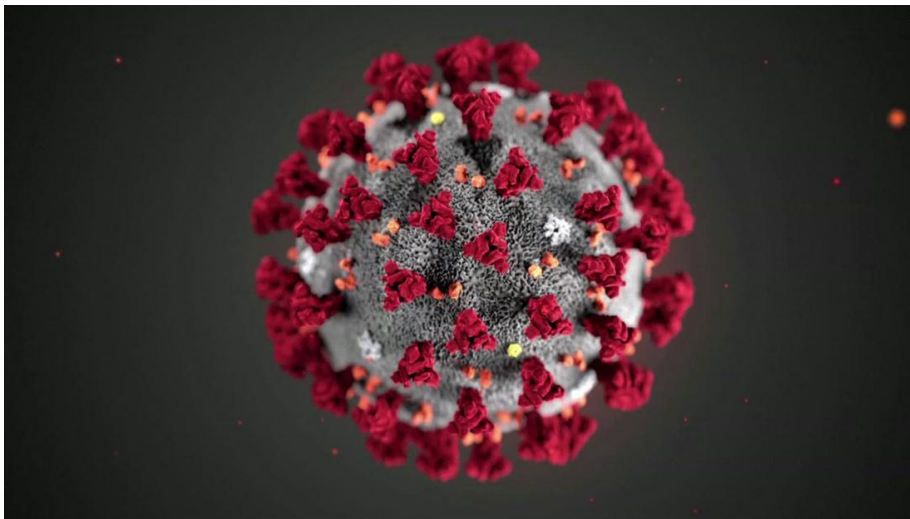


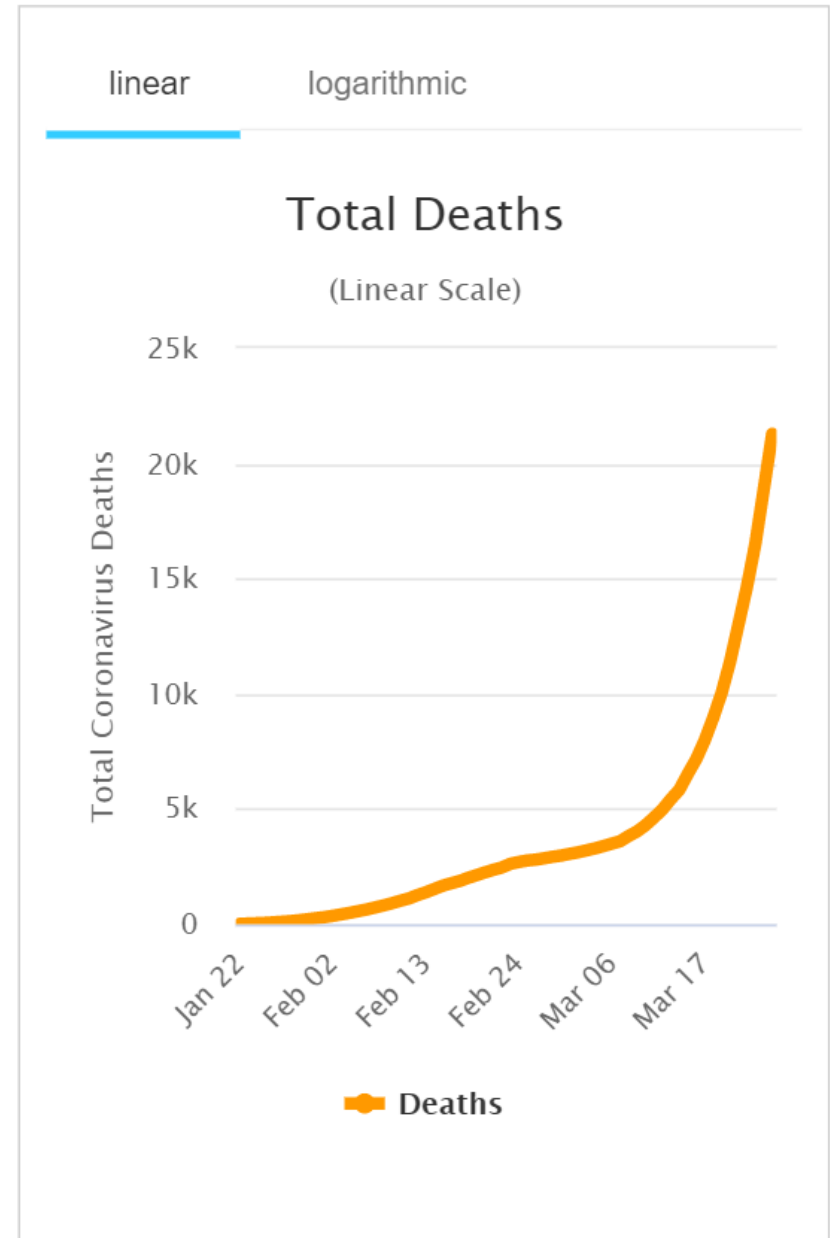
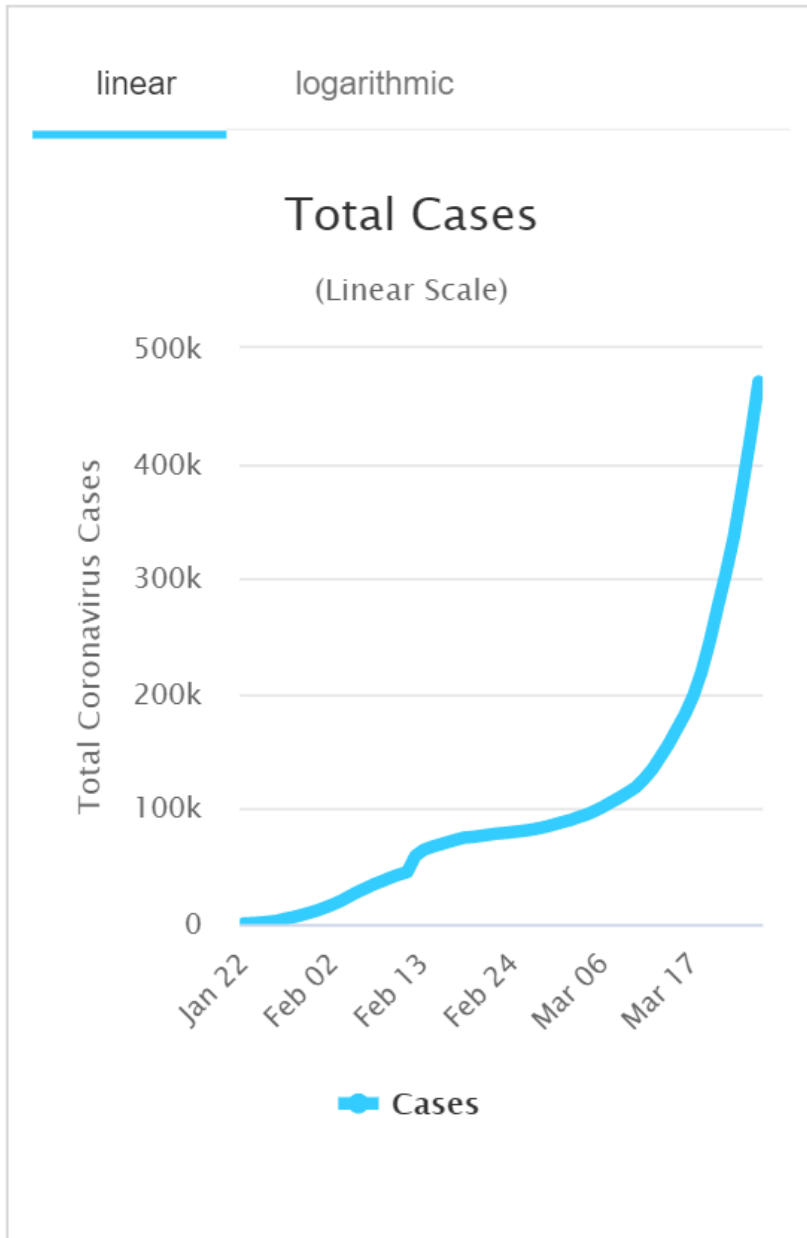
# SARS-CoV-2, COVID-19, and Potential Small Molecule Therapeutics



