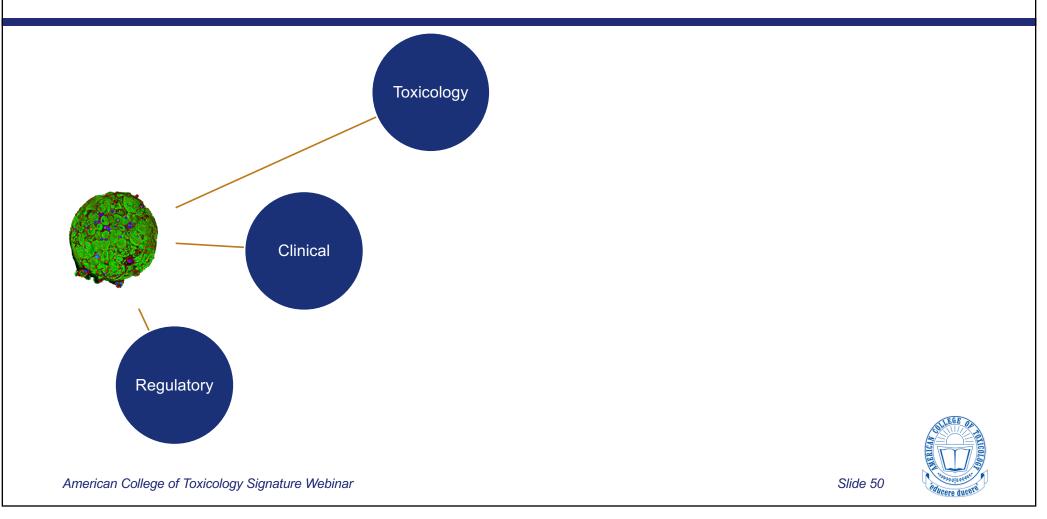
- Introduction: Drug discovery and translation to man
- ATP-based DILI hazard identification
- Stepping beyond ATP: from hazard identification to risk assessment
- Impact of 3D microtissues in drug development
- Outlook: challenges and opportunities



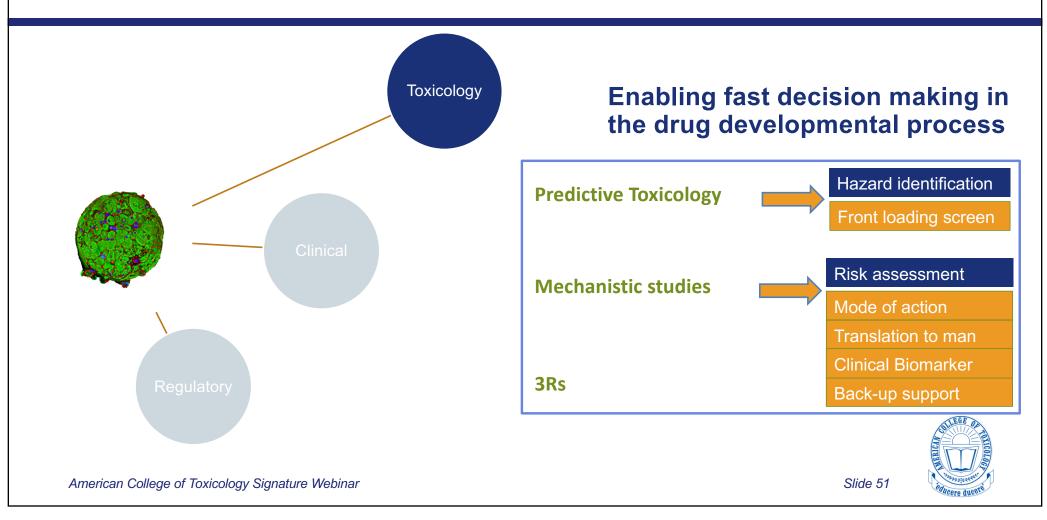
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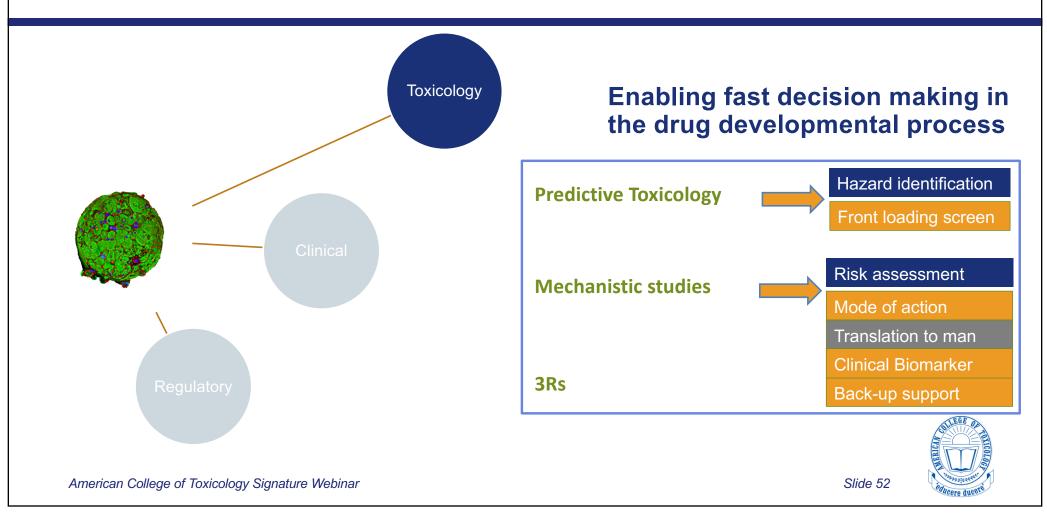
## **High Impact of 3D Microtissues in Drug Development**



