

University of Sydney

NOVEL THERAPIES FOR CKD

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21/11/19



Westmead Hospital

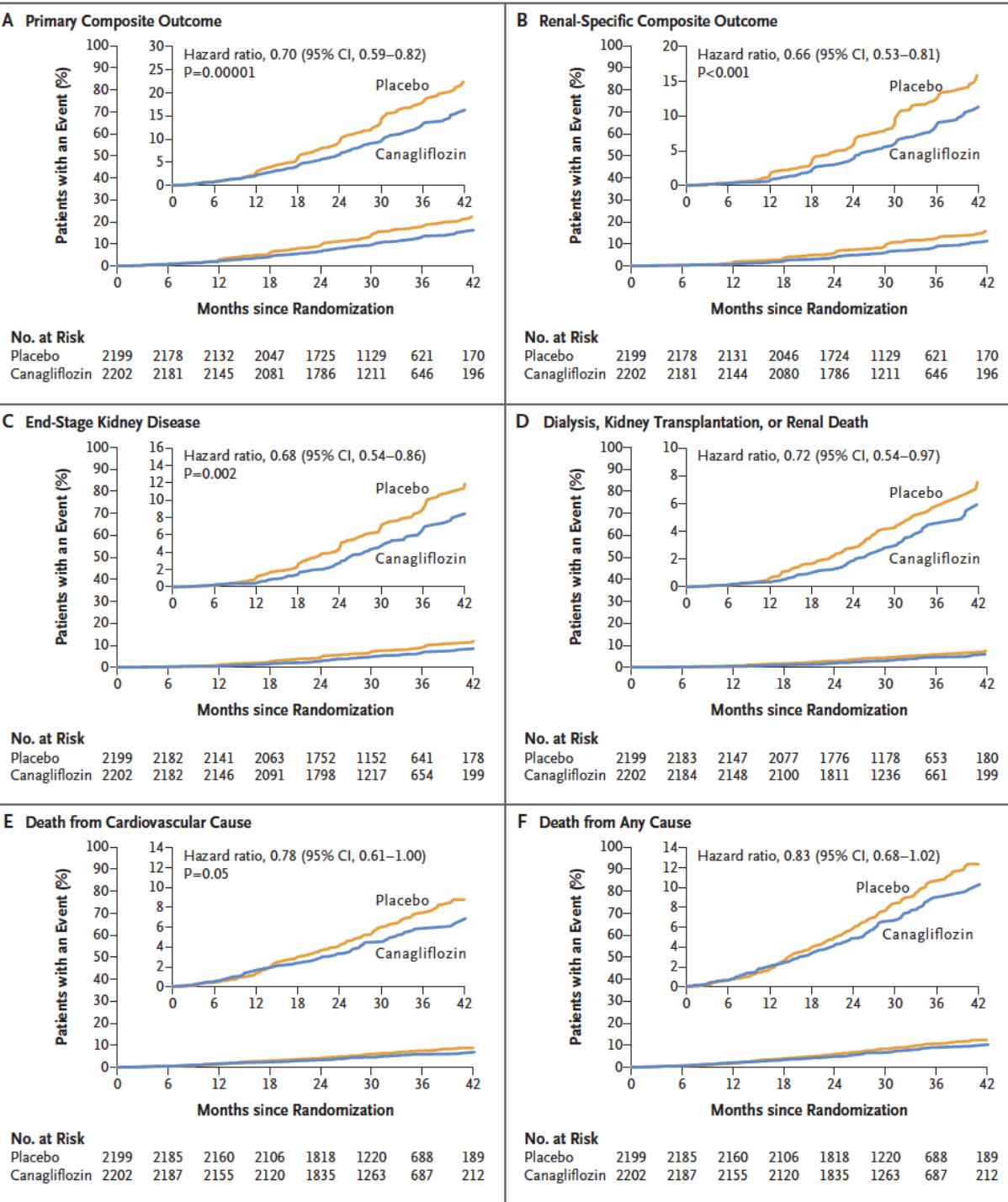
Post-ACEi doldrums....

Treat to help slow decline in kidney function and reduce hypertension risk*

- Lifestyle changes
 - Smoking cessation
 - Dietary salt restriction
 - Moderate alcohol consumption
 - Maintain BMI between 18.5 and 24.9 kg/m² through diet and exercise
 - Avoid more than two caffeinated drinks per day
- Blood pressure: assess and maintain blood pressure <130/80 mmHg with ACE inhibitor or ARB
- Cholesterol: maintain total cholesterol level <4.0 mmol/L with diet and statin
- Blood glucose (for patients with concurrent diabetes): aim for HbA_{1c} <7.0%
- Avoid nephrotoxic drugs and episodes of acute kidney injury

CREDENCE

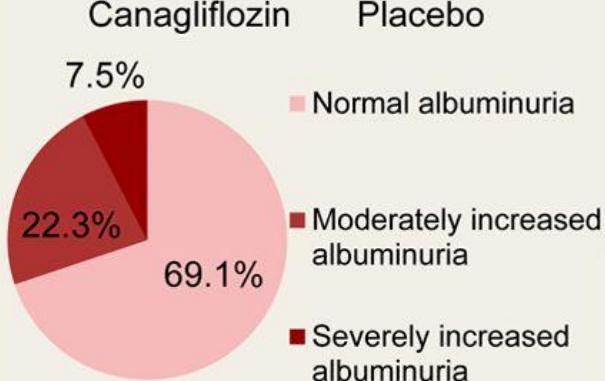
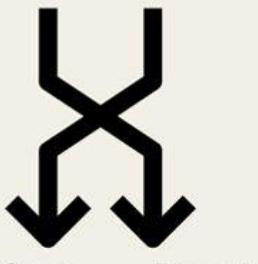
NEJM 2019



Effect of Canagliflozin on Renal and Cardiovascular Outcomes Across Different Levels of Albuminuria: Data From the CANVAS Program

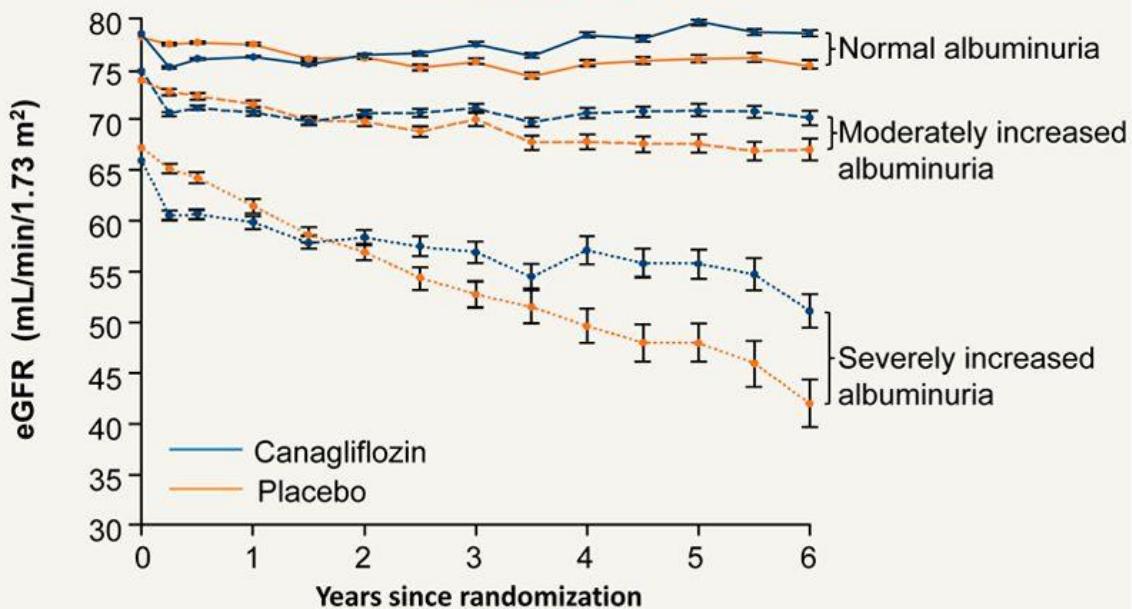
METHODS

10,142 patients with T2DM



Note: 1.1% of patients did not have a UACR measurement at baseline.

