

# Future applications of recombinant human C1 esterase inhibitor (conestat alfa) in the setting of ischemia/reperfusion injury

**Michael Osthoff, M.D.**

Division of Internal Medicine, Department of Infectious Diseases, Department of Clinical Research and Biomedicine, University Hospital Basel, University Basel, Basel, Switzerland



26<sup>th</sup> October 2019



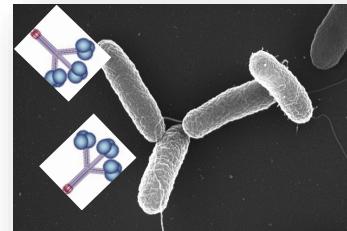
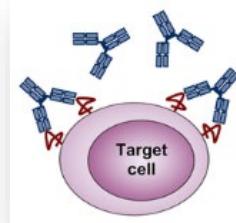
# Disclosures

- **Research grants:** Pharming Biotechnologies B.V., Fondation Machaon, University Basel
- **Travel grants:** MSD, Gilead, Pfizer, Pharming Biotechnologies B.V.
- **Lecture fee:** MSD, Mundipharma
- **Consultation fee:** Pharming Biotechnologies B.V.

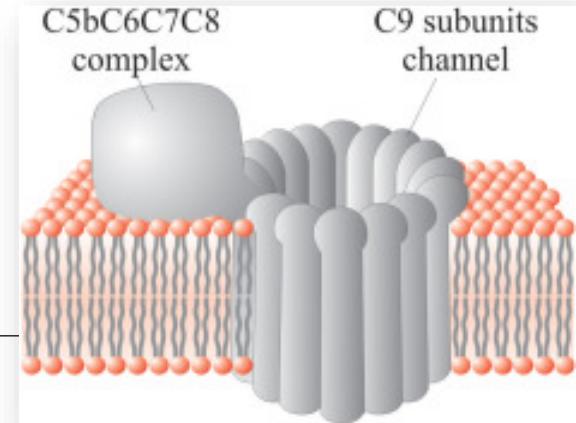
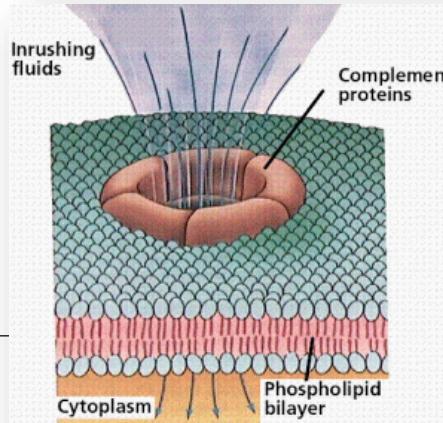
# The complement system and cascade

- Group of approximately 20 plasma proteins
- Essential part of the innate immune/defense system
- Many complement proteins are produced in the liver
- Activation

- Antibodies
- Bacteria/viruses
- Sugars on dying cells or microorganisms
- ....

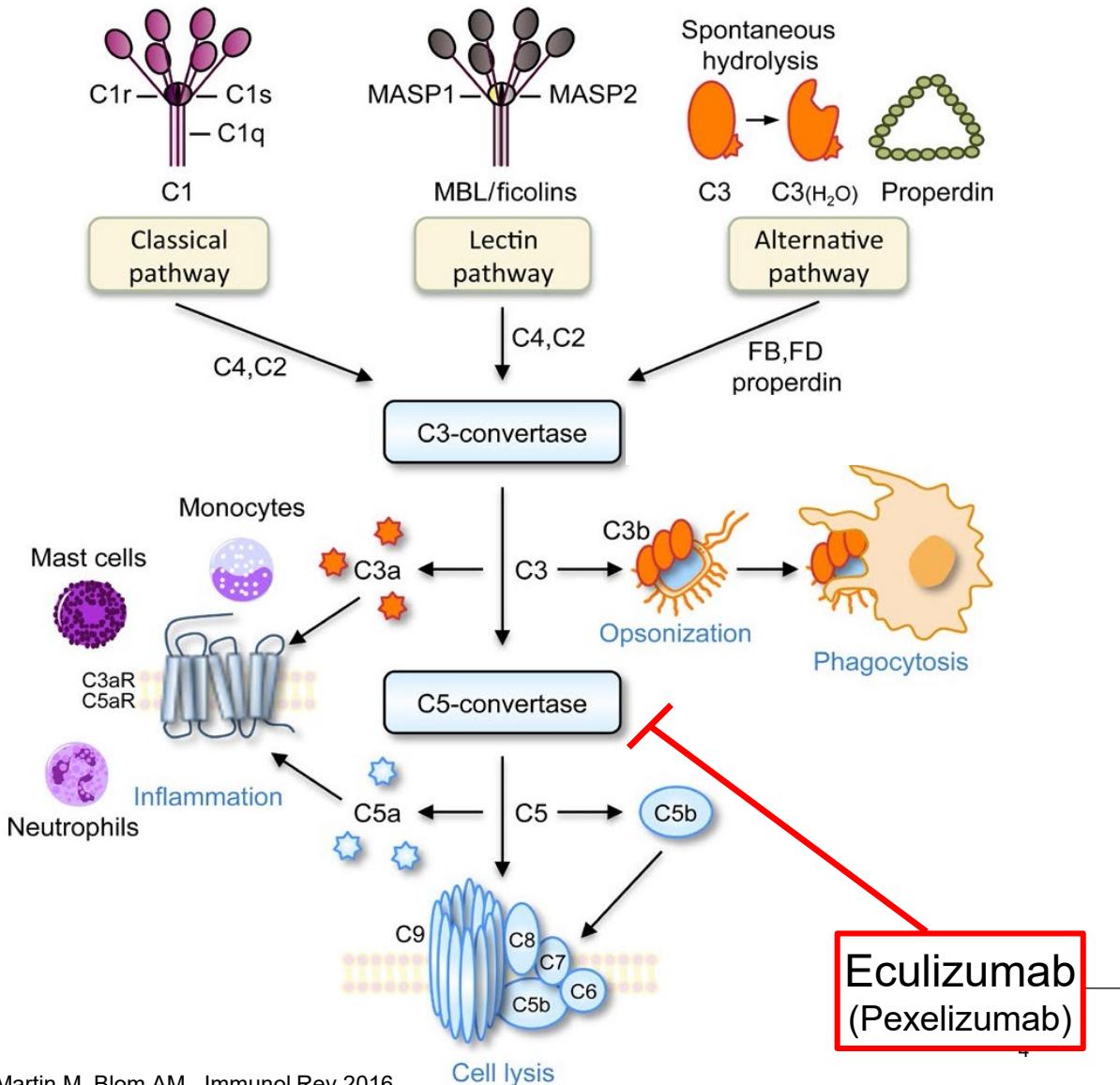


- Common terminal pathway: membrane attack complex



# The complement system and cascade

Role of complement in many diseases



## Dysregulation

PNH  
aHUS and TTP

Transplant rejection

....

## Autoimmune

Lupus nephritis  
Guillain-Barré Syndrome  
IgA nephropathy

....

## Inflammatory

Macular degeneration  
ANCA-associated vasculitis  
Atherosclerosis  
Sepsis

....

## Ischemia-reperfusion

Myocardial infarction  
Stroke

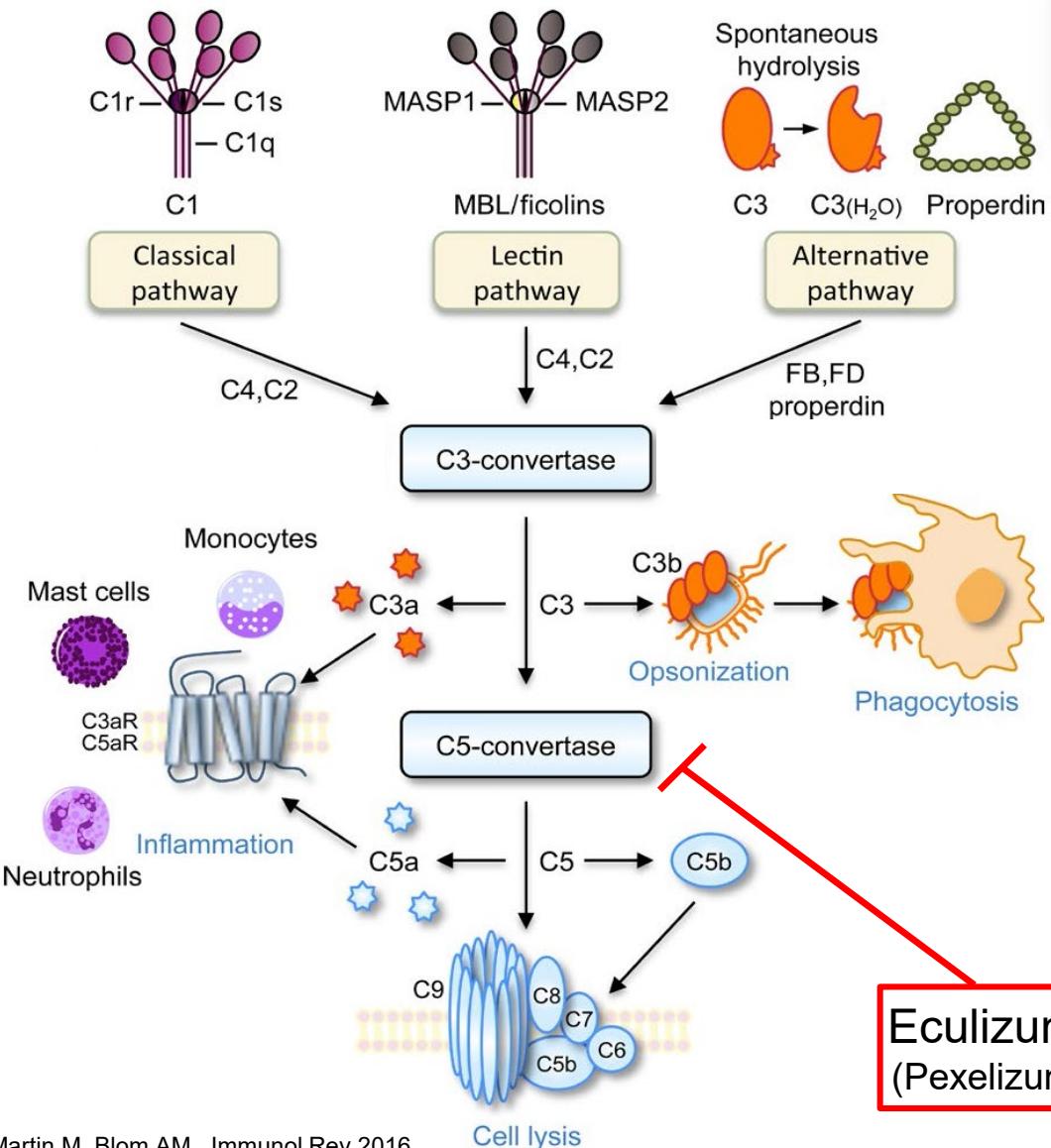
....

## Acute injuries

Trauma  
Hemodialysis

....

