

Resources for CTR Investigators

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Current strategies to rehabilitate sensory deficits

Hearing loss:

- Hearing Aids, often effective
- Frequency-limited to surviving sensory cells
- Amplifies noise, poor frequency discrimination
- Accessibility limited to cost and need for fitting to HL
- Social stigma
- Cochlear or Bone-anchored Implants, can be outstandingly effective
 - Invasive, needs surgery, no guarantee of efficacy
 - · Limited by battery life
 - Limited to surviving cochlear neurons

Still at translational stage in humans, very small clinical trials

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Severe bacterial infections are treated with life-saving aminoglycoside antibiotics

- Severe infections <u>induce</u> systemic inflammatory responses and can modulate permeability of blood-brain barrier (Abbot et al., 2006)
- Systemic inflammation increases the cochleotoxicity and hearing loss induced by aminoglycosides (iatrogenic drug-induced hearing loss)
- Thus, those in need of aminoglycoside therapy are those most at risk of drug-induced hearing loss
- Yet, ~95% of nonclinical ototoxicity studies to date use healthy subjects

Thus, candidate ototherapeutics must be also be efficacious in models of the medical setting in which they are to be employed

Koo et al., 2015

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Overall Goal

Build a critical mass of Center-affiliated Investigators that identify strategies and candidate compounds (ototherapeutics) to preserve or restore hearing and vestibular function (all reference to hearing include vestibular (dys)function)

- Hearing loss affects at least 500 million worldwide
 - Noise-induced hearing loss (millions at risk each year; m/o/rec)
 - >400 genomic and mitochondrial polymorphisms lead to HL latrogenic causes of hearing loss (hospital/medication based)
 - Age-related hearing loss, including neurogenerative disease
 - Teratogenic-induced hearing loss (e.g., alcohols and solvents) Tinnitus and central auditory processing disorders

- Prelingual: >\$1.5 mil. socioeconomic cost, diminished relationships
- Accelerates aging, diminished relationships, falls, cognitive decline

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Develop therapeutics to preserve or restore hearing and vestibular function (peripherally or centrally)

Identify genetic or clinical settings that lead to hearing loss

Design and screen candidate ototherapeutics

Identify optimal local or systemic delivery mechanisms $\stackrel{\bullet}{\pmb{\Psi}}$

Drug trafficking/PK/PD (ADME, local or systemic)

Validate lead ototherapeutic hits to prevent hearing loss in clinically-relevant scenarios (mechanisms of protection in preclinical models)

Clinical trials in humans (with BTNRH and UNMC; Phase II?) Commercialization

(SBIRs and STTRs)

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Initial Funding: Bellucci DePaoli Family Foundation

- 11 competitively-awarded Pilot Projects (2019-2021; \$610k) resulting in at least 3 federally-sponsored studies (>\$3 m) to date
- 2. Infrastructure enhancements
- 3. One 4-year PhD studentship
- 4. Post-doc and graduate student research awards (\$55k)
- Currently negotiating a multi-year gift to fund:
 a. 3 PhD and 2 post-doctoral trainees annually
 b. 4 post-doc and 4 PhD research awards
 c. 1 (clinical) faculty pilot project per year

 - d. Additional infrastructure enhancements







CoBREs and similar IDeA programs in Omaha

Center for the Molecular Biology of Neurosensory System Shelley Smith, UNMC, recently completed Phase III in 2020



Center for Research in Human Movement Variability Nikolaos Stergiou, UNO, Phase II (human)



Center for Perception and Communication in Children Lori Leibold, BTNRH, Phase II (human)

Cognitive Neuroscience of Development and Aging Center Anna Dunaevsky, UNMC, Phase I (human and preclinical)



Great Plains IDeA-Clinical & Translational Research Network Matthew Rizzo, UNMC, Phase II (human and preclinical)

Nebraska INBRE Program
Paul Sorgen, UNMC (undergrads)

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. The Center is also a tri-institutional Center, consisting of:

. CU: focus on developing ototherapeutics to prevent drug- or noise-induced HL loss

. BTNRH: focus on gene therapy to reverse congenital hearing loss

. UNMC: focus on central neural mechanisms of hearing loss



Creighton

- · Train next generation of researchers and clinicians • Commercialize discoveries (e.g., Ting Therapeutics)
- Become an academic leader in translational auditory neuroscience