RESULTS



CONCLUSION The proportional effects of canagliflozin on renal and cardiovascular outcomes are mostly consistent across different levels of albuminuria, but absolute benefits are greatest in people with severely increased albuminuria.

JASN
JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY

Ongoing renal and cardiovascular outcome trials in Type 2 Diabetes

Trial Name	Treatment	Number of participants	Primary Outcome	Planned completion date
VERTIS CV	Ertugliflozin	8000	Cardiovascular	2019
Dapa HF	Dapagliflozin	4744	Heart Failure	2019
FIDELIO-DKD	Finerenone	5734	Renal	2020
Dapa_CKD	Dapagliflozin	4000	Renal	2020
EMPOROR	Empagliflozin	8850	Heart Failure	2020
DELIVER	Dapagliflozin	4700	Heart Failure	2021
FIGARO	Finerenone	7437	Cardiovascular	2021
SCORED	Sotagliflozin	10,500	Cardiovascular	2022
EMPA-Kidney	Empagliflozin	5000	Renal	2022
SOUL	Semaglutide	9642	Cardiovascular	2024
FLOW	Semaglutide	3160	Renal	2024

PROGRESSION OF POLYCYSTIC DISEASE

Current/recent trials

mTOR inhibitors (sirolimus, everolimus)
somatostatin analogues (octreotide)
V2 antagonists (tolvaptan)

(statins)
(ACEi & ARBs)

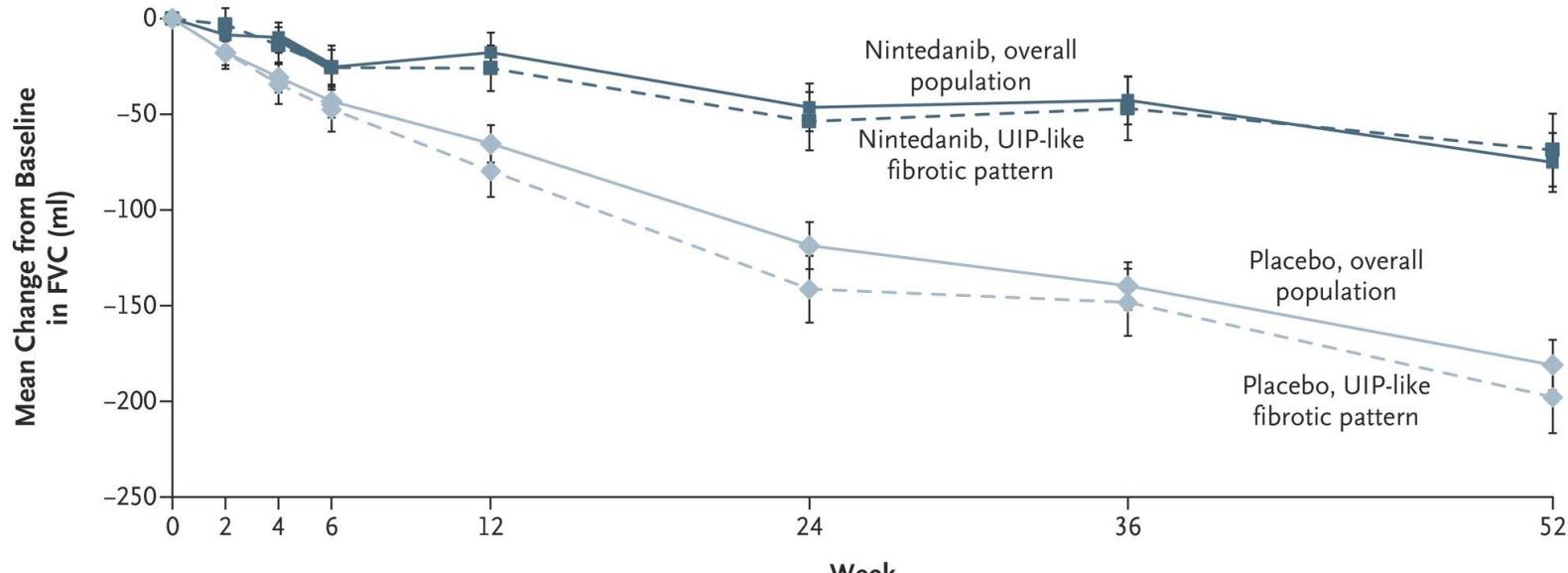
TRANSLATION OF SMALL MOLECULAR ANTI-FIBROTICS

N=63, mainly for respiratory (IPF), liver (NASH, NAFLD), and skin (scleroderma, keloid) diseases

N=11 for renal disease

Pirfenidone	multiple	diabetic nephropathy (DN, phase 2, completed)
F-351	p38 (α, γ) inh	(liver &) kidney fibrosis (phase 1b/11)
Atrasentan	sel ETAr inh	DN (phase 111, SONAR)
GKT-137831	NOX1 & NOX4 inh	DN (phase 11)
Bardoxolone	NRF2-KEALi act	CKD & DN (phase 111, terminated—safety)
Baricitinib	JAK1 & JAK2 inh	DN (phase 11)
Emricasan	pan-caspase inh	severe renal impairment (phase 1)
Beraprost	prostacyclin analogue	primary glom disease (phase 11b/111)
CTP-499	pan-PDE inh	DN (phase 11, completed)
Pyridoxamine	metabolite of vit B6	DN (phase 11, completed)
Bindarit	CCL3, -7, -8 inh	DN (phase 11, completed)

Nintedanib for interstitial lung disease



No. of Patients

Overall population

Nintedanib	332	326	320	322	314	298	285	265
Placebo	331	325	326	325	320	311	296	274

Patients with UIP-like fibrotic pattern

Nintedanib	206	203	200	199	193	180	171	160
Placebo	206	202	202	201	197	190	176	162

IC inhibitor of tyrosine kinases

Novel anti-fibrotic drugs in clinical trials

INHIBITORS

NF κ B

TNF α

JAK-STAT

chemokines

leucocyte migration

PPAR

NOX

endothelin receptor

TGF- β

CTGF

uric acid

SGLT-2

DPP-4

GLP-1R

galectin-3

PDE

ACTIVATORS

Nrf2

BMP-7

vitamin D receptor

Table 1. Novel anti-fibrotic drugs in clinical trials

Phase	Group	Drug	RAAS blockade association	Kidney disease	Outcome	Status	Reference	Progression phase	Uric acid lowering drugs	Allopurinol	CKD, DKD	No effect on proteinuria, blood pressure or serum creatinine	121, 122, 123, 124	
Priming phase	NRF2 blockers	ACTH α gel		DKD	Slowed the rate down of GFR decrease, reduced proteinuria	28			Febuxostat		CKD	Reduced albuminuria, no changes in kidney function	125	
		ACTH α gel		DKD	Reduced albuminuria	Ongoing	NCT01028287		Febuxostat		DKD	No effects on proteinuria or GFR decline	126	
		Bindartil		DKD		29			Empagliflozin		CKD, DKD	Reduced albuminuria and slowed the rate down of GFR decrease	128	
								SGLT-2 inhibitors						
									Canagliflozin		Yes	CKD, DKD	Ongoing NCT02065791	
								DPP-4 inhibitors						
								Saxagliptin			Yes	CKD, DKD	Reduced albuminuria	135
								Saxagliptin			Yes	CKD, DKD	Ongoing NCT02462389	
								Sitagliptin			Yes	CKD, DKD	Reduced albuminuria	136
								Linagliptin			Yes	CKD, DKD	No effects on albuminuria	144
								Linagliptin			Yes	CKD, DKD	Ongoing N C T O 2 3 7 6 0 7 5 , NCT01897532	
								GLP-1R inhibitors						
								Exenatide			Yes	CKD, DKD	Reduced albuminuria	137
								Exenatide			Yes	CKD, DKD	No effects on proteinuria or on GFR decline	146
								Exenatide			Yes	CKD, DKD	Ongoing NCT03029351	
								Liraglutide			Yes	CKD, DKD	Reduced albuminuria	138, 140, 141, 142, 143
								Liraglutide			Yes	CKD, DKD	Reduced albuminuria	139
								Liraglutide			Yes	CKD, DKD	No effects on GFR decline	145
								Liraglutide			Yes	CKD, DKD	Ongoing NCT02545738	
								Vitamin D receptor activators						
								Paricalcitol			Yes	DKD	Reduced albuminuria	148
								Vitamin D3			Yes	CKD, DKD	Reduced proteinuria	152, 153
								Galectin-3 antagonists			Yes	CKD	Slowed the rate down of GFR decrease	NCT01843790
								CCS-100						
								PDE inhibitors						
								Pentoxifylline			Yes	CKD, DKD	Reduced albuminuria	163, 166
								Pentoxifylline			Yes	CKD, DKD	Ongoing N C T O 1 3 7 7 2 8 5 , NCT03006952	
								Pentoxifylline			Yes	CKD, DKD	No effect on albuminuria, slowed the rate down of GFR decrease	168
								Pentoxifylline			Yes	CKD, DKD	Reduced albuminuria	164
								Pentoxifylline			Yes	CKD, DKD	Slowed the rate down of GFR decrease	NCT01382303
								AKI					Ongoing NCT02951299	
								Pentoxifylline			Yes	CKD, DKD	Reduced proteinuria, slowed the rate down of GFR decrease	165, 167
								Pentoxifylline			Yes	CKD, DKD	No effects on proteinuria or GFR decline	169, 170
								Pentoxifylline			Yes	CKD	No effect on albuminuria, slowed the rate down of GFR decrease	162
								Pentoxifylline			Yes	CKD	Reduced albuminuria	161
								CTP-499			Yes	DKD	Slowed the rate down of GFR decrease, no effect on albuminuria	171
								PF-00489791			Yes	DKD	Reduced albuminuria	172

