Preclinical evaluation of AMG 925, a FLT3/CDK4 dual kinase inhibitor for treating acute myeloid leukemia

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Abstract

Acute myeloid leukemia (AML) remains a serious unmet medical need. Despite high remission rates with chemotherapy standard of care treatment, the disease eventually relapses in a major proportion of patients. Activating FLT3 mutations are found in approximately 30% of AML patients. Targeting FLT3 receptor tyrosine kinase has shown encouraging results in treating FLT3-mutated AML. Responses, however, are not sustained and acquired resistance has been a clinical challenge. Treatment options to overcome resistance are currently the focus of research. We report here the preclinical evaluation of AMG 925, a potent, selective and bioavailable FLT3/CDK4 dual kinase inhibitor. AMG 925 inhibited AML xenograft tumor growth by 96-99% without significant body weight loss. The anti-tumor activity of AMG 925 correlated with the inhibition of inhibition of STAT5 and Rb phosphorylation, the PD markers for inhibition of FLT3 and CDK4 respectively. In addition, AMG 925 was also found to inhibit FLT3 mutants (e.g., D835Y) that are resistant to the current FLT3 inhibitors (e.g., AC220, sorafenib). CDK4 is a cyclinD-dependent kinase that plays an essential central role in regulating cell proliferation in response to external growth signals. A critical role of the CDK4-Rb pathway in cancer development has been well established. CDK4 specific inhibitors are being developed for treating Rb positive cancer. AMG 925, which combines inhibition of two kinases essential for proliferation and survival of FLT3-mutated AML cells, may improve and prolong clinical responses.
Introduction

AML (acute myeloid leukemia) represents a significant unmet medical need. It is a hematological malignancy characterized by uncontrolled proliferation of the hematopoietic progenitor cells of myeloid lineage. The current standard of care is chemotherapy with and without allogeneic stem cell transplantation. Induction chemotherapy is successful in 65% of all AML patients. Using chemotherapy as consolidation up to 50% of patients that receive consolidation go into long term remission. The actual chance of long term remission depends on specific prognostic factors as age, chromosomal aberrations and molecular changes (1). The relative 5-year survival rate is 28% in patients with advanced diseases (1). More efficacious and safer therapeutics are being developed and tested in clinical trials.

FLT3 (Fms-like tyrosine kinase 3) is a well-recognized drug target for treating AML. Activating mutations in FLT3 are found in approximately 30% of AML patients (2-4). The majority of the activating mutations are internal tandem duplications (ITD) in the juxtamembrane region. Numerous FLT3 inhibitors have entered clinical studies and shown initial clinical responses. However, the responses are transient and resistance develops rapidly (5, 6). The major resistance mechanism appears to be acquisition of secondary mutations in FLT3, which interfere with the ability of small molecule inhibitors to bind to FLT3 (4, 5). One strategy to overcome resistance to FLT3 inhibitors in the clinic is to combine them with chemotherapy despite the recognition that chemotherapy is poorly tolerated (6, 7).

CDK4 and CDK6 (hereafter referred to as CDK4) are two functionally indistinguishable cyclin D dependent kinases. As a key effector downstream of growth factor activation, CDK4 promotes G1-S transition of the cell cycle by phosphorylating the retinoblastoma protein (Rb), a tumor suppressor protein. A large body of evidence supports important involvement of the p16INK4a-CDK4-Rb axis in cancer development (8-12). Rb negatively regulates the cell cycle at
G1 by sequestering E2F proteins that are required for initiation of S phase. \(p16^{\text{INK4a}}\) is a member of the INK4 family of CDK4 cellular inhibitors (10-13) and a tumor suppressor. The genes for Rb and \(p16^{\text{INK4a}}\) are frequently deleted or silenced in various types of cancer. Although mutations in Rb and \(p16^{\text{INK4a}}\) are rare in AML patients, \(p15^{\text{INK4b}}\), another member of the INK4 family, has been reported to be down regulated in up to 60% of AML patients (14, 15), indicating an important role of CDK4 in AML. Recently, a selective CDK4 inhibitor PD 0332991 has entered clinical trials and showed promising anti-cancer efficacy in advanced breast cancer patients (16, 17). Anti-cancer activity of PD 0332991 has also been reported in clinical and preclinical studies of other cancer types including AML (18-21). Here, we report the preclinical evaluation of a FLT3/CDK4 dual kinase inhibitor AMG 925. We believe that combined inhibition of two essential kinases by AMG 925 has potential to reduce development of drug resistance in AML patients.

**Materials and Methods**

**Compounds.** AMG 925 (2-(2-\((9-(\text{trans-4-methylcyclohexyl})-9H-pyrido[4',3':4,5]pyrrololo[2,3-d]pyrimidin-2-yl)amino)-7,8-dihydro-1,6-naphthyridin-6(5H)-yl)-2-oxoethanol) was synthesized at Amgen. PD 0332991 and sorafenib were purchased from AdooQ™ BioScience (Irvine, CA).

