

Orally bioavailable macrocycles that target Cyclins A and B RxL motifs cause tumor regression in xenograft models and *in vitro* show activity across multiple cancer types

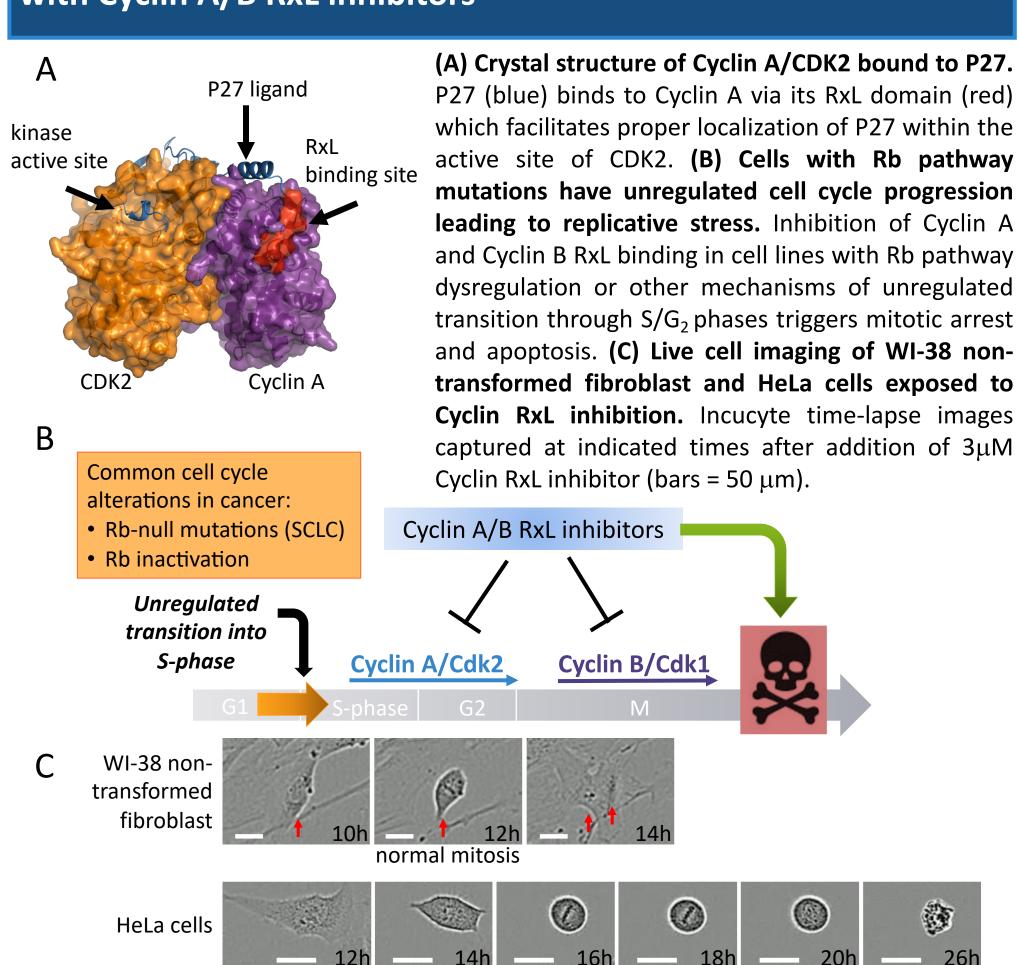
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BACKGROUND

