

NOVEL THERAPIES FOR CKD

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21/11/19

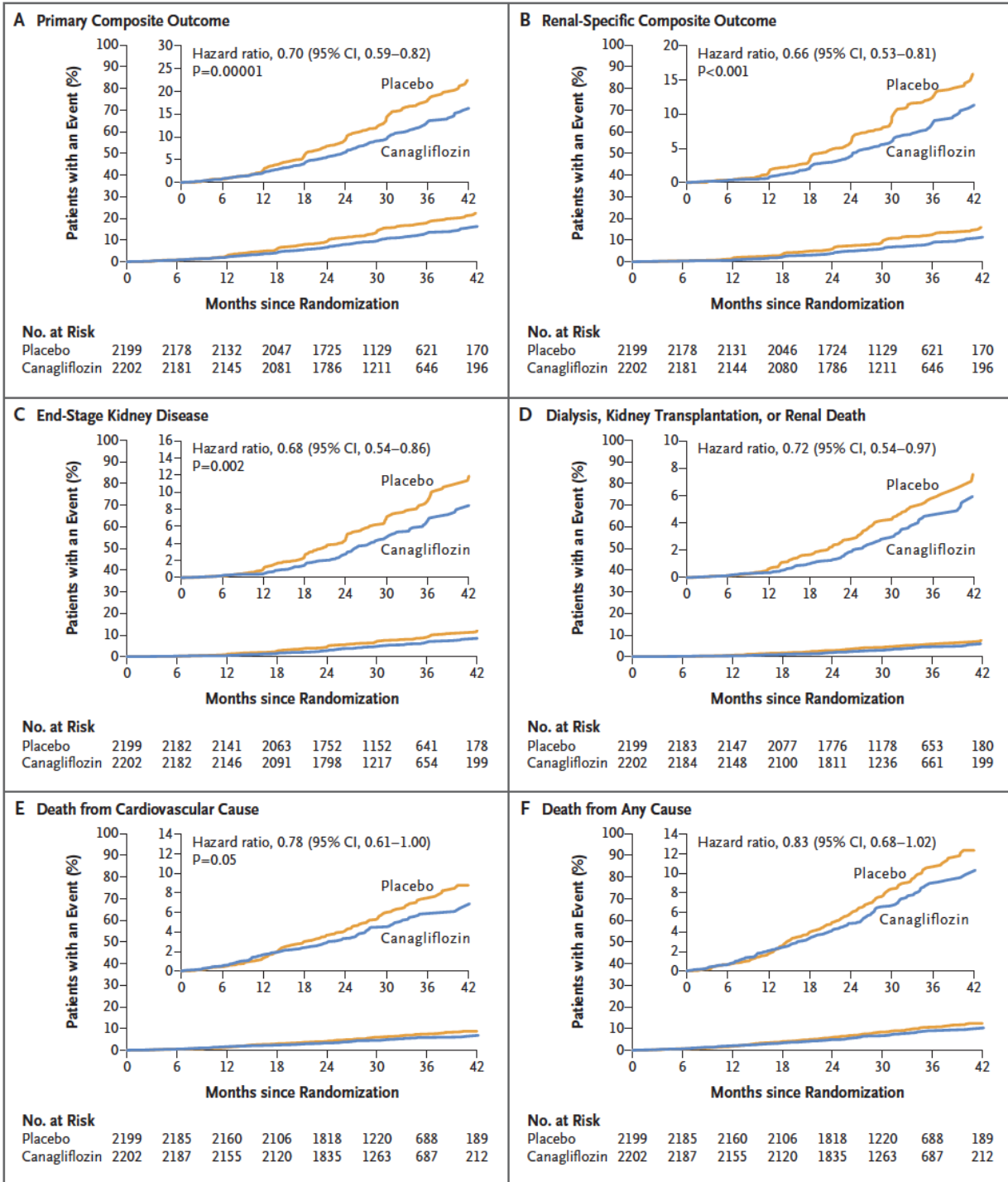


Post-ACEi doldrums....

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

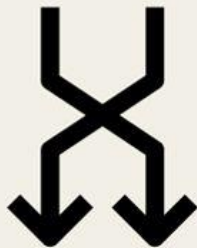
CREDENCE NEJM 2019



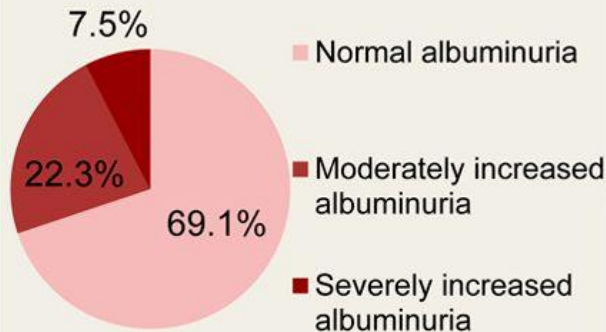
Effect of Canagliflozin on Renal and Cardiovascular Outcomes Across Different Levels of Albuminuria: Data From the CANVAS Program

METHODS

10,142 patients with T2DM

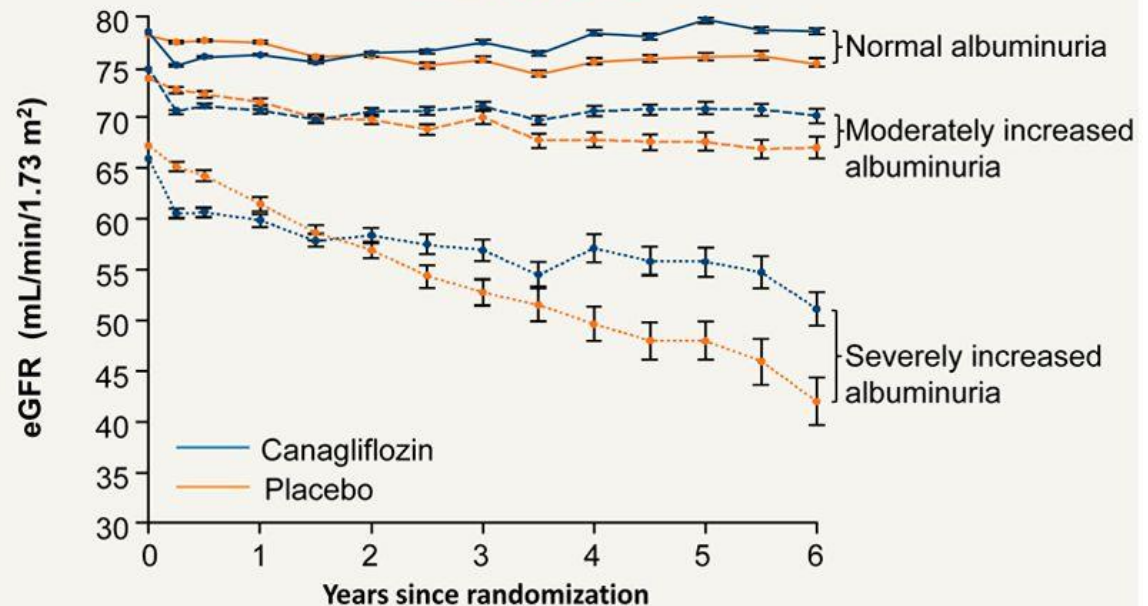


Canagliflozin Placebo



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.

