

# Targeting the Hippo pathway in cancer

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#### **Abstract**

The Hippo pathway is a highly conserved signalling network that controls tissue growth and cell fate, responding to physical properties of the tissue microenvironment and cell biological features such as adhesion and polarity. Hippo signalling perturbation is associated with several human diseases, particularly various solid cancers. Hippo pathway-targeted therapies are beginning to emerge for the treatment of cancer, most of which are focused on disrupting the ability of the YAP and TAZ transcription co-activator proteins to promote transcription of genes with their cognate TEAD1–4 DNA binding proteins. Recently, TEAD inhibitors have shown promise in a phase I clinical trial in cancers that are enriched for Hippo pathway mutations, such as mesothelioma. Moreover, Hippo pathway-targeted therapies have great potential to be combined with RAS–MAPK pathway inhibitors, given the close functional relationship that these signalling pathways share in development and disease.

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Outlook

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#### Introduction

Founding members of what is now referred to as the Hippo pathway were originally identified in *Drosophila* genetic screens and cloned in the mid-1990s and early 2000s<sup>1-9</sup>. Mutations in the *warts, salvador* and *hippo* genes were uncovered because they triggered striking overgrowth of *Drosophila* epithelial tissues<sup>1-9</sup>. These discoveries led to the conclusion that the Hippo pathway was important for epithelial tissue growth control, and the discovery that the human *salvador* orthologue *SAV1* was deleted in kidney cancer cell lines provided initial evidence of a role for this pathway in human cancer<sup>1</sup>.

After these discoveries, Hippo pathway research surged, enabling significant insight into how this pathway mediates signal transduction and its biological functions in various cell types, tissues, species and human diseases 10-16. More than 40 Hippo pathway proteins have been discovered, the vast majority of which are conserved throughout evolution, for example, between *Drosophila* and mammals (see Table 1 for conserved Hippo pathway proteins and Fig. 1 for a simplified pathway depiction)10-16. Key steps in pathway regulation were identified, such as the phosphorylation of the key oncoproteins Yes-associated protein (YAP) and transcriptional co-activator with PDZ binding motif (TAZ) (Drosophila Yorkie (Yki)), which controls their nucleocytoplasmic distribution and ability to regulate transcription <sup>17-20</sup>. The Hippo pathway was found to be evolutionarily ancient, with the discovery that several central pathway proteins pre-date the existence of metazoans<sup>21,22</sup>, and the pathway was shown to regulate cell fate as well as tissue growth<sup>23,24</sup>. An appreciation of the role of the Hippo pathway in various human cancers was further revealed though large-scale cancer genome sequencing studies, which identified roles in many solid cancers, in particular mesothelioma and meningioma<sup>25,26</sup>. This rich knowledge base laid a platform for therapeutic targeting of the Hippo pathway, which holds great promise for both cancer and regenerative medicine.

A multitude of Hippo-targeted therapies are currently in active development, with several already undergoing clinical trials. Interestingly, most of these therapies target the TEA domain transcription factor 1 (TEAD1)—TEAD4 DNA binding proteins, which are highly homologous and sit at the very base of the Hippo pathway. TEAD inhibitory compounds have been developed with a view to them being deployed as novel anticancer therapies. In the context of tissue regeneration and repair, efforts have been made to target central Hippo pathway kinases such as the serine/threonine protein kinases LATS1 and LATS2 and mammalian sterile-20-like kinase 1 (MST1; also known as STK4) and MST2 (also known as STK3) (hereafter LATS1/2 and MST1/2, respectively), as well as proteins that promote the activity of these kinases, such as Salvador

This Review first provides an overview of the Hippo pathway, its regulation, signalling and biological functions. The latest developments in the field of Hippo pathway-targeted therapies are discussed, with a focus on TEAD inhibitors, primarily in the context of cancers, given that disease-focused human genome sequencing efforts have revealed a prominent role for Hippo signalling in cancers compared with other human diseases. The potential for TEAD inhibitors to be used both as anticancer monotherapies and as combination therapies is assessed, given the important functional relationships that exist between the Hippo pathway and the RAS–MAPK pathway, another developmental signalling pathway of major importance for human cancer. Finally, TEAD inhibitors that have progressed to phase I human clinical trials are highlighted.

# Discovery and biological functions of the Hippo pathway

The Hippo pathway was initially discovered through genetic studies in Drosophila, in which mutations in pathway genes were found to cause strong epithelial tissue overgrowth<sup>1-9</sup>. Upon further investigation, mutation of founding Hippo pathway members was shown to be important for control of both cell proliferation and apoptosis. Specifically. Hippo pathway-defective cells in Drosophila larval imaginal discs – epithelial tissues that give rise to adult organs such as the eye and wing – proliferated more rapidly than their normal counterparts and failed to enter quiescence at the appropriate developmental stage. In addition, eye cells with compromised Hippo pathway activity were impervious to the programmed cell death that normally sculpts this organ during pupal development<sup>1-9</sup>. The net result was spectacular tumour-like growths caused by an excess of cells, which were subsequently shown to be driven by Yorkie/YAP hyperactivation<sup>17</sup>. Similarly, subsequent studies in vertebrates revealed that when Hippo signalling was disrupted, epithelial organs such as the skin, liver and gastrointestinal tract also dramatically overgrew<sup>18,27-29</sup>. Hippo signalling has also been linked to the growth and development of vertebrate heart and skeletal muscle, neuronal tissues and vascular networks and therefore was concluded to be a key regulator of organ growth 30-33.

Subsequently, the Hippo pathway was found to regulate cell fate decisions at various stages of organismal development. The first of these was the fate choice of a specific class of photoreceptor cells (R8 cells) in the *Drosophila* eye<sup>23</sup>. The Hippo pathway defines whether these cells adopt the ability to sense blue light or green light - a decision that involves most, but not all, of the pathway from upstream components to transcriptional regulators 23,34-37. Additionally, the Hippo pathway has a crucial role in the first cell fate decision during mammalian embryonic development, determining whether a cell will become inner cell mass or trophectoderm<sup>24</sup>. The role of the Hippo pathway as a regulator of epithelial organ size was challenged recently, based on the observation that many cells (particularly columnar epithelial cells) have low YAP-TEAD activity and YAP or TEADs are sometimes dispensable for their normal growth<sup>38</sup>. This study proposed that YAP and TEAD are important for cells with 'flat' morphology (for example, endothelial cells, squamous epithelial cells and so forth) and only drive proliferation of columnar epithelia when they are ectopically hyperactivated<sup>38</sup>. As such, the 'normal' role of the Hippo pathway in development is still an open question, and this is important for consideration of how we can therapeutically target the pathway and manage on-target toxicity.

#### Regulation of Hippo pathway activity

Unlike most signalling pathways, which are regulated by transmembrane receptors and their cognate ligands, the Hippo pathway is predominantly controlled by properties of the tissue microenvironment. These properties include mechanical forces such as tension, compression and shear forces, which differ depending on the tissue and its local environment <sup>10,39,40</sup>. These discoveries were of major importance and revealed that mechanical forces can influence both YAP and TAZ nuclear localization directly <sup>41</sup>, as well as upstream Hippo signalling events, which then act on YAP and TAZ <sup>42,43</sup>. Hippo signalling is also sensitive to perturbations in core cell biological properties, such as cell polarity and adhesion of cells to other cells and the extracellular matrix <sup>10,39,40</sup>. Further, Hippo signalling can be influenced by G protein-coupled receptors (GPCRs) and stresses associated with fluctuations in energy, heat and osmolarity, although these require further investigation in animals to

understand their full significance  $^{12}$ . For detailed reviews of the regulation of Hippo pathway activity, the reader is referred elsewhere  $^{10-16}$ .

#### Organization of the Hippo pathway

A major challenge following the discovery of Warts, Salvador and Hippo as a three-member signalling complex comprised of two cytoplasmic kinases and an adaptor protein, was the identification of upstream and downstream Hippo pathway components. Answers to this question were largely revealed by unbiased screens – both in vivo *Drosophila* genetic screens, and Drosophila and human cell-based signalling activity and protein-protein interaction screens. Collectively, these efforts revealed that the Hippo pathway is a complex network of more than 40 proteins, which can be broadly organized into three groups - transcription regulators, the core kinase cassette and upstream signalling  $^{10-16}$ . Table 1 lists high-confidence Hippo pathway proteins, that is, those that have convincingly been proved to be Hippo pathway proteins in multiple studies, and most of which are functionally conserved between Drosophila and humans. Many other proteins have been implicated in Hippo signalling but for simplicity they are not discussed in detail here. For more information on this topic the reader is referred elsewhere 10-16.

#### Hippo pathway transcription regulators

YAP and TAZ are transcription co-activator proteins that are the central downstream effectors of the Hippo pathway<sup>17</sup>. YAP, TAZ and their *Drosophila* orthologue Yorkie do not directly bind to DNA, but bridge DNA binding proteins and transcription-promoting proteins, such as the Mediator complex, Trithorax-related complex and SWI/SNF complex, to promote gene expression<sup>44–48</sup>. TEAD1–TEAD4 (Scalloped in *Drosophila*) are the major DNA binding proteins of the Hippo pathway and possess a TEA DNA binding domain and a YAP/TAZ binding domain <sup>49–53</sup>. Vestigial-like family member 4 (VGLL4; Tgi in *Drosophila*) is a transcription co-repressor protein that antagonizes YAP/TAZ by competing for an overlapping binding surface on TEAD1–TEAD4 (refs. 54,55). INSM1 (Nerfin-1 in *Drosophila*) is another TEAD-binding transcription co-repressor that binds to the TEAD DNA binding domain and therefore, unlike VGLL4, does not compete with YAP/TAZ for TEAD binding<sup>56,57</sup>.

