

Development of an anti-SEMA4D monoclonal antibody for the treatment of Multiple Sclerosis

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Abstract

SEMA4D (SEMA4D/CD100) is expressed on most immune cells, and its high affinity receptor, Plexin B1 (PLXNB1), is expressed on dendritic, endothelial, and neuronal cells. SEMA4D signaling through PLXNB1 induces growth cone collapse of neurons, inhibits differentiation of oligodendrocyte precursor cells (OPCs), induces oligodendrocyte (OD) process collapse and apoptosis, and disrupts CNS endothelial tight junctions. SEMA4D also plays an important role in the induction of B and T cell responses and glial cell activation. Antibody neutralization of SEMA4D could therefore reduce the severity of multiple sclerosis through several means. First, blocking SEMA4D could reduce the rate of disease relapse by reducing inflammation and secondary immune responses to CNS antigens. Second, to the extent that SEMA4D mediates apoptosis and inhibits maturation of OPCs, blocking SEMA4D could reduce the loss of ODs and promote remyelination. Third, SEMA4D may play a role in breakdown of the blood brain barrier (BBB), and blocking SEMA4D may reduce immune cell infiltration into the CNS.

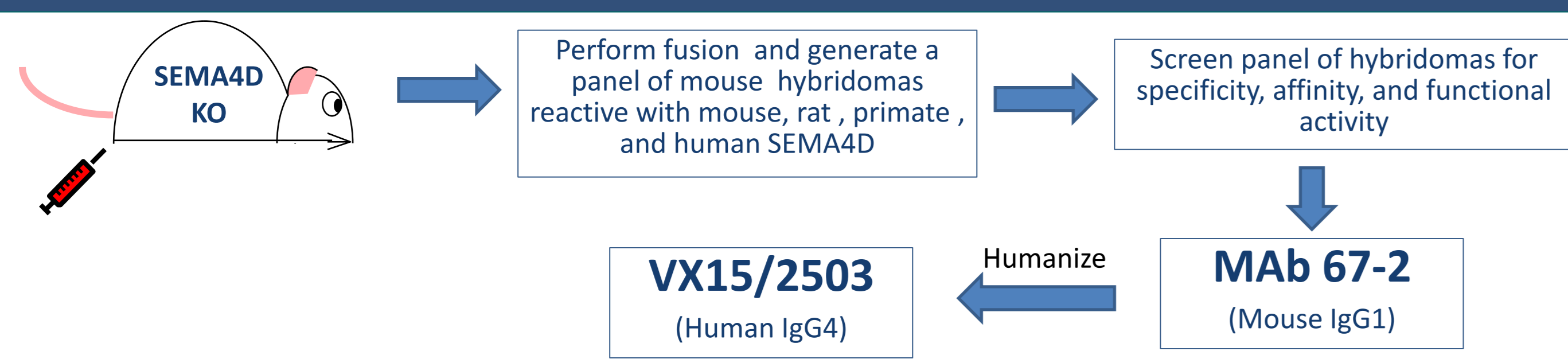
We have demonstrated in several preclinical models the effects of SEMA4D in the central nervous system. Inhibitory effects on OD differentiation and myelination have been shown using recombinant SEMA4D, and anti-SEMA4D antibody has been shown to protect the integrity of the BBB both *in vitro* and *in vivo*, and to promote neural regeneration. Treatment with anti-SEMA4D MABs attenuates the severity of EAE in several rodent EAE models.

Antibody neutralization of SEMA4D represents a new therapeutic strategy for multiple sclerosis. We selected a humanized IgG4 antibody that recognizes mouse, rat, monkey and human SEMA4D with high affinity. We utilized several *in vitro* functional assays to demonstrate that this antibody blocks SEMA4D – PLXNB1 interactions. This antibody was characterized in single dose, one month, as well as six month non-clinical IND-enabling toxicology studies. SEMA4D signaling through PLXNB1 has also been implicated in tumor growth and angiogenesis. Using various tumor models we demonstrated that anti-SEMA4D antibody inhibits these processes. A Phase I clinical trial in patients with advanced solid tumors is ongoing; no dose limiting toxicities have been observed following weekly infusions at dose levels up to 9 mg/kg. A randomized, placebo-controlled, single ascending dose Phase 1 study in MS patients is planned for late 2012.

