

Oral factor XIIa inhibition blocks angiotensin converting enzyme inhibitor induced angioedema in mouse

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Background

- ACEi-AE is a complication associated with ACEi treatment.¹
- The reported incidence rate is 0.1–0.7% with ~ 50% of cases occurring in the first week of treatment.^{1, 2}
- Studies have implicated uncontrolled plasma kallikrein activity, leading to the release of bradykinin, and resultant permeability and inflammation.³⁻⁵
- Targeting FXII of the contact system has been shown to reduce vascular leakage in pre-clinical mouse models of AE.⁶
- Administration of garadacimab reduced the number of monthly attacks in patients with HAE by inhibiting FXII generation of plasma kallikrein.⁷
- Oral inhibitors of activated FXII may provide treatment for ACEi-AE and other forms of angioedema.

Purpose

This study evaluated the effects of the oral FXIIa inhibitor KV998086 on ACEi-induced vascular leakage in mice.

Methods

ACEi (Captopril)-induced vascular permeability in mice:

A cannula was inserted in the right jugular vein and connected to a 100µL Hamilton syringe. Captopril was infused at 2.5 mg/kg followed by Evans blue dye at 30 mg/kg. After 30 minutes of circulation time, the mouse was sacrificed and larynx, trachea and colon were collected.

Evans-blue assay:

Tissues are weighed and incubated in formamide at 72°C. Samples were centrifuged and supernatant loaded on a 48 well plate. Samples were scanned at 620 -740 nm for absorbance on a plate reader. Evans blue concentration was calculated by a standard curve and normalized by dry weight of the tissue (ng/mg tissue).

Mice:

Age matched wildtype (WT) C57bl/6 mice were obtained from Jackson Labs. Factor XII KO were backcrossed with C57bl/6 for 9 generations resulting in genetic purity > 99%.

Dextran Sulfate (DXS) plasma HK cleavage assay:

Whole human plasma was pre-treated with KV998086 for 15 minutes. DXS (6.25 µg/ml) was added to each sample to stimulate contact activation. PKa protein levels were quantified using a PKa primary antibody, anti-PKa (AB44932) with a 1:100 dilution using chemiluminescence (ProteinSimple).

KV998086

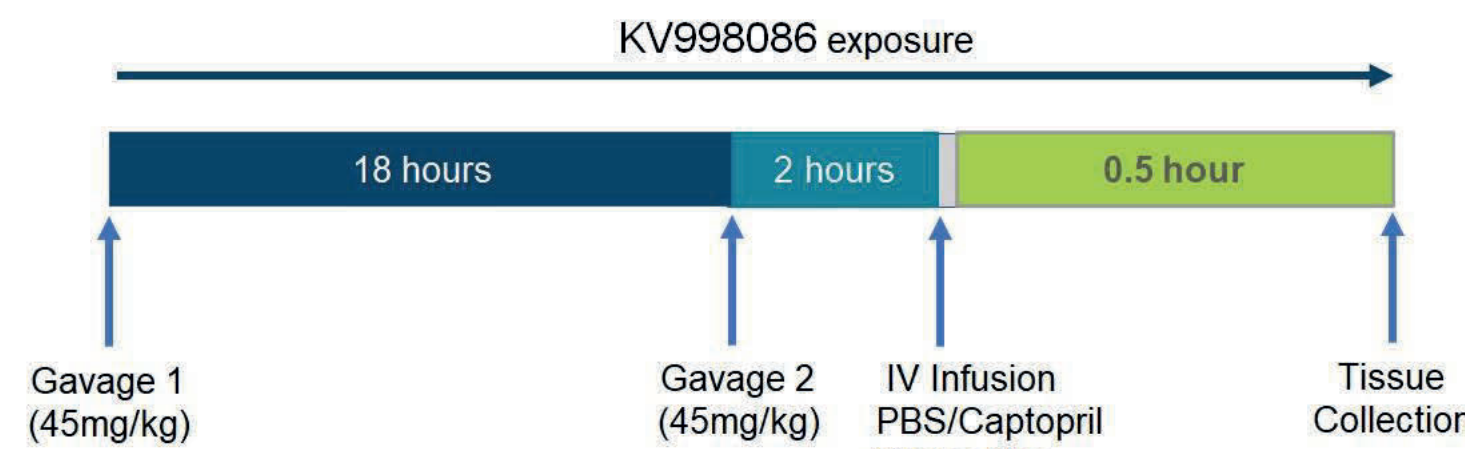
- KV998086 is a potent and orally available FXIIa inhibitor (human IC₅₀=10nM, mouse IC₅₀=8.5nM)
- >4000 fold more selective for FXIIa than closely related serine proteases.

