Selective Induction of Activated Regulatory T-Cells in Healthy Volunteers by NKTR-358, a Novel IL-2 Conjugate Treg Stimulator, in Development for the Treatment of Autoimmune Diseases

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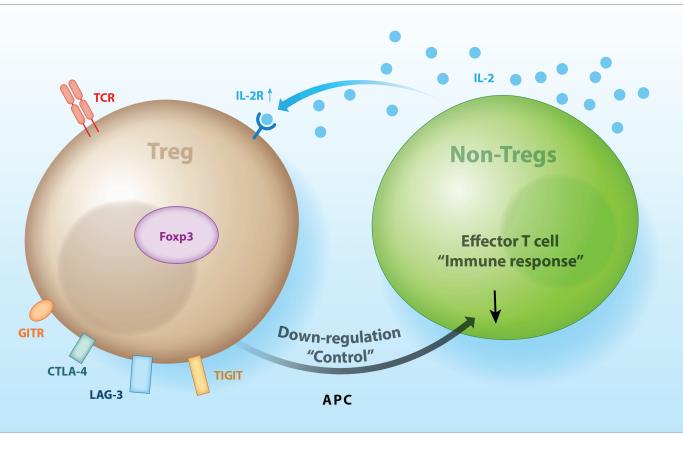
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Background

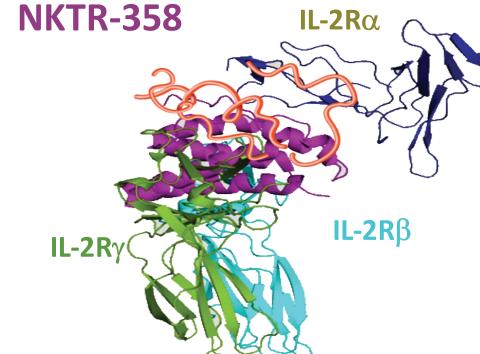
IL-2 is Critical for Treg Expansion, Function and **Control of Immune Responses by Regulatory T-cells (Tregs)**

Many autoimmune disorders, including systemic lupus erythematosis (SLE), are associated with:

- Reduced Treg numbers
- Impaired Treg function
- Reduced systemic IL-2



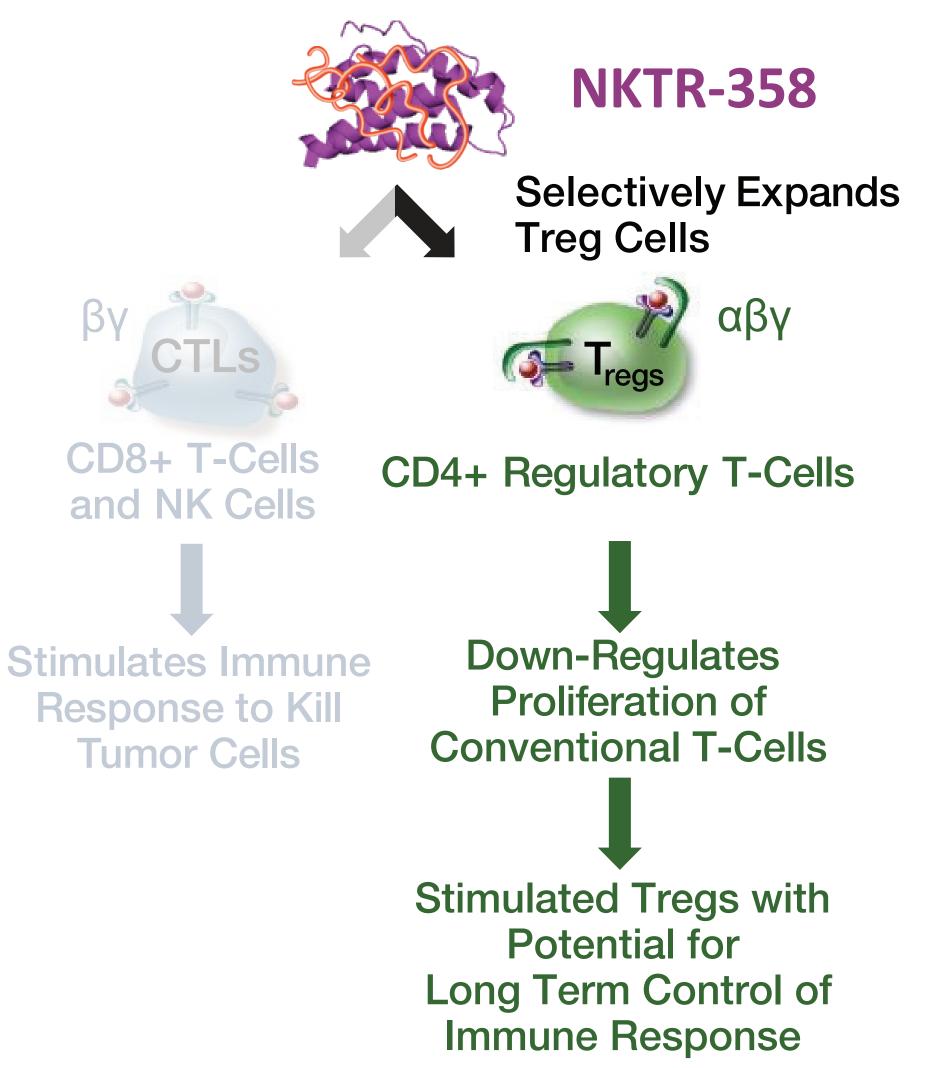
NKTR-358: PEG-conjugated rhlL-2 Selectively Induces Tregs and Their Suppressive Activity



