

Vaccines for Treating Opioid and Stimulant Use

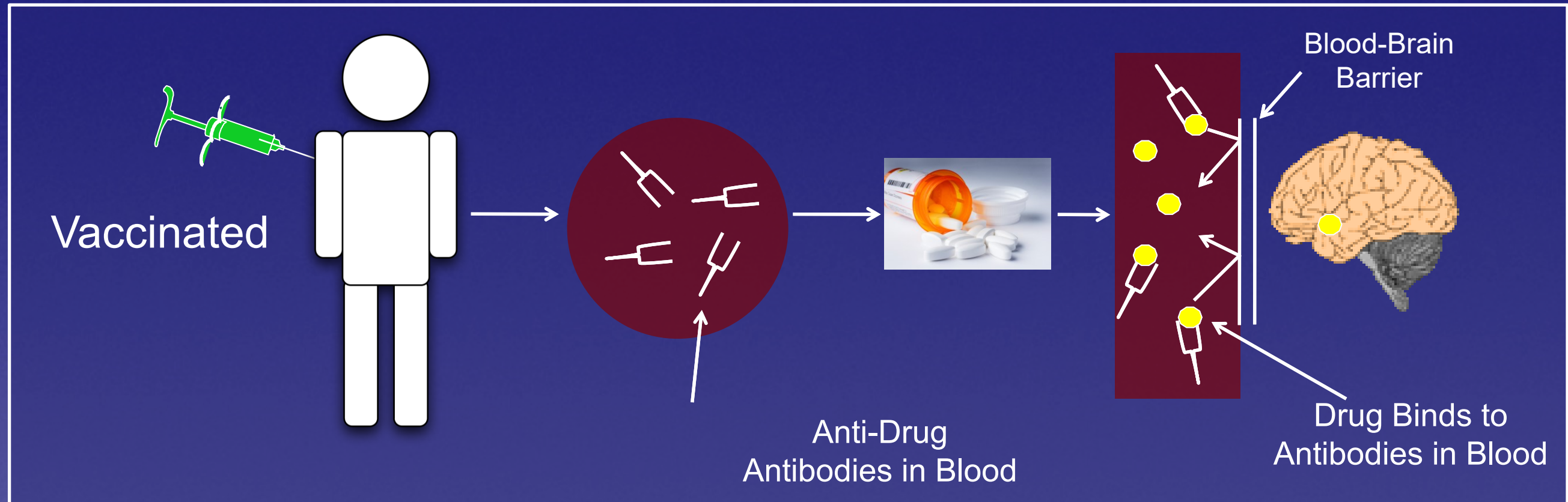
NIH HEAL Meeting • April 14, 2021

Sandra D Comer, PhD
Professor of Neurobiology
Department of Psychiatry
Columbia University and NYSPI
New York, NY

OUTLINE

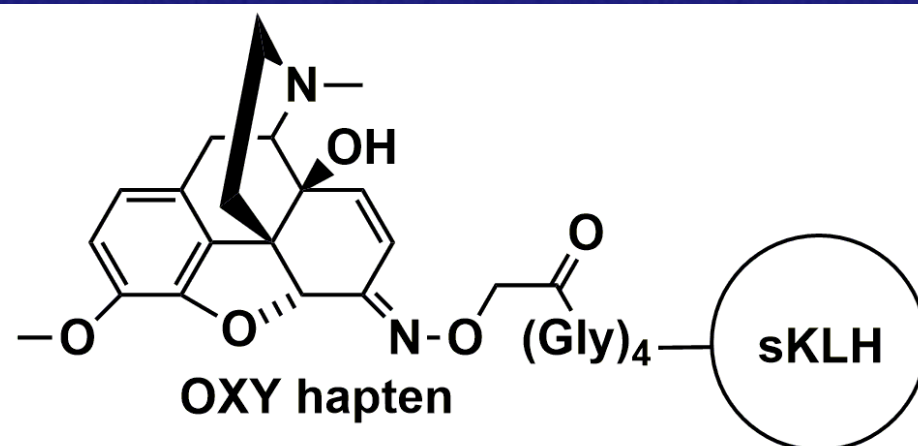
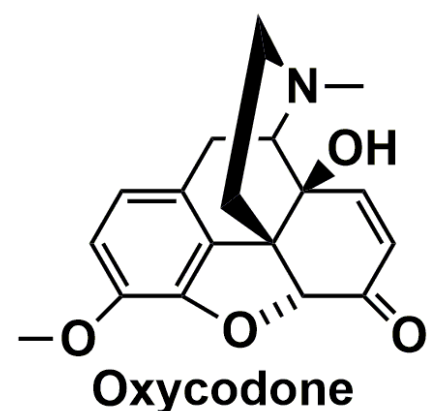
- ✓ How do vaccines work?
- ✓ What are the implications for treatment?
- ✓ What are the challenges?

Vaccines for illicit drug use generate antibodies that bind drug in plasma and block entry to the brain

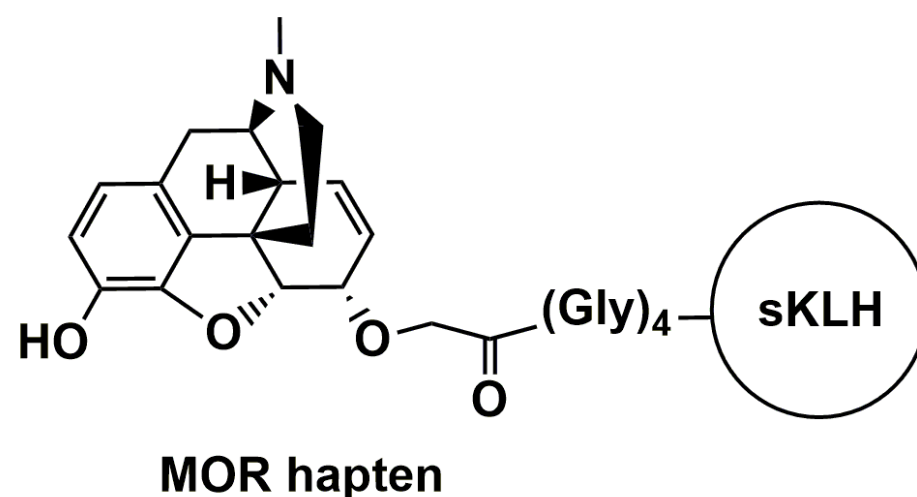
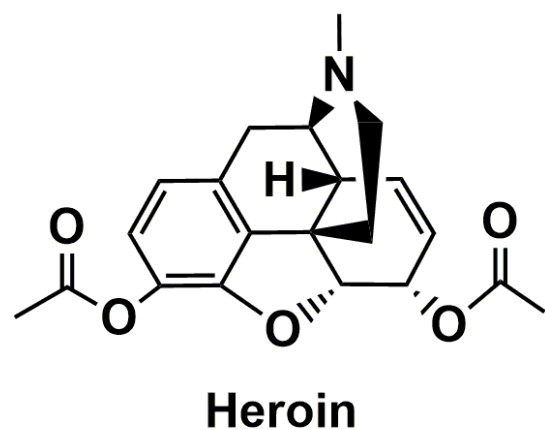


A series of injections are given over several months in order to achieve maximal antibody production

