

The (early) clinical development of new analgesics: the point of view of a pain clinician.

Prof. dr. Bart Morlion

Bart Morlion: disclosure

Over the past 3 years, I received honoraria for:

- Speaker's activities
 - Krka, Grünenthal, Pfizer, GSK, Haleon, Sandoz, Viatrix
- Consultancy activities
 - Grünenthal, Pfizer, GSK, GW, Shionogi, Mundipharma, Haleon,
 - Consultancy in due diligence review for investors

New Analgesics?

- The landscape of pain
- Challenges
- Developments

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A tale of two nails



The man's agonizing pain was elicited solely by his misperception

The patient was unaware of the injury and attributed the sensation to more familiar sources."



Four Decades Later: Revision of the IASP Definition of Pain and Notes

The currently accepted definition of pain was originally adopted in 1979 by the International Association for the Study of Pain (IASP)

1979 Definition of Pain

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage

2020 Revised Definition of Pain

An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage

In 2018, IASP constituted a 14-member multi-national task force with expertise in clinical and basic science related to pain, which sought input from multiple stakeholders to determine:

“Does the progress in our knowledge of pain over the years warrant a re-evaluation of the definition?”



Expert consultants



IASP council



The public

2020 Revised Definition of Pain Notes



Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors



Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons



Through their life experiences, individuals learn the concept of pain



A person's report of an experience as pain should be respected



Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being



Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain

The revised IASP definition of pain: concepts, challenges, and compromises

Raja et al. (2020) | Pain

DOI: 10.1097/j.pain.0000000000001939

PAIN[®]

Chronic Pain



‘Pain that persists or recurs for longer than 3 months’



World Health
Organization

Definition ICD-11

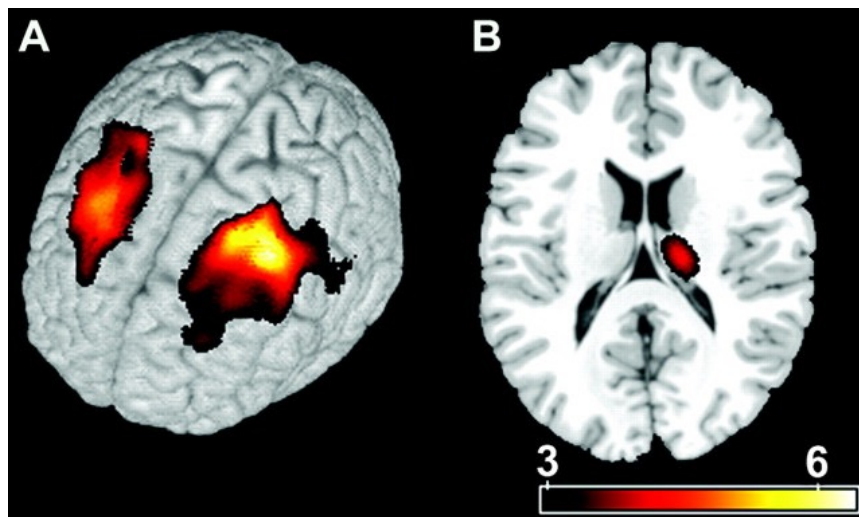
Chronic pain is multifactorial

- biological, psychological and social factors contribute to the pain syndrome.
 - Even if an initial injury in an anatomical structure can be identified, the pain experience and disability of an individual will be determined by an array of psychosocial factors
 - Limited effectiveness of biomedical and monomodal treatments
 - Need for multimodal & interdisciplinary approach

WHO definition of disease

“a particular abnormal condition that negatively affects the structure or function of part or all of an organism”

Advances in neuroimaging have shown altered brain structure in patients with chronic pain



Apkarian AV, et al. Chronic back pain is associated with decreased prefrontal and thalamic gray matter density. *J Neurosci*. 2004;24:10410–5. Ung H, et al. Multivariate classification of structural MRI data detects chronic low back pain. *Cereb Cortex*. 2014;24:1037–44. Robinson ME, et al. Gray matter volumes of pain-related brain areas are decreased in fibromyalgia syndrome. *J Pain*. 2011;12:436–43. Barad MJ, et al. Complex regional pain syndrome is associated with structural abnormalities in pain-related regions of the human brain. *J Pain*. 2014;15(2):197–203.

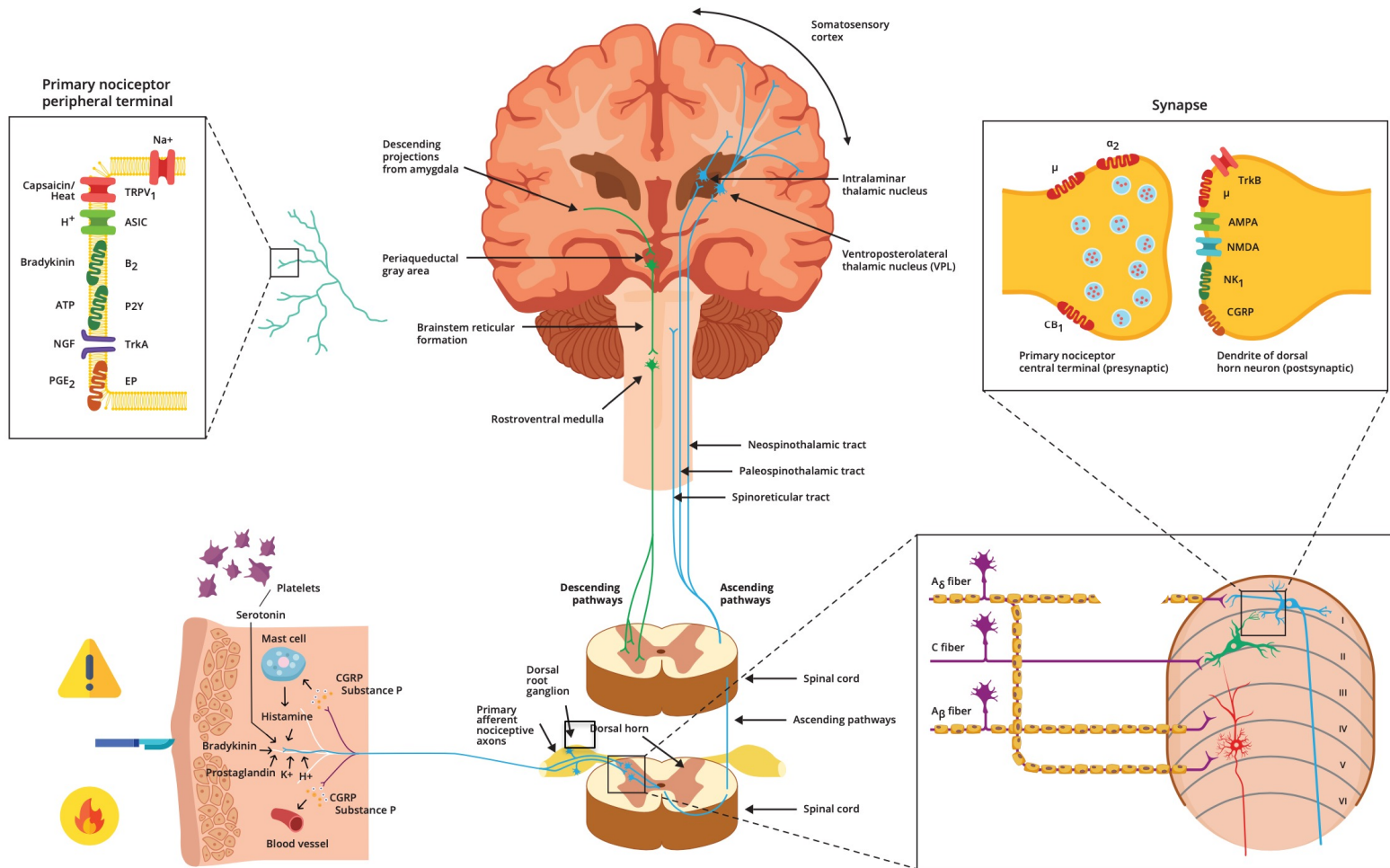
Chronic pain leads to typical co-morbidity, decreased QoL and reduction of ADLs



Duenas M et al. A review of chronic pain impact on patients, their social environment and the health care system. *J Pain Res* 2016;9:457–67.

Neurobiology of Pain in a Nutshell

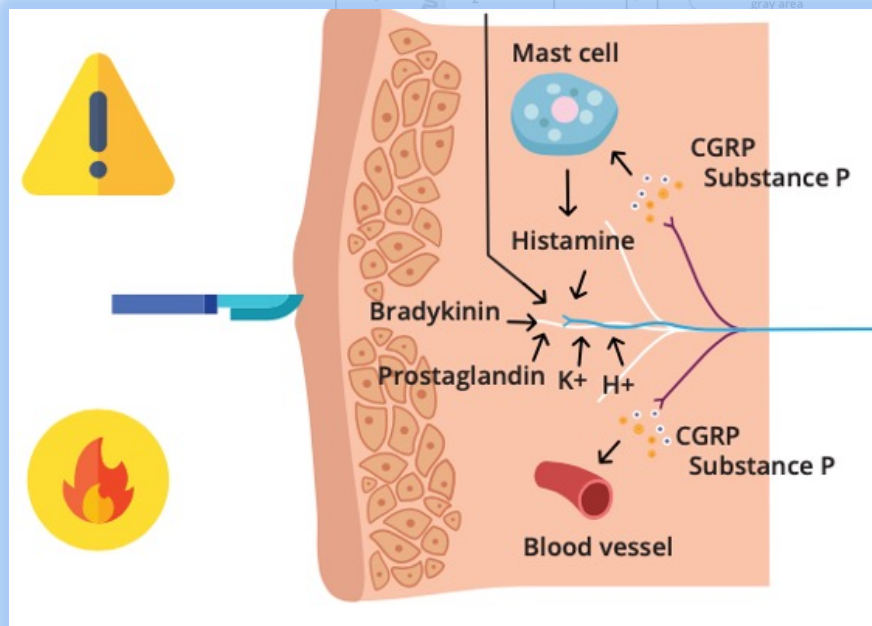
- Transduction
- Transmission
- Modulation
- Perception



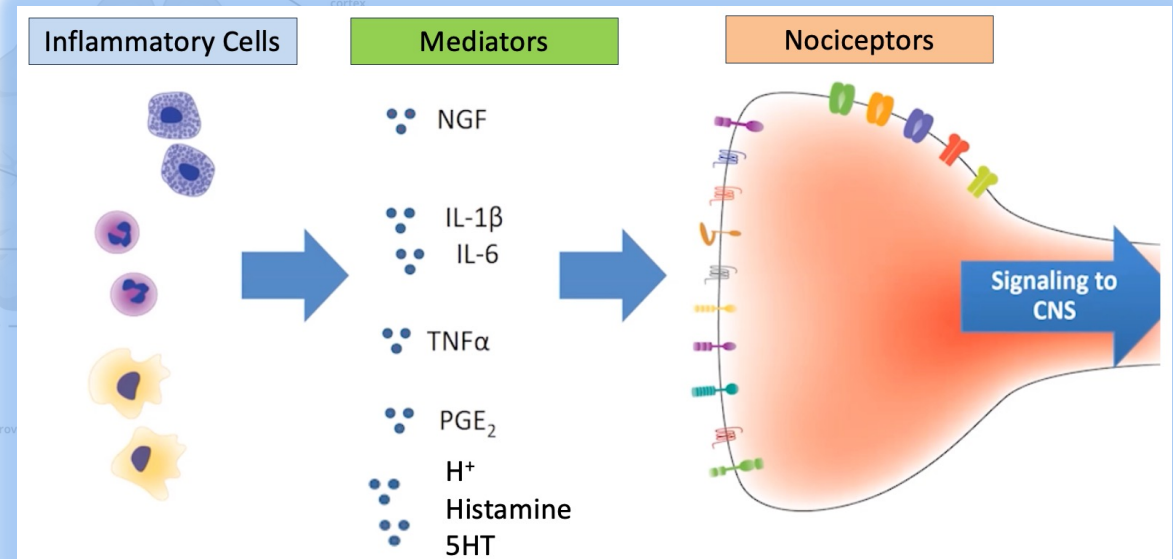
Graphic composed by the author

Chronification: Amplified Ascending Signalling

Cutaneous Nociceptors



Neuroinflammation



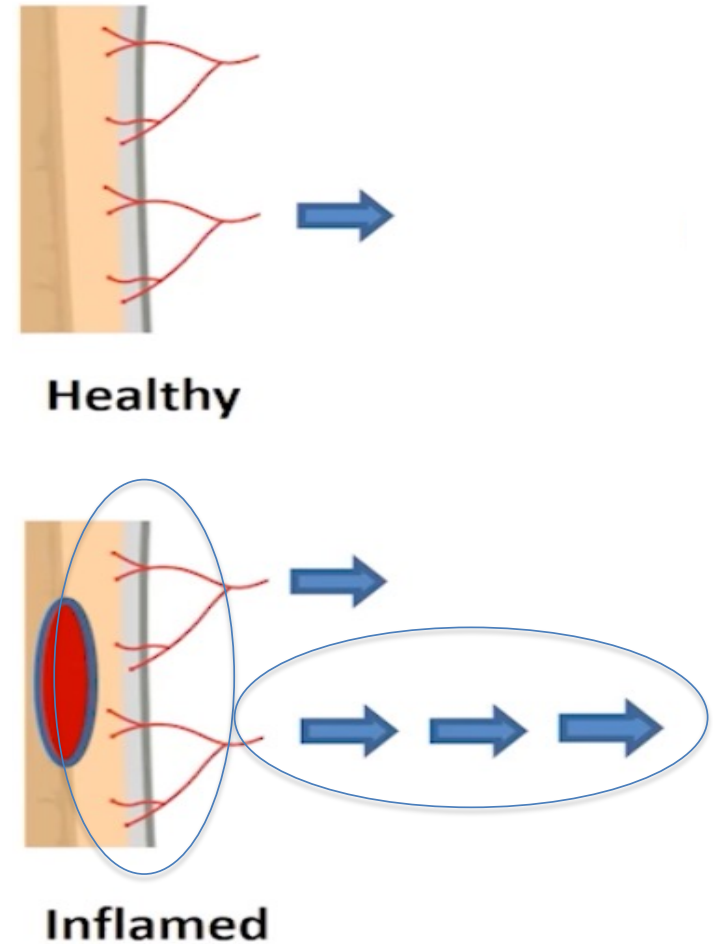
Hyperexcitability

- Increased sensitivity to chemical, thermal and mechanical stimuli
- Hyperexcitable axons generate spontaneous activity of the neuron

