INVOLVEMENT OF TYPE 1 INVARIANT NATURAL KILLER T CELLS IN DRIVING LUNG FIBROSIS

Emily Calamita¹, Wing Han Liu¹, Patricia P. Ogger¹, Christina Michalaki¹, Faye Murphy², Cormac McCarthy², Albert Agro³, Toby M. Maher⁴, Clare. M. Lloyd¹, Philip Molyneaux¹, Adam. J. Byrne², Vipin Kumar³, Marc Hertz³

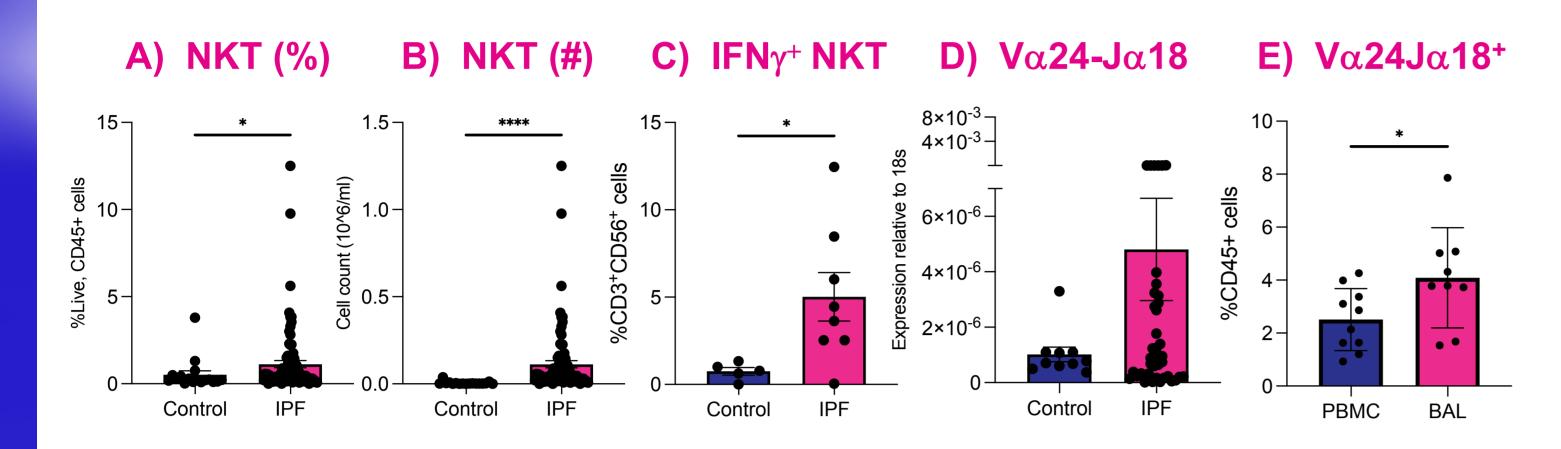
1. National Heart & Lung Institute, Imperial College London, London, United Kingdom; 2. School of Medicine & Conway Institute of Biomedical Science, University College Dublin, Dublin, Ireland; 3. GRI Bio, Inc. La Jolla, California, USA; 4. Keck School of Medicine of USC, Los Angeles, California, United States

Introduction

Idiopathic pulmonary fibrosis (IPF) is a devastating lung disease characterized by excessive extracellular matrix deposition in lung parenchyma¹. Understanding the mechanisms involved in IPF is critically needed to develop new treatments. We have investigated the role of innate-like Natural Killer T (NKT) cells in IPF patients and a novel iNKT inhibitor, GRI-0621, in a treatment model of pulmonary fibrosis. GRI-0621 is currently being evaluated in a Phase 2a proof-of-concept biomarker study in patients with IPF (NCT06331624).

