

ABSTRACT

**Rationale:** SH2-containing inositol-5'-phosphatase 1 (SHIP1) dephosphorylates PI(3,4,5)P<sub>3</sub> to yield PI(3,4)P<sub>2</sub>. SHIP1-deficient mice exhibit progressive pulmonary inflammation and develop evidence of pulmonary fibrosis. Pharmacological activation of SHIP1 has emerged as a potential novel approach to regulate pulmonary inflammation, with pre-clinical and clinical studies showing an anti-inflammatory effect of AQX-1125, a small molecule SHIP1 activator. Here we tested the effect of prophylactic or therapeutic AQX-1125 administration in a murine model of bleomycin-induced pulmonary inflammation and fibrosis.

**Methods:** The efficacy of AQX-1125, administered by oral gavage (3, 10 or 30 mg/kg), was assessed in bleomycin (BLM)-induced lung fibrosis in male CD-1 mice. In the prophylactic investigation, bleomycin (0.1 IU/mouse) was administered 2 h after the third dose of AQX-1125. For therapeutic investigation, AQX-1125 was administered starting on Day 13 after bleomycin administration (0.05 IU/mouse). AQX-1125 administration continued once per day throughout the remainder of the studies. Twenty-one-days (prophylactic investigation), or 28-days (therapeutic investigation) after bleomycin administration, mice were sacrificed and bronchoalveolar lavage (BAL) cellular content, lung edema, myeloperoxidase, TGF-β, histopathology, collagen deposition and mortality determinations were made.

**Results:** In the 21-day prophylactic model, AQX-1125 significantly (p<0.05) suppressed bleomycin-induced collagen deposition, inflammation and mortality. Moreover, therapeutically administered AQX-1125 also dose-dependently reduced the mortality to bleomycin over the duration of the study. In addition, therapeutic AQX-1125 (10 or 30 mg/kg) significantly (p<0.05) attenuated the bleomycin-induced collagen deposition in the airways by 43% and 82% respectively, which correlated with significantly suppressed leukocyte infiltration of the airways, lung tissue edema, myeloperoxidase activity, TGF-β concentration and the histopathology score (p<0.05).

**Conclusion:** Therapeutic or prophylactic SHIP1 activation with AQX-1125 inhibits mortality, leukocyte accumulation, edema, inflammatory mediator and collagen content of the airways in a murine model of bleomycin-induced fibrosis. Thus, AQX-1125 has the potential to be developed as a treatment for fibrotic disease.

INTRODUCTION

Targeting SHIP1

- PI3K pathway is an established target for drug development
- PI3K/SHIP1 pathway plays a key role in regulating cell migration and activation
- Targeting SHIP1 is an alternate way of modulating the PI3K pathway
- SHIP1 expression restricted to hematopoietic derived cells - limits off-target toxicity
- SHIP1 activation redirects cellular PI3K signalling, rather than preventing it

