

Potent and Selective Oral STAT6 Degradator, KT-621, Inhibits IL-4 and IL-13 Functions in Human Cells and Blocks TH2 Inflammation *In Vivo*



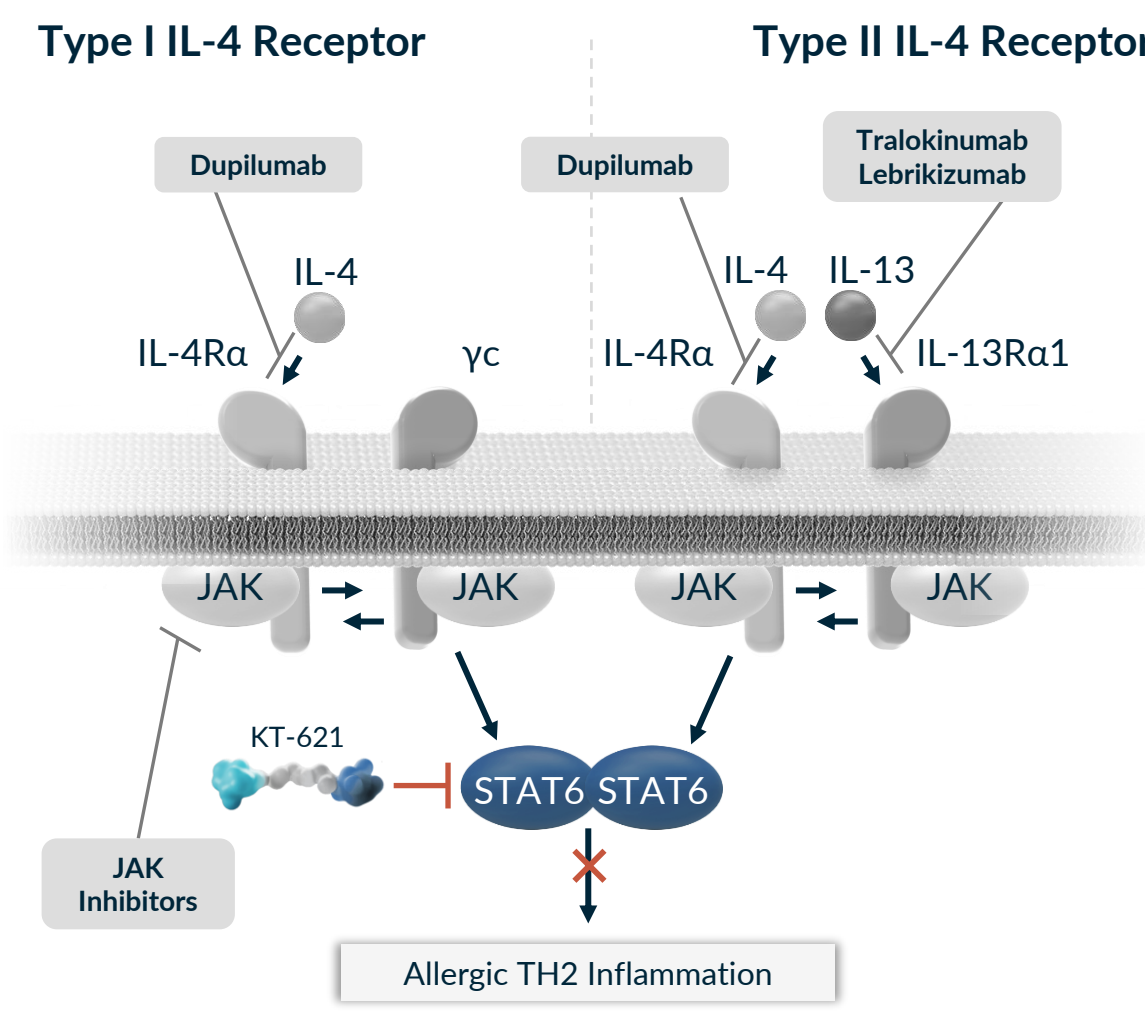
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INTRODUCTION

