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BDTX-1535, a CNS penetrant MasterKey inhibitor of common, uncommon and resistant EGFR mutations, demonstrates in vivo efficacy and has potential to treat patients with NSCLC harboring osimertinib-resistant mutations with or without brain metastases

Matthew C Lucas, Melinda Merchant, Matthew O'Connor, Carl Cook, Sherri Smith, Anthony Trombino, Wu-Yan Zhang, Irache Visiers, Christopher Roberts, Rachel Humphrey, Kate Tith, Reza Foroughi, Nigel Waters, Iwona Wrona, Michael Pickard, Sudharshan Eathiraj, Karsten Witt, Elizabeth Buck

Black Diamond Therapeutics, Cambridge, USA

### Expanding the Reach of Precision Medicine Through the Development of Novel MasterKey Therapies







Addressing significant unmet need for novel precision oncology therapies for patients with genetically defined cancers with limited treatment options

Uniquely de-orphaning oncogenic mutations to develop single therapies designed to inhibit specific mutation families

Our proprietary computational Mutation Allostery Pharmacology (MAP) drug discovery engine is designed to:

- Analyze population-level genetic sequencing data to identify oncogenic mutations that promote cancer across tumor types
- Aggregate these mutations into families
- Develop a spectrum-selective (MasterKey) small molecule therapy

Robust pipeline of oral, potent and selective small molecule kinase inhibitors across a range of indications and target groups including EGFR, HER2, BRAF and FGFR

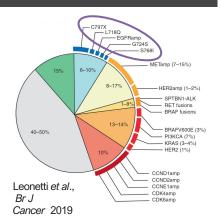
### Targeting Unmet Medical Need in EGFR-mutated NSCLC





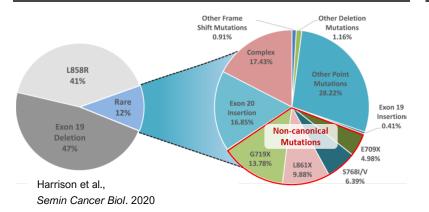


#### Acquired Resistance to 3rd generation EGFR TKIs



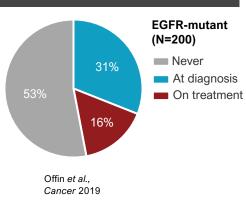
EGFR Mutations Resistant to First line Osimertinib

#### **Intrinsic Resistance to EGFR TKIs**



Non-canonical EGFR Mutations

#### Brain Metastasis Occurrence with NSCLC



**Brain Mets with EGFR Mutations** 

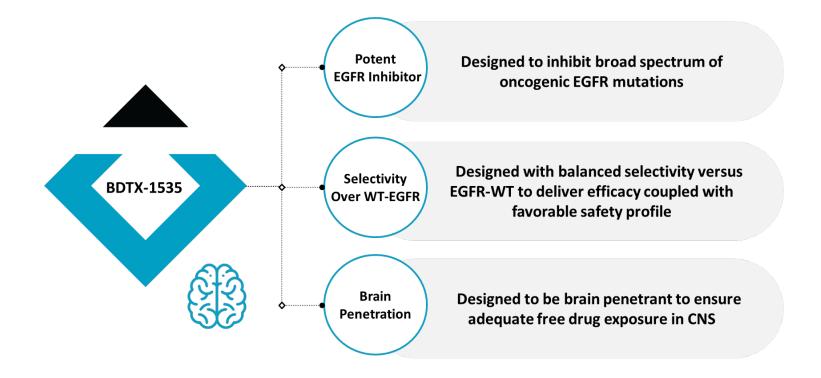


## BDTX-1535: A Brain Penetrant, Potent Inhibitor of Oncogenic EGFR Mutations







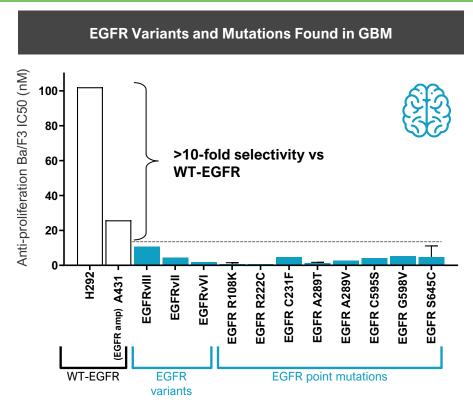


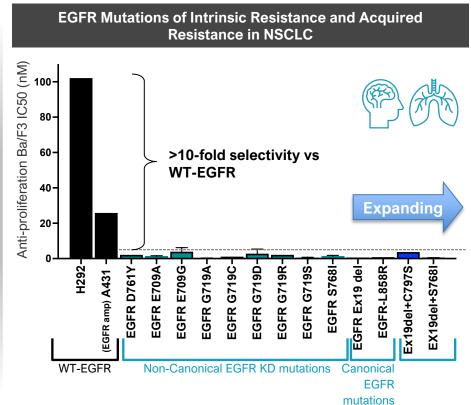
## Optimized to Address a Wide Range of Oncogenic EGFR Mutations and Variants











