



Targeting Macrophages in Amyloidosis

Mario Nuvolone

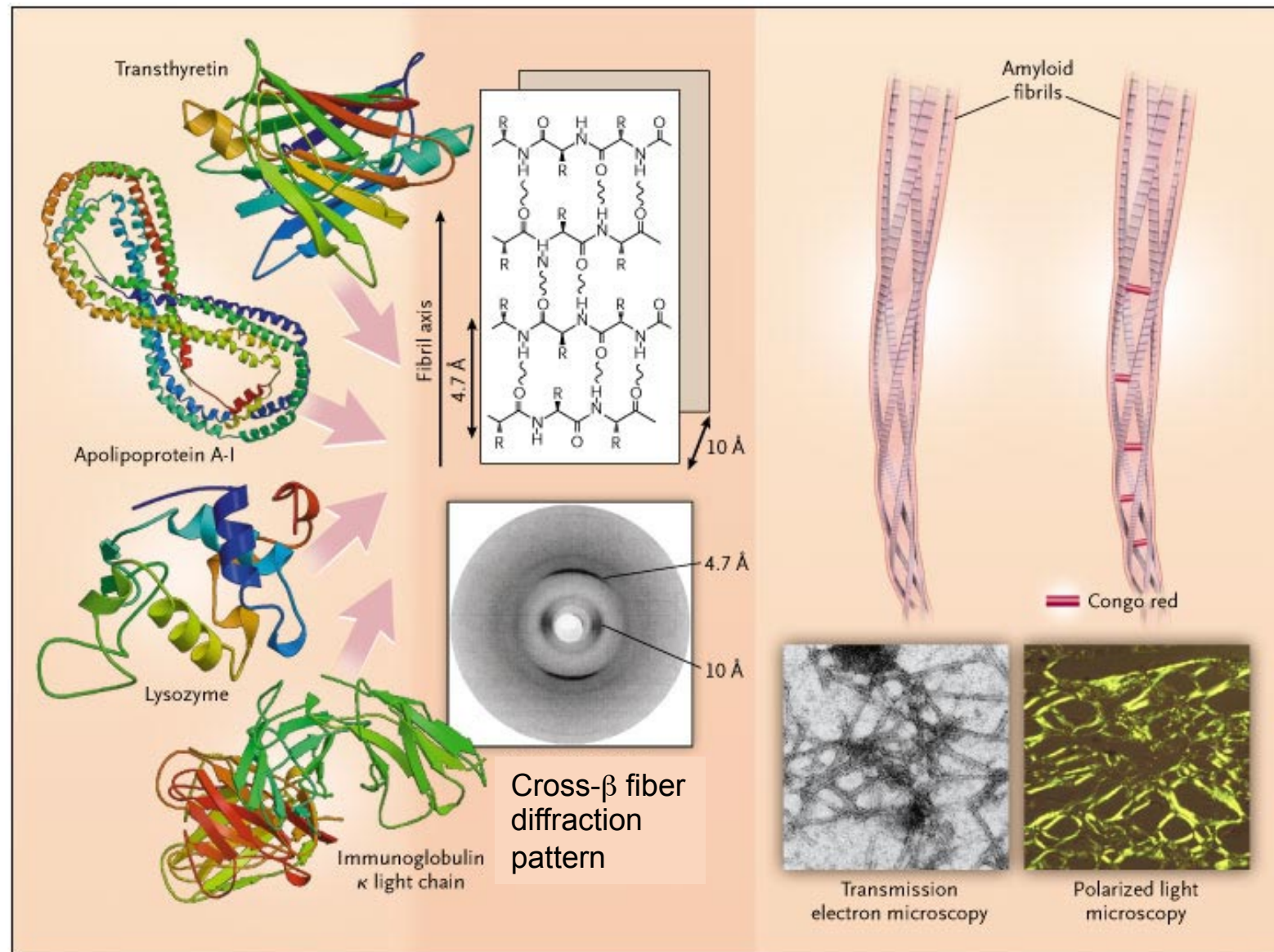
Amyloidosis Research and Treatment Center

Foundation IRCCS Policlinico San Matteo

University of Pavia, Italy

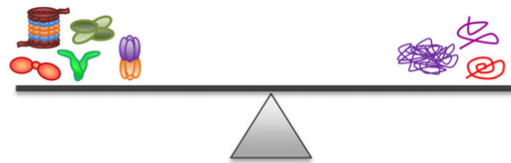


Amyloidoses: Protein Misfolding and Deposition Diseases



Protein homeostasis (Proteostasis)

BALANCING PROTEOSTASIS



Maintain the proteome in a native conformation, the correct location and concentration

EXTRACELLULAR PROTEOSTASIS

BIOGENESIS AND FOLDING

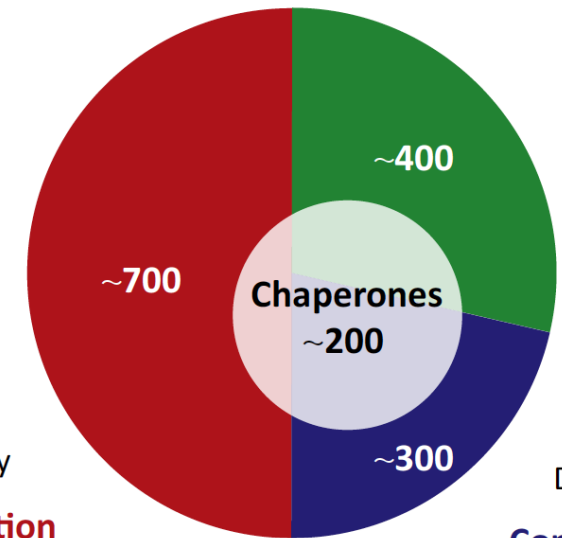
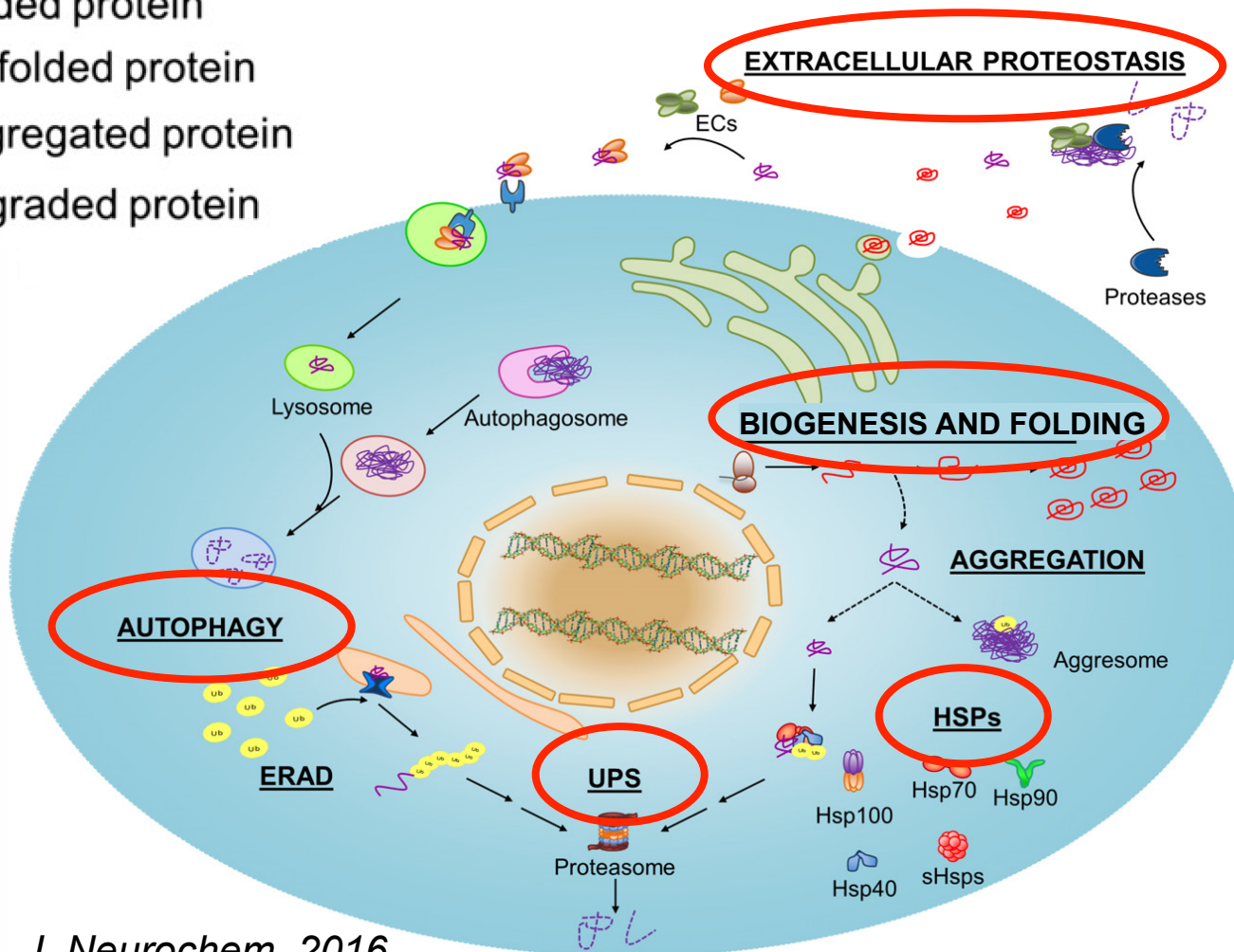
AGGREGATION

