

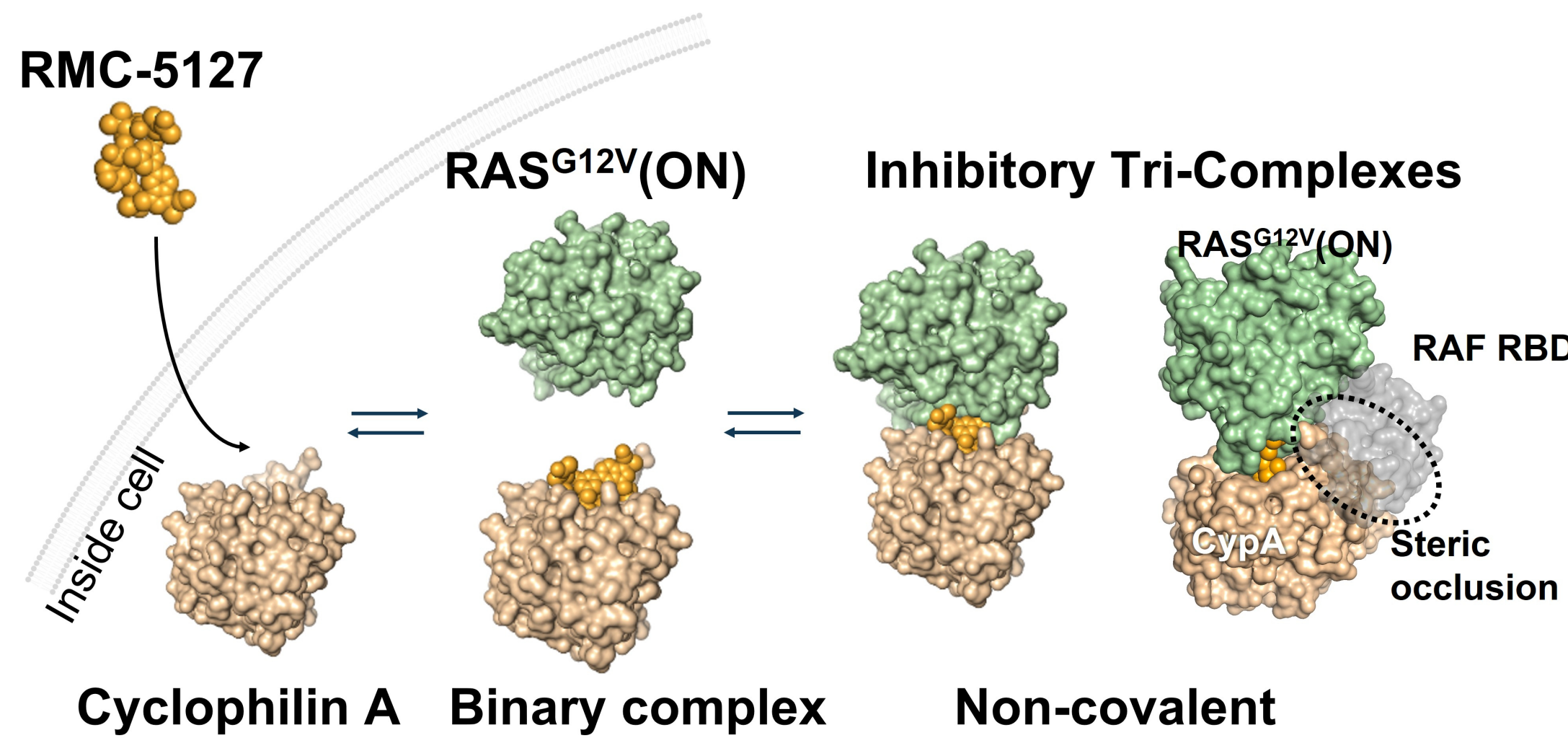
# RMC-5127, a First-in-Class, Orally Bioavailable RAS(ON) G12V-Selective Tri-Complex Inhibitor, is CNS-Penetrant and Drives Regressions in Intracranially Implanted *KRAS*<sup>G12V</sup> Xenograft Tumors

