

# Clinical trial outlook



# Primary sclerosing cholangitis industry drug development pipeline

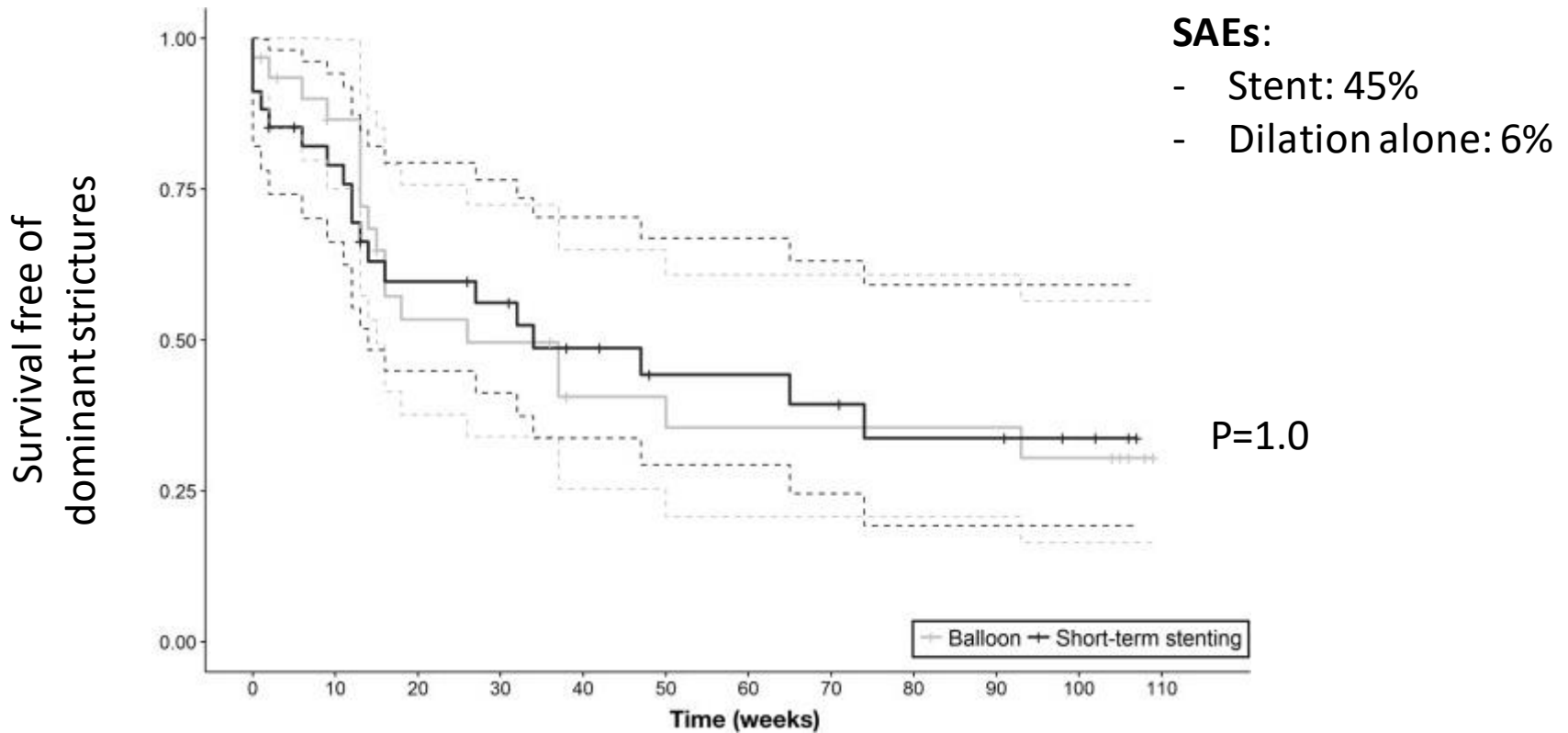
Vedolizumab <b>Takeda Evotec</b> <i>a4b7 integrin agonist</i>			Volixibat potassium <b>Mirum Pharmaceuticals</b> <i>IBAT inhibitor</i>	
			Berberine ursodeoxycholate <b>HighTide Therapeutics</b> <i>Unspecified</i>	
GRI-0124 <b>GRI Bio</b> <i>NKT cell stimulant</i>	HM-15211 <b>Hanmi Pharmaceutical</b> <i>GLP-1/GIP/GCG agonist</i>	SCO-240 <b>Schohia Pharma</b> <i>SSTR5 antagonist</i>	CM-101 <b>Chemomab/Abzena</b> <i>CCL24 antagonist</i>	
H-01 <b>Halo Biosciences</b> <i>Hyaluronan synthase inhibitor</i>	Metabolic and infectious disease therapy <b>CD3 Centre for Drug Design</b> <i>IBAT inhibitor</i>	A-3907 <b>Albireo Pharma</b> <i>IBAT inhibitor</i>	HK-660S <b>Curome Biosciences</b> <i>NAD+ modulator</i>	
Rock2 Inhibitor <b>Angion Biomedica</b> <i>ROCK2 inhibitor</i>	odevixibat <b>Albireo Pharma/Jadeite Medicines</b> <i>IBAT inhibitor</i>	CS-0159 <b>Cascade Pharmaceuticals</b> <i>FXR agonist</i>	Orbcell-C <b>Orbsen Therapeutics</b> <i>IV MSC therapy</i>	
ST-003 <b>SteroTherapeutics</b> <i>GAL antagonist</i>	PSC therapy <b>Engitix Therapeutics</b> <i>Unspecified</i>	HPG-1860 <b>Hepagene Therapeutics</b> <i>FXR agonist</i>	PLN-74809 <b>Pilant Therapeutics</b> <i>a1b6 integrin antagonist</i>	
BX-002 <b>BiomX</b> <i>Microbiome modulator</i>	PV-201 <b>Parvus Therapeutics</b> <i>Unspecified</i>	INVA-8001 <b>Invea Therapeutics</b> <i>Immunosuppressant</i>	Seladelpar <b>CymaBay Therapeutics</b> <i>PPAR-d agonists</i>	Norursodeoxycholic acid <b>Dr. Falk Pharma/Eisai</b> <i>Cholesterol inhibitor</i>
Ela fibranor <b>Genfit Ipsen</b> <i>PPAR-a/PPAR-d agonist</i>	setanaxib <b>Calliditas Therapeutics</b> <i>NADPH oxidase 1/4 inhibitor</i>	STP-707 <b>Sirnaomics</b> <i>TGF-β1/Cox-2 gene inhibition</i>	Vidofludimus calcium <b>Immunic 4SC</b> <i>DHODH inhibitor</i>	Cilofexor <b>Gilead/Phenex</b> <i>FXR agonist</i>
<b>Preclinical</b>		<b>Phase I</b>	<b>Phase II</b>	<b>Phase III</b>

Trivedi (unpublished)

# A note about clinical trials in PSC

- Heterogeneous intent-to-treat population
- Lack of validated surrogates of disease progression
- Most use serum ALP as primary endpoint
- Must learn from the negatives!

# Stent or not to stent, that is the question...



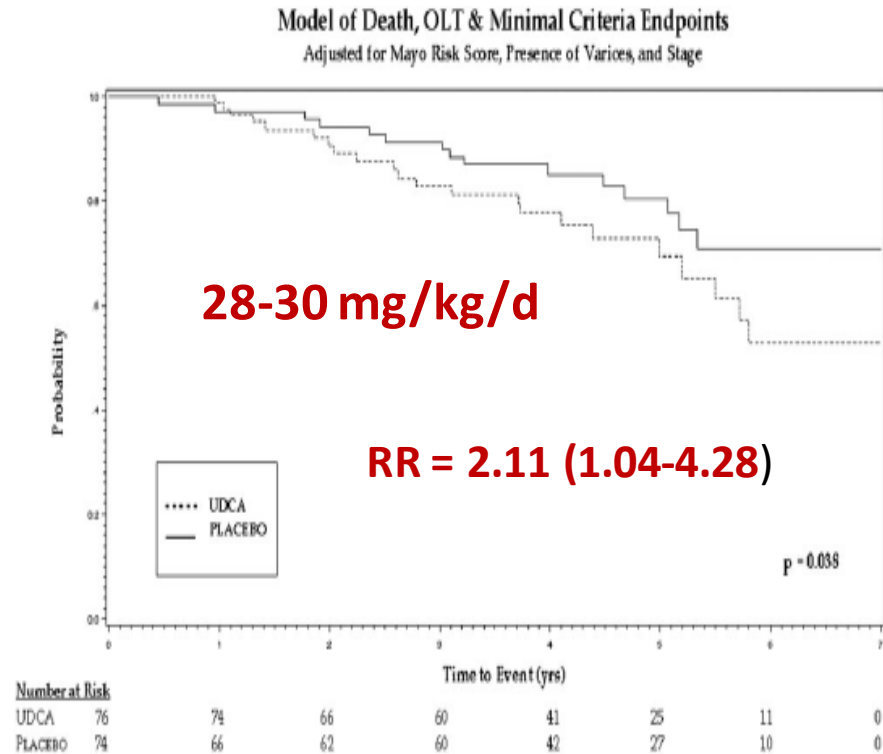
# UDCA in PSC

**Pilot study: 30 patients,  
UDCA 25-30 mg/kg/d, 1 year**

**RESULTS:** A marked improvement in serum alkaline phosphatase activity ( $1265 \pm 172$  vs  $693 \pm 110$  U/L,  $p < 0.001$ ), AST ( $161 \pm 037$  vs  $77 \pm 13$  U/L,  $p = 0.001$ ), albumin ( $4.0 \pm 0.1$  vs  $4.2 \pm 0.1$  g/dl,  $p = 0.03$ ), and total bilirubin ( $1.6 \pm 0.3$  vs  $1.3 \pm 0.2$  mg/dl,  $p = 0.1$ ) occurred at 1 yr of therapy with high-dose UDCA. Changes in the Mayo risk score after 1 yr of treatment were significantly different among the three groups ( $p < 0.001$ ), and these changes would be translated into a significantly different expected survival at 4 yr ( $p = 0.05$ ). This expected survival at 4 yr was significantly different between placebo and the dose of 25–30 mg/kg per day ( $p = 0.04$ ).