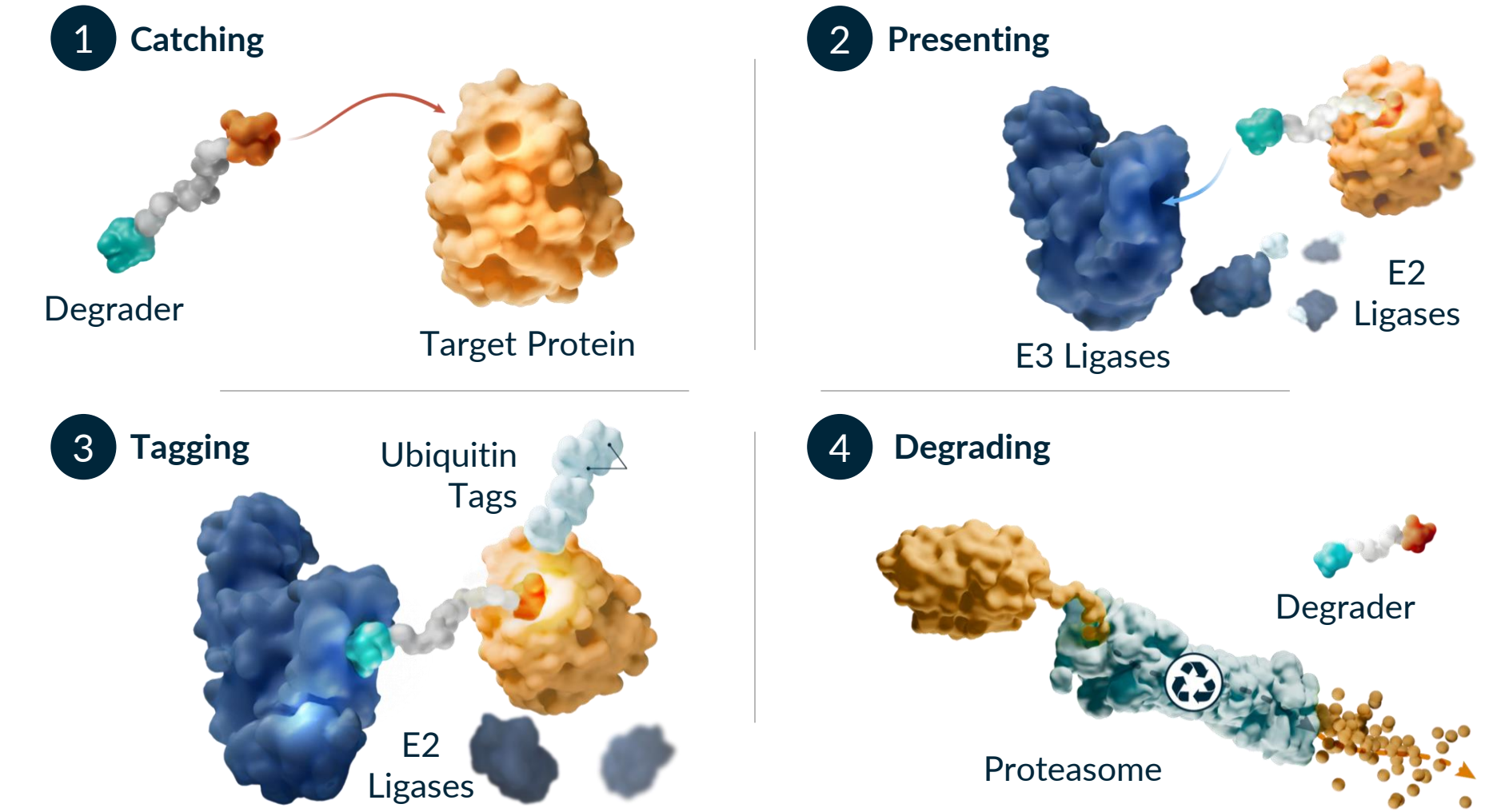
STAT6 is a historically undrugged essential transcription factor in the IL-4/IL-13 signaling pathways and the central driver of TH2 inflammation in allergic/atopic diseases. Multiple gain of function mutations of STAT6 were identified to cause severe allergic/atopic diseases in humans. Dupilumab, an injectable monoclonal antibody that blocks IL-4/IL-13 signaling, is an approved therapy for multiple allergic/atopic diseases. STAT6 targeting is therefore supported by both human genetics and dupilumab's clinical pathway validation. STAT6 functions through protein-protein and protein-DNA interactions. For these reasons, it has been challenging to selectively and potently inhibit STAT6 with traditional small molecule inhibitors. The STAT6 target is well suited for a targeted protein degradation approach, where a single binding event is sufficient to drive degradation.

STAT6 Biology and Target Rationale



- STAT6 is the specific transcription factor required for IL-4 and IL-13 cytokine signaling
- Dupilumab, an IL-4 α monoclonal Ab has been approved in: Atopic dermatitis, Asthma, Chronic Rhinosinusitis with Nasal Polyps, Eosinophilic Esophagitis, Prurigo Nodularis, has positive Phase 3 data in COPD and Bullous Pemphigoid and is in development for multiple additional indications
- STAT6 regulated cytokines are clinically validated targets for allergic diseases
- Gain of function (GOF) mutations of STAT6 cause severe allergic diseases in human
- STAT6 KO mice develop normally, are viable and fertile
- STAT6 degradation can achieve dupilumab-like pathway inhibition

