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DISCOVERY OF A NOVEL, SELECTIVE SIK3 INHIBITOR FOR THE TREATMENT OF ULCERATIVE COLITIS, CROHN'S DISEASE AND OTHER AUTOIMMUNE DISEASES

Fabrice Kolb, PhD

Head of Immunology
Onco3R Therapeutics

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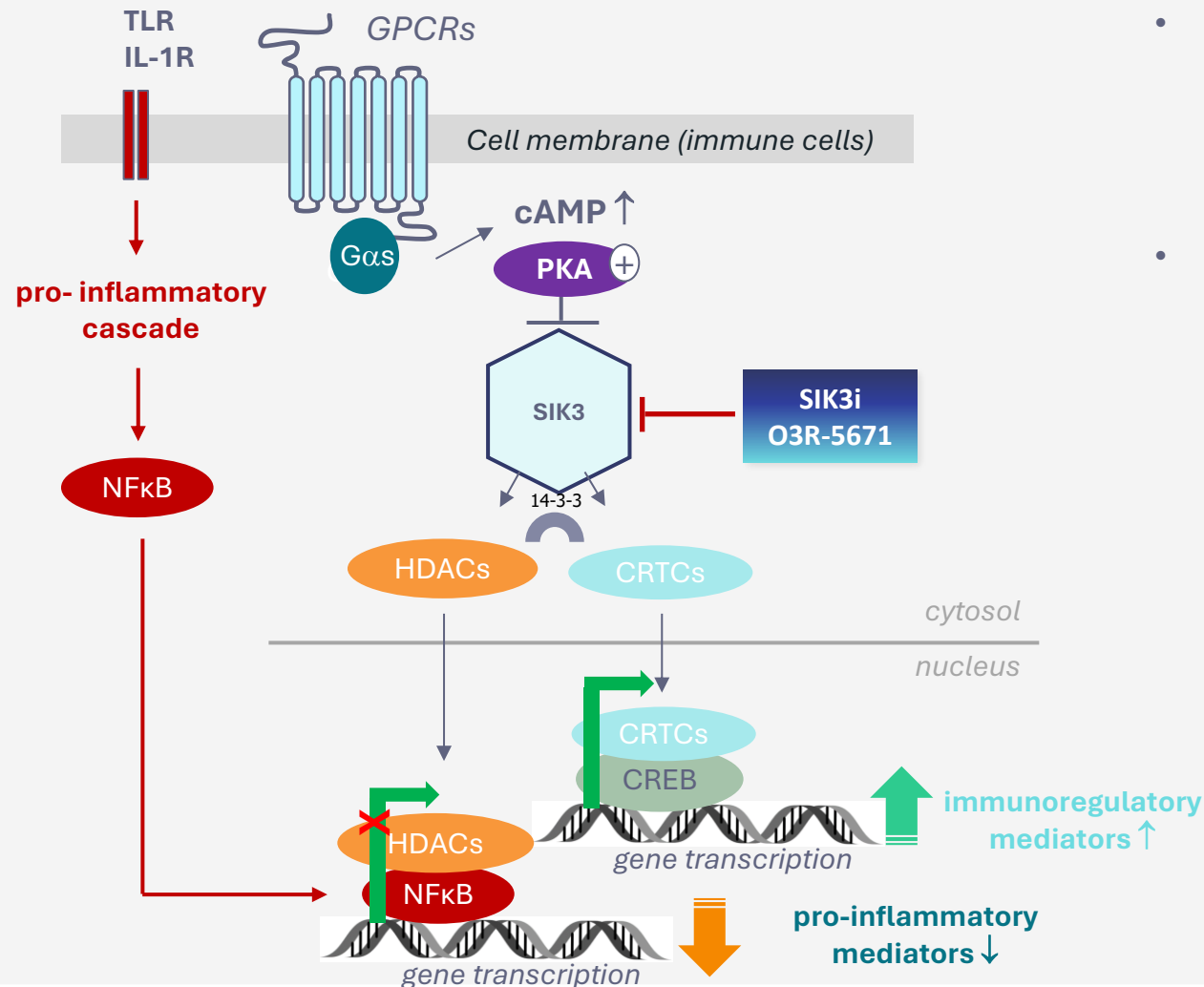
Disclosure of Conflicts of Interest

