

SZN-1326, a Wnt Signal Activator, is more Efficacious than Cyclosporine A in an Acute DSS Model

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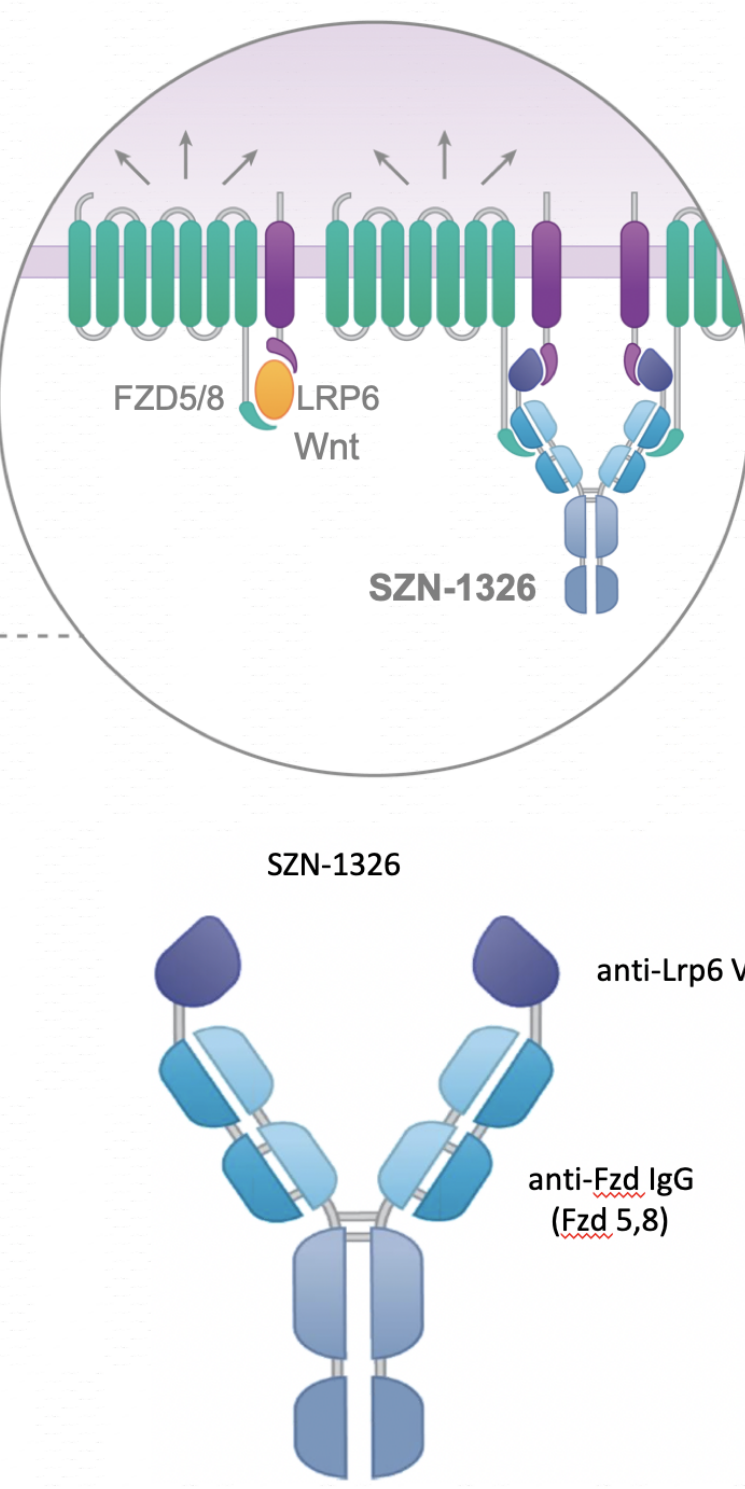
Introduction

Current Inflammatory bowel disease (IBD) treatments focus on inhibition of excessive inflammation, and clinical remission rates have reached a plateau. There is a clear unmet need for agents that directly repair and regenerate the intestinal epithelial barrier as mucosal healing has been associated with reduced hospitalizations and long-term remission.