### High Impact of 3D Microtissues in Drug Development

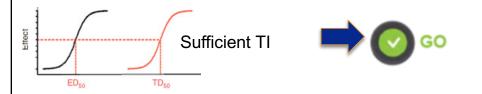


### High Impact of 3D Microtissues in Drug Development



### **X-Species DILI Testing**

Therapeutic Index determined by *in vivo* animal data

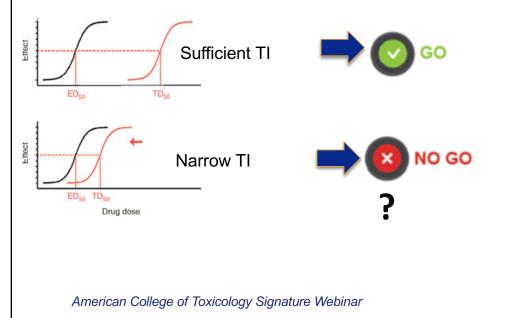


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### **X-Species DILI Testing**

Therapeutic Index determined by *in vivo* animal data



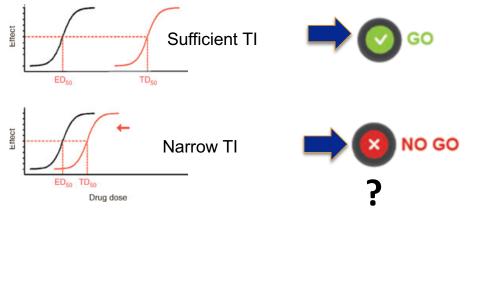


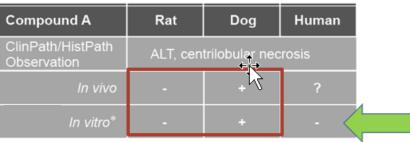
### **X-Species DILI Testing**

Therapeutic Index determined by *in vivo* animal data



#### Recapitulate the in vivo effects in vitro







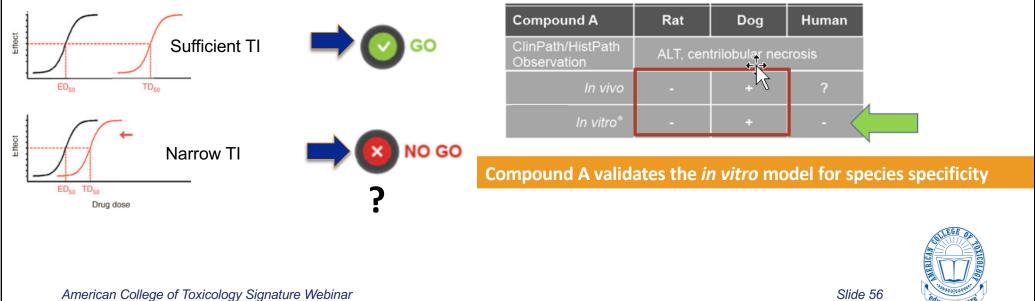
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### **X-Species DILI Testing**

