

Establishing a National Phenotypic Screening Capability in the UK



UK-NPSC is a partnership between SULSA (BOX 1) and the University of Oxford that will operate a world-class phenotypic drug discovery facility. It will collaborate with a wider network of centres from across the UK, Europe and beyond, to bridge the gap between academia and pharmaceutical companies and drive innovation in the sector. The Scottish Government awarded £8M to SULSA to finance state-of-the-art robotics, instrumentation and computation at the Universities of Dundee and Oxford.

BOX 1 | SULSA: Scottish Universities Life Sciences Alliance (www.sulsa.ac.uk) A highly successful partnership between the Universities of Aberdeen, Dundee, Edinburgh, Glasgow, St. Andrews and Strathclyde supported by the Scottish Funding Council. SULSA makes Scottish biosciences research more globally competitive by pooling resources from the leading universities.

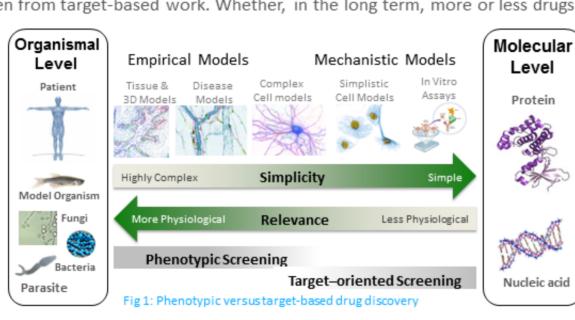
UK-NPSC will focus on using phenotypic approaches (see BOX 2) to identify new drug candidates that address unmet therapeutic needs. Chemical libraries will be screened in a smart costeffective way, predominantly using human cells and tissues. There is a special focus on complex multifaceted diseases where interrogating a single molecular target cannot model the disease state. UK-NPSC will work closely with industry, academia and disease-focused charities to translate fundamental biological research into novel drugs, and is optimally placed to provide new chemical starting points for further development.

A phenotype is one or more observable features or traits that report changes in an organism's genotype, epi-genotype or a response to its environment. Phenotypic screening is therefore the systematic and quantitative analysis of changes in phenotype in the presence of absence of pertubagens such as siRNA or small molecules. Unlike a genotype, a phenotype can be described with different levels of complexity: either simply with a few measures or using hundreds or thousands of parameters. Phenotypes are temporally dynamic – this necessitates not only an in-depth knowledge of the biology but also the judicious development of assays that balance logistical feasibility with physiological relevance.

Why?

The financial viability of the pharma industry is endangered by high R&D costs to get drugs to market, and a faltering pipeline. In recent years identifying and validating the "targets" underlying disease has been a dominant modus operandi for the industry. The 'single-target' hypothesis, and hence the target itself, has become the driver for new drug discovery. Phenotypic screening is target-agnostic and better captures the complexity of living systems (see Fig. 1). Analysis of first-in-class drugs (Swinney & Anthony, 2011) has indicated that the majority are discovered by phenotypic methods rather than screening molecular targets, although followers came most often from target-based work. Whether, in the long term, more or less drugs

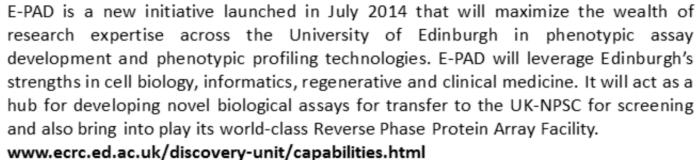
will come from a target-based or from systems-based approaches (chemocentric or purely phenotypic) only time will tell. With renewed interest in phenotypes, in systems pharmacology and in polypharmacology, the 'one gene, one protein, one target, one drug' dogma is in need of revision. The development of the UK-NPSC is therefore timely.



Where? 1 University of Dundee **College of Life Sciences**

With over £100 million of research income in 2013 and nearly 900 staff from over 60 countries worldwide, the College has a reputation as one of the most dynamic international centres for molecular cell biology. Co-location of UK-NPSC within the same complex as the Drug Discovery Unit will assist in taking phenotypic hits forward into hit-validation, hit expansion and hit-to-lead chemistry. The range of facilities in the Centre for Advanced Scientific Technologies (CAST) will strengthen follow up work for target identification and validation. www.lifesci.dundee.ac.uk

University of Edinburgh Edinburgh Phenotypic Assay **Development Hub (E-PAD)**





Target Discovery Institute (TDI)

TDI is a major new collaborative research initiative led by Professor Sir Peter Ratcliffe FRS. The TDI has grown to encompass several groups alongside the HTS Facility, including Chemical Biology, Epigenetics, Proteomics and Mass Spectrometry and Medicinal Chemistry. The work in the TDI is an exemplar of Oxford's work in translational medicine. - www.tdi.ox.ac.uk

"Phenotypic screening holds the promise to uncover new therapeutic principles and molecular pathways of currently untreatable diseases" - Jorg Eder, Novartis

Please contact us: we are actively seeking partners to collaborate on assay development and screening projects uknpsc@sulsa.ac.uk www.uknpsc.org

How?

