

Novel Bispecific Degradar BHV-1310 Eliminates Intravascular and Interstitial IgG in Multiple Organs and Anatomical Structures, Including the Neuromuscular Junction

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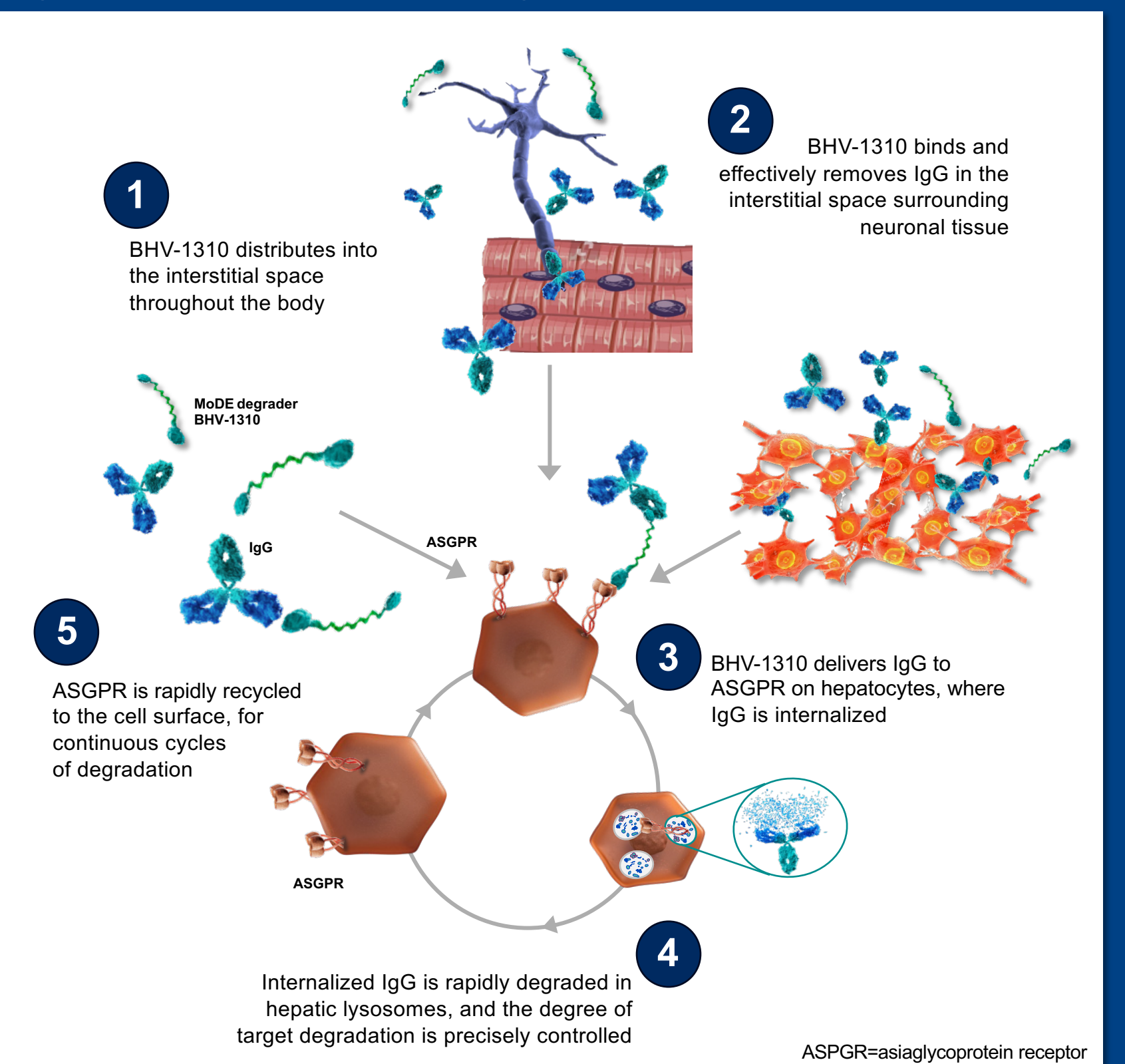


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INTRODUCTION

- BHV-1310, a novel IgG degrader from the Molecular Degraders of Extracellular Proteins (MoDE™) drug platform, is being developed for the treatment of IgG-driven diseases
 - BHV-1310 selectively targets and eliminates IgG in the circulation and in disease-relevant tissues
 - As such, this new therapeutic modality offers a unique strategy to address antibody mediators of neurological disorders, such as myasthenia gravis, autoimmune encephalitis, chronic inflammatory demyelinating polyradiculoneuropathy, neuromyelitis optica spectrum disorder, myelin oligodendrocyte glycoprotein antibody-associated disease & other antibody-mediated diseases
- MoDE and BHV-1310**
- The MoDE platform encompasses bifunctional molecules that bind to IgG and hepatic asialoglycoprotein receptors (ASGPRs), leading to internalization and endolysosomal degradation of IgG in the liver (**Figure 1**)
 - Biohaven designed BHV-1310, a novel, selective, bifunctional extracellular protein degrader that specifically targets and reduces plasma IgG in a rapid, efficient, and selective manner
 - Using a mouse model, we demonstrated that BHV-1310 mediates robust IgG clearance from the circulation and from the interstitial space surrounding peripheral and central nervous tissue
 - These findings strongly support the use of BHV-1310 to treat neurological diseases driven by autoantibodies

