



NIBR/TM  
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# Leqvio A Novartis Cholesterol-Lowering Drug

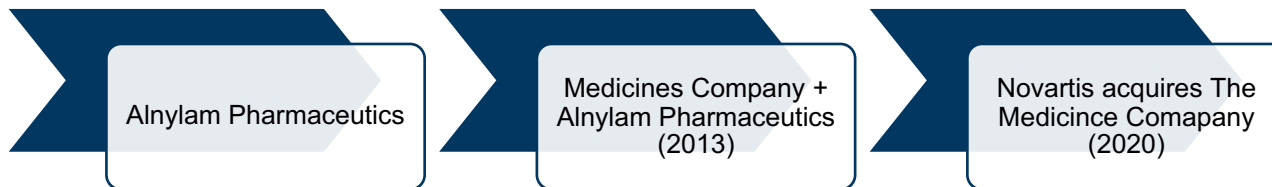
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 **NOVARTIS** | Reimagining Medicine

# Development Milestones for Leqvio

- Company



- Bioanalysis



- Development activities



# Leqvio/Inclisiran and Atherosclerotic Cardiovascular Disease

- Clinical data show a strong correlation between Low-density lipoprotein cholesterol (LDL-C) reduction and decline in Atherosclerotic cardiovascular disease (ASCVD)-associated mortality.
- Therefore, it is essential to control circulating LDL-C levels to prevent ASCVD.
- EMA: *“Inclisiran, the active substance in Leqvio, interferes with RNA (genetic material) to limit the production of PCSK9, a protein that can increase levels of LDL-cholesterol (‘bad’ cholesterol). By preventing PCSK9 production, Leqvio helps to lower LDL-cholesterol levels.”*

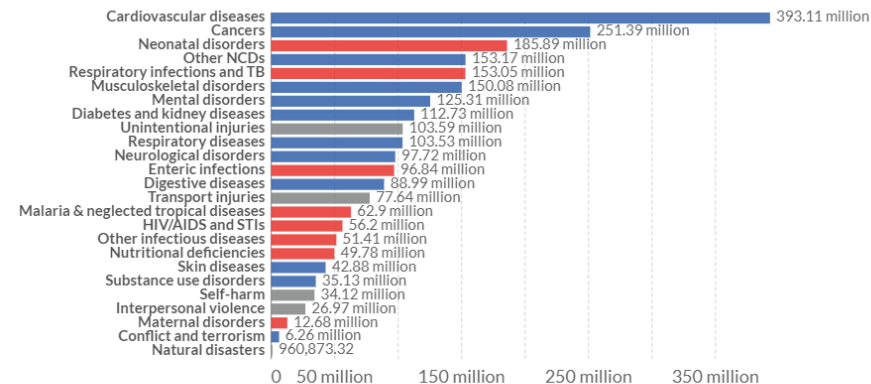
## Burden of disease by cause, World, 2019

Total disease burden, measured in Disability-Adjusted Life Years (DALYs) by sub-category of disease or injury.

DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.

Our World  
in Data

↔ Change country



Source: IHME, Global Burden of Disease (2019)

OurWorldInData.org/burden-of-disease • CC BY

Note: Non-communicable diseases are shown in blue; communicable, maternal, neonatal and nutritional diseases in red; injuries in grey.

▶ 1990 ————— 2019

# Guidelines for Blood Cholesterol

- Statin therapy is first-line treatment for primary prevention of ASCVD in patients with high to severely elevated low-density lipoprotein cholesterol levels ( $\geq 190$  mg/dL) and should be taken daily.
- In EU, Leqvio/Inclisiran has been approved for treating adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia.
- The Leqvio/Inclisiran patient population are either statin intolerant or are on the maximum dose of statins but do not benefit sufficiently of lower circulating LDL-C levels.

