



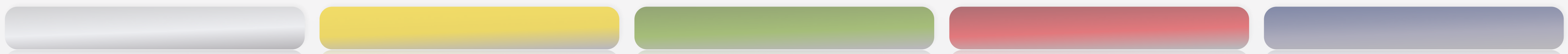
Comprehensive *in vitro* Proarrhythmia Assay (CiPA) Using Cor.4U Cardiomyocytes with the FDSS in a Calcium Transient Assay

Dr. Ralf Kettenhofen

09.06.2016 Hamamatsu User Meeting
Barcelona, Spain

Content

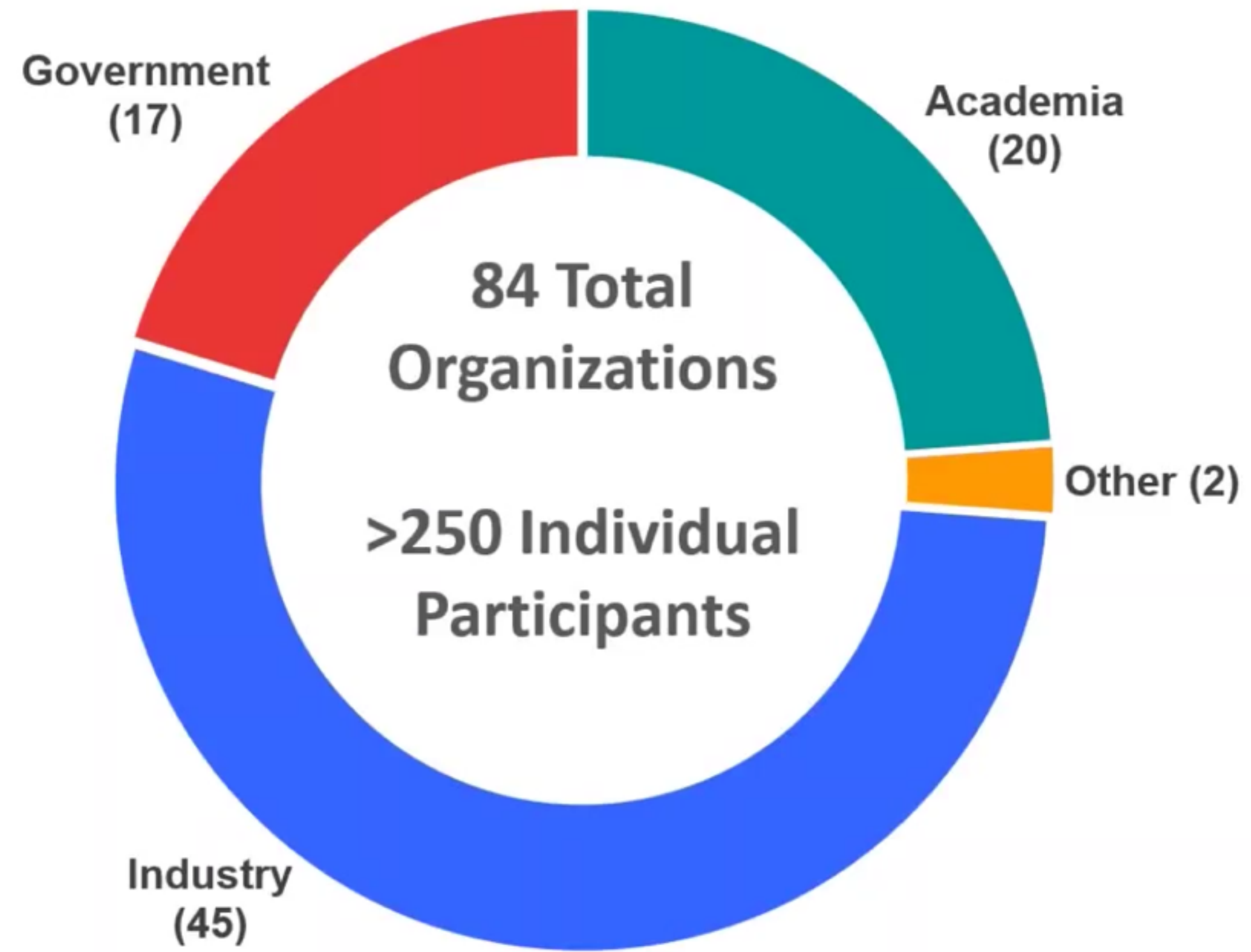
- **The CiPA Initiative - Short Introduction**
- **Factors Influencing the Calcium Transient Assay**
- **Customer Report - Drug Development Support**



axio GENESIS

**Comprehensive in vitro Proarrhythmia Assay
CiPA - Initiative**

2014-2015 MEMBERS



CiPA - Overview of Working Groups

COMMITTEE WORKING GROUPS OVERVIEW

Proarrhythmia Working Group

- *Main objective:* Assess Proarrhythmic risk

Cardiac Biomarkers Working Group

- *Main objective:* Development and application of biomarkers of CV toxicity

Cardiac Stem Cell Working Group

- *Main objective:* Understanding & characterizing stem cell-derived cardiomyocytes for use in CV safety assessments

Integrative Strategies Working Group

- *Main objective:* Assess predictability of preclinical CV models to human



CiPA Phase I - Pilot Study

- 3 Providers of pluripotent stem cell-derived cardiomyocytes
 - 16 Volunteer sites
 - 12 sites; 3 microelectrode array platforms
 - 4 sites; 4 Voltage-sensing-optical (VSO) platforms
 - 8 blinded test compounds; 4 concentrations, 3 triplicates
- Study was accomplished End 2014
 - Manuscript for publication is under discussion



CiPA Phase II - Validation Study

- 2 Providers of pluripotent stem cell-derived cardiomyocytes
- 5 core sites (funded by FDA grant)
 - 2 sites; 4 microelectrode array platforms
 - 3 sites; 3 Voltage-sensing-optical (VSO) platforms
 - Calcium Transient Assay (potential backup assay)
 - 3 sites: Janssen, Axiogenesis, Merck (USA)
 - Compounds:
 - 28 blinded test compounds; 4 concentrations, 6 replicates
 - 4 calibration compounds
- Volunteer non-core test sites:
 - 12 blinded test compounds + 4 calibration compounds

CiPA Phase II - Validation Study

Next Steps

- ◆ Myocyte Phase 2 Study Initiated
- ◆ Educational Webinars

- ◆ Myocyte Phase 2 Study Data Analysis
- ◆ Educational Webinars

- ◆ Myocyte Phase 2 manuscript submission (close BAA)
- ◆ New project scoping



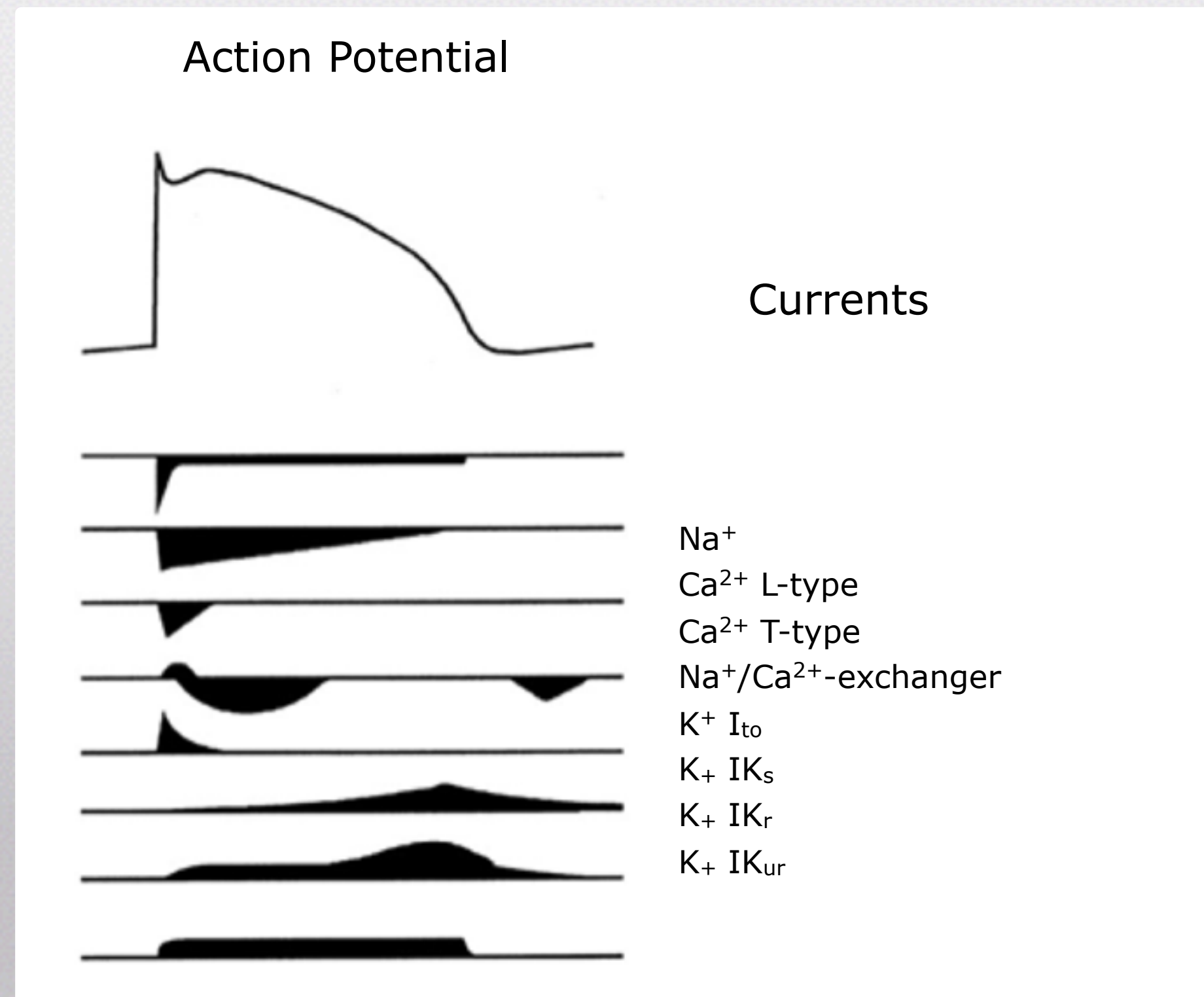
- ◆ Myocyte Phase 2 Study Protocol Development
- ◆ Educational Webinars kick-off

