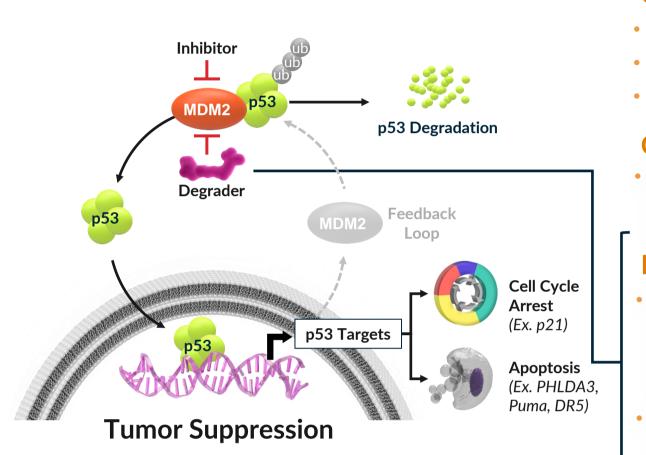
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INTRODUCTION

The murine double minute 2 (MDM2) oncoprotein is a key E3 ubiquitin ligase that degrades the tumor-suppressor p53. Targeting of the MDM2/p53 interaction to stabilize p53 and induce apoptosis in wildtype (WT) p53 tumors is an emerging therapeutic approach in WT p53 hematologic and solid tumor malignancies. However, MDM2/p53 small molecule inhibitors (SMIs) have shown limited biological activity and clinical application.

KT-253 is a novel, highly potent heterobifunctional MDM2 degrader with >200-fold higher potency than MDM2 SMIs. Here, we assessed how pulse dosing versus exposure matched fractionated doses of KT-253 drives efficacy in mouse xenograft models and characterized the underlying molecular mechanisms associated with the different dosing regimens. In addition, we compared the efficacy of KT-253 to the clinical equivalent dosing schedule of a p53/MDM2 SMI.

MDM2 Degradation Effectively Induces p53 Signaling



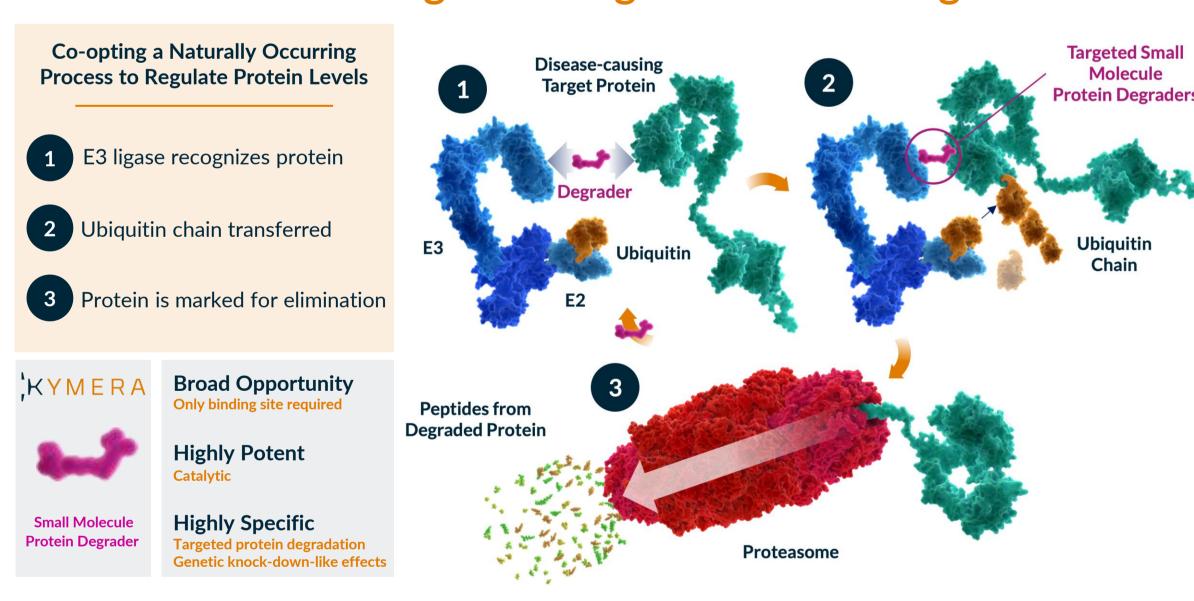
Cancer Genetics

- p53 is NOT mutated in almost 50% of tumors
- MDM2 overexpression and amplification can inactivate p53 Large opportunity in wide variety of cancers

