

2024 RACHMIEL LEVINE-ARTHUR RIGGS

# Diabetes Research Symposium

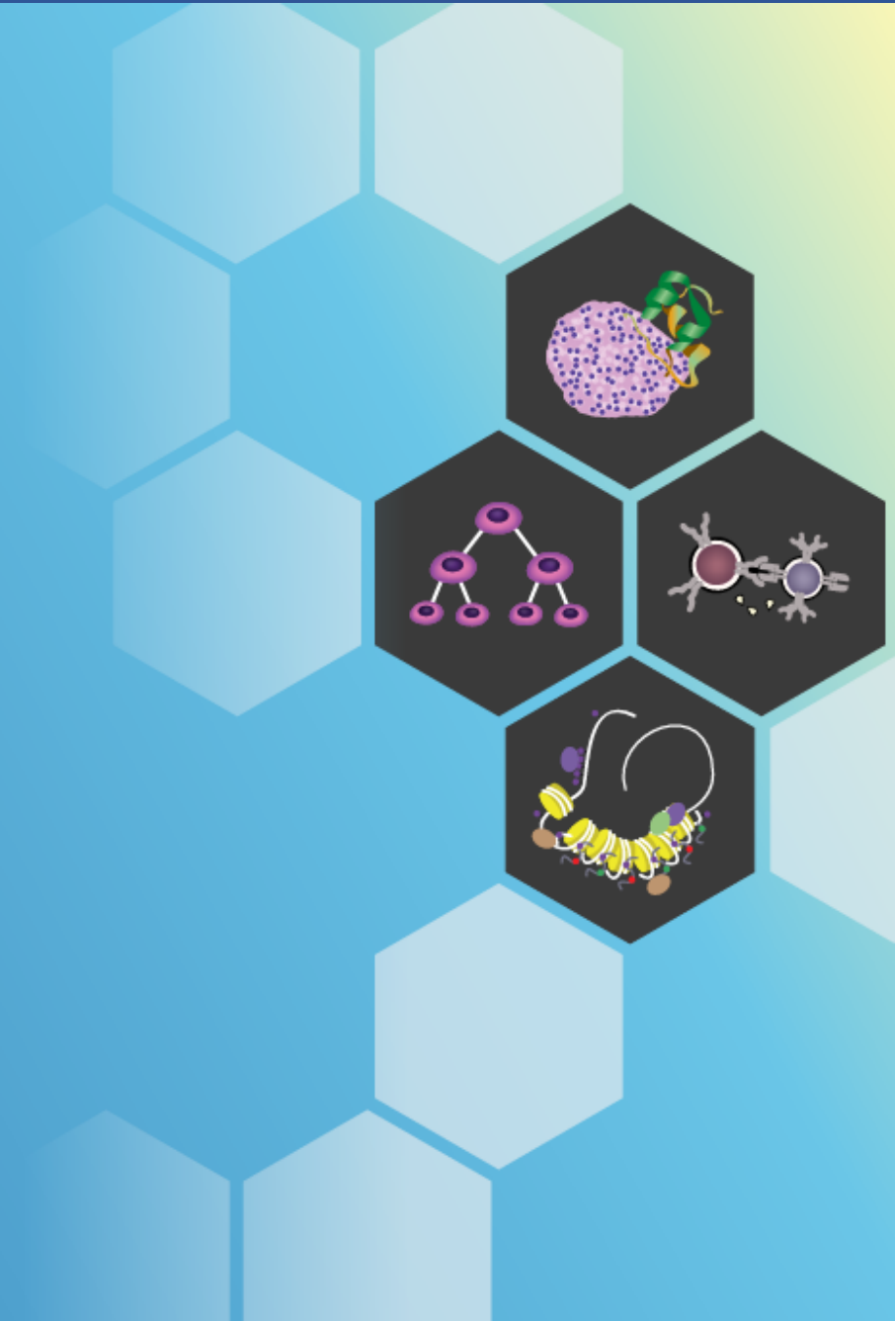
TXNIP

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Nancy R. and Eugene C. Gwaltney Family Endowed Chair in Juvenile Diabetes Research

University of Alabama at Birmingham

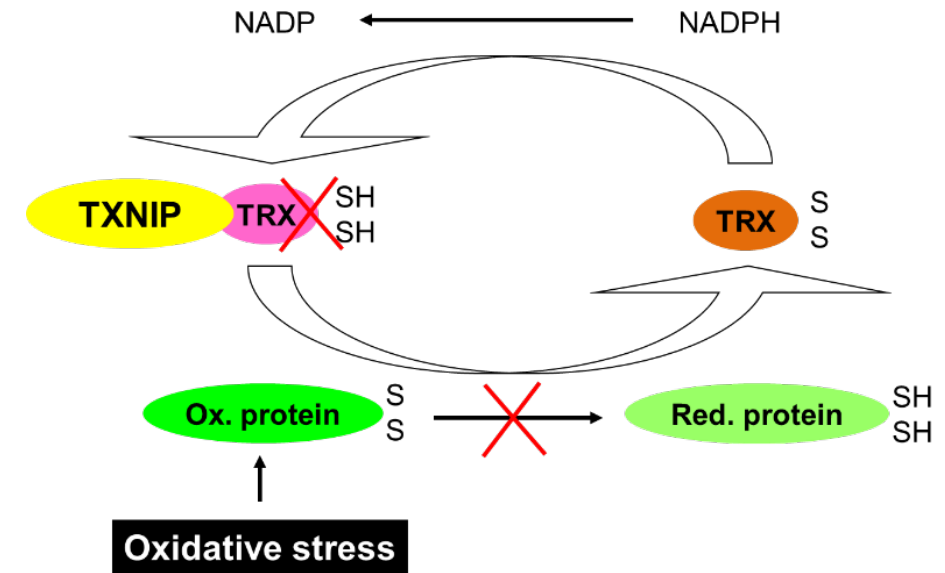


# Disclaimer

This is a Non-CME Accredited Presentation.

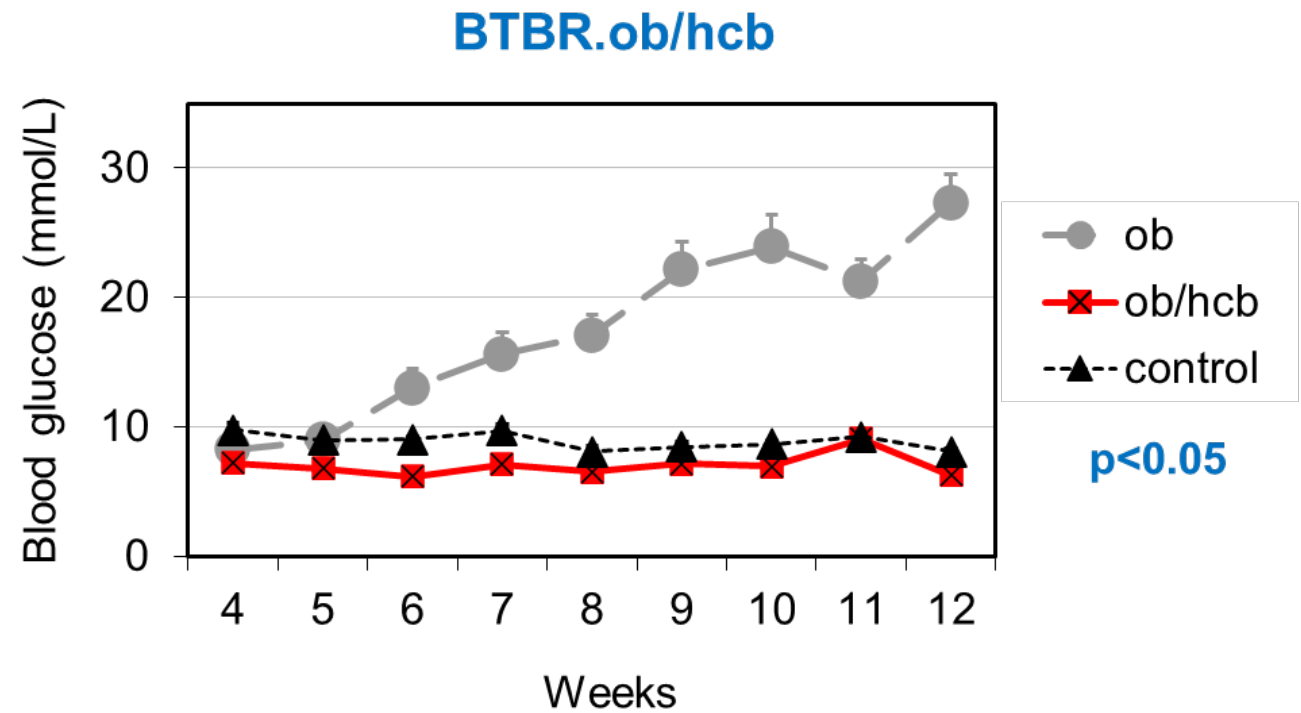
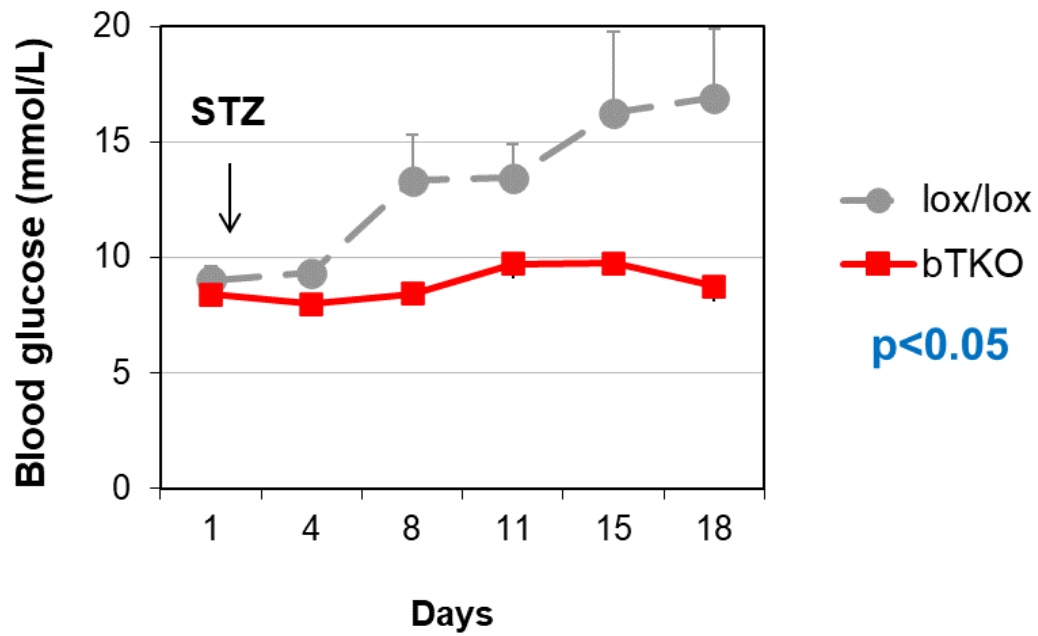
# Therapeutic target: Thioredoxin-interacting protein (TXNIP)

