Proteomics: a major new technology for the drug discovery process

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Proteomics is a new enabling technology that is being integrated into the drug discovery process. This will facilitate the systematic analysis of proteins across any biological system or disease, forwarding new targets and information on mode of action, toxicology and surrogate markers. Proteomics is highly complementary to genomic approaches in the drug discovery process and, for the first time, offers scientists the ability to integrate information from the genome, expressed mRNAs, their respective proteins and subcellular localization. It is expected that this will lead to important new insights into disease mechanisms and improved drug discovery strategies to produce novel therapeutics.

Among the major pharmaceutical and biotechnology companies, it is clearly recognized that the business of modern drug discovery is a highly competitive process. All of the many steps involved are inherently complex, and each can involve a high risk of attrition. The players in this business strive continuously to optimize and streamline the process; each seeking to gain an advantage at every step by attempting to make informed decisions at the earliest stage possible. The desired outcome is to accelerate as many key activities in the drug discovery process as possible. This should produce a new generation of robust drugs that offer a high probability of success and reach the clinic and market ahead of the competition.

There has been noticeable emphasis over recent years for companies to aggressively review and refine their strategies to discover new drugs. Central to this has been the introduction and implementation of cutting-edge technologies. Most, if not all, companies have now integrated key technology platforms that incorporate genomics, mRNA expression analysis, relational databases, high-throughput robotics, combinatorial chemistry and powerful bioinformatics. Although it is still early days to quantify the real impact of these platforms in clinical and commercial terms, expectations are high, and it is widely accepted that significant benefits will be forthcoming. This is largely based on data obtained during preclinical studies where the genomic[1,2] and microarray[3,4] technologies have already proved their value.

However, there are several noteworthy outcomes that result from this. Many comments are voiced that scientists armed with these technologies are now commonly faced with data overload. Thus, in some instances, rather than facilitating the decision process, the accumulation of more complex data points, many with unknown consequences, can seem to hinder the process. Also, most drug companies have simultaneously incorporated very similar components of the new technology platforms, the consequence being that it is becoming difficult yet again to determine where a clear competitive advantage will arise. Finally, in recent years, largely as a result of the accessibility of the technologies, there has been an overwhelming emphasis placed on genomic and mRNA data rather than on protein

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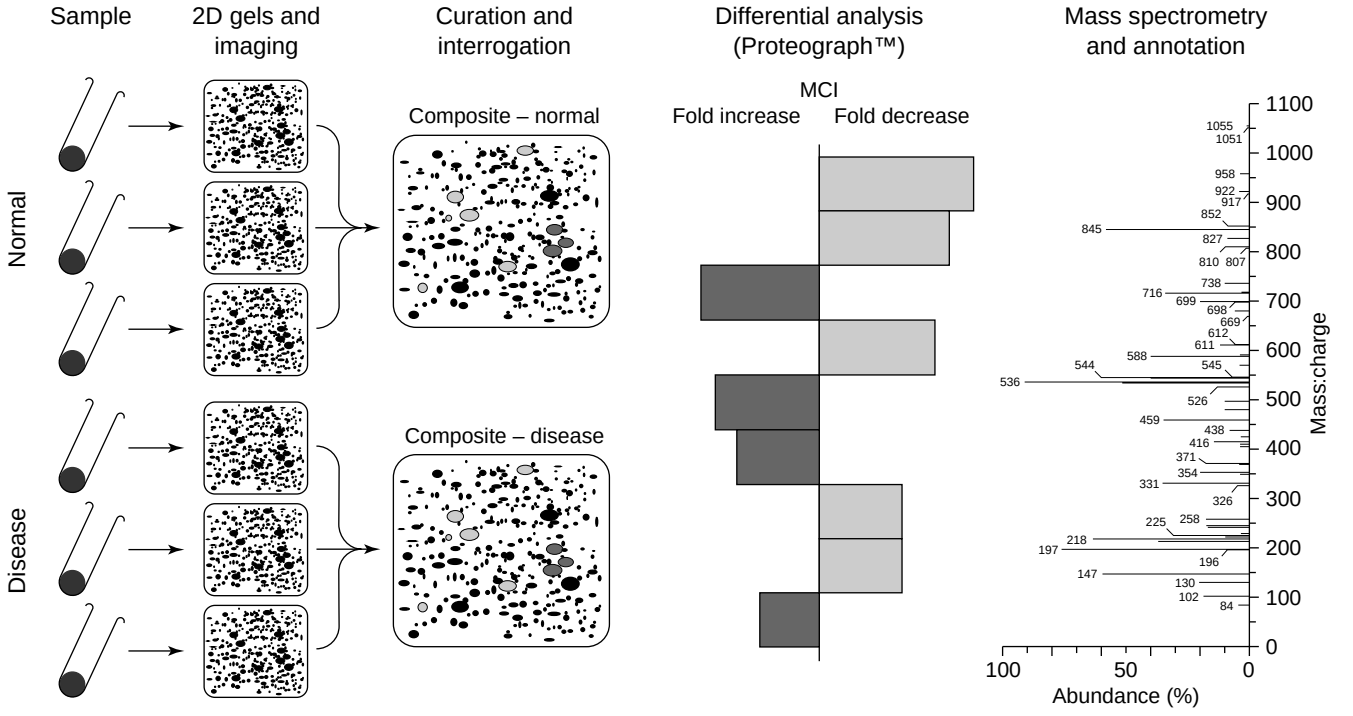

