

Development and testing of a first-in-class series of macrocyclic ATR inhibitors for cancer treatment

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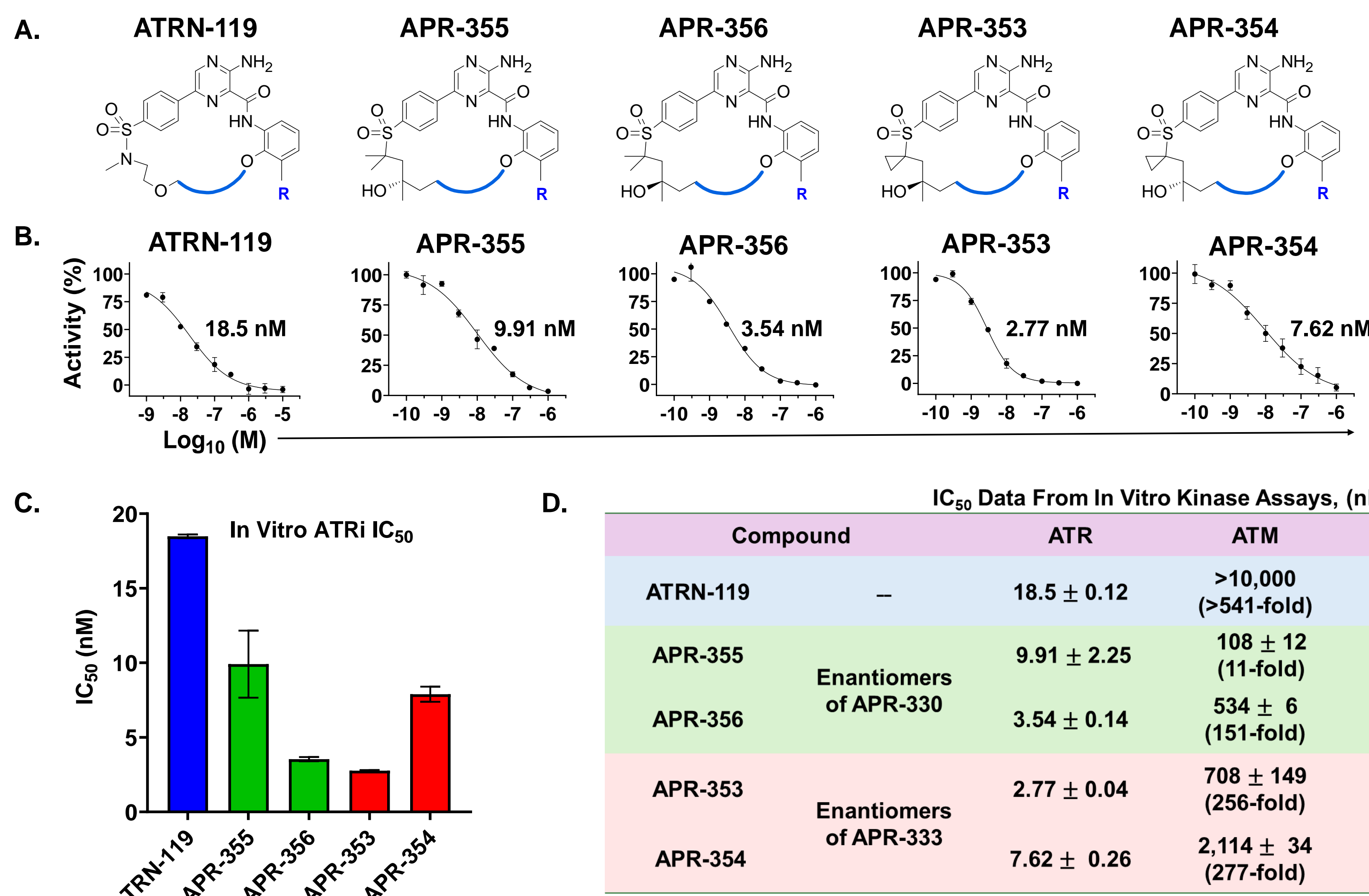
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Abstract