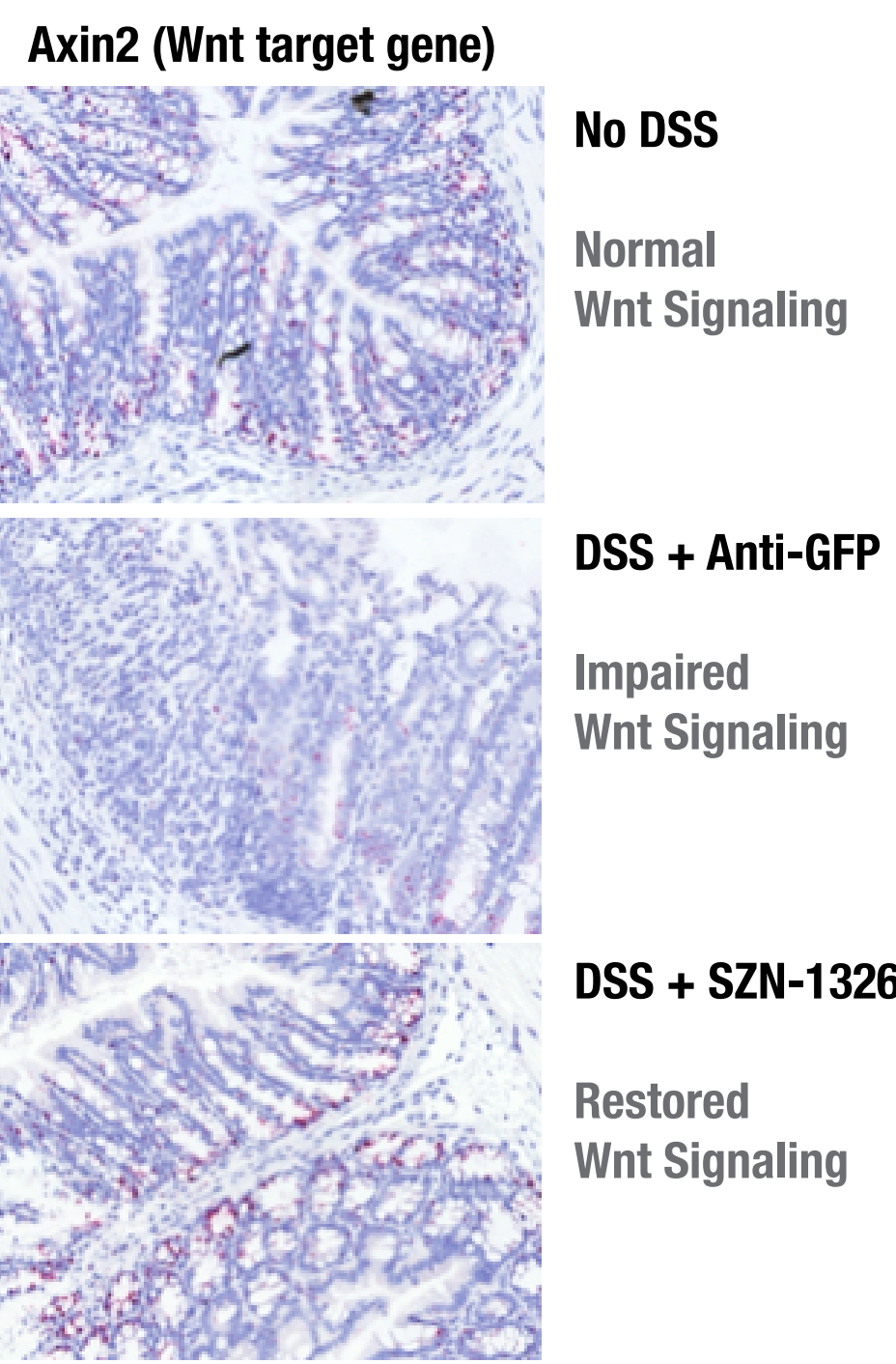
Wnt/ β -catenin signaling promotes intestinal stem cell renewal, is crucial for intestinal epithelial homeostasis and regeneration, and has been shown to be disrupted in IBD. Fzd5, a Wnt receptor, is highly expressed in intestinal epithelium.

We have engineered a FZD5,8 and LRP6 bi-specific effectorless IgG1 antibody, SZN-1326, which potently induced Wnt signaling in a Super Top Flash (STF) Luciferase reporter assay, stimulated intestinal organoid growth, increased Wnt target gene Axin2 expression in the colon tissue and ameliorated Dextran Sulfate Sodium (DSS)-induced colitis in mice.

