

CKD-Studien in progress

PD Dr. Eva Schrezenmeier

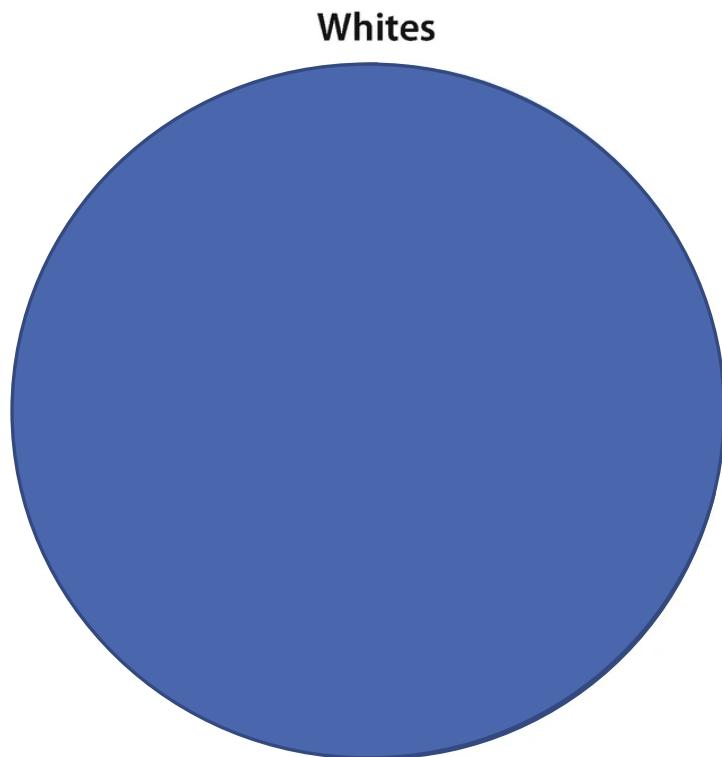
Darlegung potentieller Interessenskonflikte

Der Inhalt des folgenden Vortrages ist Ergebnis des Bemühens um größtmögliche Objektivität und Unabhängigkeit.

Als Referent weise ich darauf hin, dass es **persönliche Verbindungen** zu Unternehmen gibt, deren Produkte im Kontext des folgenden Vortrages von Interesse sind. Dabei handelt es sich um die folgenden Unternehmen und Verbindungen:

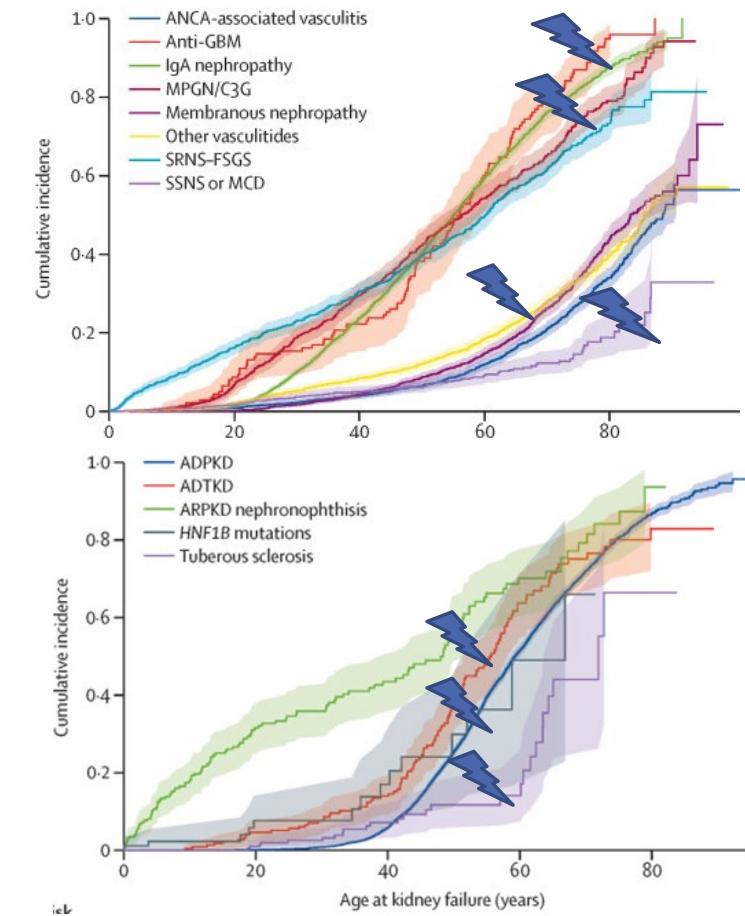
Unternehmen	Verbindungen
Chiesi	Erstattung von Reise- oder Übernachtungskosten
Novartis, AstraZeneca, GSK, Thermofischer	Honorar für Vortrags-, Autoren-, Gutachter- oder Beratungstätigkeiten
HiBio, Alexion	Erhalt von Forschungsgeldern
CSL, AstraZeneca, Argenx	Honorar für Durchführung von Auftragsstudien

Verteilung der Hauptursachen von CKD



Personen weißer Ethnizität
Basierend auf UKRR-2016

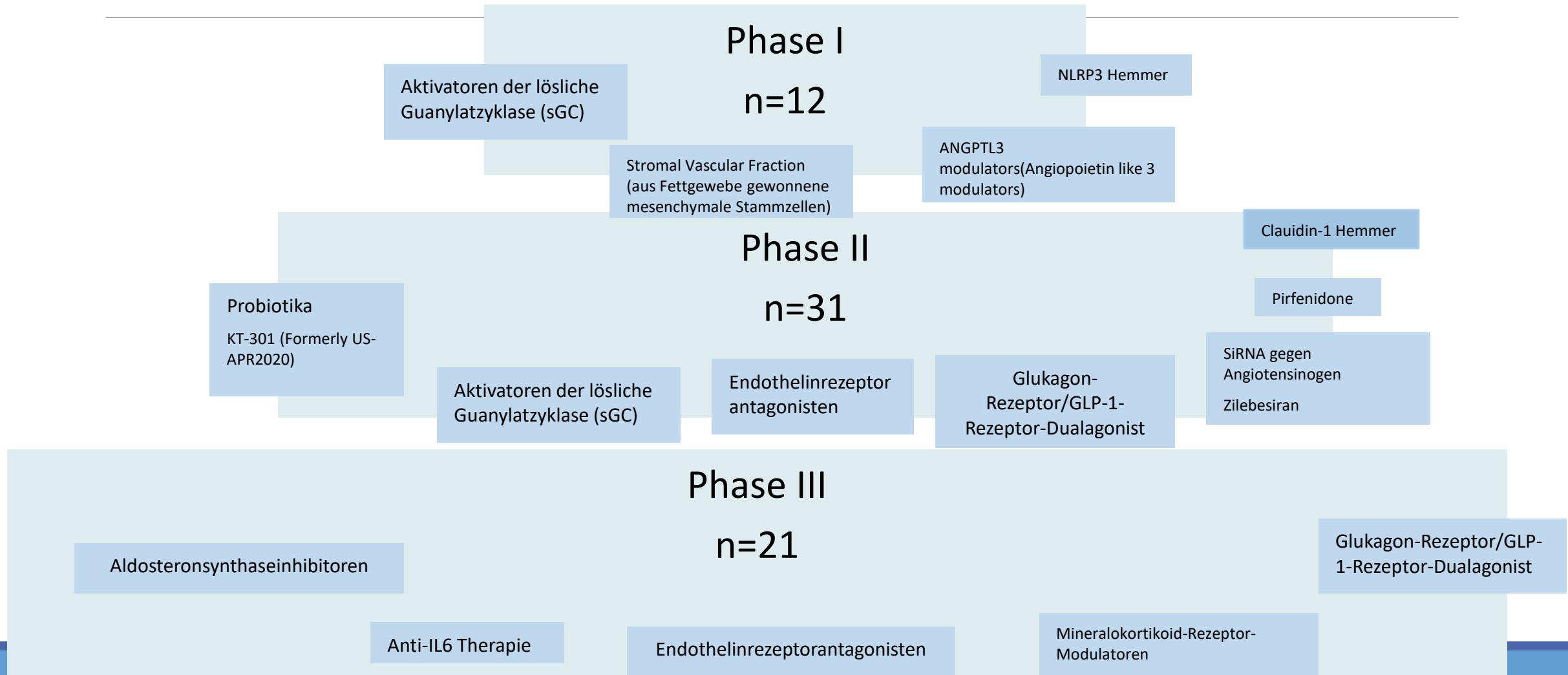
- Diabetes
- Hypertension
- Renovascular
- Glomerulonephritis
- Polycystic kidney (PCKD)
- Pyelonephritis
- Uncertain
- Other & missing



Laufende Studien im Bereich CKD

Showing results for: **CKD | Recruiting studies | Phase: 1, 2, 3 | Interventional studies**

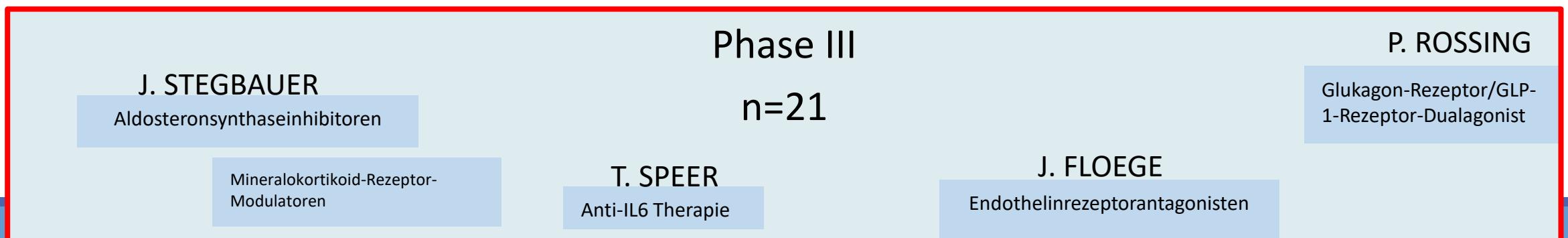
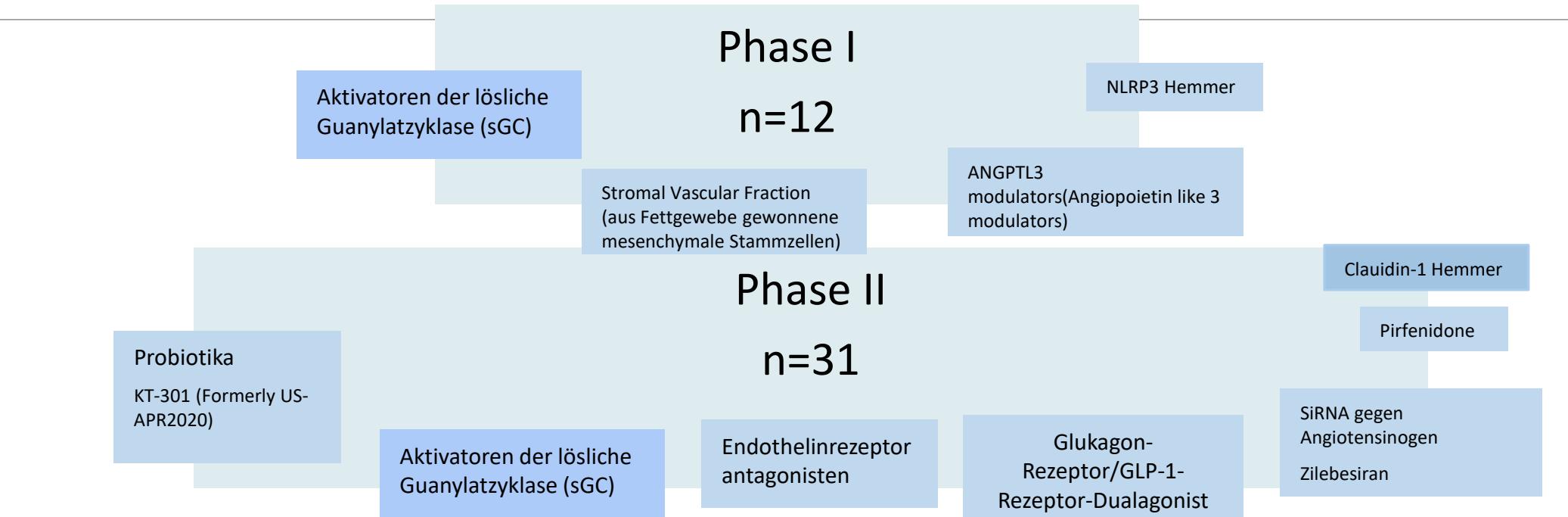
+ [Synonyms of conditions or disease \(9\)](#)



