



DRP-104, A Novel Broad Acting Glutamine Antagonist, Induces Distinctive Immune Modulation Mechanisms and Synergistic Efficacy in Combination with Immune Checkpoint Blockade

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Summary

Glutamine is a conditionally essential amino acid for rapidly proliferating cancer cells, thus depriving the same fuel from immune cells and contributing to tumor immune evasion. DRP-104 was designed as a novel prodrug of the broad acting glutamine antagonist 6-Diazo-5-oxo-L-norleucine (DON). DRP-104 is inert in its prodrug form, affords high levels of plasma and gastro-intestinal (GI) tissue stability; has high tumor cell permeability and preferential tumor versus plasma/GI tissue distribution for DON. Here we sought to (1) compare immunological modulation of DRP-104 to anti-PD-1Ab, and (2) evaluate the combination effect of DRP-104 with PD-1/PD-L1 checkpoint inhibitors. DRP-104 treatment in CT26 mouse colon carcinoma model showed broad immune cell modulation effects including increased T, NK, and macrophages; while anti-PD-1Ab affected mainly CD8⁺T cells. Cytokine modulation in tumor and plasma revealed that DRP-104 decreased pro-tumorigenic cytokines such as VEGF and KC(IL-8) while anti-PD-1Ab showed either no change or slight increase in these cytokines. CT26 bearing mice treated with anti-PD-1Ab alone, DRP-104, and the combination showed tumor growth inhibition at day 12 of 48%, 90%, and 94%, respectively. Median survival days were 31.5, 36, and 56 days, respectively (vehicle; 17.5 days). Notably 9 mice treated with combination of anti-PD-1 with DRP-104 were tumor free at end of the experiment (day 77) and 100% of these mice rejected a CT26 tumor re-challenge. In the H22 HCC cancer model, mice were treated with either anti-PD-L1 Ab, DRP-104, or combination. While anti-PD-L1Ab did not show tumor growth inhibition in this model, DRP-104 significantly inhibited tumor growth and the combination further enhanced efficacy, illustrated by extended survival for both DRP-104 alone (50 days) and combination (96 days) treatment groups compared to vehicle (33 days) and anti-PD-L1 alone (33 days). Combination treatment also resulted in long term durable cures in 50% of the mice.

Background

Dracen’s Glutamine Antagonist, DRP-104, Preferentially Delivers DON to Tumors Leading to Broad Glutamine Pathway Inhibition