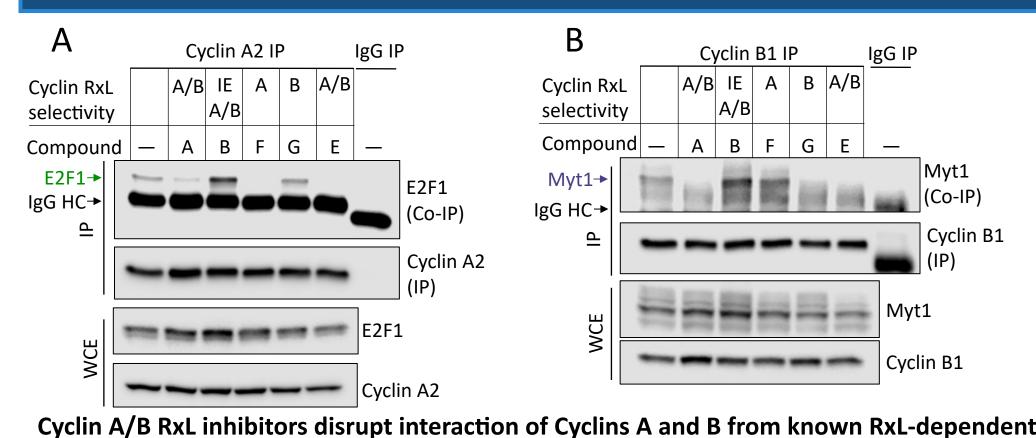
- Cyclins A and B are key cell cycle regulators that bind and activate their cyclin-dependent kinase (CDK) partners (Cyclin A/CDK1, Cyclin A/CDK2 and Cyclin B/CDK1) to regulate progression through S and G₂/M phases. Cyclins contain a highly conserved MRAIL motif forming the hydrophobic patch that facilitates interaction with a subset of Cyclin/CDK targets containing RxL (Cy) motifs (Figure 1A).
- While CDK kinase inhibitors are approved for clinical use, attempts to target proteinprotein interactions between cyclins and their substrates, such as E2F, have so far not advanced beyond early research investigation¹.
- Inhibition of substrate binding to Cyclin A has been postulated to be synthetically lethal in retinoblastoma (Rb) mutated cancers².
- Using structure-guided design we have developed cell-permeable macrocycle compounds that inhibit the RxL-mediated binding of substrates to both Cyclin A/CDK2 and Cyclin B/CDK1 complexes (Cyclin A/B RxL inhibitors) and have demonstrated that synthetic lethality requires inhibition of both Cyclins A and B (Figure 1B & 1C).
- ☐ Here we present preclinical data supporting the development of an orally bioavailable therapeutic targeting Cyclins A and B.

Figure 1. Model for synthetic lethality in Rb dysfunctional cells with Cyclin A/B RxL inhibitors



RESULTS

Figure 2. Cyclin A/B RxL inhibitors displace RxL-mediated interactors for both Cyclins A and B



binding partners. (A,B) NCI-H1048 cells were incubated with DMSO or the indicated compounds for 2h (compounds A, B, G and H, 300nM; compound E, 30nM). (A) Cyclin A/B and Cyclin A RxL inhibitors disrupt the Cyclin A2:E2F1 interaction. Binding of Cyclin A2 with E2F1 was determined by co-immunoprecipitation (IP) with anti-Cyclin A2 antibodies. Cyclin A2 IPs were analyzed by SDS-PAGE and Western Blot. (B) Cyclin A/B and Cyclin B RxL inhibitors disrupt the Cyclin B1:Myt1 interaction. Binding of Cyclin B1 with Myt1 was determined by co-immunoprecipitation (IP) with anti-Cyclin B1 antibodies. Cyclin B1 IPs were analyzed by SDS-PAGE and Western Blot.

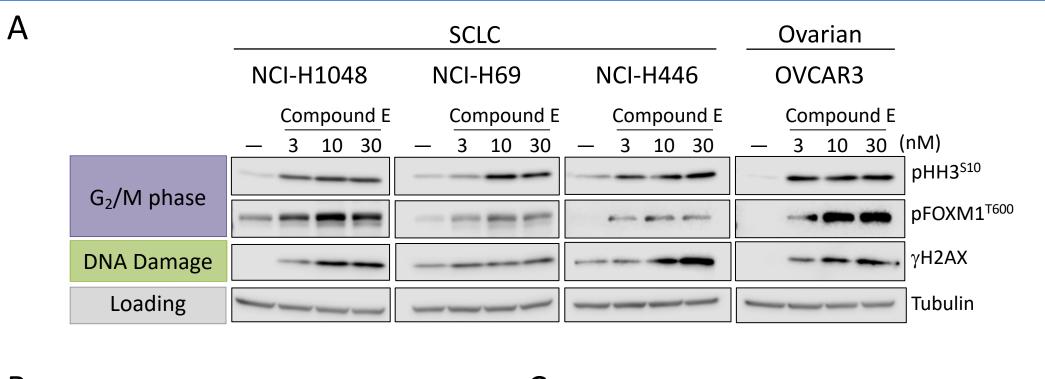
IE A/B, inactive enantiomer of compound A; IgG HC, immunoglobulin G heavy chain; IP, immunoprecipitation; WCE, whole cell extract

