

# AG-881, a brain-penetrant, potent, pan-mutant IDH (mIDH) inhibitor for use in mIDH solid and hematologic malignancies

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## BACKGROUND

- Somatic point mutations in the metabolic enzymes isocitrate dehydrogenase (IDH) 1 and 2 occur in multiple solid and hematologic tumors, including acute myeloid leukemia (AML) and gliomas.<sup>1-3</sup>
- The mutant IDH (mIDH) enzymes have a gain-of-function activity, catalyzing the reduction of alpha-ketoglutarate (α-KG) to produce the oncometabolite D-2-hydroxyglutarate (2-HG).<sup>4,5</sup>
- In vitro* studies suggest that accumulation of 2-HG leads to epigenetic alterations that block cellular differentiation, thereby promoting oncogenesis.<sup>6,8</sup>
- Small molecule inhibition of the mIDH protein represents a targeted approach to cancer treatment for patients with tumors that harbor an IDH1 and/or an IDH2 mutation.
- Direct inhibition of the gain-of-function activity of the mIDH protein is intended to inhibit 2-HG production and induce tumor cell differentiation.
- Here, we present AG-881, an orally available, potent, small molecule inhibitor of the IDH1 and IDH2 mutant proteins that can penetrate the blood-brain barrier.

## OBJECTIVE

- To disclose the binding site of AG-881 along with the drug properties, including biochemical half-maximal inhibitory concentration (IC<sub>50</sub>) values, cell-based IC<sub>50</sub> values, dual mIDH1/2 inhibition, brain penetration, and pharmacokinetic/pharmacodynamic (PK/PD) profile.

## METHODS

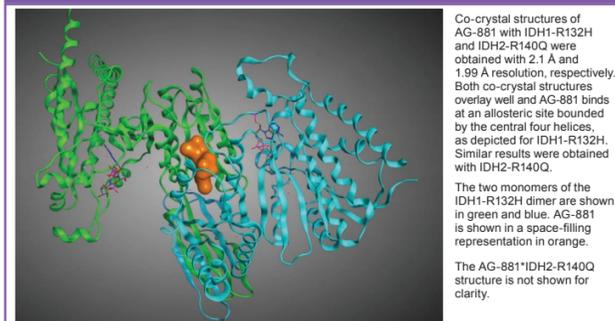
- High-resolution X-ray crystal structures of AG-881 in complex with mIDH1-R132H and mIDH2-R140Q were generated and overlaid.
- In vitro* enzyme activity assays were performed as previously described.<sup>9</sup>
  - mIDH activity (conversion of α-KG and NADPH to 2-HG and NADP<sup>+</sup>) was measured in an end-point assay of NADPH depletion.
  - NADPH consumption was coupled to diaphorase-catalyzed conversion of resazurin to fluorescent resorufin (excitation 544 nm, emission 590 nm).
- Cell line assays: cells were seeded into 96-well plates and AG-881 added to generate a 7-point dose-response assay in duplicate. Doses were usually started at 3 μM or 100 nM with 1:3 or 1:10 dilutions in dimethyl sulfoxide (DMSO). Control was 0.1% DMSO.
  - 2-HG inhibition was assessed by assaying 2-HG in medium after incubation for 48 hr (72 hr for TF-1 cells).
  - For cell growth assays, cells were incubated as above for a further 24 hr and total cellular ATP measured.
- Primary human patient samples: blood- or bone marrow-derived AML blasts were sorted and cultured in serum-free medium for 6 days in the presence of 0.5 or 1 μM AG-881 or vehicle (0.1% v/v DMSO).
  - 2-HG levels in cell supernatants were measured by liquid chromatography-tandem mass spectrometry (LC-MS/MS).
  - Fluorescence-activated cell sorting (FACS) using anti-CD15 (H198 clone), anti-CD24 (ML5 clone), and anti-CD11b (ICRF44 clone) antibodies was performed to assess effects on differentiation.
- Brain and cerebrospinal fluid penetration of AG-881 was assessed in mouse, rat, and cynomolgus monkey after oral doses.
- In vivo* inhibition of 2-HG production was assessed in a TS603 IDH1-R132H orthotopic xenograft mouse glioma model after repeated oral doses of AG-881.