Funding: National Institute of General Medical Sciences



- 2. Administrative Core: coordinates all activities, funds 4x \$50k faculty Pilot Projects, and multiple Research Youchers each year, recruit new junior faculty, coordinates mentorship to obtain R01-level funding, facilitate sustainability
- 3. Drug Discovery & Delivery Core: med chem, in silico, in vitro and in vivo screening, PK and PD in inner ear tissues via fee-for-service model to increase sustainability
- 4. Auditory & Vestibular Technologies Core: cellular and non-invasive electrophysiology, advanced imaging, molecular biology and mass spectrometry via fee-for-service model
- Promote Auditory-Vestibular research via 3 Research Project Leaders at any 1 time
 a. Goal: obtain R01-level funding within 3 years
 b. Mentored by Internal and External mentors to gain independent research funding

 - c. Enhance research excellence and capacity to increase potential for start-up spin-offs

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Funding: National Institute of General Medical Sciences

1. Center of Biomedical Research Excellence (CoBRE) Award from NIGMS, for 5 years (phase 1); \$1.5m dc funds:



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Overall Aims

Aim 1: Establish translational auditory & vestibular research by bringing junior and senior researchers and clinicians together with an ototherapeutic approach to preserve or restore these sensory modalities.

Aim 2: Support junior investigator projects in hearing loss & vestibular deficits.

> Three contemporaneous research project leaders (RPLs)

> A CORE-supported tenure-track hire (UNMC, CND and hearing loss)

> Even Pilet President per person.

- Four Pilot Projects per year
 Research vouchers to support "bench" for Pilot Projects and RPL slots

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Research Project Leader: Tejbeer Kaur





Role of macrophages and fractalkine in degeneration and repair of cochlear synapse

NIHL occurs due to loss of synapses between cochlear sensory cells and afferent neurons Noise-induced synaptic loss precedes hair cell loss or threshold elevations, i.e., cochlear synaptopathy or hidden hearing loss

Immune-mediated fractalkine (FKN) signaling is a positive regulator of SGN survival and synaptic repair in other systems.

Aim 1. FKN treatment can repair damaged ribbon synapses in hair cells after noise

Aim 2. Macrophages attenuate synaptic loss and/or repair damaged synapses after

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Development of novel therapeutics for treatment of mycobacterial infec

No FDA-approved therapeutics for hospital-prescribed medication-induced HL HTS screening revealed two compounds that target mycobacterial proteins only, with negligible toxicity in mammalian cells

Development of these compounds will reduce dependence on aminoglycosides with their known ototoxic effects

Aim 1. In vitro and in vivo assessment of the potential ototoxic and cytotoxic effects of a novel series of antimycobacterial agents

Aim 2, Design and synthesis of novel and selective anti-mycobacterials with high potency, no ototoxicity, and optimized physicochemical properties

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Effects of prenatal alcohol exposure on synaptic plasticity and auditory processing

Fetal alcohol spectrum disorders (FASD) is a major teratogen (1-5%) inducing central auditory processing disorders

Growing evidence that neuronal plasticity is impaired in FASD including reduction in the number of dendritic spines and alterations in AMPA receptor function

Hypothesis: Does prenatal alcohol exposure (PAE) impair auditory processing?

Specific Aims:
Aim 1. Is central auditory processing altered in mice with PAE?

 \mbox{Aim} 2. Does PAE impair synaptic AMPAR dynamics and AMPAR-mediated synaptic transmission in the primary auditory cortex?

Aim 3. Can activation of TrkB normalize AMPA Receptor function, dendritic spines and auditory processing in a mouse model of FASD?

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Research Project Leader: eligibility

- Meritorious proposals will have a focus aligned with Center's mission: mechanisms of hearing loss or strategies that preserve/restore hearing
- 2) 2 RPL slots at Creighton, 1 slot alternates between BTNRH and UNMC
- 3) RPL slot = \$200,000 per year, direct costs for up to 3 years
- 3) Mentored by an Internal (5% FTE) and an External Mentor
- 4) Must be a junior investigator (<\$215,000 in funds from single agency)
- Must submit proposal for R01-level funding (≥\$250k) by end of Year 2
- 6) Must meet typical NIH compliance criteria, e.g., IACUC approvals etc.
- Year 3 funding dependent on R01-level proposal submission
- 8) Success is receipt of RO1-level funding, rolls off RPL position
- 9) Replacement RPL proposals requested when slot opens up

10) Total RPL funding cannot exceed 3 years

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Repurposing a B-Raf kinase inhibitor to prevent cisplatin- and noise-inc

No FDA-approved therapeutics for hospital-prescribed medication-induced HL HTS screening identified several kinase-inhibitors as cytoprotective

B-Raf kinase inhibitor is an FDA-approved compound

In silico screening suggests that B-Raf be re-purposed as an ototherapeutic against CIHL and NIHL and pilot data supports this screen.