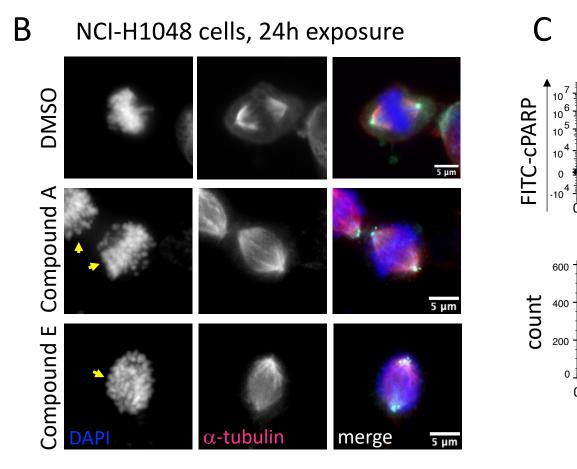
Table 1. Biochemical potency and cellular activity of Cyclin A/B RxL inhibitors

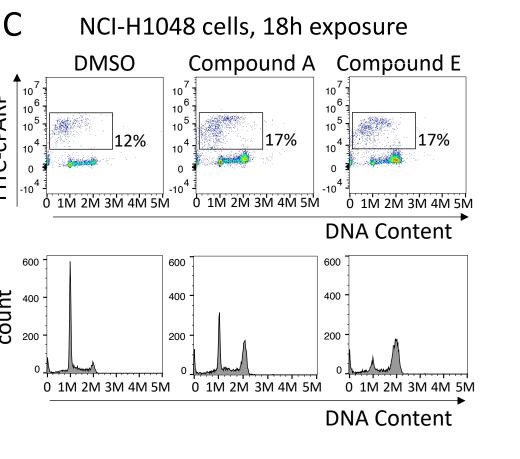
Compound name		Α	E	В	F	G
RxL Inhibitor Selectivity		Cyclin A/B		Cyclin A/B IE¹	Cyclin A	Cyclin B
Biochemical Potency FP IC ₅₀ (μM) ²	Cyclin A	0.13	<0.02	>20	0.049	1.42
	Cyclin B	<0.02	<0.02	4.7	0.31	0.02
Cellular Potency Proliferation GI ₅₀ (μM)	NCI-H1048 ³	0.032	0.004	12.8	2.98	2.80
	NCI-H69 ³	0.013	0.002	>20	5.21	1.77
	NCI-H446 ³	0.065	0.009	NA	4.18	4.35
	OVCAR3 ⁴	0.064	0.01	>20	>20	6.44
	WI-38 ⁵	11	12	>20	>20	>20

(Cyclin A/CDK2; Cyclin B/CDK1), ³ small cell lung cancer (SCLC) cell line; 5-day proliferation MTT assay, ⁴ ovarian cancer cell line; 5-day proliferation MTT assay, ⁵non-transformed fibroblast cell line; 3-day proliferation MTT assay, assay

Figure 3. Cyclin A/B RxL inhibitors induce DNA damage, G₂/M phase arrest, mitotic abnormalities and apoptosis