DUNDEE

A series of technical advances have radically changed the utility of phenotypic screening approaches. The three main components of the process: the cellular/physiological context, the approach to phenotypic analysis, and the organization/annotation of chemical (small molecule) libraries, are the subject of major new developments that enhance the potential for informative phenotypic screening.

- The complementary power of iPS cell technology (to derive relevant material from specific patient groups) and genome engineering e.g. CRISPR technologies to engineer relevant genetic changes and reporter systems into the endogenous biological circuitry (BOX 3).
- Increasing speed and capabilities of high-content imaging and analysis systems will permit the interrogation of increasingly sophisticated cellular properties, including behaviour in cocultures, 3D and organotypic systems (BOX 4)
- Increasingly dense annotation of small molecular libraries, developments in chemoinformatics and their use in 'informed' iterative moderate-scale screening strategies that avoid the need for ultra-high throughput approaches and can feasibly be combined in high content screens (BOX 5).
- Sophisticated phenotypic profiling and fingerprinting technologies: at the cellular/tissue level through quantitative imaging and analysis; at the protein/pathway level e.g. Reverse Phase Protein Arrays (RPPA) and at the gene expression level e.g. the LINCS approach, for compound classification, structure-activity relationship and triaging.

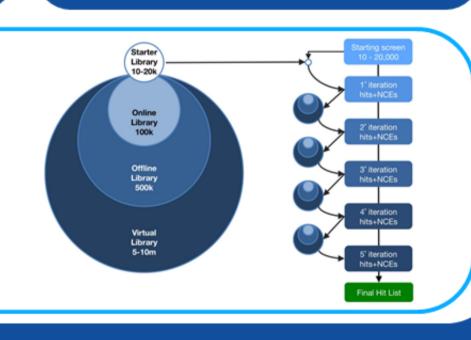


- Patient-derived cells
- Complex co-culture models
- 3D cell and tissue models
- Pluripotent stem cell technology
- Precision engineering with
 - Disease modelling isogenic
- Reporter line creation Haplogen haploid KO lines

BOX 4 | Advances in Imaging and Informatics

- Fast Confocal High Content Screening (HCS) Wide-field Deconvolution/Epifluorescence
- **High Throughput Flow Cytometry**
- Label-free read outs
- Live cell imaging cell tracking and kinetics
- Cell-by-cell data & population data
- Decision analytics-based screening
- Advanced phenotypic profiling/fingerprinting
- Statistical analysis tools and application of advanced algorithms in hit discovery





Who?



Professor Andrew Hopkins FRSC FSB FLSW

Chair of Medicinal Informatics, University of Dundee ULSA Research Professor of Translational Biology

Dr. Den Barrault Executive Director of SULSA



Dr Neil Carragher

When? Operational timeline

Principal Investigator and Director dinburgh Cancer Drug Discovery Unit



Prof. Sir Peter Ratcliffe FRS

Director of TDI, University of Oxford Head of Nuffield Dept. of Clinical Med Nuffield Professor of Clinical Medicine

Group Leader – Cellular High Throughput Screening and HTS Operational Cell Screening TDI, University of Oxford



Dr. Wilma Keighley

Consultant & Associate Staff Member, University of Dundee

UK-NPSC Oxford Q4 2014

UK-NPSC Dundee Q1 2015



6 Station Microstar (BSL2)

Dundee Laboratory

The Dundee Screening Laboratory comprises >250m² of bespoke laboratory space. The facilities will have an interconnected cell and tissue culture suite, two fully equipped wet labs and three office spaces located adjacent to the Screening and Cell culture suites. There is also a co-located purpose-designed utilities store for freezers, fridges and cryostorage. The instruments will be integrated into 2 state-of-the-art modular robotic Microstar systems (one 9-sided and one 6-sided) from HighRes Biosolutions (Woburn, MA, USA), with a Biological Safety Level 2 Enclosure around the larger system. Key instruments will be integrated on removable carts for flexibility and rapid system reconfigurations.























Yokogawa CV7000

GE IN Cell 2200

5.5 MP sCMOS camer

mage Xpress Micro

Live cell imaging module



iQue Screener

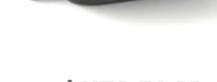
Perkin Elmer EnSpire

Multimode reader with label-fre

Corning EPIC™ technology

Tecan Infinite

M1000Pro





The investment from SULSA will add to the HTS lab at the TDI. The entire screening system is contained within a BSL2 safety enclosure.



BioTek ELX405

Formulatrix Tempest



9 Station Microstar (BSL2)

Automation and Liquid Handling

Imagers, Readers and HTS FACS

ssociate Staff Member, University of Dundee

onsultant, Stem Cell Solutions Ltd, Dundee



























