

# **TOXPeer Preclinical Consultancy Services LLP**

## **GPR120 Agonist Program for NASH Indication**

**2022**

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**Non-Confidential Slide Deck**

# EXECUTIVE SUMMARY

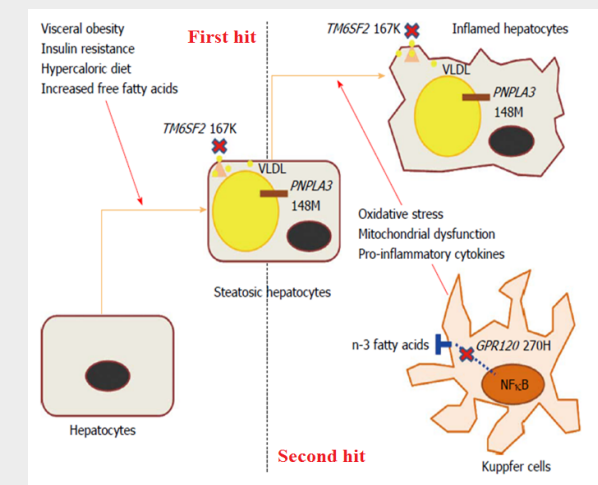
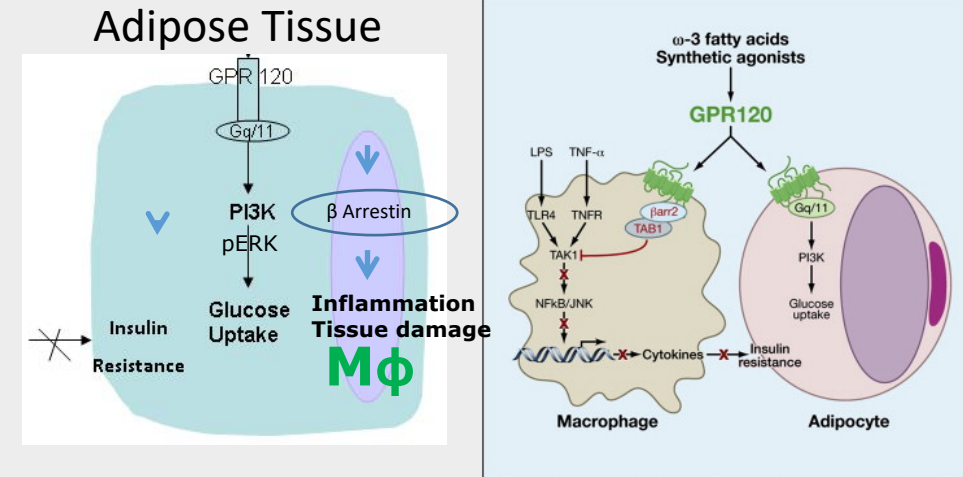
- A GPR120 agonist program with small molecules, primarily for the treatment of NASH
- Five potential GPR120 agonist molecules are being evaluated from four scaffolds from which about 954 compounds synthesized
- A potential molecule, Compound 1 showed positive results in well validated *in-vivo* DIO-mouse models which confirm its potential in the treatment of NASH
- Compound 1, is showing excellent safety margin in 14 days repeat-dose study in rats
- Three back-up compounds identified which have shown better *in-vitro* profile in TNF- $\alpha$  and MCP-1 assays.
- IND-enabling studies are in progress
- Patent status: PCT applications are in place

