

# Galápagos



## YFP-halide assays for CFTR drug discovery using the FDSS/ $\mu$ cell

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# Outline

- Introduction to Cystic Fibrosis
  - Disease and cause
  - Approved therapies and remaining challenges
  - Targeting underlying mutations
- Cell-based assays used for CFTR drug discovery
  - YFP-Halide Assay
    - Principle and advantages
    - Assay development on FDSS/ $\mu$ Cell
    - HTS to find CFTR modulators
- Conclusion

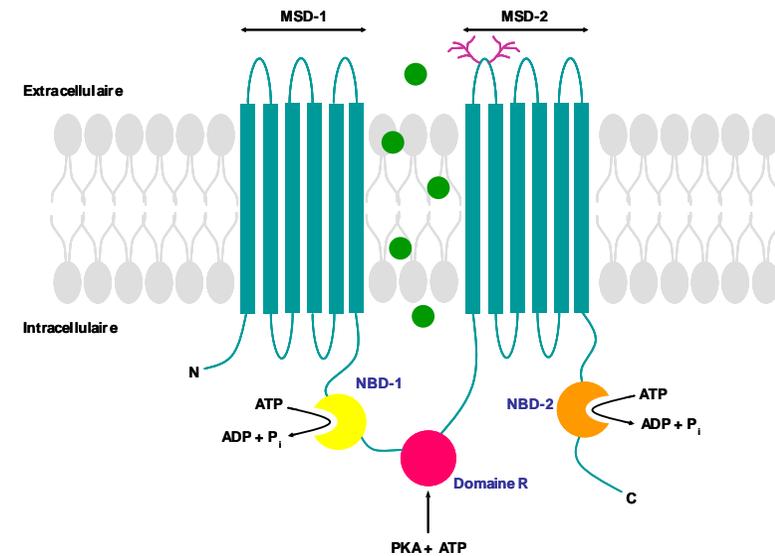


# Cystic Fibrosis: Facts & Biology

- Cystic Fibrosis (CF) is the most frequent life-threatening autosomal recessive disease in the Caucasian population
  - 1 in 2500 newborns diagnosed with CF
  - 1 in 25 Caucasians carry at least 1 CF allele
- Characterized by thick mucus in lumen of several organs
  - Airways, pancreas, gastro-intestinal tract, reproductive tract
  - Frequent lung infections, sinus infections, poor growth, and infertility
  - Life expectancy: mid-30s
- Caused by mutations in the CFTR gene (~1900)

# Cystic Fibrosis Transmembrane Conductance Regulator (CFTR)

- Chloride channel from ABC transporter family, expressed on the apical membrane of epithelial cells
- In normal cells, water follows chloride ions onto surface of lung, hydrates lung surface and cilia beat normally
- Defective CFTR channels don't transport chloride ions out of cells
- Reduced hydration of lung surfaces impairs normal functioning of cilia



CFTR : ATP-gated Cl<sup>-</sup> channel



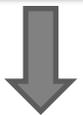
# Approved CF Therapies

Targeting the cause

CFTR gene mutation



CFTR protein dysfunction

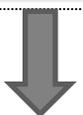


Defective mucociliary clearance

Stem Cell and Gene Therapy Treatments

Small-Molecule CFTR Modulators  
Kalydeco<sup>®</sup>, Kalydeco<sup>®</sup> / Lumacaftor combination (ORKAMBI<sup>™</sup>)  
*FDA decision July 5, 2015*

Targeting the symptoms



Airways obstruction

Mucus Alteration and Airway Surface Liquid Modulation Therapy  
Hypertonic saline, Pulmozyme<sup>®</sup>



Inflammation



Infection

Anti-inflammatory Treatments  
Ibuprofen

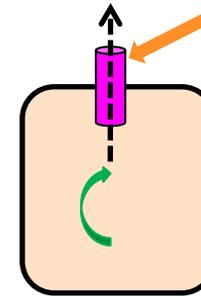
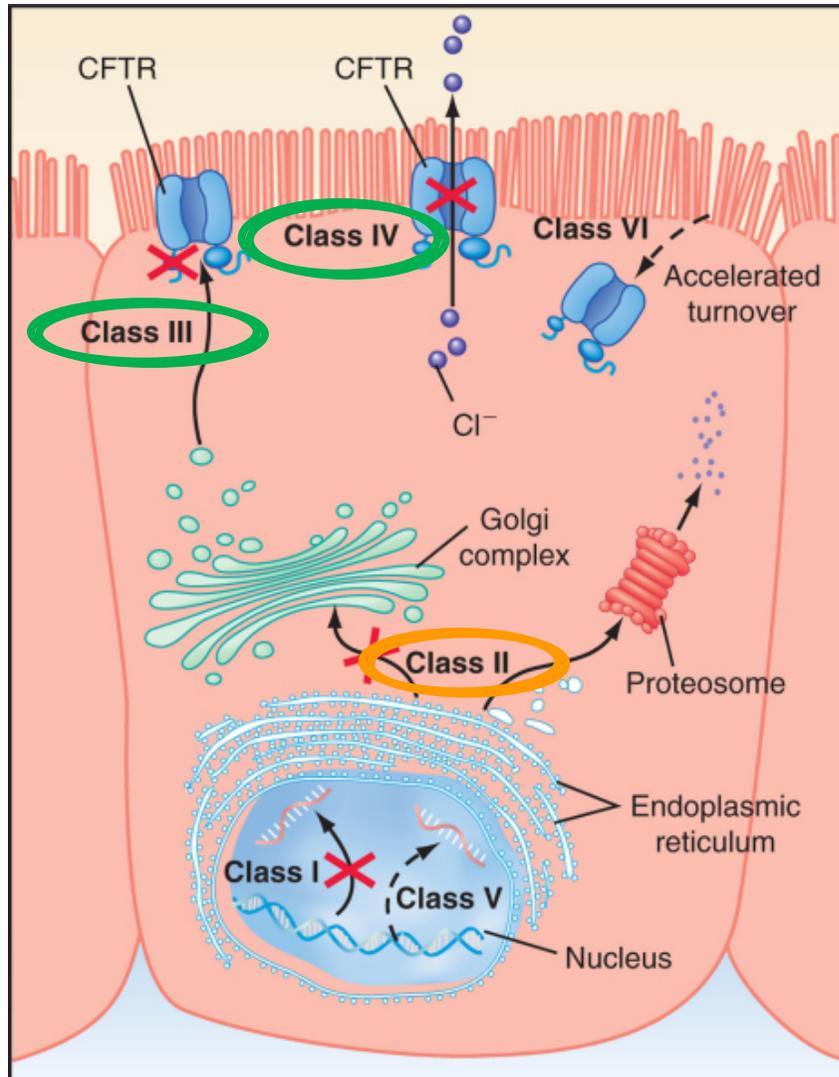
Infection Treatments  
Tobramycin, Azithromycin, Cayston<sup>®</sup>



