

The Path to an Angiotensin Receptor Antagonist-Neprilysin Inhibitor in the Treatment of Heart Failure: A Triumph of Academic-Industry Collaboration

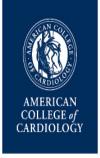
Eugene Braunwald, MD

Paul Dudley White Lecture New York Cardiovascular Symposium December 13, 2015







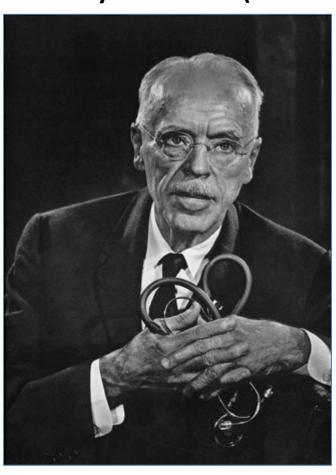


Relevant disclosures

- Research grants (through the Brigham and Women's Hospital) from AstraZeneca, Daiichi-Sankyo, Merck, and Glaxo Smith Kline
- Personal fees for consultancies/lectures from Genyzme, Medicines Co, Theravance, and Sanofi-Aventis



Paul Dudley White (1886-1973)

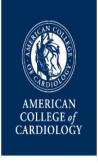




I wish we could do something useful with tobacco - like making fertilizer out of it.







Dual Goals

- To present the history of the physiologic and clinical advances that led to the development of the first angiotensinreceptor blocker-neprilysin inhibitor (ARNi)
- To use this achievement as a "case study" that demonstrates the necessity of devoting efforts of both academia and industry to advance science and improve medical care.



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Angiotensin–Neprilysin Inhibition versus Enalapril in Heart Failure

John J.V. McMurray, M.D., Milton Packer, M.D., Akshay S. Desai, M.D., M.P.H., Jianjian Gong, Ph.D., Martin P. Lefkowitz, M.D., Adel R. Rizkala, Pharm.D., Jean L. Rouleau, M.D., Victor C. Shi, M.D., Scott D. Solomon, M.D., Karl Swedberg, M.D., Ph.D., and Michael R. Zile, M.D., for the PARADIGM-HF Investigators and Committees*

2014;371:993



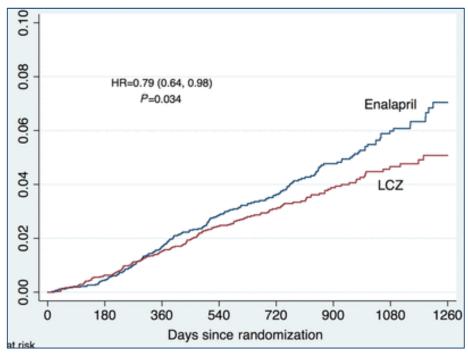
Cardiovascular Deaths in PARADIGM-HF

Sudden Death

Enalapril 0.08 HR=0.80 (0.68, 0.94) Æ0.008 LCZ 90.0 0.04 0.02 0.00 180 360 540 720 900 1080 1260

Days since randomization

Pump Failure



Desai AS, et al.

Eur Heart J 2015;36:1990



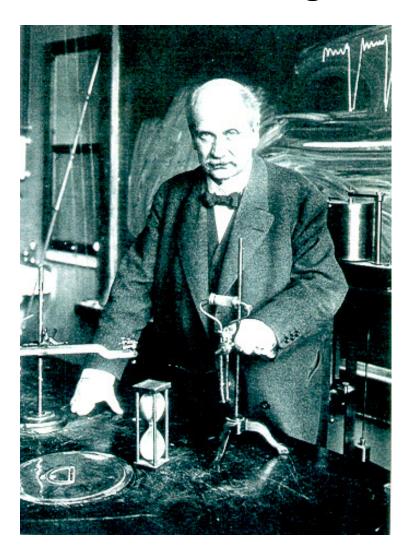
The consistent benefits of LCZ696 on all outcomes in HF

Compared with enalapril, pts on LCZ696 are LESS LIKELY TO:

- die of a cardiovascular cause or any cause
- die suddenly
- be hospitalized for HF or for any reason
- visit the ER
- be admitted to the ICU
- need iv inotropic therapy
- require devices/surgery for worsening/end-stage HF
- show deterioration in renal function
- show biomarker evidence of continuing myocyte injury



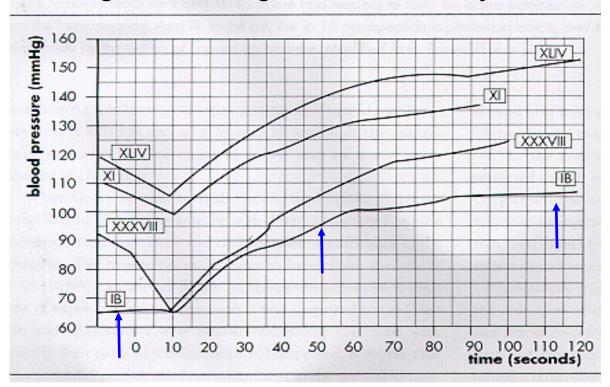
Robert Adolf Armand Tigerstedt (ca 1910)





Experiment 1B, November 8, 1896

"A [rabbit] kidney was pulverized with 21 ml of water. Injection into jugular vein. Within 80 s, there is a rise in mean arterial pressure from 62-67 mmHg to 100 mmHg, i.e. an increase by ca. 50%."



Tigerstedt and Bergman, *Niere und Kreislauf* Skand. Arch. Physiol. 8: 223-271, 1898



Harry Goldblatt (1891 - 1977)





STUDIES ON EXPERIMENTAL HYPERTENSION

I. The Production of Persistent Elevation of Systolic Blood Pressure by Means of Renal Ischemia*†

BY HARRY GOLDBLATT, M.D., JAMES LYNCH, M.D., RAMON F. HANZAL, Ph.D., and WARD W. SUMMERVILLE, M.D.

(From the Institute of Pathology, Western Reserve University, Cleveland)

J Exp Med 1934;59:347



A BRADYKININ-POTENTIATING FACTOR (BPF) PRESENT IN THE VENOM OF BOTHROPS JARARACA

BY

S. H. FERREIRA

From the Department of Pharmacology, Faculty of Medicine, U.S.P. Ribeirão Prêto, E.S. Paulo, Brasil

Br J Pharmacol 1965;24:163





Activity of Various Fractions of Bradykinin Potentiating Factor against Angiotensin I Converting Enzyme

SH Ferreira, LJ Greene, VA Alabaster, YS Bakhle, JR Vane

Nature 1970;225:379

Bradykinin potentiating factor, the crude extract of peptides from snake venom, also <u>inhibits</u> the peptidase which converts angiotensin I to <u>angiotensin II</u>, both in vitro and in vivo.





Design of Specific Inhibitors of Angiotensin-Converting Enzyme: New Class of Orally Active Antihypertensive Agents

MIGUEL A. ONDETTI BERNARD RUBIN, DAVID W. CUSHMAN

Science 1977;196:441



The New England Journal of Medicine

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Volume 316

JUNE 4, 1987

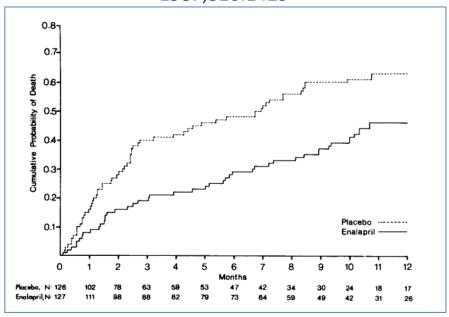
Number 23

EFFECTS OF ENALAPRIL ON MORTALITY IN SEVERE CONGESTIVE HEART FAILURE

Results of the Cooperative North Scandinavian Enalapril Survival Study (CONSENSUS)