Aim 1, B-Raf inhibitor dabrafenib is effective against CIHL in vivo

Aim 2. B-Raf inhibitor dabrafenib is effective against NIHL in vivo

Graduated with R01 (~\$1.5 million over 5 years) to expand these specific aims

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COBRE-funded junior investigator hire at UNMC



Criteria similar to RPL eligibility:

- 1) Search begins in Year 3, starts beginning Year 4, max 2 years
- Hired on tenure-track with \$200k per year, + UNMC-matching funds
- 3) Focus: mechanisms of hearing loss during Central Neurodegenerative Disease
- 4) Internal Mentor to provide project and proposal feedback
- 5) Shortlist of preferred candidates presented to Center's External Advisory Committee
- 6) Hire to be in Neurological Sciences or Pharmacology & Experimental Neuroscience
- 7) Hire to prepare RPL and/or R01-level proposals
- COBRE start-up ends when RPL slot or R01-level funding begins

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Eligibility for Pilot Projects

Similar to RPL eligibility:

- 1) Meritorious proposals will have a focus aligned with Center's mission: mechanisms of hearing loss or strategies that preserve/restore hearing
- 2) 4-5 1-year Pilot Projects each year, each @ \$50,000
- 3) Preferably, applicants eligible for an RPL position
- 4) Must have tenure-track position at Creighton, BTNRH or UNMC
- 3) Meet weekly with Internal Mentor regarding progress
- 4) Mentor to provide proposal and project feedback
- 5) Proposals are recommended for funding by EAC with NIH benchmarks
- 6) Potential 2nd year funding via competitive review and need
- 7) Prepares applicant for RPL proposals
- 8) Senior faculty eligible for new directions for 1 year only
- 9) Must meet typical NIH compliance criteria, e.g., IACUC approvals etc.

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DDD Core

2) Establish a medicinal chemistry pipeline to optimize chemical entities used in research projects or discovered in 1) or in RPLs

The DDD Core has utilized existing medicinal chemistry facilities to optimize multiple drugs and synthesize new drugs (e.g., PROTACs) as otoprotectants.

3) Establish drug delivery and pharmacokinetic/pharmacodynamic (PK/PD) methodologies

The DDD Core has developed perilymph collection and UPLC-MS/MS analysis from guinea pigs, and further developed new techniques for cochlear cellular biodistribution of drugs using MALDI-MSI

4) Developed a sustainability plan for DDDC services

The DDD Core has published a website and presented seminars to introduce our capabilities and services with a fee structure for all services provided; weblinks to be provided by email after the seminar

5) Training and mentoring

NIDCD grant awards include Fleegel, F30; Ingersoll, F32; Hati, R21 (ECR)

6) Startup companies: Ting Therapeutics has received SBIR phase I/II awards from NIDCD (~\$2 million)

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Research Vouchers: eligibility

Criteria to be eligible to submit Pilot Projects (similar to RPL eligibility):

- Meritorious proposals will have a focus aligned with Center's mission: mechanisms of hearing loss or strategies that preserve/restore hearing
- 2) Available in \$1,000 increments, to a max of \$5,000 per cycle (every six months)
- 3) To acquire data to be competitive for a Pilot Project award or an RPL slot
- 4) Has a tenure-track position
- 3) Proposal reviewed by Executive Team
- 4) Prepares applicant for Pilot and RPL proposals
- 5) Must have typical NIH compliance criteria, e.g., IACUC approvals etc.
- 6) Vouchers to be spent in Center Cores (see below)

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Auditory & Vestibular Technology (AVT) Core







To provide Core services to RPLs, Center investigators, outside investigators, companies, etc on a feefor-service basis

1) Provide state-of-the-art methodologies and instrumentation for auditory and vestibular

Auditory and vestibular neurophysiology and noninvasive electrophysiology, (confocal) imaging, molecular biology (including single cell RNAseq) and mass spectrometry (LC/MS), with plans to add new imaging equipment, including confocal microscopy clone and super-resolution

Satellite noninvasive electrophysiology facility in Durham Behavioral Core (Samuelson)





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Drug Development and Delivery (DDD) Core











To provide Core services to RPLs, Center investigators, outside investigators, companies, etc on a fee-forservice basis

1) Develop in silico, in vitro and in vivo high-throughput screening paradigms to discover and validate novel therapeutics for auditory disorders.

