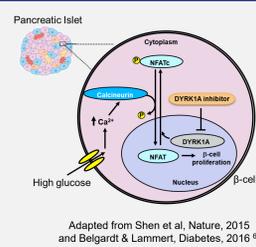


Ultra-selective DYRK1A/B Inhibitors Mediated β -Cell Proliferation In Vitro and In Vivo

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Background

- Impaired β -cell function or β -cell loss is a major unmet need in diabetes and current treatments for diabetes do not address the loss of functional pancreatic β -cells: therefore, there is an urgent need to identify new therapeutic strategies
- DYRK1A, a member of the dual-specificity tyrosine phosphorylation regulated kinase family, is viewed as a promising new target to induce β -cell proliferation via its ability to modulate multiple growth regulatory pathways including NFAT signaling activation and derepression of DREAM complex target genes¹⁻³. In addition, the simultaneous inhibition of DYRK1A and DYRK1B has been shown to be more effective than inhibition of DYRK1A alone⁴
- However, there has been a paucity of potent, specific, and orally bioavailable DYRK1A/B inhibitors that did not target the related cdc2-like kinases (CLKs) and glycogen synthase kinase 3 β (GSK3 β)⁵
- In this study, we present and have characterized two highly potent and selective inhibitors of DYRK1A/B. We utilized these inhibitors to assess the specific role of DYRK1A/B activity in β -cell proliferation



Conclusions

- We have developed multiple small molecule DYRK1A/B inhibitors that are highly specific and potent for DYRK1A and DYRK1B
- Biosplice's DYRK1A/B inhibitors promoted β -cell proliferation and increased stimulated insulin secretion in human islets in vitro
- Biosplice's DYRK1A/B inhibitors showed high oral bioavailability (>100%) in rodents
- Oral administration of SM15238 and SM15268 dose responsively prevented the rise in HbA1c and resulted in sustained increased circulating 4hr fasted insulin levels
- Selective DYRK1A/B inhibition promoted β -cell proliferation, increased insulin and islets area without increasing α -cell number and glucagon area in db/db mice
- SM15268 45mg/kg reduced body weight gain, dosing regimen optimization will be evaluated
- These studies support further evaluation of Biosplice's DYRK1A/B selective inhibitors as a therapeutic option for Diabetes

Results

Fig. 1: SM15238 and SM15268 are highly potent and selective DYRK1A/B inhibitors that induced INS-1 β -cell proliferation in vitro

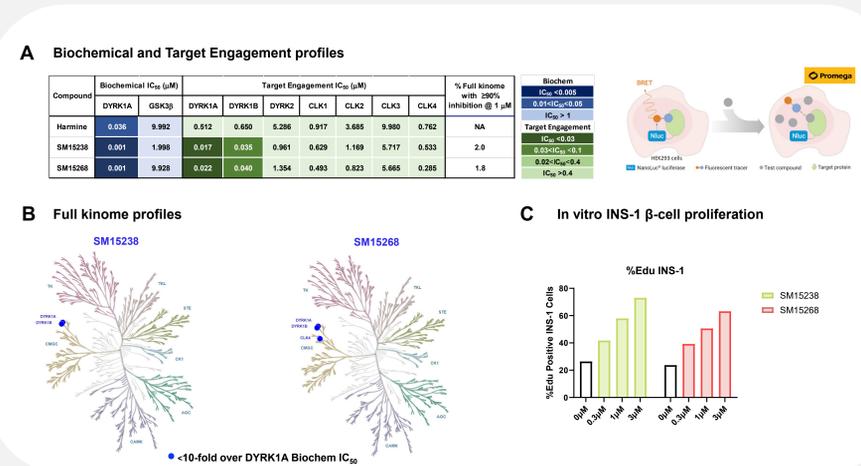


Fig. 2: SM15238 and SM15268 induced β -cell proliferation and increased insulin secretion in human islets in vitro

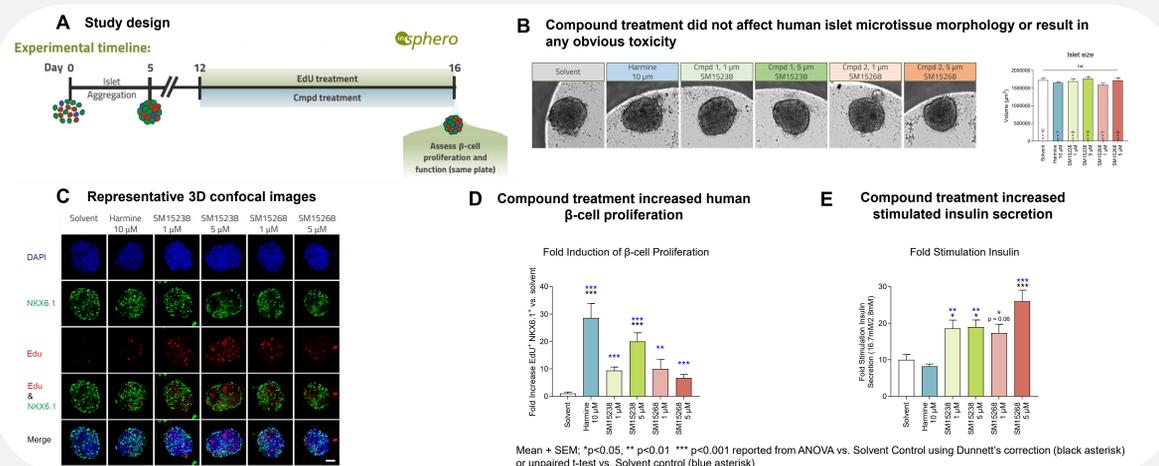


Fig. 3: Study design to evaluate the effects of SM15238 and SM15268 in db/db mouse model and effects of treatments on body weight