The biochemical mechanism by which VGLL4 and INSM1 repress transcription is not well defined, but studies in Drosophila and human cells have identified connections between both proteins and the CtBP transcription co-repressor complex<sup>57–59</sup>. Further, recent live microscopy studies revealed that *Drosophila* Scalloped binds to DNA on a range of timescales from milliseconds to minutes and that its residence time on DNA is extended by the Yki co-activator but reduced by the Tgi and Nerfin-1 co-repressors 60. These findings, mirrored by similar observations in human cells<sup>61</sup>, suggest that productive transcription-inducing events are mediated by Scalloped/TEADs when they bind to DNA for extended periods of time. YAP/TAZ and INSM1, and their Drosophila orthologues Yki and Nerfin-1 are expressed predominantly in a mutually exclusive manner (for example, YAP, TAZ and Yki are expressed in most epithelial cells whereas INSM1 and Nerfin-1 are expressed in neuroendocrine cells and neuronal subsets)56,62, suggesting that some cell types cannot tolerate the co-expression of these proteins, as they exert competing influences on TEAD-regulated transcription. Before the discovery of the Hippo pathway, Vestigial, another transcription coregulator, was discovered as a partner of Scalloped/TEAD in *Drosophila*<sup>63-65</sup>. Vestigial has three human orthologues (VGLL1-VGLL3), which have been studied far less than YAP and TAZ but have also been implicated in human diseases such as cancer<sup>66</sup>. In Drosophila, the Vestigial–Scalloped complex promotes wing cell fate during development and functions largely independently of Hippo signalling in this context<sup>67</sup>.

#### Hippo pathway core kinase cassette and its direct regulators

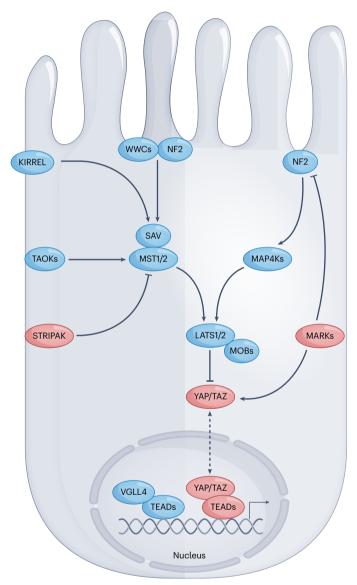
The Hippo pathway core kinase cassette comprises two serine threonine kinases and two adaptor proteins. MST1 and MST2 (Hippo in *Drosophila*) are STE20-like protein kinases that bind to the adaptor protein SAV1 (Salvador in *Drosophila*) which promotes MST1/2 activation. Activated MST1/2 phosphorylates both the adaptor proteins MOB

Table 1 | High-confidence Hippo pathway proteins

	Drosophila protein	Human orthologues
Transcription	Scalloped	TEAD1, TEAD2, TEAD3, TEAD4
	Yorkie	YAP, TAZ
	Tgi	VGLL4
	Nerfin-1	INSM1A, INSM1B
Core kinase cassette	Warts	LATS1, LATS2
	Mats	MOB1A, MOB1B
	Salvador	SAV1
	Hippo	MST1, MST2
	Happyhour	MAP4K1, MAP4K2, MAP4K3, MAP4K5
	Misshapen	MAP4K4, MAP4K6, MAP4K7
Upstream signalling	Tao	TAOK1, TAOK2, TAOK3
	STRIPAK complex	STRIPAK complex
	Merlin	NF2
	Kibra	WWC1, WWC2, WWC3
	Expanded	FRMD6?
	?	AMOT, AMOTL1, AMOTL2
	Crumbs	CRB3
	Par-1	MARK2, MARK3, MARK4
	Ajuba	AJUBA, LIMD1, WTIP
	Scribble	SCRIB
	Lethal giant larvae	LGL1, LGL2?
	Kirre?	KIRREL1
	Zyxin	ZYXIN, LPP, TRIP6
	Pez	PTPN14
	PI4KIIIa	PI4KA?
	Fat	FAT1, FAT2, FAT3, FAT4?
	a-Spectrin	SPTAN1
	β-Spectrin	SPTBN1
	β-Heavy spectrin	SPTBN5

Proteins are organized into three groups based on their known functions: transcription, core kinase cassette and upstream signalling. For simplicity, only the highest-confidence Hippo pathway proteins have been listed, with this classification based on proteins being proved in multiple independent studies and/or functional conservation between *Drosophila* and humans. Both *Drosophila* and human orthologues are listed. For some proteins, queries about functional conservation are indicated by a '?'. Note, the STRIPAK complex is comprised of multiple proteins. KIRREL1, Kirre-like nephrin family adhesion molecule; MAP4K1, mitogen-activated protein kinase kinase kinase 1; MOB1A, MOB kinase activator 1A; MST1, mammalian sterile-20-like kinase 1; STRIPAK, striatin-interacting phosphatase and kinase; TAOK1, thousand and one amino acid protein kinase 1; TAZ, transcriptional co-activator with PDZ binding motif; TEAD1, TEA domain transcription factor 1; VGLL4, Vestigial-like family member 4; WWC1, WW and C2 domain-containing 1; YAP, Yes-associated protein.

kinase activator 1A (MOB1A) and MOB1B (hereafter MOB1A/B (Mats in *Drosophila*)) and the LATS1/2 kinases (Warts in *Drosophila*) to activate LATS1/2 kinase activity<sup>1–8,68</sup>. The MAP4K and thousand and one amino acid protein kinases 1–3 (TAOK family) kinases, which are also STE20-like protein kinases, can likewise phosphorylate the hydrophobic motif of LATS1 and LATS2 and activate them<sup>69,70</sup>. In addition, TAOK kinases



**Fig. 1**| **Simplified depiction of the human Hippo pathway.** Proteins that promote Hippo signalling and repress Yes-associated protein/transcriptional co-activator with PDZ binding motif—TEA domain transcription factor (YAP/TAZ—TEAD) transcription are in blue and proteins that promote YAP/TAZ—TEAD transcription are in red. For detailed reviews of the Hippo pathway, the reader is referred elsewhere <sup>10–16</sup>. KIRREL, Kirre-like nephrin family adhesion molecule; LATS1/2, serine/threonine protein kinases; MAP4Ks, mitogen-activated protein kinase kinase kinase kinase 1–7; MARKs, microtubule affinity-regulating kinase 2–4; MOBs, MOB kinase activator 1A and 1B; MST1/2, mammalian sterile-20-like kinase 1 and 2; NF2, neurofibromin 2; SAV, salvador; STRIPAK, striatin-interacting phosphatase and kinase complex; TAOKs, thousand and one amino acid protein kinases 1–3; TEADs, TEAD1—TEAD4; VGLL4, Vestigial-like family member 4; WWCs, WW and C2 domain-containing 1–3.

can phosphorylate the activation loop of MST1/2 and thus activate the Hippo pathway at two points 71.72. MST1/2 activity is antagonized by the multi-protein striatin-interacting phosphatase and kinase (STRI-PAK) phosphatase complex, which reverses MST1/2 activation loop phosphorylation 73. The central substrates of the LATS1/2 kinases are the YAP and TAZ transcription co-activators (Yorkie in *Drosophila*), which they phosphorylate on multiple serine residues, thereby limiting their nuclear access and half-life 17-20.

## **Upstream Hippo signalling**

Upstream Hippo signalling is complex, and consists of multiple independent branches that also engage in some degree of regulatory crosstalk  $^{74}$ . Most upstream Hippo pathway proteins are conserved between *Drosophila* and humans, although some uncertainty on this remains. Additionally, upstream Hippo signalling has currently been more thoroughly characterized in *Drosophila* than in mammals, in terms of the proteins involved and their spatial organization within cells and signalling modes.

Core kinase cassette activators. The neurofibromin 2 (NF2; Merlin in Drosophila) and WW and C2 domain-containing 1-3 (WWC1-3; Kibra in Drosophila) proteins serve similar Hippo signalling functions, despite lacking obvious homology. In Drosophila epithelial tissues, both proteins accumulate at the apical plasma membrane and serve as scaffolds to facilitate phosphorylation and activation of the Warts/LATS kinases by Hippo/MST and Hippo-like kinases75. Drosophila Expanded likely operates in a similar manner given the genetic redundancy it exhibits with both Merlin and Kibra, although it is not obviously conserved in humans<sup>76</sup>. Expanded does have some sequence conservation with FRMD6 and this protein can influence YAP activity, but it is unclear whether FRMD6 is a true functional equivalent of Expanded<sup>77</sup>. Recent studies indicate that Merlin is recruited to epithelial apical plasma membranes via phospholipids, which also mediate assembly into condensates with altered physical properties. In Drosophila, the lipid kinase PI4KIII (PI4KA in humans) works together with the Pez phosphatase (PTPN14 in humans) to promote Merlin recruitment to the medial apical domain of epithelial cells<sup>78</sup>. Both the PIP2 and PI4P phospholipids mediate Merlin association with the plasma membrane and, somewhat paradoxically, PI4P promotes Hippo pathway activity in Drosophila epithelial tissues but has the opposite effect in human cultured cells<sup>79</sup>. Thus, further studies are warranted to clarify this important feature of Hippo signalling, perhaps via in vivo mammalian studies.

