



## SELECTED OPPORTUNITIES IN IBD

Nanobody Against ELA2A to Treat Inflammatory Bowel Diseases (IBD) or Irritable Bowel Syndrome (IBS) (BIO1508601)

## Product factsheet

*Pre-clinical, in vivo model*

### ▶ Target:

- ◆ **Elastase 2A** (ELA2A) protease secreted by gut epithelial cells.

### ▶ Application:

- ◆ Treatment of gut inflammatory diseases (Inflammatory Bowel Diseases (IBD), Irritable Bowel Syndrome (IBS), celiac disease, Crohn's disease, ulcerative colitis) by restoring intestinal barrier function, intestinal homeostasis and mucosa healing.

### ▶ Rationale:

- ◆ IBD, including Crohn's disease and ulcerative colitis, are characterized by chronic relapsing of intestinal inflammation.
- ◆ Proteases released by infiltrating leukocytes during gut inflammation play a key role in mucosal lesions.
- ◆ Elastase activity is significantly increased both in animal models of colitis and in patients suffering from IBD.
- ◆ The inventors have identified **Elastase 2A** as the predominant protease implicated in pathophysiological pathways of IBD.

### ▶ POC:

- ◆ Ex vivo: ELA2A is expressed in the epithelium of IBD patients both in inflamed and non-inflamed tissue.
- ◆ In vivo: Overexpression of ELA2A in mice worsens inflammation.
- ◆ In vitro: Overexpression of ELA2A disrupts intestinal barrier and induces secretion of pro-inflammatory cytokines; Inhibition of ELA2A decreases CXCL8 secretion in ELA2A-overexpressing cells.

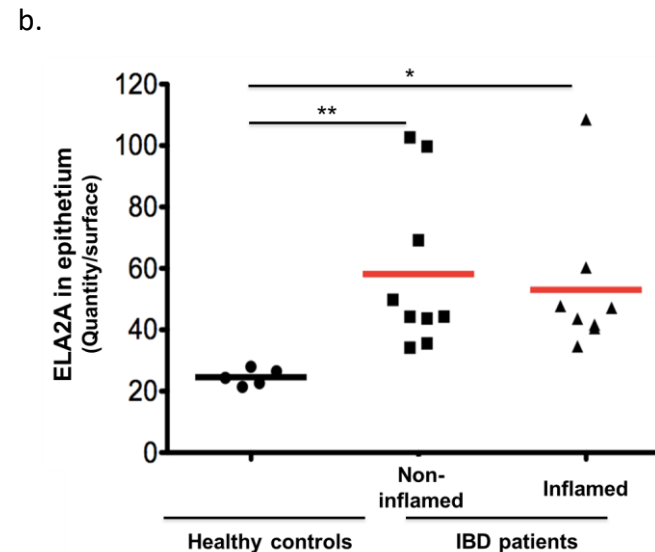
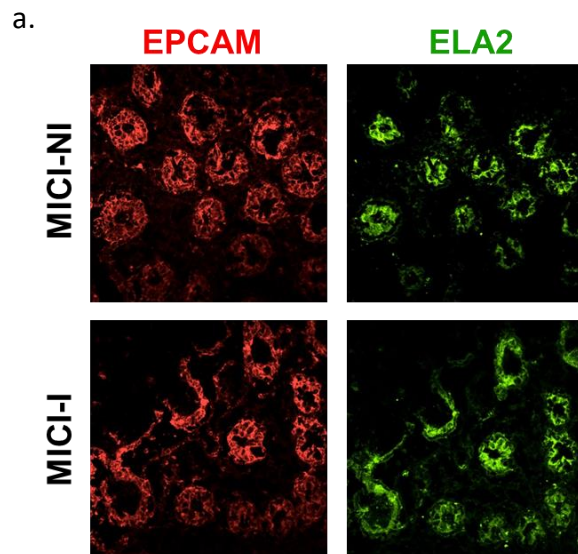
### ▶ Patent & publication:

- ◆ METHOD OF TREATMENT OF GUT DISEASES SUCH AS INFLAMMATORY BOWEL DISEASES (IBD) OR IRRITABLE BOWEL SYNDROME (IBS) - WO2017216352
- ◆ Mucosal Immunol. 2021 May;14(3):667-678. doi: 10.1038/s41385-021-00375-w. Epub 2021 Mar 5.

