



# DISCOVERY OF [18F]ACI-12589: A NOVEL AND PROMISING PET-TRACER FOR ALPHA-SYNUCLEIN

Francesca Capotosti, PhD | AD/PD™ 2022 | 18 March



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## Disclosures

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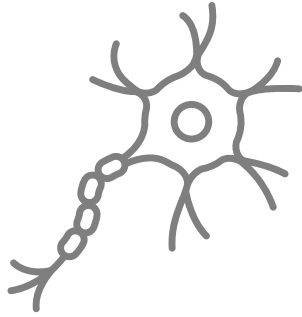
## Funding

*Grants from the Michael J Fox Foundation*

# A-syn<sup>1</sup> PET<sup>2</sup> tracers can improve the diagnosis and treatment of NDD<sup>3</sup>

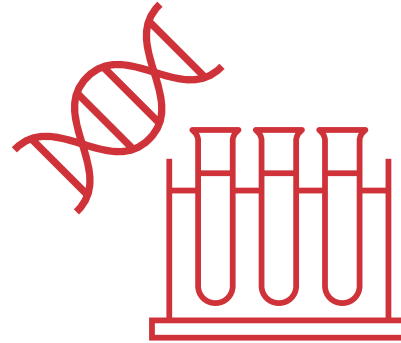
An effective PET tracer is needed to best enable precision medicine for a-synucleinopathies

Early Diagnosis and Treatment is Key in NDD



- Once neurons are damaged, they cannot be repaired or replaced with current therapies

Early diagnosis of a-syn-opathies<sup>4</sup> is not possible with current techniques



- Dopaminergic imaging correlates poorly with disease severity
- Genetic testing is ineffective in most cases
- Low abundance of a-syn limits utility of fluid biomarkers

Benefits of PET tracers for imaging have been validated

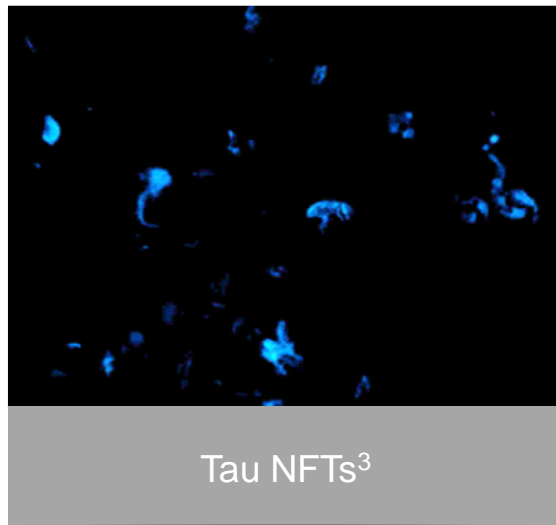
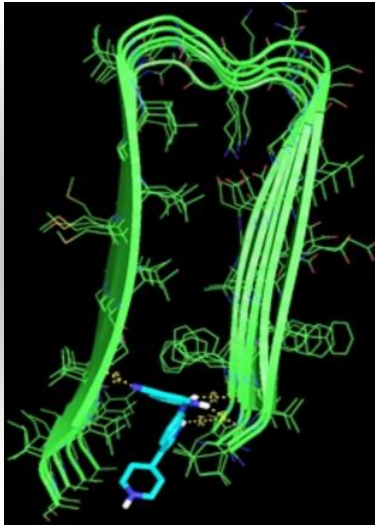


- Patient stratification
- Better clinical trials when focused using PET tracer for recruitment and monitoring
- May enable combination treatment of co-pathologies

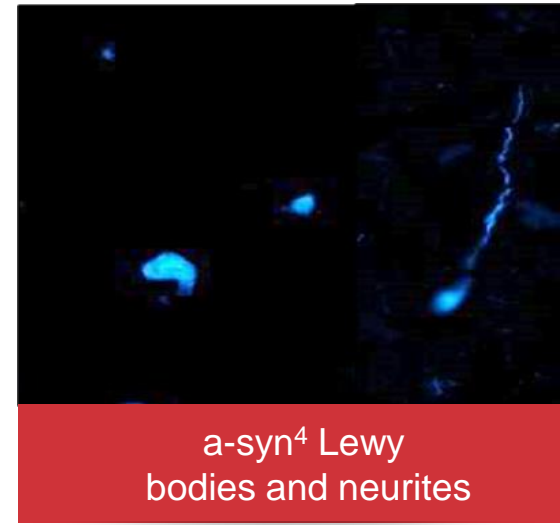
(1) Alpha-synuclein; (2) Positron emission tomography; (3) Neurodegenerative disease; (4) Alpha-synucleinopathies