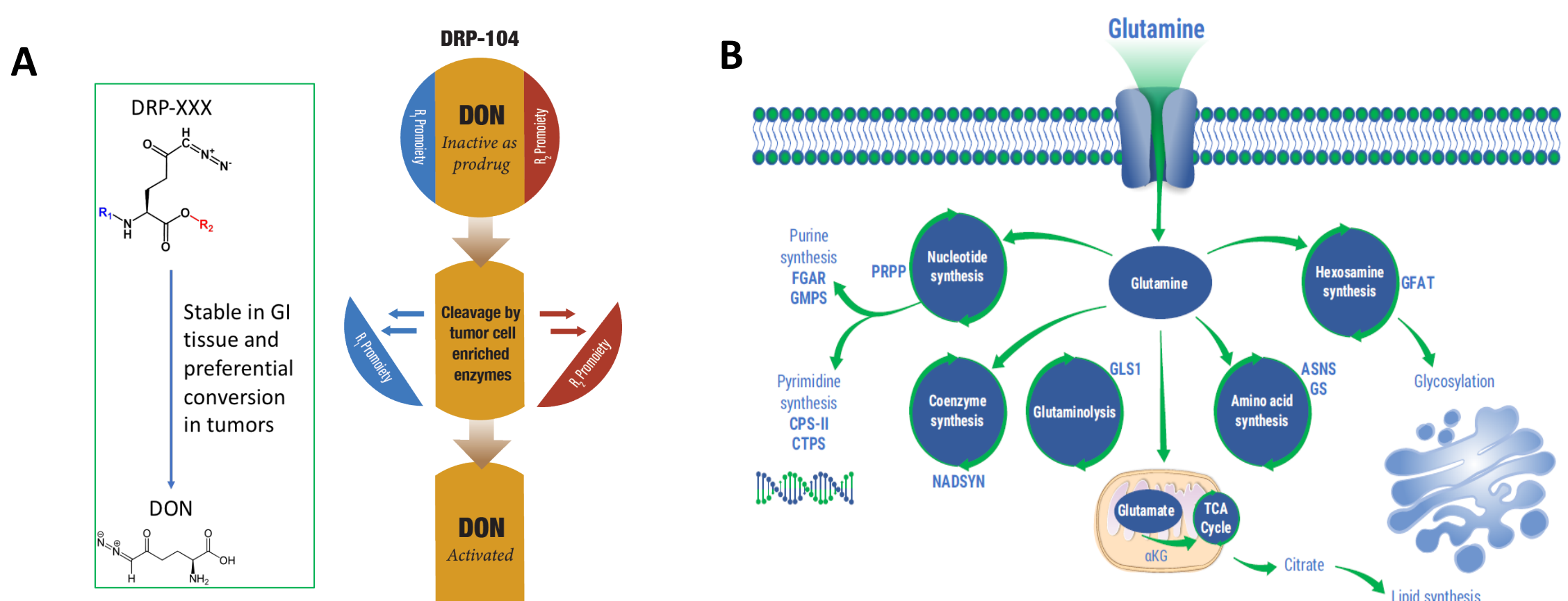


Figure 1. A. DRP-104 is a prodrug of the broad acting glutamine antagonist DON (6-Diazo-5-oxo-L-norleucine). DRP-104 is inactive in its prodrug form with high plasma and GI tissue stability. DRP-104 is preferentially distributed in tumors where it is biotransformed and activated to the active moiety DON. **B.** Glutamine dependent pathways inhibited by DON. Enzymes targeted by DON are shown in blue bold letters.

DRP-104 Single Administration Yields Time-Dependent Changes in Plasma Glutamine Metabolites

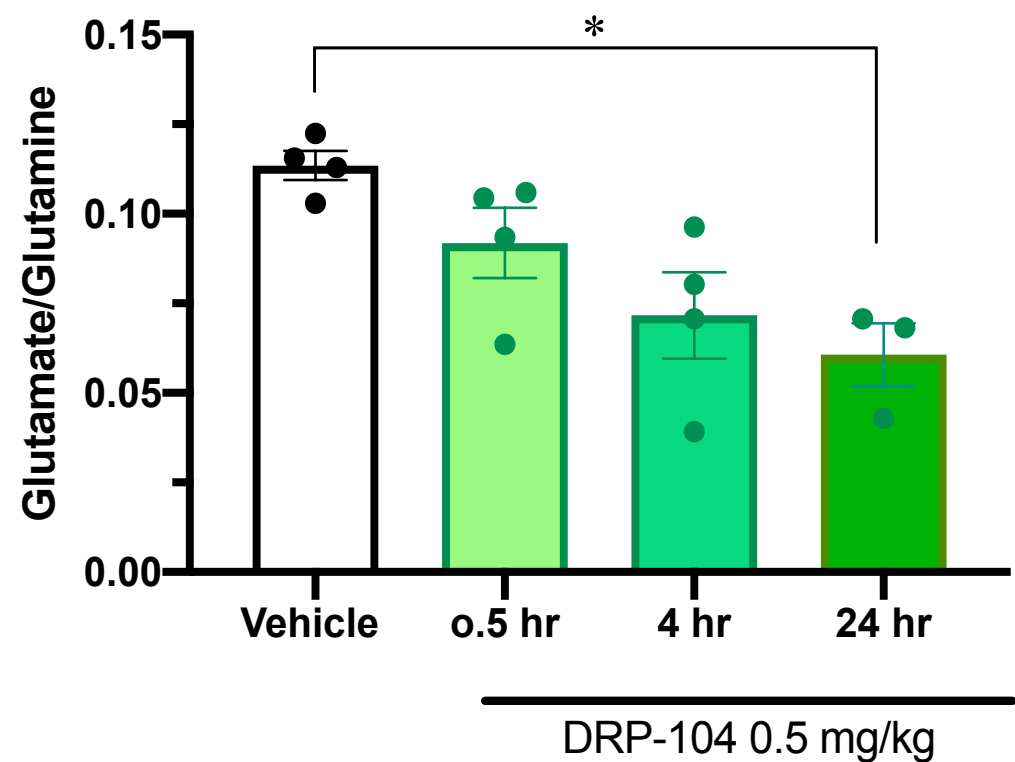


Figure 2. MC38 tumor bearing animals were dosed s.c. with DRP-104 0.5 mg/kg, and tumors were obtained at the indicated time after dosing. Glutamate/Glutamine in plasma was measured by Glutamine/Glutamate Glo Assay (Promega). Significant time-dependent changes in plasma Glutamate/Glutamine levels were observed linking DRP-104 treatment to target engagement. Data indicate mean \pm SEM. *: p<0.05

DRP-104 Treatment *In Vivo* Results in Dramatic Modulation of Multiple Relevant Tumor and Immune Cell Scores as Measured by Nanostring IO360 and Metabolism Panels