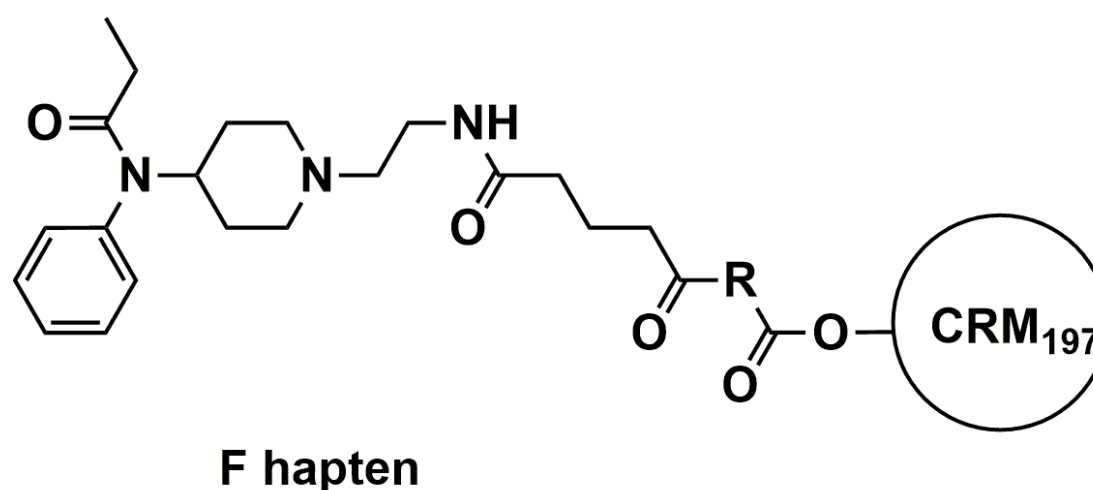
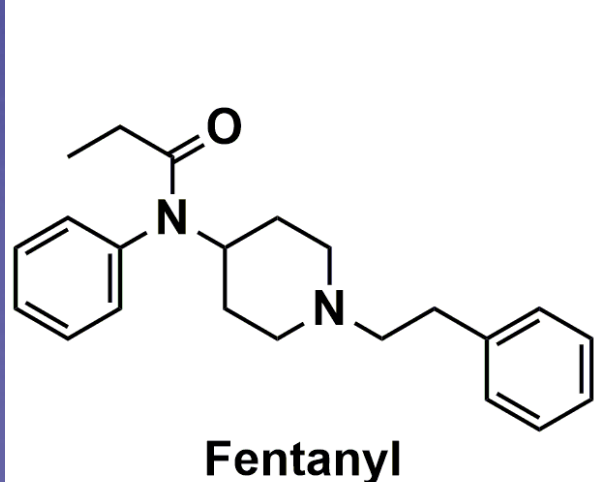
Candidate vaccines for heroin and prescription opioids



OXY-KLH targets
oxycodone,
hydrocodone,
oxymorphone



M-KLH targets
heroin, 6-AM, and
morphine



F-CRM targets
fentanyl and its
analogues

NIDA Development Pipeline

Courtesy of Kurt Rasmussen, PhD
Director, Division of Therapeutics and Medical Consequences

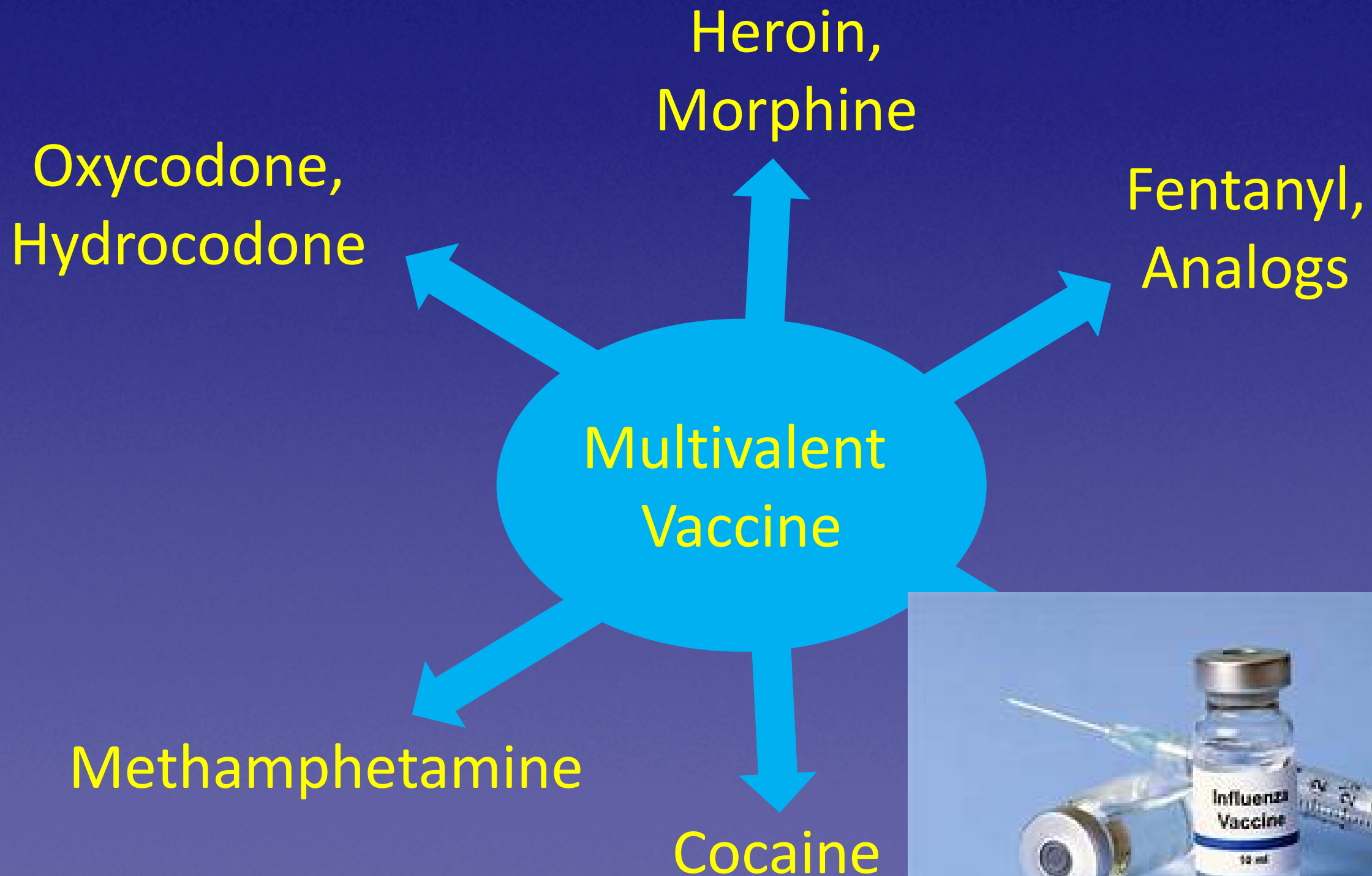
Stimulant (Cocaine and Methamphetamine) Use Disorder Medication Pipeline

Early Preclinical T2L: (> 12 years)	Late Preclinical (10 – 12 years)	Phase I (6 – 10 years)	Phase Ib (5 – 9 years)	Phase II (4 – 6 years)	Phase III (3 – 5 years)
<input type="checkbox"/> SBI-0069330 / SBI-0801315 mGluR2 PAM	<input type="checkbox"/> IXT-m200 Long-duration anti-meth mAb	<input type="checkbox"/> dAdGNE Anti-cocaine vaccine	<input type="checkbox"/> Mirtazapine NE/5HT antagonist	<input type="checkbox"/> NS2359* DAT/NET/SERT inhibitor	
<input type="checkbox"/> NOP/Kappa/Mu ligands	<input type="checkbox"/> Methamphetamine conjugate vaccine	<input type="checkbox"/> Cocaine hydrolase gene therapy	<input type="checkbox"/> Duloxetine & Methylphenidate NET/SERT inhibitor & CNS stimulant	<input type="checkbox"/> IXT-m200 Anti-meth mAb	
<input type="checkbox"/> PTPRD ligands	<input type="checkbox"/> IXT-v100 Methamphetamine vaccine	<input type="checkbox"/> h2E2 Anti-cocaine mAb	<input type="checkbox"/> Pomaglumetad methionil mGluR2/3 agonist prodrug	● Bupropion DAT/NET inhibitor	
<input type="checkbox"/> Peptidic KOR agonists			● Clavulanic acid GLT-1 activator	<input type="checkbox"/> Mavoglurant* mGluR5 non-competitive antagonist	
<input type="checkbox"/> GLT-1 up-regulator			● Ketamine NMDA antagonist	<input type="checkbox"/> EMB-001 Metyrapone & oxazepam GC synth inhibitor & benzodiazepine	
<input type="checkbox"/> Methamphetamine vaccine			● Pioglitazone PPAR-γ agonist	● Guanfacine α2A agonist	
<input type="checkbox"/> Cocaine catabolic enzyme				<input type="checkbox"/> Naltrexone SR injection & oral Bupropion Mu antagonist & DAT/NET inhibitor	
<input type="checkbox"/> VMAT-2 inhibitor					