# SUMMARY

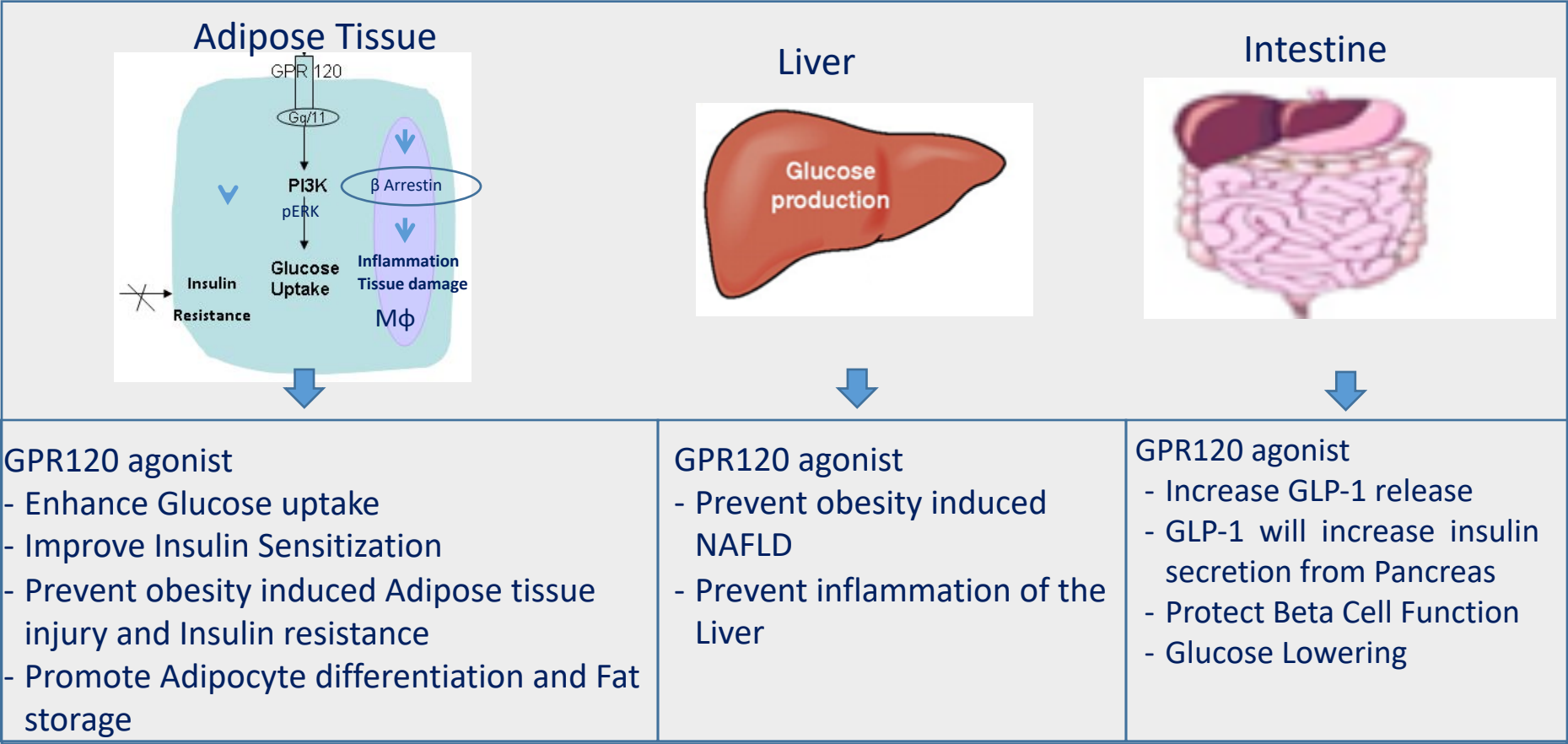
- **Selected molecules exhibit the following:**
  - **LogP/ LogD <4 and molecular weight <450**
  - **Moderately release GLP1 and promote ERK phosphorylation in STC1 cells**
  - **Reasonable selectivity (screened against 74 receptors)**
  - **Ability to promote Glut4 translocation and phosphorylation of ERK in adipocytes**
  - **Ability to switch M1 pro-inflammatory macrophages into M2 anti-inflammatory macrophages, an essential step to combat insulin resistance**
  - **Preclinical proof-of-concept established (improved glucose tolerance, trend towards improved insulin sensitivity, body weight reduction)**
  - **Potential for the treatment of NASH, obesity, lipid metabolism abnormalities, T2D to improve glucose tolerance, decrease hyperinsulinemia, and increase insulin sensitivity**
- **Three back-up compounds identified which have shown better *in-vitro* profile in TNF- $\alpha$  and MCP-1 assays.**
- **PK studies of back-up compounds are in progress.**