Novel anti-fibrotic drugs tested in clinical trials, prematurely interrupted

Phase	Group	Drug	Target	RAAS blockade association	Kidney disease	Status and adverse effects	Effects	Reference
Priming phase	NFKB blockers	Bindartib	MCP-1		DKD, CKD	Discontinuation of clinical development of the drug	29	
	Chemokine antagonists	MLN1202	CCR2		DKD, CKD	Prematurely stopped for unknown reasons	NCT02410499	
		BMS-813160	CCR2/CCR5		DKD	Discontinuation of clinical development of the drug	NCT01752985	
		Bardoxolone	Nrf2		Yes	DKD, CKD Prematurely terminated for high rate of cardiovascular events	Did not reduce the risk of ESRD or death [21]	89
Activation and execution phase	Endothelin receptor antagonists	Genvikizumab	IL-1 β		DKD	Prematurely terminated	[21]	
	Atrasentan	ET-1	Yes		DKD, CKD	Prematurely stopped due to lack of efficacy	NCT01858532	
	Avosentan	ET-1	Yes		DKD	Trial stopped because of fluid retention	Reduced albuminuria [97]	
	Integrin blockers	STX-100	α 5 β 6 integrin		Renal transplant	Prematurely stopped for unknown reasons	NCT00878761	
Progression phase	TGF- β blockers	LY2382770	TGF- β		DKD, CKD	Prematurely stopped due to lack of efficacy	111	
	CTGF blockers	FG-3019	CTGF		FSGS	Prematurely stopped for unknown reasons	NCT00782561	
		FG-3019	CTGF		yes	Prematurely stopped for suboptimal study design	NCT00913393	
	Galectin-3 antagonist	GCS-100	galectin-3		DKD	Discontinuation of clinical development of the drug because the Company was required to conduct additional chemical characterization	Mild increase of GFR [154]	

