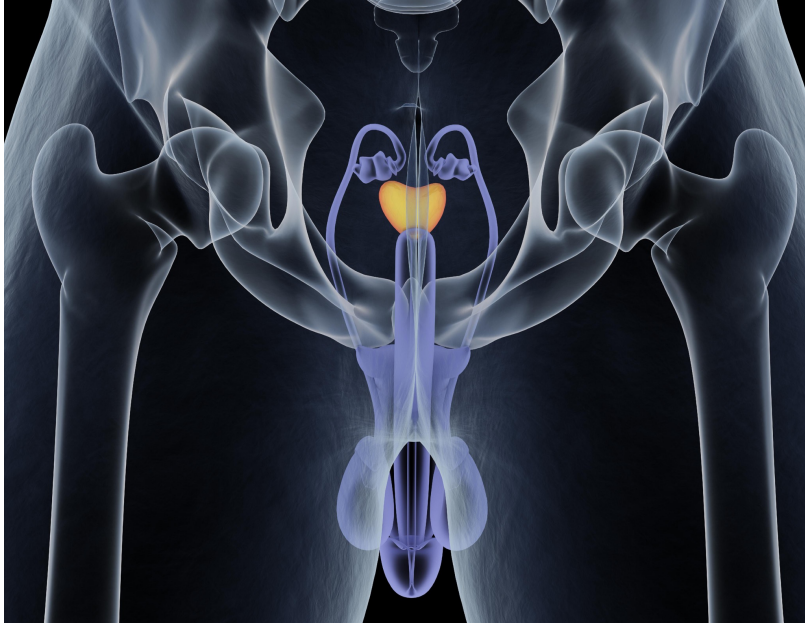


Lecture 5 – KB-0742: A clinical candidate discovered by SMMs



Prostate Cancer



Other than skin cancer, prostate cancer is the most common cancer in men

2024 US estimates: 299,010 new cases
 35,250 deaths

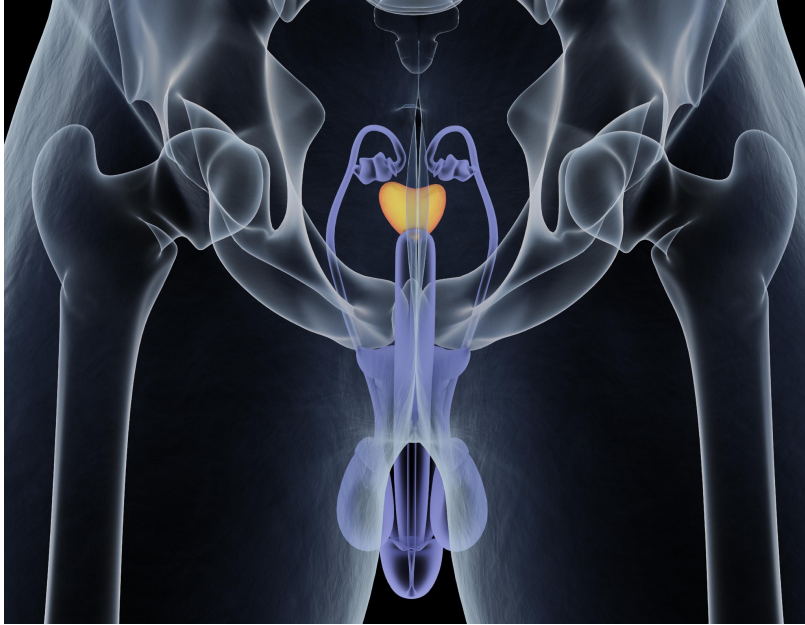
1 out of 8 men will be diagnosed in their lifetime

Develops more frequently in older men (6 out of 10 cases in men 65-yo or older), rare under 40-yo

Avg. age of first diagnosis is 66-yo

More common in non-Hispanic Black men:
1.7x diagnoses
2.1x deaths

Prostate Cancer



Second-leading cause of death in American men, behind only lung cancer

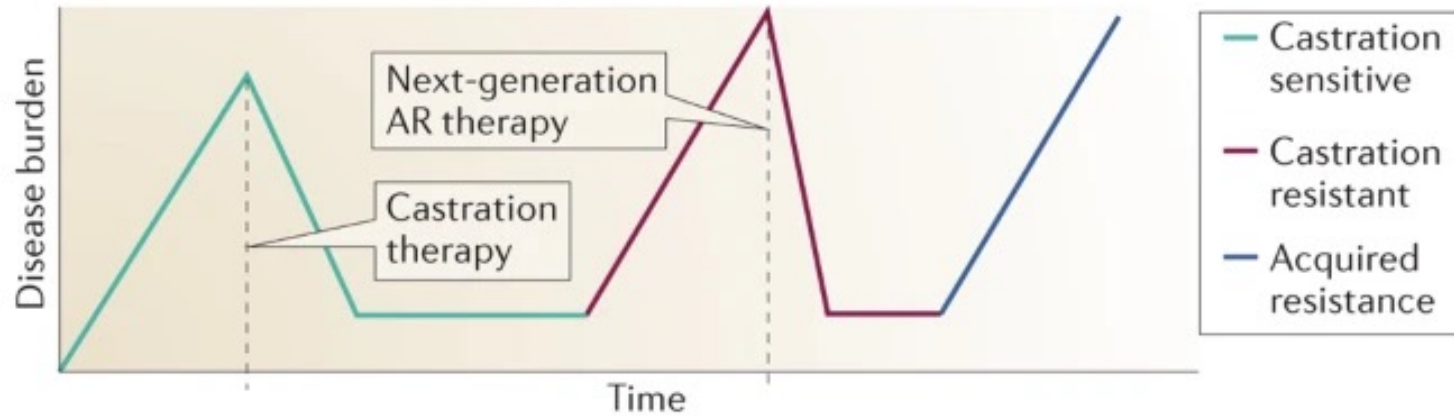
1 out of 44 men will die of prostate cancer

Most men survive and do not die from this cancer.
>3.1 million diagnosed men in the US are alive today

1993-2013: death rate declined by half, likely due to earlier detection and advances in treatment

2013 onward: death rate stabilized, likely reflecting the rise in cancers found at an **advanced stage** with **resistance to therapies**

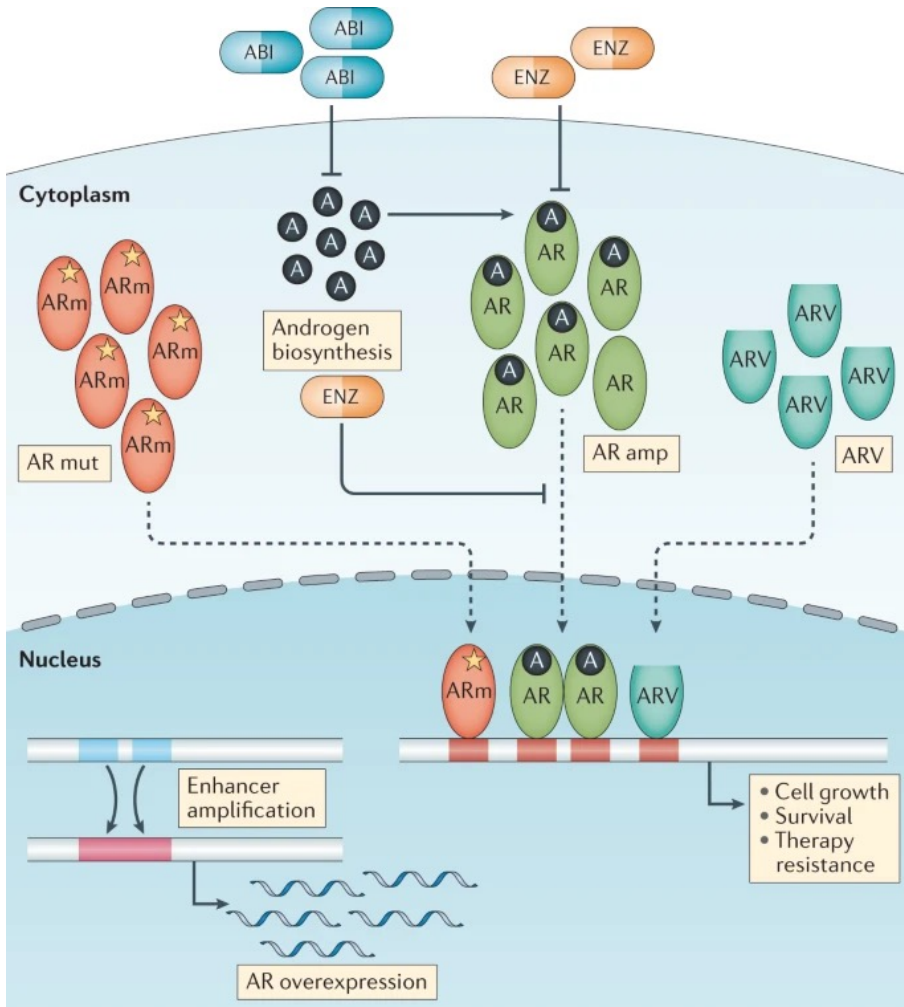
Increasing disease burden following primary prostate cancer therapy



