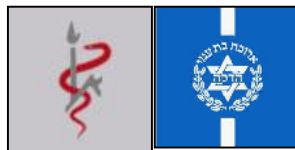




Paris
NASH
Meeting



Gut-based immunotherapy - implications for NASH

Targeting the gut immune system for alleviation of the systemic inflammatory response without immune suppression

Yaron Ilan, M.D.

Gastroenterology and Liver Units, Department of Medicine

Hebrew University-Hadassah Medical Center

Jerusalem, Israel

July 2018





Disclosure

I have financial relationships with the companies below and the content of my presentation does include a discussion of the investigative use of products being developed by the companies below. The studies described were supported in part by several of these companies.

Consultant:

Teva; Abbott; ENZO; Protalix; Therapix; Betalin Therapeutics; Immunepharm; JTI; Immuron; Chiasma Pharma; Nasvax; Alcobra; One Day Pharma; Cure Tech; Lutea; Kamedis; MedWell; Accelmed; Medial; SciM; Tiziana Pharma;

Medical Director:

Exalenz Bioscience; Natural Shield; Oberon Sciences; Plantylight;



Forward-looking statement

Please be advised that the information and projections provided in this presentation may include forward-looking statements with respect to plans, projections or future performance of the compounds and companies presented, the occurrence of which involves certain risks and uncertainties and is not under the control of these companies, including, but not limited to, changes in regulatory environment and success in implementing its research, development, sales, marketing and manufacturing plans, protection and validity of patents and other intellectual property rights, the impact of currency exchange rates and the effect of competition by other companies.

Therapy for NASH: The next decade

- a. Target multiple mechanisms
- b. Long term safety
- c. Target the whole spectrum of the disease: from prevention to cirrhosis
- d. A combination therapy
- e. Alleviates concomitant disorders (e.g. diabetes, hyperlipidemia)

Oral immune therapy

Examples

Advantages

How does our environment blends into us

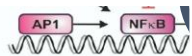
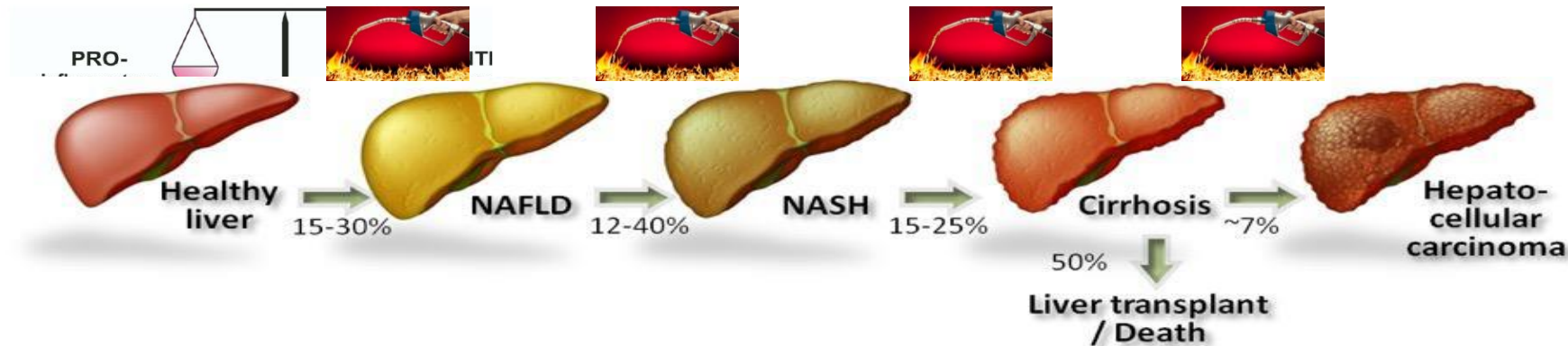


Oral immune therapy

Picasso Stadel Museum, Frankfurt

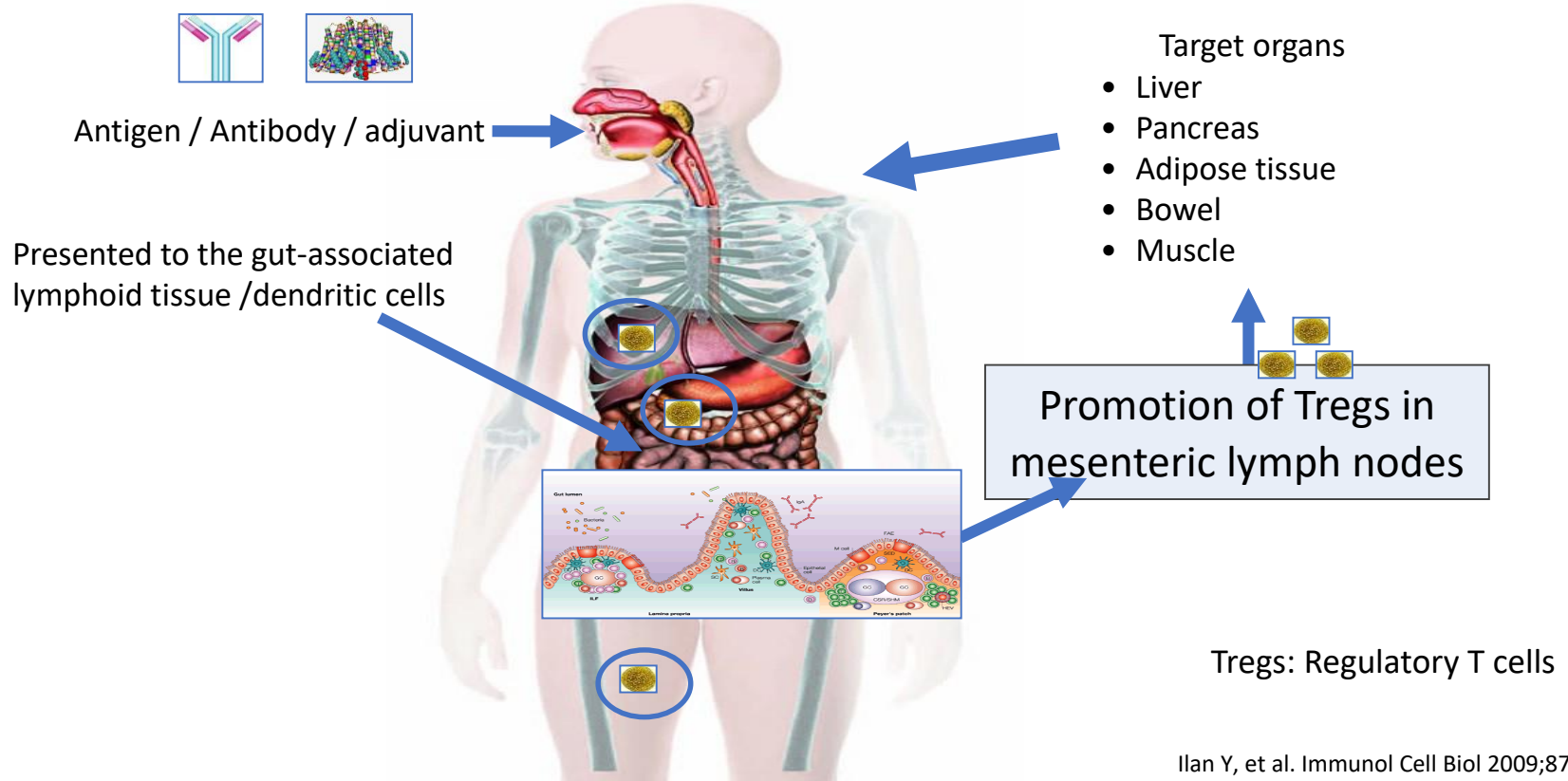
Metabolic syndrome: Fueling the growing fire of inflammation

Diverse immune pathways at different disease stages



Disruption of the immune and metabolic pathways is central to the pathogenesis of the metabolic syndrome

Oral immunotherapy: modulation of the systemic immune response via alteration of the gut immune system without immune suppression

