

Commercialization and future developments in nanobiotechnology.

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Carnegie Mellon University Quantum Dot Corporation (former)

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2003, 100 patents

QuickTime[™] and a TIFF (LZW) decompressor are needed to see this picture.

> Koppikar et al, Nano. Law and Business. 1(1), 2004

Quantum Dot Patents Issued per Year



Estimates as high as ~90,000 nano patents...

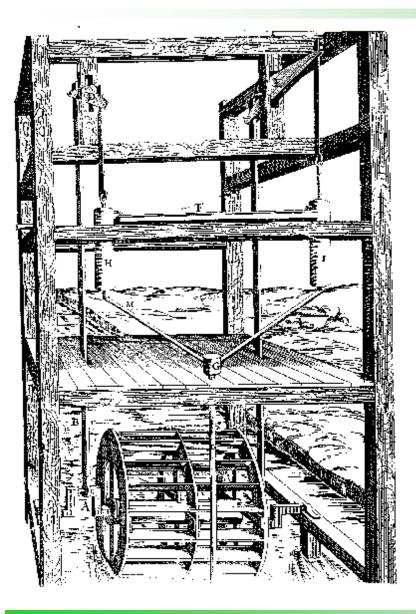
Nanotechnology Perfected

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F0-F1 ATPase--the energy factory of eukaryotic life

A 3.5 billion year old water wheel?



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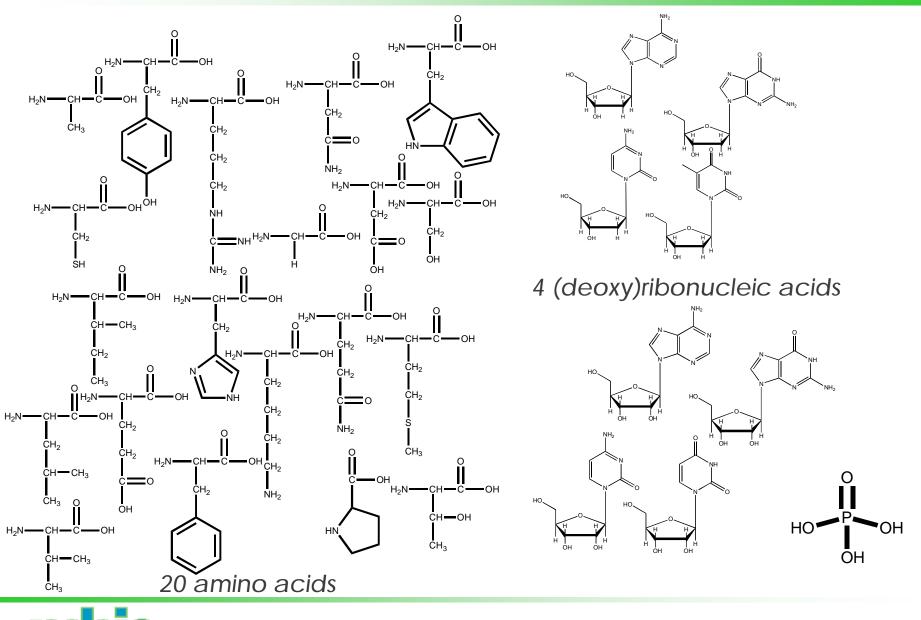
But how?

Nature innovates... When there is a need

Generations of selection, not design.

Nature "does" Nature "doesn't" <u>understand</u> how.

Limited tools in Her arsenal



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Nanobiotechnology expands the toolset...

- Application of innovations in materials and chemistry into biological systems
- Application of materials and chemical processes to solve biological problems
- "Un natural capabilities"
 - Detection
 - Repair/treatment
 - Maintenance
- We are neither as fast, nor as patient as nature.
- We "need" to understand in order to design.



- Context--
 - Healthcare is a worldwide market with diverse geographical market needs
 - Per capita spending in US: 1999 \$6280 (Nat. Coalition on Health Care)
 - Per captia spending in India: 2004 \$650 (US Commercial Service)
 - And this results in diverse technology needs
- US: Drugs: \$286B, Diagnostics: <\$20B, Research Tools, <\$5B. (19% GDP)
- India: Drugs \$8.8 B, Diagnostics: \$115M, Researc Tools n/a. (5.1% GDP)
- Focus in US: Outcomes
- Focus in India: Costs



Nanotechnology Size Scale

QuickTime[™] and a TIFF (LZW) decompressor are needed to see this picture.

