



# GLPG1205 for idiopathic pulmonary fibrosis: a phase 2 randomised placebo-controlled trial

Irina R. Strambu<sup>1,10</sup>, Christian A. Seemayer<sup>2,10</sup>, Liesbeth M-C.A. Fagard<sup>3</sup>, Paul A. Ford<sup>3</sup>, Tom A.K. Van der Aa<sup>3</sup>, Angela A. de Haas-Amatsaleh<sup>3</sup>, Vikas Modgill<sup>2</sup>, Eva Santermans<sup>3</sup>, Eric N. Sondag<sup>4</sup>, Eric G. Helmer<sup>5</sup>, Toby M. Maher<sup>6,7</sup>, Ulrich Costabel<sup>8</sup> and Vincent Cottin<sup>9</sup>

<sup>1</sup>Pulmonology Department, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania. <sup>2</sup>Clinical Development, Galapagos GmbH, Basel, Switzerland. <sup>3</sup>Clinical Development, Galapagos NV, Mechelen, Belgium. <sup>4</sup>Early Stage Development, Galapagos NV, Mechelen, Belgium. <sup>5</sup>Clinical Development, Galapagos Biotech Limited, Cambridge, UK. <sup>6</sup>Keck School of Medicine, University of Southern California, Los Angeles, CA, USA. <sup>7</sup>National Heart and Lung Institute, Imperial College London, London, UK. <sup>8</sup>Department of Pneumology, Ruhrlandklinik University Hospital, University of Duisburg-Essen, Essen, Germany. <sup>9</sup>National Coordinating Reference Center for Rare Pulmonary Diseases (OrphaLung), Louis Pradel Hospital, Hospices Civils de Lyon, University of Lyon, IVPC, INRAE, Member of ERN-LUNG, Lyon, France. <sup>10</sup>Joint first authors.

Corresponding author: Christian A. Seemayer ([Christian.Seemayer@glpg.com](mailto:Christian.Seemayer@glpg.com))



Shareable abstract (@ERSpublications)

The PINTA trial (NCT03725852) did not find a significant difference between GLPG1205 and placebo on change in FVC in patients with idiopathic pulmonary fibrosis. GLPG1205 demonstrated a poorer safety and tolerability profile *versus* placebo. <https://bit.ly/3EQGst7>

**Cite this article as:** Strambu IR, Seemayer CA, Fagard LM-CA. GLPG1205 for idiopathic pulmonary fibrosis: a phase 2 randomised placebo-controlled trial. *Eur Respir J* 2023; 61: 2201794 [DOI: 10.1183/13993003.01794-2022].

This single-page version can be shared freely online.

Copyright ©The authors 2023.

This version is distributed under the terms of the Creative Commons Attribution Non-Commercial Licence 4.0. For commercial reproduction rights and permissions contact [permissions@ersnet.org](mailto:permissions@ersnet.org)

This article has an editorial commentary:  
<https://doi.org/10.1183/13993003.02355-2022>

Received: 7 March 2022  
Accepted: 13 Oct 2022

## Abstract

**Background** GLPG1205 is a selective functional antagonist of G-protein-coupled receptor 84, which plays an important role in fibrotic processes. This study assessed the efficacy, safety and tolerability of GLPG1205 for treatment of idiopathic pulmonary fibrosis (IPF).

**Methods** PINTA (ClinicalTrials.gov: NCT03725852) was a phase 2, randomised, double-blind, placebo-controlled, proof-of-concept trial. Patients with IPF were randomised 2:1 to once-daily oral GLPG1205 100 mg or placebo for 26 weeks and stratified to receive GLPG1205 alone or with local standard of care (nintedanib or pirfenidone). The primary end-point was change from baseline in forced vital capacity (FVC); other end-points were safety and tolerability, and lung volumes measured by imaging (high-resolution computed tomography). The study was not powered for statistical significance.

**Results** In total, 68 patients received study medication. Least squares mean change from baseline in FVC at week 26 was  $-33.68$  (95% CI  $-112.0$ – $44.68$ ) mL with GLPG1205 and  $-76.00$  (95% CI  $-170.7$ – $18.71$ ) mL with placebo (least squares mean difference  $42.33$  (95% CI  $-81.84$ – $166.5$ ) mL;  $p=0.50$ ). Lung volumes by imaging declined  $-58.30$  *versus*  $-262.72$  mL (whole lung) and  $-33.68$  *versus*  $-135.48$  mL (lower lobes) with GLPG1205 *versus* placebo, respectively. Treatment with GLPG1205 *versus* placebo resulted in higher proportions of serious and severe treatment-emergent adverse events and treatment-emergent discontinuations, most apparent with nintedanib.

**Conclusions** Treatment with GLPG1205 did not result in a significant difference in FVC decline *versus* placebo. GLPG1205 demonstrated a poorer safety and tolerability profile than placebo.