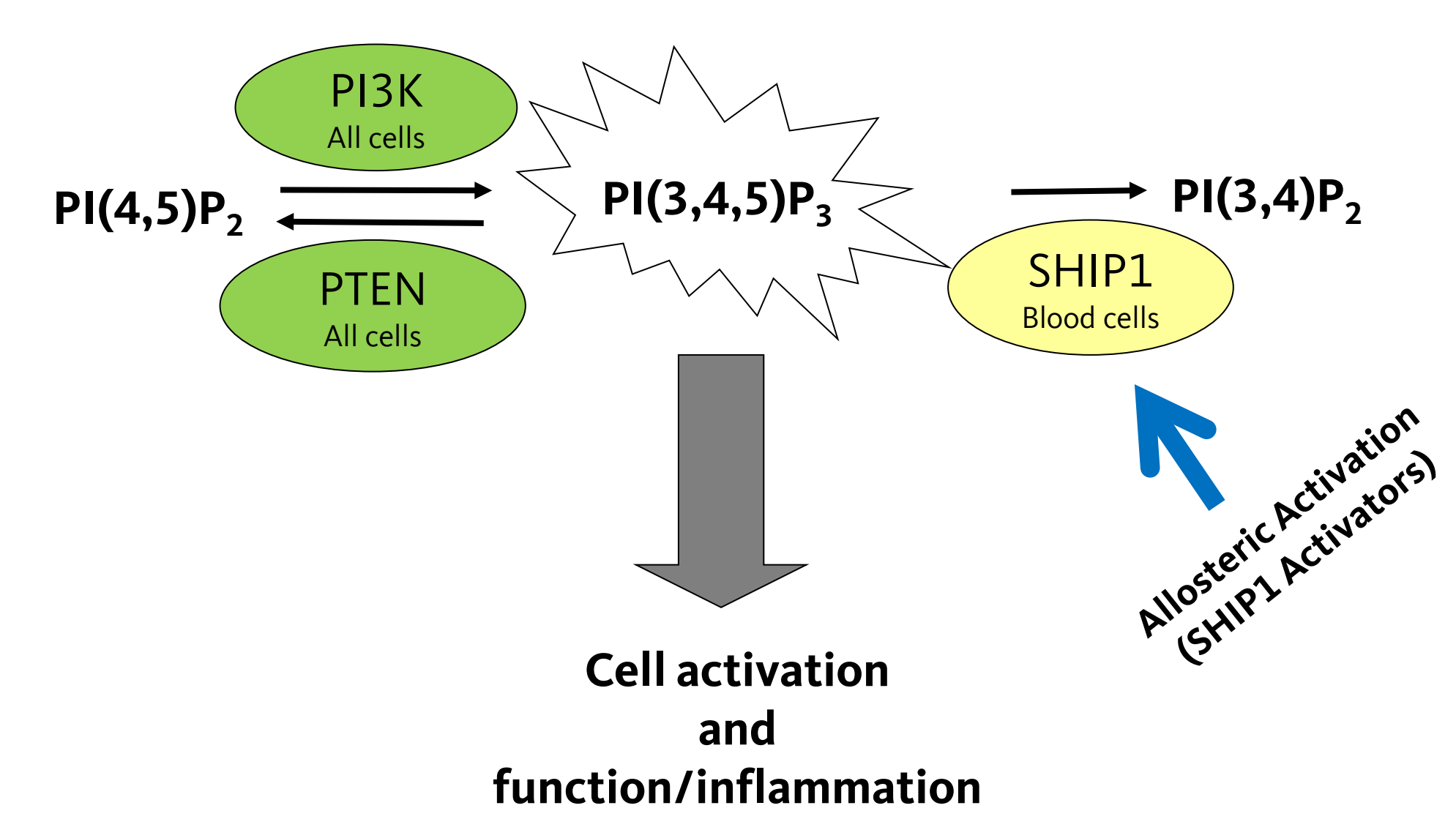


Figure 1. SHIP1 and PI3K signalling. SHIP1 activators redirect PI3K signalling, PI3K inhibitors block PI3K signalling.

BACKGROUND

SHIP1 Activation

AQX-1125 is a small molecule next generation SHIP1 activator. It has many of the biological effects of the earlier generation SHIP1 activators, but has an improved drug scaffold and superior drug-like properties. These small molecules activate SHIP1 through an allosteric mechanism, via interaction with the C2 domain, and are anti-inflammatory in cellular and murine models.

PROPHYLACTIC 21-DAY BLEOMYCIN MODEL

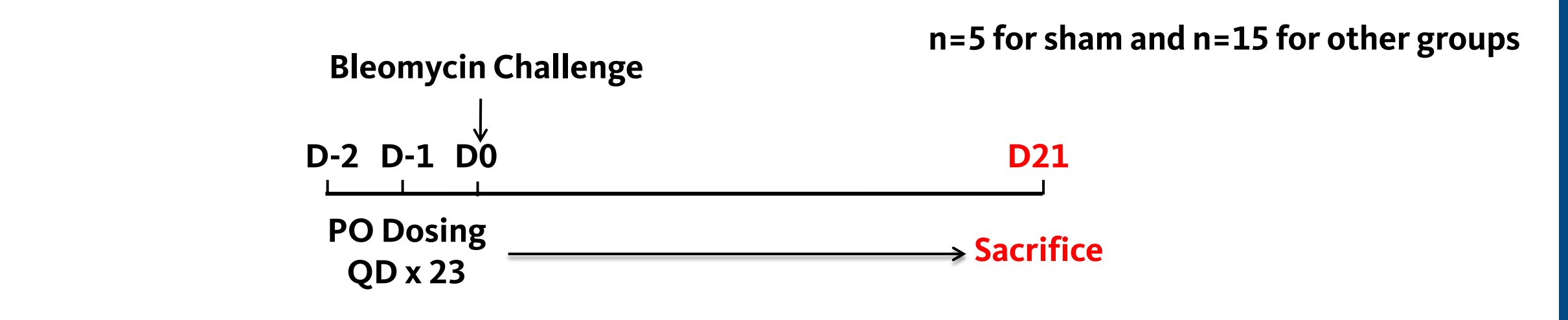


Figure 2. Study design for 21-day BLM-induced airway inflammation challenge in mice.