Introduction

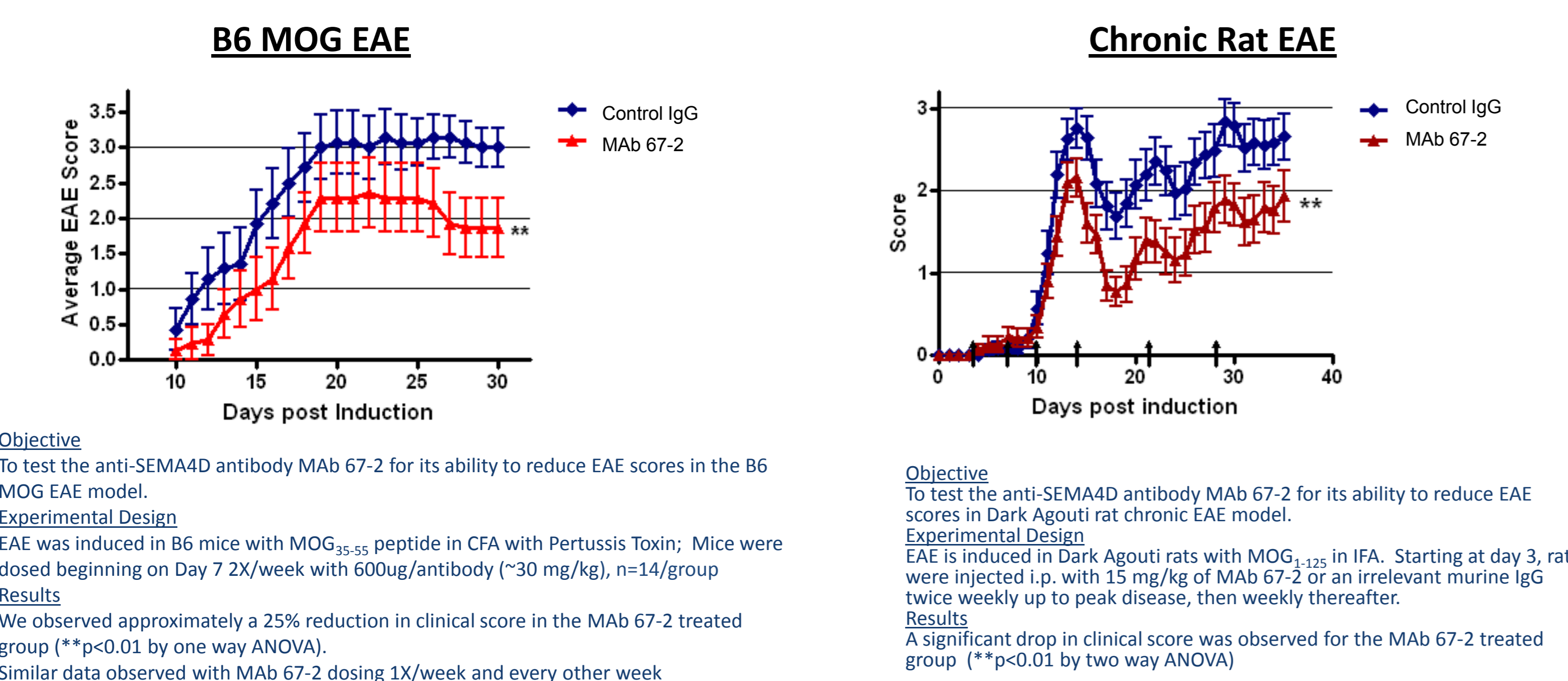
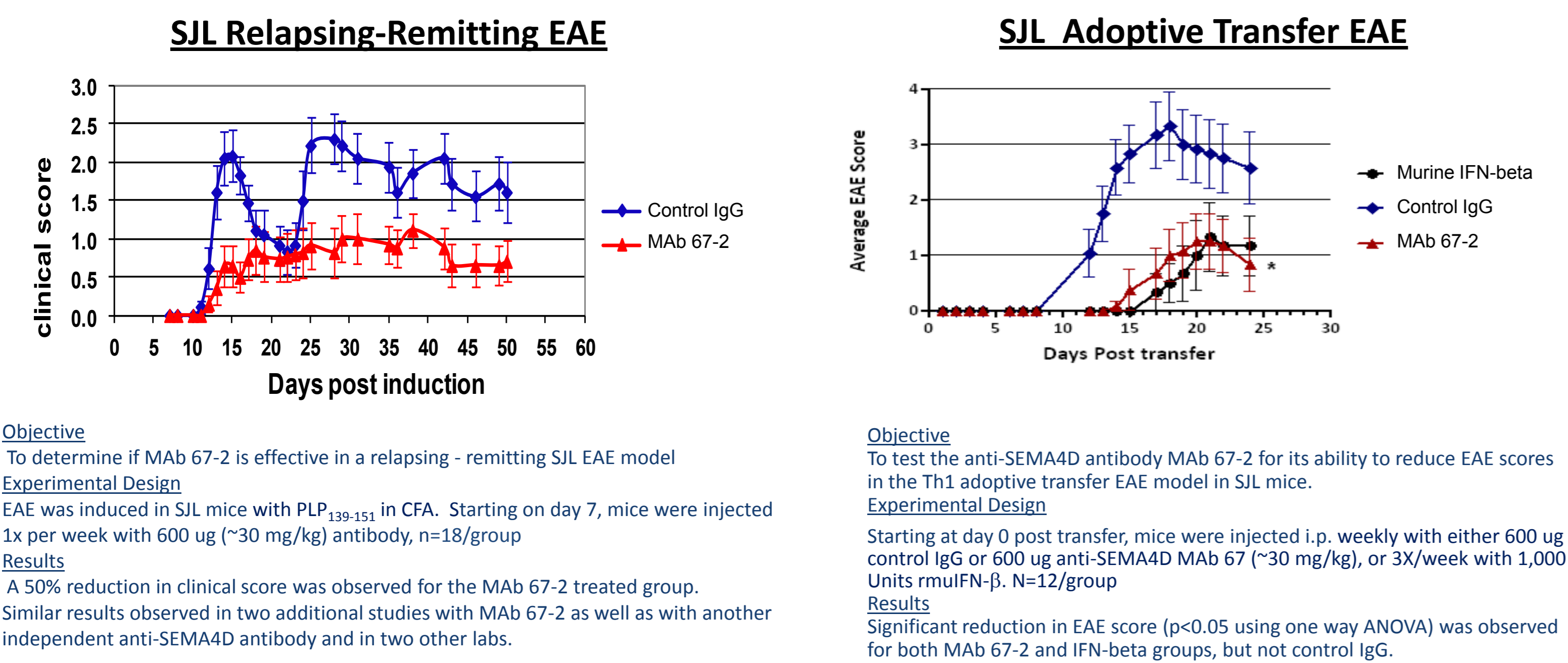
- SEMA4D has a high affinity (1nM) PLXNB1 Receptor and a low affinity (300 nM) CD72 Receptor
- SEMA4D is expressed abundantly on the surface of resting T cells and less strongly on B cells and APCs, and is upregulated and secreted as a biologically active soluble form upon cell activation
- SEMA4D signaling through CD72
 - activates B lymphocytes and induces dendritic cell maturation for antigen presentation to T lymphocytes
- SEMA4D signaling through Plexin-B1
 - activates endothelial cells
 - activates neuroinflammatory microglial cells
 - induces apoptosis of oligodendrocyte precursor cells
 - induces oligodendrocyte process collapse
 - inhibits neurite extension and axonal regeneration
- SEMA4D^{-/-} mice do not develop EAE in response to immunization with myelin peptide
- Therapeutic Rationale: Neutralization of SEMA4D using a monoclonal antibody could inhibit Multiple Sclerosis progression by several mechanisms
 - reduce relapse rate by reducing neuroinflammation and secondary immune responses to CNS antigens
 - reduce disease severity by blocking inhibition of remyelination and axonal regeneration by SEMA4D
 - maintain the integrity of the BBB, thereby reducing T cell entry into the CNS