Selective Binding Profile



Restores Wnt Signaling in Damaged Intestinal Epithelium



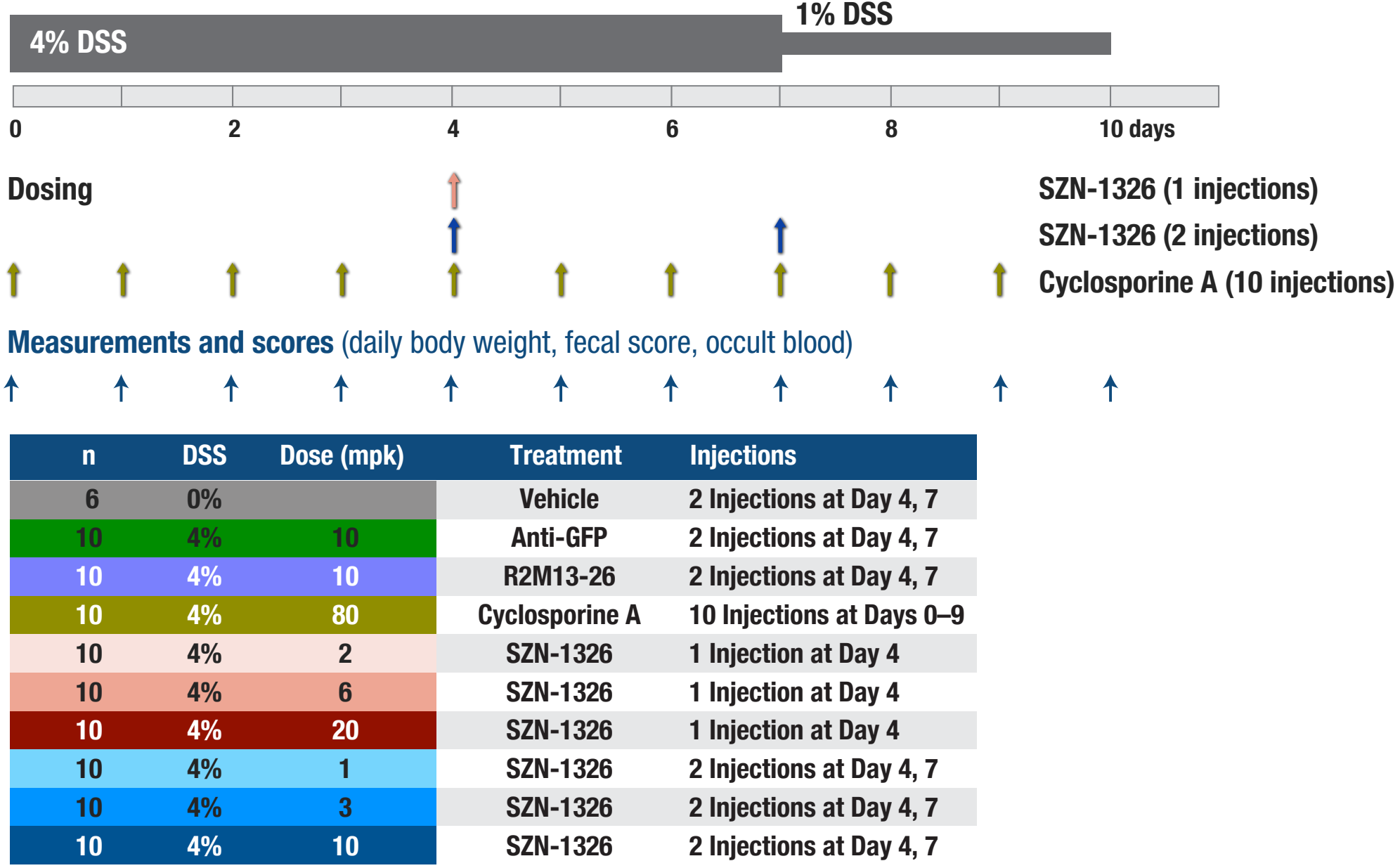
The objective of the current study was to compare the efficacy of SZN-1326 to Cyclosporine A, which has been shown to have activity in an acute DSS-induced colitis mouse model.

Methods

To induce acute colitis, 7- to 8-week-old female C57BL/6 mice were given drinking water containing 4.0% (w/v) DSS for 7 days followed by 1.0% DSS for 3 days.

Groups of mice were treated either with an isotype control antibody (anti-GFP), one intraperitoneal (IP) injection of R2M13-26 (parental version of SZN-1326) at 10 mg/kg, one IP injection of SZN-1326 at 2, 6, 20 mg/kg on day 4 or two injections of SZN-1326 at 1, 3, 10 mg/kg on days 4 and 7, or treated daily with Cyclosporine A by oral gavage at 80 mg/kg on days 0–9, and the mice were taken down on day 10.