Laufende Studien im Bereich CKD

Showing results for: **CKD | Recruiting studies | Phase: 1, 2, 3 | Interventional studies**

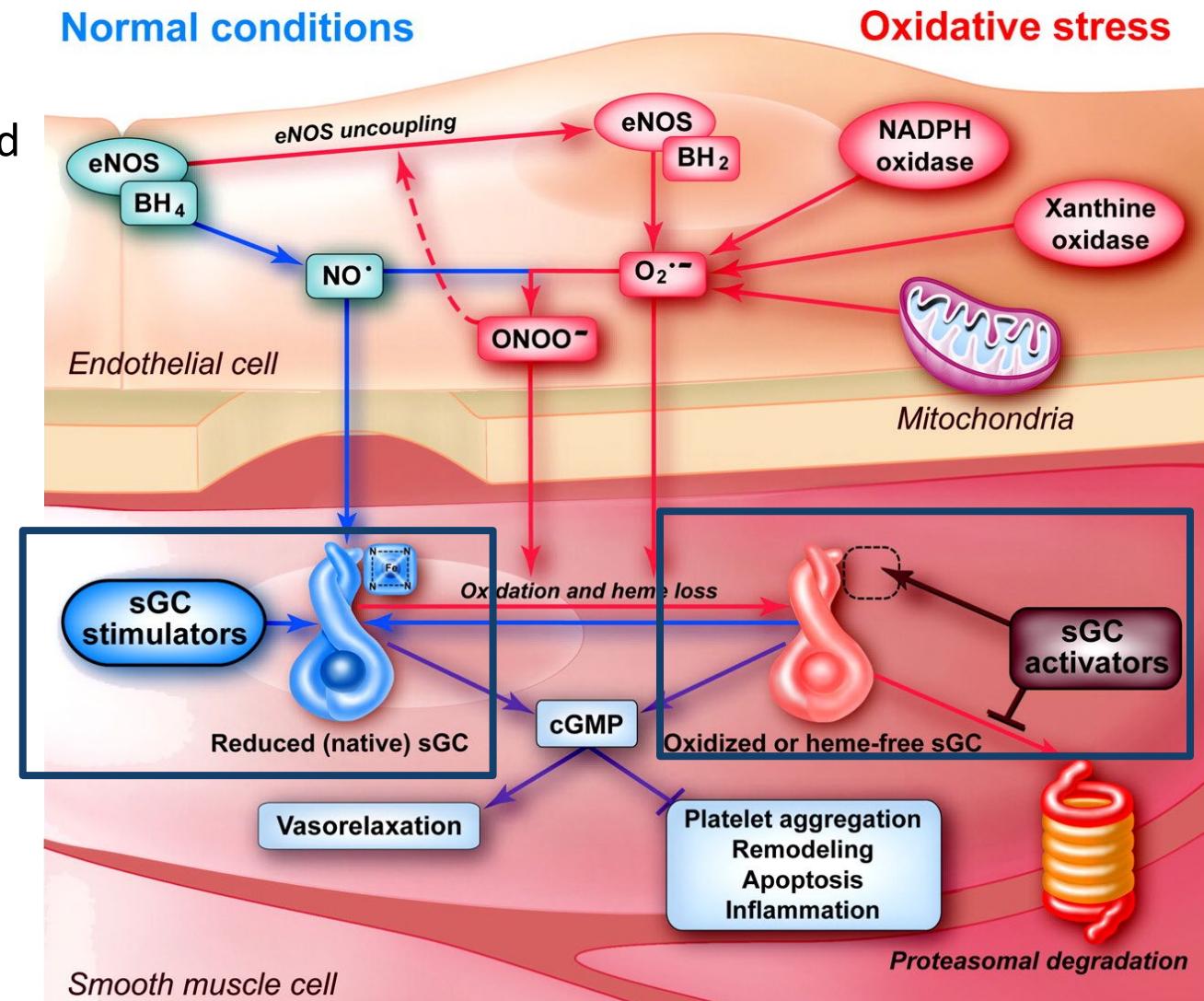
+ [Synonyms of conditions or disease \(9\)](#)



Aktivatoren der lösliche Guanylatzyklase (sGC)

- CKD ist oft mit oxidativem Stress und einer verminderten Verfügbarkeit von Stickstoffmonoxid (NO) verbunden
- sGC-Aktivatoren können die oxidierte und hämfreie Form von sGC aktivieren
- Wiederherstellung der cGMP-Produktion auch unter oxidativem Stress wiederherstellen

- Verbesserung des renalen Blutflusses
- Reduktion von Proteinurie und Nierenschäden
- Anti-fibrotische und anti-inflammatorische Effekte
- Verbesserung der Endothelfunktion



Efficacy, Safety, and Dosing of Avenciguat in Diabetic and Nondiabetic Chronic Kidney Disease

PRESPECIFIED POOLED ANALYSIS



2 Randomized
Controlled Trials



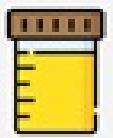
diabetic and non-diabetic

Double Blind
(Placebo-controlled)

INCLUSION CRITERIA



eGFR \geq 20 and
eGFR $<$ 90
 $mL/min/1.73 m^2$



UACR \geq 200 and
UACR $<$ 3500
 mg/g



On ACEi or ARB

BASELINE CHARACTERISTICS



62 years
Mean age



eGFR 44
 $mL/min/1.73 m^2$
Mean



UACR 719
 mg/g
Median 10-hr



n=500

R
A
N
D
O
M
I
Z
A
T
I
O
N



20 weeks



Avenciguat
1 mg TID
n=125

Avenciguat
2 mg TID
n=126

Avenciguat
3 mg TID
n=127

UACR change
(95% CI)
(from baseline in
in 10-hr urine)
PRIMARY END POINT

-15.5%

(-26.4, -3.0)

UACR change
(from baseline in
1st morning
voided urine)
SECONDARY END POINT

-19.4%

(-30.0, -7.3)

-13.2%

(-24.6, -0.1)

-15.5%

(-26.9, -2.5)

-21.5%

(-31.7, -9.8)

-23.4%

(-33.5, -11.8)



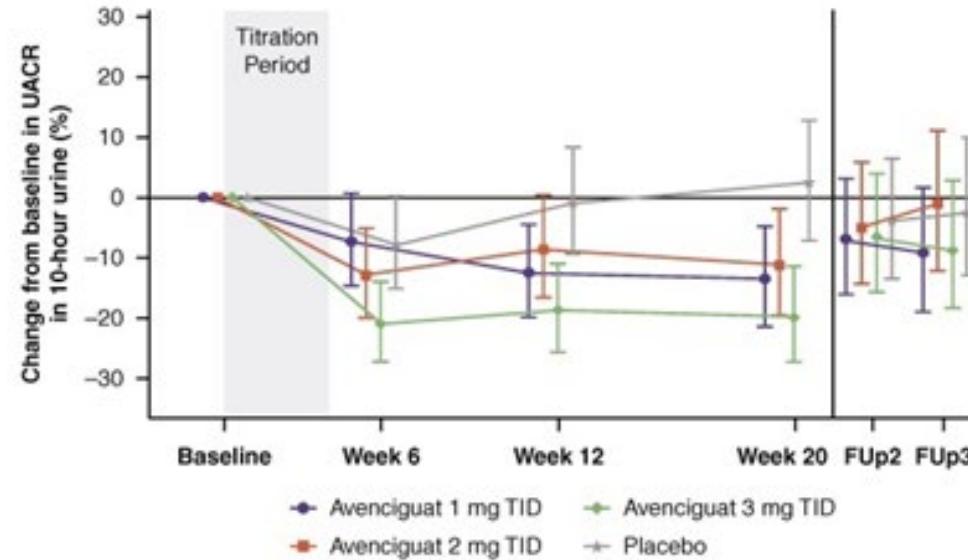
Avenciguat was well tolerated; overall frequency of adverse events was low and clinically comparable to placebo

Conclusions: Avenciguat (a novel, potent soluble guanylyl cyclase activator) was effective in lowering albuminuria and was well tolerated in patients with CKD.

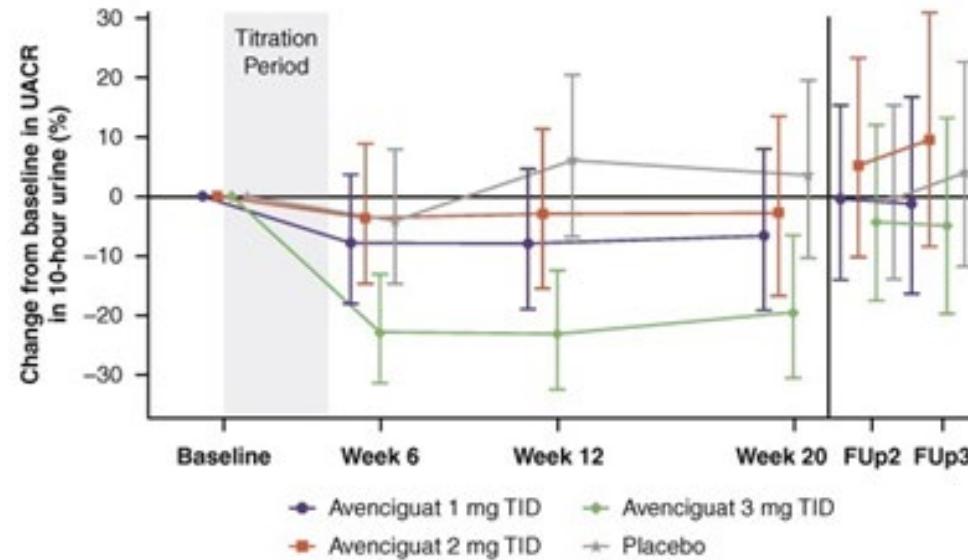
Hiddo J.L. Heerspink, David Cherney, Abdul Halim Abdul Gafor, et al. *Effect of Avenciguat on Albuminuria in Patients with CKD: Two Randomized Placebo-Controlled Trials*. JASN doi: 10.1681/ASN.0000000000000418. Visual Abstract by Edgar Lerma, MD, FASN

