

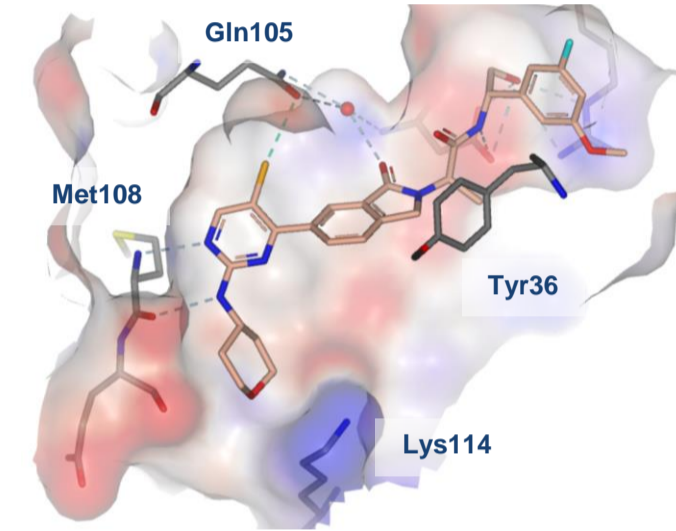
Immune modulation by the dual-mechanism ERK inhibitor, ASTX029, in MAPK-activated tumor models

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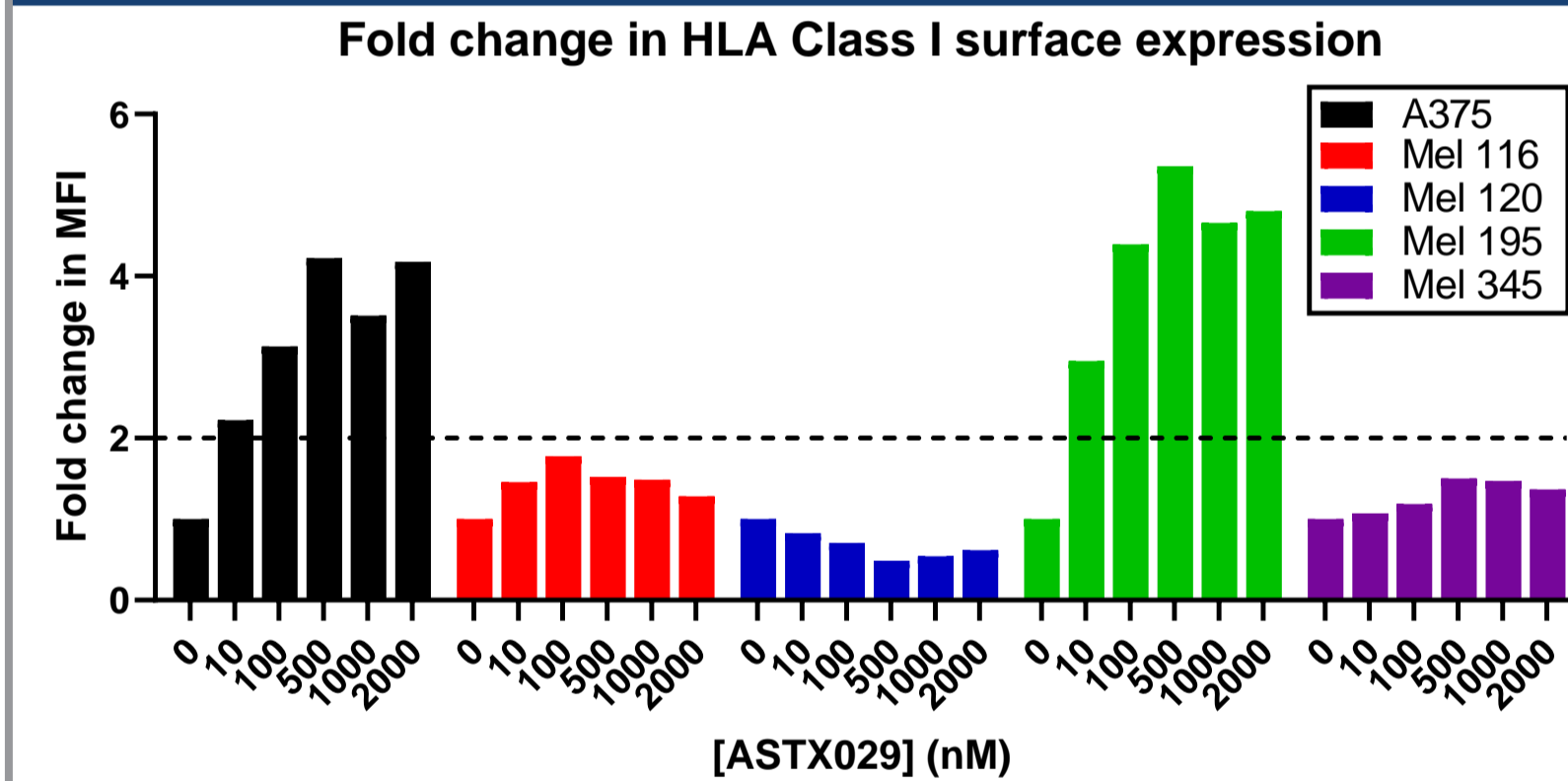
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INTRODUCTION

