



A Pancreatic Gene Therapy Delivery Platform for the Treatment of Type 2 Diabetes

[Harith Rajagopalan](#), Jason A. West, Jacob Wainer, Alice Liou, Rebecca Reese, Nidhi Khanna, Suya Wang, Keiko Ishida, Nicole Picard, Camila Lubaczeuski, Christopher C. Thompson, Linda S. Lee, Rob P. Trasolini, Emily Cozzi, Jay Caplan

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Disclosure Statement

Authors: Harith Rajagopalan, Jacob Wainer, Alice Liou, Rebecca Reese, Suya Wang, Keiko Ishida, Nicole Picard, Camila Lubaczeuski, Emily Cozzi, and Jay Caplan are employees and shareholders of Fractyl Health, Inc. Jason A. West and Nidhi Khanna are former employees of Fractyl Health, Inc. Christopher C. Thompson, Linda S. Lee, and Rob P. Trasolini are employees of Brigham and Women's Hospital and Harvard Medical School.

Revita® is for investigational use only in the United States.

The Rejuva® platform is in early development and not approved by any regulatory body for investigational or commercial use.



Fractyl Health, Inc.

Pioneering new treatment approaches for type 2 diabetes (T2D)

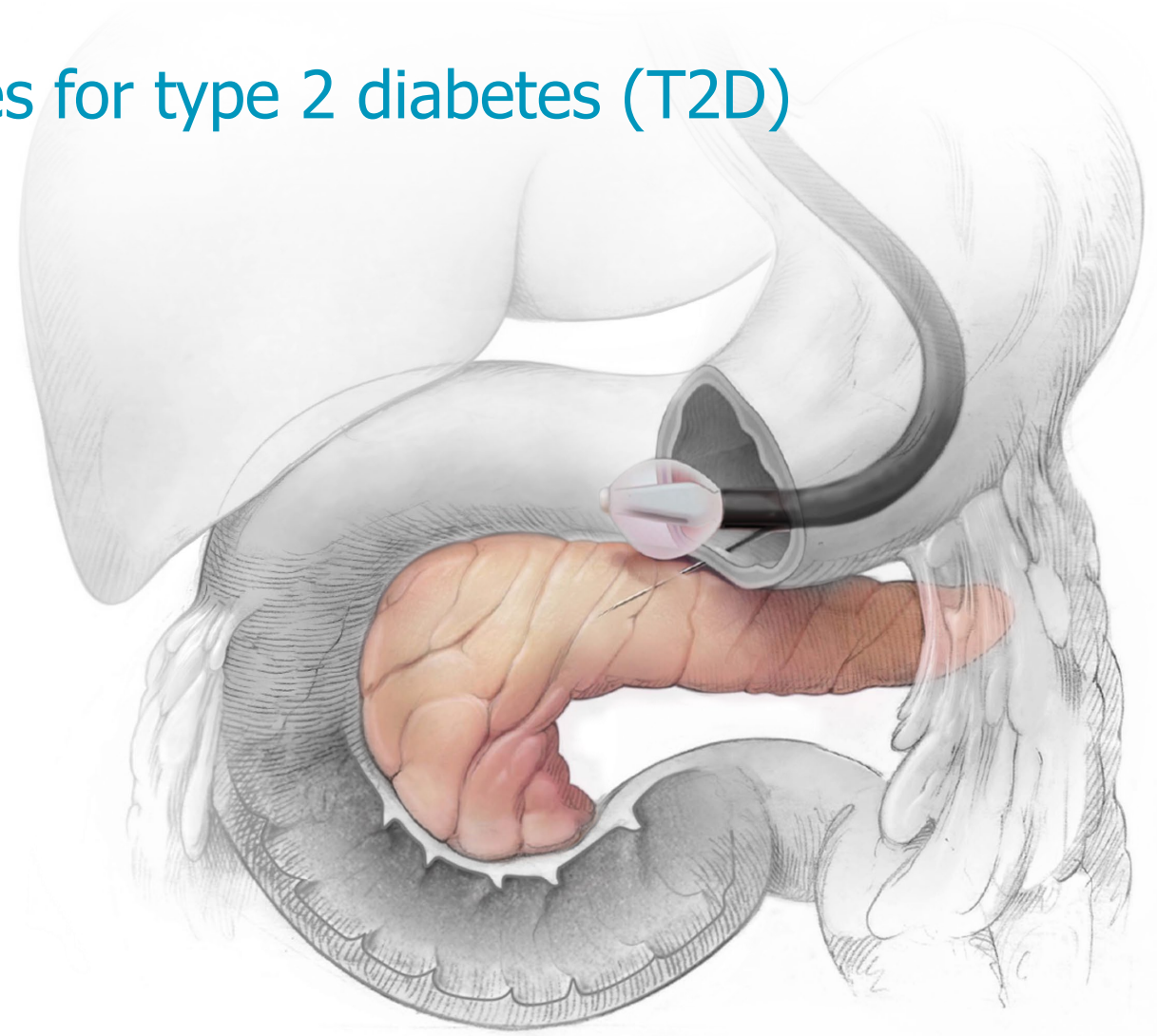
Complementary development programs targeting key organs in T2D

Revita® (targeting the duodenum)

Endoscopic procedure using hydrothermal ablation in the duodenum

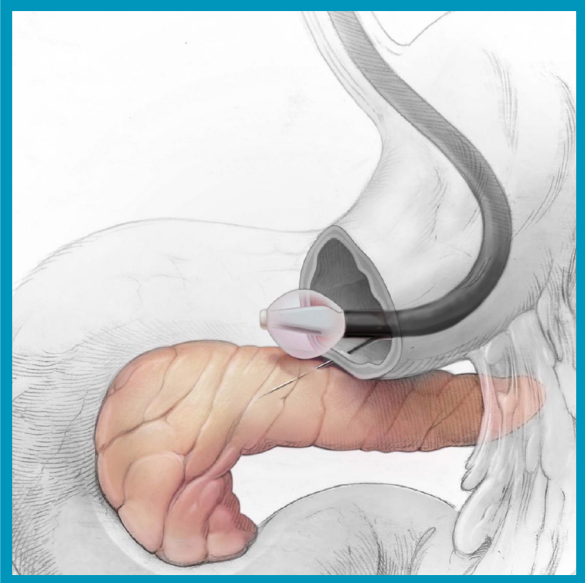
Rejuva® (targeting the pancreas)

Adeno-associated virus (AAV)–based pancreatic gene therapy platform

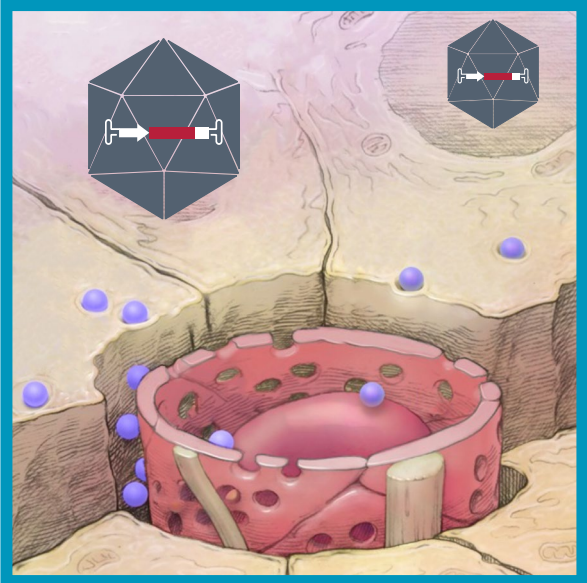


Rejuva Directly Targets the Pancreas with Gene Therapy

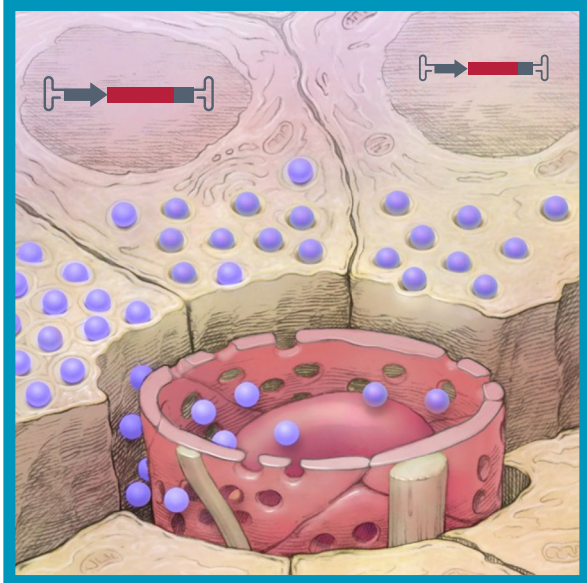
Key therapeutic elements



Endoscopic device and procedure



AAV Gene Therapy Delivery Vehicle



Tissue-Restricted Transgene Expression



GLP1RAs for T2D Have Proven Clinical Benefit But Are Limited

Opportunity to advance GLP1RA field with local gene therapy approach

Glucagon-like peptide 1 receptor agonists (GLP1RAs) have proven clinical efficacy