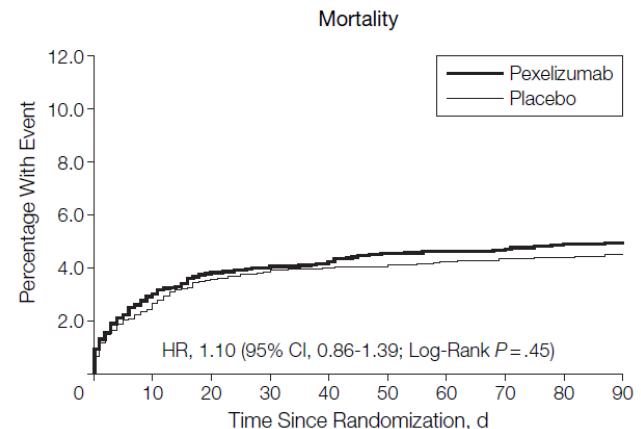
# The complement system and cascade



Alexion Provides Update On Phase 2 Clinical Trial With Eculizumab In Antibody Mediated Rejection (AMR) In Living-Donor Kidney Transplant Recipients

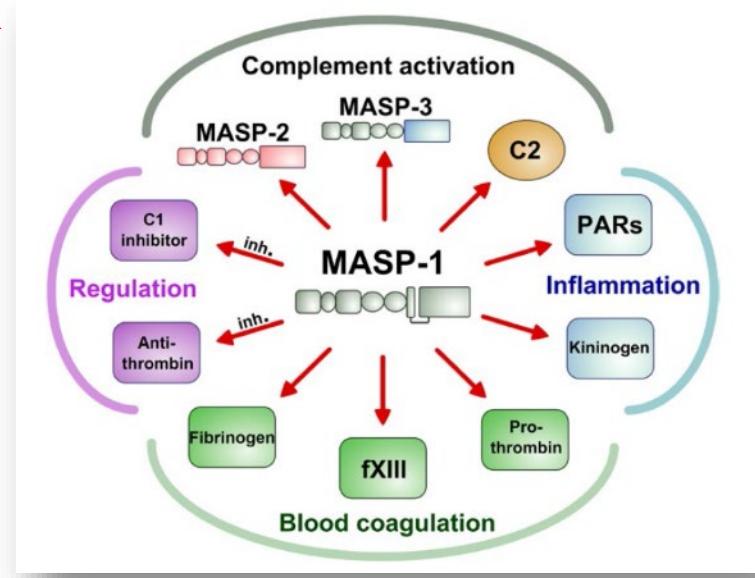
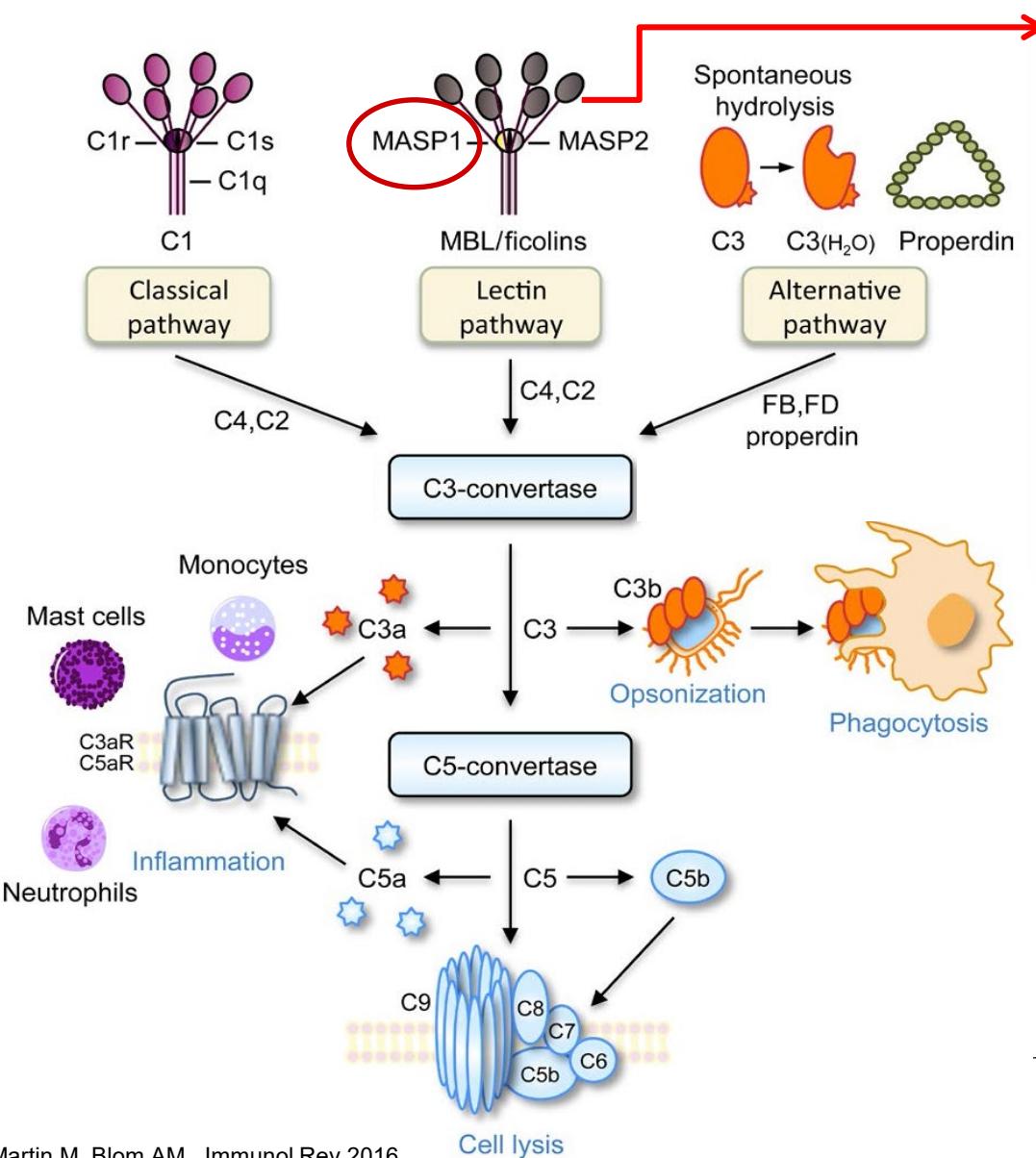
“...., we are disappointed that this trial did not meet its primary composite endpoint,”....

**ORIGINAL CONTRIBUTION**  
**Pexelizumab for Acute ST-Elevation Myocardial Infarction in Patients Undergoing Primary Percutaneous Coronary Intervention**  
A Randomized Controlled Trial



JAMA 2007

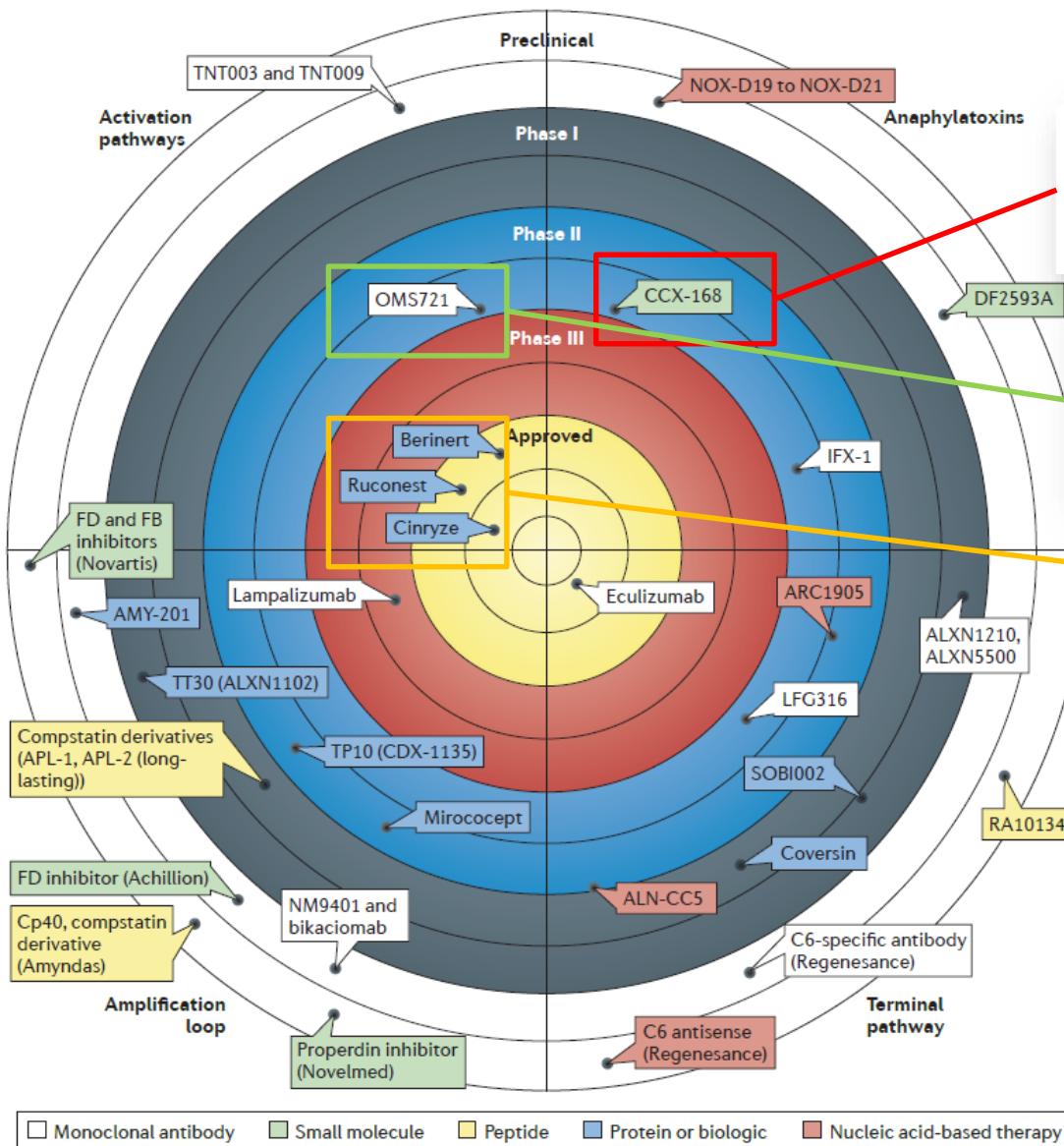
# The complement system and cascade



- Platelet activation
- Inflammation
- Vascular permeability
- Clot formation
- Complement activation

Dobo J et al., Immunol Rev 2016

# The complement system – a hot topic



JASN JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY

## Randomized Trial of C5a Receptor Inhibitor Avacopan in ANCA-Associated Vasculitis

FP201

### INTERIM RESULTS FROM AN ONGOING PHASE 2 STUDY EVALUATING THE USE OF A MASP-2 INHIBITOR FOR THE TREATMENT OF IGA NEPHROPATHY (IGAN)

Jonathan Barratt<sup>1</sup>, Eckhard Leifke<sup>2</sup>, Steve Whitaker<sup>2</sup>, Louis DeTulleo<sup>2</sup>, Richard Lafayette<sup>3</sup>

