### **GLPG1972** as a Disease Modifying Therapy for Osteoarthritis



### Overview of Osteoarthritis (OA) and Clinical Opportunity for GLPG1972

- No DMOAD approved
- GLPG1972 targets ADAMTS-5, aggrecanase, to reduce cartilage degradation
- Serum and SF ARGS measurements are not good indications of OA
- Cartilage is degraded, and ARGS fragments are produced from OA tissue
- ADAMTS-5 activity inhibits mouse knee injury recovery
- ADAMTS activity is correlated with OA progression
- ADAMTS inhibition reduces ARGS release in OA explants
- In vitro data is positive for GLPG1972
- Competition from Merck's Sprifermin, far ahead in trials, shows promising results
  - However, requires intra-articular injections



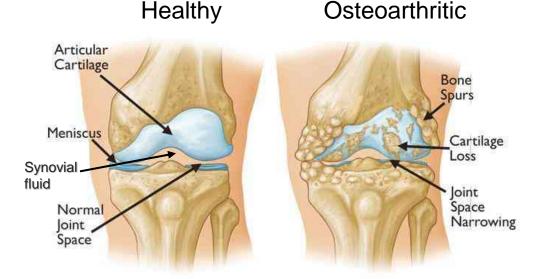


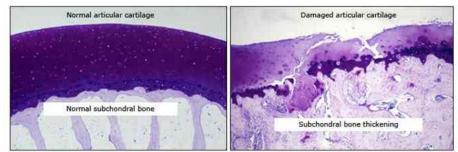
### **OA Background**

 No disease-modifying drugs approved

Affects 240M worldwide

- Bone spurs
- Subchondral bone thickening
- Cartilage loss (degradation of aggrecan)
- Pathogenesis driven by cytokines
- Degenerative disease
- GLPG1972 is a small molecule inhibitor of ADAMTS-5 aggrecanase
- GLPG1972 program focuses on OA of the knee





Source: UpToDate, Inc and American Academy of Orthopaedic Surgeons.





# Why Target ADAMTS5? It Cleaves Aggrecan and is Linked to Cartilage Degradation

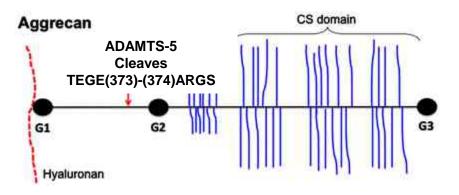
Aggrecan and collagen are most abundant components of cartilage

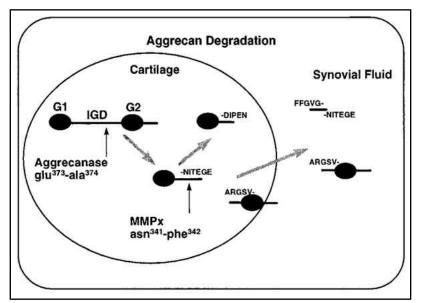
ADAMTS-5 enzyme cleaves aggrecan at E373-374A site to release DIPEN fragment

Subsequently MMPs cleave aggrecan to release NITEGE and ARGS fragment

DIPEN, NITEGE, and ARGS fragments are released into synovial fluid and can be a markers of aggrecan degradation GLPG has reported decreased serum ARGS resulting from

**GLPG1972** treatment in humans





Source: Modified from Biochemical Journal, 2015 (473)

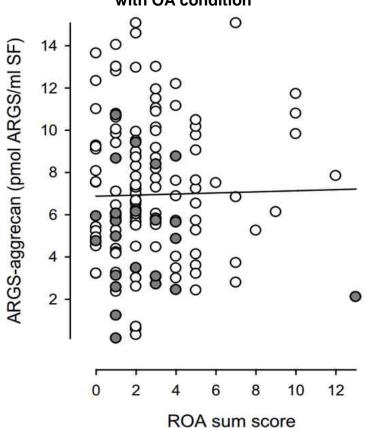
DOI: 10.1042/BJ20151072.



