

Innate Defense Regulators: Agnostic Therapy for Antibiotic Resistant Disease

“Supercharging existing and new antibiotic therapies”

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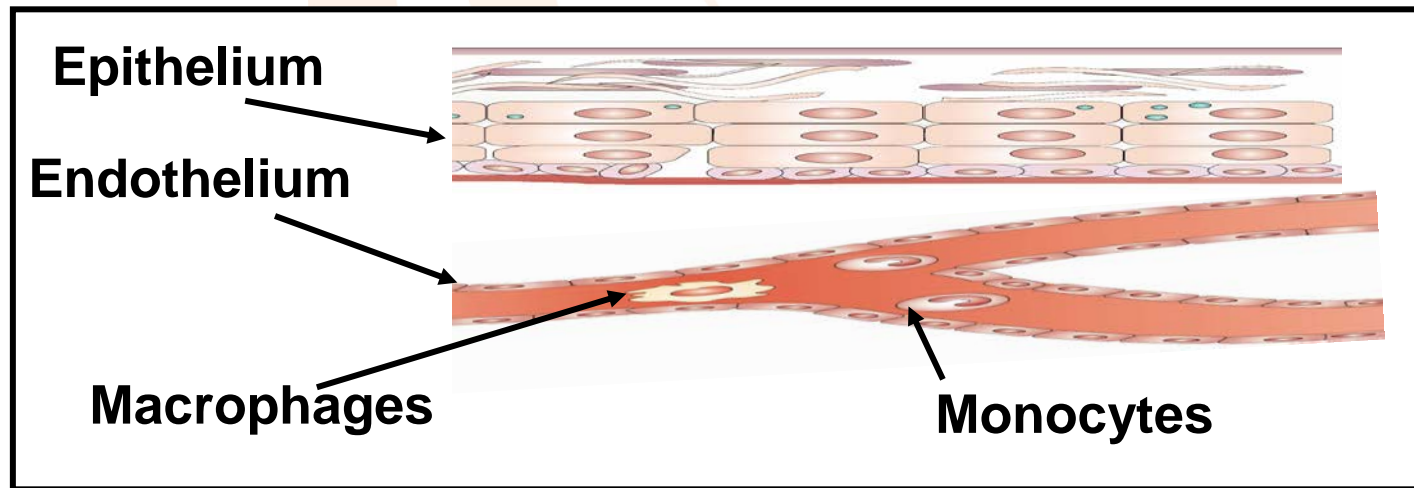
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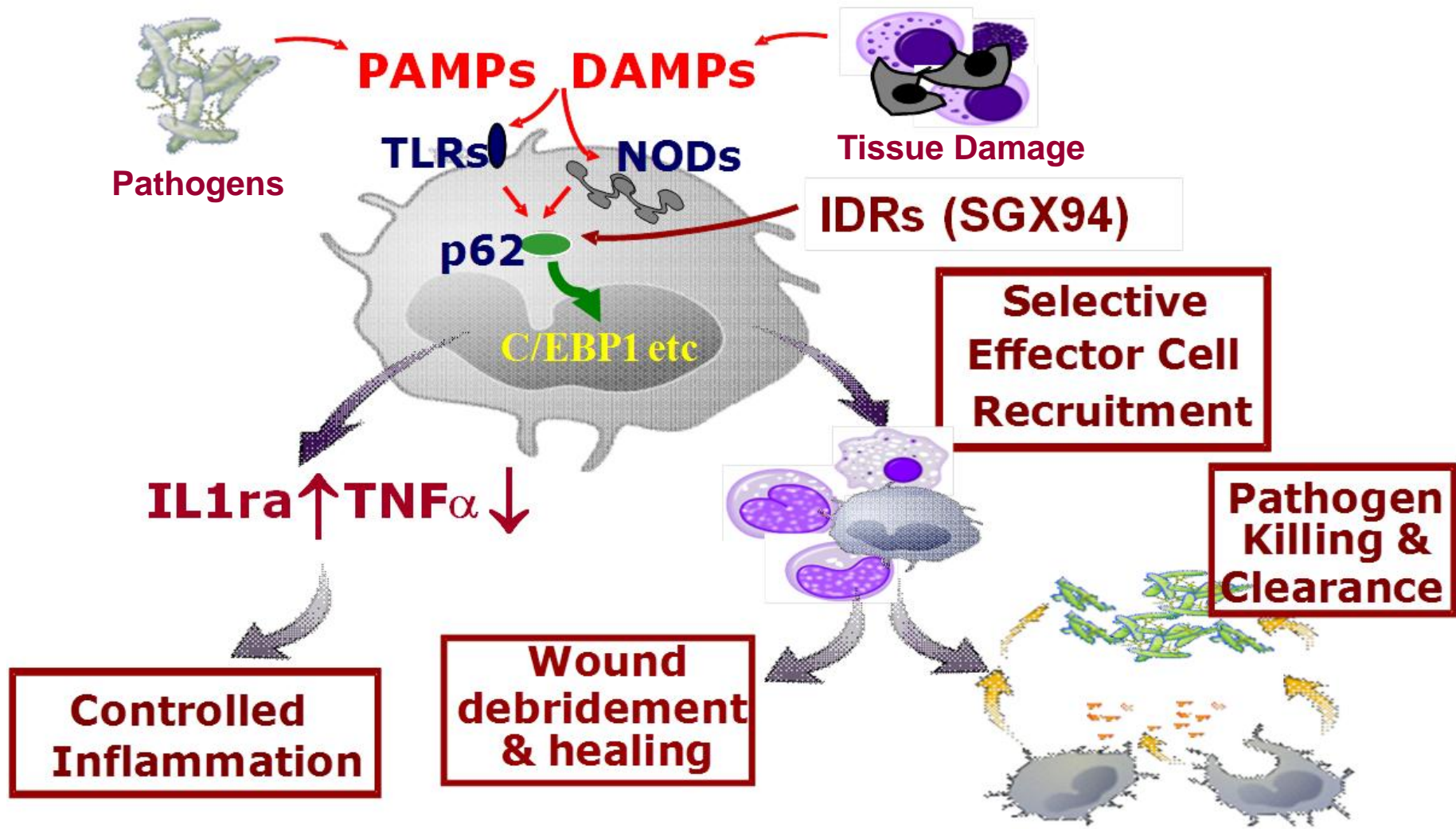


Leveraging Innate Immunity

- Rapid, non-specific response
- Involves circulating and tissue resident cells.
- Inflammation separable from tissue healing / bacterial clearance mechanisms
- ***Antibiotics act in tandem with the innate immune system***

