

FreeMind Group

AI Powered Grant Writing Support

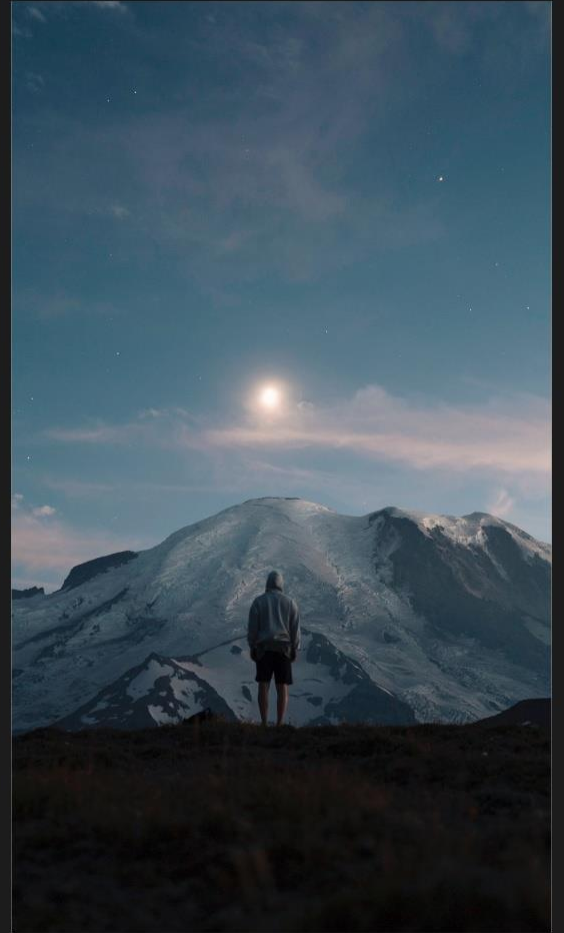
Presenter: Ayal Ronen, CBO

FREE MIND
Non-Dilutive Funding Experts



“AI Won’t Replace
Humans — But
Humans With AI
Will Replace
Humans
Without AI”

Harvard Business Review





Purpose

To take advantage of the generative AI revolution,
thus propelling grant writing support to new heights



A top-down view of a dark desk. In the upper right, there is a silver pen with gold accents. Below it is a black smartphone. To the right, the corner of a silver laptop is visible, showing a portion of its keyboard with keys like 'ln', 'ctrl', 'fn', 'esc', 'A', 'Y', 'X', 'cmd', and 'opt'.

THE PROBLEM:

GenAI exploded into our lives, yet security, reputable data sources, and output accuracy remain a challenge

Need a secure system specifically trained to help write grants

PROBLEM CONTINUED

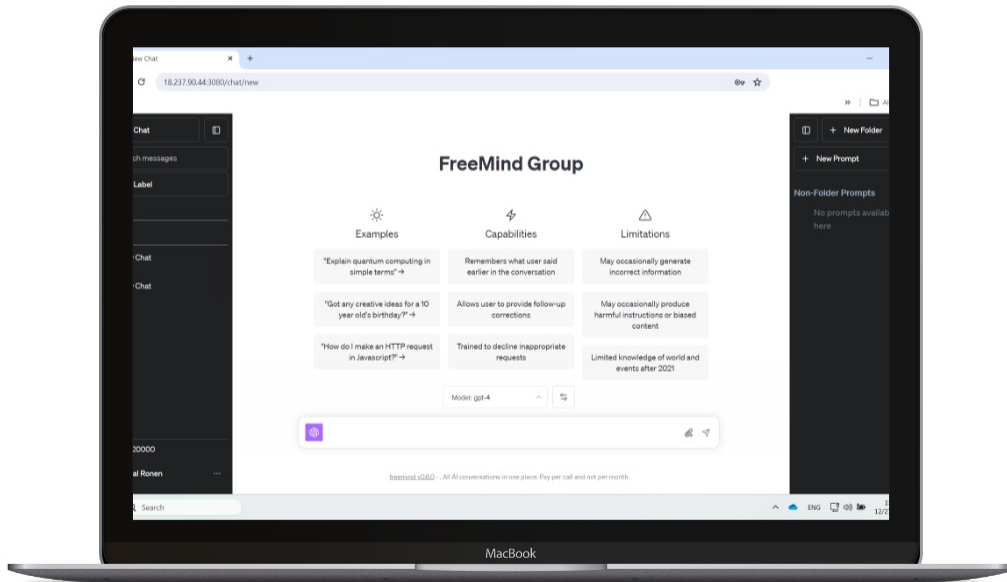
Publicly accessible LLMs are not secure

Experts agree, confidentiality and IP are not protected

FreeMind solved this

100% Secure Generative AI Solution

Custom built solely for in-house use (for now)



Protect your IP and confidentiality

FreeMind grant writers use a custom built in-house GPT

Queries remain secure within the closed system

Results are based on GPT-4's up to date LLM



FREEMIND KNOWS

#1 reason orgs fail to submit grants is bandwidth

We are changing this



Complete A to Z Solution

Suite of AI tools supporting the entire app preparation process



Strategy

- Define pipeline projects
- Automatically identify all available funding opportunities
- Devise a granting strategy



Documents

- Trained on ~5,000 of FMGs submissions and corresponding reviews
- Dedicated tool for each item
- Created by LLMs, validated by professionals



Validation

- Compare to historical submissions
- Identify pitfalls
- Correct in advance of submission
- "Anticipate" a result

Complete A to Z Solution

Suite of AI tools addressing all parts of the application

FREE MIND
Non-Dilutive Funding Experts

- 1 | Devising a granting strategy
Defining pipeline projects, identifying all relevant funding opportunities + rank
- 2 | Research Approach
Significance, Innovation, detailed Specific Aims, Future Plans
- 3 | Biosketches
Based on CV, PubMed, USPTO, LinkedIn etc.
- 4 | Specific Aims
Based on Research Approach
- 5 | Budget & Justification
- 6 | Commercialization plan
- 7 | Resources
- 8 | Human Subjects
- 9 | Abstract & Project Narrative
Based on the Specific Aims
- 10 | Etc...



Created by **LLMs**
Validated by **Professionals**

LLM trained on ~5,000 of FreeMind's submissions,
including corresponding reviews





AI Tools

First tools to be deployed

Search

Automated identification and **ranking** of applicable funding opportunities for each pipeline project

Biosketches

Build a Biosketch at a click of a button

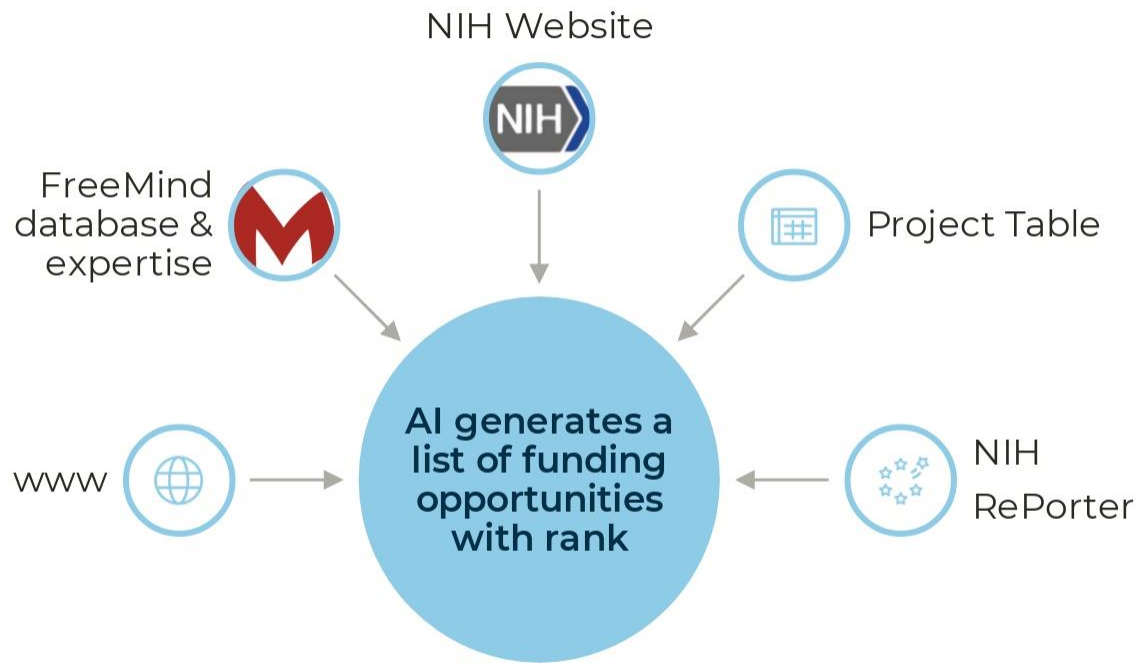
Docs

Specific Aims, Abstract, Project Narrative

LET AI

Search for **funding opportunities.**





Devise a Granting Strategy

We trained an AI LLM to identify funding opportunities

Output is based on real-time information available on the web, mainly, the NIH database, as well as FreeMind's knowledgebase and expertise.