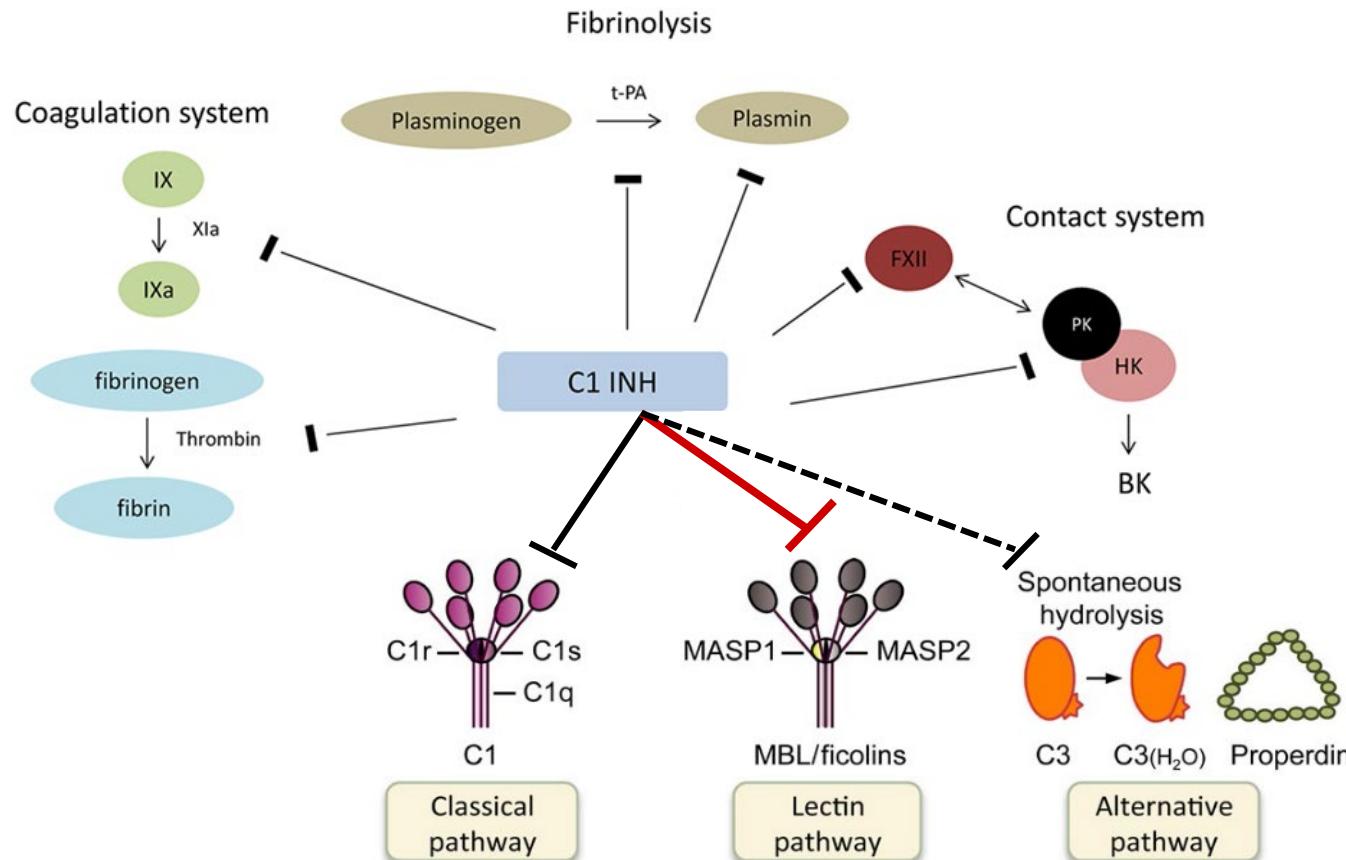
ERA-EDTA 2019

## C1 esterase inhibitor (C1INH)

- Licensed for replacement therapy in patients with C1INH deficiency (hereditary angioedema)

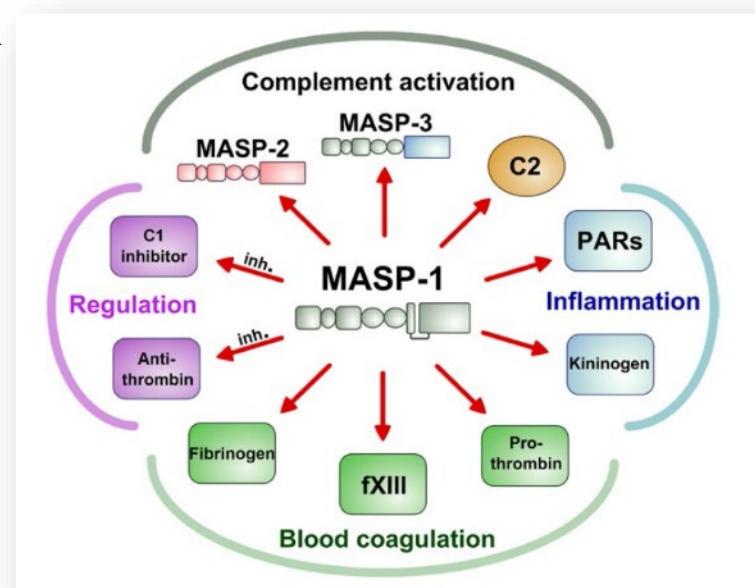
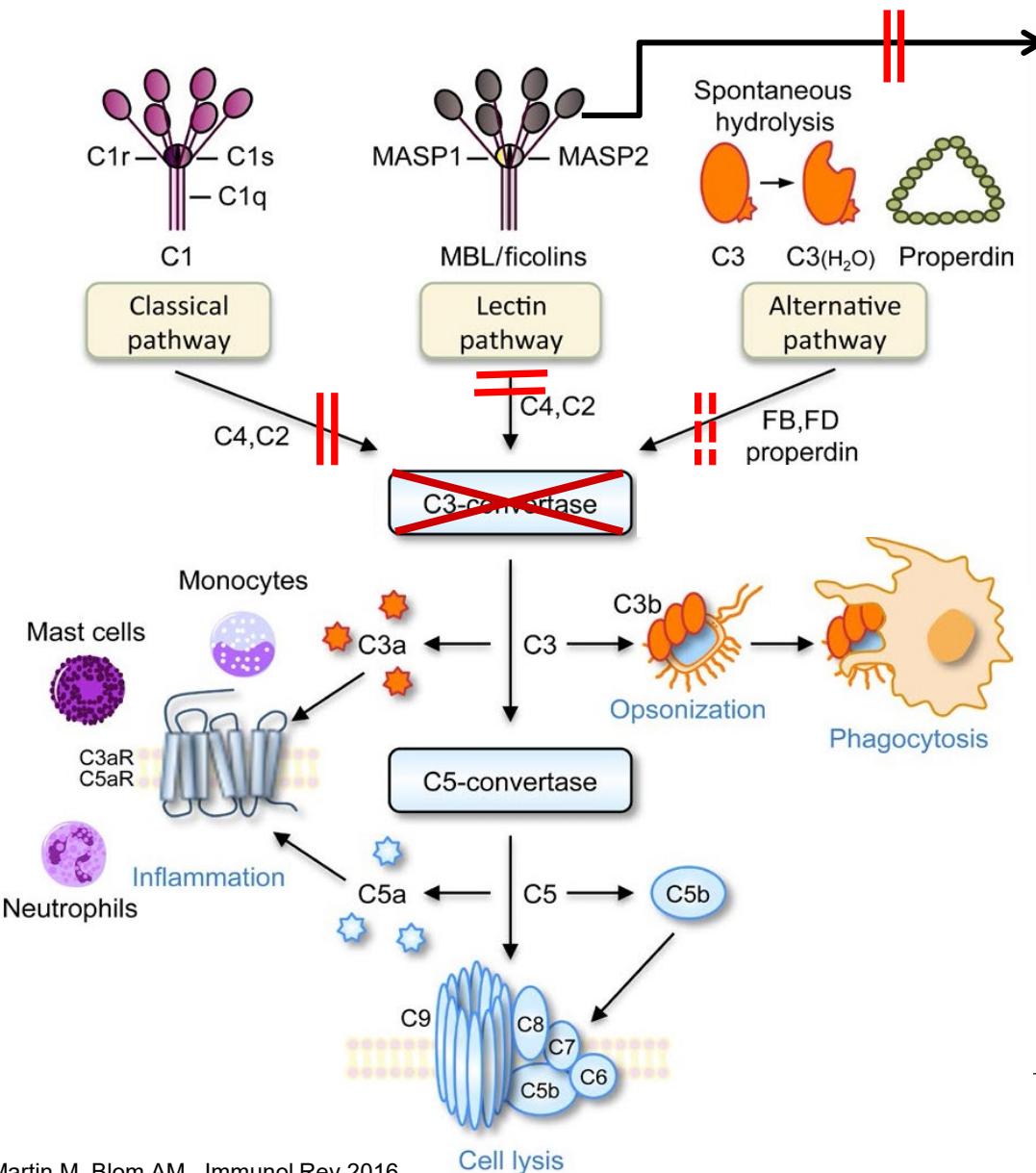
# C1 esterase inhibitor (C1INH)

- Human plasma protein – ***multiple-action-multiple-target inhibitor***  
(complement, coagulation and contact (kinin) system, fibrinolysis)



Panagiotou A, Frontiers Immunol 2018

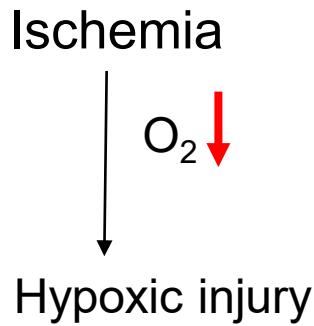
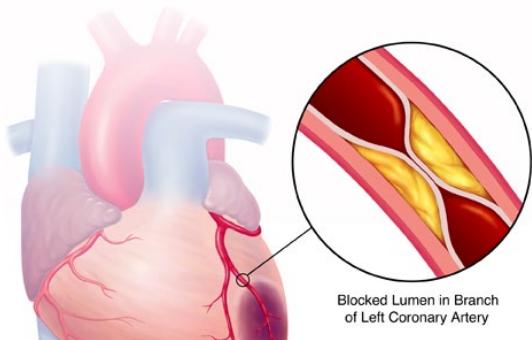
# C1INH is a potent MASP-1/-2 inhibitor



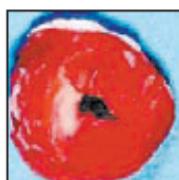
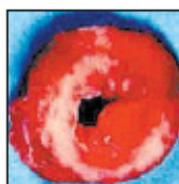
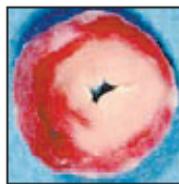
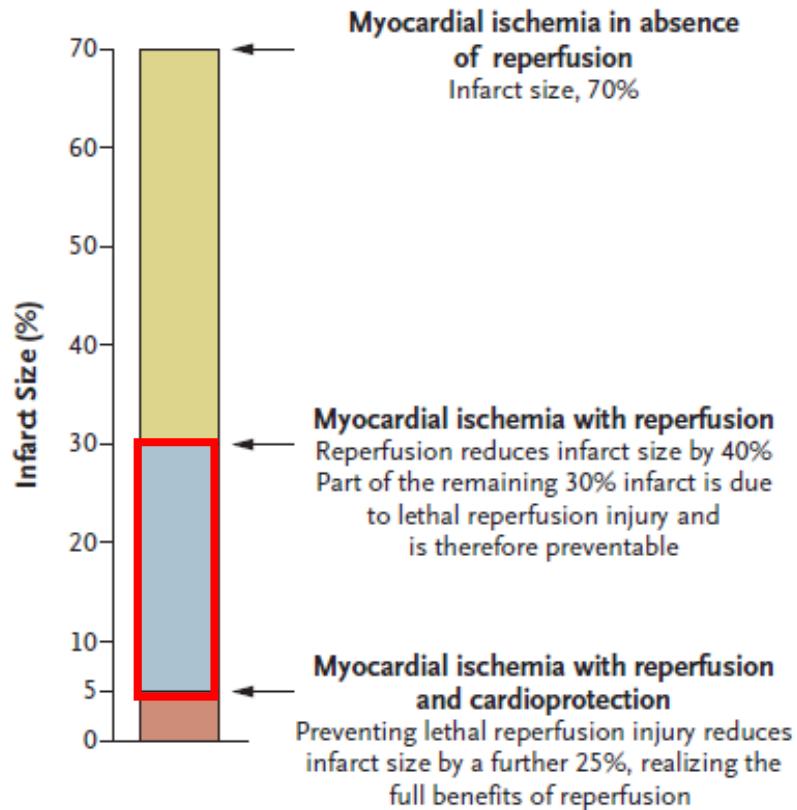
- ~~- Platelet activation
  - Inflammation
  - Vascular permeability
  - Clot formation
  - Complement activation~~