Change from baseline in UACR up to week 20

ALL

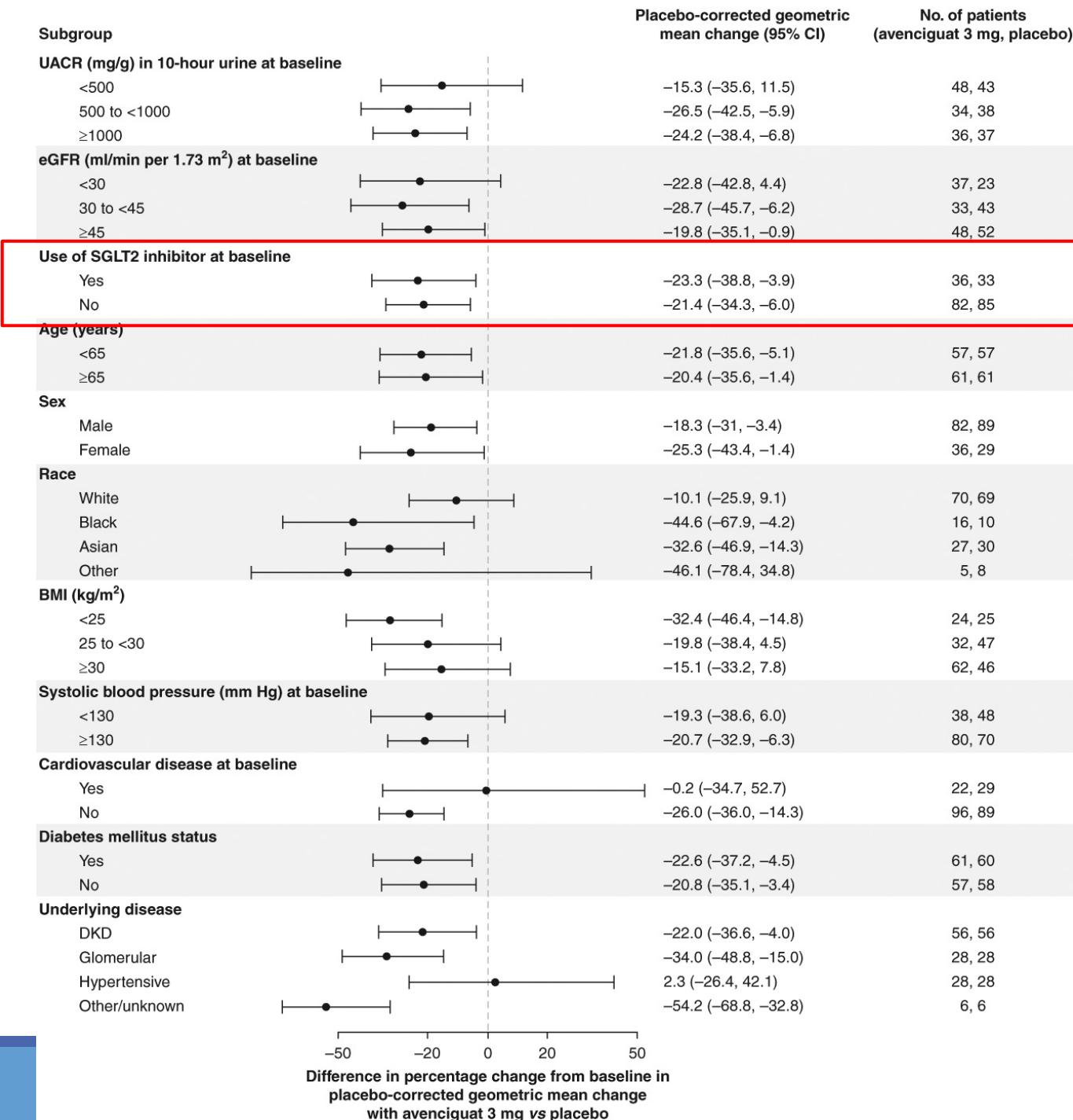


DKD



No. of patients:						
Avenciguat 1 mg TID	121	120	117	112	108	108
Avenciguat 2 mg TID	114	112	105	105	99	102
Avenciguat 3 mg TID	118	116	112	107	102	104
Placebo	118	117	112	110	103	106

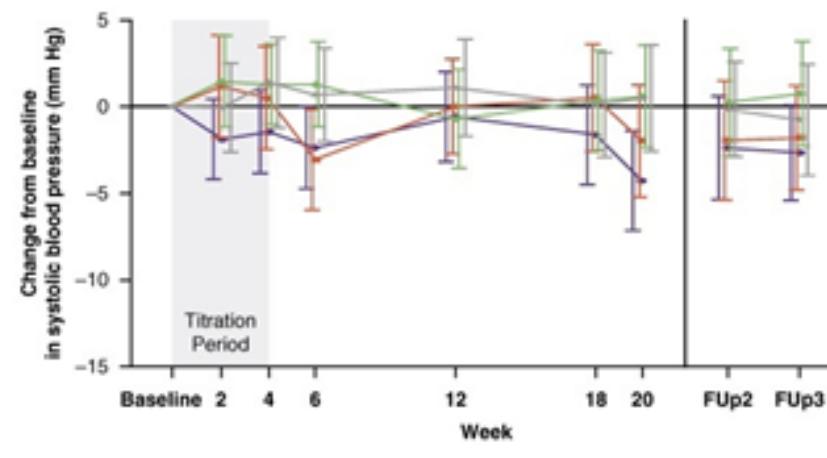
No. of patients:						
Avenciguat 1 mg TID	57	56	55	52	52	51
Avenciguat 2 mg TID	53	52	46	46	43	44
Avenciguat 3 mg TID	56	55	53	48	45	46
Placebo	56	56	54	53	51	53



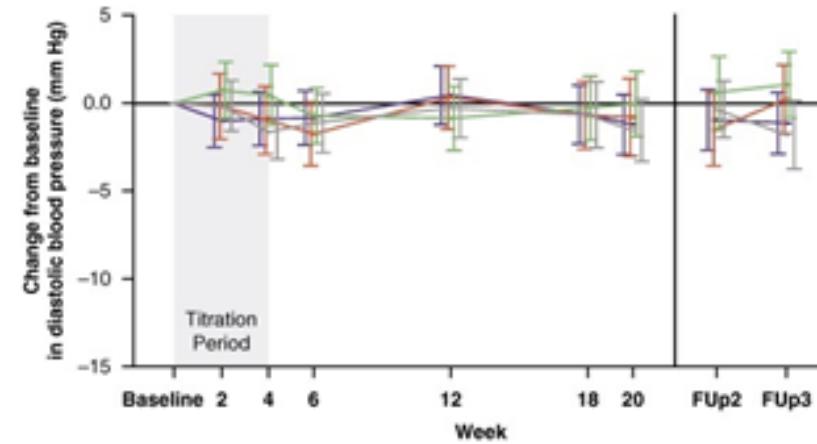
Heerspink HJL, Cherney D, Gafor AHA, Górriz JL, Pergola PE, Tang SCW, Desch M, Iliev H, Sun Z, Steubl D, Nangaku M. Effect of Avenciguat on Albuminuria in Patients with CKD: Two Randomized Placebo-Controlled Trials. *J Am Soc Nephrol.* 2024 May 25;35(9):1227–39. doi: 10.1681/ASN.000000000000418. Epub ahead of print. PMID: 38795055; PMCID: PMC11387026.

Change from baseline in systolic and diastolic BP

systolic BP



diastolic BP

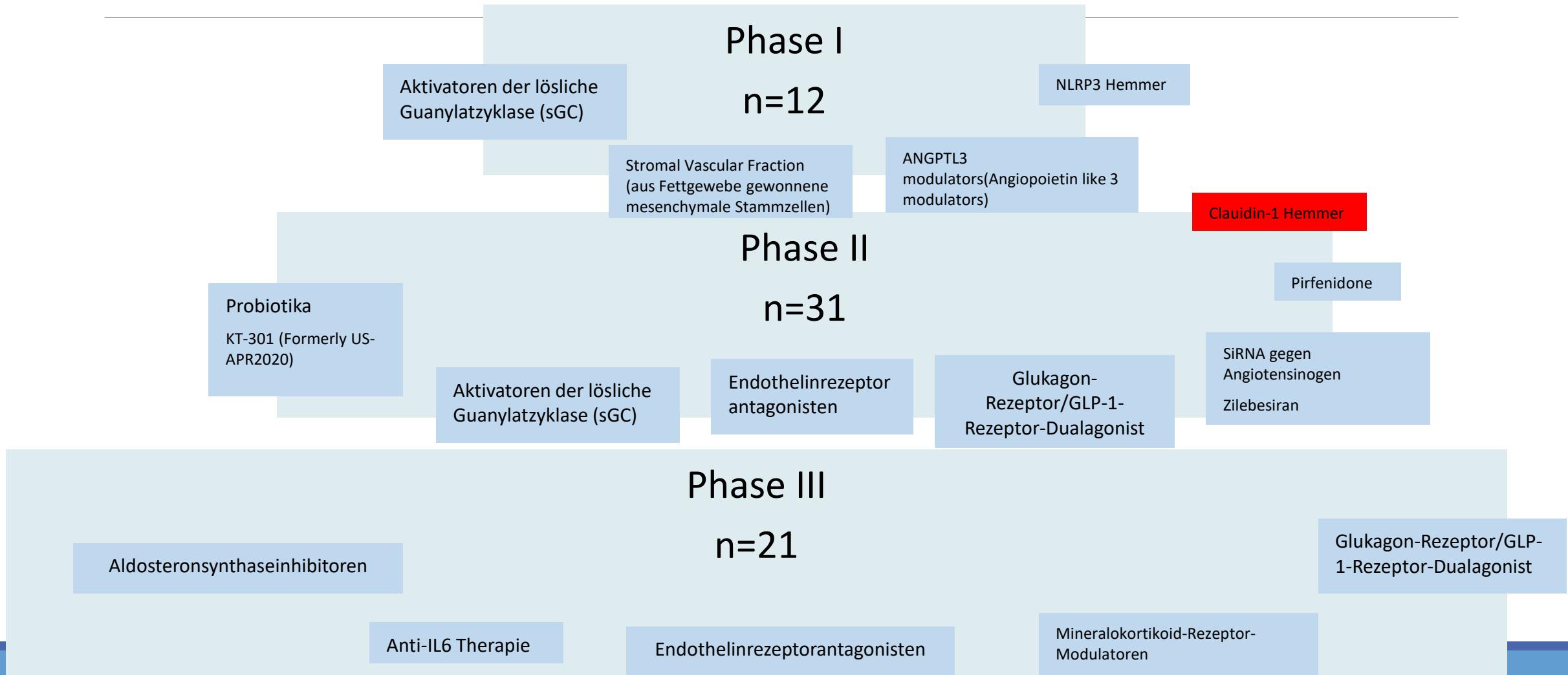


Hypotonie als einzige relevante AE

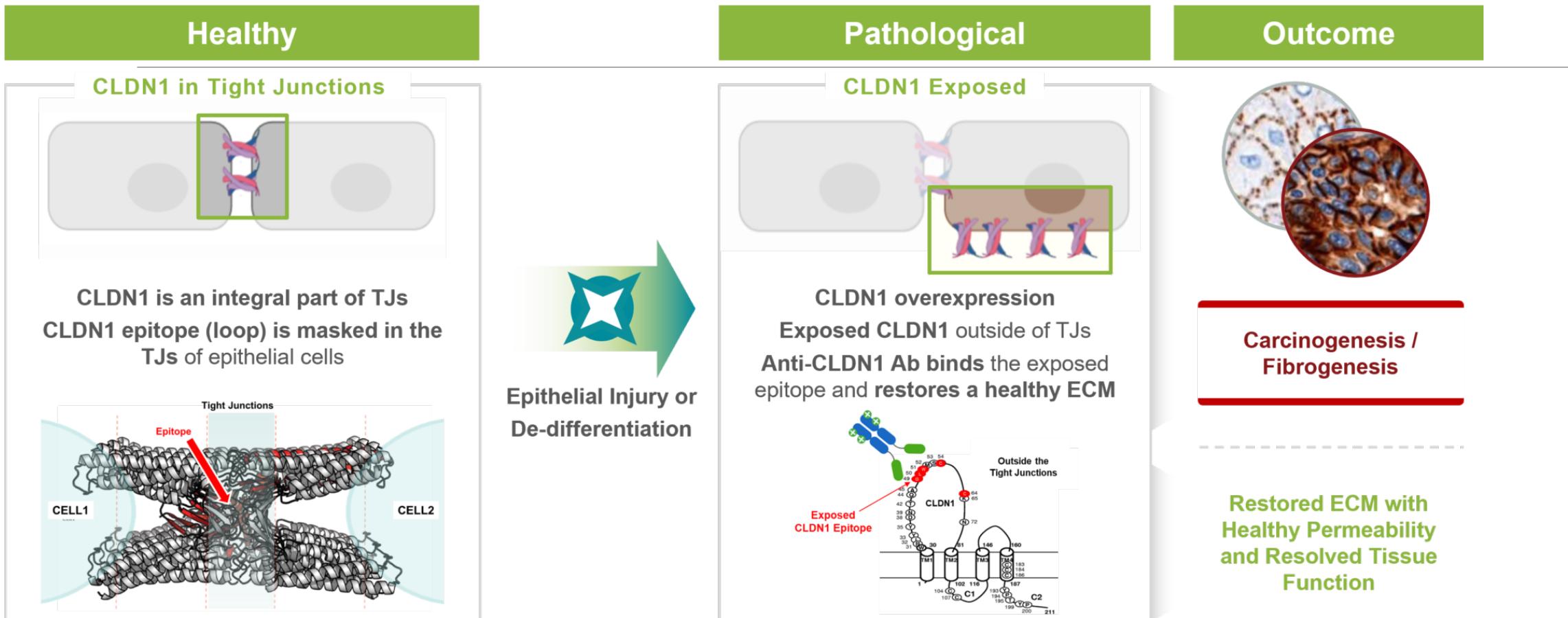
Laufende Studien im Bereich CKD

Showing results for: **CKD | Recruiting studies | Phase: 1, 2, 3 | Interventional studies**

