

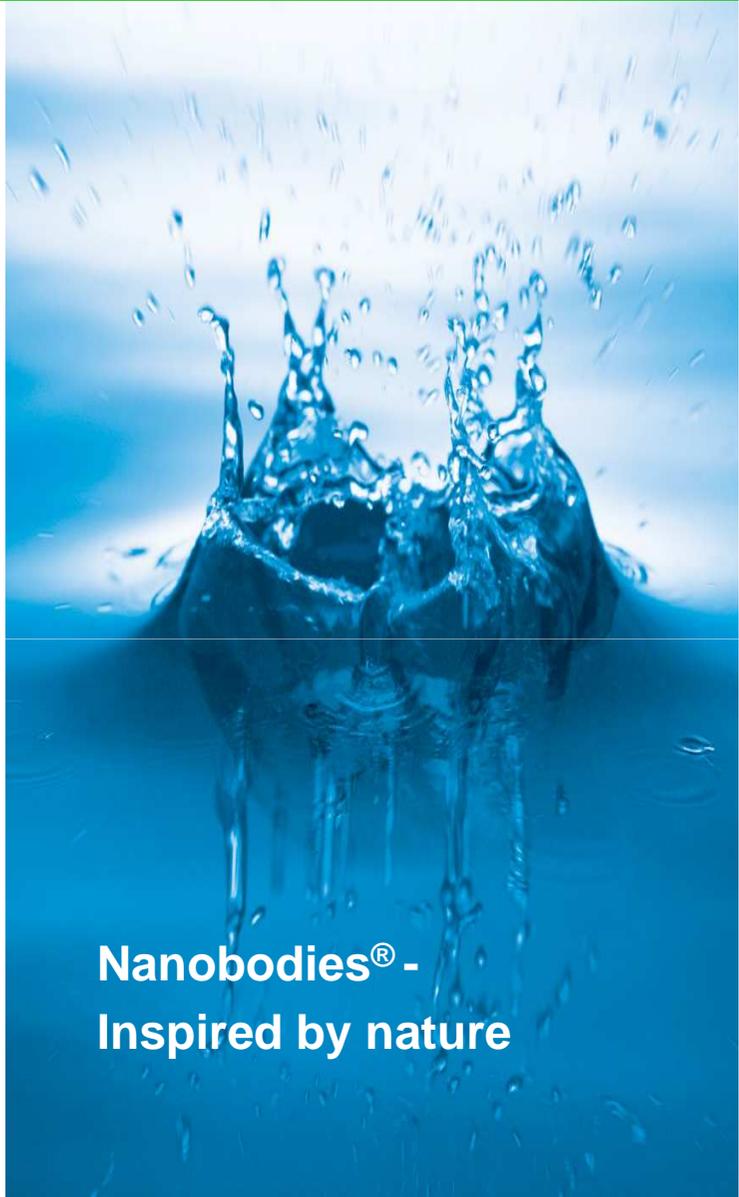


**Population pharmacokinetic/
pharmacodynamic modeling of a new
antithrombotic drug, the Nanobody[®]
ALX-0081/ALX-0681**

Stefaan Rossenu, Senior Scientist, Ablynx NV

PAGE, 2011 (7 -10 June, 2011)

Athens, Greece

A vertical image on the right side of the slide showing a splash of water against a blue background. The water is captured in mid-air, creating a crown-like shape with many small droplets. The background is a gradient of blue, and the water's reflection is visible in the lower part of the image.

**Nanobodies[®] -
Inspired by nature**

Agenda

Y Introduction

- anti-von Willebrand Factor (vWF) Nanobody (ALX-0081/ALX-0681)
 - product characteristics and mode of action
 - PK characteristics

Y PK/PD modeling results

- structural model
- final model
- VPC (PK and PD)
- application of the model (special populations)

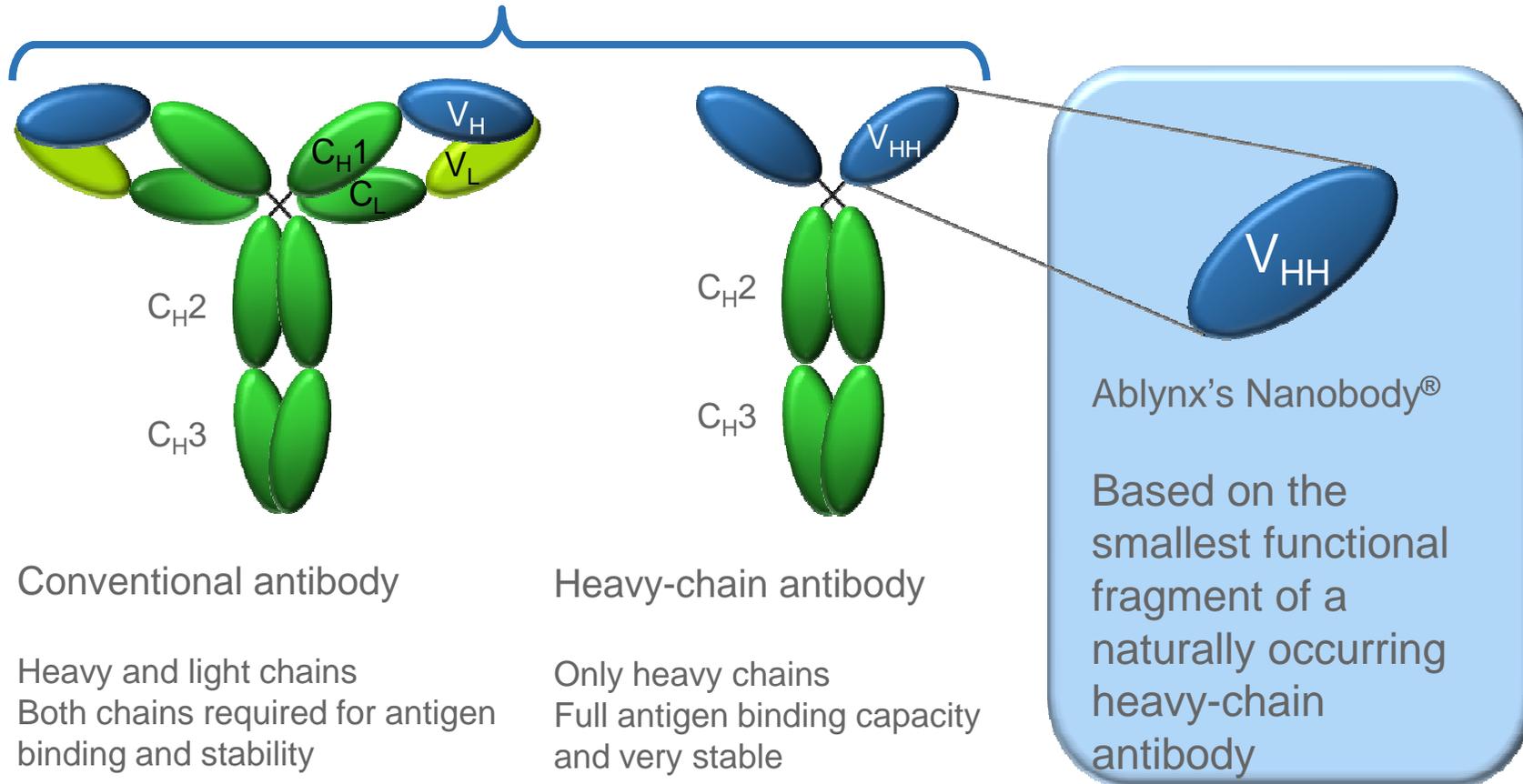
Y Conclusions

Introducing Ablynx and Nanobodies[®]

