

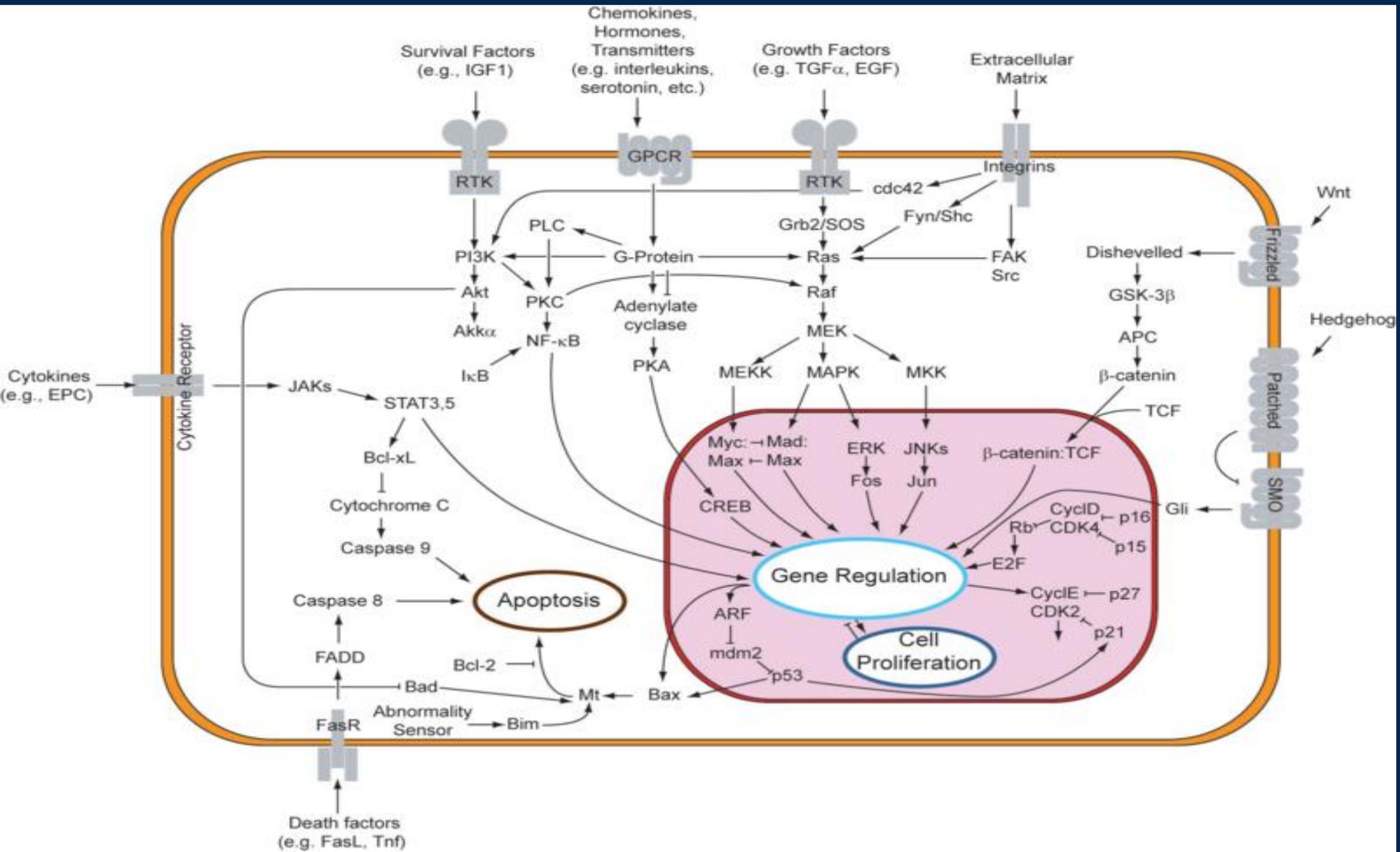


SMAC Mimetics as new Anticancer Agents

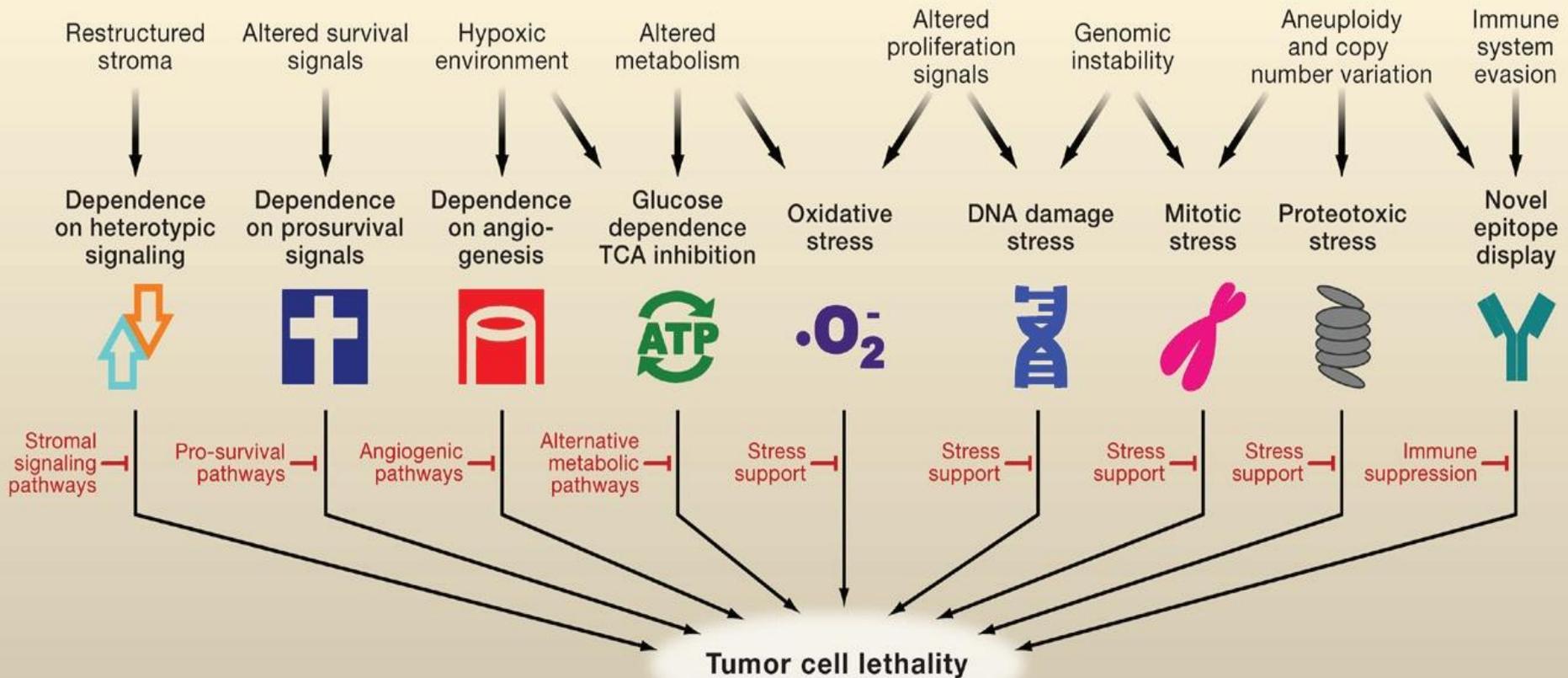
Alex A. Adjei,
Roswell Park Cancer Institute
Buffalo, NY
USA



Overview of Signal Transduction Pathways



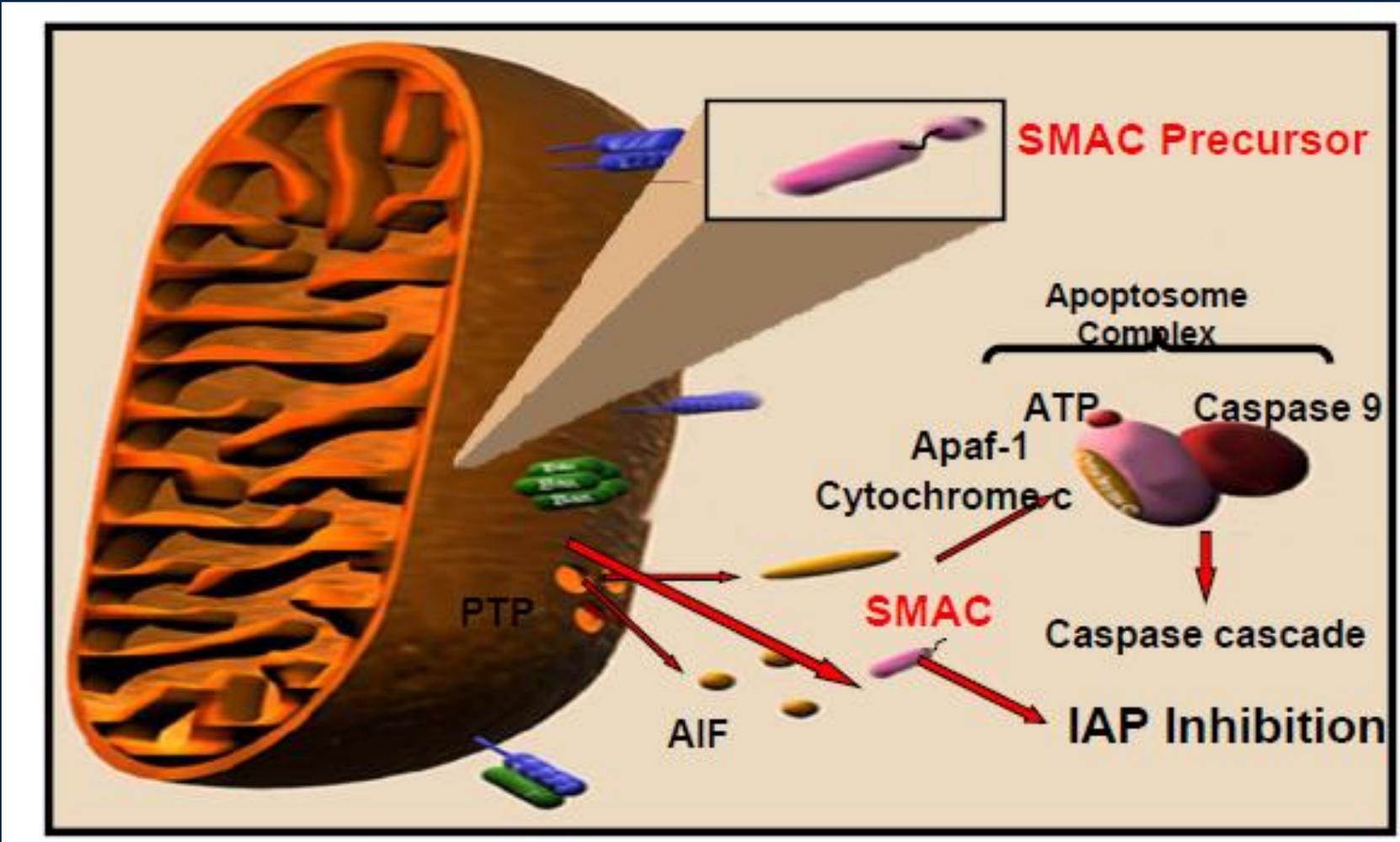
The tumorigenic state



Inhibitors of Apoptotic Proteins (IAPs)

