



Abstract #207

Evaluating the Use of Merlin-YAP Dual-label Immunohistochemistry for Predicting Response to **TEAD Inhibitor VT3989**





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Background

- TEAD transcription factors are the major effectors of the Hippo-YAP/TAZ pathway involved in cell proliferation, survival, and cell migration¹.
- Genetic alterations of pathway components (e.g., *NF2* which encodes the Merlin protein) leading to constitutive YAP/TAZ nuclear localization and TEAD activation have been reported in a variety of human malignancies².
- Preclinical studies demonstrated that TEAD inhibitor VT3989 disrupts YAP/TAZ-TEAD interaction,

Summary and Conclusions

- The duplex IHC assay resulted in high specificity for Merlin staining and a visible correlation between Merlin and YAP protein expression. Within the mesothelioma tissues screened, both Merlin and YAP stained as expected, with varying degrees of Merlin cytoplasmic reactivity and YAP cytoplasmic and nuclear reactivity. Although Merlin expression was observed in lymphocytes, only Merlin staining in the tumor cells were evaluated for H-score calculation.
- The Merlin-YAP duplex IHC assay showed that VT3989 activity as measured by partial responses is selective for mesotheliomas with loss of Merlin. This includes identification of Merlin-negative VT3989 partial response mesotheliomas without detected NF2 mutations. Thus, data from this study highlight the importance of comprehensively evaluating pathway components at the genomics (NF2 mutations), transcriptome, and protein level (Merlin & YAP expression) to more fully understand the biomarker landscape of each responder. Further development is ongoing to determine if this Merlin-YAP duplex IHC assay could be applied for patient selection.

suppresses TEAD transcriptional activity, and selectively blocks proliferation of NF2-deficient mesothelioma *in vitro* and inhibits *NF2*-deficient xenograft tumor growth *in vivo*³.

- Screening of a large panel of human mesothelioma cell lines showed that cell lines without detected *NF2* mutations also exhibited *in vitro* sensitivity to VT3989. Western blot analysis showed that these sensitive cell lines without detected *NF2* mutations were negative for Merlin protein expression.
- VT3989 is being evaluated in an ongoing phase 1 clinical trial (NCT04665206); partial responses in mesothelioma patients have been demonstrated.
- Responses were observed in patients with loss of function *NF2* mutations, as well as in patients without detected NF2 mutations based on NGSbased local laboratory testing.
- A Merlin-YAP dual immunohistochemistry (IHC) assay has previously been reported⁴. The goal of this study was to develop a similar dual IHC assay to evaluate both Merlin and YAP protein expression and co-localization to provide further biomarker insights on VT3989 clinical responses.

Α

VT3989 preclinical activity in Merlin negative mesothelioma without detected NF2 mutation

| | VT3989 | | | | |
|------------|-----------|-----------|---------------------------|------------------|--|
| Cell Line | GI50 (nM) | Max inh % | NF2 Mutation | Merlin Level | |
| NCI-H226 | 9 | 101 | very low NF2 transcript | Low/Undetectable | |
| NCI-H2373 | 8 | 92 | Homozygous deletion | Low/Undetectable | |
| SDM103T2 | 26 | 82 | Homozygous truncation | Low/Undetectable | |
| NCI-H2052 | <12 | 93 | Homozygous truncation | Low/Undetectable | |
| ACC-MESO-1 | 15 | 84 | Homozygous truncation | Low/Undetectable | |
| SPC212 | 60 | 72 | Homozygous truncation | Low/Undetectable | |
| JU77 | 74 | 82 | Homozyous deleterious mut | Low/Undetectable | |
| Mero-48a | 38 | 109 | No mutation detected | Low/Undetectable | |
| ZL34 | 20 | 95 | No mutation detected | Low/Undetectable | |
| ZL55 | 48 | 87 | No mutation detected | Low/Undetectable | |
| Mero-14 | 60 | 94 | No mutation detected | Low/Undetectable | |
| Mero-82 | 113 | 75 | No mutation detected | Low/Undetectable | |
| ONE58 | 186 | 67 | No mutation detected | Low/Undetectable | |
| Mero-83 | 118 | 75 | No mutation detected | Low/Undetectable | |
| Mero-95 | 197 | 76 | No mutation detected | Low/Undetectable | |
| Mero-41 | 260 | 71 | No mutation detected | Low/Undetectable | |
| ZL5 | 178 | 80 | Heterozygous truncation | Low/Undetectable | |
| SPC111 | 1511 | 64 | Heterozygous truncation | Low/Undetectable | |
| NO36 | >3000 | 71 | No mutation detected | Low/Undetectable | |
| Mero-84 | >3000 | 33 | No mutation detected | Low/Undetectable | |
| ACC-MESO-4 | 879 | 67 | No mutation detected | Detected | |
| Mero-25 | 2494 | 54 | No mutation detected | Detected | |
| NCI-H28 | >3000 | | No mutation detected | Detected | |
| NCI-H2452 | >3000 | | No mutation detected | Detected | |
| HMMME | >3000 | | No mutation detected | Detected | |



