



Repurposing FDA-Approved Drugs for Glioma Therapy

Nicole Shonka, MD
Professor

Division of Oncology & Hematology
nshonka@unmc.edu



Disclosures

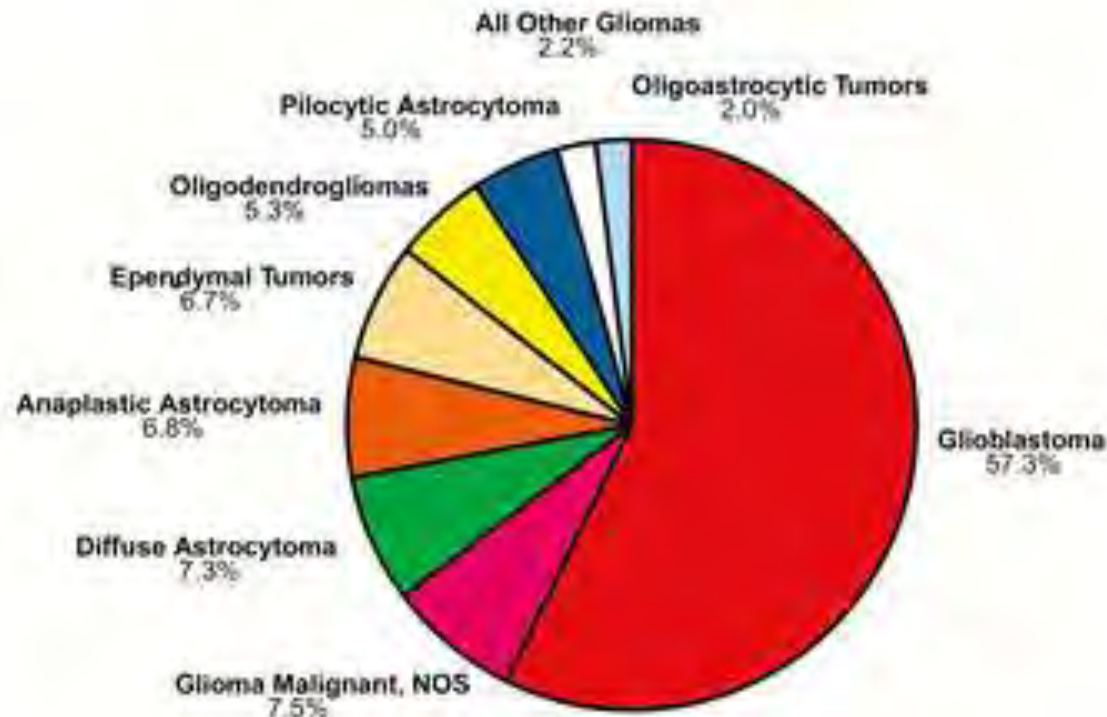
- Member, CNS tumors panel, National Comprehensive Cancer Network (NCCN)
- Consultant, GT Therapeutics

