

Mechanism for targeting CDK4, BTK and PI3K in Mantle Cell Lymphoma

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Goal

**To develop mechanism-based therapy
in mantle cell lymphoma**

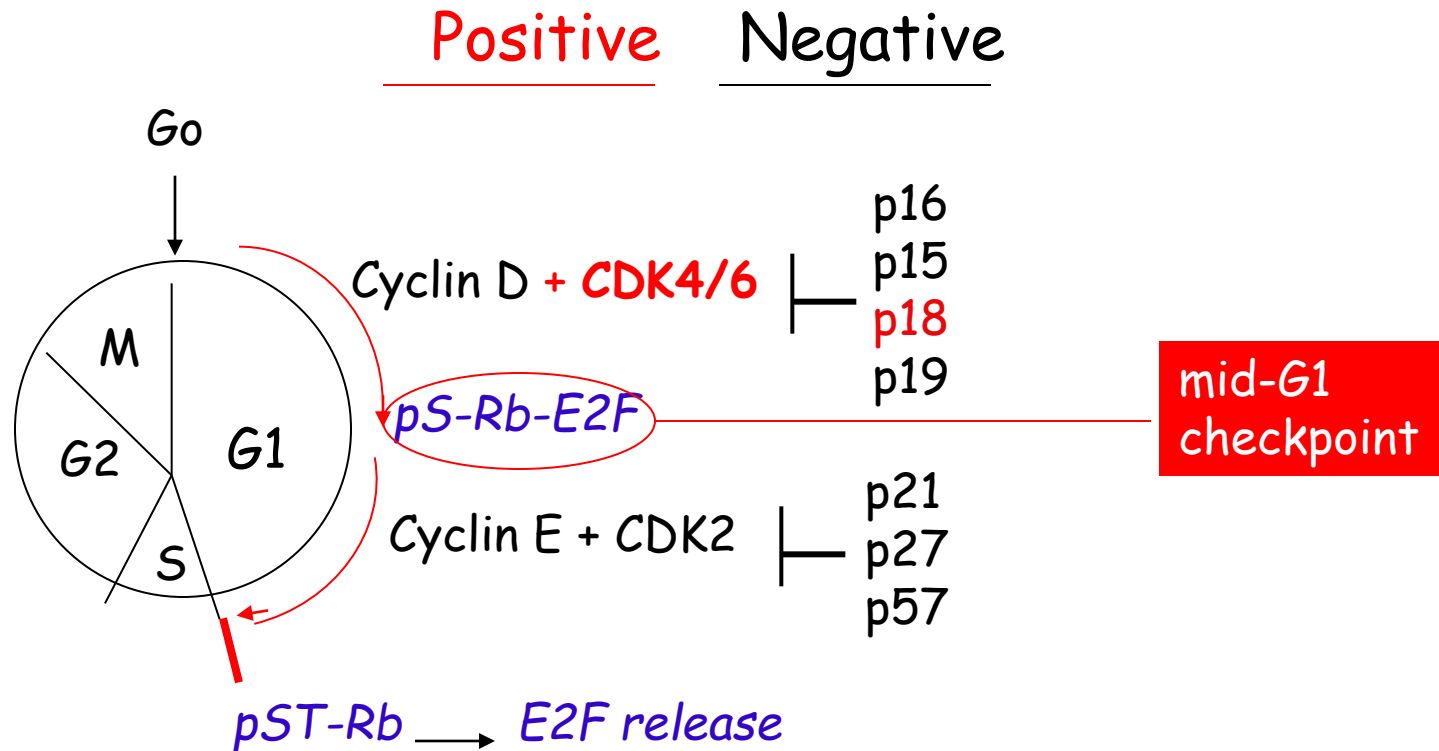
- Effective, tolerable, durable
- Mechanism of resistance
- Biomarkers

Bench to Bedside and Back Approach

- Basic science
- Preclinical studies
- Clinical relevance
- Hypothesis-driven combination therapy
- Longitudinal genomics and IHC
 - RNA and exome-sequencing
 - Single cell RNA-seq
 - ATAC (**A**ssay for **T**ransposase-**A**ccessible **C**hromatin)-seq
 - Cell free DNA analysis
- Candidate driver genes—bioinformatics
- Mechanism--loss and gain of function studies

Back to bedside!!

The Cell Cycle

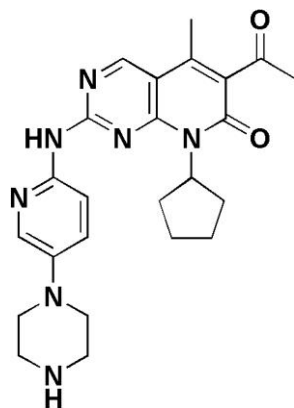


CDK: Cyclin-Dependent Kinase
p18^{INK4c} (*CDKN2C*)

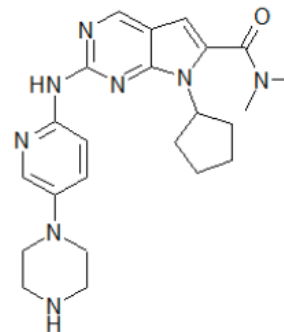


CDK4 and CDK6-Specific Inhibitor

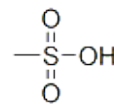
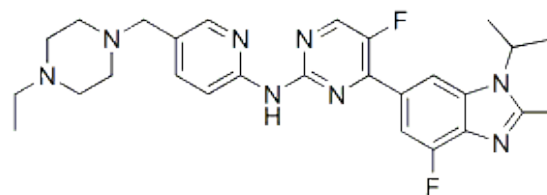
PD 0332991
(palbociclib, Ibrance)

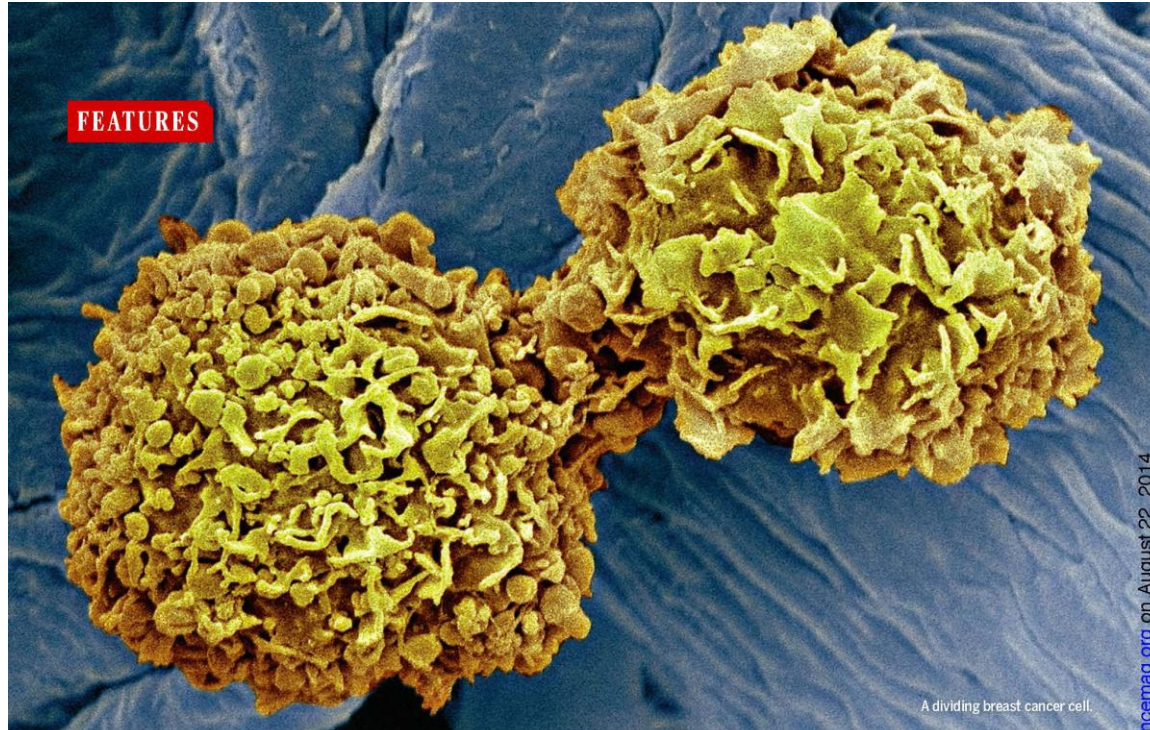


LEE011
(ribociclib)



