PHARMACOLOGICAL INHIBITORS OF INTEGRIN $\alpha_{\nu}\beta_{6}$ THAT DIFFERENTIALLY MODULATE PROTEIN CONFORMATION ARE SIMILARLY EFFECTIVE AT INHIBITING TGF- β SIGNALING IN THE FIBROTIC LUNG

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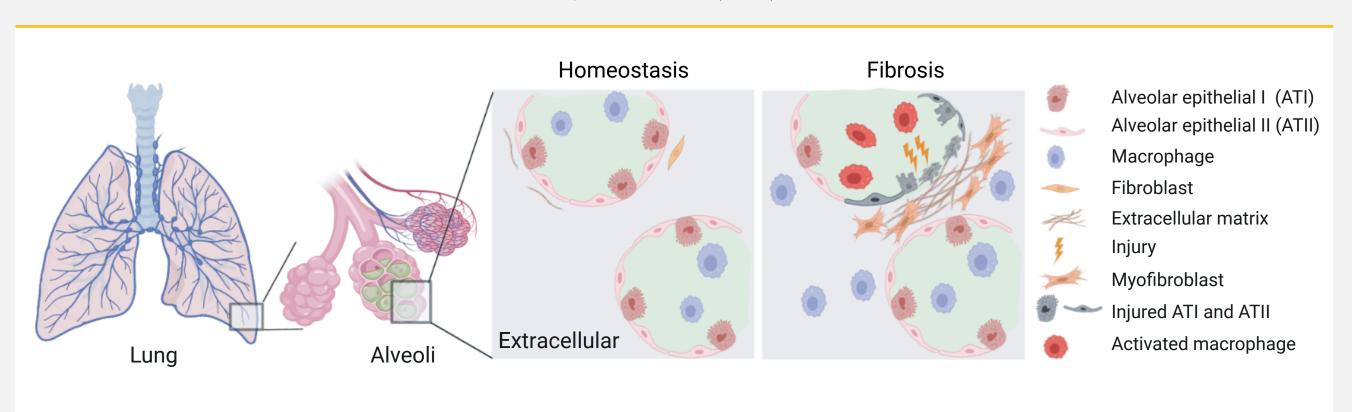
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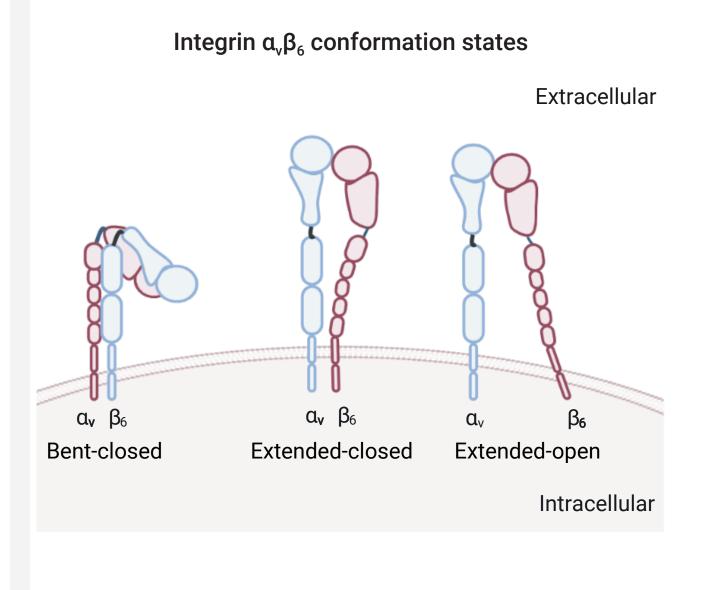
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BACKGROUND AND RATIONALE

• Integrin $\alpha_{\nu}\beta_{6}$, expressed by lung epithelial cells, is a key regulator of transforming growth factor-beta (TGF- β) signaling in fibrotic lung tissue, representing a promising drug target in patients with idiopathic pulmonary fibrosis (IPF)





$\alpha_{v}\beta_{6} \text{ Binds to LAP}$ $\text{Inactive } \text{TGF-}\beta \text{ matrix}$ $\text{released } \text{TGF-}\beta \text{ receptor activated}$

expression of COL1A1, etc.

