

# Downstream effects of IL-13R $\alpha$ 1 blockade on Th2-driven inflammation and Th1 immune axis activation in atopic dermatitis

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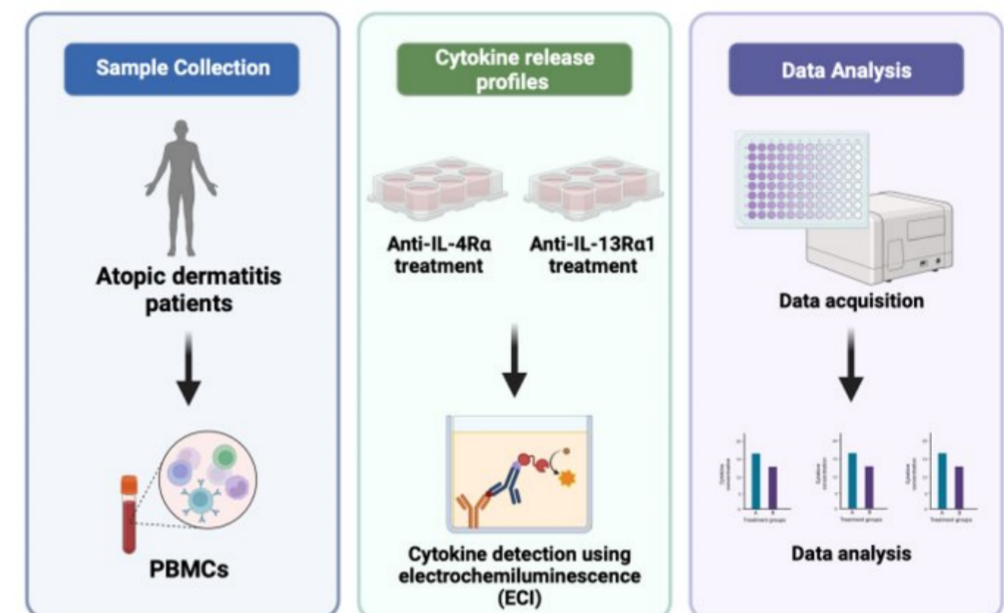
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## INTRODUCTION

- Atopic dermatitis (AD) is a chronic inflammatory skin disease that is associated with significant pruritus<sup>1</sup> and is characterized by dysregulated Th2-driven inflammation.<sup>2</sup>
- Interleukins (IL)-4 and IL-13 are key cytokines mediating Th2-driven inflammation in AD that signal through the Type 1 receptor (composed of IL-4R $\alpha$  and the common  $\gamma$  chain) and Type 2 receptor (composed of IL-4R $\alpha$  and IL-13R $\alpha$ 1); the IL-4/IL-13 receptor system serves a clinically validated therapeutic target for AD.<sup>3</sup>
- To date, therapeutics targeting this system have been or are being developed against IL-4R $\alpha$  and IL-13.<sup>4,5,6</sup> However, IL-13R $\alpha$ 1 has recently garnered significant interest as a novel therapeutic target for AD.
- Eblasakimab, a fully human monoclonal antibody binds IL-13R $\alpha$ 1 with high affinity and blocks the signaling of IL-4 and IL-13 through the Type 2 receptor subunit IL-13R $\alpha$ 1 and is currently progressing through clinical trials for moderate-to-severe AD (NCT05158023).
- The most effective way to inhibit Th2-driven inflammation remains unknown.
- In this study, we aimed to understand the differentiated immunomodulatory role of eblasakimab treatment in AD compared to an anti-IL-4R $\alpha$  directed antibody capable of potentially inhibiting both IL-4 and IL-13 signaling.

## MATERIALS AND METHODS

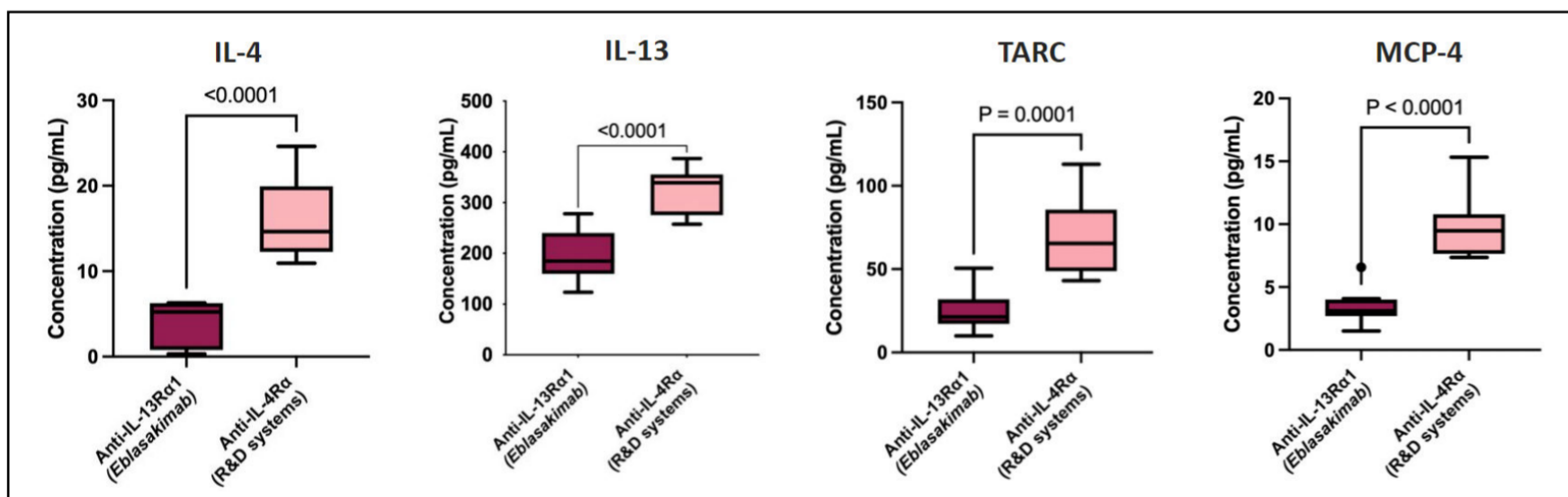
- Peripheral blood mononuclear cells (PBMCs) obtained from 10 patients with moderate-to-severe AD were treated with either 40  $\mu$ g/ml anti-IL-13R $\alpha$ 1 (eblasakimab), which blocks IL-13 and IL-4 signaling through the Type 2 receptor,<sup>7</sup> or 50  $\mu$ g/ml anti-IL-4R $\alpha$  (R&D Systems),<sup>8</sup> which can block both Type 1 and Type 2 receptors.
- After 24h incubation, supernatants and cells were separated.
- The Meso Scale Discovery (MSD) platform was used to measure levels of cytokines in supernatants and analyze data.