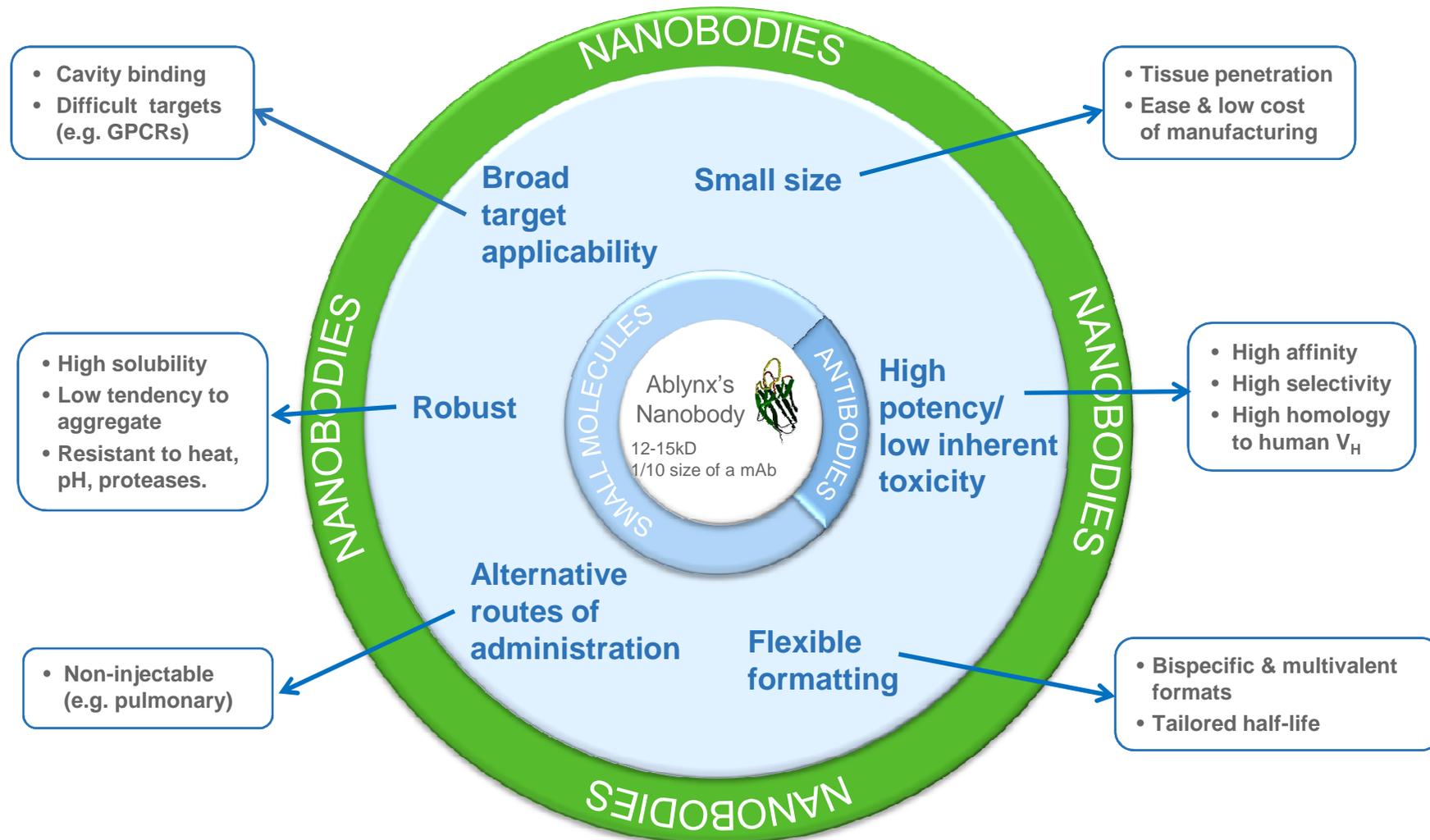
Conventional antibodies vs Nanobodies



Camelidae family has both forms

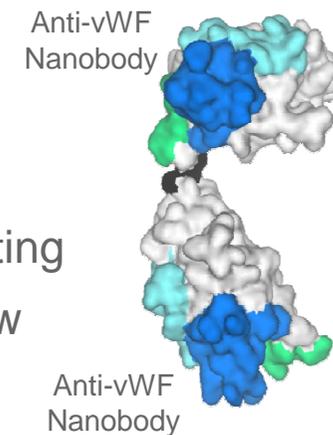


Nanobodies – beyond antibodies & small molecules



Anti-von Willebrand Factor (vWF) Nanobody

- Anti-vWF Nanobody product characteristics
 - bivalent construct - high potency through formatting
 - no half-life extension - “small molecule” pharmacology with mAb specificity
 - 2 forms of administration (ALX-0081 *iv* and ALX-0681 *sc*)
- Targets first mover in cascade of thrombosis
 - could prevent unwanted blood clot formation
 - in animal models, demonstrated highly potent inhibition of clotting without increased bleeding – possible large therapeutic window
- Targets pathophysiological mediator in Thrombotic Thrombocytopenic Purpura (TTP)
- Potentially first-in-class
- Manufactured in *E. coli* – relatively low cost of goods
- Phase II trials in progress in two indications – ACS/PCI and TTP



ALX-0081/ALX-0681 pharmacokinetics

What do we see?

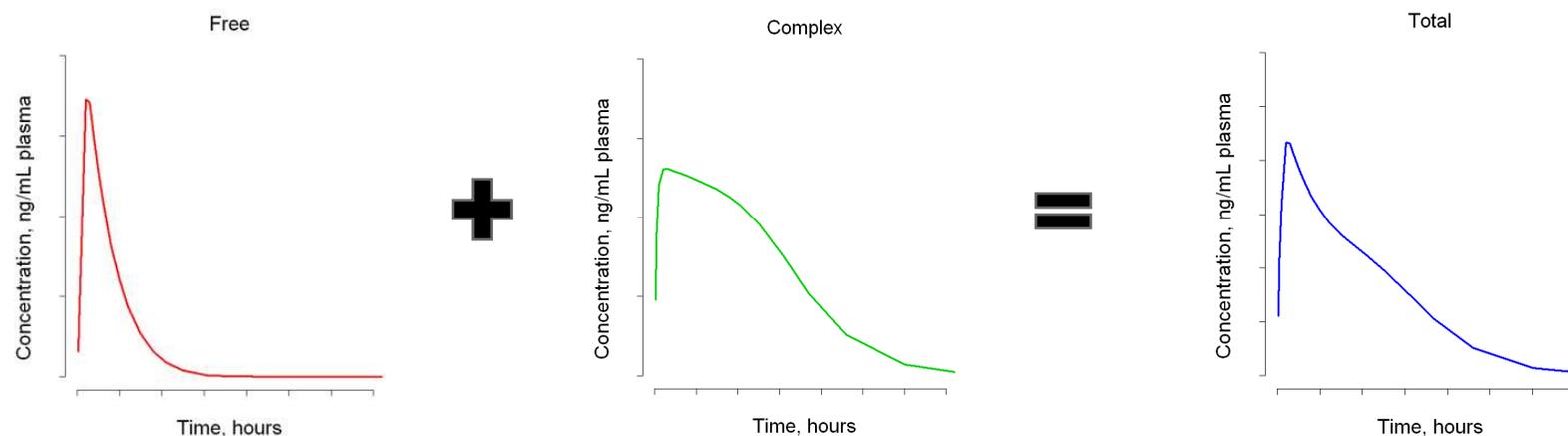


What are we measuring?

