

Exploring innovative approaches to anticancer strategies and pathways

A look into innovative approaches to strategies and pathways to fight cancer

The need for new therapeutic approaches remains high¹

Despite advancements in oncological and hematological therapies, there is potential for improvement.² Five-year survival rates remain low for some cancers.³

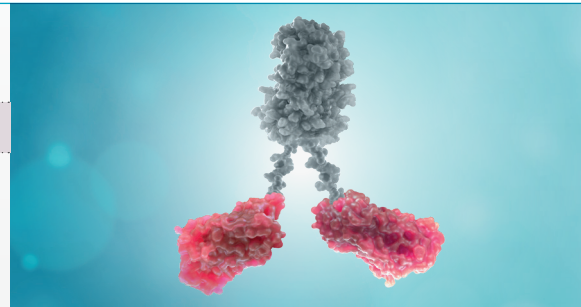
Advancements are needed to address unmet needs across solid tumor and hematologic malignancies.^{1,4,5}

BMS is researching innovative approaches with the goal of improving the therapeutic potential of anticancer strategies*

Antibody enhancements

mAbs | *NF mAbs* | *ADCs* | *Bispecific ADCs*

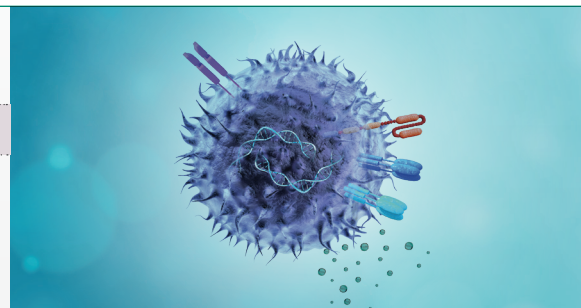
Certain cancer treatments may lack tumor selectivity and lead to a suboptimal risk-benefit profile.⁶



Directed immune activity

BsAbs | *CAR T cells*

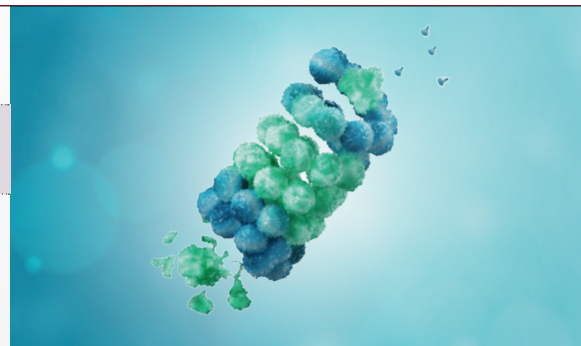
An immunosuppressive tumor microenvironment may limit the immune response necessary to eliminate tumor cells.^{7,8}



Novel protein-targeted approaches

Targeted protein degraders | *Novel macrocyclic molecules*
Potent small molecules | *Synthetic lethality*

There are several key contributors to oncogenesis that are difficult to target and can cause further disease progression.⁹⁻¹²



*Not a comprehensive list of investigative strategies.

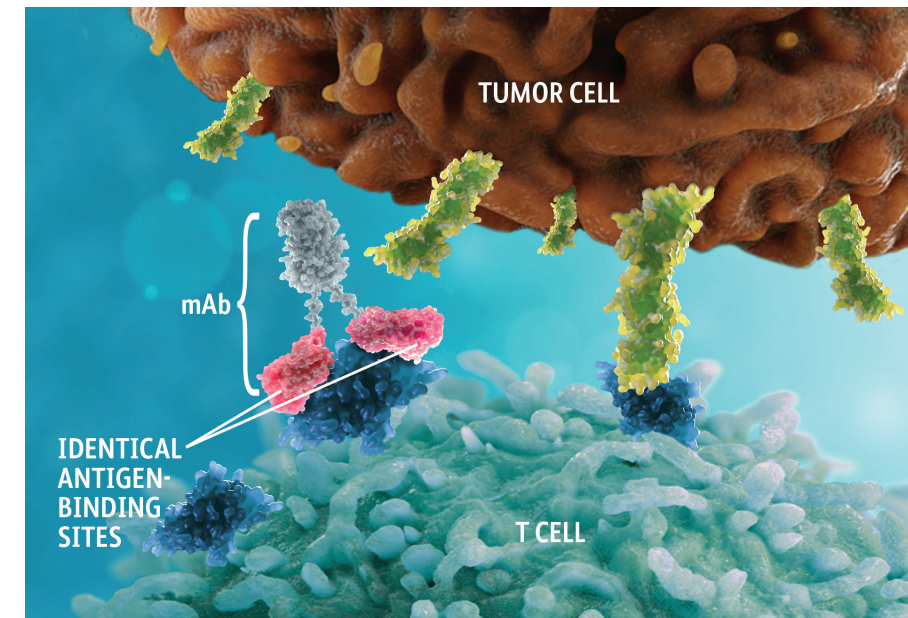
BMS is exploring innovative approaches to anticancer strategies and pathways, alone and in combination, to fight cancer

Antibody enhancements

Antibodies are versatile platforms for therapeutic development and can lead to a variety of approaches that may expand the potential of targeted therapy.¹³

Certain cancer treatments may lack tumor selectivity and lead to a suboptimal risk-benefit profile; there is also potential to optimize the cytotoxic and immune-mediated antitumor activity of mAbs.⁶