	KV998086
Enzyme	IC ₅₀ nM
FXIIa	10
Selectivity	
FXa	>40000
Plasma Kallikrein	>40000

In Vivo Studies

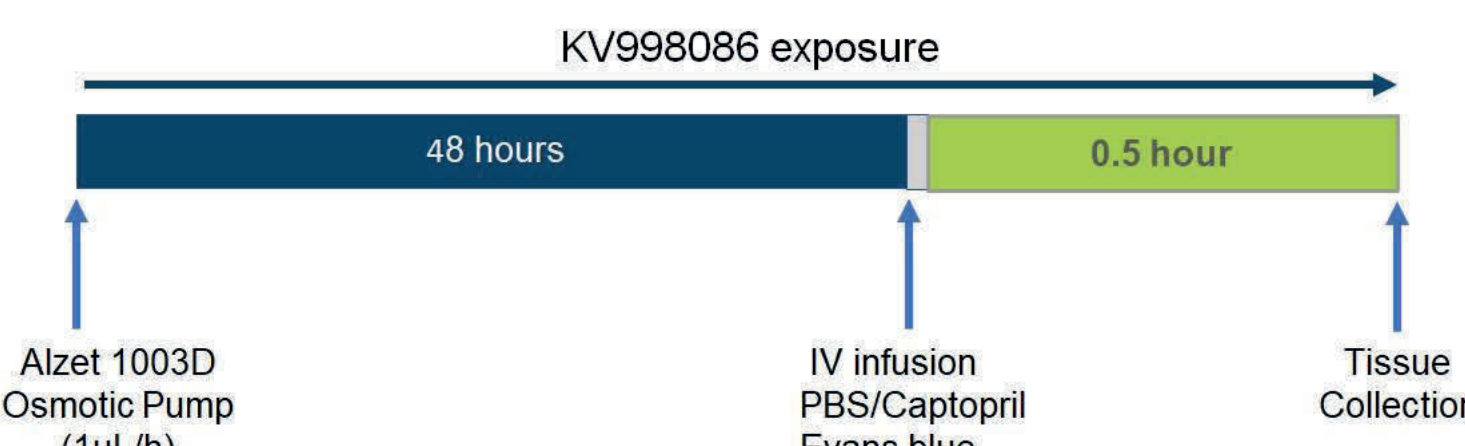
Oral KV998086 administration:

KV998086 was prepared in 10% DMSO, 10% Cremaphor EI, 80% Water at 4 mg/mL. Each mouse received 2 oral doses of vehicle or KV998086 (45mg/kg) at 18 and 2 hours prior to captopril infusion.



Osmotic pump KV998086 administration:

KV998086 was prepared in 20% cyclodextrin at 6 mg/mL. Alzet 1003D pumps were implanted SC in the flank of each mouse at 48 hours prior to captopril infusion.



Results

Figure 1: KV998086 inhibition of dextran sulfate (DXS) stimulated KKS activation in whole human plasma

