

National Institute of Neurological Disorders and Stroke **OPEN STAGE** webinar series

Office of Programs to Enhance the Neuroscience Workforce

NIH HEAL Initiative Programs and Funding Opportunities at NINDS

with invited speakers:



JACOB COVERSTONE, FACEHP PURPOSE NETWORK



JOHN PADERI, PHD IHP THERAPEUTICS KENNEDY Goldsborough, Phd Emory University

JUNE 25, 2024 | 1:00-2:30 PM ET

Register: https://go.nih.gov/yA391Rm

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III) NINDS

Building up

the Nerve

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http://go.usa.gov/

xkpN6

Meeting Reminders





NIH National Institutes of Health

Webinar Series

NINDS' Role in HEAL Initiative:

Enhancing the Workforce in Pain Research & Management

D.P. Mohapatra, PhD

Program Director Systems and Cognitive Neuroscience



Pain – A Public Health Crisis



More women than men report pain



*high impact chronic pain = pain lasting more than 3 months that interferes with life (school, work, social life, etc.) https://www.cdc.gov/nchs/produ cts/databriefs/db390.htm

National Center for Health Statistics: NHIS 2019, Pain and Therapy, Vol. 10, pp: 287-314 (2021)



Chronic pain interferes with life



- > Pain is the most common reason people seek medical care
- > More new cases of chronic pain than for diabetes, depression, and high blood pressure
- > More rural than urban dwellers report pain
 - 28% of rural & 16% of urban residents with chronic pain
 - 11% of rural & 6% of urban residents with high impact chronic pain

*2012 report - likely much more now

NINDS' Mission on Pain Research & Management

- NINDS is the lead institute for pain research at NIH and supports basic, translational, and clinical pain research to develop new and innovative advances in the pain field
- NINDS leads the Executive Committee of the NIH Pain Consortium, which includes 21 NIH ICOs
- NINDS, alongside NIAMS and NCCIH, leads the HEAL Initiative's efforts to enhance pain management

Pain conditions within NINDS' mission include, but are not limited to:

- Pain associated with neurological disorders acute pain, chronic pain, headache, migraine, Alzheimer's disease and other dementias, Parkinson's disease, spinal cord injury, traumatic brain injury, complex regional pain syndromes, and post-stroke pain.
- Neuropathic pain (not associated with cancer treatments or diabetes), amputation pain, and neuromas.

NINDS supported research has led to:

- Discoveries of several ion channels, receptors, and neurotransmitters for pain
- Identification of ascending & descending pain modulation circuits in brain & spinal cord
- Two FDA-approved pain therapeutics
 - Ziconotide (Cav2.2 blocker)
 - CGRP antibodies
- In trial several analgesic therapeutic agents and nerve stimulation/neuromodulation devices

The Nobel Prize in Physiology or Medicine 2021 was awarded jointly to Dr. David Julius and Dr. Ardem Patapoutian "for their discoveries of receptors for temperature and touch"



The Brain Prize 2021 winner Dr. Michael Moskowitz showed that a migraine attack is triggered when trigeminal nerve fibers release neuropeptides (e.g., CGRP) and proposed that blocking the action of released neuropeptides could be a new approach to treating migraine.



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NIH Helping to End Addiction Long-term (HEAL) Initiative: Pain Research Priorities

Mission: HEAL pain research aims to reduce pain and the risk of opioid use disorder by developing safe and effective pain treatment and prevention strategies to improve quality of life for all people.



Enhance Pain Management

- Understand the biological underpinnings of chronic pain
- Accelerate the discovery and pre-clinical development of nonaddictive pain treatments
- Advance new non-addictive pain treatments through the clinical pipeline
- Inform best practices for effective pain management while minimizing risk of addiction

HEAL has invested over \$1.25B on Pain and Cross-Cutting Research from 2018-2023

Discovery

Preclinical Development

HEAL Pain Program Overview



*NINDS as Lead IC



Incorporation of 'Plans to Enhance Diverse Perspectives (PEDP)' As Required Grant Application Component

- What is a PEDP? A summary of strategies to advance the scientific and technical merit of the proposed research & project through diversification and inclusivity.
 - To capitalize on innovative ideas, distinct perspectives, variety of experiences, training, backgrounds, and skillsets
- Definition of "diverse perspectives" is broad

WHO DOES the research

Investigators/trainees who are:

- historically underrepresented in the biomedical research workforce (<u>NOT-</u> <u>OD-20-031</u>)
- from different scientific disciplines
- at varying career stages
- with varied skills, experience, and expertise

WHO PARTICIPATES in the research WHERE research is done

- Recruit diverse participants for human studies.
- Use of specimens derived from varied ancestries.
- Any projects involving human participants or samples derived from humans should be collected in an ethically sound manner and consented appropriately
- Participation of researchers from diverse organizations and institutions (e.g., research intensive & active, undergraduate, minorityserving, community-based, etc.).