Generation of anti-mouse SEMA4D MABs

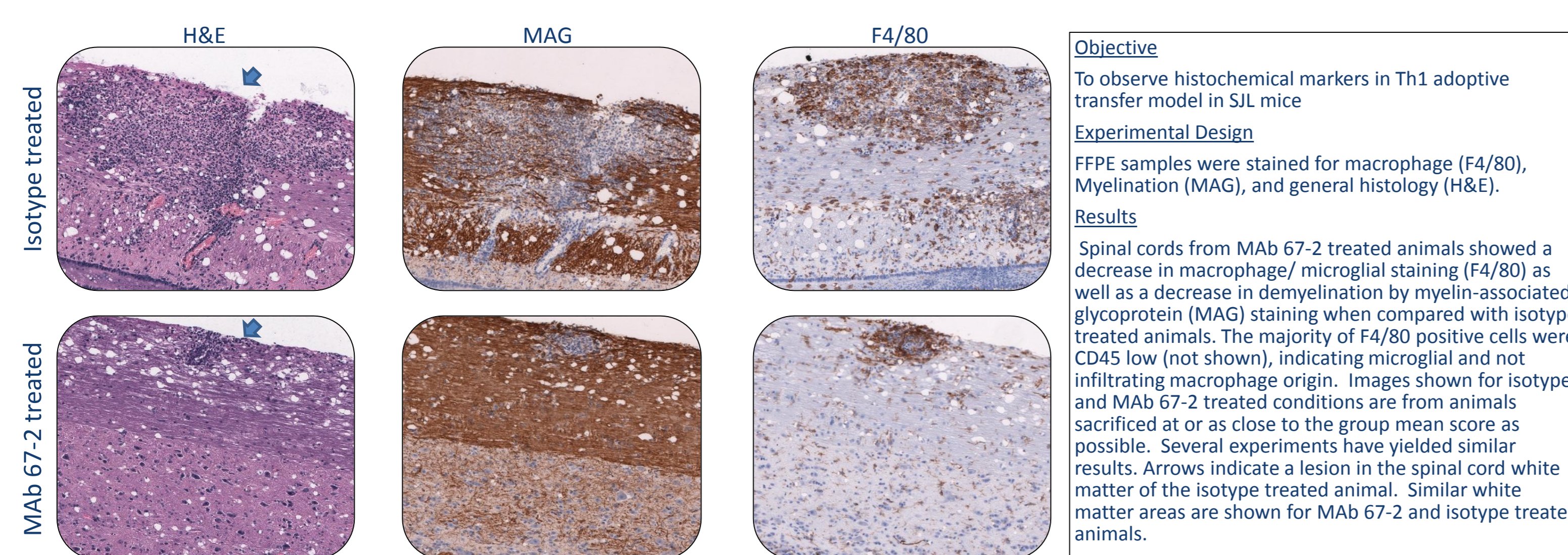


- Epitope mapping shows that the MAB 67-2 and VX15/2503 share the same epitope
- Affinity of MAB 67-2 and VX15/2503 is approximately 5 nM as measured via Biacore on recombinant SEMA4D and 0.5 nM on native cell-bound SEMA4D by flow cytometry. It is possible that conformational changes in the recombinant protein account for the difference.