Each presented funding opportunity is **ranked**

Granting strategy is validated by FreeMind Strategists

Funding Opportunities

Your saved projects

New Search



Filters

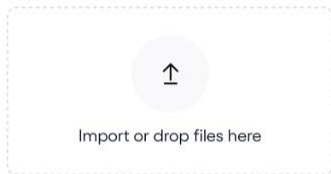
Search...



Company	Projects	Added at	Version	
GenoCure Pharma	3	2023/01/08	2023/01/08	...
BioPrecision Dx	5	2023/02/05	2023/02/05	...
CellVista Therapeutics	4	2023/02/09	2023/02/09	...
NanoHeal Biotech	7	2023/02/01	2023/02/01	...
ImmunoSolve Pharma	5	2023/02/08	2022/08/08	...
ImmunoSolve Pharma	5	2023/02/10	2023/02/10	...
BioSphere Dx	2	2023/09/11	2023/09/11	...
ProBio Tx	6	2023/11/30	2023/11/30	...
ProBio Tx	4	2023/12/15	2022/05/15	...

Funding Opportunities

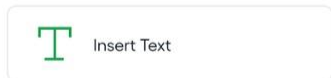
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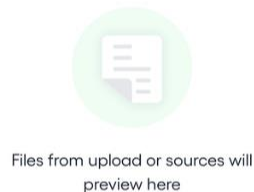


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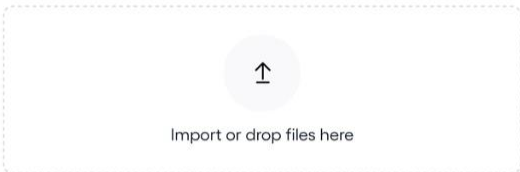
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Finding Opportunities

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Files / Folders

Accounts

Account Brand

ProBio Tx

Account Contact Role

Account Feed

Third Party Account Link

User Provisional Accounts

Opportunity

Lead

Product

Campaign

CustomObject1

CustomObject2

CustomObject3

CustomObject4

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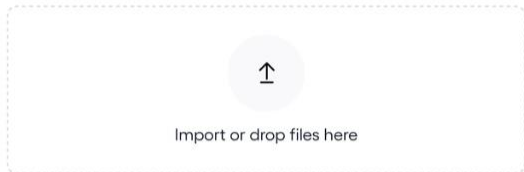
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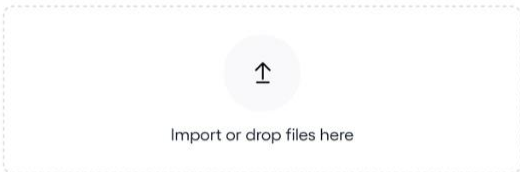
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- | <input type="checkbox"/> | Name |
|--------------------------|----------------------------|
| <input type="checkbox"/> | ProBio Tx Project Table |
| <input type="checkbox"/> | document123.txt |
| <input type="checkbox"/> | project_report_final.docx |
| <input type="checkbox"/> | image_gallery_2023.jpg |
| <input type="checkbox"/> | presentation_draft.ppt |
| <input type="checkbox"/> | code_samples_v2.py |
| <input type="checkbox"/> | vacation_photos.zip |
| <input type="checkbox"/> | financial_spreadsheet.xlsx |
| <input type="checkbox"/> | notes_on_meeting.pdf |
| <input type="checkbox"/> | march2023.pdf |
| <input type="checkbox"/> | design_sketches_draft1.png |
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| <input type="checkbox"/> | software_demo_video.mp4 |



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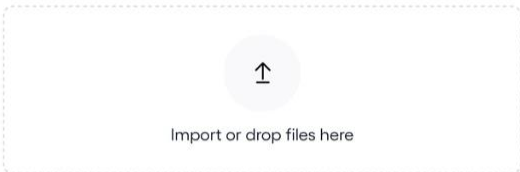
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- notes_on_meeting.pdf
- march2023.pdf
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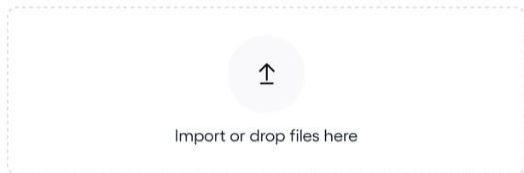
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<input type="checkbox"/>	vacation_photos.zip
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ProBio Tx Project Table

Review your added file

Remove

List of pipeline Projects (if possible, in order of priority)

Indication/ Disease	Proposed solution <i>(name of device/ drug/biologic /software/ diagnostic)</i>	High-level bullet point summary of preliminary data accomplished thus far [if there is no preliminary data yet, summarize scientific rationale to back up your project in 1-2 sentences]	Future R&D steps you seek funding for. Please list your specific aims. For example: 1. Develop prototype 2. Validate in mouse model; or 1. Assess safety and efficacy 2. Biomarker analysis in serum	Name the site / facility where the research/ trial will take place and the location (e.g. Mayo Clinic, USA)	Name any additional potential collaborating CROs, Universities, or other parties (e.g. Jackson Laboratory, China)	Priority rank (1 highest -3 lowest)
Cervical Carcinoma	E6 small molecule inhibitors to treat HPV-associated cervical carcinomas	<ul style="list-style-type: none"> In vitro and in vivo mouse POC data. ADME + PK complete 	<ul style="list-style-type: none"> Second species toxicity PD + MTD Biomarker design IND submission Phase I clinical trial 	FreeMind, USA Mayo Clinic USA	Mayo Clinic	1
Broad spectrum HPV-associated cancers Head and neck, anus and vulva	E6 small molecule inhibitors to treat HPV-associated head and neck, anus and vulva carcinomas	Discovery	<ul style="list-style-type: none"> In vitro POC In vivo mouse model 	FreeMind, USA UCLA, USA Cambridge, UK	UCLA Cambridge	2

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Notes

ProBio Tx Projects Table

NCI Deck

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Review Pipeline Projects Details

Select project details you want to make adjustments to.

Development of E6 Inhibitors for Immunodeficient Patients

Pre-Clinical

[Edit Project](#)

Budget: **\$700,000**

 NCI  Country Based: US only

Given the limited effectiveness of current HPV vaccines in immunodeficient individuals, a project could focus on developing specific E6 inhibitors for this demographic. This would involve designing and testing molecules that can effectively disrupt E6 activity in immunocompromised systems, potentially improving treatment outcomes for HPV-associated cancers in these patients.

Activities seeking funding:

1. Molecular design and synthesis of E6 inhibitors,
2. Preclinical testing in immunodeficient models.

Timeline

Start 02/2023, IND submission Q4 2025, Phase 1/2 start Q2 2026

Expanding the Range of HPV Strains Targeted by E6 Inhibitors

Non - clinical

[Edit Project](#)

Budget: **\$700,000**

 NCI  Country Base-Restrictions: None

The current research seems focused on high-risk types of HPV, like HPV16 and 18. A subsequent project could aim to expand the spectrum of HPV types targeted by these therapies. This would involve identifying and characterizing E6 proteins from other HPV strains and developing inhibitors that are effective across a broader range of HPV-associated cancers.