- total ALX-0081/ALX-0681 (free + complex)
- total vWF (free + complex)

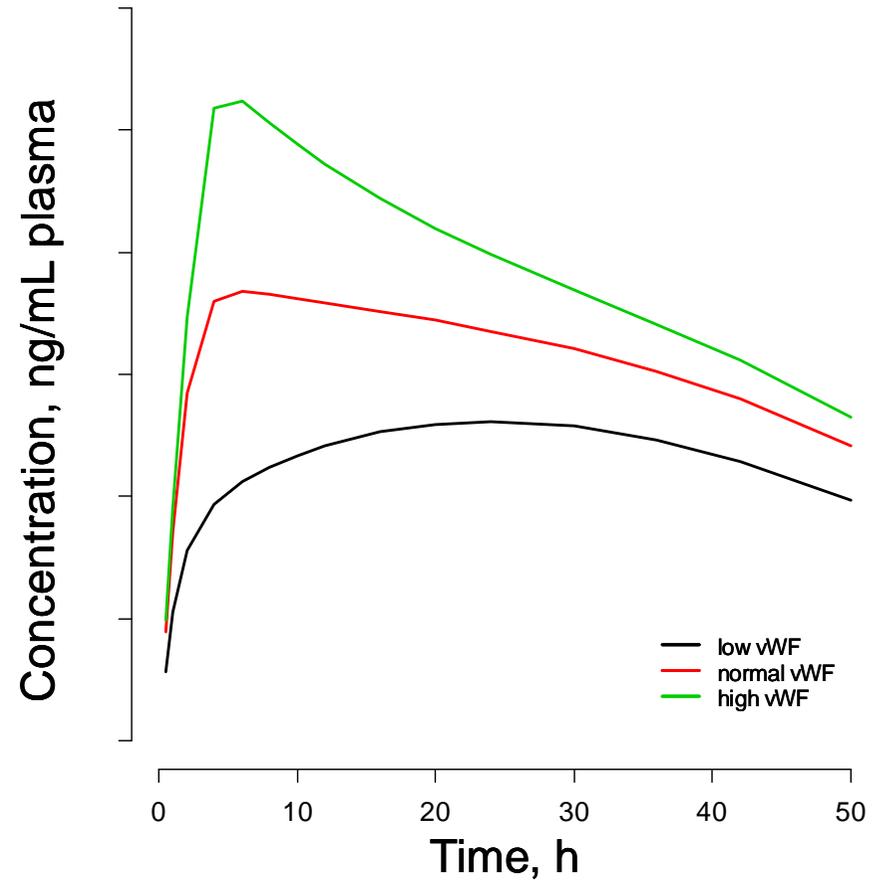
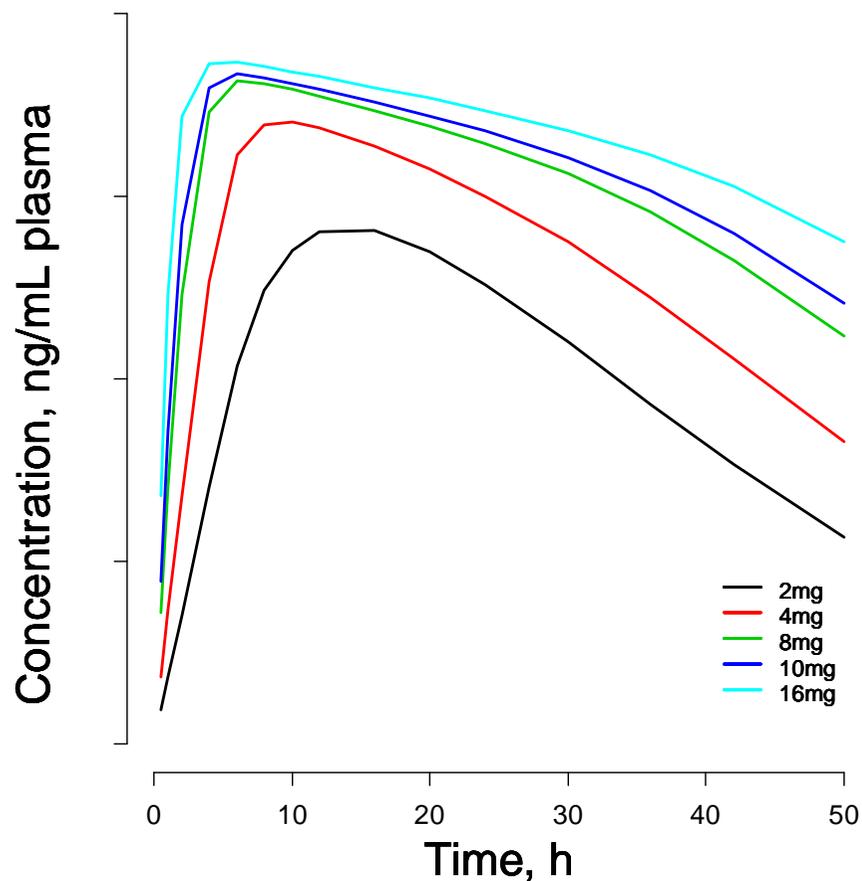
Hypothesis

- the free drug will be cleared by the kidney
- the drug in complex will be cleared via their receptor
- PK profile total ALX-0081/ALX0681 is the superposition of the PK profiles of free drug and drug in complex



Target mediated drug disposition (TMDD)

- clearance pathway can be saturated
- depending on the vWF levels in circulation



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Conclusions

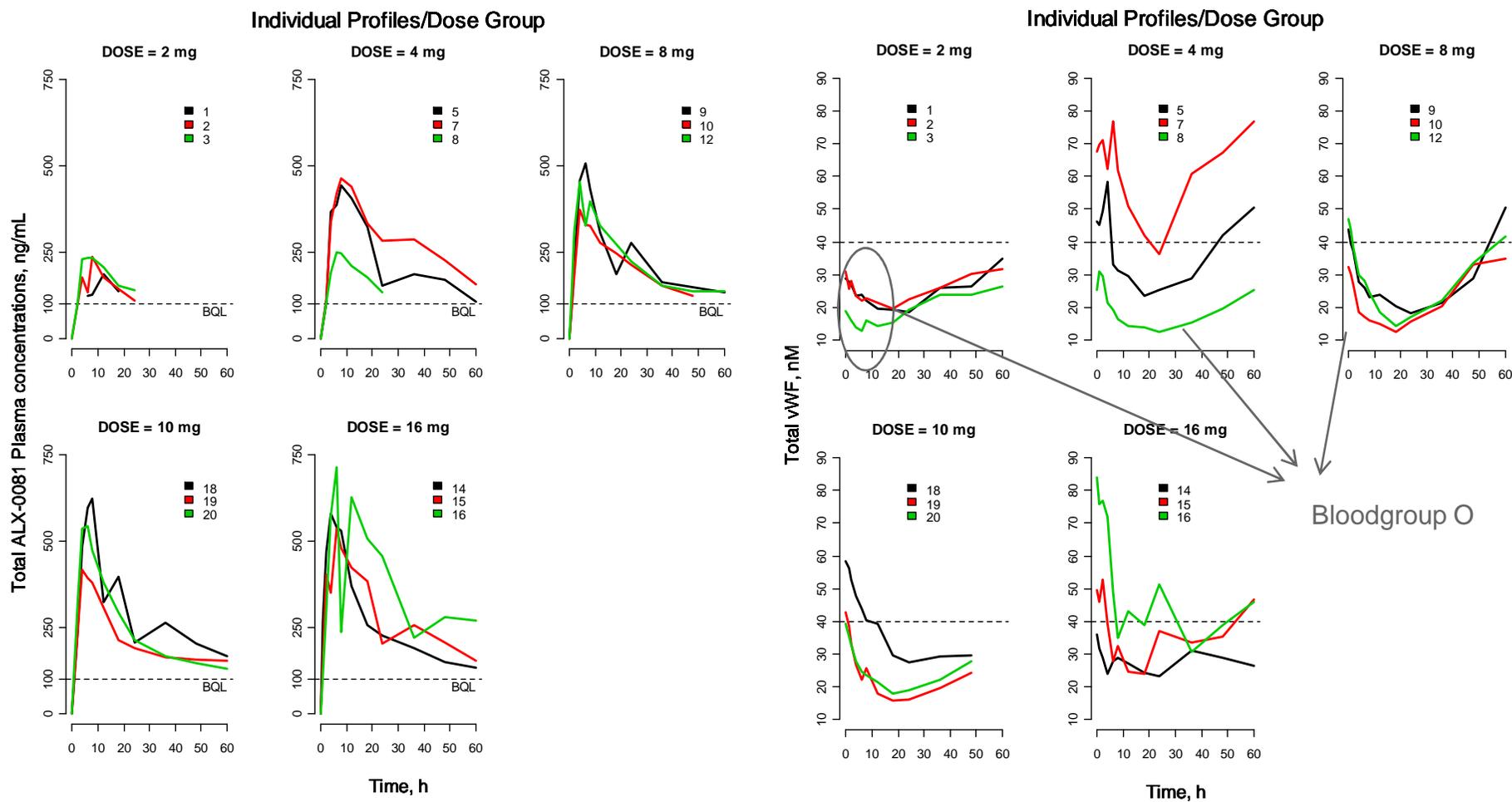
ALX-0081/ALX-0681 Pop PK/PD Included studies