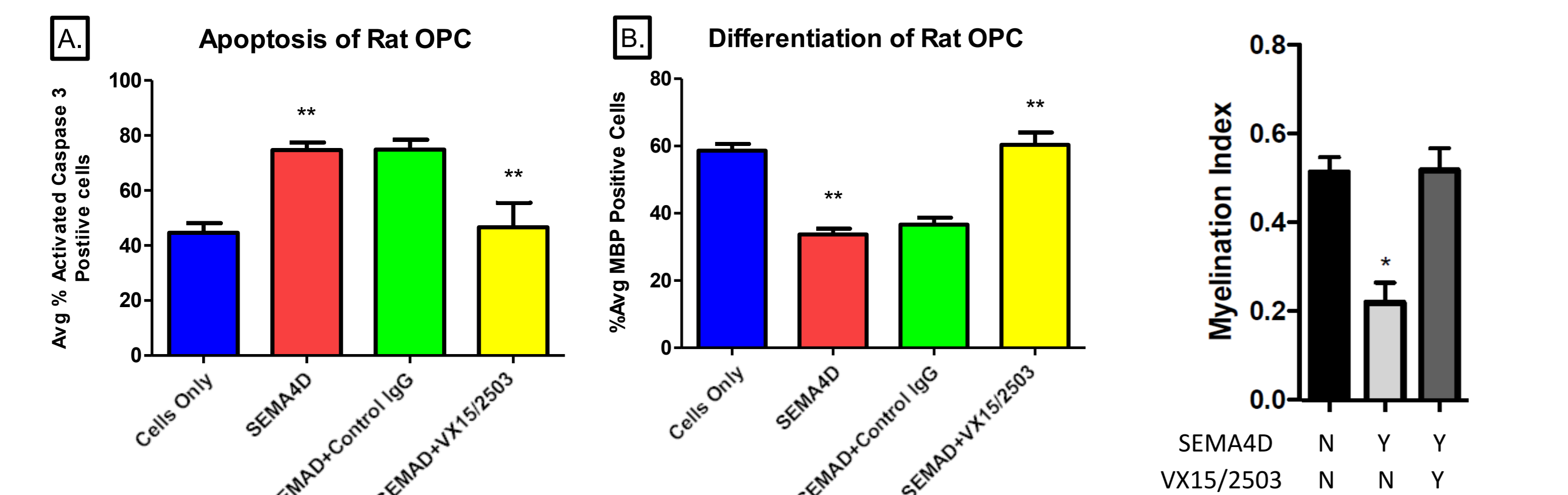
MAB 67-2 Reduces EAE clinical scores



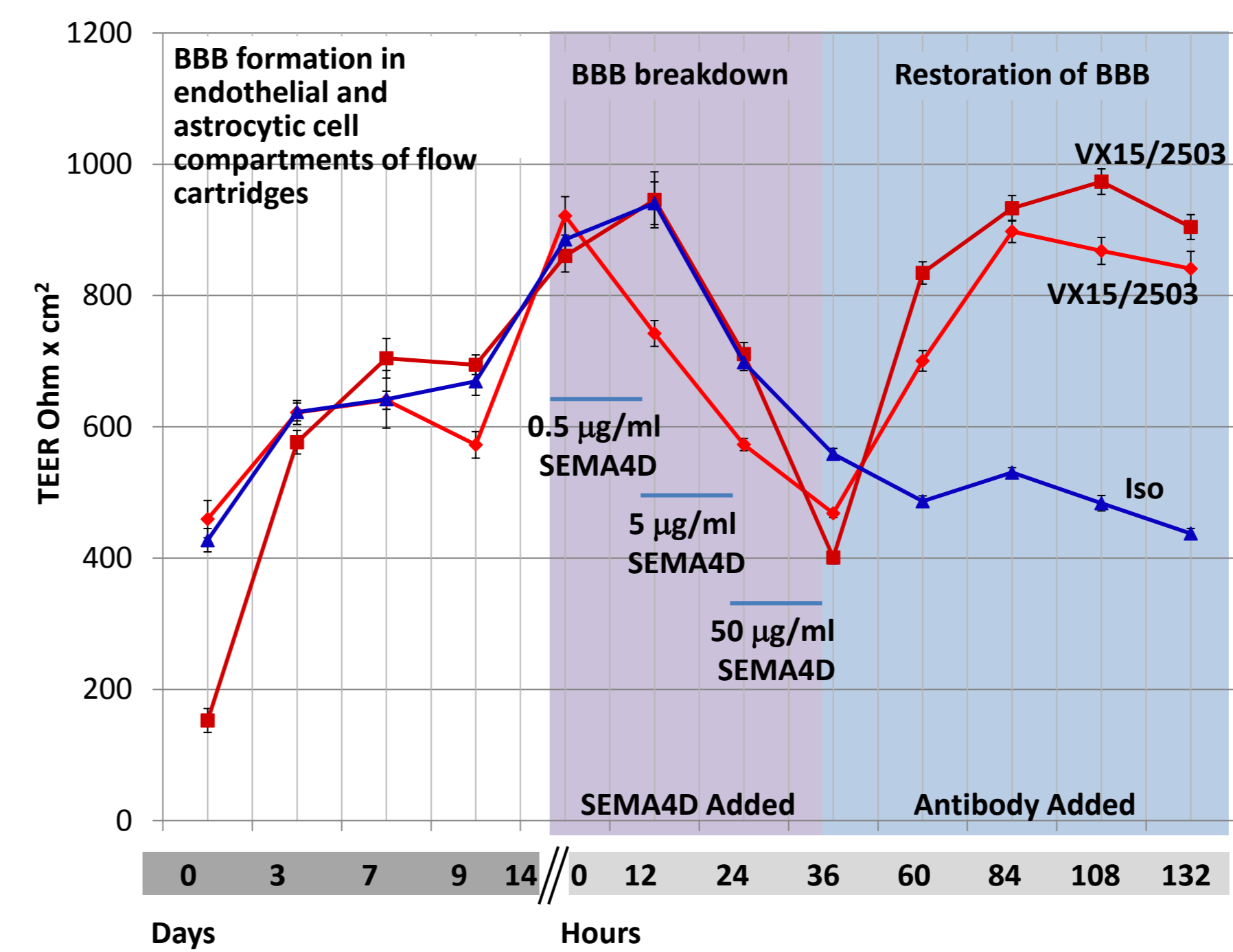
MAB 67-2 protects against demyelination and microglial activation in EAE