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	Finerinine	5734	Renal	2020
Dapa_CKD	Dapagliflozin	4000	Renal	2020
EMPOROR	Empagliflozin	8850	Heart Failure	2020
DELIVER	Dapagliflozin	4700	Heart Failure	2021
FIGARO	Finerinine	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)

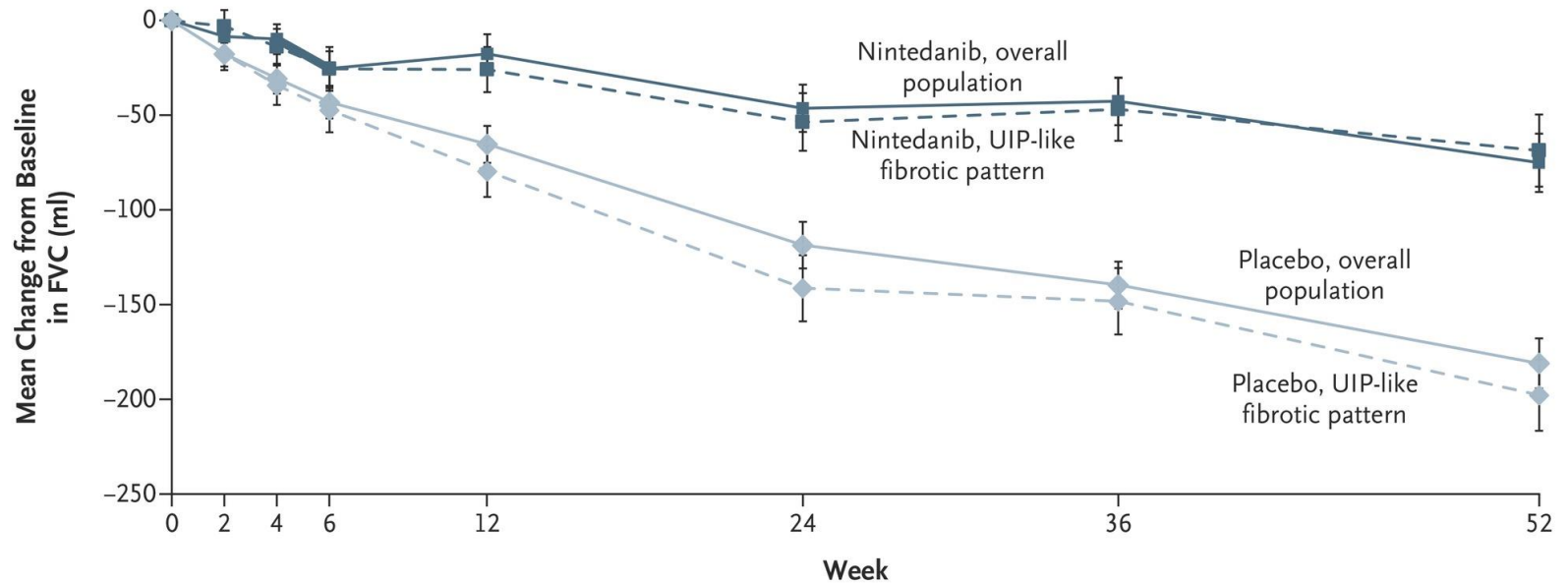
TRANSLATION OF SMALL MOLECULAR ANTI-FIBROTICS

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 tested in clinical trials, prematurely interrupted

Phase	Group	Drug	Target	RAAS blockade association	Kidney disease	Status and adverse effects	Effects	Reference
Priming phase	NFκB blockers	Bindarit	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	89
		Gevokizumab	IL-1β		DKD	Prematurely terminated		[211]
Activation and execution phase	Endothelin receptor antagonists	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	α5β6 integrin		Renal transplant	Prematurely stopped for unknown reasons		NCT00878761
	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	DKD, CKD	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

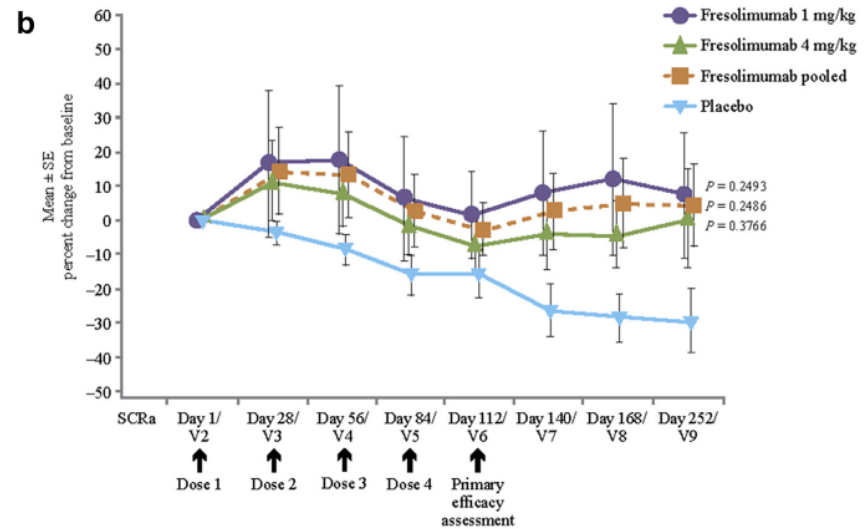
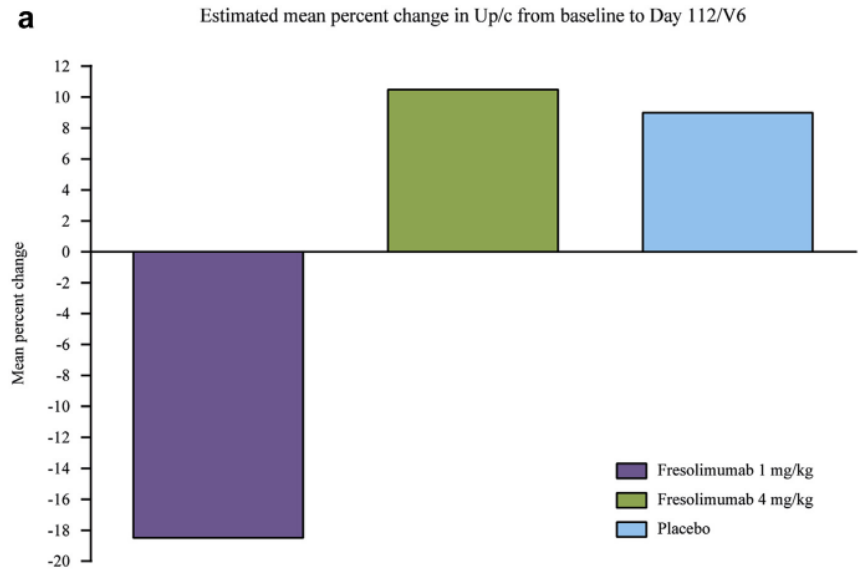
ACTIVATORS
Nrf2

INHIBITORS
NFκB
chemokines
IL-1β
endothelin receptor
integrin
TGF-β
CTGF
galectin-3