PCa

CRPC
(<20%)

mCRPC
(10%, 3yrs)



Alterations in Androgen Receptor (AR) signaling are the most prevalent events in metastatic castration-resistant prostate cancer leading to *persistent AR activation*

AR amplifications (AR amp)

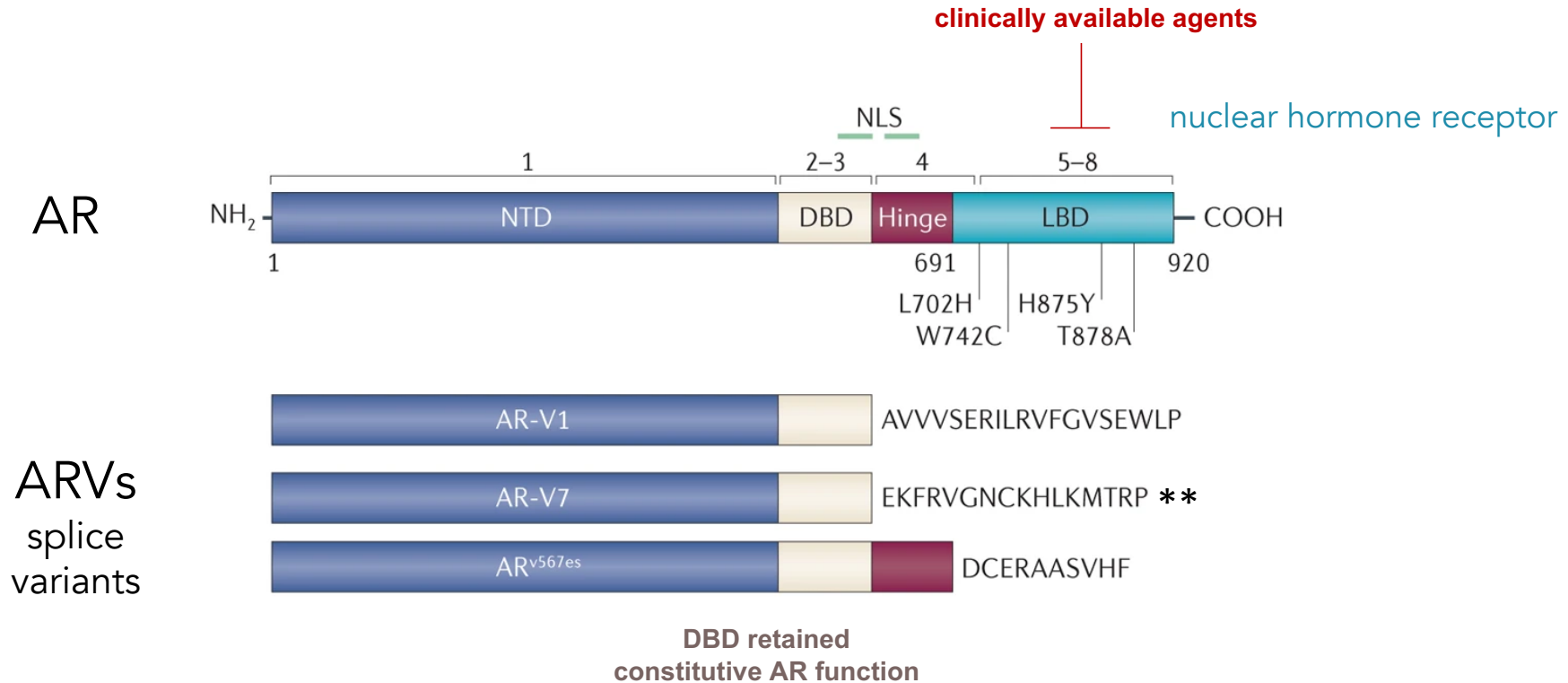
AR mutations (AR mut)

AR splice variants (ARVs)

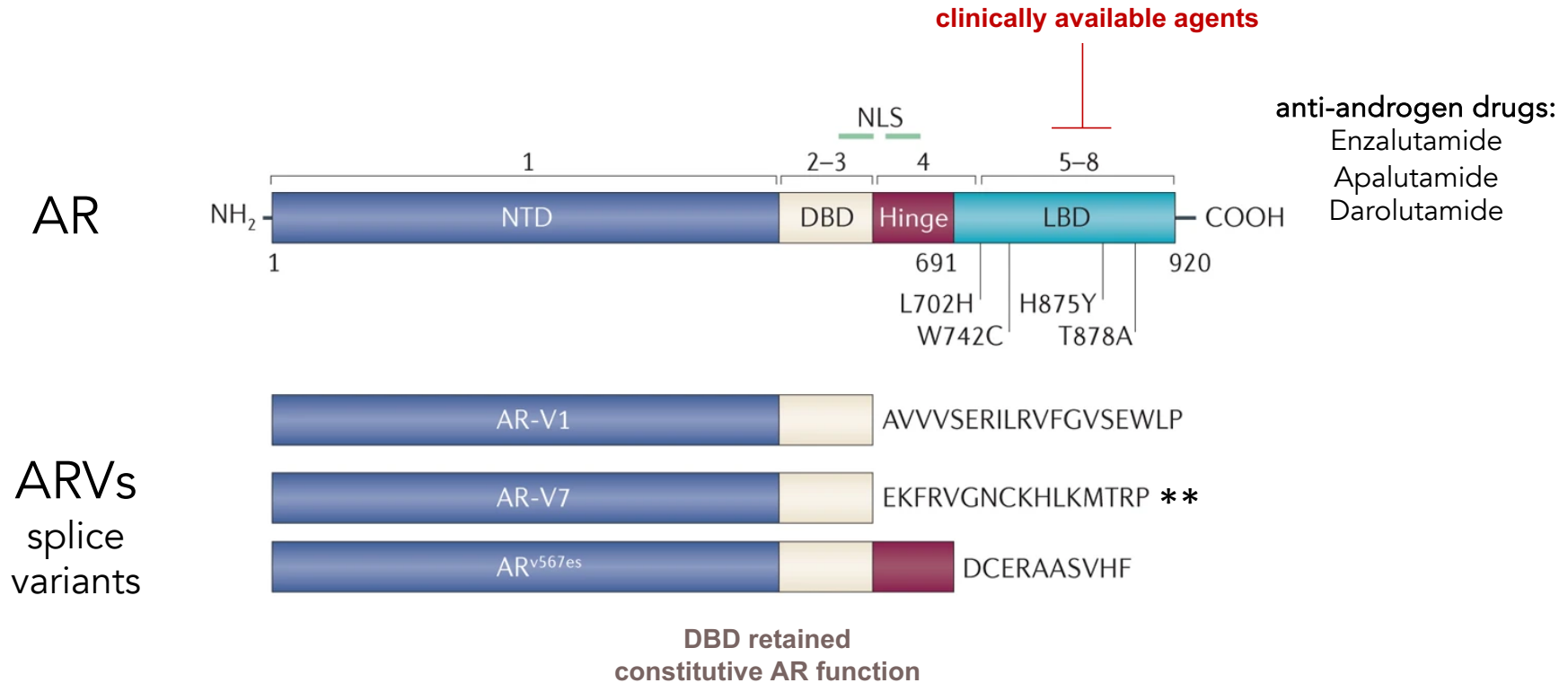
Intratumoral androgen biosynthesis

AR enhancer amplification

Domain structure of AR: mutations and splice variants

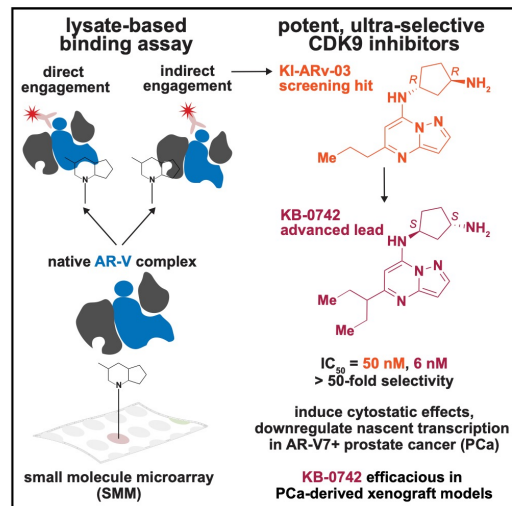


Domain structure of AR: mutations and splice variants



Modulating Androgen Receptor-Driven Transcription in Prostate Cancer with Selective CDK9 Inhibitors

Graphical Abstract



Highlights

- KI-ARv-03 reduces AR protein levels and AR-driven transcription
- KI-ARv-03 is deduced to be a potent, ultrasensitive inhibitor of CDK9
- Optimization led to the orally bioavailable and selective CDK9 inhibitor KB-0742
- KB-0742 displays potent anti-tumor activity in cancer models *in vitro* and *in vivo*

Authors

André Richters, Shelby K. Doyle, David B. Freeman, ..., Charles Y. Lin, Marius S. Pop, Angela N. Koehler

Correspondence

koehler@mit.edu

In Brief

In the pursuit of hormone receptor modulators in prostate cancer, a potent, ultrasensitive CDK9 inhibitor is discovered. This study describes the most selective inhibitors of CDK9 known to date and provides compelling preclinical *in vitro* and *in vivo* support for CDK9 as a therapeutic target.



