



Results from the AURORA Trial: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial of Bitopertin in Erythropoietic Protoporphyrria

A. DICKEY¹, S. KEEL², H. BONKOVSKY³, K. ANDERSON⁴, M. BALWANJ⁵, C. LEVY⁶, M. THAPAR⁷, B. WANG⁸, B. MCGUIRE⁹, W. SAVAGE¹⁰

¹ Harvard Medical School and Massachusetts General Hospital, Boston, MA; ² University of Washington, Seattle, WA; ³ Wake Forest University School of Medicine and Atrium Health Wake Forest Baptist, Winston-Salem, NC; ⁴ University of Texas Medical Branch, Galveston, TX; ⁵ Icahn School of Medicine at Mount Sinai, New York, NY; ⁶ University of Miami Miller School of Medicine, Miami, FL; ⁷ Jefferson Center for Genetic and Metabolic Liver Disease, Philadelphia, PA; ⁸ University of California San Francisco Porphyria Center, San Francisco, CA; ⁹ University of Alabama at Birmingham, Birmingham, AL; ¹⁰ Disc Medicine, Watertown, MA

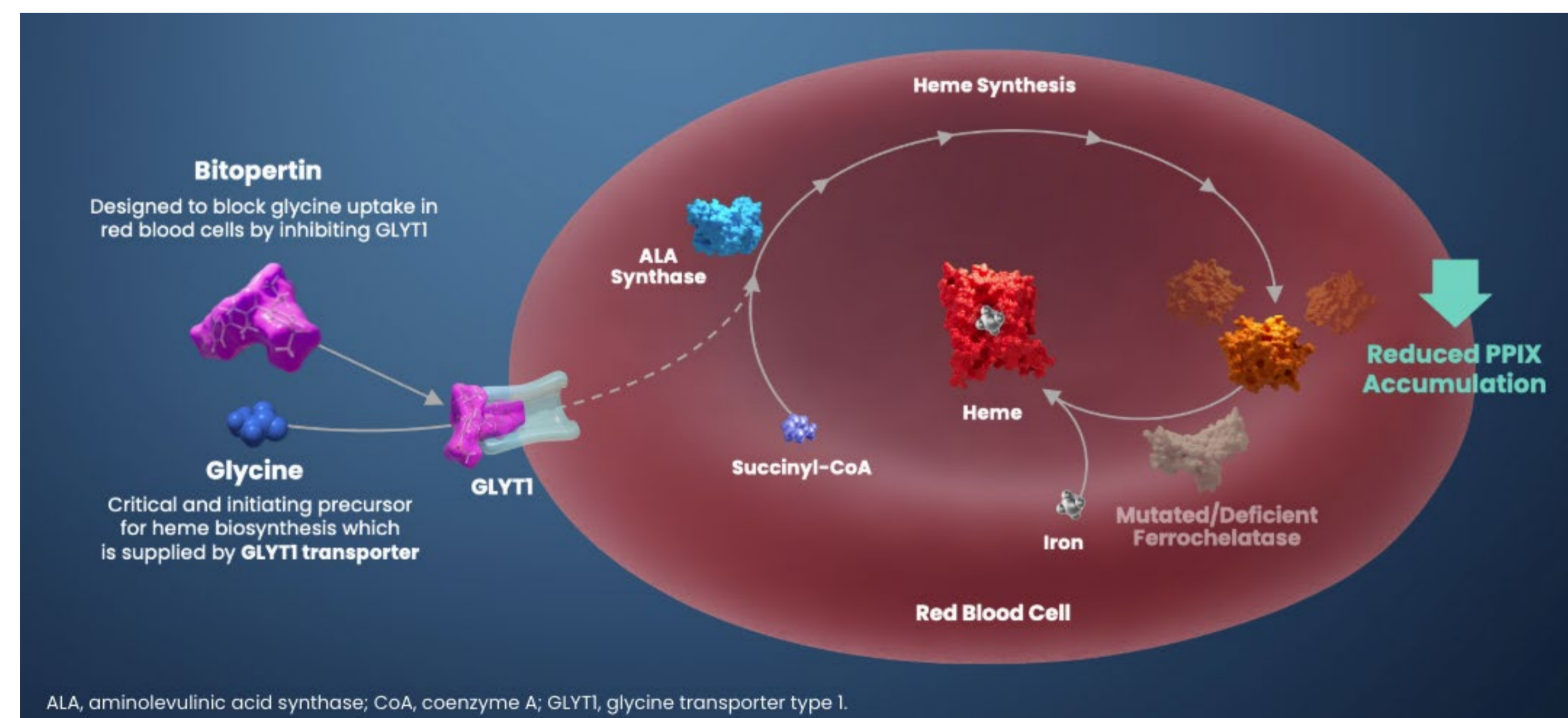
INTRODUCTION

Erythropoietic Protoporphyrria (EPP) and X-linked Protoporphyrria (XLP)

EPP and XLP are rare disorders caused by pathogenic variants in the ferrochelatase (FECH) or 5-aminolevulinic synthase 2 (ALAS2) genes, which result in accumulation of photoreactive protoporphyrin IX (PPIX). PPIX elevations cause debilitating phototoxic skin reactions following exposure to sunlight and can cause potentially life-threatening hepatopathy in some patients. Higher PPIX reductions are associated with amelioration of disease in the settings of hematopoietic stem cell transplant, pregnancy, and extracorporeal photoinactivation.¹⁻³