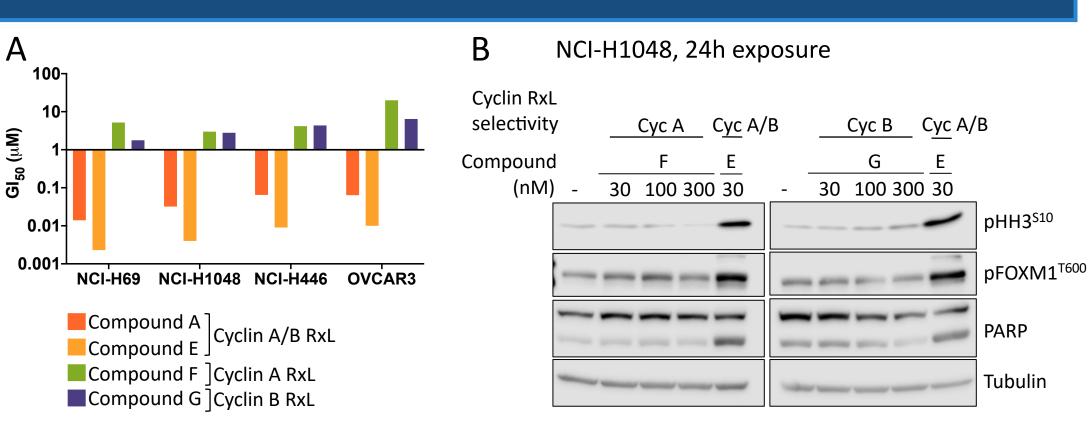






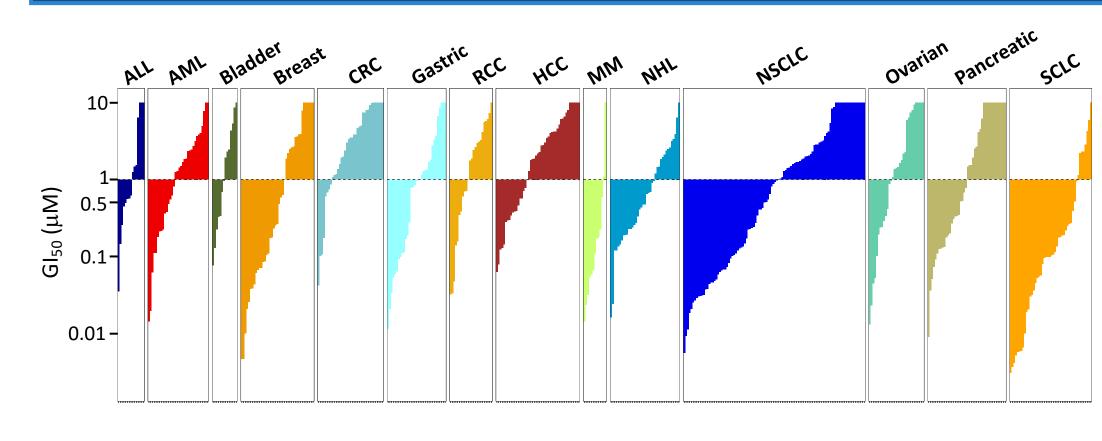
(A) Cyclin A/B RxL inhibitors induce markers of G₂/M accumulation and DNA damage. SCLC or ovarian cell lines were incubated with DMSO or compound E for 24h at the concentrations indicated. Cell lysates were analyzed by Western Blot. (B) Uncompacted metaphase plates are observed in H1048 cells treated with Cyclin A/B RxL inhibitors. NCI-H1048 cells were incubated with DMSO or 100nM compound A or E for 24h. Cells were then processed in an immunofluorescence assay to detect α-tubulin (red) and Centrin 3 (green) and co-stained with DAPI (blue) to detect DNA. Images were collected via widefield microscopy (63X objective). Arrowheads indicate uncompacted metaphase plates. (C) Apoptosis is triggered 18h after exposure to Cyclin A/B RxL inhibitors. NCI-H1048 cells were treated for 18h with DMSO or 30nM Compound A or E before collecting for flow cytometry. Induction of cleaved PARP (cPARP) was assessed by detection of FITC-cleaved PARP and DNA content (FxCycle). Top panels; cleaved PARP (box indicates cPARP positive gate with percent of single cells expressing cPARP indicated outside), Bottom panels; cell cycle profile.

Figure 4. Activity against both Cyclins A and B is required to induce accumulation of G₂/M phase markers and apoptosis



(A) Waterfall plot for SCLC cell lines (NCI-H69, NCI-H1048 and NCI-H446) and OVCAR3 ovarian cell line. Cells were plated in 96 well plates and exposed to compounds A, E, F or G for 5 days. Cell growth was determined by MTT assay. (B) Cyclin A or Cyclin B selective RxL inhibitors do not induce markers of G₂/M accumulation or apoptosis. NCI-H1048 cells were incubated with DMSO or compounds F, G or E for 24h at the concentrations indicated. Cell lysates were analyzed by Western Blot.