Dobo J et al., Immunol Rev 2016

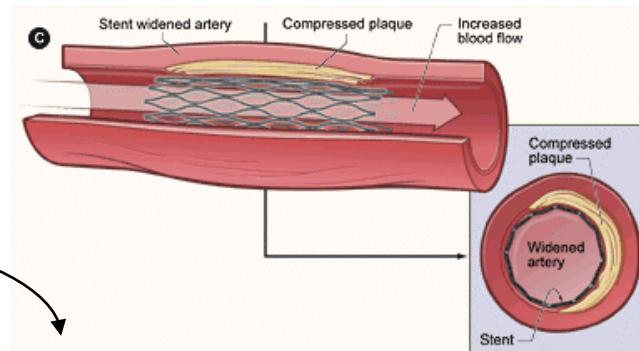
# Ischemia/reperfusion injury (IRI)



[www.msdmanuals.com](http://www.msdmanuals.com)



Reperfusion: spontaneous, angioplasty, thrombolysis



Reperfusion injury

Tissue damage

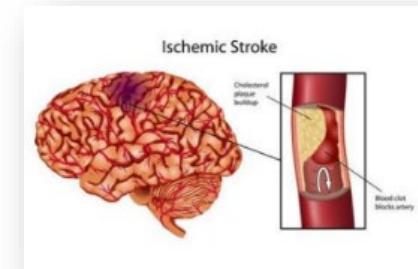
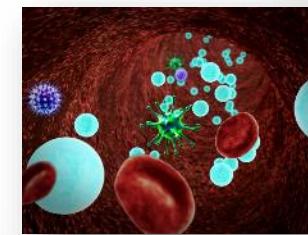
10

Yellon DM, NEJM. 2007

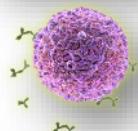
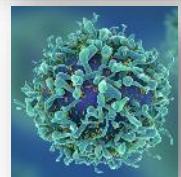
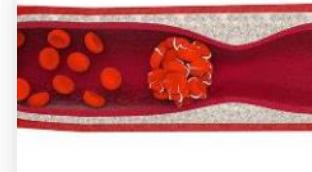
# Examples of IRI

## IRI injury is a feature of many diseases

- Thromboembolic diseases (stroke, myocardial infarction)
- Major (cardiac) surgery
- Sepsis (DIC)
- Autoimmune diseases
- Transplantation
- Trauma / major bleeding
- .....



# Mechanisms of IRI



Inflammation

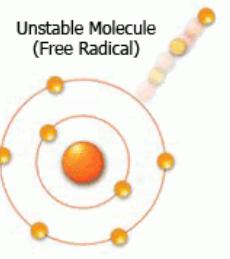
Macrophages

T cells

B-cells

Neutrophils

Free oxygen radicals



Coagulation system

Complement system

Cytokines

Endothelial cells

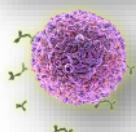
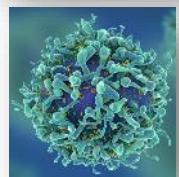
Kinin system



Tissue damage  
Cell death



# Mechanisms of IRI



Inflammation

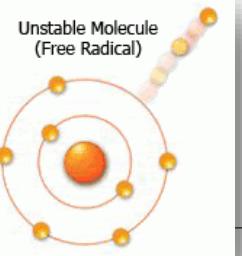
Macrophages

T cells

B-cells

Neutrophils

Free oxygen radicals



Coagulation system

Complement system

Cytokines

Endothelial cells

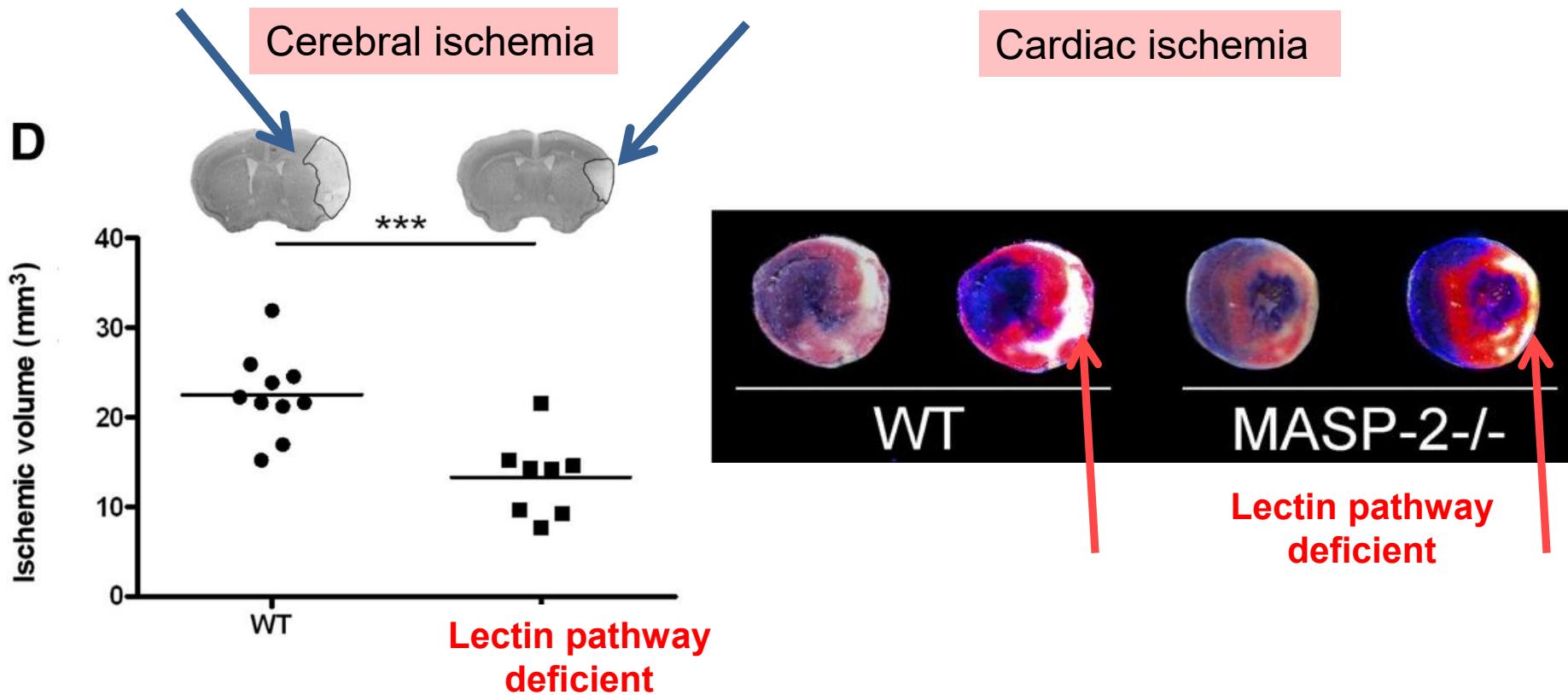
Kinin system



Tissue damage  
Cell death



# IRI and the lectin pathway of complement

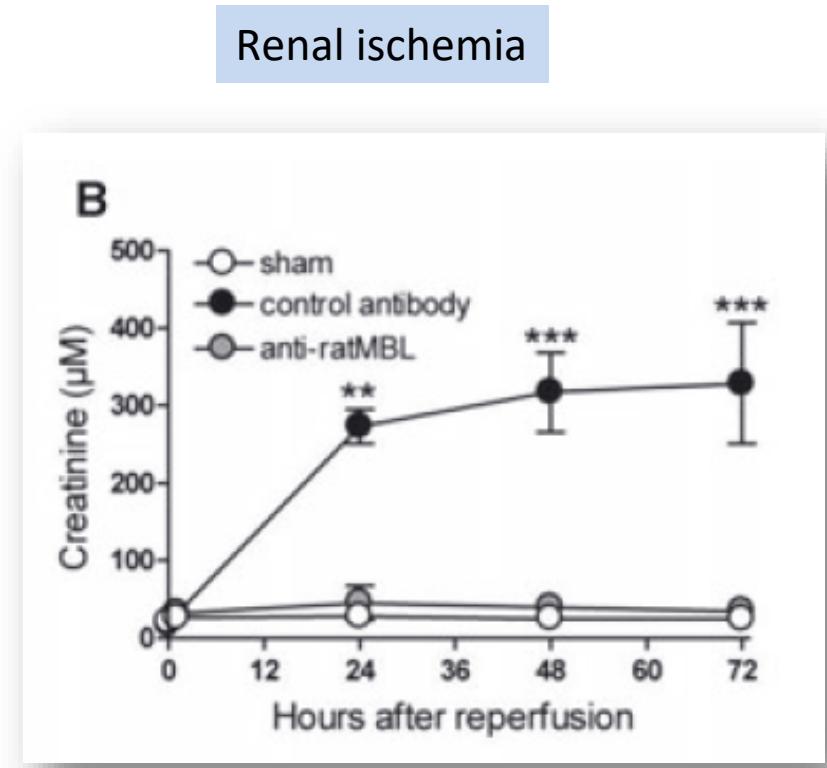
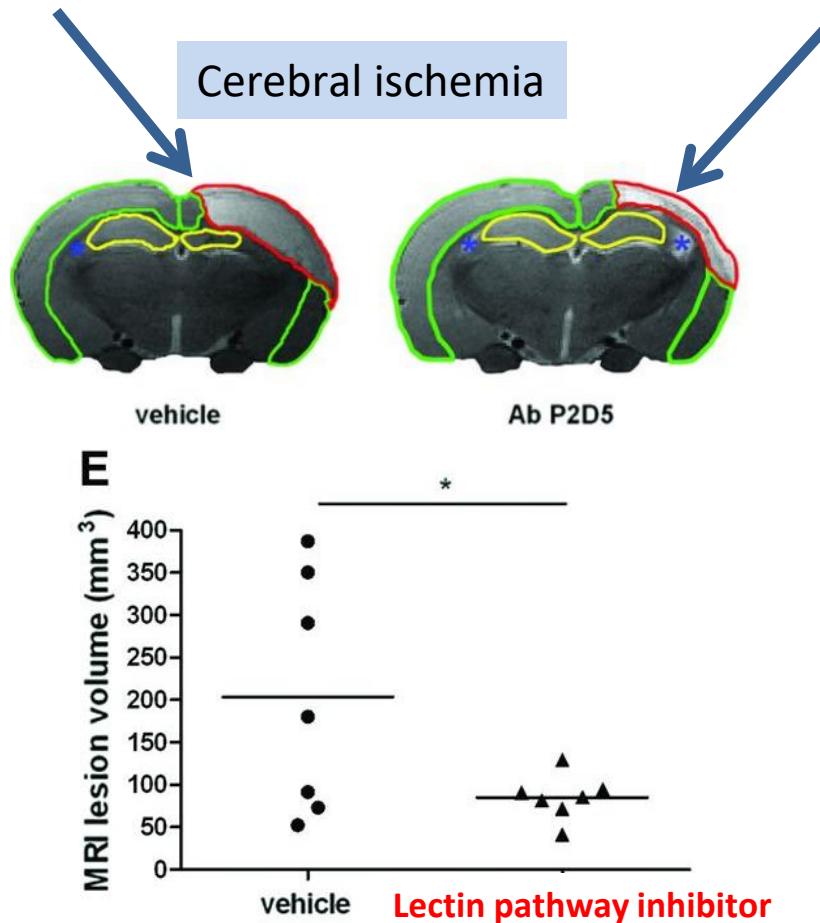


Lectin pathway deficiency **attenuates** IRI in animal models  
(cardiac, cerebral, renal, muscle, gut ischemia)