Proteome Editing with Targeted Protein Degradation



RESULTS

Figure 1. KT-621: A Highly Selective Picomolar Degradator of STAT6

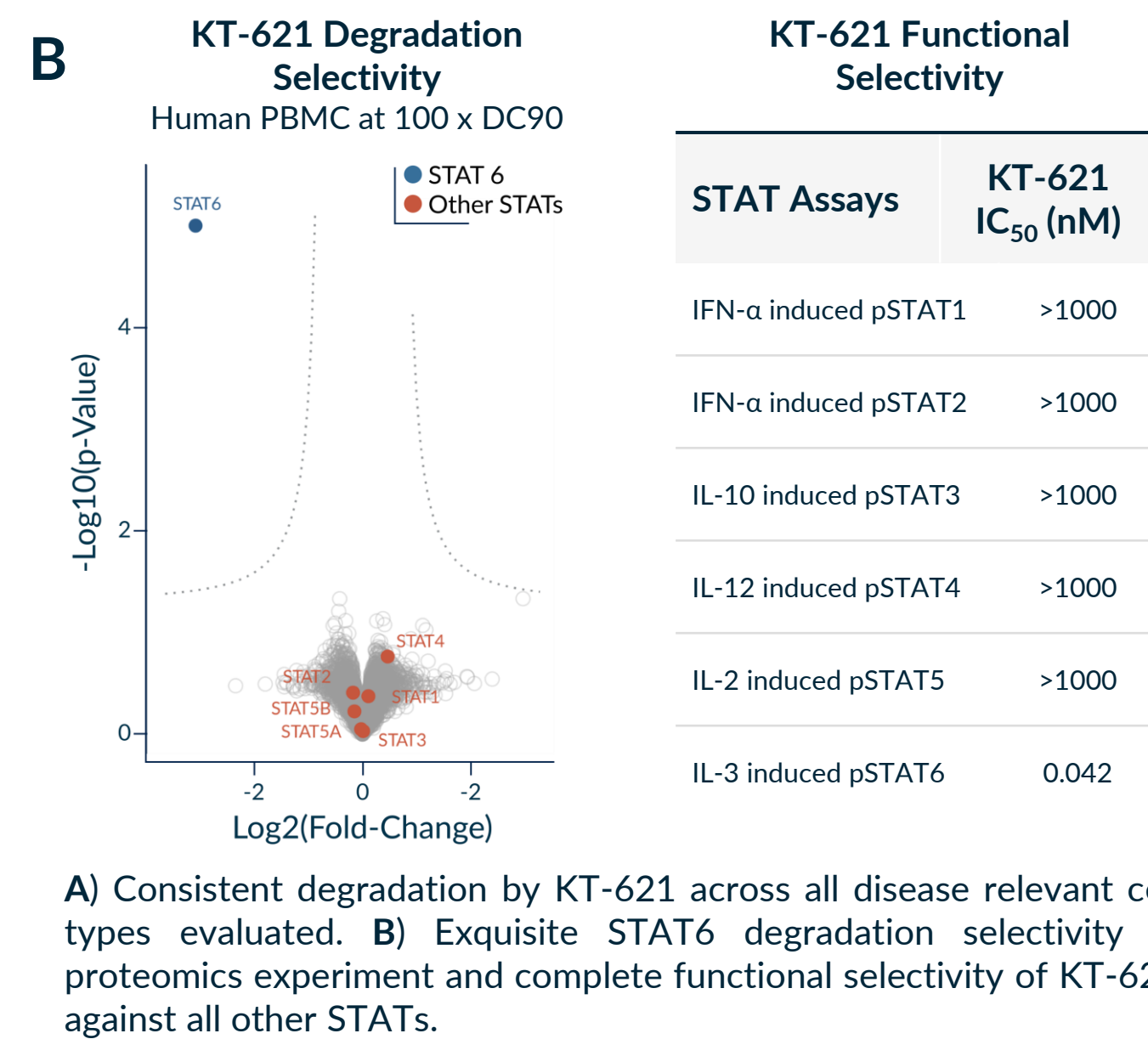
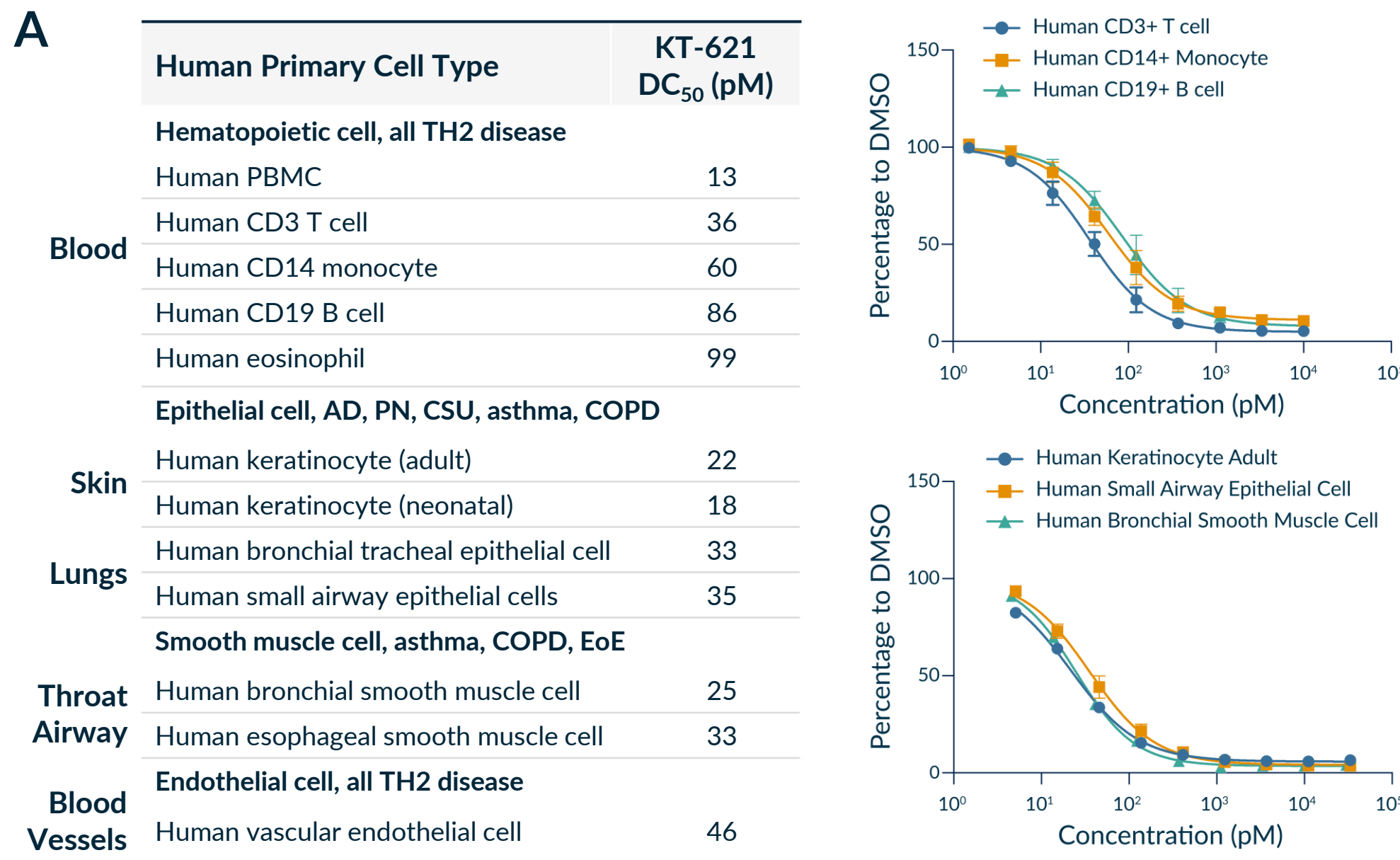