I herewith declare the following paid or unpaid consultancies, business interests, or sources of honoraria payments for the past three years, and anything else which could potentially be viewed as a conflict of interest:

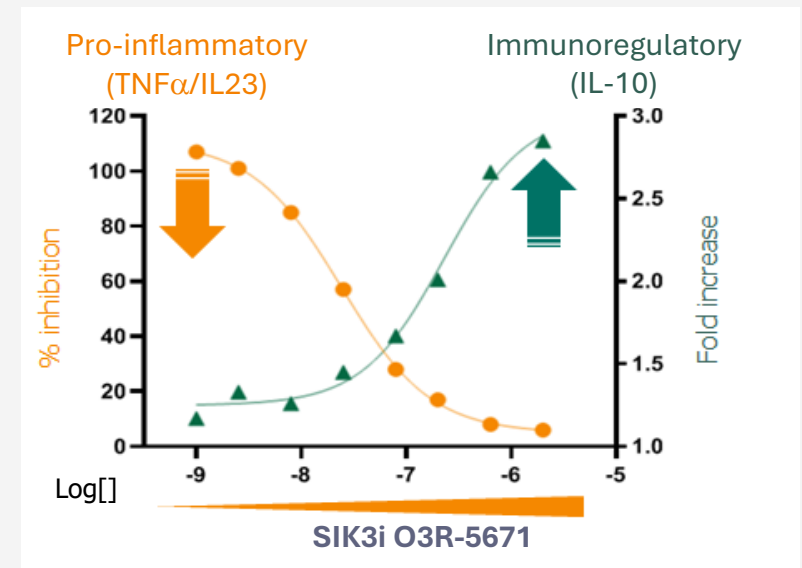
Fabrice Kolb was a Galapagos GmbH employee from 2019 to 2025 and is now a full-time employee of Onco3R Therapeutics BV