Gesuete R et al., Ann Neurol. 2009

Schwaeble WJ et al., PNAS. 2011

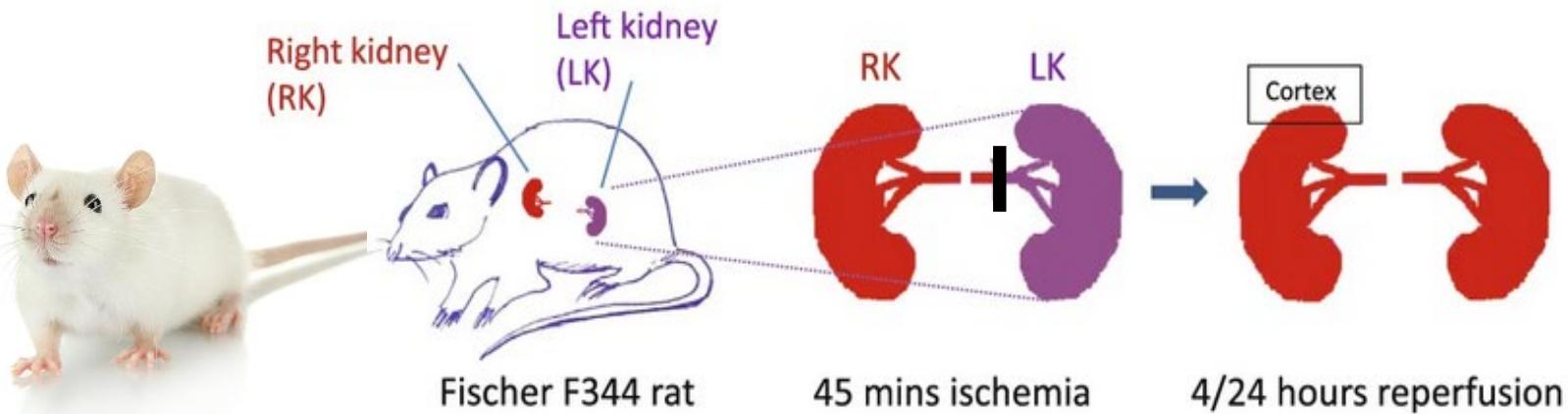
# IRI and lectin pathway inhibition



Van der Pol et al., Am J Transplant 2012  
Orsini F, Circulation 2012

**Inhibition of the lectin pathway limits ischemic damage in animal models (cerebral, renal, intestinal ischemia)**

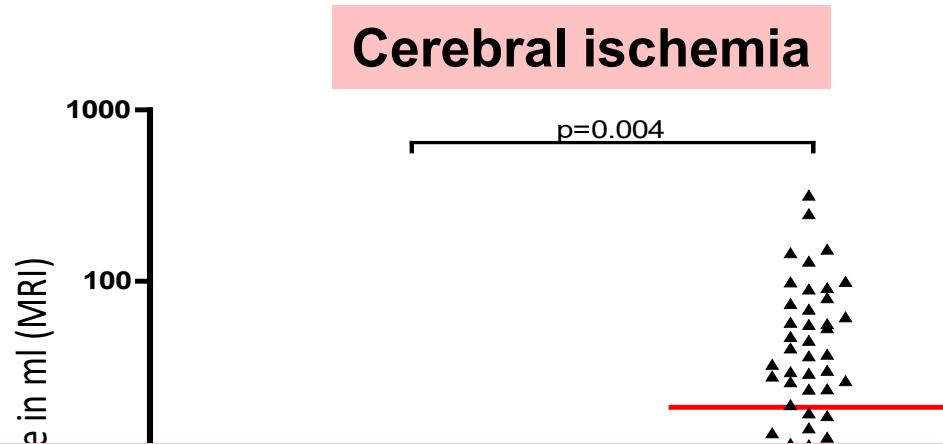
# Of mice and humans....



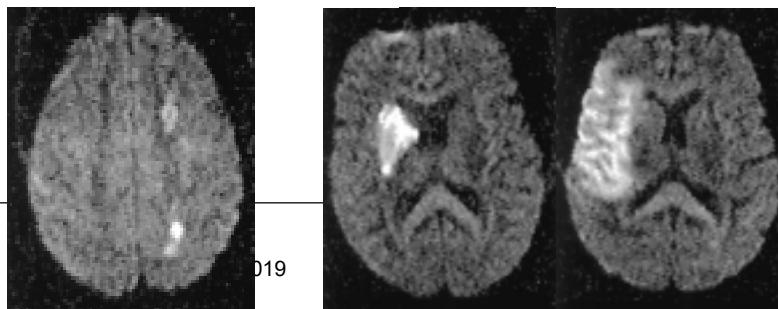
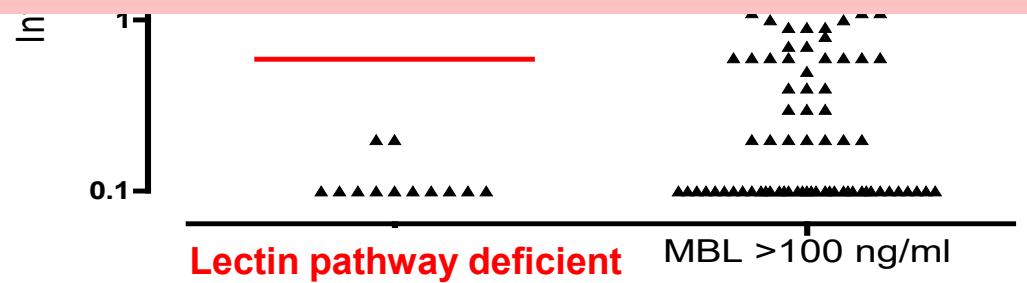
Huang H, Scientific Reports 2018



# IRI and the lectin pathway in humans



Lectin pathway deficiency seems to be associated with **less severe** IRI in humans



Osthoff M et al., PLoS One. 2011

Conestat alfa and IRI

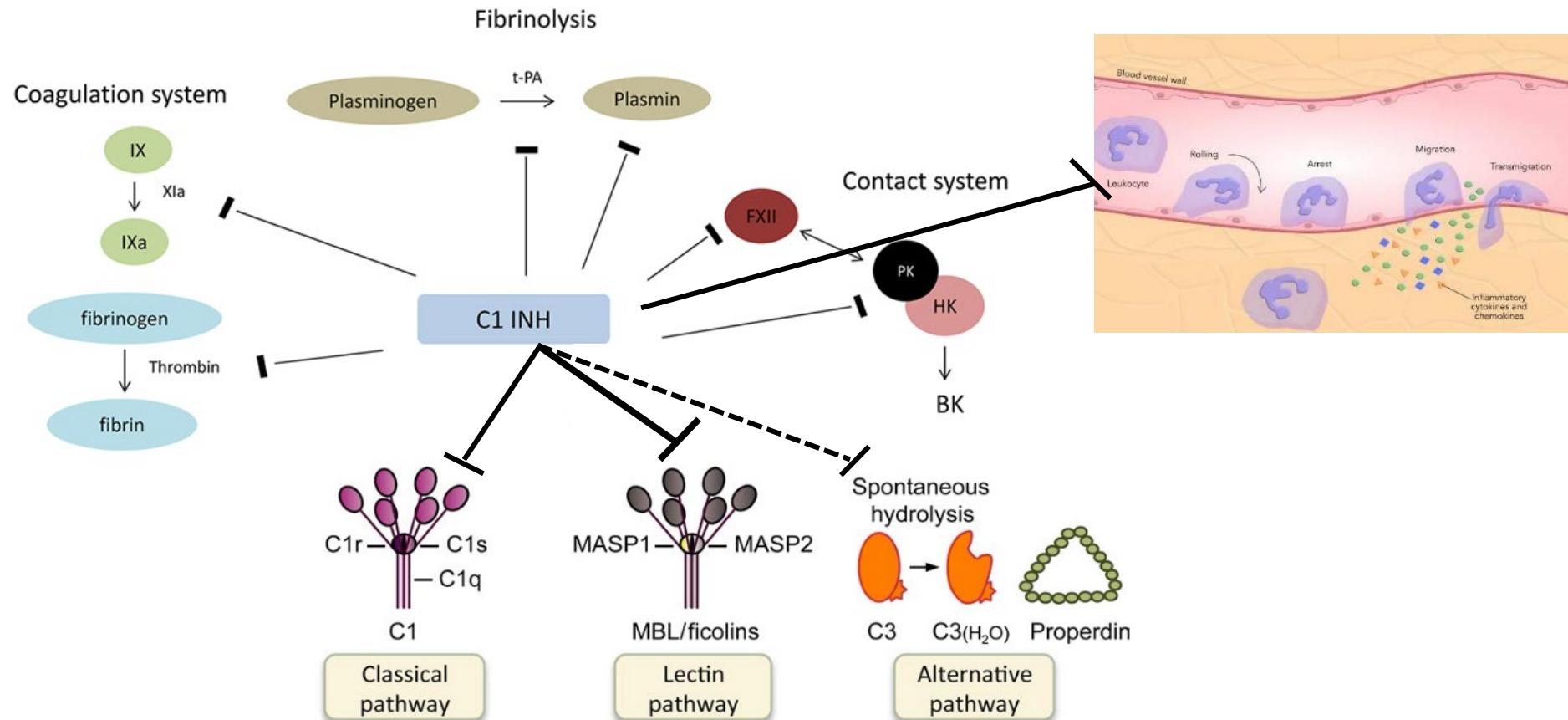
2019

# IRI is a complex phenomenon



# C1 esterase inhibitor (C1INH)

- Human plasma protein – ***multiple-action-multiple-target inhibitor***  
(complement, coagulation and contact (kinin) system, fibrinolysis)



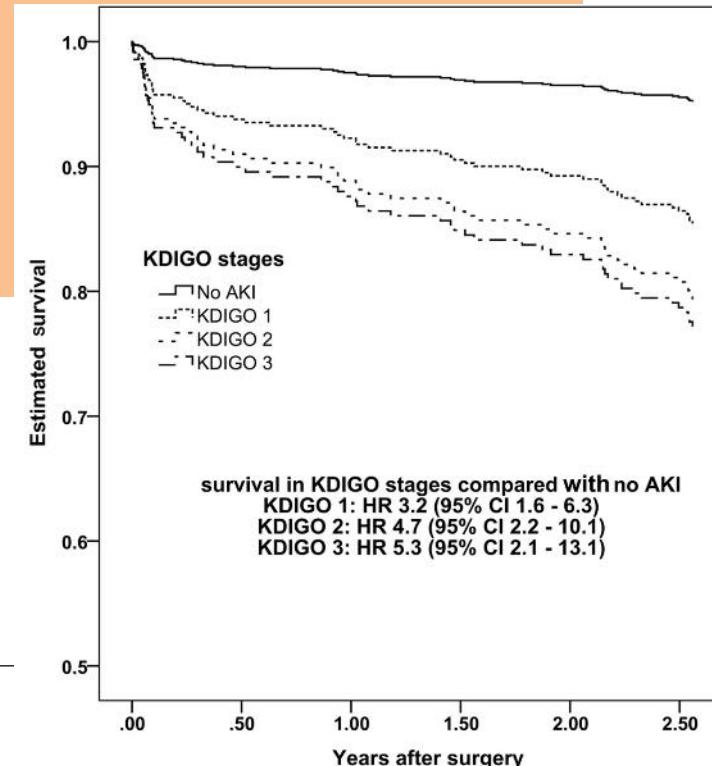
Panagiotou A, Frontiers Immunol 2018

# Future applications of rhC1INH in IRI

## Renal ischemia

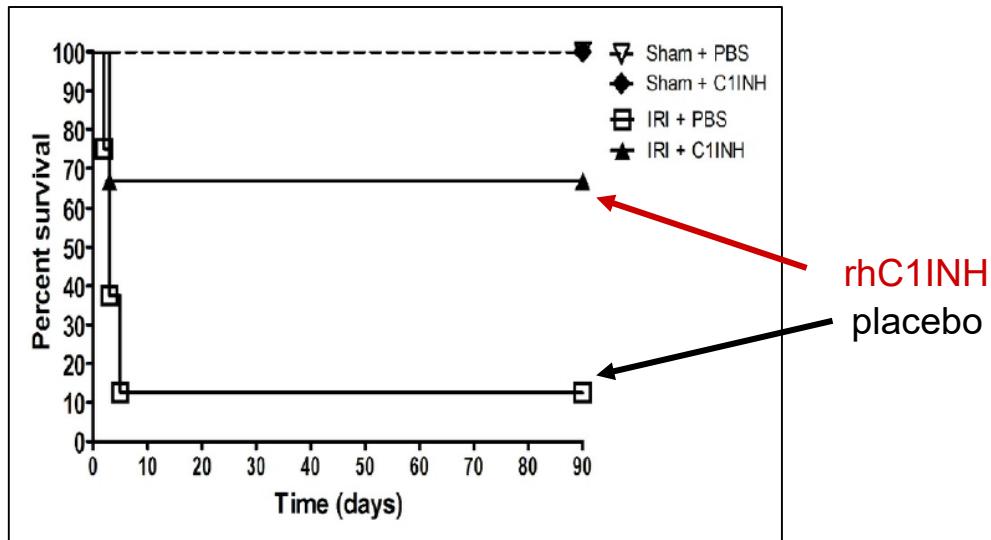


- A reduction in renal perfusion is the consequence of many diseases
  - Infections
  - Heart failure
  - Kidney transplantation
  - Trauma
  - Major surgeries
  - ....
- Associated with a worse prognosis
- Very little interventions available