Limited by adherence and tolerability of systemic delivery^{2,3,4}

In the US, 50% of patients discontinue therapy within 330 days^{1,3,4}

Discontinuation of GLP1RA therapy is associated with total loss of metabolic benefit⁵

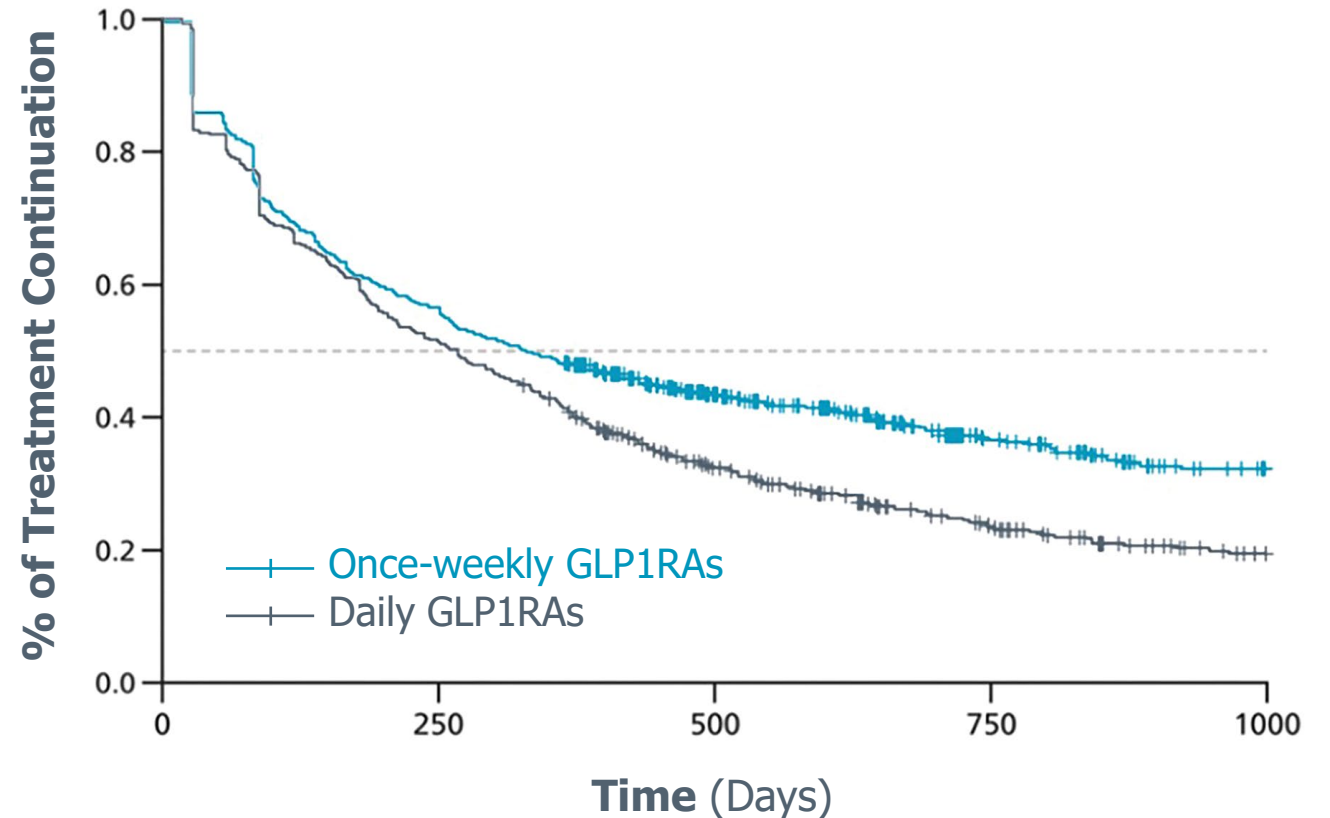


Figure adapted from: 1. Polonsky et al. *Diabetes Ther* (2022) 13:175–1871. 2. Campbell and Drucker. *Cell Metabolism* 17, June 4, 2013 3. Weiss 2020 *Patient Pref Adherence* 14:2337-2345. 4. Polonsky 2021 *Diabetes Spectr* 34(2):175-183. 5. RISE Consortium *Diabetes Care*. 2019;42(9):1742-1751.



Rationale for AAV-GLP1RA Gene Therapy to Improve Islet Function

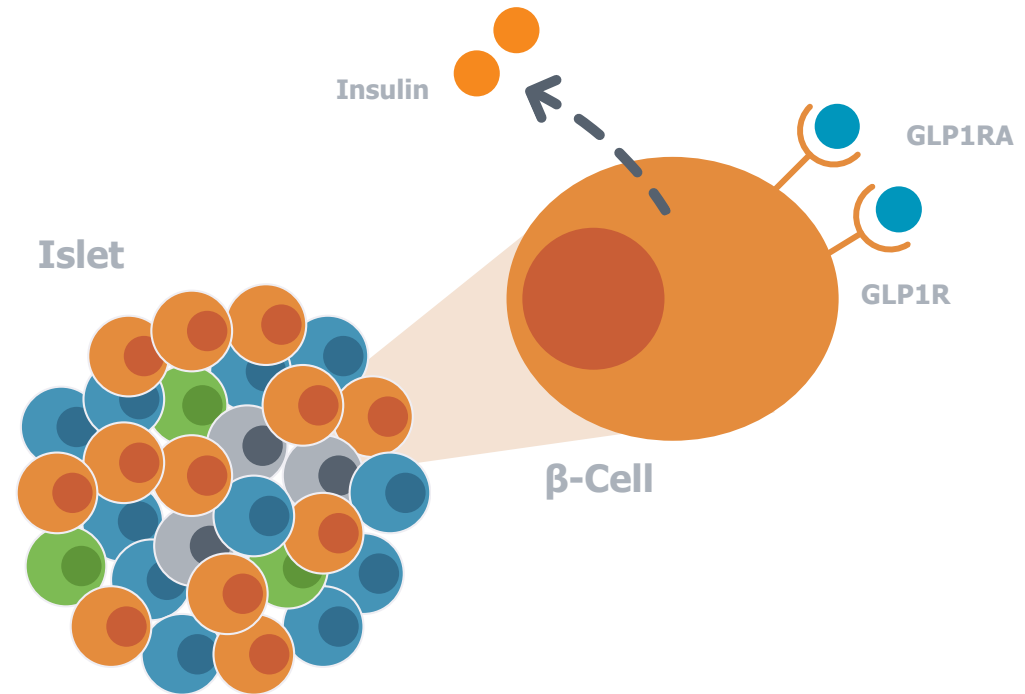
Declining islet health is an early driver of T2D progression

T2D islet:

β-cell loss of insulin

α-cell excess glucagon

GLP1RAs reverse both and improve islet cell health¹



Rationale for AAV-GLP1RA Gene Therapy to Improve Islet Function

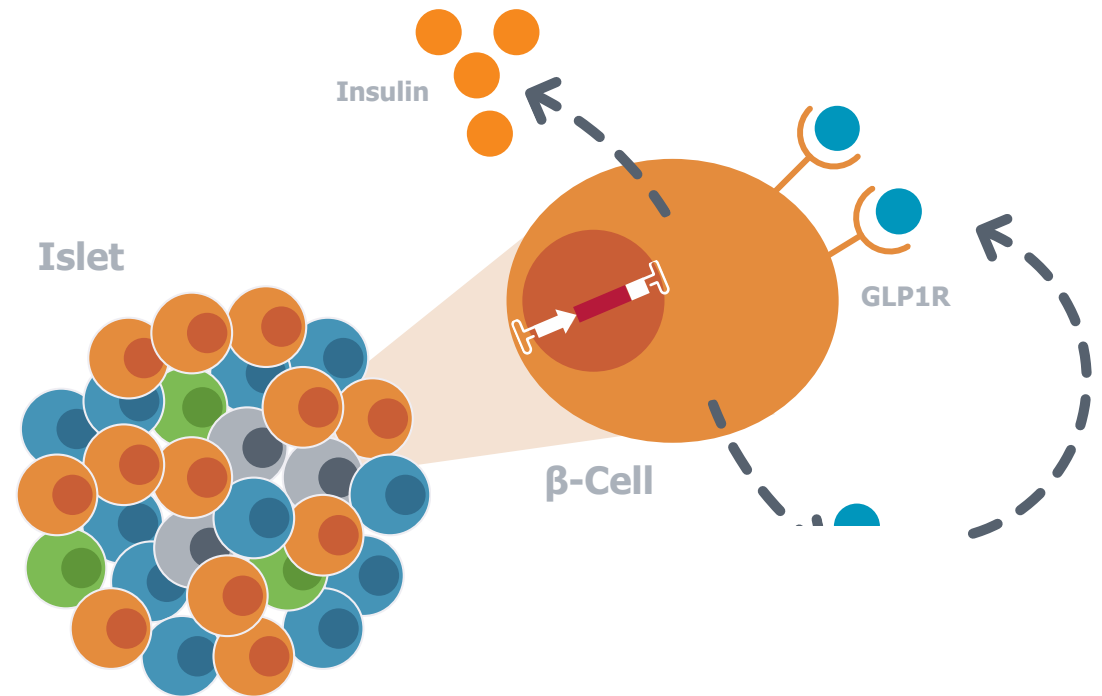
Declining islet health is an early driver of T2D progression

T2D islet:

- β-cell loss of insulin
- α-cell excess glucagon

GLP1RAs reverse both and improve islet cell health¹

AAV-GLP1RA gene therapy may address limitations by driving local, durable production of GLP1RA to improve islet function



Rationale for AAV-GLP1RA Route of Administration & Islet Targeting

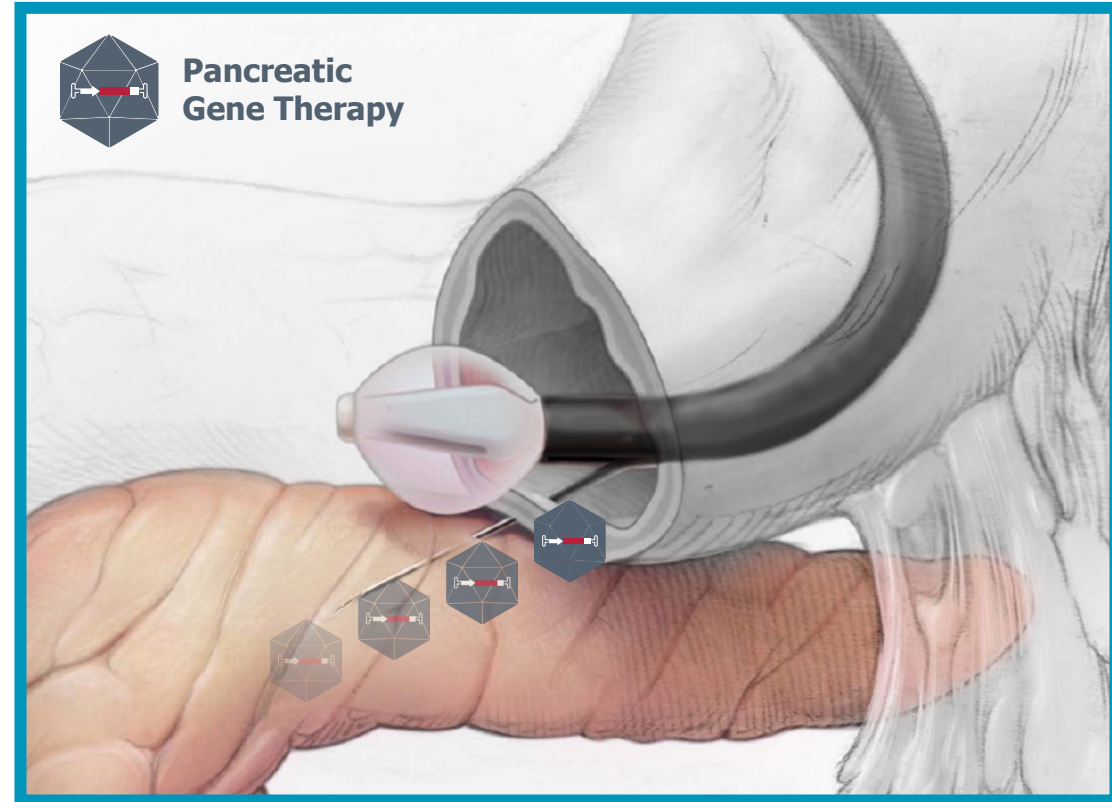
Islets are most easily accessed via endoscopic ultrasound

Endoscopic ultrasound (EUS) is routine (~300K cases per year)¹

EUS via stomach provides direct access to pancreatic body and tail

Islets are 1-2% of total pancreas mass, predominantly in tail, and mostly terminally differentiated^{2,3,4}

