



Combination of PI3K inhibitor BAY 1082439 with radium-223 is a promising treatment of cancer with bone metastases

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INTRODUCTION

- About 80% of patients with advanced prostate, breast, and lung cancer develop bone metastases, which cause significant morbidity including chronic pain and pathological fractures
- Patients with bone metastases have a poor prognosis, and currently there is no curative treatment due to the unique biological micro-environments of bone where a wide range of growth factors promote tumor cell survival and tumor cells stimulate bone remodeling (Figure 1)¹

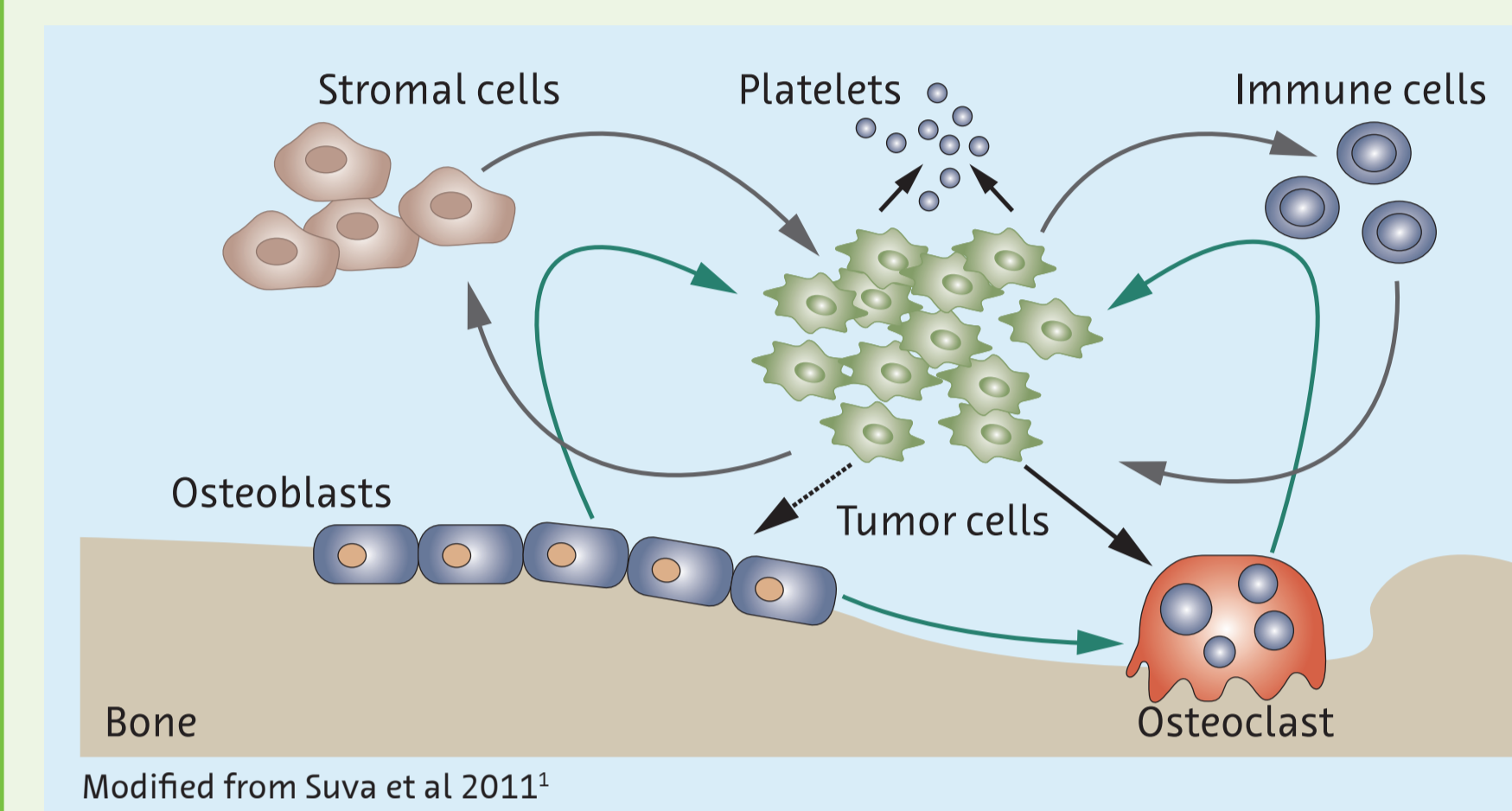


Figure 1. Interactions between tumor cells, bone marrow components, and resident bone cells result in the inappropriate bone formation and bone resorption characteristic of bone metastasis diseases