+ [Synonyms of conditions or disease \(9\)](#)



Fibrosehemmung durch gezielte Blockade von extrajunctionalem Claudin-1



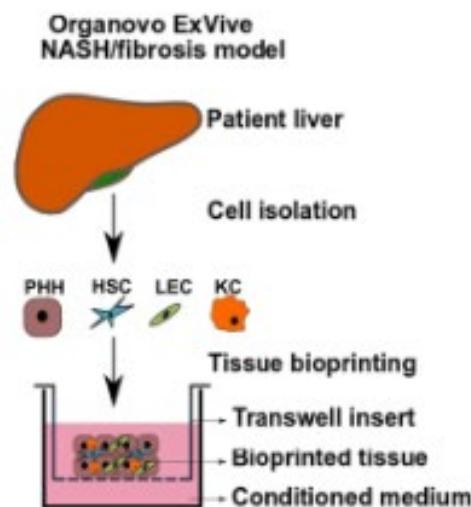
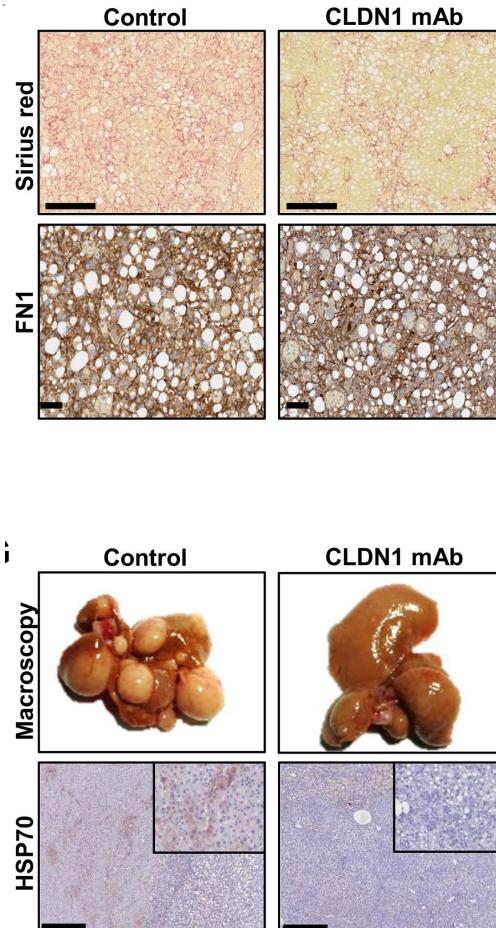
- CLDN1-Überexpression induziert *epithelial-mesenchymal transition*
- CLDN1 ist in vielen Krebsarten überexprimiert, darunter hepatzelluläres Karzinom und Plattenepithelkarzinome.

<https://alentis.ch/cldn1-old/>

accessed 30.08.2024

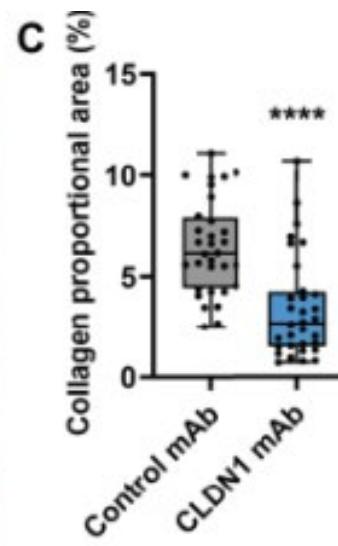
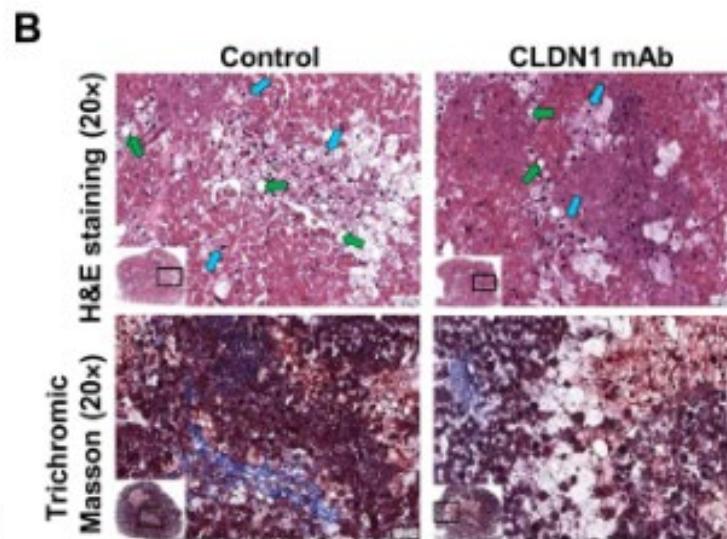
Leber

mouse
NASH
treatment with an antibody against nonjunctional claudin-1



human

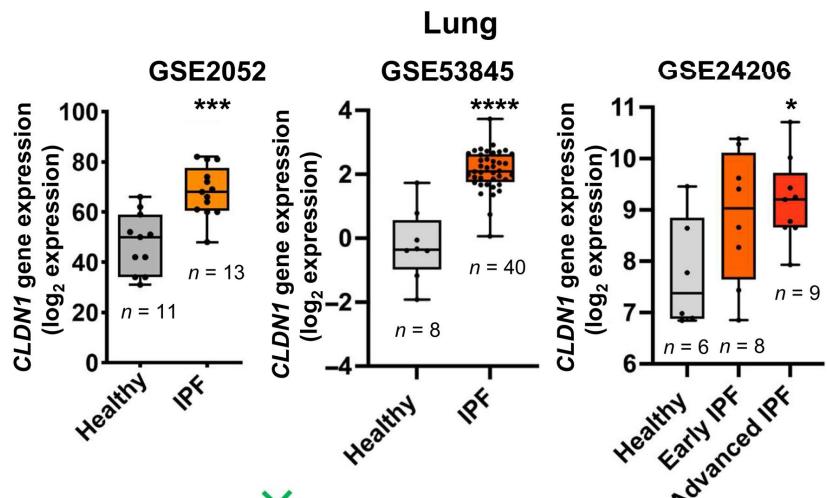
treatment with an antibody
against nonjunctional
claudin-1



Lunge

Late Breaking Abstract – Claudin-1 is a potential airway-centric therapeutic target for pulmonary fibrosis

Abstract European Respiratory Society 2023
Geoffrey Teixeira



FDA Grants Orphan Drug Status to Alentis' Lixudebart for Idiopathic Pulmonary Fibrosis

7 June 2024 | X f in e

In a significant advancement for the treatment of Idiopathic Pulmonary Fibrosis (IPF), **Alentis Therapeutics** has announced that the U.S. Food and Drug Administration (FDA) has granted Orphan Drug designation to its investigational drug **lixudebart** (ALE.F02). Alentis Therapeutics is a clinical-stage biotechnology firm dedicated to developing treatments targeting **Claudin-1** positive (CLDN1+) tumors and **organ fibrosis**.

Dr. Luigi Manenti, Chief Medical Officer at Alentis, emphasized the critical need for new IPF treatments, noting that the Orphan Drug status highlights the potential of lixudebart to address this unmet medical need. According to Dr. Manenti, the company has completed the necessary IND-enabling studies and believes that their highly specific antibody, which targets CLDN1 in fibrotic lungs, could potentially alter the disease's trajectory.

<https://synapse.patsnap.com/article/fda-grants-orphan-drug-status-to-alentis-lixudebart-for-idiopathic-pulmonary-fibrosis>, accessed 30 august 2024

Niere

● RECRUITING

NCT05939947

A Clinical Trial of ALE.F02 in Patients With Advanced Liver Fibrosis and/or Mild Cirrhosis

Conditions

Advanced Liver Fibrosis Liver Cirrhosis

Locations

San Antonio, Texas, United States

Munich, Germany

Bucharest, Romania

Cluj-Napoca, Romania

[Show all 6 locations](#)

● RECRUITING

NCT06047171

Rescue of Nephrons With ALE.F02 (RENAL-F02)

Conditions

Glomerulonephritis Rapidly Progressive

Locations

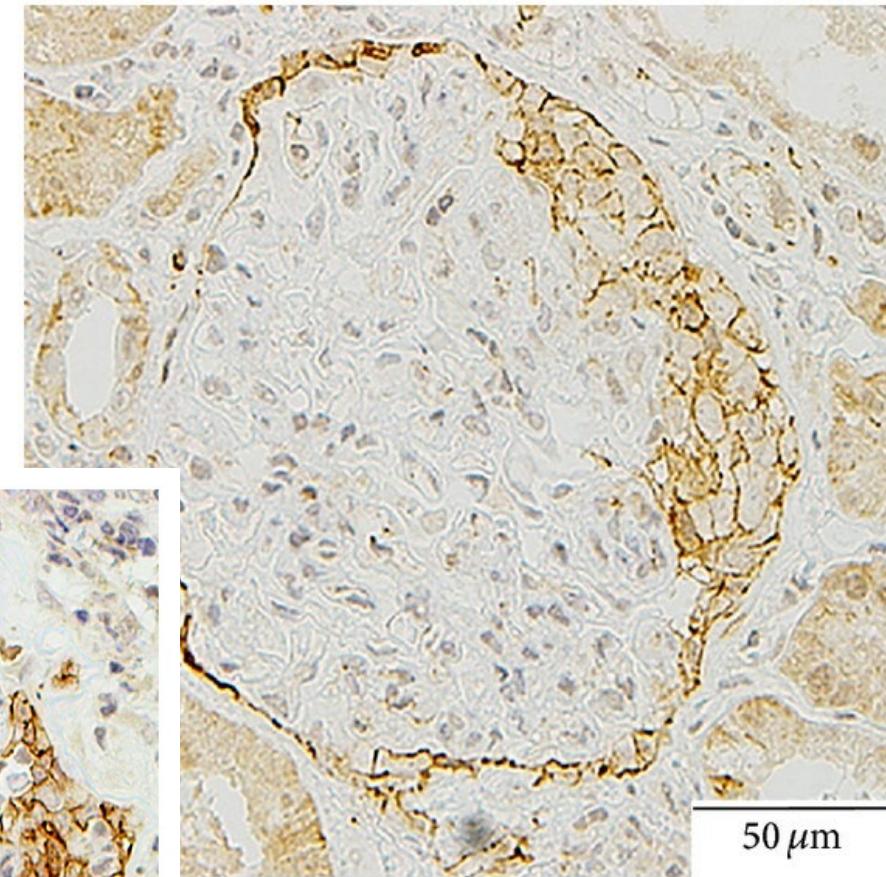
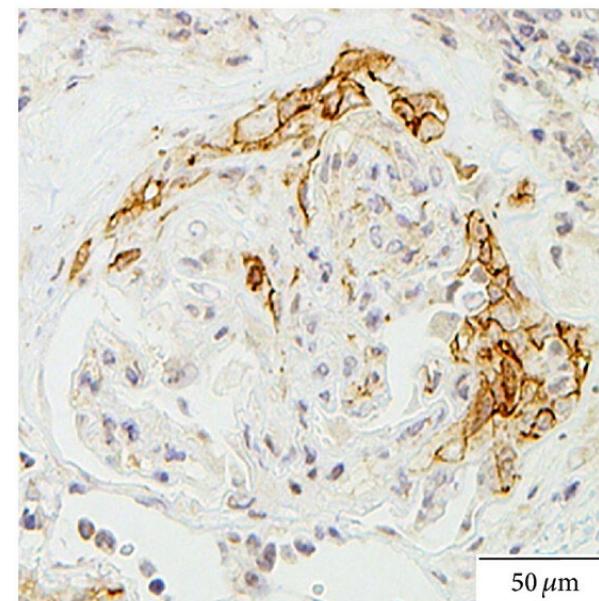
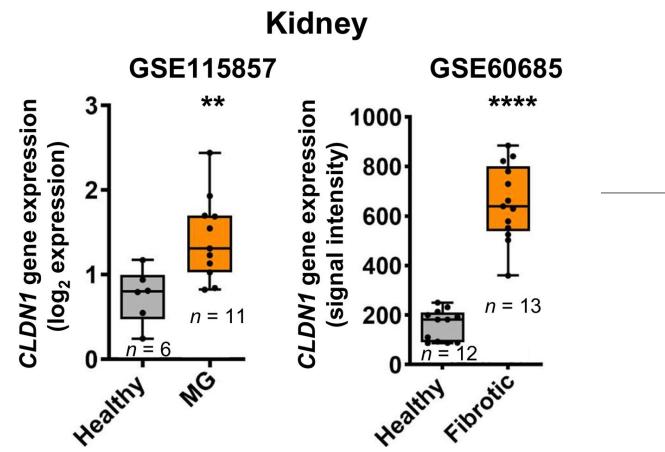
Prague, Czechia