**Determine Candidates for Pharmacotherapy**

**Statin remain first line**

**Clinical ASCVD**

- Reduce LDL cholesterol level by  $\geq 50\%$  with high-intensity statin (or maximum dose tolerated without side effects)
- Consider nonstatin therapy in patients at very high risk (LDL cholesterol threshold of  $\geq 70$  mg/dl while receiving maximum dose tolerated)

**Severely elevated LDL cholesterol ( $\geq 190$  mg/dl)**

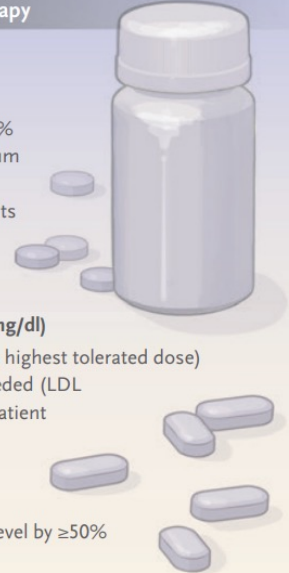
- Prescribe high-intensity statin (up to highest tolerated dose)
- Consider addition of nonstatin if needed (LDL cholesterol remains  $\geq 100$  mg/dl in patient with risk factors)

**Diabetes**

- Prescribe moderate-intensity statin
- Consider reducing LDL cholesterol level by  $\geq 50\%$  in patients at high risk

**10-yr risk of ASCVD  $\geq 7.5\%$**

- Prescribe moderate-intensity statin if discussion favors therapy after consideration of risk-enhancing factors, coronary artery calcium, or both
- Reduce LDL cholesterol level by  $\geq 30\%$  (or  $\geq 50\%$  if 10-yr risk  $\geq 20\%$ )