Figure 2. KT-621 Fully Blocks IL-4/13 Functions in Human Primary Cells, More Potently than Dupilumab

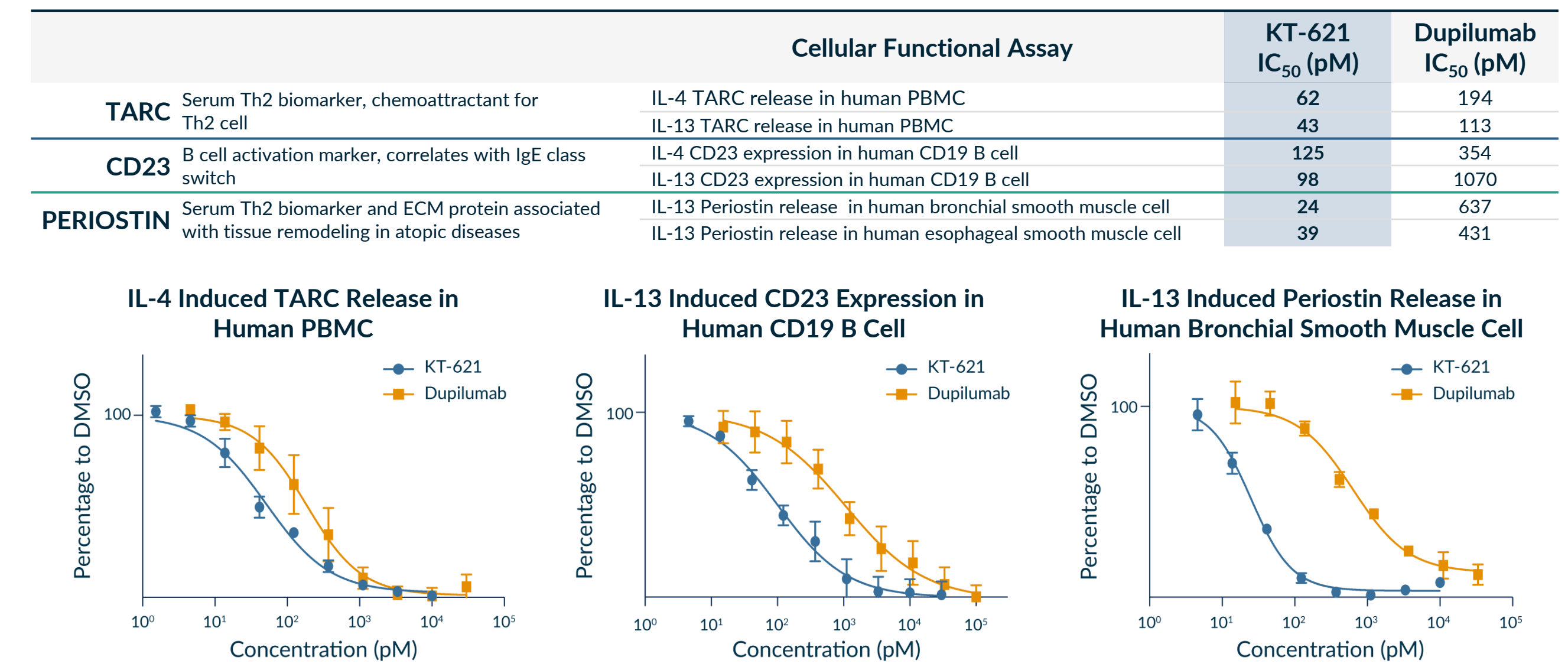


Figure 3. KT-621 Potently Degrades STAT6 and Inhibits IL-13 Induced Expression of Genes Involved in Itch and Pain

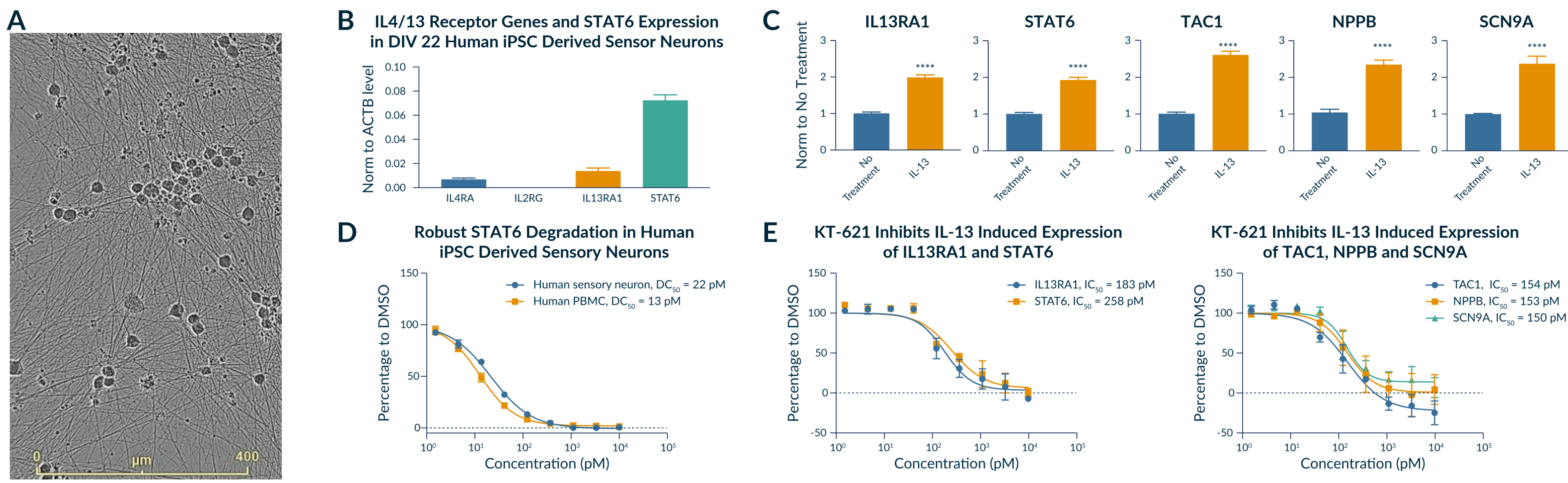


Figure 4. KT-621 Potently Degrades STAT6 Across Preclinical Species with Low Oral Doses