Fullerene Quantum Dot Nanoshell Dendrimer Liposome



Size is comparable to biological scale---biology is possible

Substrate

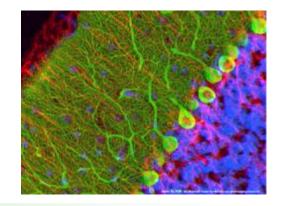
Enzyme

 Therapeutics--Antibody Directed Enzyme Prodrug Therapy

 Diagnostics--Combidex (dextran coated iron oxide nanopartcles)

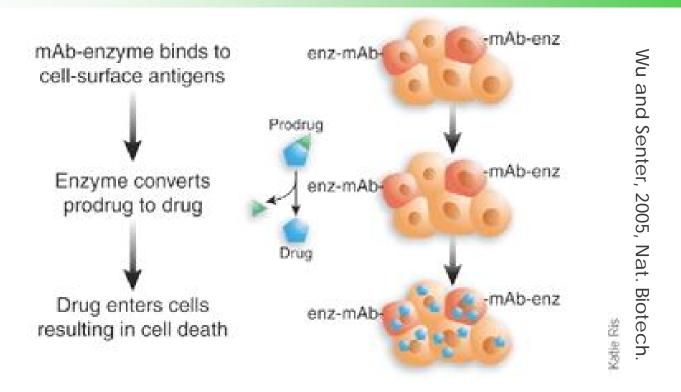
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 Research Products--Quantum Dots for Biological Detection





ADEPT (Antibody Directed Enzyme Pro-drug Therapy)



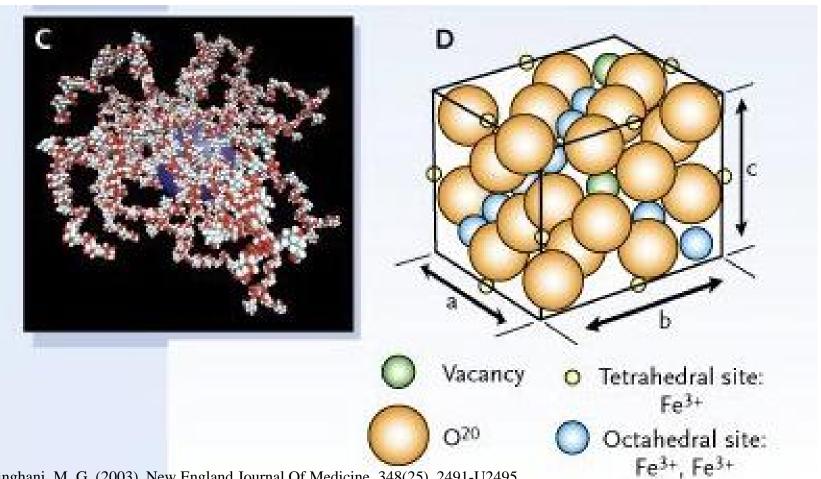
- The Problem: Many drugs are toxic (especially for cancer)
- Impossible to maintain high dose for long time without risk to patient
- The Solution: Deliver a small factory to the specific "bad" cells
- Treat patient with "nontoxic" drug at lower dose for long period
- The factory will "open" the drug at the target site and nowhere else



- Animal models show effectiveness
- Clinical results reported in 2000, 2002
 - Inadequate clearance of antibody-enzyme conjugate
 - Long persistence of activated drug
 - Immunogenicity (mouse monoclonal)
- Enter Seattle Genetics (Senter) and Genencor (Schellenberger).
 - Humanized antibody (decreased immunogenicity)
 - Engineered protein production
 - 2005--Effective in immunodeficient mice...
- Key challenges remain---and this system is fully characterized
 - Sequence, structure, activity, kinetics, stability, specificity...
 - It was first published and demonstrated in mice in 1990
 - Bagshawe, Biochem. Soc. Trans. 1990.



Combidex



Harisinghani, M. G. (2003). New England Journal Of Medicine, 348(25), 2491-U2495.

Superparamagnetic (no residual magnetism) iron oxide with dextran coating. Particles are passive--taken up by cells through phagocytosis and leaky vessels.



Combidex Safety

Contrast Media	Overall AE Rate	Serious AE Rate
Combidex [®] (ferumoxtran-10) Proposed dose and method of administration	15.8%	4/1236 (0.3%)
Ultravist [®] (iopromide)	32%	8/708 (1.1%)
Comparators to Ultravist: (iohexol, iopamidol, ioversol)	"Similar" to Ultravist	4/659 (0.6%)
Oxilan [®] (ioxilan)	14.3%	8/531 (1.5%)
Comparator to Oxilan: Omnipaque™ (iohexol)	"Similar" to Oxilan	6/542 (1.1%)

Combidex is the trademark of Advanced Magnetics, Inc. Copyright© 2004–2005. All other trademarks and copyrights are the property of their respective owners.