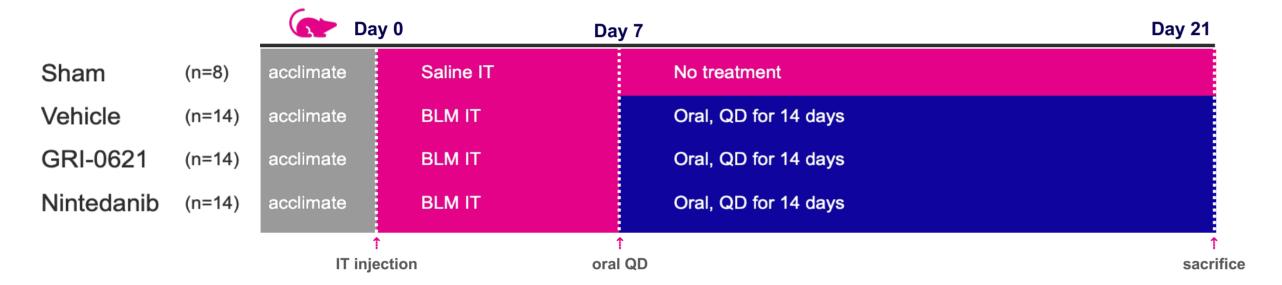
Hydroxyproline

iNKT cells are elevated in IPF patients



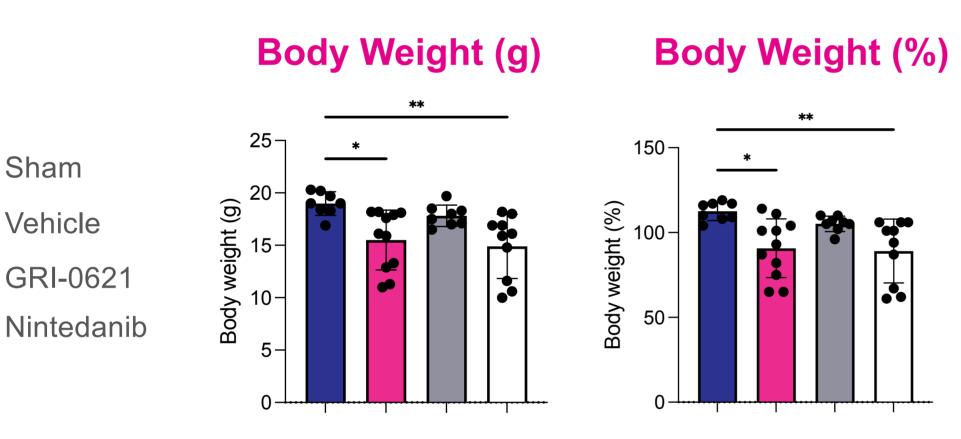
A) Percent and B) total number of CD45⁺ CD3⁺ CD56⁺ NKT-like cells in BAL of healthy (n=17) or IPF patients (n=86). C) IFN- γ^+ NKT-like cells in BAL of healthy (n=5) or IPF patients (n=8). D) expression of V α 24-J α 18 in whole BAL pellets in healthy controls (n=10) or IPF patients (n=29). E) $V\alpha 24J\alpha 18$ iNKT cells as percent of CD45⁺ cells in PBMC and BAL fluid of IPF patients (n=10).. Data presented as mean ± SEM. * p<0.05, **** p<0.001.

Bleomycin pulmonary fibrosis model design



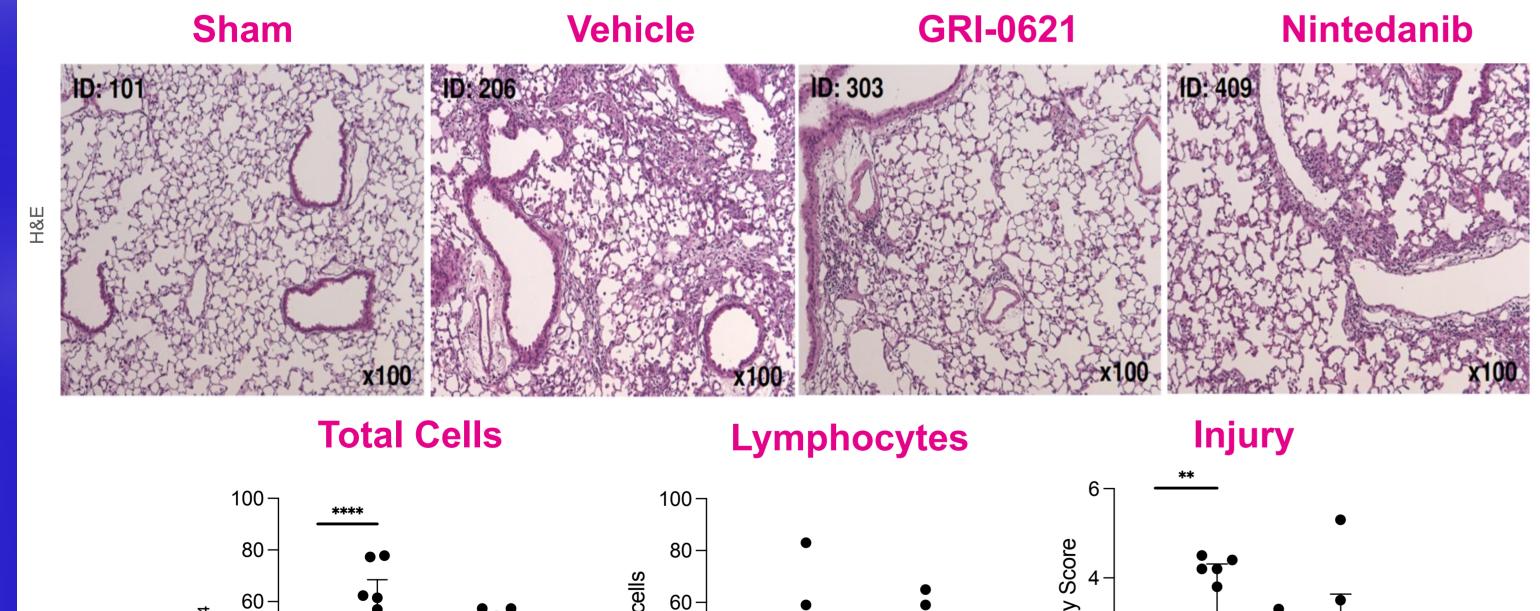
Pulmonary fibrosis induced on day 0 in C57B/L6 mice with intratracheal bleomycin (3.0 mg/kg). Vehicle (5% DMSO, 0.1% Tween 80 in PBS), GRI-0621 (1.0mg/kg), or nintedanib (100mg/kg) was administered for 14 days beginning on day 7. Studies conducted at SMC Laboratories (Tokyo, JP).

