Distinct mechanism-of-action of dianhydrogalactitol (VAL-083) overcomes chemoresistance in glioblastoma





Beibei Zhai^{1,2}, Anna Gobielewska³, Anne Steino⁴, Jeffrey Bacha⁴, Dennis Brown^{4,} Simone Niclou³, Mads Daugaard^{1,2}

¹Vancouver Prostate Centre, Vancouver, Canada; ²Dept of Urologic Sciences, University of British Columbia, Vancouver, Canada; ³NorLux Neuro-Oncology Laboratory, Dept of Oncology, Luxembourg Institute of Health (L.I.H.) Luxembourg; ⁴DelMar Pharmaceuticals, Inc., Vancouver, Canada and Menlo Park, California, USA





high-mutation@ate@

S cell cycle arrest → DNA double-strand breaks NHEJ cell decides whether to continue Cellsurvivalswiths Cellsurvival Apoptosis

FIGURE 1. VAL-083 induces interstrand crosslinks at N7 guanines leading to doublestrand breaks and HR activation independent of MGMT, and mediating cell cycle arrest through p53-dependent and p53-independent pathways^{1,2,3}. Red color signifies demonstrated activation/expression after VAL-083 treatment.

cell@cycle@arrest

BACKGROUND

VAL-083 is a bi-functional DNA targeting agent that readily crosses the blood-brain barrier and has shown activity against GBM in prior NCIsponsored clinical trials. A Phase I/II clinical trial studying VAL-083 in recurrent GBM, after TMZ and bevacizumab failure, suggested the potential of VAL-083 to offer a clinically meaningful survival benefit. The mechanism-of-action of VAL-083 differs from other chemotherapeutic agents, including TMZ and nitrosoureas, inducing interstrand cross-links at guanine-N⁷ causing DNA double-strand breaks and cancer cell death.

CURRENT VAL-083 GBM CLINICAL TRIALS (SEE ABSTR. #09.57)

Scan your smart phone and link to VAL-083 trials on clinicaltrials.gov



- 1. Enrolling: Open label single-arm, biomarker-driven, Phase 2 study of VAL-083 in patients with MGMT-unmethylated, bevacizumab-naive recurrent glioblastoma
- 2. Planned (2017):

Pivotal, randomized multi-center Phase 3 study in bevacizumab-failed GBM.

3. Planned (2017):

Open label, single-arm, biomarker-driven, Phase 2 study of VAL-083 and radiation therapy patients with in newly diagnosed MGMT-unmethylated GBM

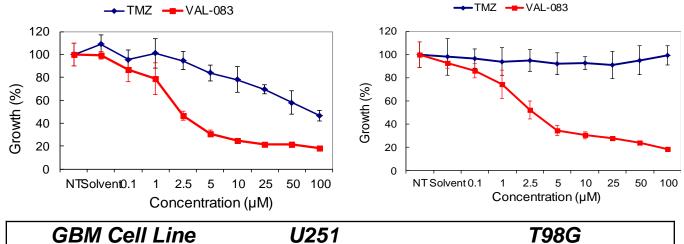
CONCLUSIONS

- > VAL-083 displays a distinct anti-cancer mechanism enabling it to overcome MGMT-mediated temozolomide-resistance
- > VAL-083 is equally active against GBM cancer stem cells and nonstem cells, independent of MGMT
- > VAL-083 mediates persistent DNA double-strand breaks and activation of the HR DNA repair pathway
- > VAL-083 displays increased potency in cancers with impaired HR
- VAL-083 displays synergy with topoisomerase and PARP inhibitors

Alkylating agent	Temozolomide ⁷	Nitrosoureas ^{6,7}	VAL-083 ^{2,4,5,6}
Cytotoxic target	O6-Guanine	O6-Guanine	N7-Guanine
DNA damage	Base mismatch Single-strand break	Interstrand crosslinks (G-C) Double-strand break	Interstrand crosslinks (G-G) Double-strand break
Cell cycle arrest	G2/M	G2/M	Late S/G2
ATM-Chk2	activated	activated	activated
MGMT	dependent	dependent	independent
MMR	dependent	independent	independent
p53	dependent	dependent	independent

MGMT-INDEPENDENCE

VAL-083 cytotoxic activity is independent of MGMT-mediated temozolomide-resistance.