Praha 4, Czechia

Aalborg, Denmark

Aarhus, Denmark

[Show all 46 locations](#)

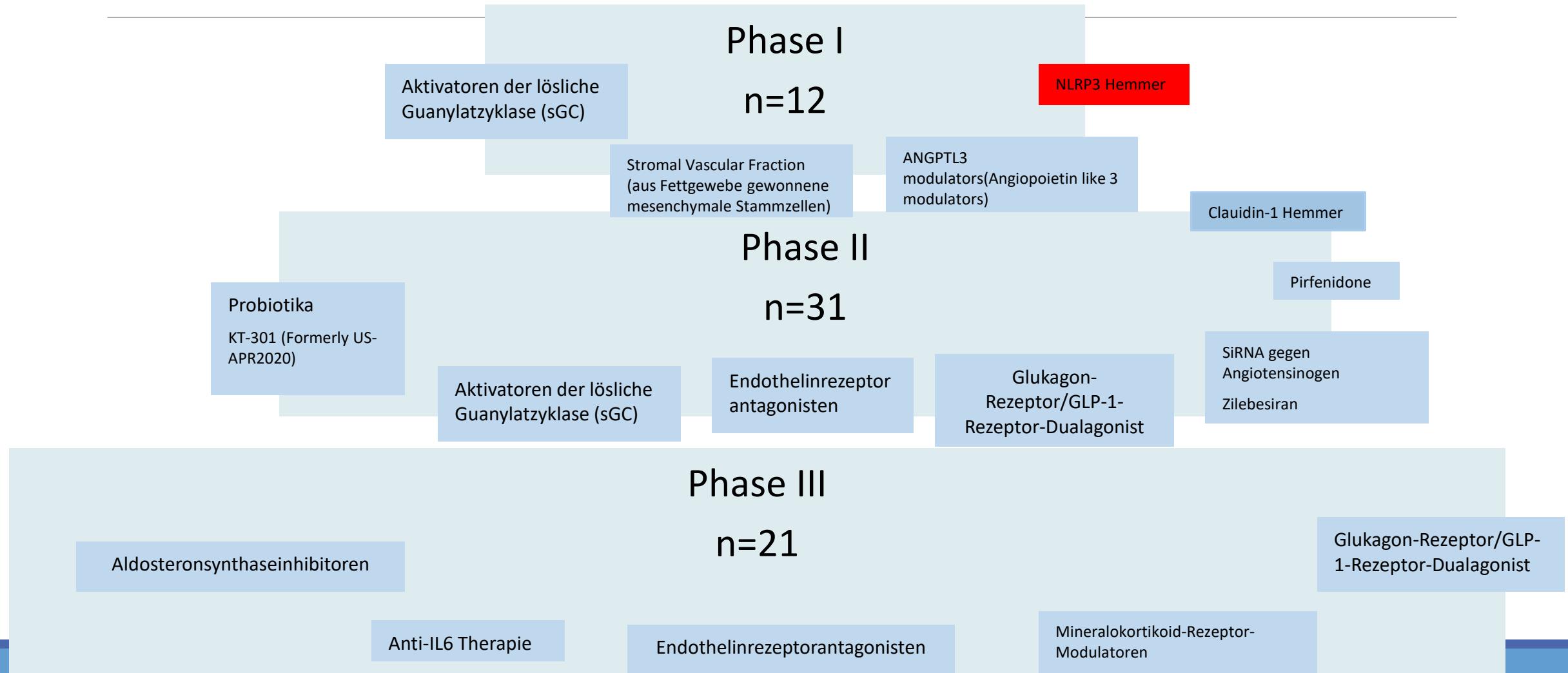


Koda R, Yoshino A, Imanishi Y, Kawamoto S, Ueda Y, Yaoita E, Kazama JJ, Narita I, Takeda T. Expression of tight junction protein claudin-1 in human crescentic glomerulonephritis. *Int J Nephrol*. 2014;2014:598670. doi: 10.1155/2014/598670. Epub 2014 Apr 27. PMID: 24868462; PMCID: PMC4020360.
<https://clinicaltrials.gov>; accessed 30 August 2024

Laufende Studien im Bereich CKD

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+ [Synonyms of conditions or disease \(9\)](#)



A Phase 1b Study to Assess the Safety, Tolerability, and Pharmacodynamics of AZD4144 in Participants With Established Atherosclerotic Cardiovascular and Chronic Kidney Disease.

ClinicalTrials.gov ID  NCT06675175

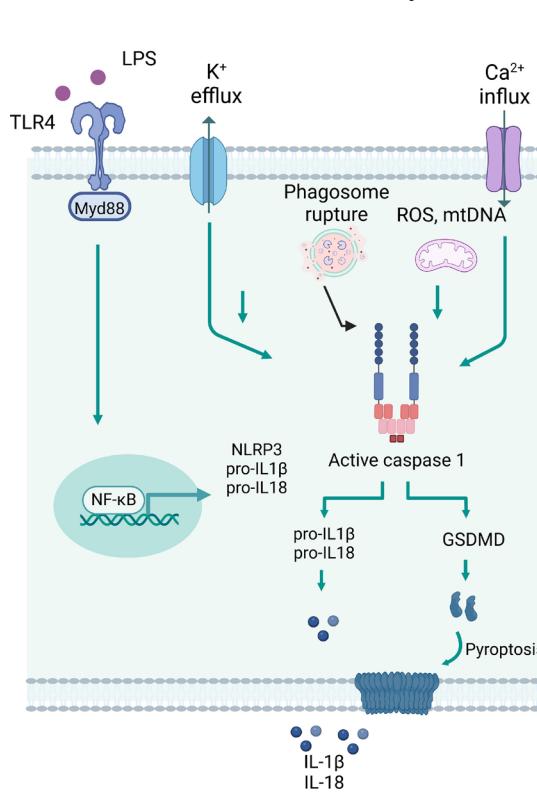
Sponsor  AstraZeneca

Information provided by  AstraZeneca (Responsible Party)

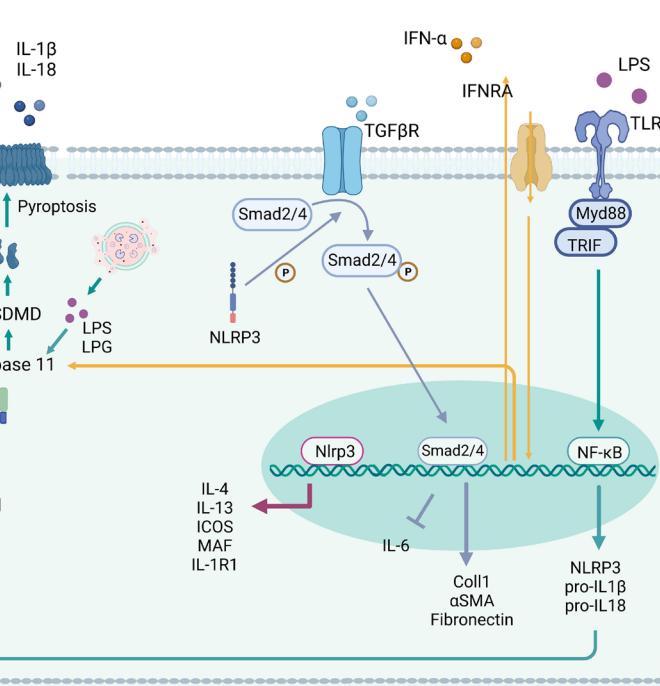
Last Update Posted  2024-11-05

NLRP3-Hemmer

Inflammasome-dependent



Inflammasome-independent



- Aktivierung über TLR4

- Initiiert Bildung des Inflammasom-Komplexes

- Aktivierung von Caspase-1

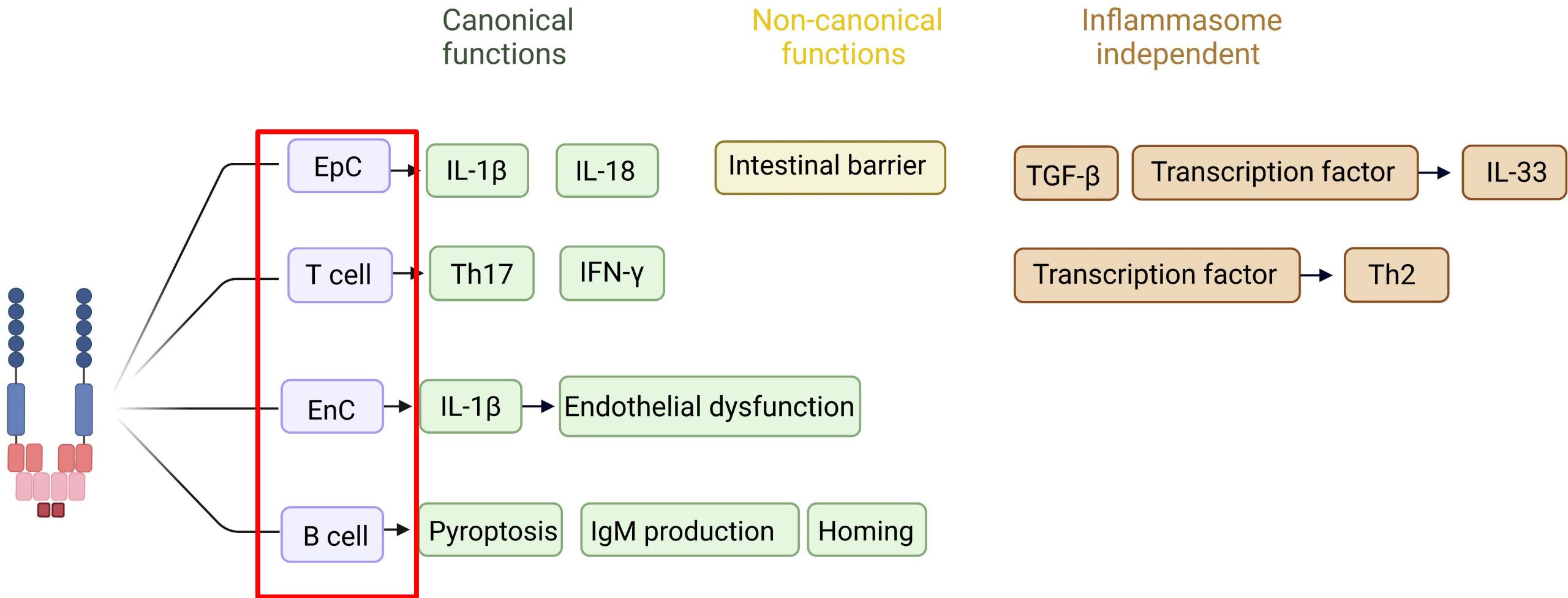
- Fördert Reifung und Freisetzung von IL-1β und IL-18