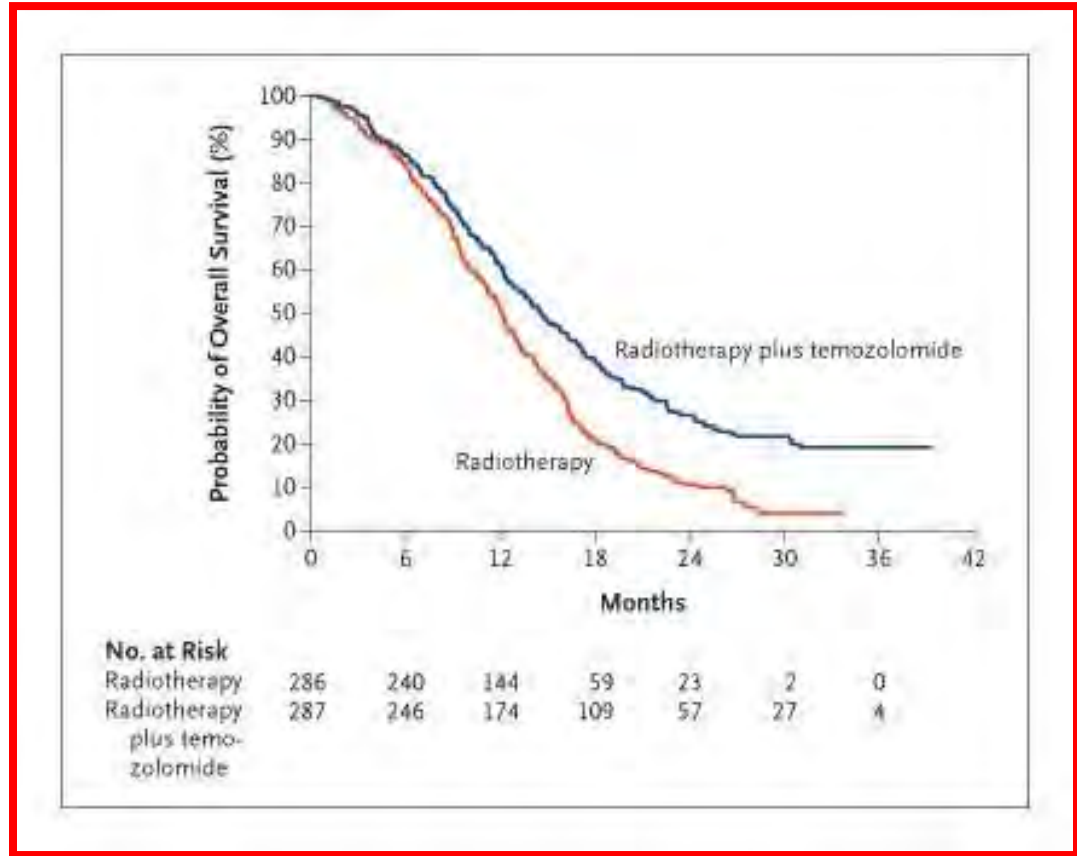


Outline

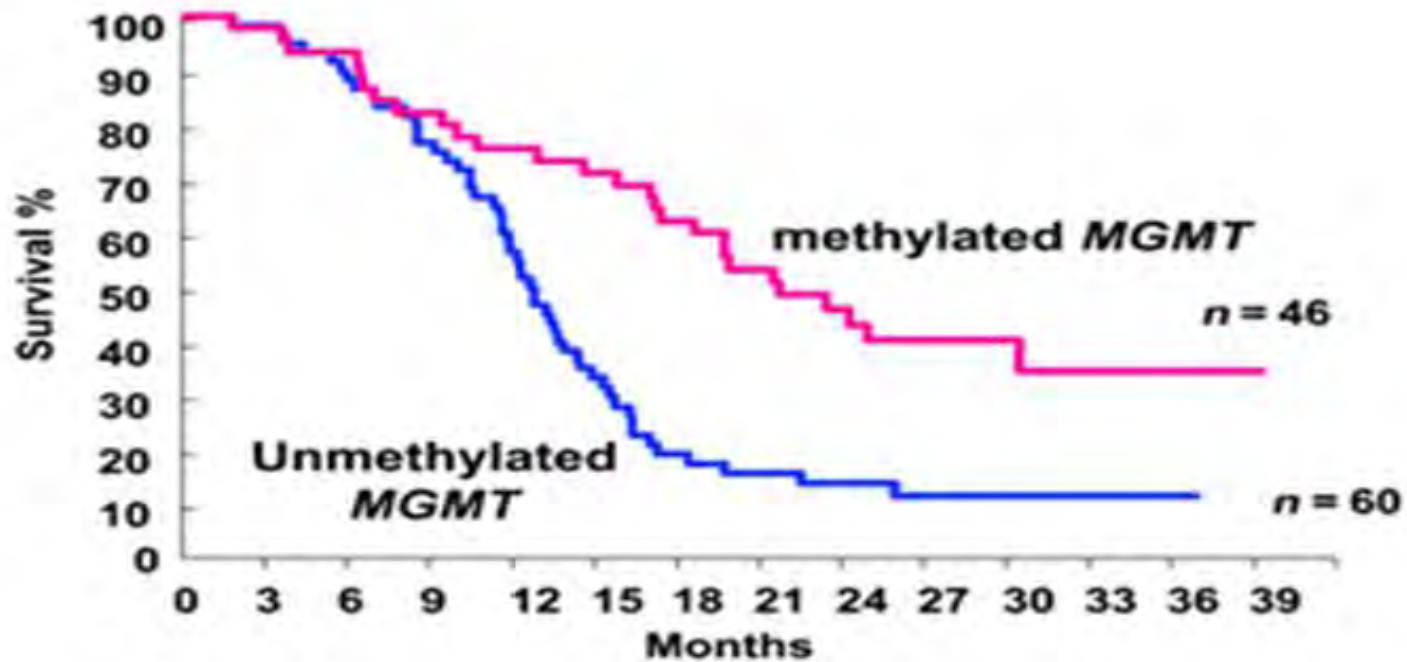
- Glioblastoma
- Connectivity Mapping
 - Abexinostat
 - Brompheniramine
 - Fedratinib

Glioblastoma is the most common malignant brain tumor in adults





Glioblastoma and MGMT





Options at progression

- Median 6-month PFS at progression is 15%

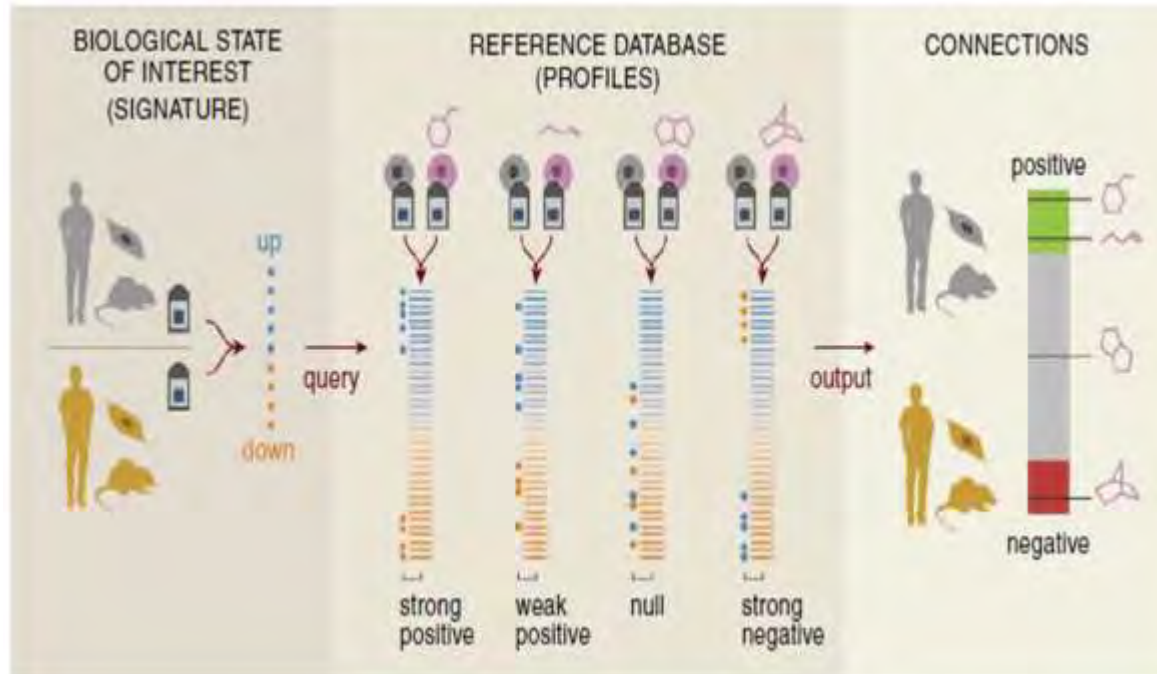
GLIOBLASTOMA			
	Preferred Regimens	Other Recommended Regimens	Useful in Certain Circumstances
Adjuvant Treatment	<ul style="list-style-type: none"> • RT with concurrent and adjuvant TMZ^{43,44} ± TTF⁴⁵ 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • RT with concurrent and adjuvant TMZ (for patients age 70 or younger and KPS <60)⁴⁶ • TMZ (for patients with MGMT promoter-methylated tumors and KPS <60 or age >70 years and KPS ≥60)^{43,47} • RT with concurrent and adjuvant lomustine and TMZ (for patients with MGMT promoter-methylated tumors, KPS ≥60, and age ≤70 years) (category 2B)⁴⁸
Recurrence Therapy ^{h,m}	<ul style="list-style-type: none"> • Bevacizumab^{l,k, 49-52} • TMZ^{13,30,53,54} • Lomustine or carmustine⁵⁵⁻⁵⁸ • PCV^{a,59,60} • Regorafenib⁶¹ 	<ul style="list-style-type: none"> • Chemotherapy^l + bevacizumab^{l,k} <ul style="list-style-type: none"> ↳ Carmustine or lomustine + bevacizumab^{l,k,62,63} ↳ TMZ + bevacizumab^{l,k,64,65} 	<ul style="list-style-type: none"> • If failure or intolerance to the preferred or other recommended regimens <ul style="list-style-type: none"> ↳ Etoposide (category 2B)³⁸ ↳ Platinum-based regimens^{e, 40-42} (category 3) • NTRK gene fusion tumors 0.56-1.69% <ul style="list-style-type: none"> ↳ Larotrectinib¹⁸ ↳ Entrectinib¹⁹ • BRAF V600E activation mutation <ul style="list-style-type: none"> ↳ BRAF/MEK inhibitors: <ul style="list-style-type: none"> ◦ Dabrafenib/trametinib^{6,7} ◦ Vemurafenib/cobimetinib^{8,9}

https://www.nccn.org/professionals/physician_gls/pdf/cns_blocks.pdf



CONNECTIVITY MAPPING

Connectivity Map (CMAP)