VX15/2503 blocks SEMA4D-induced OPC Toxicity



VX15/2503 Restores SEMA4D-induced breakdown of the BBB

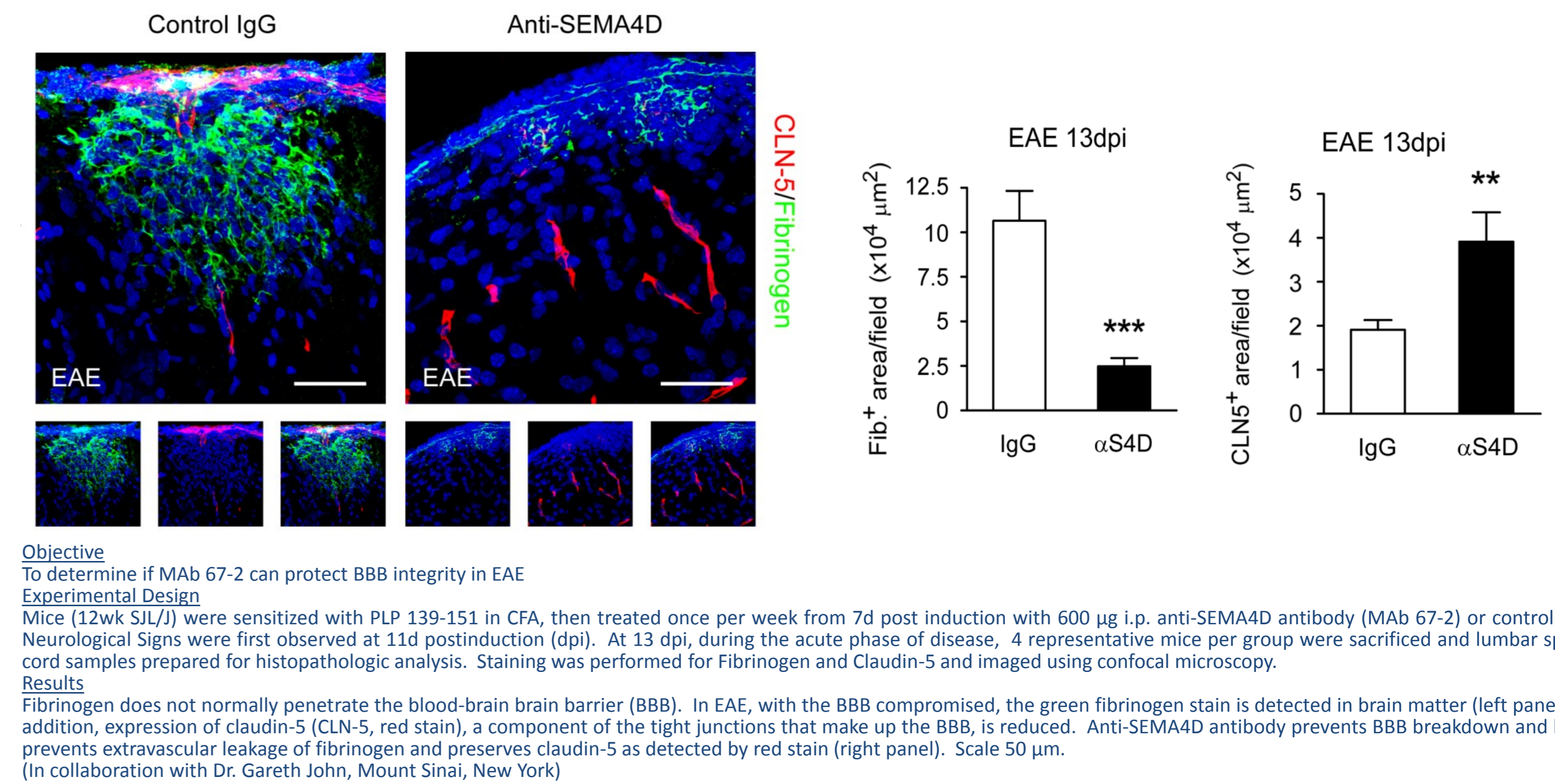


Objective
To determine if SEMA4D is capable of disrupting a synthetic blood-brain barrier, and to determine if VX15/2503 is capable of restoring the integrity of the barrier.

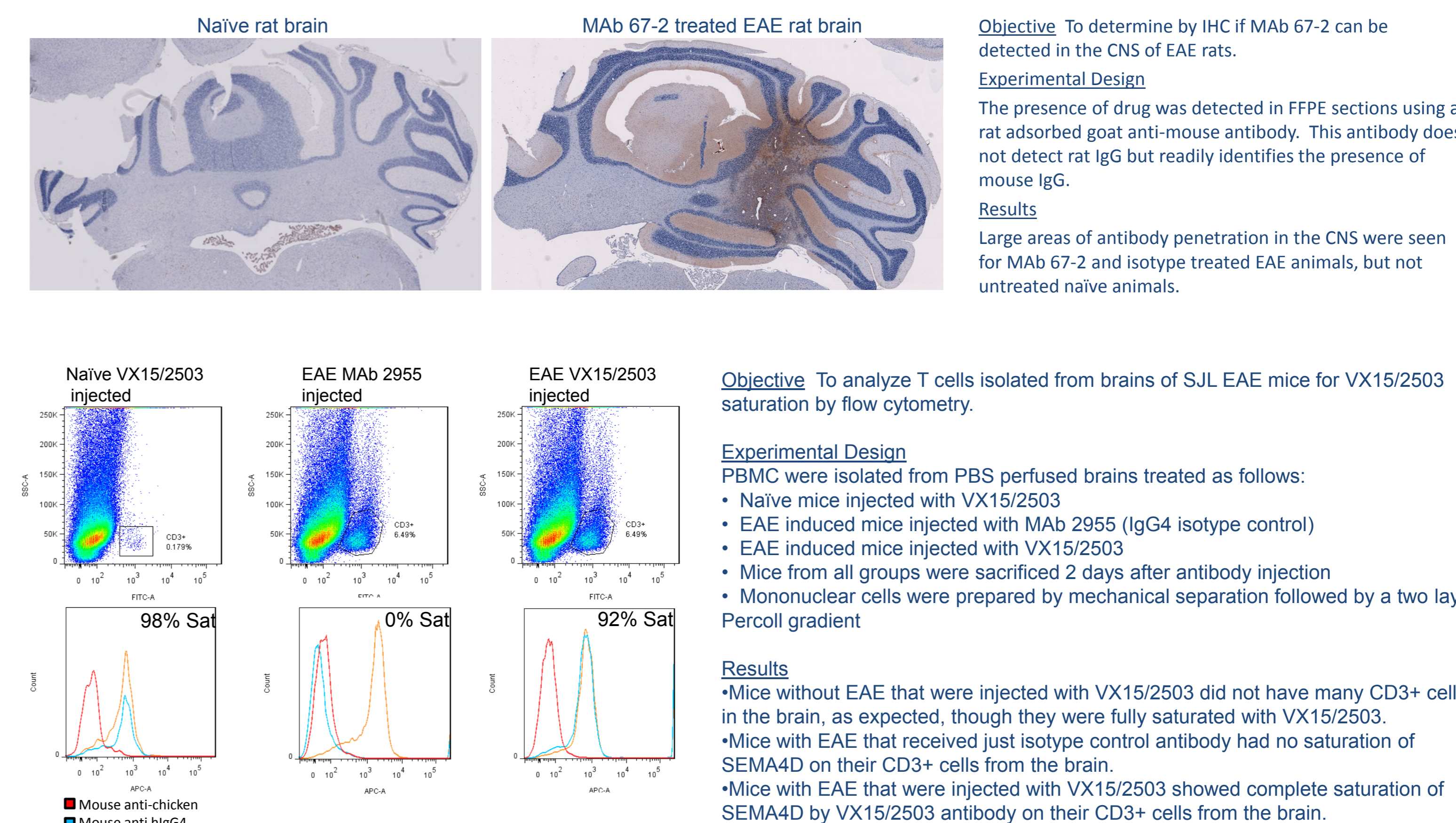
Experimental Design
A DIV-BBB (dynamic *in vitro* blood-brain barrier) was allowed to form over two weeks culture of endothelial cells and astrocytes in hollow fiber cartridge. Once stable, increasing concentrations of SEMA4D were added at 12-hour intervals. Transendothelial electrical resistance (TEER) was measured to monitor the integrity of the BBB at each time point. VX15/2503 or isotype control antibody were then added to neutralize SEMA4D and determine effect on BBB.

