

Identification of Lead 5-HT_{2A} Receptor Agonists for use in Treatment Resistant Depression with Non-hallucinogenic Potential and Low Valvulopathy Liability.

THOMAS ROBERTSON¹, DR CARRIE BOWEN¹, DR TANWEER KHAN¹, DR ROBERT PERNI², DR ADAM HALBERSTADT³, DR GLENN SHORT¹

¹ATAI THERAPEUTICS, INC., NY, USA. ²JMD PHARMA CREATIVITY, LLC, MA, USA. ³UNIVERSITY OF CALIFORNIA, CA, USA

Introduction

5-HT_{2A} Agonists

- Psychedelic 5-HT_{2A} agonists (i.e. psilocybin) show **rapid & lasting antidepressant efficacy** following single administration¹.
- Non-hallucinogenic 5-HT_{2A} agonists (i.e. 2-Br-LSD) show pre-clinical antidepressant-like efficacy².

Challenges

- Hallucinatory effects** of psychedelics limit accessibility of treatment and increase health care costs.
- Many 5-HT_{2A} agonists also **activate 5-HT_{2B}**, introducing **cardiac valvulopathy risk**³.

Unknowns

- The pharmacology which differentiates psychedelics from non-hallucinogenic 5-HT_{2A} agonists.
- Data informed criteria for screening out compounds with valvulopathy risk using early *in vitro* functional activity assays.

atai has identified novel 5-HT_{2A} agonists with CNS drug-like properties and antidepressant-like efficacy that do not induce the head twitch response (HTR) in mice, indicating non-hallucinogenic potential.

Multiple *In Vitro* Readouts

IP1 Accumulation

- Highly sensitive.
- Captures slow-binding agonists.
- May saturate agonist efficacy.

Compound profiling

Ca²⁺ Flux

- Characterization of agonist efficacy with instantaneous readout.
- May miss slow binding agonists.

Valvulopathy relevant screening

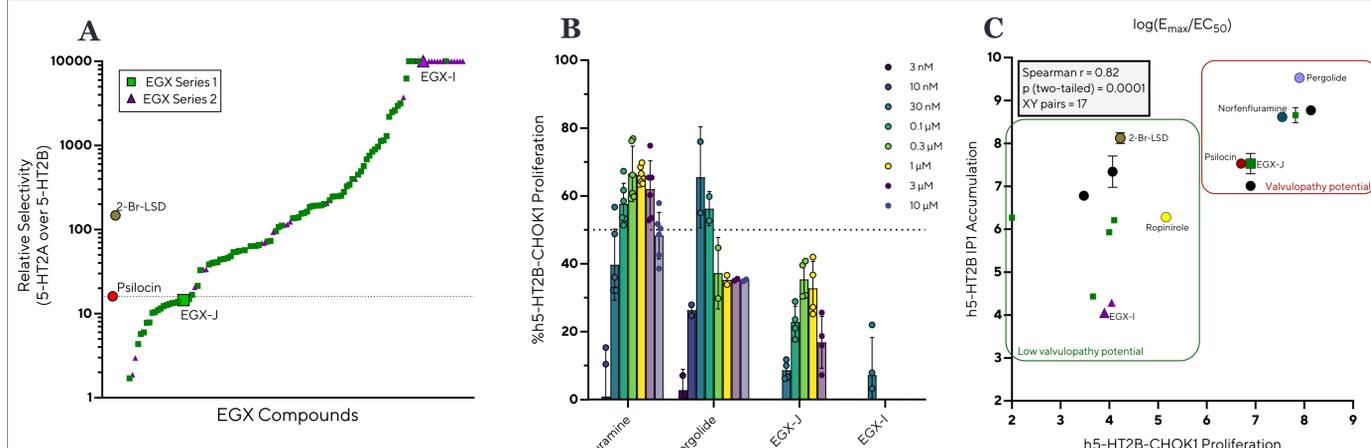
5-HT_{2B} Proliferation

- Validated with valvulopathogens and non-valvulopathogen 5-HT_{2B} agonists.
- Does not translate chronic dosing.

IP1 assays enable the prioritization of potent 5-HT_{2A} agonists with selectivity over 5-HT_{2B}. Ca²⁺ flux 5-HT_{2A} assays may identify partial agonists, which may predict hallucinogenic potential⁴. 5-HT_{2B} proliferation assay provides a phenotypic, early-stage estimation of valvulopathy risk⁶.