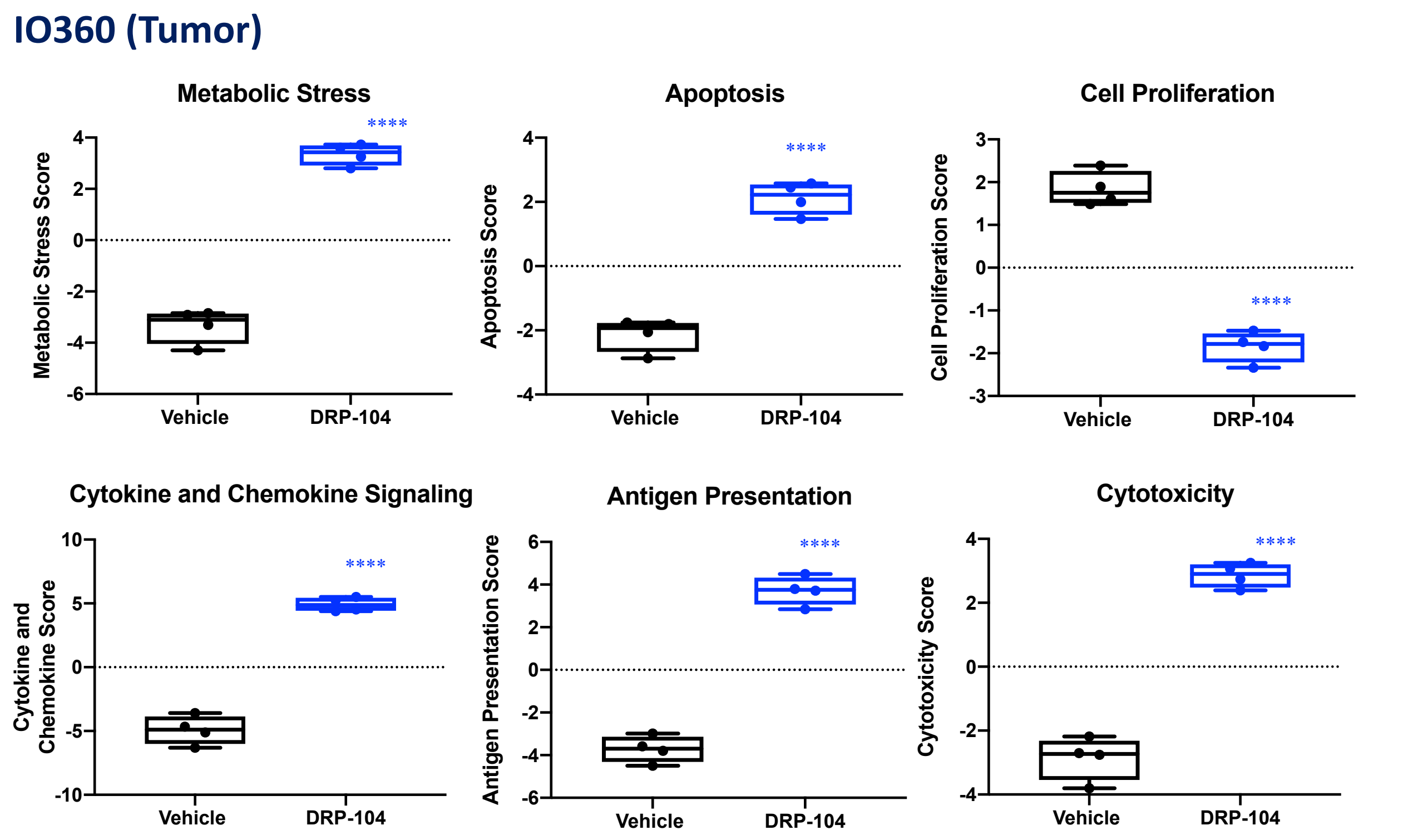