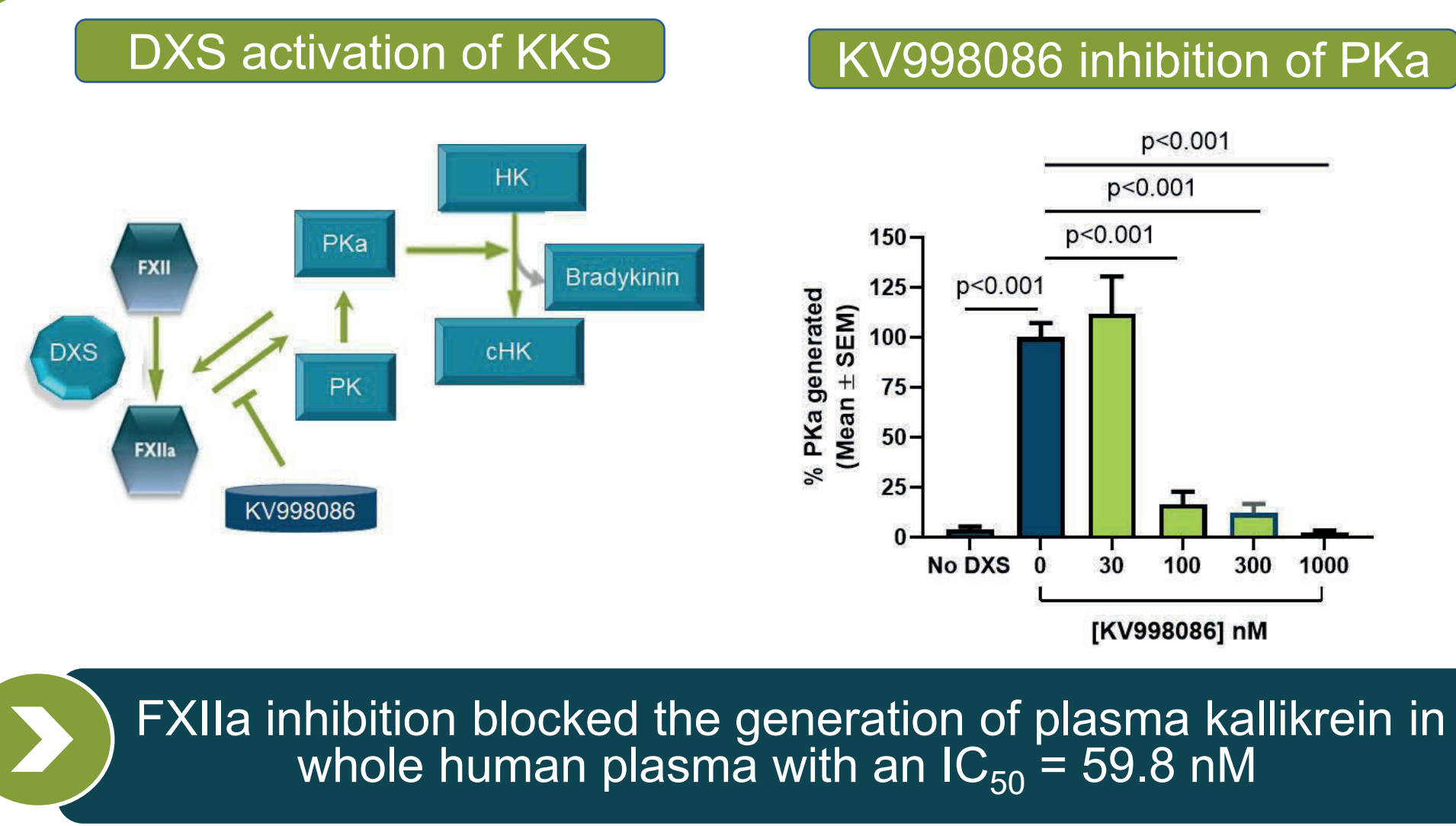


Figure 2: Effect of oral KV998086 upon captopril-induced Evans blue leakage in colon