GRI-0621 treated animals maintain body weight



Body weight in grams or as a percent of Day 0 weight. Body weight was recorded daily and dosing volume was adjusted based on the latest body weight from the same day. Animals with >40% body weight loss were euthanized and samples were not collected. Data presented as mean ± SD. * p<0.05, ** p<0.01.

Reduced inflammation & lung injury in GRI-0621-treated animals



Snam Venicle GRI-0621 Mintedanib Total cell numbers are expressed as x 10⁴ cells and lymphocytes as percent CD45⁺ cells. For quantitative

injury². Data presented as mean ± SD. * p<0.05, ** p<0.01, *** p<0.005

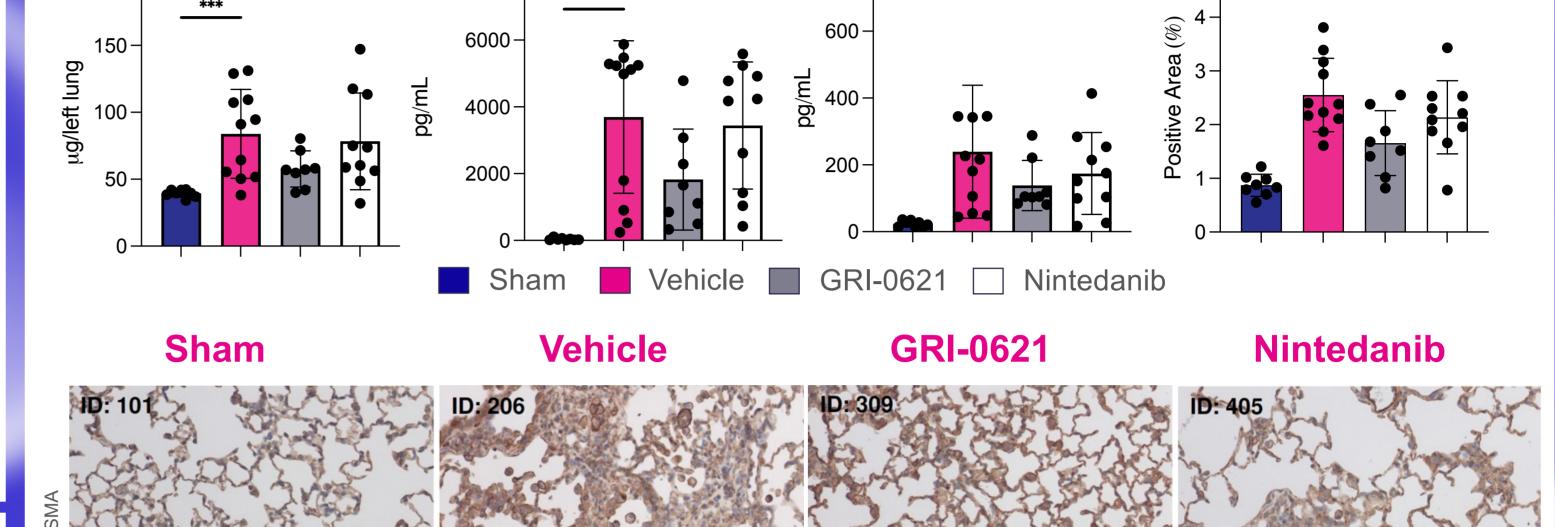
analysis of lung injury, bright field images of H&E-stained sections were randomly captured including vessel

at 100x magnification and inflammation in 10 field/mouse were evaluated according to the criteria for lung