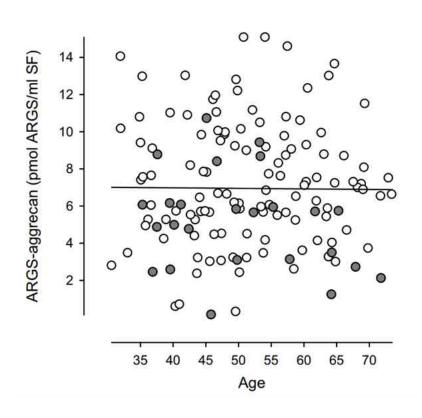


### Words of Caution on Serum ARGS as a Marker– No Direct Correlation to OA

### Synovial fluid ARGS fragments do not correlate with OA condition



### No accumulation of ARGS fragments over time



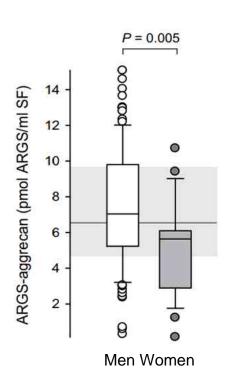
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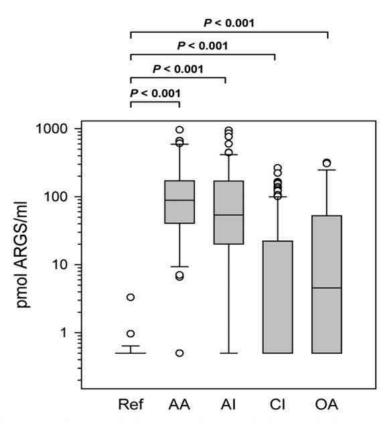


## Serum ARGS as a Marker–Correlates With Gender, but Not Underlying Disease

## Men have higher amounts of ARGS, but women have a higher incidence of OA



### Acute injuries show high levels of ARGS while chronic conditions show lower levels of ARGS



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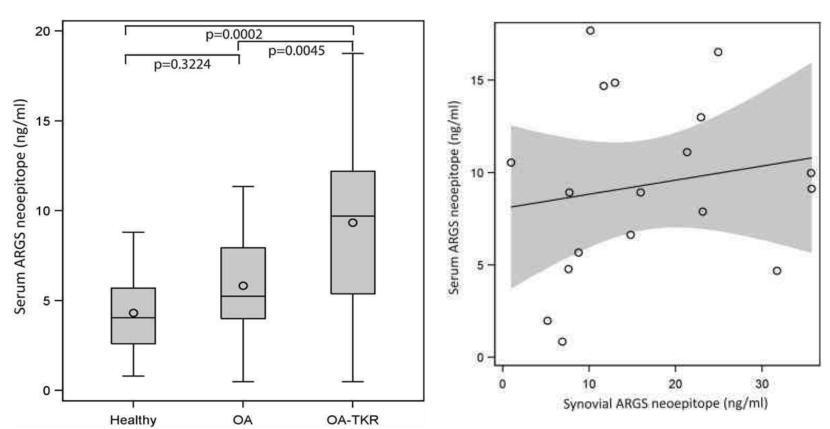
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### Bottom line—Serum ARGS Might Not Be the Best Marker for OA

### No difference between OA and healthy patients

## Serum ARGS does not correlate with synovial ARGS



Source: Osteoarthritis and Cartilage 2014 (22;5) DOI: 10.1016/j.joca.2014.02.930.