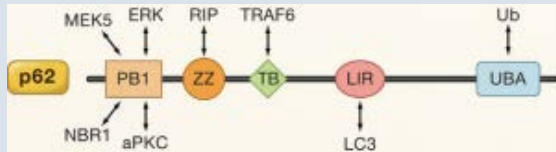


Innate Defense Regulators

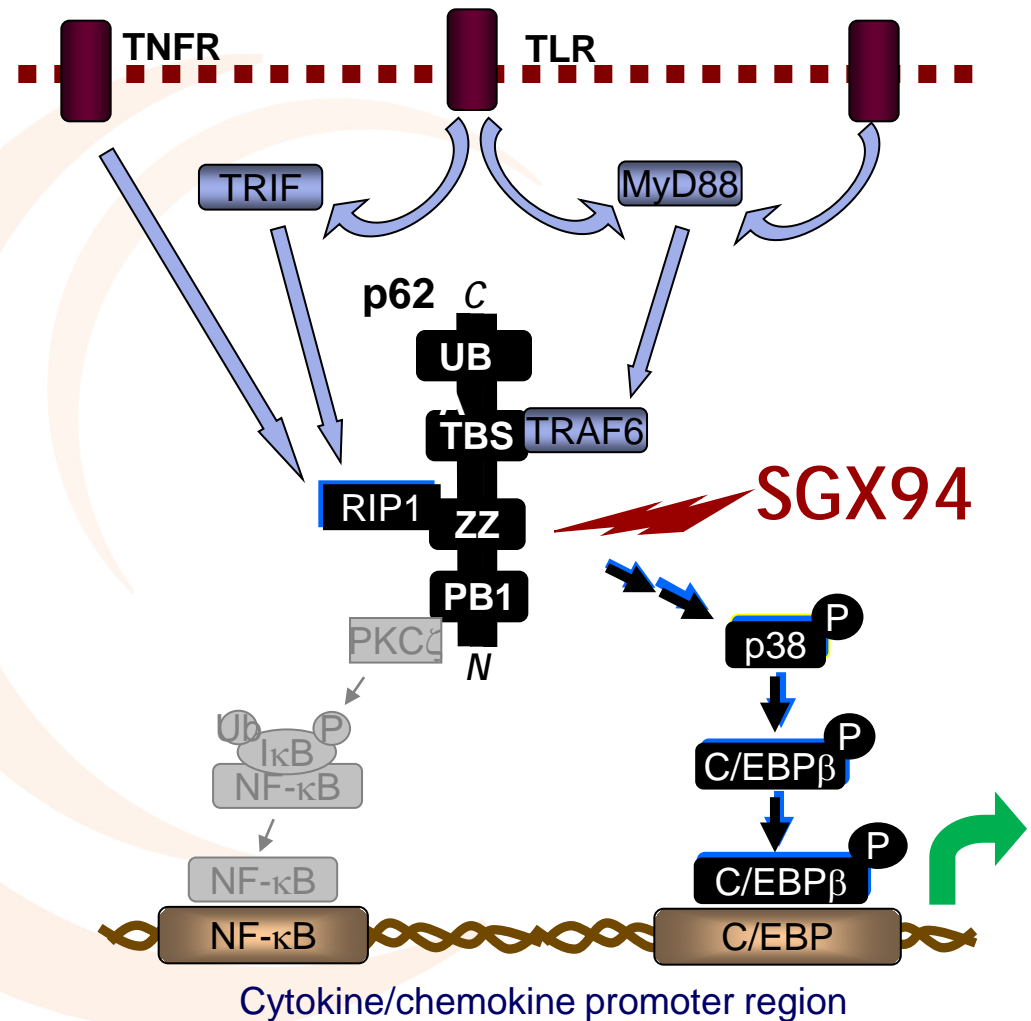


SGX94 Targets Sequestosome-1 (p62)

- SGX94 (dusquetide) specifically binds to the ZZ domain of p62



- Selectively stabilizes TNF α -induced p62-RIP1 complex formation
 - No effect on TNF α -induced p62-PKC ξ complex formation**
- Specifically modulates downstream pathways by activating MAPK p38 and C/EBP β
 - Does not modulate NF- κ B activity**
- Results in:
 - Modulation of cytokine/chemokine production
 - Altered protein expression in endothelial cells, monocytes
 - Increased macrophage recruitment to the site of infection/damage



Jorge Moscat and Marla T. Diaz-Meco. Cell 137, June 12, 2009

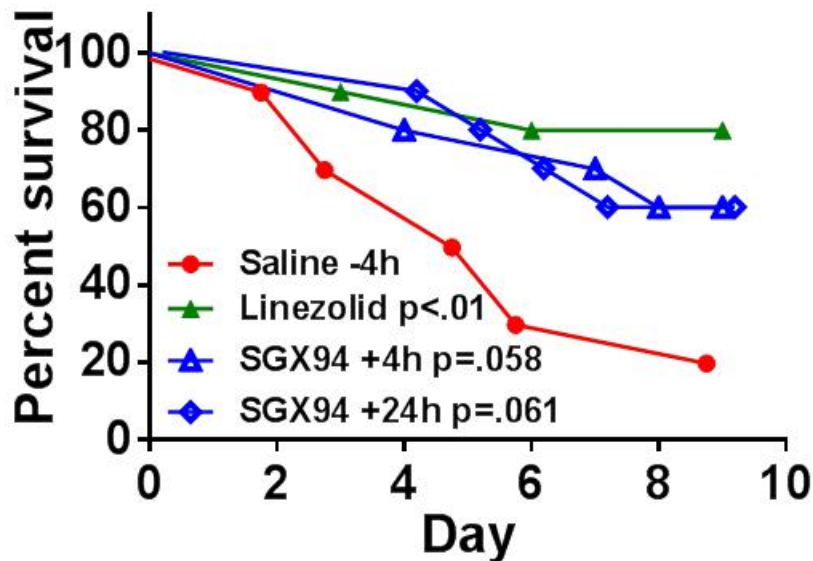
Broad Spectrum Activity

- Improves survival **and** enhances bacterial clearance
- Efficacious against various pathogens:
 - Gram-negative (*P. aeruginosa*, *B. pseudomallei*) **OR** Gram-positive (*S. aureus*, MRSA)
 - Extracellular (MRSA, *S. aureus*) **OR** Intracellular (*B. pseudomallei*)
 - Antibiotic sensitive (*S. aureus*) **OR** Antibiotic resistant (MRSA, *B. pseudomallei*)
- Effective at various anatomic locations
- Active in immune compromised animals
- Aids in resolution of tissue damage
- Modulates inflammation
- ***Enhances antibiotic action when antibiotics alone are suboptimal***

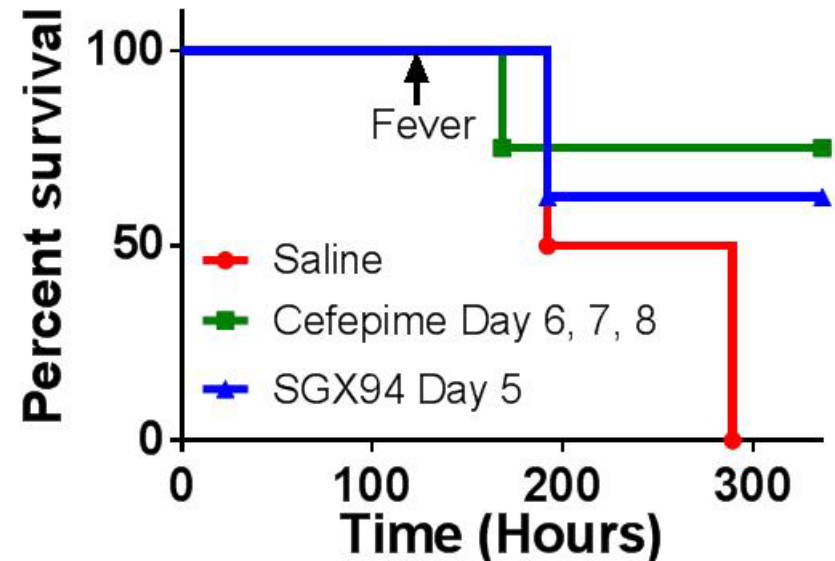
Anti-Infective

- Improves **survival** with *therapeutic* administration, including in immune-compromised animals