Compared with IL-2, PEG-conjugation in NKTR-358:

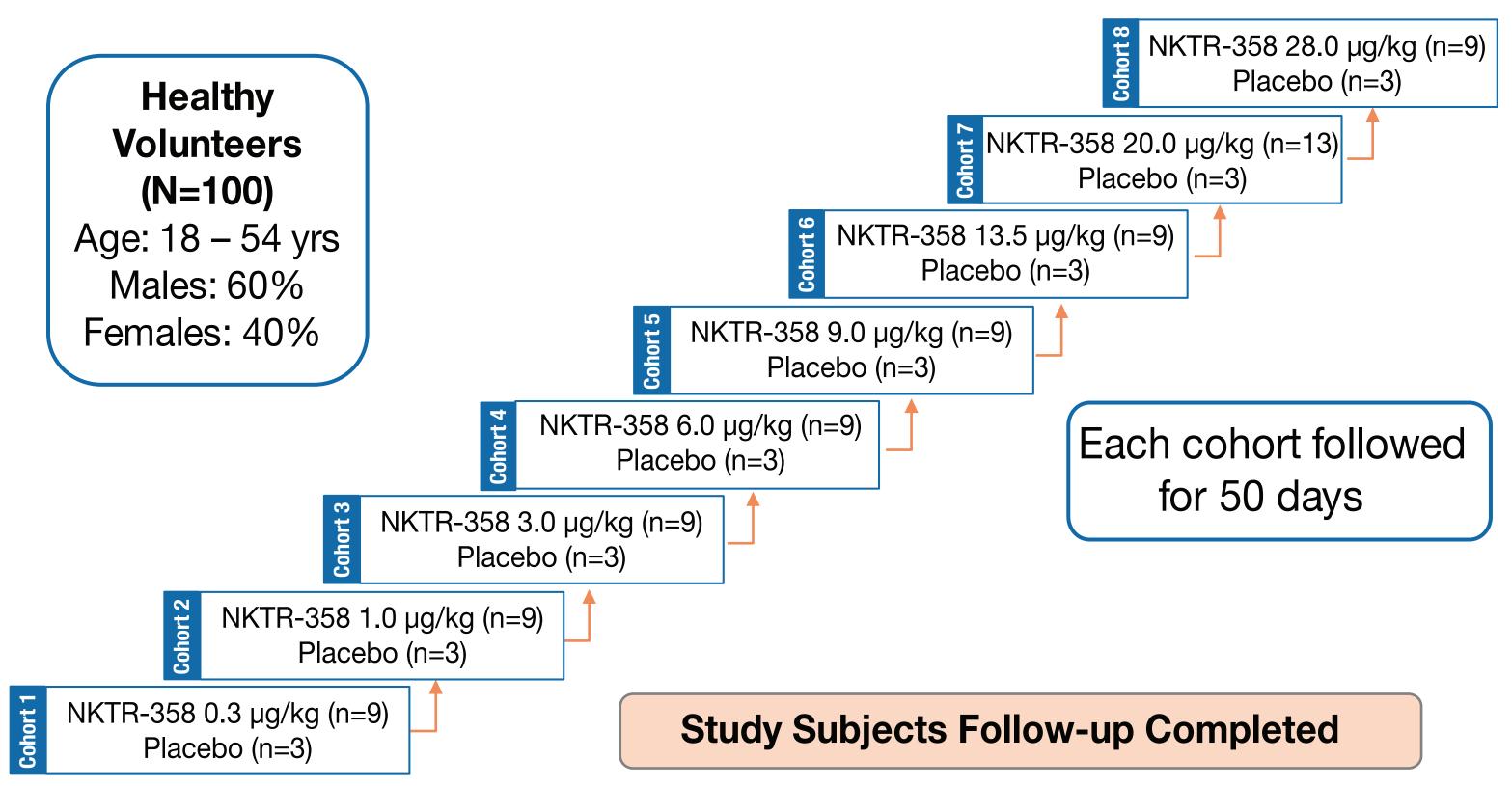
- Alters binding profile of NKTR-358 with lower binding affinity to IL-2R β and different binding bias for IL-2R α & IL-2R β
- Imparts selectivity for effect on Tregs over conventional T-cells (Tcon)
- Increases half-life