Summation: more excitation of nociceptors by a stimulus

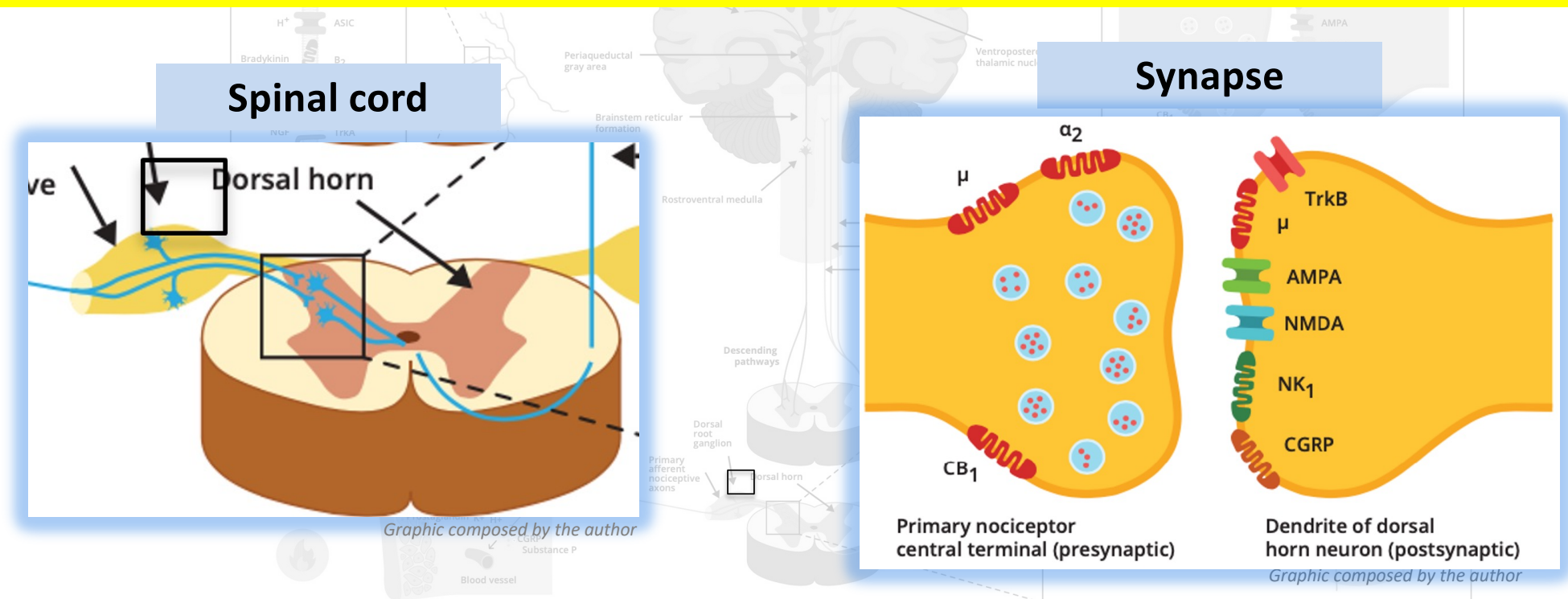
- Sensitization triggers hyperexcitability: more excitation of more nociceptors by a stimulus (also non noxious stimuli)
- Enhanced nociceptor output by

‘Spatial summation’
‘Temporal summation’



Chronification: Amplified Ascending Signalling

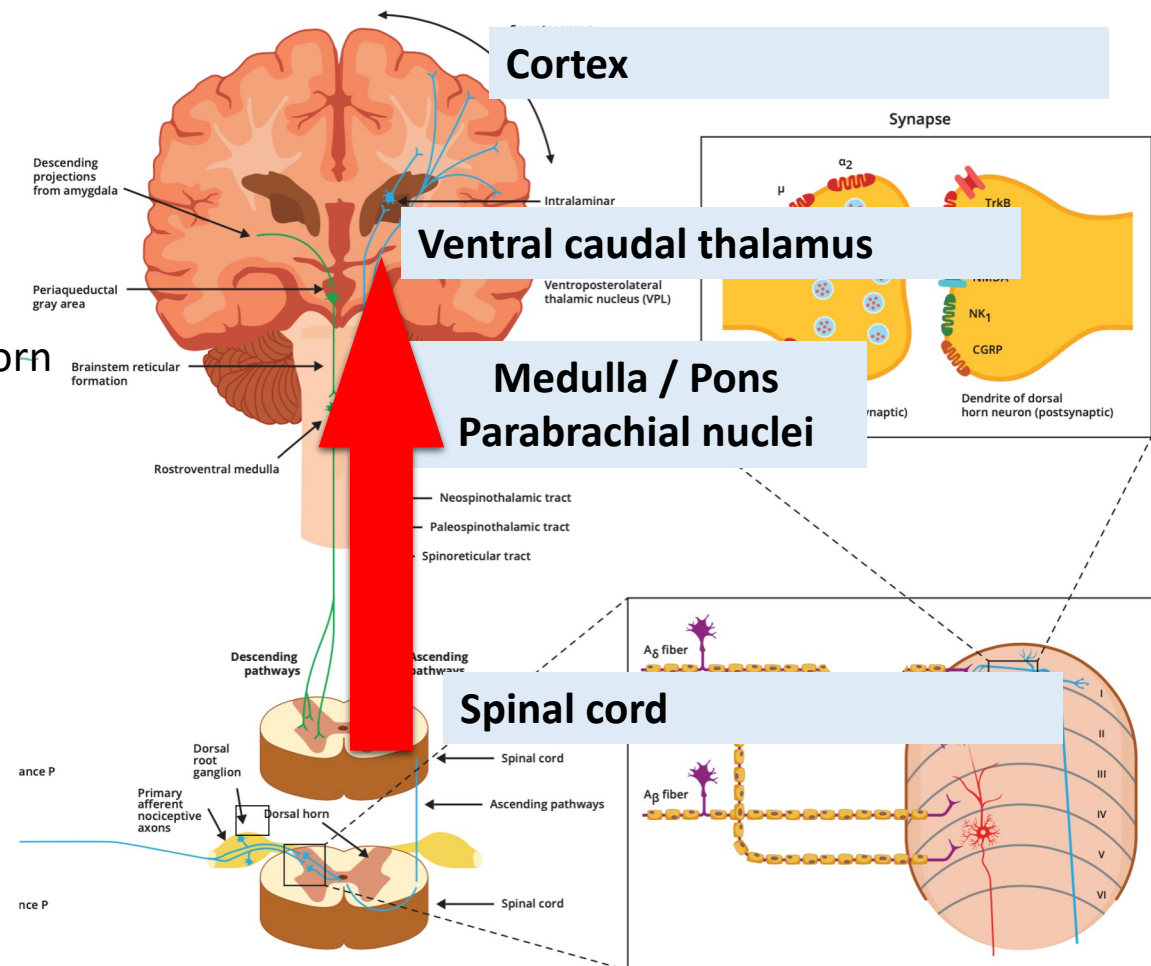
- Changes in the protein expression and trafficking in cell bodies in the Dorsal Root Ganglia
- Changes at the Dorsal Horn Synapse Drive Central Pain Perception



Chronification: Amplified Ascending Signalling

Possible mechanisms

- NMDA receptor activation
- Microglial activation
- Altered gene expression in dorsal horn neurons
- Synaptic plasticity, reorganization
- Further leading to thalamic and somatosensory cortex changes
- Decreased inhibition



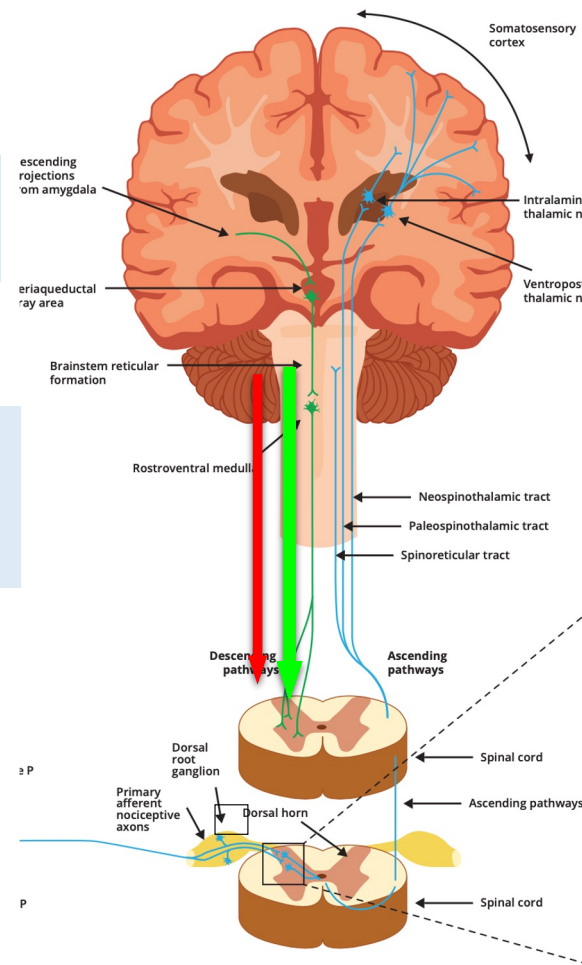
Chronification: decreased inhibition

Cortex

Midbrain
Periaqueductal gray: PAG

Medulla / Pons
Locus ceruleus (LC)
Rostral Ventral Medulla (RVM)

Spinal cord



Opioid pathways from
hypothalamus and PAG

Monaminergic pathways from
LC: NA
Raphe nuclei: 5-HT
**Be aware 5-HT facilitatory
pathway**

Neurobiological processes of chronification

Peripheral sensitization

- Reduction threshold for nociceptor activation
- Increase in membrane excitability
- Primary allodynia and hyperalgesia

Central sensitization

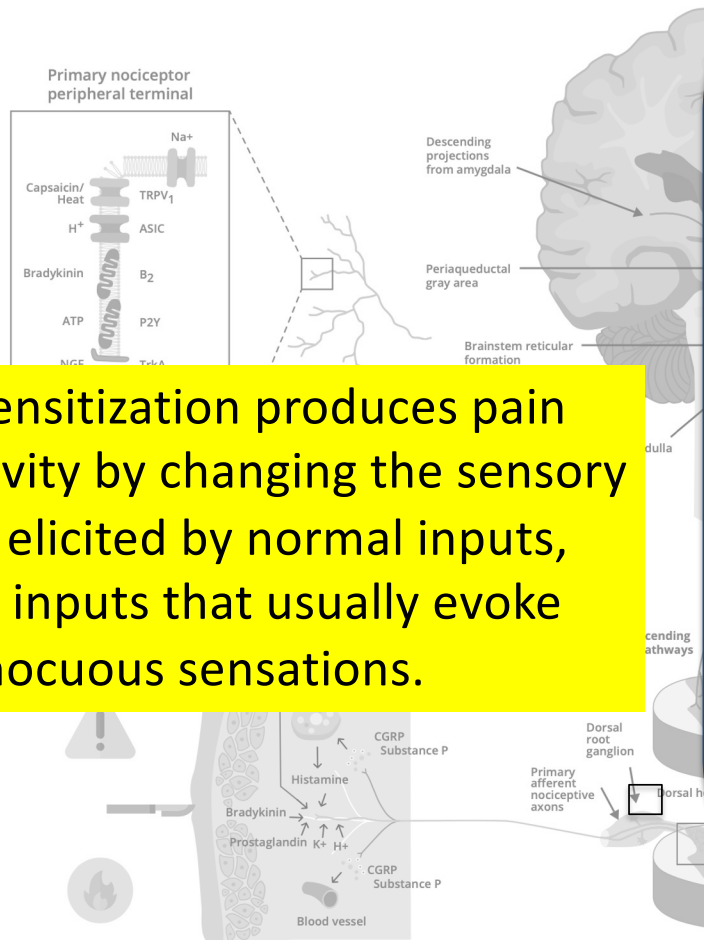
- Amplification of synaptic strengths in nociceptive circuits
- Secondary hyperalgesia

Failing descending inhibition

Signs of central sensitization

- Spreading of signs: more widespread referred pain
- Higher pain intensity
- Pain hypersensitivity
- Spontaneous pain
- Sleep disturbance
- Cognitive disturbance

Central sensitization produces pain hypersensitivity by changing the sensory response elicited by normal inputs, including inputs that usually evoke innocuous sensations.



