Clinical Biomarkers Based on PK/PD Modeling to Guide the Development for a First-in-Class, Highly Selective SMARCA2 (BRM) Degrader, PRT3789

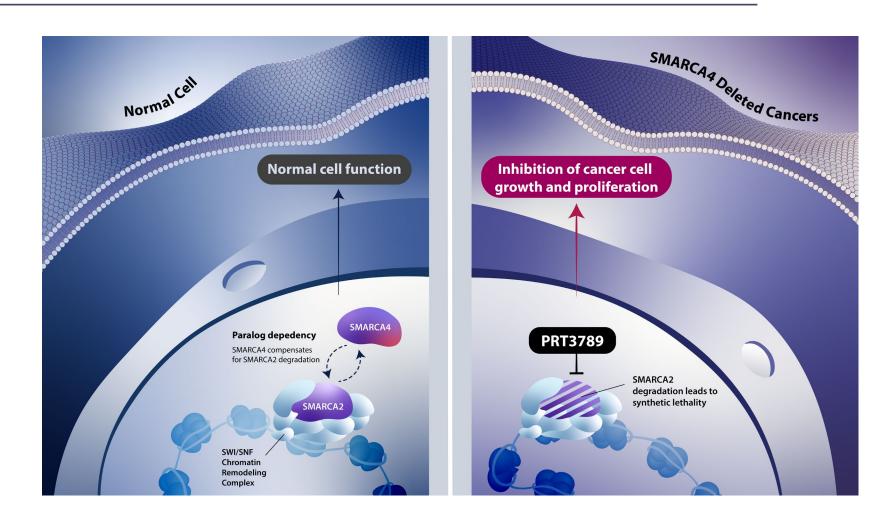
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Background

- The SWI/SNF family of chromatin-remodeling complexes is frequently dysregulated in multiple tumor types, resulting in aberrant expression of genes. Damaging mutations resulting in loss of function of one of its core catalytic subunits SMARCA4 (BRG1) occur in multiple tumor types, including in 5-10% of non-small cell lung cancer (NSCLC)¹
- SMARCA4-deleted cells become highly dependent on the other catalytic subunit, SMARCA2 (BRM), for their survival². Therefore, selective degradation of SMARCA2 has therapeutic potential in these cancers, which we have previously shown in preclinical models using novel SMARCA2 degraders³.
- PRT3789 is a first-in-class, potent and selective SMARCA2 degrader that is currently under evaluation in a Phase 1 study in patients with advanced solid tumors with loss of SMARCA4 (NCT05639751)

Figure 1. SMARCA2 Degradation Leads to **Synthetic Lethality in SMARCA4 Deleted Cancers**