- ◆ Myocyte Phase 2 Study Data Collection
- ◆ Educational Webinars

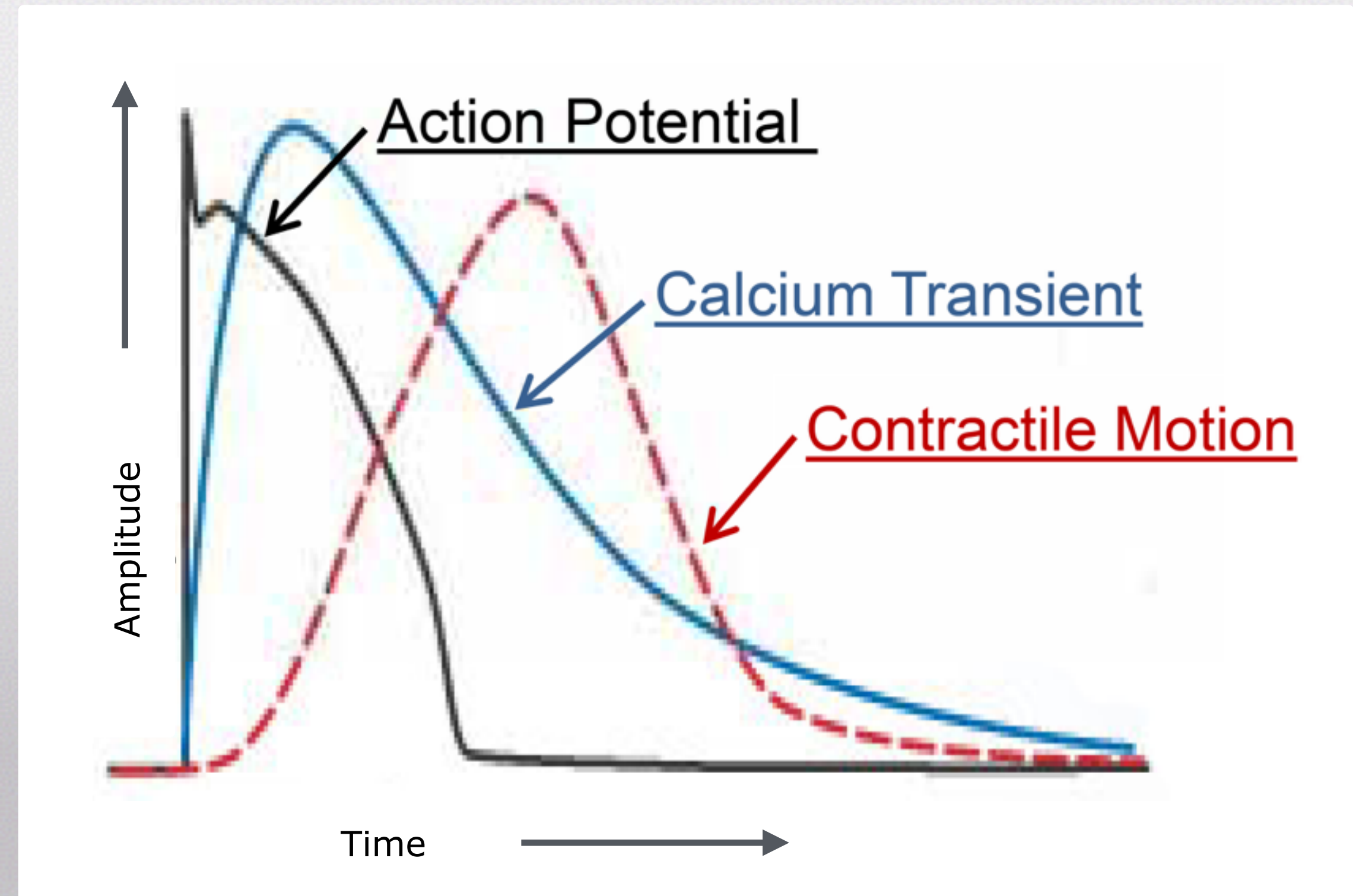
- ◆ Myocyte Phase 2 manuscript drafting
- ◆ Educational Webinars

Excitation-Contraction Coupling

A)



B)





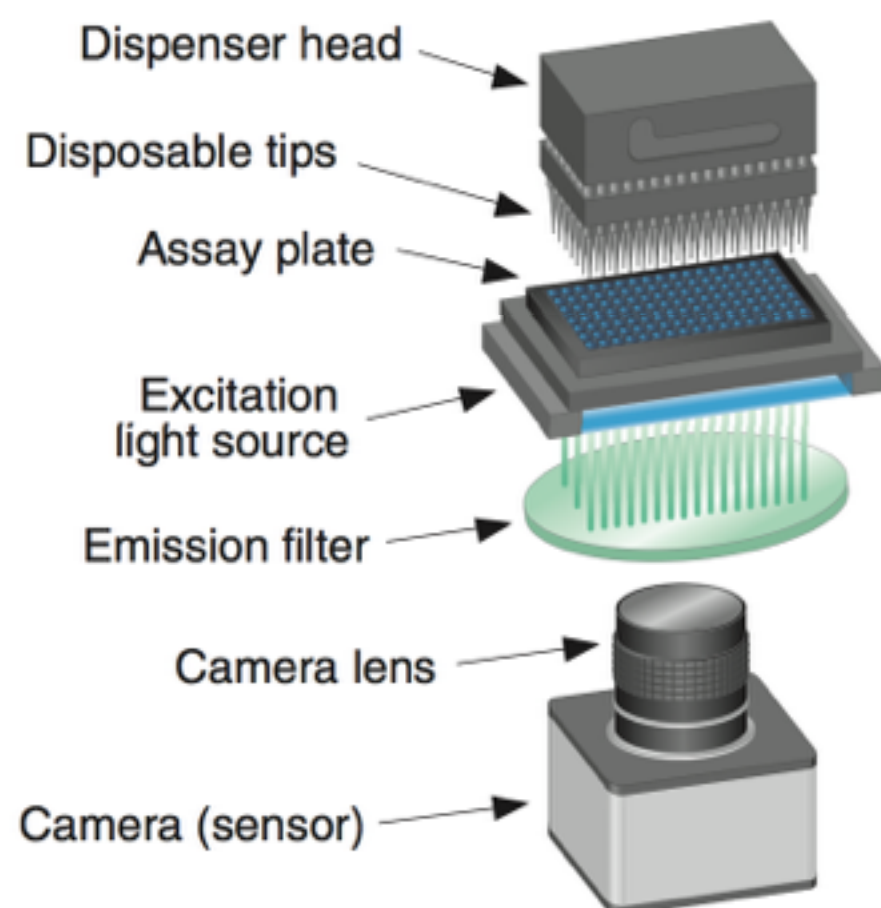
High Throughput Kinetic Plate Reader Assays