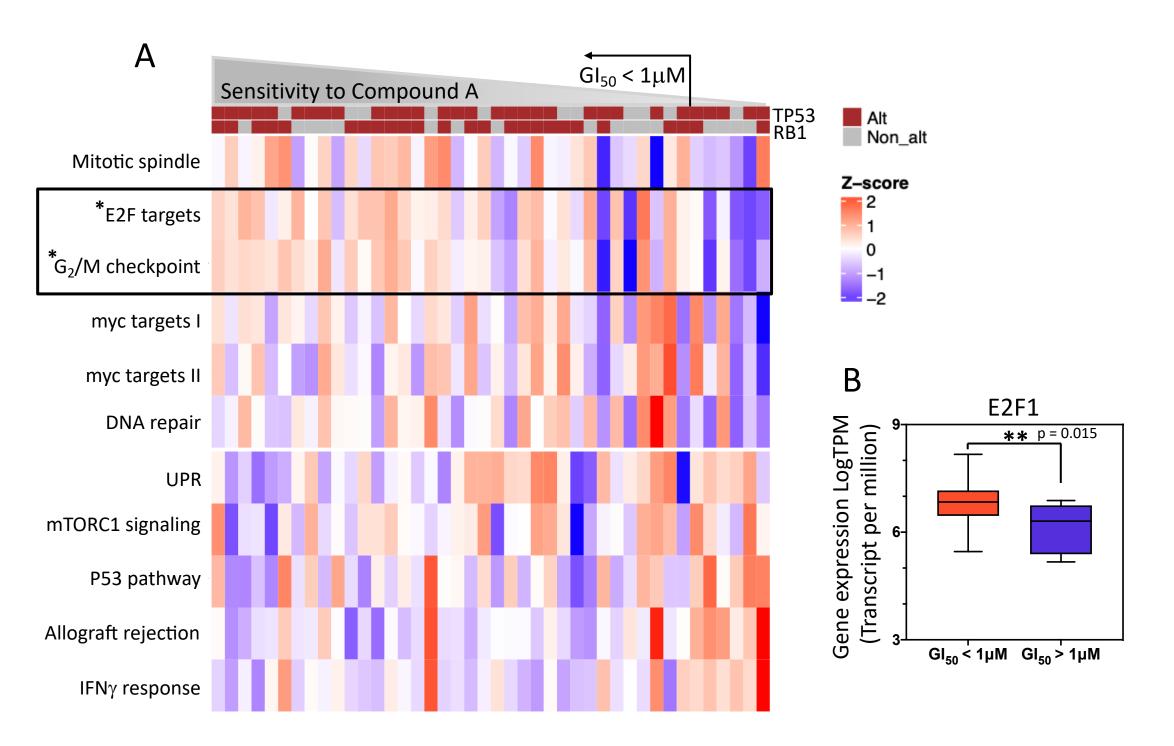
Figure 5. Cell lines from multiple indications exhibit sub-micromolar sensitivity to Compound A



 GI_{50} waterfall plots in response to Compound A. A substantial number of cell lines from multiple indications including solid tumors and hematological malignancies respond (as assessed by $GI_{50} < 1~\mu\text{M}$) to inhibition of Cyclin A/B RxL binding. Cell lines were exposed to Compound A for 4-8 days depending on length of time required for at least two cell doublings to occur. Cell growth inhibition was determined by Cell Titer Glo assay.