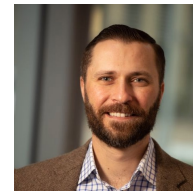
André Richters



Shelby Doyle



Becky Leifer



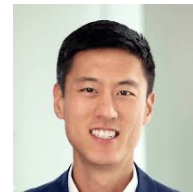
David Freeman



Marius Pop



Nick Struntz



Charles Lin



Stefan Knapp

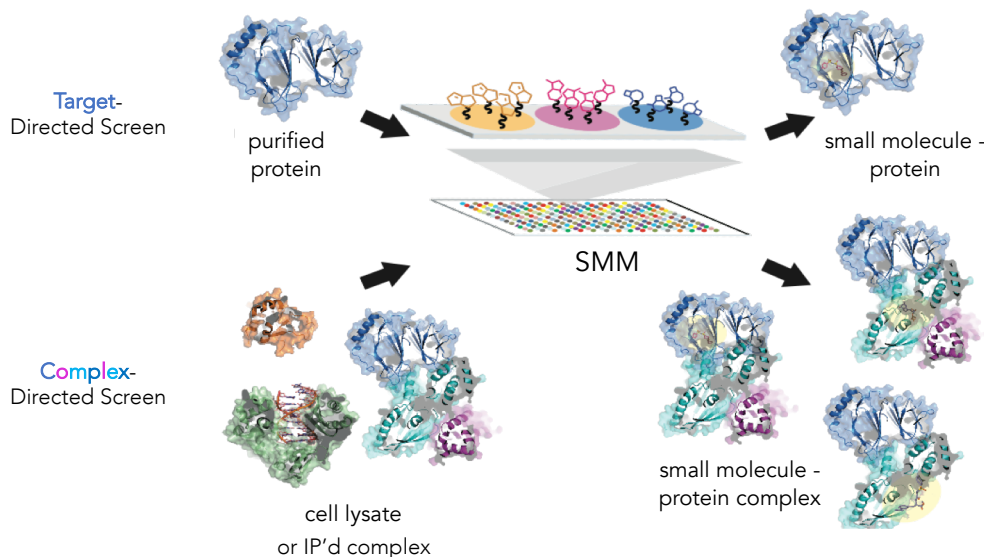


Steven Balk



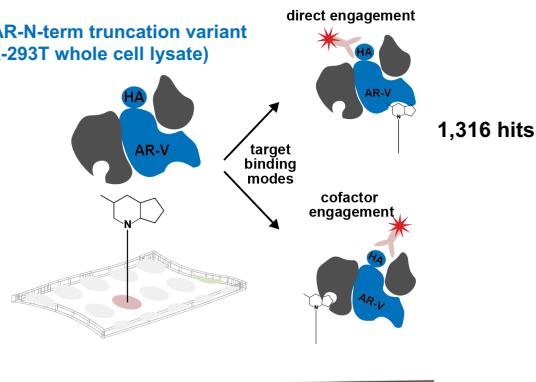
Rationale:

- (1) AR splice variants lack ligand binding domain (LBD), contributing to resistance associated with AR antagonists in CRPC,
- (2) screening ARv-containing complexes in cell lysates avoids purification,
- (3) reflects more relevant state, and casts a net for targeting co-factors.



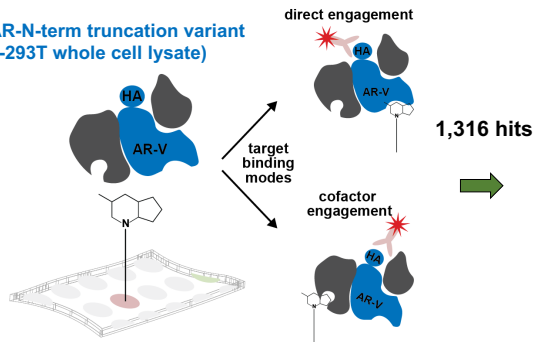
Active compounds prioritized in prostate-specific antigen (PSA) expression and AR reporter assays

TET-On AR-N-term truncation variant
(HEK-293T whole cell lysate)

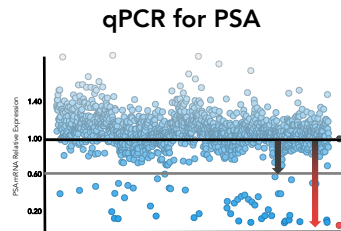


Active compounds prioritized in prostate-specific antigen (PSA) expression and AR reporter assays

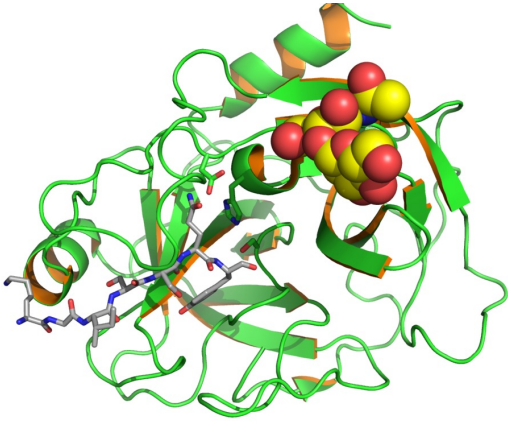
TET-On AR-N-term truncation variant
(HEK-293T whole cell lysate)



1,316 hits



What is PSA?



Human prostate specific antigen (PSA) with bound substrate from complex with antibody (PDB id: 2ZCK)



BMC Urology 21, Article number: 135 (2021)

Prostate-specific antigen (PSA) is a glycoprotein and peptidase secreted by epithelial cells in the prostate gland.

PSA enables sperm to swim freely and it dissolves cervical mucus, enabling entry of sperm into the uterus.

PSA is present in low levels in the serum of individuals with healthy prostates.

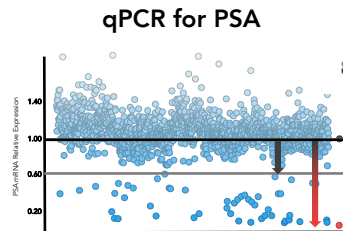
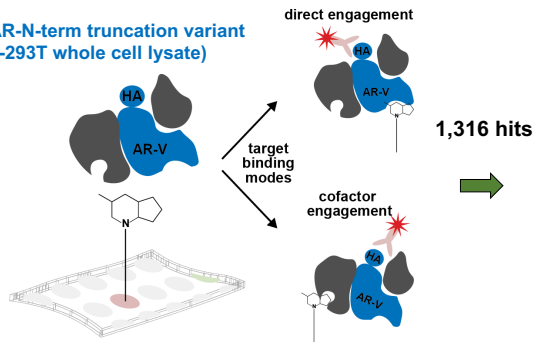
PSA is elevated in prostate cancer and other prostate disorders.

PSA is a pivotal downstream target gene of AR.

PSA is a useful serum biomarker to monitor cancer progression.

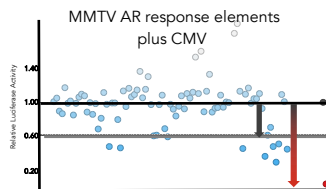
Active compounds prioritized in prostate-specific antigen (PSA) expression and AR reporter assays

TET-On AR-N-term truncation variant
(HEK-293T whole cell lysate)

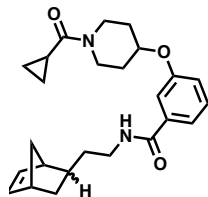


85 compounds

Luciferase Reporter Assay

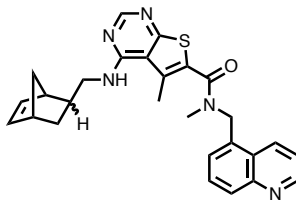


7 reasonable actives, 3 prioritized



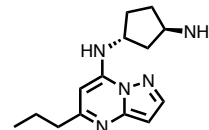
KI-ARv-01

MW = 408.54
cLogP = 3.27
IC₅₀ = 5.43 μM



KI-ARv-02

MW = 469.61
cLogP = 5.48
IC₅₀ = 6.86 μM



KI-ARv-03

MW = 259.36
cLogP = 2.55
IC₅₀ = 7.61 μM

KI-ARv compounds impacts AR-V7 levels in an enzalutamide-resistant prostate cancer cellular model