# GPR120 Mechanism of Action

- Member of the GPCR family, expressed in intestinal tract, taste buds, lungs, adipocytes, kupffer cells and on macrophages
- Receptor for omega-3 fatty acid such as  $\alpha$ -linolenic acid (ALA), eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA)
- Engagement of receptor may result in both improvement in insulin sensitivity and enhancement of  $\beta$ -cell function
- Reported to mediate anti-inflammatory effects of DHA and EPA in macrophages
- Oxidative stress is involved in the second hit leading to the progression to NASH because of its harmful action on steatotic hepatocytes. The GPR120 270H allele, reducing the anti-inflammatory action of the GPR120 receptor expressed by Kupffer cells, is involved in the second hit promoting the oxidative stress, mitochondrial dysfunction and pro-inflammatory cytokines release



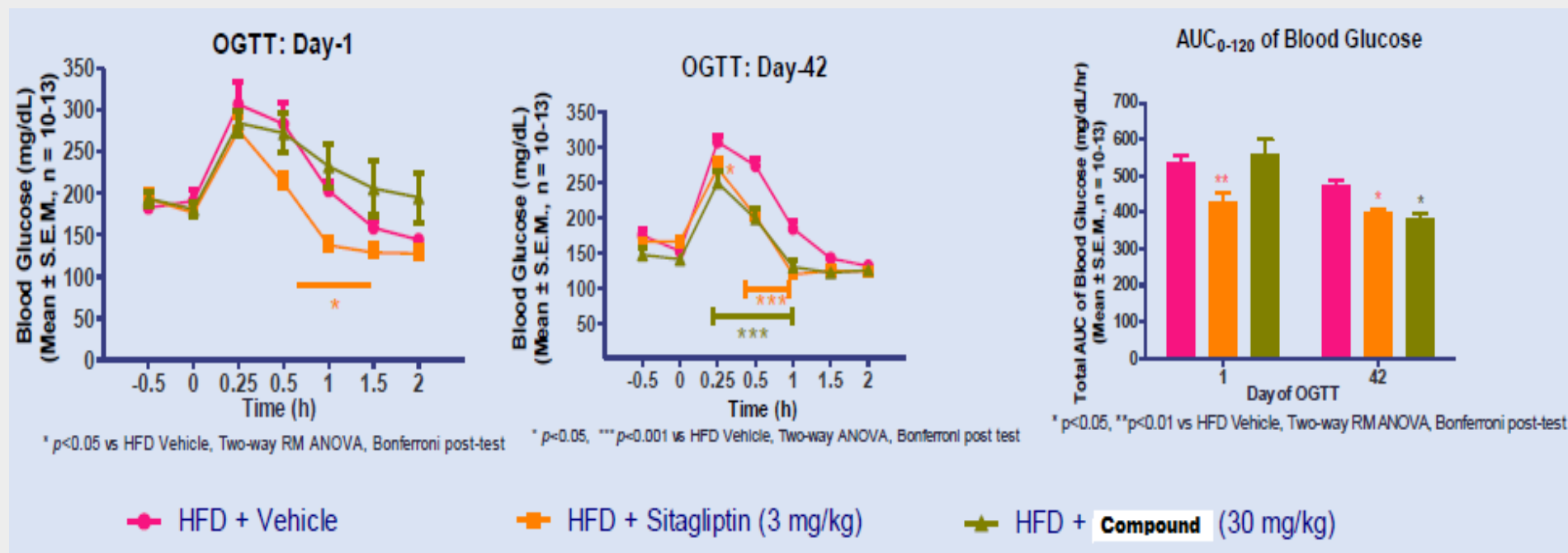
# GPR120 Mechanism of Action



**GPR120 agonist has the potential for the treatment of NASH and metabolic disorders**

# GPR120 Agonist: PoC in DIO Mice

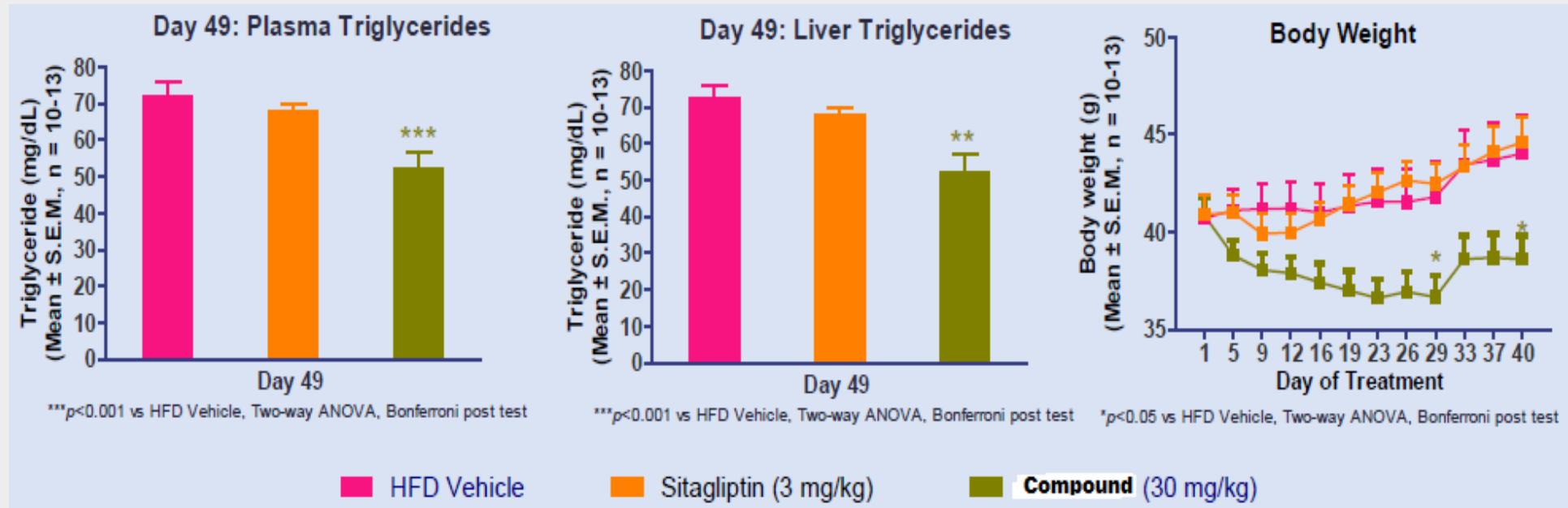
Study in DIO mice (b.i.d., 7-8 weeks)



Compound 1 improved glucose tolerance, reduced fasting blood glucose – indicative of potential use in type 2 diabetes

# GPR120 Agonist: PoC in DIO Mice

Study in DIO mice (b.i.d., 7-8 weeks)