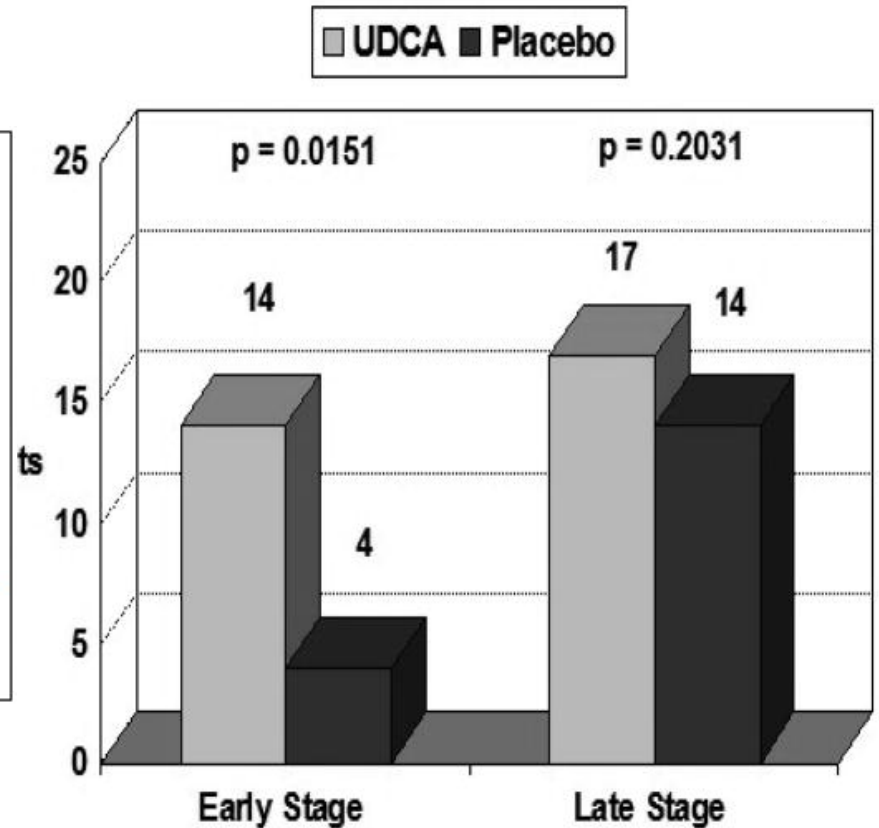
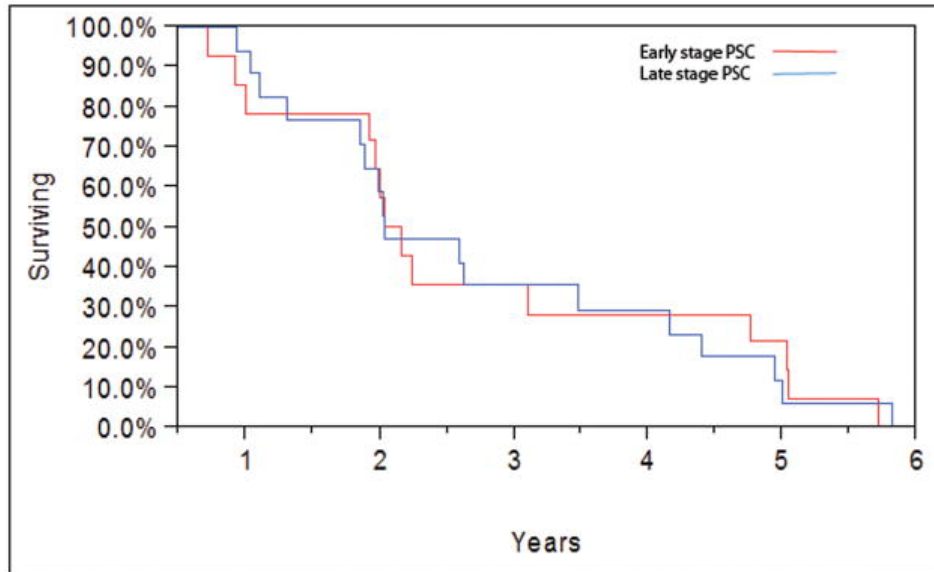
Harnois *et al.* Am J Gastroenterol 2001

## Randomised control trial



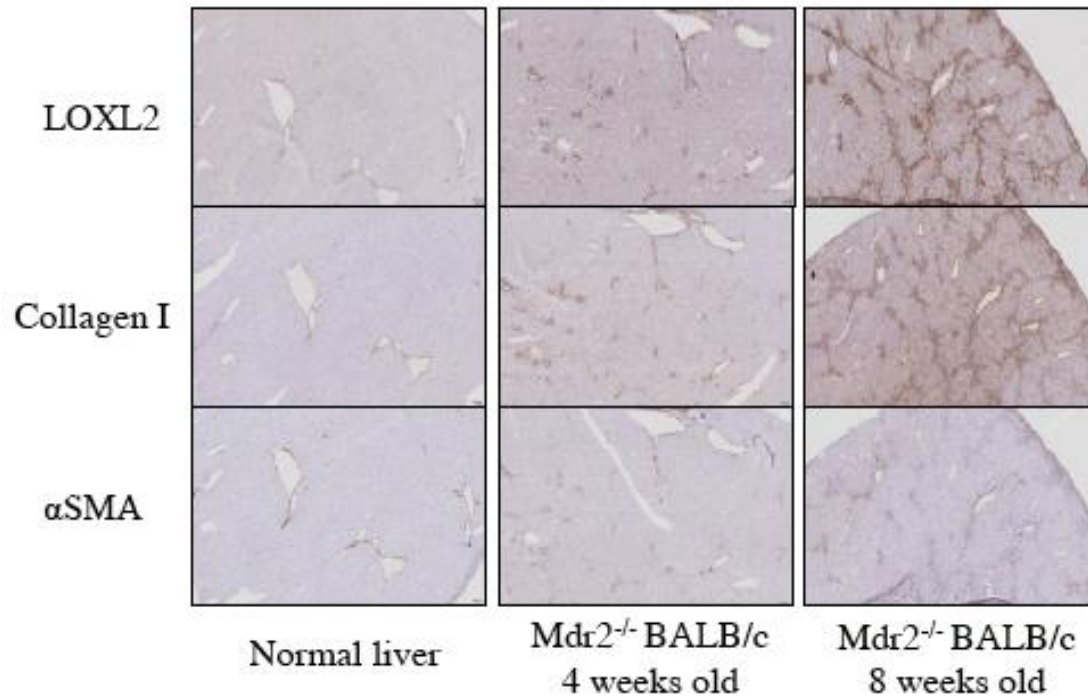
Lindor *et al.* Hepatology 2009

# UDCA in PSC

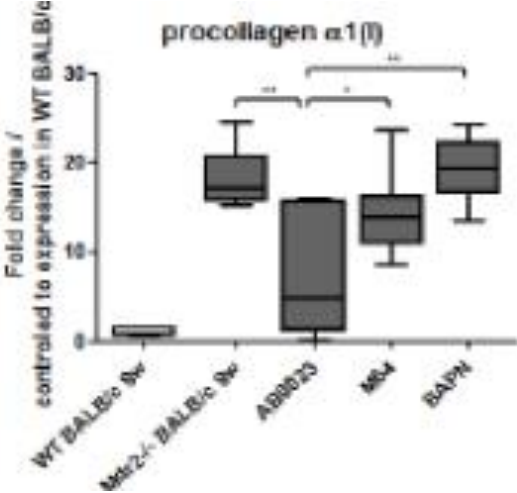
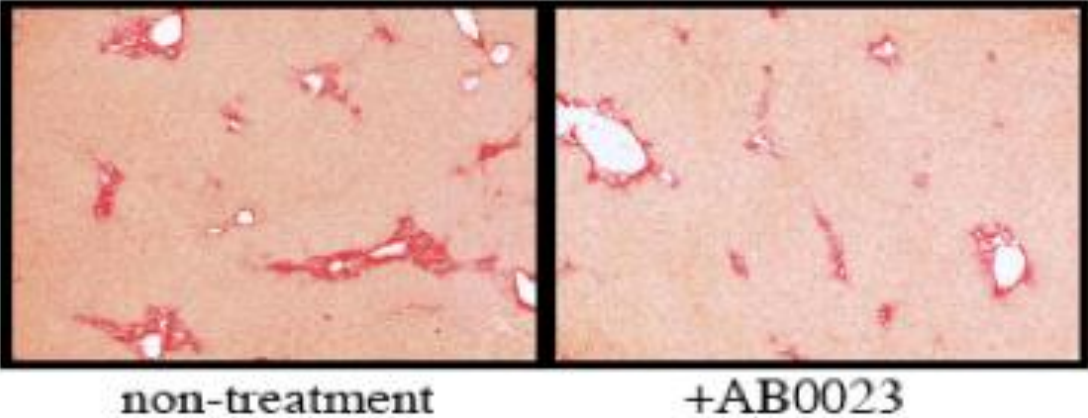


