#5612

Taletrectinib, a next-generation selective ROS1 inhibitor, inhibits growth of ROS1 wild-type and ROS1-G2032R xenografts

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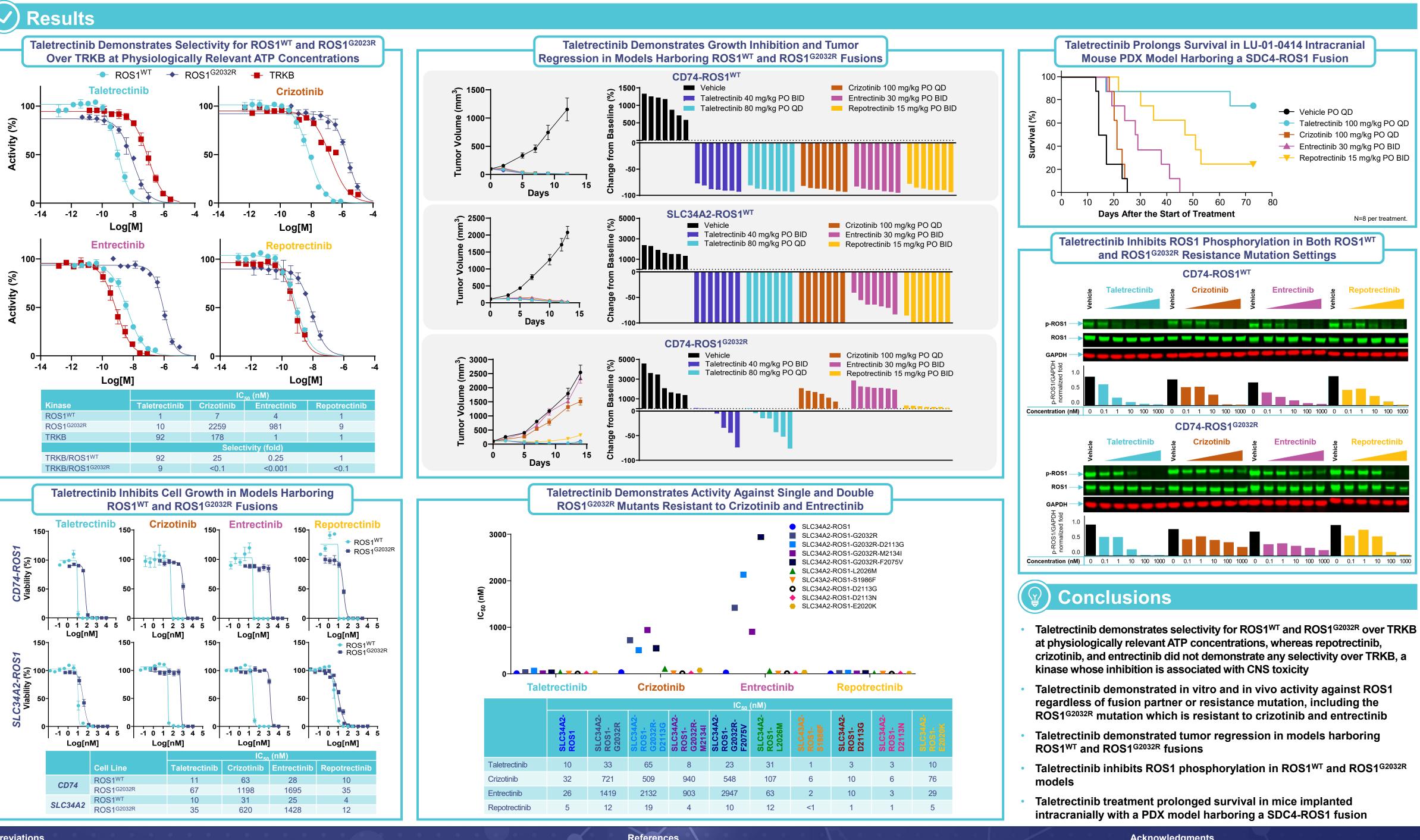
0 Background