Matt Epplin

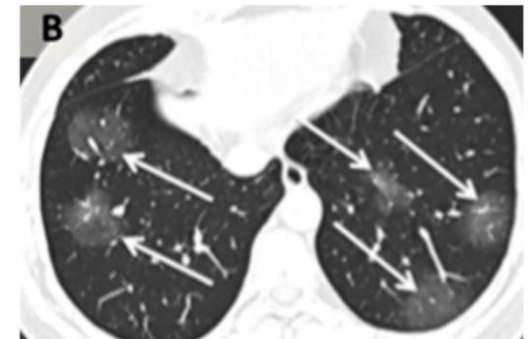
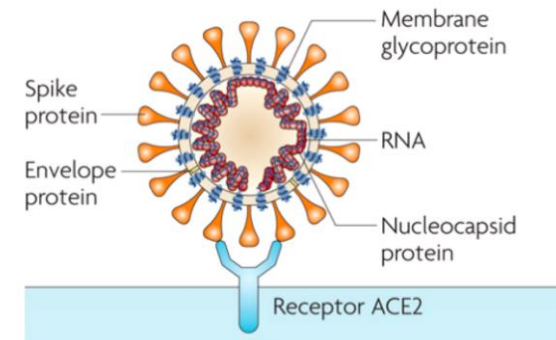
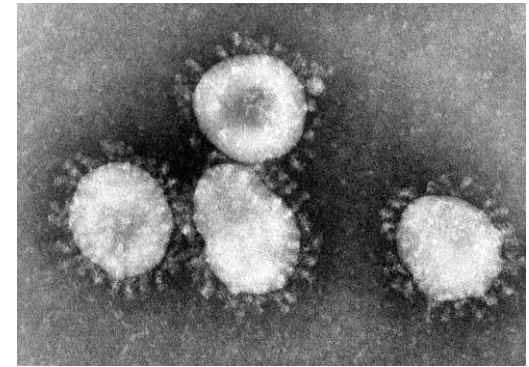
Burns Lab Group Meeting

03/27/20



- ***SARS-CoV-2***: the Genbank name for the causative agent (virus) behind the illness
  - Stands for Severe Acute Respiratory Syndrome – CoronaVirus – 2
  - Shares 96% sequence homology with the SARS-CoV of the early 2000s
  - Originally designated 2019-nCoV
  - Same class as Middle East Respiratory Syndrome – CoronaVirus (MERS-CoV)
- ***COVID-19***: the name for the disease caused by SARS-CoV-2

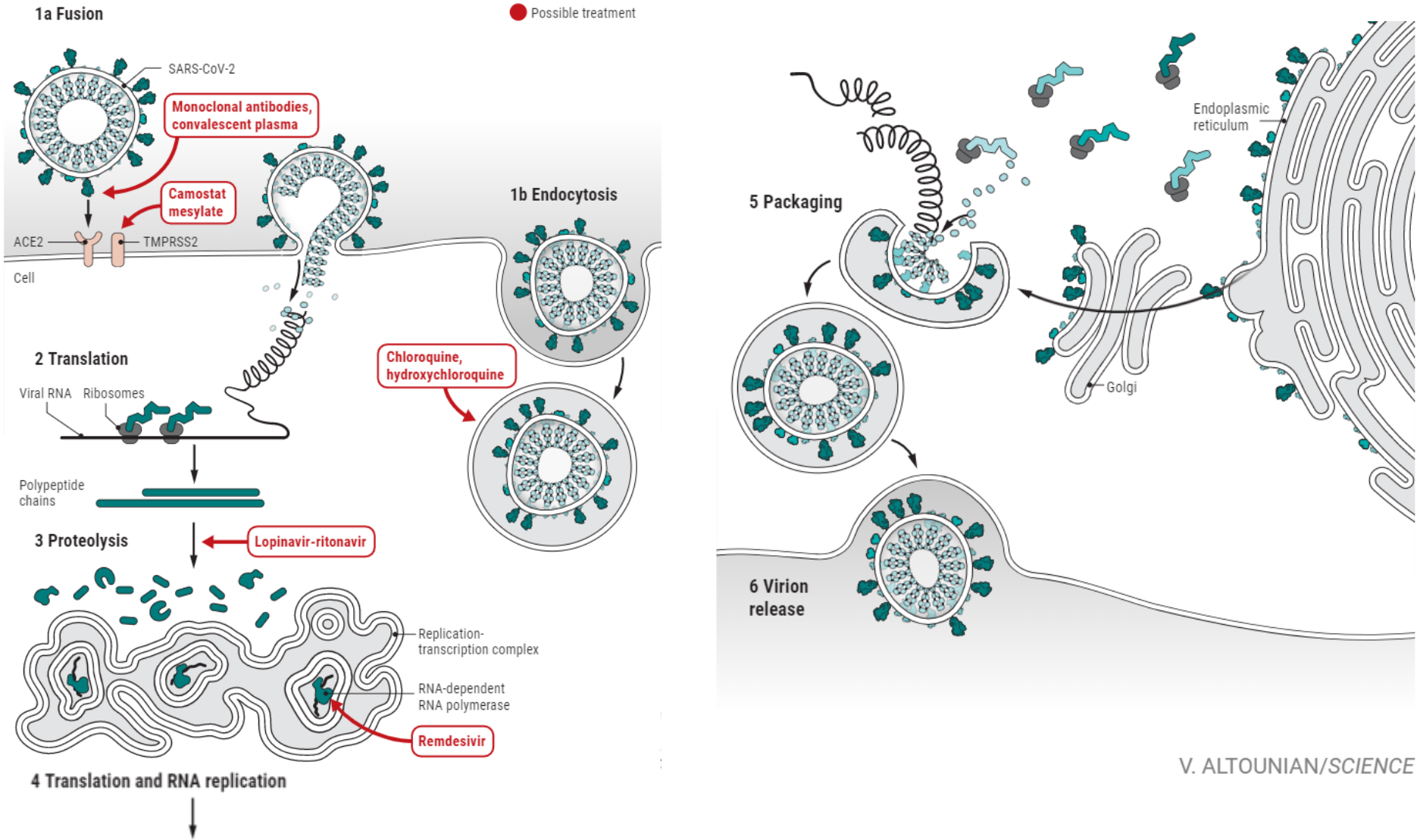
- Large (~30k base pairs), single-stranded positive-sense RNA virus
- Encapsulated by membrane envelope
  - Contains “spike” (S) glycoproteins, giving the crown-like appearance
- Four subtypes: alpha, beta, gamma, and delta
  - Beta-class includes SARS-CoV, MERS-CoV, and SARS-CoV-2
- Beta CoVs attack lower respiratory system causing viral pneumonia
  - Appear to also infect heart, liver, kidney, and gastrointestinal system
- Leads to death in ~1-2% of cases showing symptoms



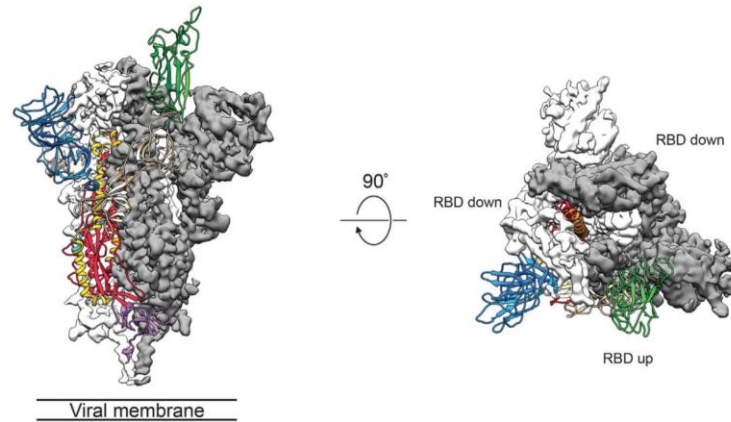
Fehr, A.R.; et al. *Methods Mol. Biol.*, 2015, 1-23.

Wu, J.T.; et al. *Nature Medicine*, 2020, doi: <https://doi-org.stanford.idm.oclc.org/10.1038/s41591-020-0822-7>.

Liu, C.; et al. *ACS Cent. Sci.*, doi: <https://dx.doi.org/10.1021/acscentsci.0c00272> (2020).

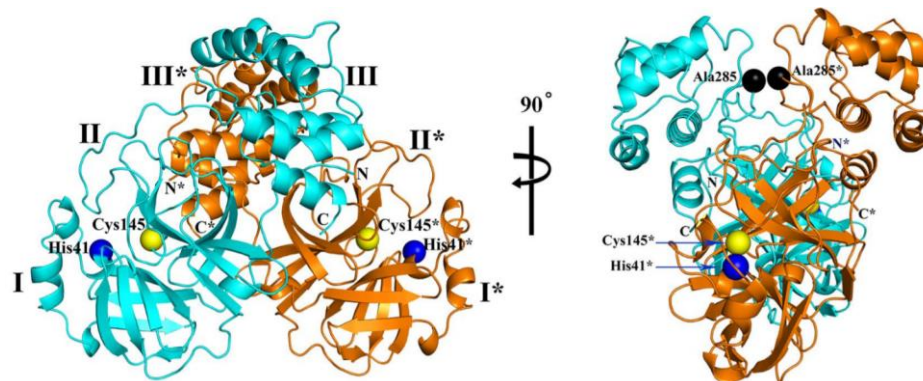


- Structural “spike” (S) protein mediates host cell invasion via angiotensin-converting enzyme 2 (ACE2)