Proof of concept: *ex vivo*

ELA2A expression is upregulated in epithelium from IBD patients

► Localization and quantification of surface ELA2A in epithelium from IBD patients



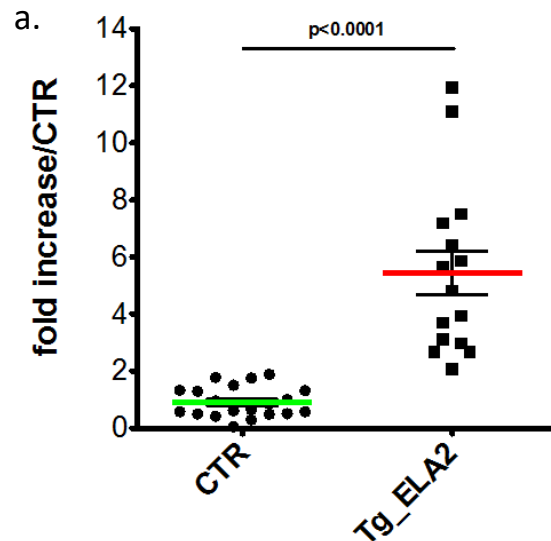
(a) ELA2A immunostaining on cross section of colonic biopsy from non inflammatory (MICI-NI) and inflammatory (MICI-I) areas from IBD patients using anti-ELA2 and anti-EPCAM antibodies, EPCAM being representative of the epithelial compartment. (b) Quantification of ELA2A signal in healthy controls (n=5) versus non-inflamed (MICI-NI) and inflamed (MICI-I) areas from IBD patients (n=9). Data represent the intensity of ELA2A signal per unit of epithelial surface.



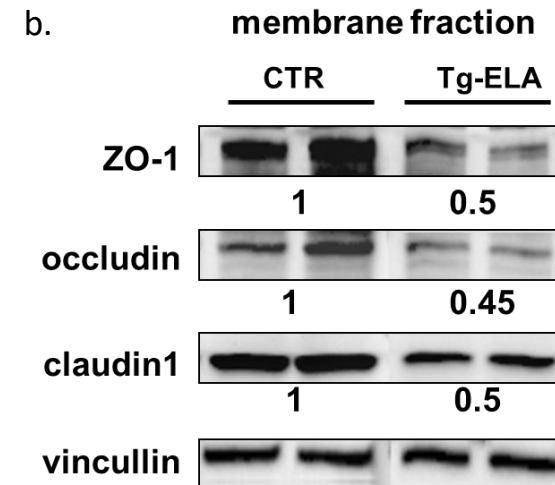
Proof of concept: *in vitro*

Over-expression of ELA2A in Caco-2 cells disrupts epithelial barrier function and structure

► Loss of intestinal barrier function



► Loss of tight junction proteins



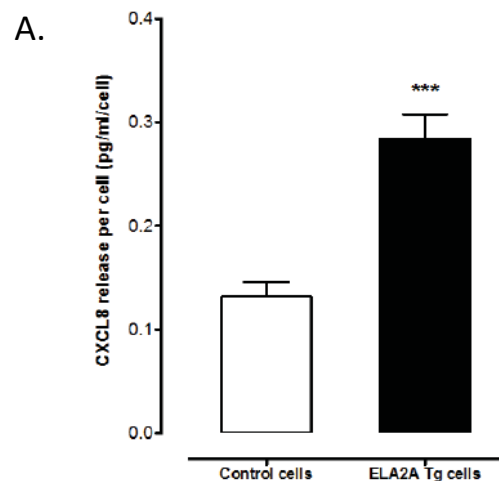
(a) Paracellular permeability measurements in control versus ELA2-overexpressing (Tg-ELA2) Caco-2 cell monolayer. The graph indicates the fold increase in dextran flux of Tg-ELA2A cells compared to control cells.

(b) Protein levels of tight junction proteins OCCLUDIN, CLAUDIN-1 and ZO-1 were assessed by Western blot analysis in insoluble and soluble fraction of protein extraction from control and Tg-ELA2A monolayer. Blot are representative of 3 independent experiments with n=3 per group.

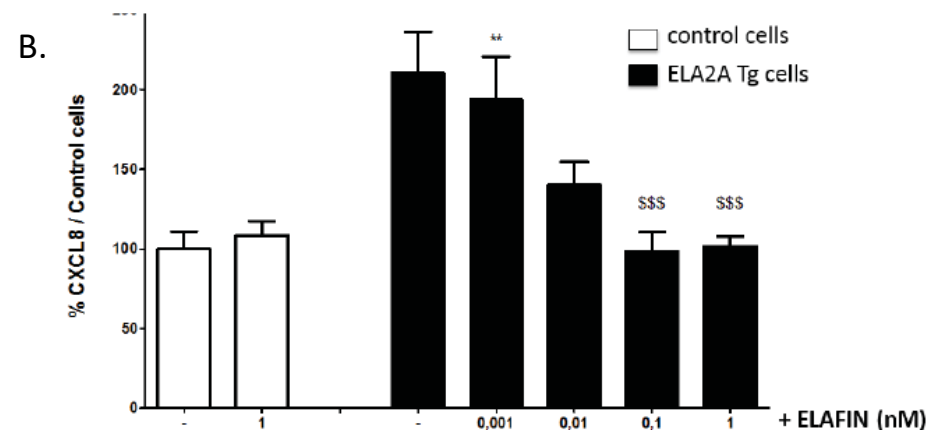
Proof of concept: *in vitro*

Inhibition of ELA2A abrogates the amount of CXCL8 secreted by ELA2A-overexpressing intestinal epithelial cells

