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# Leveraging Human-Relevant Cardiomyocytes in Nonclinical Studies to Provide Mechanistic Insights into Cardiovascular Safety Liabilities: Overview of Gaps and Challenges.

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# Outline

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- Models and Expectations
- General Areas of Interest/Application
  - Model = Biology + Experimental Approaches
- Key Concerns and “Fit for Purpose” Applications

# Expectations of Models:

George Box – Engineer & statistician. 1919-2013

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**“Remember that all models are wrong;  
the practical question is how wrong  
do they have to be to not be useful.”**

- *Samuel Langley* believed a full sized airplane could be build and flown largely from **theory alone**... Disasterous flight experiments ... almost drowned his pilot.
- The *Wright Brothers* designed, built, and flew the first successful airplane after hundreds of **experiments**, multiple years with **multiple models**.

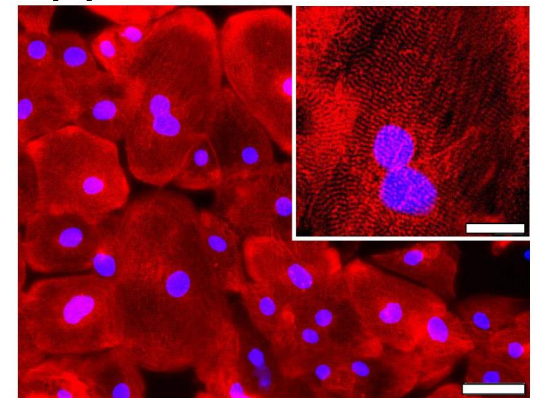
*For this talk: Understanding and defining the  
limits of biological models as translational tools  
for cardiac safety evaluations*

# **Where we start:** Commercially available human induced pluripotent stem cell derived cardiomyocytes (hiPSC-CMs)

- Dec 2009: First hiPSC-CM commercial product launched
  - More sources now (Commercial, academic, patient-specific)
- Enthusiasm for NEW (improved) human-derived model
  - Unlimited supply, reduce (eliminate) animal-based studies
  - Cardiac markers present, but...
    - Morphology not ventricular-like, cells spontaneously active,
    - Predominant ventricular electrical phenotype demonstrated, focuses attention on proarrhythmia studies
  - New techniques: field potential [MEA], optical (voltage sensing dyes), High Throughput Screening (HTS) approaches

**Model(s) & Techniques both “Novel”**

**Require Evaluation of Strengths, Limitations**



Ma et al., Am J Physiol., 2011

# hiPSC-CMs: Three General Areas of Interest

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## **Areas of Interest:**

- Electrophysiology (Proarrhythmia)
- Contractility (Inotropy)
- Structural Cardiotoxicity (Injury, Damage)
  
- Each with different approaches/technology platforms
- Opportunity for integration of multiple responses with one preparation (removing the “silos”)

## **General Utility- Expectations May Differ:**

- Safety
  - Early Drug Screening (Internal decision making)
  - Later Candidate Selection (Regulatory evaluations)
  - Drug Combination Studies (?)
  - Qualitative vs. Quantitative Assessments
- Efficacy
  - Drug Discovery Efforts
  - Personalized Medicine: Safety & Efficacy Studies

# Overall Considerations/Limitations

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## **Myocytes Often Display “Immature” Phenotype**

- Gene expression profile of 2D myocytes resemble fetal/neonatal
- More complex preps (patterning, fibroblasts, smc's endothelial cells) (imitating native environment) affecting more adult phenotype

## **Acute and Subacute Direct Effects Amenable to Study:**

- Indirect effects (cardiovascular signaling) not readily tested
  - Those requiring integrated systems may use “organs on a chip”
- Optimal stable “windows” for studies/screening need to definition
  - Studies of disease alteration/toxicity progression (pts in dish)
  - Multi-parameter studies possible