Clinical Validation

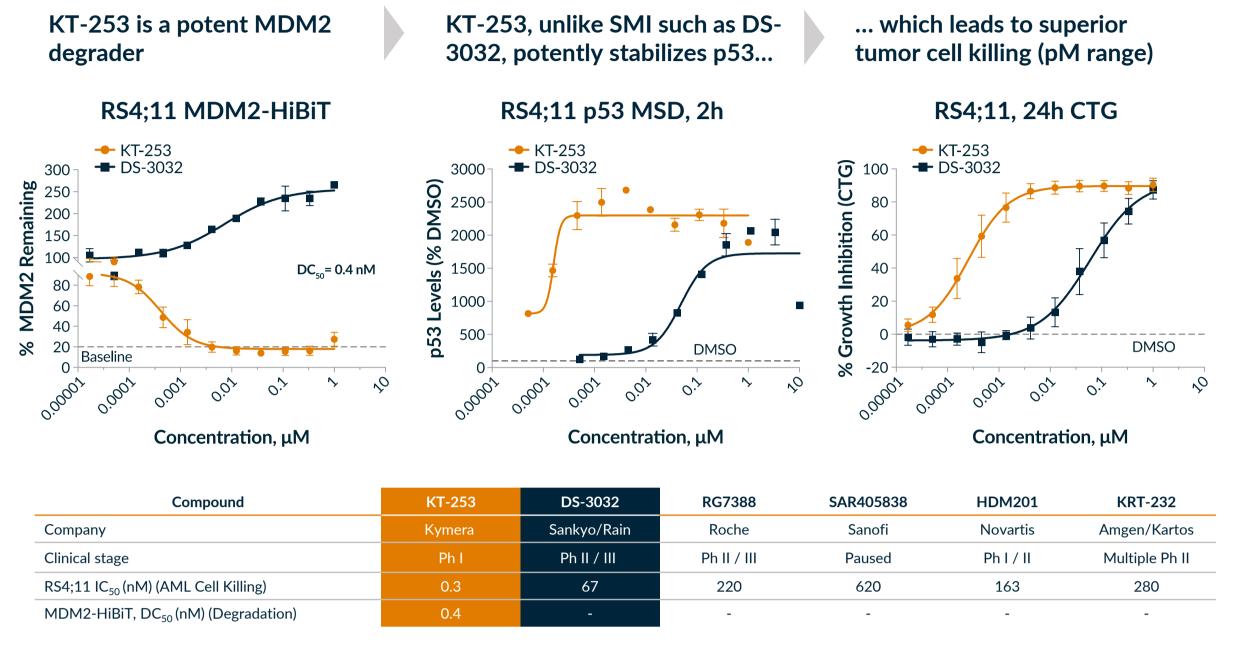
- Small molecule inhibitors of MDM2/p53 are active but have shown limited clinical application due to narrow therapeutic
- MDM2 degraders, because of their catalytic and not occupancy driven pharmacology can lead to more efficient p53 stabilization and induction of an acute apoptotic response in tumor cells
- The distinct degrader pharmacology enables an intermittent dosing schedule that gives normal cells more time to recover and may increase the therapeutic index vs a SMI