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## Abstract

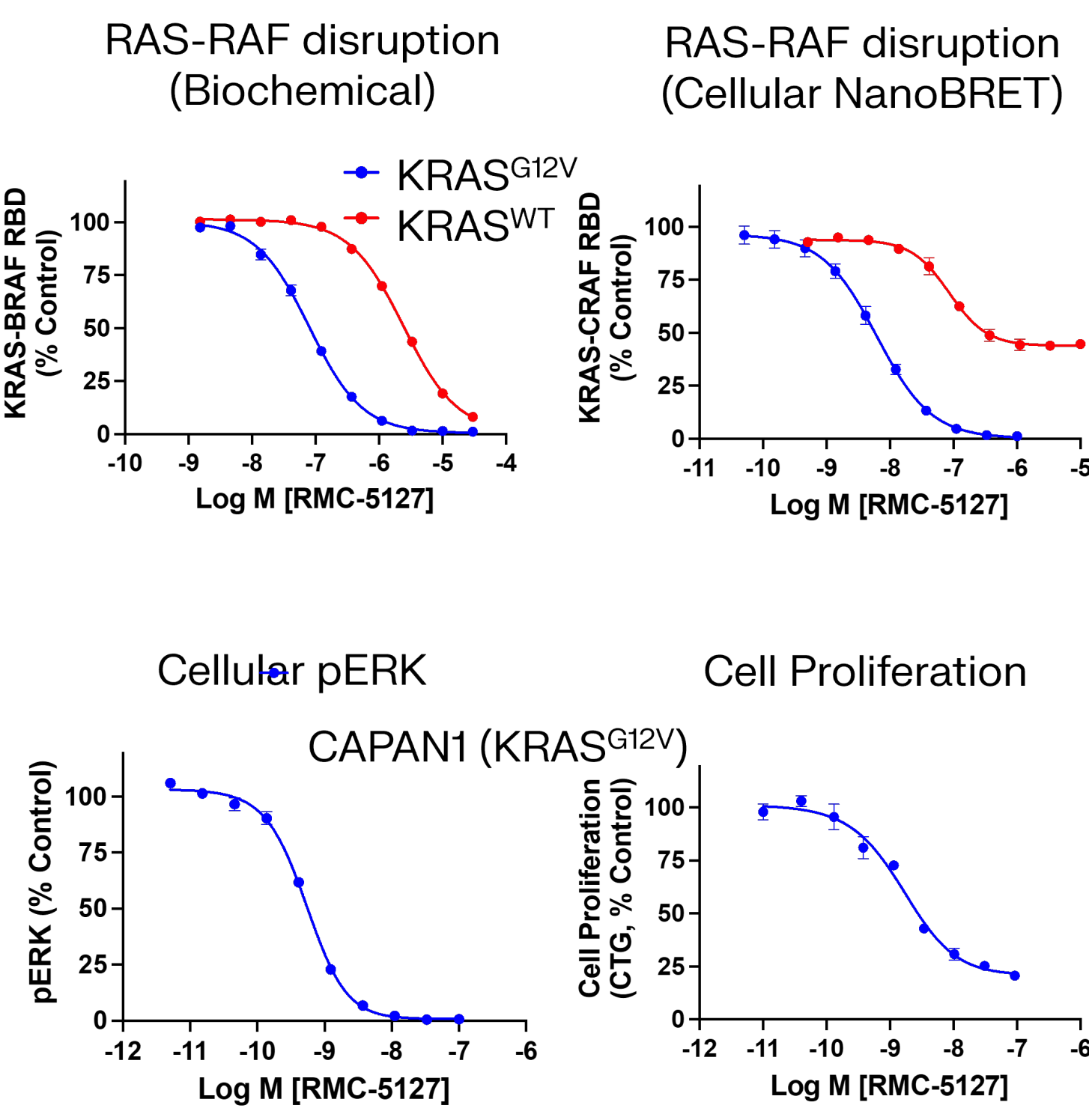
- RMC-5127 is an orally bioavailable, mutant-selective tri-complex inhibitor of the GTP-bound (ON) form of RAS<sup>G12V</sup>.
- RMC-5127 drove deep suppression of RAS pathway activity, inhibited cell proliferation, and induced apoptosis in a panel of *KRAS*<sup>G12V</sup> mutant human cancer cells *in vitro* but only caused submaximal inhibition in the panel of *K/N/HRAS* wildtype cancer cells, indicative of selectivity for *KRAS*<sup>G12V</sup> over *K/N/HRAS* wildtype.
- Repeated oral dosing of RMC-5127 resulted in profound and durable anti-tumor activity in subcutaneous CDX and PDX models of *KRAS*<sup>G12V</sup> mutant NSCLC, PDAC, and CRC *in vivo*.
- Patients with advanced cancers harboring activating mutations in RAS, particularly those with non-small cell lung cancer, often develop brain metastases.
- Dose-dependent exposure of RMC-5127 was observed in the brain of naïve mice, indicating the compound is brain penetrant.
- An intracranial xenograft model of *KRAS*<sup>G12V</sup> tumors was established in immunodeficient mice to assess the CNS anti-tumor activity of RMC-5127. The intracranial tumor exposure of RMC-5127 was comparable with that observed in the brain of naïve mice at the same dose levels and was sufficient to drive robust pharmacodynamic responses in the brain tumor.
- RMC-5127 exhibited durable anti-tumor activity in the NCI-H441 intracranial model, with tumor regressions at well-tolerated doses.

