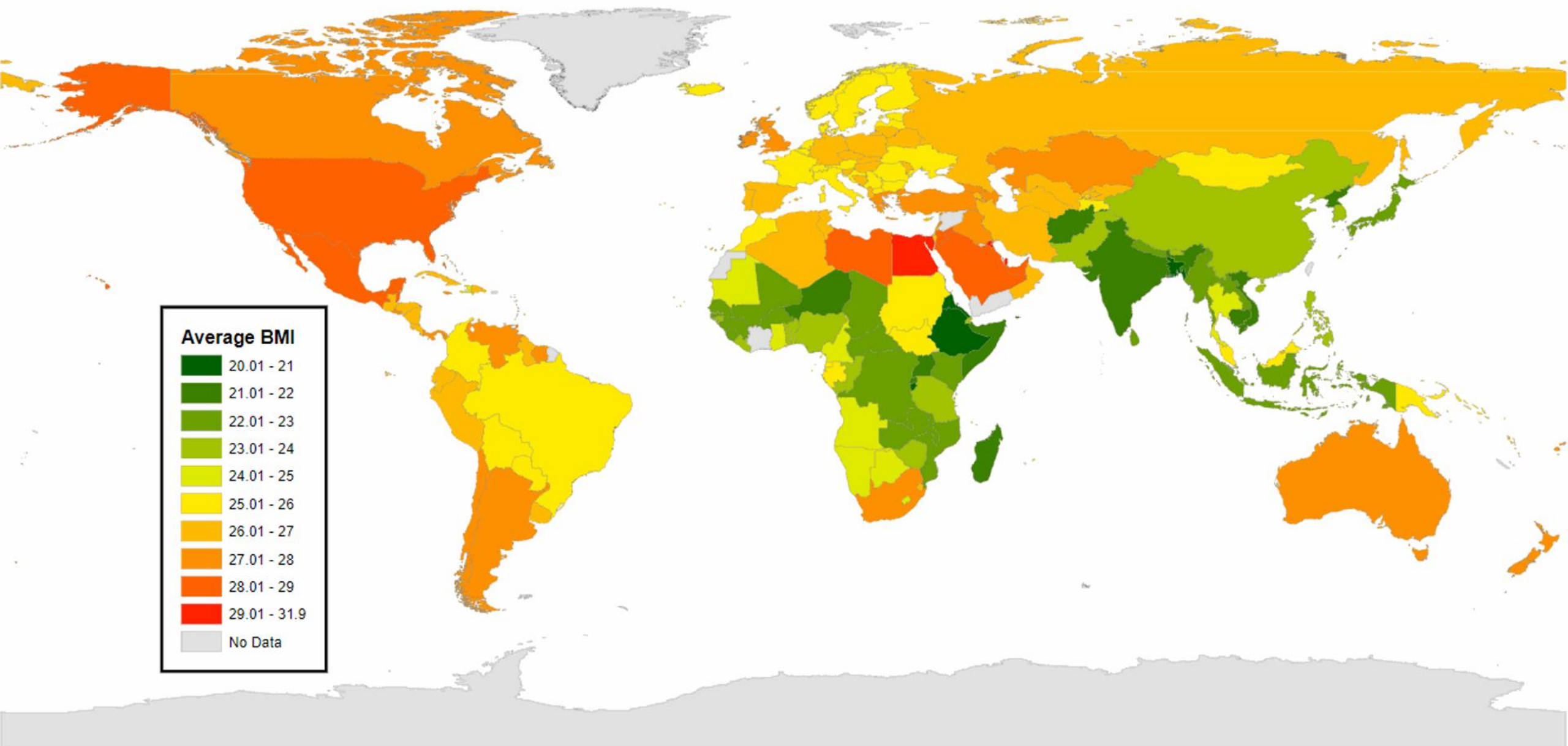


Optimal Lipid control & Role of Oligonucleotides

**Dr.S.Venkatesan
Cardiologist
Madras medical college
Chennai**

9-02-2020

Average Body Mass Index (BMI) per country, 2014



Prevalence of Dyslipidemia

- Approximately half of adults aged 30 years or older had dyslipidemia.
- About 6 out of every 10 men and 4 out of every 10 women were dyslipidemic.

Prevalence (People aged 30 years or older)



