



DA-1726, A Next Gen. Anti-Obesity Drug Candidate

차세대 비만치료제 후보물질, DA-1726

May 29, 2024

Head of Dong-A ST Research HQ

Mi-Kyung Kim, PhD



Disclosure

- Dong-A ST Co., Ltd | Vice President, Stockholder
- NeuroBo Pharmaceuticals, Inc. | Consulting Chief Scientific Officer



Evolution of GLP1 Analogs Therapeutics

1900-
1960

1906 Intestinal extracts decrease glycosuria in diabetes

1923 Discovery of glucagon

1929 Intestinal extracts lower blood glucose via “incretin”

1964 Greater insulin rise when glucose is given orally vs. IV “incretin effects”

1970-
2000

1970 ID of first incretin, GIP isolated from intestinal preparations

1973 GIP stimulates insulin secretion in humans

1986 ID of GLP1 as 2nd incretin hormone

1993 DPP4 cleaves incretin/Discovery of GLP1R agonist, **exendin-4**

1997 GLP1 decrease food intake and body composition

- 2014 Approval of **high dose liraglutide (QD)**
- 2021 Approval of **high dose semaglutide (QW)**
- 2023 Approval of **dual agonist tirzepatide** for obesity

2005-
present

2005 Approval of exenatide (BID) as T2D Tx

2006 Approval of DPP4 inhibitor, sitagliptin as T2D Tx

2009 Discovery of first dual agonists for GLP1R and GCGR

2010 Approval of liraglutide (QD) as T2D Tx

2013 Discovery of dual agonists for GLP1R and GIPR

2014 Approval of dulaglutide (QW) as T2D Tx

2015 Discovery of triple agonists for GLP1R, GCGR, and GIPR

2016 Approval of lixisenatide as T2D Tx

2018/2019 Approval of semaglutide (QW for sc, QD for po) for T2D

2022 Approval of dual agonist tirzepatide for T2D



Proglucagon-Derived Peptides

*Int J Mol Sci, 2019;20(14):3532
Front Endocrinol, 2021(12):689678. doi:10.3389/fendo.2021.689678*

GIP:
GLP-1: glucagon-like peptide-1
PC: Prohormone convertase

Glucagon HSQGTFTSDYSKYLDSRRAQDFVQWLMNT-OH

GIP **Y**AEGTFI**S**DYS**S**IAMDKI**H**Q**Q**DFV**N**W**L**LA**Q**KGK**K**NDWK**H**NI**T**Q-OH

GLP-1 **H**AEGTFTSD**V**S**S**YLE**G**QA**A**KE**F**IA**W**L**V**K**G**RG-OH

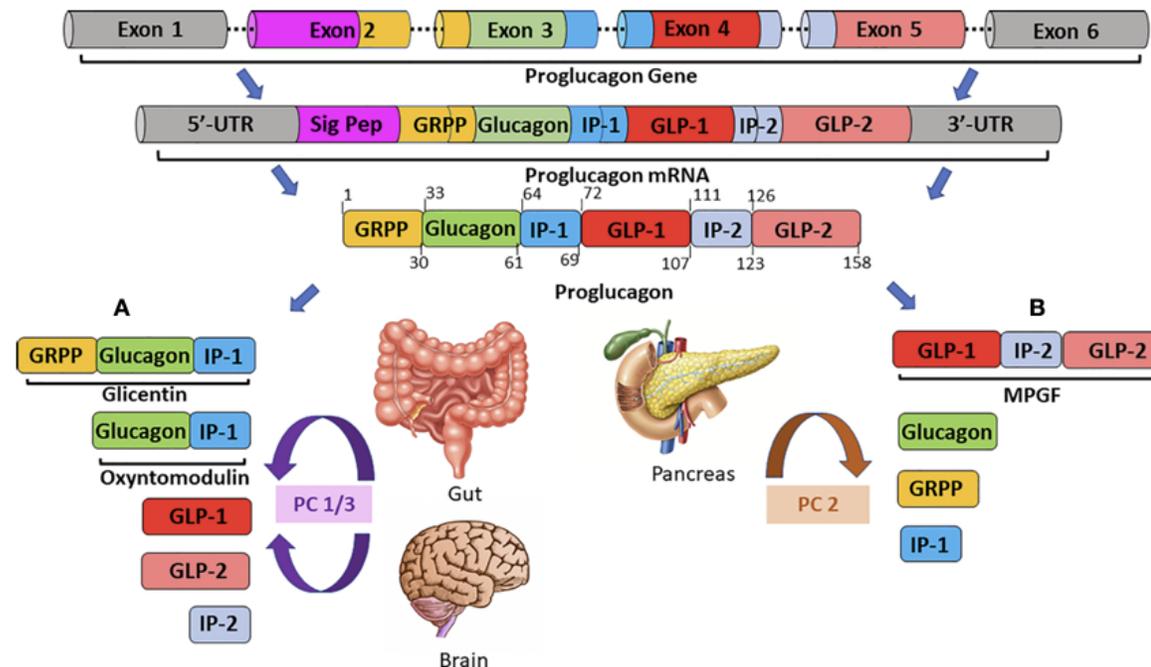
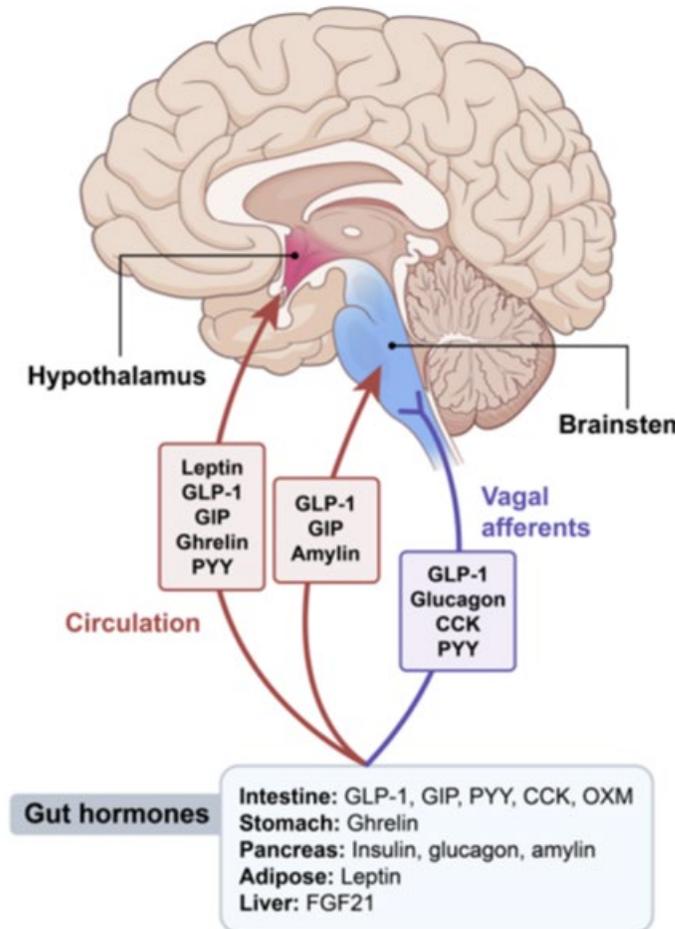
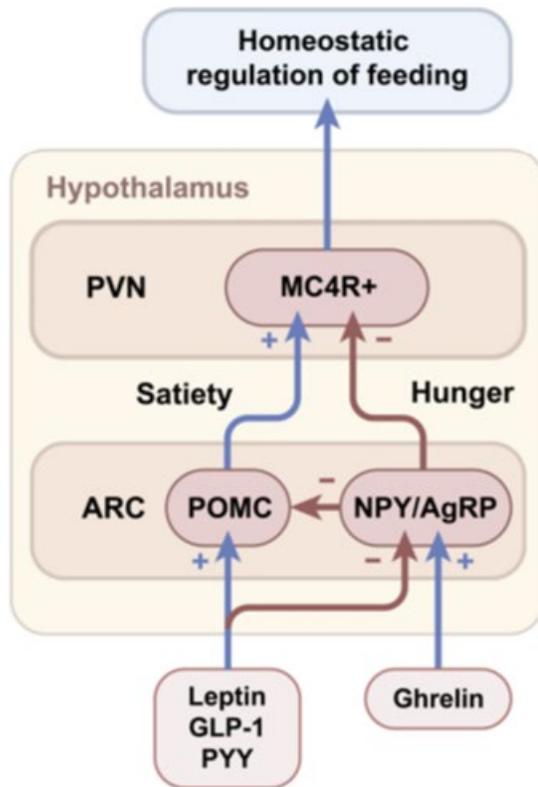


