



Discovery of CID-078, a first-in-class oral macrocycle cyclin A/B-RxL inhibitor, for the treatment of cancers with Rb-deficiency or hyperactivated E2F

AACR 2026, New Drugs on the Horizon
Marie Evangelista, SVP Head of Research, Circle Pharma

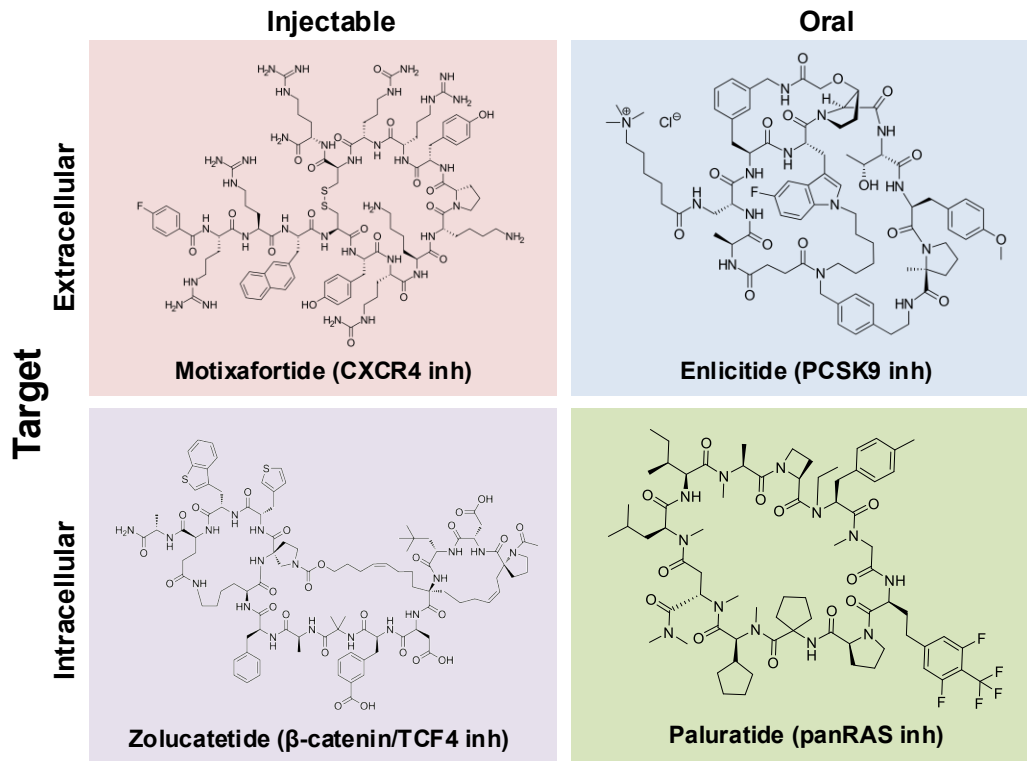


Disclosure slide

I am a Circle Pharma employee

Macrocycles can drug the most challenging targets, including protein-protein interactions (PPIs), but achieving intracellular and oral delivery remains a key unmet challenge in drug discovery

Route of administration



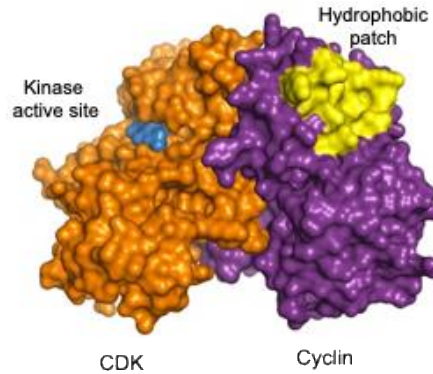
State of the field

- Many peptide therapeutics have neither intrinsic **oral bioavailability** nor **passive cell-membrane permeability**.
- Compounds that **cross cell-membranes** but are not absorbed in the gut require injection.
- Compounds targeting extracellular proteins can be **administered orally** with the help of enabling formulations.
- **Oral delivery** against **intracellular targets** is rare, especially against **novel mechanisms**.

Circle's platform unlocks previously undruggable cyclins with cell-permeable, oral macrocycles

Small molecule CDK inhibitors

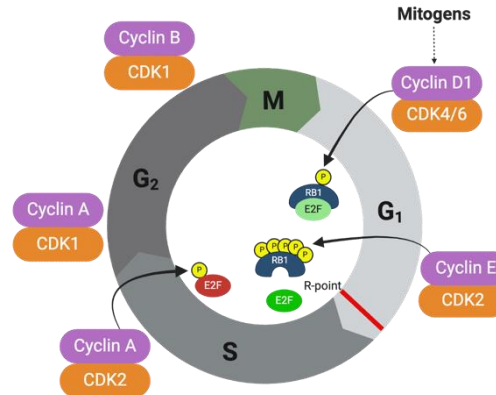
CDK4/6 inh	Approved
CDK2 inh	Phase 1/2
CDK4 inh	Phase 3



Macrocycle cyclin RxL inhibitors

Cyclin A/B	Phase 1
Cyclin D1	IND 2026
other cyclins	Discovery

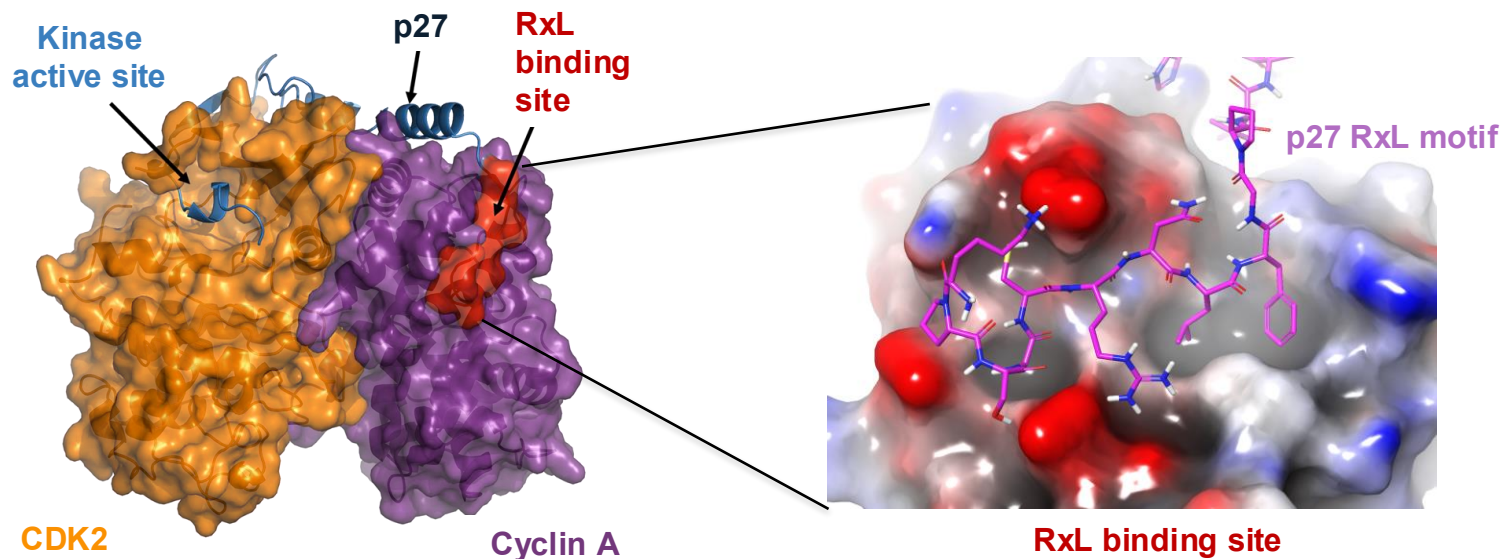
- Cytostatic
- Selectivity and safety
- Resistance
- Competitive