Gram-positive, Antibiotic-resistant Bacteremia (MRSA)

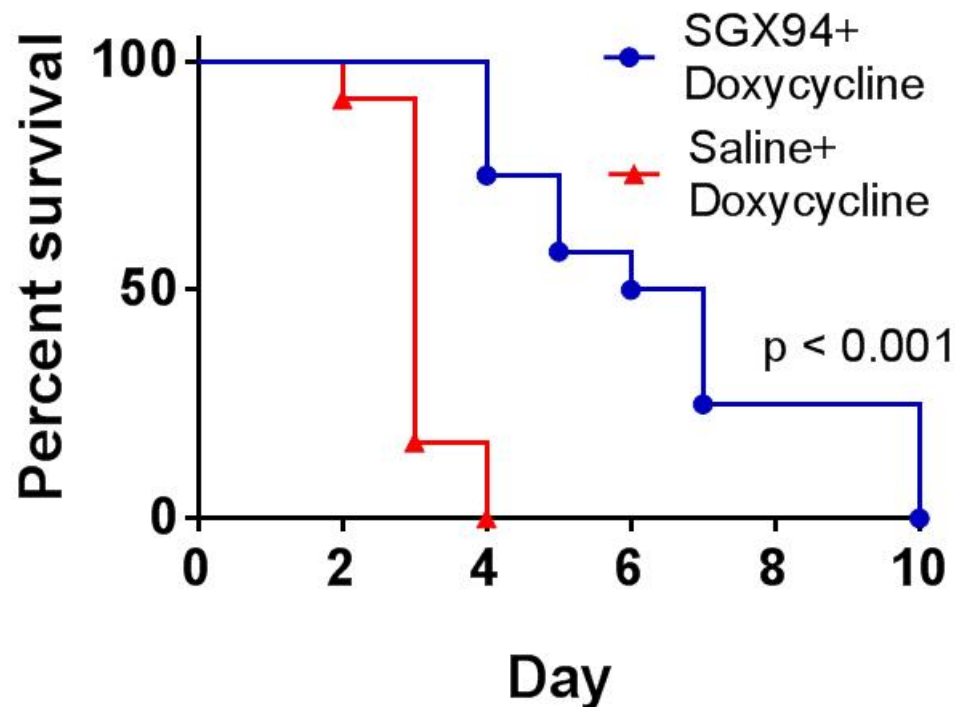


Gram-negative, Leukopenic Septicemia (*P. aeruginosa*)



Complements Antibiotic Action

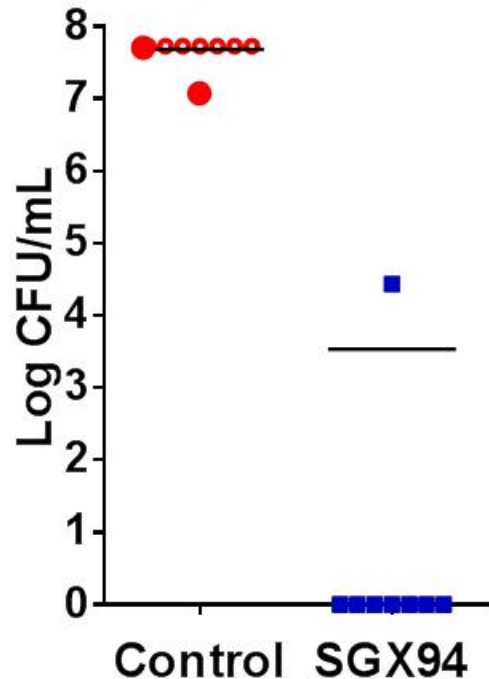
Combination treatment with lung infection:
Gram-negative, Antibiotic-resistant *B. pseudomallei*