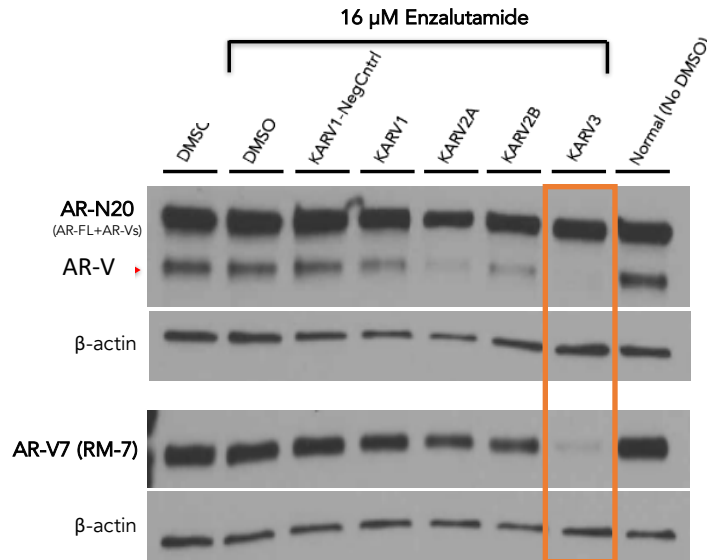
Dr. Joshua Russo



Dr. Steven Balk

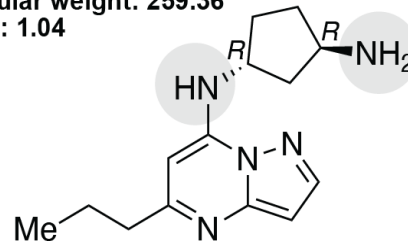
VCaP-16 cells

enzalutamide-resistant
increased expression of AR-v7
5 μ M compound, 24-hour exposure



KI-ARv-03

molecular weight: 259.36
cLogP: 1.04



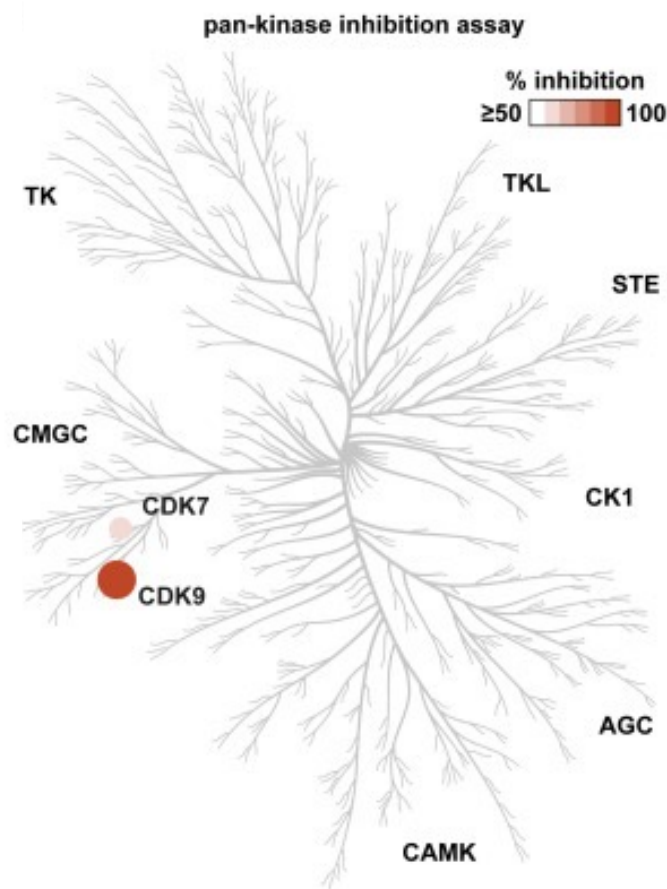
assay	cell line	IC ₅₀ (μ M)
ARv driven PSA reporter 24h	LNCaP	7.6 mutAR+
Cell viability cell-titer glo 72h	LNCaP	7.7 mutAR+
	VCaP	7.9 AR+
	DU145	9.3 AR-
	PC3	17 AR-

nM inhibitor in MYC-driven reporter assay?

Kinase selectivity profiling suggests CDK9 as a target

Enzyme activity,
not binding

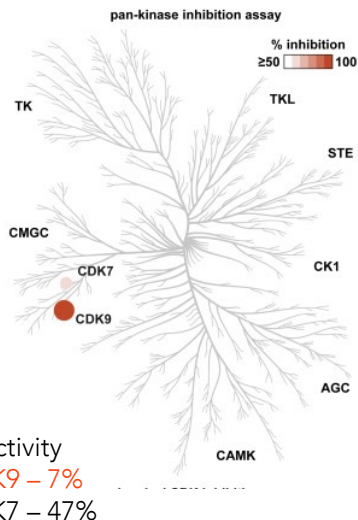
% activity
CDK9 – 7%
CDK7 – 47%



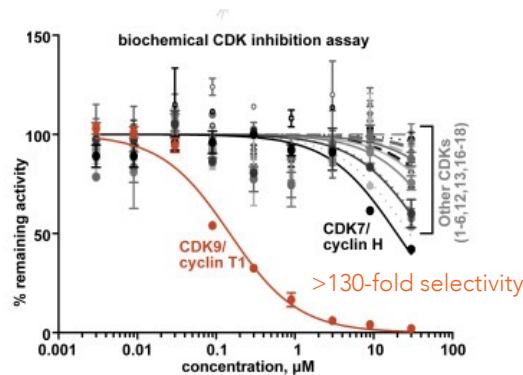
10 μ M KI-ARv-03
[ATP] +/- 15 μ M
apparent K_m
for each kinase

Kinase selectivity profiling suggests CDK9 as a target

10 μM KI-ARv-03
[ATP] \pm 15 μM
apparent K_m
for each kinase

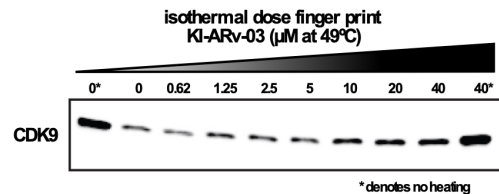
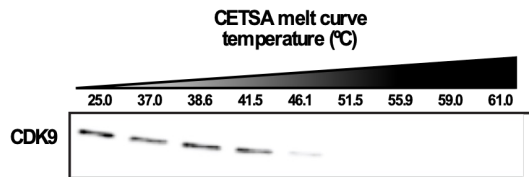
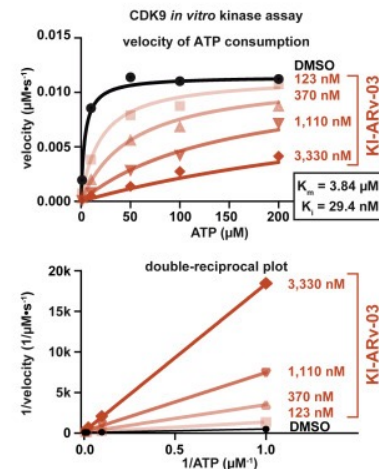


13 cyclin-dependent kinases (CDKs) in 10-pt dose



CDK9 IC_{50} = 0.15 μM
CDK7 IC_{50} = 20.1 μM

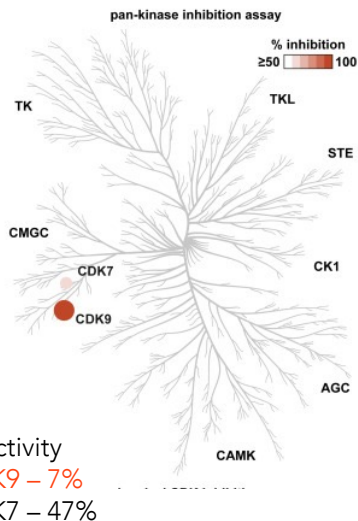
Michaelis-Menten and Lineweaver-Burk



stabilization in live 22RV1 cells

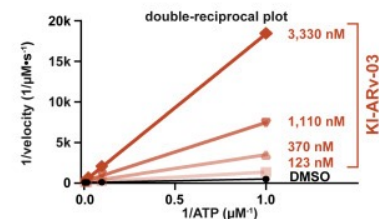
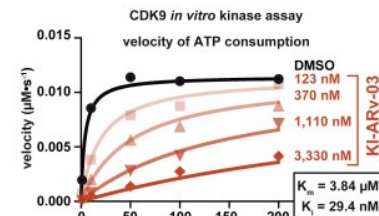
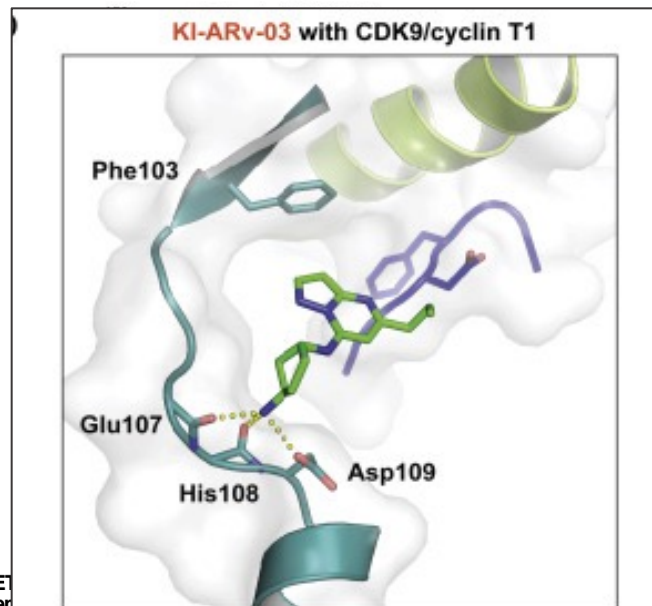
Kinase selectivity profiling suggests CDK9 as a target