THE CONSENSUS TRIAL STUDY GROUP*

1987;316:1429





Adolfo J. De Bold





ATRIAL SPECIFIC GRANULES OF THE RAT HEART LIGHT MICROSCOPIC STAINING AND HISTOCHEMICAL REACTIONS¹

A.J. DE BOLD, J.J. RAYMOND AND S.A. BENCOSME

J Histochem Cytochem 1978;26:1094

Heart Atria Granularity Effects of Changes in Water-Electrolyte Balance

A.J DeBold

Exper Biol Med 1979;161:508

A RAPID AND POTENT NATRIURETIC RESPONSE TO INTRAVENOUS INJECTION OF ATRIAL MYOCARDIAL EXTRACT IN RATS

A. J. de Bold, H. B. Borenstein, A. T. Veress, H. Sonnenberg

Life Sci 1981;28:89



The Purification and Specificity of a Neutral Endopeptidase from Rabbit Kidney Brush Border

By M. A. KERR and A. J. KENNY

Biochem J 1974;137:477

The hydrolysis of α -human atrial natriuretic peptide by pig kidney microvillar membranes is initiated by endopeptidase-24.11

Sally L. STEPHENSON and A. John KENNY

Biochem J 1987;243:183



The First Neprilysin Inhibitor

The enkephalinase inhibitor thiorphan shows antinociceptive activity in mice

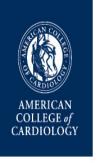
B. P. Roques*, M. C. Fournié-Zaluski*, E. Soroca*,

J. M. Lecomte[†], B. Malfroy[‡], C. Llorens[‡]

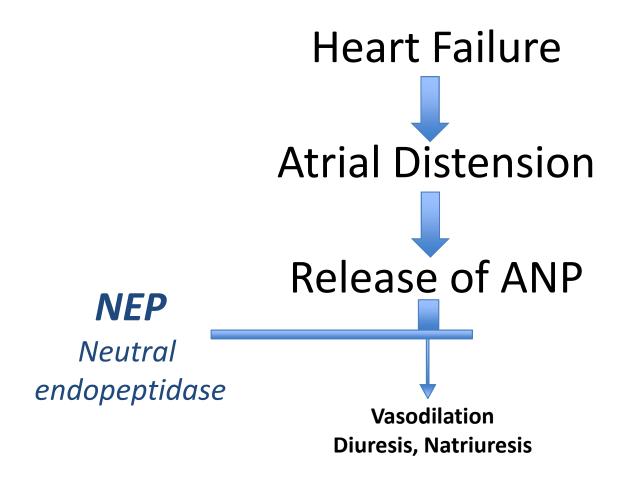
& J.-C. Schwartz‡

Notice 1000-200-200

Nature 1980;288:286

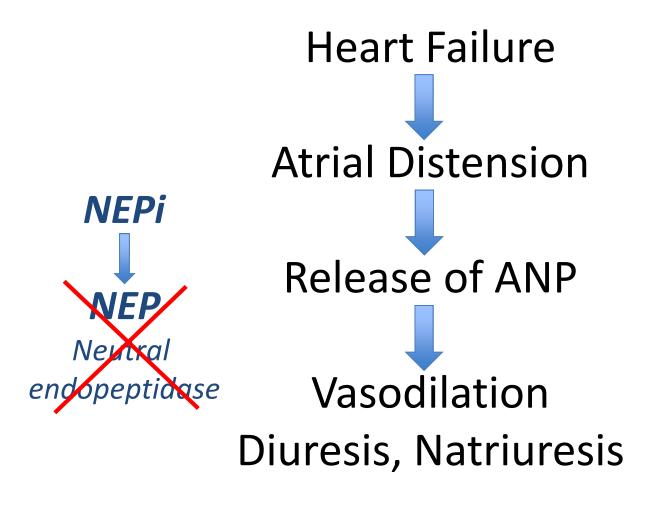


Natriuretic Peptide System





Natriuretic Peptide System





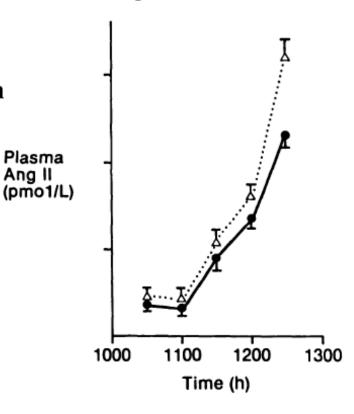
Neprilysin Inhibition Increases Ang II Levels