INHIBITORS

ACTIVATORS

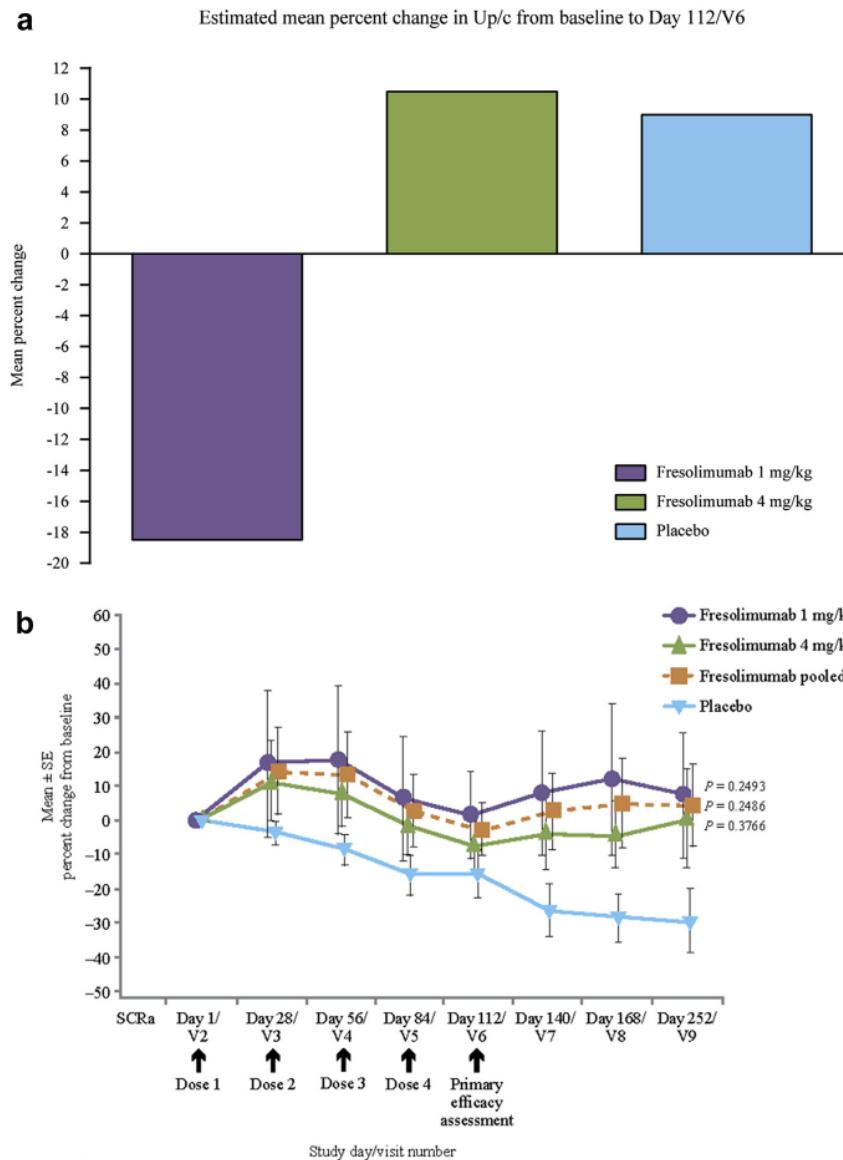
Nrf2

NF κ B
chemokines
IL-1 β
endothelin receptor
integrin
TGF- β
CTGF
galectin-3

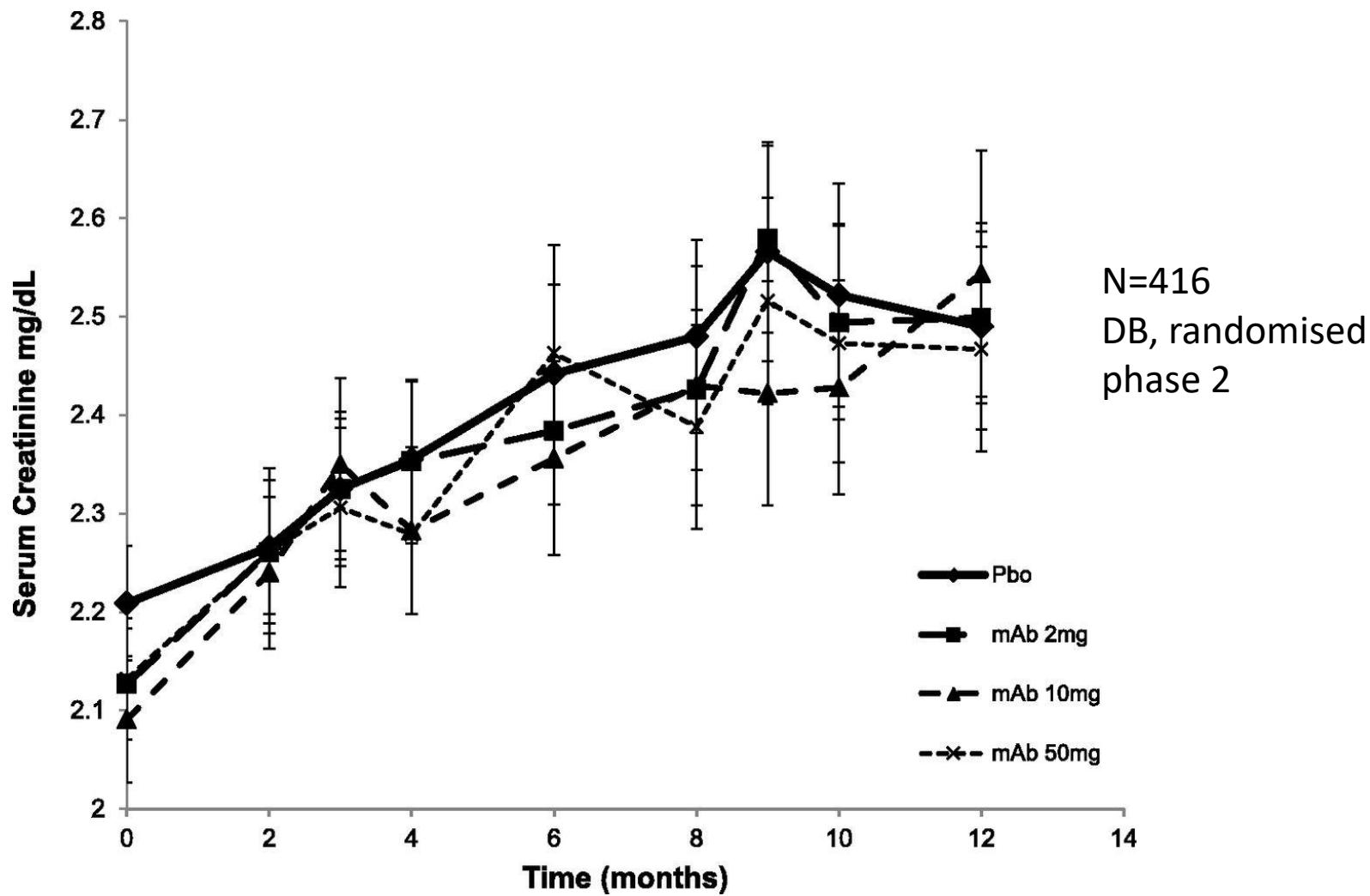
SR-FSGS

fresolimumab trial terminated

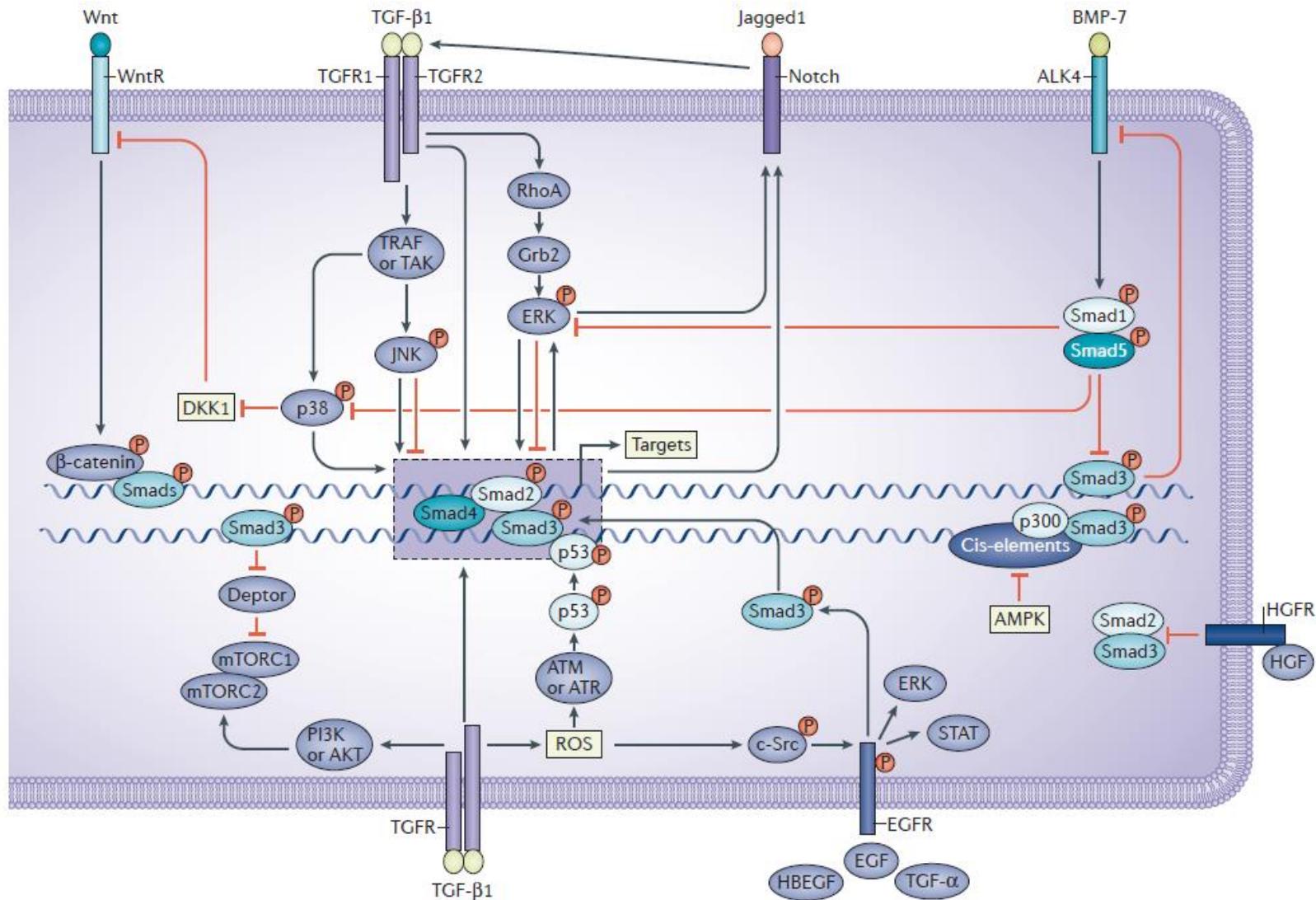
N=36
DB, randomised



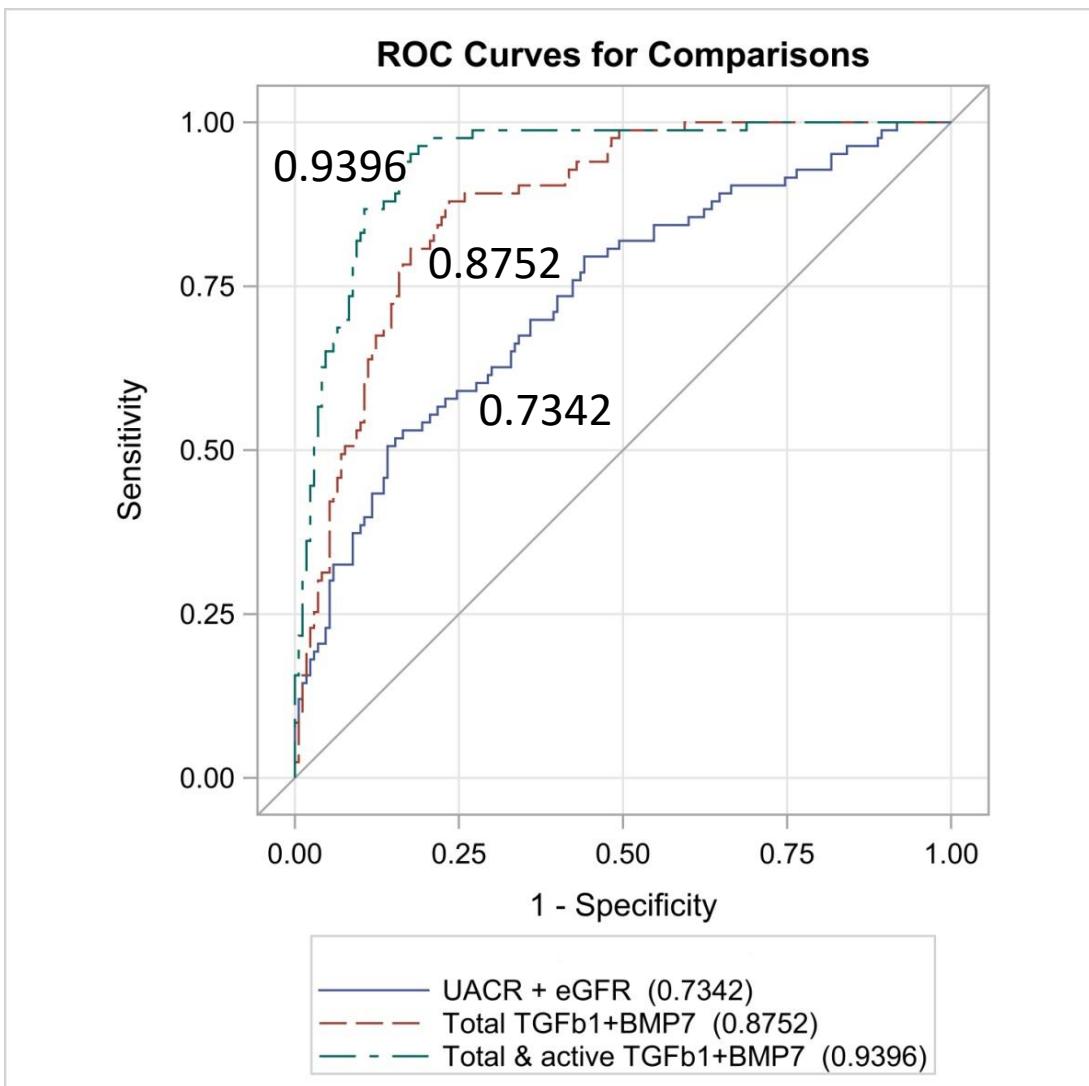
TGF- β 1 mAb for DN trial terminated