10 μM KI-ARv-03
[ATP] -/+ 15 μM
apparent K_m
for each kinase

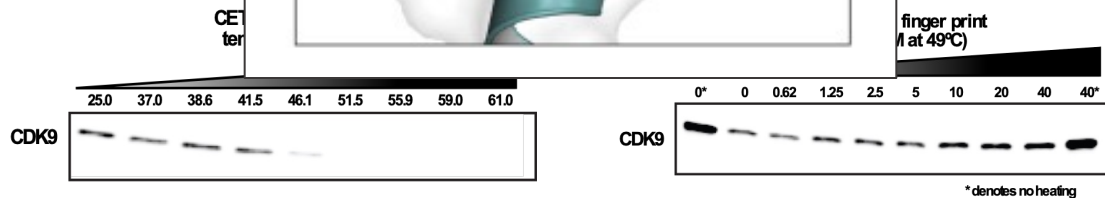


13 cyclin-dependent kinases (CDKs) in 10-pt dose

Michaelis-Menten and Lineweaver-Burk



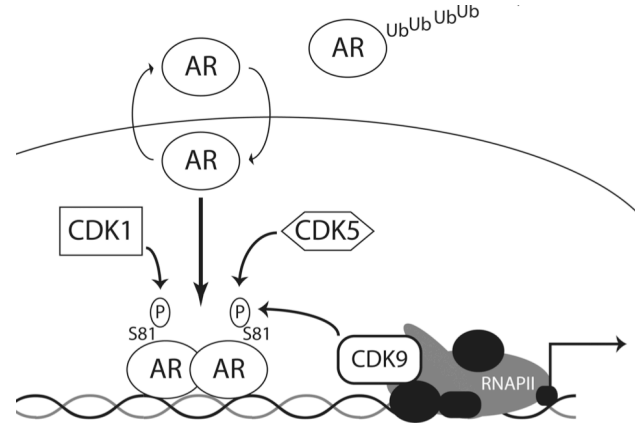
ATP
competitive



stabilization in live 22RV1 cells

CDK9 is a known regulator of AR/ARV species activity

CDK9 regulates AR and ARV activity, stability through N-terminal S81

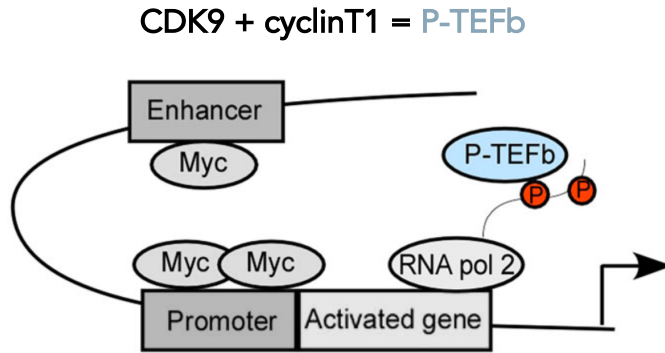


Koryakina, Y., Ta, H. Q., and Gioeli, D. (2014) Endocr. Relat. Cancer 21, T131–45.

ARVs (and AR) physically interact with CDK9 in cells

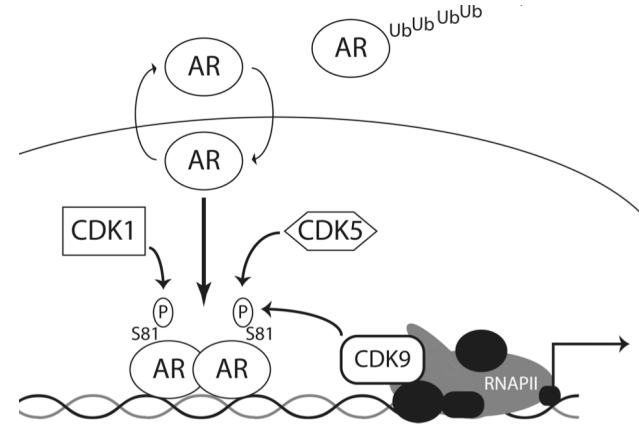
CDK9 is a known regulator of AR/ARV species activity

transcriptional oncogene activity frequently
reliant on CDK9 via elongation factor P-TEFb



Chen, H., Liu, H., and Qing, G. (2018) *Sig Transduct Target Ther* 3, 635–7
Bai et al., (2019) *Oncogene* 38, 4977-4989
Huang et al. (2014) *Genes Dev* 28, 1800-1814

CDK9 regulates AR and ARV
activity, stability through N-terminal S81

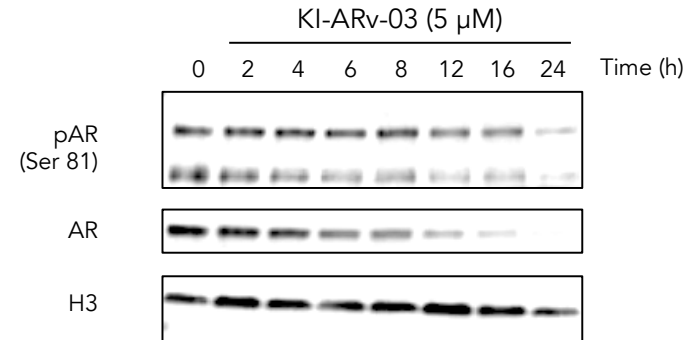
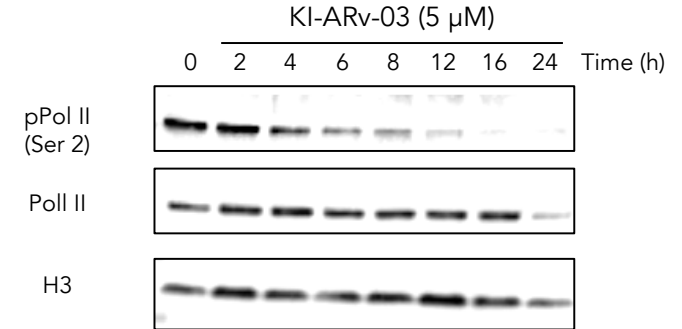
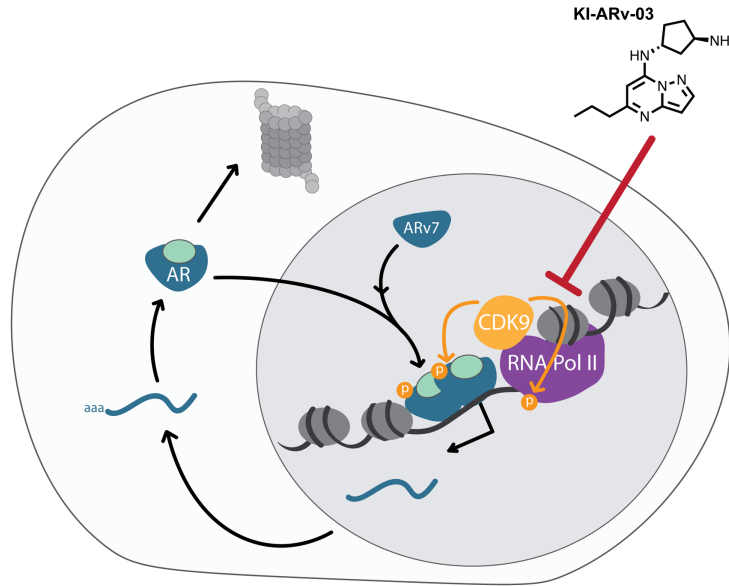


Koryakina, Y., Ta, H. Q., and Gioeli, D. (2014) *Endocr. Relat. Cancer* 21, T131–45