Results
The addition of SEMA4D resulted in the breakdown of BBB integrity as measured by TEER. The addition of VX15/2503 resulted in the restoration of the BBB in presence of SEMA4D. Isotype control was not able to restore BBB integrity.
(In collaboration with Dr. Damir Janjig, Cleveland Clinic)

MAB 67-2 Protects Integrity of Blood-Brain Barrier in EAE

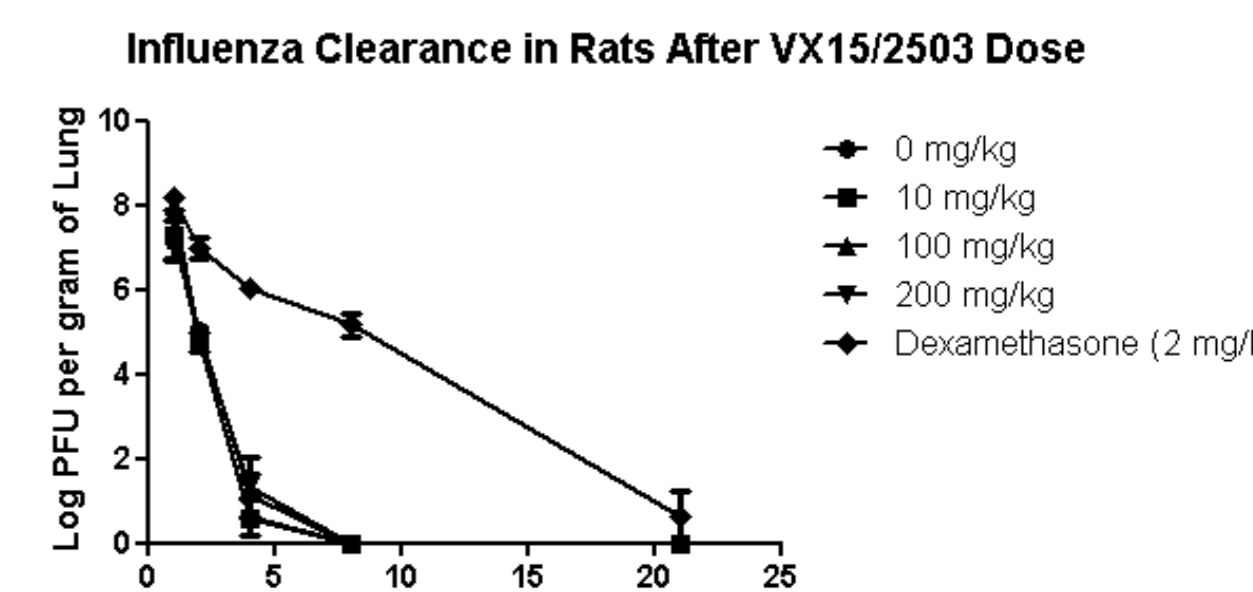
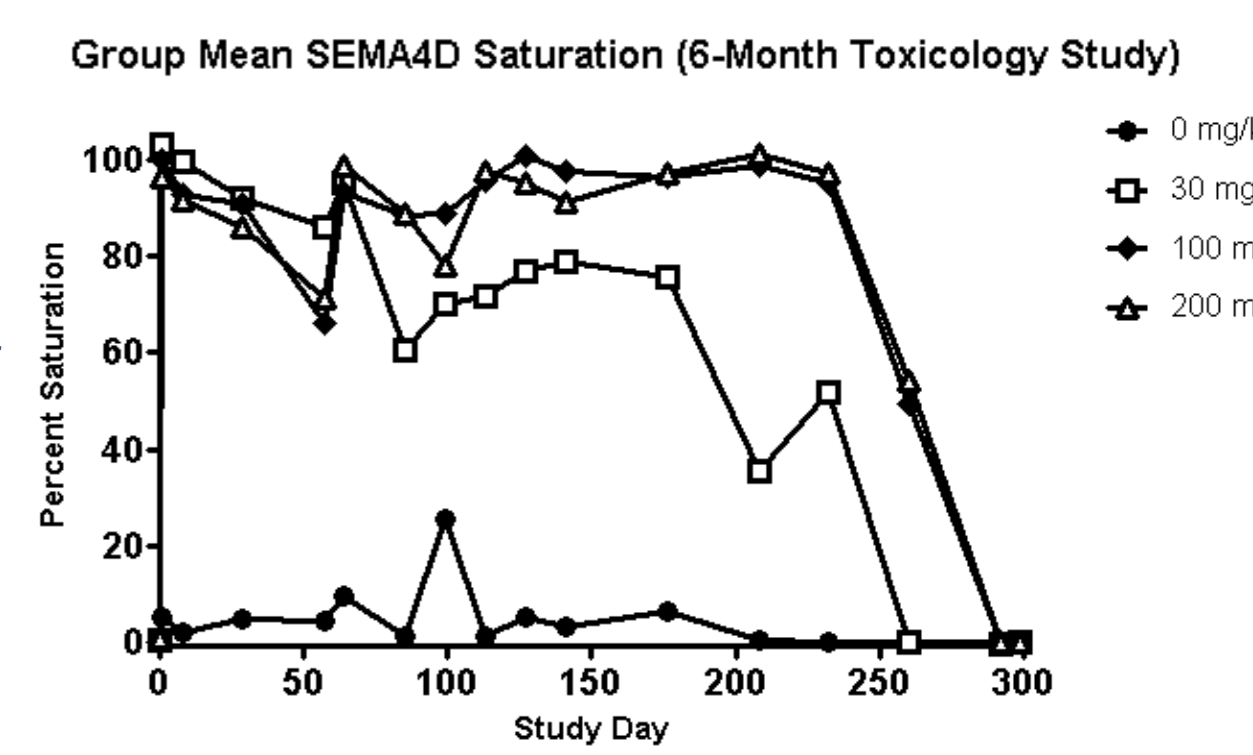