PBMCs, peripheral blood mononuclear cells.

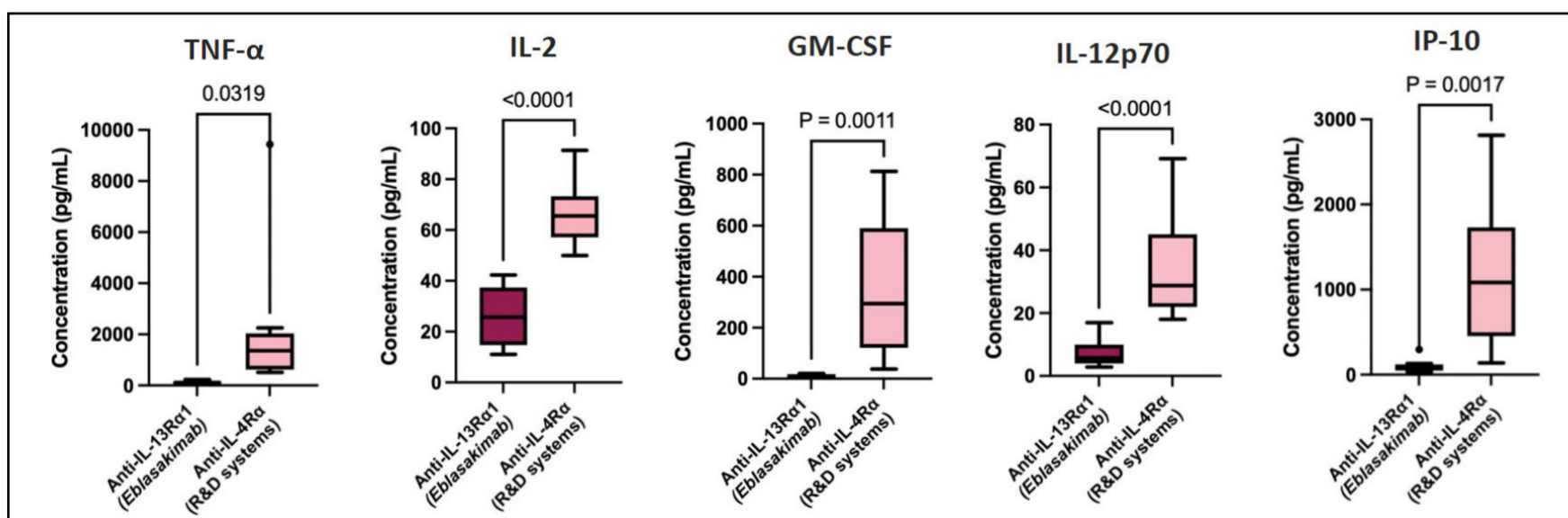
## RESULTS

**Figure 1. IL-13R $\alpha$ 1 blockade compared to IL-4R $\alpha$  blockade resulted in lower levels of key cytokines implicated in Th2-driven inflammation**



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

**Figure 2. IL-13R $\alpha$ 1 blockade compared to IL-4R $\alpha$  blockade suppressed release of Th1 cytokines**



GM-CSF, granulocyte-macrophage colony-stimulating factor; IL, interleukin; IP, Interferon gamma-induced protein; TNF, tumor necrosis factor.

## 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 $\alpha$ 1 subunit by eblasakimab may offer a differentiated therapeutic approach to treat AD by sparing the Type 1 receptor.
- This may allow for a more efficient way to reduce Type 2 inflammation without increasing levels of Th1 cytokines.

- Activated Th2 cells overproduce IL-4 and IL-13.<sup>9</sup> IL-13 specifically stands out as one of the main cytokines responsible for inflammation, epidermal barrier dysfunction, skin infections, fibrotic skin remodeling, and pruritus.<sup>10,11</sup> Moreover, levels of circulating IL-13 and IL-13 producing T-cells are increased in AD patients.<sup>10</sup>
- Treatment with IL-13R $\alpha$ 1 blockade by eblasakimab as compared to IL-4R $\alpha$  blockade resulted in lower levels of key cytokines implicated in Th2-driven inflammation (Figure 1).
- IL-13R $\alpha$ 1 blockade with eblasakimab prevented subsequent expression changes of the Th1 immune response as observed with anti-IL-4R $\alpha$  therapy (Figure 2), implicating Th1 immune response activation as a possible unwanted adverse effect.

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## DISCLOSURES

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. Dr. Ferda Cevikbas is an employee of ASLAN Pharmaceuticals.