Figure 1. *Steps involved in analysing a biological sample by proteomics. MCI, molecular cluster index.*

analysis. It is important to remember that proteins dictate biological phenotype – whether it is normal or diseased – and are the direct targets for most drugs.

Proteomics: new technology for the analysis of proteins

It is now timely to recognize that complementary technology in the form of high-throughput analysis of the total protein repertoire of chosen biological samples, namely proteomics, is poised to add a new and important dimension to drug discovery. In a similar fashion to genomics, which aims to profile every gene expressed in a cell, proteomics seeks to profile every protein that is expressed[5–7]. However, there is added information, since proteomics can also be used to identify the post-translational modifications of proteins[8], which can have profound effects on biological function, and their cellular localization. Importantly, proteomics is a technology that integrates the significant advances in two-dimensional (2D) electrophoretic separation of proteins, mass spectrometry and bioinformatics. With these advances it is now possible to consistently derive proteomes that are highly reproducible and suitable for interrogation using advanced bioinformatic tools.

There are many variations whereby different laboratories operate proteomics. For the purpose of this review, the process used at Oxford GlycoSciences (OGS), which uses an industrial-scale operation that is integral to its drug discovery work, will be described. The individual steps of this process, where up to 1000 2D gels can be run and analysed per week, are summarized in Fig. 1. The incoming samples are bar coded and all information relevant to the sample is logged into a Laboratory Information Management System (LIMS) database. There can be a wide range in the type of samples processed, as applicable to individual steps in the drug discovery pipeline, and these will be mentioned later. The samples are separated according to their charge (pI) in the first dimension, using isoelectric focusing, followed by size (MW) using SDS–PAGE in the second dimension. Many modifications have been made to these steps to improve handling, throughput and reproducibility. The separated proteins are then stained with fluorescent dyes which are significantly more sensitive in detection than standard silver methods and have a broader dynamic range. The image of the displayed proteins obtained is referred to as the proteome, and is digitally scanned into databases using proprietary software called ROSETTA™. The images are subsequently curated, which begins with the removal of any artefacts, cropping and the placement of pI/MW landmarks. The images from replicate images are then aligned and matched to one

another to generate a synthetic composite image. This is an important step, as the proteome is a dynamic situation, and it captures the biological variation that occurs, such that even orphan proteins are still incorporated into the analysis.