References 1. Parsons DW et al. *Science* 2008;321:1807-12. 2. Yan H et al. *N Engl J Med* 2009;360:765-73. 3. Mardis ER et al. *N Engl J Med* 2009;361:1058-66. 4. Dang L et al. *Nature* 2009;462:739-44. 5. Ward PS et al. *Cancer Cell* 2010;17:225-34. 6. Xu W et al. *Cancer Cell* 2011;19:17-30. 7. Lu C et al. *Nature* 2012;483:474-8. 8. Saha SK et al. *Nature* 2014;513:110-4. 9. Yen K et al. *Cancer Discov* 2017;7:478-93.

## RESULTS

- Co-crystal structures of AG-881 with IDH1-R132H and IDH2-R140Q showed that AG-881 binds to mIDH enzymes at an allosteric site (Figure 1).

Figure 1. Co-crystal structure of AG-881 with IDH1-R132H



## Biochemical profiling

- Biochemical studies demonstrated that AG-881 has low nanomolar potency (IC<sub>50</sub>) against multiple mIDH enzymes (Tables 1 and 2).
  - It is a rapid-equilibrium inhibitor of the mIDH1-R132H, mIDH1-R132C, and mIDH2-R172K homodimers.
  - It is a slow-binding inhibitor of the mIDH2-R140Q homodimer and wtIDH1/mIDH1-R132H, wtIDH2/mIDH2-R140Q, and wtIDH2/mIDH2-R172K heterodimers.

Table 1. Potency of AG-881 against mIDH1 enzymes

IDH1 enzyme	Preincubation time	IC <sub>50</sub> (μM), mean ± SD	Max inhibition (%), mean ± SD	Repeats (n)
mIDH1-R132H homodimer	1 hr	0.006 ± 0.002	92.6 ± 5.3	20
	16 hr	0.008	76.4	1
mIDH1-R132C homodimer	1 hr	0.019 ± 0.004	67.0 ± 4.4	10
mIDH1-R132G homodimer	1 hr	0.017 ± 0.002	115.0 ± 4.9	9
mIDH1-R132L homodimer	1 hr	0.034 ± 0.005	80.0 ± 1.0	9
mIDH1-R132S homodimer	1 hr	0.006 ± 0.003	96.7 ± 8.8	9
wtIDH1/mIDH1-R132H heterodimer, reverse (mutant) direction	1 hr	0.004 ± 0.001	110.3 ± 3.8	8
	16 hr	0.0006 ± 0.0001	115.4 ± 6.4	9

Table 2. Potency of AG-881 against mIDH2 enzymes

IDH2 enzyme	Preincubation time	IC <sub>50</sub> (μM), mean ± SD	Max inhibition (%), mean ± SD	Repeats (n)
mIDH2-R140Q homodimer	1 hr	0.118 ± 0.014	112.8 ± 5.8	9
	16 hr	0.012 ± 0.002	102.7 ± 3.2	9
mIDH2-R172K homodimer	1 hr	0.032 ± 0.004	88.6 ± 3.4	9
	16 hr	0.094 ± 0.016	61.6 ± 3.7	9
wtIDH2/mIDH2-R140Q heterodimer, reverse (mutant) direction	1 hr	0.251 ± 0.037	81.8 ± 1.0	9
	16 hr	0.032 ± 0.005	105.3 ± 2.8	9
wtIDH2/mIDH2-R172K heterodimer, reverse (mutant) direction	1 hr	0.049 ± 0.005	98.8 ± 1.2	9
	16 hr	0.008 ± 0.002	87.8 ± 3.3	9

## Cell-based assays

- The potency of AG-881 against mIDH1 and mIDH2 enzymes was also shown in cell lines.
- The IC<sub>50</sub> range for 2-HG inhibition by AG-881 was 0.04–22 nM in cells expressing mIDH1-R132C, mIDH1-R132G, mIDH1-R132H, or mIDH1-R132S mutations and was 7–14 nM and 130 nM in cells expressing mIDH2-R140Q and mIDH2-R172K mutations, respectively (Table 3).