LY 2835219
(abemaciclib)





Downloaded from www.sciencemag.org on August 22, 2014

The cancer drug that almost wasn't

After years in drug development limbo, a compound that interrupts cell division has revitalized a troubled area of cancer research

By Ken Garber

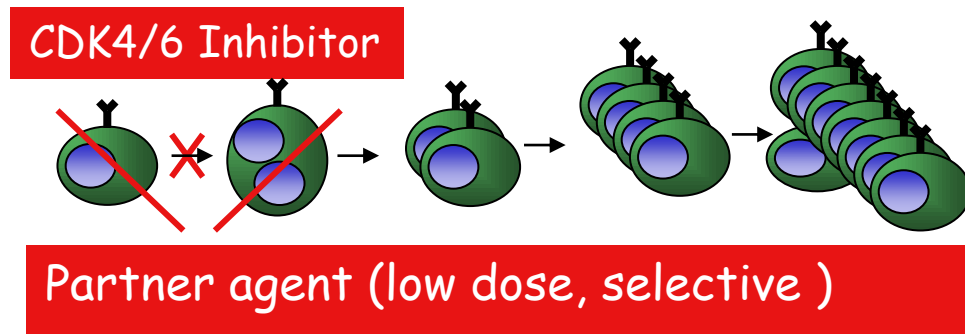
SCIENCE

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865



Targeting CDK4/CDK6 in lymphoma and myeloma



Weill Cornell

Mantle cell lymphoma

Phase I palbociclib

Multiple Myeloma

Phase I/II palbociclib-bortezomib-Dex

Mantle cell lymphoma

Phase I palbociclib-bortezomib

In progress

Mantle cell lymphoma

Phase I palbociclib-Ibrutinib

Multiple myeloma Phase I palbociclib-Lenalidomide-Dex

3/2017

Mantle cell lymphoma

Phase II palbociclib-Ibrutinib



Mantle Cell Lymphoma (MCL)

Non-Hodgkin's lymphoma (6%) with an overall poor prognosis.

Incurable due to the eventual development of drug Resistance.

Constitutive cyclin D1 expression due to chromosomal t(11;14) translocation and mutations.

Overexpression of CDK4.