- **IAPs inhibit the apoptotic cascade by**
 - **Blocking caspase activation**
 - **Promoting proteosomal degradation of caspases**
- **8 IAPs (XIAP, cIAP-1, cIAP-2, IAP-2, ML-IAP, NAIP, Survivin, Apollon) described**
- **IAP expression correlated to chemoresistance and tumor aggressiveness**
- **Rational Targets for Cancer Therapy**

SMAC – Second Mitochondrial-derived Activator of Caspases



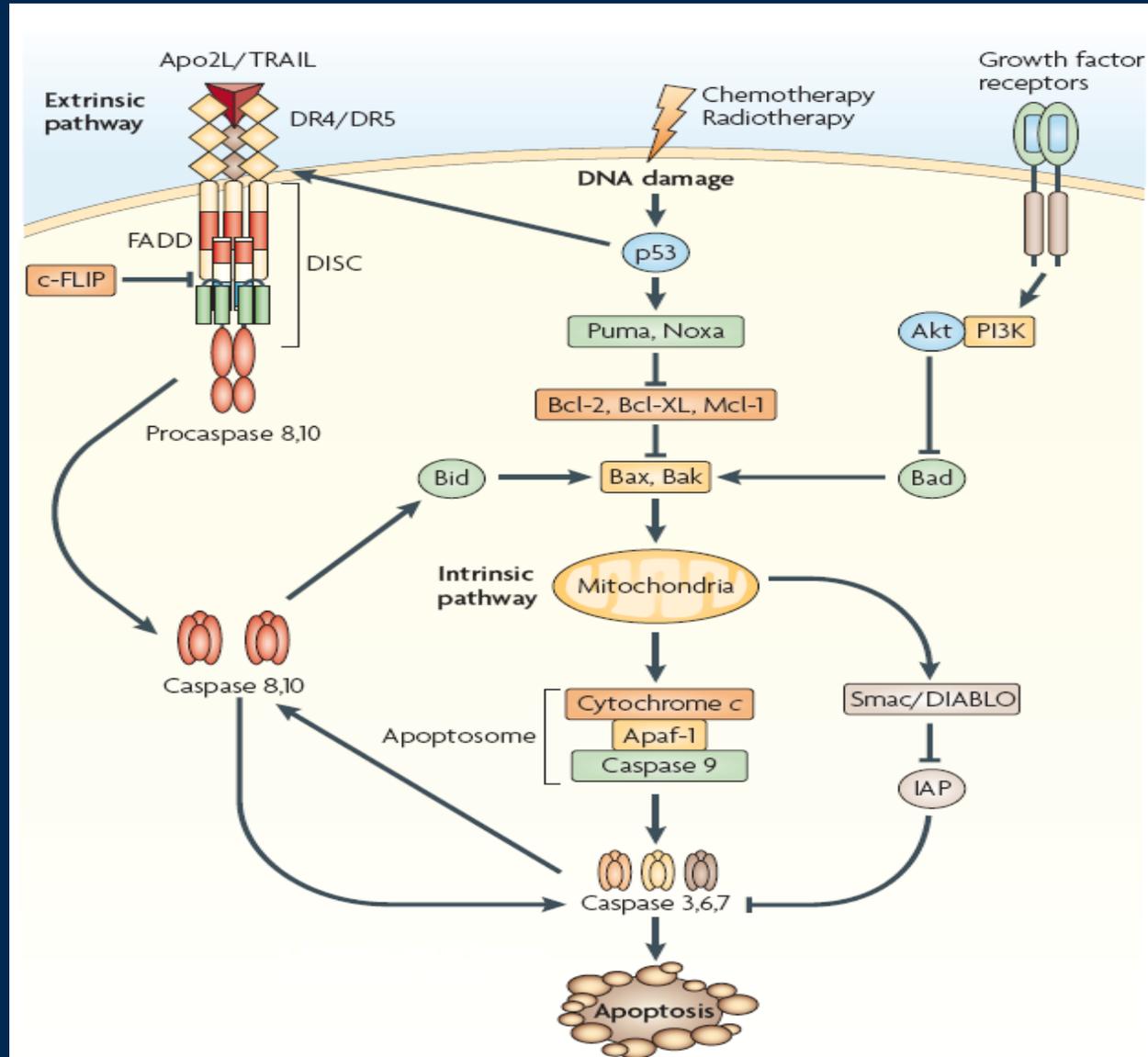
SMAC Overview

- **Smac (second mitochondrial-derived activator of caspases)**
 - Released from mitochondria upon receipt of cell death stimulus
 - interacts with multiple Inhibitor of Apoptosis Proteins (IAPs):
 - Relieves their inhibitory effect on caspases
 - Inhibits NF- κ B activation affecting tumor growth, survival and metastases
- **Smac mimetic drugs are conceptually unique**
 - Relevant to treating all types of cancer by targeting fundamental mechanisms of cancer cell survival and resistance
 - Target survival and resistance proteins that are downstream from other cancer therapy targets enabling synergy with many other therapies

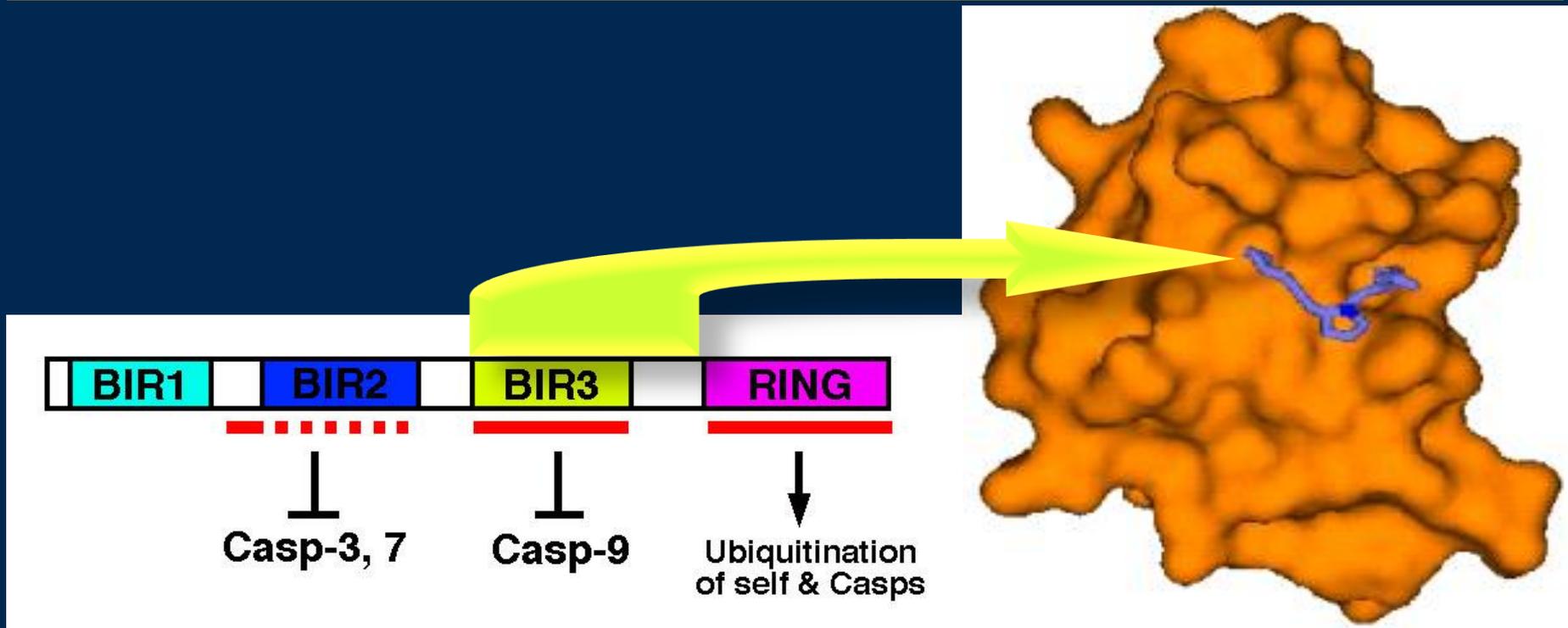
SMAC Mimetics

Activating Apoptosis Downstream of Most Cancer Therapies

- Rationally-designed therapeutics that target fundamental anti-apoptotic mechanisms of tumor cell survival and resistance to apoptosis
- Apoptosis is the main mechanism through which innate responses and therapies destroy cancer cells.
- SMAC mimetics act alone or with other therapies to overcome pivotal cancer resistance mechanisms.