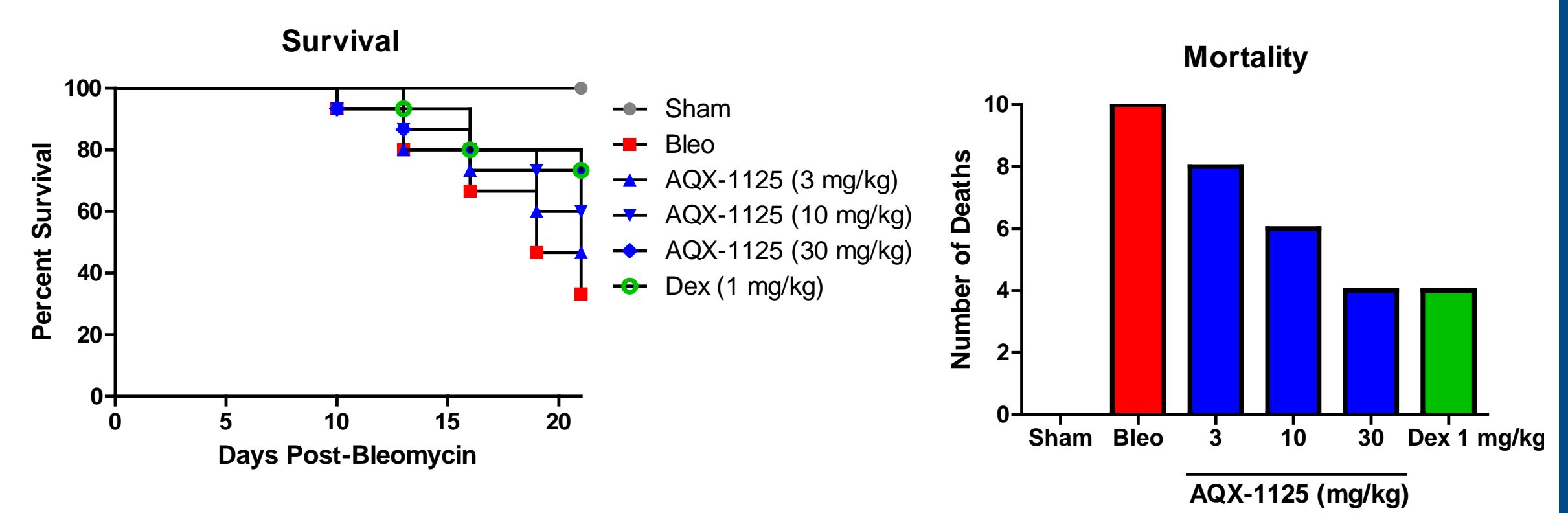


Figure 3. Efficacy of AQX-1125 on survival in a 21-day BLM-induced lung fibrosis model.