## Mechanism of Action



## Results

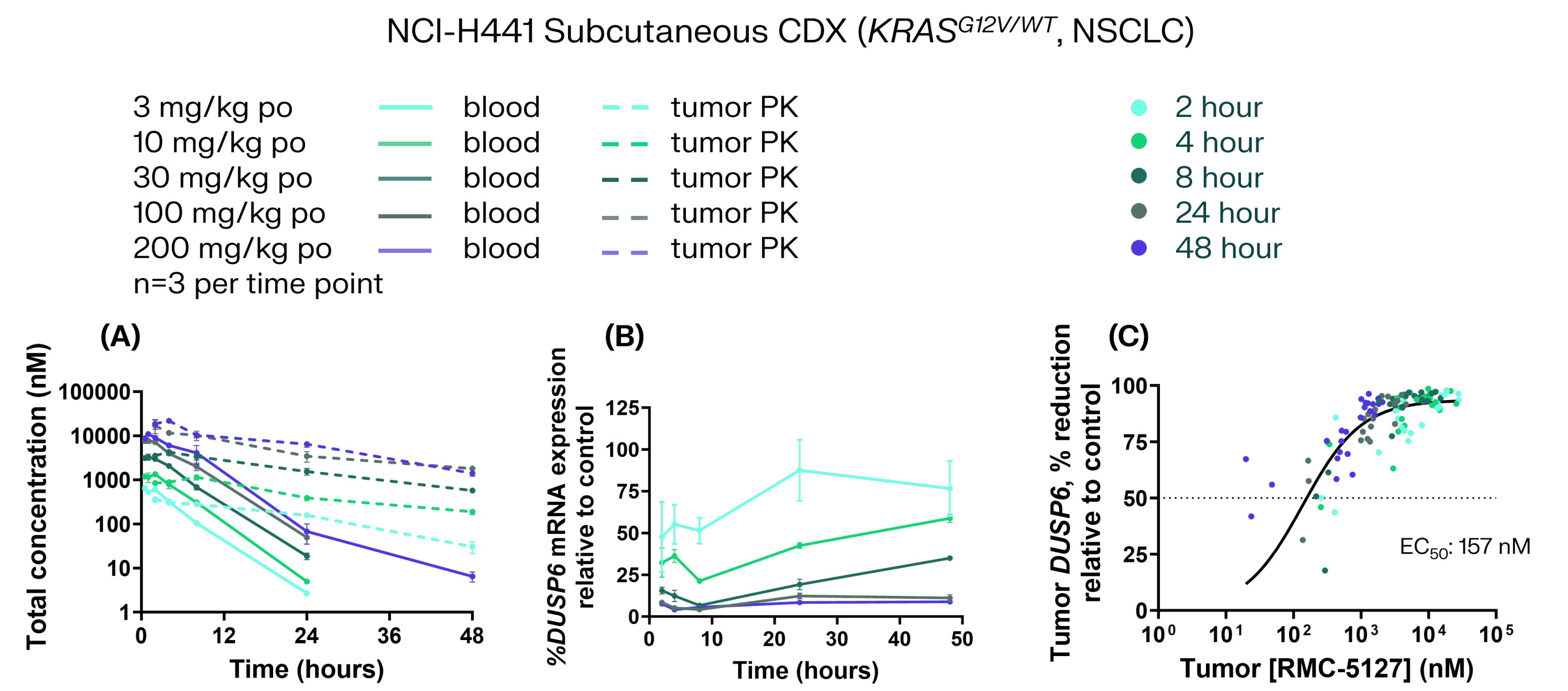
### 1. RMC-5127 is a Potent RAS(ON) G12V-Selective Inhibitor



KRAS <sup>G12V</sup> vs. K/N/HRAS <sup>WT</sup> (1)		
	RMC-5127	Trametinib (MEK1)
G12V fold sel. (EC <sub>50</sub> )	26x	3x
KRAS <sup>G12V</sup> Median EC <sub>50</sub> (2)	2.1 nM	1.7 nM
RAS <sup>WT</sup> Median EC <sub>50</sub> (2)	53 nM	4.6 nM
KRAS <sup>G12V</sup> Median max. %Inhibition (3)	93 %	94 %
RAS <sup>WT</sup> Median max. %Inhibition (3)	53 %	92 %