Plate Reader System - Hamamatsu

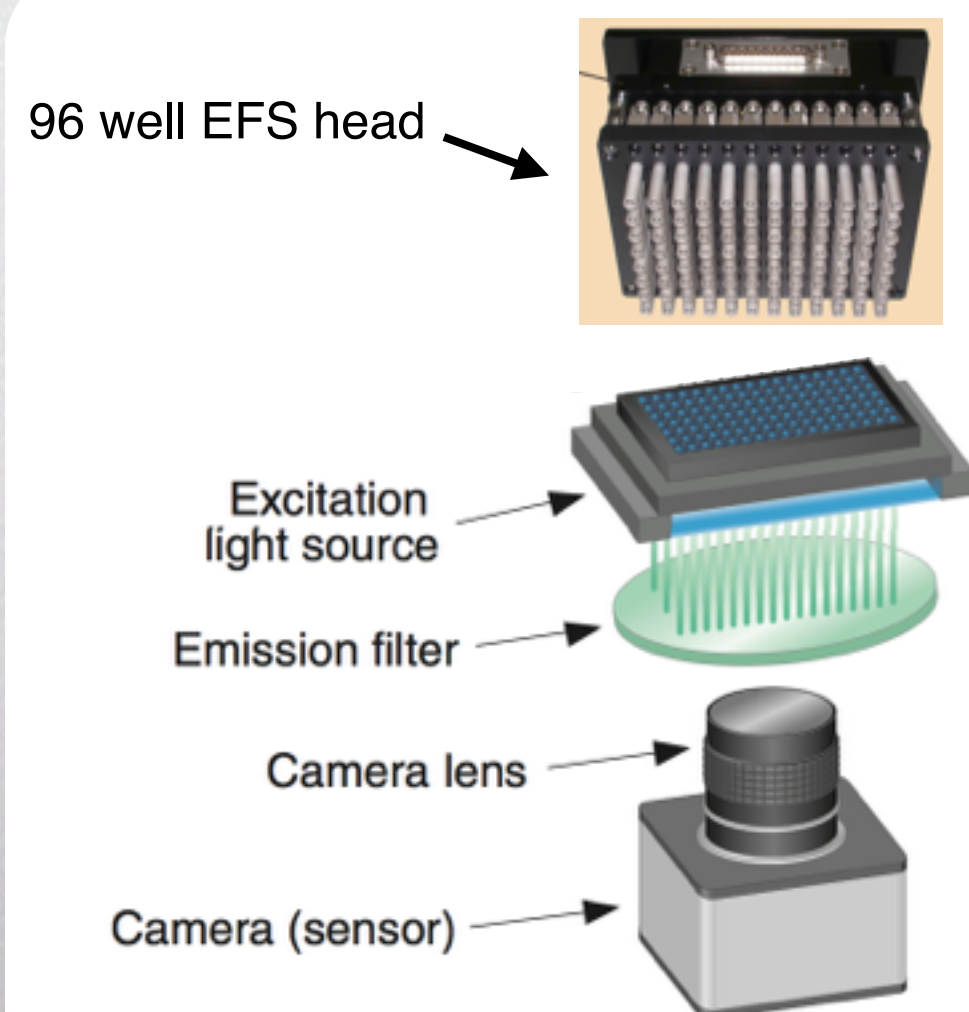
Hamamatsu FDSS μ Cell

Hamamatsu FDSS 7000EX

Setup A Pipettor Head



Setup B EFS Head



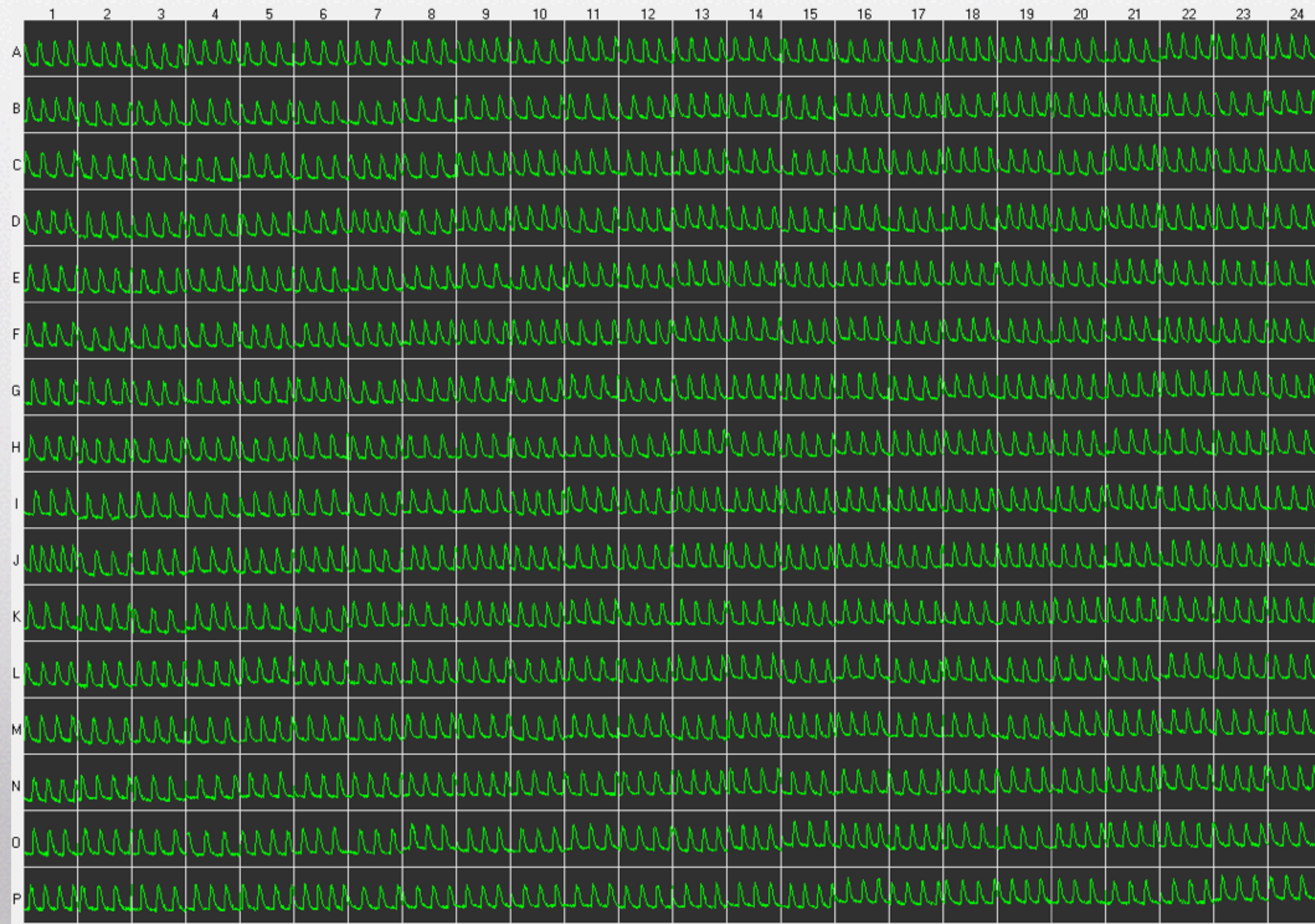
Both systems can be equipped with a temperature control

HAMAMATSU

Data generated in collaboration with Hamamatsu



Plating Efficiency of Cor.4U Cardiomyocytes on a 384 Well Plate

**HAMAMATSU**Data generated in
collaboration with
Hamamatsu

Recording of Cor.4U cardiomyocytes with the FDSS 7000EX using Cal520 dye (AAT Bioquest).



Assay Optimisation

Important Factors Influencing the Calcium Transient Assay with hiPSC-derived Cardiomyocytes

Calcium Transient Assay - Important factors

- The calcium dyes
- Dye loading time
- Assay stability over time (assay window)
- Wash vs. non-wash
- Signal to noise ratio
 - Medium / buffer
 - Quencher
- Addition of organic anion transporter (e.g. probenecid)

Dye-induced Morphological Differences and Changes of Cor.4U Cardiomyocytes' Calcium Transients

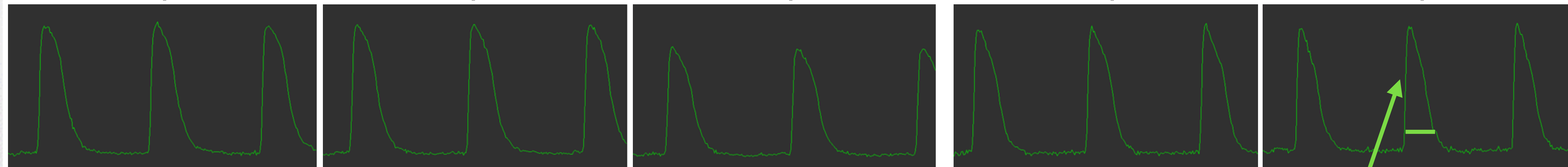
Cal520 (AAT Bioquest)

Calcium 5 Assay Kit (Molecular Devices)

ACTOne (Codex)

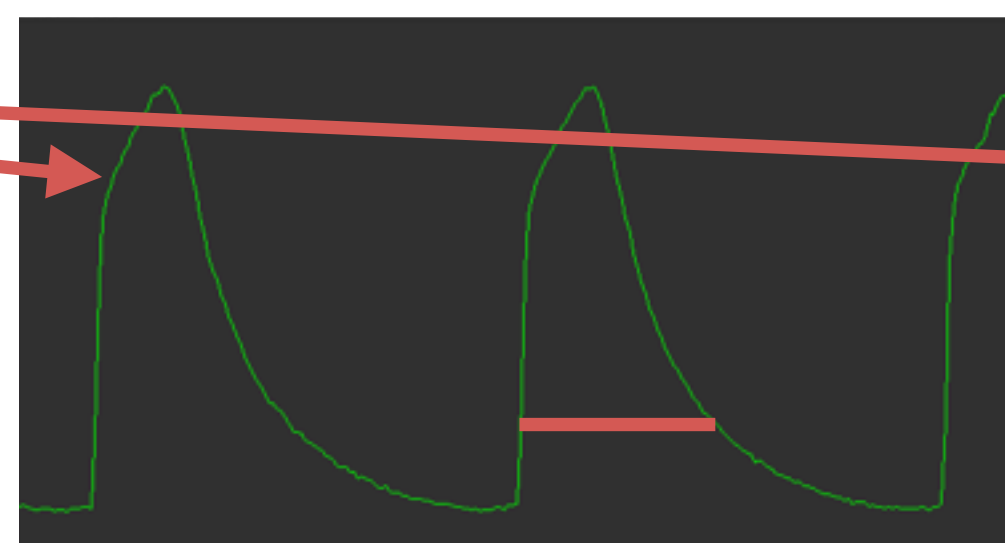
Results - Cal-520

30 min

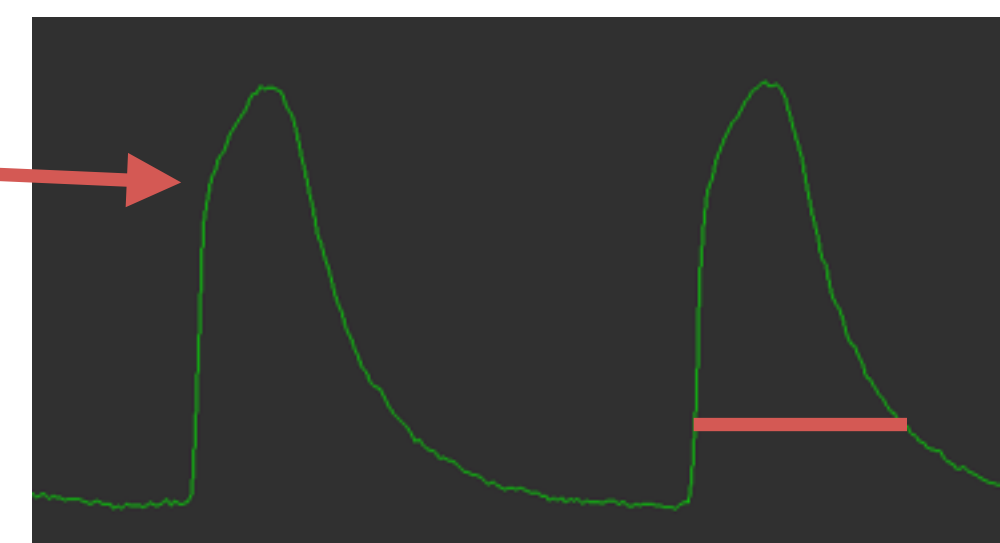
10 μM 5 μM 2.5 μM 1.0 μM 0.5 μM 

Bent fast rise of the calcium transient and prolonged peak width

FLIPR
Calcium 5



ACT
One



time windows: 4s

Physiological fast rise of the calcium transient and short peak width

- FLIPR Calcium 5 and Codex ACTOne reveal an slowed rise of the calcium transients from 80% to 100%.
- There is obviously a changes in calcium transients which potentially indicates the start of toxic events at an early time point.
- Calcium transient durations are increased with the FLIPR Calcium 5 dye and the ACTOne dye at concentrations tested compared to Cal-520 dye (see also quantitative analysis).

