

# Modern Medicine is Built on Antibiotics



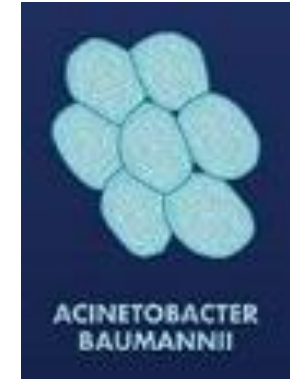
**Mark Plummer, PhD**  
**Yale Center for Molecular Discovery**  
**Former project leader Pfizer Antibacterials**



**Robert Bonomo, M.D.**, Case Western is a widely recognized authority on testing antibacterial agents and beta lactamases.



**Brad Spellberg, M.D.** USC is a leading world authority on bacterial resistance and excellent *in vivo* model expertise.



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# Keep the Antibiotic Miracle Alive



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The Problem---Resistant Gram negative infections

The Market: Substantial, Continuously growing  
*Elderly, immune modulator treated, transplant or oncology patients, CF patients ---all highly susceptible to infection*

The Competition: Low

The Need: Evergreen

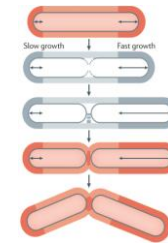


# Two Remarkable Assets



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- Two series of novel non beta lactam PBP inhibitors that show remarkable activity against resistant current Gr- clinical isolates
- The YU434 series is a broad agent against many Gr- pathogens while YU911 is a narrow agent with best activity against *Acenitobacter baumannii*
- Low susceptibility to Class A, B, C, D beta-lactamase hydrolysis –circumventing a major cause of resistance
- Both series have drug like attributes similar to current hospital use IV antibiotics
- YU434 has attributes suitable for treating Pa in CF patients
- Patents have been filed securing IP



- PBPs are enzymes essential for bacterial cell wall homeostasis, synthesis and division.

Bacterial cell division



# MIC Values Against Difficult to Treat Isolates

YU434 MIC<sub>50</sub> and MIC<sub>90</sub> versus comparator antibiotics for 200 *P. aeruginosa* isolates.

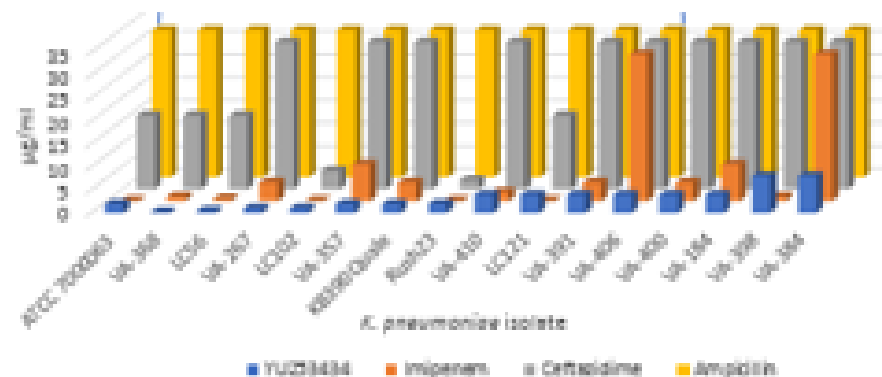
Compound	MIC <sub>50</sub> (µg/mL)	MIC <sub>90</sub> (µg/mL)
YU253434	1	8
Ceftazidime	4	>16
Ceftaz/Avi	4	>32
Aztreonam	8	>16
Meropenem	2	>8

YU434 MIC<sub>50</sub> and MIC<sub>90</sub> versus comparator antibiotics for 100 *K. pneumoniae* isolates.

Compound	MIC <sub>50</sub> (µg/mL)	MIC <sub>90</sub> (µg/mL)
YU253434	1	4
Aztreonam	>32	>32
Ceftazidime	16	>64
Meropenem	16	>64

MIC<sub>50</sub> and MIC<sub>90</sub> for YU911 comparator antibiotics for 200 *Acinetobacter spp.*

Compound	MIC <sub>50</sub> (µg/mL)	MIC <sub>90</sub> (µg/mL)
YU253911	0.5	>16
Imipenem*	2	>8
Meropenem*	4	>8
Doripenem*	>2	>2
Ceftazidime*	16	>16
Cefepime*	16	>16
Aztreonam*	>16	>16
Amp/Sul*	<=8/4	>=16/8
Tigecycline*	1	1
Colistin*	0.5	2