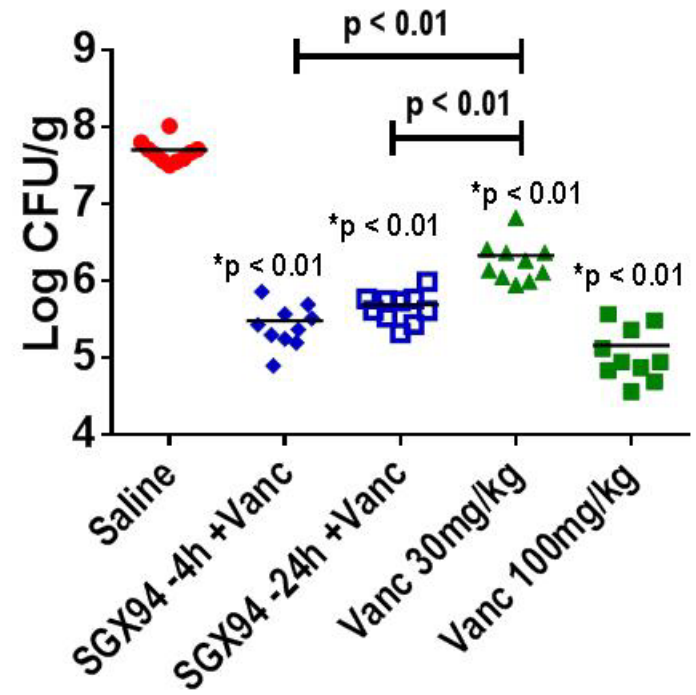
Bacterial Clearance

Enhances bacterial clearance – alone or in conjunction with antibiotics

S. aureus Peritoneal Infection: Stand Alone Therapy

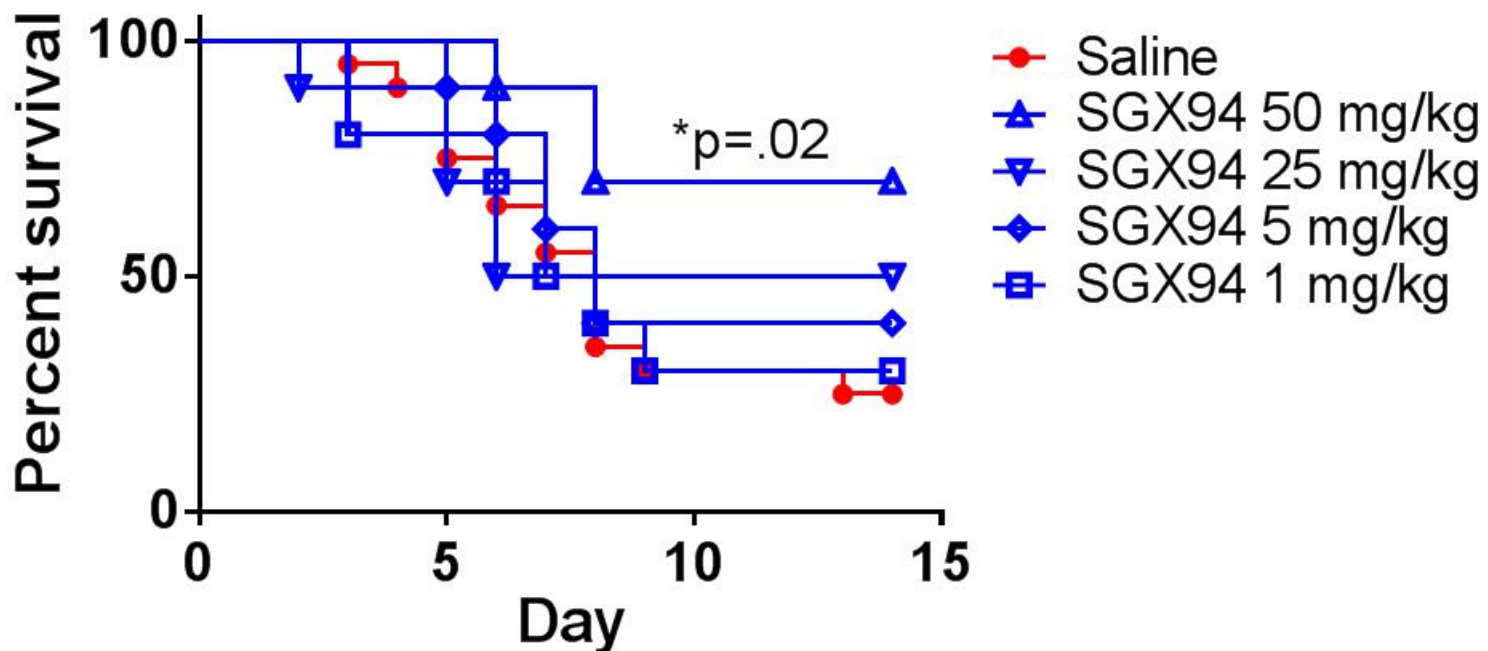


MRSA Thigh Infection: Combination Treatment



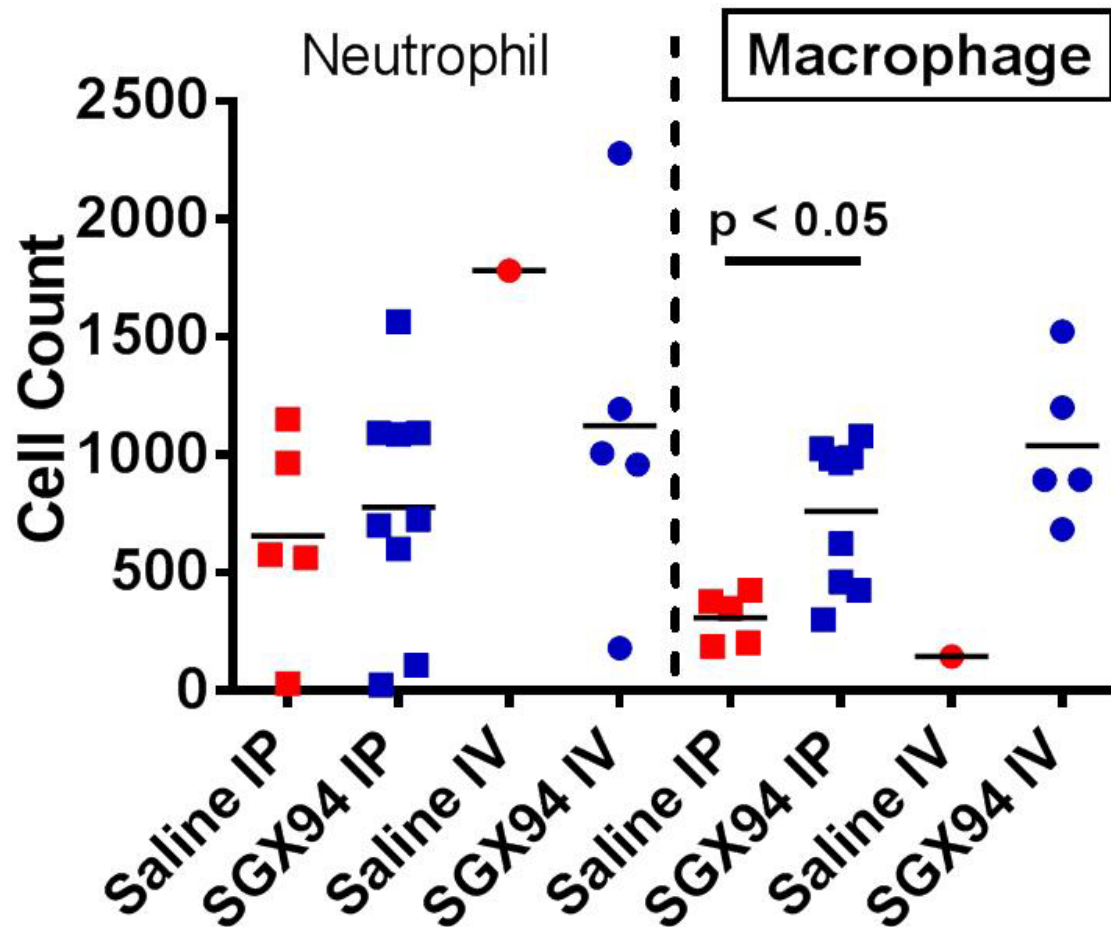
Anti-Infective Dose Response

MRSA Bacteremia in Nude Mice with Treatment 4 hours prior to Infection



