

Inhibition of tumor growth and post-treatment regrowth by SM08502, a novel, small-molecule CDC-like kinase (CLK) inhibitor, in combination with standard of care in pancreatic cancer models

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Poster #C09

Background

- Relapse and treatment resistance remain common in pancreatic cancer (PC) with standard of care (SOC) chemotherapy regimens
- Combining SOC with targeted drug therapies may improve treatment outcomes and clinical benefits^{1,2}
- Aberrant activation of the Wnt signaling pathway is implicated in multiple cancer hallmarks including proliferation, metastasis, and immune evasion and is common in PC^{3,4,5}
- CDC-like kinases (CLKs) phosphorylate serine/arginine-rich splicing factors (SRSFs), which regulate spliceosome assembly and subsequent gene expression^{6,7}
- SM08502 is a novel, oral, small-molecule pan-CLK inhibitor that has demonstrated potent Wnt signaling inhibition in preclinical colorectal and PC models⁸, abstract #A02
- These studies examined the tolerability and efficacy of SM08502 in combination with SOC chemotherapy regimens including gemcitabine (GEM), paclitaxel (P), and Nab-paclitaxel (Nab-P) in cell line- and patient-derived xenograft models of PC

Methods

- Cell line-derived xenograft – Nude mice were implanted subcutaneously in the right flank with Capan-1 or HPAFII PC-derived cell lines then randomized to treatment and vehicle (control) groups when tumors reached ~100-200 mm³ (Figs. 1-3)
- Patient-derived xenograft (PDX) model – Severe combined immunodeficient (SCID) mice were implanted subcutaneously in both flanks with a patient-derived tumor (PNX001, NexusPharma, Inc) fragment and randomized; tumor growth was calculated as percent relative to size at implantation (Fig. 4)
- Treatment (tumor growth) phase – Vehicle, SM08502 (QD p.o.), and/or GEM (25 or 75 mg/kg), P (15 mg/kg), and Nab-P (30 mg/kg, all Q7D i.p.) administered for 20-21 days (Figs. 1-4)
- Observation (tumor regrowth) phase – Mice were observed for up to 40 days after treatment discontinuation (Figs. 3-4)
- Tumor growth inhibition (TGI) was calculated relative to the vehicle control group (treatment phase) or the corresponding SOC group (observation phase)
- Tumor regressions were assessed according to Response Evaluation Criteria in Solid Tumors (RECIST) guidelines: 30-100% reduction in tumor volume relative to the start of the study. Safety and tolerability were assessed by bodyweight measurement