SR-FSGS fresolimumab trial terminated

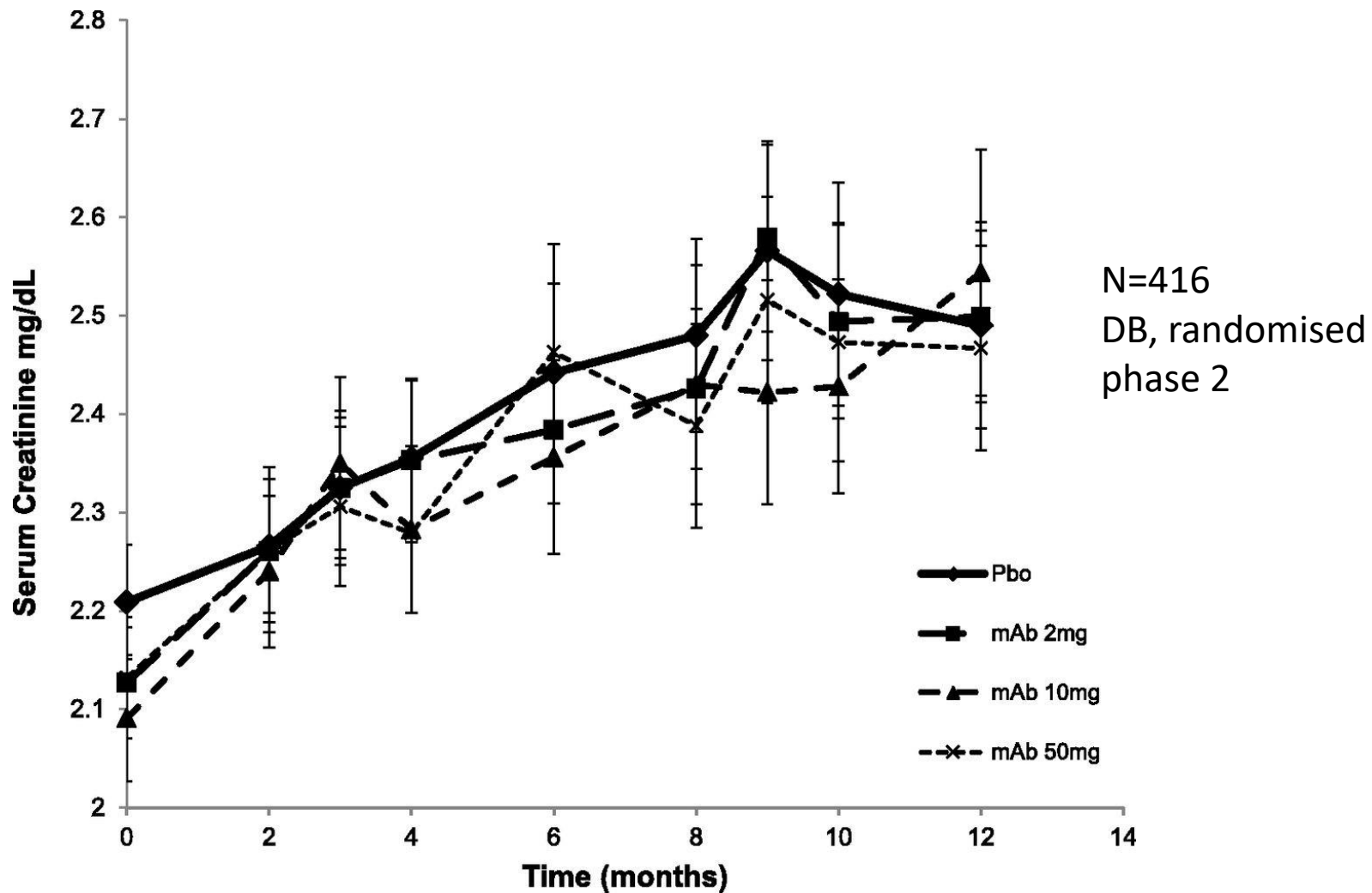
N=36
DB, randomised

Vincenti F et FGS Study Group
KIR 2017;2:800-810

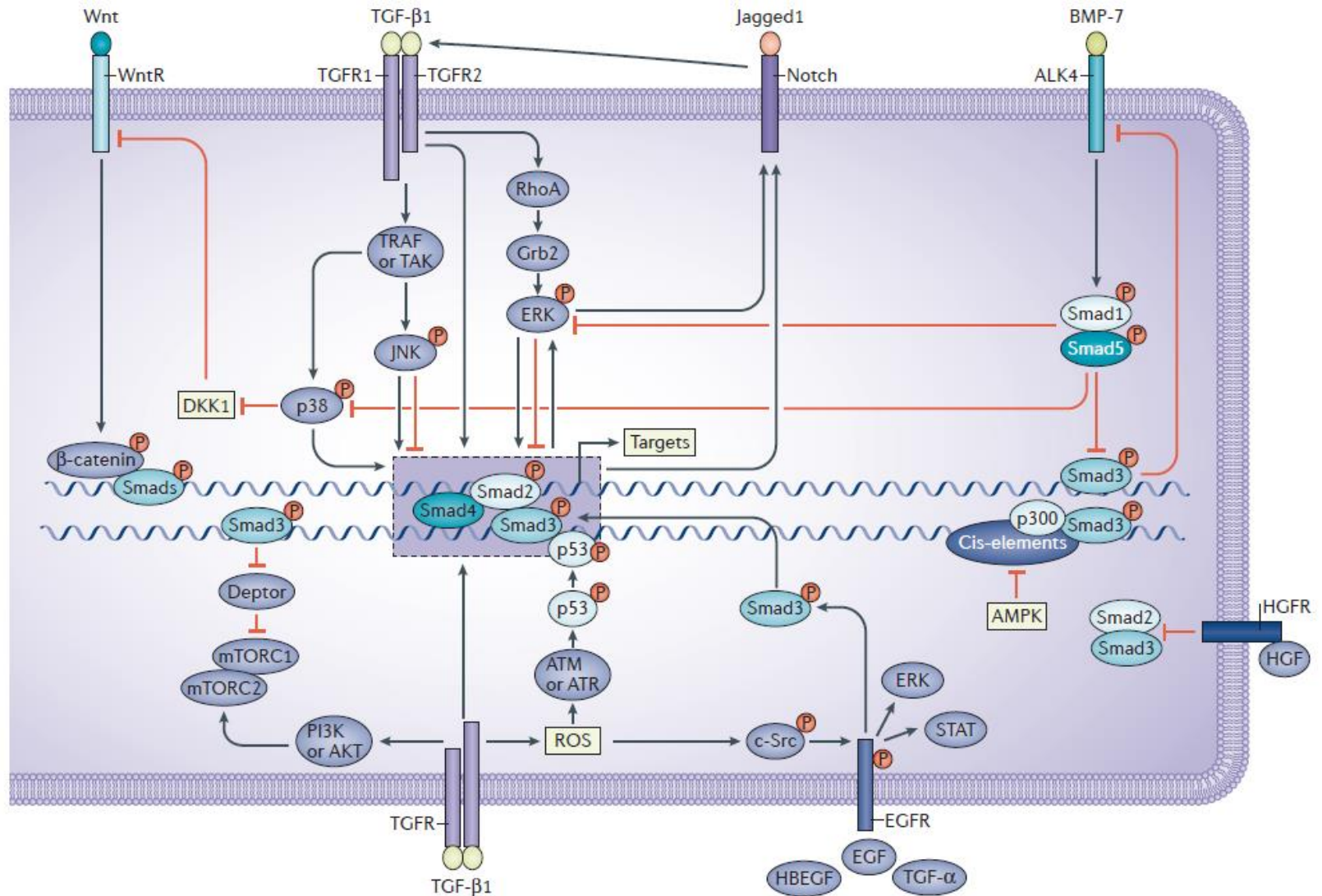


	Study day/visit number							
Number of patients								
Fresolimumab 1 mg/kg	14	14	14	14	14	14	14	14
Fresolimumab 4 mg/kg	12	12	12	12	12	11	11	11
Fresolimumab pooled	26	26	26	26	26	25	25	25
Placebo	10	10	10	10	10	10	10	9