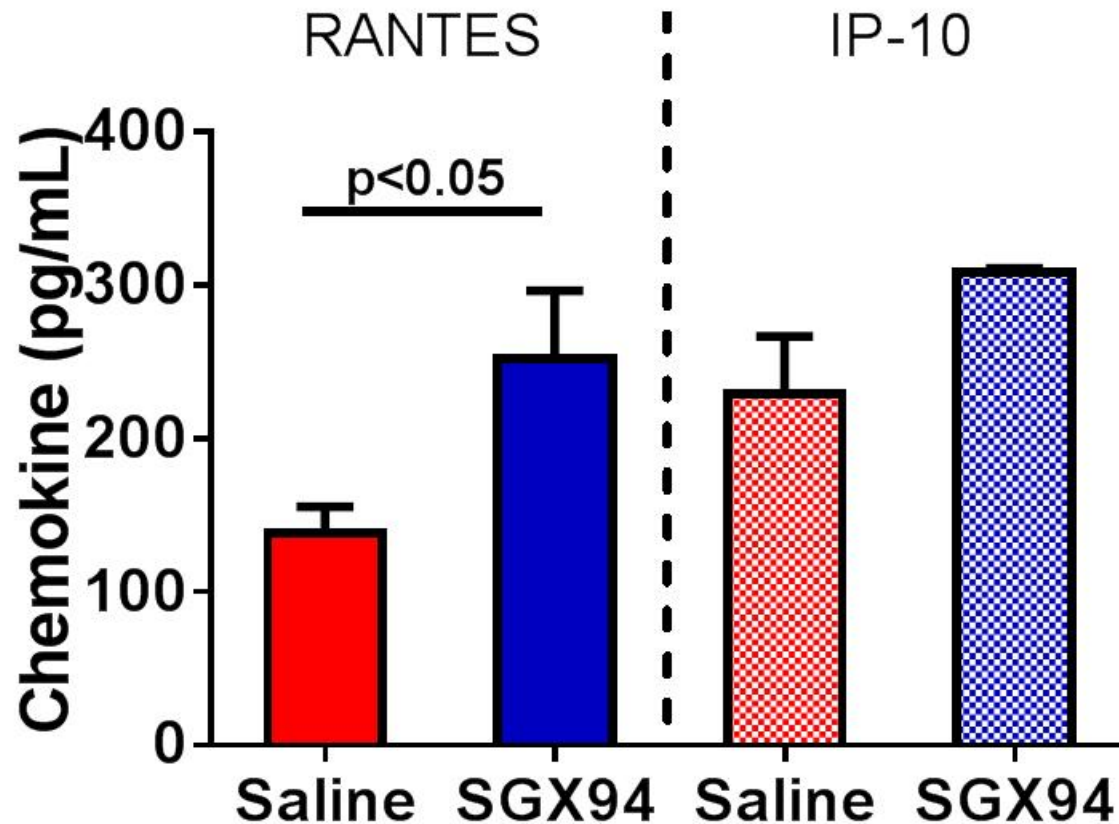
Increased Macrophage Recruitment

Peritoneal macrophages increased in MRSA IP infection

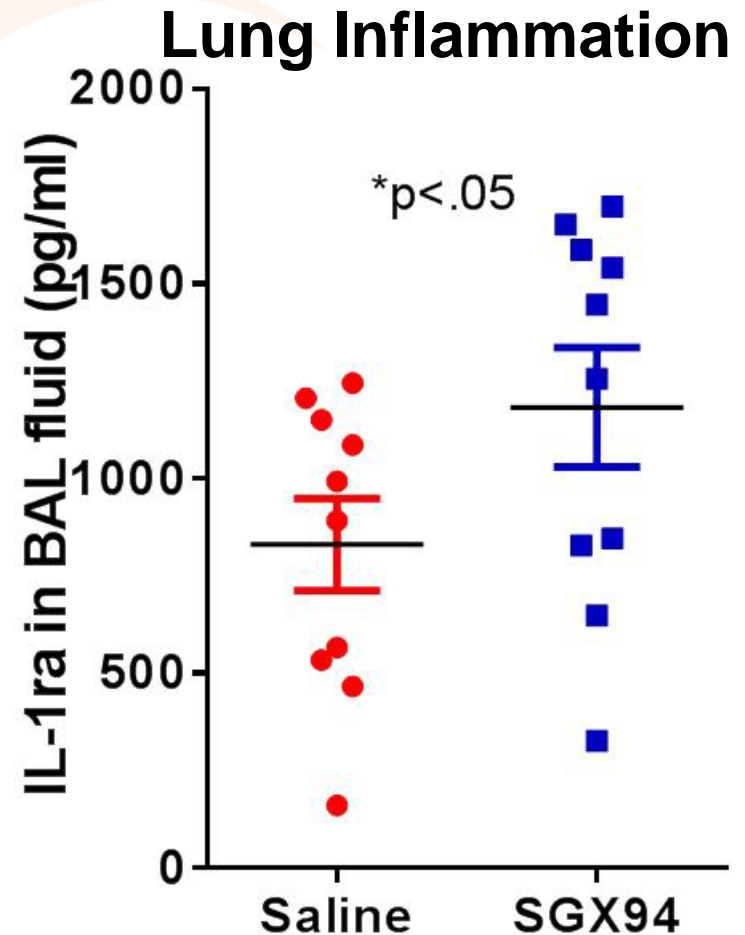


Early Chemokine Responses

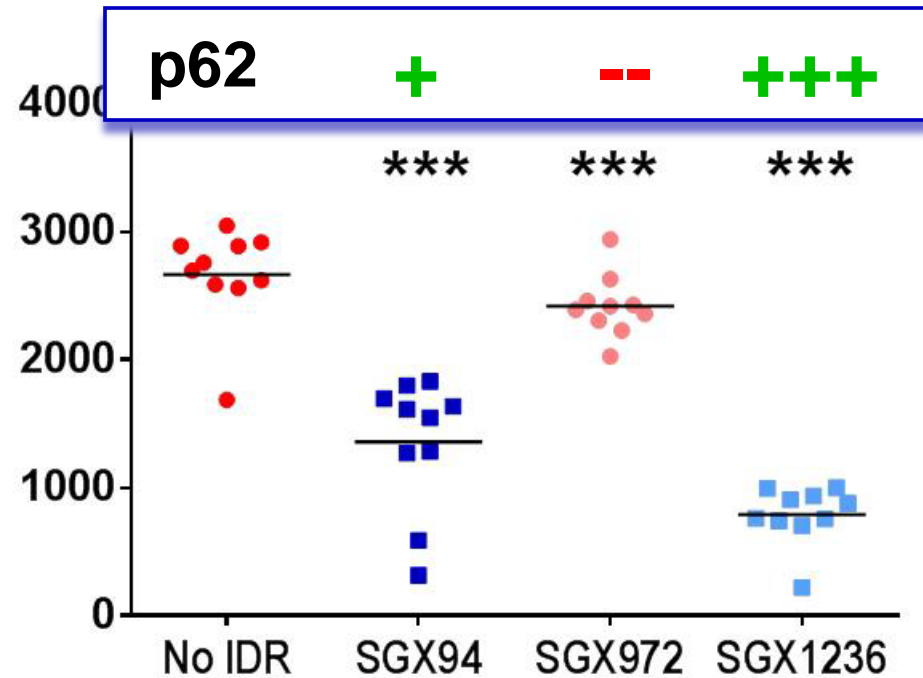
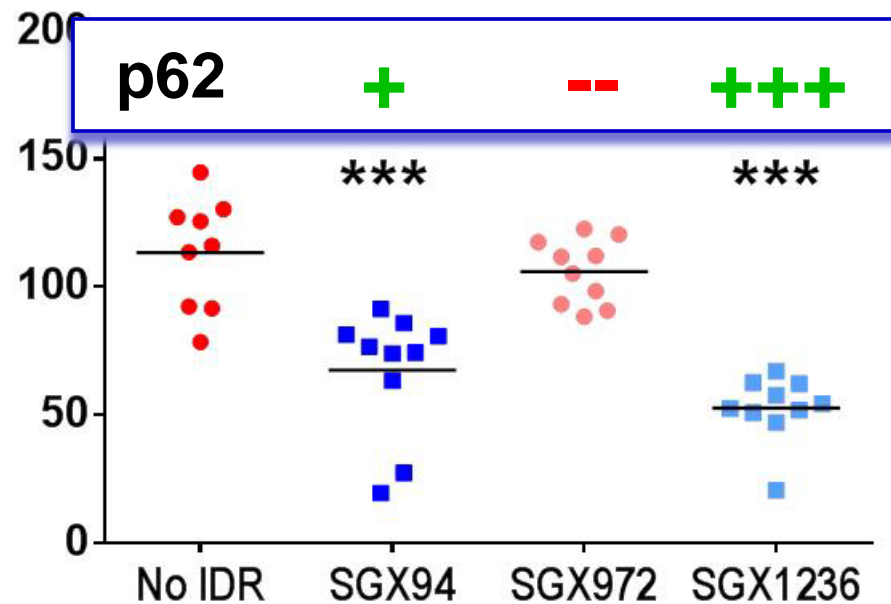
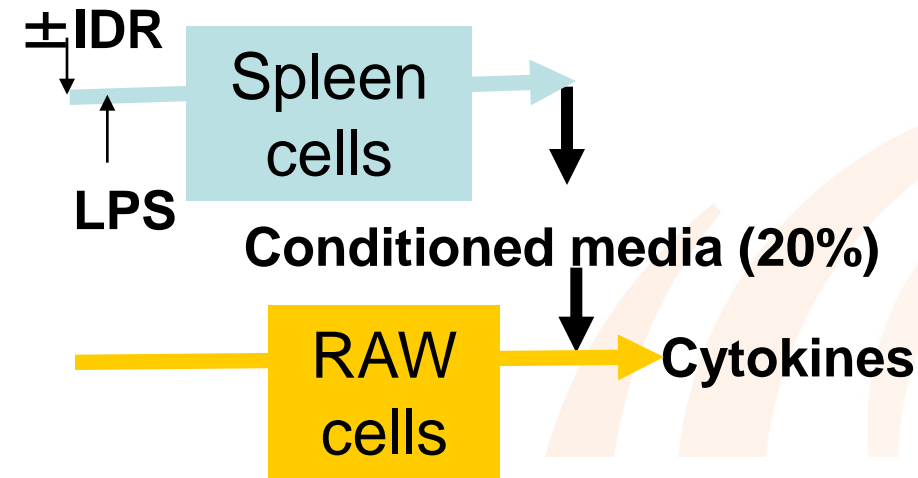
Peritoneal RANTES and IP10 increased in MRSA IP infection