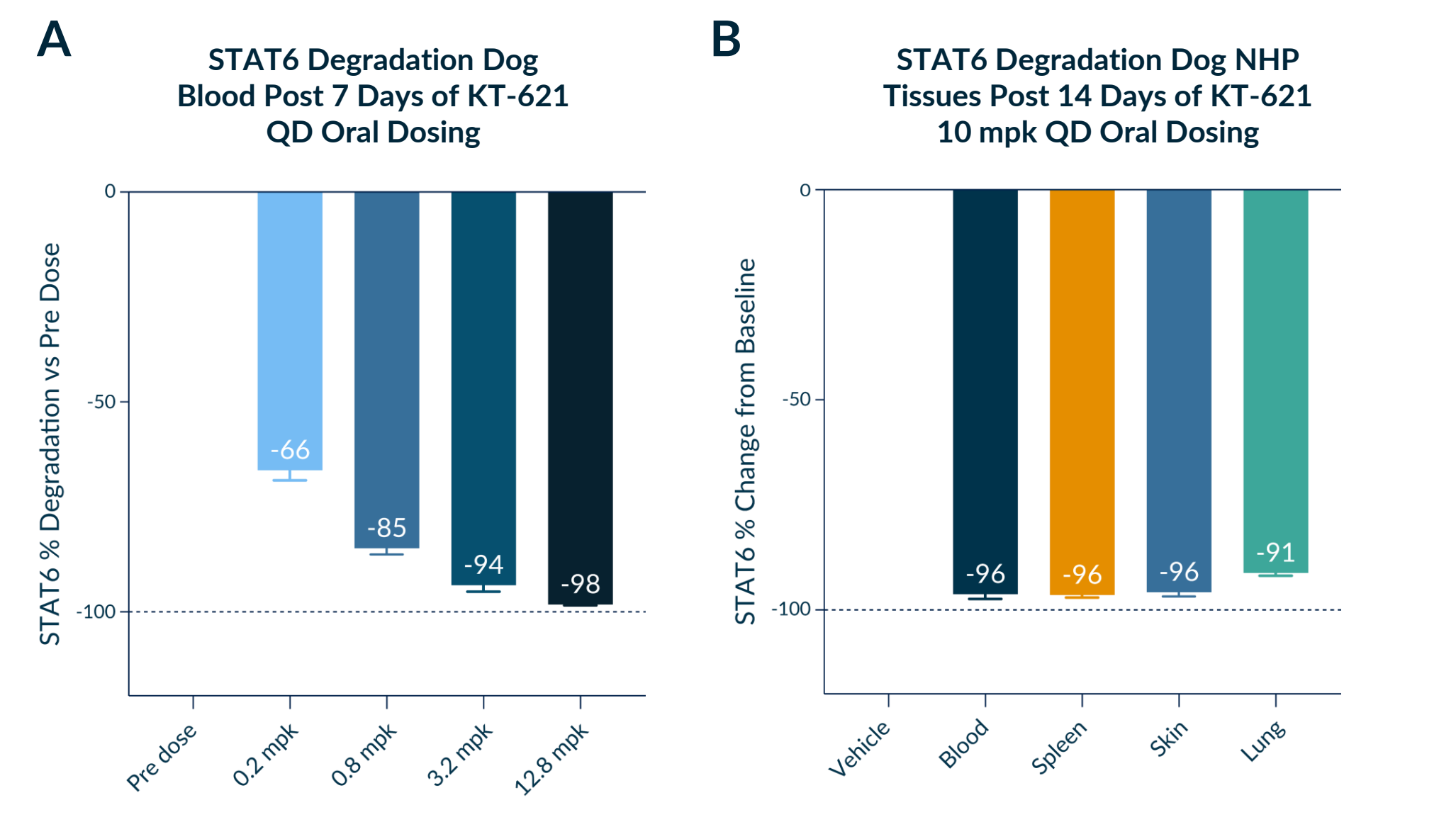


Figure 5. KT-621 Has Robust *in vivo* Activity Comparable to IL-4Ra Saturating Dose of Dupilumab in the MC903 Atopic Dermatitis Model