Mechanism of TGF-β activation by $\alpha_{v}\beta_{6}$

COL1A1, collagen type I alpha 1 chain; LAP, latency-associated peptide; TGF-β, transforming growth factor-beta

Figure 1. Conformations of $\alpha_{\nu}\beta_{6}$ and its role in the fibrotic lung

- Structurally, many integrins, including $\alpha_v \beta_6$, equilibrate between three main conformations: 'bent-closed', 'extended-closed', and 'extended-open'
- While a subset of pharmacological inhibitors of other integrins (e.g., $\alpha_v \beta_3$ and $\alpha_{llb} \beta_3$) have been found to paradoxically agonize their target by shifting integrin conformation and inducing outside-in-signaling, 1,2 little is known regarding outside-in-signaling induced by $\alpha_v \beta_6$ antagonists that block TGF- β signaling
- We analyzed the impact and differential effects of $\alpha_v \beta_6$ antagonists that modulate $\alpha_v \beta_6$ conformation and trafficking to/from the cell membrane on gene expression in primary lung epithelial cells and lung tissue explants from patients with IPF

METHODS

- Nine small molecule inhibitors by NanoString (PLN-A to I) and two antibody-based inhibitors (3G9 and 8G6) of integrin $\alpha_v \beta_6$ were evaluated in human epithelial cells for their impact on integrin conformation and trafficking to/from the cell surface, using In-Cell/On-Cell Western blotting
- All inhibitors were evaluated at >10 × half-maximal inhibitory concentrations determined in ligand binding assay
- Immunofluorescent staining of integrin $\alpha_v \beta_6$ was performed on human lung epithelial cells treated with 3G9 and 8G6 at 10 μ g/ml to assess effects on integrin internalization
- Three small molecule inhibitors (PLN-A, PLN-B, and PLN-C; half-maximal inhibitory concentrations <50 nM) and two antibody inhibitors that differentially stabilized $\alpha_{\rm v}\beta_6$ in conformations ranging from extended-open to bent-closed were evaluated by RNA sequencing for differential effects on gene expression in primary lung epithelial cells cultured on decellularized fibrotic lung extracellular matrix
- Pathway enrichment analyses were performed using Enrichr^{3,4}
- Follow-up NanoString evaluation of small molecule inhibitors that induce extended-open vs. bent-closed $\alpha_v \beta_6$ conformation was performed using precision-cut lung slices prepared from explanted lung tissue from patients with IPF

RESULTS

Small molecule and antibody inhibitors of $\alpha_{\nu}\beta_{\epsilon}$ have different effects on integrin conformation

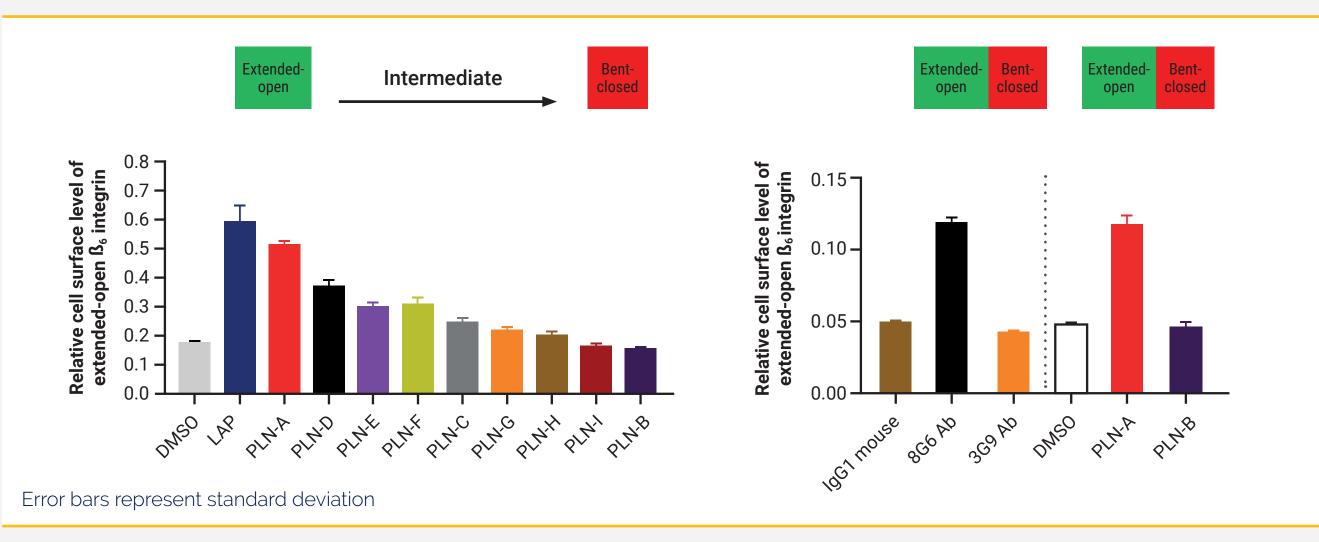


Figure 2. Effect of small molecule and antibody inhibitors on $\alpha_v \beta_6$ conformation. All compounds were tested at 1 μ M. DMSO and IgG1 (mouse) were used as controls. DMSO, dimethylsulfoxide; LAP, latency-associated peptide