# Precision medicine approach enabled by the Morphomer® platform

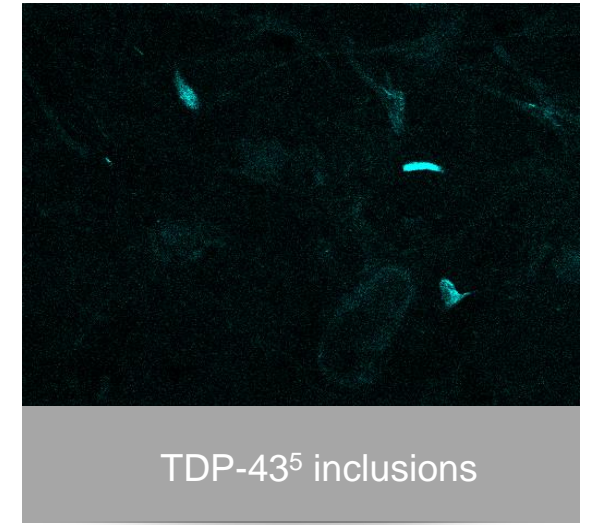
Developing a suite of PET<sup>1</sup> tracers against emerging targets in NDD<sup>2</sup>



Tau NFTs<sup>3</sup>



a-syn<sup>4</sup> Lewy  
bodies and neurites



TDP-43<sup>5</sup> inclusions

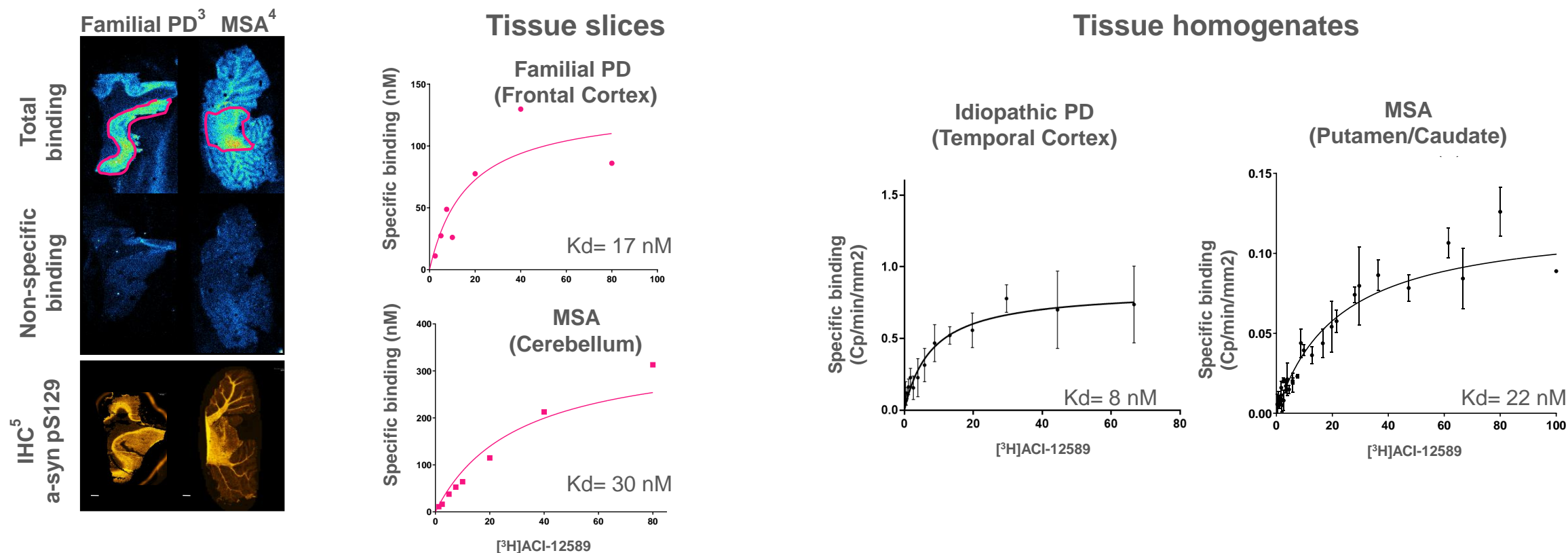
## Leverage the Morphomer® small molecule platform:

- Non-peptidic, small molecules with CNS-drug properties for brain penetration
- Conformation-specificity (pathologic protein species)
- Selectivity against co-pathologies (Abeta, Tau, TDP-43)
- Pharmacokinetics suitable for brain PET imaging

(1) Positron emission tomography; (2) Neurodegenerative disease; (3) Neurofibrillary tangles; (4) Alpha synuclein; (5) TAR DNA binding protein-43

# ACI-12589: a potential $\alpha$ -syn<sup>1</sup> PET<sup>2</sup> tracer

[<sup>3</sup>H]ACI-12589 specific binding on brain tissue from different  $\alpha$ -synucleinopathy cases

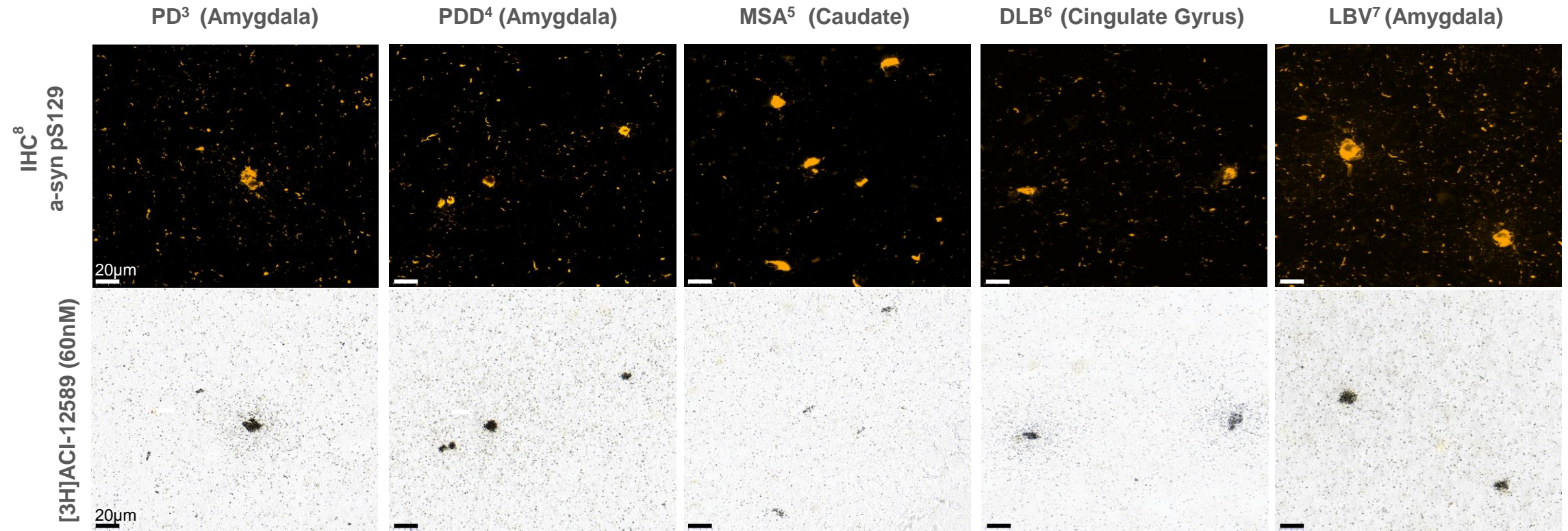


- ACI-12589 displays a clear autoradiography signal which correlates with the presence of pathological  $\alpha$ -syn
- Binding affinities are measured in the range of 8-30 nM with B<sub>max</sub>/K<sub>d</sub> ratios of ~ 5-10

