

# KPL-716, an Anti-oncostatin M Receptor Beta (OSMR $\beta$ ) Monoclonal Antibody, Reduces IL-31-Induced Scratching Behavior in Cynomolgus Monkeys: Establishment and Optimization of a Pharmacokinetic/Pharmacodynamic Model

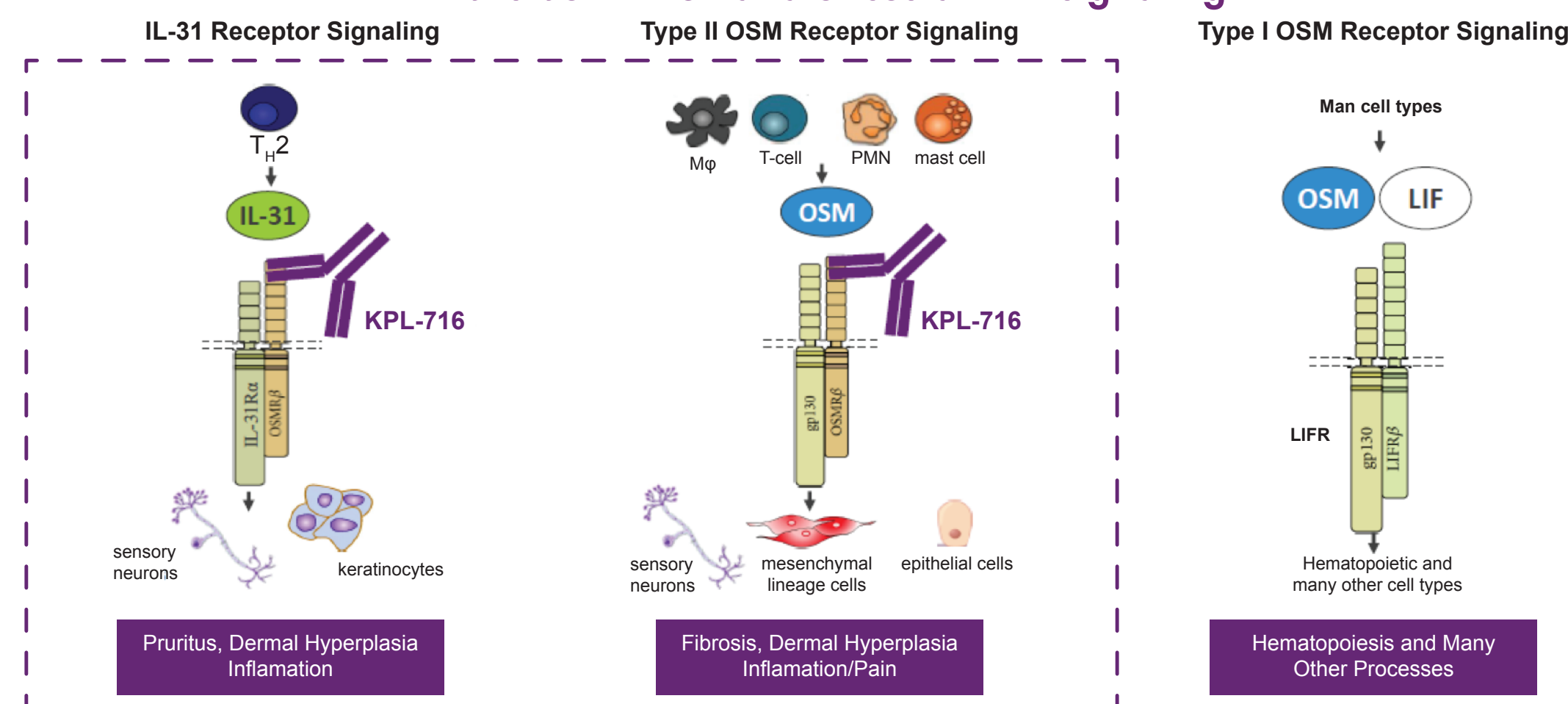
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## BACKGROUND

