

Development of Radiation Countermeasures for Acute Radiation Syndrome: Current Status of Biomarker Identification and Validation

Vijay K Singh
Professor
SOM/AFRRI
USUHS

30th Annual Meeting
CIRMS
April 17-19, 2023

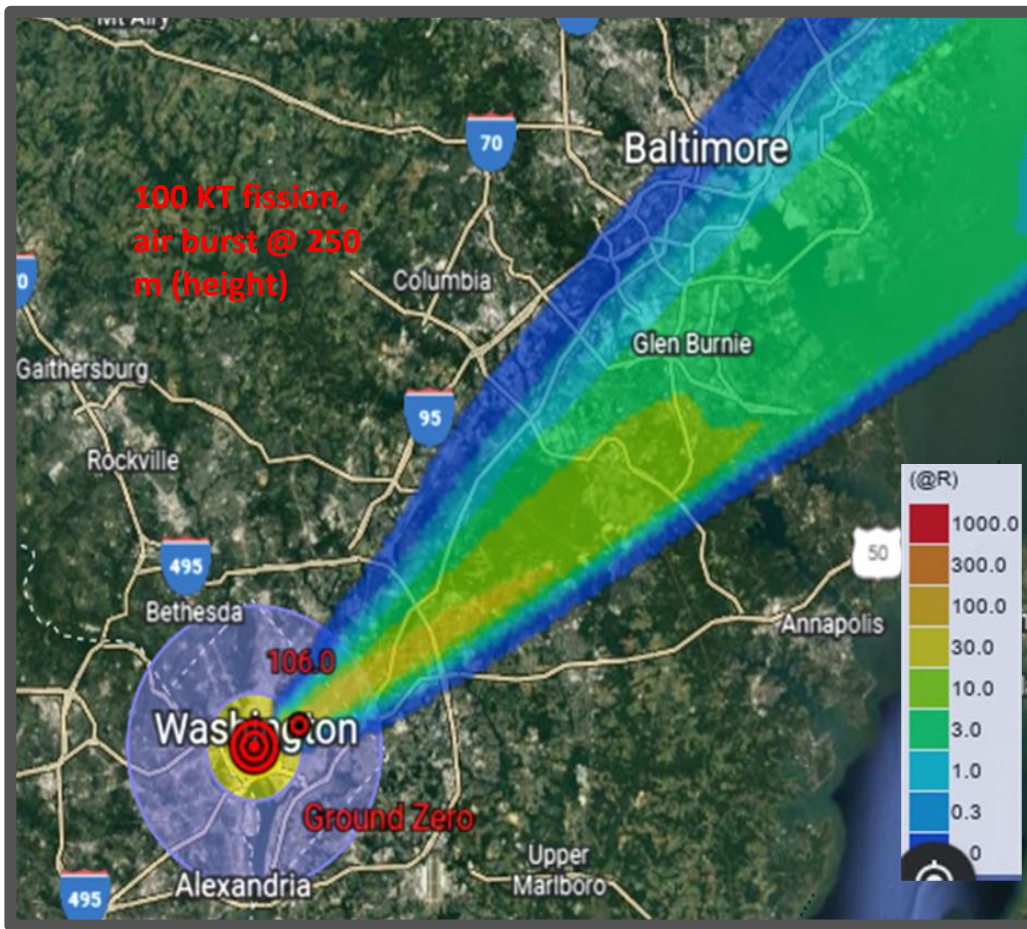


The views expressed do not necessarily represent the opinions or policies of the Armed Forces Radiobiology Research Institute, the Uniformed Services University of the Health Sciences, the Department of Defense, or the United States.

The speaker reports no conflicts of interest.

RADIATION COUNTERMEASURES

Instantaneous Exposure at Detonation



Severe Injuries (~1.5 miles)

- Rescue efforts in this range not likely to be effective
- MCM not likely to increase operational abilities
- MCM not helpful to exposed victims

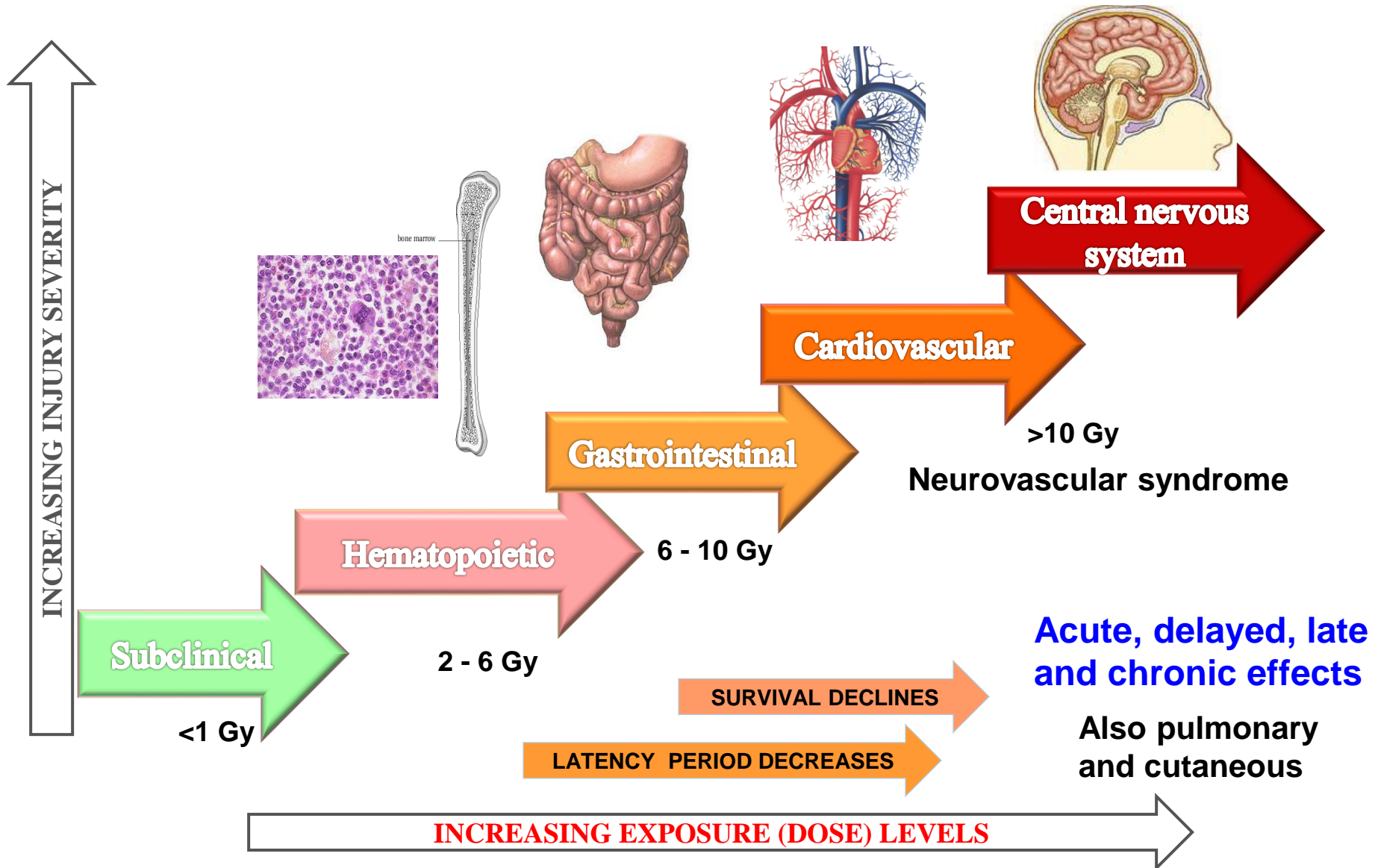
Moderate Injuries (~2.5 miles)

- Rescue efforts in this range would be effective and enhanced with MCM
- MCM would improve outcomes in this range

Limited to Minor Injuries (~6.5 miles)

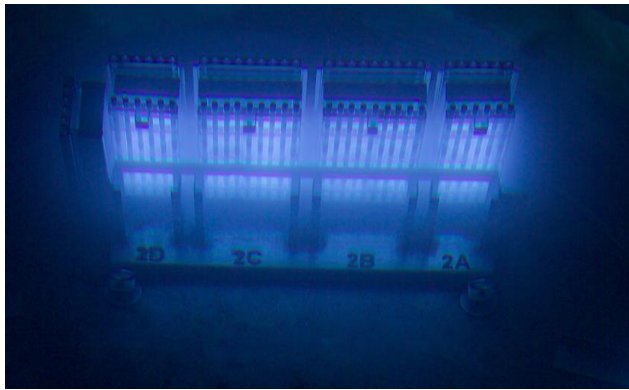
- Rescue efforts in this range would be effective
- MCM would vastly increase operational time
- MCM would improve outcomes in this range

ARS's MAJOR CLINICAL SUBSYNDROMES



Radiation Sources for Studies

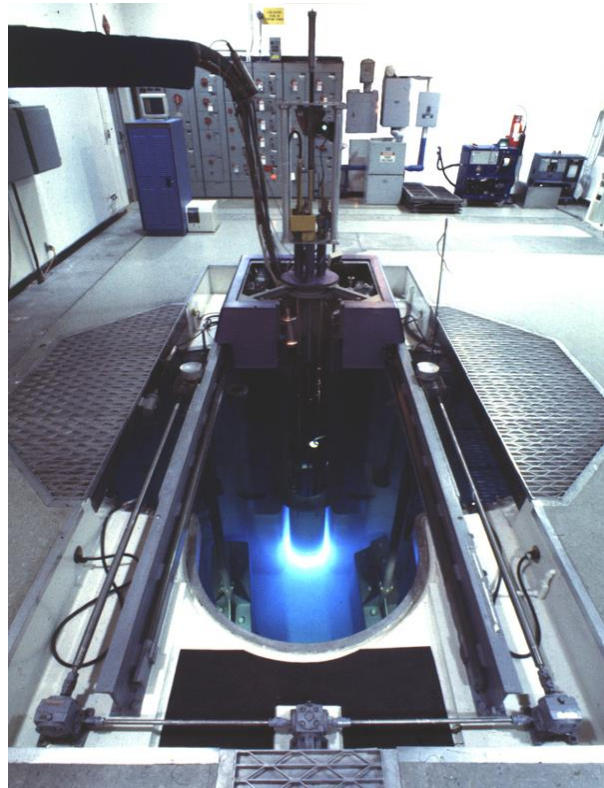
**Cobalt-60
Gamma- Irradiator**



**Low Level Cobalt-60
Panoramic Irradiator**



TRIGA Reactor



SARRP



Linear Accelerator



Biomarkers

Radiation exposure dose assessment

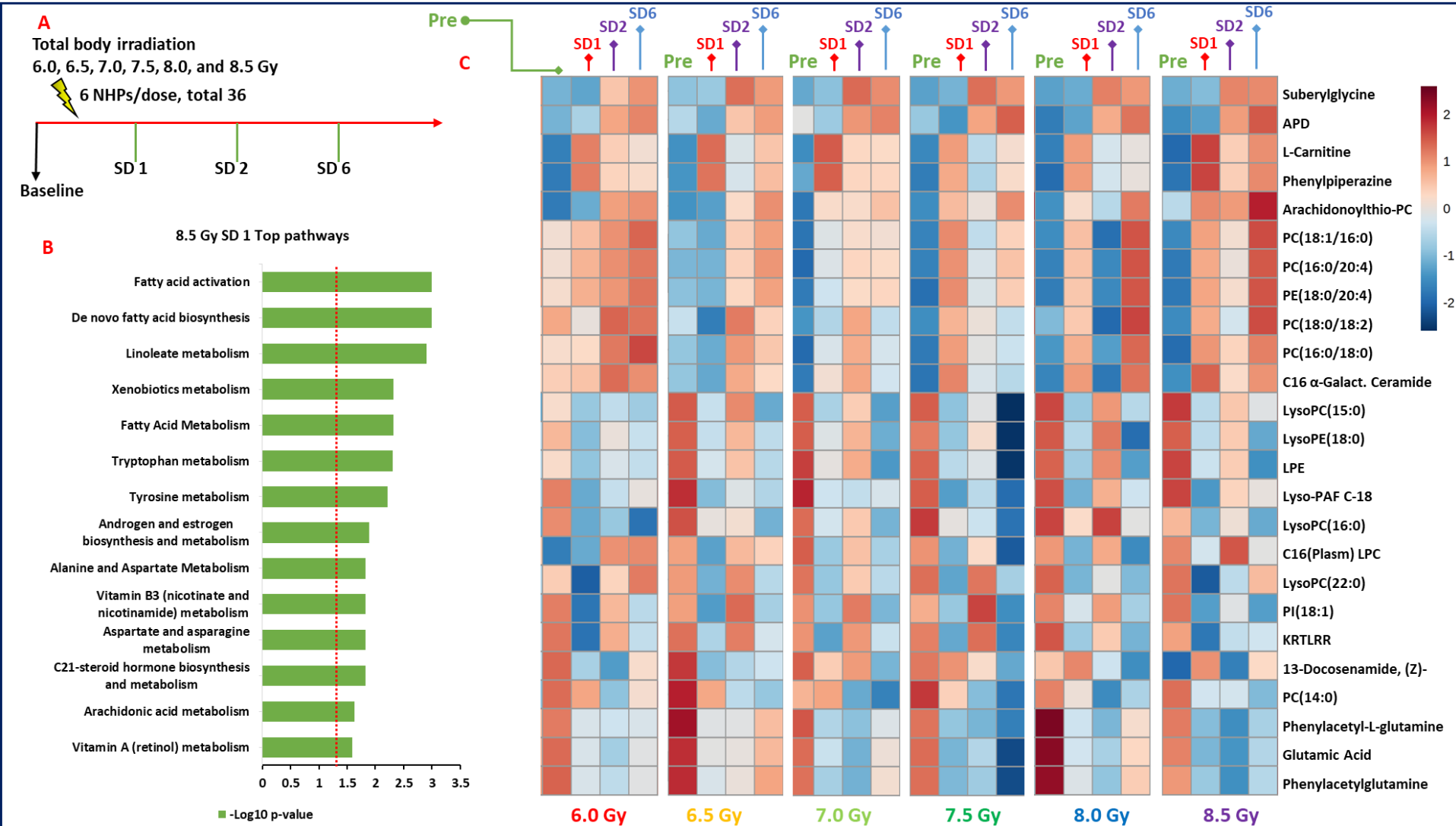
FDA “Animal Rule”: Development of countermeasures where human clinical trials are neither ethical nor feasible

MCM dose conversion from animal models to human

Countermeasure efficacy biomarkers:

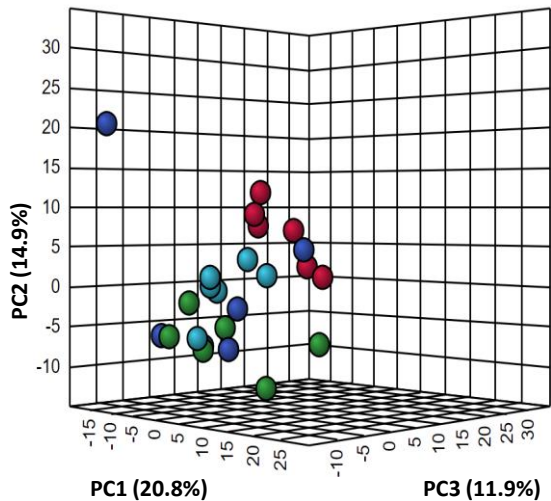
1. Induction should depend on the drug’s mechanism of action
2. Induced under irradiated and unirradiated conditions
3. Should express over a range of doses and correlate with survival
4. Responsive should be across multiple species.
5. Should be quantifiable by using readily available assays, in samples obtainable by relatively non-invasive procedures

Study Scheme for omics study and dysregulated pathway/metabolites

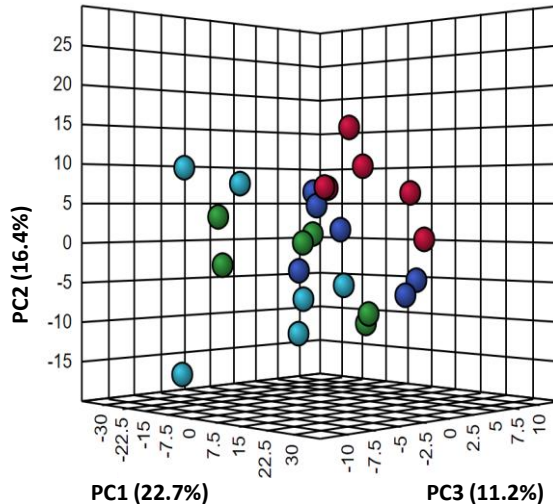


Exposure to radiation induces strong dysregulation in metabolomic and lipidomic profiles in NHPs.