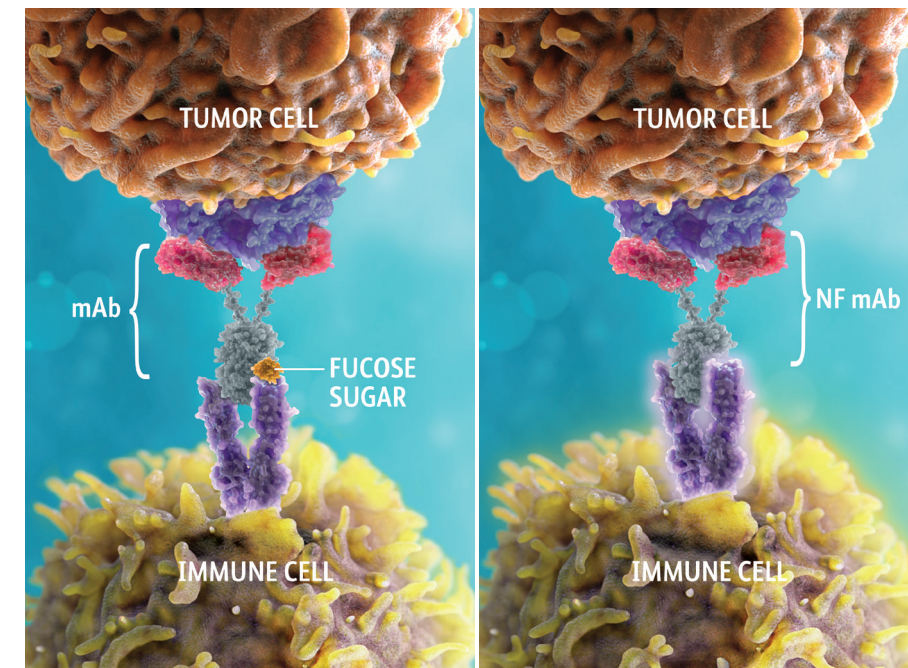
Monoclonal antibodies may provide a pathway for selectivity¹³



- mAbs may selectively target cells via specific surface antigens, potentially limiting systemic exposure and causing a blockade of protein interactions essential to proliferation¹³
- Studies suggest mAbs can be modified to potentially enhance antitumor activity and/or safety profiles¹³

SELECT INVESTIGATIONAL PATHWAYS
CTLA-4, PD-1, and LAG-3

Preclinical research suggests non-fucosylated (NF) mAbs may enhance interactions with immune cell receptors to produce a stronger immune response¹⁴



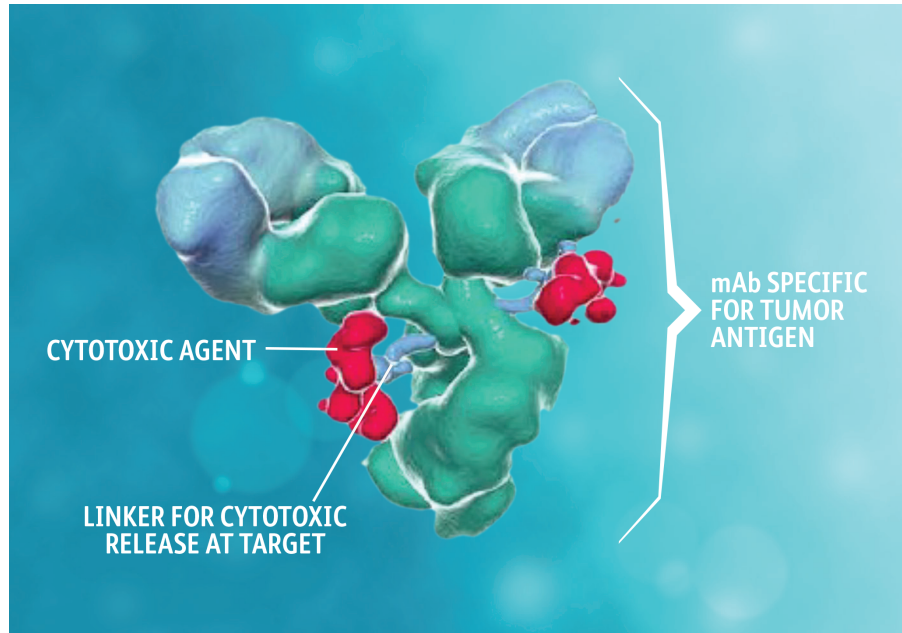
- mAbs may link receptors on immune cells to antigens on the surface of tumor cells, targeting tumor cells for cellular effector functions^{15,16}
- The presence of a specific sugar (fucose) on the Fc domain of a mAb may hinder the binding strength with immune cell receptors, leading to reduction in cellular effector functions¹⁵
- Preclinical research suggests NF mAbs may potentially improve cytotoxic activity, providing a more potent immune response than fucosylated mAbs¹⁴

SELECT INVESTIGATIONAL PATHWAYS
CCR8 and FucGM1

ADC=antibody-drug conjugate; BsAbs=bispecific antibodies; CAR T=chimeric antigen receptor T cell; CCR8=chemokine receptor 8; CTLA-4=cytotoxic T-lymphocyte associated protein 4; Fc=fragment crystallizable; FucGM1=fucosyl-GM1; LAG-3=lymphocyte-activation gene 3; mAb=monoclonal antibody; NF=non-fucosylated; PD-1=programmed death receptor 1.