- The small molecule inhibitors stabilized $\alpha_v \beta_6$ in a range of conformations from extended-open (PLN-A) to bent-closed (PLN-B)
- Inhibitory antibody 8G6 stabilized $\alpha_v \beta_6$ in an extended-open conformation while inhibitory antibody 3G9 stabilized $\alpha_v \beta_6$ in a bent-closed conformation
- Latency-associated peptide, an endogenous ligand for $\alpha_v \beta_6$, evaluated as a control, induced an extended-open conformation

$\alpha_v \beta_e$ inhibitors that stabilized an extended-open conformation resulted in $\alpha_v \beta_e$ internalization from the cell surface

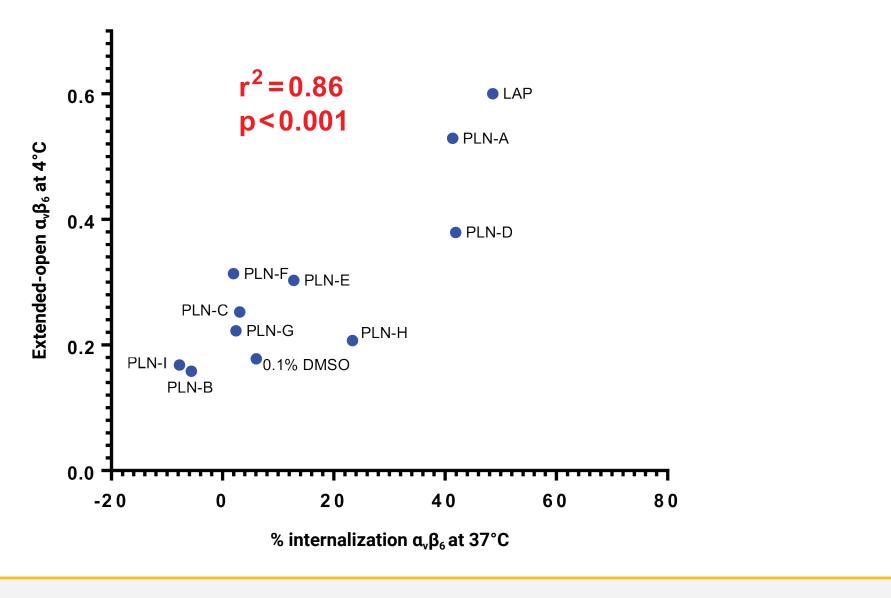


Figure 3. Plot comparing induction of extended-open $\alpha_{\nu}\beta_{6}$ conformation at the cell surface with subsequent $\alpha_{\nu}\beta_{6}$ internalization (all compounds were tested at 1 μ M)

- Quantitative analysis of receptor internalization was measured by On-Cell Western blotting that compared integrin cell surface levels from 4°C (internalization prevented) to 37°C (internalization allowed)
- Endogenous ligand (latency-associated peptide), PLN-A, and PLN-D induced >40% $\alpha_v \beta_6$ internalization, while PLN-I and PLN-B showed minimal internalization