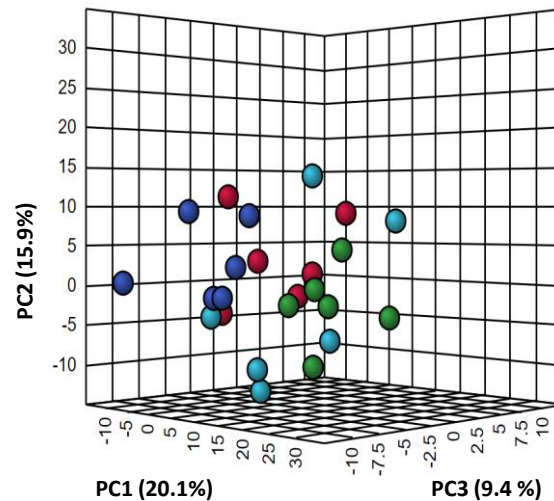
6.0 Gy



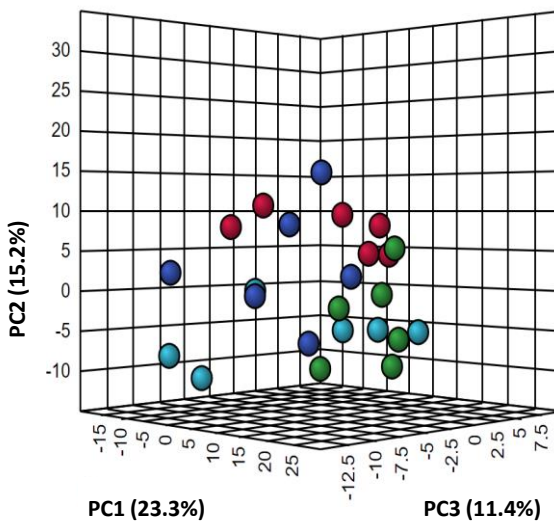
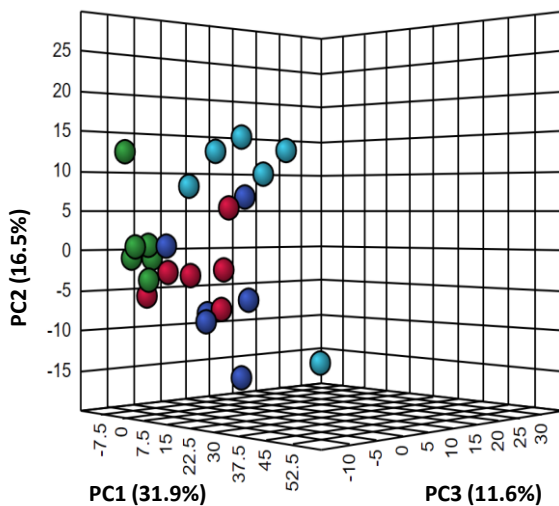
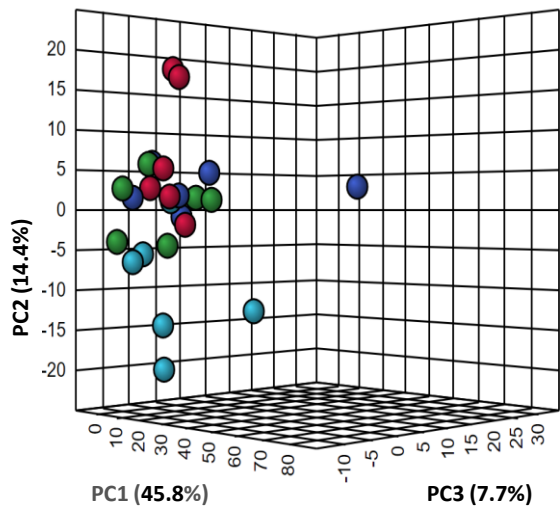
6.5 Gy



7.0 Gy



● Pre
● SD 1
● SD 2
● SD 6



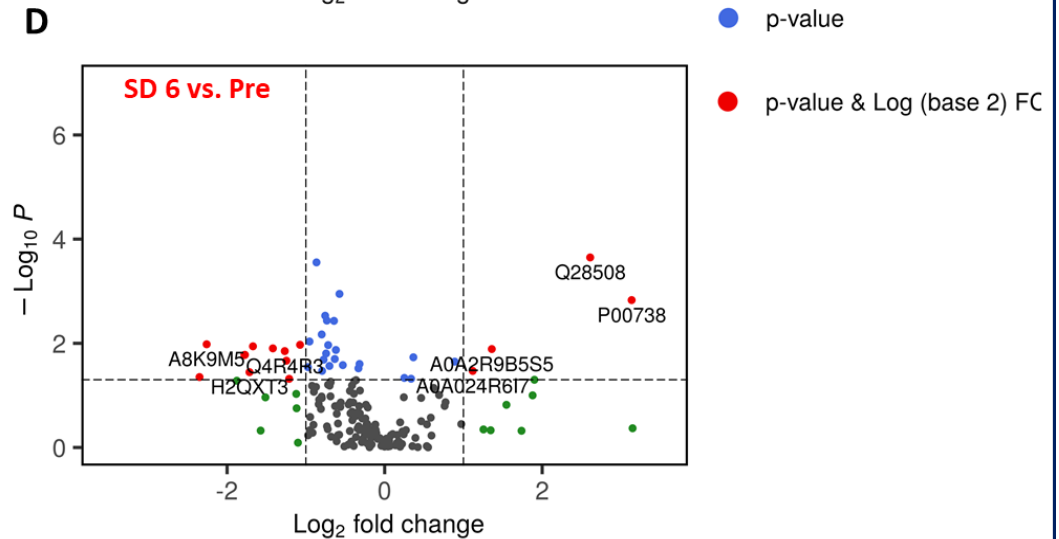
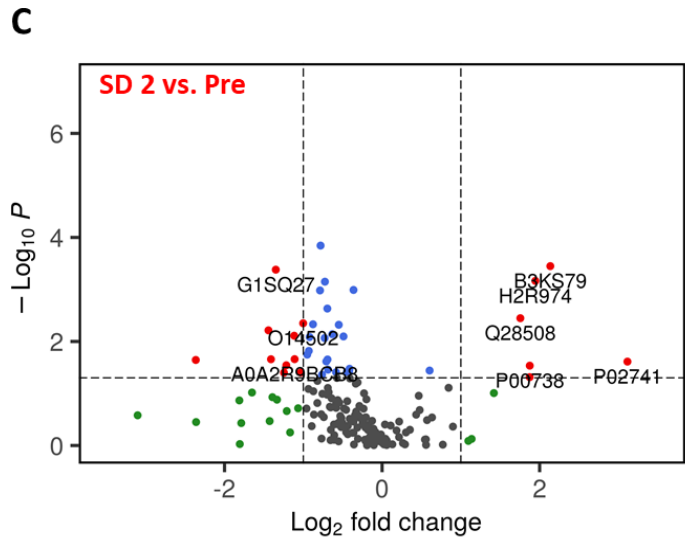
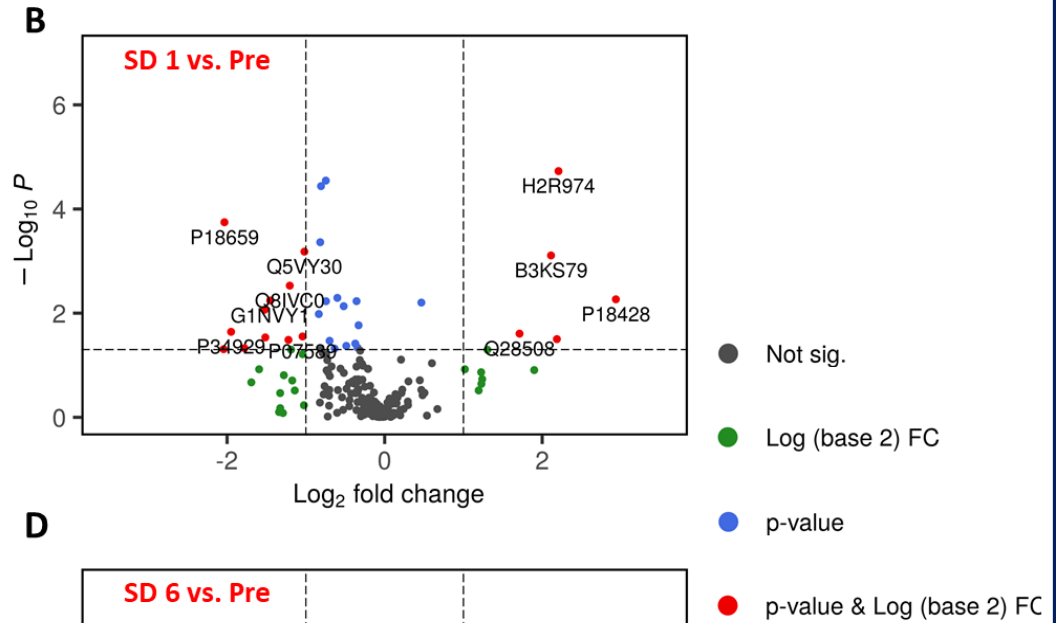
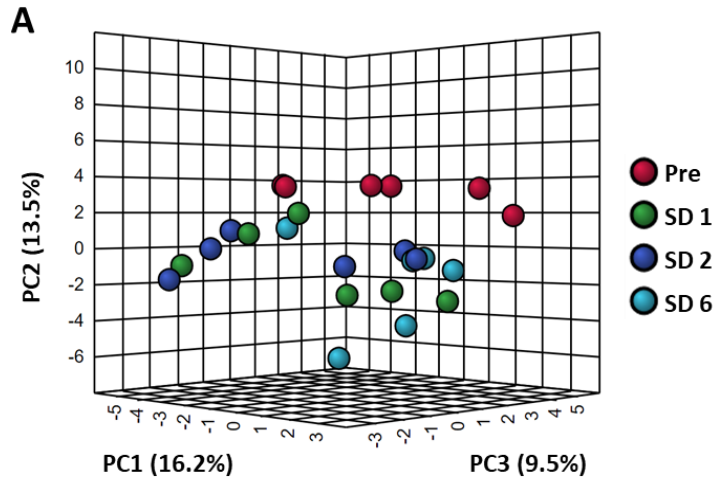
7.5 Gy

8.0 Gy

8.5 Gy

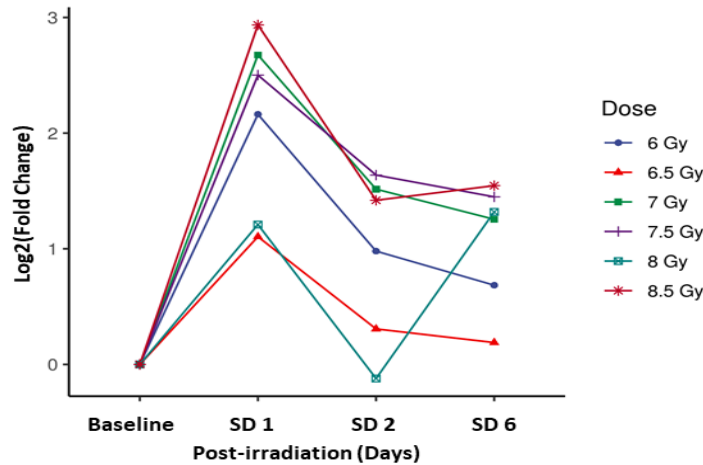


PCA comparing changes of the proteomic profiles - 8.5 Gy

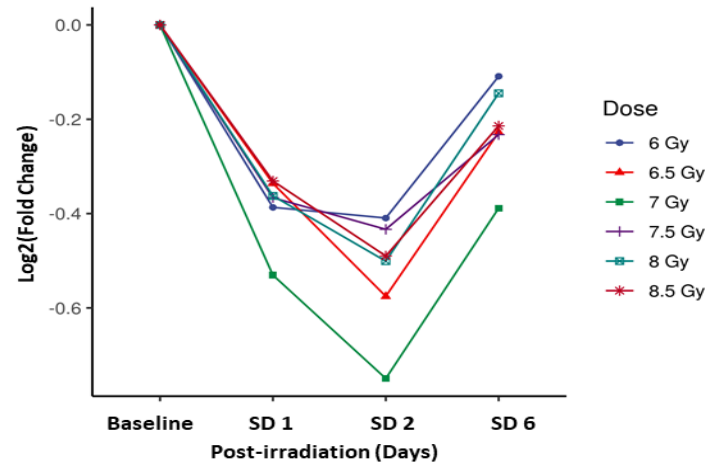


Temporal patterns of protein abundance for all radiation doses as a function of time for a subset of proteins