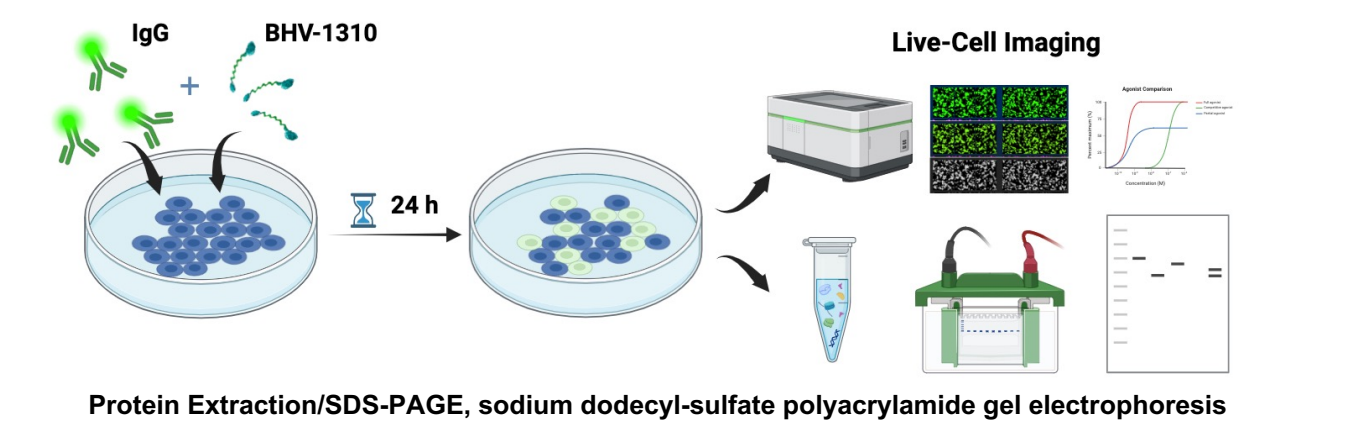
Figure 1. Extracellular MoDE™ degrader BHV-1310 mechanism of action



METHODS AND RESULTS

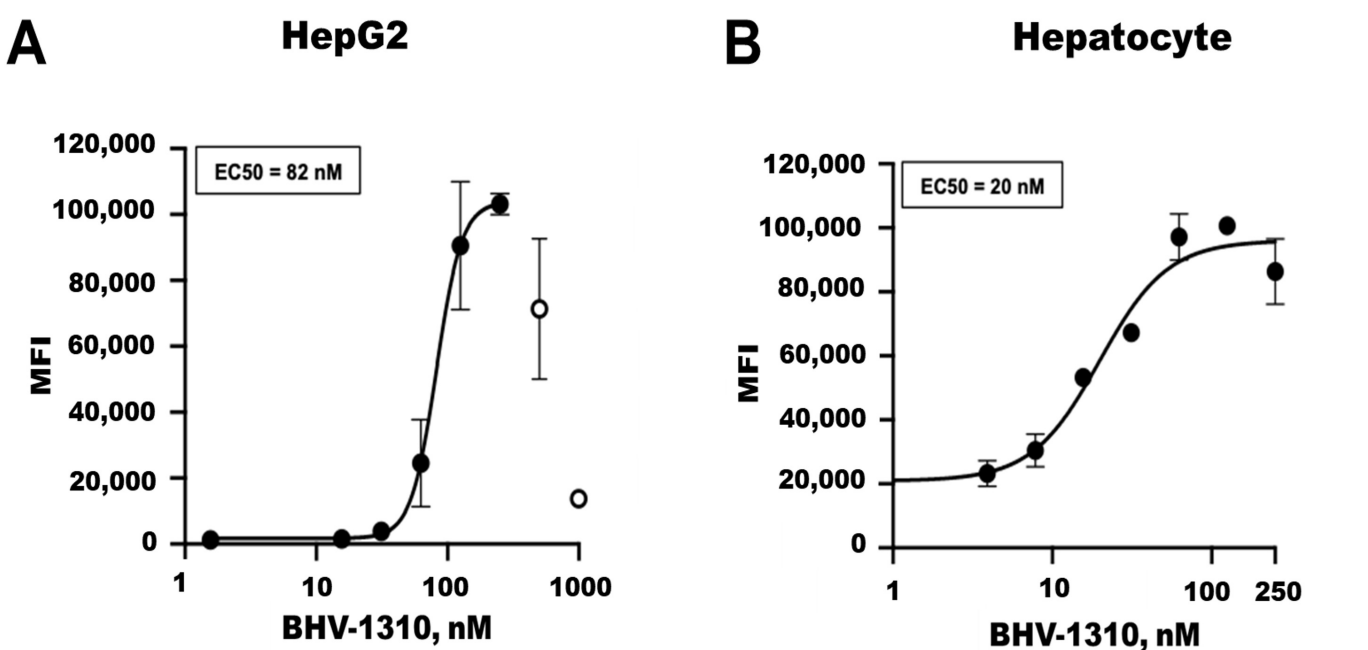
1. BHV-1310 Mediates In Vitro Internalization and Degradation of IgG