GBM Cell Line		<u>U251</u>	<u> 798G</u>		
MGMT promoter		Methylated (low	Unmethylated (high		
methylation		expression)	expression)		
ıc	VAL-083	2.5µM	2.5µM		
IC ₅₀	TMZ	10.0µM	>>100µM		
FIGURE 9 TM7 VALOROS ALLOS ON OUT CORRES					

FIGURE 2. TMZ vs. VAL-083 in Adult GBM Cell Lines (3000) cells/well, 72-h exposure)⁵

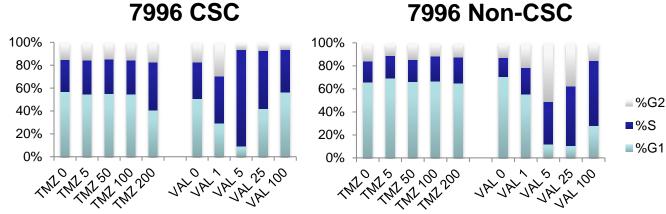


FIGURE 3. VAL-083 is active against TMZ-resistant GBM stem and nonstem cell GBM cultures at low µM doses, suggesting the ability to overcome TMZ-resistance in chemo-refractory GBM cancer stem cells.4

VAL-083 DISPLAYS SYNERGY WITH TEMOZOLOMIDE AND **TOPOISOMERASE INHIBITORS**

The distinct mechanism-of-action of VAL-083 makes it a valuable partner for combination therapies with agents already used in the treatment of GBM and other CNS tumors.

- VAL-083 demonstrated synergy with temozolomide in GBM cancer stem cells completely eliminating cancer stem cell spheres after 2 passages (Figure 5).5
- As VAL-083 induce cell cycle arrest in S- followed by G2/M-phase, we predicted synergy with agents that require cancer cells to be in S/G2-phase for maximum effect, including topoisomerase inhibitors. As expected, VAL-083 demonstrated synergy with etoposide (topoisomerase II inhibitor) and camptothecin (topoisomerase I inhibitor) (Table 2).

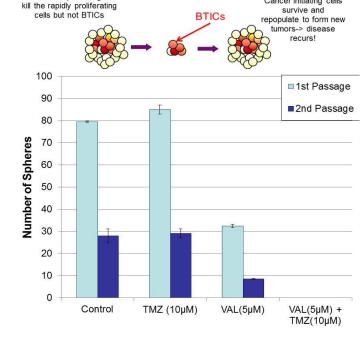


FIGURE 5. VAL-083 demonstrates potential synergy with temozolomide in GBM cancer stem cell line BT74. N=3.

TABLE 2. VAL-083 demonstrates synergy with etoposide (topoisomerase II inhibitor) and camptothecin (topoisomerase I inhibitor) in PC3 prostate and A549 NSCLC cancer cells. CI values for the cytotoxic effect (Fa). CI<1 shows synergy. N=4-5.