Therapeutic Index determined by *in vivo* animal data

### Case 1

#### Recapitulate the in vivo effects in vitro

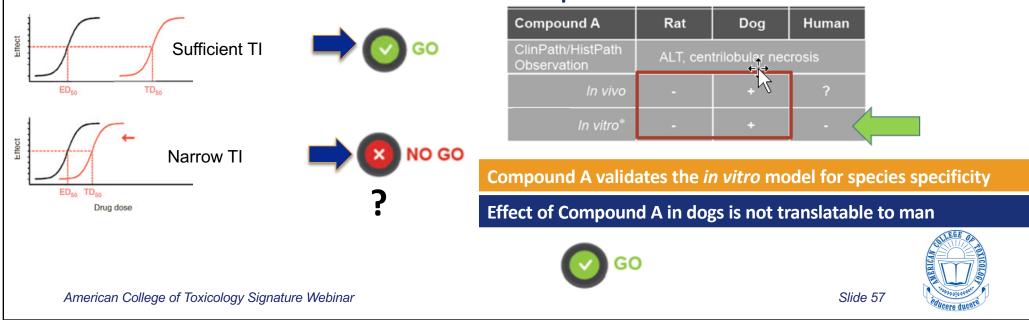


### **X-Species DILI Testing**

Therapeutic Index determined by *in vivo* animal data

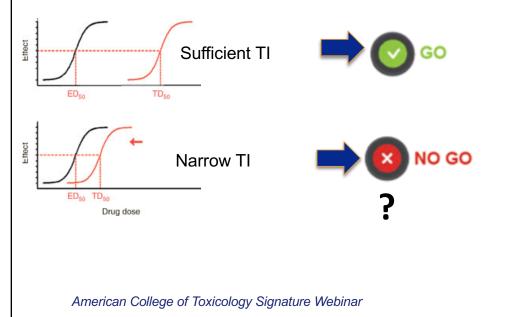
### Case 1

#### Recapitulate the in vivo effects in vitro



### **X-Species DILI Testing**

Therapeutic Index determined by *in vivo* animal data



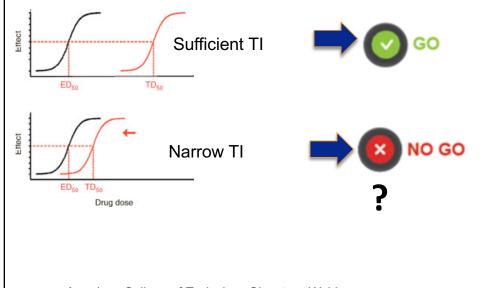


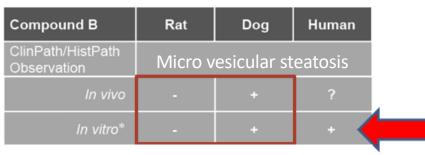
### **X-Species DILI Testing**

Therapeutic Index determined by *in vivo* animal data

### Case 2

### Recapitulate the in vivo effects in vitro







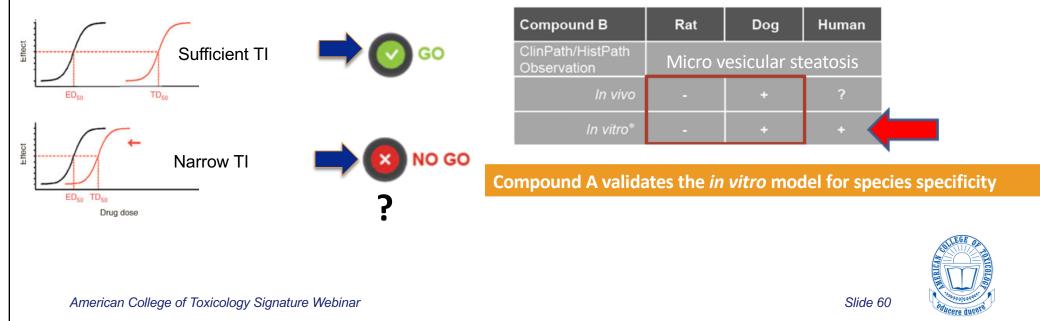
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### **X-Species DILI Testing**

Therapeutic Index determined by *in vivo* animal data

### Case 2

### Recapitulate the in vivo effects in vitro

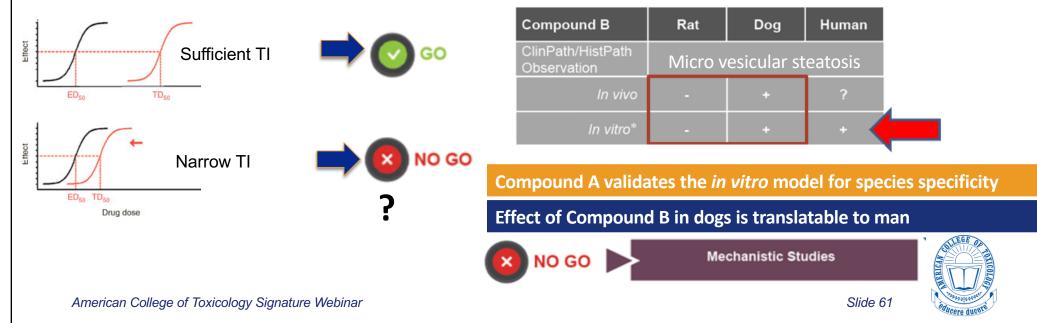


### **X-Species DILI Testing**

Therapeutic Index determined by *in vivo* animal data

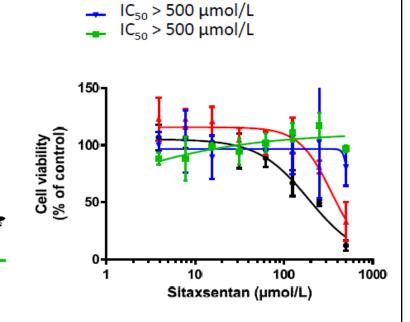
### Case 2

#### Recapitulate the *in vivo* effects *in vitro*



### Example: Cross Species Evaluation of Sitaxentan

- Endothelin antagonist (ET<sub>A</sub>)
- Clinical indication: Pulmonary Hypertension
- Withdrawn in 2010 due to acute liver injury
- Mechanism of Toxicity unknown
- Preclinical studies did not reveal hepatoxicity
- Not cytotoxic in 2D-models