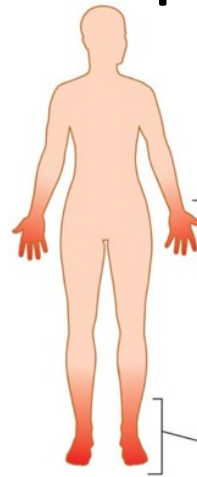
Mechanistic Descriptors of Pain

Nociceptive¹



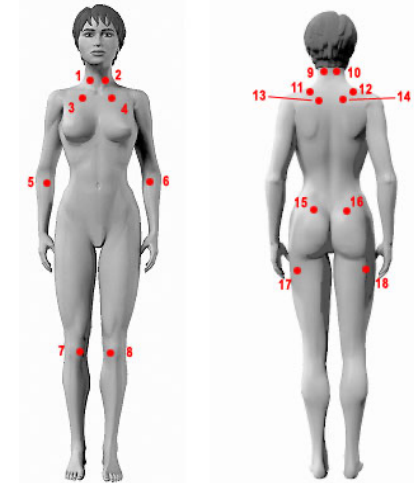
Pain that arises from actual or threatened damage to non-neural tissue and is due to the **activation of nociceptors**.³

Neuropathic¹



Pain caused by a **lesion or disease of the somatosensory nervous system**.³

Nociplastic^{1,2}



Pain that arises from **altered nociception** despite no clear evidence of actual or threatened tissue damage causing the activation of peripheral nociceptors or evidence for disease or lesion of the somatosensory system causing the pain.

Mostly need for behavioral change

Goals

- Reduce pain
- Maintain function
- Prevent future exacerbation

Multimodal
long-term and individually
ideally interdisciplinary

Movement &
Exercise

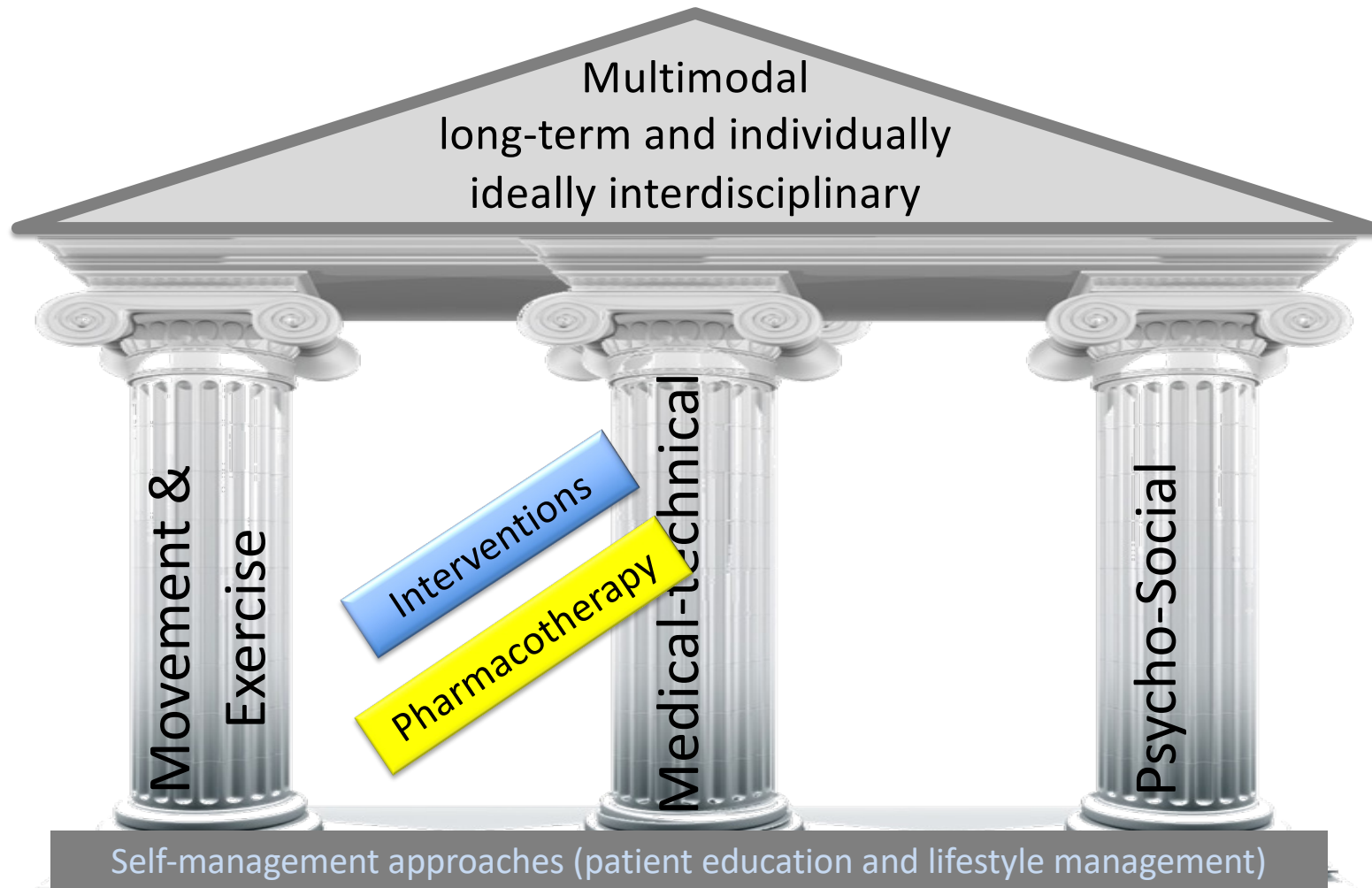
Train the Brain
Motivational interviewing
Pain Neuroscience Education
CBT/ACT
Mind-Body

Medical

Psycho-Social

Self-management strategies (patient education and lifestyle management)

Management of Pain



Adapted from Morlion B. . Nat. Rev. Neurol. 462-473 (2013)

New Analgesics?

- The landscape of pain
- Challenges
- Developments

The ideal analgesic from a clinical perspective

1. Rapid onset of action.
2. Prolonged duration of action.
3. Minimisation of interruption by pain.
4. Production of analgesia over a wide range of pain types.
5. Effectiveness in different patient populations.
6. Good tolerability profile.

Tremendous steps in the basic research of pain

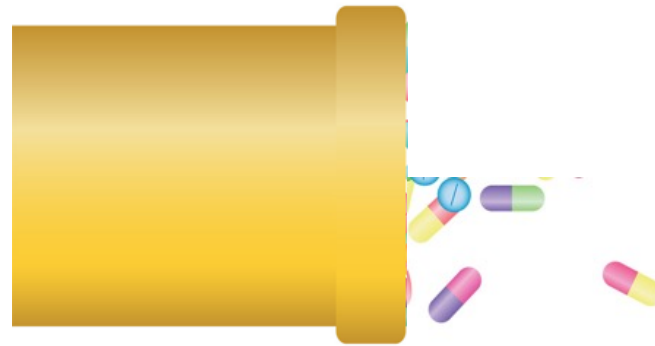
Identification of many new targets

Many strategies are very promising in rodent models

Run for non-addictive analgesics



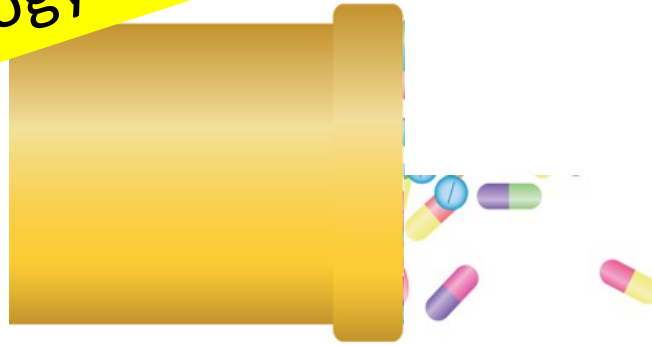
The vast majority of new pharmacotherapies have failed in clinical trials
Only very few reach the market !



Failed Clinical Trials in Inflammatory and Neuropathic Pain

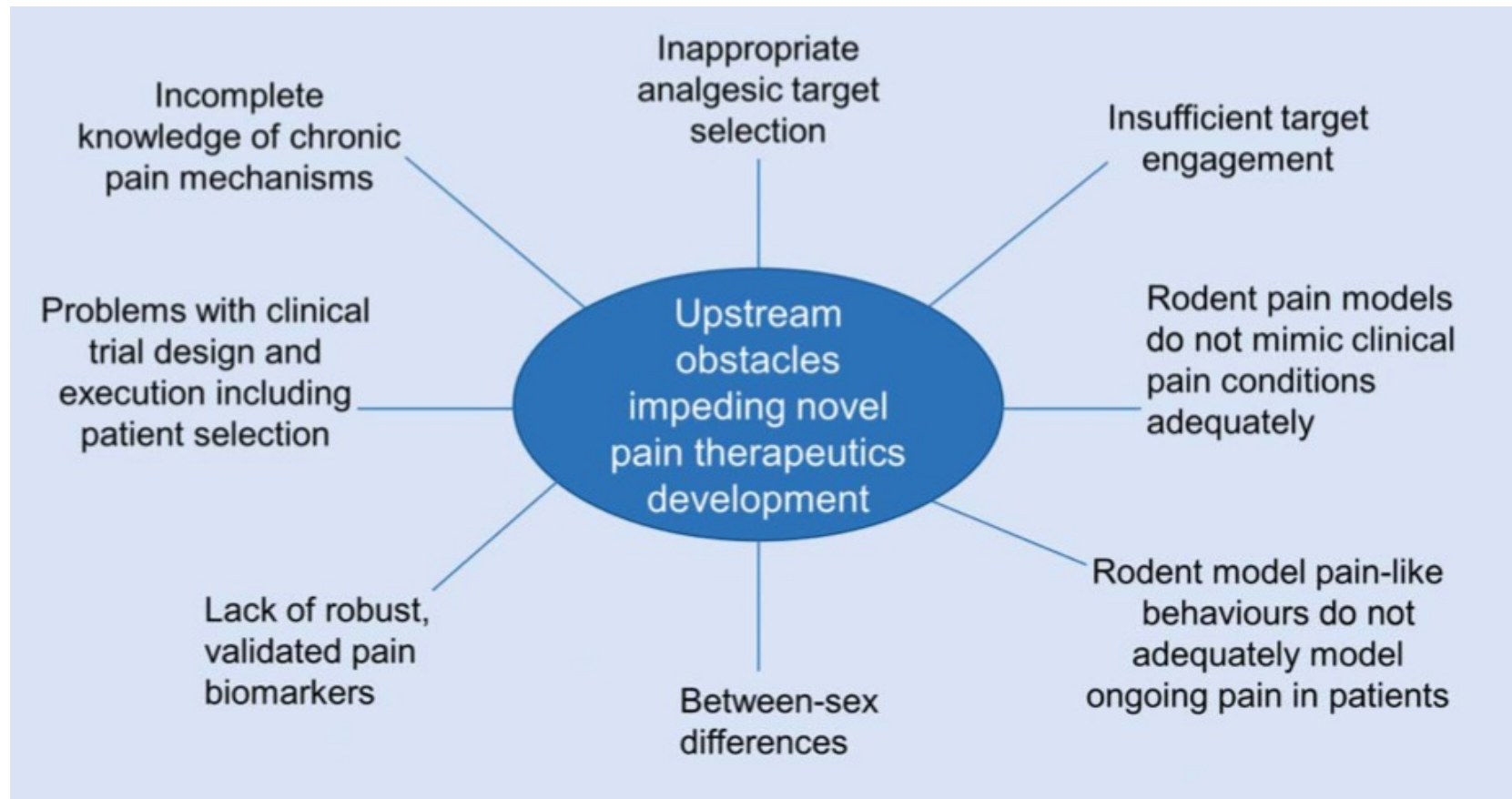
- NK-1 antagonist
- Cannabinoid agonist
- NMDA antagonist
- TRPV1 antagonist
- Anti-NGF antibodies
- 5-HT-3 antagonist
- Chemokine antagonist
- Glia modulators
- Glycine antagonist
- Na⁺ channel blocker
- NMDA antagonist and morphine (MorphiDex)
- COX-2 inhibitor
- Renin angiotensin aldosterone system
- Ca⁺⁺ channel blocker

Challenge in the pain space for
drug development:
complex biology



- Investments in the research of biomarkers
- Biomarker target engagement in humans for early proof of concept studies
- Early fail is cheap fail.

