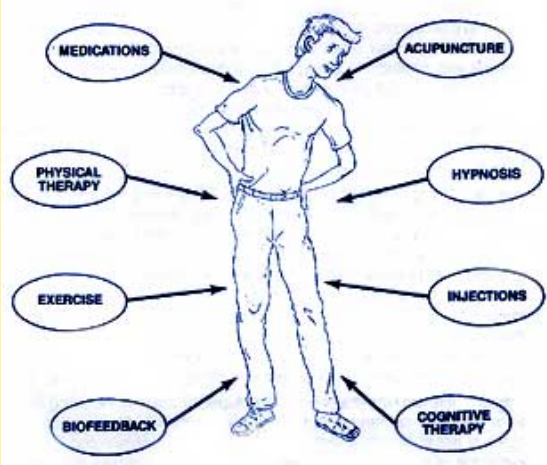


Animal Models and Translational Pain Research

International Society for Anaesthetic Pharmacology 2017

Boston, MA

Acute and chronic pain: options for treatment?



Many medicines, few cures
Benjamin Franklin

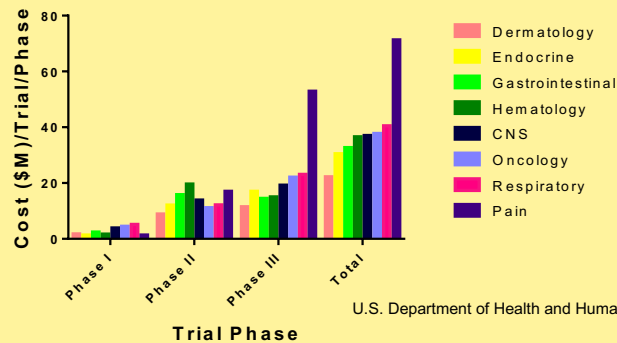
What has changed in 20 years?

1997	2017
<ul style="list-style-type: none"> • NSAIDS • Acetaminophen • Opioids • Antidepressants • Gabapentin • Tramadol • Capsaicin • Lidocaine 	<ul style="list-style-type: none"> • Similar (COX2) • Similar (IV) • Similar (Formulations) • Similar (More SNRI's) • Similar (Pregabalin) • Similar (Tapentadol) • Similar (Patch) • Similar (Patch) • Omega conotoxin • Botulinum toxin • Anti-NGF/Sativex/CGRP antag.

Trial Costs for Specific Therapeutic Areas

10.7% of analgesics entering Phase 1 trials are eventually approved*

Hay et al., Nat. Biotech., 2014

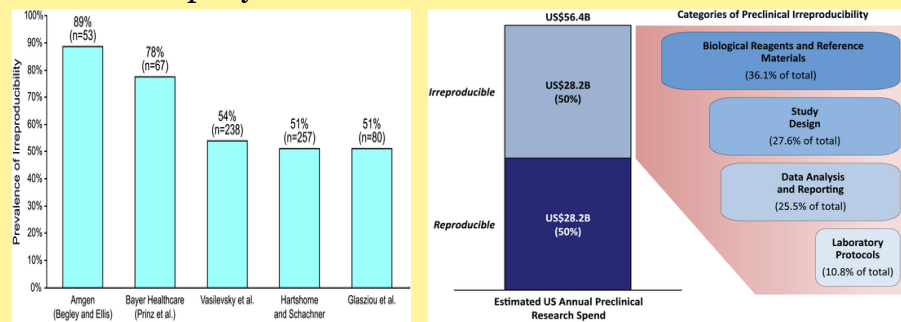


U.S. Department of Health and Human Services, 2014

Goal: Optimize preclinical testing to make translation to specific human pain states most likely.

The Reproducibility of Preclinical Testing

- If 50% of preclinical research is irreproducible, over \$28B is wasted per year in the US alone.