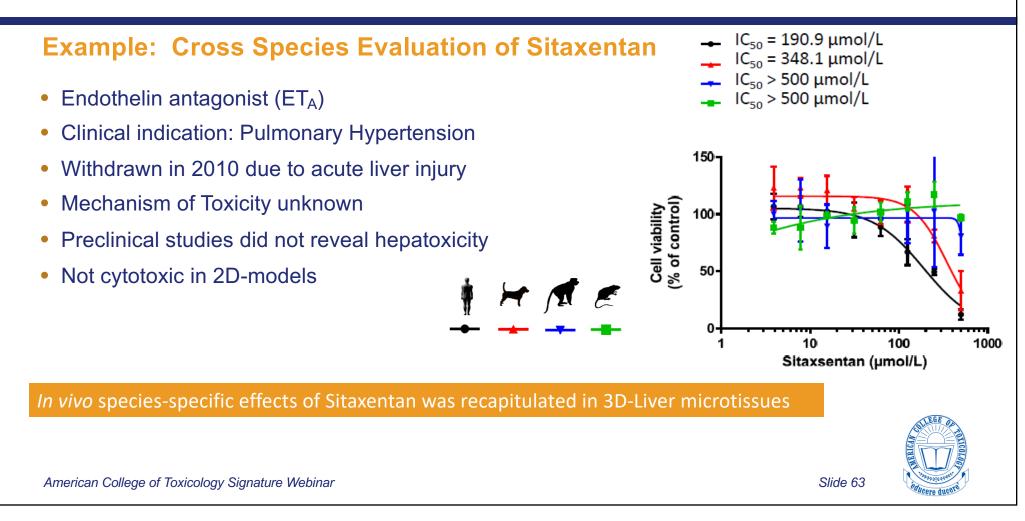


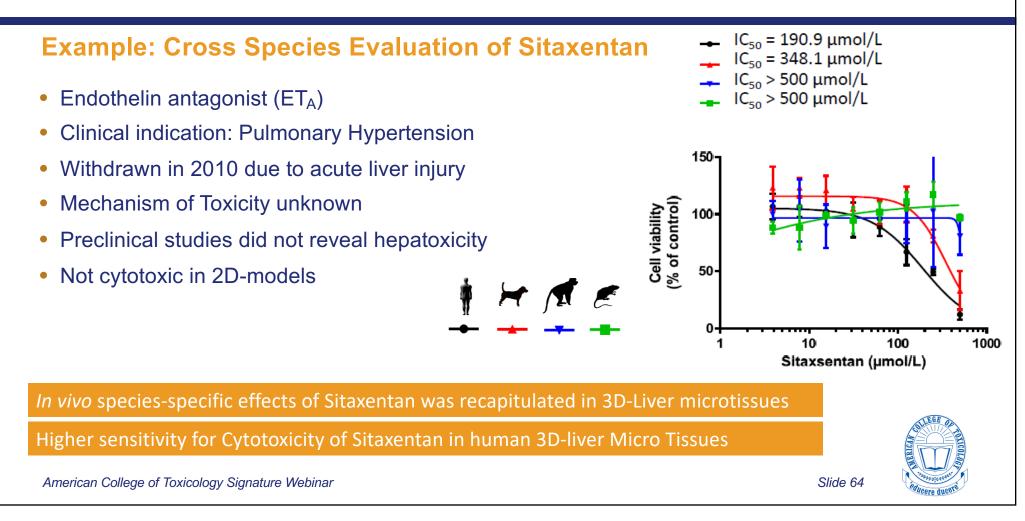
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IC<sub>50</sub> = 190.9 μmol/L

IC<sub>50</sub> = 348.1 µmol/L

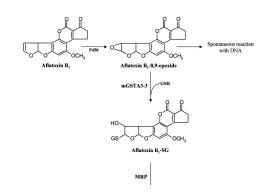






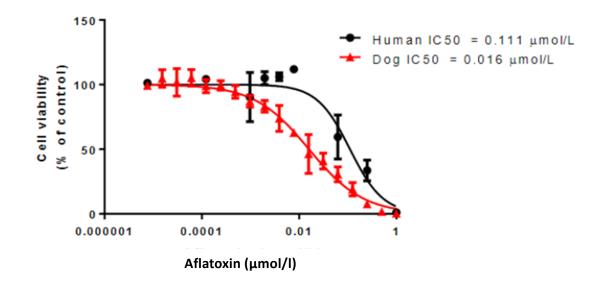
### **Example: Cross Species Evaluation of Aflatoxin B1**

- Liver toxicity in dogs due to food contamination by AFB1
- Metabolic activation of AFB1 to reactive epoxide
- Epoxide involved in liver toxicity



lan R. Jowsey, Qing Jiang, Ken Itoh, Masayuki Yamamoto and John D. Hayes Molecular Pharmacology November 2003, 64 (5) 1018-1028

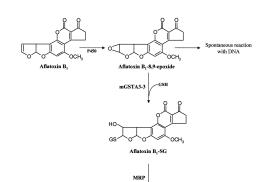
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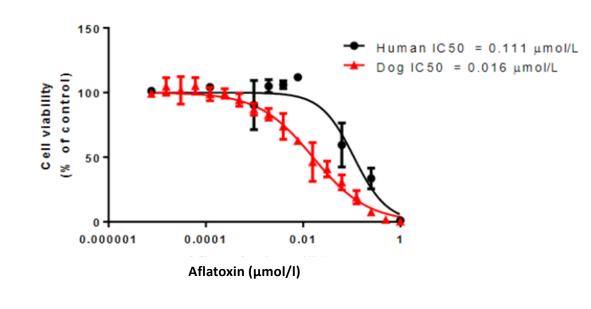




### **Example: Cross Species Evaluation of Aflatoxin B1**

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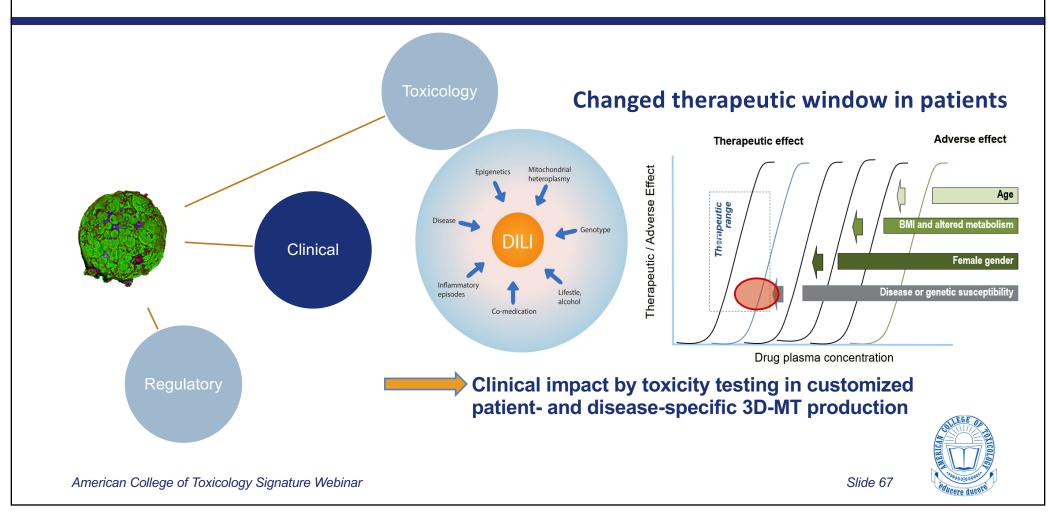