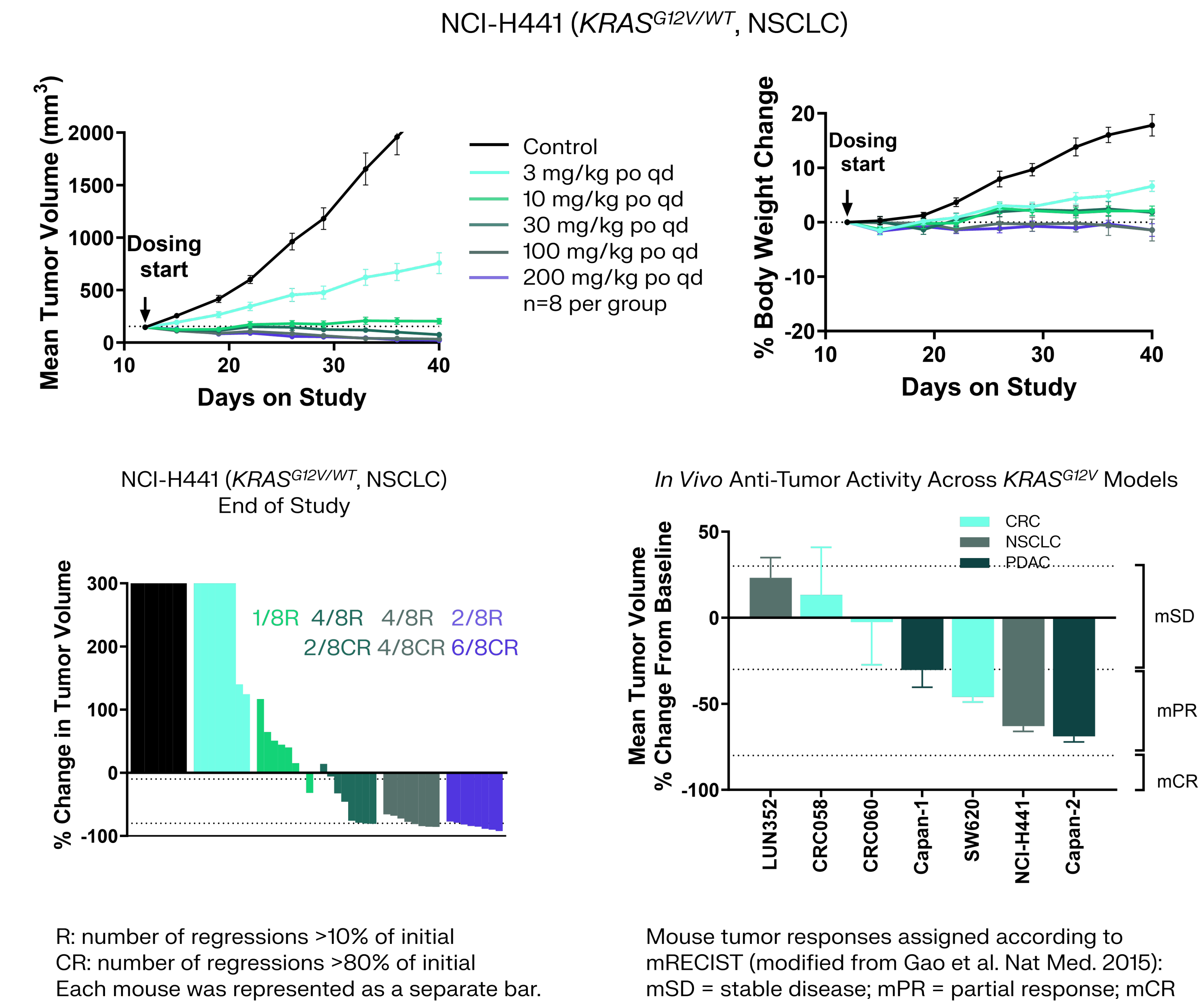
(1) Panel of *KRAS*<sup>G12V</sup> mutant human cancer cells versus cells lacking RAS mutations.  
(2) Median RMC-5127 concentration which gives half maximal inhibition  
(3) Median maximum percentage of inhibition by RMC-5127 treatment

