DCC-3116, a first-in-class selective inhibitor of ULK1/2 kinases and autophagy, synergizes with encorafenib and cetuximab in BRAF^{V600E}_mutant colorectal cancer models

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Introduction

- Cancer cells activate autophagy through ULK1/2 kinases as an adaptive stress response (ASR) escape mechanism to therapies targeting the RTK/RAS/MAPK/PI3K pathways, limiting antitumor response^{1,2}
- BRAF signals through the MAPK pathway while EGFR signals upstream through both the MAPK and PI3K pathways, suppressing ULK1/2 kinases and autophagy; treatment with BRAF and EGFR inhibitors reverses this suppression, activating autophagy³⁻⁶
- Approved treatments for patients with CRC harboring BRAF^{V600E} mutations include the BRAF inhibitor encorafenib in combination with the EGFR antibody cetuximab⁷
- Treatment with encorafenib + cetuximab is initially successful; however, drug resistance can develop⁷ either through RTK/MAPK-resistant mutations and/or ASR pathways, including autophagy
- DCC-3116 is a selective, investigational, potent, first-inclass inhibitor of ULK1/2 kinases in clinical development in combination with targeted therapies that activate the autophagic ASR escape pathway^{1,2}
- Here, we demonstrate that ULK1/2 kinases and autophagy are activated in BRAF^{V600E}-mutant CRC models upon treatment with encorafenib + cetuximab and that the ULK1/2 inhibitor DCC-3116 deepened responses to encorafenib + cetuximab in BRAF^{V600E}_ mutant CRC xenograft models



Methods

- ULK1/2 activity was measured in cells using an ELISA for the ULK substrate pATG13
- Autophagic flux was measured by monitoring mCherry/GFP-tagged LC3 in HT-29 and Colo-205 cells
- Xenograft models were performed at a CRO with the approval of Animal Care and Use committees



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DCC-3116 synergizes with encorafenib and cetuximab combination to inhibit tumor growth in the Colo-205 colorectal model



Results

DCC-3116 synergizes with encorafenib and cetuximab to inhibit autophagy and block tumor



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- Vehicle - DCC-3116 50 mg/kg, p.o. BID Encorafenib 10 mg/kg, p.o. QD ---- Cetuximab 20 mg/kg, i.p. BIW ***** Encorafenib + cetuximab

Encorafenib + cetuximab
+ DCC-3116

RTK, receptor tyrosine kinase; SEM, standard error of the mean; ULK, unc-51-like autophagy-activating kinase.

DCC-3116 combines with encorafenib and cetuximab to inhibit ULK activity and tumor growth in the HT-29 colorectal model



CONCLUSIONS

- the Colo-205 model

ABBREVIATIONS

AKT, protein kinase B; AMPK, adenosine monophosphate-activated protein kinase; ASR, adaptive stress response; ATG13, autophagy-related protein 13; BID, twice daily; BIW, 2 times a week; BRAF, v-Raf murine sarcoma viral oncogene homolog B1; CRC, colorectal cancer; CRO, clinical research organization; DMSO, dimethyl sulfoxide; ELISA, enzyme-linked immunosorbent assay; ERK, extracellular signal–regulated kinase; GFP, green fluorescent protein; IC₅₀, half maximal inhibitory concentration; i.p., intraperitoneally; LC3, microtubule-associated protein light chain 3; MAPK, mitogen-activated protein kinase; MEK, MAPK kinase; mTOR, mammalian target of rapamycin; pATG13, phosphorylated ATG13; PD, pharmacodynamics; PI3K, phosphoinositide 3-kinase; PK, pharmacokinetics; p.o., orally; QD, once daily; RAF, rapidly accelerated fibrosarcoma serine/threonine kinase; RAS, rat sarcoma small GTPase protein; Rheb, Ras homolog enriched in brain;

• These preclinical data demonstrated that ULK-mediated autophagy was activated as an ASR escape mechanism in response to BRAF inhibitors in combination with EGFR blockade

 Inhibition of ULK1/2 with DCC-3116 deepened control of tumor growth in combination with encorafenib + cetuximab, with the triple combination resulting in regression in 10 out of 10 mice in

 These data provide the rationale to study the combination of DCC-3116 with encorafenib + cetuximab in patients with CRC harboring the BRAF^{V600E} mutation

• DCC-3116 is currently in a phase 1 clinical trial in patients with advanced solid tumors (NCT04892017), and initiation of a new combination escalation study in combination with encorafenib and cetuximab in the second half of 2023

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