- Radium-223 dichloride (radium-223) is a novel therapy which selectively targets bone and kills metastatic cancer cells by the emission of alpha particles² (Figure 2). Radium-223 was recently approved for the treatment of castration-resistant prostate cancer with bone metastases
- Activation of PI3K (e.g. PTEN-loss, membrane receptor activation) plays an important role in cancer cell proliferation, survival, and metastasis. PI3K also mediates critical signaling pathways involving tumor and stromal cell interactions, including cancer-induced bone turnover and osteolysis
- BAY 1082439 is a highly selective and potent PI3K inhibitor with balanced activity against PI3K α and PI3K β isoforms, and is currently being evaluated in a Phase I clinical trial³ (ClinicalTrials.gov identifier NCT01728311) (Table 1)

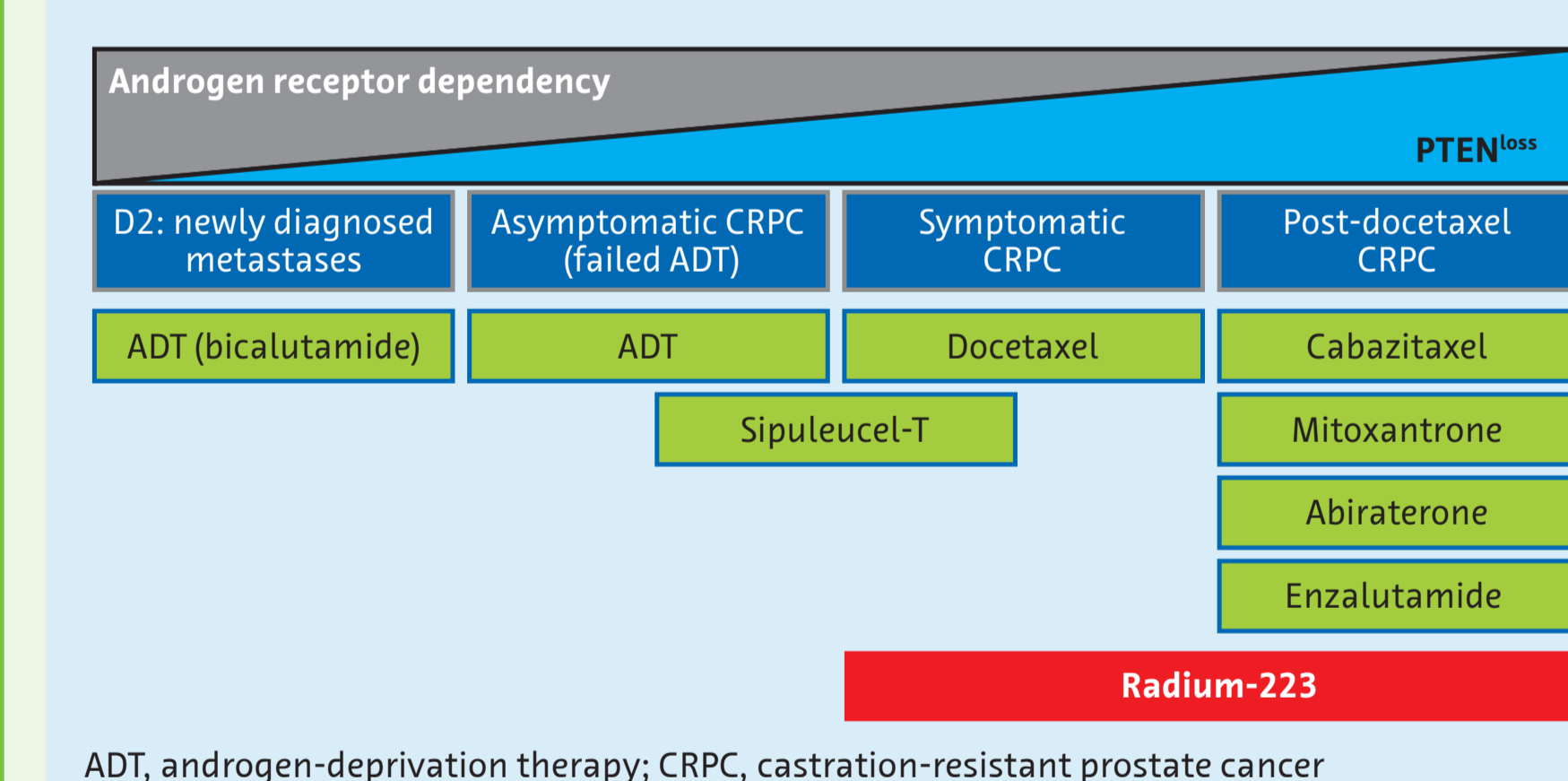


Figure 2. Approved therapies for the treatment of prostate cancer

Table 1. Pharmacological profile of PI3K α/β balanced inhibitor BAY 1082439

Biochemical activity	IC ₅₀ (nM)
PI3K α	4.9
PI3K β	15.0
PI3K γ	51.0
PI3K δ	1.0
Inhibition of cellular p-AKT	IC ₅₀ (nM)
KPL-4 (PIK3CA ^{mut})	6.0
LNCaP (PTEN ^{del})	12.5
MCF10A (PIK3CA ^{mut})	23.6
MCF10A (PTEN ^{del})	22.6
Tumor cell proliferation	IC ₅₀ (nM)
KPL-4 (PIK3CA ^{mut})	52.0
LNCaP (PTEN ^{del})	134.0