Freedman et al. PLOS Biology, 2015

Reporting Guidelines

- Contributing problem: Failure to describe research methods and to report results appropriately
- Guidelines:



CONSORT - Consolidated Standards of Reporting (clinical) Trials



ARRIVE - Animals in Research: Reporting In Vivo Experiments

PPRECISE - Animals in Preclinical Pain Research: Reporting and Methodological Guidelines

NIH - "Rigor and Reproducibility:" Scientific premise, rigor of approach, biological variables, resources and reagents

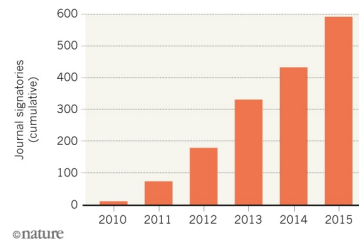
ARRIVE Checklist

(20 Items)

- Title
 - Accurate
- Abstract
 - Concise key details
- Methods
 - Ethical statement
 - Study design
 - Specific methods/animals
 - Blinding and randomization
 - Statistics
- Results
 - Health and weight
 - Numbers analyzed and excluded
 - Precision and variance
 - Adverse events
- Discussion
 - Interpretation
 - Generalization
 - Funding sources

SURGE IN SUPPORT FOR STUDY GUIDELINES

In 2015, more than 150 journals signed up to the ARRIVE checklist for animal studies — the highest number of signatories in a single year since it was released.



Nature, 2016

Addressing the Preclinical Challenge

- Models
 - Are the models valid and reliable?
 - How is the pain-related physiology of the mouse/rat similar or distinct from humans?
 - Are commonly occurring comorbidities included?
 - Are the PK/PD properties of the model similar to humans?
- Measures
 - Are the measures valid?
 - Does the response provide and accurate index of a relevant dimension of pain?
 - Is the targeted dimension of pain important to the clinical condition being modeled?

Preclinical Models

(Face Validity)



Does the model resemble what we see in the clinic?

Shingles/PHN



Arthritis



Surgery



CRPS



Nerve Injury



CFA



Incision



Fracture/Cast



CRPS: The Rodent Fracture-Cast Model



- The most common etiological factors linked to CRPS are distal limb fracture and immobilization.
- Under anesthesia, the distal tibia is fractured and placed in a reinforced cast for 3(mice) to 4(rats) weeks.



- Spontaneous extravasation/edema
- Warmth
- Epidermal thickening
- Osteopenia
- Allodynia/unweighting
- Spontaneous pain
- Innate/adaptive immune activation
- Anxiety and memory changes

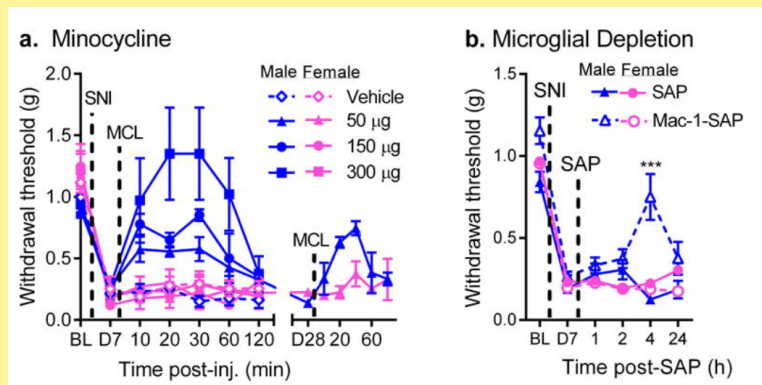
Preclinical Models

(Influence of Sex)

- Human sex dependence:
 - Disease prevalence
 - Pain severity
 - Comorbidity susceptibility
 - Analgesic responsiveness/side effect profile
- Animal model sex dependence:
 - Degree/duration of nociceptive sensitization
 - Environmental effects
 - Analgesic sensitivity
 - Pathogenic mechanisms
- NIH: Sex (and other biological variables) should be represented in preclinical studies

Preclinical Models

(Influence of Sex)



Sorge et al., 2015

Preclinical Models

(Influence of Genetics, Human Observations)

- Twin studies, heritability

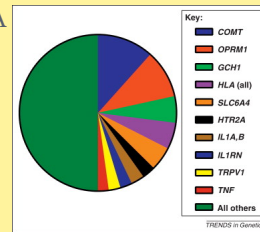
- Pain sensitivity: <10% (mechanical) to >60% (cold pressor)
- Pain syndromes: 25% IBS, 35% axial spine pain, 50% migraine
- Analgesic sensitivity: 12% morphine (heat), 60% morphine (cold)
- Side effects: 30% morphine (RR), 59% morphine (nausea)