Men
57.6%



Women
38.3%



Total
47.8%

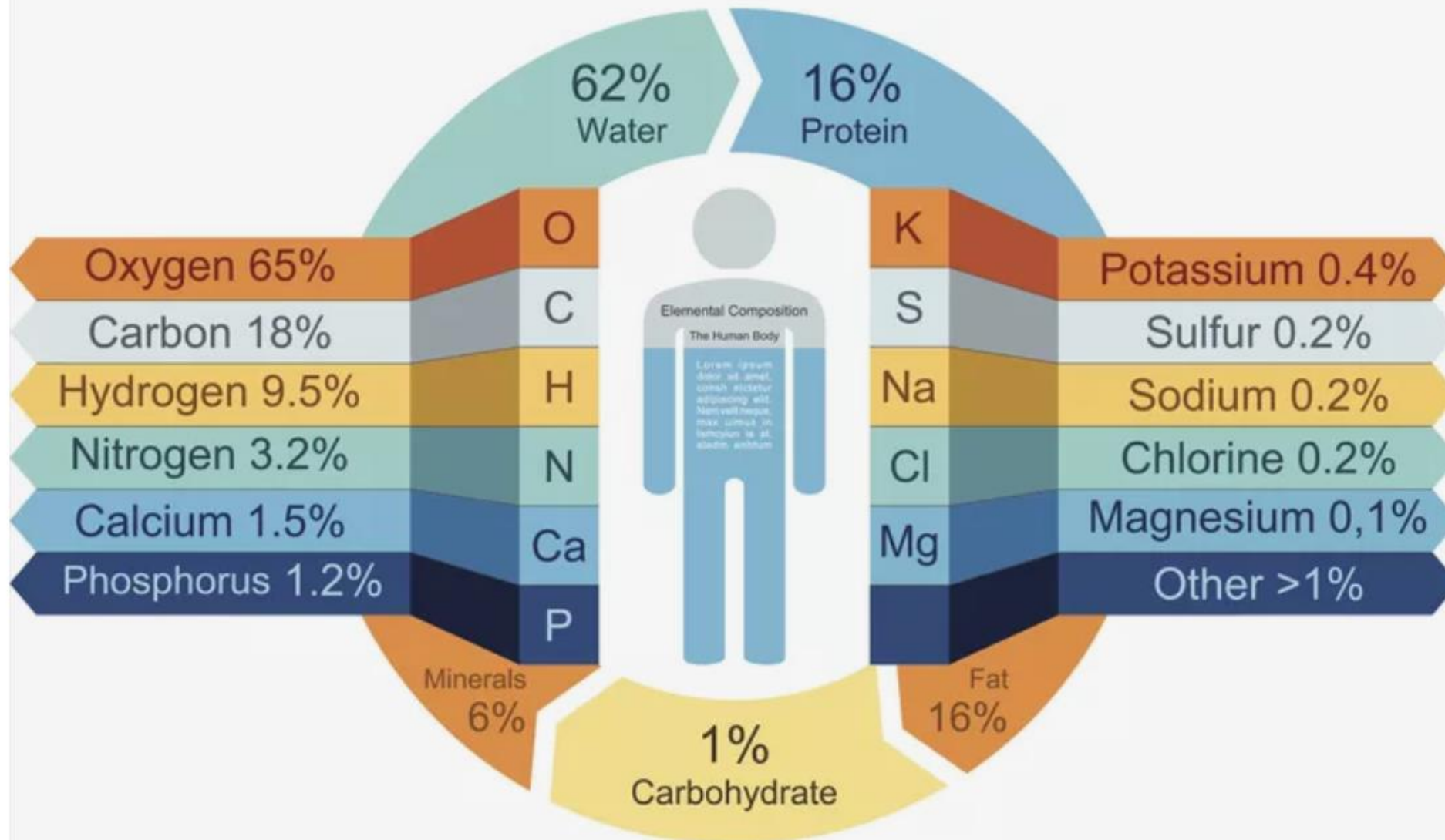
1
2

of people aged
30 years or older

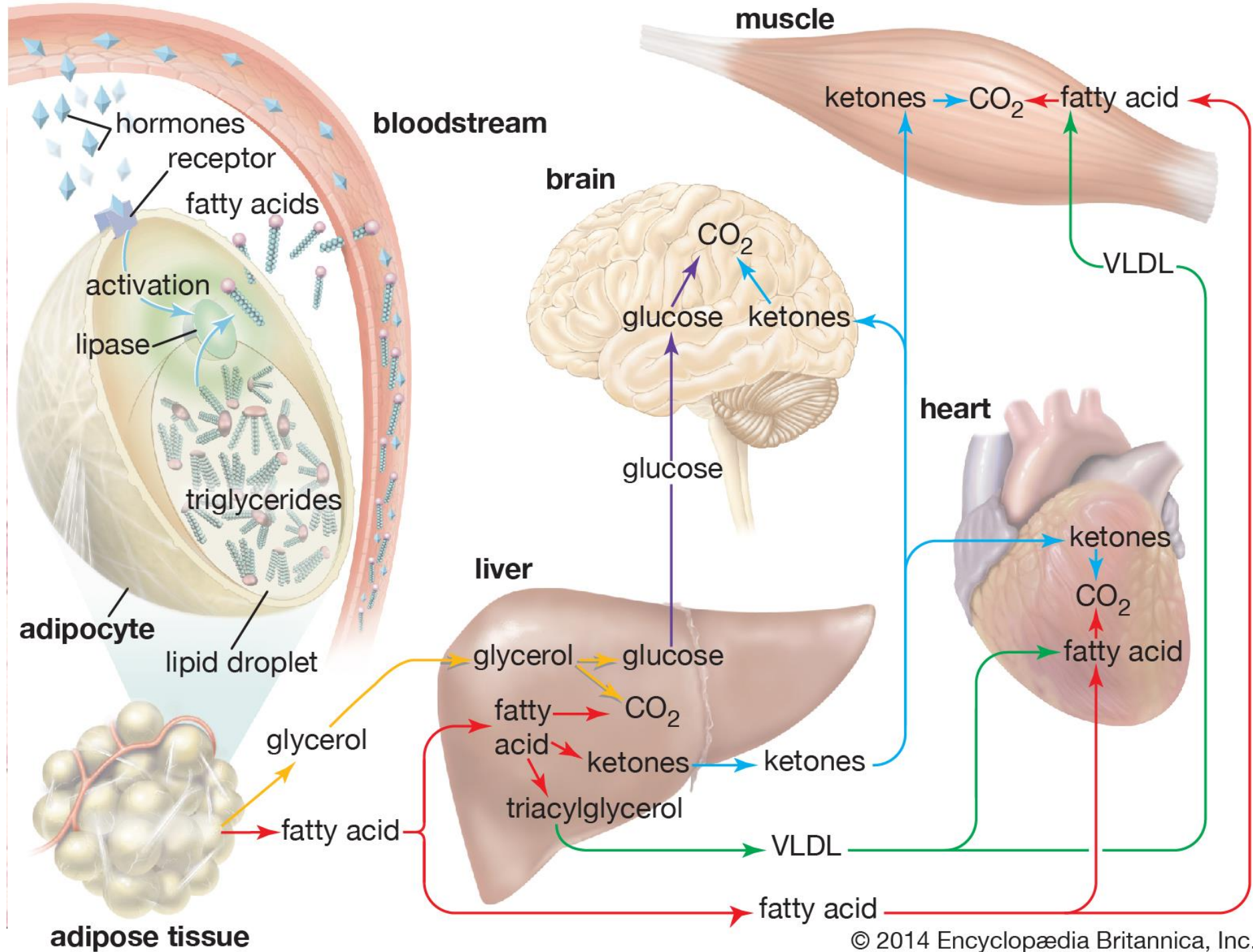


16,081,940 people

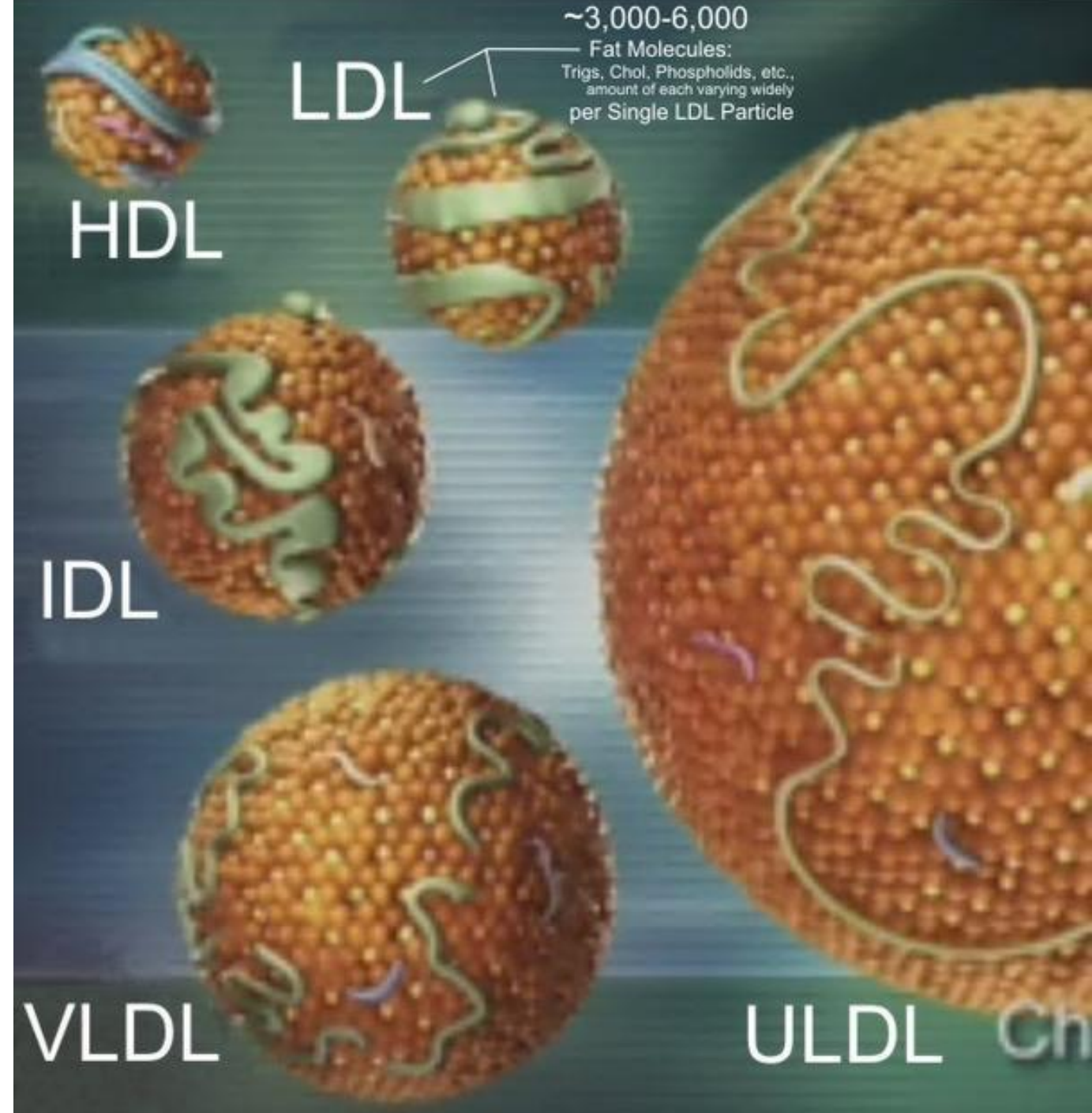
THE HUMAN BODY



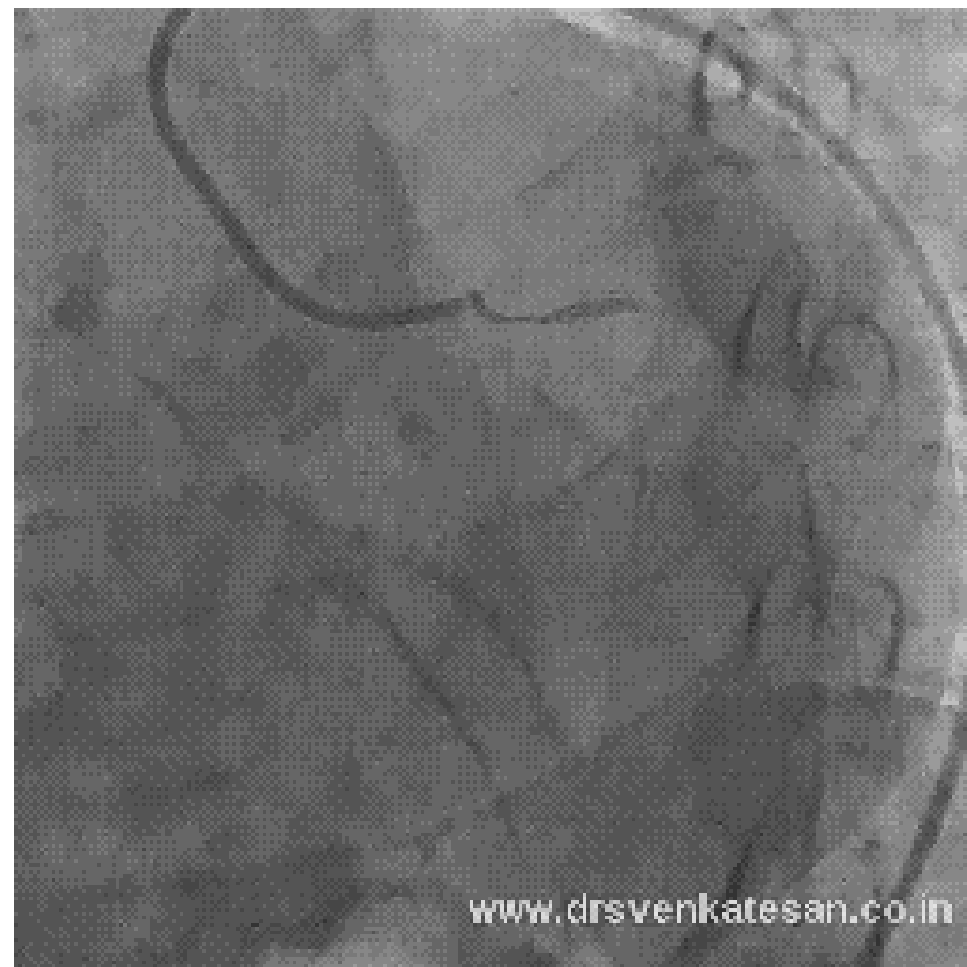
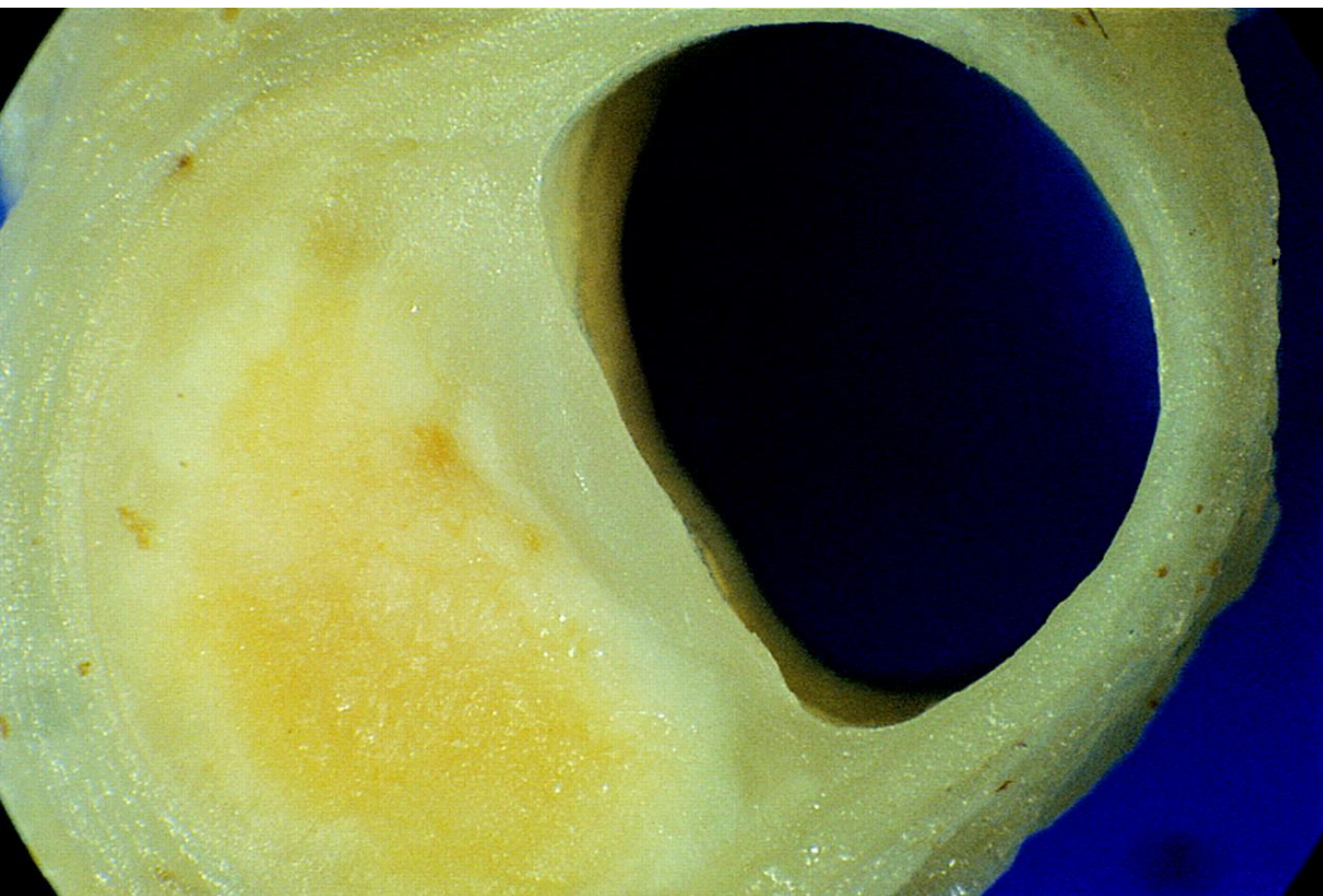
ELEMENTAL COMPOSITION