### 2. RMC-5127 Exhibits Dose-Dependent Exposure in Blood/Tumor and MAPK Pathway Inhibition

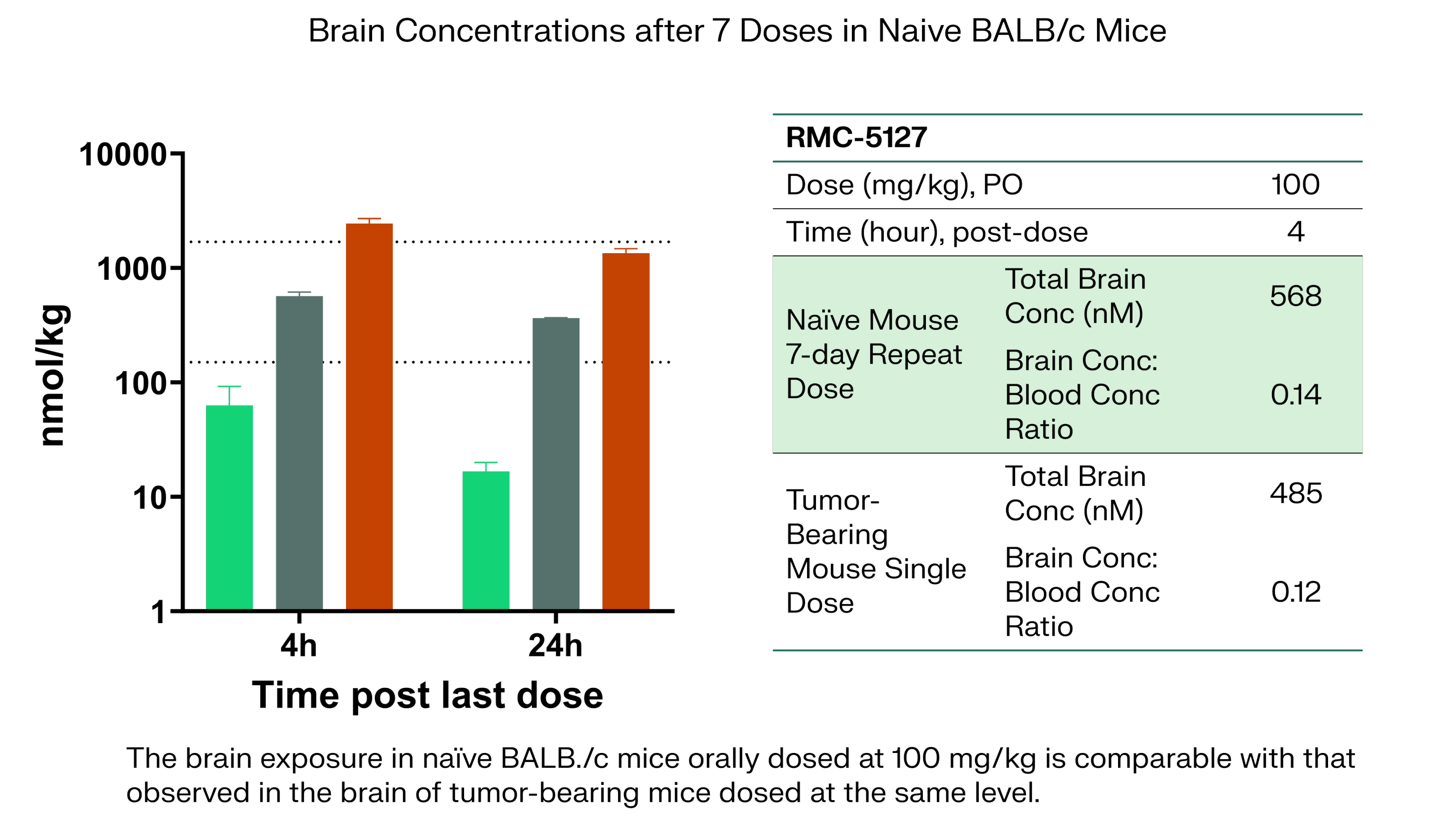


(A) RMC-5127 PK in blood and tumor post an oral single dose of RMC-5127 at indicated concentrations. Compound elimination in tumors are slower than that in blood. (B) *DUSP6* mRNA expression in tumors post a single dose of RMC-5127 at indicated concentrations. (C) Consolidated RMC-5127 PK and PD response in tumors at indicated time points. EC<sub>50</sub> of RMC-5127 potency in inhibiting *DUSP6* mRNA expression is interpolated from the PK/PD relationship curve.

