

Novel next generation PARP1 selective and CNS penetrant inhibitor DSB2455: A Phase Ia/Ib Open Label, Multi-Centre Dose Escalation Study with Expansion Cohorts to Assess the Safety, Tolerability, and Activity as Monotherapy in Participants with Advanced Malignancies

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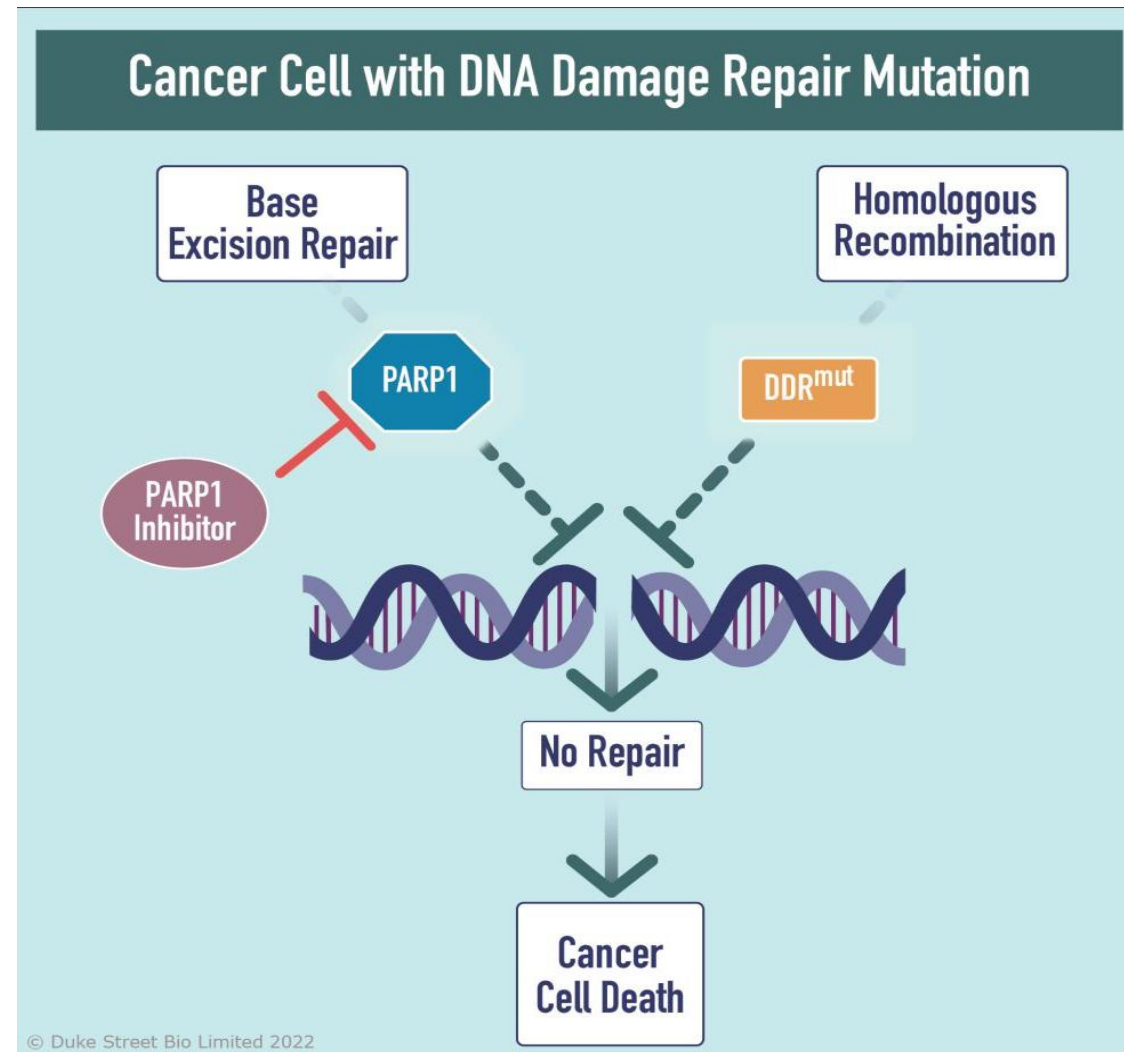


Background

PARP1 is primarily involved in the detection and repair of DNA damage, as well as in the regulation of gene expression. It is found in the nucleus and is activated by single-strand DNA breaks. Closely related PARP2 is also involved in this pathway; however, its inhibition is associated with haematotoxicity.