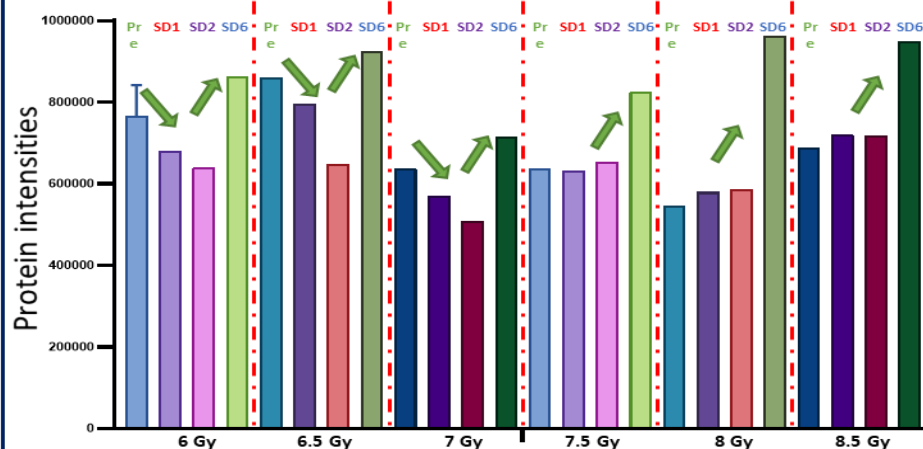
A Lipopolysaccharide-binding protein



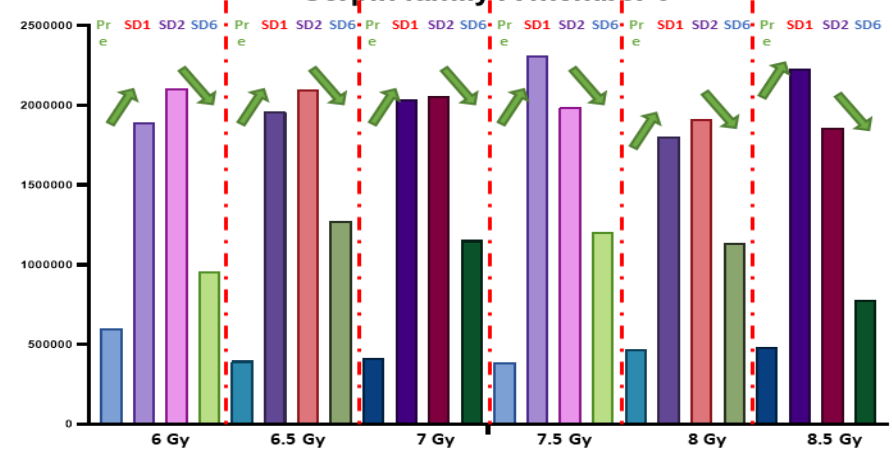
B Inter-alpha (Globulin) inhibitor H2



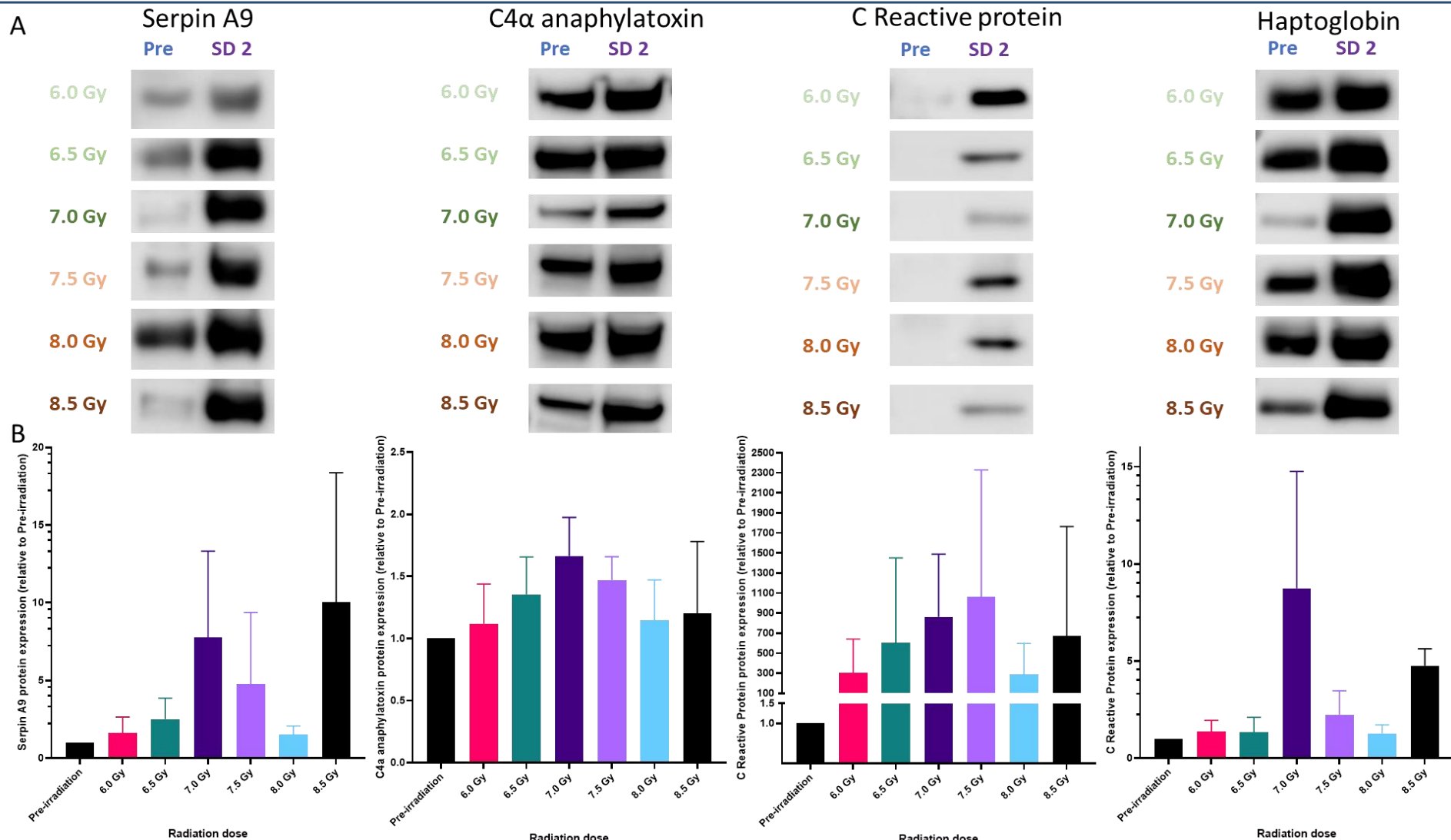
C C4a anaphylatoxin



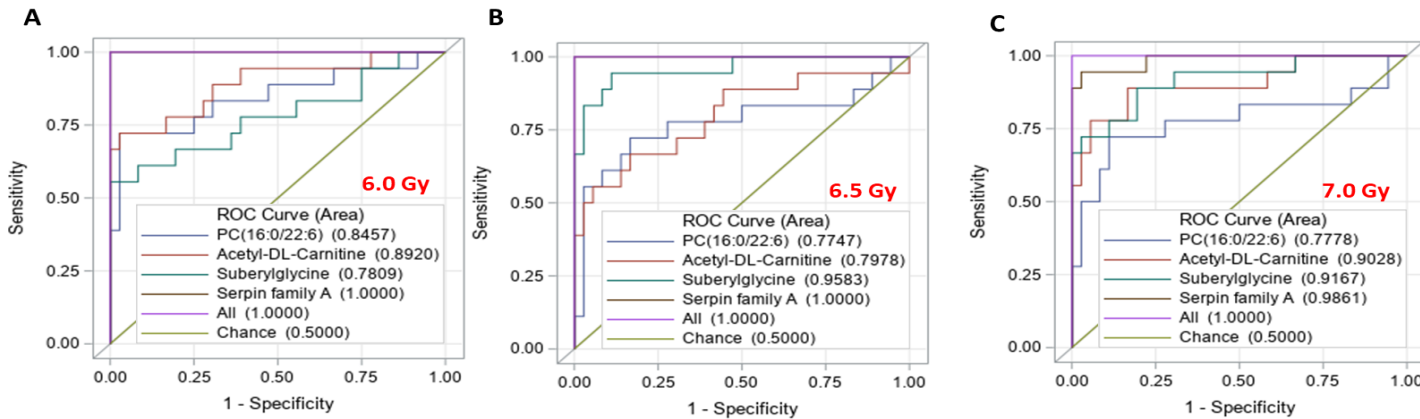
D Serpin family A member 9



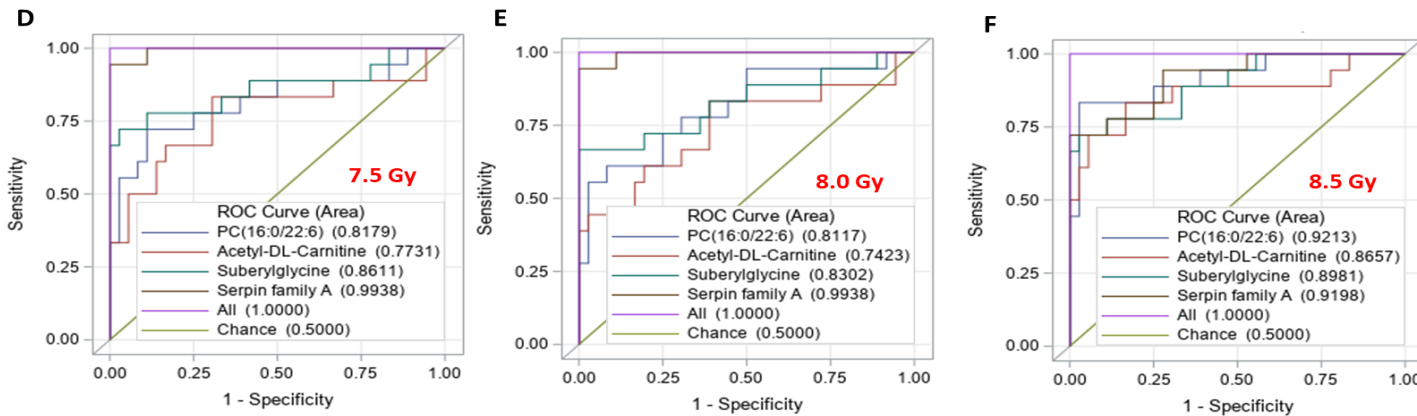
Validation of discovery proteomics data for a select group of proteins using western blot analysis



Development of a 4-analyte multi-omics panel for assessment of radiation exposure in NHPs



	6.0 Gy				6.5 Gy				7.0 Gy			
Name	P-value	FDR	Fold Change	log2(FC)	P-value	FDR	Fold Change	log2(FC)	P-value	FDR	Fold Change	log2(FC)
Serpin Family A member 9	3.89E-16	9.88E-14	3.61	1.85	1.17E-17	2.98E-15	3.89	1.96	6.24E-17	1.59E-14	3.82	1.93
Acetyl-DL-Carnitine	7.72E-14	9.80E-12	2.41	1.27	2.99E-13	2.54E-11	2.42	1.28	3.52E-15	4.47E-13	2.51	1.33
PC(16:0/22:6)	1.11E-10	3.97E-09	3.99	2.00	2.23E-04	8.19E-04	2.82	1.49	2.01E-04	7.35E-04	2.72	1.44
Suberylglycine	8.36E-08	6.85E-07	4.78	2.26	2.80E-13	2.54E-11	5.88	2.56	3.25E-12	1.65E-10	6.28	2.65



	7.5 Gy				8.0 Gy				8.5 Gy			
Name	p.value	FDR	Fold Change	log2(FC)	p.value	FDR	Fold Change	log2(FC)	p.value	FDR	Fold Change	log2(FC)
Serpin Family A member 9	6.10E-18	1.55E-15	4.00	2.00	3.47E-17	8.81E-15	3.53	1.82	1.54E-11	2.79E-10	3.54	1.82
Acetyl-DL-Carnitine	6.01E-04	1.64E-03	2.12	1.09	3.32E-04	9.91E-04	2.47	1.31	6.63E-07	2.63E-06	3.00	1.58
PC(16:0/22:6)	4.46E-06	2.70E-05	2.47	1.31	7.07E-06	3.92E-05	2.30	1.20	1.77E-10	2.36E-09	3.46	1.79
Suberylglycine	1.05E-10	3.34E-09	6.01	2.59	2.74E-10	7.73E-09	5.42	2.44	7.07E-12	1.63E-10	5.67	2.50

Logistic regression model

Near 100% efficacy of prediction across all doses until 6 d post-irradiation

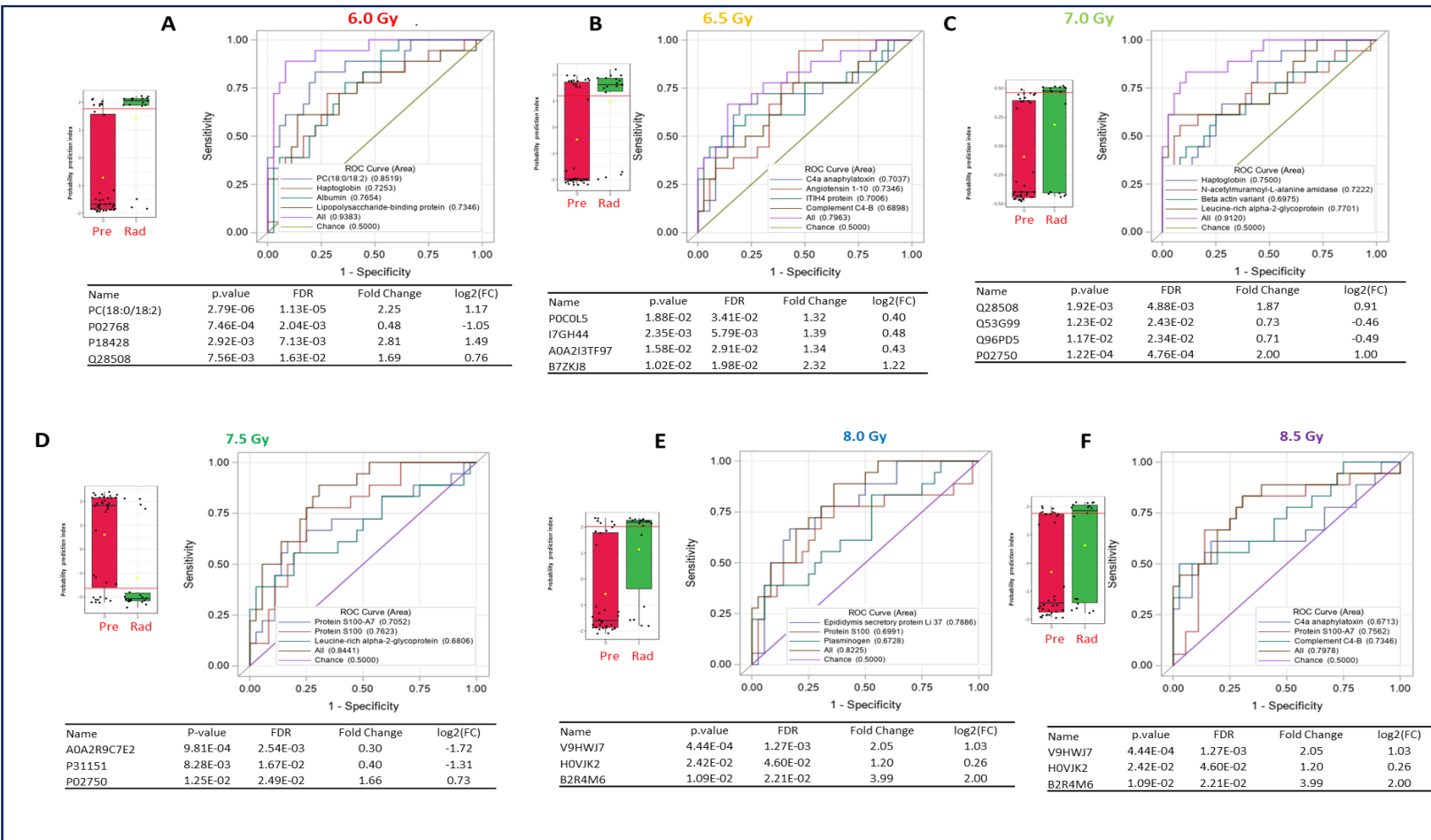
PC (16:0/22:6), Acetyl-carnitine, Suberylglycine Serpin Family A9

Int J Rad Oncol Biol Phys (in press) 2022

A dose-specific multi-omics biomarker panel to predict the extent of exposure to gamma radiation

Index panel based on Logistic Regression model

and PPI



US FDA approved countermeasures for ARS

- **Radiomitigators for H-ARS approved by US FDA**
 - G-CSF/Neupogen/filgrastim: March 2015
 - PEGylated G-CSF/Neulasta/Pegfilgrastim: November 2015
 - GM-CSF/Leukine/Sargramostim: March 2018
 - TPO – Nplate/Romiplostim (A synthetic TPO agonist): January 2021
 - All are repurposed and radiomitigators
 - None as radioprotector
 - Neupogen/Neulasta effective in NHPs only when used with full supportive care
 - May not be useful during mass casualty scenario
 - Side effects

Radiation countermeasures

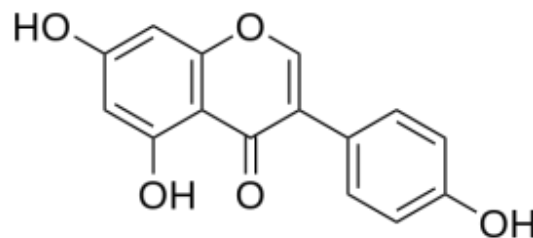
- **Medical countermeasures are being developed following US FDA Animal Rule.**
- **AFRRI has all possible radiation sources under one roof.**
- **We conduct studies from Discovery of MCM (with corporate partners) to phase III equivalent large animal studies.**
- **We use various animal models from mice to nonhuman primates.**
- **Large number of agents are under development: Small molecules, Biologicals, Cellular products**

Promising Radioprotectors under Advanced Development

Identified and Patented at AFRRI

- **Genistein - Soy isoflavone**
 - **Gamma-tocotrienol – Vitamin E component**
-
- **Being developed in collaboration with corporate partners**
 - **Currently studied in NHPs**

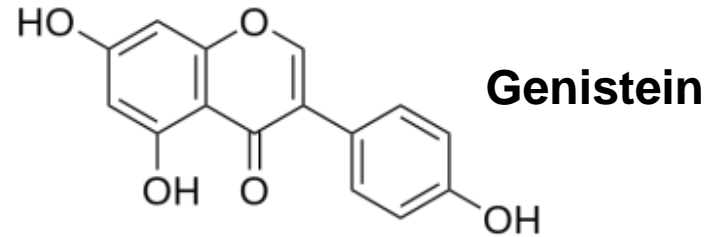
BIO 300 Background



Genistein

- **Active ingredient (genistein) discovered as a potent radioprotectant by AFRRRI**
- **DOD was issued patents for use against lethal radiation and subsequently granted an exclusive worldwide license to Humanetics Corporation**
- **BIO 300 is in advanced development under 4 open INDs**
- **FDA Fast Track and Orphan Drug designations for H-ARS**
- **DOD has provided significant funding to Humanetics for development activities for ARS**
- **Significant work continues at AFRRRI**

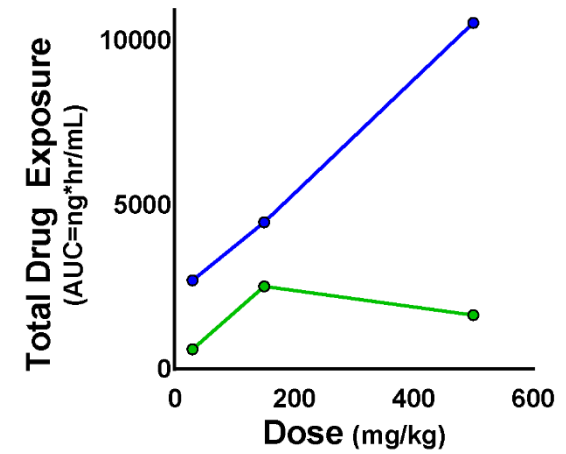
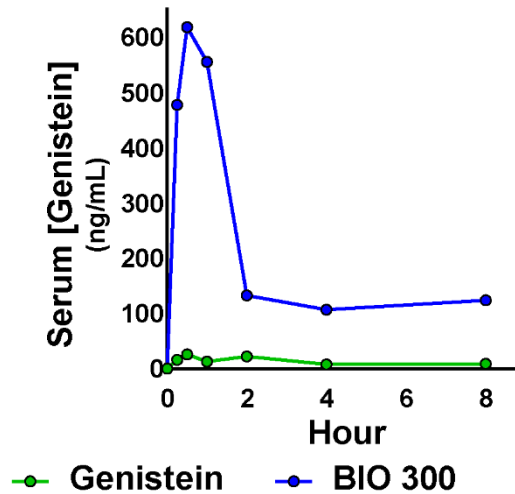
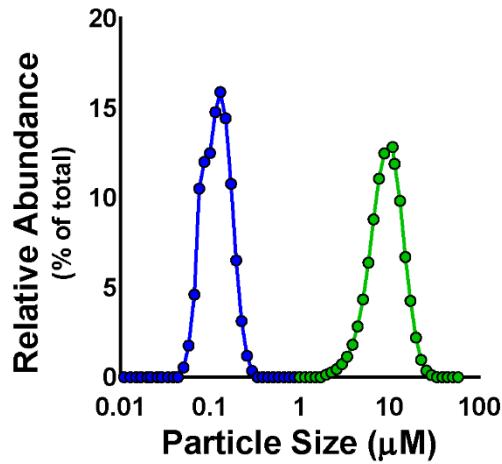
BIO 300 Key Attributes



Genistein

- **Proven oral efficacy as radioprotectant**
- **Two oral and one intraparenteral formulations in development**
- **Domestic GMP manufacturing established**
- **Shelf stable with no special handling needs**
- **Minimum 2-year shelf life**
- **Robust safety profile demonstrated in human trials**
- **Can be used “immediately” under IND Contingency Protocol (DoD) - Use will be considered a clinical study and will help support future EUA and FDA approval**

BIO 300: Nanoparticle Suspension Increases Bioavailability and Dose Linearity



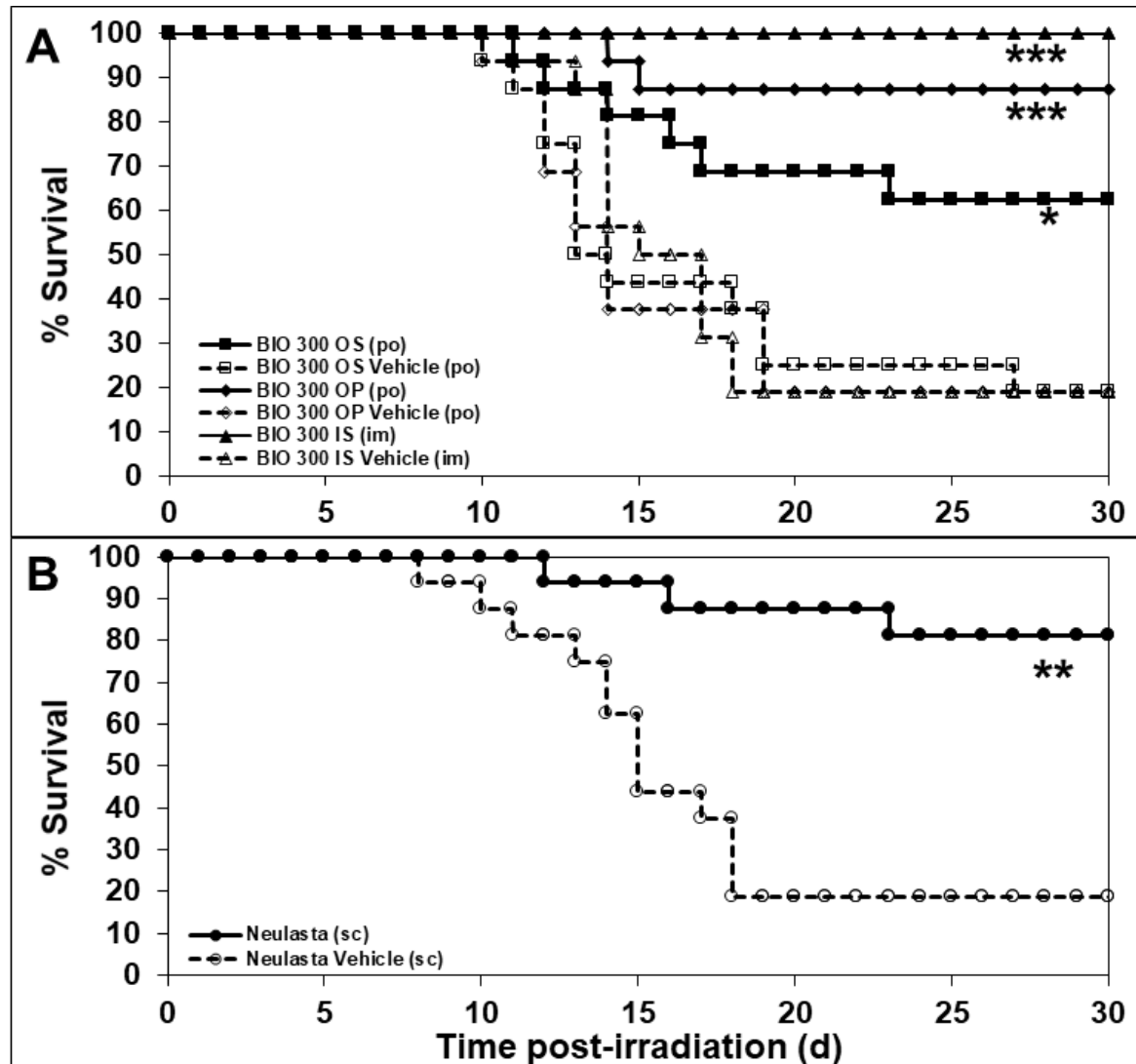
Murine Efficacy Study

Three formulations:

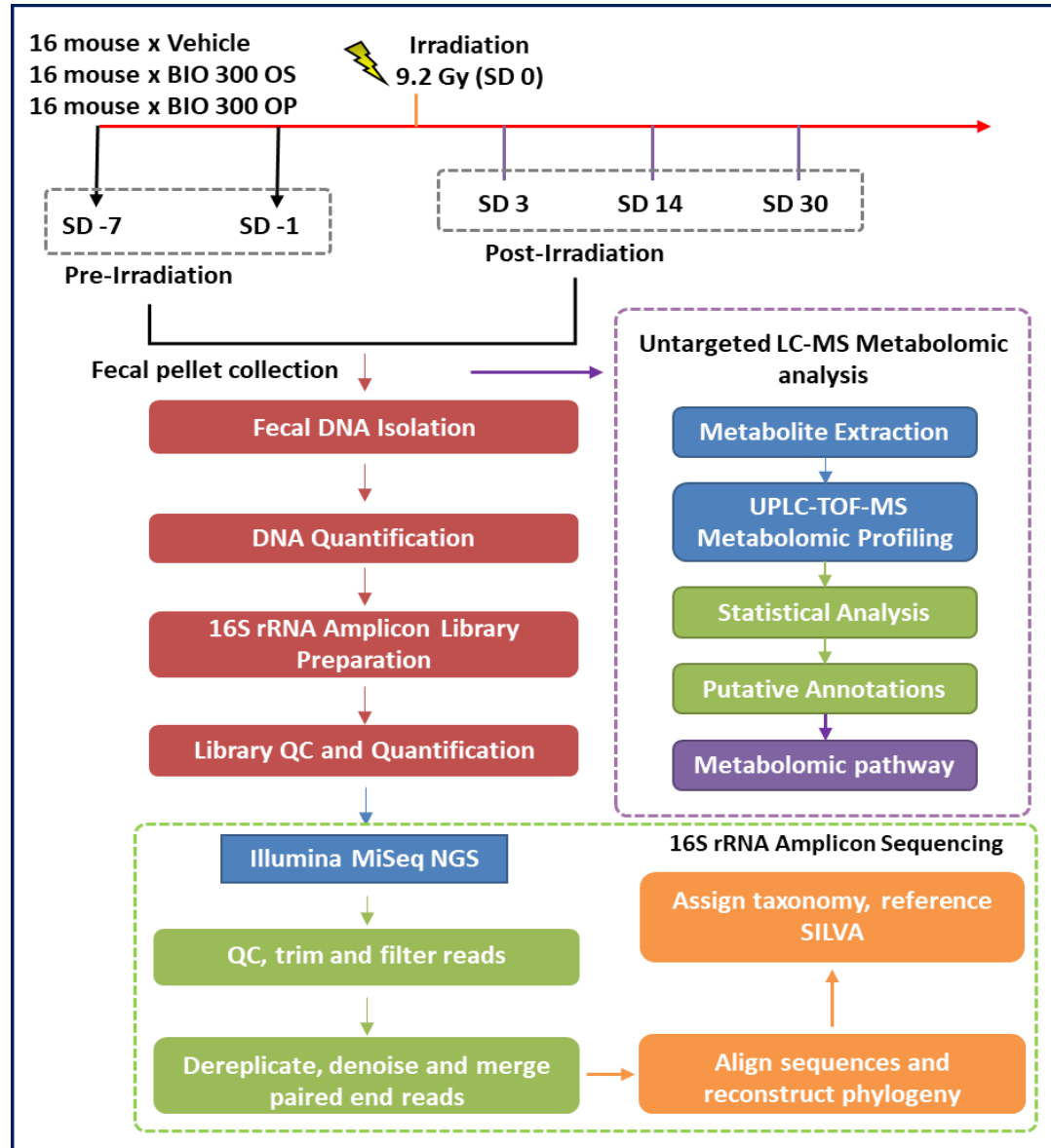
- Oral suspension (BIO 300 OS)
- Oral powder (BIO 300 OP)
- Injectable suspension (BIO 300 IS)

- **BIO 300 all formulations – 200 mg/kg/dose**
- **Neulasta 300 µg/kg, single dose, +24 h**
- **Radiation: 9.2 Gy (0.6 Gy/min), LD_{70/30}**

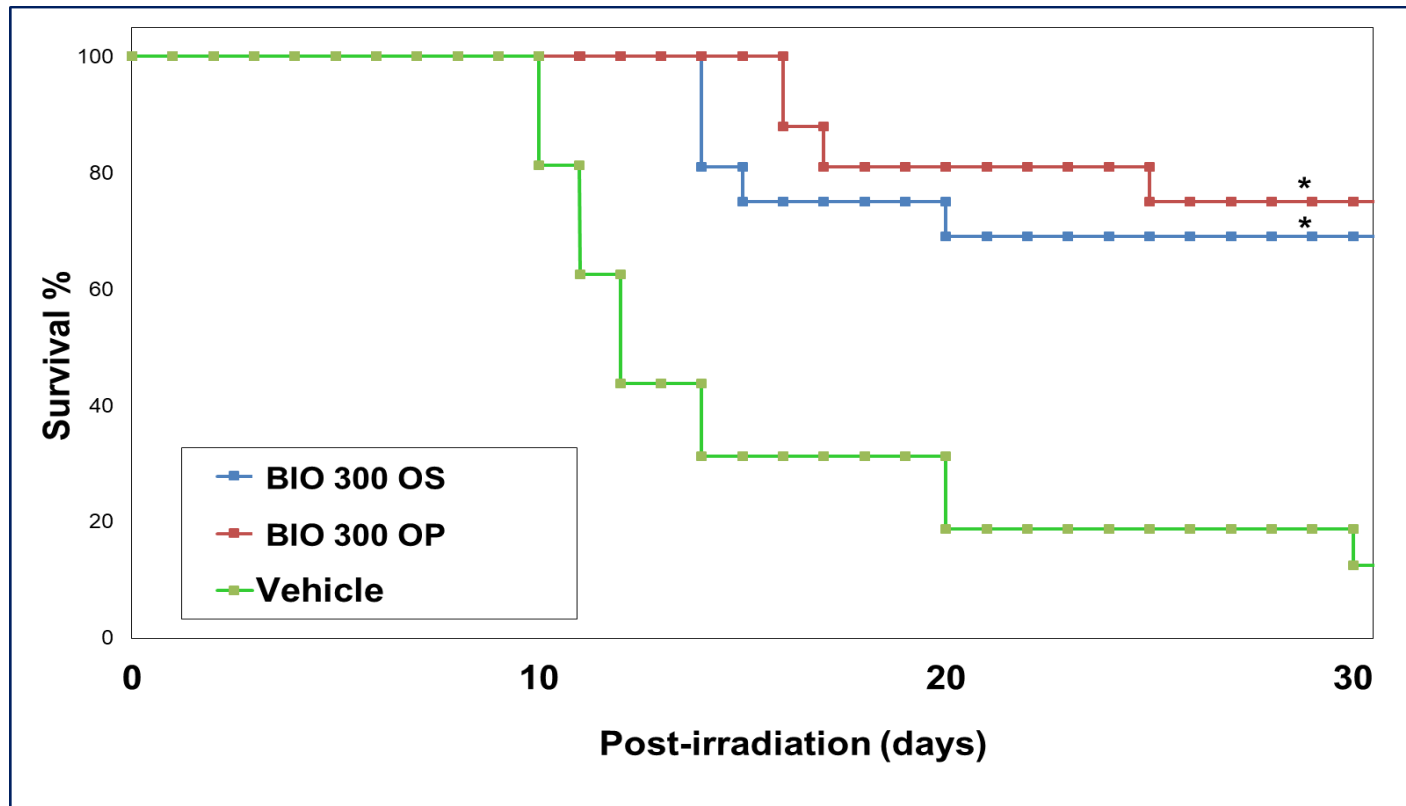
30-day survival of CD2F1 mice administered BIO 300 IS, OP, OS, or Neulasta



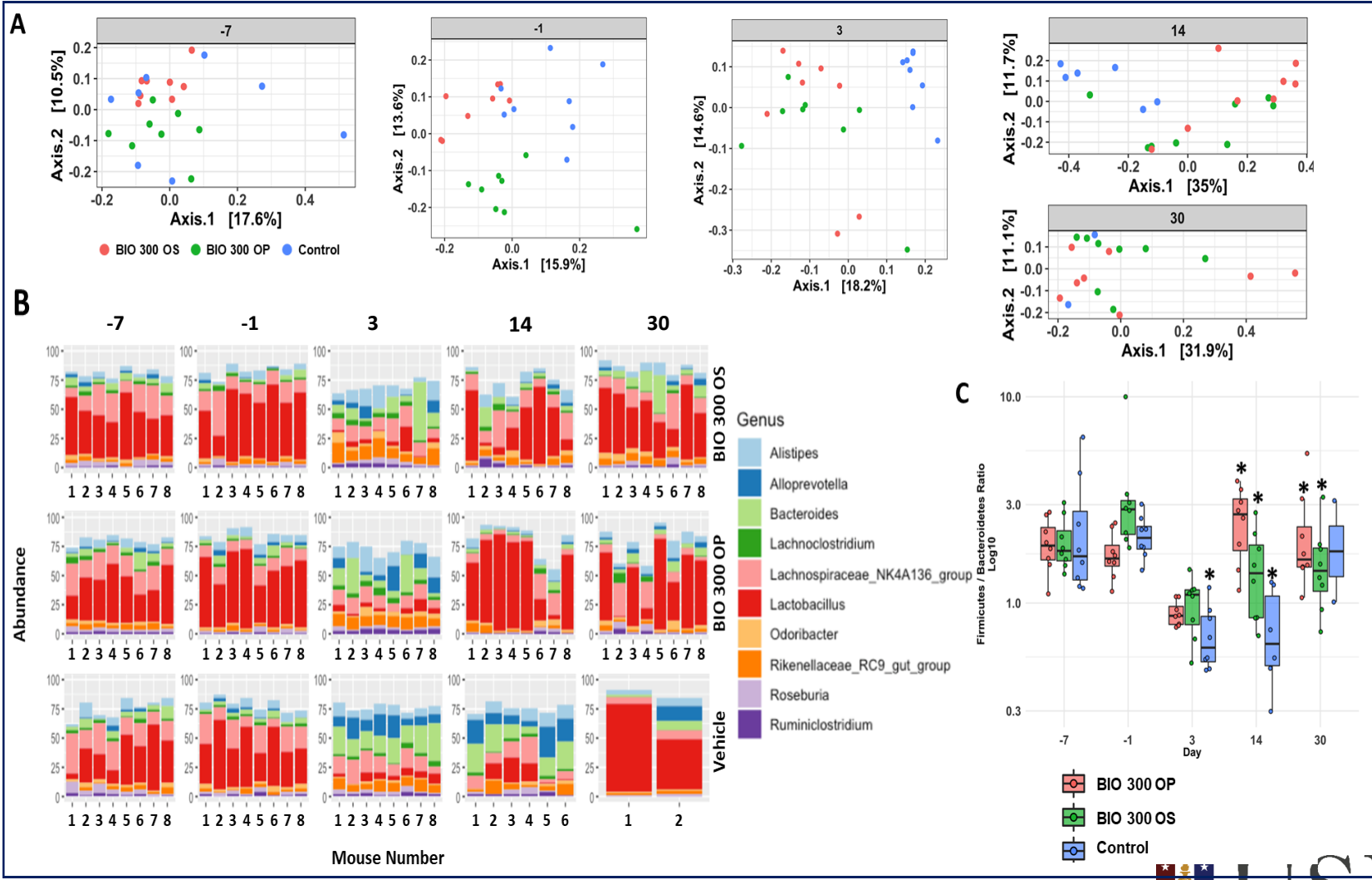
Microbiome Study: Experimental design BIO 300



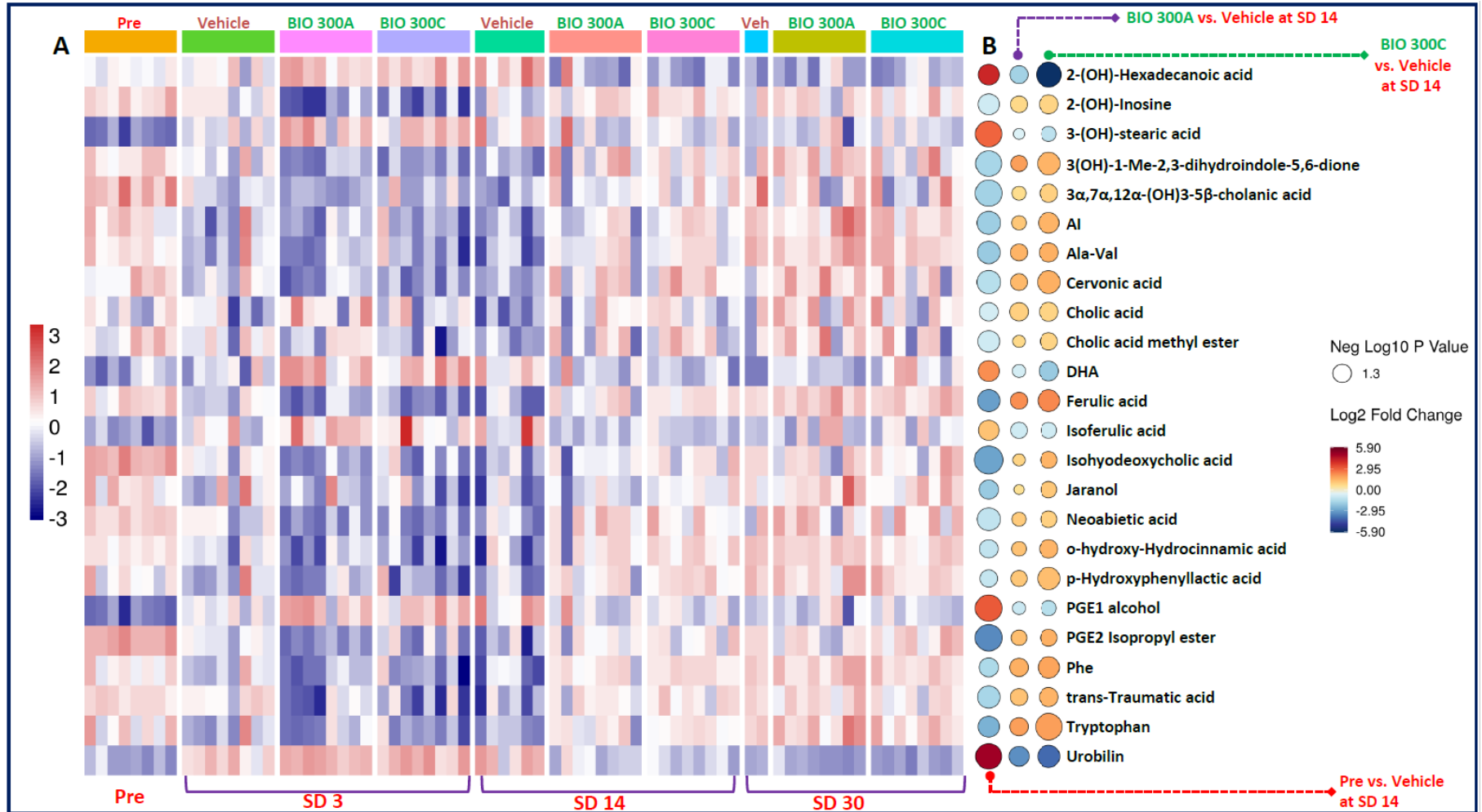
Monitoring survival 30d post-irradiation of three groups of mice



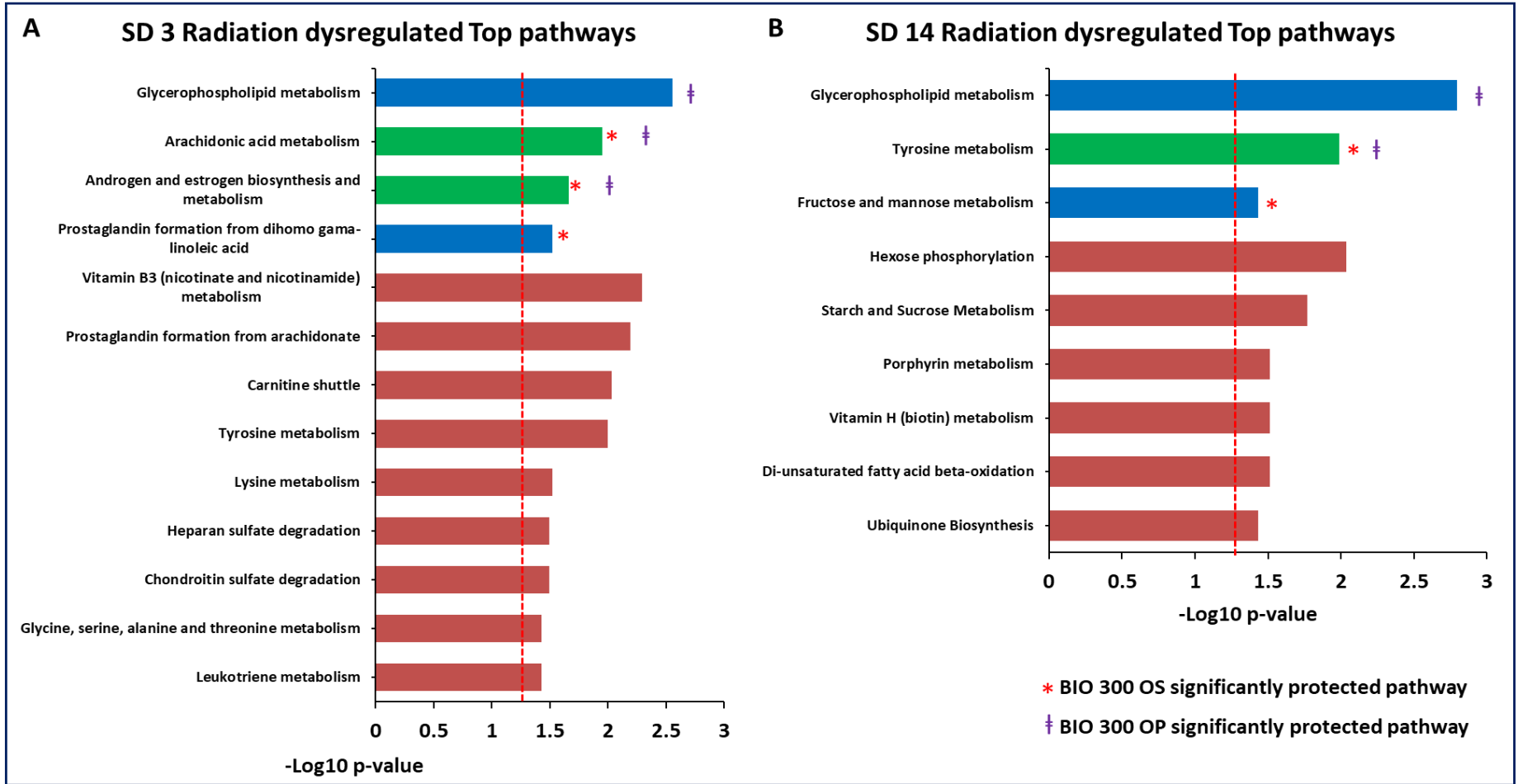
Alterations in radiation-induced microbiome diversity were alleviated by BIO 300 by day 14