# Targeting biliary fibrosis with anti- LOXL2 (simtuzumab):

## Rationale:

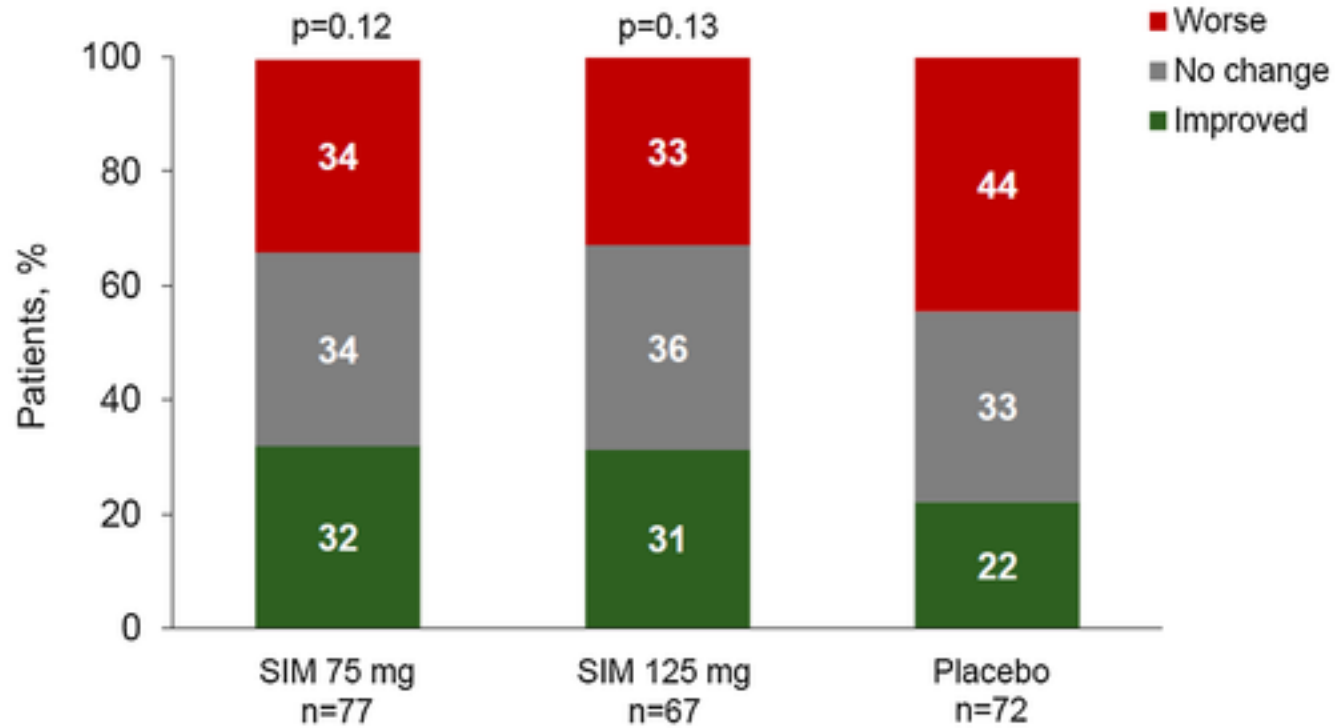


# LOXL2 inhibition attenuates biliary fibrosis in the *Mdr2*<sup>-/-</sup> model of PSC

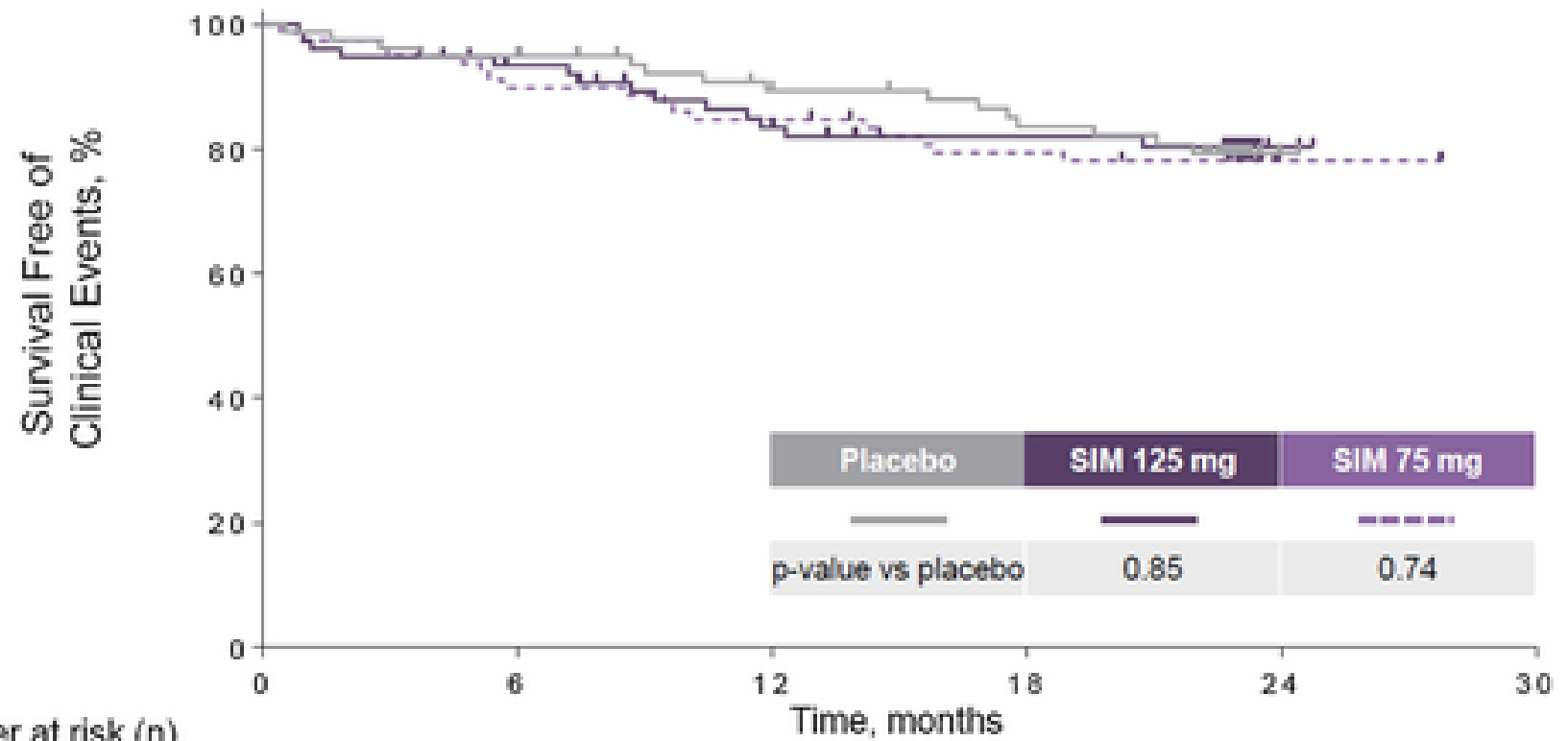




# Anti-LOXL2 does not slow disease progression



# Anti-LOXL2 does not slow disease progression

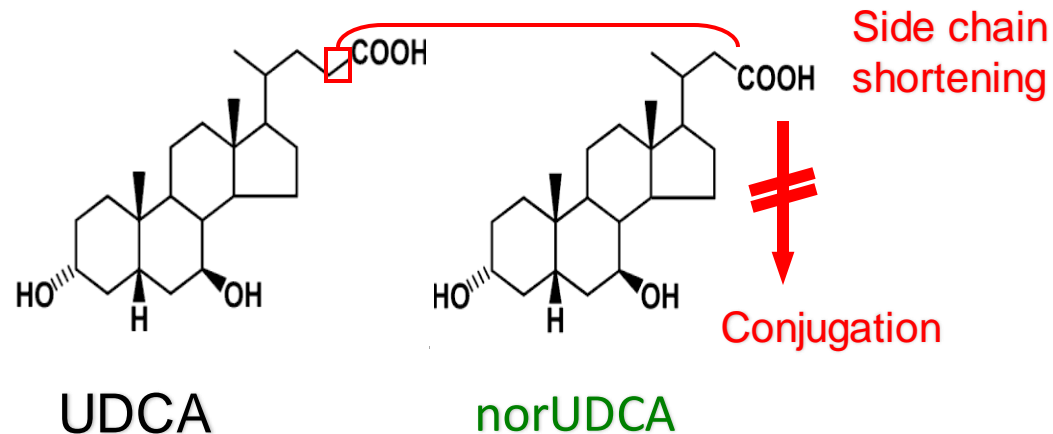


Number at risk (n)

