

INTRODUCTION

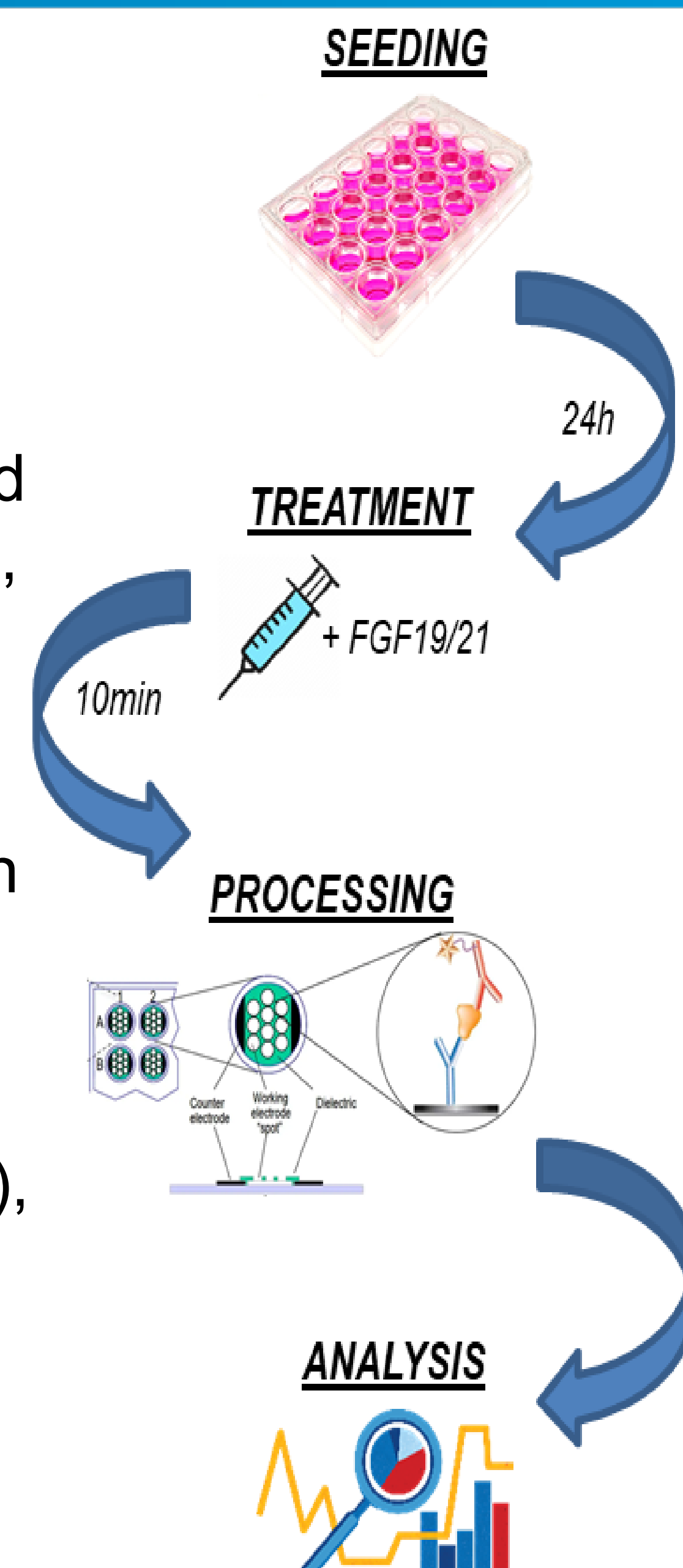
BIO89-100, a novel glycoPEGylated analog of FGF21, is being developed for the treatment of nonalcoholic steatohepatitis (NASH) and severe hypertriglyceridemia (SHTG). FGF21 acts through a cell surface receptor complex comprised of a tyrosine kinase FGFR Receptor (FGFR) and the co-receptor, beta-Klotho (KLB). FGFR1c, 2c and 3c activation relate to the beneficial therapeutic effects of FGF21¹, while FGFR4 is expressed in the liver and is associated with bile acid metabolism, hepatocyte proliferation, and hepatocellular carcinoma (HCC)².