- *ROS1* gene fusions occur in approximately 2% of patients with NSCLC¹
- *ROS1* gene fusions result in increased ROS1 autophosphorylation and constitutive activation²
- While 3 ROS1 TKIs are currently approved by the FDA for the treatment of ROS1+ NSCLC, there remains an unmet need for effective and tolerable treatment options¹
 - Crizotinib and entrectinib are not active against many resistance mutations, including ROS1 G2032R, the most common mutation¹
- Repotrectinib, while active in the CNS, is associated with a high rate of neurologic AEs such as dizziness (65%), ataxia (28%), and cognitive impairment (25%), which are attributed to the drug's inhibition of TRKB³
- Taletrectinib is a next-generation, CNS-active, ROS1 TKI with selectivity over TRKB^{4,5}
 - Taletrectinib demonstrated high and durable overall responses, robust intracranial responses, prolonged PFS, activity against G2032R, and had a favorable safety profile in the pivotal regional TRUST-I (NCT04395677)⁴ and global TRUST-II (NCT04919811)⁵ studies of *ROS1*+ NSCLC
- NDA was accepted for priority review by the US FDA, with a PDUFA date of June 23, 2025

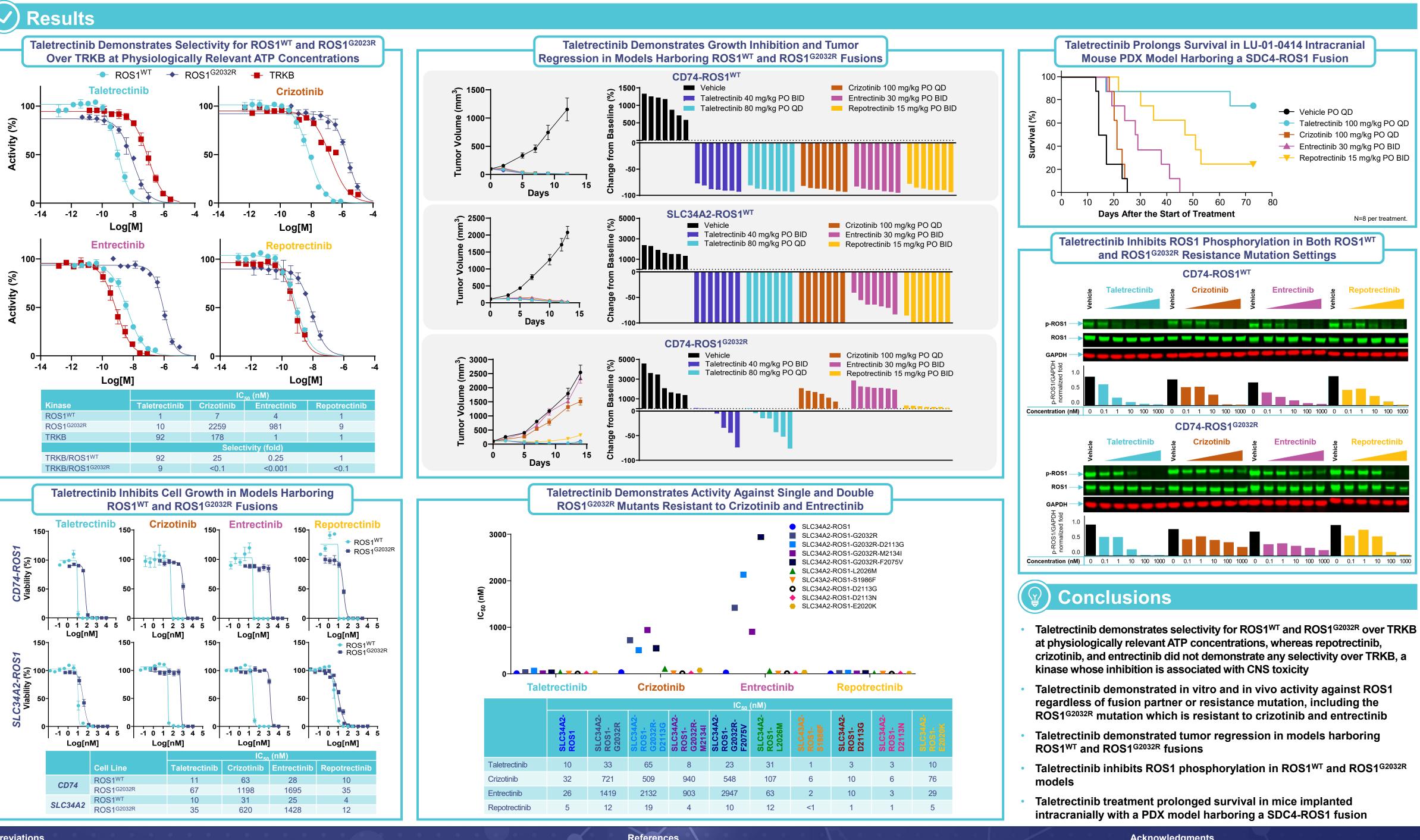
Methods

Study Design

- **Biochemical inhibition:** In vitro kinase activity was detected via Reaction Biology Hotspot Kinase Assay and measured using the P81 filter-binding method
- In vitro cell viability: Ba/F3 cells harboring the respective *ROS1* wild type or mutant fusions were plated at a density of 500–2500 cells/well and treated the next day with respective treatments. Viability was assessed after 5 or 6 days of treatment, and data are represented in IC₅₀ where 50% of growth inhibition relative to control was observed