Prophylaxis treatment with BIO 300 restores metabolic abundance dysregulated by irradiation



Pathway analysis showing significantly dysregulated pathway perturbations at day 3 and 14



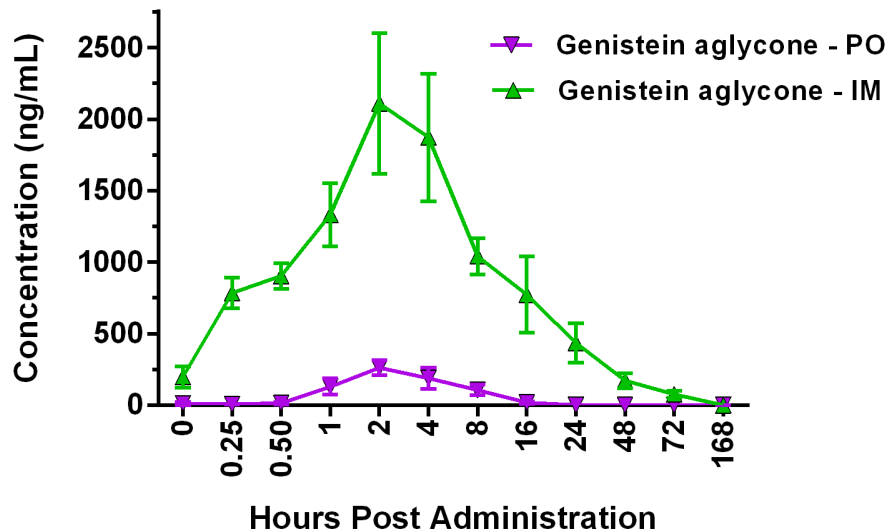
Pharmacokinetic Studies in NHPs

***IM* dosing = 50 mg/kg B10 300 IS**

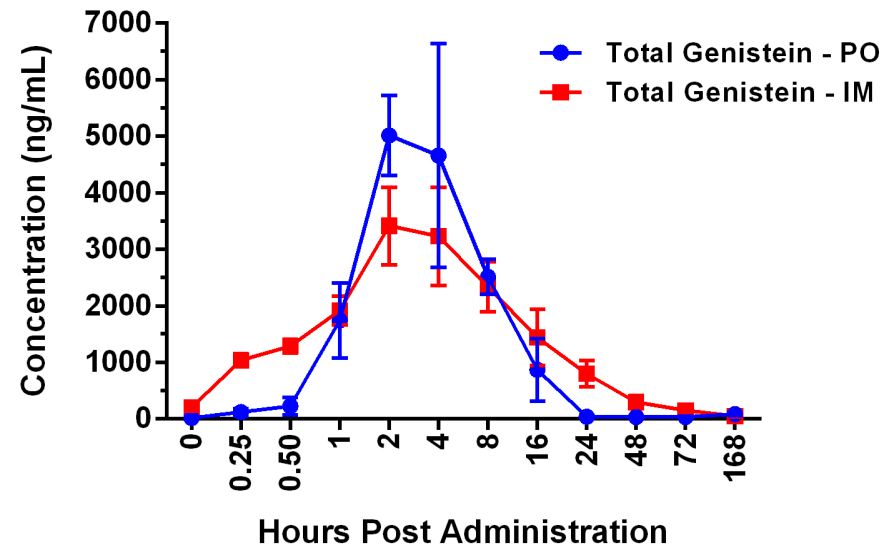
***PO* dosing = 100 mg/kg B10 300 OS**

Pharmacokinetic analysis of BIO 300: Active Versus Total Drug Comparison

Non-glucuronidated (Active Drug)



Total Drug



- Both routes of administration achieve blood levels to activate therapeutic target
- IM administration results in higher blood levels of active drug
- IM administration leads to blood levels resulting in sustained activation of target

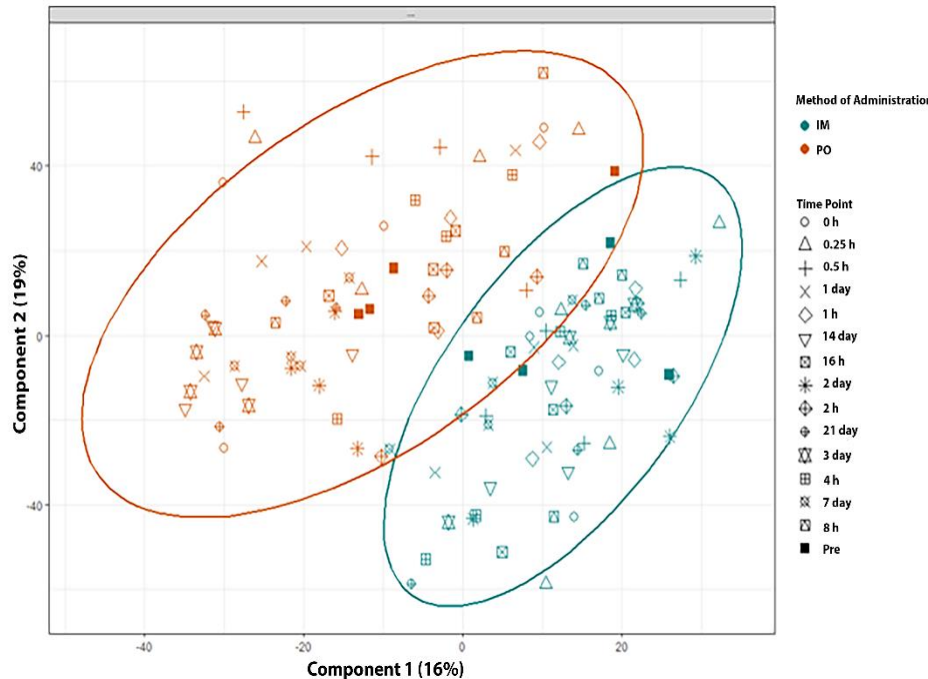
Metabolomics Studies in NHPs

***IM* dosing = 50 mg/kg BIO 300 IS**

***PO* dosing = 100 mg/kg BIO 300 OS**

Partial Least Square-Discriminant Analysis (PLS-DA) to determine longitudinal changes in metabolomic profiles

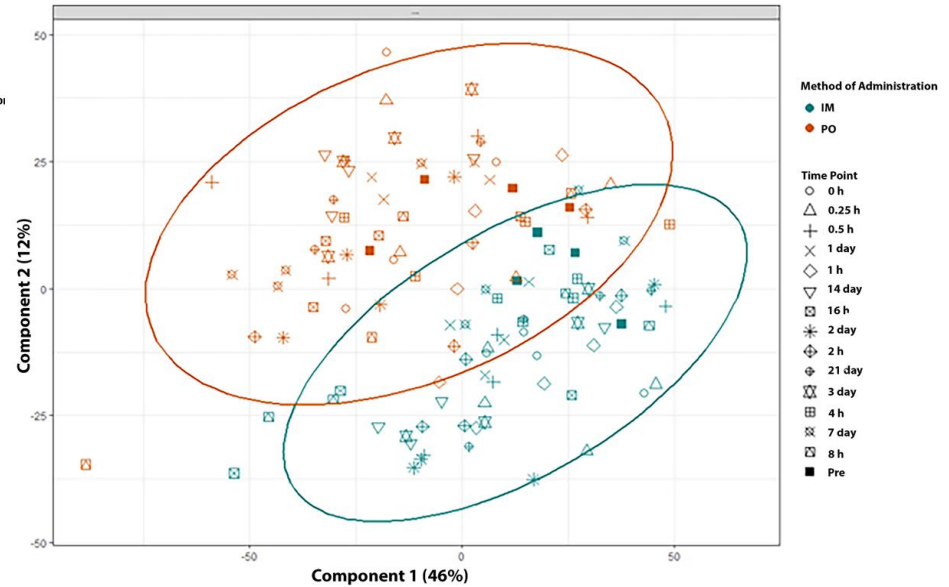
A



ESI positive mode –
Protonated molecule

15 time points –
Human data base

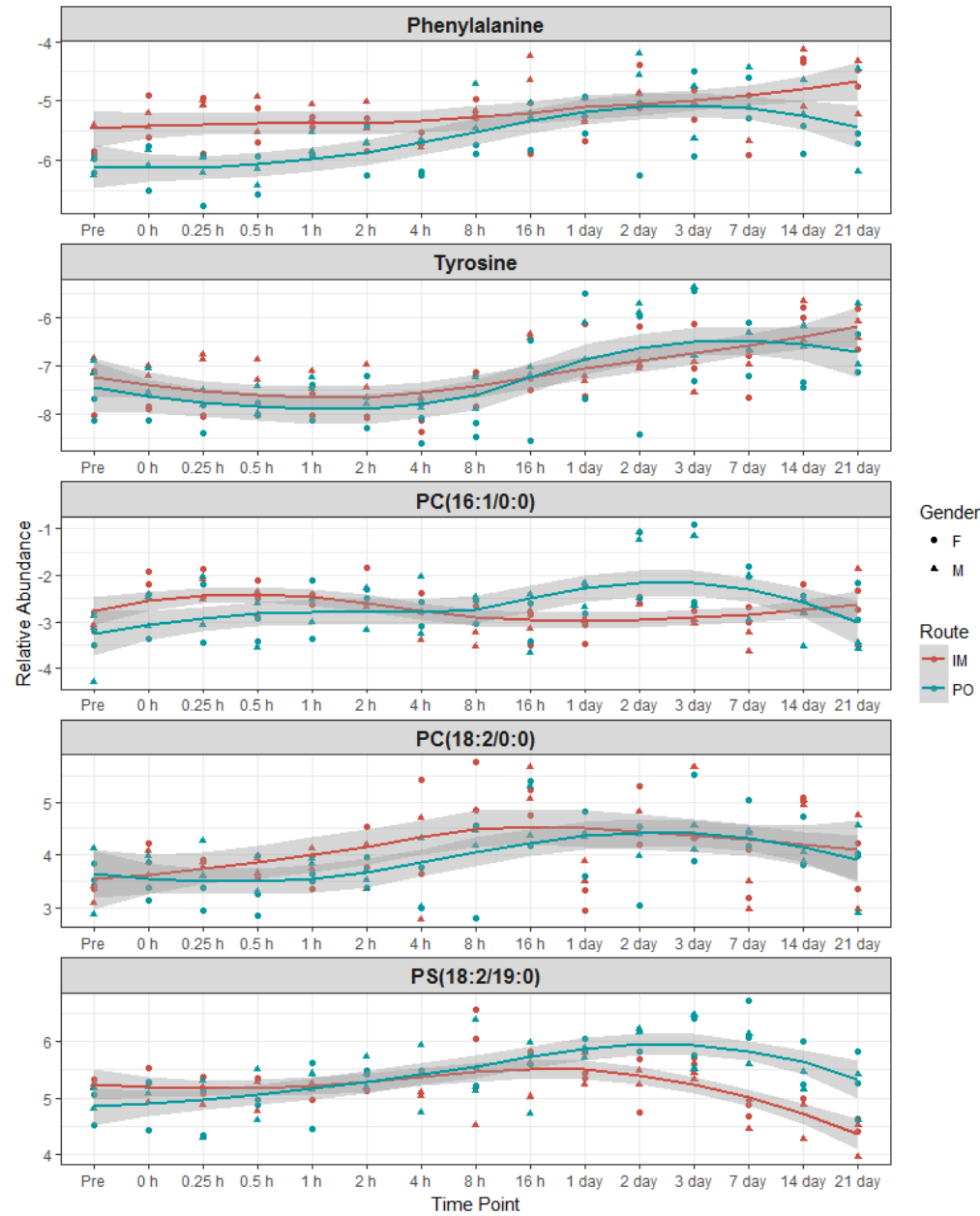
B



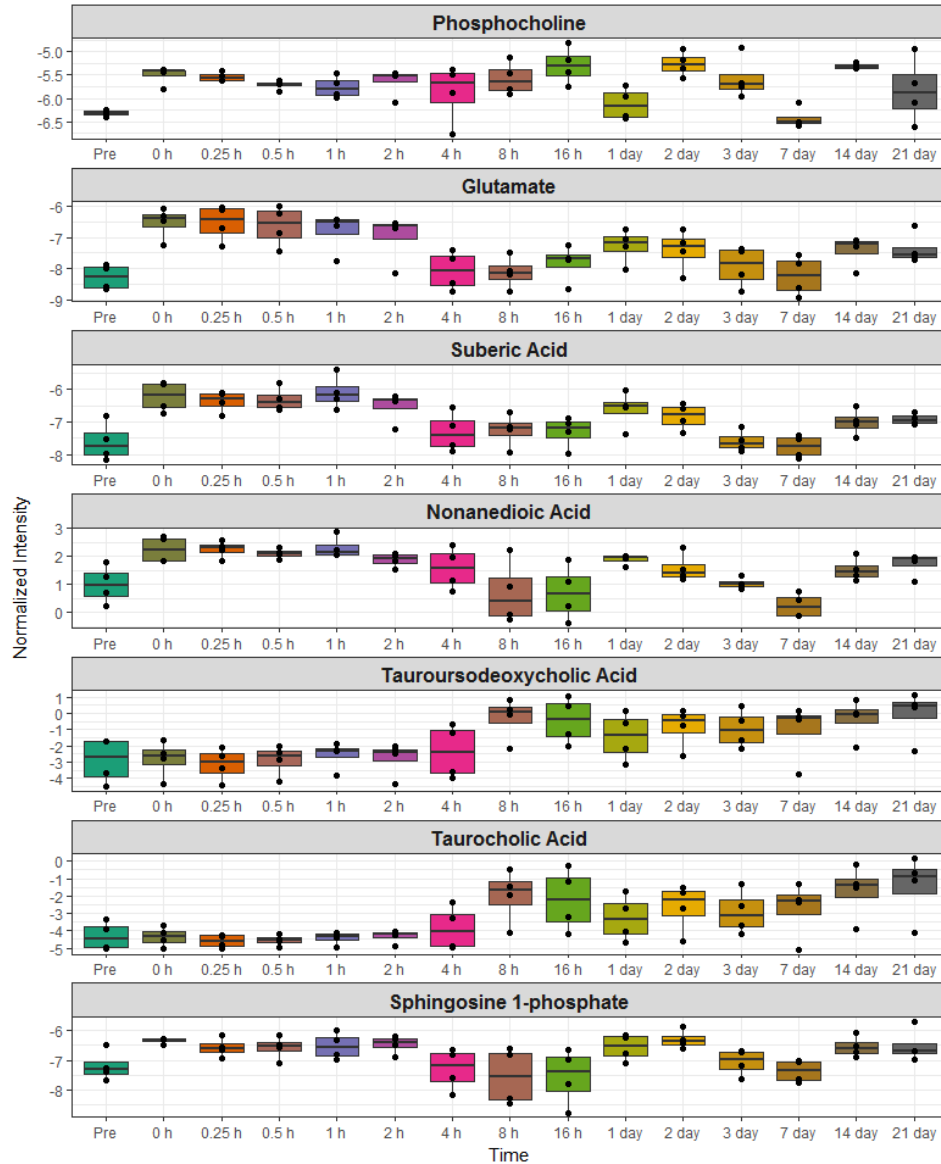
ESI negative mode –
Deprotonated molecules

ANOVA analyses help delineate metabolites showing common trend in both routes of administration

Changes during 2 - 7 days



Box and whisker plot: Time dependent transient changes in serum metabolite profiles that are **unique to im** administration of BIO 300 in NHPs