Risk of procedural pancreatitis can be mitigated with device and procedure steps

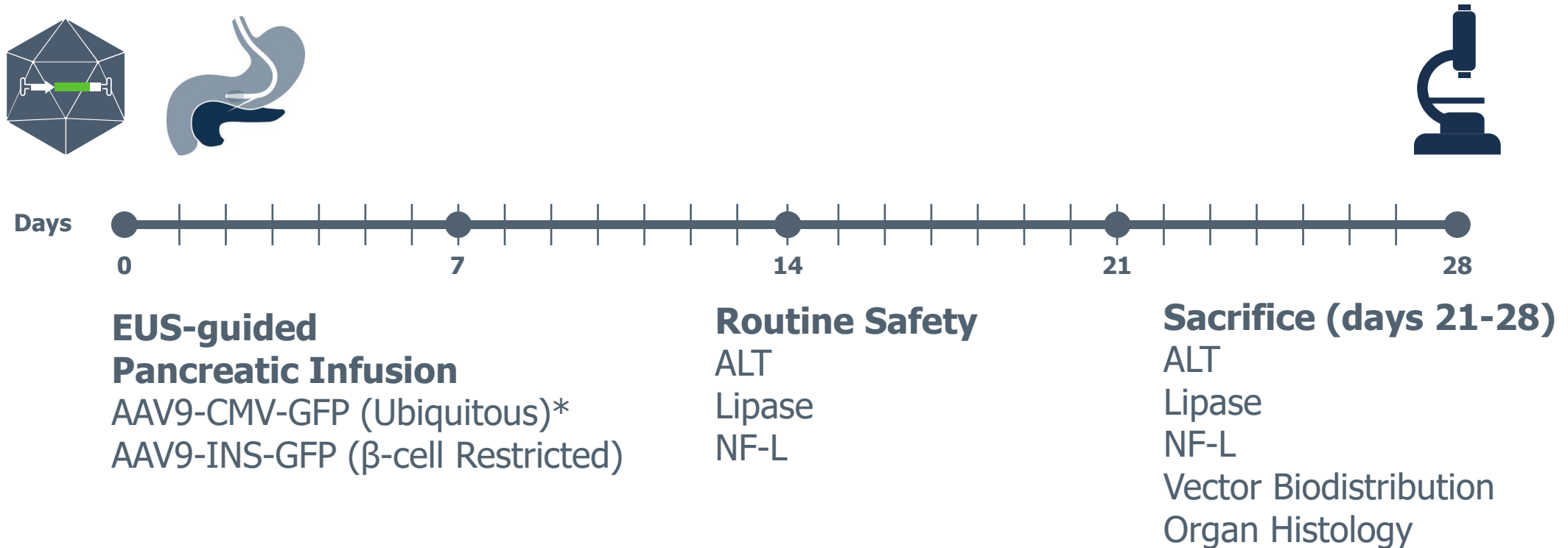


Endoscopic Procedure & AAV Delivery



EUS-Guided AAV ROA Feasibility in Yucatan Pig

Porcine model approximates human GI tract and pancreas anatomy



*AAV9-CMV-GFP used to assess on target efficacy and acute safety



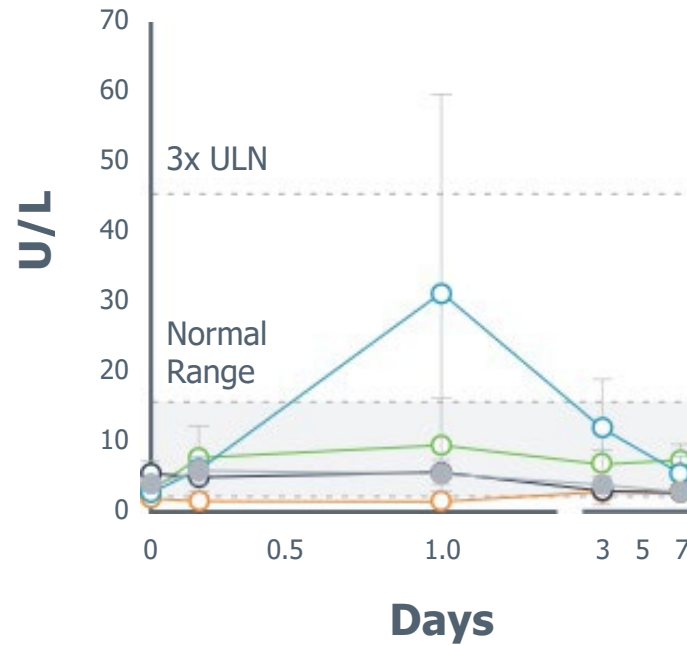
EUS-Guided AAV ROA in Yucatan Pig

Serum ALT and lipase remained in the normal range across most timepoints

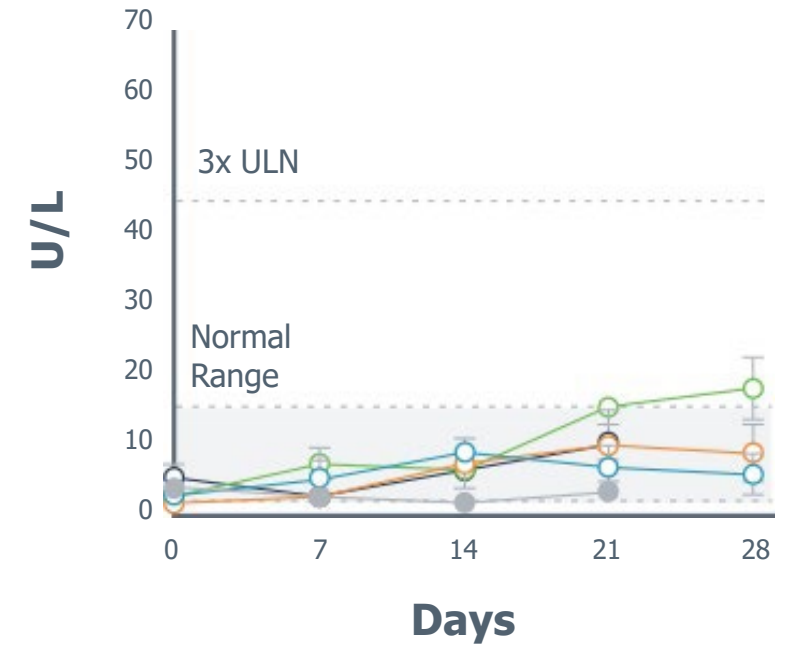
A) 28-day ALT



B) 7-day Lipase



C) 28-day Lipase



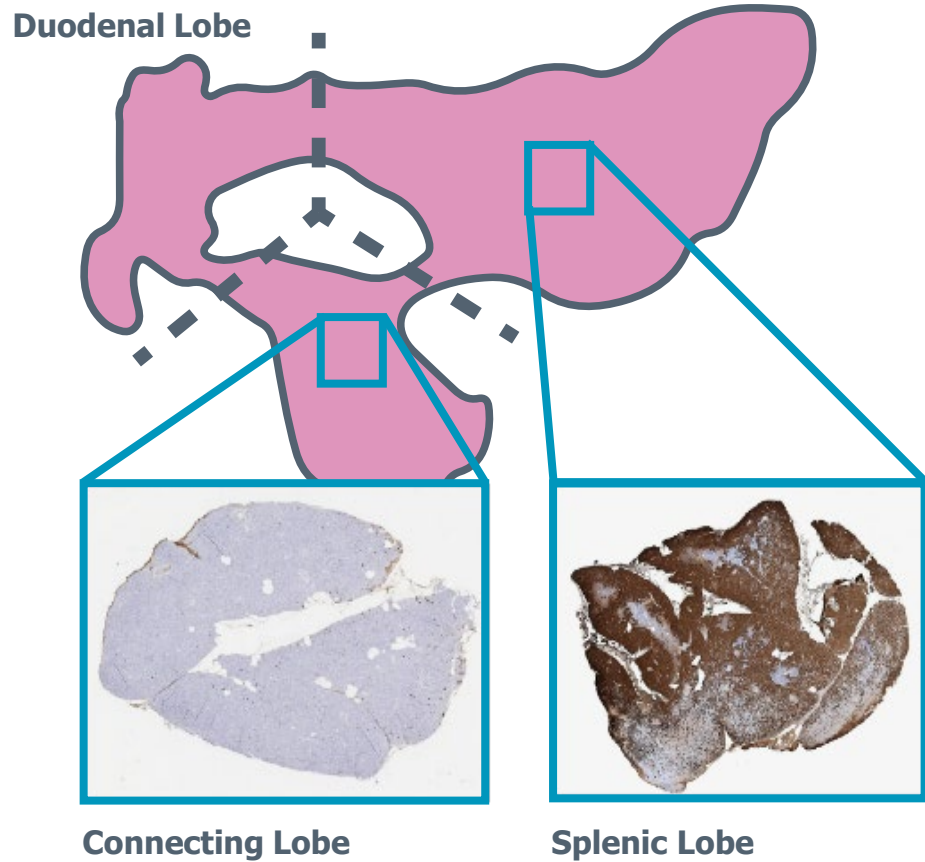
● Vehicle ○ 5.0e12 ○ 1.0e13 ○ 5.0e13 ○ 1.5e14



EUS-Guided AAV ROA in Yucatan Pig

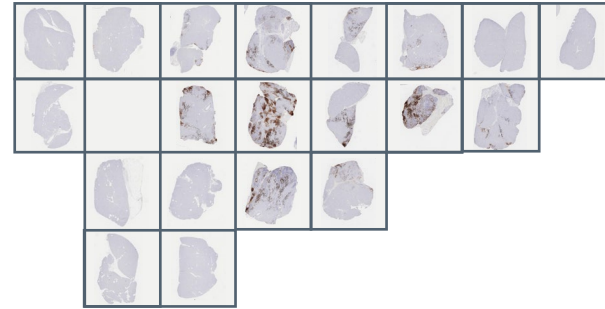
Dose-dependent expression of GFP throughout targeted splenic lobe

