

DRUGCENTRAL: PART OF A BIGGER PICTURE

There is a Need to Integrate Clinical Use with Active Ingredients,
Pharmaceutical Products & Associated Information at the Molecular Level

Tudor I. Oprea

8/29/2017

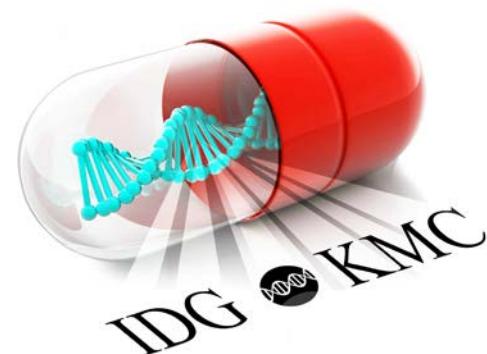
OHDSI

Collaborator meeting

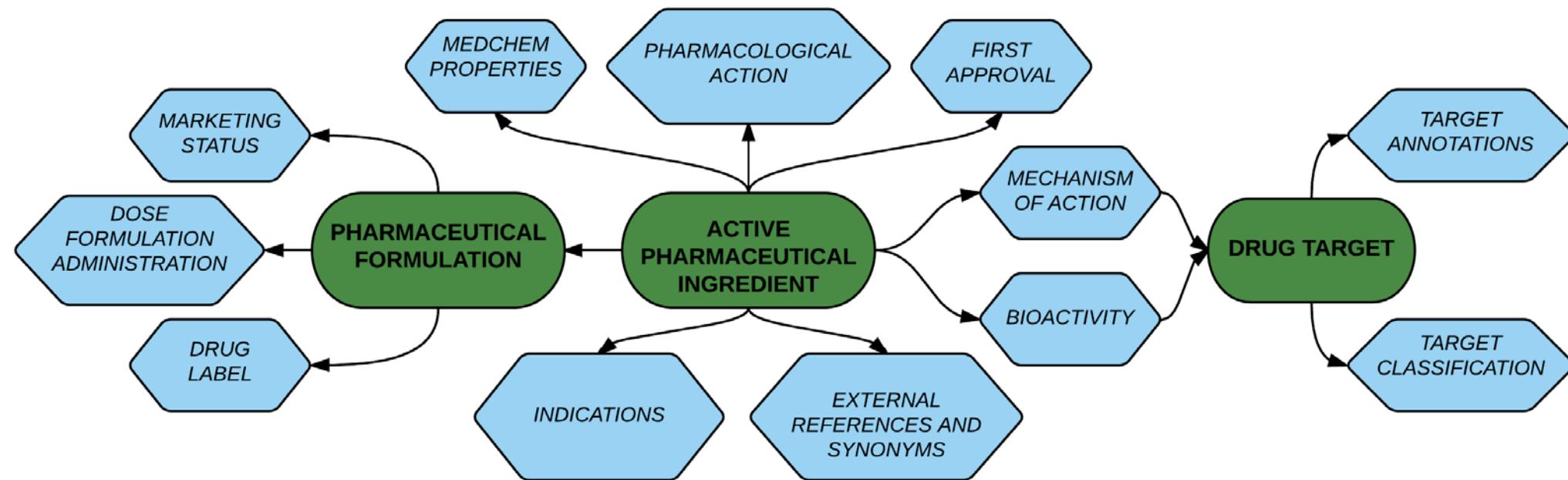
via Webex

Albuquerque, NM

<http://targetcentral.ws/>
<http://pharos.nih.gov>
<http://drugcentral.org>
<http://newdrugtargets.org>



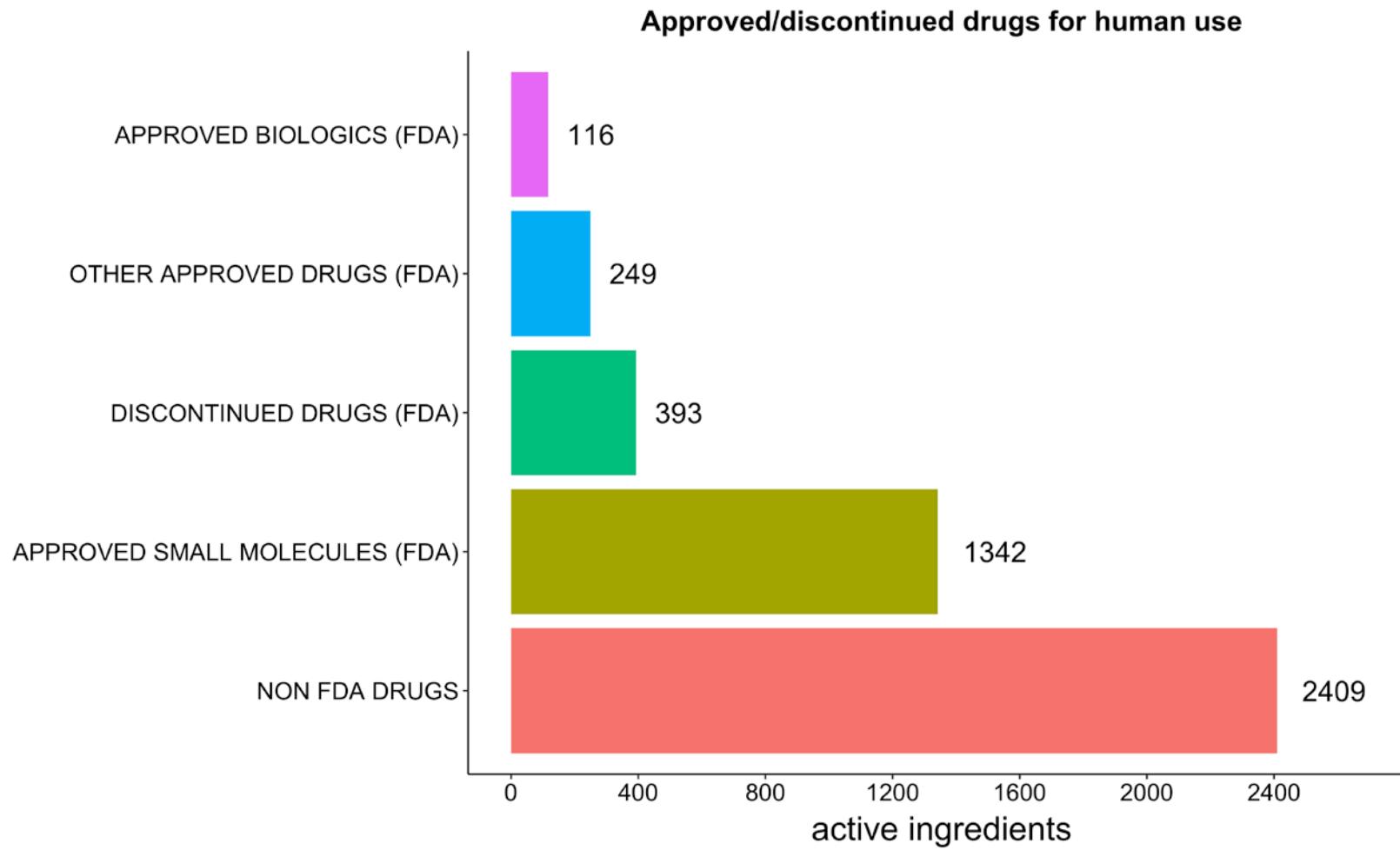
DRUGCENTRAL DATA STRUCTURE



- Initially designed to answer “how many drugs are out there”....
- The Two Cultures: what patients and docs call “drugs” (products) vs. what scientists call “drugs” (active pharmaceutical ingredients)
- Also wanted to know how many drug targets there are.....



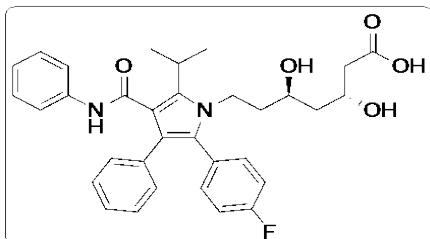
DRUGCENTRAL: API STATUS



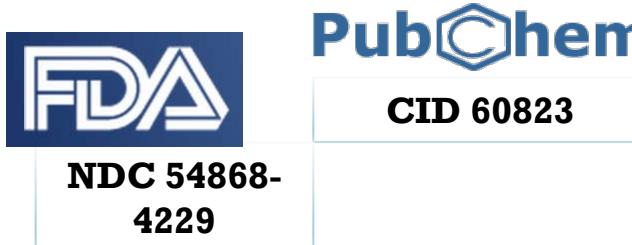
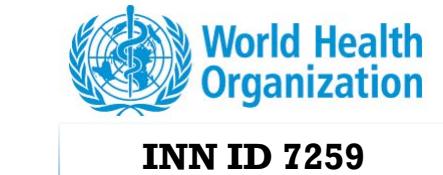
- Total number of active ingredients: ~4500
- This includes API approved for human use worldwide, FDA approved and discontinued
- ~1500 are currently marketed and FDA approved, ~ 300 are discontinued



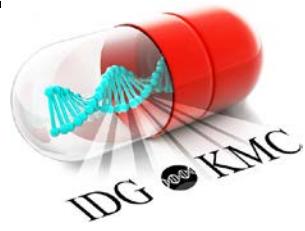
MAPPING TO EXTERNAL RESOURCES



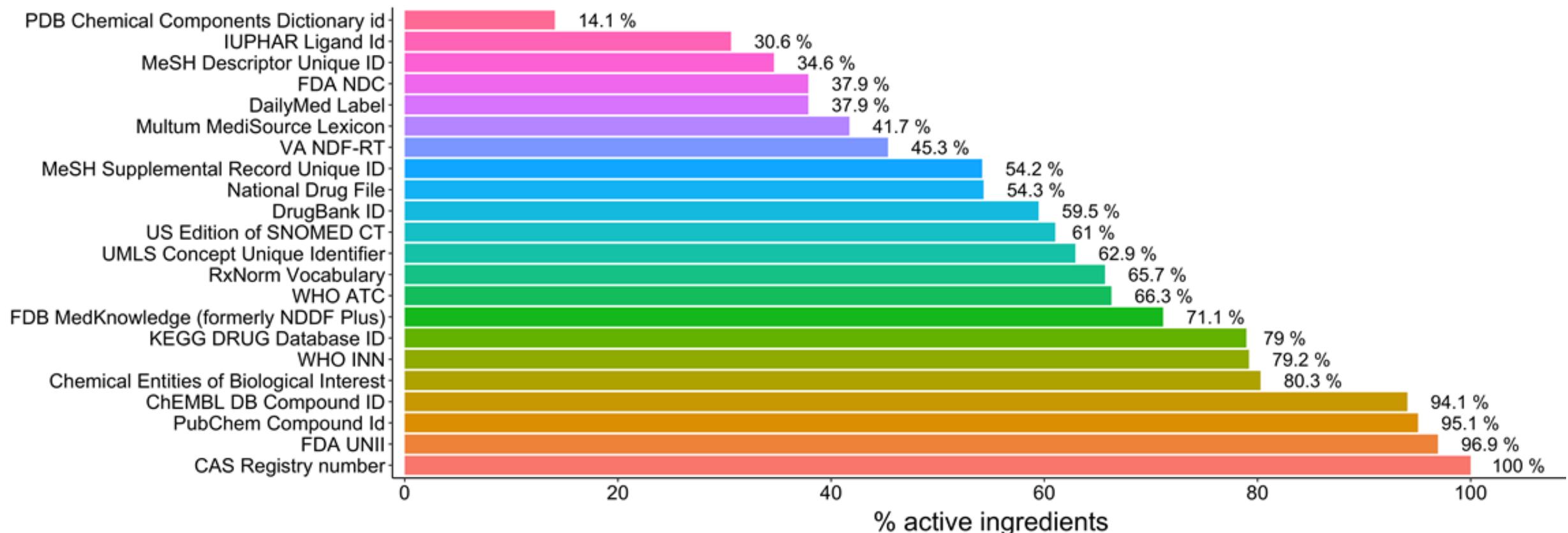
Atorvastatin



- Several online resources contain important drug information
- To facilitate data analysis we have mapping of active ingredients to most relevant drug information resources online.
- Most mappings were done using generic names and structure.
- These drug resources provide information on regulatory status, publications, pharmacology, biological activity profiles, etc.