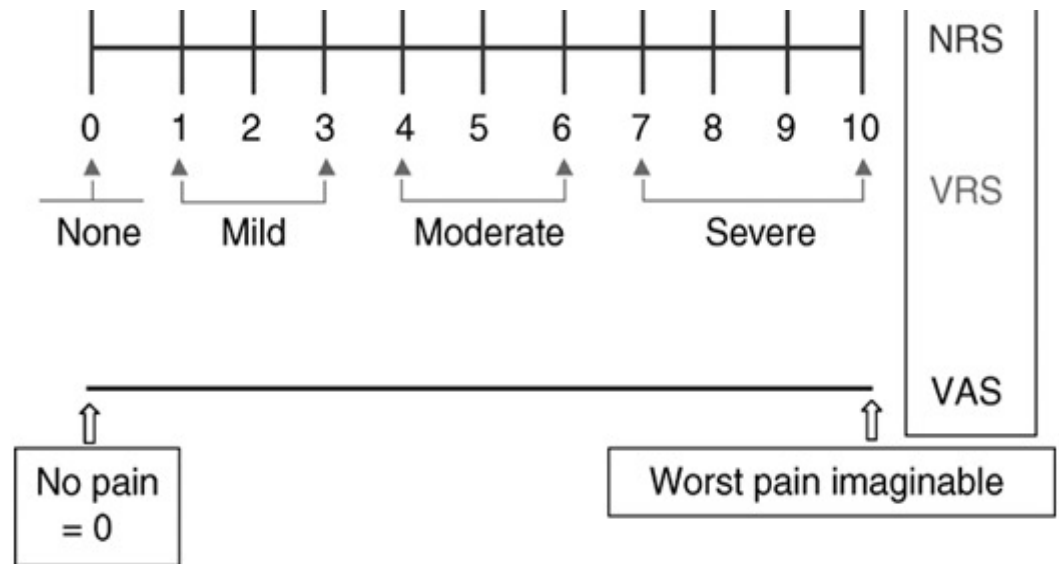
Lack of efficacy in early phase clinical trials: why?



Measuring Pain: 'self-report' remains the gold standard remains

- **Unidimensional:** selfreporting

- Numeric rating scale (NRS)
- Verbal rating scale (VRS)
- Visual analogue scale (VAS)



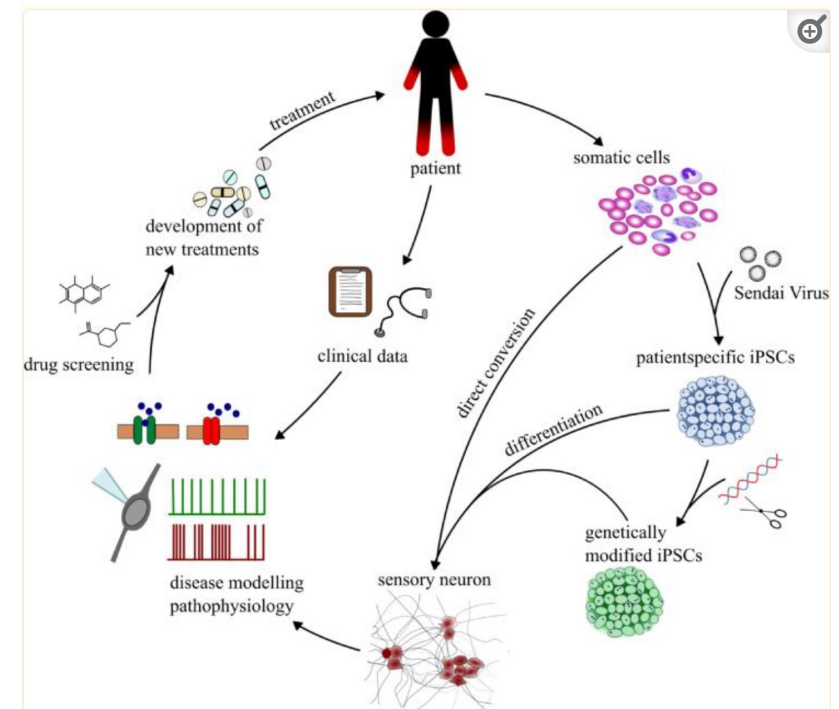
- **Multidimensional:** Assesses not only pain intensity, but also the potential negative impacts of pain on such areas as sleep, mood, activity, appetite, energy, and functioning, including social functioning and relationships
 - Brief Pain Inventory
 - McGill Pain Questionnaire

Categories for Measurement of Pain

- Self-report
- Observation of behaviour
 - Animals
 - Neonates
 - Cognitive impaired
- Indirect physiology
 - Quantitative sensory testing (QST), EEG , EMG

Pain Biomarkers and Analgesic Discovery

- Large computational screens of large virtual libraries to find potential non-opioid analgesics
- Neuroimaging
- Target agnostic approach
 - Using human induced pluripotent stem cells (iPSC) derived neurons to screen for nociceptor-selective compounds
- Phase I: not only focus on safety and tolerability but should also explore
 - Proof-of-mechanism
 - Proof-of-concept
 - Early fail is cheap fail



Pharmacotherapy of pain: mostly 'Old Wine in New Bottles'



Antinociceptive herbs and spices



Pharmacotherapy of Pain

Acute Pain

- Mostly inflammatory & nociceptive mechanisms
- Paracetamol/NSAIDs/COX-2 inhibitors/opioids

- **NNT: 1.5-2.5**

**+ Important Placebo Effects
=Cognitive Modulation of Pain**

Chronic Pain

- More neuropathic and nociplastic mechanisms
- Only 40-50% of patients reach 30% pain relief
- Treatments ranging from <10 to 20 mmol/h to
to
typical analgesics
 - Antidepressants, anticonvulsants, NMDA antagonists, opioids, alpha 2 agonists etc., capsaicin etc...

- **NNT: 4->10**

Multimodal pharmacotherapy of pain

- Targeting the basic nociceptive processes^{1,2}

- Combination of different drugs and/or routes of administration^{3,4}

Modulation descending inhibition

- Opioids⁵
- Antidepressants⁵
- NRI⁵
- α -2 agonists

Perception

- Opioids
- COX-2 inhibitors
- Paracetamol

Transduction⁵

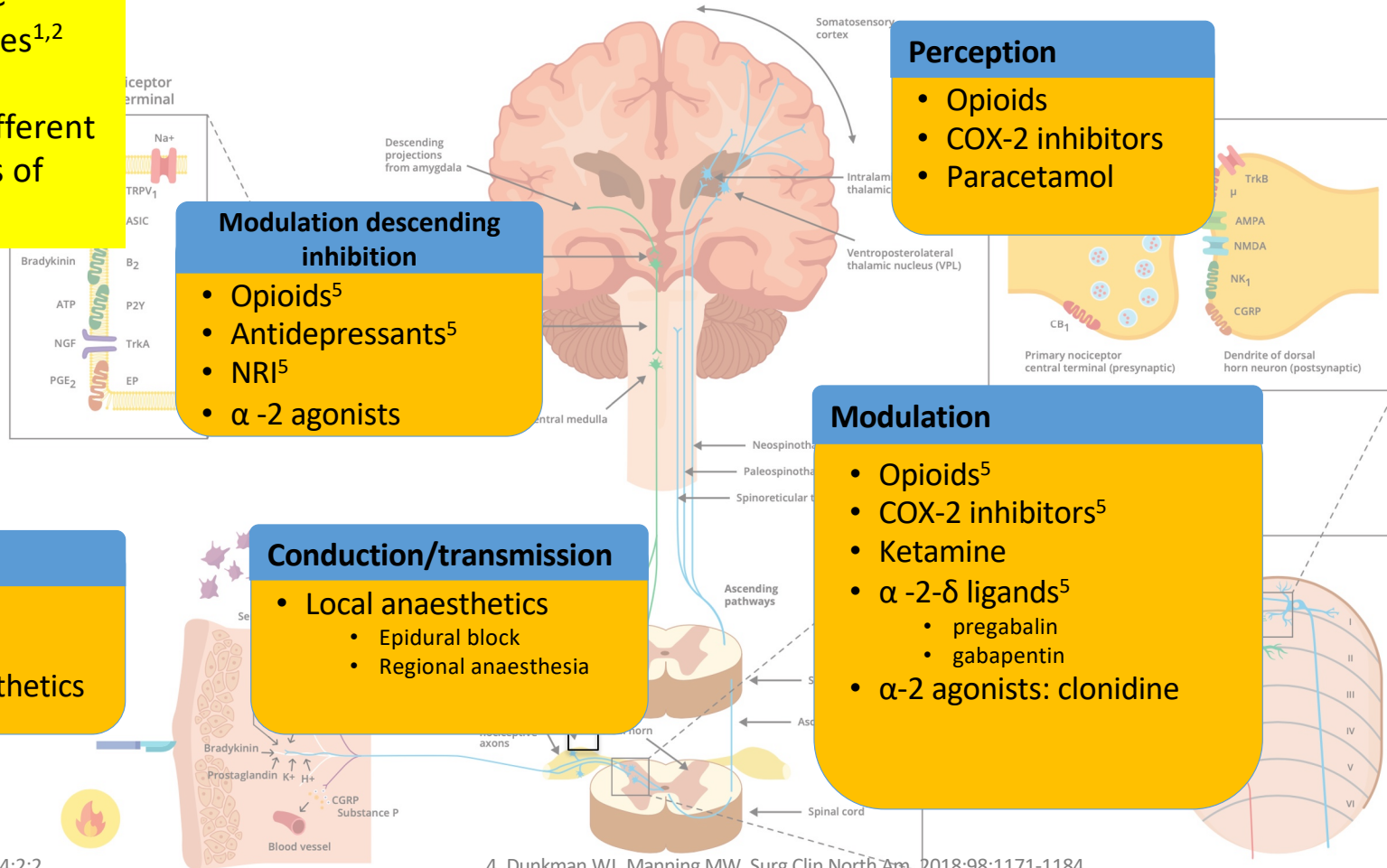
- NSAIDs
- COX-2 inhibitors
- Topical local anaesthetics

Conduction/transmission

- Local anaesthetics
 - Epidural block
 - Regional anaesthesia

Modulation

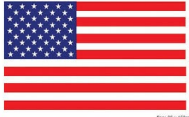
- Opioids⁵
- COX-2 inhibitors⁵
- Ketamine
- α -2- δ ligands⁵
 - pregabalin
 - gabapentin
- α -2 agonists: clonidine



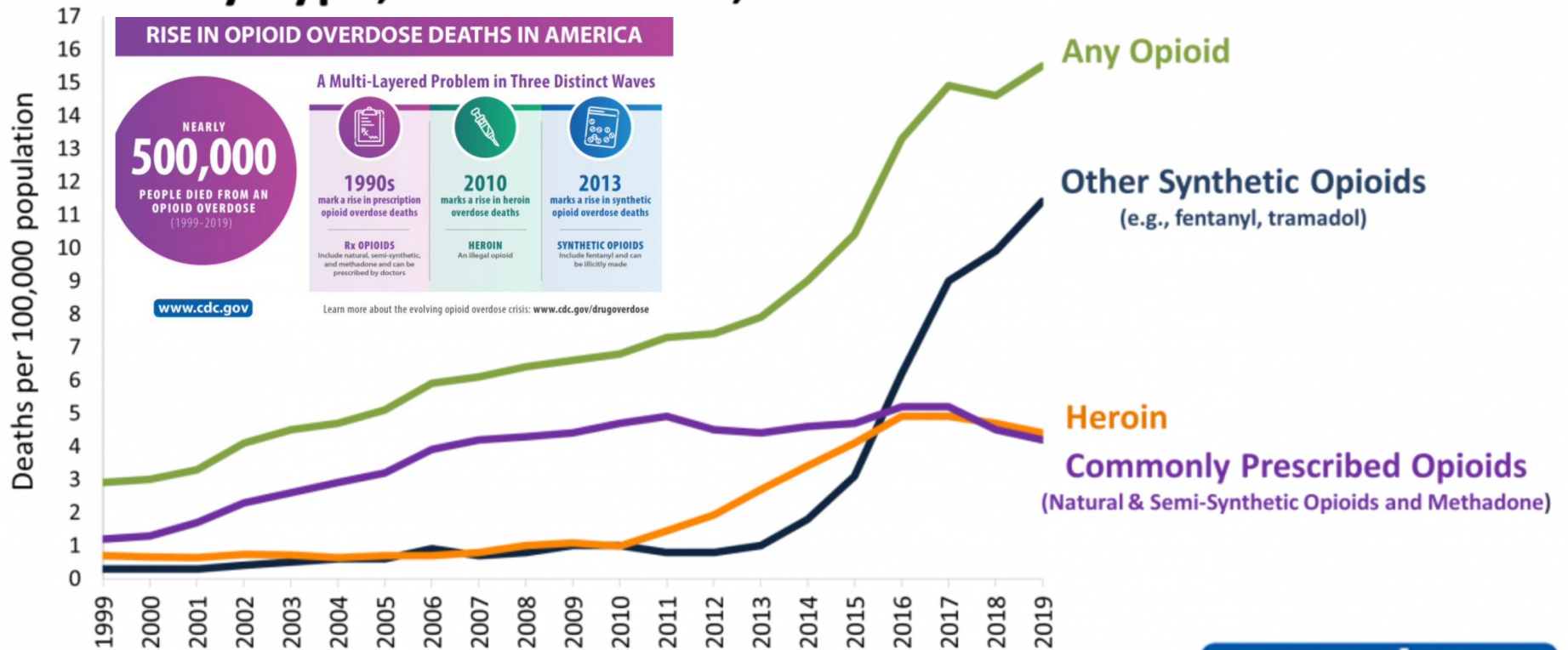
1. Kumar S, et al. OA Anaesthetics. 2014;2:2.
 2. Julius D, Basbaum AI. Nature. 2001;413:203-210.
 3. Lee B, et al. Best Pract Res Clin Anaesthesiol. 2018;32:101-111.