- Monogenic (Medelian) pain disorders

- SCN9A: Activating (more pain), Inactivating (no pain)
- Hereditary sensory neuropathies (HSNs), Several genes
- Fam. hemiplegic migraine, CACNA1A, ATP1A2, SCN1A

- Gene association studies

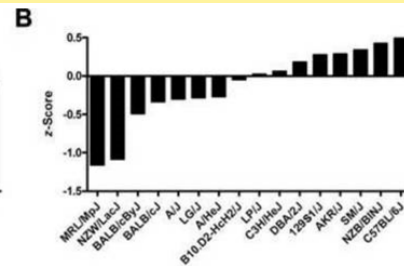
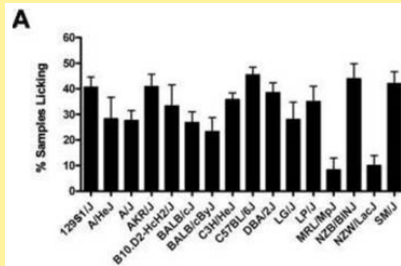
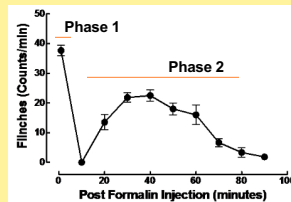
- COMT, GCH1, MC1R, OPRM1 (pain phenotypes)
- MDR, CYP2D6 (analgesic responses)



Mogil, Trends in Genetics, 2012

Preclinical Models

(Influence of Genetics)



LaCroix-Fralish et al., 2009

Preclinical Models

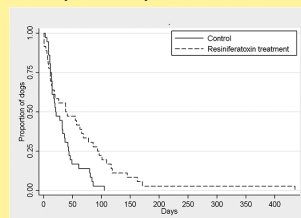
(Non-rodent species)

- **Rodents offer:**
 - Cost/time advantages
 - Genetic opportunities
 - Social acceptability
- **Large animals (dogs, horses, primates) offer:**
 - Physiology, pharmacology, PK/PD more similar to humans (sometimes)
 - The natural occurrence of similar diseases, e.g. **OA**, cancer, neuropathy, etc.
 - Some functions more easily studied, e.g. gait
 - Ability to work with complex behaviors/cognitive tasks
 - Better size for some testing, e.g. structural/functional imaging
- **Available models**
 - Acute nociception (dogs, primates)
 - Algogen injection (primates)
 - UV sensitization (pigs)
 - OA, ACL injury (dogs)
 - L6, L9 primate nerve ligation model (primates)

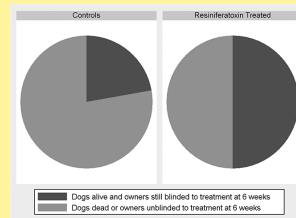
RTX Testing in Canine Cancer Patients

- Patients – 72 Companion dogs with bone cancer pain.
- Treatments – Standard analgesics versus analgesics plus 1.2ug/kg i.t. RTX.
- Dogs failing treatment were then unblinded.

Improved pain survival



6wk Efficacy

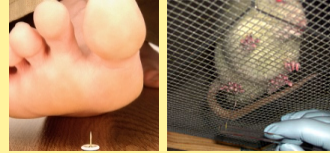


Brown et al., Pain, 2015

Preclinical Measures (Reflexive Testing)

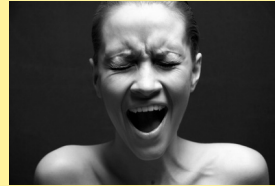
- “Reflexive” or “evoked” testing

- Mechanical, e.g. von Frey filaments
- Thermal, e.g. thermal plantar
- Very quick, straightforward, objective
- Inexpensive



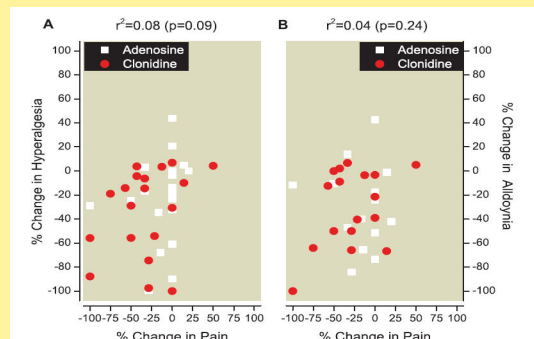
- Problems?