## BDTX-1535 Is a CNS-penetrant Inhibitor of Canonical and Drug-Resistance Mutations







	Erlotinib	Gefitinib	Afatinib	Dacomitinib	Osimertinib	BDTX-1535
MOA	Reversible	Reversible	Irreversible	Irreversible	Irreversible	Irreversible
CNS Kpuu (r)	0.08	0.29	_*	0.21	0.29	0.45
EGFR-WT (H292) IC <sub>50</sub> (nM)	878	418	29	28	454	119
EGFR Ex19del (Ba/F3) IC <sub>50</sub> (nM)	19	10	0.5	0.3	2.5	0.6
EGFR Ex19del/C797S (Ba/F3) IC <sub>50</sub> (nM)	15	11	8	9	>1000	3.1

Selectivity over WT H292 (fold)			CNS exposure (average Kpuu, m/r)			
>10	)x	5-10x	<5x	>0.3	0.3-0.1	<0.1

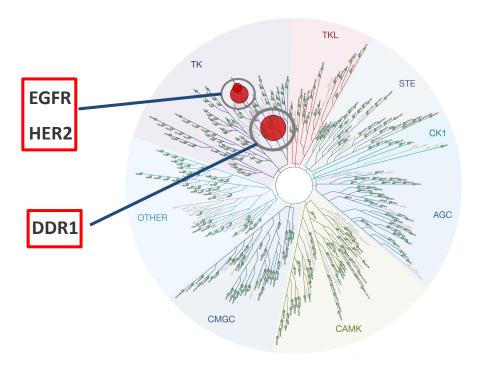
<sup>\*</sup>Rat Kpuu not measured, but mouse Kpuu = 0.03

## BDTX-1535 Achieves Excellent Kinome Selectivity and Drug Like Properties









- ✓ Not a hERG inhibitor at projected clinical concentrations
- ✓ Good blood & moderate liver stability
- ✓ Good GSH T<sub>1/2</sub>
- ✓ Low Risk for CYP Inhibition with no TDI
- ✓ No CYP induction
- ✓ No unique human metabolites
- ✓ Weak Pgp substrate

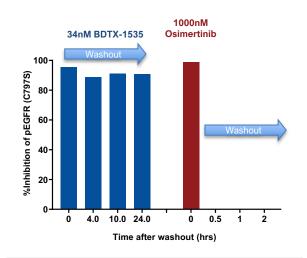
<sup>\*</sup>DiscoverX Kinome Panel of 468 kinases, at test concentration of 100 nM; Kd for EGFR and DDR1 0.17 and 3.8 nM, respectively

## Preclinical Data Supports Opportunity in NSCLC AGER American Association Harboring Osimertinib Resistant C797S



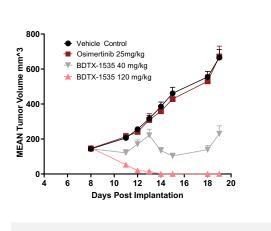






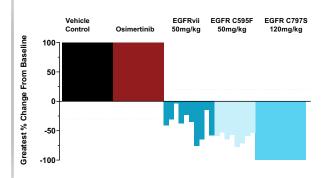
>24h inhibition of pEGFR Ex19del/C797S

### Regression in Ba/F3-EGFR Exon19del /C797S Mouse allograft



Dose dependent TGI in without loss of body weight

#### Regression across range of allograft and EGFRvII and C595F PDX models



% change from baseline capped at 100%; Vehicle control and osimertinib from EGFR Ex19del/C797S study

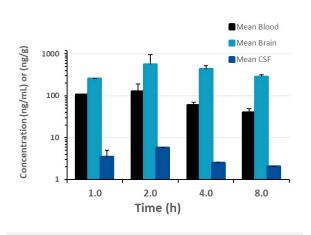
#### CNS Exposure, Sustained Target Engagement AACR and TGI in Intracranial PDX Tumors





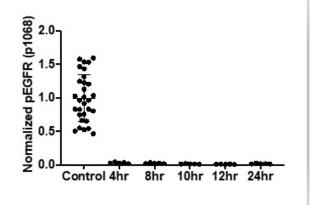






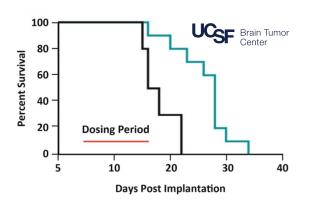
Kpuu = 0.45

#### >24h Inhibition of pEGFR in Ba/F3 Allograft Tumors expressing EGFRvIII



Single oral dosing of BDTX-1535 (50 mg/kg) in mice

#### Survival increase in Intracranial **EGFRvIII PDX Tumors**



#### Oral dosing of BDTX-1535 (50 mg/kg) daily in mice

GBM6 model expressing EGFRvIII/amplified EGFR WT conducted at UCSF Brain Tumor Center







### Black Diamond Therapeutics is Developing BDTX-1535 as a Brain Penetrant, Potent Inhibitor of Oncogenic EGFR Mutations

Excellent free drug exposure in the CNS

Highly efficacious in intracranial PDX tumor model with an intact BBB and across a range of allograft and PDX models

Potential to treat patients with NSCLC harboring osimertinib-resistant C797S mutation with or without brain metastases