- Identified in human islet microarray as top glucose-induced gene, **increased in human T1D and T2D islets** and diabetic mouse islets.
- 50 kD protein, ubiquitously expressed and highly conserved.
- Functions by binding and inhibiting thioredoxin and induces ox. stress and beta cell apoptosis.
- Increases inflammasome activation.
- Inhibits glucose uptake in fat and muscle and promotes hepatic glucose production.
- Elevation has detrimental effects on heart, kidney and retina.



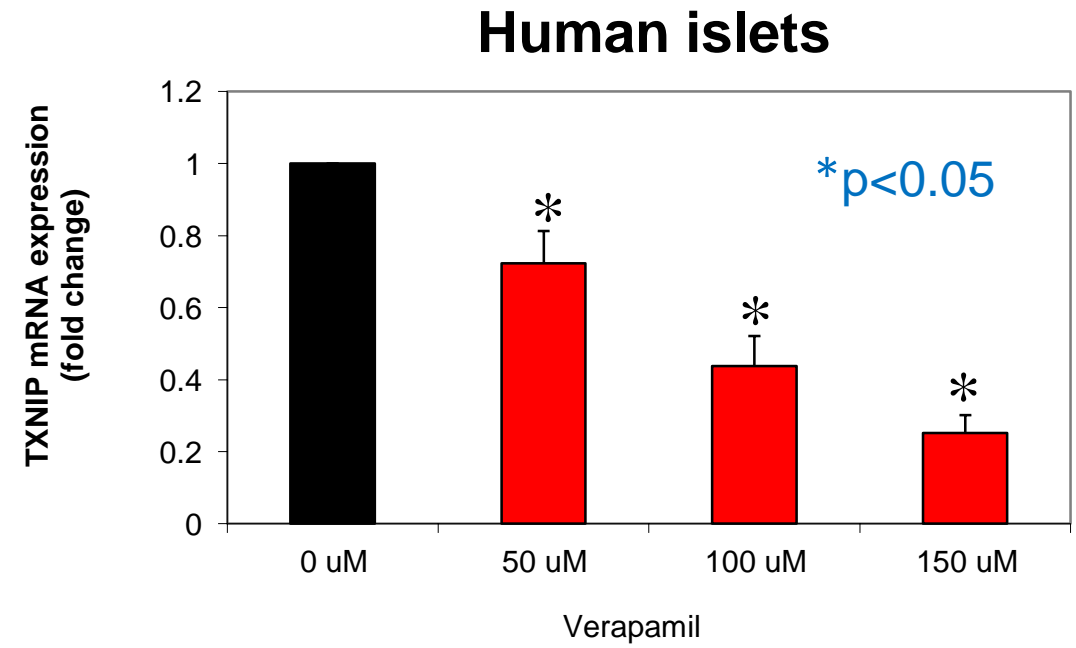
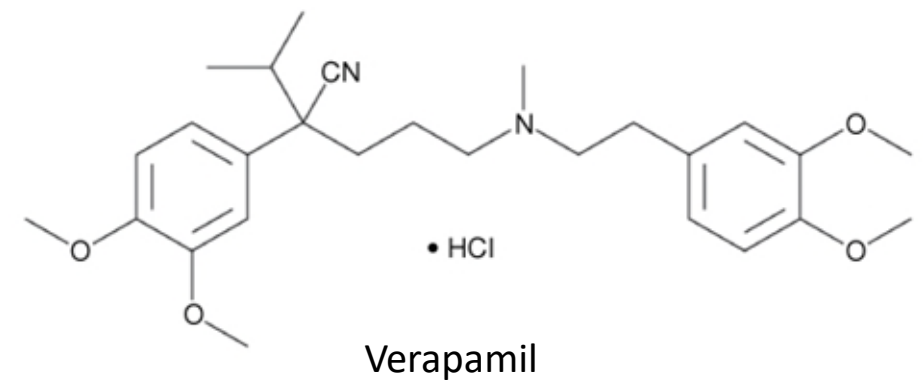
→ "Inhibition has generalized beneficial effects"

# Deletion of TXNIP protects against streptozotocin (STZ) and obesity-induced diabetes

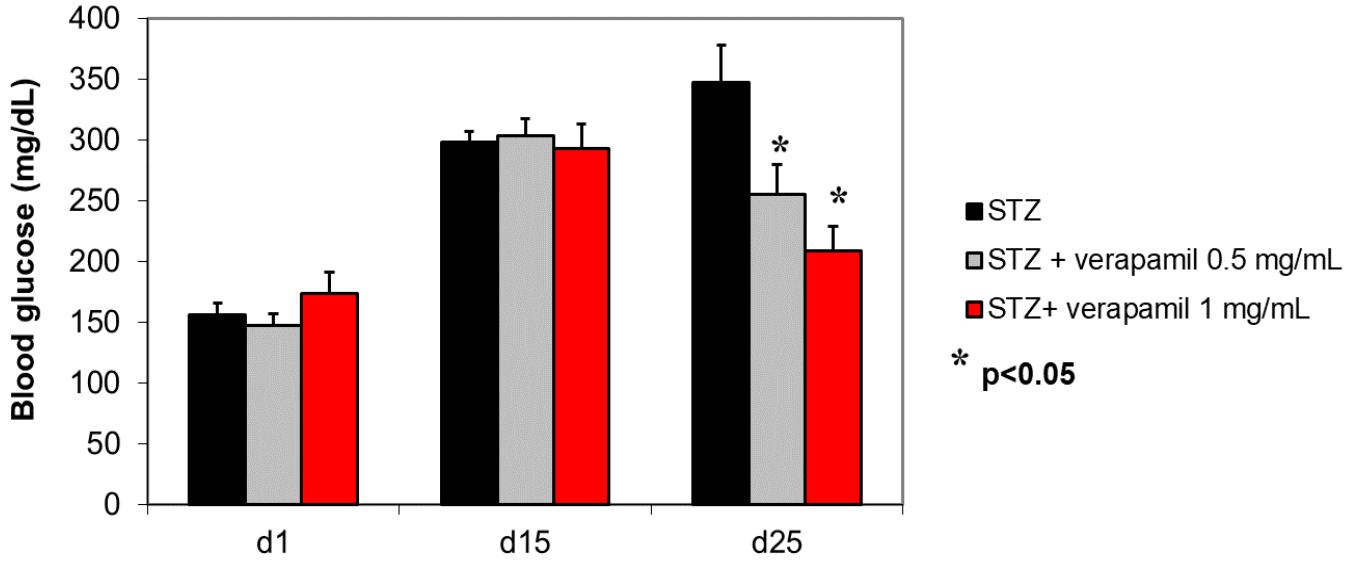
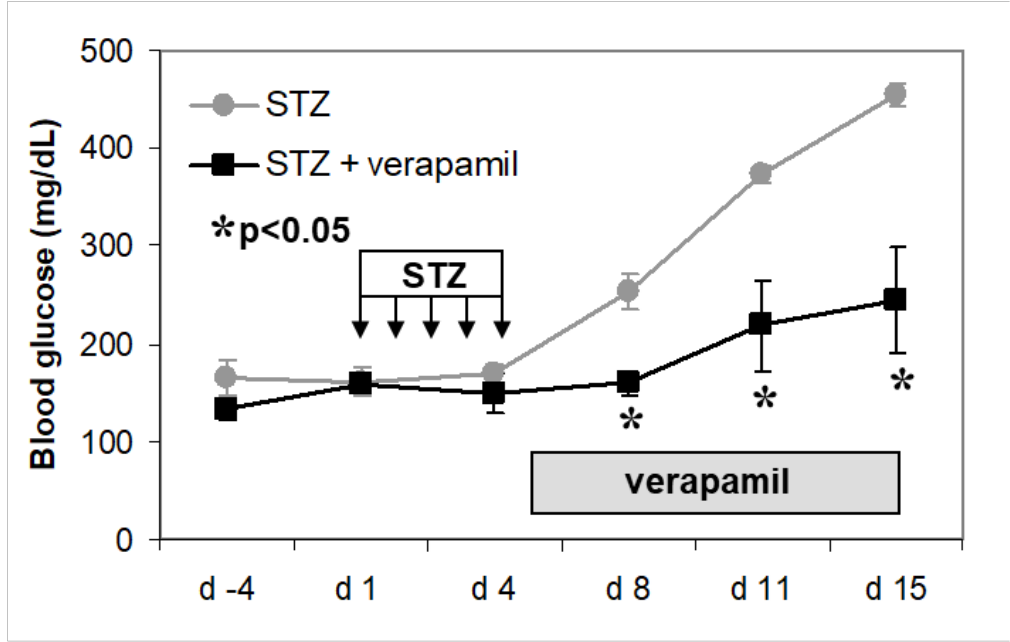