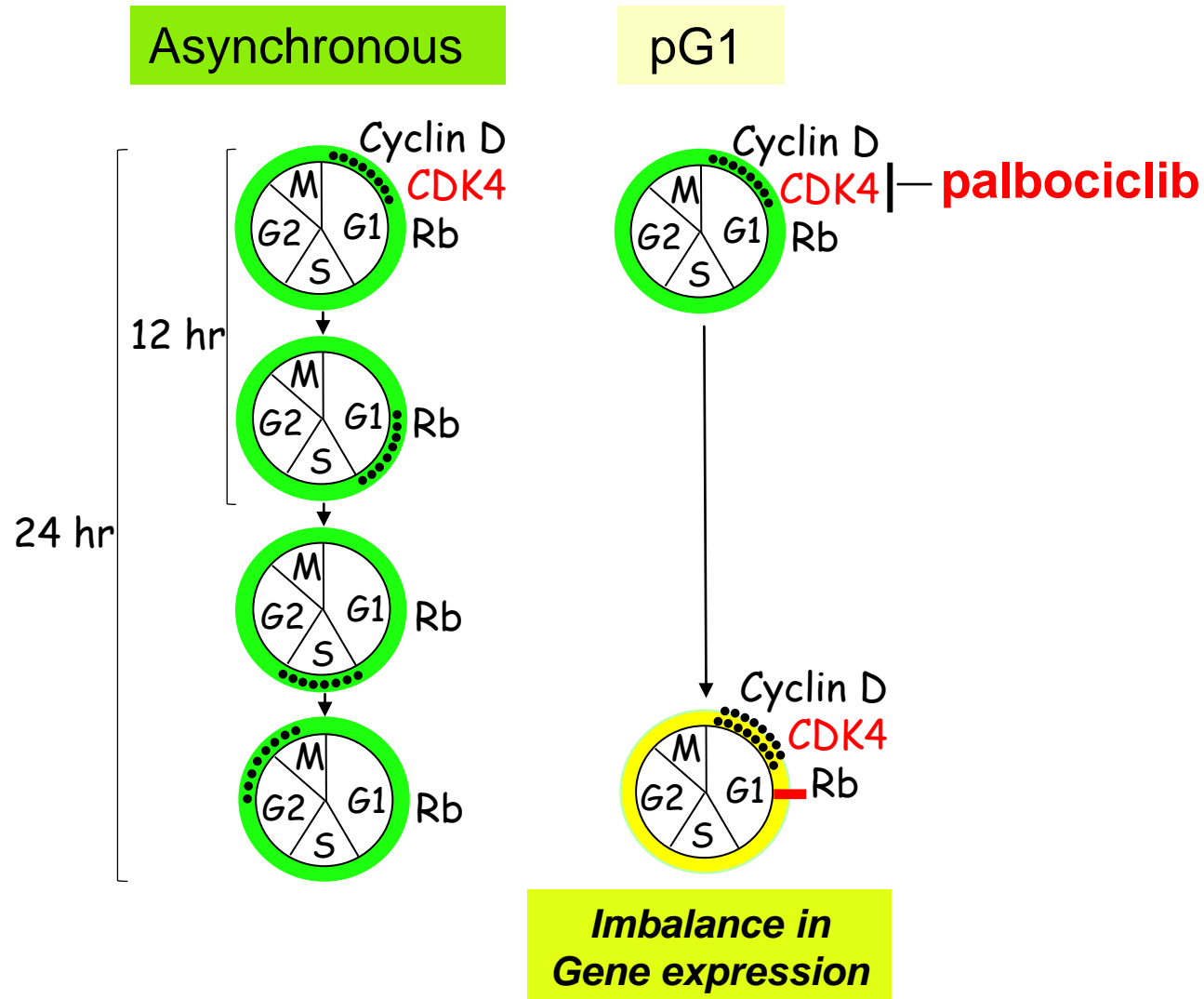


Bench to Bedside and Back Approach

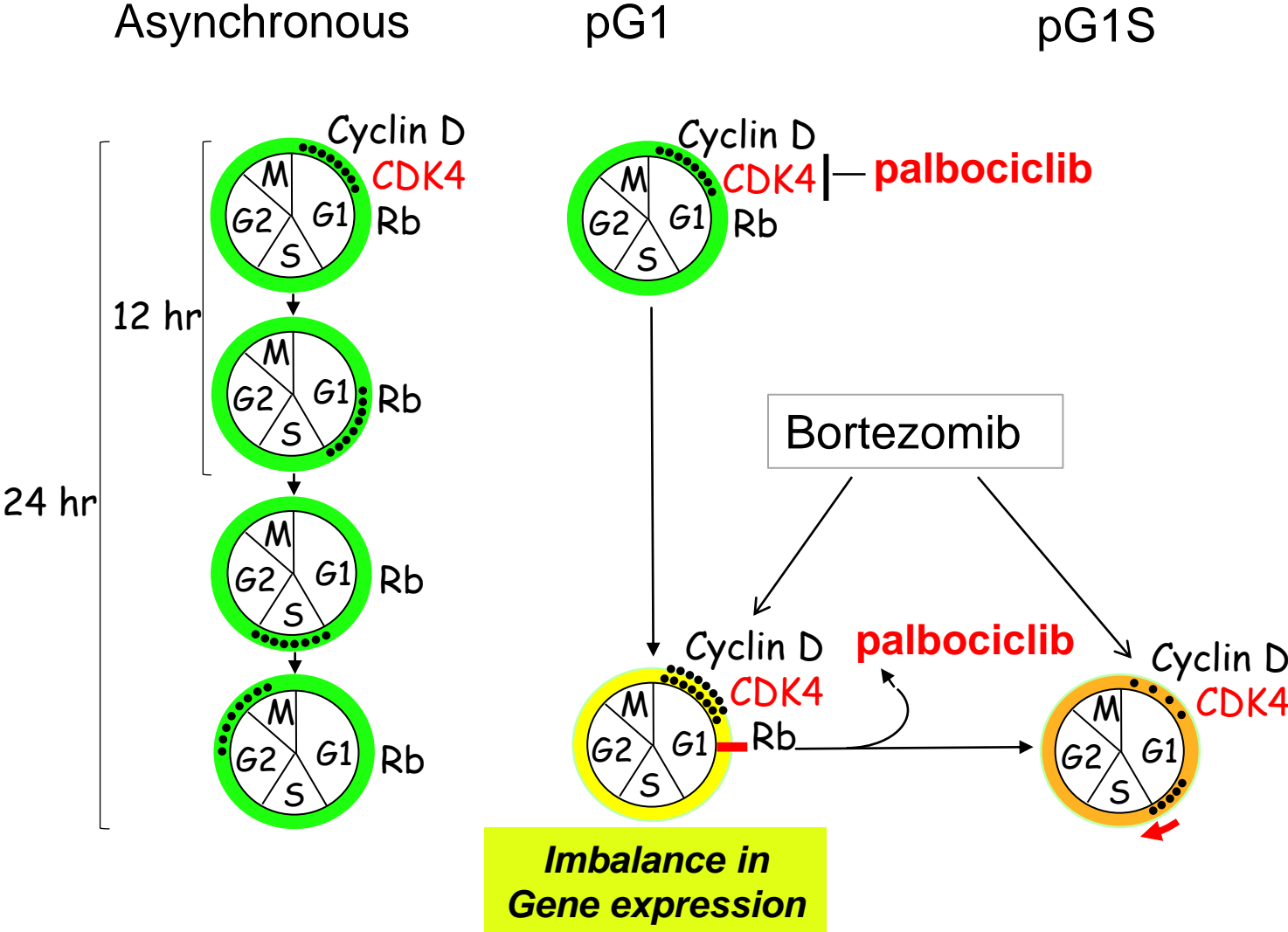
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Prolonged Early G1 Arrest (pG1) Hypothesis