EXTERNAL DATA SOURCE IDENTIFIER MAPPINGS



- Mapping of drugs to external resources ranges from 13% (PDB Ligands) to 100% (CAS registry numbers)

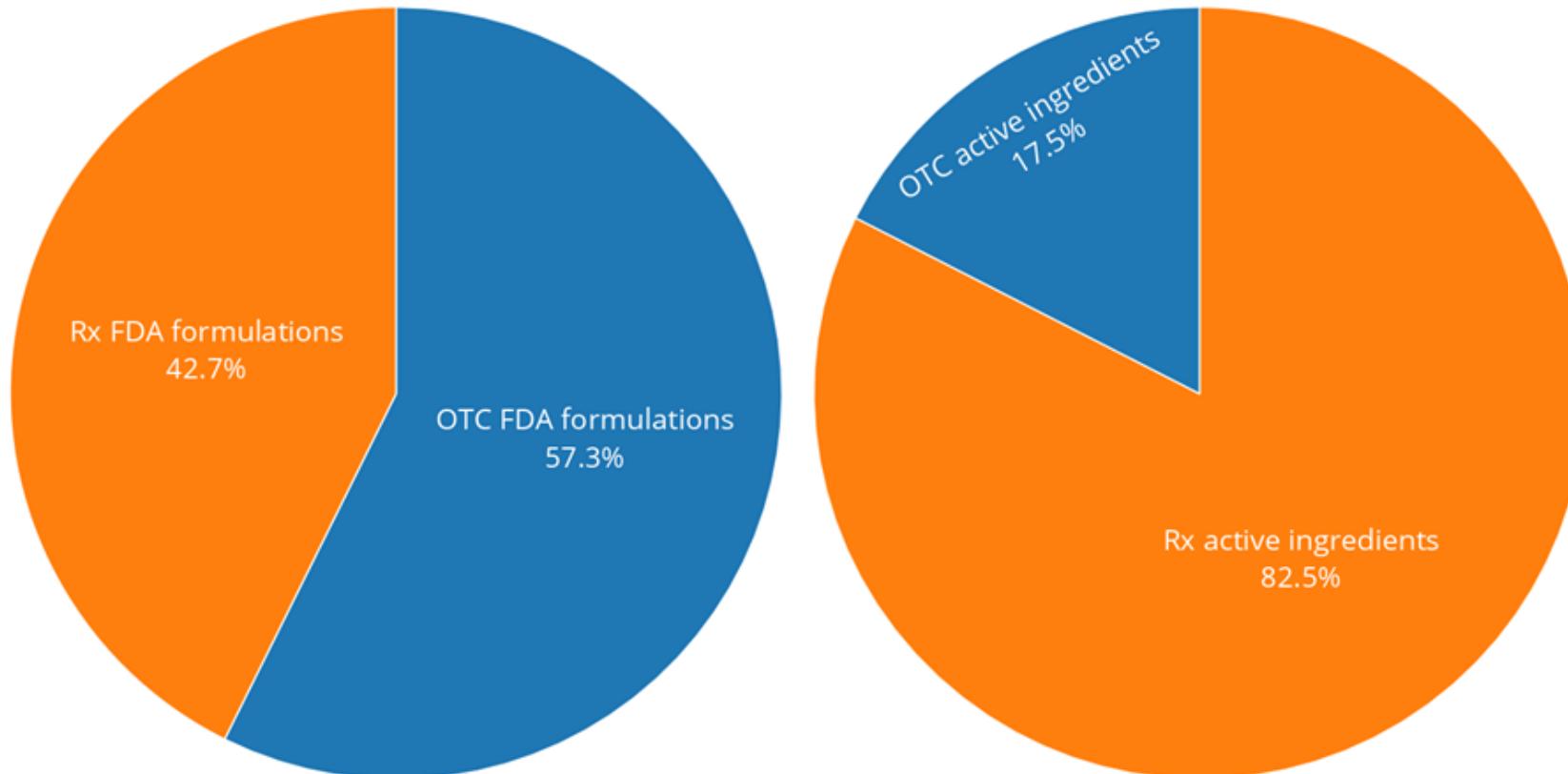


DAILYMED DRUG LABELS (FDA)

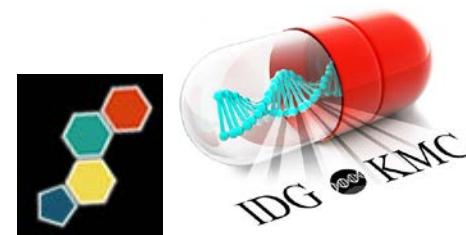


- Drug labels in SPL (Structured Product Label) format
- Updated Daily
- Text in sections annotated with LOINC codes
 - Summary of clinical trial results
 - Contraindications, adverse events, warnings, therapeutic dose, etc.
- Table with active/inactive ingredients, strength, route of administration
 - NDA, ANDA, UNII identifiers
- DailyMed is the main source of information on pharmaceutical products. We use custom processing pipelines that extract text from SPL separated by LOINC sections.
- Dose, formulations and active ingredients tables are parsed and mapped to the main active ingredients table.
- Pharmaceutical formulations containing herbals, allergens, etc. products are discarded
- We do not process homeopathic labels and SPL files for devices.

ACTIVE INGREDIENTS VS PHARMACEUTICAL PRODUCTS

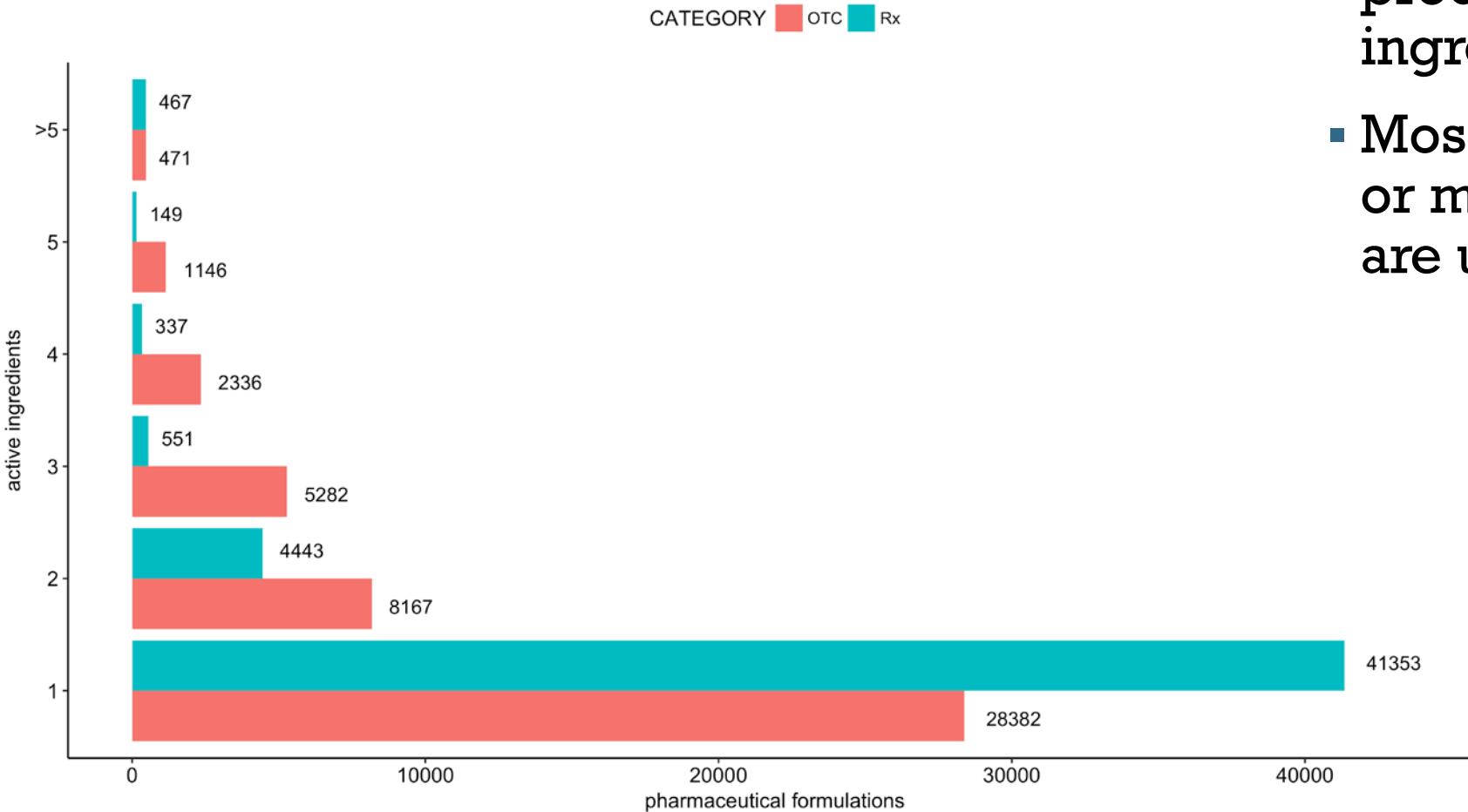


- Active ingredients in Rx products only form more than 82% of the total number of active ingredients
- However, when compared total number of pharmaceutical products OTC only active ingredients have 46% share.



HOW MANY APIs PER PRODUCT?

FDA drug labels by number of active ingredients



- Most of the pharmaceutical products contain 1 active ingredient,
- Most of the products with 2 or more active ingredients are usually OTC.