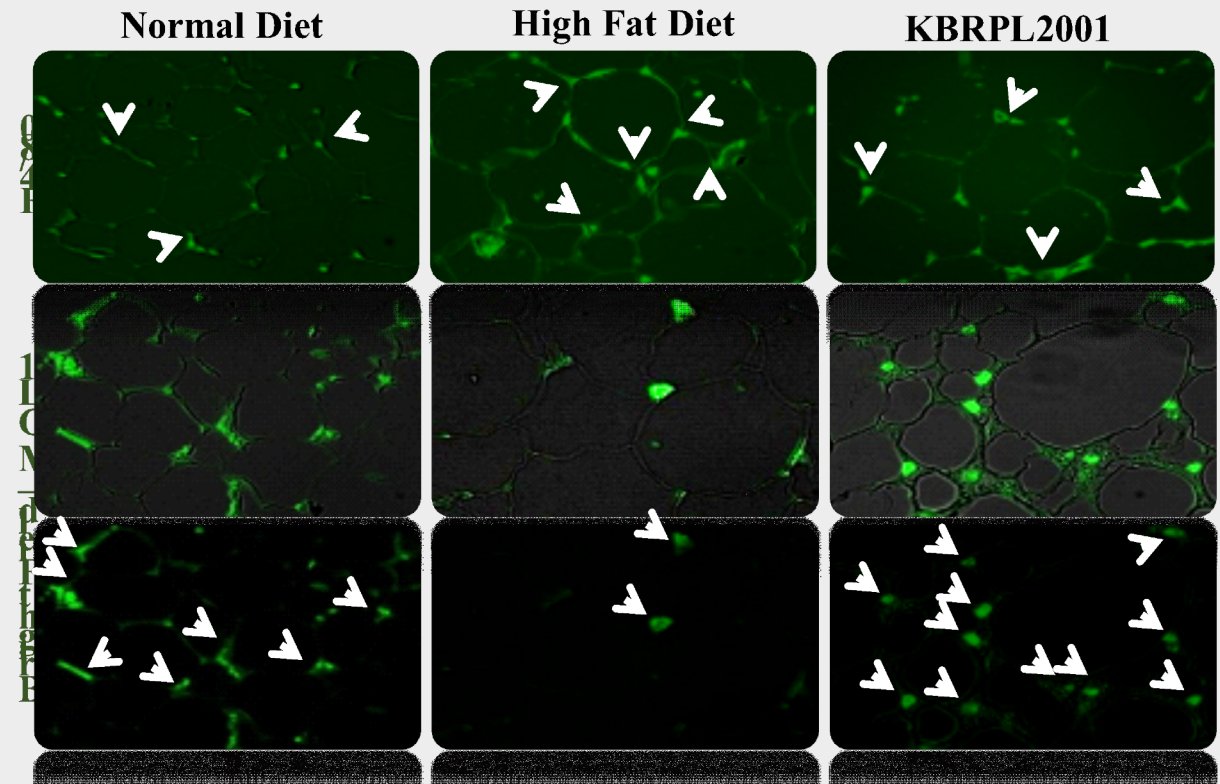


- Compound 1 treatment exhibited reduction in
  - plasma and liver triglycerides – indicative of potential use in hepatic steatosis/NAFLD/NASH
  - body weight - in line with target hypothesis



# PoC in DIO Mice

- Macrophage mediated tissue inflammation is the key mechanism for Adipose Inflammation
- Phenotypic switch in the polarization of adipose macrophages in DIO-mouse affects the insulin signaling and thereby reduces insulin resistance
- Reduction in adipose tissue macrophage (ATM) content in epididymal fat of HFD mice when treated with Compound 1 reflects decreased chemotaxis of ATMs or switch of ATMs from M1 (pro-inflammatory) to M2 (anti-inflammatory) –indicative of decrease in insulin resistance



F4/80 is a M1 marker. Increase in macrophage galactose-type C-type lectin 1 (MGL1), an anti-inflammatory marker, reflects phenotypic switch of ATMs from M1 to M2.

**Thus, exhibited its potential use in diabetes, obesity and hepatic steatosis/NAFLD/NASH**



# *in-vitro* and *in-vivo* Summary

## *In-vitro : GLP-1 secretion in mouse colon cells*

Compound name	GLP-1 (STC cells)
Compound .3	The compounds are able to secrete GLP1 from mouse colon cell line
Compound .6	
Compound .10	
Compound .13	
Compound .14	