AUTOPHAGY

HSPs

UPS

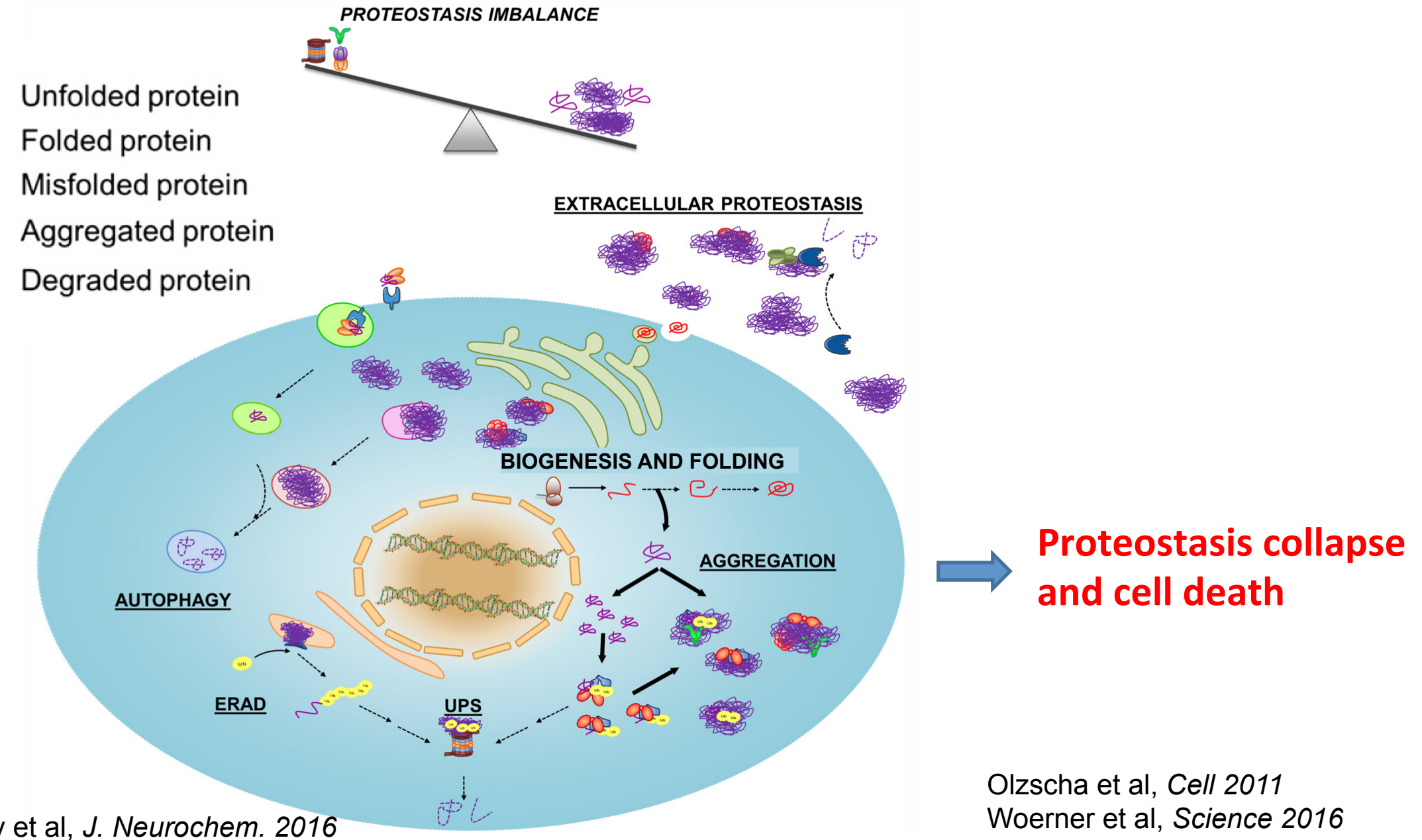
ERAD



UPS
Autophagy
Degradation

Conform
maint

Proteostasis imbalance during aging



Olzscha et al, *Cell* 2011
Woerner et al, *Science* 2016

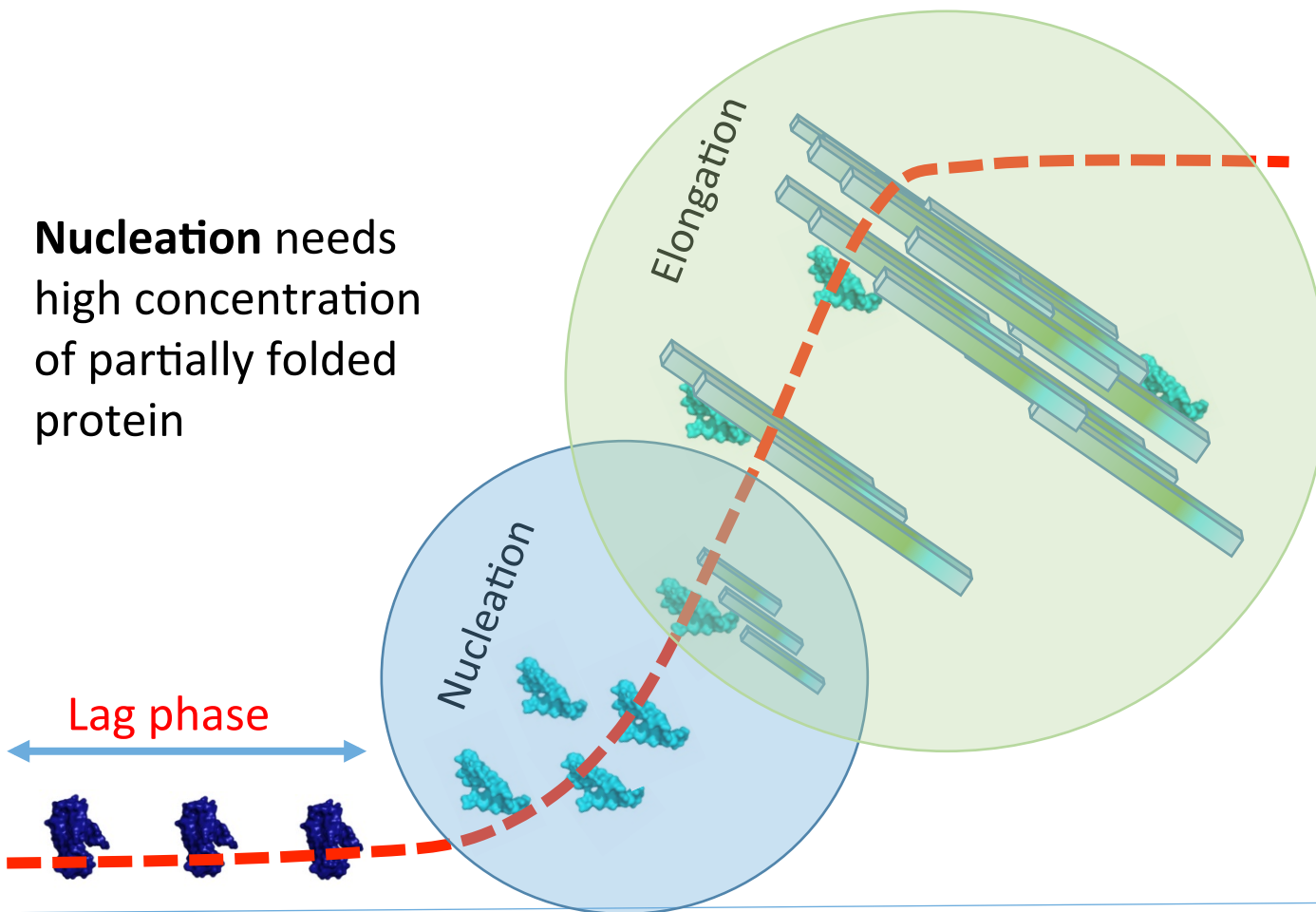
Nucleation needs high concentration of partially folded protein

Elongation can proceed even at low concentration of the precursor protein

Early diagnosis

Rapid and profound decrease of the amyloid precursor

Lag phase



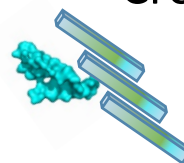
Native protein



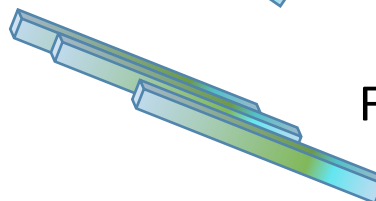
Partially folded protein

→ Time

Cross beta-sheet oligomers



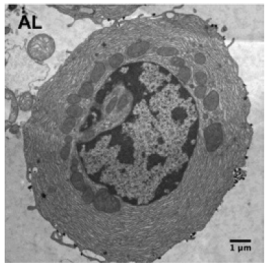