Mechanism of Disease and Bitopertin Treatment

Bitopertin is an investigational small molecule inhibitor of glycine transporter 1 (GLYT1). GLYT1 supplies extracellular glycine for the initial step of heme biosynthesis in erythroid cells.⁴ It is hypothesized that GLYT1 inhibition can decrease PPIX accumulation and improve light tolerance.⁵ Bitopertin has exhibited a favorable safety profile in prior clinical studies in other indications with cumulative enrollment of >4,000 participants.



AURORA (NCT05308472) was designed to evaluate the safety, tolerability, and efficacy of bitopertin in adults with EPP

METHODS



Study Design

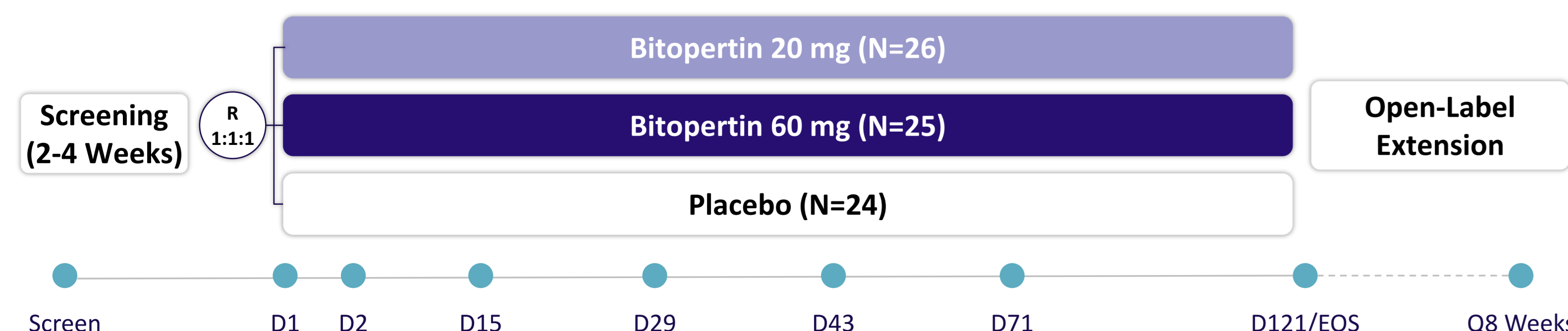
- Phase 2, randomized, placebo-controlled, double-blind study
- Enrolled 75 adults with EPP

Key Eligibility Criteria

- Diagnosed by FECH/ALAS2 genotyping or biochemical porphyrin analysis
- 2-month washout of afamelanotide or dersimelagon

Endpoints

- Primary: Percent change in whole blood (WB) metal-free PPIX
- Key secondary: Total hours of sunlight exposure on days with no pain from 10:00 to 18:00 hours
- Study Assessments
 - Daily sun exposure diary
 - Weekly sun exposure challenge (time to prodrome)
 - Patient Global Impression of Change (PGIC), patient-reported quality of life

