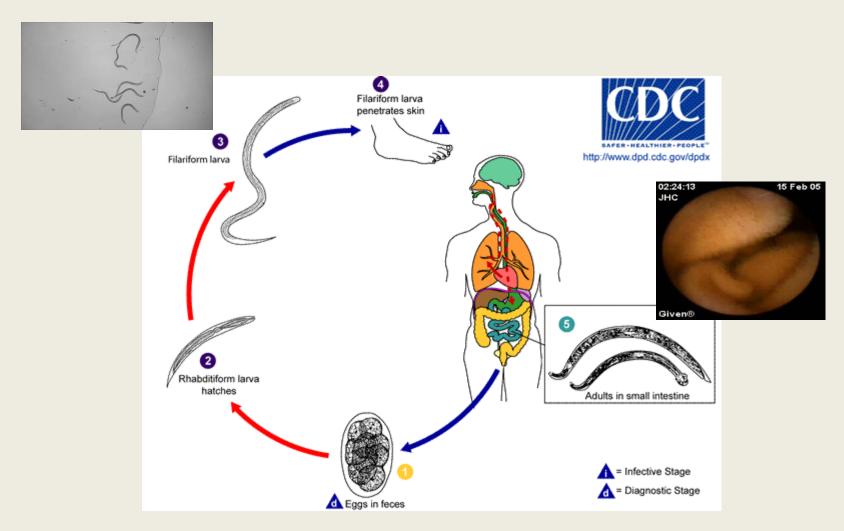
# Hookworms: <sup>1</sup>The Living Drug <sup>2</sup>Origin / <sup>3</sup>Manufacture / <sup>4</sup>Vaccines / <sup>5</sup> Coeliac



# Necator americanus – the living drug

- A parasite of humans
- Easily delivered and removed
- No transmission
- Does not increase in number internally
- Long lived immune moderation by safe doses





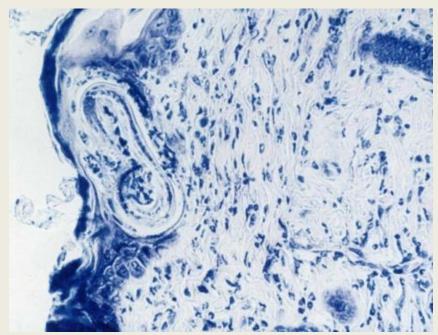
## The living drug-packaged for delivery to the gut





## Living drug application



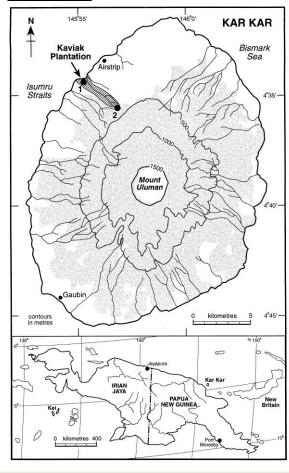


## Arrival of the living drug in the gut

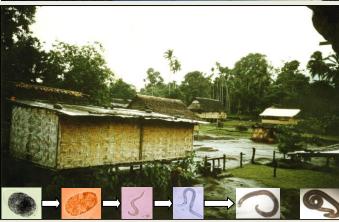


## Worms originate from PNG

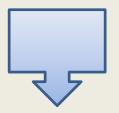






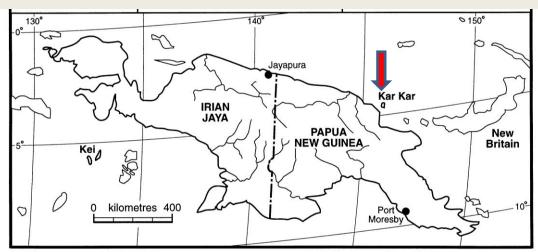




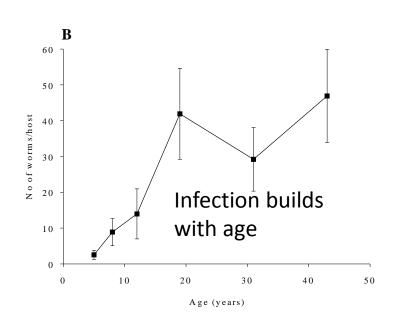




## The Nottingham Isolate



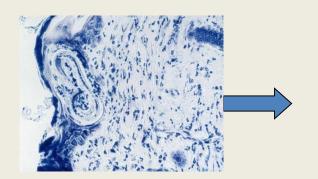












Transit lungs



Infective L3 larva to skin









Ova in faeces on the ground



Life cycle of *Necator americanus* 

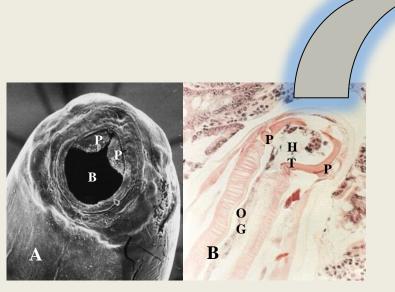




## Conclusions from field work

- In the tropics, hookworms are acquired regularly
- Infection builds to dangerous levels in the body
- The parasite is immune suppressive
- Vaccines are needed in the tropics
- Harness the therapeutic capacity of the worm in UK?