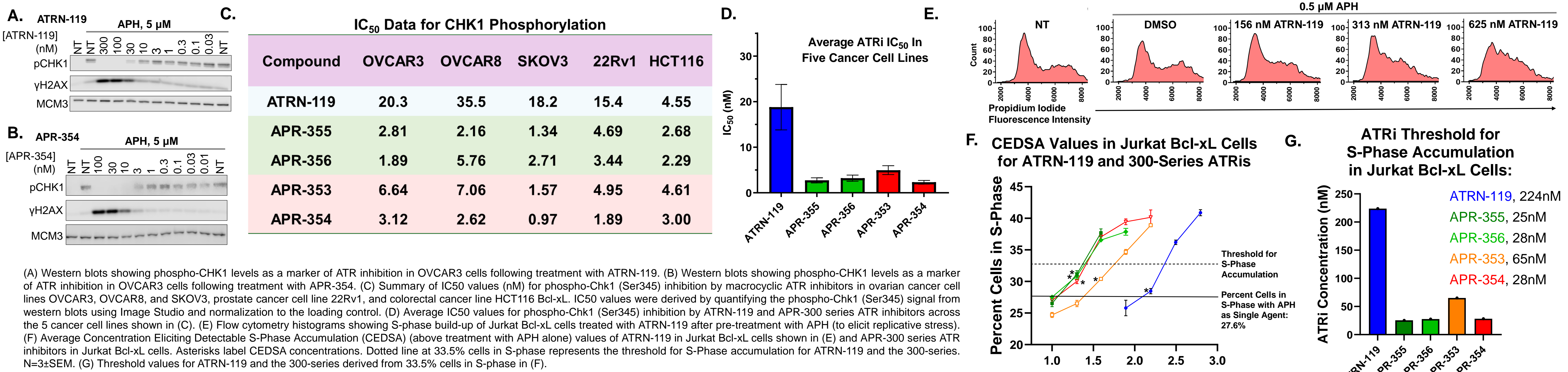
The phosphatidylinositol kinase-related kinase (PIKK) ATR plays key roles in cellular responses to replication stress. Previous studies have demonstrated the promise of ATR inhibitors (ATRI) as cancer therapeutics. However, toxicity to normal tissues, mainly in the form of myelosuppression, has limited the potential therapeutic value of previously developed ATRi. It is conceivable that the combination of ATR inhibition with yet-to-be-identified off-targets, including lipid kinases, may contribute to the narrow therapeutic value. One means to limit off-targeting and increase drug potency is to utilize macrocyclic small molecules, which typically assume fewer structurally distinct conformations than equally complex non-macrocyclic compounds. Here we describe the first macrocyclic ATRi to have entered clinical trials, ATRN-119, which is one of a series of Aprea's macrocyclic ATRi. Aprea's macrocyclic ATRi are highly potent in vitro biochemical kinase assays for ATR inhibition, with IC₅₀s below 20 nM. Importantly, ATRN-119 demonstrates minimal off-target inhibition of other PIKKs (ATM, DNA-PK, and mTOR). Western blot data confirms the potency of the macrocyclic ATRi series in multiple cancer cell lines in culture, as indicated by decreased phosphorylation of its direct target (CHK1 on S345) and increased phosphorylation of H2AX, which is an indication of double-strand break formation. Cell culture proliferation assays show that ATRN-119 and other macrocyclic ATRi series members significantly limit or completely compromise cellular viability, with EC₅₀s in the low nanomolar range. Furthermore, a substantial increase in potency is observed when ATRN-119 or other macrocyclic Aprea ATRi are combined with cancer treatment agents, such as topoisomerase and PARP inhibitors. Finally, in vivo studies demonstrate that ATRN-119 has broad-spectrum single-agent activity in xenografted tumors from colon and prostate cancer cell lines and suppresses the growth of BRCA2-deficient ovarian cancer PDX tumors both alone and in combination with PARP inhibition. In conclusion, macrocyclic ATRi represent a promising new class of potent and selective ATRi with the potential to treat a wide range of cancers.