Chen...Shalev: FASEB (2008)

Verapamil  
Ca<sup>2+</sup>-channel blocker  
anti-hypertensive  
inhibits expression of  
thioredoxin-interacting  
protein (TXNIP)



# Oral verapamil (100mg/kg/d) protects against and reverses STZ-induced diabetes



Consistent with findings in response to genetic TXNIP deletion

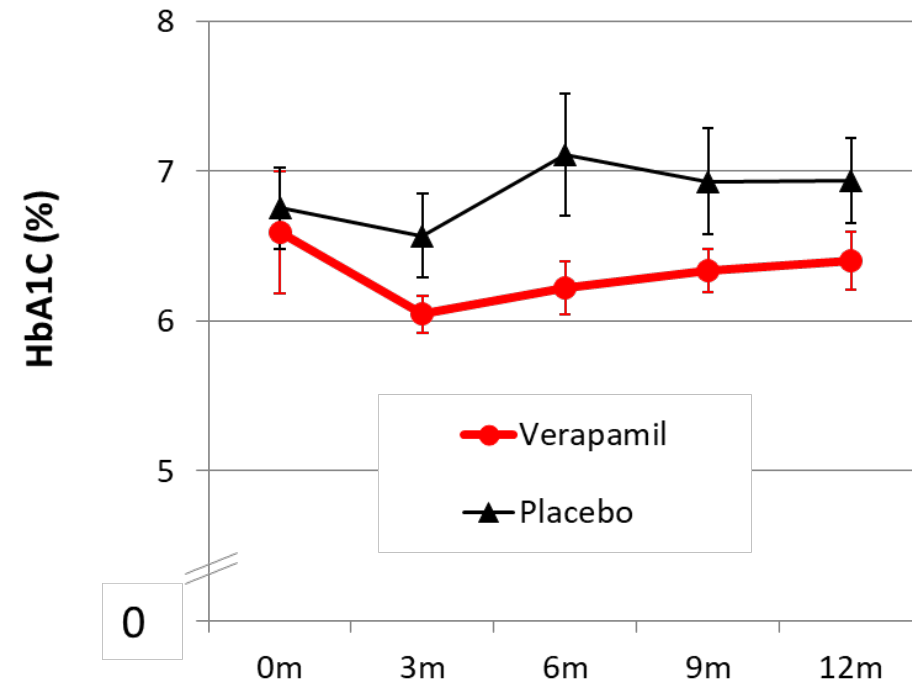
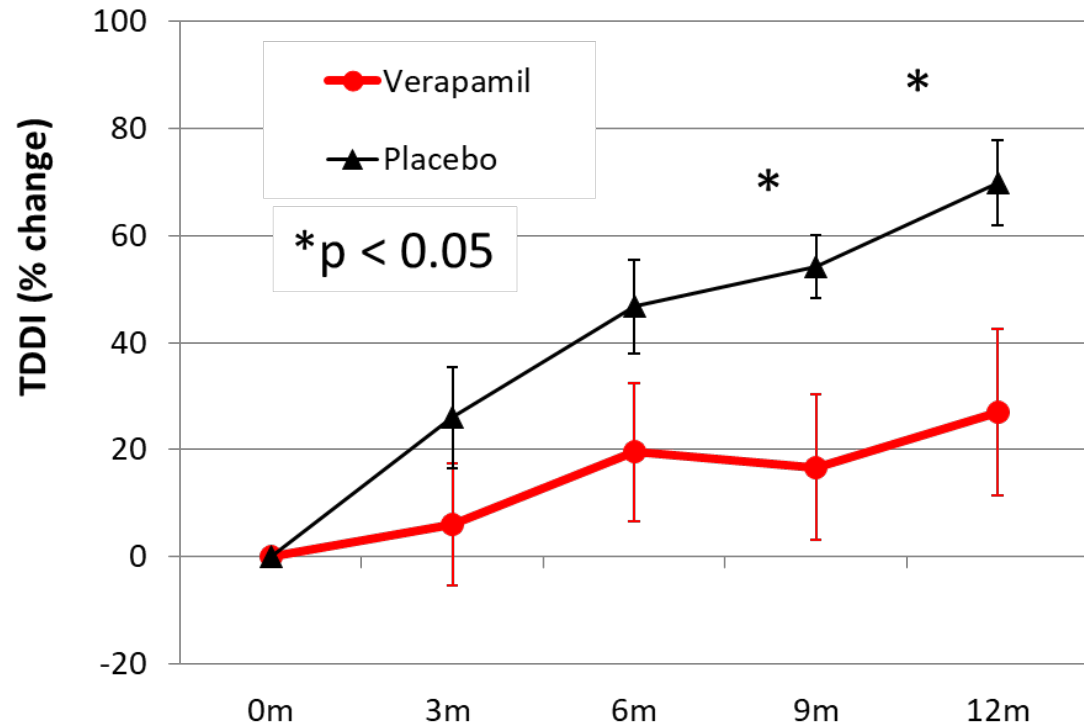
*Xu...Shalev: Diabetes (2012)*

# Clinical Trial (JDRF-funded)

## Repurposing of verapamil as a beta cell survival therapy in T1D

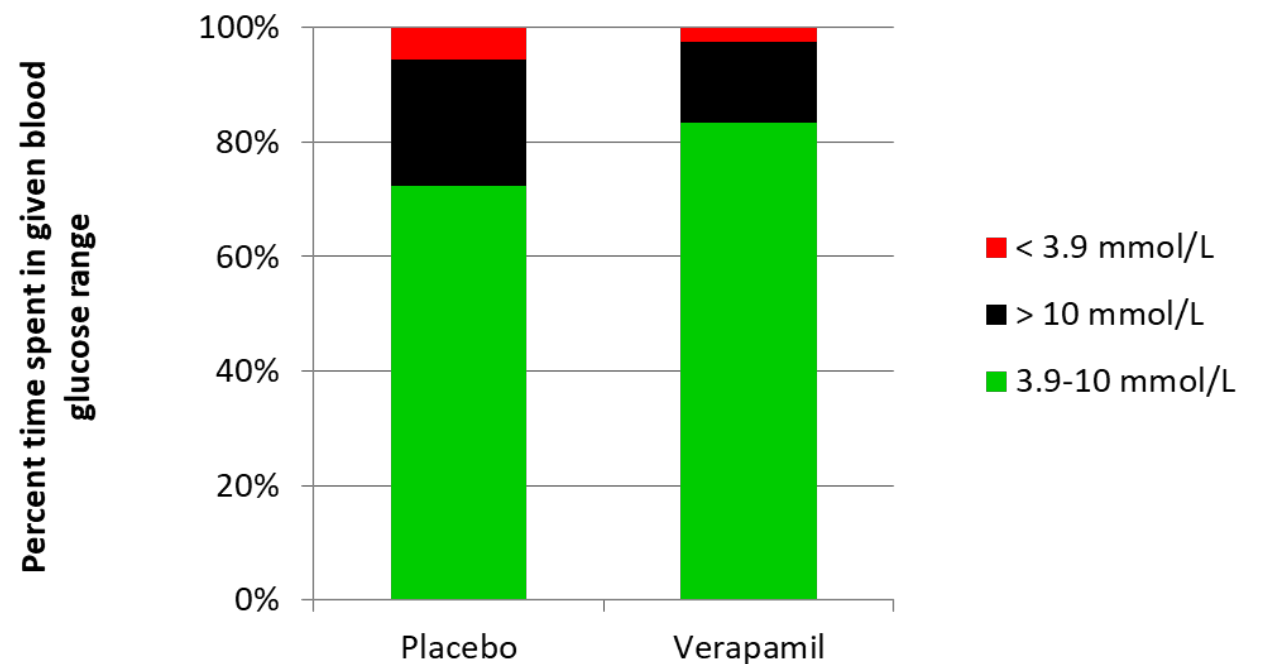
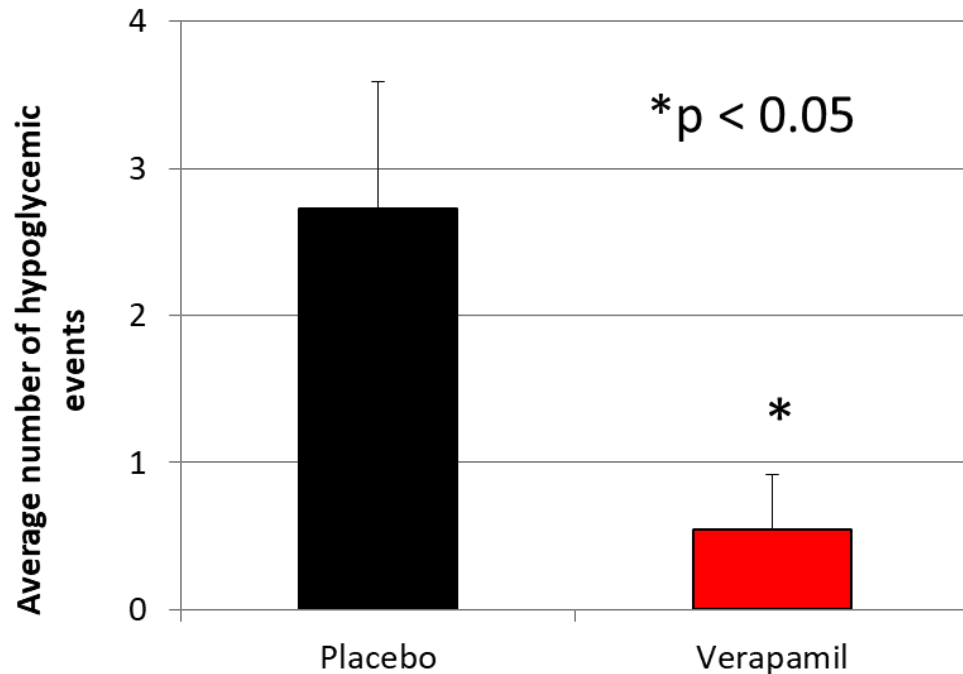
- **Double-blind, placebo-controlled** study
- New-onset T1D (within 3 months), age 18-45
- Participants randomized to receive oral verapamil (360mg/d) or placebo once a day for 1 year in addition to standard insulin therapy
- Primary endpoint: **Functional beta cell mass** (mixed meal-stimulated C-peptide)
- Secondary endpoints: **Insulin requirements** and **glucose control (CGMS)**