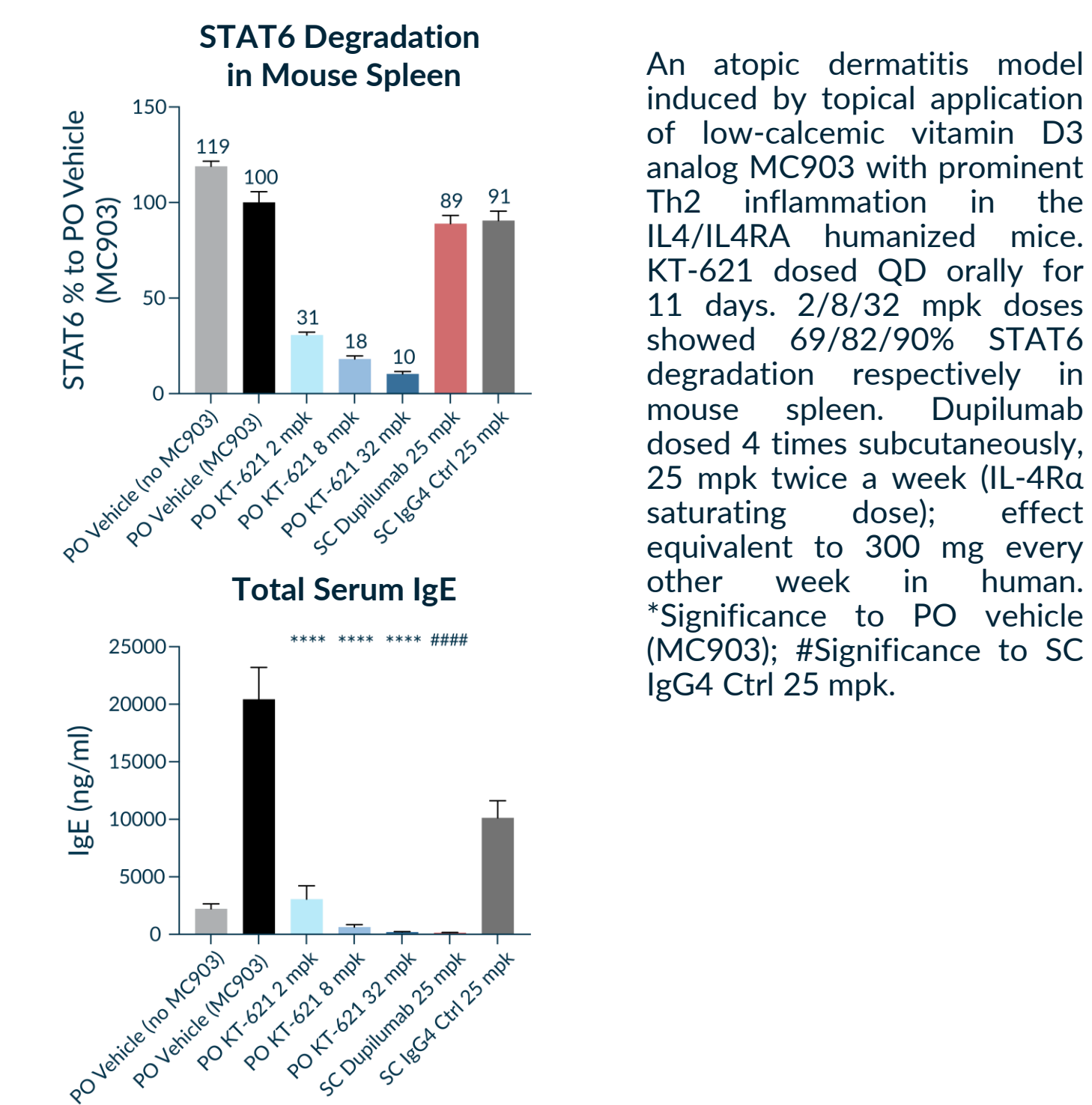
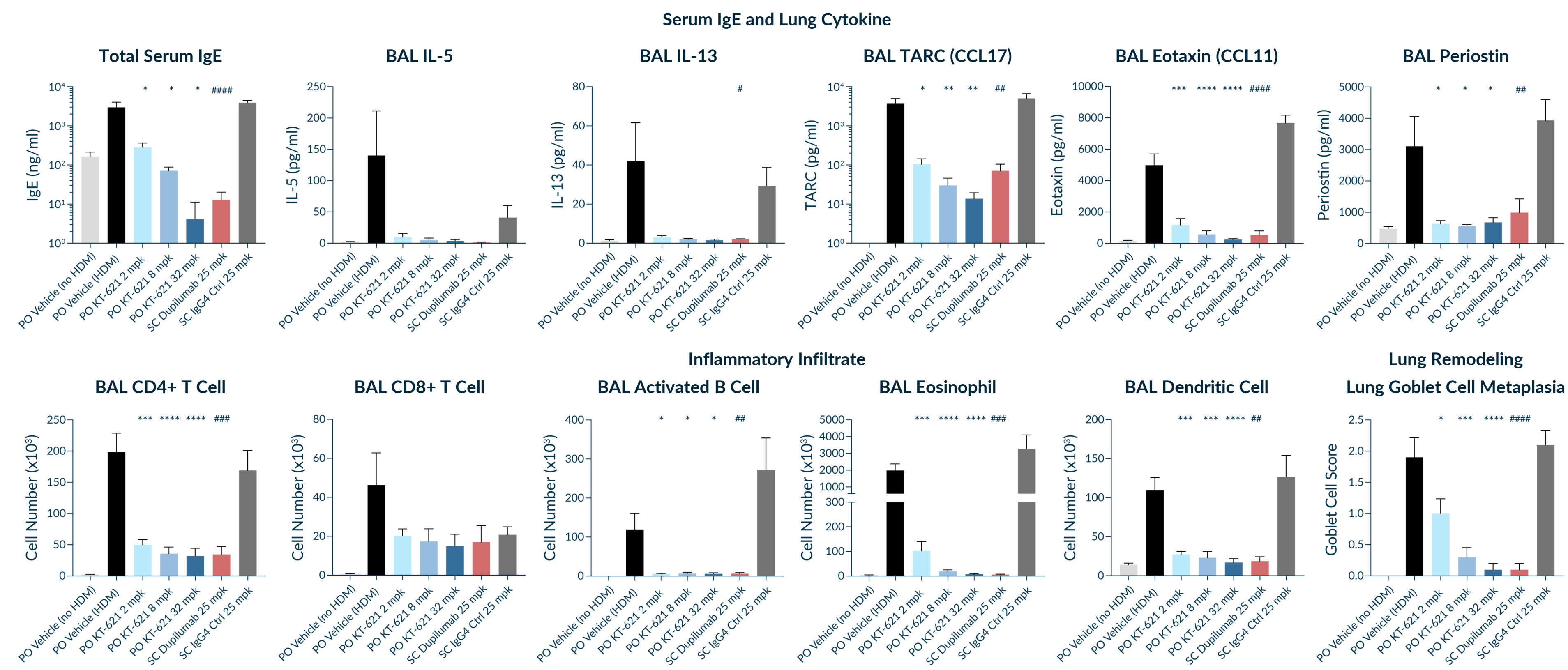