NKTR-358 has shown activity in animal models of SLE and cutaneous hypersensitivity¹



Methods

Study Design: Randomized Double-blind Study of Subcutaneous **Single-Ascending Doses (SAD) of NKTR-358 in Healthy Volunteers**



Study Objectives

NKTR-358 in healthy volunteers on:

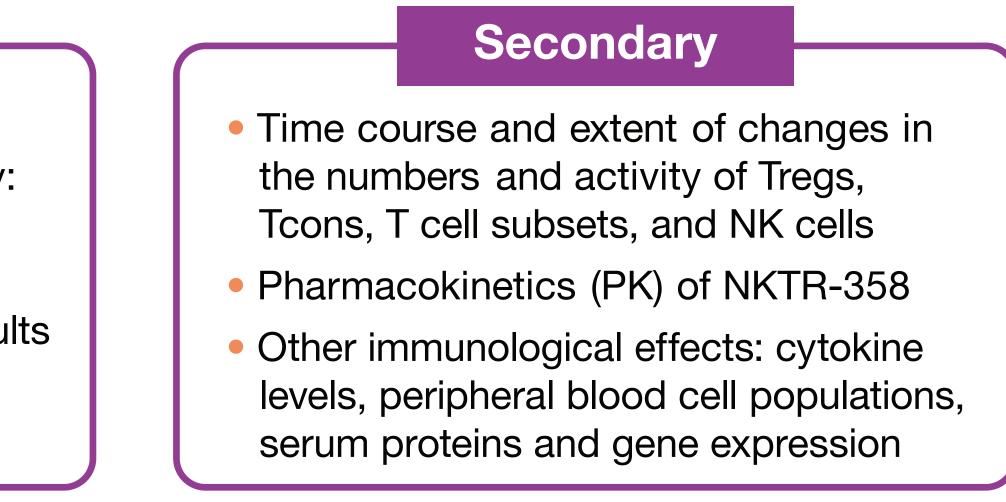
Primary

- Safety and tolerability in subjects as evaluated by:
- Adverse events
- Vital signs
- Clinical safety lab results
- Cytokine levels

Assay Methodology

- Immunophenotyping by multicolor flow cytometry to quantify multiple immune cell subsets, using whole blood collected at multiple time points pre- and post-NKTR-358 administration
- Total Tregs: CD4+FoxP3+CD25+ total Tregs, evaluated as absolute numbers and percentage of CD4+ or CD3+ T cells
- CD25^{bright} Tregs: Treg subpopulation with highest CD25 expression; expected to have highest suppressive capacity
- **Ki67:** marker of proliferation
- ICOS, CTLA4, Helios: markers of Treg activation
- Evaluation of epigenetic modifications conducted with Epiontis ID qPCR-based assay, to monitor methylation status of Treg-specific demethylation region (TSDR) of FoxP3 gene, using whole blood collected at multiple time points from pre-dose through Day 50 post-dose

Assess the effects of subcutaneous administration of single-ascending doses of



• Pharmacodynamic studies conducted to measure selective induction of Tregs and to further characterize their activity following NKTR-358 administration

