Development and Characterization of SPY003, a Novel Extended Half-Life Monoclonal Antibody Drug Candidate Targeting IL-23 for the Treatment of IBD

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Background

IL-23 inhibition has been proven to be well-tolerated and effective in the treatment of Crohn's disease (CD) and ulcerative colitis (UC).



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About SPY003

Phase 1 expected to start in Q1 2025

Similar epitope target as

potency and selectivity

Half-life extension through

validated Fc modification to enable Q3M-Q6M SC dosing

Effector-null human IgG1 Fc

IND-enabling tox studies

initiated

risankizumab with comparable

SPY003 binds to a similar epitope on the p19 subunit of IL-23 as risankizumab



Y003 epitope Risankizumab epitope

Figure 1: The SPY003 epitope was resolved by negative stain EM; illustrative location is overlayed with the crystal structure IL-23. The p19 subunit is shown in light grey.

SPY003 includes a YTE modification in the Fc region for extended half-life



Figure 3: YTE modification extends half-life by increasing IgG binding affinity to FcRn at low pH, increasing antibody recycling and reducing lysosomal degradation.

- SPY003 exhibits high selectivity and affinity for IL-23 and potently inhibits downstream cellular signaling.
- SPY003 offers the potential for effective and safe treatment of CD and UC as a monotherapy or combination backbone, with the advantage of infrequent SC maintenance dosing.

References

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Methods and Results

SPY003 exhibits similar potency to risankizumab in multiple assays



SPY003 exhibits increased half-life in non-human primates compared to risankizumab





IL-17 release - human PBMCs-

pSTAT3 EC50 - DB Cells

pSTAT3 EC50 - HEK Cells

IL-17 release - mouse splenocytes-





Figure 5: Simulated PK profiles of SPY003 (IV at W0, W4; SC at W12) and Q12W) and risankizumab (IV at W0, W4, W8; SC dose Q8W) Based on average $t_{1/2}$ extension of ~3x with YTE and published human risankizumab $t_{1/2}$ of 23 days. Solid line: simulated median; Shaded area: IQR. Stochastic simulations: n=2,000 virtual subjects.



Conclusions

Disclosures

BK, MA, JM, SO, JO, and HS are employees of Paragon Therapeutics. JF, DN, MR, and AS are employees of Spyre Therapeutics. All authors own equity in Paragon Therapeutics and/or Spyre Therapeutics.

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EC50/IC50 (nM)