**Cell lines.** MOLM13 and Mv11-4 were obtained from the DSMZ German Collection of Microorganisms and Cell Cultures (Braunschweig, Germany). MOLM13-Luc cells were constructed by transduction of MOLM13 cells with the pLV218G luciferin/lentivector, which expresses luciferase under the murine EF1\(\alpha\) promoter. Sorafenib-resistant MOLM13 (MOLM13sr) and Mv4-11 (Mv4-11sr) were isolated by passaging the cells in growth medium containing increasing concentrations of sorafenib (1-1000 nM). RNA was isolated from...
independent clones and sequenced to identify FLT3 kinase domain mutations, D835Y in MOLM13sr and D835V in Mv4-11. The other cell lines used in this study were purchased from ATCC (Manassas, VA). Growth conditions recommended by the providers were followed. All of the cell lines were authenticated by Short Tandem Repeat DNA profiling; MDA-MB-435, MDA-MB-436 and MDA-MB-468 were by Genetica DNA laboratories (Burlington, NC), and the rest by DDC Medical (Fairfield, OH).

**Kinases.** CDK4/Cyclin D1, CDK6/Cyclin D1, CDK1/Cyclin B and CDK2/Cyclin A were purchased from Cell Signaling Technology (Danvers, MA). For the kinase assays, Rb fragment (amino acids 773-928) and histone H1 (Millipore, Bedford, MA) were used as substrate for CDK4/6 and CDK1/2, respectively. \[r^{33}P\]-ATP was from PerkinElmer (Shelton, CT). The assays were performed in 96-well filter plates (MSDVB50, Millipore, Bedford, MA) with a final volume of 100 μL, containing 1 μg Rb, 25 ng CDK4/cyclin D1, 25 μM ATP, 1 μCi \[r^{33}P\]-ATP, and the test compound in kinase reaction buffer (20 mM Tris-HCl, pH 7.4, 10 mM MgCl₂, 5 mM β-glycerophosphate, 1 mM DTT, and 0.1% BSA). The reaction mixes were incubated at room temperature for 1 h and terminated with 20% trichloroacetic acid (TCA). Wells were washed with 10% TCA, let dry and processed for scintillation counting with TopCount (PerkinElmer). FLT3 kinase assay was performed using a time-resolved fluorescence resonance energy transfer (TR-FRET) assay. The FLT3 enzyme (GST-fused human FLT3 cytoplasmic domain, amino acids 564-993) was from Carna Biosciences (Natick, MA). An ULight-labeled synthetic peptide (ULight-JAK1, PerkinElmer, Waltham, MA) derived from human Janus kinase 1 (amino acids 1015-1027) was used as the phosphoacceptor substrate. The FLT3 kinase reaction was conducted in a 384-well white OptiPlate (PerkinElmer) in a total volume of 20 μL. The reaction mixture contained 50 nM ULight-JAK1, 116 μM ATP (equal to Kₘ), 0.5 nM FLT3 and serially diluted test compounds in a reaction buffer of 50 mM Hepes, pH 7.6, 1 mM EGTA, 10 mM MgCl₂, 2 mM DTT, and 0.005% Tween 20. The reaction was allowed to proceed for 1 h at room temperature.
temperature and stopped by adding 20 μL of 20 mM EDTA and 4 nM LANCE Eu-W1024 anti-phospho-tyrosine antibody in LANCE detection buffer (PerkinElmer). The plates were incubated at room temperature for 2 h after addition of detection reagents and were then read on an Envision multimode reader (PerkinElmer). Fluorescence signals were measured at 615 nm (8.5-nm bandwidth) and 665 nm (7.5-nm bandwidth) with a 60 μs delay after excitation at 320 nm (75-nm bandwidth). The signal ratio at 665/615 nm was used in all data analyses.

**Cell growth, apoptosis and cell cycle.** Cell growth was measured by a DNA synthesis assay. Cells were seeded in a 96-well Cytostar T plate (GE Healthcare Biosciences, Pittsburgh, PA) at a density of $5 \times 10^3$ cells/well in a total volume of 160 μL. Test compounds were serially diluted into the plate (20 μL/well) and 20 μL/0.1 μCi of [14C]-Thymidine (GE Healthcare Biosciences) added to each well. Isotope incorporation was determined using a β plate counter (Wallac, Gaithersburg, MD) after further 72 h incubation. Apoptosis was assayed by using Vybrant Apoptosis Assay Kit#9 (Invitrogen, Cat# V35113) following manufacturer’s protocol. Briefly, cells were seeded into a 6-well plate at $5 \times 10^5$ cells per well and treated with compounds for 24 h. The cells were then stained with reagents provided in the kit and analyzed by flow cytometry. The Sytox Green fluorescence versus APC fluorescence dot plot shows resolution of live, apoptotic and dead cells, which were quantified using Flowjo software. The cell cycle analysis was done by treating the cells with AMG 925 for 24 h followed by using CycleTest kit (BD Biosciences) following manufacturer’s instructions. Ten thousand events were acquired and the proportions of cells in each cycle phase were calculated using ModFit software.