By means of illustration, Fig. 1 shows the process whereby proteomes are generated from normal and disease samples and how differentially expressed proteins are identified. The potential of this type of analysis is tremendous. For example, from a mammalian cell sample, in excess of 2000 proteins can typically be resolved within the proteome. The quality of this is shown in Fig. 2, which shows representative proteomes from three diverse biological sources: human serum, the pathogenic fungus *Candida albicans* and the human hepatoma cell line Huh7.

Use of proteomics to identify disease specific proteins

In most cases, the drug discovery process is initiated by the identification of a novel candidate target – almost always a protein – that is believed to be instrumental in the disease process. To date, there is a variety of means whereby drug targets have been forthcoming. These include molecular, cellular and genomic approaches, mostly centred upon DNA and mRNA analysis. The gene in question is isolated, and expression and characterization of its coded protein product – i.e. the drug target – is invariably a secondary event.

With the proteomic approach, the starting point is at the other end of the 'telescope'. Here there is direct and immediate comparison of the proteomes from paired normal and disease materials. Examples of these pairs are: (1) purified epithelial cell populations derived from human breast tumours, matched to purified normal populations of human breast epithelial cells, and (2) the invading pathogenic hyphal form of *C. albicans*, matched to the non-invading yeast form of *C. albicans*. When the proteome images from each pair are aligned, the Proteograph™ software is able to rapidly identify those proteins (each referenced as having a unique molecular cluster index, or MCI) that are either unique, or those that are differentially expressed. Thus, the Proteograph output from this analysis is both qualitative and quantitative.

Proteograph analysis for a particular study can also be undertaken on any number of samples. For example, one might compare anything from a few to several hundred preparations or samples, each from a normal and disease counterpart, and have these analysed in a single Proteograph study. In this way, it is possible to assign strong statistical confidence to the data and in some instances to identify specific subpopulations within the input biological sources. This feature will become increasingly significant in the near future, and there is a clear synergy here whereby proteomics can work closely with pharmacogenomic approaches to stratify patient populations and achieve effective targeted care for the patient. Whatever the source of the materials, the net output of Proteograph analysis is immediate identification of disease specific proteins. This is shown in Fig. 3, which shows the results of a proteograph obtained by comparing untreated human hepatoma cells with cells following exposure to a clinical

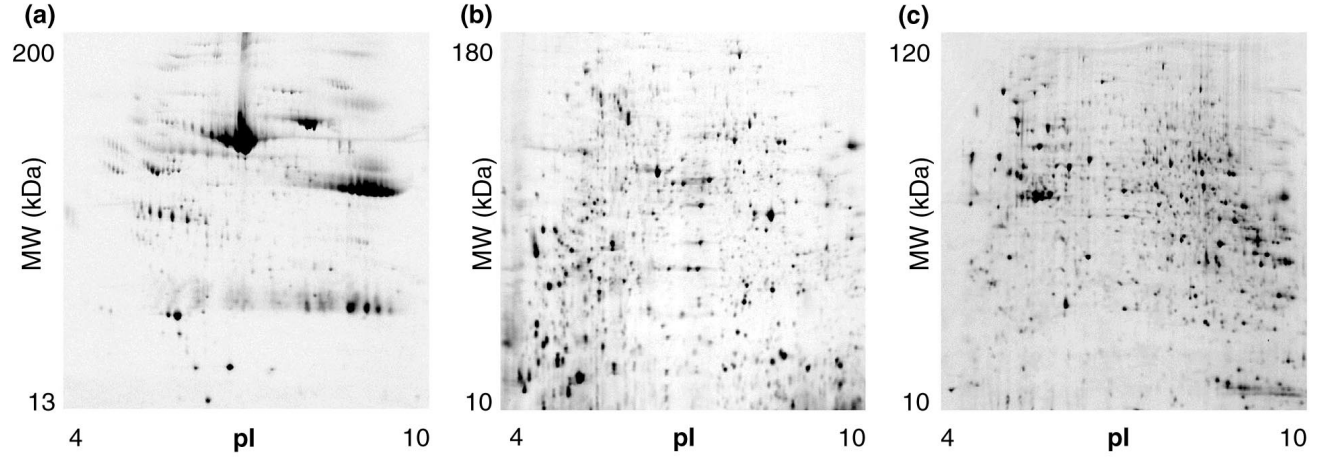

Figure 2. *Representative proteomes obtained from (a) human serum, (b) the pathogenic fungus* Candida albicans *and (c) the human hepatoma cell line Huh7.*