Fibrils



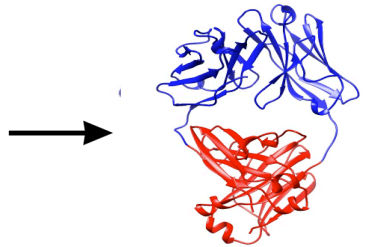
Reduction of the load of amyloid fibrils

Molecular events leading to AL amyloidosis

ence 10.5 per million person-years¹ - 10-15% of multiple myeloma patients develop AL amyloidosis²



Small dangerous
B cell clone³
 λ LC in $\sim 78\%$



Kinetically/
thermodynamically
unstable LC^{4,5}

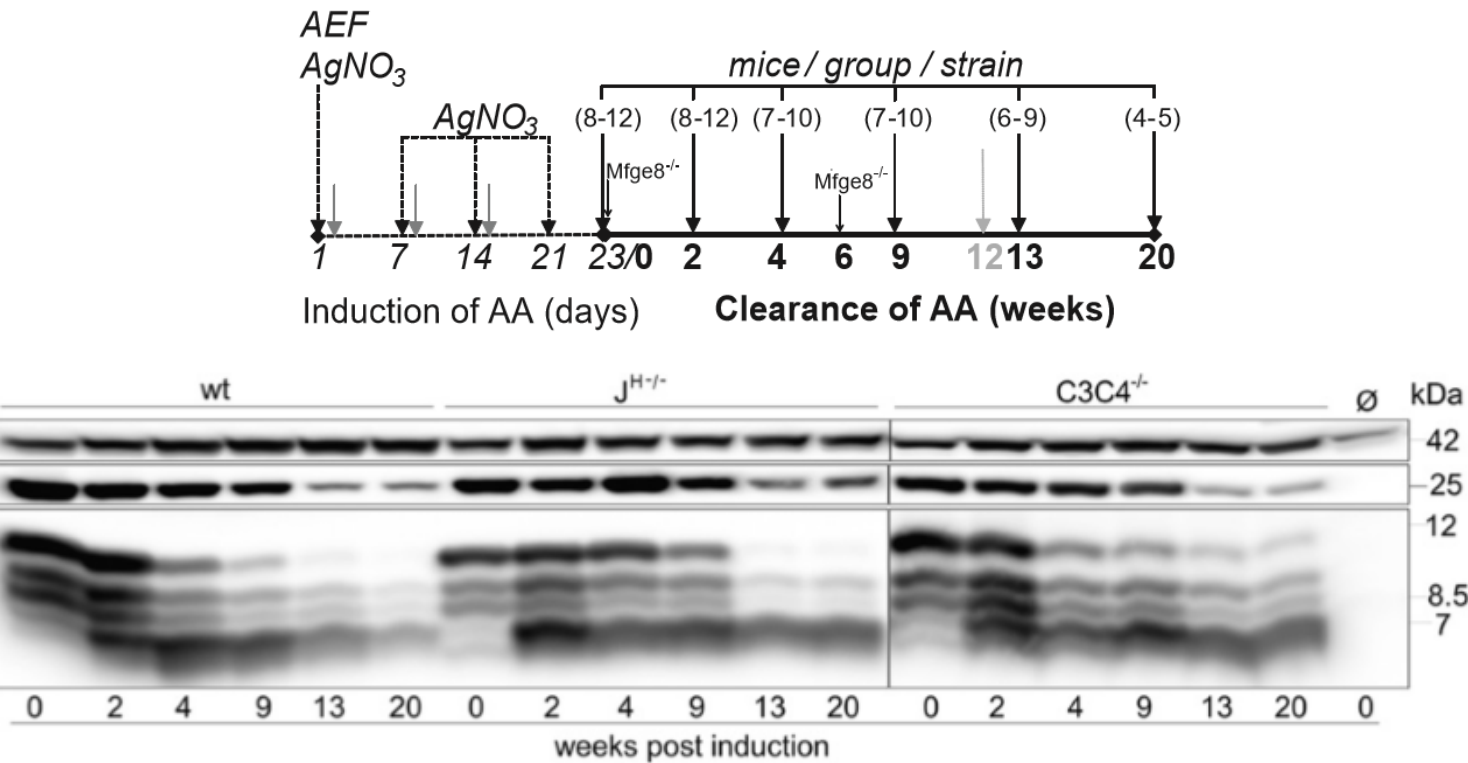
Macrophages and amyloid clearance

Efficient Amyloid A Clearance in the Absence of Immunoglobulins and Complement Factors

Marina,*, Mario Nuvolone,^{*†‡§} Charlotte Whicher,^{*} Nathalie Frei,^{*} Veronika Kana,^{*} Petra Schwarz,^{*} Westermark,[¶] and Adriano Aguzzi^{*}