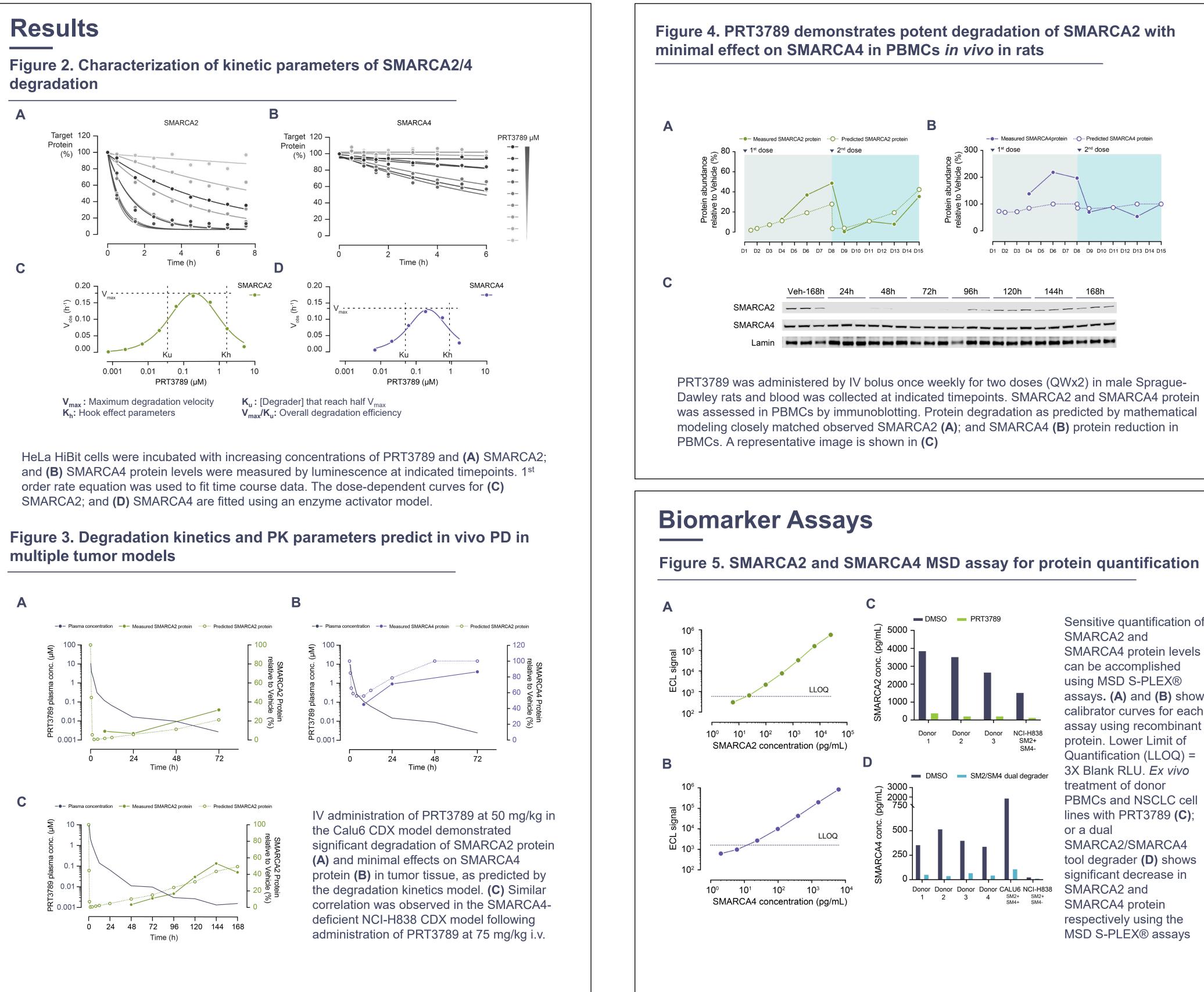


Objectives

- Establish degradation kinetic parameters of PRT3789 and correlate with *in vivo* preclinical studies
- Develop a suite of biomarker assays to assess target engagement and downstream effects of SMARCA2 protein degradation