Foregrounds: Huh7 cells treated with 5FU
Backgrounds: Huh7 cells untreated
Upregulated in Huh7 cells treated with 5FU with respect to untreated Huh7 cells
Downregulated in Huh7 cells treated with 5FU with respect to untreated Huh7 cells

MCI	Fold change	pI	MW
3589	16.3	5.60	13718
4035	15.8	8.73	13224
4033	12.3	8.94	13117
4052	11.7	8.96	21434
4064	11.1	9.37	29389
3792	10.9	8.75	41162
3976	10.5	7.14	12061
3672	10.5	8.83	24121
3986	10.4	4.61	10853
3759	9.9	4.98	41420
4032	9.7	4.56	13117
1972	−9.4	7.92	12396
3587	9.4	4.50	14954
2033	−9.4	7.93	11126
3984	8.9	5.32	11090
2403	−8.8	6.04	25950
3748	8.8	6.32	35513
2105	−8.7	4.76	20803
3897	8.7	4.94	87842
4221	8.6	5.78	71963

Figure 3. *Table of differential protein expression profiles, referred to as a Rosetta Proteograph™, between Huh7 cells with and without the cytotoxic agent 5-FU. Bars are quantized and do not represent exact fold change values.*

cytotoxic agent. In this instance, only the top 20 differentially expressed MCIs are shown, but the readout would normally extend to a defined cut-off value, typically a two-fold or greater difference in expression levels, determined by the user.

In a typical analysis involving disease and normal mammalian material, in which each proteome would have ~2000 protein features each assigned an MCI, the proteograph might identify somewhere in the region of 50–300 MCIs that are unique or differentially expressed. To capitalize rapidly on these data, at OGS a high-throughput mass spectrometry facility coupled to advanced databases to annotate these MCIs as individual proteins is applied. As these are all disease specific proteins, each could represent a novel target and/or a novel disease marker. The process becomes even more powerful when a panel of features, rather than individual features, are assigned. The relevance of this is apparent when one considers that most diseases, if not all, are multifactorial in nature and arise from polygenic changes. Rather than analysing events in isolation, the ability to examine hundreds or thousands of events simultaneously, as shown by proteomics, can offer real advantages.

Identification and assignment of candidate targets

The rapid identification and assignment of candidate targets and markers represents a huge challenge, but this has been greatly facilitated by combining the recent advances made in proteomics and analytical mass spectrometry[9]. Using automated procedures it is now possible to annotate proteins present in femtomole quantities, which would depict the low abundance class of proteins. The process of annotation is similarly aided by the quality and richness of the sequence specific databases that are currently available, both in the public domain and in the private sector (e.g. those supplied by Incyte Pharmaceuticals). In this respect, the advances in proteomics have benefited considerably from the breakthroughs achieved with genomics.

From an application perspective, cancer studies provide a good opportunity whereby proteomics can be instrumental in identifying disease specific proteins, because it is often feasible to obtain normal and diseased tissue from the same patient. For example, proteomic studies have been reported on neuroblastomas[10], human breast proteins from normal and tumour sources[11–13], lung tumours[14], colon tumours[15] and bladder tumours[16]. There are also proteomic studies reported within the cardiovascular therapeutic area, in which disease or response proteins are identified[17,18].