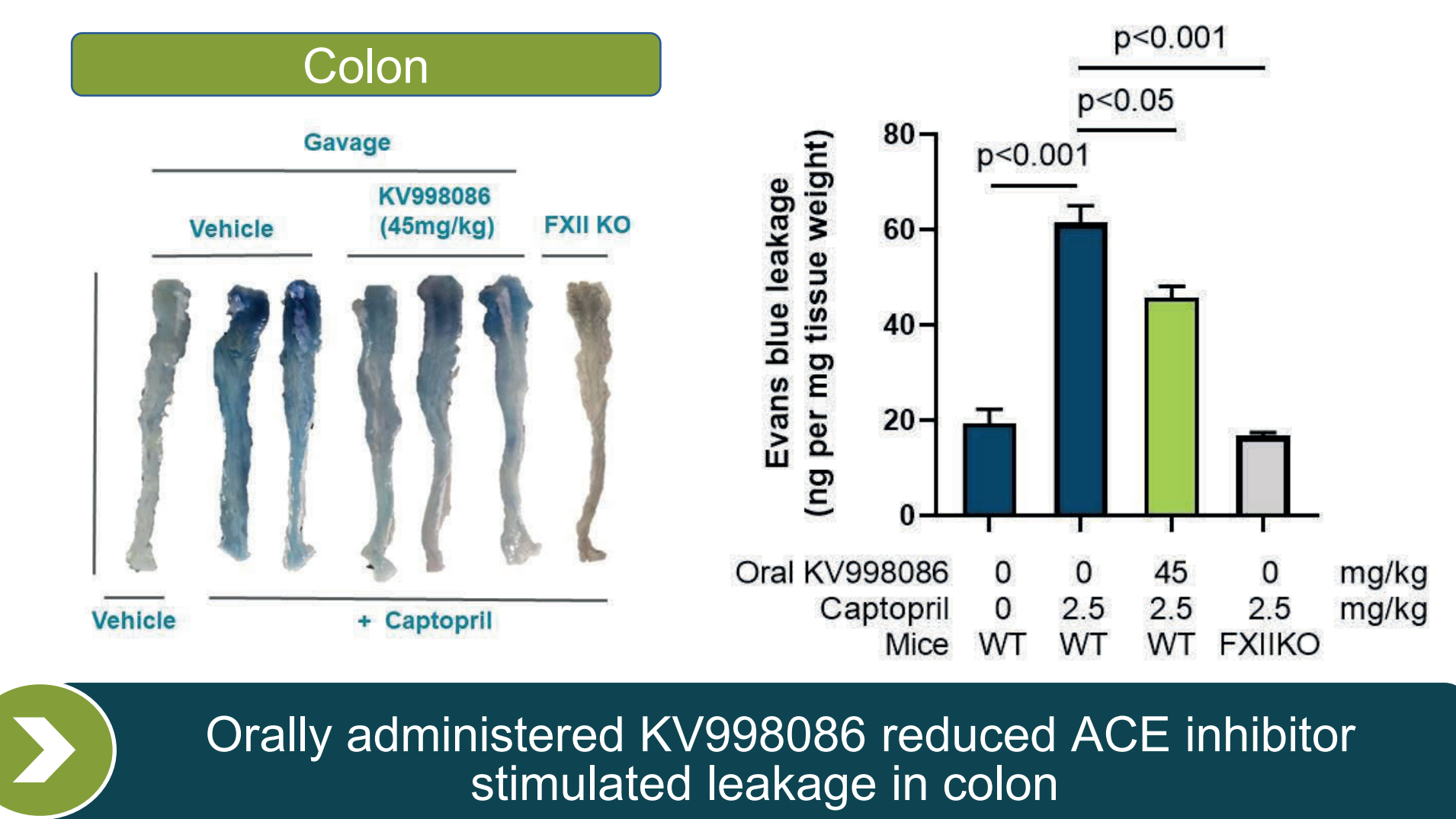
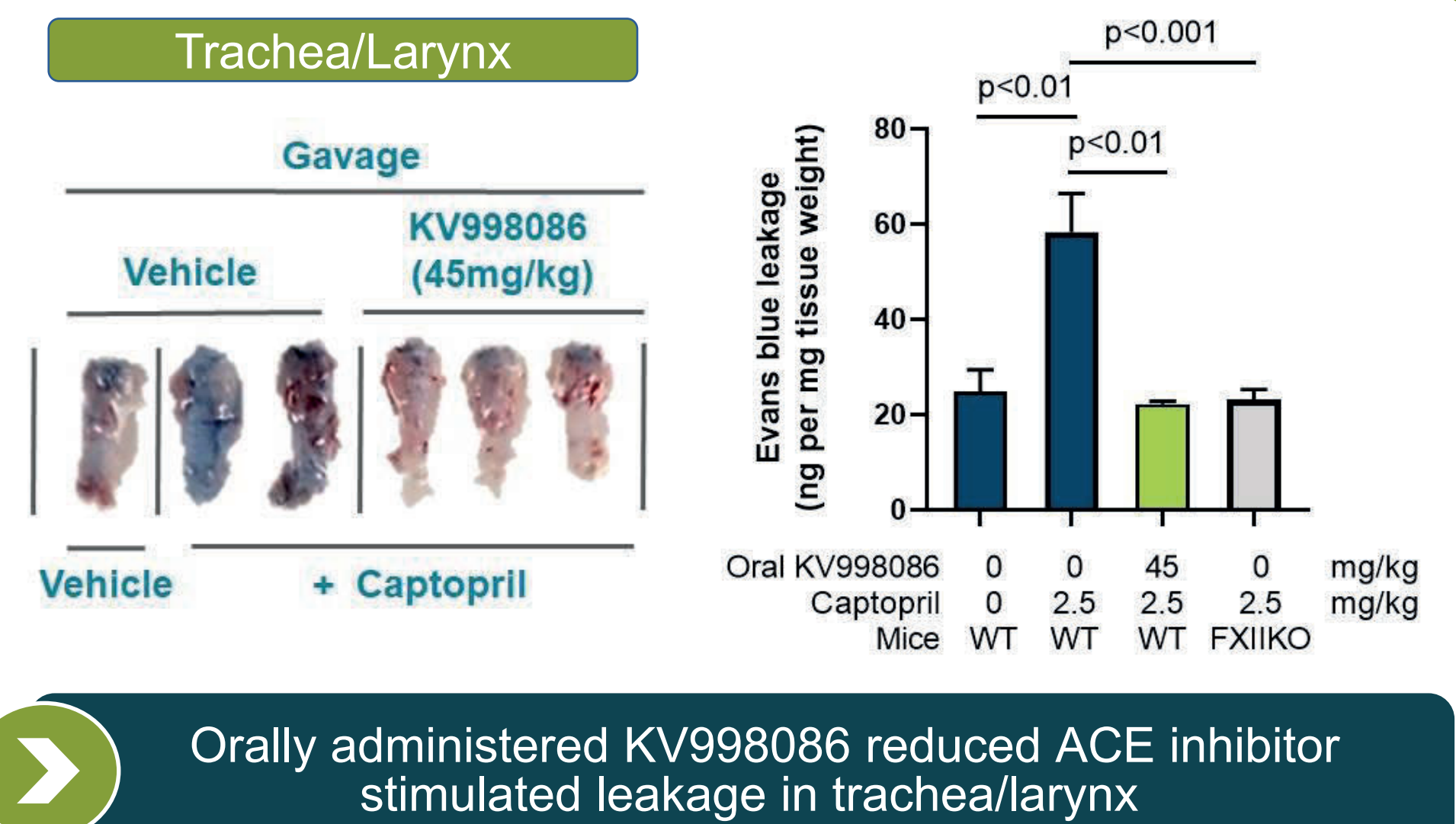