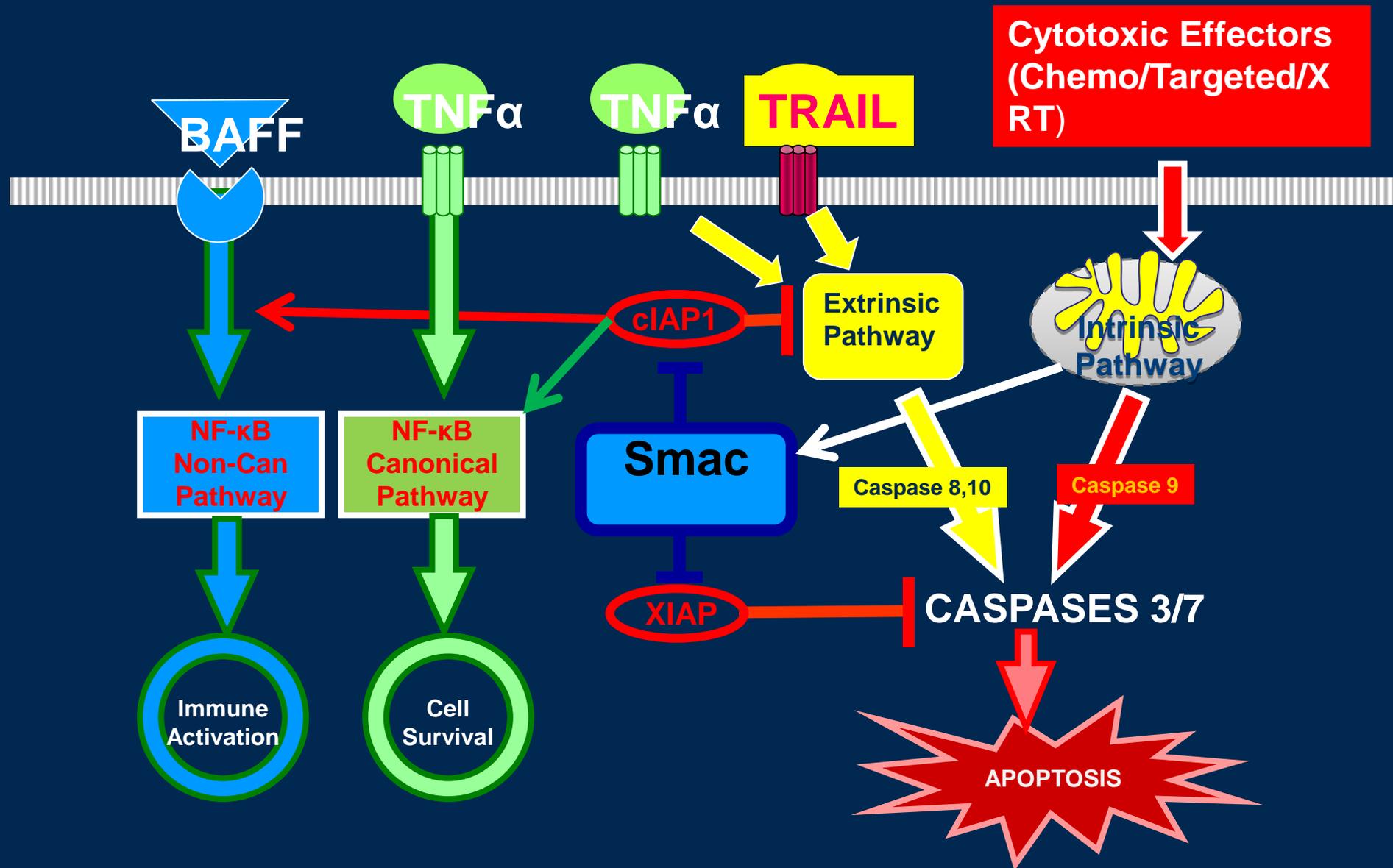
All Smac Mimetics are Based on the Structure of the N-terminal Tetrapeptide of Native Smac



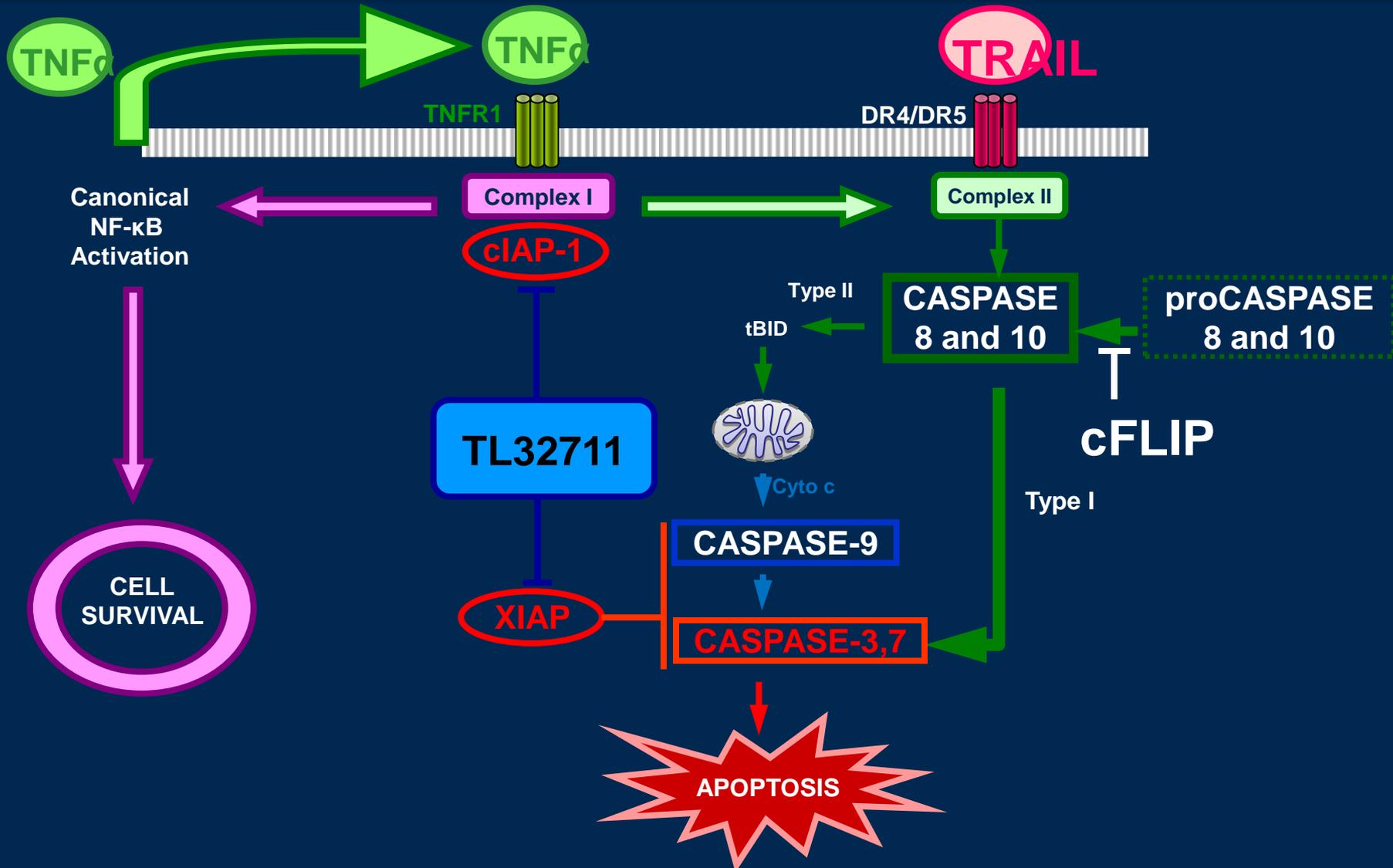
SMAC – Second Mitochondria-derived Activator of Caspases

SMAC AVPI-tetrapeptide binds to surface groove on XIAP BIR3 domain

Smac - Mechanism of Action

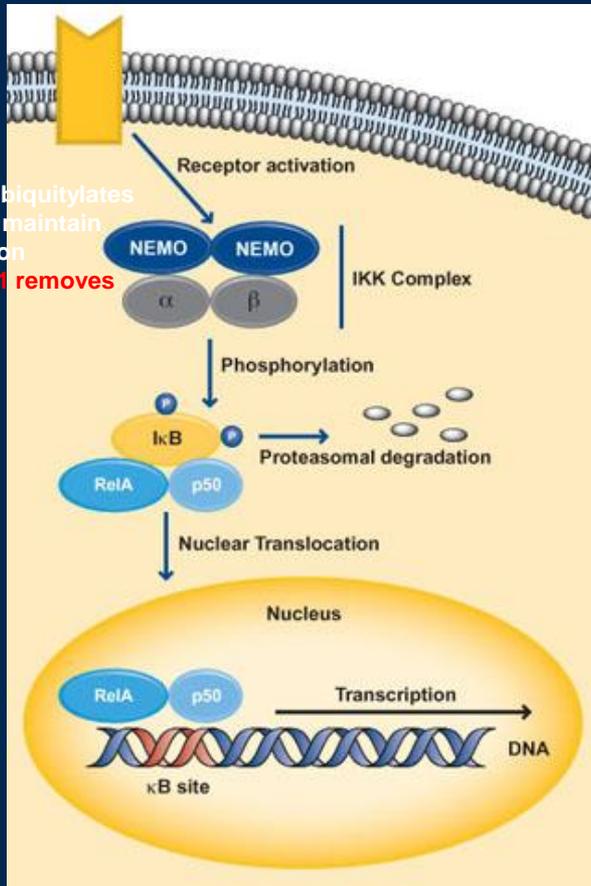


SMAC Mimetics Mimic the Activity of Smac – the Endogenous IAP Inhibitor



Effect of SMAC Mimetics on NFκB Pathways

Canonical Pathway

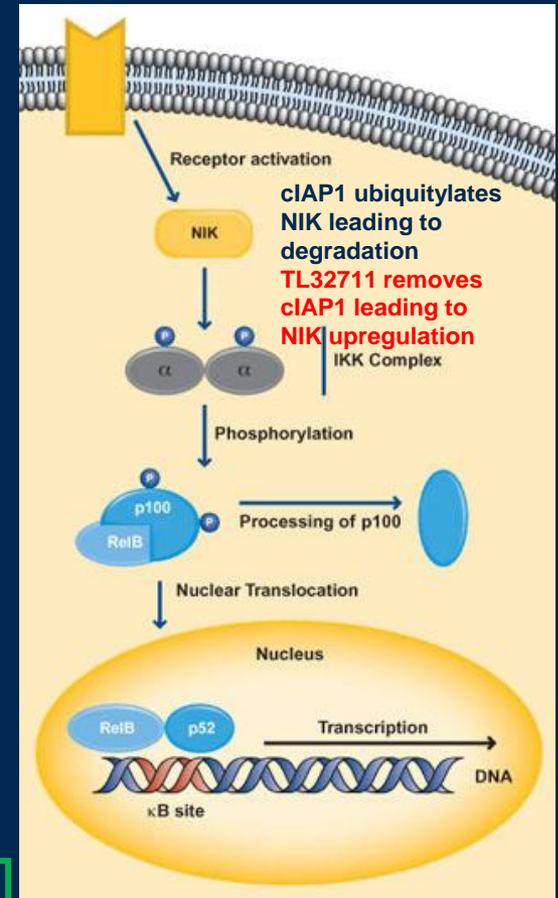


Inflammation

Rapid inhibition of canonical pathway

SMAC Mimetic

Non-canonical Pathway



Lymphoid Development

Slow activation of non-canonical pathway

cIAP1 ubiquitylates RIP1 to maintain activation
TL32711 removes cIAP1

cIAP1 ubiquitylates NIK leading to degradation
TL32711 removes cIAP1 leading to NIK upregulation

SMAC Mimetics in Clinical Trials

<u>Company</u>	<u>SMC</u>	<u>Condition</u>
Aegera / Human Genome Sciences	AEG40826/ HGS1029	Advanced solid tumours / relapsed or refractory lymphoid malignancies (iv)
Ascenta	AT-406	Advanced solid tumours and lymphomas (po)
Genentech / Roche	GDC-0152/ RG7419	Locally advanced or metastatic malignancies (iv)
Novartis	LCL161	Solid tumours (po, weekly and daily)
Tetralogic	TL32711	Advanced or metastatic solid tumours / refractory solid tumours or lymphoma (iv)

TL32711 Overview

- Potent IAP selective dimer:
 - Preferential suppression of cIAP1, but also inhibits cIAP2, XIAP, and ML-IAP but no effect on Survivin
 - Marked synergy with $\text{TNF}\alpha$ and TRAIL in vitro
 - Broad combination synergy with chemotherapy without increased toxicity
 - Favorable ADME characteristics
 - Good pharmaceutical properties for IV dosing