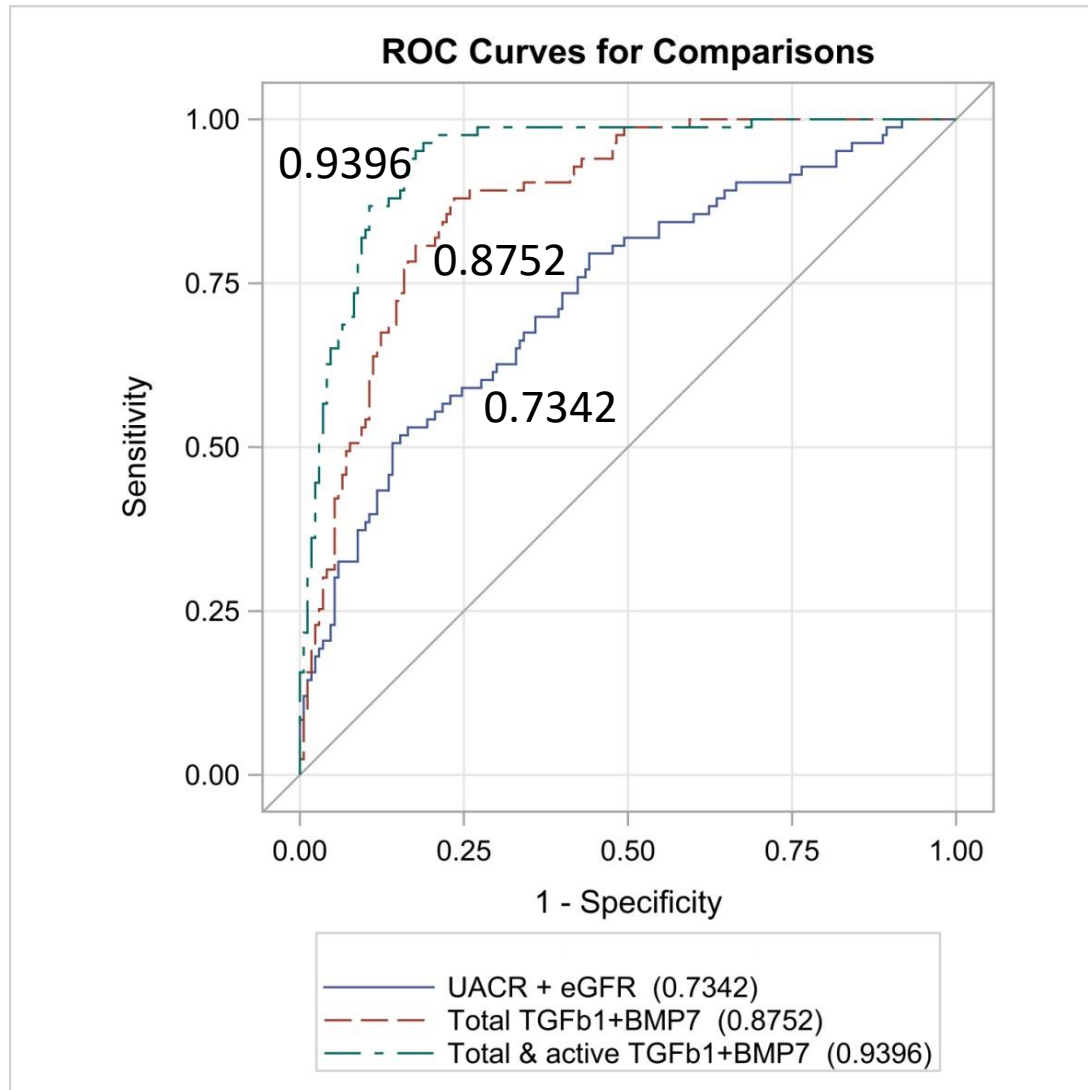
TGF- β 1 mAb for DN trial terminated



TGF- β : the master regulator of fibrosis

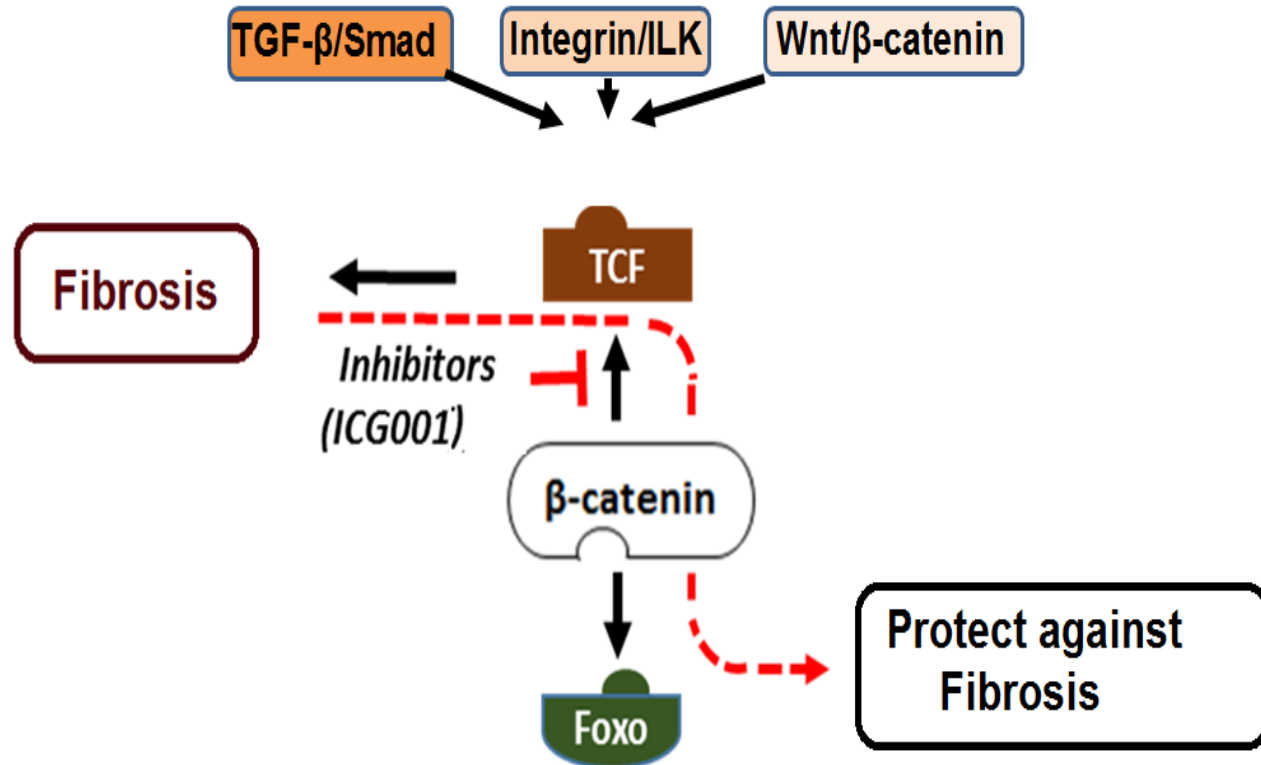


BMP7 and TGF β 1 are better predictors of major renal endpoints than eGFR+UACR



baseline serum
TREAT participants (n=1000)