Summary of included studies

Study number	Type	Subject N° active Population	Route, dose regimen and formulation	PK PD sampling scheme	Number of samples
ALX-0081-1.2/08a	Phase I	Patients n=12	SD iv 60 min, 2, 4, 6, 9 mg	rich	PK=97 PD=120
ALX-0081-1.2/08b	Phase I	Patients N=6	MD iv 60 min, 6 mg+(3x4mg)	sparse	PK=41 PD=48
ALX-0081-1.2/08c OLE	Phase I	Patients N=20	MD iv bolus, 6 mg+(3x4 mg)	sparse	PK=119 PD=151
ALX-0081 sc a	Phase I	Healthy N=15	SD sc 2, 4, 8, 10, 16 mg	rich	PK=135 PD=177
ALX-0081 sc b	Phase I	Healthy N=12	MD sc 10 mg od	rich	PK=456 PD=234
Total		65			PK=848 PD=730

ALX-0081/ALX-0681 Pop PK/PD Raw data

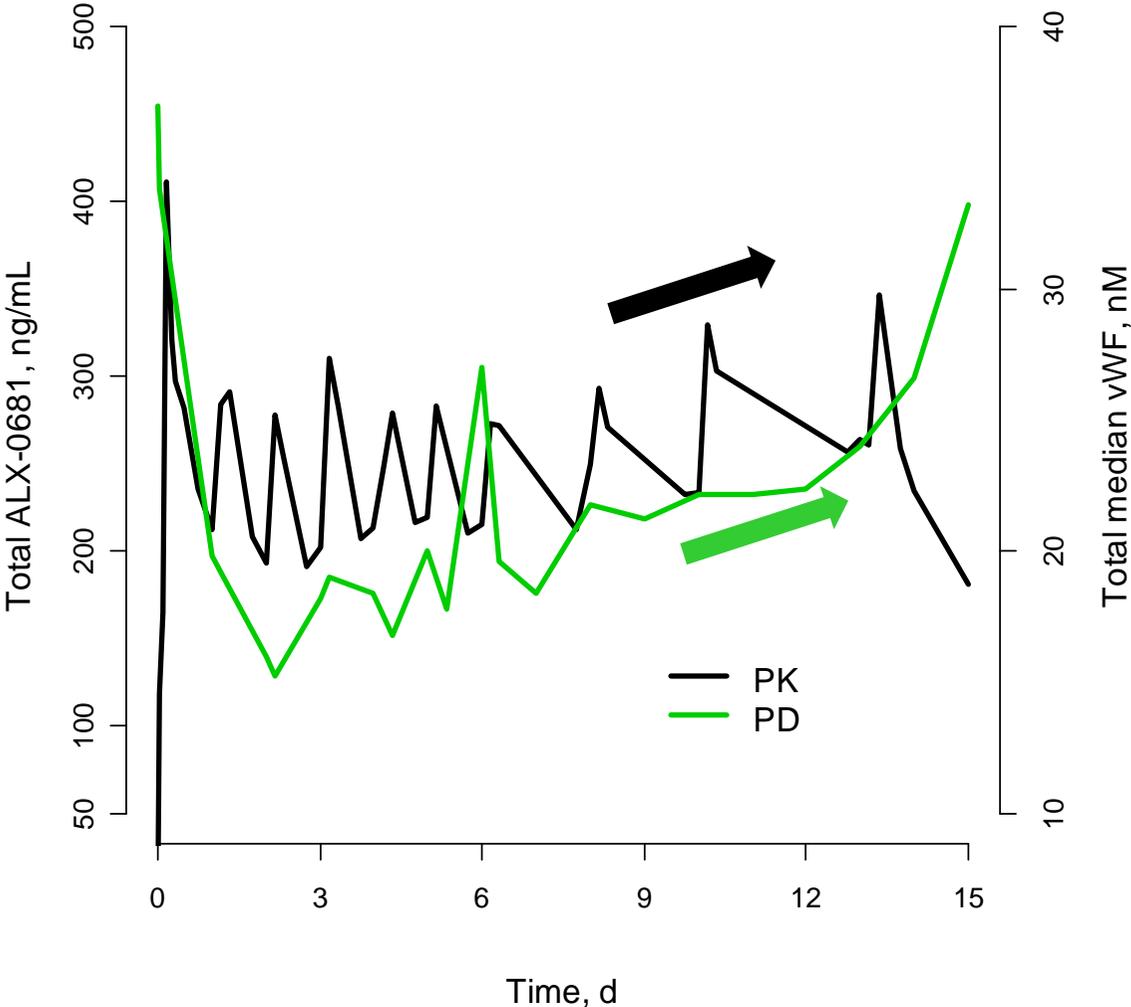


Substantial variability in PK and PD

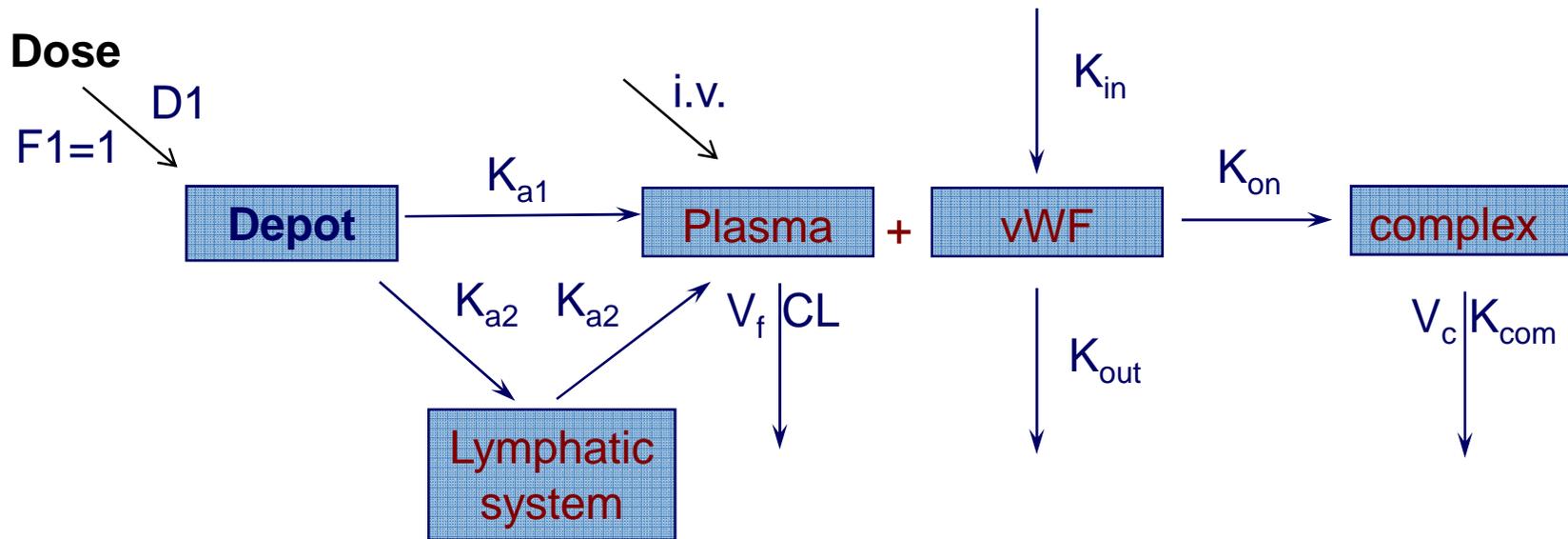
ALX-0081/ALX-0681 Pop PK/PD Raw data



10 mg multiple dose (14 days)



ALX-0081/ALX-0681 Pop PK/PD Structural model



Assumptions:
 - bioavailability is 100%
 - K_{off} is negligible

Model	OFV	Delta
3 CMT with 1 Ka	11373.5	-
3 CMT with zero-first order input	11255.6	-117.9
4 CMT with zero-first order input	11212.5	-43.1
Previous + linear time dependent increase of k_{in}	11047.6	-164.9