Genomic microarray analysis can similarly identify unique species or clusters of mRNAs that are disease specific. However, in some instances, there is a clear lack of correlation between the levels of a specific mRNA and its corresponding protein (Ref. 19, Gypi, S.P. *et al.*, submitted). This has now been noted by many investigators and reaffirms that post-transcriptional events, including protein stability, protein modification (such as phosphorylation, glycosylation, acylation and methylation) and cell localization, can constitute major regulatory steps. Proteomic analysis captures all of these steps and can therefore provide unique and valuable information independent from, or complementary to, genomic data.

Proteomics for target validation and signal transduction studies

The identification of disease specific proteins alone is insufficient to begin a drug screening process. It is critical to assign function and validation to these proteins by confirming they are indeed pivotal in the disease process. These studies need to encompass both gain- and loss-of-function analyses. This would determine whether the activity of a candidate target (an enzyme, for example), eliminated by molecular/cellular techniques, could reverse a disease phenotype. If this happened, then the investigator would have increased confidence that a small-molecule inhibitor against the target would also have a similar effect. The proposal of candidate drug targets is often not a difficult process, but validating them is another matter. Validation represents a major bottleneck where the wrong decision can have serious consequences[20].

Proteomics can be used to evaluate the role of a chosen target protein in signal transduction cascades directly relevant to the disease. In this manner, valuable information is forthcoming on the signalling pathways that are perturbed by a target protein and how they might be corrected by appropriate therapeutics. Techniques that are well established in one-dimensional protein studies to investigate signalling pathways, such as western blotting and immunoprecipitation, are highly suited to proteomic applications. For example, the proteomes obtained can be blotted onto membranes and probed with antibodies against the target protein or related signalling molecules[21–23]. Because proteomics can resolve >2000 proteins on a single gel, it is possible to derive important information on specific isoforms (such as glycosylated or phosphorylated variants) of signalling molecules. This will result in characterization of how they are altered in the disease process. Western immunoblotting techniques using high-affinity antibodies will typically identify proteins present at ~10 copies per cell (~1.7 fmol); this is in contrast to the best fluorescent dyes currently available that are limited to imaging proteins at 1000 or more copies per cell. The level of sensitivity derived by these applications will greatly facilitate interpretation of complex signalling pathways and contribute significantly to validation of the target under study.

Immunoprecipitation studies

Similarly, immunoprecipitation studies are another useful way to exploit the resolving power of proteomics[24,25]. In this instance, very large quantities of protein (e.g. several milligrams) can be subjected to incubation with antibodies against chosen signalling molecules. This allows high-affinity capture of these proteins, which can subsequently be eluted and electrophoresed on a 2D gel to provide a high-resolution proteome of a specific subset of proteins. Detection by blot analysis allows the identification of extremely small amounts of defined signalling molecules. Again, the different isoforms of even very low abundance proteins can be seen, and, very importantly, the technique allows the investigator to identify multiprotein complexes or other proteins that co-precipitate with the target protein. These coassociating proteins frequently represent signalling partners for the target protein, and their identification by mass spectrometry can lead to invaluable information on the signalling processes involved.

The depth of signal transduction analysis offered by proteomics, and the utility for target validation studies, can be extended even further by applying cell fractionation studies[26–28]. By purifying subcellular fractions, such as membrane, nuclear, organelle and cytosolic, it is possible to assign a localization to proteins of interest and to follow their trafficking in a cell. Enrichment of these fractions will also allow much higher representation of low abundance proteins on the proteome. Their detection by fluorescent dyes or immunoblot techniques will lead to the identification of proteins in the range of 1–10 copies per cell, putting the sensitivity on a par with genomic approaches.

These signal transduction analyses can be of additional value in experiments where inhibitors derived from a screening programme against the target are being evaluated for their potency and selectivity. The inhibitors can encompass small molecules, antisense nucleic acid constructs, dominant-negative proteins, or neutralizing antibodies microinjected into cells. In each case, proteome analysis can provide unique data in support of validation studies for a chosen candidate drug target.