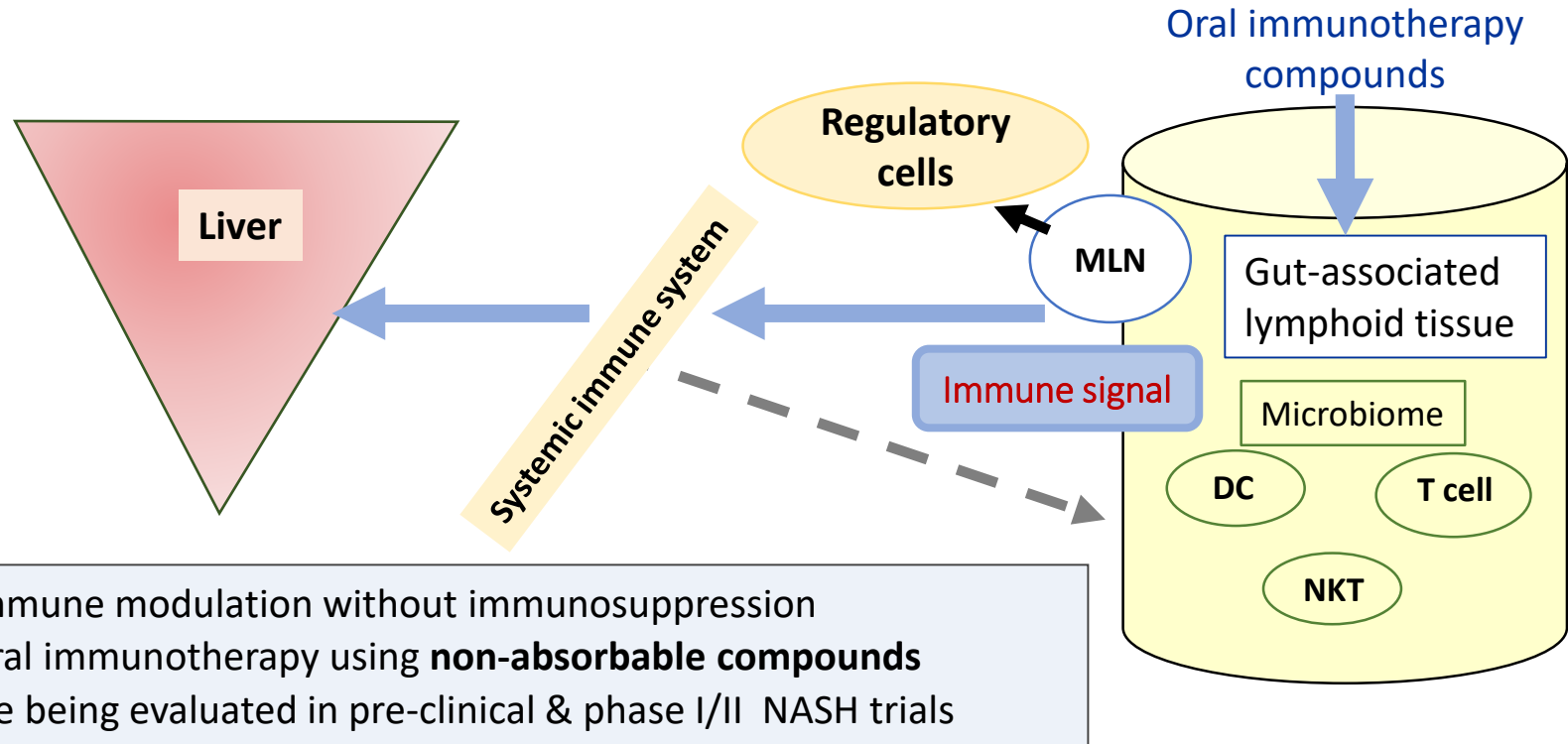


Ilan Y, et al. Immunol Cell Biol 2009;87:514–24

Ilan Y, Hum Immunol. 10:768-76, 2009

Image from Fagarasan S & Honjo T. Nat Rev Immunol 2003;3:63–72

Oral immunotherapy: Re-educating the immune system

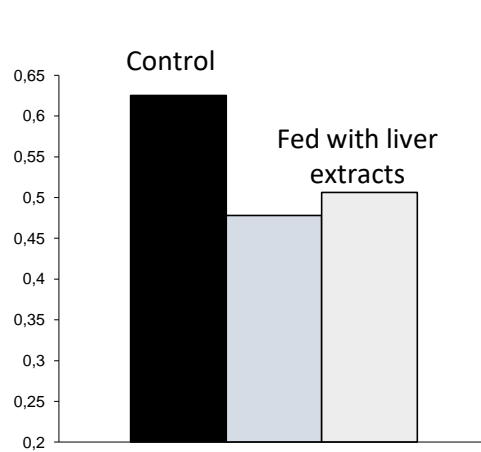


DC: Dendritic cells

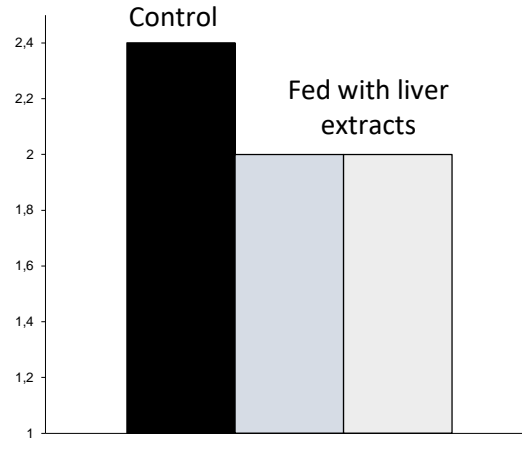
MLN: Mesenteric lymph nodes

NKT: Natural killer lymphocytes

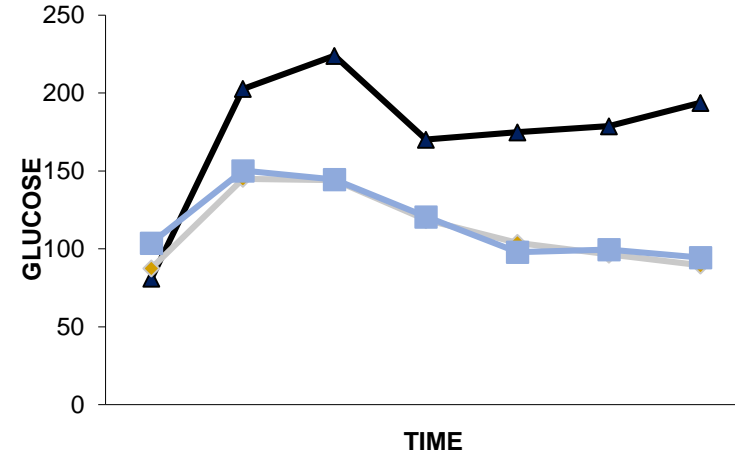
Induction of oral tolerance towards fatty liver-extracted proteins



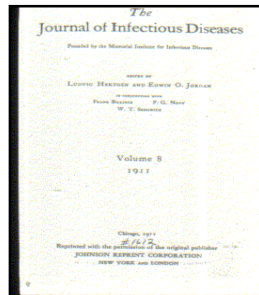
Reduction of hepatic fat content by MRI



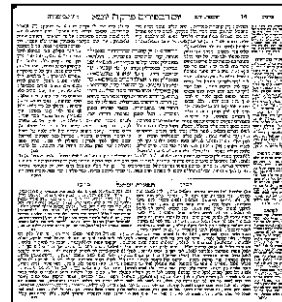
Reduction of hepatic triglycerides content



Improved glucose intolerance



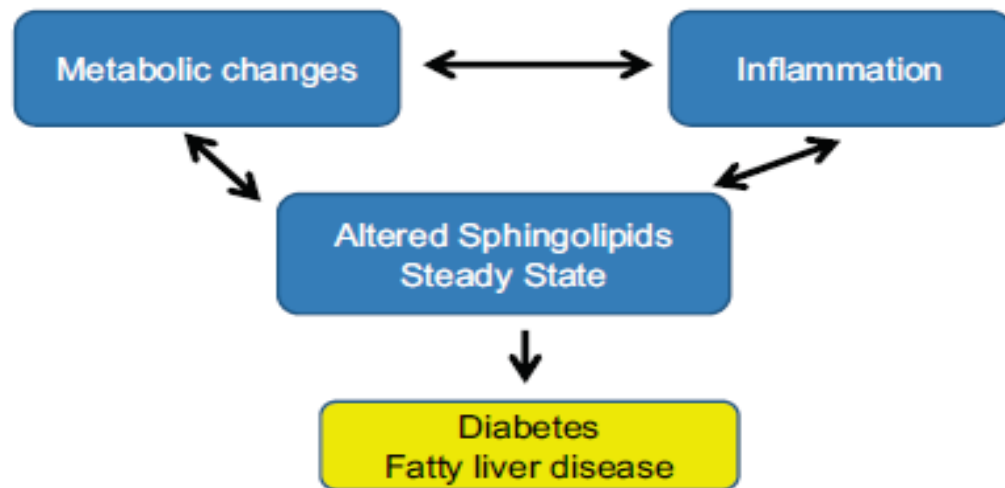
1911 Wells



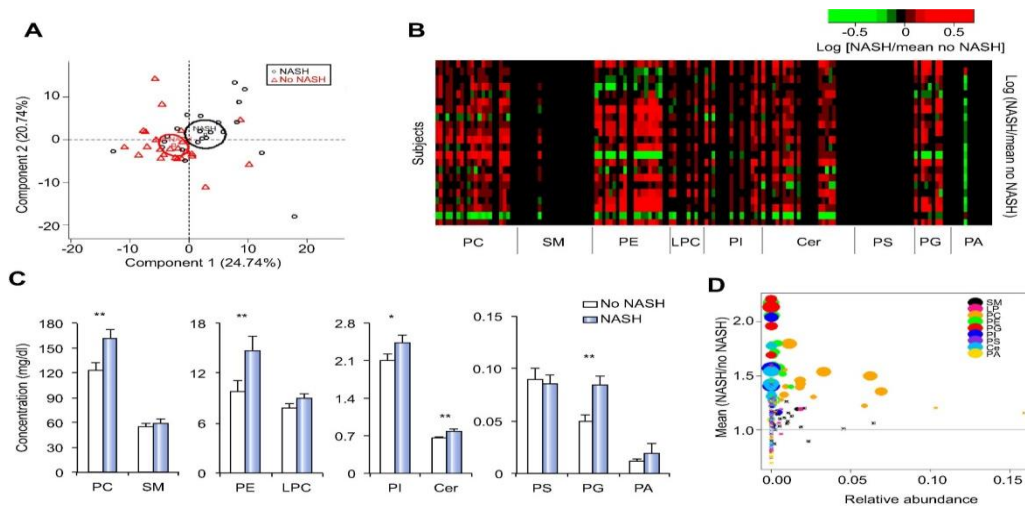
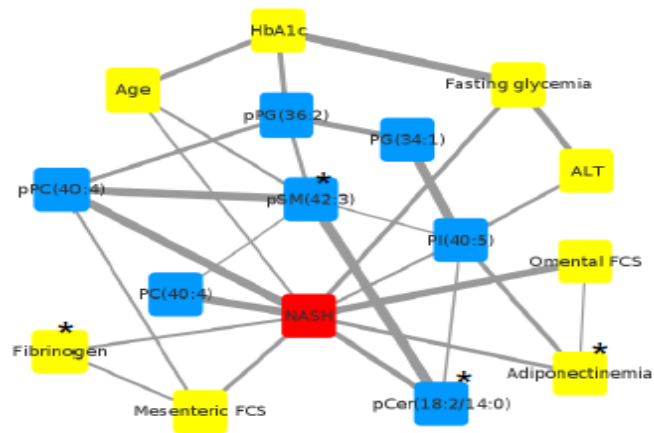
Jewish sages wrote:

"If one is bitten by a mad dog, he may eat his liver and be cured."

