

# 54020. Potent and Selective TYK2 degraders, Devoid of JAK Activity, Potently and Completely Suppress IL12/23 and Type I IFN Signaling Pathways

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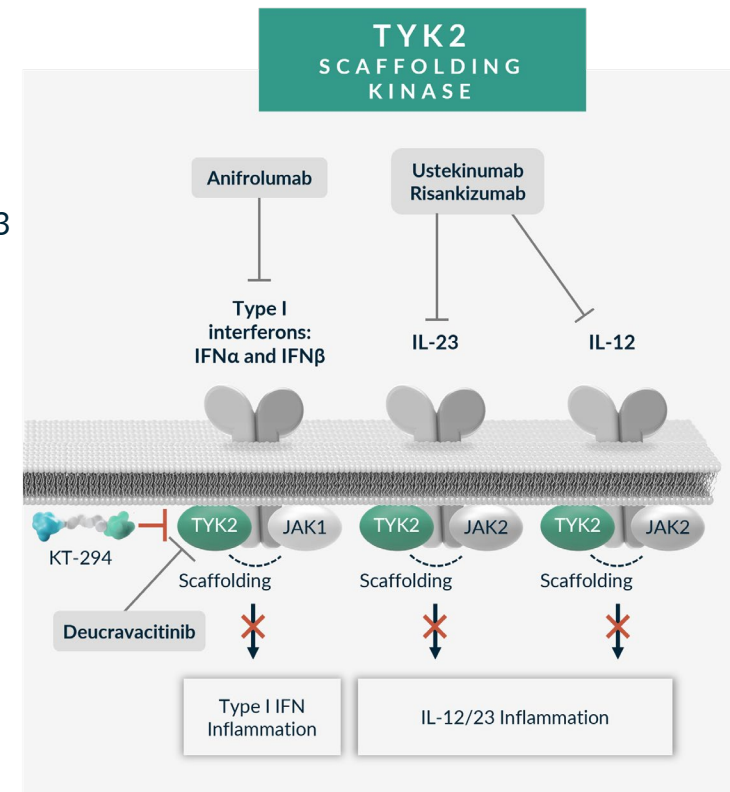
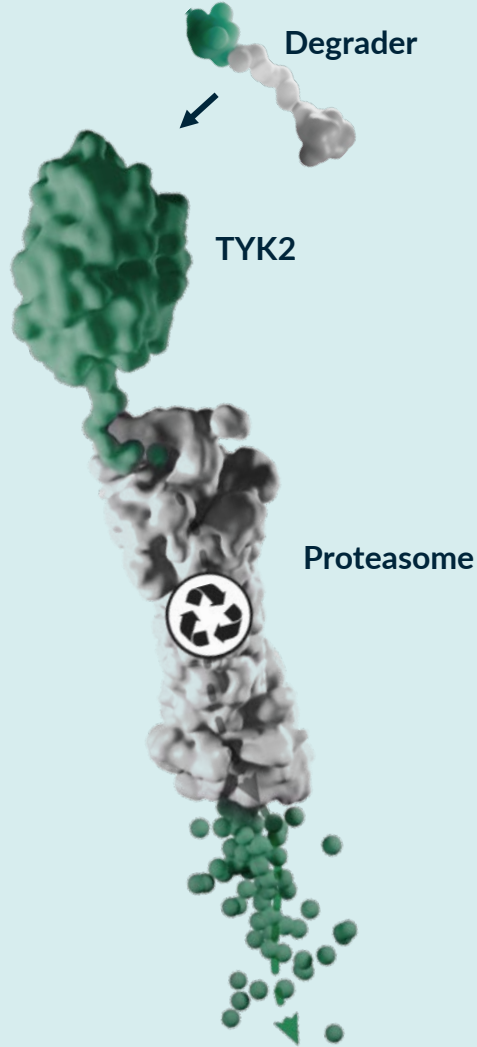
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## Introduction

TYK2, a member of the JAK family of kinases, binds the IL-12, IL-23 and type I IFN receptors to recruit and phosphorylate signal transducer and activation of transcription (STAT) transcription factors. A loss of function variant is protective in autoimmune diseases and an allosteric inhibitor (deucravacitinib) of TYK2 as well as biological agents targeting IL-12, IL-23 and IFN- $\alpha$  have been approved for the treatment of multiple autoimmune diseases, making TYK2 a highly attractive target. A common missense variant of TYK2, P1104A, rendering the protein catalytically inactive still supports signaling through the Type I IFN pathway, indicating that blocking the scaffolding function is required for inhibition of type I IFN. In addition, TYK2 inhibitors either approved or in clinical development have not demonstrated full target inhibition at clinically relevant doses.

