

# Povetacicept (ALPN-303), a Potent Dual BAFF/APRIL Antagonist, Suppresses Disease in a Mouse Model of Autoimmune Encephalitis

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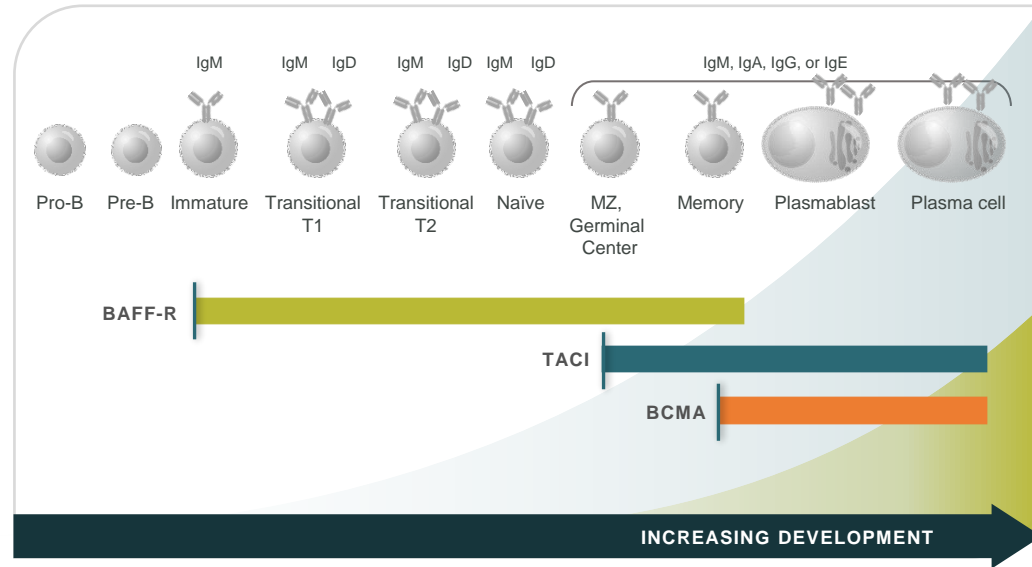
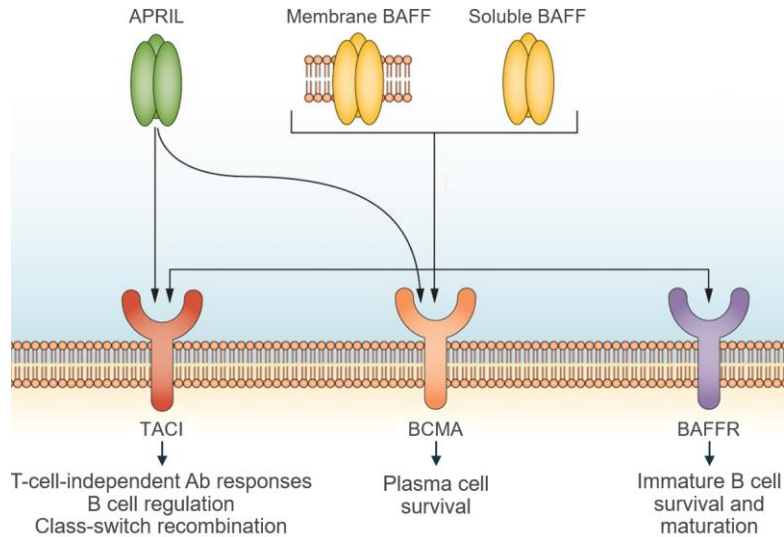


**Disclosures:**

Katherine E. Lewis is an employee and shareholder of Alpine Immune Sciences.