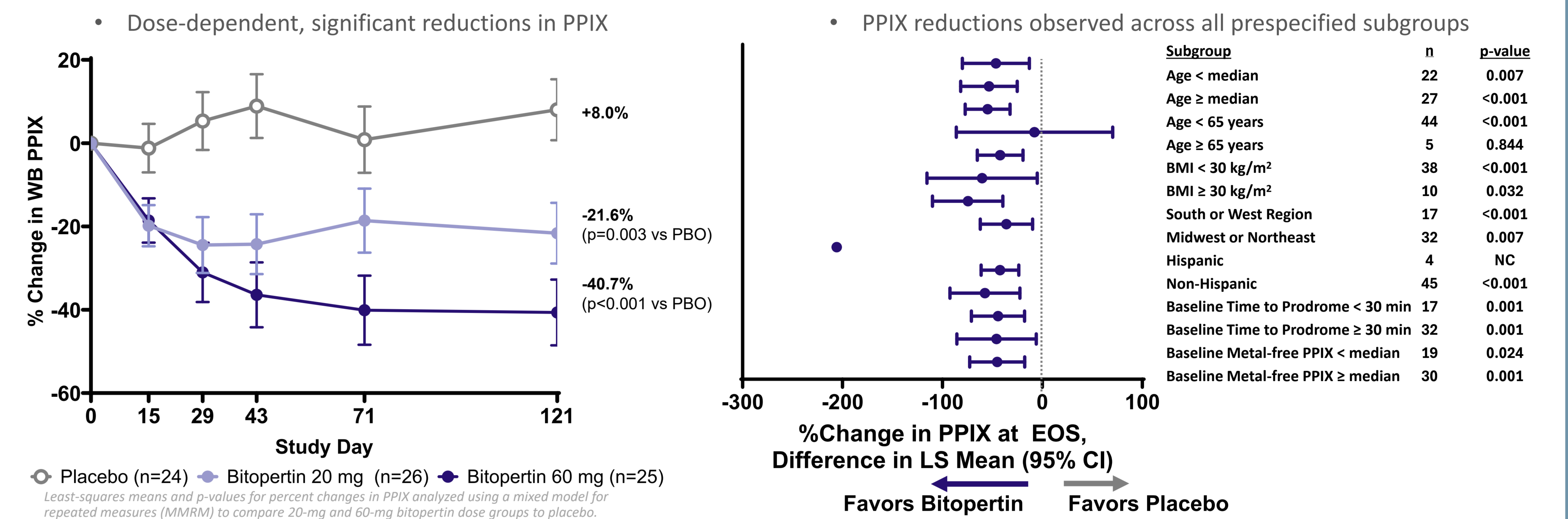


RESULTS

Disposition and Baseline Characteristics:

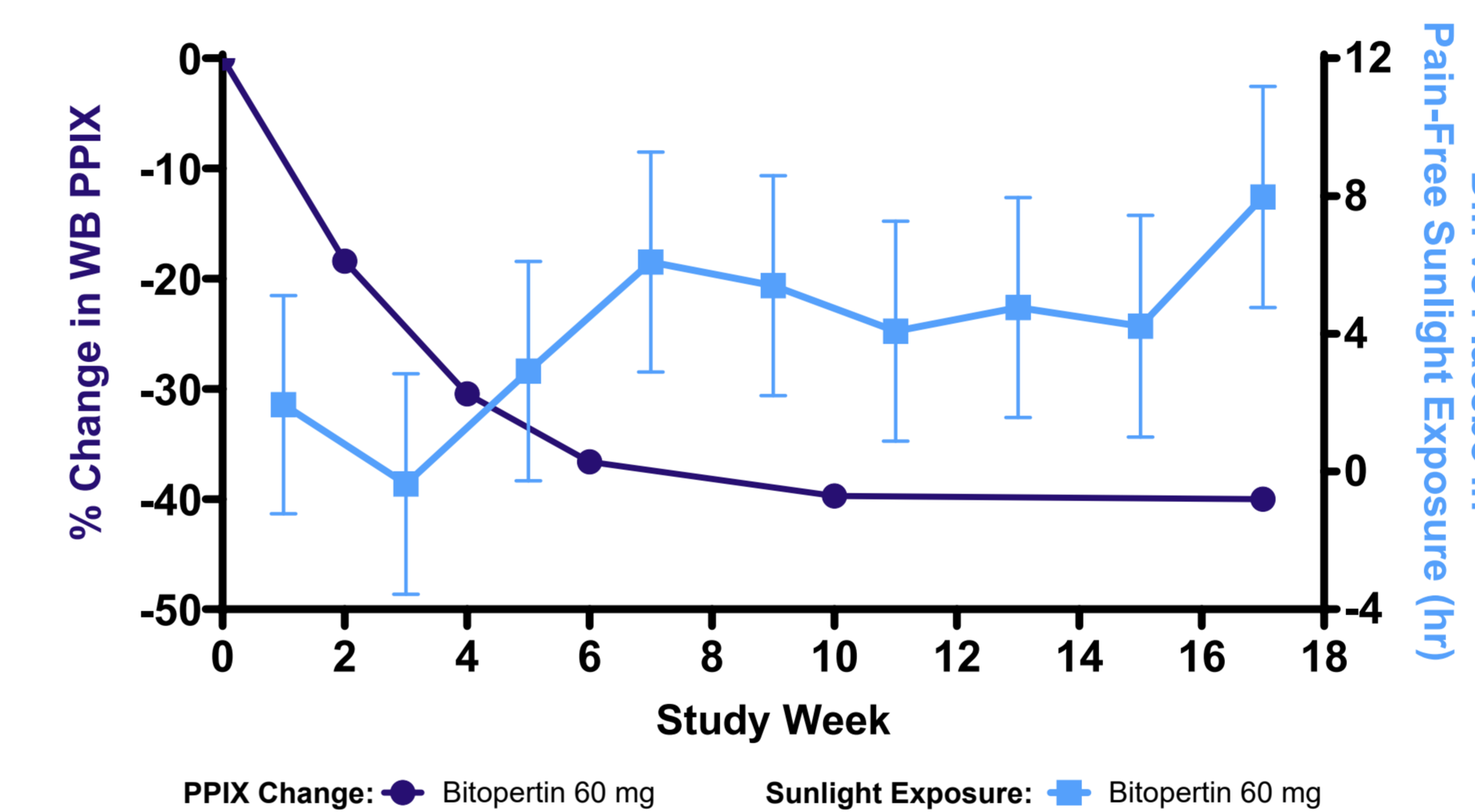
	Placebo (n=24)	Bitopertin 20 mg (n=26)	Bitopertin 60 mg (n=25)
Randomized	24	26	25
Completed Study	24	26	22
Discontinued Prior to Day 121	0	0	3
Characteristic			
Age (years), Mean	42.3	45.0	47.8
Female, n (%)	12 (50%)	14 (54%)	12 (48%)
White, n (%)	24 (100%)	24 (92%)	24 (96%)
WB PPIX (ng/mL), Mean ± SE	8,691 ± 903	8,155 ± 1337	10,597 ± 983
Daily Sunlight Exposure (hr), Mean (range)	1.29 (0.18, 3.31)	1.17 (0.26, 4.03)	1.07 (0.04, 2.78)
Time to Prodrome, n (%)			
< 30 min	9 (38%)	9 (35%)	8 (32%)
≥ 30 min	15 (63%)	17 (65%)	17 (68%)

Primary Endpoint: Percent Change in Whole Blood PPIX



Association between PPIX Change and Clinical Measures with Bitopertin

- Timing of PPIX reductions coincide with improvements in light tolerance
- Greater PPIX reductions in bitopertin participants reporting no phototoxic reactions (-36.5%) vs phototoxic reactions (-4.0%)
- Tertile analyses show PPIX reductions associated with improvements in multiple measures of light tolerance and how patients feel (PGIC)