Multiple apicobasal cell polarity proteins regulate Hippo pathway activity in both *Drosophila* and mammals. In *Drosophila*, the Scribble–Lgl–Dlg basolateral cell polarity complex promotes Hippo pathway activity in the context of both organ growth and cell fate<sup>37,80</sup>, and SCRIB performs a similar function in human cells<sup>81</sup>. *Drosophila* Crumbs acts via Expanded to promote Hippo pathway activity<sup>80,82-84</sup>, whereas in humans the CRB3–PATJ–PALS complex binds to many proteins such as angiomotin family proteins (AMOT, AMOTL1 and AMOTL2) and YAP at human cell–cell adhesions to repress YAP activity and activate LATS1/2 kinase activity<sup>85,86</sup>. The transmembrane protein Kirre-like nephrin family adhesion molecule 1 (KIRREL1) was recently discovered to promote Hippo signalling; KIRREL1 recruits SAV1 to cell membranes, causing LATS1/2 activation and YAP repression<sup>87,88</sup>.

The Hippo pathway couples mechanical forces to changes in cell behaviour, including proliferation and cell fate specification  $^{41,42}$ . Such forces modulate actomyosin contractility and, as such, many proteins that regulate the actin cytoskeleton and the cellular sites it anchors to (for example, adherens junctions, basal spot junctions and focal adhesions)

have been linked to Hippo signalling. Among these proteins are spectrins, which are large spring-like molecules that bind to F-actin and stabilize the plasma membrane. In various Drosophila epithelial tissues,  $\alpha$ -spectrin regulates Hippo signalling and does so by forming heterotetramers with either  $\beta$ -spectrin or  $\beta$ -heavy spectrin sp-al. Various mechanisms have been ascribed to how spectrins influence Hippo signalling, from binding to Expanded and modulating the concentration of Hippo signalling complexes in the apical plasma membrane to indirectly influencing Hippo signalling by controlling cortical actomyosin contractility. A more recent study indicated that  $\beta$ -heavy spectrin influences Ajuba and Hippo signalling by competing with non-muscle myosin for F-actin binding.

The *Drosophila* Fat/Dachsous cadherins were the first defined Hippo pathway transmembrane proteins and are important regulators of epithelial tissue growth, as well as planar cell polarity <sup>93–97</sup>. A suite of proteins operate downstream of Fat/Dachsous to relay signals to the core kinase cassette, including kinases, ubiquitin ligases and mechanosensitive proteins, and together they represent a major signalling arm in the *Drosophila* Hippo pathway<sup>98</sup>. However, whether these proteins also regulate the human Hippo pathway is still unclear. The *FAT1–FAT4* cadherin genes are frequently mutated in many cancers and have been implicated in tumorigenesis and Hippo signalling <sup>99,100</sup>. However, clear and detailed biochemical signalling mechanisms that link FAT cadherins to the core Hippo pathway in mammals have not yet been defined. Further studies are required to determine whether and how the FAT1–FAT4 cadherins regulate the Hippo pathway in mammals and the contexts in which this may happen.

Core kinase cassette repressors. A well-defined upstream signalling complex that limits Hippo signalling in *Drosophila* is mediated by the LIM domain protein Ajuba<sup>101</sup>. Ajuba binds primarily to E-cadherin-rich complexes at adherens junctions and basal spot junctions of *Drosophila* epithelial cells in response to increased actomyosin contractility<sup>43,102</sup>. Here, Ajuba binds to Warts and limits its ability to be activated by Hippo, which does not accumulate at these cell junctions<sup>43,102</sup>. In this way, Hippo signalling is linked to mechanical forces such as stretch and compression, which offers an explanation for how this pathway regulates tissue growth in response to physical forces<sup>43</sup>. Ajuba has three human orthologues (AJUBA, LIMD1 and WTIP); cell culture-based studies have indicated that these proteins also bind to adherens junctions and repress LATS1/2 activity in a manner that is sensitive to actomyosin contractility<sup>103</sup>.

Microtubule affinity-regulating kinase (MARK) family kinases have also been identified as important Hippo pathway regulators, possibly by multiple mechanisms. In *Drosophila*, Par-1 was shown to influence Hippo-regulated tissue growth both by regulating the Hippo kinase<sup>104</sup> and by influencing Kibra stability<sup>105</sup>. Independently, three human Par-1 homologues (MARK2, MARK3 and MARK4) were identified as regulators of Hippo signalling in cell-based screens<sup>106,107</sup>. In addition to regulating the Hippo orthologues MST1 and MST2, a recent study found that MARK2 and MARK3 phosphorylate NF2 and YAP, with both events serving to stimulate YAP activity 108. From a cancer therapy perspective, these discoveries were important because: first, they identify a way to perturb YAP-TEAD activity that is independent of direct YAP-TEAD inhibitors; second, being kinases, the MARKs are readily druggable; and third, MARK2, MARK3 and MARK4 activate YAP and therefore are predicted to be oncogenic, whereas most Hippo pathway kinases (for example, LATS1/2 and MST1/2) are tumour suppressors and are therefore likely to be unsuitable targets for cancer therapies (see below and Figs. 1 and 2).

Interconnected upstream branches. A consistent theme in upstream Hippo signalling over many years has been regulatory crosstalk

between different upstream branches of the pathway, which illustrates the complex interactions that occur in this pathway. In Drosophila, for instance, the Fat and Expanded branches of Hippo signalling influence the core kinase cassette via different mechanisms<sup>109</sup>, but Fat also influences the abundance and apical membrane localization of Expanded 94,95,97. More recently, upstream Hippo signalling was proposed to operate in two major arms, one involving NF2 and MAP4Ks and the other involving WWC1-3, SAV1 and MST1/2, which independently activate LATS1/2 (ref. 110). Although this model has merit, many other studies argue against a strict division of labour between upstream Hippo signalling complexes. For example, although NF2 and WWC1-3 could function independently of each other to some degree in the so-called HIPPO1 and HIPPO2 branches of Hippo signalling, these proteins can form physical complexes in both humans and Drosophila and recruit each other to sites of Hippo pathway activation, suggesting that they also function together 75,111-113. Similarly, in *Drosophila*, Merlin/NF2 can also form a physical complex with Expanded 111-113, although these proteins probably operate largely independently of each other<sup>75</sup>.

## The role of the Hippo pathway in human diseases

Hippo pathway perturbation has been linked to select human diseases, most notably cancer and heart disease, as reviewed elsewhere 13,14,114,115. A potential role for the Hippo pathway in human disease was first recognized in model organism studies. Specifically, mutations in Hippo pathway genes were found to disrupt multiple biological processes that are important for animal development and human disease, including cell proliferation, apoptosis, differentiation and tissue growth 10-16. Model organism studies also revealed potential roles for the Hippo pathway in other conditions such as heart disease, in which deletion of the murine Yap orthologue impaired neonatal cardiac regeneration, whereas YAP hyperactivation promoted heart repair and function<sup>115</sup>. Subsequently, mutations in select Hippo pathway genes (NF2 and TEAD1) were identified in familial human diseases. NF2 mutations cause the cancer syndrome type 2 neurofibromatosis<sup>116</sup>, and loss-of-function *TEAD1* mutations underpin an autosomal dominant eve disorder called Sveinsson's chorioretinal atrophy<sup>117</sup>. This section primarily focuses on cancer given the prevalence of Hippo pathway gene mutations in this disease compared with other human conditions. Deregulation of Hippo signalling and YAP/TAZ-TEADs have been implicated in a broad range of common solid  $cancers\,such\,as\,colorectal, lung, breast, prostate\,and\,ovarian\,cancer^{14,25,26}.$ However, most of these cancers have no obvious Hippo pathway mutations and their transcriptional signatures often do not suggest dependency on YAP/TAZ-TEAD<sup>14,25,26</sup>. Accordingly, the discussion concentrates on solid cancers that have obvious mutations in Hippo pathway genes.

#### **Solid cancers**

Large-scale cancer genome sequencing efforts identified Hippo pathway mutations to occur across a broad range of solid cancers, leading to its classification as one of the ten most important signalling pathways in cancer <sup>118</sup>. Genetic disruption of the Hippo pathway occurs via various mechanisms (for example, point mutations, deletions, chromosomal translocations, amplification and overexpression) <sup>14,25</sup>. Typically, these perturbations reduce activity of Hippo pathway kinases (for example, LATS1/2) and cause the transcription-promoting activity of YAP/TAZ-TEADs to be elevated. Hippo pathway gene mutations are concentrated in select cancers, that is, mesothelioma, meningioma and Schwannoma. Hippo pathway gene mutations and elevated YAP and TEAD activity are also enriched in squamous epithelial cancers, which is intriguing, especially given the recent evidence that Hippo

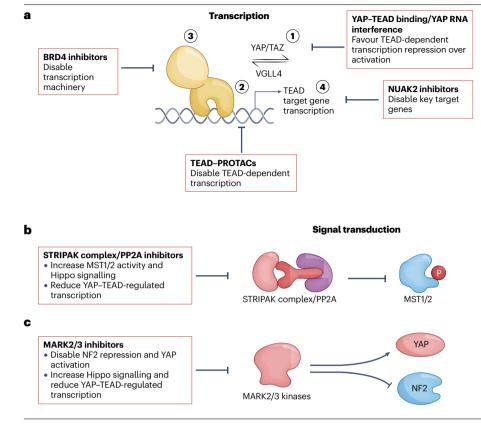


Fig. 2 | How can the Hippo pathway be therapeutically targeted? Three Hippo signalling nodes that are potential therapeutic targets in the context of cancer are depicted, as well as intervention strategies and therapy examples, a. Hyperactivation of Yesassociated protein (YAP)-TEA domain transcription factor (TEAD)-regulated transcription is a key event in tumorigenesis and cancer therapy resistance and theoretically could be targeted in four ways: (1) shifting the balance from YAP-mediated transcription activation to Vestigial-like family member 4 (VGLL4)mediated transcription repression; (2) inhibiting TEAD-regulated transcription completely; (3) targeting general transcription machinery; and (4) inhibiting key YAP-TEAD target genes (note that NUAK2 can also influence YAP/transcriptional co-activator with PDZ binding motif (TAZ) activity). At least two points of Hippo signal transduction could theoretically be targeted to promote Hippo signalling and reduce YAP-TEAD-regulated transcription: b, inhibition of the striatin-interacting phosphatase and kinase (STRIPAK)-PP2A phosphatase complex, which normally suppresses phosphorylation and activation of mammalian STE20-like protein kinase 1 (MST1) and MST2 (MST1/2); and c, inhibition of the microtubule affinity-regulating kinase (MARK) kinases, which phosphorylate multiple Hippo pathway proteins that serve to activate YAP-TEAD-regulated transcription. NF2. neurofibromin 2.

signalling is especially important for the biology of 'flat' cells<sup>25,38</sup>. In the TCGA PanCan 2018 Combined Study, which included 87 patients with mesothelioma out of 10,953 total patients across 32 cancer types, 32.18% of patients with mesothelioma harboured *NF2* mutations. Mutation frequencies for *LATS1* and *LATS2* in mesothelioma were 2.3% and 10.3%, respectively<sup>119,120</sup>. Other mesothelioma studies have reported a higher mutation frequency of *LATS2* (22%<sup>121</sup>) and *NF2* alterations ranging from 20% to 53%<sup>122-125</sup>. Given that the Hippo pathway is exquisitely sensitive to changes in the tissue microenvironment, activity of this pathway is also likely to be altered by non-genetic mechanisms such as a change in tissue rigidity.