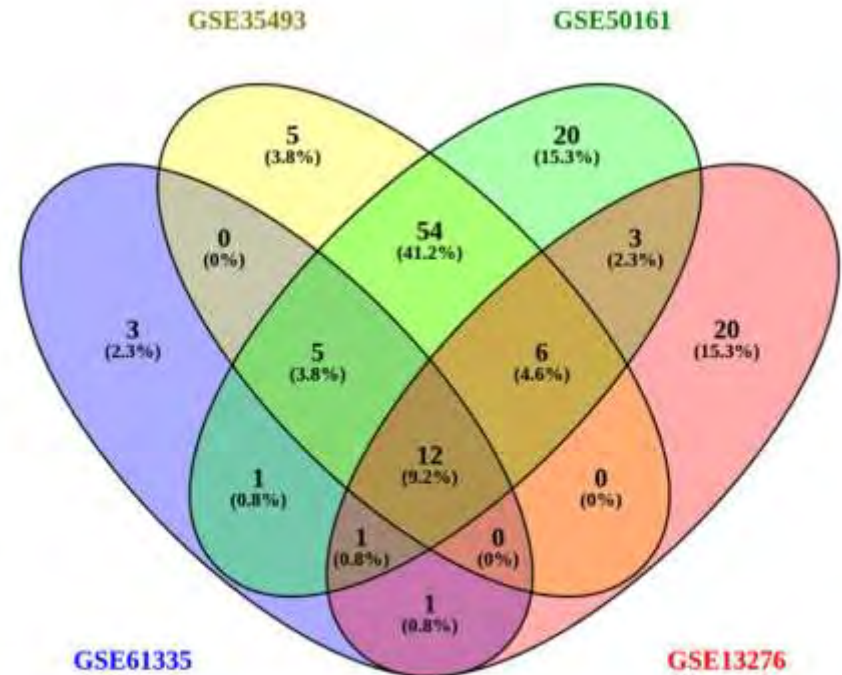


Lamb *et al*, 2006, Science

Pranitha

CMAP Identified Top Candidates

Dataset code	Details		Platform
GSE61335	48	14	GPL570
GSE35493	12	8	GPL570
GSE50161	34	13	GPL570
GSE13276	5	3	GPL570
Total	99	38	



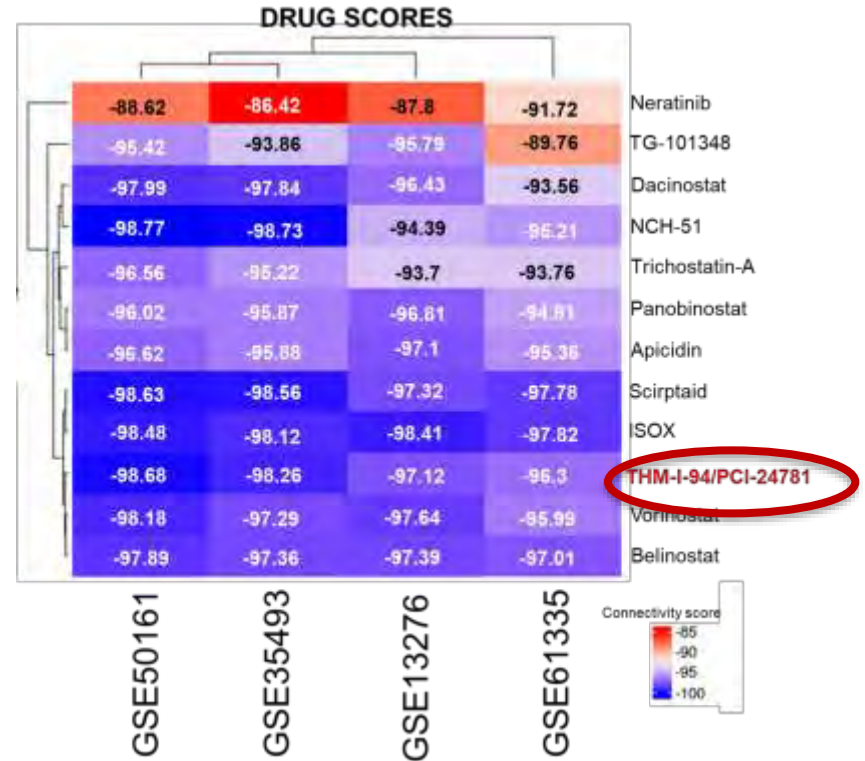
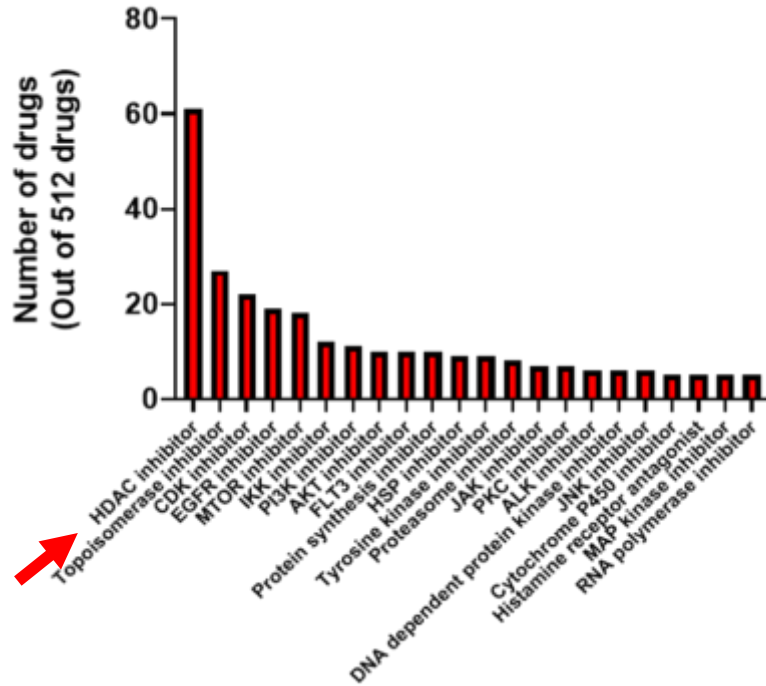
Drugs with -80 and above in each dataset were chosen and the 12 drugs common to each platform were selected

Pranitha



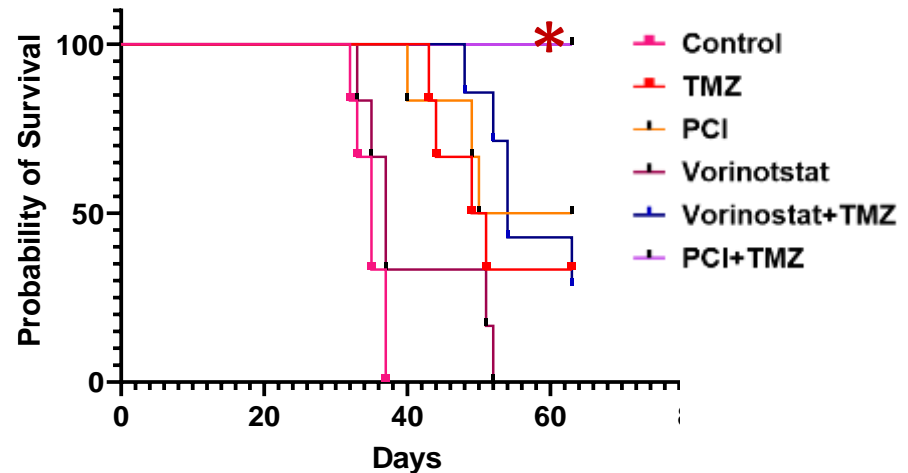
ABEXINOSTAT (PCI-24781)