Table 3. 2-HG inhibition in cells expressing mIDH1 and mIDH2

Cell line	2-HG IC <sub>50</sub> (nM), mean ± SD	Max inhibition (%)	Replicates (n)	GI <sub>50</sub> 3 μM top dose
Neurospheres TS603 (mIDH1-R132H) <sup>a</sup>	0.250 ± 0.16	97	43	No fit
Neurospheres HK213 (mIDH1-R132H) <sup>a</sup>	0.043	92	1	ND
Neurospheres HK252 (mIDH1-R132H) <sup>a</sup>	0.059	91	1	ND
Neurospheres 522 (mIDH1-R132H) <sup>a</sup>	0.292	96	1	ND
Neurospheres BT142 (mIDH1-R132H) <sup>a</sup>	2 ± 0.9	88	6	No fit
HCT-116 KI mIDH1-R132C <sup>c</sup>	22 ± 12	87	2	ND
HCT-116 KI mIDH1-R132H <sup>c</sup>	3 ± 1	90	6	ND
HCT-116 KI mIDH2-R172K <sup>c</sup>	130 ± 59	87	10	ND
COR-L105 (mIDH1-R132C) <sup>d</sup>	3.8 ± 5	91	5	No fit
HCCC-9810 (mIDH1-R132S) <sup>e</sup>	0.845 ± 0.3	91	13	No fit
HT1080 (mIDH1-R132C) <sup>f</sup>	4.0 ± 0.3	91	5	No fit
JJ012 (mIDH1-R132G) <sup>g</sup>	6.6 ± 2.4	93	12	No fit
TF-1 pLVX mIDH1-R132H <sup>h</sup>	3.2 ± 0.8	85	3	No fit
TF-1 pLVX mIDH2-R140Q <sup>h</sup>	14 ± 1.1	89	3	No fit
U87MG pLVX mIDH2-R140Q <sup>h</sup>	7.1 ± 3	95	7	No fit

<sup>a</sup>Patient-derived mIDH1-R132H gliomaspheres lines. <sup>b</sup>Patient-derived IDH1-R132H glioma brain tumor stem-cell line that has lost the wtIDH1 allele *in vitro*, leading to mIDH1-R132H homozygosity. <sup>c</sup>Cell lines engineered to express the mIDH protein through KI at the endogenous locus. <sup>d</sup>Patient-derived mIDH1-R132C lung adenocarcinoma cell line. <sup>e</sup>Patient-derived mIDH1-R132S cholangiocarcinoma cell line. <sup>f</sup>Patient-derived mIDH1 chondrosarcoma cell lines. <sup>g</sup>Cell lines were engineered to express the mIDH protein using a lentiviral expression system. <sup>h</sup>GI<sub>50</sub> = the AG-881 concentration that causes 50% growth inhibition; HCT-116 = a human colon cancer cell line; KI = knock in; ND = not determined; pLVX = lentiviral expression vector; SD = standard deviation; TF-1 = human erythroleukemic cell line; U87MG = human glioma cell line

## Primary human samples

- mIDH1 or mIDH2 primary human AML samples are described in Table 4.
- Ex vivo* treatment of blasts with AG-881 suppressed levels of 2-HG by 76–99% (Figure 2A).
- AG-881 treatment also readily restored the ability of blasts to differentiate along the myelomonocytic lineage, as shown by increased surface expression of one or more differentiation markers (Figure 2B).
  - Of note, treatment of wtIDH blast cells with AG-881 did not affect the surface levels of the assessed differentiation markers, indicating that the ability of AG-881 to restore blast-cell differentiation is specific to mIDH cells.

Table 4. Clinical description of primary human AML samples

Patient	Disease status	IDH mutation	FAB	Karyotype	Other mutations	Sample source
#1	Diagnosis	wtIDH	AML M1	CN	FLT3-ITD	PB
#2	Diagnosis	IDH1-R132C	AML M1	ND	NPM1	PB
#3	Relapse	IDH2-R172K	AML M2	CN	DNMT3A	PB
#4	Relapse	IDH1-R132G	ND	ND	DNMT3A, NRAS	BM
#5	Relapse	IDH1-R132H	AML M5	CN	NPM1	BM
#6	Relapse	IDH2-R172K	AML M4	Del(7q)	DNMT3A	BM
#7	Relapse	IDH2-R140Q	AML M5	CN	FLT3, WT1	BM
#8	Relapse	IDH2-R140Q	AML M2	Del(7q)	RUNX1, SRSF2, JAK2, FLT3	BM
#9	Relapse	IDH2-R140Q	AML M1	CN	DNMT3A, SRSF2, FLT3	PB

BM = bone marrow; CN = cytogenetically normal; FAB = French-American-British classification of AML (M1 = AML with minimal maturation; M2 = AML with maturation; M4 = acute myelomonocytic leukemia; M5 = acute monocytic leukemia); ND = not determined; PB = peripheral blood

Figure 2. Effects of *ex vivo* AG-881 treatment of mIDH1 and mIDH2 primary human AML blasts