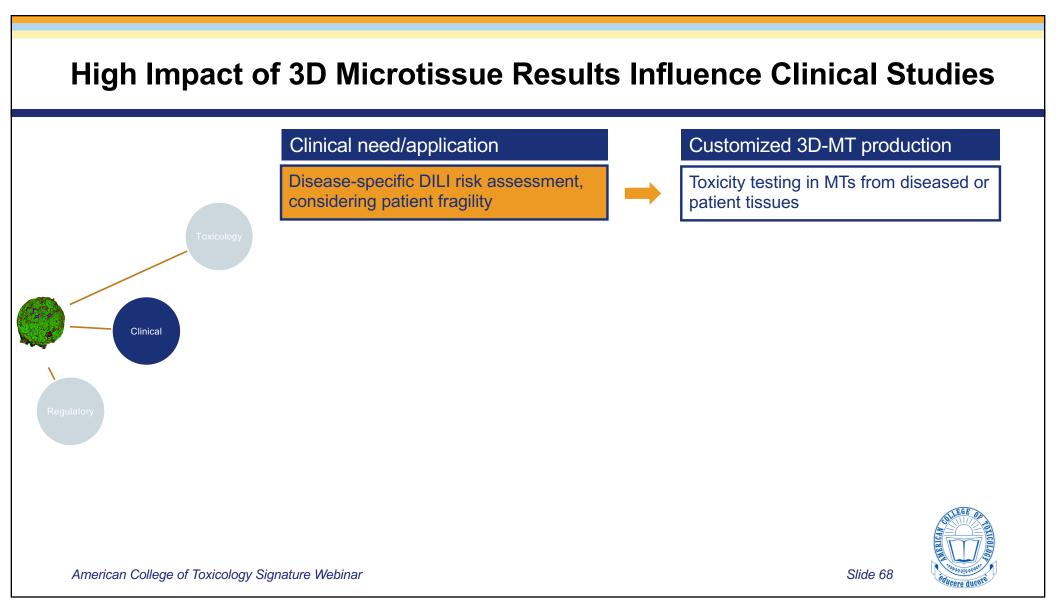


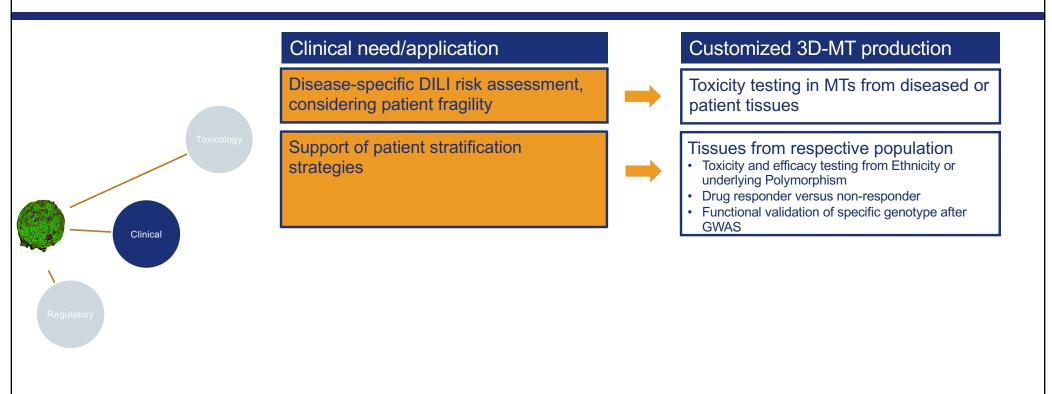
#### High sensitivity of AFB1 in dogs compared to man recapitulated in 3D MTs

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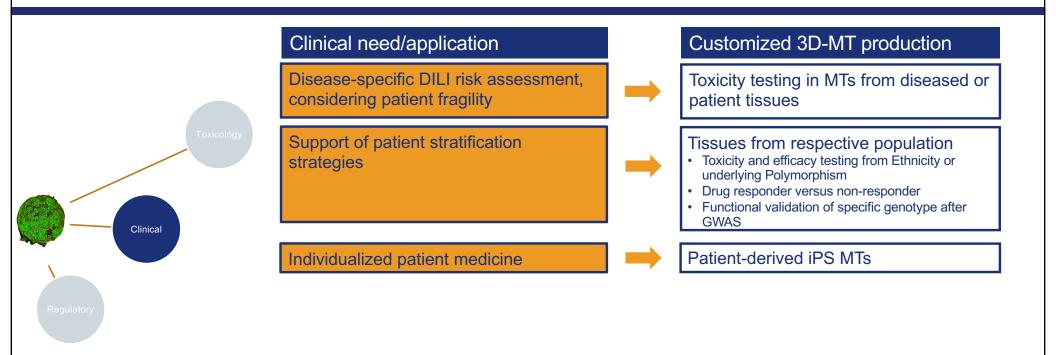