# Challenges in CF drug discovery

- Gene therapy : Lack of efficient gene transfer to cellular targets required to correct *in vivo* CFTR function -> 25 failed clinical trials to date
- Lack of good animal models
- Paucity of structural information on full-length wild-type and mutant CFTR
- Complexity of defects caused by various CFTR mutations

# Classes of CFTR mutations



$$I_{CFTR} = n \times P_o \times g$$

$n$  = number of channels

$P_o$  = open probability

$g$  = channel conductance

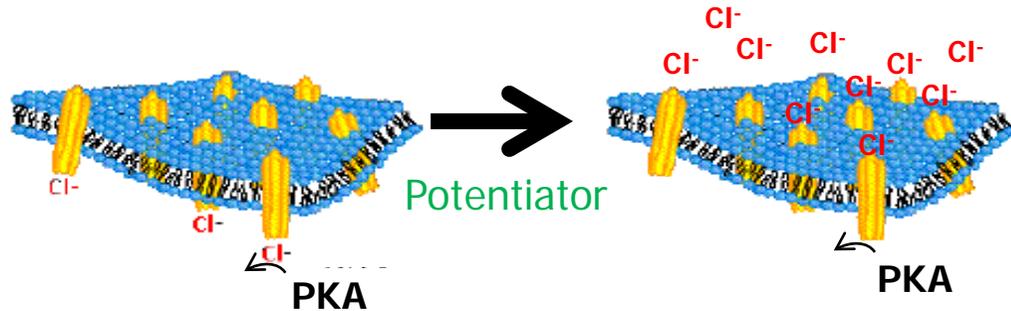
- Class 1 – Synthesis
  - Premature stop codon, ~10% freq
- Class 2 – Maturation
  - Includes F508del, ~70% freq
- Class 3 – Regulation
  - Includes G551D, ~3-5% freq
- Class 4 – Conductance
  - Includes R117H, ~2% freq
- Class 5 – Quantity
- Class 6 - Turnover



# Combination approaches to fix the most severe CFTR mutations

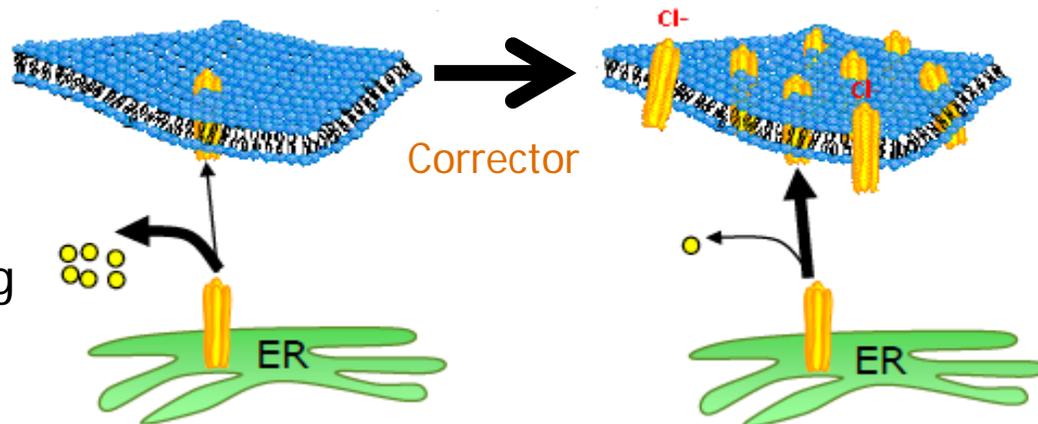
## Functional Defects (Class III / IV, eg. G551D, R117H)

Potentiators restore the flow of ions through activated CFTR



## Maturation Defect (Class II , eg. F508del)

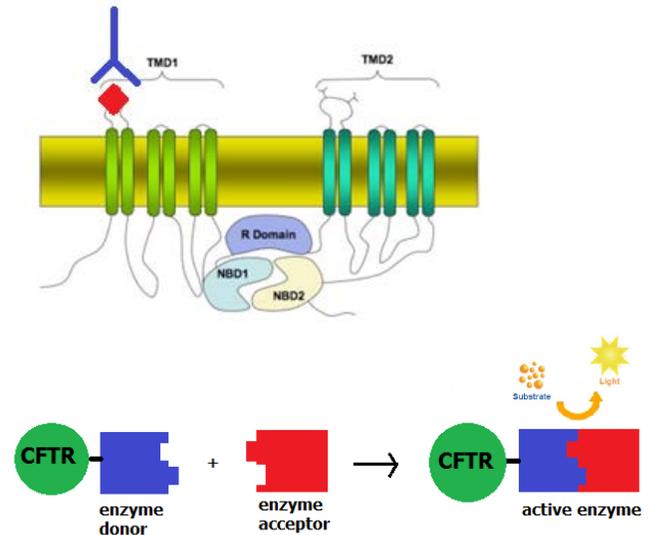
Correctors restore the processing of CFTR from the ER to the surface



# CFTR phenotypic assays

- CFTR cell surface expression:

- Epitope-tagged CFTR detection on cell surface via ELISA
- Beta galactosidase enzyme fragment complementation for detection of membrane localized enzyme fragment fusion CFTR construct (DiscoverRx™)

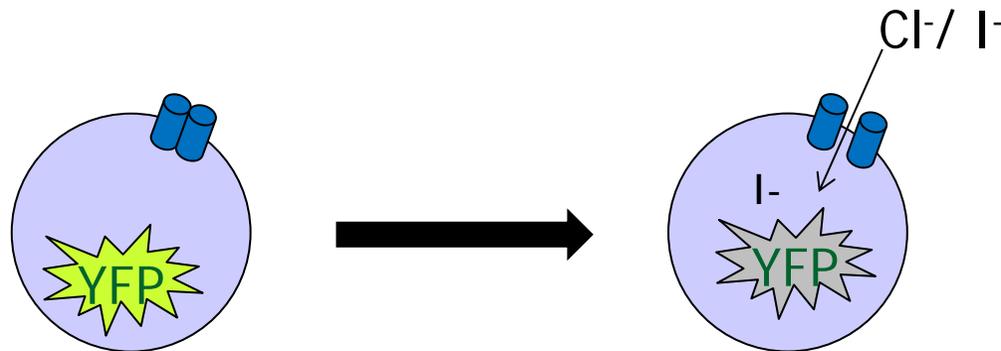


- CFTR channel function:

- Membrane potential or halide-sensitive fluorescent dyes to measure CFTR-dependent chloride influx
- YFP-Halide assays to measure CFTR-dependent halide influx

# YFP-Halide Assay

- Fluorescence of Yellow Fluorescent Protein mutant ( YFP-H148Q/I521L) quenched by halides (selectivity: iodide > chloride)
- Cell lines expressing mutant CFTR and YFP are generated, CFTR activated via cAMP ↑ (Forskolin) in the presence of iodide
- Compound mediated restoration of anion channel function estimated by fluorescence quenching of iodide



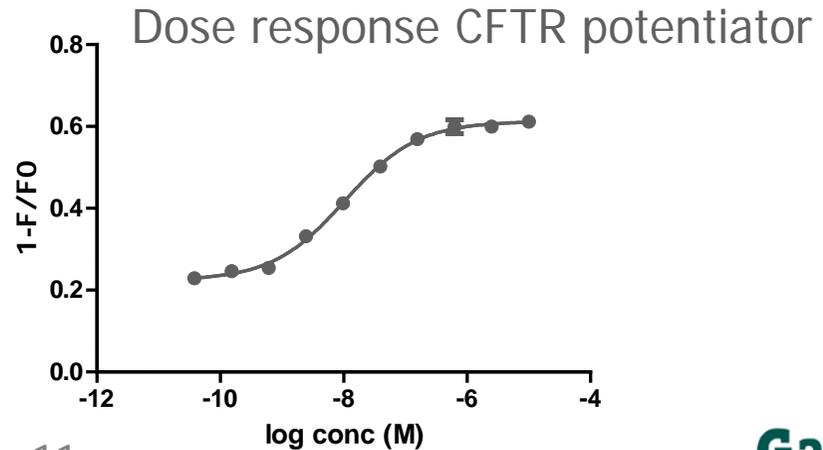
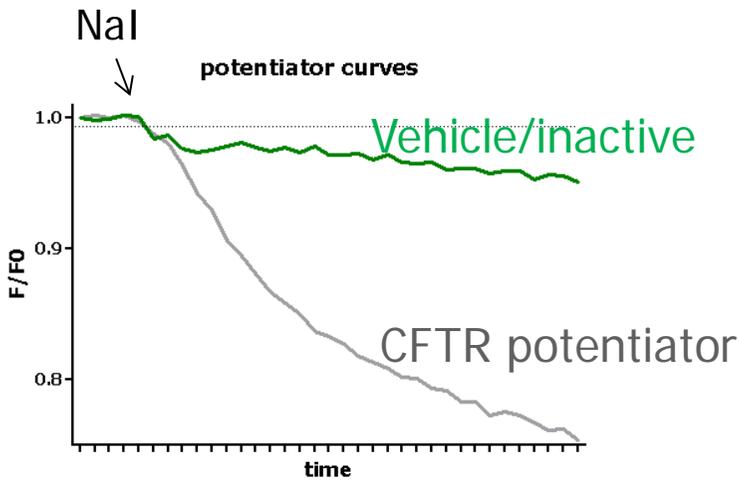
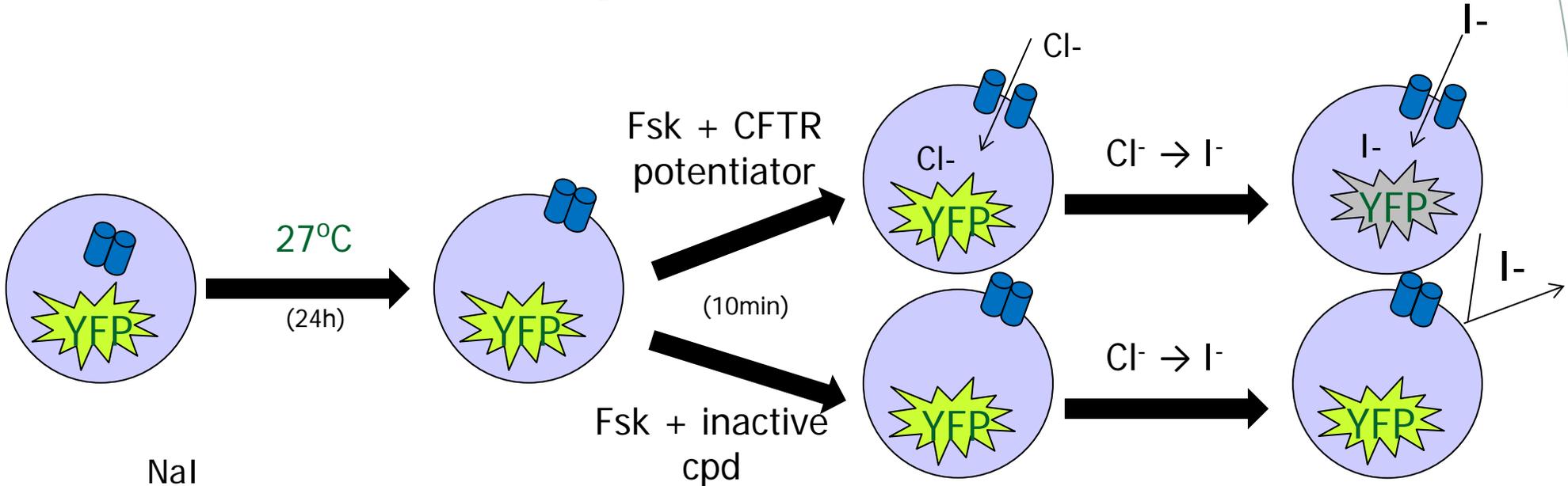
**Cell-based assay for high-throughput quantitative screening of CFTR chloride transport agonists**

Luis V. J. Galiotta, Sujatha Jayaraman, A. S. Verkman

American Journal of Physiology - Cell Physiology Nov 2001, 281 (5)