PEDP is assessed under "**all 5**" review criteria for grant applications (Significance, Investigator, Innovation, Approach, and Environment)

Community Engagement

HEAL Community Partner Committee

- People with lived experience, advocates, community advisors, family members
- Input on key issues faced by individuals affected by pain and substance use
- Identify, refine, and prioritize engagement activities linked to HEAL science
- Supported by the NIH Patient Engagement Workgroup







Strategy

Survey the research community to learn and improve

Funded supplements to 14 awards Contact: Linda Porter and Janelle Letzen

Health Equity in Pain Management

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FOCUS ON POPULATIONS THAT EXPERIENCE HEALTH DISPARITIES

COMMUNITY ENGAGEMENT

MULTI-LEVEL INTERVENTIONS

NIH-DESIGNATED POPULATIONS THAT EXPERIENCE HEALTH DISPARITIES

- Racial/Ethnic Minoritized Populations
 - Blacks/African Americans
 - Hispanics/Latinos
 - American Indians/Alaska Natives
 - Asian Americans
 - Native Hawaiians and other Pacific Islanders
- Socioeconomically disadvantaged
 populations
- Underserved rural populations
- Sexual and gender minorities

Program Lead/Contact: Cheryse Sankar, Ph.D. (NINDS)-Cheryse.Sankar@nih.gov



Factors Contributing to Health Disparities in Pain



National Institutes of Health

HEAL Initiative

Program Lead/Contact: Cheryse Sankar, Ph.D. (NINDS) -Cheryse.Sankar@nih.gov



OPEN Stage: HEAL Pain Workforce Efforts

Laura D. Wandner, PhD Program Director Office of Pain Policy and Planning National Institute of Neurological Disorders and Stroke



How is HEAL Research Helping to Improve Pain Management





National Institutes of Health

Enhancing the Pain Research Workforce



Adams, M. C., Wandner, L. D., & Kolber, B. J. (2024). Challenges and opportunities for growing and retaining a pain research workforce. *Pain Medicine*, 25(5), 315–318. https://doi.org/10.1093/pm/pnae008

H National Institutes of Health

Enhancing the Pain Research Workforce

The Pain Crisis: All Hands on Deck

A formidable and rapidly evolving crisis demands a uniquely powerful response.

We must ensure an expanded, enduring, and diverse pool of highly trained scientists to perform high quality pain research in the face of a diminishing community and expanding research opportunities.



HEAL Pain Workforce Workgroup Mission

NIH National Institutes of Health

The HEAL pain workforce workgroup aims to cultivate a diverse and innovative pain research workforce and community capable of meeting the dynamic challenges of studying and treating people with lived pain experience and comorbid conditions from a biopsychosocial perspective. By recruiting, retaining, and educating basic, translational, and clinical pain researchers from diverse backgrounds, the NIH HEAL workforce workgroup aims to enrich the field with varied perspectives and skills. The goals of this group are to:

 provide workforce opportunities for pain researchers across the spectrum of pain research (I.e., preclinical, translational, and clinical research) and at all career stages
 attract and retain talented pain researchers from diverse professional backgrounds, sociodemographic backgrounds, regions on the country, and across the spectrum of pain research to build and retain a pipeline of pain researchers

3) attract researchers from non-traditional pain research backgrounds to expand the pain research field and enhance the innovation of pain research



HEAL Pain Workforce Workgroup

Missiont to enhancing pain education and/or continuing education at all career stages

- 5) support the professional development of pain researchers at all career stages through structured training and mentorship programs
- 6) foster a collaborative and supportive community among pain researchers that encourages innovation and shared learning;
- 7) promote an inclusive culture within the pain research workforce that values and utilizes the contributions of researchers from all backgrounds

By achieving these goals, the NIH HEAL pain workforce workgroup will enhance the capacity of the pain research community to address the critical challenges of improving pain management care for those people with pain, identifying and developing new and effective non-opioid treatments to manage pain, and ultimately improving patient care and outcomes.