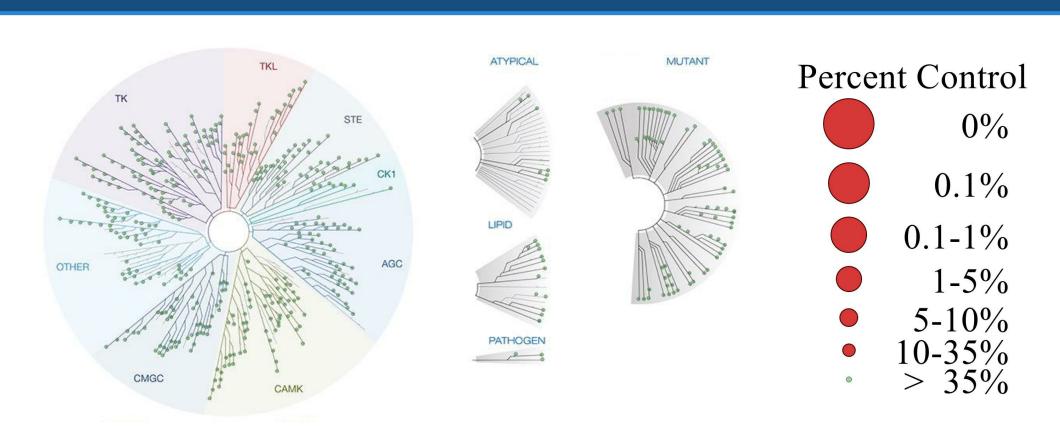
ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; RCC, renal cell carcinoma, HCC, hepatocellular carcinoma; MM, multiple myeloma; NHL, non-Hodgkin lymphoma; NSCLC, non-small cell lung cancer; SCLC, small cell lung cancer

Figure 6. Sensitivity of SCLC cell lines to Cyclin A/B RxL inhibition correlates with RB alteration and increased E2F1 target gene expression



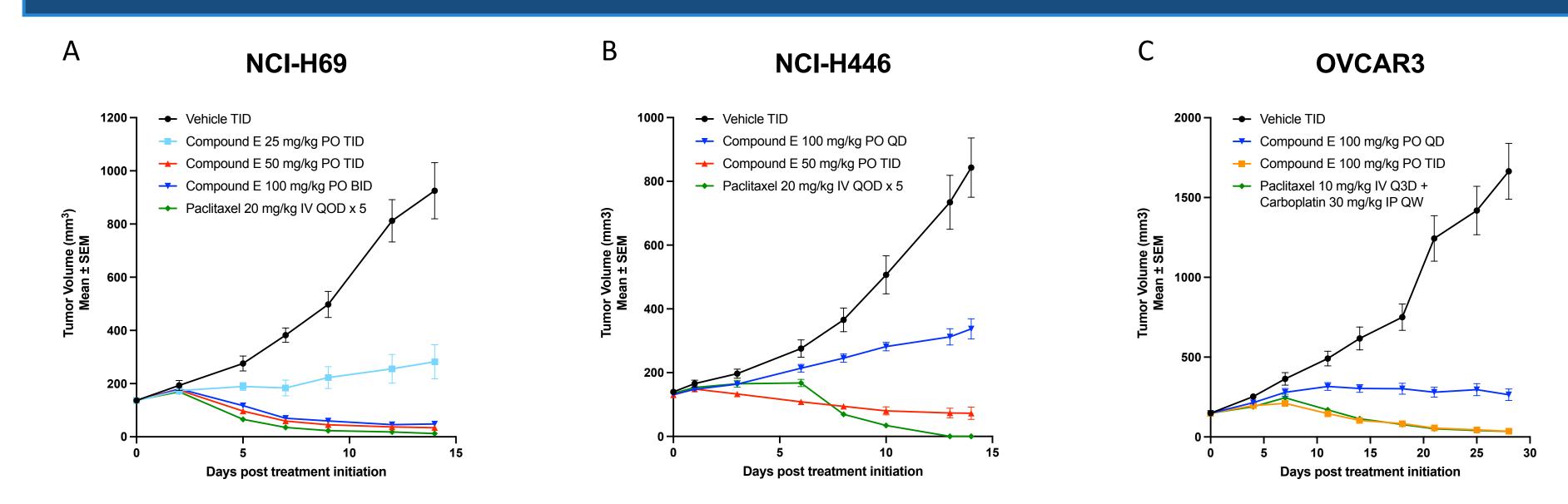
(A) SCLC cell line sensitivity to Cyclin A/B RxL inhibition correlates significantly with increased gene expression for E2F targets and G₂/M checkpoint pathway. Gene expression heatmap of 42 SCLC cell lines for the selected Hallmark pathway scores. Each column represents a distinct SCLC cell line ordered from most sensitive to least sensitive based on Compound A Gl₅₀. Color-coded panel on top depicts genomic alteration status of TP53 and RB1. The Gene Set Variation Analysis (GSVA) method³ was utilized to identify Hallmark pathway scores (MSigDb Hallmark collection)⁴, p value (*p <0.05) was calculated by Wilcoxon rank sum test. (B) E2F1 expression level correlates with sensitivity in SCLC cell lines. Baseline mRNA expression of E2F1 in SCLC cells was determined by RNAseq, ** p value was calculated by Fisher's exact test.