In vitro assessment of BAY 1082439

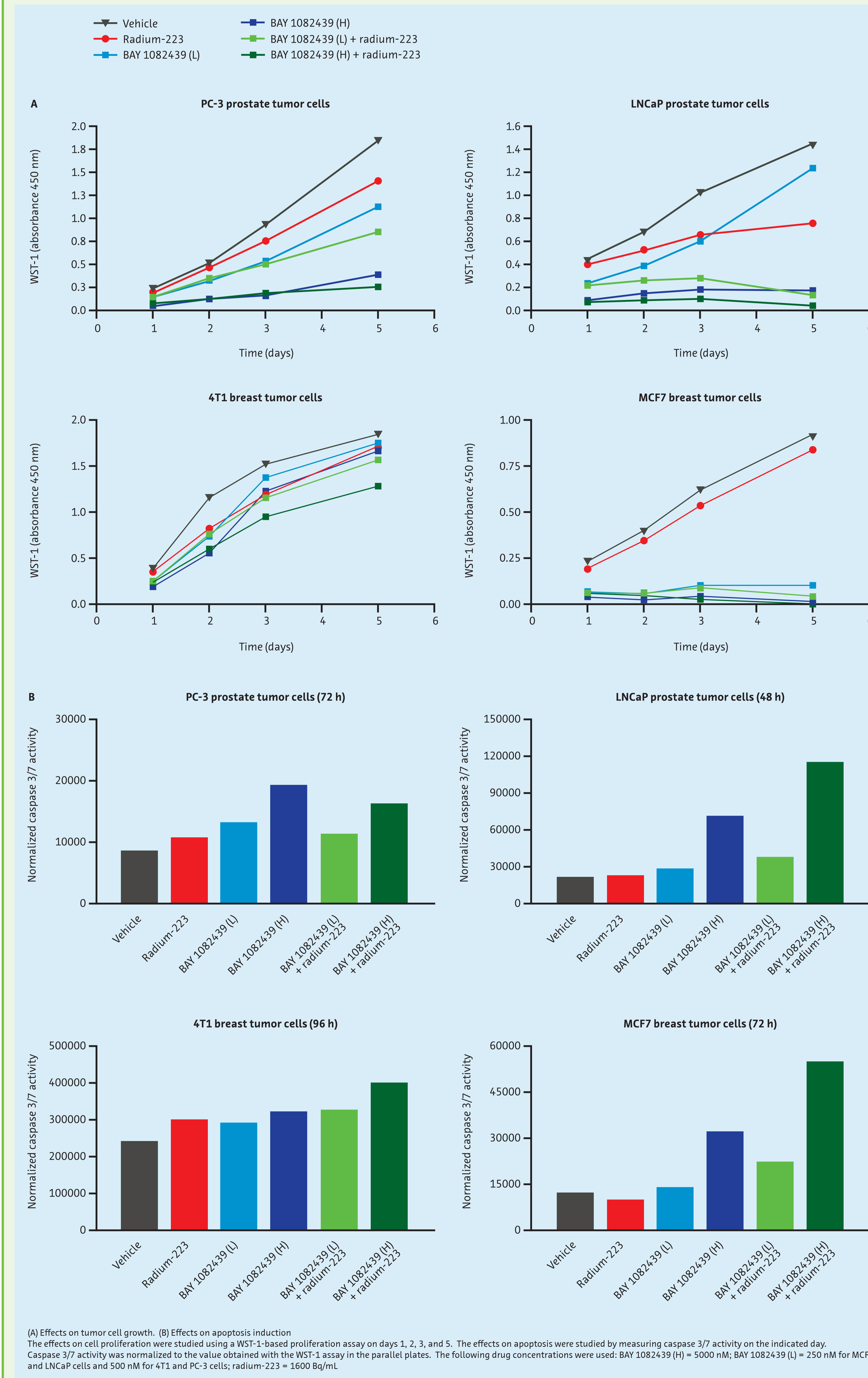