- Nociceptive fiber types activated
- Generally skin tissue targeted
- Poorly correlated with operant responses
- Clinical complaint: “My pain is almost always there and it limits what I do, my ability to think, being with my family, my sleep and makes me feel depressed.”



Analgesia vs. Anti-hyperalgesia

- Twenty-two subjects with CRPS
- Allodynia and hyperalgesia assessed
- Clonidine 100ug or adenosine 2mg intrathecal



Rauck et al. Pain. 2015

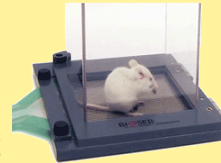
Preclinical Measures (Spontaneous/Ongoing Pain)

“Body Language”

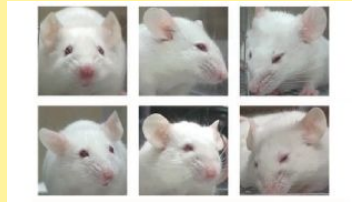
Flinching, guarding



Postural changes/weight bearing



Face analysis



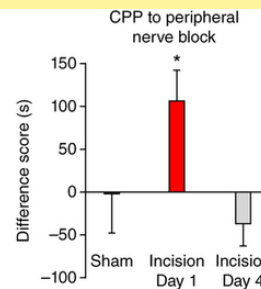
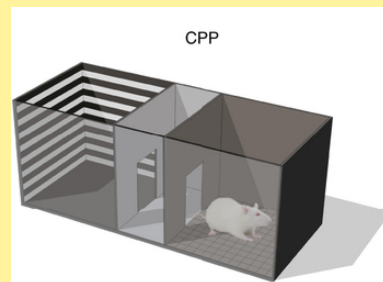
Ultrasonic vocalizations



Langford et al., 2010

Preclinical Measures (Spontaneous/Ongoing Testing)

• Conditioned Place Preference



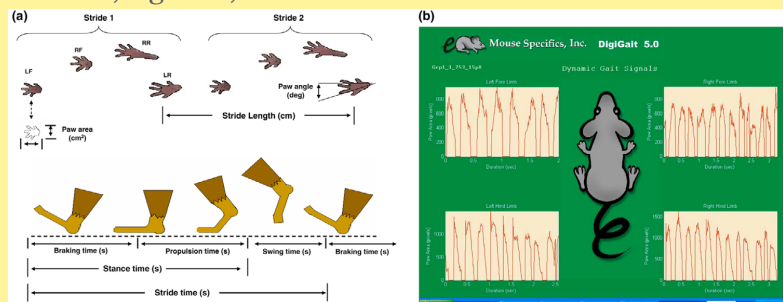
Navratilova and Porreca, 2014

• Other “operant” assays:

- Reward-conflict – receiving a reward with corresponding aversive stimulus
- Avoidance-escape – forced selection between alternative aversive stimuli (one nociceptive)

Preclinical Measures (Functional Testing)

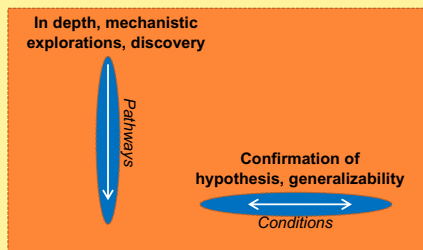
- Gait analysis:
 - Incision, Osteo and Rheumatoid arthritis, Multiple sclerosis, CRPS, Chemotherapy-induced pain, Neuropathic pain
 - Analgesics reversed gait abnormalities in some but not all models, e.g. SNI, incision.



Vincelette et al., 2007

Preclinical Models (Breadth of Experimental Factors)

- For *discovery*
 - Stringently standardize experimental conditions.
 - Use multiple rigorous, complementary approaches focused on a clear hypothesis, e.g. pharmacological, genetic, biochemical, electrophysiological, optogenetic, etc.
- For *translation* we may specifically examine the impact of:
 - Sex
 - Genetics, species
 - Age
 - Physiological comorbidities
 - “Psychological” comorbidities
 - PK/PD