Figure from Gerald Faich--Safety Presentation to Oncology Drug Advisory Board, 2005.



It's safe, but...is it effective?

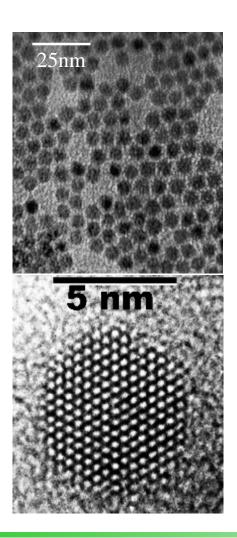
- Sentinel Nodes are essential to staging and grading tumors.
 - The are the sites of fluid drainage from primary tumor
 - They are the likely sites of first metastasis
- Patient prognosis and treatment options depend on accurate stage/grade.
- Accurate node identification would reduce "morbidity" from radical lymph node removal.
- But...tricky indication. They went for "broad" rather than specific indication.
- Healthy patients--risk averse.
- Clinical trial was not compelling for approval of broad (too few patients for each disease) OR for approval of specific indication.
- The "drug" may be safe but unmarketable. Redo the trial.

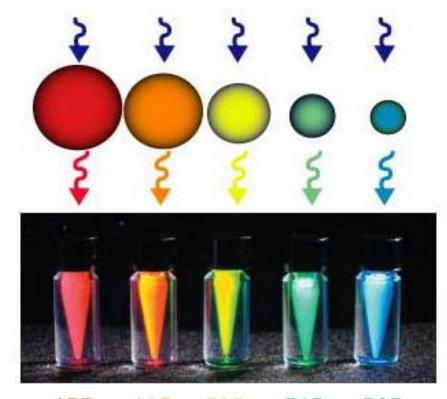


The FDA's Take on Combidex

- " I would like to draw your attention to the fact that this is a broad indication. If granted, this agent can be used for almost all cancers regardless of type, size, clinical stage, whether patient has been previously treated with drug, biologic, radiation, or surgery.
- One objective of today's presentation is to show you why the Agency has concerns for such a wide or broad indication given the level of efficacy and safety observed from clinical trials...
- Our position is that dilution and slow infusion are not entirely free, and also we disagree that the Combidex, the safety profile resemble that of iodinated contrast agent."
- Dr. Zili Li, Medical Team Leader Medical Imaging and RadioPharm.
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Highly fluorescent, nanometer-size, single crystals of semiconductor materials

