



GET POSTER PDF
Copies of the poster obtained are for personal use only and may not be reproduced without written permission of the authors

Enpatoran: preclinical evidence supporting glucocorticoid dose reduction and Phase II study design in patients with SLE and/or CLE (WILLOW)

Eric F Morand¹, Victoria P Werth², Andrew T Bender³, Aditee Deshpande³, Ankita Deshmukh³, Bharat Vaidyanathan³, Cristina Vazquez-Mateo³, Melinda Przetak³, Flavie Moreau³, Mukhy Khurshed⁴, Sanjeev Roy⁵, David R Pearson⁶

¹Monash University, Melbourne, Australia; ²University of Pennsylvania, Philadelphia, PA, USA; ³EMD Serono Research & Development Institute, Inc., Billerica, MA, USA, an affiliate of Merck KGaA; ⁴Merck Serono Ltd., Feltham, UK, an affiliate of Merck KGaA; ⁵Ares Trading SA, Eysins, Switzerland, an affiliate of Merck KGaA; ⁶University of Minnesota, Minneapolis, USA

CONCLUSIONS



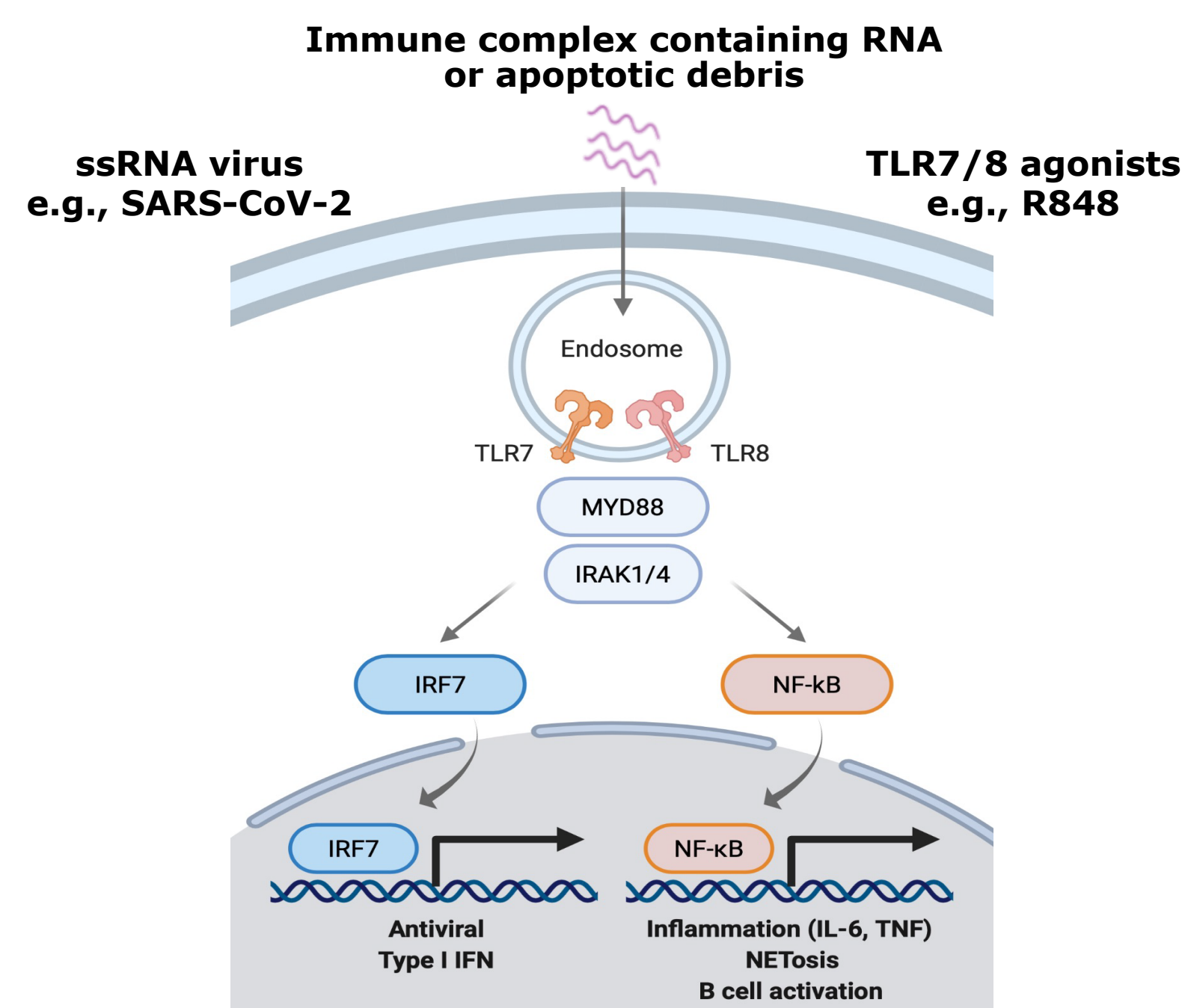
In preclinical experiments, we found that TLR7/8i and glucocorticoids can synergistically reduce human immune cell activation *in vitro*