Results - Cal-520

90 min

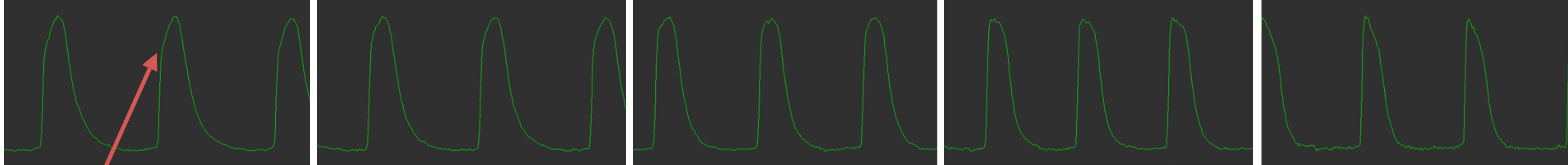
10 μ M

5 μ M

2.5 μ M

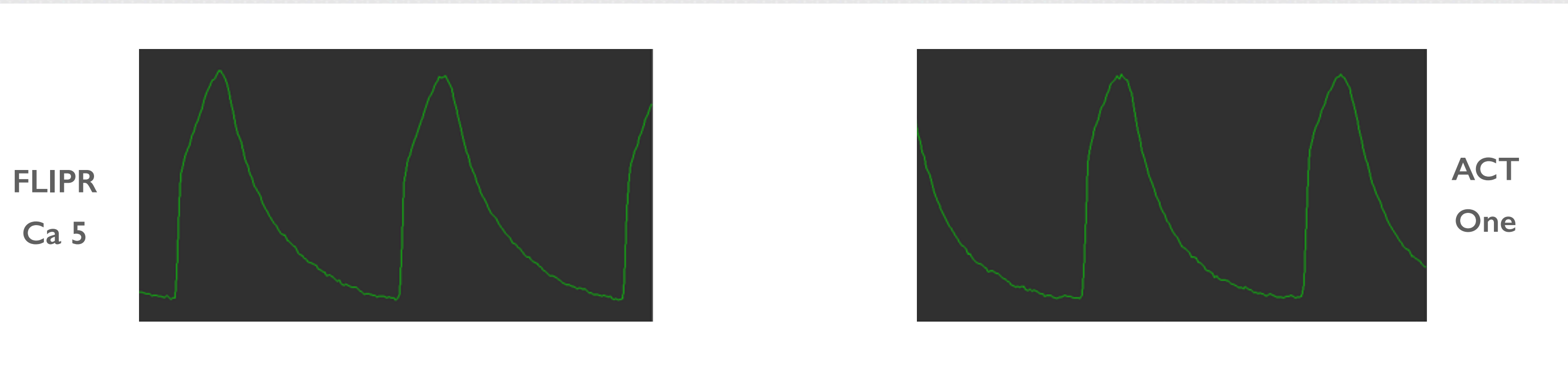
1.0 μ M

0.5 μ M



Bent fast rise of the calcium transient

time windows: 4s

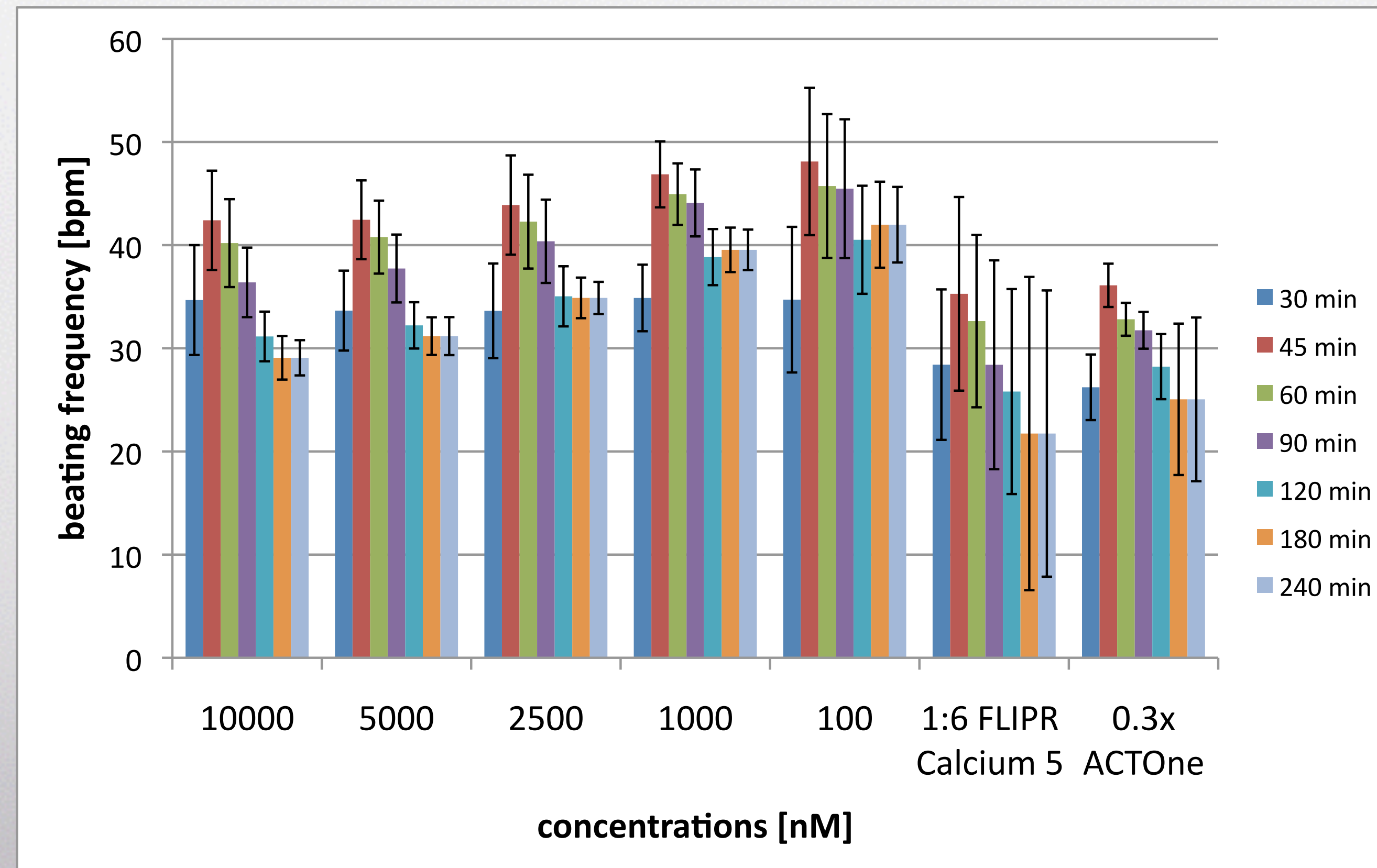


At higher concentrations of Cal-520 the slope at 80% to 100% starts to slow as well.

Quantitative Analysis of Non-Wash Cal-520 Calcium Transients Recorded from Cor.4U Cardiomyocytes

Results - Cal-520

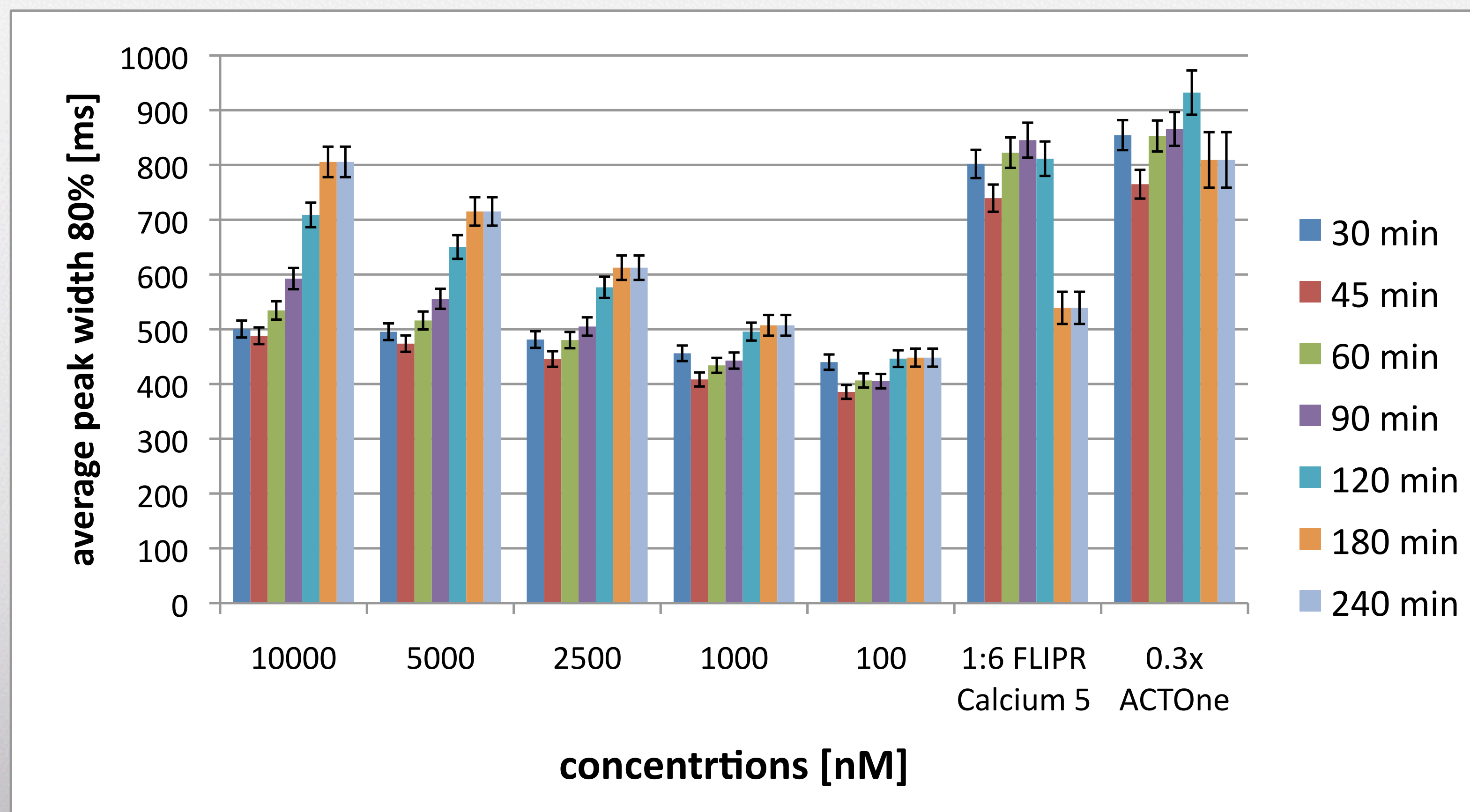
Beat Rate



- Beat rate is higher in Cal-520 Assay compared to the both other dyes, especially at the lowest dye concentration.
- Beat rate decreases with increasing dye concentrations.