Figure 3: Effect of oral KV998086 upon captopril-induced Evans blue leakage in trachea/larynx



Results

Figure 4: Effect of 48 hour osmotic pump KV998086 upon captopril-induced Evans blue leakage in colon

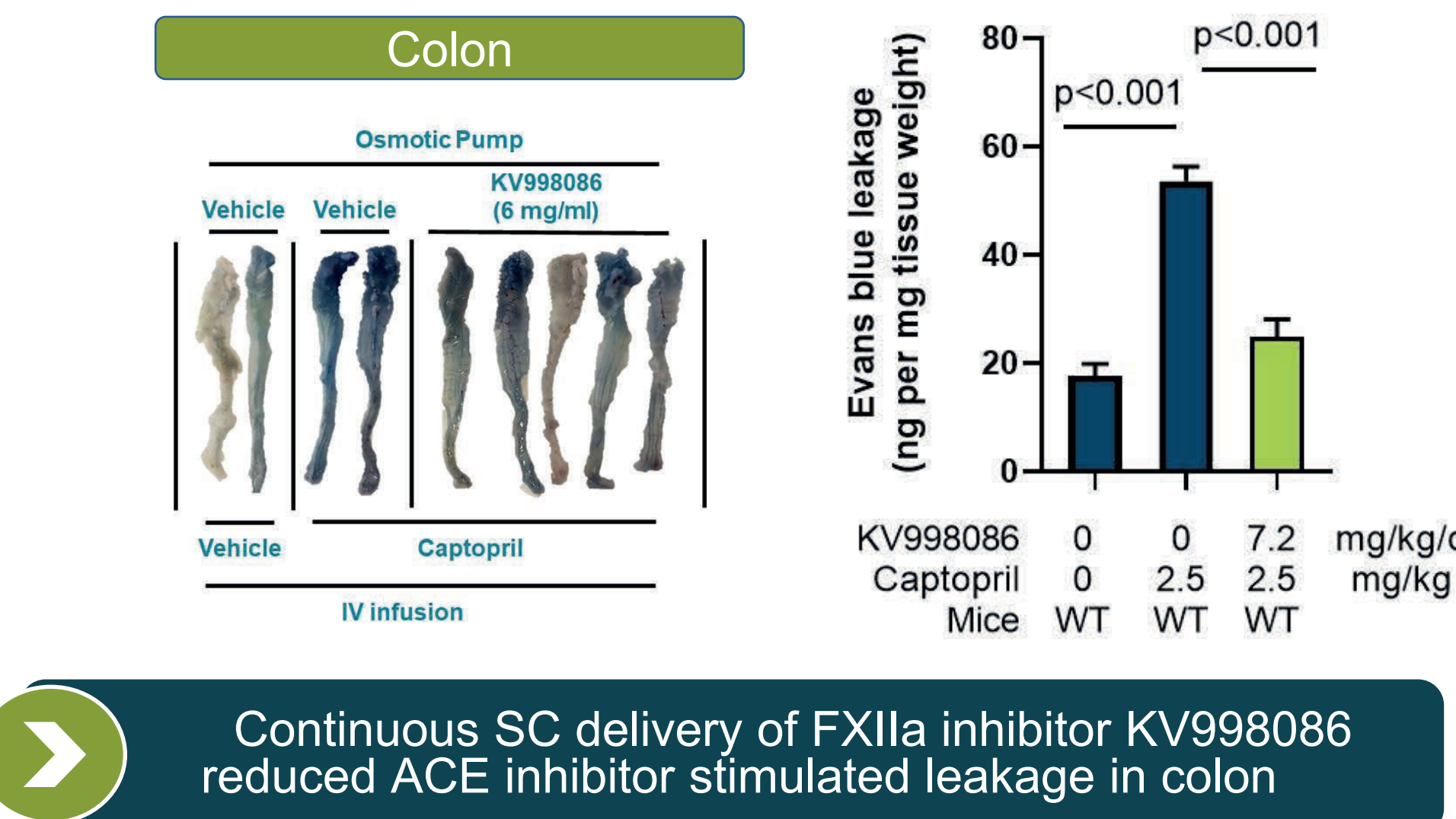
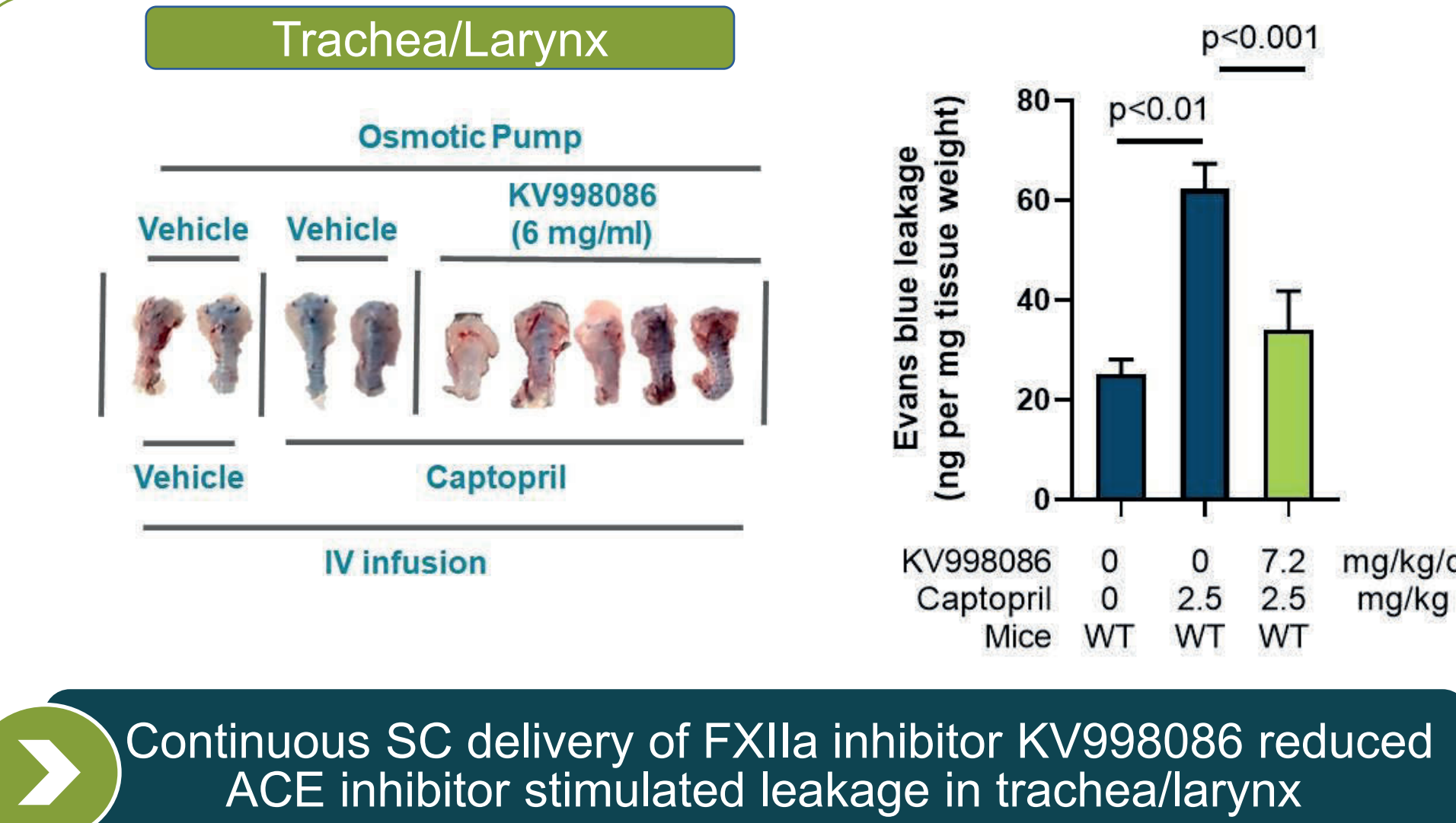