- Interleukin 31 (IL-31) signals through the heterodimer complex consisting of IL-31 receptor alpha (IL-31R $\alpha$ ) and oncostatin M receptor beta (OSMR $\beta$ )<sup>1,2</sup> (Figure 1)
- IL-31 is produced by activated CD4<sup>+</sup> T cells, primarily T<sub>H</sub>2 helper cells, macrophages, and dendritic cells<sup>3,4</sup>
- IL-31 and its receptor complex induce pruritic skin disease, including atopic dermatitis and chronic urticaria<sup>3,5,6</sup>
- KPL-716 is a fully human monoclonal antibody that targets OSMR $\beta$  and simultaneously inhibits both IL-31 and oncostatin M signaling (Figure 1)<sup>7</sup>
- Animal models have been developed that demonstrate the pruritogenic effects of IL-31 and are useful to demonstrate biologic activity of potential therapeutic agents<sup>1,8,9</sup>

**Figure 1. KPL-716 is a fully human monoclonal antibody that targets OSMR $\beta$  and simultaneously inhibits both IL-31 and oncostatin M signaling**



OSMR $\beta$ , oncostatin M receptor beta; PMN, polymorphonuclear cell; T<sub>H</sub>2, T helper type 2.  
Image adapted from Richards C. *ISRN Inflammation*. 2013;2013:1-23.<sup>2</sup>

## OBJECTIVES

- To determine the optimal intradermal (ID) dose of recombinant human IL-31 demonstrating a consistent and robust scratching response in cynomolgus monkeys
- To establish in vivo proof of on-target efficacy of KPL-716 and the correlation between pharmacokinetics (PK) and pharmacodynamics (PD) to determine an efficacious concentration range for KPL-716 in this animal model
  - Following a single intravenous (IV) dose
  - In a repeated challenge model
- To compare the efficacy of KPL-716 by subcutaneous (SC) and IV administration
  - To determine the repeated-dose KPL-716 SC dose/interval that inhibits IL-31-induced pruritus

## METHODS

### Optimization of the model

- 16 animals were randomized to 4 IL-31 dose groups: 3, 6, 12, and 24  $\mu$ g/kg in a weight-stratified manner
- IL-31 (derived from *Escherichia coli*; R&D Systems, Minneapolis, MN) was administered ID on day 1

### Single-dose PK/PD

- 24 animals were assigned to 4 groups of 6 animals each (Table 1)
- KPL-716 (1, 3, and 10 mg/kg) or control was administered by IV injection on day 1
- IL-31 was administered ID once during acclimation and on days 2 (24 hours after KPL-716), 8, 15, 22, and 29

**Table 1. Dose groups for single-dose PK/PD study**

KPL-716 (mg/kg) IV Day 1	IL-31 ( $\mu$ g/kg) ID Days 2, 8, 15, 22, 29	Male Cynomolgus Monkeys (n) <sup>a</sup>
0	3	6
1	3	6
3	3	6
10	3	6

<sup>a</sup>The 16 monkeys used for optimization were assigned a different IL-31 challenge dose for the PK/PD study, and the remaining 8 animals were randomized into groups stratified by body weight. ID, intradermal; IV, intravenous; PD, pharmacodynamics; PK, pharmacokinetics.

### IV to SC bridge mini-PK

- 18 animals were assigned to 6 groups of 3 animals each
- KPL-716 (1, 3, and 8 mg/kg) was administered by IV and SC route

### Repeat-dosing PK/PD

- 36 animals were assigned to 6 groups of 6 animals each
- KPL-716 (1, 2, 3, and 8 mg/kg) or control was administered by either SC or IV route (Table 2)
- IL-31 was administered ID at various time points as shown in Table 2

### Assessments

- On each day of IL-31 ID administration, observations of pruritic response, including scratching and grooming behaviors, were documented using the Noldus MediaRecorder (Leesburg, VA) for  $\geq 1$  hour prior to IL-31 dosing and  $\geq 1$  hour after dosing, beginning 30 minutes postdose
- Blood samples were collected 2.5 hours post-IL-31 injection on days -1, 2, 8, 15, 22, and 29
- Body weight was routinely monitored