Figure 2. In vitro validation of BHV-1310 mechanism of action



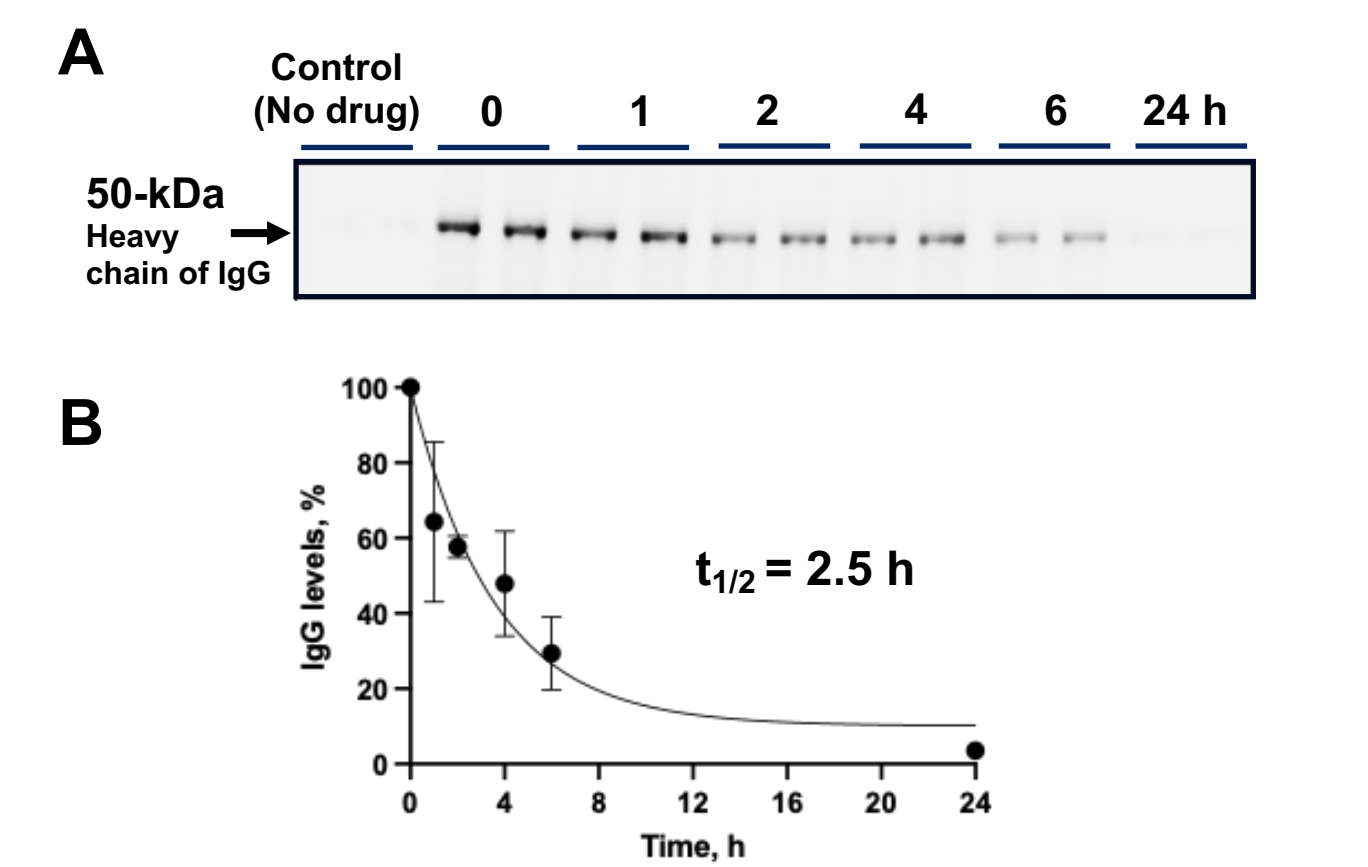
- ASGPR1-expressing cells were incubated with fluorescently labeled human IgG and BHV-1310 (**Figure 2**)
- Internalized IgG was measured by live-cell imaging (**Figure 3**)
- Cultures were also harvested for IgG degradation analysis by gel electrophoresis (**Figure 4**)

Figure 3. BHV-1310 promotes cellular uptake of IgG in HepG2 cells and primary human hepatocytes



HepG2 cells (A) or primary hepatocytes (B) were incubated for 24 hours with Alexa Fluor 488 (AF488)-labelled human IgG with a dose curve of BHV-1310. IgG uptake was monitored by live-cell imaging. EC50, half-maximal effective concentration; MFI, mean fluorescence intensity.