	Etoposide		Camptothecin		
Cell line	(topoiso	merase II	(topoisomerase I		
	inhi	bitor)	inhibitor)		
	Cytotoxic	Combination	Cytotoxic	Combination	
	effect (Fa)	index (CI)	effect (Fa)	index (CI)	
PC3	ED50	0.58	ED75	0.68	
	ED75	0.48	ED90	0.59	
	ED90	0.42	ED95	0.54	
A549	ED50	0.72	ED85	0.94	
	ED75	0.88	ED90	0.87	
	ED80	0.94	ED95	0.77	
Molar ratios: VAL-083:etoposide 5:1 in PC3 and 5:1 in A549;					

VAL-083:camptothecin 250:1 in PC3 and 212:1 in A549

VAL-083 ACTIVATES HR PATHWAY

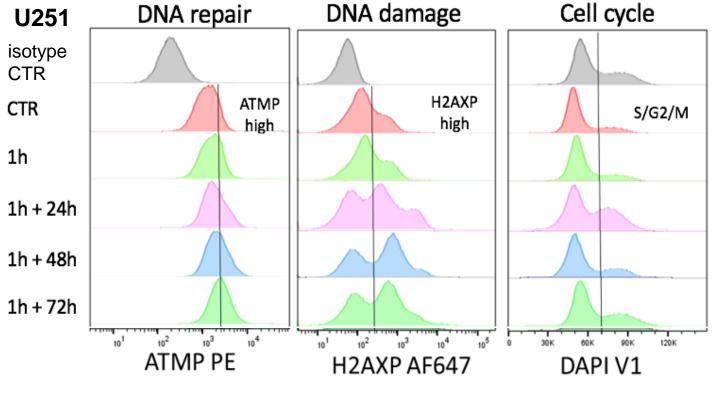


FIGURE 4. Pulse treatment (1 hr) with VAL-083 leads to persistent (>72 hr) cell cycle arrest, DNA double strand breaks (H2AXP) and activation of the HR DNA damage repair pathway (ATMP) in U251 GBM cancer cells.

MMR-INDEPENDENCE

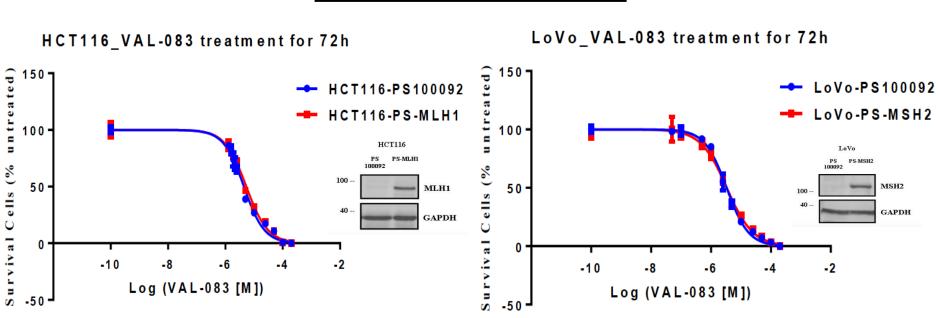


FIGURE 6. MMR-independency of VAL-083. Cytotoxicity of VAL-083 in two pairs of isogenic human colorectal cancer cell lines were performed by the crystal violet assay. MMRproficient cell lines, HCT116-PS-MLH1 and LoVo-PS-MSH2, were established by lentiviral infection. HCT116-PS100092 is the MLH1-deficient cell line, HCT116-PS-MLH1 is the MLH1-proficient cell line; LoVo-PS100092 is the MSH2-deficient cell line, and LoVo-PS-MSH2 is the MSH2-proficient cell line. N=3

References:

- 1. Zhai et al. AACR meeting 2017, Abstr. #6431
- 2. Steino et al. AACR meeting 2017, Abstr. #1429 3. Peng et al. Acta Pharmacologica Sinica 2017: 1–10
- 4. Fouse S, et al. SNO annual meeting 2014, Abstract #ET-18

C e IIs

- 5. Hu K, et al. Cancer Research, Apr15, 2012; Volume 72 (8) Suppl. 1 6. Institoris E, et al. Cancer Chemother Pharmacol 1989;24(5):311-3
- 7. Ramirez, YP, et al. Pharmaceuticals 2013, 6(12), 1475-1506 (review)
- 8. Zhai B, et al. ENA meeting 2016, Abstr. #363