# BAFF and APRIL: Critical regulators of multiple immune cells, especially B cells

*BAFF/APRIL can also promote pathogenic T cells and innate immune cells*



BAFF: B Cell Activating Factor

APRIL: A Proliferation-Inducing Ligand

TACI: Transmembrane Activator and CAML Interactor

BCMA: B Cell Maturation Antigen

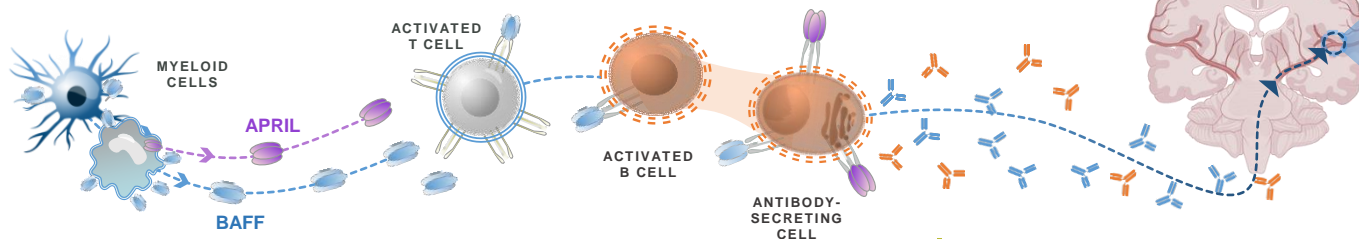
# Autoimmune encephalitis (AIE)

- Uncommon disease of unknown etiology but characterized by anti-neuronal autoimmune response.
  - Anti-NMDAR (N-methyl-D-aspartate receptor), as well as non-NMDAR AIE.
- Treatment often includes immunosuppressive agents, such as steroids and IVIg, as well as tumor removal if applicable.
- No approved therapies but experience with rituximab (anti-CD20) suggests that B cells play a key role in disease pathogenesis.
- Targeting BAFF/APRIL may be advantageous over CD20 depletion by better addressing antibody-secreting cells.
- Furthermore, BAFF and APRIL concentrations are higher in CSF of anti-NMDAR AIE patients and are associated with worse outcomes\*, further supporting a BAFF/APRIL targeted approach in the treatment of AIE.

# Povetacept potently modulates B cells and pathogenic autoantibodies

## Autoimmune Encephalitis

BAFF and APRIL play key roles in the activity of many disease-related immune cells



BAFF/APRIL can also promote pathogenic T cells and innate immune cells

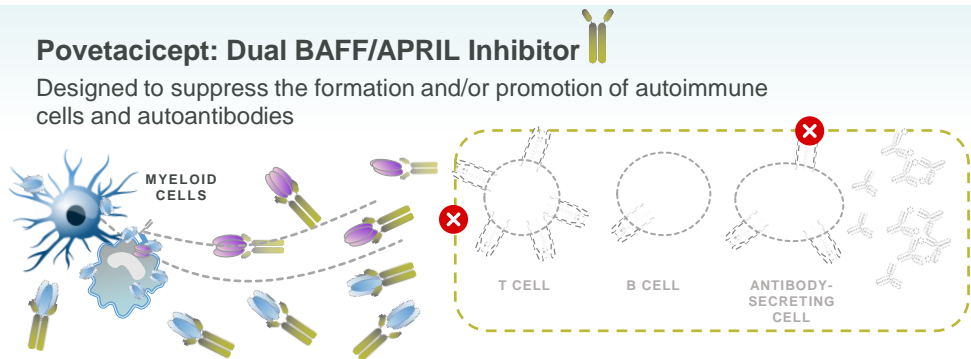
BAFF/APRIL promote autoantibody-producing B cells, including development of anti-neuronal autoantibodies

Anti-neuronal autoantibodies, e.g., anti-NMDAR, can damage neurons, leading to dysfunctional receptors and neuronal hypoactivity.

ANTI-NMDAR AUTOANTIBODIES  
NON-ANTI-NMDAR AUTOANTIBODIES

## Povetacept: Dual BAFF/APRIL Inhibitor

Designed to suppress the formation and/or promotion of autoimmune cells and autoantibodies