WILLOW, a Phase II basket trial in SLE and CLE, will clinically determine if TLR7/8i enpatoran has a glucocorticoid-sparing effect

INTRODUCTION

- TLR7/8 are activated by **internalized ssRNA** from pathogens or endogenous ssRNA that is normally restricted within cells (**Figure 1**)¹
- Aberrant TLR7/8 activation** is thought to be involved in SLE and CLE pathogenesis and glucocorticoid resistance²



- TLR7/8i may increase glucocorticoid potency** by inhibiting IRF- and NF-κB-mediated cytokine release (IFN-I and IL-6/TNFα)²

ENPATORAN

- Novel, selective TLR7/8 inhibitor** for autoimmune diseases including SLE and CLE³
- Well tolerated** by healthy participants and patients hospitalized with COVID-19 pneumonia in clinical studies, with no dose-dependent effects on adverse events^{4,5}

OBJECTIVE

To evaluate the glucocorticoid-sparing effect of enpatoran

METHODS

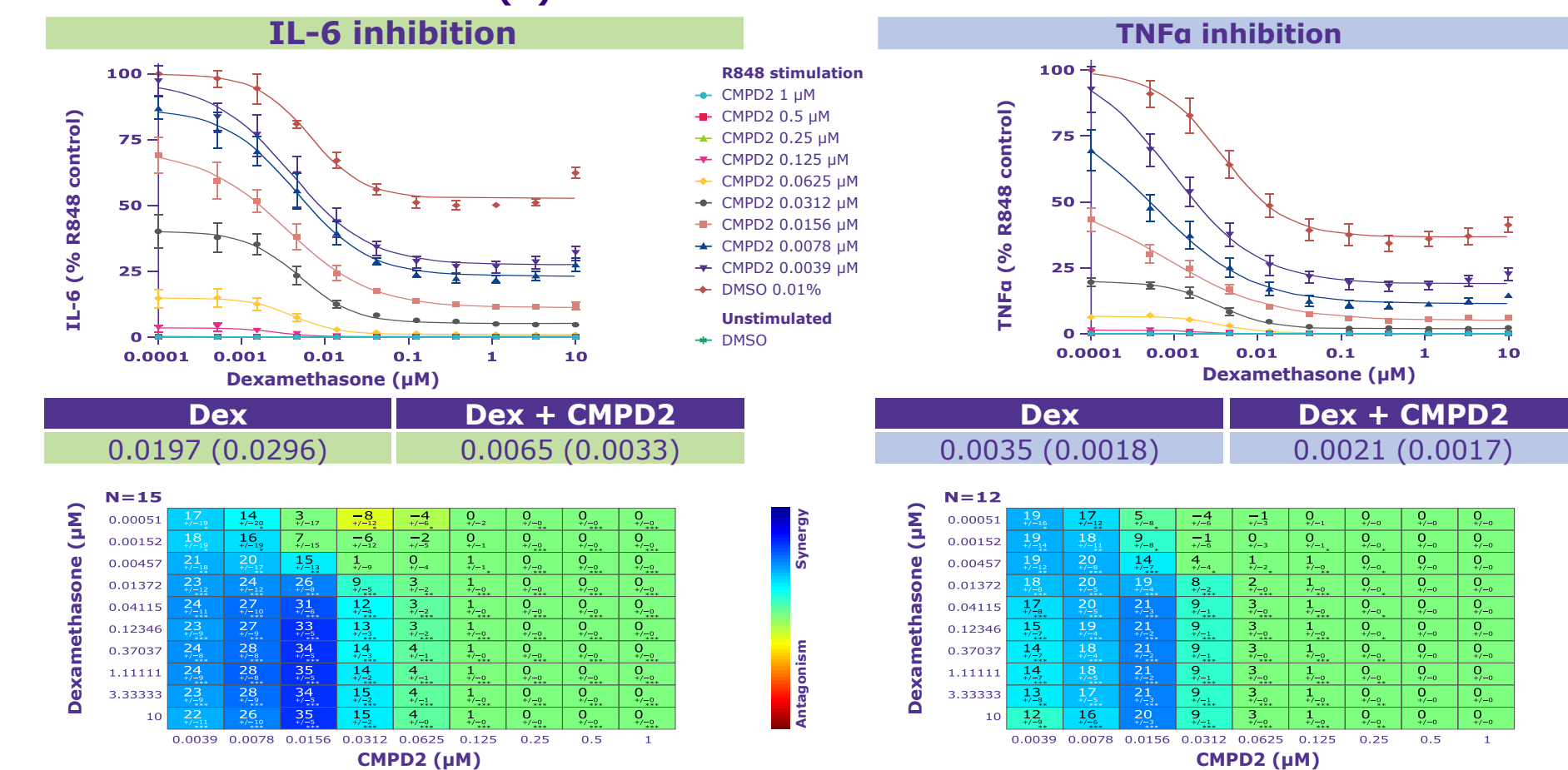
- PBMCs from healthy donors** were stimulated with the TLR7/8 agonist R848 (3–5 μM) and treated with dexamethasone, TLR7/8i (CMPD2)³, or both
 - Cytokine (IL-6, TNFα) concentrations** were measured using an AlphaLISA immunoassay
 - NanoString gene expression analysis** was performed
 - Effects on **immune cells** were evaluated by flow cytometry