HDAC inhibitors

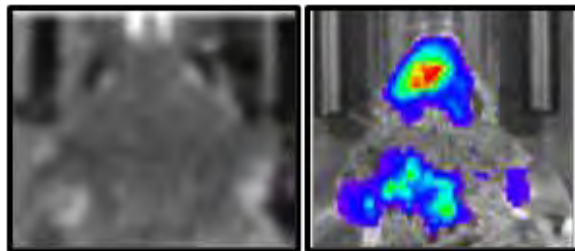


Abexinostat

- ✓ Specificity that matches GBM = HDACs 1 & 2, not HDAC11
- ✓ Induces cell death agnostic of p53, EGFRvIII and MGMT
- ✓ Decreases DNA repair machinery proteins Rad51, CHK1 and BRCA1
- ✓ Synergy with TMZ in p53 (mutated/wild type); MGMT (methylated/ un-methylated); GBM cells
- ✓ Increased OS in orthograft models (below)



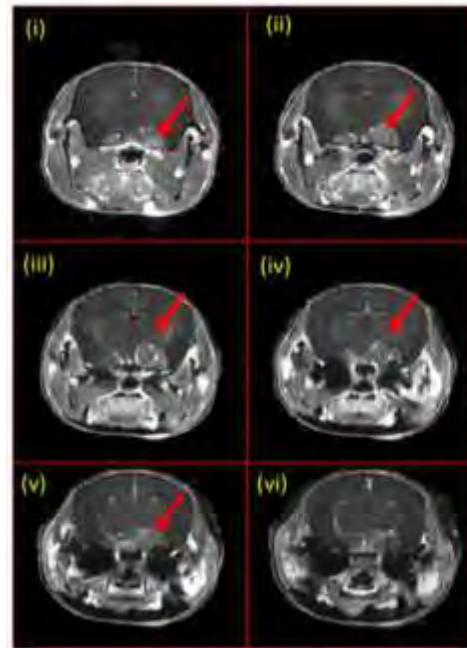
Abexinostat decreases tumor burden in our GBM mouse model



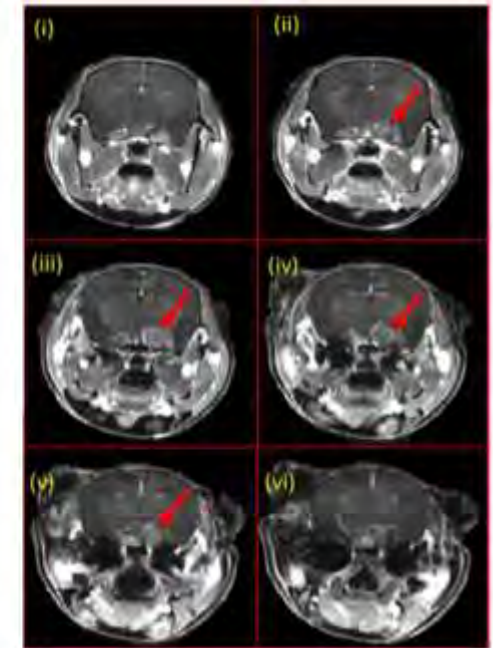
ROSA Luc
& GFAP
Cre

EGFRvIII; p16^{-/-}
;ROSA Luc & GFAP
Cre

PTEN^{+/-}; EGFRvIII; p16^{+/-} & GFAP Cre



Prior to treatment



After 4 wks PCI-24781

Treatment

4 weeks of 5-days weekly
PCI-24781 (12.5 mg/kg BW,
BID, PO).

Recurrent Grade 3 or 4 Glioma

Schema

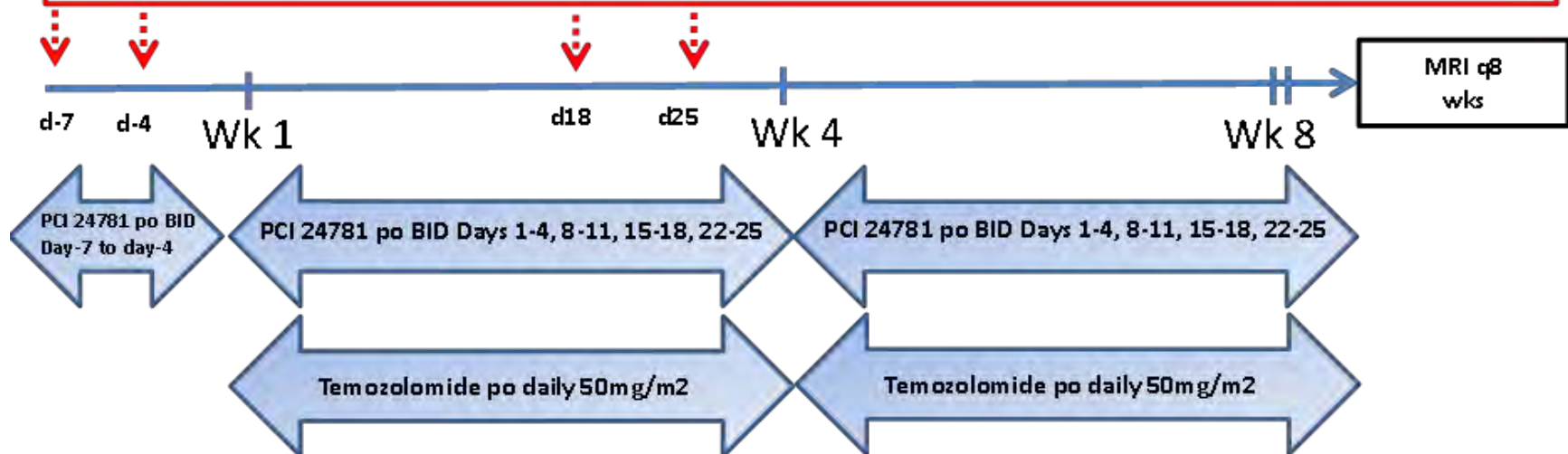
Subjects ≥ 19 y/o with recurrent (after RT and Temozolomide) grade III or IV glioma with ECOG of 0-2, excluding those on EIAEDs

CBC, CMP, LDH, Mg, Phos Q2w

PBMCs at baseline (pre-dose day -7) and 4 hours after second dose on Cy 1 day 25 for acetylation of histones H3 and H4