Proteomics and drug mode-of-action studies

Once a validated target is committed to a screening regimen to identify and advance a lead molecule, it is important to confirm that the efficacy of the inhibitor is through the expected mechanism. Such mode-of-action studies are usually tackled by various cell biological and biochemical methods. Proteomics can also be usefully applied to these studies and this is illustrated below by describing data obtained with OGT719. This is a novel galactosyl derivative of the cytotoxic agent 5-fluorouracil (5-FU), which is currently being developed by OGS for the treatment of hepatocellular carcinoma and colorectal metastases localized in the liver. The premise underpinning the design and rationale of OGT719 was to derive a 5-FU prodrug capable

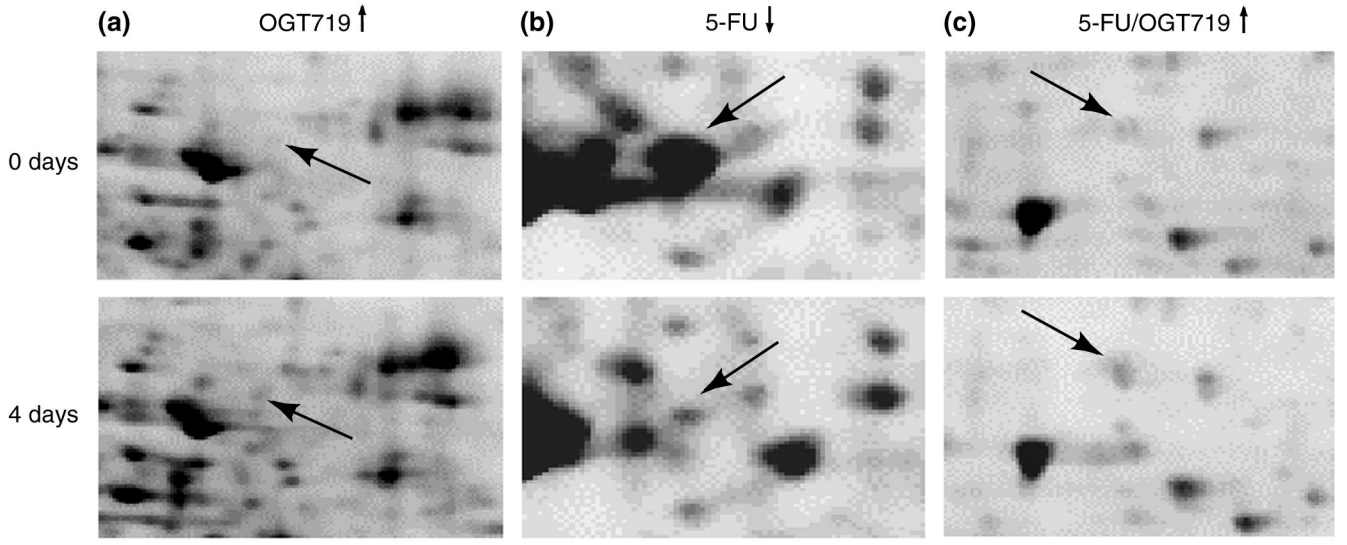

Figure 4. *Features that are specifically up- or downregulated in Huh7 cells by either 5-fluorouracil (5-FU) or OGT719: (a) elongation factor 1α2, (b) novel (three peptides by MS-MS) and (c) α-subunit of prolyl-4-hydroxylase. Arrows indicate up- or downregulated.*

of targeting, and being retained in, cells bearing the asialoglycoprotein receptor (ASGP-r), including hepatocytes[29], hepatoma Huh7 cells[30] and some colorectal tumour cells[31]. The growth of the human hepatoma cell line Huh7 is inhibited by 5-FU or by OGT719. If the inhibition by OGT719 were the result of uptake and conversion to 5-FU as the active component, then it would be expected that Huh7 cells would show similar proteome profiles following exposure to either drug.