MYC regulates expression of AR and ARVs in PCa

KI-ARv-03 impairs phosphorylation of known CDK9 targets

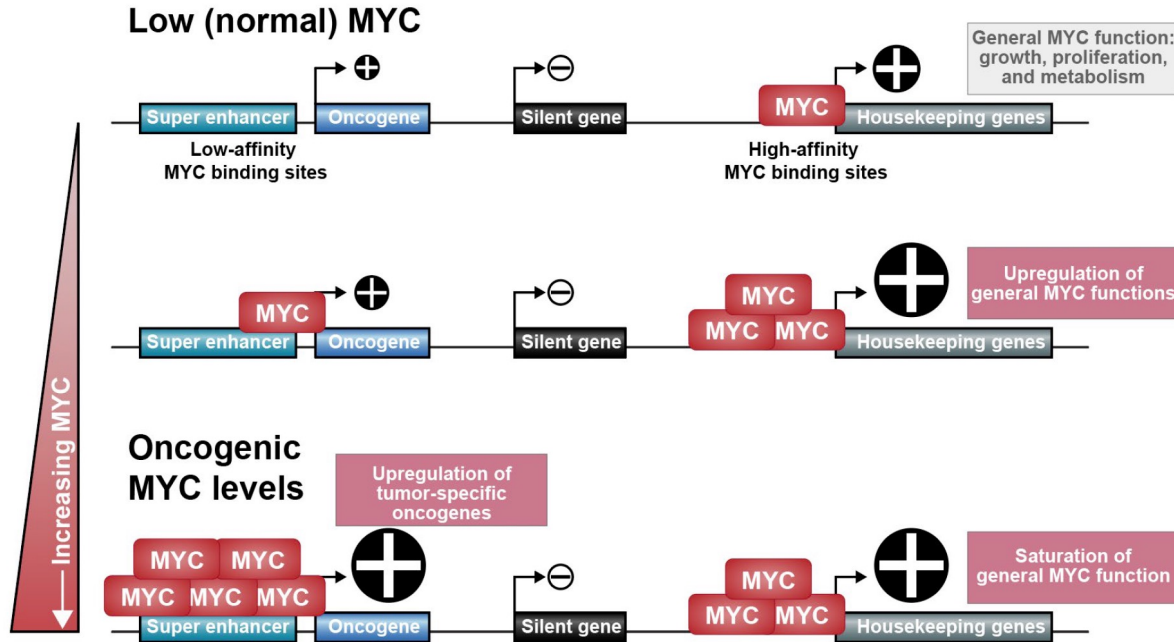
Pol II and AR monitored in 22RV1 cells



Advanced lead KB-0742 shows improved potency while retaining selectivity with activity in preclinical model of prostate cancer



From L3: Cancers dysregulate MYC by increasing its expression

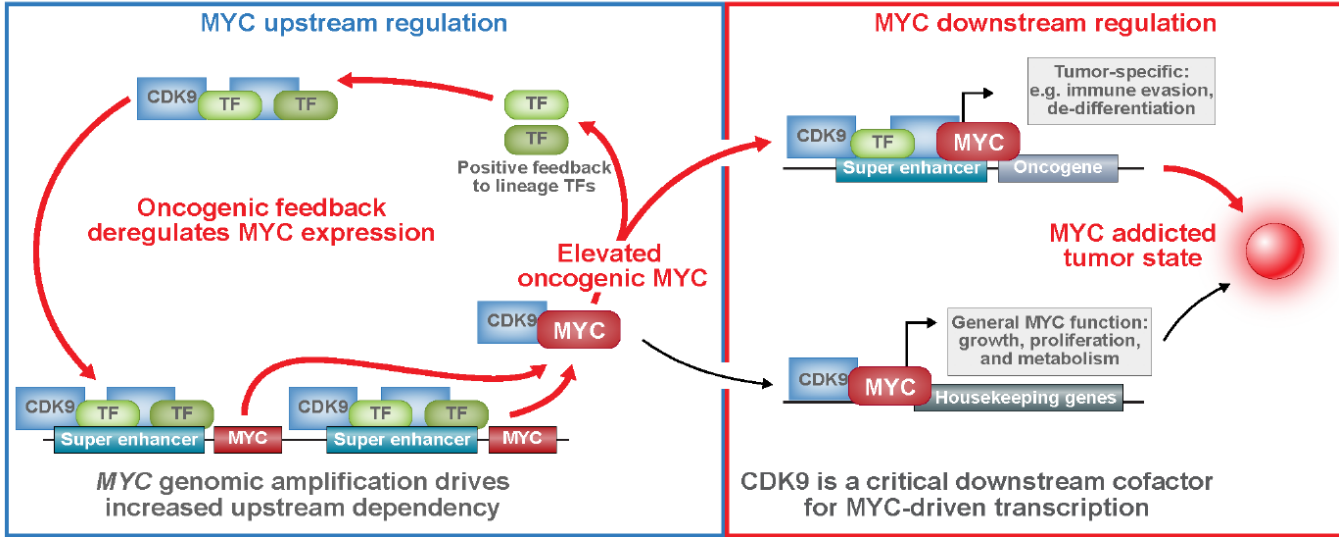


in typical cells, steady state **MYC** levels regulate general housekeeping functions

MYC can be transiently upregulated in typical cells (e.g. during wound healing)

tumor cells need persistently upregulated **MYC** at super physiologic levels to drive tumor-specific oncogenes

Dependence on persistently high MYC expression creates a vulnerability to CDK9 inhibition



Therapeutic hypothesis:

intermittent/partial inhibition of CDK9 may be sufficient to disrupt the oncogenic MYC network

KB-0742 is active in patient-derived organoids that express MYC

model types



in vivo

3D models
mimic primary tumor

easily cultured and
manipulated

organoid model description

Model Number	Indication	Treatment history	MYC TPM
KOLU-045	Small Cell Lung Cancer	Naïve	70
KOLU-299		Naïve	30
KOLU-448		Lobaplatin+Etoposide	30
KOLU-775H		Cisplatin	20
KOLU-545H		VP16+Lobaplatin	68
KOLU-643H		VP16 + Lobaplatin	88
KOBR-011	Triple Negative Breast Cancer	TNBC: EPI + PTX 6 cycle	UNK
KOBR-472		TNBC: PTX + CBP 4 cycle	UNK

KB-0742 is active in patient-derived organoids that express MYC

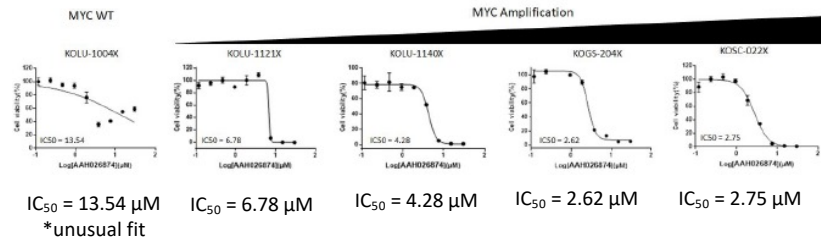
organoid model description

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KOBR-011	Triple Negative Breast Cancer	TNBC: EPI + PTX 6 cycle	UNK
KOBR-472		TNBC: PTX + CBP 4 cycle	UNK

drug activity profiles

	Maximum % Inhibition				
	Cisplatin	Pemetrexed	Paclitaxel	Gemcitabine	KB-0742
KOLU-045	10.52	12.83	44.81	53.02	99.99
KOLU-299	10.00	10.00	48.42	57.21	94.19
KOLU-448	10.00	18.97	21.28	34.95	99.02
KOLU-775H	10.00	10.00	49.61	71.74	94.69
KOLU-545H	11.57	4.79	17.50	25.06	95.88
KOLU-643H	No effect		16.29	No effect	70.65
KOBR-011			31.56	59.99	100.00
KOBR-472			No effect	15.06	89.00

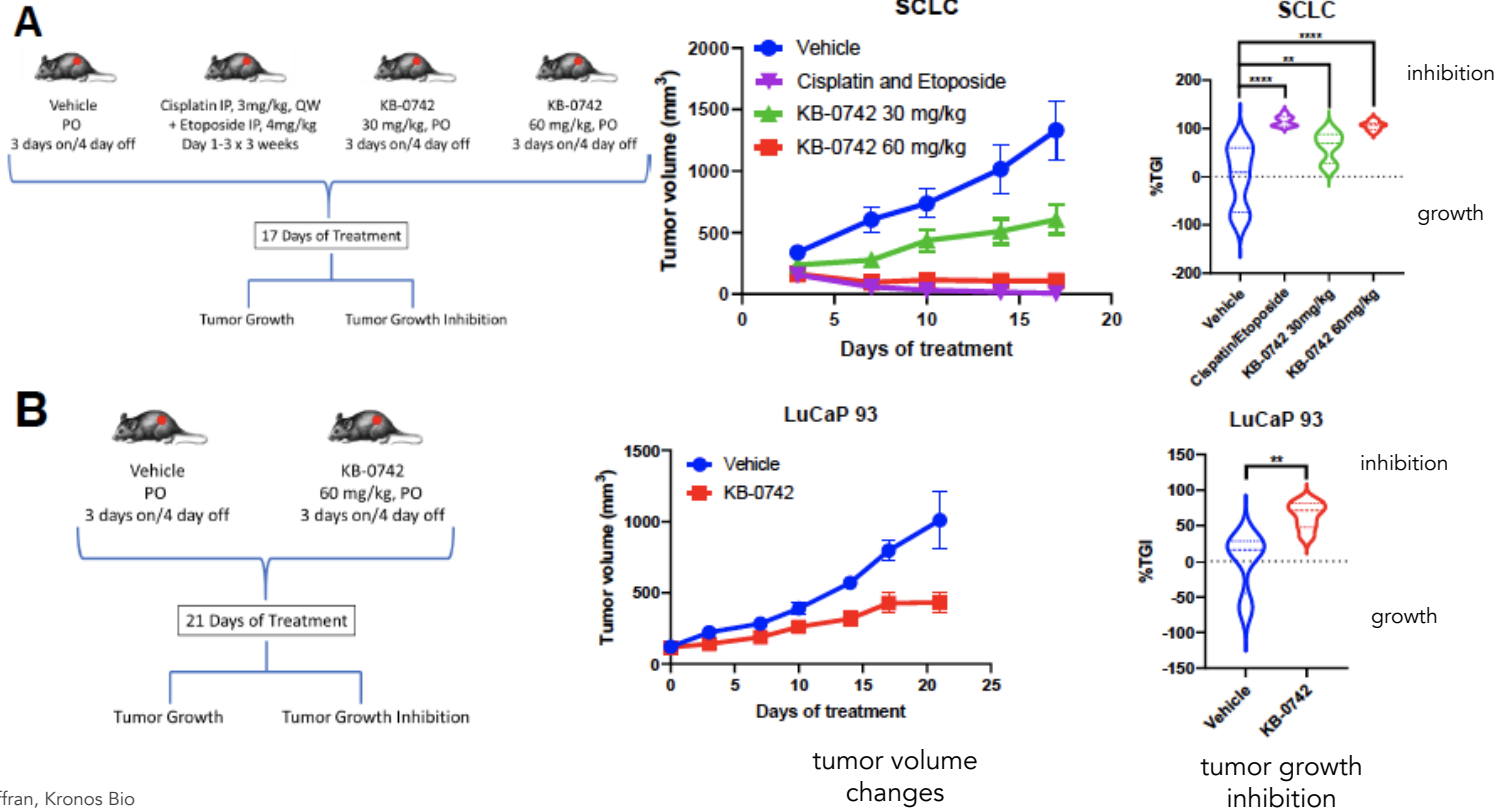
KB-0742 is more potent than standard of care agents (chemo)



