



# Investigating the cyclin A/B RxL inhibitor CID-078 in pediatric cancers with RB1 loss and high E2F1

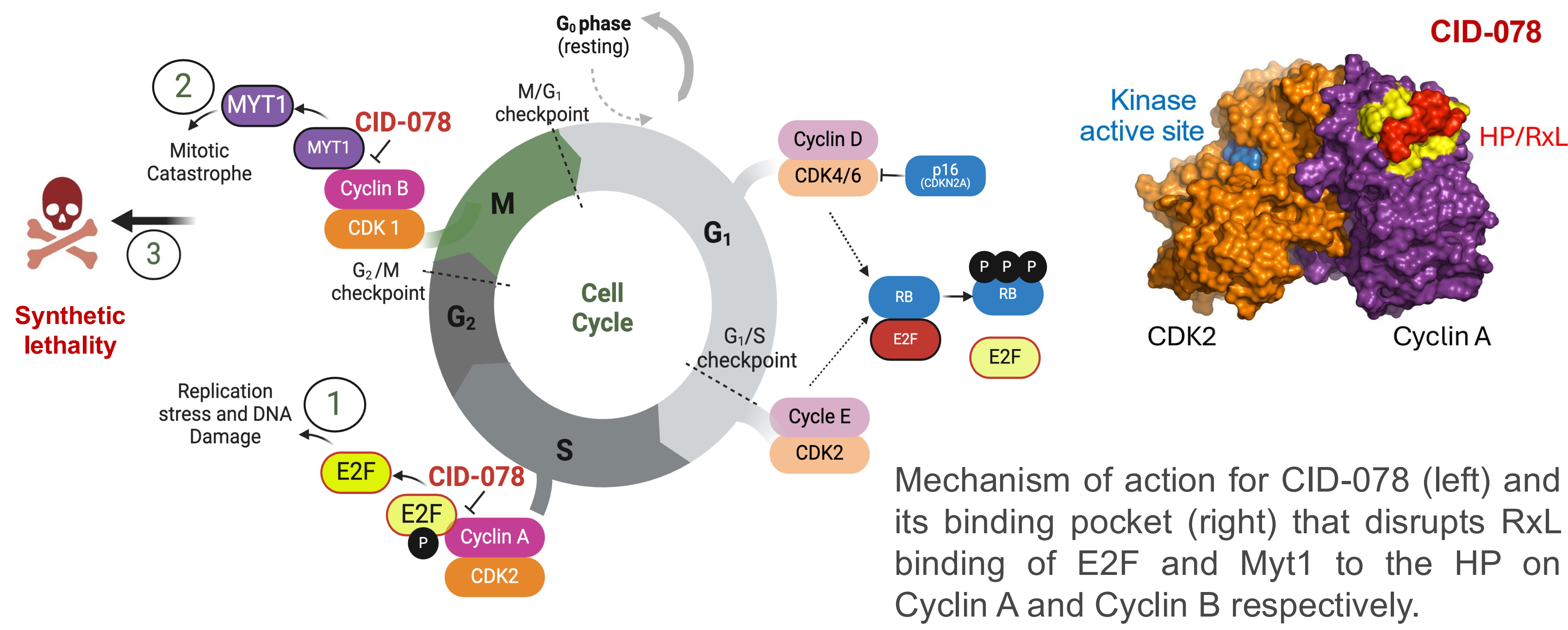
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## 1. BACKGROUND AND DRUG MECHANISM

- The **cyclin-dependent kinase (CDK)-RB-E2F** axis forms the core transcriptional machinery driving **cell cycle progression**. **Alterations in RB1** or other key components occur in many cancers, leading to **increased oncogenic E2F activity**. **E2F downregulation** at the end of S phase relies on the interaction between the cyclin's **conserved hydrophobic patch (HP)** and the **RxL motif** found on E2F and other cyclin/CDK substrates. **Disrupting this cyclin A/E2F RxL interaction** leads to **E2F hyperactivation and synthetic lethality** in E2F-driven tumors.
- CID-078** is a **novel, orally bioavailable, cell-permeable, potent and selective macrocycle** that **disrupts the RxL binding of E2F and Myt1 to the HP on cyclin A2-CDK2 and cyclin B1-CDK1**. CID-078 induces cell cycle arrest at G2/M phase leading to apoptosis.
- CID-078 has demonstrated **potent and selective antitumor activity** across multiple preclinical **E2F-driven cancer models**, including neuroblastoma<sup>1</sup>, Triple Negative Breast Cancer (TNBC)<sup>2</sup>, ER+/HER2 Breast Cancer<sup>3</sup>, and Small Cell Lung Cancer (SCLC)<sup>4</sup>, which harbor **CDK/RB/E2F pathway alterations** leading to **E2F hyperactivation**<sup>5</sup>. These findings are consistent with the **proposed mechanism of action of CID-078**.