To examine these possibilities, we conducted an experiment taking samples of Huh7 cells that had been treated with IC_{50} doses of either OGT719 or 5-FU. Total cell lysates were prepared and taken through 2D electrophoresis, fluorescence staining, digital imaging and Proteograph analysis. To facilitate the interpretation of the data across all of the 2291 features seen on the proteomes, drug-induced protein changes of fivefold or greater, identified by the Proteograph, were analysed further. Interestingly, from this analysis 19 identical proteins were changed fivefold or more by both drugs, strongly suggesting similarities in the mode of action for these two compounds.

Thus, from very complex data involving >2000 protein features, using proteomics it is possible to analyse quantitatively and qualitatively each protein during its exposure to drugs. The biologist is now able to focus a series of further studies specifically on an enriched subset of proteins. Figure 4 shows highlighted examples of the selected areas of the proteome where some of these identified proteins in the above study are altered in response to either or both drugs.

Several of the proteins identified above as being modulated similarly by 5-FU or OGT719 in Huh7 cells were subjected to tandem mass-spectrometric analysis for annotation. Some of these, such as the nuclear ribosomal RNA-binding protein[32], can be placed into pyrimidine pathways or related cell cycle/growth biochemical pathways in which 5-FU is known to act.

To attribute further significance to the proteome mode-of-action studies with OGT719, another cell line, the rat sarcoma HSN, was used. Growth of these cells is inhibited by 5-FU, but they are completely refractory to OGT719; notably they lack the ASGP-r, which might explain this finding (unpublished). For our proteome studies, HSN cells were treated with 5-FU or OGT719 over a time course of one, two and four days. At each time point, cells were harvested and processed to derive proteomes and Proteographs. As before, we purposely focused on those proteins that increased or decreased by fivefold or more. In this instance, there were no proteins co-modulated by the two drugs. This is perhaps to be expected, given that the HSN cells are killed by 5-FU and yet are refractory to OGT719.

Clear potential

The above is just an example of how proteomics can be used to address the mode of action of anticancer drugs. The potential of this approach is clear, and one can envisage situations where it will be profitable to compare the proteomes of cells in which the drug target has been eliminated by molecular knockout techniques, or with small-molecule inhibitors believed to act specifically on the same target. In addition to using proteomics to examine the action of drugs, it is also possible to use this approach to gauge the extent of nonspecific effects that might eventually lead to toxicity. For instance, in the example used above with HSN cells treated with OGT719, although cell growth was not affected, the levels of several specific proteins were changed. Further investigation of these proteins and the signalling pathways in which they are involved could be illuminating in predicting the likelihood or otherwise of long-term toxicity.

Use of proteomics in formal drug toxicology studies

A drug discovery programme at the stage where leads have been identified and mode-of-action studies are advanced, will proceed to investigate the pharmacokinetic and toxicology profile of those agents. These two parameters are of major importance in the drug discovery process, and many agents that have looked highly promising from *in vitro* studies have subsequently failed because of insurmountable pharmacokinetic and/or toxicity problems *in vivo*. Whereas the pharmacokinetic properties of a molecule can now be characterized quickly and accurately, toxicity studies are typically much longer and more demanding in their interpretation.

The ability to achieve fast and accurate predictions of toxicity within an *in vivo* setting would represent a big step forward in accelerating any drug discovery programme. Toxicity from a drug can be manifested in any organ. However, because the liver and kidney are the major sites in the body responsible for metabolism and elimination of most drugs, it is informative to examine these particular organs in detail to provide early indications about events that might result in toxicity.

The basis for most xenobiotic metabolizing activity is to increase the hydrophilicity of the compound and so facilitate its removal from the body. Most drugs are metabolized in the liver via the cytochrome P450 family of enzymes, which are known to comprise a total of ~200 different members[33,34], encompassing a wide array of overlapping specificities for different substrates. In addition to clearance, they also play a major role in metabolism that can lead to the production and removal of toxic species, and in some instances it is possible to correlate the ability or failure to remove such a toxin with a specific P450 or subgroup.