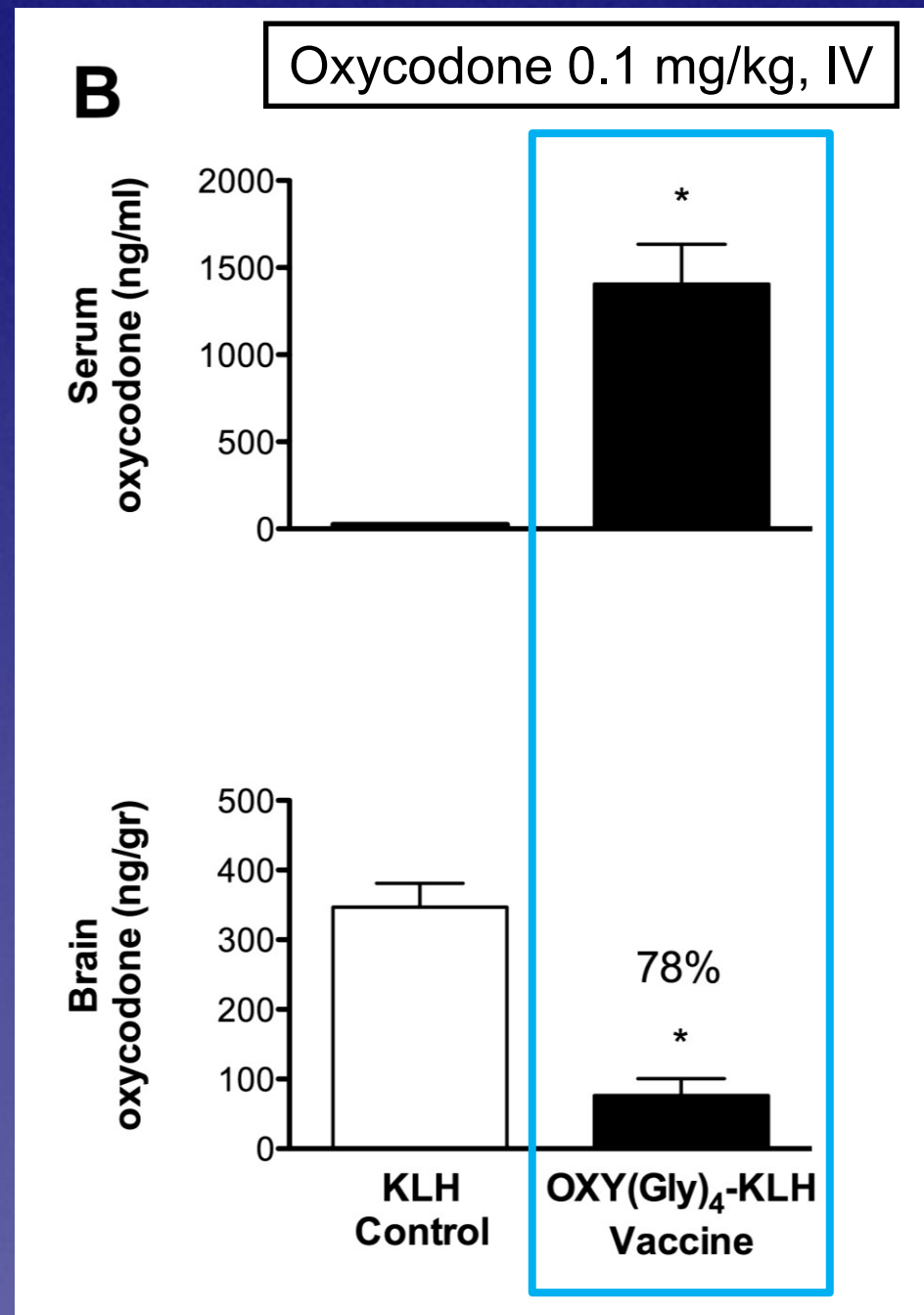
KEY:
 – NME
 – New Indication
 – Biologic
 – Gene Therapy |
 – cocaine
 – meth
 – both cocaine and meth