## 2. AIMS

- To perform preclinical efficacy testing of CID-078 in nine pediatric cell lines.
- To analyse preliminary correlations between CID-078 sensitivity and **RB1**, **E2F1**, and **CDKN2A/B** biomarkers.
- To identify the proportion of pediatric cancer patients harbouring **RB1**, **E2F1**, and **CDKN2A/B** alterations that may be targetable with CID-078.

## ACKNOWLEDGEMENTS

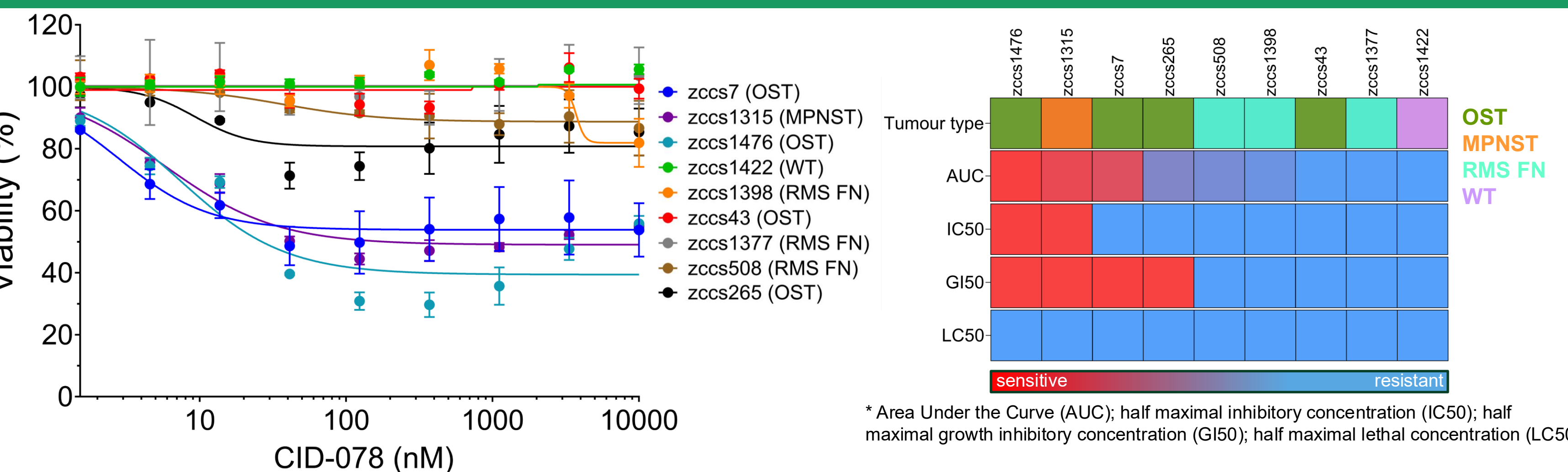
We would like to thank the patients and their families, the national ZERO team, the Clinical Translation Theme at the Children's Cancer Institute, as well as our funders: Cancer Institute NSW, Medical Research Future Fund, Luminesce Alliance, and the Minderoo Foundation.

## 3. PATIENT COHORT AND METHODS

- ZERO Childhood Cancer Precision Medicine Program (ZERO)** performs comprehensive molecular profiling (whole genome sequencing, RNA-sequencing and methylation profiling) and *in vitro* high-throughput drug screening on matched patient samples where available for all children ( $\leq 18$  years) with cancer in Australia, regardless of disease type<sup>6,7</sup>.
- We obtained **9 cells lines from ZERO**, that either had **RB1 alterations**, **increased E2F1 expression**, or **CDKN2A/B loss** to assess potential sensitivity to CID-078 *in vitro* through cell viability assays.