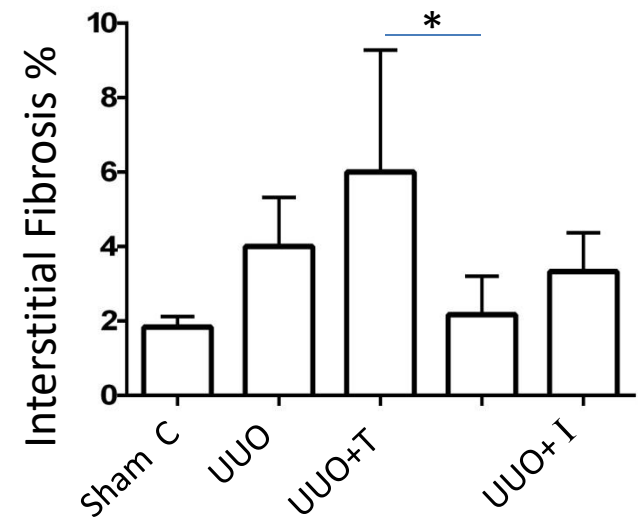
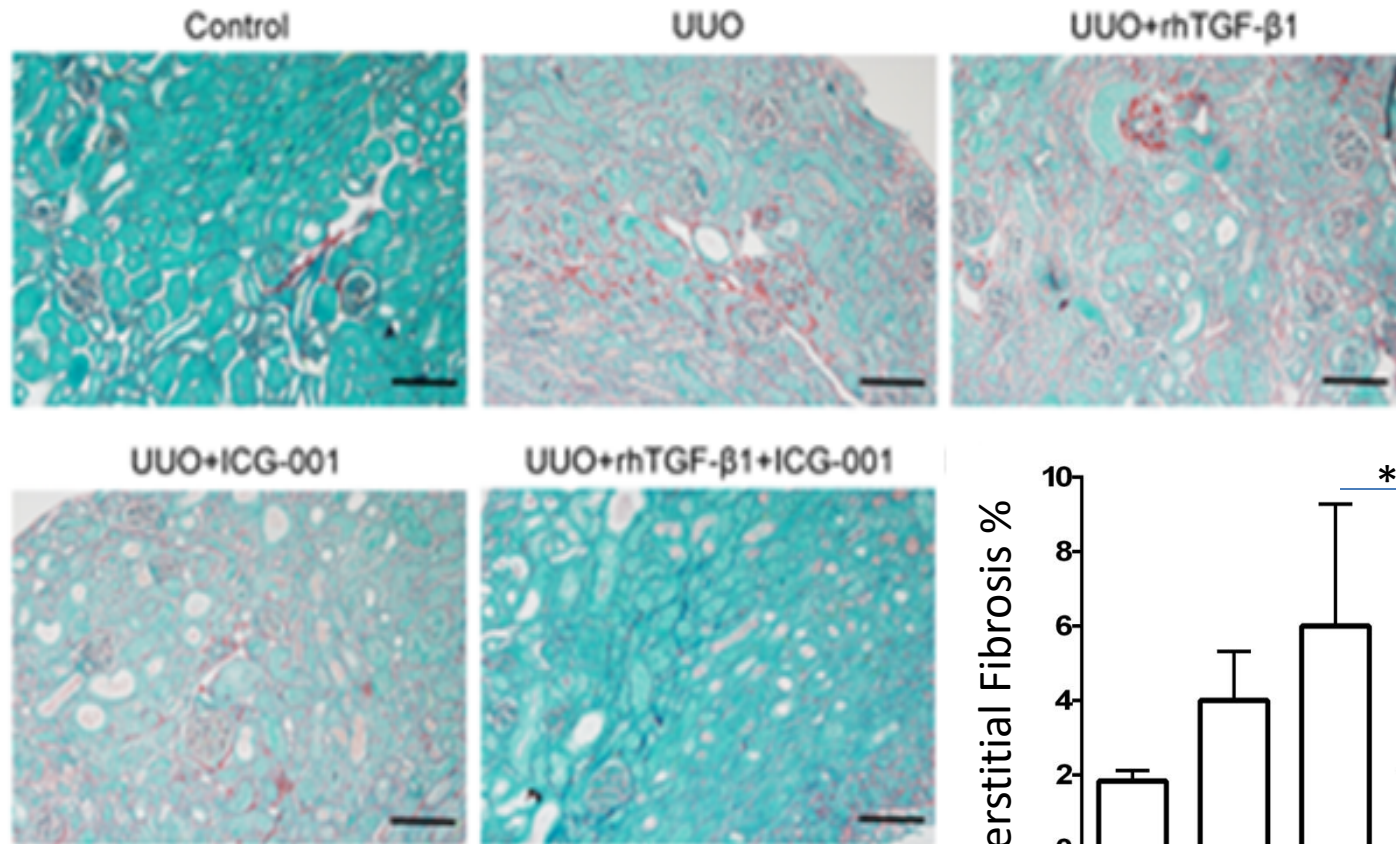
TGF- β causes tissue fibrosis through three major Signaling Pathways