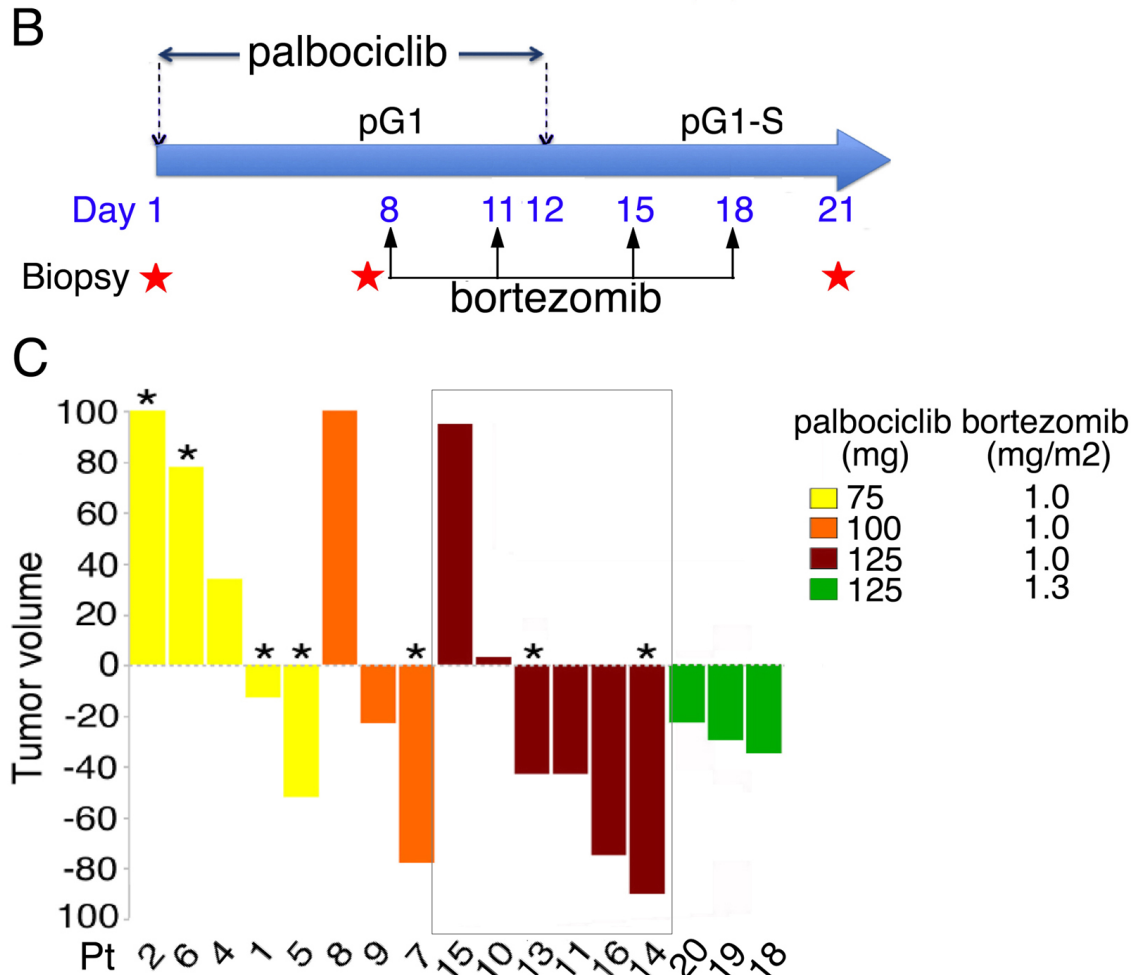


Prolonged Early G1 Arrest (pG1) Hypothesis



pG1-S: Release from pG1

Phase I study of palbociclib + bortezomib in patients with recurrent MCL

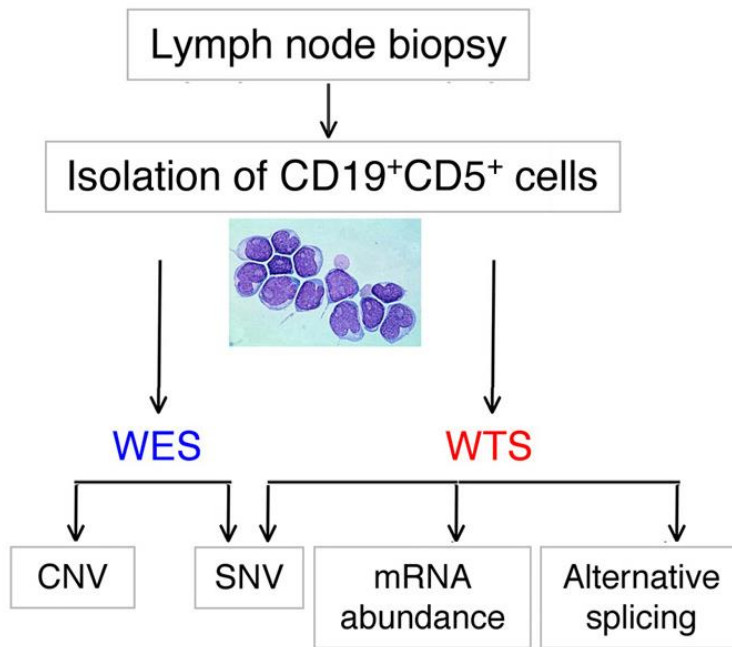


Bench to Bedside and Back Approach

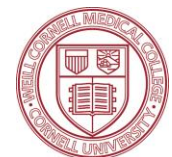
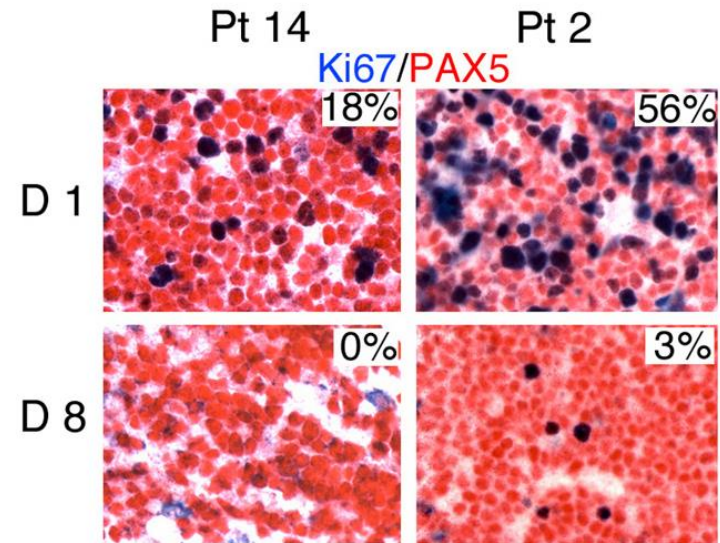
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Discovering driver genes that mediate targeting CDK4/6 in lymphoma therapy

A Integrative WES/WTS analysis

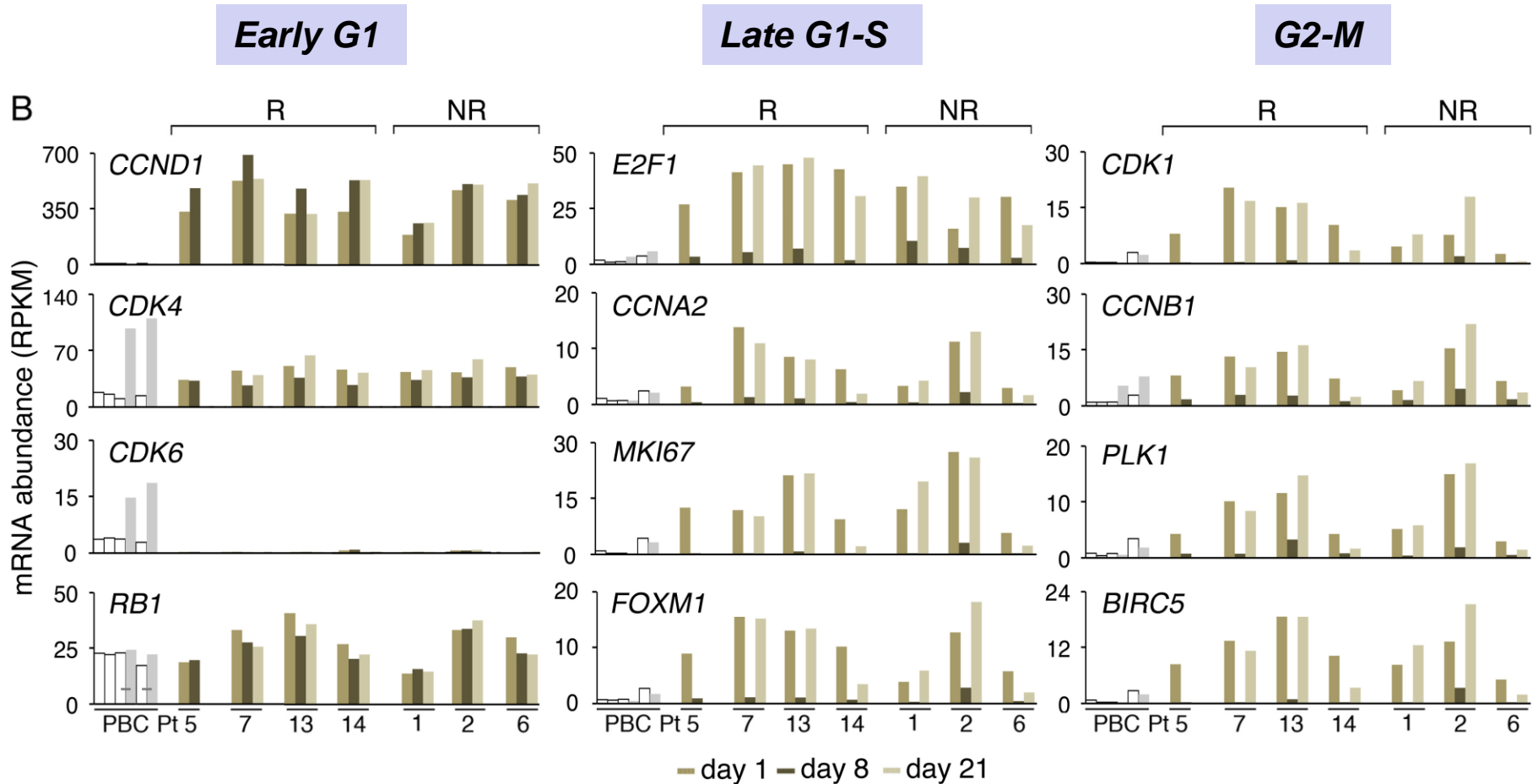


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Inhibition of CDK4/6 induces **early G1 arrest** in **all** MCL cells *in vivo* initially