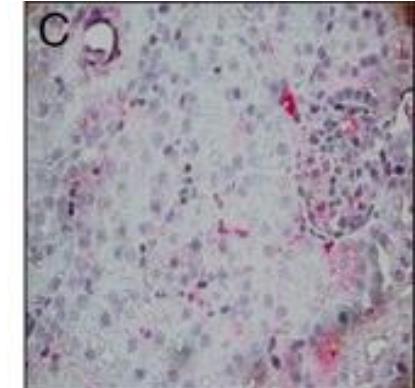
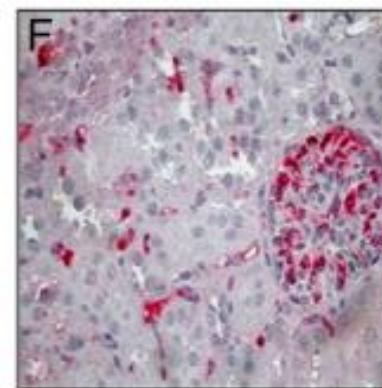


# rhC1INH as potential treatment for renal IRI

*Survival*



*Complement deposition in the kidneys*



placebo

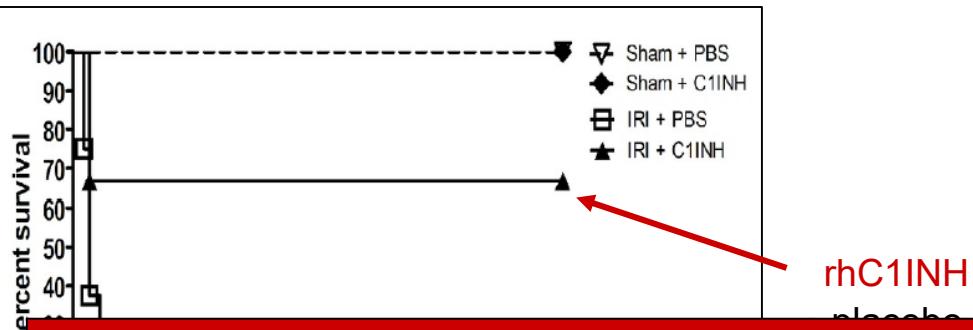
rhC1-INH



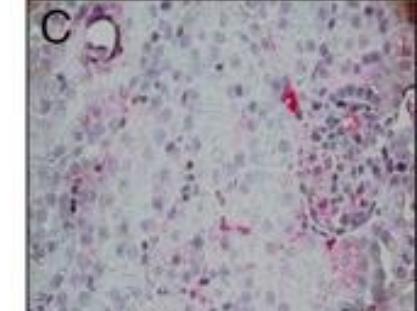
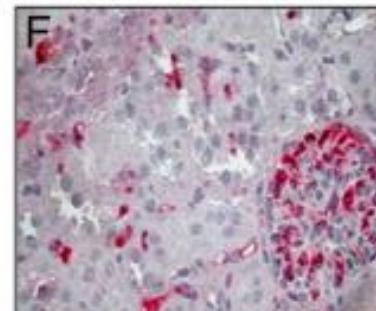
Castellano G, Am J Pathol 2010; Danobeitia JS et al., PLOS one 2017

# rhC1INH as potential treatment for renal IRI

*Survival*



*Glomerular complement deposition*



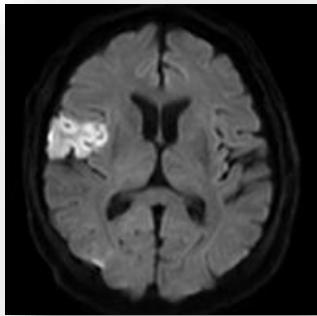
Renal transplantation  
Nephroprotection (infarct, sepsis, surgery, trauma...)



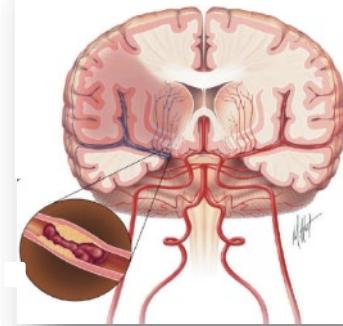
Castellano G, Am J Pathol 2010; Danobeitia JS et al., PLOS one 2017

# Future applications of rhC1INH in IRI

## Ischemic stroke



- Third leading cause of death
- Leading cause of disability in adults



### Treatment

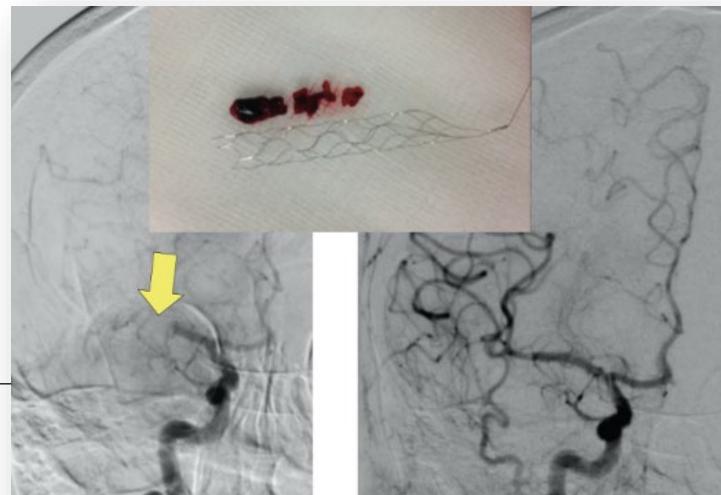
- Intravenous fibrinolysis (clot lysis)
- Conservative management (70-80%!)

**Good outcome up to 4.5 hours after onset of symptoms**

### Future treatment

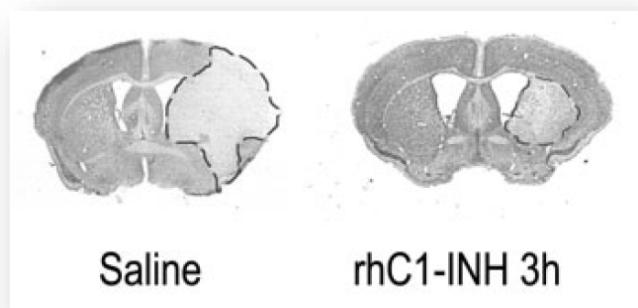
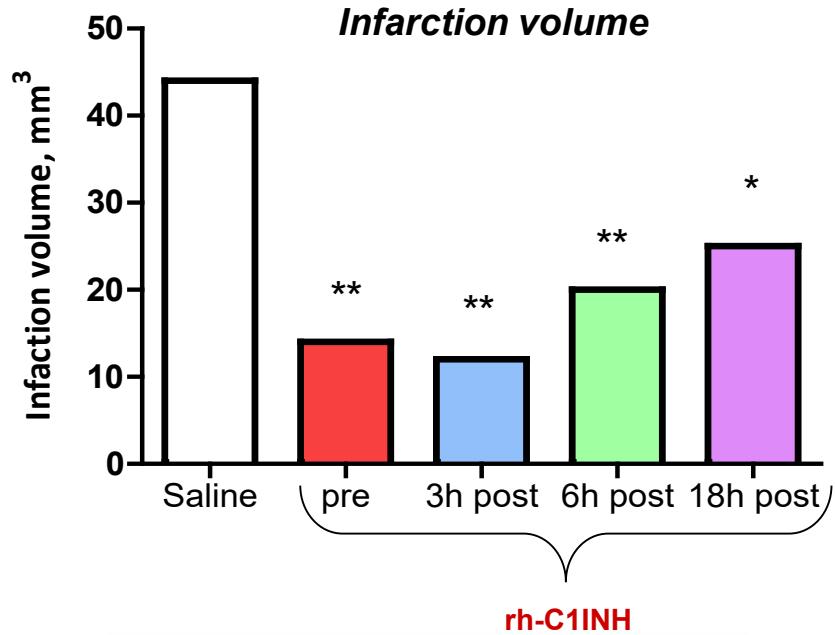
- Intravenous fibrinolysis +/- endovascular thrombectomy
- Only endovascular thrombectomy

**Good outcome up to 6 (-24h) hours after onset of symptoms**

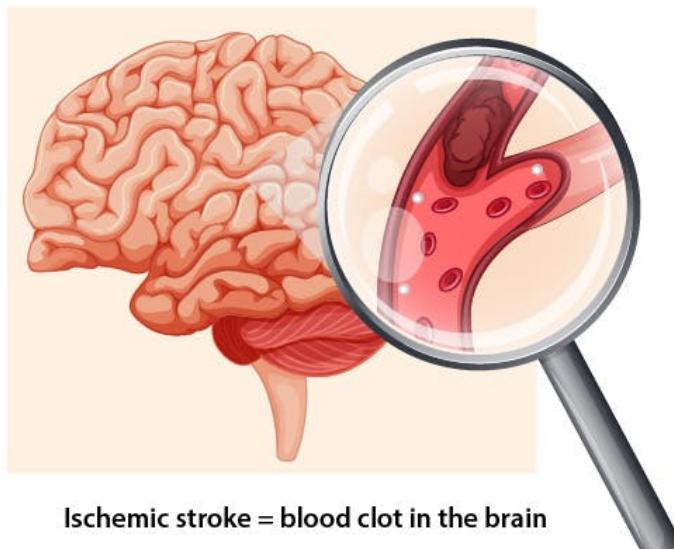
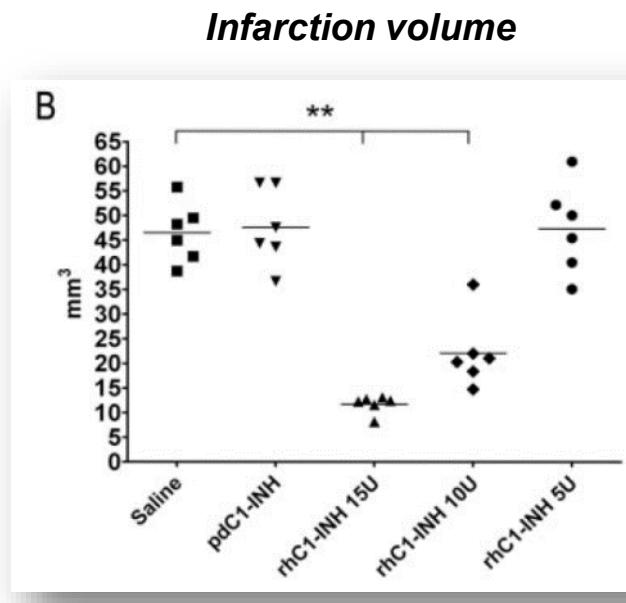