Workforce Co-Chairs: Laura Wandner (NINDS) and Steven Pittenger (NCATS)

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HEAL Efforts to Enhance the Pain Workforce (FY21-FY24)



- ✤ 40 awards in total
- 14 states funded within the pain workforce initiative
- Grants have been awarded to investigators at all career stages from postdoctoral trainees through senior investigators



Problem: Need to diversify the pain research workforce

- Solution: Supplemental funding for HEAL awardees to recruit a diverse individual into their project.
 - Diversity Supplements to Encourage Eligible NIH HEAL Initiative Awardees to Apply for Supplements to Promote Diversity in Health-Related Research
 - Please monitor the HEAL website for the funding opportunity.

Approved Concept

Approved

Concept

- Solution: Supports small-scale research projects at educational institutions that provide baccalaureate or advanced degrees for a significant number of the Nation's research scientists but have not been major recipients of NIH support.
 - R15 award Promoting Diversity in the Pain Workforce
 - Please monitor the HEAL website for the funding opportunity.



Problem: Not enough early-career researchers to replace those leaving the field

- *Solution:* Supplements to train novice researchers and investigators new to pain research
 - HEAL training supplement
 - Please contact a HEAL investigator to ask to submit a supplement as part of their HEAL award.

Scholar applications due winter 2025

Approved

Concept

- Solution: Released a national scholar grant where researchers will receive enhanced mentorship for 2-3 years. The aim is to fund researchers who are not yet ready for an independent NIH grant. Scholar cohorts are meant to be multidisciplinary and diverse.
 - HEAL National K12

Program Contacts: Rebecca Hommer – <u>rebecca.hommer@nih.gov</u>(NINDS) Laura Wandner – <u>laura.wandner@nih.gov</u>(NINDS)







Problem: Not enough early-career researchers to replace those leaving the field

Postdoc applications due Fall 2024/Winter 2025

 Solution: HEAL Initiative Partnerships to Advance Interdisciplinary (PAIN) Training in Clinical Pain Research: The HEAL Pain Cohort Program (T90/R90 Independent Clinical Trial Not allowed)



 T90/R90 postdoctoral centers have been funded. Check the HEAL website to see if there is a postdoctoral training program you would like to apply to. Each center will be sending out a call for applications in the fall/winter of 2025.

Approved Concept

Ο

- *Solution:* HEAL Initiative PainCare Clinical Training Program (PCTP)
 - HEAL plans to fund career development awards (K23s and K08s) for those people who are clinical pain researchers.
 - Please monitor the HEAL website for the funding opportunity.

Program Contacts: Laura Wandner – <u>laura.wandner@nih.gov(NINDS</u>)

Goal: to support a cohort of new and well-trained, independent investigators from **diverse** backgrounds (e.g. see NOT-OD-20-031, Notice of NIH's Interest in Diversity) conducting Pain and/or SUD research, in order to promote a diverse pool of available independent investigators working in research areas supported by the NIH **HEAL** Initiative Program Leads: DP Mohapatra (NINDS) <u>DP.Mohapatra@nih.gov</u> Multiple Receipt Dates through 2025 Elizabeth Sypek (NINDS) Elizabeth.Sypek@nih.gov

Research **Standard Awards:**

K99/R00 Independent Clinical Trial Not Allowed RFA-NS-22-022 Independent Basic Experimental Studies with Humans Required RFA-NS-22-023

Goal: to support a cohort of new and well-trained independent investigators conducting Pain and/or SUD research, in order to increase the independent investigator workforce in research areas supported by the NIH HEAL Initiative

Diversity:

K99/R00 Independent Basic Experimental Studies with Humans Required RFA-NS-22-024 K99/R00 Independent Clinical Trial Not Allowed RFA-NS-22-025

K99/R00 Advanced Postdoctoral-to-Independent Career HEAL Initiative **Transition Awards in Pain and Substance Use Disorder**







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Problem: Need to increase contact with mentors, increase opportunities to collaborate with pain researchers across the spectrum of pain research (e.g., preclinical, translational, and clinical pain research), and centralize resources and trainings.