- Undruggable with conventional small molecules
- Differentiated mechanism of action
- Exquisitely selective → compelling safety profile

Substrate recognition by cyclins as an oncology target

Key regulators of the cell cycle, but traditionally considered undruggable

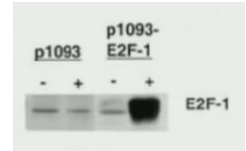
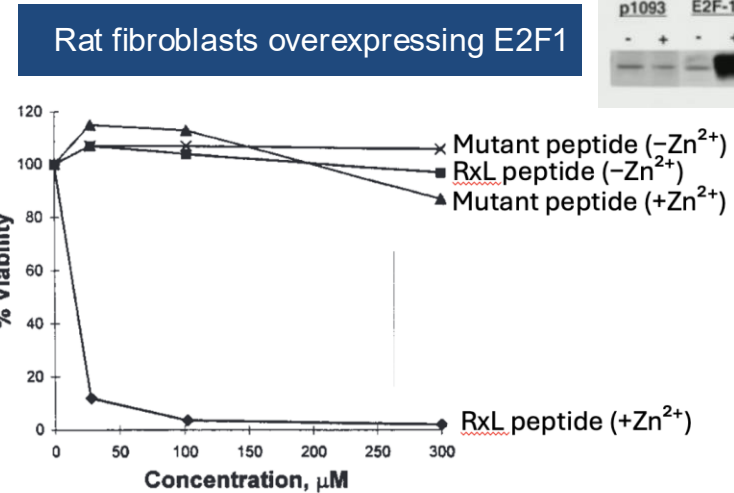
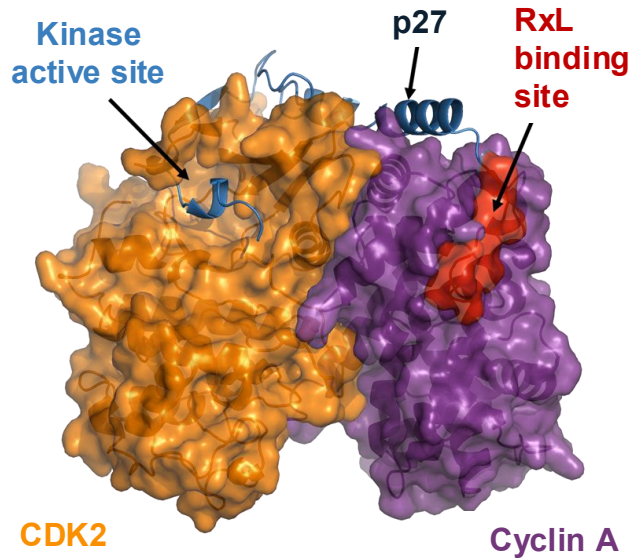


Nobel Laureate **Bill Kaelin** was the first to demonstrate the therapeutic potential of a synthetic lethality mechanism targeting cyclins with RxL peptides.

Chen et al.; *PNAS* 1999 doi: 10.1073/pnas.96.8.4325

Substrate recognition by cyclins as an oncology target

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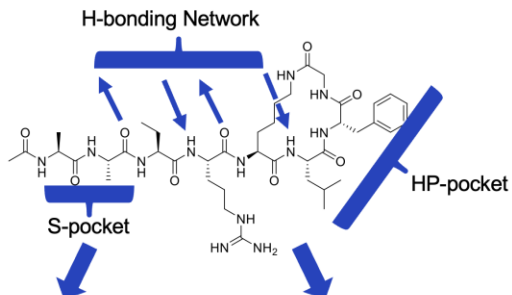


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Chen et al.; *PNAS* 1999 doi: 10.1073/pnas.96.8.4325

Strategy for generating potent, permeable, and oral cyclin A RxL macrocycle inhibitors

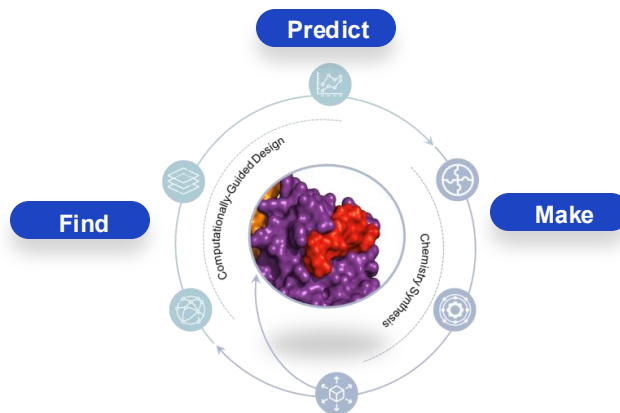
p27 starting point



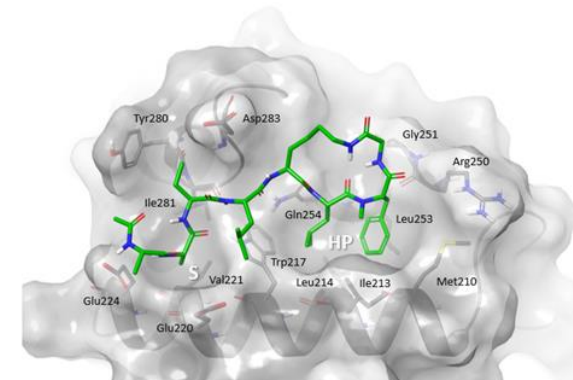
Develop structure-permeability relationship

Achieve binding without arginine

MXMO™ AI/ML platform



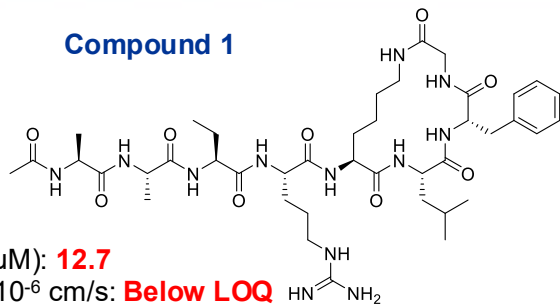
Cyclin A/p27 model



p27 bound cyclin A/CDK2 (PDB: 1JSU). Russo et al.; *Nature* 1996
McInnes et al.; *Curr. Med. Chem.* 2003
Andrews et al.; *Org. Biomol. Chem.* 2004

Improving potency while achieving permeability and oral bioavailability to enable the discovery of CID-078

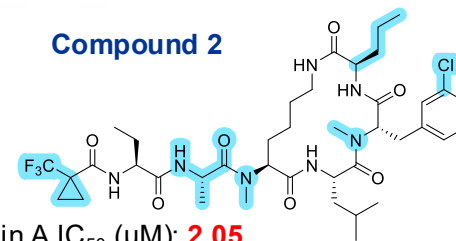
Compound 1



Removal of arginine, improve potency and passive permeability



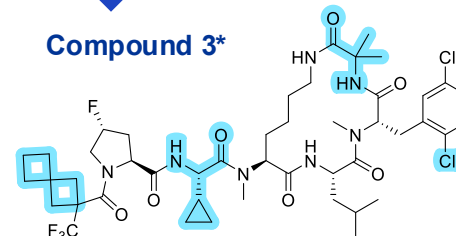
Compound 2



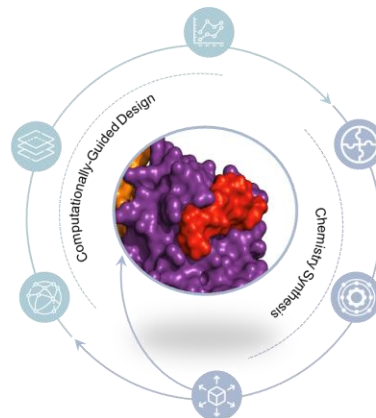
Focus on ends of molecule for potency, permeability, cell activity