**P-FLT3, P-STAT5 and P-Rb.** Phospho-FLT3 (P-FLT3) was determined by immunoprecipitation and Western blotting (IP-WB). $2 \times 10^7$ cells/mL was treated with compounds for 1 h. Cell lysates were prepared in RIBA buffer (G-Biosciences, St. Louis, MO; Cat# 786-489) incubated with an anti-FLT3 antibody (Cell Signaling Technology, Boston, MA;
Cat# 3462) at 4° overnight. Immunocomplexes were recovered with Protein G kit (Sigma, St. Louis, MO; Cat# 087K4817) and subjected to Western blotting with anti-phosphotyrosine 4G10® (Millipore, Billerica, MA; Cat# 05-1050) for P-FLT3 or an anti-FLT3 antibody (R&D Systems, Minneapolis, MN; Cat# BAF812) for total FLT3 (T-FLT3). Protein bands were visualized using enhanced chemiluminescence reagents (GE Healthcare Bio-Sciences; Cat# RPN2106) and analyzed with ImageJ software (NIH). MSD assays were used to determine cellular levels of phospho-STAT5 (P-STAT5) and phospho-Rb (P-Rb). 1 × 10⁴ cells/well in 96-well plates was incubated with dilutions of compounds. Cell lysates were harvested 1 or 24 h after addition of compounds for determination of P-STAT5 and P-Rb respectively using kits from Meso Scale Discovery (Rockville, MD; Cat# K150IGD-1 for P-STAT5 and Cat# K150ITD-1 for P-Rb).

To determine P-STAT5 or P-Rb in xenograft tumor samples, tumors were allowed to grow to 200-250 mm³ before administration of AMG 925 via oral gavages. The tumor samples were dissected and snap frozen at different time points after dosing, and the lysates prepared and assayed for levels of P-STAT5 and P-Rb similarly as for cultured cells.

**MOLM13 xenograft tumor model.** CrTac:NCR-Foxn1nu (NCR) nude mice were treated with IP injection of 100 μL of anti-asialo GM (WAKO Chemicals) antibody to abolish NK activity and allow for enhanced growth of subsequently inoculated tumor cells. The following day, 7.5 million MOLM13 tumor cells in PBS were formulated as a 1:1 mixture with matrigel (BD Biosciences) and injected into the subcutaneous space on the right flank of the mice. Tumors were measured with PRO-MAX electronic digital caliper (Japan Micrometer Mfg. Co. LTD) and the mice were weighed every other day prior to each tumor measurement. Tumor volumes were calculated as follows: Tumor Volume (mm³) = [(W² X L)/2] where width (W) is defined as the smaller of the two measurements and length (L) is defined as the larger of the two measurements.
**MOLM13-Luc systemic tumor model.** MOLM13-Luc cells stably expressing luciferase were injected intravenously (IV) into NOD/SCID IL-2Rγ<sup>-/-</sup> (NSG) mice. After 6 days, mice were injected with an Intraperitoneal (IP) injection of D-luciferin, tissues removed and imaged using an IVIS imager. MOLM13-Luc cells localized to the spleen and the bone marrow of the sternum and hind limbs. At 13 days post injection, tumor cells were more widespread to the peripheral blood, spleen, lung, ovaries and calvaria. For efficacy evaluation of AMG 925, 5 × 10<sup>4</sup> MOLM13-Luc cells in PBS were inoculated via IV injection in tail vein. The cells were allowed to grow for 6 days and randomized for treatment using imaging with a Xenogen IVIS 200 imager (PerkinElmer, Santa Clara, CA). Prior to imaging, mice were given an IP injection of 150 mg/kg Firefly D-luciferin (Caliper Life Sciences, Alameda, CA) and dorsal and ventral images were captured. Tumor burden was quantified using Living Image 2.5 software for regions of interest (ROI): total body (dorsal and ventral). Mice (n = 60) were sorted from low to high by drawing ROIs over the dorsal and ventral images and taking the sum of these images (whole body BLI). The bottom 5 and top 5 animals in the sort were excluded from the study. The remaining mice were rank random assigned to therapeutic groups to achieve 5 groups of (n = 10) with equivalent whole body tumor burden. Treatments were initiated on day 7 and continued for 10 consecutive days. Twice daily (BID) doses were administered 6 h apart. After completion of the treatments mice were monitored for either development of hind limb paralysis (HLP) that resulted from disease progression and >20% body weight loss. Mice were humanely sacrificed using CO<sub>2</sub> asphyxiation and cervical dislocation in accordance with Amgen IACUC criteria.

**Colo205 xenograft tumor model.** 2 x 10<sup>6</sup> cells were inoculated on the flank of CrTac:NCR-Foxn1<sup>nu</sup> (NCR) nude mice and allowed to grow for 13 days. Mice were then dosed BID by oral administration 6 h apart with 12.5, 25, 37.5 and 50 mg/kg of AMG 925 formulated in 2% HPMC/1% Tween-80 for 10 consecutive days.
**PK and plasma concentration.** Animals were orally dosed with AMG 925 and plasma samples were collected at time points after dosing. Concentrations of AMG 925 in the plasma were determined with a multiple reaction monitoring (MRM) method on a triple quadrupole mass spectrometer coupled with high pressure liquid chromatography system. Unbound AMG 925 concentrations were calculated based on protein binding of the compound.