TNF α decreased and IL-1ra increased



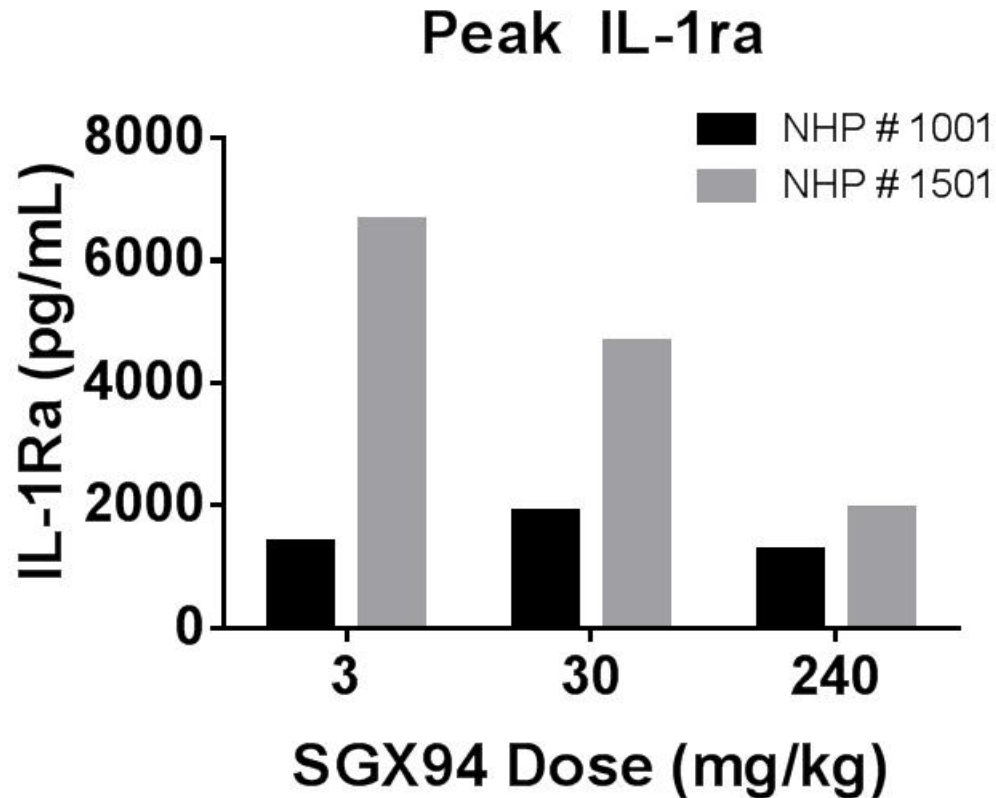
Tissue-Mediated Effects



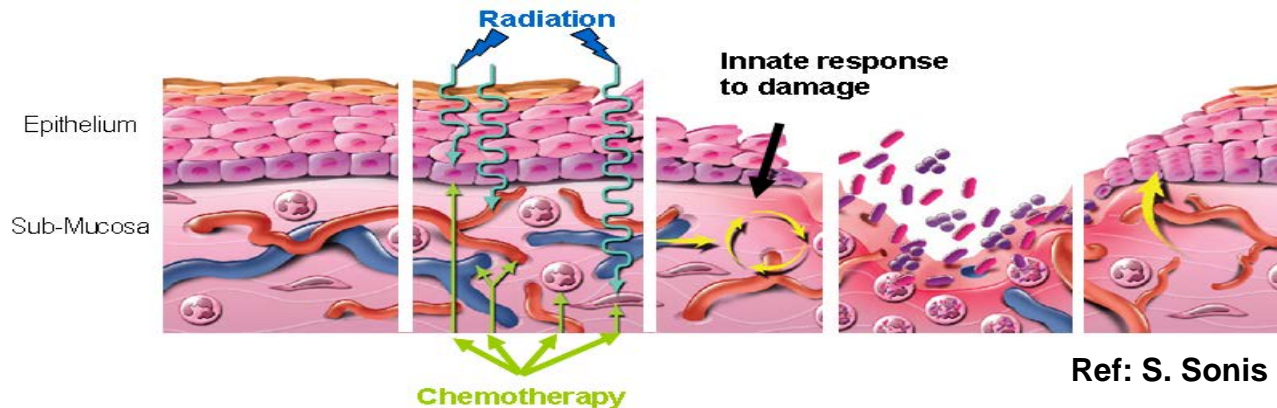
IL-6
(pg/ml)