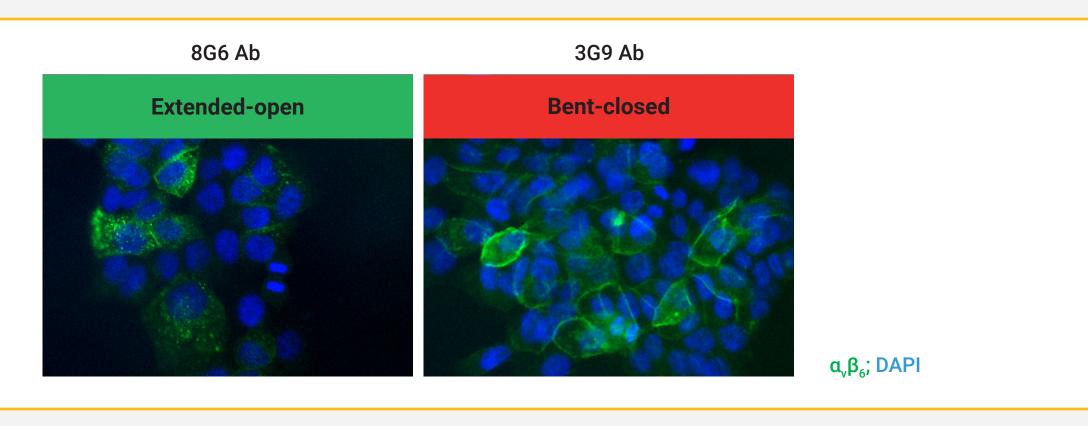


Figure 4. Immunofluorescence staining of $\alpha_v \beta_6$ in human lung epithelial cells treated with $\alpha_v \beta_6$ antibody inhibitors

• Consistent with small molecule inhibitors, treatment with an inhibitory antibody that stabilized an extended-open conformation (8G6) induced internalization of $\alpha_{v}\beta_{6}$, while treatment with an inhibitory antibody that stabilized a bent-closed conformation (3G9) did not

 $\alpha_{\nu}\beta_{6}$ small molecule and antibody inhibitors that induce different $\alpha_{\nu}\beta_{6}$ integrin conformations were evaluated for downstream effects on gene expression using human lung epithelial cells cultured on extracellular matrix isolated from fibrotic lungs

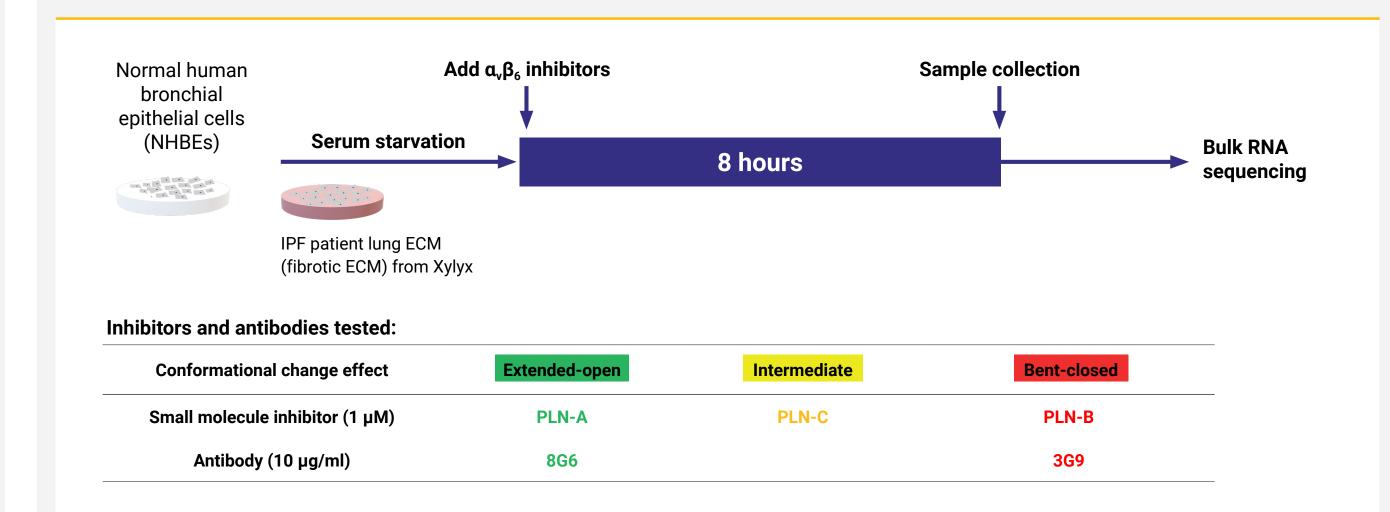


Figure 5. RNA sequencing study design

- No genes or gene expression pathways linking different $\alpha_v \beta_6$ integrin-conformations with differential gene expression were found to be consistent across small molecule and antibody inhibitor-treated primary lung epithelial cells
- $\alpha_{\nu}\beta_{6}$ inhibitors that stabilized different $\alpha_{\nu}\beta_{6}$ conformations were found to have similar effects on downstream gene expression in primary lung epithelial cells (attenuation of TGF- β signaling pathway and TGF- β regulation of extracellular matrix)
- Similar patterns of fibrosis-related gene expression were observed in lung epithelial cells treated with $\alpha_v \beta_6$ inhibitors and antibodies inducing closed and open conformations