**Immunohistochemistry.** Femur samples from 3 mice in each of the treatment groups were taken at 2 and 18 h after the last dose and processed for cutting sections for immunohistochemistry (IHC) staining. Sections were deparaffinized and then heated in DIVA Decloaker solution for P-Rb (Biocare) or BORG Decloaker for P-STAT5 (Biocare) for 1 h for antigen retrieval. Remaining IHC steps were performed at room temperature in a DAKO Autostainer. Sections were incubated for 10 min with Peroxidazed 1 (Biocare) to block endogenous peroxidase, followed by incubation for 10 min with Background Sniper for P-Rb (Biocare) or 10% normal goat serum in Rodent block M for P-STAT5 to reduce nonspecific background. Sections were then incubated for 1 h with FITC-P-Rb at 0.375 μg/mL or P-STAT5 antibodies (Cell Signaling Technology) at 3.26 μg/mL, and incubated for 30 min with rabbit anti-FITC IgG 1:200 (Invitrogen) for FITC-P-Rb. Sections were incubated for 30 min with Envision+ HRP anti-rabbit polymer (DAKO), followed by DAB+ (DAKO) for 5 min. Sections were counterstained with hematoxylin (DAKO) for approximately 1 min. Ten 40× fields (720 × 720 pixels) of MOLM13-Luc tumor cells were then counted for the presence of positive staining nuclei. A nucleus was considered positive if it had uniform staining of at least “1+” intensity. Average fraction positive P-STAT5 and P-Rb were then calculated for each field and treatment group medians and significance were generated by GraphPad calculator with an unpaired t-test & 2-tailed p values.

**Statistical analysis and IC\textsubscript{50} determination.** Tumor volumes are expressed as means ± SE and plotted as a function of time. Statistical significance of observed differences between
growth curves was evaluated by repeated measures analysis of covariance of the log transformed tumor volume data with Dunnett adjusted multiple comparisons. The analysis was done using SAS proc mixed with model effects of baseline log tumor volume, day, treatment and day-by-treatment interaction; a repeated statement where day was a repeated value, animal the subject and a Toeplitz covariance structure; and an lsmeans statement to do a Dunnett analysis comparing the control group to the other treatment groups. All statistical calculations were made through the use of JMP software v7.0 interfaced with SAS v9.1 (SAS Institute, Inc., Cary, NC). For the Kaplan-Meier analysis in the systemic AML mouse model, the statistical analysis was performed using Log-Rank test using JMP software v7.0 interfaced with SAS v9.1 (SAS Institute, Inc., Cary, NC). A difference between groups was deemed significant if p < 0.05. IC\textsubscript{50} values of AMG 925 in \textit{in vitro} assays were determined by nonlinear regression curve fitting using GraphPad Prism v5.01 (GraphPad, La Jolla, CA).

Results

**AMG 925 is a potent, selective and orally available FLT3/CDK4 dual inhibitor.** AMG 925 was discovered by HTS and lead optimization. \textit{In vitro} activities of AMG 925 are summarized in Table 1 and Figure 1. AMG 925 potently inhibited FLT3, CDK4 and CDK6 in kinase assays with IC\textsubscript{50} in single digit nM range. The selectivity of AMG 925 for CDK4 and FLT3 against CDK1, whose inhibition is highly cytotoxic, was >500 fold. A fair overall kinase selectivity of AMG 925 was as determined by KinomScan against a panel of 442 various kinases (Supplementary Table S1). Cellular selectivity (on-target vs. off-target activity) of AMG 925 was about 50 folds as evaluated by comparison of its growth inhibiting activity in Rb positive (Rb\textsuperscript{+}) and Rb negative (Rb\textsuperscript{-}) non-AML cancer cell lines (Table 1).
AMG 925 potently inhibited growth of AML cell lines MOLM13 (FLT3-ITD) (IC$_{50}$ = 0.019 μM) and Mv4-11 (FLT3-ITD) (IC$_{50}$ = 0.018 μM). To determine that AMG 925 inhibited growth of MOLM13 and Mv4-11 cells through FLT3, phosphor-FLT3 (P-FLT3) and phospho-STAT5 (P-STAT5), a direct substrate of FLT3-ITD (22), were measured as specific pharmacodynamic (PD) markers. In addition, apoptosis, a phenotype characteristic of inhibition of FLT3 in sensitive AML cells were examined. As shown in Table 1, AMG 925 potently inhibited P-STAT5 in AML cell lines MOLM13 (FLT3-ITD) and Mv4-11 (FLT3-ITD) with IC$_{50}$ values comparable to those for kinase and growth inhibition. In Figure 1B, AMG 925 induced apoptosis in MOLM13 in a dose dependent manner, but not in the FLT3 independent U937, indicating a specific inhibition of FLT3 in MOLM13. Furthermore, the apoptosis correlated with inhibition of P-FLT3 and P-STAT5 in treated cells. Similar effects by AMG 925 were observed in Mv4-11 cells (data not shown). To demonstrate inhibition of CDK4 by AMG 925 in cells, cell cycle analysis was carried. As shown in Figure 1C, AMG 925 induced G1 arrest in Rb$^+$ MOLM13, U937 and Colo205. In contrast, AMG 925 did not cause G1 arrest in Rb$^-$ MDA-MB-468, which is consistent with the growth inhibition potency of AMG 925 in these cell lines (Table 1).

Pharmacokinetic analysis showed that AMG 925 was orally available with a half-life appropriate for twice daily dosing in preclinical animals (Supplementary Figure S1).