1. Macrocyclic ATR inhibitors show high potency and selectivity in *in vitro* kinase assays

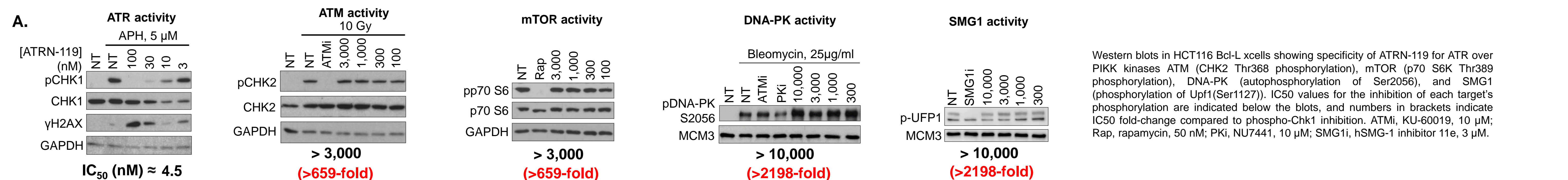


(A) Markush structures for ATRN-119 and 300-series ATR inhibitors. The blue curve represents a linker region. Structures for APR-355 and APR-356 (enantiomers of APR-330), and APR-353 and APR-354 (enantiomers of APR-333), are shown. (B) Assessment of the inhibitory activity of ATRN-119 and APR-series compounds against ATR using *in vitro* kinase assays. ATR inhibition was evaluated using the Eurofins ATR (ATRP) Human PIKK Kinase Enzymatic ELISA / EIA [Km ATP] KinaseProfiler LeadHunter Assay. Varying concentrations of each compound was incubated with the reaction mixture for 40 minutes before measuring the fluorescence signal. N=2±SD. (C) Comparison of IC₅₀ values for ATRN-119 and various APR-series analogs, derived from the *in vitro* kinase assays for ATR performed in (B). (D) Comparison of the inhibitory activity of ATRN-119 and APR-series analogs for ATR compared to ATM, DNA-PK, and mTOR. IC₅₀ values were derived from the *in vitro* kinase assays for ATR performed in (B) as well as from corresponding assays for ATM, DNA-PK, and mTOR. N=2±SD.

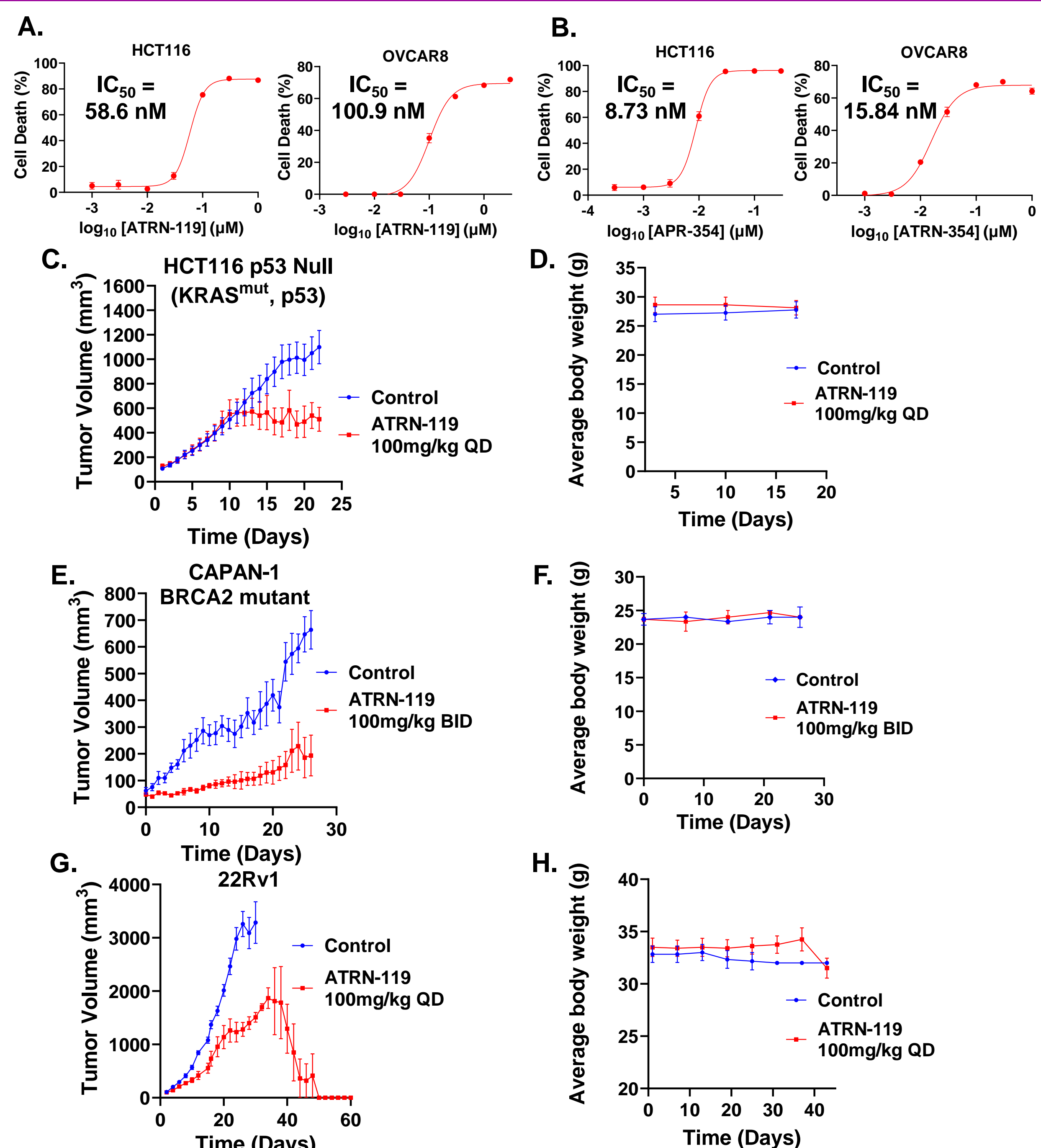
2. Western blot and flow cytometry data confirm high potency across several cancer cell lines