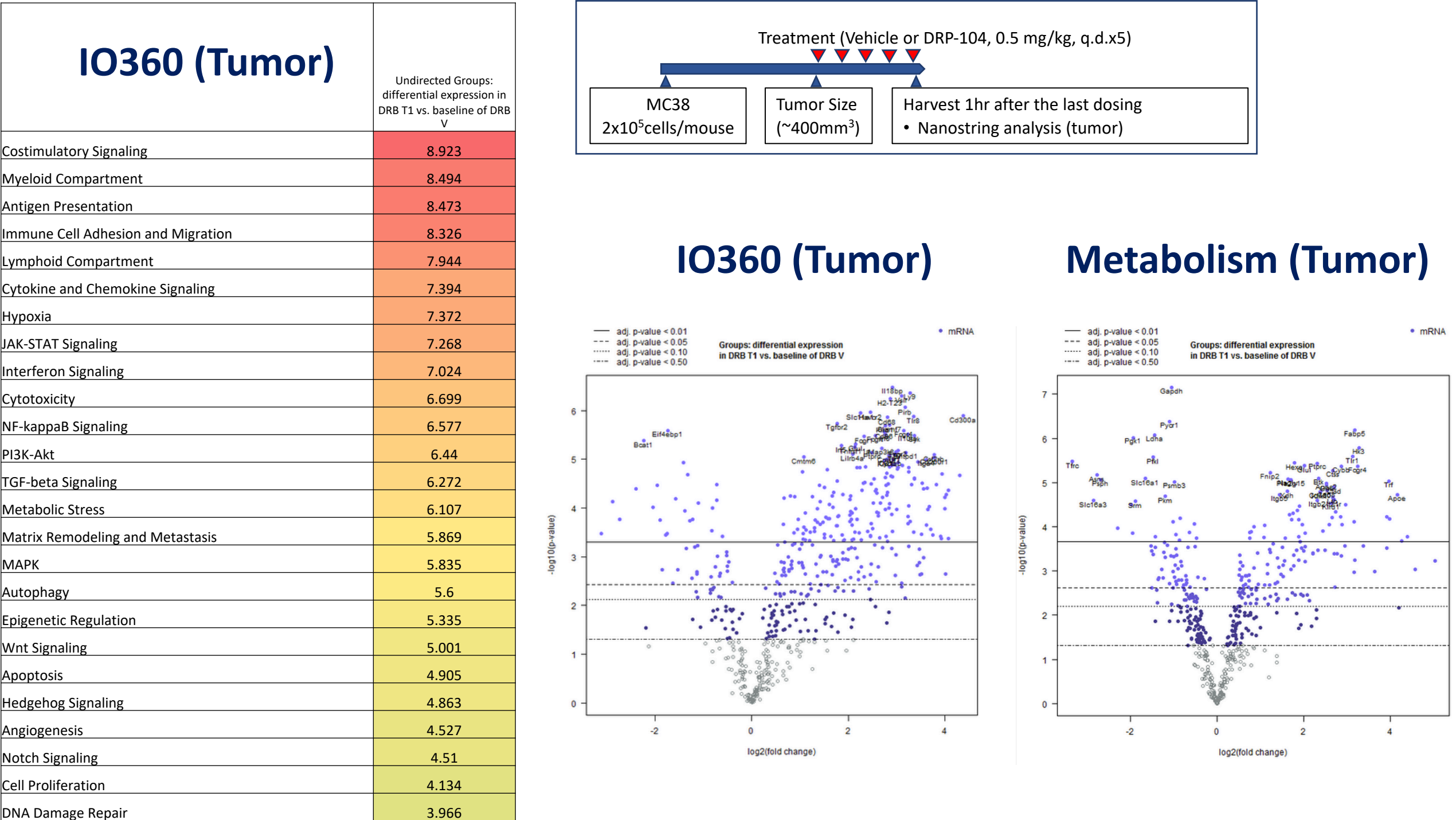