An increasing number of oncogenic fusion proteins have been defined in human cancers involving key Hippo pathway proteins, predominantly the YAP, TAZ and TEAD transcription regulators. For example, the disease-defining mutations in the sarcoma epithelioid haemangioendothelioma (EHE) are gene fusions of TAZ with CAMTA1 or YAP with TFE3 (refs. 126–129). YAP also becomes fused with various different transcription factors in other malignancies. In almost all cases, these gene fusions encode oncoproteins in which the amino terminus of YAP or TAZ is intact and fused to transcription regulatory protein, while most of the Hippo regulatory regions of YAP/TAZ are deleted<sup>130</sup>. As such, these fusion proteins retain their ability to both bind to TEADs and recruit transcription apparatus and drive cancer primarily by hyperactivating TEAD target genes. In addition to YAP or TAZ fusion proteins, recurrent VGLL family fusion proteins have also been documented in sarcomas such as spindle cell rhabdomyosarcoma<sup>131,132</sup>. Finally, in contrast to solid cancers, most of which display robust YAP/TAZ activity, haematological and neuroendocrine cancers have low YAP/TAZ activity<sup>133</sup>. As such, targeting YAP/TAZ-TEAD activity in these cancers is unlikely to prove beneficial.

**Cancer therapy resistance.** A major barrier to the effective treatment of many cancers is resistance to therapy, which can be either intrinsic or acquired<sup>134</sup>. In the latter scenario, therapy resistance can arise owing to de novo mutations, or by non-genetic mechanisms that invoke changes in the epigenome and gene expression<sup>134</sup>. Hippo pathway deregulation is recognized as a driver not only of tumorigenesis but also of cancer therapy resistance, via three main lines of evidence. Initially, targeted studies identified that manipulations such as overexpression of the YAP oncoprotein could drive resistance to common chemotherapies such as taxanes and platinum-based drugs, although the precise mechanism was not defined<sup>135</sup>. Subsequently, unbiased genetic studies revealed YAP as a gene that can supplant the oncogenic activity of KRAS<sup>136,137</sup>, and that YAP hyperactivation can drive resistance to RAS-MAPK pathway-targeted therapies, such as inhibitors specific for BRAF, MEK and KRAS<sup>138–140</sup>. More recently, several studies focused predominantly on gastrointestinal cancers identified YAP-TEAD-regulated transcription as driving the resistance of a rare subset of tumour cells to various therapies. Based on their transcriptomic profiles, these cells are thought to resemble stem cells and their emergence in response to cancer therapies has been termed oncofetal reprogramming 141-144. These cells resemble those that arise in the gastrointestinal tract after severe damage that may be part of a normal regenerative response<sup>145</sup>.

#### Therapeutic targeting of the Hippo pathway

The Hippo pathway has long been considered a potential therapeutic target for human diseases such as cancer and heart disease. In the context of cancer, it would be ideal to inhibit YAP/TAZ-TEAD transcription activity by inactivating one or more of these proteins and/or by activating the upstream kinases such as LATS1/2 (Fig. 2). The powerful

growth-promoting properties of YAP and TAZ also offer a potential method to promote regeneration and repair of damaged organs such as the heart and ear. However, targeting the Hippo pathway for the rapeutic benefit presents several challenges. When the Hippo pathway first emerged as a novel therapeutic target, the MST1/2 and LATS1/2 kinases were the most druggable components based on existing pharmacological knowledge. From a cancer treatment perspective, however, inhibiting these kinases would be inappropriate, as they are tumour suppressors that limit the activity of the YAP and TAZ oncoproteins. On the other hand, MST1/2 and LATS1/2 inhibitors have potential as regenerative therapies because of the ability of YAP and TAZ to promote tissue repair and regeneration 114,115. Indeed, a reversible and selective MST1/2 kinase inhibitor, XMU-MP-1, can induce tissue repair and regeneration in mouse models of chemical-induced colitis and acute and chronic liver injury, and in a rat model of intracerebral haemorrhage brain injury<sup>146,147</sup>. Chemical modification of XMU-MP-1 led to the development of a potent and selective MST1/2 inhibitor, IHMT-MST1-58, which protected pancreatic islet β-cells from inflammatory cytokine-induced damage in vitro and demonstrated antidiabetes efficacy in rat models of type 1 diabetes and type 2 diabetes in vivo<sup>148</sup>. In addition to MST1/2 kinase inhibitors, significant progress has been made in the identification and development of LATS1/2 inhibitors. These compounds promoted in vitro proliferation of inner-ear sensory supporting cells and primary cardiomyocytes, ex vivo growth of organoids derived from various human tissues, cell fate transitions in the lung and regeneration of multiple organs in mice  $^{149-155}$ .

Although small molecule inhibitors of MST and LATS kinases show promise as regenerative therapeutics, several challenges remain in translating preclinical findings into human treatments. These include: first, ensuring the specificity and selectivity of MST1/2 or LATS1/2 targeting without affecting other kinases in crucial pathways; second, achieving tissue-specific delivery and action while avoiding unwanted systemic effects; and third, addressing potential long-term effects, such as an increased risk of cancer. Adeno-associated virus 9 (AAV9)-based gene therapy has been explored as a potential solution to some of these challenges. Specifically, local knockdown of SAV1 using AAV9 is one approach that helps to overcome limitations associated with small molecule kinase inhibitors. In a pig model of ischaemia-reperfusion-induced myocardial infarction, local delivery of AAV9-SAV1 short hairpin RNA (shRNA) to repress LATS activity in border zone cardiomyocytes resulted in heart tissue renewal and improved heart function<sup>156</sup>. In an exciting recent development, this SAV1 gene therapy (termed YAP101) recently progressed to a phase I human clinical trial for patients with ischaemic heart failure and reduced ejection fraction<sup>157</sup>.

Beyond the founding Hippo pathway kinases MST1/2 and LATS1/2, other potential druggable targets have been identified, including specific GPCRs, ROCK, FAK, MARK2–4, NUAK1 and NUAK2 (refs. 104–108, 158–165). Further, inhibitors of geranylgeranyltransferase type 1 subunit- $\beta$  (PGGT1 $\beta$ ) have been identified that inactivate YAP/TAZ activity by blocking Rho-GTPase signalling  $^{166}$ . Although there are many potential upstream druggable targets to develop therapeutics to ameliorate dysfunction of the Hippo pathway and hyperactivation of YAP/TAZ in human diseases such as cancer, fibrosis and heart disease, inhibition of an upstream target that regulates multiple signalling pathways poses a challenge owing to the risk of reduced selectivity and increased toxicity. Furthermore, the upstream Hippo pathway is complex, branched and interconnected and, as such, targeting upstream pathway proteins would likely be highly susceptible to bypass signalling and therapy resistance.

An obvious way to overcome such bypass signalling is to target YAP, TAZ and TEADs, which sit at the base of the Hippo pathway (Fig. 1 and Box 1). However, these proteins are transcription regulators, which are traditionally difficult to target the rapeutically. YAP and TAZ, which are transcription co-activators with no known catalytic activity, are still considered poor candidates for direct inhibition with small molecules. With this in mind, efforts have been made to target YAP expression directly via either RNA interference (for example, YAP1 antisense oligonucleotides (ASOs))<sup>167</sup> or targeted protein degradation strategies with YAP PROTACs<sup>168</sup>. In preclinical models of YAP-activated hepatocellular carcinoma (HCC) and head and neck squamous cell carcinoma (HNSCC), YAP1 ASO ION537 reduced YAP1 protein abundance and induced significant tumour regression 167 and has progressed to a phase I clinical trial in humans (NCT04659096). It remains to be seen whether direct YAP targeting is clinically efficacious in cancers, especially given that the YAP paralogue TAZ could potentially compensate for YAP loss. YAP-specific therapeutics may also have different safety profiles compared with TEAD inhibitors (see below) as YAP interacts with and regulates the activity of other transcription factors besides TEADs<sup>169</sup>.