Figure 6. KT-621 Has Robust *in vivo* Efficacy Comparable to IL-4Ra Saturating Dose of Dupilumab in the Intranasal HDM Asthma Mouse Model



A lung inflammation model induced by intranasal house dust mite administration with dominant TH2 inflammation in the IL4/IL4RA humanized mice (Le Floc'h et al. *Allergy*. 2020). KT-621 dosed QD orally for 31 days, 2/8/32 mpk doses showed 72/85/91% STAT6 degradation respectively in mouse spleen. Dupilumab dosed 9 times subcutaneously, 25 mpk twice a week (IL-4Ra saturating dose), effect equivalent to 300 mg every other week in human. BAL, bronchoalveolar lavage. *Significance to PO vehicle (HDM); #Significance to SC IgG4 Ctrl 25 mpk.

METHODS

We have developed a highly potent, selective, orally administered heterobifunctional degrader of STAT6, KT-621, and assessed functions in disease-relevant human primary immune and tissue cells *in vitro*, including TH2 functional assays. Additionally, KT-621 was assessed *in vivo* across multiple preclinical species for STAT6 degradation. We also compared the efficacy of KT-621 to dupilumab *in vivo* in an MC903 induced atopic dermatitis model and a house dust mite (HDM) induced asthma model in the IL4/IL4RA humanized mice.

KT-621 potently and selectively degraded STAT6 in various disease relevant human primary cells including lymphocytes, myeloid cells, epithelial cells, smooth muscle cells, and vascular endothelial cells. As a result of STAT6 degradation, KT-621 fully blocked various IL-4/IL-13 functions in these cells with picomolar potencies comparable or superior to dupilumab, and did not degrade or inhibit any other STAT transcription factors or other proteins. In addition, we established culture of human iPSC derived sensory neurons where KT-621 potently degraded STAT6 and inhibited IL-13 induced expression of the genes involved in itch and pain transmission. At low oral doses, KT-621 demonstrated deep *in vivo* STAT6 degradation, suppressed TH2 biomarkers, and was well-tolerated in multiple preclinical studies. In the MC903-induced atopic dermatitis mouse model, orally administered KT-621 demonstrated robust degradation of STAT6 *in vivo* and marked reduction of total serum IgE comparable to the activity of an IL-4Ra saturating dose of dupilumab. In the HDM induced asthma model, orally administered KT-621 demonstrated similar robust degradation and reduced all cytokine, cell infiltration, and disease severity readouts in the lung and bronchoalveolar lavage fluid comparable or superior to the IL-4Ra saturating dose of dupilumab.

CONCLUSIONS

STAT6 degradation is a novel oral approach for blocking the IL-4/IL-13 signaling pathways. STAT6 degrader KT-621 has best-in-pathway potential for allergic and atopic diseases with a dupilumab-like activity profile and oral dosing.

- KT-621 is a picomolar STAT6 degrader with exquisite selectivity developed with a clinically validated degrader platform.
- STAT6 degradation by KT-621 fully blocks IL-4/13 in key human TH2 cellular assays with picomolar IC₅₀s lower than dupilumab.
- KT-621 demonstrates downregulation of itch and pain related gene transcripts induced by IL-13 in human sensory neurons.
- KT-621 is orally bioavailable and can fully degrade STAT6 *in vivo* across several preclinical species including NHP with low oral doses.
- STAT6 degradation by KT-621 robustly inhibits TH2 inflammation *in vivo* in the mouse MC903 atopic dermatitis and HDM asthma model comparable to the IL-4Ra monoclonal antibody dupilumab.
- KT-621 is well tolerated in multiple preclinical species and safety studies at concentrations that were 40-fold above efficacious concentrations.
- IND-enabling studies completed and Phase 1 trial to start in the second half of 2024.

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DISCLOSURES

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