**S protein crystal structure**

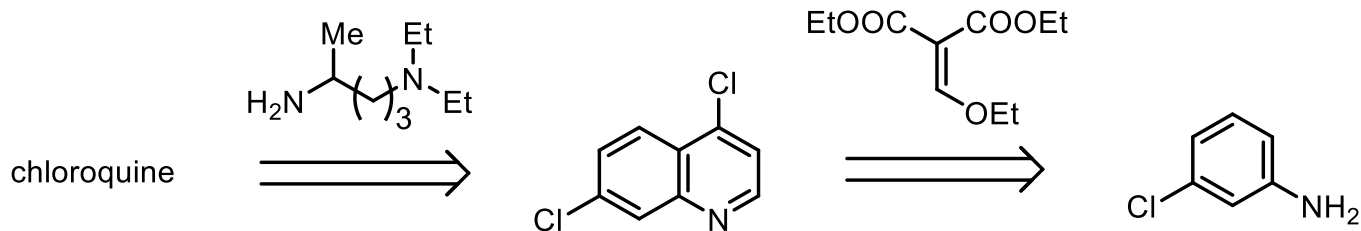
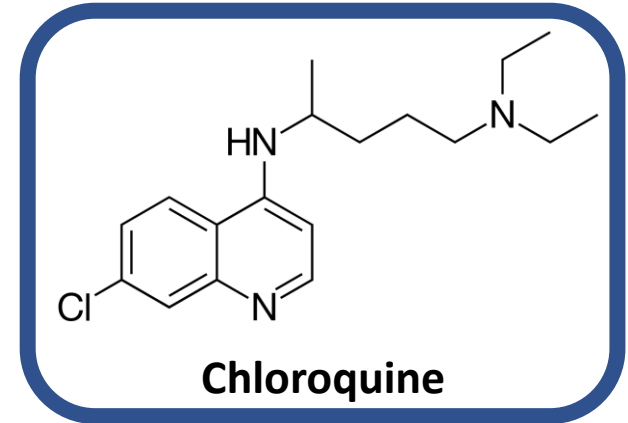
- Non-structural RNA-dependent RNA polymerase (RdRp), coronavirus main protease (3CLpro), and papain-like protease (PLpro) then assist in viral replication



**3CLpro crystal structure**

- 
- Antibodies - Dosing external antibodies already targeted at part of virus
    - Immunoglobulin therapy
      - Infusing the plasma (containing the antibodies) of previously sick patients into newly sick patients
      - On March 24<sup>th</sup>, FDA approved this strategy for emergency situations
    - Monoclonal antibodies
      - Several epitopes (i.e. exposed region of a protein) to target including sections of the S protein
      - Counted at least 18 currently in development
  - Vaccines – Harnesses internal immune system to target virus
    - “Traditional” vaccines (e.g. compromised whole pathogens, pathogen surface protein, etc.)
      - Clinically established, but slower to develop/produce
    - RNA/DNA vaccines
      - Injection of RNA/DNA of antigen so cells directly produce antibodies
      - Fast and scalable, but no FDA-approved therapies

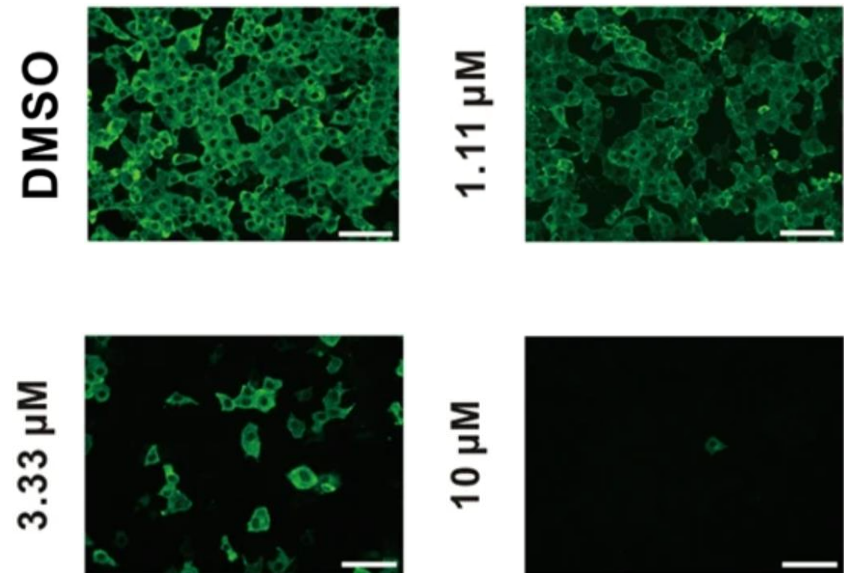
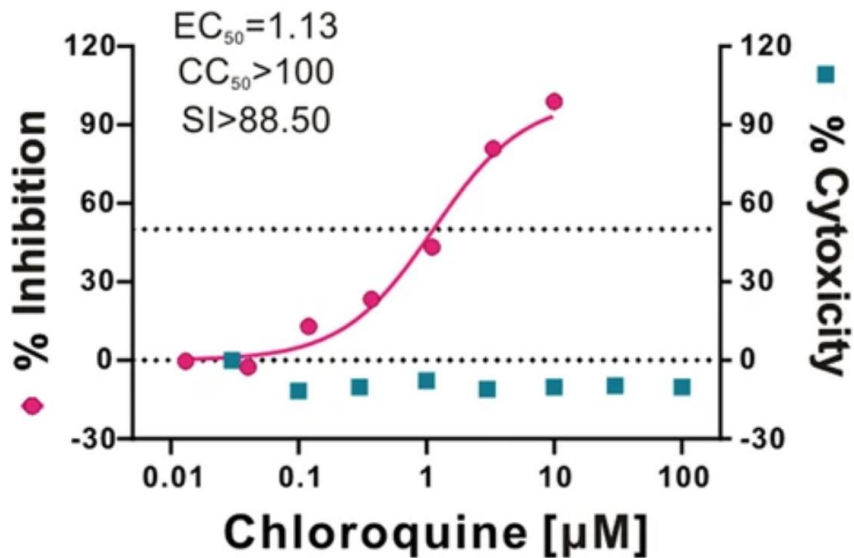
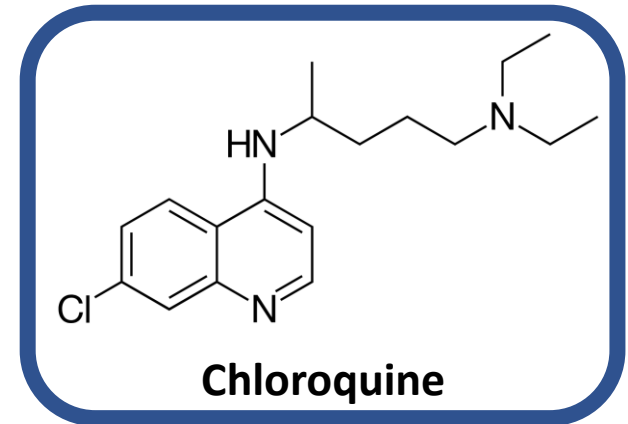
- Member of the 4-aminoquinolone class of anti-malarials
  - First synthesized in the 1930s as a derivative of quinine
  - Most widely used anti-malarial historically
- Synthesized industrially from 3-chloroaniline



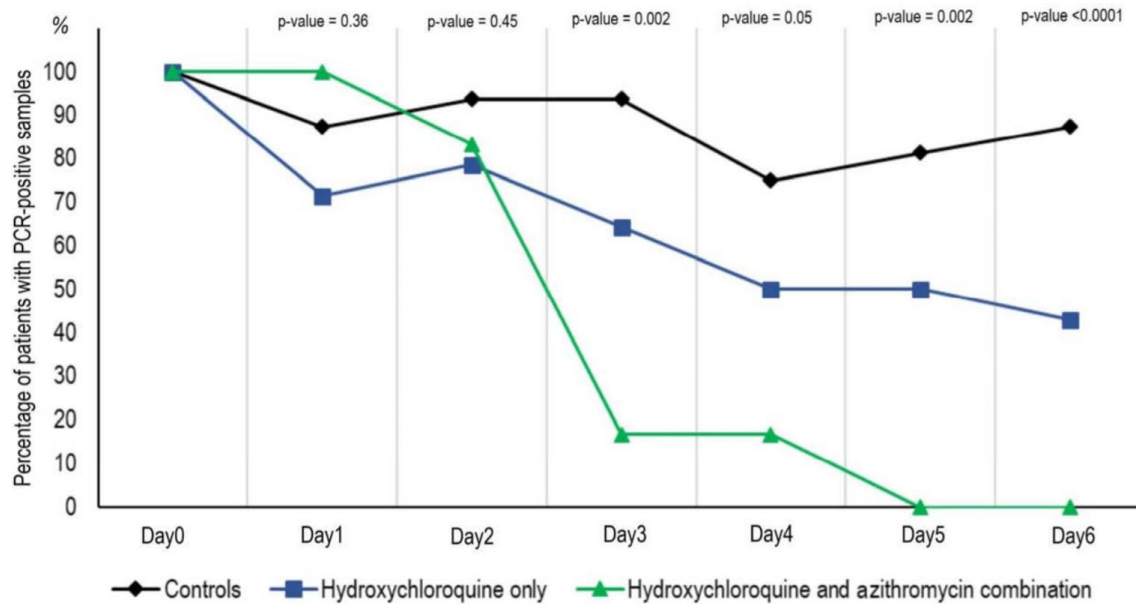
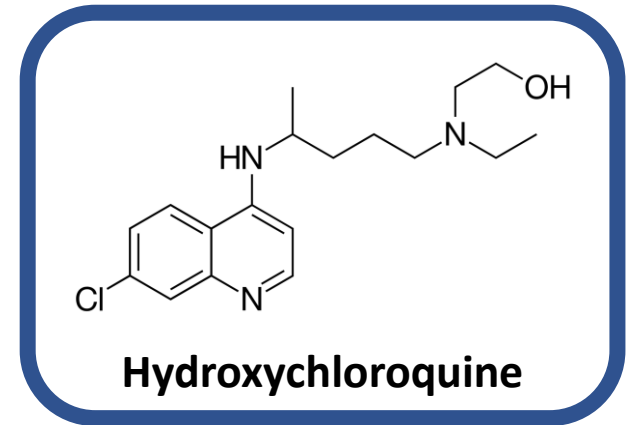
- Mechanism of action still unclear
  - Well-established to accumulate in lysosomes
    - Increase in lysosome pH prevents viral release
  - Known to bind purine and disrupt DNA/RNA synthesis
  - Also binds zinc, increasing conc. intracellularly, inhibiting RNA polymerase