Discovery of the SIK3 inhibitor O3R-5671

SIK3 inhibition directly impacts pro- and anti-inflammatory pathways



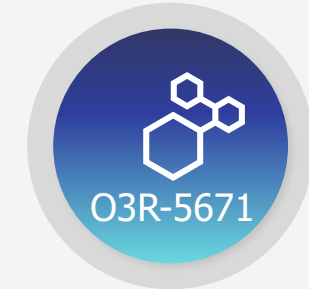
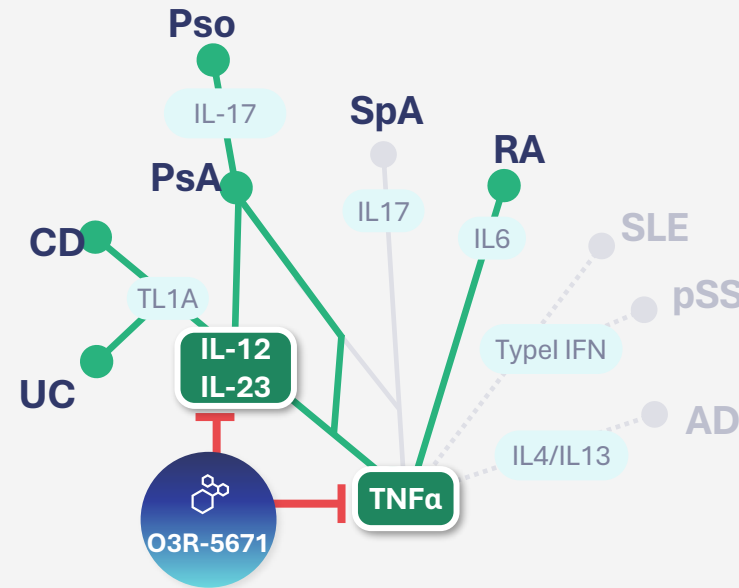
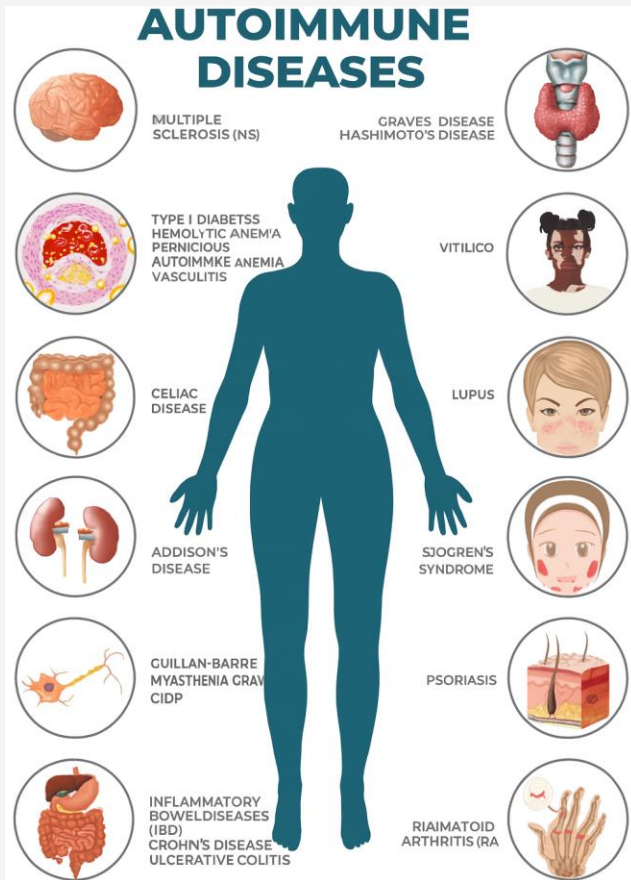
- A family of 3 salt-inducible kinases (SIKs): SIK1, SIK2, SIK3
 - **activated** by liver kinase B1 (LKB1)
 - **suppressed** by cAMP/PKA
- SIK3 inhibition controls NFκB and CREB regulated gene expression in inflammatory conditions (HDACs / CRTCs substrates)