Compounds of the sphingomyelin-ceramide-glycosphingolipid pathways as secondary messenger molecules: new targets for novel therapies for fatty liver disease and insulin resistance



Circulating phospholipid profiling identifies portal contribution to NASH signature in obesity

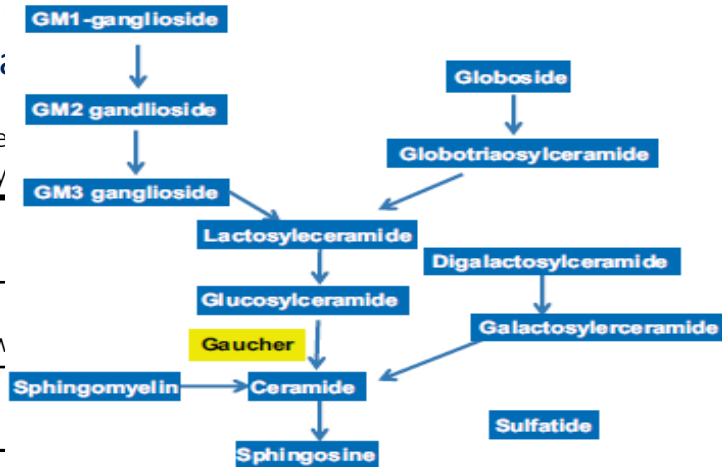


Evolutionary advantage of patients with Gaucher's disease: An immune protective effect of β -glucosylceramide (GC)

Prevalence of overweight, i
type II diabetes before and a

Before
enzyme
therapy

Prevalence of being overweight (%)	16
Prevalence of insulin resistance (%)	Not know
Prevalence of type II diabetes (%)	0

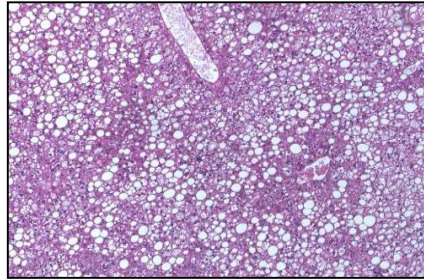


ease in BMI during treatment
with ERT (n=32)

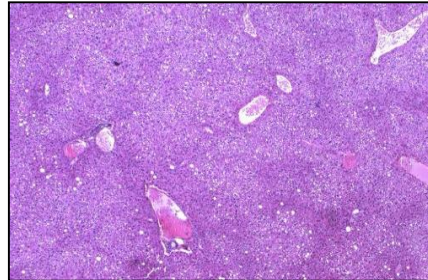


**Glucocerebroside: an evolutionary advantage for
patients with Gaucher disease and a new
immunomodulatory agent**

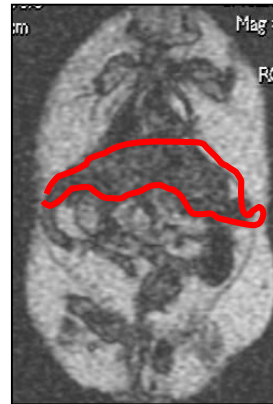
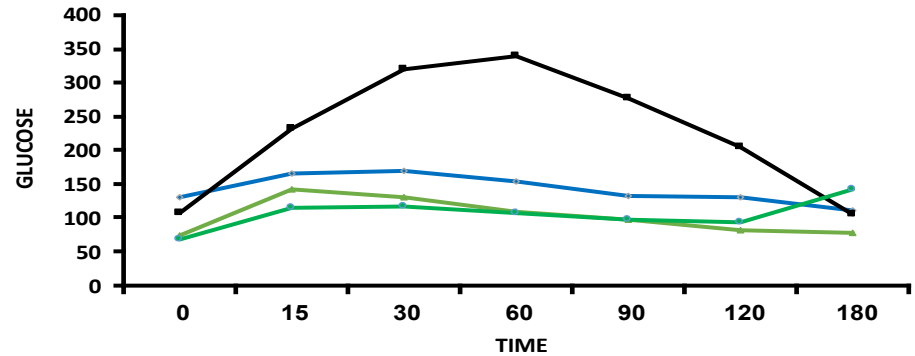
GC improves glucose intolerance and decreases hepatic fat accumulation in the ob/ob model



Control



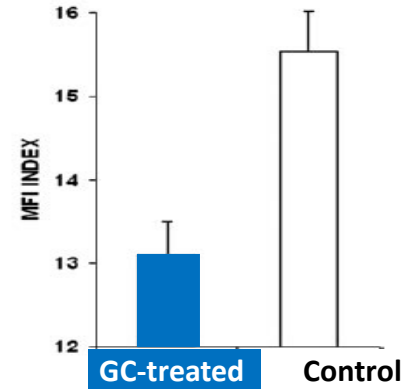
GC-treated



Control

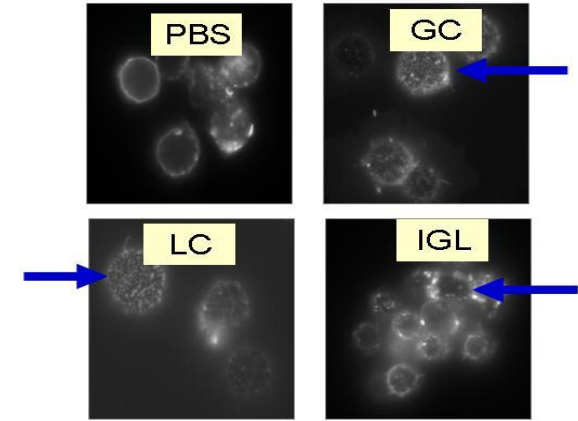


GC-treated



Oral administration of glycosphingolipids alters lipid rafts on cells membranes

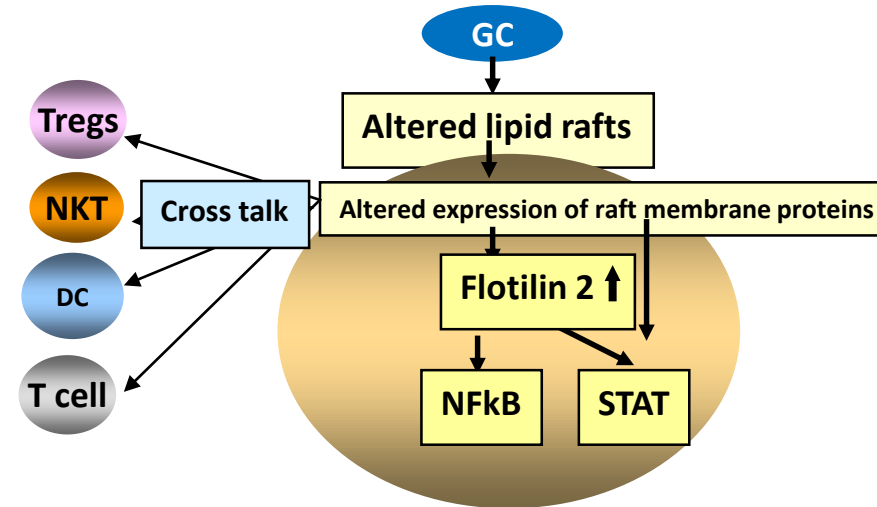
Fluorescent microscopy of lipid raft structure



GC: β -glycosylceramide

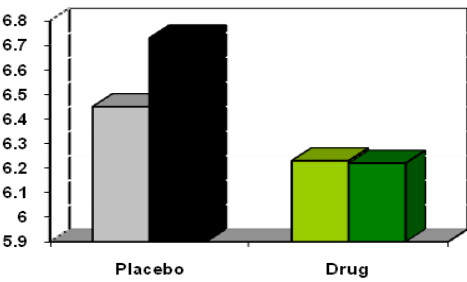
LC: β -lactosylceramide

IGL: β -glycosylceramide+ β -lactosylceramide

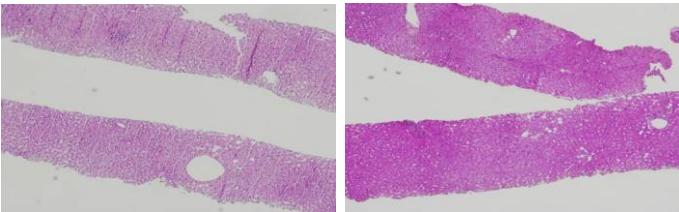
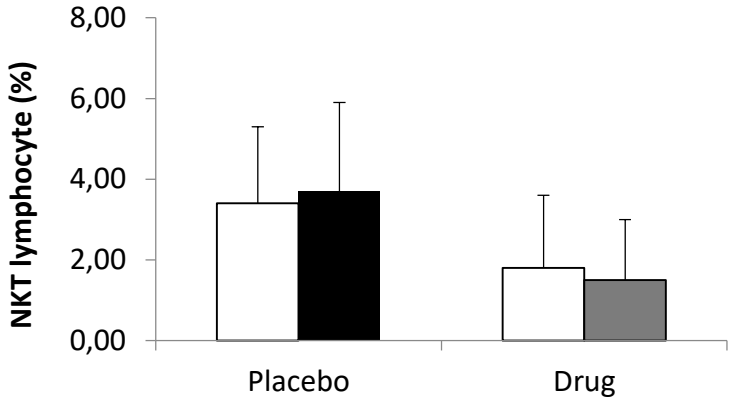
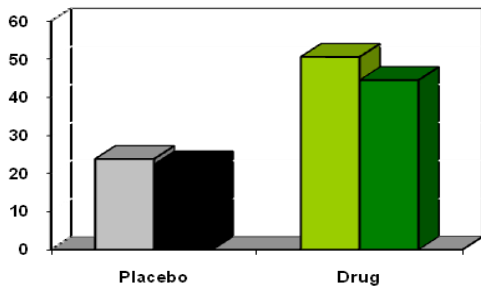


