ARQ 531 – Next Generation BTK-Inhibitor





Deborah Stephens, DO 2nd Post-graduate CLL Conference Bologna, Italy: November 5, 2019





Disclosures of Deborah Stephens

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Acerta	x						
Arqule	x						
Gilead	x						
Verastem	x						

ARQ 531 Overview

- Rationale for development
- Mechanism of action
- Pre-clinical Studies
- •Phase 1 Clinical Trial
- •Future Development Plans

Clinical Concern: Ibrutinib-Resistant CLL



ARQ 531: Mechanism of Action

•Non-covalent, reversible BTK-inhibitor

- No interaction with C481
- Potent BTK-inhibitor
 - IC₅₀ WT BTK = 0.85 nM
 - IC₅₀ C481S BTK = 0.39 nM



Structure from Reiff, Cancer Discovery 2018

ARQ 531: Mechanism of Action

•Selective BTK-inhibitor

Kinase	Kinase Inhibition Average IC ₅₀ (nM)					
	ARQ 531	Ibrutinib				
BTK	0.85	1.5				
TEC	5.8	10				
ІТК	>10,000	4.9				
EGFR	290	5.3				



Structure from Reiff, Cancer Discovery 2018

Comparison of Mechanism with Ibrutinib

Feature	Ibrutinib	ARQ 531		
Target	ВТК	ВТК		
Type of Bond	Irreversible, Covalent	Reversible, Non-covalent		
Requires C481 residue for	Yes	No		
binding				
Blockade of autoactivation	Y223	Y223 and Y551		
sites on BTK				
Drug interactions	Major Substrate of CYP3A4	Does not induce CYP1A2,		
		СҮР2В6, СҮРЗА4		
		Does not inhibit CYP3A4		
		CYP2C8 (inhibitor)		
Half Life (steady state)	4-6 h	18-37.9 h (22 days)		

Preclinical Data: Cells

Potent suppression of downstream BCR signaling pathways in patient derived primary CLL cells



Inhibition of BTK-C481S mediated downstream kinase signaling in Ibrutinib resistant CLL cells



Reiff, Cancer Discovery 2018



Reiff, Cancer Discovery 2018



Phase I Clinical Trial: CLL/NHL/WM

•Primary Objectives:

- Safety and tolerability of single agent ARQ 531
- Determine recommended phase 2 dose (RP2D) and schedule
- Secondary Objectives
 - Assess PK profile and PD activity
 - Obtain preliminary evidence of efficacy

•Eligible patients:

- CLL/SLL
- B-cell Non-Hodgkin lymphoma
- Waldenstrom's macroglobulinemia
- Relapsed/refractory to 2+ prior regimens

Phase I Clinical Trial: Schema



ClinicalTrials.gov Identifier: NCT03162536

Phase I: Baseline Characteristics

Demographic	N = 40			
Median age (range)	65.5 (47-82)			
Tumor Type				
CLL/SLL	26 (65%)			
Richter's Transformation	6 (15%)			
Follicular Lymphoma	4 (10%)			
Diffuse Large B-cell Lymphoma	3 (7.5%)			
Mantle Cell Lymphoma	1 (2.5%)			
Median prior therapies (range)	4 (1-12)			
> 4 prior therapies	23 (58%)			
Known C481S BTK mutation	22 (85%)*			
Prior BTK inhibitor	32 (80%)			
Prior BCL2 inhibitor	10 (25%)			
*BTK mut status is unknown in 4 CLL patients				

Phase I: Toxicity

- Recommended Phase 2 Dose (RP2D)
 - 65mg daily dose: 1 patient with grade 3 rash
 - Expanded to 10 patients with no other dose limiting toxicity
 - 75mg daily dose (n=4):
 - All patients experienced grade 2 AEs that led to dose reduction (n=3) or discontinuation (n=1)
 - RP2D = 65mg daily

Phase I: Toxicity

Most Common Drug-rela	ted AEs in ≥2 Patients	Most Common Grade 3 Drug-related AEs				
Event	N (%)	Event	N (%)			
Nausea	4 (10)	↓ Neutrophils	3 (7.5)			
Diarrhea	4 (10)	↓ Platelets	1 (2.5)			
Fatigue	3 (7.5)	Rash	1 (2.5)			
↓ Neutrophils	3 (7.5)	Cellulitis	1 (2.5)			
Dysgeusia	3 (7.5)	↑ Lipase	1 (2.5)			
Rash	3 (7.5)	Notable AEs (not assigned as drug-related)				
		Event	N (%)			
		Arthralgia	4 (10)			
		Epistaxis	2 (5)			
		Atrial Fibrillation	0			



Preliminary unmonitored data as of July 19, 2019

Response by million bosing conort (evaluation population)										
Response type	5.mg (N+3)	30 mg (N=4)	15 mg (N=3)	20 mg (N=3)	30 mg (N=3)	45 mg (N=3)	65 mg (14-8)	75 mg (N=3)	Expansion 65 mg (N=3)	Total (N=33)
Partial Response (PR), n	1	0	0	0	0	1	6	2	0	10
Stable Disease (Nonresponsive), n	0	1	2	1	3	2	2	1	3	15
Progressive Disease (PD), n	2	3	1	2	0	0	0	0	1	.9
Objective Response Rate (ORR: CR+PR), n	1	0	0	0	0	1	6	2	0	10

Phase I: PK Data

PK Property	ARQ 531	Ibrutinib
Dose	65mg QD	420 mg QD
C _{max} (nM)	3268	272
AUC _{0-24hr} (h*nM)	55210	1960
C _{max} /AUC ratio	0.059	0.139
Half-life (h)	30	4-6



Phase I: PD Data

- pBTK/BTK ratios measured whole blood samples on C1D1 (4h post-dose)
- Full pBTK inhibition above 20mg dose
- Long $t_{1/2}$ at steady state suggests sustained pBTK inhibition over 24 hr.



Phase I: Summary

- •Recommended Phase 2 Dose = 65mg daily
- •ARQ 531 is tolerable (monitor for rash, fatigue, cytopenias)
- •Early evidence of efficacy was noted especially in patients with:
 - Ibrutinib-refractory CLL
 - Heavily-pretreated CLL
 - Richter's transformation
- •Next Steps: Phase 2 study is ongoing



clinical activity

Currently 7 clinical sites in US enrolling patients in various cohorts Additionally, initiation of another 10 clinical sites in US and 6 in EU are in progress

Future Development Plans

- Potential combination with
 - Venetoclax
 - Anti-CD20 antibodies
 - PI3K-inhibitors
 - FCR or RCHOP
 - Ibrutinib
 - Lenalidomide
 - PD1-inhibitors
 - CART

•Planned Future Studies:

- Phase II: CLL R/R C481S mutated
- Phase I: Combination of ARQ 531 plus venetoclax or obinutuzumab
- Phase III: CLL R/R BTK C481S mutated: FDA discussions underway

Summary

- •ARQ 531 is a potent non-covalent reversible inhibitor of BTK
- •ARQ 531's inhibition of BTK is not dependent on binding to the C481 moiety of BTK
- •ARQ 531 has shown early evidence of clinical efficacy in
 - Ibrutinib-refractory CLL
 - Heavily-pretreated CLL
 - Richter's transformation
- •Phase 2 study of ARQ 531 as a single agent are ongoing
- •Phase 1 combination studies and phase 3 confirmatory studies are under development





RESEARCH + FOUNDATION

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