Less than 200mg /dl
Circulate in the blood







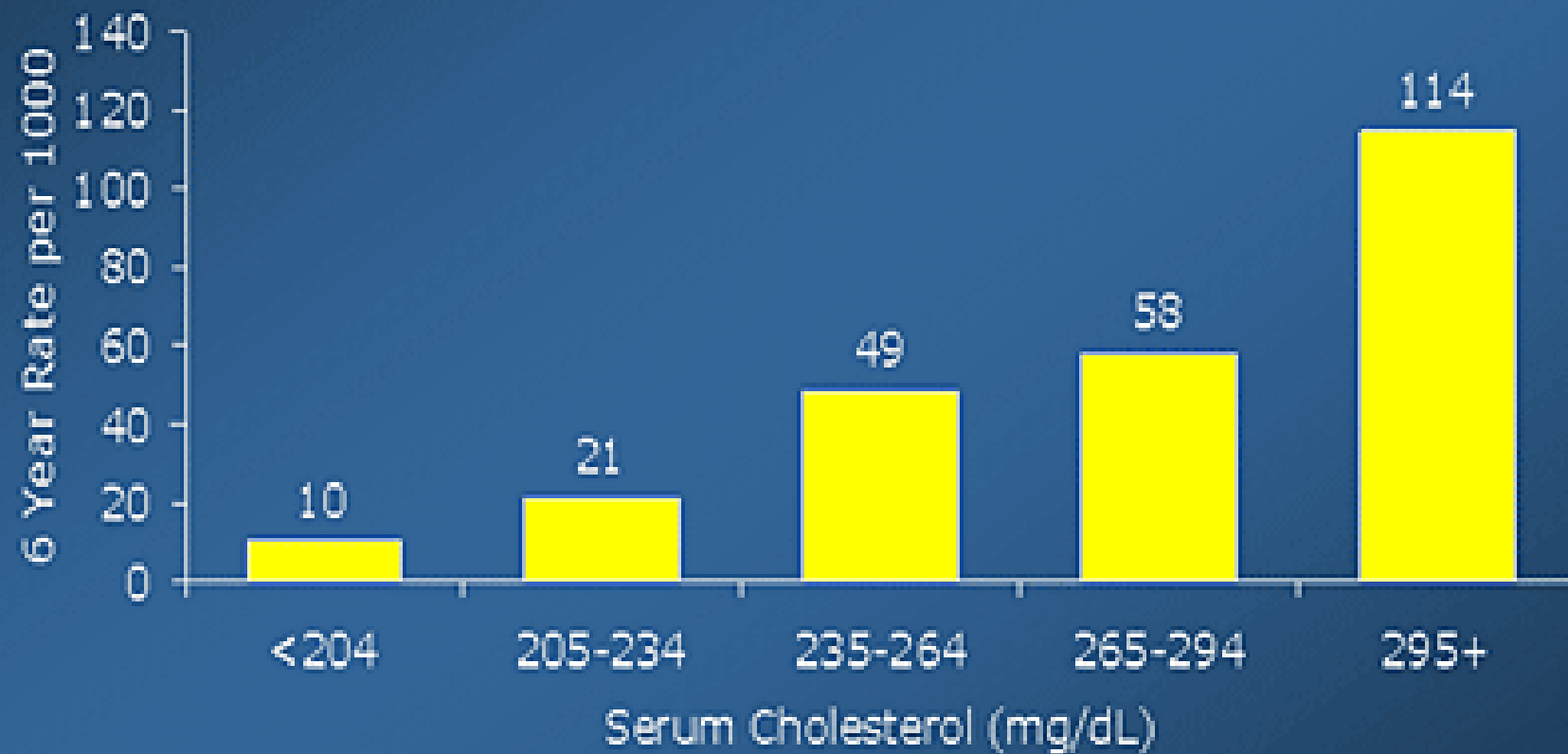
FRAMINGHAM

MRFIT

MONICA

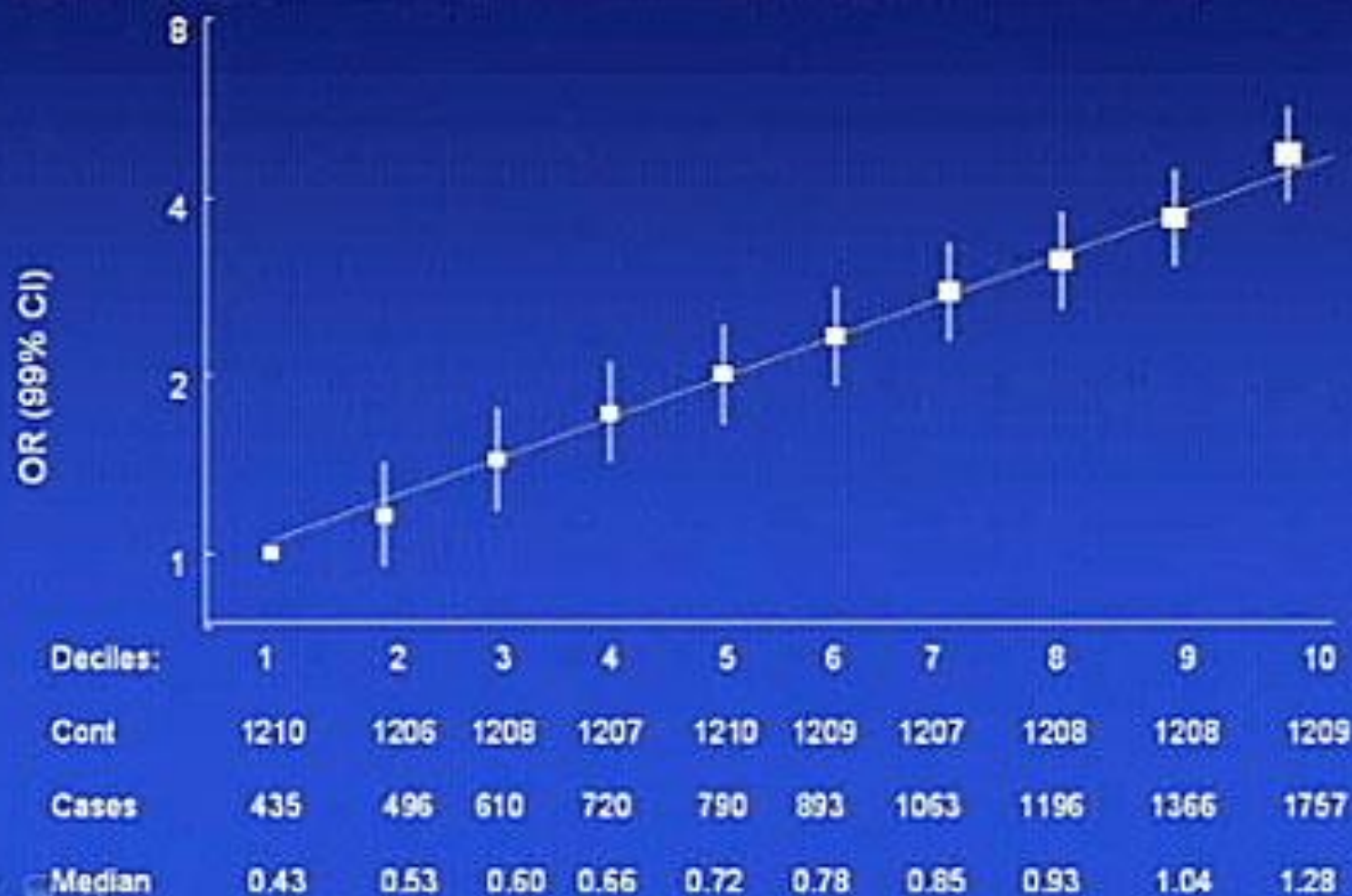
INTERHEART

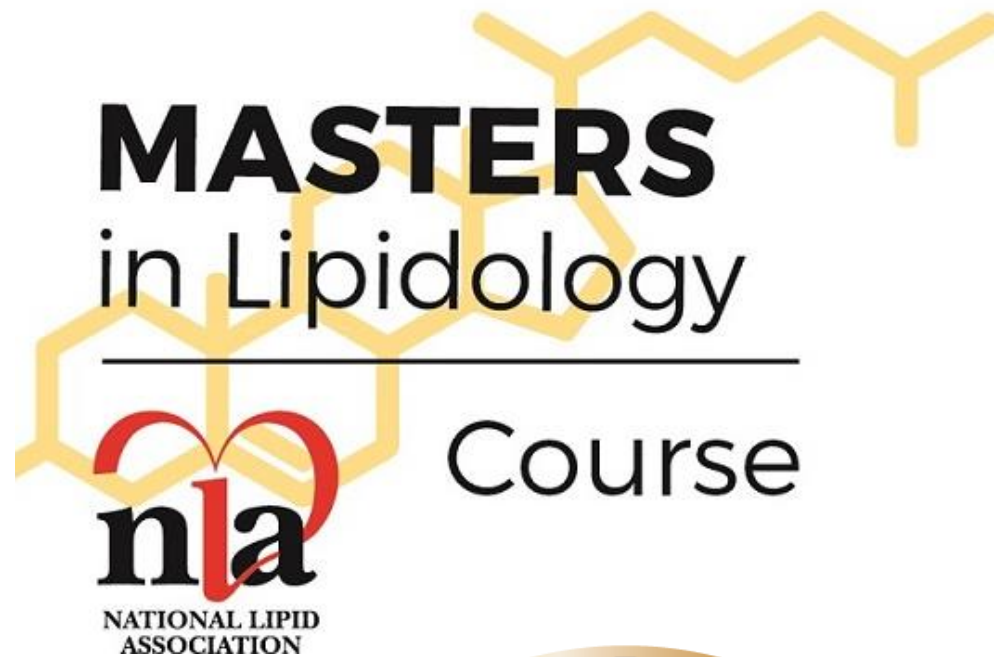
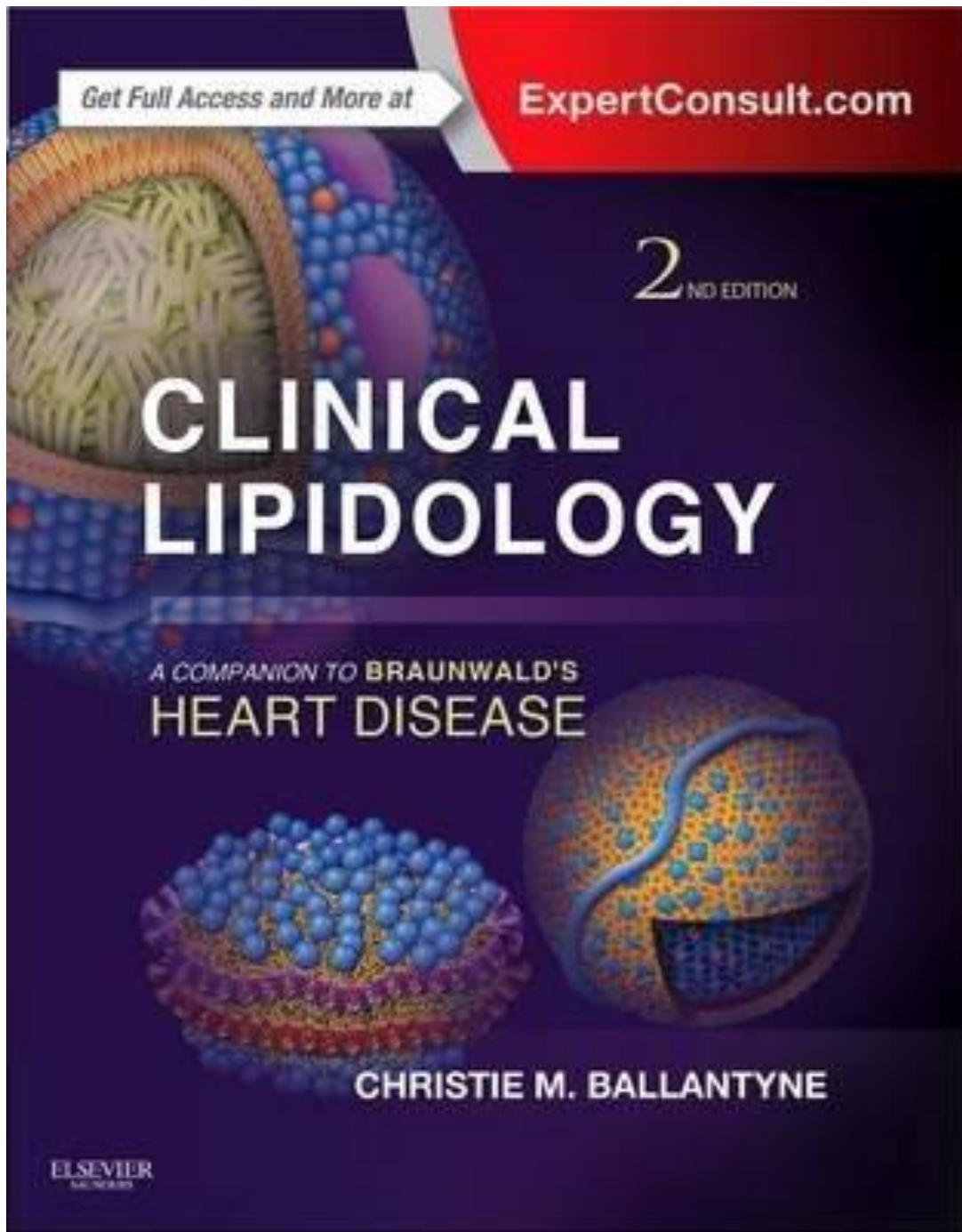
Risk of Premature CHD: The Framingham Heart Study



Men aged 30-49 years at Framingham Exam 2; 1951-1953

INTERHEART: Apolipoprotein B/A-1 and MI





Pharmacological strategies

Resins

Niacin

Fibrates

Ezetimibe

Statins

PCSK inhibitors

Date: _____

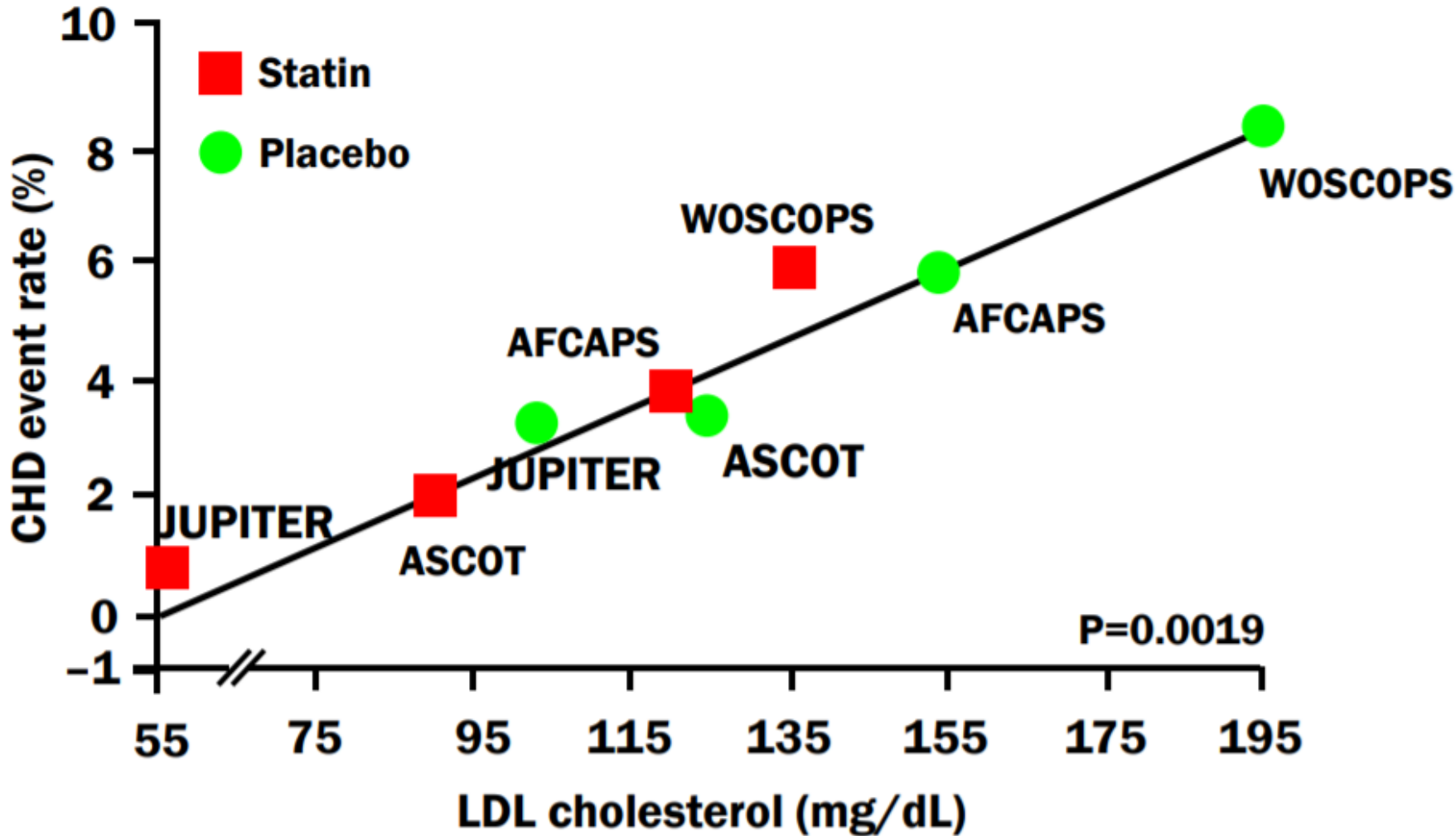
Doctor's Name: _____

Rx

PRESCRIPTION

statins

HMG-CoA Reductase Inhibitor Evidence: Primary Prevention and LDL-C on Therapy





EUROPEAN
SOCIETY OF
CARDIOLOGY



American
Heart
Association®



NATIONAL LIPID
ASSOCIATION



INTERNATIONAL
ATHEROSCLEROSIS
SOCIETY

NCEP/ATP-3

Are we reaching the target ?

Total cholesterol	Less than 200 mg/dL
Low-density lipoprotein	Less than 100 mg/dL
High-density lipoprotein	60 mg/dL or higher
Triglycerides	Less than 150 mg/dL

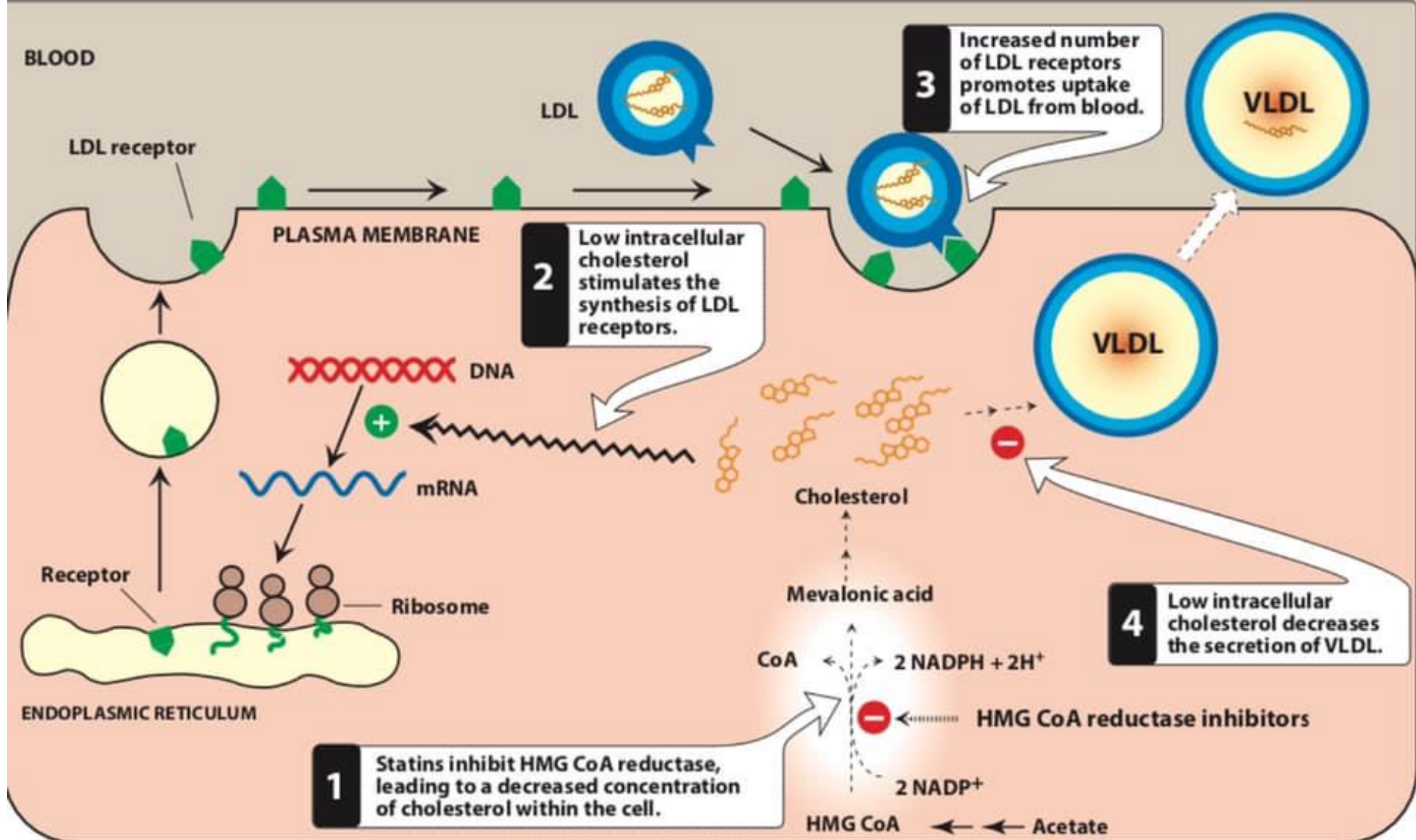
LDL : How low is low ?