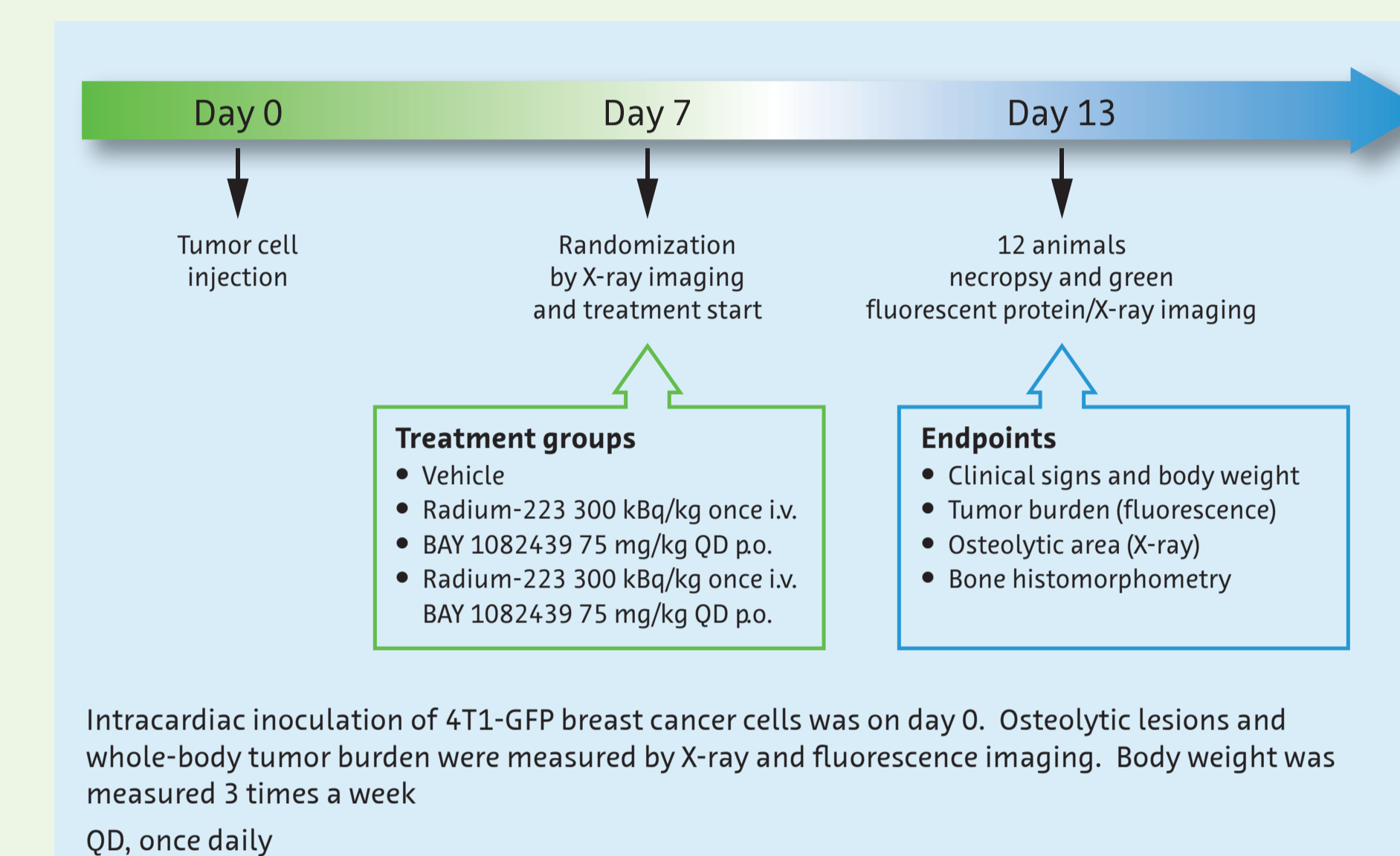


