

ABSTRACT

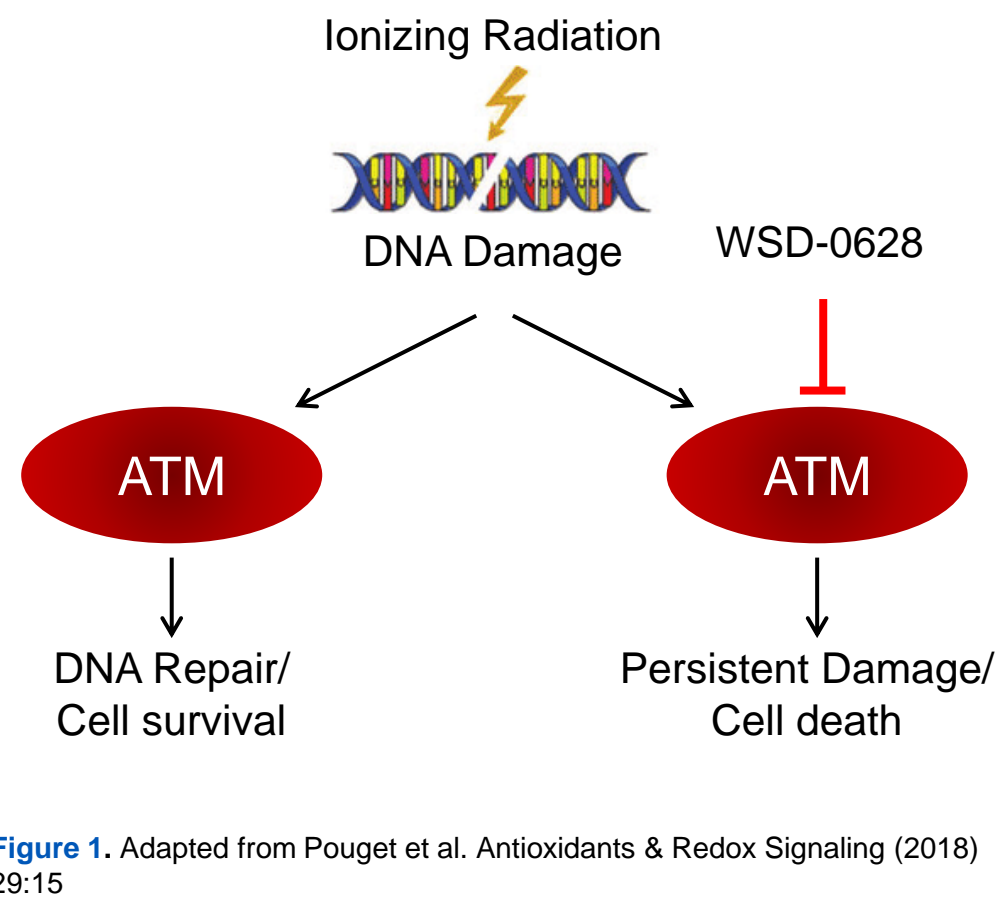
Background: Glioblastoma (GBM) are inherently resistant to radiation therapy (RT), and development of radiosensitizers is one strategy to overcome this limitation. Repair of DNA double strand breaks induced by RT are mediated by the protein kinase Ataxia Telangiectasia mutated (ATM).

Objective: In this study, the novel ATM inhibitor WSD-0628 was evaluated in combination with RT using GBM and melanoma models.