Antibody enhancements (continued)

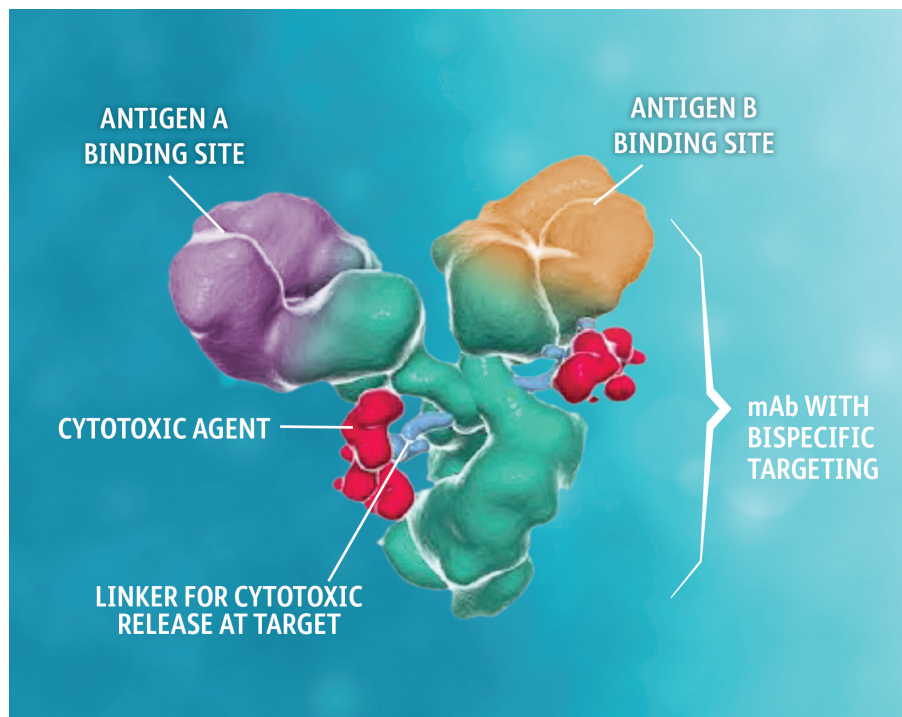
Research suggests antibody-drug conjugates may add to the cell-killing potential of mAbs by delivering cytotoxic agents to a target site¹⁷



- After the ADC binds to a tumor cell, internalization occurs, the ADC linker is degraded releasing the cytotoxic agent, which may lead to cell death¹⁷
- Research suggests linking a mAb to a potent cytotoxic agent may potentially provide a more potent approach to tumor elimination by combining mAb and systemic therapy^{17,18}

SELECT INVESTIGATIONAL PATHWAYS
CD33, EGFR, FR α , and HER3

Research suggests bispecific ADCs have unique dual-targeting characteristics that may enhance selective targeting of cancer cells¹⁹



- Bispecific ADCs may:
 - Reduce off-target toxicity by selectively binding to co-expressed antigens in solid tumors¹⁹
 - Improve internalization, which may improve delivery of cytotoxic drug^{19,20}
 - Help overcome drug resistance by promoting lysosomal degradation¹⁹
- Bispecific ADCs may leverage unique dual-targeting technology to potentially reduce drug resistance and inhibit cancer cell proliferation and survival¹⁹

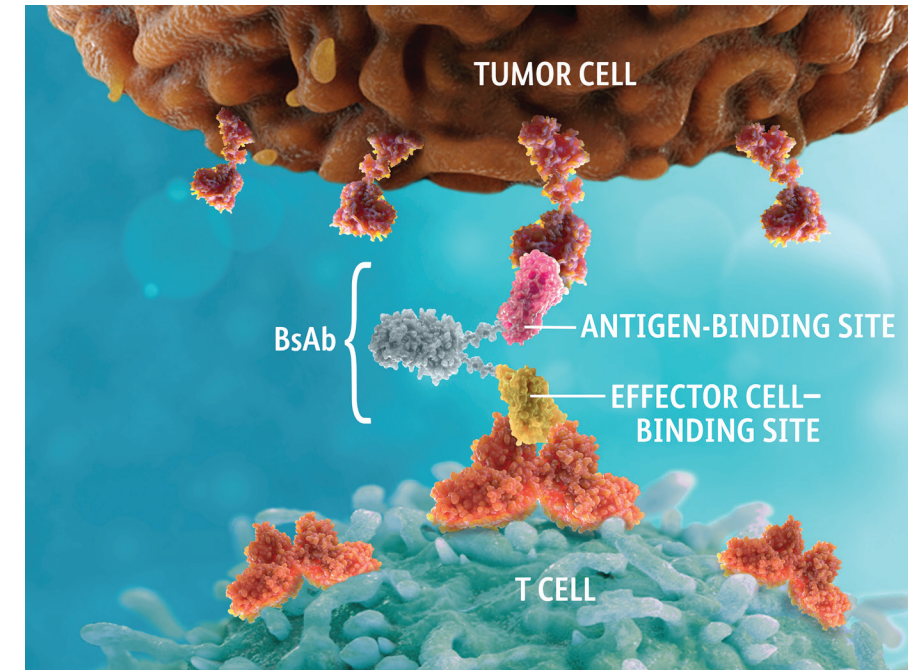
SELECT INVESTIGATIONAL PATHWAYS
EGFR and HER3

Directed immune activity

Tumor cells can develop mechanisms to interfere with immune cell signaling, resulting in immunosuppressed tumors with no immune cell infiltration.⁷

An immunosuppressive tumor microenvironment may limit the immune response necessary to eliminate tumor cells.^{7,8}