Safety and Effect of Oral Administration of GC (EGS21) in Subjects with Diabetes and NASH: Results of a double blind placebo controlled trial

Primary endpoint - HbA1c



Secondary endpoint - % Fat by MRI



Week 0

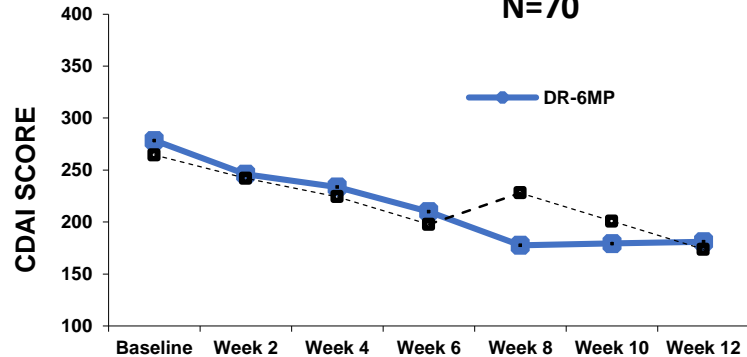
Week 40

N=23
40 weeks

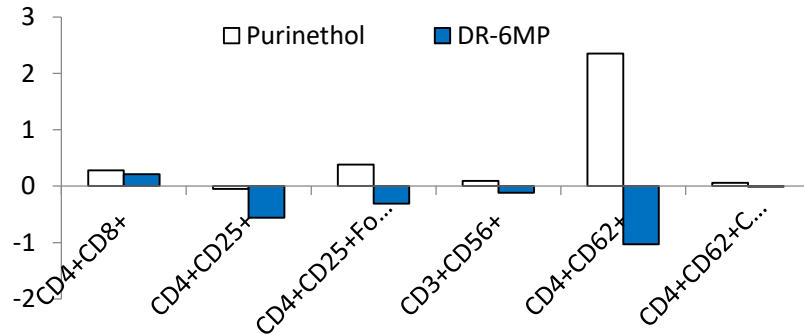
Oral administration of DR6MP: A minimally absorbed delayed-release 6-mercaptopurine

Phase II double blind placebo controlled trial

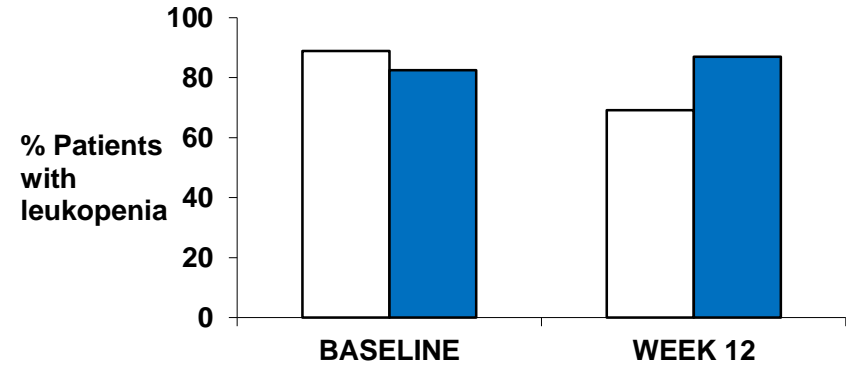
N=70



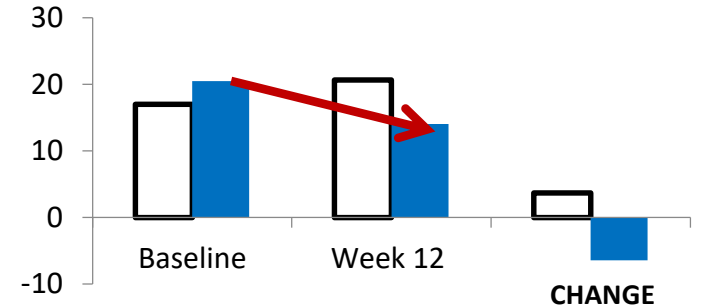
Reduction in CDAI in DR6MP-treated CD



Alteration of systemic Immune system in DR6MP-treated



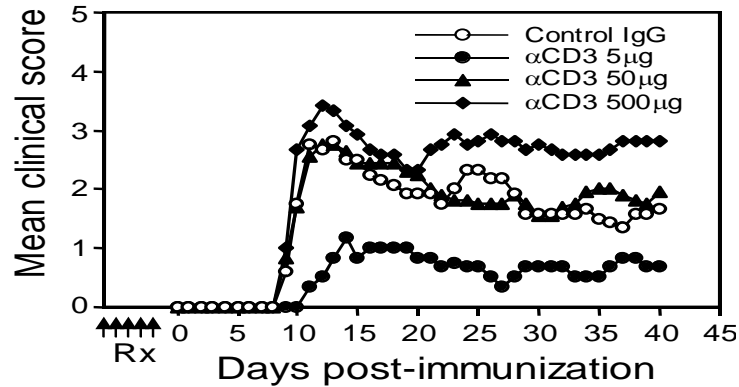
No Leukopenia in DR6MP-treated CD



Reduction in IFN-gamma ELISPOT assay

Induction of oral immunotherapy using oral anti-CD3

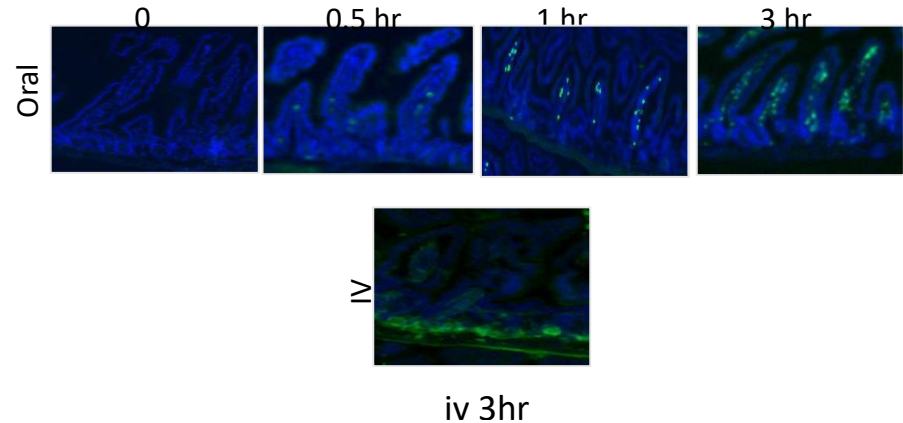
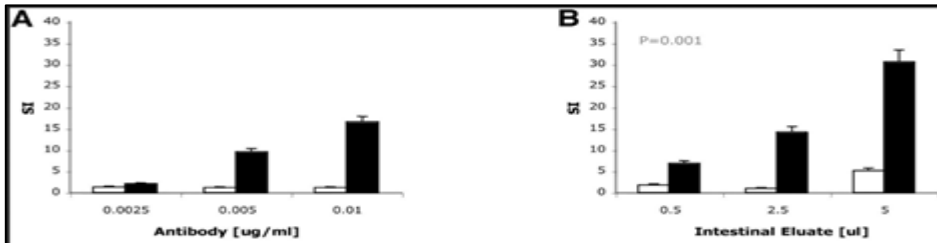
PLP-EAE in SJL



GASTROENTEROLOGY 2012;143:1298-1307

An Oral CD3-Specific Antibody Suppresses T-Cell-Induced Colitis and Alters Cytokine Responses to T-Cell Activation in Mice

KATHARINA FORSTER,* ASHLEIGH GOETHEL,* CATHERINE WING-TAK CHAN,* GALLIANO ZANELLO,* CATHERINE STREUTKER,[‡] and KENNETH CROITORU*[§]



Molecular Cardiology

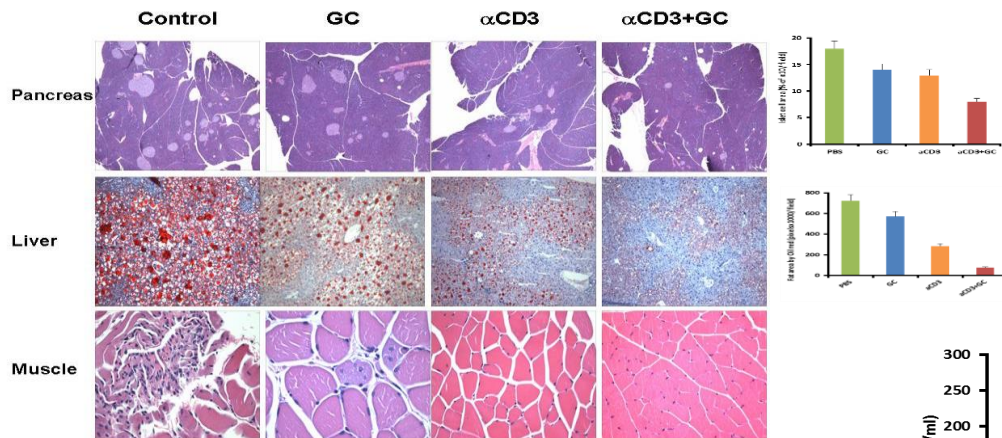
Oral Anti-CD3 Antibody Treatment Induces Regulatory T Cells and Inhibits the Development of Atherosclerosis in Mice

Naoto Sasaki, MD, PhD; Tomoya Yamashita, MD, PhD; Masafumi Takeda, MD, PhD; Masakazu Shinohara, MD, PhD; Kenji Nakajima, MD; Hideto Tawa, MD; Takashi Usui, MD, PhD; Ken-ichi Hirata, MD, PhD

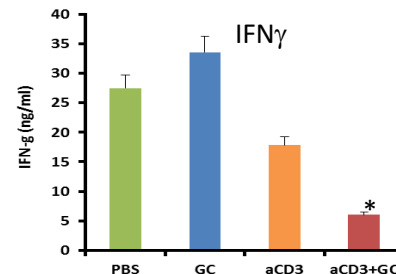
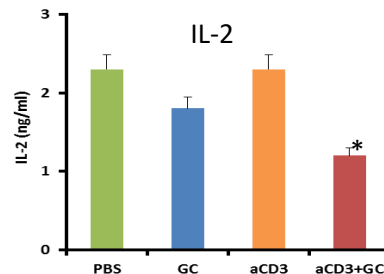
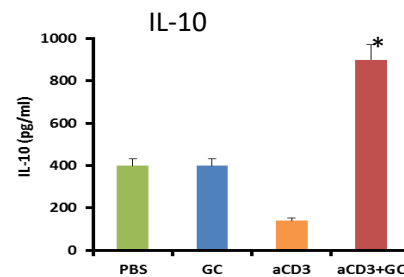
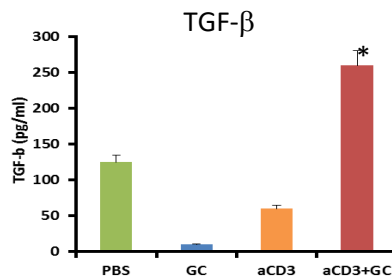
Biologically active anti-CD3 recovered from the gut

Weiner et al. Immunol Rev; Brain. 2016; Immunotherapy. 2016.