CAPITALISM IN THE PHARMACY

Type	OTC	PRESCR
APIs	284	1,562
Drugs ("drug labels")	46,770	43,172

- There are almost as many "OTC" as Rx drugs, but with far less APIs
- Over 5000 drug labels contain acetaminophen (84 unique API fixed-dose combinations)



AUSTRALIA: TWO PRICES, ONE DRUG

Nurofen's maker misled consumers over painkillers' contents, court rules

Drug giant Reckitt Benckiser ordered to pull painkillers off Australian shelves after admitting products marketed for specific types of pain were identical



Nurofen criticised by Australian consumer watchdog over misleading claims

Reckitt Benckiser sells:

- Nurofen Back Pain,
- Nurofen Period Pain
- Nurofen Migraine Pain and
- Nurofen Tension Headache

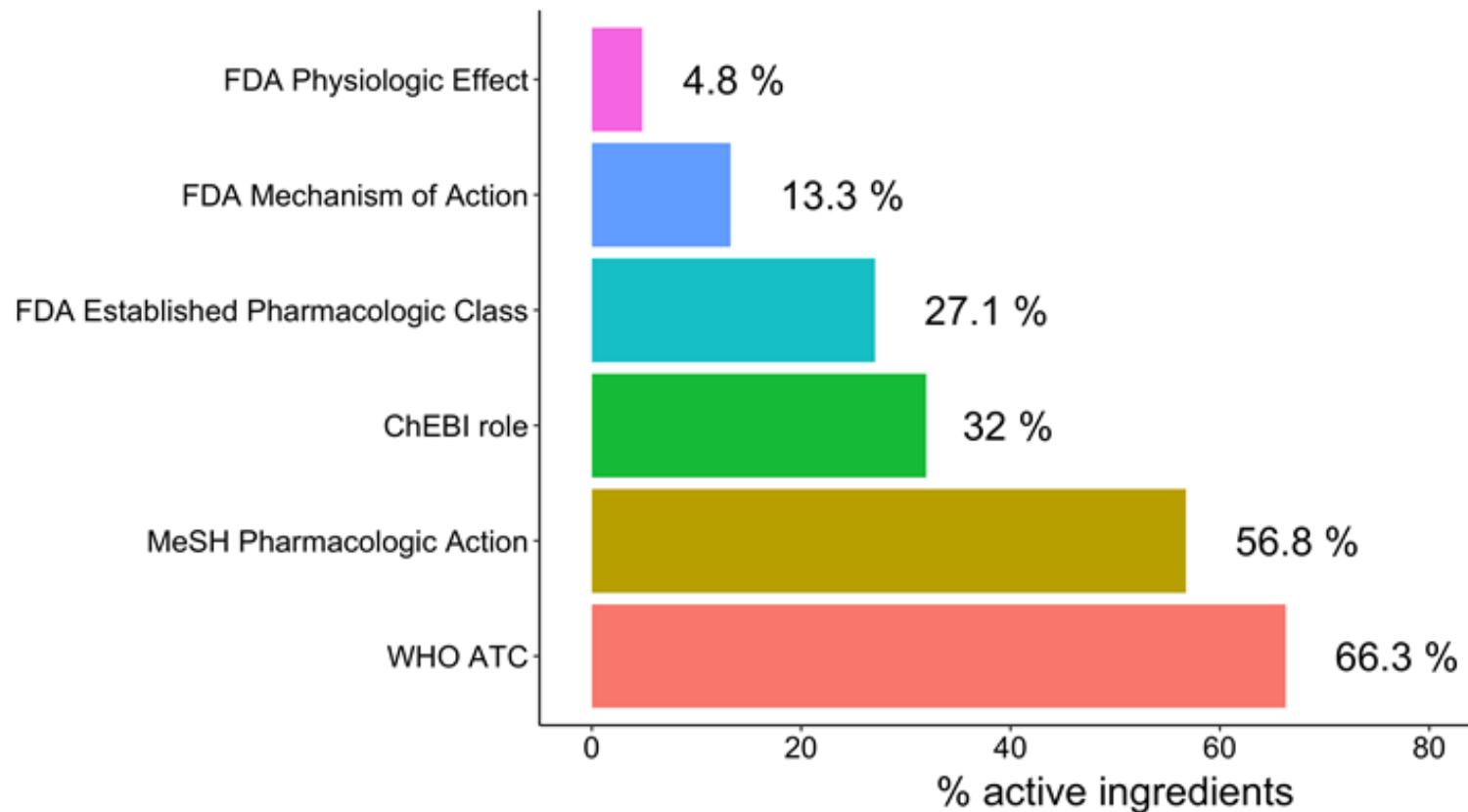
at twice the price compared to Nurofen, even though it contains exactly the same active ingredient (342mg of ibuprofen lysine, equivalent to 200mg of ibuprofen).



TAKE HOME MESSAGE 1

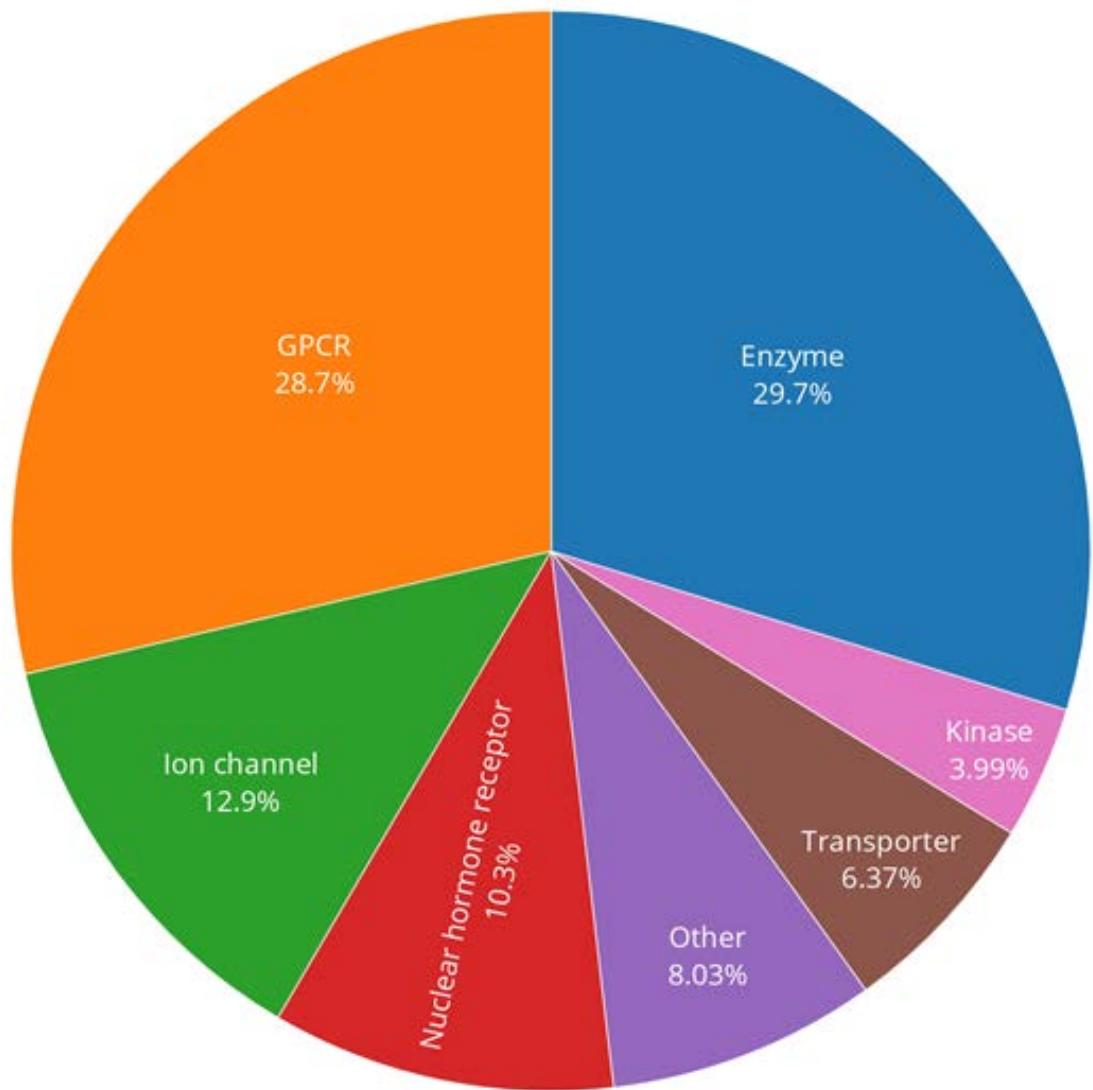
**PHARMACEUTICAL PRODUCTS ARE
AN EquALLY IMPORTANT
COMPONENT OF DRUG RESEARCH**

PHARMACOLOGIC CLASSIFICATIONS

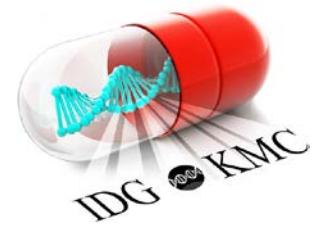


- DrugCentral integrates pharmacologic classifications from ATC, MeSH, ChEBI, and FDA
- These provide systematic groupings of drugs based on common therapeutic applications and mechanism of action

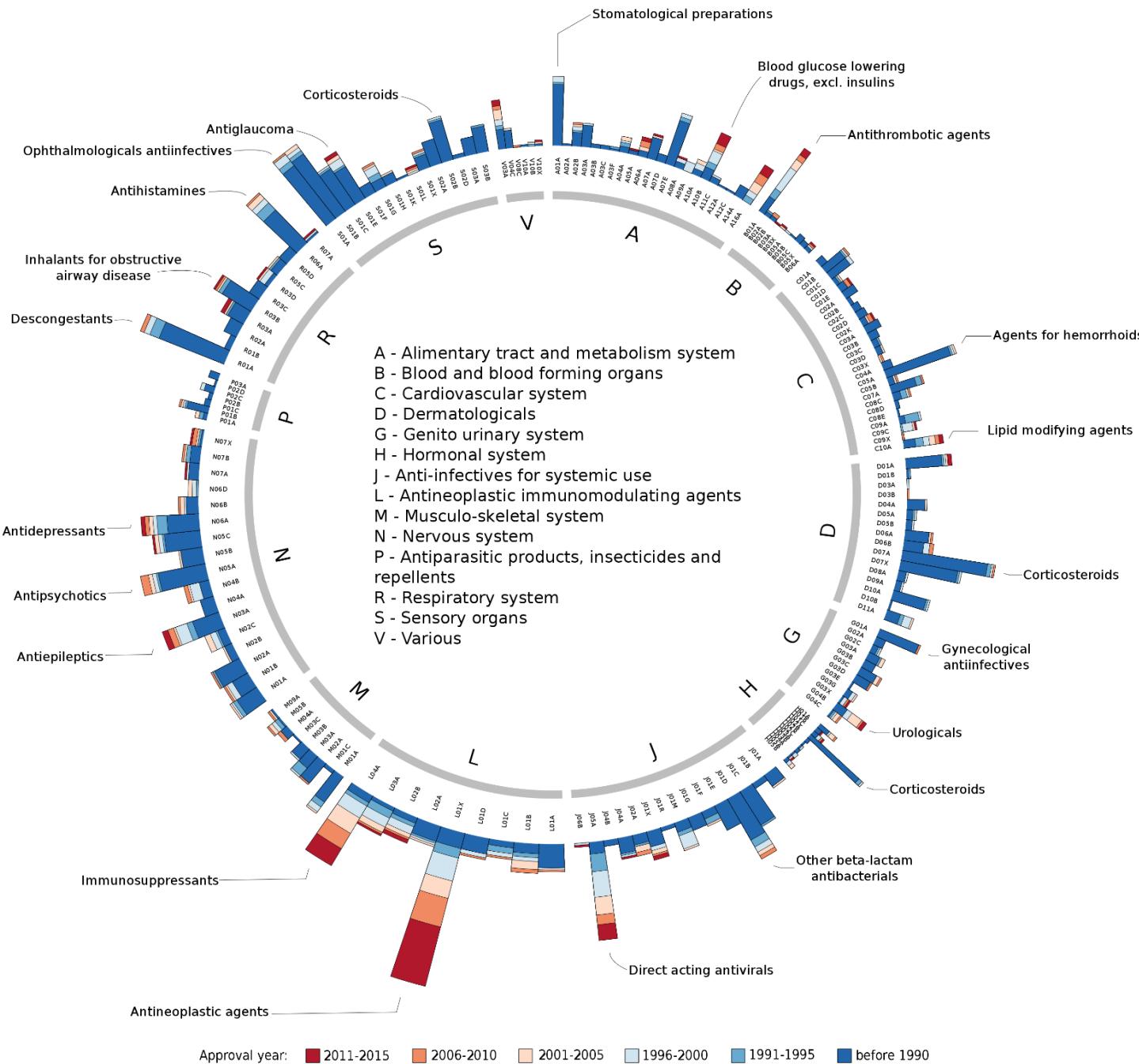
DRUG TARGETS – MECHANISM OF ACTION



- Because most of the drugs Mechanism of Action is mediated by protein targets, DrugCentral collects and combines data on biological activity profile from multiple sources
- The ChEMBL database is the primary source of MoA data.
- Median target binding data shows that drugs targeting GPCR, NR, and Kinases are among the most potent drugs with potency in low nM range.