- Chinese group screened FDA-approved drugs against SARS-CoV-2 *in vitro*
  - Found chloroquine to be 1  $\mu\text{M}$  inhibitor of SARS-CoV-2 infected Vero E6 cells



- French group ran open-label, non-randomized phase II trial in 36 patients
  - Used hydroxychloroquine (HCQ) due to clinical outcomes/availability
  - Several issues: 1) small trial 2) open-label 3) pass-fail criteria 4) treatment-group dropouts



- Chinese group ran 30 patient study where 13/15 in HCQ group recovered after 7 days while 14/15 in control recovered

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Trial record **33 of 94** for: hydroxychloroquine | Recruiting, Not yet recruiting, Active, not recruiting, Enrolling by invitation Studies

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## Hydroxychloroquine Chemoprophylaxis in Healthcare Personnel in Contact With COVID-19 Patients (PHYDRA Trial) (PHYDRA)

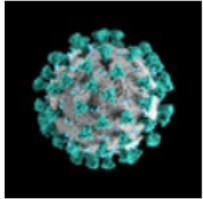


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## Coronavirus Live Updates

THE CORONAVIRUS CRISIS



# Man Dies, Woman Hospitalized After Taking Form Of Chloroquine To Prevent COVID-19

March 24, 2020 · 4:20 AM ET

SCOTT NEUMAN

- C-nucleotide prodrug originally developed in 2016 by Gilead for Ebola virus
  - Inhibits viral replication by incorporating into RNA and interfering with RdRp (RNA polymerase)
  - Highly conserved across viruses
    - UNC group showed MERS-CoV replication in human lung 2B4 cells inhibited at ~30 nM remdesivir *in vitro* (right)

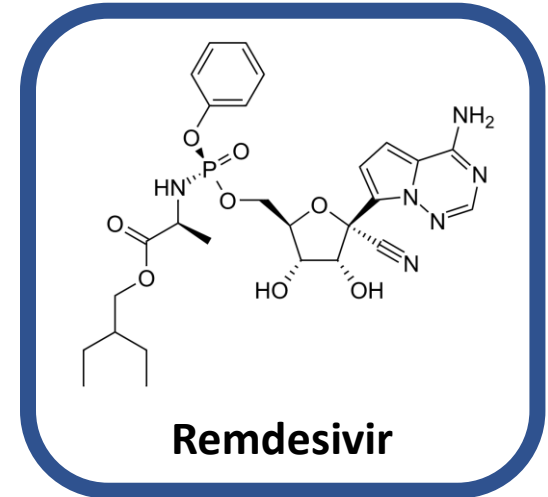
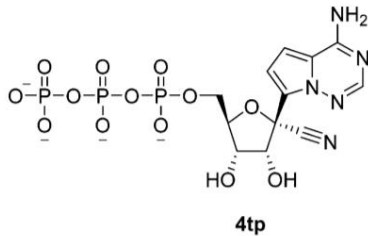
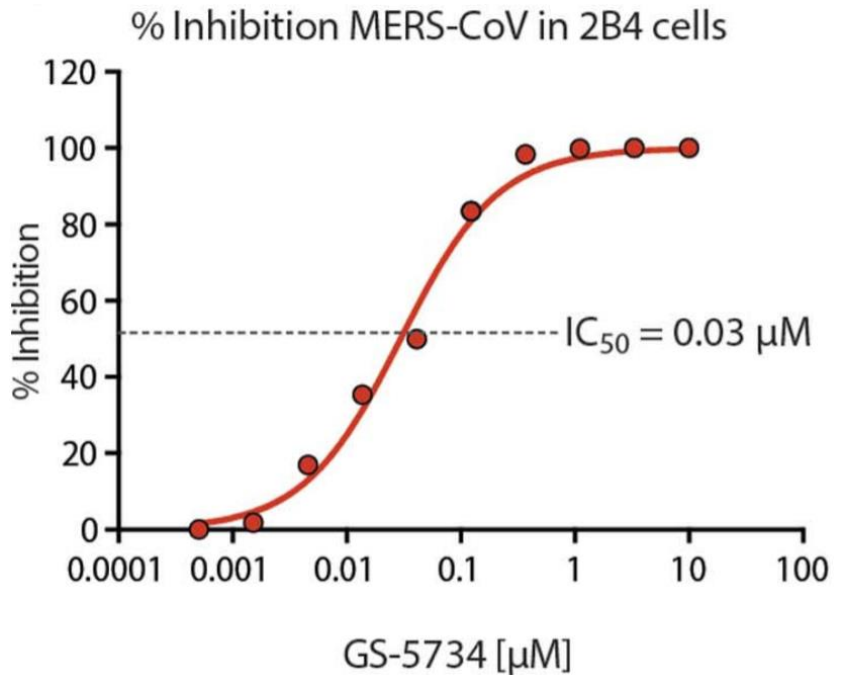


Table 2. Inhibition of RSV Polymerase, HCV Polymerase, and Human Polymerases by 4tp

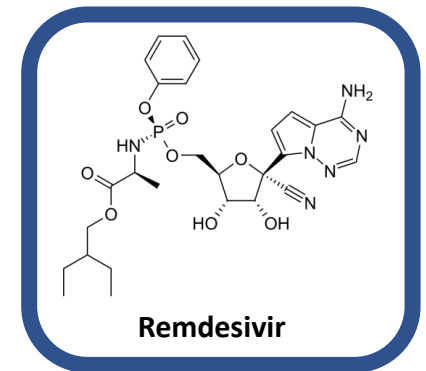
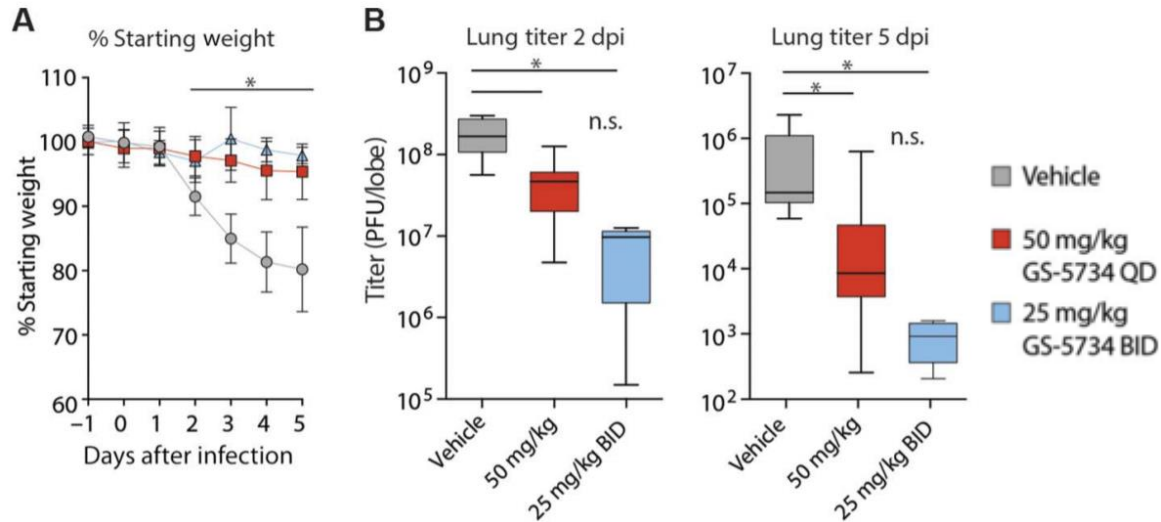


enzyme	4tp IC <sub>50</sub> (μM)	4tp SNI <sup>a</sup> rate (%)
RSV RdRp	1.1	
HCV RdRp	5	
POLRMT	>200	6
RNA Pol II	>200	
DNA Pol α	>200	
DNA Pol β	>200	
DNA Pol γ	>200	0

