

TG-1601 is a novel BET inhibitor with strong binding affinity and long-lasting effect in preclinical models

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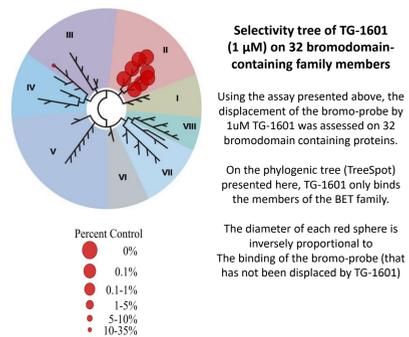
Background

- BET (bromodomain and extra-terminal) proteins bind to acetylated lysine residues on chromatin and participate in the regulation of gene transcription. Inhibition of BET protein binding to chromatin with small molecules selectively suppresses the transcription of a set of oncogenes, including MYC and BCL-2.
- TG-1601 (aka CK-103) is a novel, selective and potent small molecule inhibitor of BET bromodomains. TG-1601 binds to the first and second bromodomains (BD1, BD2) of the BET protein family, BRD2, BRD3, BRD4, and BRDT, with Kd values ranging from 0.5 nM to 9.1 nM. MYC protein expression is strongly inhibited in the MV4-11 cancer cell line with an EC50 of 5 nM, with GI50 comprised between 15 nM and 85 nM in a variety of leukemia and myeloma cancer cell lines, indicating potent inhibition of cell proliferation.
- Time course and dose-response studies conducted in mice bearing subcutaneous MV4-11 xenografts showed that MYC protein was undetectable 3 hours following a single 25 mg/kg oral dose, with a TG-1601 tumor concentration of 5 μM achieved. Interestingly, at 24h post-dose, while TG-1601 is cleared from the tumor, MYC protein level remains below 40% of its initial level, indicating a long-lasting effect pharmacodynamic of TG-1601, potentially attributable to enhanced binding affinity compared to earlier generation molecules.
- In agreement with this long-lasting effect, efficacy studies in MV4-11 tumor-bearing mice, dosed with a 20 mg/kg/day PO regimen interrupted by increasing drug holiday periods, showed that drug holidays of 2, 3 and 4 days per week only modestly affected efficacy (3%, 15% and 12% TGI respectively), suggesting discontinuous dosing of TG-1601 in clinic may not significantly impact efficacy.

Kd (nM)
 TG-1601 and two related BET inhibitors

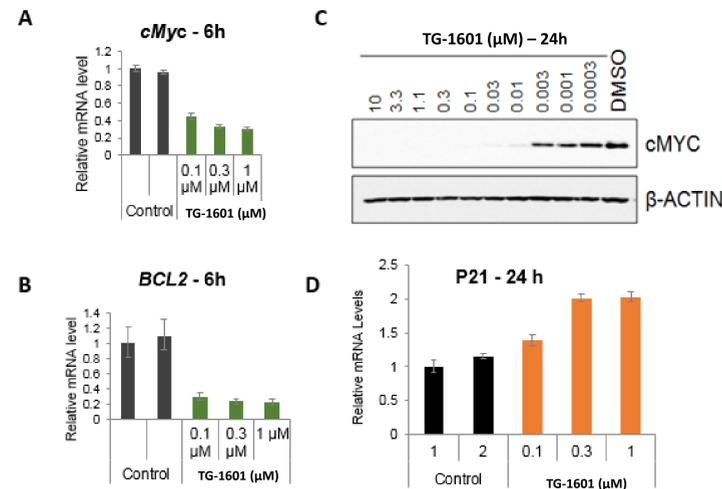
bromodomain	TG-1601	JQ1	OTX-015
BRD2(BD1)	8.2	57	20
BRD2(BD2)	0.65	35	3
BRD3(BD1)	4	32	12
BRD3(BD2)	0.46	38	2
BRD4(BD1)	1.1	31	13
BRD4(BD2)	0.81	29	4.9
BRDT(BD1)	9.1	120	28
BRDT(BD2)	2.2	51	10
CREBBP	640	>3000	>3000
EP300	660	>3000	>3000

Binding constants were assessed using the BROMOscan platform from DiscoverX. The assay includes trace bromodomain concentrations (<0.1 nM) and thereby report true thermodynamic inhibitor Kd values.