- Verursacht pyroptotische Zellyse durch Gasdermin D

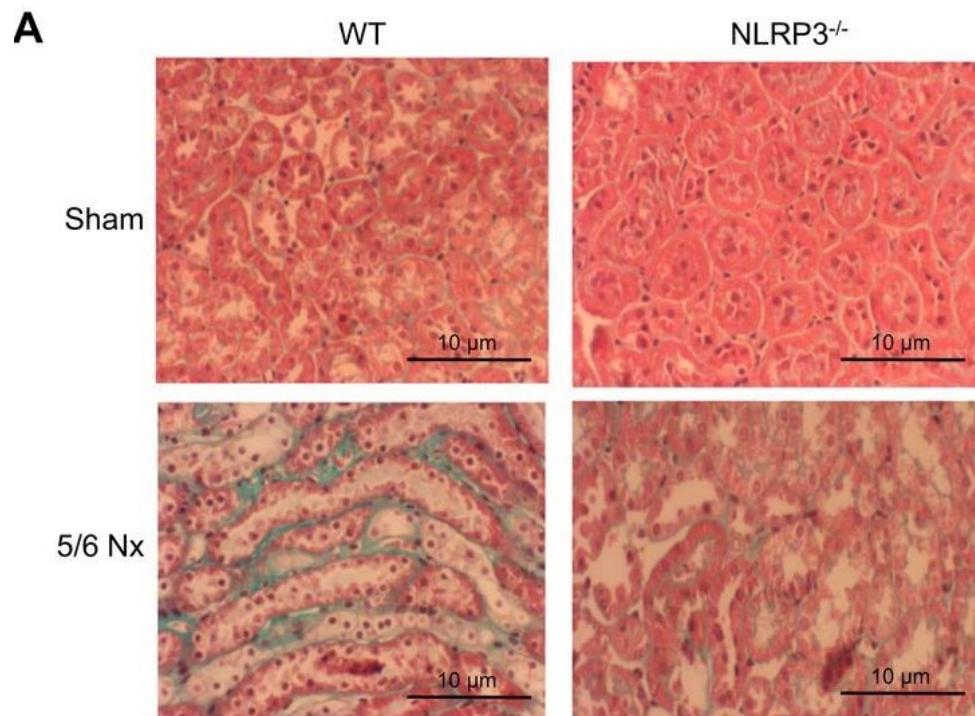
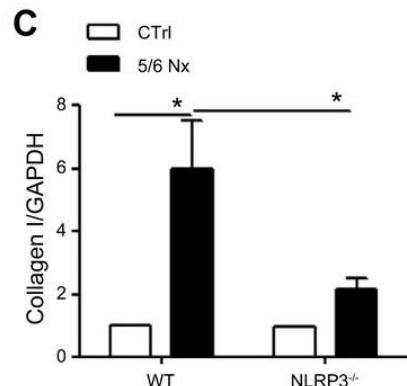
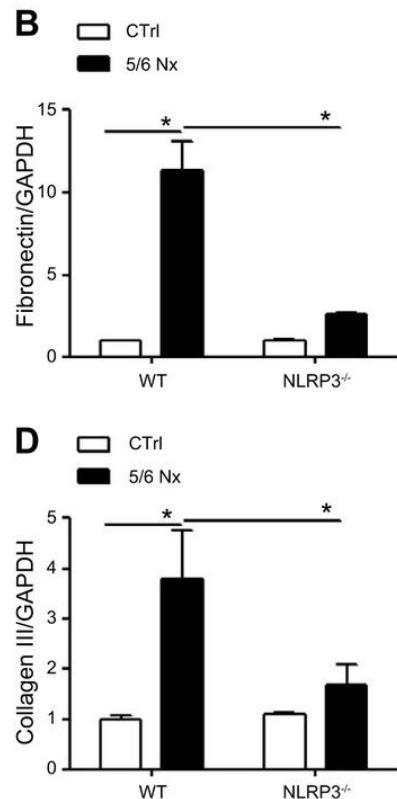
- Wichtige Rolle bei Entzündungsreaktion

- Beteiligt an Pathogenese entzündlicher Erkrankungen

NLRP3-Hemmer

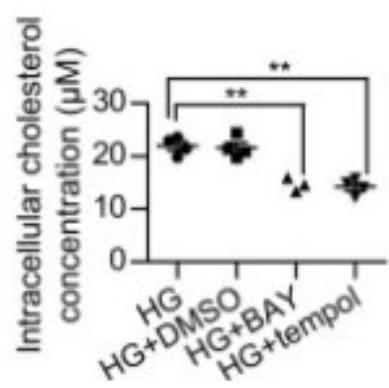
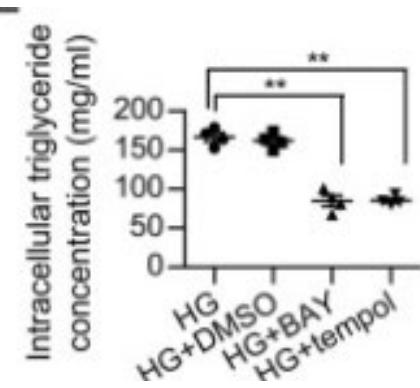
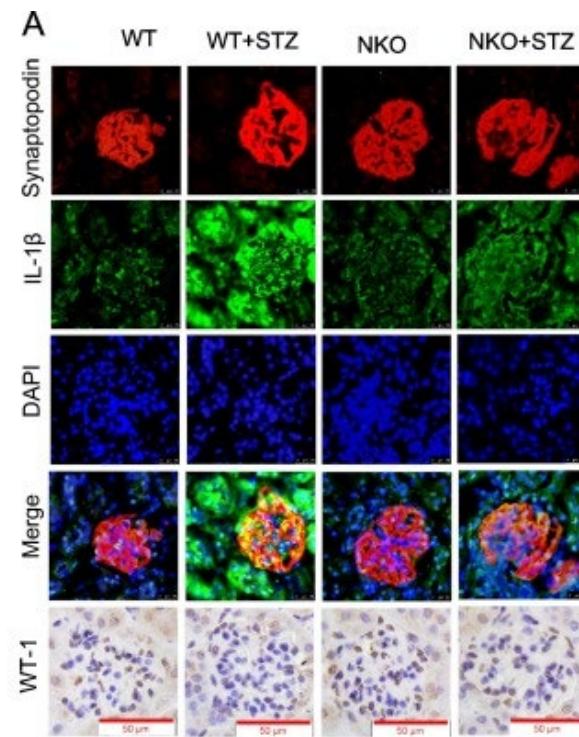


Fibrosehemmung durch NLRP3-Hemmung bei Mäusen nach 5/6 Nephrektomie



Fibrosehemmung durch NLRP3-Hemmung bei diabetischen Mäusen?

Die Hemmung des NLRP3-Inflammasoms lindert Podozytenschäden, indem sie die Lipidakkumulation bei diabetischer Nephropathie unterdrückt.



NLRP3 inflammasome specific inhibitors

Podocyte-specific Nlrp3 inflammasome activation promotes diabetic kidney disease.

AIM

Define the role podocyte Nlrp3 in diabetic kidney disease (DKD).

METHODS

In vivo: We determined the role of podocyte NLRP3 for sterile inflammation and glomerular dysfunction in experimental DKD using gain- and loss-of-function approaches

Streptozotocin podocyte-specific mouse models

- control: wild type (Pod^{Cre})
- Nlrp3 gain-of-function: $\text{Nlrp3}^{\text{V-Pod}}$
- Nlrp3 loss-of-function: $\text{Nlrp3}^{\text{KO-Pod}}$
- Caspase-1 loss-of-function: $\text{Casp1}^{\text{KO-Pod}}$

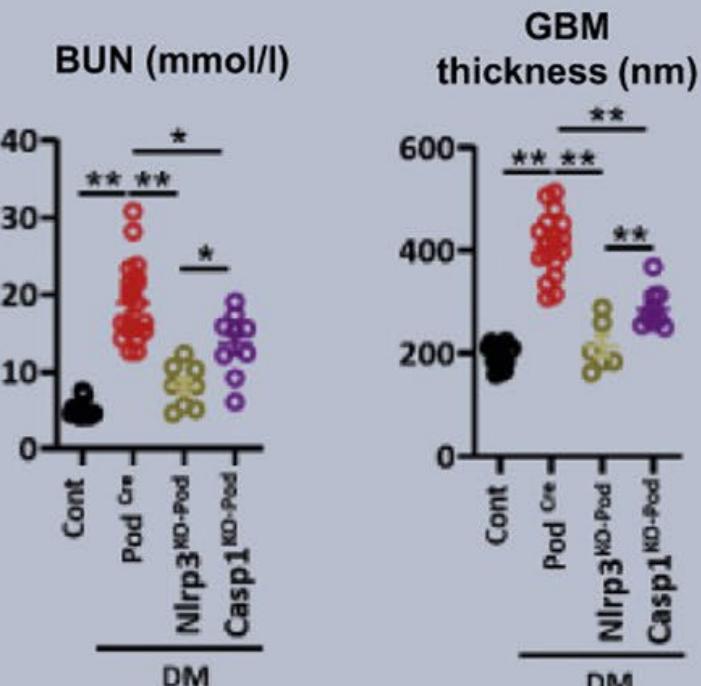
Endpoints (ex vivo):

- Kidney function
- Morphological analysis
- Cell death
- Autophagy

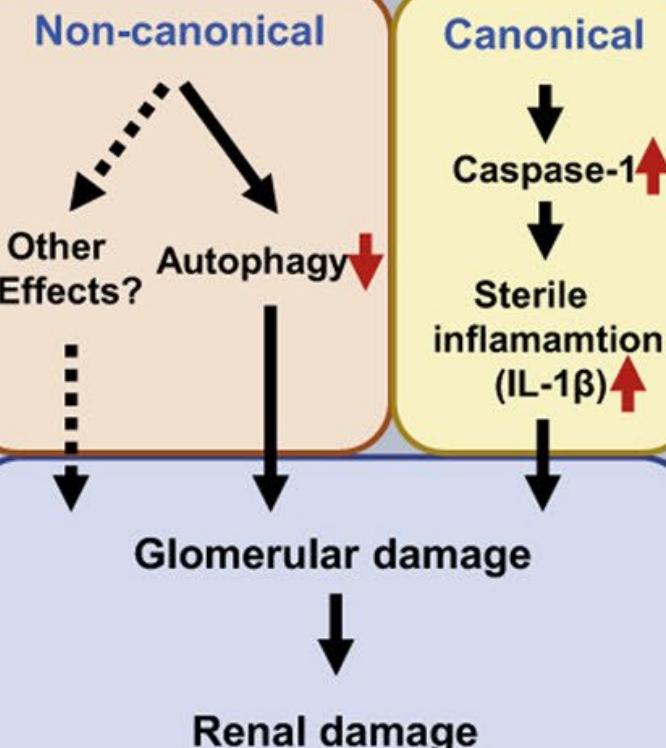
In vitro: Effect of Nlrp3 versus caspase-1 inhibitor on autophagy was tested in mouse primary podocytes.