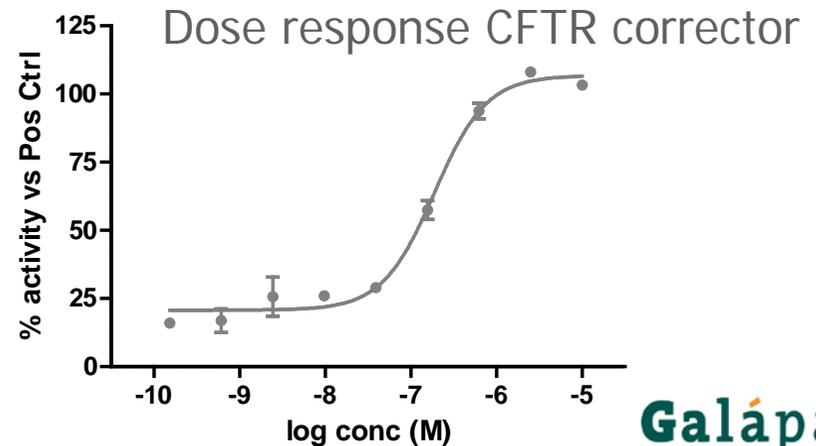
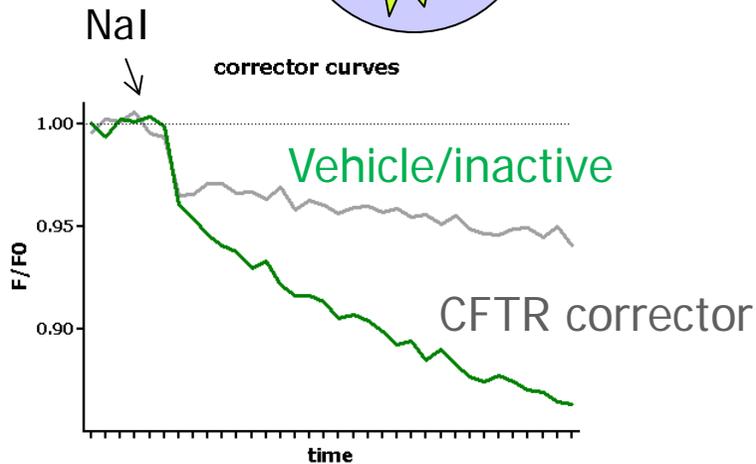
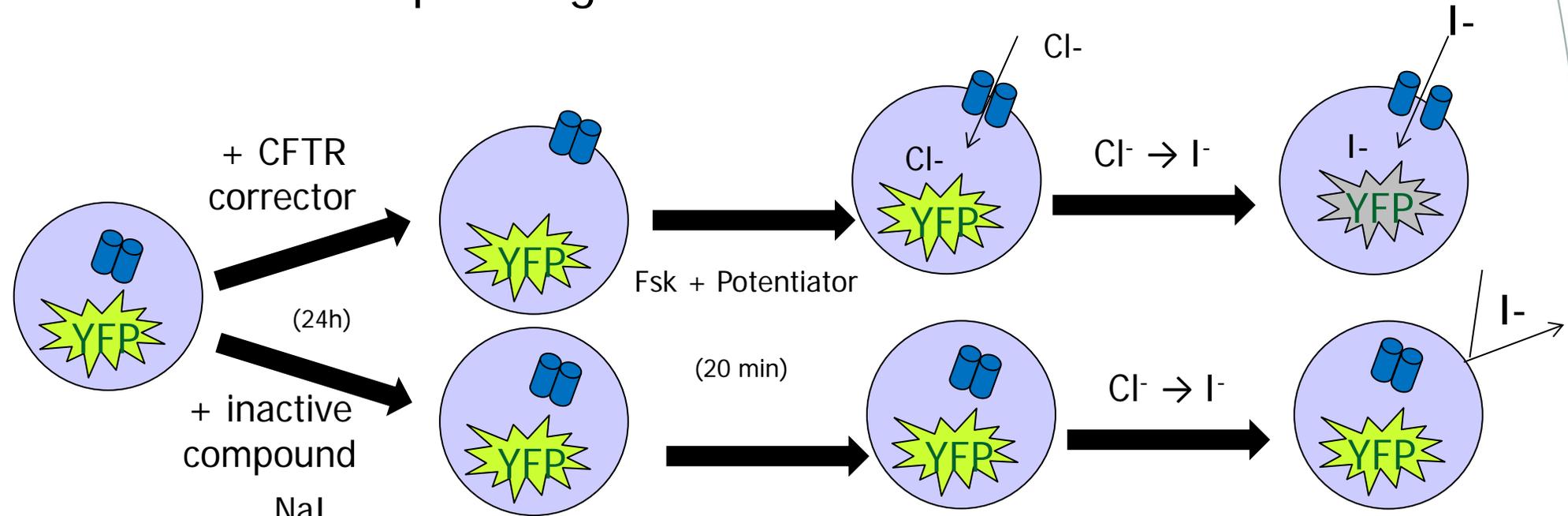
# Detection of CFTR potentiators

Cells over-expressing F508d-CFTR and YFP-H148/I152L



# Detection of CFTR correctors

Cells over-expressing F508del-CFTR and YFP-H148/I152L





# Advantages

- Sensitive quantitative assay to measure restoration of deficient cellular chloride transport – HTS compatible
- Excellent optical properties and retention in cells
- Fluorescence indicator loading and washing not necessary
- Applicable to physiologically relevant bronchial epithelial cells  
- show minimal basal halide permeability before stimulation
- Anion co-transporters like NKCC and exchangers like AE1 transport I<sup>-</sup> poorly, whereas CFTR transports I<sup>-</sup> efficiently -> better selectivity
- Can be run in different flavours : to detect potentiators, correctors and compound synergies