In vitro and in vivo Pharmacodynamic activity

In vitro pharmacodynamic activity of TG-1601

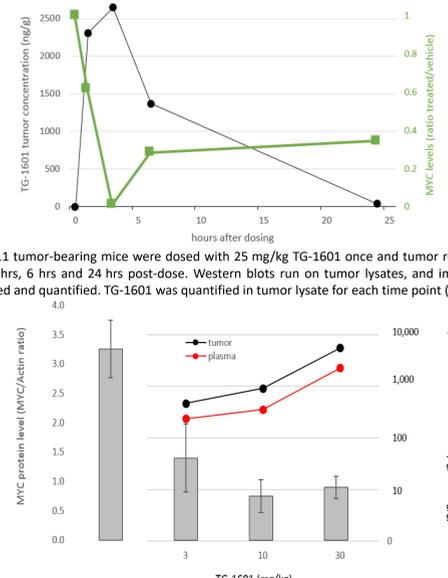


Methods: MV4-11 cells were seeded in 96 wells and incubated with increasing concentrations of TG-1601 for 6 or 24 hrs. mRNA or protein were extracted from cell lysate, and qPCR or Western blot were run. GAPDH was used as a loading control.

Results: Consistent with published data, the BET inhibitor TG-1601 induced the rapid down-regulation of MYC and BCL2 mRNA in the MV4-11 AML cell line (more than 60% inhibition compare to control, **Figure A and B**) at doses that induced cell growth inhibition. At 24 hrs, MYC protein expression was strongly inhibited (EC50 = 5 nM, **Figure C**). In addition, the tumor suppressor gene p21, a well-known MYC target, was upregulated upon MYC suppression by TG-1601 (**Figure D**) by 1.3, 2.0 and 2.0-fold when cells were treated with TG-1601 at 0.1, 0.3 and 1 μM, respectively.

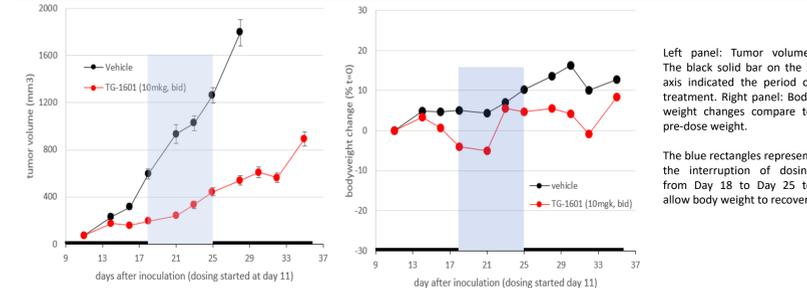
Conclusions: Consistent with published data, the BET inhibitor TG-1601 induced in cells the rapid down-regulation of MYC and BCL2 and an increase of p21 mRNA.

In vivo pharmacodynamic activity of TG-1601



In vivo anti-tumor activity

In vivo anti-tumor activity in MM1s multiple myeloma model

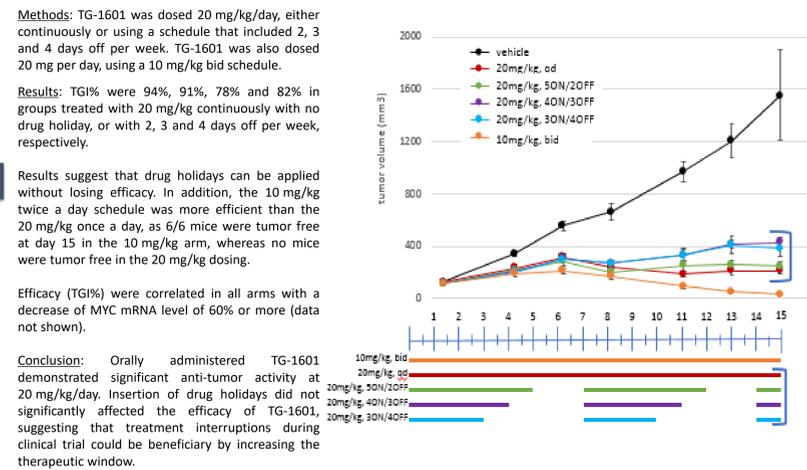


Methods: SCID/Beige mice were inoculated subcutaneously with MM1s cancer cells to establish the tumor model. The TG-1601 dose administered was 10 mg/kg, bid.

