

## **Overview of Chemistry, Manufacturing, and Controls Activities**

## Stuart R. Gallant, MD, PhD

sgallant@sandpiperpharma.com

## ADME/PK studies:

Non GLP					GLP	
In Vitro		In Vivo			In Vivo	
Physical/che	mical properties (lipophlicity (log	• Pha	macokinetic profile (concentration	•	Toxicokinetics:	
P/log D), pKa	i, stability vs pH, solubility vs pH	vers	us time):		<ul> <li>Pharmacokinetic profile</li> </ul>	
Metabolic st	ability		o AUC		(concentration versus time)	
Hepatic clear	rance		o Cmax		o AUC	
Interaction w	vith substances (CYP inhibition/		o Tmax		o C <sub>max</sub>	
induction)			<ul> <li>Distribution</li> </ul>		o T <sub>max</sub>	
Physiological	characteristics (protein and		o Clearance		<ul> <li>Distribution</li> </ul>	
tissue bindin	g)		$\circ$ Half life		o Clearance	
Permeability	-	• Bioa	vailability		<ul> <li>Half life</li> </ul>	
Plasma stabi	lity, total blood/plasm partition	• Line	arity	•	Bioavailability	
		Metabolization		•	Metabolization	
		• Rou	tes of excretion	•	Routes of excretion	
				•	Quantification of fluids (organs, tissues, excrement, expired air)	

## Nonclinical studies based on molecule type and application:

	Study	Small Molecules	Large Molecules (Biologics and	Oncology
			Recombinant Peptides)	
Ph	armacodynamics	Safety includes:	Safety includes:	<ul> <li>Proof of concept study</li> </ul>
•	Primary: effect of drug on target in body	<ul> <li>In vitro (concentration-effect relationship)</li> </ul>	<ul> <li>In vitro (concentration-effect relationship)</li> </ul>	<ul> <li>Incorporate Safety Pharmacology into the General Toxicology study</li> </ul>
•	Secondary: effect of drug on other aspects of body	<ul> <li>In vivo (dose response for respiratory, CNS, cardiovascular)</li> </ul>	<ul> <li>In vivo (dose response for respiratory, CNS, cardiovascular)</li> </ul>	(CNS, CV, and respiratory)
•	Safety (GLP): effect at target does and higher on key organ systems		Choice of species to be relevant	

(respiratory, CNS, cardivascular); see			
<ul> <li>(respiratory, CNS, cardivascular); see ICH S7A and S7B</li> <li>Pharmacokinetics</li> <li>ADME: adsorption, distribution, metabolism, excretion</li> <li>Toxicokinetics: similar to PK, TK focuses on the adsorption and fate to the drug in the body, but specifically related to any toxic effects</li> <li>Toxicology:</li> <li>Single dose toxicity and repeated dose toxicity</li> <li>Initial (rat or mouse) followed by larger (dog, for example)</li> <li>Single dose toxicity profile:         <ul> <li>NOAEL (no observed adverse effect level</li> <li>Target organs of toxicity</li> <li>Establish doses for FIH study</li> </ul> </li> <li>Repeated dose toxicity profile:         <ul> <li>Toxicity profile with repeated dosing</li> <li>Target organs of toxicity</li> <li>Reversibility of adverse effects</li> <li>Establish doses for FIH study</li> </ul> </li> <li>Reversibility of adverse effects</li> <li>Establish doses for FIH study</li> <li>Chronic: 7, 14, 28 days and 3 months</li> <li>Chronic: 6, 9, and 12 months</li> </ul>	<ul> <li>Pharmacokinetics <ul> <li>In vitro metabolism (across species microsomal metabolism)</li> <li>In vitro protein binding</li> <li>Toxicokinetics from repeat dose GLP toxicity study (ICH S3A)</li> </ul> </li> <li>Acute: <ul> <li>1 rodent and 1 non-rodent</li> <li>Single dose or MTD</li> <li>Chronic:</li> <li>1 rodent and 1 non-rodent (chosen based on similarity to human metabolism)</li> <li>For duration of study, see Table 1, ICH M3(R2)</li> </ul> </li> <li>Single dose is GLP if it is used to determine FIH dose (more typical for biologic); else it is nonGLP.</li> <li>These studies could be maximum tolerated dose studies (MTD)</li> <li>Repeated dose study is GLP.</li> <li>Clinical MRHD is usually limited by toxicities or highest dose tested in animals.</li> </ul> <li>Late Phase (3 and onward):</li> <li>C more the reduct and 0 morth page.</li>	<ul> <li>ADE/No M</li> <li>Protein binding if applicable</li> <li>General Toxicology:         <ul> <li>-≤ 1 mo in rodent and non-rodent</li> <li>-2 week immunogenicity and local tolerance</li> <li>May only do single dose study and repeated dose study in non-rodent</li> <li>Single dose is GLP if it is used to determine FIH dose (more typical for biologic); else it is non GLP.</li> <li>These studies could be maximum tolerated dose study is GLP.</li> </ul> </li> <li>Repeated dose study is GLP.</li> <li>Late Phase (3 and onward):         <ul> <li>6 month rodent or 6 month non-rodent</li> </ul> </li> </ul>	<ul> <li>Pharmacokinetics</li> <li>In vitro metabolism (across species microsomal metabolism)</li> <li>In vitro protein binding</li> <li>Toxicokinetics from repeat dose GLP toxicity study (ICH S3A)</li> <li>General Toxicology: <ul> <li>3 mo in 2 species</li> <li>Genotoxic products: 3 mo in 1 species</li> <li>Similar schedule to clinical use</li> </ul> </li> <li>Single dose is GLP if it is used to determine FIH dose (more typical for biologic); else it is non GLP.</li> <li>These studies could be maximum tolerated dose studies (MTD)</li> <li>Repeated dose study is GLP.</li> </ul>
	rodent		
<ul> <li>Toxicology:</li> <li>Genotoxicity (genetic mutations of cell); looking for damage to DNA/chromosomes</li> <li>ICH S2(R1)</li> <li>GLP</li> </ul>	Genetic Toxicity: Complete prior to Phase 2 In vitro Ames test In vitro and/or in vivo mammalian cell chromosomal damage evaluation	No genotoxicity	Genetic Toxicity: Complete prior to marketing In vitro Ames test In vitro and/or in vivo mammalian cell chromosomal damage evaluation 1 species, usually rodent
<ul> <li>Toxicology:</li> <li>Carcinogenicity (can drug cause cancer)</li> </ul>			No carcinogenicity

<ul> <li>2 year mouse or 26 week transgenetic mouse</li> <li>2 year rat</li> </ul>		
<ul> <li>Toxicology:</li> <li>Developmental and reproductive toxicity (DART)         <ul> <li>Fertility (typically rat)</li> <li>Teratology (typically rat and rabbit)</li> <li>Peri- and post-natal (typically</li> </ul> </li> </ul>		Embryo-fetal development only
<ul> <li>rat)</li> <li>Other:</li> <li>Immunotoxicity (ICH S8)</li> <li>Photosafety (ICH S10)</li> <li>Abuse liability (if similar to other compounds subject to abuse or expected based on MOA)</li> </ul>		
<ul><li>Dose Schedule:</li><li>Determination of first human dose and dose escalation</li></ul>		