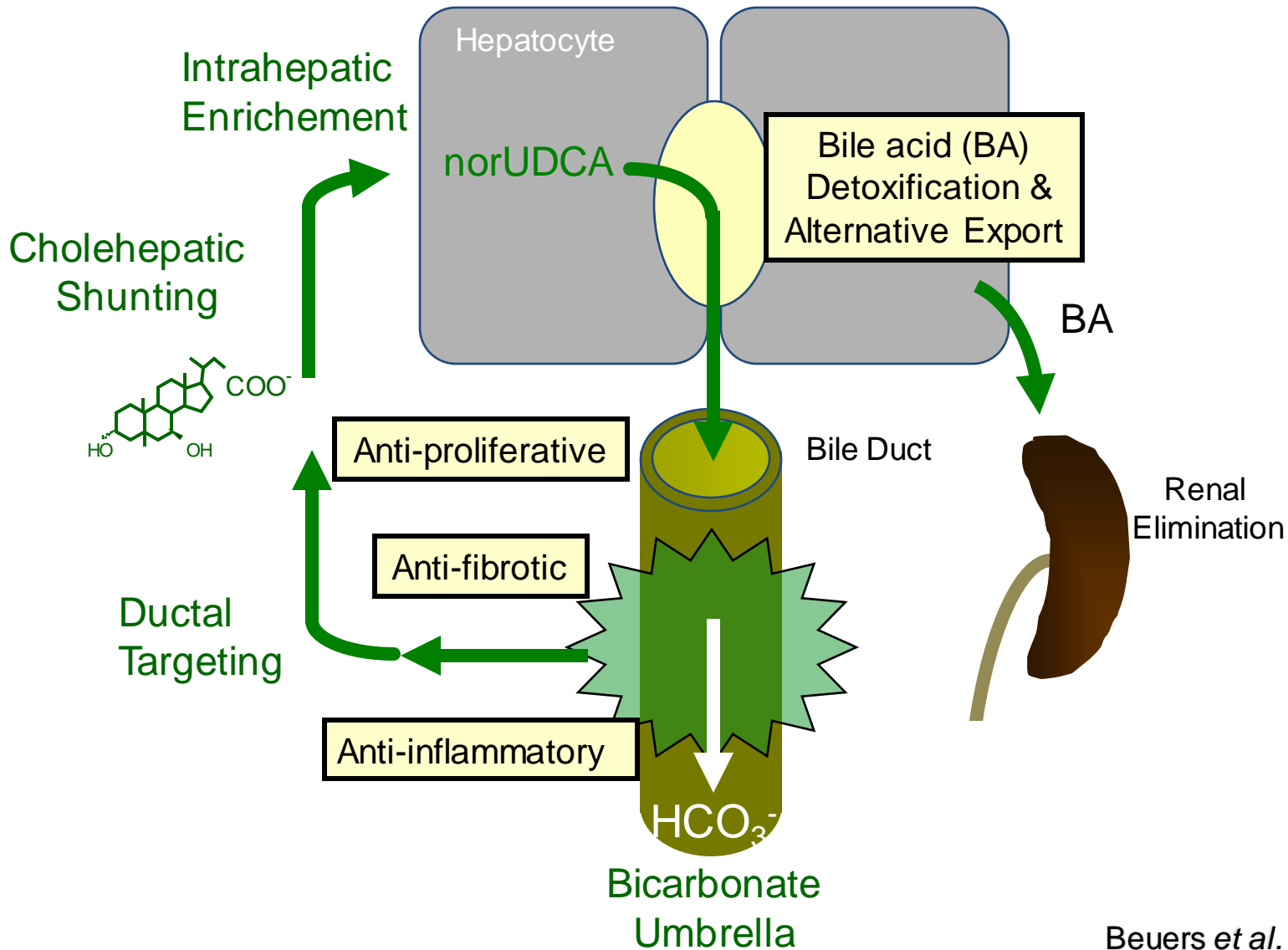
	0	6	12	18	24	30
Placebo	78 (0)	74 (4)	63 (8)	58 (12)	1 (15)	0 (15)
SIM 125 mg	77 (0)	69 (5)	56 (13)	51 (14)	2 (15)	0 (15)
SIM 75 mg	79 (0)	70 (8)	66 (12)	60 (16)	1 (17)	0 (17)

# NorUDCA

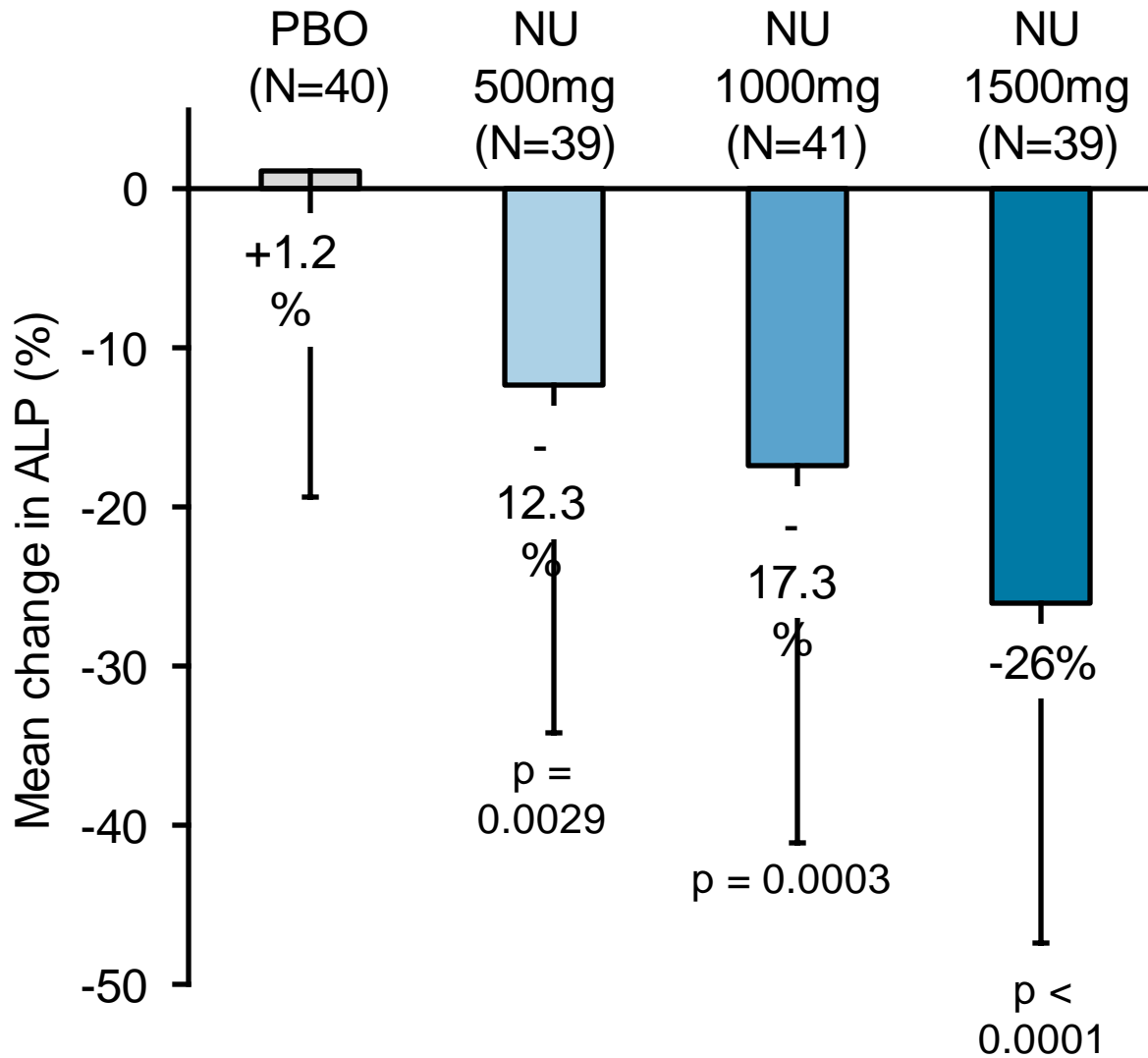
- 24-*nor*-ursodeoxycholic acid (*nor*UDCA): side chain-shortened C<sub>23</sub> homologue of UDCA