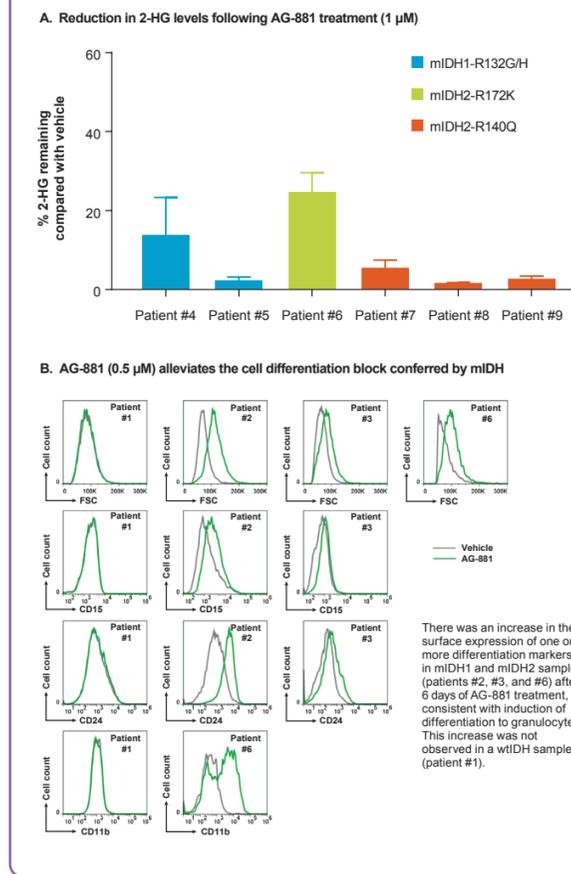


Figure 3. AG-881 readily crosses the blood-brain barrier and is also detected in the CSF

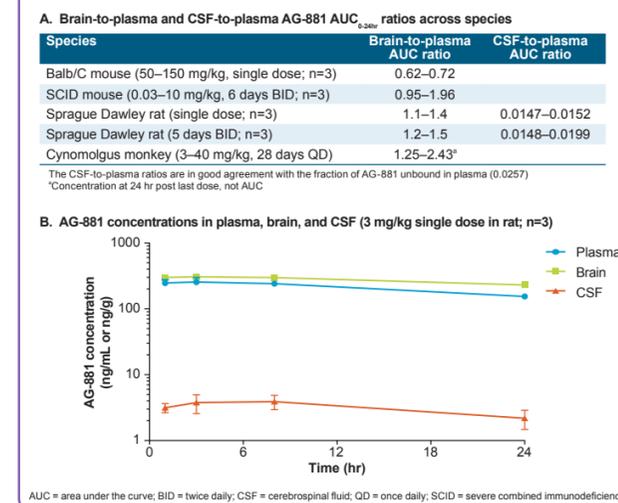
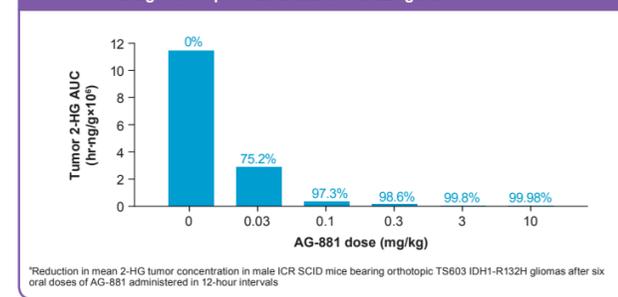


Figure 4. Reduction in brain tumor 2-HG after dosing with AG-881 in mice bearing orthotopic human mIDH1-R132H gliomas<sup>a</sup>



## CONCLUSIONS

- These data show that AG-881 is a potent, brain-penetrant, pan-mIDH inhibitor that can suppress 2-HG production by both IDH1 and IDH2 mutant proteins in biochemical, cell-based, and *in vivo* systems.
- Pharmacology studies support that the suppression of 2-HG levels by AG-881 in mIDH tumor cells results in a release of the differentiation block.
- AG-881 has acceptable drug properties and an acceptable preclinical safety profile for clinical testing.
- AG-881 is currently in phase 1 clinical development in patients with an IDH1 and/or IDH2 mutation who have advanced solid tumors, including gliomas (ClinicalTrials.gov NCT02481154) and advanced hematologic malignancies (ClinicalTrials.gov NCT02492737; enrollment complete).

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