ESK-001, an allosteric TYK2 inhibitor, maximally suppresses type I interferon, a therapeutic pathway central to SLE and CLE

Poster No. 2434

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Background

Tyrosine kinase 2 (TYK2) is central to key pathways in many immune-mediated diseases

- > TYK2 mediates signaling from key proinflammatory cytokines, including IL-23, IL-12, and type I IFN through STAT phosphorylation.
- Human loss-of-function TYK2 genetic variants protect from immune-mediated diseases, including systemic lupus erythematosus (SLE).1
- > TYK2 is an established therapeutic target, with TYK2 inhibitors being recently approved for plaque psoriasis (PsO), and trials being ongoing in SLE and other indications.²

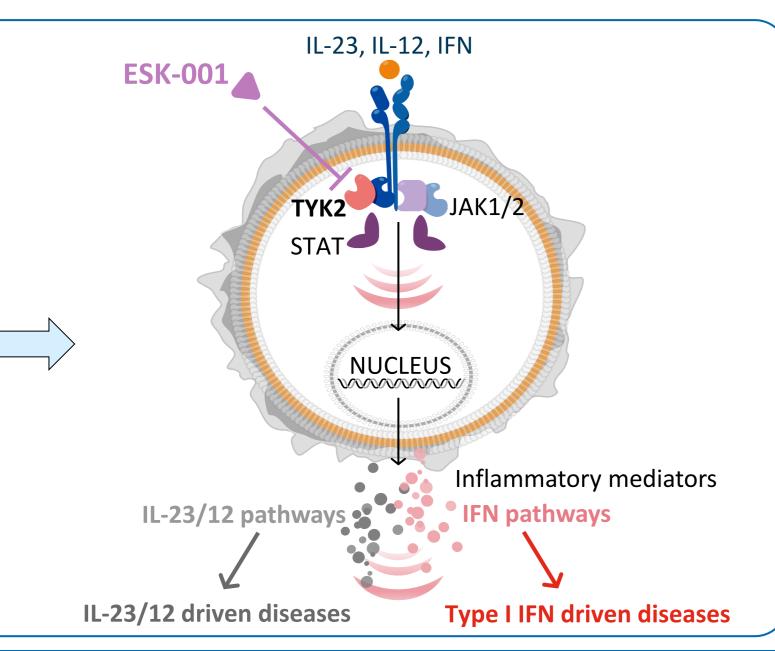
ESK-001 inhibits TYK2 allosterically

TYK2

enzyme

ESK-001 is a potent, highly selective, oral, allosteric small molecule inhibitor of TYK2 ESK-001 has high intrinsic selectivity for TYK2,

- without observed JAK-related pharmacology.
- > ESK-001 is currently under development for the treatment of immune-mediated inflammatory diseases, including PsO and active SLE (LUMUS trial).
- Recent ESK-001 STRIDE trial in moderate-to-severe PsO showed a clear dose-dependent effect, with maximal therapeutic response achieved at the top 40 mg BID dose, while being generally safe and well tolerated.



Objectives

The objective of this study was to characterize the ability of ESK-001, a novel allosteric small molecule TYK2 inhibitor, to downregulate cytokine pathways such as type I interferons that signal through TYK2 and are thought to be central to SLE and cutaneous lupus erythematosus (CLE) pathogenesis.

Methods

Public Expression Data:

ESK-001

Allosteric

binding site

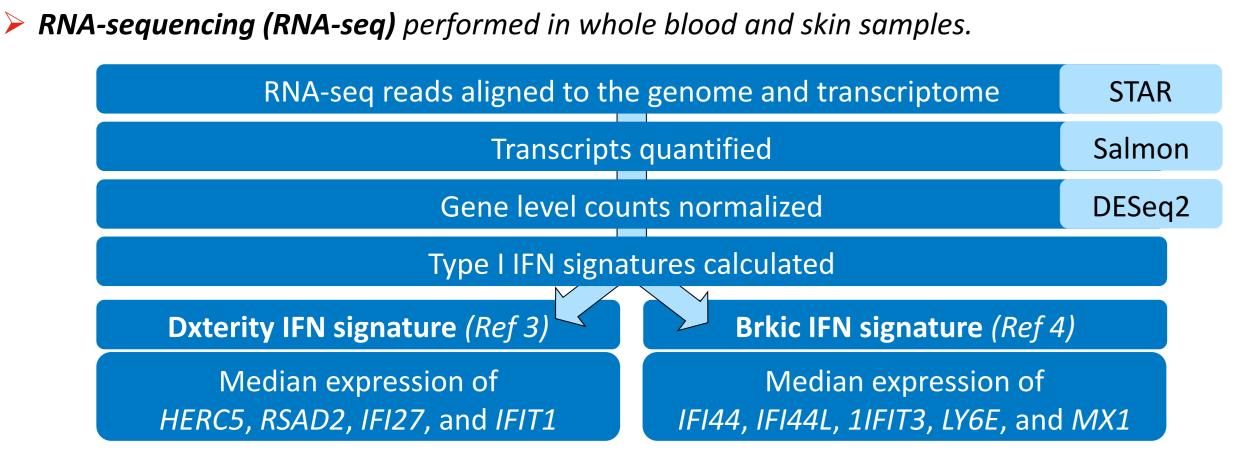
JH2 domain

identify genes with elevated expression in patients with SLE or CLE

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GEO accession	Study description	Analysis of
GSE110169	Total blood RNA profiling to define molecular signatures of SLE	normalized microarray values
