# Extended preclinical ocular biodistribution and pharmacodynamic profile of ISTH0036, an antisense oligonucleotide targeting transforming growth factor beta 2 (TGF-β2) for the treatment of ophthalmic diseases

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# Abstract

**Purpose:** A critical role for TGF-β2 in the pathophysiology of several ocular diseases such as glaucoma, age-related macular degeneration or diabetic macular edema has been demonstrated, making this isoform a relevant therapeutic target. To support clinical development in these indications, the ocular biodistribution and pharmacodynamics profile of ISTH0036, a 14-mer phosphorothiate locked nucleic acid-modified antisense oligodeoxynucleotide gapmer, was evaluated in Cynomolgus monkeys following intravitreal administration.

Methods: To assess the time-dependent ocular tissue drug biodistribution and pharmacodynamics effects, ISTH0036 was administered (intravitreal injection) on Day 1 and Day 57 at a dose of 100  $\mu$ g/eye into Cynomolgus monkey eyes. Furthermore, single administration of the compound at increasing doses of 30, 100 and 300  $\mu$ g/eye was performed to assess the dose-dependency (on Day 29). An anion-exchange-HPLC method with fluorescence detection was used to analyze tissue concentrations. Target downregulation was determined using a branched DNA assay, and protein concentration in vitreous/aqueous humors was measured with a multiplex ELISA assay. **Results:** Long-lasting and time-dependent biodistribution of ISTH0036 to the posterior eye tissues was observed. Similar high ISTH0036 concentrations were measured in the retina, choroid and ciliary body after 300-µg/eye administration (5-6 µg/g, on Day 29). High median drug concentrations in posterior eye tissues were still observed on the last day of measurement (Day 113). ISTH0036 induced in vivo long-lasting and dose-dependent TGF-β2 mRNA downregulation in retina and lens. TGF-β2 protein concentration decreased in the vitreous humor after intravitreal injection of ISTH0036 and this effect was maintained up to Day 113. These results confirm previous findings in the rabbit eye. **Conclusion:** ISTH0036 demonstrated potent target TGF- $\beta$ 2 mRNA downregulation in relevant tissues of the Cynomolgus monkey eye. Pronounced long-lasting posterior eye tissue distribution was consistent with observed target engagement. Demonstrated biodistribution and target engagement support further clinical development and provide rationale for Q2M or Q3M administration schedule of ISTH0036 for therapeutic intervention in ophthalmology.



The monkeys were treated at the Covance Preclinical Services GmbH test facility, which is fully accredited by the Association for Assessment and Accreditation of Laboratory Animal Care. All procedures in the study complied with the German Animal Welfare Act and were approved by the local Institutional Animal Care and Use Committee.





(A) ISTH0036 tissue concentrations after one IVT injection of ISTH0036 at 30, 100 or 300 µg/eye. Samples were collected on Day 29 after intraocular administration (n= 4 eyes, or kidney cortex samples from 2 animals). (B) ISTH0036 tissue concentrations after one injection on Day 1 (solid line) or two injections on Day 1 and 57 (dotted line) at 100 µg/eye. Samples were collected on Day 29, 57, 85 and 113 after the first intraocular administration (n= 4 eyes, or kidney cortex samples from 2 animals). Tissue biodistribution results are represented on (A) log- and (B) linear-scale as median ISTH0036 concentrations (n=4).

## **Results:**

- Long-lasting and time-dependent drug distribution with a slow elimination rate in the examined posterior eye tissues
- Evidence of drug accumulation upon second administration
- Proportional dose-dependent drug distribution in all analyzed eye tissues • Similar concentrations were reached in the retina, choroid, and ciliary body. The highest concentrations were
- measured in these tissues after 300  $\mu$ g/eye administration (5-6  $\mu$ g/g, on Day 29)
- Low drug concentrations in the kidney cortex (< 1  $\mu$ g/g) following intraocular administration, suggesting some limited redistribution of ISTH0036 from the ocular compartment into the systemic blood circulation

ocular diseases

mRNA and protein)

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# Pharmacodynamic Profile in Ocular Tissues of Cynomolgus Monkey after IVT

## Fig. 3A: Dose-dependent target TGF-β2 mRNA downregulation in retina, lens and optic nerve head





**Method:** ISTH0036 was administered to monkey eyes via one or two IVT injection(s) and ocular tissues collected according to the schema depicted in Fig. 1. (A+B) Ocular tissues were dissected and immediately snap frozen for further analysis of target mRNA expression. TGF- $\beta$ 2 mRNA levels were quantified by bDNA assay and results were normalized to GAPDH values. (C) Aqueous and vitreous humor was collected and immediately snap frozen for further analysis of TGF-B1, -B2 and -B3 protein concentration. Protein levels were determined by electrochemiluminescence–based multiplex immuno-assay (U-PLEX TGF-β Combo NHP, Meso Scale Diagnostics LLC). TGF- $\beta$ 1 and - $\beta$ 3 protein levels were not detectable under given experimental procedures. Data are represented as box plots, in which median values (line), upper and lower quartiles, and 90th and 10th percentiles are indicated. \* p<0.05 compared to vehicle treated group. Statistical significance was analyzed using nonparametric 2-independent samples Wilcoxon-Mann Whitney test.

• Significant time- and dose-dependent target engagement (TGF- $\beta$ 2 mRNA downregulation) in the retina and lens upon IVT administration(s) of ISTH0036 • Significant time- and dose-dependent target engagement (TGF-β2 protein expression) in vitreous humor. Minor effect in the aqueous humor

• Long lasting tissue distribution in ocular tissues after IVT administration, with minor systemic exposure as indicated by low exposure in kidney • Long lasting, potent and selective *in vivo* target downregulation (TGF-β2

• Data provide rationale for Q2M or Q3M administration schedule of ISTH0036 for therapeutic intervention in ophthalmology

• Data supportive of further clinical evaluation for treatment of patients with

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