Safety, Tolerability, Pharmacokinetics and Pharmacodynamics of ACT017, an Antiplatelet GPVI (Glycoprotein VI) Fab in Healthy Volunteers

Peter Dogterom¹, Christine Voors-Pette¹, Thomas Chou², Laurie Jullien², Kristell Lebozec², Martine Jandrot-Perrus³ and Gilles Avenard³

¹QPS Netherlands, ²QPS, LLC, Newark DE, ³Acticor Biotech SAS, Paris, France, ⁴UMR_S1148 Inserm University Paris Diderot, Bichat Hospital, Paris, France

CONTACT INFORMATION: Peter Dogterom, QPS Netherlands, Petrus Campersingel 123, 9713 AG Groningen, Netherlands. E-mail: peter.dogterom@qps.com

PURPOSE

Glycoprotein VI (GPVI) is accepted as a target to develop effective antiplatelet agents without bleeding risk. Current treatments for acute ischemic stroke, thrombolytics and thrombectomy, are limited by narrow time window and the risk of bleeding that prohibit the use of currently available antiplatelet drugs. GPVI antagonists would therefore potentially be useful at the acute phase of stroke. ACT017 is a clinical-grade anti-GPVI fragment of monoclonal antibody. Preclinical studies of ACT017 in non-human primates have shown its ex vivo biological efficacy, specificity, excellent tolerability.

OBJECTIVE

This first-in-human study aimed to evaluate the safety, tolerability, pharmacokinetics (PK) and pharmacodynamics (PD) of single ascending intravenous doses of ACT017 in healthy volunteers.

METHODS

This was a first-in-human, randomized, double blind, placebo-controlled, single ascending intravenous dose study in 6 cohorts of 8 subjects each. Per cohort, 6 subjects received ACT017 and 2 subjects received placebo. Doses were 62.5, 125, 250, 500, 1000 and 2000 mg ACT017. ¼ of the dose was administered in 5h and ¾ of the dose was administered in 6h (maintenance dose). Safety/tolerability was assessed by AE reporting, local concomitant lab, vital signs, ECG, coagulation parameters, GPVI expression and immunogenicity. None of the subjects reported infusion site reactions.

RESULTS

There were no SAEs. All treatment related AEs were of a mild intensity. None of the TEAEs considered as related to the study drug were identified as bleeding related. Most frequently reported AEs were headache and head discomfort. There were no time and dose related effects on vital signs, ECG, safety lab, coagulation, GPVI expression and immunogenicity. None of the subjects reported infusion site reactions.

ACT017 plasma concentration-time curves are presented below. The PK evaluation shows that the area under the mean plasma concentration (AUC) as well as the maximal plasma concentrations (Cmax) proportional to the dose. The recovery of ACT017 in the urine was negligible for the 62.5, 125, and 250 mg doses and increased to 0.5 %, 6.5%, and 19.8%, respectively, for the 500, 1000, and 2000 mg doses.

CONCLUSION

Single ascending, intravenous doses of the novel antiplatelet agent ACT017 (INN Glencozimab), as a 6-hour i.v. infusion, are considered safe, well tolerated without clinically significant effects on bleeding time and has consistent pharmacokinetic and pharmacodynamics properties at doses between 62.5 and 2000 mg.