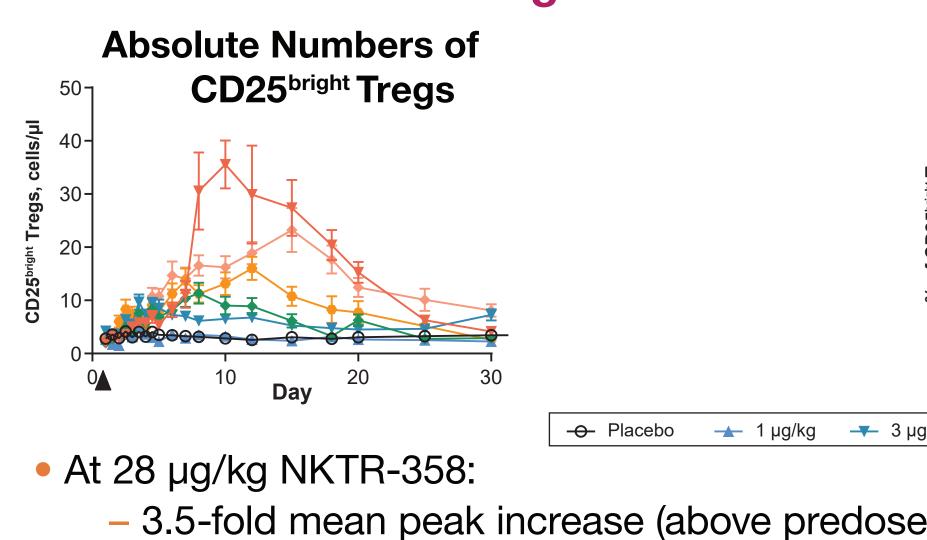
 Gene expression measured with NanoString platform, with whole blood collected at multiple time points from pre-dose through Day 15 post-dose

Results

NKTR-358 was Safe and Well Tolerated in Healthy Volunteers

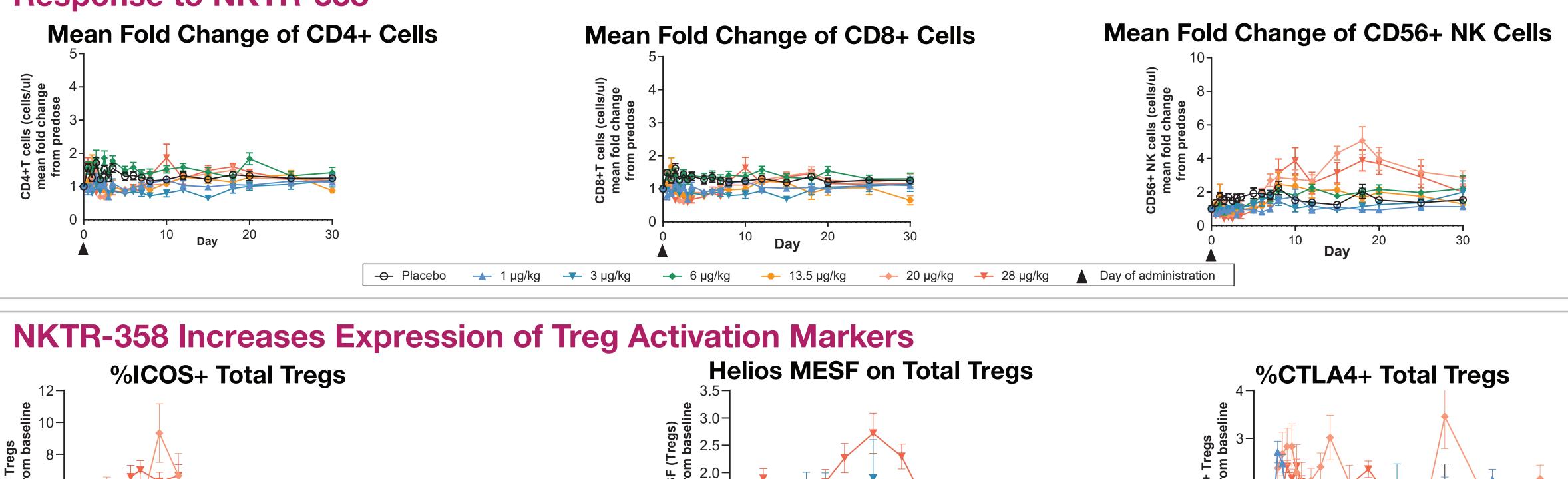
- No dose-limiting toxicities, deaths, or AEs leading to study discontinuation
- No clinically significant vital sign, ECG, or physical examination abnormalities
- Adverse events primarily limited to mild or moderate (Grade 1 or 2) injection site reactions
- 4 subjects experienced Grade 1 mild events of headache
- 1 subject at the highest dose tested (28.0 µg/kg) experienced mild (Grade 1) signs and symptoms of vomiting, diarrhea, anorexia, tachycardia, and myalgia attributed to elevated cytokine levels
- No anti-drug antibodies detected
- with an estimated half-life of 8-11 days