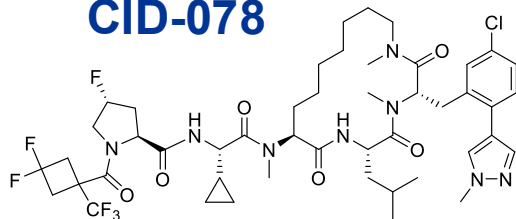
Compound 3*



Optimize potency and properties**



CID-078

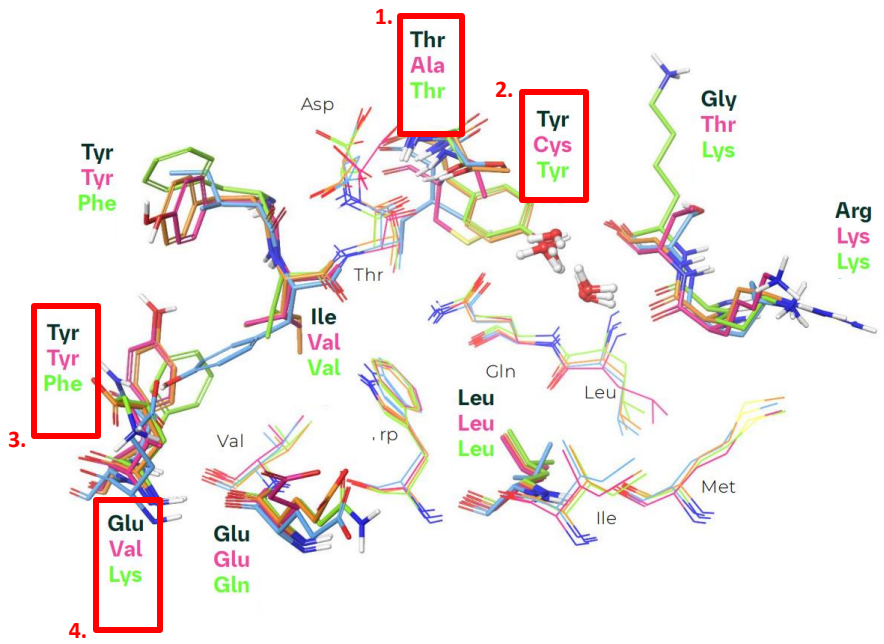


*Compound 34 in Bockus et al., *J.Med.Chem.* 2025

**Related efforts in Shapiro et al., *J.Med.Chem.* 2026

Subtle differences in contact points drive cyclin selectivity

Structural overlay of CID-078-cyclin complexes



Protein	FP Assay [IC ₅₀ μM]	SPR Affinity [K _D nM]
Cyclin A2	< 0.02	1.1 ± 0.16
Cyclin E1	0.41 ± 0.073	62 ± 19
Cyclin B1	< 0.02	0.83 ± 0.17

CID-078 cyclin A/B RxL Inhibitor: Drug-like properties supporting clinical development

Phys-chem / ADME:

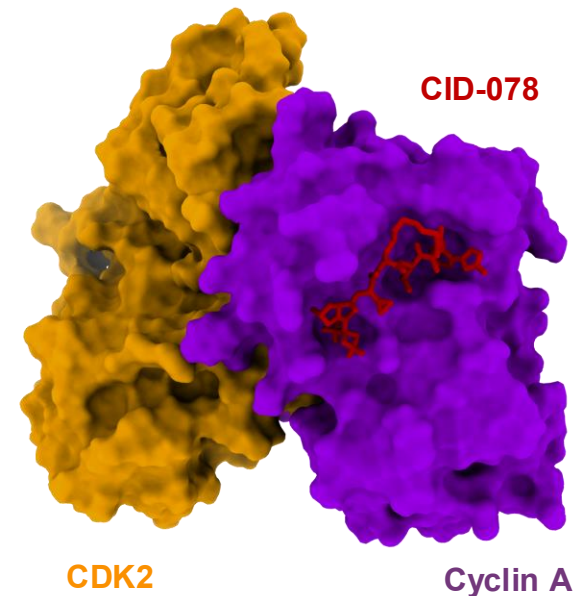
- MW 986; logD = 4.0 with low but workable solubility
- Moderate permeability; P-gp substrate
- Reasonable fu (0.1-0.06) across species
- Stable in plasma & physiological matrices.

Metabolism / DDI:

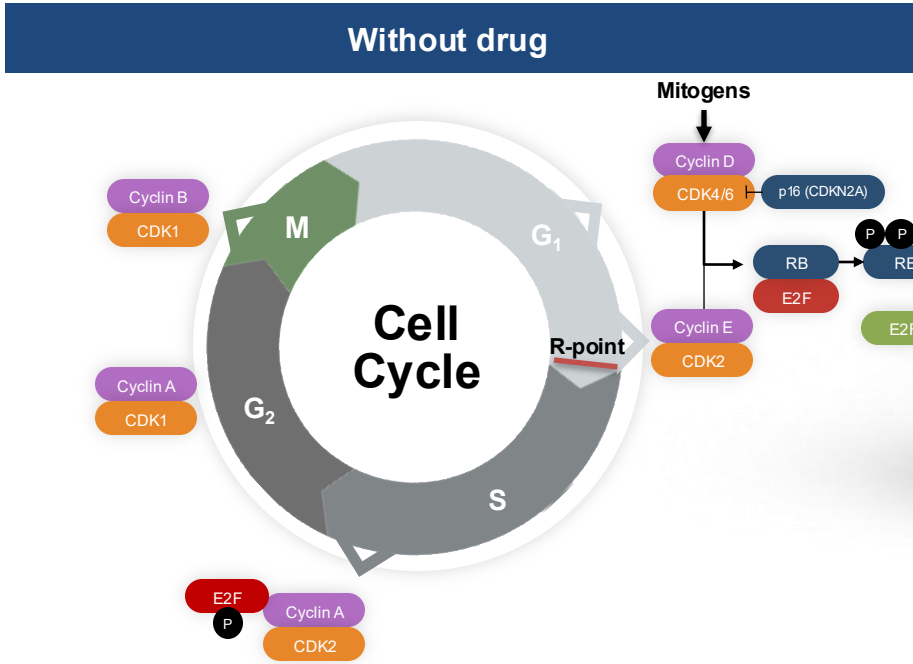
- Cross-species metabolism aligned; No human specific metabolites
- Primarily CYP3A4 clearance; low renal, minor biliary
- Moderate in-vitro CYP3A4 inhibition observed

Preclinical PK:

- Moderate–high clearance (rat/dog); predicted human $t_{1/2}$, ~3–4 h
- Consistent oral F > 15% across preclinical species (M/R/D/mini-pig)
- Oral F prediction human ~19%



CID-078: Mechanism of action studies



Pablo Garcia, Catie Gleason
 Matt Oser (DCFI)
 Deepak Nijhawan (UTSW)
 John Doench (Broad, MIT/Harvard)
 Benedikt Kessler (Oxford)