* Not currently supported by NIDA

Multivalent Vaccine Concept

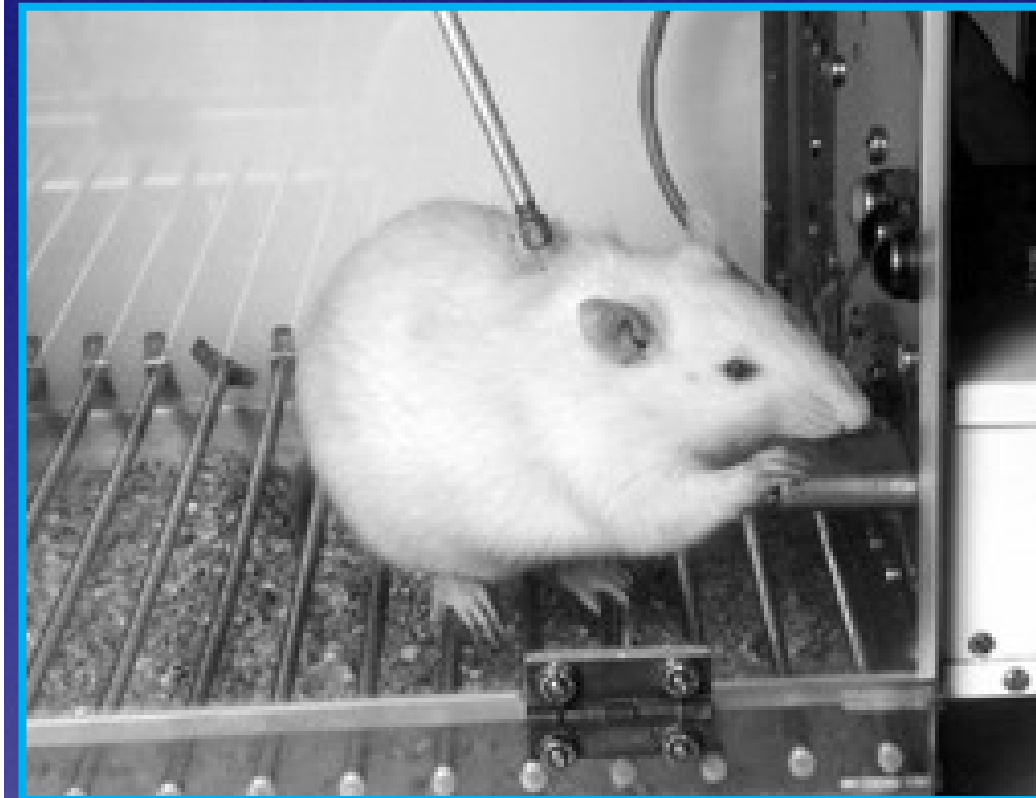
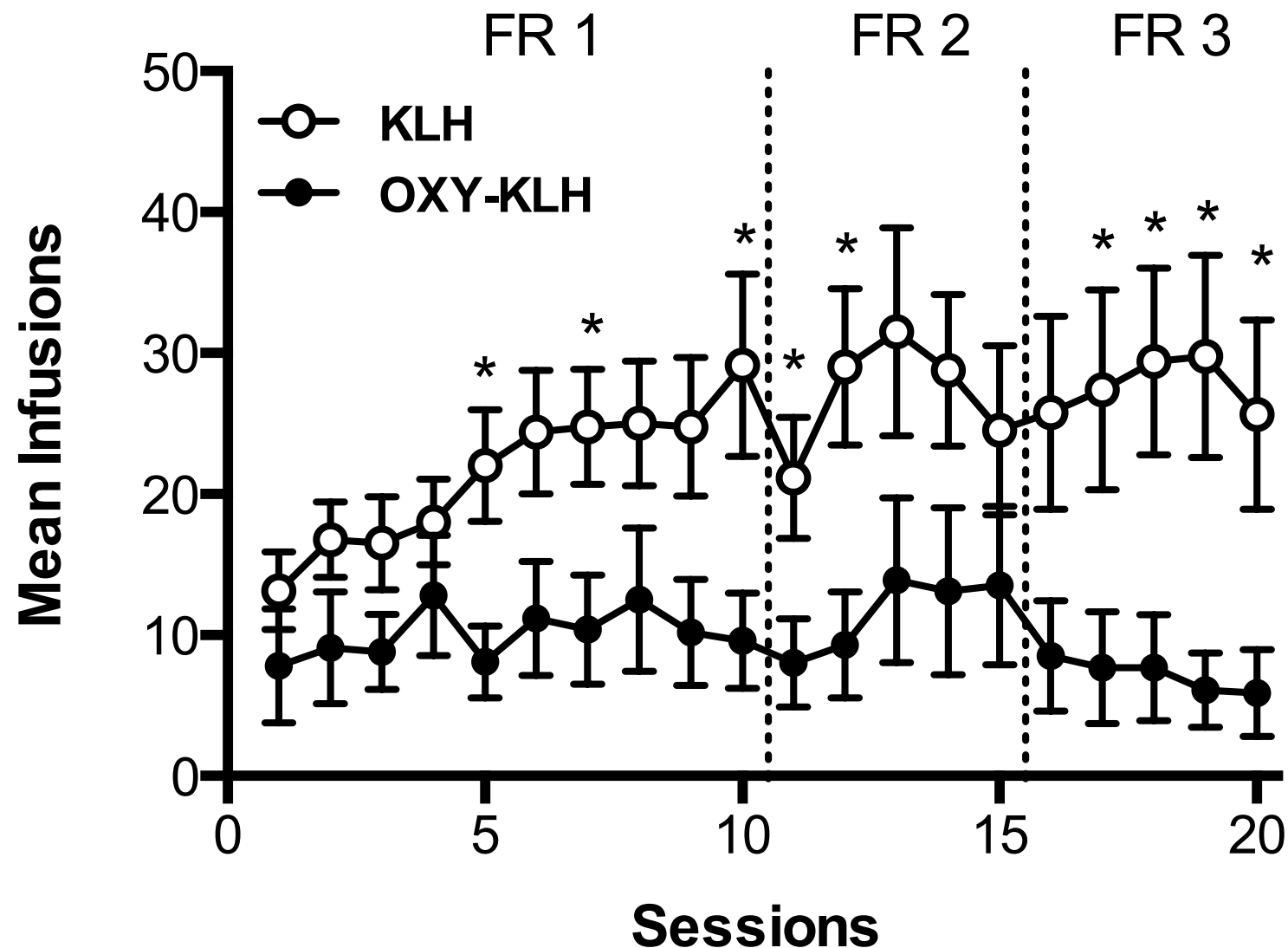


Mechanism of Action



In vaccinated rats, serum oxycodone levels increase and brain oxycodone levels decrease compared to control rats

Efficacy. Vaccines prevent opioid self-administration



Pravetoni et al., PLOSone 2014

Vaccination with OXY-KLH generated oxycodone-specific serum IgG antibody conc. of $450 \pm 65 \mu\text{g/ml}$, with high affinity for oxycodone ($K_d < 50 \text{ nM}$ and $\text{IC}_{50} < 20 \text{ nM}$).

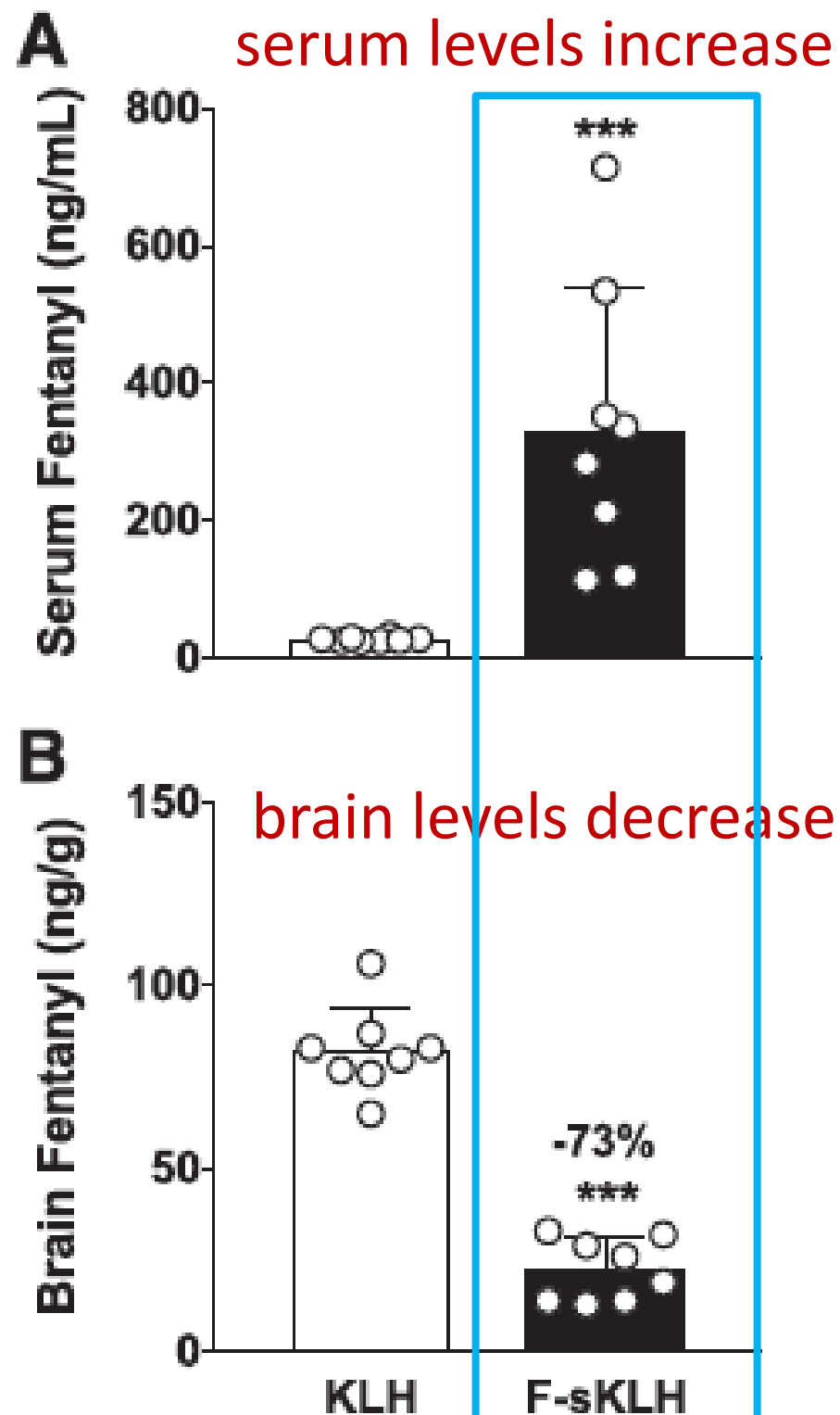
Fixed ratio (FR)= number of active lever presses to deliver i.v. oxycodone 0.06 mg/kg/inf ; session= 120-min.