Figure 4. BHV-1310 mediates degradation of IgG in ASGPR-expressing HEK 293 cells

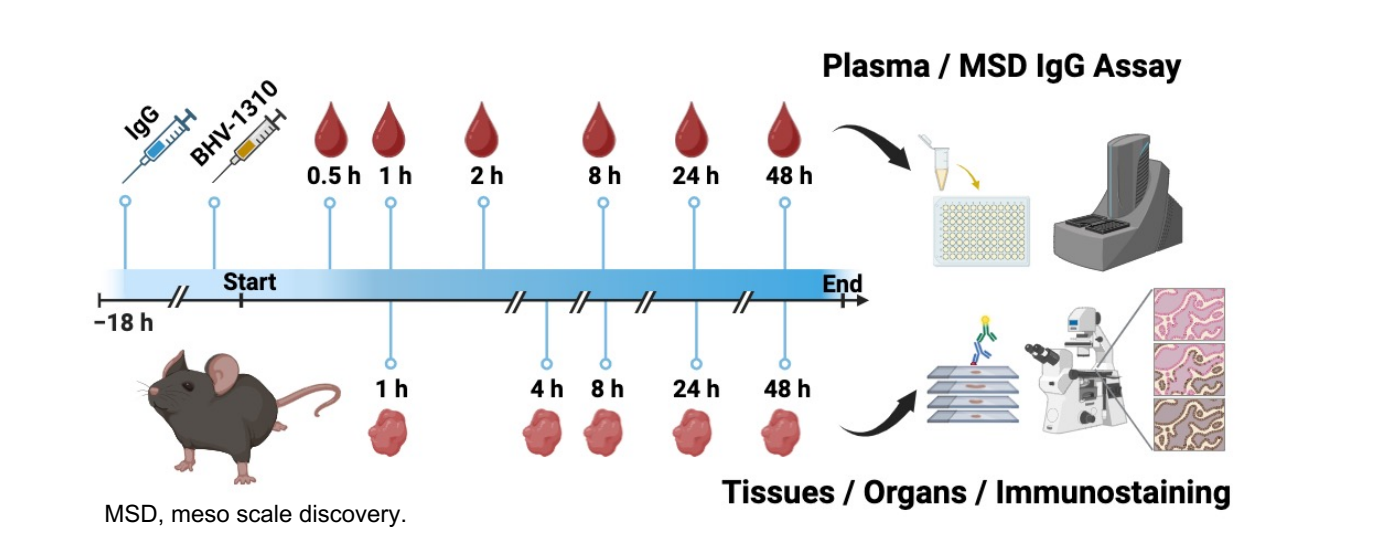


(A) Direct fluorescent signal from IgG-AF488 observed with denaturing gel electrophoresis. (B) Quantification of IgG-AF488 degradation with values normalized to time 0 h. Individual data points and error bars represent means and standard errors. The results show a BHV-1310 and time-dependent decrease in intercellular IgG-AF488 following endocytosis. A half-life of approximately 2.5 h was determined by fitting the data to a 1-phase decay model. $t_{1/2}$, half-life.



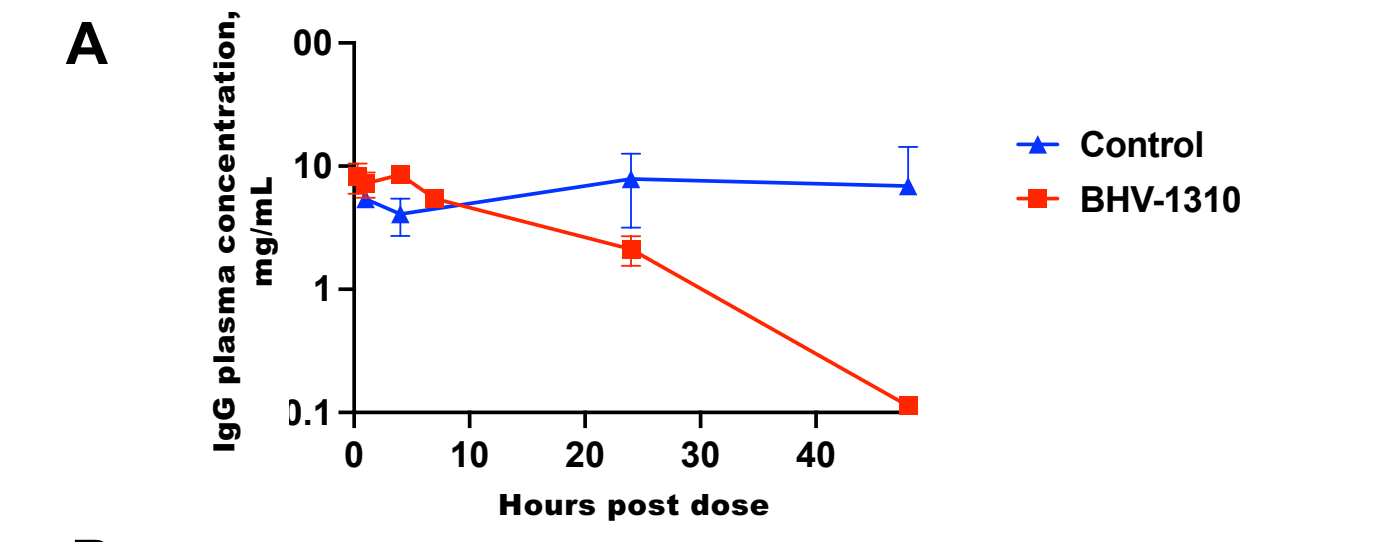
2. BHV-1310 Reduces Plasma IgG Level via Hepatic Absorption and Degradation in a Mouse Model