(1)  $\alpha$ -synuclein ; (2) Positron emission tomography; (3) Parkinson's disease with G51D SNCA mutation; (4) Multiple system atrophy; (5) Immunohistochemistry

# ACI-12589: a potential $\alpha$ -syn<sup>1</sup> PET<sup>2</sup> tracer

[3H]ACI-12589 target engagement on a range of different  $\alpha$ -syn inclusions

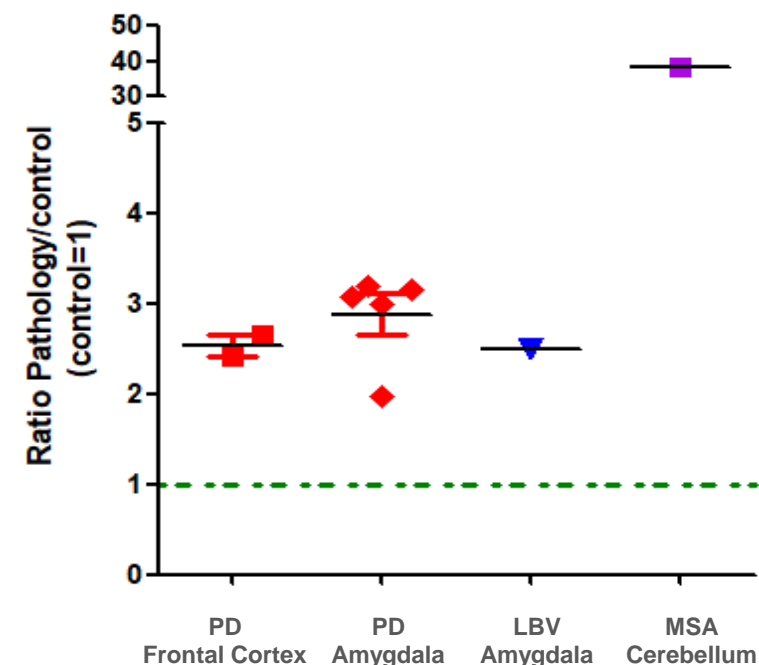
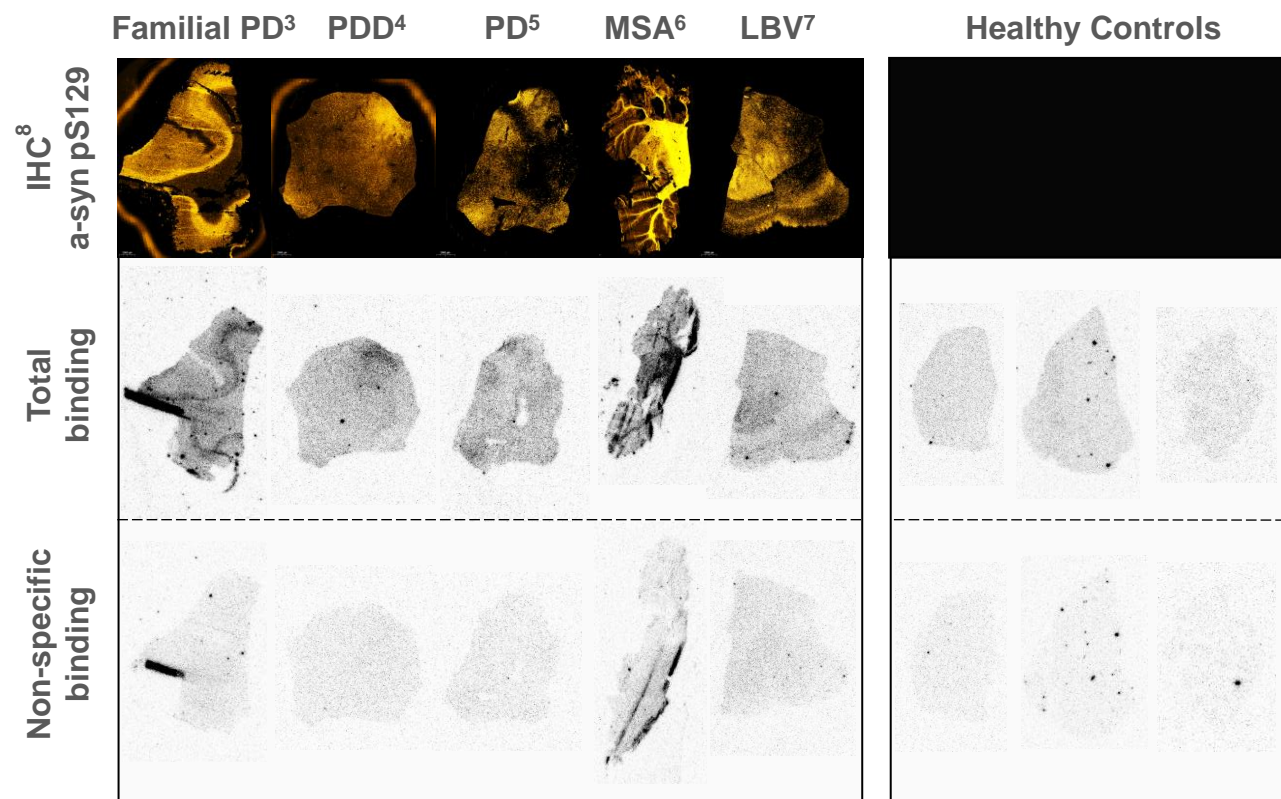