Induction of oral immunotherapy using oral anti-CD3 for NASH



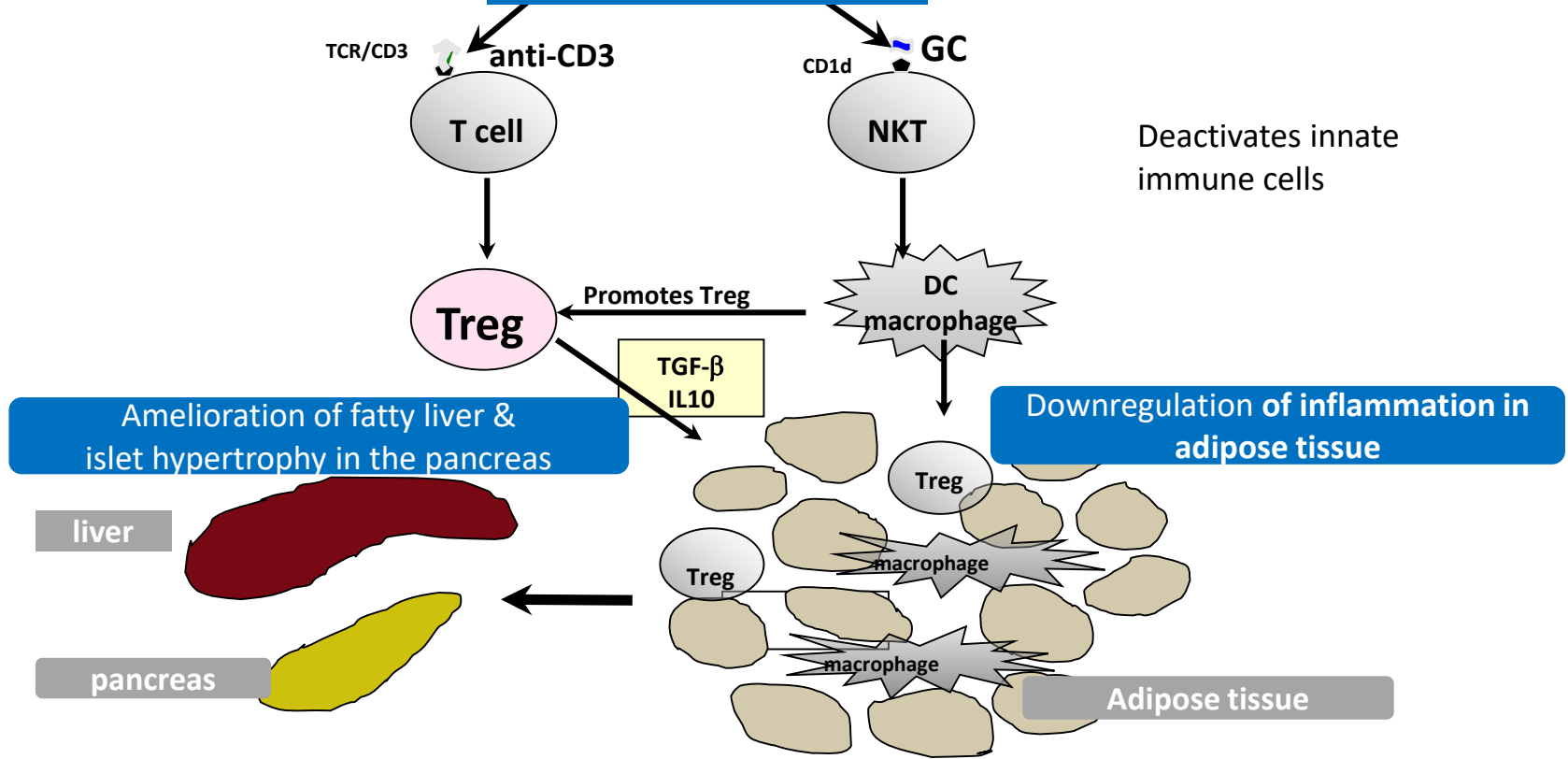
An adjuvant effect on the innate immune system in the gut



Adaptive immunity

Oral anti-CD3 + GC

Innate immunity



DC=Dendritic cells

Tregs=regulatory T cells

NKT=natural killer lymphocytes

Oral anti-CD3 in NASH: promotes regulatory T cells, decreases liver enzymes, and alleviates insulin resistance

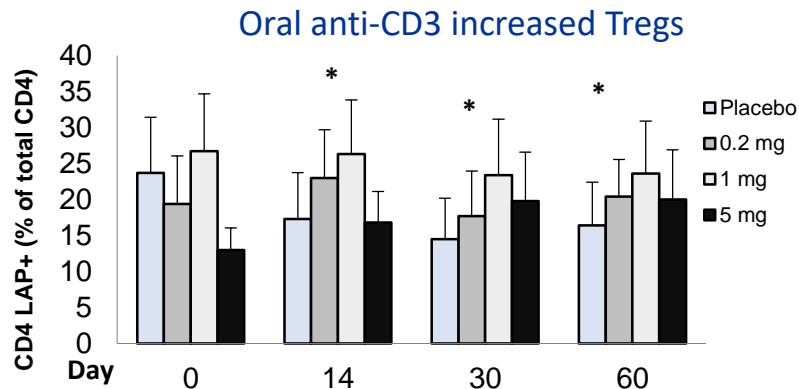
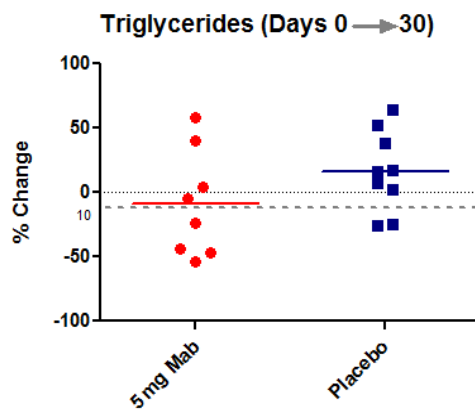
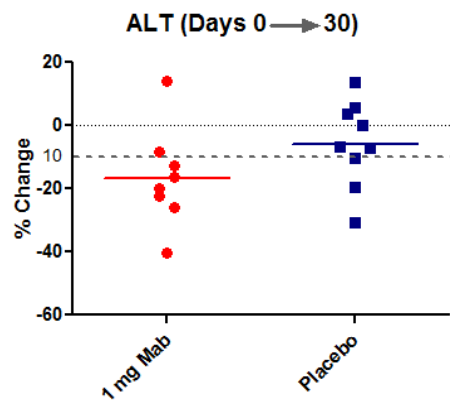
- Phase II, randomized single blinded clinical trial
- 36 subjects with biopsy-proven NASH with type II diabetes
- 0.2, 1.0, 5 mg or placebo daily for 30 days

Safety:

- I. No treatment-related adverse events
- II. Normal blood cell counts: No change in CD3⁺ counts

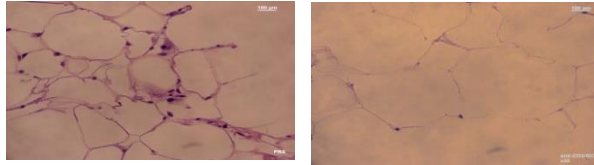
Efficacy biomarkers:

- I. Liver enzymes ↓
- II. TG ↓



Effect of oral administration of anti-CD3 with glycosphingolipids on adipose tissue in a NASH model

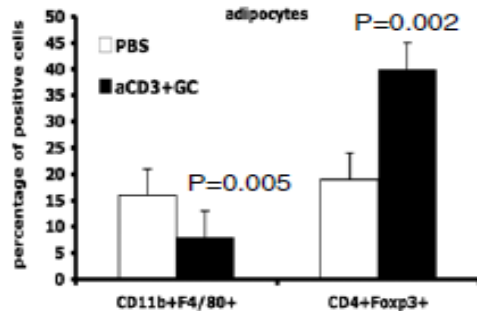
A decrease in cell infiltration into adipose tissue