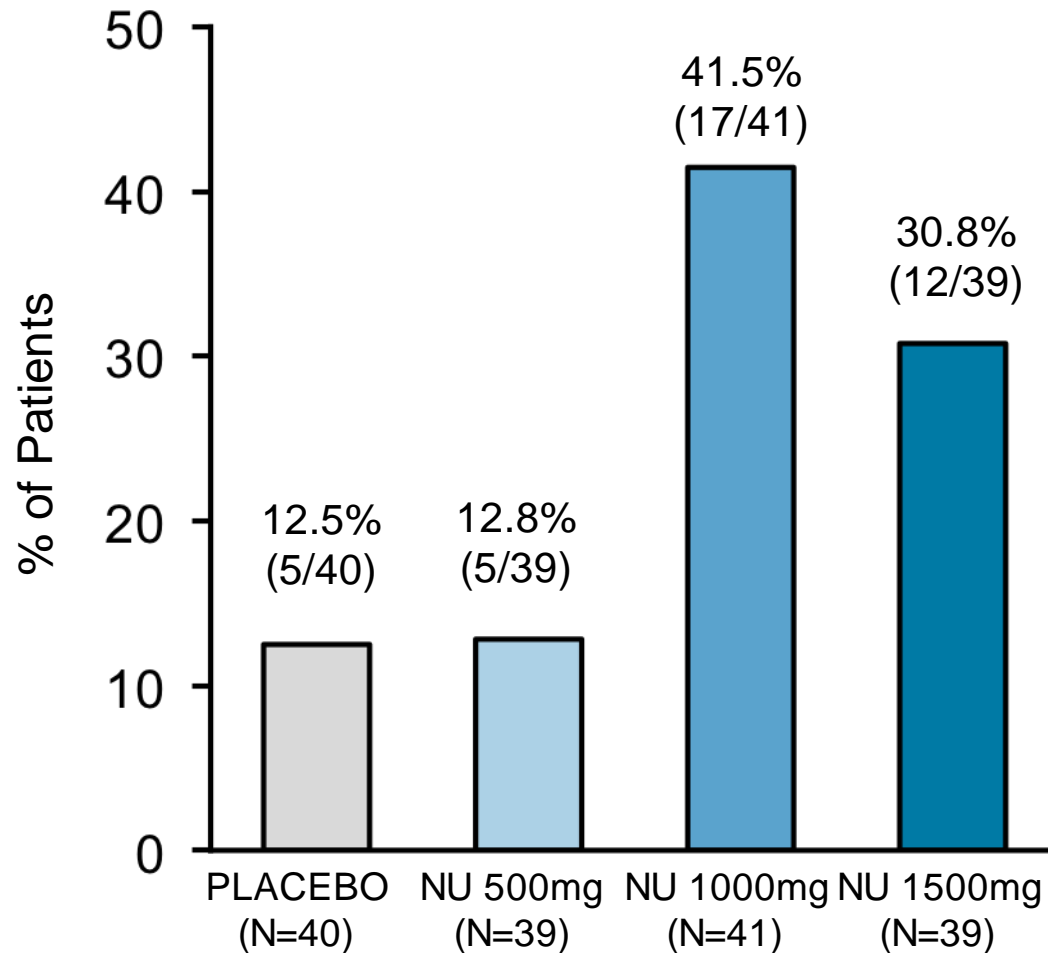
# NorUDCA: Mechanism of action



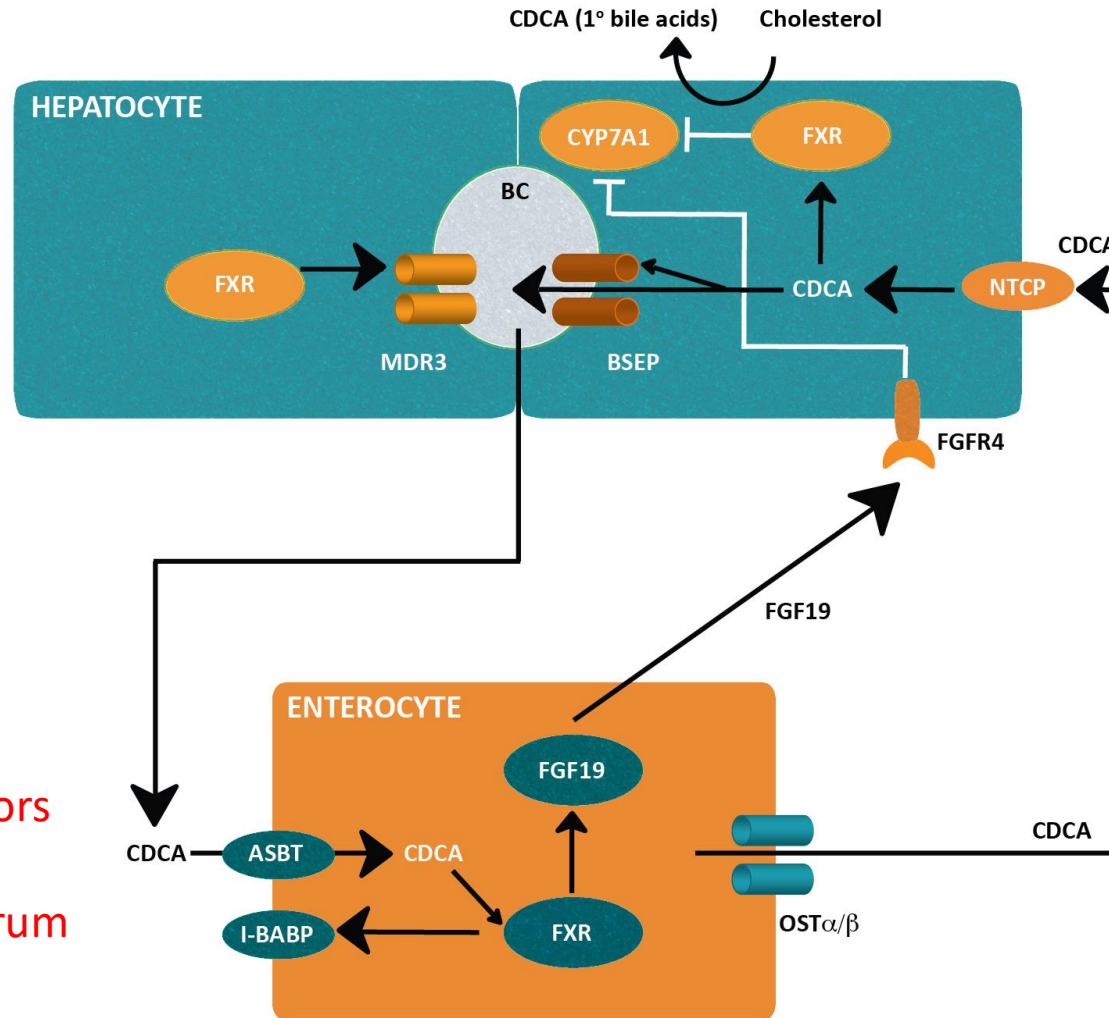
# Phase II clinical trial: results (I)