TL32711 Mechanism of Action

- Selectively binds to cIAP1 vs. cIAP2 and induces rapid autodegradation of cIAP1 in all cell types
 - Following treatment of sensitive tumors
 - Autocrine TNF and exogenous TNF and TRAIL bind to death receptors
 - Cytokines activate pro-apoptotic pathway via caspase-8 activation
 - Elevated procaspase-8 levels in tumors provide tumor selectivity for killing
 - Rapidly shuts off canonical NFkB pro-survival pathway
 - cIAP2 degradation via cIAP1 ubiquitinylation not required for killing
 - Following treatment of normal cells
 - cIAP2 can replace cIAP1 function and may play protective role
 - In sensitive tumor cells, strong apoptotic signaling overwhelms any cIAP2 effect
- Binds to and antagonizes XIAP function in all cells
 - De-represses caspase-9 inhibition activity generated via intrinsic pathway
 - De-represses executioner caspase-3 and -7 activity that represents the final block in apoptosis pathway

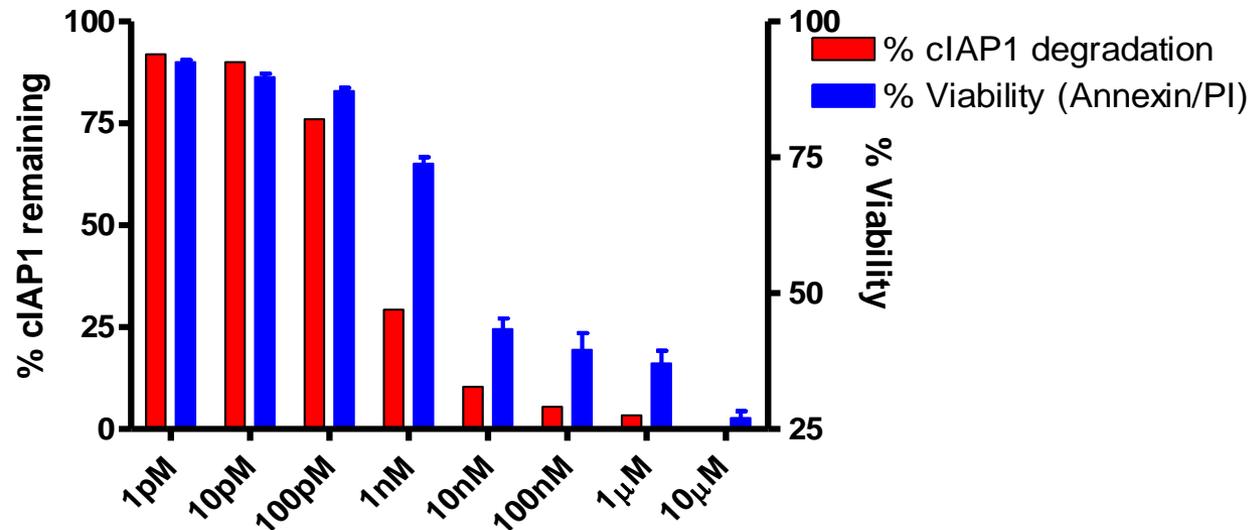
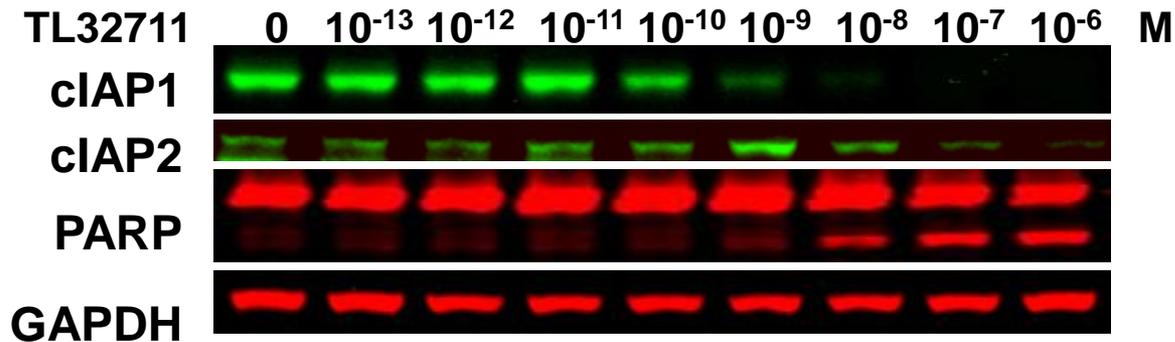
TL32711 Key Preclinical Efficacy Data

- Rapid and potent target suppression of IAPs
 - Occurs in all cell types and tissues within 1 hr of drug exposure
 - Prolonged target suppression in tumor vs. normal tissues
 - PK/PD relationship between target suppression and anti-tumor activity
- TL32711 activity in multiple tumor models
 - Activity in both primary tumor and established tumors
 - Activity in hematologic and solid tumor models
 - Complete regressions with prolonged survival in xenograft models
 - *In vivo* efficacy retained in larger tumors
- Potent synergy with TNF α and TRAIL
- Potent synergy with multiple chemotherapies

clAP1 Suppression Correlates to Cancer Cell Death

MDA-MB-231 Breast Tumor Cells

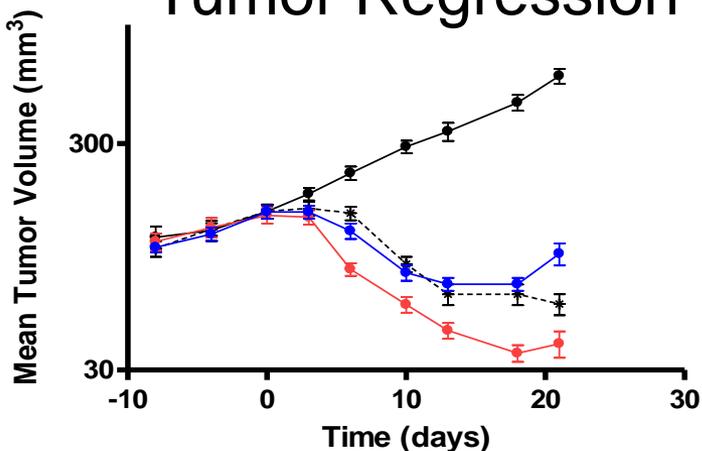
24 hr Treatment



TL32711 Causes Tumor Regressions at Well Tolerated Doses in a MDA-MB-231 Xenograft Model

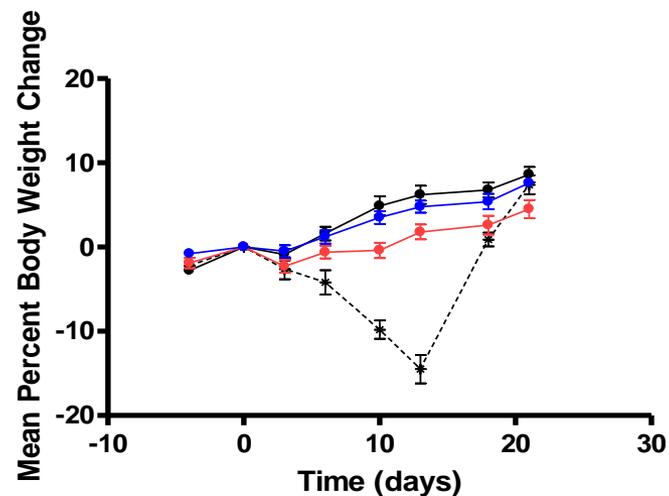
Efficacy Greater than Docetaxel Administered at the MTD

Tumor Regression Dose



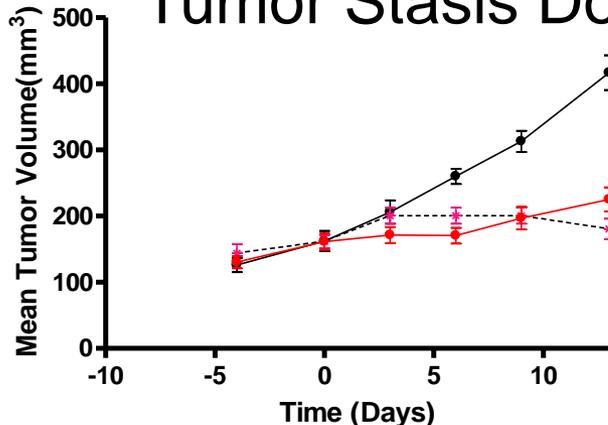
- Vehicle Control (12.5% captisol; IP; Q3Dx5)
- *--- Docetaxel (20 mg/kg; IV; Q4Dx3)
- TL32711 (10 mg/kg; IP; Q3Dx5)
- TL32711 (5 mg/kg; IV; Q3Dx5)