Figure 7. Cyclin A/B RxL inhibitors, exemplified by Compound E, exhibit no significant inhibition of kinase activity



KINOMEscan[™] (Eurofins Discovery) screening for off-target activity with Compound E at 10 μM. Active site-directed competition binding assay quantifies interactions between test compound and a panel of 468 human kinases and kinases with tumor driver mutations. Shown is a representation of the human kinome phylogenetic tree (TREEspot[™] Interaction Maps). No kinases were found to bind Compound E—larger circles are associated with higher-affinity binding which indicates greater kinase inhibition. No inhibition of kinase activity was observed.

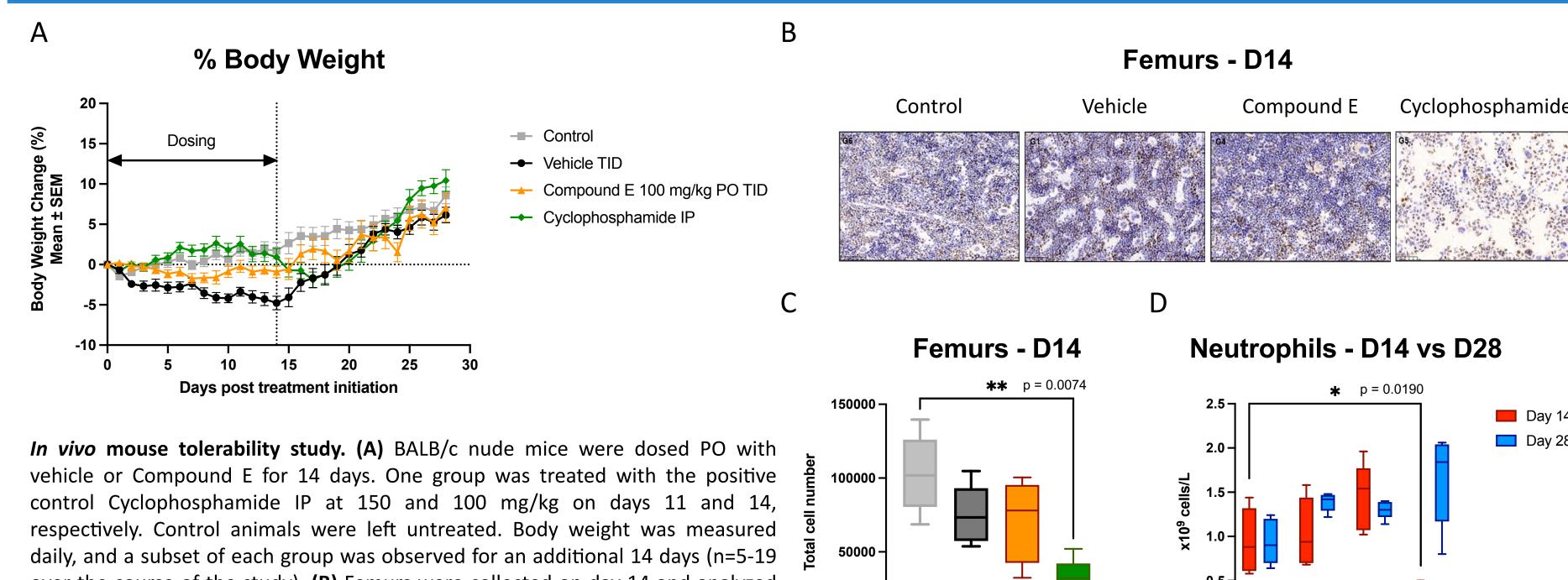
Figure 8. Oral dosing of a Cyclin A/B RxL inhibitor induces tumor regression in *in vivo* SCLC and ovarian cancer xenograft models



In vivo CDX efficacy studies. (A) Mice were inoculated SC with 5x10⁶ NCI-H69 cells, (B) 5x10⁶ NCI-H446 cells, or (C) 2x10⁷ OVCAR3 cells. Treatment was initiated when tumors reached 100-200mm³. Compound E was administered PO at 25 mg/kg TID, 50 mg/kg TID, or 100 mg/kg QD, BID, or TID as indicated for the duration of each study (n=10 for all groups). All treatment regimens were tolerated as assessed by body weight measurements (not shown).