TGF- β : the master regulator of fibrosis

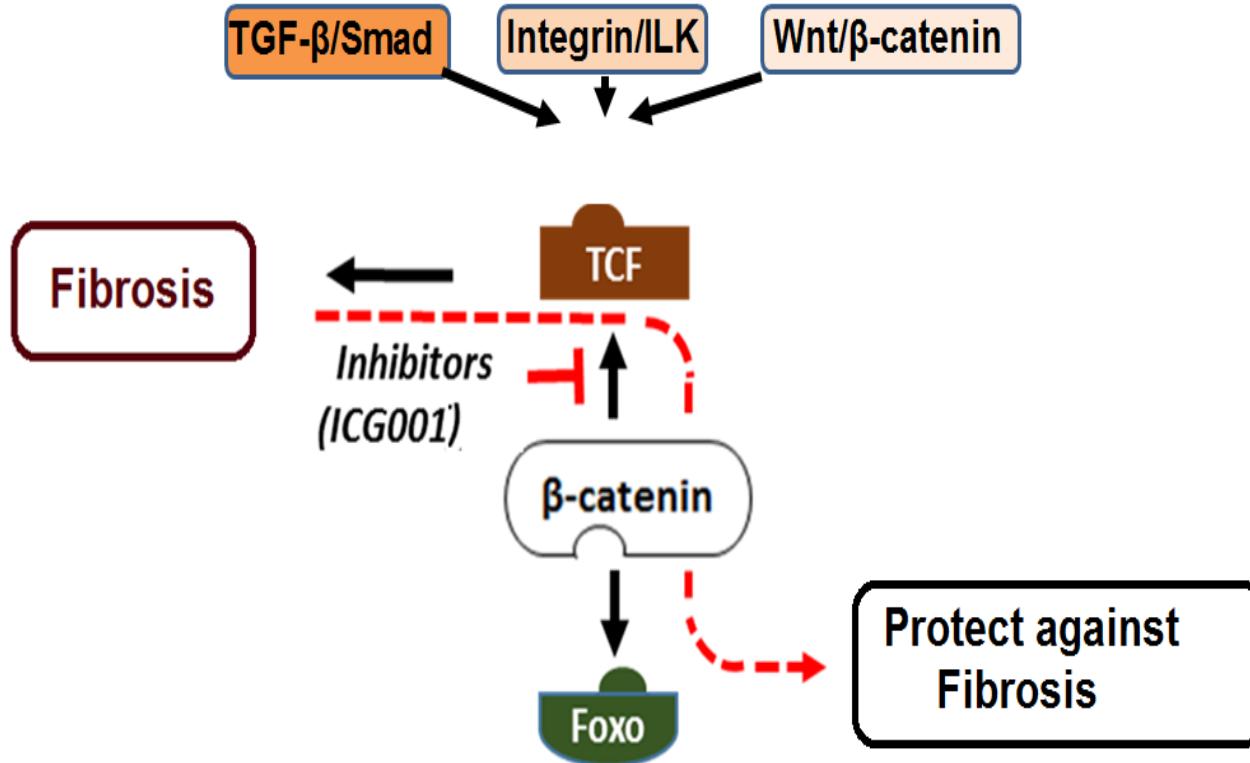


BMP7 and TGF β 1 are better predictors of major renal endpoints than eGFR+UACR



baseline serum
TREAT participants (n=1000)

TGF- β causes tissue fibrosis through three major Signaling Pathways

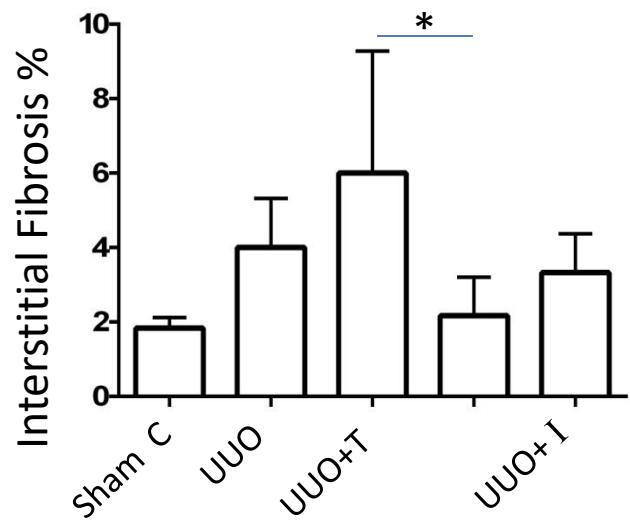
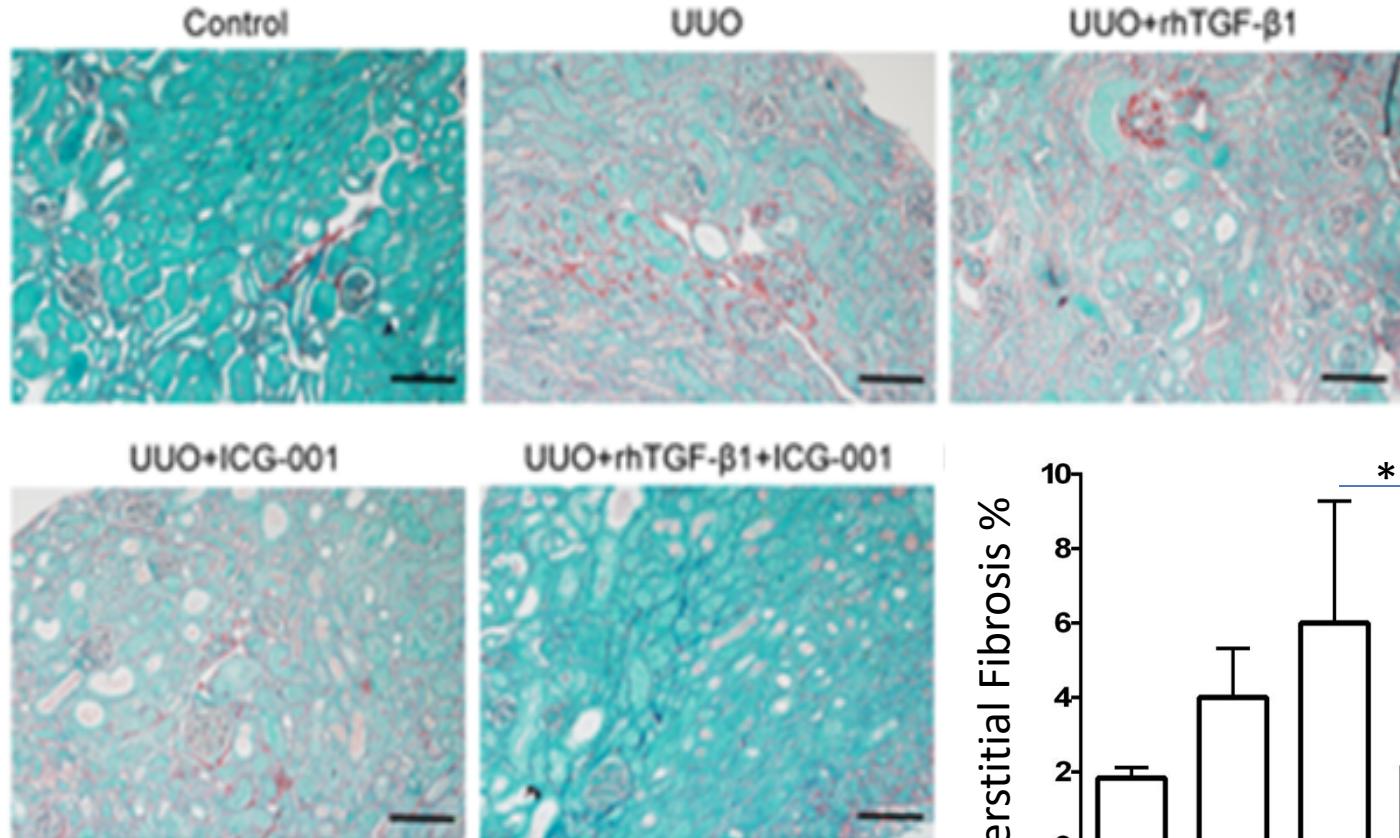