O3R-5671 SIK3i targets key pathogenic cytokines

A potential solution for multiple auto-immune diseases

>500,000,000 Autoimmune Patients Worldwide



Inhibits Multiple Cytokines

➔ Expected increased response

Oral

➔ Convenience

Avoids Anti-drug Antibodies

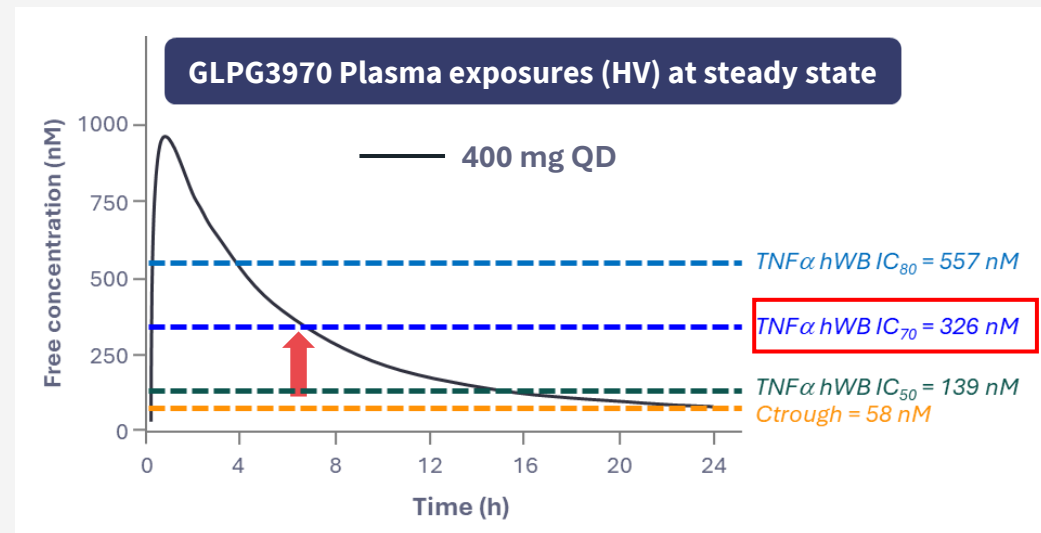
➔ No loss of response expected

Encouraging Pre-clinical Safety

➔ Good tolerability expected vs existing drugs

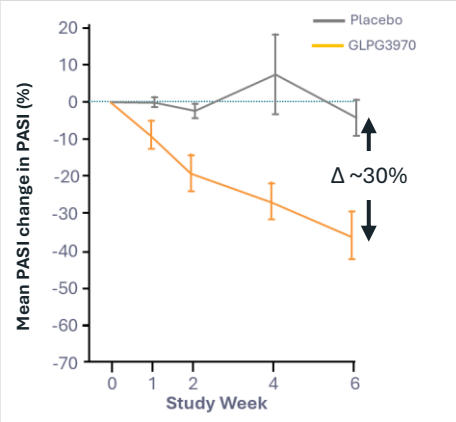
Learnings from former SIK2/SIK3 inhibitor GLPG3970

GLPG3970	
Selectivity	SIK2/SIK3 inh. (SIK2-related toxicities)
Cellular activity	100-300 nM on activated myeloid cells
Off-targets	hERG inhibition leading to QTc prolongation
Human dose	400 mg QD: suboptimal target coverage
Safety window	Limited (1.5 x)

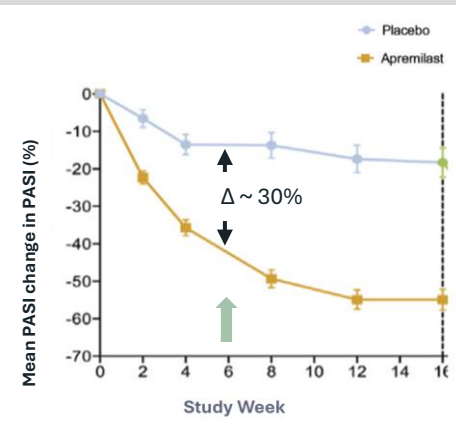


Despite partial drug pressure, GLPG3970 showed activity in Pso Ph1b and Proof of mechanism in UC