KB-0742 shows anti-tumor activity in patient-derived xenografts (PDX)

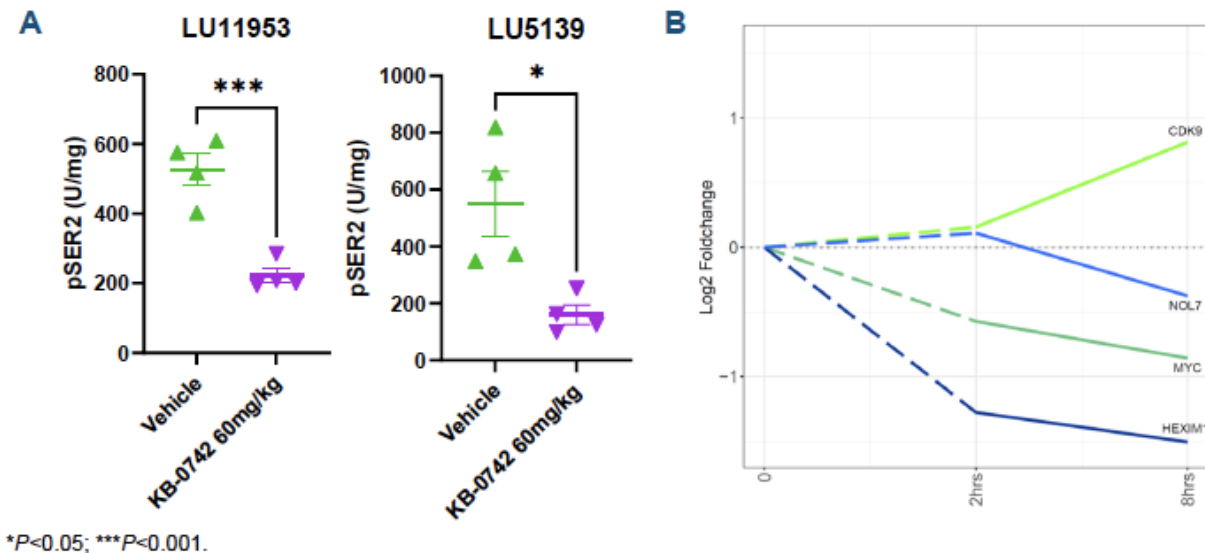
Intermittent dosing in 'MYC high' expressing murine PDX models

subcutaneous
engraftment
of tumor cells
+
treatment



Modulating a biomarker in vivo – small cell lung cancer PDX models

KB-0742 reduces phosphorylation of RNA Pol II (pSER2)


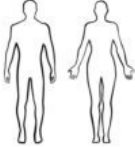
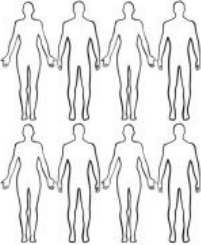
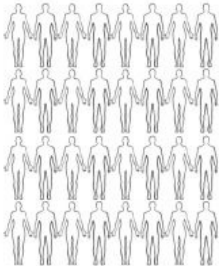
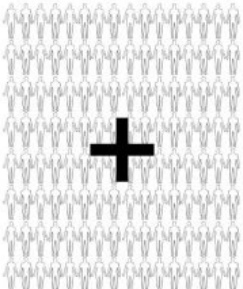


60 mg/kg dose resulted in a 50% or greater reduction in pSer2 after 3 days of dosing

RNA sequencing of LU11953 tumors showed altered gene expression of key genes, including MYC

Clinical Trials

*

PRECLINICAL	PHASE I	PHASE II	PHASE III	PHASE IV
				
Laboratory Research determines if treatment is useful and safe	6-10 Participants Understand effects of treatment in humans	20-50 Participants Evaluate safety and efficacy of treatment	100-200 Participants Confirm benefit and safety of treatment	200+ Participants Evaluate long-term effects of treatment

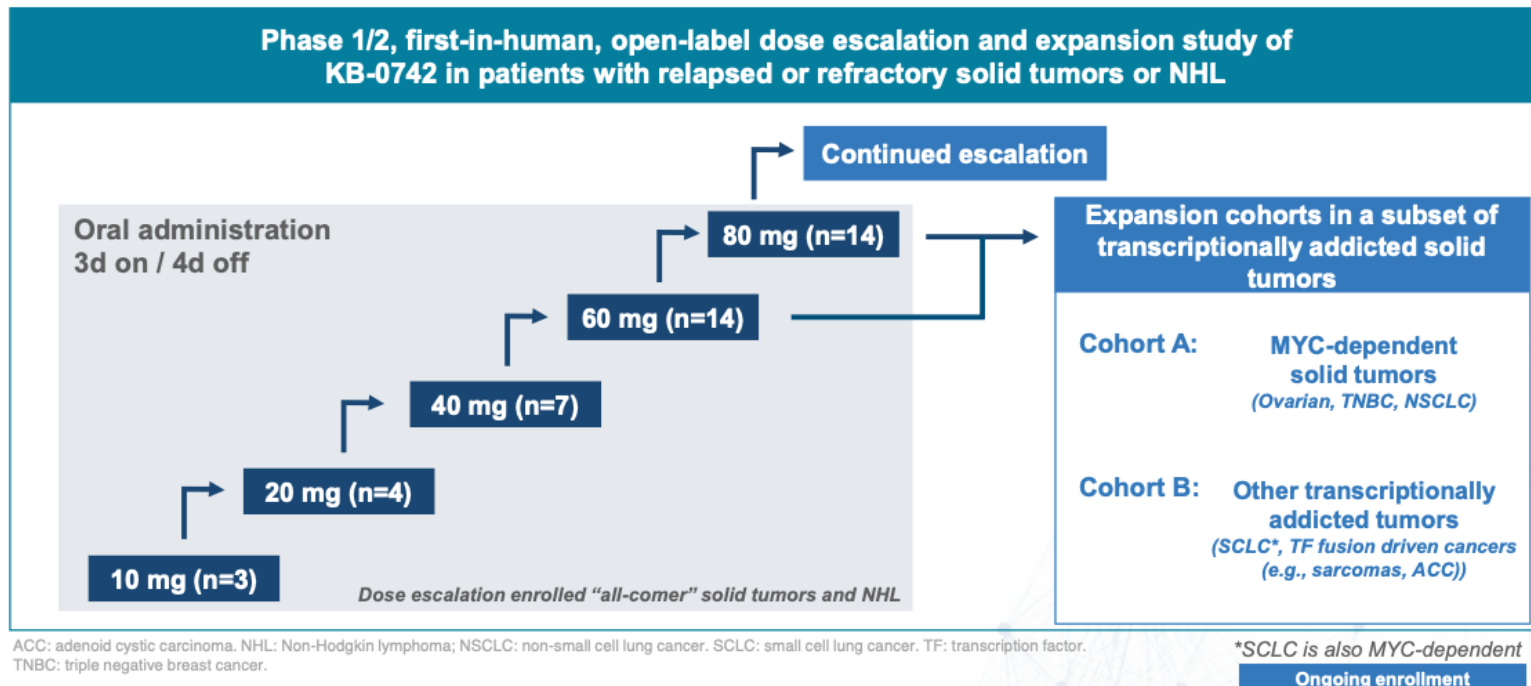
Is it safe?
Best way to dose?