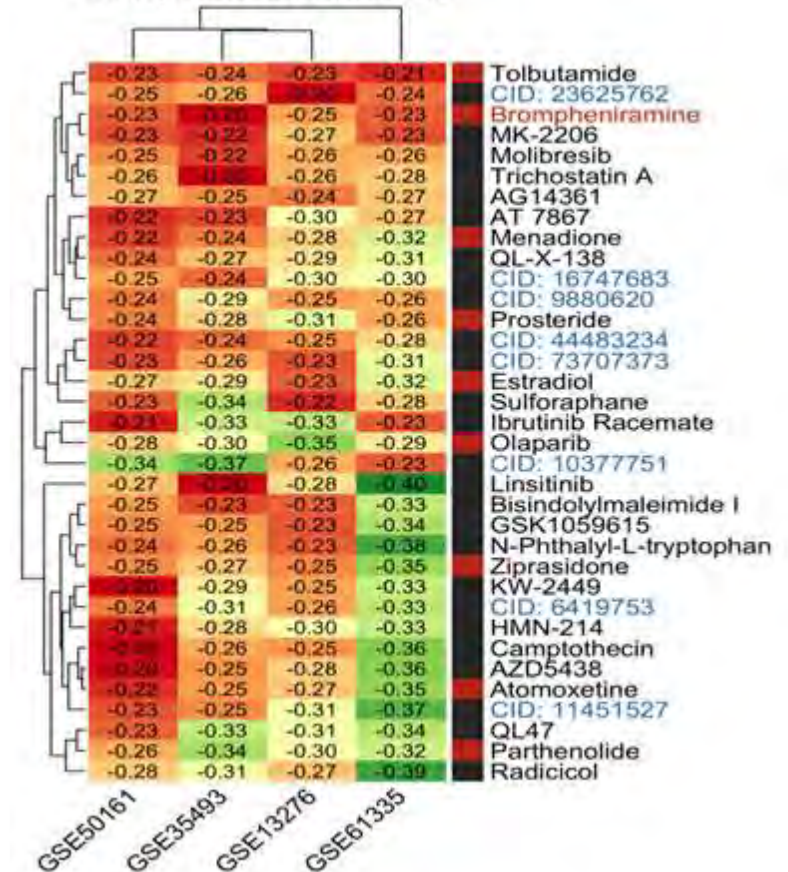
Exosomes at baseline (pre-dose day -7) and 4 hours after second dose on Cy 1 day 25 for acetylation of histones H3 and H4

PK samples on Day -7, Day -4 and Cy 1 Day 25: Predose, 0.5, 1, 2, and 4 hours after first dose and 0.5, 1, 2 and 4 hours after second dose

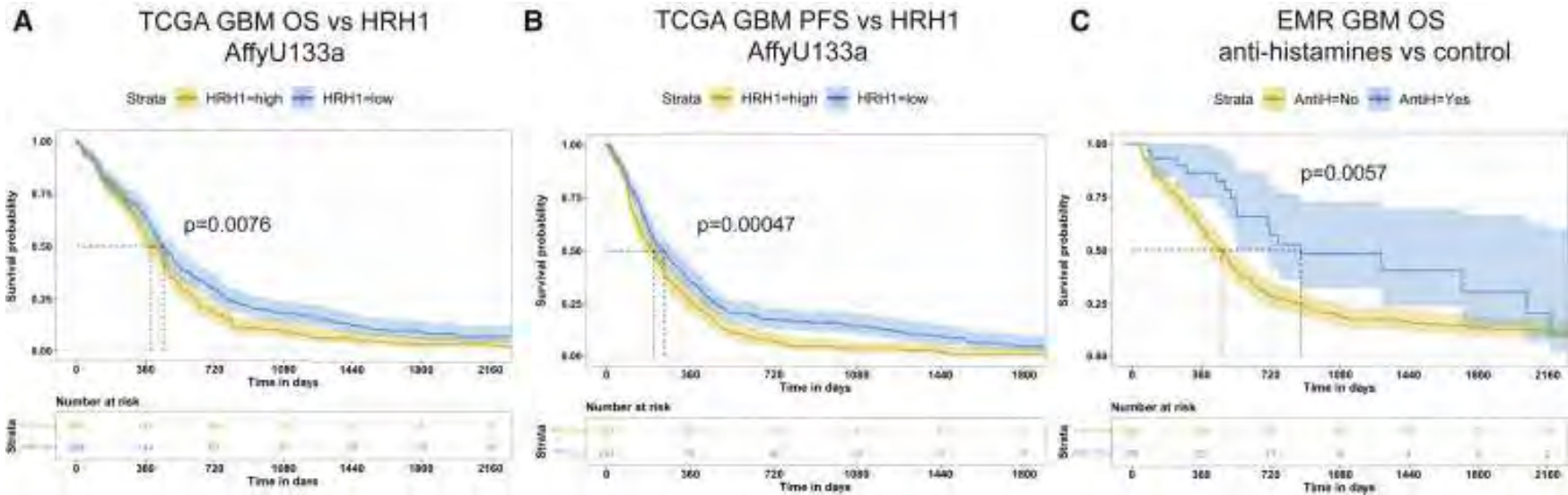


BROMPHENIRAMINE

Concordance Scores for
Compounds of Interest



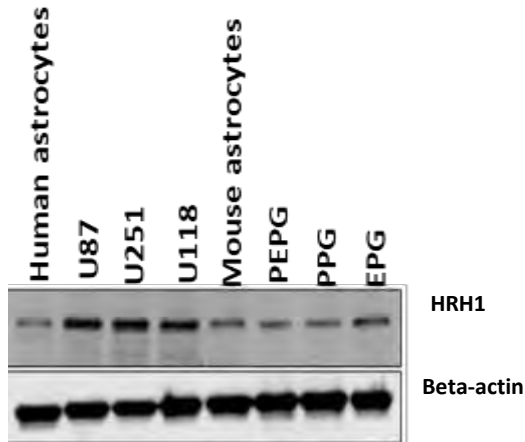
Antihistamine during treatment



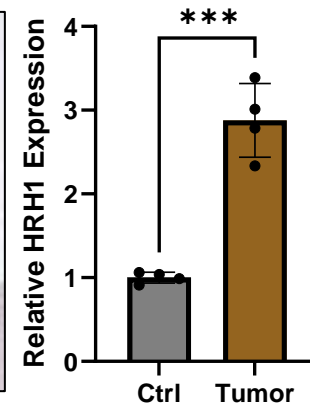
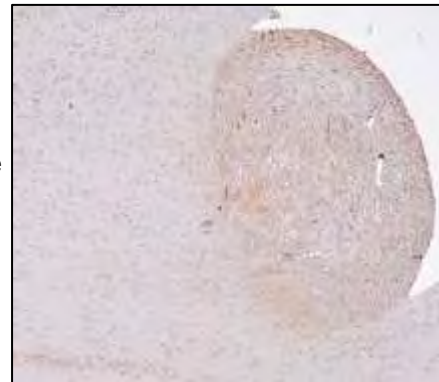
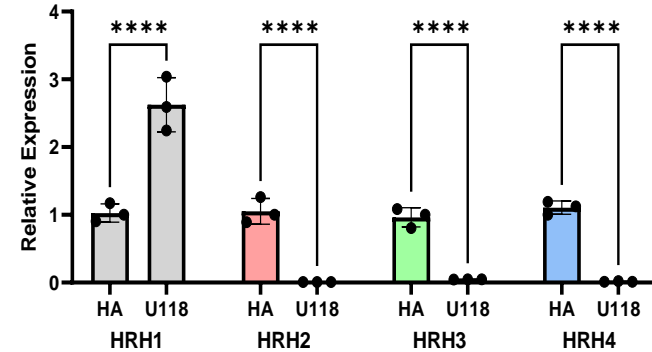
Improved PFS and OS