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

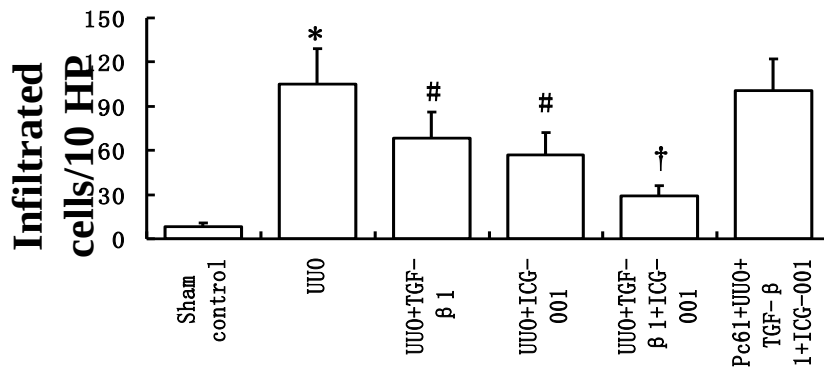
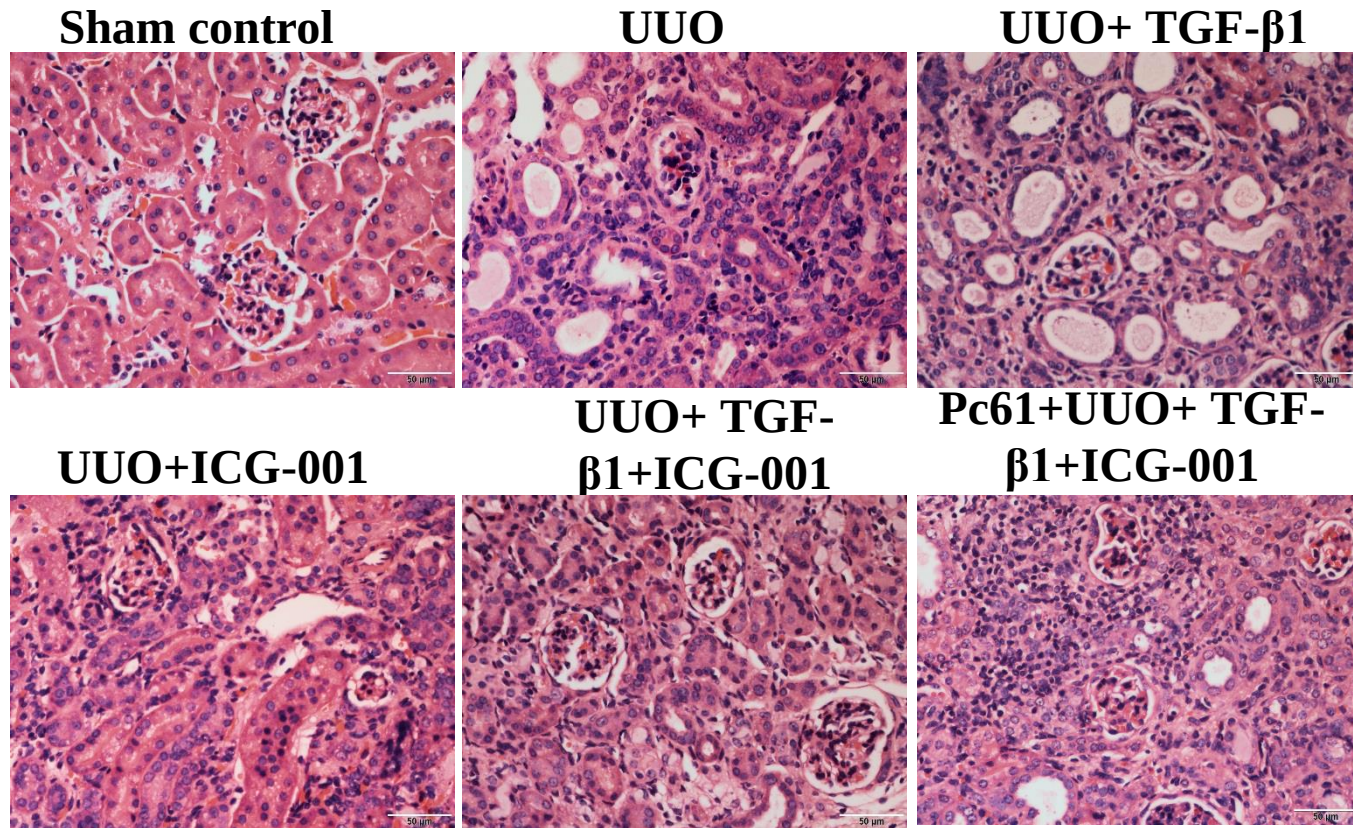
Anti-fibrotic effect of β -catenin/Foxo

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

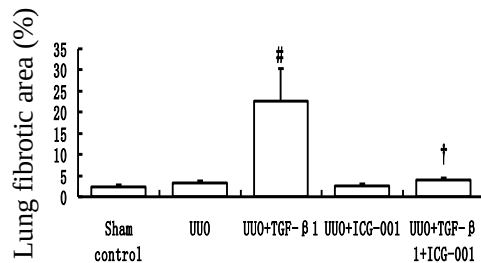
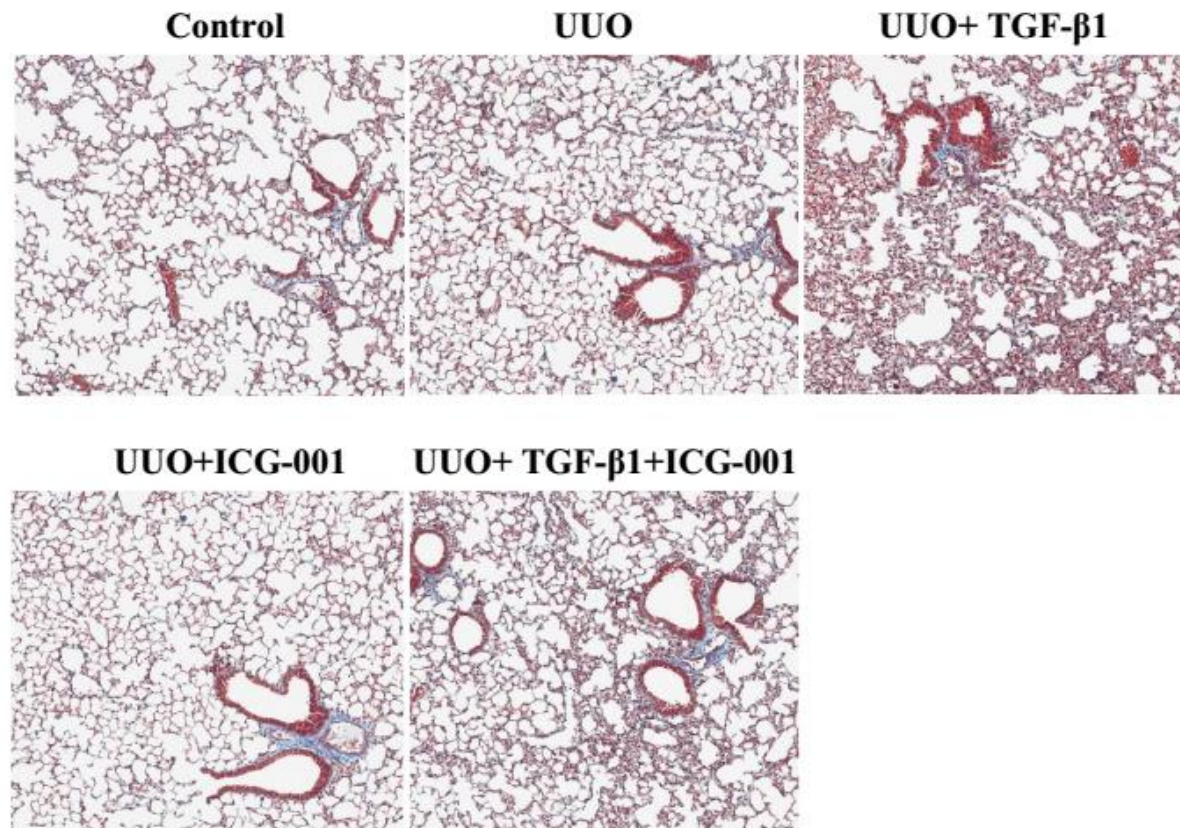