**Responsiveness
correlates with p62
binding affinity**

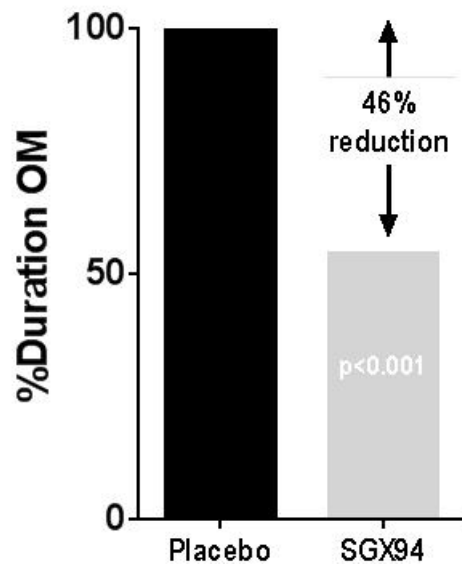
Anti-Inflammatory Dose Response



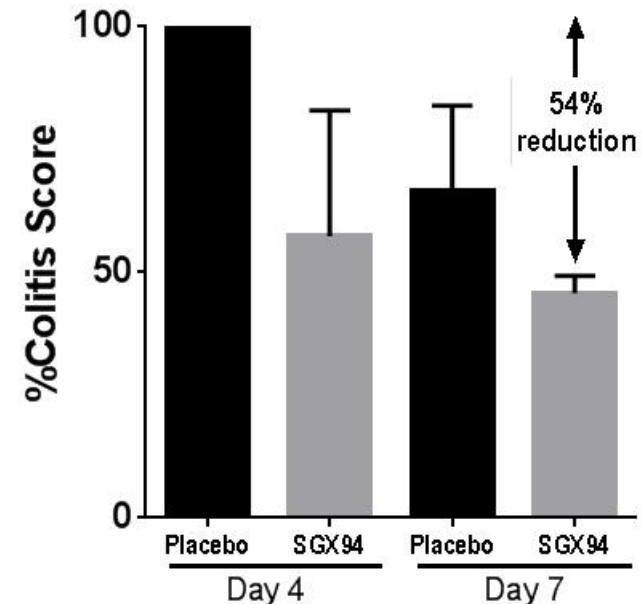
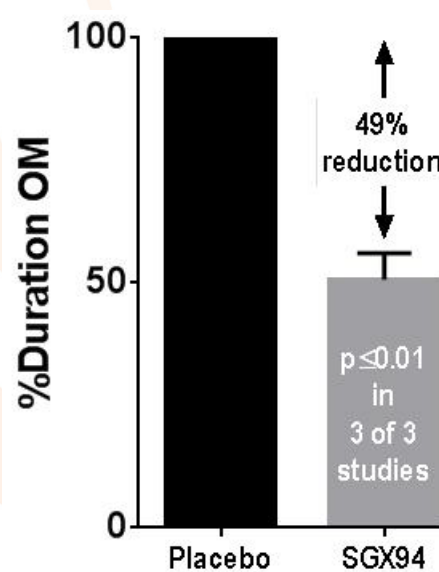
Chronic Injury Models: Oral Mucositis



Radiation-Induced Mucositis



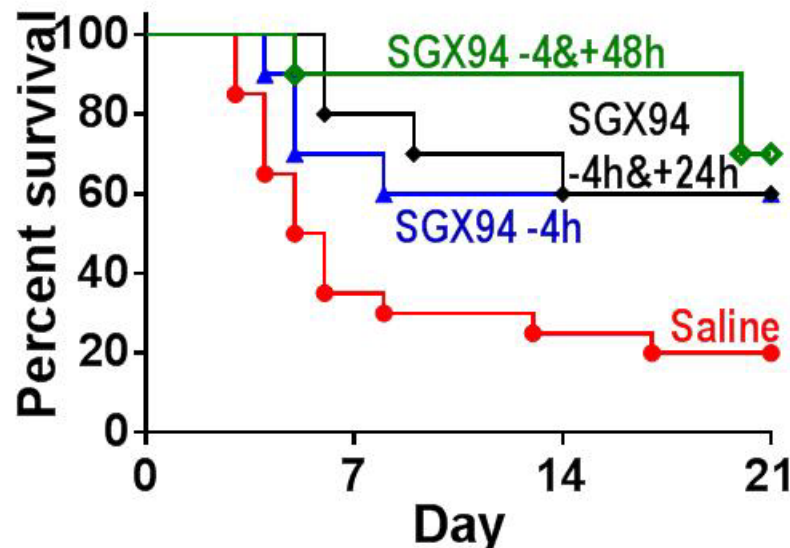
Chemotherapy- Induced Mucositis



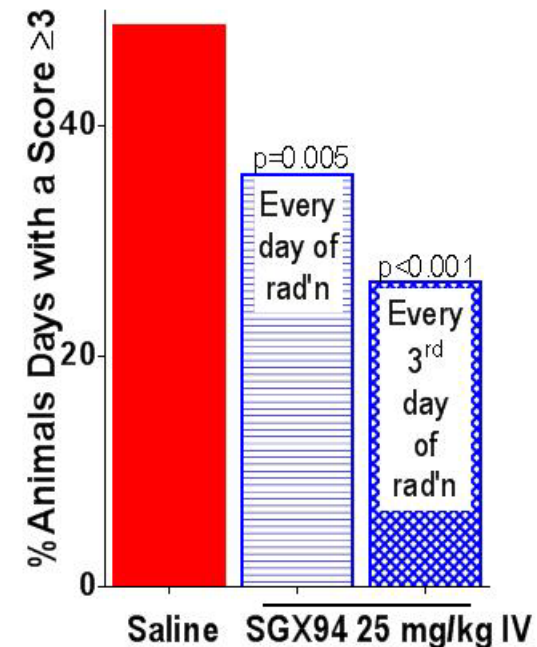
Enduring Pharmacodynamic Effect

- Rapid PK (expected for peptide product)
- Repeat administration within 24-48 hours has no additional benefit
- Treatment up to 5 days prior to infection is effective

Gram-positive, Antibiotic-resistant Bacteremia



Oral Mucositis Model



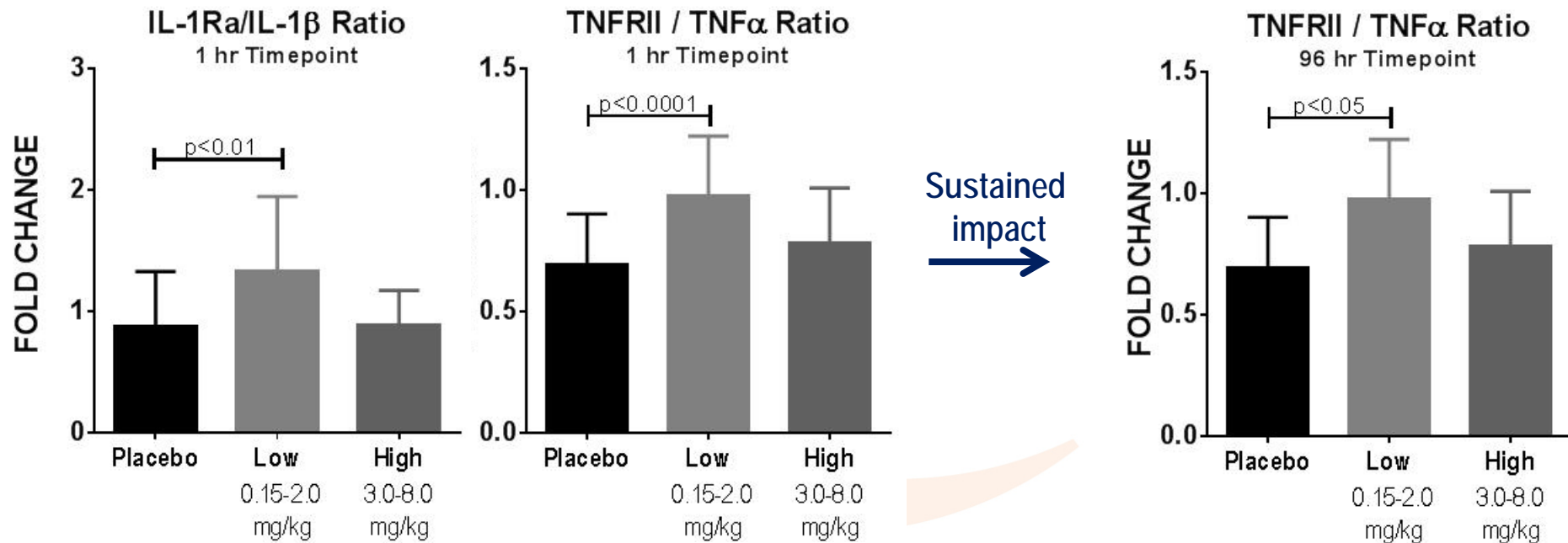
Translation to the Clinic

- Innate immune system present in all orders of mammals
 - Highly conserved
- Target protein p62 highly conserved
 - 91% sequence identity mouse-human
 - 99% sequence identity orangutan-human
- Phase 1 study in 84 healthy human volunteers
- Phase 2 study in 111 head and neck cancer patients at risk of severe oral mucositis
- *Complete concordance between nonclinical and clinical findings*