### Data analysis

- Scratching events were reported as the number of events post-IL-31 challenge minus pre-IL-31 challenge

**Table 2. Study design for repeated-dose (IV and SC) PK/PD study**

Days	-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44								
G1 (0 mg/kg SC)	B	D	CB						DB		C					DB			C				DB																														
G2 (1 mg/kg SC)	B	D	CB						DB		C					DB			C				DB																														
G3 (2 mg/kg SC)	B	D	CB						B													B																															
G4 (3 mg/kg IV)	B	D	CB																			DB																															
G5 (3 mg/kg SC)	B	D	CB						B														B																														
G6 (8 mg/kg SC)	B	D	CB						B														B																														

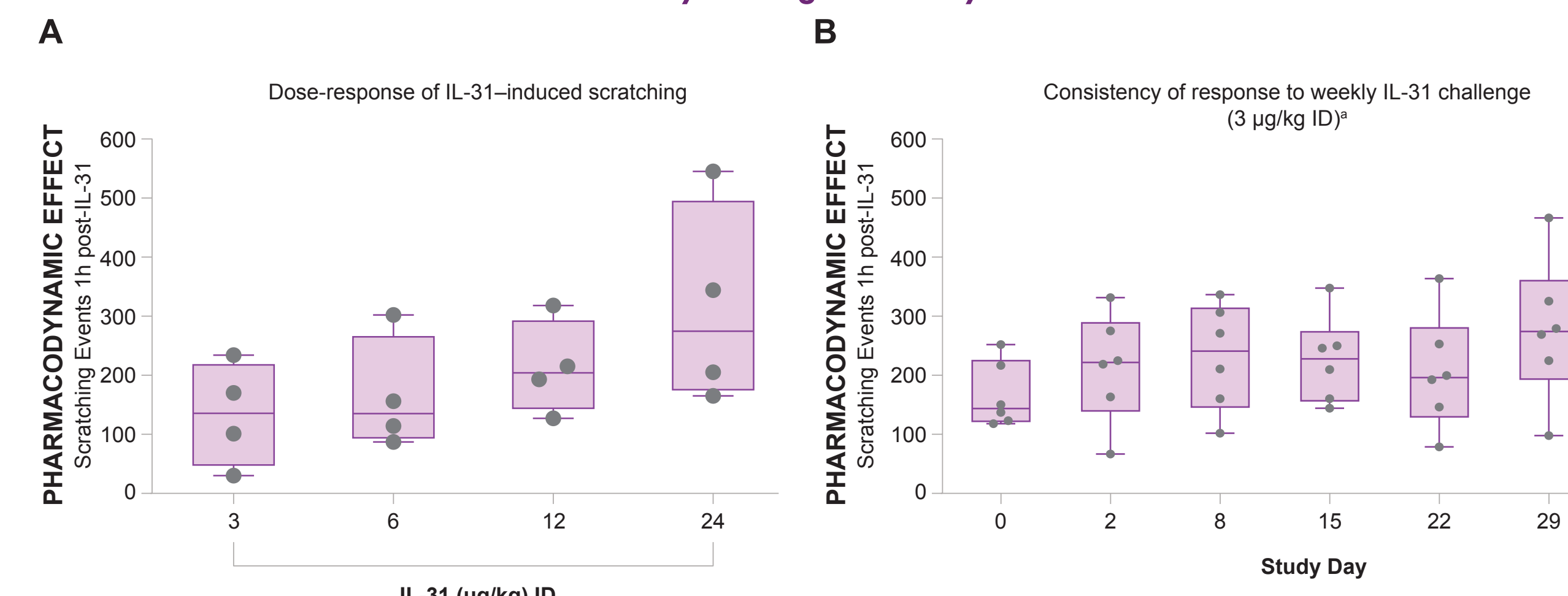
D = KPL-716 dosing  
C = IL-31 challenge dose (3  $\mu$ g/kg) and observation for scratching/grooming events (pruritus; pharmacodynamic [PD] effect)  
B = blood collection for pharmacokinetic (PK) analysis  
IV, intravenous; IL-31, recombinant human interleukin 31; SC, subcutaneous.