AQX-1125 suppresses bleomycin-induced mortality

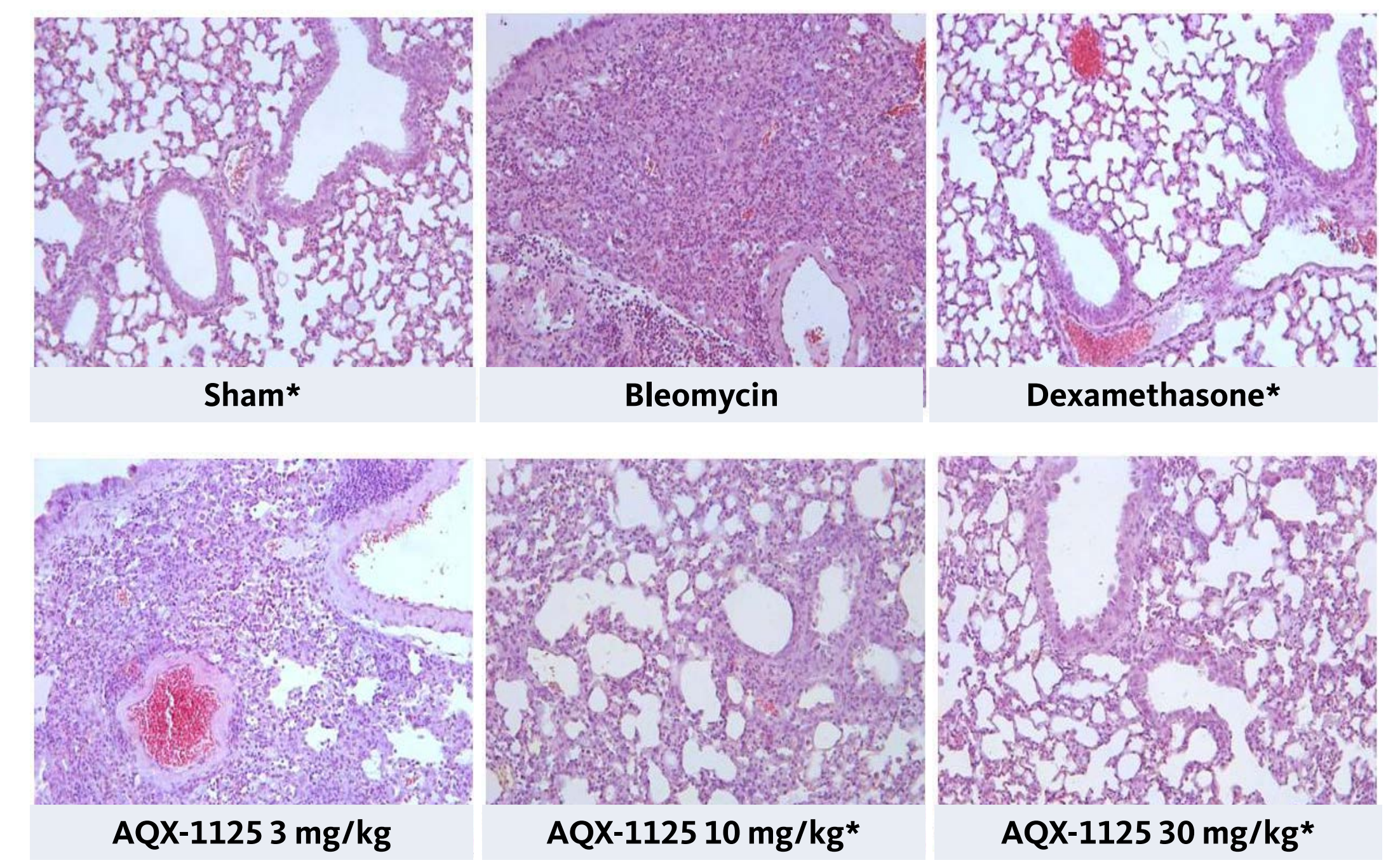


Figure 4. Histopathologic representation of AQX-1125 dose response in BLM-induced lung model

AQX-1125 inhibits bleomycin-induced lung histopathological changes

Table 1. Efficacy of AQX-1125 on additional endpoints in the therapeutic 21-day BLM-induced lung fibrosis model.

Endpoint	Sham	Bleo	AQX-1125 (30 mg/kg, Oral)	Dex (1 mg/kg, IP)
MPO (U/g tissue)	66±3*	542±15	193±15*	99±5*
Edema (Wet: Dry Weight)	2.04±0.19*	5.30±0.18	2.70±0.09*	2.33±0.13*
BAL Leukocytes (x10 <sup>3</sup> Cells)	207±5*	1015±69	504±31*	356±11*
Macrophages	207±5*	663±52	352±18*	285±11*
Lymphocytes	0*	225±22	99±15*	43±6*
Neutrophils	0*	121±19	52±6*	30±4*
Eosinophils	0*	6.1±2.6	1.5±0.8	0.6±0.4*
Collagen (µg/mg)	3.4±0.2*	17.8±0.4	9.2±0.6*	5.4±0.2*

AQX-1125 inhibits bleomycin-induced lung histopathological changes

AQX-1125 (10 or 30 mg/kg) significantly inhibited the BLM-induced total leukocyte infiltration of the airways by 59% and 63%, respectively. AQX-1125 dose-dependently (3, 10 or 30 mg/kg) reduced the mortality to BLM over the duration of the study and significantly inhibited the BLM-mediated increase in edema, myeloperoxidase activity, histopathology scores, collagen accumulation and inflammatory marker accumulation in the lung.

THERAPEUTIC 28-DAY BLEOMYCIN MODEL

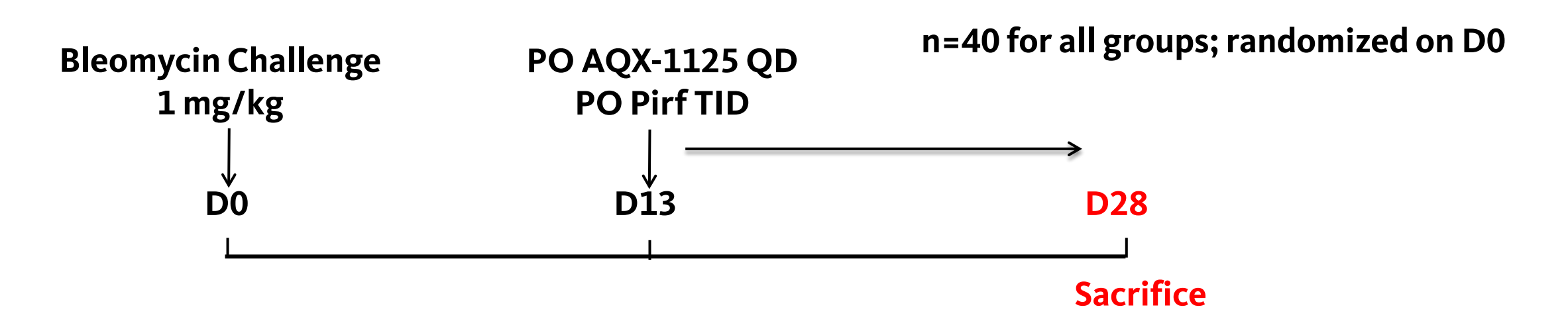


Figure 5. Study design for 28-day BLM-induced airway inflammation challenge in mice.