* $P < 0.05$ vs control

$p < 0.05$ vs untreated UUO

† $p < 0.05$ vs TGF- β 1 treated UUO

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

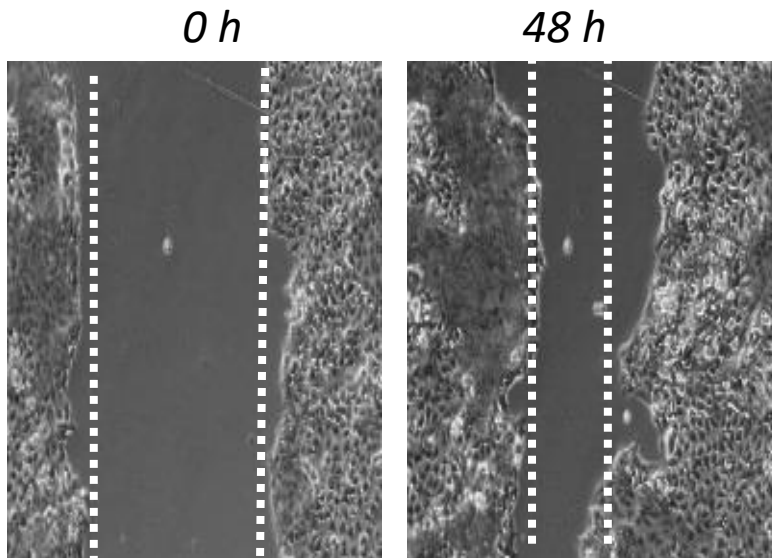


$p < 0.05$ vs untreated UUO
† $p < 0.05$ vs TGF- β 1-treated UUO

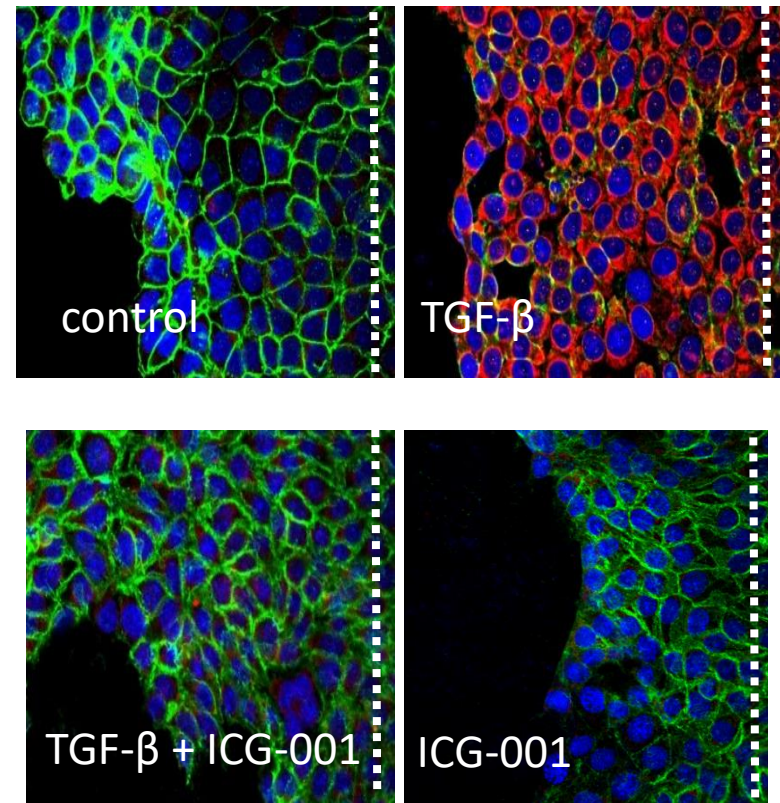
**non-fibrotic wound-healing effect of β -catenin/Foxo in
kidney injury**

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)

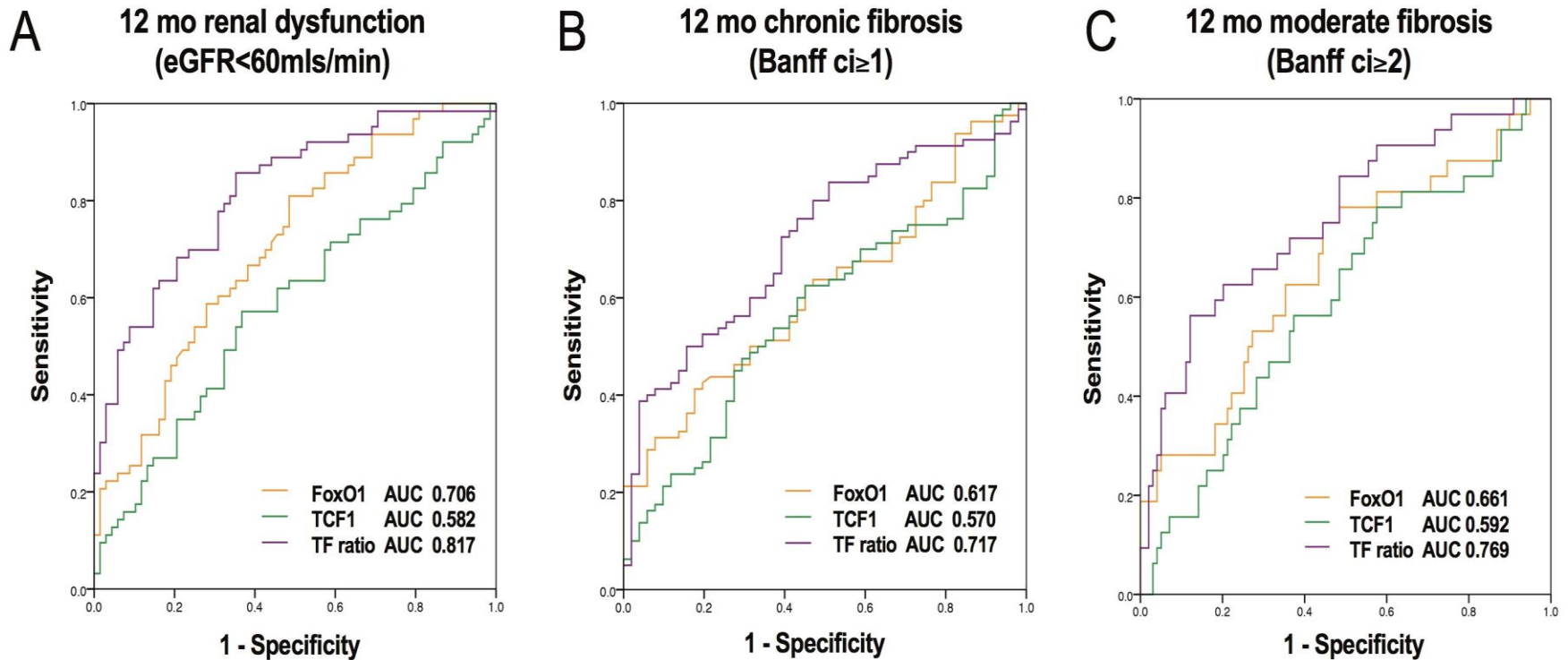
infiltration of lymphocytes & macrophages,
(Treg-dependent)