INNOVATION PATTERNS PER THERAPEUTIC AREA



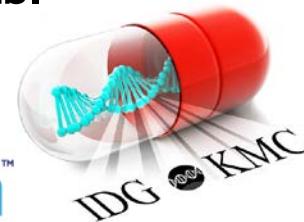
Drugs distributed by ATC codes (levels 1-2). Concentric rings indicate ATC levels. Histograms represent the number of drugs distributed per year of first approval. Maximum scale: 100.



COMMERCIAL IMPACT OF TARGET CLASSES

Target Class	Targets	APIs	Sales (B USD)	Market Share
GPCR	72	372	889.17	27.42%
Enzyme	88	234	683.14	21.06%
Nuclear receptor	16	111	340.13	10.49%
Transporter	18	82	323.99	9.99%
Ion channel	23	167	281.11	8.67%
Kinase	43	49	240.46	7.41%
Cytokine	9	12	184.29	5.68%
Other	43	68	300.83	9.28%

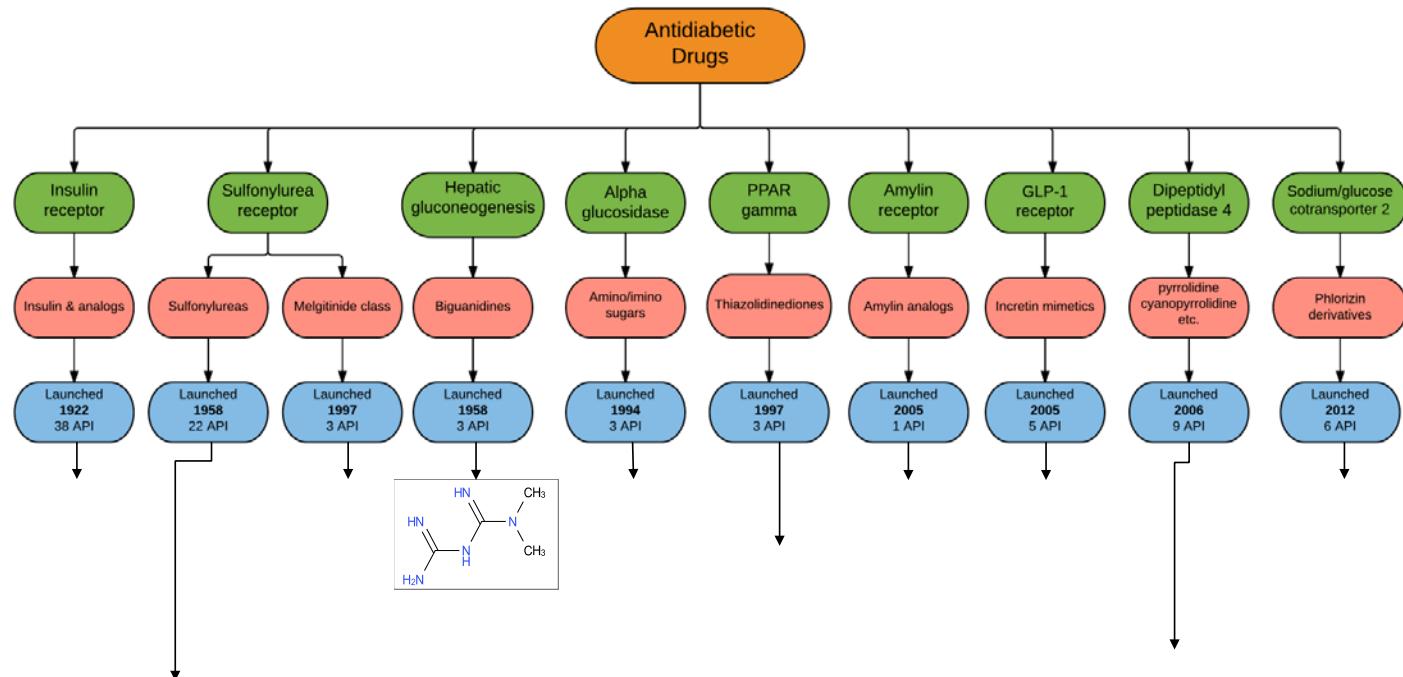
What are the most lucrative targets from a therapeutic perspective? We evaluated data from **IMS Health** on drug sales from 75 countries, including Europe, North America and Japan, aggregated over a 5-year period (2011–2015). After excluding botanicals, traditional Chinese and homeopathic medicines and drugs perturbing non-human targets, we identified 51,095 unique products. These were mapped to 1,069 active pharmaceutical ingredients from DrugCentral, corrected by number of APIs per product, then by number of Tclin targets per API.



TOP 20 DRUG TARGETS BY REVENUE

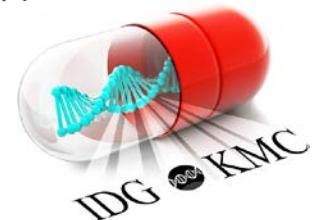
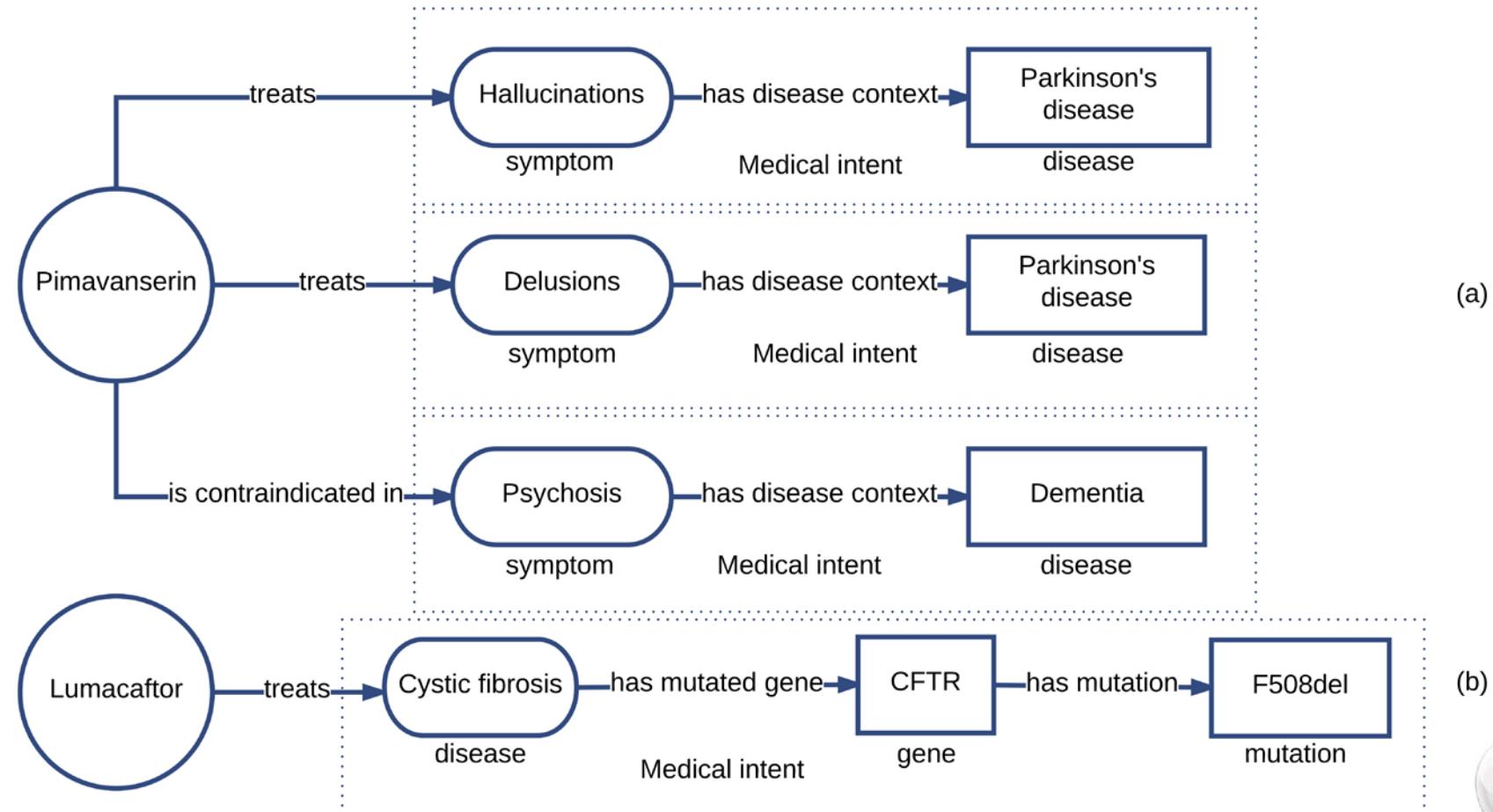
Gene	Protein Target	Action	Sales (B USD)	Gene	Protein Target	Action	Sales (B USD)
TNF	Tumor necrosis factor	Immunosuppressants	163.39	HTR2A	5-hydroxytryptamine receptor 2A	Antipsychotics	57.58
INSR	Insulin receptor	Hypoglycemic agents	143.55	CACNA1S/ CACNA1C/ CACNA1D/ CACNA1F	L-type calcium channel	Antihypertensive agents	55.97
NR3C1	Glucocorticoid receptor	Anti-inflammatory	142.75	SLC6A2	Sodium-dependent noradrenaline transporter	antidepressants & psychostimulants	55.72
HMGR	3-hydroxy-3-methylglutaryl-coenzyme A reductase	Hypolipidemic agents	122.55	VEGFA	Vascular endothelial growth factor A	antineovascularisation agents	55.15
ATP4A/ ATP4B	Proton Pump (K ⁺ ATP-ase)	Anti-ulcer agents	118.16	HRH1	Histamine H1 receptor	antihistamines	53.55
AGTR1	Type-1 angiotensin II receptor	Antihypertensive agents	99.98	IFNAR1/IFN AR2	Type I interferon receptor	immunostimulants	51.40
ADRB2	Beta-2 adrenergic receptor	Bronchodilators	90.02	SCN[1,2,3, 4,5,7,8,9,10, 11]A	Voltage-gated sodium channel	antiarrhythmics & antiepileptics	50.64
OPRM1	Mu-type opioid receptor	Analgesics	87.97	ESR1	Estrogen receptor	contraceptives / estrogen agonists	50.35
PTGS2	Cyclooxygenase-2	Analgesics	84.04				
DRD2	D2 dopamine receptor	Antipsychotic agents	74.91				
CHRM[1-5]	Muscarinic acetylcholine receptor	Anticholinergics	64.16				
SLC6A4	Sodium-dependent serotonin transporter	Antidepressants	59.18				