Results

Figure 1. SM08502 + GEM inhibited tumor growth in Capan-1 xenografts

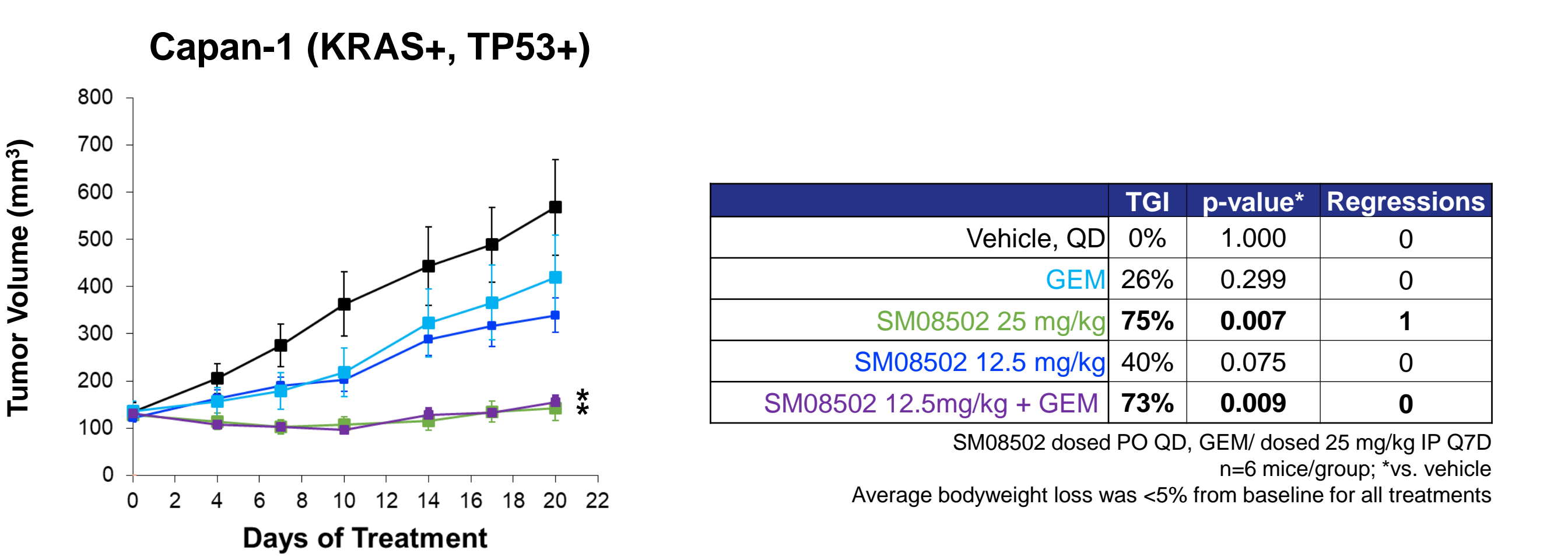


Figure 2. SM08502 + GEM/P inhibited tumor growth and induced tumor regression in HPAFII xenografts

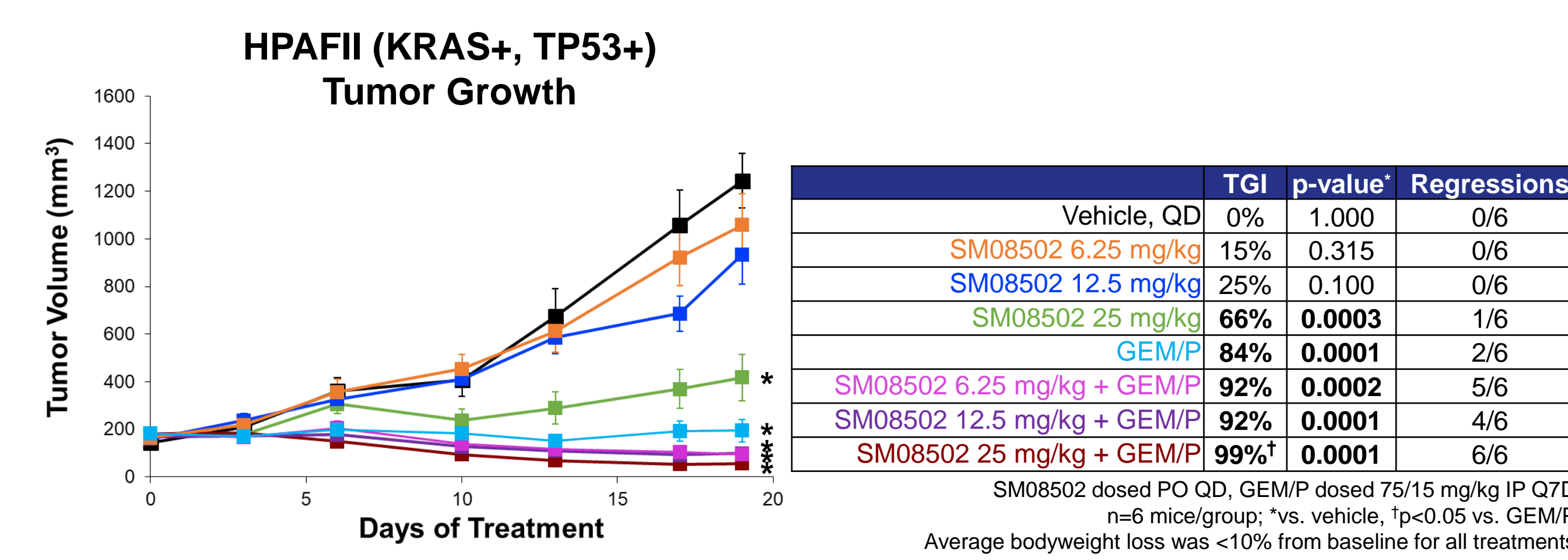


Figure 3. SM08502 + GEM/Nab-P delayed tumor regrowth and improved survival in Capan-1 xenografts