RESULTS

Cytokines

- Dexamethasone partially inhibited cytokine production in R848-stimulated PBMCs, suggesting that **TLR7/8 activated cells are resistant** to dexamethasone (**Figure 2A**; DMSO 0.01%)
- TLR7/8i increased steroid potency on inhibition of R848-induced IL-6 and TNFα production (**Figure 2A and B**); TLR7/8i and dexamethasone demonstrated **synergistic potential** in PBMCs (**Figure 2C**)

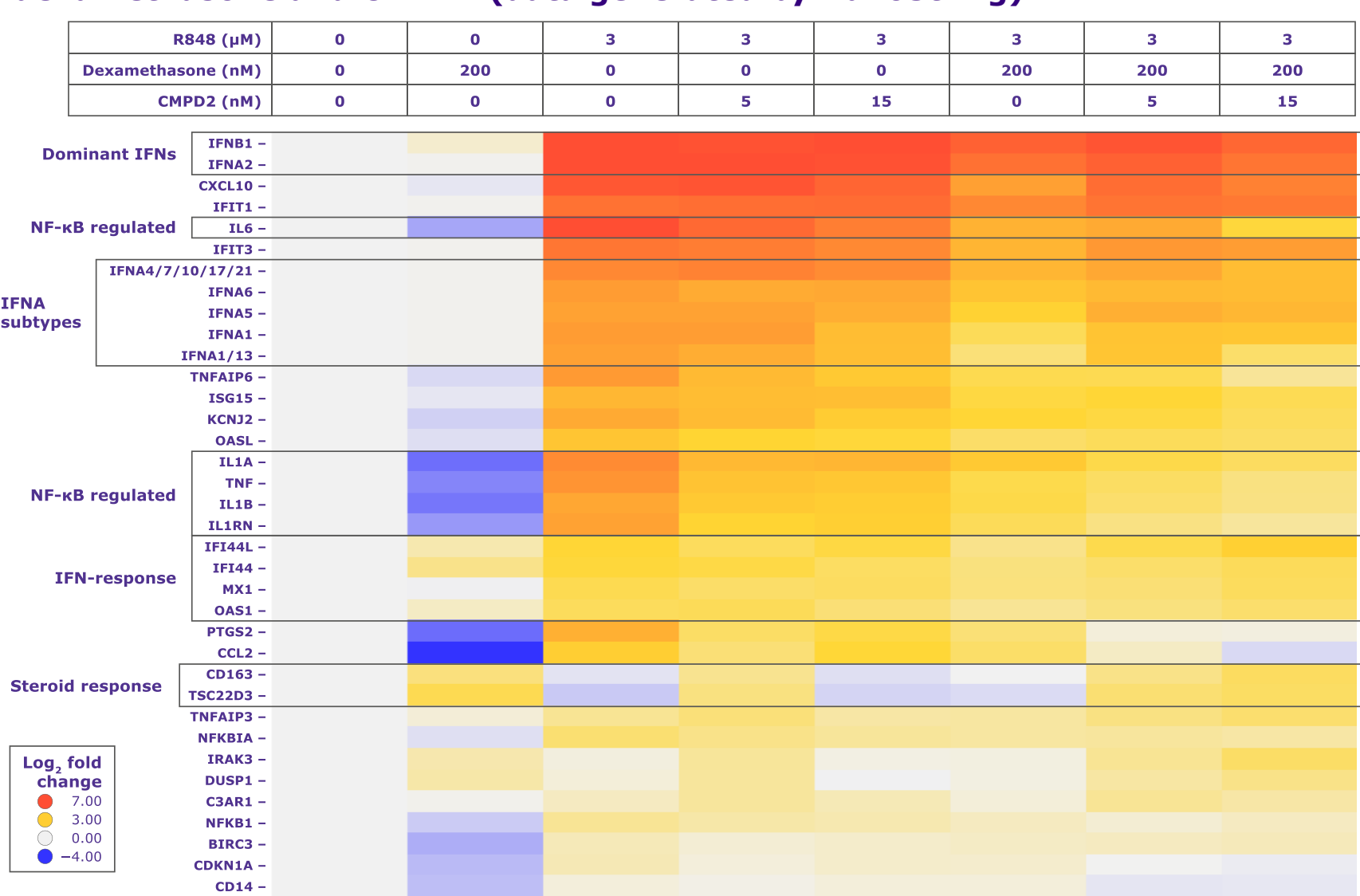
Figure 2. R848-stimulated IL-6 and TNFα inhibition by combination of dexamethasone and CMPD2 (A). Tables show mean (SD) 50% inhibitory concentration (μM) for R848-induced IL-6 and TNFα inhibition by dexamethasone alone or with 0.0078 μM CMPD2 (B). Loewe matrix plots of R848-stimulated IL-6 and TNFα inhibition, revealing synergy between dexamethasone and CMPD2 (C)