# Biochemical mechanisms of immune suppression



## **Parasite secretion (target)**

Calreticulin (C1q)

GST/SOD (ROS)

Kaliseptine (T cells)

Apoptosis (T cells)

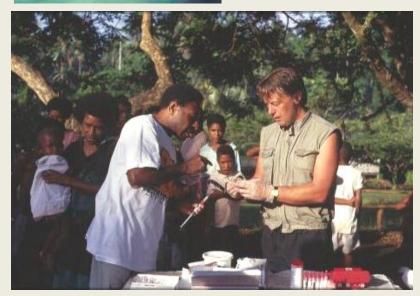
Eotaxin and IgA proteinases

29/03/2016

## As a result of this work, *Necator americanus* was harnessed for immunotherapy

- We know the parasite
- Good epidemiological and molecular data for antiinflammatory effect
- Low dose (25 larvae)= mild or no symptoms
- Effective and safe expulsion chemotherapy
- No transmission from study participants to family and general population





# Medicines and HealthCare Products Regulatory Agency (MHRA) Licence

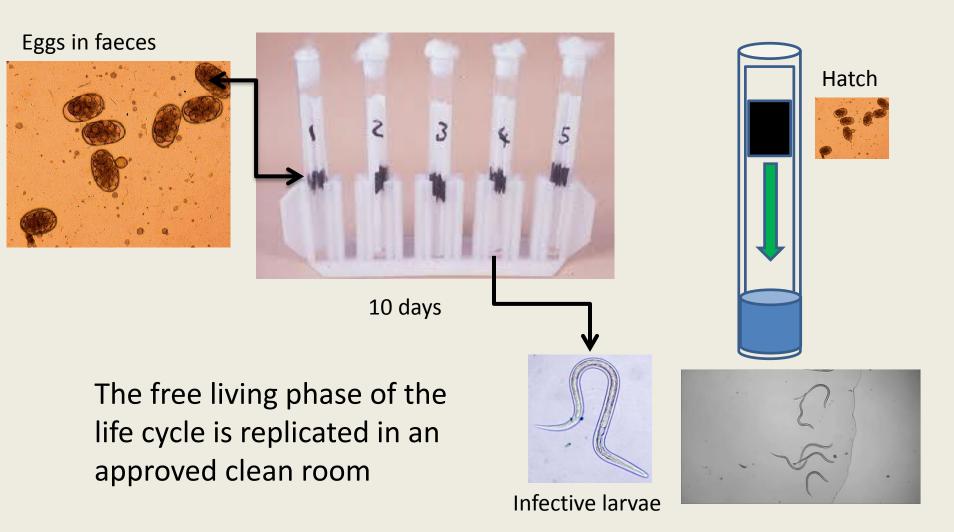


Our c GMP product

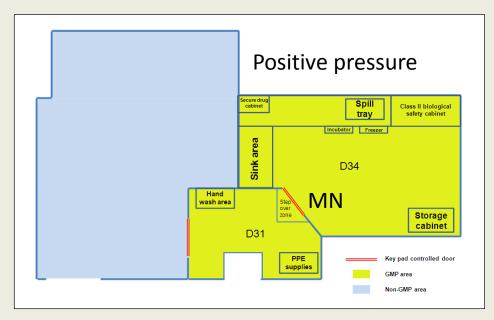
Necator americanus infective larvae - iL3