FIGURE 1 | A schematic overview of tissue-specific proglucagon processing in the gut/brain **(A)** and in the pancreas **(B)**. The proglucagon gene, located on chromosome 2 and comprised of 6 exons, is transcribed to generate proglucagon messenger RNA (mRNA). Proglucagon mRNA is subsequently translated to yield the 158 residue, precursor protein, proglucagon. In enteroendocrine L-cells of the ileum and colon **(A)** proglucagon is processed by prohormone convertase 1/3 (PC1/3) to generate glicentin, oxyntomodulin, glucagon-like peptides-1 and -2 (GLP-1, GLP-2) and intervening peptide-2 (IP-2). Conversely, in pancreatic alpha-cells **(B)**, post-translational modification by prohormone convertase 2 (PC2) is responsible for the generation of the major proglucagon fragment (MPGF), glucagon, glicentin-related pancreatic polypeptide (GRPP) and intervening peptide-1 (IP-1).



Anorexic Effects Induced by Gut Hormones

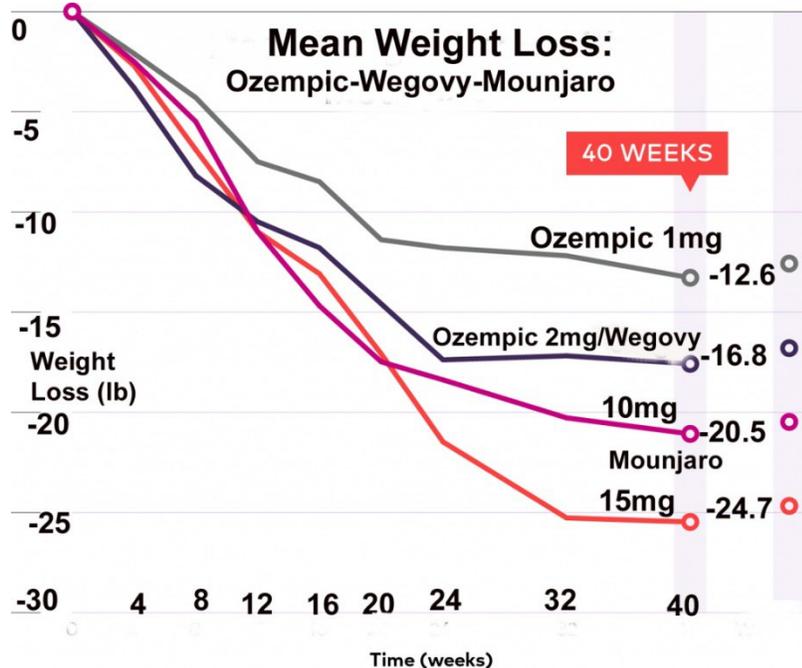


"Success with GLP-1 drug treatment means a *weight loss of more than 5% after 3 months* of treatment. However, in clinical practice, a weight loss of at least 10 to 15% or more is achieved to achieve more meaningful metabolic health."