**AMG 925 inhibits signaling of FLT3-ITD/D835 mutants.** Two sorafenib-resistant AML cell lines MOLM13sr and Mv4-11sr were isolated as described in “Materials and Methods”. The parental cells MOLM13 and Mv4-11 acquired FLT3-D835Y and Mv4-11sr FLT3-D835V respectively during isolation for resistance to sorafenib. We found that AMG 925 inhibited growth of both sorafenib-resistant AML cell lines with potency comparable to those of the parental cell lines MOLM13 and Mv4-11(Table 1). Growth inhibition of MOLM13sr and Mv4-11sr by AMG 925 is believed to be primarily through FLT3, which is supported by potent inhibition of P-STAT5 by AMG 925 in the cells (Table 1). This is also supported by dose
dependent induction of apoptosis by AMG 925 in the MOLM13sr cells, which was correlated with inhibition of P-FLT3 and P-STAT5 (Figure 1B). Sorafenib, however, caused only background level of apoptosis and was much less potent in inhibiting P-FLT3 or P-STAT5 than AMG 925. Similar effects were observed in Mv4-11sr (our unpublished observations).

AMG 925 inhibits growth of subcutaneous MOLM13 xenograft tumors. MOLM13 tumor bearing mice were dosed twice daily by oral administration 6 h apart with 12.5, 25 or 37.5 mg/kg AMG 925. Tumors were then harvested 3, 9, 12 and 24 h after the first dose, and analyzed for levels of P-STAT5 and P-Rb. Maximum inhibition of P-STAT5 and P-Rb was achieved at 6 h and 12 h respectively at the 37.5 mg/kg dose of AMG 925 (Figure 2A, upper and lower panels). Interestingly, a rebound of P-STAT5 at 24 h was observed, possibly as a result of compensational feedback. The PD responses of P-STAT5 and P-Rb inhibition correlated with plasma concentrations of AMG 925 (Figure 2A, upper and lower panels).

To determine anti-tumor efficacy of AMG 925, tumor bearing mice were orally dosed twice daily with AMG 925. Dose-dependent inhibition of tumor growth was observed with the maximum inhibition after treatment with 37.5 mg/kg AMG 925 (TGI = 96%; p< 0.0001) (Figure 2B upper panel). Taken together with the PD data, this suggests that maximal efficacy in this model was achieved with greater than 80% inhibition of P-STAT5 and greater than 90% inhibition of P-Rb for at least 12 h. No differences in body weight were observed (Figure 2B lower panel). An ED$_{50}$ of 9.2 mg/kg [95% CI = 5.8-14.4] was calculated using individual tumor volumes on Day 15.

AMG 925 inhibits growth of systemic MOLM13-Luc xenograft tumors. To more closely mimic human AML, a MOLM13 systemic tumor model was developed (see Materials and Methods). Mice injected with MOLM13-Luc cells were dosed with AMG 925 twice daily for 10 consecutive days. AMG 925 demonstrated dose-dependent anti-tumor activity with
calculated tumor growth inhibition (TGI) of 99.7%, 97% and 71% for the 37.5, 25 and 12.5 mg/kg dose groups, respectively (Figure 3A). An ED$_{50}$ = 11 mg/kg [95% CI = 9.7-12.3] was calculated, which was consistent with the ED$_{50}$ determined in the MOLM13 subcutaneous tumor model. Figure 3B represents images taken at the end of the dosing period showing that tumor cells in mice (colored) were greatly reduced compared with vehicle control. No effects on body weight were observed during the dosing period. Time to moribund sacrifice was also measured for the systemic MOLM13-Luc tumor model. After completion of the 10-day dosing period, mice were monitored for signs of morbidity and sacrificed according to IACUC guidance. The mean time to moribund sacrifice was 21, 24 and 26 days for the 12.5, 25 and 37.5 mg/kg doses respectively, compared to 17.4 days for the vehicle treated mice (p < 0.05) (Figure 3C). After cessation of AMG 925 treatment, all mice eventually succumbed to disease progression. The terminal symptoms of mice in all treatment groups were similar to those in the vehicle group. MOLM13-Luc cells were detectably further spread from the initial major sites of spleen and the bone marrow of sternum and hind limbs to the peripheral blood, lung, ovaries and calvaria (Figure 3B). Hind limb paralysis, which apparently resulted from severe infiltration of the AML cells in the bone of hind limbs, was closely observed as the beginning of terminal stage of the disease. As soon as the mice showed hind limb paralysis and/or 20% weight loss, they were humanely sacrificed.

To correlate the antitumor activity of AMG 925 with PD activity in this systemic model, the effect of AMG 925 on P-STAT5 and P-Rb in the bone marrow-engrafted tumor cells was assessed in a separate PK/PD analysis. Mice were injected with MOLM13-Luc cells and 14 days post-injection, mice were administered two doses of AMG 925 6 h apart. Femurs were harvested 8 and 24 h after the first dose administration and processed for our immunohistochemistry staining (IHC) of P-STAT5 and P-Rb positive cells. At all doses tested, P-STAT5 was reduced to less than 3% but returned to baseline by 24 h post dosing (Figure 3D;
Supplementary Figure S2A). P-Rb was reduced to approximately 20% at 8 and 24 h after administration of the 37.5 mg/kg dose. At 24 h post dosing a dose dependent decrease in inhibition of P-Rb was observed (Figure 3D; Supplementary Figure S2B). These data, together with the anti-tumor activity, demonstrate that maximal activity of AMG 925 requires complete inhibition of STAT5 phosphorylation for at least 8 h and 80% inhibition of Rb phosphorylation for 24 h.

