



IL-13Rα1 Signaling in Atopic Dermatitis

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Free Communication session Atopic dermatitis 2



Disclosures

Dr. Ferda Cevikbas is an employee of ASLAN Pharmaceuticals.

Dr. Shawn G. Kwatra is an advisory board member/consultant for Abbvie, ASLAN Pharmaceuticals, Arcutis Biotherapeutics, Celldex Therapeutics, Galderma, Genzada Pharmaceuticals, Incyte Corporation, Johnson & Johnson, Novartis Pharmaceuticals Corporation, Pfizer, Regeneron Pharmaceuticals, and Sanofi and has served as an investigator for Galderma, Incyte, Pfizer, and Sanofi.





IL-13 and IL-4 cytokines are key to atopic dermatitis pathogenesis



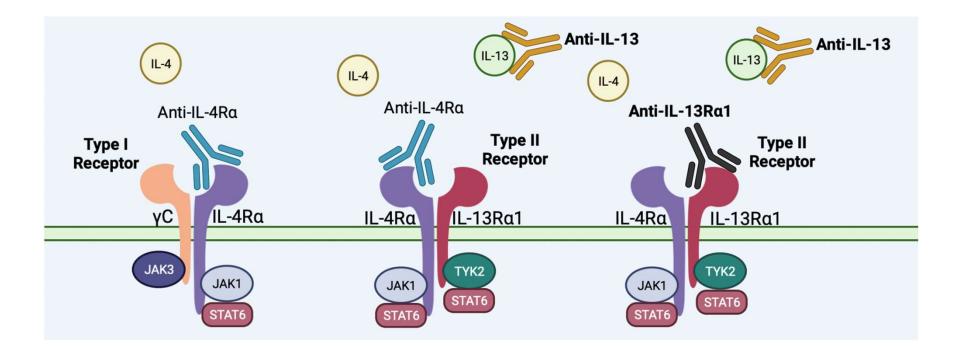
- Both drive itch, inflammation, and skin barrier disruption
- IL-13 presents at higher levels in the skin and serum of patients with atopic dermatitis (AD)
- IL-4 and IL-13 signal through Type 2 receptor (composed of IL-4R α and IL-13R α 1) whereas IL-4 also engages the Type 1 receptor (composed of IL-4R α and the common gamma chain)

AD, atopic dermatitis; IL, interleukin, IL- $4R\alpha$, interleukin-4 receptor alpha; IL- $13R\alpha$ 1, interleukin-13 receptor subunit alpha 1.





Eblasakimab targets IL-13R α 1, blocking IL-4 and IL-13 via the Type 2 receptor while sparing the Type 1 receptor



IL-13Rα1, interleukin-13 receptor subunit alpha 1; JAK, Janus kinase; STAT, signal transducer and activator of transcription; TYK, tyrosine kinase.





What is the role of IL-13R α 1 in AD? What is the differential signaling between the Type 1 and Type 2 receptor pathways?

Determine the expression pattern of IL-13R α 1 in lesional and non-lesional skin in patients with AD

Compare RNA & protein profiles upon Type 1 vs Type 2 receptor blockade

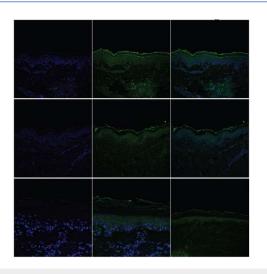
Analyze **Th1 and Th2 cytokine levels** upon IL-4R α vs IL-13R α 1 receptor blockade





Methods

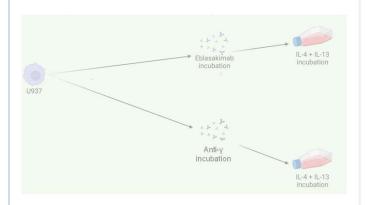
IL-13Rα1 expression pattern in lesional and non-lesional AD skin



Immunohistochemistry was performed on skin from 14 AD patients and 10 matched healthy controls. Samples were stained for markers of sensory nerves, mast cells and eosinophils.

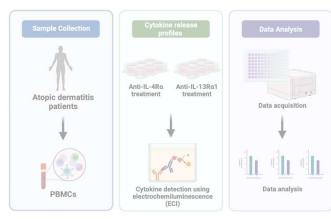
PBMC, peripheral blood mononuclear cells.

RNA and protein expression profiles upon Type 1 vs Type 2 receptor blockade



U937 monocytic cells were incubated with monoclonal antibodies to block Type 1 and 2 receptor components. Cells were subjected to RNA-seg or reverse phase protein array.