# Results (3): Patients (%) Reaching ALP $\leq$ 1.5 ULN (ITT)

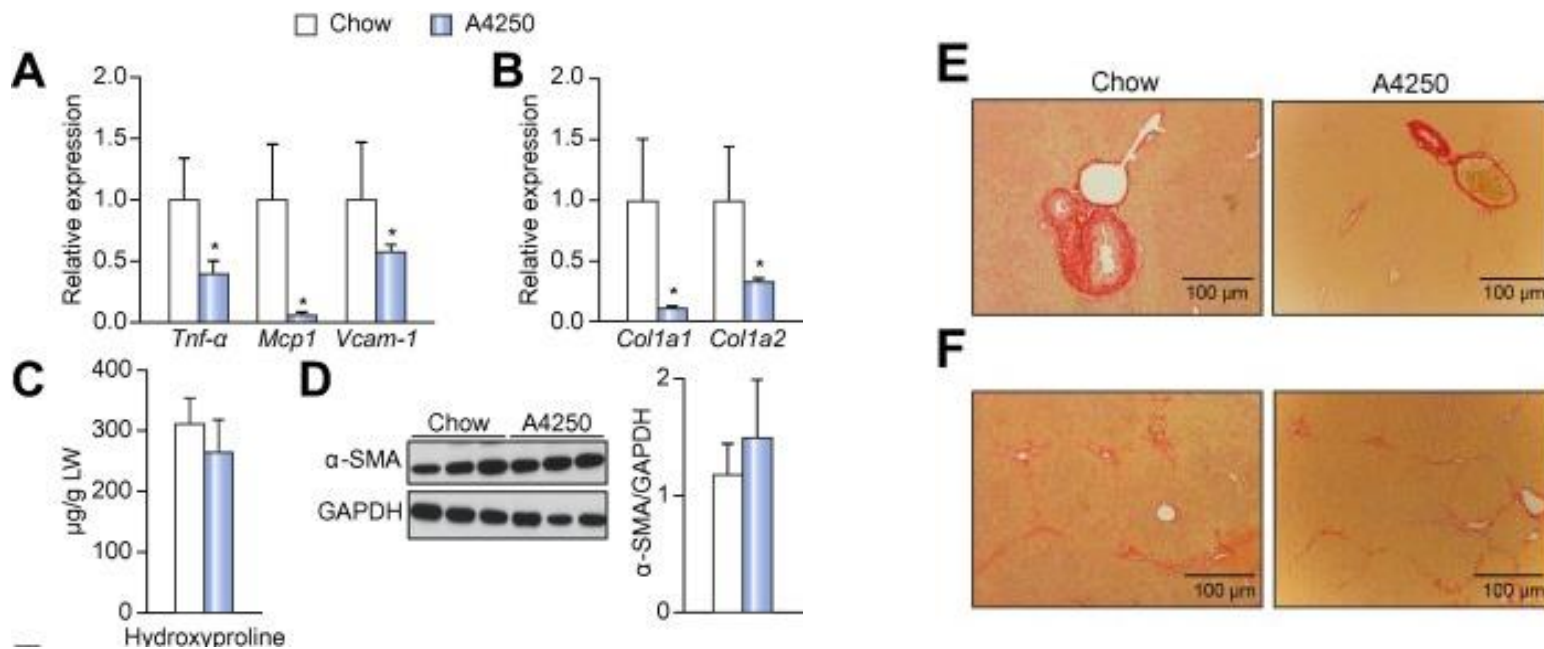


# Bile acid pathway transporters...simplified



ASBT inhibitors  
for pruritus?  
- P2 RCT; Mirum

# ASBT inhibitors attenuate biliary fibrosis *in vivo*

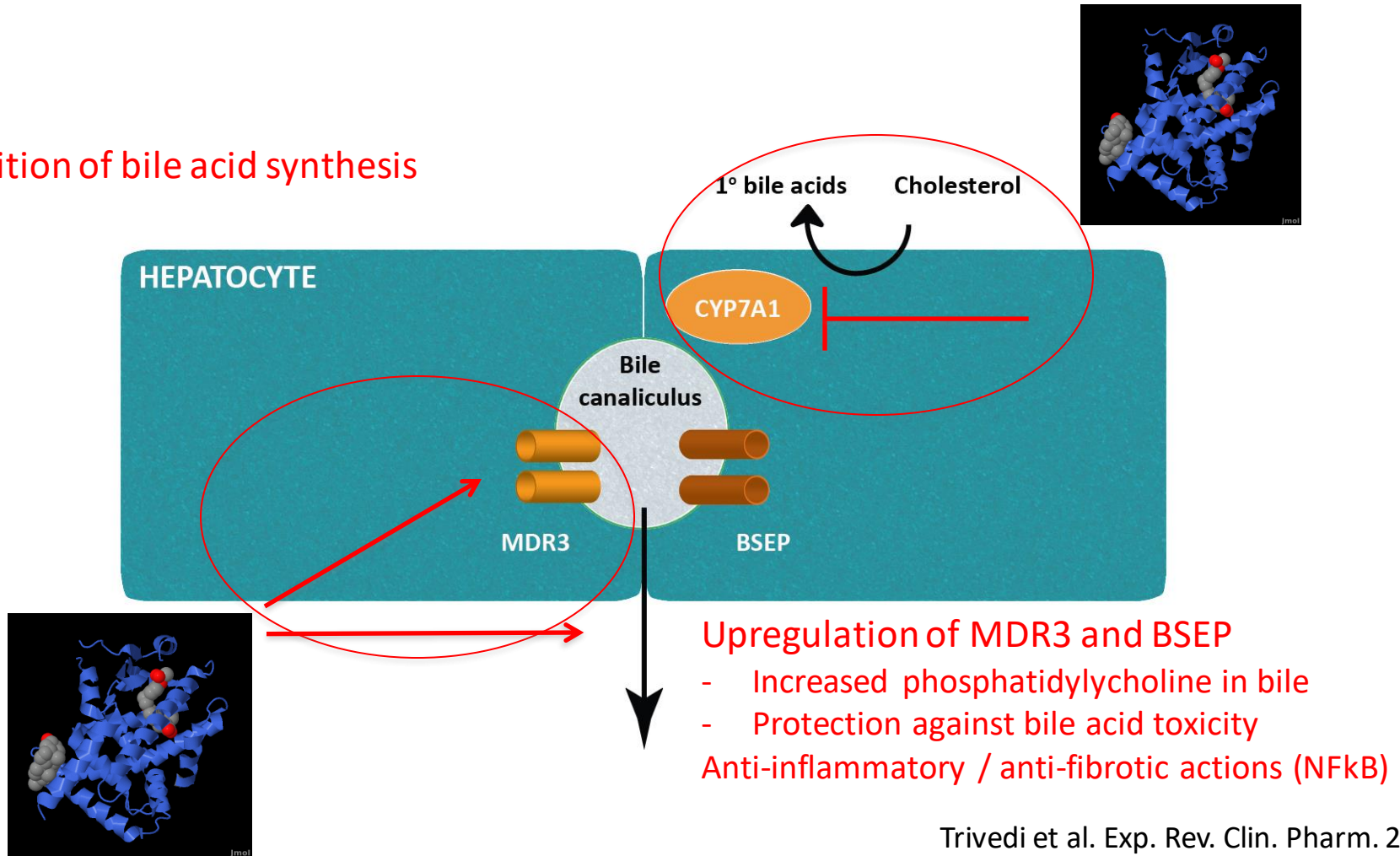


*Mdr2*<sup>-/-</sup> mice

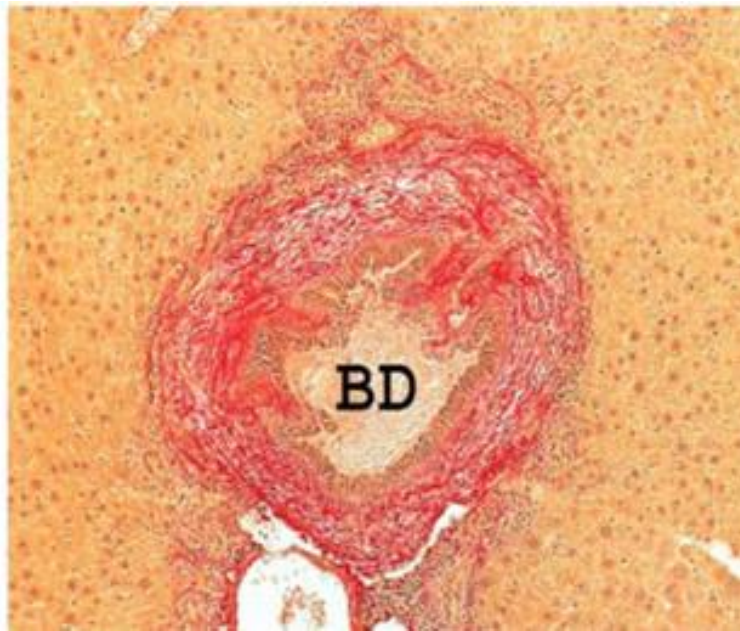


# Next generation PPAR agonists; IPSEN Elmwood Study

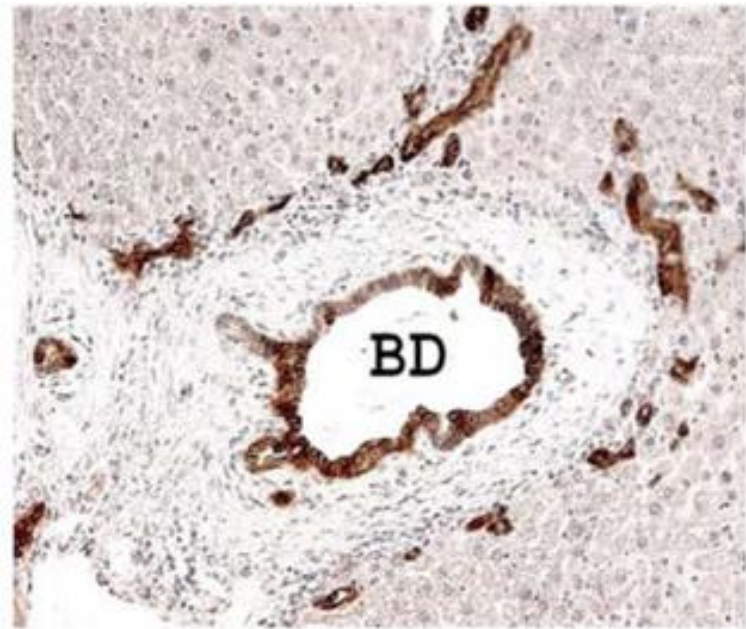