A) Extensive GFP in Splenic Lobe

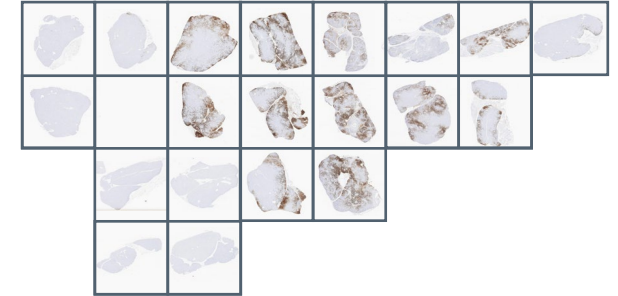


B) VG Dose-Dependent GFP in Pancreas

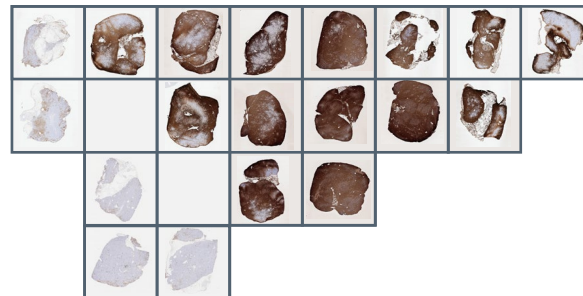
5e12



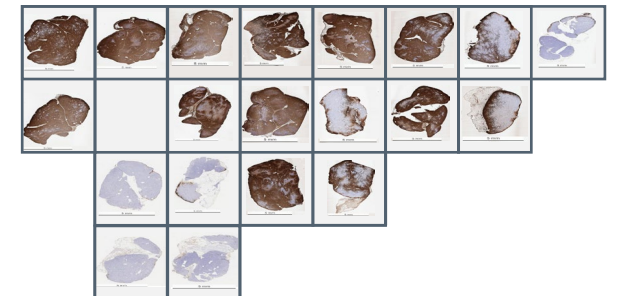
1e13



5e13



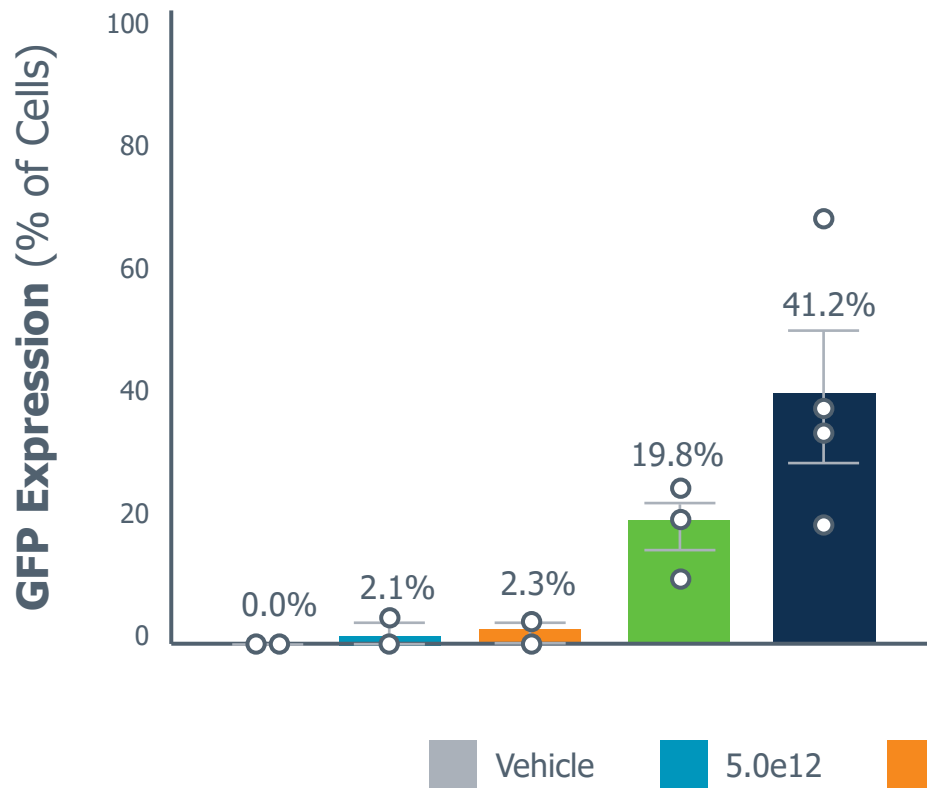
1.5e14



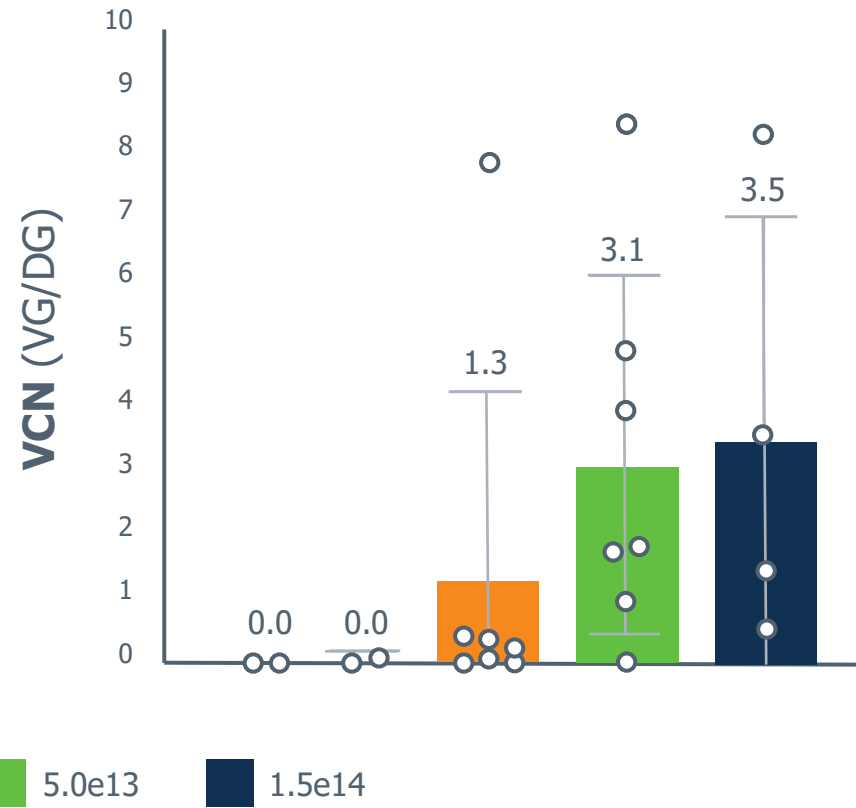
EUS-Guided AAV ROA in Yucatan Pig

~ 40% of splenic lobe islet cells express GFP transgene at highest dose

A) Islet GFP Expression

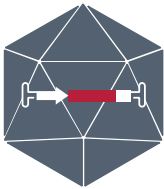


B) On-target VCN



In Vivo and *In Vitro* AAV-GLP1RA Efficacy Proof of Concept

Murine model of T2D progression and islet analyses



Days



I.P. Injection
(35-day-old db/db mice)
AAV9-INS-GLP1RA
Vehicle

Efficacy/MOA
Weekly Fasting Blood
Glucose
Biweekly Insulin
IPGTT

Sacrifice (days 42-100+)
Organ Histology
Pancreatic GLP1RA Protein
Serum GLP1RA
Islet Isolation

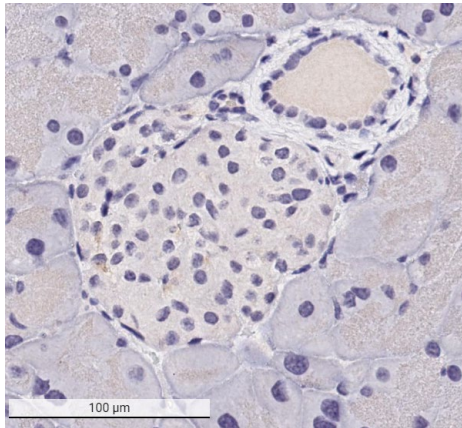


In Vivo AAV-GLP1RA Efficacy Proof of Concept in Db/db Mouse

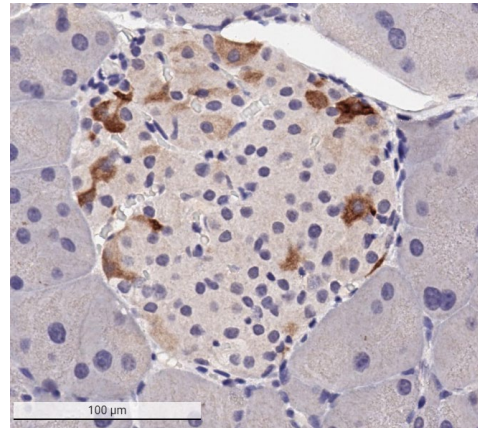
AAV-GLP1RA targets pancreas with ~4% of islet cells transduced