TL32711 ↑ ↑ ↑ ↑ ↑
 Docetaxel ↑ ↑ ↑



TL32711 ↑ ↑ ↑ ↑ ↑
 Docetaxel ↑ ↑ ↑

Tumor Stasis Dose

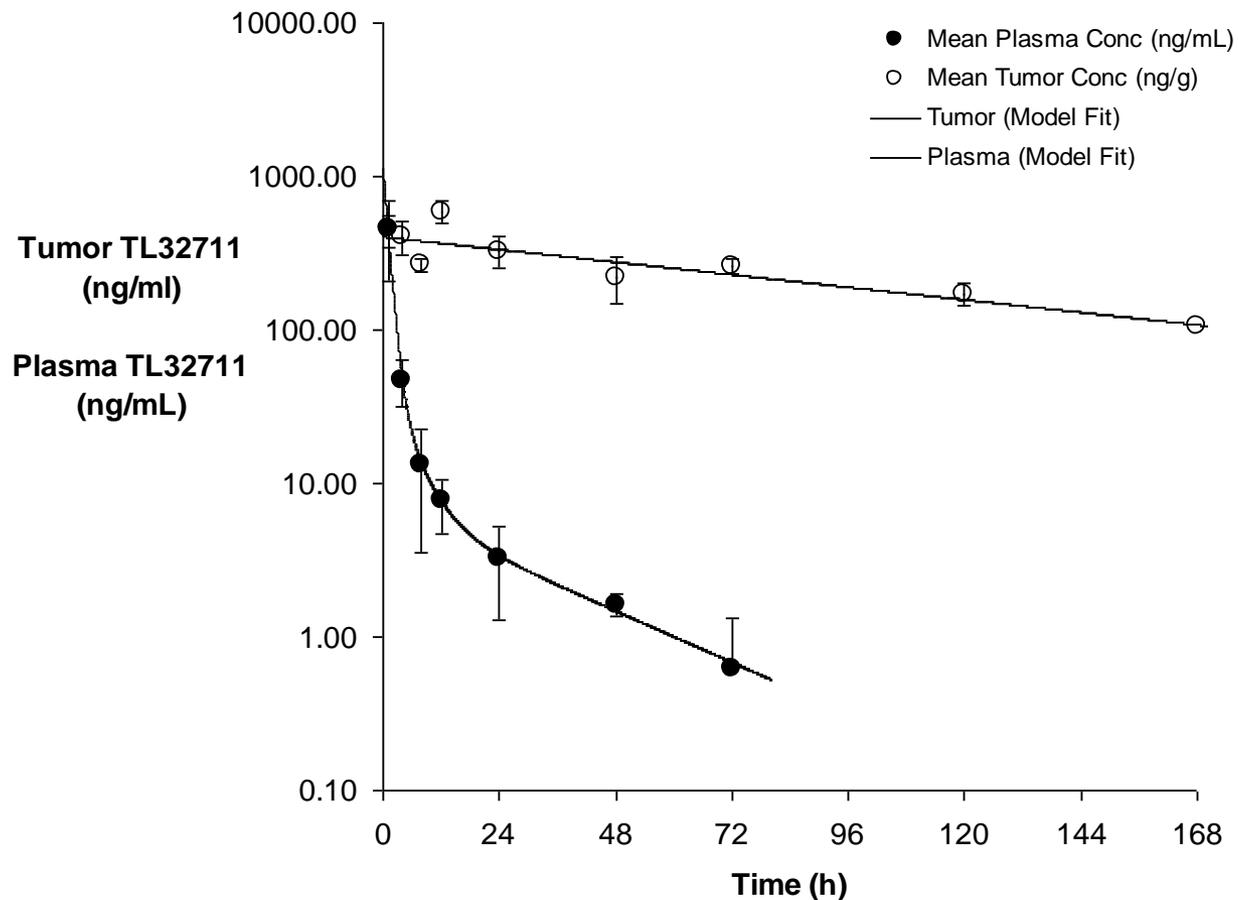


- Vehicle
- *--- Docetaxel 20 mg/kg (q4dx3x2)
- TL32711 1.25 mg/kg

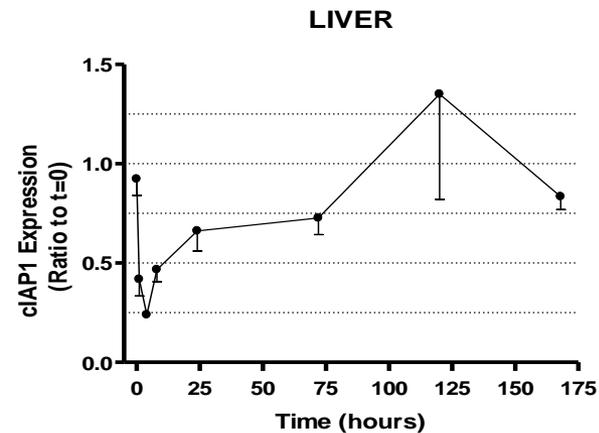
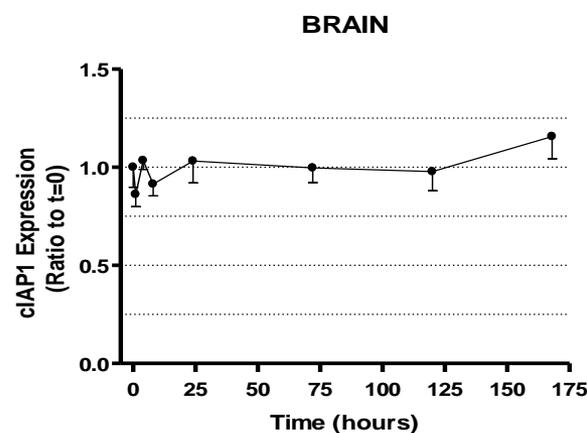
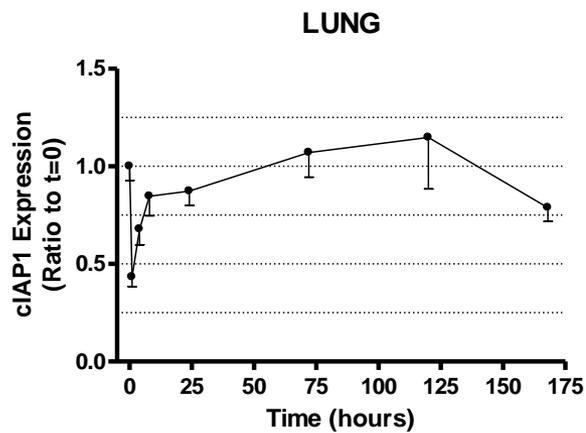
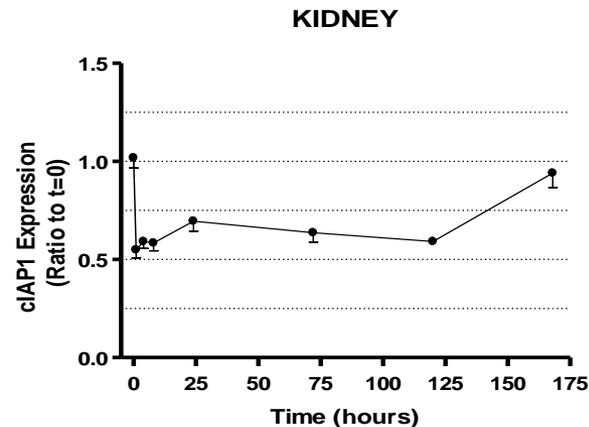
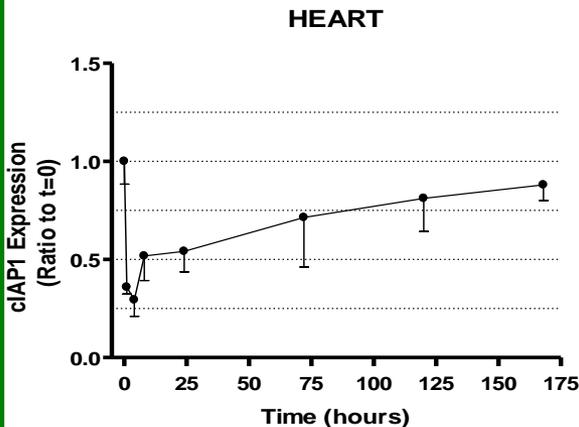
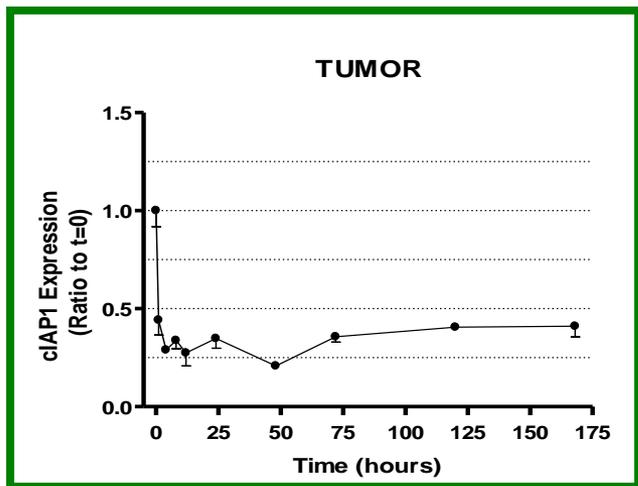
↑ ↑ ↑ ↑ ↑

TL32711 Plasma and Tumor Pharmacokinetics in Mice

TL32711 Plasma and Tumor Pharmacokinetics in Mice (5 mg/kg)



TL32711-induced cIAP1 Reduction is Prolonged in Tumor vs. Normal Tissue



MDA-MB-231 xenograft following single 5 mg/kg dose

TL32711 Phase I Trial

ROSWELL PARK CANCER INSTITUTE

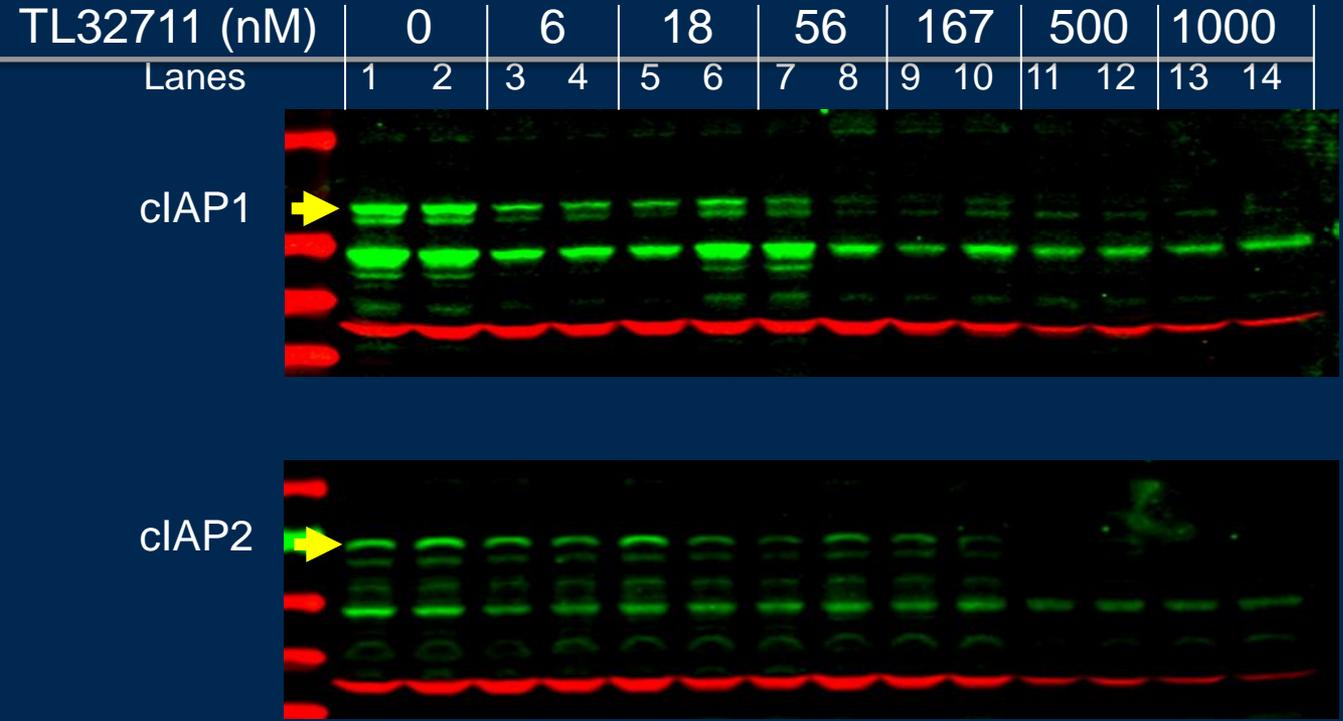
FOX CHASE CANCER CENTER

UNIVERSITY OF PENNSYLVANIA
CANCER CENTER

Measures of Target Coverage & Clinical Effect

- PBMC assay of cIAP-1 as surrogate of tumor cIAP-1 suppression
- Correlation of target suppression with Phase 1 study data
 - Apoptosis activation - circulating cleaved cytokeratin-18 levels and activated caspase-3 levels in serum
 - Clinical measures
 - Radiographic assessment - CT/MRI/FDG-PET
 - Surrogate clinical markers *e.g.* CEA, CA-125
- Correlation of Phase 1 PBMC target suppression drug concentration levels with non-clinical drug concentrations related to target suppression and efficacy