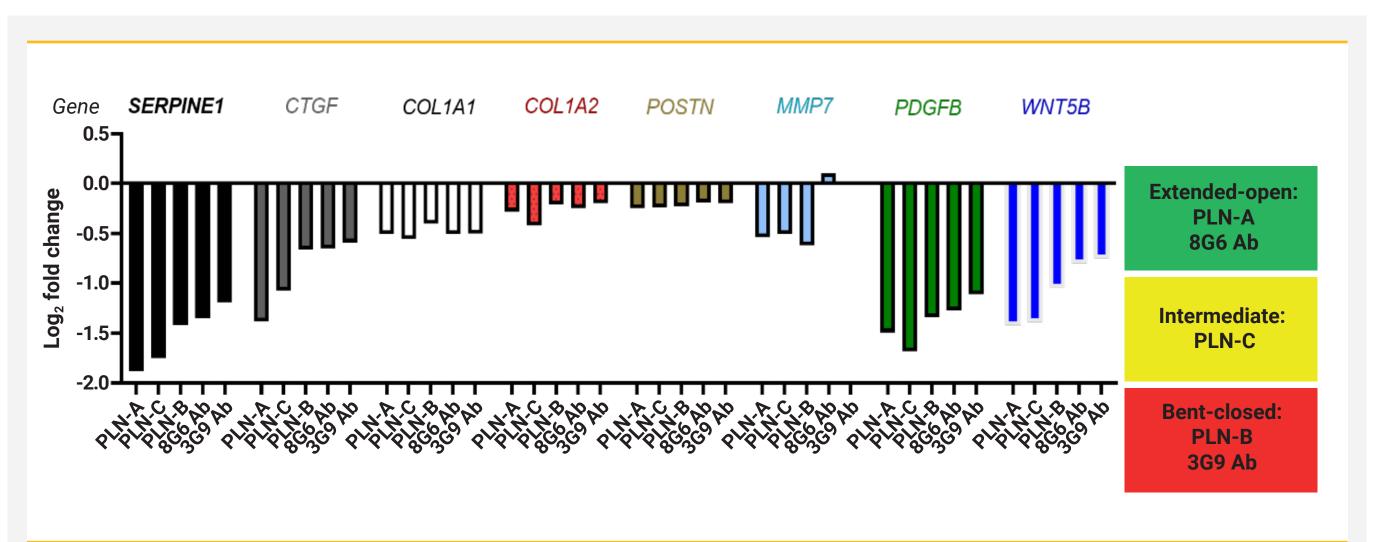
Table 1. Common differentially expressed genes observed across all small molecule and antibody inhibitors of $\alpha_v \beta_6$ vs. relative DMSO and IgG1 controls by RNA sequencing



Cut off: False Discovery Rate <= 0.01 and |change in expression|>=33%

Table 2. Top pathway enrichment analysis of shared differentially expressed genes between small molecule inhibitors and antibodies

Term	Adjusted p value
TGF-β signaling pathway	<0.001
TGF-β regulation of extracellular matrix	0.003
RAGE pathway	0.003
SMAD2/3 nuclear pathway	0.004
Hypertrophy pathway	0.006
Hippo signaling pathway	0.017
Basal cell carcinoma	0.029
Carcinoma	0.029
Oncostatin M	0.053



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Figure 6. Fibrosis-related gene expression in lung epithelial cells treated with small molecule and antibody inhibitors of $\alpha_{\nu}\beta_{6}$

Pharmacological $\alpha_v \beta_6$ inhibitors that differentially modulate integrin conformation were equally effective at blocking TGF- β gene expression in slices prepared from IPF explants

