

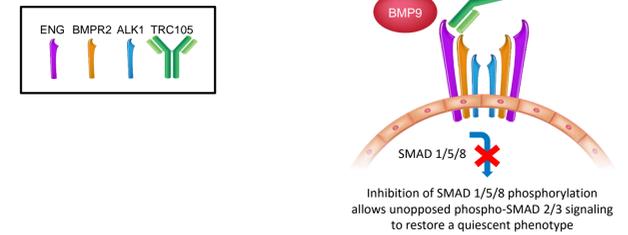
Endoglin Antibody Reduces the NAFLD Activity Score in the STAM™ Model of NASH and Reduces Liver Fibrosis Following Carbon Tetrachloride Treatment

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INTRODUCTION

- Endoglin is a membrane receptor required for angiogenesis (Li 1999) that is highly expressed on proliferating endothelial cells in solid tumors (Seon 2011), and is also expressed on activated fibroblasts.
- Endoglin expressed on activated fibroblasts signals through binding transforming growth factor beta (TGF-β) and through binding bone morphogenic protein (BMP).
- Endoglin heterozygosity is associated with the Osler-Weber-Rendu syndrome that results in mucocutaneous telangiectasia.
- TRC105 is a chimeric IgG1 endoglin monoclonal antibody with high avidity ($K_D = 5 \text{ pM}$) that inhibits angiogenesis by competitively inhibiting BMP binding (Nolan-Stevaux 2012), potentiates the activity of VEGF inhibitors in preclinical models, and is being studied in multiple oncology trials in combination with VEGF inhibitors.



- Endoglin antibody reversed cardiac fibrosis and improved survival in preclinical fibrosis models (Kapur 2012; Kapur 2014).
- Marked reduction in cutaneous neurofibromatosis was observed in a sarcoma patient dosed with TRC105 and pazopanib in a Phase 2 clinical trial.



Pictures demonstrate marked reduction of cutaneous neurofibromatosis in a 59 year old man following three months of treatment with TRC105 and pazopanib

Endoglin Antibodies

TRC105

Human chimeric IgG1 antibody to human endoglin that competitively inhibits human BMP binding, and causes endoglin shedding. TRC105 cross reacts with mouse endoglin without inhibiting mouse BMP binding to mouse endoglin.

TRC205

Human IgG4 antibody to human endoglin that competitively inhibits human BMP binding, and causes endoglin shedding. TRC205 cross reacts with mouse endoglin without inhibiting mouse BMP binding to mouse endoglin.

M1043

Rat IgG1 antibody to mouse endoglin that competitively inhibits mouse BMP binding to mouse endoglin.

CCl₄ Fibrosis Study

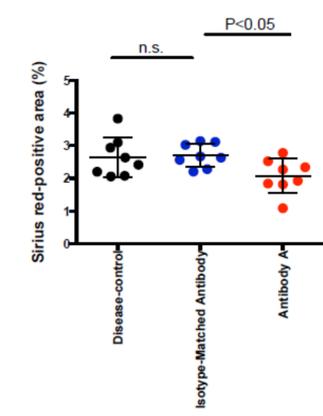
Method

Group	No. mice	Model	Test substance	Dose (mg/kg)	Volume (mL/kg)	Regimen	Sacrifice
1	8	CCl ₄	-	-	-	-	Day 28
2	8	CCl ₄	Isotype-Matched Antibody	10	5	IV, twice weekly, Day 14, 17, 21 and 24	Day 28
3	8	CCl ₄	Antibody A	10	5	IV, twice weekly, Day 14, 17, 21 and 24	Day 28

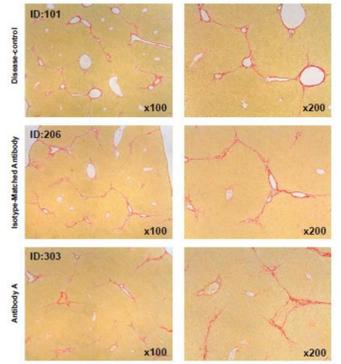
Results

- Antibody A (M1043) significantly decreased the percentage of Sirius red-positive area compared with the Isotype-Matched Antibody control group.
- Extensive collagen deposition and bridging fibrosis were evident in the liver sections from the Isotype-Matched Antibody and disease control groups. The Antibody A (M1043) group demonstrated lower collagen deposition with less frequent formation of bridging fibrosis than the Isotype-Matched Antibody and disease control groups.
- There was no significant difference in mean body weight between the Isotype-Matched Antibody group and the Antibody A (M1043) group.