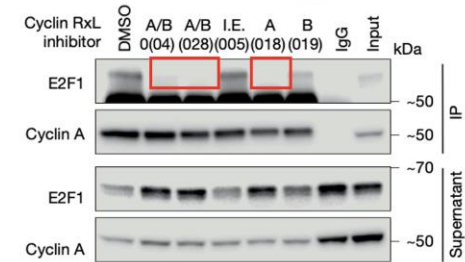


CID-078: Mechanism of action studies

Disruption of cyclin A- E2F interaction

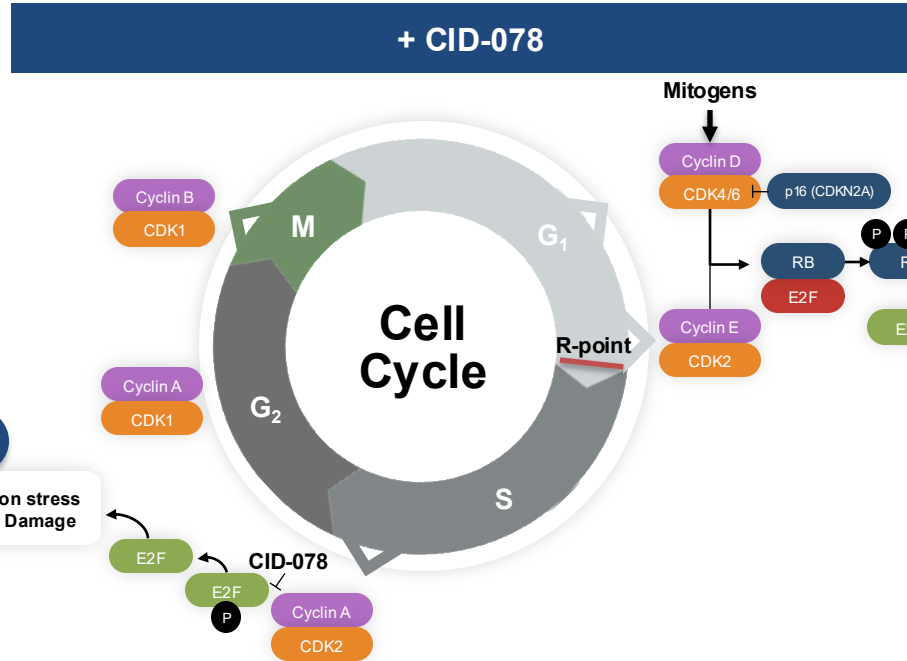
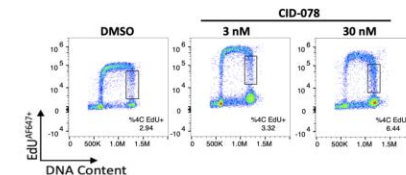
NCI-H1048

IP: cyclin A

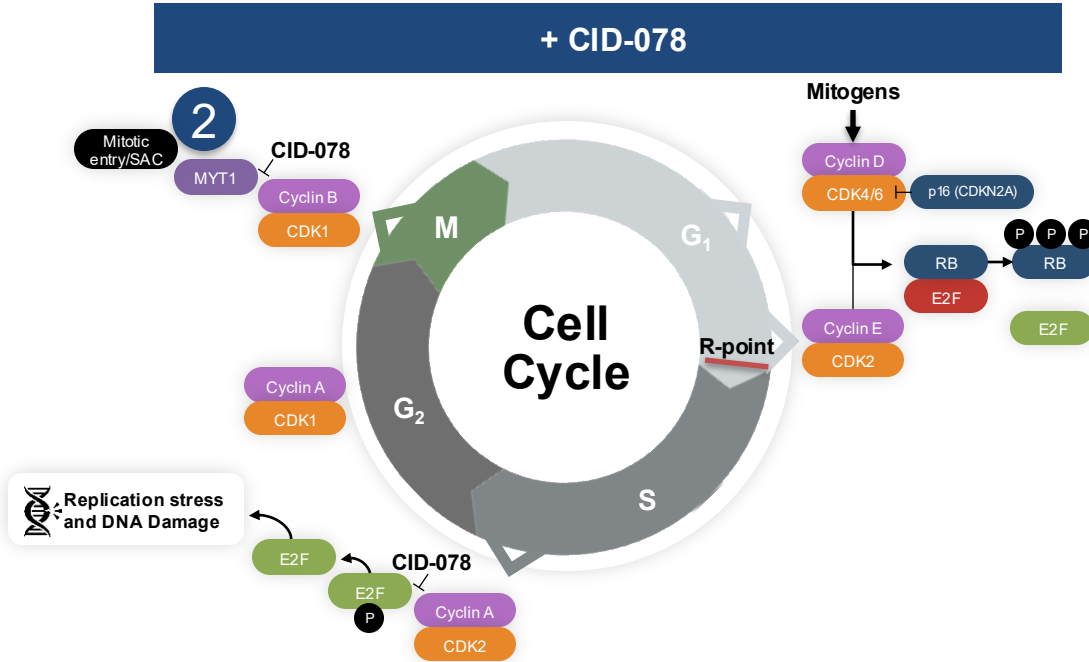


Increased replication stress and DNA damage

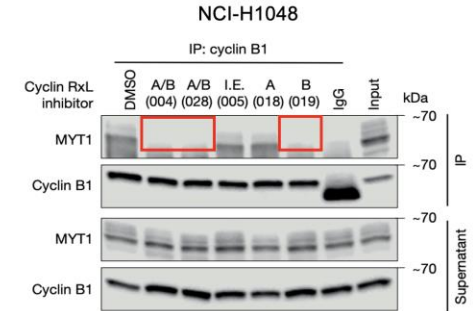
NCI-H1048



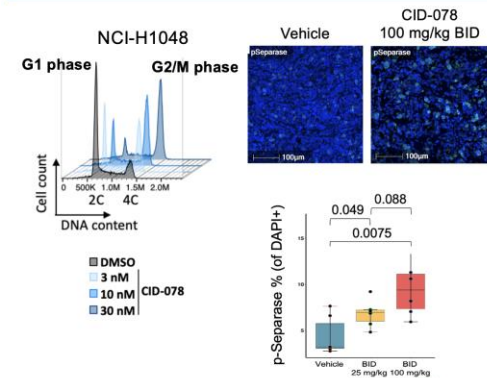
CID-078: Mechanism of action studies



Disruption of cyclin B: Myt1 interaction

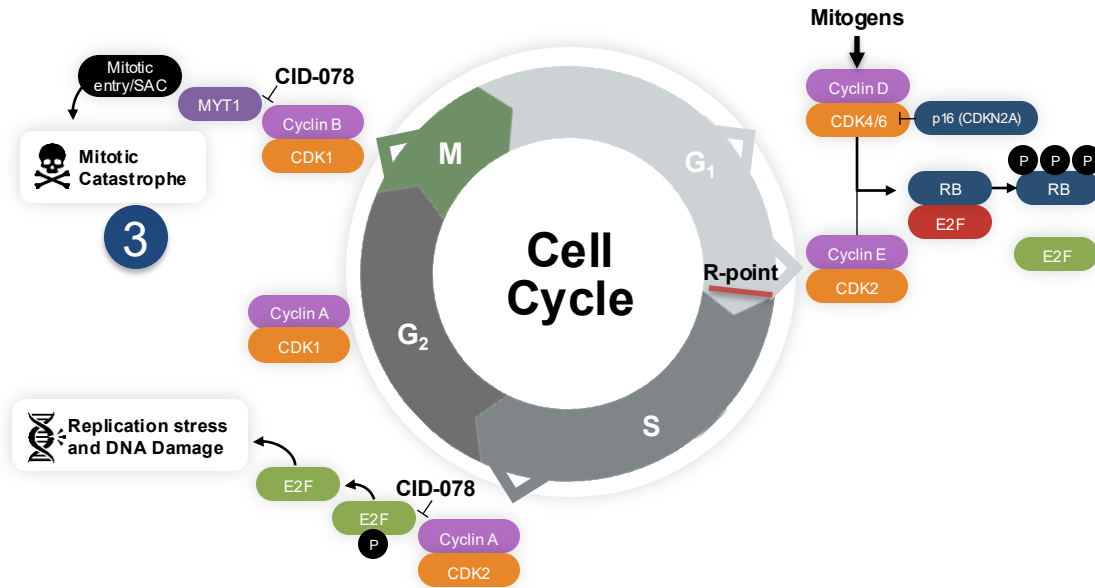


Pre-mature mitosis and increased p-Separase

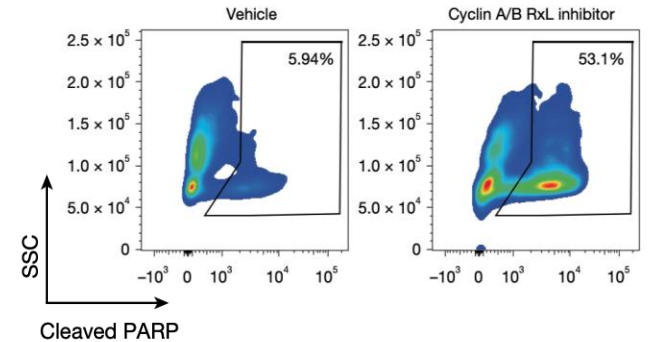


CID-078: Mechanism of action studies

+ CID-078



Mitotic catastrophe and apoptosis



Crossing the E2F activity threshold (“tipping point”) during S-phase induces apoptosis