Results - Cal-520

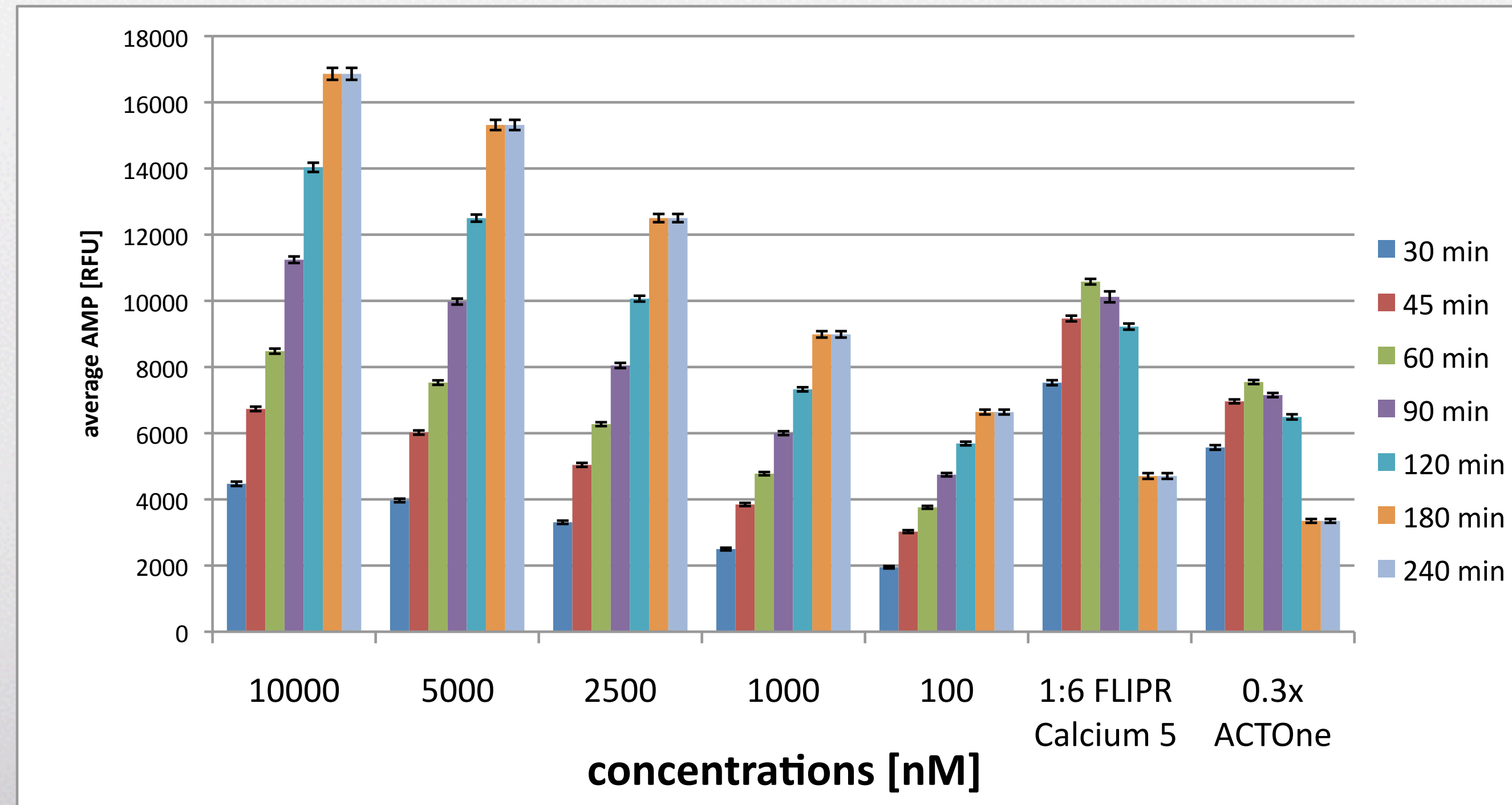
Peak Width (PW) 80%



- Cal-520 calcium transient PW30% and 80% increase over time in the highest concentrations (toxic effect?).
- FLIPR Calcium 5 and ACTOne dye PW80% values are almost twice as high compared to the lowest Cal-520 concentration (=> toxic or unphysiological?).

Results - Cal-520

Calcium Transient Amplitude



- Calcium Transient amplitudes from Cal-520 increase over time (max after 3 hours) although no probenecid was added.
- FLIPR Calcium 5 and ACTOne dye amplitudes reach a maximum after 60 min.

Wash Assay Using

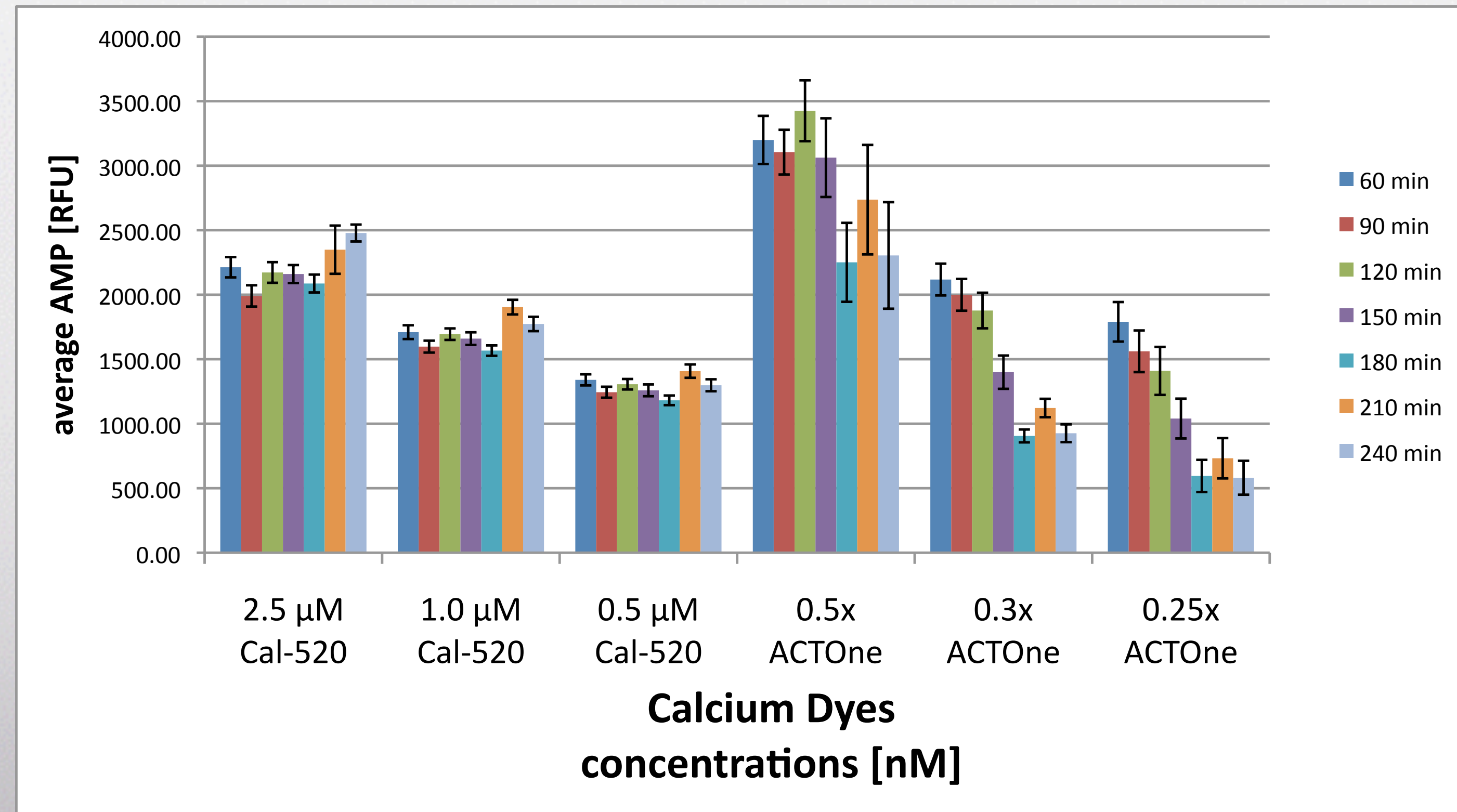
Cal-520™ , AM (AAT Bioquest)

and

ACTOne (Codex)

Results

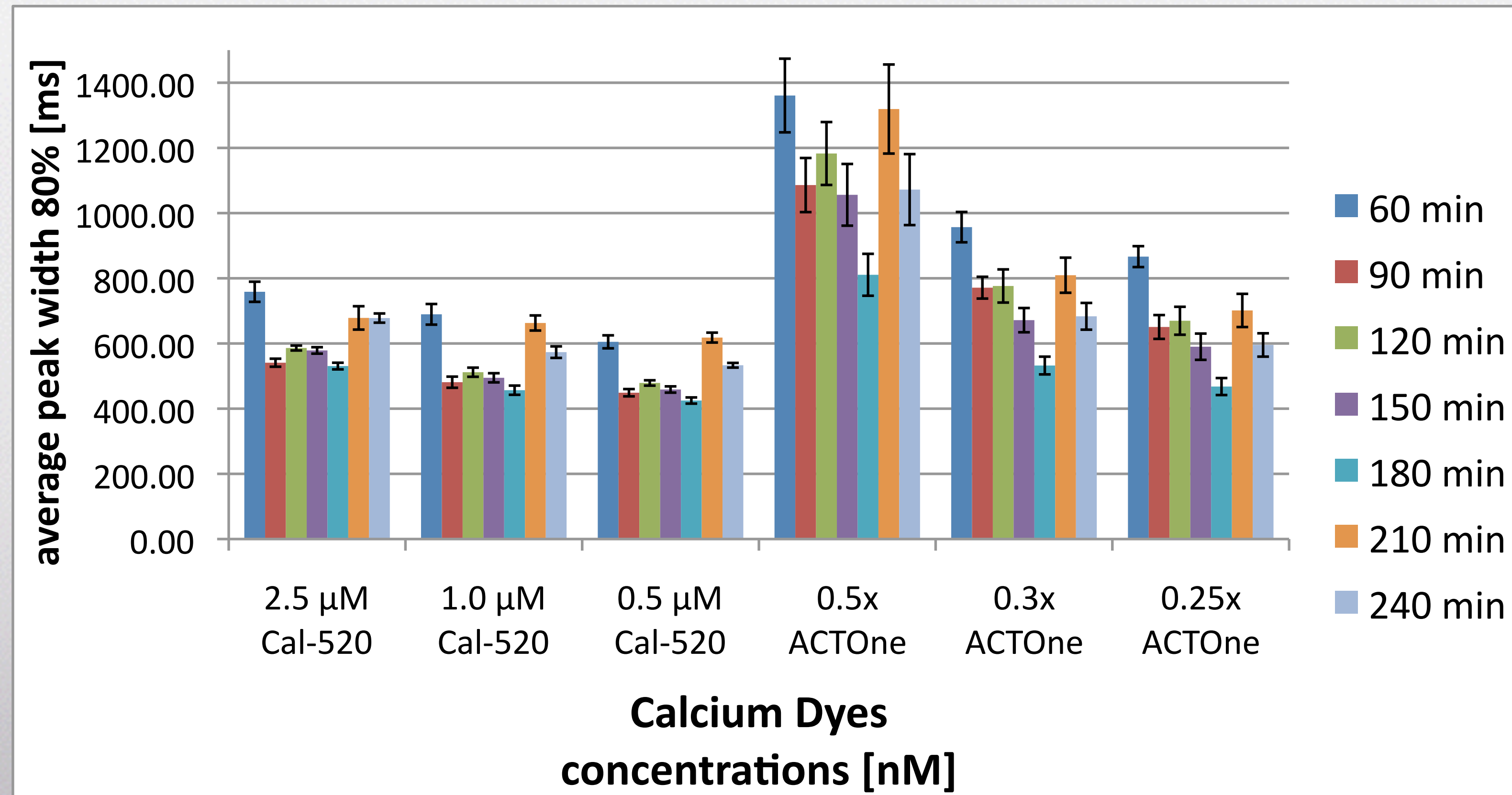
Calcium Transient Amplitude



- Amplitude of Cal-520 calcium transients is absolutely stable during after 4 hours.
- ACTOne amplitudes are decreased after 3 hours.