Chryplewicz et. al., cancer cell,
doi.org/10.1016/j.ccell.2022.08.014

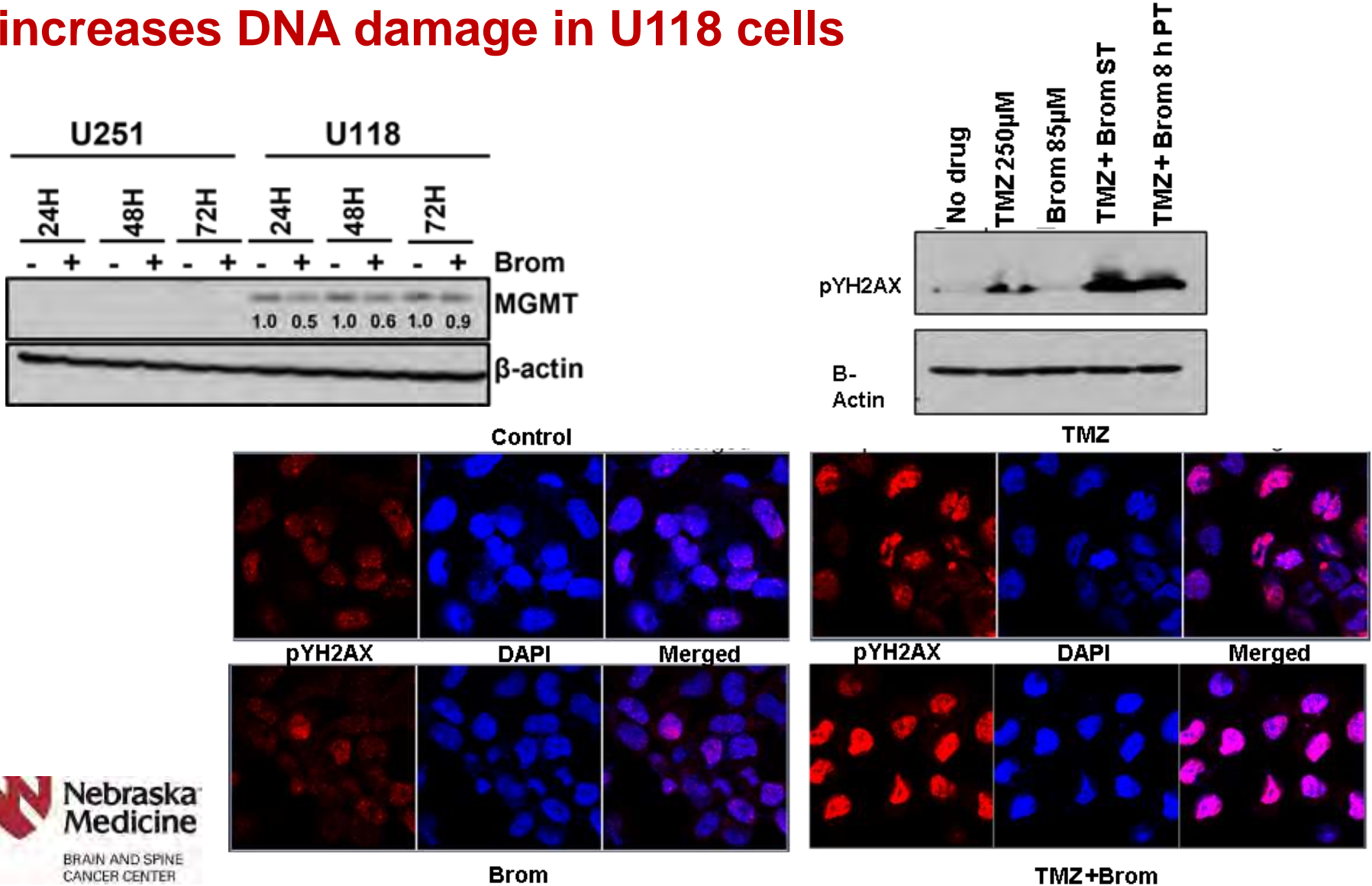
HRH1 is highly expressed on GBM compared to normal astrocytes



PEPG (752) - PTEN mutation, P53 mutation, EGFRvIII, GFAP-Cre
PPG (905) -PTEN mutation, P53 mutation, GFAP-Cre
EPG (146) - EGFRvIII, p16 deletion, GFAP-Cre

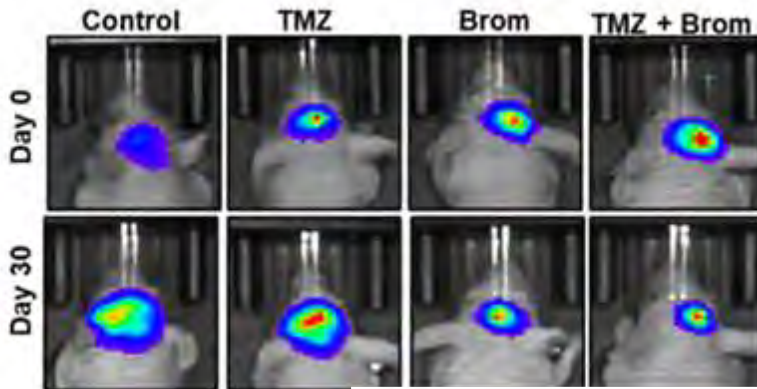


Combination treatment decreases MGMT expression and increases DNA damage in U118 cells

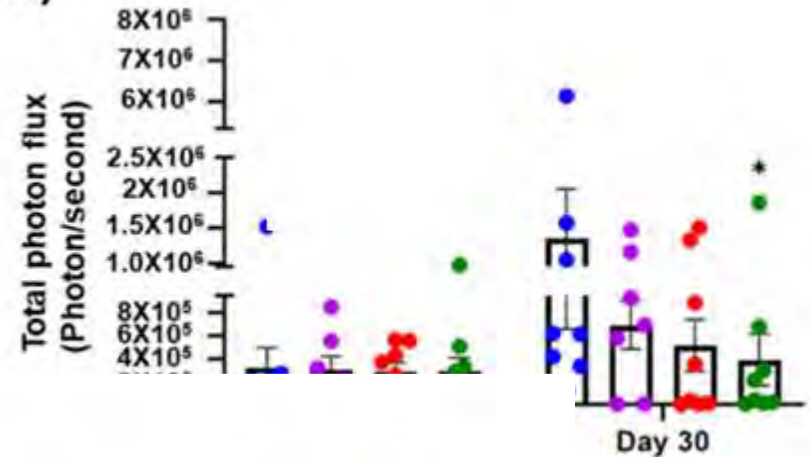


TMZ + Brom decreases tumor burden and significantly improves survival in vivo

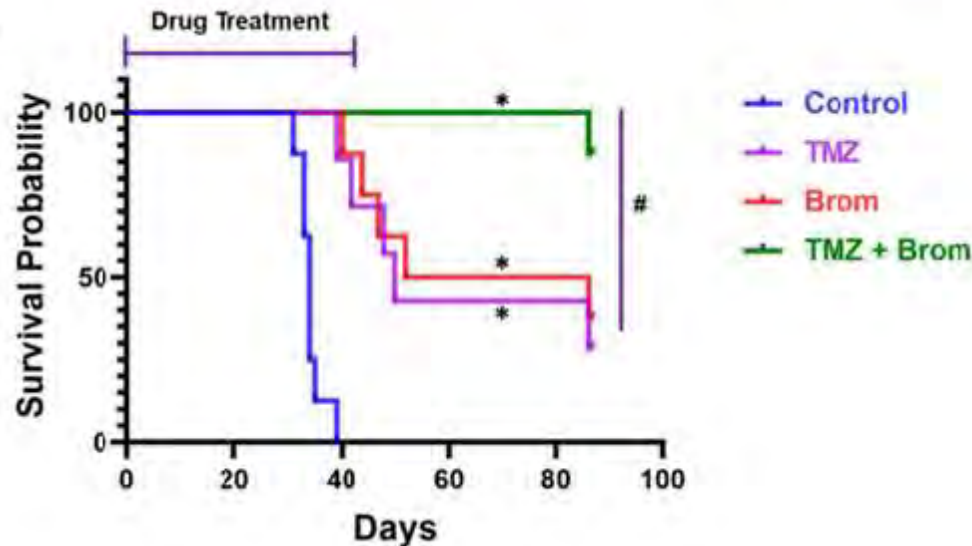
A)