increases

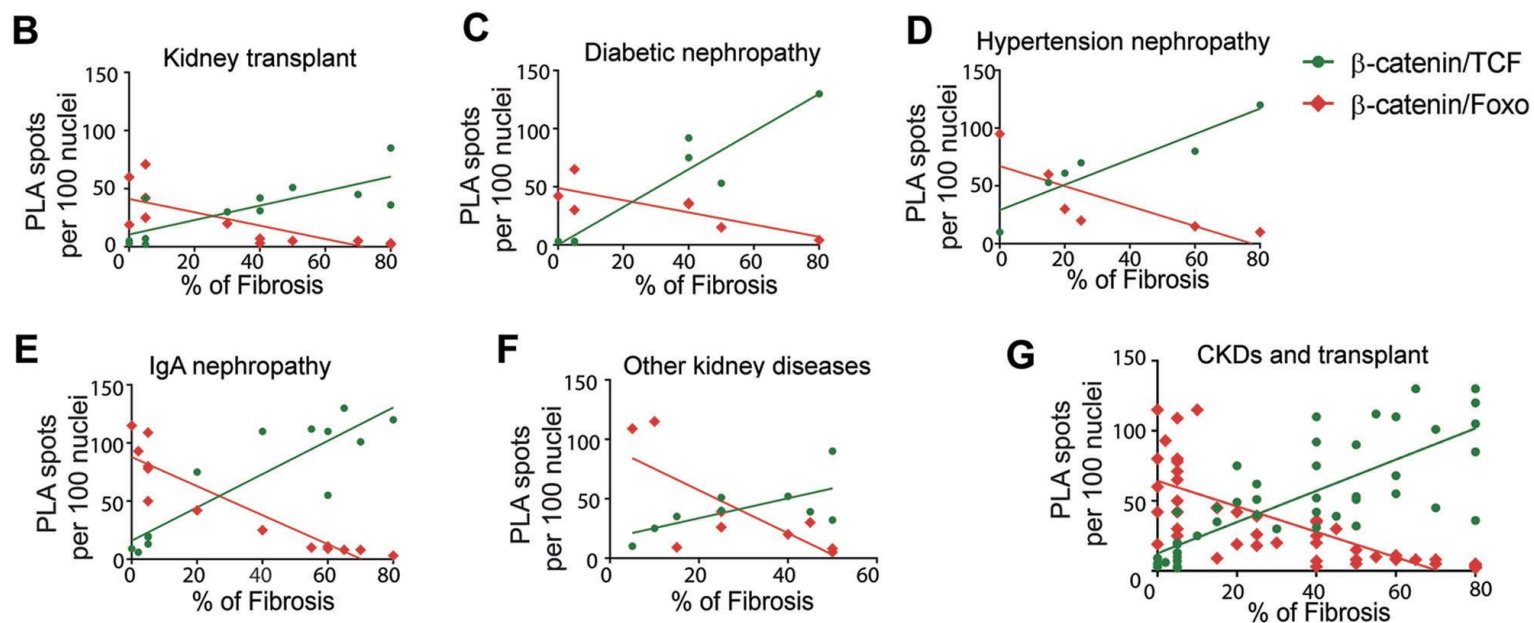
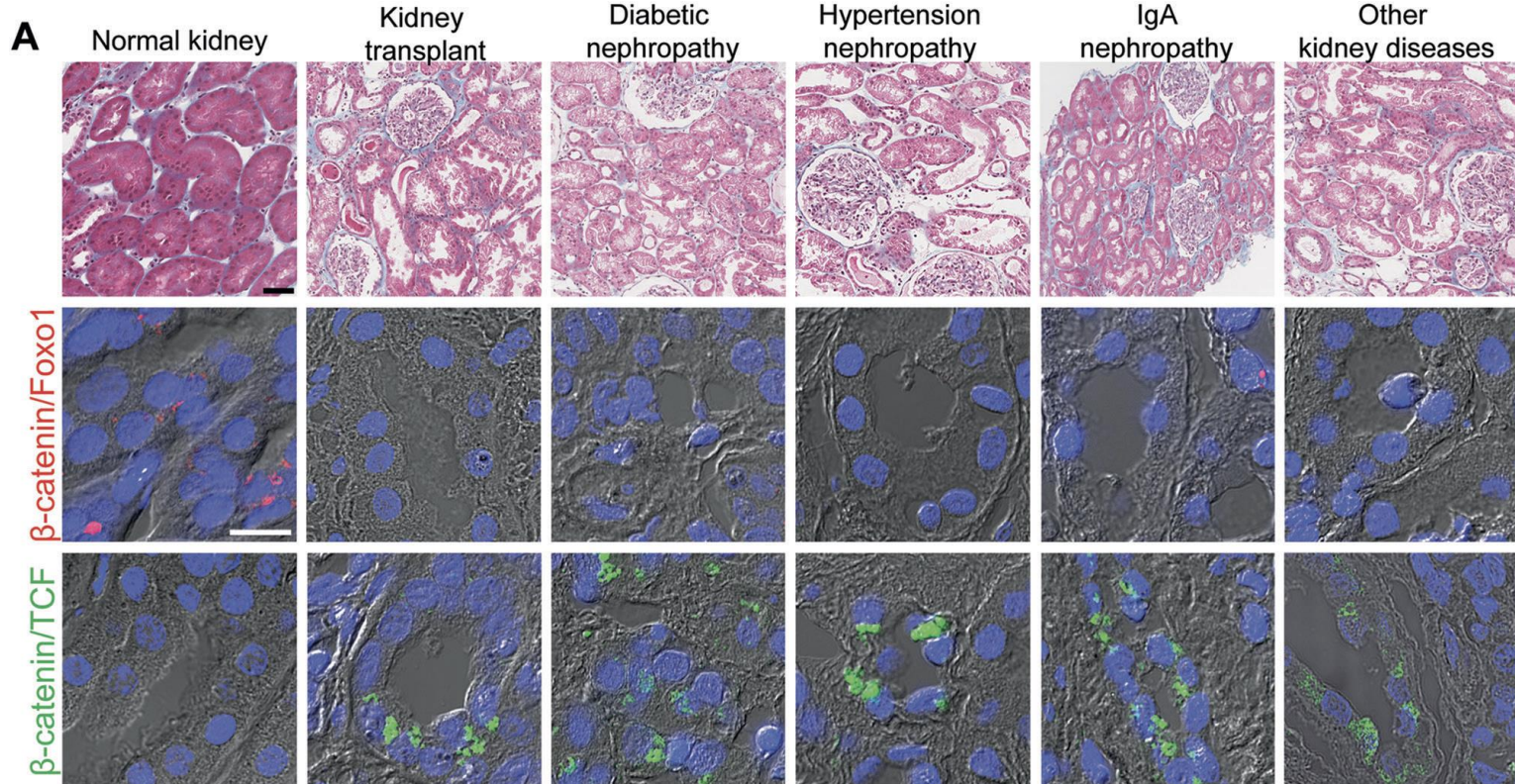
non-fibrotic wound healing

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