Emberson J et al., Lancet 2014

# rhC1INH as potential treatment for cerebral IRI

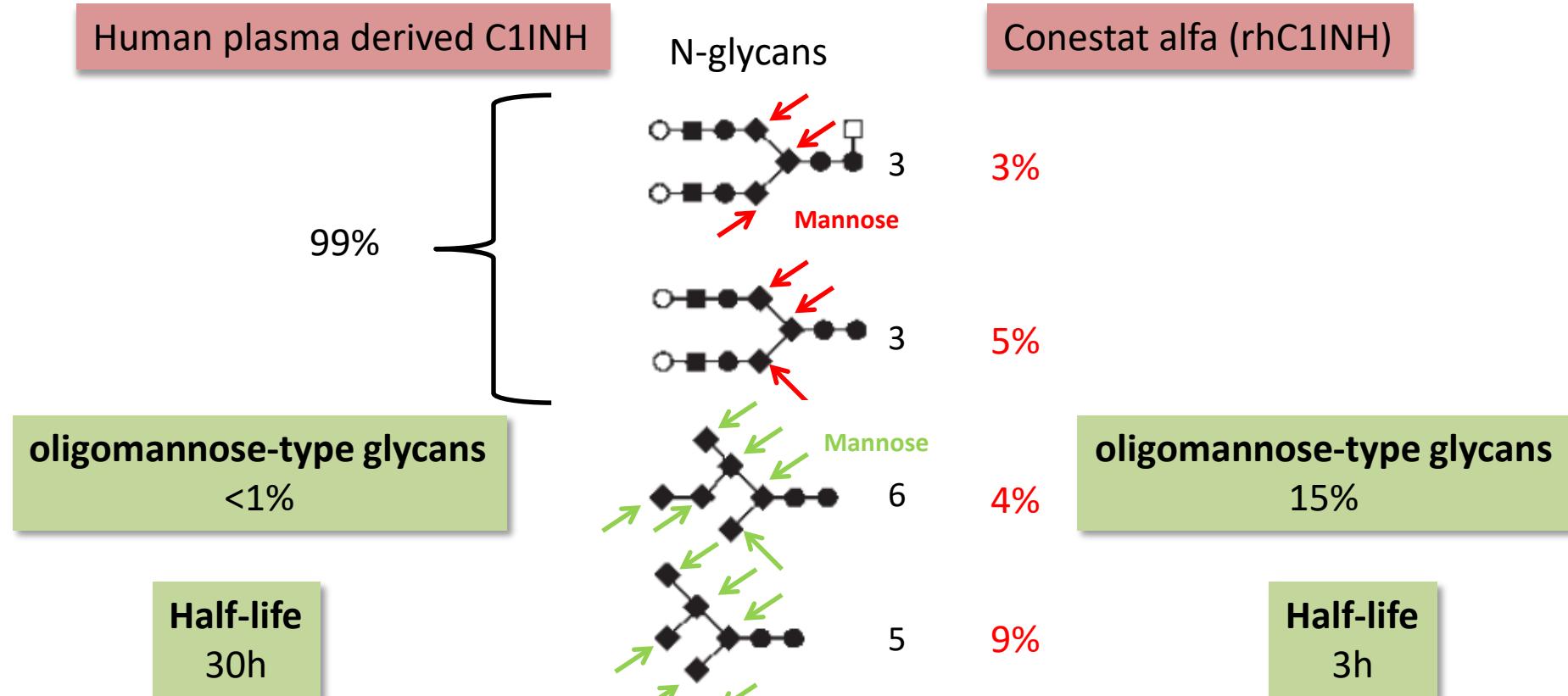


Gesuete R et al., Ann Neurol. 2009



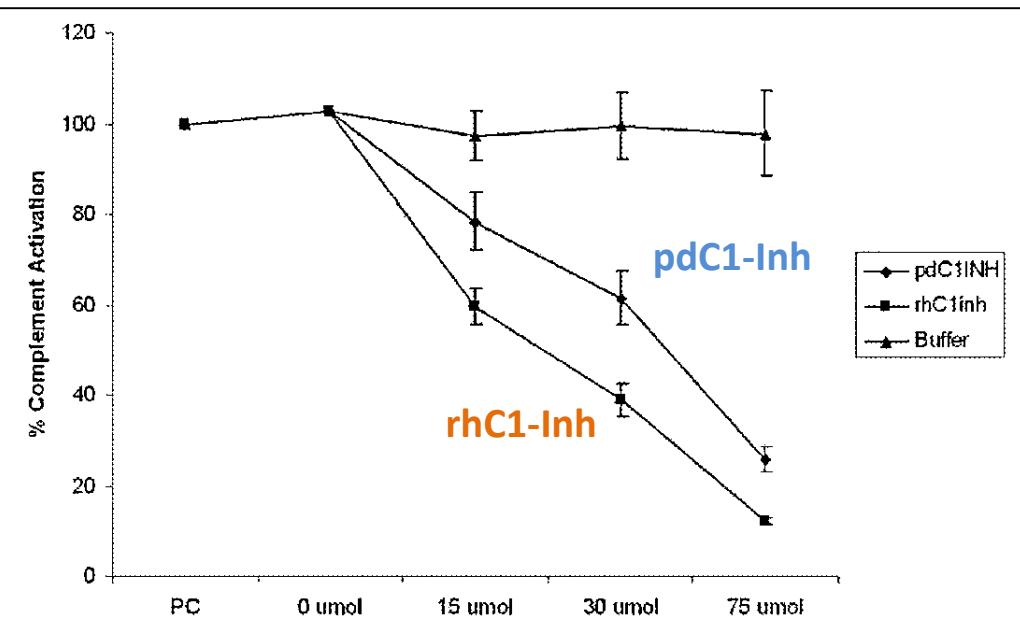
Is rhC1INH superior to plasma-derived products?

# Same, same but different



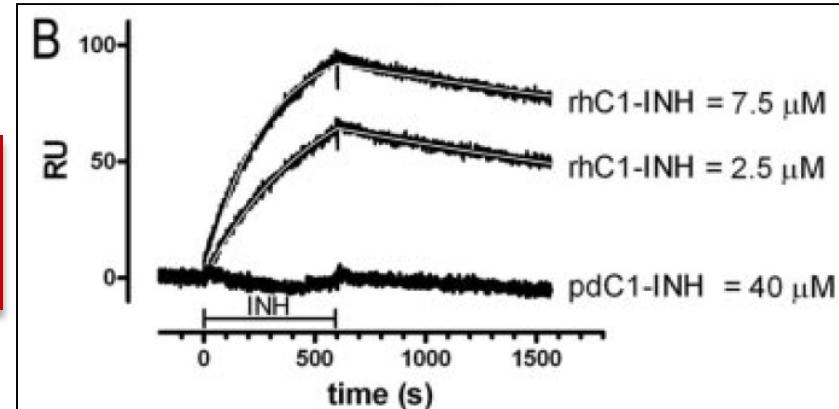
	$k_{on} (\text{M}^{-1} \cdot \text{s}^{-1})$			
	C1s	Factor XIa	Factor XIIa	Kallikrein
rhC1INH <sup>a</sup>	$6.1 \pm 0.3 \times 10^4$	$9.8 \pm 0.5 \times 10^2$	$6.9 \pm 0.5 \times 10^3$	$9.1 \pm 0.1 \times 10^3$
H-C1INH <sup>a</sup>	$5.1 \pm 0.3 \times 10^4$	$9.0 \pm 0.2 \times 10^2$	$5.7 \pm 0.4 \times 10^3$	$7.6 \pm 0.3 \times 10^3$

# Lectin pathway inhibition



Lectin pathway inhibiton

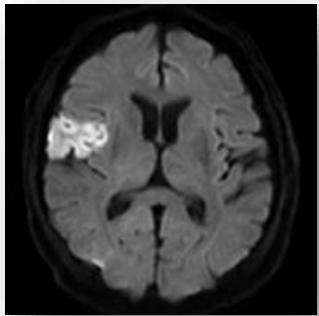
Binding to lectin pathway proteins



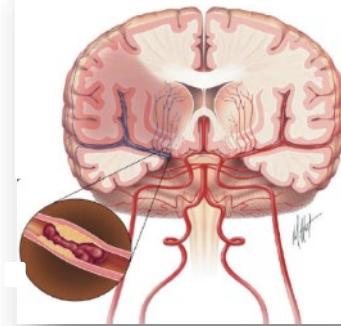
Gesuete R et al., Ann Neurol. 2009  
US patent information 2006

# Future applications of rhC1INH in IRI

## Ischemic stroke



- Third leading cause of death
- Leading cause of disability in adults



### Treatment

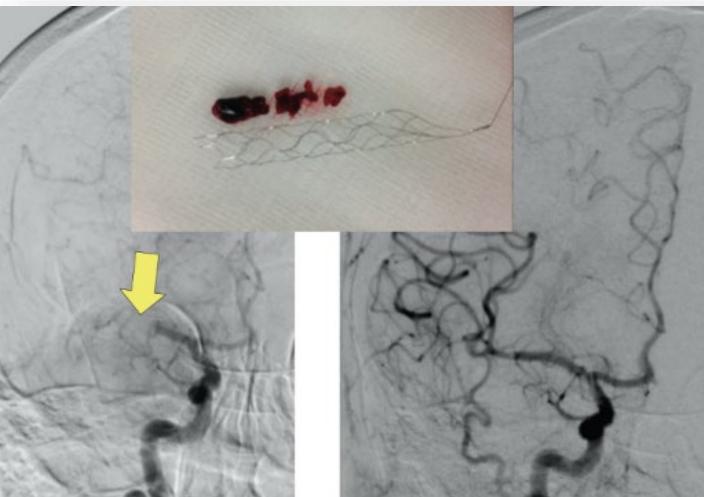
- Intravenous fibrinolysis
- Conservative management (70-80%)!

**Good outcome up to 4.5 hours after onset of symptoms**

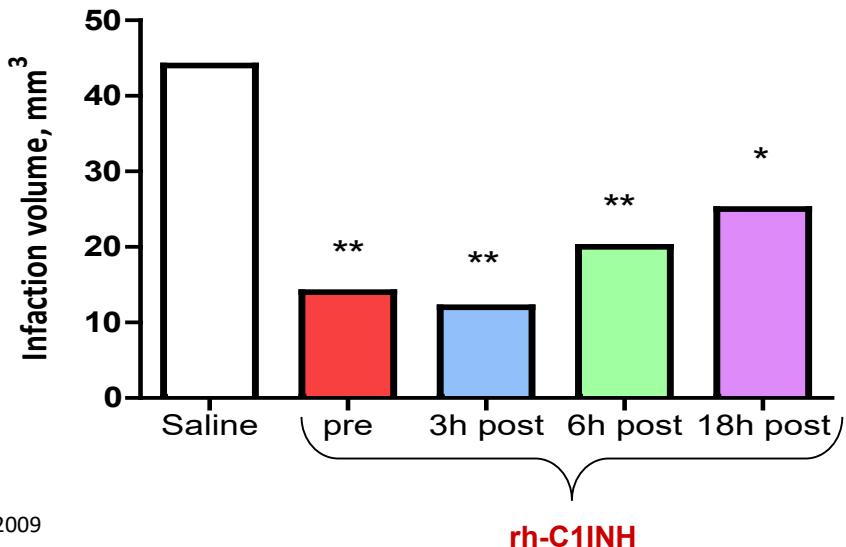
### Future treatment

- Intravenous fibrinolysis +/- endovascular thrombectomy
- Only endovascular thrombectomy

**Good outcome up to 6 (-24h) hours after onset of symptoms**



Emberson J et al., Lancet 2014  
Gesuete R et al., Ann Neurol. 2009



# Future applications of rhC1INH in IRI

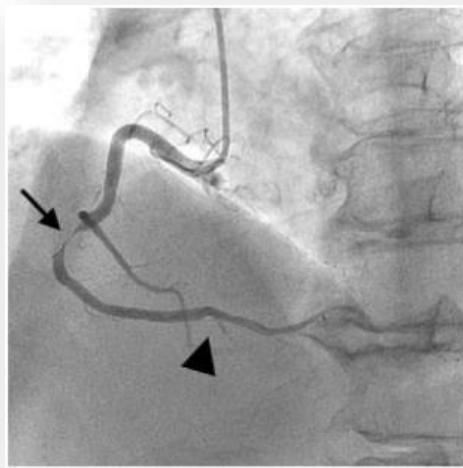
## Myocardial infarction

- Major cause of death worldwide
- Effect of current treatment has reached a plateau.