# Verapamil limits the increase in total daily dose of insulin (TDDI) required to maintain glycemic control

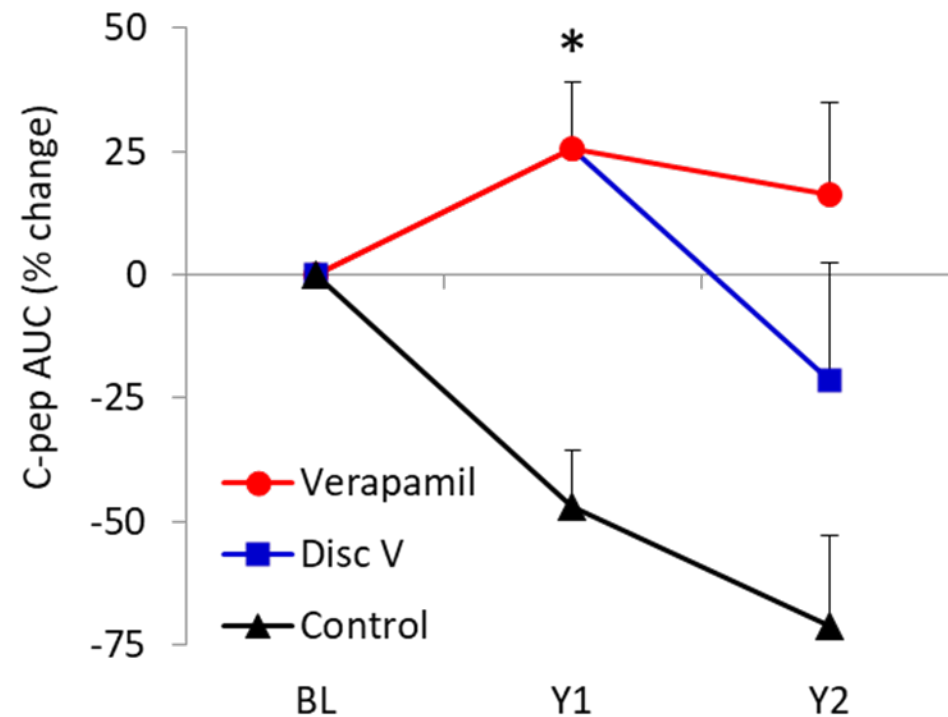




# Verapamil decreases the number of hypoglycemic events



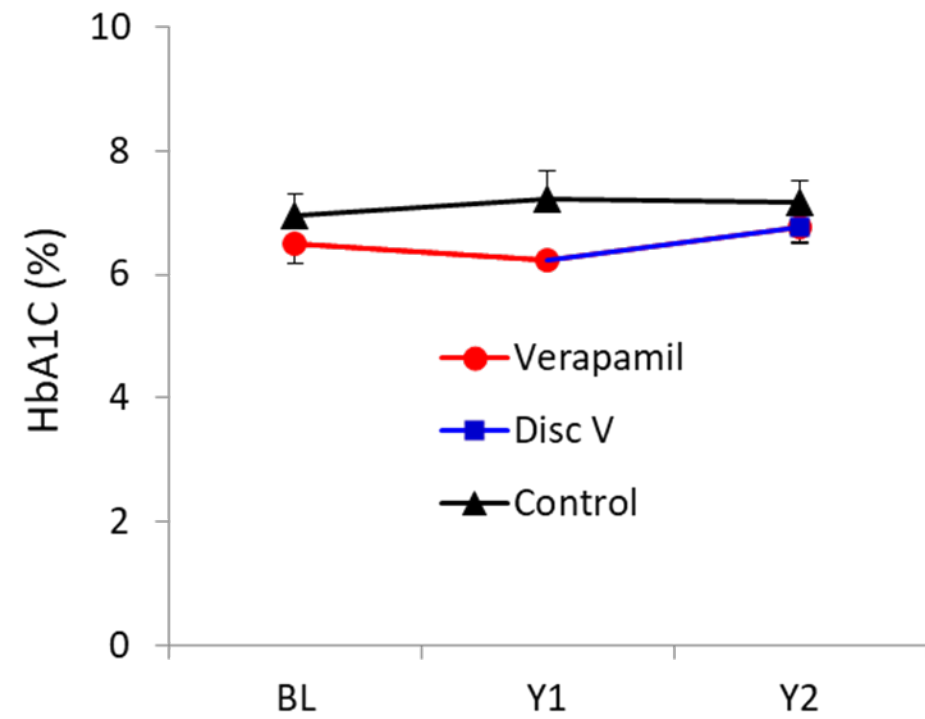
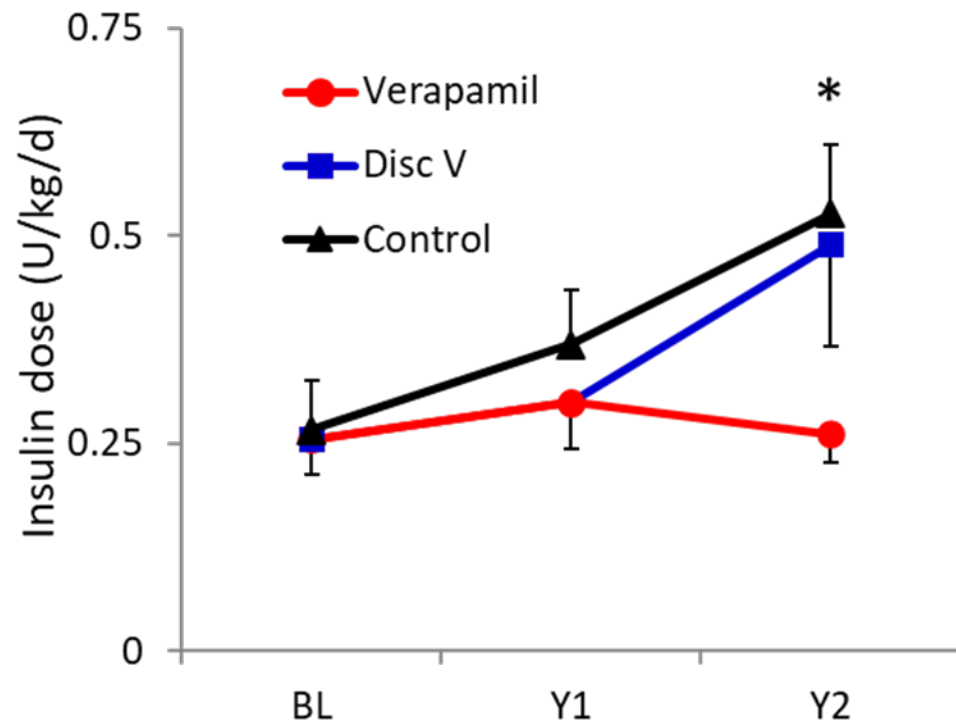
# Beta cell function – Beneficial effects of verapamil persist for at least 2 years with continuous use



→ *Further evidence of causality*

*Xu...Shalev: Nat Commun (2022)*

# Insulin requirements remain low and blood glucose control stable for at least 2 years with continuous verapamil use



# Independent validation of verapamil findings in children: CLVer Trial

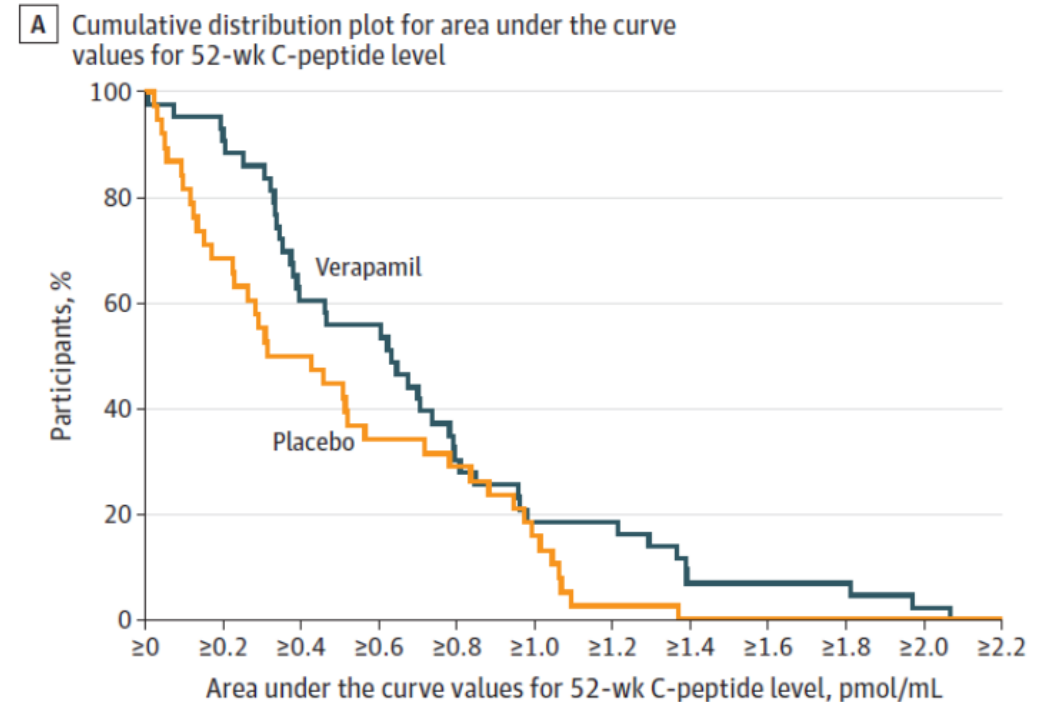
JAMA | [Original Investigation](#)