Figure 3. In vitro anti-tumor effects of BAY 1082439 and radium-223 as single agents and in combination. (A) Effects on tumor cell growth. (B) Effects on apoptosis induction. The effects on cell proliferation were studied using a WST-1-based proliferation assay on days 1, 2, 3, and 5. The effects on apoptosis were studied by measuring caspase 3/7 activity on the indicated day. Caspase 3/7 activity was normalized to the value obtained with the WST-1 assay in the parallel plates. The following drug concentrations were used: BAY 1082439 (H) = 5000 nM; BAY 1082439 (L) = 250 nM for MCF7 and LNCaP cells and 500 nM for 4T1 and PC-3 cells; radium-223 = 1600 Bq/mL.

RESULTS

- BAY 1082439 and radium-223 showed additive to synergistic direct anti-proliferative activity in 4T1 and PC-3 hormone-independent breast and prostate tumor cell lines (Figure 3A)
- They also showed pronounced synergistic effects on apoptosis induction in hormone-dependent MCF7 and LNCaP cell lines *in vitro* (Figure 3B)

In vivo assessment of BAY 1082439



Intracardiac inoculation of 4T1-GFP breast cancer cells was on day 0. Osteolytic lesions and whole-body tumor burden were measured by X-ray and fluorescence imaging. Body weight was measured 3 times a week QD, once daily

Figure 4. In vivo study design

- BAY 1082439 showed statistically significantly stronger reduction of whole-body tumor burden compared with radium-223 alone (Figure 5)
- Synergistic combination of BAY 1082439 with radium-223 further reduced tumor burden from 37% to 16% and led to complete inhibition of tumor growth in bone marrow (Figure 5)