3. Western blot data confirm high selectivity of ATRN-119 for ATR inhibition over other PIKKs

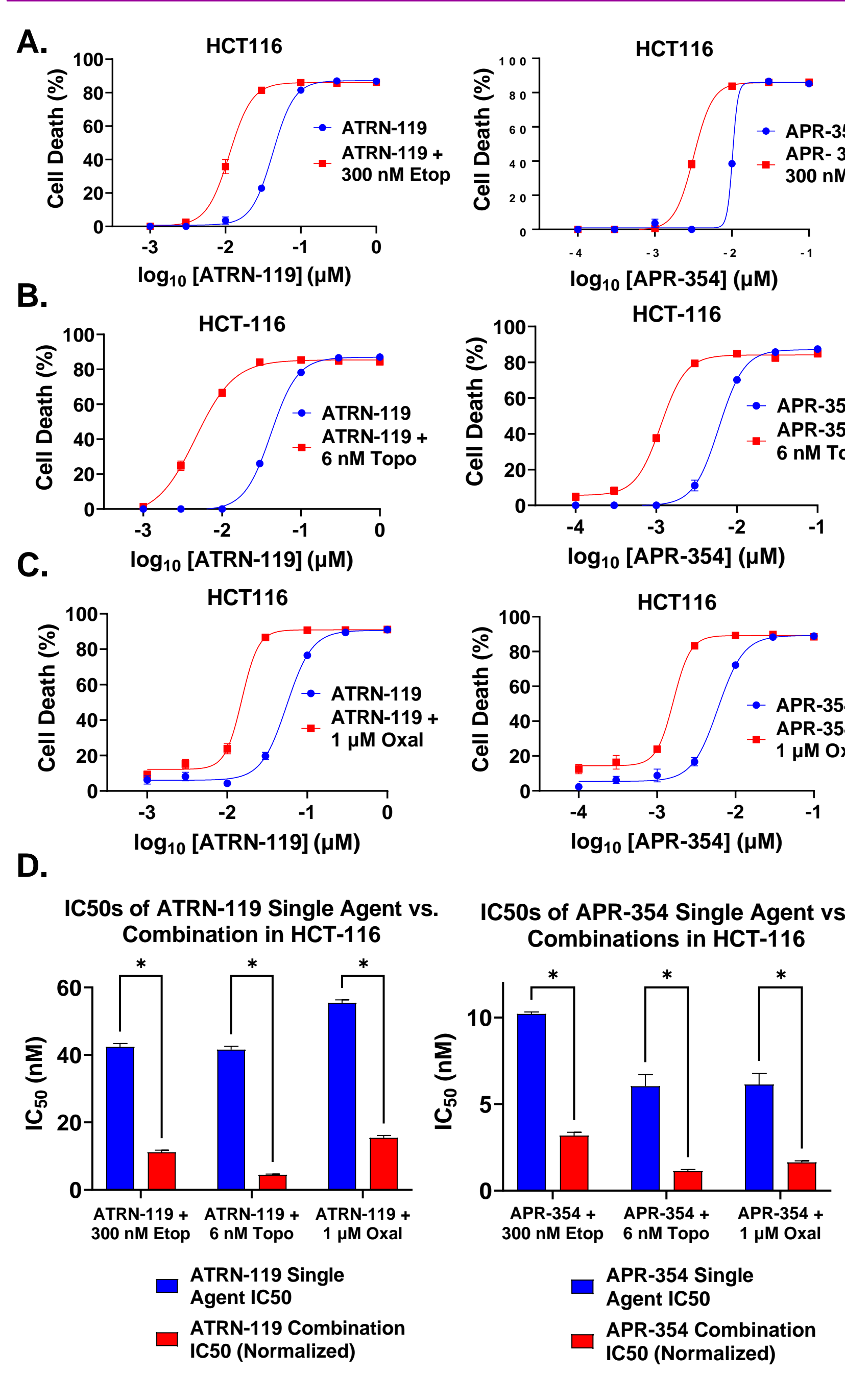


4. ATRN-119 suppresses cancer cell and tumor growth as a single agent



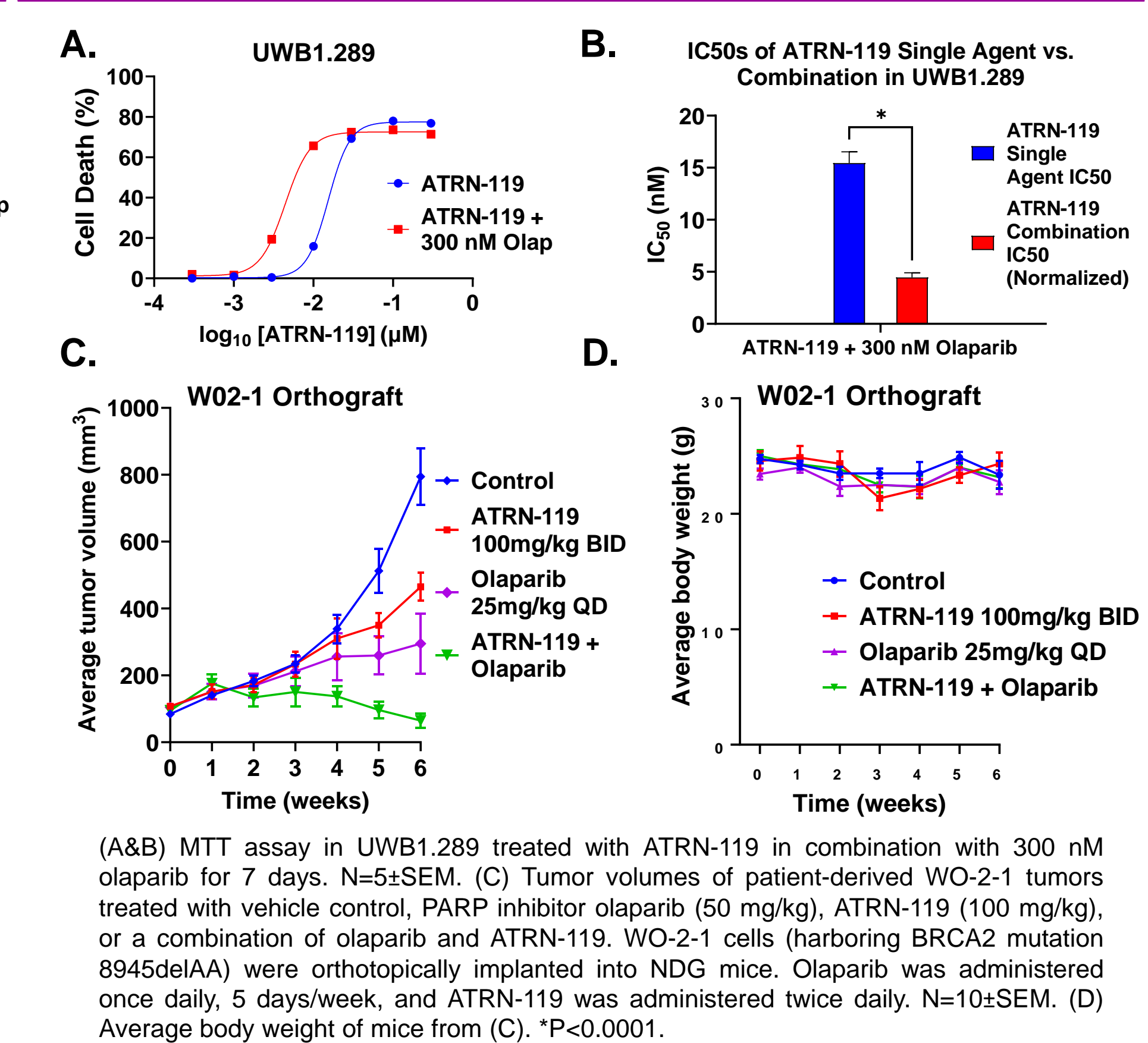
(A&B) MTT assays in HCT116 (WT) and OVCAR8 cells treated with ATRN-119 (A) or APR-354 (B) for 7 days. N=5±SEM. (C) Tumor volumes of implanted HCT116 (KRAS mutant, p53null) flank tumors treated with vehicle control or ATRN-119 (100 mg/kg) administered orally once daily. N=16±SEM. (E) Tumor volumes of implanted CAPAN1 (BRCA2-mutant) flank tumors treated with vehicle control or ATRN-119 (100 mg/kg), administered orally twice daily. N=6±SEM. (G) Tumor volumes of implanted 22Rv1 flank tumors treated with vehicle control or ATRN-119 (100mg/kg) administered orally once daily, 6 days/week for up to 60 days. N=6±SEM. (D, F, H) Average body weight of mice from (C, E, G) respectively.