Obesity Game Changer

- Obesity treatment market expected to rise rapidly
- Two lipidated long-acting peptide drugs:
Wegovy™ vs. Mounjaro™
- Unmet needs: **injection, muscle loss, yo-yo effect**



	Zepbound® (tirzepatide)	Wegovy® (semaglutide)
Manufacturer	Eli Lilly & Co.	Novo Nordisk
FDA Approved	Nov 2023 for Obesity	June 2021 for Obesity
Delivery	Once weekly injection	Once weekly injection
Dose range	2.5 mg - 15.0 mg	0.25 mg - 2.4 mg
Targets	GLP-1 and GIP	GLP-1
Most common side effects	Nausea, diarrhea, constipation, vomiting	Nausea, diarrhea, vomiting, constipation
Avg. weight loss in clinical trials	22.5% of body weight after 72 weeks (15 mg) ³	14.9% of body weight after 68 weeks (2.4 mg) ⁴

ONCE-WEEKLY
wegovy®
semaglutide injection **2.4 mg**

RYBELSUS®
semaglutide tablets 7mg | 14mg

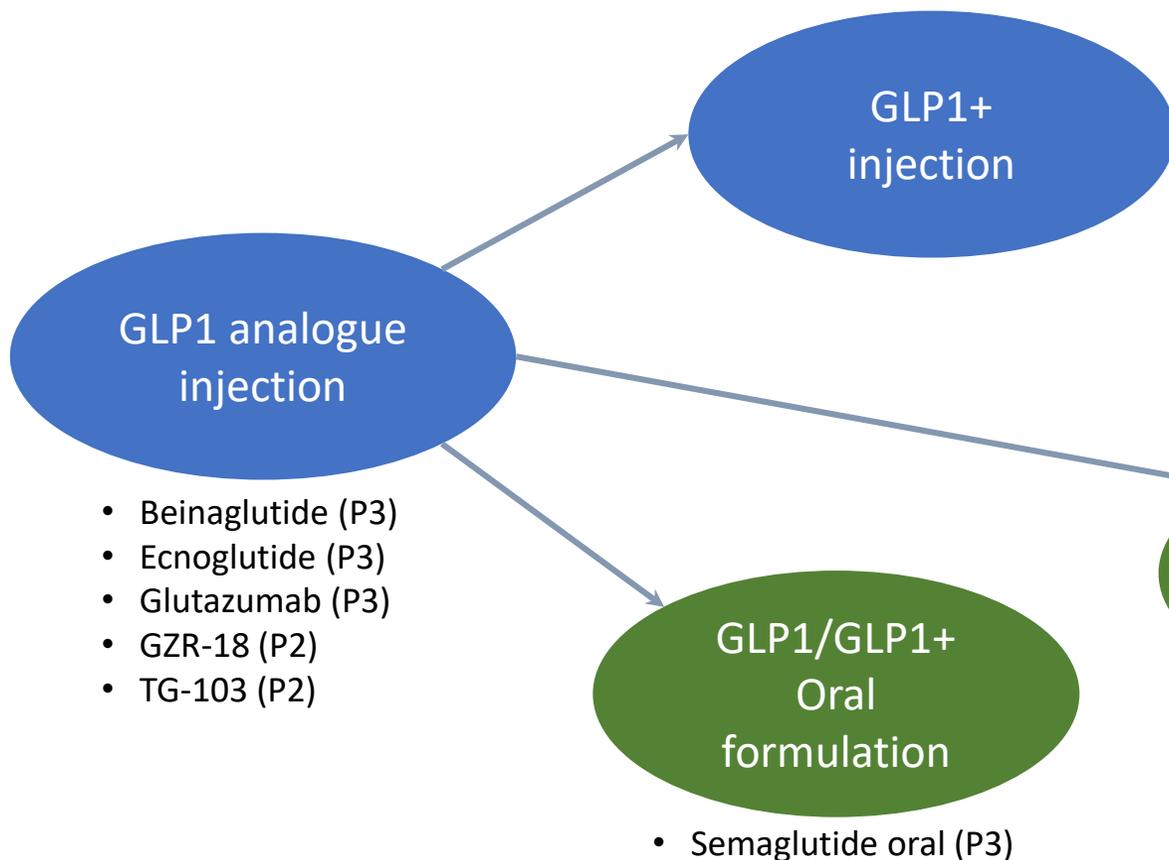
once weekly
mounjaro®
(tirzepatide) injection 0.5 mL
2.5 mg | 5 mg | 7.5 mg | 10 mg | 12.5 mg | 15 mg

once weekly
zepbound®
(tirzepatide) injection 0.5 mL
2.5 mg | 5 mg | 7.5 mg | 10 mg | 12.5 mg | 15 mg





Anti-Obesity Pipeline (Phase 2 to Phase 3)



- Beinaglutide (P3)
- Ecnoglutide (P3)
- Glutazumab (P3)
- GZR-18 (P2)
- TG-103 (P2)

- Semaglutide oral (P3)

GLP1R/GCGR

GLP1R/GIPR

GLP1R/GIPR/GCGR

GLP1+Amylin analoges
combo

- Survodutide (P3, BI)
- Mazdutide (P2, Lilly)
- Pegapamodutide (P2) → ???
- Pemvidutide (P2, Altimune)
- Tirzepatide (Launched, Lilly)
- AMG-133 (P2, Amgen) → GIPR ant
- CT-868 (P2, Carmot)
- HRS-9531 (P2, Jiangu Hengrui; CN)
- VK-2735 (P2, Viking)
- Retatrutide (P3, Lilly)
- HM-15275 (P1, Hanmi)
- Cagrilintide/Semaglutide (P3, NN)