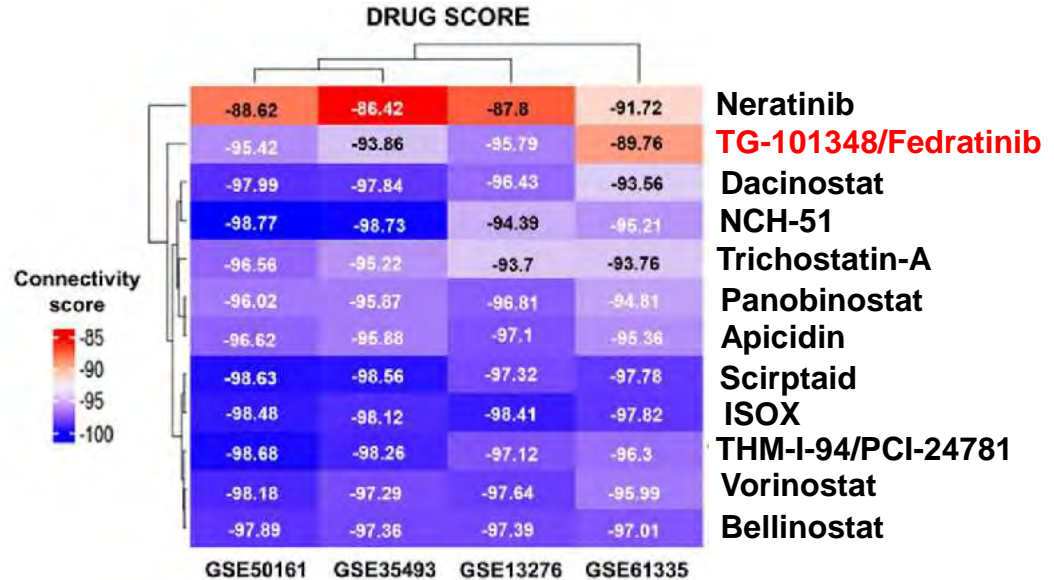
B)



C)

