

Gathering Data for Commercial Applications

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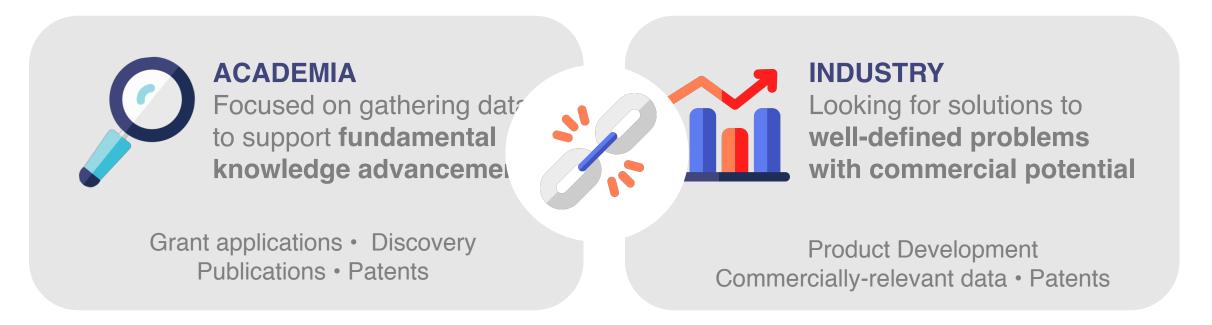
Innovation to Impact | November 2017



Overview

- The Data Disconnect
- Data for Patent Claims
- Commercially-Relevant Data
- Funding To Bridge the Data Disconnect

The Data Disconnect



What Drives Science May Not Drive Business



The Data Disconnect



GOAL

Transition innovation from research lab to industry for development into products & services for broader impact



REWARDS

- Publications
- Funding
- Prestige
- License revenue

Successful Innovation

Understand your innovation and where it fits in the market

- Are you a new solution to an existing problem?
- What is your innovation most likely to be used for?
- What already exists?
 - Does it solve the problem?
 - Do you solve the problem better, cheaper, or faster?
 - Is your solution feasible?
- What are other potential uses of the innovation?
- Who is already in the space? Who may enter soon?
- What is the intellectual property in this space?

Exploring the product-market fit can guide data generation



Data for Patent Claims

Depends on what you want to claim

"the <u>claimed invention</u> must be enabled so that any person skilled in the art can make and use the invention without undue experimentation" 35 U.S.C. 112(a)

- Description of how to make the invention
- Description of how to use the invention

Breadth of data determines the breadth of claims

- The devil is in the details
- Working examples for all embodiments
- Goal is a broadly enabled invention

Chris Corbett, Ph.D., Director of Intellectual Property is a resource



Commercially-Relevant Data



MRSA Treatment with β-lactams

MRSA Infections

his technology brings dozens of off-patent antibiotic

back under IP protection to gain a market advantage.

drugs of

anti-MRSA

β-lactams

Formulation

opening for

Technology Type/Class: Therapeutic/Drug Repurposing and Rescue Mechanism/Modality: Inhibition of Wall Teichoic Acid Functionality Application: MRSA, Antibiotics, Superbugs

Technology Background

Methicillin-resistant Staphylococcus aureus (MRSA) poses a serious threat to human health. Re-sensitization of MRSA to traditional antibiotic therapies may be preferred to the long-term and high cost of bringing new antibiotics to market. The Blactam class of antibiotics bind to the active site of penicillin binding protein (PBP), thereby preventing bacterial cell wall crosslinks and facilitating death through cellular runture. However, MRSA produces an alternative, PRP2a, that B-lactam antibiotics are unable to disable, thus essential cell-wall crosslinking is maintained. Compounds that disable PBP2a remain elusive. But targeting the PBP2a co-factor, wall teichoic acid (WTA), restores anti-MRSA properties to β-lactam antibiotics.

Technology Summary

This technology is based on a novel composition comprising β -lactam antibiotics and branched poly(ethylenimine) (BPEI) having efficacy against MRSA. In vitro and in vivo antimicrobial synergy of BPEI with common antibiotics (e.g., oxacillin, ampicillin, amoxicillin, meropenem) is shown against CA-MRSA and HA-MRSA strains. Examples are: MRSA USA300, MRSA 252, MRSA ST239, and MRSA USA 400. Results suggest that BPEI interrupts function of cell wall teichoic acid and PBP2a, thereby disabling the resistance mechanism. BPEI cytotoxicity has been assessed in murine fibroblast cells and human primary kidney epithelial cells. The in vivo half-life has been measured using a validated bioanalytical method.