- Activation of the MAPK pathway has been associated with a more immunosuppressive tumor microenvironment (TME) ¹.
- Preclinical studies have demonstrated that targeting of BRAF^{V600mut} or KRAS^{G12C} with agents such as dabrafenib or AMG510 leads to a more pro-inflammatory TME ^{2,3}.
- As a downstream node in the MAPK pathway, the inhibition of ERK1/2 (ERK) is an attractive therapeutic option for potentially overcoming acquired resistance and bypass signaling, with several ERK inhibitors under investigation in the clinic.
- Inhibition of ERK nuclear translocation by dual-mechanism ERK inhibitors has been reported to lead to an increase in expression of interferon response genes in vitro ⁴.
- We have recently described the discovery of ASTX029, a novel, dual-mechanism ERK inhibitor, through fragment screening and subsequent optimisation by structure-based drug design (SBDD) ⁵.
- ASTX029 is currently undergoing clinical development in a Phase 1 trial in advanced solid tumors (NCT03520075).
- Here we describe the immunomodulatory effects of ASTX029 in BRAF- and KRAS-mutant models.

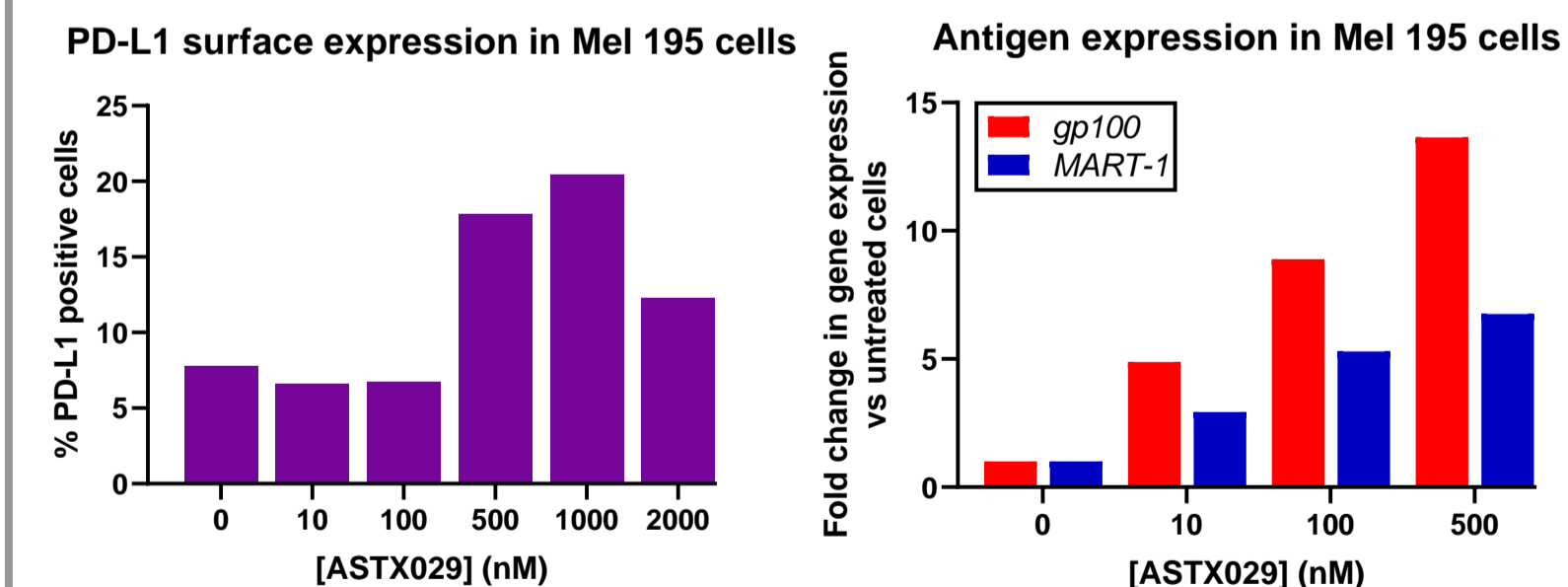


1. ASTX029 increases antigen presentation in human BRAF-mutant melanoma cell lines

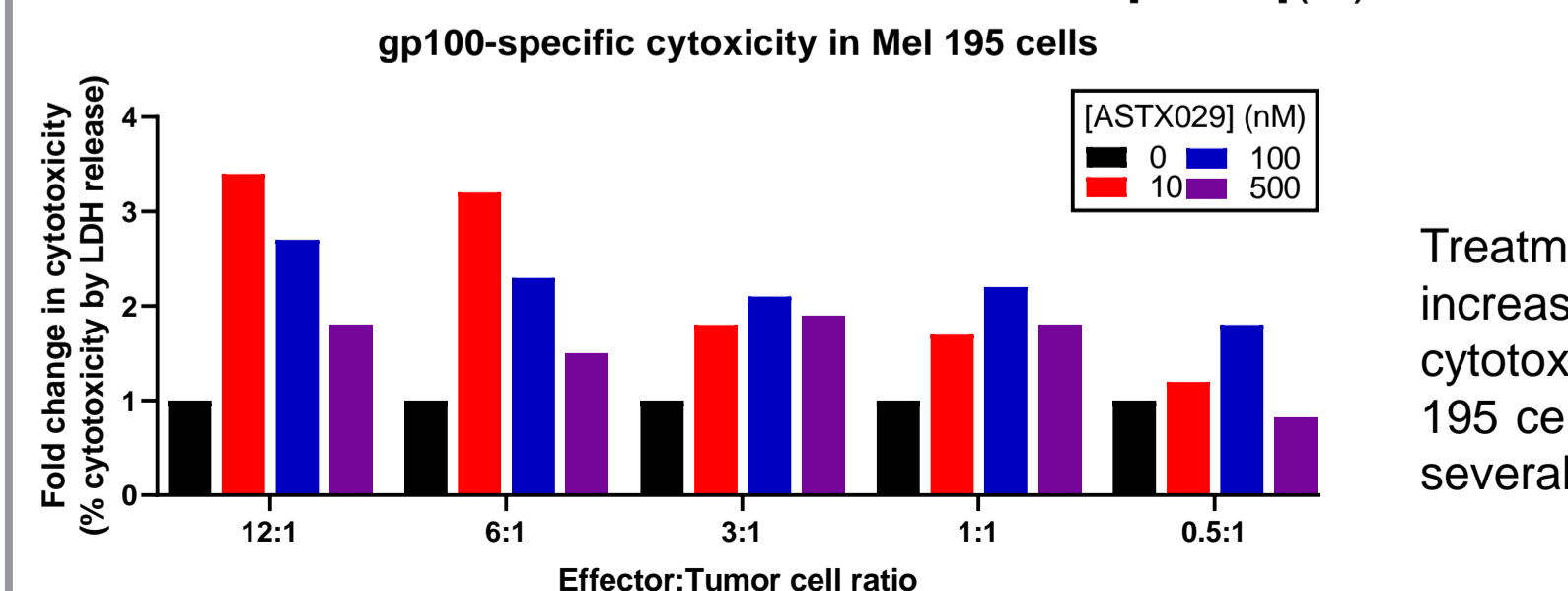


Surface expression of HLA Class I was measured in BRAF-mutant melanoma cell lines following treatment with ASTX029.

2 out of 5 cell lines (A375 and Mel 195) showed an increase of >2-fold in HLA Class I expression upon treatment.