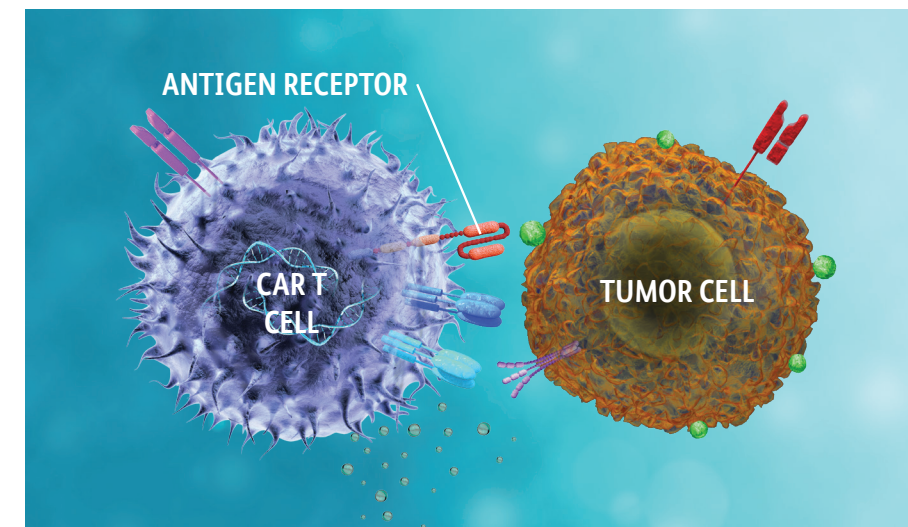
Research suggests bispecific antibodies may redirect the effector immune cells to tumor targets²¹



- Research suggests BsAbs may recruit immune cells to the tumor microenvironment by binding to tumor cells on one domain and immune cells on the other domain^{21,22}
- Variability in the binding sites may allow for the recruitment of different immune cells (eg, by targeting CD3 for T cells or CD16 for natural killer cells)^{21,22}

SELECT INVESTIGATIONAL PATHWAYS
CD33, EGFR, and HER3

Preclinical research suggests chimeric antigen receptor T cells may improve antitumor activity of T cells²³⁻²⁵



- CAR T cells are patient-derived T cells engineered to directly target tumor antigens to potentially elicit tumor cell death by enhancing cytotoxic immune cell function²³⁻²⁵

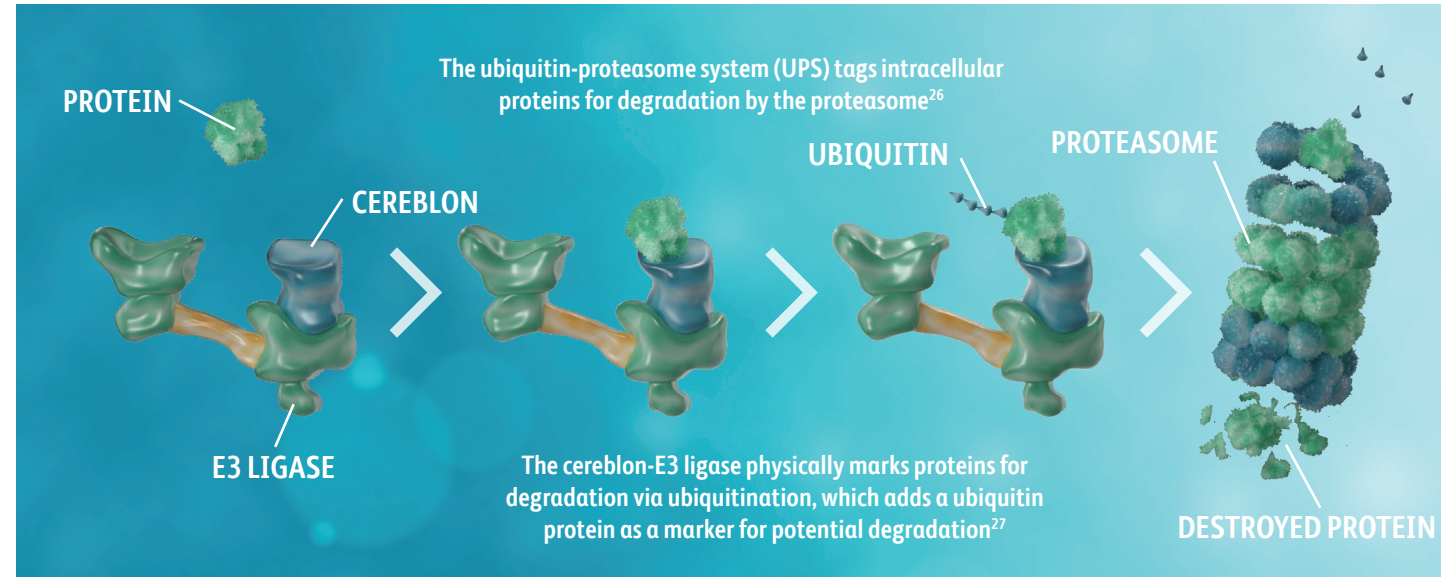
SELECT INVESTIGATIONAL PATHWAY
GPCR5D

ADC=antibody-drug conjugate; BsAb=bispecific antibody; CAR T=chimeric antigen receptor T cell; CD=cluster of differentiation; EGFR=epidermal growth factor receptor; FR α =folate receptor- α ; GPCR5D=G-protein coupled receptor family C group 5 member D; HER3=human epidermal growth factor receptor; mAb=monoclonal antibody.