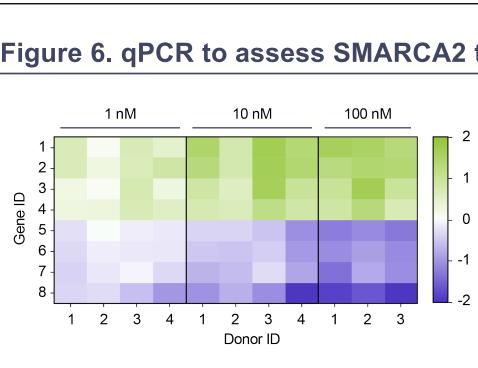
Key Findings

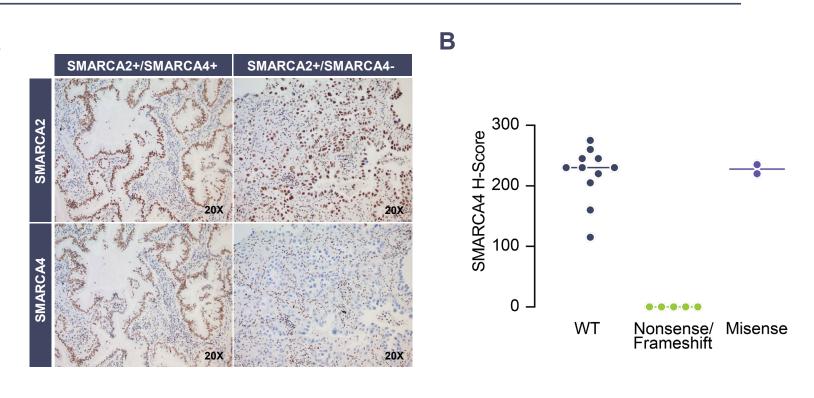
- ► PRT3789 was determined to be a highly efficient degrader of SMARCA2 with minimal effects on SMARCA4 using a kinetic model
- Calculated predictions from the mathematical model correlated closely with observed in *vivo* PD
- We demonstrated sensitive and quantitative measurement of SMARCA2 protein expression and function in PBMCs using immunoassays and quantitative PCR. SMARCA2 and SMARCA4 protein levels in tumor tissues was assessed by immunohistochemistry



Dawley rats and blood was collected at indicated timepoints. SMARCA2 and SMARCA4 protein was assessed in PBMCs by immunoblotting. Protein degradation as predicted by mathematical

Sensitive quantification of SMARCA4 protein levels can be accomplished using MSD S-PLEX® assays. (A) and (B) show calibrator curves for each assay using recombinant protein. Lower Limit of Quantification (LLOQ) = 3X Blank RLU. *Ex vivo* PBMCs and NSCLC cell lines with PRT3789 (C); SMARCA2/SMARCA4 tool degrader (D) shows significant decrease in respectively using the MSD S-PLEX® assays





An immunohistochemistry assay for the assessment of SMARCA2 and SMARCA4 protein expression in tumor tissue was developed on the Leica BOND III platform using commercially available antibodies. The IHC assay demonstrated discrete and robust nuclear tumor staining with a dynamic intensity range and limited cytoplasmic background for both SMARCA2 and SMARCA4. A) Representative images of SMARCA4 expressing and null tumor samples. **B)** Loss of SMARCA4 protein expression in tumor cells by IHC was associated with nonsense and frameshift mutations in the SMARCA4 gene.

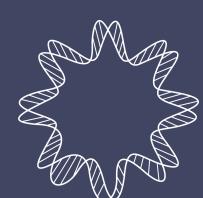
Conclusions

- *vitro* assays
- ► The calculated predictions from the mathematical model correlated closely with observed in vivo PD in preclinical tumor xenografts and PK/PD models.

References

Acknowledgments Sciences (IHC)

Disclosures equity in the Company. Editorial support provided by Arne Fabritius, of Endosymbiont GmbH and was funded by Prelude Therapeutics, Inc.



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Figure 6. qPCR to assess SMARCA2 transcriptional targets

An 8-gene panel was identified based on dose-dependent response observed with *ex* vivo treatment of PBMCs with PRT3789 Heat map displays fold change relative to DMSO (log₂). A secondary, qPCR-based assay was developed for assessment of SMARCA2 transcriptional targets in peripheral blood that may be associated with response to SMARCA2 degradation by PRT3789.

Figure 7. SMARCA2 and SMARCA4 IHC Assay

- ► We deeply characterized the degradation kinetic parameters of PRT3789 based on *in*
- We demonstrate the sensitive assessment of SMARAC2 protein degradation and effects on downstream gene expression in PBMCs.
- 1. Hoffman GR, et al., Proceedings of the National Academy of Sciences. 2014;111:3128-3133. 2. Fernando, TM, et al., Nat Commun. 2020;11:5551 3. Ito K, et al., Cancer Res. 2021;81(13_Supplement):1139.

- This study was funded by Prelude Therapeutics. Data provided by: Meso Scale Discovery (MSD); Discovery Life
- 1. Authors are or were employees of Prelude Therapeutics, Inc. at the time of research and may own