Results

Peak Width (PW) 80%



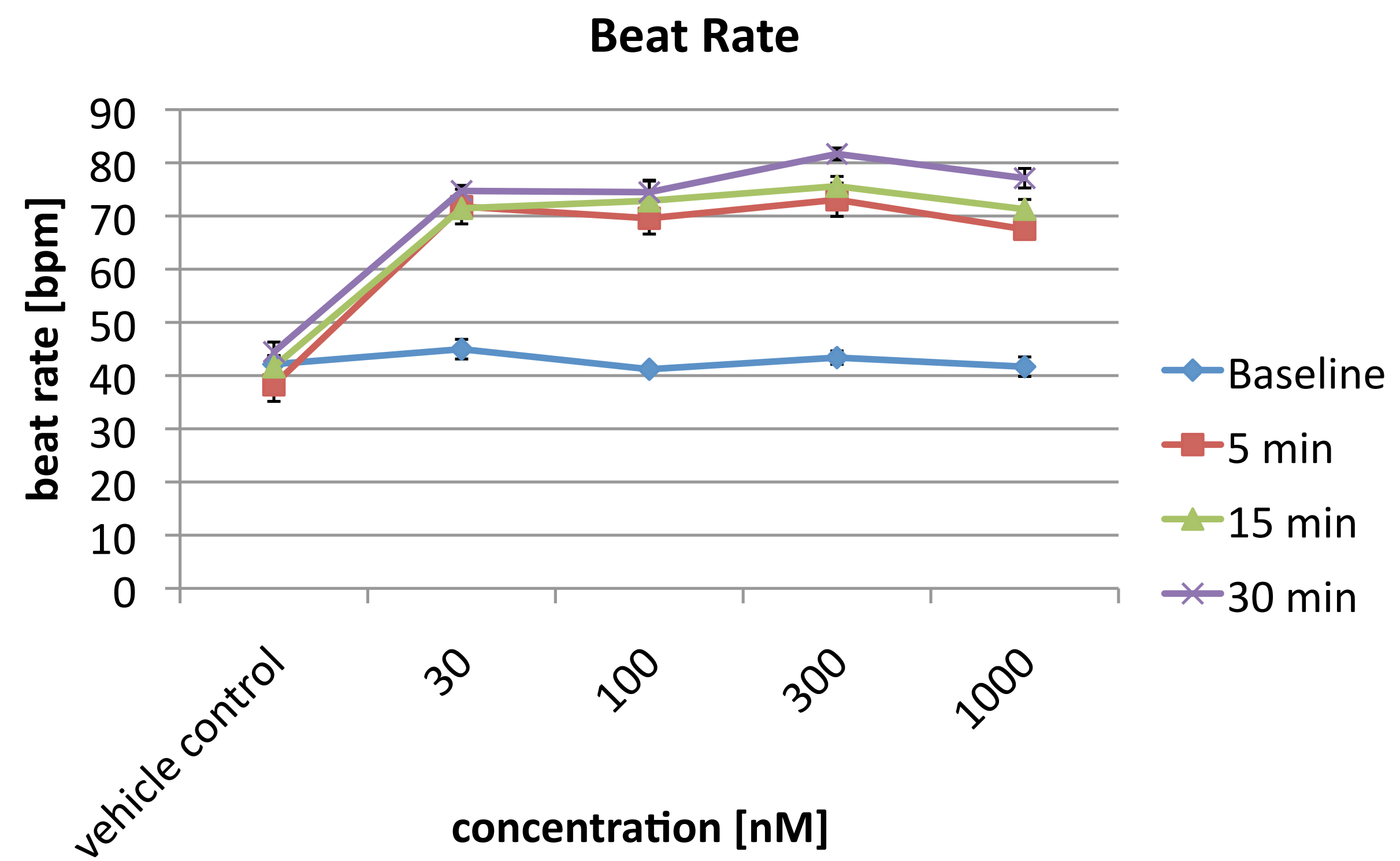
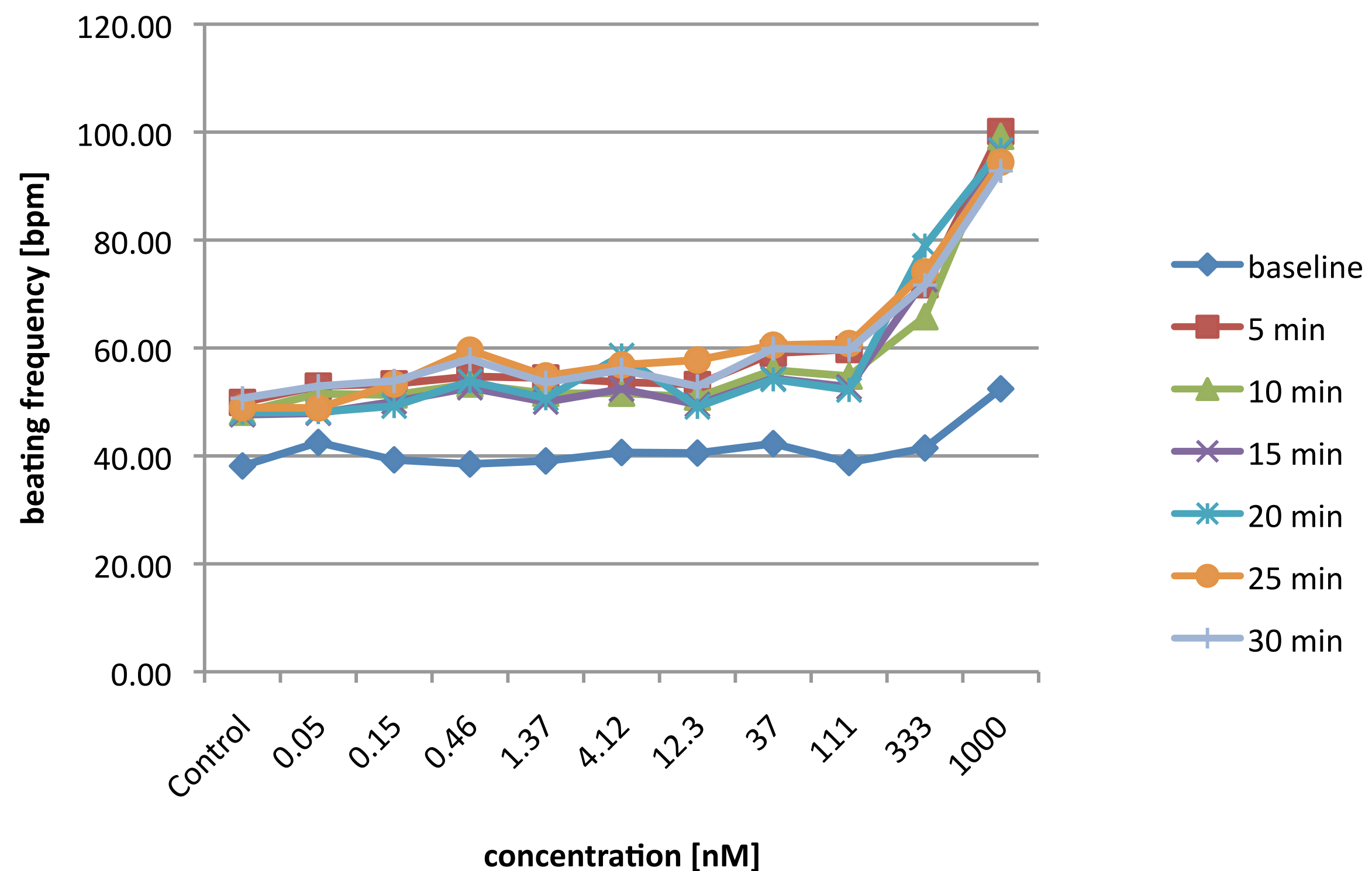
- 0.5x ACTOne peak width at 80% are doubled compared to 2.5 μM Cal-520 (and also 0.25x ACTOne) and almost 3x the values of 0.5 μM Cal-520.

Dye Effect on GPCR Agonist Pharmacology with Cor.4U Cardiomyocytes

Results

Calcium 5 Assay Kit Dye

Cal520



- Right shift of isoproterenol increased beat rate with the Calcium 5 Assay Kit dye
- Cal520: More physiological isoproterenol effect

Conclusion

- Choice of the right calcium dye is important
- Cal520 at low concentrations revealed to be the most physiologic dye
 - Long-term stability (assay window)
 - calcium transient and beating parameters
- No quencher is required for Cal520 when the right assay medium/
buffer is chosen
- Washout is required for Cal520