The DDD Core has successfully employed in silico screens to identify a large number of candidate otoprotectants against cisplatin-, aminoglycoside antibioticand noise-induced hearing loss, including many FDA-approved drugs for other indications that can be re-purposed

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AVT Core

2) Mentor Core users in multidisciplinary research to successfully compete for research fundina

NIDCD grant awards include Teitz, R01; Fleegel, F30; Ingersoll, F32. R01 proposal under review, RPL Kaur, scored highly, potentially fundable (>\$2 m over 5

3) Developed a sustainability plan for DDDC services

The AVT Core has published a website and presented seminars to introduce our capabilities and services with a fee structure for all services provided; weblinks to be provided by email after the seminar





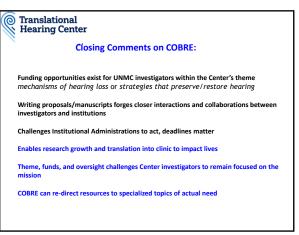
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Translational **Hearing Center** Commercialize ototherapeutics hits to be a global leader in preserving or restoring hearing Apply for patents: - Zuo/Salehi - Provisional Patent Application filed by Creighton - Licensing can also generate new income streams Establish an incubator at Creighton for startups (STTR/SBIR) - Support from University/Consultant hired - Participate in SHARPhub (Kansas City/Michigan) KUKANSAS boc SHARPhub Attract sponsored research contracts from Big Pharma: Novartis Boehringer Ingelheim **Decibel Therapeutics** Frequency Therapeutics Manros Therapeutics Build revenue stream for longer-term Center sustainability

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Acknowledgements

Executive Team
Peter S Steyger (PD/PI)
Jian Zuo (Drug Discovery & Delivery Core)
David He (Auditory & Vestibular Technology Core)

Anna Dunaevsky (Site Director, UNMC) Dominic Cosgrove (Site Director, BTNRH) Stacy Barney (Program Administrator) Jacob Walker (Admin Assistant)

External Advisory Committe Daniel Tollin (U Colorado, Chair) Ronna Hertzano (U Maryland) Amanda Lauer (JHU) Alain Daboub (Toronto) Lisa Hunter (Cincinnati Children's)

Administrative Advisory Committee Laura Hansen (CU)

Nick Stergiou (UNO) Ryan McCreery (BTNRH) Anna Dunaevsky (UNMC)

Internal Advisory Committee
Dominic Cosgrove (BTNRH)
Jason Bartz (CU)
Howard Fox (UNMC) Evan Robinson (CU)

nal Officials

Creighton Institution Fr. Hendrickson (President) Thomas Murray (then-Provost) Robert Dunlay (Dean, SoM) Ray Stoupa (SoM Dean's Office) Jerrod Lawrence (BMS) Rebecca Scott (BMS) Olivia Shope (BMS)



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1) Must have had R01-level funding Must have active research laboratory

7) Will provide Career Guidance

10) May visit Omaha, as needed

Must have experience in RPL research topic

6) Must respond to evaluation questionnaires

9) Will receive a significant fee for effort

4) Must (have) serve(d) on study section as member or ad hoc 5) Must meet/discuss weekly with RPL regarding project progress

Admin Core: External Advisory Committee

Admin Core: External Mentor

8) Be a practicing translational or clinical researcher to guide direction

Cannot be named in proposal, nor contact with potential members

All members will

- 1) the capability to serve at least one 5-year term, and
- 2) extensive grant-review experience in topics relevant to the Center.

In addition, at least one will be:

- 3) Familiar with managing proposal and Center reviews (Tollin, chair)
- 4) A clinician-scientist familiar with hearing loss and rehab (Hertzano, UMd)
- 5) Auditory nerve and central physiology (Lauer, JHU)
- 6) A research audiologist (TBA)
- 7) experienced in translating candidate therapeutics towards clinical trials and into clinical practice (Daboub, Toronto, and Herzano, UMd)

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Interactive Discussion



Admin Core: Internal Mentor

- 1) Must have had R01-level funding
- 2) Must have active research laboratory
- 3) Must have experience in topic of RPL
- 4) Must (have) serve(d) on study section as member or as ad hoc
- 5) Meet/discuss weekly with RPL regarding project progress
- 6) Must respond to evaluation questionnaires
- 7) Will provide Career Guidance
- 8) Will have access to Center Research Cores
- 9) Will receive 5% salary support for effort



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Admin Core: External Advisory Committee

Primary roles are to monitor or review:

- 1) Proposals from replacement RPLs, using AUD criteria
- 2) RPL Progress (milestones: personnel, abstracts, papers, proposals)
- 3) Efficacy of Mentorship of RPLs and trainees
- 4) Pilot Projects
- 5) Research Cores (equipment, usage, voucher system)
- 6) Proposals for COBRE-supported Faculty hire, eligible for RPL Initial: translational auditory disorders with central neural degeneration
- 7) Overall progress in establishing and sustaining the Center
- Will visit Omaha at least once a year, with at least Zoom meetings