Non-peptide
GLP1RA

- Orforglipton (P3, Lilly) → -14.7% BWL, -2.1%P HbA1c reduction in P2
- Danuglipton (P2, Pfizer; BID) → discontinued IR and switched to SR Rx
- Lotiglipron (P2, Pfizer; QD) → discontinued due to DILI (Jun 2023)
- GSB-1290 (P2, Structure Therapeutics)

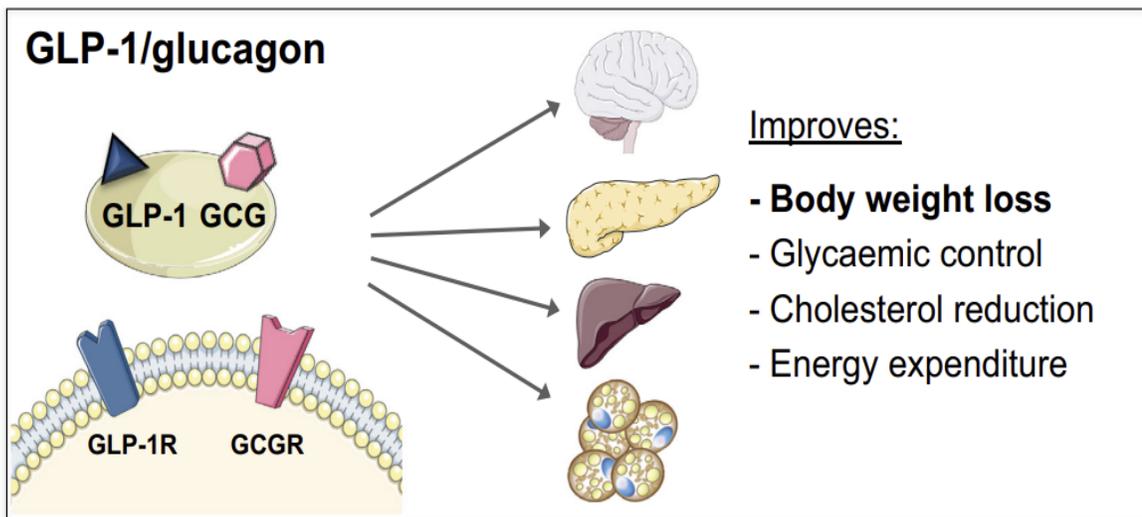


Next-Generation Anti-Obesity Drugs

To lead additive BWL via *enhancing basal metabolic rate*

“New Long-Acting and Dual GLP1R/GCGR Agonists and a Novel Appetite-Regulating Drug Expected to Drive Obesity Market Growth During the Next Decade”

(Source: GlobalData Report_Obesity: Competitive Landscape to 2026_Oct 2018)



- Need to be optimized to maximize weight loss, *without disrupting glucose homeostasis*, while minimizing GI adverse events
- *Additional benefits of glucagon* to reduce hepatic lipid synthesis and promote lipid oxidation for the treatment of NASH

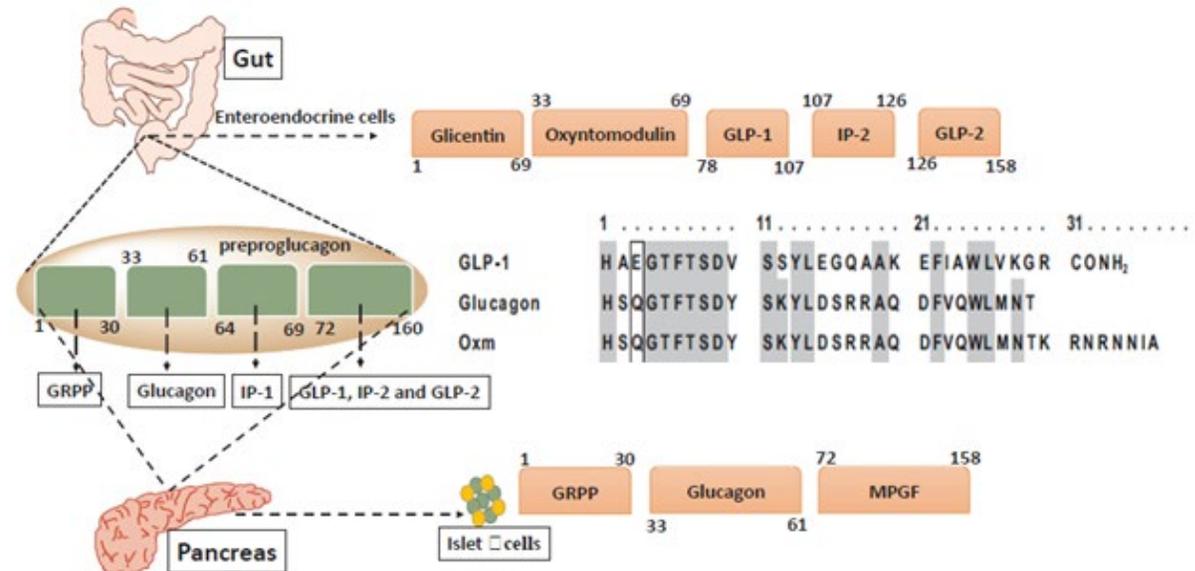
Journal of Internal Medicine, 2018, 284; 581–602



GLP1/Glucagon (GCG) Receptor Dual Agonist

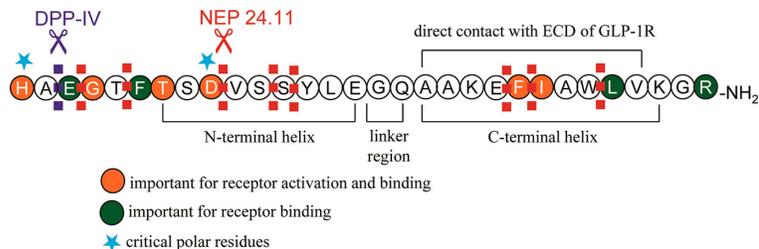
Oxyntomodulin as an endogenous dual agonist