#### TEADs: the leading therapeutic target

Most signalling pathway-based therapies target cell surface receptors or signalling proteins. By contrast, Hippo pathway-targeted therapies

## Box 1 | Different classes of TEAD inhibitor

Over the past 20 or so years of research, the TEA domain transcription factors (TEADs) have emerged as the dominant therapeutic target in the Hippo pathway, which is an interesting counterpoint to most other signalling pathway therapeutics, which are enriched for agents that target transmembrane receptors and signalling kinases. This phenomenon reflects Hippo signalling logistics; there is a preponderance of tumour suppressor kinases in the pathway, multiple upstream branches and no easily targetable transmembrane receptors. Traditionally, transcription machinery is difficult to the rapeutically target, with currently no transcription factor-targeted therapies approved for clinical use. TEAD inhibitors have the potential to be the first, with several compounds now in phase I clinical trials. Three different types of TEAD inhibitor have been developed to date: palmitate binding pocket (PBP) inhibitors, protein-protein interaction (PPI) inhibitors and degraders (PROTACs). TEAD degraders are still in preclinical development, whereas both TEAD PBP and PPI inhibitors have entered phase I clinical trials. TEAD PBP inhibitors are by far the most common class of TEAD inhibitor, with seven now in clinical trials, and many more in late-stage preclinical evaluation. These were largely isolated from unbiased compound library screens for Hippo-Yes-associated protein (YAP)-TEAD transcription, which in itself offers powerful reinforcement that TEADs are the ideal drug targets among Hippo pathway proteins. By contrast, TEAD PPI inhibitors have been developed based on careful structural biology studies focused on the YAP-TEAD binding interfaces. Despite their differences, potent TEAD PBP inhibitors and PPI inhibitors have both been developed and have similar efficacy in preclinical cancer models. This leaves human clinical trials as the likely arbiter of whether one or both TEAD inhibitor classes prevails to become the first Hippo pathway-targeted therapy in oncology.

## Table 2 | Select TEAD palmitate binding pocket inhibitors

Compound	Mode of action	Reported TEAD selectivity	Comments	Year (ref.)
DC-TEADin02	Covalent	TEAD4	Highly selective Inhibits YAP-TEAD-regulated transcription	2019 (ref. 178)
TED-347	Covalent	TEAD2/4	Inhibits YAP-TEAD binding, blocks YAP-TEAD-regulated transcription Inhibits cell viability of patient-derived glioblastoma spheroids	2019 (ref. 195)
MGH-CP-1	Non-covalent	TEAD2/4	Inhibits TEAD autopalmitoylation, directly occupying the PBP Inhibits TEAD-mediated transcription in mice	2020 (ref. 179)
K-975	Covalent	Pan-TEAD	Covalently binds to a conserved cysteine in the TEAD PBP Inhibits the YAP/TAZ-TEAD interaction and YAP-TEAD-regulated transcription Inhibits growth of mesothelioma cells/tumours in vitro and in vivo Synergistically suppresses mesothelioma tumour xenografts in combination with CDK4/6 inhibitor (palbociclib)	2020 (ref. 180)
Compound 2	Non-covalent	Pan-TEAD	Binds to TEAD PBP, blocks TEAD palmitoylation and stabilizes TEAD protein in the absence of S-palmitoylation  Reduces CTGF and CYR61 transcription  Does not block TEAD binding to DNA  Causes tumour stasis in a mouse xenograft model	2020 (ref. 222)
MYF-01-037	Covalent	TEAD2	Binds TEAD PBP and blocks YAP-TEAD interaction Suppresses osimertinib+trametinib (OT)-induced YAP activity in vitro Decreases dormant cell viability and growth in combination with OT	2020 (ref. 194)
VT103	Non-covalent	TEAD1	Selectively binds TEAD1, blocks TEAD1 palmitoylation and disrupts YAP/TAZ-TEAD1 interaction Inhibits TEAD transcription activity Inhibits proliferation of NF2-deficient mesothelioma cell lines in vitro and tumour growth in vivo	2021 (ref. 177)
VT107	Non-covalent	Pan-TEAD	Binds to and blocks palmitoylation of all four TEADs  Disrupts YAP/TAZ-TEAD interaction and transcription activity Inhibits proliferation of NF2-deficient/Merlin-negative mesothelioma cell lines in vitro Has broad efficacy in mesothelioma cell lines	2021 (ref. 177)
MSC-4106	Non-covalent	TEAD1/3	Inhibits TEAD1 and TEAD3 palmitoylation Crystallized in the P-site of TEAD1 Shows favourable PhysChem, ADME and pharmacokinetic profile Reduces mesothelioma cell viability in vitro and tumour growth in vivo Downregulates CYR61 expression in tumours	2022 (ref. 181)
TM2	Non-covalent	Pan-TEAD	Binds to TEAD PBP and inhibits TEAD palmitoylation Inhibits YAP-TEAD interaction and transcription Blocks YAP-dependent organoid growth and cancer cell proliferation	2022 (ref. 263)
MYF-03-176	Covalent	Pan-TEAD	Binds to TEAD PBP Inhibits YAP-TEAD-regulated transcription and proliferation of mesothelioma and liposarcoma cell lines	2023 (ref. 182)
GNE-7883	Non-covalent	Pan-TEAD	Binds TEAD PBP and disrupts YAP/TAZ-TEAD interaction  Decreases chromatin accessibility at TEAD motifs and expression of YAP/TAZ-TEAD target genes  Inhibits growth of YAP/TAZ-dependent cancer cell lines and mesothelioma tumour growth Overcomes resistance to KRAS(G12C) inhibitors	2023 (ref. 139)
SWTX-143	Covalent	Pan-TEAD	Irreversible and selective Binds to PBP of all four TEADs Inhibits proliferation of <i>hippo</i> -mutated cancer cell lines and mesothelioma tumours in vivo Inhibits YAP/TAZ-TEAD transcription in tumours	2024 (ref. 183)
AZ4331	Covalent	Pan-TEAD	Identified by structure-guided drug design for favourable DMPK, safety and CMC properties Inhibits TEAD1–4 palmitoylation Suppresses TEAD-dependent transcription and proliferation in mesothelioma and HNSCC Shows combination effect with osimertinib in EGFR-mutant NSCLC CDX model	2024 (ref. 185)

Table 2 (continued) | Select TEAD palmitate binding pocket inhibitors

Compound	Mode of action	Reported TEAD selectivity	Comments	Year (ref.)
MRK-A	Non-covalent	TEAD1	Selectively binds TEAD1 PBP and blocks the YAP-TEAD1 interaction Blocks YAP-TEAD-regulated transcription Reduces viability of Hippo pathway-altered mesothelioma cell lines in vitro and tumour growth in vivo Resistance mediated by HGF-Met signalling	2024 (ref. 192)
M3686	Non-covalent	TEAD1	Interacts strongly with TEAD1, weakly with TEAD3, but not TEAD2 or TEAD4 Inhibits TEAD palmitoylation and mesothelioma cell viability and tumour growth	2024 (ref. 193)
Compound 3	Covalent	Pan-TEAD	Inhibits palmitoylation of TEAD1,2,3,4 and YAP-TEAD-regulated transcription Shows antitumour efficacy in mesothelioma model	2024 (ref. 191)
BPI-460372	Covalent	TEAD1/3/4	Binds to TEAD1,3,4 Mainly metabolized by CYP2D6, CYP3A4 and CYP1A2	2025 (ref. 264)

TEA domain transcription factor (TEAD) palmitate binding pocket (PBP) inhibitors with known chemical structures are listed in chronological order based on their publication dates. The selected compounds represent various scaffolds, TEAD selectivity and modes of action. CDX, cell line-derived xenograft; DMPK, drug metabolism and pharmacokinetics; HNSCC, head and neck squamous cell carcinoma; NF2, neurofibromin 2 (Merlin); NSCLC, non-small-cell lung cancer; TAZ, transcriptional co-activator with PDZ binding motif; YAP, Yes-associated protein.

are dominated by agents that target the TEAD DNA binding proteins and their interaction with the YAP/TAZ transcription co-activators. The reasons for this are several fold: first, the Hippo pathway lacks readily targetable transmembrane receptors; second, most Hippo signalling proteins are tumour suppressors, not oncoproteins; third, both unbiased and directed drug discovery efforts identified agents that target the TEADs, as described below.

**TEAD palmitate binding pocket inhibitors.** A significant breakthrough in targeting the Hippo pathway was the discovery of a conserved hydrophobic palmitate binding pocket (PBP) in TEAD proteins 170-172. All four mammalian TEAD family members contain a conserved cysteine residue that undergoes autopalmitoylation, along with a highly conserved hydrophobic pocket where the palmitate is embedded, providing an ideal binding site for drug-like small molecules. Furthermore, autopalmitovlation influences the interaction of TEADs with the YAP and TAZ transcription co-activators and is required for TEADs to promote target gene transcription<sup>170–172</sup>. Thus, binding of a small molecule in this central lipid pocket was theorized to displace palmitate and prevent autopalmitoylation of TEADs, resulting in a disruption of that ability of YAP/TAZ to bind to TEADs. Via both phenotypic screens (for example, cellular assays such as TEAD transcription reporter assays and TEAD palmitoylation assays) and structure-based design, many covalent and non-covalent TEAD autopalmitoylation inhibitors that bind to the central PBP have been reported (173-175 and references within; Table 2 and Fig. 3a). The four mammalian TEAD proteins are highly homologous. Thus far, the field has attempted to infer the relevance of the TEADs in cancer by examining their expression in cell lines and patient samples and via large-scale genetic screens performed as part of the Cancer Dependency Map<sup>176</sup>. However, because homologous genes can compensate for each other, genetic studies in which single genes are targeted have obvious challenges. As such, in the context of cancer therapy, it is still unclear whether one or more TEADs have greater functional relevance.

