

# Open Label, Phase I/II Study of the Safety, Tolerability and Efficacy of Intravenous Alpha-1 Antitrypsin (AAT) [Glassia®] in Type 1 Diabetes

M. Rachmiel<sup>1,2</sup>, N. Dror<sup>3</sup>, N. Tov<sup>4</sup>, H. Benzaquen<sup>3</sup>, O. Horesh<sup>3</sup>, P. Strauss<sup>4</sup>, M. Phillip<sup>2,3</sup>, Z. Bistritzer<sup>1</sup>, Y. Lebenthal<sup>2,3</sup>

<sup>1</sup> Pediatric Diabetes Service, Assaf Harofeh Medical Center, Zerifin. <sup>2</sup> Sackler School of Medicine, Tel Aviv University, Tel Aviv. <sup>3</sup> The Jesse Z and Sara Lea Shafer Institute for Endocrinology and Diabetes, National Center for Childhood Diabetes, Schneider Children's Medical Center, Petach-Tikva. <sup>4</sup> Kamada Ltd, Ness-Ziona, Israel.

## Introduction

Alpha-1-Antitrypsin (AAT) has been shown to reduce pro-inflammatory markers and protect pancreatic islets from autoimmune responses in pre-clinical studies.

## Study Design

Phase I/II, open-label study to evaluate the safety and efficacy of AAT (Glassia®; Kamada Ltd) on beta cells preservation and glycemic control in Type 1 Diabetes (T1D) (clinicaltrials.gov NCT01304537).

## Results

All subjects completed the study. No Serious AEs occurred. AEs were mild and mostly infusion-related (fatigue, headache). End-of-study slope analysis of C-peptide [max] and C-peptide [AUC] revealed no significant changes from baseline. After 12-15 months from diagnosis, mean C-peptide [max] was  $0.51 \pm 0.40$  pmol/mL vs.  $0.69 \pm 0.42$  pmol/mL at baseline; AUC% decreased 23% from baseline vs. ~40-50% expected decrease after 12-15M from diagnosis. Mean HbA1c levels decreased significantly from baseline ( $7.16 \pm 0.82\%$  vs.  $8.82 \pm 1.78\%$ ,  $p < 0.001$ ) (Figure 1). At end-of-study, 48% of patients decreased insulin dose and anti-GAD and anti-islet antibodies level decreased in the entire cohort (Figure 2).

## Methods

24 patients (12 male; age 9-17 years) with recently diagnosed T1D (mean  $65 \pm 44.3$  days) were allocated to receive 40, 60, or 80 mg of AAT/kg bw in 18 infusions. Patients were followed for additional 8 weeks with no treatment. Patients were assessed for adverse events (AEs), beta-cell function (MMTT), insulin intake and HbA1c%.