## RESULTS

### Optimization of the model (Figure 2)

- IL-31 invoked a scratching response in all animals; magnitude of response and variability tended to increase with increasing IL-31 dose
- Weekly responses to serial IL-31 challenge remained constant over time
- The 24- $\mu$ g/kg IL-31 dose was most variable; 3  $\mu$ g/kg was chosen for subsequent experiments

**Figure 2. IL-31 induces dose-dependent and consistent scratching behavior in cynomolgus monkeys**

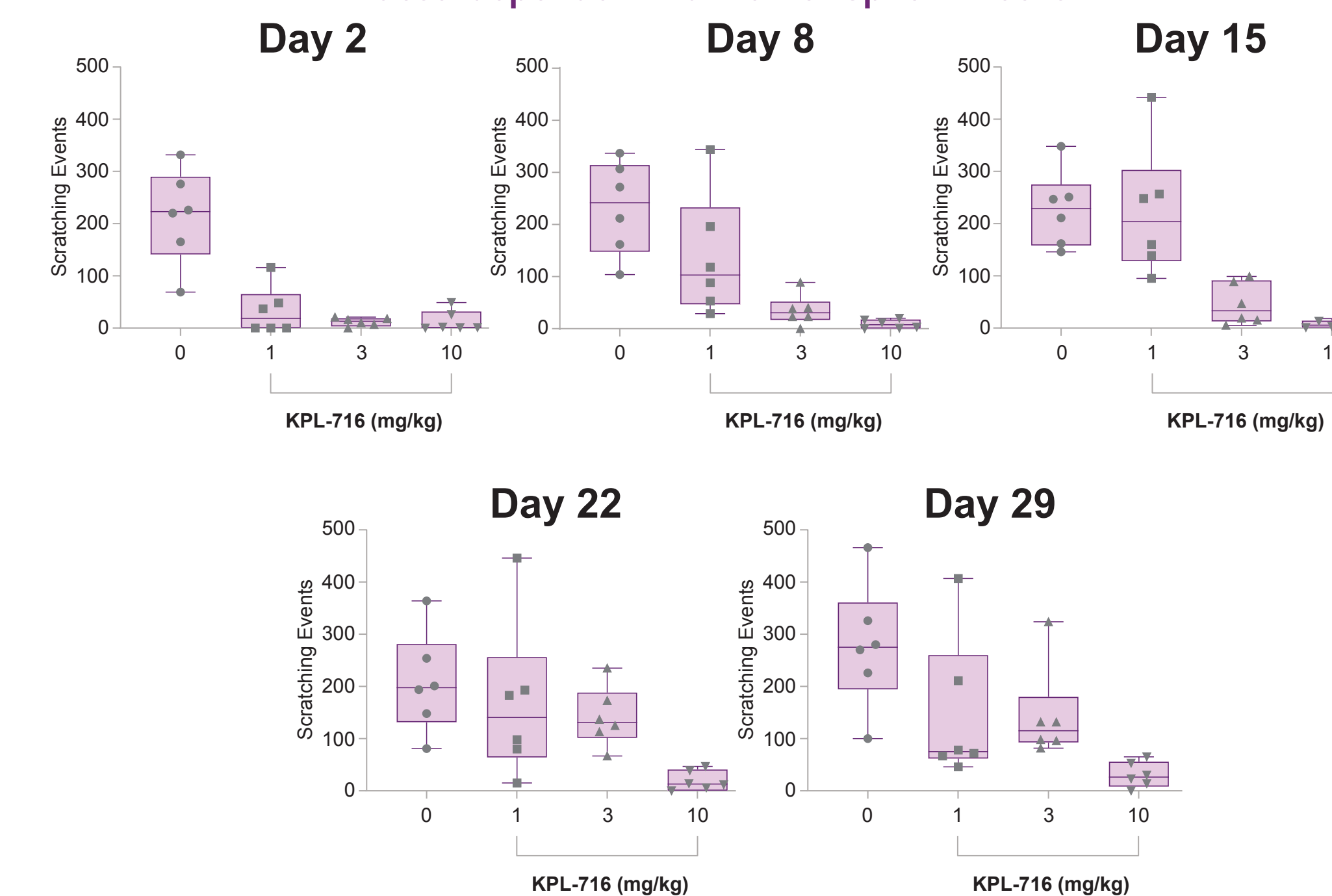


Events are calculated as post-IL-31 challenge minus pre-IL-31 challenge events. Boxes and whisker plots indicate data points for each animal in each dose group; the median is represented by a horizontal line within the box, and the box itself represents the interquartile range. ID, intradermal.  
\*Scratching events recorded in animals receiving control (ie, KPL-716 0 mg/kg).