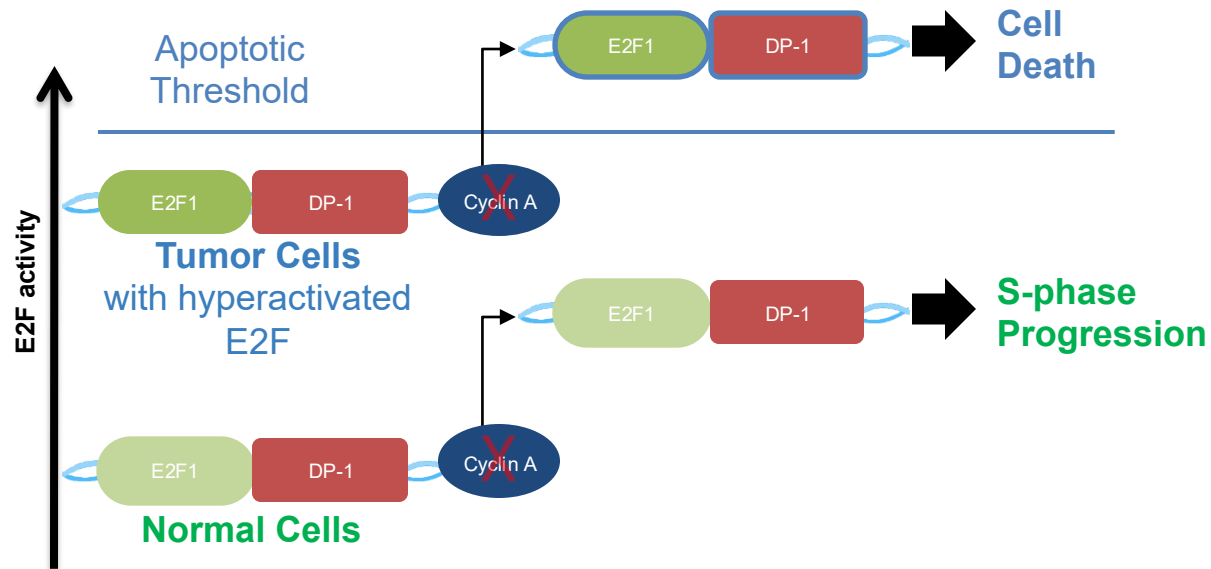
Tumors with hyperactivated E2F susceptible to cell death through cyclin A inhibition

Persistence of E2F during S-phase results in different outcomes based on baseline:

E2F high tumors: Crosses E2F activity threshold (“tipping point”), inducing apoptosis.

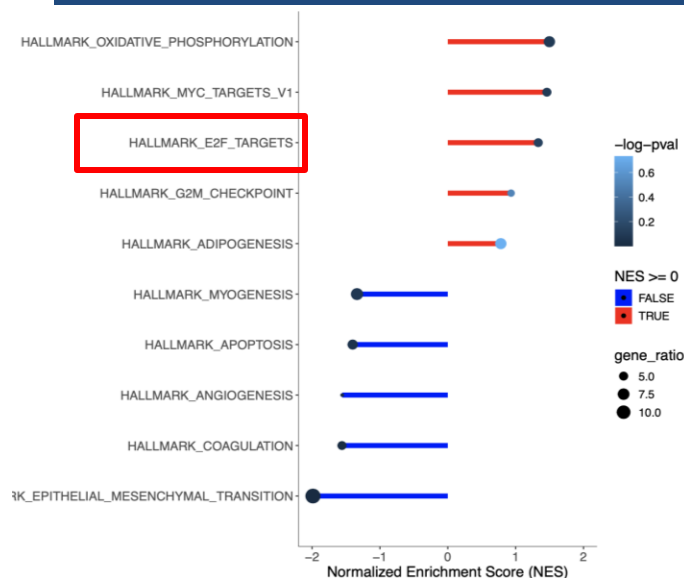
Normal cells: Tolerable, and ultimately cells progress through the cycle.

Inhibition of cyclin / CDK during S phase results in persistence of E2F activity



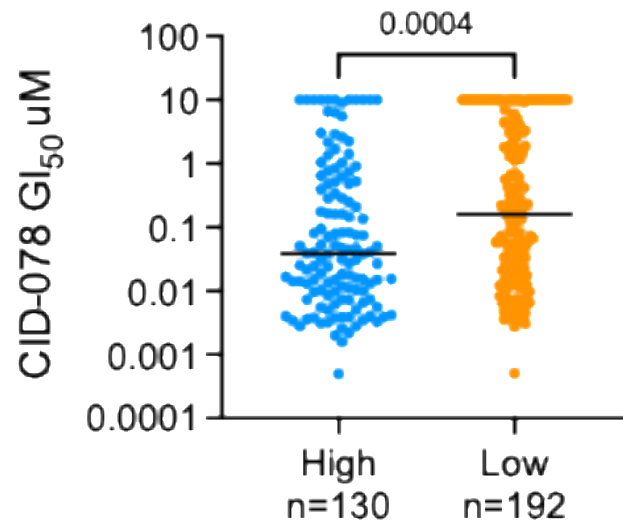
Tumor cell lines that are elevated for E2F activity show increased sensitivity to CID-078

Gene Set Enrichment Analysis (GSEA)



CID-078 sensitivity based on AOC; differential analysis conducted on top 25% sensitive lines vs top 25% resistant lines.

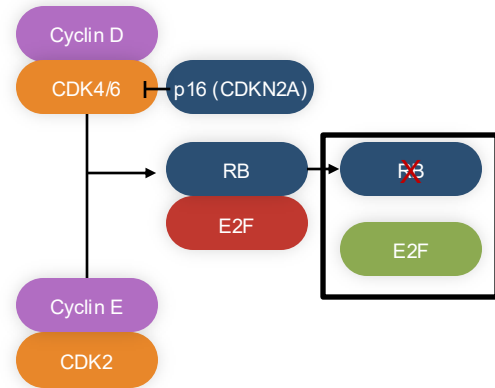
E2F Activity



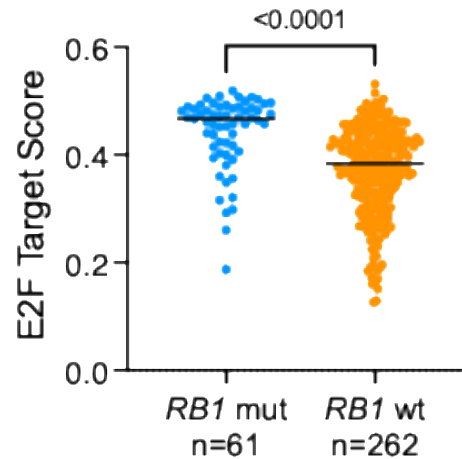
E2F based on E2F Target Hallmark gene set from MSigDB; E2F high vs low defined by median cut-off across cell line panel.