Activities seeking funding:

1. Characterization of E6 proteins from various HPV strains
2. Development and testing of broad-spectrum E6 inhibitors

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[Save & Continue](#)

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Text Use Prompt

Project Name

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Organisations

NCI X

Country based

US X

Description

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The primary objective of this scientific project is to enhance the treatment of HPV-associated cancers in immunodeficient individuals. Recognizing the reduced efficacy of existing HPV vaccines in this demographic, the project aims to create and validate novel E6 inhibitors specifically tailored for immunocompromised systems. By concentrating on the design and experimental assessment of molecules capable of effectively impeding E6 activity, the project seeks to significantly improve treatment outcomes for patients with compromised immune systems suffering from HPV-related cancers.

Cancel

Save

Activities seeking funding:

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Timeline

Text updated

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Timeline

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Searching for funding opportunities...

Please wait, this may take a few seconds

Matched Opportunities

Select project details you want to make adjustments to.

Find more opportunities

Matched 62 opportunities

Development of E6 Inhibitors for Immunodeficient Patients

+3



Expanding the Range of HPV Strains Targeted by E6 Inhibitors

+5



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Matched Opportunities

Select project details you want to make adjustments to.

Find more opportunities

Matched 62 opportunities

Development of E6 Inhibitors for Immunodeficient Patients

+3



Expanding the Range of HPV Strains Targeted by E6 Inhibitors

+5

< Go back

Save

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Matched Opportunities

Select project details you want to make adjustments to.

[Find more opportunities](#)

Matched 62 opportunities

Development of E6 Inhibitors for Immunodeficient Patients

[+3](#)

90% Match

Impacts of climate change across the cancer control continuum (R21 Clinical Trial Optional)

NIH, NCI

[Link to Grant](#)[View Full Details](#)

Activity Codes

R21

R01

This Notice of Funding Opportunity (NOFO) aims to support innovative research relevant to advancing the understanding of the effects of climate change across the cancer control continuum, from cancer etiology and cancer risks through survivorship, and ways to prevent or mitigate negative health effects. This includes, but is not limited to, studies to improve knowledge of the impact of climate change related environmental effects on cancer risks, control and behaviors.

Activities included

- Assess the impact of climate change-related environmental changes on cancer risk and cancer outcomes, including carcinogenic exposures and vector-borne diseases.
- Understand and address the susceptibility of cancer survivors to direct and/or indirect climate change effects, such as the spread of vector-borne disease, disruptions in care, and factors that can impact cancer recurrence and/or potential latent effects among childhood cancer survivors.
- Model the magnitude of the impacts of climate change on cancer-related risk factors and health behaviors (e.g. geospatial data linkages).
- Identify and/or characterize communities particularly vulnerable to increased environmental exposures and cancer risk due to climate change-related events and develop interventions to mitigate the impact of social determinants related to climate change and cancer risk.
- Develop and test strategies to enhance the equitable adoption, implementation, and sustainability of evidence-based mitigation or adaptation efforts that reduce the burden of climate change on cancer outcomes.
- Improve understanding of the behavioral, social, and psychological factors that underlie cancer preventive health behaviors implicated in climate change in order to develop approaches to target health behaviors related to both cancer and climate change (e.g., promoting plant-based diets, active transportation).
- Identify, develop, and test behavioral interventions at multiple levels (from the individual to systems-level) to facilitate behavioral strategies and policies that reduce

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Matched Opportunities

Select project details you want to make adjustments to.

Find more opportunities

Matched 62 opportunities

Development of E6 Inhibitors for Immunodeficient Patients

+3



90% Match

Innovation Grants to Nurture Initial Blueprint Neurotherapeutics Network (R61/R33 Clinical Studies)

NIDDK, NIA

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This funding opportunity announces proposed therapeutic agent(s) for pre-clinical development and submission. Therapeutic agents in this program are part of the Translational Efforts (IGNITE) programs.

Activities included

1. Affinity maturation >> Preparation of the therapeutic agent(s) to support proposed activities
2. Human dose modeling >> Studies to inform design and refinement of the PD measure and/or in vivo efficacy models and testing procedures
3. Safety studies >> Characterization of therapeutic agent(s)
4. CD38 pathway characterization >> Limited studies to identify potential pharmacodynamic biomarkers
5. Biomarker development >> Limited studies to identify potential pharmacodynamic biomarkers
6. Additional in vitro efficacy studies >> Limited studies to optimize the candidate therapeutic agent(s) for in vivo efficacy testing
7. In vivo efficacy studies >> Studies to inform design and refinement of the PD measure and/or in vivo efficacy models and testing procedures

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Activity Codes R16 R33

This funding opportunity announces a proposed therapeutic agent(s) for preclinical development and testing. Therapeutic agents in this program are part of the Translational Efforts (IGNITE) programs.

Activities included

1. Affinity maturation >> Preparation of the therapeutic agent(s) to support proposed activities
2. Human dose modeling >> Studies to inform design and refinement of the PD measure and/or in vivo efficacy models and testing procedures
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Agent Characterization and In vivo Efficacy

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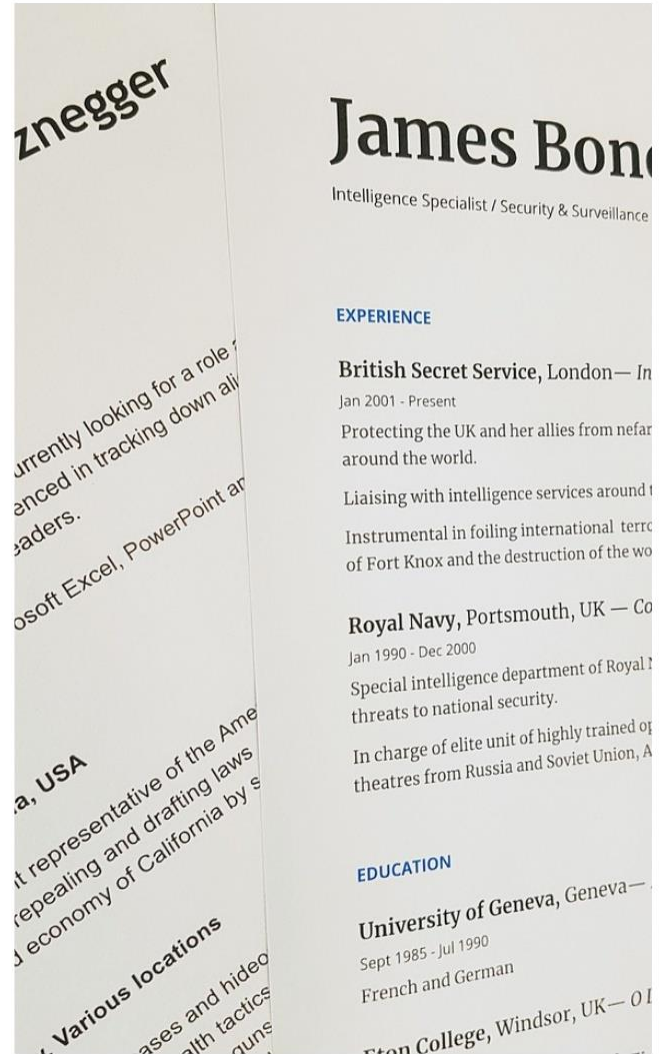
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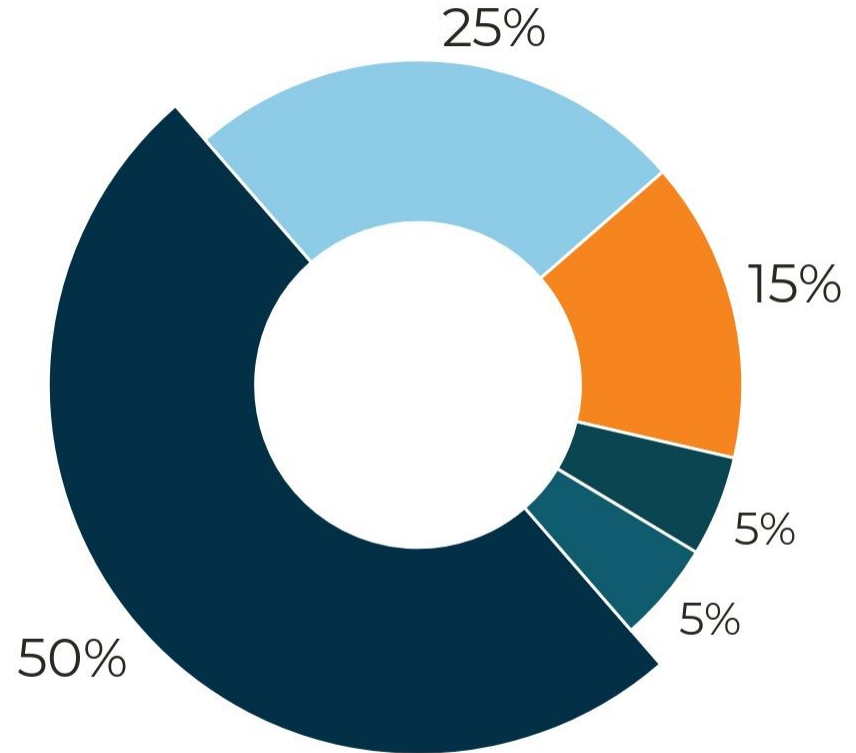
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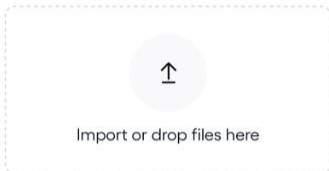