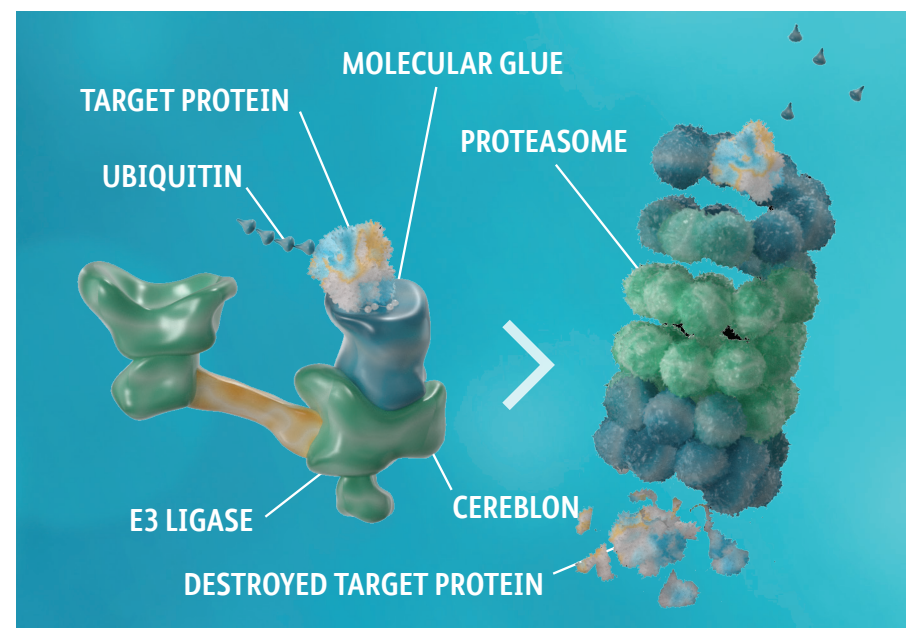
Novel protein-targeted approaches

There are several key contributors to oncogenesis that are difficult to target and can cause further disease progression.⁹⁻¹² Additionally, mutations beyond driver mutations can lead to steric hindrance, allowing RTK fusion proteins to evade inhibition and continue to drive oncogenesis.¹²

Research is exploring protein degradation pathways that may make these “undruggable” proteins more targetable by promoting their degradation through cereblon-E3 ligase complex⁹



Research suggests cereblon-modulating agents may facilitate the degradation of targeted proteins²⁸

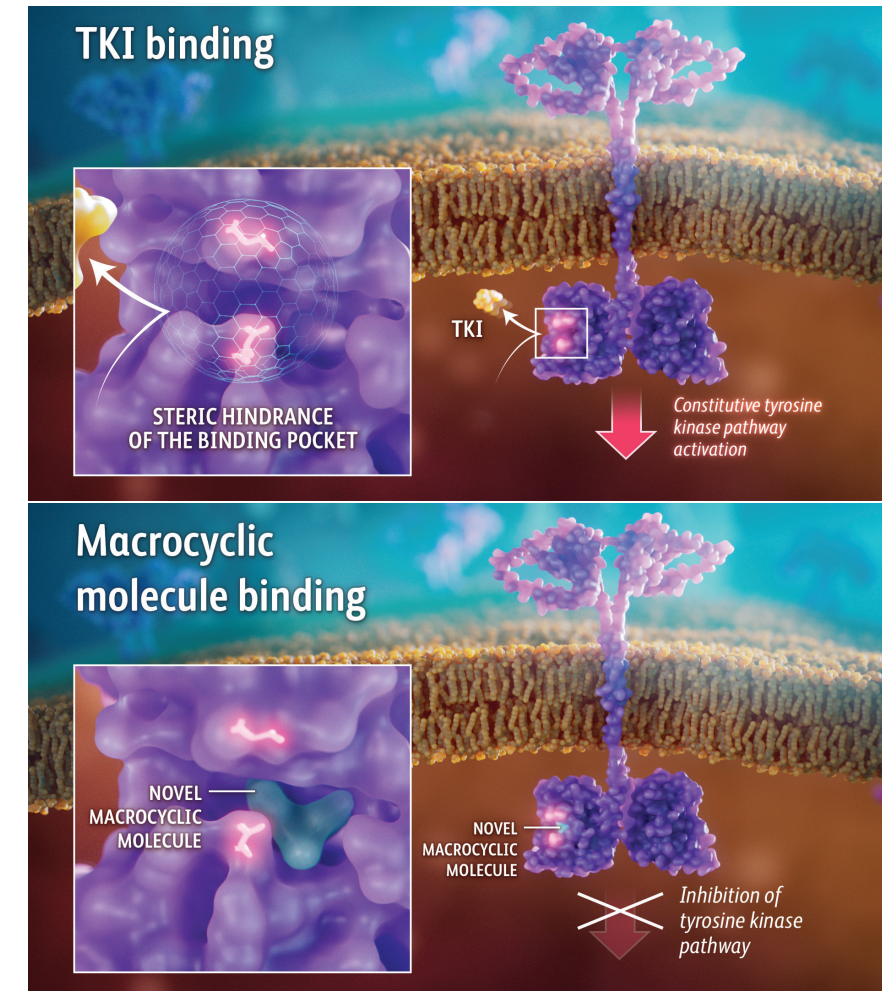


- Research suggests targeted protein degrader agents, such as cereblon-modulating agents (molecular glues) and LDDs, may induce binding of target proteins to cereblon, leading to their degradation^{28,29}
- Research is exploring whether the cereblon-E3 ligase pathway can be leveraged to selectively induce the degradation of proteins involved in tumor cell growth and proliferation^{9,29}