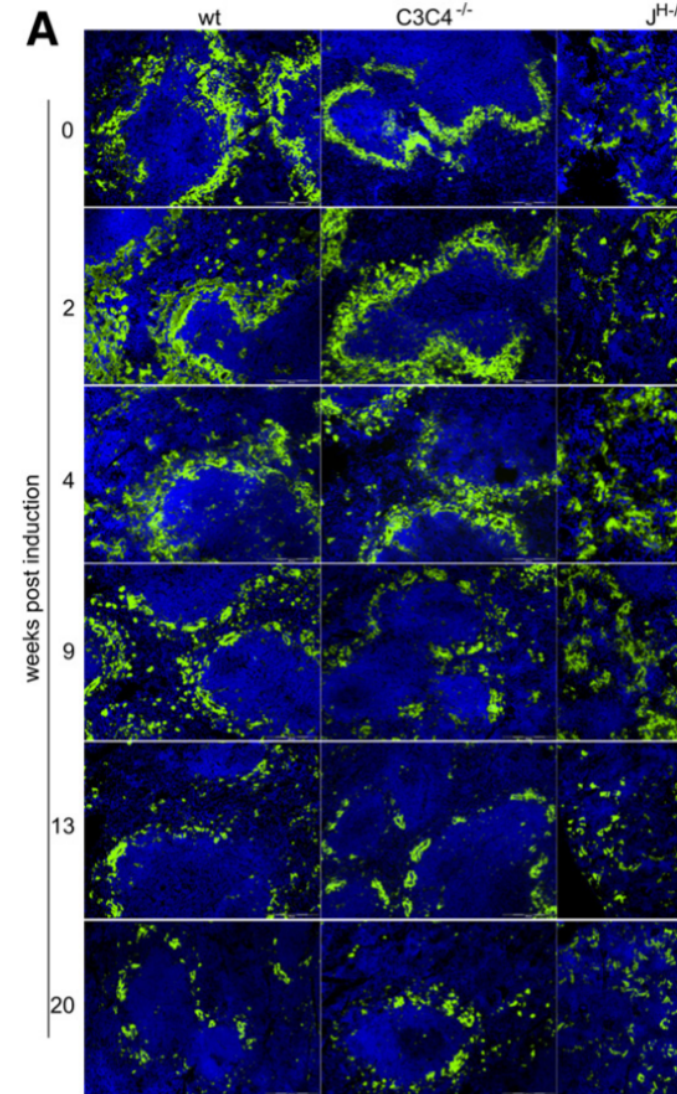
The American Journal of
PATHOLOGY

ajp.amjpathol.org



Genetic ablation of either Ig (J^H^{-/-}) or complement components C3/C4^{-/-}) does not impinge spontaneous amyloid resorption

Redundancy of mechanisms of natural amyloid clearance

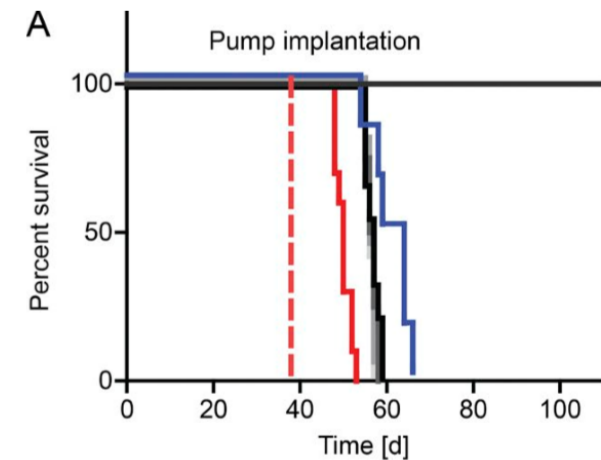
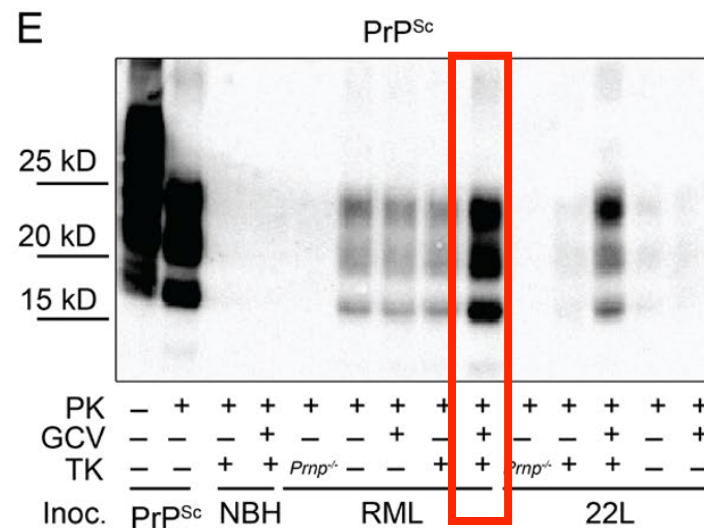
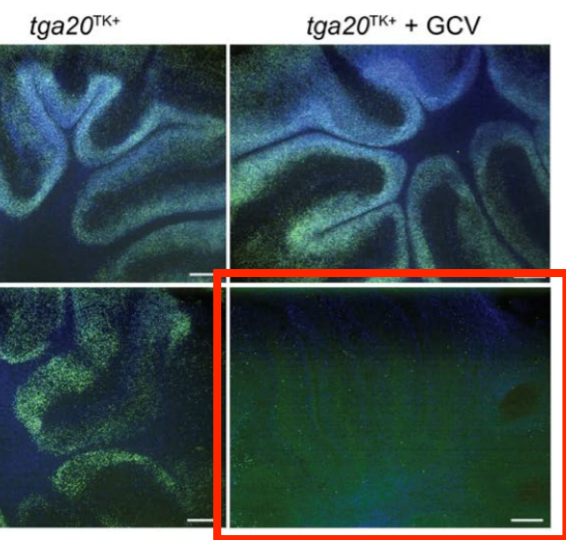


Neuroprotective role for microglia in prion diseases

JE

ng Zhu,* Uli S. Herrmann,* Jeppe Falsig, Irina Abakumova, Mario Nuvolone, Petra Schwarz, Frauenknecht, Elisabeth J. Rushing, and Adriano Aguzzi

f Neuropathology, University Hospital Zurich, 8091 Zurich, Switzerland



tga20^{+/+TK-}
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Microglia removal in cerebellar organotypic slices from mice expressing a suicide transgene leads to neuronal loss and accumulation of misfolded, disease-associated prion protein

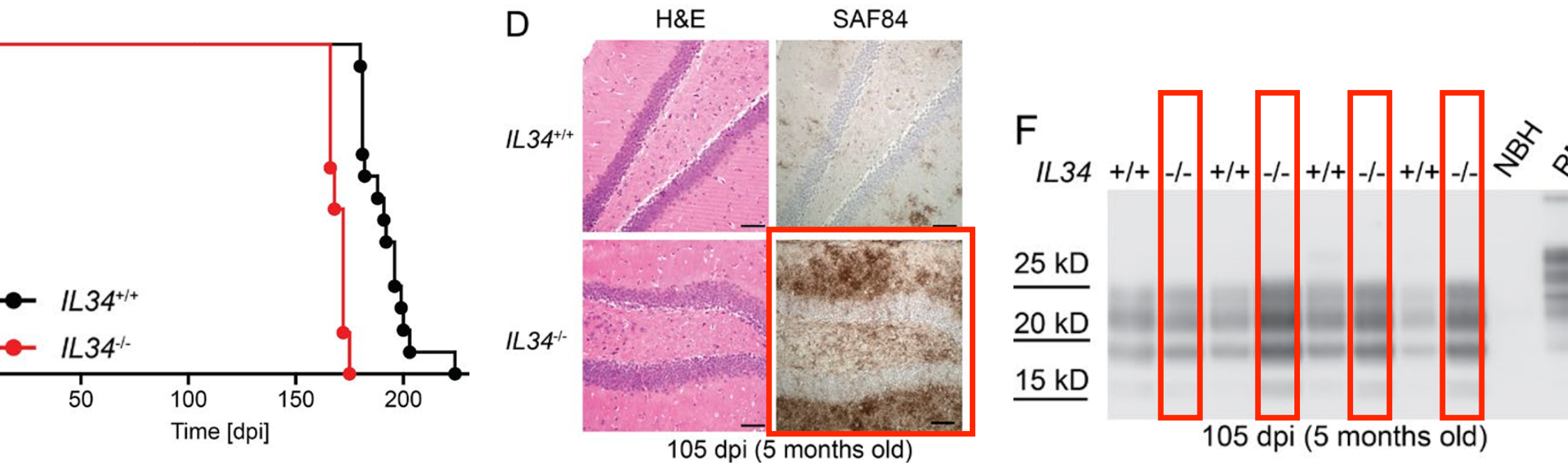
Microglia removal *in vivo* through osmotic minipumps leads to accelerated disease