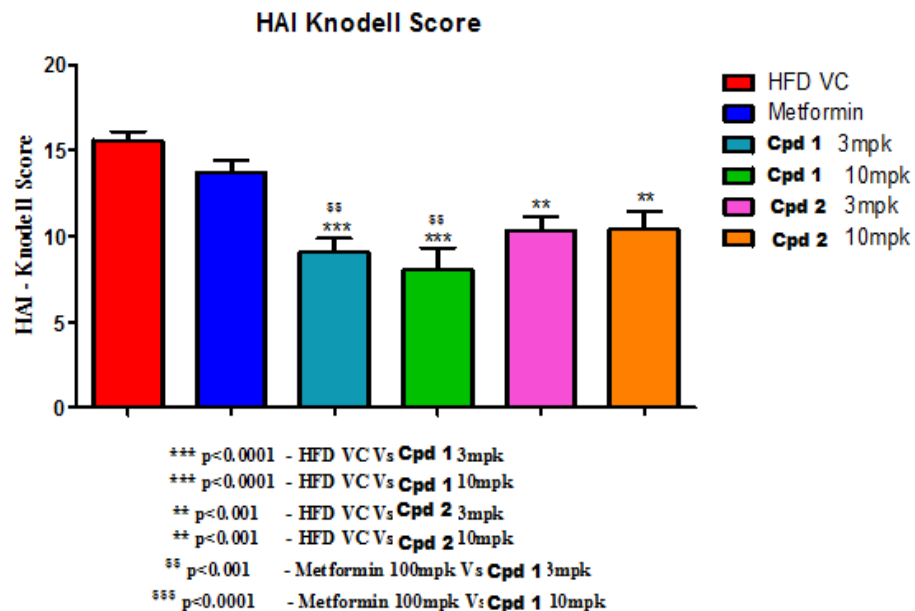
## *In-vivo : Reduction in blood glucose and triglyceride levels in DIO mouse model*

Parameter	OGTT	AUC <sub>fasting BG</sub>	Insulin	Triglyceride	Epididymal fat
Compound .	Significant ↑	Significant ↓	↑ sensitivity	Significant ↓	Switch M1→M2

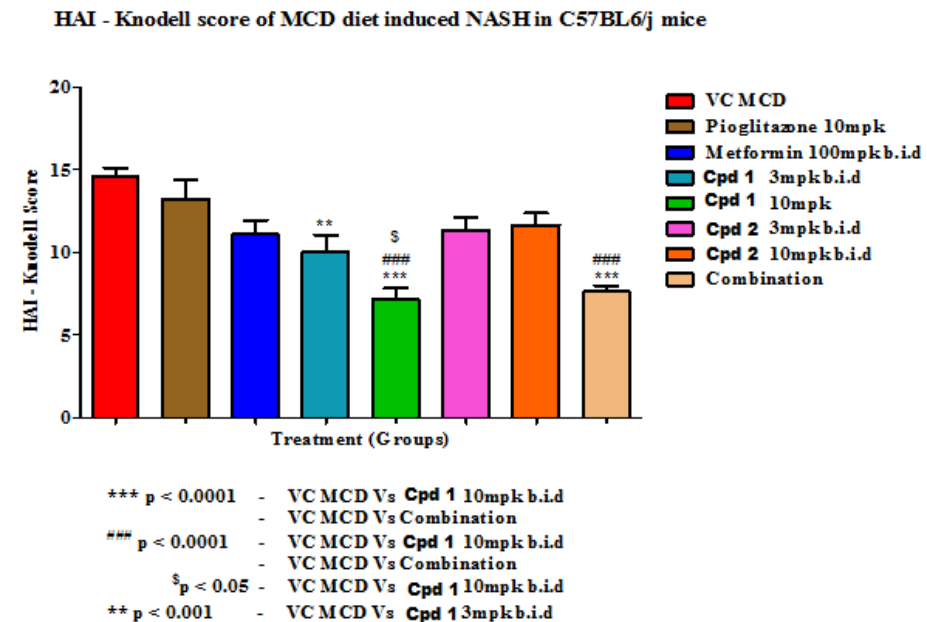
Initial leads show significant improvement in glucose tolerance and insulin sensitivity which may be mediated via pERK pathway in adipocytes; improvement in triglyceride levels which may be attributed to switch of ATM1 to ATM2

# Efficacy in Mouse models of NASH

## Histology (HAI-Knodell) Score – DIO study



## Histology (HAI-Knodell) Score – MCD study



- Compound 1 at 10 mg/kg showed similar efficacy in with respect to histology scores (HAI-Knodell) in both HFD and MCD study
- In MCD study, efficacy of the combination (Compound 1 at 3 mg/kg + Pioglitazone 10mg/kg) is similar to that of Compound 1, 10 mg/kg group
- These results confirm the potential of Compound 1 and Compound 2 in the treatment of NASH