Tumor cell lines that have RB1 alterations show elevated E2F activity

Loss of *RB1* drives hyperactivated E2F



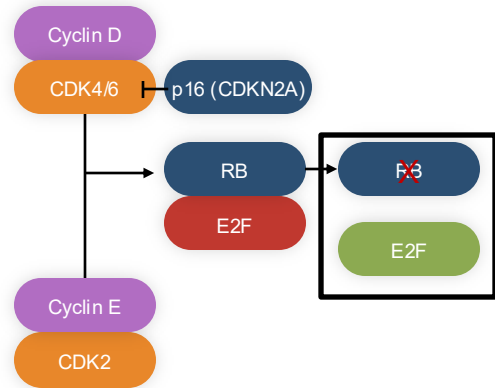
RB1 mutation > E2F high



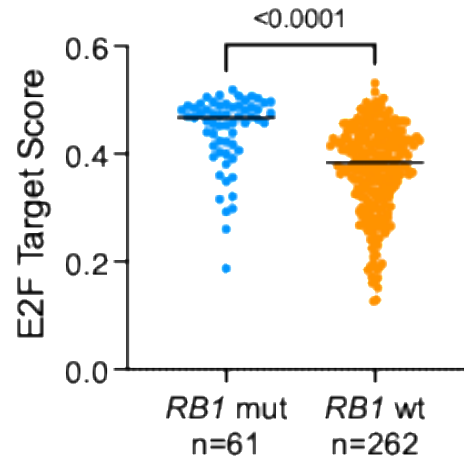
p-values based on Mann-Whitney; *RB1* mutation based on genomic alterations (mutation, indel, deletion); E2F based on E2F Target Hallmark gene set from MSigDB

Tumor cell lines that have RB1 alterations show increased sensitivity to CID-078

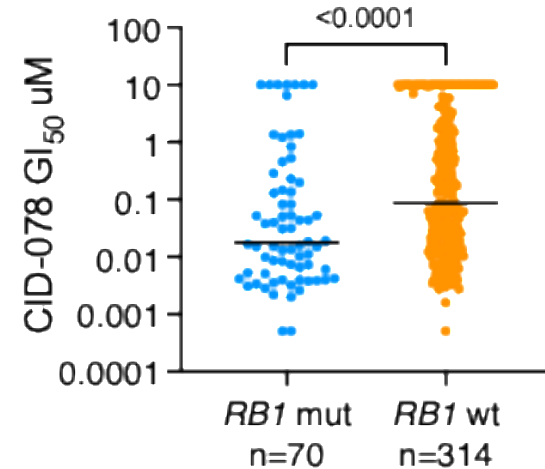
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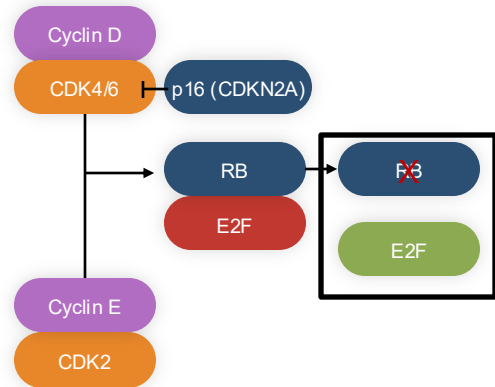
RB1 status > CID-078 sensitivity



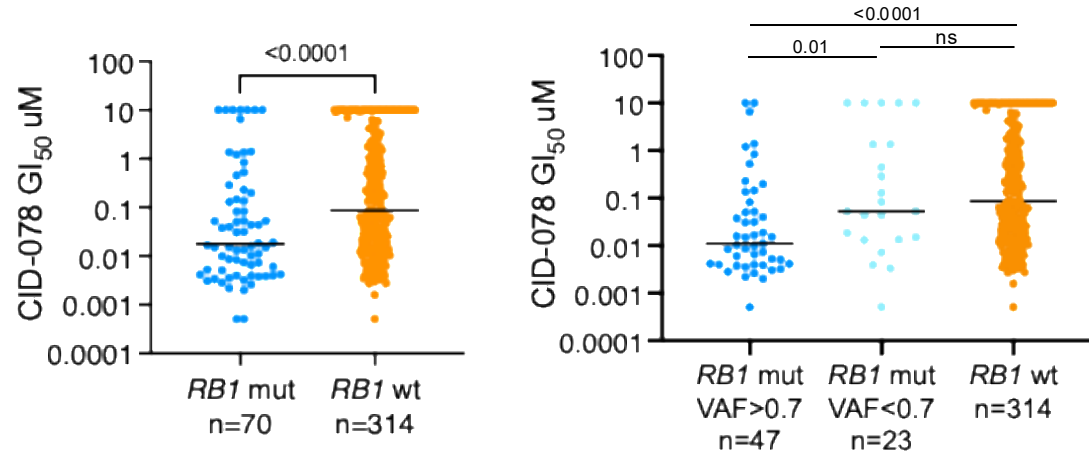
p-values based on Mann-Whitney; *RB1* mutation based on genomic alterations (mutation, indel, deletion); E2F based on E2F Target Hallmark gene set from MSigDB

Cell lines with Rb-deficiency or bi-allelic inactivation of *RB1* show enriched sensitivity to CID-078

Loss of *RB1* drives hyperactivated E2F

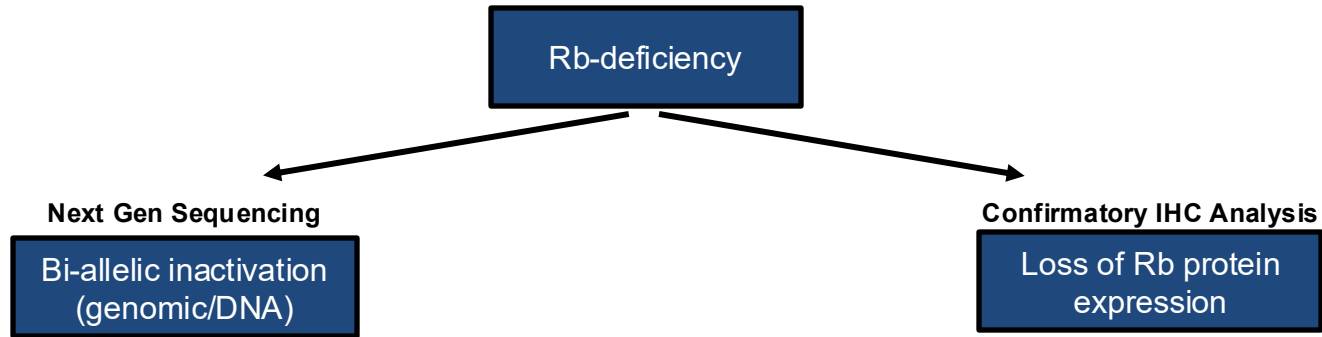


Cell lines with bi-allelic inactivation of *RB1* are more sensitive to CID-078



p-values based on Mann-Whitney; *RB1* mutation based on genomic alterations (mutation, indel, deletion); E2F based on E2F Target Hallmark gene set from MSigDB

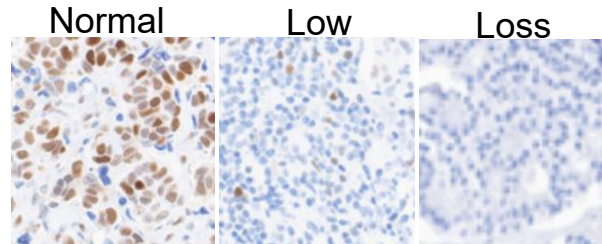
Rb-deficiency: Complete functional loss of Rb, integrating genomic inactivation and protein loss