A) Pancreatic Islets 10 Weeks Post I.P. Injection

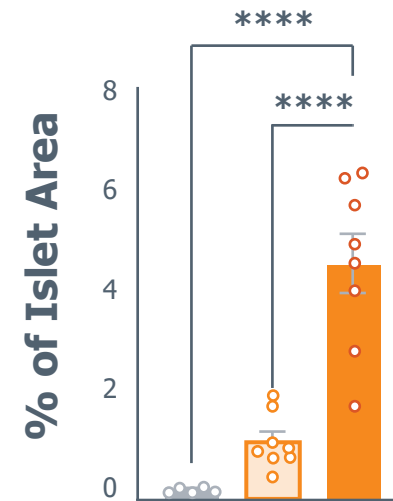
Vehicle



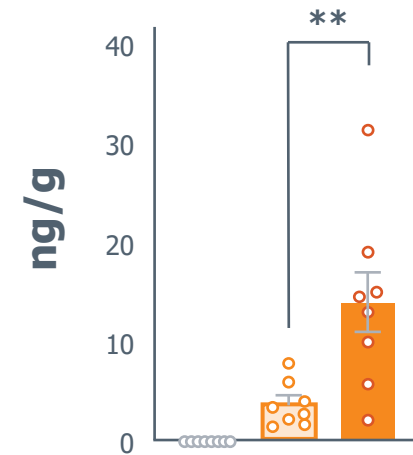
AAV-GLP1RA



B) Islet GLP1RA Protein Expression



C) Whole Pancreas GLP1RA Protein Expression



Vehicle
 AAV-GLP1RA (2.5e12)
 AAV-GLP1RA (10e12)

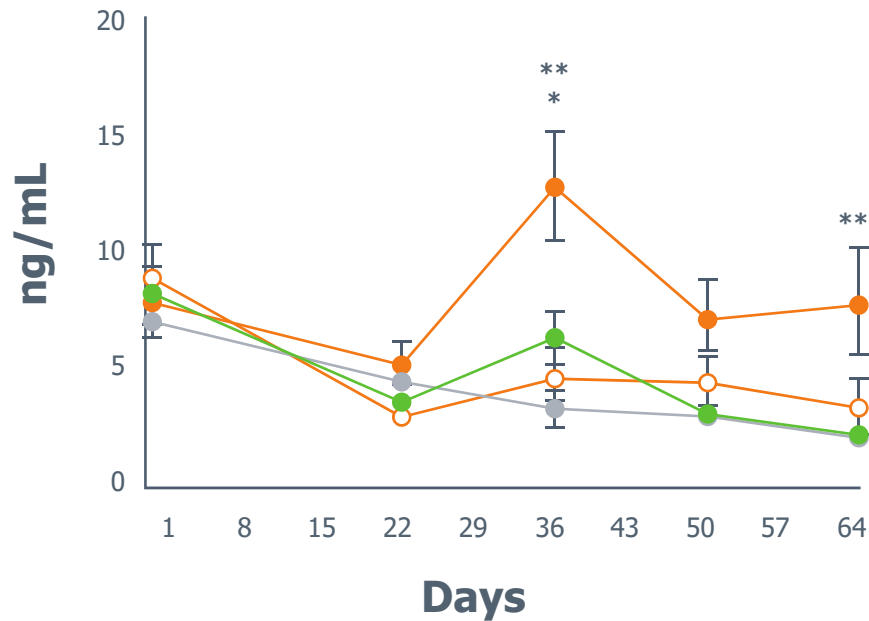
Note: GLP1RA expression restricted to islet and below limit of quantification in serum



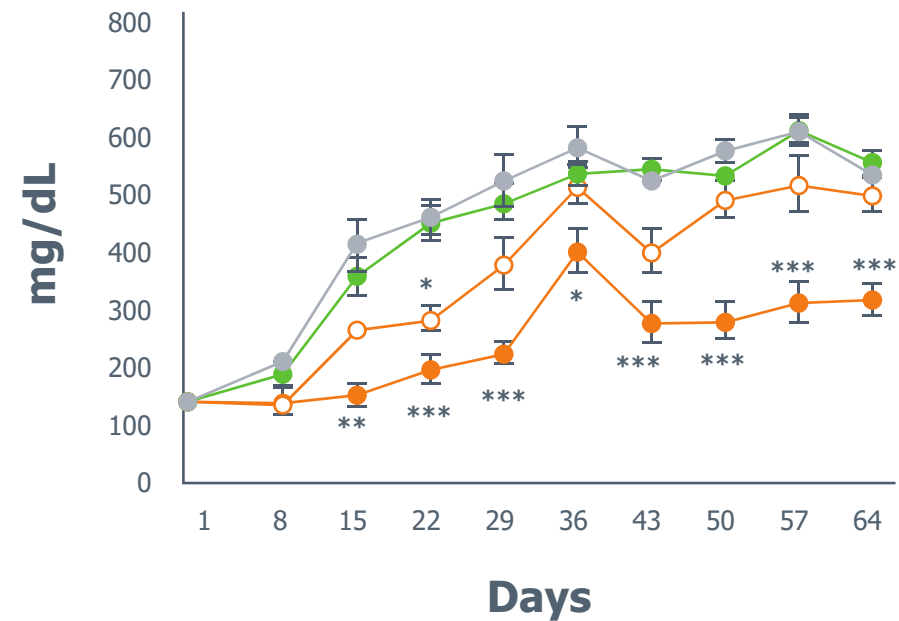
In Vivo AAV-GLP1RA Efficacy Proof of Concept in Db/db Mouse

AAV-GLP1RA increases fasting insulin and reduces fasting blood glucose

A) Biweekly Insulin (4–6 hour fasted)



B) Weekly FBG (4–6 hour fasted)



Vehicle Control
 AAV-GFP Control
 AAV-GLP1RA (2.5e12)
 AAV-GLP1RA (10e12)

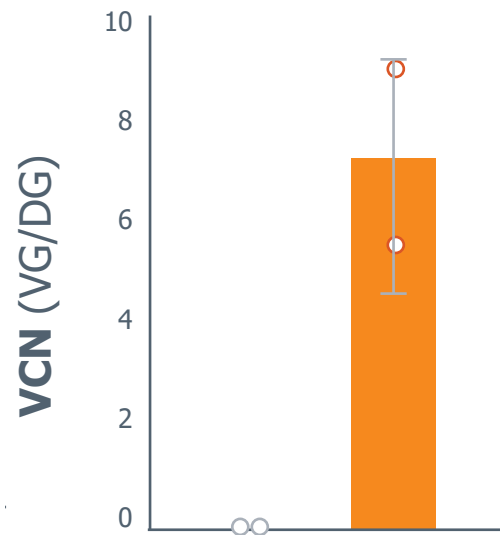
Mean ± SEM shown; *p<0.05, **p<0.01, ***p<0.001; n=8 per group; AAV=adeno-associated virus, GLP1RA=GLP-1 receptor agonist, GFP=green fluorescent protein, FBG=fasting blood glucose



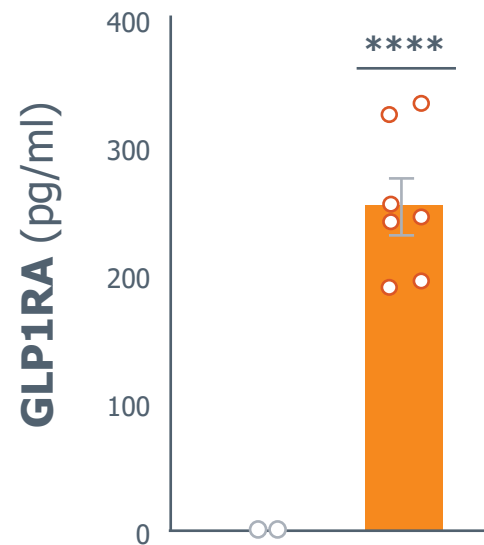
In Vitro AAV-GLP1RA Efficacy – Isolated Islets from Treated Mice