4. Dunkman WJ, Manning MW. Surg Clin North Am. 2018;98:1171-1184.
 5. Gilron I, et al. Lancet Neurol. 2013;12:1084-1095.

Opioid crisis US



Overdose Death Rates Involving Opioids, by Type, United States, 1999-2019



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/>.



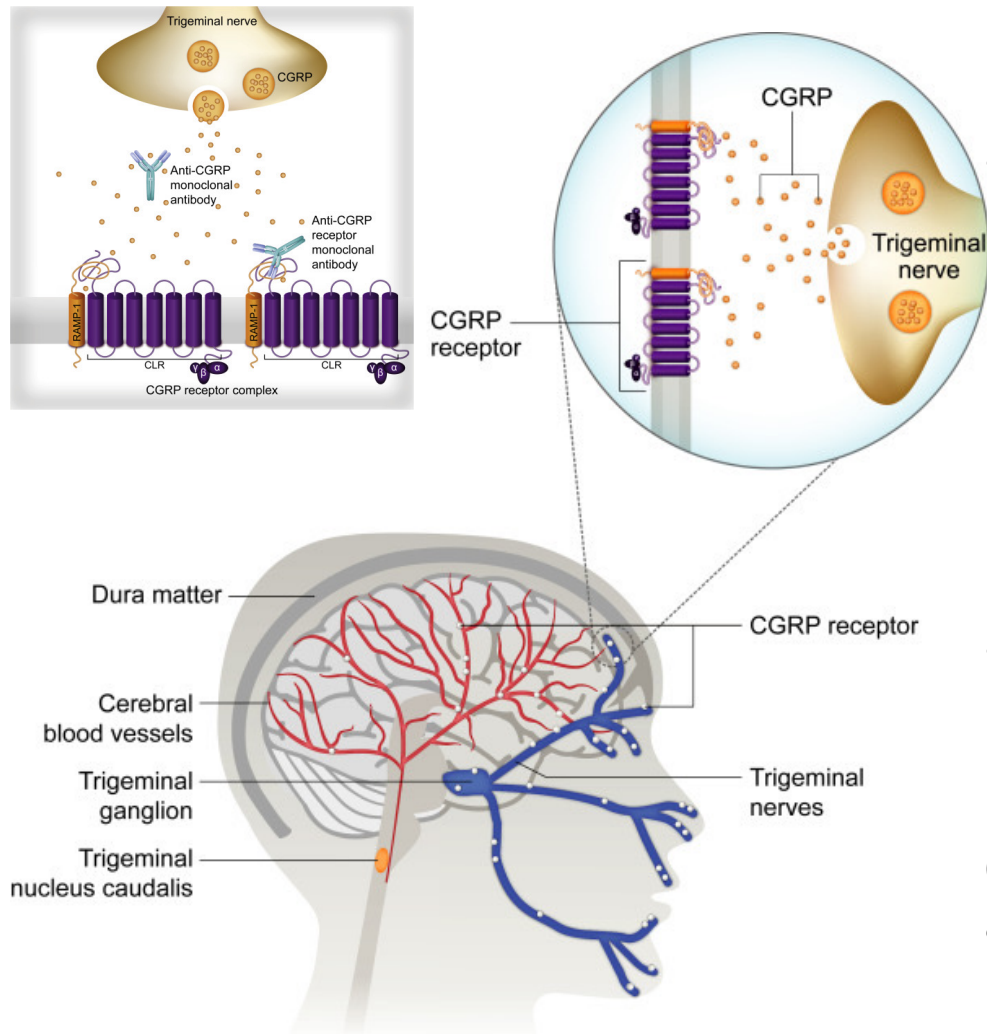
Enormous need for more efficacious and safer analgesics with no abuse liability



- NIH funds \$945 million in research to tackle the national opioid crisis through NIH HEAL Initiative

<https://heal.nih.gov/files/2022-08/heal-initiative-annual-report-2022.pdf> Accessed Dec 5th 2022

CGRP: example of successful target identification leading to market introduction.



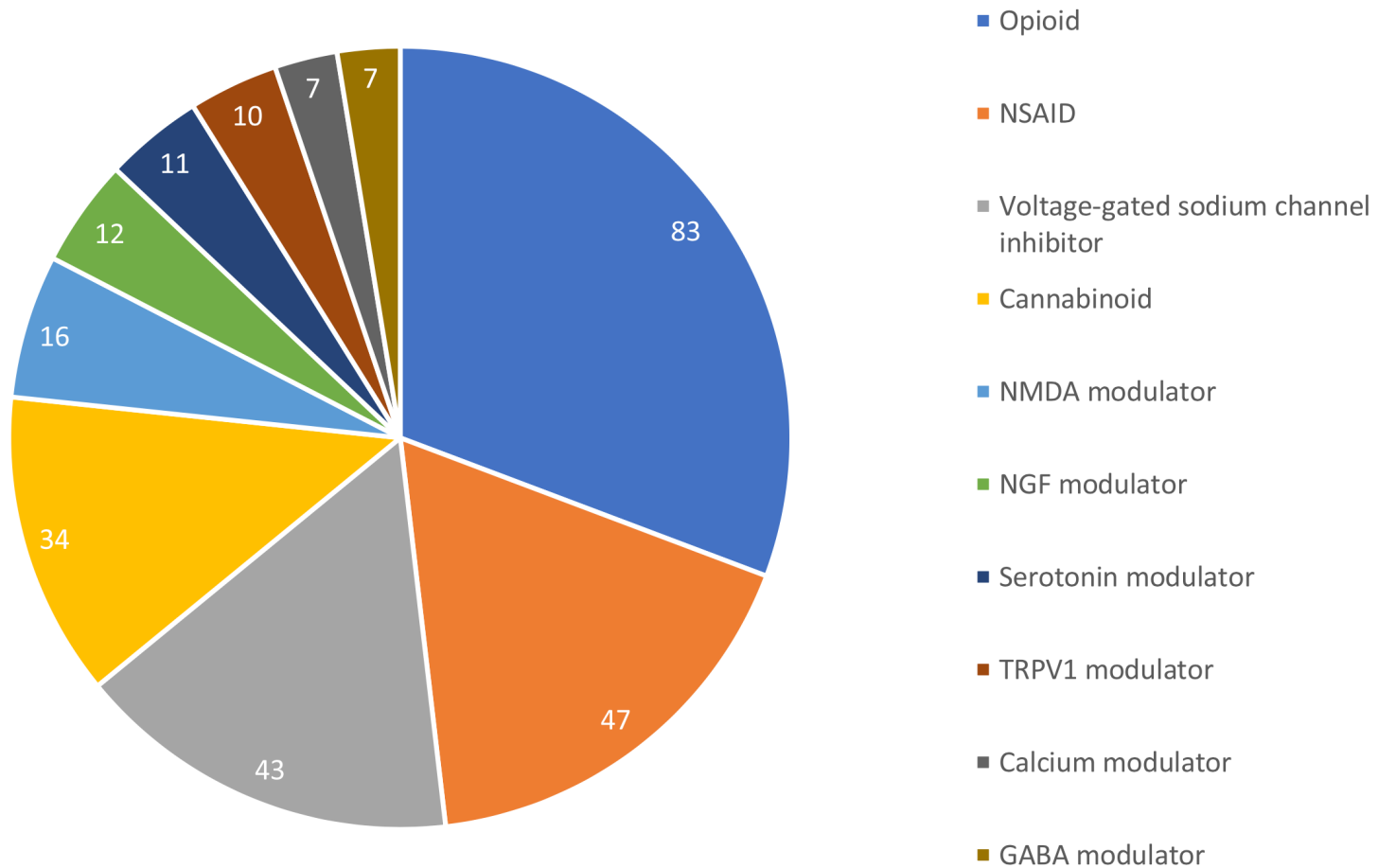
CGRP = calcitonin gene-related peptide

- Anti-CGRP monoclonal antibodies (mAbs) in the preventive treatment of episodic and chronic migraine
 - Erenumab
 - a fully human mAb, targets the CGRP-R.
 - Fremanezumab
 - Galcanezumab
 - Eptinezumab
 - humanized mAbs that bind to the CGRP ligand
 - Gepants: small molecule CGRP receptor antagonists.
 - Recently introduced: remigepant orally for treatment of acute migraine and prevention
- Other novelty: dipants: target the 5-HT_{1F} receptor to provide acute treatment without vasoconstrictive effects.

New Analgesics?

- The landscape of pain
- Challenges
- **Developments**

Top 10 analgesic drug classes currently in early phases of drug development *until the therapeutic exploratory phase (phase I/II)*



Hijma JH , Groeneveld GJ. *Medicine in Drug Discovery* 10 (2021)

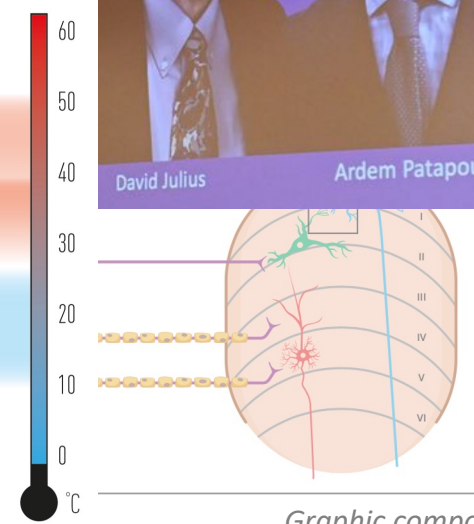
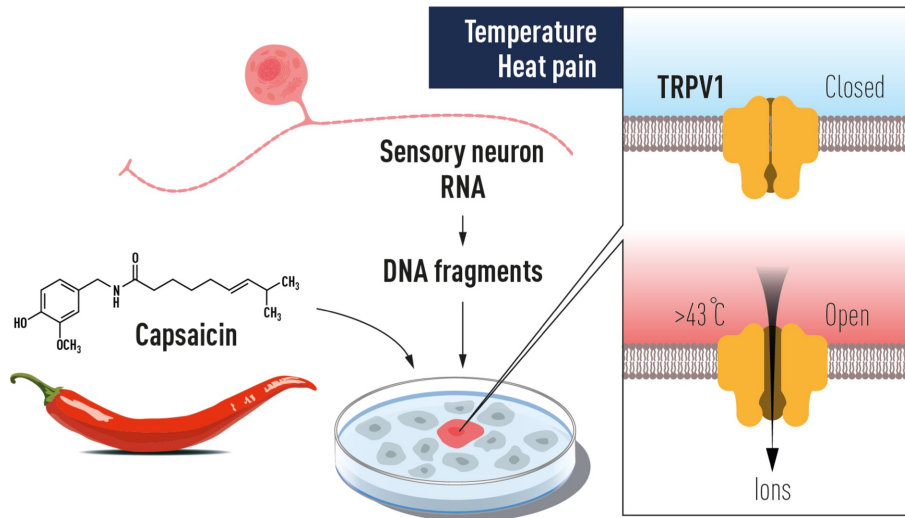
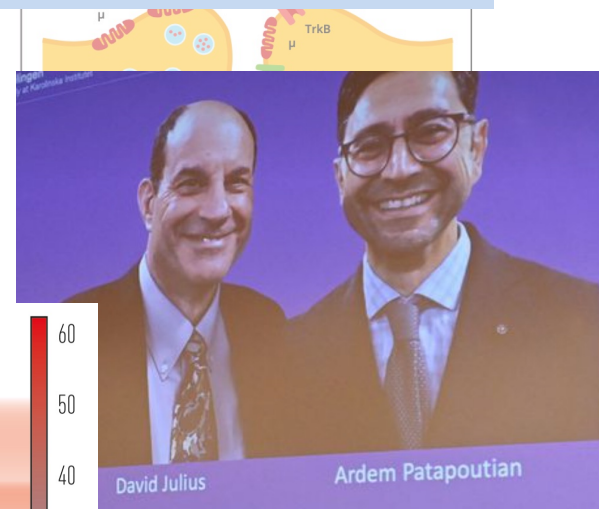
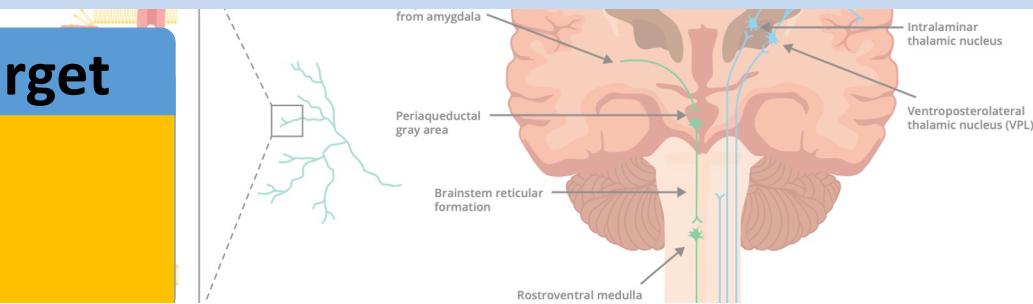
Block transduction / Counter-irritation transduction