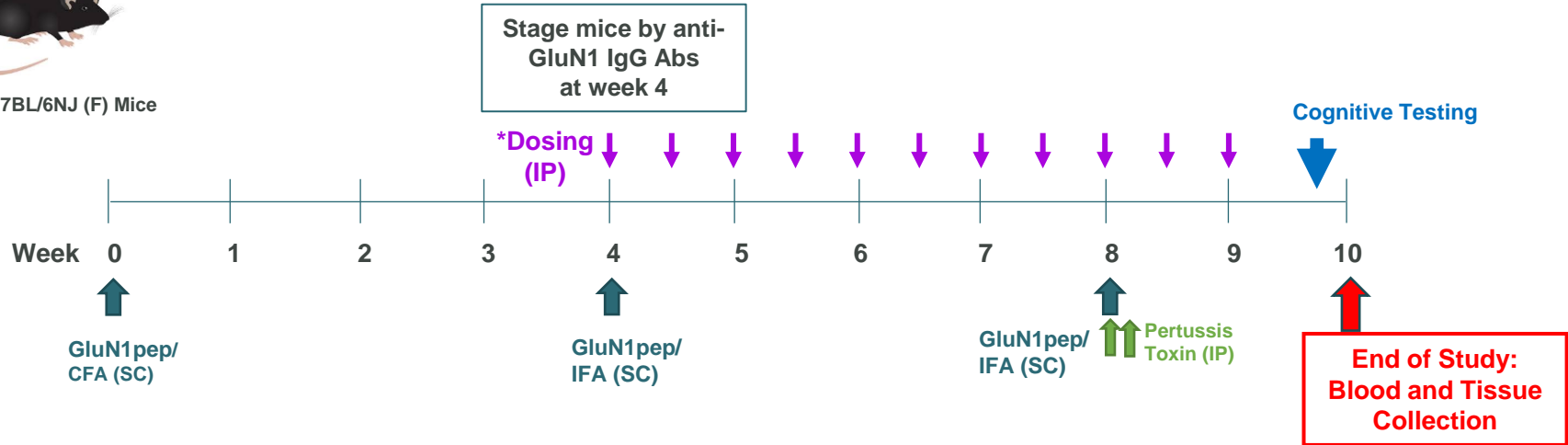
Potential to address underlying autoimmunity, reducing anti-neuronal autoantibodies and ensuing encephalitis.

# Evaluation of povetacicept in a mouse model of anti-NMDAR autoimmune encephalitis

Compared to FcRn inhibition and B cell depletion



C57BL/6NJ (F) Mice



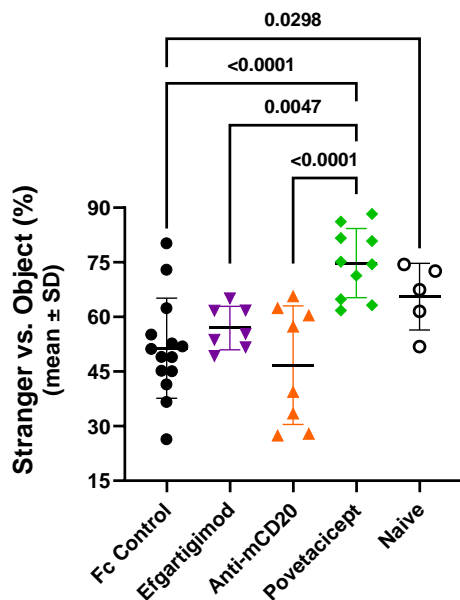
## \*Treatments evaluated:

1. Povetacicept
2. Matched Fc control
3. Efgartigimod (FcRn blocker)
4. Anti-CD20 (B cell depleter; weekly)

# Povetacept treatment significantly protects mice from cognitive deficits associated with autoimmune encephalitis

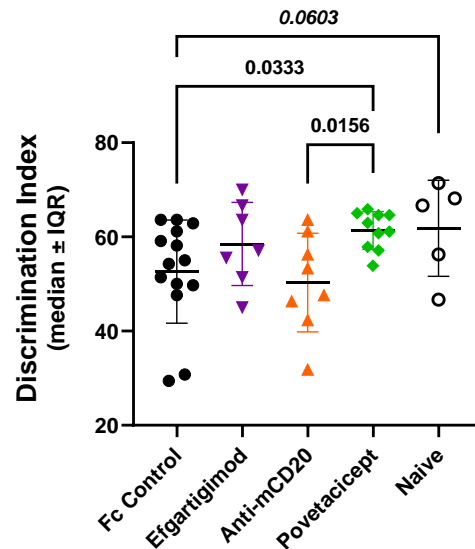
## Three Chamber Test

sociability and novel object recognition



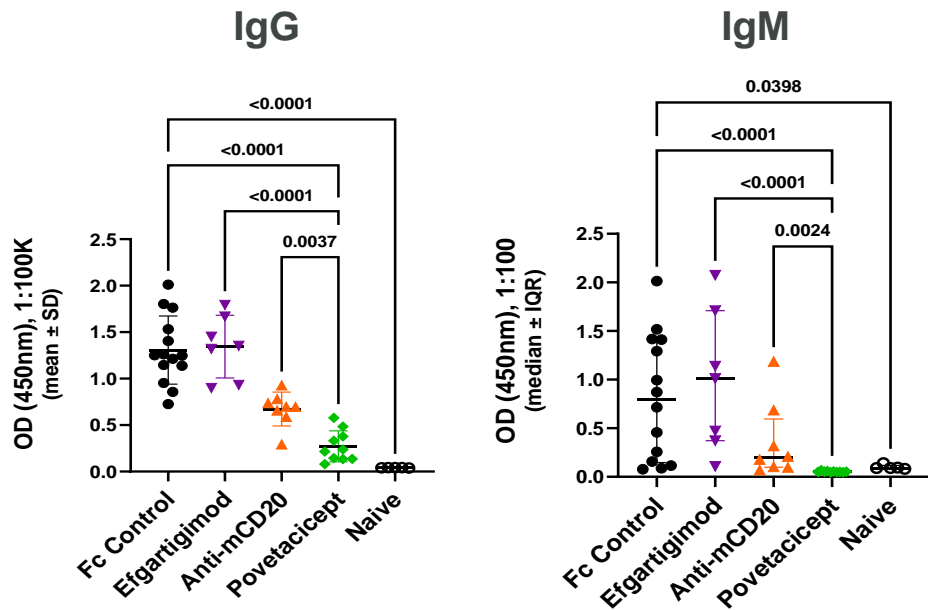
## Novel Object Recognition Test

learning and recognition memory

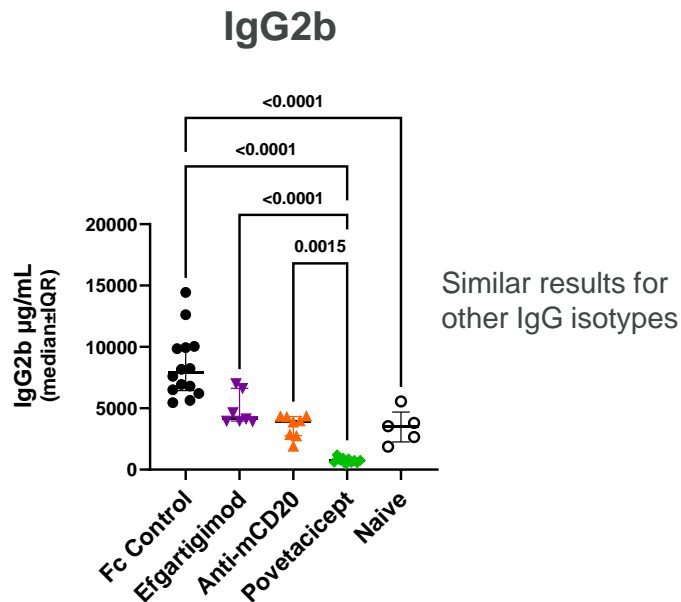


# Povetacept significantly reduces serum anti-GluN1 antibodies and total Ig isotypes more than all evaluated comparators in the anti-NMDAR AIE model