Proteome Editing with Targeted Protein Degradation



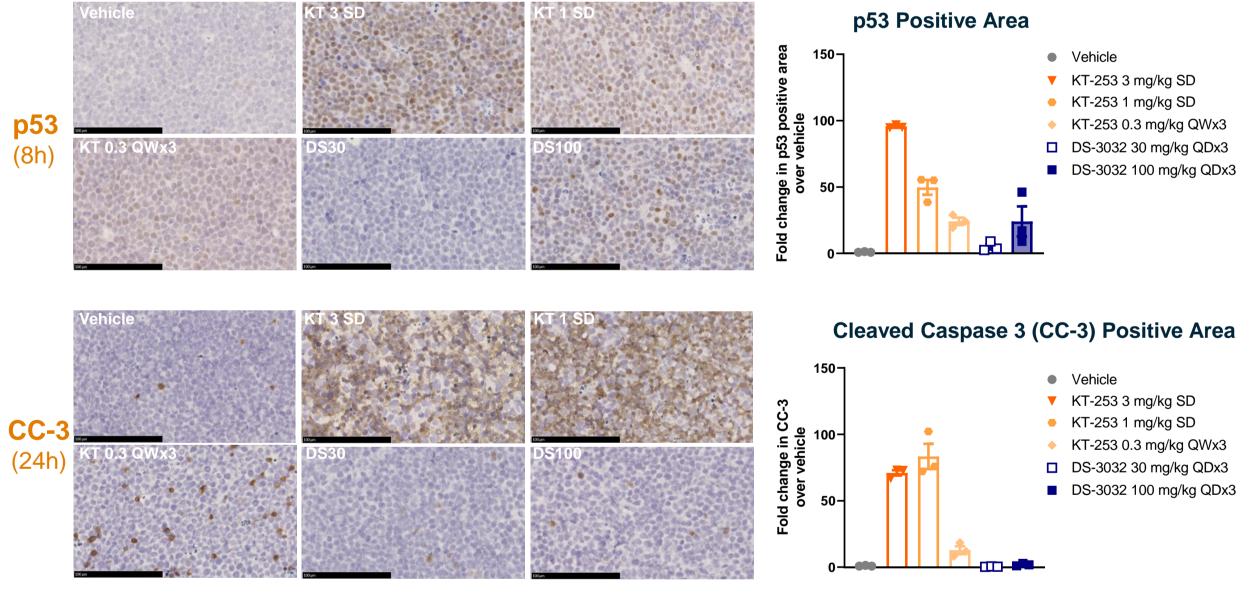
RESULTS

Figure 1: KT-253 is Superior to MDM2/p53 Small Molecule Inhibitors



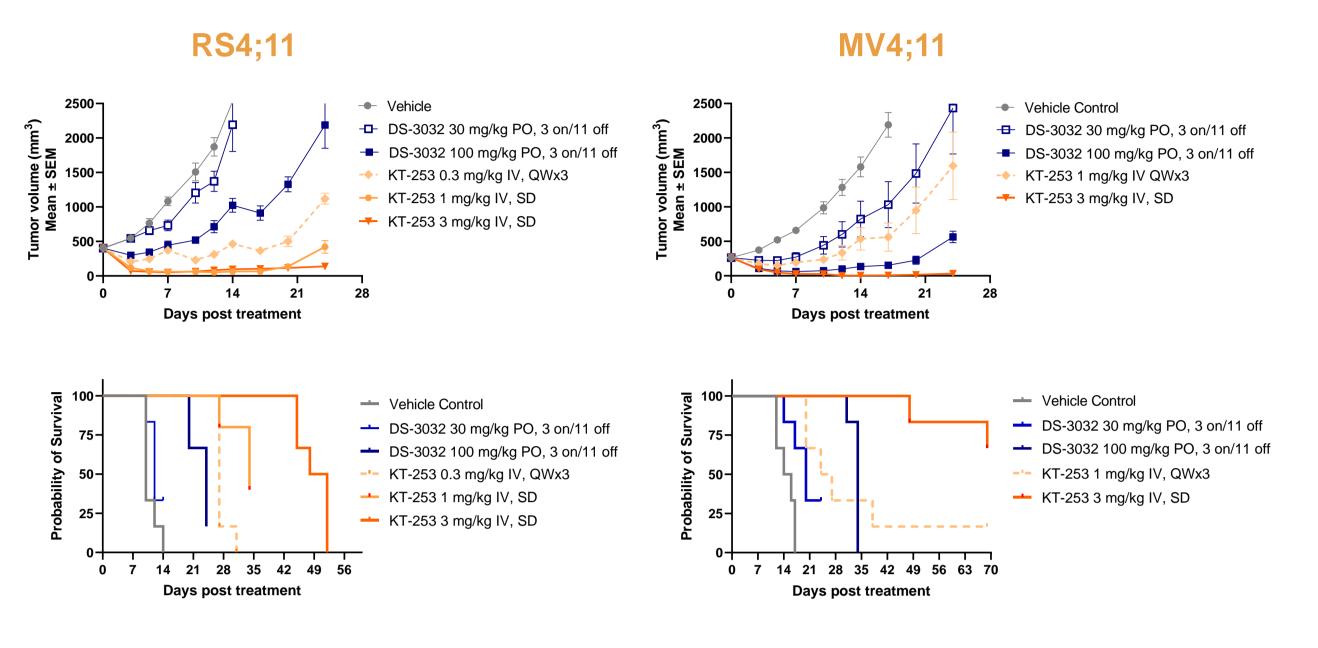
• KT-253 is >200-fold more potent in tumor cell killing assays than SMIs due to its mechanism of action