ALX-0081/ALX-0681 Pop PK/PD Covariate analysis



- Which covariates are statistically significant:
- forward addition (plug-in all covariates at once)
 - one by one backward elimination (if increase in OFV > 10.83, keep it in)

Model	OFV	Delta
Full covariate model	10966.9	-
Full – WGT (KA_1)	10979.1	12.2
Full – CRCL (CL)	10992.6	25.7
Full – DST (K_{com})	10997.0	30.1
Full – BLG (Baseline vWF)	10976.2	9.3

ALX-0081/ALX-0681 Pop PK/PD

Final model (estimated parameters)



Parameter	Estimate	RSE (%)
KA1 (h ⁻¹)	0.11	12
V3 (L)	5.18	16
CL (L.h ⁻¹)	5.12	9
BASE (nM)	49.1	6
Kin (nM.h ⁻¹)	1.23	10
Kcom (h ⁻¹)	0.0488	10
Kon (nM ^{-1.93} .h ⁻¹)	0.00691	59
MOL	1.93	5
KA2 (h ⁻¹)	0.0616	23
RDPR1 (d ⁻¹)	0.0437	19
DUR (h)	2.33	11
V5 (L)	2.12	7
WGT (KA1)	-2.07	31
CRCL (CL)	1.01	20
DST (Kcom)	0.555	9
IIV KA1	39%	28
IIV V3	48%	50
IIV CL	23%	95
IIV BASE	37%	21
IIV Kin	40%	28
IIV Kcom	22%	62
IIV V5	10%	69
Sigma (PK)	15%	12
Sigma (PD)	18%	13

Free compound distributed in blood and interstitial fluid (>2.5L)

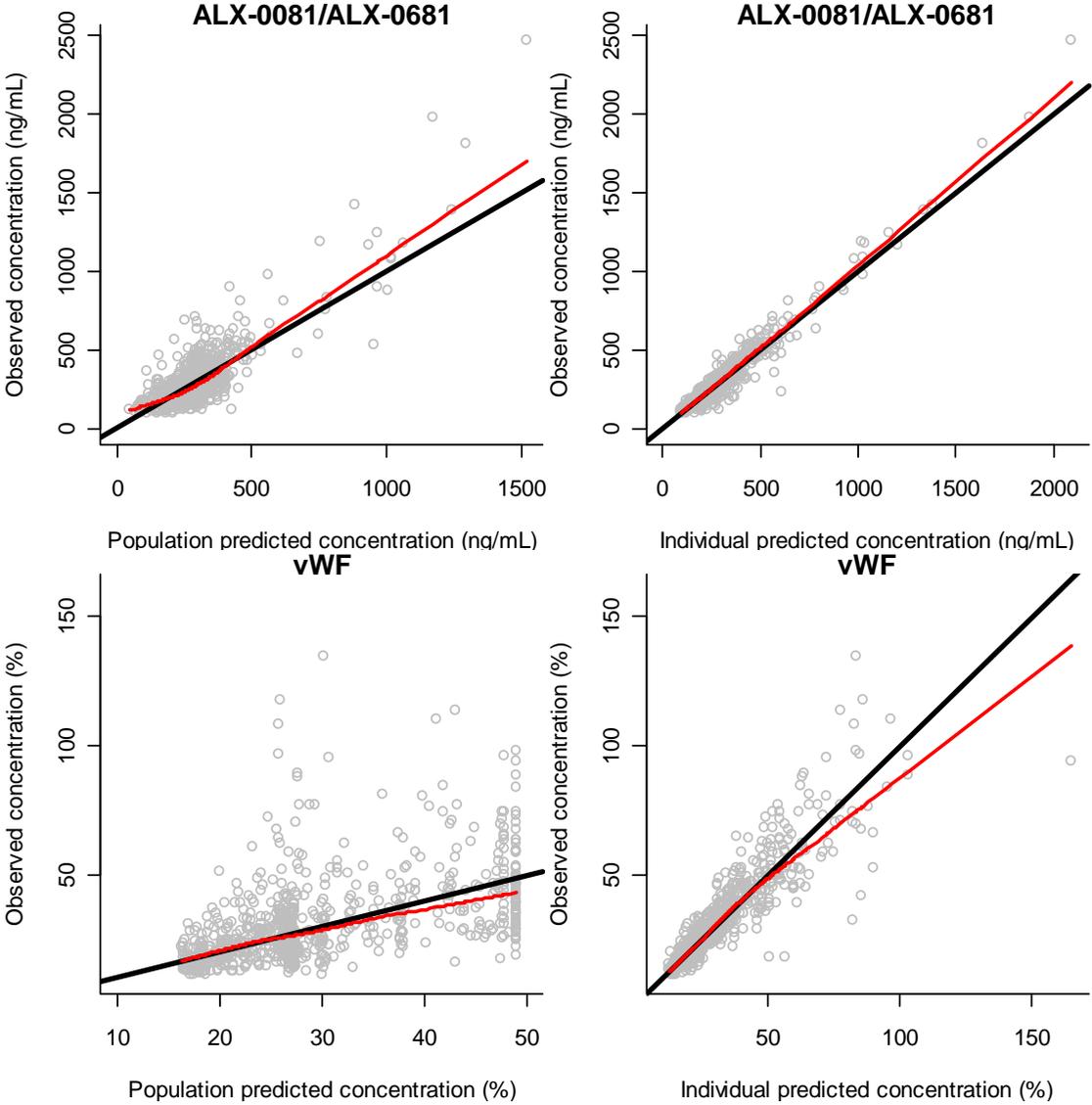
Free compound cleared via glomerular filtration