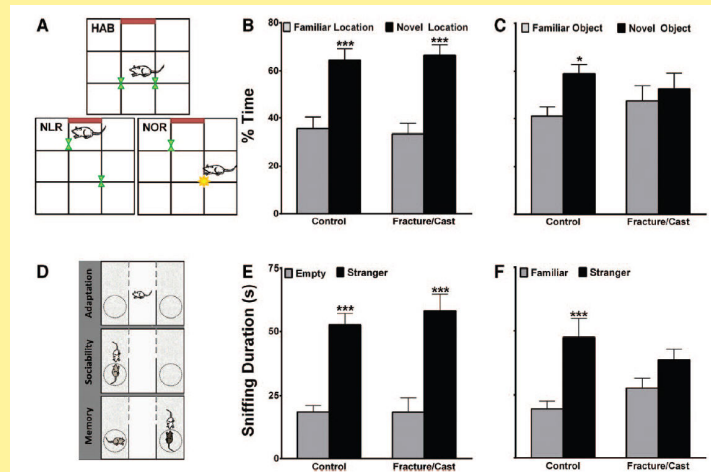




Pain – So what's the problem?

- **It's common**
 - Chronic pain - ~25% of the population, >50% of veterans, overall prevalence is increasing as is disability
 - Acute pain - Moderate-severe in ~30% postoperatively
 - Cancer pain - >50% all stages, >30% after cure
- **It's costly**
 - Chronic pain - \$600B annually in the US, and costs are increasing faster than overall healthcare
 - Acute pain - Discharge, readmission, recovery, complications
 - Cancer pain - Direct + Indirect ~\$900/mo
- **It's difficult to treat**
 - Drug Trials - <50% of participants receive >50% pain relief
 - Multiple treatments and multimodal treatment is common
 - Functional improvements difficult to demonstrate
- **Opioid crisis**

Preclinical Measures (Memory and Social Interactions)



Tajerian et al., 2015

Translational Studies (Outcome Domains)

IMMPACT: Initiative on
Methods, Measurement, and Pain
Assessment in Clinical Trials

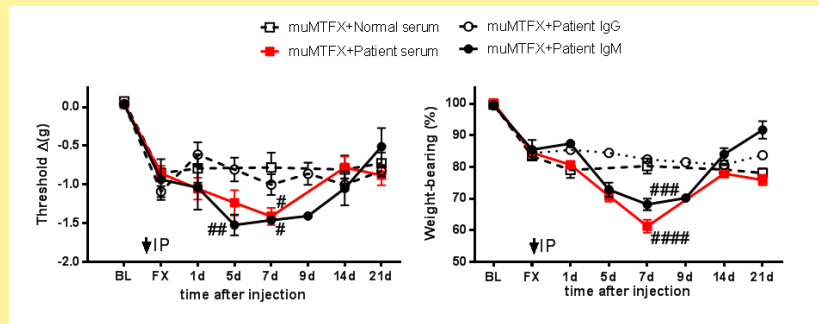
- Pain
 - Patient report, analgesic use
- Physical function
 - Interference scales
- Emotional function
 - Depression, anxiety
- Pt. impression of change
 - PGIC scale
- Symptoms/adv. events
 - Active/passive capture
- Participants, reporting
 - CONSORT

IMMPAAS: Initiative on
Methods, Measurement, and Pain
Assessment in Animal Studies

- Pain
 - Evoked, spontaneous, operant
- Physical function
 - Activity, gait, running
- Emotional/cognitive function
 - Depression, anxiety, memory
- Side effects, PK/PD, toxicity
 - Sedation, balance, organ tox.
- Subjects, reporting
 - ARRIVE

Example: Autoimmunity Translation

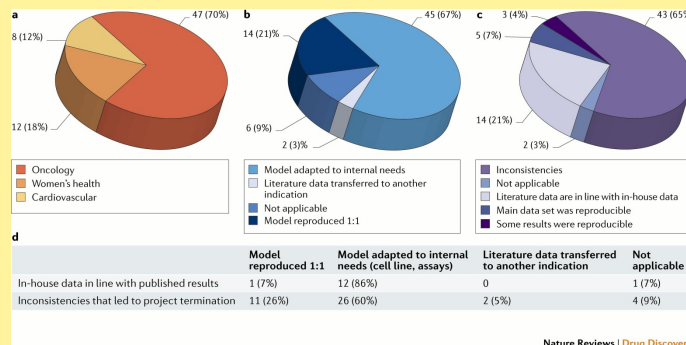
- Autoimmunity in CRPS
 - Anti-mACh, beta-2, alpha-1, anti-nuclear antibodies
 - Some patients treated with IVIG



The Reproducibility of Preclinical Testing

“At least 50% of published studies, even those in top-tier academic journals, can't be repeated with the same conclusions by an industrial lab.”