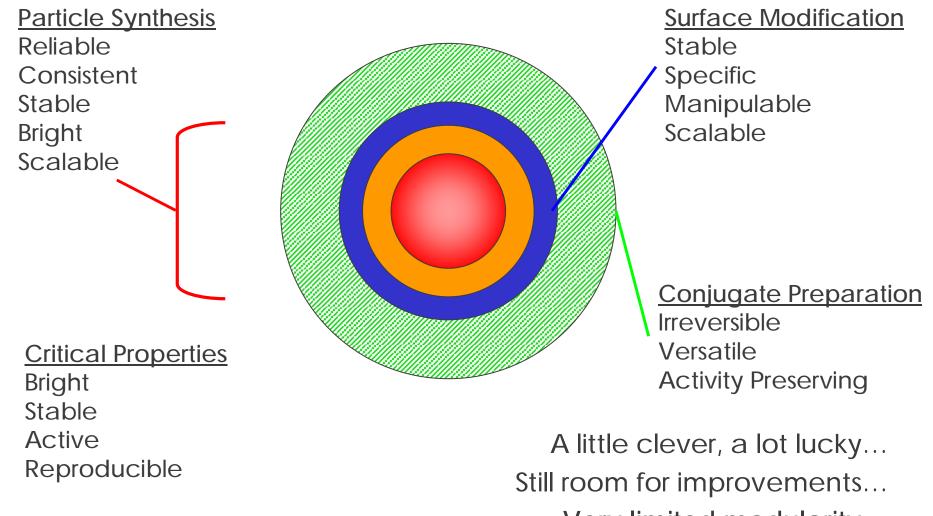




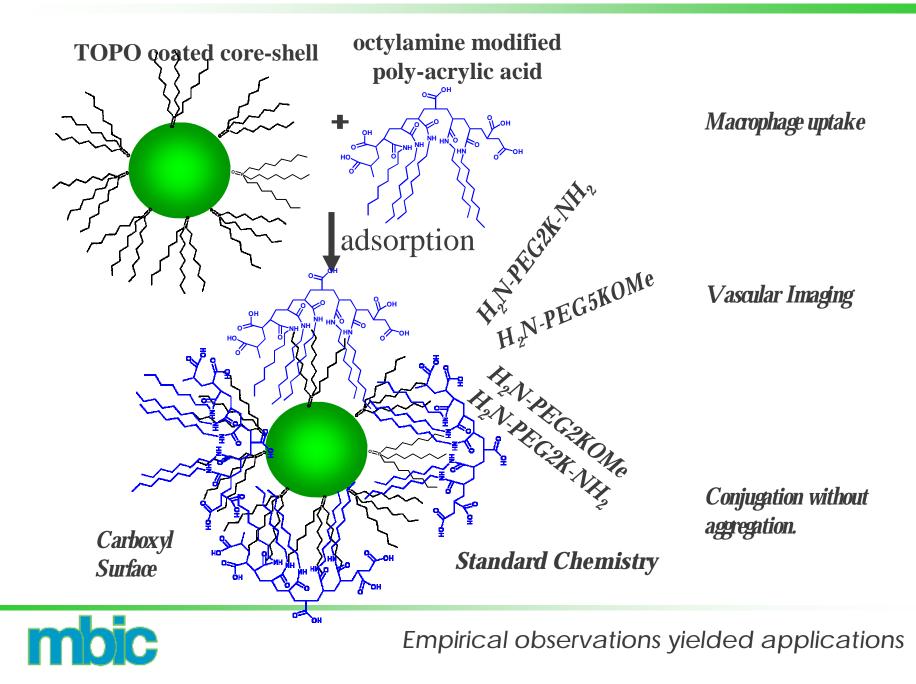
655 605 585 565 525 nm Multicolor, stable materials Long-term traceability in live cells and animals Longitudinal study possible after fixation Compatibility with GFP and other intrinsic probes



Commercial Challenges







QuickTime[™] and a Cinepak decompressor are needed to see this picture. Real-time studies of relevant ligand receptor dynamics & interactions enabled by commercial quantum dot conjugates.

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Epidermal Growth Factor

Important Cancer Marker Her-2/neu

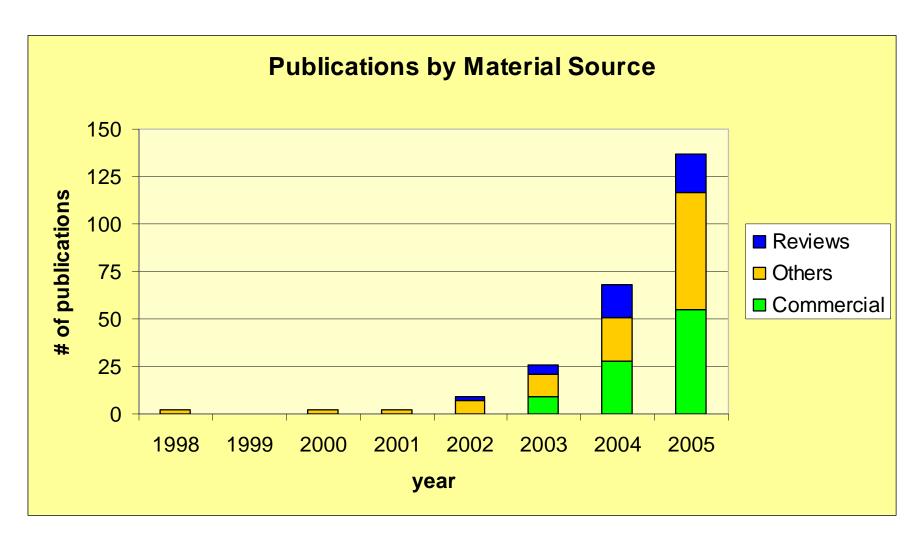
New Phenomena Yield New Treatments

Lidke, et.al. Journal of Cell Biology 2005 (August 15th), 170(4), 619-626. MPI Goettingen Jovin/Arndt-Jovin.