■ ACI-12589 displays strong target engagement on Lewy bodies and Lewy neurites, as well as smaller  $\alpha$ -syn inclusions, across a wide range of  $\alpha$ -synucleinopathies

(1)  $\alpha$ -synuclein ; (2) Positron emission tomography; (3) Parkinson's disease; (4) Parkinson's disease with dementia; (5) Multiple system atrophy; (6) Dementia with Lewy bodies; (7) Lewy body variant of Alzheimer's disease; (8) Immunohistochemistry

# ACI-12589: a potential $\alpha$ -syn<sup>1</sup> PET<sup>2</sup> tracer

[18F]ACI-12589 specific binding on brain tissue from different  $\alpha$ -synucleinopathy cases



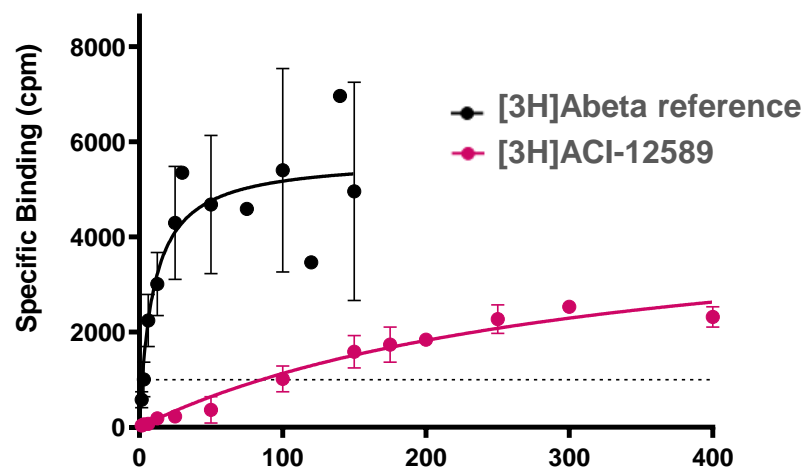
- Classical autoradiography experiments confirms specific binding across a wide range of  $\alpha$ -synucleinopathies

(1)  $\alpha$ -synuclein; (2) Positron emission tomography; (3) Parkinson's disease with G51D SNCA mutation; (4) Parkinson's disease with dementia; (5) Parkinson's disease; (6) Multiple system atrophy; (7) Lewy body variant of Alzheimer's disease; (8) Immunohistochemistry

