

NUC-7738 in Patients with Advanced Solid Tumors

Phase 1 results from the NuTide:701 Phase 1 / 2 Study

Stefan N Symeonides¹, Aglaia Skolariki², Noor Md Haris³, Zhuang Boh¹, Michelle Myers⁴, Elisabeth Oelmann⁴, Jeffrey D Bloss⁴, E. Ruth Plummer³, Sarah P Blagden²

¹Edinburgh ECMC, Western General Hospital, Edinburgh, UK; ²Oxford ECMC, Churchill Hospital, Oxford, UK; ³Newcastle ECMC, Freeman Hospital, Newcastle upon Tyne, UK; ⁴NuCana plc, Edinburgh, UK

Presenter: Stefan N. Symeonides MBBChir, PhD



DECLARATION OF INTERESTS

Stefan N. Symeonides

Consultancy/Advisory Role:

Vaccitech, Bicycle Therapeutics, Ellipses Pharma, EUSA Pharma, Eisai, MSD, Bristol-Myers Squibb, Pfizer/EMD Serono, MedAnnex, Boxer Capital, Duke Street Bio

Funding to Research Institute:

Merck, Sharp & Dohme, Verastem, Boston Pharmaceuticals, Sierra Oncology, NuCana, BioNTech, Nouscom, Sapience Therapeutics, Roche/Genentech, Incyte

Speaker Bureau:

EUSA Pharma, Bristol-Myers Squibb, Ipsen

Travel, Accommodation, Expenses: Ipsen, Bristol-Myers Squibb, MSD, BioNTech



NUC-7738: RNA Polyadenylation Disruptor



Generates high intracellular levels of active metabolite 3'-dATP in patients' PBMCs & tumors

3'-dATP levels generated in patients is comparable to active levels observed *in vitro*

	РВМС in vitro (10 µМ)	PBMC in vitro (50 μM)	PBMCs from patient dosed (2000 mg/m²)
NUC-7738 (pmol/10 ⁶ cells)	0.23	1.19	1.89
3'-dATP (pmol/10 ⁶ cells)	6.3	25.5	36.0

Changes in genes involved in key cellular processes



3'-dA, 3'-deoxyadenosine; 3'-dATP, 3'-deoxyadenosine triphosphate; PBMC, peripheral blood mononuclear cell; RNA, ribonucleic acid

Schwenzer et al (2021) Clin Cancer Res. 27(23):6500-6513



First in Human Phase 1 Study of NUC-7738 (NCT03428958)



PD, pharmacodynamics; PD-1, programmed cell death protein-1; PK, pharmacokinetics; RP2D, recommended phase 2 dose



Stefan N. Symeonides

Content of this presentation is copyright and responsibility of the author. Permission is required for re-use.

Patient Baseline Characteristics and Dose Escalation Cohorts

Base Characteri	eline stics (n=38)	Solid Tumor Primary Location	n (%) (n=38)	Starting Dose (mg/m²)	n (n=38)	
Ag	ge	Cutaneous melanoma	6 (16%)	14	2	
Modion (renge)	66 E (20 94)	Non-cutaneous melanoma	Non-cutaneous melanoma 5 (13%)			
Median (range)	00.5 (39-64)	Colorectal	3 (8%)	42	1	
Se	ex	Pleural mesothelioma	3 (8%)	70	1	
male	16 (42%)	Esophageal/Gastric	3 (8%)	112	1	
maio	10 (42 %)	Cervical	3 (8%)	182	1	
female	22 (57%)	Pancreatic	2 (5%)	273	2	
FCO	G PS	i ancreatio	2 (370)	400 3		
LCO	GF3	Lung adenocarcinoma	2 (5%)	600	6	
0 1	19 (50%) 19 (50%)	Breast	Breast 2 (5%)		4	
Prior Lines o	f Therapy for	Ovarian	2 (5%)	900	6	
Advanced	d Disease	Bile duct	2 (5%)	1350	7 (1 DLT fatigue)	
Median (range)	2 (0-7)	Other	5 (13%)	2000	2 (2 DLTs fatigue)	

Other: jejunal adenocarcinoma, Sertoli cell, leiomyosarcoma, endometrial & chordoma ECOG, Eastern Cooperative Oncology Group; PS, performance status