Screening for potent 5-HT_{2A} agonists with selectivity over 5-HT_{2B}

Figure 1: A) EGX series 1 and 2 compounds show improved agonist selectivity for 5-HT_{2A} over 5-HT_{2B} compared to reference compounds psilocin and 2-Br-LSD. **B)** EGX lead compounds show less potent, lower magnitude activity than known valvulopathogens in the 5-HT_{2B}-CHOK1 cell proliferation assay. **C)** 5-HT_{2B} agonist activity in the IP1 accumulation assay significantly correlates with 5-HT_{2B}-CHOK1 proliferation.



Compounds are screened for agonist activity using IP1 HTRF assays with CHO-K1 cells expressing human 5-HT_{2A} or 5-HT_{2B}. IP1 degradation is blocked by LiCl, resulting in a **cumulative readout** of agonism over 1-hour of compound incubation.

This ensures any agonist activity at 5-HT_{2A} & 5-HT_{2B} is captured. Fixed end-point assays with non-accumulative readouts *may* not detect slow-binding agonists (i.e., Ca²⁺ flux).

Calculating **relative selectivity** for 5-HT_{2A} over 5-HT_{2B} enables prioritization of compounds and informs structural activity relationship (SAR) understanding (Figure 1A).

Known valvulopathogens (i.e., norfenfluramine, pergolide) induce proliferation of human cardiac valvular interstitial cells *and* h5-HT_{2B}-CHOK1 cells^{5,6} (Figure 1B).

The h5-HT_{2B}-CHOK1 proliferation assay is a validated, pathology relevant, *in vitro* tool facilitating the screening out of compounds with high valvulopathy risk under conditions of chronic dosing.

We found that agonism in the h5-HT_{2B} IP1 assay significantly correlated with h5-HT_{2B}-CHOK1 proliferation, informing our minimally acceptable target candidate criteria for lead optimization (Figure 1C). Only compounds with low valvulopathy risk are progressed.

$$\text{Relative selectivity} = \frac{\text{Compound } \Delta \log \left(\frac{E_{\max}}{EC_{50}} \right)}{\text{relative to positive control } \Delta \log \left(\frac{E_{\max}}{EC_{50}} \right)}$$

Table 1. Human 5-HT_{2A/2B} IP1 accumulation data results for EGX leads, 5-HT_{2A} reference compounds and 5-HT_{2B} agonist valvulopathogens.

Target (Readout)	EGX-J	EGX-I	Psilocin	2-Br-LSD	Norfenfluramine	Pergolide
Human 5-HT _{2A} (Gq-IP1); EC ₅₀ (nM) [E _{max}]	26.5 [99%]	19.4 [98%]	18.2 [83%]	0.68 [93%]		
Human 5-HT _{2B} (Gq-IP1); EC ₅₀ (nM) [E _{max}]	29.3 [99%]	>10,000	21.6 [73%]	3.00 [40%]	2.43 [101%]	0.30 [101%]
Human 5-HT _{2B} (Proliferation); EC ₅₀ (nM) [E _{max}]	43.9 [35%]	>10,000	29.8 [15%]	>10,000	18.4 [65%]	7.92 [63%]

Investigating the relationship between 5-HT_{2A} agonist efficacy & hallucinogenic potential

Figure 2: A) Lead EGX non-hallucinogenic compounds show lower h5-HT_{2A} agonist efficacy (E_{max}) than psilocin, but similar efficacy to 2-Br-LSD in the Ca²⁺ assay. **B)** Correlation analysis of human 5-HT_{2A} agonist efficacy (activation %5-HT) versus mouse HTR magnitude (mean max HTR count over 30-minute recording).

The Ca²⁺ flux FLIPR assay measures **real-time** fluctuations in cytosolic Ca²⁺ 2-minutes post-compound incubation, capturing the **magnitude** of Gq-signaling in CHOK1 cells expressing human 5-HT_{2A}s. This permits characterization of partial agonist efficacy.

Human 5-HT_{2A} Ca²⁺ flux E_{max} is reported to correlate with mouse HTR magnitude, thus hallucinogenic potential⁴. Indeed, our HTR negative lead compounds & 2-Br-LSD showed lower 5-HT_{2A} efficacy than psilocin in our Ca²⁺ flux assays (Figure 2A).

However, our cross-species correlation analysis identified no significant relationship, notably, with a cluster of high E_{max} compounds with low hallucinogenic potential (Figure 2B).

While 5-HT_{2A} agonism is crucial, additional contributors may influence HTR (see below). These hypotheses are guiding the profiling our compounds to identify pharmacological profiles with low hallucinogenic potential, while preserving efficacy.