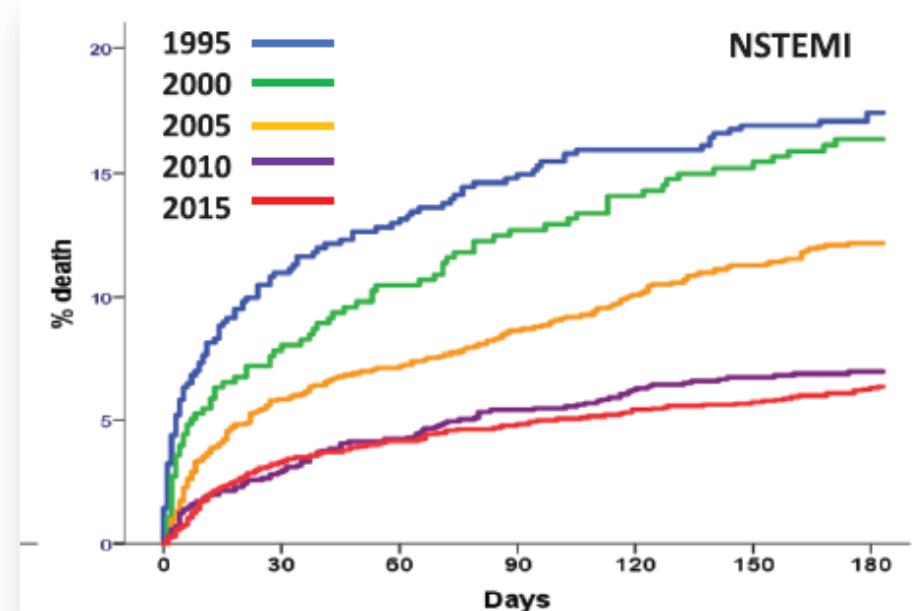


### Treatment

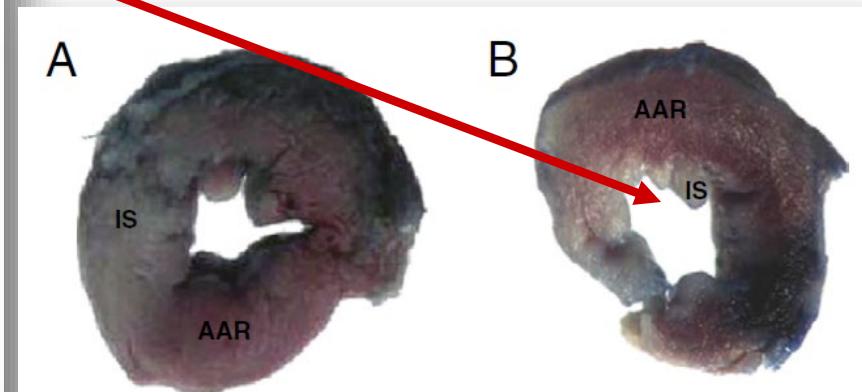
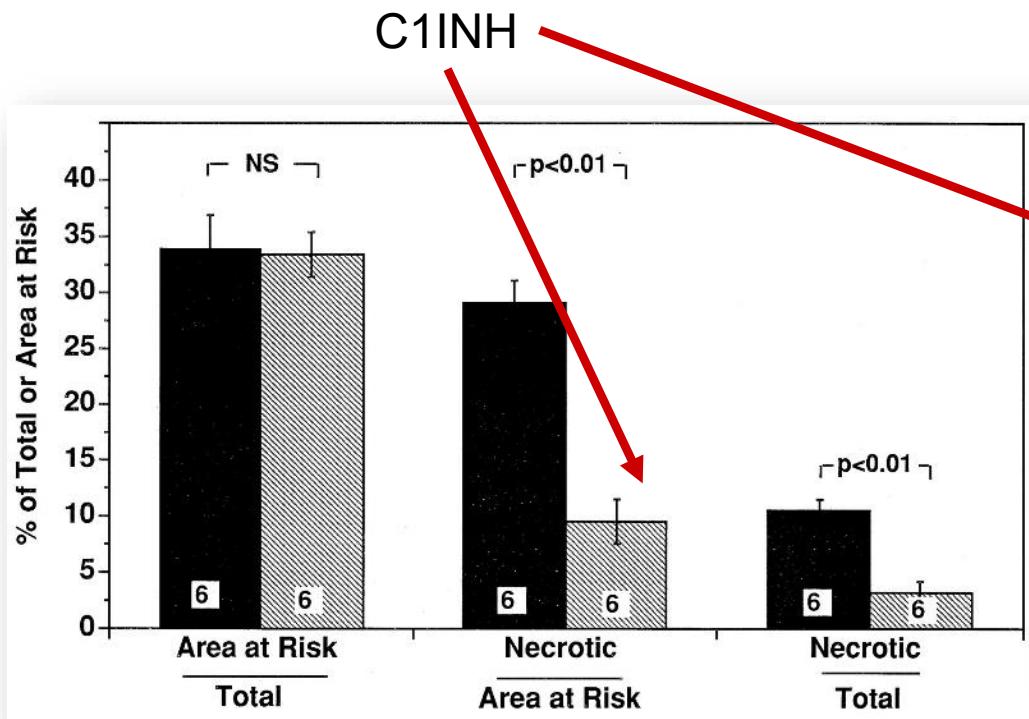
- Coronary angiography
- «Blood thinner»



Puymirat E, Circulation 2017



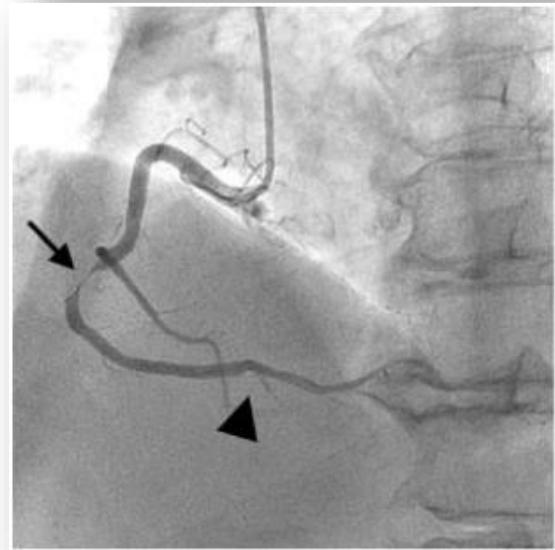
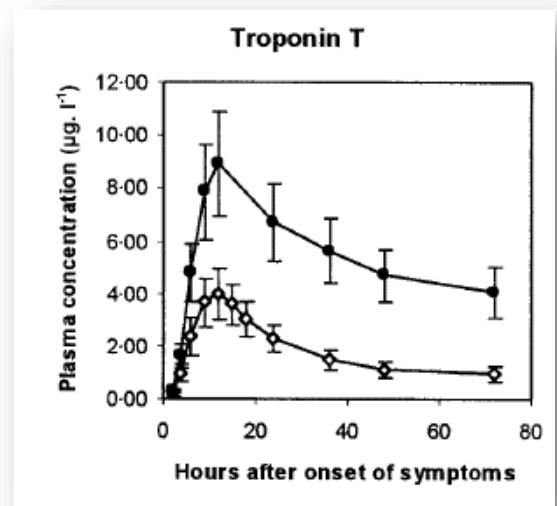
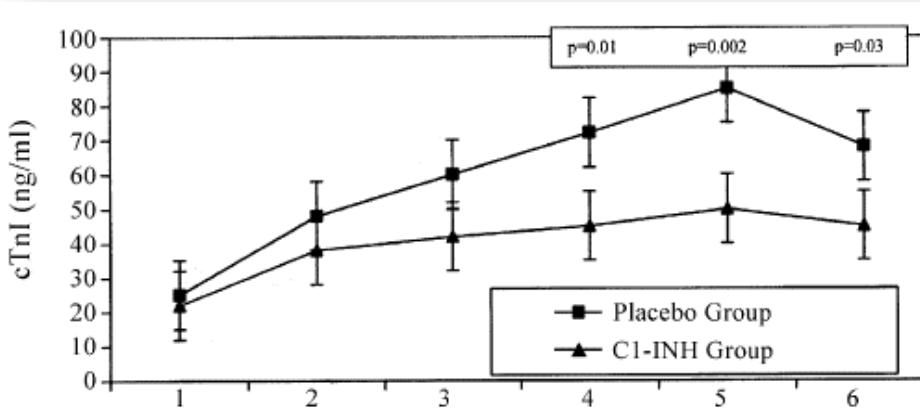
# Future applications of rhC1INH in cardiac IRI



Buerke M, Circulation 1995

# Future applications of rhC1INH in IRI

## Myocardial infarction



Fattouch K et al., Eur J Cardiothorac Surg 2007

Thielmann M et al., Eur J Cardiothorac Surg 2006

De Zwaan C et al., Eur Heart J 2002

# Various other potential future applications

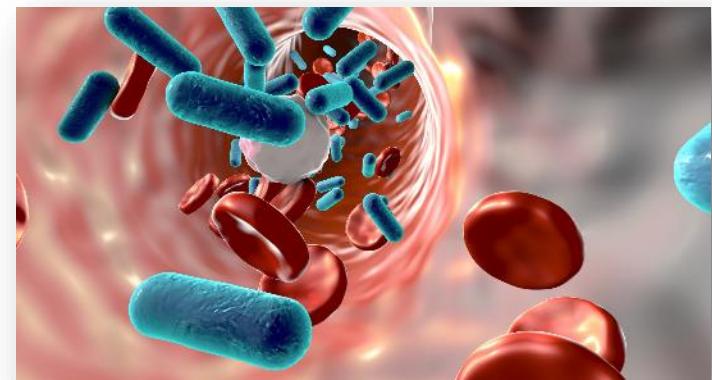
## Traumatic brain injury



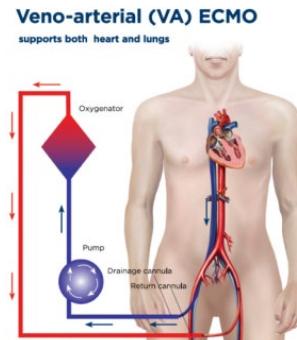
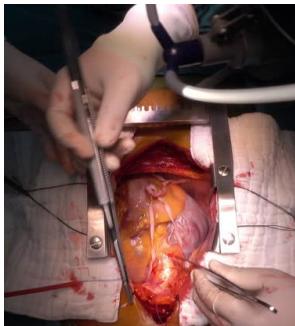
## Transplantation



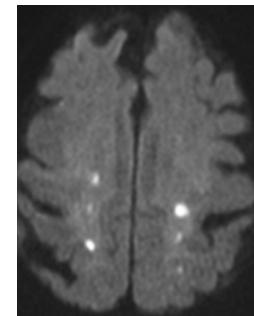
## Sepsis Severe infections



## Cardiac surgery



## Transcatheter aortic valve replacement



# Conclusion



**Ischemia/reperfusion injury is common!**

**Pharmacological interventions have not yet been successful**

**rhC1INH is a promising compound for the treatment of IRI**

- Multiple-target, multiple-action inhibitor of important IRI perpetrators
- Successful intervention in animal models of IRI
- Safety is excellent
- ?superior to pdC1INH

**Future trials in patients with myocardial infarction or stroke warranted**

# Thank you very much for your attention

## Contact:

Michael Osthoff, MD

University Hospital Basel

Division of Internal Medicine

Petersgraben 4, 4031 Basel, Switzerland

Email: [michael.osthoff@usb.ch](mailto:michael.osthoff@usb.ch)