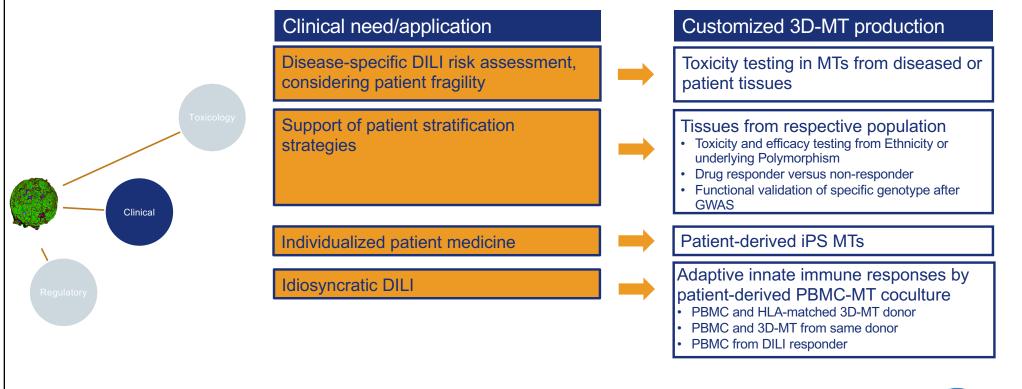


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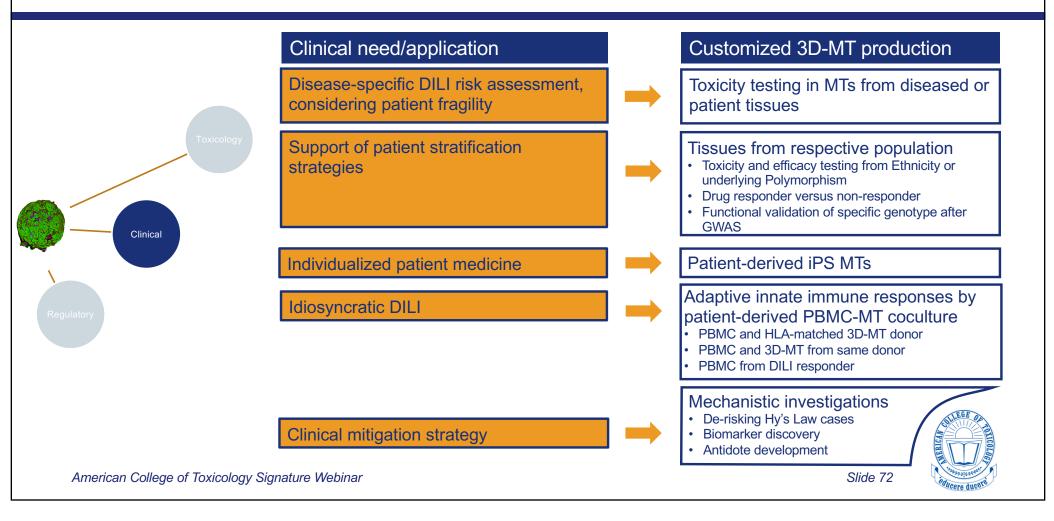


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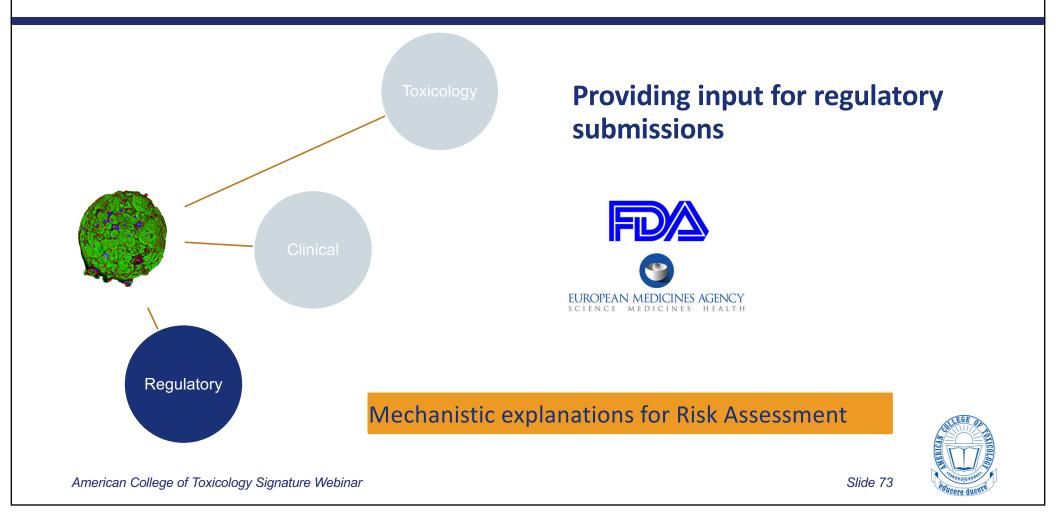






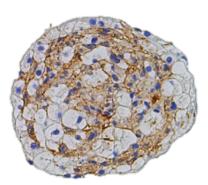


# High Impact of 3D Microtissue Results Influence Clinical Studies



# **Presentation Overview**

- Introduction: Drug discovery and translation to man
- ATP-based DILI hazard identification
- Stepping beyond ATP: from hazard identification to risk assessment
- Impact of 3D microtissues in drug development
- Outlook: challenges and opportunities



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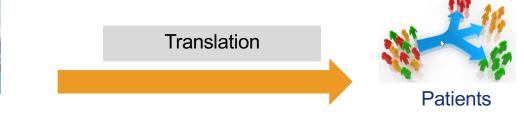