OBJECTIVES

The study objective was to test activation of the four FGFRs by recombinant human FGF21 (rhFGF21), BIO89-100, FGF19; as well as by FGF23 and EGF served as negative and positive controls, respectively, in L6 cell system transfected with and overexpressing with each of the 4 human FGFRs ± KLB.

METHODS

L6 rat skeletal muscle cells (ATCC CRL1458) were transduced to stably express human KLB, alone or co-expressed with each of the 4 human FGFRs (FGFR1c, 2c, 3c and FGFR4) by lentiviral-mediated transfection. Phosphorylation of extracellular signal regulated kinases (pERK) following ligand-mediated activation of FGFRs was measured using the Mesoscale Discovery platform. BIO89-100-induced activity was compared to the following: FGF21 (endogenous benchmark), FGF19, EGF (broad positive control), and FGF23 (negative control).



RESULTS

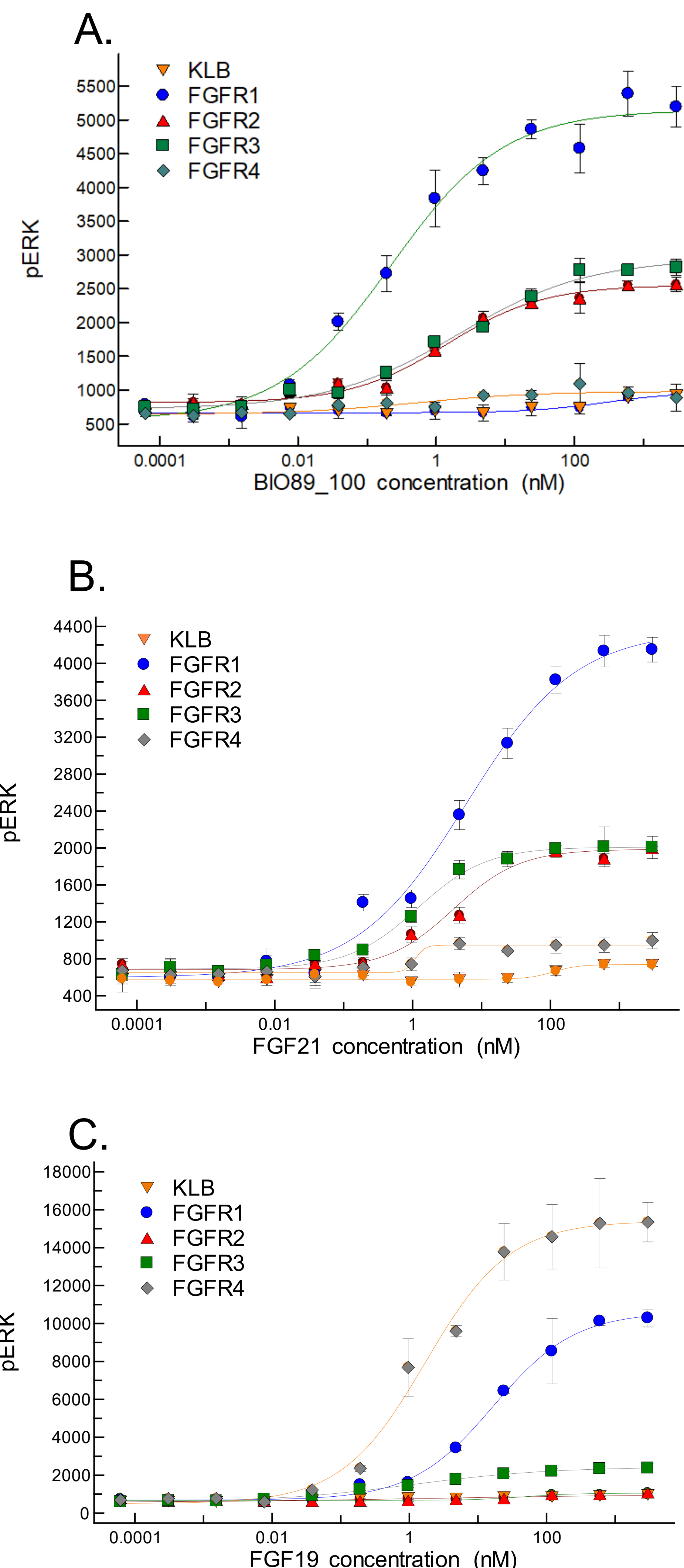


Figure 1: BIO89-100 induced pERK activity at low nanomolar concentrations in cells co-expressing KLB and FGFR1c, FGFR2c or FGF3c, but not FGFR4 (N=3 experiments; panel A). The potency of ERK activation with BIO89-100 was higher than rhFGF21 for KLB-FGFR1c, and comparable for KLB-FGFR2c and KLB-FGFR3c activation (N=3 experiments; panel B). FGF19 induced activation in KLB-FGFR1c and KLB-FGFR4 expressing cells (N=2 experiments, panel C).