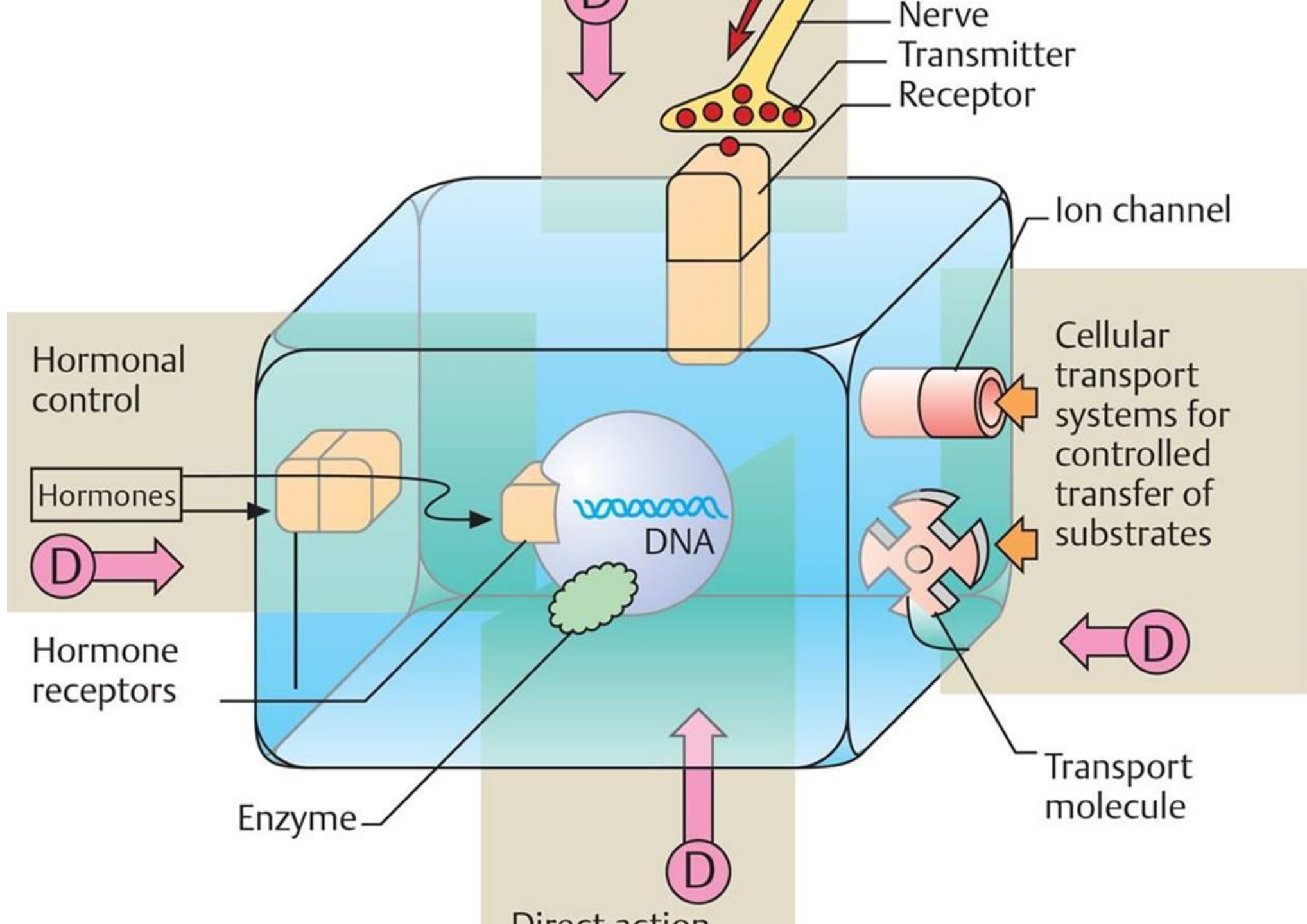
Free falling target LDL

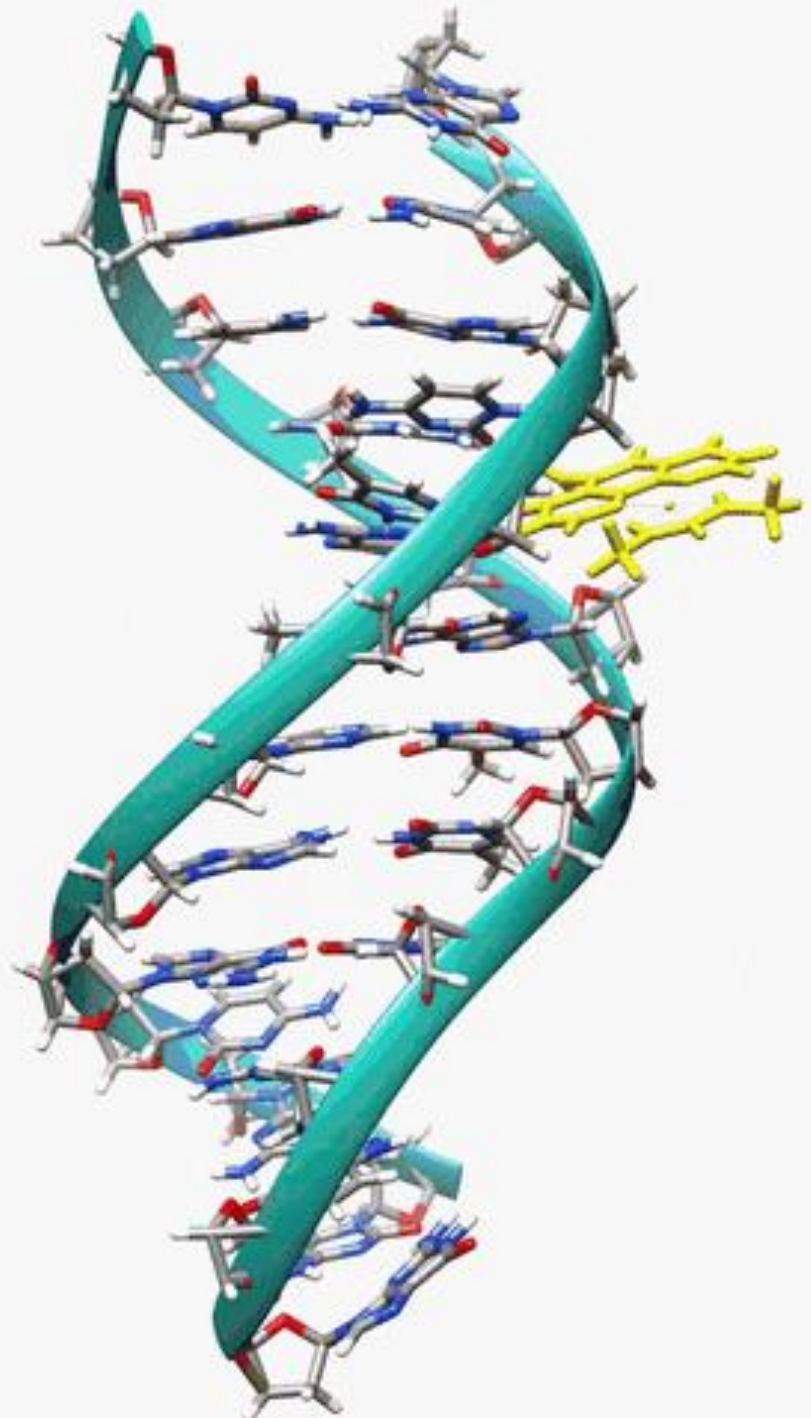
100mg 70mg 55mg 40mg . . .

**What is the need to look beyond
statins ?**

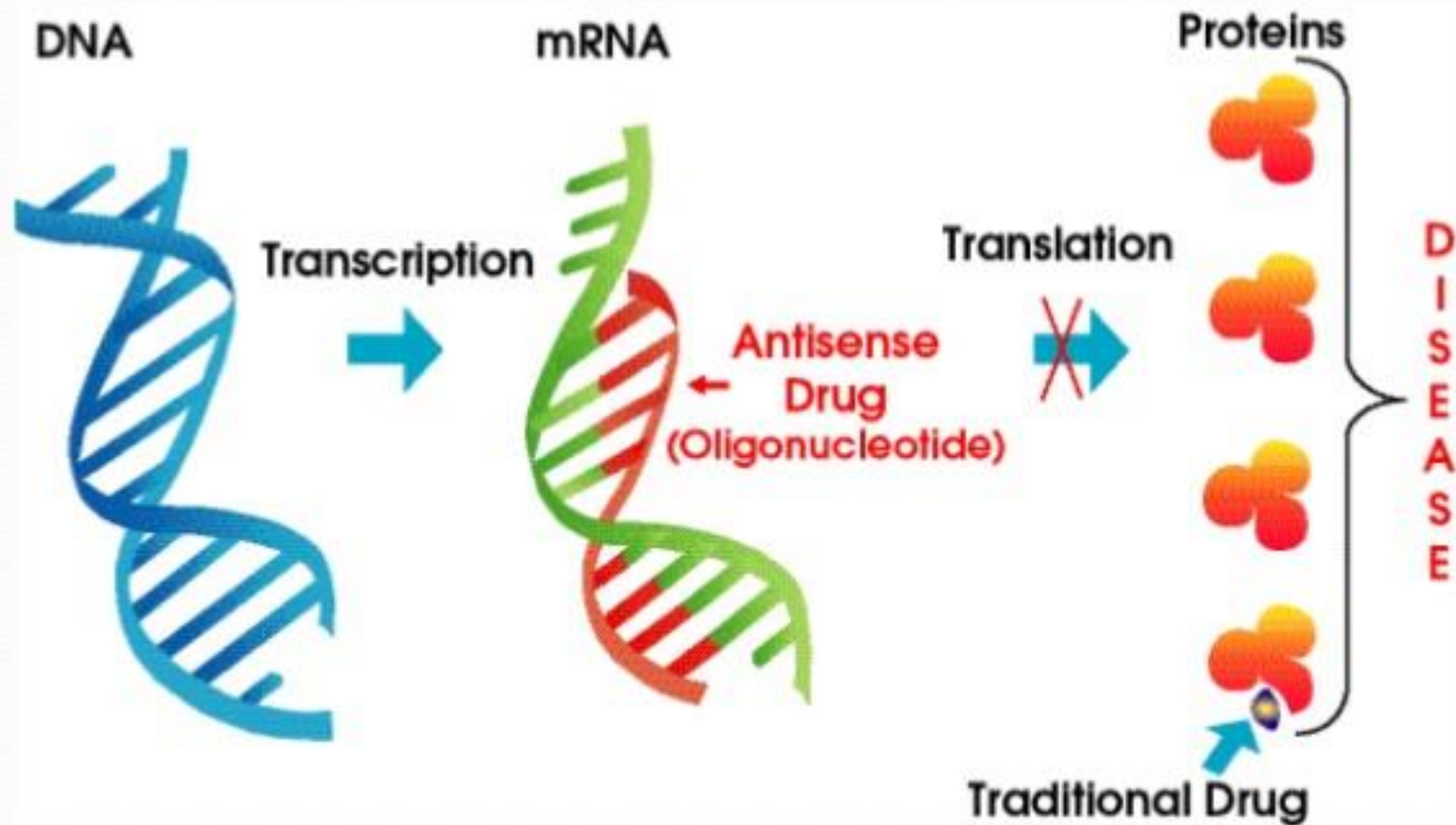
**Going beyond the conventional
pharmacotherapy**







Instead of attacking the receptors enzymes, proteins , what about directly Inhibit , Interfere ,silence and put off the receptor or enzyme synthesis itself ?