Gene expression

- R848 strongly induced canonical NF-κB and IFN-I response genes and overrode suppression by dexamethasone alone. Dexamethasone-induced steroid response genes were suppressed by R848 (**Figure 3**)
- Reversal of R848-induced effects** was maximized by TLR7/8i and dexamethasone together, particularly for NF-κB-regulated genes

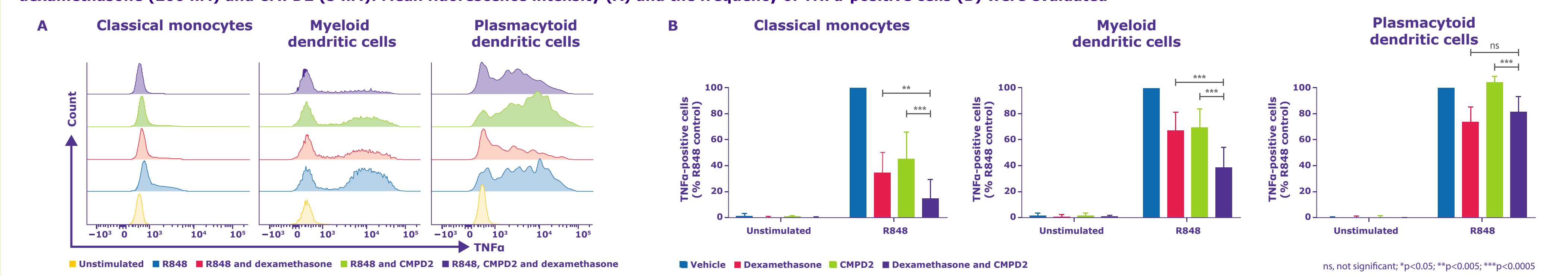
Figure 3. Gene expression analysis of R848-stimulated (1.5 h) PBMCs treated with dexamethasone and CMPD2 (data generated by NanoString)



Immune cells

- Benefit of combination treatment** with low dose TLR7/8i and dexamethasone was best seen in monocytes (**Figure 4**)