- Secreted from intestinal L cells after meal ingestion
- Glucagon + N-terminal octapeptide (37-residue)
- **Dual weak, but full agonist** of GLP-1 receptor and glucagon receptor
- Rapidly **degraded by DPP4 enzyme** ($T_{1/2} \approx 12$ min)
- Reduces food intake + Increases energy expenditure



In the case of Semaglutide

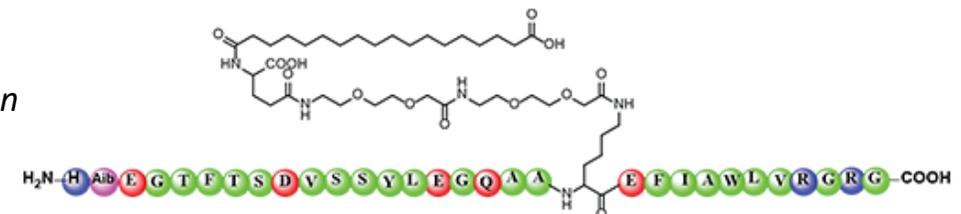
GLP1 ($t_{1/2}$, 1~2 min)



J Med Chem, 2015;58(3):1020–1037

- *Peptide substitution*
- *Lipidation*

Semaglutide ($t_{1/2}$, ~6.7 days in humans)

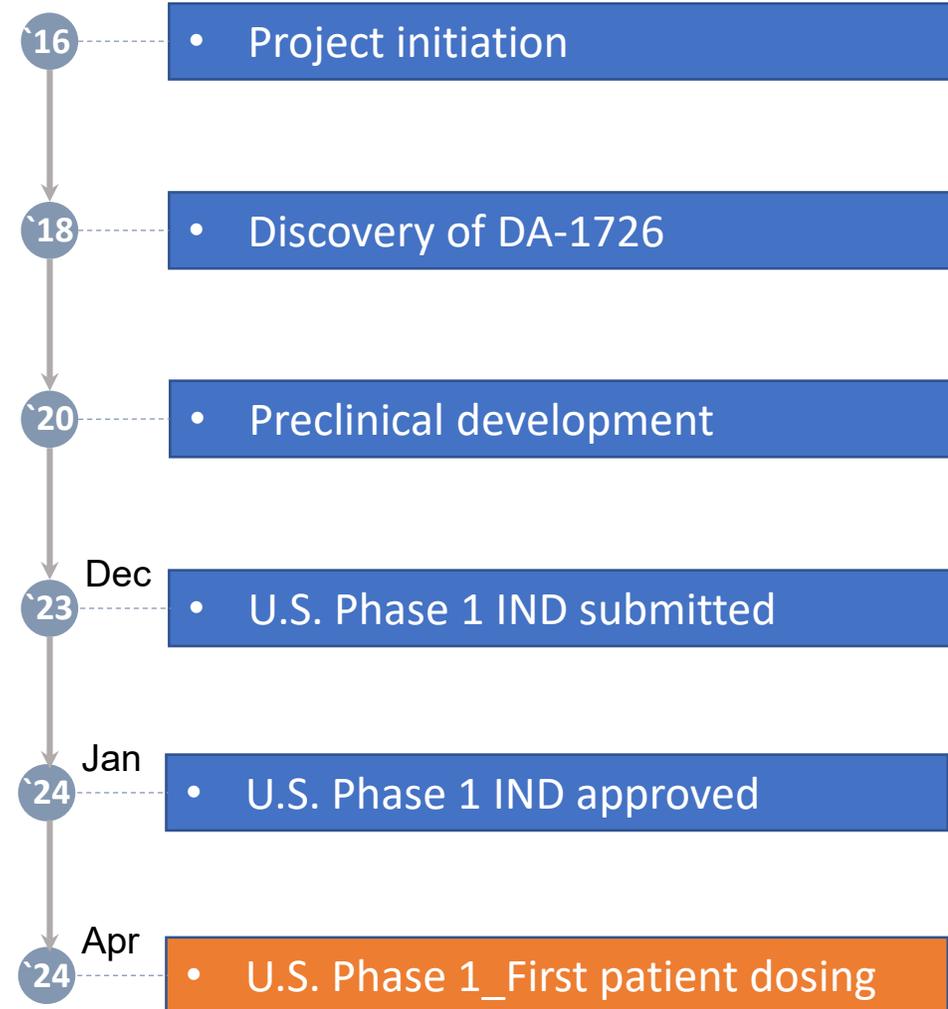




Dong-A's Clinical Candidate

- DA-1726

- 37 amino-acid-long *synthetic peptide* drug candidate
- Prolonged half-life *enabling once weekly s.c. injection*
- *Well-balanced activity* between GLP1 and GCG receptors
- BWL effects through *reducing food intake* and *enhancing peripheral metabolism*