GRI-0621 collagen reduces breakdown, pro-fibrotic treatment mediators, & activation of myofibroblasts

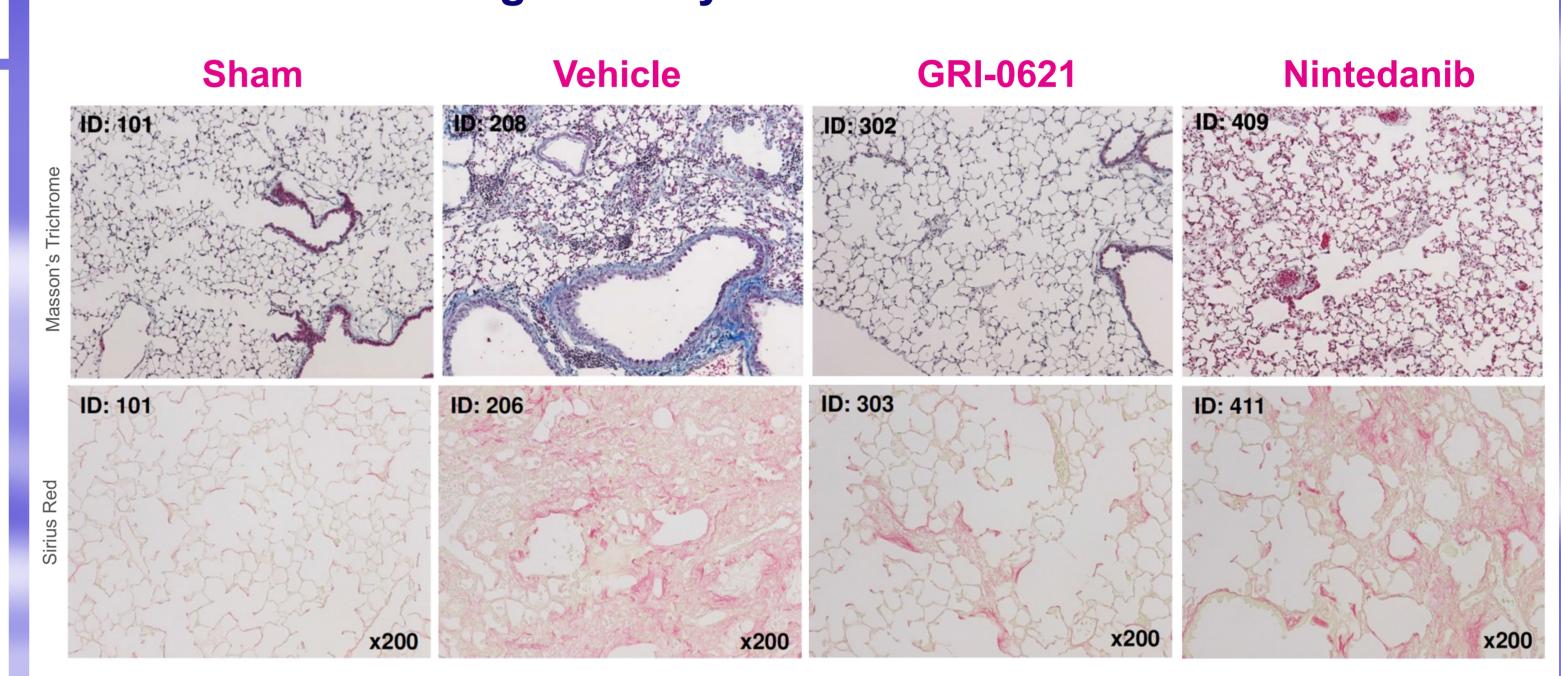
TGF-β

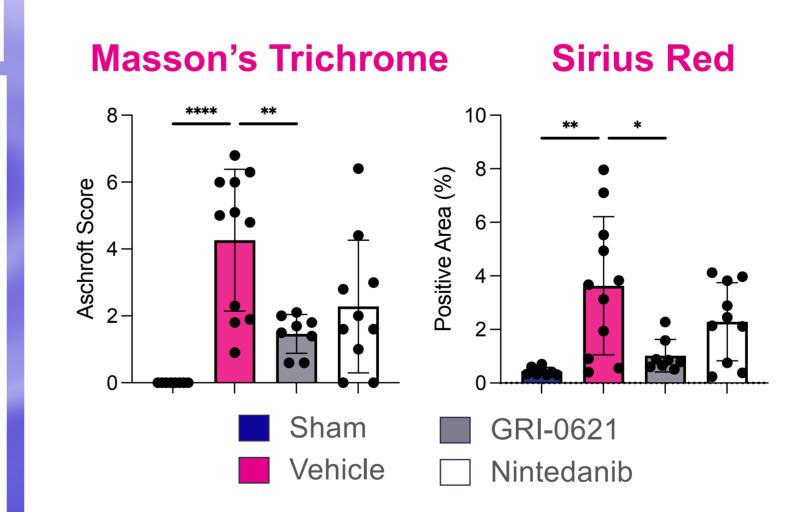
TIMP-1



Lung hydroxyproline content from frozen left lung samples expressed as μg per left lung. TIMP-1 and TGF- β levels quantified using R&D Systems Quantikine ELISA kits. For quantitative analysis of α -SMA-positive area, bright field images of α -SMA-stained sections were captured around the central vein including vessel at 200x magnification and the positive areas in 5 field/section were measured using ImageJ software. Data presented as mean ± SD. * p<0.05, ** p<0.01, *** p<0.005

GRI-0621 treatment significantly reduces fibrosis





For quantitative analysis of lung fibrosis area, bright field images of Masson's Trichrome stained sections were randomly captured at 100x magnification and the subpleural regions in 20 field/mouse were evaluated according to the Ashcroft criteria for grading lung fibrosis³. For collagen deposition and analysis of fibrosis area, bright field images of Sirius Red-stained sections were captured at 200x magnification and the positive areas in 5 field/section were measured using ImageJ software. Data presented as mean ± SD. * p<0.05, ** p<0.01, *** p<0.005

 α -SMA

Summary

- We have previously shown that iNKT cells are increased in patients with fibrotic disease^{4,5}, and here we show that iNKT cells are increased in number and proportion in the airways of IPF patients compared to healthy controls
- We have previously shown that inhibition of iNKT cell activity can prevent fibrosis and pathology in a prevention model of pulmonary fibrosis⁵, and here we show potent inhibitor of iNKT cell activity, GRI-0621, is therapeutic in a treatment model of pulmonary fibrosis