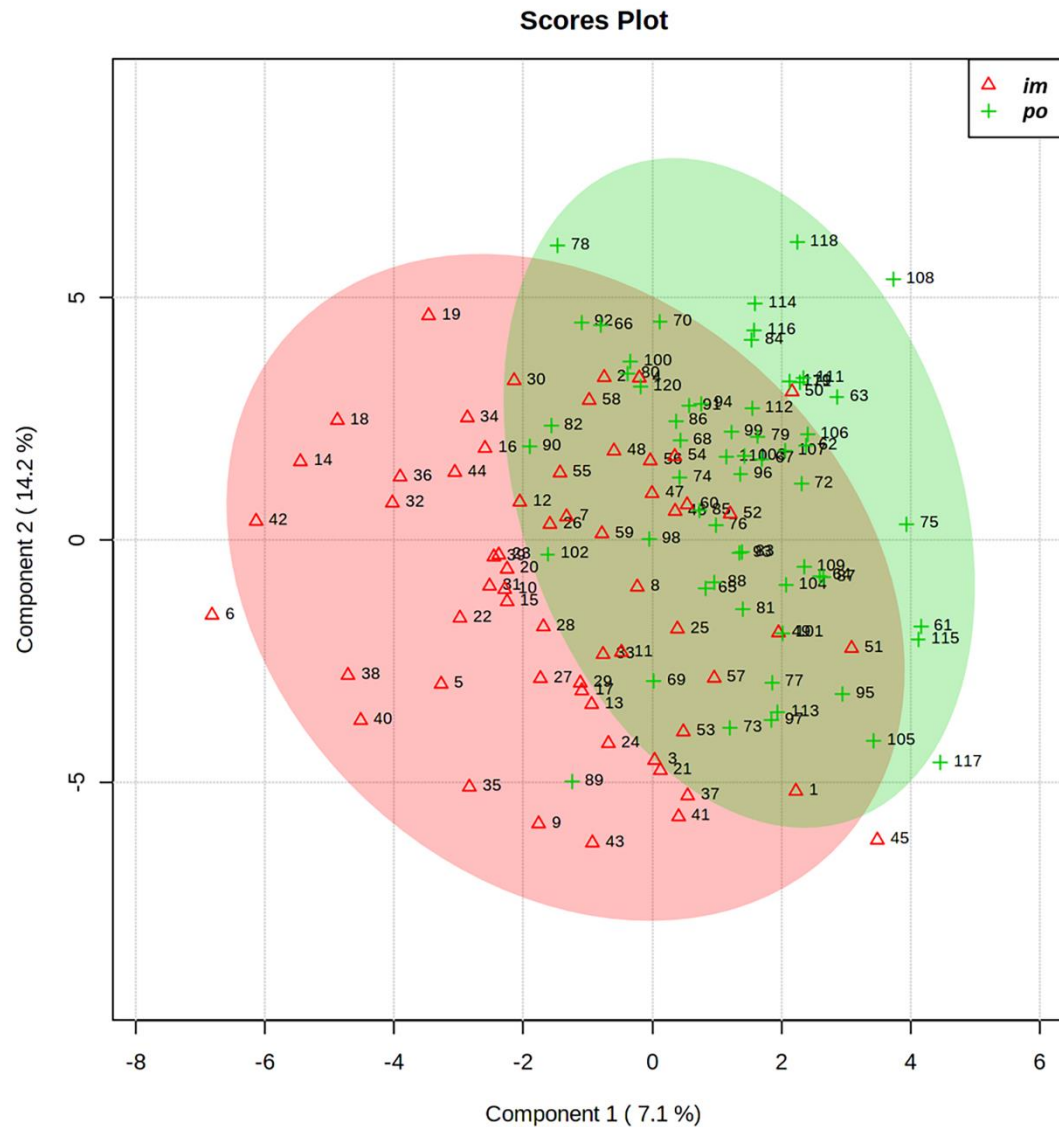


Proteomic Study in NHPs

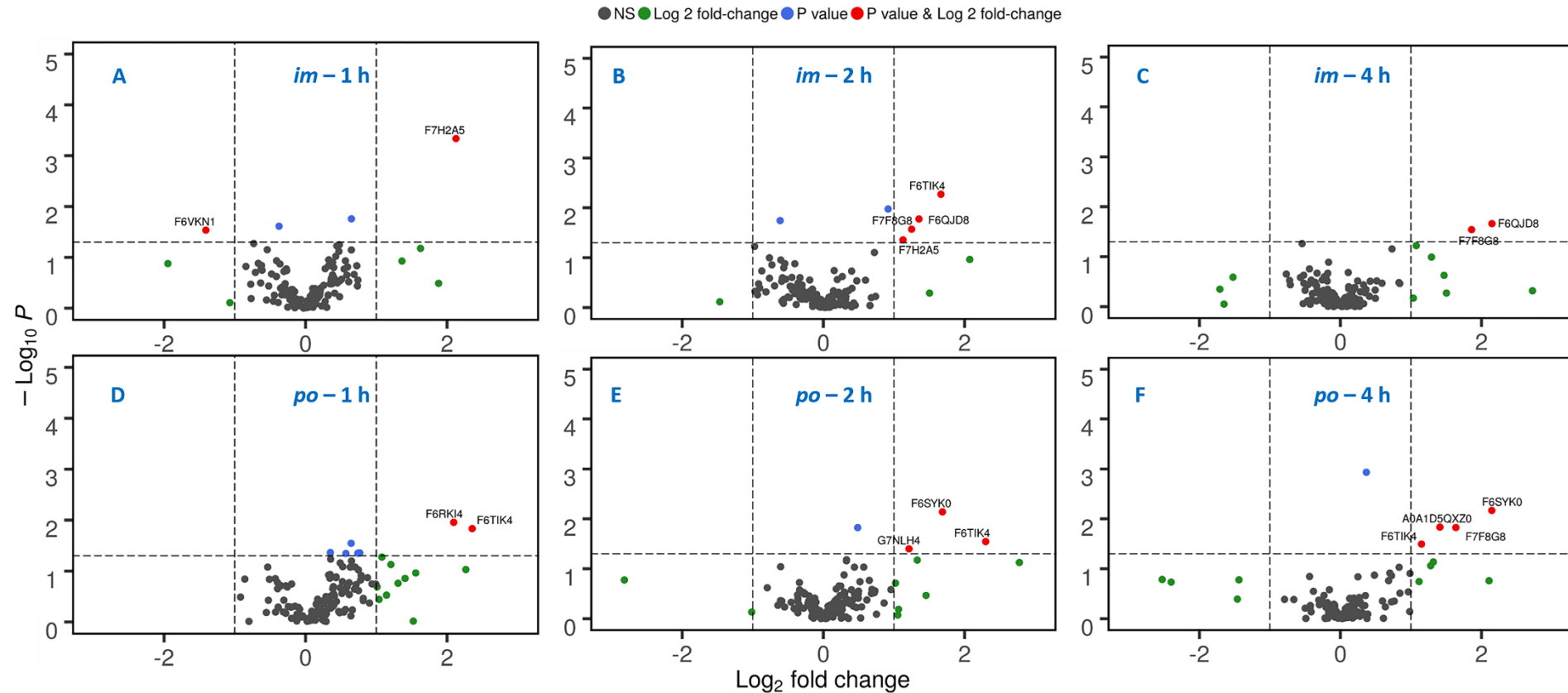
***IM* dosing = 50 mg/kg BIO 300 IS**

***PO* dosing = 100 mg/kg BIO 300 OS**

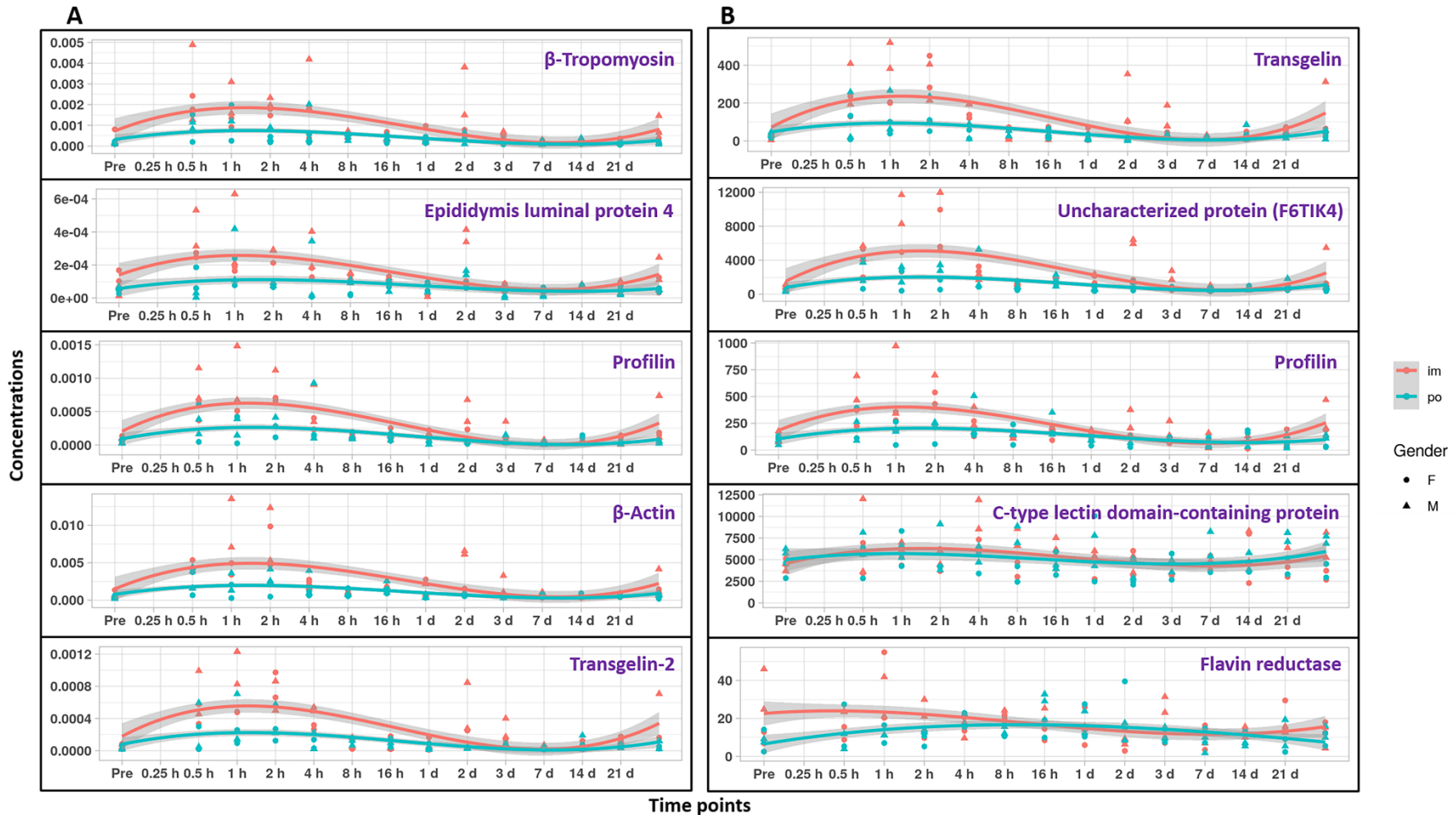
Principal Component analysis (PCA) plot for perturbation in proteins expression



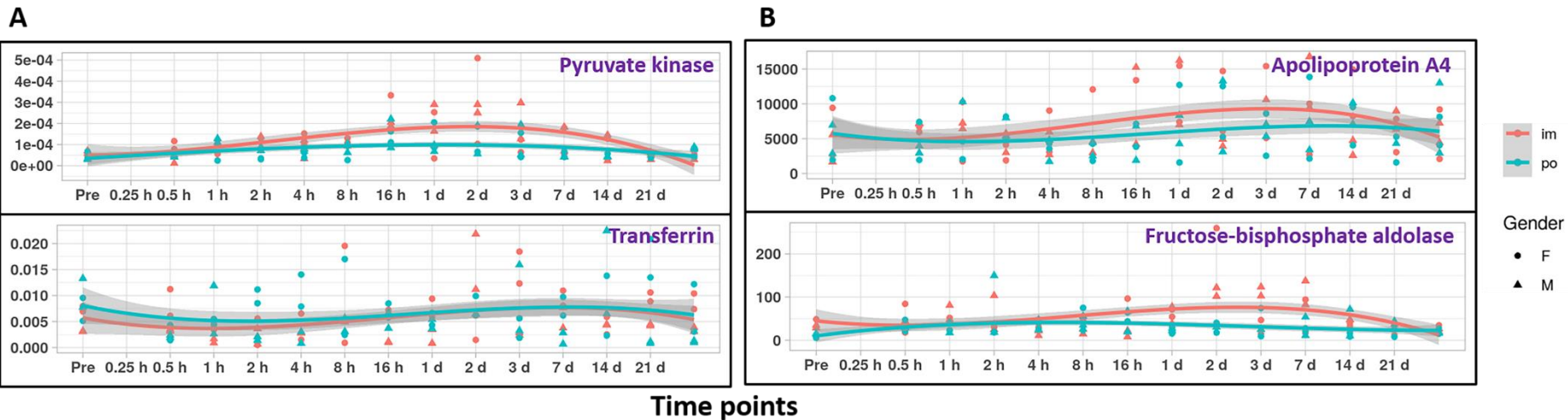
Volcano plots illustrating significantly dysregulated proteins - Rhesus macaque database



Trend lines of proteins that rapidly increase (30' – 2 h) following *po* or *im* administration of BIO 300



Expression for proteins after oral as well as *im* administration of BIO 300 – Progressive increase (2 - 4 h to 7 d)



Overall study design for metabolic study of BIO 300 OP in NHPs

Session 1 BIO 300 OP Dose 100 mg/kg (n = 4 NHPs)

Session 2 BIO 300 OP Dose 200 mg/kg (n = 4 NHPs)

Summary of BIO 300 Oral Powder single dose PK parameters in NHPs

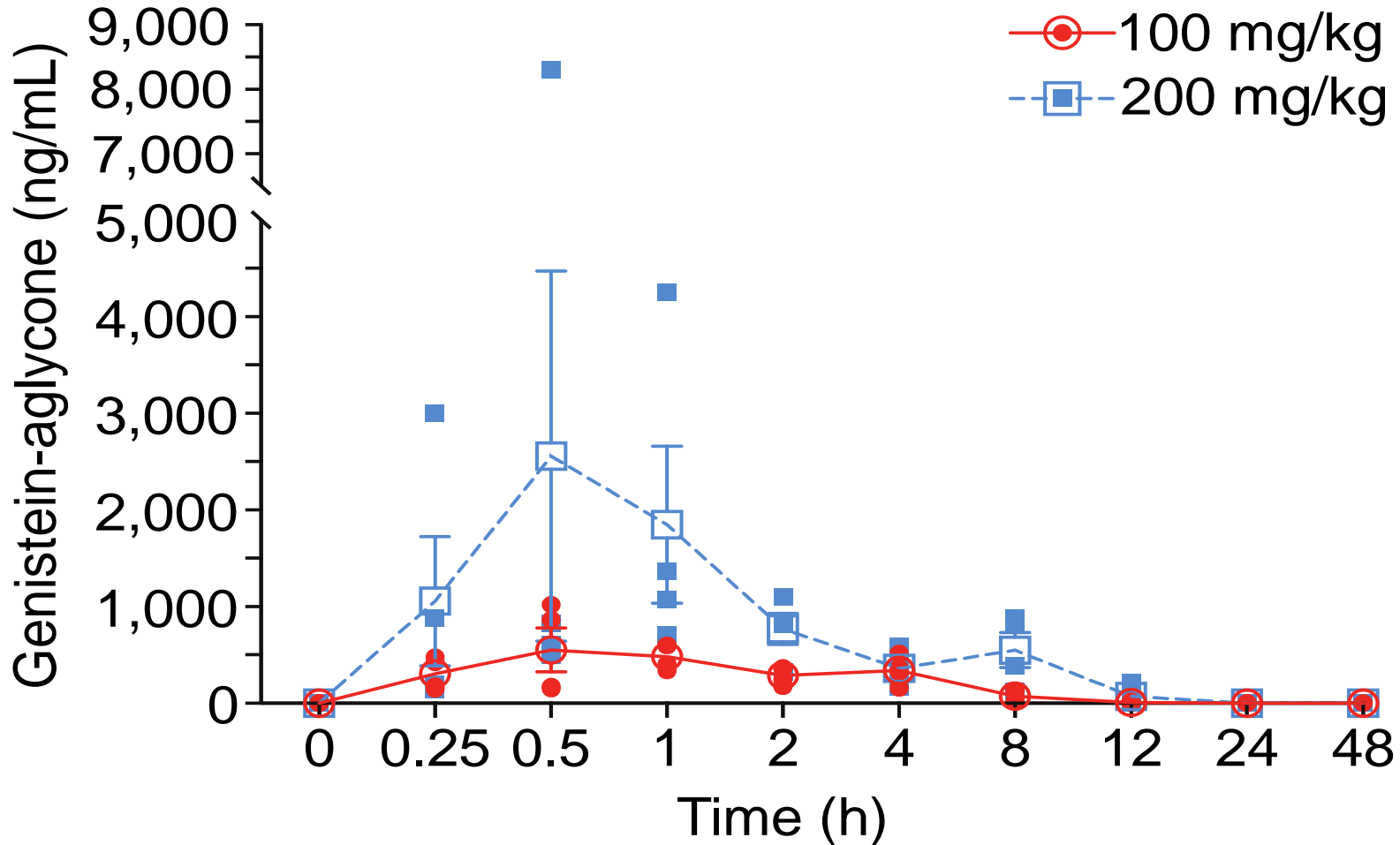
Session 1 BIO 300 OP Dose 100 mg/kg (n = 4 NHPs)

Session 2 BIO 300 OP Dose 200 mg/kg (n = 4 NHPs)

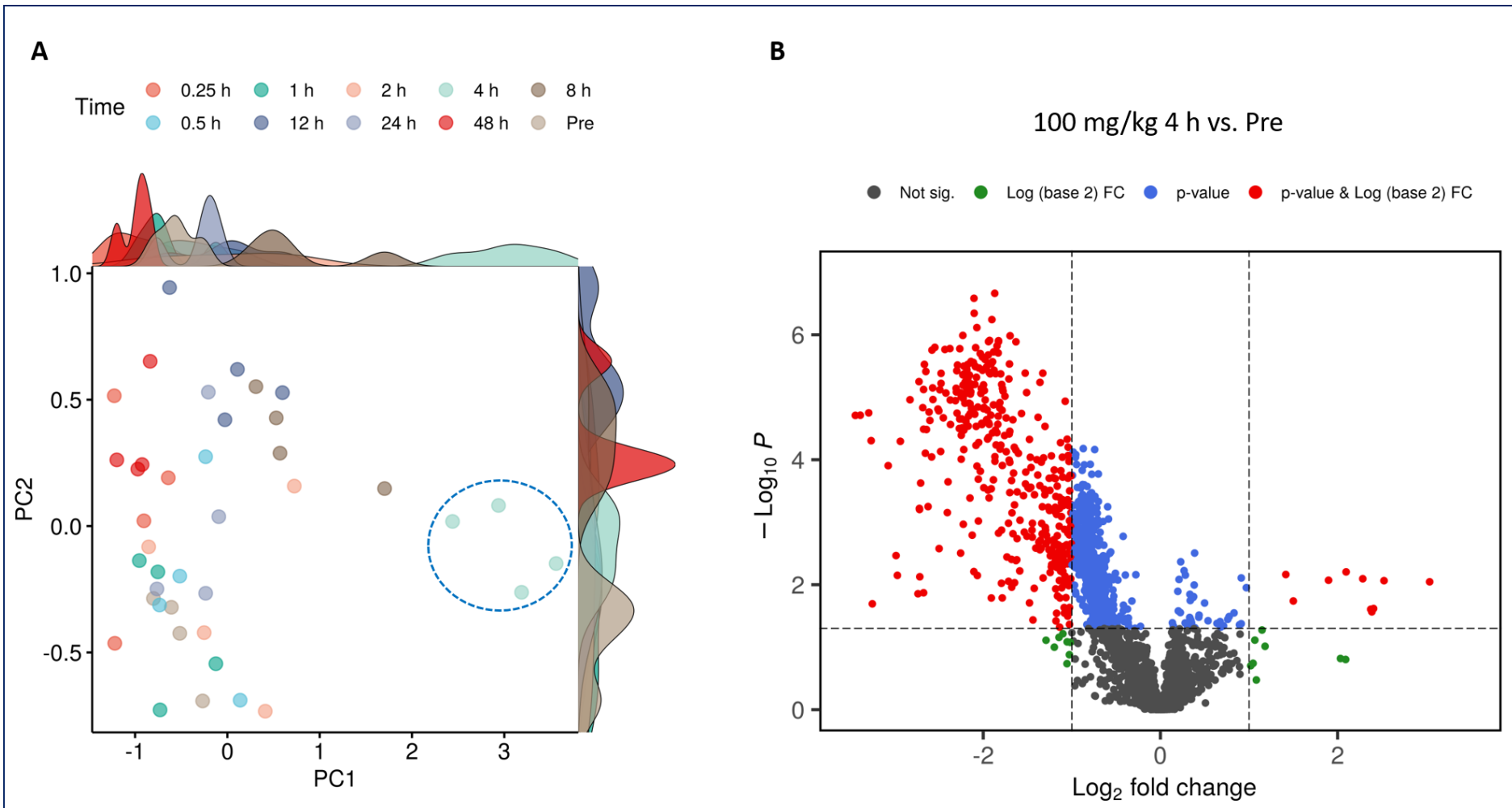
Total number of serum samples analyzed = 80