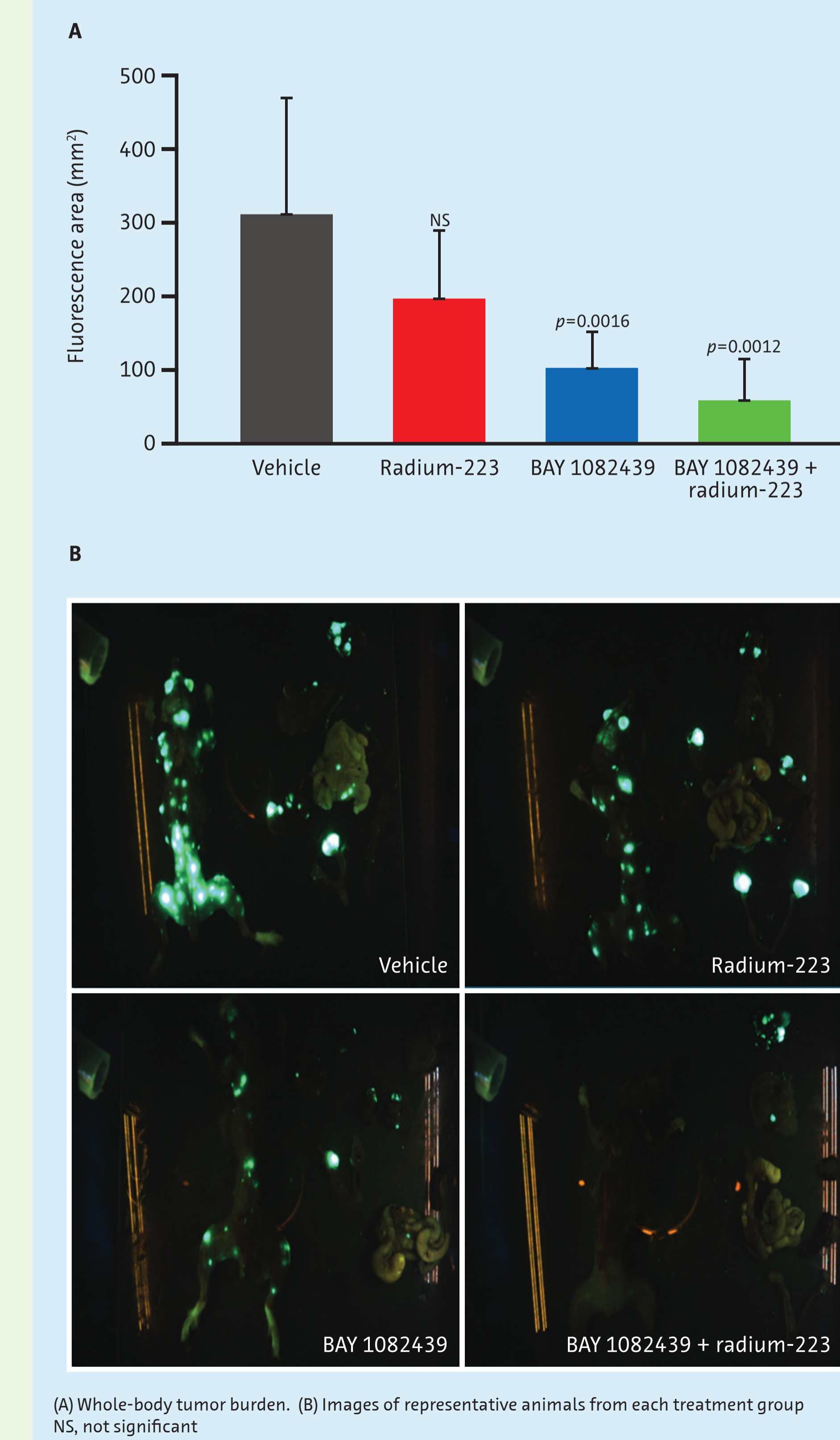


Figure 5. Inhibition of whole-body 4T1-GFP tumor burden in mice treated with BAY 1082439 and radium-223

- BAY 1082439 showed single-agent activity in inhibiting 4T1 tumor metastatic growth in soft tissues
- Synergistic effect of BAY 1082439 and radium-223 led to complete inhibition of tumor metastatic growth in kidneys and a significant reduction in metastatic growth in adrenal glands and ovaries (Table 2)

Table 2. Prevention of 4T1 tumor metastatic growth in soft tissues by BAY 1082439 and radium-223

Organ	Treatment			
	Control	Radium-223	BAY 1082439	BAY 1082439 + radium-223
Kidneys (%)	63	22	17	0
<i>p</i> value		0.035	0.012	<0.001
Adrenal glands (%)	88	94	61	43
<i>p</i> value		0.591	0.125	0.019
Ovaries (%)	81	94	56	29
<i>p</i> value		0.323	0.152	0.009

- BAY 1082439 as a single agent is active in reducing tumor-induced osteolysis measured by radiography (Figure 6)
- Strong synergy of BAY 1082439 in combination with radium-223 led to complete prevention of tumor-induced osteolysis (Figure 6)