# ACI-12589: selective *versus* Abeta and Tau

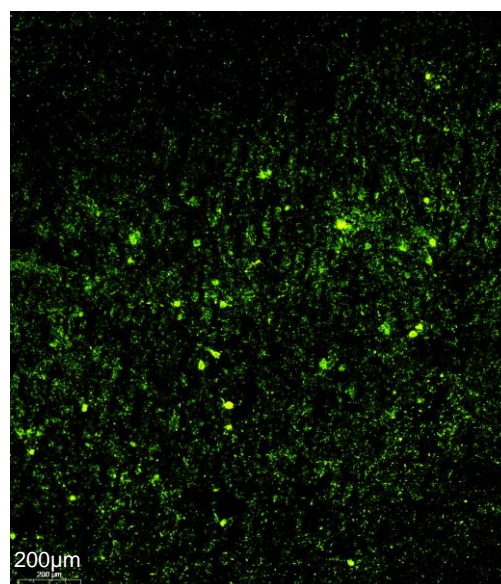
[3H]ACI-12589 assessed using Alzheimer's disease tissue

## Radiobinding with AD<sup>1</sup> brain homogenates (Frontal Cortex)



Compound	Kd
[3H]Abeta reference	10 nM
[3H]ACI-12589	317 nM

## High-resolution ARG<sup>2</sup> on Tau rich AD sections (Entorhinal Cortex)



IHC<sup>3</sup> for Tau (MC1)



[3H]ACI-12589



[3H]PI-2620  
Tau reference

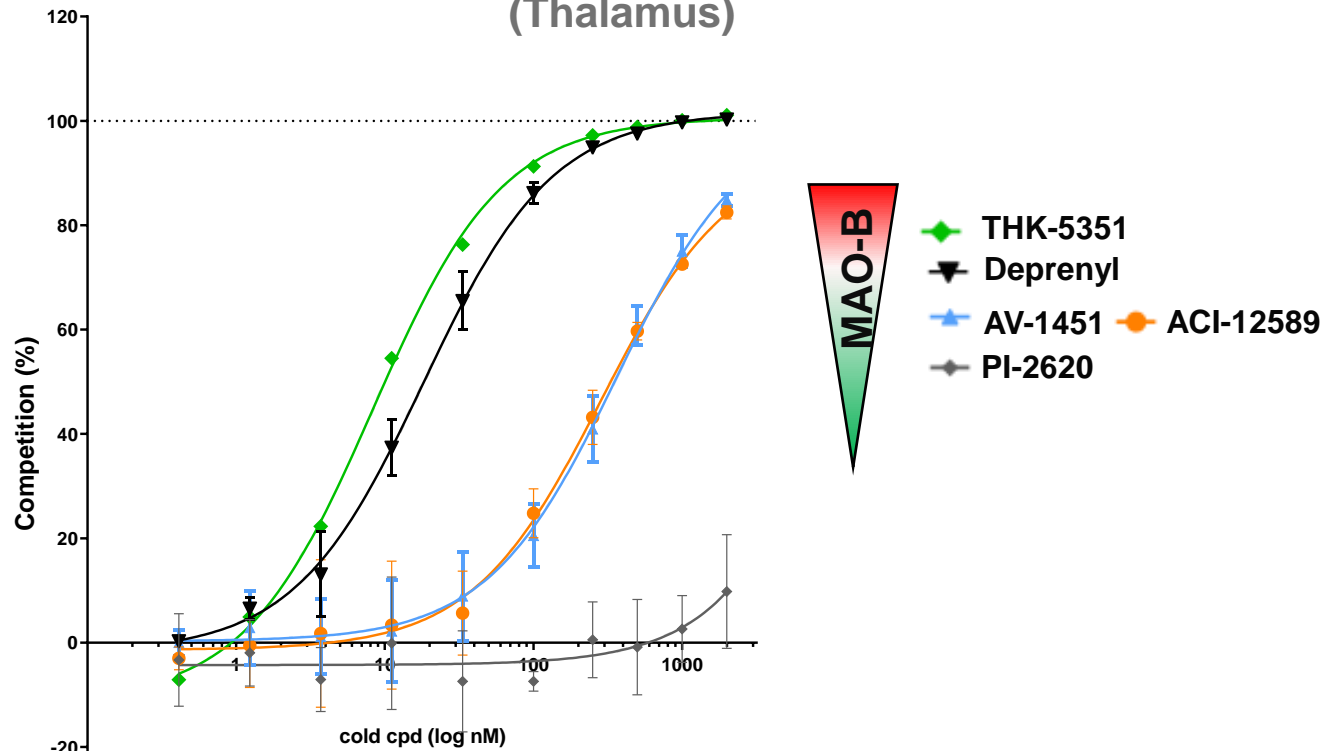
■ ACI-12589 displays selectivity versus co-pathologies such as Abeta and Tau