# Lack of Correlation With Serum ARGS Does Not Make ADAMTS5 a bad Target, in our View

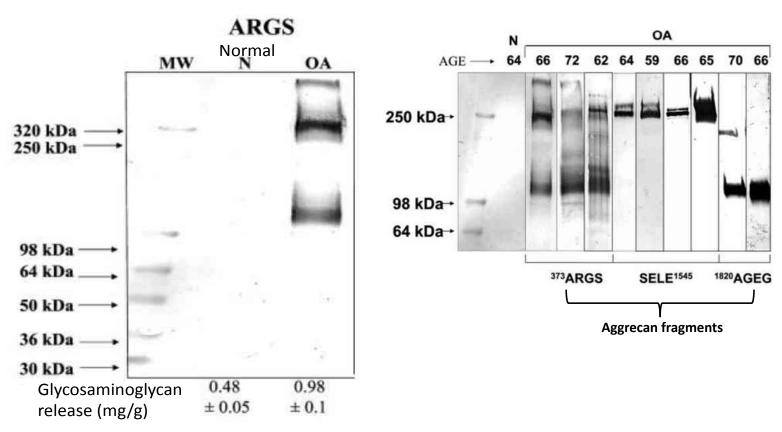


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### Synovial Fluid Measurements Paints a Different Picture on ARGS in OA

## In cartilage explants, OA patients produce ARGS fragments while healthy individuals do not

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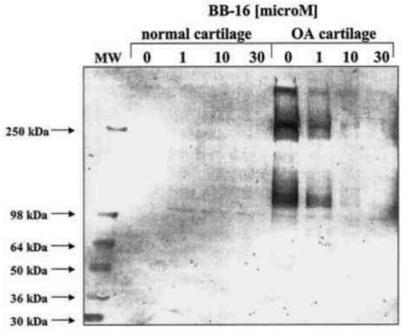


Source: Journal of biological chemistry 2002 (277;25) 2002 DOI: 10.1074/jbc.M200431200.





## While MMP's and ADAMTS' Are Both Responsible for ARGS, MMP Inhibitors Have Failed in Clinical Trials



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- Cartilage explants from normal and osteoarthritic patients were cultured, not induced by cytokines, and media were treated with differing amounts of BB-16 (inhibitor of MMPs and ADAMTS-4,5)
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### Our Take—It Might Well Be ADAMTS5

- Serum ARGS measurements are not a good indicators of OA
- Cartilage is degraded during OA, and ARGS fragments are produced from OA tissue
- Suggests that ARGS are probably degraded or re-integrated rapidly
- While ADAMTS and MMP might both be responsible, as elaborated upon subsequently ADAMTS5 might be the primary driver of the degradation, in our view



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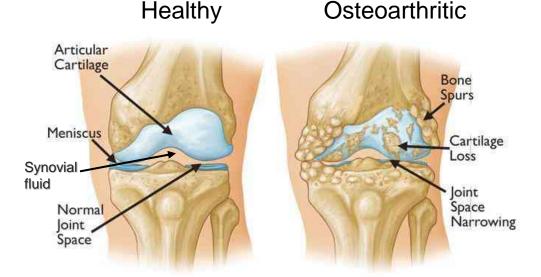


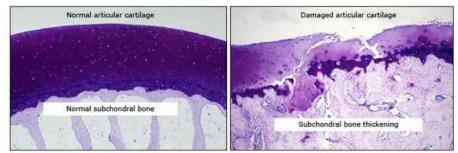


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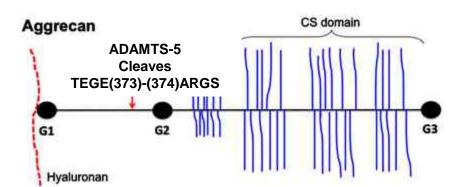
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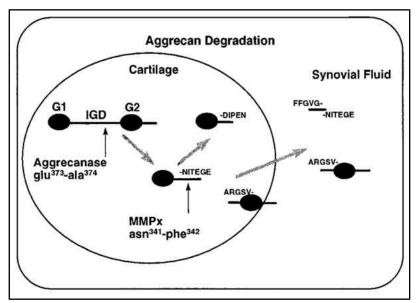
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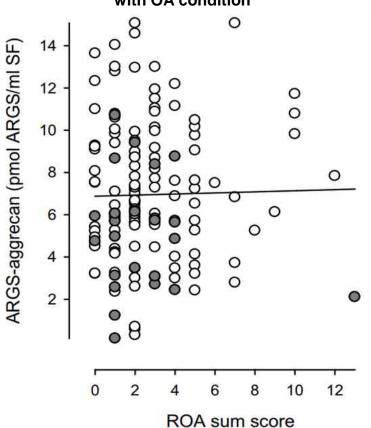
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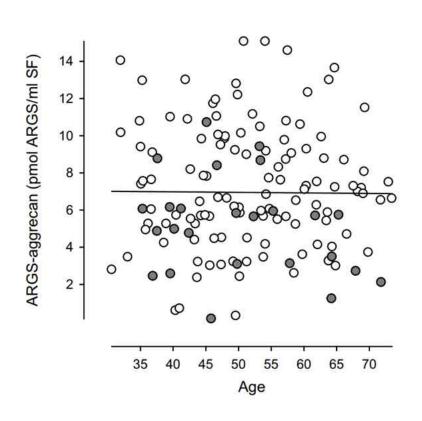