Study Design



References

Chen et al. Development of potent, selective surrogate WNT molecules and their application in defining frizzled requirements. Cell Chem Biol, 27:1-12 (2020)

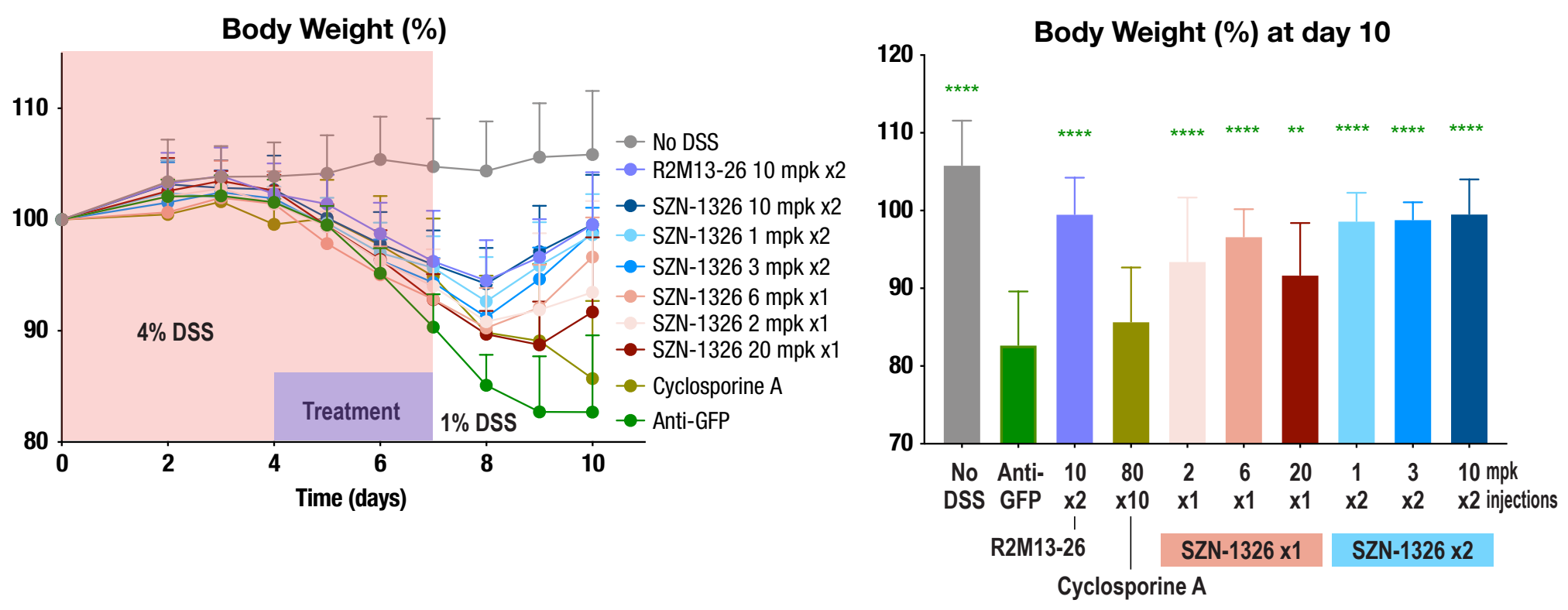
Fowler et al. Development of selective bispecific Wnt mimetics for bone loss and repair. Nat Commun, 31;12(1):3247 (2021)