Examples

- Resiniferatoxin Grünenthal NME TRPV1 agonist OA knee III
- LY3526318 Eli Lilly Small molecule TRPA1 antagonist Pain II

Analgesic Target

- TRPV1
- TRPA1



Graphic composed by the author

Genetics in analgesic development: learning from monogenic pain disorders

- **Loss of function**

- Congenital Insensitivity to Pain with Anhidrosis (CIPA)
- loss-of-function recessive mutations in Nav1.7



- **Gain of function**

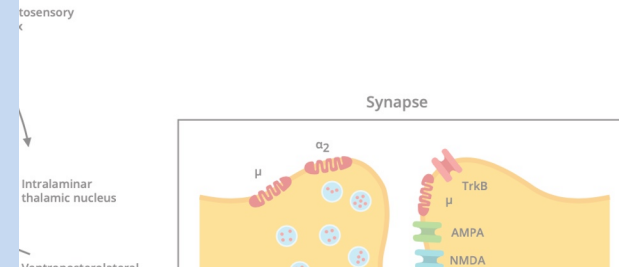
- Point mutations in SCN9A gene encoding Nav1.7
- inherited erythromelalgia (IEM)
- paroxysmal extreme pain disorder (PEPD) formerly known as familial rectal pain (FRP)
- increased excitability of Nav1.7



*Emery E. et al. Exp Op Ther Targets, 2016 VOL. 20, NO. 8, 975–983;
Alsalous M, Higerd GP, Effraim PR, Waxman SG. Nat Rev Neurol. 2020 Oct 27*

Block transmission by blocking sodium channels expressed by nociceptors

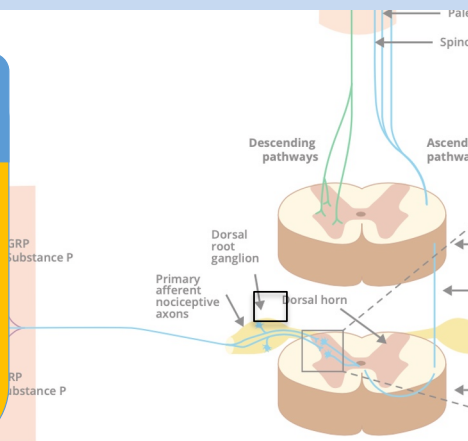
- Family of 9 channels, but Nav1.7, 1.8 and 1.9 predominantly expressed on nociceptor neurons
- Strong genetic validation (loss and gain of function): initial focus on Nav 1.7 as target : but not very “druggable”
- High-selectivity needed: now focus on voltage sensing domain 4 (VSD4)
- Probably 100% target engagement needed to achieve a clinical effect
- BBB crossing? Benefit or just adding side effects?
- New Focus on Nav1.8
 - E.g. VX-548 VERTEX
 - Small molecule Nav1.8. inhibitor POP/DPN Phase II/III



Drug candidate	Sponsor	Modality	Development status
PF-05089771	Pfizer	Small-molecule inhibitor	Discontinued in 2015 after failed phase II trial in painful diabetic peripheral neuropathy
TV-45070	Teva/Xenon	Small-molecule inhibitor	Discontinued in 2017 after failed phase II trial in post-herpetic neuralgia
RG-6029/GDC-0310	Roche/Genentech/Xenon	Small-molecule inhibitor	Discontinued in 2018 prior to phase II initiation
Vixotrigine	Biogen	Small-molecule inhibitor	Discontinued in painful lumbosacral radiculopathy after phase II failure in 2018; phase III trial planned in trigeminal neuralgia; phase II trial ongoing in small fibre neuropathy
BIIB-095	Biogen	Small-molecule inhibitor	Phase I trial for neuropathic pain ongoing
ST-2427	SiteOne	Small-molecule inhibitor	IND for post-operative pain
AM-6120, AM-8145 and AM-0422	Amgen	Peptide derived from tarantula venom	Discovery
Nav1.7-targeted mAb	Shionogi	mAb	Discovery
VY-NAV-01	Voyager Therapeutics	Gene therapy Nav1.7 knockdown	Discovery

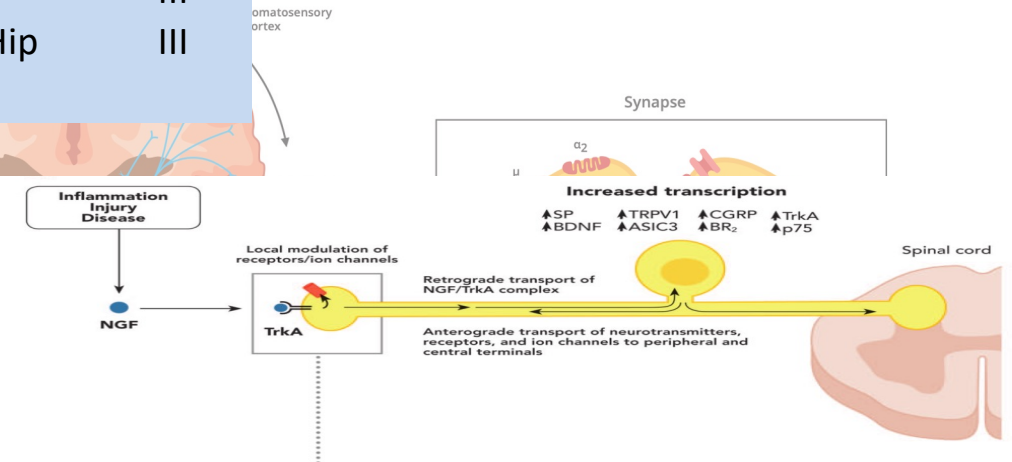
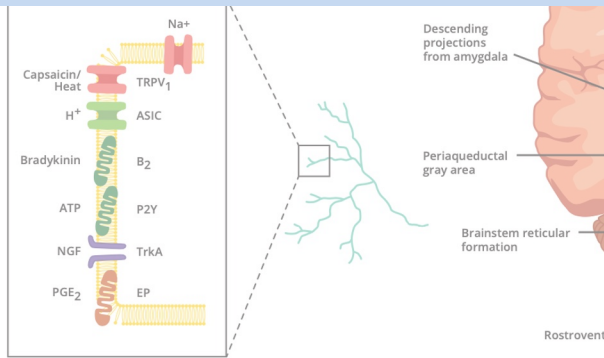
Analgesic Target

- NaV inhibitors
 - Nav1.7
 - Nav1.8



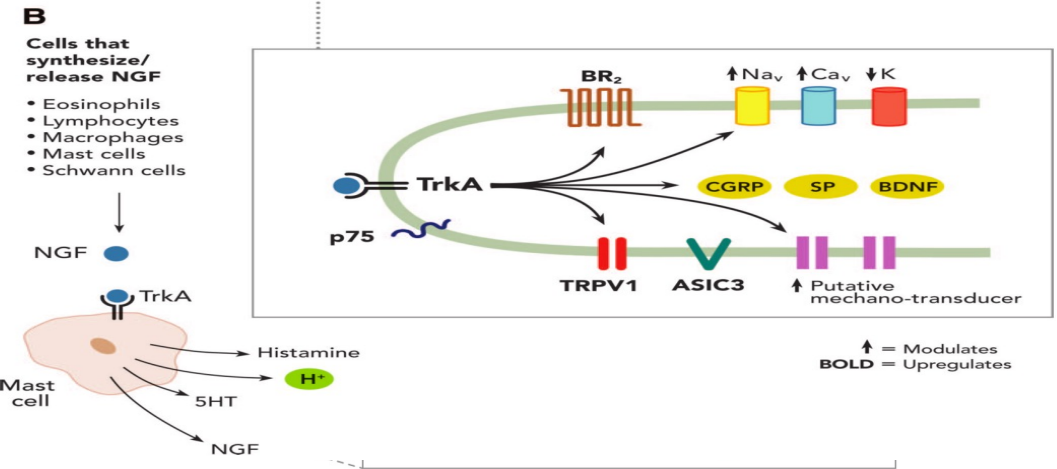
Reduce NGF or its action on the receptor

Tanezumab	Eli Lilly / Pfizer	AB	OA, LBP	III
Fasinumab	Regeneron/TEVA	AB	OA Knee Hip	III