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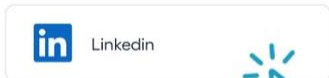
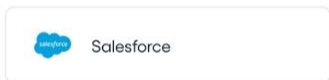
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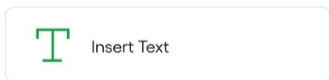
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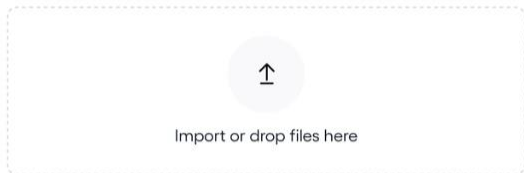
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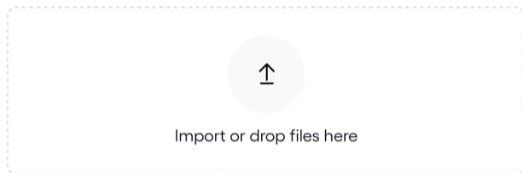
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Nechama Silverstein

Senior Client Strategist at FreeMind Group
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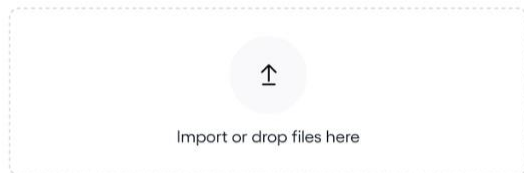


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
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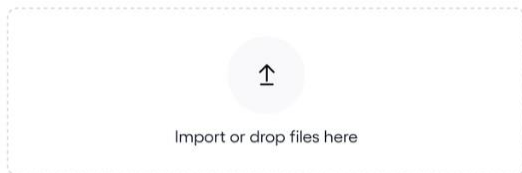
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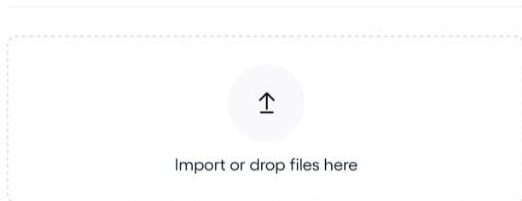
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Nechama C. Silverstein, PhD

Postdoctoral Fellow, Biochemistry - Molecular and Cell Biology

As a dynamic, cutting-edge researcher, I have designed and managed major research projects including successfully developing my own primary stem cell line. My strength lies in elucidating complicated molecular mechanism and finding the missing clues that make stubborn reactions work. I enjoy working with multidisciplinary teams to design and optimize protocols and have published extensively on the topic of protein structure and function in the Journal of Biological Chemistry.

◆ Personal Details:

Tel: (+972)54-4449629

E-mail: nechama.silverstein@mail.huji.ac.il

Languages: English – native Hebrew – full professional

[LinkedIn](#)

◆ Experience:

2016-PRESENT POSTDOCTORAL FELLOW

Institute for Medical Research Israel-Canada (IMRIC), Hebrew University-Jerusalem

- Managed and designed project which significantly advanced our understanding of the molecular determinants of cation selectivity in glutamate transporters using cell biology, protein-biochemistry and electrophysiological approaches.
- First author publication in the Journal of Biological Chemistry.
- Mentored students and helped run the administrative aspects of the lab including collaborating with international groups of scientists in both Europe and the US.

2011-2016 RESEARCH PHD STUDENT

Institute for Medical Research Israel-Canada (IMRIC), Hebrew University-Jerusalem

- Managed and designed projects which significantly furthered our understanding of the molecular mechanism governing glutamate transport with substantial contributions to conformational dynamics, ion and substrate selectivity.
- Developed unique protocols for prokaryotic protein abstraction and analysis.
- Three publications in the Journal of Biological Chemistry with two as first author.
- Mentored students and helped run the administrative aspects of the lab including collaborating with international groups of scientists in both Europe and the US.

2011-2015 RESEARCH STUDENT

Hebrew University-Jerusalem

- Studied protein function and expression. Established a correlation between Tuftelin expression during hypoxia and the HIF-1 α pathway.
- For this purpose, developed a primary human mesenchymal stem cell line. In addition, worked with many different established cell lines.
- Publications in the Journal of Cell Physiology, the European Journal of Oral Science, and Bentham E-books.

2011-PRESENT COLLEGE COURSE INSTRUCTOR

Hebrew University of Jerusalem, Touro College Israel, Michlalah Jerusalem College for Women, and Kirya for Engineering and Technology

- Biochemistry, Pharmacology, Biology, General Chemistry – General Chemistry, Organic Chemistry, General Physics**
- Frontal lectures and labs. Designed and executed course and lab syllabus including supervising lab technicians.

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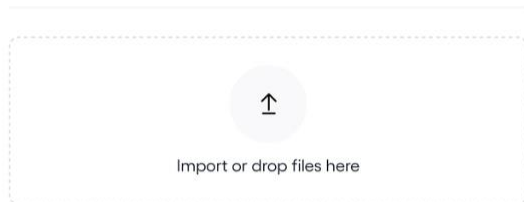
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JBC ARTICLE

Both reentrant loops of the sodium-coupled glutamate transporters contain molecular determinants of cation selectivity

Received for publication, April 2, 2018, and in revised form, July 19, 2018. Published, Papers in Press, July 19, 2018, DOI:10.1074/jbc.RA118.003261

Nechama Silverstein¹, Alaa Silman¹, Thomas Stockner¹, and Baruch I. Kanner^{1,2}

From the ¹Center for Biology and Pharmacology, Institute of Pharmacology, Medical University of Vienna, Waehringerstr. 13A, 1090 Vienna, Austria and the ²Department of Biochemistry and Molecular Biology, Institute for Medical Research Israel-Canada Faculty of Medicine, Hebrew University, Jerusalem 91120, Israel

Edited by Roger J. Colbran

In the brain, glutamate transporters terminate excitatory neurotransmission by removing this neurotransmitter from the synapse via cotransport with three sodium ions into the surrounding cells. Structural studies have identified the binding sites of the three sodium ions in glutamate transporters. The residue side-chains directly interact with the sodium ions at the Na1 and Na3 sites and are fully conserved from archaeal to eukaryotic glutamate transporters. The Na2 site is formed by three main-chain oxygens on the extracellular reentrant hairpin loop HP2 and one on transmembrane helix 7. A glycine residue on HP2 is located closely to the three main-chain oxygens in all glutamate transporters, except for the astroglial transporter GLT-1, which has a serine residue at that position. Unlike for WT GLT-1, substitution of the serine residue to glycine enables sustained glutamate transport also when sodium is replaced by lithium. Here, using functional and simulation studies, we studied the role of this serine/glycine switch on cation selectivity of substrate transport. Our results indicate that the side-chain oxygen of the serine residues can form a hydrogen bond with a main-chain oxygen on transmembrane helix 7. This leads to an expansion of the Na2 site such that water can participate in sodium coordination at Na2. Furthermore, we found other molecular determinants of cation selectivity on the nearby HP1 loop. We conclude that subtle changes in the composition of the two reentrant hairpin loops determine the cation specificity of acidic amino acid transport by glutamate transporters.