# HTS to identify CFTR potentiators

## Assay optimization

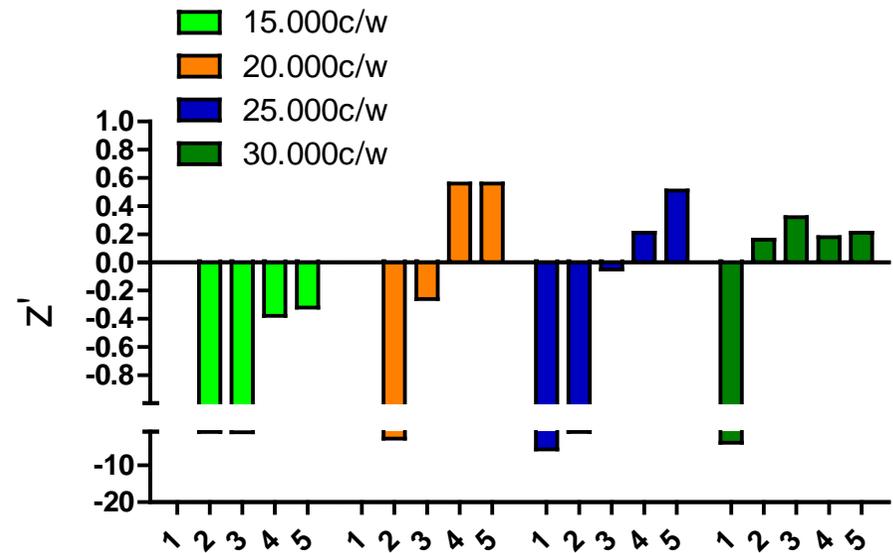
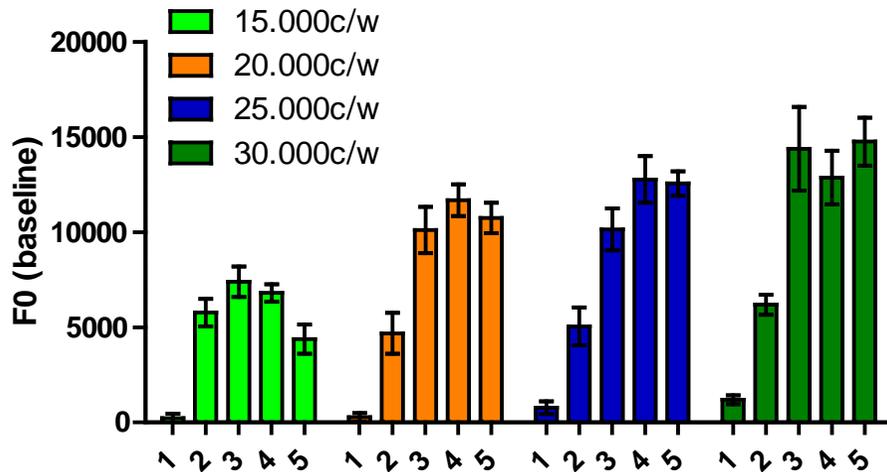
- Evaluation of HEK-293 cells vs CF bronchial epithelial (CFBE41o-) cells
- Transfection/transduction conditions
- Using the  $\mu$ cell/FDSS for increased throughput - comparison with EnVision<sup>®</sup>
- Analysis method



# HEK-293

## Cell number and YFP transfection conditions

Baseline fluorescence and Z' in HEK-293 cells transfected with YFP-H148/I152L



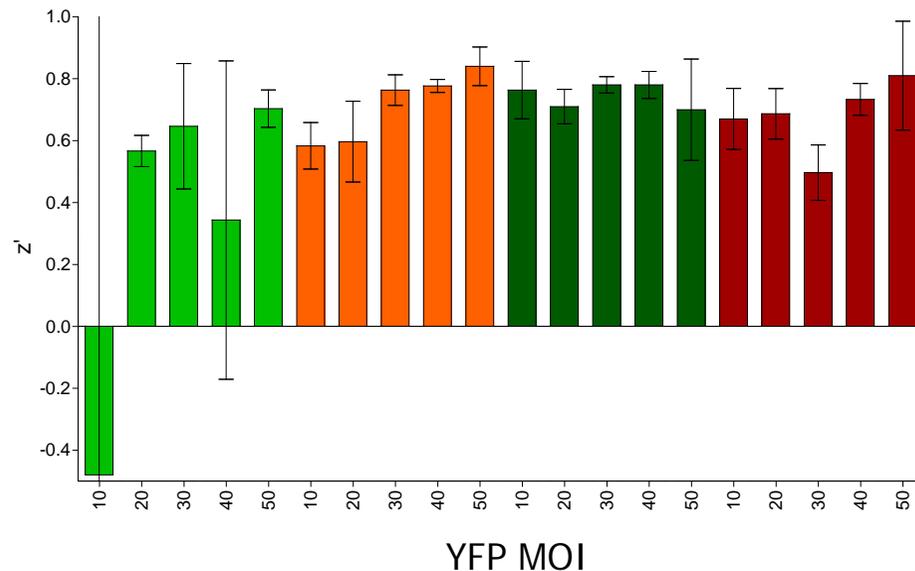
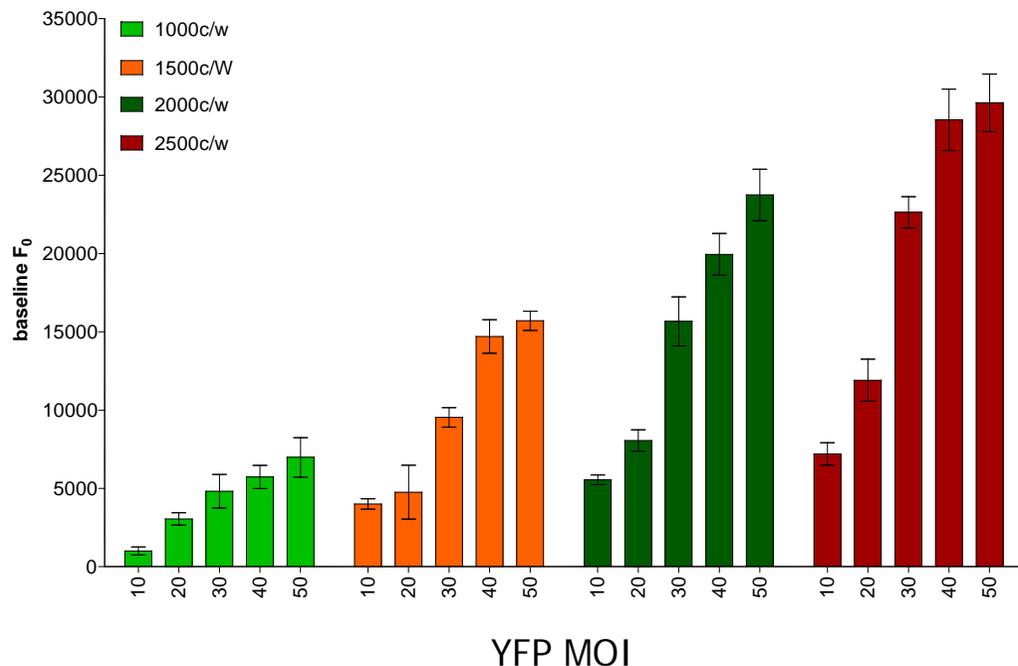
Z' is generally poor for HEK-293 transfected cells



# CFBE41o- cells

## Cell number and YFP transduction conditions

Baseline fluorescence and Z' in CFBE cells transduced with YFP-H148/I152L



- Adenoviral transduction in CFBE cells gives more uniform YFP signals
- More physiologically relevant cell line for CF