## Effect of Verapamil on Pancreatic Beta Cell Function in Newly Diagnosed Pediatric Type 1 Diabetes: A Randomized Clinical Trial

Gregory P. Forlenza, MD; Jennifer McVean, MD; Roy W. Beck, MD, PhD; Colleen Bauza, PhD, MPH; Ryan Bailey, MS; Bruce Buckingham, MD; Linda A. DiMeglio, MD, MPH; Jennifer L. Sherr, MD, PhD; Mark Clements, MD, PhD; Anna Neyman, MD; Carmella Evans-Molina, MD, PhD; Emily K. Sims, MD; Laurel H. Messer, PhD, RN; Laya Ekhlaspour, MD; Ryan McDonough, DO; Michelle Van Name, MD; Diana Rojas, BS; Shannon Beasley, APRN, CPNP; Stephanie DuBose, MPH; Craig Kollman, PhD; Antoinette Moran, MD; for the CLVer Study Group

→ ...verapamil partially preserved stimulated C-peptide secretion (30% higher) at 52 weeks from diagnosis compared with placebo.

→ FACTORIAL DESIGN: ...automated insulin delivery, achieved excellent glucose control but did not affect the decline in pancreatic C-peptide secretion at 52 weeks



In A and B, the area under the curve values for the C-peptide levels were obtained from a mixed-meal tolerance test and computed using the trapezoidal rule as a weighted sum of the measurements for C-peptide level at time 0 and after 15, 30, 60, 90, and 120 minutes. In A, for any given C-peptide area under the curve level, the percentage of participants in each treatment group with a value at that level or higher can be determined from the Figure.

# Implications

- We cannot make general recommendations for the use of verapamil for diabetes as not approved for this indication. Ongoing efforts: Vera-T1D trial in Europe etc.
  - Verapamil is approved and used for hypertension for ~40 years and physicians can prescribe it to their patients on a one-by-one basis.
- BUT verapamil is not a specific TXNIP inhibitor
- As a Ca<sup>+</sup> channel blocker, verapamil can cause arrhythmias, heart block and hypotension limiting its use

# High throughput screening & optimization

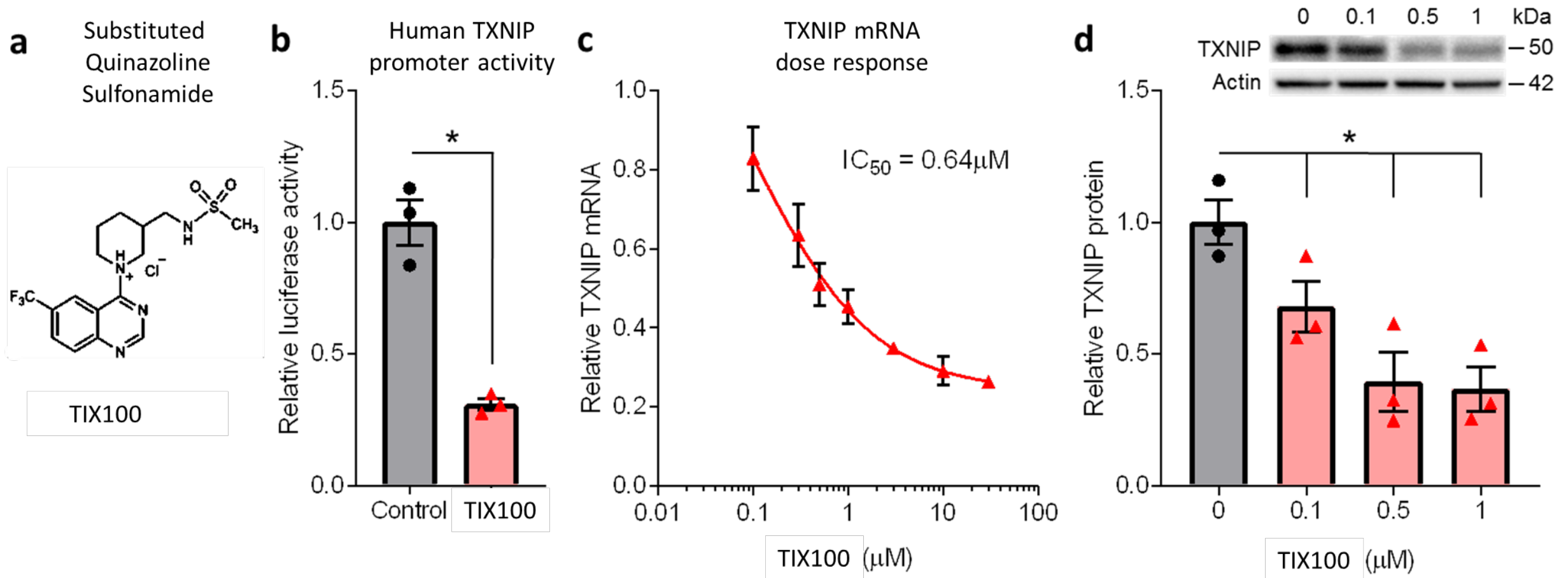
## Goal

- **Identify first-in-class compounds that inhibit TXNIP** transcription at high glucose concentrations

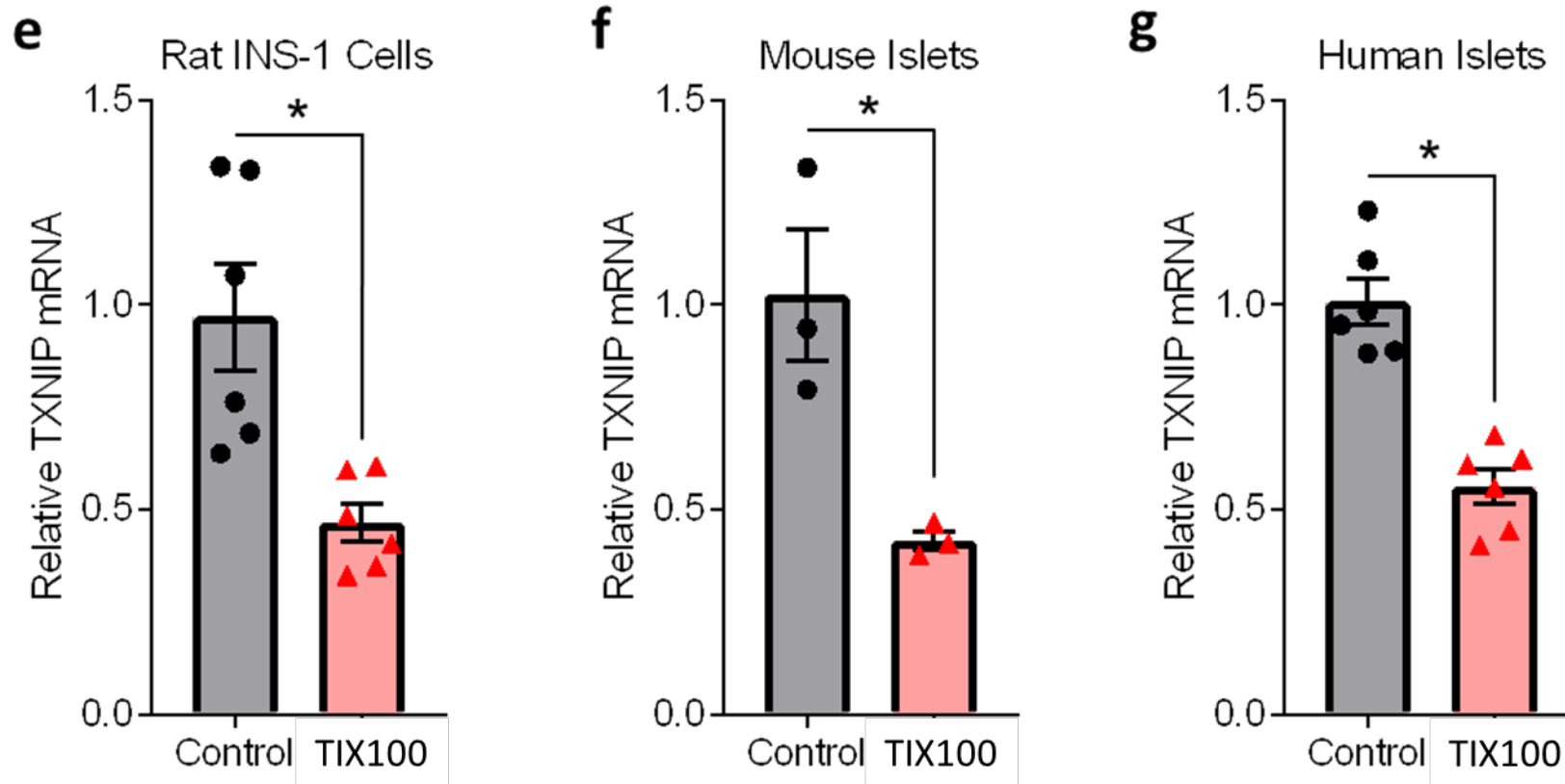
## Results

- 300,000-compound primary high-throughput screen
- Extensive Medicinal Chemistry
- Hit-to-Lead Studies → lead compound **TIX100** (aka SRI-37330)
- Obtained Patent for composition-of-matter (new chemical entity) and methods-of-use