➤ Similar activity to Apremilast at 6 wks



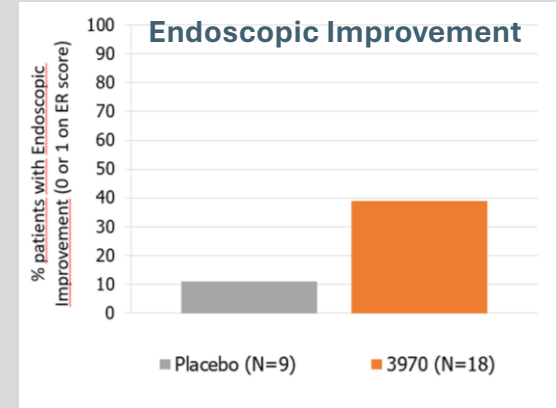
Psoriasis, GLPG3970
350 mg QD



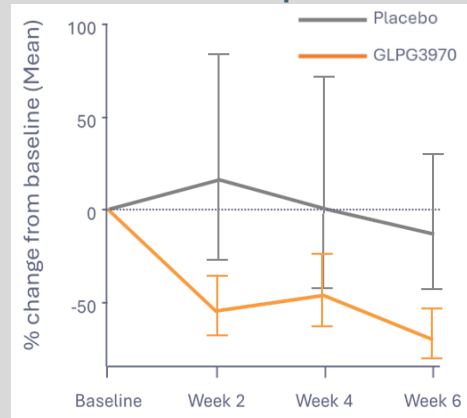
Apremilast
30 mg BID

➤ Signal of biological activity on endoscopic improvement, RHI, FCP, TNF α

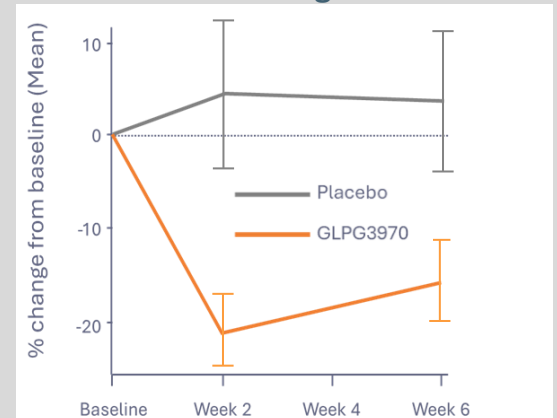
Ulcerative colitis,
GLPG3970 400 mg QD



Faecal calprotectin



Circulating TNF α



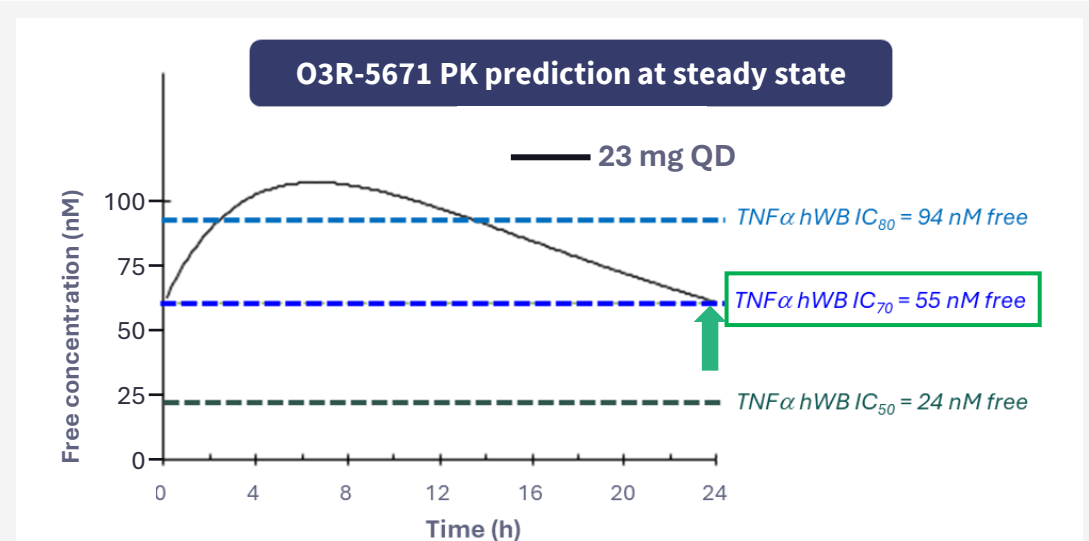
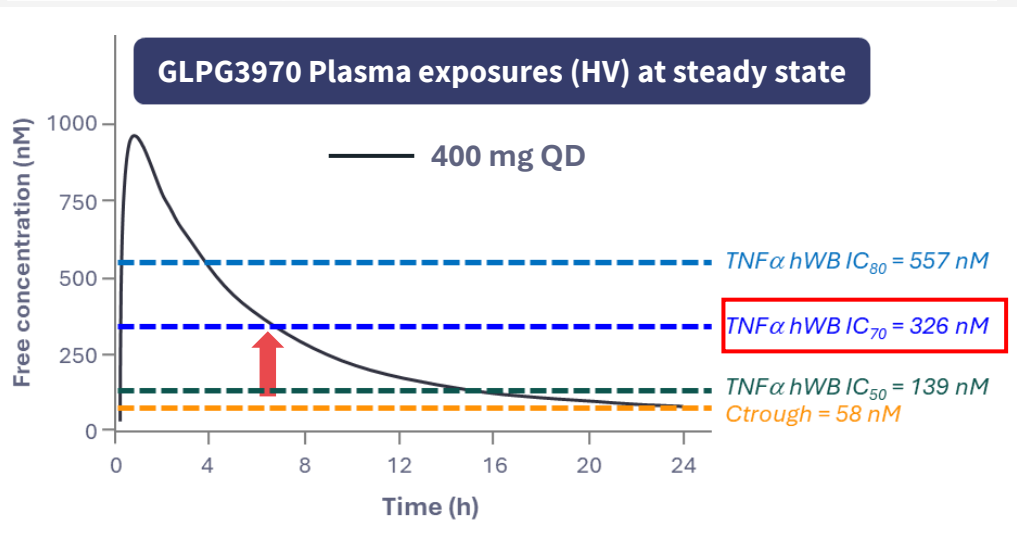
Safety-limited dosing leads to insufficient signals to move forward : need for a more selective and potent SIK3 inhibitor