Do patients have a response?
Still safe in larger cohort?

Better than a standard of treatment?
Survival? Side effects?

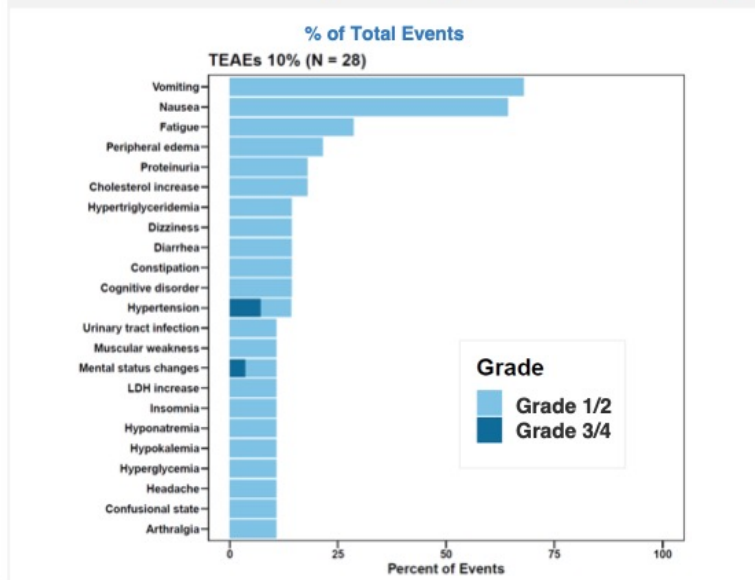
Side effects over time?
Contraindications?

KB-0742 Clinical Trial Design- Combined Phase 1 & 2



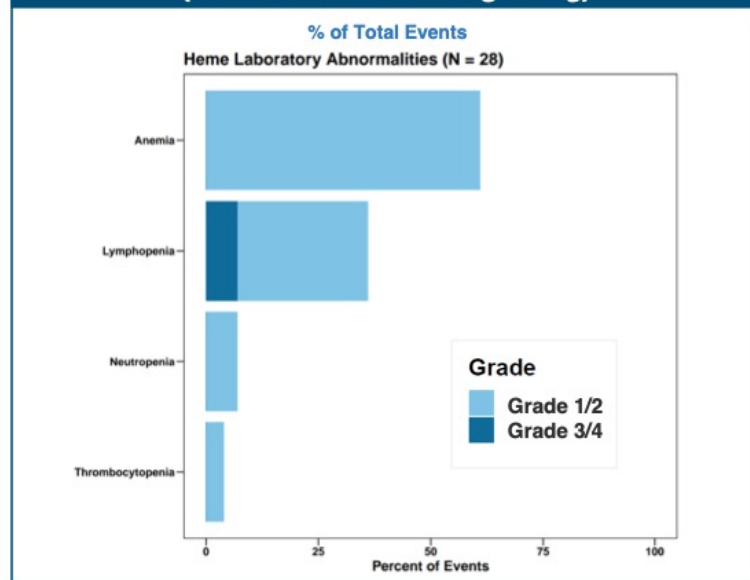
KB-0742 Safety Profile: few adverse effects

Most common TEAEs (occurring in $\geq 10\%$ of patients)



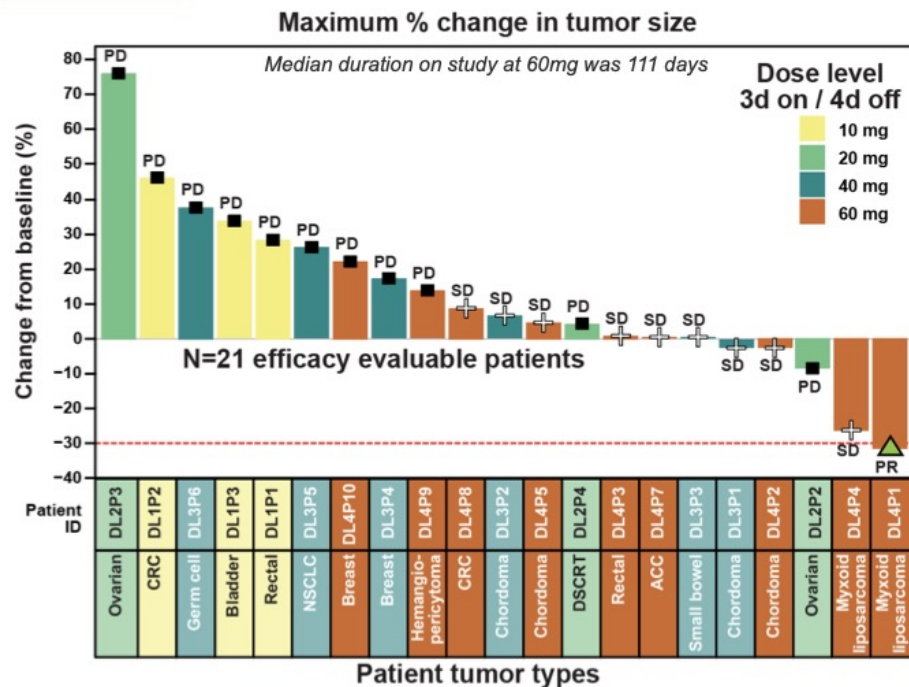
TEAEs: Treatment Emergent Adverse Events

Hematologic laboratory abnormalities (based on NCI CTCAE grading)



Source: A First-In-Human Study of CDK9 Inhibitor KB-0742 Demonstrates Evidence of Tolerability and Clinical Activity [Poster Presentation]. 2023 EORTC-NCI-AACR (Villalona-Calero, Miguel, et al.), Boston and 2023 CTOS, Dublin (Van Tine, Brian, et al.)

KB-0742 anti-tumor activity: objective regressions in two patients



Source: A First-In-Human Study of CDK9 Inhibitor KB-0742 Demonstrates Evidence of Tolerability and Clinical Activity [Poster Presentation].
2023 EORTC-NCI-AACR (Villalona-Calero, Miguel, et al.), Boston and 2023 CTOS, Dublin (Van Tine, Brian, et al.)

Tumors with TF fusions

Oncogenic TF = **Fusion TF**
TF#1 TF#2

Example tumor type	TF#1	TF#2
Ewing sarcoma	EWSR1	FLI1
	FUS	ERG
Myxoid liposarcoma	DDIT3	FUS
Adenoid cystic carcinoma	MYB	NFIB
Alveolar rhabdomyosarcoma	PAX3	FOXO1
	PAX7	FOXO1

- One partial response lasting 113 days in a 7th line myxoid liposarcoma patient. Second patient achieved 26% reduction in tumor diameters.
- 9 (43%) patients had stable disease (SD) as the best response.
- Overall disease control rate was 47.8% - defined as a CR (complete response), partial response (PR), or stable disease (SD).

Case Report: Patient DL4P1 with myxoid liposarcoma achieved partial response at cycle 10 (60 mg dose)

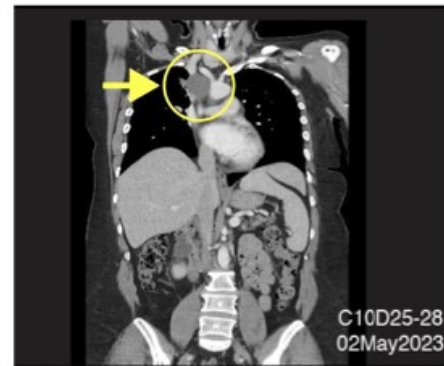
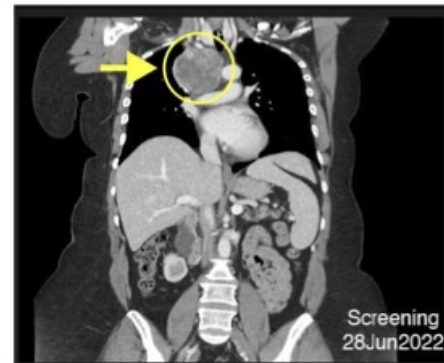
Patient characteristics and treatment history

- 50-year-old female
- Diagnosed with myxoid liposarcoma in MAY 2009
- Stage 4 at enrollment
- Six prior lines of therapy and best overall response included ():
 - Adriamycin/Ifosfamide: APR-SEP 2015 (PD)
 - Atezolizumab: JUL-SEP 2016 (PD)
 - Trabectedin: DEC 2016-JAN 2017 (PD)
 - NY-ESO-1C259 T: SEP 2017-JUN 2018 (SD)
 - Atezolizumab: NOV 2018-JUN 2019 (SD)
 - Ifosfamide: DEC 2021-JAN 2022 (SD)

KB-0742 treatment course

- KB-0742 treatment initiated in JUL 2022
- 60 mg for 398 days on treatment
- PR achieved at cycle 10 lasting 113 days

PR: partial response. SD: stable disease.



Reference: https://ascopubs.org/doi/abs/10.1200/JCO.2018.36.15_suppl.3005

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