In vitro study (Foxley et al., 2016) has demonstrated:

- BPEI binds to the cell wall where it can interrupt the function of teichoic acids, inactivate PBP2a, and restore 8-lactam antibiotic
- BPEI, administered in concert with ampicillin, resensitizes MRSA to ampicillin with a MIC of 1 $\mu\text{g/mL}$ (superior to that of vancomycin MIC of 3.7 μg/mL).

In vivo study (unpublished) has demonstrated:

 96% reduction in the MRSA bacterial load at dose of 2 mg/kg. Further dose testing is underway to achieve 99-99.9% reduction.

Differentiation Factor

Allows FDA-approved β-lactam antibiotics to regain their efficacy

Development Stage: Research Lead Inventor: Charles V. Rice, PhD

Office of Technology Development



Magnetic Virus-Based Diagnostic Tech ID: 15NOR043

Mechanism/Modality: Nanotechnology Applications: Biomarker Identification, Analytical Platform

Technology Summary

This technology utilizes the filamentous fd phage as an analytical platform for sample enrichment and enhanced detection of serum biomarkers by ELISA. Two peptides (targeting peptide for capture of serum antibody and magnetic nanoparticle binding peptide for sample enrichment) are co-displayed on the viral nanofiber. facilitating enrichment of the phage-captured antibody complex via exposure to a magnetic field. The result is increased sensitivity and time efficiency. The technology has been demonstrated using 68 serum samples from C. albicans-infected cancer patients and 144 serum samples from healthy controls

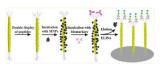
Differentiation Factor

- · Quicker results and increased sensitivity compared to traditional blood culture and antigen-based methods (6 hours vs. 5 days; and 1.1 pg/mL vs. 89.56 pg/mL, respectively).
- · Biomarkers are magnetically enriched first and then biochemically analyzed. Other methods are unable to enrich the captured biomarkers
- · Specific peptide can be designed for various biomarkers.

Development Stage: Research

IP Status: PCT/US2016/02603

Lead Inventor: Chuanbin Mao. PhD



Construction of viral nanofibers: Two functional pentides are genetically displayed on a single filamentous fd phage. The resultant phage is decorated with magnetic nanoparticles and then captures the biomarker from the sera. The phagebound biomarker is then magnetically enriched and biochemically detected (Wang et al., 2015. ACS Nano. 9(4):4475-83)



PPARα agonists for DR and AMD Tech ID: 16HSC043 / IP Status: PCT/US2017/030053

Technology Type/Class: Small molecule lead Mechanism/Modality: PPARα agonism

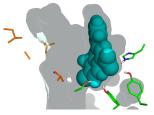
Applications: Therpeutic lead for macular degeneration and edema

PPARα agonism has demonstrated promise as a therapeutically viable option to address the major pathological features of macular degeneration and edema. To date, fenofibrate is the only PPARg agonist known to cross the blood-ocular barrier and provide protective effects against macular edema and neovascularization. Fenofibrate however, suffers from low ocular distribution, lack of target selectivity, and dose limiting toxicity, which will limit its use as an ocular therapy

Researchers at OU have identifed a novel, structurally unique, and selective PPARα agonist. PPARα knockout experiments in mouse models confirm that PPARa expression is required for activity. Of relevance to macular degeneration and edema, the research team has demonstrated that the hit compound

- attenuates oxidative stress-induced apontosis and retinal cell death in vitro
- · inhibits angiogenesis in vitro
- · decreases and protects against retinal vascular leakage in type I diabetic rats
- · reduces leukostasis in type I diabetic rats
- · reduces retinal neovascularization and VEGF expression in OIR mice
- exhibits protective effects on retinal photogeneous function in streptozotocin induced diabetic rats.