To date, more than 30 biotechnology and pharmaceutical companies and academic laboratories have developed TEAD PBP inhibitors (139,177-191). Table 2 and Fig. 3 present select examples of TEAD PBP inhibitors for which the chemical structures and biological activities have been published in peer-reviewed journals and/or conference

presentations. In general, both covalent and non-covalent TEAD inhibitors that display similar potency in TEAD transcription assays exhibit comparable in vitro anti-proliferation activity and in vivo antitumour efficacy in preclinical mesothelioma models<sup>177,183,191</sup>. However, it remains to be determined whether the different modes of action of TEAD PBP inhibitors (that is, irreversible inhibition of TEADs by a covalent cysteine PBP binder versus reversible inhibition of TEAD autopalmitoylation by a non-covalent binder) will influence the therapeutic index and durability of response in clinical settings. In addition to their mode of action, Table 2 highlights that not all TEAD PBP inhibitors target all four TEAD family members. For instance, certain inhibitors are selective for TEAD 1, 2 or 4 (refs. 177,178,192-194), whereas others are selective for pairs of TEADs, such as TEAD2 and TEAD4 (refs. 179,195) or TEAD1 and TEAD3 (ref. 181). As described in more detail below, some TEAD PBP inhibitors have advanced into clinical trials, with the first-in-class VT3989 (Vivace Therapeutics) showing clinical responses (see below. NCT04665206 and refs. 196,197).

**TEAD protein-protein interaction inhibitors.** Before the discoveries of the central TEAD PBP and TEAD autopalmitoylation itself, efforts were made to identify small molecules or peptides that prevent YAP/TAZ interaction with TEADs (Fig. 3b). Verteporfin was the first reported YAP-TEAD PPI inhibitor <sup>198</sup> and is commonly used as a tool compound in Hippo pathway research. However, owing to its mechanism of action as a photosensitizer, verteporfin activity is not specific. Detailed characterization of the molecular interactions in the interface between YAP/TAZ and TEAD proteins <sup>199-201</sup> and structure-based design paved the way for the discovery of specific YAP/TAZ-TEAD PPI inhibitors that work by binding to the α-helix or  $\Omega$ -loop pockets on the surface of TEADs (<sup>173,174</sup> and references within; for example, <sup>200,202-207</sup>). Select examples of non-peptide TEAD PPI inhibitors that have been published in peer-reviewed journals are presented in Table 3 and Fig. 3b. Currently, the most advanced YAP/TAZ-TEAD PPI inhibitor is IAG933 (Novartis).

Although both TEAD PBP inhibitors and YAP/TAZ–TEAD PPI inhibitors suppress TEAD transcription activity by attenuating YAP/TAZ binding to TEAD, their mechanisms of action differ significantly. YAP/TAZ–TEAD PPI inhibitors, such as IAG933, directly bind to the TEAD  $\Omega$ -loop pocket and competitively displace YAP/TAZ<sup>206</sup>. This action occurs regardless of the palmitoylation status of TEAD proteins.

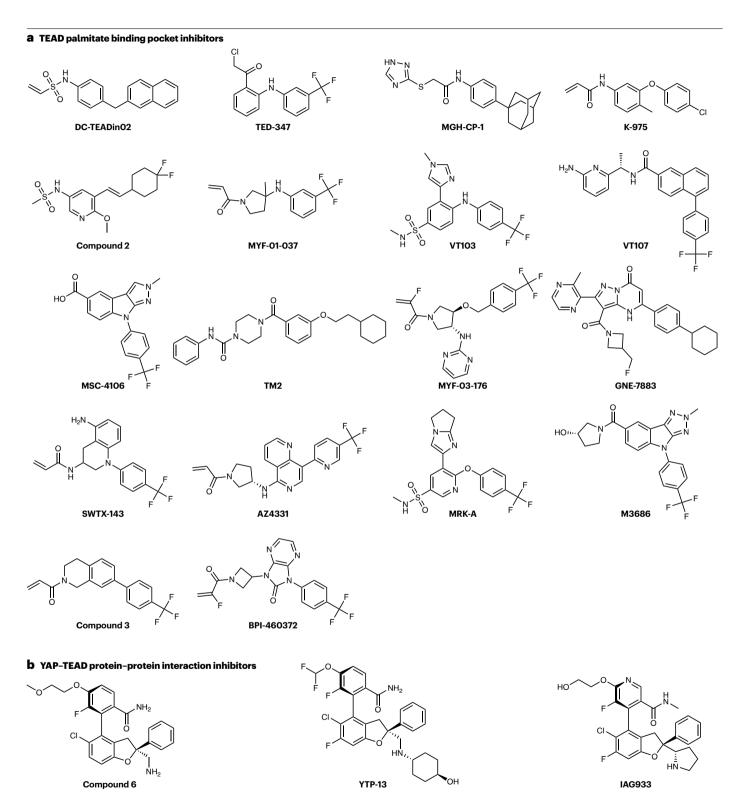


Fig. 3 | Structures of select TEAD palmitate binding pocket and YAP-TEAD protein-protein interaction inhibitors. TEA domain transcription factor (TEAD) palmitate binding pocket (PBP) inhibitors (part a) and Yes-associated

 $protein\,(YAP)-TEAD\,protein-protein\,interaction\,(PPI)\,inhibitors\,(part\,\boldsymbol{b})\,with\,known\,chemical\,structures.$ 

In contrast, TEAD PBP inhibitors (both covalent and non-covalent) indirectly disrupt the YAP/TAZ-TEAD interaction by allosterically modulating TEADs<sup>177,208</sup>. These inhibitors can bind to the central pocket of TEADs only when these proteins are not autopalmitoylated. When a TEAD inhibitor is first introduced to cells, there is almost certainly a pool of pre-existing autopalmitoylated TEAD proteins, which would be impervious to TEAD PBP inhibitors. As a result, YAP/TAZ-TEAD PPI inhibitors are likely to exert a faster and more profound initial inhibitory effect than TEAD PBP inhibitors. This concept has been substantiated by comparing IAG933 (ref. 206), VT104 (ref. 177) and K-975 (ref. 180) head to head in preclinical studies<sup>206</sup>. These contrasting mechanisms may influence both the clinical efficacy of different classes of TEAD inhibitor and their degree of on-target toxicity.

**TEAD degraders.** TEAD degraders (PROTACs) are another class of TEAD inhibitors that have been developed ( $^{174}$  and references within), and consist of a TEAD-binding moiety, a chemical linker and a ligand for the substrate recognition component of an E3 protein ligase complex (for example, cereblon). To date, they have been designed based on either TEAD  $\Omega$ -loop pocket binders  $^{209,210}$  or TEAD PBP binders  $^{211,212}$  and recruit the ubiquitin–proteasome machinery to induce selective degradation of TEAD proteins. The development of this class of TEAD inhibitors remains challenging, but it will be of interest to see how TEAD degraders compare with TEAD PBP and PPI inhibitors, particularly in terms of both antitumour efficacy and toxicity.

Another important consideration in relation to the relative impact of TEAD degraders and TEAD small molecule inhibitors is the role of the VGLL4 transcription co-repressor (Tgi in *Drosophila*)<sup>213–215</sup>. VGLL4 was originally identified in Drosophila as mediating a default repressor function of Scalloped/TEADs and competes with YAP for overlapping binding sites on TEADs54,55. Specifically, while YAP interacts with TEADs at three distinct sites – interface 1 (a β-strand), interface 2 (an  $\alpha$ -helix) and interface 3 (an  $\Omega$ -loop pocket) – VGLL4 binds only to interfaces 1 and 2, but not to the  $\Omega$ -loop pocket 139,215,216. As such, IAG933, an  $\Omega$ -loop pocket binder, both prevents the YAP-TEAD PPI and promotes the VGLL4-TEAD PPI, as suggested by the finding that IAG933-treated mesothelioma cells exhibit an enrichment of VGLL4 on TEAD genome binding sites at the expense of YAP<sup>206</sup>. This suggests that VGLL4-TEAD-mediated transcription repression may contribute significantly to the antitumour effects of IAG933. VGLL4 might also be important for TEAD PBP inhibitor efficacy; in support of this, an unbiased genome-wide genetic screen identified VGLL4 as a gene conferring resistance to VT107, a pan-TEAD PBP inhibitor<sup>217</sup>. Interestingly, a group of sulfonamide-containing TEAD PBP inhibitors (namely, Compound 2, VT103 and IK-930) strongly promote TEAD-VGLL4 complex formation, whereas they only weakly impact the YAP-TEAD PPI (T.T.T., Mingyue Ma, Jian Li, and Fa-Xing Yu, unpublished data; 184,218). In both in vitro and animal studies, these sulfonamide-containing TEAD PBP inhibitors exhibited greater reliance on VGLL4 for cell killing and tumour reduction than non-sulfonamide-containing TEAD PBP inhibitors<sup>218</sup>. Given these findings, differential VGLL4 engagement by different classes of TEAD inhibitor may well impact their therapeutic index and toxicity. Further, TEAD PBP and PPI inhibitors might have superior antitumour properties to TEAD degraders because the latter group of molecules will not be able to induce TEAD-VGLL4-mediated transcription repression, although this remains to be assessed.

A further predicted point of difference between TEAD PBP and PPI inhibitors, and TEAD degraders relates to the Hippo-independent transcription cofactors, VGLL1–3 and INSM1A/B. VGLL1–3, which are

the orthologues of *Drosophila* Vestigial, and share homology with VGLL4, are co-activators of TEADs/Scalloped<sup>63-65</sup>, but are not regulated by the Hippo pathway. INSM1A/B, which are the orthologues of *Drosophila* Nerfin-1, repress transcription in partnership with TEADs/Scalloped<sup>56,57</sup>. Theoretically, TEAD degraders would abolish not only YAP-mediated transcription, but transcription regulated by these additional TEAD cofactors. Whether TEAD PBP and PPI inhibitors also influence TEAD-regulated transcription by VGLL1–3 and/or INSM1A/B awaits investigation, but it is likely that degradation-induced loss of TEAD occupancy will impact transcription differently from TEAD PBP and PPI inhibitors.