Results: TG-1601 (10 mg/kg, bid) reduced tumor volume by 70% at day 28, 17 days after the start of treatment (**left panel**). After the first week of treatment, average body weight was reduced by 5%. Treatment was interrupted for 1 week and then resumed. During this drug holiday period (blue rectangles), tumors in the treated arm did not grow back as fast as in the vehicle arm, suggesting that this therapeutic window did not impact efficacy. During drug holiday, mice recovered and body weight of the treated group was similar to the vehicle treated group.

Conclusion: TG-1601 demonstrate activity in a multiple myeloma xenograft model. A therapeutic window of one week did not impact the efficacy of the treatment.

In vivo anti-tumor activity in MV4-11 AML model



Methods: TG-1601 was dosed 20 mg/kg/day, either continuously or using a schedule that included 2, 3 and 4 days off per week. TG-1601 was also dosed 20 mg per day, using a 10 mg/kg bid schedule.

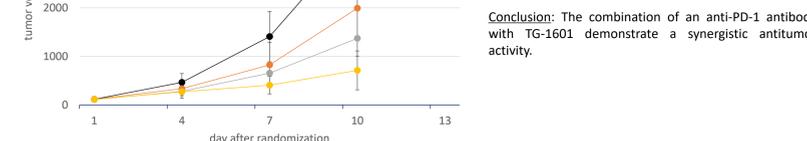
Results: TGI% were 94%, 91%, 78% and 82% in groups treated with 20 mg/kg continuously with no drug holiday, or with 2, 3 and 4 days off per week, respectively.

Conclusions: TG-1601 demonstrate activity in a multiple myeloma xenograft model. A therapeutic window of one week did not impact the efficacy of the treatment.

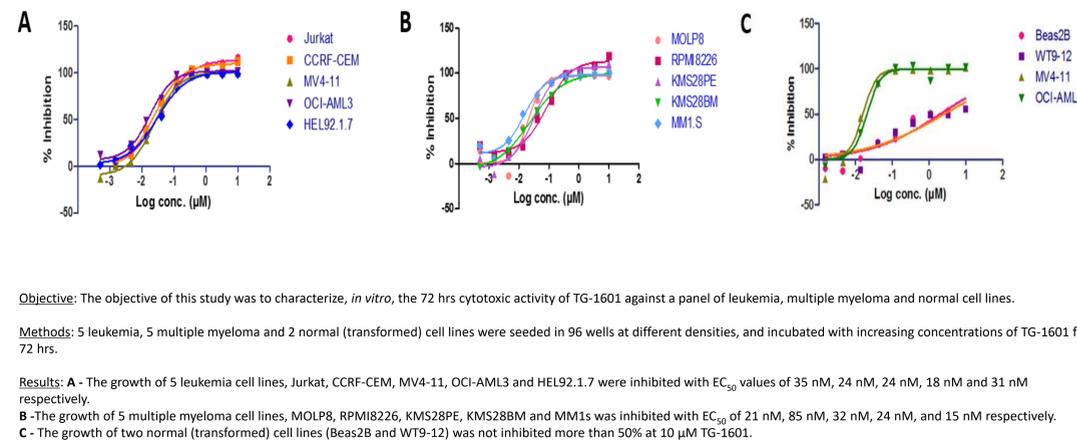
Results: TG-1601 (10 mg/kg, bid) reduced tumor volume by 70% at day 28, 17 days after the start of treatment (**left panel**). After the first week of treatment, average body weight was reduced by 5%. Treatment was interrupted for 1 week and then resumed. During this drug holiday period (blue rectangles), tumors in the treated arm did not grow back as fast as in the vehicle arm, suggesting that this therapeutic window did not impact efficacy. During drug holiday, mice recovered and body weight of the treated group was similar to the vehicle treated group.