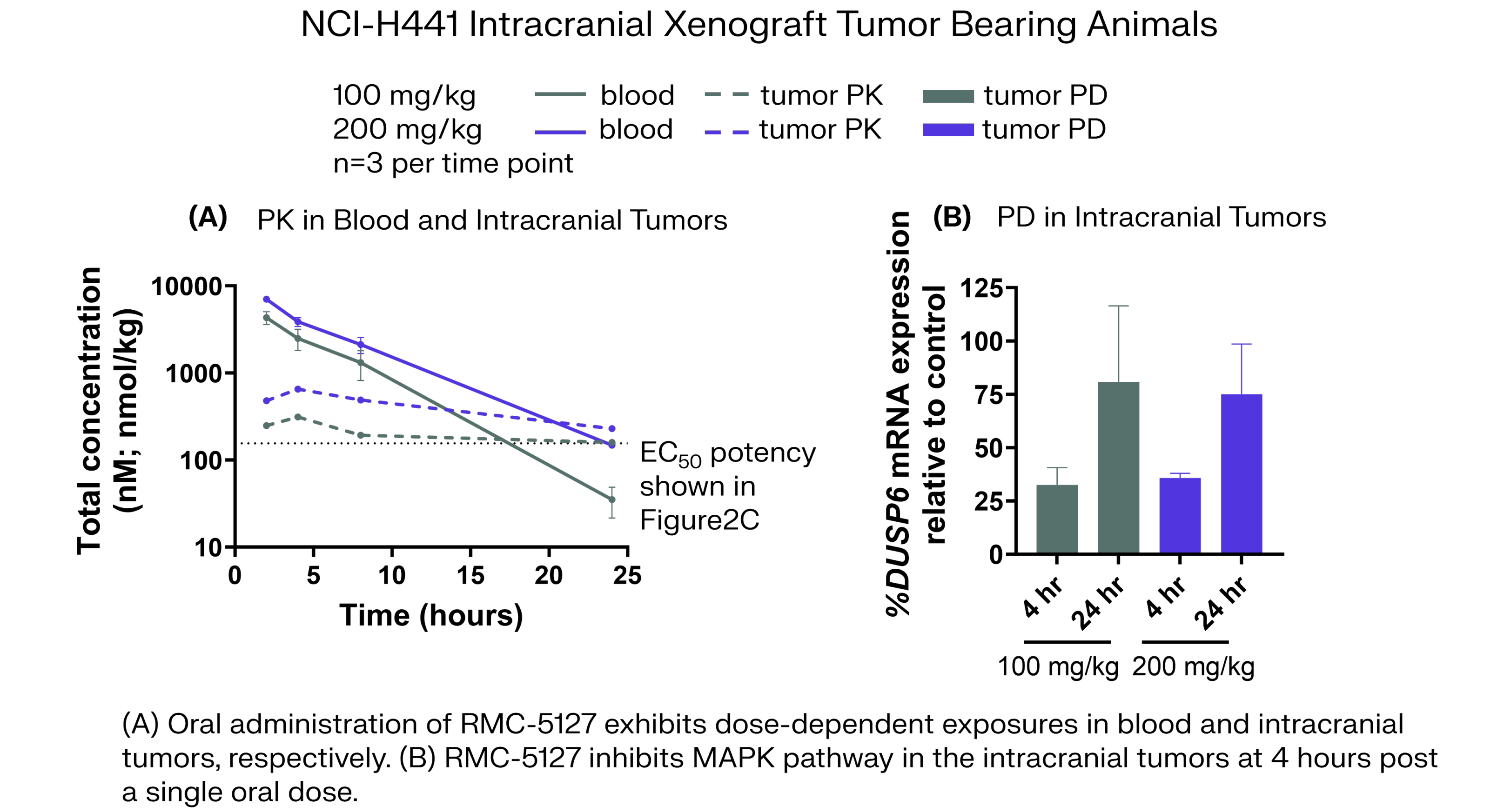
### 3. RMC-5127 Induces Profound Anti-Tumor Activity at Well-Tolerated Doses in Subcutaneous *KRAS*<sup>G12V</sup> Xenograft Models *In Vivo*