# TIX100 inhibits TXNIP promoter activity, mRNA and protein expression

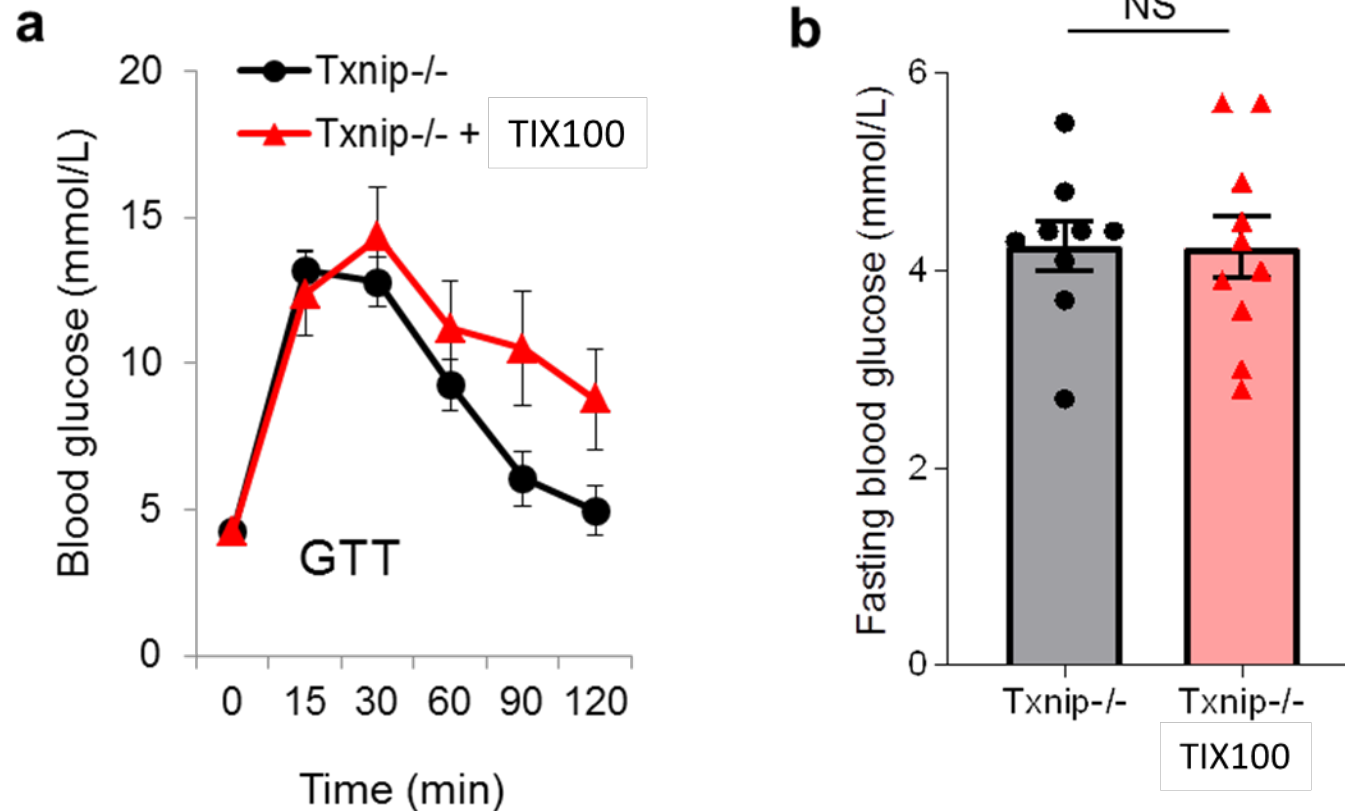


# TIX100 inhibits TXNIP expression in mouse and human islets in the context of high glucose





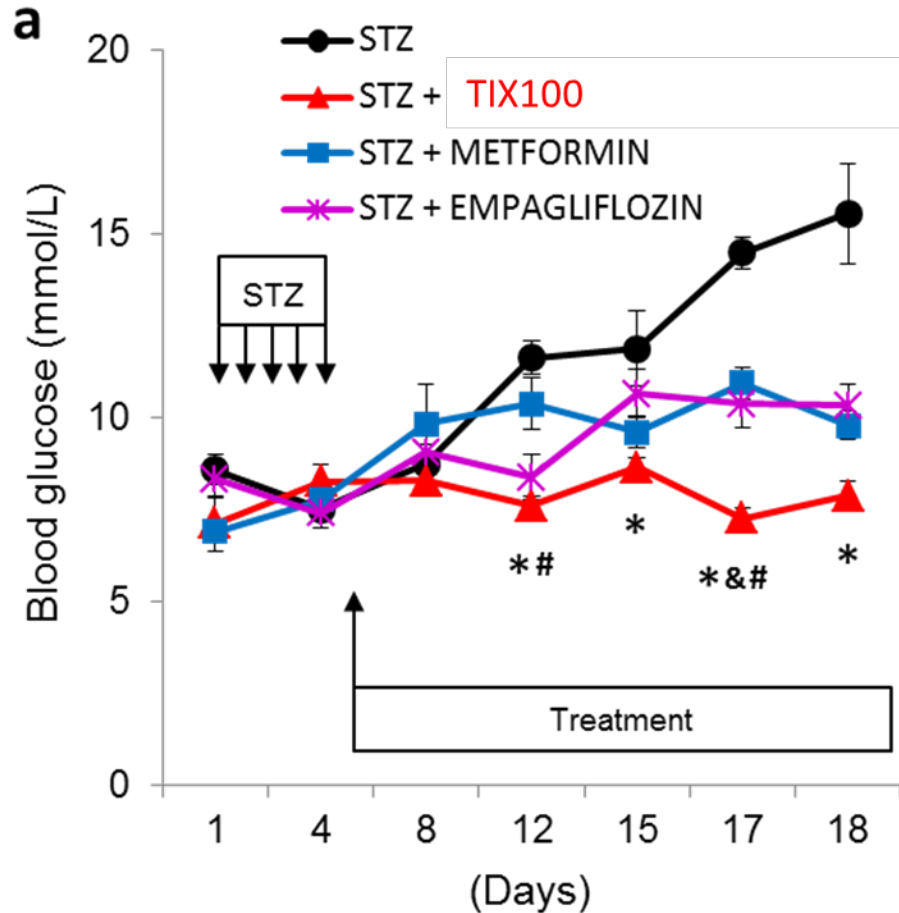
# TIX100 does not improve glucose homeostasis in the absence of TXNIP



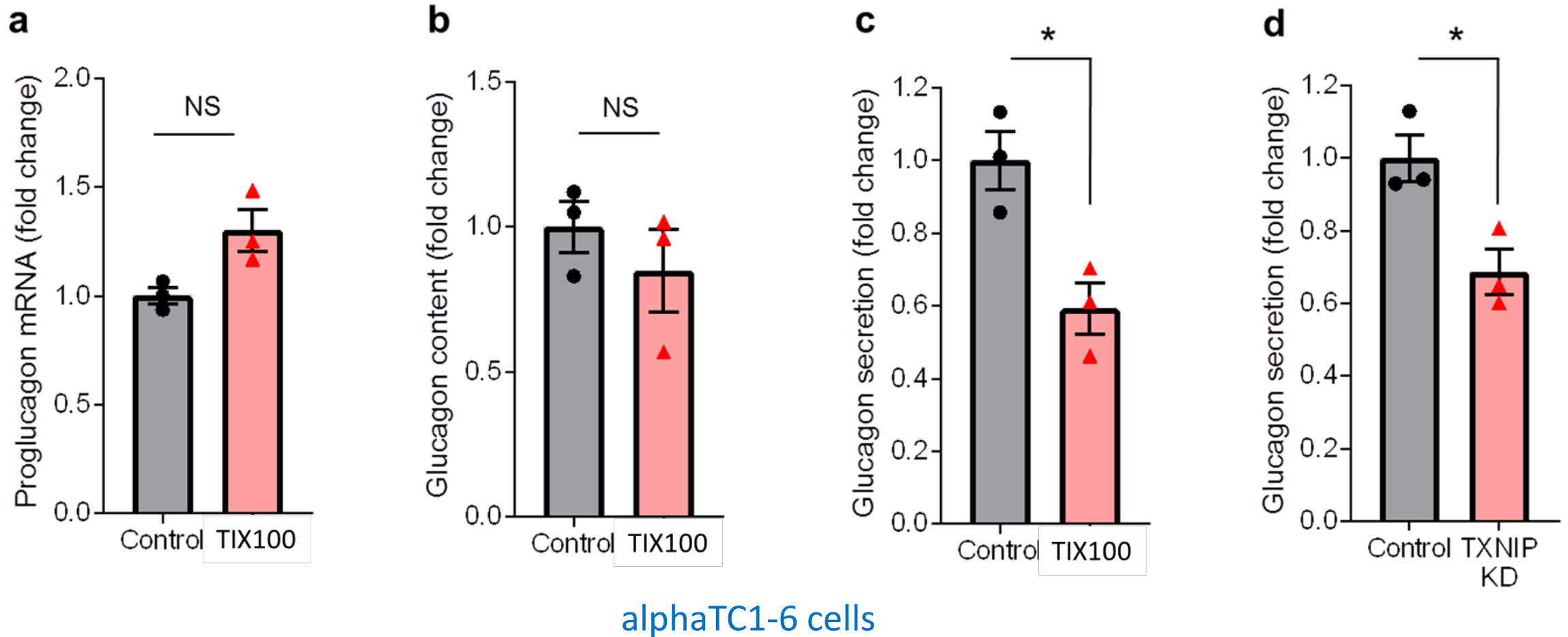
TXNIP deficient Txnip<sup>-/-</sup> mice