DRUG INDICATIONS: ANTI DIABETICS



- By combining information for drug indications, targets, pharmacologic class, and structures, it is possible to get a quick overview for different areas of therapeutic interest, as an example drugs for diabetes

ONTOLOGY-BASED CAPTURE OF THERAPEUTIC INTENT FROM DRUG INDICATIONS



CURATION TOOL FOR ANNOTATING DRUG INDICATIONS

The screenshot illustrates the Medical Intent Annotation Tool (MIA) interface for curating drug indications. The main window shows the following components:

- Header:** Your Account, link, login.
- Title:** Medical Intent Annotation Tool, You are Annotating NUPLAZID.
- Left Sidebar:** An icon of a magnifying glass inside a blue square, followed by social media icons (Facebook, Twitter, RSS).
- Middle Section:** A list of predicates:
 - Has Disease Context
 - Has Mutated Gene
 - Has Mutation
 - Has Comorbidity
 - Has Symptom
 - Has GeneticVariability
- Right Section:** A large text area containing the drug's mechanism of action and indications. Key terms are highlighted in yellow:
 - An atypical antipsychotic, mechanism of action of pimavanserin in the treatment of hallucinations and delusions associated with Parkinson's disease psychosis is unknown.
 - NUPLAZID™ is indicated for the treatment of **hallucinations** and **delusions** associated with **Parkinson's disease psychosis**.
 - Symptom:[C0018524] Hallucinations**
Subjectively experienced sensations in the absence of an appropriate stimulus, but which are regarded by the individual as real. They may be of organic origin or associated with MENTAL DISORDERS.
- Bottom Right:** Save button, Paste a link..., Annotate! button.

A mobile phone icon on the left shows a simplified version of the tool's interface with the same list of predicates.

A vertical toolbar on the right lists users and has a 'TOOLBAR' label.

DRUGCENTRAL.ORG

Molecule	Description
	A pyrrole and heptanoic acid derivative, HYDROXYMETHYLGLUTARYL-COA REDUCTASE INHIBITOR (statin), and ANTIcholesteremic AGENT that is used to reduce serum levels of LDL-CHOLESTEROL. APOLIOPROTEIN B, AND TRIGLYCERIDES and to increase serum levels of HDL-CHOLESTEROL in the treatment of HYPERLIPIDEMIAS and prevention of CARDIOVASCULAR DISEASES in patients with multiple risk factors.
Molfile Inchi Synonyms: <ul style="list-style-type: none"> • Cl-981 • Clg81 • atorvastatin calcium hydrate • atorvastatin calcium anhydrous • atorvastatin 	<ul style="list-style-type: none"> • Molecular weight: 558.64 • Formula: C₃₃H₃₅FN₂O₅ • CLOGP: 4.46 • LIPINSKI: 1 • HAC: 5 • HDO: 4 • TPSA: 111.79 • ALOGS: -5.95 • RINGS: 4 • ROTB: 12

(a)

Dose	Unit	Route
20	mg	o
Date	Agency	Company
Dec. 17, 1996	FDA	PFIZER
Source	Code	Description
ATC	C10AA05	CARDIOVASCULAR SYSTEM LIPID MODIFYING AGENTS LIPID MODIFYING AGENTS, PLAIN HMG CoA reductase inhibitors

- Live presentation should follow (Oleg Ursu)

Disease	Relation	SNOMED_ID	DOID
Hypercholesterolemia	Indication	13644009	
Hypertension	Indication	38341003	DOID:10763
Arteriosclerotic Vascular Disease	Indication	72092001	DOID:2349
Disease of Liver	Contraindication	235856003	DOID:409
Rhabdomyolysis	Contraindication	240131006	
Pregnancy	Contraindication	289908002	

(b)

ID	Source
DB01076	DRUGBANK_ID
D000069059	MESH_DESCRIPTOR_UI
134523-03-8	SECONDARY_CAS_RN
Doo887	KEGG_DRUG
7259	INN_ID
CoGEJ5QC5Q	UNII

Target	Class	Swissprot	Action	Type	Activity value (-logIC50)	Mechanism action	Bioact source	MoA source
3-hydroxy-3-methylglutaryl-coenzyme A reductase	Enzyme	HMDH_HUMAN	INHIBITOR	IC50	8	<input checked="" type="checkbox"/>	WOMBAT-PIC	CHEMBL
Cytochrome P450 3A4	Enzyme	CP3A4_HUMAN		IC50	529			CHEMBL
3-hydroxy-3-methylglutaryl-coenzyme A reductase	Enzyme	HMDH_HAT		IC50	842		CHEMBL	

(e)

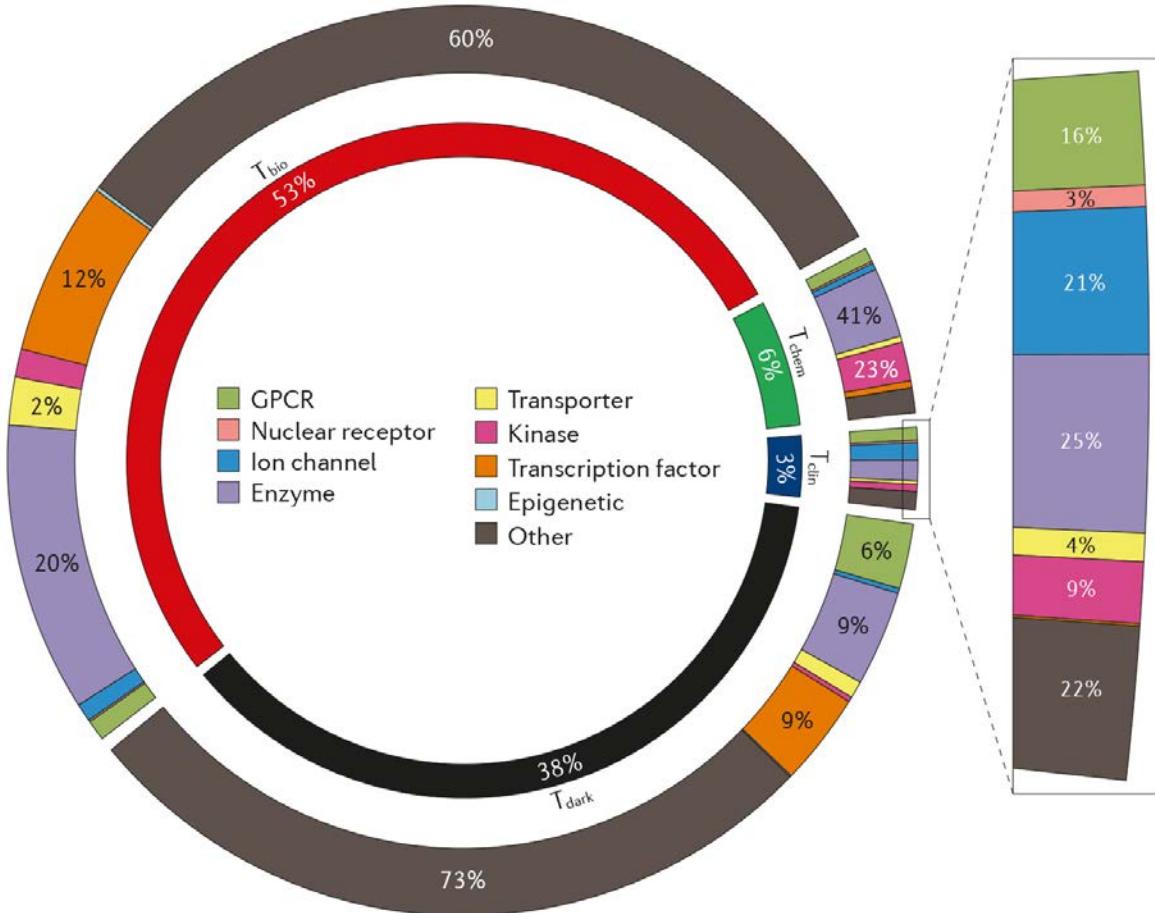
Product	Category	Ingredients	NDC	Form	Quantity	Route	Marketing	Label
Caduet	HUMAN PRESCRIPTION DRUG LABEL	2	008g-2150	TABLET, FILM COATED	10 mg	ORAL	NDA	19 sections
Lipitor	HUMAN PRESCRIPTION DRUG LABEL	1	0071-0157	TABLET, FILM COATED	40 mg	ORAL	NDA	19 sections
Atorvastatin Calcium	HUMAN PRESCRIPTION DRUG LABEL	1	0378-2015	TABLET, FILM COATED	10 mg	ORAL	ANDA	19 sections
Amiodarone hydrochloride and atorvastatin calcium	HUMAN PRESCRIPTION DRUG LABEL	2	0378-4611	TABLET, FILM COATED	20 mg	ORAL	ANDA	18 sections

(f)