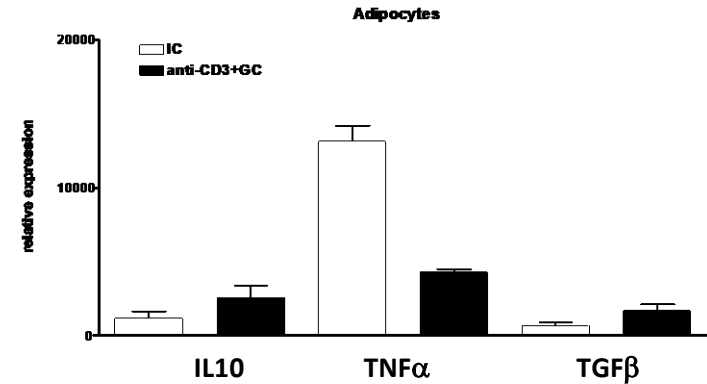
PBS

anti-CD3+GC

Decrease CD11b+F4/80 macrophages
increase in foxp3 expression in CD4+ T cells



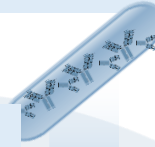
Decrease TNF α
Increase in IL10 & TGF β



Foralumab: Humanized Oral anti-CD3 in NASH

1

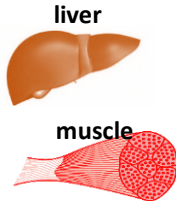
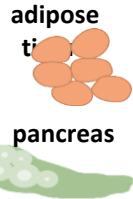
Oral administration of Foralumab



5

Anti-inflammatory cytokines downregulate inflammation in target organs

Increase in Tregs



2

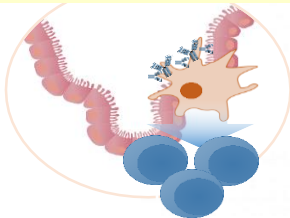
Foralumab survives digestion in the stomach



4

Antigen presented to innate immune system in mesenteric lymph nodes

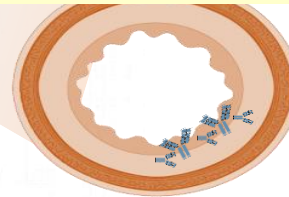
Dendritic cells induce regulatory T cells



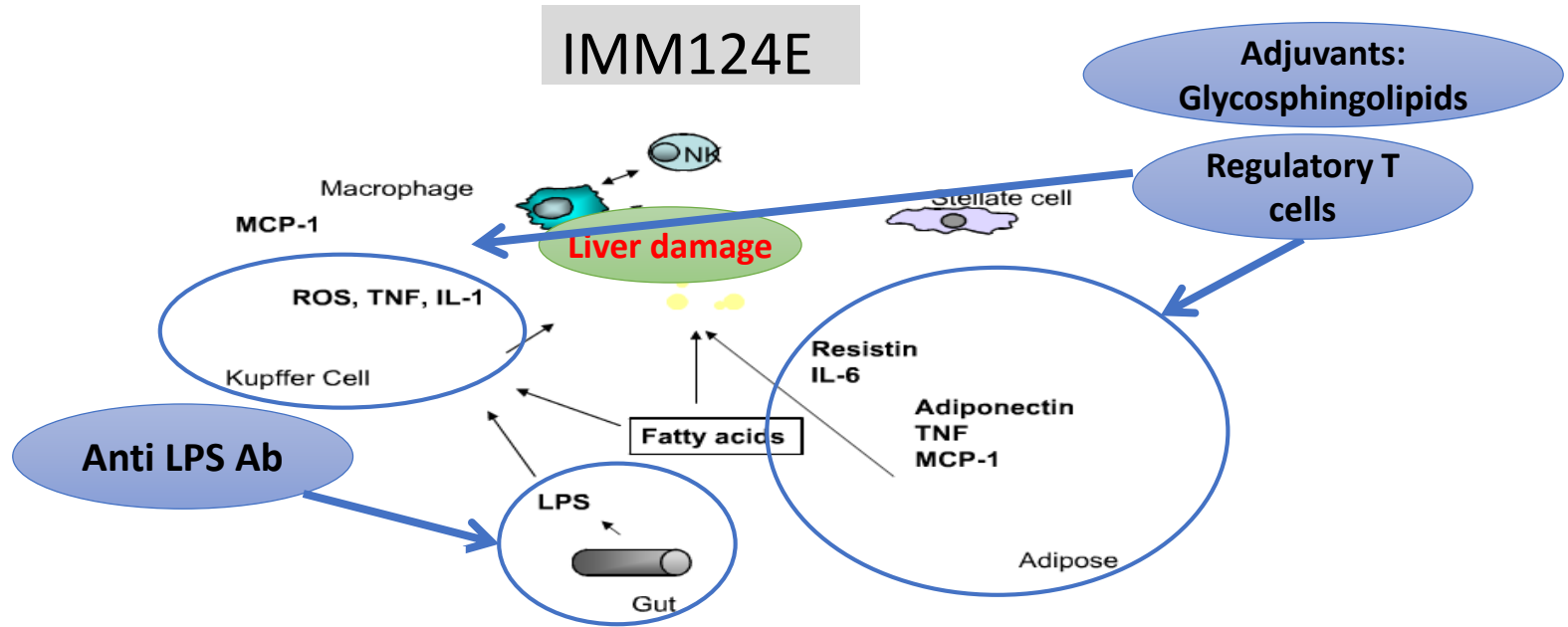
3

Foralumab remains localized in gut wall

Does not pass into blood stream



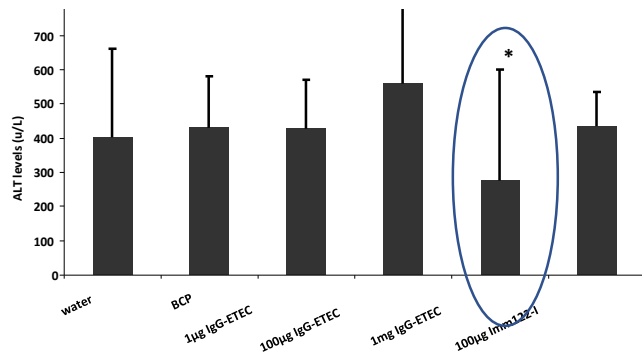
LPS contributes to activation of inflammatory pathways associated with inducing NASH in a background of fatty liver



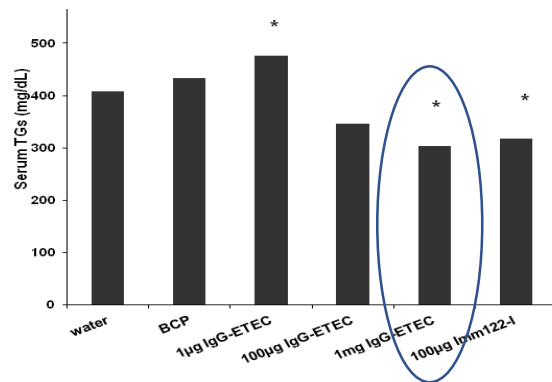
Oral administration of anti-LPS antibodies with glycosphingolipids: An adjuvant effect on the innate immune system in the gut

Pre clinical: Leptin-deficient model of NASH

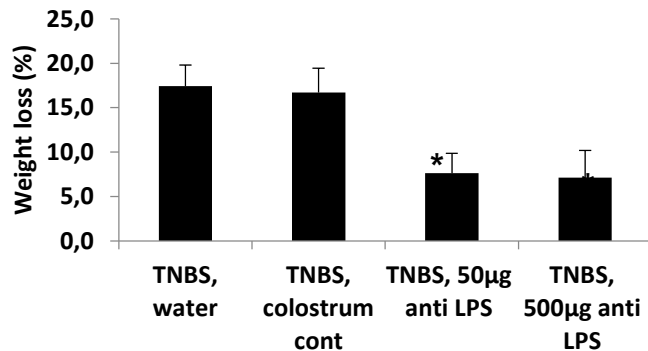
Decreased liver enzymes



Decreased serum triglycerides



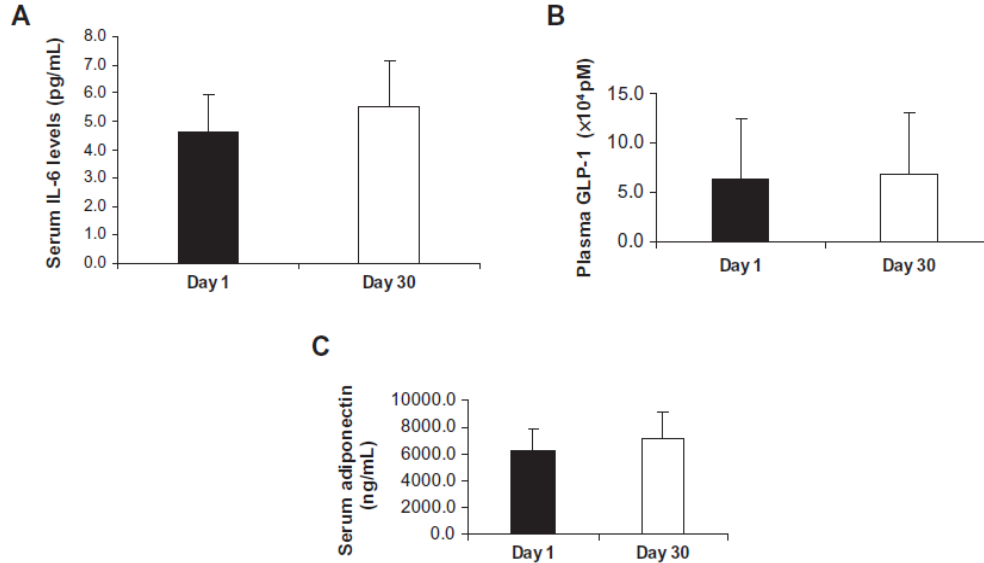
* P<0.05; ** P<0.009



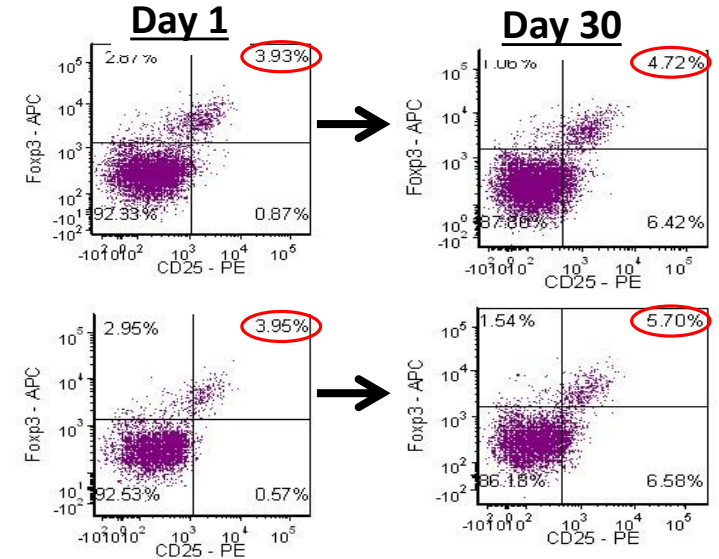
An adjuvant effect on the innate immune system
in the gut in NASH & colitis