Comparison of Th1 and Th2 cytokine levels observed with anti-IL-4R α vs eblasakimab

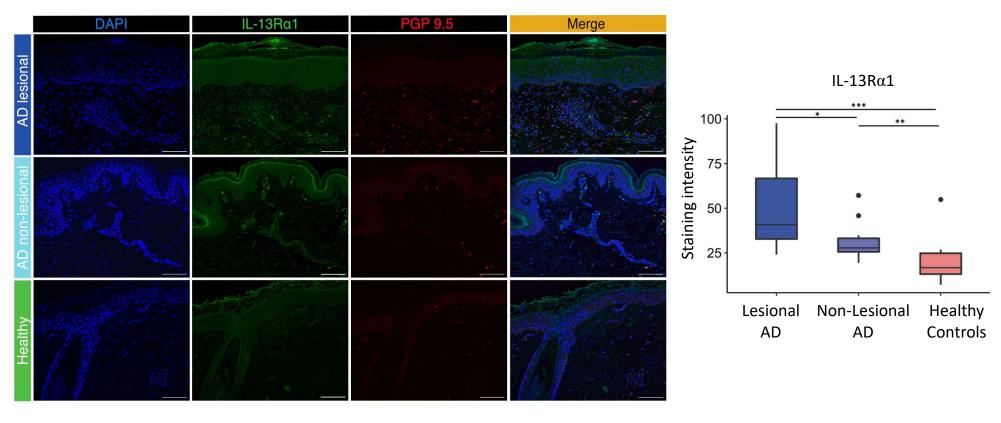


PBMCs obtained from 10 patients with AD were treated with either anti-IL-13R α 1 (eblasakimab) or anti-IL-4R α (R&D Systems). The MesoScale Discovery platform was used to measure levels of cytokines.





IL-13R α 1 expression is higher in skin of patients with AD vs healthy controls

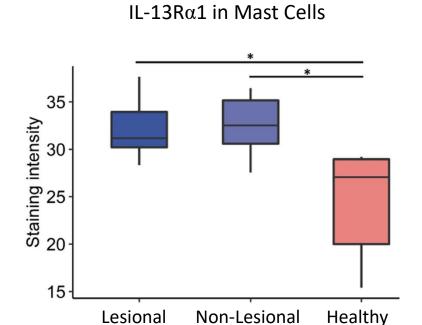


*P<0.05; **P<0.01; ***P<0.001 DAPI, 4',6-diamidino-2-phenylindole; PGP9.5, protein gene product 9.5.



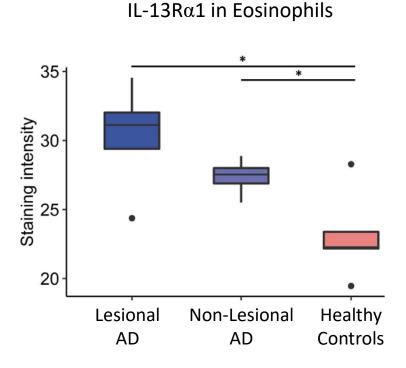


IL-13R α 1 expression is higher in mast cells and eosinophils in the skin of patients with AD vs healthy controls



AD

Controls



*P<0.05



AD



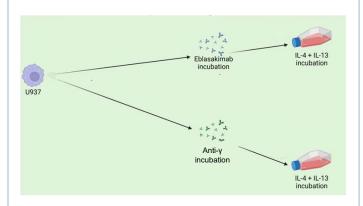
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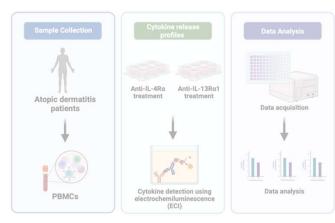
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PBMC, peripheral blood mononuclear cells.

RNA and protein expression profiles upon Type 1 vs Type 2 receptor blockade



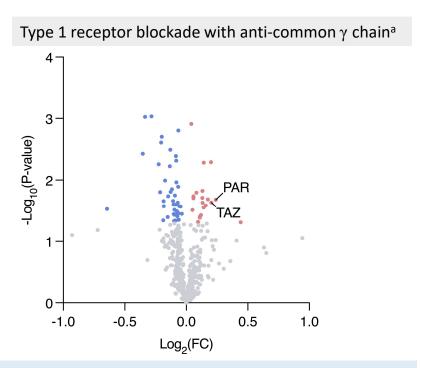
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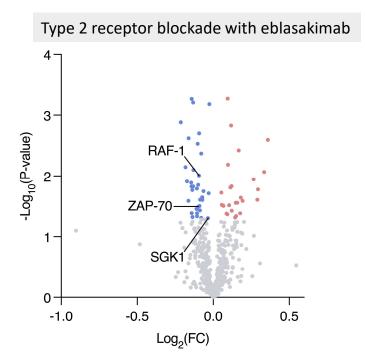




Differential protein expression was observed with blockade of the Type 1 vs Type 2 receptor in monocytes



Type 1 receptor blockade upregulated PAR and TAZ, proteins implicated in promoting inflammation and pruritus



Type 2 receptor blockade suppressed ZAP70 and RAF1 (enhance nerve growth factor production) and SGK1 (promotes sodium-rich environment)

aR&D systems.

