Targeting c-REL to treat inflammatory diseases

The Problem

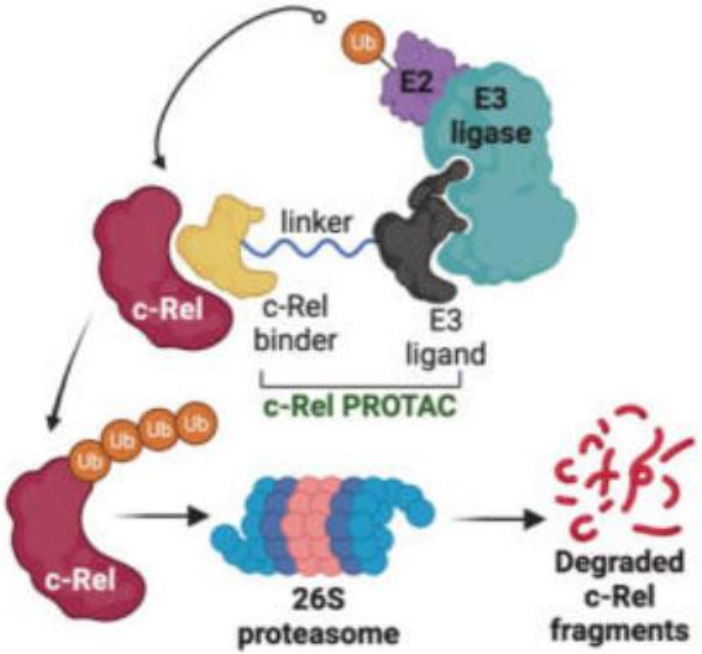
Autoimmune disease market: Large, chronic and commercially attractive (>$ 200b)
Unmet need:

- No cures and non-durable efficacy — lifelong disease management
- Safety trade-offs, slow onset of action and poor patient experience
- Economic burden on healthcare systems
- Incidence is increasing year-on-year
- Targeted therapies are dominated by biologics

The Solution

A first-in-class, multi-indication-applicable, orally bioavailable c-REL degrader

- Human genetic data implicate c-REL as a causal driver of inflammatory disease risk
- High expression in human B, T and innate myeloid cells drives inflammatory disease
- Genetic loss prevents/alleviates immunological disease in translational mouse models
- Inherited c-REL loss-of-function in humans mirrors clinically tolerated immunosuppression
- Immune-linage restricted expression allows for a safe window for NF-kB targeting



Our Program

An integrated team — world-class c-Rel and NF-kB biology, structural and degradation chemistry expertise, and clinical rheumatology insight
Progress: WEHI Ventures pre-seed fund enabled c-Rel crystallography and a preliminary fragment screen with hits currently being validated.
Next steps: c-Rel ligand development, preliminary safety and interventional efficacy, and position the program for degrader development

Seeking ***funding and partnerships*** for degrader development or out-licensing

Our Team

Prof. John Silke, NF-kB signalling, PROTACs
Dr. Lorraine O'Reilly, NF-kB signalling, Mouse models
Prof. Ian Wicks, Clinical rheumatologist, Patient samples
Prof. Peter Czabotar, Structural biology
Prof. Guillaume Lessene, Medicinal Chemistry
Dr. Lee Booty, c-REL project lead, WEHI Ventures

Onisha Patel, PhD, Business Development,
patel.o@wehi.edu.au