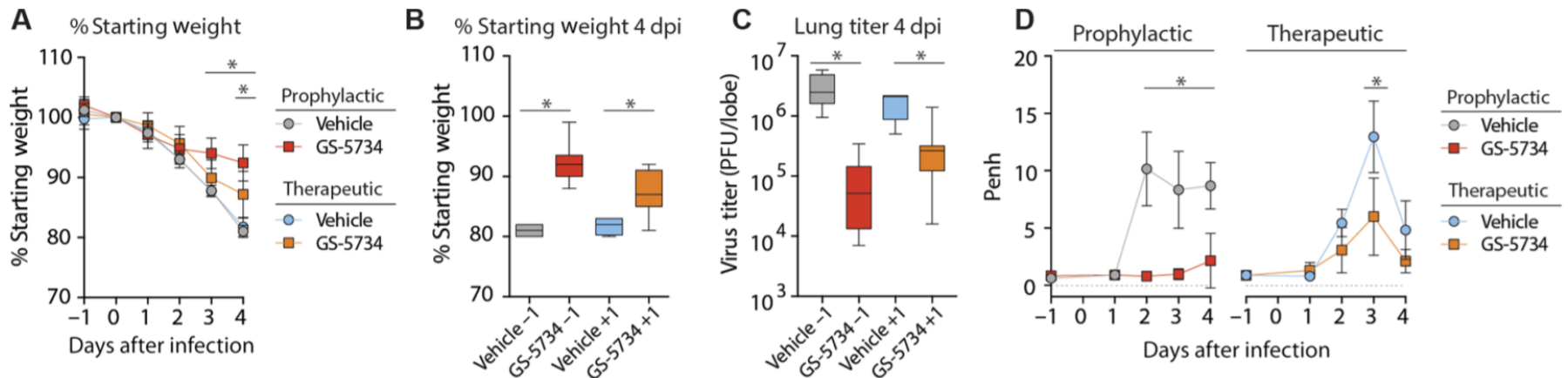
<sup>a</sup>SNI = single nucleotide incorporation.



- Demonstrated efficacy prophylactically in mice *in vivo*

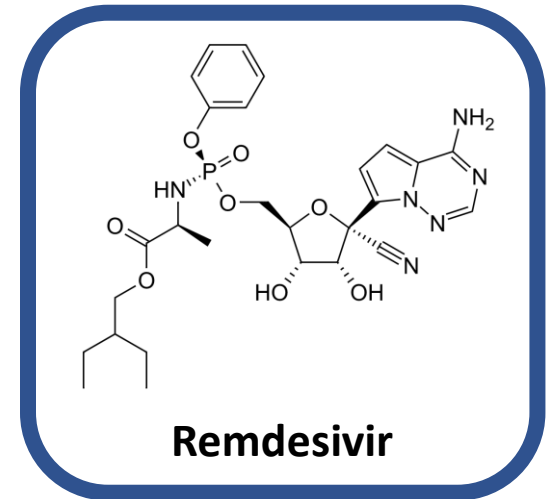


- And (maybe less convincingly) therapeutically



*In vivo* data promising enough to instigate several phase II and III clinical trials

- Two sponsored by Gilead
  - Phase III, unblinded, no control (1), open-label, March
- Two sponsored by China-Japan Friendship Hospital
  - Phase III, blinded, placebo controlled, February
- One sponsored by the NIH
  - Phase II, blinded, placebo controlled, adaptive, February
- One sponsored by INSERM (French NIH)
  - Phase III, unblinded, SoC controlled, adaptive, March



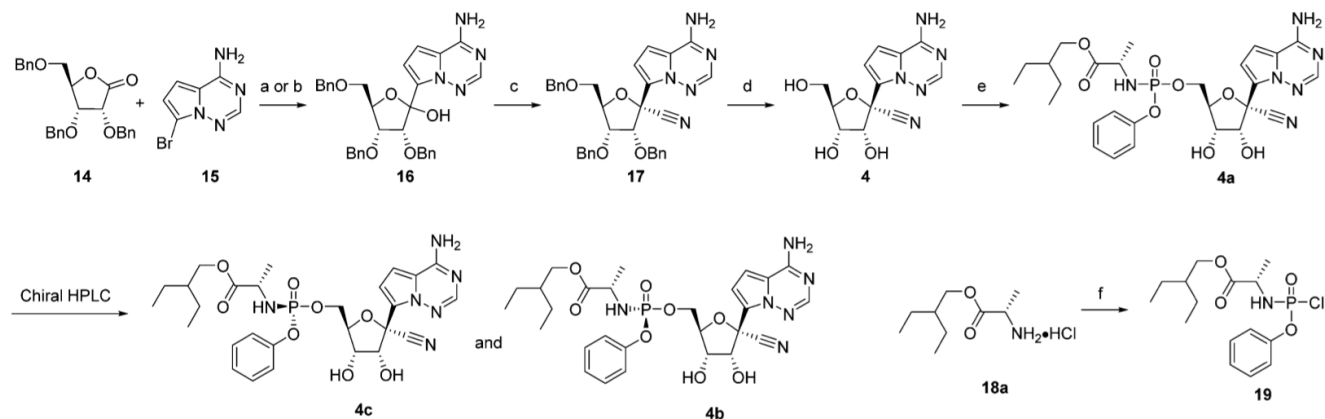
Partly  
Stanford located!

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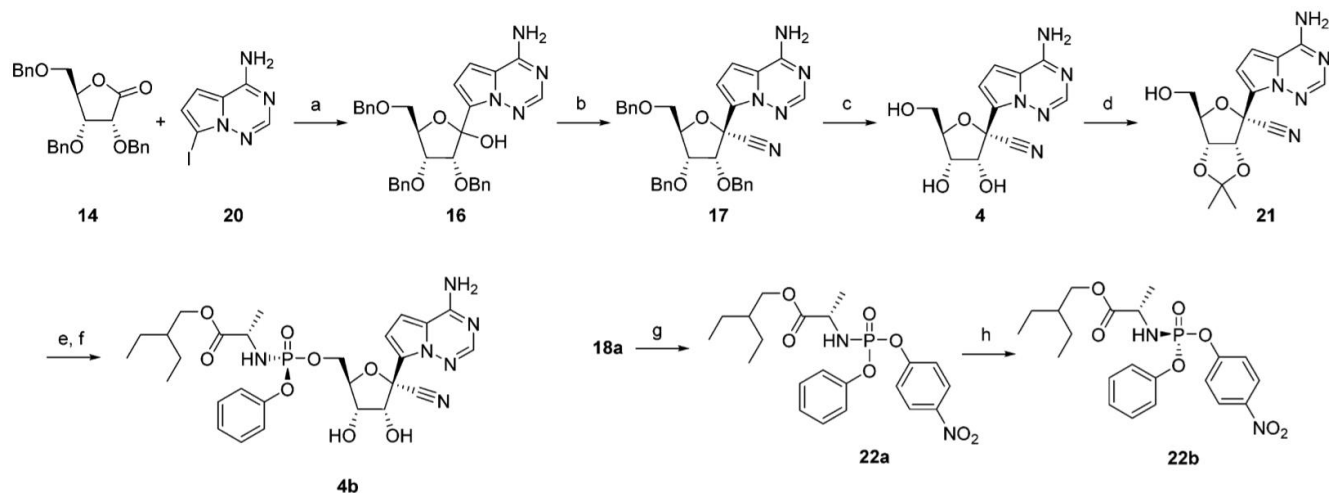
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1	<input type="checkbox"/>	Recruiting <b>NEW</b>	<a href="#">Study to Evaluate the Safety and Antiviral Activity of Remdesivir (GS-5734™) in Participants With Severe Coronavirus Disease (COVID-19)</a>	<ul style="list-style-type: none"> <li>COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Drug: <b>Remdesivir</b></li> <li>Drug: Standard of Care</li> </ul>
2	<input type="checkbox"/>	Recruiting <b>NEW</b>	<a href="#">Study to Evaluate the Safety and Antiviral Activity of Remdesivir (GS-5734™) in Participants With Moderate Coronavirus Disease (COVID-19) Compared to Standard of Care Treatment</a>	<ul style="list-style-type: none"> <li>COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Drug: <b>Remdesivir</b></li> <li>Drug: Standard of Care</li> </ul>
3	<input type="checkbox"/>	Recruiting	<a href="#">Adaptive COVID-19 Treatment Trial (ACTT)</a>	<ul style="list-style-type: none"> <li>Corona Virus Infection</li> </ul>	<ul style="list-style-type: none"> <li>Other: Placebo</li> <li>Drug: <b>Remdesivir</b></li> </ul>
4	<input type="checkbox"/>	Not yet recruiting <b>NEW</b>	<a href="#">Trial of Treatments for COVID-19 in Hospitalized Adults</a>	<ul style="list-style-type: none"> <li>Corona Virus Infection</li> </ul>	<ul style="list-style-type: none"> <li>Drug: <b>Remdesivir</b></li> <li>Drug: Lopinavir/ritonavir</li> <li>Drug: Interferon Beta-1A</li> <li>Other: Standard of care</li> </ul>
5	<input type="checkbox"/>	Recruiting <b>NEW</b>	<a href="#">Adverse Events Related to Treatments Used Against Coronavirus Disease 2019</a>	<ul style="list-style-type: none"> <li>Coronavirus</li> <li>Iatrogenic Disease</li> <li>Acute Kidney Injury</li> <li>ARDS, Human</li> </ul>	<ul style="list-style-type: none"> <li>Drug: Any drug used to treat Covid-19</li> </ul>