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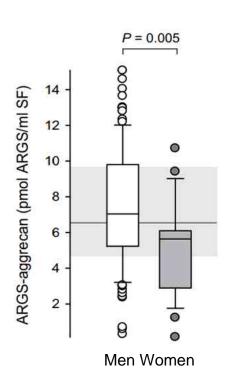
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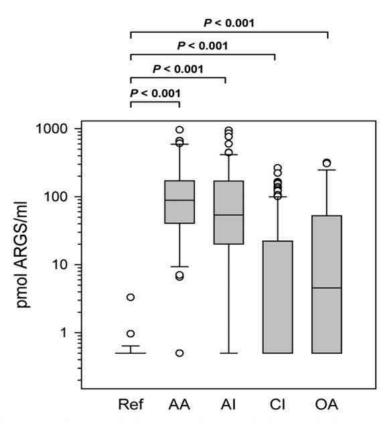


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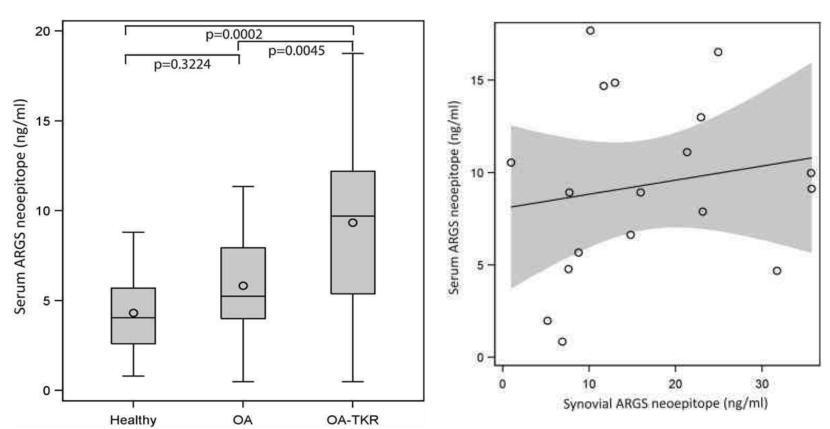
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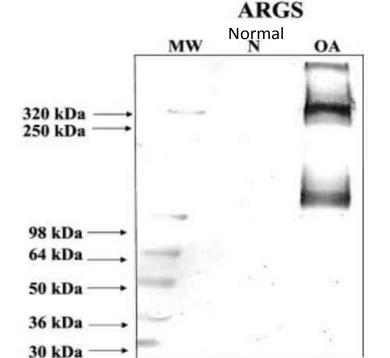
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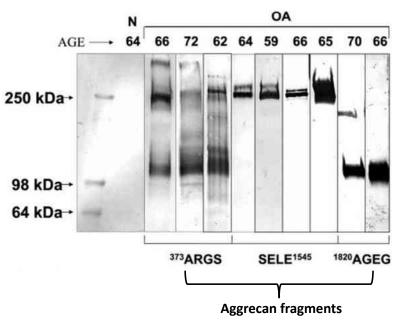
## In cartilage explants, OA patients produce ARGS fragments while healthy individuals do not



0.48

 $\pm 0.05$ 

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Source: Journal of biological chemistry 2002 (277;25) 2002 DOI: 10.1074/jbc.M200431200.