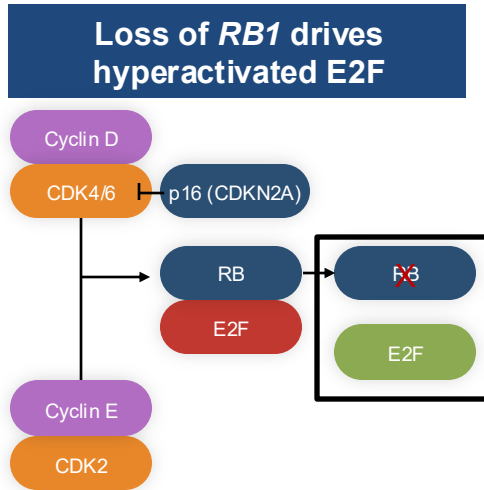
Local NGS test from patient records

RB1 alterations (alt): Sequence or copy number changes (missense, frameshift, truncating, splice-site, or deletion) predicted to impair Rb function

RB1 biallelic inactivation: Complete functional loss of *RB1* due to inactivation of both alleles, via dual alterations or deletion of one allele with alteration of the second



7% of all solid tumors are Rb-deficient
 ~125,000 new patients in the US per year¹



Rb-deficient frequency in solid tumors

Tumor type	Rb-deficiency frequency
Breast Cancers Basal-like (incl. TNBC) HR+ (post CDK4/6i therapy)	Up to 70% ² Up to 10% ³
Lung Cancers Small cell lung cancer Non-small cell lung cancer	> 90% ⁴ ~8% ⁵
Neuroendocrine Carcinomas Neuroendocrine prostate cancer	Up to 70% ⁶ Up to 70% ⁷
Sarcomas Leiomyosarcoma Osteosarcoma	> 80% ⁸ Up to 60% ⁹

References: 1. Incidence from ACS Facts and Figures, 2025 2. Mandigo et al., Clin Cancer Res., 2022 3. Andre et al., Annals of Oncology, 2024 4. Febres-Aldana et al., Clin. Cancer Res., 2022 5. Bhateja et al., Cancer Medicine, 2019 6. Venizelos et al., Endocrine-Related Cancer, 2021 7. Beltran et al., Nat Med., 2016 8. Schaefer et al., Cancer, 2021 9. Zoumpoulidou et al., Nature Comms., 2016.

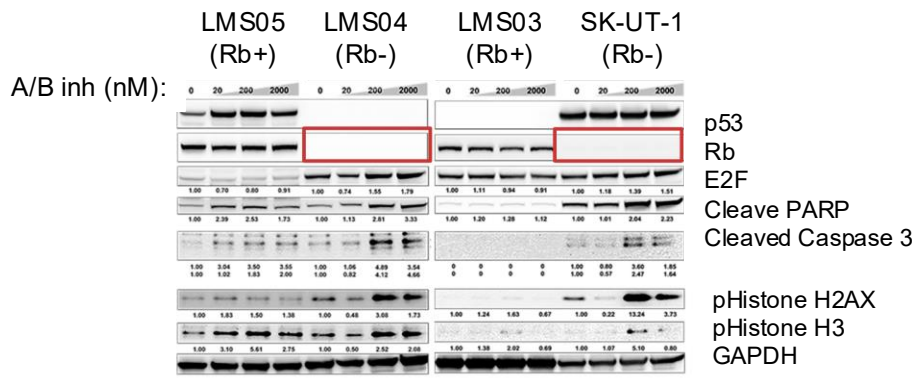
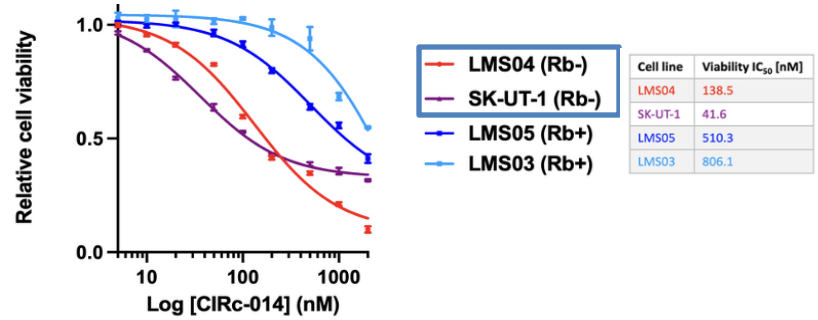
Patient derived Rb-deficient leiomyosarcoma cell lines exhibit increased sensitivity to CID-078

7% of all solid tumors are Rb-deficient
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Patient derived leiomyosarcoma cell lines

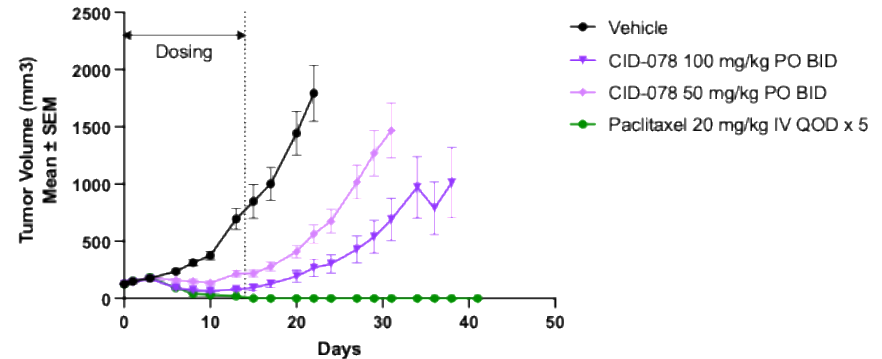


CID-078 tumor growth inhibition in a SCLC CDX model

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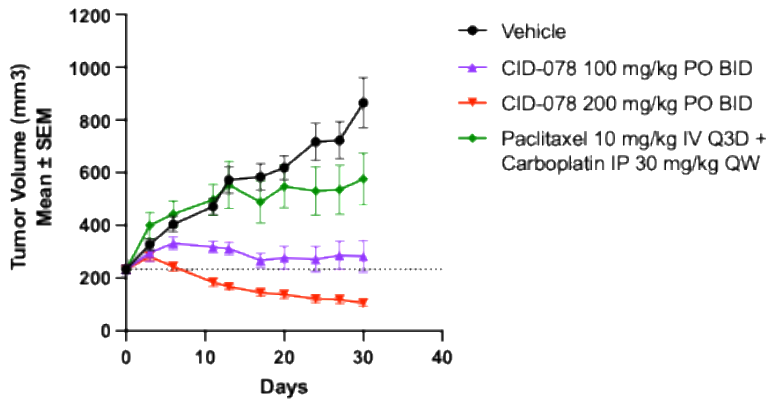
NCI-H446 (CDX): *RB1* mut E2F high



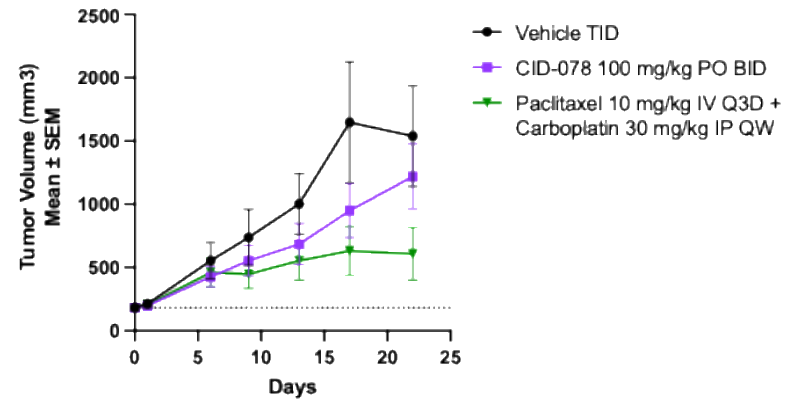
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CID-078 demonstrates greater activity in an Rb-deficient vs Rb-proficient lung PDX model