Support of Pharma Drug Development

Dr. Thomas Licher, Sanofi Frankfurt, Germany

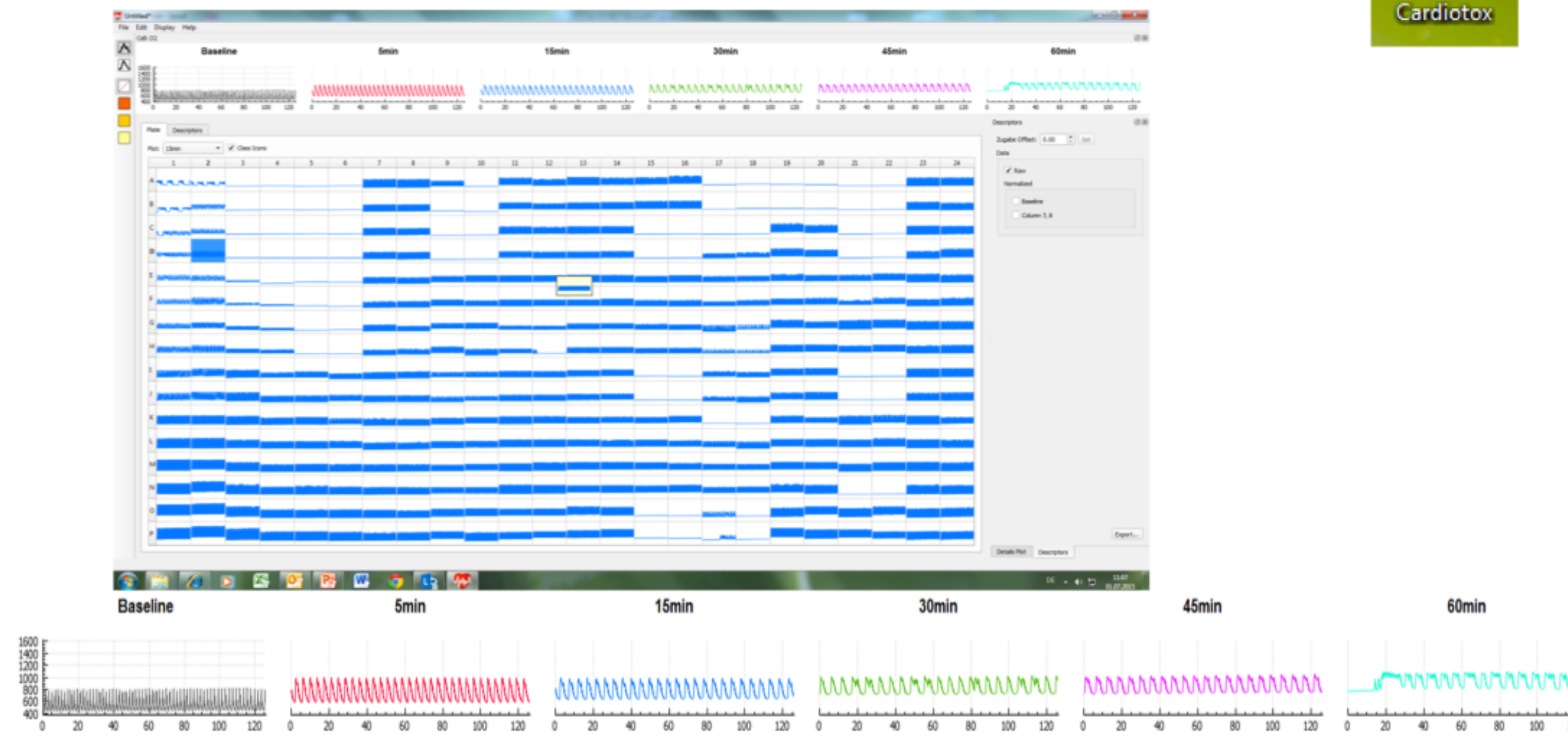
<http://axiogenesis.com/resources/presentations/webinar.html>

10.02.2016 Axiogenesis webinar



Internal software tool

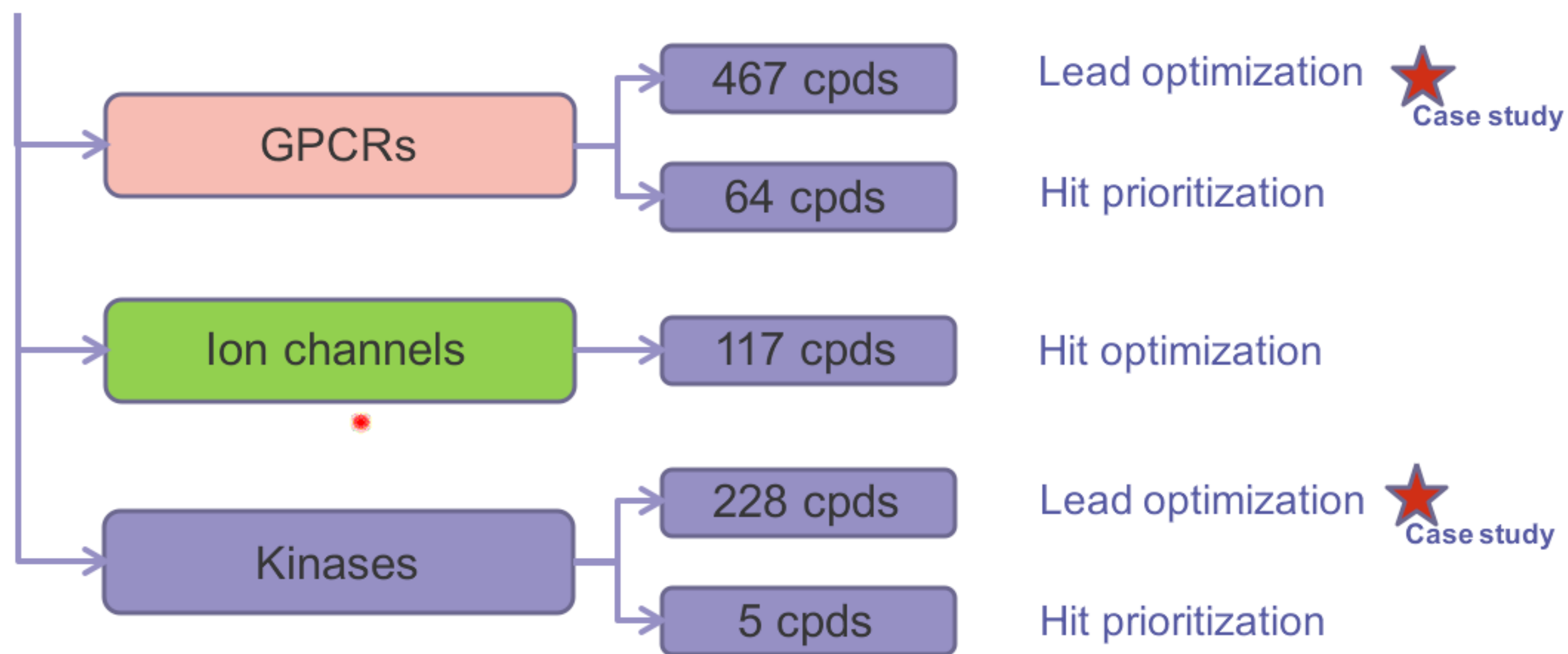
- In-House software tool to calculate the relevant parameters for the “Cardioscore”
 - Visualization of all time points at once
 - Combination of raw data, calculated data and fluorescence traces



Cardio-SAR support

- Project support

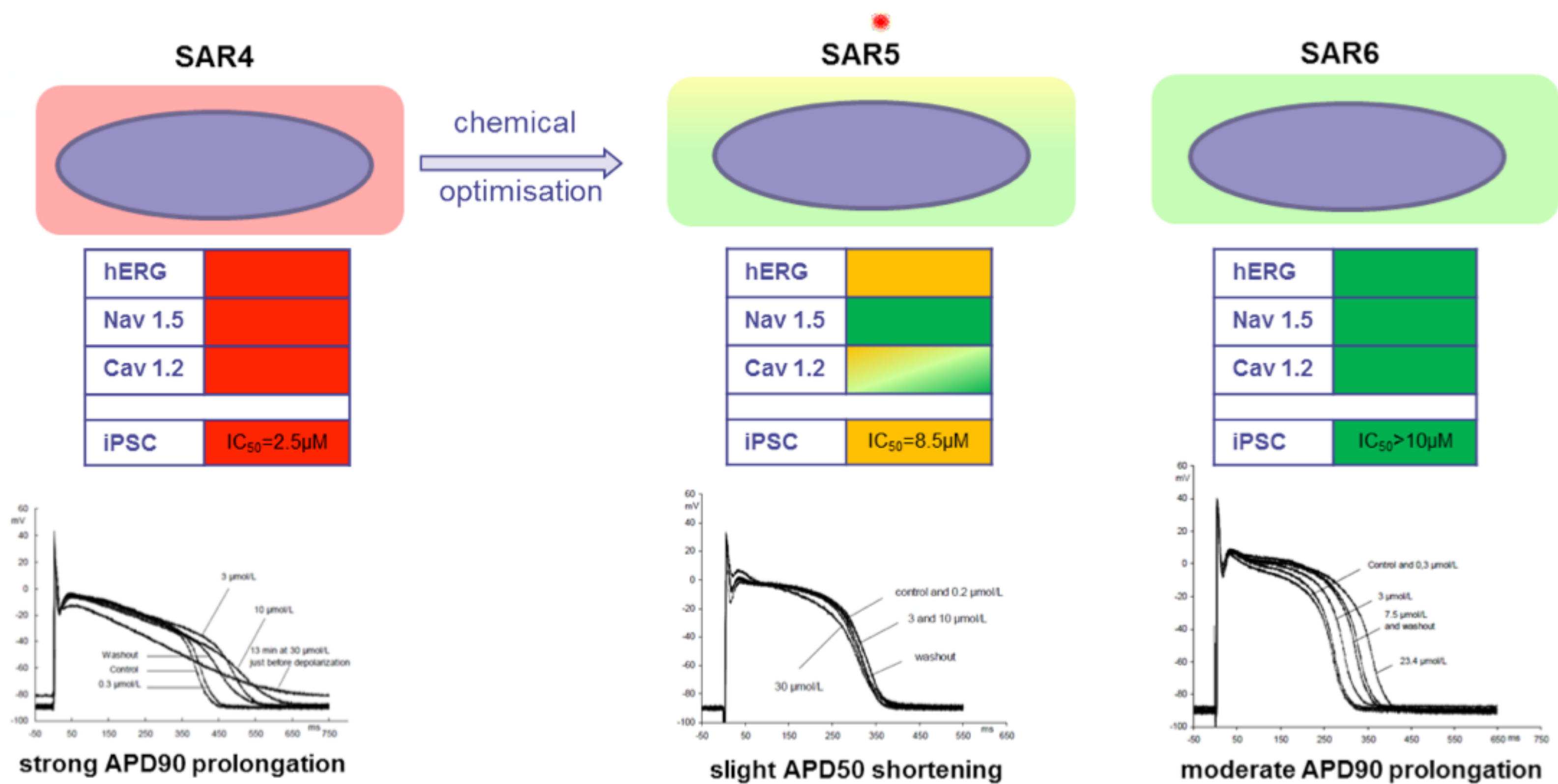
- 2 GPCRs, 2 Kinase, 1 Ion channel - till now, more coming



- 881 compounds were tested in single dose @10 μ M
- Used as series prioritization, SAR optimization tool and filter for Purkinje fiber experiments