AAV-GLP1RA increases db/db islet GLP1RA, insulin, and subsequent GSIS

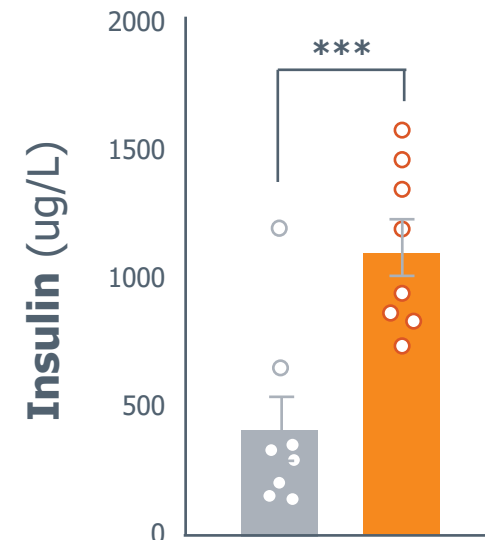
A) VCN within Islets



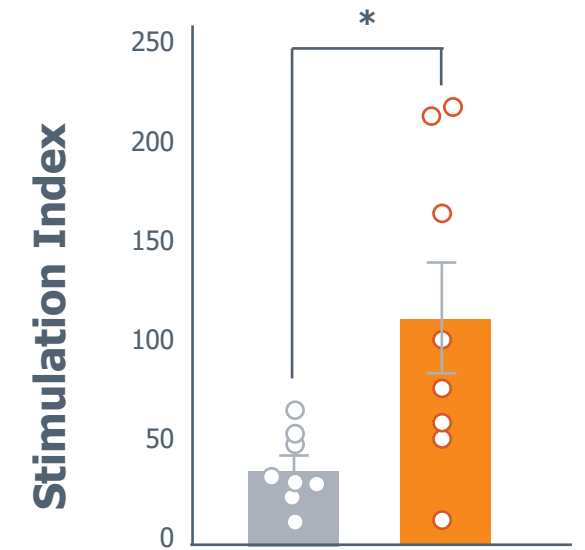
B) Transgene Content



C) Insulin Content

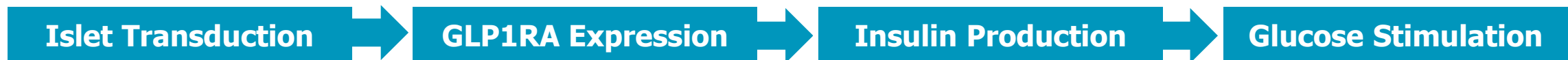


D) Glucose-Stimulated Insulin Secretion (GSIS)



Vehicle

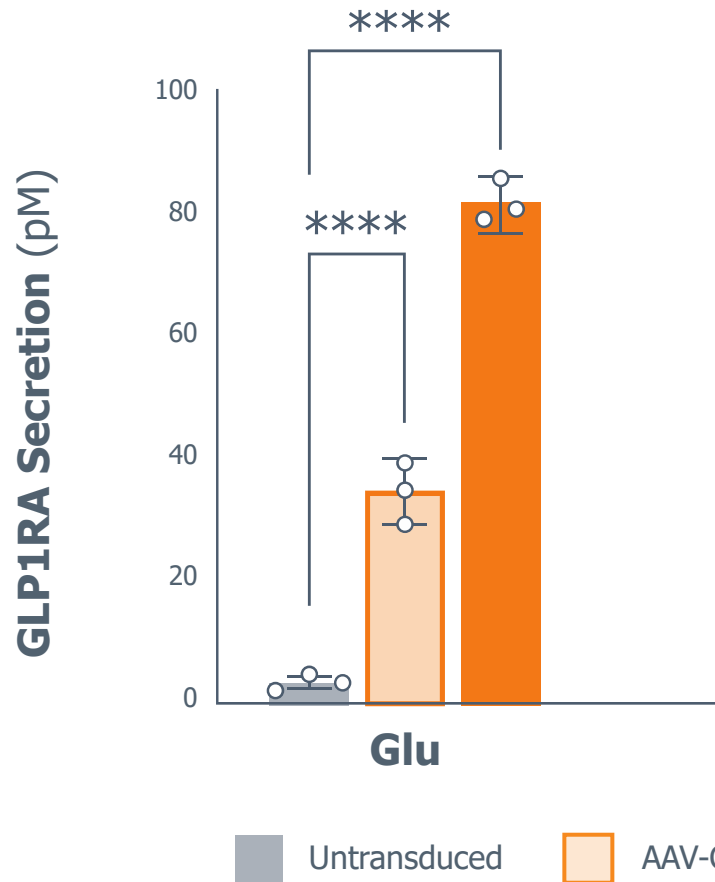
AAV-GLP1RA



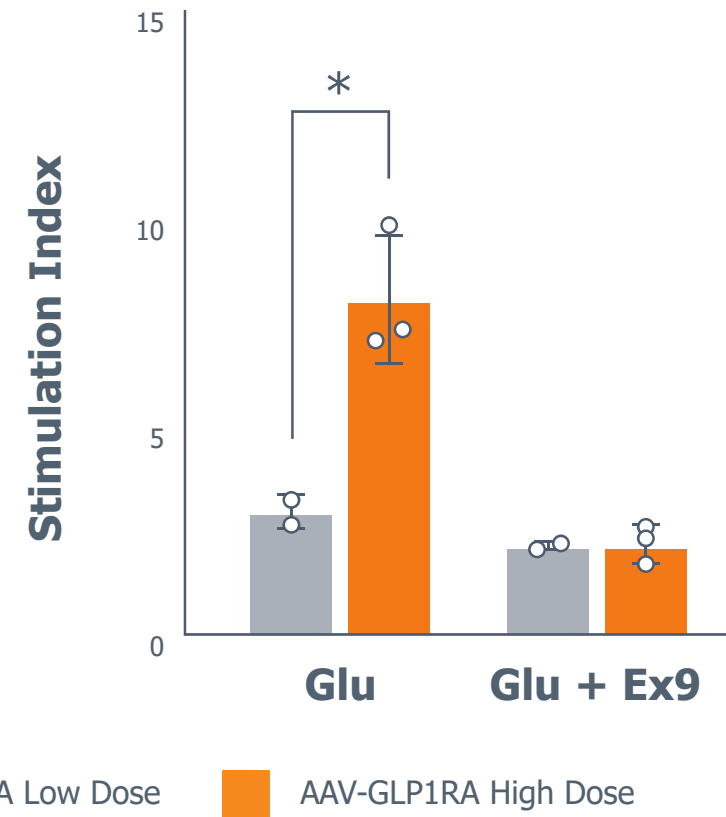
In Vitro AAV-GLP1RA Efficacy Proof of Concept in Human β -cell Line