SELECT INVESTIGATIONAL PATHWAYS
Androgen receptor, Aiolos/Ikaros, Bcl-6, CD33, and CK1α

ATP=adenosine triphosphate; Bcl-6=B-cell lymphoma 6; CD=cluster of differentiation; CK1α=casein kinase 1 alpha; GDP=guanosine diphosphate; GTP=guanosine triphosphate; KRAS= Kirsten rat sarcoma virus; LDD=ligand-directed degraders; NTRK=neurotrophic tyrosine receptor kinase; RTK=receptor tyrosine kinase; ROS1=proto-oncogene C-Ros1; TKI=tyrosine kinase inhibitor.

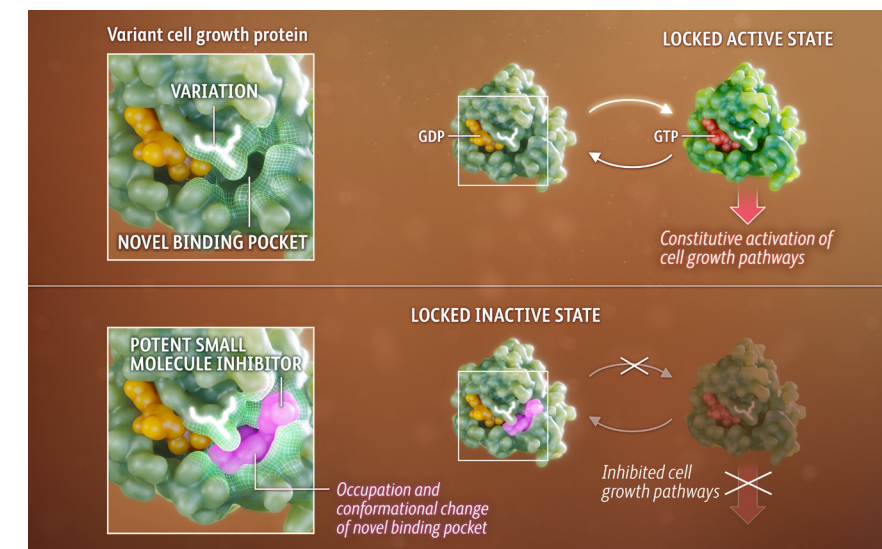
Research is exploring novel macrocyclic molecules that aim to facilitate TKI binding in the presence of conformational challenges³⁰⁻³²



- Macrocyclic molecules are characterized by smaller size and lower molecular weight. Research suggests that these compact characteristics may allow for more precise binding and binding to the ATP pocket despite steric hindrance or other conformational challenges^{30,31,33-35}
- Overcoming steric hindrance in oncogenic fusion proteins may help prevent tumor cell growth and proliferation and lead to tumor cell death^{32,35}
- Research is exploring how novel macrocyclic molecules may lead to anti-tumor activity in the presence of receptor tyrosine kinase fusion proteins^{30,33,34}

SELECT INVESTIGATIONAL PATHWAYS
ROS1 and NTRK

Research suggests potent small molecules may lock some variant cell growth proteins in an inactive state³⁶⁻³⁸

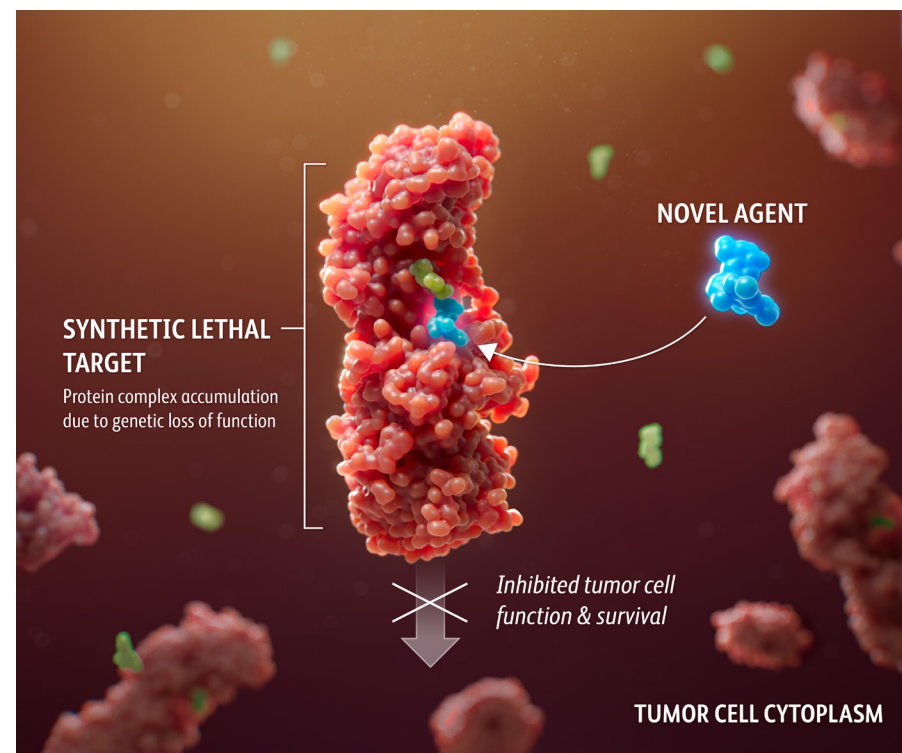


- Research is exploring how potent small molecules can lock some variant cell growth proteins in an inactive state by occupying and causing conformational changes in novel binding pockets.³⁶⁻⁴⁰
- Potent small molecules may cause sustained inhibition of some variant cell growth proteins previously considered “undruggable,” potentially leading to tumor cell death^{40,41}