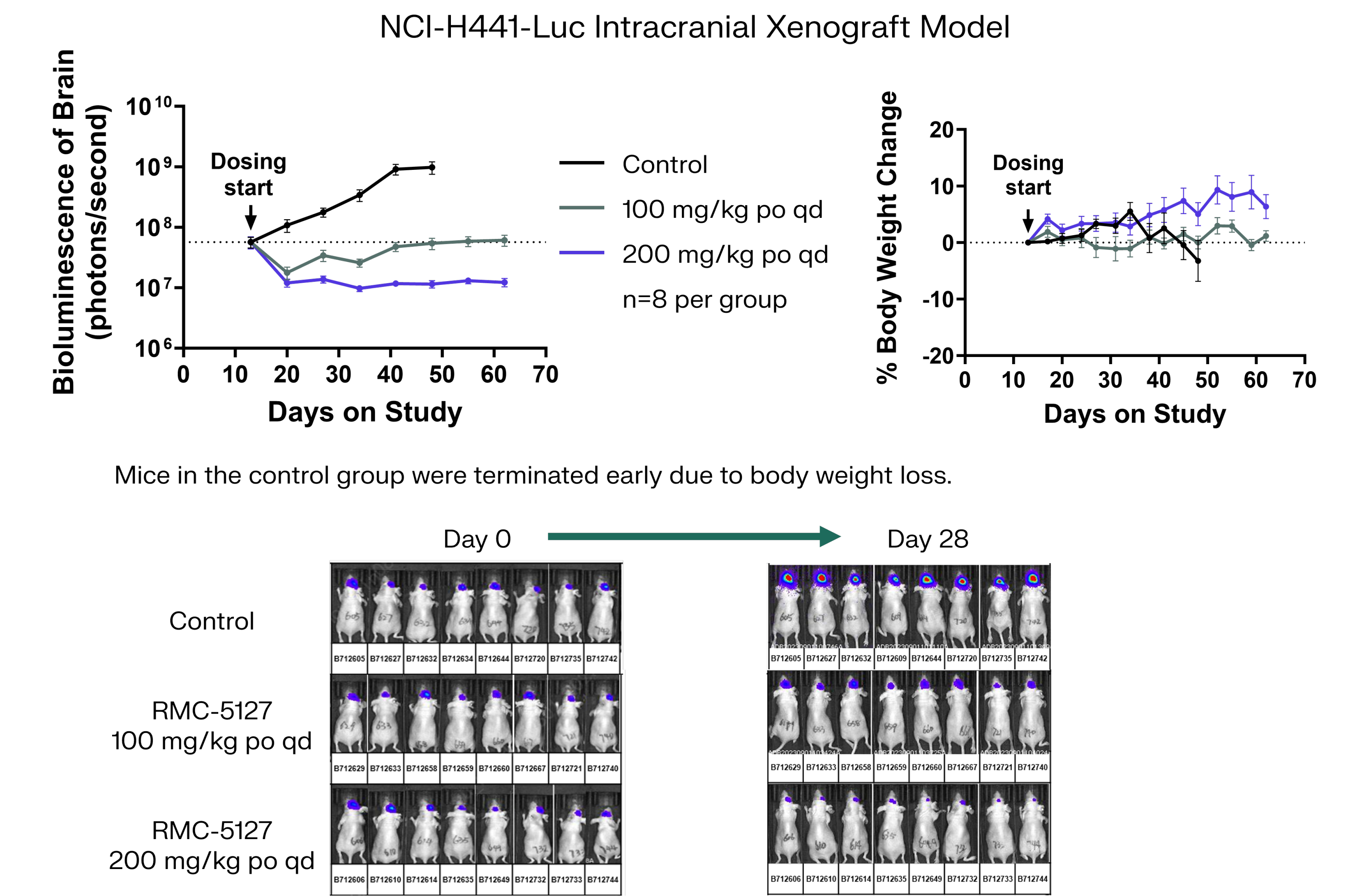
### 4. RMC-5127 Exhibits Dose-Dependent Exposure in the Brain of Naïve Mice