Screening of a large panel of human mesothelioma cell lines.

(A) Cell lines without identified *NF2* mutations also exhibited *in vitro* sensitivity to VT3989 as determined by Celltiter-glo luminescent cell proliferation assay. (B) Western blot analysis showed that these sensitive cell lines without detectable NF2 mutations were negative for Merlin protein expression.

VT3989 clinical responses in patients with loss of function NF2 mutations, as well as in patients without detected NF2 mutations based on NGS-based local laboratory testing

| Initial Dose (mg/day) & Schedule | Tumor Type | NF2 Mutation | RECIST v1.1 Response | % Change in Target Lesions | Treatment Duratio (months) |
|----------------------------------|----------------------------------|--------------|-------------------------|-------------------------------|-------------------------------|
| 200mg 2 weeks on, 2 weeks off | Dual Pleural/ Peritoneal Meso | No mutation | cPR | -81% | 12+ |

51 y/o male with advanced mesothelioma of peritoneum Without *NF2* mutation

VT3989 50 mg PO QD; 21-day cycle





| 50mg x 15 days, then once weekly | Peritoneal Meso | Unknown | cPR | -55% | 6.5+ |
|-------------------------------------|------------------|----------------|-----|------|------|
| 50mg continuously | Pericardial Meso | s <i>NF2</i> m | cPR | -47% | 7.4 |
| 50mg continuously | Peritoneal Meso | No Mutation | cPR | -39% | 7.6 |
| 100mg continuously | Peritoneal Meso | No Mutation | cPR | -39% | 21+ |
| 200mg continuously | Sarcoma | sNF2m | cPR | -35% | 8 |
| 150mg continuously | Peritoneal Meso | sNF2m | uPR | -30% | 6.1 |
| 100mg continuously | Nasopharyngeal | sNF2m | SD | -24% | 7.4 |
| 150 for 1 week on, 3 weeks off | EHE | Unknown | SD | -22% | 9.5+ |

sNF2m: Somatic NF2 mutation; cPR: confirmed partial response; uPR: unconfirmed PR; SD: stable disease

VT3989 Clinical Tria

Best

% Change

Baseline

Prior therapies

- Cisplatin + Pemetrexed
- Pembrolizumab
- Carboplatin + Pemetrexed
- Pemetrexed maintenance
- Ipilimumab + Nivolumab

RECIST sustained PR (-38.7%) On treatment for 21+ months

Patient is still on treatment C56D1 as of Sept 12, 2024



Yap et al, AACR 2023

VT3989 ongoing phase 1 clinical trial (NCT04665206) data were presented at 2023 AACR Annual Meeting.

Merlin IHC assays show that majority of mesothelioma patients with no detected NF2 mutations have low or no Merlin expression

Three VT3989 partial response (PR) mesotheliomas without detected NF2 mutations have negative or low Merlin expression.

