GoldLab Symposium Boulder CO, May 18-20, 2023

> From Skeletal Rare Diseases to Treatment for All, and Back:

The Saga of Sclerostin's Inhibition

OI Type, CO,

Roland Baron Harvard Medical School, Boston, USA

Original image Choi RB, et al. JBMR Plus 2021;5:e10462.

#### **Disclosures**

- <u>Advisory Boards</u>: Radius Health, OsteoPharma, Bone-Tech, Mesentech, Beryl Health, Curelab Oncology, XY Therapeutics, Ankasa Regenerative Therapeutics
- Lecturing: Amgen, Astellas, UCB
- <u>Consulting</u>: Flagship 75, Home Biosciences
- <u>Research funding</u>: NIH, Radius Health, Sophie's Neighborhood







**Osteocytes:** 

The Most Abundant Cell in One of the Largest Organs in the Body



#### **The Osteocytes**



Robling and Bonewald, Ann Rev Physiol, 2020



#### **Bone Formation Surface With Osteoblasts**



Enriched in Alkaline Phosphatase Secrete Collagen and Matrix components

#### **Bone Resorbing Surface with Osteoclasts**









Baron R. and Kneissel M., Nature Medicine, 2013

#### **The Bone Remodeling Sequence**



#### Adapted from Langdahl, Brit. J. Pharmacol. 2020

#### How is Bone Remodeling Regulating Bone Mass?



Baron R, unpublished

#### **Quiescent Surface with Lining Cells**



#### Adult Bone Mass is Regulated by Both Remodeling and Modeling



Baron R, unpublished

#### **Modeling and Remodeling Are Important**

 To allow adaptation to local and systemic changes (increase or decrease BMD, adapt microstructure to load, allow storage/mobilization of calcium and Phosphate)

 To renew bone matrix components and osteocytes while maintaining skeletal homeostasis, i.e. bone mass



#### **Progression of Osteoporosis – Three Generations**



Photo credit: Geoff Higgs, MD, courtesy eMotion pictures – An Exhibition of Orthopedics in Art

## Remaining lifetime fracture risk (%) in Caucasian population at the age of 50

Type of Fracture	Men	Women	
Forearm	4.6	20.8	
Нір	10.7	22.9	
Spine	8.3	15.1	
Proximal humerus	4.1	12.9	
Any	22.4	46.4	

# All fractures are associated with morbidity



Patients (%)

Cooper C, Am J Med, 1997;103(2A):12S-17S

#### Anti-Resorptives Decrease Resorption and Remodeling-based Bone Formation, Slowing Bone Turnover



Baron R, unpublished

#### Bone Turnover Markers for Alendronate or Denosumab Phase 2: Postmenopausal Women with Low BMD



#### How Current Treatments Affect Bone Remodeling and Bone Mass?



#### Absence or Reduction of Sclerostin Lead To High Bone Mass (Sclerosteosis)



Sclerosteosis and Van Buchem Syndrome

#### **Increased bone density, thick cortices**

- Sclerosteosis: All null mutations in SOST, the gene that encodes sclerostin<sup>1</sup>
- Van Buchem syndrome: Promoter deletion with decreased sclerostin expression<sup>2–4</sup>
- Haplo-insufficient carriers have high bone mass<sup>5</sup> and no side effects<sup>6</sup>

Balemans W, et al. *Hum Mol Genet*. 2001;10:537–43.
Brunkow ME, et al. *Am J Hum Genet*. 2001;68:577–89.
Balemans W, et al. *J Med Genet*. 2002;39:91–7.
Loots GG, et al. *Genome Res*. 2005;15:928–35.
Gardner MJ, et al. *Arthritis Rheum*. 2006;54:1961–73.
Papapoulos S, et al. *J Bone Miner Res*. 2012;27:694–701.

# HBM phenotype linked to mutations in LRP5 that decrease sclerostin inhibition on canonical WNT signaling



HBM, high bone mass; LRP5; low-density lipoprotein receptor-related protein 5; OPPG, osteoporosis-pseudoglioma syndrome; WNT, wingless-related integration site.

Gong Y, et al. *Cell* 2001;107:513-23; Little RD, et al. *Am J Hum Genet* 2002;70:11-19.



# Source: Sclerostin is predominantly expressed in osteocytes and its dendrites



#### The HBM alleles knocked-in in Osteocytes recapitulate the human HBM phenotype



# The osteocyte and lining cells are the centerpiece of WNT signaling and sclerostin effects in bone



#### **Receptors, Ligands and Inhibitors of WNT signaling**





Baron R. and Gori F., Curr Opin in Pharmacology, 2018

# How is sclerostin expression regulated?

#### Mechanical Loading Decreases Sclerostin Protein Levels, Favoring Bone Formation





Department of Orthopedic Surgery, BIDMC, Harvard Medical School Division of Endocrinology, MGH; Bioastronautics Program, MIT-HST





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#### **PTH represses sclerostin expression**



O'Brien EP, et al. *Proc Natl Acad Sci USA* 2008;105:13403-408; Kramer I, et al. *Trends Endocrinol Metab* 2010;21:237-44; Wein M, et al. *Nat Commun* 2016;7:13176. Mechanisms of action of sclerostin inhibition

#### Sclerostin Inhibition Enhances Canonical WNT signaling: Dual action on Bone



integration site.

Adapted from Baron R, and Rawadi G. Endocrinology 2007;148:2635-43.

#### **Sclerostin inhibition: Dual action**



integration site.

Adapted from Baron R, and Rawadi G. Endocrinology 2007;148:2635-43.