Neuroprotective role for microglia in prion diseases

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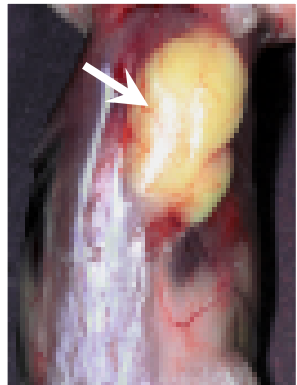
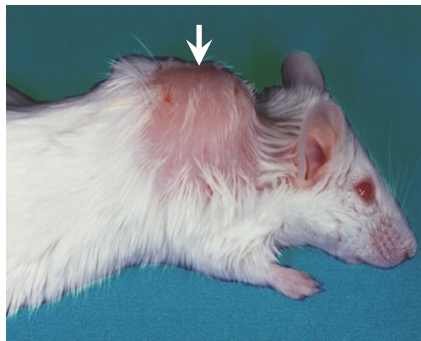
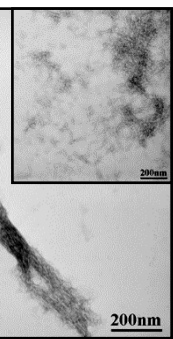


inoculation of mice with reduced numbers of microglia (*IL34^{-/-}*) leads to accelerated disease and increased accumulation of misfolded, disease-associated prion protein

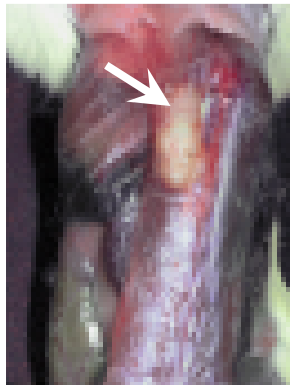
Microglia exert a neuroprotective role in prion disease

Arming Macrophages to promote amyloid clearance
A novel therapeutic paradigm in amyloidoses

Passive immunotherapy to promote amyloid clearance: 11-1F4 Ab



Untreated

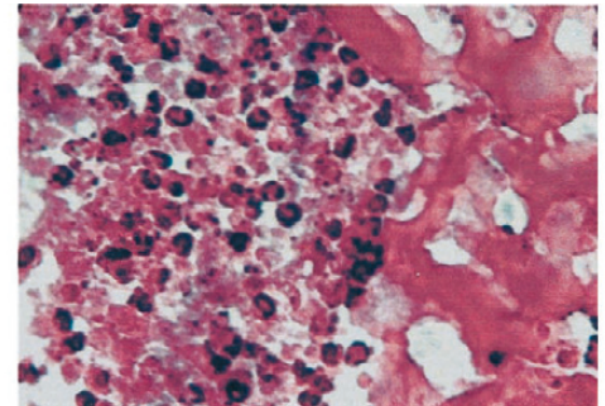
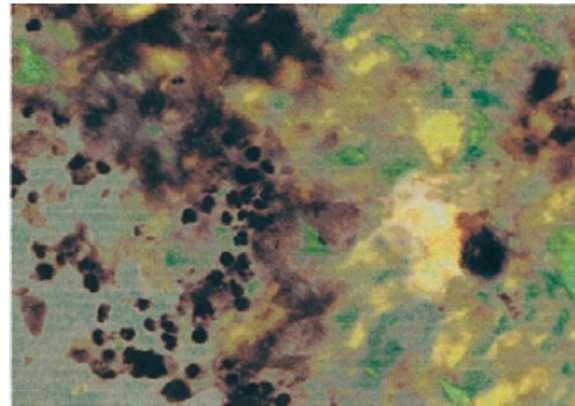


Treated

m11-1F4 Ab: mouse IgG1 monoclonal Ab recognizing a conformational epitope present in AL (κ and λ) and other type of amyloids

Repeated administrations of m11-1F4 to mice bearing a subcutaneous amyloidoma resulted in accelerated amyloid resorption

Amyloidolysis was accompanied by neutrophil infiltration



Wall JS et al. Blood 2010;116:2241-2244.

Chimeric m11-1F4 is currently under clinical evaluation

Hrncic et al. Am J Pathol
Walls et al. Blood

Clinical evaluation of chimeric m11-1F4 Ab

off-label, dose-escalation phase 1a/b of fibril-reactive antibody 11-1F4 (CAEL-101)

refractory patients

Ab 11-1F4 as a single intravenous infusion (phase 1a)

series of weekly infusions for 4 weeks (phase 1b)

dose-escalation "up and down" design

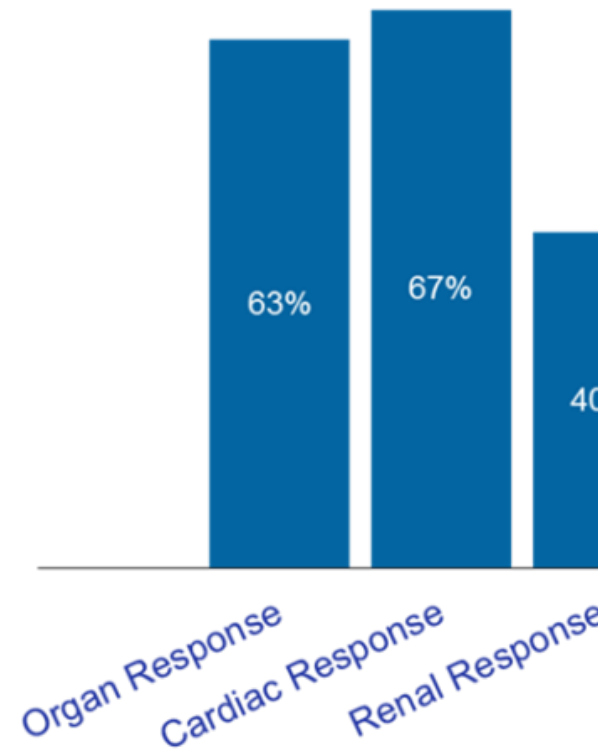
10 patients completed phase 1a and 19 patients completed phase 1b

no grade 5 AEs

1 patient with skin rash (neutrophil infiltration surrounding amyloid at biopsy)

median time to response: 2 weeks

Chen, et al. abstract 509, ASH 2017



Passive immunotherapy to promote amyloid clearance: anti-SAP therapy

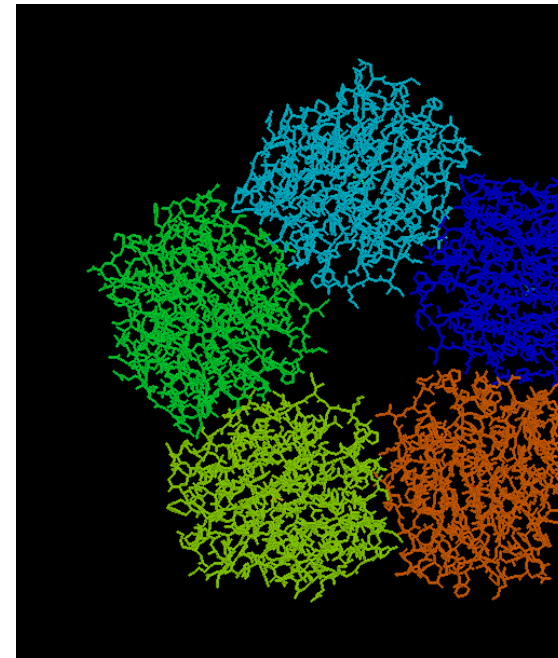
Human serum amyloid P component (SAP):

