RX-5902 Exhibits Direct & Immunomodulatory Anti-tumor Activities In Melanoma PDX Models

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Background:
Nuclear β-catenin promotes deleterious processes in tumors and their microenvironment. Diminishing nuclear β-catenin attenuates these oncogenic processes. RX-5902 is an oral, small molecule inhibitor of β-catenin nuclear translocation mediated by phosphorylated p68 (DDX5). RX-5902 exhibits potent anti-cancer activity in many cancer cell lines, xenograft models in immunodeficient mice and immune competent mice. This study examines the relative contribution and context of the direct and immunomodulatory effects on the anti-tumor activities of RX-5902.

Methods:
Four patient-derived melanoma xenograft models were implanted into either immunodeficient nude mice or NOG mice “humanized” with HLA unmatched CD34+ stem cells with average humanization of 36%. The PDX models were derived from 2 tumors that were clinically unresponsive to an anti-PD-1 agent and 2 tumors obtained prior to any immune treatment. Mice were randomized to receive either vehicle or RX-5902 at 5, 15 or 50 mg/kg po QDx5/Off x2 when implanted tumors reached 100-120 mm³ and began treatment when tumors reached 200mm³. Treatment lasted for 28 days and animals were observed for an additional 14 off therapy.

Conclusions:
• RX-5902 has been shown to augment anti-PD-1 immunotherapy in multiple pre-clinical cancer models (syngeneic and humanized), including triple-negative breast cancer, when used in combination therapy.
• This study provides a comparison of tumor growth inhibition (ΔTGI) of RX-5902 monotherapy in 4 patient-derived melanoma xenograft (PDX) models in both immune deficient and immune competent mice to identify RX-5902-induced anti-tumor immune activity during and following therapy.
• RX-5902 provided greater tumor growth inhibition (ΔTGI) in the two melanoma PDX models derived from subjects who were resistant to I/O therapy compared to the two models from I/O naïve subjects.
• TGI is greater in BRAF WT vs BRAF V600E mutant tumors.
• RX-5902 immune-mediated anti-tumoral activity may benefit the majority of melanoma subjects with limited response to BRAF-directed and/or I/O therapy.

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