## Anti-GluN1 Antibodies



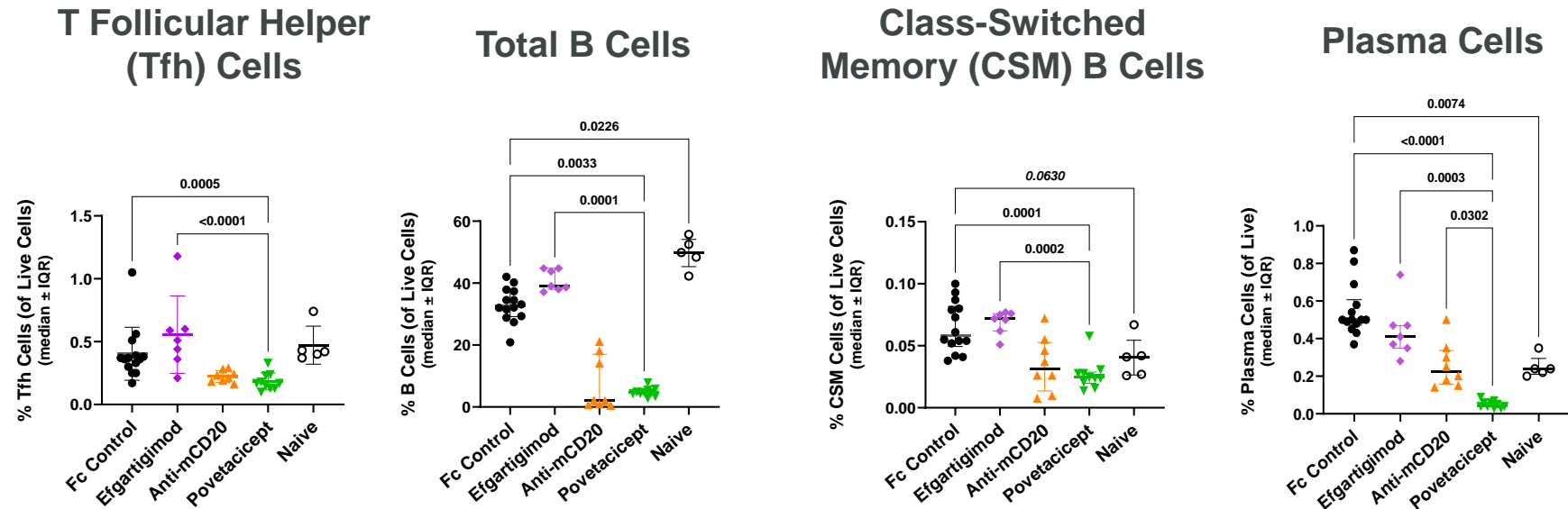
## Total IgG2b



Significant differences ( $p < 0.05$ ) vs. the povetacept group, or Fc control vs. naive group, are shown, determined by one-way ANOVA (IgG) or the Kruskal-Wallis test (IgM; IgG2b).



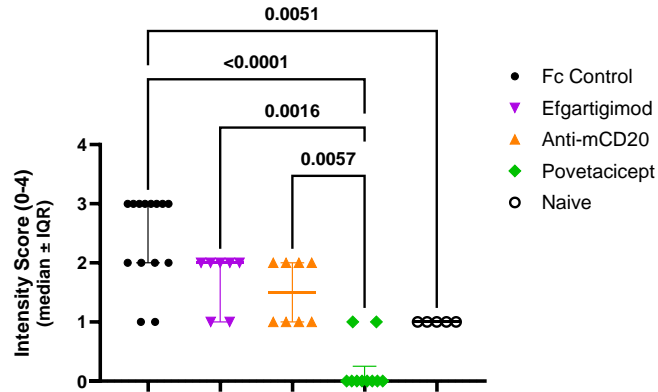
# Povetacept treatment in the AIE model significantly reduces frequencies of splenic T and B cell subsets that play key roles in Ab/autoAb development