# Comparison of instruments

## EnVision® (Perkin Elmer)

Dual-detector multilabel Plate reader

Label specific optical mirror modules and filter optics

Temperature control

Well per well reading

### High precision dispenser unit:

Well per well dispensing -96w plates

Dispense volume: 2 - 475  $\mu$ L

Dispense speed: 100 - 500  $\mu$ L/sec

## FDSS/ $\mu$ CELL (Hamamatsu)

Kinetic plate reader for fluorescence and luminescence

Filter optics

No temperature control

High speed, high - sensitivity CCD camera for detection of entire plate

### 384 well dispenser head:

Simultaneous 384w dispensing

Dispense volume: 1 - 30  $\mu$ L

Dispense speed: 2 - 50  $\mu$ L/sec

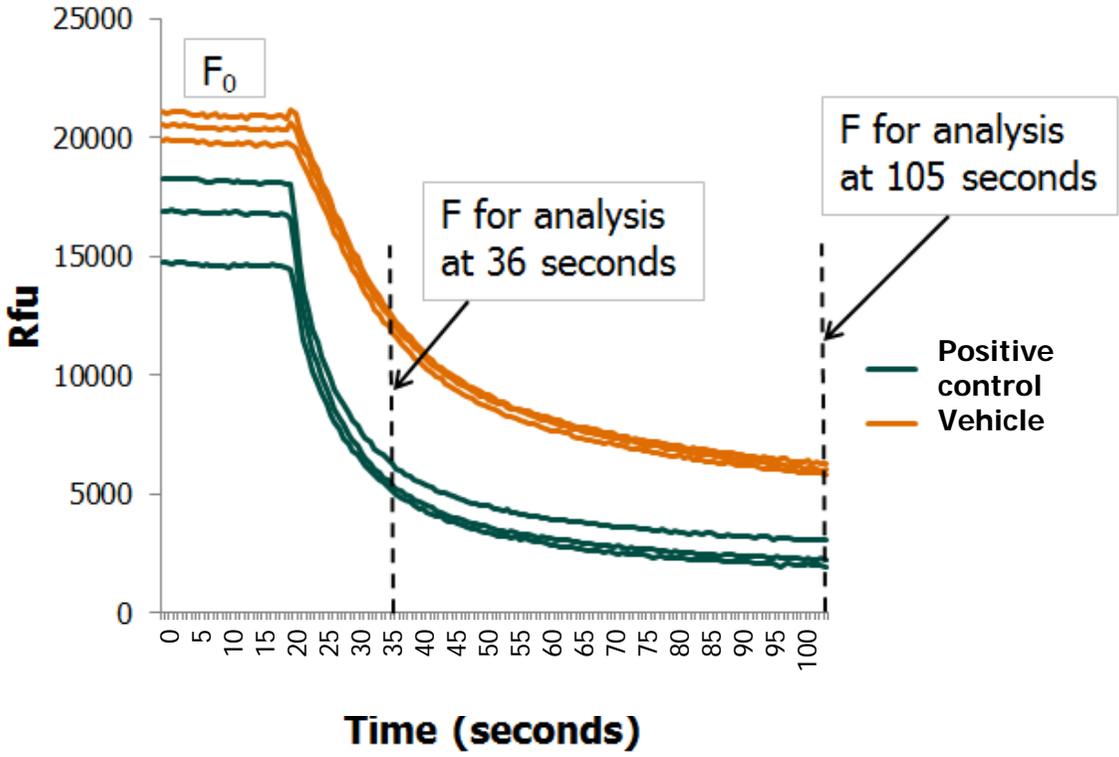
Multiple compound/ligand dispensing

Active wash station allowing reuse of tips, with wipe function

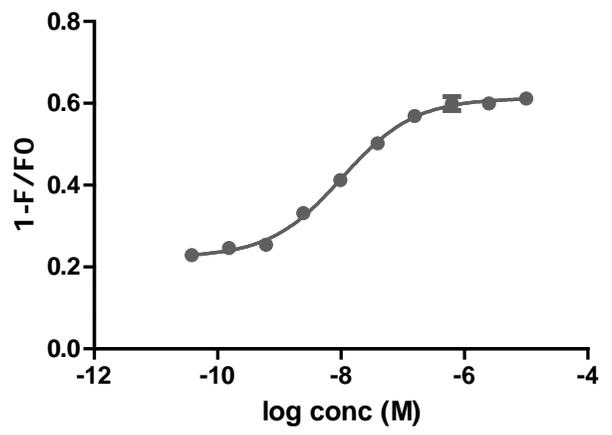
# Comparison of methods

EnVision®	Assay conditions	FDSS/μCELL
<b>Day 1: Cell seeding</b>		
96 well	Plate format	384 well
6,000 cells/well in 100 μL	Cell density	2,000 cells/well in 50μL
<b>Day 2: Transduction of cells</b>		
MOI 20	YFP virus	MOI 30
MOI 30	CFTRdelf508 virus	MOI 30
<b>Day 3: Low temperature correction</b>		
20 hours incubation at 27 °C, 5% CO <sub>2</sub>		
<b>Day 4: Washing of cells, compound addition &amp; activation of CFTR</b>		
Manual washing (2 x 40 μL)	Washing of cells with DPBS	Plate washer (5x 90 μL, 20 μL remaining after last wash)
Addition of compounds and forskolin using multichannel (40 μL added on dry cells)	Compound addition + activation of CFTR with 10 μM forskolin	Compound and forskolin addition using FDSS/μCELL (10 μL added on cell plates containing 20 μL PBS)
150 μL/sec	Injection of I-	30 μL/sec
16 minutes (34 readings per well every 0.2 sec) with excitation at 485 nm and emission at 530 nm	Reading	3 minutes including washing of tips (384 wells read simultaneously) with excitation at 480 nm and emission at 540 nm