*Thielen...Shalev: Cell Metabolism 32, 353–365, 2020*

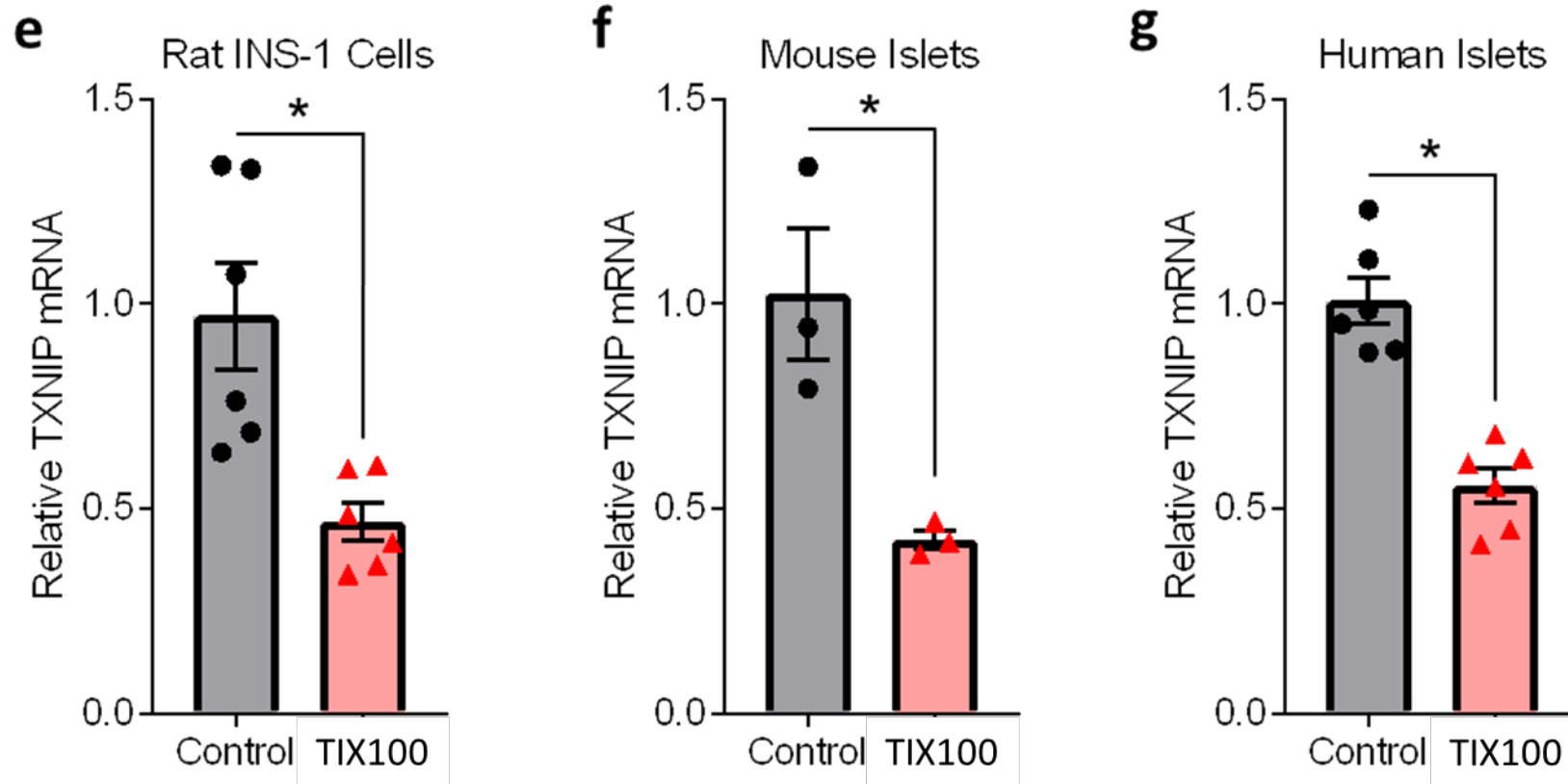
# Oral TIX100 is highly effective in improving glucose homeostasis in the context of diabetes



# TIX100 controls alpha cell glucagon secretion



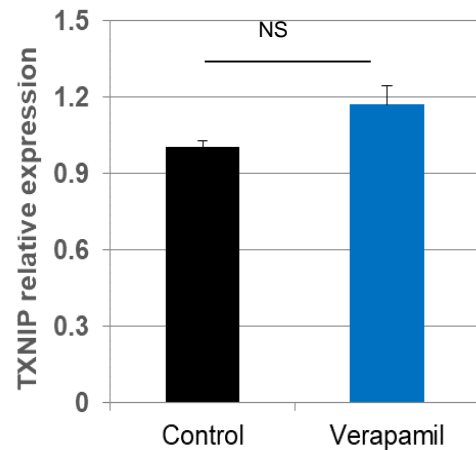
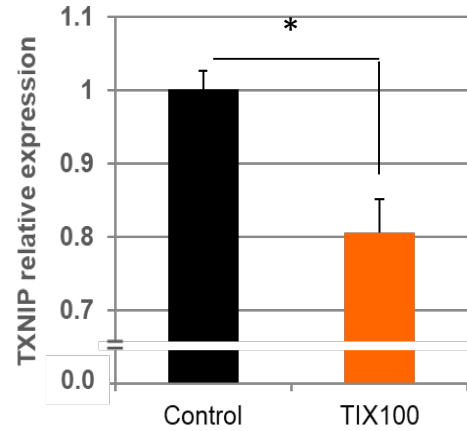
# TIX100 does not impair glucagon secretion in response to stress or hypoglycemia