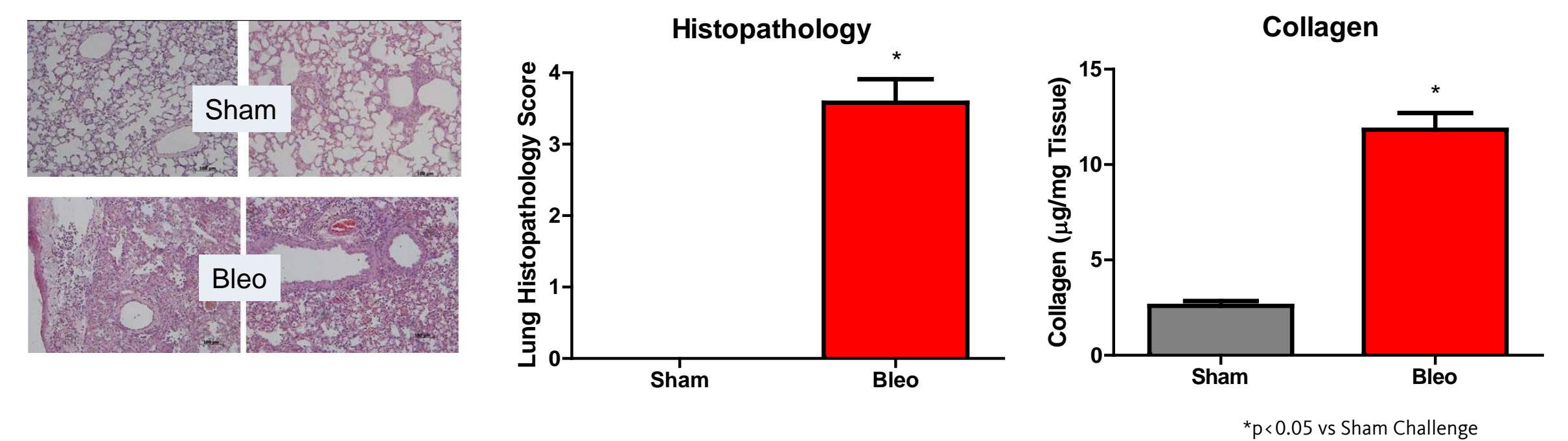


Figure 6. BLM-induced therapeutic lung fibrosis model at day 13 prior to AQX-1125 administration.