In the brain, signaling by the excitatory neurotransmitter glutamate is terminated by transport from the cleft into the cells surrounding the synapse. Transport of glutamate is an electrogenic process (1, 2) whereby one neurotransmitter molecule is co-transported with three sodium ions and a proton (3,

4), followed by the counter-transport of one potassium ion (5–7). Several crystal structures are available for two similar archaeal homologues (Glt_{ts} from *Pyrococcus horikoshii* and Glt_{st} from *Thermococcus kodakarensis*) of the mammalian transporters (8–13). These structures reveal a trimeric assembly and showed a permeation pathway through every protomer, indicating that the protomer is the functional unit. This has been also confirmed for the eukaryotic glutamate transporters (14–17). The protomer structure contains eight transmembrane helices (TMs)³ and two oppositely oriented reentrant loops, one between TMs 6 and 7 (HP1) and the second between TMs 7 and 8 (HP2) (8). The transport domain includes HP1 and HP2 and TMs 3, 6, 7, and 8, whereas the trimerization domain consists of TMs 1, 2, 4, and 5.

Many amino acid residues important for the interaction with sodium (18, 19), potassium (5, 20), and glutamate (21, 22) in eukaryotic transporters are conserved in the archaeal homologues, where these residues are oriented toward the binding pocket. Very recently, direct support for the transferability of information between the bacterial and the human transporters has been obtained through similarity to the crystal structures of a thermo-stabilized form of the human glutamate transporter EAAT1 (23). Substrate translocation appears to take place by an “elevator-like” mechanism (10, 24) whereby the transport domain moves relative to the trimerization domain (25) by ~15 Å. As a result, the substrate-binding site is alternately exposed to the extracellular and intracellular sides, enabling substrate translocation (8–10).

In Glt_{ts}, the replacement of sodium ions by thallium ions allowed the use of their anomalous signal to identify the potential locations of two of the three sodium-binding sites (Na1 and Na2) (9). Functional and simulation studies indicated possible locations of Na3, the third sodium-binding site (26–29). A recently solved Glt_{ts} structure confirmed the predicted location of the third sodium-binding site (13) (Fig. 1, A and B). The Na2 site is formed by three main-chain oxygens of the HP2 loop and another one from TM7a. Functional and structural studies indicate that the role of sodium binding to the Na2 is to stabilize the HP2 loop in the conformation that closes the binding

This work was supported, in whole or in part, by National Institutes of Health Grant NS 16708 from the NINDS, United States-Israel Binational Science Foundation Grant 2011268 (to R.I.K.), Austrian Science Fund (FWF) for project F324, and the European Union-sponsored COST Action CM1006 (to T.S.). The authors declare that they have no conflicts of interest with the contents of this article. The content is solely the responsibility of the

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POSITION TITLE: Co-Investigator

EDUCATION/TRAINING(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE	DATE	FIELD OF STUDY
Touro College	B.S.	05/2005	Biology
Hebrew University	M.Sc.	06/2010	Molecular and Cell Biology
Hebrew University	Ph.D.	06/2016	Biomedical Sciences

A. Personal Statement

As Co-Investigator on this project, I will oversee key aspects of research activities assessing combinations of our E6-binding inhibitor spinacine with therapeutic agents TRAIL and cisplatin in a mouse model. My PhD research focused on molecular mechanisms governing neurotransmitter transport and binding. As a postdoctoral fellow, I have published extensively on determinants influencing cation selectivity and substrate interactions in glutamate transporters. My expertise in transporter kinetics, conformational changes, and protein-small molecule binding will be instrumental in elucidating the mechanism of action of spinacine. I have over 10 years' experience managing major research projects and collaborating with leading research groups internationally.

Publications and Research Products:

a. Silverstein N, Sliman A, Stockner T, Kanner B. (2018) Both reentrant loops of the sodium-coupled glutamate transporters contain molecular determinants of cation selectivity. J Biol Chem. b. Tanui R, Tao Z, Silverstein N, Kanner B, Grever C. (2016) Electrogenic Steps Associated with Substrate Binding to the Neuronal Glutamate Transporter EAAC1. J Biol Chem. c. Silverstein N, Ewers D, Forrest LR, Fahlke C, Kanner Bl. (2015) Molecular Determinants of Substrate Specificity in Sodium-coupled Glutamate Transporters. J Biol Chem. d. Silverstein N, Crisman TJ, Forrest LR, Kanner Bl. (2013) Cysteine scanning mutagenesis of transmembrane helix 3 of a brain glutamate transporter reveals two conformationally sensitive positions. J Biol Chem. e. Leiser Y, Silverstein N, Blumenfeld A, Shilo D, Haze A, Rosenfeld E, Shay B, Tabakman R, Lecht S, Lazarovici P, and Deutsch D (2010) The induction of tuftelin expression in PC12 cell line during hypoxia and NGF induced differentiation. J Cell Physiol.

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B. Positions, Scientific Appointments, and Honors

2016-Present

Postdoctoral Fellow, Institute for Medical Research Israel-Canada, Hebrew University

2011-2015

Research PhD Student, Institute for Medical Research Israel-Canada, Hebrew University

2010-2011

Research Student, Hebrew University of Jerusalem

1. My research has elucidated critical molecular determinants that influence cation selectivity and substrate interactions in glutamate transporters. Using functional and simulation studies, I showed that subtle changes in the composition of hairpin loops in glutamate transporters

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A. Personal Statement

As Co-Investigator on this project, I will oversee key aspects of the research activities assessing combinations of our E6-binding inhibitor spinacine with therapeutic agents TRAIL and cisplatin in a mouse model. My background in elucidating molecular mechanisms of neurotransmitter and glutamate transporters makes me uniquely qualified to provide critical insights into the mechanism of action of spinacine.

My PhD research focused on investigating the kinetics, conformational changes, and molecular determinants involved in neurotransmitter binding and translocation. As a postdoctoral fellow, I have extensively studied the factors influencing cation selectivity and substrate interactions in glutamate transporters. My expertise in techniques like radioactive transport assays and fluorescence spectroscopy to analyze protein conformational changes and ligand binding will be essential for deciphering how spinacine interacts with target proteins.

Additionally, my over 10 years of experience managing major research projects and collaborating with leading research groups internationally have honed my leadership, organizational, and communication skills. I have a strong track record of elucidating intricacies of membrane transport proteins to advance scientific understanding and therapeutic potential. I will leverage this background to help coordinate the research team and provide key insights guiding the direction of experiments to assess spinacine efficacy. My knowledge and technical expertise make me well-positioned to play an integral role driving this research forward.

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Biographical Sketch

NAME: Nechama C. Silverstein

POSITION TITLE: Co-Investigator

EDUCATION/TRAINING(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE	DATE
Touro College	B.S.	05
Hebrew University	M.Sc.	06
Hebrew University	Ph.D.	06

A. Personal Statement

As Co-Investigator on this project, I will oversee key aspects of the research on our E6-binding inhibitor spinacine with therapeutic agents TRAIL and in elucidating molecular mechanisms of neurotransmitter and glutamate to provide critical insights into the mechanism of action of spinacine.

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Biographical

NAME: Nechama C. Silverstein

POSITION TITLE: Co-Investigator

EDUCATION/TRAINING(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE
Touro College	B.S.
Hebrew University	M.Sc.
Hebrew University	Ph.D.