Figure 1 - HbA1c levels during the study

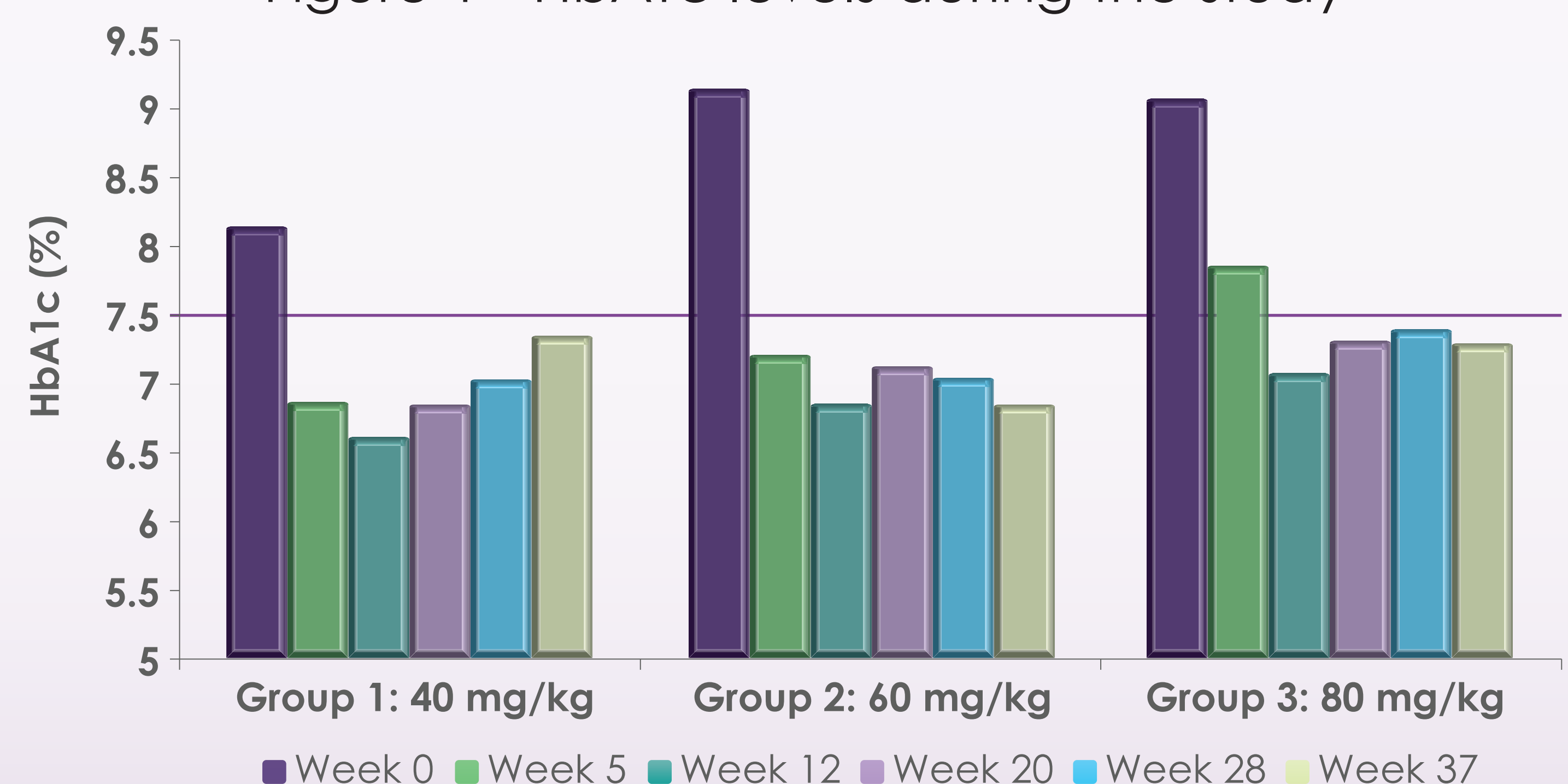
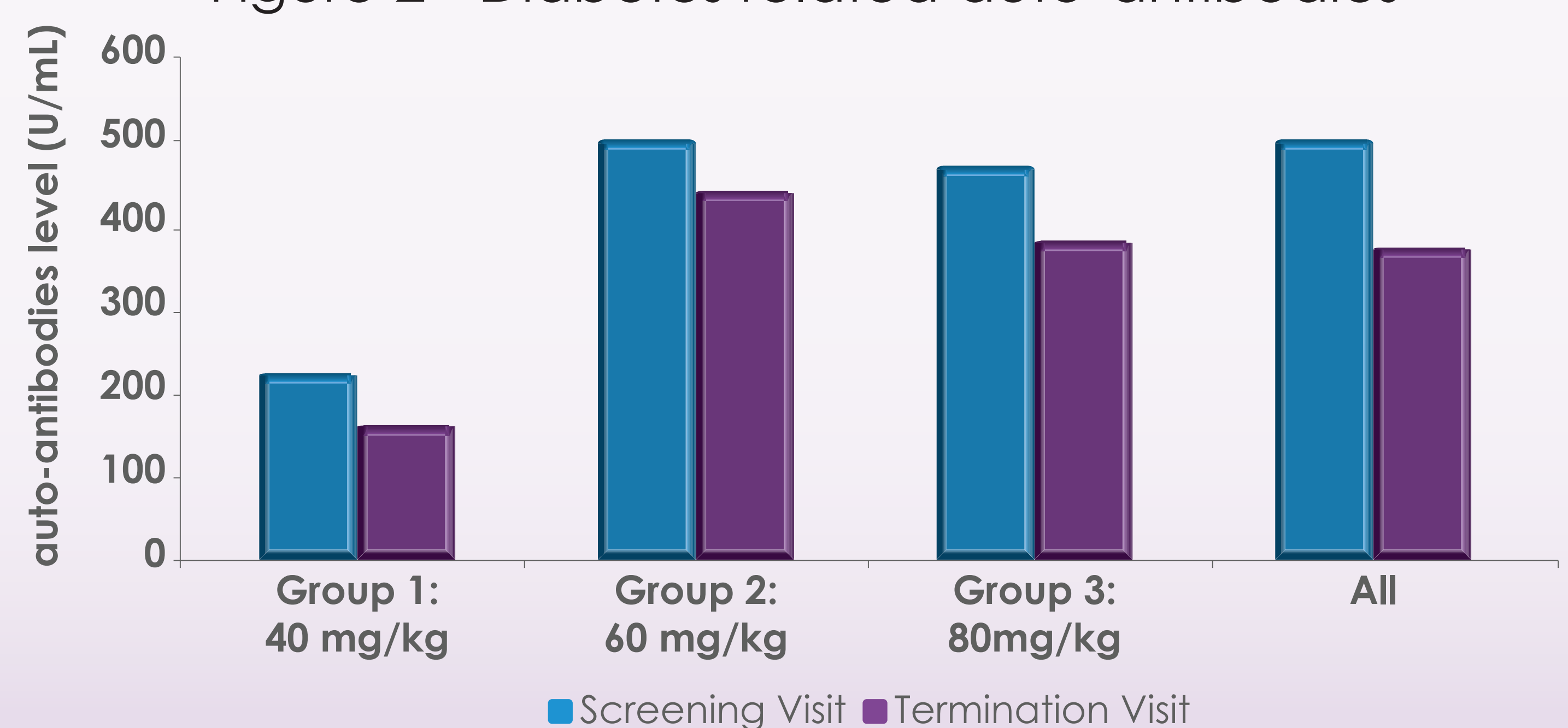


Figure 2 - Diabetes related auto-antibodies



## Conclusion

Glassia has a high safety and tolerability profile in pediatrics T1D patients. The improved metabolic control and beta-cell function after 12-15 months from diagnosis may indicate that AAT exerts a protective effect on beta-cells, leading to a halt in disease progression and re-modulation of the autoimmune attack. Long-term placebo-controlled studies with larger cohorts are needed to confirm this effect.