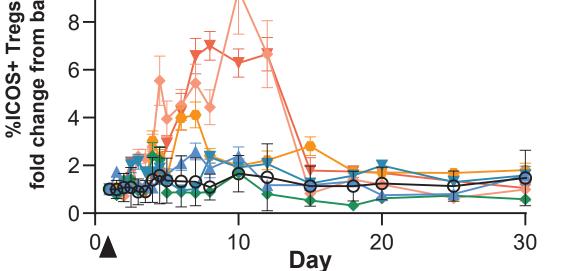
NKTR-358 Leads to Sustained, Dose-dependent Increases in Numbers and Proliferation (%Ki67+) of **Total and CD25**^{bright} **Tregs**



- Treg levels peak at Days 10-12 and do not return to baseline until Days 20-25 following administration
- 6-fold mean increase in Ki67+ CD25^{bright} Tregs above predose value

No Changes in Numbers of Tcon Cells and Low-level Increases in Numbers of CD56+ NK Cells in **Response to NKTR-358**





^{📥 1} µg/kg 🛛 🔫 3 µg/kg -O Placebo

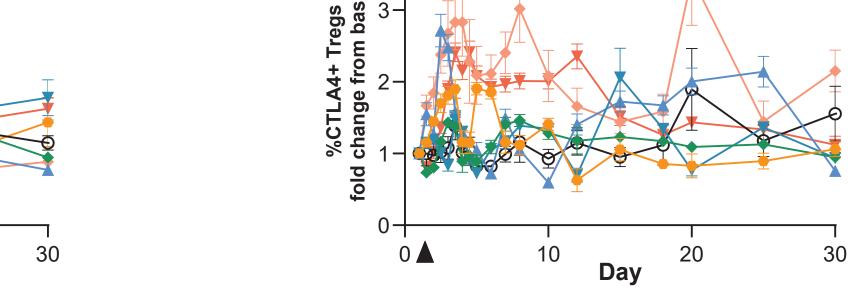
- Increase in Helios expression (MESF) on Total Tregs at highest dose of NKTR-358

• NKTR-358 C_{max} and AUC values demonstrated dose proportional increase, with maximal concentrations reached in 5-7 days, and

Absolute Numbers of Proliferation (%Ki67+) of **Total Treqs** CD25^{bright} Tregs

--- Placebo --- 1 μg/kg --- 3 μg/kg --- 6 μg/kg --- 13.5 μg/kg --- 20 μg/kg --- 28 μg/kg 🔺 Day of administration

- 3.5-fold mean peak increase (above predose levels) in numbers of total Tregs and 17-fold mean peak increase in numbers of CD25^{bright} Tregs, suggesting a large increase in most suppressive Treg population



Dav 20

→ 6 µg/kg → 13.5 µg/kg → 20 µg/kg → 28 µg/kg ▲ Day of administration

Sustained increase in percentage of Treg activation markers CTLA4+ and ICOS+ at 20 and 28 µg/kg NKTR-358