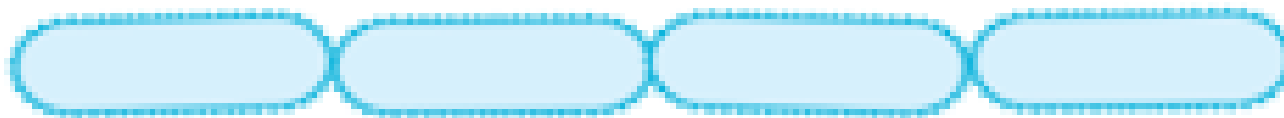


# Drug-like Properties for Treating CF or Hospital Infections



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- Solubility > 100 uM at pH7.4 in PBS
- Human and mouse microsome stability '434 >60 min, '911 >60 min
- P450 inhibition YU434 (8 CYPs) No inhibition; YU911 CYP2B6 IC50 = 110uM, (7 CYPs) No inhibition
- No Toxicity in human hepatocytes at 100uM (+4 others cell lines –YCMD)
- Off target screening against 43 enzymes and receptors--- Clean
- hERG no inhibition for YU434 nor YU911 at 30uM
- Testing against 10 other ion channels showed no activity at 30uM



# IV Dosing in Mice Gives PK Similar to Other Hospital Use Agents

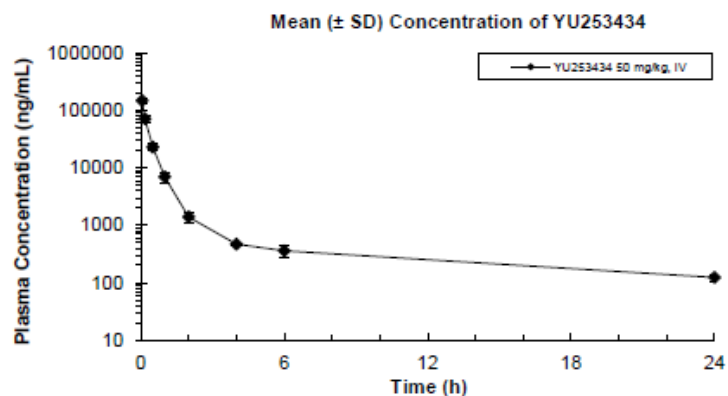


**YU434 blood levels remain >1ug/mL, above MIC50 at 2 hours similar to clinical agents**

Table 1b. The plasma PK parameters after IV administration in mice:

Animal	t <sub>1/2</sub> (h)	C <sub>0</sub> (ng/mL)	AUC <sub>last</sub> (h*ng/mL)	AUC <sub>inf</sub> (h*ng/mL)	AUC Extr (%)	MRT (h)	V <sub>ss</sub> (L/kg)	CL (mL/min/kg)
IV-Mouse	11	200844	55866	57791	3	3	2	14

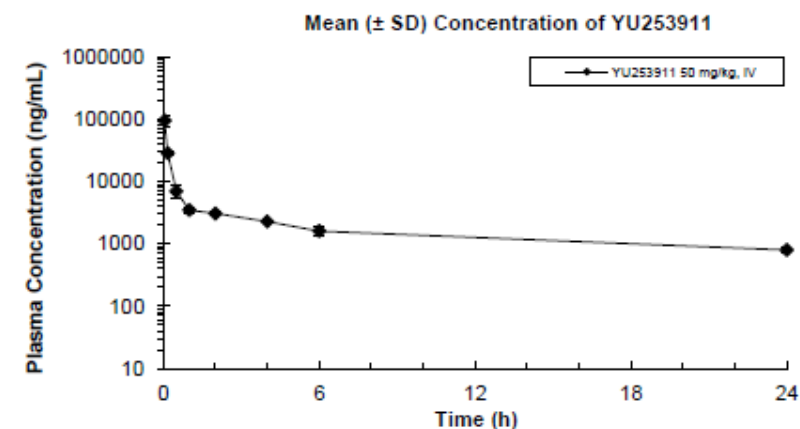
Figure 1. The mean plasma concentration-time profile of YU253434 after IV (50 mg/kg) administration in mice:



**YU911 blood levels remain >1ug/mL, above MIC50 at 6 hours better than many clinical agents**

Animal	t <sub>1/2</sub> (h)	C <sub>0</sub> (ng/mL)	AUC <sub>last</sub> (h*ng/mL)	AUC <sub>inf</sub> (h*ng/mL)	AUC Extr (%)	MRT (h)	V <sub>ss</sub> (L/kg)	CL (mL/min/kg)
IV-Mouse	15	159069	55972	72839	23	15	10	11

Figure 3. The mean plasma concentration-time profile of YU253911 after IV (50 mg/kg) administration in mice:



# Additional Investment Priorities to Enable Clinical Candidacy as Recommended by Potential Pharma Partners



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- **Utilize YU434 and YU911 in suitable in vivo efficacy studies such as thigh and lung infection models against multiple Gr- strains**

---Cost: 1 Compound X 1 mouse model = \$40K, 1 compound X 2 models or 2 compounds X 1 model = \$80K etc.

- **Find in vivo acute dose limits for toxicity**

---Cost: 1 Compound escalating dose IV = \$5K

- **Understand resistance profile and causes**

--- Cost: 1 Compound \$40K

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**---Keep the Antibiotic Miracle Alive**