0.98

 $\pm 0.1$ 

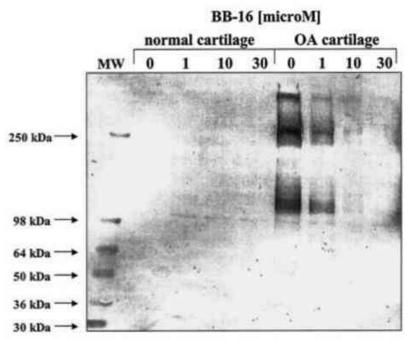


Glycosaminoglycan

release (mg/g)



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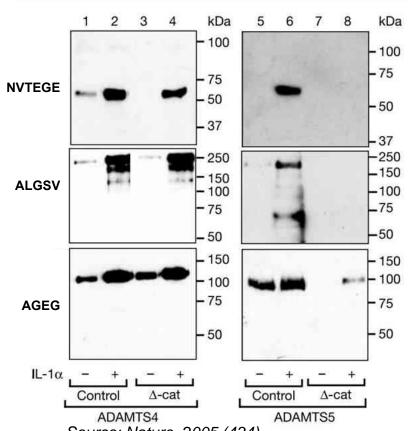
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### **ADAMTS-5 Activity Is Required for Aggrecan Release in Mice**

- IL-1α stimulates mouse cartilage explants to release different aggrecan fragments
- Release dependent on ADAMTS5 catalytic activity
- However, the precise cytokine responsible for stimulating cartilage degradation in humans is unknown



Source: Nature, 2005 (434)

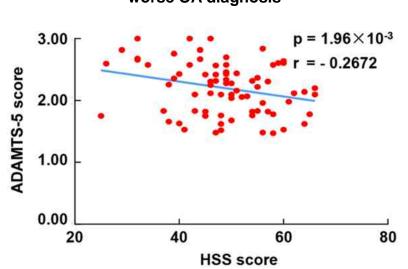
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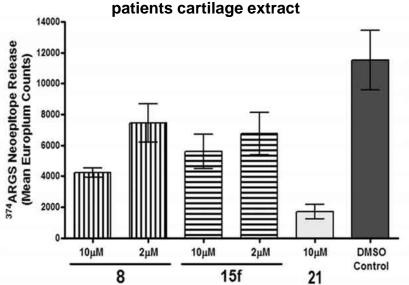


## ADAMTS5 Expression and Inhibition Correlates With ARGS Activity—Bodes Well for GLPG1972

### ADAMTS-5 expression is positively correlated with worse OA diagnosis



### ADAMTS-5 inhibition reduces ARGS release in OA patients cartilage extract



Source: J Mol Med 2016 (94) DOI: 10.1007/s00109-016-1418-z and Journal of medicinal chemistry 2012 (55;16) DOI: 10.1021/jm300449x.

- Compound 15f is a specific ADAMTS-5 ( $IC_{50}$ =30 nM) & ADAMTS-4 ( $IC_{50}$ =1300 nM) small molecule inhibitor developed by GSK
- 15f inhibits ARGS release by 50% in a human OA cartilage explant
- Compound 21 is a non-specific MMP inhibitor reduces ARGS by 83%
- GLPG1972 has lower IC<sub>50</sub>s





## Our Take—ADAMTS5 Inhibition With GLPG1972 Might Correlate With Disease Stabilization

- Cartilage is degraded by ADAMTS-5 and ARGS fragments are produced in joints
- ADAMTS-5 activity inhibits mouse knee injury recovery
- ADAMTS-5 activity is correlated with OA progression
- ADAMTS inhibition reduces ARGS release in OA explants
- GLPG1972 has lower IC50s compared to the discontinued GSK effort, 15f