Endpoints (in vitro): → Autophagy

RESULTS



Podocyte Nlrp3

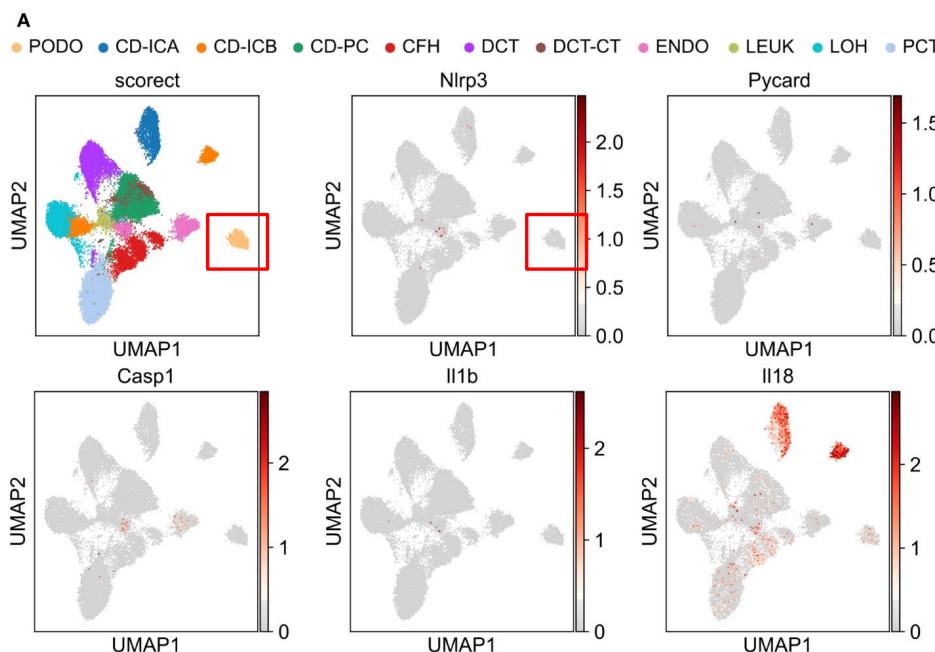


CONCLUSION

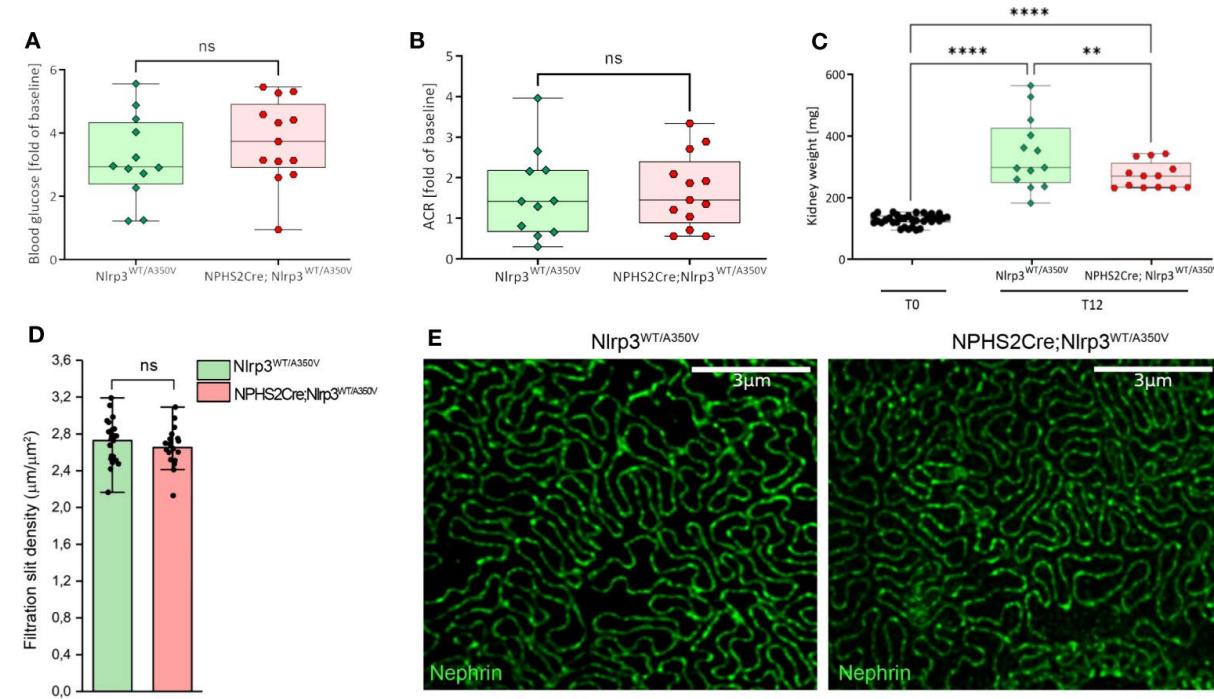
- Podocyte NLRP3 is both sufficient and required for sterile inflammation and glomerular damage in experimental DKD.
- These data support an "immune-cell like" function of podocytes.
- NLRP3 regulates canonical and non-canonical effects. Hence, pharmaceutically targeting NLRP3 is expected to be superior to inhibition of caspase-1 mediated cytokine maturation.

No NLRP3 inflammasome activity in kidney epithelial cells, not even when the NLRP3-A350V Muckle-Wells variant is expressed in podocytes of diabetic mice

Unbiased single-cell RNA sequencing of diabetic human and healthy murine kidneys indicates the absence of canonical NLRP3 inflammasome



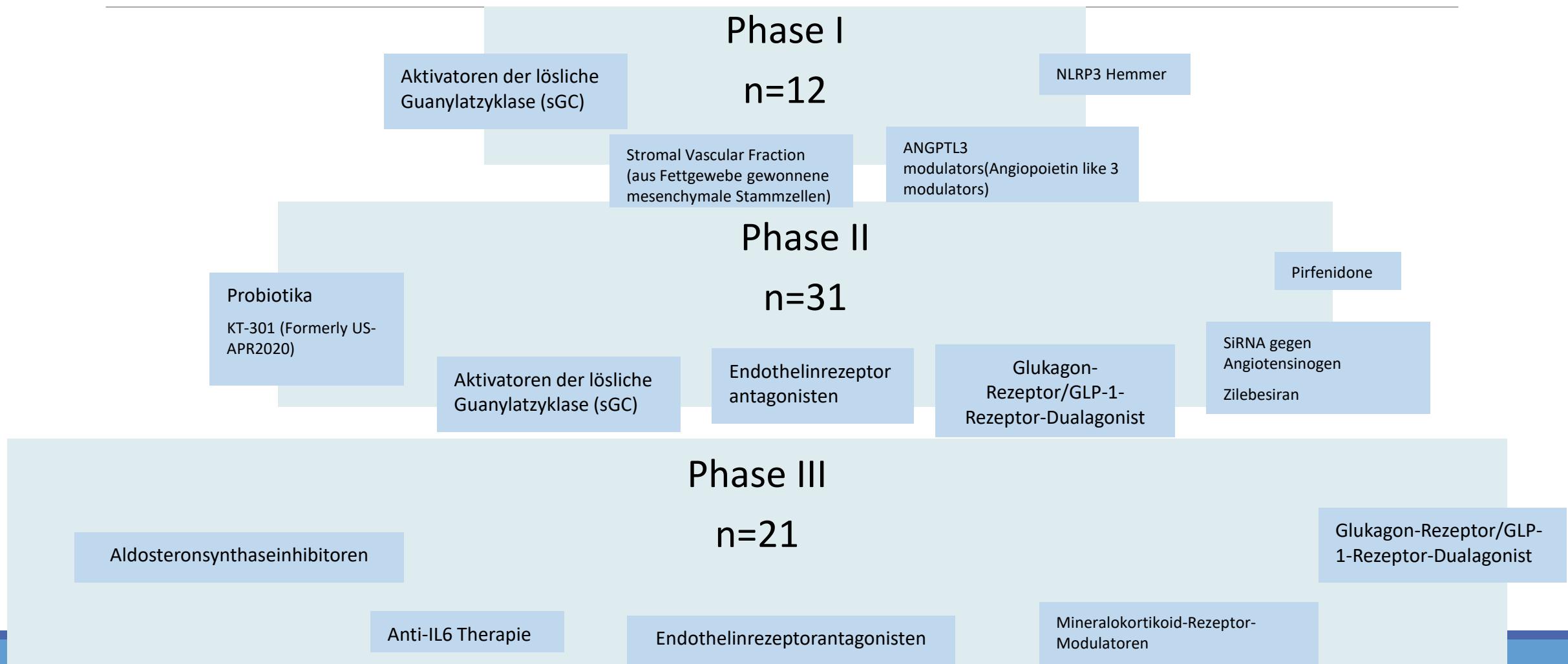
Introduction of a podocyte-specific Nlrp3WT/A350V mutation does not aggravate the phenotype after STZ/uNX treatment.



Laufende Studien im Bereich CKD

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+ [Synonyms of conditions or disease \(9\)](#)

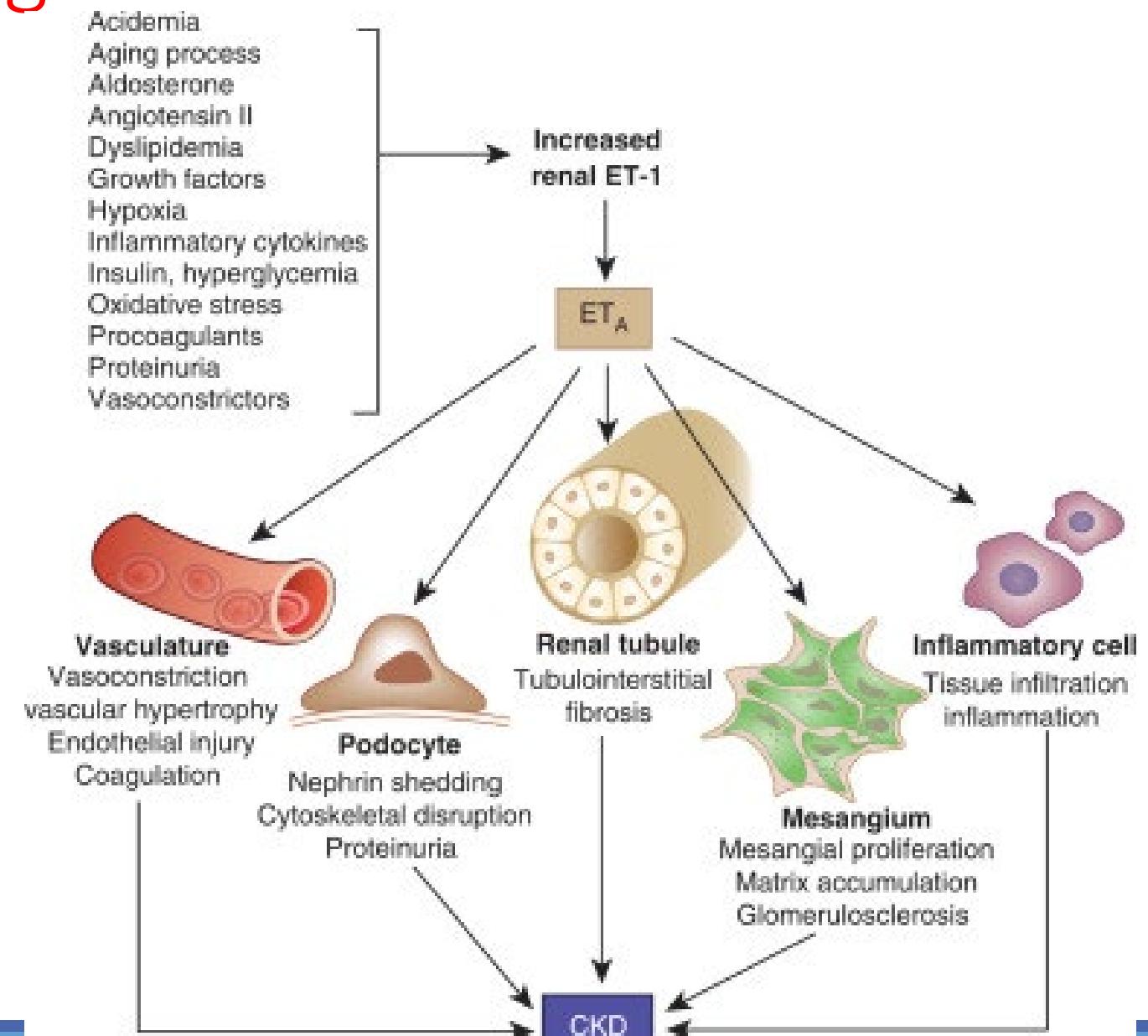


Aktuell laufende Studien an der Charité, Klinik mit Schwerpunkt Nephrologie und internistische Intensivmedizin – Kontakt aufnahme jederzeit! Nephrologie-studien@charite.de

Studie/Indikation	Substanzklasse	Ansprechpartner Immer: nephrologie-studien@charite.de
Hypertonie	Aldosteronsynthasehemmer	Markus.vandergiet@charite.de
CKD (und Hypertonie)	Aldosteronsynthasehemmer	eva-vanessa.schrezenmeier@charite.de Markus.vandergiet@charite.de
Alport-Syndrom	SGLT2i, Farnesoid-X-R-Agonist	jan.halbritter@charite.de
ANCA-Vaskulitis	CAR T Zellen Iptacopan, Claudin-AK (Fibrosehemmung), Biomarker-Studien	adrian.schreiber@charite.de
Anti-GBM Erkrankung	Imlifidase	adrian.schreiber@charite.de
IgAN	rec TACI Ravulizumab	adrian.schreiber@charite.de
SLE	CAR T Zellen	eva-vanessa.schrezenmeier@charite.de
COVID bei Risikogruppen (NTX)	Molnupiravir	eva-vanessa.schrezenmeier@charite.de
MCD	CD40L/BTKi, Register (FOrMe Register)	eva-vanessa.schrezenmeier@charite.de
ADPKD	SGLT2i, IGF1R-Antikörper Phase 1 und 2	jan.halbritter@charite.de
AKI mit ausbleibender Erholung; Pat. mit V.a. akut interst. Nephritis	Diagnostik-Studien	philipp.enghard@charite.de

