

## Addressing the Billion-Dollar Problem of Drug-Induced Liver Injury

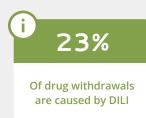
Ultra-sensitive hepatotoxicity assays for the development of safer drugs



Drug-induced liver injury (DILI) is frequently detected in post-marketing resulting in drug withdrawals and box warnings that shrink the market and cost drug developers billions.









Lena Biosciences' hepatotoxicity assays predict DILI with high sensitivity using a single drug treatment

	Drug	Approval status	DILI status	DILI type	<b>1 dose</b> 1 day study IC50/Cmax	Predicted
Structurally similar drugs	Troglitazone	Withdrawn	Positive	Idiosyncratic	0.09	Yes
	Pioglitazone	<b>✓</b>	Negative/low DILI	Intrinsic	> 34	Yes
	Tolcapone	Withdrawn	Positive	Intrinsic	0.06	Yes
	Entacapone	<b>✓</b>	Positive/lower DILI	Intrinsic	9.48	Yes
	Sitax(s)entan	Withdrawn	Positive	Intrinsic	4.15	Yes
	Ambrisentan	<b>✓</b>	Negative	Intrinsic	> 1025	Yes
	Clozapine	<b>✓</b>	Positive	Intrinsic	11.4	Yes
	Olanzapine	<b>✓</b>	Negative	Intrinsic	> 625	Yes
	Trovafloxacin	Withdrawn	Positive	Idiosyncratic	1.48	Yes
	Levofloxacin	<b>✓</b>	Negative/low DILI	Intrinsic	> 32	Yes
	Nefazodone	Withdrawn	Positive	Intrinsic	1.84	Yes
	Trazodone	<b>✓</b>	Negative/low DILI	Intrinsic	32.93	Yes
	Buspirone	<b>✓</b>	Negative	Intrinsic	26010	Yes
	Diclofenac	<b>✓</b>	Positive	Intrinsic	8.49	Yes
	Zileuton	<b>✓</b>	Positive	Intrinsic	14.91	Yes
	Isoniazid	Box Warning	Positive	Idiosyncratic	21.28	Yes

**DILI positive:** IC50/Cmax < 25



### De-Risking Drug Development

with Perfused Organ Panel and proprietary assay services

Lena Biosciences' hepatotoxicity assays isolate early toxicity signals and provide actionable insights for drug developers



- Detect DILI early
- Understand what causes the toxicity
- Find active mechanisms for a given dose
- Identify safe doses
- Exclude at-risk patient groups



Cutting-edge services to predict and mitigate DILI using the Perfused Organ Panel microphysiological system which combines 3D cell cultures with in-well perfusion using synthetic hemoglobin, Blood Substitute.

### Case Studies Involving Structurally Similar Drugs

## Detecting toxicity at low dose for a withdrawn Type II diabetes drug Gitazones, liver model, 24-hour drug treatment Structurally smilar drug pair TOXIC Low ICSO/Cmax Toglitazone ### Toglitazone #### Toglitazone was withdrawn \* \$1.3 B annual sales loss \* 63 patients died from DILI Pioglitazone is approved

# Tolcapone vs. Entacapone, liver model, 24-hour drug treatment Structurally similar drug pair Tolcapone vs. Entacapone, liver model, 24-hour drug treatment Structurally similar drug pair TOXIC Low ICSO/Cmax ICSO/Cmax = 0.06 LESS TOXIC Higher ICSO/Cmax ICSO/Cmax = 9.48 Tolcapone was withdrawn • Later approved with careful monitoring Entacapone is approved • Prescribing information lists hepatitis in post-marketing

Contact us for additional case studies including Isoniazid, Phenformin, Metformin, and Diclofenac in liver and brain models, and mitochondrial complex-specific toxicity for Nefazodone, Trazodone and Buspirone.