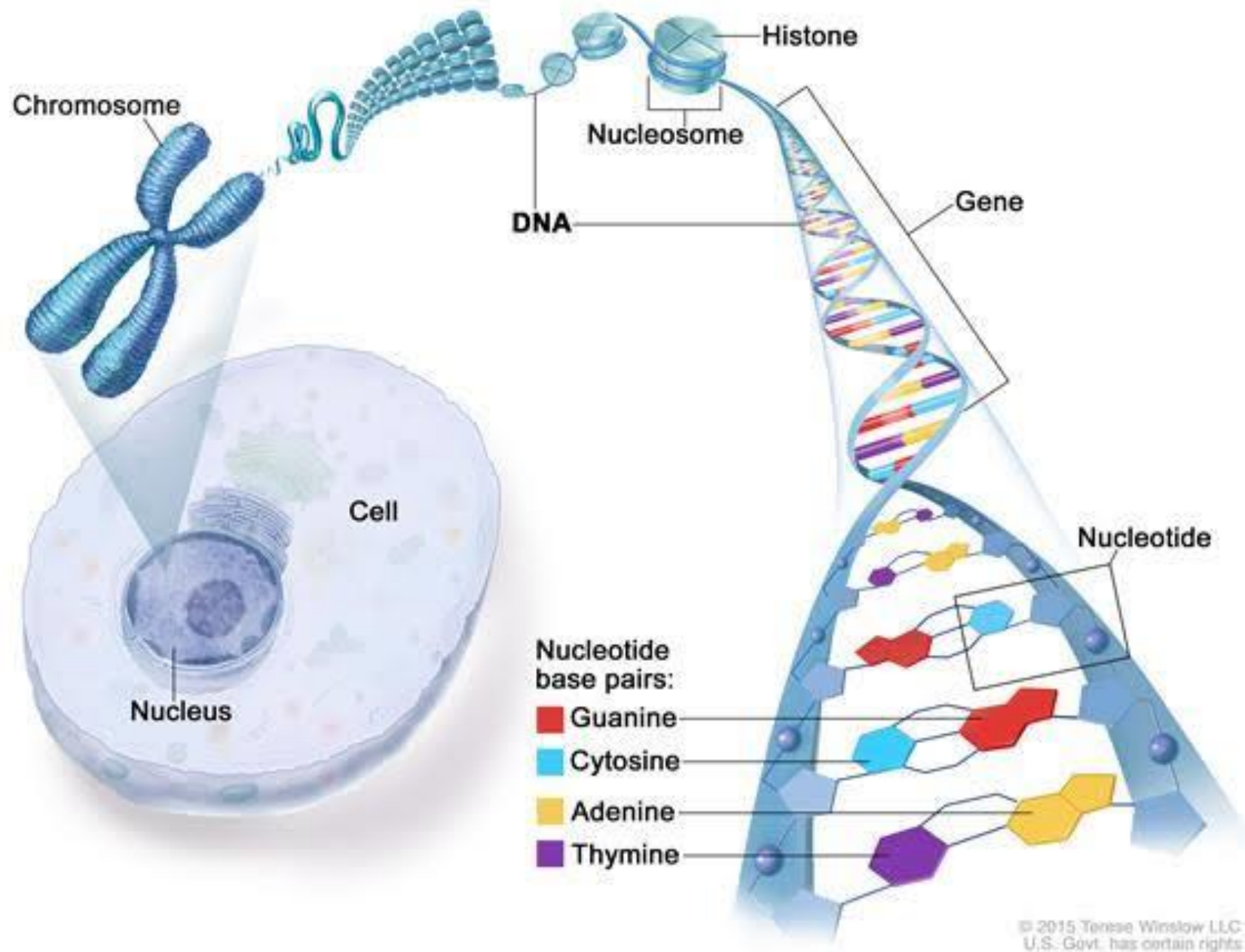


Translational Arrest

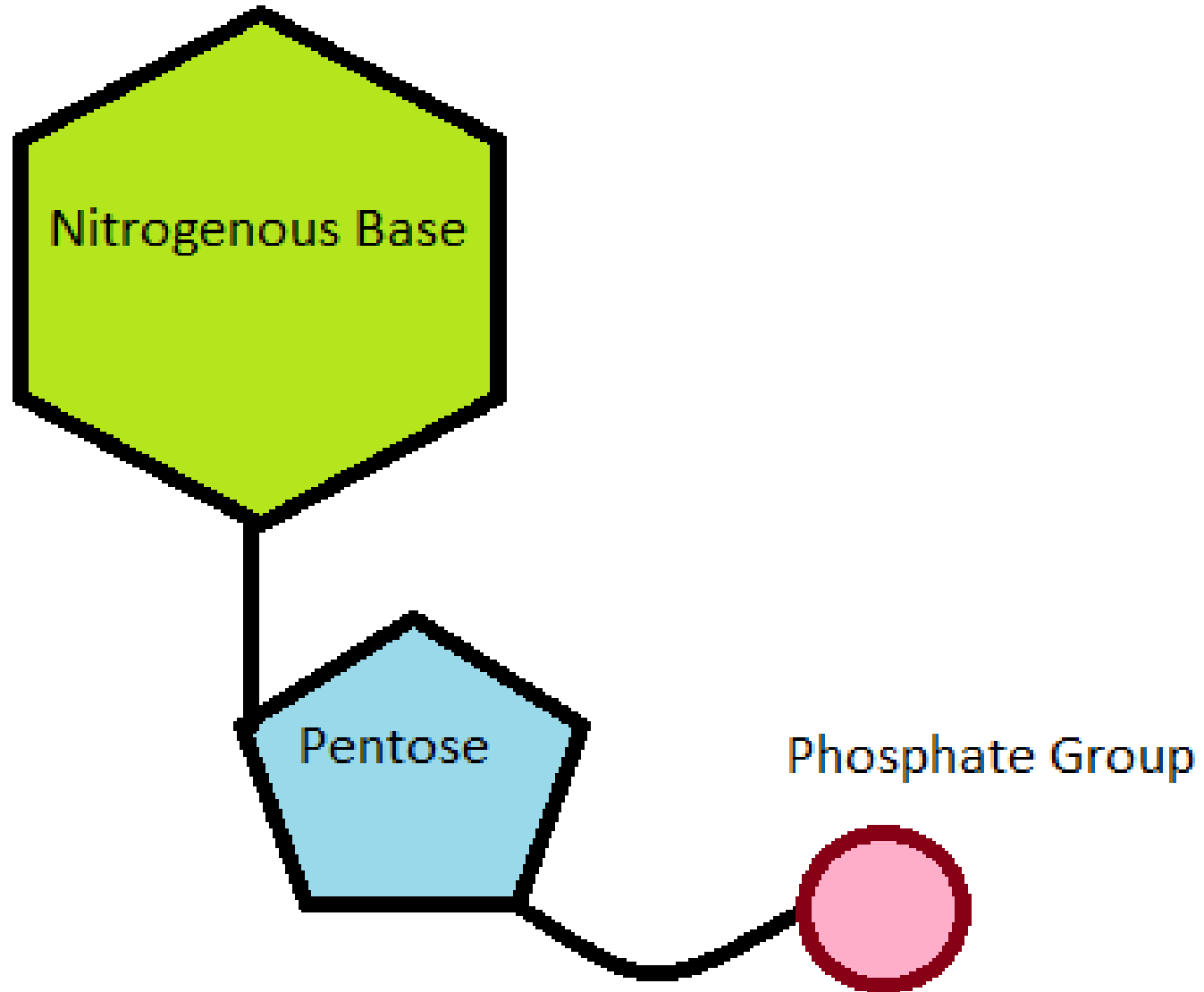
How to do it ?

Oligonucleotides

DNA Structure



Nucleotide



Gene therapy vs Gene manipulating drugs

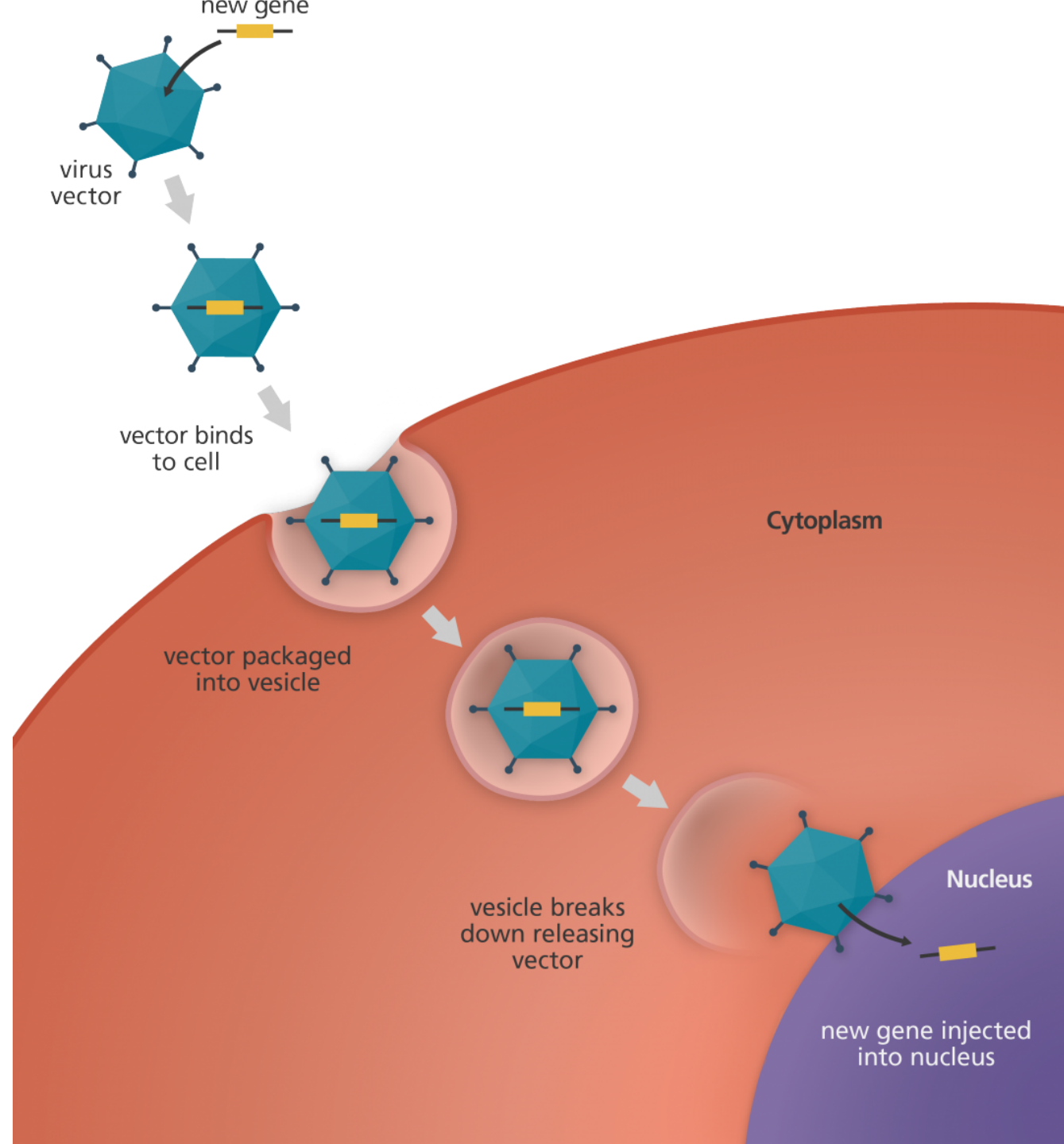
ONs Is it gene therapy ?



Gene therapy

Genetic defects

Mutation



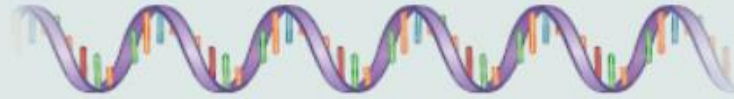
Targeting strategies for oligonucleotides

DNA



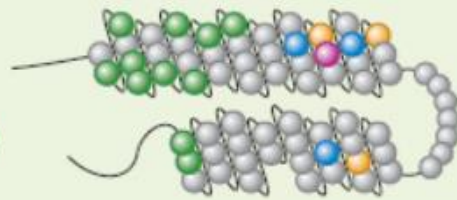
TFO
DNA strand-invading ON
Synthetic guide RNA for CRISPR/Cas

RNA



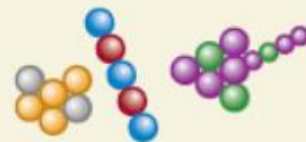
Antisense (RNaseH) ON
Splice-switching ON
Antagomir (anti-miRNA)
miRNA mimic
siRNA
DNAzyme

Protein
Structural or enzyme



Aptamer
Decoy
Innate immunity (nucleic acid sensor)

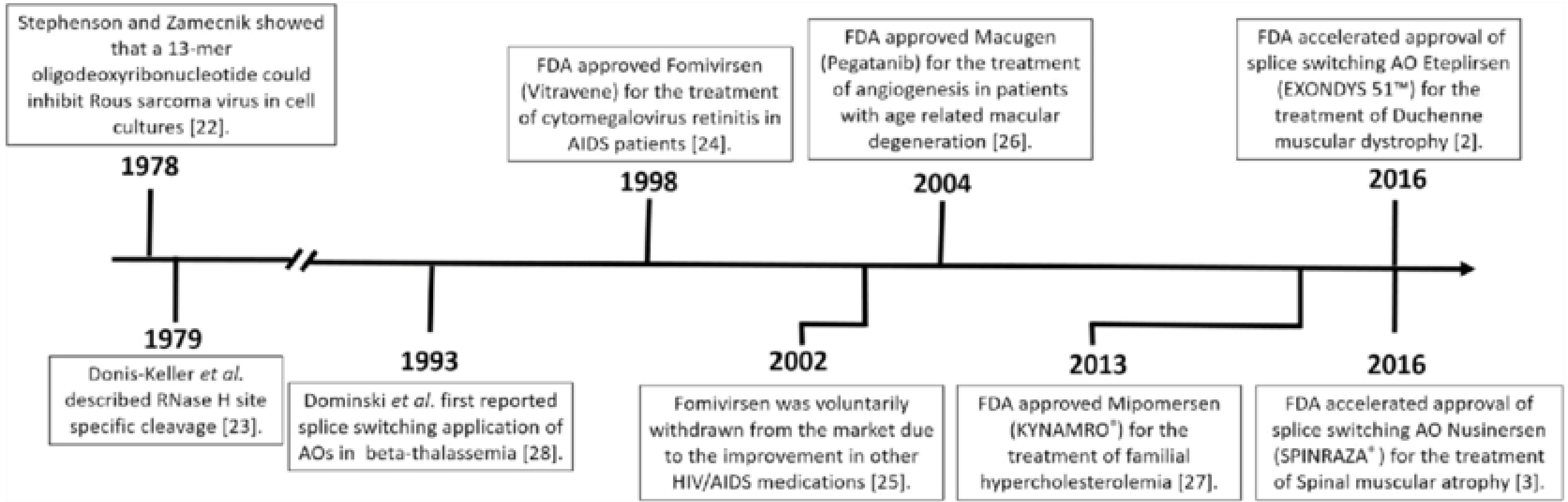
Posttranslational modifications
Carbohydrates
Lipids
Metabolites



Aptamer

Is this a new concept ?

How has it evolved ?



Inhibition of Rous sarcoma virus replication and cell transformation by a specific oligodeoxynucleotide

(tridecamer deoxyribonucleotide/hybridization competitor/hybridon)

PAUL C. ZAMECNIK AND MARY L. STEPHENSON

The John Collins Warren Laboratories of the Huntington Memorial Hospital of Harvard University at the Massachusetts General Hospital, Boston, Massachusetts 02114

Contributed by Paul C. Zamecnik, November 10, 1977

ABSTRACT The tridecamer d(A-A-T-G-G-T-A-A-A-T-G-G), which is complementary to 13 nucleotides of the 3'- and 5'-reiterated terminal sequences of Rous sarcoma virus 35S RNA, was added to chick embryo fibroblast tissue cultures infected with Rous sarcoma virus. Inhibition of virus production resulted. The inference emerges that the tridecamer and its counterpart with

Massachusetts General Hospital. Chick embryo fibroblasts were obtained as primary explants from 10-day-old Spafas chicks, and were used at early passages. Tissue cultures were grown as monolayers, using 10% tryptose, 5% irradiated fetal calf serum, and Dulbecco's modified Eagle's medium, without antibiotics (5). Incubation was at 37°C in 5% CO₂/95% air.