Scheme 1. First Generation Synthesis of 4b<sup>a</sup>

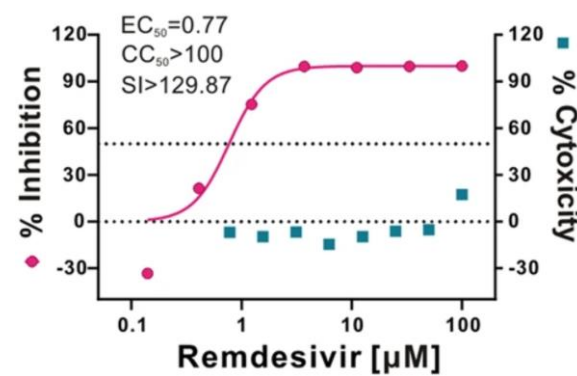
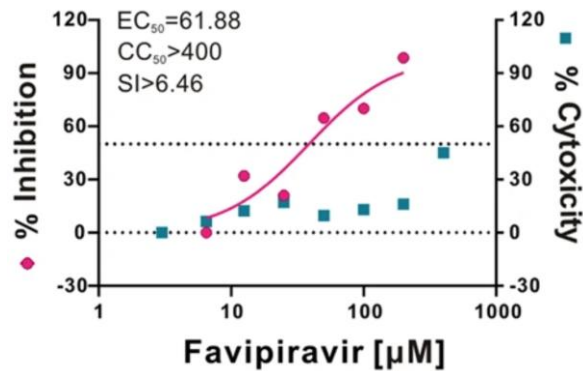
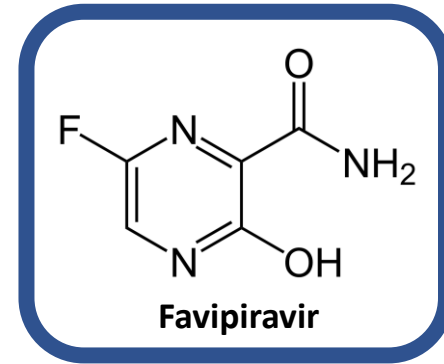
<sup>a</sup>Reagents and conditions: (a) *n*-BuLi, (TMS)Cl, THF, -78 °C, 25%; (b) 1,2-bis(chlorodimethylsilyl)ethane, NaH, *n*-BuLi, THF, -78 °C, 60%; (c) (TMS)CN, BF<sub>3</sub>·Et<sub>2</sub>O, CH<sub>2</sub>Cl<sub>2</sub>, -78 °C, 58% (89:11β-17/α); (d) BCl<sub>3</sub>, CH<sub>2</sub>Cl<sub>2</sub>, -78 °C, 74%; (e) 19, NMI, OP(OMe)<sub>3</sub>, 21%; (f) OP(OPh)Cl<sub>2</sub>, Et<sub>3</sub>N, CH<sub>2</sub>Cl<sub>2</sub>, 0 °C, 23%.

Scheme 2. Second Generation Synthesis of 4b<sup>a</sup>

<sup>a</sup>Reagents and conditions: (a) TMSCl, PhMgCl, *i*-PrMgCl-LiCl, THF, -20 °C, 40%; (b) TMSCN, TfOH, TMSOTf, CH<sub>2</sub>Cl<sub>2</sub>, -78 °C, 85%; (c) BCl<sub>3</sub>, CH<sub>2</sub>Cl<sub>2</sub>, -20 °C, 86%; (d) 2,2-dimethoxypropane, H<sub>2</sub>SO<sub>4</sub>, acetone, rt, 90%; (e) 22b, MgCl<sub>2</sub>, (*i*-Pr)<sub>2</sub>NEt, MeCN, 50 °C, 70%; (f) 37% HCl, THF, rt, 69%; (g) OP(OPh)Cl<sub>2</sub>, Et<sub>3</sub>N, CH<sub>2</sub>Cl<sub>2</sub>, -78 °C, then 4-nitrophenol, Et<sub>3</sub>N, 0 °C, 80%; (h) *i*-Pr<sub>2</sub>O, 39%.



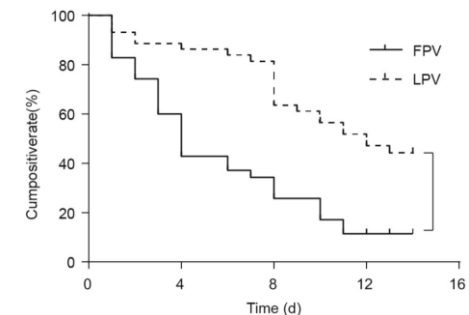
- Another RNA polymerase inhibitor developed by Toyama Pharmaceuticals
- Unlike remdesivir, not potent inhibitor (62  $\mu\text{M}$ ) of SARS-CoV-2 *in vitro*



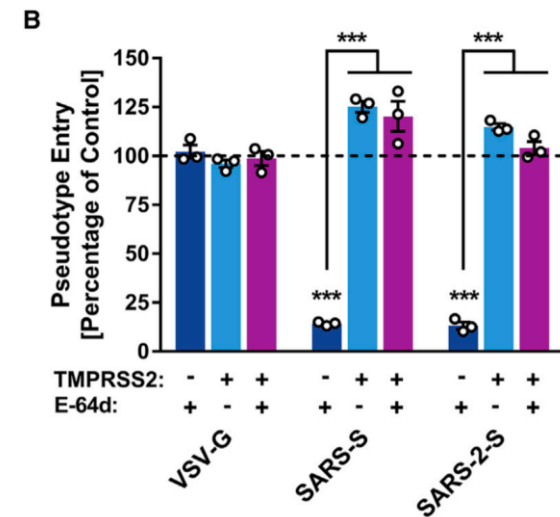
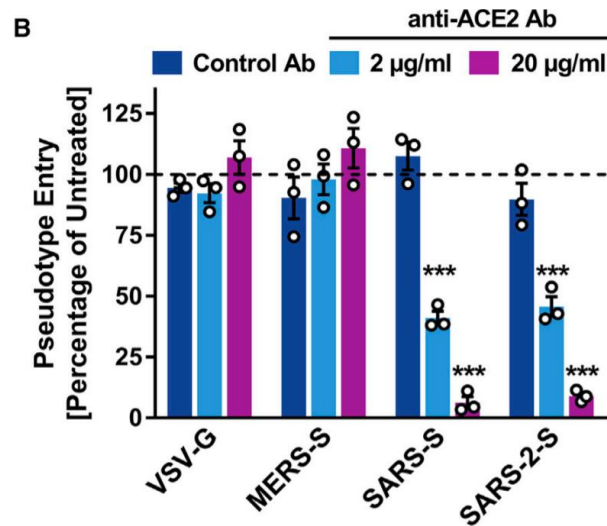
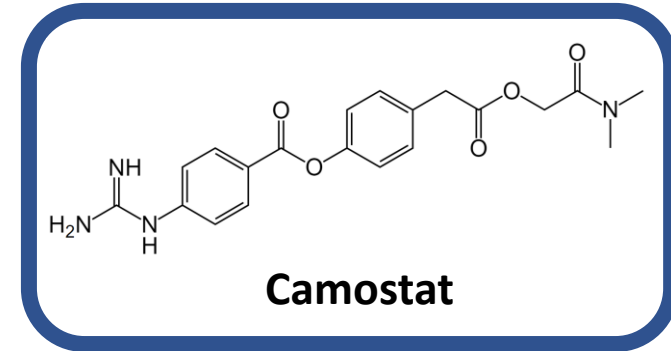
- However, significant improvement over Arbidol and Kaletra (effectively controls)

Table 2. Comparison of 7 day's clinical recovery rate of favipiravir and arbidol in COVID-19 patients.