Figure 3. MC38 cells were inoculated s.c. in C57BL/6 mice. When tumor size reached ~400 mm³, mice were treated with DRP-104 (0.5 mg/kg) or vehicle s.c., q.d. for 5 days. mRNA was extracted from tumors and analyzed by Nanostring IO360 Panel. ****: p<0.0001 DRP-104 treatment was associated with dramatic modulation of multiple relevant tumor and immune cell scores suggesting direct anti-tumor effects while stimulating immune cell function.

DRP-104 Treatment Shows Distinct Immuno-Phenotypic Changes Compared to Anti-PD-1 Ab in the CT26 Syngeneic Model (TIL, Lymphocyte)

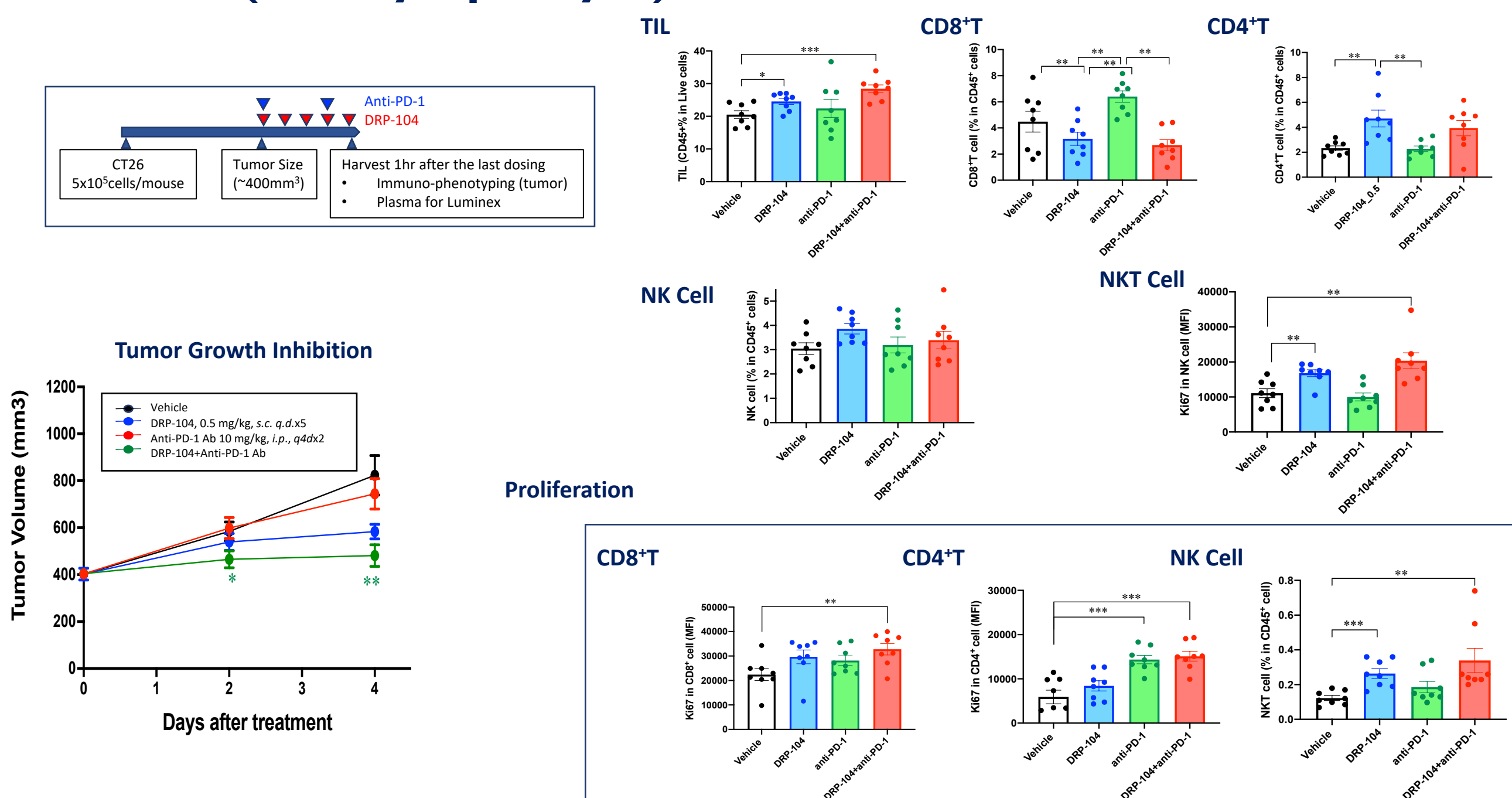


Figure 4. CT26 cells were inoculated s.c. in BALB/c mice. When tumor size reached ~400 mm³, mice were treated with DRP-104 (0.5 mg/kg) or vehicle s.c., q.d. for 5 days and/or anti-PD-1 Ab (10mg/kg) at day1 and 4. Phenotypic analyses of tumor infiltrating immune cells and tumor cells were performed by flow cytometry. *: p<0.05; ***: p<0.001; ****: p<0.0001. Distinct immunological modulation by DRP-104 and anti-PD-1 Ab was observed.

DRP-104 Treatment Shows Distinct Immuno-Phenotypic Changes Compared to Anti-PD-1 Ab in the CT26 Syngeneic Model (Macrophage and Tumor)