## **Model Utility Based on Limitations, Context of Use**

# hiPSC-CMs: Heterogeneity of Biological Models

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## **Different Starting Biological Preparations: Heterogeneity**

- “Generic/Standard myocytes” (assuming uniform conditions)
  - Single-type myocytes vs. population-based studies
  - Tissues with multiple cell types (myocytes 30% of adult heart)
- “Diseased” - or “personalized” myocyte models
  - For efficacy and safety study applications

## **Assay = Biological Model + Experimental Approach(s)**

- Numerous (unique) combinations provide challenges for understanding the assay and its “translation” to the clinic

# hiPSC-CMs: Bioengineering Meets Assay Development

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## Heterogeneity of Biological Models

- More complex models **may better replicate native myocytes**
  - Single cells, 2D monolayers, Organoids, Spheroids, Tissues
- More complex models **may hamper reproducibility, availability**
- **Standardization of Models Remains a Challenge**
  - Ex: 2D constructs – cell sources, plating density, culture time, substrate). Biological engineering.
  - Different from ex vivo preparations (rat papillary muscles)
  - Assay calibration essential for model characterization
  - Early efforts at standardization may be premature,
    - No clear definition of similarity to native preparations (single, or multicellular).



# What's a Researcher/Regulator to Do?

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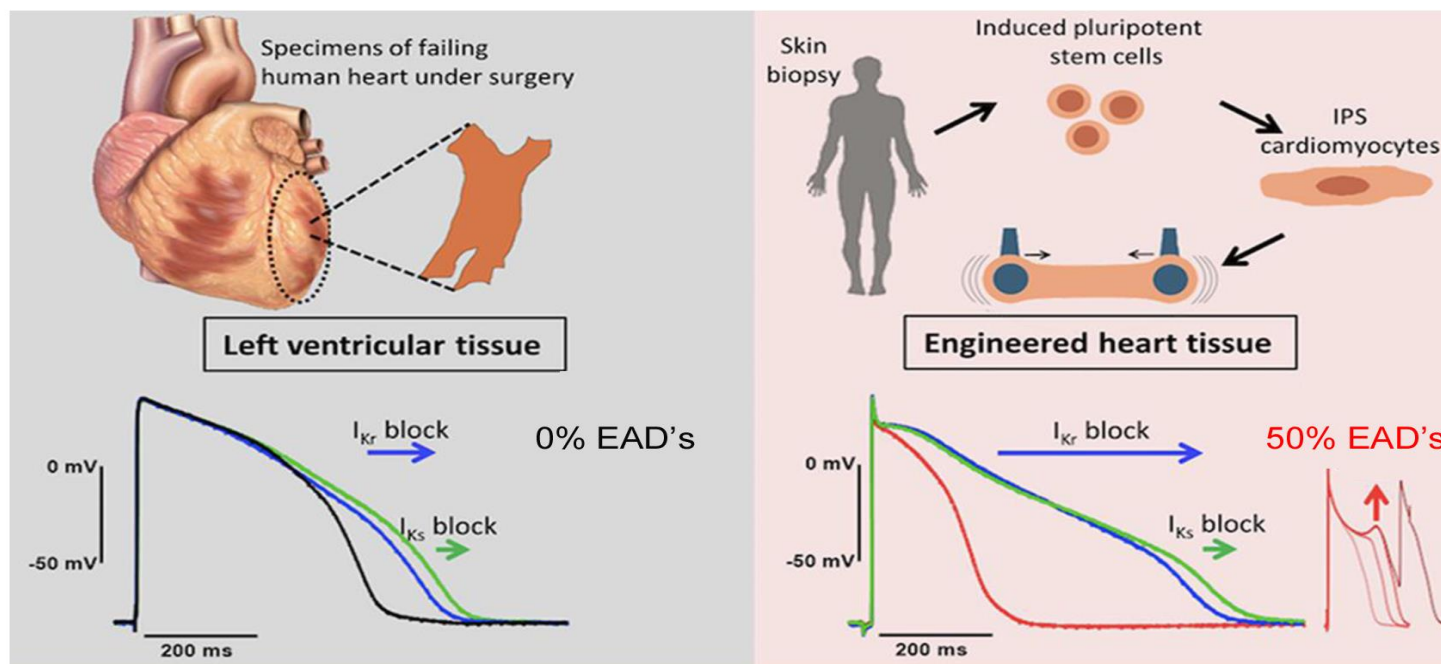