# MCD-NASH Model (Exp2)

## Histopathology Scoring

Treatment Groups	Mean	SD
Vehicle	6.30	1.08
Compound 1, 3 MPK; PO; bid	0.79	1.08
Compound 1, 10 MPK; PO; bid	0.75	0.91
Pioglitazone, 10 MPK; PO; o.d.	4.35	1.49
Metformin 100 MPK; PO; bid	5.3	1.26
Compound 1+ Pioglitazone (10 MPK, PO, bid. +10 MPK; PO; o.d.)	6.2	0.77
Normal Pallet Diet	0	0
Methionine-Choline Deficient (MCD) Diet	4.7	2.03

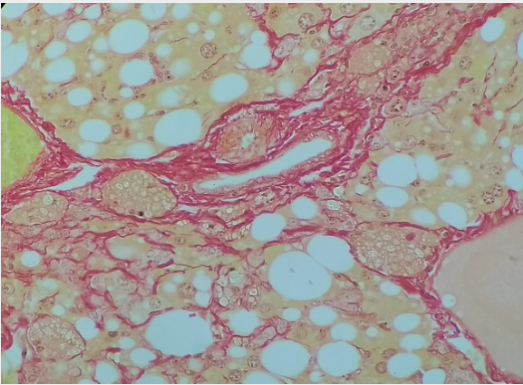
Histopathology Scoring is based on the grading of Steatosis, Lobular inflammation, Ballooning and Stages of Fibrosis.

**Animals treated with Compound 1 at 3 mpk and 10 mpk showed a significant decrease in NASH score**

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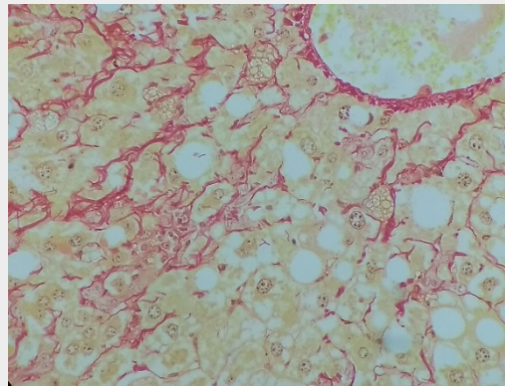
# Photomicrographs of Liver

## Sirus Red Staining, 40X



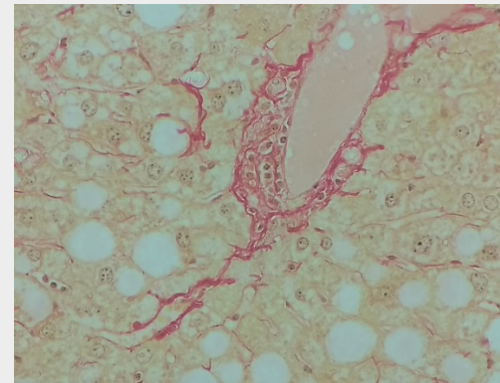
**MCD Vehicle Control:**

Showing hepatocellular Steatosis, ballooning, Inflammation and bridging fibrosis.



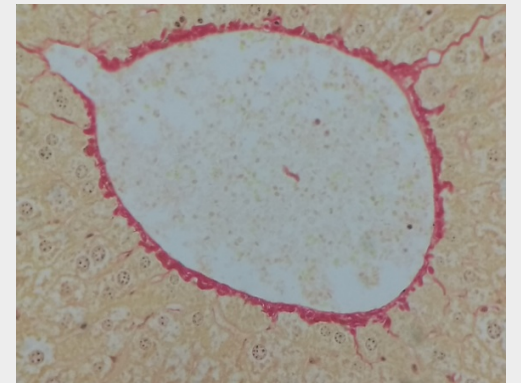
**Metformin 100 MPK, p.o., b.i.d.:**

Showing reduction in severity of hepatocellular Steatosis, ballooning, Inflammation and bridging fibrosis.