# **New Therapeutic Modalities Require New Strategies**

#### **Current Toxicity Testing Paradigm**



Animals

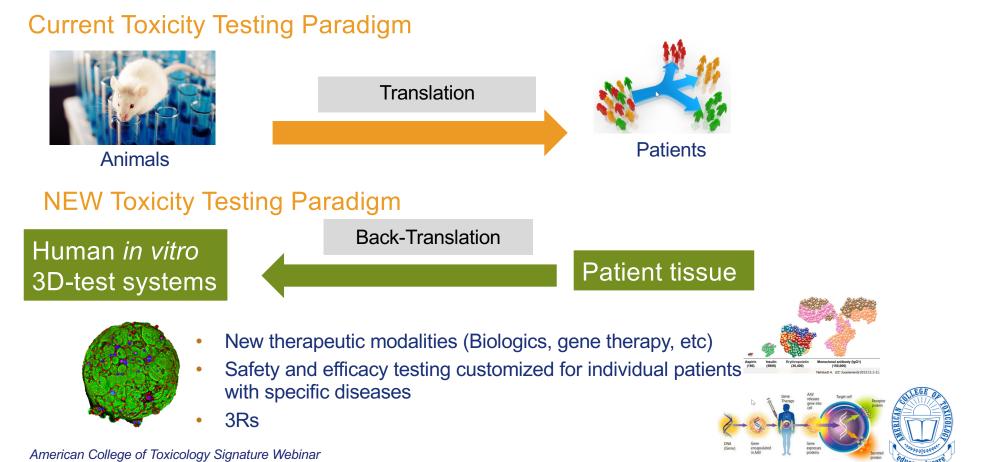


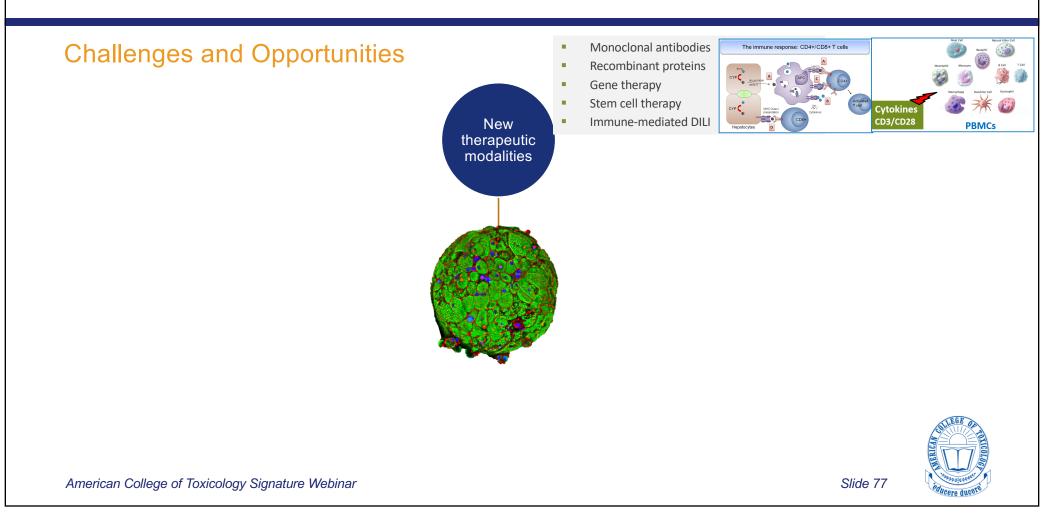


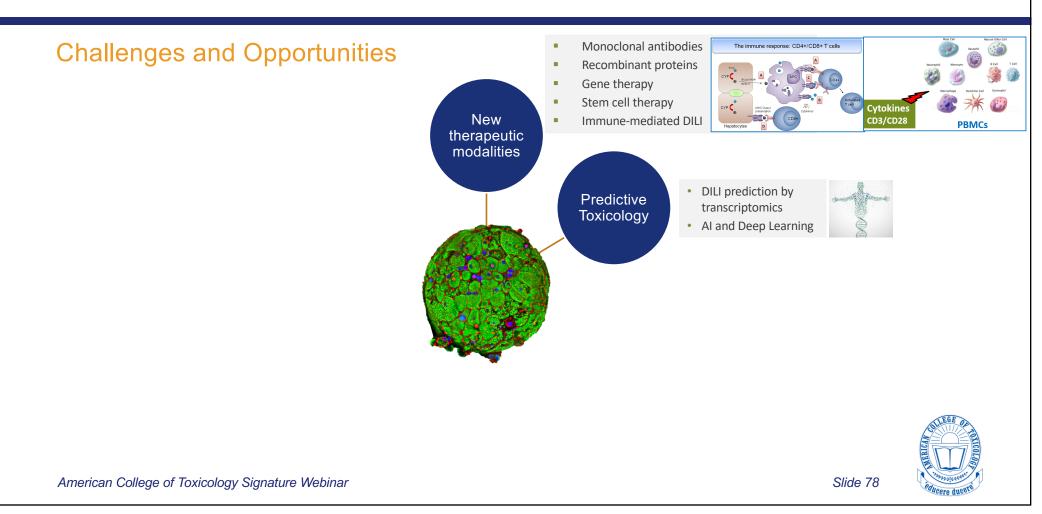
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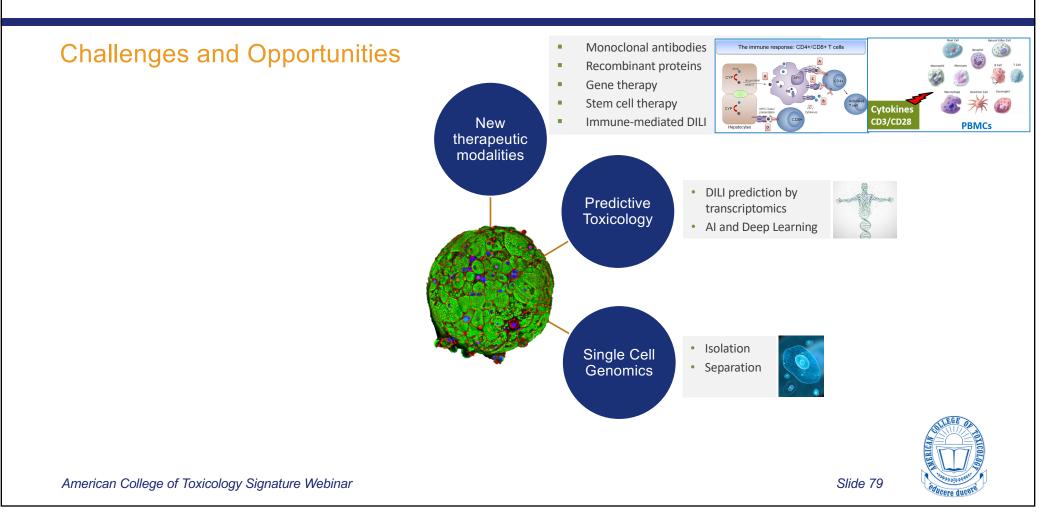
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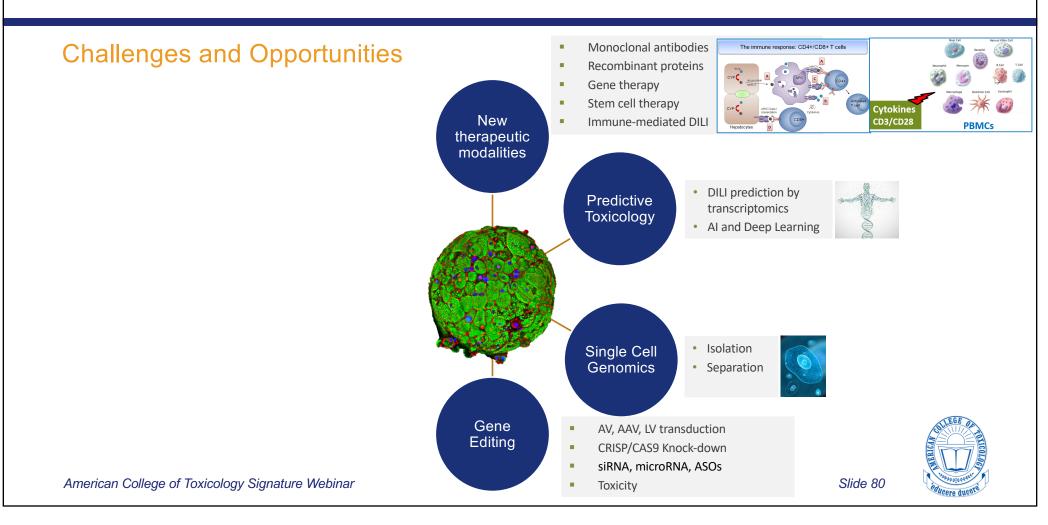
# **New Therapeutic Modalities Require New Strategies**