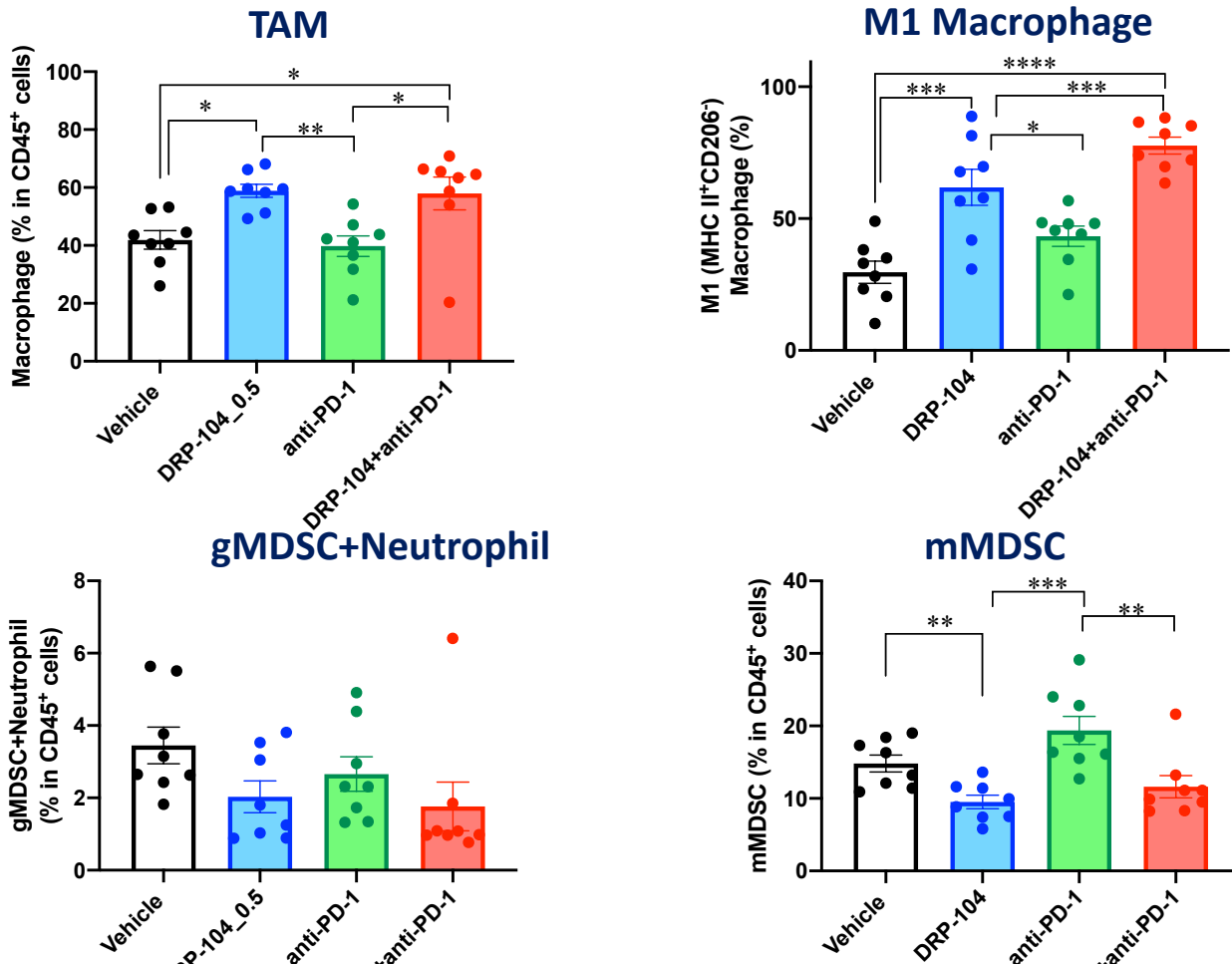


Figure 5. CT26 cells were inoculated s.c. in BALB/c mice. When tumor size reached ~400 mm³, mice were treated with DRP-104 (0.5 mg/kg) or vehicle s.c., q.d. for 5 days and/or anti-PD-1 Ab (10 mg/kg) at day1 and 4. Phenotypic analyses of tumor infiltrating immune cells and tumor cells were performed by flow cytometry. Data indicate mean \pm SEM. *: p<0.05; ***: p<0.001; ****: p<0.0001. M1 polarized TAM and decreased MDSCs were only observed in DRP-104 treated tumors.

DRP-104 Showed Distinctive Modulation of *In Vivo* Cytokines in TME Compared to Anti-PD-1 Ab