TAKE HOME MESSAGE 2

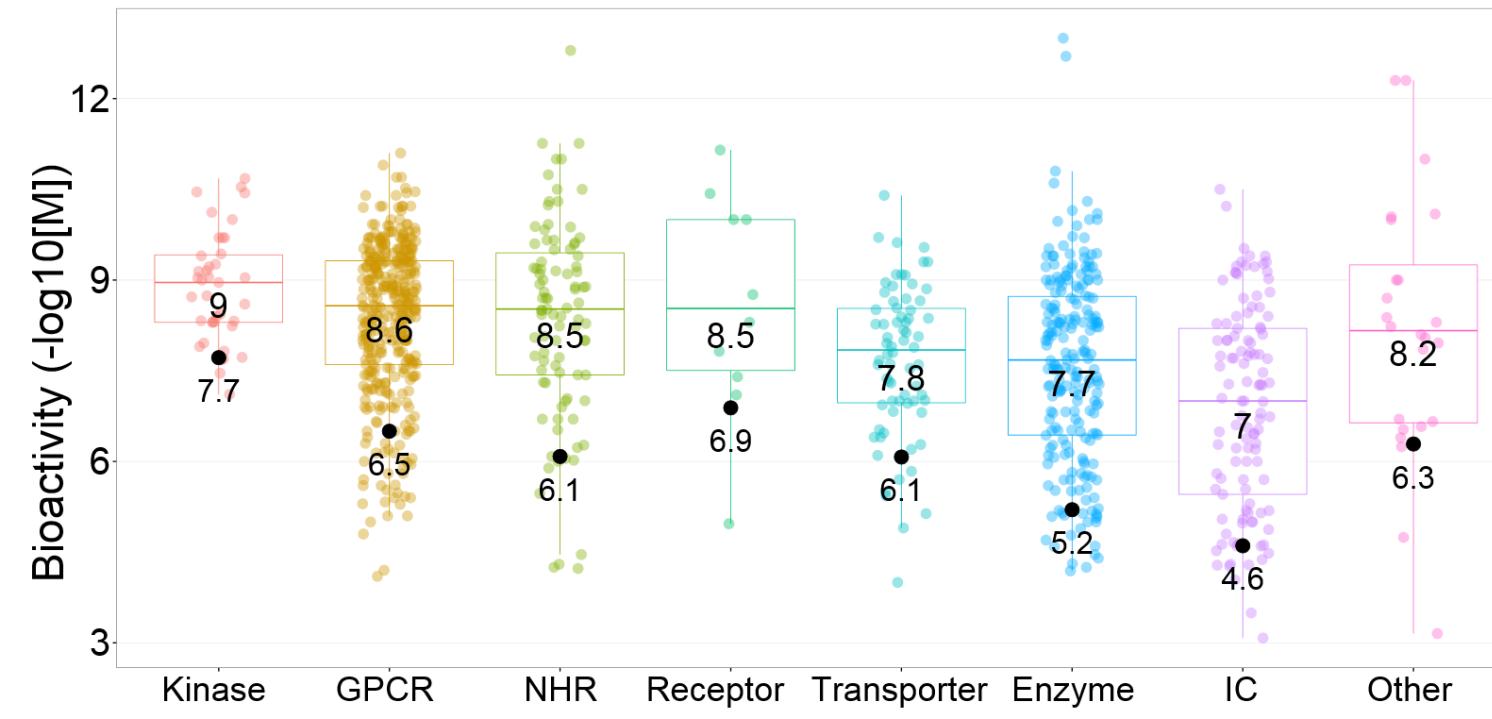
**LINKING DRUGS TO TARGETS AND
INDICATIONS GUIDES FURTHER RESEARCH**

TARGET DEVELOPMENT LEVEL



- Most protein classification schemes are based on structural and functional criteria.
- For therapeutic development, it is useful to understand how much and what types of data are available for a given protein, thereby highlighting well-studied and understudied targets.
- Proteins annotated as drug targets are **Tclin**
- Proteins for which potent small molecules are known are **Tchem**
- Proteins for which biology is better understood are **Tbio**
- Proteins that lack antibodies, publications or Gene RIFs are **Tdark**

D-T DEVELOPMENT LEVEL 1



Bioactivities of approved drugs (by Target class)

- **Tclin** proteins are associated with drug Mechanism of Action (MoA)
- **Tchem** proteins have bioactivities in ChEMBL and DrugCentral, + human curation for some targets
 - Kinases: $\leq 30\text{nM}$
 - GPCRs: $\leq 100\text{nM}$
 - Nuclear Receptors: $\leq 100\text{nM}$
 - Ion Channels: $\leq 10\mu\text{M}$
 - Non-IDG Family Targets: $\leq 1\mu\text{M}$

ChEMBL: database of bioactive chemicals

<https://www.ebi.ac.uk/chembl/>

DrugCentral: online drug compendium

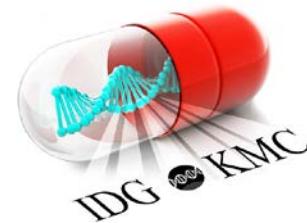
<http://drugcentral.org/>

D-T DEVELOPMENT LEVEL 2

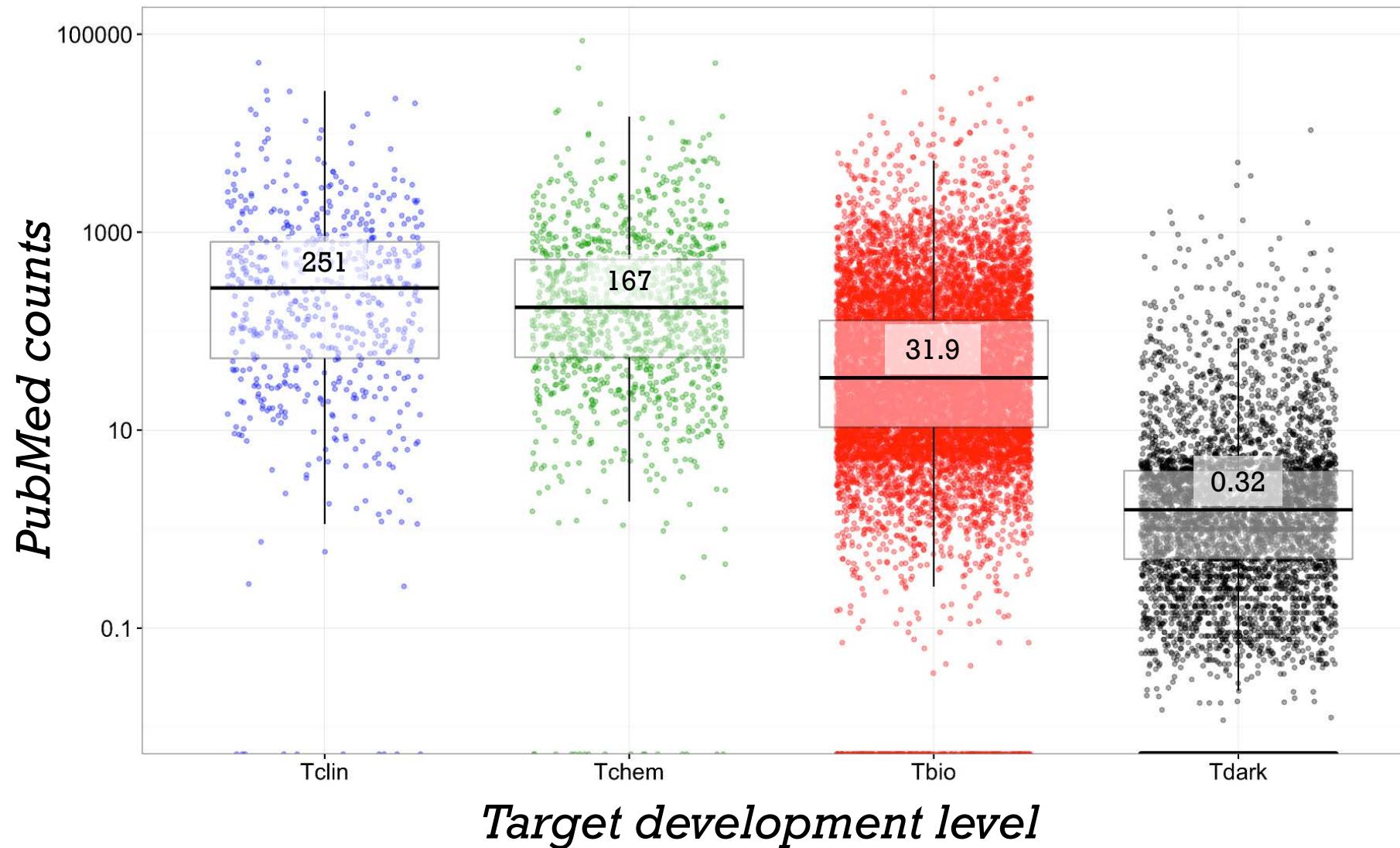
- **Tbio** proteins lack small molecule annotation cf. Tchem criteria, and satisfy one of these criteria:
 - protein is above the cutoff criteria for **Tdark**
 - protein is annotated with a GO Molecular Function or Biological Process leaf term(s) with an Experimental Evidence code
 - protein has confirmed [OMIM](#) phenotype(s)
- **Tdark** (“understudied proteins”) have little information available, and satisfy these criteria:
 - PubMed score (text mining) from [Jensen Lab](#) < 5
 - <= 3 Gene RIFs
 - <= 50 Antibodies available according to [antibodypedia.com](#)

Fractional paper count

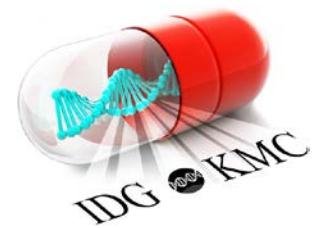
$$\text{PubMed score} = \sum_{j \in D} \frac{n_{ij}}{n_{\cdot j}}$$



TDL VS PUBLICATIONS

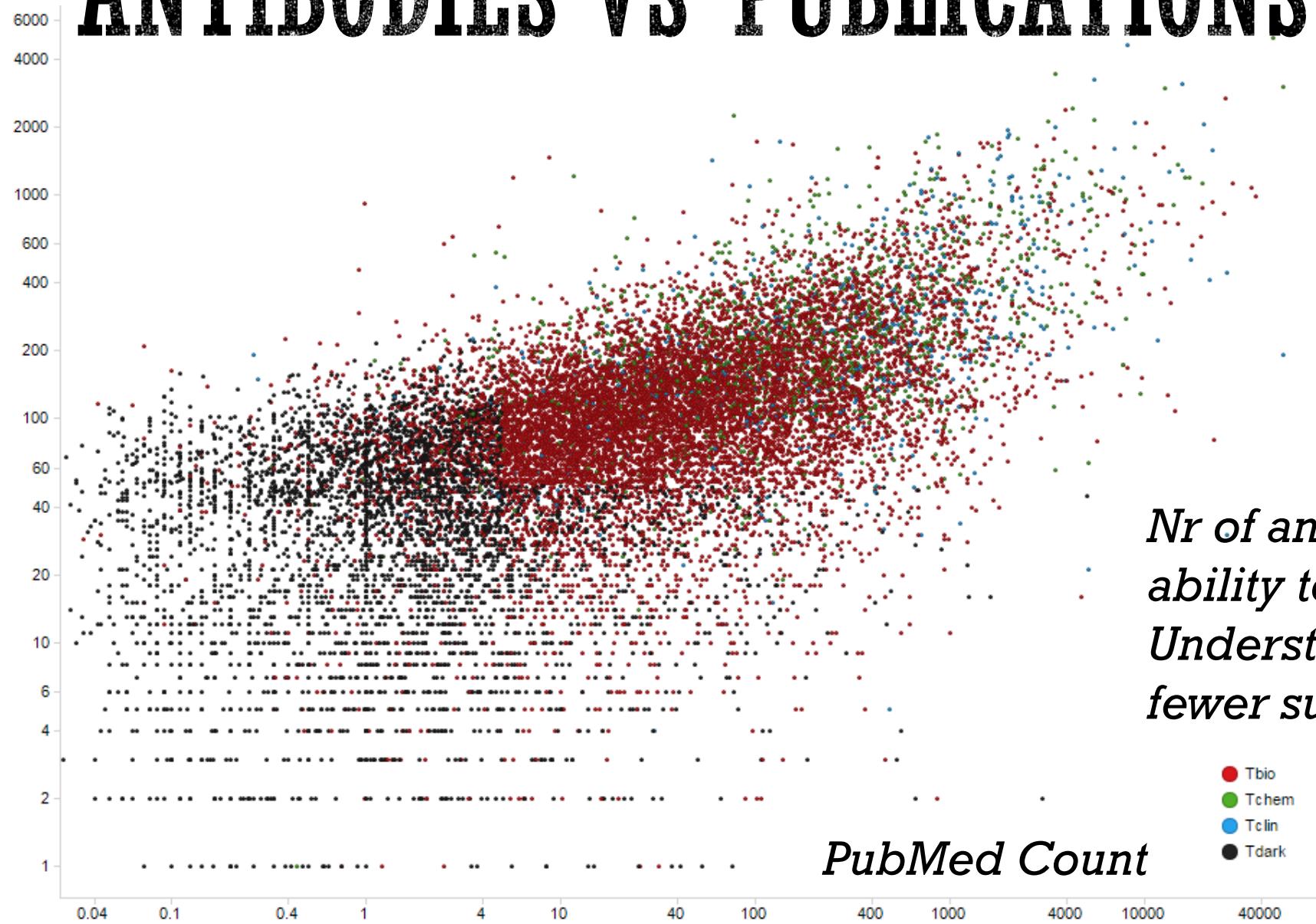


We used name entity recognition software (from LJ Jensen's lab) to evaluate nearly ~27 million abstracts (including ~2M full text articles) to derive a publication score per protein