Inhibition of bile acid synthesis



# Integrin $\alpha V\beta 6$ expression in murine sclerosing cholangitis

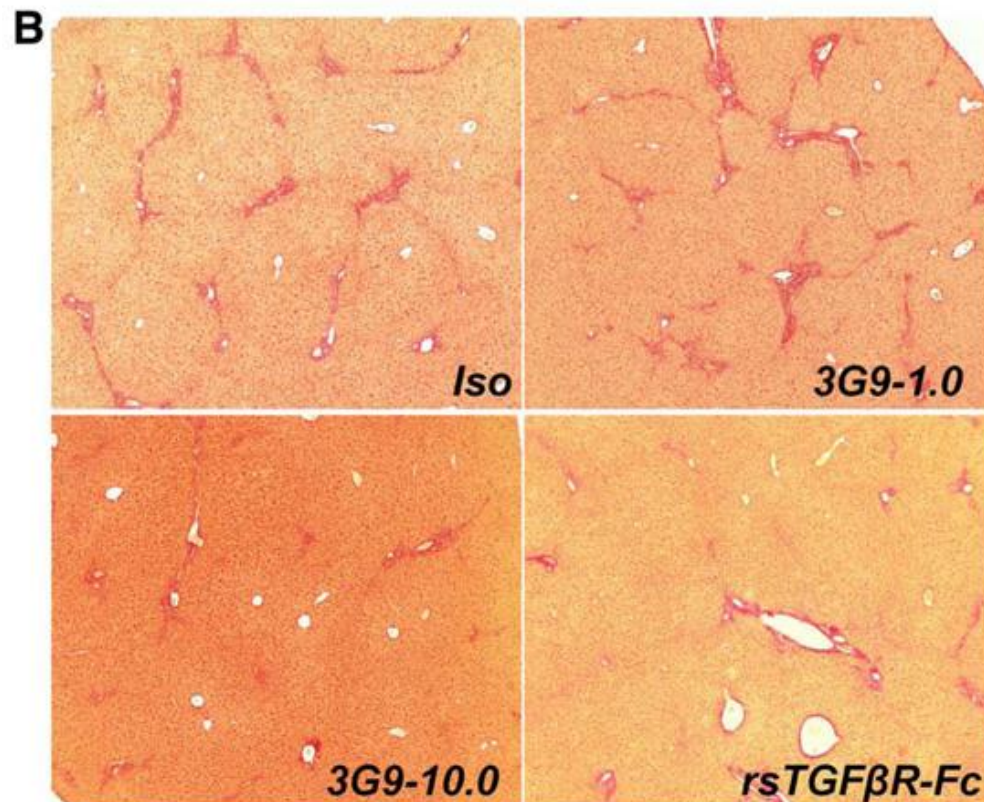
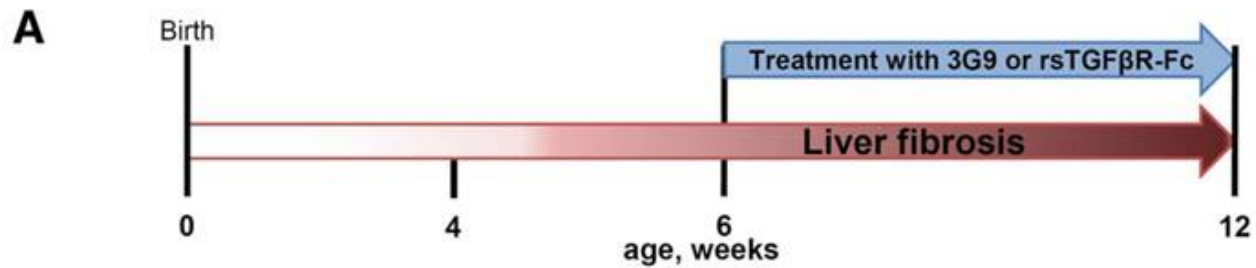


Periductal fibrosis; Sirius red

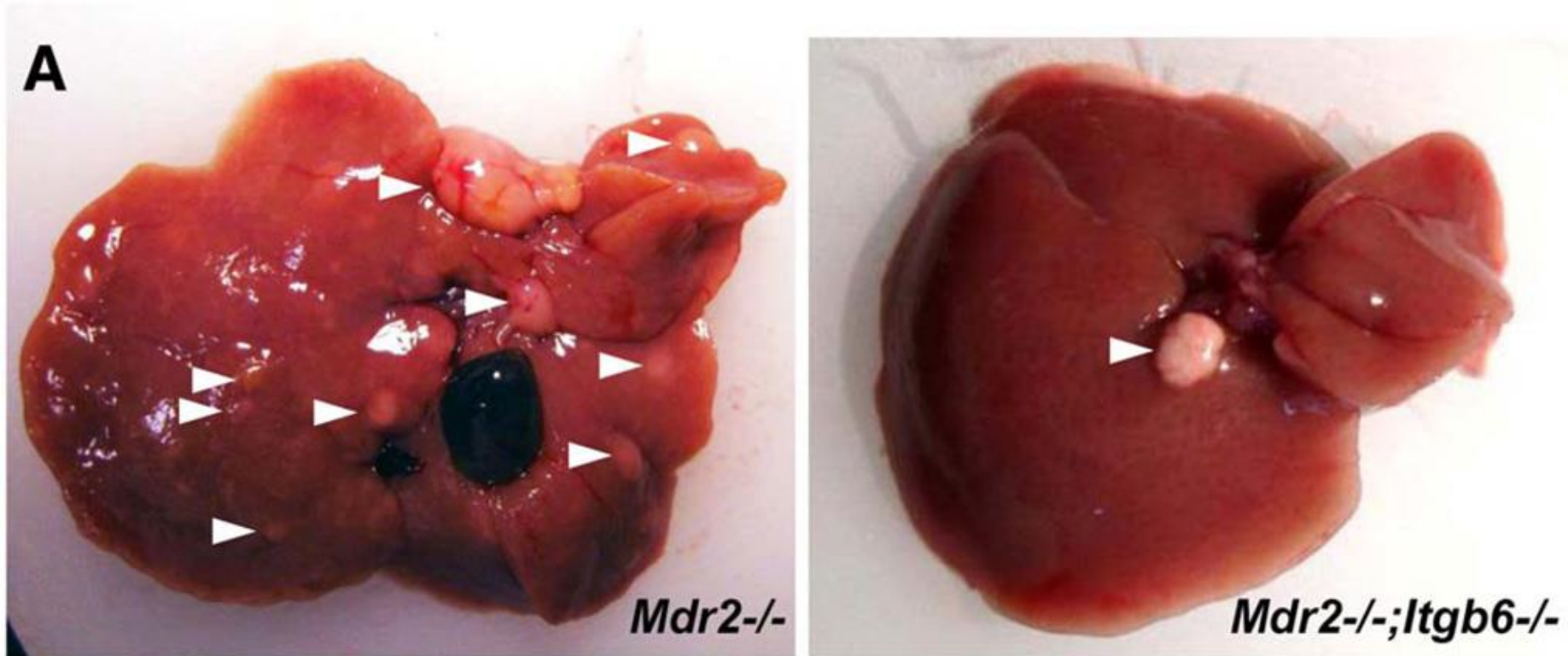


$\alpha V\beta 6$  expressing cholangiocytes

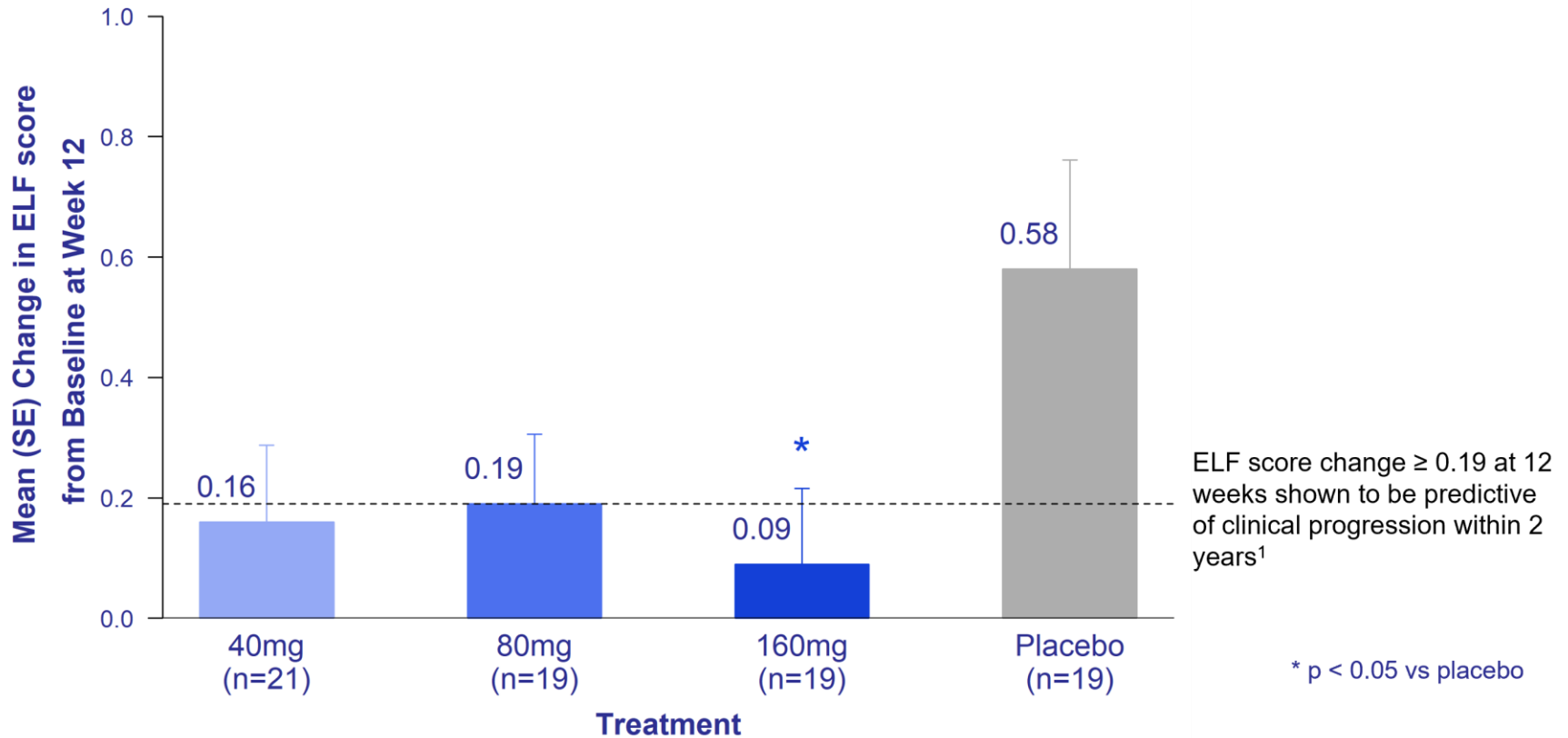
# Integrin $\alpha V\beta 6$ inhibition attenuates sclerosing cholangitis in mice