Normal plasma glycoprotein

Common, minor constituent of all human amyloid

Its presence stabilizes amyloid deposits

Amyloid deposition is delayed in *Sap*^{-/-} mice



Antibodies to human serum amyloid P component eliminate visceral amyloid deposits

Adin^{1*}, Stephan Ellmerich^{1*}, Melvyn C. Kahan¹, Glenys A. Tennent¹, Andrzej Loesch¹, Janet A. Gilbertson¹, Winston L. Hutchings¹, P. Mangione^{1,2}, J. Ruth Gallimore¹, David J. Millar¹, Shane Minogue³, Amar P. Dhillon⁴, Graham W. Taylor¹, Arthur R. Bradburn⁵, Petrie⁷, Julian D. Gillmore¹, Vittorio Bellotti^{1,2}, Marina Botto⁸, Philip N. Hawkins¹ & Mark B. Pepys¹

NOVEMBER 2010 | VOL 468 | N

Investigate therapeutic partnership of CPHPC and anti-SAP mAb

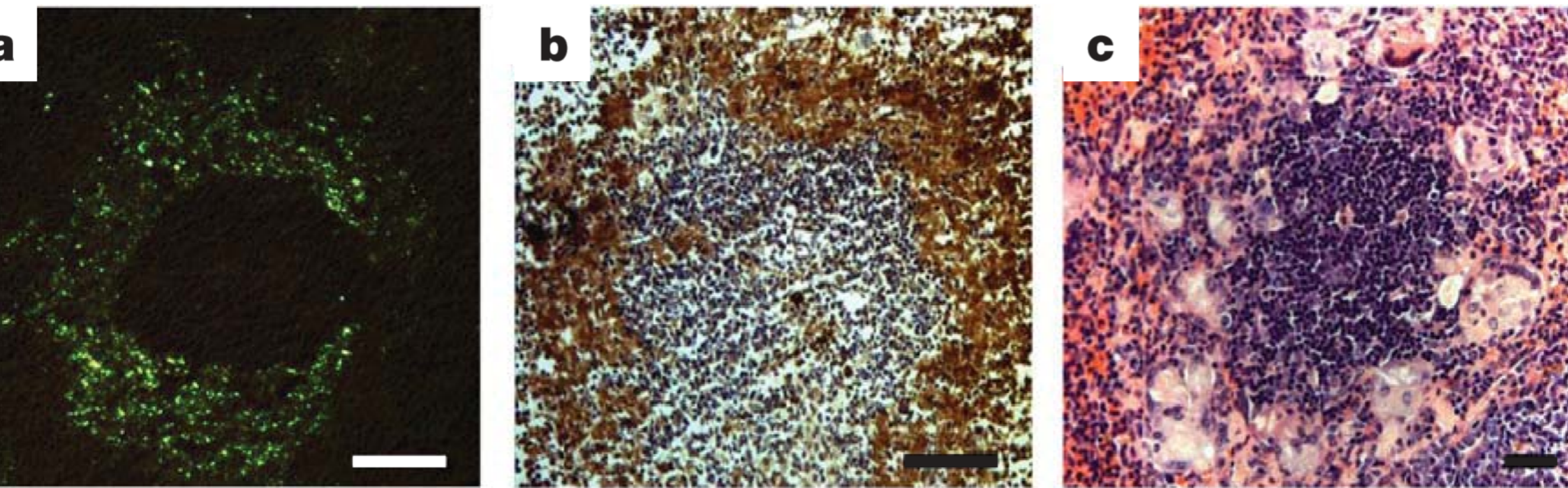
CPHPC: crosslinking and elimination of circulating SAP

anti-SAP mAb: binding to residual SAP within amyloid deposits

Antibodies to human serum amyloid P component accelerate visceral amyloid deposits

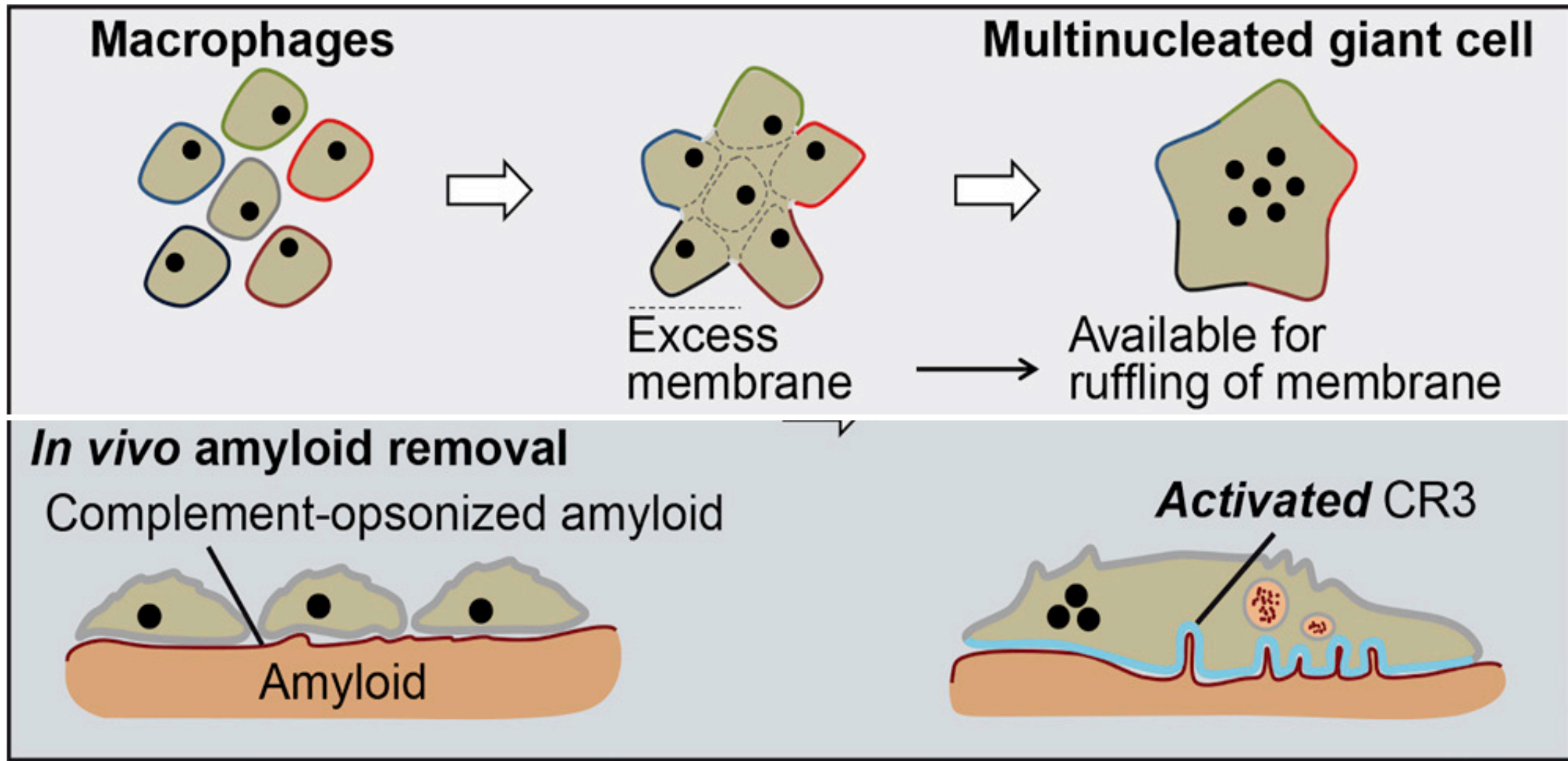
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HPC + anti-SAP mAb lead to accelerated amyloid removal in a murine model of AA amyloidosis
Amyloid removal occurred through a complement-dependent, macrophage-derived giant cell reaction