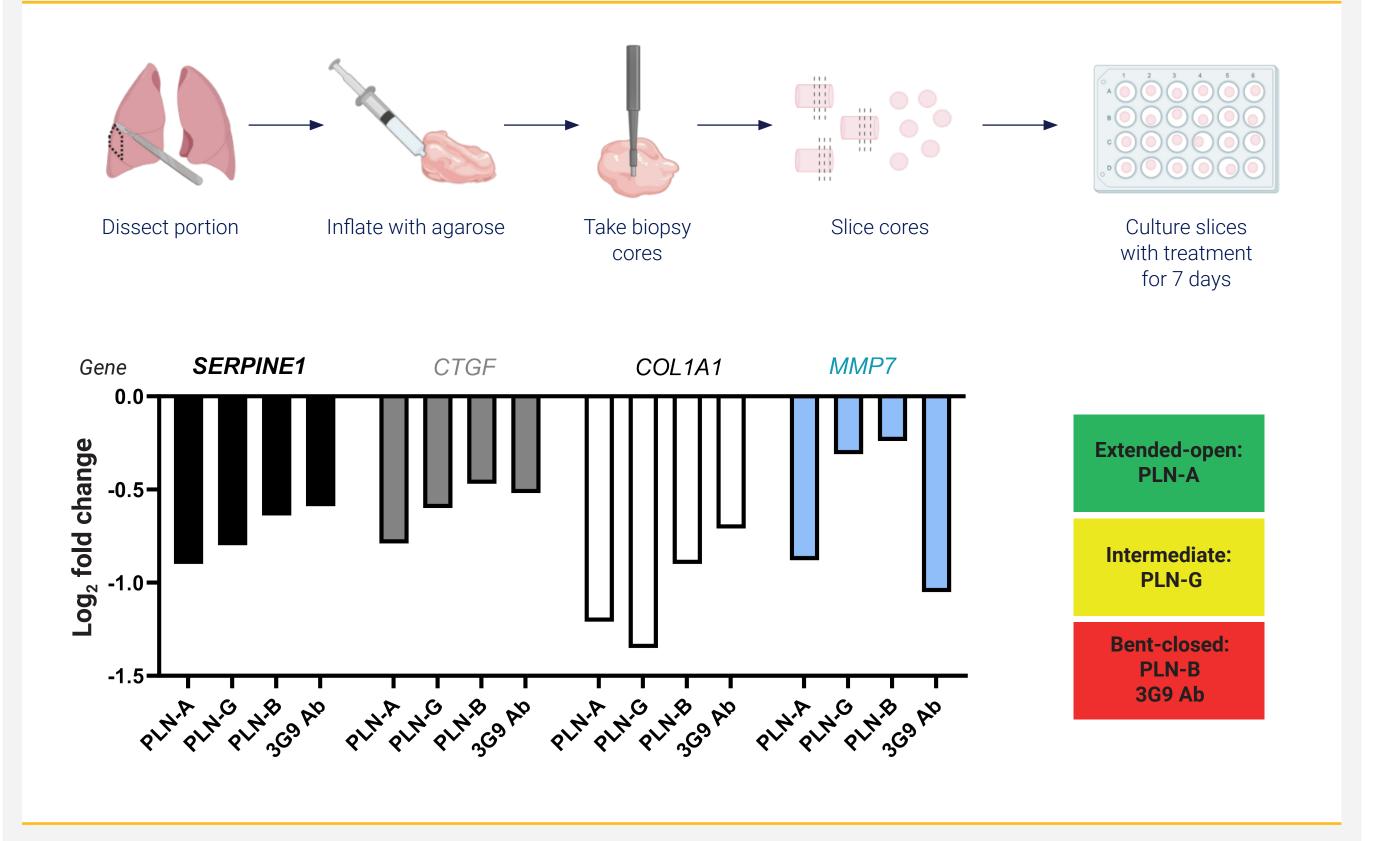


Figure 7. Preparation of precision-cut lung slices and effect of small molecule and antibody inhibitors of $\alpha_v \beta_6$ on fibrosis-related gene expression in precision-cut lung slices by NanoString

• Similar to data obtained from primary cells, small molecule and antibody inhibitors of $\alpha_v \beta_6$ inducing different integrin conformations were each effective at reducing fibrosis-related genes in precision-cut lung slices prepared from IPF explants

CONCLUSIONS

Log, fold change vs. DMSO

- $\alpha_{\nu}\beta_{6}$ small molecule inhibitors that differentially modulate integrin $\alpha_{\nu}\beta_{6}$ conformation are equally effective at blocking $\alpha_{\nu}\beta_{6}$ -mediated regulation of TGF- β signaling in bronchial cell- and fibrotic lung tissue-based assays, with no $\alpha_{\nu}\beta_{6}$ conformation-related changes in gene expression observed
- This study supports the ongoing evaluation of $\alpha_v \beta_6$ inhibitors for the treatment of IPF

ACKNOWLEDGMENTS

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