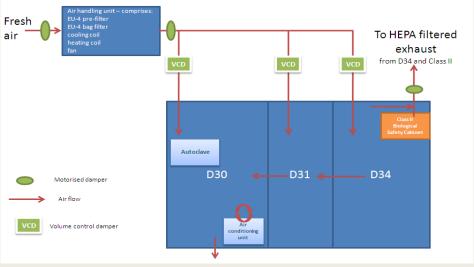
## Isolate Maintenance



## **Hookworm Production Unit**

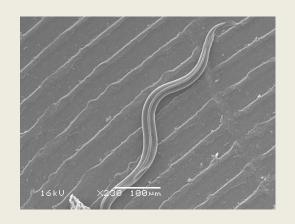


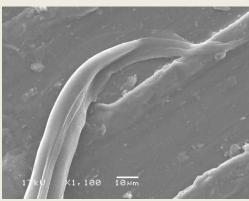


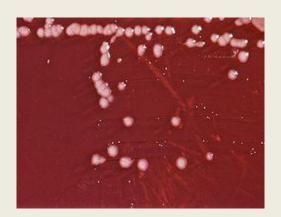




## Cleanliness







Bacterial limits on supernates and larvae , for "topical application". Gentamicin and Amphotericin B added to faeces.  $< 2 \times 10^2 \, \text{aerobes}$ ,  $2 \times 10^1 \, \text{yeasts/moulds}$  per dose. Staph. aureus , Pseudomonas aeruginosa not permitted.

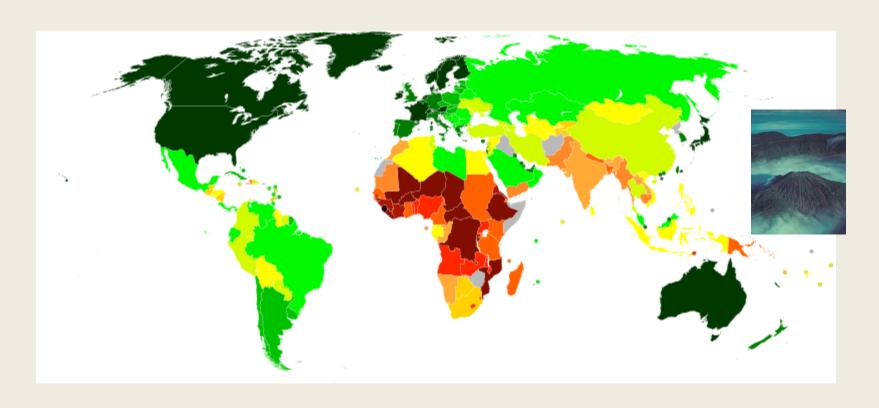


## **Safety Trials**

- Designed to assess the safety of pulmonary transit
- Short duration trials (10 L3 for 12 weeks)
- Lung function measured throughout this time

Trial	Outcome	Published
PHASE 1	DOSE SELECTED	Am.J.Trop.Med.Hyg <u>75</u> 914-920
PHASE 2 RHINITIS	SAFE	Clin. Exp. Allergy <u>39</u> 1060-1068
PHASE 2 ASTHMA	SAFE	Clin. Exp. Allergy <u>40</u> 299-306

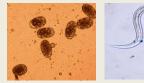
## A well travelled isolate



PNG to UK to Queensland for therapeutic trials

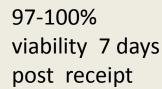
UK to Washington DC for vaccine trials

## Sabin SA010 derived from cGMP batch 121102



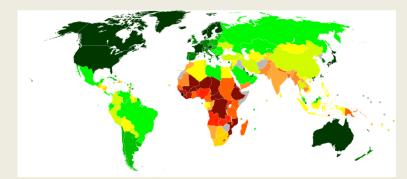


10 days in culture plus 15 days for microbiological clearance











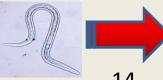






















# PHASE 1 : AN EXPERIMENTAL INFECTION STUDY OF DERMALLY-APPLIED NECATOR AMERICANUS HOOKWORM LARVAE IN HOOKWORM-NAÏVE ADULTS DOSE ESCALATION TO 75 L<sub>3</sub>