R: complete and partial response

NR: progression disease

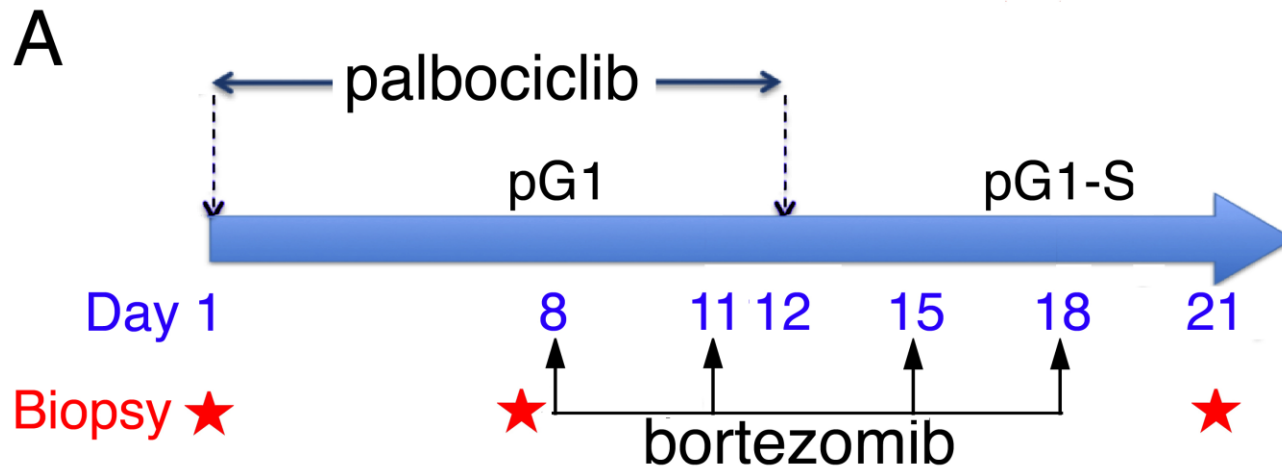
Di Liberto, Chiron, Mason, Martin, Leonard, Ely, unpublished

Inhibition of CDK4/6 induces reversible early G1 arrest in all MCL cells initially.

Can we identify **driver** genes in pG1 (day 8) that discriminate sensitivity from resistance to targeting CDK4 in combination with bortezomib?

*Di Liberto, Chiron, Mason,
Martin, Leonard, Ely, unpublished*

Phase I study of palbociclib + bortezomib (Palbz) in patients with recurrent MCL

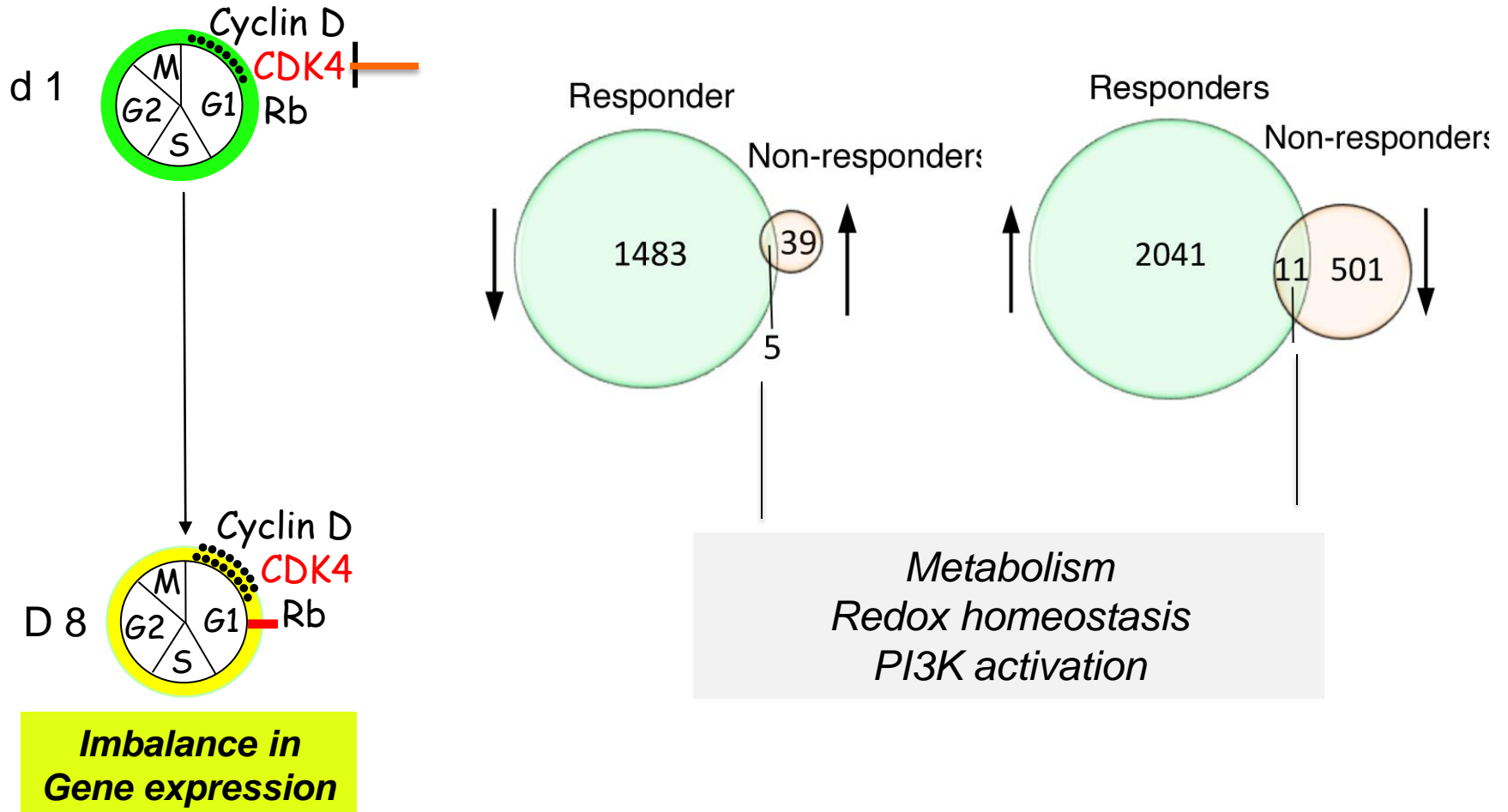


Bench to Bedside and Back Approach

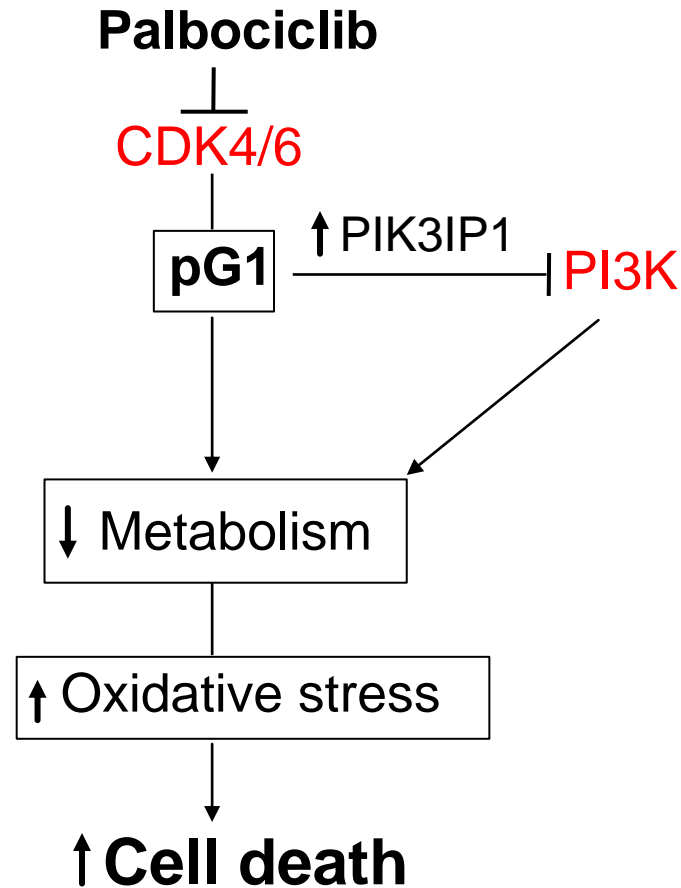
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Opposite regulation of genes in pG1 (d8/d1) in responding vs non-responding patients