Anti-Inflammatory

- Whole blood samples collected at various timepoints post-dosing are stimulated with LPS (endotoxin) for 4 hours

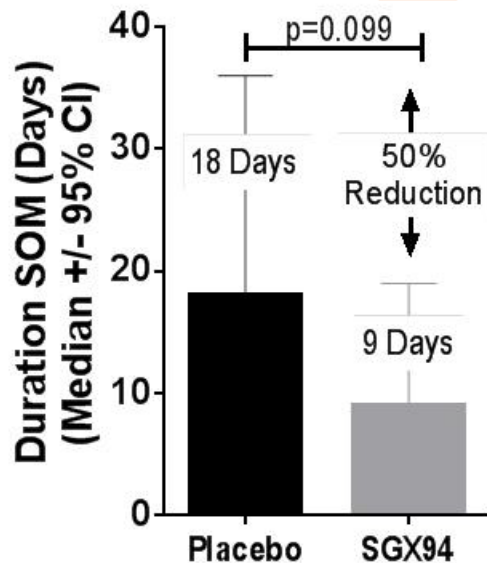
Anti-Inflammatory Effect Stronger at Low Dose Enduring PD Response



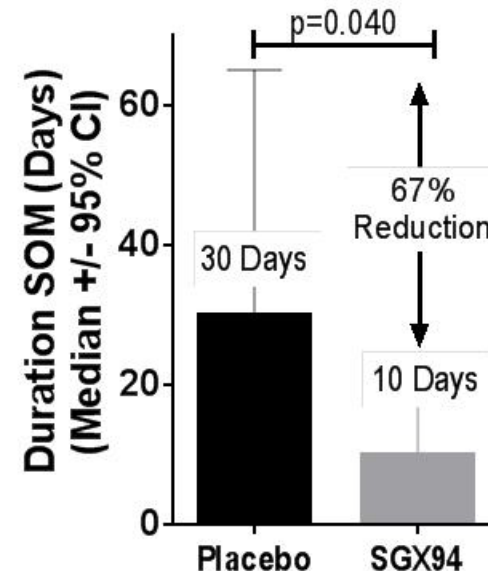
Tissue Healing/Anti-Inflammatory

- Enrolled 111 head and neck cancer (HNC) patients planned to receive at least 55 Gy radiation and either weekly (30-40 mg/m²) or every 3rd week (80-100 mg/m²) cisplatin

Duration Severe OM



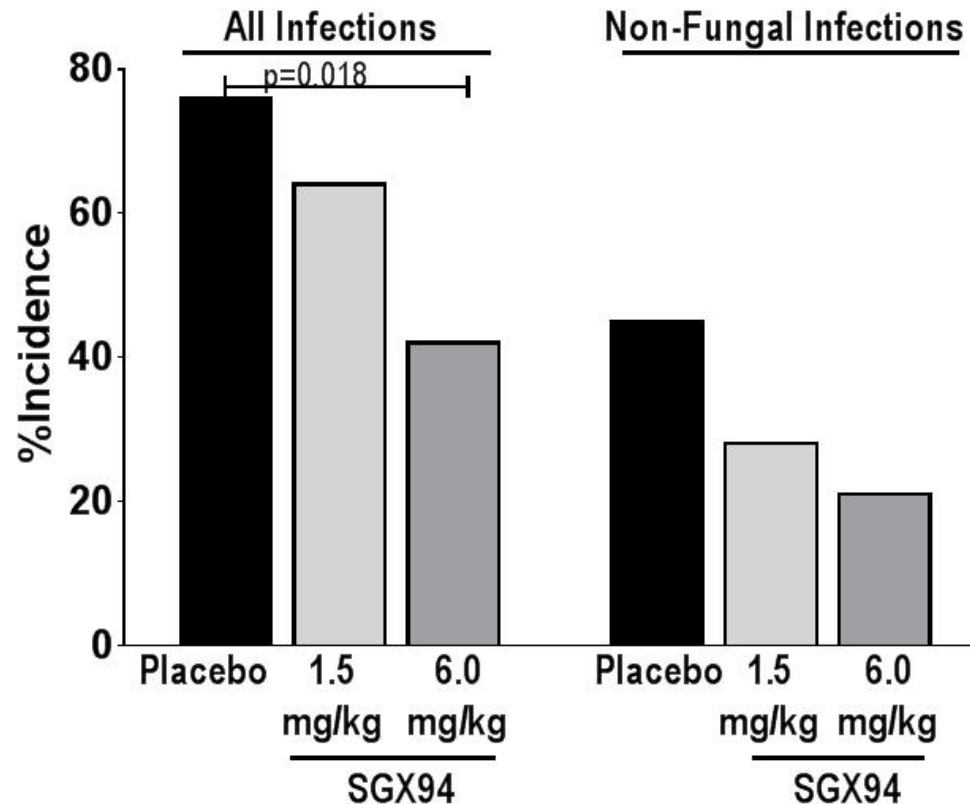
Duration Severe OM High Risk Subpopulation



Anti-Infective

- Recorded infection as a monitored adverse event (Phase 2 study)
- All concurrent antibiotic treatments allowed

All and Non-Fungal (Bacterial) Infections Reduced



Infectious Disease

- **Broad-spectrum activity**
 - Does not require positive identification of pathogen
 - Effective irrespective of antibiotic resistance
 - Will work in at-risk populations (immune-compromised)
- **Combination activity:**
 - Can be combined with standard of care antibiotic therapy – tested for interference with most major antibiotic classes
 - No PK interference with other drugs likely (rapid degradation by blood/tissue peptidases; kidney/liver functions not required)

IDR Program Status

- Phase 2 clinical study in oral mucositis completed
- Phase 3 clinical study in oral mucositis initiating 2017
- cGMP - quality drug product available
- Pharmacokinetics and nonclinical toxicology completed
- Phase 1 healthy volunteer studies completed
- Portfolio of IDR analogs:
 - Co-crystal structure solved for SGX94 in its target binding site
 - SAR against target protein binding; peptidomimetic analogs developed

Conclusions

- IDRs, such as SGX94, represent a new class of compound with unique mechanism of action targeting p62
- IDRs may significantly enhance antibiotic efficacy *without* increasing resistance
 - Does not interfere with antibiotic action on either a PD or PK basis
- IDR action is independent of bacterial pathogen characteristics:
 - Broad-spectrum activity
 - Targets both tissue mediated and circulating innate immune responses
 - Extended PD action
- High degree of clinical translation observed in recent Phase 2 clinical study

Acknowledgements

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