Degradation of cIAPs by TL32711 in Volunteer PBMCs



AQUA IHC For Predictive Biomarkers

- Study of 11 different tumor types representing 1164 patient samples
 - Quantitating TNF α & TRAIL levels in tumor and stroma – data by June
 - Identify tumor types with highest expression levels – candidates for Phase 2 study
 - Profile tumor types of interest for other markers of sensitivity including TNF α and TRAIL receptors, cIAP-1, cFLIP, Bcl family members and pro-caspase-8
- Tumor types included
 - Ovarian – 184 patients
 - Melanoma – 80 patients
 - Breast – 261 patients (Her2+/-, ER+/-, Node +/-)
 - Colorectal – 67 patients
 - Pancreatic -39 patients
 - NSCLC – 156 patients
 - Head & Neck – 181 patients
 - Esophageal – 91 patients
 - Bladder – 32 patients
 - Prostate – 24 patients
 - Kidney – 49 patients

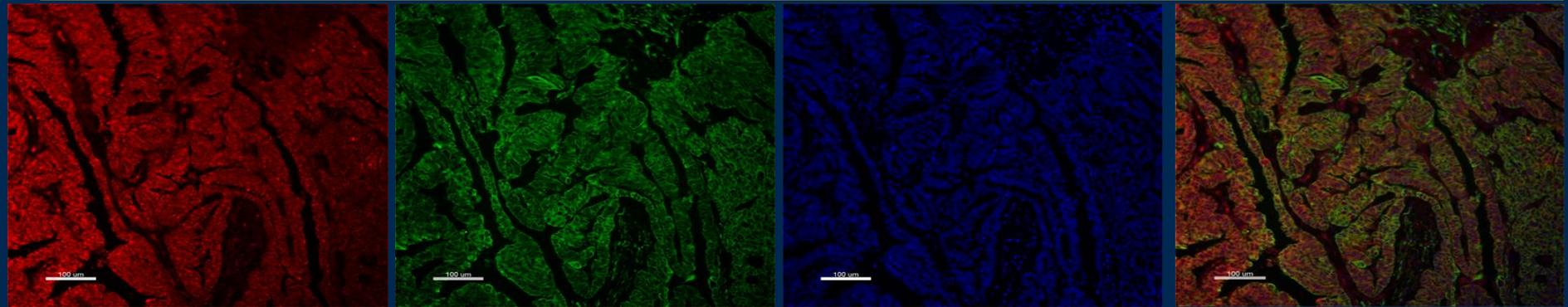
TNF α Staining in Ovarian Tumor

TNF α

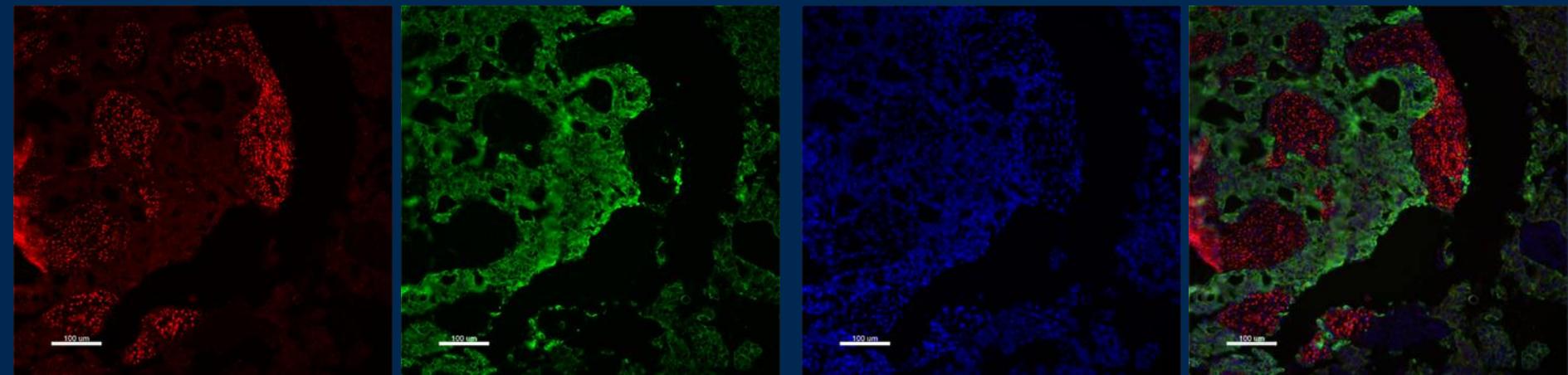
Cytokeratin

Dapi

Combination



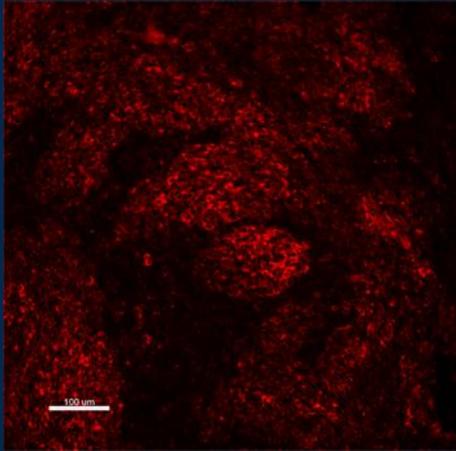
Ovarian Papillary serous CA – High Expression in Epithelial component



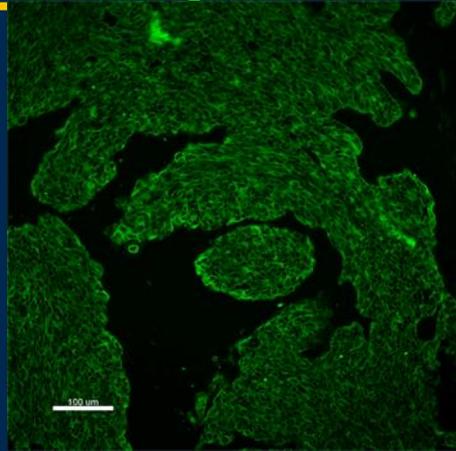
Ovarian Endometrioid CA – High Expression in Stroma

TRAIL Staining in Ovarian Tumor

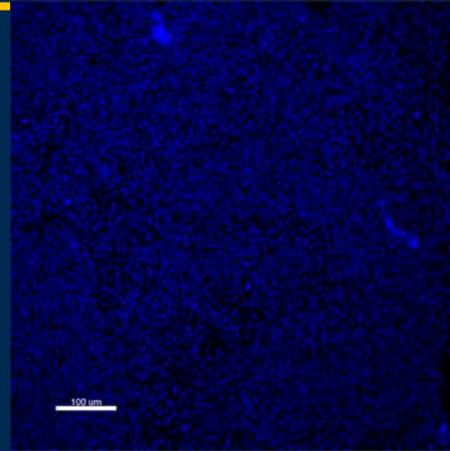
TRAIL



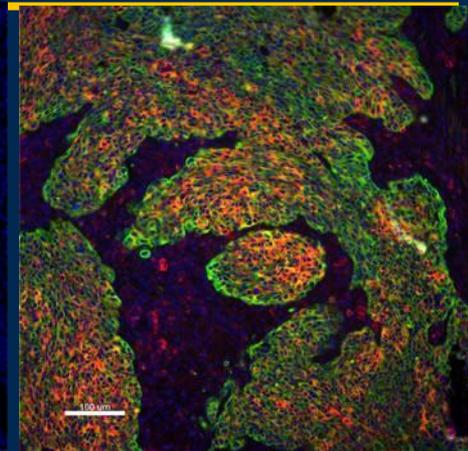
Cytokeratin



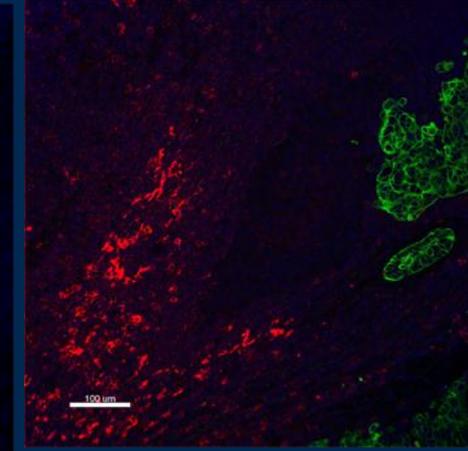
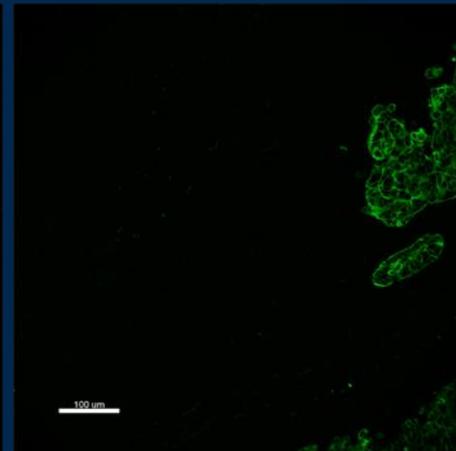
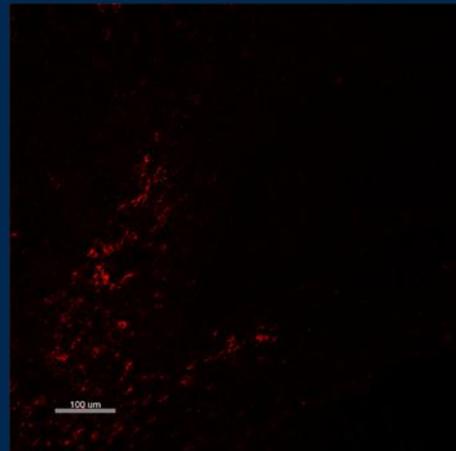
Dapi