1.9 vWF molecules binds to 1 ALX molecule

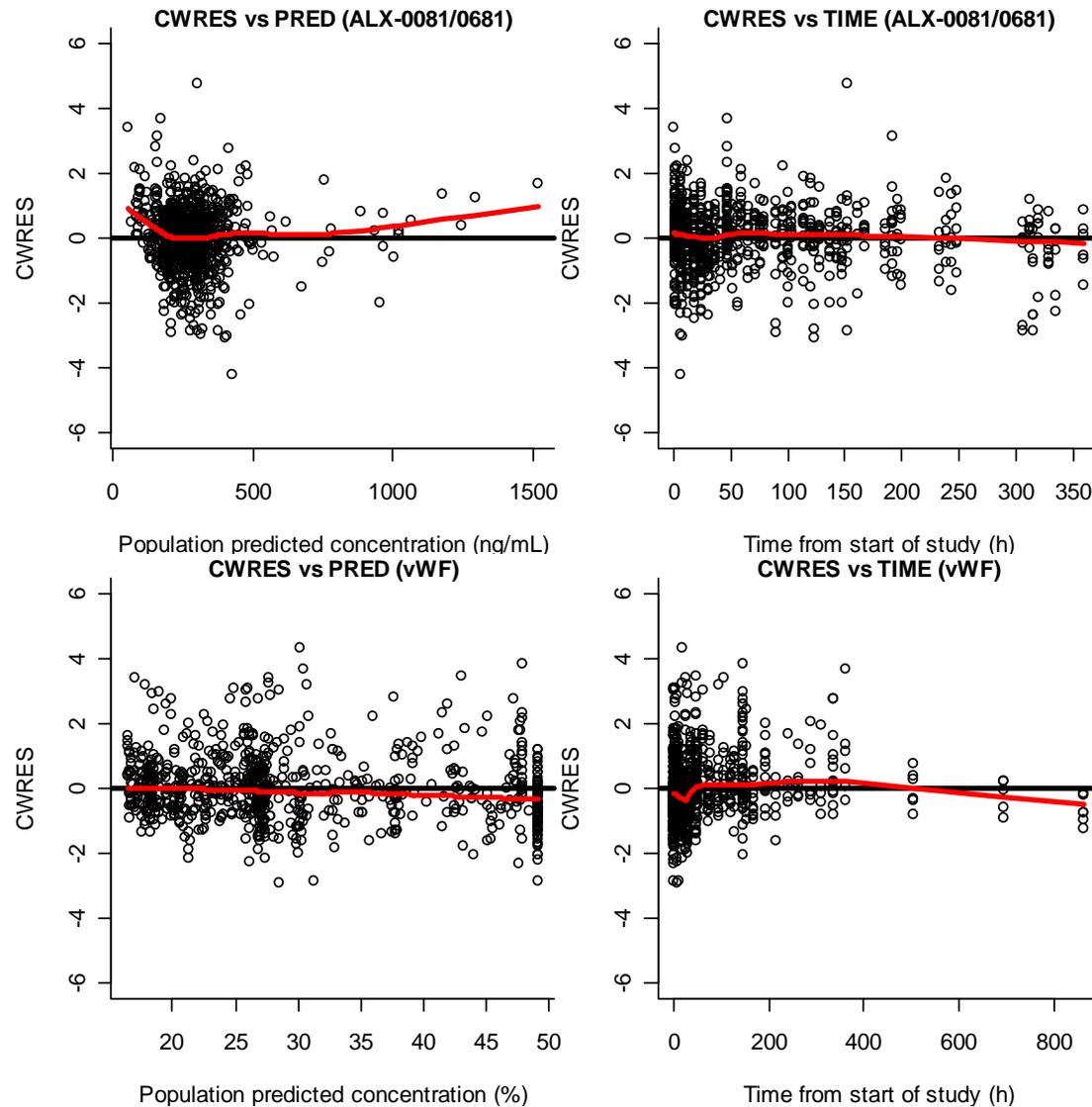
Complex only present in the blood (≈2.5L)

t_{1/2} of complex in:
HV = 14h
PAT = 26h

ALX-0081/ALX-0681 Pop PK/PD Final model (GOF plots)



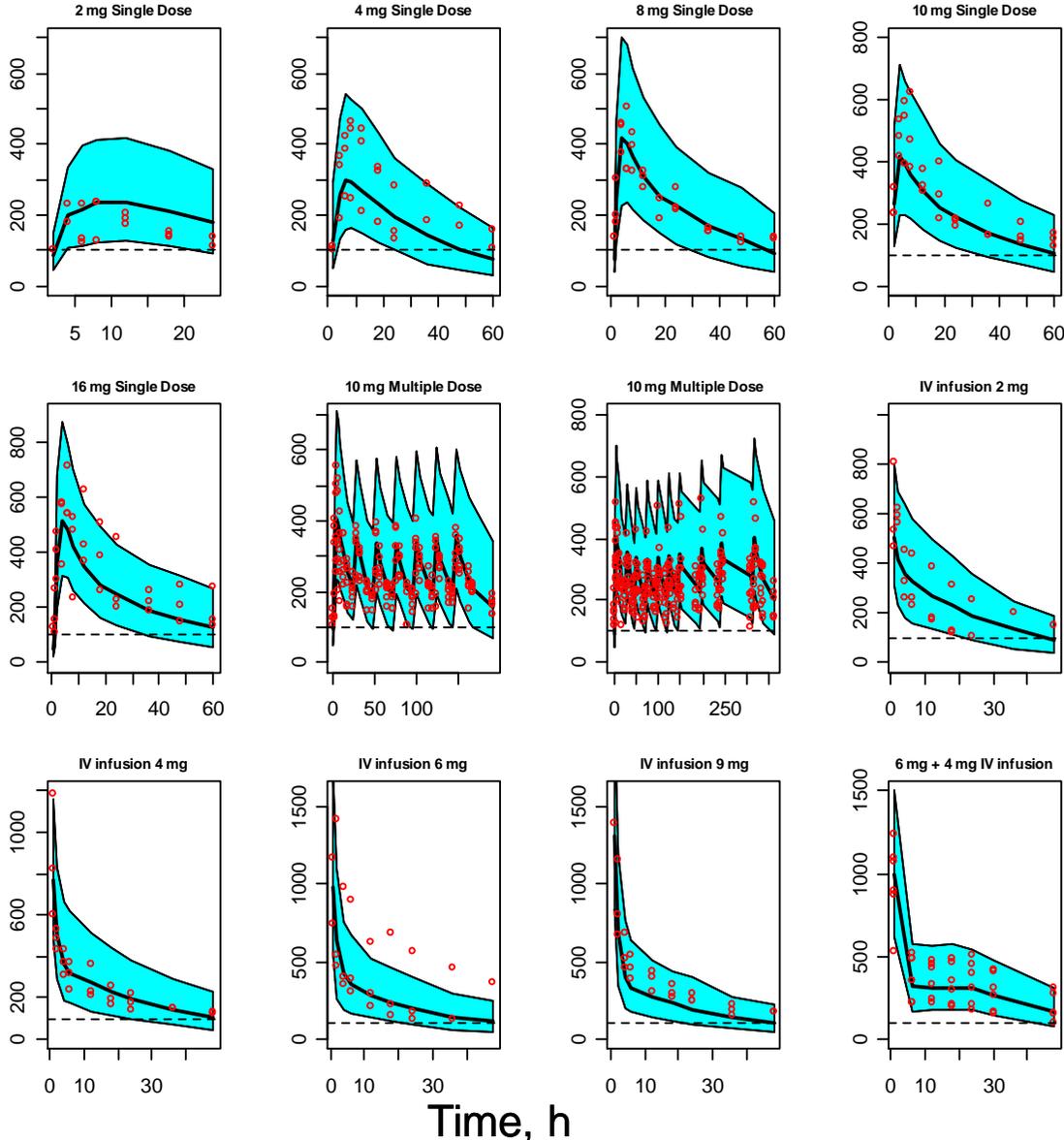
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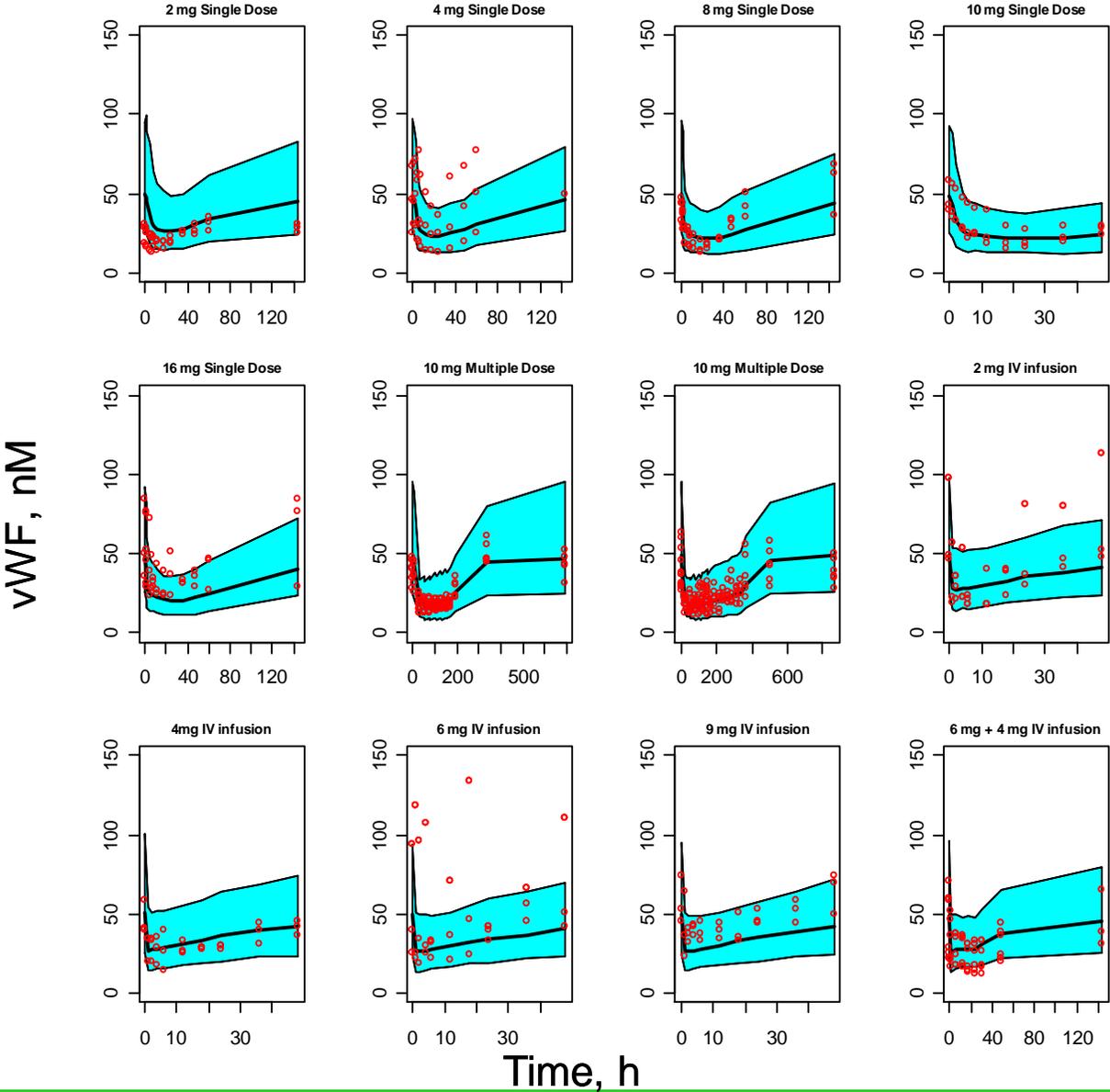
ALX-0081/ALX-0681 Pop PK/PD Visual predictive check (PK)