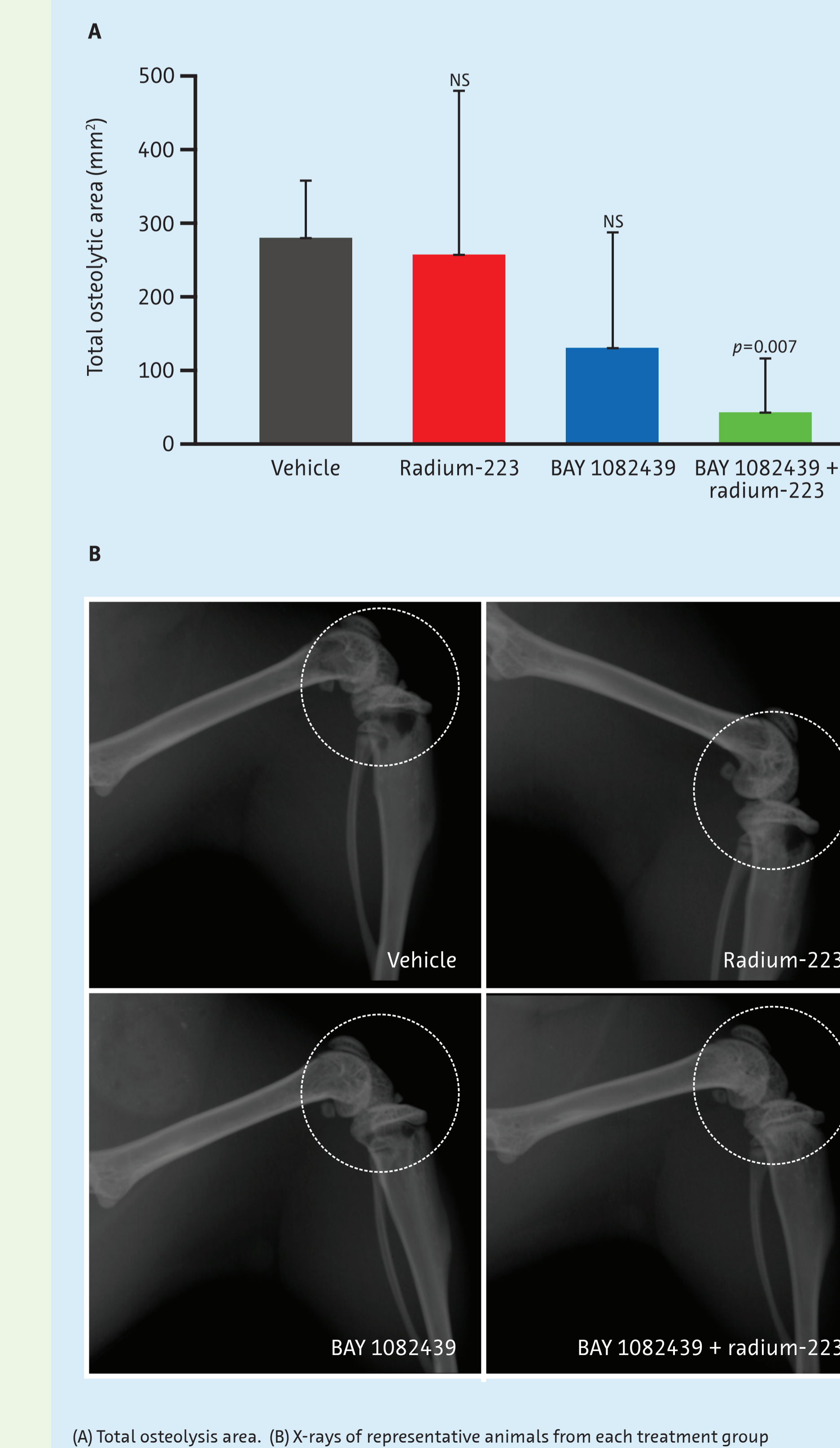


Figure 6. Inhibition of osteolysis by BAY 1082439 and radium-223 measured by radiography

- BAY 1082439 alone or in combination with radium-223 showed good tolerability, with no significant body weight loss compared with the vehicle group (Figure 7)

