A Phase I Study to Investigate the Safety, Tolerability and Pharmacokinetics of a Biased GLP-1R Antibody Glutazumab

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ABSTRACT

GLP-1R is a class B G-protein coupled receptor and a major therapeutic target for type 2 diabetes and obesity. Several GLP-1 analog drugs have been approved for T2DM to achieve good glycemic control and improved β -cell function with hypoglycemia rarely (1, 2). However, the on-target toxicity limited their dosage and any further improvement to the patients.

To overcome the shortcomings of the existing drugs, we constructed Glutazumab, a humanized anti-GLP-1R monoclonal antibody carrying a GLP-1 fragment. It could serve as a biased GLP-1 in the hope of having less on-target toxicity. A firstin-human, placebo-controlled, double-blinded, dose-escalation phase 1 study was carried out to investigate the safety, tolerability and pharmacokinetics of a single subcutaneous dose of Glutazumab in healthy male volunteers. Phase 1 data showed that Glutazumab has fewer and milder common adverse effects like nausea and vomiting of GLP-1R agonists, while the maximum tolerated dose is multiple-fold higher than that of dulaglutide (3). On the other hand, similar efficacy were demonstrated in a monkey OGTT study of Glutazumab and dulaglutide at similar molar dosage. Glutazumab, dosing either once a week or two-week, could be the first long-acting GLP-1 drug with the biased activity and the best-in-class with a well-tolerated safety profile.

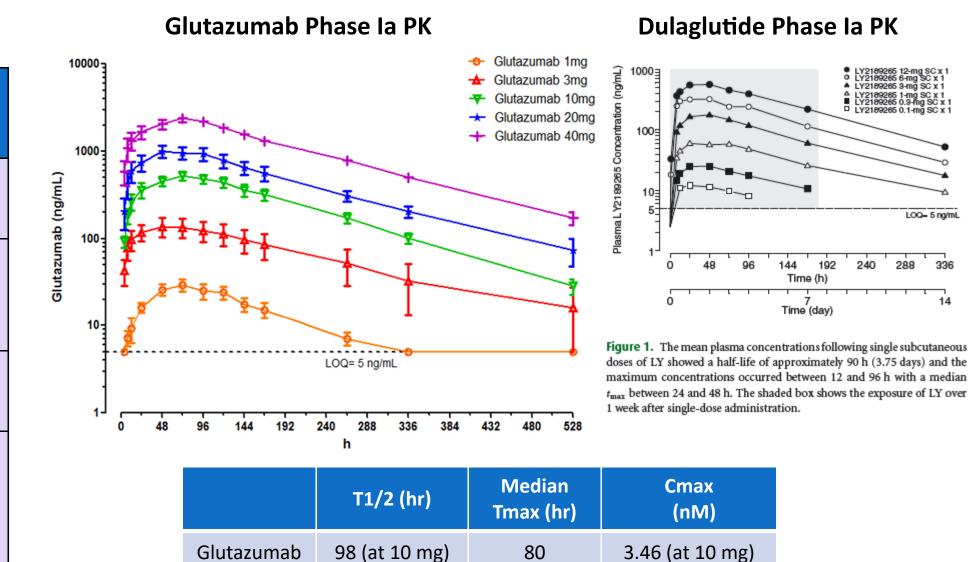
Glutazumab vs. Dulaglutide: Tox in Cynomolgus

No other significant abnormalities observed;