**Tumor growth inhibition by AMG 925 in Colo205 xenografts.** To demonstrate that the CDK4/6 inhibitory activity of AMG 925 would lead to tumor growth inhibition we used the Rb positive Colo205 colon adenocarcinoma xenograft model whose growth was independent of FLT3 activity. Oral adminstration of AMG 925 resulted in dose dependent anti-tumor activity with a TGI of 97% at the highest dose tested (50 mg/kg, BID, Figure 4). The ED$_{50}$ was calculated as 37 mg/kg (95% CI = 26-51). Body weight loss was not observed. The TGI correlated with inhibition of P-Rb and plasma concentrations of AMG 925 (data not shown).

**Discussion**

Numerous FLT3 inhibitors and multiple receptor tyrosine kinase inhibitors with FLT3 inhibitory activity have been tested for treating AML. Despite transient responses the disease relapses quickly, diminishing the overall clinical benefits of the FLT3 inhibitors as monotherapy (2-5). Several mechanisms have been described as contributing to relapse: 1) acquired mutations in FLT3 that interfere with inhibitor binding; 2) increased expression of anti-apoptotic factors like Bcl-2 and Mcl-1; 3) elevated compensatory growth factor signaling; 4) protective microenvironment of bone marrow; and 5) insufficient FLT3 target coverage. Results from a recent phase 2 study of AC220, a highly potent and selective FLT3 inhibitor, provide strong
evidence that acquired resistance mutations are primary cause of relapse in AML following FLT3 inhibitor treatments (3). All of the relapsed patients from AC220 treatment had acquired mutations in FLT3 that were not detected before the treatment and were confirmed to confer resistance to FLT3 inhibitors including AC220 in vitro. Considering the high intrinsic genetic instability and heterogeneity of AML cells, it is now generally believed that FLT3 specific inhibitors need to be combined with other therapies to achieve the desired clinical efficacy (2). Combinations with chemotherapy have been tested with some FLT3 inhibitors like sorafenib. The combination treatments, however, have met with only moderate success primarily due to combined toxicity (6, 7).

CDK4 is a well-established cancer drug target for a broad spectrum of Rb-positive cancers (23, 24). PD 0332991, a CDK4 selective inhibitor, has demonstrated clinical efficacy in treating breast cancer in combination with Letrozole (17). However, CDK4 inhibition alone also faces potential clinical issue of resistance due to bypassing or compensatory mechanisms, e.g., loss of Rb and increase in Cyclin E1 expression (20, 25, our unpublished observations). AMG 925 inhibits both FLT3 and CDK4 potentially offering a more effective treatment for AML than single kinase selective inhibitors. CDK4 activity is downstream of FLT3 signaling and is required for cell proliferative response to FLT3 activation. However, the function of the two kinases is not fully overlapping. As a central player in cell cycle regulation, CDK4 mediates signaling from other upstream growth factors as demonstrated by G1 arrest of FLT3-WT AML cells treated with AMG 925 (Figure 1C). So, it is not surprising that inhibition of both kinases have been shown to cooperate in inhibiting AML cell growth (20). However, we hypothesize that CDK4-inhibiting activity of AMG 925 primarily act through reducing frequency and/or expansion of mutants resistant to FLT3-inhibiting activity of the compound. Consistently, we have tried but failed to isolate AMG 925-resistance FLT3 mutations in MOLM13 and Mv4-11 under conditions that we used to isolate sorafenib-resistant mutations (our unpublished data).
potential advantage of AMG 925 over combining a FLT3 inhibitor with chemotherapy is that the CDK4 inhibiting activity of AMG 925 may be better tolerated based on the KO phenotype of these individual targets in mice (26, 27) and clinical trial results of the CDK4 inhibitor PD0332991 (28). AMG 925 may also be efficacious as a treatment for AML patients refractory to or relapsed from chemotherapy.

The sequence of treatments for a combination therapy of cancer can sometimes be critical to efficacy. For example, agents causing G1 arrest of the cell cycle are known to protect cancer cells from chemotherapies (29, 30). In contrast, it has been reported that CDK4 and FLT3 inhibitors, when added simultaneously to AML cells, acted cooperatively in inhibiting AML cell growth and inducing apoptosis (20). This result was confirmed in our experiments (our unpublished observations). Furthermore, we pre-treated MOLM13 cells with CDK4 inhibitor PD 0332991 for 24 h to arrest cells in G1 and then determined the effect on cell proliferation of FLT3 inhibition by sorafenib. We did not detect significant effect on the sensitivity of MOLM13 to sorafenib (our unpublished observations). However, we could not exclude the possibility that longer G1 arrest would eventually lead to decreased response to FLT3 inhibitors.