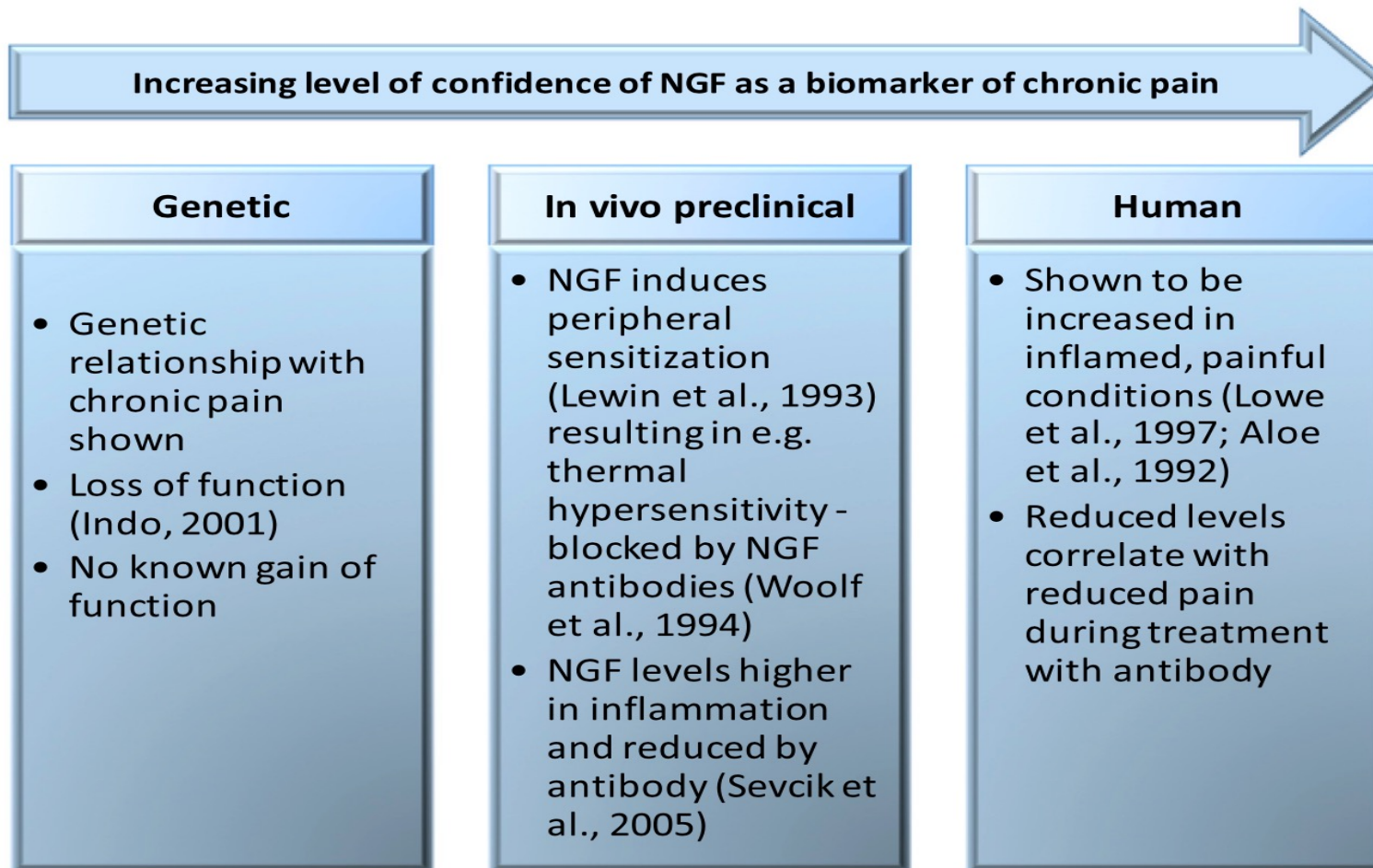
Analgesic Target

• NGF/TrkA



Aloe et al, J Transl Med 2012; Mantyh et al, Anesthesiology 2011

Cross-Species Validation of Biomarker Evaluation



Contribute to immune activation of nociceptors; expressed in macrophages

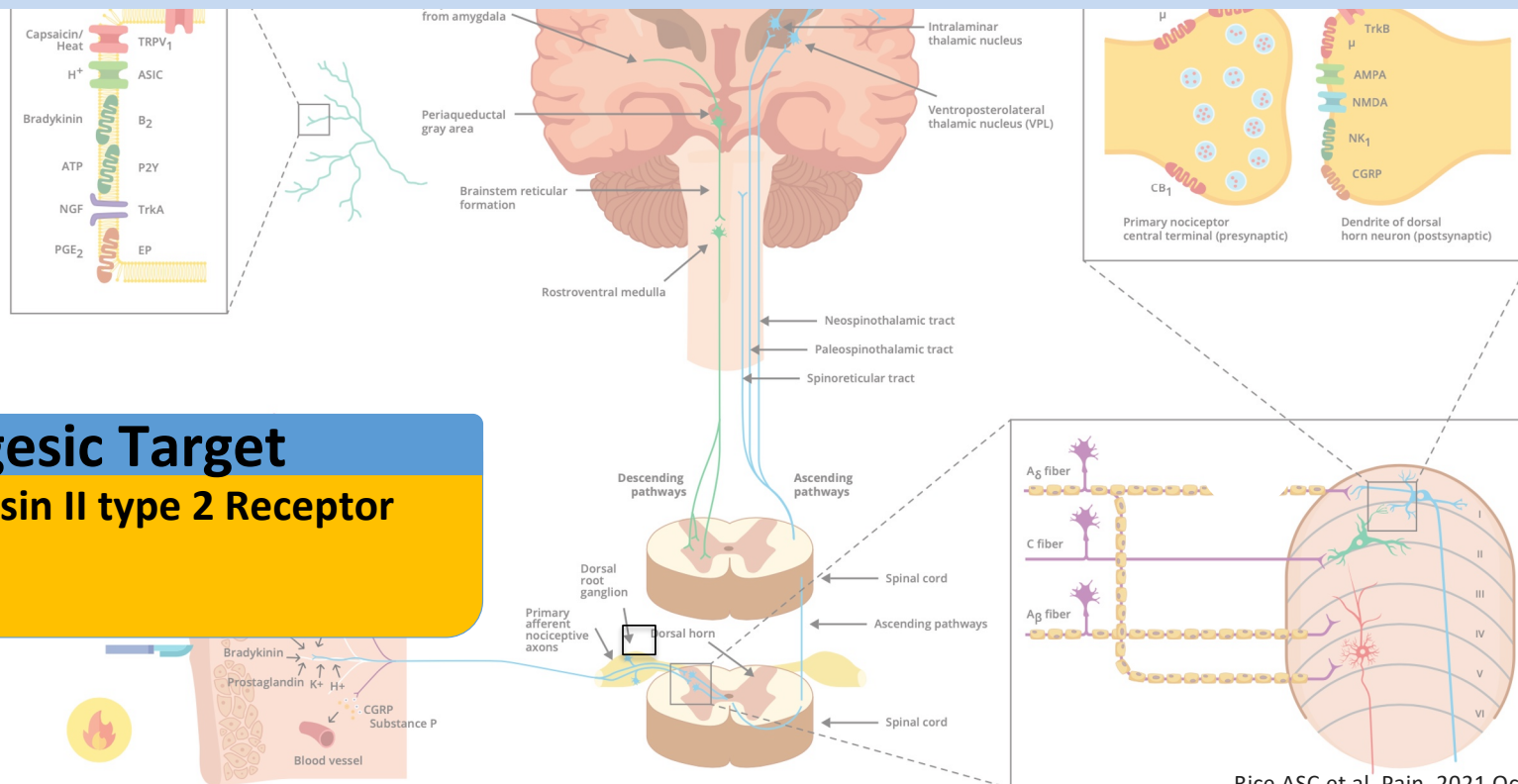
EMA-401 (olodanrigan)
CFTX-1554

Novartis
Confo Therapeutics

AT2R Antagonist
AT2R Antagonist

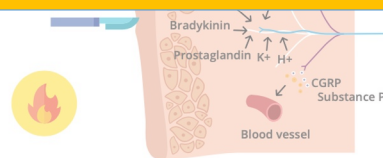
DPN / PHN
NeP

II
Preclin



Analgesic Target

- AT2R Angiotensin II type 2 Receptor



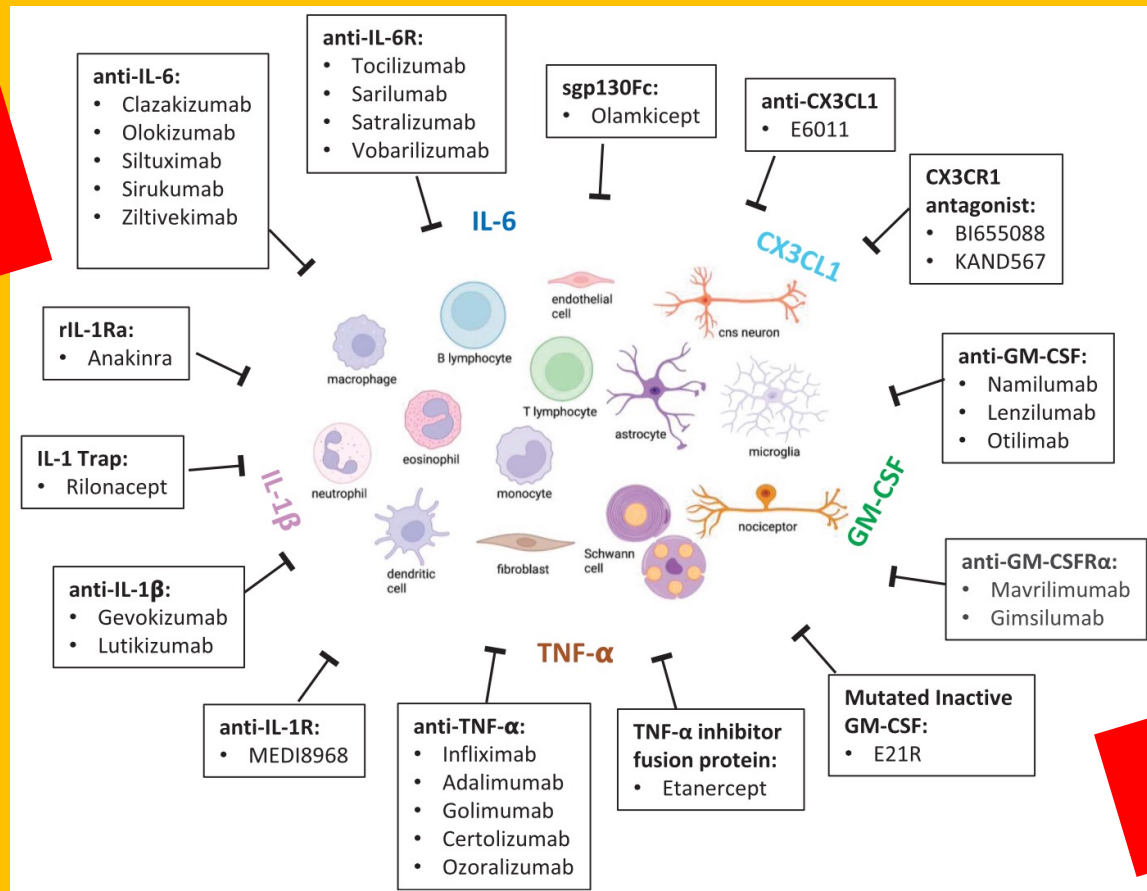
Rice ASC et al. Pain. 2021 Oct 1;162(10):2578-2589.

<https://www.confotherapeutics.com/2020/10/15/confo-therapeutics-announces-selection-of-first-product-candidate-and-initiation-of-pre-clinical-development/>