Dose	Animals	T _{max} (h)	C _{max} (ng/ml)	AUC ₀₋₄₈ (ng.h/ml)	AUC _{0-inf} (ng.h/ml)	T _{1/2} (h)
100 mg/kg	All	1.0±0.71	662.8±329.1	2481±822.2	2505±832.2	1.69±0.17
	Males	0.75±0.35	633.5±326.0	2201±1304	2214±1315	1.56±0.01
	Females	1.25±1.1	692.0±463.9	2761±120.9	2796±94.2	1.83±0.11
200 mg/kg	All	1.13±0.63	2867±3632	7645±3937	7649±3938	1.78±0.27
	Males	0.75±0.35	4504±5369	7026±6672	7030±6673	1.73±0.46
	Females	1.5±0.71	1230±183.8	8268±676.7	8268±678.2	1.84±0.01

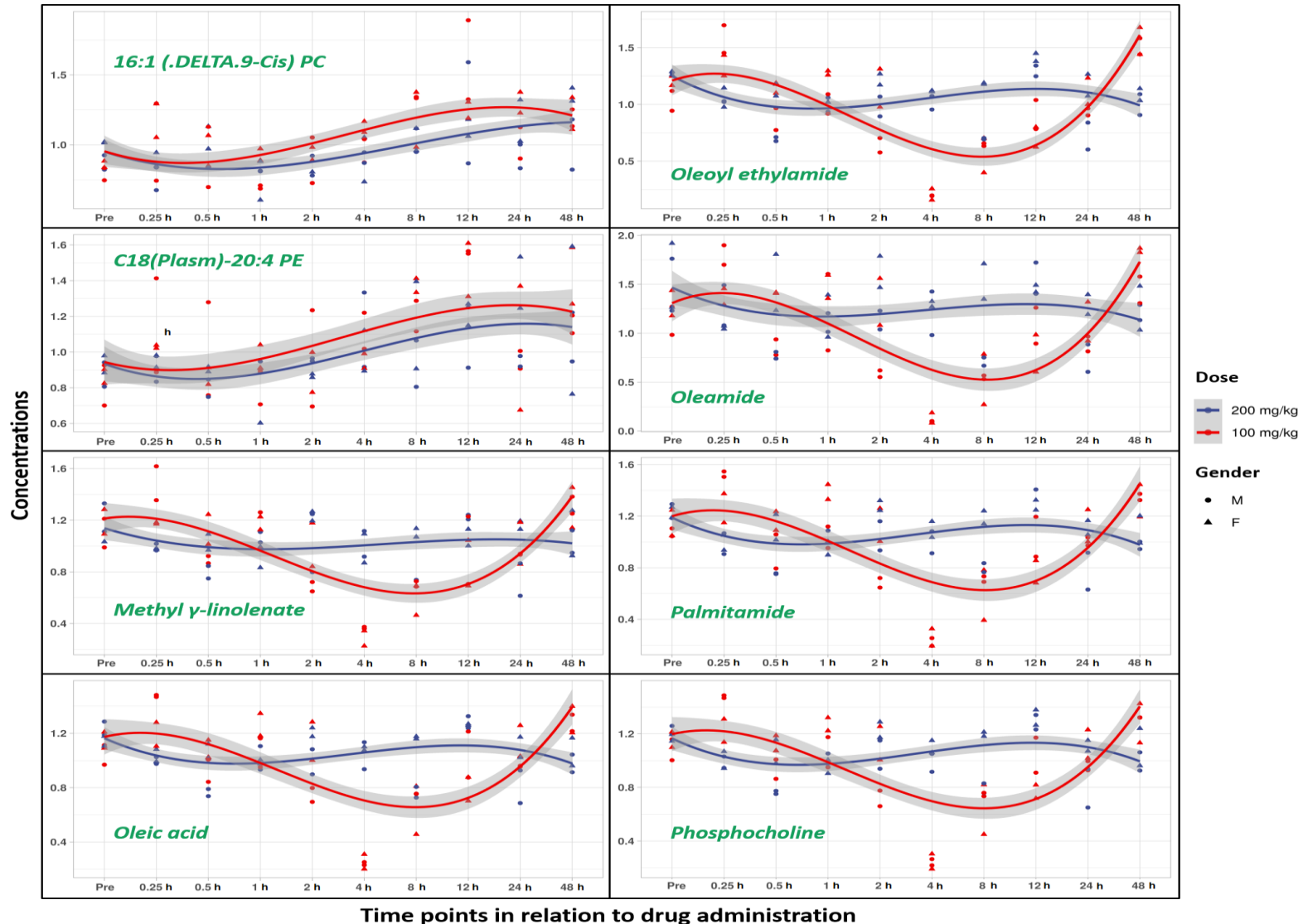
PK analysis of BIO 300 OP (100 mg/kg and 200 mg/kg)