Data cleaning ongoing; data cut off 7 Jul 2022

NUC-7738 Well-Tolerated Across All Dose Cohorts

Patients with Treatment-Related Adverse Events (TRAEs)								MTD						
Dose AE occurred (mg/m ²)	14 n*=2	28 n*=3	42 n*=2	70 n*=3	112 n*=4	182 n*=4	273 n*=5	400 n*=6	600 n*=9	750 n*=5	900 n*=8	1350 n*=11	2000 n*=2	Total** n=38
All Grade TRAEs (≥10%)														
Nausea	0	1 (33%)	0	0	0	0	1 (20%)	0	3 (33%)	2 (40%)	3 (38%)	5 (45%)	1 (50%)	16 (42%)
Fatigue	0	1 (33%)	0	0	0	0	0	1 (17%)	3 (33%)	1 (20%)	3 (38%)	7 (64%)	2 (100%)	14 (37%)
Anemia	0	0	0	0	0	0	0	0	0	0	2 (25%)	4 (36%)	2 (100%)	7 (18%)
Diarrhea	0	0	0	0	0	0	1 (20%)	0	0	1 (20%)	1 (13%)	4 (36%)	0	6 (16%)
Vomiting	0	0	0	0	0	0	0	0	0	1 (20%)	1 (13%)	3 (27%)	1 (50%)	6 (16%)
Mucosal inflammation	0	0	0	0	0	0	0	0	1 (11%)	1 (20%)	0	1 (9%)	1 (50%)	4 (11%)
Decreased appetite	0	0	0	1 (33%)	0	1 (25%)	1 (20%)	0	0	0	1 (13%)	0	0	4 (11%)
Grade 3 TRAEs (ALL)														
Fatigue	0	0	0	0	0	0	0	0	0	0	0	3 (27%)	2 (100%)	4 (11%)
Anemia	0	0	0	0	0	0	0	0	0	0	1 (13%)	0	0	1 (3%)
Neutropenia	0	0	0	0	0	0	0	0	1 (11%)	0	0	0	0	1 (3%)
Vomiting	0	0	0	0	0	0	0	0	0	0	0	0	1 (50%)	1 (3%)

• 31 out of 38 (82%) patients experienced a TRAE; No Grade 4 or 5 TRAEs

Data cleaning ongoing; data cut off 7 Jul 2022

- Other SAEs related to study drug: 1 patient at 600 mg/m²; dyspnoea (Grade 2), pneumonitis (Grade 2) & radiological changes consistent with ILD
- MTD: 1350 mg/m² Dose Limiting Toxicities in 3 patients: Grade 3 fatigue (1 at 1350 mg/m², 2 at 2000 mg/m²)

ILD, interstitial lung disease; MTD, maximum tolerated dose; SAE, serious adverse event; TRAE, treatment-related adverse event





Best Tumor Response in Evaluable Patients



Notes: The percent change from baseline is the maximum percent decrease (or minimum increase if no decrease) in tumor size at a given visit relative to baseline. Tumor size is the sum of diameters of the target lesions. c.melanoma, cutaneous melanoma; p. meso, pleural mesothelioma; PD, progressive disease Data cleaning ongoing; data cut off 7 Jul 2022



Duration of Treatment



c.melanoma, cutaneous melanoma; GE, gastro/esophageal; m. melanoma, mucosal melanoma; o.melanoma, ocular melanoma; p. meso, pleural mesothelioma

Data cleaning ongoing; data cut off 7 Jul 2022



Stefan N. Symeonides

Content of this presentation is copyright and responsibility of the author. Permission is required for re-use.

Evidence of Clinical Activity in Cutaneous Melanoma





Evidence of NUC-7738 Clinical Activity

Metastatic Clival Chordoma - 72 years female

- **1 prior line** imatinib: progressed at 19 months
- NUC-7738 dose 1350 mg/m²
- Stable disease 6 months
- Bleeding from nasal lesion resolved
- 45% reduction in mandibular lesion
- Complete disappearance of lip lesion





Metastatic Lung Adenocarcinoma - 65 years male

- 2 prior lines i) carboplatin + pemetrexed: progressed at 6 months ii) docetaxel: progressed at 4 months
- NUC-7738 starting dose 42 mg/m² (4 dose escalations)
- Treatment duration 6 months
- 46% reduction in lung lesion 1
- Change in character in lung lesion 2
 small dense core surrounded by a larger diffuse
 "ground-glass" periphery





Data cleaning ongoing; data cut off 7 Jul 2022

Metastatic Melanoma - 62 years female

- 2 prior lines i) nivolumab + ipilimumab: discontinued within 1 month;
 ii) CK7 inhibitor: progressed within 1 month
- NUC-7738 starting dose 14 mg/m² (8 dose escalations)
- Stable disease 12 months treatment duration 18 months due to clinical benefit
- 14% reduction in tumor volume

Metastatic Melanoma - 65 years female

- 1 prior line nivolumab + ipilimumab: discontinued within 1 month
- NUC-7738 starting dose 400 mg/m² (1 dose escalation)
- Stable disease 9 months, treatment duration 11 months due to clinical benefit
- 7% reduction in tumor volume
- NUC-7738 treatment enabled complete resection patient had diffuse disease that was inoperable prior to NUC-7738

CK7, cytokeratin 7



Content of this presentation is copyright and responsibility of the author. Permission is required for re-use.

Conclusions

- NUC-7738 is a new anti-cancer agent with novel mechanism of action
- Favorable safety profile
- MTD is 1350 mg/m²
- Evidence of anti-tumor activity demonstrated across broad range of tumors and doses
- Phase 2 study (NuTide:701) ongoing
 - Monotherapy in melanoma & other selected tumors
 - Combination with PD-1 inhibitor in melanoma

Acknowledgements

The authors would like to thank all those involved in the study, including patients and their families, physicians, nurses, research coordinators, and all those who assisted at each investigational site.

MTD, maximum tolerated dose; PD-1, programmed cell death protein-1





Presenter: Stefan N. Symeonides MBBChir, PhD

European Society for Medical Oncology (ESMO) Via Ginevra 4, CH-6900 Lugano T. +41 (0)91 973 19 00 esmo@esmo.org



esmo.org