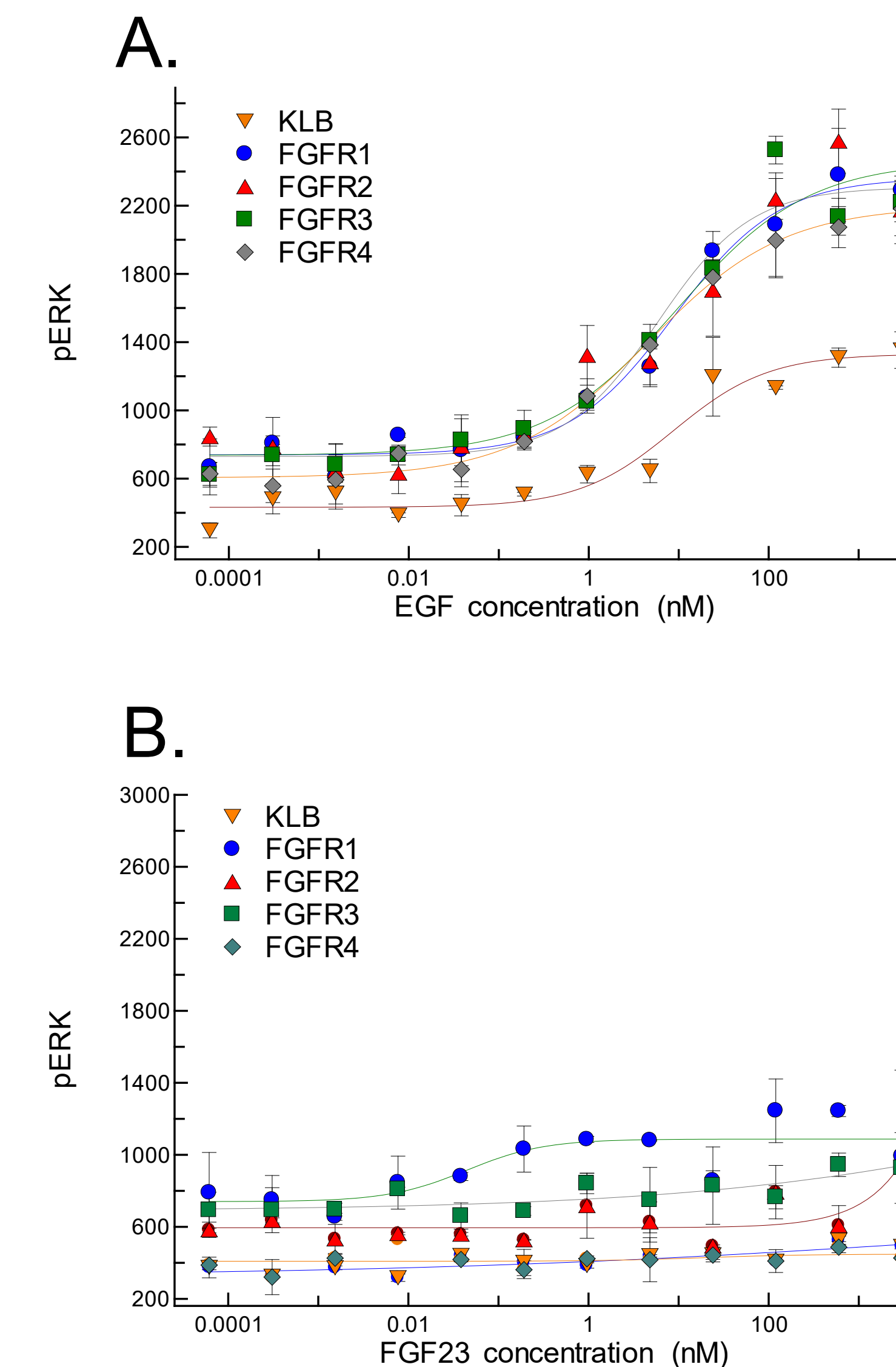


Figure 2: EGF, the positive control, activated each of the four receptors in the with the following EC₅₀/E_{max} values for FGFR1c, 2c, 3c, and 4, respectively: 8.8 ± 4.6/1331, 8.9 ± 2.9/2364, 9.8 ± 6.9/2461, and 4.6 ± 1.0/2198 (N=1 experiment, Panel A). while, FGF23, the negative control, had indeterminately low EC₅₀ values for all 4 receptor types was not active in any of the cell lines (N=1 experiment, Panel B).

Table 1: pERK Activity Following FGF21 and BIO89-100

Receptor	FGF21 N = 3		BIO89-100 N = 3	
	EC ₅₀ (nM) Mean±SD	E _{max} (pERK)	EC ₅₀ (nM) ^b Mean±SD	E _{max} (pERK)
KLB	ND	726 ^a	ND	1089 ^a
KLB/FGFR1	4.5 ± 1.0	4277	0.6 ± 0.2	4966
KLB/FGFR2	4.5 ± 0.0	2058	2.2 ± 0.7	2471
KLB/FGFR3	1.8 ± 0.3	2214	2.6 ± 0.8	2770
KLB/FGFR4	ND	969 ^a	ND	995 ^a

EC₅₀=half maximal effective concentration; E_{max}=maximum effective concentration; FGFR=fibroblast growth factor receptor; KLB=co-receptor β-Klotho; ND=not determined; pERK=protein kinase R-like endoplasmic reticulum kinase; SD=standard deviation. ^a Low E_{max} (<2-fold basal level) ^b BIO89-100 weight used for the calculation did not include the 20kD PEG moiety.