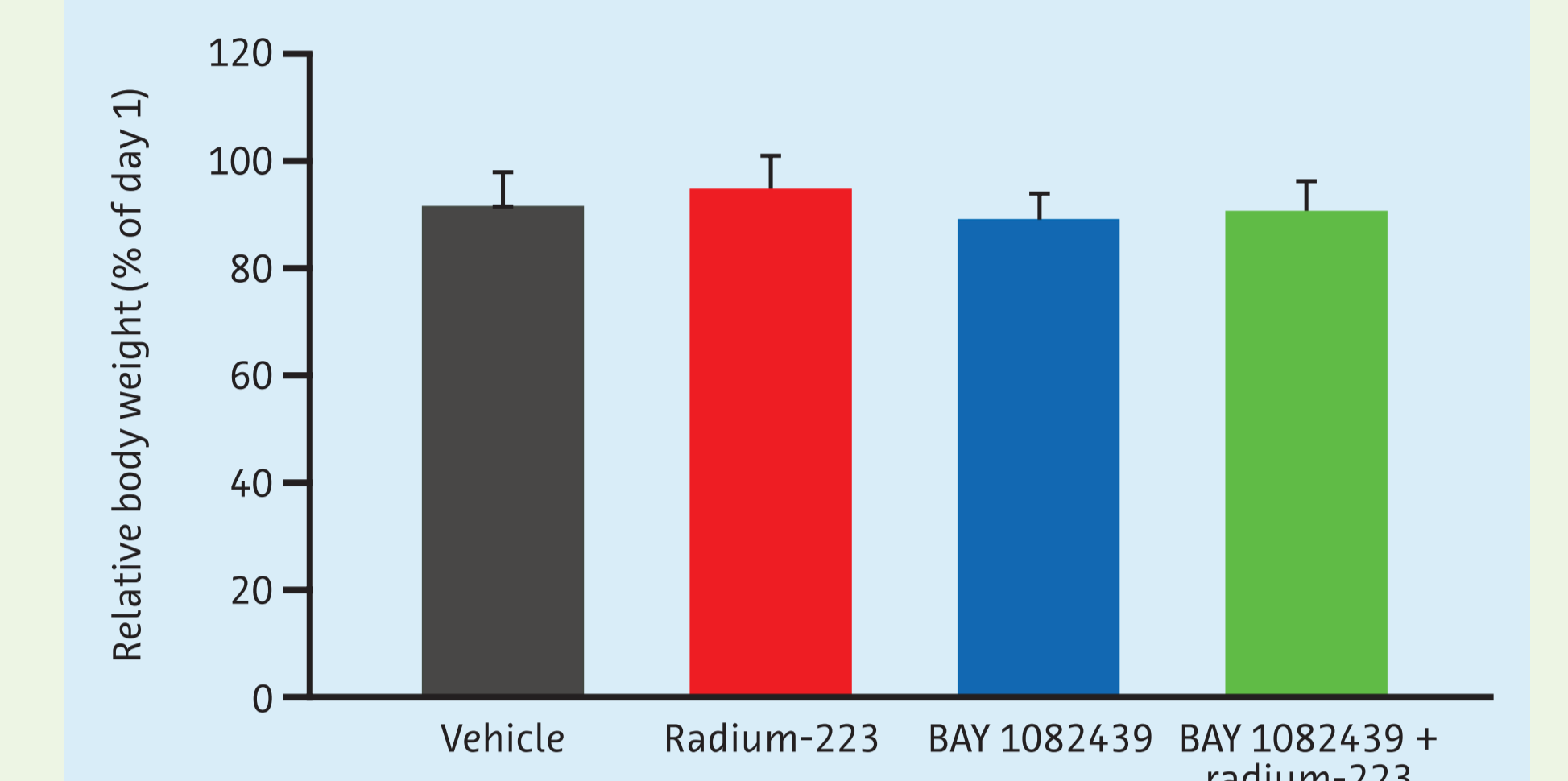


Figure 7. Tolerability assessment of BAY 1082439 and radium-223

CONCLUSIONS

- BAY 1082439 and radium-223 showed additive to synergistic direct anti-proliferative activity and pronounced synergistic effects on apoptosis in breast and prostate tumor cell lines *in vitro*
- BAY 1082439 significantly decreased whole-body tumor burden as a single agent, and even more effectively in combination with radium-223
- BAY 1082439 effectively inhibited tumor-induced osteolysis, measured by radiography, as a single agent and showed further synergistic effect in combination with radium-223
- BAY 1082439 decreased the frequency of soft-tissue metastases, which was even more pronounced when combined with radium-223
- In vivo*, the combination of BAY 1082439 at the maximum tolerated dose and radium-223 at the efficacious dose was well tolerated
- In summary, our data indicate additive to synergistic effects of BAY 1082439 and radium-223 in inhibiting tumor cell proliferation, survival, total and bone marrow burden, and tumor-induced osteolysis. Hence, further clinical evaluation of this promising combination therapy for the treatment of cancers with bone metastases and alterations in the PI3K signaling pathway is warranted

References

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