→ Safety feature, minimizing risk of low blood sugar

*Thielen...Shalev: Cell Metabolism (2020)*

# TIX100 (but not verapamil) inhibits alpha cell TXNIP expression

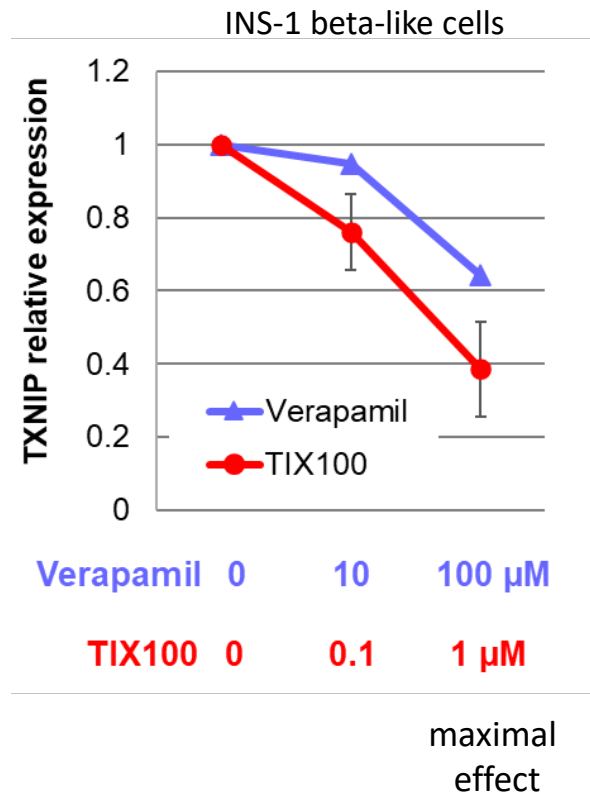


# Safety - TIX100 has obtained FDA clearance to proceed to human trials

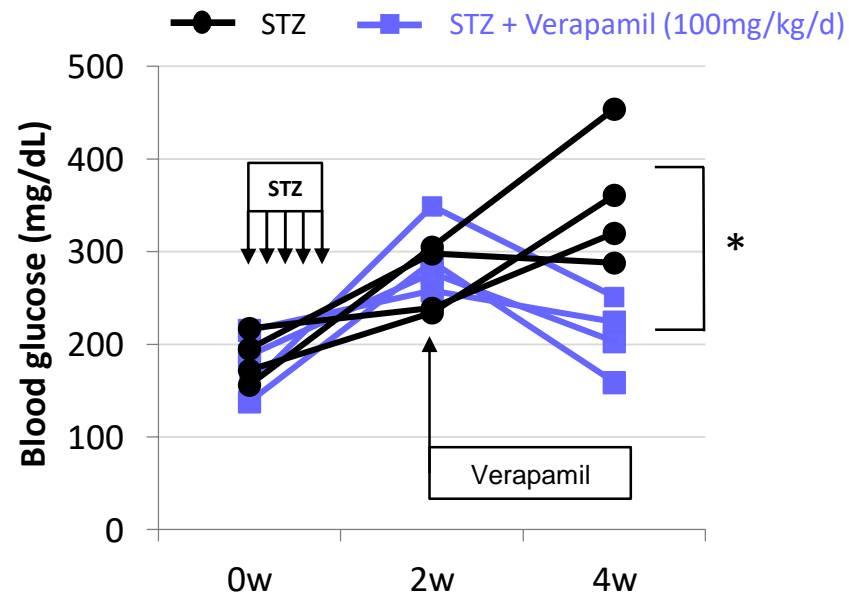
| Pharmacokinetic or Safety Property   | Target Value       | TIX100                   |
|--|--------------------|--------------------------|
| IC <sub>50</sub><br>Compound concentration that inhibits TXNIP expression by 50%                     | < 1 µM             | 0.64 µM                  |
| CC <sub>50</sub> /72h<br>Compound concentration that reduces cell viability by 50%                   | > 50 µM            | > 50 µM                  |
| Maximum tolerated dose in vivo – mouse   |                    | > 800 mg/kg/d for 6 days |
| Ames mutagenicity assay  | Negative           | Negative                 |
| CYP450 inhibition  | Negative           | Negative                 |
| Safety Screen for off-target interactions including L-type Calcium Channels (Eurofins Cerep-Panlabs) | Negative           | Negative                 |
| hERG inhibition IC <sub>50</sub><br>Risk for long QT   | > 10 µM (Negative) | 26 µM (Negative)         |
| Log D<br>Distribution coefficient/compound lipophilicity at pH 7.4                                   | 2-4                | 2.6                      |
| t <sub>1/2</sub> Mouse liver microsomes  | > 60 min           | 46 min                   |
| t <sub>1/2</sub> Dog liver microsomes  |                    | 113 min                  |
| t <sub>1/2</sub> Human liver microsomes  |                    | 116 min                  |
| Mouse hepatocyte metabolic stability (% compound remaining after 2h)                                 | > 20 %             | 22 %                     |
| t <sub>1/2</sub> Mouse in vivo PO <sub>(5mg/kg)</sub>  | > 1 h              | 1.5 h                    |
| Bioavailability (%)  | > 30 %             | 95 %                     |
| Fraction unbound to human plasma proteins  | > 10%              | 22 %                     |

- All IND-enabling toxicology & pharmacokinetics studies completed → TIX100 has a **favorable safety profile** → **FDA clearance** to proceed to human trials
- Unlike verapamil, TIX100 is **NOT a calcium channel blocker** and as such does not have the associated cardiovascular side effect risks.
- TIX100 caused **NO hypoglycemia**, NO fatty liver, NO hyperlipidemia, and NO weight gain.
- **TXNIP** deletion in animal models and TXNIP **inhibition** with verapamil in humans has **so far proven to be safe** (including in adults and children with T1D).
- Therapeutic goal is **normalization of pathologically elevated TXNIP** expression, back to non-diabetic values.

# TIX100 is more potent than verapamil in inhibiting beta cell TXNIP expression



Oral TIX100 is also more potent *in vivo* and even reverses established diabetes

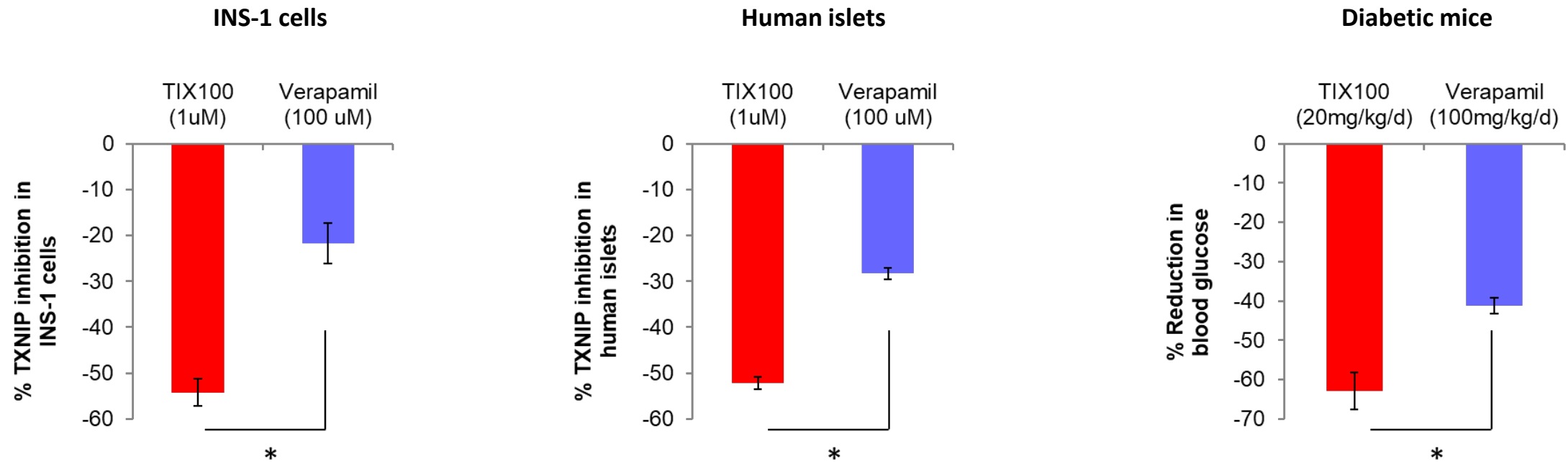


\*  $p < 0.05$ ; \*\*  $p < 0.005$

*Unpublished*



# TIX100 is more effective than verapamil in lowering TXNIP and normalizing blood glucose



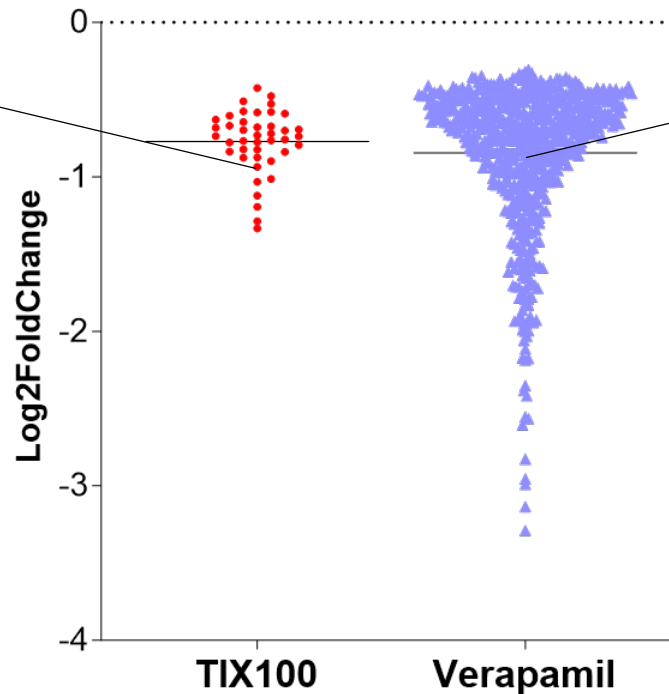
\*  $p < 0.05$

*Unpublished*

# TIX100 is more specific than verapamil in inhibiting human islet TXNIP expression

TXNIP = #7<sup>th</sup> of 42 genes downregulated by **TIX100** in human islets

- TIX100 15-times more selective for TXNIP than verapamil
- Less off-target effects anticipated











TXNIP = #192<sup>nd</sup> of 619 genes downregulated by **verapamil** in human islets

*n = 3 individual islet donors, each serving as their own control (islets from same donor used in parallel for TIX100 and verapamil treatment)*

*Unpublished*

# Comparison of key features of TIX100 and verapamil

|  | TIX100  | Verapamil   |
|--|---|---|
| ▪ Controls beta cell TXNIP & improves beta cell health                           |    |    |
| ▪ Controls alpha cell TXNIP & protects against hyperglucagonemia                 |    | =   |
| ▪ Controls excessive glucose production by liver                                 |    | =   |
| ▪ Provides increased potency, effectiveness & specificity                        |   |   |
| ▪ Maintains cellular calcium & avoids arrhythmia, heart block, hypotension risks |  |  |

# Conclusions

**TXNIP** is an attractive target for the treatment of T1D (in vitro, ex vivo, genetic deletion studies, pharmacological studies in mice and humans)

**Verapamil** - repurposed → not specific for TXNIP, not FDA approved for T1D, but in the interim available for off-label use

-POC for targeting TXNIP as a translatable, therapeutic approach for T1D

-Limitations due to potential cardiovascular side effects (Ca<sup>+</sup> channel blocker)

**TIX100 New Chemical Entity** (NCE) → IND approved by FDA, ready to enter clinical trials

-More potent, effective & specific than verapamil and not a Ca<sup>+</sup> channel blocker

-Additional beneficial effects, e.g., on hyperglucagonemia

# Acknowledgments

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Lance Thielen, PhD

## Clinical Trial Team

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Tiffany Grimes, RN

## UAB School of Nursing

Li Peng

## UMass MMPC

Jason Kim

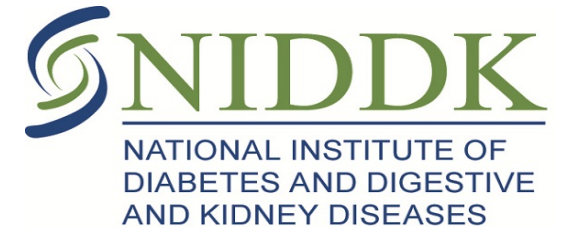
Southern Research Institute  
UAB DRC Physiology Core  
UAB Small Animal and  
Glycemic Clamp Core

IIDP and islet donors

Study partners &  
participants



TIX100 generous  
gift of:



Questions?