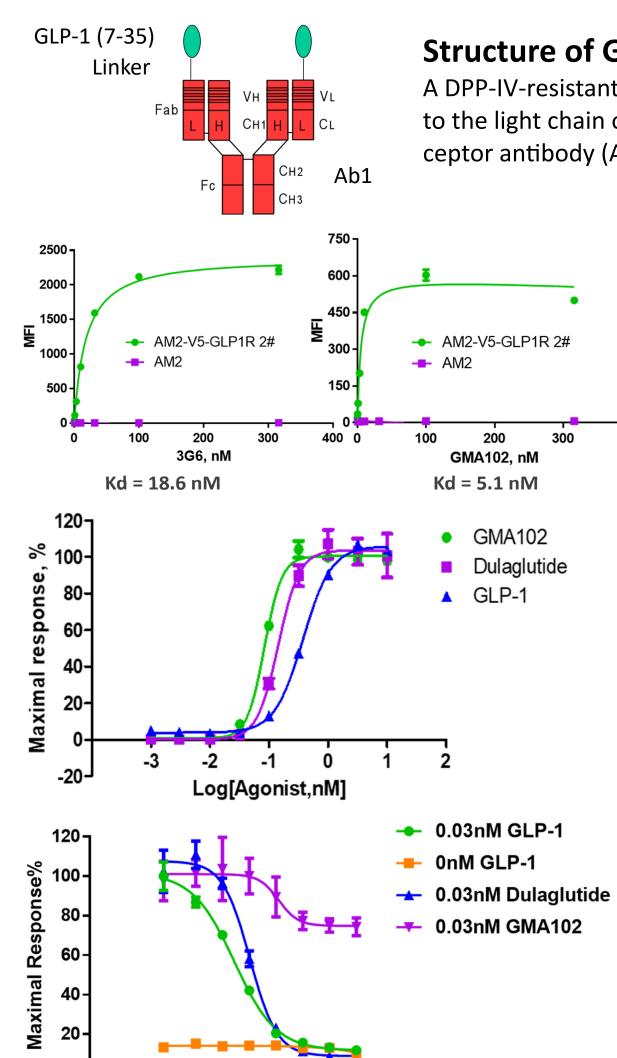
- In general, dose related reductions in food intake, body weights and blood glucose levels were observed

Study	Heart Rate increase compared with Con- trol Group		QTc interval increase compared with Con- trol Group		GI Disorder compared with Control Group	
Safety	Glutazumab 63.2 nmol/ kg	Dulaglutide 15.8 nmol/kg	Glutazumab 63.2 nmol/ kg	Dulaglutide 15.8 nmol/kg	Glutazumab	Dulaglutide
Pharm	No statisti- cally significant change	21% at 3 h* statistically significant	No statisti- cally significant change	9% at 24 h* statistically significant	—	—
	Glutazumab 63.2 nmol/ kg	Dulaglutide 25.7 nmol/kg	Glutazumab 63.2 nmol/ kg	Dulaglutide 25.7 nmol/kg	Glutazumab	Dulaglutide
Тох	no statisti- cally significant change	∱ 8% on day 5*	no statisti- cally significant change	 1% on day 5* 6.5 nmol/kg 33% on day 5* Statistically significant 	No nausea or GI related AE observed	1.Number of ani- mals showed nau- sea and vomiting, a few of them were dehydrated. 2.Dose related. 3.Stronger and more frequent in the first 2 wks.

Glutazumab vs. Dulaglutide: PK in Phase Ia Clinical Studies

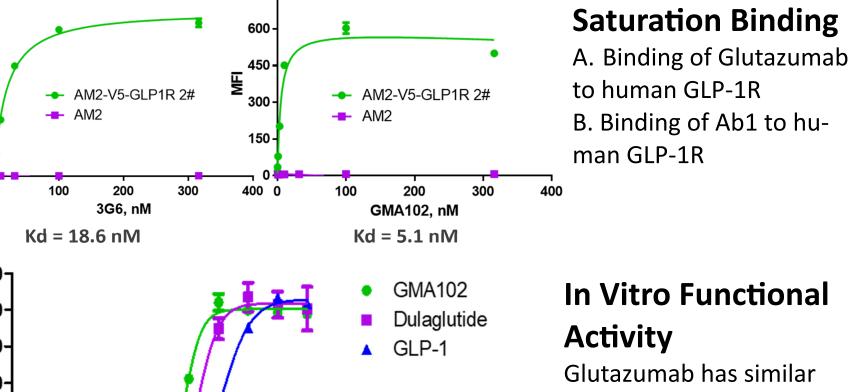


MOLECULAR DESIGN AND IN VITRO ACTIVITY



Structure of Glutazumab

A DPP-IV-resistant GLP-1 (7-35) analog fused to the light chain of a humanized GLP-1 receptor antibody (Ab1, IgG2)



In Vitro Functional

Glutazumab has similar potency to Dulaglutide in *in vitro* cell based assay

Biased Activity

Glutazumab-induced activation of GLP-1R is resistant to the inhibition of Exendin 4(9-39), an antagonist of GLP-1R

Glutazumab-induced activation of hGLP-1R is differ-

Screening Visit

6.3

*: time after administration Pharmacology Reviews 125469Orig1s000, FDA

FIRST-IN-HUMAN STUDY

Study Objectives

Primary Objectives

 Assess the safety and tolerability of Glutazumab following single escalating subcutaneous (SC) doses of Glutazumab in healthy volunteers

Secondary Objectives

• Assess the PK of Glutazumab following single SC doses in healthy volunteers

Study Design

This was a randomized, placebo-controlled, double-blind, single dose escalation study to evaluate the safety, tolerability and PK of Glutazumab. This study was the first time that Glutazumab had been administered to humans.