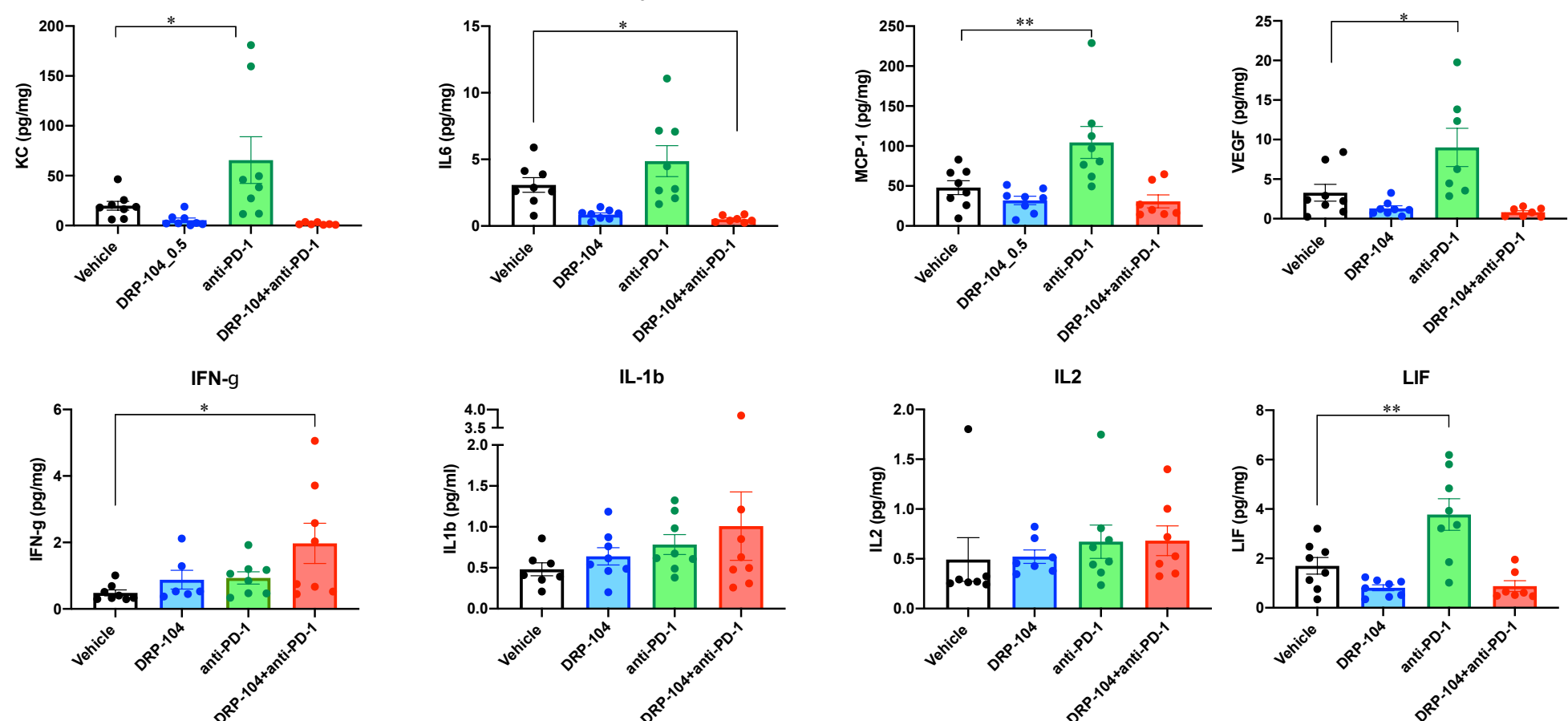


Figure 6. Cytokines in tumor lysates from CT26 study were measured by Luminex. Data indicate mean \pm SEM. *: p<0.05; **: p<0.01. Distinct immunological modulation by DRP-104 and anti-PD-1 Ab and enhanced IFN- γ production in combination was observed.

Combination of DRP-104 with Anti-PD-1 Ab Enhanced Anti-Tumor Efficacy and Survival in CT26 Colon Cancer Model

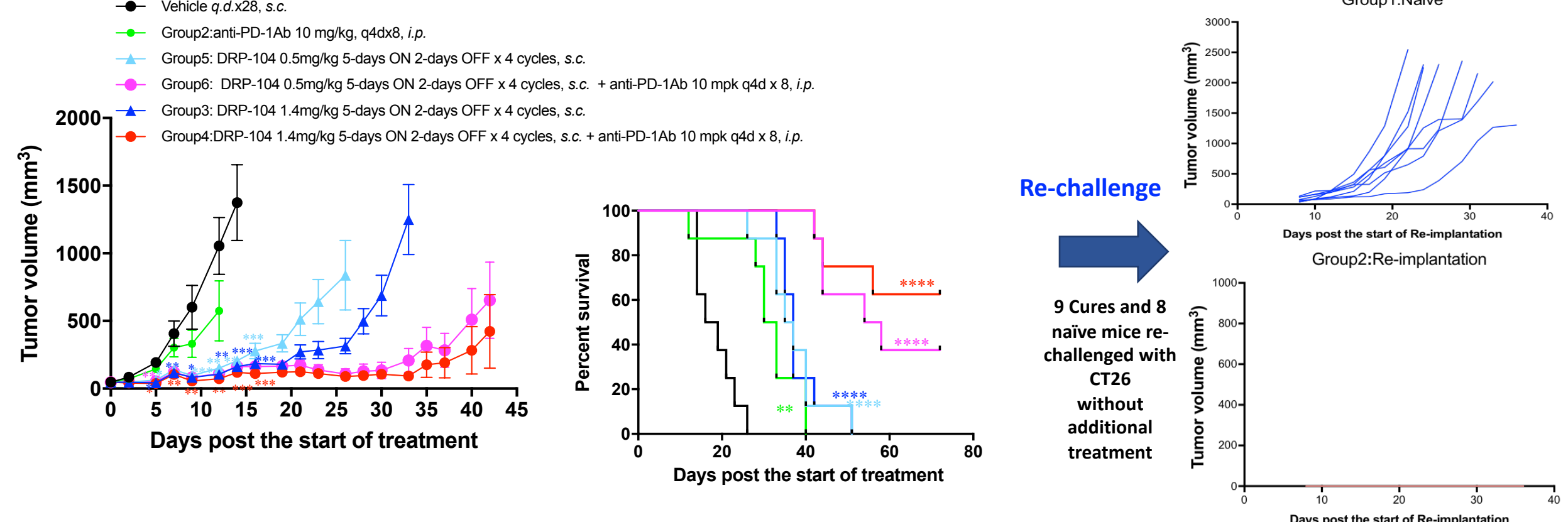


Figure 7. CT26 mouse colon carcinoma cells were inoculated s.c. in BALB/c mice. When tumor size reached 50-100 mm³, mice were randomized and treated with DRP-104, anti-PD-1Ab, or DRP-104/anti-PD-1Ab combination. Anti-PD-1Ab showed marginal effect, while DRP-104 alone showed potent single agent efficacy and combination with anti-PD-1 Ab further inhibit tumor growth and significantly improved OS and long term durable cures (p<0.001 vs monotherapy). (Mean \pm SEM. n=10, **: p<0.01; ***: p<0.001; ****: p<0.0001). Cured animals from the combination group were re-challenged with CT26 tumor cells. 100% of the mice rejected the tumor implant suggesting potential long term immune memory response elicited by DRP-104 and PD-1 combination treatment.