Merlin H-score fron

Merlin-YAP Duplex IHC Assay Development and Validation

| Merlin and YAP Single Laber IHC Assay Development | Screened multiple commercial monoclonal antibodies on the Leica BOND III IHC staining platform. Tested antigen-retrieval tissue pretreatments (no epitope retrieval (ER0), low pH (Citrate-based, pH 6.0-6.2) BOND Epitope Retrieval Solution 1 (ER1), and high pH (Tris-EDTA, pH 9) BOND Epitope Retrieval Solution 2 (ER2) with and without subsequent digestion with Proteinase K (PTK) enzyme) for each antibody in FFPE samples (mesothelioma cell lines, human mesothelioma and normal lung tissues). Tested different antibody concentrations and incubation times. |
|---|---|
| Merlin and YAP Dual Label IHC Assay Development | Used optimized singleplex assay conditions as a starting point. In duplex assay, Leica BOND Polymer Refine Detection kit was used for detection of Merlin by DAB chromogen and Leica BOND Polymer Refine Red Detection kit for detection of YAP by Fast Red chromogen. Tested chosen Merlin and YAP antibodies individually within the duplex assay at various concentrations to determine optimal dilutions and demonstrate the range and linearity. Staining accuracy within the duplex assay was determined by use of a panel of additional human mesothelioma tissues and control cell lines. Duplex IHC assay development was performed under GCLP conditions in Discovery's CLIA-certified laboratory. |
| Merlin and YAP Dual Label IH Assay Sensitivity and Specifici | Tumor Sensitivity Screen of 40 mesothelioma tissue samples (40 duplex IHC tests). Specificity Testing on a tissue micro-array (TMA) for multi-normal human tissues. Each sample was reviewed by a board-certified pathologist for the range of staining intensities and patterns for each marker and scored semi- quantitatively (Percent Score and H-score). Only tumor-associated Merlin staining is scored by the pathologist; stromal staining, necrotic cells, and immune cell (lymphocyte) staining is excluded for scoring. |
| Merlin and YAP Dual | Label IHC Assay Analysis of Baseline Patient Tumor Samples from VT3989 Clinical Trial |
| NCI-H28: NCI-H High Merlin Moderat | 2452: NCI-H2052: C e Merlin Low/neg Merlin |

80.0 80.0 73.3

Summary of Specificity Data in Normal Tissue Microarray (MNO961) Samples

────% Cytoplasmic Merlin -+--% Nuclear YA



% Cytoplasmic

YAP and Merlin

% Cytoplasmic

Merlin Only

Merlin H-score from



* The cytoplasmic Merlin staining was masked by the cytoplasmic YAP staining in the duplex IHC assay and was excluded from scoring; hence, Merlin H-score was 0. In singleplex IHC assay, Merlin H-score was 100 (95% Staining \geq 1+; 5% Staining \geq 2+;

Transcriptome expression was evaluated in parallel using a RNASeq platform, and RNA and protein expression were compared. Each data point in the plots represents an individual patient. Only a subset of trial patients with materials available for all assays (IHC NGS, and RNAseq) were included in this analysis. Best Response=Best response to



100.0100.0 96.7

0% Staining ≥3+) with low intensity. Yellow highlights Merin H-score >100 (Duplex: VT3989. PD=Progressive Disease. PR=Partial Response. SD=Stable Disease. 1/18; Singleplex: 5/18).



Case 1: Merlin H-Score = 0. Lymphocyte staining throughout tissues not included in H-score calculation. Case 2: Merlin H-score = 0. No detected NF2 mutation. **Case 3**: Merlin H-score = 0. No detected NF2 mutation. **Case 4**: Merlin H-score = 0 (duplex). Merlin H-score = 114 (single plex; 90% Staining \geq 1+; 22% Staining \geq 2+; 2% Staining \geq 3+). Many lymphocytes staining throughout tumor.

References 1. Huh et al, 2019, Cells. 8(6):600 3. Tang et al, 2021, Mol Cancer Ther. 20(6):986-998. 2. Franklin et al, 2023, Nat Rev Cancer. 23(8):512-525 4. Li et al, 2023, Mod Pathol. 36(3):100030

36th EORTC-NCI-AACR SYMPOSIUM Barcelona, Spain, 23-25 October 2024