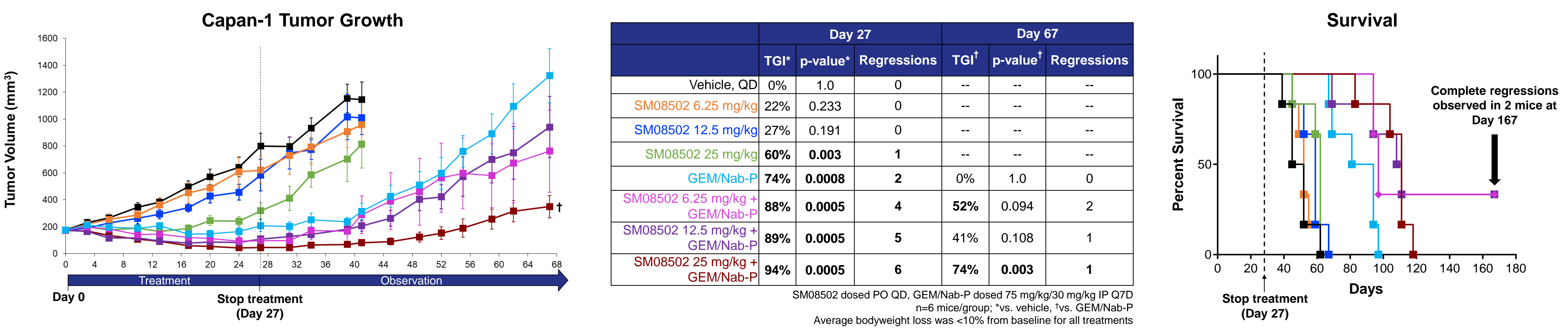
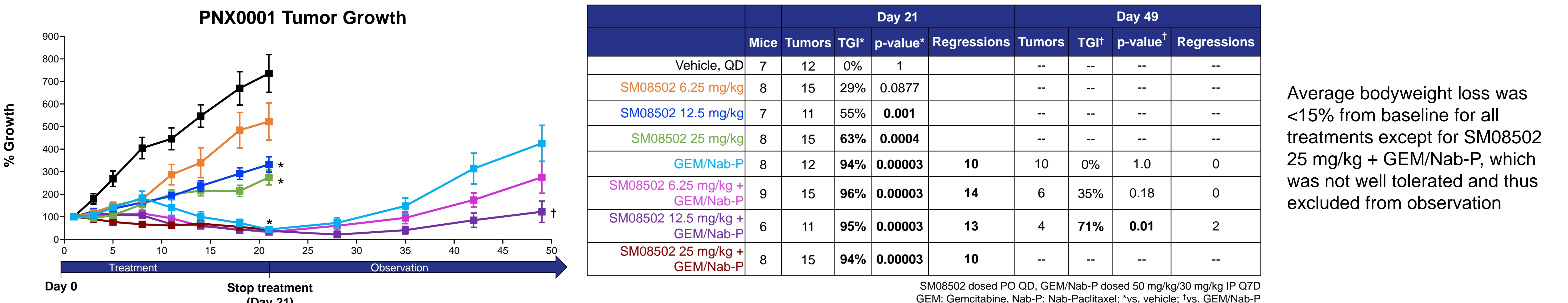


Figure 4. SM08502 + GEM/Nab-P inhibited tumor regrowth in a PDX model



Conclusions

- Oral SM08502 potently inhibited tumor growth both alone and in combination with chemotherapy
- The combination of SM08502 with GEM/P or GEM/Nab-P inhibited tumor growth more strongly than either treatment alone
- SM08502 extended antitumor effects into the post-treatment period when combined with SOC in genetically distinct PC models
- Improved survival and delay in tumor regrowth after treatment cessation suggest that SM08502 could help maintain treatment response in PC
- SM08502 was generally well tolerated
- These data showed that the combined application of SM08502 with SOC therapy has the potential to provide clinical benefit in PC
- A Phase 1 study assessing the safety, tolerability, and pharmacokinetics of SM08502 in subjects with advanced solid tumors is ongoing (NCT03355066)

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