Acknowledgements

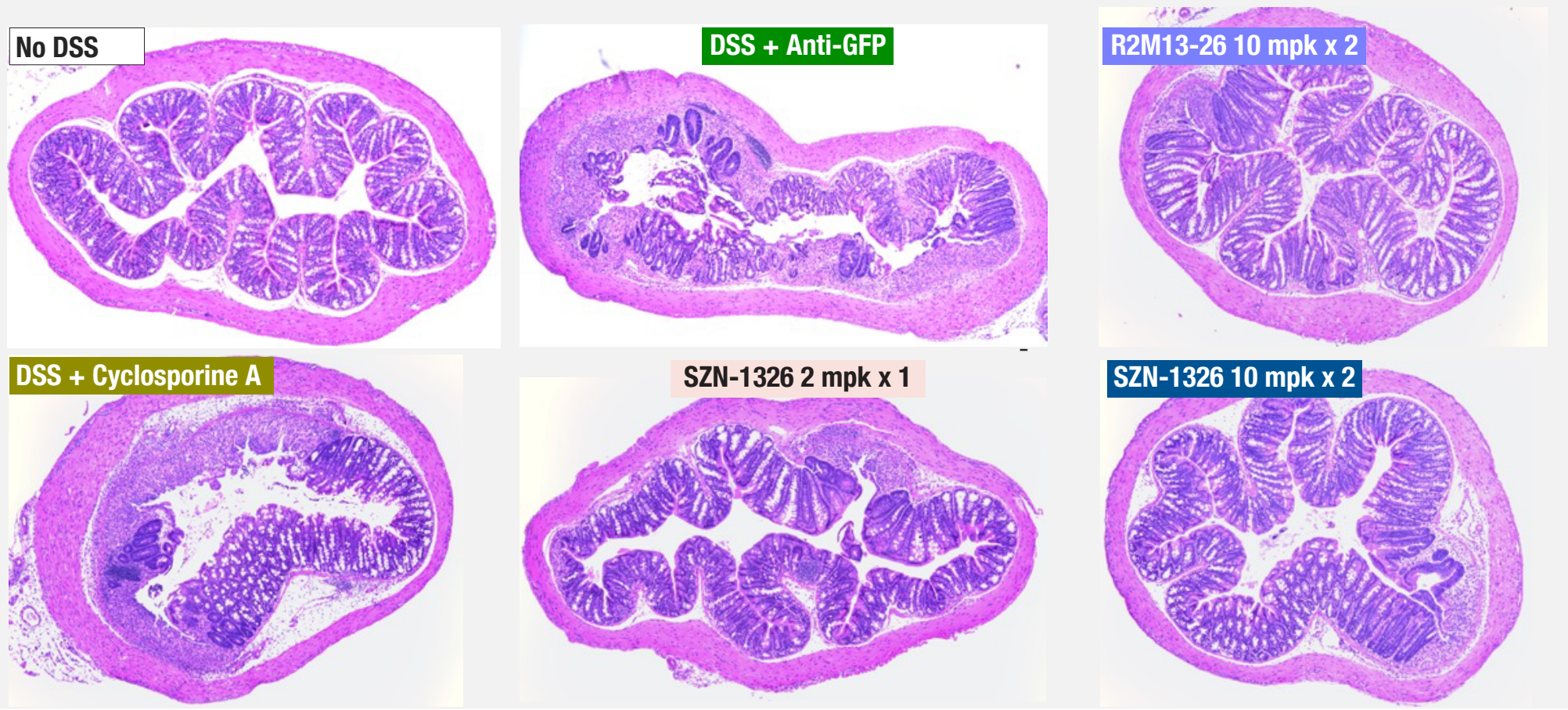
We thank Vincent Meador for histological analysis on colon H&E slides.

Results

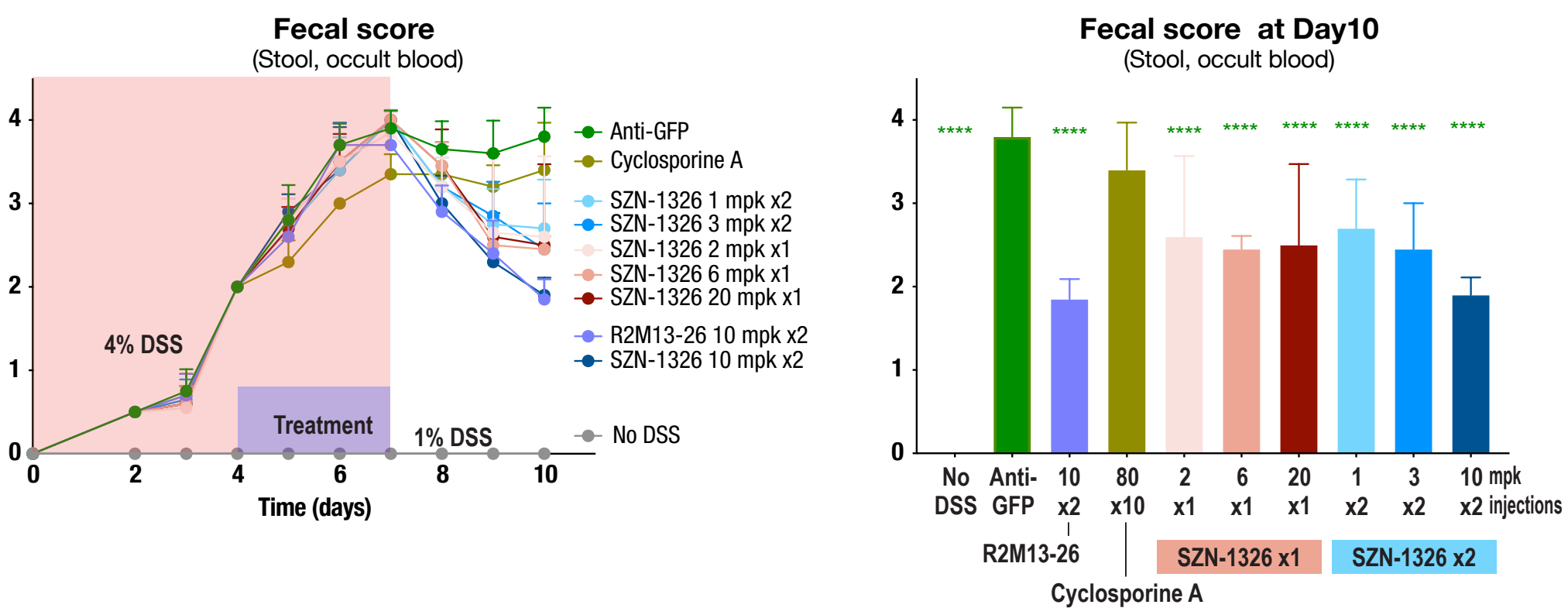
SZN-1326 Treatments Improved Body Weight more than Cyclosporine A