AAV-GLP1RA induces GLP1RA protein secretion and improves β -cell function

A) GLP1RA Secretion



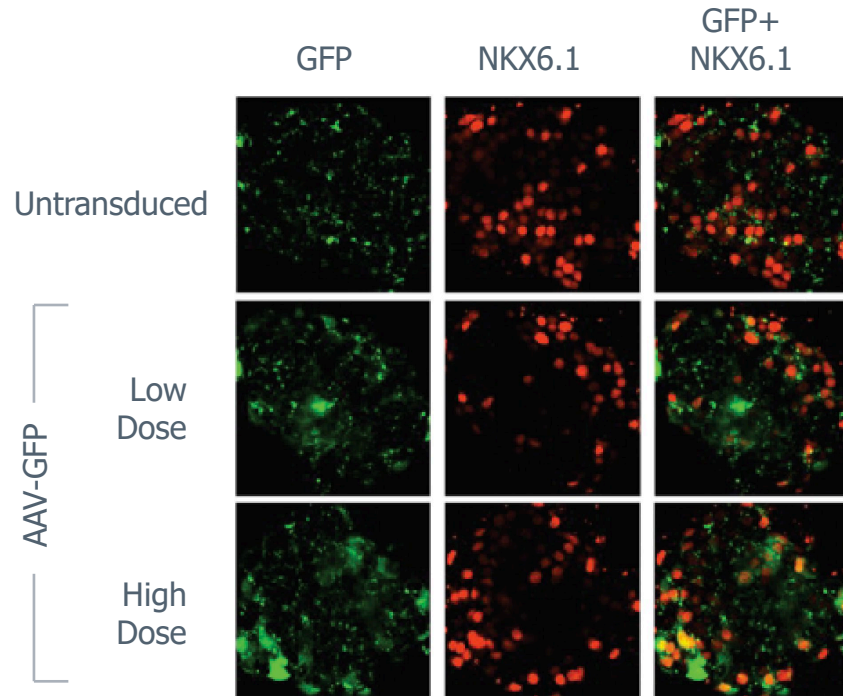
B) GSIS \pm GLP1R Blockade with Ex9



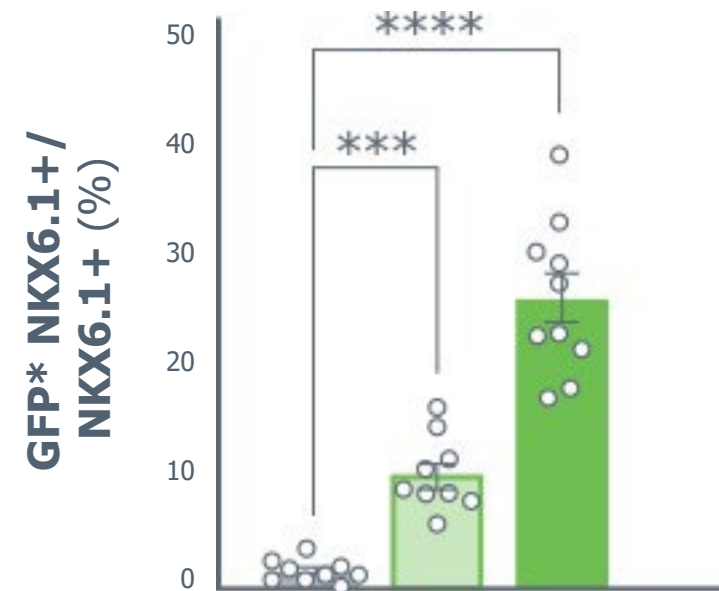
In Vitro AAV-GLP1RA POC Efficacy in Human Islet

AAV-GLP1RA targets up to 30% of human islet β -cells and improves function

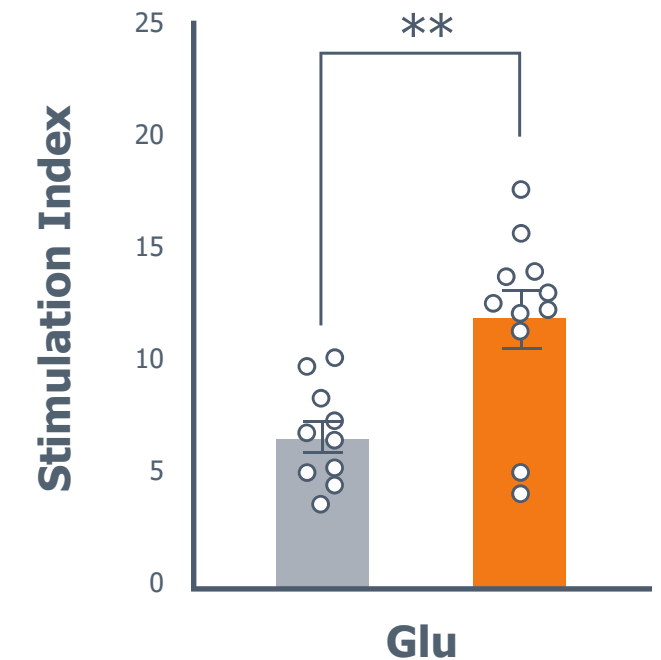
A) β -cell Transduction



B) Transduction Efficiency



C) GSIS



Legend: Untransduced (Grey), AAV-GFP Low Dose (Light Green), AAV-GFP High Dose (Dark Green), AAV-GLP1RA High Dose (Orange)



Conclusions

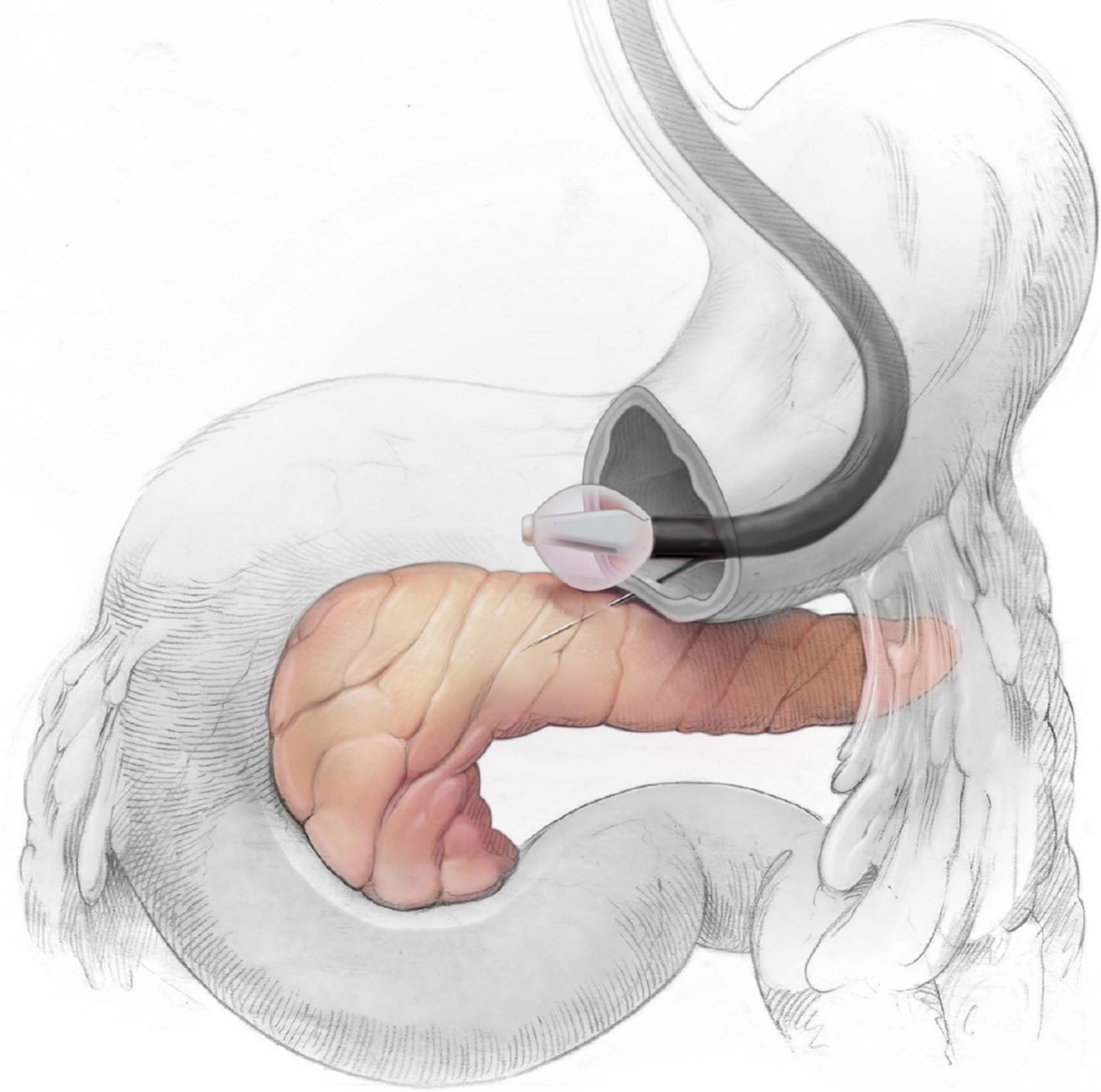
EUS-guided ROA is a feasible and novel platform for pancreatic gene therapy

AAV9 can dose-dependently target the pancreatic islet and drive transgene expression

POC efficacy for GLP1RA-based gene therapy to restore β -cell function and improve glycemic control in rodents and human cells

No unexpected safety signals observed in models studied to date

Expanded biodistribution and safety analyses will be presented on May 20th, 8:00 AM, Petree Hall C (Abstract 312)



Thank You For Your Attention

Acknowledgements



Fractyl Health

Cell and Animal Models



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Fitzpatrick



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Becky Reese



Nicole Picard

Virus and Gene Delivery



Lin Quek



Gary White



Suyu Wang



Keiko Ishida

Device Engineering



Jake Wainer



Mike Biasella

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Joslin Diabetes Center Islet Isolation Core: Jennifer Hollister-Lock for technical advice and sourcing mouse islets

Human Cell Design: Bruno Bianchi for sourcing EndoC-BH5 cells

InSphero AG: Sayro Jawurek, Alexandra Title, Maria Karsai for the human islets microtissue experiments

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