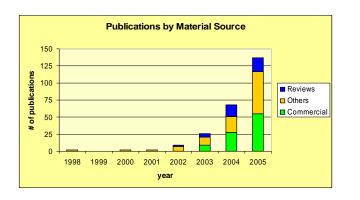
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Cell Body



Impact focused in basic method development and research—Foundations.



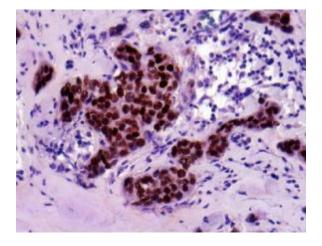


New Probes

+

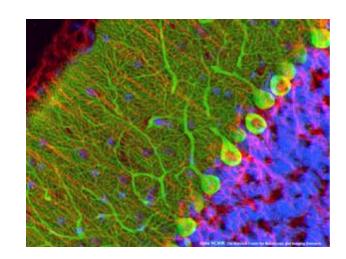


New Capabilities



New Systems + Exi

Existing Needs



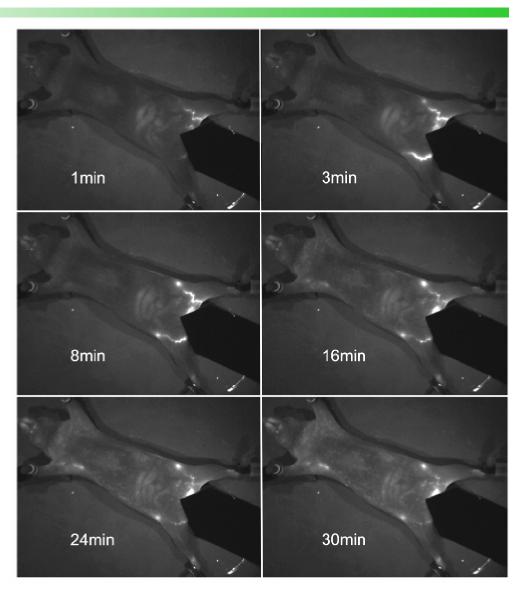


Innovation, not displacement builds business

A word about safety.

- You can not "establish the safety" of a material.
- Safety has a context.
- Nanomaterials are devices-they are chemically ill-defined.
- Characterization of product by process, designed for application.
- We do not know if Qdots will be safe, because we do not know how they will be used.
- Route, Dose, Version?

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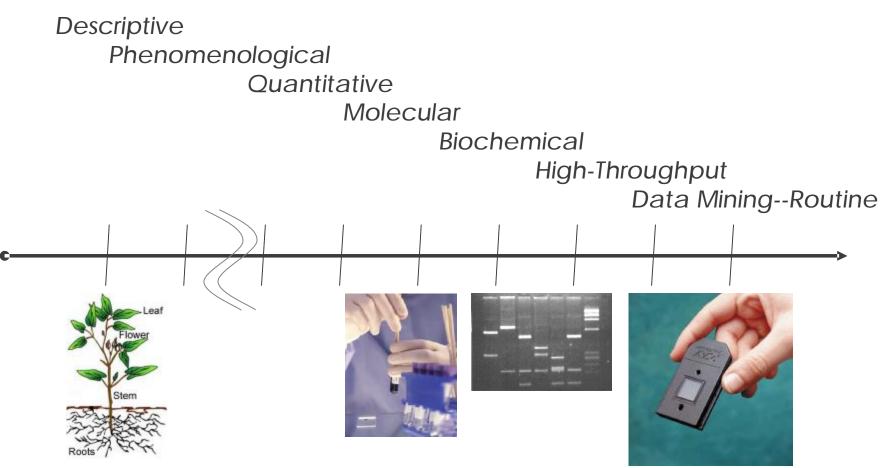


They are well tolerated in mice at high dose IV, for at least 2 years.

First Clinical Applications-Pathology

- Initial products for research on the market
 - Ventana Medical Systems (leader in clinical pathology)
- Initial trials underway in academic centers
- Used in major drug discovery centers in industry
- Initial clinical products in 2-3 years
- Future in Molecular (Personalized) Medicine