Ang II

Effect of Inhibition of Endopeptidase 24.11 on **Responses to Angiotensin II** in Human Volunteers

A. Mark Richards, Gary A. Wittert, Eric A. Espiner, Timothy G. Yandle, Hamid Ikram, and Chris Frampton

Circ Res 1992;71:1501



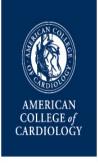
"It may be necessary to coadminister converting enzyme inhibitors or Ang II antagonists to gain optimum benefit from the use of endopeptidase inhibition in heart failure and hypertension."



Dual Metalloprotease Inhibitors: Mercaptoacetyl-Based Fused Heterocyclic Dipeptide Mimetics as Inhibitors of Angiotensin-Converting Enzyme and Neutral Endopeptidase

Jeffrey A. Robl,* Chong-Qing Sun, Jay Stevenson, Denis E. Ryono, Ligaya M. Simpkins, Maria P. Cimarusti, Tamara Dejneka, William A. Slusarchyk, Sam Chao, Leslie Stratton, Raj N. Misra, Mark S. Bednarz, Magdi M. Asaad, Hong Son Cheung, Benoni E. Abboa-Offei, Patricia L. Smith, Parker D. Mathers, Maxine Fox, Thomas R. Schaeffer, Andrea A. Seymour, and Nick C. Trippodo

J Med Chem 1997;40:1570



Omapatrilat

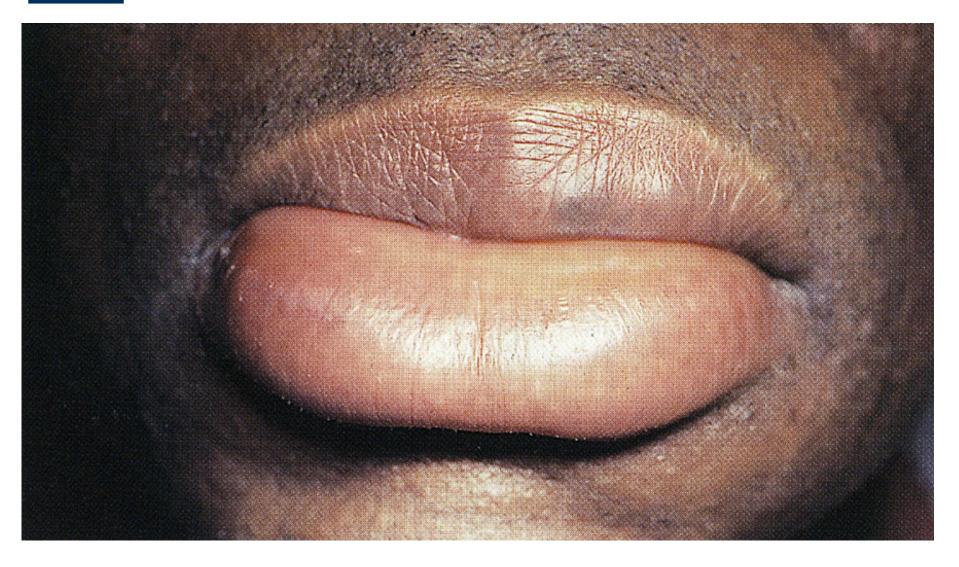
A combined inhibitor of ACE and NEP

Extremely effective at lowering blood pressure

Developed mainly as an anti-hypertensive



Omapatrilat: angioedema





(19) World Intellectual Property Organization International Bureau





(43) International Publication Date 24 July 2003 (24.07.2003)

PCT

(10) International Publication Number WO 03/059345 A1

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- (25) Filing Language: English
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- (71) Applicant (for all designated States except AT, US): NO-VARTIS AG [CH/CH]; Lichtstrasse 35, CH-4056 Basel (CH).
- (71) Applicant (for AT only): NOVARTIS PHARMA GMBH [AT/AT]; Brunner Strasse 59, A-1230 Vienna (AT).
- (72) Inventors; and
- [US/US]; 17 Honeyman Drive, Flemington, NJ 08822 (US). KSANDER, Gary, Michael [US/US]; 342 Woolf Road, Milford, NJ 08848 (US).