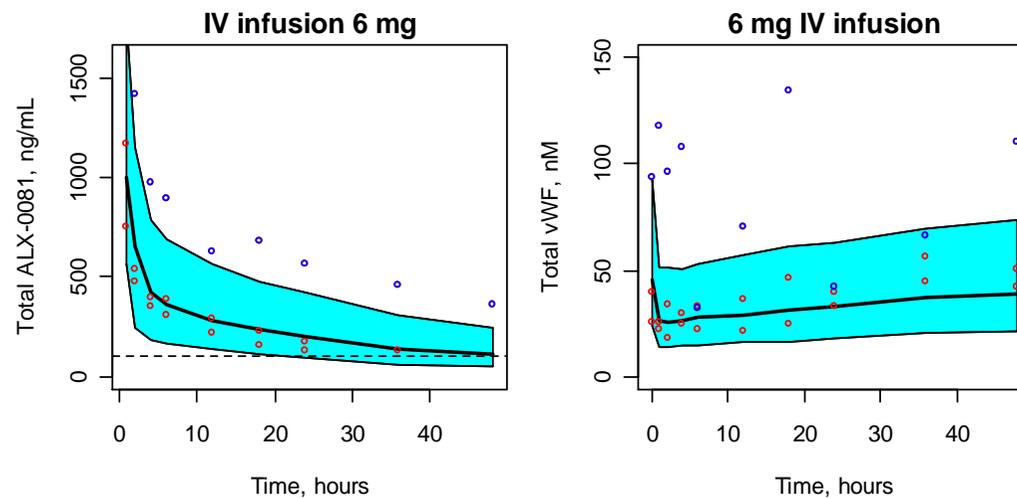
ALX-0081/ALX-0681, ng/mL



ALX-0081/ALX-0681 Pop PK/PD Visual predictive check (PD)