- *Solution*: Establishing a network to increase mentorship and career development throughout the year; organize an annual meeting; facilitate communication across the spectrum of pain research
 - HEAL coordinating center R24, also called the PURPOSE network





HEAL Initiative

National Institutes of Health

- PURPOSE stands for "Positively Uniting Researchers of Pain to Opine, Synthesize, & Engage"
- *Goal of the network:* Connect pain researchers across the continuum of pain research, from all disciplines and at all career stages.
 - Establish and run a digital platform
 - Organize and run an annual meeting



Contact: Laura Wandner – <u>laura.wandner@nih.gov</u> (NINDS)

Problem: Researchers have questions about grant mechanisms, open funding announcements, and tips and tricks about how to write a strong grant.

- Solution: Ran a monthly webinar series to answer PIs questions about grant mechanisms
 - NIH Pain Consortium Grant Mechanism Webinar Series
- Solution: The PURPOSE Network has established a monthly "Get to know your IC webinar"
 - Program Officers from the NIH Institutes discuss the type of pain reach they fund and answer any institute specific questions.

Contact: Laura Wandner – <u>laura.wandner@nih.gov</u>(NINDS)







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Relevant HEAL Workforce Websites

- HEAL Funding Announcement Website
 - Please monitor the HEAL website for open workforce funding announcements
- HEAL Workforce Website
 - Please monitor the HEAL workforce website to see the current and past workforce initiatives
- University of Michigan HEAL K12 website
 - Please monitor the HEAL K12 website to check when the next application window will open. There will be a webinar that explains the application processes.

• PURPOSE website

• If you are interested in pain research, please consider joining the PURPOSE network.









NIH Research Training and Career Development Resources



- Overview of all NIH Training Programs <u>https://researchtrainin.nih.gov/career-path</u>
- Individual Fellowships <u>https://researchtraining.nih.gov/programs/fellowships</u>
- NIH Institutes Training Program Matrix (Overview of all NIH Institutes and Centers with research training programs) https://researchtraining.nih.gov/institute
- Other Training Related Programs <u>https://researchtraining.nih.gov/programs/other-training-related</u>
- How to Apply-Application Guide (Preparing, Writing and Submitting Applications) <u>https://grants.nih.gov/grants/how-to-apply-application-guide.html#data#</u>
- Information for Applicants and Awardees (FAQ's, Grant-writing tips, forms) <u>https://researchtraining.nih.gov/resources/information</u>
- How Trainees Get Accounts in eRA Commons https://youtu.be/BLgxNNAphKQ
- Frequently Asked Questions about Research Training and Career Development https://researchtraining.nih.gov/resources/faq
- Clinical Trial Requirements for Grants and Contracts <u>https://grants.nih.gov/policy/clinical-trials.htm</u>
- NIH Clinical Trial Policies https://grants.nih.gov/policy/clinical-trials/training-resources.htm
- NIH Peer Review YouTube Play List (Includes NIH processes, a Mock Study Section, and tips for success): <u>https://www.youtube.com/playlist?list=PLOEUwSnjvqBKWjASuPFjwWPYKXGjsC4wj</u>
- NIH Grants YouTube Channel: <u>https://www.youtube.com/user/NIHgrants/featured</u>
- NIH Podcasts
 - o "All about grants" run by the Office of Extramural Research
 - "NINDS building up the Nerve" run by the National Institutes of Neurological Disorders and Stroke
- Subscribe to "Open Mike" Blog (Dr. Michael Lauer's blog NIH's Deputy Director for Extramural Research, serving as the principal scientific leader and advisor to the NIH Director on the NIH extramural research program). https://nexus.od.nih.gov/all/category/blog/open-mike/



Shape HEAL Research Priorities

The NIH HEAL Initiative wants to hear from you!

HEAL is seeking public input to help shape strategic research priorities that will guide the initiative's future efforts to find scientific solutions to the public health crises of overdose, opioid use disorder, and chronic pain.

Submit feedback by **July 31, 2024**, to <u>HEALquestion@od.nih.gov</u> with "HEAL RFI" in the subject line.

go.nih.gov/mcoqY3J



NIH National Institutes of Health HEAL Initiative

Invited Speaker



Jacob Coverstone, FACEhp

PURPOSE network

PURPOSE Network https://painresearchers.com/

An NIH-funded platform with tools for collaboration, funding information, and dissemination of research.