ANTIBODIES VS PUBLICATIONS

Antibody Count



Human proteome (20,186 proteins). Spearman R = 0.68. Axes in log scale.
Antibodypedia.com

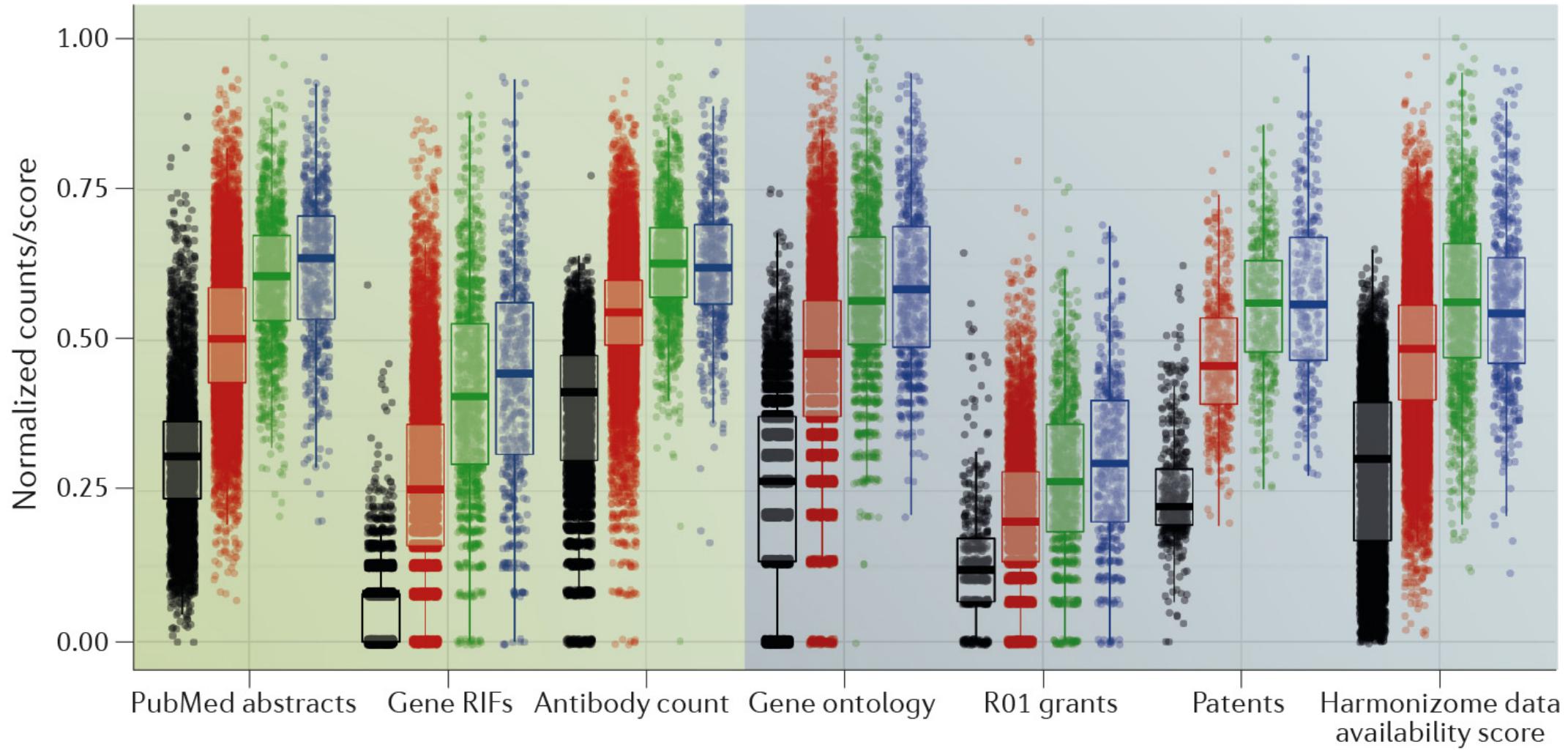
Nr of antibodies reflects our ability to characterize proteins. Understudied proteins have fewer such tools.

- Tbio
- Tchem
- Tclin
- Tdark

8/31/16 revision



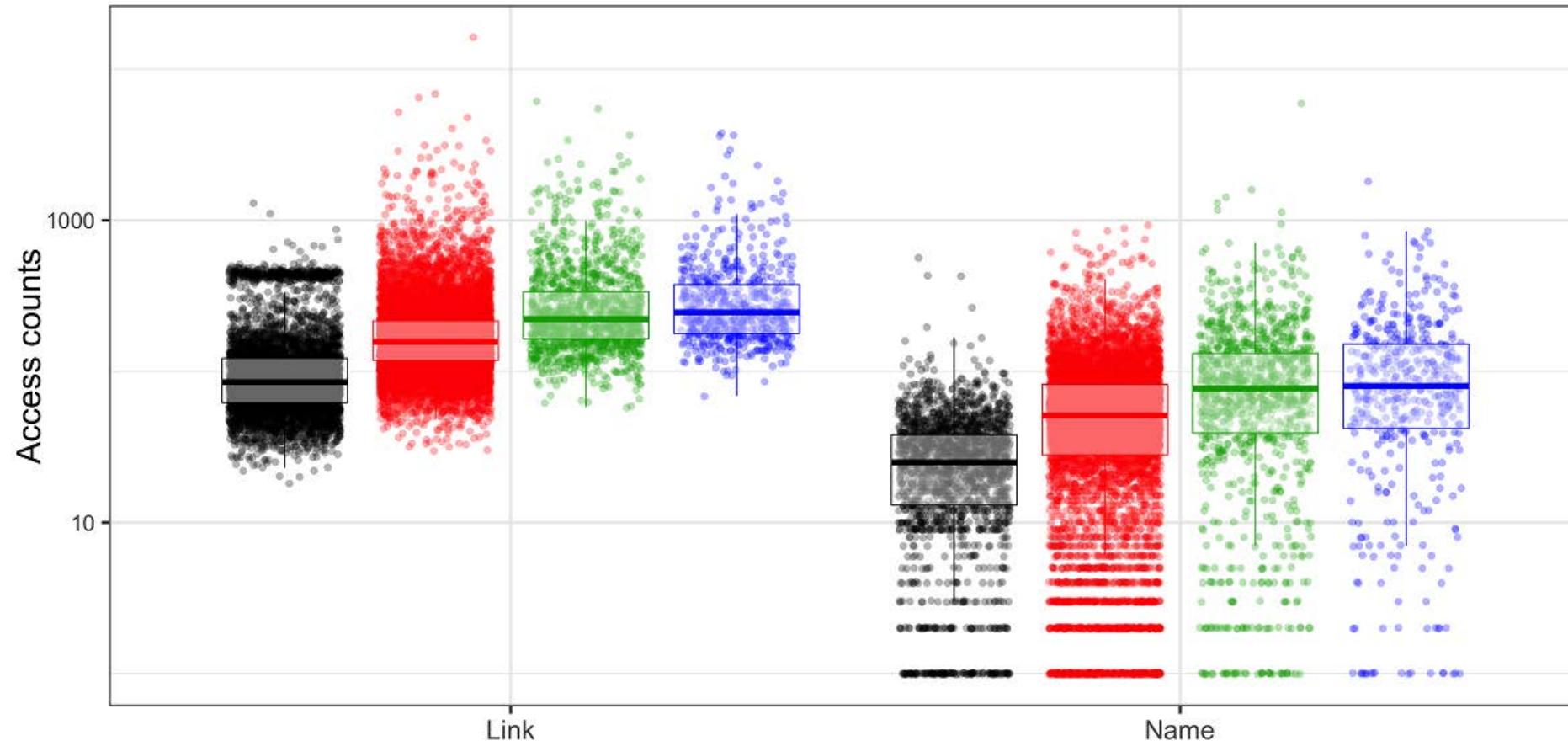
TDL: EXTERNAL VALIDATION



Tdark parameters differ from the other TDLs across the 4 external metrics cf. Kruskal-Wallis post-hoc pairwise Dunn tests

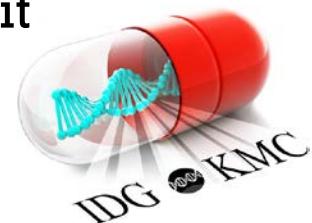
Nature Reviews | Drug Discovery

PATTERNS OF CURIOSITY



“Counts by Name” == users accessing the [STRING](#) website and typing in a gene symbol.