- In cells co-expressing KLB and one of each of the receptors FGFR1c, FGFR2c, FGFR3c (but not with FGFR4), rhFGF21 and BIO89-100 induced pERK activity at low nanomolar concentrations.
- In cells expressing KLB alone and in cells co-expressing KLB + FGFR4, rhFGF21 and BIO89-100 were essentially inactive.
- BIO89-100 was more potent than rhFGF21 in cells expressing FGFR1c and was with comparable potency to rhFGF21 in cells with FGFR2c or FGFR3c.
- FGF19 activated pERK in L6 cells expressing FGFR4 as well as in FGFR1c and FGFR3c.
- EGF, the positive control, activated each of the four receptors.
- FGF23, the negative control was not active in any of the cell lines.

CONCLUSIONS

BIO89-100 induced downstream signal activation in an FGF21-like fashion, with a stronger potency than rhFGF21 to FGFR1c. Lack of activation of FGFR4 indicates that, in contrast to FGF19, BIO89-100 does not pose hepato-mitogenic risk via activation of this liver receptor2. Clinical studies are underway to evaluate the safety and biological activity of BIO89-100 in patients with NAFLD/NASH and SHTG.

REFERENCES

1. Adams AC, Coskun T, Rovira AR, et al. PLoS One. 2012;7(5):e38438. doi:10.1371/journal.pone.0038438
2. Hatlen MA, Schmidt-Kittler O, Sherwin CA, et al. Cancer Discov. 2019;9(12):1686-1695. doi:10.1158/2159-8290.CD-19-0367