Analysis of relapsed AML in AC220-treated patients has confirmed two hot spots for resistance mutations in FLT3-ITD, tyrosine-kinase domain residue D835 and gatekeeper residue F691 (3). Accumulating published data suggests that FLT3 inhibitors may largely fall into two groups, one represented by AC220 and sorafenib, the other by sunitinib (31-33). The former (Type 2) are much less active on FLT3-ITD/D835 and FLT3-ITD-F691 mutations, while the latter (Type 1) is less affected by these mutations. As a FLT3-kinase inhibitor, AMG 925 appears to fall into the Type 1 group as it inhibits sorafenib-resistant FLT3-ITD-D835Y/V mutations. In addition, our preliminary unpublished results showed that AMG 925 similarly inhibited FLT3-ITD-D835Y and -F691I in BaF3 cells. Several kinase inhibitors with similar inhibition profiles of FLT3 mutant inhibition have been reported for having a potential to
overcome AC220 resistance (34, 35). Inhibition of resistance mutations at residues D835 and F691 by AMG 925 would present a tempting option to combine with the Type 1 inhibitors AC220/sorafenib to enhance efficacy in treating AML.

In summary, mutational resistance has been a clinical issue of FLT3 inhibitors as monotherapy and combination therapies are being pursued. We have demonstrated AMG 925 in preclinical systems to be a potent, selective and orally bioavailable FLT3/CDK4 dual kinase inhibitor. The compound demonstrated in vivo activity in AML tumor models and appeared well tolerated. AMG 925 is currently at late stage of preclinical development. Future clinical testing will determine efficacy of the compound in treating FLT3-mutant AML for its potential to cause a durable clinical response.

References


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Table 1. *In vitro* activities of AMG 925

<table>
<thead>
<tr>
<th>Kinase Assays</th>
<th>IC$_{50}$, μM</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLT3</td>
<td>0.002 ± 0.001</td>
</tr>
<tr>
<td>CDK4</td>
<td>0.003 ± 0.001</td>
</tr>
<tr>
<td>CDK6</td>
<td>0.008 ± 0.002</td>
</tr>
<tr>
<td>CDK1</td>
<td>1.90 ± 0.51</td>
</tr>
<tr>
<td>CDK2</td>
<td>0.375 ± 0.15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Growth Inhibition</th>
<th>IC$_{50}$, μM</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOLM13 (FLT3-ITD)</td>
<td>0.019 ± 0.006</td>
</tr>
<tr>
<td>Mv4-11 (FLT3-ITD)</td>
<td>0.018 ± 0.004</td>
</tr>
<tr>
<td>U937 (FLT3-WT)</td>
<td>0.052 ± 0.013</td>
</tr>
<tr>
<td>THP1 (FLT3-WT)</td>
<td>0.047 ± 0.011</td>
</tr>
<tr>
<td>MOLM13sr (FLT3-ITD/D835Y)</td>
<td>0.023 ± 0.010</td>
</tr>
<tr>
<td>Mv4-11sr (FLT3-ITD/D835V)</td>
<td>0.009 ± 0.005</td>
</tr>
<tr>
<td>Colo205 (Rb$^+$)</td>
<td>0.055 ± 0.009</td>
</tr>
<tr>
<td>MDA-MB-435 (Rb$^+$)</td>
<td>0.034 ± 0.008</td>
</tr>
<tr>
<td>MDA-MB-436 (Rb$^-$)</td>
<td>2.0 ± 0.7</td>
</tr>
<tr>
<td>MDA-MB-468 (Rb$^-$)</td>
<td>2.8 ± 0.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cellular Assays</th>
<th>IC$_{50}$, μM</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOLM13 (FLT3-ITD)</td>
<td>0.005 ± 0.003</td>
</tr>
<tr>
<td>Mv4-11 (FLT3-ITD)</td>
<td>0.004 ± 0.005</td>
</tr>
<tr>
<td>MOLM13sr (FLT3-ITD/D835Y)</td>
<td>0.026 ± 0.011</td>
</tr>
<tr>
<td>Mv4-11sr (FLT3-ITD/D835V)</td>
<td>0.015 ± 0.008</td>
</tr>
<tr>
<td>U937 (FLT3-WT)</td>
<td>&gt;3</td>
</tr>
<tr>
<td>MOLM13</td>
<td>0.009 ± 0.004</td>
</tr>
<tr>
<td>Colo205</td>
<td>0.023 ± 0.006</td>
</tr>
</tbody>
</table>

P-STAT5 = Phospho-STAT5, P-Rb = Phospho-Rb, MOLM13sr = sorafenib-resistant MOLM13, Mv4-11sr = sorafenib-resistant Mv4-11. Relevant genotypes of cell lines are shown in parentheses. Experiments to determine IC$_{50}$ were repeated at least 3 times. IC$_{50}$ values indicated as mean ± SD.
Figure legends

Figure 1. AMG 925 induced apoptosis and G1 cell cycle arrest in AML cells. (A) Structure of AMG 925. (B) AMG 925 induced apoptosis in MOLM13 (FLT3-ITD) and MOLM13sr (FLT3-ITD/D835Y, sorafenib resistant) but not in U937 (FLT3-WT) AML cells, in correlation with inhibition of P-FLT3 and P-STAT5 in the cells. MOLM13, MOLM13sr and U937 cells were treated with AMG 925 and control compounds for 48 h and analyzed for apoptosis by Annexin V/Sytox Green staining and flow cytometry. Levels of P-FLT3 and P-STAT5 were determined after 1 h compound treatments by IP-Western blotting and MSD assay, respectively. (C) AMG 925 induced G1 cell cycle arrest in Rb+ MOLM13, U937 or Colo205 cells, but not in Rb- MDA-MB-468 cells. The cells were incubated with AMG 925 for 24 h, fixed and analyzed for DNA content with propidium iodide staining and flow cytometry. Soraf: sorafenib (FLT3 inhibitor); PD: PD 0332991 (CDK4 inhibitor).