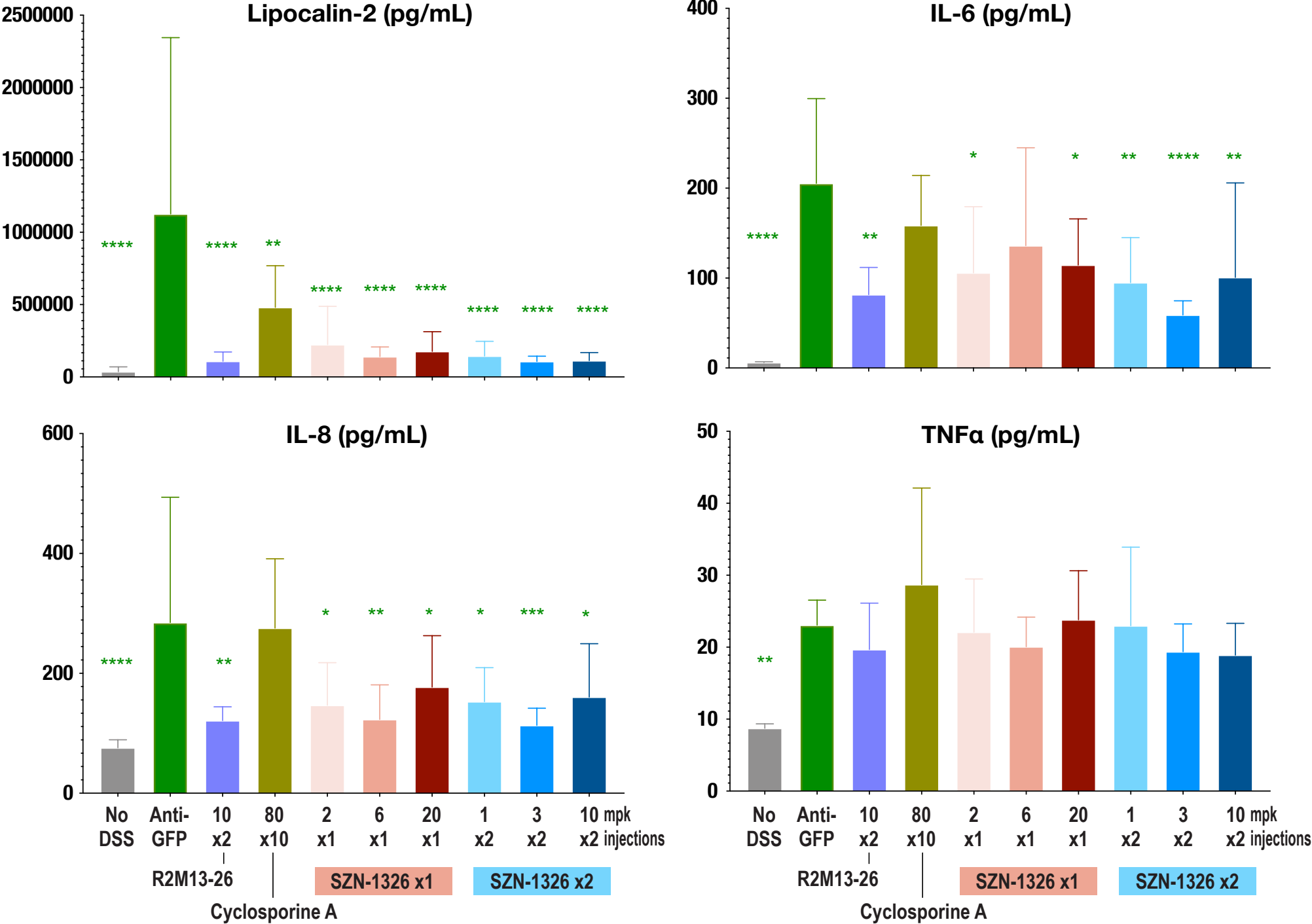
SZN-1326 Treatments Repaired Damaged Colon Epithelium more than Cyclosporine A