MAB 67-2 and VX15/2503 are capable of penetrating the CNS



Development of an anti-SEMA4D Humanized MAB

- VX15/2503 is a high affinity humanized antibody that was derived from the mouse MAB 67-2 antibody. It has been shown to block the functional activity of SEMA4D in a variety of *in vitro* assays.
- A stable CHO-S cell line expressing VX15/2503 was constructed and characterized; a master cell bank was similarly produced and characterized prior to manufacture of antibody for use in clinical studies.
- Non-clinical Toxicology Studies**
 - Subchronic Toxicology**
 - Rat and cynomolgus macaques were dosed during one month repeat dose GLP toxicology studies up to 100 mg/kg/dose
 - Chronic Dose Toxicology**
 - A GLP six month toxicology study employed 26 weekly iv doses of VX15/2503 at 0, 30, 100, or 200 mg/kg/dose in rats.
 - A similar six month toxicology study in cynomolgus macaques is ongoing
- Non-clinical Toxicology Summary**
 - No observed adverse effect level (NOAEL) has been designated as the high dose in each completed study
 - All animals displayed dose dependent PK in all studies and were exposed to significant drug levels
 - Saturation results appear to be dose dependent and remarkably similar between species
- Immunotoxicology**
 - An influenza host resistance model was performed in rats
 - VX15/2503 was dosed at 0, 10, 100, or 200 mg/kg/dose prior to influenza delivery, dexamethasone was used as a positive control
 - VX15/2503 did not alter the ability of rats to clear influenza virus at any dose level, dexamethasone significantly delayed viral clearance
- Clinical**
 - Phase I, non randomized, open label, dose-escalation study to evaluate the safety, tolerability, pharmacokinetics and pharmacodynamics of weekly intravenous infusion of VX15/2503 in adult patients with advanced solid tumors. Enrollment is continuing for this trial.
 - Phase I, multicenter, randomized, double-blind, placebo-controlled, ascending single-dose study of the safety, tolerability, and pharmacokinetics of intravenous VX15/2503 in patients with Multiple Sclerosis will begin in late 2012.



Summary

We have generated a high affinity mouse antibody, MAB 67-2, that blocks both SEMA4D-PLXNB1 and SEMA4D-CD72 interactions and significantly reduces the severity of disease in murine and rat EAE disease models.

VX15/2503, a humanized antibody derived from MAB 67-2, exhibits specificity and functional characteristics similar to the murine progenitor antibody.

Single and repeat dose intravenous infusion toxicity, PK, and PD studies with VX15/2503 in cynomolgus monkeys and in rats with a recovery phase have been completed, with no toxicity observed.

Phase I, multicenter, randomized, double-blind, placebo-controlled, ascending single-dose study of the safety, tolerability, and pharmacokinetics of intravenous VX15/2503 in patients with Multiple Sclerosis will begin in late 2012.

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