Figure 5. In vivo validation of BHV-1310 mechanism of action



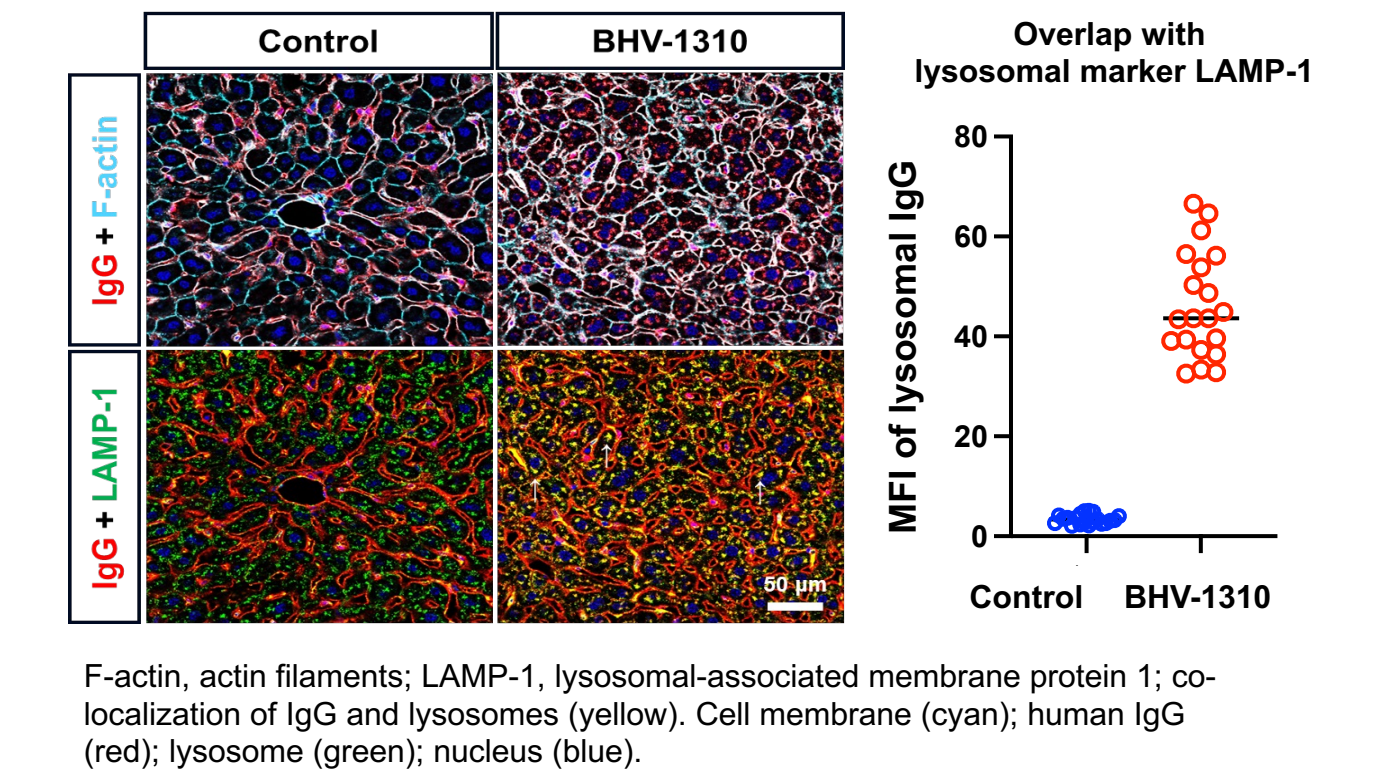
- Animals received human IgG followed by BHV-1310 treatment. Blood and tissues were collected at the indicated time points (**Figure 5**)
- IgG levels in plasma and tissues were measured using the MSD human IgG assay and immunostaining (**Figures 6-8**)

Figure 6. BHV-1310 redirects IgG to hepatocytes for degradation within hours of dosing in a mouse model



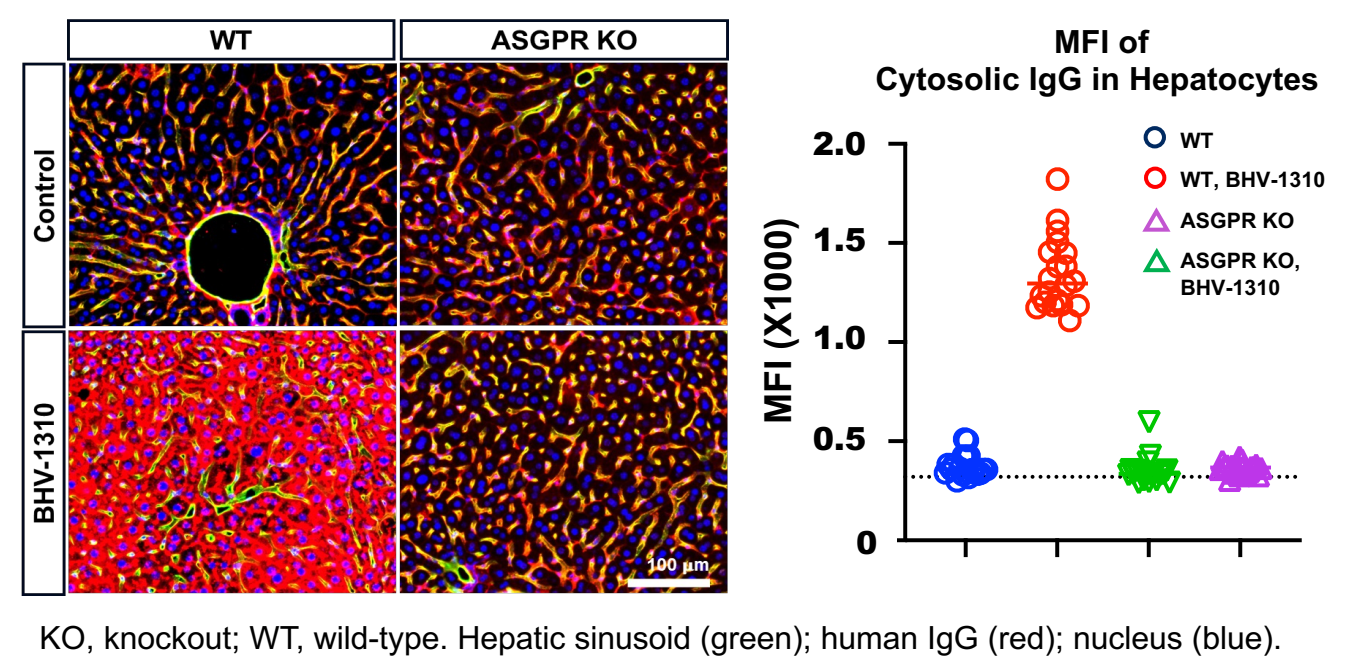
(A) Circulating plasma IgG levels in mice receiving BHV-1310 vs Control. (B) IgG uptake and reduction in the liver. 4H = BHV-1310 targets IgG from sinusoids to hepatocytes for degradation. Hepatic sinusoid (green); human IgG (red); nucleus (blue).

Figure 7. BHV-1310 induces hepatic endocytosis and lysosomal degradation of human IgG



F-actin, actin filaments; LAMP-1, lysosomal-associated membrane protein 1; co-localization of IgG and lysosomes (yellow). Cell membrane (cyan); human IgG (red); lysosome (green); nucleus (blue).