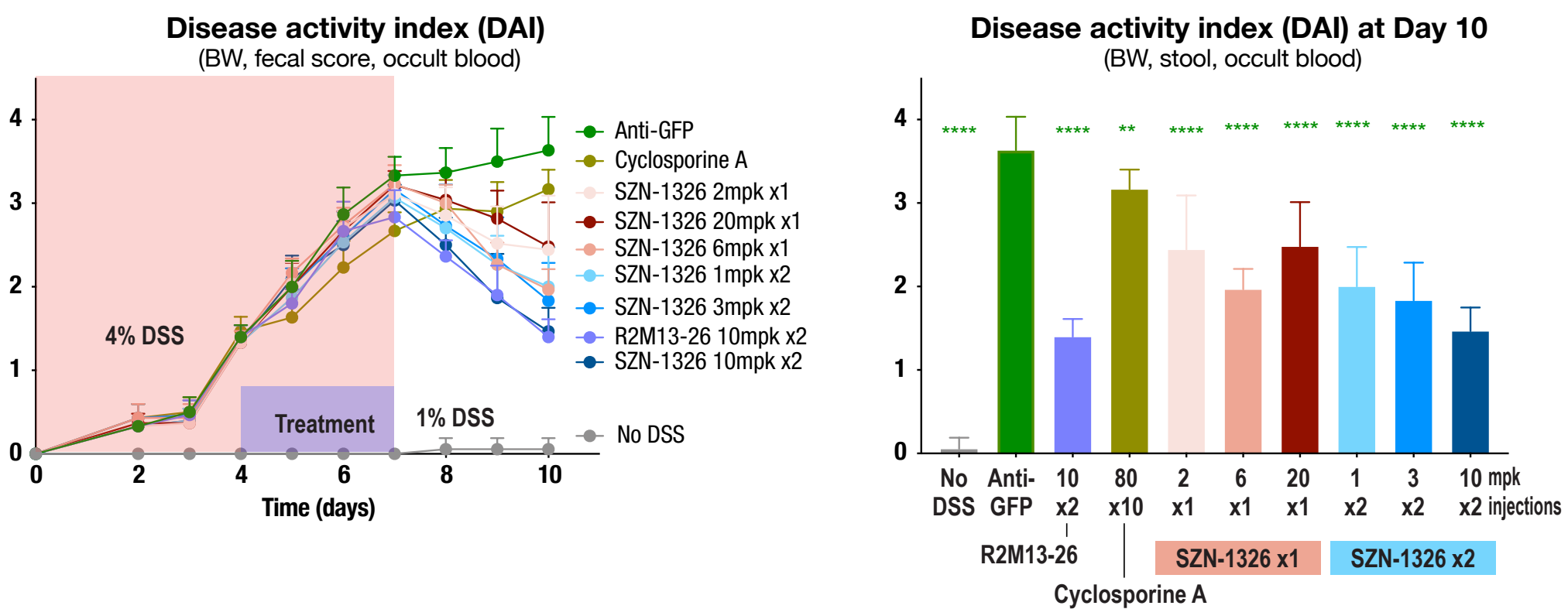
SZN-1326 Treatments Decreased Fecal Score more than Cyclosporine A