Disease burden on Day 13 with expected 30% mortality

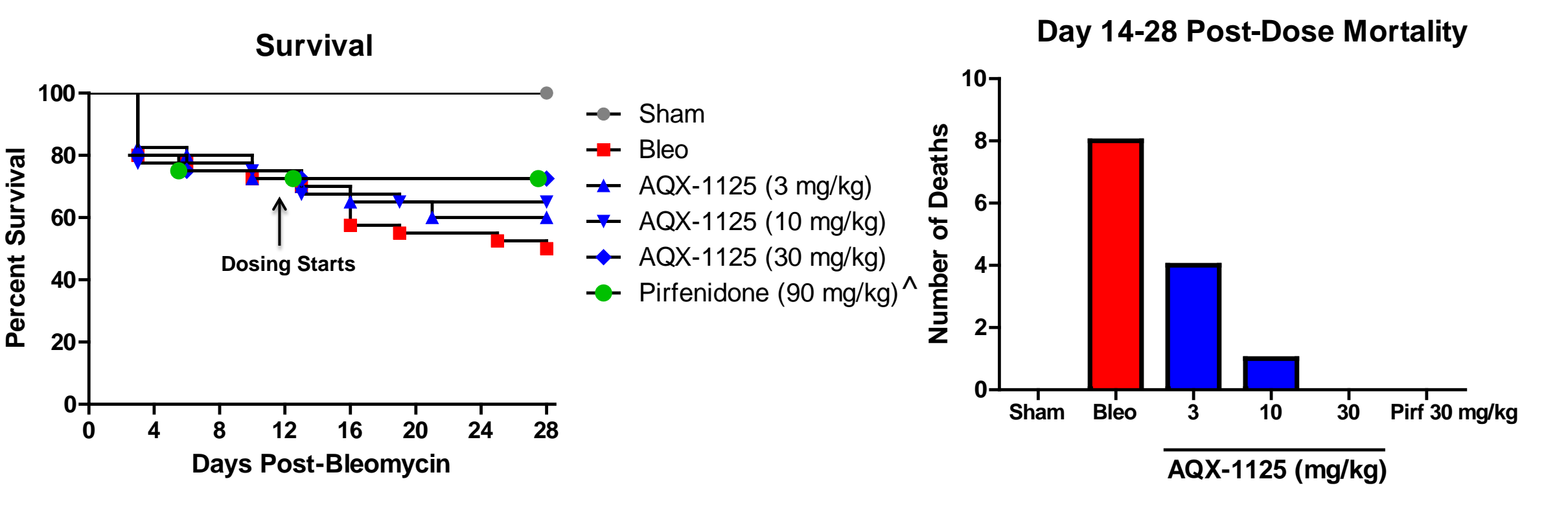


Figure 7. Efficacy of AQX-1125 on survival in a 28-day BLM-induced therapeutic lung fibrosis model.

AQX-1125 suppresses bleomycin-induced mortality

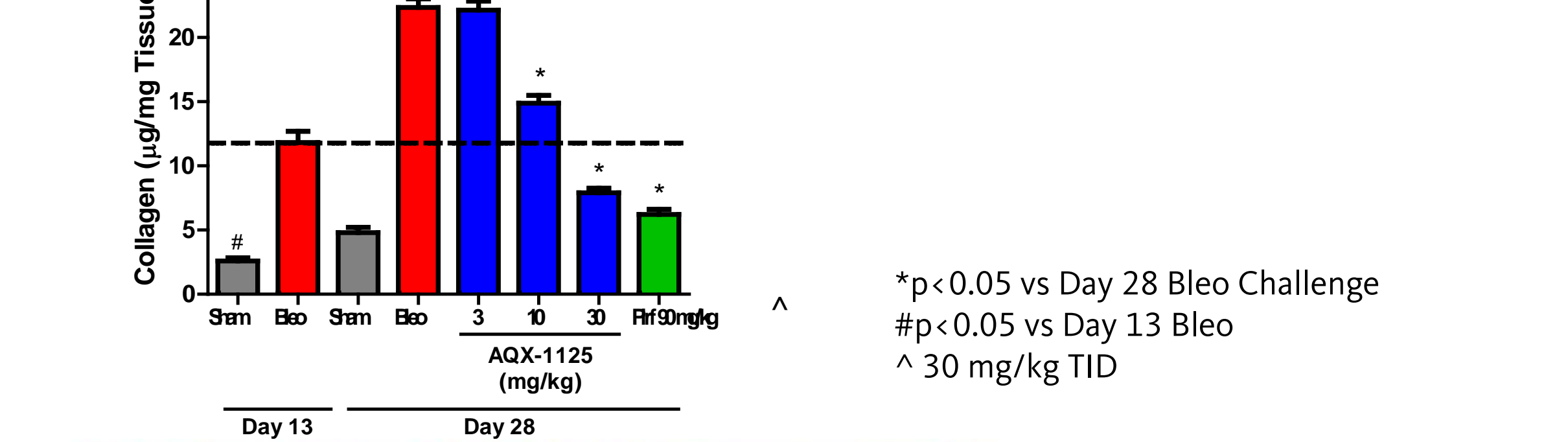


Figure 8. Efficacy of AQX-1125 on collagen expression in the therapeutic 28-day BLM-induced lung fibrosis model.