Figure 8. ASGPR is required for BHV-1310-mediated IgG endocytosis



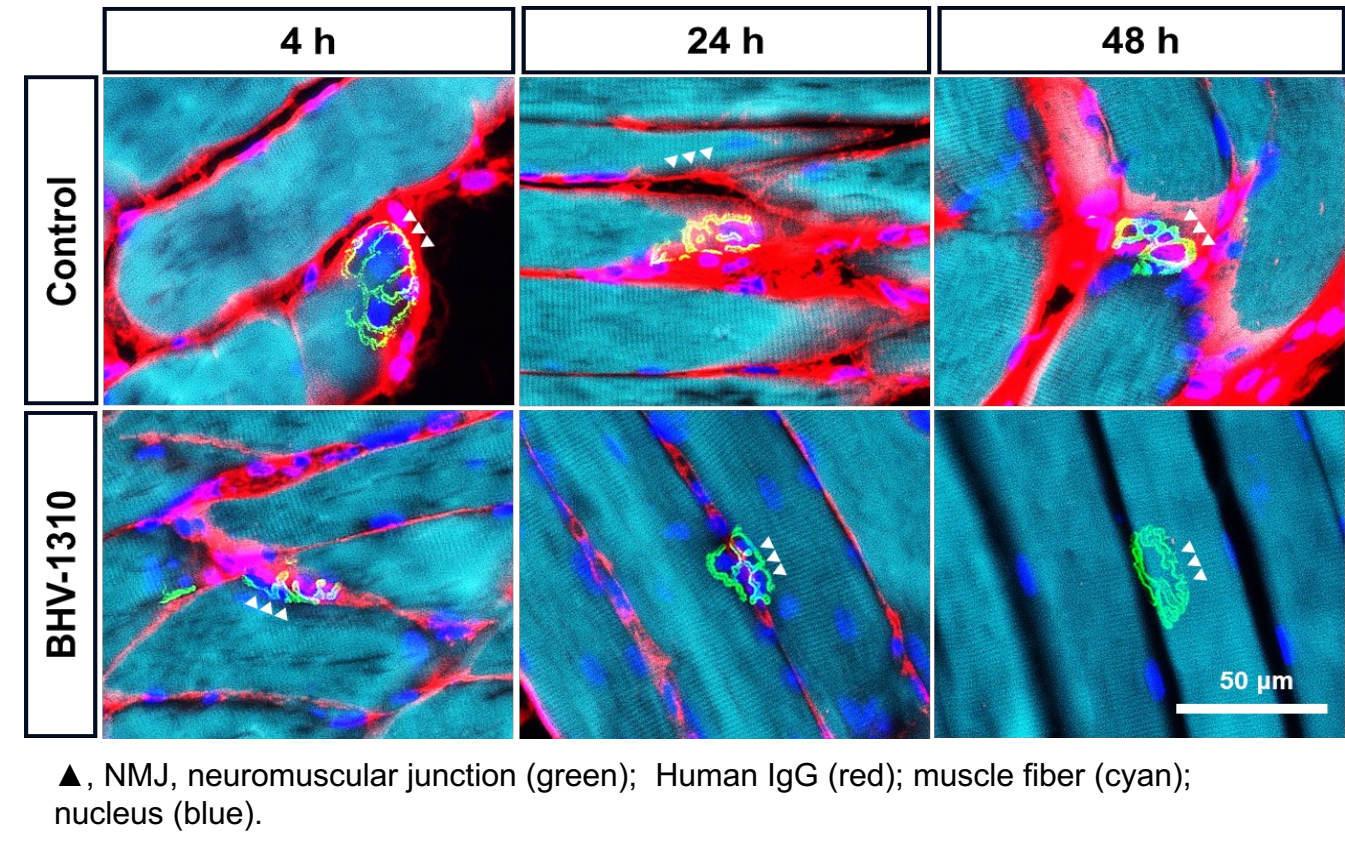
KO, knockout; WT, wild-type. Hepatic sinusoid (green); human IgG (red); nucleus (blue).