A: A Single Dose of KT-253 Leads to Robust Activation of the p53 Pathway and Apoptosis in ALL while Exposure-Matched Weekly Dosing and SMIs Do Not



- IHC analysis of RS4;11 tumors demonstrates more robust activation of the p53 pathway and induction of cleaved caspase-3 (CC-3) following a single dose of KT-253 than following exposure-matched weekly dosing
- Induction of CC-3 was not observed following treatment with the SMI DS-3032 (n=3/group)

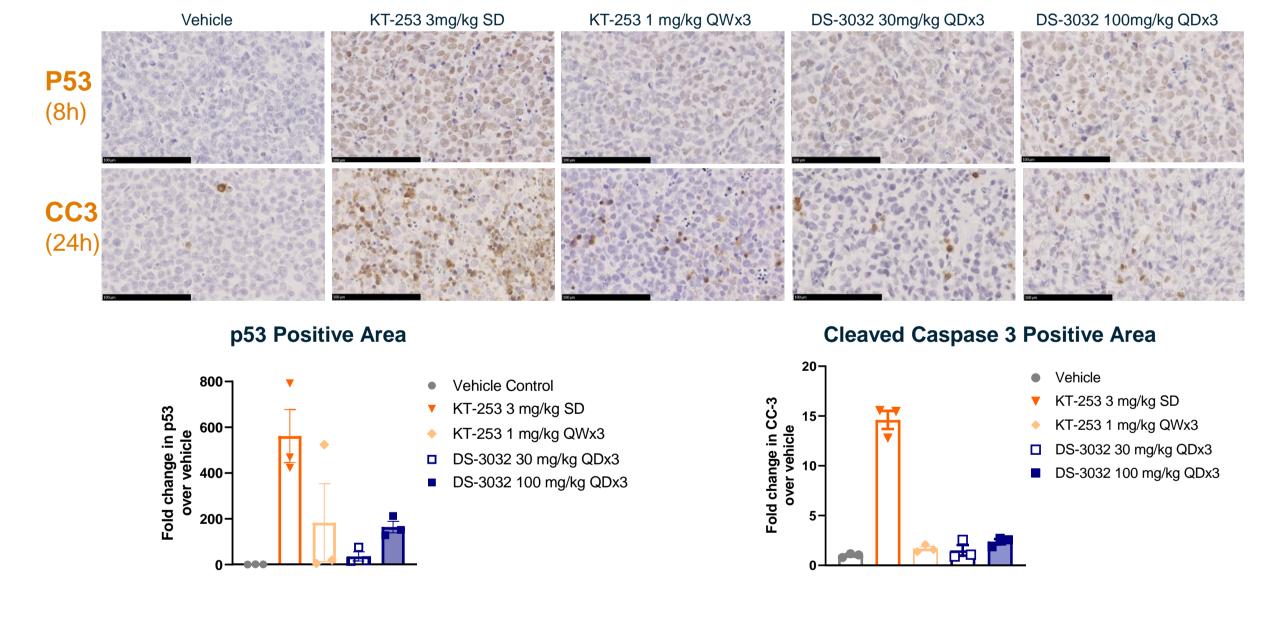
2: A Single Dose of KT-253 Drives Sustained Tumor Regression and is Superior to MDM2/p53 Small Molecule Inhibitors



- In the RS4;11 ALL model, the median survival after a single dose of KT-253 at 3 mg/kg was 50 days vs 12 days for the clinically equivalent dosing regimen of DS-3032
- In the MV4;11 AML model, a single dose of KT-253 at 3 mg/kg led to complete responses in 5 of 6 animals, and 4 of 6 remain tumor-free on study 80 days post dosing
- No complete responses were observed following treatment with DS-3032
- n=6 animals/group