Unique P450 profiles

Each individual person will have a slightly different P450 profile, largely from polymorphisms and changes in expression levels, although other genetic and environmental factors aside from P450 also need to be taken into consideration. A significant amount of research is currently being directed towards this field – known as pharmacogenomics – with the aim of predicting how a patient will respond to a drug, as determined by their genetic make-up[35–37]. The marked variation of individuals in their ability to clear a compound can be one of the key factors in deciding the overall pharmacokinetic profile of a drug. Not only will this have a bearing on the likelihood of a patient responding to a treatment, but it will also be a factor in determining the possibility of their experiencing an adverse effect.

Many pharmaceutical companies are already employing genomic approaches, involving P450 measurements, as a key step in their assessment of the toxicological profile of a candidate drug and therefore of its suitability, or otherwise, to be considered for human clinical trials. There are limits to this approach, however. Whereas the P450 mRNA profiling can predict with some accuracy the likely metabolic fate of a drug, it will not provide information on whether the metabolites would subsequently lead to toxicity. Besides the patient-to-patient differences in steady-state levels of the P450s, there are also characteristic induction responses of these enzymes to some drugs. Moreover, as there can be some doubt over the correlation of mRNA levels and the corresponding protein levels, there is scope for misinterpretation of the results and hence real advantages to be gained from a proteome approach. In both instances, the ability to examine entire proteome profiles, including the P450 proteins, will be a significant advantage in understanding and predicting the metabolism and toxicological outcome of drugs.

In addition to direct organ and tissue studies, the serum, which collects the majority of toxicity markers released from susceptible organs and tissues throughout the entire body, can be utilized. Serum is rich in nuclease activity and, as pharmacogenomics is not suited to deal with these samples, valuable markers of toxicity could go undetected. However, by using proteomics for these types of analyses, serum markers (and clusters thereof) are now accessible for evaluation as indicators of toxicity.

Pharmacoproteomics

Proteomics can thus be used to add a new sphere of analysis to the study of toxicity at the protein level, and in the era of '-omics' there is a case to be made to adopt the term 'Pharmacoproteomics™'. Animals can be dosed with increasing levels of an experimental drug over time, and serum samples can be drawn for consecutive proteome analyses. Using this procedure, it should be possible to identify individual markers, or clusters thereof, that are dose related and correlate with the emergence and severity of toxicity. Markers might appear in the serum at a defined drug dose and time that are predictive of early toxicity within certain organs and if allowed to continue will have damaging consequences. These serum markers could subsequently be used to predict the response of each individual and allow tailoring of therapy whereby optimal efficacy is achieved without adverse side effects being apparent. This application can obviously extend to tracking toxicity of drugs in clinical trials where serum can be readily drawn and analysed. Surrogate markers for drug efficacy could also be detected by this procedure and could facilitate the challenge of identifying patient classes who will respond favourably to a drug and at what dosage.

Conclusions

By contrast to the agents administered to patients in clinical wards, the process of drug discovery is not a prescriptive series of steps. The risks are high and there are long timelines to be endured before it is known whether a candidate drug will succeed or fail. At each step of the drug discovery process there is often scope for flexibility in interpretation, which over many steps is cumulative. The pharmaceutical companies most likely to succeed in this environment are those that are able to make informed accurate decisions within an accelerated process.

The genomics revolution has impacted very positively upon these issues and now has a powerful new partner in proteomics. The ability to undertake global analysis of proteins from a very wide diversity of biological systems and to interrogate these in a high-throughput, systematic manner will add a significant new dimension to drug discovery. Each step of the process from target discovery to clinical trials is accessible to proteomics, often providing unique sets of data. Using the combination of genomics and proteomics, scientists can now see every dimension of their biological focus, from genes, mRNA, proteins and their subcellular localization. This will greatly assist our understanding of the fundamental mechanistic basis of human disease and allow new improved and speedier drug discovery strategies to be implemented.

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