Multinucleated Giant Cells Are Specialized for Complement-Mediated Phagocytosis and Large Target Destruction



Therapeutic Clearance of Amyloid by Antibodies to Serum Amyloid P Component

Duncan B. Richards, D.M., Louise M. Cookson, B.Sc.,
Alienor C. Berges, Pharm.D., Sharon V. Barton, M.Sc.,
Thirusha Lane, R.N., M.Sc., James M. Ritter, D.Phil., F.Med.Sci.,
Ana Fontana, M.D., James C. Moon, M.D., Massimo Pinzani, M.D., Ph.D.,
Gillian D. Gillmore, M.D., Ph.D., Philip N. Hawkins, Ph.D., F.Med.Sci.,
October 17, 2015 and Mark B. Pepys, Ph.D., F.R.S.

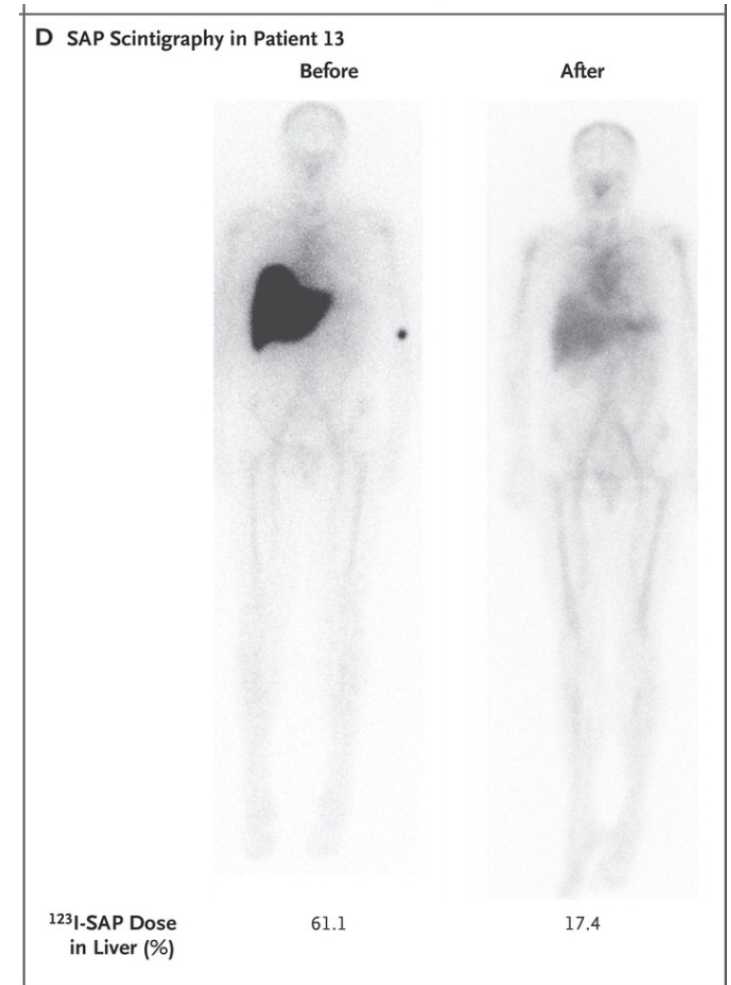
Deplete plasma of SAP
using CPHPC



Some SAP still remains on amyloid deposits



Inject anti-SAP antibody to target amyloid deposits



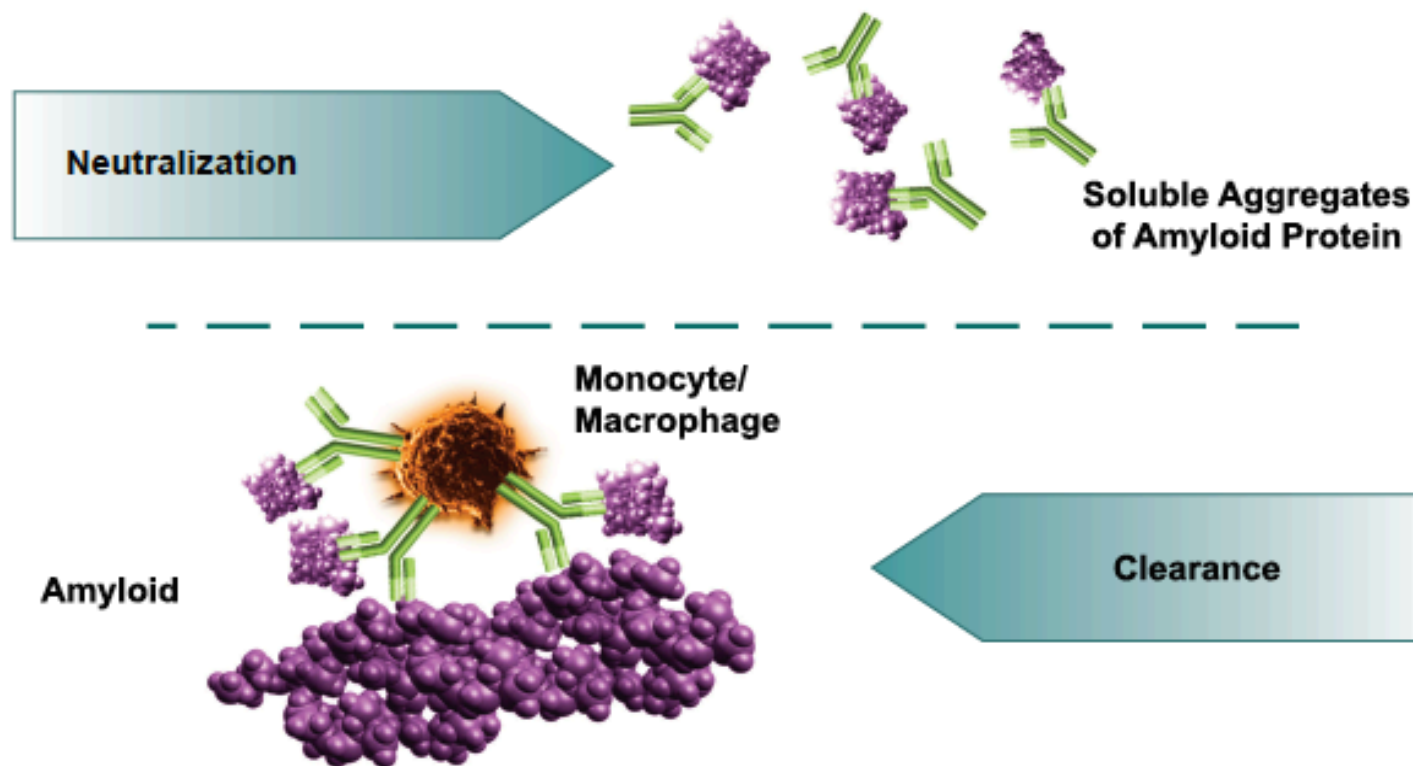
- 15 pts with different forms of systemic amyloidosis
 - Intravenous infusion of CPHPC (**Miridesap**)
 - Single intravenous administration of a fully human anti-SAP monoclonal IgG1 antibody (**Dezamizumab**)
- Reduced hepatic amyloid load and liver stiffness