DSB2455 is a next-generation PARP1 inhibitor with high selectivity over PARP2, expected to reduce haematological toxicity, while providing a therapeutic benefit in participants with tumours with BRCA1/2 mutations or Homologous Recombination Deficiency (HRD). Preclinically, **DSB2455** monotherapy has demonstrated strong anti-tumour activity¹, high rat CNS penetrance², and a safe haematotoxicity profile. These data provide the rationale to explore **DSB2455** as monotherapy in participants with these molecular alterations. Study objectives are to assess safety and tolerability, establish a recommended dose range (RDR) and evaluate early clinical efficacy. **DSB2455** is administered orally.

1. Safety advantage – selectivity for PARP1 vs PARP2 anticipated to reduce risk of haematotoxicity
2. Tumour penetrance – excellent preclinical PK residency time
3. CNS penetrance



Objectives

Dose Escalation Phase

Primary Objectives

- Evaluate the safety, tolerability, and dose-limiting toxicities (DLTs) of **DSB2455** as monotherapy
- Determine the RDR for **DSB2455** in participants with selected solid tumours*

Secondary Objectives

- Describe the pharmacokinetics (PK) of **DSB2455** in participants with selected solid tumours
- Evaluate the efficacy of **DSB2455** in participants with selected solid tumours*

*Metastatic castrate-resistant prostate cancer (mCRPC), advanced ovarian cancer, metastatic breast cancer, and secondary brain metastases (Expansion Phase only)

Dose Expansion Phase

Primary Objectives

- Assess the objective response rate (ORR) per Response Evaluation Criteria in Solid Tumours (RECIST) v1.1 associated with **DSB2455** treatment

Secondary Objectives

- Evaluate the safety and tolerability of **DSB2455** treatment
- Evaluate the efficacy of **DSB2455** in participants with selected solid tumours*
- Describe the PK of **DSB2455** in participants with selected solid tumours*
- Assess the prostate specific antigen decline of >50% (PSA50) response rate (Cohort A)
- Assess changes in CA125 levels (Cohort B)
- Evaluate the efficacy of **DSB2455** treatment using the response assessment in neuro-oncology brain metastases (RANO BM) criteria (Cohort D)

Dose Escalation and Dose Expansion Phases (All Cohorts)

Exploratory Objectives

- To evaluate potential predictive biomarkers of activity of **DSB2455**
- To explore the PK-pharmacodynamic relationship between PK and efficacy, safety, blood-borne and tissue biomarkers
- Exploratory research into genes and genetic variations that may influence response to **DSB2455** (i.e., distribution, safety, tolerability, and efficacy).
- Explore the relationship between **DSB2455** PK and safety, anti-tumour activity, and biological activity and the impact of participant characteristics on PK

