

Discovery of an isoform-specific inhibitor of TGF^β1 activation using</sup> antibody display technology

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Abhishek Datta, Thomas Schürpf, Allan D. Capili, Christopher Boston, Frank Danehy, Justin W. Jackson, Susan Lin, Christopher Littlefield, Christopher D. Chapron, Constance J. Martin, Kimberly K. Long, Kaleigh Pavlik, Ashish Kalra, Stefan Wawersik, Alan Buckler, Gregory J. Carven

Scholar Rock Inc., 620 Memorial Drive, Cambridge, MA 02139, USA

Abstract

TGF β 1 dysregulation has been implicated in the pathogenesis of a variety of diseases including fibrosis, cancer and immune dysregulation, but its tractability as a drug target has proven challenging due to toxicities and lack of selectivity over closely related family members. The TGF β 1 pro-protein is proteolytically processed into a small latent complex (SLC) consisting of the mature growth factor and the latency-associated protein, which acts as an inhibitor of receptor binding. The SLC is further assembled into a Large Latent Complex (LLC) via disulfide linkage with either matrix-associated Latent TGF β Binding Protein (LTBP) or cell type-specific transmembrane proteins GARP and LRRC33. LLCs tether latent TGF β 1 to cell surfaces or the matrix until appropriate activation events, such as integrin binding, induce release of the active growth factor from the complex. The LLC provides an opportunity to develop antibodies that can bind to the complex with exquisite selectivity and modulate TGF^{β1} activation in a tissue or disease-targeted manner with a potentially improved safety profile. We have successfully generated recombinant TGF β 1 LLC complexes and employed both phage and yeast display technologies for antibody discovery. By targeting the prodomain of TGF β 1, which shares very low sequence identity to prodomains of TGF β 2 and TGF β 3, we identified SR-AB1, a fully human monoclonal antibody that binds proTGF β 1 with exquisite selectivity. In addition, SR-AB1 is capable of binding and inhibiting the integrin mediated activation of all TGF_{β1} LLC tested *in vitro*. We have also shown SR-AB1 inhibits endogenous TGFβ1 in a number of primary cells in vitro, including dermal myofibroblasts and Treg activity in vitro. In addition, we tested the in vivo efficacy of TGF^{β1} inhibition via this novel mechanism in multiple preclinical models of tissue fibrosis. We find that SR-AB1 suppresses the induction of profibrotic genes, p-SMAD signaling and tissue fibrosis to levels similar to those achieved in pan-TGF^β antibodytreated animals. Taken together, our data show that inhibition of latent TGF^{β1} activation is efficacious in preclinical mouse models of fibrosis and has a potentially improved safety profile as compared to pan-TGF β inhibition.



Introduction

- TGFβ (TGFβ1, TGFβ2, and TGFβ3) is expressed as a pro-protein that is proteolytically cleaved intracellularly into an N-terminal prodomain and a C-terminal growth factor.
- The covalent association of the growth factor (GF) with the prodomain prevents GF from receptor binding and signaling.
- proTGFβ1 is covalently associated with presenting molecules through disulfide bonds.
- Presenting molecules provide an anchor for integrins to exert traction force on latent TGFβ1, releasing the active growth factor.
- To date, four TGF β 1-presenting molecules have been identified:
- Latent TGFβ Binding Proteins 1 & 3 (LTBP1 and LTBP3) fibrillin-like proteins that link latent TGF β 1 to the ECM.
- Glycoprotein-A Repetitions Predominant (GARP) & Leucine-Rich Repeat-Containing Protein 33 (LRRC33) - transmembrane proteins that present latent TGFβ1 on the surface of activated regulatory T cells (Tregs) and myeloid cells, respectively.
- Dysregulated TGFβ1 activation has been associated with a number of pathologies, including fibrotic diseases
- Chronic TGFβ1 activation drives myofibroblast transdifferentiation and overexpression of extracellular matrix proteins.

Mu LRRC33 proTGFβ1

0.65

<u>C. SR-AB1 Fab binding affinity to TGF β 1 LLC using</u>

Therapeutic approaches and challenges

• Multiple therapeutic approaches have been tried including antibodies or soluble ligand traps that bind and block the TGFβ growth factors, or small molecular inhibitors of the TGFβ receptor kinase ALK5.

<u>B. Equilibrium affinity measurement of SR-AB1 Fab</u>

affinity to $TGF\beta 1 LLC$ using MSD-SET assay

pan-TGFβ inhibition was found to cause dose-limiting heart valvulopathies, leading to concerns about toxicity of this therapeutic approach.

• Therapeutic approaches targeting TGFB1 specifically has been challenging because of the high homology between the three TGFB growth factor isoforms



Antibody display campaign to identify highly selective binders