Conclusion: TG-1601 demonstrate activity in a multiple myeloma xenograft model. A therapeutic window of one week did not impact the efficacy of the treatment.

In vivo anti-tumor activity in combination with anti-PD-1 antibody (B16 syngeneic model)

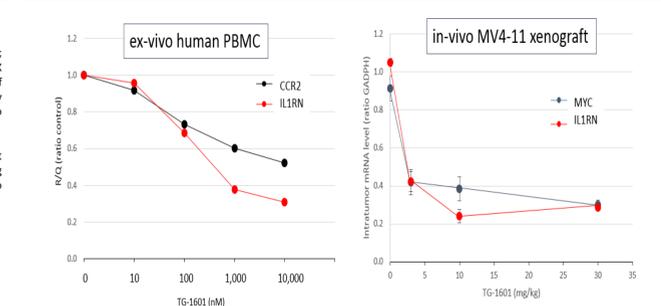


In vitro cytotoxic activity



Pharmacodynamic markers

In vivo and ex-vivo validation of CCR2 and IL1RN



Methods: TG-1601 (0.01, 0.1, 1 and 10 μM) was spiked in whole blood of 4 healthy volunteers and the RNA later solution was added 3 hrs after dosing to stabilize mRNA. CCR2 and IL1RN mRNA were quantified using qPCR.

Results: IL1RN and CCR2 mRNA expressions are both under BET control, and have been shown to be decreased under BET inhibitor treatment. CCR2 was decreased by 50%, 40% and 30% and IL1RN by 72%, 63%, and 35% when TG-1601 was spiked at 10 nM, 100 nM, 1 μM and 10 μM respectively (**left panel**). In another experiment, in the MV4-11 xenograft model, TG-1601-induced inhibition of the intratumor level of IL1RN and MYC were very comparable (**Figure 4, right panel**).

Conclusions: IL1RN and CCR2 mRNA detection directly in the blood of patients treated with TG-1601 can serve as a surrogate pharmacodynamic marker during the dose-escalation Phase 1 clinical trial. These two genes have been used in clinic to assess BET inhibitor target engagement. Here we show that TG-1601 blocked both mRNA expression in a dose-dependent manner, and MYC and IL1RN mRNA expression are similarly inhibited by TG-1601 *in vivo*.

Conclusions

- TG-1601 is a novel and potent BET inhibitor that specifically inhibits the binding of the BET sub-family of bromodomain-containing protein family
- TG-1601 potently inhibits cell growth of various multiple myeloma and lymphoma cell lines *in vitro*, but does not affect the growth of normal (transformed) cell lines.
- TG-1601 inhibits MYC expression:
 - In vitro*, TG-1601 potently inhibit Myc expression at the RNA and protein levels
 - In vivo*, TG-1601 totally inhibits Myc protein expression at 3h post dose. Interestingly the level of c-Myc did not come back to its original levels at 24 hrs, even though TG-1601 was barely detectable in the tumor. This may suggest a long-lasting effect of the drug in this model.
- In different *in vivo* xenograft models, TG-1601 potently inhibits tumor growth and drug holidays do not alter its anti-tumor activity that treatment interruptions during clinical trials could be beneficiary by increasing the therapeutic window.
- TG-1601 showed combinatorial effects in an *in vivo* model with anti-PD-1 antibodies. Clinical trials will be focused on a potential synergism between TG-1601 and other drugs in the TG pipeline (e.g. anti-PDL-1, BTK inhibitor, anti-CD20 antibody (ublituximab) or PI3K inhibitor (umbralisib).
- As an important part of the phase 1 dose-escalation, surrogate markers (e.g. CCR2 and IL1RN mRNA levels) will be tested to define the Pharmacologically Active Dose.