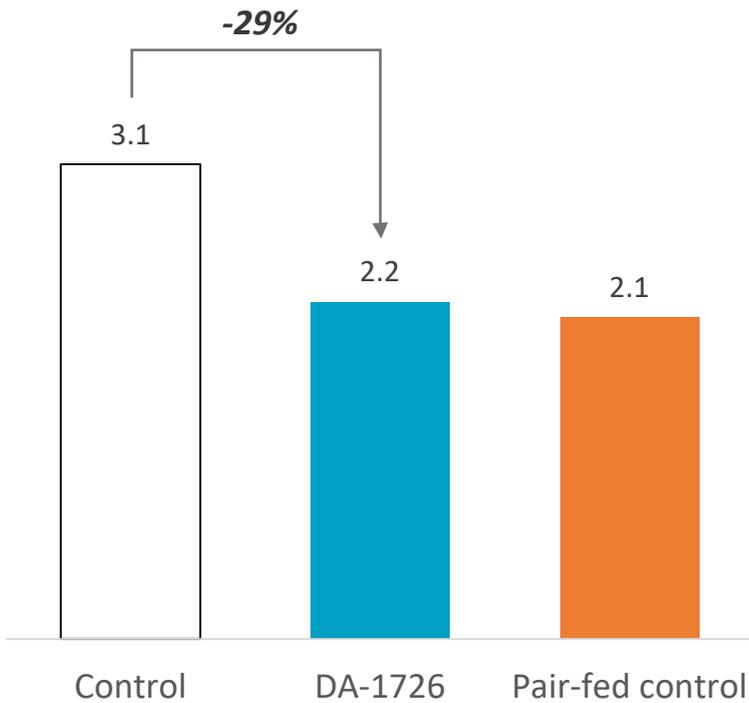




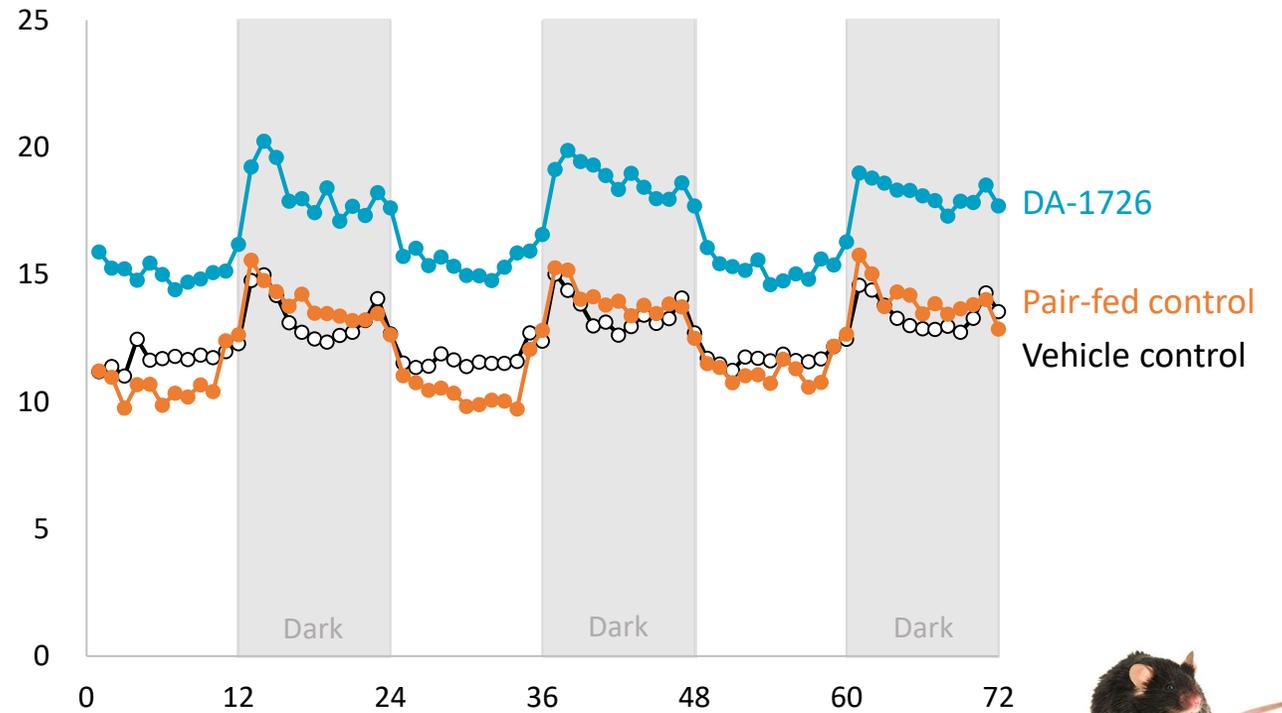
Mode of Action for Weight Loss Effects

DA-1726 *reduces diet consumption and enhances basal metabolic rate*

Daily food intake
(g/mouse)



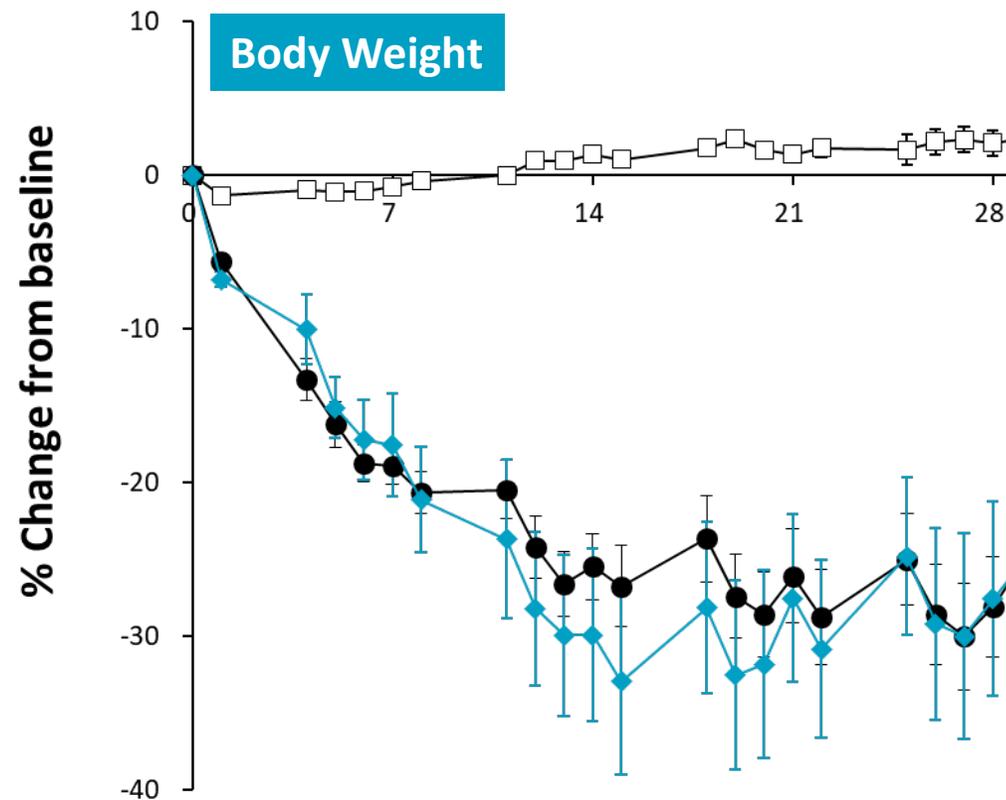
Energy expenditure
(kcal/kg/hr)