- Western blots: Cells were harvested 2 hours post dosing, and protein expression was analyzed using the following antibodies: Phospho-ROS1 Tyr 2274 (CST-3028), ROS1 (CST-3287, OTI1A1-Invitrogen), and GAPDH (Proteintech 60004). Protein expression was guantified and normalized to GAPDH expression
- In vivo CDX/PDX: CDX or PDX studies were run as per standard practice. Briefly, cells or tumor fragments were implanted in mice, and mice were housed in pathogen-free housing with access to sterilized food and water ad libitum. Taletrectinib, crizotinib, entrectinib, or repotrectinib was administered orally. For subcutaneous models, tumors were measured twice/week and tumor volume was calculated using the formula: (L*W²)*0.52. For intracranial models, survival of mice was evaluated



	IC ₅₀ (NM)			
Kinase	Taletrectinib	Crizotinib	Entrectinib	Repotrectinil
ROS1 ^{WT}	1	7	4	1
ROS1G2032R	10	2259	981	9
TRKB	92	178	1	1
	Selectivity (fold)			
TRKB/ROS1 ^{WT}	92	25	0.25	1
TRKB/ROS1G2032R	9	<0.1	< 0.001	<0.1



Abbreviations

growth inhibition 50%; IC₅₀, half-maximal inhibitory concentration; NDA, new drug application; NSCLC, non-small cell lung cancer; PDX, patient-derived xenograft; PFS, progression-free survival; p-ROS1, phosphorylated ROS1; PDUFA, Prescription Drug User Fee Act; PO, orally; QD, once daily; ROS1, proto-oncogene tyrosine-protein kinase 1; ROS1+, ROS1 positive; SDC4, syndecan-4; SLC34A2, solute carrier family 34 member 2; TKI, tyrosine kinase inhibitor; TRKB, tropomyosin receptor kinase B; US FDA, US Food and Drug Administration; WT, wild type

AE, adverse event; ATP, adenosine triphosphate; BID, twice daily; CDX, cell line-derived xenograft; CNS, central nervous system; GAPDH, glyceraldehyde-3-phosphate dehydrogenase; Gl₅₀

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