3. BHV-1310 Promotes IgG Reduction Across Various Tissues

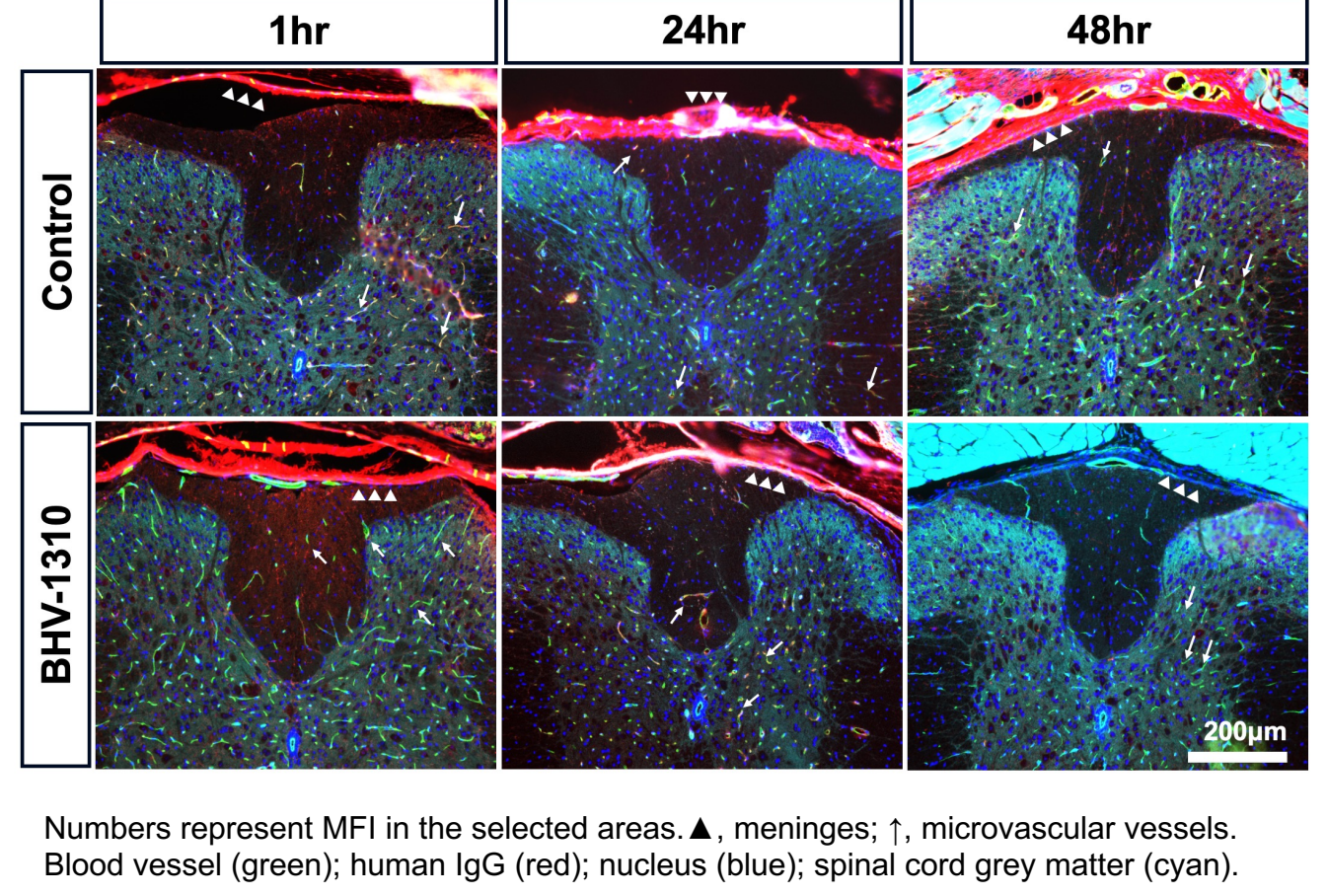
- IgG levels were measured, focusing on neuronal tissues, including areas within the neuromuscular junction, brain, spinal cord, and dorsal root ganglion (**Figures 9-12**)

Figure 9. IgG reduction in the neuromuscular junction with BHV-1310 treatment



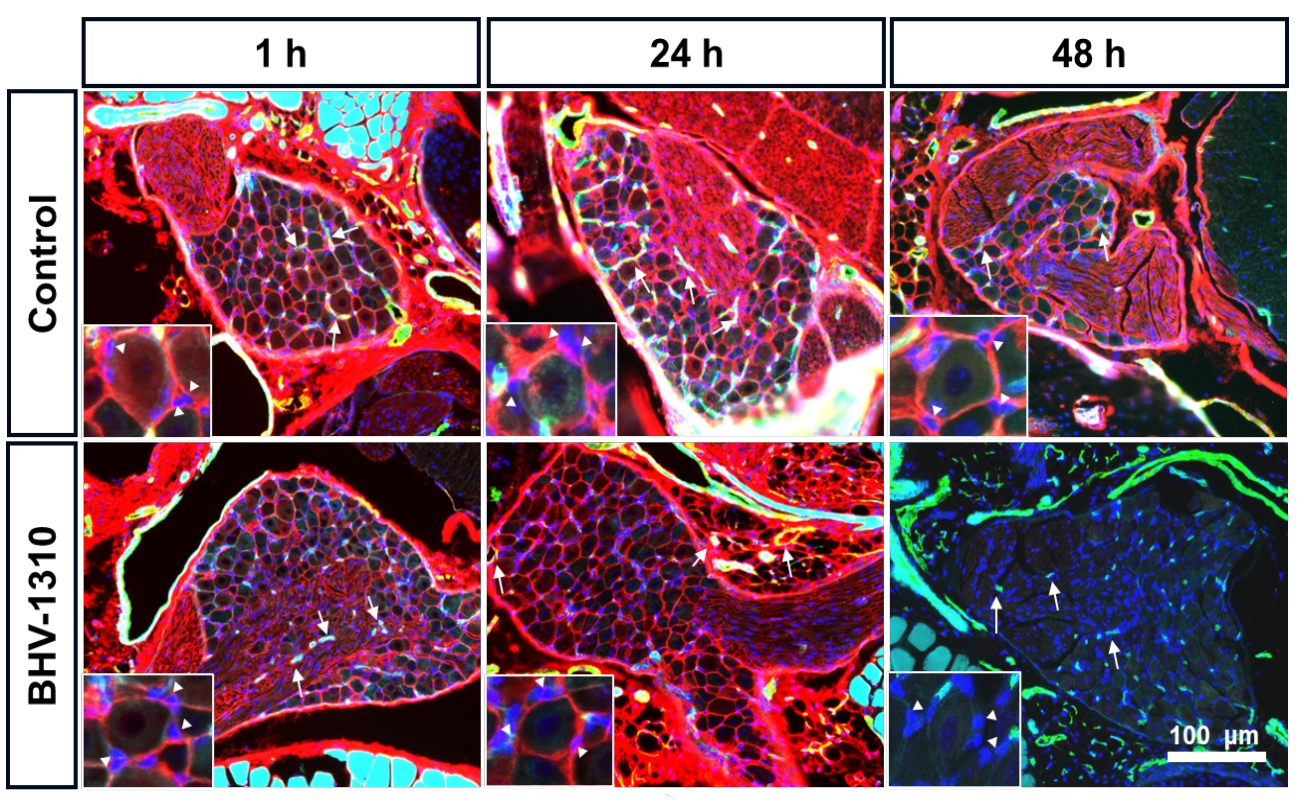
▲, NMJ, neuromuscular junction (green); Human IgG (red); muscle fiber (cyan); nucleus (blue).