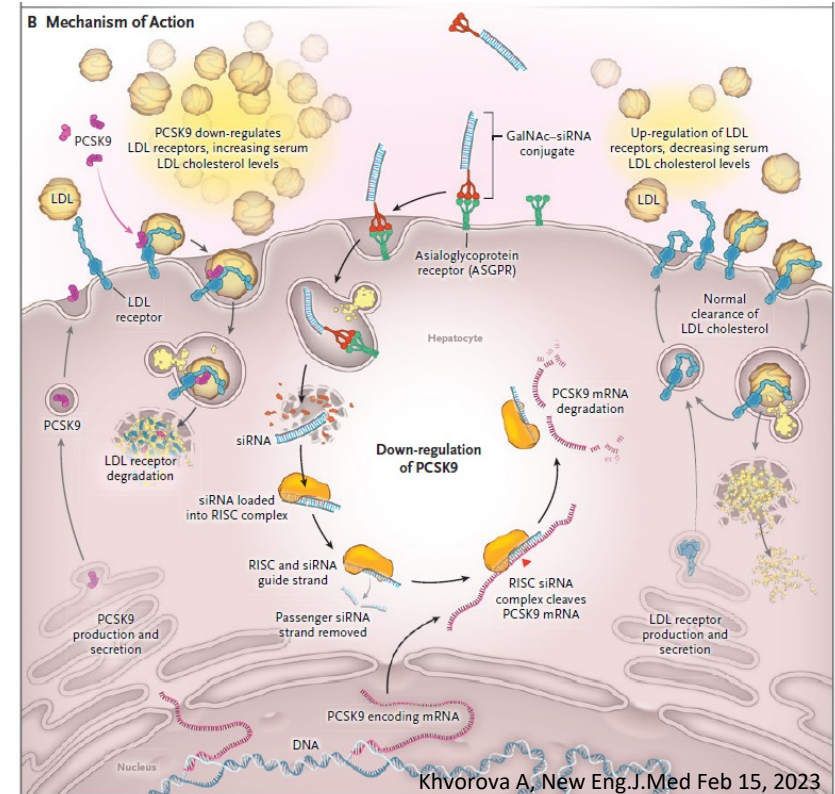


Erin D. Michos *et al* New Eng.J.Med 381;16 Oct 17 2019



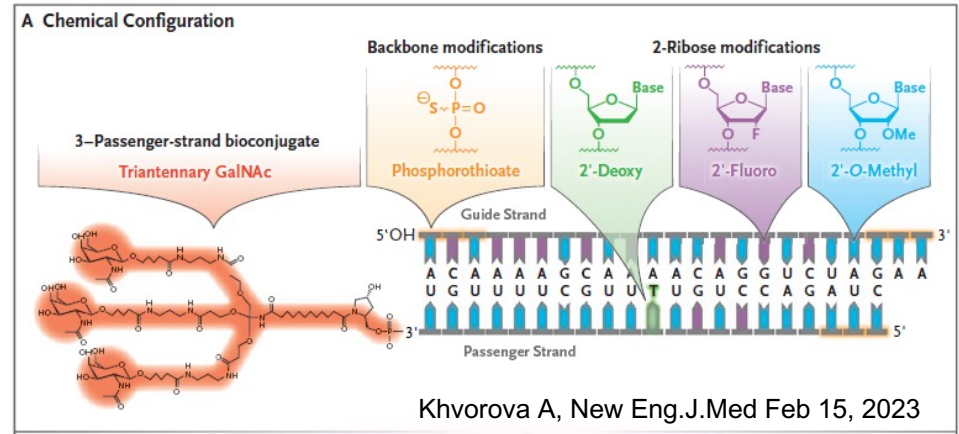
# Mechanism of Action

- Leqvio/Inclisiran targets the proprotein convertase subtilisin–kexin type 9 (PCSK9) enzyme.
- By PCSK9 mRNA degradation, PCSK9 translation is prevented
- As a consequence, the expression of the LDL-C receptor is enhanced resulting in lower circulating LDL-C levels
- Inclisiran has the benefit of far lower dose frequency (twice yearly) compared to treatments with monoclonal antibodies to PCSK9 (administered every 2–4 weeks) or statins with half-lives of 1-3h or 14-19h.



# Chemical Structure

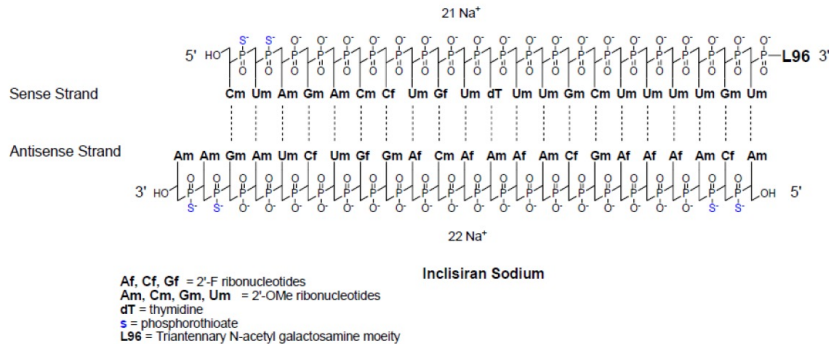
- Inclisiran consists of a guide and passenger strand, the nucleotides are modified to improve compound stability (one 2'-deoxy, eleven 2'-fluoro, and thirty-two 2'-O-methyl modified nucleotides)
- Termini of the duplex are modified with phosphorothioates, and the 3' end of the passenger strand is functionalized with triantennary GalNAc.
- The triantennary GalNAc conjugate is specifically recognized by the asialoglycoprotein receptor (ASGPR) that is highly expressed on the surface of liver hepatocytes, the cell type primarily responsible for cholesterol clearance.



The combination of the 2'-fluoro and 2'-O-methyl modifications allows for substantial compound stabilization.