The study was designed to investigate 5 different doses of Glutazumab. Five cohorts of 8 healthy subjects were planned to be investigated. Subjects were randomized to receive either Glutazumab or placebo (3 glutazumab: 1 placebo) as a single SC injection.

Cohort Dose 1mg Glutazumab n=6 Placebo

> 3mg Glutazumab n=6 n=2 Placebo 10mg Glutazumab n=6

Placebo n=2

n=2

Follow-up Visit

Day 22

20mg Glutazumab n=6 Placebo n=2

40mg Glutazumab n=6 Placebo n=2

Treatment Period

ON-GOING PHASE IB/IIA

36

~3.00 (at 3 mg)

90 (at 3 mg)

A Randomized, Placebo-controlled, Double-blind, Semi-sequential Dose Escalation Study to Evaluate Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of Repeated Escalating Subcutaneous Doses of Glutazumab in Subjects with Type 2 Diabetes

Study Design and Subjects

Dulaglutide

Multi-center, double-blind, semi-sequential group, randomization, placebocontrol; Diabetics (n=44) in Australia and New Zealand

Cohorts and Treatment

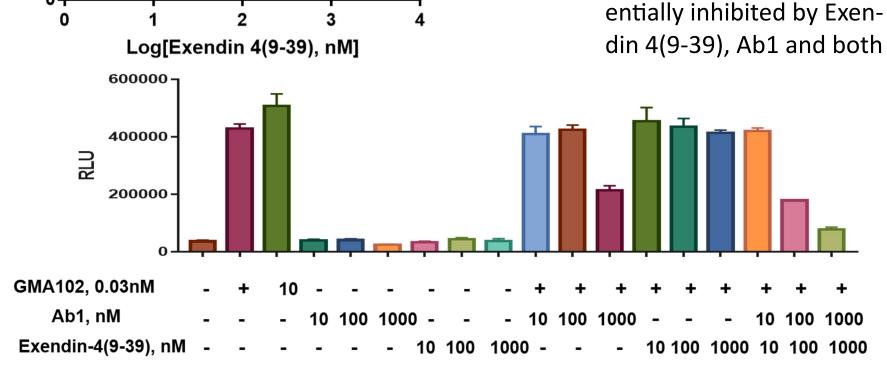
GMA102 5, 10, 20, 30 mg and X (depend on results of preceding cohorts) with subcutaneous injection for weekly*8 weeks

Clinical Outcome

Efficacy of Glutazumab on blood glucose and HbA1c as well as BMI Pharmacokinetics profile, safety and tolerance

CONCLUSION

- Glutazumab is a novel GLP-1 analog of GLP-1/GLP-1R antibody fusion with biased activity towards GLP-1R.
- In FIH study, Glutazumab had a mono-exponential pharmacokinetics with half-life (T¹/₂) varying from 70 hours (at 1mg) up to 118 hours (at 40mg).
- In the dose range of 1 to 40 mg, Glutazumab was safe and well tolerated by healthy volunteers and demonstrated superior safety profile comparing with Dulaglutide. This is consistent with the cynomolgus study.
- Glutazumab is being tested in the on-going phase IB/IIA clinical studies.
- Glutazumab may be a safe and effective treatment for type 2 diabetes in the future.