## Methods and Results

We have developed a highly potent and exquisitely selective TYK2 degrader KT-294. We tested TYK2 in key cellular assays of the IL-12, IL-23 and IFN- $\alpha$  pathways in human primary cells. We compared the cytokine inhibition profiles of KT-294 with deucravacitinib and TAK-279 which support potential advantage of blocking both catalytic and scaffolding functions by degradation vs. small molecule inhibition. KT-294 is orally bioavailable and achieved full TYK2 degradation *in vivo* with low oral doses.



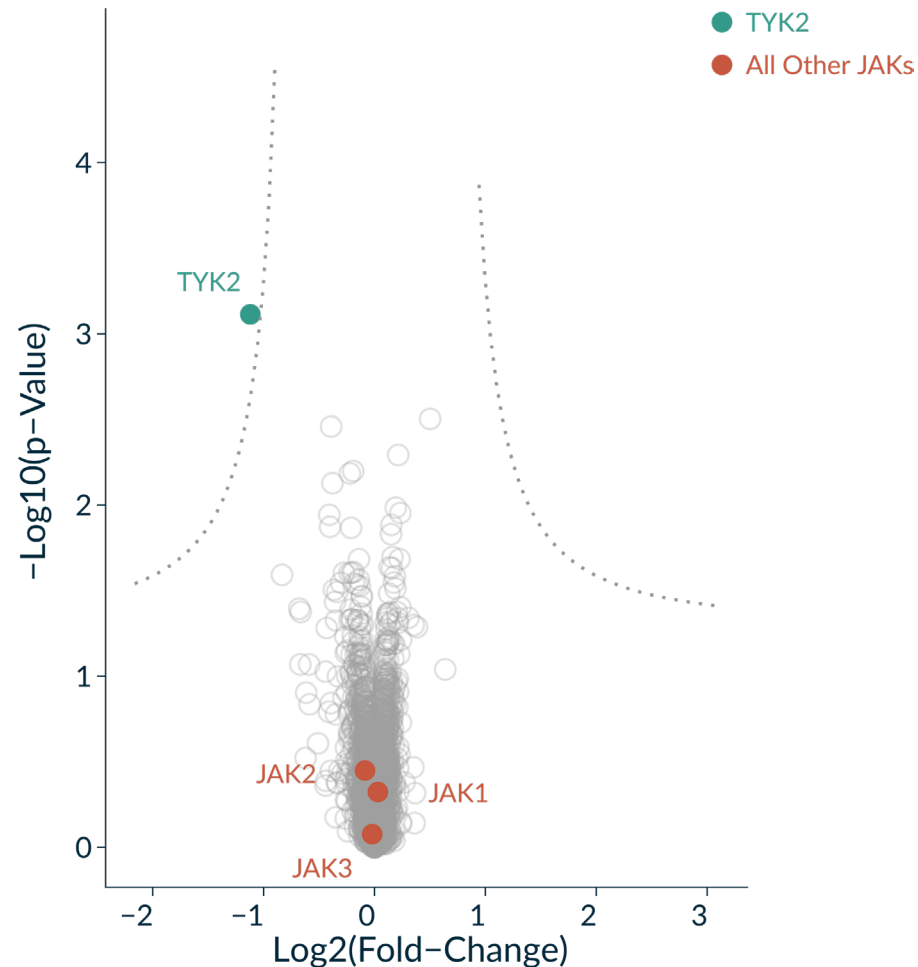
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# Results

KT-294, a highly selective picomolar TYK2 degrader, recapitulates TYK2 human deficiency biology and fully inhibits IL-12/23 and IFN- $\alpha$ , and spares IL-10/22

Selective TYK2 Degradation by KT-294 in human PBMC Proteome at 10x DC<sub>90</sub>