5. 119/354 sensitize to DNA damaging agents



(A-C) MTT assays in HCT116 (p53null) cells treated with ATRN-119 or APR-354 in combination with etoposide (A), topotecan (B), or oxaliplatin (C) for 7 days. N=5±SEM. (D) Bar graphs displaying IC₅₀s of ATRN-119 or APR-354 from single agent and combination treatments in A-C. Combination IC₅₀s were normalized to the single agent chemotherapy effect. N=5±SEM. *P<0.0001.

6. ATRN-119 synergizes with PARPi in BRCA2^{mut} OvCa



(A&B) MTT assay in UWB1.289 treated with ATRN-119 in combination with 300 nM olaparib for 7 days. N=5±SEM. (C) Tumor volumes of patient-derived W02-1 tumors treated with vehicle control, PARP inhibitor olaparib (50 mg/kg), ATRN-119 (100 mg/kg), or a combination of olaparib and ATRN-119. W02-1 cells (harboring BRCA2 mutation 8945delAA) were orthotopically implanted into NDG mice. Olaparib was administered once daily, 5 days/week, and ATRN-119 was administered twice daily. N=10±SEM. (D) Average body weight of mice from (C). *P<0.0001.

Conclusions

Aprea's macrocyclic ATR inhibitors are novel, potent and selective

Aprea's ATR inhibitors are capable of killing a diverse range of cancer cells, both in cell culture and *in vivo* when administered as a single agent.

As part of combination treatment approaches, ATRN-119, and a next generation ATR inhibitor, APR-354 show probable synergy with a range of chemotherapies, and with PARP inhibition.

ATRN-119 was well tolerated in mice, with no deleterious effects observed.

Macrocyclic ATR inhibitors represent a highly promising new class of ATR inhibitors with the potential to treat a wide range of cancers.

FOR CLINICAL TRIAL INFO, SEE POSTER PB336.

Acknowledgements

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