Hypothesis: β -catenin/Foxo is the key target to dissociate profibrotic from anti-inflammatory and wound-healing effects of TGF- β

Anti-fibrotic effect of β -catenin/Foxo

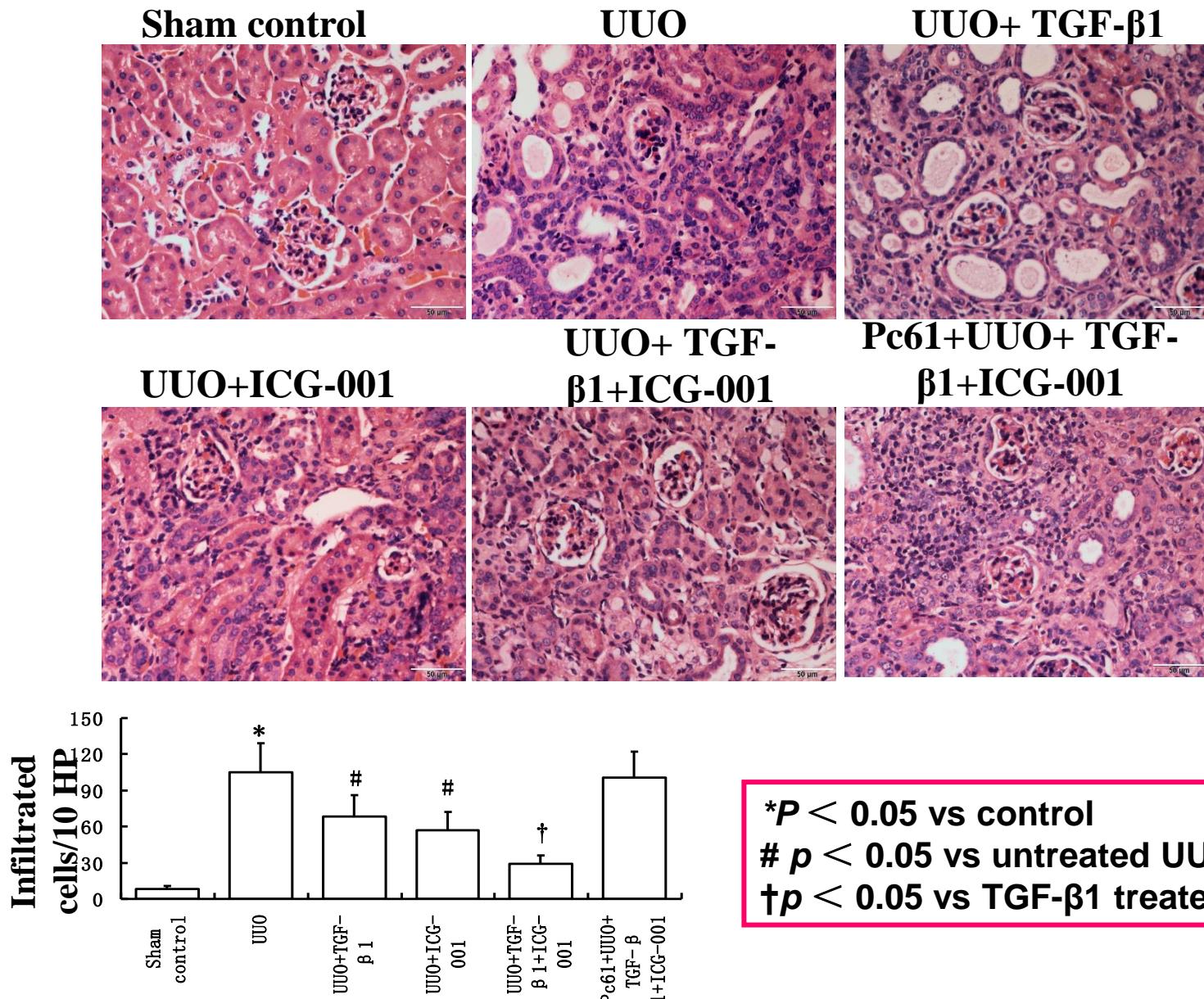
Rao P, Zheng G, Harris DC

Inhibition of β -catenin/TCF interaction by ICG-001 decreases kidney fibrosis

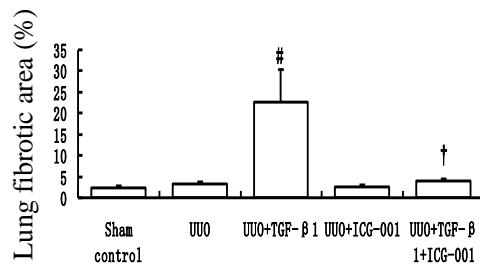
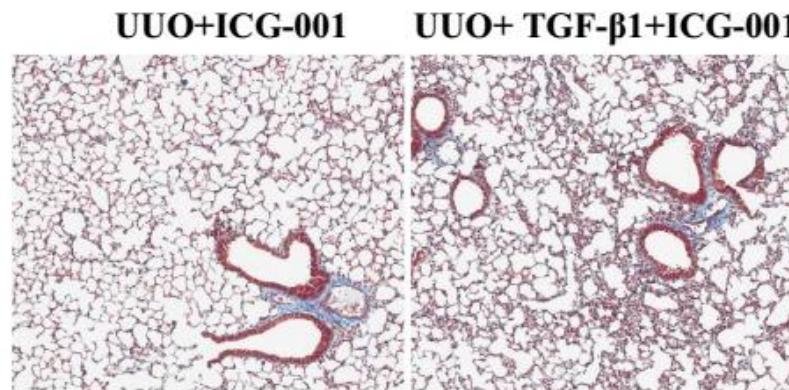
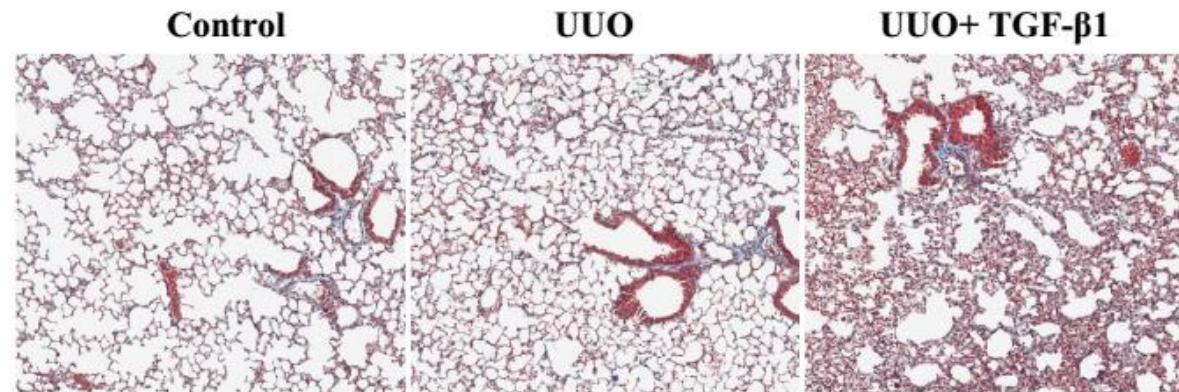