**Compound 1: 3 MPK, p.o., b.i.d**

Showing significant reduction in severity of hepatocellular Steatosis, ballooning, Inflammation and bridging fibrosis



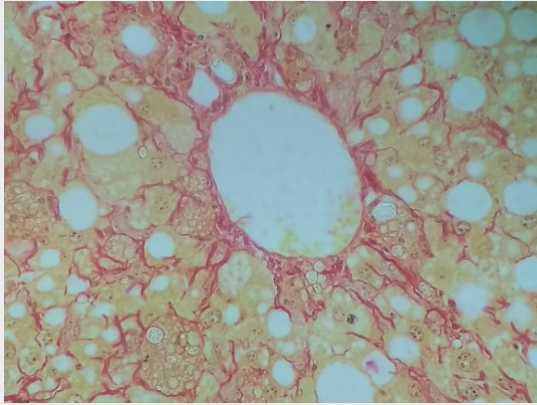
**Compound 1: 10 MPK, p.o., b.i.d:**

Showing significant reduction in severity of hepatocellular Steatosis, ballooning, Inflammation and bridging fibrosis.



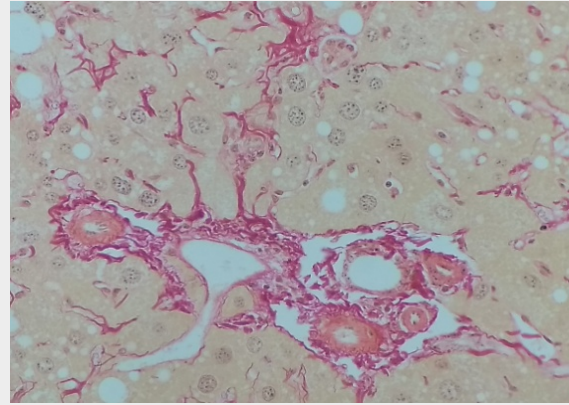
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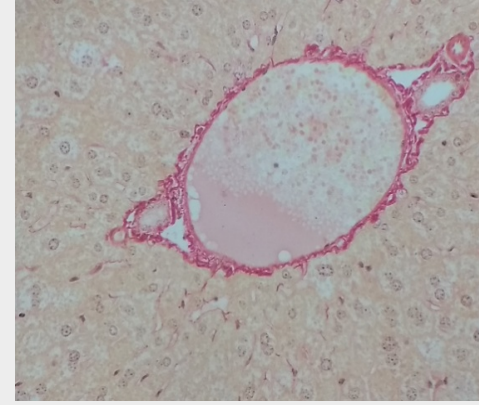
**Pioglitazone: 10 MPK, p.o., o.d.:**

Showing reduced in severity of hepatocellular Steatosis, ballooning, Inflammation and bridging fibrosis.

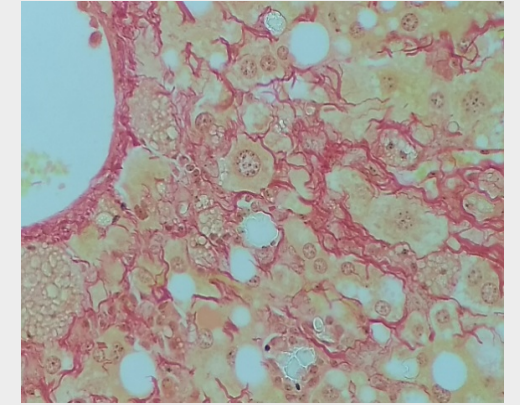


**Compound 1 + Pioglitazone: 10 MPK, p.o., b.i.d/o.d.:**

Showing reduction in severity of hepatocellular Steatosis, ballooning, Inflammation and bridging fibrosis.



**Normal Pallet Diet Control:**  
Showing normal periportal area



**MCD Control:**  
Showing hepatocellular Steatosis, ballooning, Inflammation and fibrosis.

For any queries, please contact ..

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