### Single IV dose (Figure 3)

- Single-dose KPL-716 IV attenuated IL-31-induced scratching in a dose- and time-dependent manner
- At day 2, all doses of KPL-716 reduced scratching compared to acclimation and control
- KPL-716 1 mg/kg IV was effective 24 hours post administration, and its effect waned by day 8
- KPL-716 3 mg/kg IV maintained an antipruritic effect through day 15
- KPL-716 10 mg/kg IV maintained an antipruritic effect through day 29

**Figure 3. Single-dose IV KPL-716 protects against serial supra-physiologic IL-31 challenge in a dose-dependent manner for up to 4 weeks**

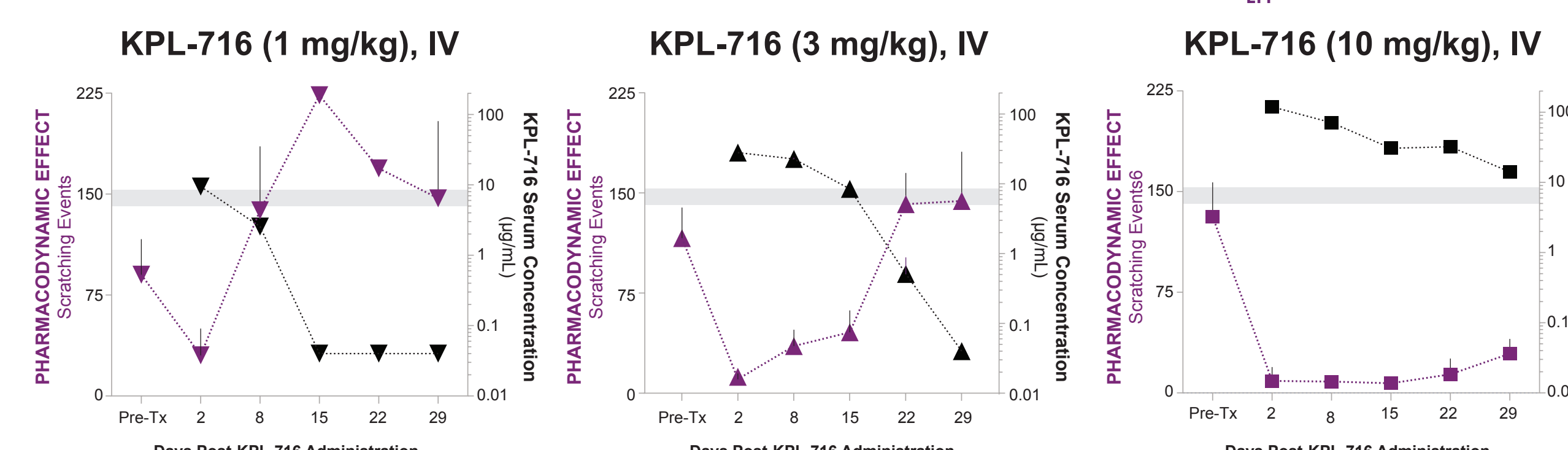


KPL-716 was administered intravenously (IV) on day 1. Scratching events are calculated as post-IL-31 challenge minus pre-IL-31 challenge events. Boxes and whisker plots indicate data points for each animal in each dose group; the median is represented by a horizontal line within the box, and the box itself represents the interquartile range.