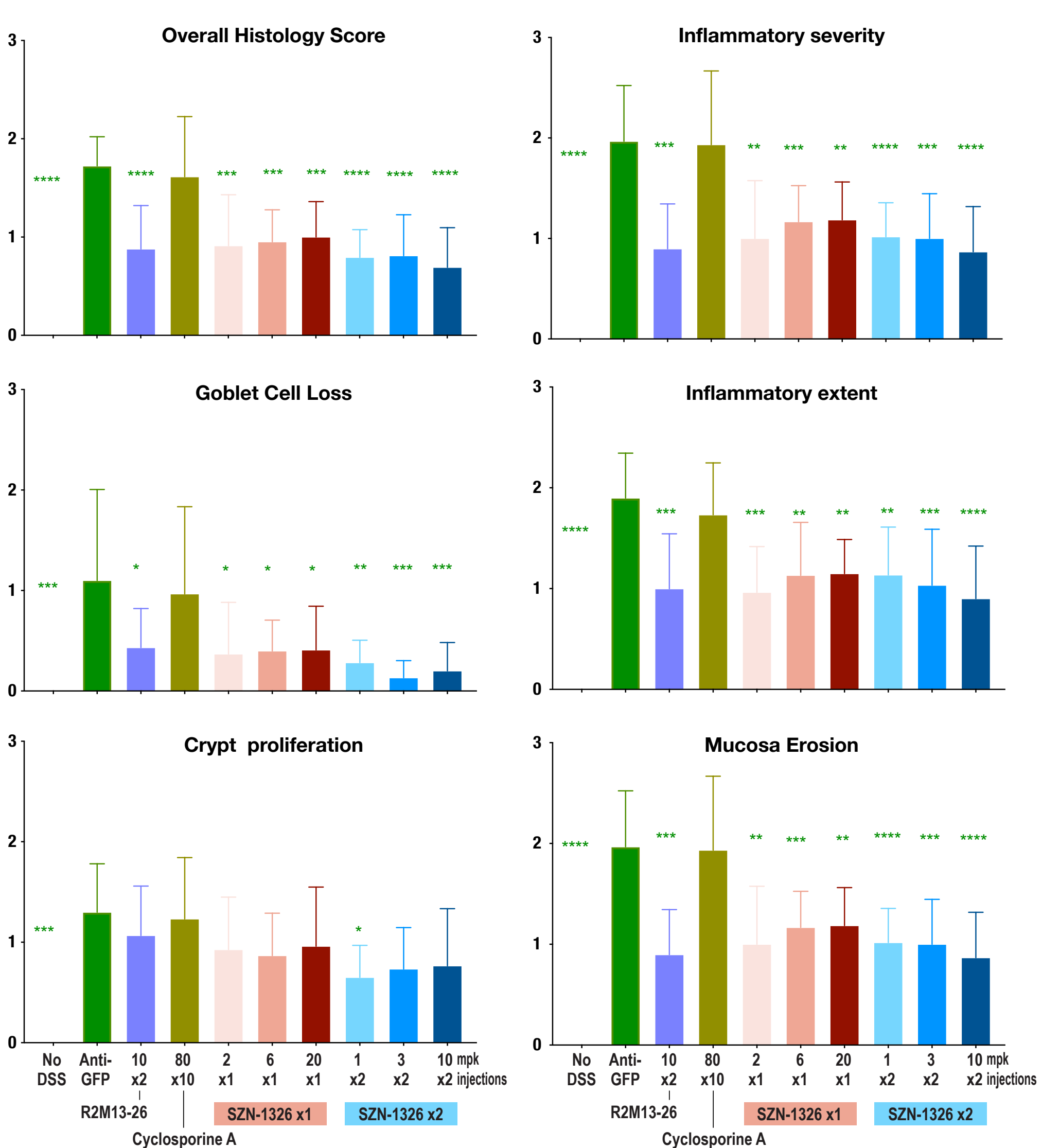
SZN-1326 Treatments Decreased Serum Level of Inflammatory Cytokines more than Cyclosporine A



SZN-1326 Treatments Decreased Disease Activity Index (DAI) more than Cyclosporine A



SZN-1326 Treatments Decreased Colon Histology Severity Scores more than Cyclosporine A



Statistical Analyses: One-way ANOVA, Holm-Sidak test (GraphPad Prism). All comparisons made with the anti-GFP group. Error bars: Mean with SD. * p<0.05, ** p<0.01, *** p<0.001, **** p<0.0001

Histological evaluation showed SZN-1326 treatments repaired the damaged colon epithelium, decreased colon histology scores of inflammation, mucosal erosion, and goblet cell loss, at doses as low as 1 mg/kg dosed twice or a single dose of 2 mg/kg.

Summary

- There is a clear unmet need for agents that directly repair and regenerate the intestinal epithelial barrier and induce mucosal healing in IBD
- SZN-1326 is a bi-specific effectorless IgG1 antibody that binds to Fzd 5,8 and LRP6 receptors on the intestinal stem and progenitor cells
- In the acute DSS model
 - ♦ SZN-1326 repaired the damaged colon epithelium and restored the colon tissue structure
 - ♦ SZN-1326 reduced the histology severity score and improved mucosal healing
 - ♦ SZN-1326 reduced inflammatory cytokines in the serum
 - ♦ SZN-1326 reduced the disease activity index
 - ♦ Efficacy was shown at doses as low as 1 mg/kg dosed twice or a single dose of 2 mg/kg
 - ♦ Cyclosporine A showed only a mild effect on reducing DAI and lipocalin-2

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