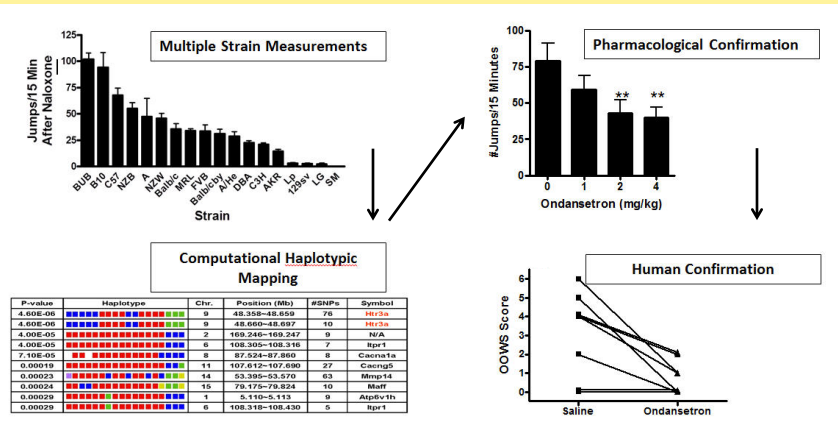
Bruce Booth, venture capitalist, 2011



Nature Reviews | Drug Discovery

Bayer Healthcare, 67 laboratory projects

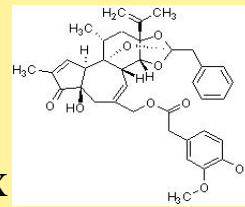
Preclinical Models (Influence of Genetics)



Chu et al., 2009

Intrathecal Resiniferatoxin (RTX)

- RTX is a potent, cytotoxic TRPV1 agonist.
- TRPV1 is predominantly expressed on unmyelinated nociceptive neurons.
- Intrathecal and local administration of RTX desensitizes and ablates nociceptive terminals.
- Touch, proprioception and motor control are not altered by RTX administration.
- General anesthesia is required for administration.
- Pilot studies showed dogs with cancer-related bone pain improve after i.t. RTX injection.



What approaches were used in trials? (A very short List)

- CCR2 antagonists
 - Posttraumatic neuralgia
- TRPV1 antagonists
 - AMG 517 (others), Hyperthermia
 - OA, Dental pain, GERD
- FAAH1 antagonists
 - OA
- NK1 antagonists
 - Postoperative pain
 - PDN
- “Glial inhibitors” (Minocycline, Propentofylline)
 - Persistent pain after discectomy, Hand surgery, Radiculopathy
 - PHN
- NMDA/AMPA antagonists
- P2X antagonists

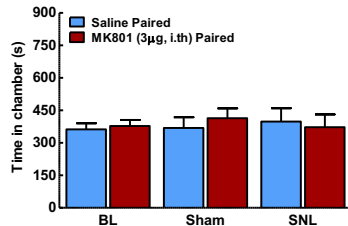
10.7% of analgesics entering Phase 1 trials are eventually approved*

Hay et al., Nat. Biotech., 2014

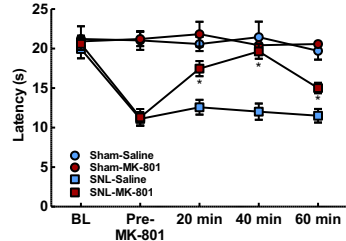
Blockade of hypersensitivity is not the same as blocking ongoing pain



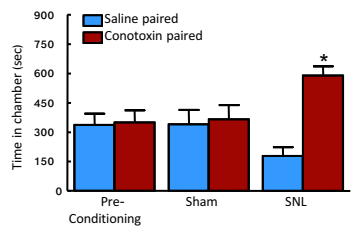
Spinal MK-801 does not induce CPP



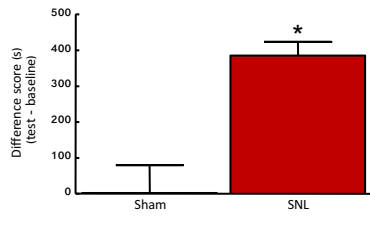
At a dose that fully reverses thermal hypersensitivity