Increased Overdose Death Rates During COVID-19 Pandemic

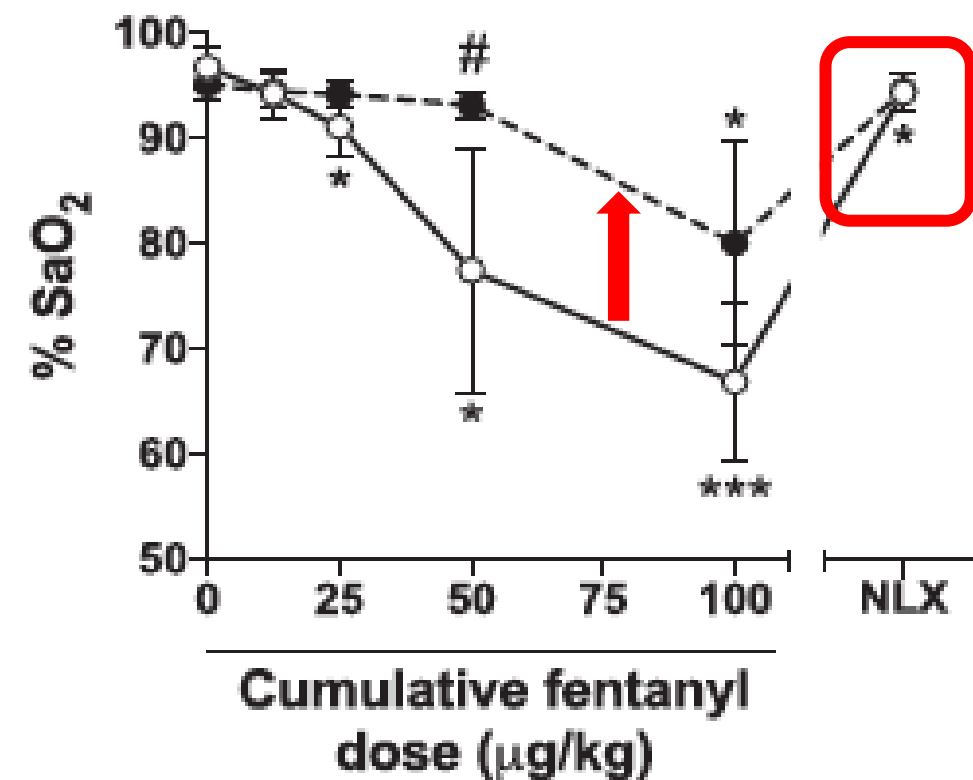
12-months Ending July 2020 Compared to 12-months Ending July 2019

	ALL DRUGS	HEROIN	NAT & SEMI – SYNTHETIC	METHADONE	SYNTHETIC OPIOIDS	COCAINE	OTHER PSYCHO- STIMULANTS (mainly meth)
July 2019 *		14,793	12,203	2,875	33,704	15,031	14,941
March 2020*	75,687	14,145	12,349	2,837	40,756	17,465	18,033
July 2020*	86,001	14,427	13,259	3,315	50,122	19,542	20,406
July 2019-July 2020 Change	+24.2%	-2.5%	+8.7%	+15.3%	+48.7%	+30.0%	+36.6%

Fentanyl Vaccine: Preclinical Data

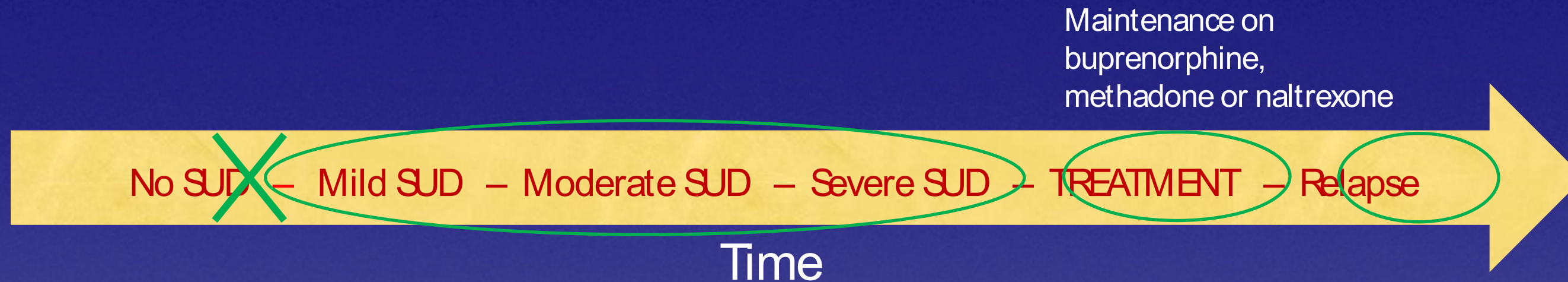


respiratory depression is reversed
naloxone reversal is unaffected



Raleigh et al. JPET 2019; Robinson et al. JMC 2020

How does a vaccine fit into treatment options for SUD?



What about illicit stimulant use?

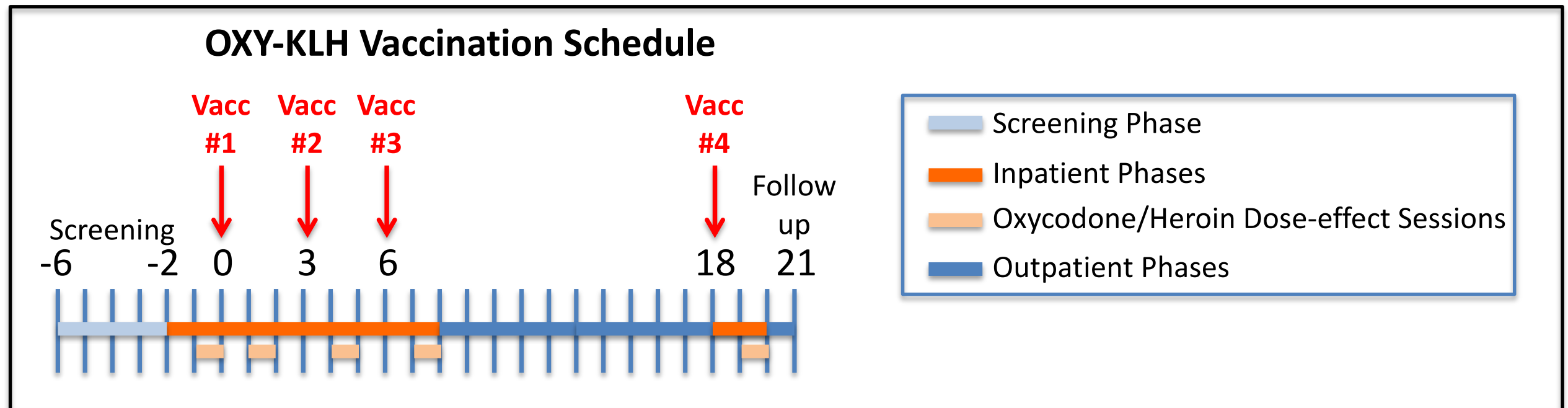
OVERDOSE

- Prevent SUD
- Treat SUD as stand-alone medication
- Adjunct to other medications
- Reduce fatal overdoses