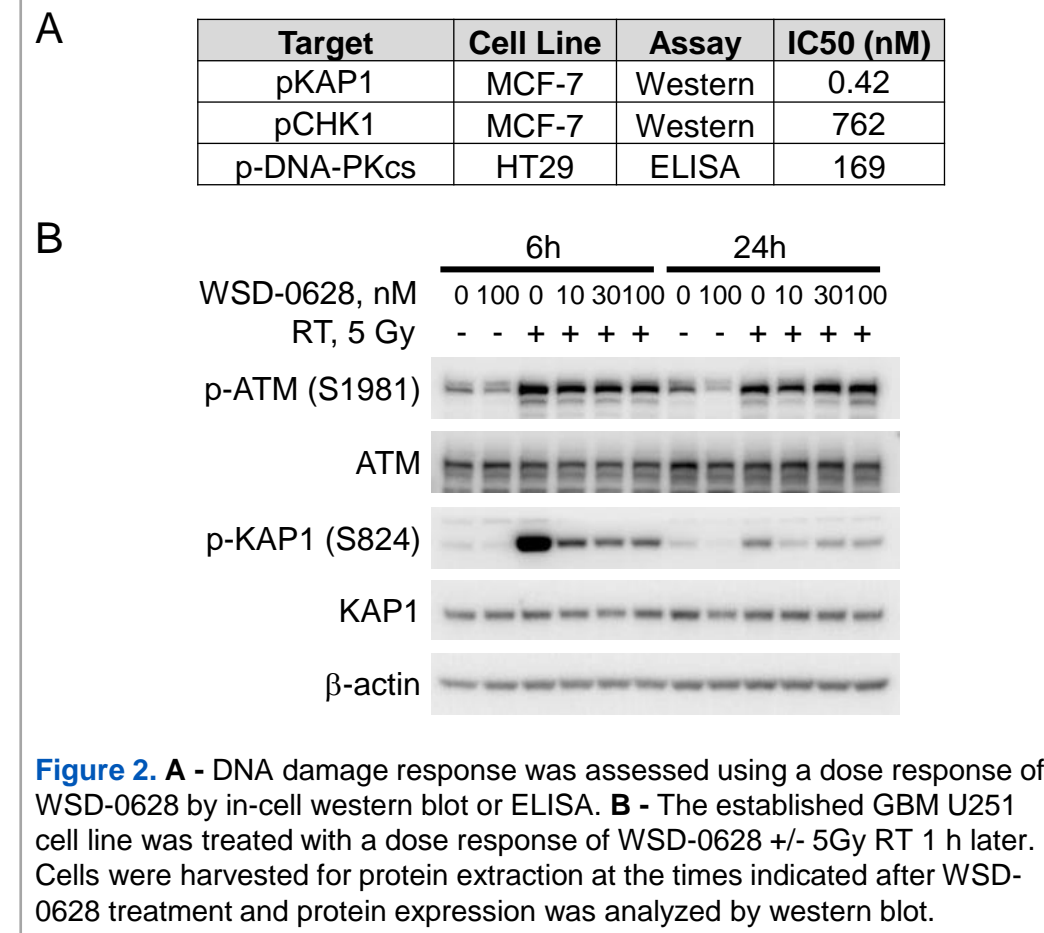
Results: *In vitro* evaluation of 10 μ M WSD-0628 binding to a panel including receptors, ion channels, enzymes, and transporters indicated a satisfactory safety profile with low risk for off-target liability. WSD-0628 potently inhibits ATM-mediated phosphorylation of the DNA damage response protein KAP1 in MCF-7 cells at sub-nanomolar (nM) concentrations (IC50 0.42nM) in comparison to much less potent inhibition of the related kinases ATR (phosphorylation of CHK1, IC50 742nM) or DNA-PKcs (auto-phosphorylation of DNA-PK, IC50 169nM) in HT29 cells assessed by ELISA. In U251 GBM cells, 30 nM WSD-0628 potently inhibited RT-induced phospho-KAP1 and robustly reduced clonogenic survival by 5-fold when combined with 5 Gy irradiation (combination vs RT alone, $p < 0.01$). Similar potent radiosensitizing effects were seen in a melanoma brain metastasis PDX line M12 (10nM WSD-0628+IR-5Gy 1% survival vs 5% survival with IR-5Gy alone, $p < 0.01$), and the SV-40 transformed astrocyte line SVG-A (30nM WSD-0628 + IR-2.5Gy survival 0.04% vs 15% with IR-2.5Gy alone, $p < 0.01$). Evaluation of the pharmacokinetic profile of WSD-0628 in mice 2h after a single 5 mg/kg oral dose reveals a high level of free drug availability in the brain (34nM) and in the CSF (50nM) with little to no Pgp/BCRP substrate liability. An initial *in vivo* dose finding study in orthotopic GBM43 PDX yielded significant benefit with WSD-0628 at either 5 or 10 mg/kg PO daily when combined with radiation (2Gy QD for 5 days); Median survival for sham RT (29d) or RT alone (34d) were significantly different from RT combinations with 5 mg/kg (54d) and 10 mg/kg (73d; $p < 0.01$ for both dose levels), although the higher dose combination was poorly tolerated with body weight loss between 15-20% one week after RT completion. Lower dosing of WSD-0628 (7.5 mg/kg PO, QD) given just before and 24h after a single dose of RT (12.5Gy) in mice with orthotopic M12 was well tolerated and provided robust radiosensitizing effects with median survival for the combination treatment of over 180d vs 17d for control and 49d with RT alone groups (combination vs RT alone, $p = 0.04$).