SELECT INVESTIGATIONAL PATHWAY
KRAS

Novel protein-targeted approaches (continued)

Research suggests synthetic lethality may be used to target compensatory survival mechanisms in certain cancer cells⁴²⁻⁴⁴



- Synthetic lethality involves exploiting the deletion of two genes⁴⁵
- Deletion of one gene by itself may not be targetable; however, the deletion of the second gene may lead to compensatory survival mechanisms, such as the accumulation of protein complexes. These protein complexes may present an opportunity for inhibition and ultimately, cancer cell death^{44,45}
- Synthetic lethality may allow for more precise therapies, potentially improving safety and treatment outcomes by inhibiting tumor cell proliferation and survival while sparing normal cells⁴³

SELECT INVESTIGATIONAL PATHWAY
PRMT5

BMS continues to explore optimizing current strategies and pathways, and to investigate novel targets and approaches

BMS remains committed to investigating the potential of innovative approaches to anticancer strategies and pathways

For more information, please visit [BMSHcpResources.com](https://www.bms.com/BMSHcpResources.com)

1. Krzyszczyk P, Acevedo A, Davidoff EJ, et al. The growing role of precision and personalized medicine for cancer treatment. *Technology (Singap World Sci)*. 2018;6(3-4):79-100. 2. Shekarian T, Valsesia-Wittmann S, Caux C, Marabelle A. Paradigm shift in oncology: targeting the immune system rather than cancer cells. *Mutagenesis*. 2015;30(2):205-211. 3. SEER Cancer Stat Facts. Surveillance, Epidemiology, and End Results Program of the National Cancer Institute. Accessed March 7, 2022. <https://seer.cancer.gov/statfacts/>. 4. Ascierto PA, Butterfield LH, Campbell K, et al. Perspectives in immunotherapy: meeting report from the "Immunotherapy Bridge" (December 4th-5th, 2019, Naples, Italy). *J Transl Med*. 2021;19(1):13. 5. Tawfik EA, Aldrak NA, Albrahim SH, et al. Immunotherapy in hematological malignancies: recent advances and open questions. *Immunotherapy*. 2021;13(14):1215-1229. 6. Schirrmacher V. From chemotherapy to biological therapy: a review of novel concepts to reduce the side effects of systemic cancer treatment (review). *Int J Oncol*. 2019;54(2):407-419. 7. Kather JN, Suarez-Carmona M, Charoentong P, et al. Topography of cancer-associated immune cells in human solid tumors. *Elife*. 2018;7:e36967. 8. Kim SI, Cassella CR, Byrne KT. Tumor burden and immunotherapy: impact on immune infiltration and therapeutic outcomes. *Front Immunol*. 2021;11:629722. 9. Pathmanathan S, Grozavu I, Lyakisheva A, Staglar I. Drugging the undruggable proteins in cancer: a systems biology approach. *Curr Opin Chem Biol*. 2022;66:102079. 10. Thomas E, Thankan RS, Purushottamachar P, et al. Targeted degradation of androgen receptor by VNPP433-3β in castration-resistant prostate cancer cells implicates interaction with E3 ligase MDM2 resulting in ubiquitin-proteasomal degradation. *Cancers (Basel)*. 2023;15(4):1198. 11. Xie H, Liu J, Alem Glison DM, Fleming JB. The clinical advances of proteolysis targeting chimeras in oncology. *Explor Target Antitumor Ther*. 2021;2(6):511-521. 12. Gendarme S, Bylicki O, Chouaid C, Guisier F. ROS-1 Fusions in non-small-cell lung cancer: evidence to date. *Curr Oncol*. 2022;29(2):641-658. 13. Zahavi D, Weiner L. Monoclonal antibodies in cancer therapy. *Antibodies (Basel)*. 2020;9(3):34. 14. Ponath P, Menezes D, Pan C, et al. A novel, fully human anti-fucosyl-GM1 antibody demonstrates potent in vitro and in vivo antitumor activity in preclinical models of small cell lung cancer. *Clin Cancer Res*. 2018;24(20):5178-5189. 15. Yu X, Marshall MJE, Cragg MS, Crispin M. Improving antibody-based cancer therapeutics through glycan engineering. *BioDrugs*. 2017;31(3):151-166. 16. Igietseme JU, Zhu Z, Black CM. Fc receptor-dependent immunity. In: Ackerman ME, Nimmerhahn F, eds. *Antibody Fc*. Academic Press; 2014:269-281. 17. Khongorzul P, Ling CJ, Khan FU, Ihsan AU, Zhang J. Antibody-drug conjugates: a comprehensive review. *Mol Cancer Res*. 2020;18(1):3-19. 18. Papachristos A, Pippa N, Demetzos C, Sivolapenko G. Antibody-drug conjugates: a mini-review. The synopsis of two approved medicines. *Drug Deliv*. 2016;23(5):1662-1666. 19. Gu Y, Wang Z, Wang Y. Bispecific antibody drug conjugates: Making 1+1>2. *Acta Pharm Sin B*. 2024. doi:10.1016/j.apsb.2024.01.009. 