NUCLEIC ACIDS

BIOPOLYMERS MADE UP OF MONOMERS

NUCLEOTIDES



HOLD THE GENETIC
INFORMATION

VARIETY OF OTHER
FUNCTIONS



EM of RNA/DNA hybrid of
hexon mRNA/genome – 3 loops



Phillip A. Sharp

DNA splicing
Liquid chromatography
PCR

The Nobel Prize in Chemistry 1993



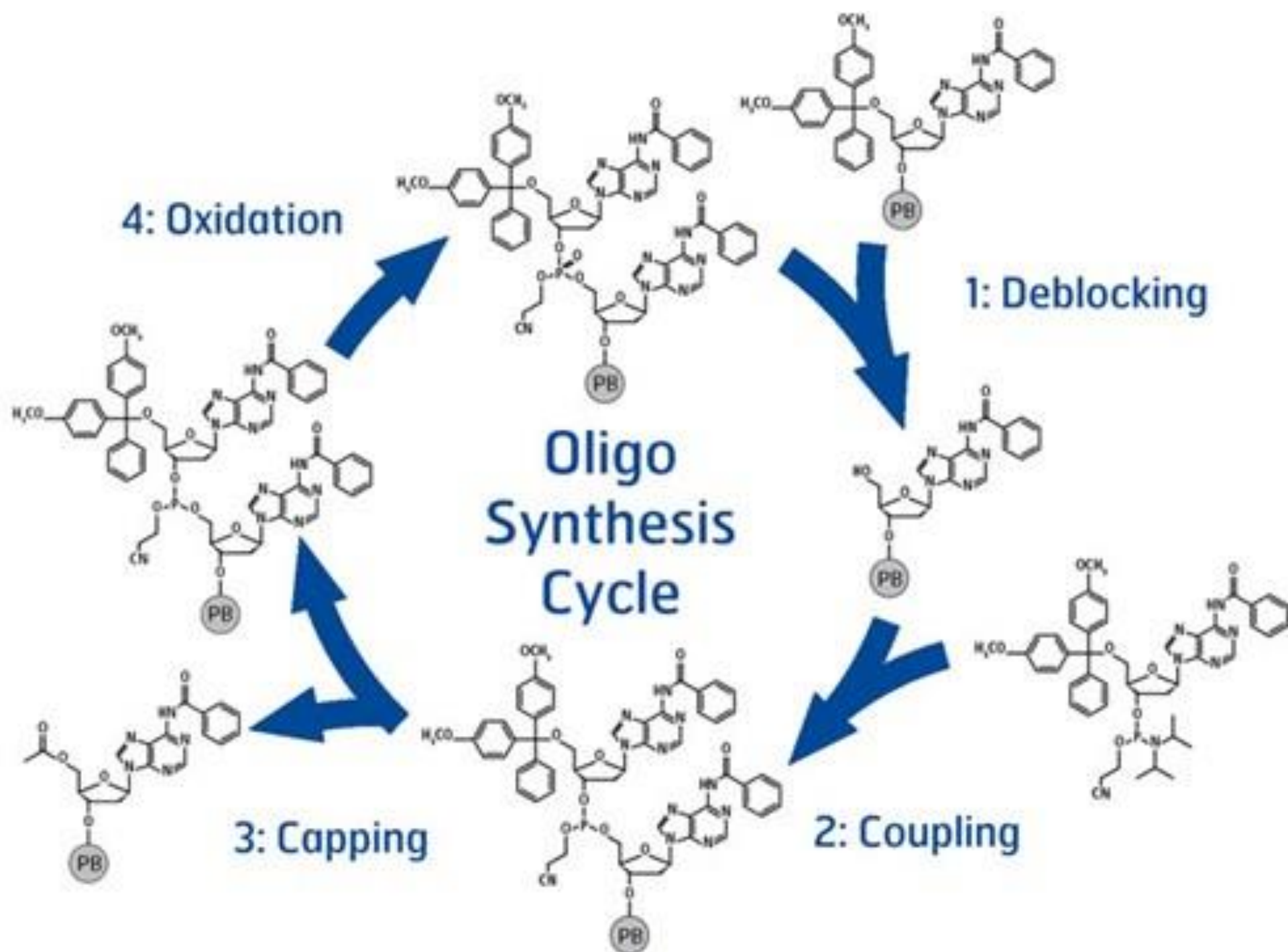
Kary B. Mullis

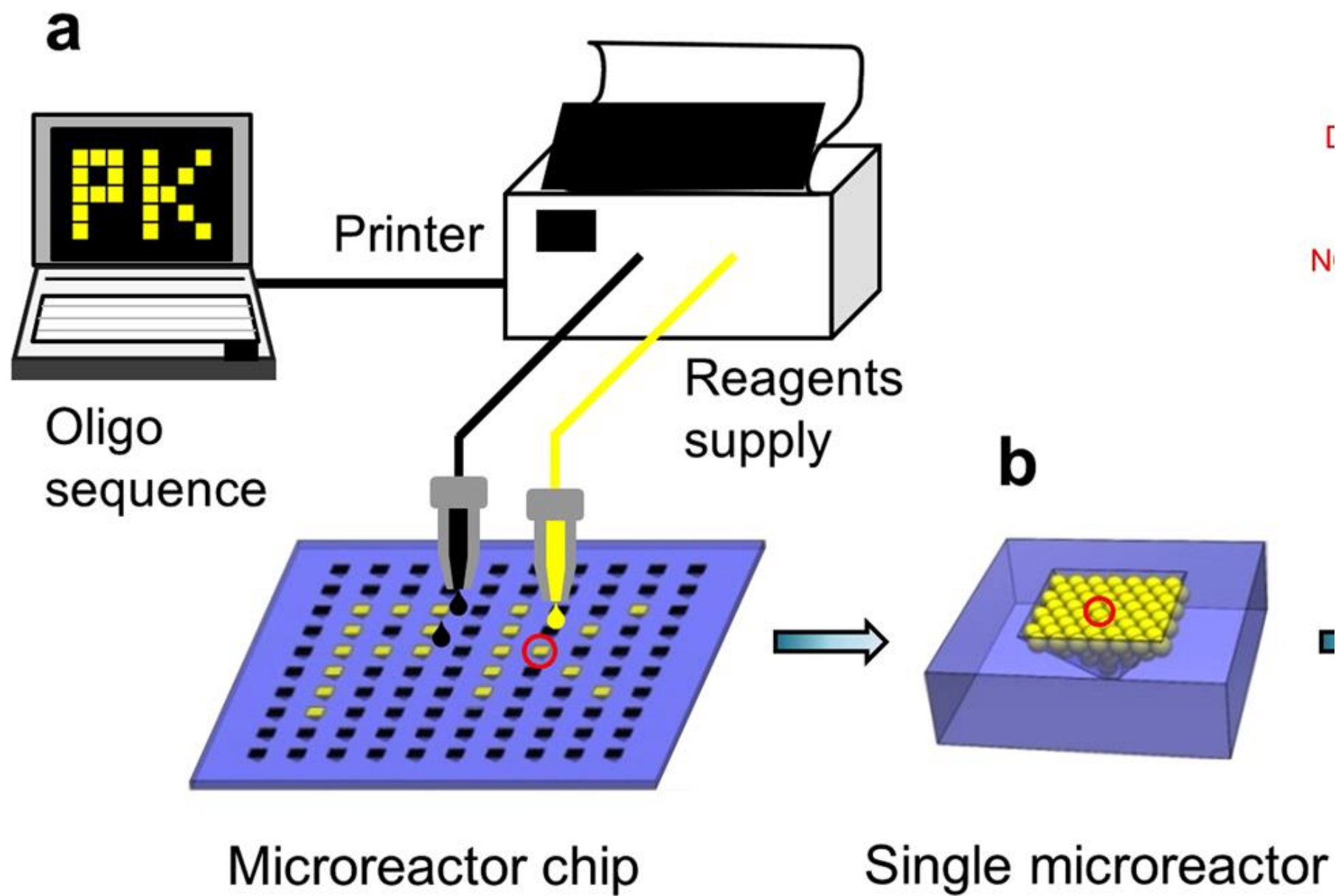
Prize share: 1/2








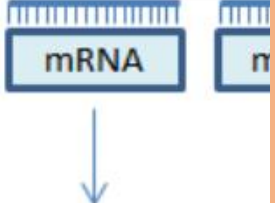
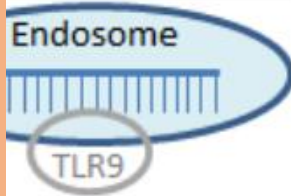
Michael Smith

Prize share: 1/2





Classifications of major oligonucleotide therapies

	Antisense oligonucleotides	siRNA	miRNA (mimic)	Aptamer	CpG oligonucleotides
Typical structure	Single-stranded DNA/RNA 	Double-stranded RNA 	Double-stranded RNA 	Single-stranded DNA/RNA 	Single-stranded DNA 
Mechanism of action	 mRNA ↓ mRNA degradation, Suppression of transcription, etc.				 Endosome TLR9 ↓ stimulation of immune system
Characteristics	A variety of mechanisms e.g. mRNA degradation, splicing regulation, inhibition of translation, etc.				Innate immune response to CpG oligonucleotides which is considered an adjuvant effect.
DDS/miscellaneous	Chemically modified oligonucleotides are often used and DDS is not usually required.	Chemically modified oligonucleotides have recently been developed but DDS is generally required.	Generally DDS is required.	DDS modification is often used in order to extend blood circulation time.	Mixed with antigen as an adjuvant.

Antisense ON
Small Interfering RNA
miRNA mimic
Aptamer

Oligonucleotide

Nucleic acids

Structure designed

10 to 30 nucleotide

Can be synthesised /Purified /Stablised

How to reach the cell nucleus ?

Non viral delivery of drugs

- **Naked DNA delivery systems,**
- **Polymeric delivery systems,**
- **Liposomal delivery systems**

Target site & cells

It is the weakest link (Recall stem cell fiasco !)

Intrathecal /Intravitreal /

Being over come : Subcutaneous is practical

Target molecule

DNA

RNA






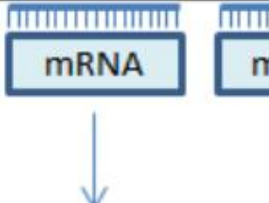
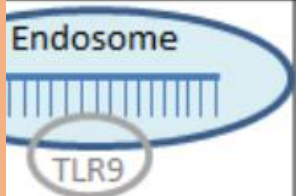
mRNA

APO-B

Apo C 2

PCSK

Classifications of major oligonucleotide therapies

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Antisense ON
Small Interfering RNA
miRNA mimic
Aptamer

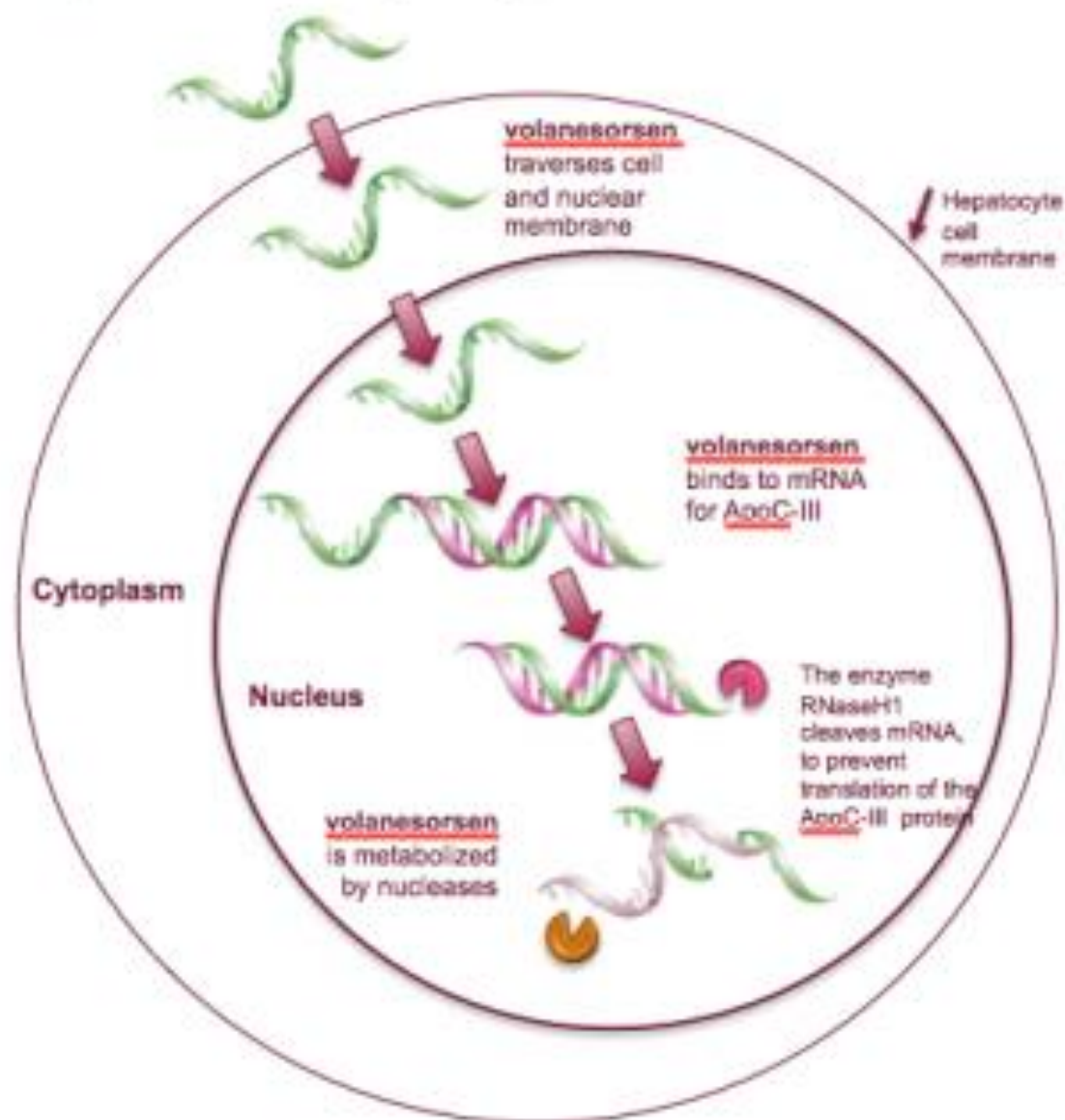
ON in Dyslipidemia

KYNAMRO® (Mipomersen)	APOB	2'-MOE modified Gapmer	Ionis	Hypercholesteremia
IONIS-APOCIII _{RX} (volanesorsen)	APOC3	2'-MOE modified Gapmer	Ionis/Akcea	Chylomicronemia
IONIS-APO(a)-L _{RX}	APO(a)	2'-MOE modified Gapmer	Ionis/Akcea	Very high Lp(a)
IONIS-ANGPTL3-L _{RX}	ANGPTL3	2'-MOE modified Gapmer	Ionis/Akcea	Mixed dyslipidemias
anti-miR-33	mir-33a/b	2'F/MOE-modified mixmer	Regulus	Atherosclerosis etc.
anti-miR-208	miR-208a	LNA-modified mixmer	miRagen/ Servier	Hypertrophic cardiomyopathy

KYNAMRO [®] (Mipomersen)	APOB	2'-MOE modified Gapmer	Ionis	Hypercholesteremia
IONIS-APOCIII _{RX} (volanesorsen)	APOC3	2'-MOE modified Gapmer	Ionis/Akcea	Chylomicronemia

Figure 1: Volanesorsen Mechanism of Action

Preventing Formation of ApoC-III by a Second Generation Antisense Oligonucleotide (ASO)



Attributes of Antisense Drugs

- Highly specific, with reduced potential for off-target binding
- No known drug/drug interactions, not metabolized by CYP450 pathways
- Unable to cross placenta and blood/brain barrier

APPROACH Trial NEJM

August 8, 2019

N Engl J Med 2019; 381:531-542

Antisense-mediated inhibition of hepatic *APOC3* mRNA with volanesorsen led to decreased plasma apolipoprotein C-III and triglyceride levels.



waylivra[®]

(volanesorsen) injection
285 mg/1.5 mL

Apo-lipoprotein B100

TGL

PCSK –mRNA

Mipomersen

Antisense ON therapy

mRNA coding for Apolipoprotein B-100

Blocking translation of the gene product.

The reduction in production of the atherogenic lipoproteins VLDL, IDL, LDL, and lipoprotein(a).



What is the price of Kynamro

According to the manufacturer, Kynamro costs around \$176,000 each year, which is about \$3,667 a week. According to Red Book, 1 vial of Kynamro has an Average Whole Sale Price (AWP) of \$5,759.65.

PCSK9 is still favourite & (Powerful)target

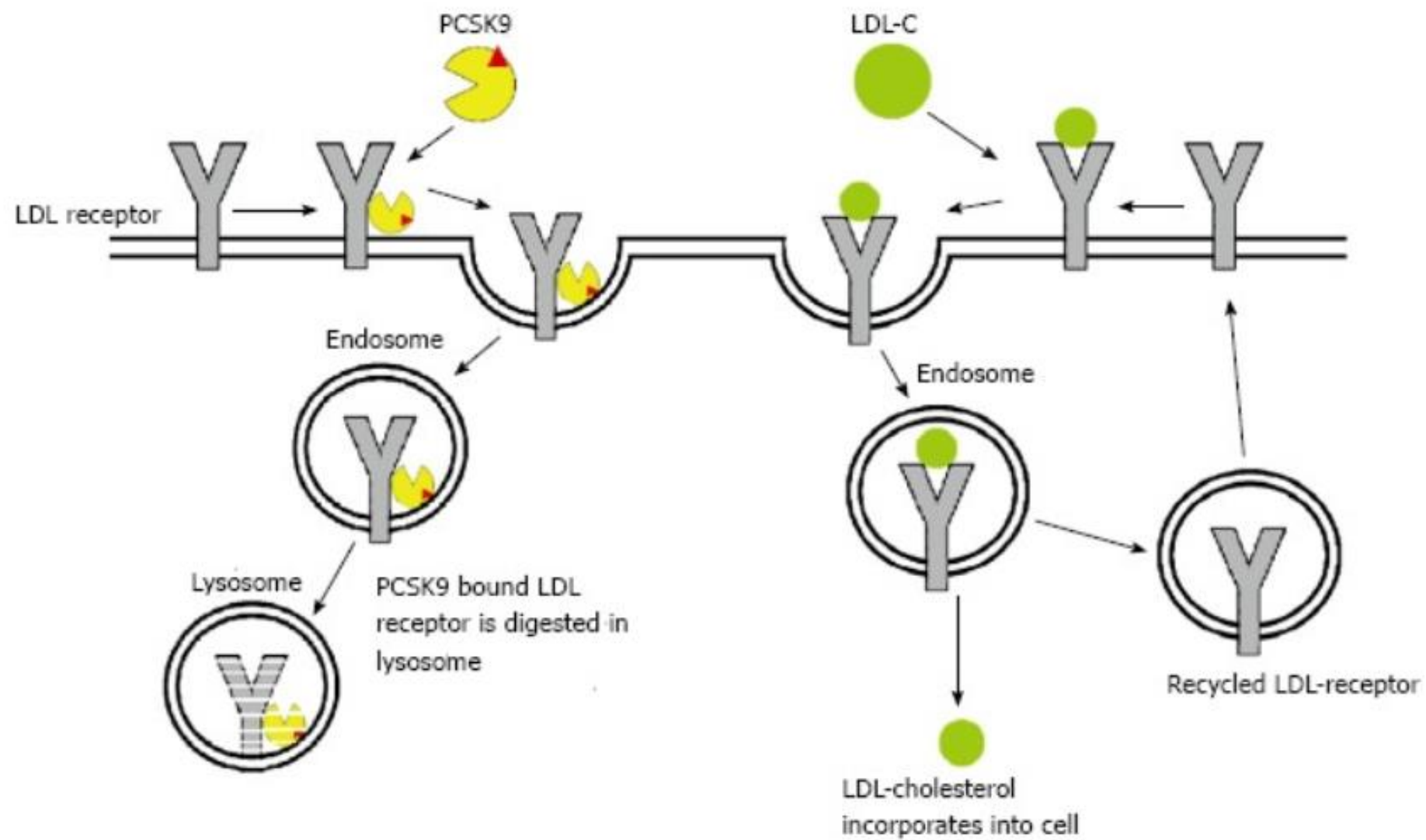
Monoclonal antibodies

Mimetic peptides or Adnectins

Inhibition of PCSK autocatalytic sites.