Combination of DRP-104 with Anti-PD-L1 Ab Enhanced Anti-Tumor Efficacy and Survival in the H22 HCC Cancer Model

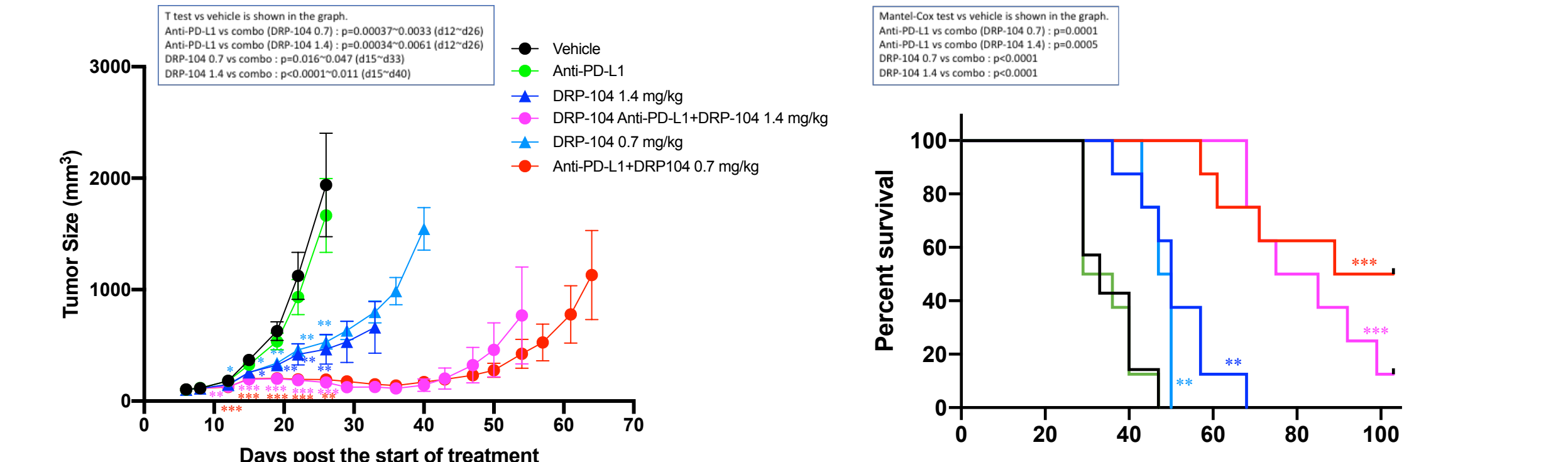


Figure 8. H22 mouse hepatocellular carcinoma cells were inoculated s.c. in BALB/c mice. When tumor size reached 50-100 mm³, mice were randomized and treated with DRP-104, anti-PD-L1Ab, or DRP-104/anti-PD-L1Ab combination. Anti-PD-1Ab did not show any effect in this model, while DRP-104 alone showed potent single agent efficacy and combination with anti-PD-L1 Ab further inhibited tumor growth and significantly improved OS and long term durable cures. (Mean \pm SEM. n=10, *: p<0.05, **: p<0.01, ****: p<0.001)

Conclusions

- ❖ Both DRP-104 and the active form DON showed Glutamine dependent inhibition of *in vitro* cancer cell growth (poster P816: Sat, Nov 9, 7:00am – 8:30pm).
- ❖ DRP-104 achieved 6x tumor/plasma ratio for DON in CES-1 ko mice (poster P816: Sat, Nov 9, 7:00am – 8:30pm).
- ❖ DRP-104 treatment showed dramatic immuno-oncology and metabolism related gene modulations.
- ❖ Immuno-phenotypical analysis showed that DRP-104 induced substantial and broad changes in various immune cell infiltrates, such as increased TIL, T, NK and NKT cells, whereas an effect of anti-PD-1 Ab was limited to CD8⁺T cells. DRP-104 also polarized TAMs to M1 phenotype, and decreased immunosuppressive mMDS in the TME.
- ❖ Pro-tumorigenic proteins, such as VEGF, KC (IL-8), MCP-1, LIF and IL-6 were decreased by DRP-104. Combination showed significant increase in IFN- γ in TME.

- ❖ Finally DRP-104 inhibited tumor growth as a single agent in CT26 and H22 tumor models which are non-responsive to immune checkpoint inhibitors. Combination with either anti-PD-1 Ab or anti-PD-L1 Ab enhanced efficacy and achieved significantly extended survival.
- ❖ This data support clinical development of DRP-104 in combination with anti-PD-1 Ab or anti-PD-L1 Ab immune checkpoint inhibitors including settings of non-response to IO therapies.