Strong Competitiveness in BWL Effect

BWL efficacy comparable to **Tirzepatide** (FiC GLP1/GIP receptors dual agonist)



Vehicle control

Tirzepatide 100 nmol/kg/BIW

DA-1726 200 nmol/kg/BIW

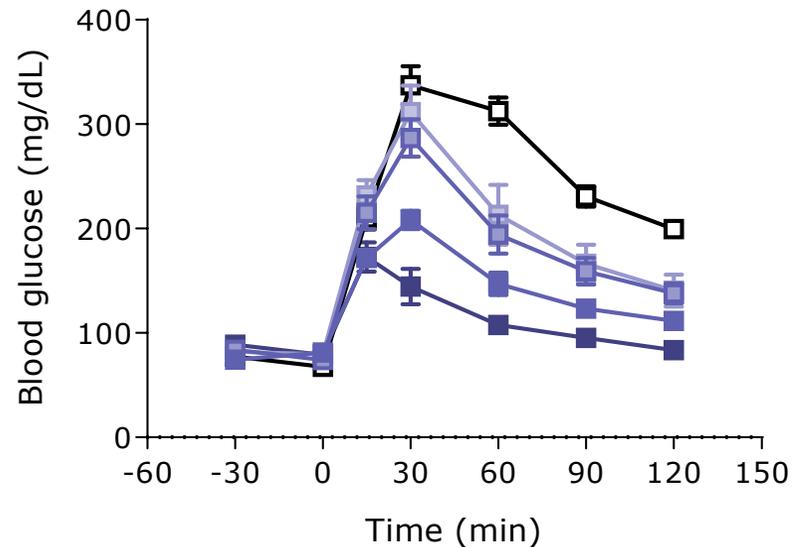




Sustained Glucose-Lowering Effect

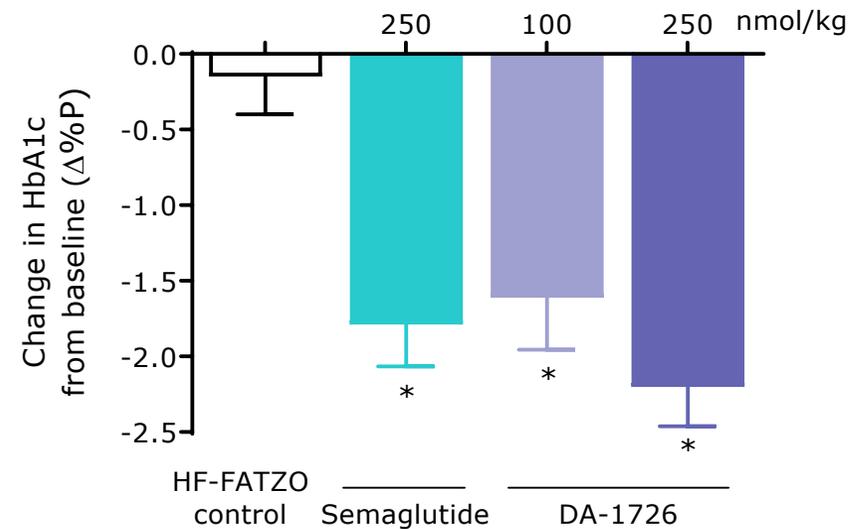
Obesity and hyperglycemia can be controlled **simultaneously** unlike other previous clinical candidate

OGTT - Postprandial Effect



- Glucose control
- DA-1726, 10 nmol/kg
- DA-1726, 30 nmol/kg
- DA-1726, 100 nmol/kg
- DA-1726, 300 nmol/kg