### 5. RMC-5127 Exhibits Dose-Dependent PK/PD in the Intracranially Implanted NCI-H441 Xenograft Model



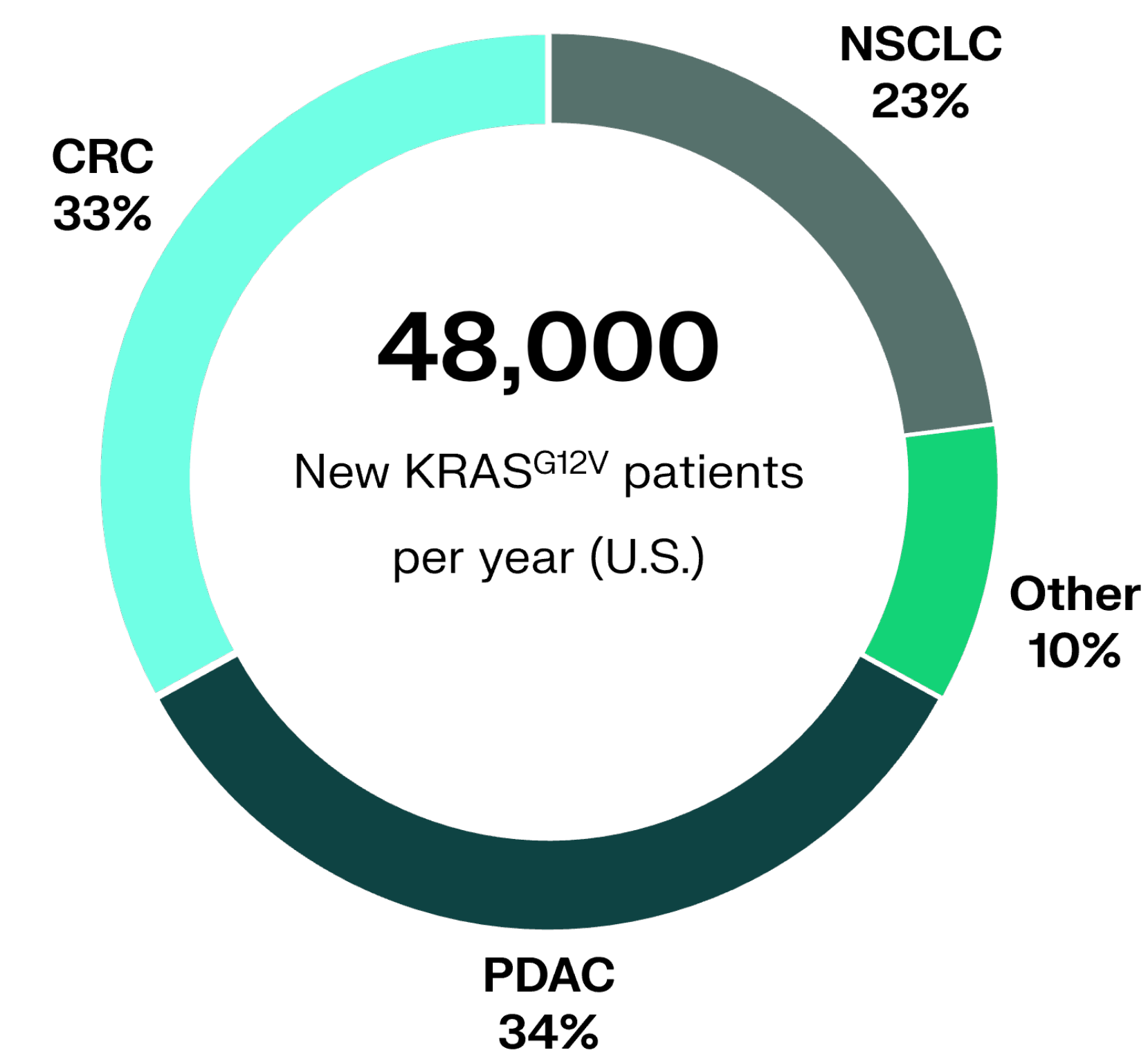
### 6. RMC-5127 Induces Durable Anti-Tumor Activity in the Intracranially Implanted NCI-H441 Xenograft Model



## Conclusions

- In addition to its broad anti-tumor activity in *KRAS*<sup>G12V</sup> cancer models, data here demonstrate that RMC-5127 is a CNS-penetrant RAS(ON) G12V-selective inhibitor and could drive durable regressions in intracranially implanted xenograft tumors.
- Preclinical data presented here support further investigation of the potential for RMC-5127 to benefit patients with advanced RAS G12V-mutated cancers, including those with brain metastases.

## RMC-5127: A Potent, Oral and RAS(ON) G12V-Selective Tri-Complex Inhibitor



Potency for Tumor Cell Inhibition	
pERK (Capan-1, IC <sub>50</sub> , nM)	0.6
CTG (Capan-1, IC <sub>50</sub> , nM)	2.1
Target Selectivity and Safety	
Selectivity	> 1000X
• Over RAS-independent cell	~26X
• Over RAS <sup>WT</sup> -dependent cell	
Off-target safety panel	Low Risk
PK/ADME	
Oral bioavailability (cross species average %F)	35
Metabolic clearance (hepatocytes, multiple species)	Low to Moderate

\*New patients per year rounded to nearest 1000th. Cancer type percentages may not add up to 100% due to rounding.

References: 1) Calculated using tumor mutation frequencies from Foundation Medicine Insights March 2022 and scaled to estimated patient numbers using cancer incidence from ACS *Cancer Facts and Figures* 2023



**Abbreviations:** ADME, absorption, distribution, metabolism, and excretion; PK, pharmacokinetics; PD, pharmacodynamics; CypA, Cyclophilin A

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