Figure 5: Effect of 48 hour osmotic pump KV998086 upon captopril-induced Evans blue leakage in trachea/larynx



Conclusions

- KV998086 blocked the generation of plasma kallikrein (PKa) in whole human plasma with an IC₅₀=59.8nM
- Factor XII KO mice are protected against captopril induced bradykinin-mediated vascular leakage
- Orally administered FXIIa inhibitor KV998086 reduced ACE inhibitor stimulated leakage in colon and larynx/trachea
- Osmotic pump administration of KV998086 for 48 hours suppressed captopril induced leakage in colon and larynx/trachea
- These data indicate that the inhibition of activated FXII by oral administration may provide prophylactic prevention of ACE inhibitor associated angioedema and potentially other forms of AE such as HAE

References

- Lang DM, et al. Ann Allergy Asthma Immunol 2012;109:395-402
- Kaplan AP. World Allergy Org Journal. 2008;103-113.
- Craig TJ, et al. Int Arch Allergy Immunol 2014;165:119-127
- Schmaier A. Front Med 2018;5:3
- Banerji A, et al. N Engl J Med 2017;376(8):717-728
- Liu JX, et al. RNA 2019;25:255-263
- Craig T, et al. Lancet 2022 Mar 5;399(10328):945-955.

Conflict of interest disclosure

All authors are employees of KalVista Pharmaceuticals