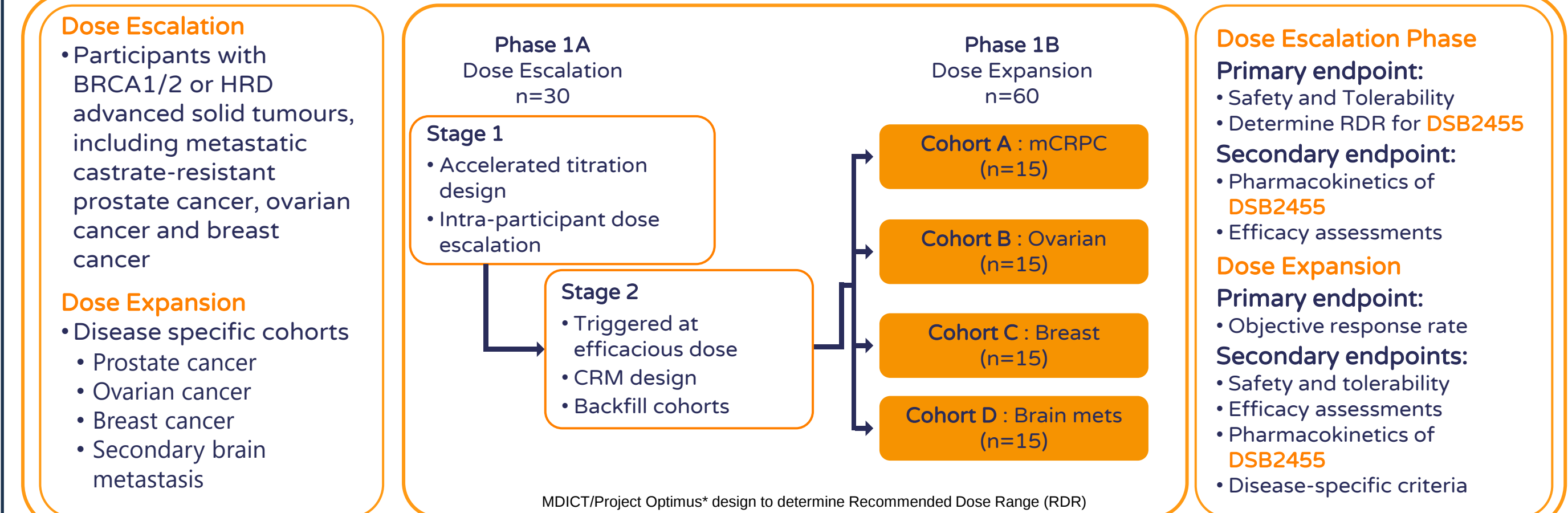
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Methods

This is a Phase Ia/Ib study design, in line with Project Optimus³ and will enrol up to 90 participants. It consists of two parts. **Part A Dose Escalation** with two stages, **Stage 1: Accelerated Titration Design** and **Stage 2: Continuous Reassessment Model (CRM) Design**. Intraparticipant dose escalation and backfill cohorts are permitted. **Part B Dose Expansion** will consist of 4 cohorts: mCRPC, advanced ovarian cancer, advanced breast cancer and secondary brain metastasis with BRCA1/2 mutations or HRD. The study incorporates a Bayesian CRM to identify a recommended dose and RDR. It will also investigate pharmacodynamic (PD) and exploratory biomarker profiles and study their relationship to PK and efficacy. Eligible patients are aged ≥18 years with prostate, ovarian or breast cancer who have failed prior PARP inhibitor and/or standard therapies. The starting dose is **DSB2455** 5 mg OD.

Figure 1: DSB2455 Study Design



* <https://doi.org/10.1016/j.annonc.2022.09.158>

Key Inclusion Criteria

1. Aged ≥18 years of age on the day of signing the informed consent
2. Provision of formalin-fixed and paraffin embedded (FFPE) sample is mandatory. If an FFPE sample is not available, then a baseline fresh biopsy is required
3. Histologically confirmed diagnosis of locally advanced and/or metastatic breast cancer, prostate cancer or ovarian cancer.
4. Deleterious frameshift or truncating or if results in loss of function alterations in BRCA1, BRCA2, or HRD
5. Measurable disease per RECIST v1.1
6. ECOG performance status of 0 to 1 and life expectancy >12 weeks.
7. Participants may have received up to one prior line of therapy with a PARP inhibitor-based regimen
8. Must have known asymptomatic or symptomatic brain metastasis, as confirmed by an MRI brain scan, from a primary tumour (Cohort D)

Key Exclusion Criteria

1. Myelodysplastic syndrome (MDS), acute myeloid leukaemia (AML) or features suggestive of MDS/AML
2. Has received a prior PARP1-selective inhibitor
3. Has received prior systemic anti-cancer therapy including investigational agents within 4 weeks prior to study intervention
4. Received prior radiotherapy within 2 weeks of the start of study intervention or has a history of radiation pneumonitis

Current Status

- Phase 1a Dose Escalation part of the study was initiated on 26th November 2024 and Stage 2 has commenced
- Participants enrolled in dose level cohorts 1 – 4 (5mg – 40mg)
- 7 sites are currently active across EU & US
- Approximately 20 sites will be active during the remainder of Phase 1a and Phase 1b.

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No conflicts of interest.

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