Oral administration of IMM124E in NASH: Results of a phase I/IIA

Increased GLP1 and adiponectin

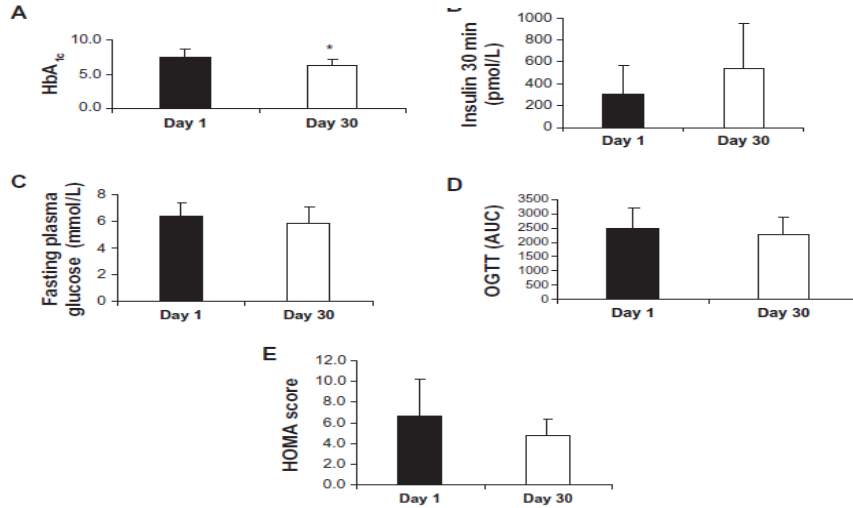


Increased CD4+CD25+Foxp3+ Tregs

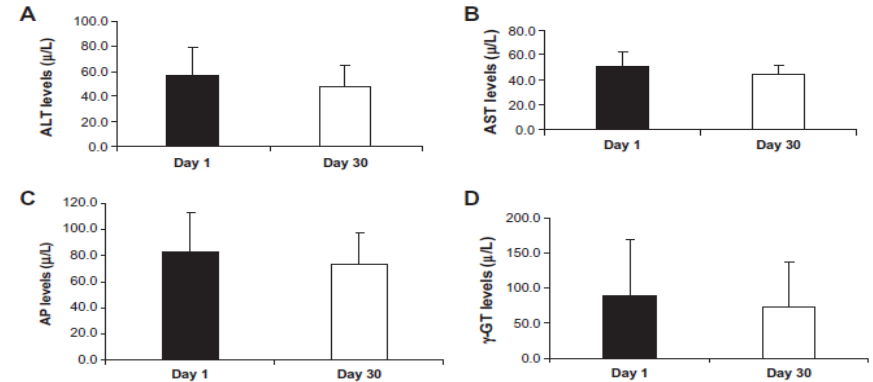


IMM124E :Results of Phase IIA clinical trial

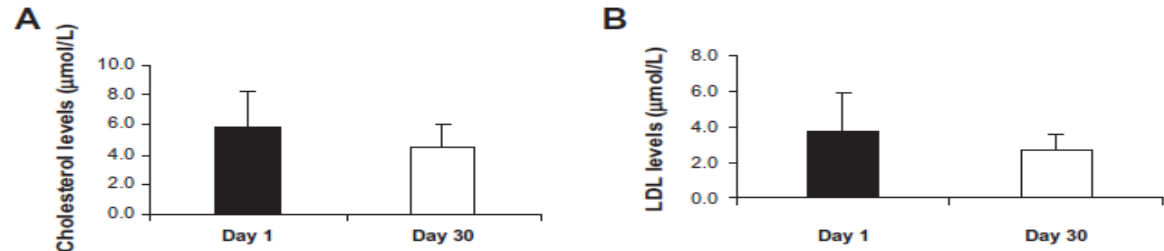
Improved insulin resistance



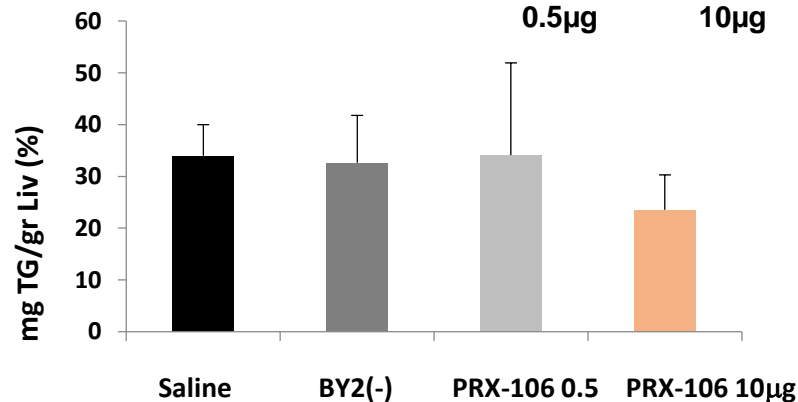
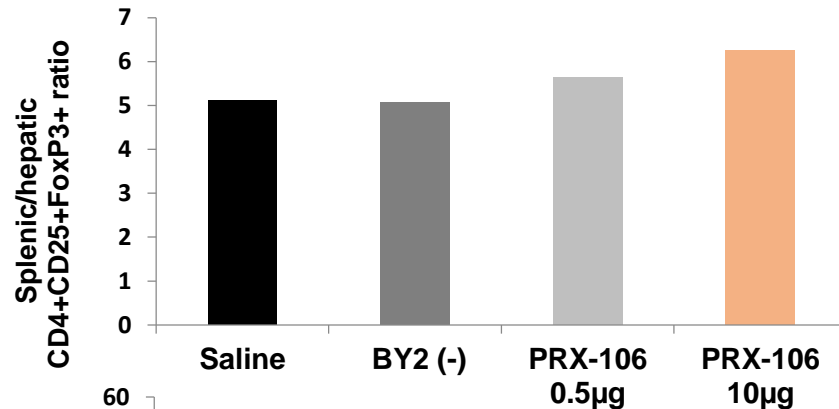
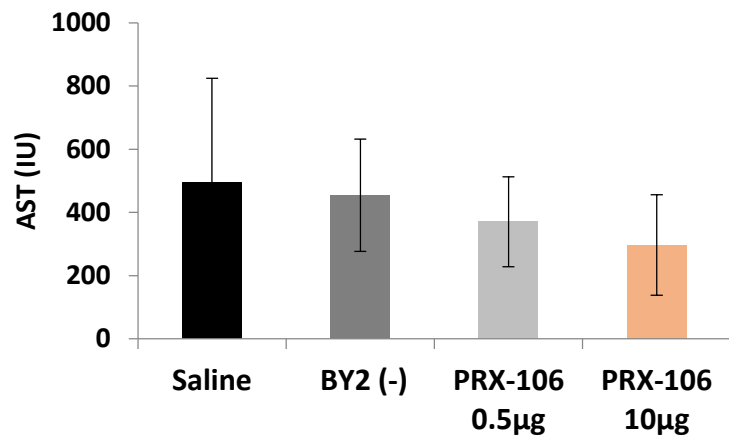
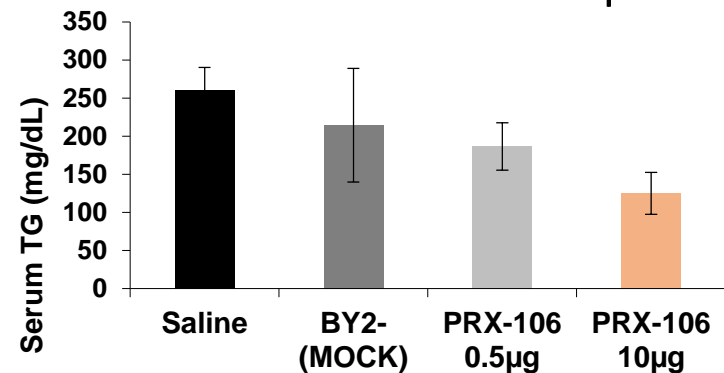
Decrease in liver enzymes



Alleviation of hyperlipidemia

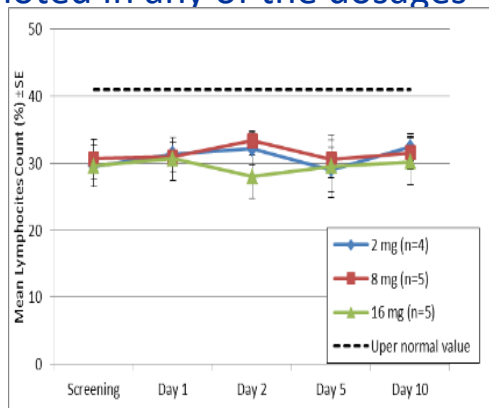


Oral administration of a BY-2 plant cell-expressing recombinant anti-TNF fusion protein (PRX-106), which consists of soluble form of human TNF receptor fused to the Fc component of a human antibody IgG1 domain