Gene silencing through antisense ONs

Small interfering RNA



PCSK blocking (mab)

VS

PCSK synthesis Inhibition

Another potential and significant complication with drugs that are monoclonal antibodies is the development of anti-drug antibodies that may interfere with clinical efficacy and increase adverse events



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Inclisiran in Patients at High Cardiovascular Risk with Elevated LDL Cholesterol

Kausik K. Ray, M.D., Ulf Landmesser, M.D., Lawrence A. Leiter, M.D.,
David Kallend, M.D., Robert Dufour, M.D., Mahir Karakas, M.D., Tim Hall, M.D.,
Roland P.T. Troquay, M.D., Traci Turner, M.D., Frank L.J. Visseren, M.D.,
Peter Wijngaard, Ph.D., R. Scott Wright, M.D., and John J.P. Kastelein, M.D., Ph.D.

ABSTRACT

BACKGROUND

In a previous study, a single injection of inclisiran, a chemically synthesized small interfering RNA designed to target PCSK9 messenger RNA, was found to produce sustained reductions in low-density lipoprotein (LDL) cholesterol levels over the course of 84 days in healthy volunteers.

METHODS

We conducted a phase 2, multicenter, double-blind, placebo-controlled, multiple-ascending-dose trial of inclisiran administered as a subcutaneous injection in patients

The author
Appendix.
Dr. Ray at
vascular D
of Primary
rial Colleg
Dunstan's
Kingdom,
Drs. Ray

2017 Imperial College London Phase 2 Trial

INCLISIRAN

Twice a year Injection

FDA approval awaited very soon

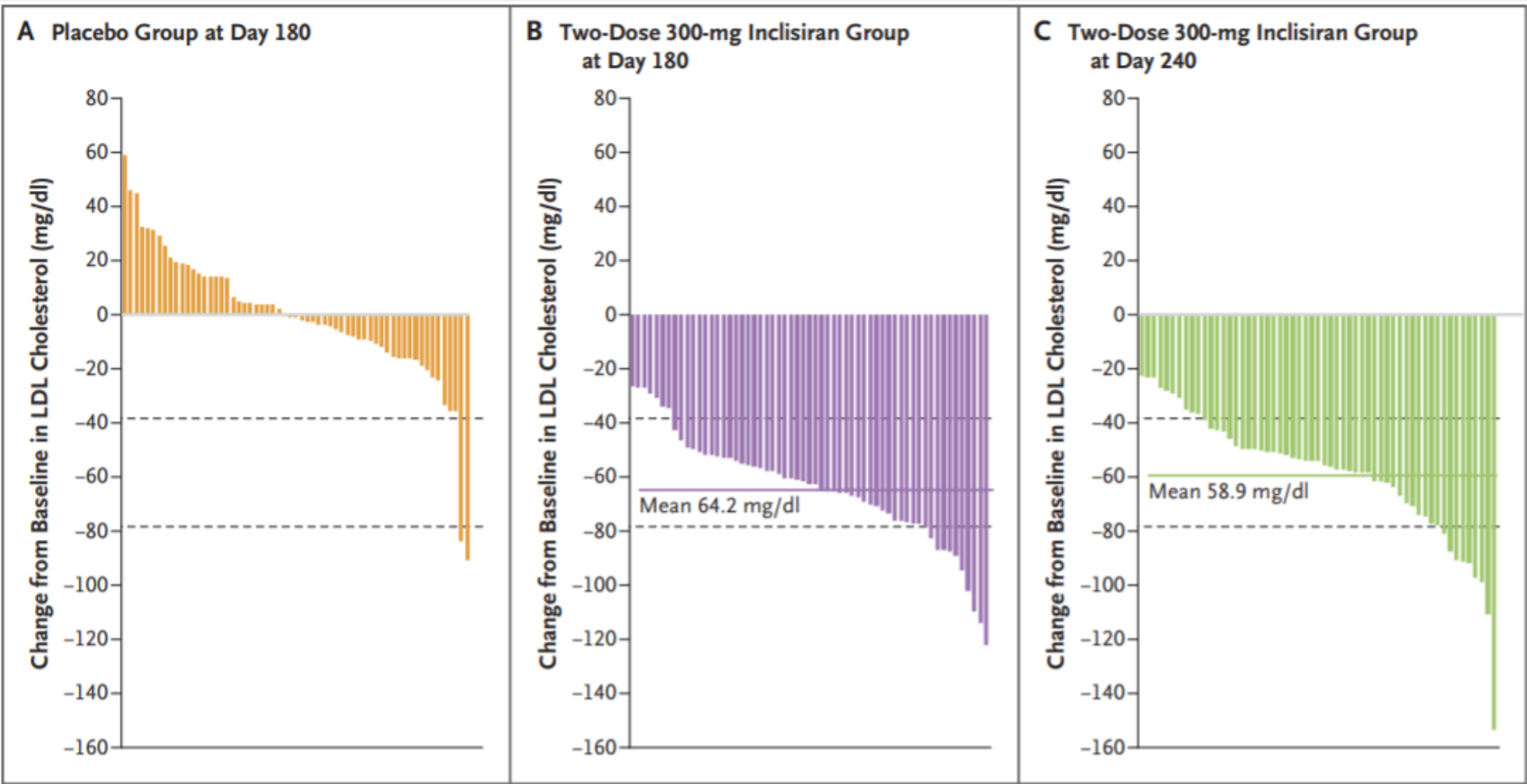


Figure 2. Changes in LDL Cholesterol Levels.

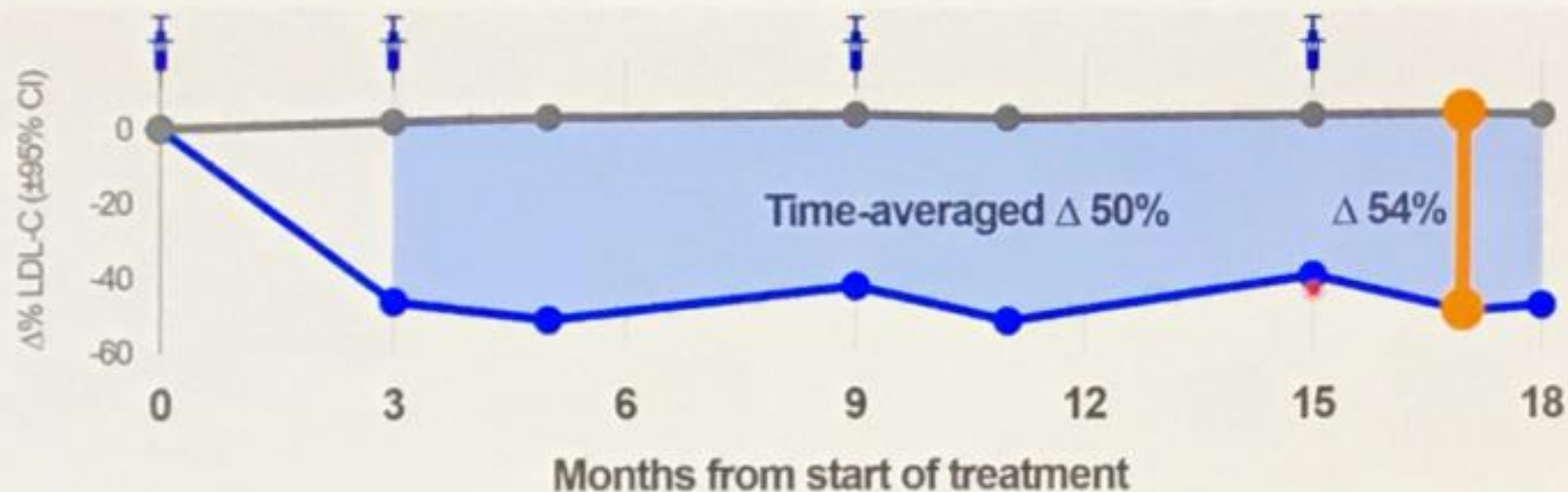
The change in LDL cholesterol level from baseline to day 180 is shown for each patient randomly assigned to the two-dose placebo group (61 patients) (Panel A) and the two-dose 300-mg inclisiran group (59 patients) (Panel B); the changes from baseline to day 240 are also shown for the two-dose 300-mg inclisiran group (59 patients) (Panel C). Dashed lines represent LDL cholesterol reductions of 39 mg per deciliter and 78 mg per deciliter. To convert the values for cholesterol to millimoles per liter, multiply by 0.02586.

ORION-11: Efficacy

Durable, potent and consistent effect over 18 months



Percent change in LDL-C over time – observed values ITT patients

P-value for placebo – inclisiran comparison at each time point <0.00001 1. All 95% confidence intervals are less than $\pm 2\%$ and therefore are not visible outside data points

ORION-11: Exploratory endpoint Adverse cardiovascular events



Cardiovascular TEAEs

Safety population^{1,2}

Placebo

N = 804

Inclisiran

N = 811

Pre-specified exploratory CV endpoint³

83 (10.3%)

63 (7.8%)

Cardiovascular death

10 (1.2%)

9 (1.1%)

Fatal or non-fatal MI and stroke⁴

30 (3.7%)

12 (1.5%)

Fatal or non-fatal MI

22 (2.7%)

10 (1.2%)

Fatal or non-fatal stroke

8 (1.0%)

2 (0.2%)

1. Safety population includes all patients who received at least 1 dose of study medication 2. Patients may be counted in more than one category 3. MedDRA-defined cardiovascular basket of non-adjudicated terms including those classified within cardiac death, and any signs or symptoms of cardiac arrest, non-fatal MI and/or stroke 4. Post hoc analysis of hard endpoints

23



Metabolism & Pharmacokinetics

Toxicity of Oligonucleotide Therapeutics

Nucleic acid has unique molecule

Immunogenicity

Cross reactive with native DNA

Even cell death possible

Hepatocyte paralysis ? & Other Liver toxicity

Still very early days . . .