Combination



Ovarian Serous CA – High Expression in Epithelial Components



Ovarian Papillary Serous CA – Stroma Expression only

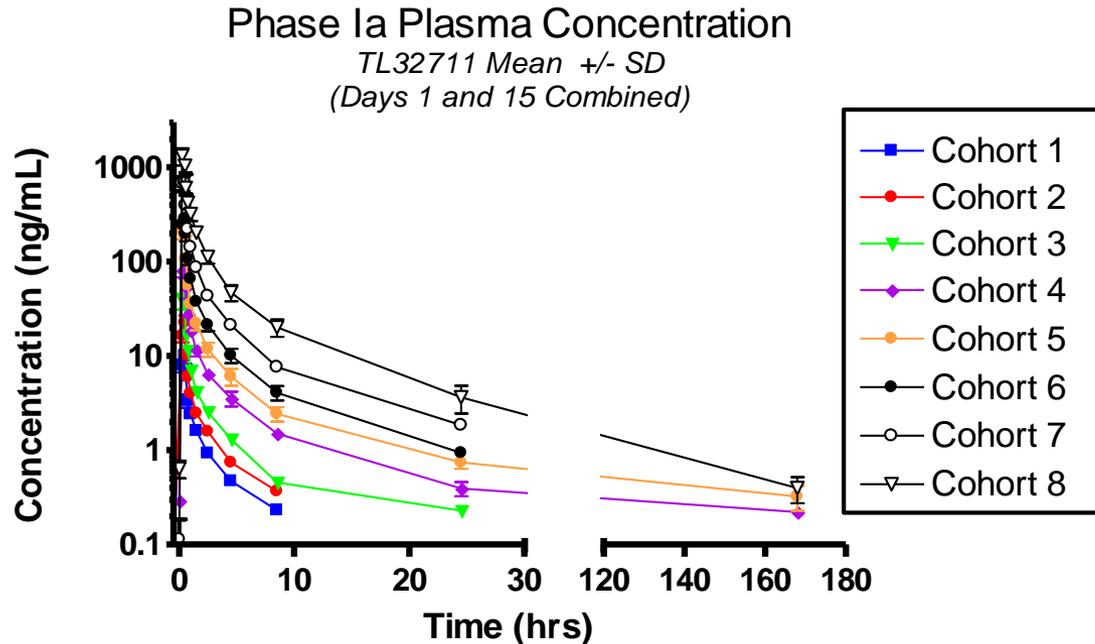
TL32711 Single Agent Phase 1 Study

Dose Escalation Status

Cohort No.	Dose (mg/m ²)	% Increase from Prior Dose	C _{max} (ng/ml)	AUC (ng.h/mL)	ciAP1 Supp at 24hrs	ciAP1 Supp at 7 days
1	0.18		10	11	25-50%	0%
2	0.36	100%	22	20	25-50%	0%
3	0.72	100%	41	37	25-50%	20%
4	1.44	100%	86	114	>75%	50%
5	2.88	100%	258	254	>75%	>50%
6	5.76	100%	293	329	>75%	>50%
7	11.5	100%	664	669	>85%*	>60%*
8	17.2	50%	1338	1657	>85%*	>75%*
9	26	50%	2000 (est)	2500 (est)	Pending	Pending

TL32711 Pharmacokinetics

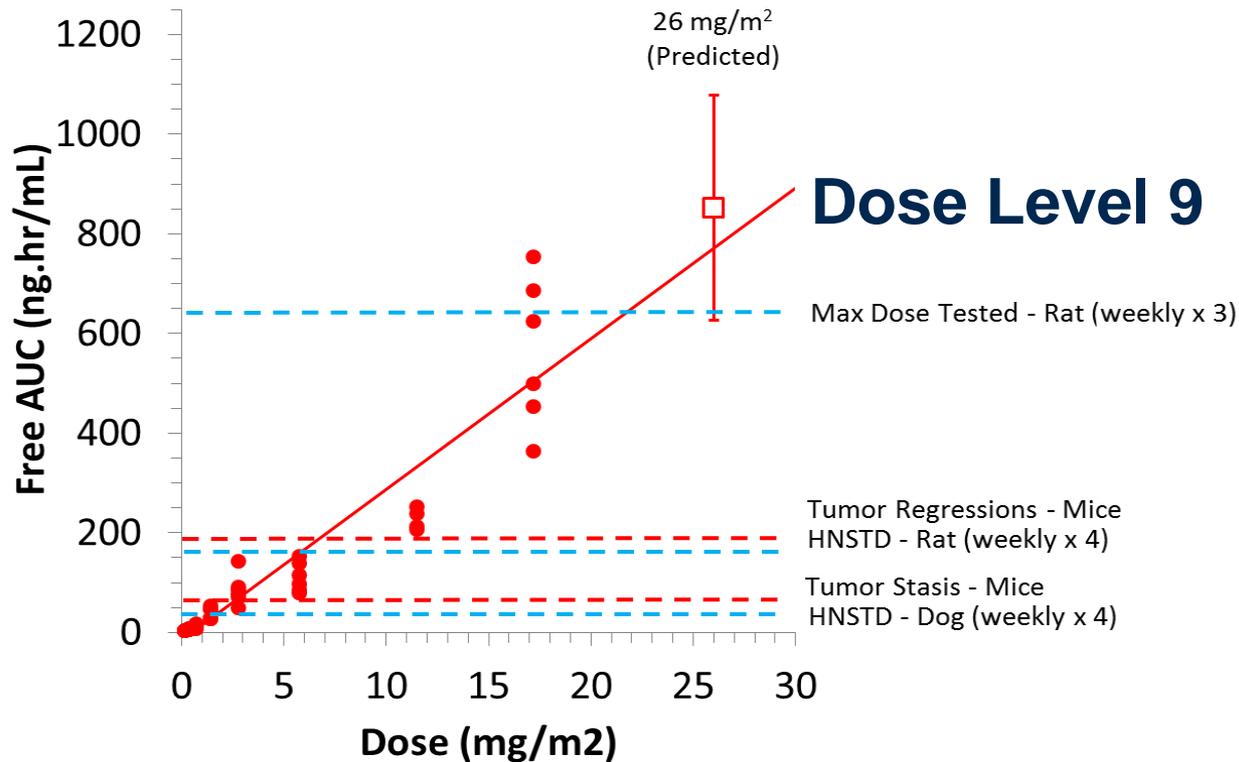
(Cohorts 1 through 8 Total Drug Levels)



Dose (mg/m ²)	0.18	0.36	0.72	1.44	2.88	5.76	11.5	17.2
C _{max} (ng/mL)	9.9	22.4	41.3	86.1	258.2	292.5	664.5	1338
AUC (ng.h/mL)	10.5	20.0	37.3	113.6	254.3	328.7	669.3	1657
t _{1/2} (h)	1.9	2.5	3.5	6.7*	7.1*	6.3	6.1	34.6

*Excludes 3 subjects (02-402, 03-501 and 01-502) with long terminal t_{1/2} values (73-87 h)

TL32711 Clinical Pharmacokinetics

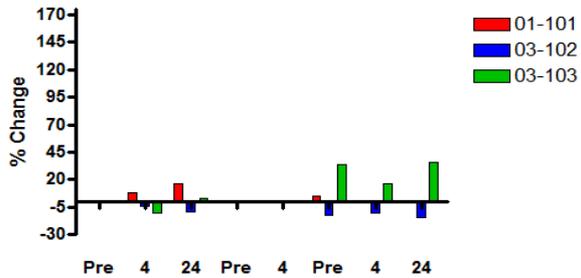


(No toxicities)