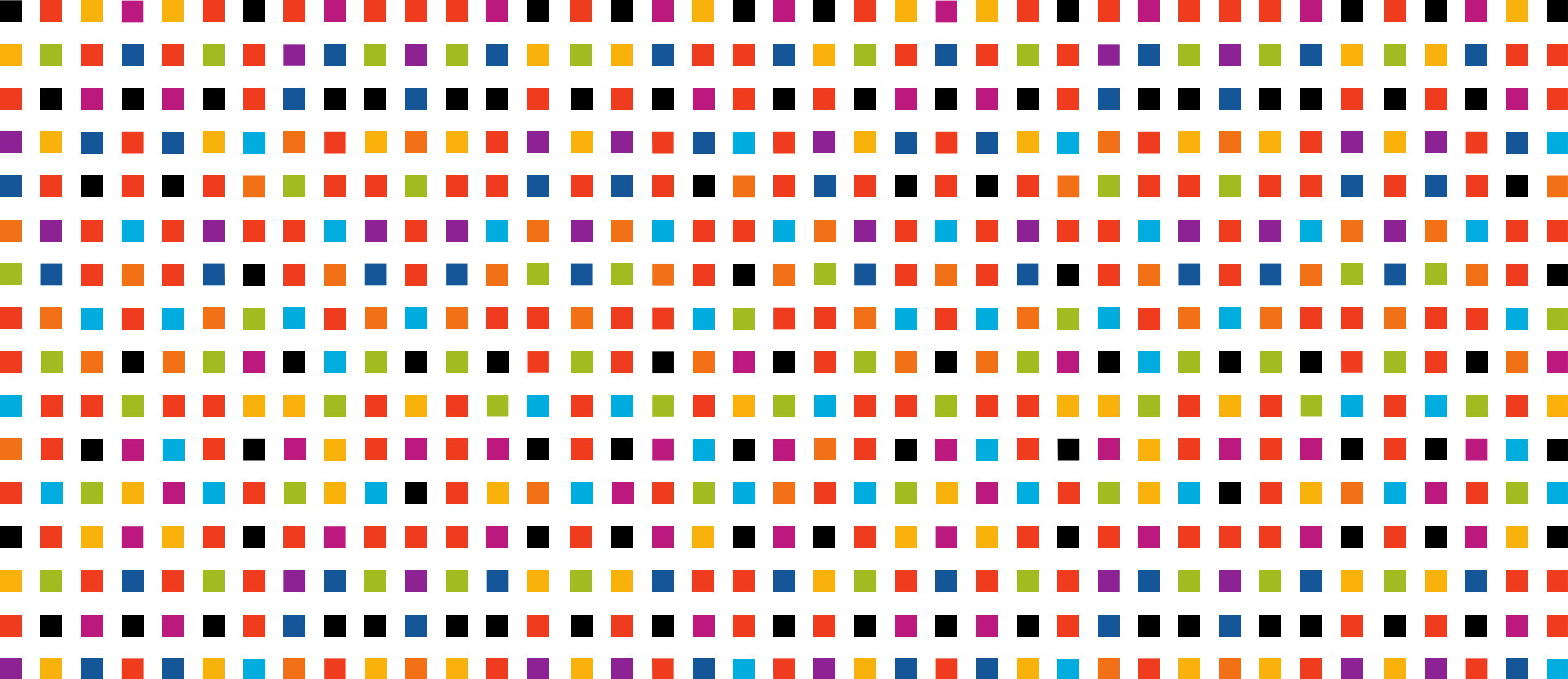
- ▶ Secreted CXCL8 in ELA2A-overexpressing Caco2 cells



- ▶ Secreted CXCL8 in ELA2A-overexpressing Caco2 cells treated with ELAFIN, a non-specific ELA2A inhibitor



- CXCL8 protein release after 24h of culture, dosed by ELISA in supernatants from wild type intestinal epithelial cells (Caco-2) (control cells) or in supernatants of Caco-2 cells transgenic for overexpressing ELA2A protein.
- Percentage of CXCL8 protein release compared to control cells (wild type Caco-2) in wild-type Caco-2 cells (control cells) or in Caco-2 transgenic cells overexpressing ELA2A, exposed or not (-) for 24h to different doses of ELAFIN. CXCL8 protein was dosed in cell culture supernatants by ELISA.



NATHAN.POMORSKI@INSERM-TRANSFERT.FR