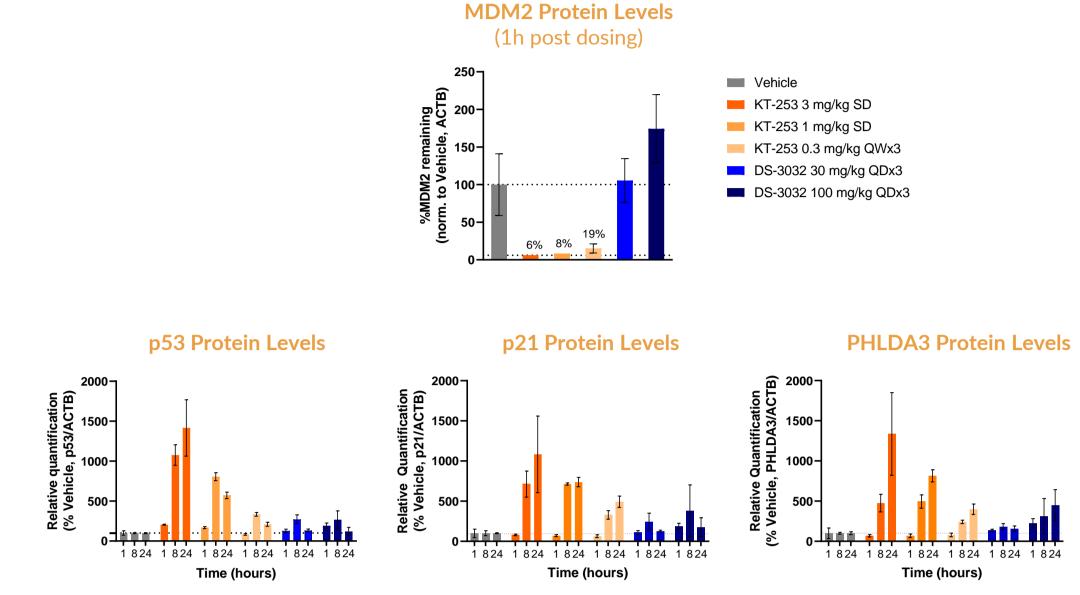
dosing regimen of KT-253 (n=3/group)

A Single Dose of KT-253 Leads to More Robust Activation of the p53 Pathway and Apoptosis than Exposure-Matched Weekly Dosing and SMIs in AML



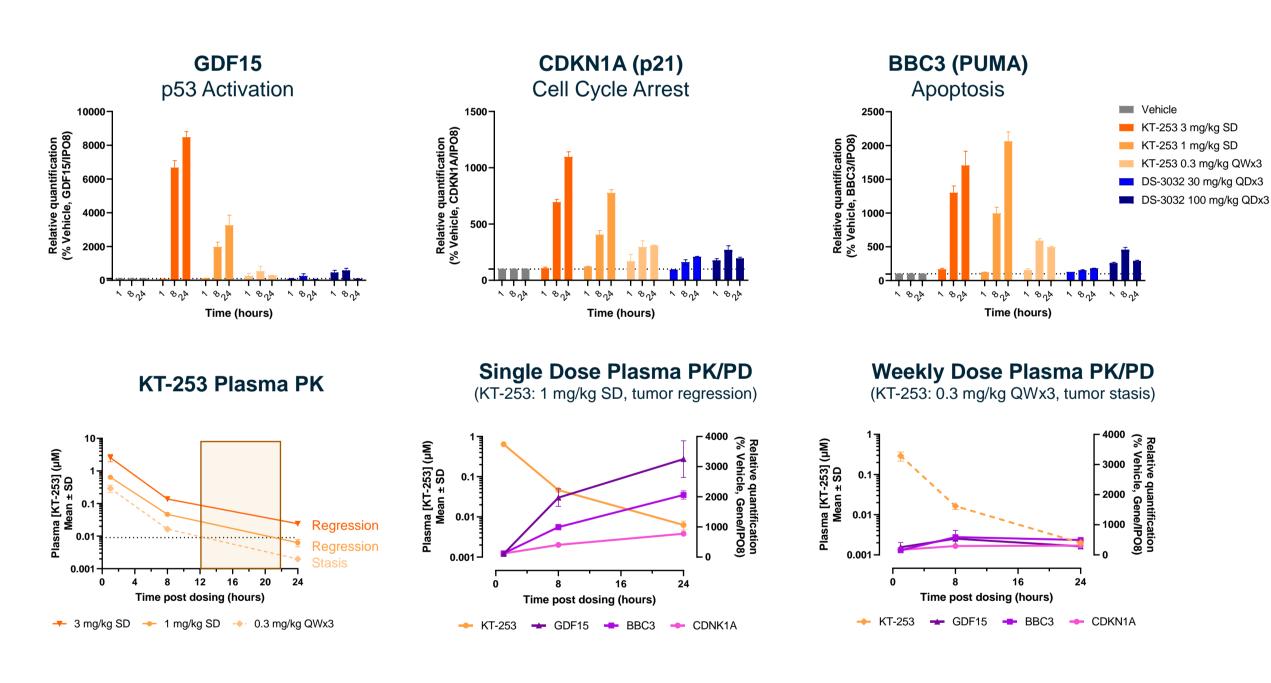
• IHC analysis of MV4;11 tumors demonstrates robust activation of the p53 pathway and induction of cleaved caspase-3 (CC-3) following a single dose of KT-253 but not following exposure-matched weekly dosing Induction of CC-3 following treatment with the SMI, DS-3032, was modest and similar to the lower weekly