Identification of O3R-5671, a Best-in-Class SIK3 Inhibitor addressing all limitations of GLPG3970

GLPG3970	
Selectivity	SIK2/SIK3 inh. (SIK2-related toxicities)
Cellular activity	100-300 nM on activated myeloid cells
Off-targets	hERG inhibition leading to QTc prolongation
Human dose	400 mg QD: suboptimal target coverage
Safety window	Limited (1.5 x)



Onco3R O3R-5671	
Selectivity	SIK3 selective and kinome selective
Cellular activity	50-100 nM on activated myeloid cells
Off-targets	No hERG
Human dose	Low projected dose allowing optimal target coverage
Safety window	Large (210 x at similar drug pressure)



1 mg of O3R-5671 leads to equivalent drug pressure than 400 mg GLPG3970 and a much larger safety margin

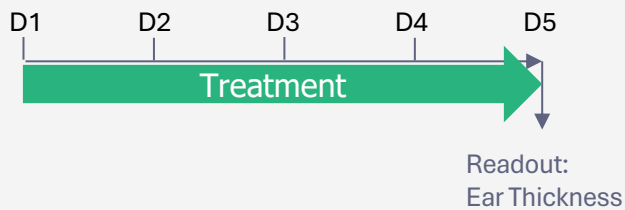
O3R-5671 shows strong activity in a mouse Psoriasis model, comparable to TYK2i

PsoCyt model (IL-23-induced)

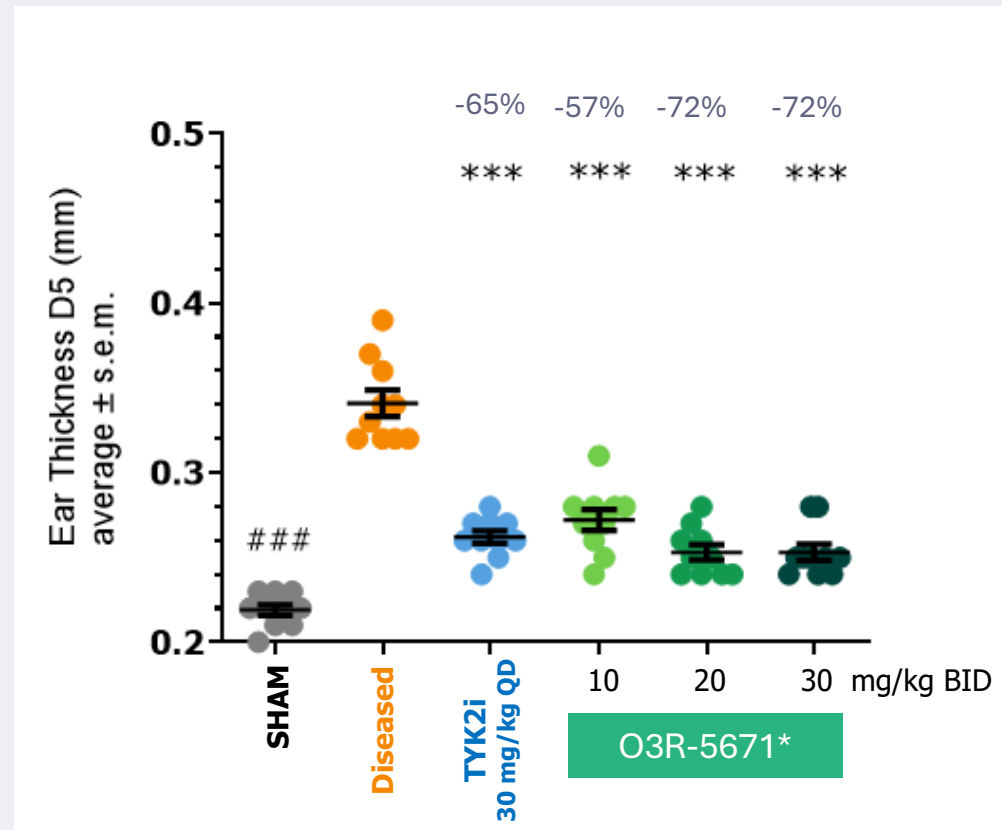
Daily intradermal IL-23 injections in the ear for 4 days