GSE112087	Whole-blood RNA-sequencing in patients with SLE	raw RNA-seq count tables
GSE154851	Investigation of genes associated with atherosclerosis in blood of patients with SLE	normalized microarray values
GSE109248	Genome-wide analysis of gene expression of CLE skin lesions	normalized microarray values
CTRIDE Descripcie Trial Data:		

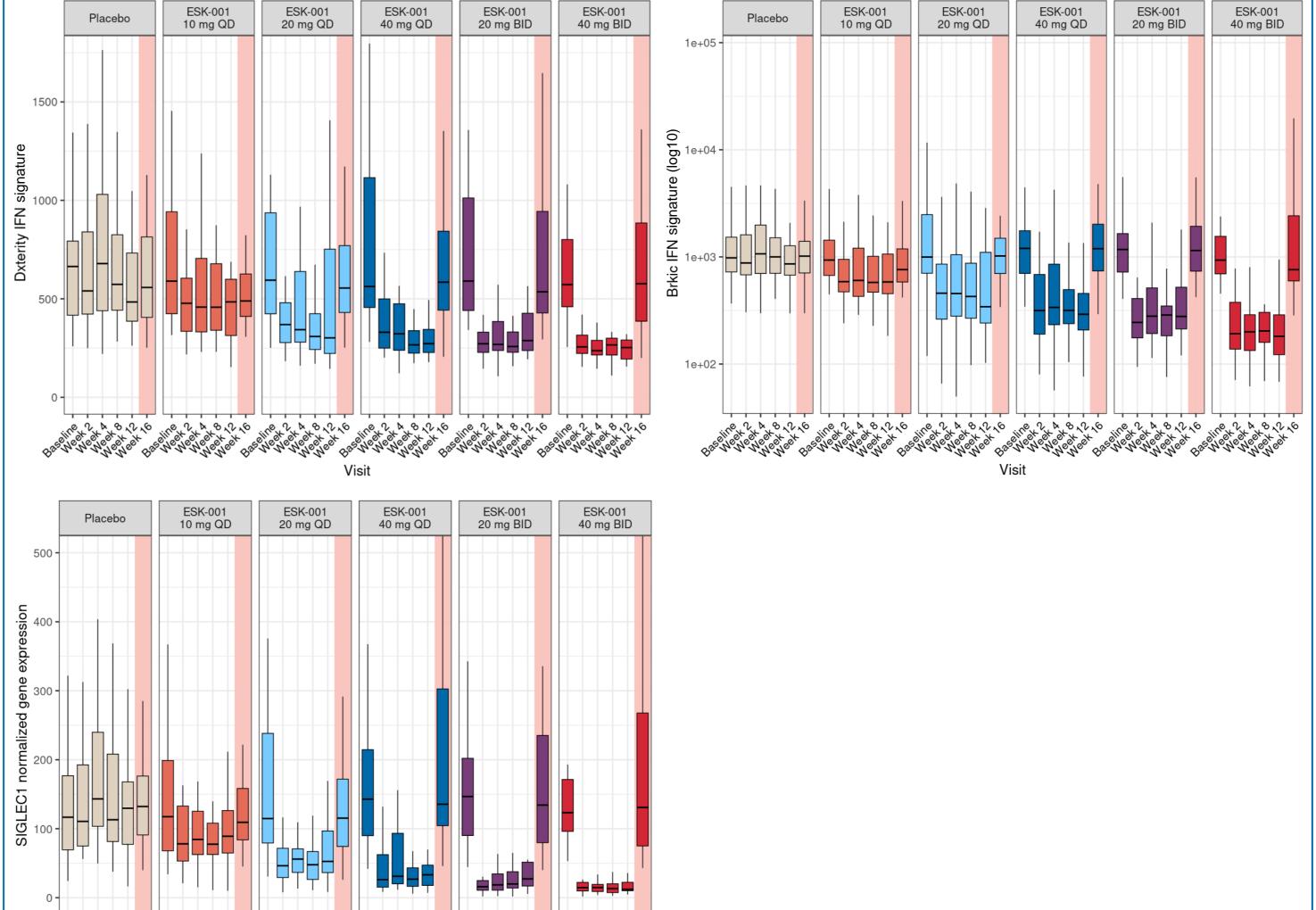
STRIDE Psoriasis Trial Data:

- explore if expression of IFN signatures is altered by ESK-001
- *STRIDE trial* = a 12-week randomized, double-blinded, placebo-controlled Phase 2 trial of ESK-001 in adults with moderate-to-severe plaque PsO (NCT05600036).
- > A total of 228 subjects were 1:1:1:1:1:1 randomized to receive 1 of the 5 doses of ESK-001 or placebo, given orally for 12 weeks.
- > Whole blood collected at baseline, Weeks 2, 4, 8, and 12, and after a 4-week washout period (Week 16).
- > Skin punch biopsies collected at baseline and Week 12.



Results

STRIDE blood RNA-seq analysis shows that ESK-001 administration suppresses expression of two type I IFN signatures in a dose-dependent manner along with the novel TYK2 pharmacodynamic biomarker SIGLEC1

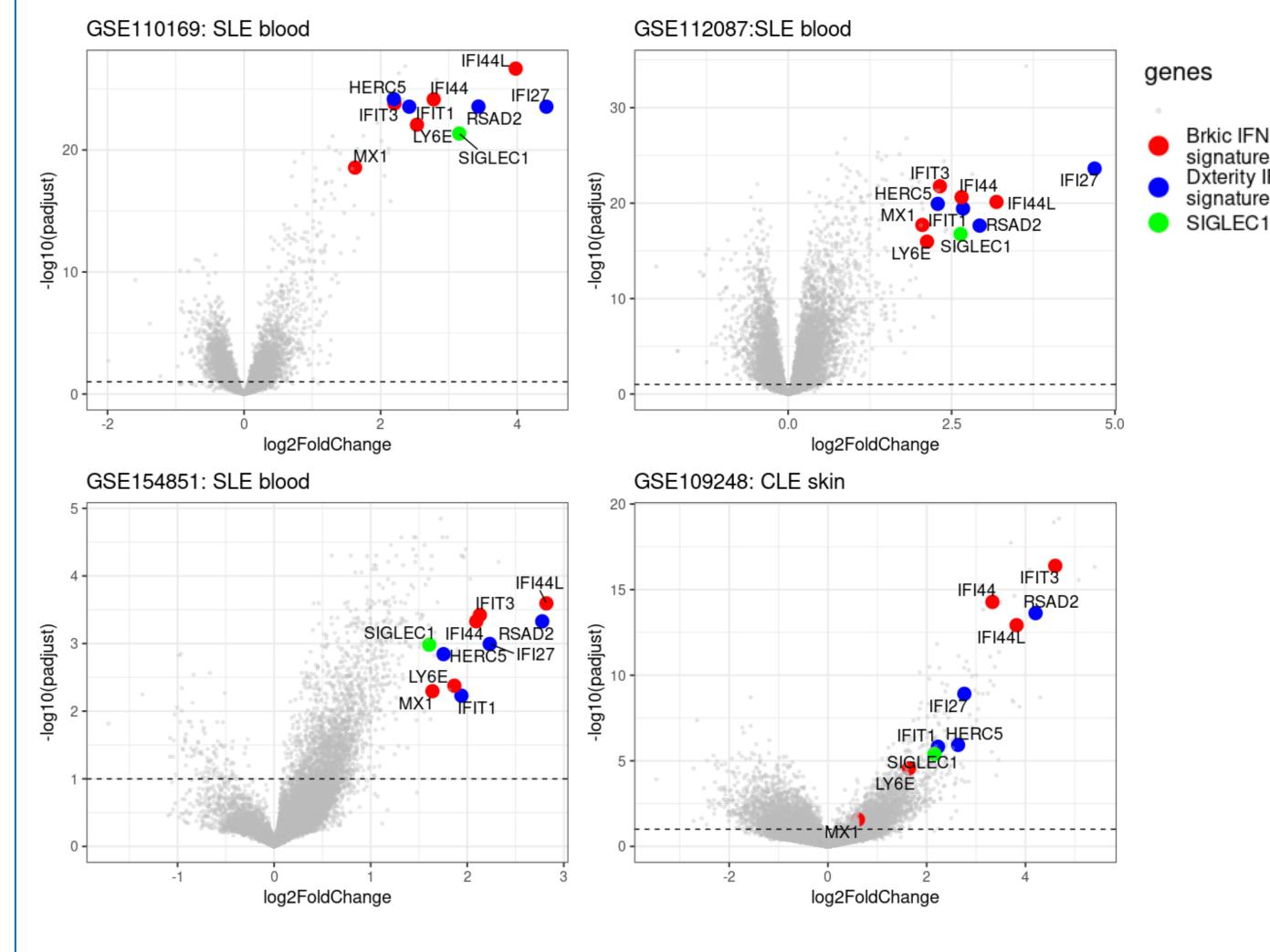


Inhibition of Dxterity & Brkic IFN signatures and SIGLEC1 over time.

Week 12 to Week 16 = 4-week washout period. QD, once daily; BID, twice daily.

Results

Analysis of four public gene expression datasets of SLE blood and CLE skin shows that expression of genes in two definitions of type I IFN response and of SIGLEC1 is highly elevated in patients versus controls