3: KT-253 Potently Degrades MDM2 and Upregulates the p53 pathway in Tumors



- Targeted proteomic analysis of RS4;11 tumors demonstrates robust degradation of MDM2 one hour post
- This is associated with activation of the p53 pathway as evidenced by a corresponding upregulation of
- proteomics biomarkers p53, p21 (cell cycle arrest marker) and PHLDA3 (apoptotic marker)

Exposures Required for Tumor Regression are Associated with Induction of **Apoptotic Markers**



- qPCR analysis of RS4;11 tumors demonstrates robust induction of the apoptotic gene BBC3 following single doses of KT-253 that lead to tumor regression (n=3/group)
- In contrast, exposure-matched weekly dosing of KT-253 results in only a moderate increase in apoptotic
- markers and correlates with tumor stasis (n=3/group)
- Similar results were observed with the apoptotic genes FAS and DR5 (data not shown)
- 12 to 22 hours of KT-253 plasma concentrations above 0.01 uM are required for tumor regression
- Plasma KT-253 concentrations above 0.02 uM are required for induction of the apoptotic gene, BBC3

METHODS

In vitro Assays

All cell lines were cultured according to recommended procedures unless otherwise noted. For growth inhibition assays, cells were treated with compounds for indicated time points. Viability was assessed using Promega® CellTiter-Glo® assay, and apoptosis was assessed using Promega® Caspase-Glo® 3/7 assay.

In vivo Experiments

RS4;11 and MV4;11 tumors were established subcutaneously in the hind flank of NOD/SCID mice. Mice were randomized and treated with KT-253 as either a single pulse dose or weekly for 3 weeks at doses matched for total AUC. MDM2 SMI DS-3032 (Milademetan) was dosed at its clinically equivalent dose and regimen of 3 days on/ 11 days off. Pharmacodynamic effects were assessed at mRNA level by RT-qPCR and protein level by quantitative targeted mass spectrometry and immunohistochemistry.

CONCLUSIONS

- KT-253 is a potent MDM2 degrader and a best-in-class p53 stabilizer that inhibits tumor cell growth with picomolar potency and is >200-fold more potent than clinically active MDM2 small molecule inhibitors.
- A single high dose of KT-253 leads to robust activation of the p53 pathway, apoptosis, and sustained tumor regression, while exposure-matched weekly dosing leads to cell cycle arrest and tumor stasis, as observed with MDM2 small molecule inhibitors.
- In the MV4;11 AML model, a single dose of KT-253 at 3 mg/kg led to complete responses in 5 of 6 animals, and 4 of 6 remain tumor-free on study 80 days post dosing (time of submission of this poster).
- The pulse dosing regimen of KT-253 has the potential to result in improved efficacy and safety profiles compared to the more frequent dosing of MDM2/p53 small molecule inhibitors in the clinic.

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DISCLOSURES

All authors are Kymera Therapeutics employees and equity owners.

Schalm, Mayo, Dixit, Filiatrault, Proctor are former Kymera employees