Figure 10. IgG reduction in the dural meninges of the spinal cord with BHV-1310 treatment



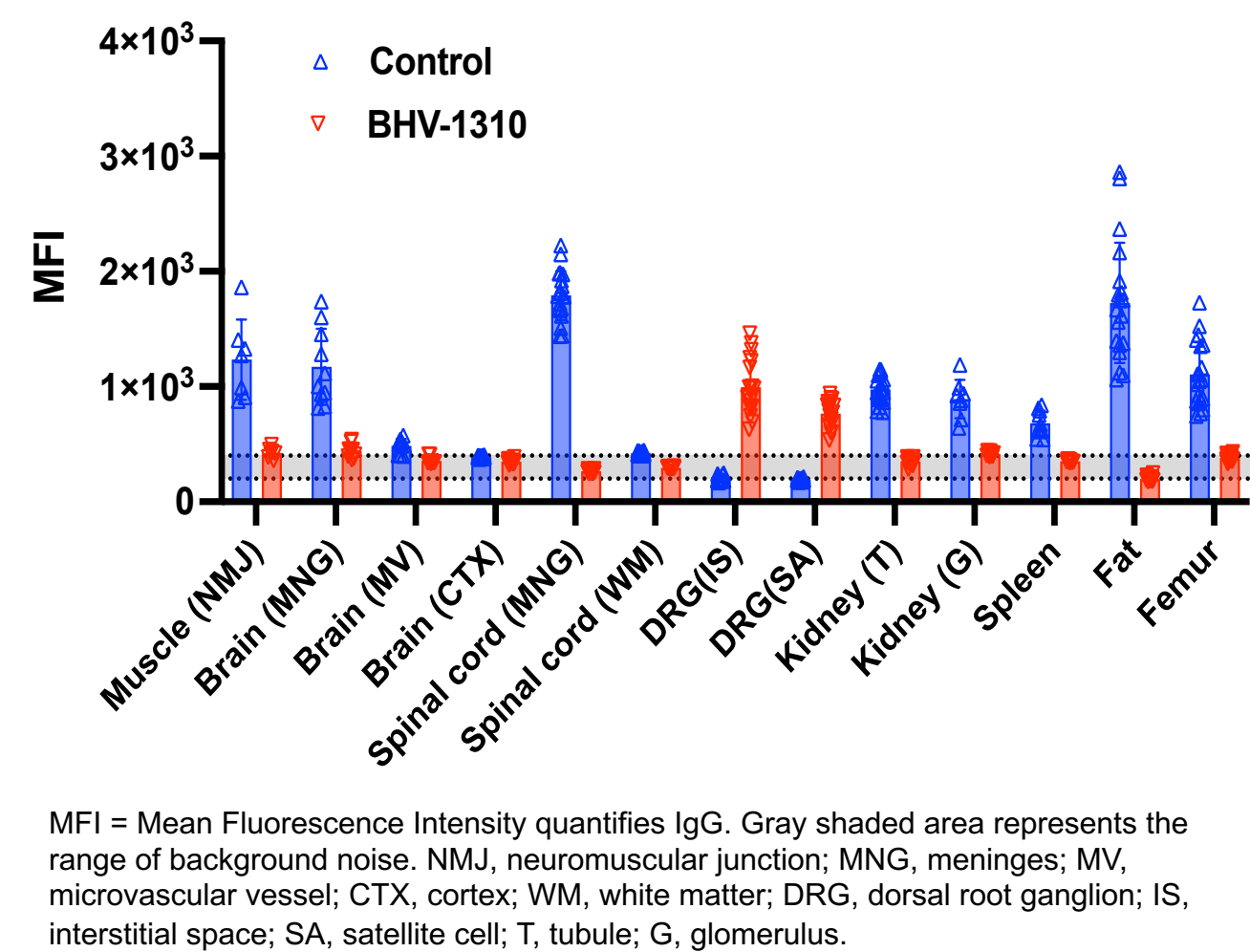
Numbers represent MFI in the selected areas. ▲, meninges; ↑, microvascular vessels. Blood vessel (green); human IgG (red); nucleus (blue); spinal cord grey matter (cyan).

Figure 11. IgG reduction in the dorsal root ganglion with BHV-1310 treatment



The inset images show IgG deposition at the periphery of dorsal root ganglion neurons. ↑, microvascular vessels; ▲, satellite cells. blood vessel (green); human IgG (red); muscle (cyan); nucleus (blue).

Figure 12. BHV-1310 mediates IgG reduction across various tissues



MFI = Mean Fluorescence Intensity quantifies IgG. Gray shaded area represents the range of background noise. NMJ, neuromuscular junction; MNG, meninges; MV, microvascular vessel; CTX, cortex; WM, white matter; DRG, dorsal root ganglion; IS, interstitial space; SA, satellite cell; T, tubule; G, glomerulus.

CONCLUSIONS

- BHV-1310 rapidly and effectively degrades IgG via the lysosomal pathway.
- Animal models demonstrate depletion from neurologic disease relevant tissues and anatomical structures.
- These findings underscore the therapeutic rationale for using BHV-1310 to treat neurological diseases mediated by autoantibodies.