Conclusion: Collectively, these results suggest a promising role for WSD-0628 in combination with RT in GBM and melanoma metastatic to the brain.

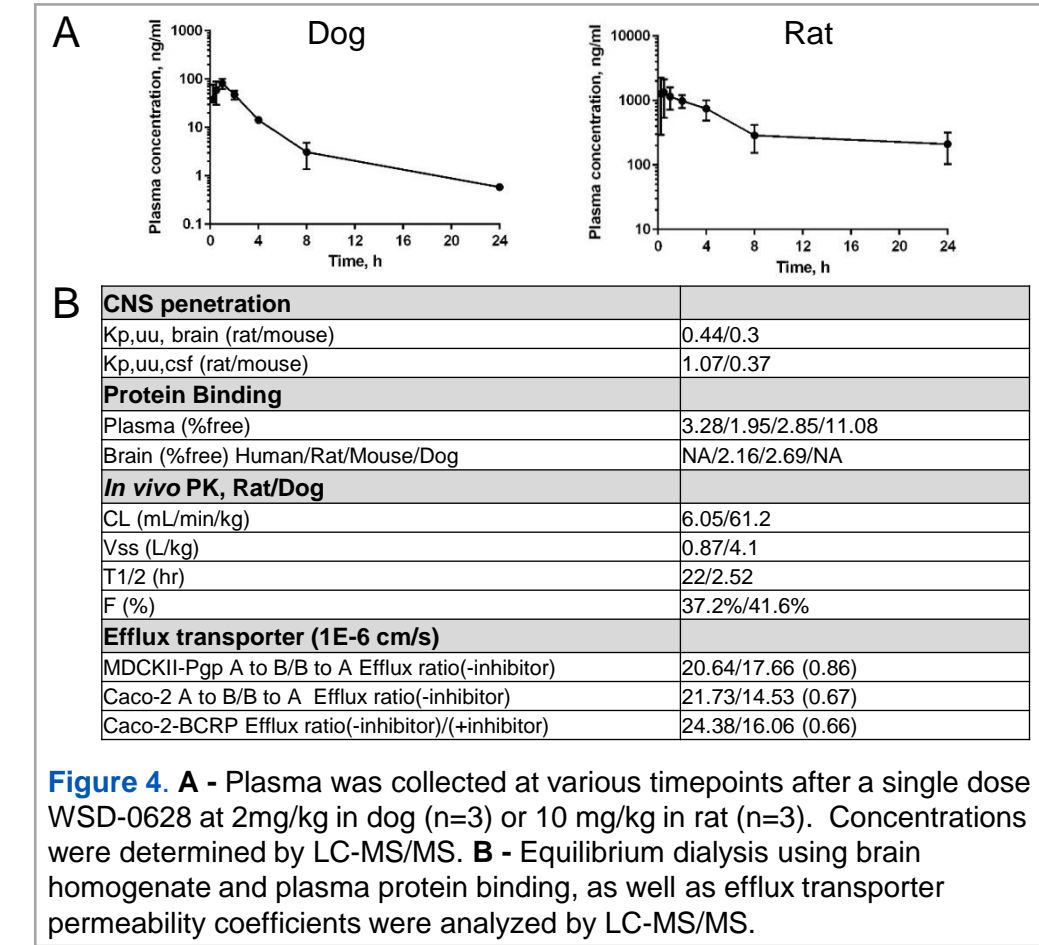
ATM SIGNALING



DNA DAMAGE RESPONSE INHIBITION



PHARMACOKINETIC PROFILE



CONCLUSIONS

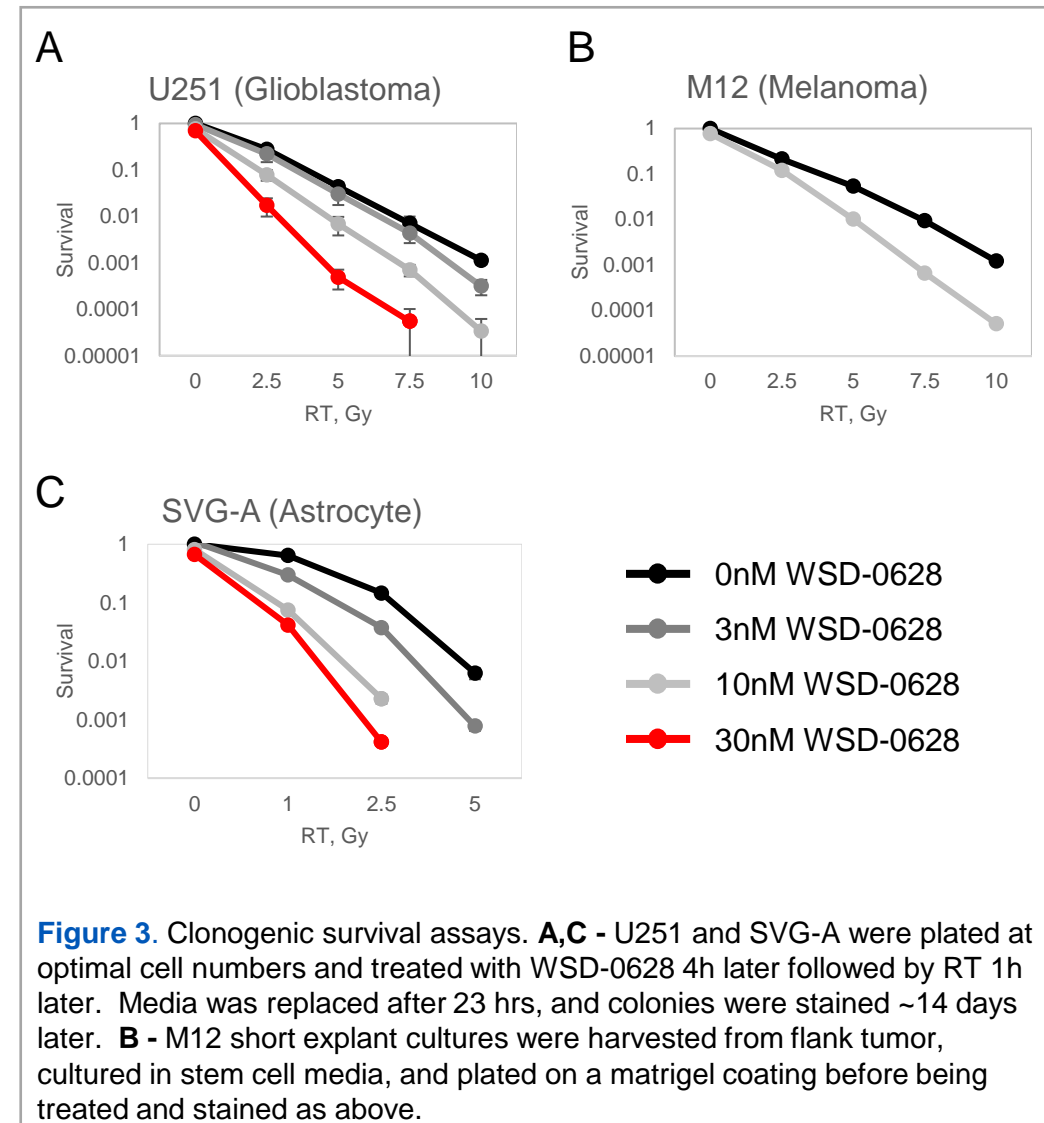
- The ATM inhibitor WSD-0628 is a non-toxic compound and inhibits the DNA damage response associated with radiation therapy.
- WSD-0628 radiosensitizes Glioblastoma cells as well as Melanoma and human astrocytes.
- WSD-0628 is capable of crossing the blood brain barrier and has minimal efflux liability.
- In patient-derived Glioblastoma and Melanoma intracranial xenograft models, WSD-0628 yielded significant benefit when combined with radiation therapy.