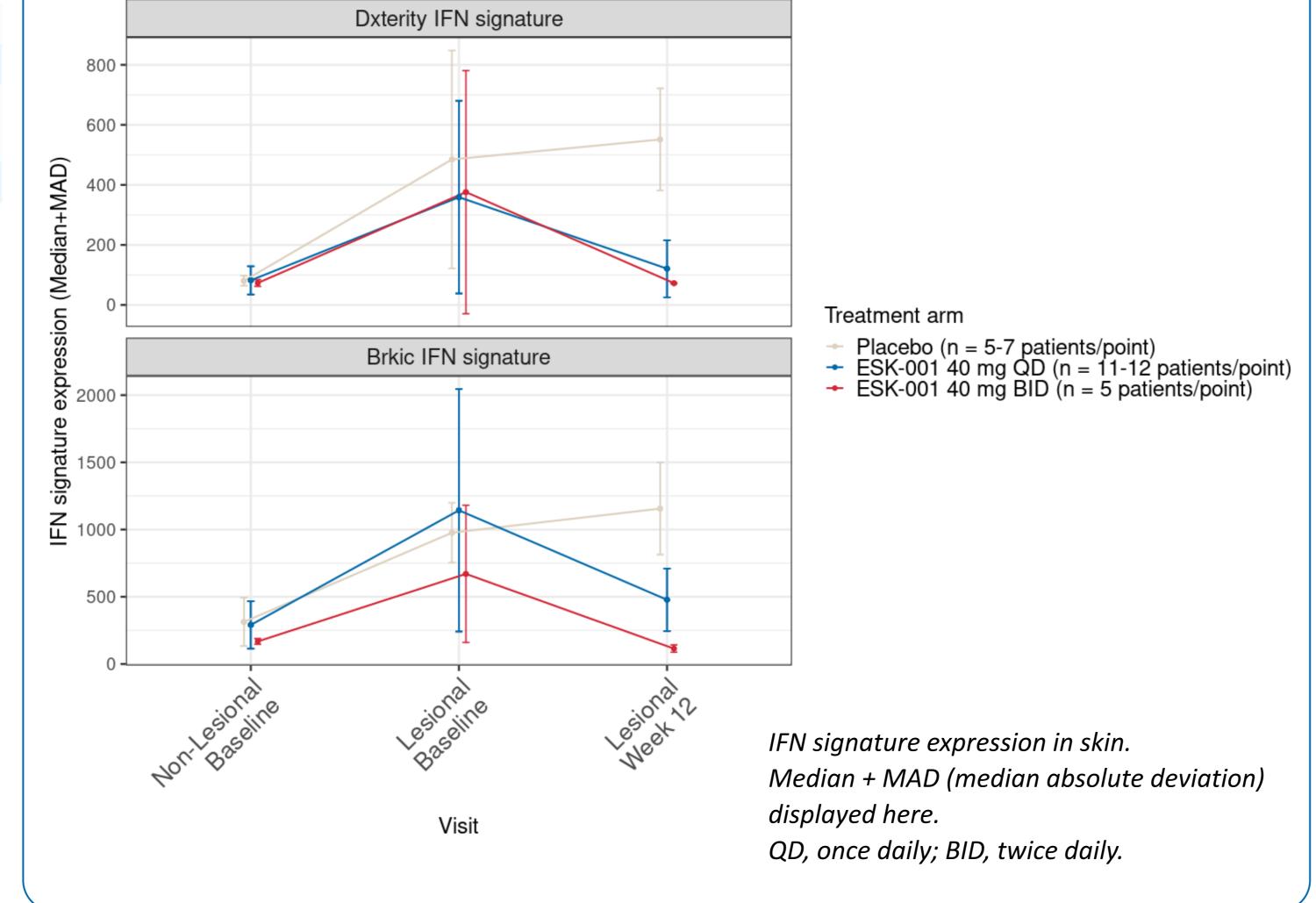


Differential expression analysis of public SLE blood and CLE skin gene expression datasets. Genes with positive fold change are enriched in SLE or CLE.

Horizontal dashed line: -log10(padjust) = 0.1

STRIDE skin RNA-seq analysis shows that ESK-001 administration suppresses expression of two type I IFN signatures in a dose-dependent manner to non-lesional baseline levels

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Conclusions

- ESK-001 demonstrates dose-dependent suppression of type I IFN, a key pathway believed to be central to **SLE and CLE pathogenesis.**
- Blood RNA-seq shows dose-dependent inhibition of type I IFN gene expression signatures.
- Type I IFN was also suppressed in the skin in a dose-dependent manner.
- \succ Analysis of public gene expression datasets of SLE blood and CLE skin shows significant enrichment of type I IFN signature genes and of our novel pharmacodynamic biomarker, SIGLEC1, in SLE compared to controls.
- > These findings support the full dose range in the ongoing SLE Ph2b LUMUS trial (NCT05966480), assessing maximal inhibition of type I IFN gene expression signatures believed to be central to the pathophysiology of SLE and CLE at the ESK-001 40 mg BID dose.

References

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Disclosures

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