- (74) Agent: GROS, Florent; Novartis AG, Corporate Intellectual Property, Patent & Trademark Department, CH-4002 Basel (CH).
- (81) Designated States (national): AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LT, LU, LV, MA, MD, MK, MN, MX, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SE, SG, SK, TJ, TM, TN, TR, TT, UA, US, UZ, VC, VN, YU, ZA, ZW.
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Published:

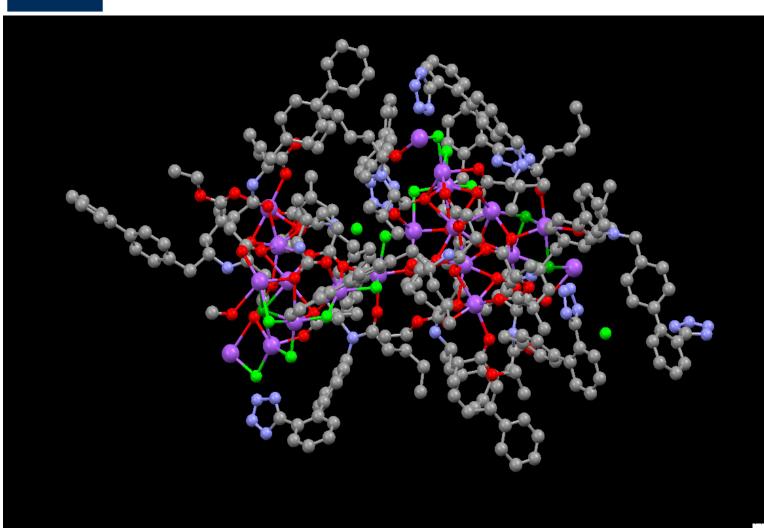
- with international search report
- before the expiration of the time limit for amending the claims and to be republished in the event of receipt of amendments

For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.





LCZ696 - X-ray: Sodium, Oxygen, and Water Coordination



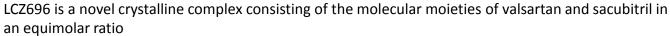
grey =
carbon
atom;

blue =
nitrogen
atom;

red =
oxygen
atom of
active
moieties;

green =
oxygen
atom of
water;

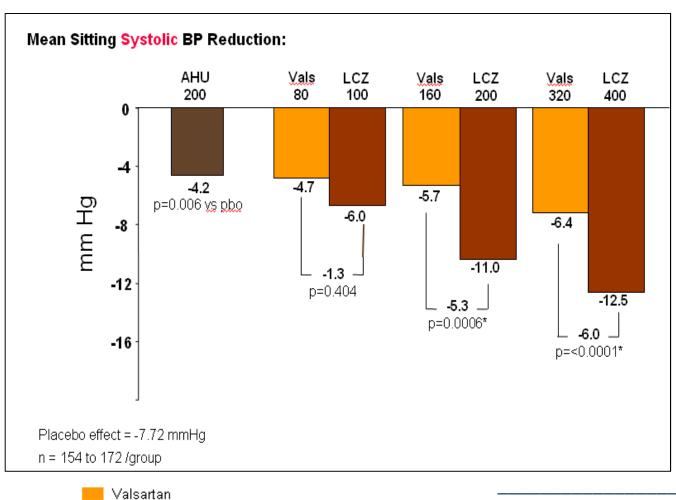
violet = sodium atom







Complementary Blood Pressure Lowering with NEP inhibition and ARB



Valsartar
LCZ 696
AHU 200

Ruillope LM et al Lancet 2010;375:1255



Hypothesis-Generating Rationale for Outcomes Trial

The angiotensin receptor neprilysin inhibitor LCZ696 in heart failure with preserved ejection fraction: a phase 2 double-blind randomised controlled trial