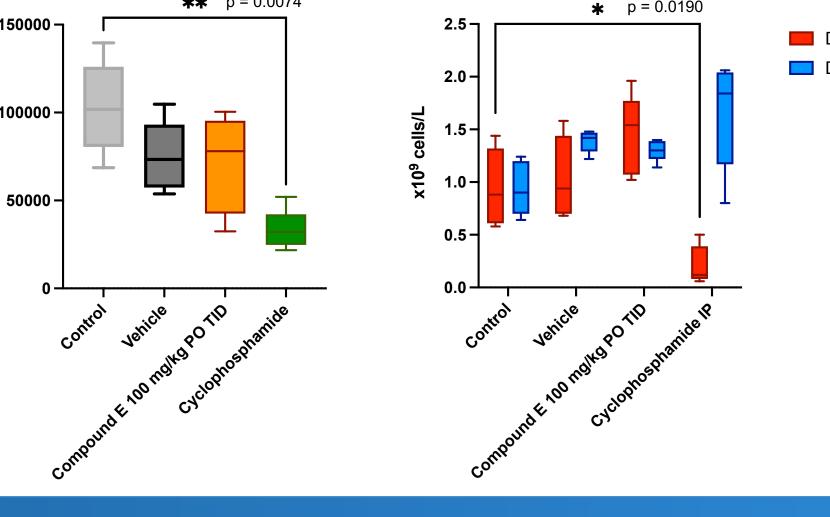
SC, subcutaneous; PO, orally; QD, once daily; BID, twice daily, TID, three times daily; QOD, once every two days; Q3D, once every three days; QW, once weekly; SEM, standard error of mean

Figure 9. Efficacious dosing regimen of Cyclin A/B RxL inhibitor is well tolerated in mice and does not cause peripheral neutropenia or depletion of bone marrow cells



respectively. Control animals were left untreated. Body weight was measured daily, and a subset of each group was observed for an additional 14 days (n=5-19 over the course of the study). (B) Femurs were collected on day 14 and analyzed via IHC for Ki67 and total cell number. There was no significant difference in Ki67 positivity across the groups (not shown). (C) Total cell number in femur sections was quantified. (D) Peripheral blood neutrophils were quantified on days 14 and 28. Compound E did not cause significant changes in other blood cell populations or markers of liver and kidney damage (not shown).

PO, orally; TID, three times daily; IHC, immunohistochemistry; SEM, standard error of mean



CONCLUSIONS

- ☐ Macrocyclic Cyclin A/B RxL inhibitors have been optimized for oral bioavailability and show single agent tumor regression in SCLC and ovarian xenograft models.
- ☐ At efficacious doses, Cyclin A/B RxL inhibitors are well tolerated with no neutropenia, decrease in body weight, or markers of liver and kidney damage observed.
- \square Cyclin A/B RxL inhibitors bind to Cyclin A/CDK2 and Cyclin B/CDK1 complexes with nanomolar biochemical potency and disrupt Cyclin A and B RxL-dependent interactions in cells. Consistent with a synthetic lethal mechanism, Cyclin A/B RxL inhibitors selectively block cancer cells at the G_2/M phase and induce apoptosis.
- □ Cyclin A/B RxL inhibitors show activity in cell lines from broad cancer indications and sensitivity correlates with increased expression of E2F1 target genes.
- □ Selective inhibition of Cyclins offers a mechanistically distinct mode of action from strategies that inhibit cell cycle kinases. Given their compelling characteristics we are progressing development of these macrocyclic Cyclin A/B RxL inhibitors to the clinic.

References

1. Mendoza et al. (2003) Cancer Res. 63, 1020–1024; 2. Chen et al. (1999) PNAS 96, 4325–4329; 3. Hänzelmann et al. (2013) BMC Bioinformatics 14:7, 1471-2105; 4. Liberzon et al. (2015) Cell Syst 1, 417-425