# Analysis method



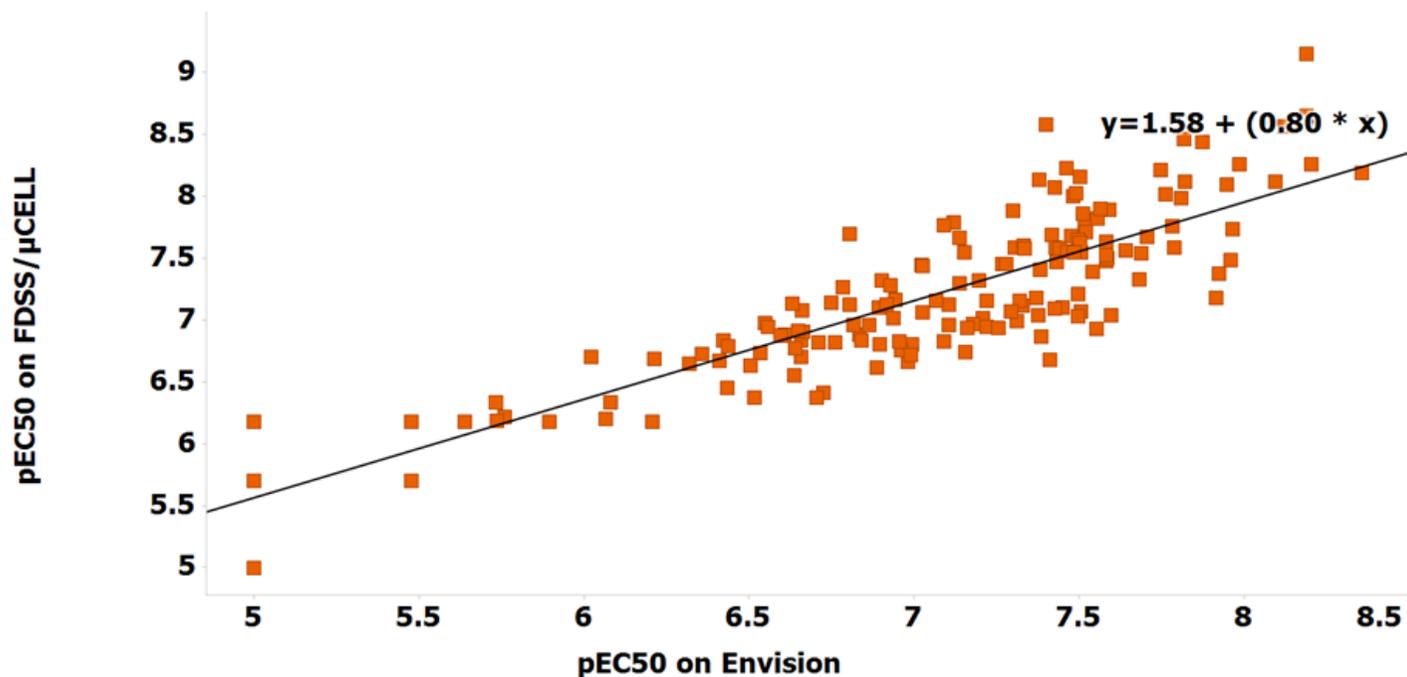
Dose response CFTR potentiator



$F_0$  = fluorescence before injection  
 $F$  = fluorescence at a fixed time point after injection.

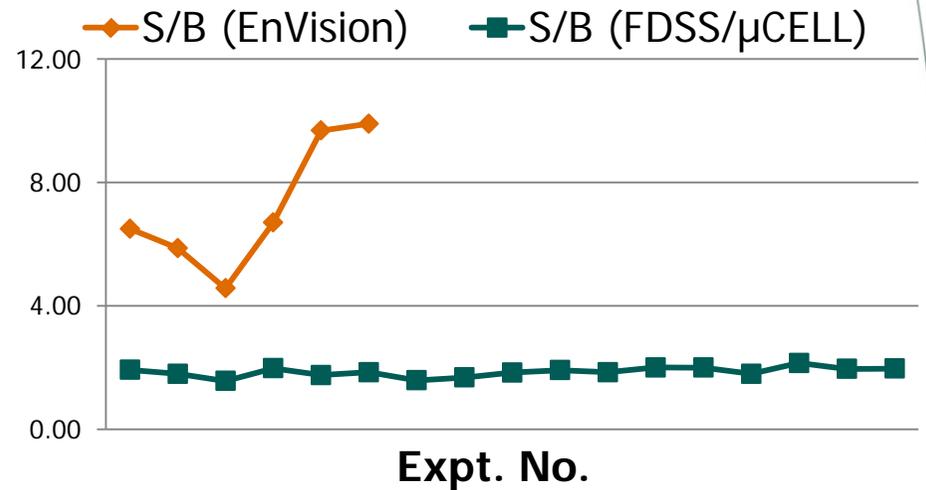
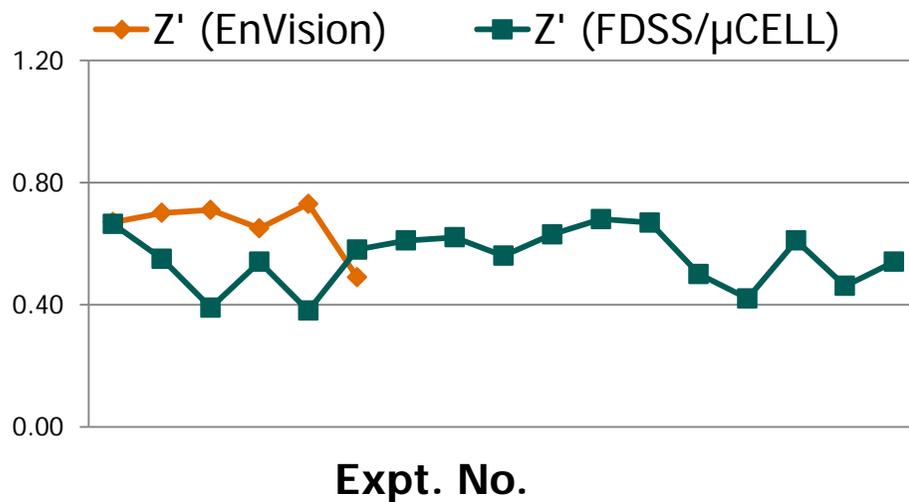
	Analysis based on slope	Analysis based on fluorescence at 36 sec	Analysis based on fluorescence at 105 sec
<b>S/B</b>	1.7	2.2	1.4
<b>Z'</b>	0.67	0.76	0.76

# Comparison of compound activities



Good correlation between pEC<sub>50</sub> values obtained on both platforms

# Comparison of QC parameters



- Z' values comparable between platforms
- S/B considerably reduced on the FDSS/μCELL but more stable over runs