A. Personal Statement

As Co-Investigator on this project, I will oversee key aspects of research activities assessing combinations of our EG-binding inhibitor spinacine with therapeutic agents TRAIL and cisplatin in a mouse model. My PhD research focused on molecular mechanisms governing neurotransmitter transport and binding. As a postdoctoral fellow, I have published extensively on determinants influencing cation selectivity and substrate interactions in glutamate transporters. My expertise in transporter kinetics, conformational changes, and protein-small molecule binding will be instrumental in elucidating the mechanism of action of spinacine. I have over 10 years' experience managing major research projects and collaborating with leading research groups internationally.

Publications and Research Products:

a. Silverstein N, Sliman A, Stockner T, Kanner B. (2018) Both reentrant loops of the sodium-coupled glutamate transporters contain molecular determinants of cation selectivity. *J Biol Chem*.
 b. Tanui R, Tao Z, Silverstein N, Kanner B, Grever C. (2016) Electrogenic Steps Associated with Substrate Binding to the Neuronal Glutamate Transporter EAAC1. *J Biol Chem*.
 c. Silverstein N, Ewers D, Forrest LR, Fahike C, Kanner BI. (2015) Molecular Determinants of Substrate Specificity in Sodium-coupled Glutamate Transporters. *J Biol Chem*.
 d. Crisman TJ, Forrest LR, Kanner BI. (2013) Cysteine scanning mutagenesis of transmembrane helix 3 of a brain glutamate transporter reveals two conformationally sensitive positions. *J Biol Chem*.
 e. Leiser Y, Silverstein N, Blumenfeld A, Shilo D, Haze A, Rosenfeld E, Shay B, Tabakman R, Lecht S, Lazarovici P, and Deutsch D (2010) The induction of tuftelin expression in PC12 cell line during hypoxia and NGF induced differentiation. *J Cell Physiol*.

BIOGRAPHICAL SKETCH

NAME: Nechama C. Silverstein

POSITION TITLE: Co-Investigator

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE	DATE	FIELD OF STUDY
Touro College	B.S.	05/2005	Biology
Hebrew University	M.Sc.	06/2010	Molecular and Cell Biology
Hebrew University	Ph.D.	06/2016	Biomedical Sciences

A. Personal Statement

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B. Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

Years	Position/Place
2016-Present	Postdoctoral Fellow, Institute for Medical Research Israel-Canada, Hebrew University
2011-2015	Research PhD Student, Institute for Medical Research Israel-Canada, Hebrew University
2010-2011	Research Student, Hebrew University of Jerusalem
2003-2004	Editor in Chief – Touro Science Society Journal

emphasizing the scientific background contribution to the

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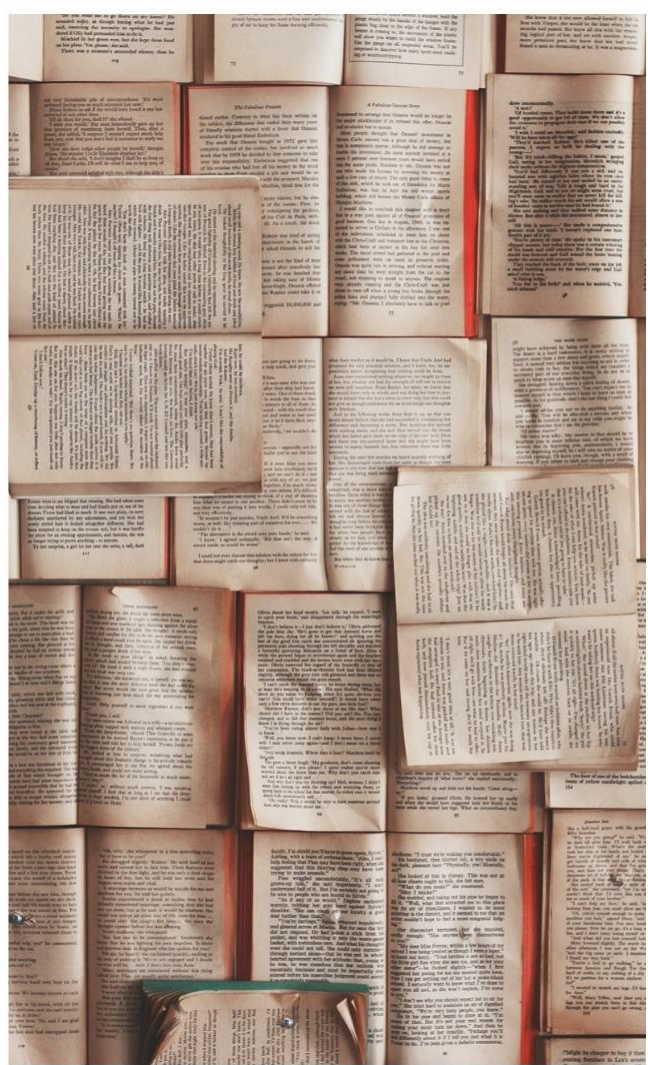
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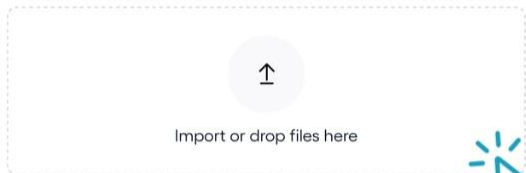


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SIGNIFICANCE

HPV is responsible for nearly all cervical cancers and the majority of head and neck cancers. High-risk types of human papillomavirus (HPV) are responsible for virtually all cases of human cervical carcinoma. Worldwide, this is the second most common cancer in women; over 400,000 women are newly diagnosed with this disease each year, of which approximately half will die [7]. Additional deaths occur due to other HPV-associated malignancies, such as those of the head and neck, anus and vulva. Head and neck (HN) cancers are of particular interest, because the incidence of HPV-mediated HN cancer in the US has dramatically risen [8-10].

Current treatment options for HPV-associated tumors are limited and frequently ineffective. Public health policies and initiatives claim responsibility for significant progress against HPV-mediated cancers in the contexts of infection prevention and early detection. Currently available prophylactic vaccines appear to be both safe and effective [11-13]. Importantly, however, these vaccines are not effective interventions for individuals already infected with HPV, nor are they appropriate for immunodeficient individuals [14]. Further concerns include recent reports regarding side effects of vaccination [15], as well as challenges inherent in making the vaccine available in developing countries. Early detection of cervical cancer is frequently possible through the use of population-wide Pap screening, though an equivalent approach for identifying HN and other HPV-associated tumors is not yet available. Current treatment options focus on removing the tumor, which can be effective when the tumor is detected in time. However, options for tumors detected later are much less effective. Survival is low, due in large part to the activities of the E6 oncoprotein (see below), and patients, especially those who are immunocompromised, frequently relapse [14, 16]. In fact, cervical cancer is highly resistant to chemotherapy, with only 15 – 20% of tumors responding to treatment [17]. The best results thus far have been obtained using combined chemo-radiotherapies, and approaches based on cisplatin, carboplatin, paclitaxel, topotecan, 5-fluorouracil and radiotherapy are frequently combined into regimens drawing on two or even three agents. However, even these combinatorial treatments have limited efficacy and relatively serious side effects [18-20]. Together, these issues point toward the compelling and urgent need to develop better treatment options for patients with cervical cancer and other HPV-associated malignancies.

The E6 oncoprotein encoded by high-risk HPV limits the effectiveness of chemo- and radiotherapies by compromising cellular apoptotic pathways. Most chemo- and radiotherapies are based on the idea that they can damage DNA, and that that damage will then trigger apoptotic death of the cancer cells. Unfortunately, the E6 oncoprotein produced by high-risk types of the virus, such as HPV16 and 18, subverts both the intrinsic and extrinsic apoptotic pathways by accelerating the degradation of key molecular players. This means that apoptosis-inducing treatments are much less effective than they would be in the absence of E6. The first target to be documented was E6AP; the binding of E6 to E6AP leads to rapid degradation of the p53 tumor suppressor, thereby inhibiting the induction of p53-mediated intrinsic apoptosis in HPV-infected cells [1-3]. Since then, our laboratory has demonstrated that TNF R1 [21], FADD [5] and caspase 8 [4], all molecules involved in receptor-mediated apoptosis, are also targets of high-risk E6 oncoproteins.