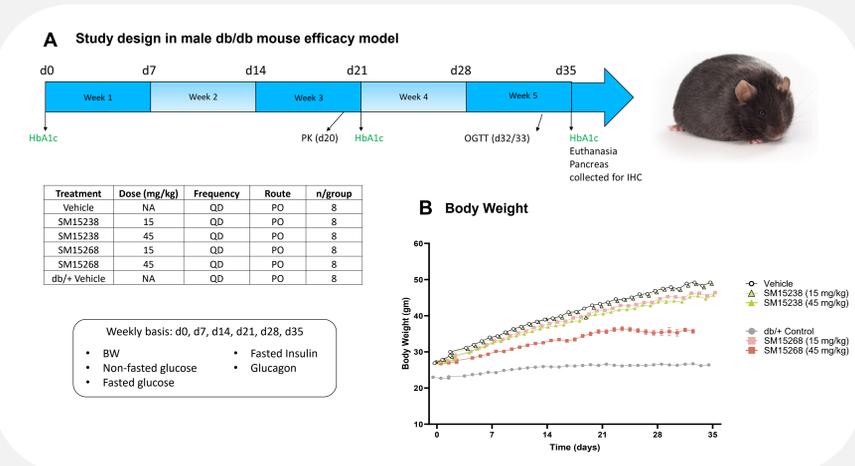


Fig. 4: DYRK1A/B inhibition reduced circulating glucose, increased plasma insulin levels and reduced hemoglobin A1c in db/db mouse model

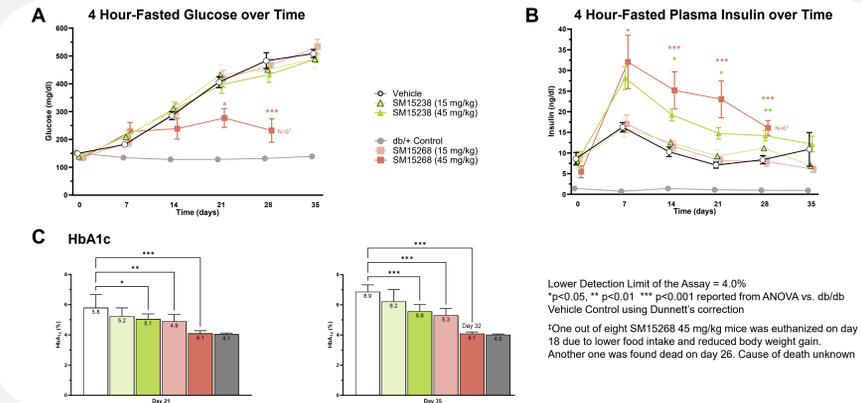


Fig. 5: DYRK1A/B inhibition promoted β -cell proliferation, increased insulin and islets area without increasing α -cell number and glucagon area in db/db mouse model