**Human-derived  
models**

**Non-human  
ex-vivo models**

**Key Concerns:** Translational Fidelity  
Reproducibility,  
Cost/Availability

# hiPSC-Cardiomyocytes as Evolving Test Systems: Sensitivity vs. Adult Human Ventricular Myocytes



## Human iPS cardiomyocytes in engineered heart tissue vs. left ventricular tissue

- Upstroke velocity ↔
- Action potential duration ↓
- Ivabradine-sensitive diastolic depolarization
- Reverse use-dependence ↑
- Action potential prolongation to  $I_{Kr}$  block ↑
- EAD sensitivity to E-4031 ↑
- No EADs due to moxifloxacin or verapamil ↔
- $I_{Ks}$  contribution ↔

adapted from Lemoine et al., Circ (Arrhythmias/Electrophysiology); 2018

Assay Calibration Essential to Define Experimental Sensitivity, Translational Fidelity

# What's a Researcher to Do?

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## Need to:

- Define “fit for purpose” applications
  - Not all models or approaches may be suitable for questions being addressed. How to define limits?
- “Validate” assay vs. appropriate clinical “gold standards”
  - “Standards” may not be available
  - Surrogate endpoints: limiting, lacking, not well understood
- Be transparent in describing experimental details
  - Aid in establishing reproducibility
  - Promote evolving standards, comparisons to demonstrate advantages/utility of new models

# Models from an Artist's Perspective



Picasso, Museum Fine Arts, Boston

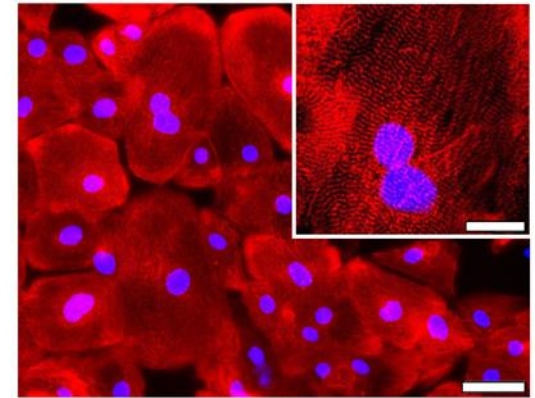
## How Perfect Must a Model Be to be Useful?

# Summary

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“Remember that all models are **wrong**; the practical question is how wrong do they have to be to not be useful.”



Ma et al., Am J Physiol., 2011

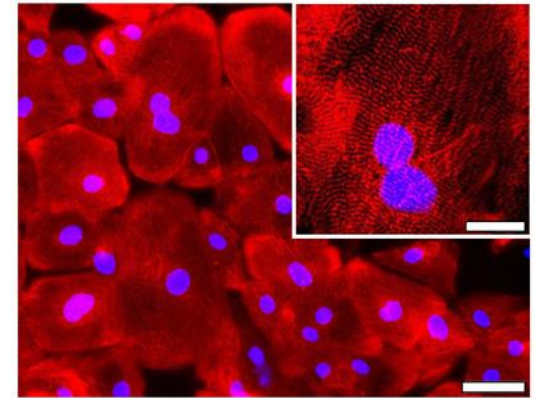
# Summary

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“Remember that all models are **wrong**; the practical question is how wrong do they have to be to not be useful.”

Remember that all models are **right**; the practical question is **how right is the question asked** based on a models' characteristics and limitations.



Ma et al., Am J Physiol., 2011

## Thank you for your attention