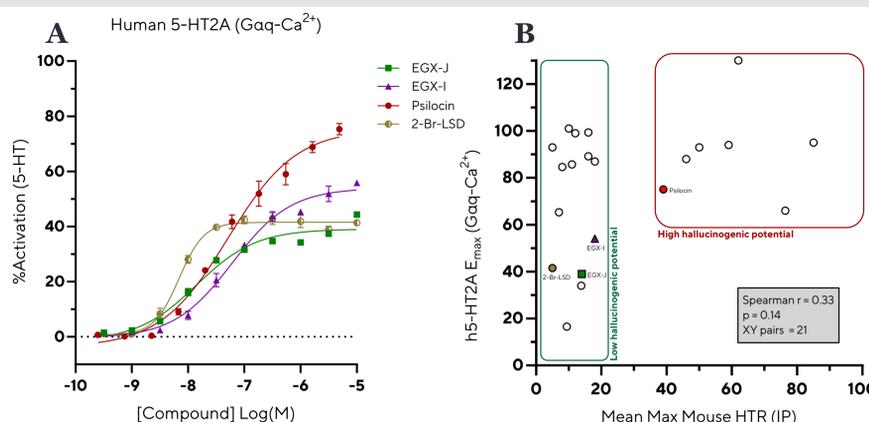
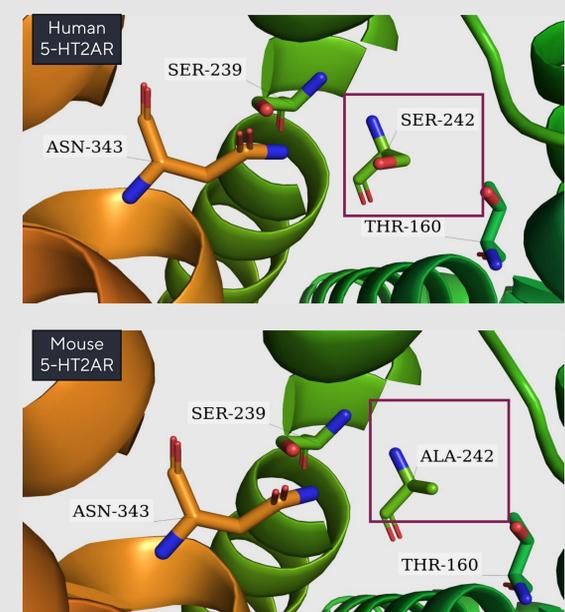


Table 2. Lead & reference compound human 5-HT_{2A} Ca²⁺ flux agonism data.

Target (Readout)	EGX-J	EGX-I	Psilocin	2-Br-LSD
Human 5-HT _{2A} (Gq-Ca ²⁺); EC ₅₀ (nM) [E _{max}]	14.1 [39%]	60.9 [54%]	51.8 [75%]	7.00 [42%]

Figure 3: The orthosteric binding site differs at human and mouse 5-HT_{2A}. The human contains a serine at **5.46 (242)** whereas the mouse contains an alanine residue. This may affect agonist efficacy of some compounds¹¹. Visualized in PyMol.



Hypothesized additional determinants of HTR results for 5-HT_{2A} agonists.

Off-target pharmacology (i.e. 5-HT_{1A} agonism, D2R antagonism) which attenuates HTR^{7,8}.

Non-canonical signaling at 5-HT_{2A} (i.e. Gα isoform & β-arrestin2 signaling^{9,10})

Compound metabolism & pharmacokinetic profile.

5-HT_{2A} ortholog differences (Figure 3).

Conclusions & Next Steps

- Novel compounds from two distinct chemical series exhibited >10,000-fold selectivity for 5-HT_{2A} over 5-HT_{2B} agonism (>1,000x psilocin) in the IP1 assays.
- Lead compounds showed less potent & lower magnitude 5-HT_{2B}-CHOK1 proliferation than known valvulopathogens.
- Other compounds within both series did not exhibit significant 5-HT_{2B} agonism-mediated proliferation at concentrations <10 μM.
- 5-HT_{2B} IP1 agonism positively correlates with 5-HT_{2B}-CHOK1 proliferation.

- Lead HTR-negative compounds are partial 5-HT_{2A} agonists in the Ca²⁺ flux assay, akin to 2-Br-LSD but unlike psilocin.
- The E_{max} of the tested compounds in the human 5-HT_{2A} Ca²⁺ flux assay did not correlate significantly with mouse HTR magnitude.
- Optimized lead compounds, with improved selectivity for 5-HT_{2A} over 5-HT_{2B} agonism, are advancing to *in vivo* efficacy assays.
- Further *in vitro* functional and kinetic profiling is ongoing to understand the relationship between compound structure, pharmacology & hallucinogenic potential.