(1) Alzheimer's disease; (2) Autoradiography; (3) Immunohistochemistry

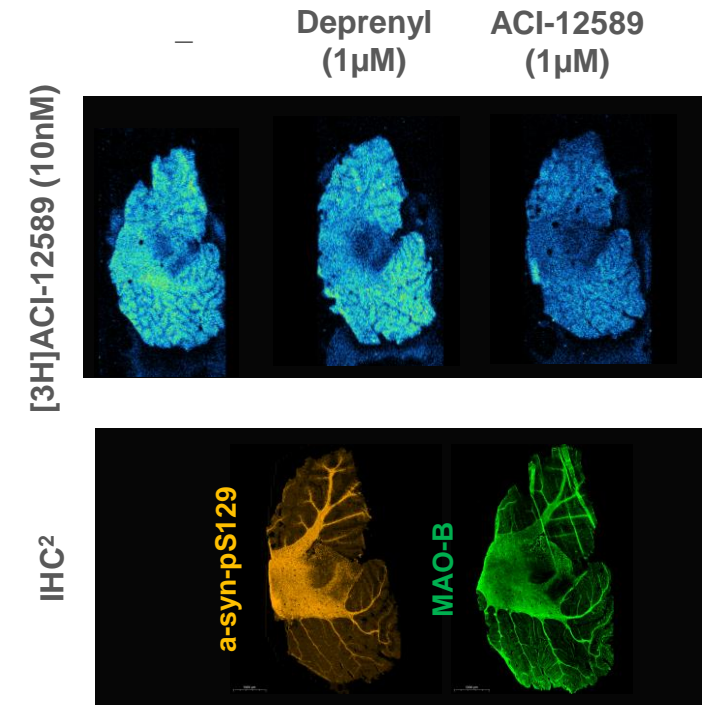
# ACI-12589: minimal off-target binding

[3H]ACI-12589 assessed for off-target binding to MAO-B<sup>1</sup>

## Radiobinding on brain homogenates from healthy donor (Thalamus)



## Autoradiography on MSA (Cerebellum)

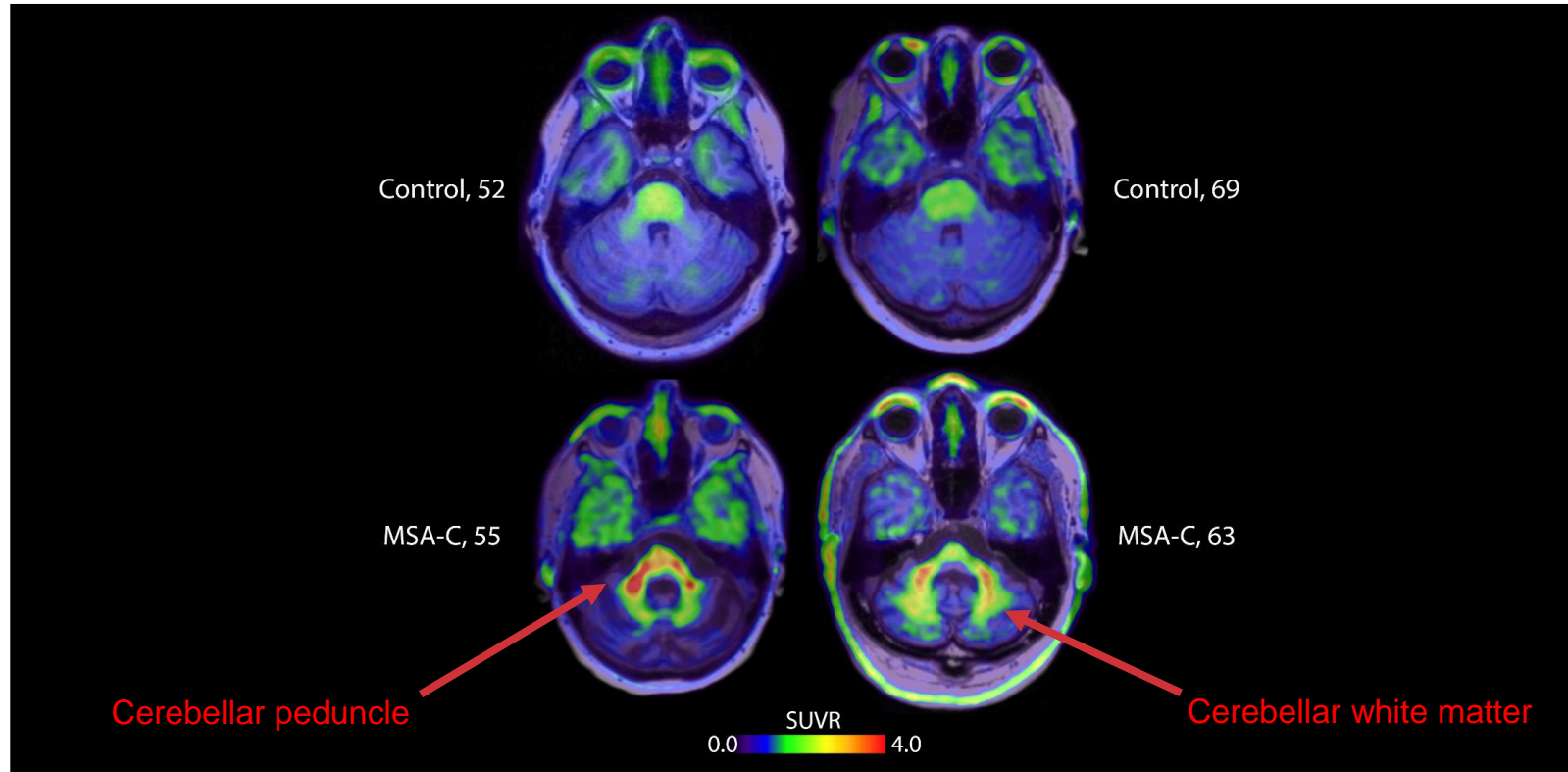


- When assessed against **133** receptors and enzymes, only a weak off-target binding was observed for MAO-B confirmed by limited displacement using the MAO-B inhibitor Deprenyl by autoradiography experiments

(1) Monoamine oxidase-B; (2) Immunohistochemistry

# [18F]ACI-12589 as potential first-in-class PET<sup>1</sup> tracer for MSA<sup>2</sup>

Representative PET scan images of MSA and controls



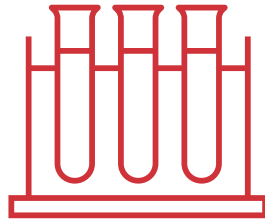
- PET scan images suggest tracer retention in areas affected by disease process in MSA such as the cerebellar white matter and the cerebellar peduncles
- Available clinical data will be presented by **Ruben Smith on March 18, 06:45 PM – 07:00 PM, Room Onsite: 114**

(1) Positron emission tomography; (2) Multiple system atrophy

# [18F]ACI-12589 as potential first-in-class PET<sup>1</sup> tracer for MSA<sup>2</sup>

Data support the further clinical development in MSA, and continuing evaluation in other synucleinopathies

## Preclinical data



- Significantly improved target binding with clean off-target profile
- Recognition of a-syn<sup>3</sup> inclusions across different synucleinopathies
- Selectivity versus potential co-pathologies
- Pharmacokinetic profile suitable for use as a brain PET imaging agent

## Clinical data



- Short scan time: good brain uptake and fast signal equilibration
- Substantial tracer retention seen in MSA in expected brain regions
- No clinically relevant *in vivo* block of cerebellar signal after MAO-B<sup>4</sup> blocking

(1) Positron emission tomography; (2) Multiple system atrophy; (3) Alpha-synuclein; (4) Monoamine oxidase-B

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