### PK/PD correlation (Figure 4)

- KPL-716 plasma concentrations correlated with a reduction in scratching events
- The efficacious concentration of KPL-716 in this model was 5 to 8.5  $\mu$ g/mL
  - TMDD threshold was established at  $\geq 10$   $\mu$ g/mL
- KPL-716 exposure increased with increasing dose

**Figure 4. Correlation between pharmacokinetics and pharmacodynamics following a single IV dose of KPL-716: determination of efficacious concentration (C<sub>eff</sub>)**

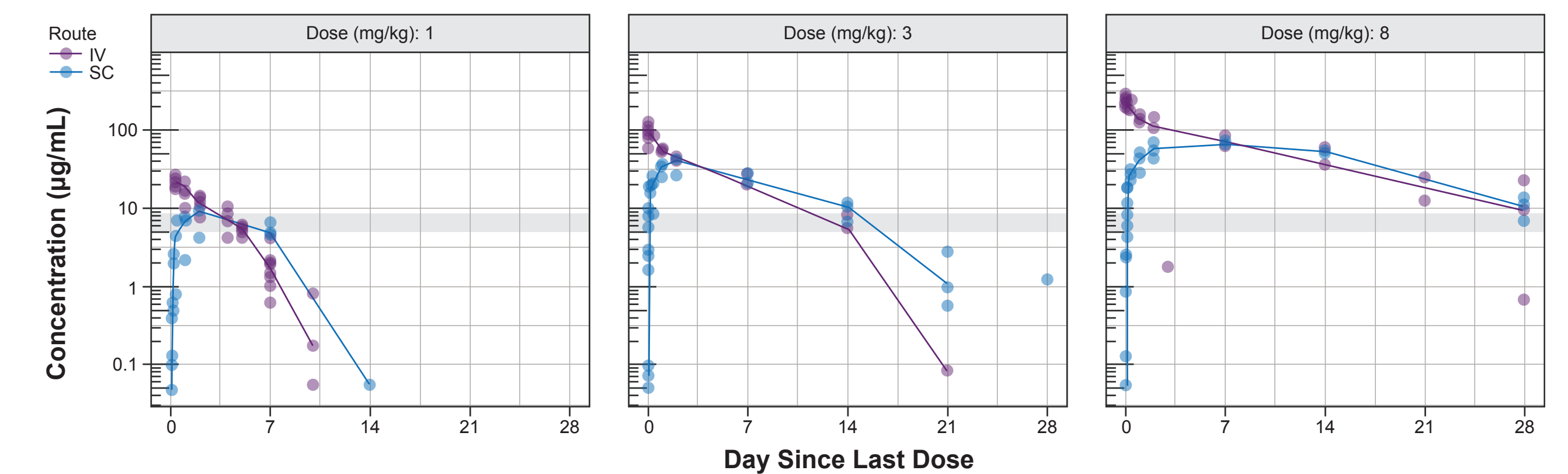


Efficacious concentration defined via PK/PD correlation = 5 to 8.5  $\mu$ g/mL. KPL-716 was administered intravenously (IV) on day 1; 6 animals were treated per dose group. Scratching events are calculated as post-IL-31 challenge minus pre-IL-31 challenge events. Lower limit of quantification = 0.04  $\mu$ g/mL.

### IV to SC bridge (Figure 5)

- High bioavailability was observed at SC doses  $\geq 3$  mg/kg

**Figure 5. IV to SC conversion predictions: KPL-716 3 mg/kg SC every 2 weeks or 8 mg/kg SC every 4 weeks should provide protection from IL-31-induced pruritus**



Efficacious concentration defined via PK/PD correlation = 5 to 8.5  $\mu$ g/mL. IV, intravenous; PD, pharmacodynamic; PK, pharmacokinetic; SC, subcutaneous.