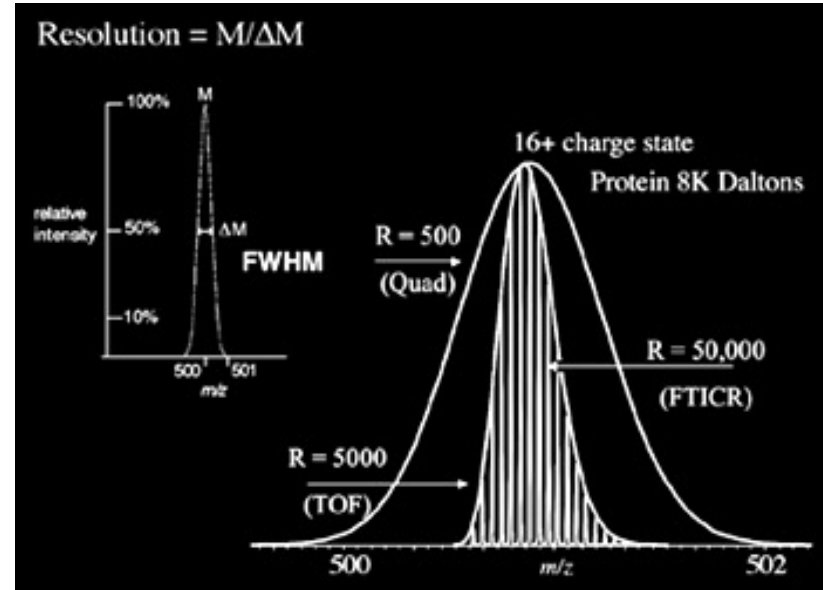
# Mass Resolution

- QPS developed a HPLC HRMS method on a Triple TOF 5600 MS



Assessment report, Procedure No. EMEA/H/C/005333/0000 (EMA)

- When using triple-quadrupole mass spectrometry for quantification of siRNAs, data interpretation is difficult due to various chemical modifications of synthetic siRNAs to prolong the half-life of the drug in circulation
- High-resolution accurate mass measurement becomes an attractive approach for distinguishing the ions that differ by less than 1 Da in molecular weight



Mass Spectrometry: Basics (scripps.edu)

Compound Name	Duplex Number	Molecular Weight	Strand ID	Single Strand Number	Identity by IPRP-HPLC-ESI-MS
ALN-PCSSC	ALN-60212	16337 Da	Sense	A-122088	8640 Da
			Antisense	A-120190	7697 Da

# HPLC TOF Mass Spectrometry Method

- Plasma samples were processed by solid phase extraction, analyzed using reversed-phase HPLC Triple TOF 5600 MS detection.
- Accurate mass of ten ions for each strand of Inclisiran, antisense (A-120190) and sense (A-122088), and each strand of IS ALN-60519, antisense (A-122227) and sense (A-122230), were monitored in the negative ion mode.
- The peak area for the analyte or IS was the sum of the response from the respective ten ions.
- The peak area ratios of the two single strands were used to construct two separate standard curves using 1/x<sup>2</sup> weighted quadratic regression analysis, resulting in two distinct sets of validation data.
- For 100 uL of human plasma a LLOQ of 10 ng/mL was validated using small molecules guidelines. The linear range was 10-10 000 ng/mL.
- PK assay transfer to Novartis qualified vendor (LabCorp). QPS MVR was shared.

How to report the data? A selection criteria was defined by QPS.

Reporting result based on ratio:

1) [Anti-sense]/Sense  $\geq 1$ , [Sense] will be reported

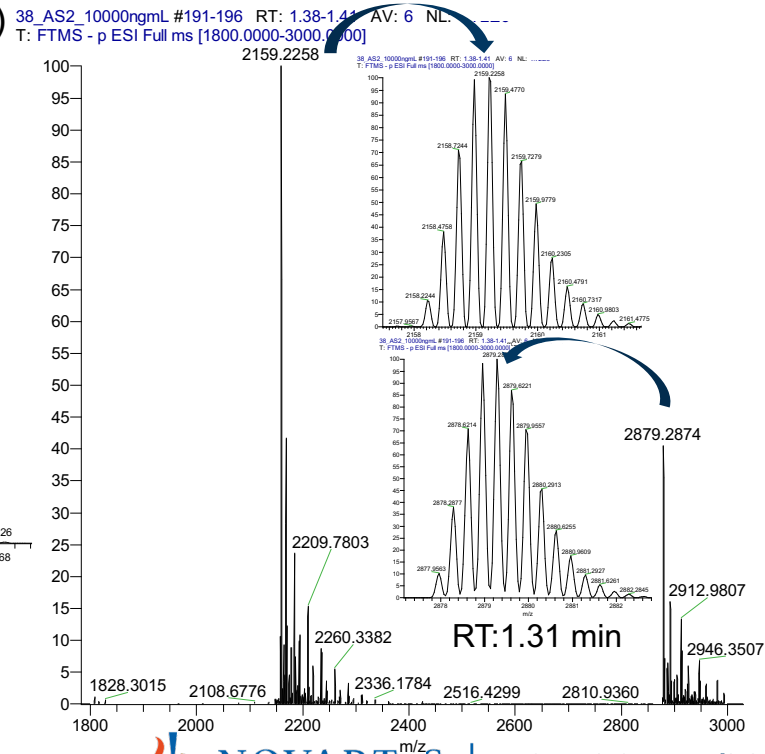
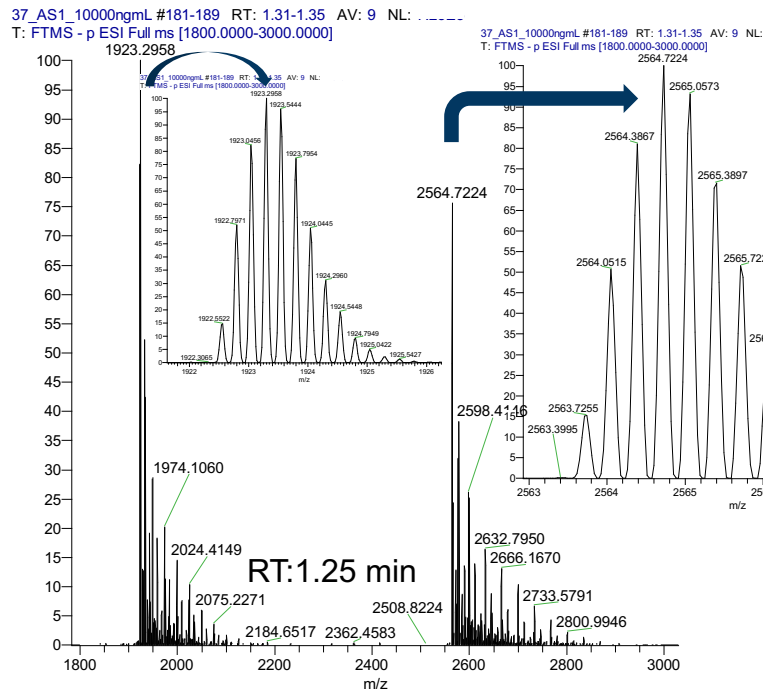
IF

2) [Anti-sense]/Sense  $\leq 1$ , [Anti-sense] will be reported



# High Resolution Mass Spectrometry

- The 3<sup>rd</sup> and 4<sup>th</sup> changes states of the anti-sense and sense strands were selected for the quantification of Inclisiran. (Thermo Q Exactive Hybrid Quadrupole-Orbitrap)





# Inclisiran PK Assay Transfer

- Ethnic sensitivity studies were conducted (China and Japan), and the same dosing regiment was used as in previous studies.
- When analysing the study samples and comparing the results a 2-fold decrease in Cmax and exposure compared to previous studies.
- How come?
- Set up a confidentiality agreement with QPS to discuss.
- We realized that QPS had used Inclisiran as reference and not the anti-sense and sense strands as standards.

Table 5 Back-Calculated Concentrations (ng/mL) of ALN-PCSSC (A-122088) Calibration Standards in K<sub>2</sub>EDTA Human Plasma

Run Date	Run ID	10.000	20.000	100.000	300.000	1000.000	3000.000	9000.000	10000.000
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Compound Name	Duplex Number	Molecular Weight	Strand ID	Single Strand Number	Identity by IPRP-HPLC-ESI-MS
ALN-PCSSC	ALN-60212	16337 Da	Sense	A-122088	8640 Da
			Antisense	A-120190	7697 Da

- Based on the molar ratio and the molecular weight, the single strand concentration were recalculated into the corresponding duplex concentration ( see back-up slide). Measured concentrations matched with legacy data

# Bioanalytical Activities at LabCorp

## Establish Duplex assay at each LabCorp site

Set up the duplex assay at the two LabCorp sites (Madison and Shanghai)

## Intra Lab activity: Cross check at each site

Cross check of Single strand assay vs Duplex assay at each LabCorp site

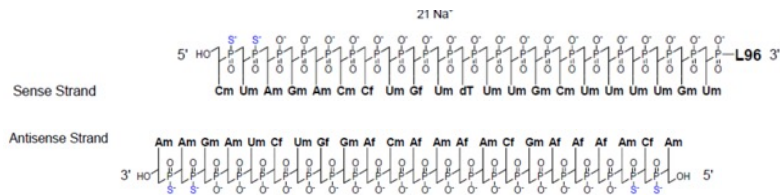
## Inter Lab activity: Cross validation

Problematic to get permission to send study samples into China for cross validation.