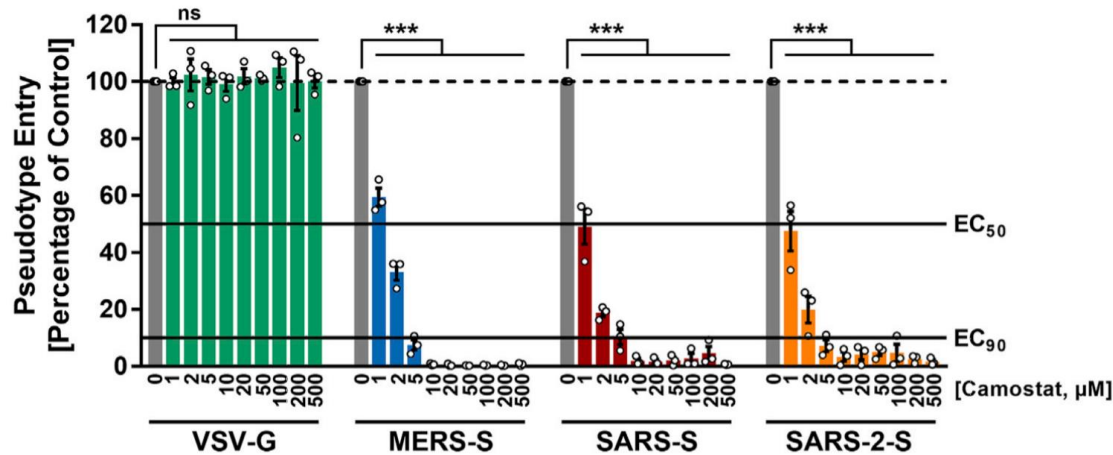
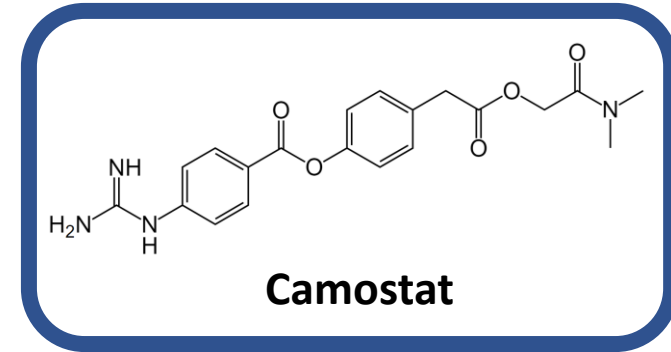
Variables	Favipiravir group (N = 116)	Arbidol group (N = 120)	Rate ratio (95% CI)	P value
<b>Total patients</b>	(N = 116)	(N = 120)		0.1396
Recovered, n (%)	71 (61.21)	62 (51.67)	0.0954 (-0.0305, 0.2213)	
<b>Ordinary patients</b>	(N = 98)	(N = 111)		0.0199
Recovered, n (%)	70 (71.43)	62 (55.86)	0.1557 (0.0271, 0.2843)	
<b>Critical patients</b>	(N = 18)	(N = 9)		0.4712
Recovered, n (%)	1 (5.56)	0 (0.00)	0.0556 (-0.0503, 0.1614)	
<b>Patients with hypertension and/or diabetes</b>	(N = 42)	(N = 35)		0.7704
Recovered, n (%)	23 (54.76)	18 (51.43)	0.0333 (-0.1904, 0.2571)	



- Camostat is a serine protease inhibitor approved in Japan for chronic pancreatitis
  - Known to have actions on TMPRSS2 protease
- Recent paper examined SARS-CoV-2 cellular entry
  - Demonstrated uses ACE2 (analogous to SARS-CoV) for binding to cell surface
  - And SARS-CoV-2 spike (S) protein requires priming by TMPRSS2 for binding



- Hypothesis being that blocking TMPRSS2 activity could prevent viral entry
  - Spike protein of SARS-CoV-2 would not be properly primed for entry



- Clinical trial in Denmark started March 25<sup>th</sup>
  - Randomized/blinded/placebo-controlled

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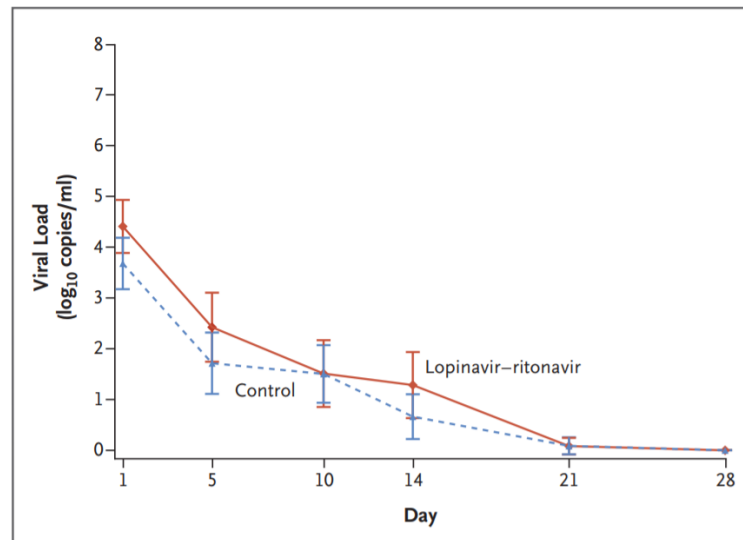
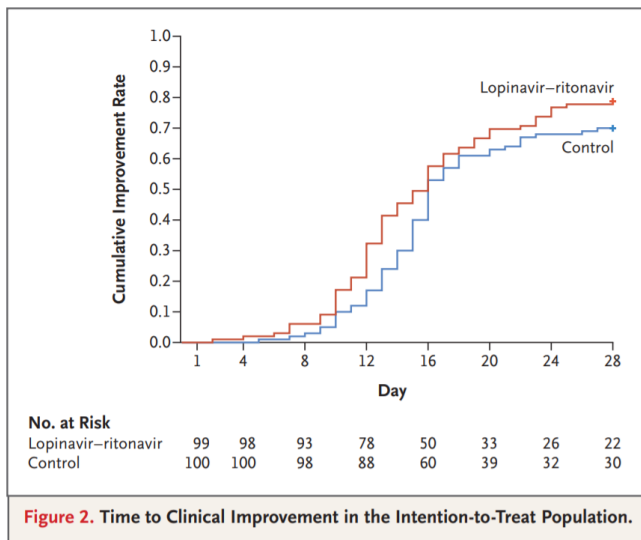
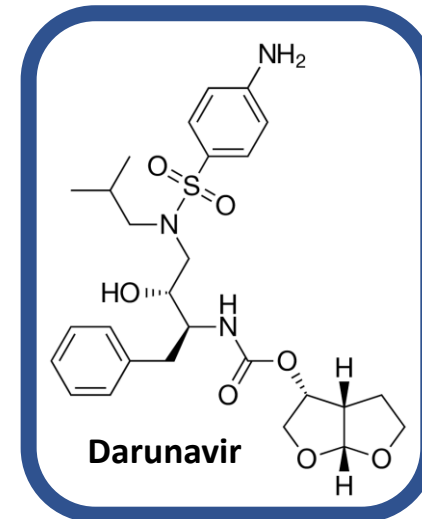
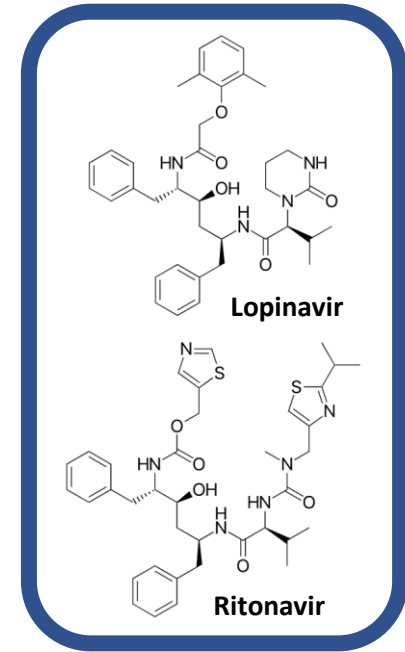
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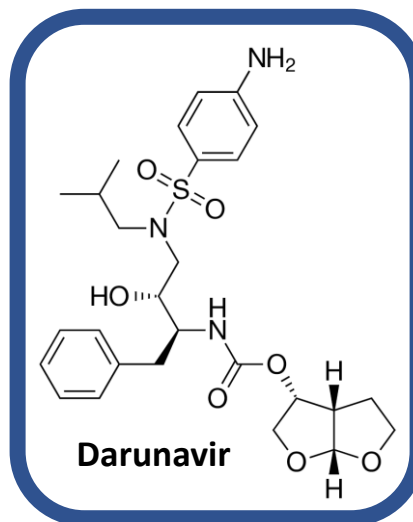
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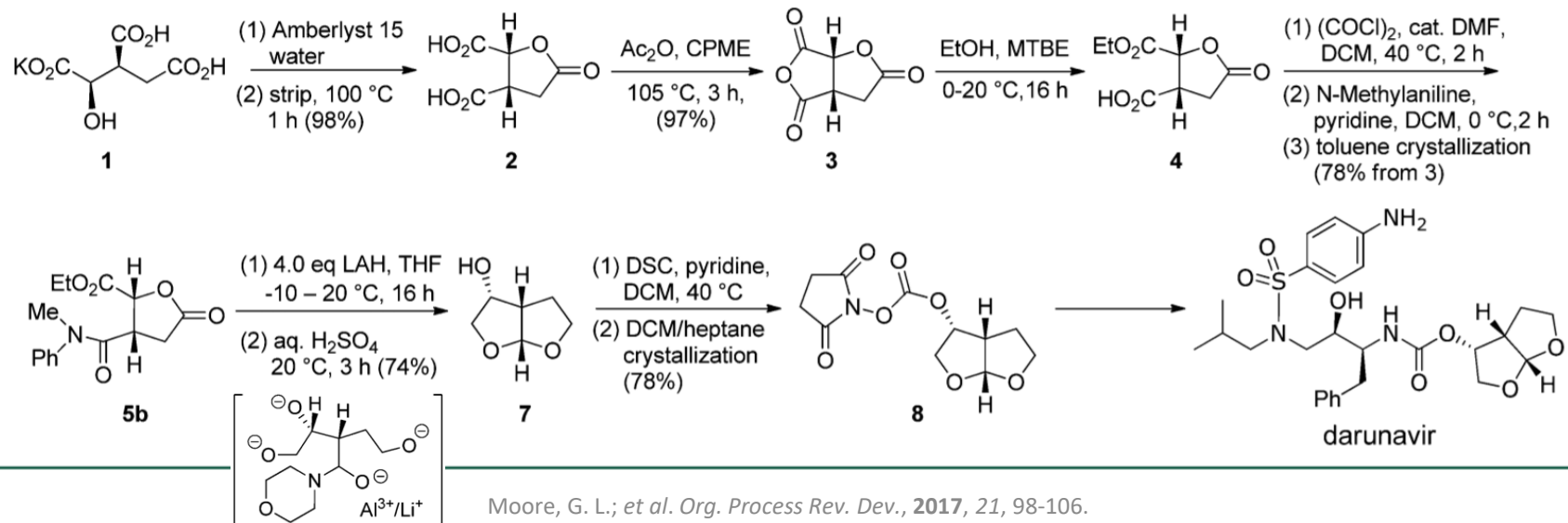
- Both lopinavir/ritonavir (Kaletra, Abbvie) and darunavir (J&J) approved for treatment and prevention of HIV/AIDS
- Act as HIV-1 protease inhibitors
  - However, little to no conservation between CoV and HIV proteases
  - Would have to hypothesize there were other unknown mechanisms of action inhibiting viruses