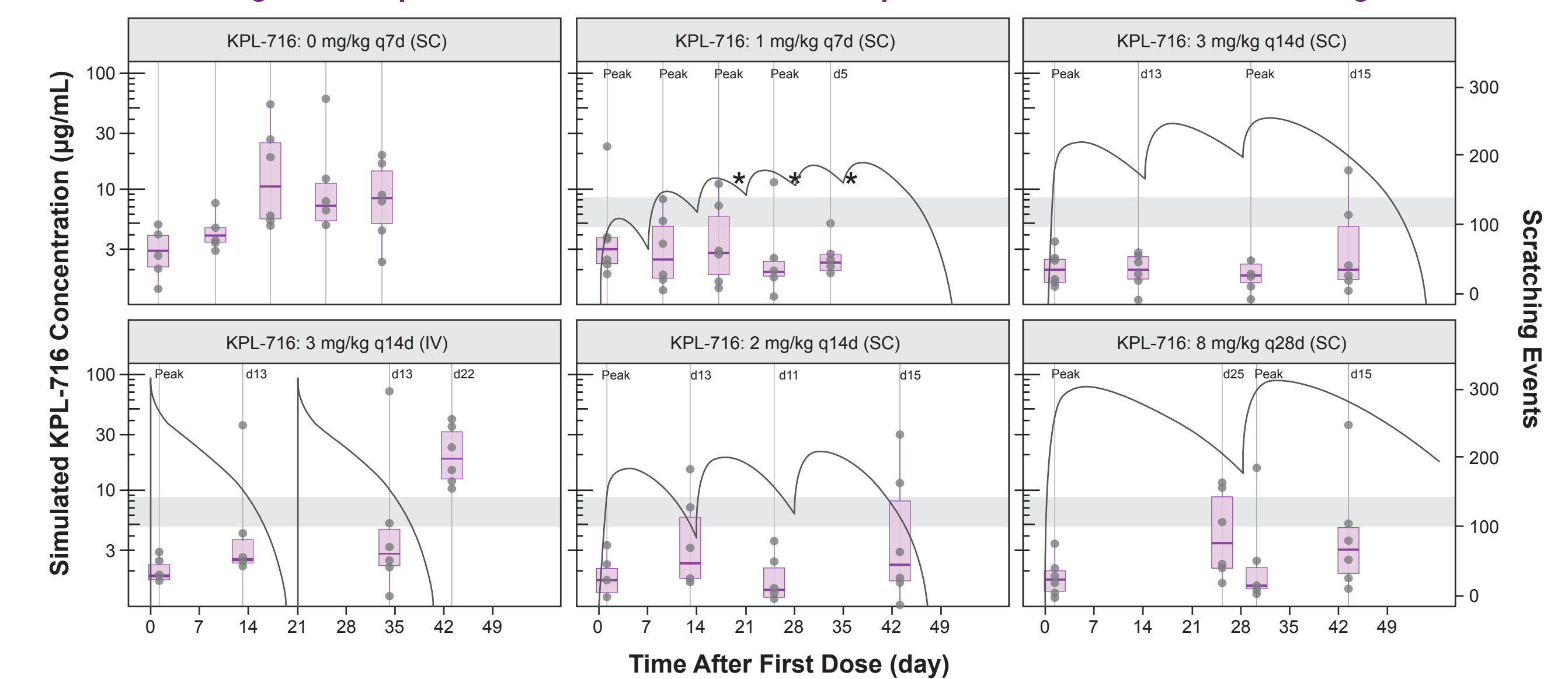
Dose (mg/kg)	Route	C <sub>max</sub> (CV%) ( $\mu$ g/mL)	T <sub>max</sub> <sup>a</sup> (hours)	AUC <sub>0-∞</sub> (CV%) ( $\mu$ g·h/mL)	AUC <sub>0-24</sub> (CV%) ( $\mu$ g·h/mL)	F
1	IV	19.73 (5.6)	8.01 (7.93-8.03) <sup>b</sup>	1569.63 (15.4)	1570.81 (15.4)	-
1	SC	6.77 (38.3)	72 (72-96)	1041.79 (33.5)	1044.01 (33.3)	0.66
3	IV	68.77 (1.9)	0.08 (0.08)	9353.62 (4.4)	9354.92 (4.4)	-
3	SC	39.08 (15.5)	72 (72-144)	10,585.36 (12.2)	10,586.92 (12.2)	1.13
8	IV	180.80 (3.3)	0.08 (0.08)	34,139.57 (9.9)	34,140.85 (9.9)	-
8	SC	79.06 (6.9)	120 (120-144)	30,235.42 (1.6)	30,236.86 (1.6)	0.89