| Cellular Degradation/Functional Assay  | KT-294 DC <sub>50</sub> /IC <sub>50</sub> (nM) |
|--|--|
|  Human PBMC degradation                                 | 0.08   |
|  Human keratinocyte (neonatal and adult)                | 0.07   |
| <b>IL-23 pathway</b>   |  |
|  IL-23 pSTAT4 in human PBMC                             | 0.7  |
|  IL-23 pSTAT3 in human CD3+CD161high TH17 cell          | 2.1  |
|  IL-23/IL-1 $\beta$ IFN- $\gamma$ release in human PBMC | 2.4  |
| <b>Type I IFN pathway</b>  |  |
|  IFN- $\alpha$ pSTAT1 in human CD19 B cell              | 13   |
|  IFN- $\alpha$ pSTAT2 in human CD19 B cell              | 15   |
|  IFN- $\alpha$ IP10 release in human PBMC               | 4.9  |
| <b>IL-12 pathway</b>   |  |
|  IL-12/IL-18 pSTAT4 in human PBMC                     | 1.3  |
|  IL-12/IL-18 IFN- $\gamma$ release in human PBMC      | 10   |
| <b>IL-10 and IL-22 pathways</b>  |  |
|  IL-10 pSTAT3 in human CD14 monocyte                  | > 1000   |
|  IL-22 pSTAT1 in HT29 cell                            | > 1000   |
|  IL-22 pSTAT3 in HT29 cell                            | > 1000   |

# Results

KT-294, unlike allosteric TYK2 inhibitor deucravacitinib, does not inhibit IL-10

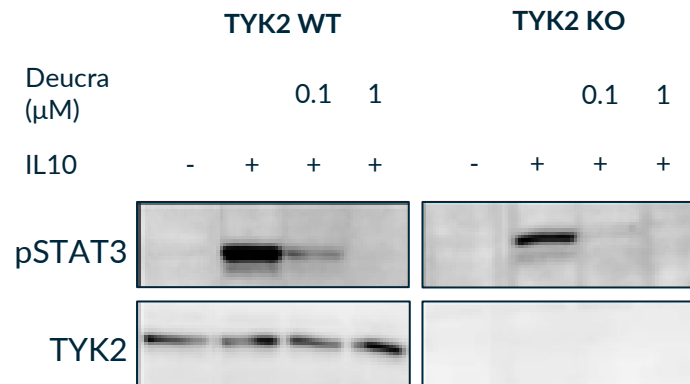
IL-10 has essential roles in intestinal homeostasis

- Loss of function mutations of the IL-10 pathway cause early onset refractory colitis in humans

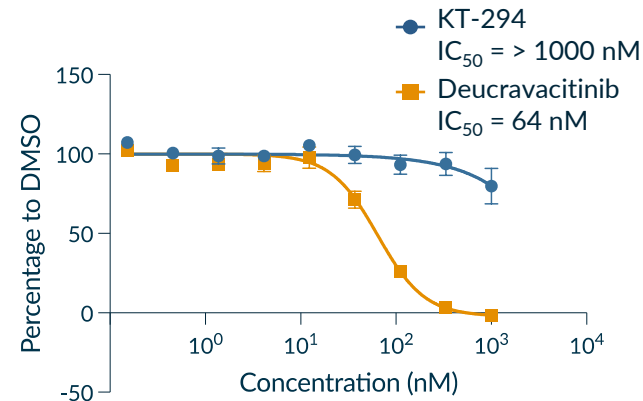
Deucravacitinib inhibits IL-10 through JAK1

- Deucravacitinib JAK1 Ki = 0.33 nM (Burke et al. Sci Transl Med. 2019)
- KT-294 JAK1 Ki = > 1000 nM

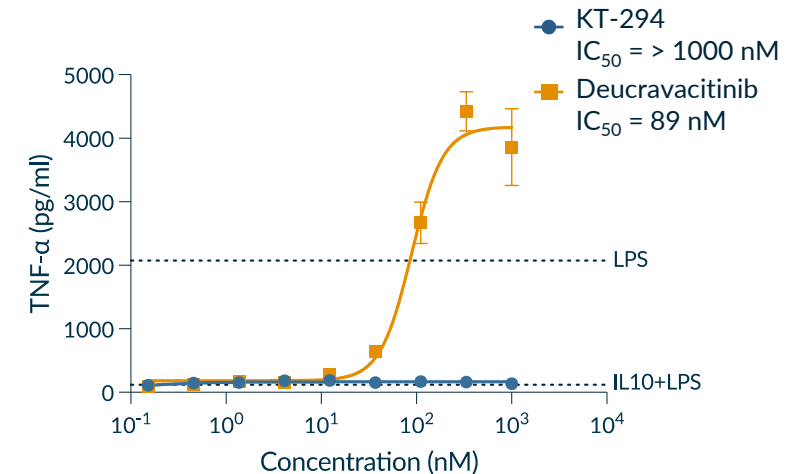
Deucravacitinib Inhibited IL-10 induced pSTAT3 in TYK2 KO EBV B Cell