Hemoglobin A1c



Mean±SEM, *P<0.05 vs. HF-FATZO control, One-way ANOVA

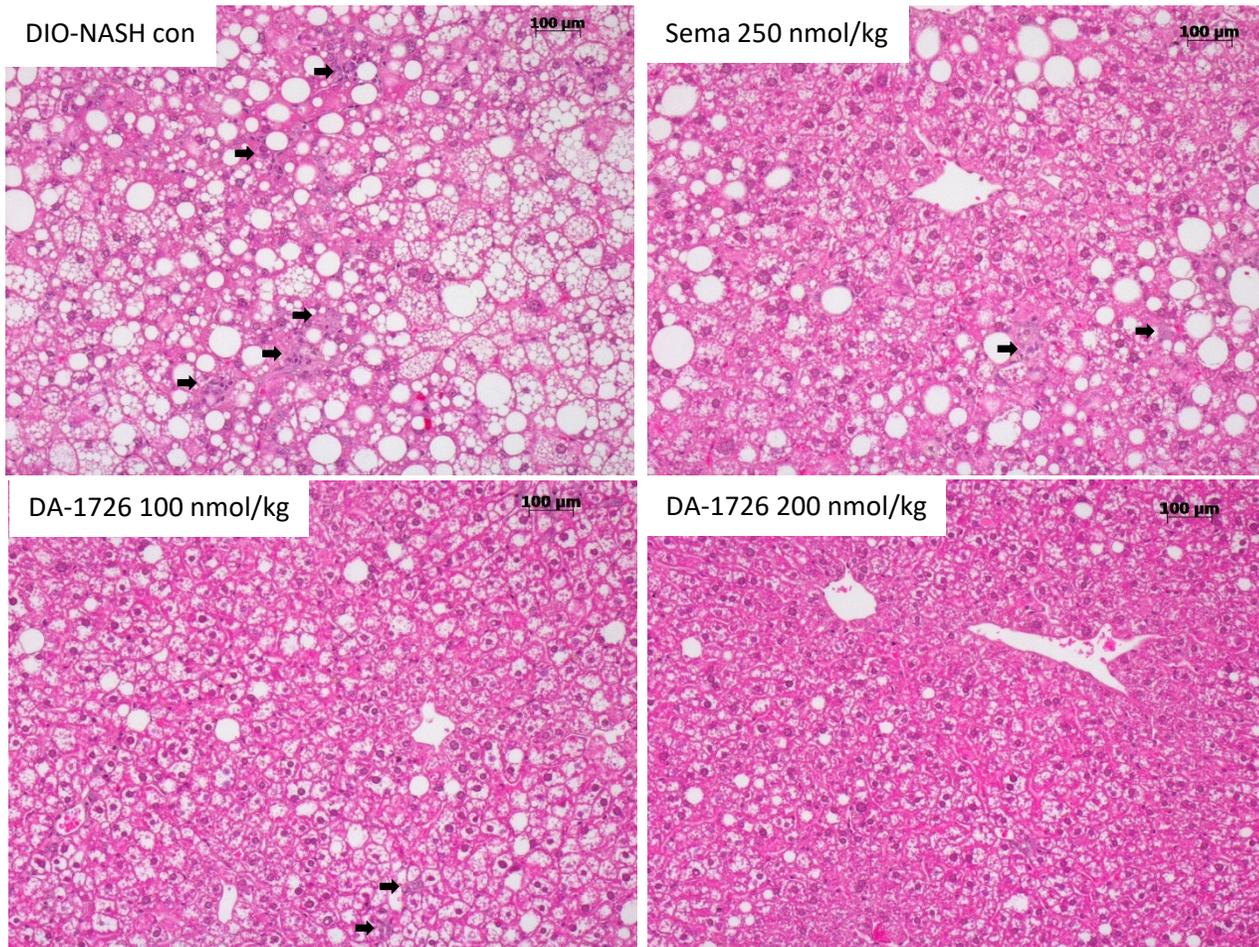


Kim TH et al., 82nd Scientific Sessions of ADA, Jun 3-7, 2022, New Orleans, LA (1403-P)



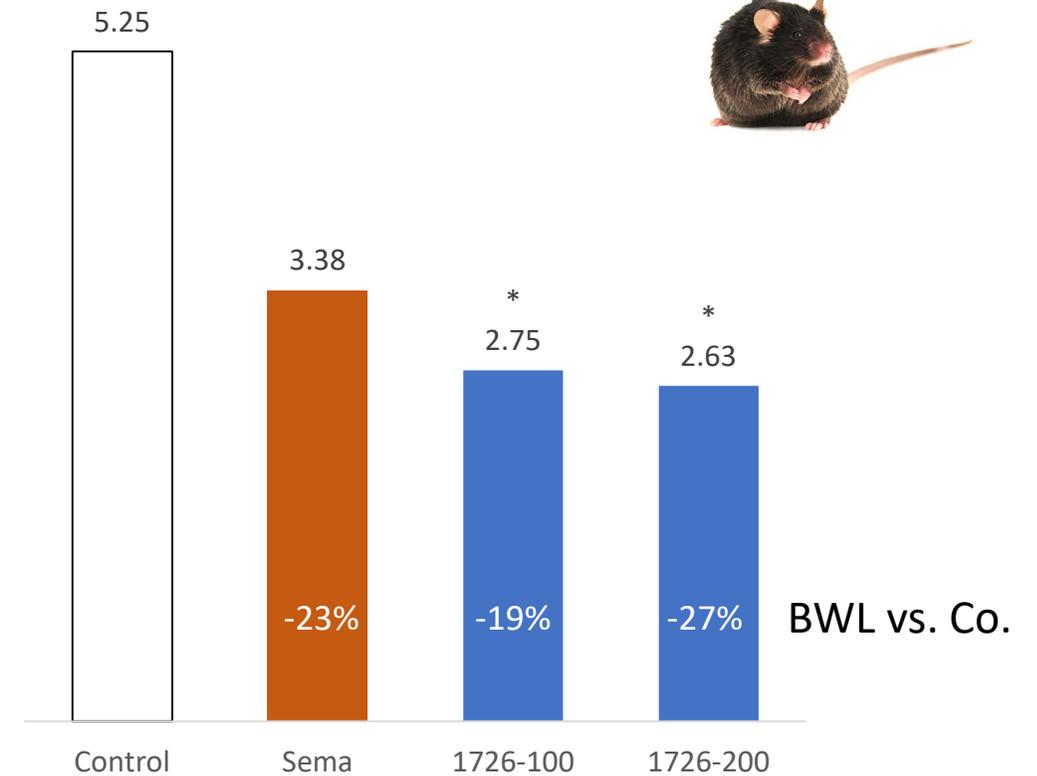
Potential Anti-MASH Effect

Higher anti-MASH effect compared to **Semaglutide** after 8-week treatment in DIO-MASH mice



Arrow: inflammation foci

NAFLD Activity Score





A Next Generation Anti-Obesity Drug Candidate, DA-1726



- **Strong body weight loss effect comparable to Tirzepatide**



- **Well-balanced activity between GLP-1 and GCG receptors**
 - : Little risk in hypoglycemia and hyperglycemia
 - : Body weight loss effect along with strong glucose-lowering effect



- **Best-in-class potential drug candidate under Phase 1 development**