

Dr. Jennifer Miller | Principal Investigator, Tryp Therapeutics

June 17, 2021 **Spotlight**

Dr. Miller is a Professor in the division of pediatric endocrinology at University of Florida. She received her M.D. and her M.S. in Clinical Investigation from the University of Florida. She further trained in pediatrics and pediatric endocrinology at the University of Florida. Dr. Miller specializes in the care and treatment of individuals with Prader-Willi syndrome and other genetic causes of early-onset excessive weight gain.

Dr. Miller is currently the Principal Investigator of a Phase II clinical trial by **Tryp Therapeutics** looking to use psychedelics to treat the symptoms associated with eating disorders.

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Interviewed

Dr. Jennifer Miller
PRINCIPAL INVESTIGATOR

What initially got you excited about Psychedelics as a medicine?

The fact that psychedelics have the potential to address multiple symptoms for a single indication is very exciting to me. Hypothalamic obesity conditions are complicated, and every individual with one of these conditions has psychiatric issues as part of their disease including things like anxiety, obsessive-compulsive behaviors, hyper-focus, and hyperphagia.

Company Mentioned

Tryp Therapeutics

COMPANY PROFILE

What has your scientific and research background been focused on?


I have spent my career researching and treating hypothalamic obesity conditions. I received my M.D. from the University of Florida and have been the Principal Investigator for several Phase 2 studies for various eating disorder indications.

What's led you to believe that psilocybin can be an effective treatment for eating disorders?

The pleotropic potential of psilocybin to change behaviors makes it an exciting therapeutic to try for eating disorders, as they are neurologic in nature and psilocybin alters neuronal pathways. Psilocybin has a demonstrated ability to increase neuroplasticity, and we expect the psychotherapy that is administered in conjunction with the drug product will facilitate a rewiring of sorts of the neural pathways that alleviates the behaviors associated with these conditions.

Why did you decide to Partner with Tryp on this Phase II clinical trial and what made you excited about this opportunity?

Tryp approached me for this collaboration, and I have been impressed with their clinical-based approach for developing their treatments. I am excited for this opportunity because individuals with these obesity conditions currently have no treatments available to them that work. So, their appetite and behaviors preclude them being able to live independently or hold a job despite the fact that they have a normal BMI. I am excited to see if we can help them with something.

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What are you hoping to achieve and validate with this trial?

We are hoping to validate with our upcoming Phase 2a clinical trial that psilocybin can help individuals with hypothalamic obesity – either by reducing appetite drive, or reducing food-related anxiety, compulsive eating, impulsive eating, etc.

How transformational do you think that Psilocybin can be, as a whole, on eating disorders and other conditions that don't currently have an effective treatment for patients?

I think the transformational potential is huge. Studies just have to be done to see what conditions it can be helpful in treating, which is why we are so eager to initiate our study this year. The FDA's willingness to evaluate psilocybin on the basis of its clinical merit has been critical to advancing the chemistry for patient use.

What do you believe is the most important thing for people to understand about the future of psychedelics as medicine?

I think it's important for people to understand that psychedelic drug development companies and affiliated researchers are excited that something this simple, which has been around for a very long time, could potentially alter brain connections and treat previously untreatable, chronic conditions. There are millions of patients across a wide range of conditions that could benefit from the approval of these compounds by regulators for physician-administered treatments—including patients that I treat nearly every day that lack effective treatment options.

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