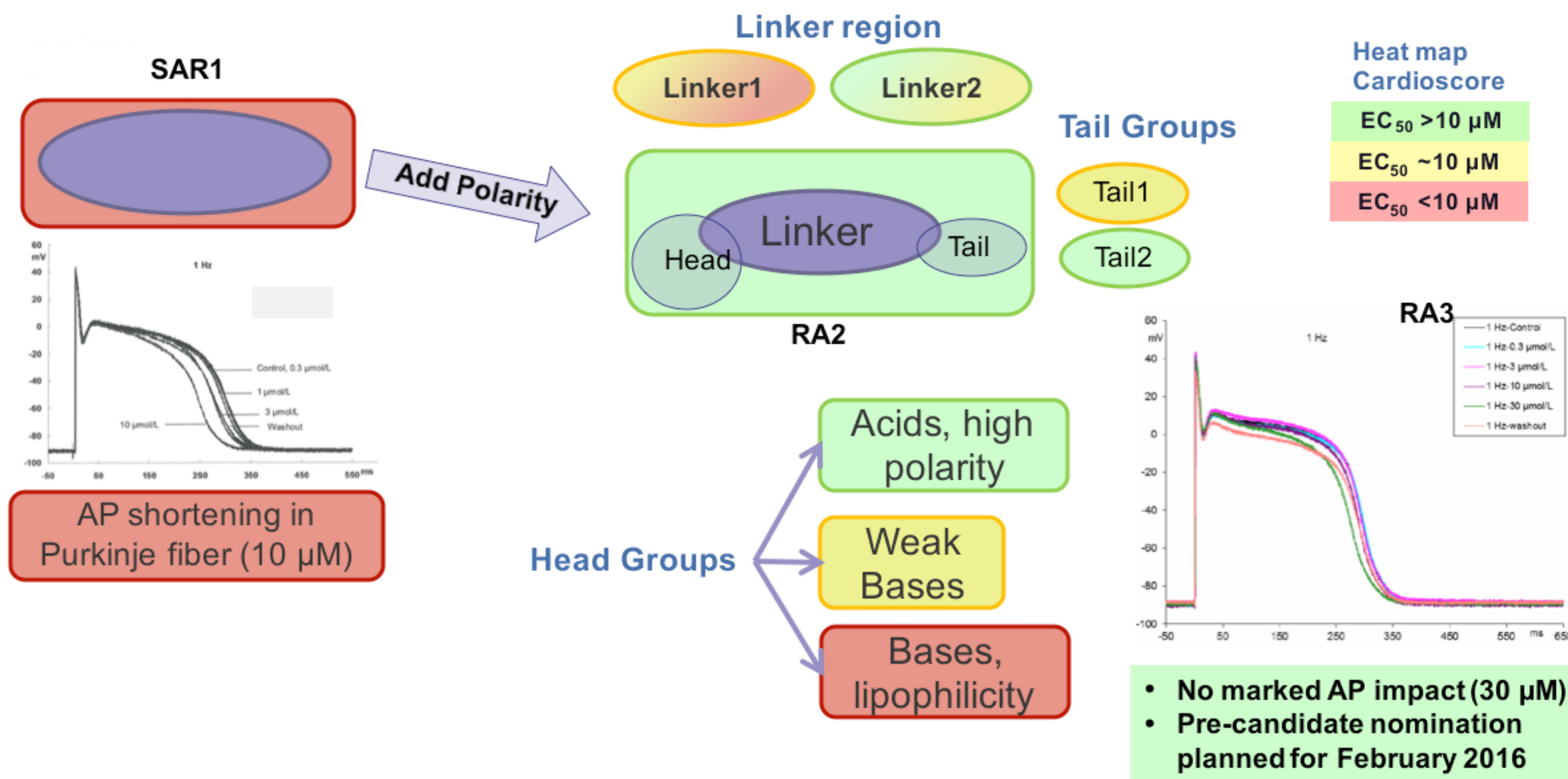
Case study I: “Cardiotox” measurements – SAR for Kinase

- Good correlation between ion channels activity and iPSC
- For SAR6, better correlation between ion channels and iPSC than FIP

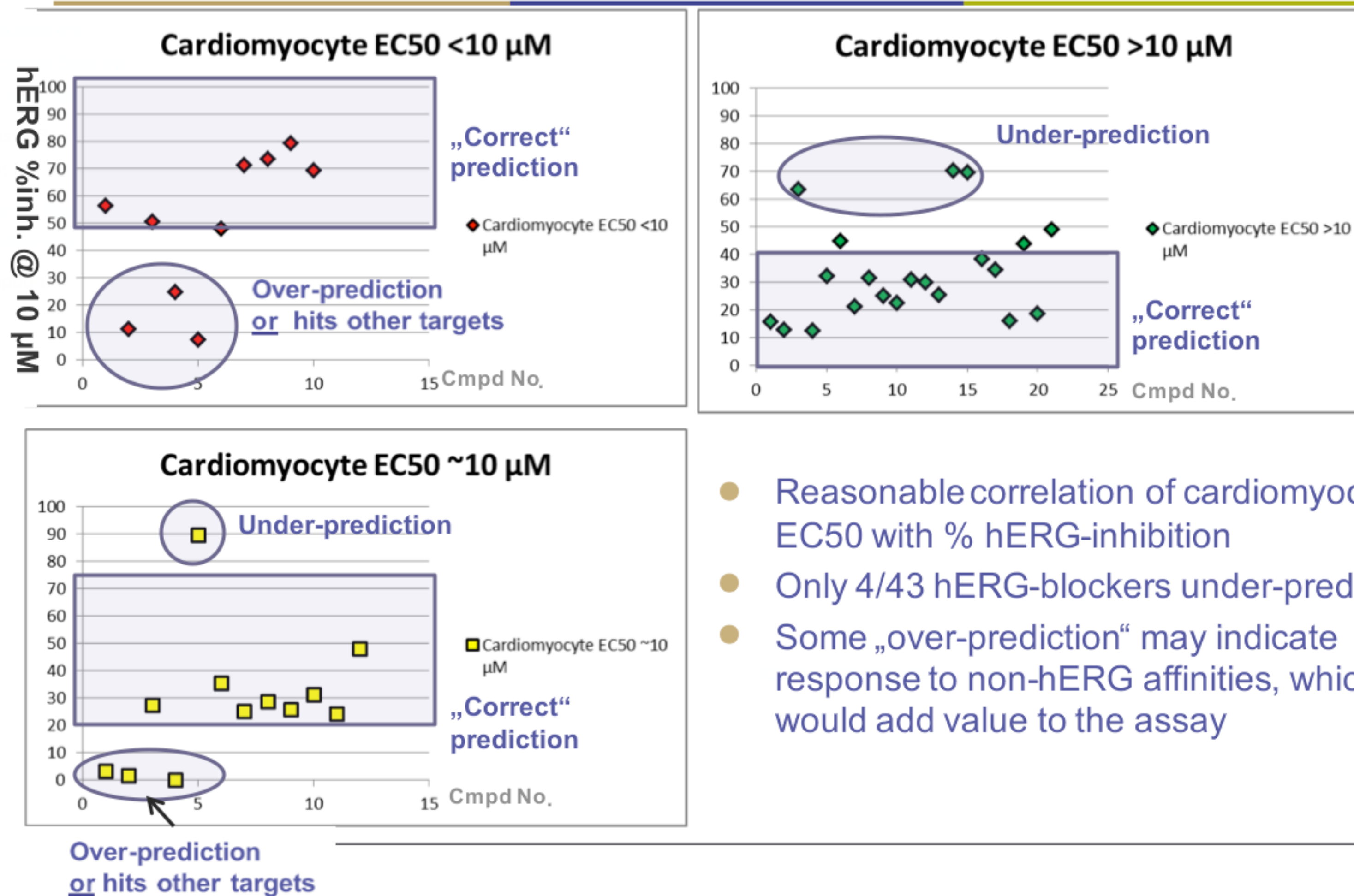


Case study II: “Cardiotox” measurements generate comprehensible SAR and guide selection of GPCR agonist with reduced AP impact

- **Objective:** Identify compounds early in the chemical optimization to reduce “cardiotox” risk.
 - Lead compound SAR1 showed undesired effect in Purkinje fiber study (APD₅₀ shortening)



Case study II: Cardiomyocyte EC50 vs. hERG-Inhibition (patch clamp) Analysis for 43 GPCR agonists



- Reasonable correlation of cardiomyocyte EC50 with % hERG-inhibition
- Only 4/43 hERG-blockers under-predicted
- Some „over-prediction“ may indicate response to non-hERG affinities, which would add value to the assay

Summary and Next Steps

● Summary of results

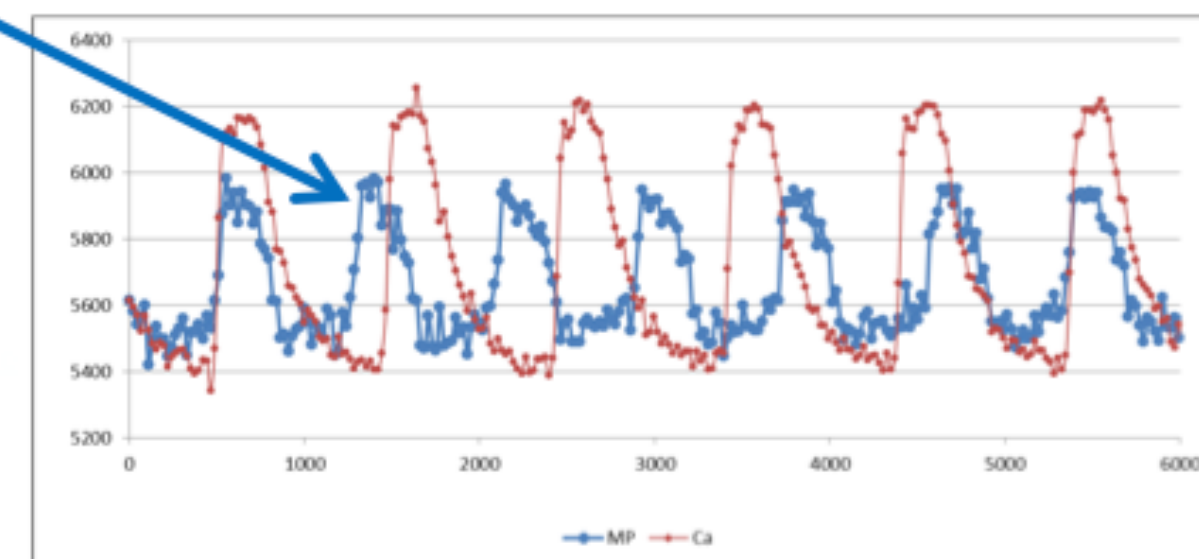
- Measurement of the Ca^{2+} -oscillations of spontaneously beating hiPS-derived cardiomyocytes in 384 format with « standard » fluorescence imaging reader.
- Identification of Na^{+} -, Ca^{+} -, hERG and mixed channel blockers
- Single dose data for more than 850 compounds available
- Good correlation with Purkinje experiments and hERG testing
- Establishment of "cardiomyocyte" SAR

● Plans for the next 6 months

- Further support projects with cardiomyocyte SAR
- Development of a fluorescence-based membrane potential assay as an "action potential"-readout
- Extend knowledge of the MoA of tool compounds
 - Evaluate effects of a set of 48 "CIPA" compounds

● Critical issues and general points

- Pharmacological QC in house is a must
- Stem cell assays are cost intensive: miniaturization very important





Thank you!

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