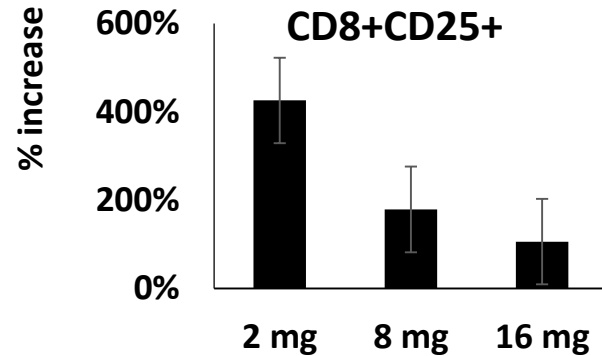
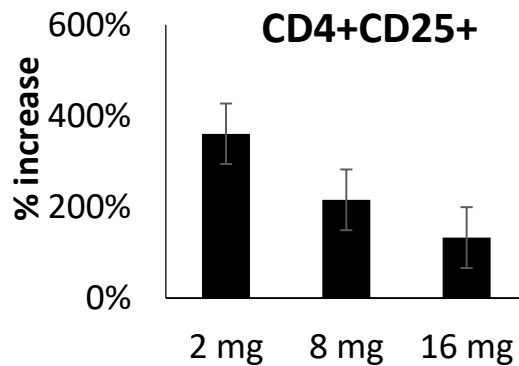


Oral administration of a recombinant anti-TNF fusion protein is biologically active in the gut promoting regulatory T cells: Results of a phase I clinical trial

No effect on white blood cells and lymphocytes counts were noted in any of the dosages

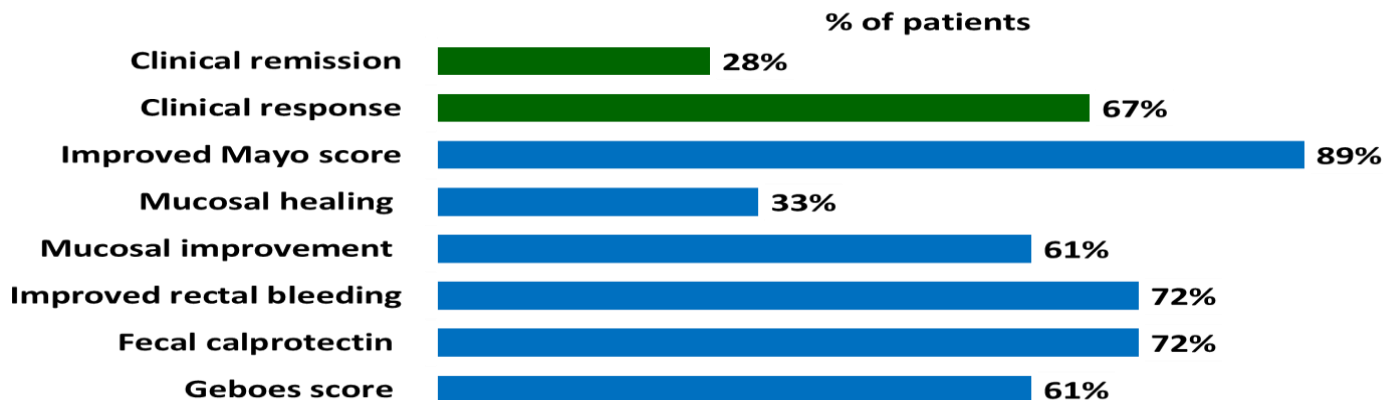


Oral administration of all three dosages was associated with an increase in CD4+CD25+ and CD8+CD25+ subset of suppressor lymphocytes

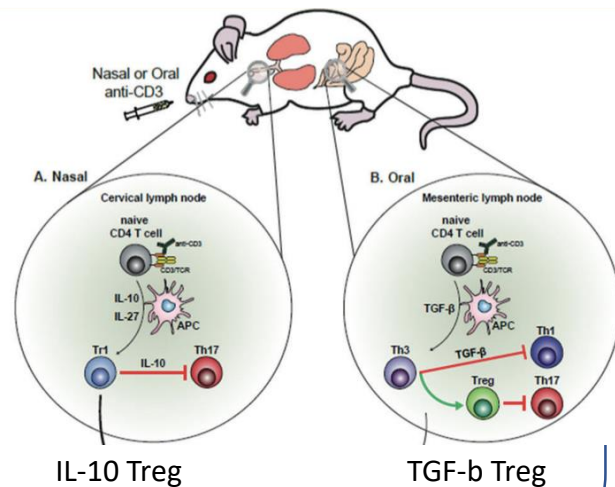
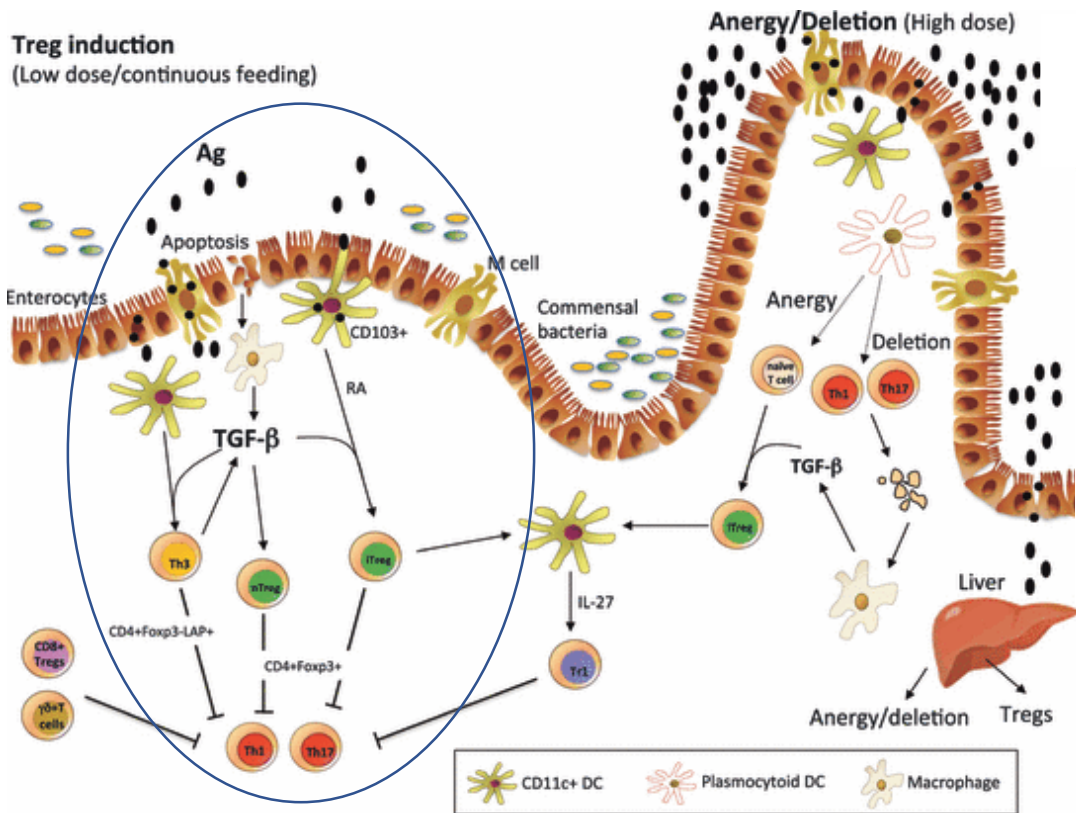


Orally administered recombinant anti-TNF alpha fusion protein for the treatment of ulcerative colitis: Phase 2a clinical trial

- OPRX-106 was not absorbed systemically.
- Oral administration using OPRX-106 was safe and well tolerated
- OPRX-16 was not associated with immune suppression.
- OPRX-106 was effective as demonstrated by clinical response and improvement in various disease parameters.



Mechanism of oral immunotherapy: Promotion of regulatory T cells



Oral Immunotherapy for NASH: Advantages

Mechanism	<ul style="list-style-type: none">○ An ability of the gut immune system to deliver signals to control the systemic immune response
Target	<ul style="list-style-type: none">○ Not dependent on a specific molecular pathway○ Promotes regulatory T cells
Safety	<ul style="list-style-type: none">○ Non-absorbable○ No immune suppression○ Low dose is sufficient to achieve a clinically meaningful effect
Spectrum of disease	<ul style="list-style-type: none">○ Treatment for early and late stages of disease○ Induction of remission and maintenance
Associated disorders	<ul style="list-style-type: none">○ Treats type 2 diabetes and hyperlipidemia
Adjuvant	<ul style="list-style-type: none">○ An adjuvant for other metabolic and anti-fibrotic drugs

Summary

Oral immunotherapy-based compounds: A new class of drugs for NAFLD

- a. Oral immunotherapy using non-absorbable immune modulators redirect the immune system towards an anti-inflammatory pathway.
- b. It provides a platform for a long-term safe therapy which targets chronic inflammation in NASH in patients of all disease stages.



Collaborators

Brigham and Women's Hospital

Harvard Medical School, Boston, MA

Howard Weiner Samia J. Khoury

Ruth Maron Francisco Quintana

Northwestern University, Chicago

Richard Silveramn

Hebrew University-Hadassah Medical Center, Jerusalem

Liver Unit

Oren Shibolet

Gadi Lalazar

Eyal Shteyer

Alla Milhem

Ehud Zigmond

Meir Mizrahi

Tomer Adar

Yuval Horwitz

Efrat Orenbuch

Madi El-Haj

Dori Rotnemer

Ron Cialic

Dan Livovsky

Ami Ben Ya'acov

Lidya Zolotarov

Dimitri Kanovich

Elizabeth Axelrod

Sarah Preston

Shivti Trop

Roslana Alper

Yehudit Shabat

Yoav Lichtenstein

Ibrahim Kasis

Athalia Klein

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Robert Bittman

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Menahem Hareati

Nila Hemed

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Ariel Drori

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Arie Dagan

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Ehud Ziv

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Endocrinology

Gil Leibowitz

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Eran Israeli

Tiberiu Hershcovici

Sharee Zedek, Medical Center

Ari Zimran Deborah Elstein

Tel Hashomer, Medical Center

Arnon Nagler Meir Ohana

Ben Gurion University

Smadar Cohen





Paris
NASH
Meeting



Thank You