**Protocol Number:** SVI-CH-01

**Version (Date):** 4 (04 June 2014)

US FDA IND Number: 15752 GWU IRB Number: 061309

ClinicalTrials.gov ID: NCT 01940757

**Sponsor: Albert B. Sabin Vaccine Institute** 

2000 Pennsylvania Avenue, Suite 7100

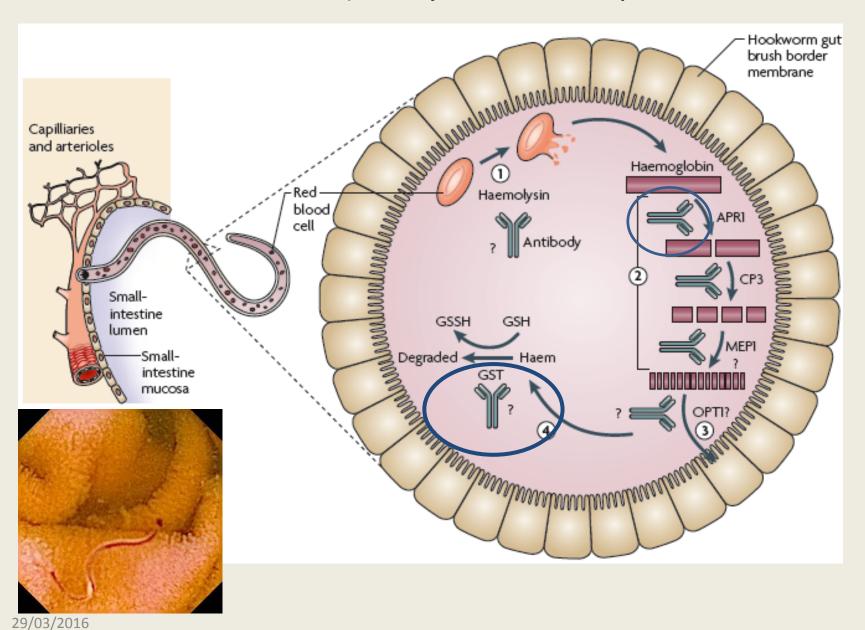
Washington, DC 20006







## PHASE 2.VACCINATION (safety evaluation passed in Phase 1)



## Hookworms and Coeliac Disease Preliminary Clinical Trial

## Experimental hookworm infection and gluten microchallenge promote tolerance in celiac disease

John Croese, MD,<sup>a,b\*</sup> Paul Giacomin, PhD,<sup>b\*</sup> Severine Navarro, PhD,<sup>b</sup> Andrew Clouston, MD,<sup>c</sup> Leisa McCann, RN,<sup>b</sup> Annette Dougall, PhD,<sup>b</sup> Ivana Ferreira, BSc,<sup>b</sup> Atik Susianto, MD,<sup>b</sup> Peter O'Rourke, PhD,<sup>d</sup> Mariko Howlett, MD,<sup>e</sup> James McCarthy, MD,<sup>d,e</sup> Christian Engwerda, PhD,<sup>d</sup> Dianne Jones, BHSc,<sup>f</sup> and Alex Loukas, PhD<sup>b</sup> Brisbane and Cairns, Australia



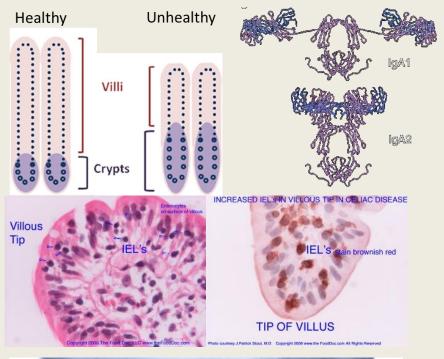
## The Study

#### **Clinical Markers**

- 1. Villous height:crypt depth ratio
- 2. IgA tissue transglutaminase

- 3. Lymphocyte (IEL & LPL)
- T-cell IFNγ expression levels were monitored

- Quality of life scores
- 6. Coeliac symptom indices





## Method

- Patients 12 Started the Study, 8 completed
- Age 39 -67
- Females 9, Males 3
- **Years gluten free** 5 41 years
- *N.americanus* 20 iL3
- Duration 12 weeks
- **Gluten** 0.05 g to 3.00 g

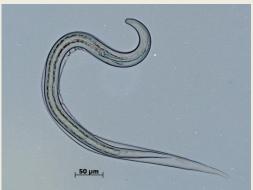


#### Outcome

"N. americanus and gluten micro challenge promoted tolerance and stabilized or improved all tested indices of gluten toxicity in coeliac disease subjects"

- decreased intestinal inflammation
- alleviated symptoms
- enhanced quality of life
- increased tolerance to gluten by a factor of 60.

Equivalent to 60-75 straws of gluten containing spaghetti





## **Testimonials**

"It was incredibly pleasant. They just put a Band-Aid on your forearm and it just feels like they've got some Tabasco sauce on there."



"The worms take about four years before they die, unfortunately - and we call them our friends." "Everyone in the trial called the worms our friends, so we don't want them to leave us, but they do."





"I actually went out and I went to town and I had pizza and ice-cream, and salad sandwiches and Subway, just all the things I've missed for the last 15 years. And I was absolutely fine, I was terrific."



# ABC EWS 24



Medical **Daily** 

**Science** Daily

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#### A focus on... - October 2015 eXG

#### A "living drug" for coeliac disease



The main focus of this year's Research Conference was therapeutic advances in coeliac disease. One novel therapy that was not represented at the conference is hookworm.