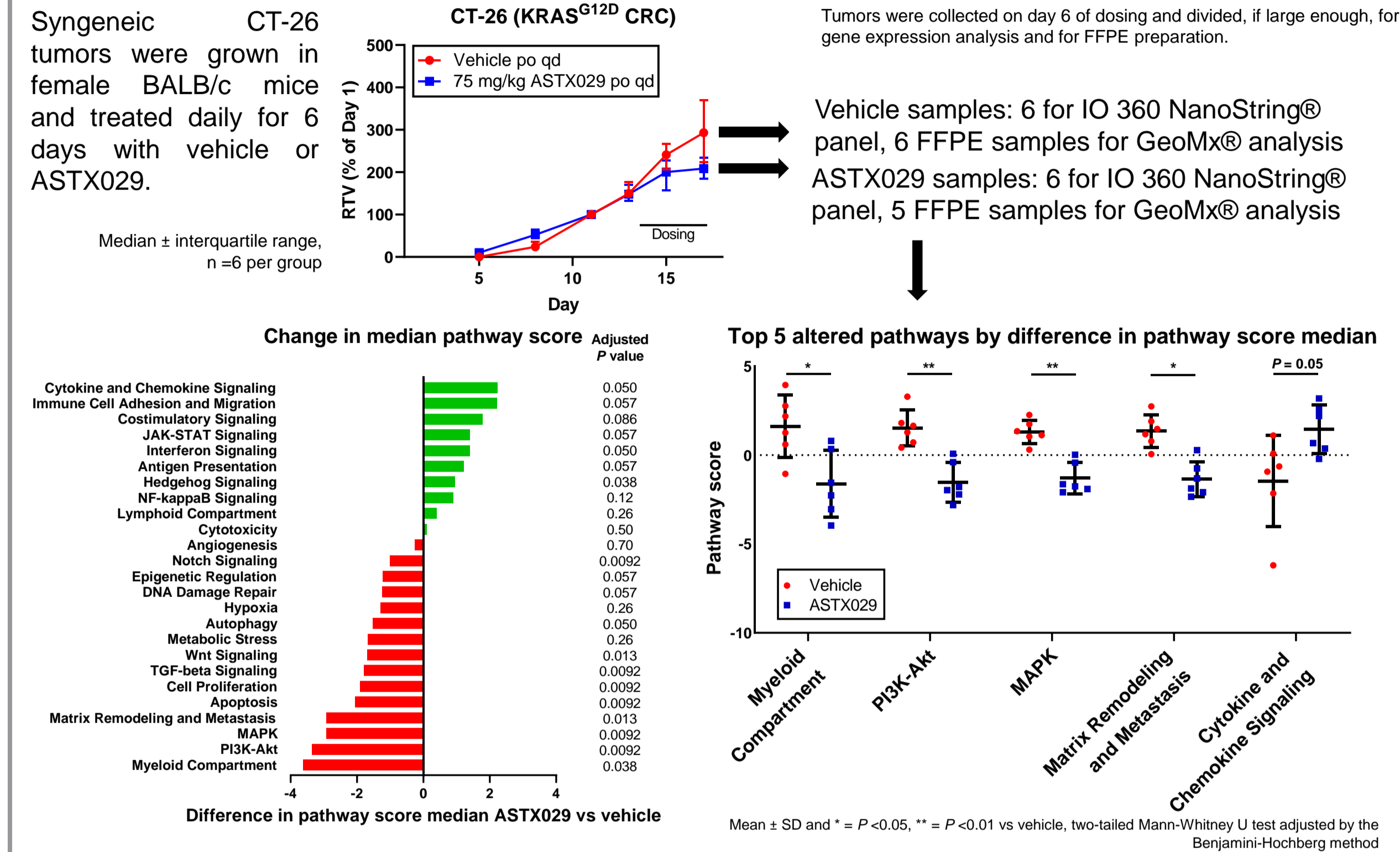


The Mel 195 cell line was selected for further analysis. Surface profiling revealed an upregulation of PD-L1 at higher concentrations of ASTX029. There was also a dose-dependent increase in gene expression of melanoma antigens *gp100* and *MART-1*.