Hippo pathway mutations are driver events in several human cancers, and it is in these cancers that TEAD inhibitors are most likely to prove efficacious as monotherapies (for example, refer to cancers discussed in refs. 26,114). In preclinical studies, TEAD inhibitors have demonstrated the most promising antitumour efficacy as a monotherapy in mesothelioma, highlighting the dependence of these tumours on YAP/TAZ-TEAD hyperactivity<sup>177,180,181,183,193,206</sup>. TEAD inhibitors have also displayed single-agent antitumour activity in preclinical models of EHE<sup>206,219</sup>, diffuse gastric cancer<sup>220</sup>, HCC<sup>221</sup>, HNSCC<sup>222,223</sup>, pancreatic ductal adenocarcinoma<sup>224</sup>, glioblastoma<sup>225</sup>, Schwannoma and meningioma<sup>226</sup>. Moreover, as discussed below, in a phase I clinical trial (clinicaltrials.gov ID: NCT04665206), the TEAD PBP inhibitor VT3989 demonstrated not only safety and tolerability but durable antitumour activity in patients with advanced mesothelioma<sup>196</sup>, and both VT3989 and IK-930 showed promising results, with patients with EHE experiencing stable disease on treatment 196,227.

Table 3 | Select non-peptide YAP-TEAD protein-protein interaction inhibitors

PPI inhibitor	Mode of action	Comments	Year (ref.)	
Compound 6	PPI — Ω-loop pocket of TEAD	Disrupts YAP-TEAD interaction in vitro Inhibits YAP-TEAD-dependent transcription and cell proliferation	2022 (ref. 203)	
YTP-13	PPI — Ω-loop pocket of TEAD	Complexes with TEAD4 Suppresses YAP-TEAD-regulated transcription and mesothelioma tumours in mice	2023 (ref. 205)	
IAG933	PPI — Ω-loop pocket of TEAD	Binds to the Ω-loop binding region (one of three YAP-binding interfaces) of all four TEADs Disrupts the YAP/TAZ-TEAD interaction	2024 (ref. 206)	
		More rapid and deeper inhibition of TEAD-dependent transcription and cell viability		
		Induces loss of YAP and gain of VGLL4 from TEAD genomic motifs		
		Shows rapid PD and antitumour efficacy in NF2-deficient and <i>TAZ</i> gene fusion cancer models		
		Improves antitumour efficacy of RTK, KRAS and RAF inhibitors in tumour models		

Yes-associated protein (YAP)–TEA domain transcription factor (TEAD) protein–protein interaction (PPI) inhibitors that have been published in peer-reviewed journals. These compounds have similar chemical scaffolds to each other and bind to the  $\Omega$ -loop pocket of TEADs. NF2, neurofibromin 2 (Merlin); PD, pharmacodynamics; TAZ, transcriptional co-activator with PDZ binding motif; VGLL4, Vestigial-like family member 4.

Table 4 | YAP-TEAD-targeting drugs in cancer clinical trials

Drug	Sponsor	Mode of action	TEAD selectivity	Clinical trial
ION537ª	Ionis Pharmaceuticals	YAP1 antisense oligonucleotides	NA	NCT04659096
				Phase I, study start 5 Jan 2021
VT3989	Vivace Therapeutics	Non-covalent	TEAD1,(2),3,(4)	NCT04665206
		Autopalmitoylation inhibitor		Phase I and phase II, study start 24 Mar 2021
IAG933	Novartis Pharmaceuticals	YAP/TAZ-TEAD PPI inhibitor	Pan-TEAD	NCT04857372
				Phase I, study start 21 Oct 2021
IK-930 <sup>b</sup>	Ikena Oncology	Non-covalent	TEAD1	NCT05228015
		Autopalmitoylation inhibitor		Phase I, study start 7 Jan 2022
BPI-460372	Betta Pharmaceuticals	Covalent	TEAD1,3,4	NCT05789602
		Autopalmitoylation inhibitor		Phase I, study start 24 Apr 2023
ODM-212°	Orion Pharma	Non-covalent	Unknown	ISRCTN99739590
		Autopalmitoylation inhibitor		Phase I/2, study start 25 Oct 2023
BGC515	BridGene Biosciences	Covalent	Pan-TEAD	NCT06452160
		Autopalmitoylation inhibitor		Phase I, study start 27 Jun 2024
SW-682	SpringWorks Therapeutics	Autopalmitoylation inhibitor	Pan-TEAD	NCT06251310
				Phase I, study start 30 Jul 2024
ISM6331	Insilico Medicine	Non-covalent	Pan-TEAD	NCT06566079
		Autopalmitoylation inhibitor		Phase I, study start 27 Dec 2024

Drugs targeting Yes-associated protein (YAP) or TEA domain transcription factor (TEAD) in cancer clinical trials are listed in chronological order based on the start dates of their phase I studies. More detailed information on the trials can be found on ClinicalTrials.gov or the UK's Clinical Study Registry (ISRCTN) using the trial IDs shown in the last column. <sup>a</sup>The study was completed on 19 Oct 2022. <sup>b</sup>Ikena Oncology announced discontinuation of the clinical IK-930 programme (press release 28 May 2024)<sup>228</sup>. <sup>c</sup>First posted on ClinicalTrials.gov on 10 Dec 2024 (NCT06725758). NA, not applicable; TAZ, transcriptional co-activator with PDZ binding motif.

**Clinical trials in cancer.** In exciting developments over the past few years, nine Hippo pathway-targeted therapies have entered human cancer clinical trials (Table 4). These trials have centred on cancers with a high incidence of genetic disruptions in the Hippo pathway (for example, *NF2* mutations, oncogenic *YAP/TAZ* gene fusions, or *YAP* amplification). These cancers include mesothelioma, EHE, HCC, HNSCC and other advanced solid cancers. Seven of these therapies are TEAD PBP inhibitors, one is a YAP/TAZ-TEAD PPI inhibitor and one is RNA interference-based therapy (YAP ASO) (Table 4).

VT3989, a multi-TEAD PBP inhibitor, was the first-in-class and first-in-human TEAD inhibitor in clinical trials, and has shown compelling clinical activity (NCT04665206)<sup>196</sup>. In a phase I, multi-centre, open-label, dose-escalation and expansion study, VT3989 was evaluated in patients with refractory, locally advanced or metastatic solid tumours, particularly those with NF2 gene mutations or YAP or TAZ gene fusions. Data from an interim analysis were presented at the 2023 American Association for Cancer Research Annual Meeting. Among 69 enrolled patients, 43 had mesothelioma, nine had meningioma (four with germline NF2 mutations (gNF2m), four with somatic NF2 mutations (sNF2m) and one without detectable NF2 mutations), four had sNF2m sarcoma, two had EHE and 11 had other solid tumours with or without sNF2m. VT3989 showed durable antitumour activity; six patients with mesothelioma achieved partial responses with target lesion changes ranging from -30% to -81% and treatment durations of 6.5+ to 21+ months, and one patient with sNF2m sarcoma achieved a partial response (-35%; treatment duration of 8 months). Additionally, among those with measurable disease and at least one post-treatment tumour assessment, 34 patients achieved stable disease, with notable cases including a patient with sNF2m nasopharyngeal cancer (-24% change, 7.4 months) and a patient with EHE (-22%, 9.5+ months). Treatment was ongoing at the time of data cut-off for the interim analysis. Importantly, VT3989 is safe and well tolerated, with no dose-limiting toxicities observed. The most common treatment-related adverse events were albuminuria and proteinuria, which were reversible at all doses and schedules<sup>197</sup>. Excitingly, the clinical activity of VT3989 not only demonstrates the druggability of the Hippo pathway but also validates it as a viable target for cancer therapy and underscores its potential for continued drug development.

The second TEAD inhibitor to enter clinical trials was IAG933 (Novartis). It is the only TEAD PPI inhibitor in clinical trials to date and is being evaluated in a phase I study for advanced mesothelioma and other solid tumours (NCT04857372; Table 4). Clinical data for IAG933 have yet to be disclosed, but it will be fascinating to compare its clinical impact with that of the TEAD PBP inhibitors. The phase I study of IK-930, a TEAD1-selective PBP inhibitor, was terminated for strategic reasons by the sponsor<sup>228</sup> (Table 4). Before discontinuation, IK-930 showed early signs of clinical benefit in EHE, with seven of seven patients achieving stable disease. However, contrary to preclinical data that suggested the TEAD1-selective PBP inhibitor would have a superior safety profile, with no evidence of renal changes compared with pan-TEAD PBP inhibitors<sup>184</sup>, proteinuria was observed in the initial dose-escalation cohort of IK-930 (ref. 227). Interestingly, VT103, a TEAD1-selective PBP inhibitor that is tenfold and 75-fold more potent than IK-930 in YAP reporter assays in vitro and in NCI-H226 tumour xenograft studies in vivo, respectively, exhibited renal toxicity in 28-day rat studies 177,229. These findings indicate that TEAD1 has an important role in podocyte function (see below). ION537 is the only YAP-specific targeted therapy using ASOs that has been evaluated in clinical trials to date. Although the trial was completed, clinical response and safety data have not yet been reported. As we await further updates from ongoing clinical trials

(Table 4), additional TEAD inhibitors including SPR1 (a non-covalent TEAD1/TEAD4 PBP inhibitor; Sporos Biodiscovery) and OPN-9840 (a non-covalent pan-TEAD PBP inhibitor; Opna Bio) are being developed and are currently in the IND-enabling stages, meaning that further trials are imminent.