Progress: The OU research team has commenced medicinal chemistry efforts to optimize the hit compound and has now developed new derivatives that are superior to both the initial hit and fenofibrate in both level of PPARα agonism and potency. Optimization efforts and paralleled biological



Potential Therapeutic Utility:

Diabetic retinopathy

Wet age-related macular degeneration (ΔMD)

Development Stage: Research

Abbreviations: OIR: oxygen-induced retinopathy; PPARa: Peroxisome proliferator-activated receptor alpha; VEGF: vascular endothelial growth-factor

IP Status: Patent pending

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Office of Technology Development



Engagement Contact: Meredith E. Wilkerson, PhD Office of Technology Development (405) 271-7725



MRSA Treatment with β-lactams Tech ID: 15NOR033

Technology Type/Class: Therapeutic/Drug Repurposing and Rescue **Mechanism/Modality:** Inhibition of Wall Teichoic Acid Functionality

Application: MRSA, Antibiotics, Superbugs

Technology Background

Methicillin-resistant *Staphylococcus aureus* (MRSA) poses a serious threat to human health. Re-sensitization of MRSA to traditional antibiotic therapies may be preferred to the long-term and high cost of bringing new antibiotics to market. The β -lactam class of antibiotics bind to the active site of penicillin binding protein (PBP), thereby preventing bacterial cell wall crosslinks and facilitating death through cellular rupture. However, MRSA produces an alternative, PBP2a, that β -lactam antibiotics are unable to disable, thus essential cell-wall crosslinking is maintained. Compounds that disable PBP2a remain elusive. But targeting the PBP2a co-factor, wall teichoic acid (WTA), restores anti-MRSA properties to β -lactam antibiotics.

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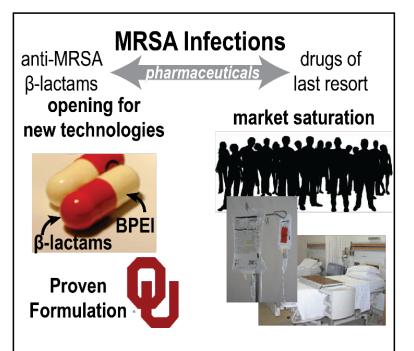
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Development Stage: Research **IP Status:** PCT/US2016/037799 **Lead Inventor:** Charles V. Rice, PhD



This technology brings dozens of off-patent antibiotics back under IP protection to gain a market advantage.

Engagement Contact: Meredith E. Wilkerson, PhD

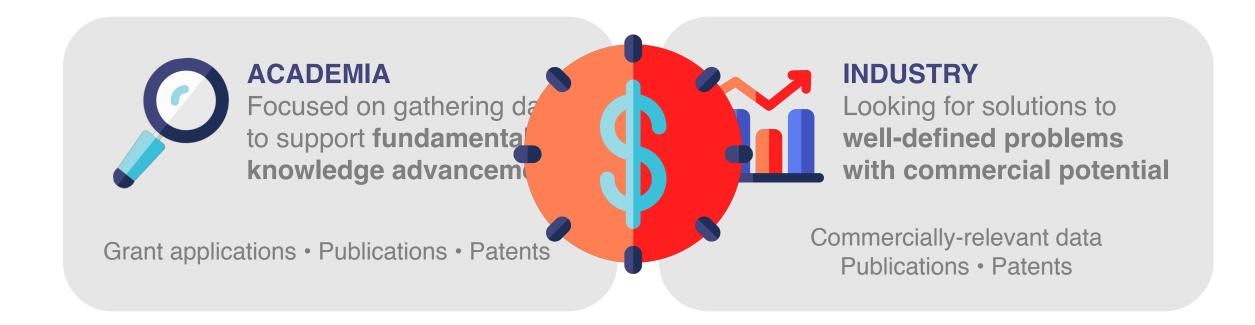
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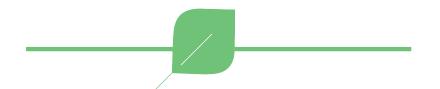
Funding to Bridge The Data Disconnect



GrawthFund

Move OU innovation closer to the market

Investing in innovation that is:



Solving a real need

Demonstrating a distinct advantage

Led by a strong team

Supported by relevant market feedback

Eligibility

- All OU inventors/researchers (faculty, staff & grad student)
- Shorter term, commercially-focused projects
- Must have a disclosure filed with the Office of Technology Development prior to application

Award Process

- Application opens in January 2018
- Finalists are selected for Full Proposal & Pitch (Feb/Mar)
- Full Proposal & Pitch Presentation (Apr)
- Awards Celebration up to \$50,000 (Apr/May)



New Antibiotics to Treat MRSA Infections

Further evaluate efficacy • Optimize dosing



ou.edu/otd/growthfund



Questions?