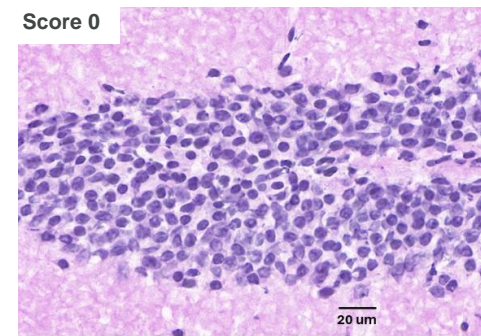
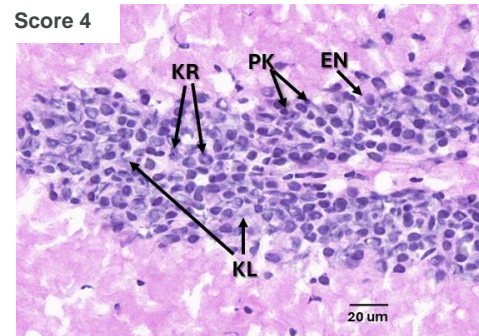
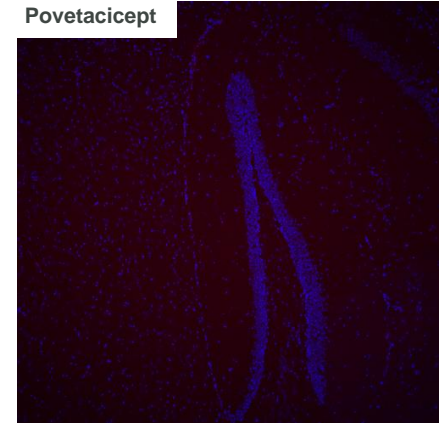
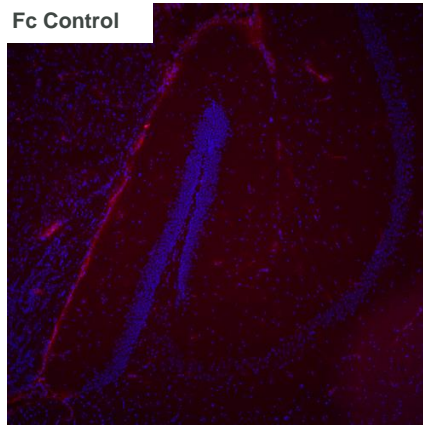
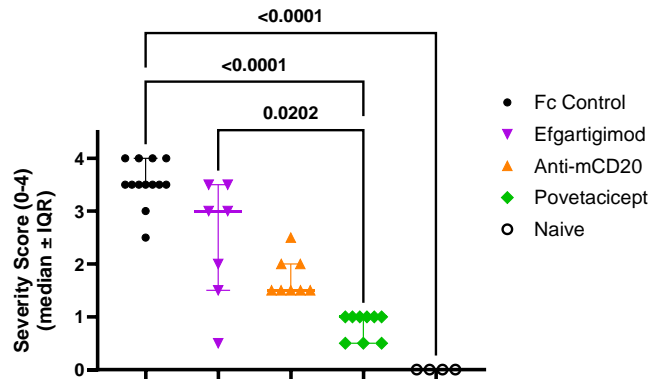
Significant differences ( $p < 0.05$ ) vs. the povetacept group, or Fc control vs. naive group, are shown, determined by the Kruskal-Wallis test.

# Povetacicept significantly reduces cerebral IgG deposition and neuronal damage in anti-NMDAR autoimmune encephalitis model

IgG  
(IHC)



Neuronal  
Damage  
(H&E)



KR = Karyorrhexis; PK = Pyknotic nuclei;  
 EN = Eccentrically displaced nucleus; KL = Karyolysis

Significant differences ( $p < 0.05$ ) vs. povetacicept, or Fc control vs. naïve group, are shown, determined by the Kruskal-Wallis test.

# Povetacicept shows greater biodistribution to brains and lymph nodes of healthy C57BL/6 mice following a single IV dose

This may contribute to the enhanced efficacy of povetacicept in AIE

Tissue	% Fc-Positive (Mean $\pm$ SEM)			Fold Increase	
	Povetacicept	Efgartigimod	Anti-CD20	Povetacicept vs. Efgartigimod	Povetacicept vs. Anti-CD20
<b>Brain</b>	0.10 $\pm$ 0.03	0.03 $\pm$ 0.01	0.02 $\pm$ 0.01	<b>3.3</b>	<b>5.0</b>
<b>Lymph Nodes</b>	1.40 $\pm$ 0.03	0.02 $\pm$ 0.01	0.31 $\pm$ 0.06	<b>7.0</b>	<b>4.5</b>

- Povetacicept (12 mg/kg) or a molar-matched dose of efgartigimod or anti-CD20 was administered IV to healthy female C57BL/6 mice.
- Tissues were collected ~18 hours later and evaluated by quantitative immunohistochemistry for human Fc or rat Fc staining.

## Summary/Conclusions

- Povetacicept is a high affinity dual antagonist of BAFF and APRIL, key cytokines in B cell survival/differentiation, as well as pathogenic T cell and innate immune cell development.
- In the anti-NMDAR mouse model of AIE, therapeutic povetacicept treatment was highly effective at reducing disease, to a greater extent than FcRn blockade and conventional (anti-CD20) B cell depletion.
- Povetacicept-mediated improvements in cognitive readouts were associated with significant changes at the tissue and cellular level:
  - Lower levels of anti-GluN1 IgG, IgM, and IgA antibodies and total Ig isotypes in serum
  - Lower splenic T and B cell subsets important in antibody production, including antibody-secreting plasma cells
  - Reductions in cerebral IgG deposition and neuronal damage
  - Greater biodistribution to brains and lymph nodes of healthy mice
- These studies suggest that dual inhibition of BAFF and APRIL with potent therapeutics like povetacicept may confer significantly improved clinical outcomes in AIE.