Treg-dependent anti-inflammatory effect of β -catenin/Foxo

Inhibition of β -catenin/TCF interaction by ICG-001 reduces inflammation via iTreg in UUO kidney



Inhibition of β -catenin/TCF interaction by ICG-001 prevents TGF- β 1-induced distant organ fibrosis (lung)

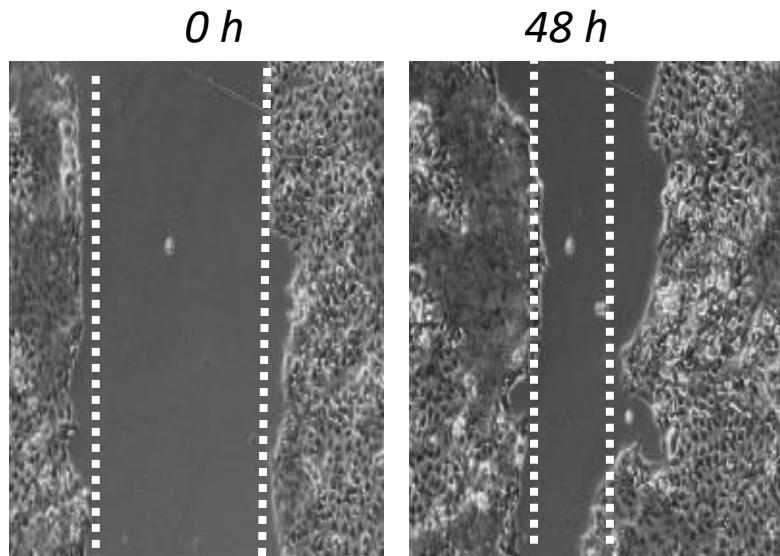


$p < 0.05$ vs untreated UUO
† $p < 0.05$ vs TGF- β 1-treated UUO

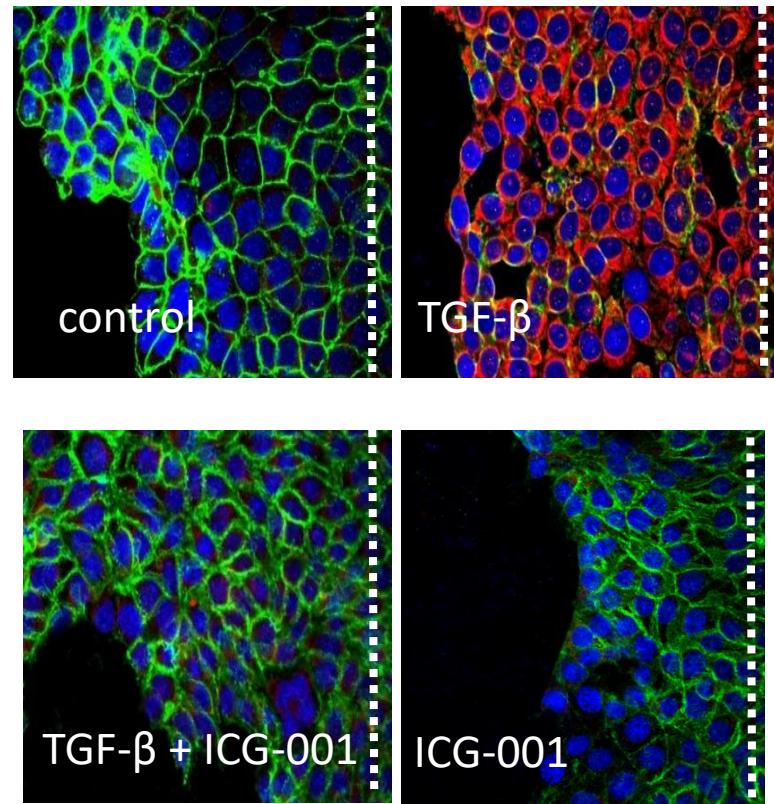
**non-fibrotic wound-healing effect of β -catenin/Foxo in
kidney injury**

β -catenin/Foxo1 promotes non-fibrotic wound healing *in vitro*

In vitro Scratch Assay



IF staining of E-cadherin / α -SMA



Therapeutic targeting β -catenin/Foxo by inhibition of β -catenin/TCF.....

reduces

fibrosis (kidney, lung, liver)

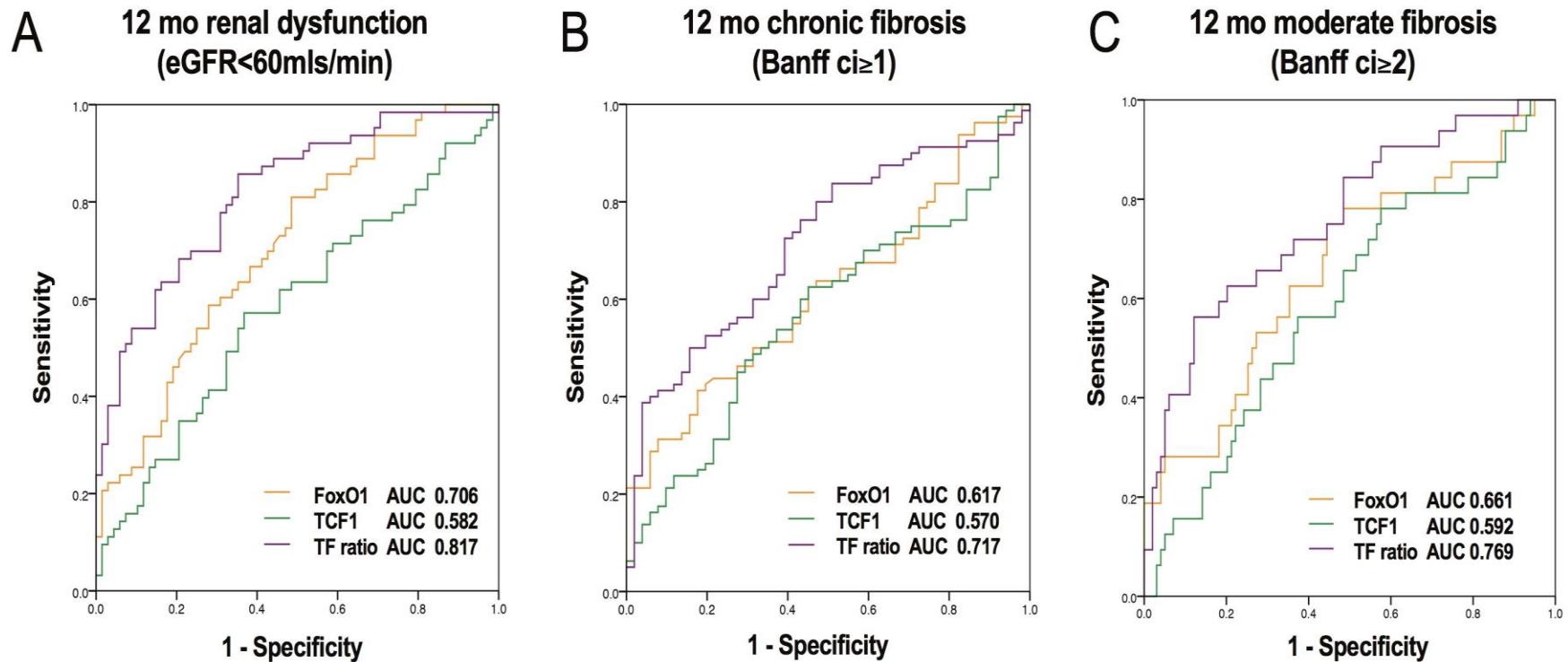
**infiltration of lymphocytes & macrophages,
(Treg-dependent)**