Clinical Study Design: OXY-KLH Phase 1

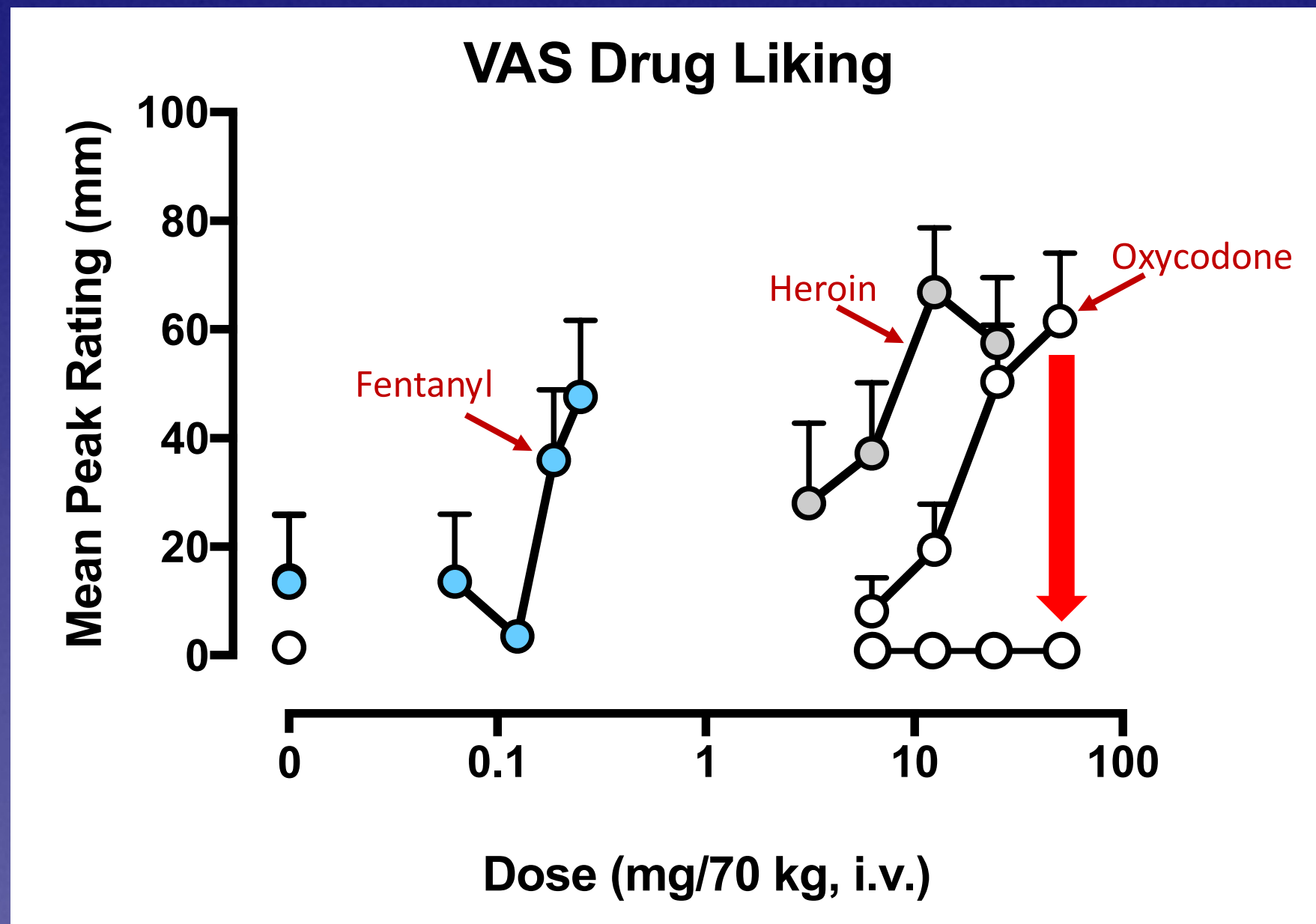
- AIM 1 - SAFETY
 - Physical examinations, self-reported side effects, routine blood and urine chemistries, reactogenicity, and signs/symptoms of opioid withdrawal
- AIM 2 – IMMUNE RESPONSE
 - Titers, concentrations, affinity, and specificity of oxycodone-specific serum antibodies
- AIM 3 – PRELIMINARY EFFICACY
 - Mean peak ratings of Drug Liking

Vaccination Schedule for Each Participant



- Inpatient Maintenance: Oral MORPHINE (30 mg QID)
– not expected to interact with vaccine response
- Test: Intranasal OXYCODONE (0, 25, 50, 100 mg IN) and HEROIN (100 mg IN)

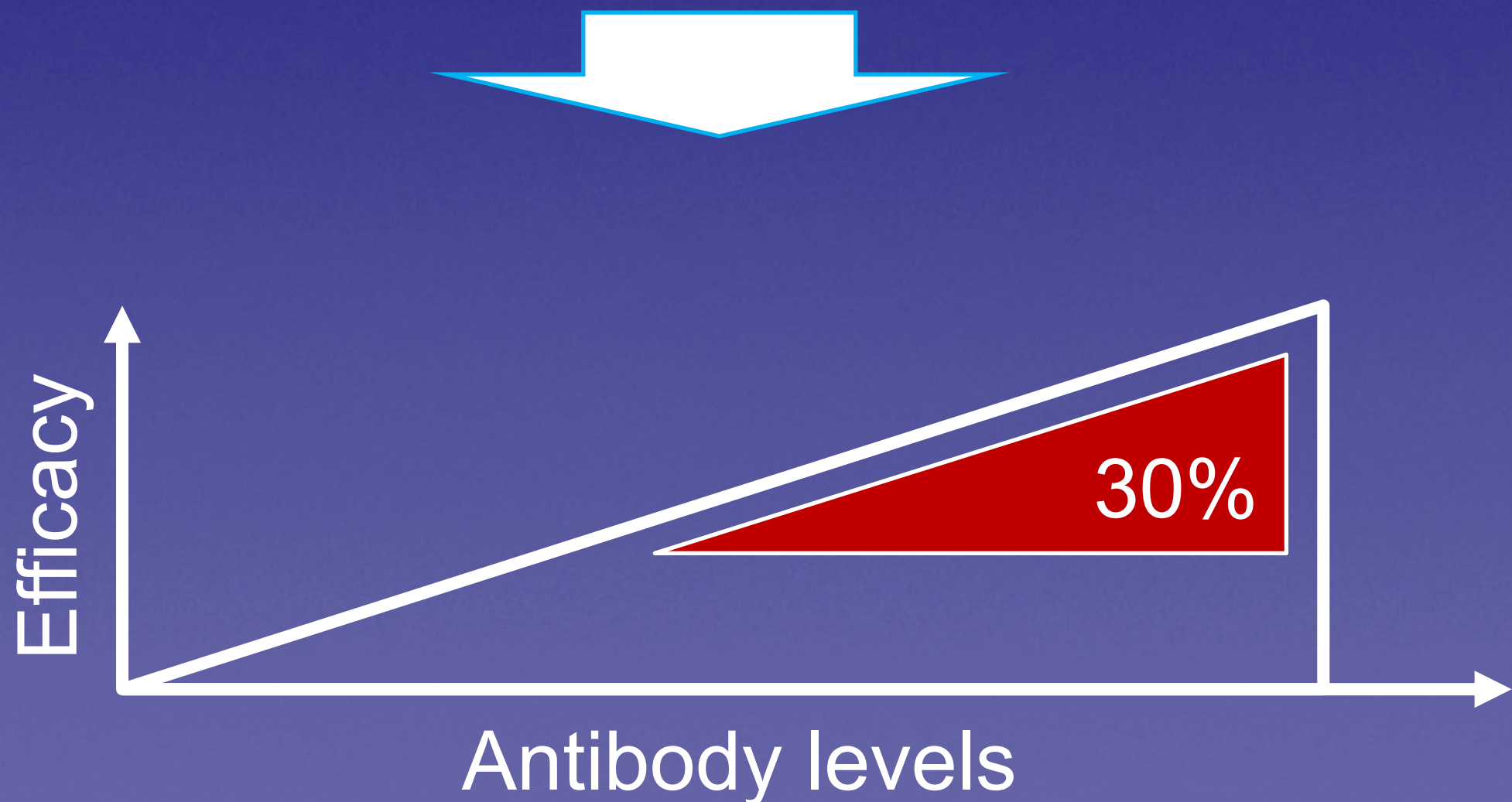
PREVIOUS DATA: Fentanyl, Heroin, Oxycodone