KPL-716 was administered on day 0; 3 animals were treated per treatment group; lower limit of quantification = 0.04  $\mu$ g/mL. AUC<sub>0-∞</sub> area under the curve from time 0 to infinity; AUC<sub>0-24</sub> area under the curve from time 0 to last measurable concentration; C<sub>max</sub> maximum concentration; F, bioavailability; IV, intravenous; SC, subcutaneous; PK, pharmacokinetic; T<sub>max</sub> time to achieve C<sub>max</sub>.  
<sup>a</sup>Median and range shown for T<sub>max</sub>; mean values are shown for C<sub>max</sub>, AUC<sub>0-∞</sub>, and AUC<sub>0-24</sub>.  
<sup>b</sup>First time point collected in study SNBL205.14 was at 8 hours postdose.

### Repeat-dosing (Figure 6)

- KPL-716 3 mg/kg SC every 2 weeks allows for sufficient protection to serial IL-31 challenge at trough
- Weaker protection at trough manifests as increased variability

**Figure 6. Repeated-dose KPL-716 SC inhibits pruritus from serial IL-31 challenge**



Efficacious concentration defined via PK/PD correlation = 5 to 8.5  $\mu$ g/mL. Scratching events are calculated as post-IL-31 challenge (3  $\mu$ g/kg) minus pre-IL-31 challenge events. IV, intravenous; PD, pharmacodynamic; PK, pharmacokinetic; SC, subcutaneous.  
\*Statistically significant difference (P<0.05) from placebo, unpaired t test.

### Safety

- There were no adverse effects or changes in body weight related to IL-31 or KPL-716 administration over the course of the study

## CONCLUSIONS

- This model confirms target engagement and PD activity of KPL-716 in cynomolgus monkeys, which are homologous to humans for IL-31 and its receptor complex of IL-31R $\alpha$  and OSMR $\beta$ <sup>9</sup>
- A single dose of KPL-716 10 mg/kg IV reduced the scratching response in primates for up to 4 weeks
- PK/PD correlation defined an efficacious concentration range of 5 to 8.5  $\mu$ g/mL, at or above which KPL-716 protected cynomolgus monkeys from a supra-physiologic IL-31 challenge-induced pruritus
- Predictive modeling with single-dose IV PK/PD and single-dose SC PK was used to define repeated-dose SC regimens for further study
- Experimental results confirmed model-specified dosing regimens, with protection observed using 3 mg/kg SC every 2 weeks
- Consistent with these preclinical findings, single-dose KPL-716 IV reduced pruritus in human subjects with moderate to severe atopic dermatitis in a phase 1b clinical trial <<See Poster #560 for updated data>>
  - Reductions in pruritus were observed in the monotherapy period from week 1 through week 4 and through weeks 6–8 during coadministration of topical corticosteroids
- PK/PD modeling may support determination of practical chronic dose(s)/dosing intervals using an efficacious concentration derived from KPL-716 clinical trials

## REFERENCES

- Dillon SR, et al. *Nat Immunol*. 2004;5:752-60.
- Richards C. *ISRN Inflammation*. 2013;2013:1-23.
- Saleem MD, et al. *J Dermatol Treat*. 2017;28:591-9.
- Bilborough J, et al. *J Allergy Clin Immunol*. 2006;117:418-25.
- Gangemi S, et al. *Allergy Asthma Proc*. 2017;38:401-8.
- Heremans HM. *Cytokine Growth Factor Rev*. 2015;26:545-58.
- Mikthak Z, et al. Presented at: Congress of the European Academy of Dermatology and Venereology; September 12-16, 2018; Paris, France.
- Gonzales AJ, et al. *Vet Dermatol*. 2013;24:48-53.e11-42.
- Lewis KE, et al. *J Eur Acad Dermatol Venerol*. 2017;31:142-50.

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## DISCLOSURES

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