Breaking-down silos

Empowering researchers with tools, training, and resources



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HEAL Initiative

PURPOSE Network

https://painresearchers.com/

An NIH-funded platform with tools for collaboration, funding information, and dissemination of research.

- Funding Opportunities
- Researcher Directory
- Organization Directory
- Community Groups
- Event Aggregator
- Collaboration Space
- Media Center
- Webinars



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HEAL Initiative



National Institutes of Health HEAL Initiative

PURPOSE Annual Meeting

Free to all

- Feedback from NIH program officers
- Structured networking with peers & mentors
- Research skill development
- Leadership training
- Tailored feedback on proposals & presentations
- Engagement with PWLE

Honestly, this was one of the best meetings I have ever been. Focused, organized and fun. Thank you!





Luiz Fernando Ferrari, DDS, MS, PhD

Assistant Professor, Taylor Lab, Department of Anesthesiology, School of Medicine - University of Utah



National Institutes of Health

Collaborate & Communicate

Tools for admins Discussion groups & forums Researcher database Mobile app



RE-JOIN COMMITTEES







RE-JOIN WORKING GROUPS



Imaging / Tracing WG

CCF Task Force Calendar

PUBLICATION WG BOX FILE

PURPOSE Network

https://painresearchers.com/

Training, teaching & empowering

Accelerating collaborative team science by centralizing resources, and empowering researchers with tools and information



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HEAL Initiative

NIH National Institutes of Health

OPEN Stage: HEAL Pain Therapeutics Development Program (PTDP)

Mary Ann Pelleymounter, PhD – Program Director Matthew Rice, PhD – Presenter / Scientific Program Manager

Division of Translational Research (DTR) National Institute of Neurological Disorders and Stroke (NINDS)



Addressing the Unmet Need for Pain Therapeutics: The Helping to End Addiction Long-term Initiative (NIH HEAL Initiative)

Approach: Enhance Pain Management and Improve Prevention and Treatment of Opioid Misuse and Addiction

- Understand the biological underpinnings of chronic pain
- Accelerate the discovery and preclinical development of non-addictive pain treatments
- Advance new non-addictive pain treatments through the clinical pipeline
- Inform best practices for effective pain management while minimizing risk of addiction



Low Clinical Success Rates in Pain Indications: Reasons for Failures

Clinical Success Rates for Pain Therapeutics Relative to All Other Disease Indications



Reasons for Clinical Failures: All Indications



Reflected in general shrinkage of pain clinical pipeline NIH National Institutes of Health

Reasons for Clinical Failures: Pain Indications

- Poor predictive validity of preclinical pain models
- Heterogeneous patient population within pain conditions
- Lack of target engagement, predictive or patient selection biomarkers
- Large placebo effects in clinical trials
- Therapeutic index challenges

CLINICAL PIPELINE FOR PAIN BY DRUG TYPE, 2017 VS 2022

Innovation Type	2017	2022	% Change
Reformulated/Repurposed	95	49	-48%
Novel Chemical Entity	125	75	-40%
Total	220	124	-44%

Thomas, D., Wessel, C. BIO Industry Analysis. The State of Innovation Pain and Addiction, (2023) (<u>www.bio.org/iareportsOxford</u> Sun D, et al, Why 90% of clinical drug development fails and how to improve it?, Acta Pharmaceutica Sinica B 2022;12(7):3049-3062 Yekikirlala A., et al., Breaking barriers to novel analgesic drug development, Nature Reviews Drug Discovery, 16, 2017, 545-564.


Grant Funding Opportunity Announcement: RFA-NS-24-019 Program Director: Mary Ann Pelleymounter <u>mary.pelleymounter@nih.gov</u>



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Features of the HEAL-PTDP Grant: Funding Opportunity RFA-NS-24-019

Entry Criteria

Discovery

- ✓ A rigorous biological rationale for the intended approach
- ✓ A promising small molecule or biologic starting point for optimization
- ✓ Scientifically sound assays to optimize and test the agent

Development

- ✓ Candidate therapeutic is Identified
- Strong data package linking modulation of therapeutic target by candidate therapeutic to disease modification
- Biological activity and ADMET properties of candidate therapeutic are appropriate for intended use

Support & End Goals

Support

- ✓ Hit to Lead activities
- ✓ Lead optimization, selection, and characterization
- ✓ Biomarker optimization and PK/PD development
- IND-enabling studies and Phase I trials