Figure 2. Activity of AMG 925 in subcutaneous MOLM13 xenograft tumor model. (A) Effect of AMG 925 on phosphorylated STAT5 (P-STAT5) and phosphorylated Rb (P-Rb) levels in MOLM13 xenograft tumors. Mice were administered AMG 925 at 12.5, 25 or 37.5 mg/kg (mpk). Tumors lysates were prepared and the level of P-STAT5 (upper panel) or P-Rb (lower panel) was determined. Unbound plasma levels of AMG 925 (μM) same time points are shown. Data are presented as mean ± SEM, n = 3 except for vehicle group (n = 6). (B) Anti-tumor activity of AMG 925 on MOLM13 xenograft tumors. Nude mice bearing subcutaneous MOLM13 tumor (n = 10 per group) were treated with 6.25, 12.5, 25 or 37.5 mpk AMG 925 for 10 consecutive days and tumor growth inhibition (TGI) was determined (upper panel). No significant body weight changes of AMG 925 treated mice compared with vehicle were detected during the course of the treatments (lower panel).
Figure 3. Activity of AMG 925 in systemic MOLM13-Luc xenograft tumor model. (A) NSG mice engrafted with MOLM13-Luc tumors were treated with 12.5, 25 or 37.5 mg/kg (mpk) AMG 925. Tumor burden was determined by quantification of total body bioluminescence. Mice were injected with 150 mpk Firefly D-luciferin prior to imaging. Using unpaired t test and two tailed p values to determine significance, all AMG 925 treatment groups were shown to be significant as compared to vehicle group. All comparisons to vehicle have a p < 0.001. (B) Bioluminescence images of mice at the end of dosing period. (C) All AMG 925 treatments significantly increased time to humane sacrifice relative to vehicle. Mice that were moribund, showed signs of hind limb paralysis or lost 20% of starting body weight were euthanized and plotted. (D) Femurs of mice treated similarly as in (A) were harvested at 8 or 24 after the initial dose administration and processed for IHC staining for P-STAT5 or P-Rb and positive nuclei counted (see Supplementary Figure S2 for quantitative data).

Figure 4. Activity of AMG 925 in Colo205 xenograft tumor model. Nude mice injected subcutaneously with Colo205 cells. Oral administration of AMG 925 was given at 12.5, 25 and 37.5 and 50 mg/kg (mpk) twice daily, for 10 consecutive days. Tumor growth inhibition (TGI) was determined at 24 h after the last dosing. Data are presented as mean ± SEM.
Figure 1. AMG 925 induced apoptosis and G1 cell cycle arrest in AML cells

A

![Chemical structure of AMG 925]

AMG 925

B

Apoptosis (% Total Cells)

MOLM13 (FLT3-ITD)

P-FLT3

T-FLT3

P-STAT5 (% Control)

MOLM13sr (FLT3-ITD/D835Y)

P-FLT3

T-FLT3

P-STAT5 (% Control)

U937 (FLT3-WT)

C

Cell Cycle Distribution (% Total Cells)

MOLM13 (FLT3-ITD)

G2/M

S

G1

U937 (FLT3-WT)

Colo205 (Rb+)

MDA-MB-468 (Rb-)

AMG 925, μM

0 0.03 0.3

AMG 925, μM

0 0.003 0.01 0.03 0.1 0.3 1 Soraf, 1 μM PD, 1 μM
Figure 2. Activity of AMG 925 in subcutaneous MOLM13 xenograft tumor model
Figure 3. Activity of AMG 925 in systemic MOLM13-Luc xenograft tumor model

A

Whole Body Bioluminescence (Photons/Sec) vs Days Post Tumor Implantation

- Vehicle
- AMG 925, 12.5 mpk
- AMG 925, 25 mpk
- AMG 925, 37.5 mpk

TGI = 71.2%
TGI = 97%
TGI = 99.7%

* p < 0.0001

B

Vehicle 37.5 mpk

C

Mice Reaching Criteria (%) vs Days Post Tumor Implantation

- Vehicle
- AMG 925, 12.5 mpk
- AMG 925, 25 mpk
- AMG 925, 37.5 mpk

D

P-STAT5 (Bone Marrow)

- Vehicle
- 37.5 mpk

P-Rb (Bone Marrow)

- Vehicle
- 37.5 mpk
Figure 4. Activity of AMG 925 in Colo205 xenograft tumor model
Preclinical evaluation of AMG 925, a FLT3/CDK4 dual kinase inhibitor for treating acute myeloid leukemia

Kathleen Keegan, Cong Li, Zhihong Li, et al.

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