Passive immunotherapy to promote amyloid clearance: NEOD001

Humanized monoclonal antibody (IgG1)

Targets to an epitope that is unique to the misfolded LC protein

The proposed mechanism of action involves:

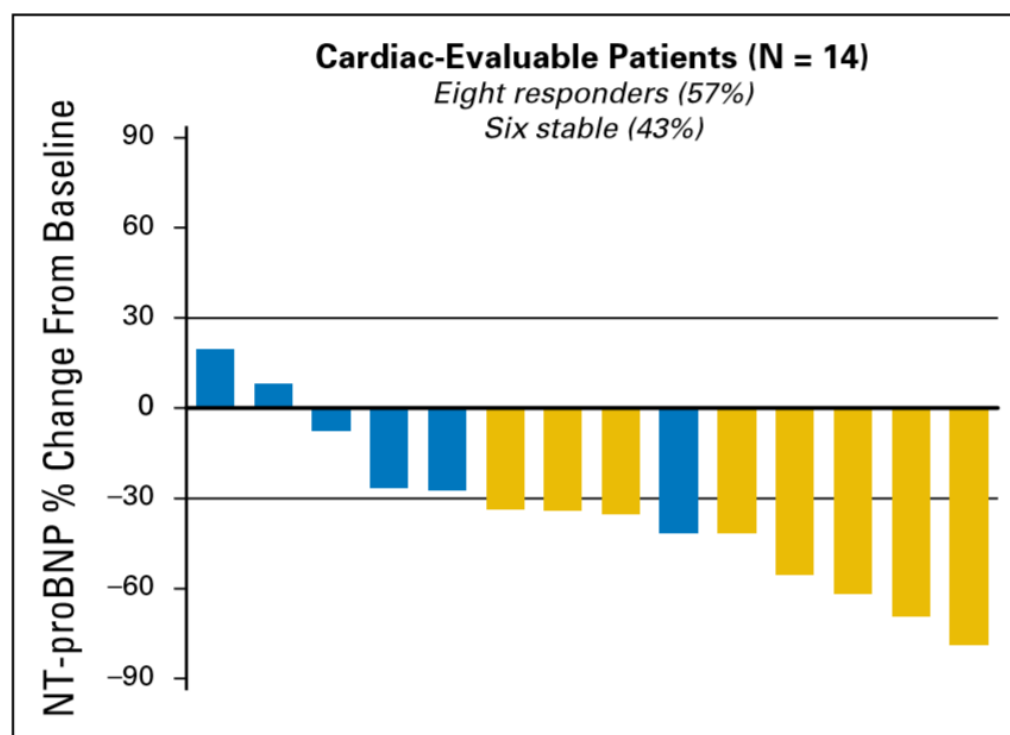


First-in-Human Phase I/II Study of NEOD001 in Patients with Light Chain Amyloidosis and Persistent Organ Dysfunction

VOLUME 34 • NUMBER 10 • APRIL 1, 2016

JOURNAL OF CLINICAL ONCOLOGY

by Anne A. Gertz, Heather Landau, Raymond L. Comenzo, David Seldin,[†] Brendan Weiss, Jeffrey Zonder, Paolo Merlini, Stefan Schönland, Jackie Walling, Gene G. Kinney, Martin Koller, Dale B. Schenk, Peter D. Guthrie, and Michaela Liedtke



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by **Robert A. Gertz, Heather Landau, Raymond L. Comenzo, David Seldin,† Brendan Weiss, Jeffrey Zonder, Paolo Merlini, Stefan Schönland, Jackie Walling, Gene G. Kinney, Martin Koller, Dale B. Schenk, Peter D. Guthrie, and Michaela Liedtke**

Prothena

2018

[◀ Previous Release](#)

Prothena Discontinues Development of NEOD001 for AL Amyloidosis

Phase 2b PRONTO study did not meet its primary or secondary endpoints

Phase 3 VITAL Amyloidosis Study being discontinued based on futility analysis

Conclusions

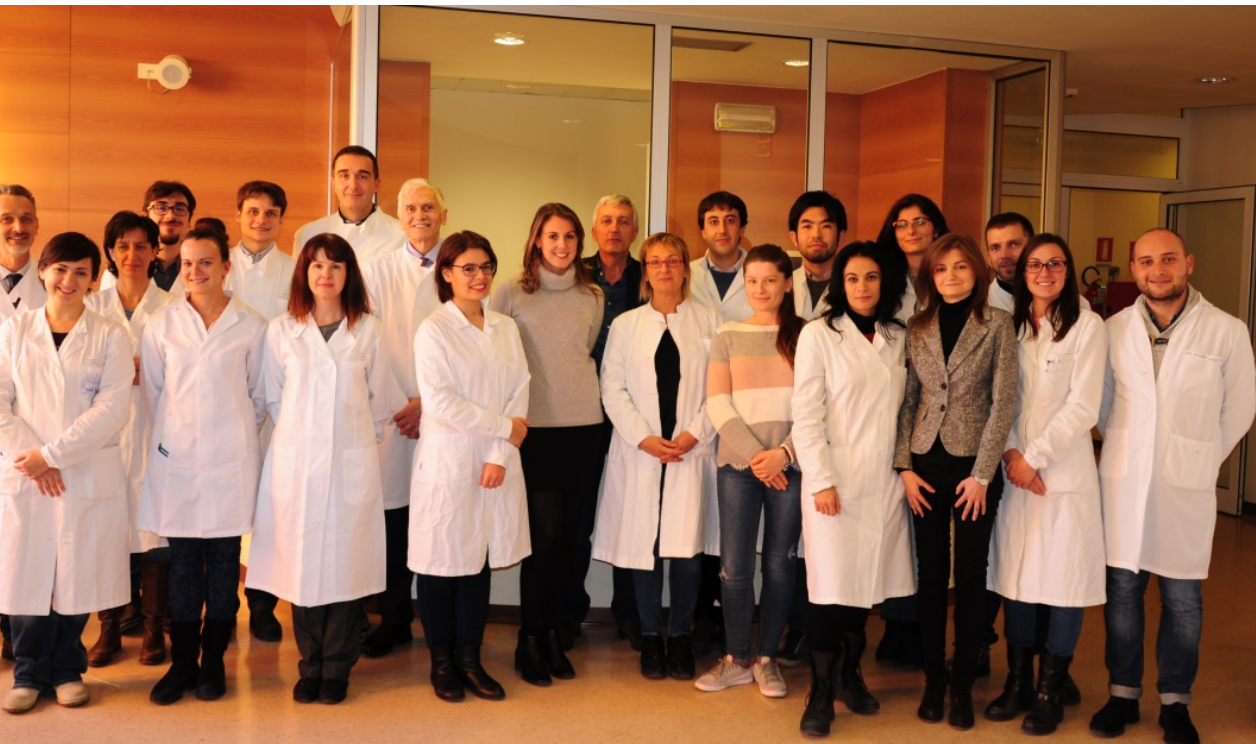
Eliminating or reducing the production of the amyloidogenic precursor, when possible, remains the mainstay of therapy against amyloid diseases

Assistive therapy to promote macrophage-mediated amyloid clearance is a potential novel therapeutic approach deserving further investigations

Anti-SAP therapy is particularly attractive for those forms of amyloid diseases where reduction of the amyloidogenic precursor is currently not feasible

Acknowledgements

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