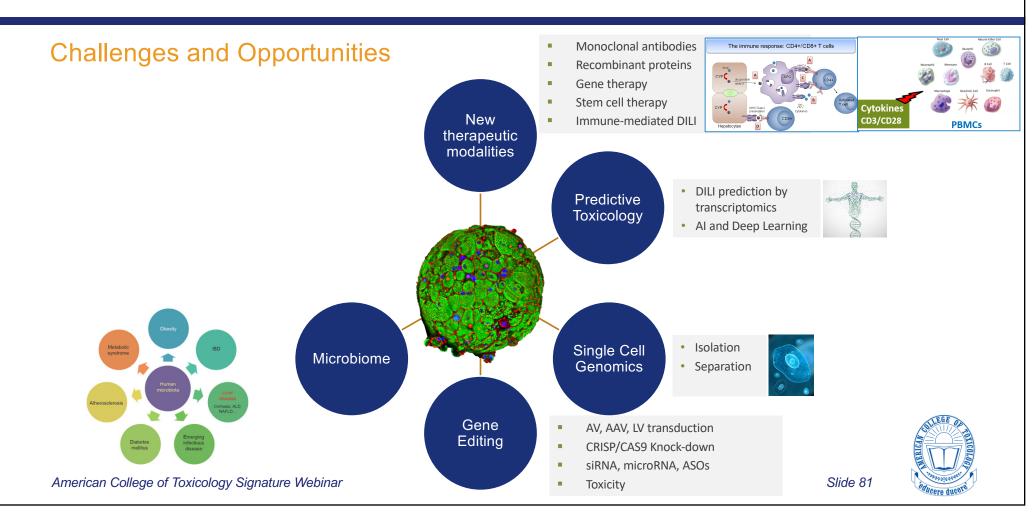


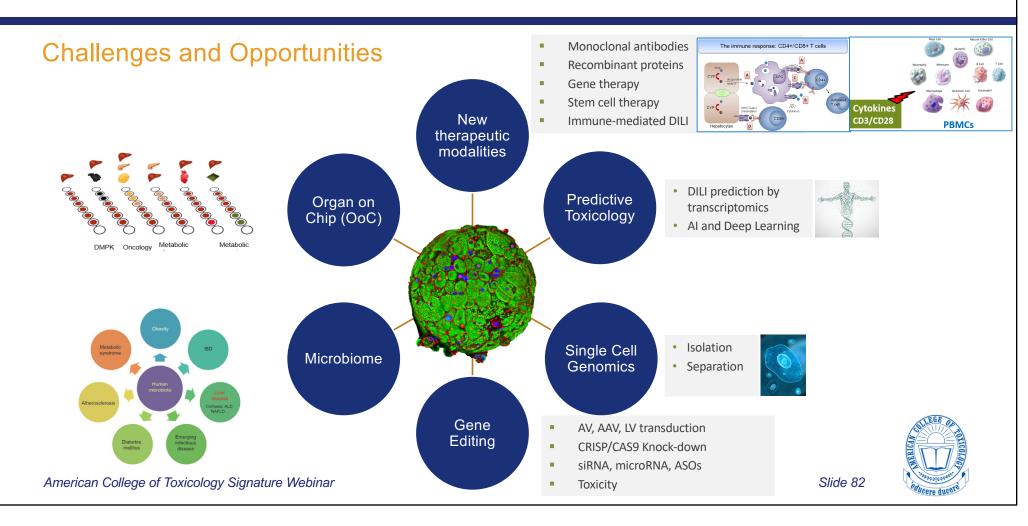












#### Summary

- High impact of 3D human liver microtissues on safety assessment and drug discovery
  - Models fulfill the biological requirements in terms of translatability to humans and building the bridge to patients.
  - Pragmatic and flexible adaptation of 3D MT to specific scientific questions and industrial needs.
  - 3D human liver microtissues are complex *in vitro* models amenable to high-throughput applications (quality, robustness and scalability of results).



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#### Summary

- High impact of 3D human liver microtissues on safety assessment and drug discovery
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  - Pragmatic and flexible adaptation of 3D MT to specific scientific questions and industrial needs.
  - 3D human liver microtissues are complex *in vitro* models amenable to high-throughput applications (quality, robustness and scalability of results).
- The 3D microtissue technology is accessible as investigative tool for challenges of the next generation of new therapeutic modalities.



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### Acknowledgements

- Radina Kostadinova
- Eva Thoma
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- Joan Mir
- Wolfgang Moritz
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- Frank Junker



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# Thank you





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