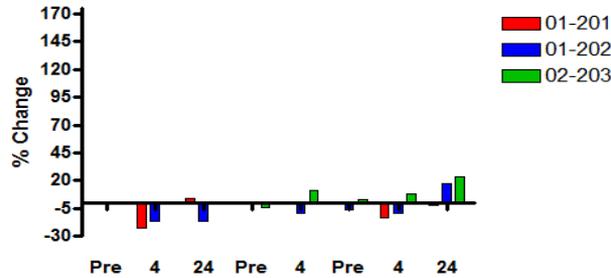
Apoptosis Pathway Activation by TL32711

Caspase-3 dependent Cleaved Cytokeratin-18 Serum Levels

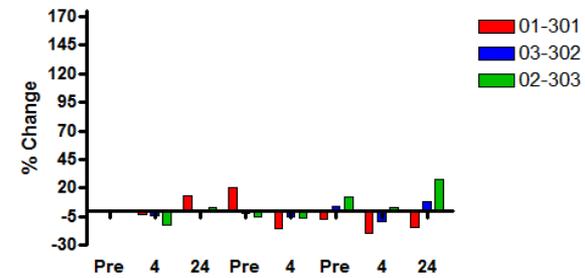
Cohort 1
M30



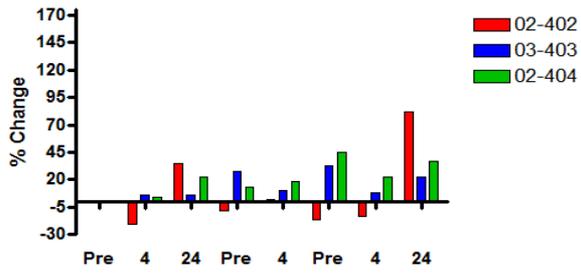
Cohort 2
M30



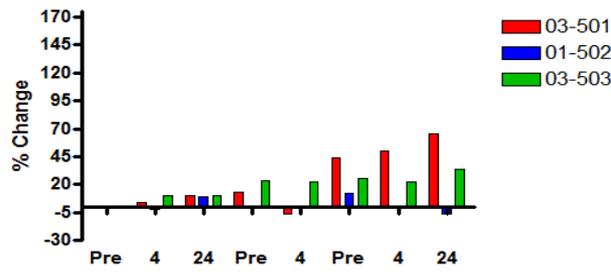
Cohort 3
M30



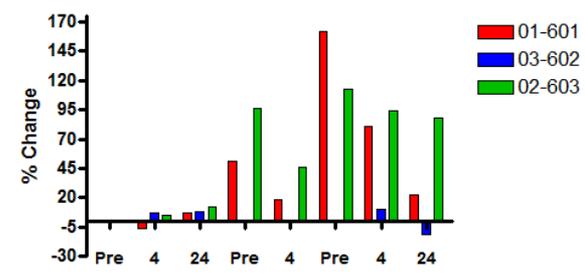
Cohort 4
M30



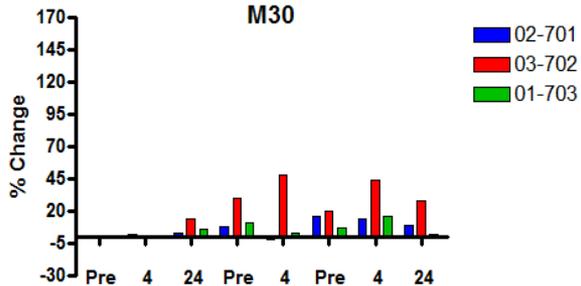
Cohort 5
M30



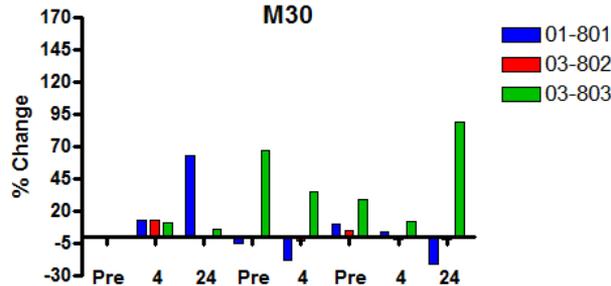
Cohort 6
M30



Cohort 7
M30



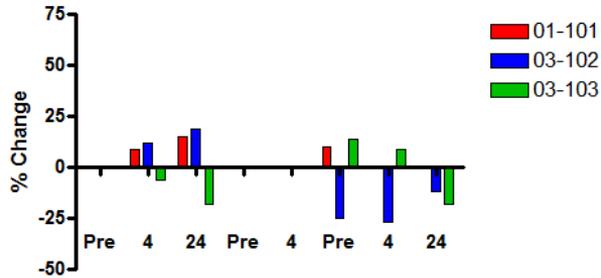
Cohort 8
M30



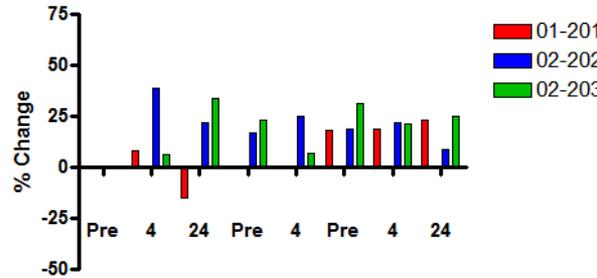
Apoptosis Pathway Activation by TL32711

Activated Caspase-3/7 Serum Levels

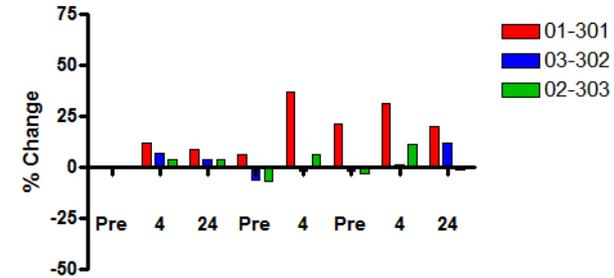
Cohort 1
Caspase-Glo



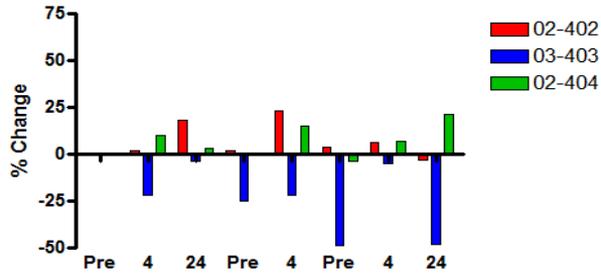
Cohort 2
Caspase-Glo



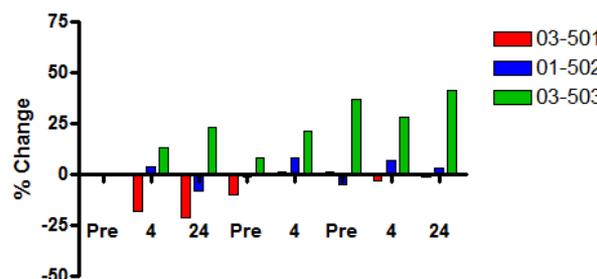
Cohort 3
Caspase-Glo



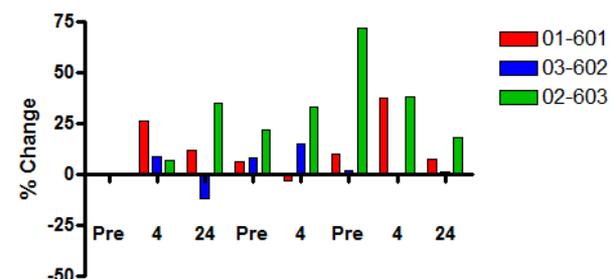
Cohort 4
Caspase-Glo



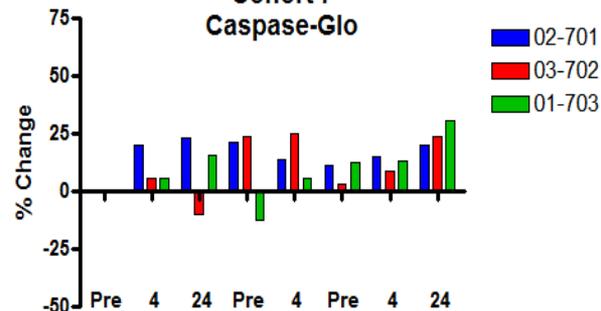
Cohort 5
Caspase-Glo



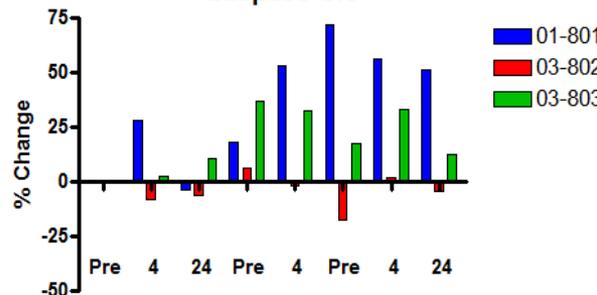
Cohort 6
Caspase-Glo



Cohort 7
Caspase-Glo

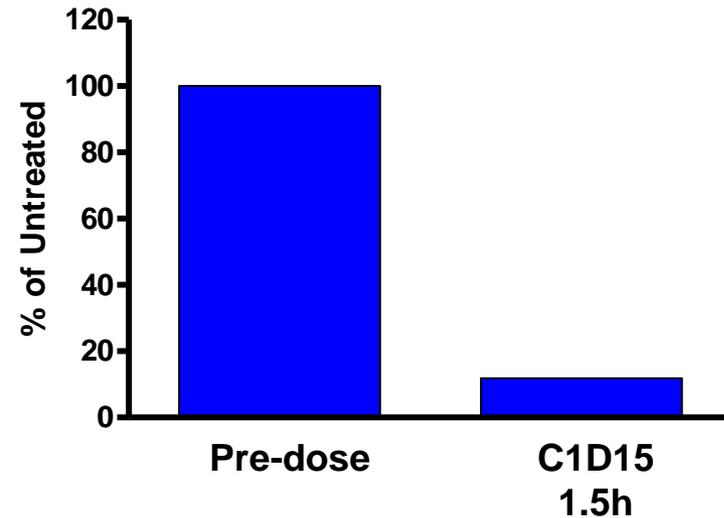
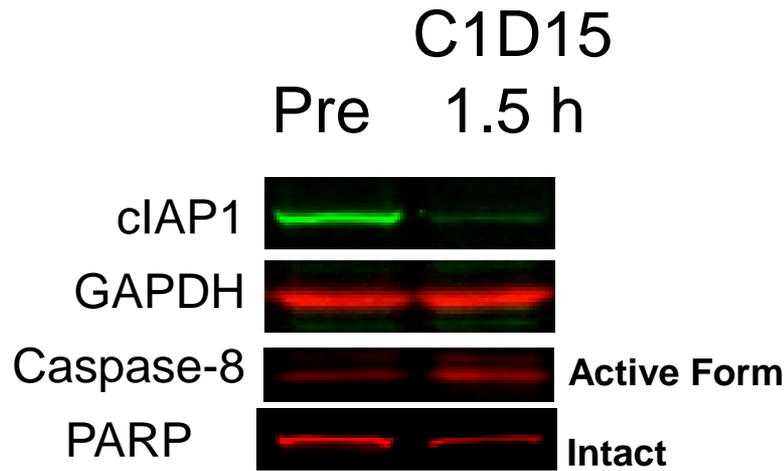


Cohort 8
Caspase-Glo



Degradation of cIAP1 and Apoptosis Pathway Activation in Tumor Biopsy

01-703 Biopsy Western Blot Analysis



cIAP1 degraded by ~90% after TL32711 treatment

Activated caspase-8 seen

Intensity of intact PARP lower suggesting cleavage by Western

Phase 1 Clinical Comparison

TL32711		LCL161	HGSI1029
Dose Level	Bio-Effect	Dose Level	Dose Level
		1 to 5 (10/20/40/80/160 mg/pt)	1 (0.1 mg/m ²) - cIAP-1 suppression
1 (0.18mg/m ²)	<ul style="list-style-type: none"> •cIAP-1 suppression (50-60%) •IL-6 suppression •No cytokine elevation •No AEs 	6 (320 mg/pt) -cIAP-1 suppression -M30 and M65 increases -no tox	2 (0.2 mg/m ²) •cIAP-1 suppression
2 (0.36mg/m ²)	<ul style="list-style-type: none"> •cIAP-1 suppression (70-75%) •Elevation of activated caspase-3 activity in serum •No cytokine elevation •No AEs 	7 (500 mg/pt)	3 (0.4 mg/m ²) Grade 1/2 AEs <ul style="list-style-type: none"> •Nausea •Diarrhea •Anorexia •Vomiting •fatigue •Pyrexia •Dose-dependent lymphocytopenia •Transient neutrophilia
3 (0.72 mg/m ²)	<ul style="list-style-type: none"> •cIAP-1 suppression (80-90%) •3 subjects without AEs •No cytokine elevation •No significant inc for casp-3 or CK levels 	8 (900 mg/pt) •Dose-related increased cytokines •High prevalence of N/V	4 (0.6 mg/m ²) •Grade 3 INR •Grade 3 Supraventricular Tach •Grade 3/4 lymphocytopenia
		9 (1800 mg/pt) Grade 3/4 - N/V	5 (0.9 mg/m ²) •cIAP-1 suppression (80-90%)
4 (1.4 mg/m ²)	<ul style="list-style-type: none"> •cIAP-1 suppression (80-90%) and prolonged •Well tolerated 	10 (2400 mg/pt) -Capsule formulation ongoing	6, (1.4 mg/m ²) •cIAP-1 suppression (80-90%) •1 DLT (AST G3, Amylase G3, Lipase G4, Fatigue G3)
5 (2.8.mg/m ²)	•Well tolerated		7 (2.1 mg/m ²), 8 (3.2 mg/m ²) •cIAP-1 suppression (80-90%)

TL32711 Phase 1B Multi-Arm Combination Trial

- 1 – Carbofollatln/Paclltaxel (AUC -6, 175mg/m², q3 weeks)**
- 2 – Irlnotecan (350 mg/m² q3 weeks)**
- 3 – Docetaxel (75 mg/m² q3 weeks)**
- 4 – Gemcltabln (1000mg/m² qweek x 3 of 4 weeks)**
- 5 - Llposomal Doxorublcln (40 mg/m² q4 weeks)**

Summary

- Alterations in IAPs are found in many cancers and are associated with chemoresistance, disease progression and poor prognosis
- SMAC mimetics inhibit IAPs
- Cancer cells are very sensitive to SMAC mimetics in the presence of TNF alpha
- SMAC mimetics synergize with TRAIL and multiple chemotherapy agents
- Single agent activity is expected in tumors with secretion of TNF alpha in microenvironment
- Combinations with chemotherapy are expected to be efficacious

THANKS !



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