Treatments based on the TRAIL-mediated apoptosis pathway have the potential to be effective against HPV-mediated malignancies. TRAIL-based therapies, which activate the extrinsic apoptotic pathway, have elicited significant interest, largely due to their ability to kill tumor cells while sparing most normal cells. TRAIL receptors 1 and 2 are highly expressed on a large number of solid and hematologic cancers, making these tumors sensitive to apoptosis induced both by TRAIL itself and by antibodies to the receptor [22-27]. However, TRAIL therapy can be limited in that cancer cells can develop resistance toward TRAIL [28, 29]. In the case of HPV-mediated malignancies, the only cancer-mediated agent is high risk HPV. Our laboratory found that in the case of HPV-mediated malignancies, E6 is the major factor responsible for resistance to TRAIL [6, 30].

Restoring the level of E6-targeted apoptotic molecules can sensitize HPV+ cells to apoptosis. Our efforts over the past 10-15 years [4-6,30], along with those of others, have implicated E6 as an excellent target for therapeutic intervention. This is because disrupting the binding between E6 and its target proteins can result in restoration of these apoptotic proteins, leading to a re-sensitization of HPV+ cells to apoptotic triggers [4-6, 21, 30-32]. Some progress has been made in identifying small molecules that can interfere with E6 activities [33-38], but no studies have yet combined E6 inhibitors with apoptosis-inducing agents. Our laboratory has identified and tested several small molecules that block E6/caspase 8 interactions, and our preliminary studies provide proof-of-principle evidence that molecules that block E6/caspase 8 interactions can, indeed, re-sensitize HPV+ cells to apoptotic triggers [30, 31, 39]. In particular, we found that both myricetin and spinacine, small mole-

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Contact PDF/Pi: Filippova, Maria

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Specific Aims

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High-risk types of human papillomaviruses (HPV) are responsible for virtually all cases of human cervical carcinoma, as well as an increasing number of other HPV-associated malignancies, including those of the head and neck, anus and vulva. One growing group of patients particularly affected by HPV includes those with compromised immune systems resulting from HIV infection, other diseases or medical treatments. Perhaps the most noteworthy advance in recent years has been the development of safe and effective vaccines targeted against HPV. However, these vaccines are not beneficial for patients who are already infected, appropriate for use in patients with compromised immune systems, or readily available in all developing countries. Once cancer has developed, current treatment options are relatively limited and focus on physically removing the cancer through surgery. Unfortunately, tumors frequently return, particularly following late-stage diagnosis and/or if the patient is immunocompromised. Chemo- and radio-therapies that rely on the induction of apoptosis in HPV+ tumor cells are relatively ineffective, primarily due to the actions of a virus-encoded oncoprotein, E6, that subverts both intrinsic and extrinsic apoptotic pathways by accelerating the degradation of key molecular players. Therefore, new approaches that can eliminate HPV-containing cells, even in the absence of a functional adaptive immune system, must be developed.

To meet this need, we propose to combine spinacine, a small, naturally occurring molecule whose E6-inhibiting abilities were recently discovered by our laboratory, with existing therapeutic approaches that function by inducing apoptosis. Our laboratory and others have shown that high-risk versions of the HPV E6 oncoprotein induce resistance to both intrinsic and extrinsic apoptosis by mediating the rapid degradation of p53, caspase 8 and FADD [1-6]. The absence of these molecules in turn leads to the protection of infected cells from agents that would otherwise induce programmed cell death. To counter this, we searched for molecules that would inhibit the ability of E6 to bind to its cellular apoptotic partners by screening over 3000 compounds. Spinacine was selected as our lead candidate, because it is able to block the binding of E6 to both caspase 8 and E6AP, thereby sensitizing HPV+ cells to apoptosis triggered by agents such as TRAIL (a ligand that selectively induces apoptosis in cancer cells) and

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High-risk types of human papillomaviruses (HPV) are responsible for virtually all cases of human cervical carcinoma, as well as an increasing number of other HPV-associated malignancies, including those of the head and neck, anus and vulva. One growing group of patients particularly affected by HPV includes those with compromised immune systems resulting from HIV infection, other diseases or medical treatments. Perhaps the most noteworthy advance in recent years has been the development of safe and effective vaccines targeted against HPV. However, these vaccines are not beneficial for patients who are already infected, appropriate for use in patients with compromised immune systems, or readily available in all developing countries. Once cancer has developed, current treatment options are relatively limited and focus on physically removing the cancer through surgery. Unfortunately, tumors frequently return, particularly following late-stage diagnosis and/or if the patient is immunocompromised. Chemo- and radio-therapies that rely on the induction of apoptosis in HPV+ tumor cells are relatively ineffective, primarily due to the actions of a virus-encoded oncoprotein, E6, that subverts both intrinsic and extrinsic apoptotic pathways by accelerating the degradation of key molecular players. Therefore, new approaches that can eliminate HPV-containing cells, even in the absence of a functional adaptive immune system, must be developed.

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The long-term goal of our laboratory is to develop novel, effective therapies for patients suffering from HPV-associated malignancies, and the overall objective of this current

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Specific Aims

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High-risk types of human papillomaviruses (HPV) are responsible for virtually all cases of human cervical carcinoma, as well as an increasing number of other malignancies including those of the head and neck, anus and vulva. Unfortunately, good treatment options for late-stage HPV+ malignancies are not currently available, in large part because the virus encodes a protein, E6, which disables cellular apoptotic pathways by accelerating the degradation of molecules such as FADD, caspase 8 and p53. This makes it difficult to eliminate HPV+ cancer cells using conventional inducers of apoptosis. To overcome this obstacle, our laboratory has identified several small molecules that block the binding between E6 and partners such as caspase 8 and E6AP. According to our working model, the use of such molecules in a combinatorial manner will greatly increase the effectiveness of standard radio- and chemotherapeutic treatments. Both in vitro binding data and cellular data from our laboratory provide strong data in support of this working model, and it is now time to test our approach in an in vivo context. The overall objective of this current application, therefore, is to move our exciting in vitro and cellular observations into a mouse xenograft model. We will do this by combining spinacine, our best molecular candidate, with two potential therapeutic agents: TRAIL, a biologic, and cisplatin, a more conventional chemotherapeutic, asking whether either of these combinations can reduce or eliminate the growth of HPV+ tumors, of either cervical or head and neck origin, in a nude mouse model. In particular, we will: 1) Determine the toxicity of spinacine in mice. We will assess the toxicity of spinacine in mice, defining the maximum tolerated dose and identifying the optimum dose with which to carry out experiments designed to test its efficacy, and 2) Evaluate the ability of spinacine to synergize with TRAIL- and/or chemo-based therapies to reduce or eliminate HPV+ tumor growth. We will assess the ability of spinacine to synergize with hrTRAIL and/or the DNA damaging drug cisplatin to inhibit tumor growth in a xenograft model. At the conclusion of this work, we will have 1) Determined the toxicity of the E6-inhibiting molecule spinacine in mice, and 2) Evaluated the effectiveness of combining spinacine with TRAIL- and cisplatin-based treatments in an animal model. This work has the potential to save the lives of thousands of patients suffering from HPV-associated malignancies.