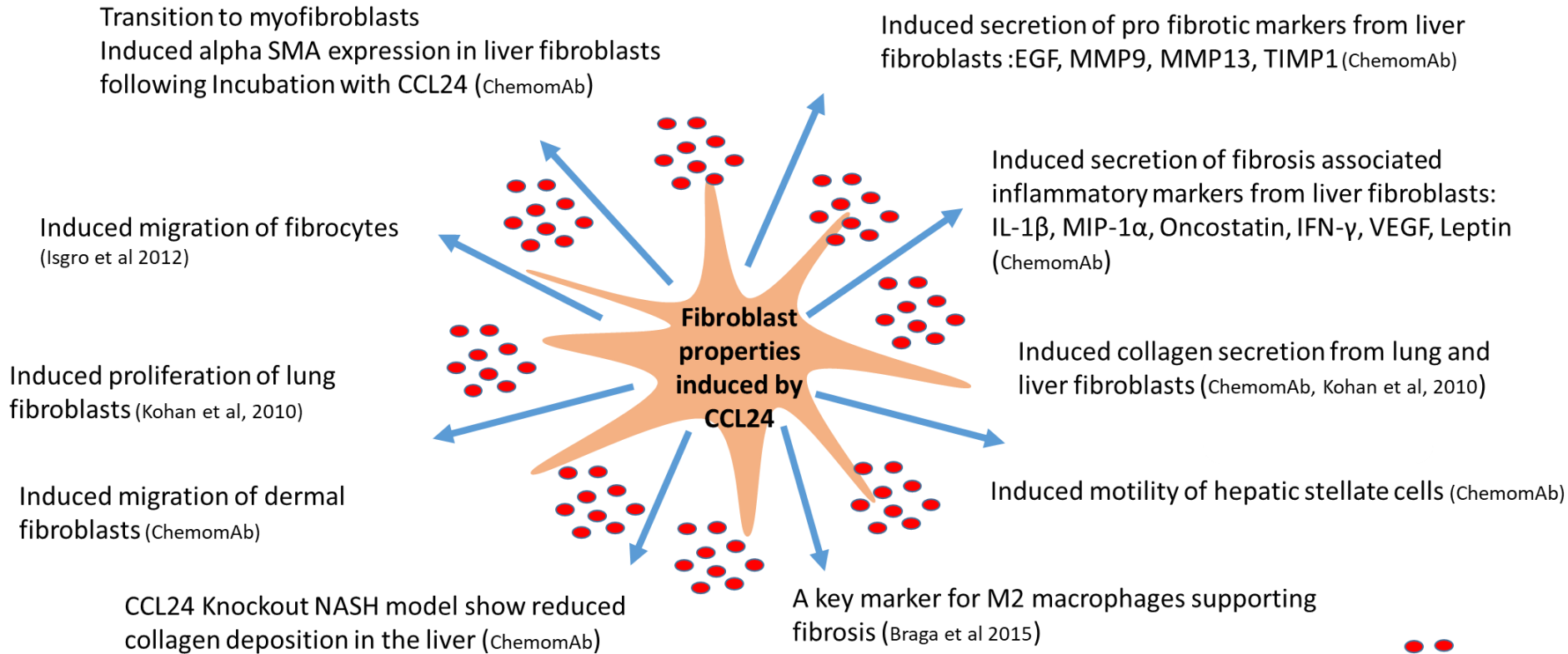
# Targeted deletion of $\beta 6$ prevents hepatobiliary carcinogenesis



# INTEGRIS: Phase 2 dose finding study of anti avB6 / B1 in PSC



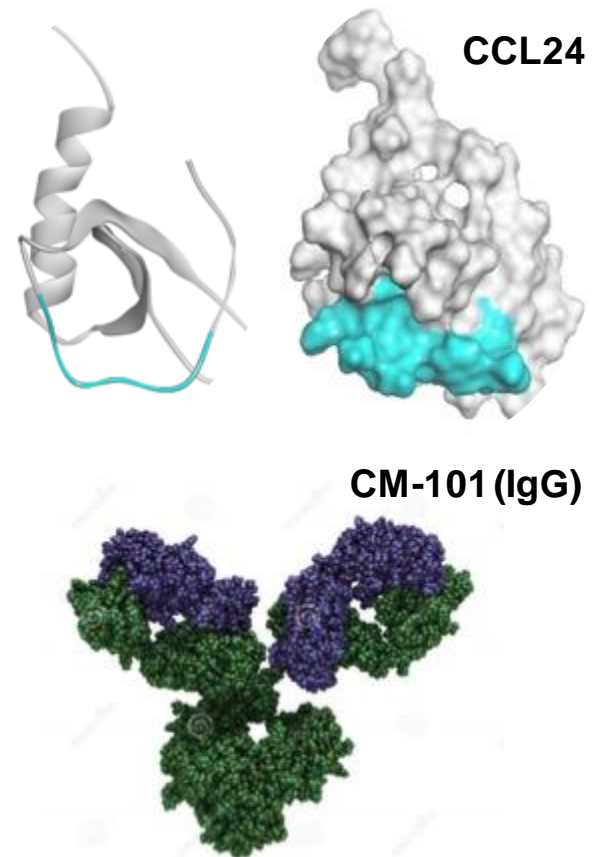
# CCL24-CCR3 Axis Involvement in Human Fibroblasts



# CM-101 is IgG1 Humanized Monoclonal Antibody Targeting CCL24

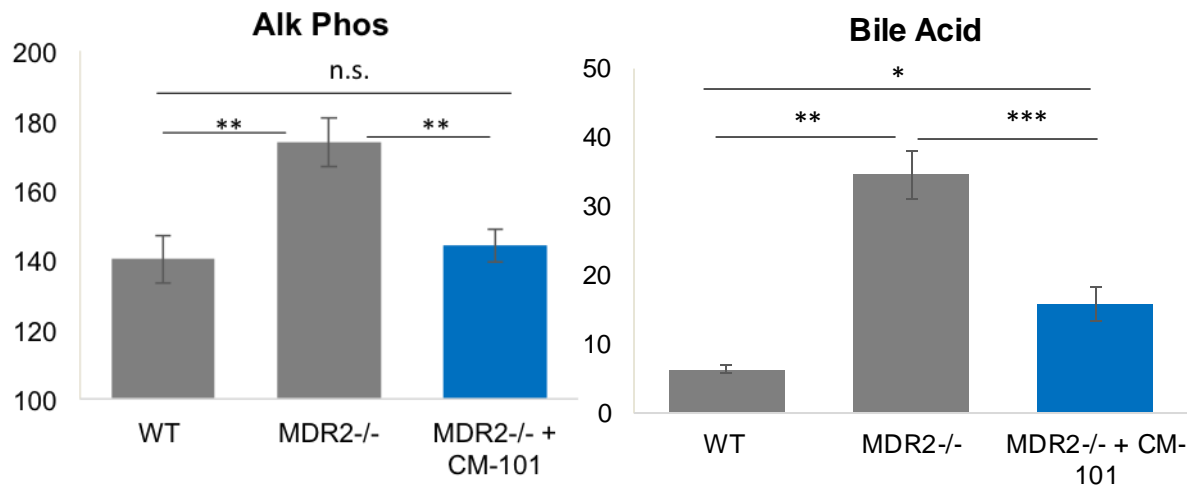
- CM-101's epitope identified, lead clone selected based on affinity and potency
- Fully humanized antibody
- Low manufacturing risk: expressed in CHO cells; GMP batches completed
- Typical PK profile for an IgG1 antibody
- Pre-clinically tractable: high cross reactivity with murine, rat and monkey CCL24
- Easy target engagement tracking using a validated method for measurement of total serum CCL24
- Available in both IV and SC formulations

## Three dimensional structure of CCL24 and CM-101 (IgG)



# CM-101 Reduces Liver Collagen and ALP in Experimental PSC Models (MDR2<sup>-/-</sup> Knockout Mice)

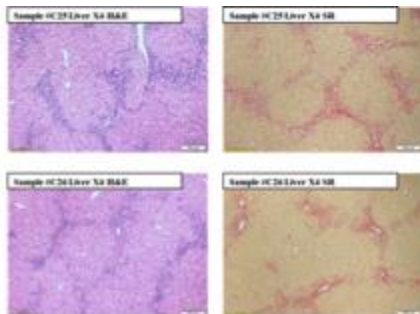
## CM-101 attenuates ALP and Bile acid secretion



### MDR2<sup>-/-</sup> with Vehicle

H&E

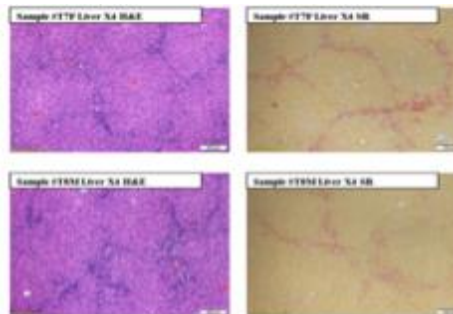
Sirius Red



### MDR2<sup>-/-</sup> with CM-101

H&E

Sirius Red



\*\*\*p<0.001; \*\*p<0.01; \*p<0.05