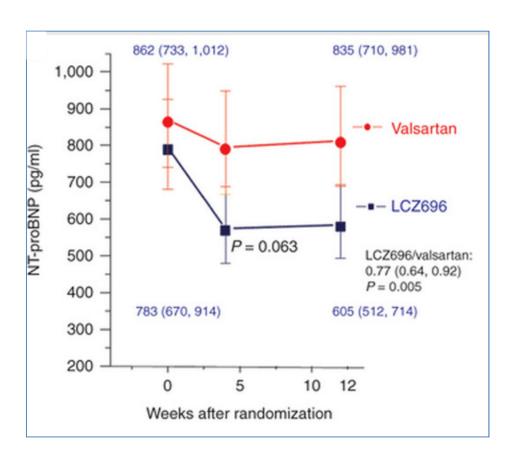
Scott D Solomon, Michael Zile, Burkert Pieske, Adriaan Voors, Amil Shah, Elisabeth Kraigher-Krainer, Victor Shi, Toni Bransford, Madoka Takeuchi, Jianjian Gong, Martin Lefkowitz, Milton Packer, John J V McMurray, for the Prospective comparison of ARNI with ARB on Management Of heart failUre with preserved ejection (PARAMOUNT) Investigators*

Solomon SD et al. Lancet 2012;380:1387





HFpEF - LCZ 696 vs. Valsartan



Solomon SD et al. Lancet 2012;380:1387



Target patient population: ~4,300 patients with symptomatic HF (NYHA Class II–IV) and LVEF ≥45%

Randomization 1:1

Double-blind treatment period

Active run-in period

LCZ696 200 mg BID

Screening

Valsartan 80 mg BID* LCZ696 100 mg BID

Valsartan 160 mg BID

On top of optimal background medications for co-morbidities (excluding ACEIs and ARBs)

up to 2 weeks

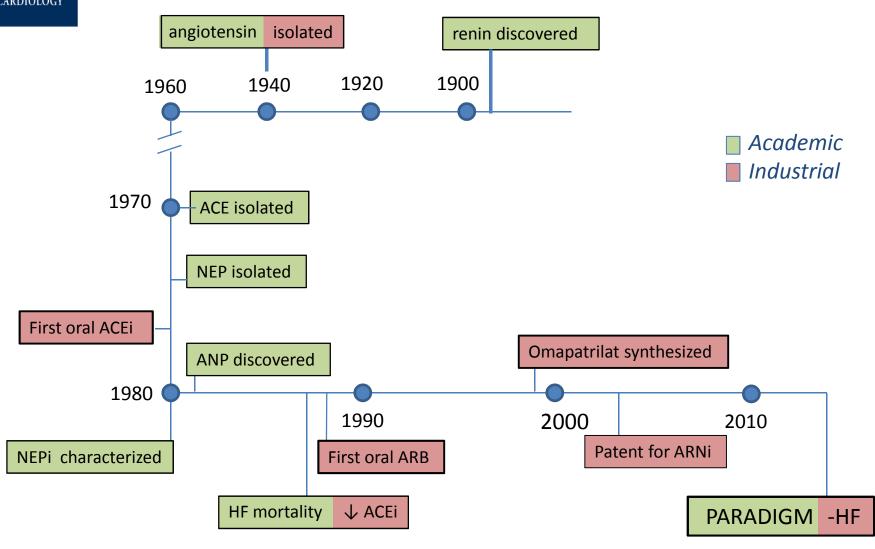
3-8 weeks

~240 weeks

Primary outcome: CV death and total (first and recurrent) HF hospitalizations (anticipated ~1,721 primary events)



Path to PARADIGM HF





Academic-Industry Contributions to ARNi

ACADEMIC

Creativity and experimental excellence leading to the discovery of two important physiologic systems and elucidation of their function in health and disease

INDUSTRY

Ingenuity and resources for the development and application of the most advanced technology to develop safe drugs for altering their function

- Both components required for the development of Entresto
- The whole is much greater than the sum of its parts