Spinal ω-conotoxin induces CPP



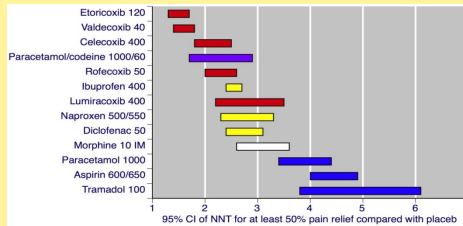
Spinal ω-conotoxin paired chamber



Courtesy Dr. Frank Porreca

Numbers Needed to Treat/Harm (NNT/NNH)

Acute Pain, 50% Relief



Oxford League Table, 2007

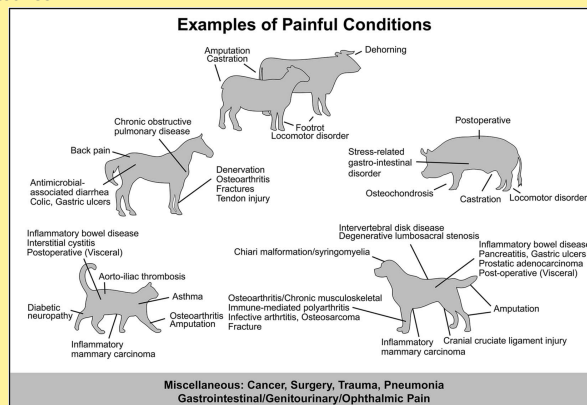
Chronic Pain, 50% Relief

Drug	Condition	NNT 50% relief	NNH
Opioids ^{1,2}	Neuropathic pain	2.5 ^{1,2} ; 4.3 ^{1,2}	4.2-8.3
Tramadol ^{3,4}	Neuropathic pain Post-surgical	3.4 ¹ -4.7 ^{1,2} 2.4-4.8 ⁴	8.3
TcAs: Amitriptyline ⁵ Nortriptyline	Neuropathic pain	3.6 ^{5,12}	6 (minor) - 28 (major)
Gabapoids Gabapentin ^{6,7} Pregabalin ^{8,9}	Neuropathic pain Central Neuropathic Diabetic neuropathy Post-herpetic neuralgia Fibromyalgia	7.2-7.7 ^{1,2} 5.9 2.9-5.6 ⁸ 3.9 ⁹ 13-22 ⁹	3.7 (minor)
SNRIs: Venlafaxine ⁵ Duloxetine ¹⁰	Neuropathic pain	3.1 ⁵ 6-9 ¹⁰	16.2 (major) 9.6 (minor)
Paracetamol ¹¹	Chronic arthritis	4.5 ¹¹	12 (GI SEs)
Lignocaine patch ¹² Capsaicin patch ¹³	Peripheral Neuropathic Pain	4.4 ¹² 10.6 ¹³	Minimal

Gov't. of Western Australia
Dept. of Health

“Natural” Animal Pain Models

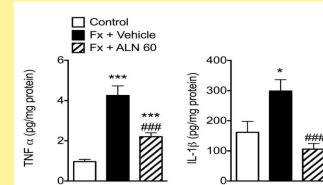
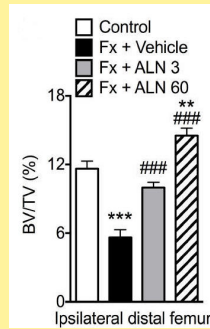
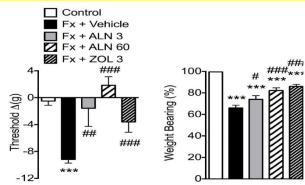
- Advantages:
 - Diverse genetics, both sexes, all ages, different environments, etc.
 - Evoked QST responses, spontaneous behaviors, social interactions, activity levels, other measures



Klinck et al., Pain, 2017

Example: Bisphosphonate Translation

- **Clinical data:** Several small controlled trials – alendronate, clodronate, pamidronate and neridronate
- **Zoledronate?** – Animal data used for successful Orphan/Fast Track FDA status



- **Ahmad and Kumar, 2015:** Monthly zoledronate reduces pain in CRPS I after electrical burn