pG1 reprogramming of MCL cells by CDK4 inhibition

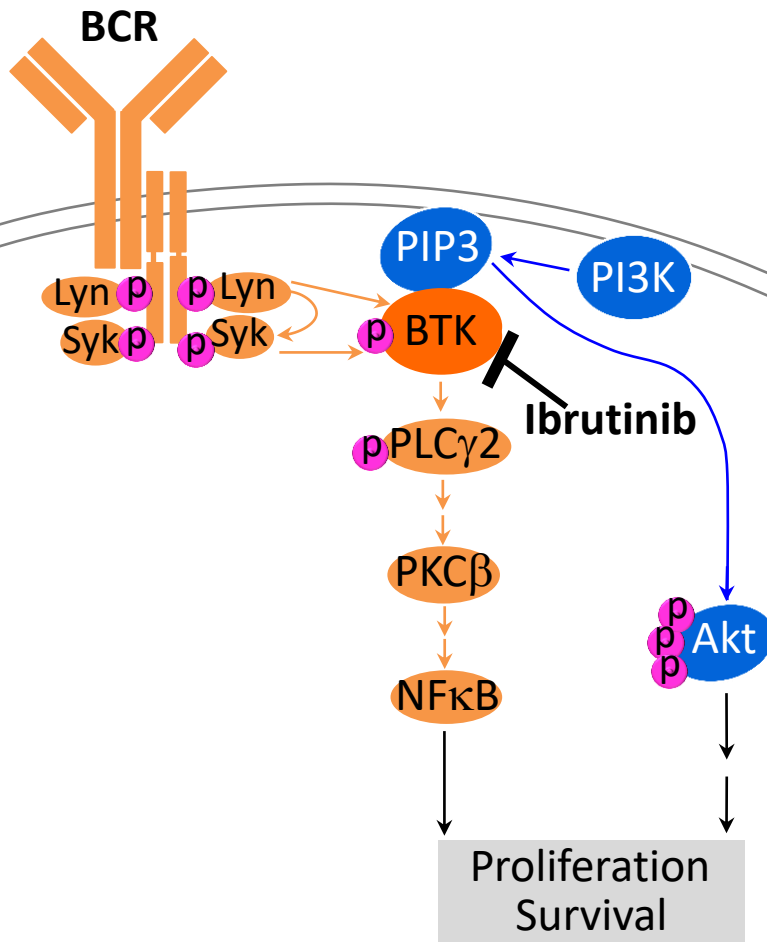


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Overriding ibrutinib resistance
By targeting CDK4/6 in
Combination therapy

Targeting Bruton Tyrosine Kinase (BTK) by Ibrutinib in MCL

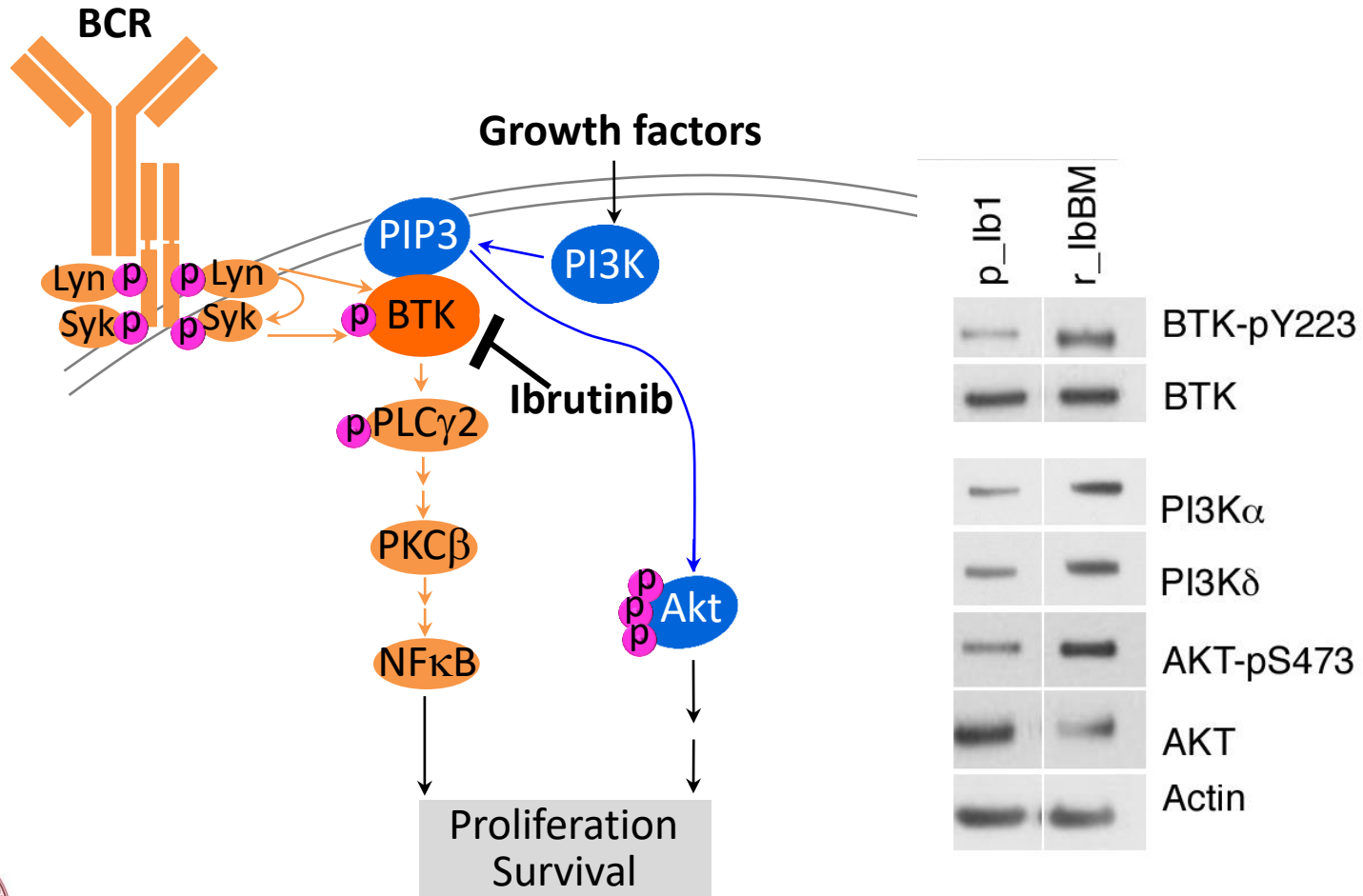


- BTK is required for survival of lymphoma cells;
- Targeting BTK with Ibrutinib is highly effective in MCL¹;
- However, relapse is virtually universal--aggressive proliferation and poor prognosis²