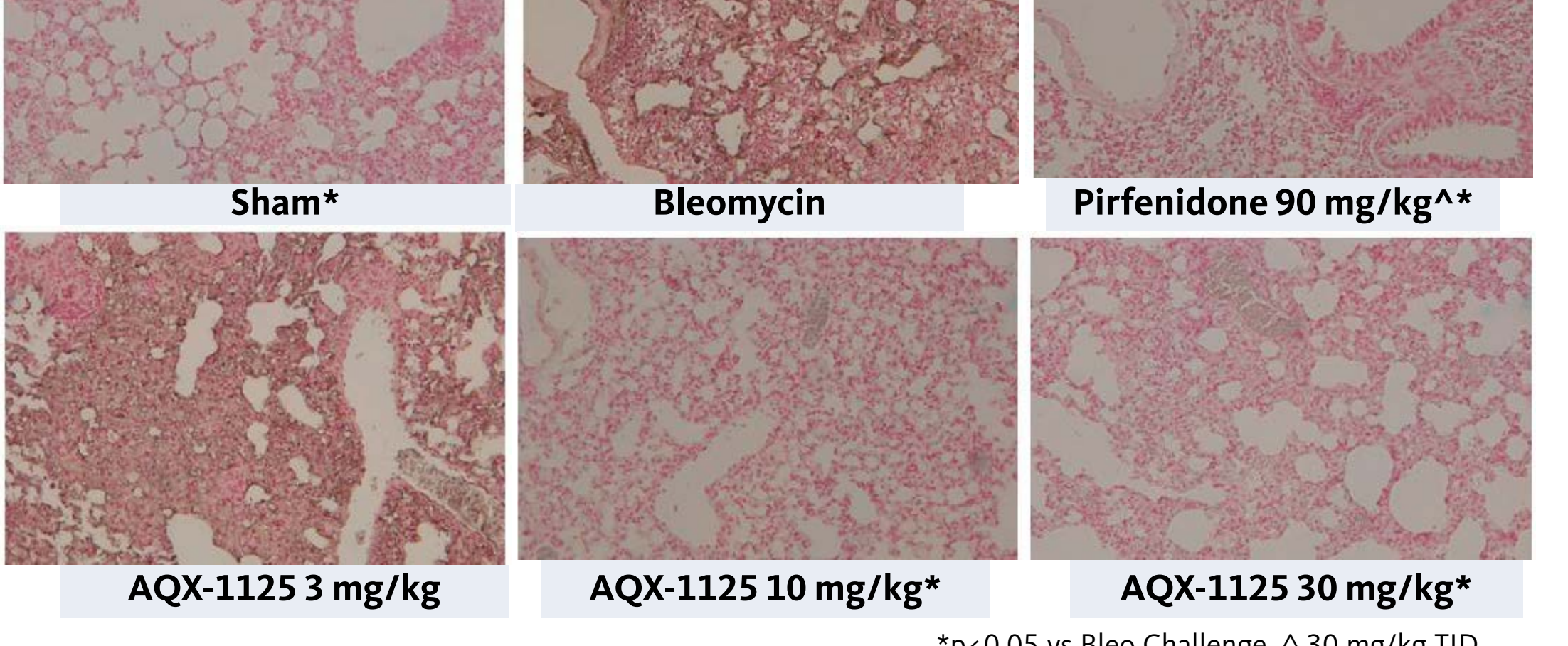


Figure 8. Efficacy of AQX-1125 on collagen expression in the therapeutic 28-day BLM-induced lung fibrosis model.

AQX-1125 reduces bleomycin-induced lung collagen content

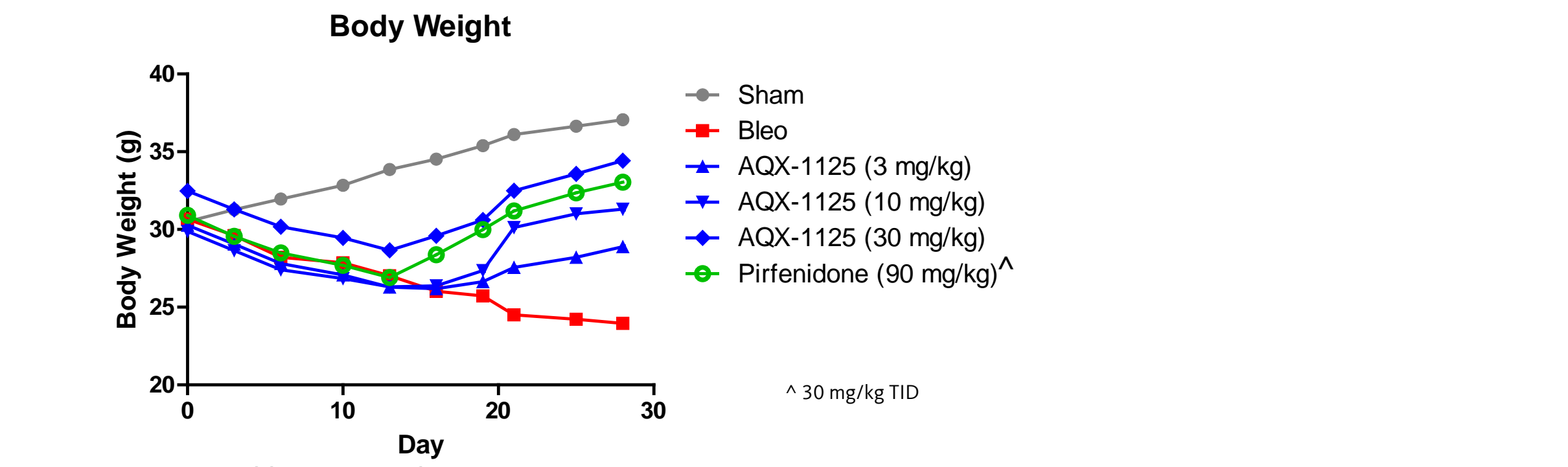


Figure 9. Efficacy of AQX-1125 on body weight in the therapeutic 28-day BLM-induced lung fibrosis model.