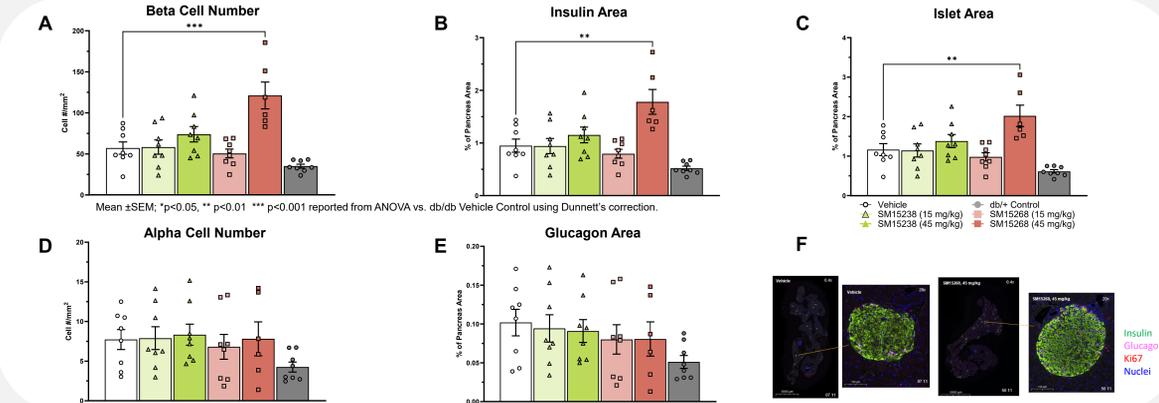


Fig. 6: SM15238 and SM15268 showed high oral bioavailability

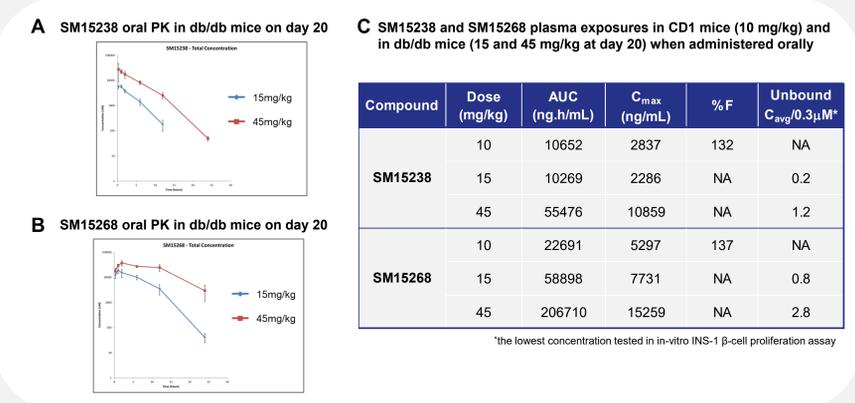


Figure Legends and Methodology

- Fig. 1: (A)** Table listing biochemical DYRK1A and GSK3 β kinase inhibition IC₅₀ and the target engagement of CLK/DYRK family members by SM15238 and SM15268. Biochemical kinase assay IC₅₀ values were determined using the Thermo Fisher Scientific Z-LYTE™ platform. Target engagement assay IC₅₀ values were determined using the Promega NanoBRET TE Intracellular Kinase Assay platform in transiently transfected HEK293T cells. IC₅₀ values were determined from 10-point dose response curves using non-linear regression curve fit. Full Kinome data is from Thermo Fisher Scientific SelectScreen™ Profiling Service using compounds at 1 μ M. (B) Dendrogram of the human kinome. Kinases inhibited at 90% or more by Biosplice compounds and showing an IC₅₀ less than 10-fold over DYRK1A IC₅₀ are highlighted with a blue circle and labeled accordingly. (C) In vitro β -cell proliferation assay using rat INS-1 cells treated for 2 days with SM15238 or SM15268 at the indicated concentrations.
- Fig. 2: (A)** InSphero study outline using standardized islet model, 3D InSight™ human Islet Microtissues (hIsMTs) developed by InSphero. hIsMTs were produced by optimized dissociation and controlled scaffold free reaggregation of primary islet cells and were treated for 4 days with each of the assessed compounds at the given concentrations using a Tecan D300e digital dispenser. Culture medium was exchanged and hIsMTs were dosed for each compound every 2 or 3 days. (B) Representative brightfield images of hIsMTs treated with compounds for 4 days. Islet size, measured by 3D confocal microscopy. Data represent the mean + SEM of 1 donor with n = 6 – 10 technical replicates, as indicated on the graph. (C) Representative 3D confocal microscopy images of human islets treated with solvent (DMSO), Harmine as positive control or Biosplice compounds and Edu for 4 days, fixed and stained for DAPI/NKX6.1/Edu. All images were generated with the same thresholding settings. Scale bar: 50 μ m. (D) 3D image analysis of human islets microtissues treated for 4 days showing fold change of proliferating β -cell count (Edu* NKX6.1⁺) induced by compounds vs. solvent (DMSO). (E) Functional analysis of hIsMTs treated with compounds for 4 days. For the GSIS assay, the hIsMTs were washed once with Krebs Ringer HEPES buffer (KRHB) containing 2.8 mM Glucose, then equilibrated in KRHB containing 2.8 mM Glucose for 1 hour. GSIS was performed sequentially in KRHB containing 2.8 mM and 16.7 mM Glucose for 2 hours each. Secreted insulin was quantified using ALPICO Stellux® Chemi Human Insulin ELISA.
- Fig. 3: (A)** Schematic of the study design to assess the effects of SM15238 and SM15268 in ~5-week-old male db/db mouse model. (B) Effects of treatments on body weights.
- Fig. 4: (A)** Effects of treatments on 4-hour fasted glucose levels measured every week from blood collected via tail vein using Roche Aviva glucometer. (B) Effects of treatments on 4-hour fasted insulin levels measured every week with Elisa using blood samples collected via tail vein into EDTA coated K2E tubes. (C) Effects of treatments on HbA_{1c} at Day 21 and Day 35 of the study using blood samples collected via tail vein into EDTA coated K2E tubes.
- Fig. 5: (A)** Histology analysis on pancreas collected at the end of study showing the treatment effects on i) β -cell count (A) and insulin area (B) identified by insulin staining, ii) on islets area (C) and iii) on α -cell count (D) and glucagon area (E) identified by glucagon staining. (F) Representative images of pancreatic islets histology analysis. Visiopharm software was used for image analysis.
- Fig. 6: (A)** Plasma PK profile of SM15238 (A) and SM15268 (B) measured at Day 20 of the study. (C) Table highlighting the C_{max} and AUC of both molecules plotted in panels A and B. Compounds were administered daily and PO.

References

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