increases

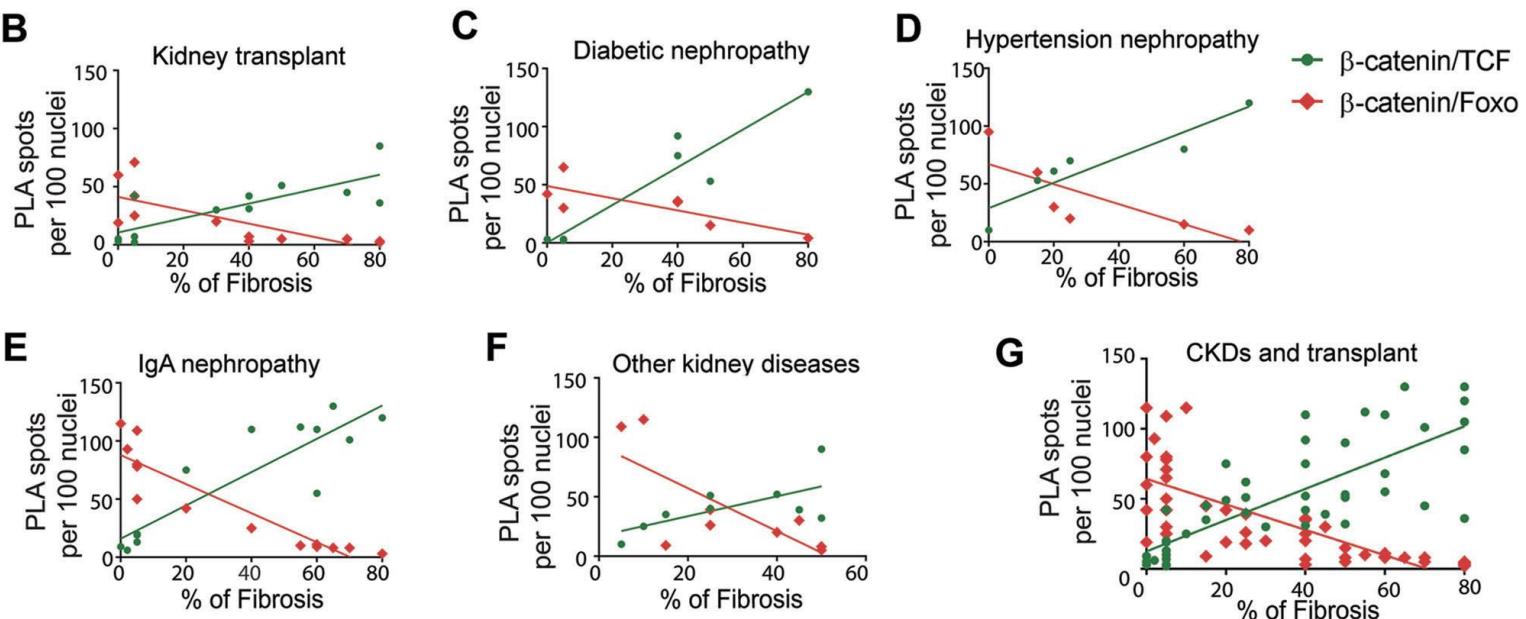
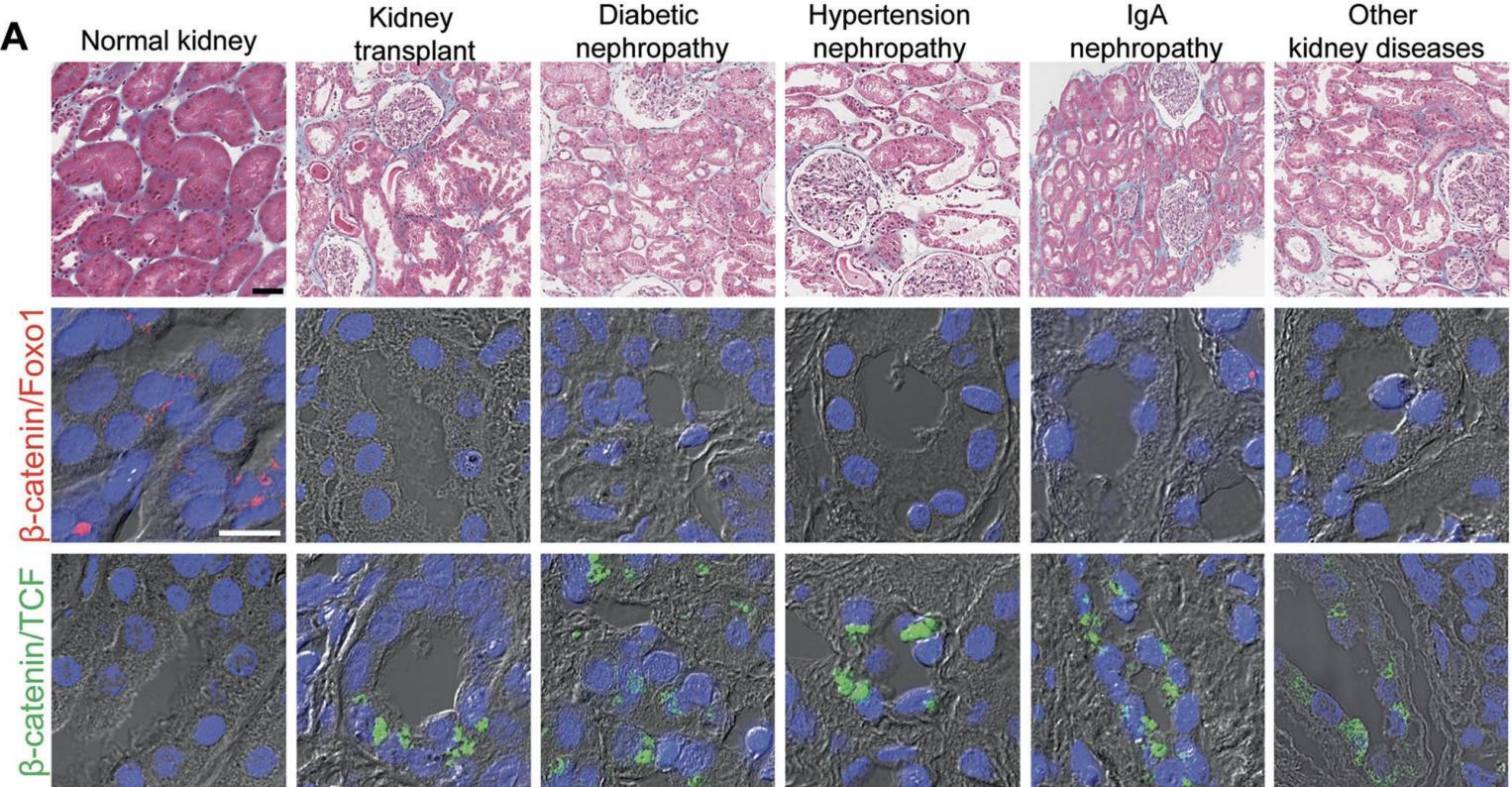
non-fibrotic wound healing

Binding of β -catenin to TCF1 or FoxO1 controls fibrogenic signalling pathways & predicts adverse outcomes in transplanted kidneys

1-month biomarkers predicting adverse clinical outcomes



Rao P
Lab Inv 2019



TARGETING INFLAMMATION

DNA VACCINATION

chemokines/receptors: CCL2, CCL5, CX3CR1
costimulatory molecules: CD40

INHIBITING EFFECTOR CELLS

REGULATORY CELLS

(mesenchymal stem cells)
protective macrophages: M2a, M2c, Mreg
tolerogenic dendritic cells
regulatory lymphocytes
regulatory innate lymphoid cells