Potential limitations of TEAD inhibitors. Given that TEAD transcription factors are broadly expressed and essential for both animal development and homeostasis, the deployment of agents that inhibit their functions could theoretically pose substantial risks. YAP and TEADs are essential for murine embryonic development; they regulate the very first cell fate choice in pre-implantation embryos, that is, trophectoderm versus inner cell mass<sup>24</sup>, and subsequently control cell competition in the epiblast<sup>230</sup>. Accordingly, targeted disruption of various TEAD genes in mice causes embryonic lethality<sup>231,232</sup>. This occurs at different stages of embryonic development and, coupled with the fact that expression of the four TEAD genes is to some degree non-overlapping, suggests that they have both overlapping and tissue-specific roles<sup>231-235</sup>. As TEAD transcription factors and the Hippo signalling pathway are highly evolutionarily conserved, inhibition of TEADs would be predicted to have similar deleterious consequences for human embryonic development. Thus, one may anticipate TEAD inhibitors to affect fertility, embryo-fetal development, and pre- and postnatal development. However, it is important to note that gene mutations and small molecule inhibitors perturb biological systems in very different ways, and to date the possibility of reproductive toxicity is theoretical with no evidence.

Genetically engineered inducible mouse models have enabled the investigation of *YAP*, *TAZ* and the TEAD genes beyond embryonic development. These have revealed that while *YAP* and *TAZ* are largely dispensable in many tissues (for example, epithelial cells in the intestinal epithelium and hepatocytes in the liver) they are essential for epithelial tissue regeneration after injury, and in certain cell types (for example, the skin and biliary ducts of the liver) (<sup>236</sup> and references within). Of note, several reports revealed that *YAP* and *TAZ* have an essential role in kidney development and podocyte homeostasis<sup>237–239</sup>.

Podocytes are specialized epithelial cells that have long foot processes that wrap around the capillaries of the glomerulus in the kidney, and are crucial to filter blood plasma and maintain the structural integrity of the glomerulus<sup>240</sup>. Glomerular diseases including Diabetic Nephropathy and Focal Segmental Glomerulosclerosis (FSGS) are characterized by podocyte loss, which results in proteinuria and significant loss of albumin in the urine. It is important to note that mouse models of FSGS, in which YAP or TAZ was deleted specifically in the podocytes congenitally with a non-inducible podocin promoter-driven Cre, is different from inhibition of TEAD in adults with systemic exposure of TEAD inhibitors. Bypassing the requirement of YAP/TAZ during podocyte development, inducible podocyte-specific deletion of YAP or TAZ in adult mice enables normal kidney function with no sign of proteinuria<sup>241,242</sup>. Podocyte-specific deletion of YAP/TAZ in adult mice resulted in exacerbated kidney function only when mice were also administered with podocyte-damaging agents<sup>241-244</sup>.

Concerns about kidney toxicity emerged when preclinical safety studies in rats and monkeys revealed pathological findings at high TEAD inhibitor doses suggestive of renal toxicity<sup>245,246</sup>. Despite preclinical evidence indicating that podocytes depend on YAP/TAZ signalling in response to damage, early clinical trials of the Vivace TEAD inhibitor VT3989 showed that it is well tolerated and safe. In addition, several cancer patients experienced durable partial responses or stable disease (see Clinical trials above)<sup>196</sup>. Although some patients developed proteinuria during treatment with VT3989, it was reversible upon treatment interruption. Importantly, this proteinuria has not been associated with clinically meaningful renal insufficiency or hypoalbuminaemia. Similarly, nephrotoxicity induced by the covalent TEAD inhibitor K-975 in rats was reversible and monitorable <sup>247</sup>. Although the proteinuric effect of TEAD inhibitors raises concerns about potential glomerular injury and scarring with long-term use – especially in patients with pre-existing proteinuria – strategies to mitigate this risk, such as intermittent dosing schedules, could allow for effective treatment while minimizing proteinuria-related toxicity. In summary, the only toxicity seen so far is proteinuria, consistent with what has been seen in preclinical species and the literature about the role of TEADs in

## Box 2 | Hippo and RAS-MAPK: a relationship to be leveraged

The Hippo and RAS-MAPK pathways are both core signal transduction cascades that are implicated in tissue growth, cell differentiation and cancer. The RAS-MAPK pathway was pieced together using biochemistry and genetics in the 1980s and 1990s<sup>265</sup>. The discovery and characterization of the Hippo pathway happened much later, with most of the pathway assembled in the 2000s and 2010s, with *Drosophila* genetics taking the lead 1-9. Fascinatingly, close functional relationships between these pathways have been identified time and again, predominantly in unbiased genetic screens in human cultured cells, but also in vivo. In 2014, Yes-associated protein (YAP) was found to possess the ability to supplant the oncogenic function of KRAS in both human cultured cells and mice<sup>136,137</sup>. At a similar time, again in unbiased genetic screens, YAP conferred resistance to the RAS-MAPK-targeted therapies BRAF inhibitor and MEK inhibitor in different cancer cell lines<sup>138</sup>. Subsequently, this role for YAP was extended to additional RAS-MAPK pathway-targeted therapies 138,139,194,226,252-255,257,266, and, more recently,

elevated RAS-MAPK pathway activity was identified as conferring resistance to TEA domain transcription factor (TEAD) inhibitors in mesothelioma<sup>217,250</sup>. Consistently, combining TEAD inhibitors with RAS-MAPK-targeted therapies has proved beneficial in multiple preclinical tumour models of both Hippo-driven and RAS-driven cancers 139,140,206,217,250,256-262. The precise mechanisms by which these pathways crosstalk are still being elucidated but multiple studies have revealed links between each pathway's transcription factors, that is, YAP-TEAD and the AP-1 family proteins. These proteins coregulate many genes in both cancer cell lines and in vivo in Drosophila and regulate cancer cell survival and tissue growth 47,267-271. Protein-protein interactions between these transcription factors have also been reported, as well as the ability to impact each other's abundance<sup>47,270</sup>. This wealth of evidence indicates great potential to combine Hippo pathway and RAS-MAPK pathway inhibitors as cancer therapies.

glomeruli. Ultimately, identification of TEAD inhibitors with the most favourable therapeutic index and durable responses remains crucial.

In addition to on-target toxicity, most cancer therapies are also limited by acquired or intrinsic resistance. In preclinical studies, several resistance mechanisms to TEAD inhibitors have already been identified, including activation of the RAS–MAPK, JAK–STAT and PI3K–AKT pathways, as well as MYC signalling 192,217,248–250. Further, a recent study reported that elevation of cellular acyl-CoA levels (including palmitoyl-CoA) could confer some degree of resistance to multiple TEAD PBPs 251. As more TEAD inhibitors continue to undergo evaluation in clinical trials, it will be important to monitor the emergence of resistance in patients. Gaining insight into the mechanisms of resistance will be essential to develop strategies to overcome it.

Combination therapies. Many studies have revealed a special relationship between the Hippo and RAS-MAPK signalling pathways in both development and disease (Box 2). For example, YAP/TAZ-TEAD activation can drive resistance to multiple RAS-MAPK pathway-targeted cancer therapies, including EGFR, BRAF, ALK and RAS inhibitors 138,194,252-255. Preclinical studies have revealed that TEAD inhibitors enhance the efficacy and durability of the response to many of these targeted therapies, including clinically approved EGFR inhibitors (osimertinib, lazertinib), MET inhibitors (savolitinib, capmatinib), EGFR-MET bispecific antibody (amivantamab), KRAS(G12C) inhibitors (sotorasib, adagrasib), BRAF inhibitors (encorafenib, dabrafenib), MEK inhibitors (trametinib, cobimetinib) and mTOR inhibitor (everolimus)<sup>139,140,206,217,256-262</sup>. Furthermore, various RAS-MAPK pathway inhibitors such as trametinib and cobimetinib were recently found to enhance the antitumour properties of TEAD inhibitors such as VT107 and IAG933 in both mesothelioma and non-small-cell lung cancer<sup>206,217</sup>. Although preclinical evidence strongly supports combination of TEAD inhibitors with other targeted therapies, the translation of this into clinical outcomes remains to be seen, pending clinical trial data. It is still early days for TEAD inhibitors in the clinic but combining them with RAS-MAPK pathway therapies could significantly expand the application of TEAD inhibitors in cancer treatment, particularly as Hippo pathway-driven cancers are far rarer than RAS-MAPK pathway-driven cancers.

## Outlook

Just under 20 years elapsed between the discovery of the Hippo pathway in *Drosophila* as a new growth-control signalling network and the entry of Hippo-targeted therapies into cancer clinical trials. This stands as yet another powerful example of how discovery research can reveal truly novel potential ways to treat human diseases. Interestingly, most drug discovery efforts from dozens of academic and industry groups have landed on the same targets, the TEAD transcription factors. Compounds that disrupt the ability of these proteins to form stable complexes with the YAP and TAZ transcription co-activators have shown great potential as anticancer therapies in preclinical studies and more recently in a phase I clinical trial. Further clinical trial results are eagerly awaited and will ultimately determine the efficacy of TEAD inhibitors both when administered as monotherapies in Hippo-driven cancers such as mesothelioma, and in combination with agents that target the RAS-MAPK pathway in cancers driven by this pathway. If successful, TEAD inhibitors will give added impetus to transcription factor targeting in medicine, as well as pursuit of compounds that target additional Hippo pathway proteins such as the MARK and NUAK kinases.

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#### **Author contributions**

Both K.F.H. and T.T.T. analysed data, designed content, wrote and edited the manuscript, and reviewed and approved it before submission and publication.

#### **Competing interests**

T.T.T. reports employment with Vivace Therapeutics and has equity interest in Vivace Therapeutics. K.F.H. declares no competing interests.

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