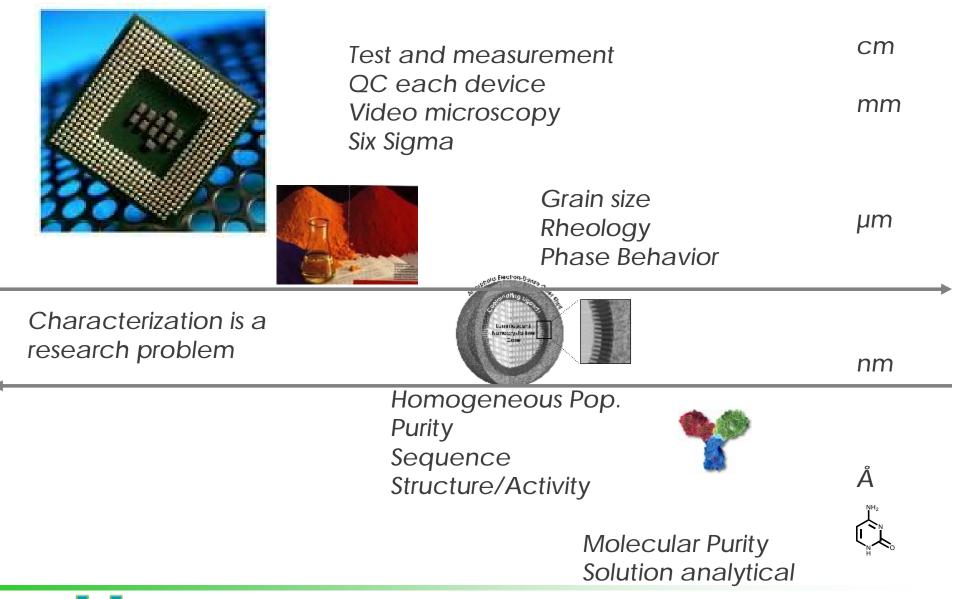




- Tools gap is filled as technology matures.
- Biology solves problems without regard to tools--we don't.



Tools Gap In NanoBiotechnology

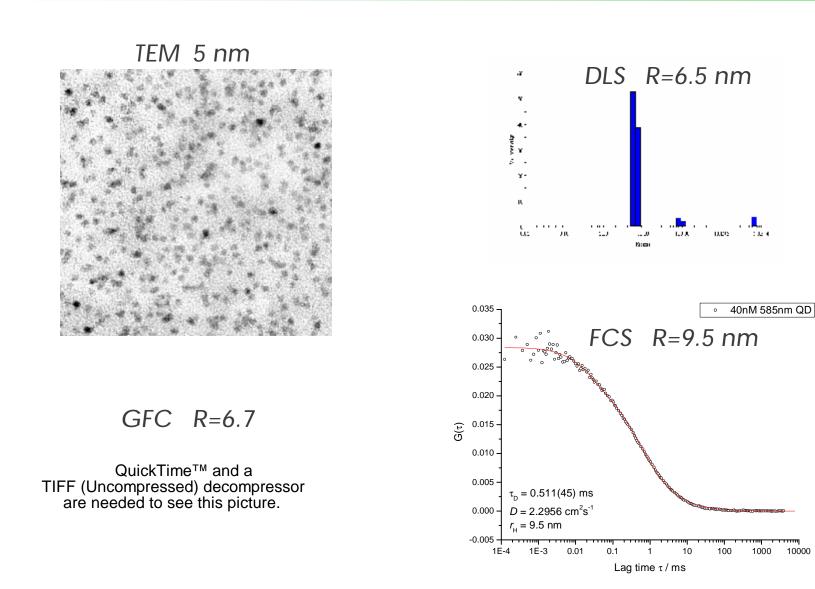




Characerization tools lacking--Scale, Size, Materials

- Systems approaches required
- Weak specifiability--detailed design capability
- Propagation of uncertainty
- III defined properties
- Population properties
- In-vivo uses?
 - 1 dose is 10¹⁴ "devices"
 - How to QC?

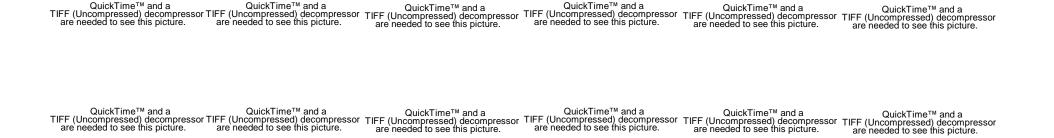




We should know what we mean when we say "size."

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- Progress will slow. Tools will be needed to accelerate.
- Infrastructure and discussion is critical to get the right tools.
 - What are the missing pieces?
 - How to effectively measure them?
- Basic science still needed (impact of size on bio-properties).
- Or, we could get more efficient at testing.
 - Evolutionary approaches needed.





Acknowledgements

- Prof. Paul Alivisatos
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 - Donald Zehnder
- Collaborators



invitrogen™