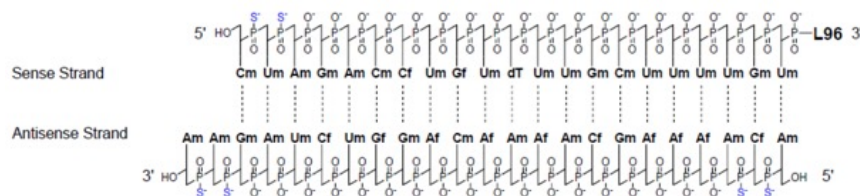
Spiked QC samples were prepared at LabCorp Madison and were send to QPS and the LabCorp Shanghai

# Cross check of two PK assays

## Standards and QCs: Sense and Anti-sense



## Standard and QCs: Inclisiran



- Prepared Inclisiran QCs (n=6, duplex), measured the QCs samples with the two PK assays in each lab

### LabCorp (Madison)

Comparison between two assays			
sample name	Mean value in duplex assay	Mean value in single strand assay	Relative difference%
HQC	8365	10040	18.2%
MQC	5607	6162	9.4%
LMQC	405	405	0.1%
LQC	31	30	-2.8%

### LabCorp (Shanghai)

Comparison between two assays			
sample name	Mean value in duplex assay	Mean value in single strand assay	Relative difference%
HQC	3400	3710	8.7
MQC	1660	1710	3.0
LMQC	490	505	3.0
LQC	26.8	29.2	8.6

- Average Cmax was approximately at 500 ng/mL
- Conclusion: The assay are comparable in the concentration range measured in the study (300mg 2\*year)



# Cross validation of three PK assays

For Novartis studies, the reference laboratory was LabCorp Madison. All PK samples collected outside of China were measured at Madison. PK sample collected in China were measured at LabCorp Shanghai. All legacy studies were measured at QPS.



Compared cross validation data between QPS and Labcorp-Madison lab

QC level	Final reported KJX839 duplex Concentration (ng/mL) from QPS	Final reported KJX839 duplex Concentration (ng/mL) from Madison	Relative Difference (%)
HQC	7550	8280	9.2
MQC	4600	5610	19.8
LMQC	392	383	-2.3
LQC	29.0	26.5	-9.0

Compared cross validation data between Labcorp-Shanghai and Labcorp-Madison lab

QC level	Final reported KJX839 duplex Concentration (ng/mL) from Shanghai	Final reported KJX839 duplex Concentration (ng/mL) from Madison	Relative Difference (%)
HQC	8080	8280	2.4
MQC	5430	5610	3.3
LMQC	389	383	-1.6
LQC	29.1	26.5	-9.4

# Conclusions

- Leqvio/Inclisiran is a double stranded small-interfering RNA (siRNA) consisting of a sense and anti-sense strand, both are modified to improve stability.
- Ultrahigh Pressure Liquid Chromatography/High-Resolution Accurate Mass-MS (UPLC/HRMS) methods were transferred and validated according to current guidelines for small molecules.
- UPLC/HRMS result in improved selectivity, better signal-to-noise ratio and greater sensitivity. For 100 uL of human plasma a LLOQ of 10 ng/mL was validated.
- Successful cross validations ensured that the clinical development program with a global footprint was supported by several bioanalytical sites.



**Thank you**

# Recalculation of the concentration

- Concentration (ng/mL), molecular weight (g/mol), volume = 1 mL
- Back calculate antisense to duplex concentration
- C1: 10.2 ng/mL of antisense mw 7697 (g/mol) →  $10.2 \times 10^{-10} / 7679$  mol antisense
- 1 mol antisense = 1mole duplex
- Therefore, we have:  $(10.2 \times 10^{-10} / 7679) \times 16337$  g duplex = 21.2 ng/mL duplex

Compound Name	Duplex Number	Molecular Weight	Strand ID	Single Strand Number	Identity by IPRP-HPLC-ESI-MS
ALN-PCSSC	ALN-60212	16337 Da	Sense	A-122088	8640 Da
			Antisense	A-120190	7697 Da