DCC-3084, a RAF dimer inhibitor, broadly inhibits BRAF class I, II, III, BRAF fusions, and RAS-driven solid tumors leading to tumor regression in preclinical models

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Introduction

 DCC-3084 is a potent and selective switch-control inhibitor of BRAF and CRAF kinases shown preclinically to target all relevant aberrant signaling mechanisms (monomers, homodimers, heterodimers)¹⁻³



Switch-control mechanism for engineering a RAF dimer inhibitor



Top: Vemurafenib binds the **C-helix switch** of all different species of BRAF (monomers, homodimers, and heterodimers) in the "C*helix out"* state.⁴ This binding mode limits inhibitor binding to only 1 monomer of the BRAF dimer, resulting in **transactivation** of the unbound monomer and enhanced pathway signaling

Bottom: LY3009120 (DP-4978) binds the switch in the "C-helix in" state and the activation switch in the "DFG out" state, enabling inhibitor binding to both monomers.² LY3009120 induces minimal paradoxical activation and fully inhibits RAF

Methods

- Inhibition of RAF kinases, including off-rate analysis, was measured using recombinant enzymes
- X-ray crystallography was used for structure-based drug design
- Cellular proliferation was measured using resazurin to monitor cell viability
- Synergy in cells was measured using Bliss scores⁵ and curve shift analysis
- Inhibition of ERK or RSK phosphorylation was measured by AlphaLISA or ELISA
- Pharmacokinetics in the plasma, brain, and CSF compartments were measured following oral dosing in Wistar rats
- *RAF* and *RAS*-mutant mouse xenograft models were used to assess pharmacokinetics, pharmacodynamics, and efficacy

Results

and CRAF

nhibitor

DCC-3084 Tovorafenib Naporafenib Belvarafenib

Exarafenib JZP815

and RAF fusion human cancer cell lines

nhibitor

Mutation class

DCC-3084 Tovorafenib Naporafenib Belvarafenib Exarafenib JZP815

DCC-3084 synergizes with the MEK inhibitor cobimetinib in BRAF class II and KRAS-mutant cell lines





Nine-point dose with 3-fold dilutions starting at 20 mM for DCC-3084. Nine-point dose response with 2-fold dilutions for cobimetinib Single agent IC₅₀ for cobimetinib and DCC-3084 are the absolute IC₅₀ corresponding to 50% of the DMSO control. IC₅₀ for DCC-3084 + cobimetinib calculated for DCC-3084 at IC₅₀ for cobimetinib. Fold change is DCC-3084 + cobimetinib relative to the IC₅₀ of DCC-3084

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DCC-3084 is a potent and selective inhibitor of BRAF

BRAF IC ₅₀ (nM)	<i>CRAF</i> IC ₅₀ (nM)	ARAF IC ₅₀ (nM)	BRAF ^{V600E} IC ₅₀ (nM)	BRAF/CRAF t _{1/2} (hrs)
71	34	903	2	>20
654	338	2300	6	2
38	29	720	28	10
31	51	276	3	>20
182	87	2600	31	>20
48	18	261	46	>20

Twelve-point dose with 3-fold dilutions starting at 10 mM. [ATP] = 1 mM. Recombinant ARAF assay designed to more accurately reflect inhibition of ARAF in cells. $t_{1/2}$ determined in the presence of BRAF and CRAF. [ATP] = 1 mM.

DCC-3084 exhibits overall best-in-class inhibition of cellular proliferation in BRAF class I, II, and III mutant

	iuman	cance				
A375 IC ₅₀ (nM)	Colo-205 IC ₅₀ (nM)	HT-29 IC ₅₀ (nM)	BxPC-3 ^a IC ₅₀ (nM)	H2405 IC ₅₀ (nM)	WM3928 IC ₅₀ (nM)	WM3629 IC ₅₀ (nM)
1	I.		П	П	Fusion	III + NRAS
54	174	13	61	74	42	3
3000	6880	5270	1100	603	669	305
438	2142	228	19	465	90	3
144	486	128	59	149	14	2
170	624	101	254	549	98	17
141	290	47	200	47	133	2

Inhibition of cell proliferation of 12-point dose with 3-fold dilutions starting at 10 mM. ^aBxPC-3 data are IC₅₀ (nM) for inhibition of pERK measured by AlphaLISA after 4-hour treatment.

Cobimetinib IC ₅₀ (nM)	DCC-3084 IC ₅₀ (nM)	DCC-3084 + cobimetinib IC ₅₀ (nM)	Fold change
526	2300	14	164
80	1260	42	30
177	309	12	26

transporters

DCC-3084 exhibits excellent permeability and low efflux, and is a strong inhibitor of the MDR1 and BCRP drug transporters