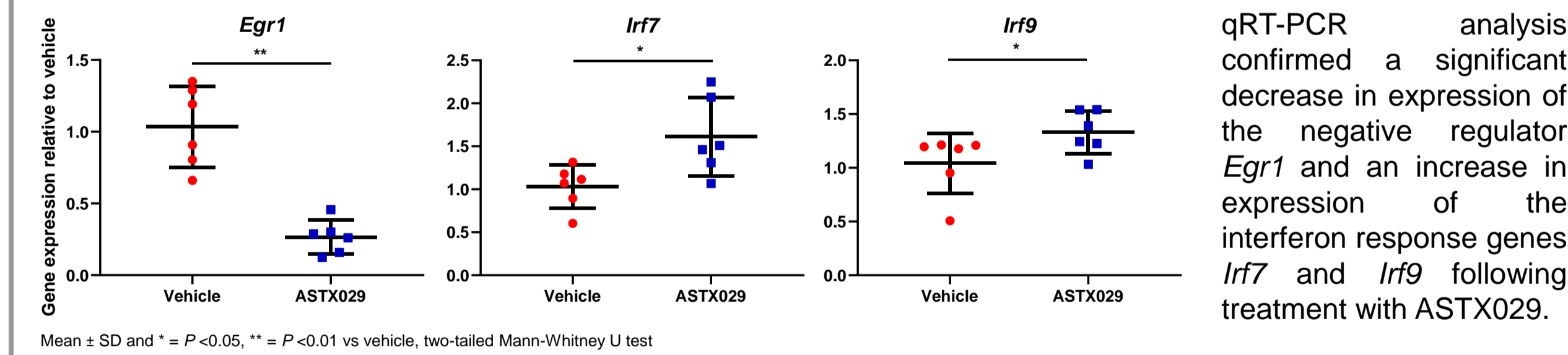


Treatment with ASTX029 caused an increase in antigen-specific T cell cytotoxicity following co-culture of Mel 195 cells with gp100-specific T cells at several ratios of effector to tumor cells.

2. ASTX029 promotes pro-inflammatory TME gene expression changes in the CT-26 murine KRAS-mutant colorectal cancer model

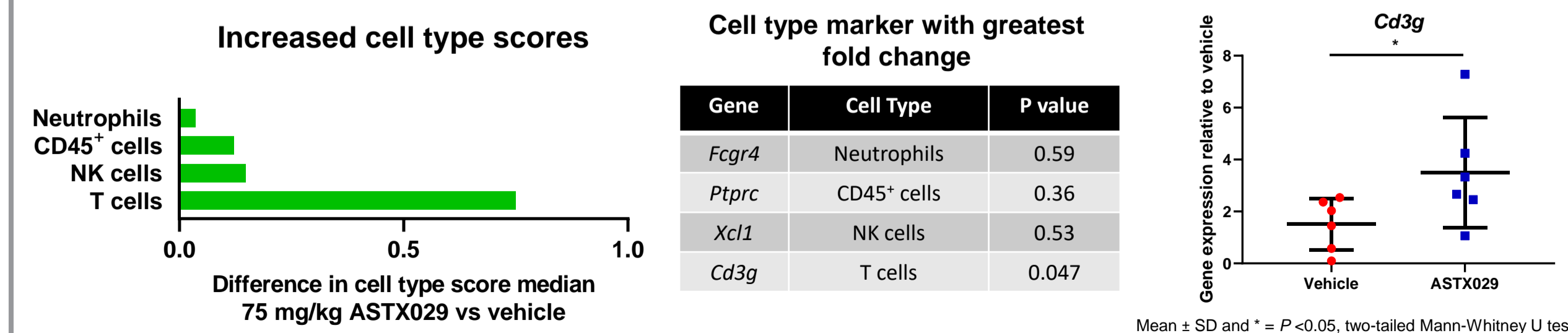


Gene expression changes in tumors were determined using the mouse PanCancer IO 360™ Gene Expression Panel of 770 genes. Pathway analysis of gene expression changes by nSolver™ software demonstrated changes in several pathways, including an increase in interferon signaling markers.