End Goals

- Identify and fully characterize a lead candidate
- ✓ Identify target engagement biomarker if possible
- ✓ Complete IND enabling studies / File IND
- ✓ Seek partnerships
- ✓ Complete Phase I trial(s)



Two Phase Grant Mechanism: Typical Activities



Preparatory (UG3) Phase

- Optimization using potency and efficacy screens (Discovery)
- Preliminary efficacy and toxicology testing in appropriate animal models for pain (Discovery and Development)
- Characterization and testing for *in vitro* ADME (absorption, distribution, metabolism, and excretion) (Discovery and Development)
- Initial optimization of pharmacodynamic/target engagement biomarkers associated with the therapeutic target or pathway (Discovery and Development)

Execution (UH3) Phase

- Any further optimization activities as listed on the left, if needed
- Pharmacokinetics (PK), biodistribution, gene expression, tumorigenicity, and immunogenicity
- Cell bank development and testing
- Formulation and manufacturing for toxicology and human clinical studies
- IND-enabling characterization of the clinical candidate
- Non-GLP and GLP toxicology studies
- IND Submission and Phase I Clinical Testing

Opportunities with the NIH HEAL Pain Therapeutics Development Program (PTDP)

Funded Research

RFA-NS-24-019 N20 nGlus Formulatio NOPT MRGPRX1 CCKBR Modality & Small Biologic Molecule Target HCN1 MNK **Biologic** INJENIST cha Formulation KUT 213 Ege Small Molecule NRF2 CB1 **Combination Product**

NINDS Career Opportunities

Subscribe to our Job Announcements listserv

To stay up to date with all the exciting career opportunities with NINDS, please subscribe to our Job Announcements listserv. Email listserv@list.nih.gov_∞ and include this language in the body of your email: Subscribe NINDS-job-announcements (enter your name).

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HEAL Initiative

Health Program Specialist (HPS)

- **Qualifications:**
 - Demonstrate expertise, experience and/or educational background in neuroscience or related discipline.
 - A PhD and postdoctoral work is not required but is ٠ preferred.
 - Experience in neuroscience and pain therapeutics is a plus but not required.



Questions/Contact Information



Mary Ann Pelleymounter PhD, Program Lead: <u>mary.pelleymounter@nih.gov</u> Charles Cywin PhD, Director of Small Molecule Neurotherapeutic Development: <u>charles.cywin@nih.gov</u> Rakonda Medley, Operations Coordinator: <u>rakonda.medley@nih.gov</u>

IC Representatives

Houmam Araj, PhD NEI Melissa Ghim, PhD NIDCR Asif Rizwan, PhD NHLBI Rachel Altshuler, PhD NCI Mark Egli, PhD NIAAA Dana K Andersen, MD NIDDK Sam Ananthan, PhD NIDA Hye-Sook Kim, PhD NCCIH Charles Washabaugh, PhD NIAMS Helena H Ahn, PhD NICHD Devon Oskvig, PhD NIA Edward Andrew Townsend, PhD NIDA

Scientific Program Managers

Mohamed Hachicha, PhD Pascal Laeng, PhD Mary Ann Pelleymounter, PhD Oreisa O'Neil-Mathurin, MPH Shamsi Raeissi, PhD Ranga Rangarajan, PhD Matthew Rice, PhD







2024 and 2025 Receipt Dates (same date for re-submission): Sept. 24th, 2024 | Jan. 24th, 2025 | May 23rd, 2025 | Sept. 24th, 2025

Invited Speakers



John Paderi, PhD IHP Therapeutics



Kennedy Goldsborough, PhD Emory University

National Institutes of Health



First home-based rescue therapeutic for treatment of acute vaso-occlusive episodes in sickle cell disease

> NIH Open Stage Seminar June 25, 2024



Hertz Nazaire - https://everylifefoundation.org/portfolio-item/ten-redefined/

Sickle cell pain associated is often described as "worse than childbirth" or "shards of glass flowing in my body"

Sickle Cell Disease (SCD) is a large and growing problem with major patient impact





- **7.74M people** WW suffer from SCD (100,000 in the U.S.)
- 376,000 SCD deaths annually
- Primarily affects people of color

"Pain crisis" or vaso-occlusive episodes (VOE) are the hallmark of SCD

- Described as "shards of glass flowing in my body"
- Complication result in >20-year reduction in life expectancy
- Caused by "sticky" blood cells that block flow to organs and tissues



Piel, Frédéric B., Martin H. Steinberg, and David C. Rees. "Sickle cell disease." New England Journal of Medicine 376.16 (2017): 1561-1573.