Inhibitor	T. sol pH 1.6 (μM)	MDR1 P _{app} A-B	MDR1 efflux ratio	MDR1 IC ₅₀ (nM)	BCRP P _{app} A-B	BCRP efflux ratio	BCRP IC ₅₀ (nM)
DCC-3084	408	21	1.1	79	33	0.8	74
Tovorafenib	<1.6	16.9	1.2	>10,000	6.1	13.2	706
Naporafenib	21	3.9	6.2	2300	4.9	16.6	2400
Belvarafenib	25	0.5	0.2	>100	0.9	3.2	17
Exarafenib	1518	2.8	13.9	>10,000	1.1	58	>10,000
JZP815	213	5.0	2.1	1900	26.1	1.5	1130
Pare A-B has units of 10 ⁻⁶ cm/s. Efflux ratio = Pare B-A (apparent permeability coefficient from basolateral to apical direction)/Pare A-B (apparent permeability coefficient from apical							

to basolateral direction

Single-agent DCC-3084 produces tumor regression in BRAF monomer-, **BRAF** homodimer–, and **B/CRAF** heterodimer–mutant cancer models



DCC-3084 exhibits single-agent activity in BRAF/CRAF-driven, KRASmutant cancer models and further combines with MEK inhibitors



ARAF, serine/threonine protein kinase A-rapidly accelerated fibrosarcoma; ATP, adenosine triphosphate; AUC, area under the concentration time curve; AUC_{0-last}, AUC from

time 0 to last measured concentration; BCRP, breast cancer resistance protein transporter; BID, twice daily; BRAF, v-Raf murine sarcoma viral oncogene homolog B1; CNS,

central nervous system; CRAF, serine/threonine-protein kinase C-Raf; CSF, cerebrospinal fluid; DFG, aspartic acid-phenylalanine-glycine; DMSO, dimethyl sulfoxide; ELISA,

enzyme-linked immunosorbent assay; ERK, extracellular signal–regulated kinase; GTP, guanosine triphosphate; hrs, hours; IC₅₀, half maximal inhibitory concentration; Kp_{ut}

unbound partition coefficient (free brain concentration/free plasma concentration); KRAS, Kirsten RAS; M, molar; MDR1, multidrug resistance mutation transporter; MEK,

phosphorylated RSK; QD, once daily; RAF, rapidly accelerated fibrosarcoma; RAS, rat sarcoma small GTPase protein; RSK, ribosomal s6 kinase; SEM, standard error of the

mitogen-activated protein kinase kinase; NRAS, neuroblastoma RAS; PERK, protein kinase R-like endoplasmic reticulum kinase; PK, pharmacokinetics; p.o., orally; pRSK,

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DCC-3084 inhibits both the MDR1 and BCRP drug-resistance efflux





Data represent mean ± SEM. Tumor models were established to 100–300 mm³ prior to dosing.

mean; t_{1/2}, half-life; TGl, tumor growth inhibition; T. sol, thermodynamic solubility; WT, wild-type.

ABBREVIATIONS

deciphera **Poster: 4045**

DCC-3084 exhibits good CNS penetration properties in vivo

Inhibitor	AUC [brain]/AUC [plasma]	Kp _{uu}	Classification ⁶
DCC-3084 ^a	0.49	0.30	Moderate
Tovorafenib	0.33	0.05	Low
Naporafenib	0.11	0.05	Low
Belvarafenib	1.74	0.87	High
Exarafenib	0.02	0.01	Low

Free fraction was determined based on percent rat brain and plasma binding

^aDCC-3084 brain and plasma concentrations were measured in Wistar rats after 5 days of oral BID dosing at 30-mg/kg. Brain and plasma concentrations for other inhibitors were measured in Wistar rats after a single oral 30-mg/kg dose.

DCC-3084 exhibits strong accumulation in tumors

Model	Time (hrs)	pRSK % inhibition	Plasma AUC _{0-last} (ng*h/mL)	Tumor AUC _{0-last} (ng*h/mL)	Tumor/ plasma
A375 30 mg/kg BID	2	92		26,500	1.9
	6	83	13,800		
	10	79			
BxPC-3 50 mg/kg BID	2	92		28,500	1.7
	6	75	16,800		
	10	23			

PK/PD determined at steady state after 5 or 7 days of repeat oral dosing

DCC-3084 switch-control binding mechanism limits paradoxical stimulation

DCC-3084 was designed to force the main activation DFG switch into an *"out"* state and the C-helix switch to an "in" state. This allows DCC-3084 to bind both monomers of a RAF dimer (left), enabling pathway inhibition in *RAS*-mutant cancers and limiting pERK activity due to paradoxical pathway activation observed with first-generation BRAF inhibitors (right).



CONCLUSIONS

- DCC-3084 is a potential best-in-class pan-RAF inhibitor engineered using Deciphera's proprietary switch-control platform
- DCC-3084 is a potent and selective inhibitor of BRAF and CRAF kinases shown preclinically to target all relevant aberrant signaling mechanisms (monomers, homodimers, heterodimers)
- DCC-3084 exhibits high permeability, good CNS penetration, and tumor tissue accumulation
- DCC-3084 exhibits long residency time, low efflux, and potent inhibition of efflux transporters linked to drug resistance to enable durable efficacy
- Strong preclinical data in cancers driven by *RAF* or *RAS* mutations supports exploration of single-agent and combination opportunities
- Submission of Investigational New Drug Application to FDA is planned for second half of 2023



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