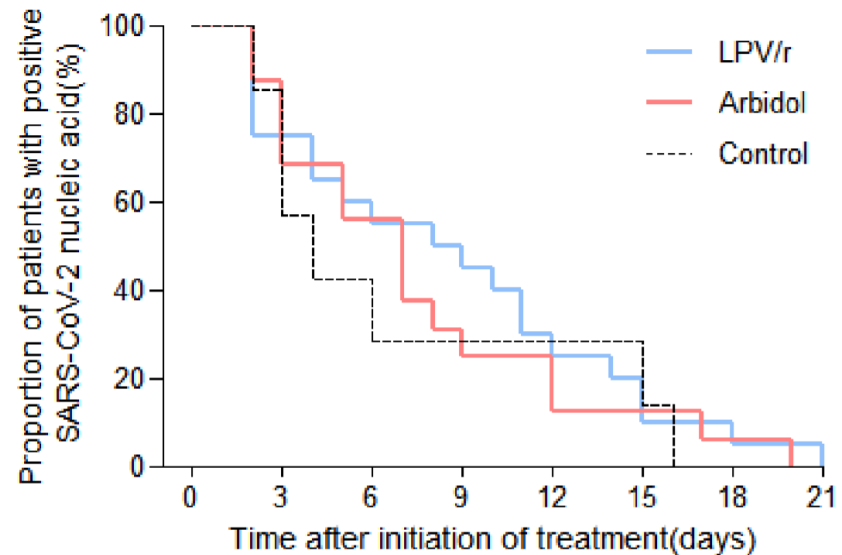
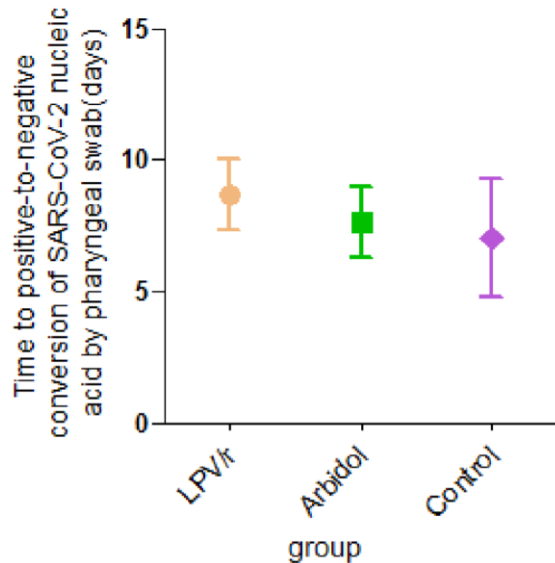
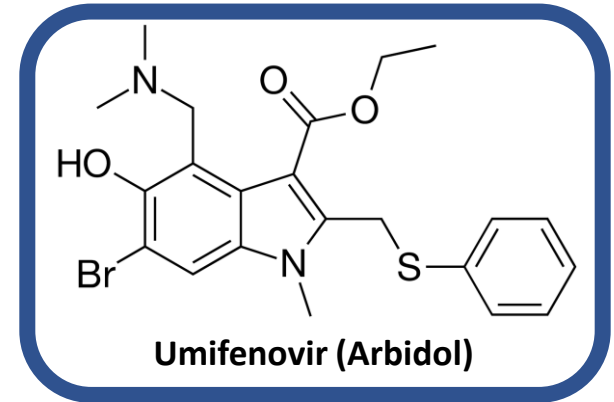


## Organic Process Research &amp; Development

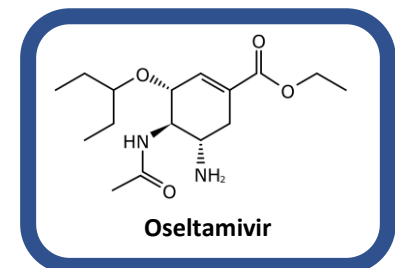
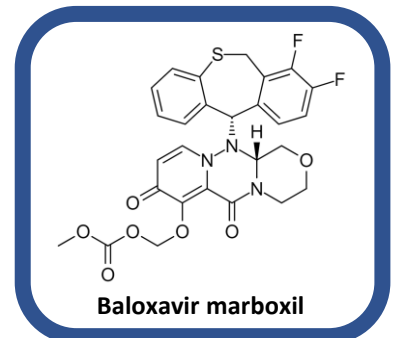
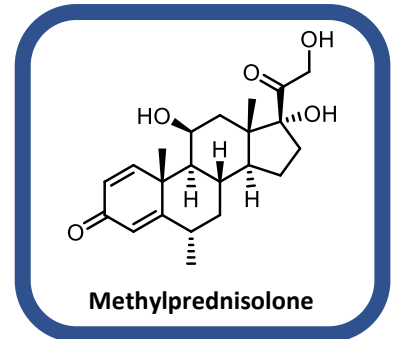
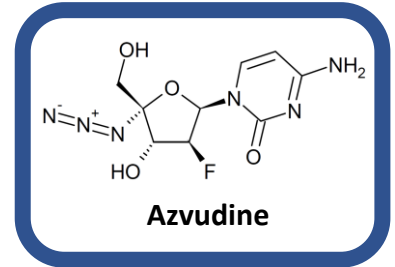
Article

Scheme 2. Optimization of the Synthetic Process from Isocitrate to (3R,3aS,6aR)-Hexahydrofuro[2,3-*b*]furan-3-ol

- Oral influenza drug approved in Russia and China
  - Some evidence it affects viral entry, but MoA generally unknown
- And limited clinical evidence it's effective in humans for flu
  - Also appears to be ineffective against SARS-CoV-2



- **Azvudine**
  - Nucleoside reverse transcriptase inhibitor (NRTI)
  - CoVs not known to contain or use reverse transcriptase so not much hope here
- **Methylprednisolone**
  - Steroid-based nuclear receptor inhibitor
  - Some evidence anti-inflammatory effects can improve mortality in patients with severe pneumonia
  - Would just be managing symptoms
- **Baloxavir marboxil**
  - Prodrug approved for influenza as a cap-dependent endonuclease inhibitor
  - Found nothing suggesting endonuclease conserved between SARS-CoV-2 and influenza
- **Oseltamivir (Tamiflu)**
  - Prodrug approved for influenza as neuraminidase inhibitor
  - Ineffective against SARS

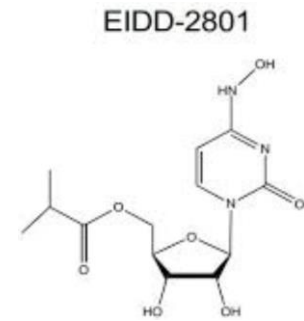


- Overall, some early evidence suggesting certain classes of small molecules could be effective against SARS-Cov-2
  - However, all trials have been very small (<50 people) to this point
- Data compelling enough (HCQ, remdesivir, favipiravir?) to follow up with larger trials
  - Already ongoing
- Additional trials and production will take significant amounts of time
  - Likely months at an absolute minimum
  - Will this pandemic be past us by the time a useful therapeutic hits the market?
- Of course, no one knows how long this will last (or if it will reappear) so it's possible longer-term efforts could pay future dividends



- EIDD-2801

- RNA polymerase inhibitor (similar to Remdesivir)
- Can be taken orally, but safety profile not established like Remdesivir so a long way to go
- Starting phase I clinical trials “within weeks”



- Ciclesonide

- FDA-approved glucocorticoid for asthma
- Recent BioRxiv suggesting it targets viral protein nsp15, involved in RNA replication
- One clinical trial started in Japan