SATISFACTORY SAFETY PROFILE

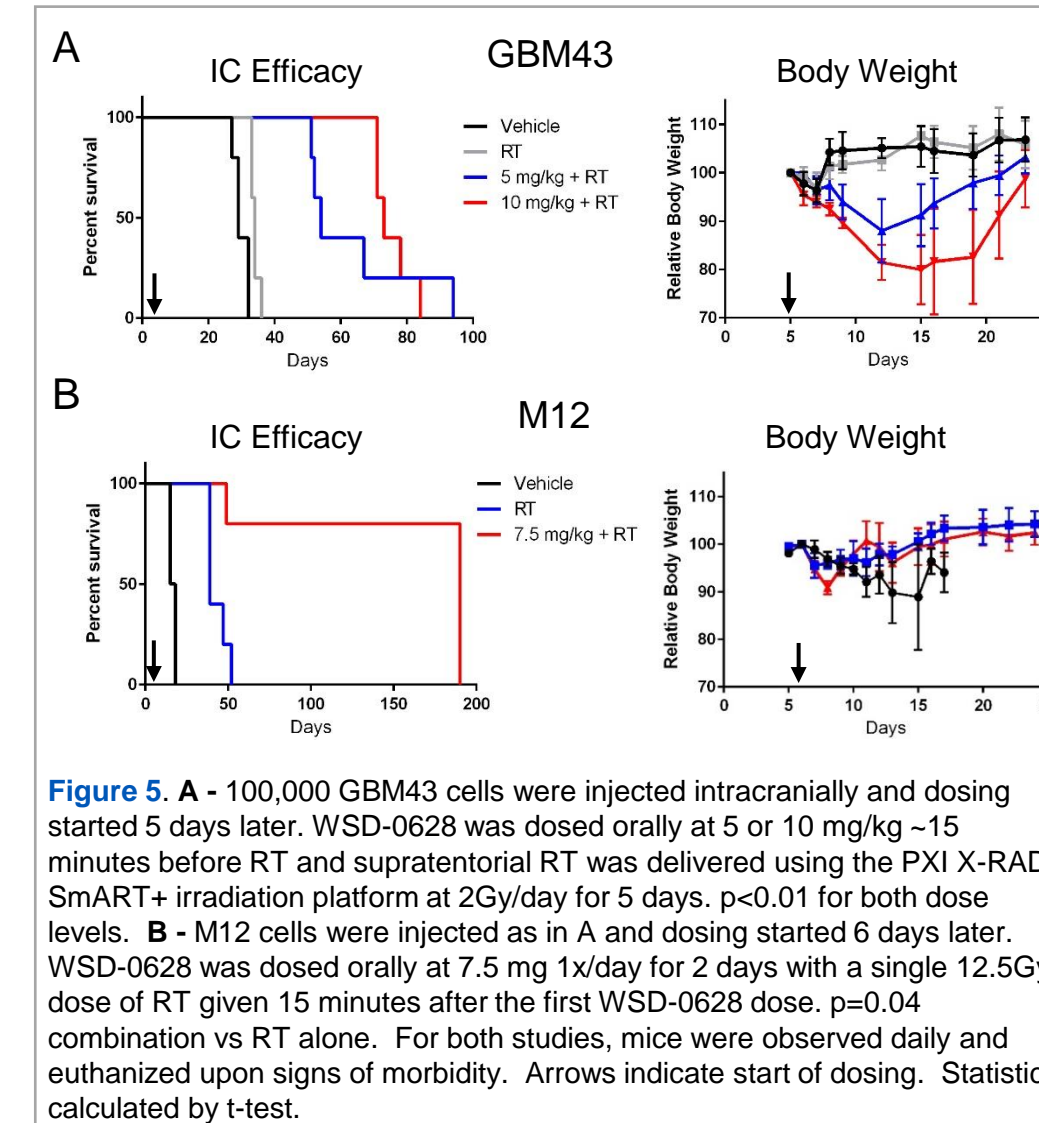
Class	Safety Panel Screening			Agonist Mode		Antagonist Mode	
	Family	Target	Assay format	Mean percentage activation (%) at 10 μ M	Mean percentage inhibition (%) at 10 μ M		
Ion Channel	Sodium channel	Nav1.5	Manual patch-clamp	NA	11.35		
	Potassium channel	KCNQ1	Manual patch-clamp	NA	12.83		
	Calcium channel	Cav1.2	Ca ²⁺ mobilization	N/A	-0.11		
GPCR	Adrenoceptors	α 1A	Ca ²⁺ mobilization	8.05	-10.78		
	Acetylcholine	M1	Ca ²⁺ mobilization	3.31	5.31		
	Cholecystokinin	CCK1	Ca ²⁺ mobilization	0.12	11.07		
	Histamine	H1	Ca ²⁺ mobilization	-0.08	5.83		
	5-Hydroxytryptamine	5HT1A	Ca ²⁺ mobilization	-1.78	-2.54		
	Opioid	OPRD1	Ca ²⁺ mobilization	2.02	-3.22		
	Vasopressin	AVPR1A	Ca ²⁺ mobilization	-0.14	-6.8		
	Adenosine	AZA	cAMP assay	-6.62	13.69		
	Endothelin	ETA	cAMP assay	-8.54	-8.48		
	Dopamine	D1	cAMP assay	2.86	15.16		
	Histamine	H2	cAMP assay	7.93	12.59		
	Cannabinoid	CB1	cAMP assay	10.51	-23.48		
Transporter	Dopamine	D2S	cAMP assay	4.72	-12.22		
	5-Hydroxytryptamine	5HT1B	cAMP assay	-0.04	-6.64		
	Dopamine Transporter	DAT	Neurotransmitter uptake	NA	-2.13		
Kinase	Norepinephrine Transporter	NET	Neurotransmitter uptake	NA	-42.23		