AQX-1125 suppresses bleomycin-mediated decrease in body weight

THERAPEUTIC 28-DAY BLEOMYCIN MODEL

Table 2. Efficacy of AQX-1125 on additional endpoints in the therapeutic 28-day BLM-induced lung fibrosis model.

Endpoint	Sham	Bleo	AQX-1125 (30 mg/kg, QD)	Pirfenidone (30 mg/kg, TID)
MPO (U/g tissue)	72±1*	908±34	302±5*	298±5*
Edema (Wet: Dry Weight)	1.92±0.04*	8.22±0.18	3.26±0.09*	3.31±0.11*
BAL Leukocytes (x10 <sup>6</sup> Cells)	0.20±0.003*	1.00±0.03	0.34±0.01*	0.34±0.01*
TGF-β (histo score)	0±0*	7.14±0.18	0.23±0.01*	0.11±0.01*
HSP 47 (histo score)	0±0*	7.12±0.15	0.10±0.01*	0.07±0.01*
Collagen (µg/mg)	4.8±0.4*	22.4±0.7	7.9±0.4*	6.2±0.4*
Hydroxyproline (µg/mg)	3.8±0.1*	11.1±0.3	5.4±0.1*	5.0±0.1*

AQX-1125 suppresses bleomycin-induced changes in additional endpoints

Therapeutically administered AQX-1125 (3,10 or 30 mg/kg) significantly inhibited the BLM-induced total leukocyte infiltration by 11%, 54% and 83%, respectively, and dose-dependently reduced the mortality to BLM over the duration of the study. In addition, therapeutic AQX-1125 (10 or 30 mg/kg) significantly attenuated the BLM-induced collagen deposition, lung tissue edema, myeloperoxidase activity, histopathology score and inflammatory marker expression in the lung.

CLINICAL DEVELOPMENT OF AQX-1125

Phase II: Studies

- Interstitial Cystitis/Bladder Pain Syndrome "LEADERSHIP" Study
  - Parallel group, randomized, double-blind, placebo-controlled, multicenter study
  - 6 weeks dosing
  - Bladder pain and IC/BPS symptom endpoints
- COPD Exacerbation "FLAGSHIP" Study
  - Parallel group, randomized, double-blind, placebo-controlled, multicenter study
  - 12 weeks dosing
  - Exacerbation rates and COPD symptom endpoints

Phase IIa clinical data are presented:  
 "The Effects of The Novel SHIP1 Activator AQX-1125 on Allergen-Induced Responses in Mild to Moderate Asthma"

And  
 "The Effects of AQX-1125, a Selective Oral SHIP1 Activator on Lipopolysaccharide-Induced Cellular and Biochemical Changes in Sputum From Healthy Volunteers"

SUMMARY

SHIP1 is a novel drug target which controls PI3K-driven cellular migration and activation. SHIP1's preferential expression in hematopoietic cells and low degree of homology with SHIP2 reduces the likelihood of off-target, off-tissue toxicities. AQX-1125, a small molecule allosteric SHIP1 activator, with PK properties suited to once daily dosing, inhibits the PI3K pathway resulting in an inhibition of Akt phosphorylation and reduced chemotaxis. AQX-1125 has high water-solubility, good oral bioavailability, a terminal half-life suited to once per day dosing, minimal metabolism, and distributes to the lung at high concentrations<sup>1</sup>. As shown here, orally administered AQX-1125 inhibits bleomycin-mediated airway inflammation and fibrosis. In addition to the current anti-fibrotic data, AQX-1125 has demonstrated efficacy in several rodent models of pulmonary inflammation<sup>2</sup>, supporting the view that SHIP1 activators, such as AQX-1125, may have significant therapeutic potential in fibrotic disease. Phase II studies are underway and will be instrumental in determining the potential human clinical therapeutic utility of the compound.

REFERENCES

- Stenton et al. (2012a). Characterization of AQX-1125, a small molecule SHIP1 activator. Part 1. Effects on inflammatory cell activation and chemotaxis *in vitro* and pharmacokinetic characterization *in vivo*. *Br J Pharmacol* in press
- Stenton et al. (2012b). Characterization of AQX-1125, a small molecule SHIP1 activator. Part 2. Efficacy studies in pulmonary inflammation models *in vivo*. *Br J Pharmacol* in press