BALB/c mice



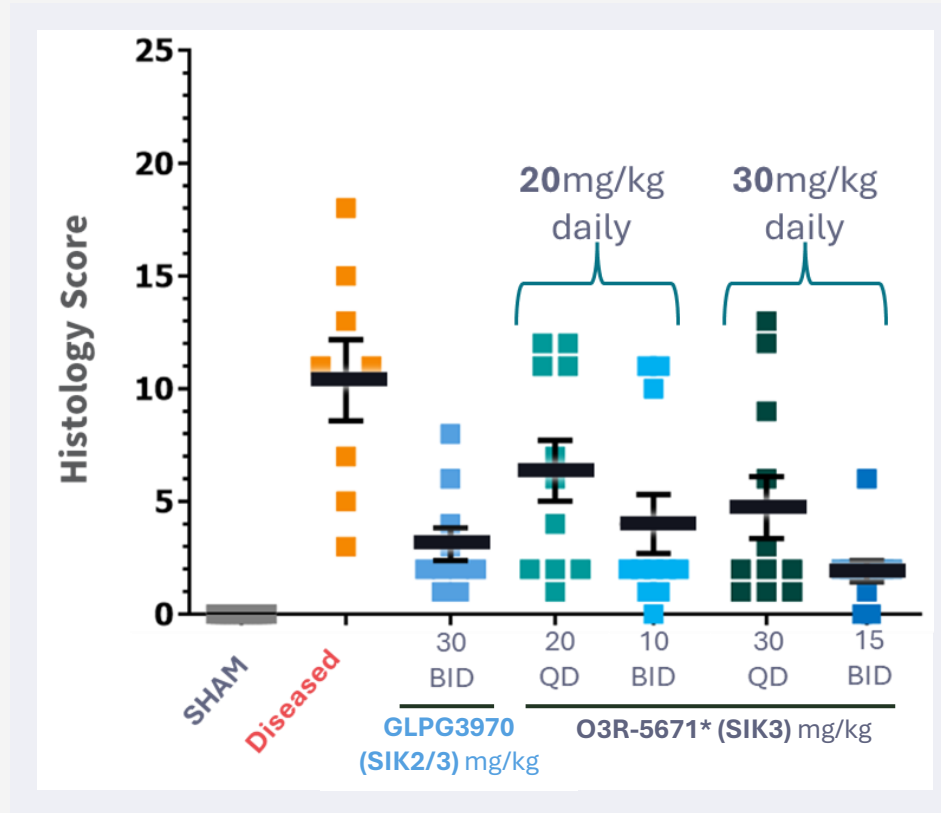
Ear thickness on Day 5



* O3R-5671 administered as O3R-5671-PRO prodrug

Statistical Analysis: One-way ANOVA + Dunnett's post-test vs IL23-Disease group; ns: p>0.05; *p<0.05; **p<0.01; ***p<0.001

O3R-5671 dose-dependently reduces disease score in a T-cell transfer mouse colitis model



- SIK3 inhibition is sufficient for *in vivo* pharmacological effect
- Same activity as IL-23 biologics in same model

O3R-5671 Summary and next steps

- SIK inhibition has been clinically validated by the SIK2/3 inhibitor GLPG3970
- O3R-5671 is a potential best-in-class selective SIK3 inhibitor
 - Optimal target coverage
 - SIK-specificity
 - No safety flags identified
- O3R-5671 entered the clinic in September
 - SAD/MAD with extensive biomarker plan
 - First dose cohort completed, flat PK profile confirmed, second cohort ongoing

Novel mode of action with potential to change treatment paradigm in multiple auto-immune diseases, including UC and CD

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Thank you

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