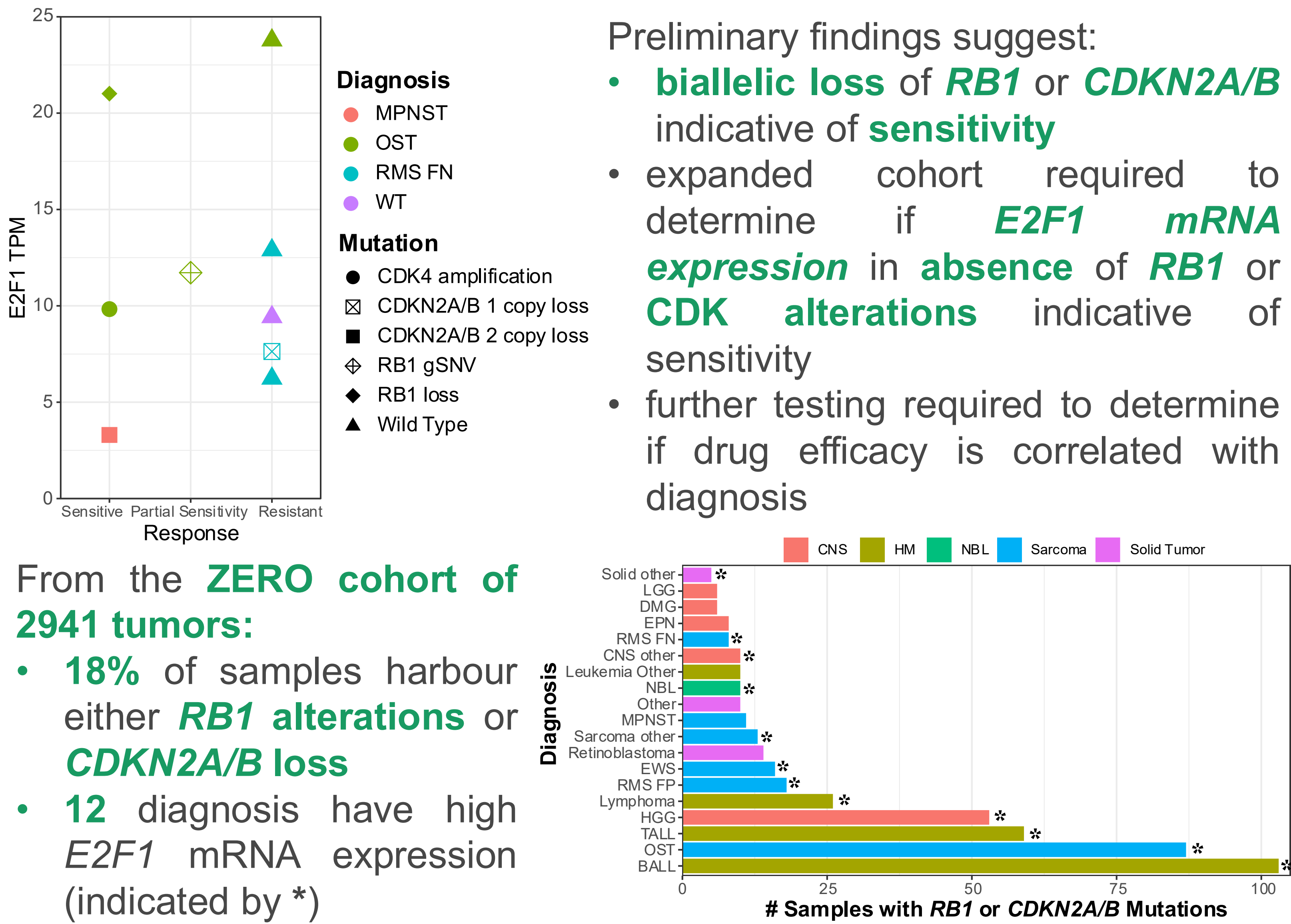
ZERO ID	Tumour Type	RB1 status	CDKN2A/B Status	E2F1 expression (TPM)	Median E2F1 (TPM)
zccs7	Osteosarcoma (OST)	Intragenic deletion & 1 copy loss	wt	21.01	5.10
zccs265		Germline SNV	wt	11.72	
zccs43		wt	wt	23.78	
zccs1476		wt	CDK4 amplification & high expression	9.83	
zccs1377	Embryonal rhabdomyosarcoma (RMS FN)	wt	wt	12.89	6.42
zccs1398		wt	wt	8.01	
zccs508		wt	CDKN2A 1 copy loss	7.63	
zccs1422	Wilm's tumour (WT)	wt	wt	9.42	6.34
zccs1315	Malignant peripheral nerve sheath tumour (MPNST)	wt	CDKN2A/B biallelic loss	3.3	4.26

## 4. CID-078 IN VITRO EFFICACY RESULTS



**One-third** of the samples (3/9) demonstrated **high sensitivity** with substantial growth inhibition and **1** sample showed **moderate sensitivity**. However, this effect attenuated at higher doses in the sensitive samples.

## 5. MOLECULAR CORRELATION



From the **ZERO cohort of 2941 tumors**:

- 18%** of samples harbour either **RB1 alterations** or **CDKN2A/B loss**
- 12** diagnosis have high **E2F1 mRNA expression** (indicated by \*)

## 6. CONCLUSIONS AND FUTURE DIRECTIONS

- In this small cohort, **3 of the 4 Osteosarcoma** cell lines demonstrated **moderate to high sensitivity** to CID-078.
- Expanded cohort** encompassing additional diagnosis needs to be conducted to confirm **biallelic loss of RB1** or **CDKN2A/B** is indicative of **response** to CID-078 in pediatric cancer
- Our preclinical findings support CID-078 as a **promising therapeutic candidate** and emphasise the potential benefit of **combination therapy** to enhance efficacy.

## REFERENCES

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