The future of gene modifying drugs



More than 200 drugs are underway



Oligonucleotide based Pharmacotherapy

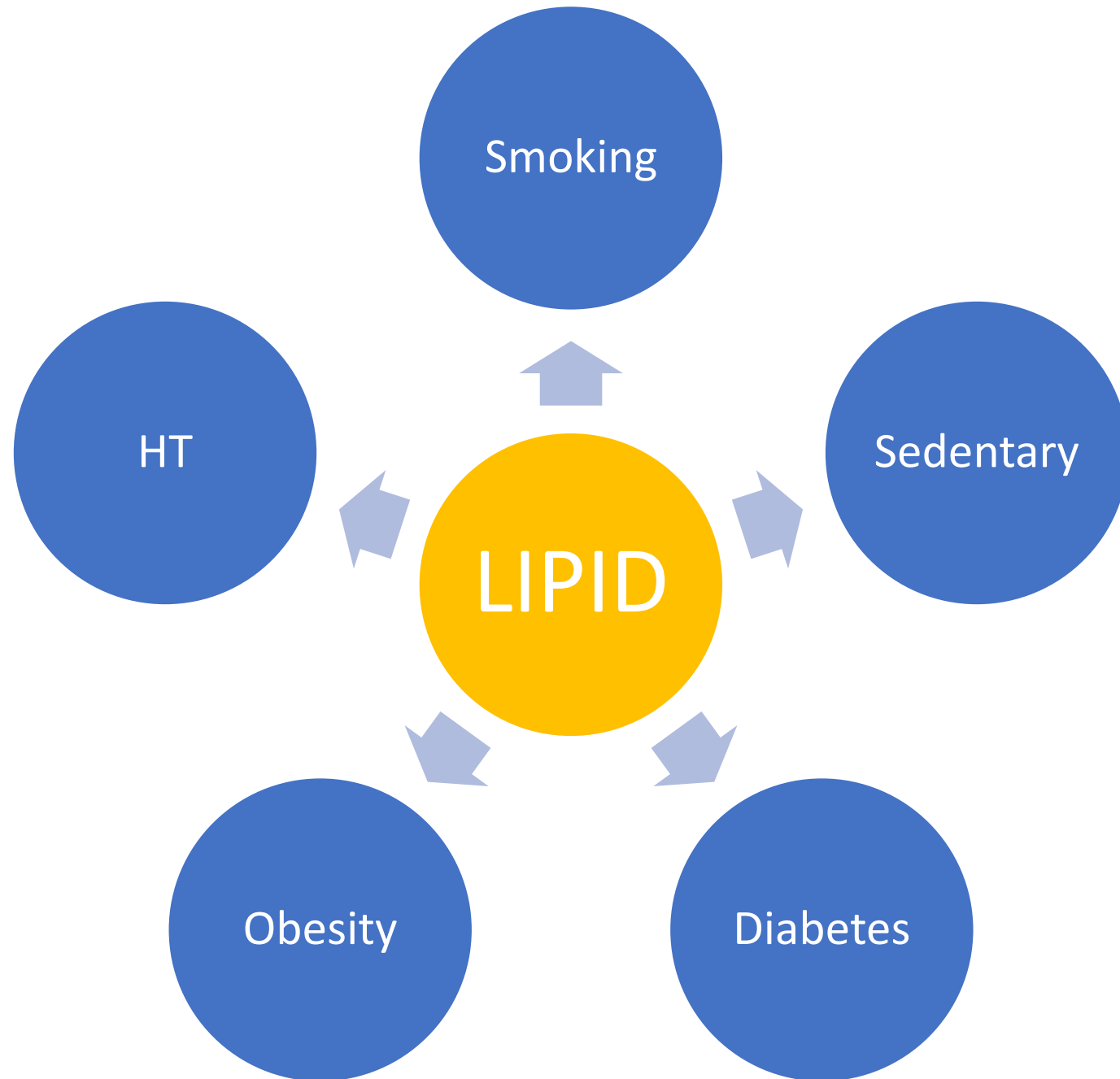
The broad diversity of the mechanism

Various designs

Chemical modifications

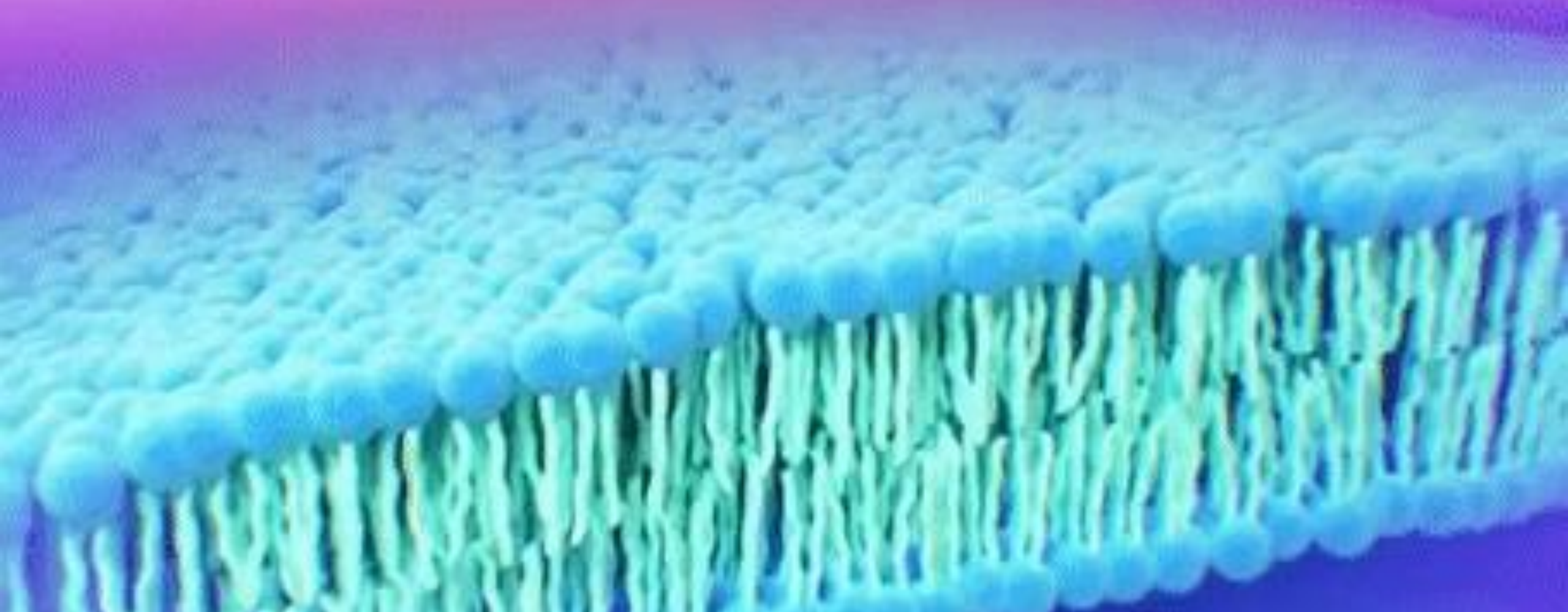
Endless dimensions.

Concluding comments

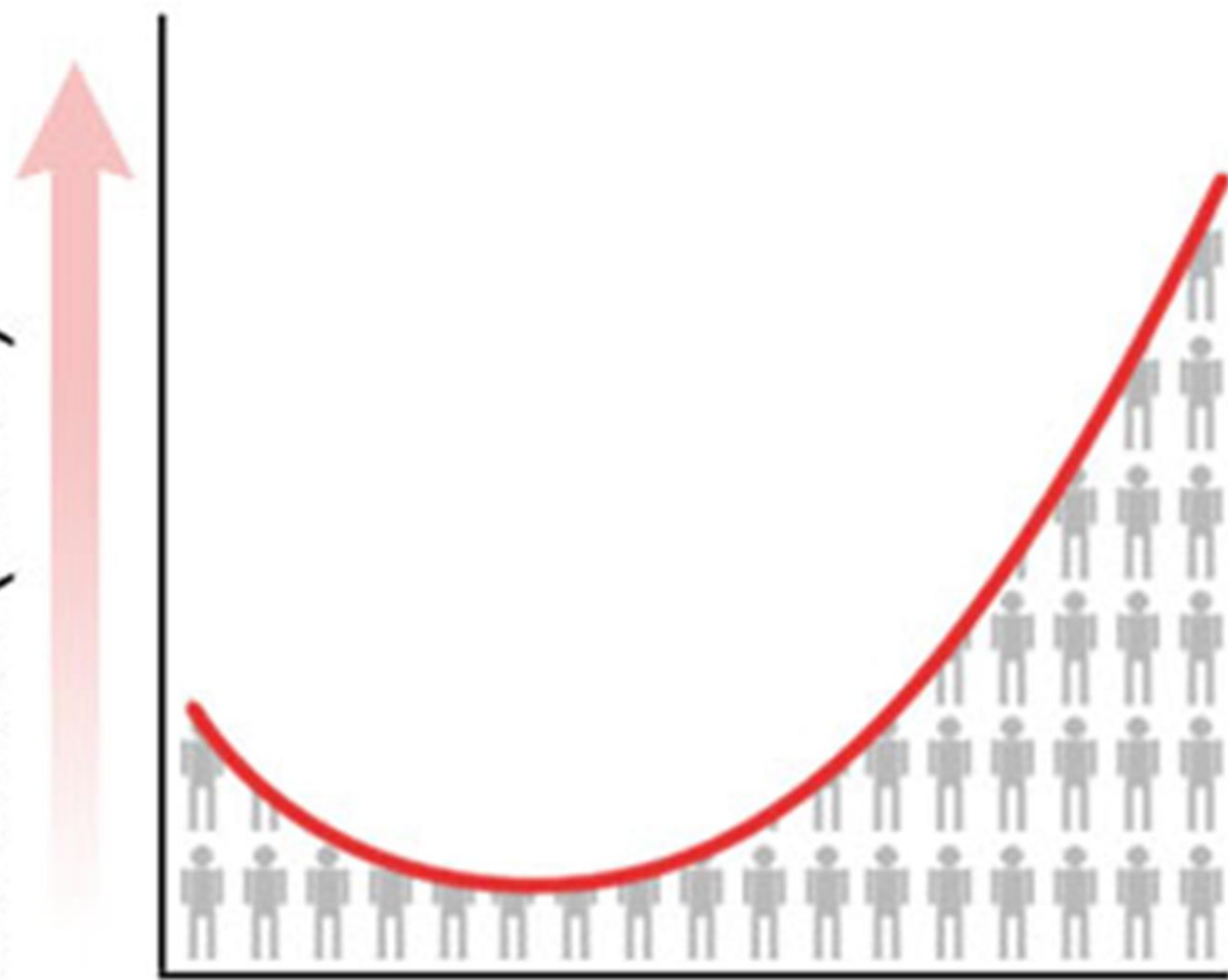


Why fat may not be our enemy ?

As we are waging a war against lipids
We must learn to live in harmony with lipids

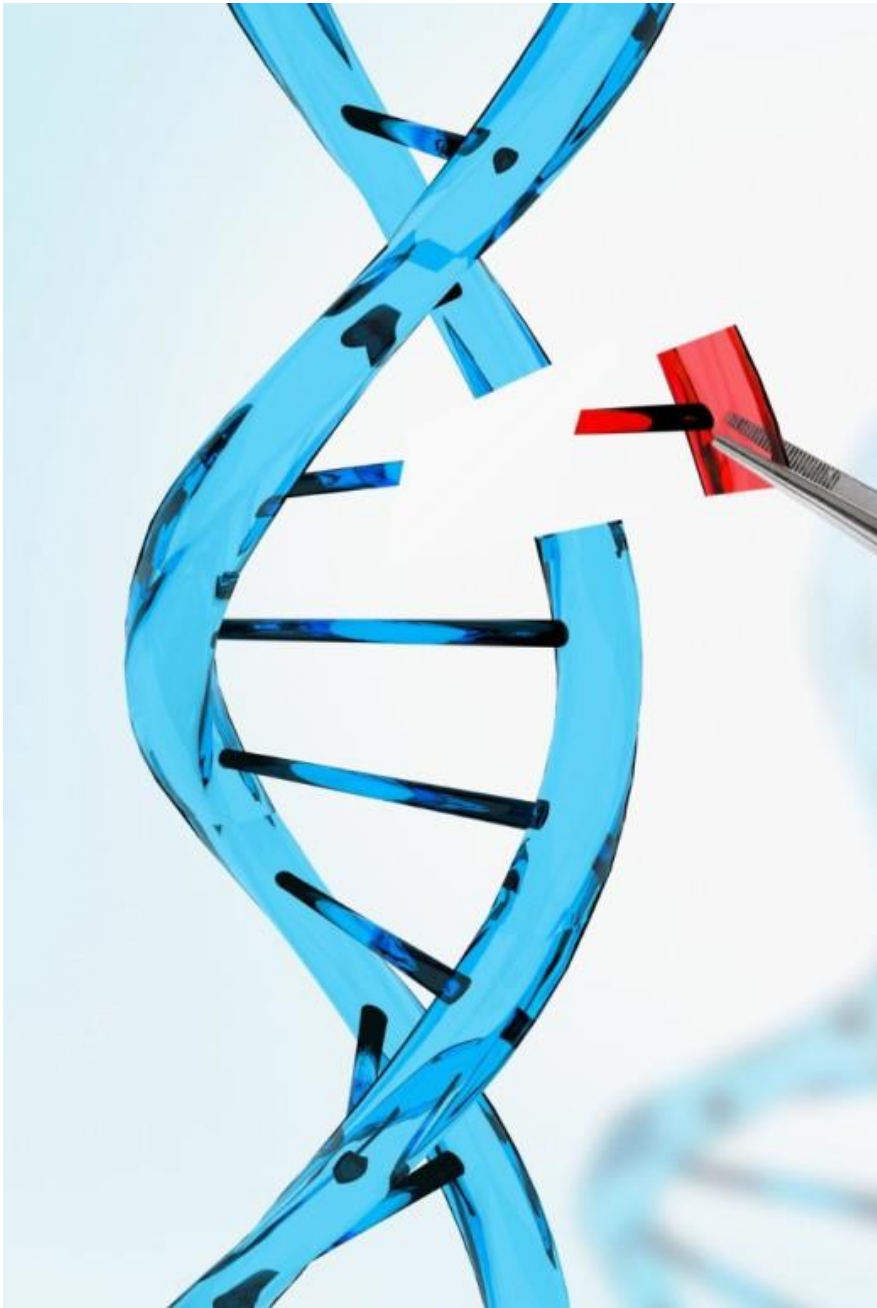


Deaths caused
by cardiovascular
disease (CVD)



Blood pressure or
blood cholesterol levels





How to conquer
Atherosclerosis ?

Are the strategies cost effective ?


Praluent®
(alirocumab) Injection 75mg/mL
150mg/mL

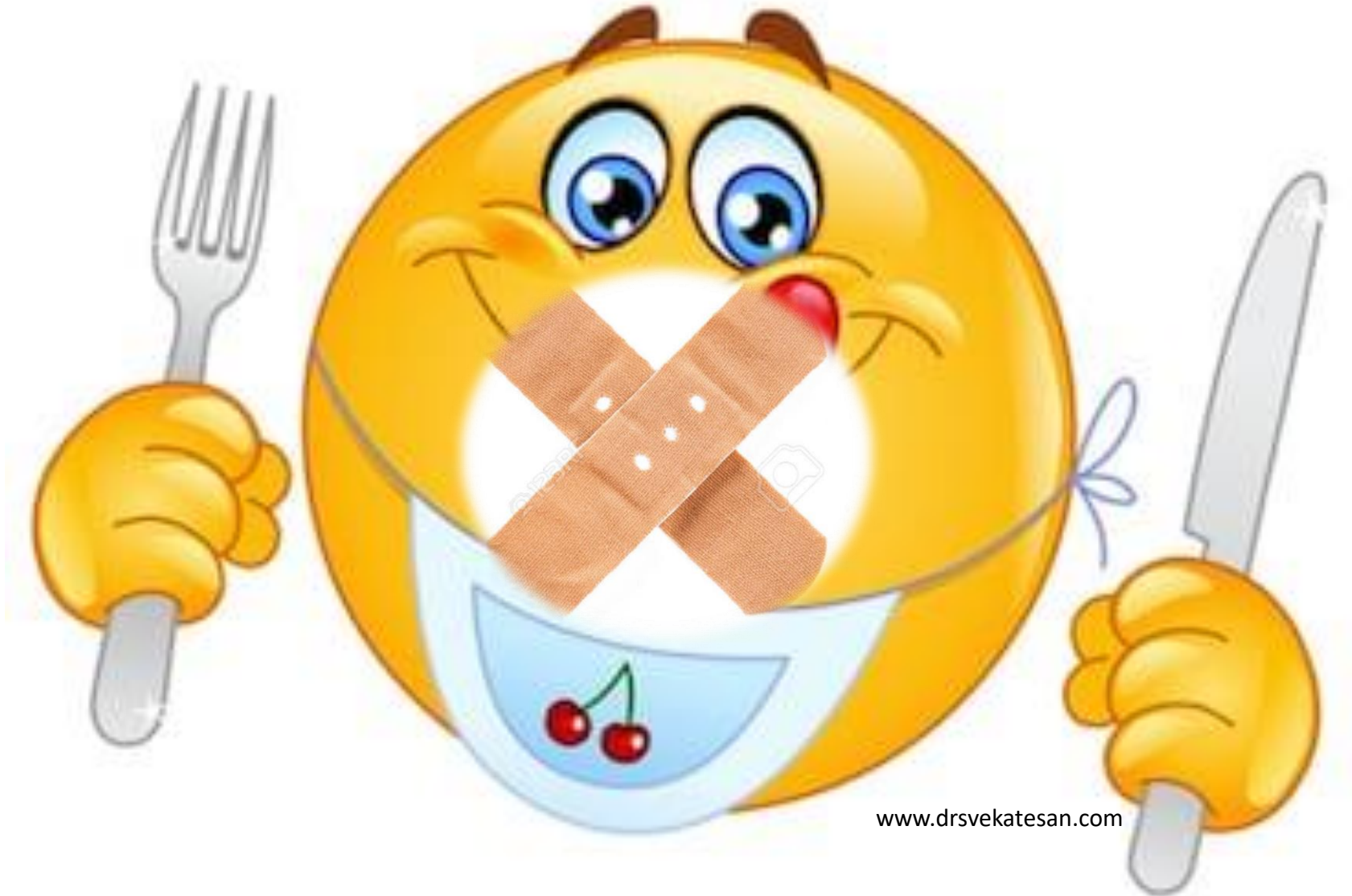


15000 \$/year


Repatha™
(evolocumab) injection 140 mg/mL

Best site to block cholesterol metabolism

Is not HMG COA , PCSK, or SiRNA receptors



www.drsvekatesan.com

Thank you