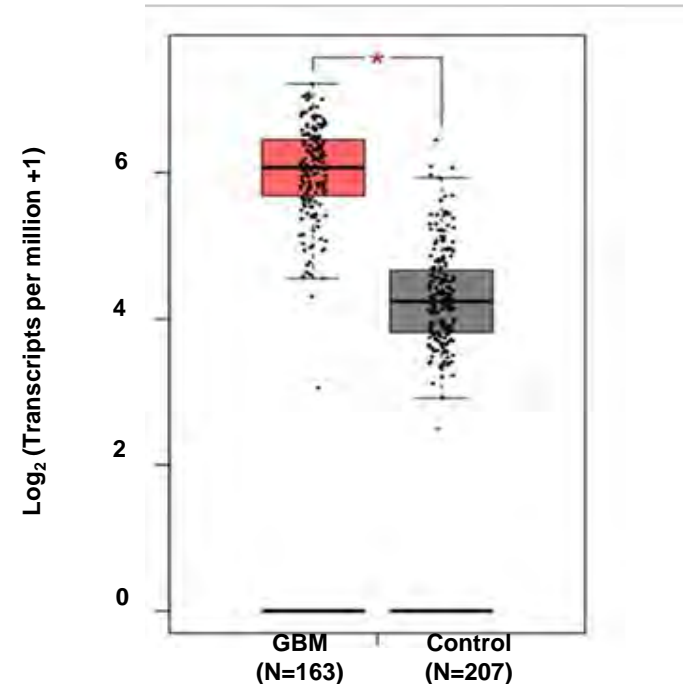


FEDRATINIB

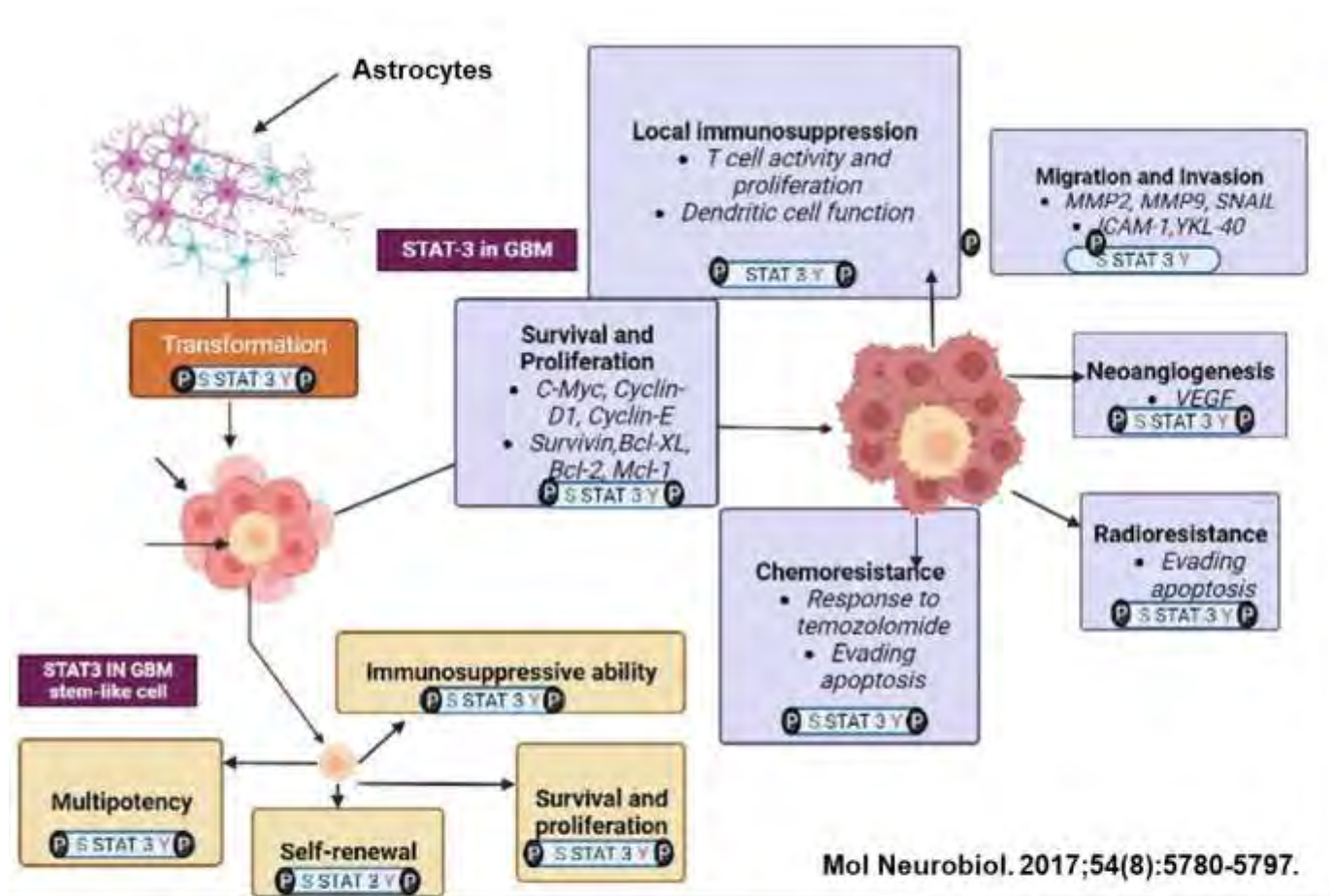


Role of JAK2/STAT3 in Glioblastoma

- JAK/ STAT pathway established in GBM
- STAT3 expression and p-STAT3 signaling highly activated in human GBM
- promotes aggressive phenotype and therapy resistance

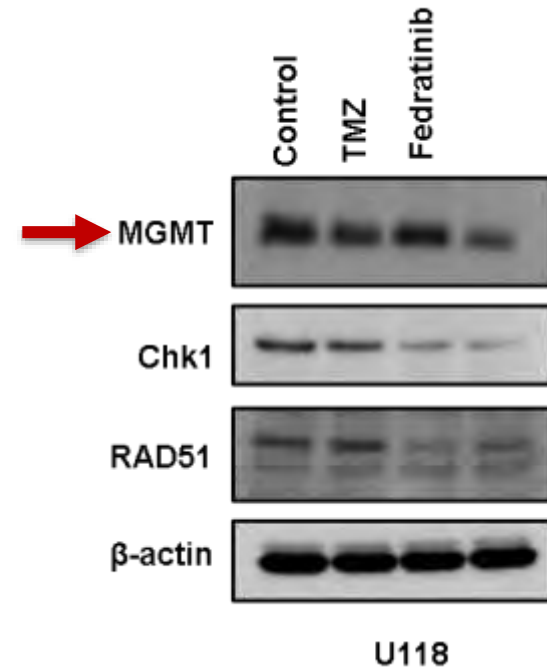
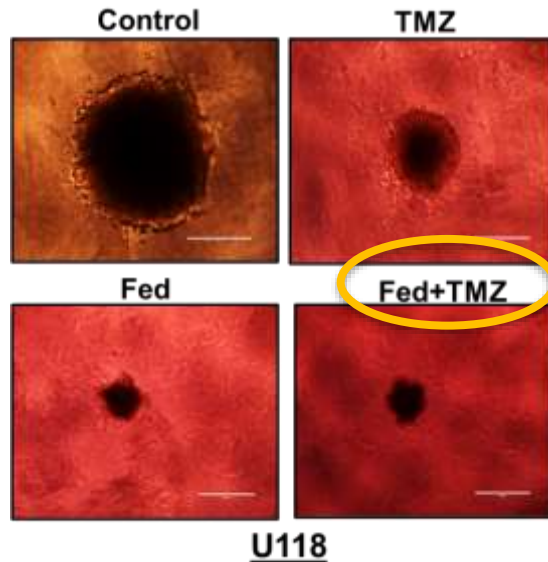


STAT3 pathway activation promotes GBM tumorigenesis



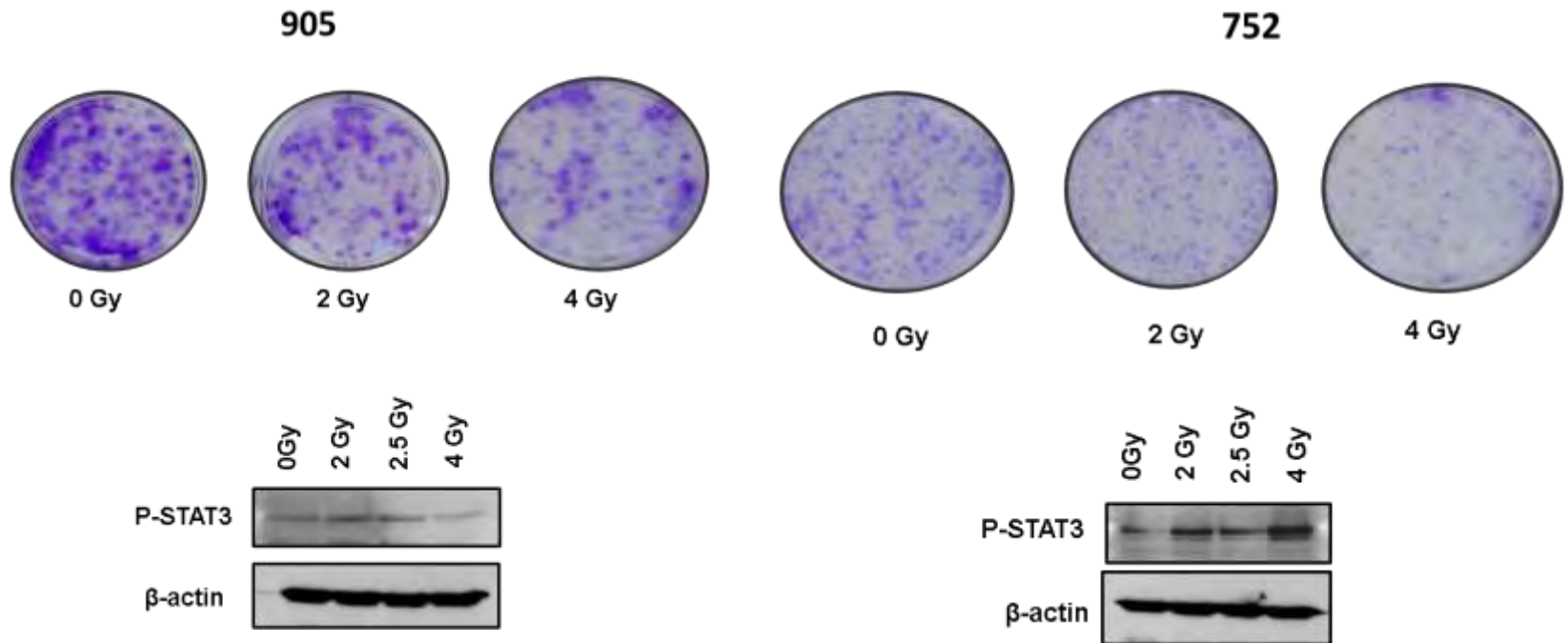
GBM cell line studies

- Fed+TMZ decr proliferation in U251 and U118 GBM cells and increased apoptosis
- Fed+TMZ decreased STAT3 activation
- Fed+TMZ decreased spheroid forming invasive capacity of cell lines*
- Fed+TMZ decreased proliferation and stemness markers in mouse syngeneic cell lines
- Fed+TMZ decreased DNA repair enzymes*



Radiation increases STAT3 activation

- Syngeneic lines



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A National Cancer Institute
Designated Cancer Center



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