1. Wang et al. *N Engl J Med* 2014.
2. Martin et al. *Blood* 2016.

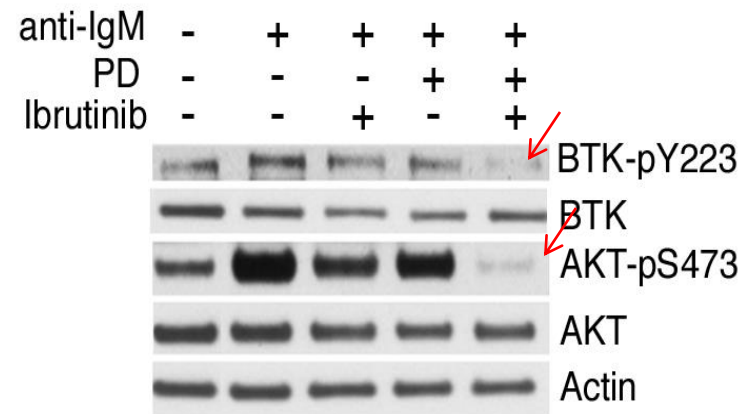
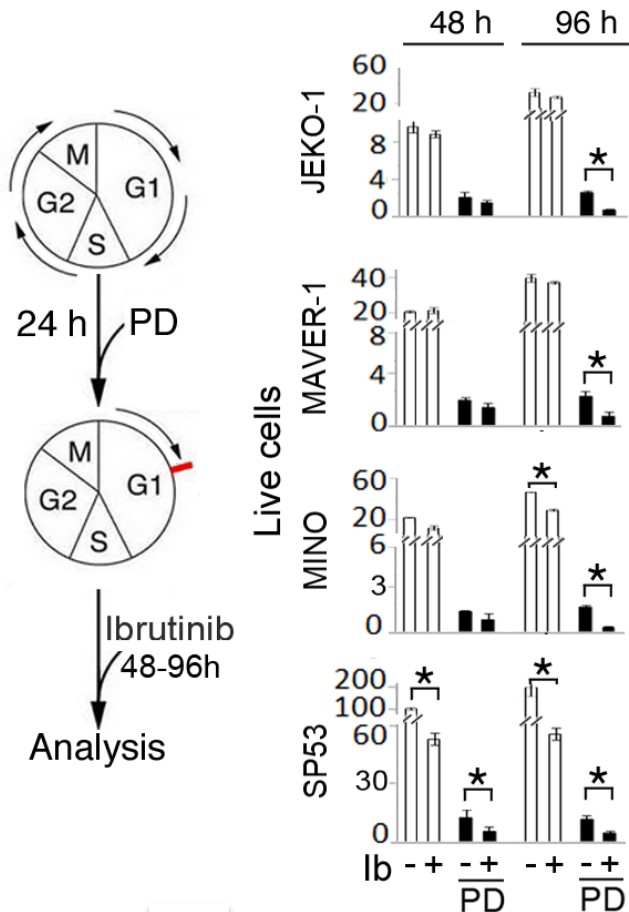


Ibrutinib resistance is concurrent with PI3K activation

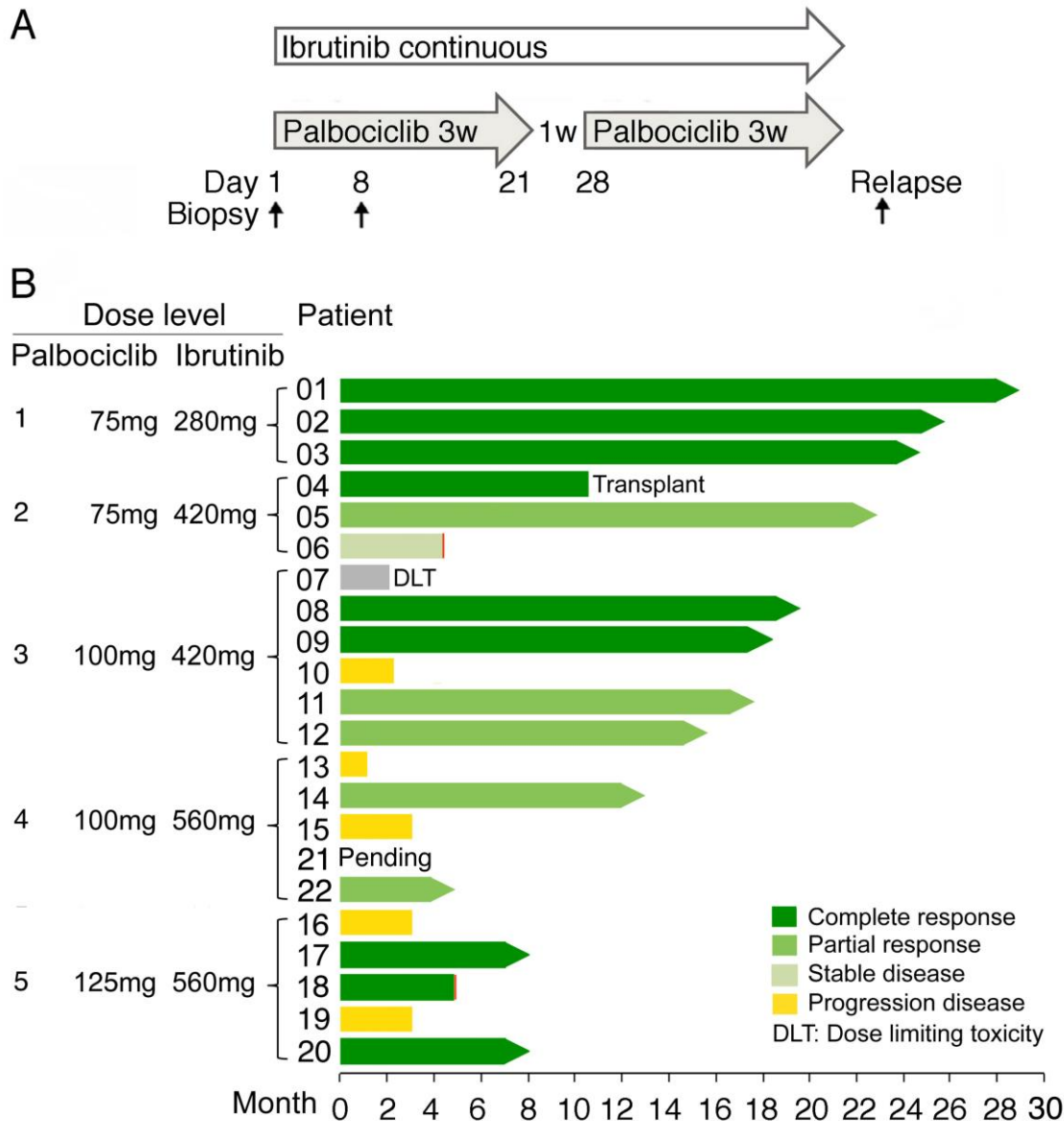


Prolonged CDK4 inhibition reprograms MCL cells for ibrutinib killing by inhibiting both BTK and AKT

B



Phase I clinical trial of palbociclib + Ibrutinib in recurrent MCL



Abstract #150
 Martin et al.
 A Phase I Trial of
 Ibrutinib Plus PD
 0332991
 (Palbociclib) in
 Patients with
 Previously Treated
 Mantle Cell
 Lymphoma

Phase I clinical trial of palbociclib + Ibrutinib in recurrent MCL

	Palbociclib + Ibrutinib	Ibrutinib	Palbociclib
Overall response	64%	68%	18%
Complete response	43%	21%	5%
Partial response	21%	47%	