Comer et al. 2008

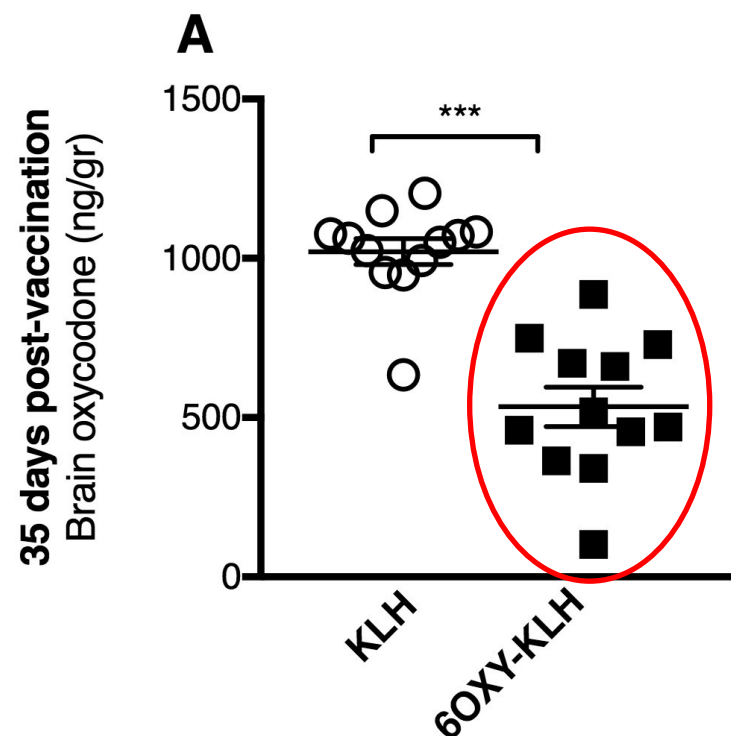
Challenge. Identify immunological mechanisms and biomarkers of vaccine efficacy to accelerate translation

First-generation nicotine and cocaine vaccines showed clinical proof of efficacy in ~30% of immunized subjects that achieved highest **antibody** levels

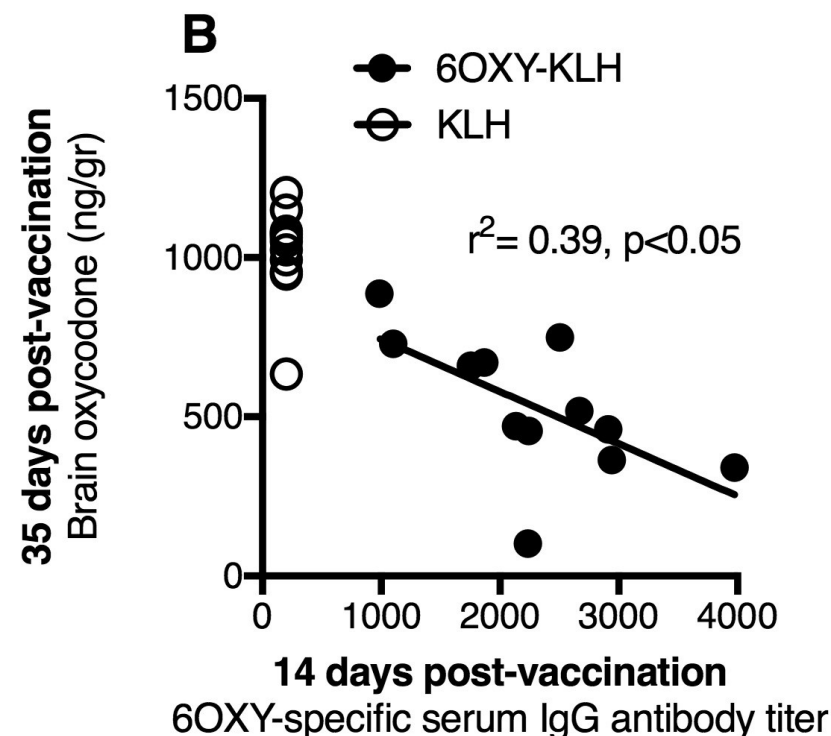


Biomarker. Vaccine efficacy is predicted by early antibodies and pre-immunization B cell frequency in mice

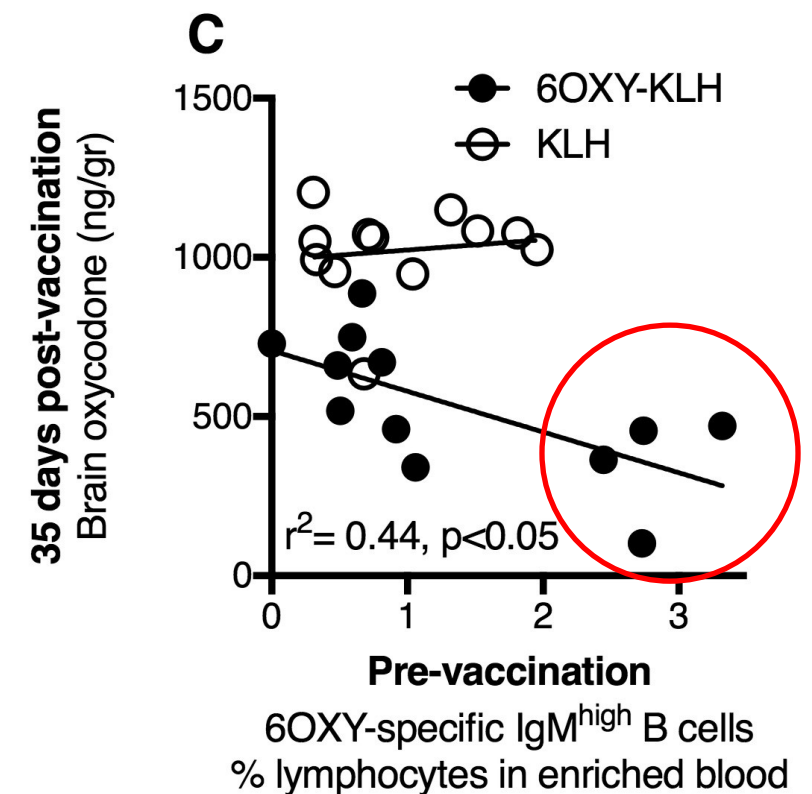
A. OXY-KLH efficacy in blocking oxycodone to brain