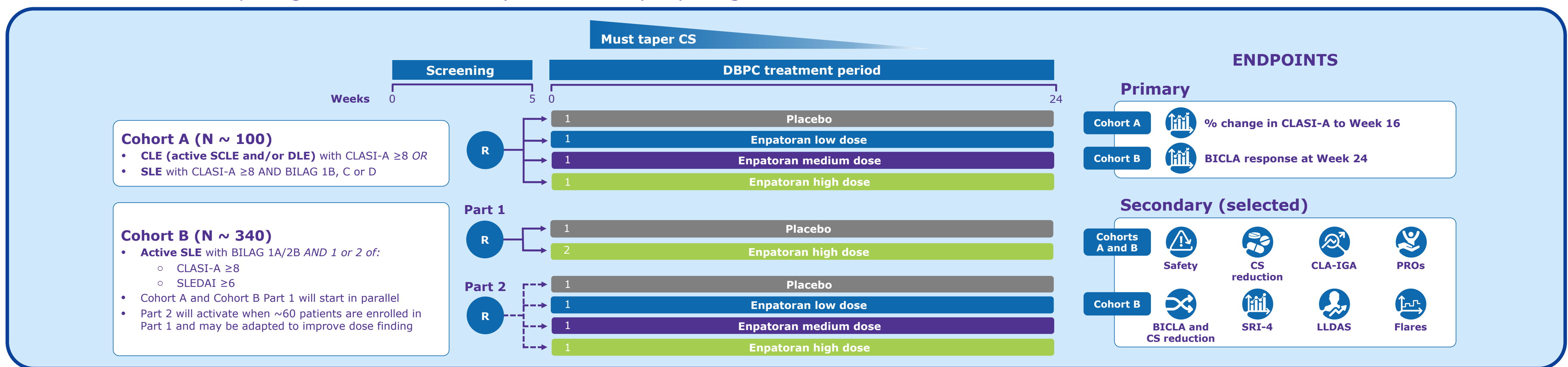
Figure 4. PBMCs were stimulated with R848 (3 μM, 4 h) and TNFα-positive immune cells were measured by flow cytometry (N=14) following single or combination treatment with low dose dexamethasone (200 nM) and CMPD2 (5 nM). Mean fluorescence intensity (A) and the frequency of TNFα-positive cells (B) were evaluated



WILLOW TRIAL

Currently recruiting: Global Phase II, basket proof-of-concept, dose-finding, randomized, double-blind, placebo-controlled 24-week study of enpatoran with two lupus cohorts (NCT05162586)

- Glucocorticoid-sparing will be evaluated by a mandatory tapering schedule



Abbreviations: BICLA, BILAG-Based Composite Lupus Assessment; BILAG, British Isles Lupus Assessment Group; CLA-IGA, Cutaneous Lupus Activity Investigator's Global Assessment; CLASI, Cutaneous Lupus Erythematosus Disease Area and Severity Index; CLE, cutaneous lupus erythematosus; CMPD2, compound 2; COVID-19, coronavirus disease 2019; DBPC, double-blind placebo-controlled; DLE, discoid lupus erythematosus; DMSO, dimethylsulfoxide; IFN(-I), interferon (-type I); IRAK1/4, interleukin-1 receptor-associated kinase 4; IRF7, interferon regulatory factor 7; IL-6, interleukin-6; LLDAS, Lupus Low Disease Activity State; MYD88, myeloid differentiation primary response 88; NETosis, neutrophil extracellular trap death; PBMCs, peripheral blood mononuclear cells; PROs, patient reported outcomes; R, randomized; SCLÉ, subacute cutaneous lupus erythematosus; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2; SD, standard deviation; SLE, systemic lupus erythematosus; SLEDAI, Systemic Lupus Erythematosus Disease Activity Index; SRI-4, SLE Responder Index-4; ssRNA, single-stranded RNA; TLR7/8(i), toll-like receptor 7/8 (inhibitor); TNFα, tumor necrosis factor alpha

References: 1. Bender A, et al. *Immunohorizons*. 2020;4:93–107; 2. Guiducci C, et al. *Nature*. 2010;465:937–941; 3. Vlach J, et al. *J Pharmacol Exp Ther*. 2021;376:397–409; 4. Port A, et al. *Pharmacol Res Perspect*. 2021;9:e00842; 5. McKinnon JE, et al. *Ann Rheum Dis*. 2022;81(Suppl 1): 971–972. This study was sponsored by Merck Healthcare KGaA, Darmstadt, Germany (CrossRef Funder ID: 10.13039/100009945). Medical writing and editorial support were provided by Bioscript Stirling Ltd and Rahul Birari of Merck Specialties Pvt. Ltd., Bangalore, India, an affiliate of Merck KGaA, Darmstadt, Germany.

Author disclosures: EFM has worked as a paid consultant for and has received research funding from EMD Serono Research & Development Institute, Inc., an affiliate of Merck KGaA. VPW has worked as a paid consultant for Merck KGaA, Darmstadt, Germany. Add, AnD, BV, CVM, MP and FM are employees of EMD Serono Research & Development Institute, Inc., an affiliate of Merck KGaA. AB is an employee of EMD Serono Research & Development Institute, Inc., an affiliate of Merck KGaA, and has shares in Merck KGaA, Darmstadt, Germany. MK is an employee of Merck Serono Ltd, an affiliate of Merck KGaA and SR is an employee of Ares Trading SA, an affiliate of Merck KGaA.