Reduce pro-inflammatory cytokines and their receptors

Analgesic Target

Repurposing
But RA differs from
chronic pain



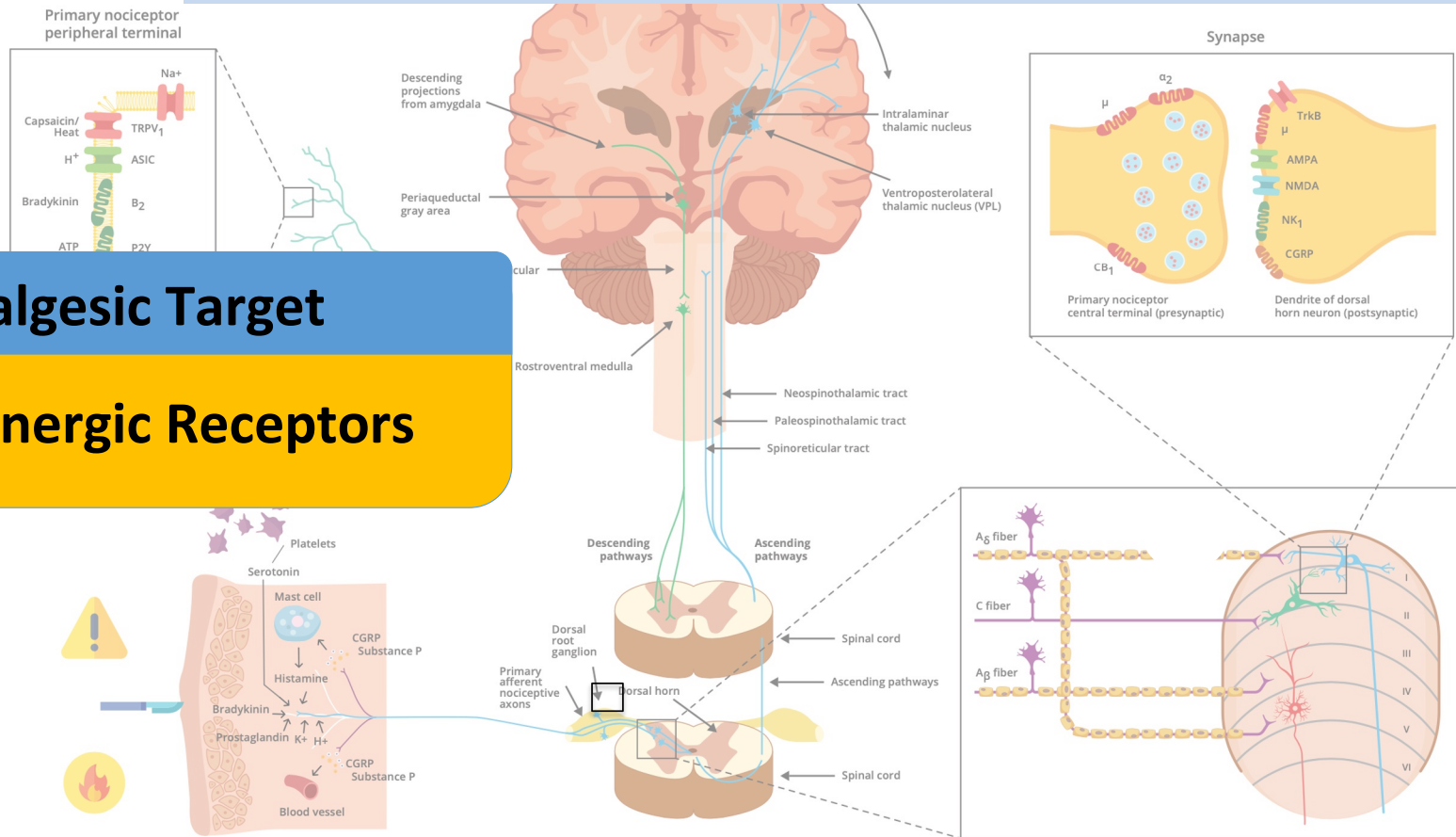
Immunogenic
ADA formation

lock activation of nociceptors by ATP

NRD.E1 Novaremed downregulation P2X4 DPN I/II

Analgesic Target

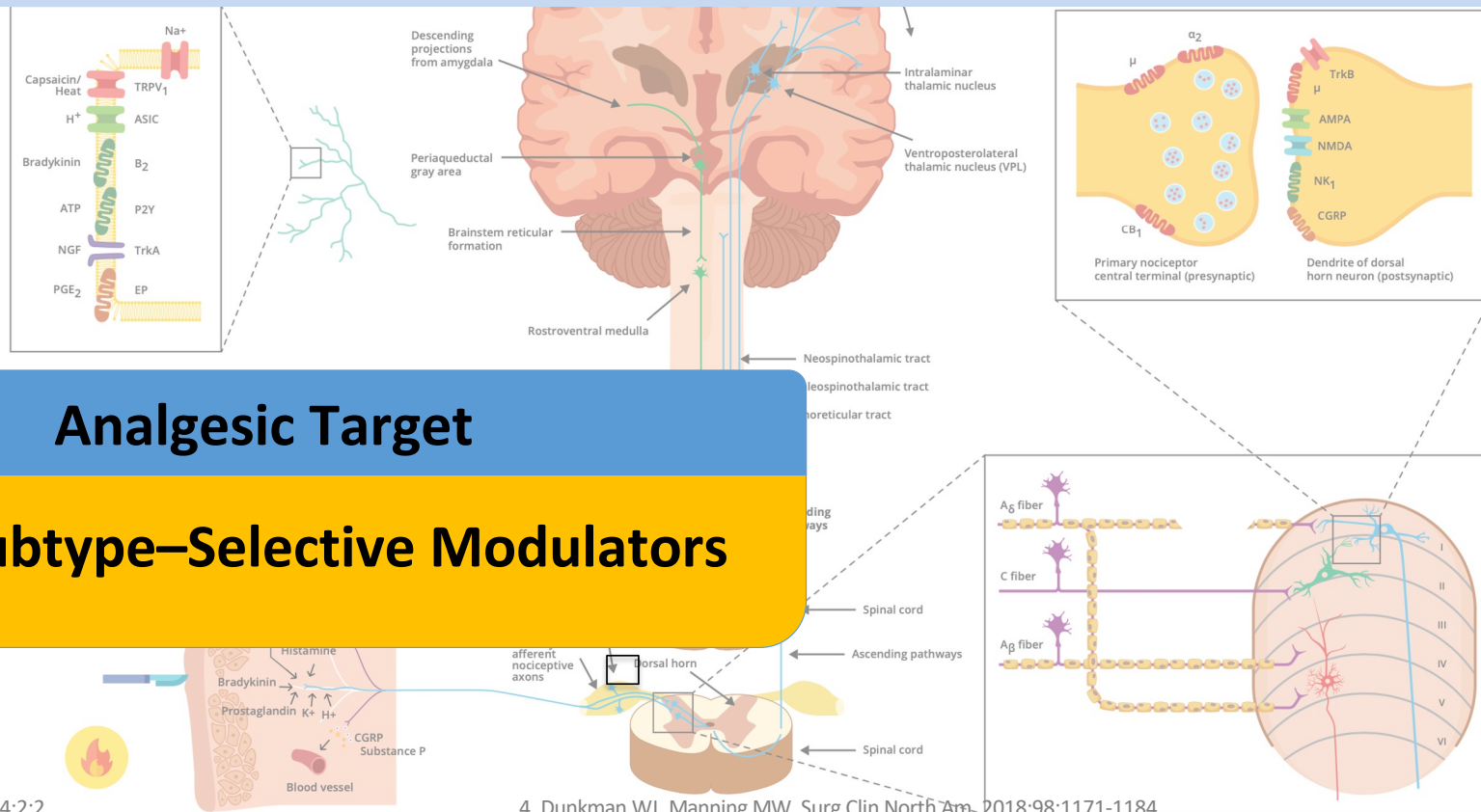
- P2X Purinergic Receptors



Graphic composed by the author

Target GABA receptors in nociceptive circuits

PF-06372865: a novel $\alpha 2/\alpha 3/\alpha 5$ gamma-aminobutyric acid A (GABA) subunit selective partial positive allosteric modulator (PAM)



Analgesic Target

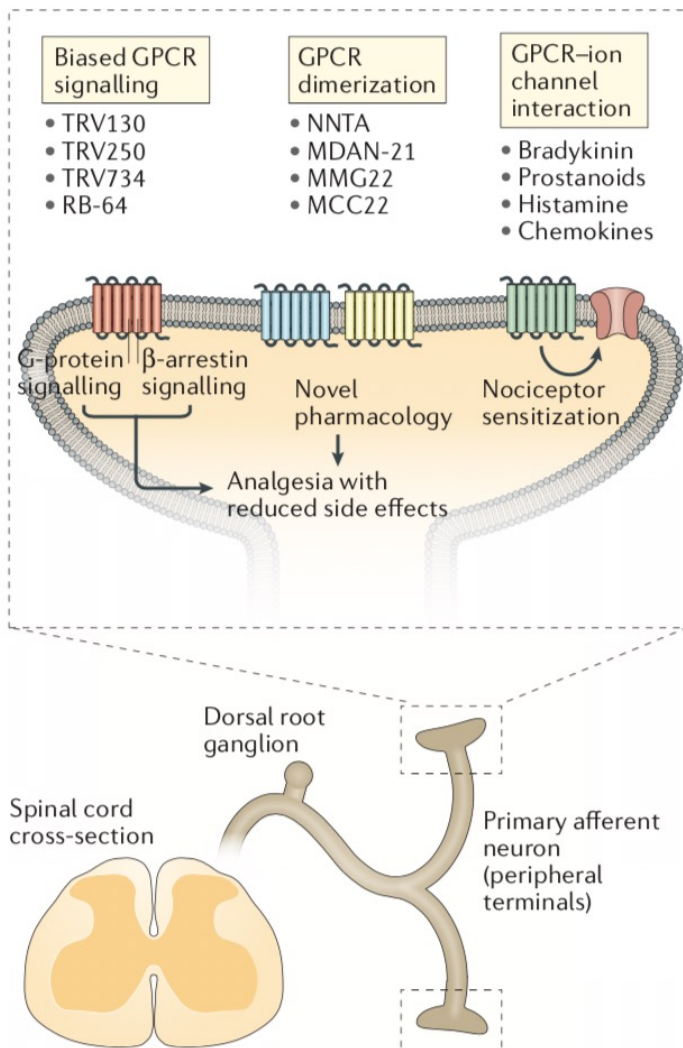
• GABA Subtype-Selective Modulators

1. Kumar S, et al. *OA Anaesthetics*. 2014;2:2.
 2. Julius D, Basbaum AI. *Nature*. 2001;413:203-210.
 3. Lee B, et al. *Best Pract Res Clin Anaesthesiol*. 2018;32:101-111.

4. Dunkman WJ, Manning MW. *Surg Clin North Am*. 2018;98:1171-1184.
 5. Gilron I, et al. *Lancet Neurol*. 2013;12:1084-1095.

Graphic composed by the author

Targeting opioid receptors G-protein coupled receptors (GPCRs)



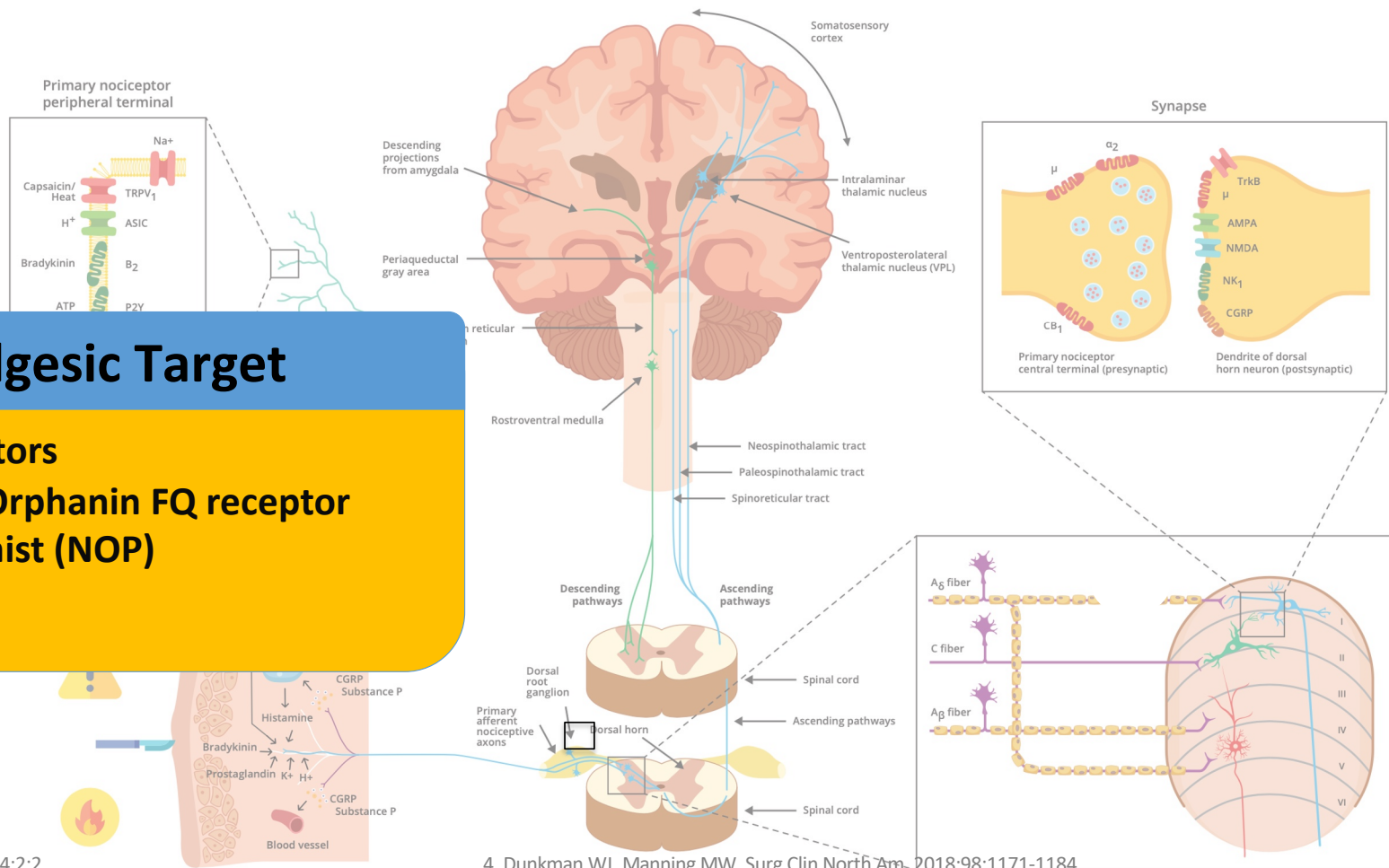
Strategies to mitigate adverse effects of opioids

- Mechanistic approach to side effects
- Abuse-deterrent opioids
- Peripherally restricted receptor ligands
- Heteromers, bivalent ligands and isoforms
- Biased ligands

Mitigating the central dysphoria of opioids; peripheralized agonist

Analgesic Target

- Kappa receptors
- Nociceptin/Orphanin FQ receptor Peptide agonist (NOP)



1. Kumar S, et al. *OA Anaesthetics*. 2014;2:2.
 2. Julius D, Basbaum AI. *Nature*. 2001;413:203-210.
 3. Lee B, et al. *Best Pract Res Clin Anaesthesiol*. 2018;32:101-111.

4. Dunkman WJ, Manning MW. *Surg Clin North Am*. 2018;98:1171-1184.
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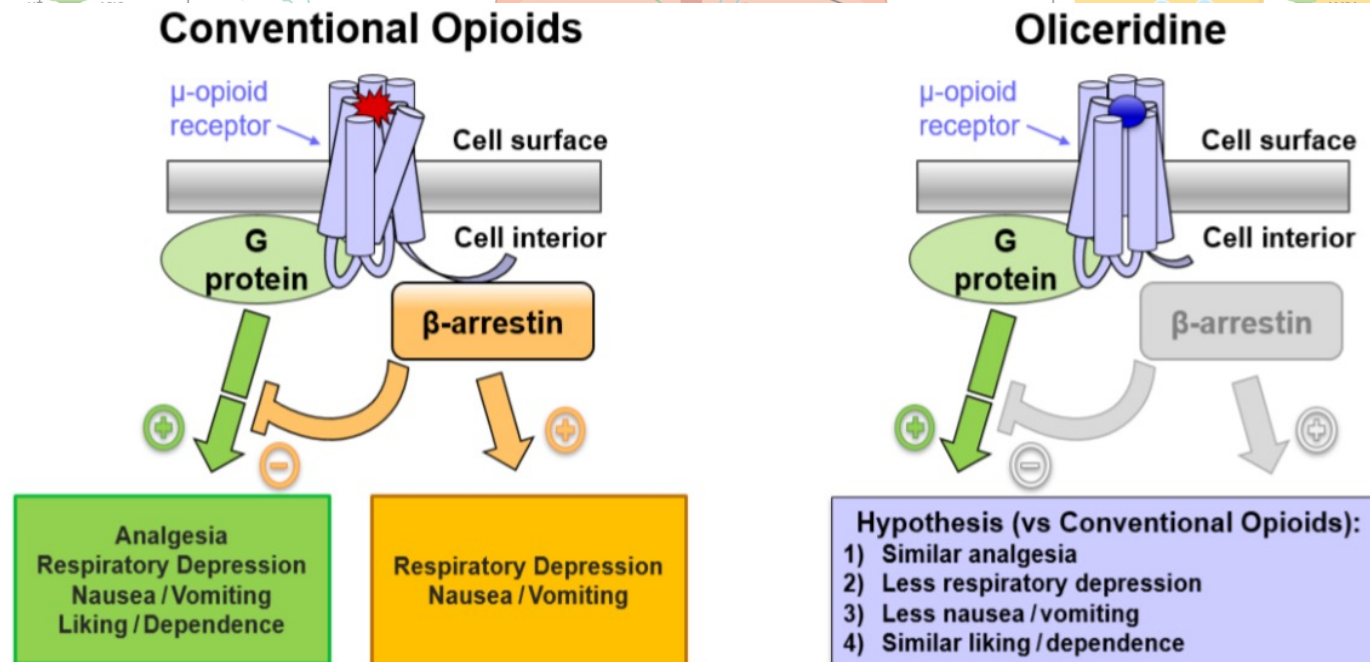
Graphic composed by the author

Opioids

Try to differentiate analgesic and adverse effects of mu opioid receptor activation

“Biased” ligands

selectively engage some signalling pathways while avoiding, or even inactivating, other signalling pathways mediated by the same receptor





?

A fresh look at old remedies

Cinnamon

Cloves

Turmeric

Capsaicin

Menthol

Turmeric

Lemon Verbena

Cannabis sativa

...

New Analgesics?

- Pain is complex and extremely prone to cognitive modulation
- Acute and chronic pain: distinct pathophysiological mechanisms
- Golden bullet for all pain: utopy
- High placebo response in clinical trials
- Lack of standardized pain measures: 'self reporting'
- Need for more human biomarkers and target engagement
- Pain subtype-targeted pharmacotherapy: more realistic