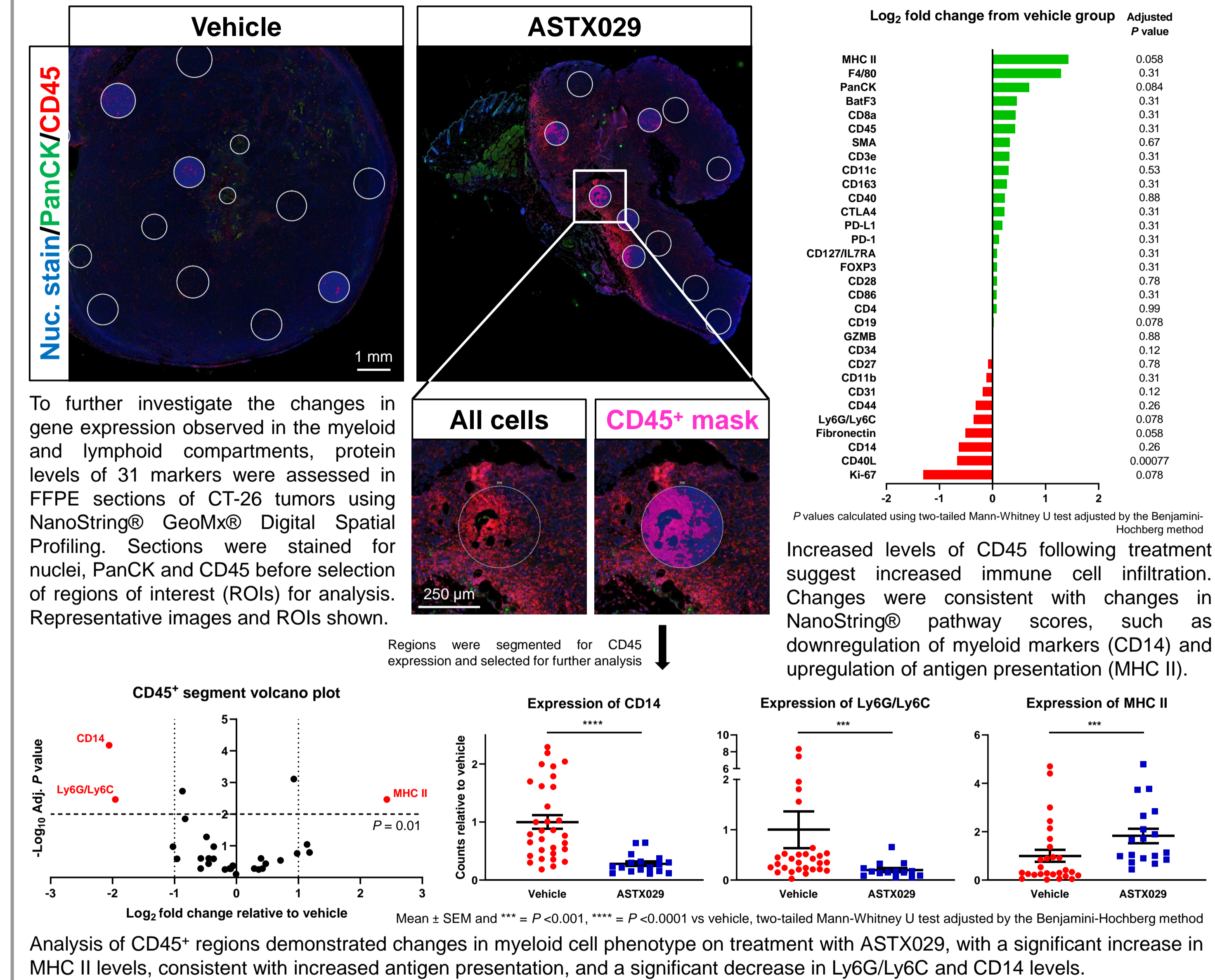
qRT-PCR analysis confirmed a significant decrease in expression of the negative regulator *Egr1* and an increase in expression of the interferon response genes *Irf7* and *Irf9* following treatment with ASTX029.

3. ASTX029 increases T cell marker expression in CT-26 tumors



ASTX029 treatment resulted in increases in nSolver™ cell type score for several cell types, the largest increase being that for T cells. Treatment with ASTX029 induced a significant increase in the T cell marker gene *Cd3g*, which encodes a signaling component of the T cell receptor complex, as assessed by qRT-PCR.

4. Treatment with ASTX029 induces changes in the myeloid compartment in CT-26 tumors



Analysis of CD45+ regions demonstrated changes in myeloid cell phenotype on treatment with ASTX029, with a significant increase in MHC II levels, consistent with increased antigen presentation, and a significant decrease in Ly6G/Ly6C and CD14 levels.

SUMMARY AND CONCLUSIONS

- Treatment with ASTX029 leads to increased antigen presentation and antigen-specific T cell mediated killing in BRAF-mutant melanoma cell lines.
- ASTX029 induces gene expression changes consistent with increased antigen presentation and a more pro-inflammatory TME with increased interferon signaling in the CT-26 KRAS-mutant colorectal cancer model.
- Changes in myeloid cell phenotype in CT-26 tumors following treatment with ASTX029 were detected by digital spatial profiling. Future studies will further define these phenotypic changes and expand the results beyond this model.
- These data will aid rational combination of ASTX029 with other tumor-directed or immunomodulatory agents as part of the ongoing clinical development of ASTX029.

Please see the related poster #CT108 LoRusso et al., A first-in-human, Phase 1 study of ASTX029, a dual-mechanism inhibitor of ERK1/2, in relapsed/refractory solid tumors.