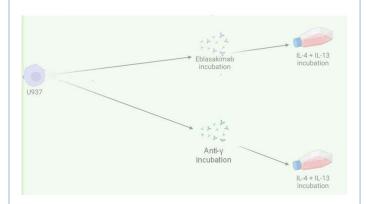




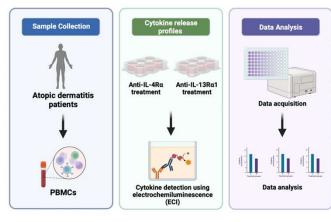
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Comparison of Th1 and Th2 cytokine levels observed with anti-IL-4Rα vs eblasakimab



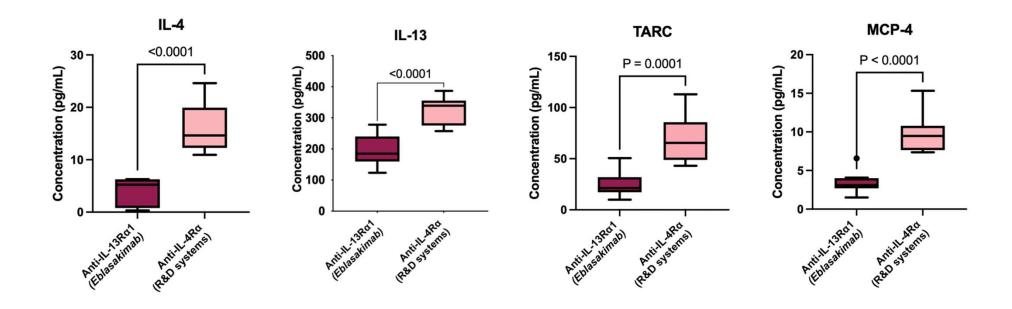
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IL-13R α 1 blockade results in lower levels of key cytokines implicated in Th2-driven inflammation compared to IL-4R α blockade



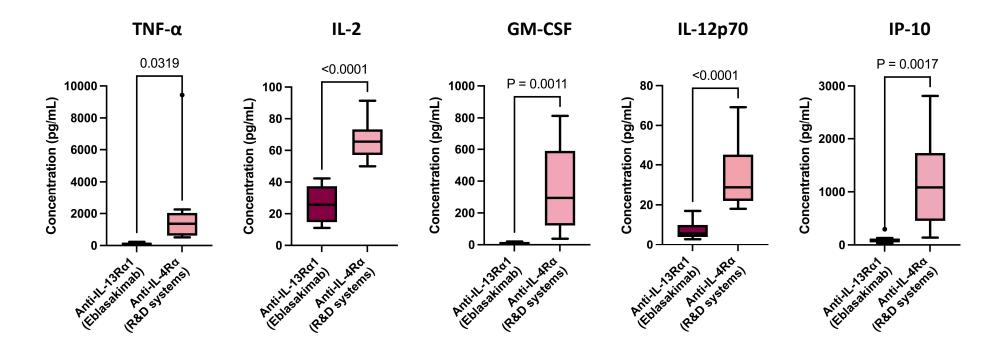
MCP, monocyte chemoattractant protein; TARC, thymus activation regulated chemokine.

^aAntibody targeting IL4Rα supplied by R&D Systems. Demonstrated to block IL-4 and IL-13 signaling through Type 1 and Type 2 receptors.





IL-13R α 1 blockade prevents subsequent expression changes of Th1 cytokines



GM-CSF, granulocyte-macrophage colony-stimulating factor; IP, Interferon gamma-induced protein; TNF, tumor necrosis factor; TSLP, thymic stromal lymphopoietin.
^aAntibody targeting IL4Rα supplied by R&D Systems. Demonstrated to block IL-4 and IL-13 signaling through Type 1 and Type 2 receptors.





Clinical Significance

These results suggest that *targeting different subunits of the* same molecular pathway can lead to different clinical outcomes

Selective blockade of the IL-13R α 1 subunit by eblasakimab is a promising therapeutic approach compared to IL-4R α blockade as it does **not increase levels of Th1 and Th2 cytokines**

Eblasakimab may offer a differentiated therapeutic approach to treat AD by sparing the Type 1 receptor and the effects seen with targeting IL-4R α





Acknowledgments