High-risk types of human papillomaviruses (HPV) are responsible for virtually all cases of human cervical carcinoma, as well as an increasing number of other malignancies including those of the head and neck, anus and vulva. Unfortunately, good treatment options for late-stage HPV+ malignancies are not currently available, in large part because the virus encodes a protein, E6, which disables cellular apoptotic pathways by accelerating the degradation of molecules such as FADD, caspase 8 and p53. This makes it difficult to eliminate HPV+ cancer cells using conventional inducers of apoptosis. To overcome this obstacle, our laboratory has identified several small molecules that block the binding between E6 and partners such as caspase 8 and E6AP. According to our working model, the use of such molecules in a combinatorial manner will greatly increase the effectiveness of standard radio- and chemotherapeutic treatments. Both in vitro binding data and cellular data from our laboratory provide strong data in support of this working model, and it is now time to test our approach in an in vivo context. The overall objective of this current application, therefore, is to move our exciting in vitro and cellular observations into a mouse xenograft model. We will do this by combining spinacine, our best molecular candidate, with two potential therapeutic agents: TRAIL, a biologic, and cisplatin, a more conventional chemotherapeutic, asking whether either of these combinations can reduce or eliminate the growth of HPV+ tumors, of either cervical or head and neck origin, in a nude mouse model. In particular, we will: 1) Determine the toxicity of spinacine in mice. We will assess the toxicity of spinacine in mice, defining the maximum tolerated dose and identifying the optimum dose with which to carry out experiments designed to test its efficacy, and 2) Evaluate the ability of spinacine to synergize with TRAIL- and/or chemo-based therapies to reduce or eliminate HPV+ tumor growth. We will assess the ability of spinacine to synergize with hrTRAIL and/or the DNA damaging drug cisplatin to inhibit tumor growth in a xenograft model. At the conclusion of this work, we will have 1) Determined the toxicity of the E6-inhibiting molecule spinacine in mice, and 2) Evaluated the effectiveness of combining spinacine with TRAIL- and cisplatin-based treatments in an animal model. This work has the potential to save the lives of thousands of patients suffering from HPV-associated malignancies.

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High-risk types of the human papillomavirus (HPV) are responsible for nearly all cancers of the cervix, as well as an increasing number of other cancers such as those of the head and neck, anus and vulva. It is difficult to effectively treat late-stage HPV+ cancers, because the virus codes for a protein, E6, which makes cells resistant to most therapies. We have found a small molecule, spinacine, which prevents E6 from protecting these cells. We now want to ask if spinacine can be combined with either of two conventional therapies, TRAIL and cisplatin, to reduce or eliminate tumors in a mouse model. If successful, treatment for patients with HPV+ tumors could be greatly improved.

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High-risk types of the human papillomavirus (HPV) are responsible for nearly all cancers of the cervix, as well as an increasing number of other cancers such as those of the head and neck, anus and vulva. It is difficult to effectively treat late-stage HPV+ cancers, because the virus codes for a protein, E6, which makes cells resistant to most therapies. We have found a small molecule, spinacine, which prevents E6 from protecting these cells. We now want to ask if spinacine can be combined with either of two conventional therapies, TRAIL and cisplatin, to reduce or eliminate tumors in a mouse model. If successful, treatment for patients with HPV+ tumors could be greatly improved.

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High-risk types of human papillomavirus (HPV) cervical carcinoma, as well as other HPV-related cancers including those of the head and neck, are affected by HPV. The most common HPV type associated with other diseases or medical treatments is HPV-16. The development of safe and effective vaccines are not beneficial for patients with compromised immune systems. The cancer has developed, current treatments are limited to removing the cancer through surgery and chemotherapy following late-stage diagnosis and treatment. Therapies that rely on the induction of apoptosis are primarily due to the actions of a variety of signaling pathways by a variety of factors. Therefore, new approaches that can modulate the functional adaptive immune system are needed.

To meet this need, we propose to develop a novel therapeutic approach that functions by inhibiting the ability of HPV to induce apoptosis. It has been shown that high-risk versions of HPV induce apoptosis by mediating the activation of caspase 8 in the absence of these molecules in tumor cells. This would otherwise induce programmed cell death. Spinacine would inhibit the ability of E6 to block caspase 8. Spinacine was selected as our lead candidate, because it is able to block the binding of E6 to both caspase 8 and E6AP, thereby sensitizing HPV+ cells to apoptosis triggered by agents such as TRAIL (a ligand that selectively induces apoptosis in cancer cells) and other agents that induce apoptosis.

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Specific Aims

High-risk types of human papillomavirus (HPV) cervical carcinoma, as well as other HPV-related cancers including those of the head and neck, are affected by HPV. HPV infection is a major cause of other diseases or medical treatments. In recent years, the development of safe and effective vaccines has been the development of safe and effective vaccines are not beneficial for patients with compromised immune systems. The Center has developed, current treatments for removing the cancer through surgery, radiation, and following late-stage diagnosis and treatment. Therapies that rely on the induction of apoptosis are primarily due to the actions of a variety of extrinsic apoptotic pathways by a variety of factors. Therefore, new approaches that can enhance the functional adaptive immune system are needed.

To meet this need, we propose to develop a novel therapeutic approach whose E6-inhibiting abilities were shown that high-risk versions of the HPV genome induce apoptosis by mediating the absence of these molecules in tumor cells. This would otherwise induce programmed cell death and would inhibit the ability of E6 to block apoptosis. Spinacine was selected as our lead candidate, because it is able to block the binding of E6 to both caspase 8 and E6AP, thereby sensitizing HPV+ cells to apoptosis triggered by agents such as TRAIL (a ligand that selectively induces apoptosis in cancer cells) and other therapeutic agents.

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High-risk types of human papillomaviruses (HPV) are responsible for virtually all cases of human cervical carcinoma, as well as an increasing number of other malignancies including those of the head and neck, anus and vulva. Unfortunately, good treatment options for late-stage HPV+ malignancies are not currently available, in large part because the virus encodes a protein, E6, which disables cellular apoptotic pathways by accelerating the degradation of molecules such as FADD, caspase 8 and p53. This makes it difficult to eliminate HPV+ cancer cells using conventional inducers of apoptosis. To overcome this obstacle, our laboratory has identified several small molecules that block the binding between E6 and partners such as caspase 8 and E6AP. According to our working model, the use of such molecules in a combinatorial manner will greatly increase the effectiveness of standard radio- and chemotherapeutic treatments. Both in vitro binding data and cellular data from our laboratory provide strong data in support of this working model, and it is now time to test our approach in an in vivo context. The overall objective of this current application, therefore, is to move our exciting in vitro and cellular observations into a mouse xenograft model. We will do this by combining spinacine, our best molecular candidate, with two potential therapeutic agents: TRAIL, a biologic, and cisplatin, a more conventional chemotherapeutic, asking whether either of these combinations can reduce or eliminate the growth of HPV+ tumors, of either cervical or head and neck origin, in a nude mouse model. In particular, we will: 1) Determine the toxicity of spinacine in mice. We will assess the toxicity of spinacine in mice, defining the maximum tolerated dose and identifying the optimum dose with which to carry out experiments designed to test its efficacy, and 2) Evaluate the ability of spinacine to synergize with TRAIL- and/or chemo-based therapies to reduce or eliminate HPV+ tumor growth. We will assess the ability of spinacine to synergize with hrTRAIL and/or the DNA damaging drug cisplatin to inhibit tumor growth in a xenograft model. At the conclusion of this work, we will have 1) Determined the toxicity of the E6-inhibiting molecule spinacine in mice, and 2) Evaluated the effectiveness of combining spinacine with TRAIL- and cisplatin-based treatments in an animal model. This work has the potential to save the lives of thousands of patients suffering from HPV-associated malignancies.

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In Summary



Secure GPT

Fully secure GPT for internal use ensures client IP is protected and confidentiality kept



Search for funding opportunities

Extracting real-time data from the web, the NIH website and the FreeMind Group data set and expertise enables identification and ranking of funding opportunities for each pipeline project



Trained on ~5,000 submissions

FreeMind trained an LLM using thousands of submissions and corresponding reviews



A to Z suite of tools

FreeMind will continue to develop our suite of AI tools designed to address all parts of any submission type



Predictor

Long term goal is to develop an AI able to predict with a certain degree of certainty the potential outcome of any given submission

“In a world where ChatGPT and other AI apps can do many things humans once needed to do themselves or needed to hire other humans to do, the question of **‘how will I add value?’** becomes more relevant than ever.”

Hendrith Vanlon Smith Jr