A 2D-PCA plot and Volcano plot

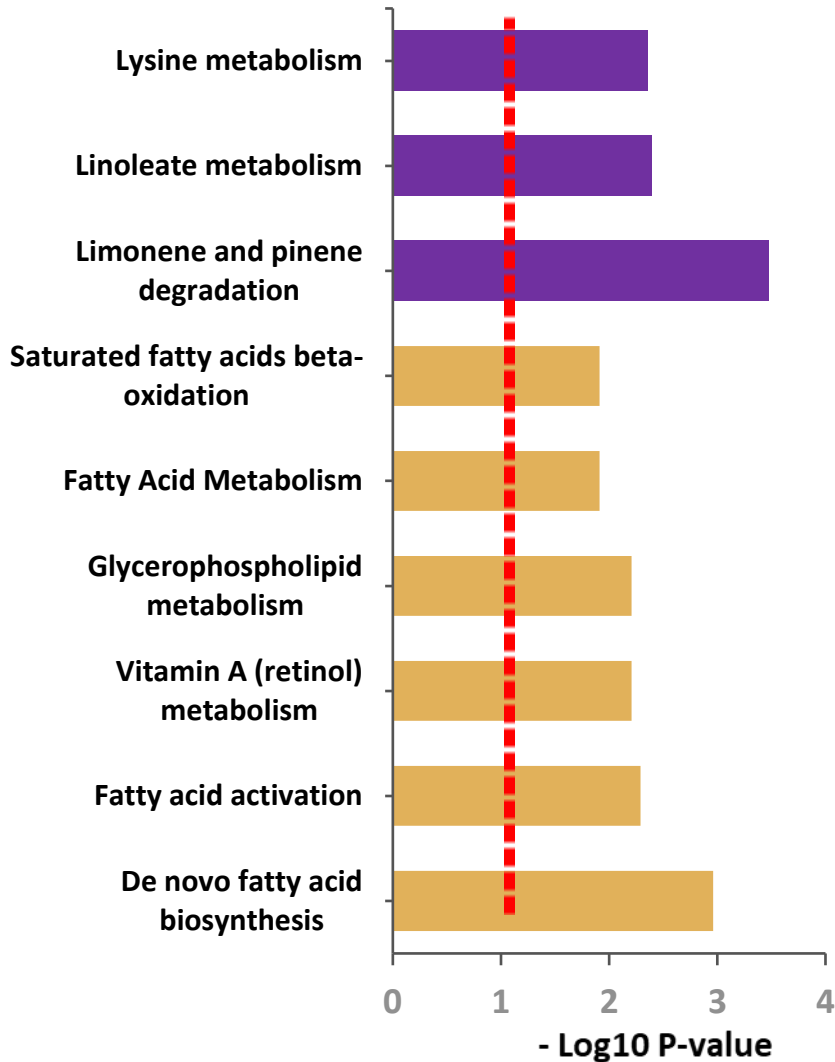


A trend line of a subset of metabolites/lipids

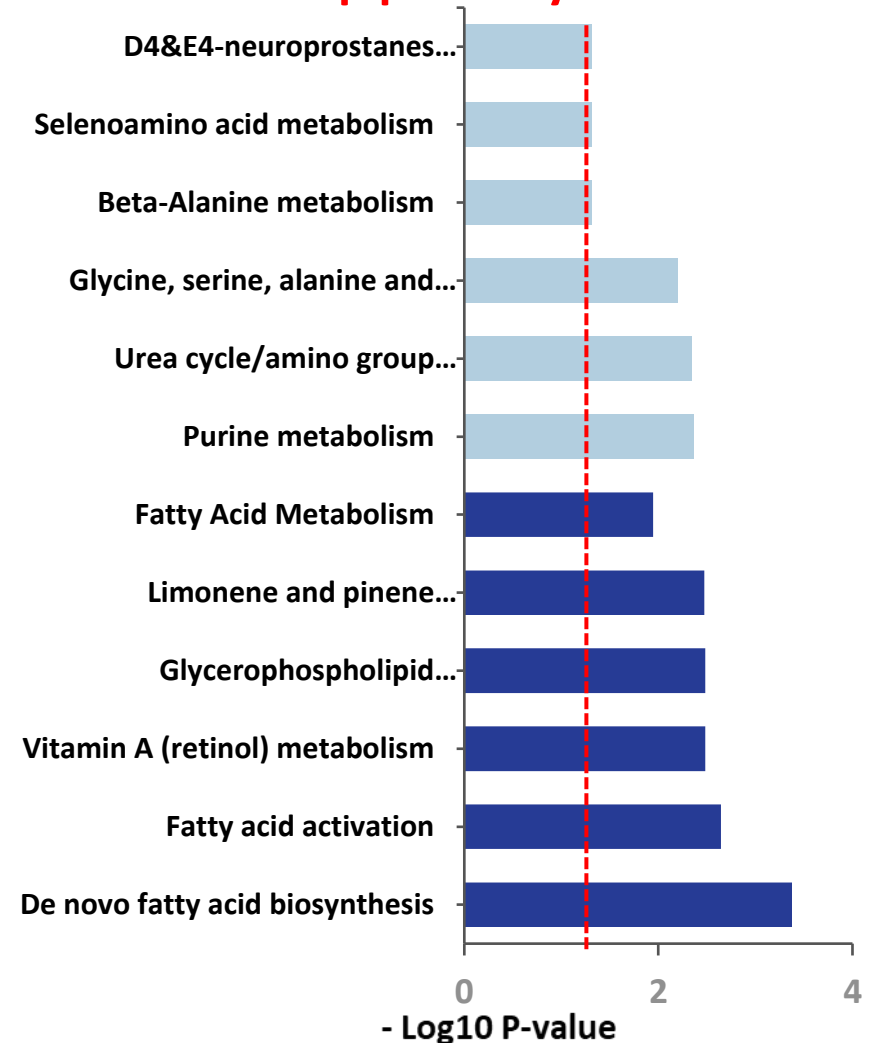


Pathway analysis at 4 and 8 h time points

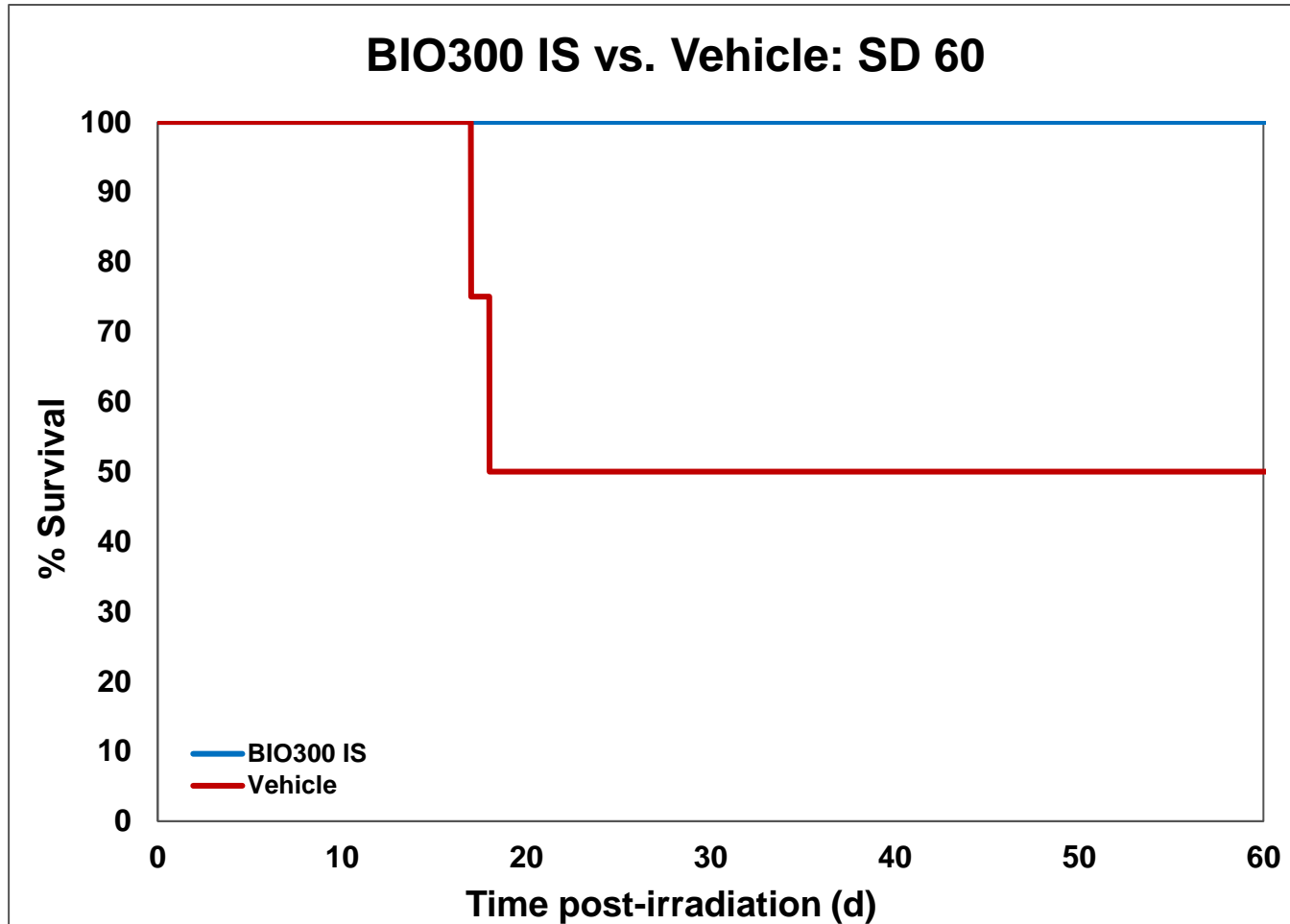
Top pathways at 4 h



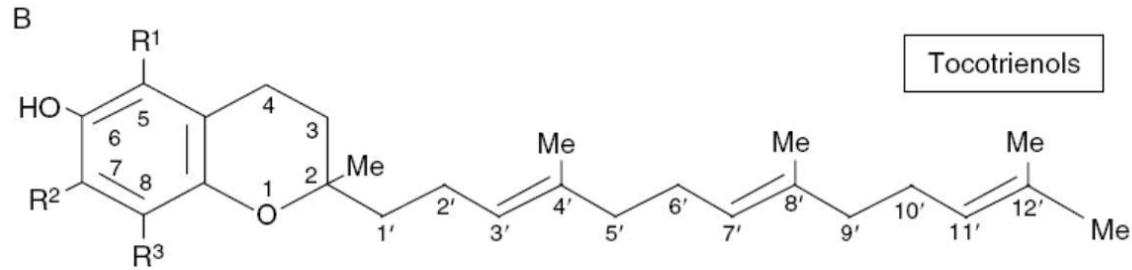
Top pathways at 8 h



BIO 300 IS: Efficacy against Cobalt-60 gamma TBI in NHPs

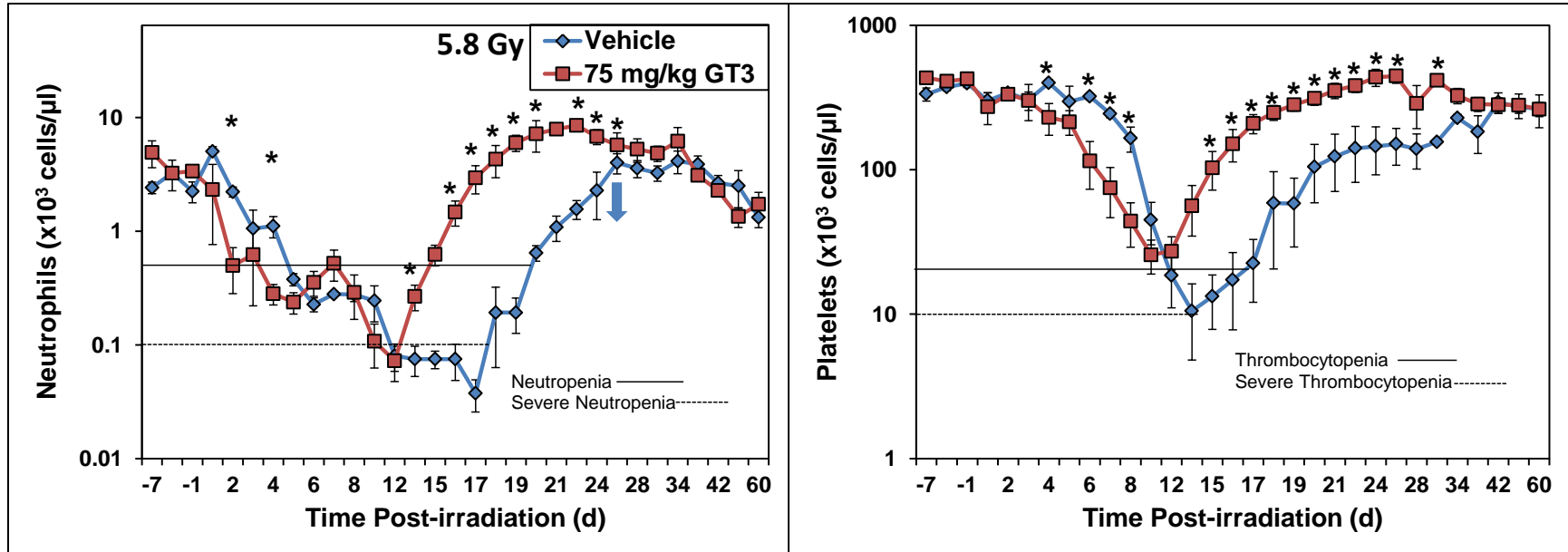


Gamma-tocotrienol

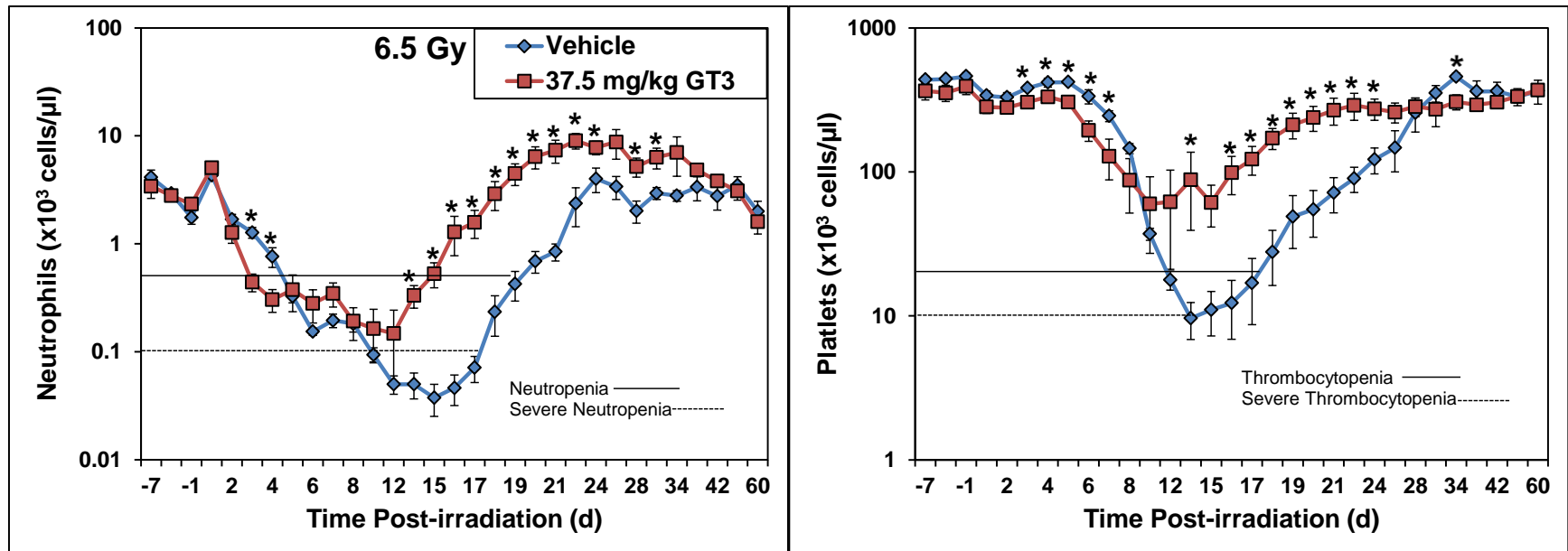


- **Naturally occurring isoform of vitamin E**
- **Tocotrienols are currently in several clinical trials**
- **Breast cancer, prostate cancer, and skin cancer**
- **Cholesterol lowering properties: Inhibition of Hydroxymethylglutaryl Coenzyme A reductase (HMGCR)**
- **Reduces type II diabetes**
- **Anti-inflammatory and potent antioxidant**

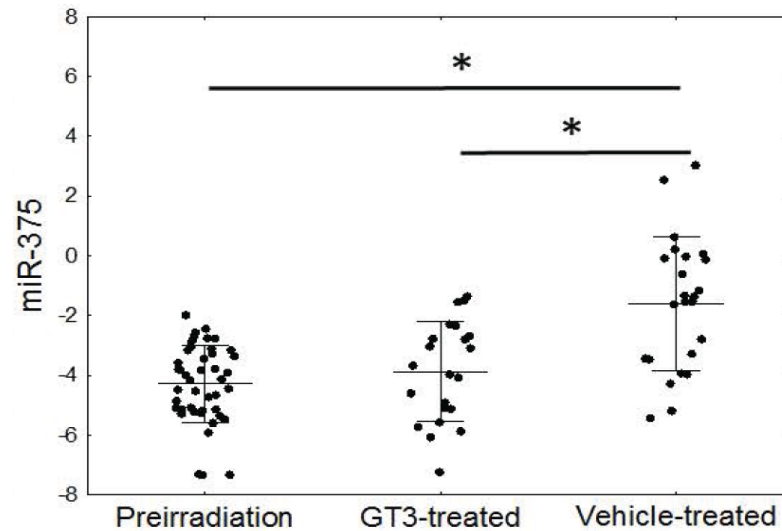
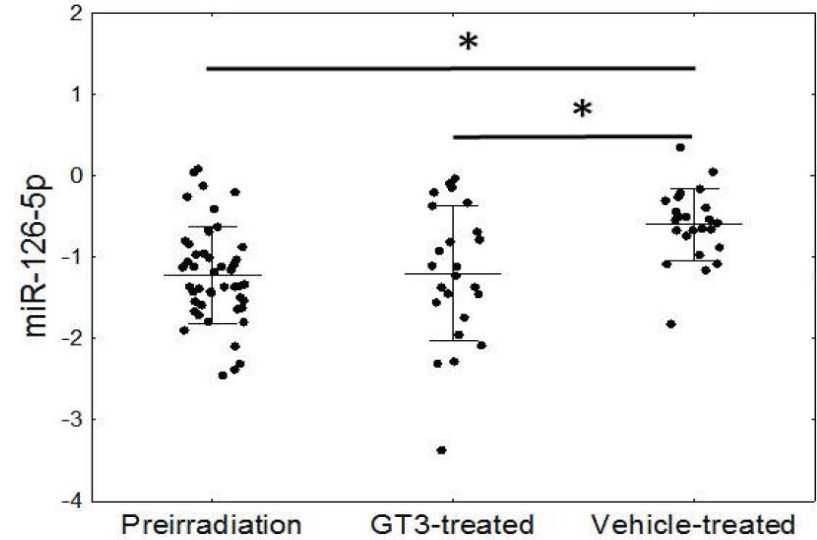
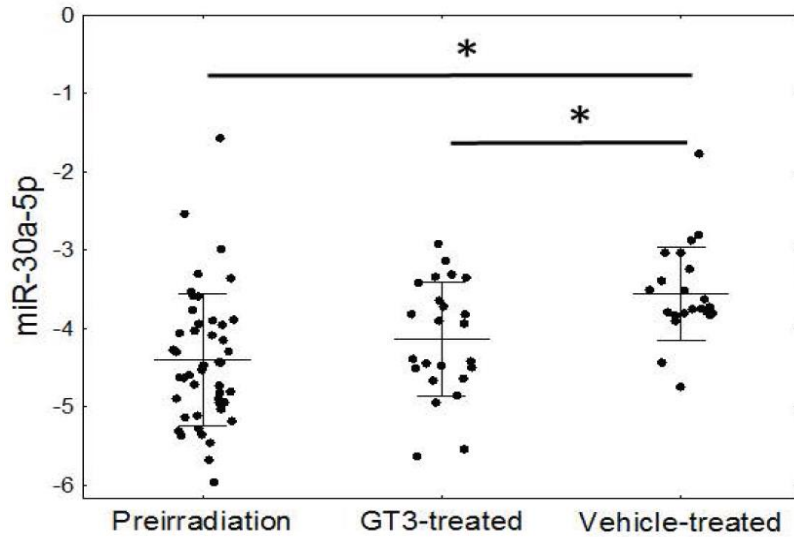
GT3-induced changes in neutrophils and platelets in irradiated NHPs (5.8 Gy)



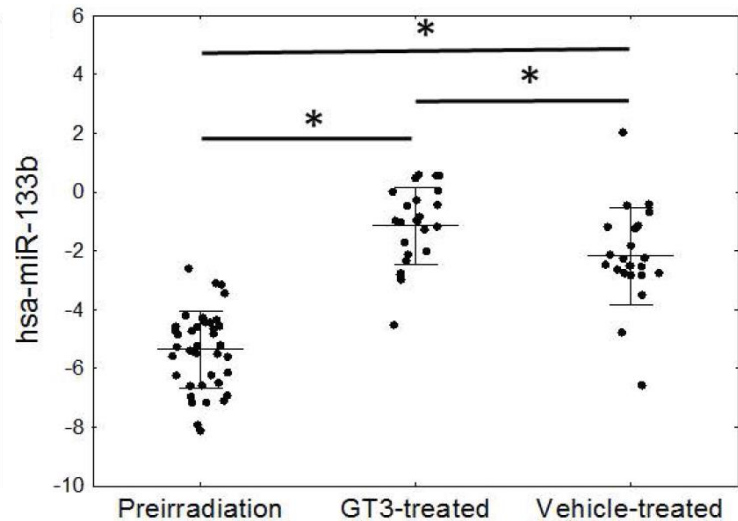
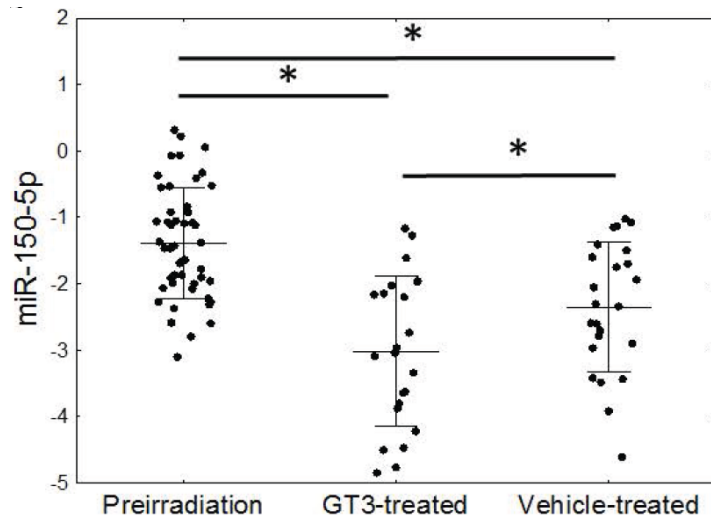
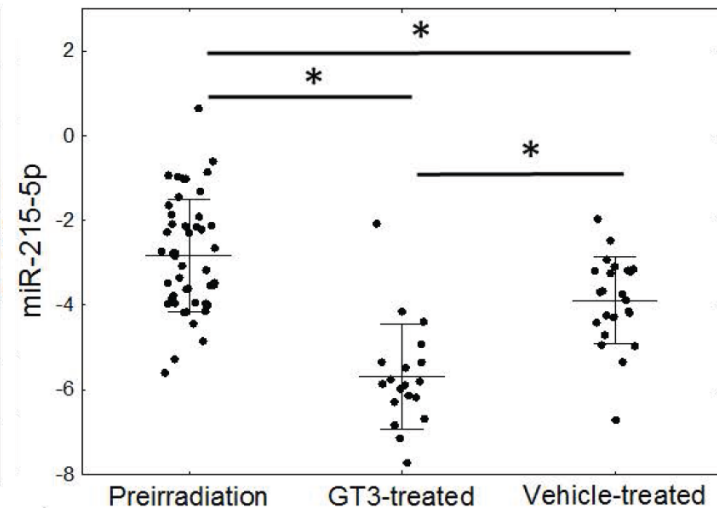
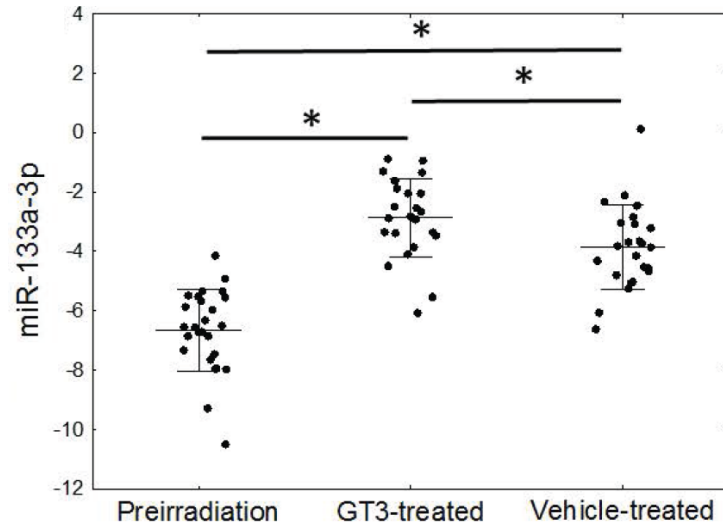
GT3-induced changes in neutrophils and platelets in irradiated NHPs (6.5 Gy)



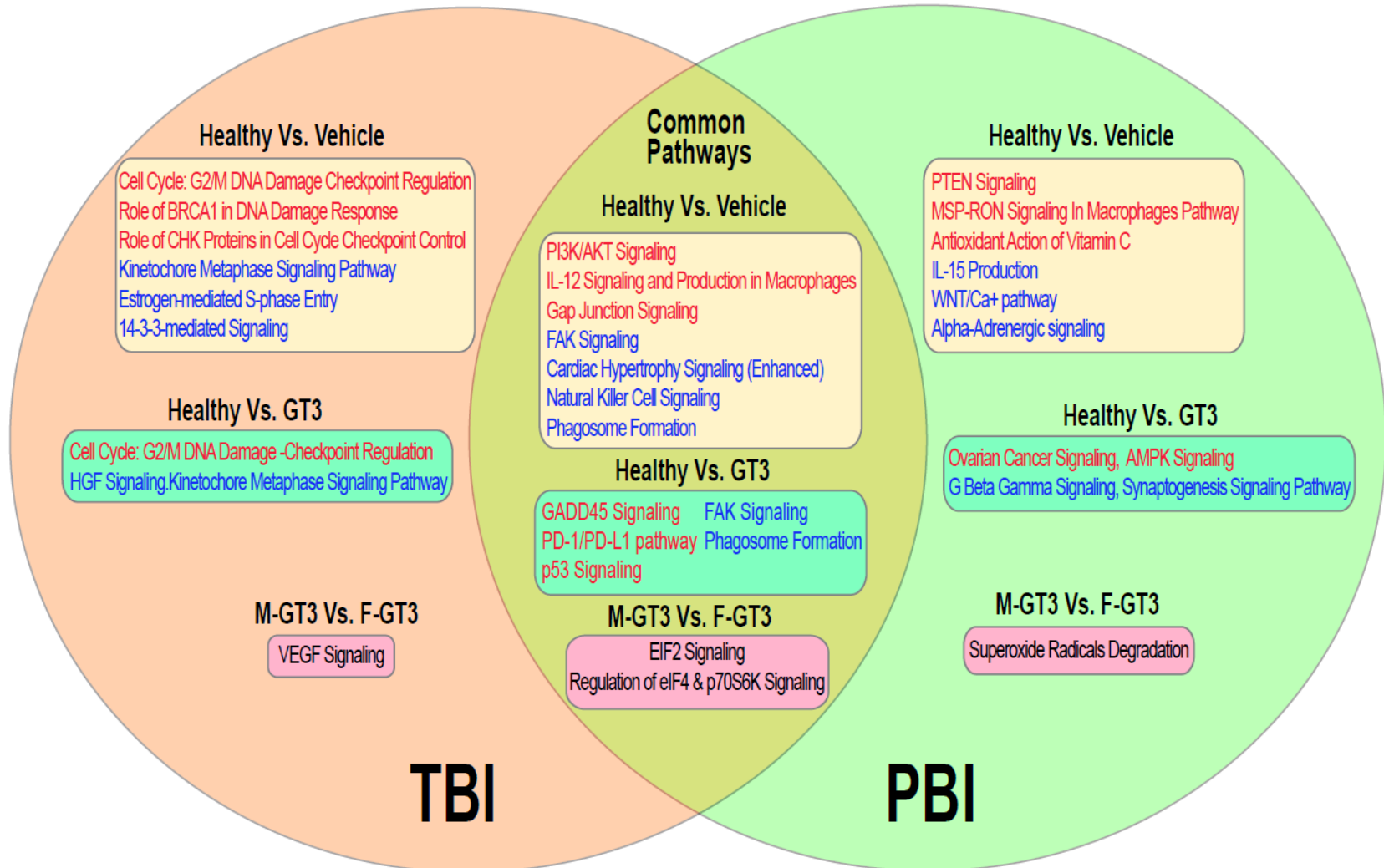
GT3 impact on radiation-dependent miRNA levels in NHPs



miRs - extreme radiation-induced change by GT3 in NHPs



Common and unique pathways identified in different comparisons across TBI and PBI



Acknowledgements

Lab Members

Oluseyi O. Fatanmi
Stephen Wise
Alana Carpenter
Brianna Janocha
Sarah Petrus

Sara Nakamura-Peek
Dr. Jatinder Singh
Paola Santiago
Madison Simas
Melissa Garcia
Briana Hanlon
Patricia Romaine
Victoria Newman
Jessica Scott
Eric Lee
Anne Semon

Collaborators:

Humanetics Corporation: Dr. Michael D. Kaytor,
Callion Pharma: Dr. A. Papas,
Prof. Amrita Cheema, Georgetown University
Dr. Ryan Johnson, PMB, USUHS

Financial support:

DoD – CDMRP, JPC, DTRA, DHA

HHS – BARDA, NIAID/NIH

USUHS/AFRRI

Questions ????

