Request For Proposals (RFP)

High Throughput Screening with AstraZeneca's Compound library

The Academic Drug Discovery Consortium (ADDC) has established a screening partnership with AstraZeneca (AZ). The aim of this partnership is to provide ADDC members access to a high quality compound library and allow AstraZeneca the opportunity to access and collaborate with academic researchers with novel disease targets of interest and priority to the company.

Scope of Collaboration: This RFP seeks applications from institutions performing drug discovery and who are interested in screening compounds provided by AstraZeneca. The screening library will be provided free-of-charge to the selected proposals.

Institution that applies must meet the below criteria:

1. Each center must have high throughput screening (HTS) & medicinal chemistry development capabilities, specifically the capacity to test a 250K diversity set compounds (or 14K annotated set) provided by AstraZeneca and have the capability to perform hit-to-lead.

2. Each center's institution must sign an option agreement, which provides AstraZeneca the right to license compounds and data generated from the collaboration (Refer Appendix A regarding Intellectual Property guidelines and Option Agreement).

3. Interested centers would submit a target proposal to the steering committee for review. Target proposal should overlap with one of these therapeutic areas of interest to AstraZeneca:

    - Cardiovascular & Metabolic Disease (CVMD)
    - Respiratory & Inflammation
    - Oncology
    - Neuroscience

Overview of the operations:

1. AstraZeneca will provide ready to screen plates (up to 250,000 compounds) directly to the center in a structure-blinded fashion. The compounds will broadly represent AstraZeneca's larger compound collection. This is AstraZeneca's preferred option.
2. AstraZeneca also offers the possibility of support of approximately $20k to $40k, which may come, in part, in the form of reagents and other material support.

3. AstraZeneca can also in cases where the target is of exceptional value to the AstraZeneca strategy and the screen cannot be run by the investigator, run the HTS in house.
4. Institution will provide screening data to AstraZeneca who will identify the series/clusters that have the potential to be developed. Astra Zeneca will share with the center an agreed number of up to 50 chemical structures. Follow up plates may also be provided, including 'near neighbor' compounds, to establish active compound clusters.
5. For projects advanced to lead identification stage within the center, using these structures, first rights of negotiation would be offered to AstraZeneca.

Certain target proposals may be excluded if there are pre-existing contractual obligations or areas where AstraZeneca already has existing programs within the company.

Format of the Proposal: Centers who want to take part in this screening collaboration should submit a five (5) page proposal covering the below areas.

1. Target background and rationale
2. Target validation (pharmacological and/or genetic)
3. Potential clinical utility
4. Currently available tool compound for the target
5. Funding for screen and hit follow-up
6. Competitive landscape
7. High Throughput Screening Readiness
    i. HTS assay description ii. Characterization
    iii. Pilot screening data, if available
8. Plans for Hit confirmation/validation once hits are obtained
9. Drug discovery screening flow chart
10. Facilities description:
    i. Ability to conduct HTS
    ii. Ability to conduct Structure Activity Relationship (SAR) studies on the screening hits
11. Appendix:
    i. NIH Type Biosketch of Investigators

Review and Submission Deadline: First round of proposals are due **October 31st, 2017**.

A Steering committee comprising of ADDC members and Astra Zeneca will prioritize and review the proposals. Proposals selected by the steering committee will be announced in December 2017.

Please submit the proposals to Matthew Hartman via email at mhartman@addconsortium.org

For further information, contact:
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