“Counts by Link” == users accessing the network for a gene in STRING by linking to it from another resource



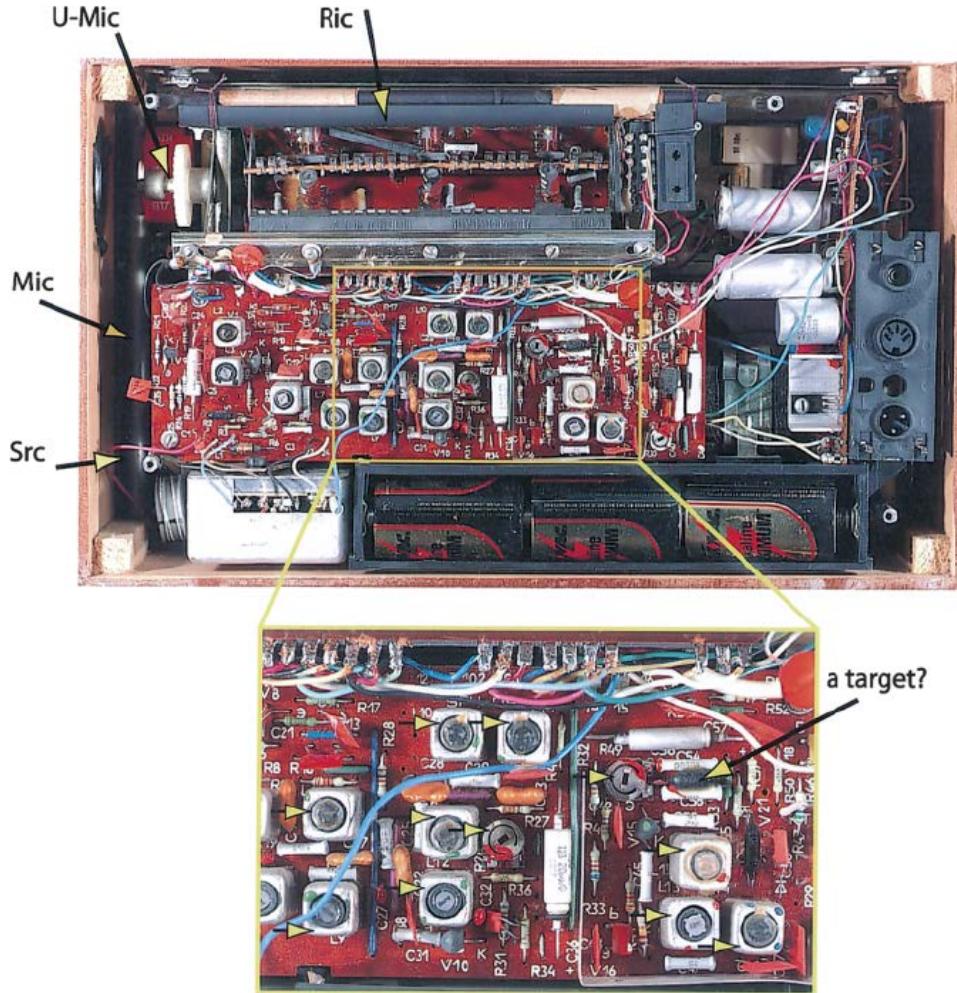
TAKE HOME MESSAGE 3

THERE IS A KNOWLEDGE DEFICIT

over 37% of the proteins remain
understudied (Tdark)

~10% of the Proteome (Tclin & Tchem) can be targeted by
small molecules

BIOLOGY AND ALTERNATIVE FACTS



The absence of a quantitative language “*is the flaw of biological research*” or “The more facts we learn the less we understand”.

A biologist describing a Radio:

Src: Serendipitously Recovered Component
(wire connecting to the antenna, which is)

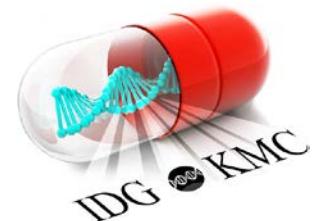
Mic: Most Important Component
but you really need

Ric: Really Important component (*rectifier*)
and U-Mic (Undoubtedly Most Important
Component) [*the switch*]

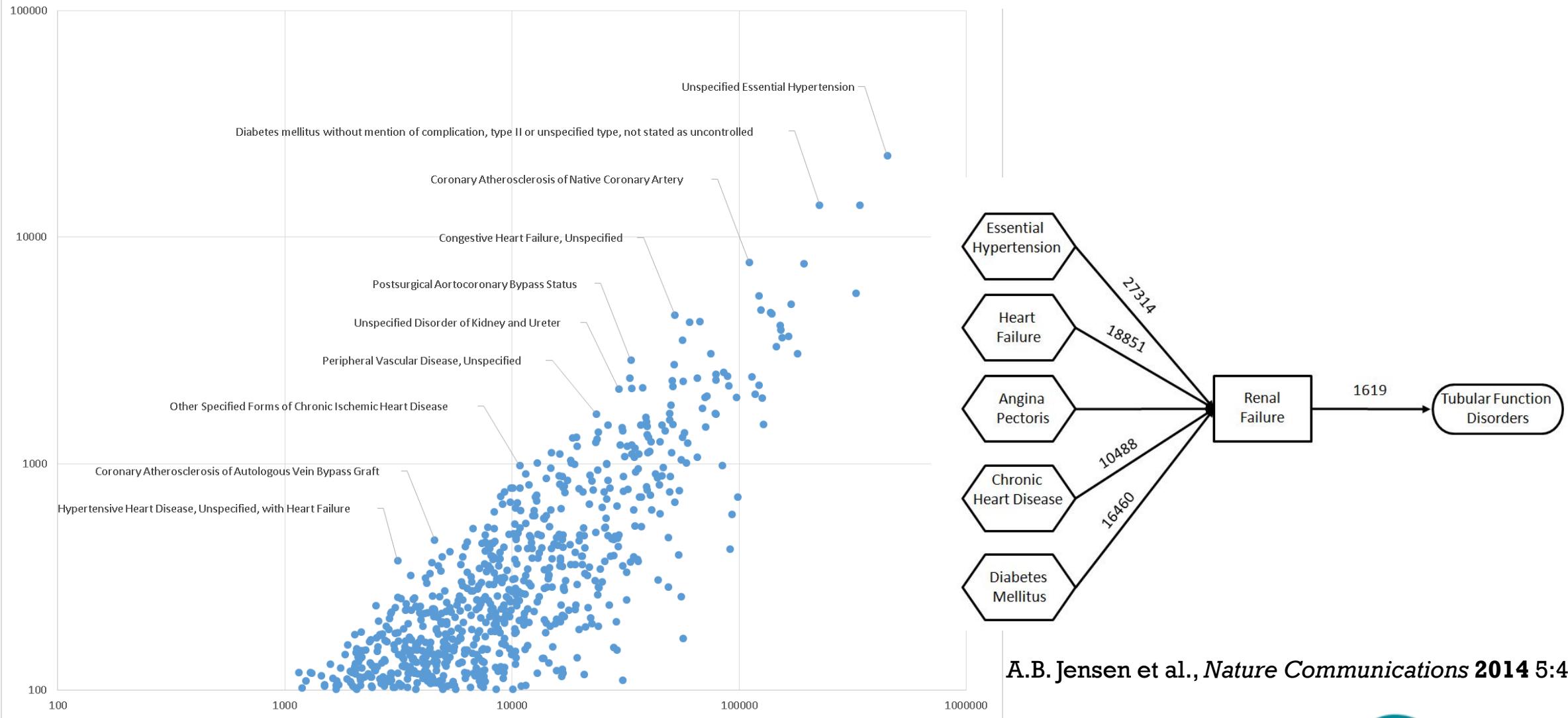
**When little is known, don't expect
knowledge to accumulate quickly**

CONCEPTUAL FALLACY: SEPARATION BY ORGAN / CELL

- Medicine maintains this separation for necessity: by organ (e.g., cardiology, ophthalmology), by disease category (e.g., oncology, infection)
- NIH Institutes are organized in a similar way.
- Many pharma companies are organized by Therapy Area.
- ... yet genes / proteins / pathways do not observe such separation
- **The impact of this “mental divide” in science has yet to be understood.**



PRE- CHRONIC KIDNEY DISEASE (5 YEARS)



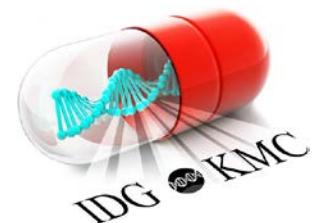
DISEASES ARE CONCEPTS

- Diseases lack physical manifestation outside patients.
- **The search for cures has to be patient centered**
- ...Animal models should be combined with patient data mining
- Remember David Horrobin's papers...

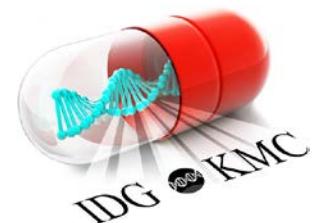
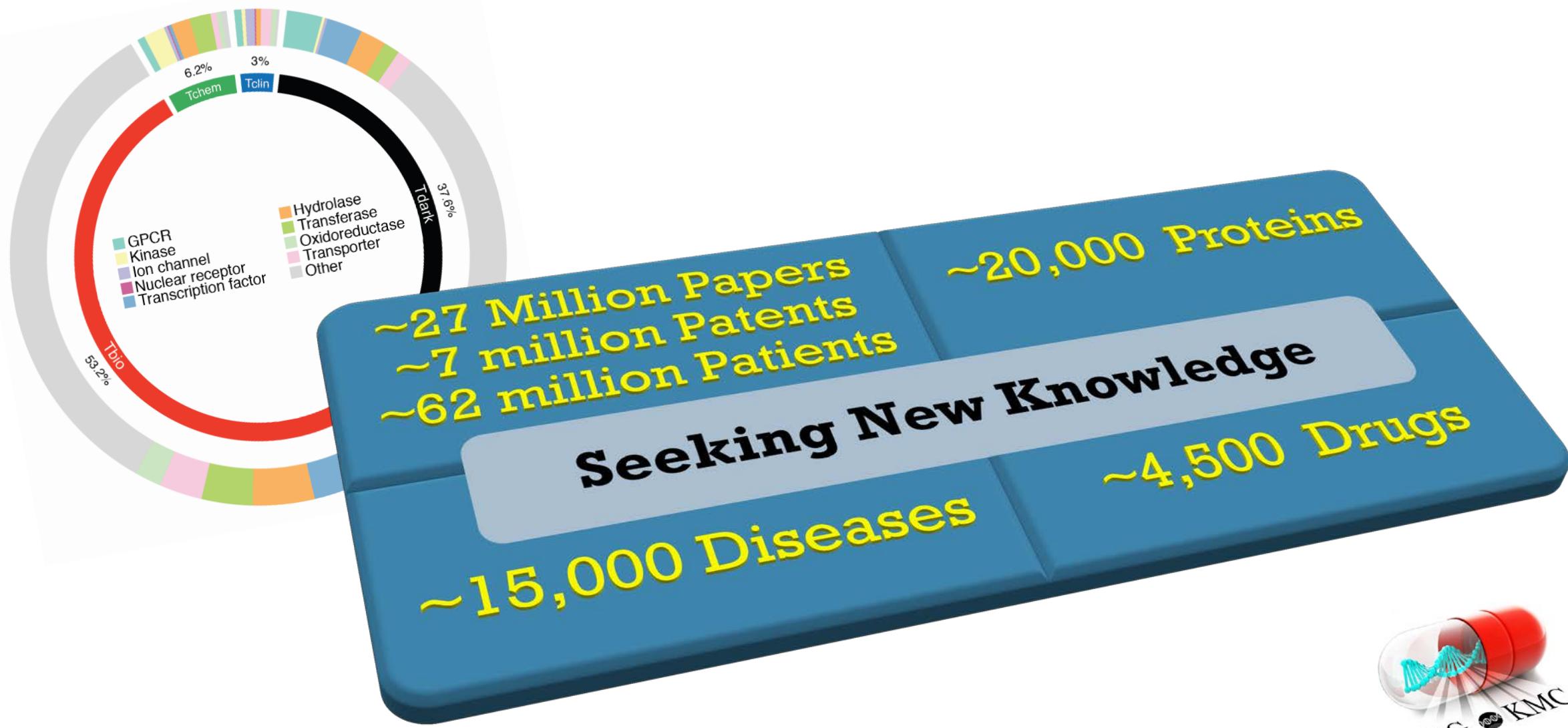
OPINION 

Modern biomedical research:
an internally self-consistent universe
with little contact with medical reality?

David F. Horrobin



Illuminating the Druggable Genome Knowledge Management Center



DRUGCENTRAL IS PART OF OUR TRANSLATIONAL INFORMATICS DIVISION