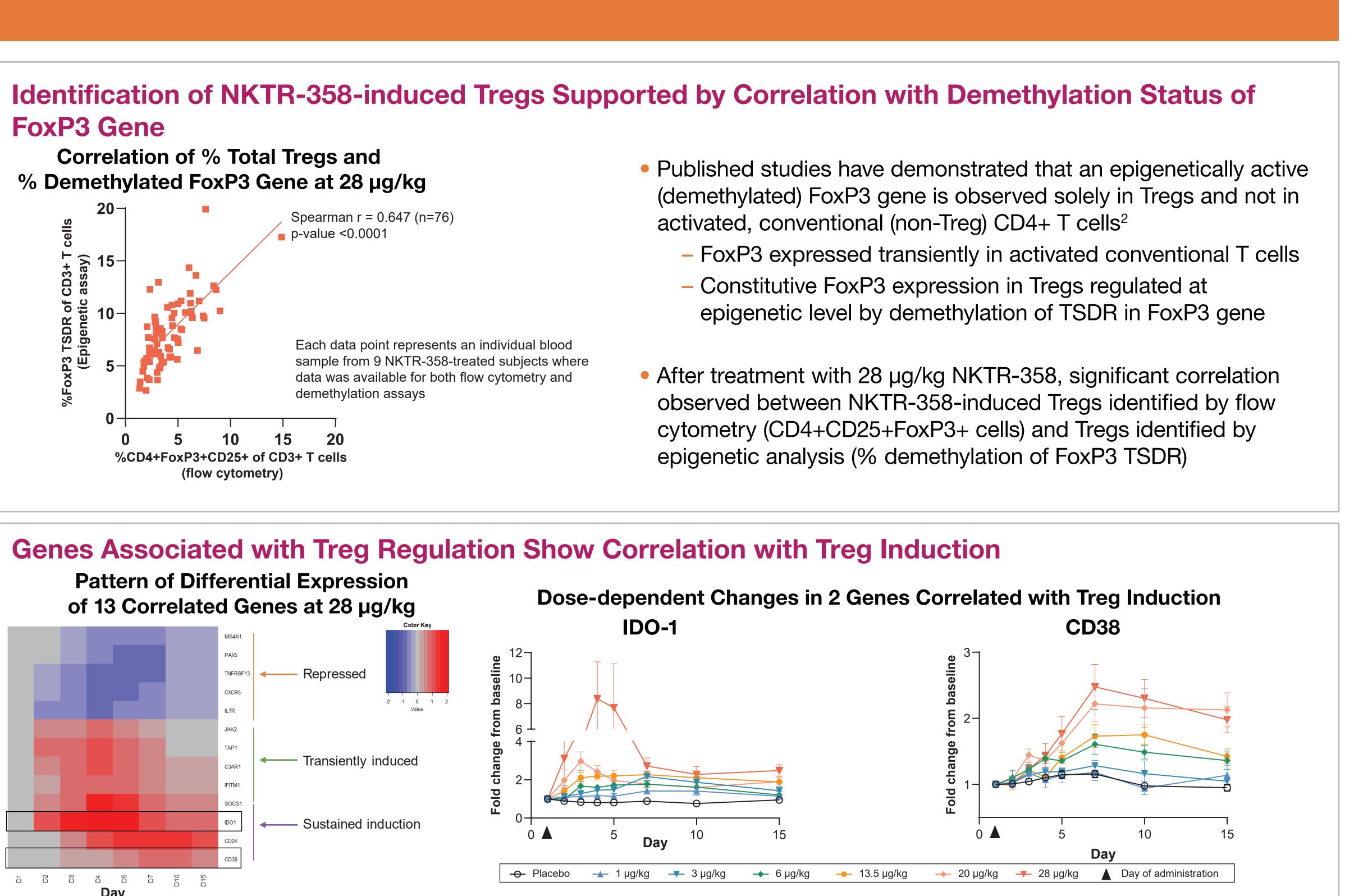
• Preliminary results indicate suppressive activity observed in ex vivo Treg suppression assay performed with whole blood collected from a limited number of subjects at 8-11 days post-NKTR-358 administration (data not shown)

FoxP3 Gene **Correlation of % Total Tregs and** % Demethylated FoxP3 Gene at 28 µg/kg -51 J3+ T äÜ DR of anetic %CD4+FoxP3+CD25+ of CD3+ T cells (flow cytometry) Pattern of Differential Expression of 13 Correlated Genes at 28 µg/kg cytometry Conclusions

- Safe and well tolerated in this first in human study
- analyses

References

1. Langowski J, et al. Arthritis Rheumatol. 2017;69 (suppl 10) 2. Baron U, Eur J Immunol. 2007;37:2378



Increase in number and magnitude of differentially expressed genes in response to NKTR-358 administration • 84 genes identified that show consistent trend of dose-dependent changes in expression in response to NKTR-358 administration NKTR-358-dependent differential expression of 13 genes significantly correlated with induction of Tregs as measured by flow

Marked dose-dependent expansion of numbers and proliferating CD25^{bright} Treg cells, as demonstrated by flow cytometric and epigenetic

• The induction of Tregs is selective, with no measurable changes in numbers and percentages of CD4+ and CD8+ Tcons at all doses tested and low-level increases of NK cell numbers at highest doses tested

Tregs induced by NKTR-358 are activated, as measured by flow cytometry and RNA expression analyses

• Data provide strong support for studying NKTR-358 in autoimmune and inflammatory diseases

• NKTR-358 is also being evaluated in a multiple ascending dose MAD study in patients with systemic lupus erythematosus (NCT03556007) and two additional Phase 1b studies in adults with psoriasis (NCT04119557) and atopic dermatitis (NCT04081350)