CTG-0166 (PDX): RB1 mut, E2F high

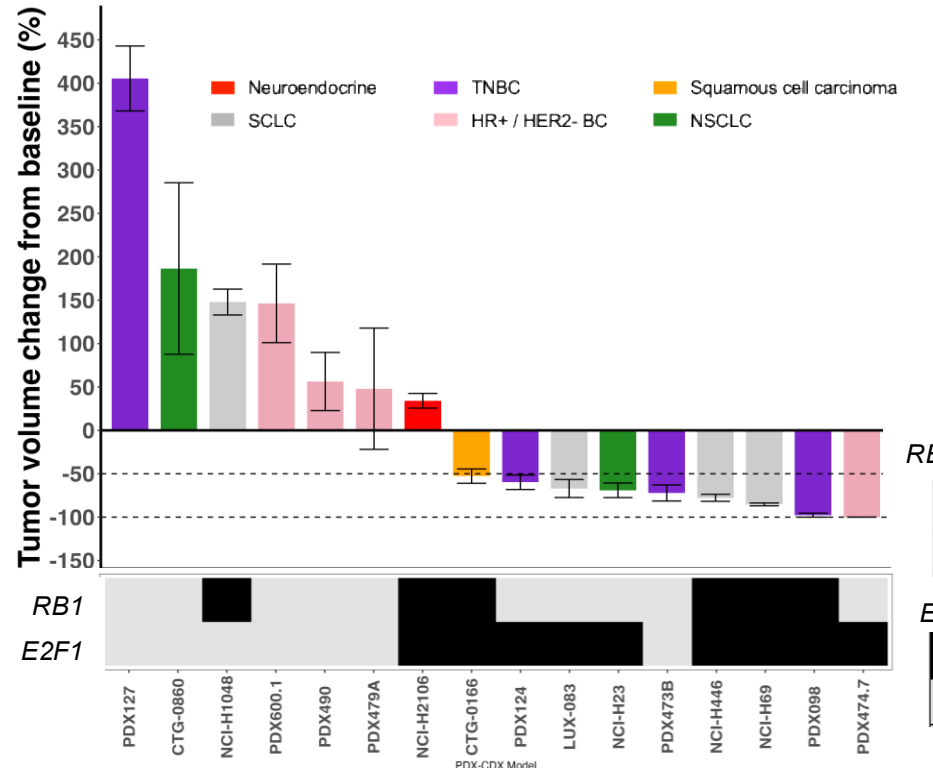


CTG-0860 (PDX): RB1 wt, E2F low

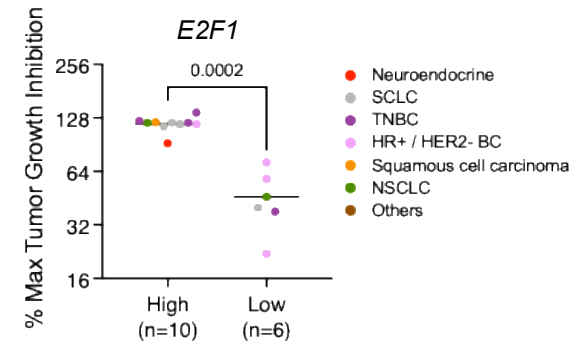


CID-078 shows single agent activity in CDK-Rb-E2F dysregulated tumors

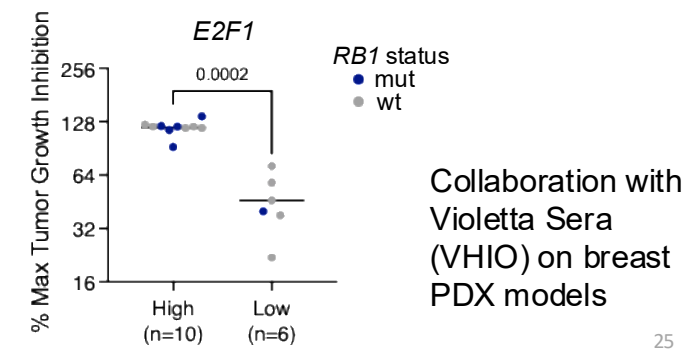
CID-078 efficacy in CDX and PDX models



Indication

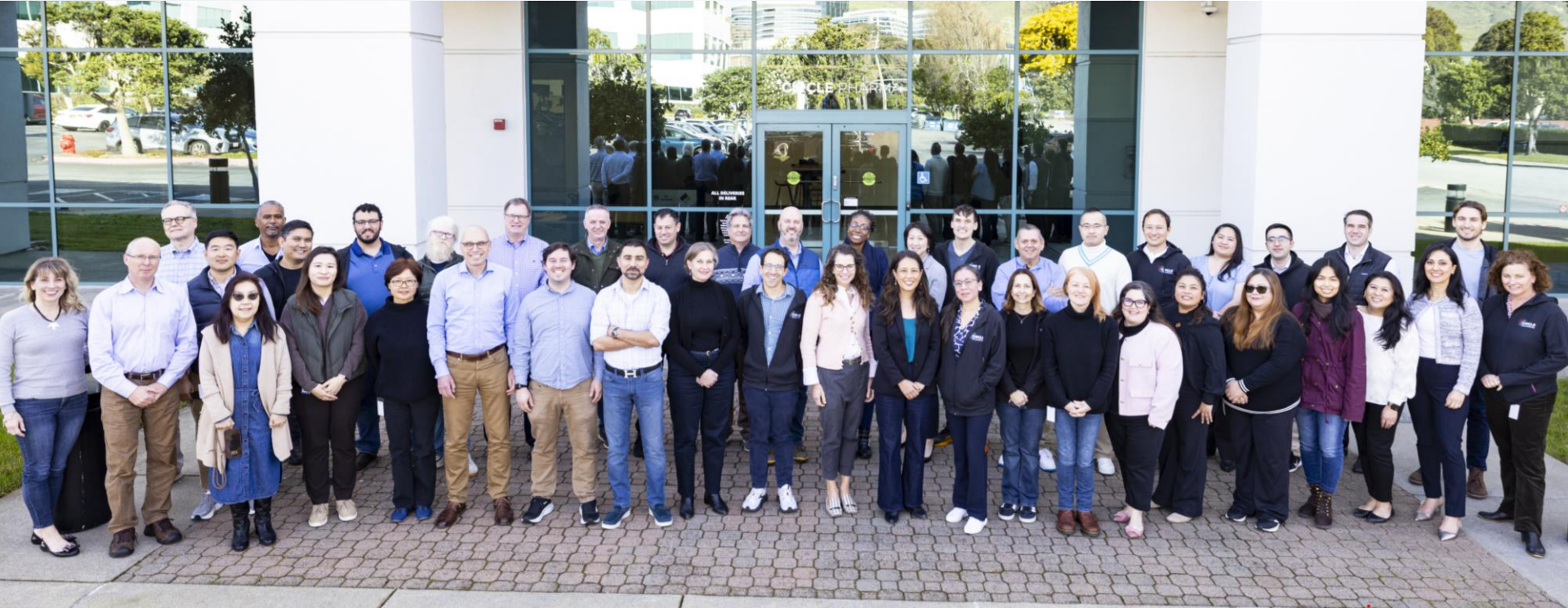


RB1 status



- First-in-class: Oral macrocycle targeting a previously undruggable hydrophobic patch on cyclin A/B complexes
- Mechanism: Dual cyclin A/B inhibition drives replication stress and mitotic catastrophe, leading to tumor cell death
- Biomarker hypothesis: Enriched activity in E2F-high or Rb-deficient cancers
- First-in-human Phase 1 trial evaluating CID-078 in solid tumors currently enrolling (NCT06577987)

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Collaborators (pre-clinical)

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Shilpa Singh (DCFI)	Roman Fischer (Oxford)
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Violetta Sera (VHIO)	Deepak Nijhawan (UTSW)
Cristina Molina (VHIO)	Inga-Marie Schaefer (BWH/Harvard)
Andreu Odena Bermudo (VHIO)	Geoff Shapiro (BWH/VHIO)
Marcos Malumbres (VHIO)	

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Steve Kelsey
Alan Ashworth
John Josey
Bruce Stillman