Deucravacitinib Inhibited IL-10 Induced pSTAT3 in Human CD14 Monocyte

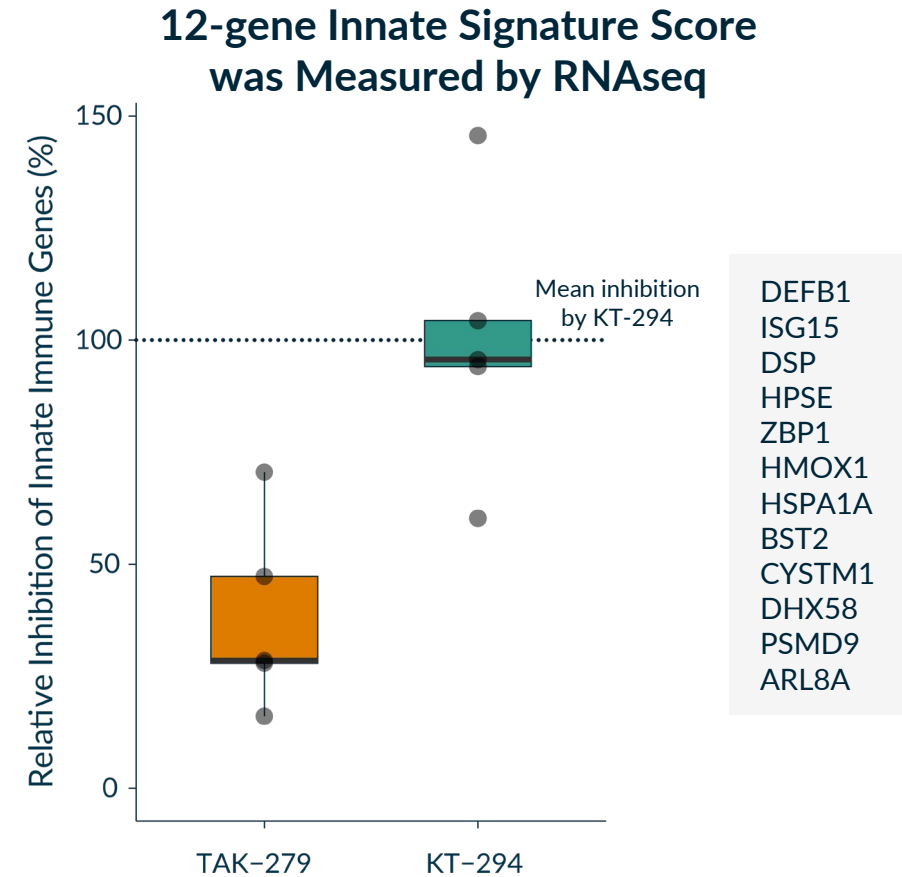
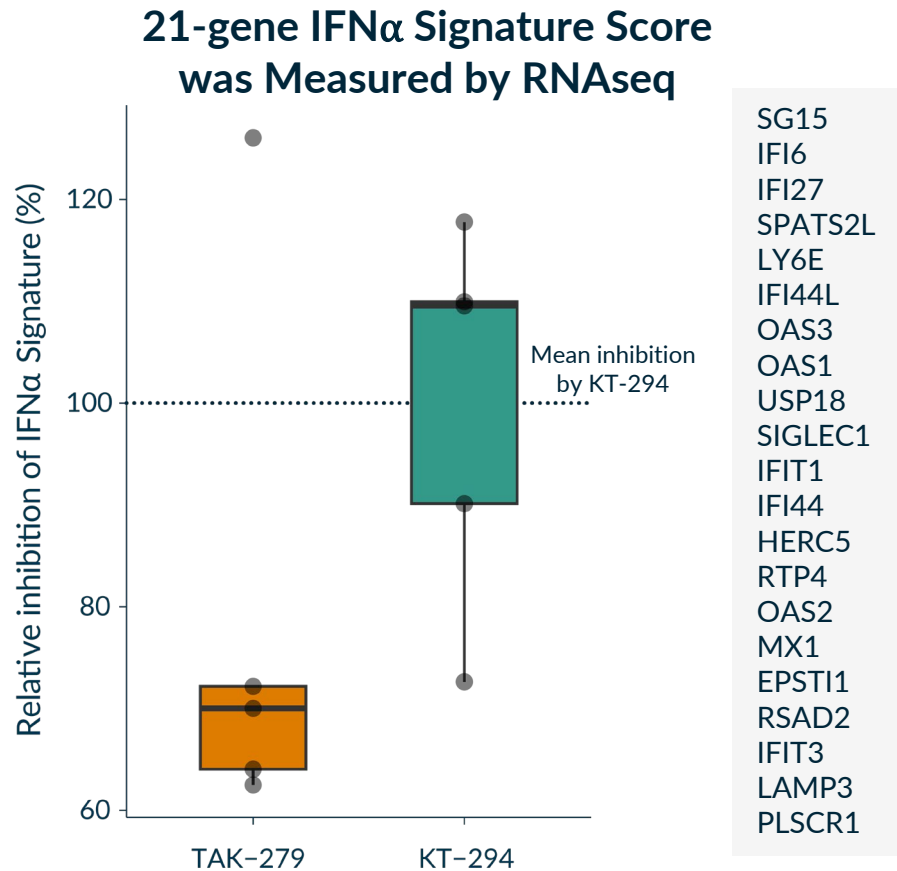