	Serotonin Transporter	SERT	Neurotransmitter uptake	NA	-1.14		
Enzyme	TK	LCK	MSA	NA	46.35		
	Cholinesterase	ACHE	AChE(human) FI	NA	-13.44		
	Monamine oxidase	MAO-A	Lum	NA	16.35		
	Phosphodiesterase	PDE3A	IMAP	NA	35.58		
	Cyclooxygenase	COX1	FI	NA	19.28		

Table 1. *In vitro* evaluation of 10 μ M WSD-0628 binding to a panel including receptors, ion channels, enzymes, and transporters indicated a satisfactory safety profile with low risk for off-target liability.

RADIOSENSITIZATION



IN VIVO EFFICACY



FUTURE DIRECTIONS

- Additional GBM PDX lines will be tested with the combination of WSD-0628 and radiation therapy.
- The pharmacodynamic and pharmacokinetic profiles of WSD-0628 will be analyzed in the GBM PDX intracranial models.
- Clinical trial development in GBM and Melanoma metastasis to the brain is underway with the combination of WSD-0628 and radiation therapy.

REFERENCES, FUNDING, CONTACT

Mayo GBM PDX National Resource Website: <https://www.mayo.edu/research/labs/translational-neuro-oncology/mayo-clinic-brain-tumor-patient-derived-xenograft-national-resource/about>

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