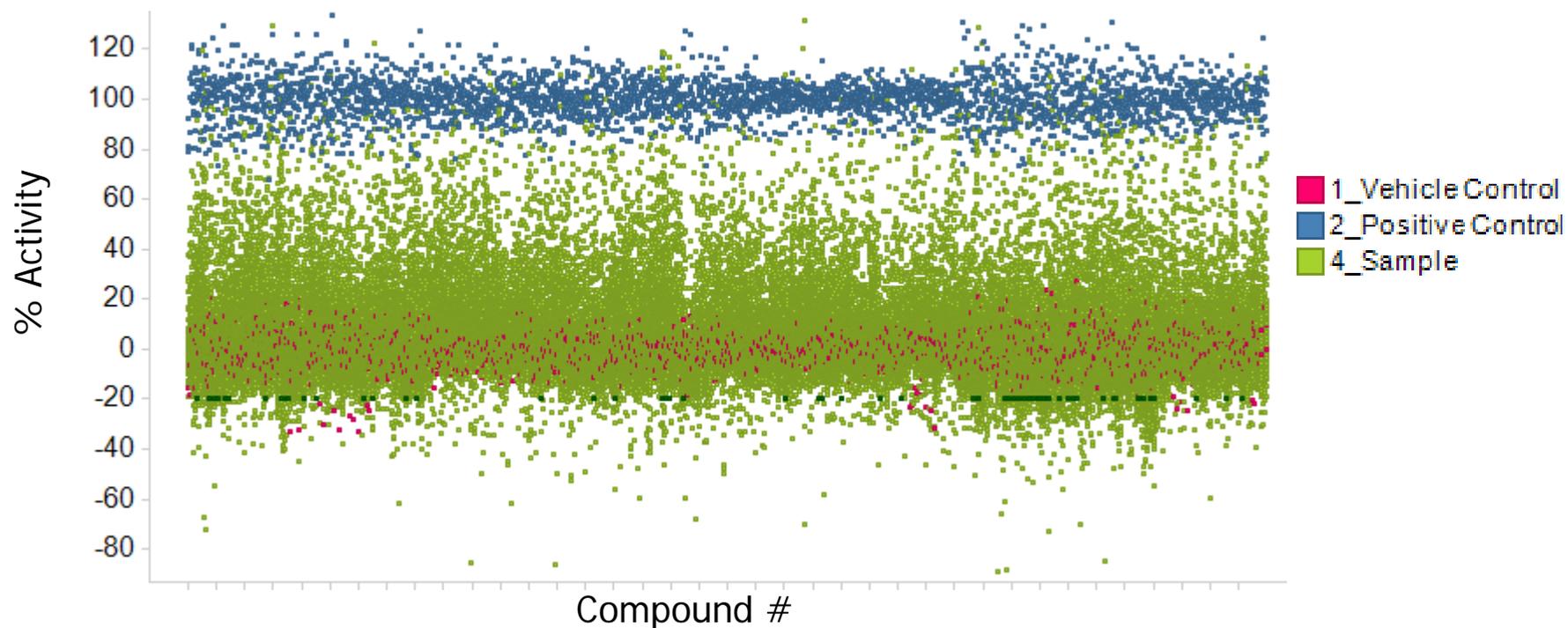
# HTS to identify potentiators of F508del-CFTR

- Library
  - A diverse selection of 76,000 compounds was screened (40 plates/day, 6 runs)
- HTS QC criteria
  - Plates accepted if  $Z' \geq 0.35$
  - Pharmacology QC by reference compound  $IC_{50}$ 
    - +/- 3 fold the historical average

# YHA potentiator HTS

## Normalized data

HTS data normalized to positive control



- High hit rate observed
- Consistent data after normalization over the different runs
- Reproducible pharmacology for reference compounds

# YHA potentiator HTS

## QC results



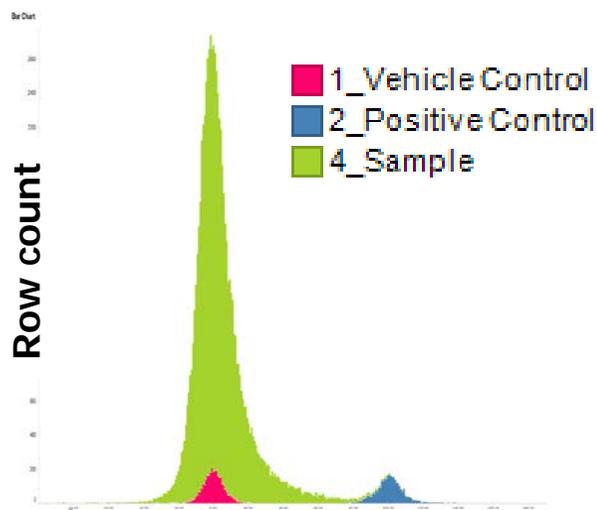
- Good assay S:B and plate Z' for most plates screened
- Only 1 plate rejected for the whole screen



# YHA potentiator HTS

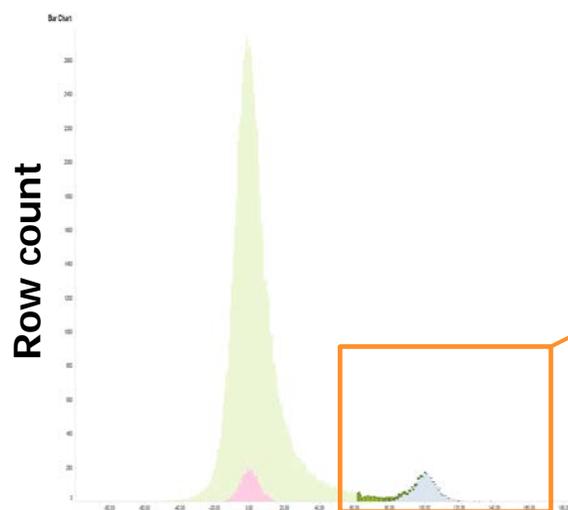
## Hit identification

% activity distribution for controls and samples

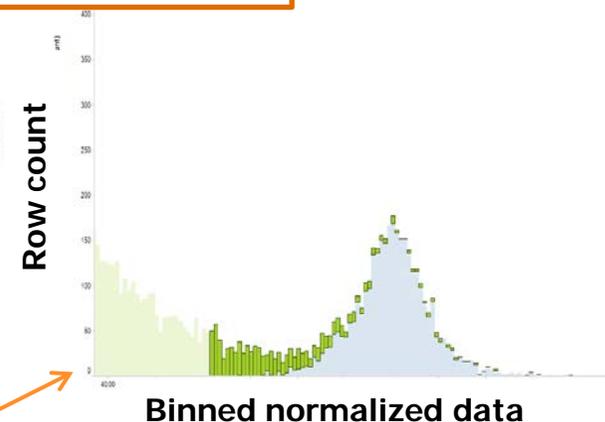


Binned normalized data

Hits selection at 62%



Binned normalized data



Binned normalized data

- Asymmetric distribution due to high hit rate, hit calling using IQR method
- Percentage activation  $\geq Q3 + 3.5 * IQR$  (62%)
- 909 hits identified with  $> 62\%$  activity, being further profiled



# Conclusions

- Quantitative functional assay to identify compounds that improve chloride channel function in CFBE cells
- Robust protocol with an average S/B of 1.8 and a  $Z' > 0.5$ .
- Optimized protocol using the plate washer and the FDSS/ $\mu$ CELL led to a 20-fold increase in the assay throughput – suitable for HTS
- Good correlation between  $EC_{50}$  data obtained on the EnVision<sup>®</sup> and the FDSS/ $\mu$ CELL



# Acknowledgments

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