Deucravacitinib inhibited IL-10's function of suppressing LPS induced TNF-α release in human CD14 monocyte



# Results

## Superior Inhibition of type I IFN pathway and innate immunity by KT-294 vs TAK-279

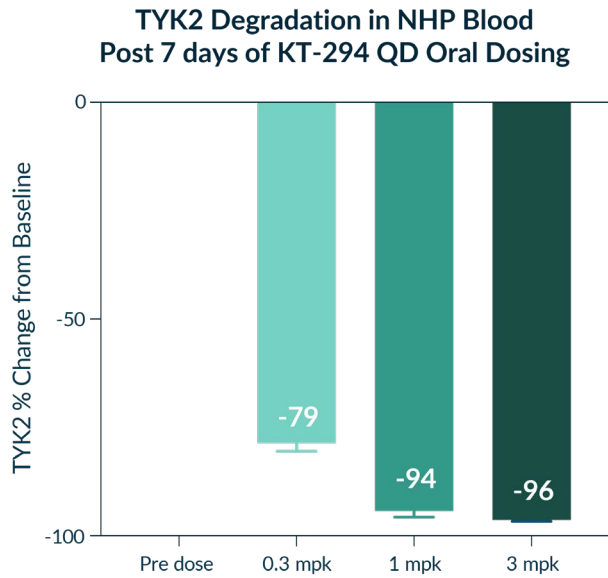


### Doses Used:

- TAK-279 = 422nM (IFN- $\alpha$  stimulated pSTAT2 IC<sub>95</sub>). Clinical exposure C<sub>max</sub> (free) at 35mg = ~ 77 nM
- KT-294 = 56nM (IFN- $\alpha$  stimulated pSTAT2 IC<sub>95</sub>)

# Results

## KT-294 achieves dose dependent deep TYK2 degradation *in vivo* with low oral doses



## Biological and clinical differentiation

| TYK2 Clinical Opportunities | Deucravacitinib<br>IL12/23, IFN, IL10 | TAK-279<br>IL12/23, ~IFN | KT-294<br>IL12/23, IFN | KT-294, unlike TYK2 SMI, can replicate the TYK2 deficient phenotype and result: potent Type I IFN, IL-12/23 inhibition fully while sparing IL-10<br><br><b>WITH FOLLOWING EXPECTED CLINICAL DIFFERENTIATION:</b> |
|-----------------------------|---------------------------------------|--------------------------|------------------------|--|
|                             | Psoriasis                             | ++                       | ++                     |  |
| Psoriatic Arthritis         | ++                                    | ++                       | +++                    | >90% degradation vs 70-80% inhibition at steady state (best anti-IL23 profile)   |
| IBD                         | -                                     | ++                       | +++                    | >90% degradation vs 70-80% inhibition at steady state (best anti-IL23 profile), + sparing IL-10  |
| Lupus & interferonopathies  | ++                                    | +                        | +++                    | >90% degradation vs 70-80% inhibition at steady state (best anti-IL23 profile) + best anti-IFN profile   |

# Conclusion

- KT-294 is a highly potent and selective TYK2 degrader developed with the targeted protein degradation platform at Kymera.
- TYK2 degradation by KT-294 recapitulates human TYK2 deficiency biology with potent IL-12/23 and type I IFN inhibition and sparing of IL-10/22.
- By blocking both the catalytic and scaffolding functions of TYK2, KT-294 achieves a differentiated cytokine inhibition profile supporting potential advantage over small molecules. Unlike deucravacitinib, which inhibits IL-10 through JAK1, KT-294 does not inhibit IL-10, which is important in IBD. Compared to TAK-279, KT-294 fully inhibits Type I IFN which is important in interferonopathies.
- KT-294 demonstrates deep and sustained knock down *in vivo* with low oral doses.

# References

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**Disclosures:** This work was sponsored by Kymera Therapeutics, Inc. All authors are employees and equity owners of Kymera Therapeutics, Inc.

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