Acknowledgements

This work was supported by GRI Bio, Inc. We thank staff from the Imperial flow core facility and the Royal Brompton Hospital Pathology unit and SMC Laboratories. We also acknowledge the National Institute for Health Research (NIHR) Biomedical Research Centre based at Imperial College Healthcare NHS Trust and Imperial College London.

Group	Body Weight	Left Lung	Post- Caval	Total Cells	Lung Injury	BALF TGF-β	BALF TIMP-1	α-SMA	Lung Hydroxy- proline	Ashcroft Score	Sirius Red
Sham	↑	n.s.	↑	↑	↑	↑	↑	↑	↑	↑	↑
GRI-0621	1	.	n.s.	↓	↓	.	↓	\	↓	\	\
Nintedanib	.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	↓	n.s.	.	n.s.

GRI-0621 administered during the fibrotic phase of the bleomycin model of pulmonary fibrosis improved a majority of inflammatory, fibrotic and pathological in a standard features treatment model of IPF

↑↓ significant change vs vehicle control (*P* < 0.05) using Bonferroni Multiple Comparison Test

↑ trend or tendency vs vehicle control (P < 0.1) using One-Sided T-Test

Lederer, D.J. and F.J. Martinez, *Idiopathic Pulmonary Fibrosis*. N Engl J Med, 2018. **378**(19): p. 1811-1823.

Horvat, J.C., et al., Neonatal chlamydial infection induces mixed T-cell responses that drive allergic airway disease. Am J Respir Crit Care Med, 2007. 176(6): p. 556-64. Ashcroft, T., J.M. Simpson, and V. Timbrell, Simple method of estimating severity of pulmonary fibrosis on a numerical scale. J Clin Pathol, 1988. 41(4): p. 467-70.

Kumar, V., et al., Type 1 invariant natural killer T cells in chronic inflammation and tissue fibrosis. Front Immunol, 2023. 14: p. 1260503. Calamita, E., et al., Type 1 Invariant Natural Killer T Cells Drive Lung Fibrosis. Am J Respir Crit Care Med, 2024. 210(4): p. 521-523