Fibrosis Area



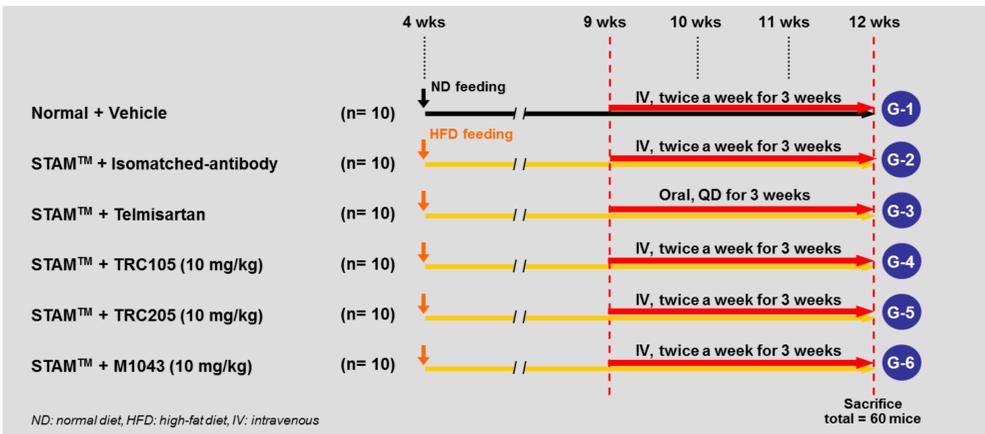
Representative Histopathology



NASH Study

Methods

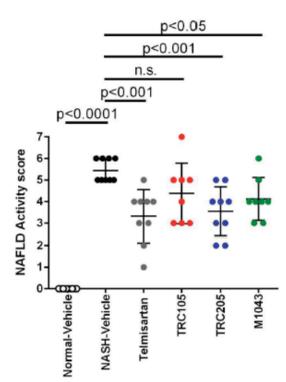
Study plan for assessing the anti-fibrosis effects of M1043, TRC105 and TRC205 in STAM™ model of NASH



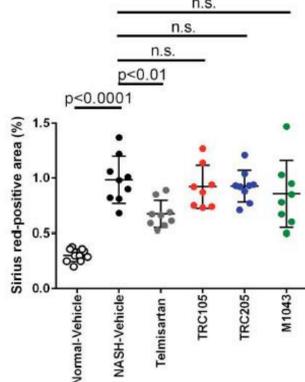
Analyses

- General condition**
 - Body weight
 - Liver weight
 - Liver-to-body weight ratio
- Biochemistry**
 - Liver TG
 - Plasma ALT
 - Plasma AST
 - Plasma ALK phosphatase
- Histopathological analyses**
 - HE staining (NAFLD Activity score)
 - Sirius red staining (Fibrosis area)
 - IHC for F4/80 (Inflammation area)
- Gene expression assay**
 - TNF-α, MCP-1, α-SMA, IMP-1
- Sample collection**
 - Frozen liver samples
 - Frozen plasma samples

NAFLD Activity Score



Fibrosis Area



NAFLD Activity Score Table

Group	n	Score						NAS (mean ± SD)					
		Steatosis			Lobular inflammation								
Normal-Vehicle	10	10	-	-	-	10	-	-	0.0 ± 0.0				
NASH-Vehicle	9	-	6	3	-	1	6	2	-	5.4 ± 0.5			
Telmisartan	9	-	9	-	-	3	4	2	-	3.3 ± 1.2			
TRC105	8	1	6	1	-	1	5	2	3	5	4.4 ± 1.4		
TRC205	9	-	6	3	-	5	-	4	-	1	4	4	3.0 ± 1.1
M1043	8	-	6	2	-	1	1	6	-	2	2	4	4.1 ± 1.0

Item	Score	Extent
Steatosis	0	<5%
	1	5-33%
	2	>33-66%
	3	>66%
Lobular Inflammation	0	No foci
	1	<2 foci/200x
	2	2-4 foci/200x
	3	>4 foci/200x
Hepatocyte Ballooning	0	None
	1	Few balloon cells
	2	Many cells/prominent ballooning

Conclusions

CCl₄ FIBROSIS MODEL

- M1043 treatment significantly reduced collagen deposition in the CCl₄ model of liver fibrosis, as evidenced by decreased Sirius red positive area.
- No abnormal findings were observed in the M1043 treated group.

NASH MODEL

- TRC205 and M1043 significantly reduced the NAS.
- TRC205 and M1043 demonstrated anti-inflammatory and anti-NASH effects.
- The increased activity of M1043 versus TRC105 suggests that inhibition of BMP function is an important mechanism of action of endoglin antibodies in models of fibrosis.
- The improved activity of TRC205, an IgG4 antibody versus TRC105 suggests that an endoglin antibody unable to engage immune effector cells will be the preferred clinical candidate.

OVERALL

- Endoglin antibodies have demonstrated activity in cardiac and liver fibrosis models, including NASH.
- Regression of cutaneous neurofibromatosis was observed in a patient with sarcoma treated with the endoglin antibody TRC105 in combination with pazopanib.
- The endoglin antibody TRC205 is being developed to treat patients with fibrosis.

REFERENCES

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