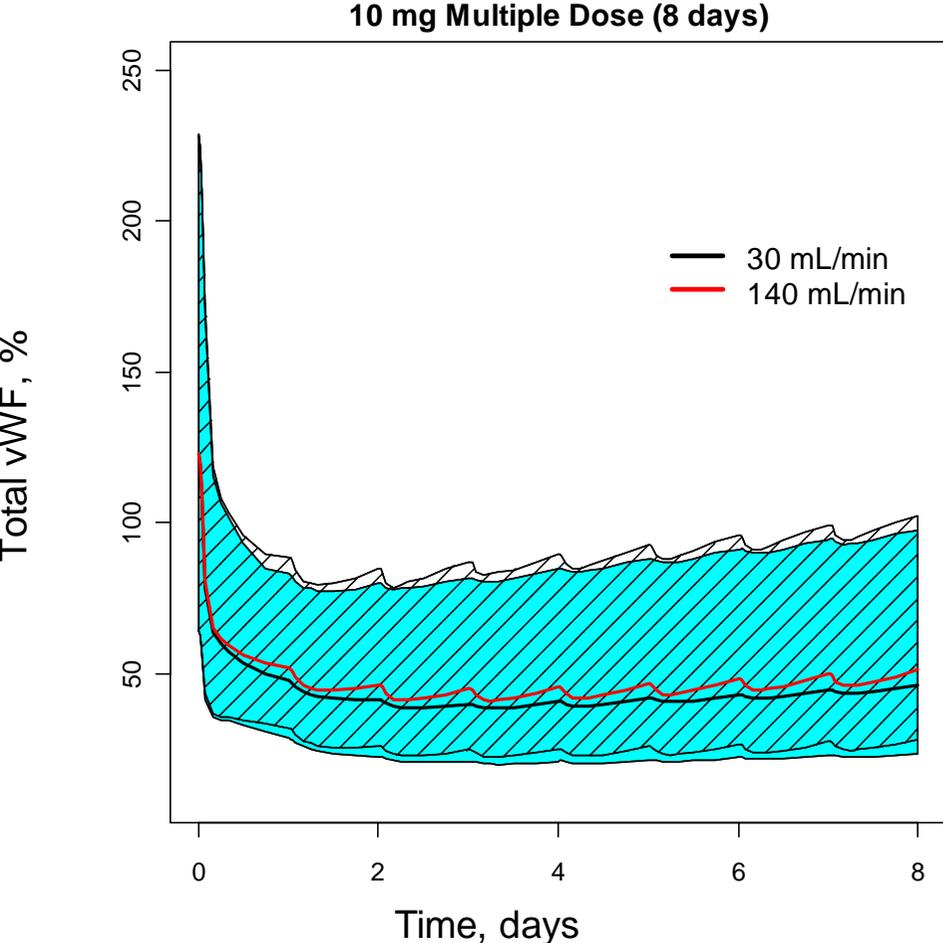
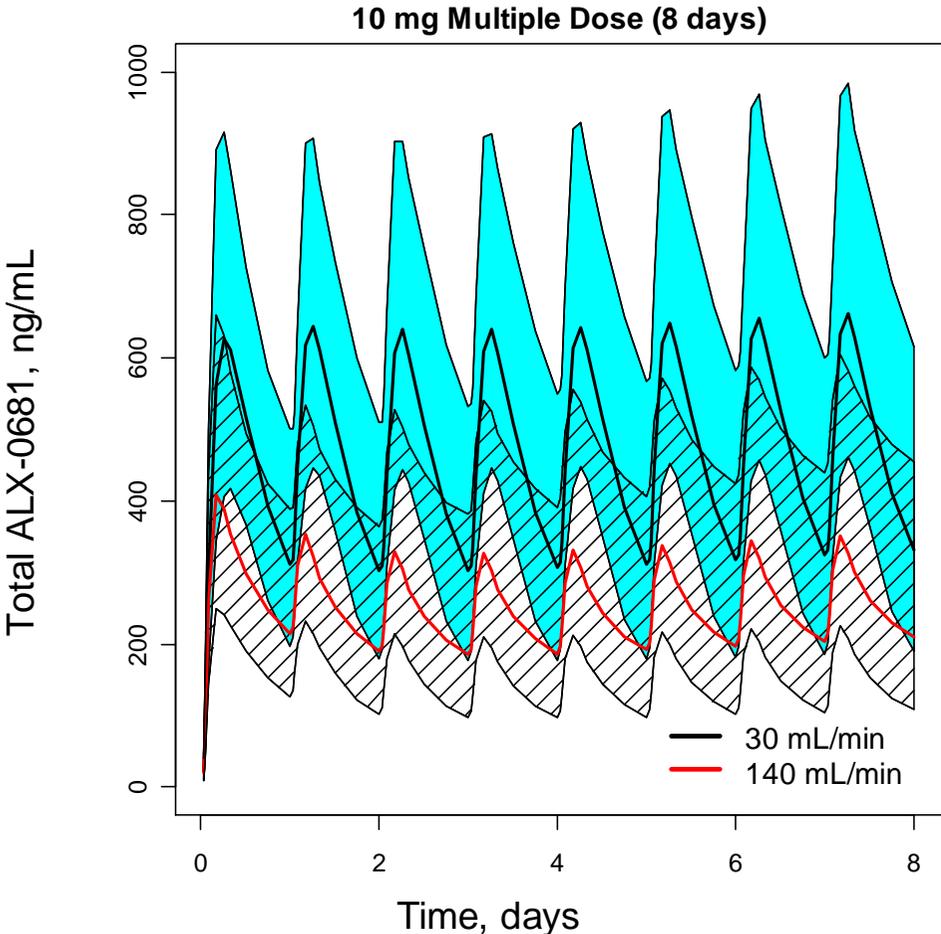


ALX-0081/ALX-0681 Pop PK/PD Visual predictive check



- Same subject outside the 90% prediction interval for PK and PD
 - vWF level is very high in this case which lead to high total ALX-0081 concentrations

ALX-0081/ALX-0681 Pop PK/PD Effect of renal clearance on PK and PD



Conclusions

- ✦ A popPK/PD model is developed that describes the total ALX-0081/ALX-0681 and total vWF profiles
 - ALX-0081/ALX-0681 is going into the systemic circulation via two pathways i.e. directly and indirectly (e.g. lymphatic system)
 - free ALX-0081/ALX-0681 is distributed outside the central compartment
 - ALX-0081/ALX-0681 in complex stays in the blood
 - rapid clearance of free ALX-0081/ALX-0681 via glomerular filtration
 - low accumulation potential of the drug

- ✦ Three covariates are clinically relevant
 - weight on K_{a1}
 - CRCL on CL
 - disease status on K_{com}

- ✦ Model can be used to guide dose and dosing regimen in special populations (Renal impaired subjects, pediatric population)

Acknowledgements

Pharmacology

- ML Sargentini-Maier
- J Baumeister
- H Ulrichs
- S Priem

Clinical

- JB Holz
- C Duby
- D Tersago
- K Vercruysse
- C Lyssens

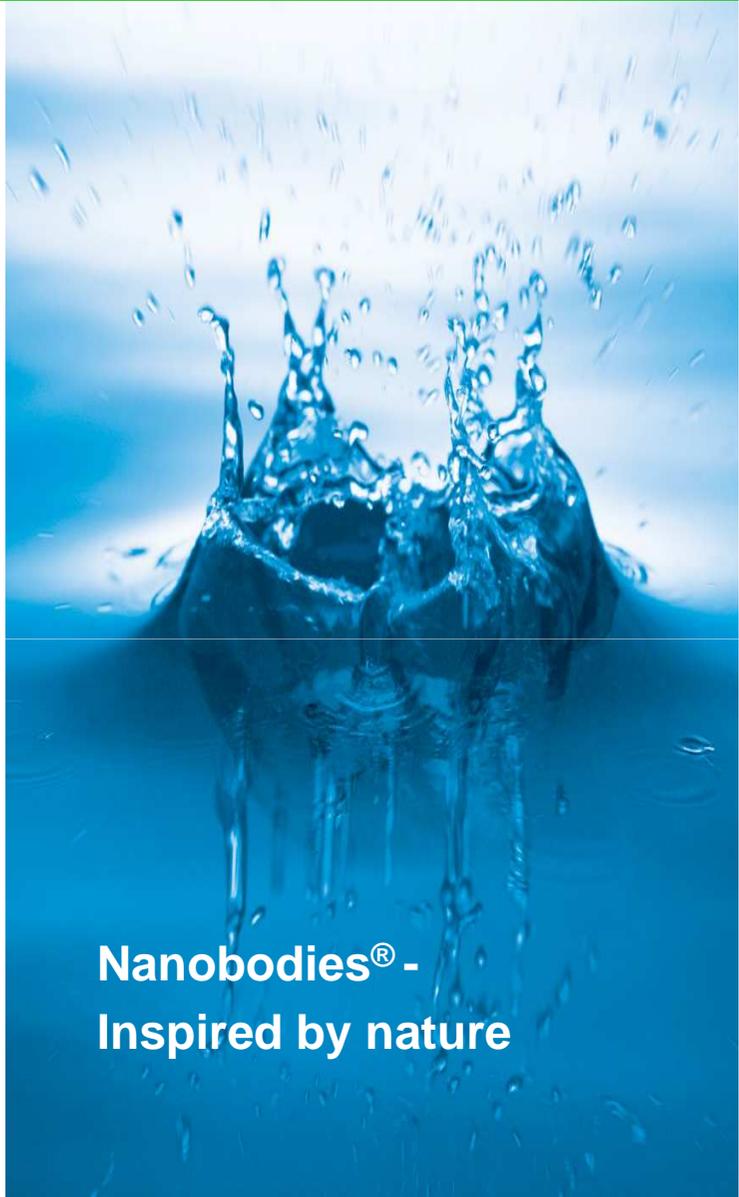


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