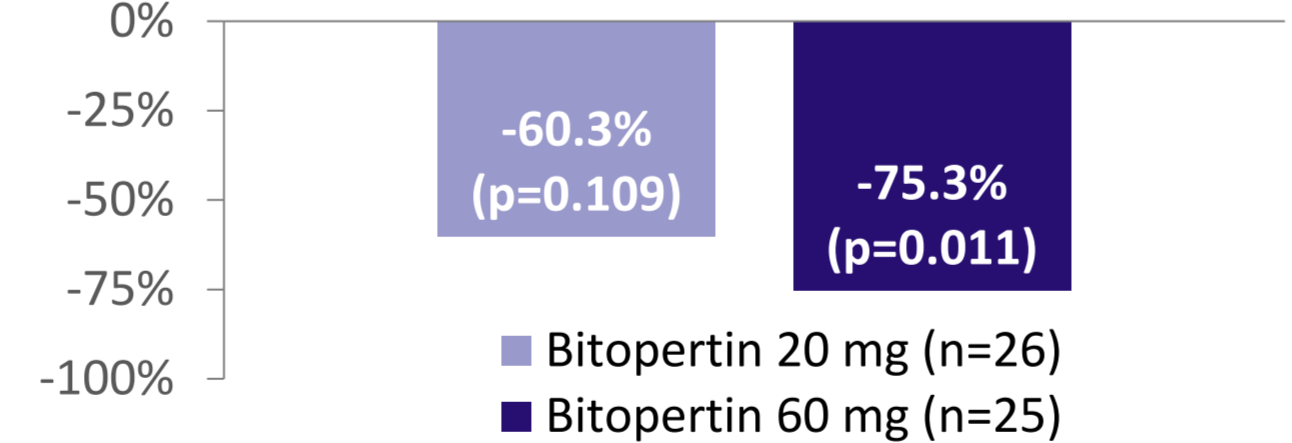


Data for participants randomized to the bitopertin 60-mg group. Least-squares means results for percent change in WB metal-free PPIX levels and placebo-corrected total pain-free time in sunlight averaged over 2-week intervals are obtained from MMRM analyses.

Phototoxic Reactions with Pain

- Dose-dependent, significant reduction in rate of phototoxic reactions
- Max pain score from phototoxic reaction reduced with bitopertin

Incidence Rate Ratio of New Phototoxic Reactions with Pain vs Placebo



	Screening (2-4 weeks)		Double-Blind Period (17 weeks)		
	# of New Reactions	# of Subjects	# of New Reactions	# of Subjects	Median Max Pain Score
Placebo (n=24)	4	2 (8%)	15	11 (46%)	5.0
Bitopertin 20 mg (n=26)	11	8 (31%)	11	5 (19%)	4.0
Bitopertin 60 mg (n=25)	8	6 (24%)	5	3 (12%)	3.5

Safety

- No serious adverse events (AEs) with bitopertin
- Stable mean hemoglobin levels; no anemia AEs with bitopertin

	Placebo (n=24)	Bitopertin 20 mg (n=26)	Bitopertin 60 mg (n=25)
Subjects with any TEAE	18 (75%)	20 (77%)	22 (88%)
TEAEs leading to discontinuation	0	0	2 (8%)
Serious adverse events	1 (4%)	0	0
TEAEs reported in >5 subjects			
Dizziness	4 (17%)	4 (15%)	11 (44%)
Median duration (days)	2.0	4.5	5.0
Nausea	2 (8%)	1 (4%)	4 (16%)
Alanine aminotransferase increased	3 (13%)	1 (4%)	2 (8%)

CONCLUSIONS

- AURORA met primary endpoint, with dose-dependent, statistically significant reductions in PPIX vs placebo
- PPIX reductions relative to placebo observed across all prespecified subgroups
- Reductions in PPIX were associated with improvements in multiple clinical outcomes, including measures of sunlight tolerance, reductions in phototoxic reactions, and how patients reported feeling (PGIC)
- Dose-dependent reductions in the rate of phototoxic reactions and associated pain from phototoxic events
- Bitopertin was well tolerated and safety profile in EPP consistent with prior studies in other indications enrolling >4,000 participants

REFERENCES

- Heerfordt IM, Wulf HC. Br J Dermatol. 2016;175(6):1284-1289.
- Wulf HC, Nissen CV, Philipsen PA. Photodiagnosis Photodyn Ther. 2020; 29:101582.
- Poh-Fitzpatrick MB. J Am Acad Dermatol. 1997;36(1):40-43.
- Garcia-Santos D, Schranzhofer M, Bergeron R, et al. Haematologica. 2017; 102(8):1314-1323.
- Hallof F, Iyer P, Ghidini A, et al. Cell Chem Biol. 2021;28(8):1221-1234.

CONTACT

Will Savage, MD, PhD
Chief Medical Officer, Disc Medicine | wsavage@discmedicine.com