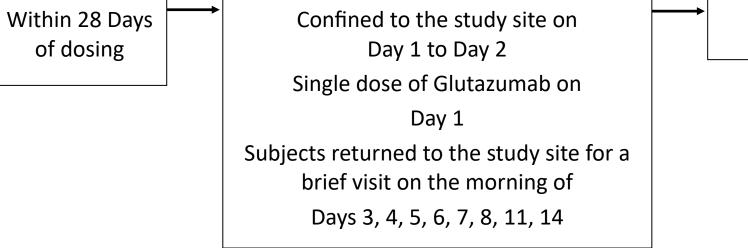
PK AND SAFETY IN CYNOMOLGUS

Pharmacokinetic Profiles of Glutazumab in Cynomolgus → Group01 sc 0.5 mg/kg_GMA102 → Group03 sc 8 mg/kg_GMA102 → Group04 iv 2 mg/kg_GMA102 32 animals (male: female 1:1), divided into 4 groups, 8 animals per group; Single dose: Ű Ö Ö sc. 0.5 mg/kg, 2 mg/kg, 8 mg/kg; *iv.* 2 mg/kg 0.01 168 336 Time(hr)

Toxicology Study of Glutazumab in Cynomolgus

Control: blank formulation of GMA102

Study	Route of Ad- min.	Dose	No. of Ani- mals	Dosing Fre- quency	Major Observations
Impacts on cardiovascular and respirato- ry system after	Sc.	3.0 mg/kg 10 mg/kg	16 animals, 8 per each dosing group (vs. control)	Single dose	No impact on respiratory system was observed for both groups; the decrease of blood pressure in 10 mg/kg group may relate to pharma-



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50 nmo

No AE

(Intended

Clinical Dose)

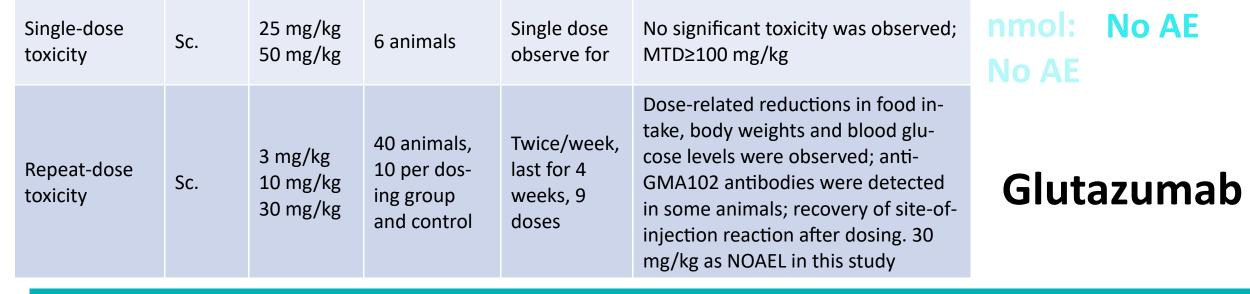
19 nmol:

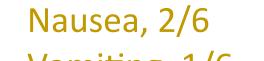
(Clinical D 11.9 nmol: Nausea, 11. 23.8 nmol: Naus 47.6 nmo Nausea, 2 Vomiting,

REFERENCES

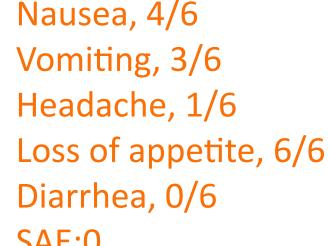
- 1. Lee S, et al, Glucagon-like peptide-1 and glucagon-like peptide-1 receptor agonists in the treatment of type 2 diabetes, Ann Pediatr Endocrinol Metab (2017)
- 2. Lund A, et al, Glucagon-like peptide-1 receptor agonists for the treatment of type 2 diabetes: Differences and similarities, Eur J Intern Med (2014)
- 3. Trulicity Assessment Report, European Medicines Agency (EMA), 2014

ical Dose) a, 11.4%; Vom	niting. 6%		190.5 nmol: Nausea, 4/4			
	%; Vomiting, 12.6%		Vomiting, 4/4 Headache, 4/4	Dulaglutide		
nmol: sea, 2/4 iting, 1/4	95.2 nmol: Nausea, 6/6 Vomiting, 3/6 Loss of appetite, 6	5/6	Loss of appetite, 4/4 Diarrhea, 4/4 SAE: Vomiting, increase in total bilirubin, esophagitis, gastritis, 1/4			
nmol	100 nmol	150 nmol	200 nmol	250 nmol		
63.3 nmol:	126.6 n	mol:	253.2 nmol:			









SAE:0

International Diabetes Federation Congress 2017

Abu Dhabi, December 4-8, 2017