Necator americanus, a "living drug", is a hookworm from humans, which was recently used in a small clinical trial in Australia as a potential therapy for people with coeliac disease [1].

Participants diagnosed with coeliac disease were treated with hookworms and asked to eat gluten in increasing amounts. The maximum amount was equivalent to a bowl of gluten containing pasta, every day, for two weeks.

Treatment with hookworm:

- decreased intestinal inflammation
- · alleviated common unwanted symptoms of coeliac disease
- enhanced quality of life and
- increased tolerance to gluten by a factor of 60.

The findings suggest that hookworm treatment, combined with gradually increased amounts of dietary gluten, promotes immune regulation and tolerance to gluten in people with coeliac disease.

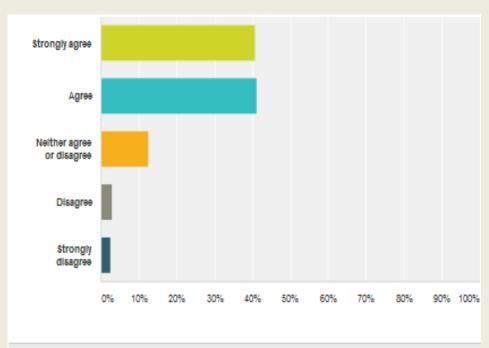


## Newsletter

- Online questionnaire
- 60,000 approached
- 280 replies

"I feel that further exploring the research in hookworm therapy could potentially improve the lives of people living with coeliac disease"

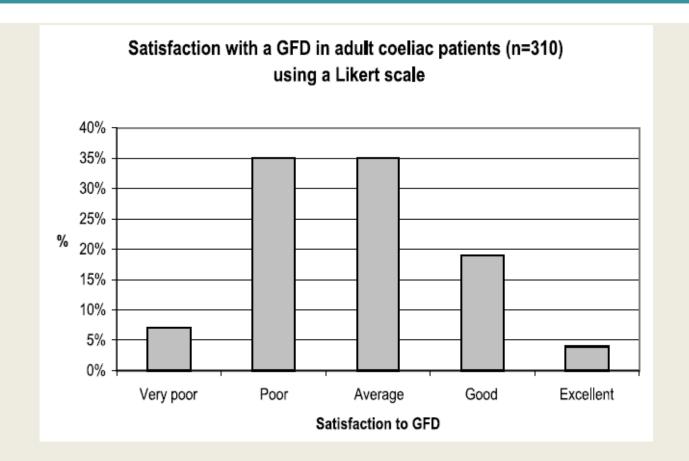
82% Strongly Agree/ Agree



Answer Choices	<ul> <li>Responses</li> </ul>	~
- Strongly agree	40.77%	95
- Agree	41.20%	96
→ Neither agree or disagree	12.45%	29
→ Disagree	3.00%	7
→ Strongly disagree	2.58%	6
Total		233

## Are Patients with Coeliac Disease Seeking Alternative Therapies to a Gluten-free Diet?

Imran Aziz, Kate E Evans, Vasiliki Papageorgiou, David S Sanders Department of Gastroenterology, Royal Hallamshire Hospital, Sheffield, UK



## Future plans

- Maintenance of the life cycle
- In the event clinical efficacy is demonstrated (2018-2019)......
- Approved iL3 can be readily available to UK patients







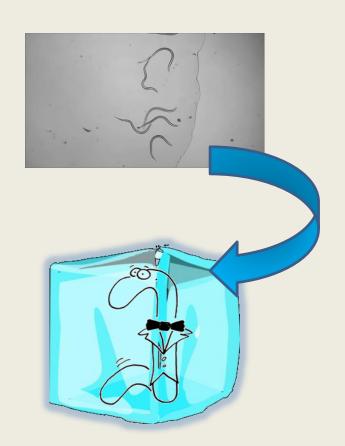
## Maintenance of resource strategies include:

## 1) Continued maintenance in donors

 Nottingham IMPACT campaign (~12.5k)

## 2) Cryopreservation

- Freeze nematodes, thaw when required
- Full economic cost £ 148,050
- Cost to funder £ 47,263





## Summary



Hookworms have the potential to treat immune diseases

Infection has been successfully applied to coeliac disease and we continue to explore its potential in MS

However, with 700 million hyper-infected with *Necator* americanus vaccine development is equally important





The Forman Hardy Charitable Trust







## Thank you

- Coeliac UK
- Féaron Cassidy, Isobel Ford , GUTS
- Dr Heidi Urwin
- University of Nottingham
- For Further Information

gail.atkinson@nottingham.ac.uk