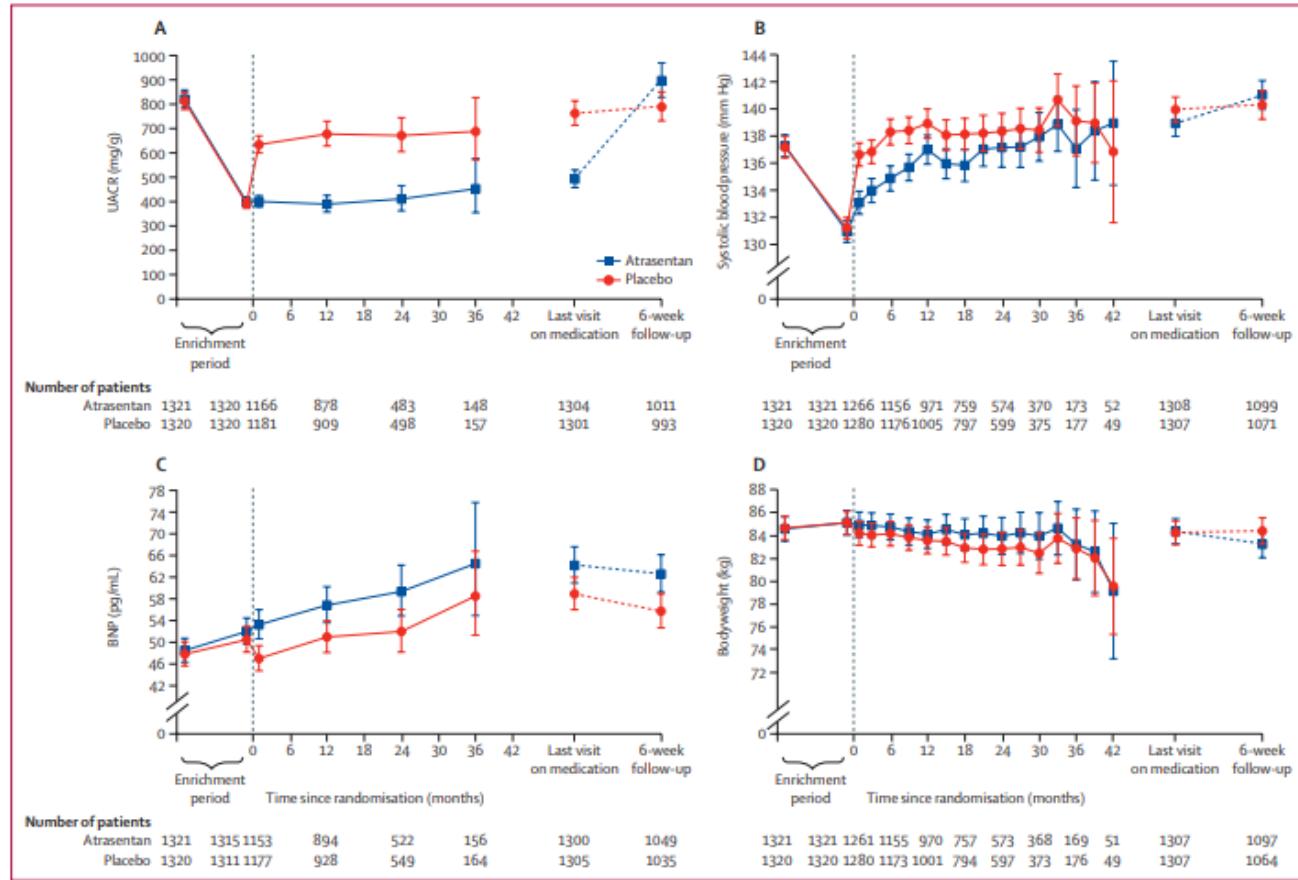
Endothelinrezeptorantagonisten bei CKD

- ET-1
 - ist ein starker Vasokonstriktor
 - trägt zur Erhöhung des Blutdrucks bei
 - erhöht die glomeruläre Permeabilität
 - führt zu einer Dysfunktion der Podozyten
 - fördert Fibrose

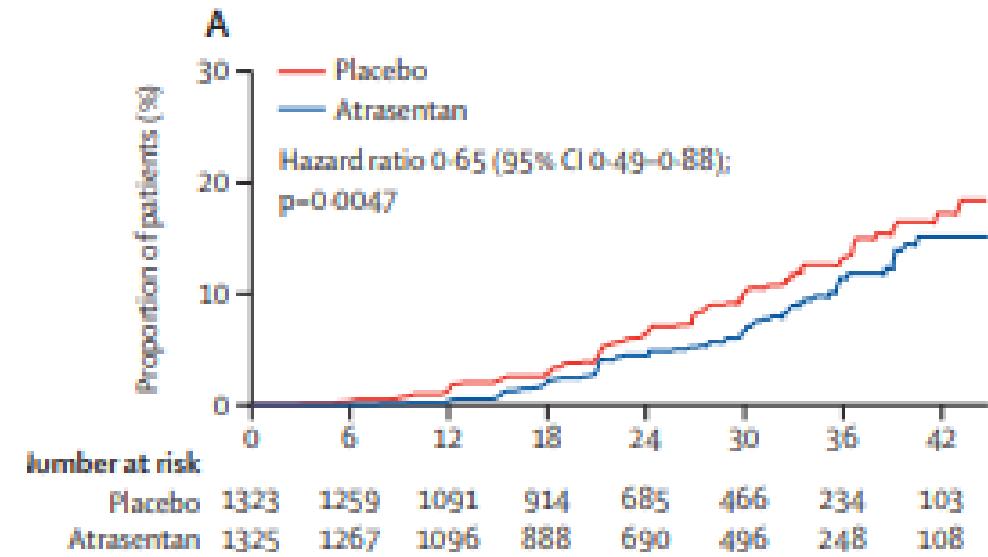


It's a long story....SONAR- abgebrochen

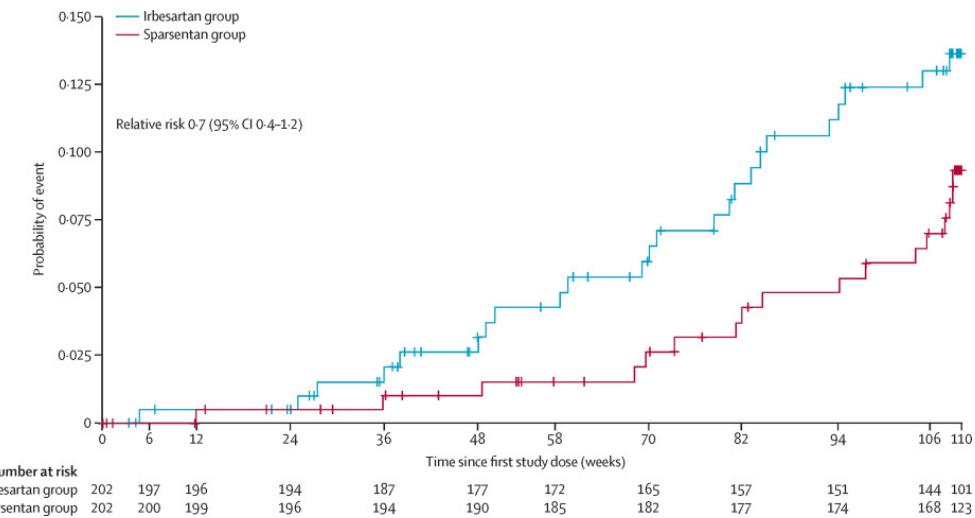
Hauptproblem: Fluid retention, Anämie



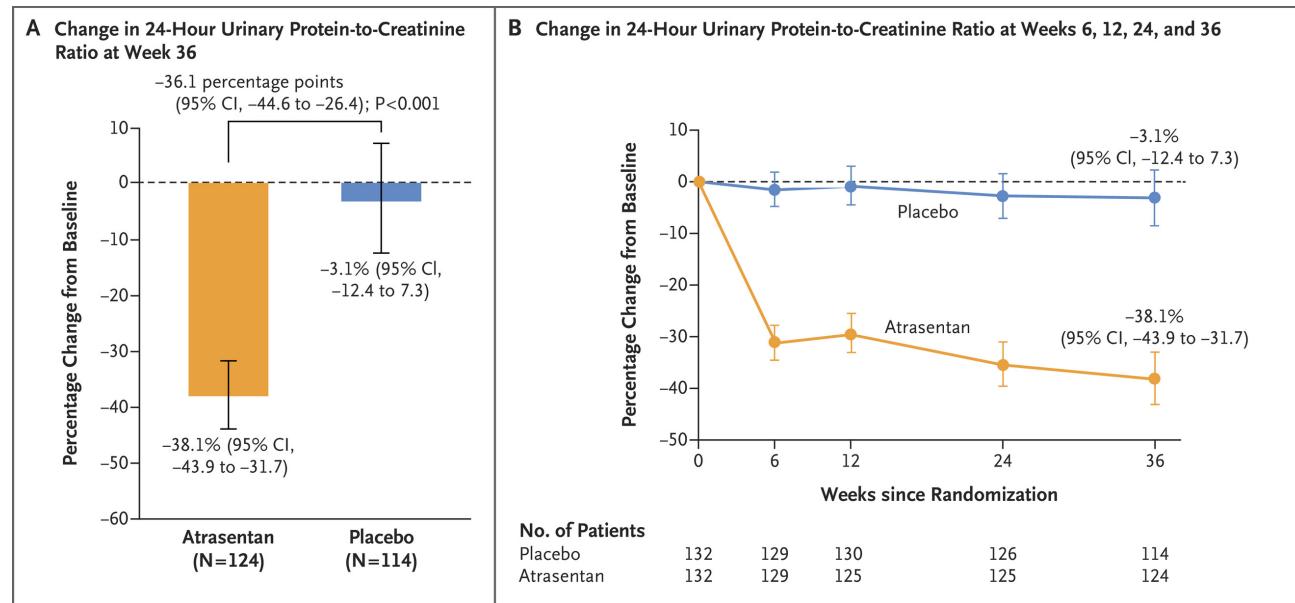
Verdopplung des Serumkreatinins oder eGFR <15 mL/min pro 1,73 m² über ≥90 Tage anhaltend, chronische Dialyse über ≥90 Tage, Nierentransplantation oder Tod aufgrund von KF



Sparsentan und Atrasentan bei IgA-NP



Time to reach the composite kidney failure endpoint of confirmed 40% eGFR reduction, end-stage kidney disease, or all-cause mortality



Rovin BH et al. Efficacy and safety of sparsentan versus irbesartan in patients with IgA nephropathy (PROTECT): 2-year results from a randomised, active-controlled, phase 3 trial. Lancet. 2023 Dec 2;402(10417):2077-2090. doi: 10.1016/S0140-6736(23)02302-4. Epub 2023 Nov 3. PMID: 37931634.

Heerspink HJL, Jardine M, Kohan DE, Lafayette RA, Levin A, Liew A, Zhang H, Lodha A, Gray T, Wang Y, Renfurm R, Barratt J; ALIGN Study Investigators. Atrasentan in Patients with IgA Nephropathy. N Engl J Med. 2024 Oct 25. doi: 10.1056/NEJMoa2409415. Epub ahead of print. PMID: 39460694.

Nahe Zukunft...

NCT05003986 Recruiting

Study of Sparsentan Treatment in Pediatrics With Proteinuric Glomerular Diseases

Conditions

Alport Syndrome

Focal Segmental Glomerulosclerosis

IgA Vasculitis

Immunoglobulin A Nephropathy

Minimal Change Disease

Locations

Study to Investigate Efficacy, Safety, and Tolerability of Zibotentan/Dapagliflozin Compared to Dapagliflozin in Participants With Chronic Kidney Disease and High Proteinuria (ZENITH High Proteinuria)

Conditions

Chronic Kidney Disease With High Proteinuria

Locations

Huntsville, Alabama, United States

Bakersfield, California, United States

[Show all 296 locations](#)

Sun City West, Arizona, United States

Huntington Park, California, United States

NCT05834738 Recruiting

Randomized, Double-blind, Placebo-controlled, Crossover Study of Atrasentan in Subjects With IgA Nephropathy

Conditions

IgA Nephropathy Immunoglobulin A Nephropathy

Locations

Birmingham, Alabama, United States

Oak Brook, Illinois, United States

[Show all 30 locations](#)

Atlanta, Georgia, United States

Boston, Massachusetts, United States