CRN04777: A SELECTIVE SST5 AGONIST FOR THE TREATMENT OF HYPERINSULINISM

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Our Mission: To build the leading endocrine company that consistently pioneers new therapeutics to help patients better control their disease and improve their daily lives.
Under normal conditions glucose and insulin are tightly coupled.
A less well-known hormone called **somatostatin** can turn off insulin secretion at one of the last steps.
Insulin Secretion: What happens in Congenital Hyperinsulinism?

Genetic mutations in Congenital HI, lead to insulin secretion continues even when glucose is low

Energy (ATP)

K_{ATP} channel

Calcium channel

depolarize

Glucose

SST2

SST5

Somatostatin receptors

INSULIN

INSULIN

SST5

SST2
Diazoxide is the only approved drug

- Blocks the KATP channel
- Efficacy dependent on genetic mutation (ineffective in ~50% of patients)
- Even those patients where it works, it’s a tough drug to tolerate

Now what? What can we do?

Diazoxide (blocks KATP channel)

Glucose → Energy (ATP) → INSULIN

Calcium channel

Somatostatin receptors

SST2

SST5
Now what? What can we do?

Somatostatin receptor agonists (activates the receptor)

- Blocks later steps of insulin secretion
- Not genetics dependent
- Octreotide acts on SST2
  - Injectable and not for very young patients
  - May affect glucagon secretion
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CRN04777, an oral therapy, acts on SST5
So where are we? What’s next?

- CRN04777 has received both US Rare Pediatric Disease and EU Orphan Drug Designations
- CRN04777 is in the middle of a Phase 1 study in healthy adults

Make sure it’s safe!

Make sure it works!

- Data soon!!!
CRN04777 is growing up and needs a name!

We want to include all CHI families!

Details are coming soon!

Visit www.hyperinsulinism.com to sign up for notifications

Check us out!