B. Antibody titers vs. efficacy
IgG subclasses vs. efficacy



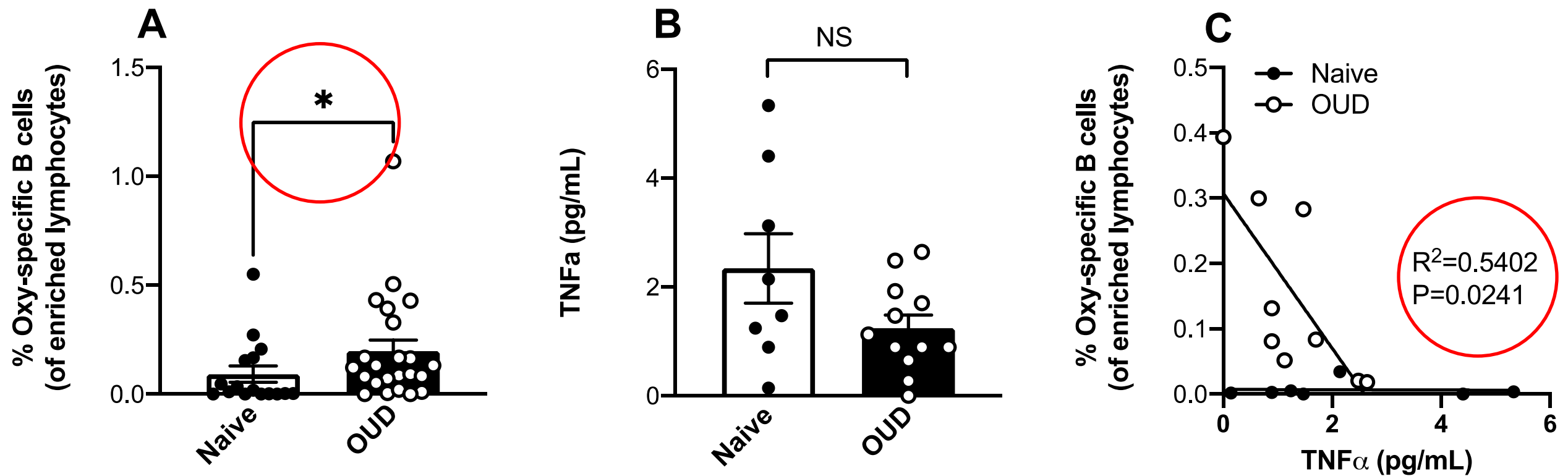
C. OXY-specific B cell frequency vs. efficacy



Laudenbach et al., J. Immunology 2015
Laudenbach et al., Vaccine 2015
Taylor et al., J. Immunol. Methods 2014

Phase I trial includes exploratory biomarkers to select or stratify patients

Comparison of **opioid users and naïve** individuals' opioid-specific B cells and $\text{TNF}\alpha$ expression

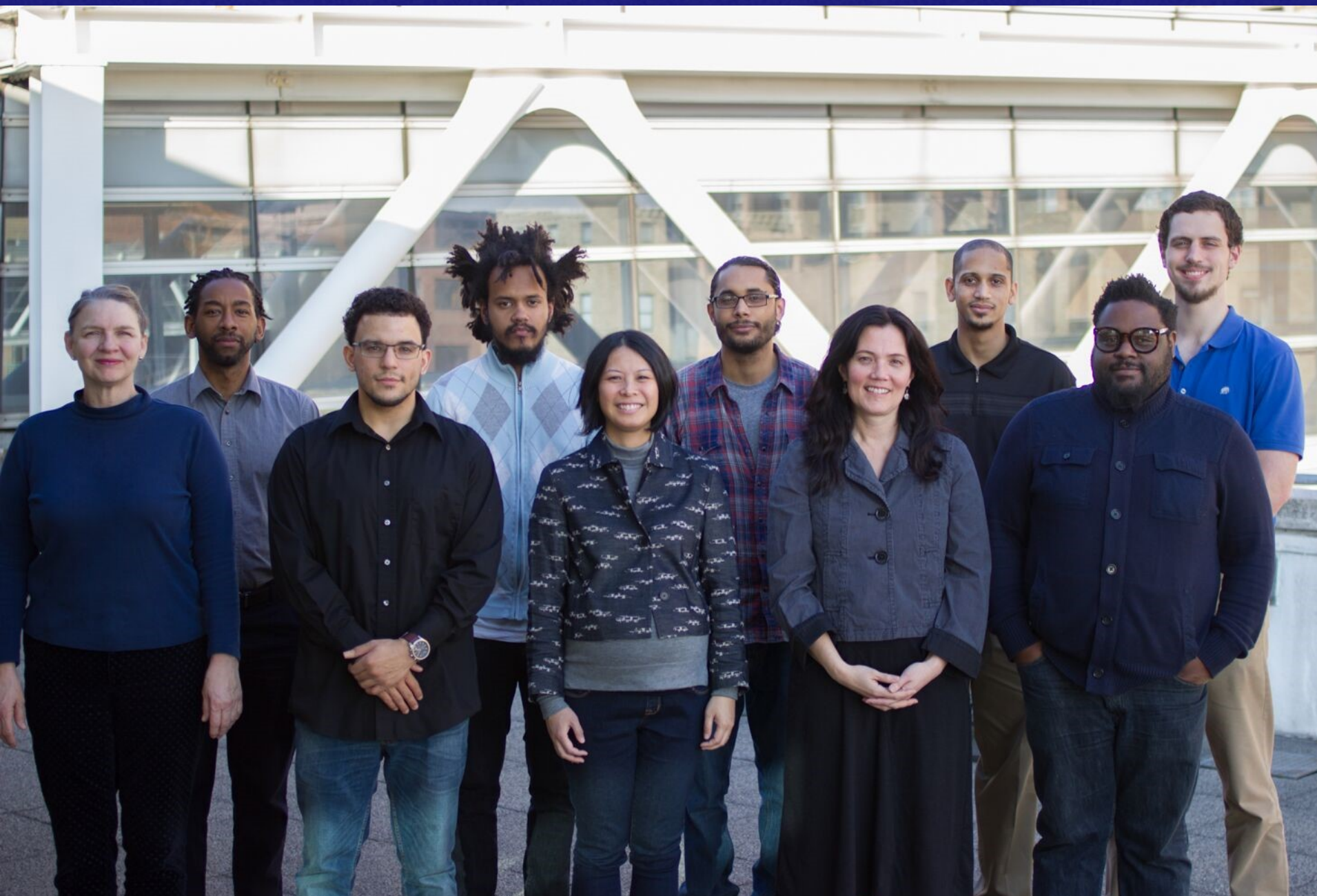


- Significant difference in the frequency of opioid-specific B cells
- No difference in the expression of $\text{TNF}\alpha$
- Correlation between $\text{TNF}\alpha$ expression and opioid-specific B cells only for **opioid users**

Is $\text{TNF}\alpha$ a viable biomarker to predict vaccine clinical efficacy?

CONCLUSIONS

- ✓ Do vaccines work?
 - Preclinical studies support good immunogenicity and safety
 - Preclinical studies demonstrate proof-of-concept
 - Preclinical studies show good vaccine selectivity for the target opioid and no interference with approved MOUDs
 - OXY-KLH has been well tolerated thus far in our clinical study
- ✓ Implications for treatment
 - Prevent the progression to a SUD
 - Stand-alone or adjunct maintenance medication
 - Overdose
- ✓ Potential challenges
 - Vaccination regimen
 - Duration of protection
 - Inter-subject variability in immunogenicity

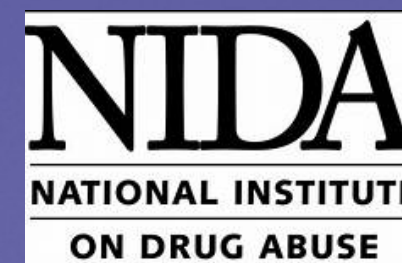


THANK YOU!

Jermaine Jones, PhD
 Rachel Luba, PhD
 Jeanne Manubay, MD
 Shanthi Mogali, MD
 Felipe Castillo, MD
 Claudia Tindall, NP
 Janet Murray, RN
 Nicholas Allwood, BS
 Rebecca Abbott, BS
 Freymon Perez, BS



UG3DA047711 (Comer)
 T32DA007294 (Levin)



Pravetoni Lab at University of Minnesota



NIH funding. U01DA038876, R01DA041730, UG3DA048386, UG3DA047711, UG3 DA048775, HHSN272201800048C, U01DA051658, DAIT-75N93019R00009, and T32DA007097