20. Zong HF, Zhang BH, Zhu JW. Generating a bispecific antibody drug conjugate targeting PRLR and HER2 with improving the internalization. *Pharmaceut Fronts*. 2022;4:e113-e120. 21. Guy DG, Uy GL. Bispecific antibodies for the treatment of acute myeloid leukemia. *Curr Hematol Malig Rep*. 2018;13(6):417-425. 22. Kontermann RE. Dual targeting strategies with bispecific antibodies *MABs*. 2012;4(2):182-197. 23. Zhang H, Zhao P, Huang H. Engineering better chimeric antigen receptor T cells. *Exp Hematol Oncol*. 2020;9(1):34. 24. Hartmann J, Schübler-Lenz M, Bondanza A, Buchholz CJ. Clinical development of CAR T cells—challenges and opportunities in translating innovative treatment concepts. *EMBO Mol Med*. 2017;9(9):1183-1197. 25. Milone MC, Xu J, Chen SJ, et al. Engineering-enhanced CAR T cells for improved cancer therapy [published correction appears in *Nat Cancer*. 2021;2(10):1113]. 26. Shen M, Schmitt S, Buac D, Dou QP. Targeting the ubiquitin-proteasome system for cancer therapy. *Expert Opin Ther Targets*. 2013;17(9):1091-1108. 27. Bricelj A, Steinebach C, Kuchta R, Gütschow M, Sosič I. E3 ligase ligands in successful PROTACs: an overview of syntheses and linker attachment points. *Front Chem*. 2021;9:707317. 28. Scheepstra M, Hekking KFW, van Hijfte L, Folmer RHA. Bivalent ligands for protein degradation in drug discovery. *Comput Struct Biotechnol J*. 2019;17:160-176. 29. Chamberlain PP, Cathers BE. Cereblon modulators: low molecular weight inducers of protein degradation. *Drug Discov Today Technol*. 2019;31:29-34. 30. D'Angelo A, Sobhani N, Chapman R, et al. Focus on ROS1-positive non-small cell lung cancer (NSCLC): crizotinib, resistance mechanisms and the newer generation of targeted therapies. *Cancers (Basel)*. 2020;12(11):3293. 31. Song X, Zhong H, Qu X, et al. Two novel strategies to overcome the resistance to ALK tyrosine kinase inhibitor drugs: macrocyclic inhibitors and proteolysis-targeting chimeras. *MedComm (2020)*. 2021;2(3):341-350. 32. Yue L, Fan Z, Zhu SJ, et al. A new ALK inhibitor overcomes resistance to first- and second-generation inhibitors in NSCLC. *EMBO Molecular Medicine*. 2022;14(e14296):1-13. 33. Palmirotta R, Quaresmini D, Lovero D, et al. Chapter 31: Gene fusion in NSCLC: *ALK*, *ROS1*, *RET*, and related treatments. In: Dammacco F, Silvestris F, eds. *Oncogenomics*. Academic Press; 2019. 34. Drilon A. TRK inhibitors in TRK fusion-positive cancers. *Annals of Oncology*. 2019;30 Suppl 8:viii23-viii30. 35. Zou HY, Li Q, Engstrom LD, et al. PF-06463922 is a potent and selective next-generation ROS1/ALK inhibitor capable of blocking crizotinib-resistant ROS1 mutations. *Proc Natl Acad Sci USA*. 2015;112(11):3493-8. 36. Tian H, Yang Z, He J. Adagrasib: A landmark in the *KRASG12C*-mutated NSCLC. *MedComm (2020)*. 2022;3(4):e190. 37. Wang X, Allen S, Blake JF, et al. Identification of MRTX1133, a noncovalent, potent, and selective *KRASG12D* inhibitor. *J Med Chem*. 2022;65(4):3123-3133. 38. Liang F, Kang Z, Sun X, et al. Inhibition mechanism of MRTX1133 on *KRASG12D*: a molecular dynamics simulation and Markov state model study. *J Comput Aided Mol Des*. 2023;37(3):157-166. 39. Mullard A. Cracking *KRAS*. *Nat Rev Drug Discov*. 2019;18(12):887-891. 40. Hallin J, Engstrom LD, Hargis L, et al. The *KRASG12C* inhibitor MRTX849 provides insight toward therapeutic susceptibility of *KRAS*-mutant cancers in mouse models and patients. *Cancer Discov*. 2020;10(1):54-71. 41. Jänne PA, Riely GJ, Gadgeel SM, et al. Adagrasib in non-small-cell lung cancer harboring a *KRASG12C* mutation. *N Engl J Med*. 2022;387(2):120-131. 42. Topatana W, Juengpanich S, Li S, et al. Advances in synthetic lethality for cancer therapy: cellular mechanism and clinical translation. *J Hematol Oncol*. 2020;13(1):118. 43. Huang A, Garraway LA, Ashworth A, et al. Synthetic lethality as an engine for cancer drug target discovery. *Nat Rev Drug Discov*. 2020;19(1):23-38. 44. Engstrom LD, Aranda R, Waters L, et al. MRTX1719 is an MTA-cooperative PRMT5 inhibitor that exhibits synthetic lethality in preclinical models and patients with MTAP-deleted cancer. *Cancer Discov*. 2023;13(11):2412-2431. 45. Smith CR, Aranda R, Bobinski TP, et al. Fragment-based discovery of MRTX1719, a synthetic lethal inhibitor of the PRMT5-MTA complex for the treatment of MTAP-deleted cancers. *J Med Chem*. 2022;65(3):1749-1766.