# Effect of a single sclerostin antibody injection on bone markers in humans

![](_page_36_Figure_1.jpeg)

CTX, C-terminal telopeptide of type 1 collagen; P1NP, procollagen type 1 N-terminal propeptide; SC, subcutaneous.

Padhi D, et al. J Bone Miner Res 2010;26:19-26.

#### ScI-Abs make lining cells along quiescent bone surfaces become active osteoblasts

![](_page_37_Figure_1.jpeg)

Ominsky MS, et al. *Bone* 2015;81:380-91; Eda H, et al. *J Bone Miner Res* 2016;31:1225-34; Matic I, et al. *Stem Cells* 2016;34:2930-42.

Baron R. unpublished

![](_page_37_Picture_4.jpeg)

#### **Changes in BMD with Romosozumab**

Placebo 📥 ALN 💻 TPTD 🔶 Romosozumab 210 mg QM

#### Lumbar Spine

#### **Total Hip**

![](_page_38_Figure_4.jpeg)

Mc Clung et al., NEJM 2013

Month

Data are LS means and 95% Cls. *P* values are only shown for the romosozumab 210 mg QM group.

#### ScI-Abs, Through Modeling, Favor Trabecular Bone Microarchitecture

![](_page_39_Picture_1.jpeg)

![](_page_39_Figure_2.jpeg)

#### Romosozumab induces Modeling in the Cortex Along the Periosteum and Endosteum

![](_page_40_Figure_1.jpeg)

1. Adapted from Langdahl BL, et al. *Lancet*. 2017;390(Suppl):1585–94. 2. Adapted from Langdahl B, et al. ECTS 2017. Presentation OC1.5. 3. Image adapted from Ominsky MS, et al. J *Bone Miner Res*. 2017;32:788–801.

#### **Romosozumab: Fracture reduction in FRAME and ARCH Clinical Trials**

![](_page_41_Figure_1.jpeg)

Cosman F. et al., New England J Med 2016; Saag G. et al., New England J Med, 2017

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#### FRAME Phase 3 study: Despite Continued Treatment the Increase in Bone Formation Marker Fades Out

![](_page_42_Figure_1.jpeg)

CTX: romosozumab n = 61; placebo n = 62.

Data presented as bootstrapped median treatment difference and 95% Cl.

 $\beta$ -CTX,  $\beta$ -isomer of C-terminal telopeptide of type 1 collage; CI, confidence interval; P1NP, procollagen type 1 N-terminal propeptide.

### Lumbar Spine and Total Hip BMD Declined Towards Baseline After Discontinuation of Romosozumab Treatment<sup>1</sup>

![](_page_43_Figure_1.jpeg)

\*Randomized treatment group up to month 24. Romosozumab 210 mg QM (N = 40), pooled placebo (N = 36). Results include only subjects re-randomized at month 24. Data are means and 95% CI. BL=baseline; BMD=bone mineral density; CI=confidence interval; Q6M=once every 6 months; QM=once monthly

1. Adapted from: McClung MR, et al. J Bone Miner Res. 2018;33:1397-1406.

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![](_page_44_Figure_0.jpeg)

#### LRP4 is in Osteocytes, Enhances Sost Inhibition of LRP5 And LRP4 Mutations or Inhibition Increase Bone Mass

![](_page_45_Picture_1.jpeg)

![](_page_45_Figure_2.jpeg)

Forced expression of LRP4 enhances the ability of SOST to inhibit WNT signaling

Leupin et al., JBC 2011

Cortical-Bone Fragility — Insights from sFRP4 Deficiency in Pyle's Disease

![](_page_46_Picture_1.jpeg)

#### Pyle Disease: sFrp4 null sFrp4 null Mice

Kiper, Saito et al., NEJM 2016

## Mutations in WNT1 are a cause of osteogenesis imperfecta

Somayyeh Fahiminiya,<sup>1</sup> Jacek Majewski,<sup>1</sup> John Mort,<sup>2</sup> Pierre Moffatt,<sup>2</sup> Francis H Glorieux,<sup>2</sup> Frank Rauch<sup>2</sup>

![](_page_47_Picture_2.jpeg)

Mutations in *WNT1* Cause Different Forms of Bone Fragility Keupp et al., Am J Hum Gen 2013

*WNT1* Mutations in Families Affected by Moderately Severe and Progressive Recessive Osteogenesis Imperfecta

Pyott et al., Am J Hum Gen 2013

WNT1 Mutations in Early-Onset Osteoporosis and Osteogenesis Imperfecta Laine et al. NEJM, 2013

J Med Genet 2013;50:345–348.

![](_page_48_Picture_0.jpeg)

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#### WNT Signaling is essential!

![](_page_48_Picture_2.jpeg)

![](_page_48_Picture_3.jpeg)

![](_page_48_Picture_4.jpeg)

![](_page_48_Picture_5.jpeg)

![](_page_48_Picture_6.jpeg)

![](_page_48_Picture_7.jpeg)

![](_page_48_Picture_8.jpeg)

#### Other Rare Skeletal Diseases Have Been Successfully Treated in the Last Few Years

- Hypophosphatasia Alkaline Phosphatase Asfotase  $\alpha$  (Strensiq)
- Achondroplasia FGF3 Receptor vosoritide (Voxzogo)
- X-Linked Hypophosphatemia Phex/FGF23 Burosumab (Cryssvita)
- Osteogenesis Imperfecta II/III Collagen

Setrusumab

Many other skeletal rare diseases are not yet fully understood or treated

#### Multicentric Carpo-Tarsal Osteolysis (MCTO) Mouse Model (*MafB Pro59Leu* KI) S. Takahashi

4 week old female mice

4 week old female mice

![](_page_50_Picture_3.jpeg)

# Thank you for your attention!