2. Thomson, Azalea M., et al. "Global, regional, and national prevalence and mortality burden of sickle cell disease, 2000–2021: a systematic analysis from the Global Burden of Disease Study 2021." The Lancet Haematology (2023)

Racial stigma and lack of effective treatments have left people treated as an opioid "drugseeker" while in debilitating pain

"I always dress professionally {when going to the ER during VOE}. It's crazy that you, as an African-American, have to do this so you aren't treated like a drug addict."¹

In 2014 the FDA solicited direct input from the SCD community



Top Patient-Reported Needs

✓ "Treatments that patients can self-administer"
✓ "Treatments that stop a pain crisis in its tracks"

 \checkmark IHP-102 uniquely meets these needs



IHP-102 could be administered at the earliest symptom of VOE, thus preventing debilitating pain and life-threatening complications

"..if the acute painful crisis is treated aggressively at its beginning, its end would be short with little or no complications."



IHP-102 treatment potently reduces vaso-occlusions by >80% in Townes SCD mice

Townes SCD mouse is the gold-standard model for VOC assessment VOC is stimulated by i.v. oxyHb, representative of hemolysis IHP-102 is administered by s.c. route



Blood vessel blockages (vaso-occlusions, indicative of VOC) are quantified by imaging

Open access journal of the Ferrata-Storti Foundation, a non-profit organization							
Home	Current Issue	Early view	Review Series	Archive	About Us 🔻	Contact 👻	Subr
Vol. 109 M	No. 4 (2024): April, 2024	4 > Subcutaneous	injection of IHP-102 prev	ents lung			
LETTER	RS TO THE EDITO	۹					
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Vol. 109	No. 4 (2024): April 3	024 https://doi.o	rg/10.3324/baematol	2023 283716			

IHP-102 reduces vaso-occlusions by >80% in Townes SCD mice¹



- Data are best-in-class in established model and leading academic center
- By comparison, P-selectin inhibition reduces vasoocclusion by only 50% in this model³

Legend: PVO = pulmonary vessel occlusions; FOV = field of view; IHP-102 dose = 30 mg/kg, SQ; Oxy-Hb challenge = 10 umol/kg, IV

- 1. Dubey, Rikesh K., et al. "Subcutaneous injection of IHP-102 prevents lung vaso-occlusion in sickle cell disease mice." Haematologica 109.4 (2024): 1259.
- 2. Paderi, John, et al. "Dual P-Selectin and Complement Inhibition with Subcutaneous IHP-102 Treatment Potently Reduces Lung Vaso-Occlusion in Sickle Cell Disease Mice." Blood 142 (2023): 1122.
- 3. Bennewitz, Margaret F., et al. "Lung vaso-occlusion in sickle cell disease mediated by arteriolar neutrophil-platelet microemboli." Jci Insight 2.1 (2017).



Timeline and Milestones Supported by HEAL



IHP-102 Reduces Cold Hypersensitivity in Townes SCD Mice





- IHP-102 (30 mg/kg, s.c.) reduces cold hypersensitivity by > 75% compared to saline (vehicle) controls¹
- The decrease observed is reduced below baseline (no hypoxia) suggesting a potent effect beyond the acute vaso-occlusion phase
- Cold sensitivity is observed clinically during VOE²

Additional studies are ongoing, including dose-response and additional MoA

1. Goldsborough, Kennedy N., et al. "Evaluation of IHP-102 for the Treatment of Acute VOE-Like Pain: Study Design." Journal of Sickle Cell Disease 1. Supplement_1 (2024).

2. Brandow, Amanda M., et al. "Children and adolescents with sickle cell disease have worse cold and mechanical hypersensitivity during acute painful events." Pain 160.2 (2019): 407-416.





Q&A

Breakout Rooms – Feel free to move between the four rooms to meet our speakers!

Training & Workforce

• With DP Mohapatra and Laura Wandner

PURPOSE Network

• With Jacob Coverstone

• Pain Therapeutics Development Program

• With Mary Ann Pelleymounter and Matthew Rice

• Experiences in Drug Discovery

 With John Paderi, Kennedy Goldsborough, Mohamed Hachicha, and Shamsi Raeissi