Durable—only one CR patient progressed
Well tolerated

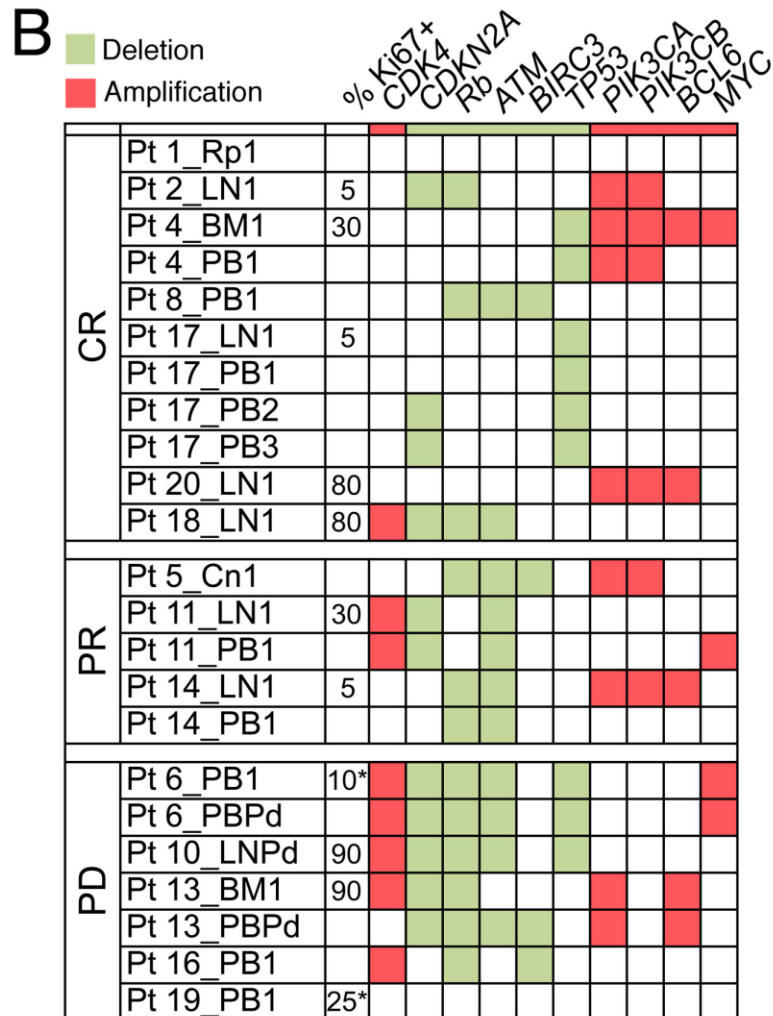
Phase II

Clinical Trial is planned for early 2017



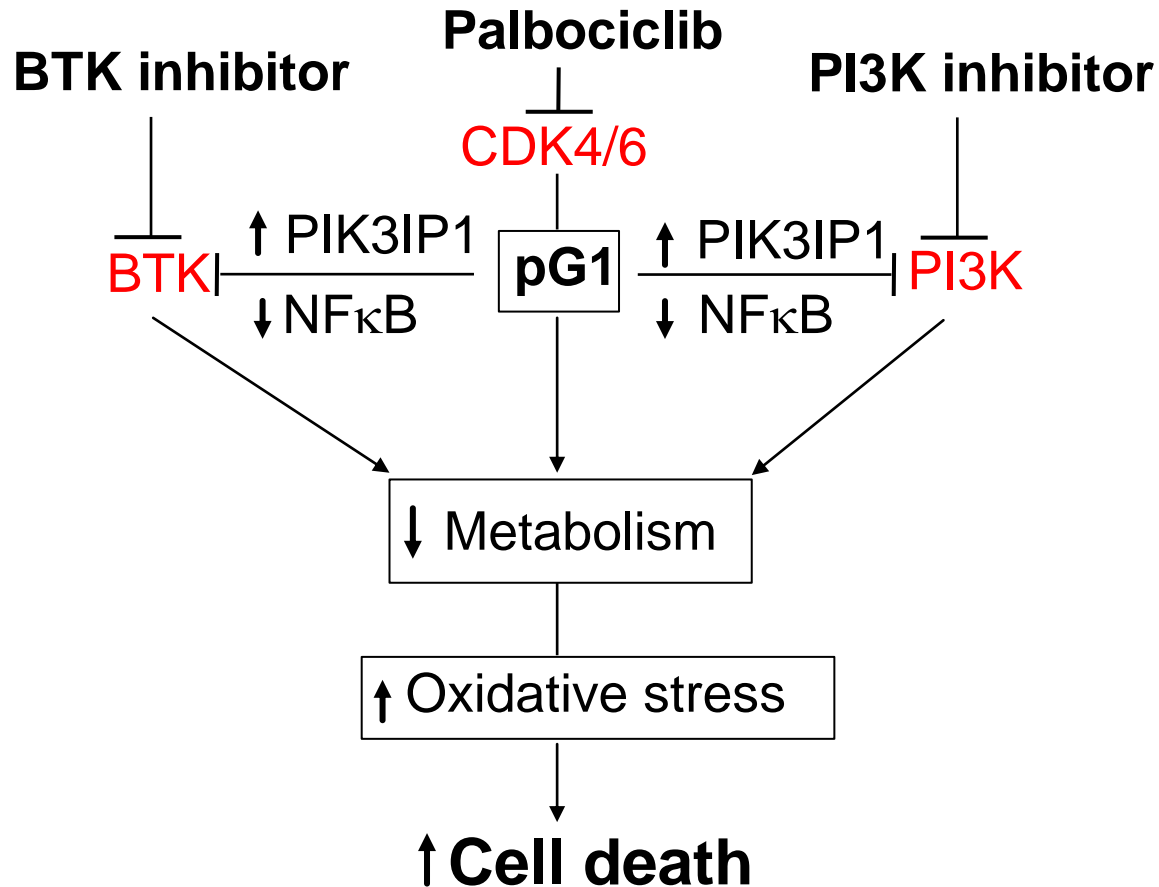
Concurrent loss of Rb and p16 and CDK4 amplification in resistance to palbociclib-Ibrutinib therapy

Copy number variation (CNV) of MCL cells



- Frequent monoallelic deletion of *Rb1* (9/15), *CDKN2A/B* (7/15), *ATM* (7/15) and *TP53* (4/15), and amplification of *CDK4* (6/15) and *PIK3CA/B* (6/15)
- CR and PR despite these CNVs or aggressive proliferation (Ki67>50%)
- CR and PR despite concurrent *CDK4* amplification and *CDKN2A/B* deletion
- PD was associated with concurrent *CDK4* amplification and *Rb* deletion in 4/5 patients, and additional *CDKN2A/B*, *ATM* or *BIRC3* deletion in 3/5 patients.

Inhibition of CDK4 reprograms MCL cells for vulnerability to BTK or PI3K inhibition



Promises and Challenges in targeting CDK4/6

- Mechanism of therapeutic targeting of CDK4/6
 - Chromatin remodeling
 - Reprogramming of gene expression
 - Cancer cell metabolism
- Mechanism-based combination therapy
 - Selection of partners - cell cycle specificity
 - Node of integration
 - Sequence, toxicity
- Mechanism of resistance
 - Tumor intrinsic and extrinsic
- Identification of biomarkers
 - longitudinal integrative WES/WTS
 - scRNA-seq, ATAC-seq, ctDNA analysis
- Disease specificity

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