<u>Systematic Testing of Radionuclides in Preclinical Experiments</u>

STRIPE Program PAR Concept (R01, R21)

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Concept Snapshot

STRIPE: <u>Systematic Testing of Radionuclides in Preclinical Experiments</u>

 Requesting a PAR to solicit proposals that address knowledge gaps in <u>how</u> radiopharmaceutical therapy (RPT) agents <u>affect the biology</u> of cancer cells, normal cells, and the microenvironment;

- Seeking to catalyze interdisciplinary collaborations across the fields of RPT and pre-clinical cancer biology;
- Will serve to <u>strengthen the pre-clinical foundation</u> of the RPT field and promote advances in biology-based targeting strategies;

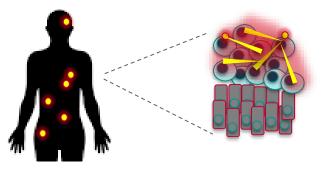
Two strategies in ionizing Radiation Therapy

External Beam Radiotherapy (XRT)



- Device manufacturers innovate to precisely deliver physical dose
- Spatial targeting limited by resolution of diagnostic imaging
- Efficacy limited by incidental injury to normal tissues

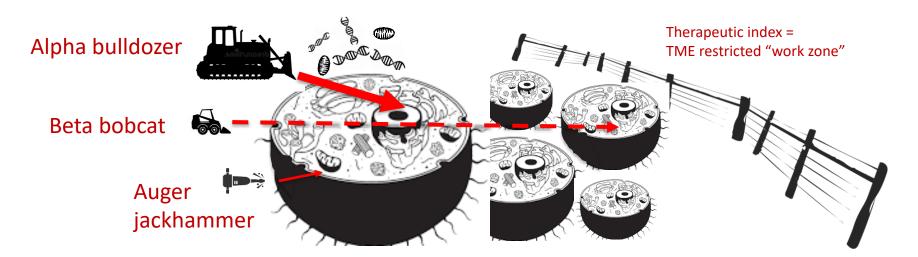
<u>Radio</u> <u>Pharmaceutical</u> <u>Therapy</u> (RPT)



- Targeting based on tumor biology
- Cellular-scaled drug delivery of a "cross-fire" dose to tumor and TME
- Utility in both local and micro-metastatic disease
- Potential to improve therapeutic index

RPT construction site analogy

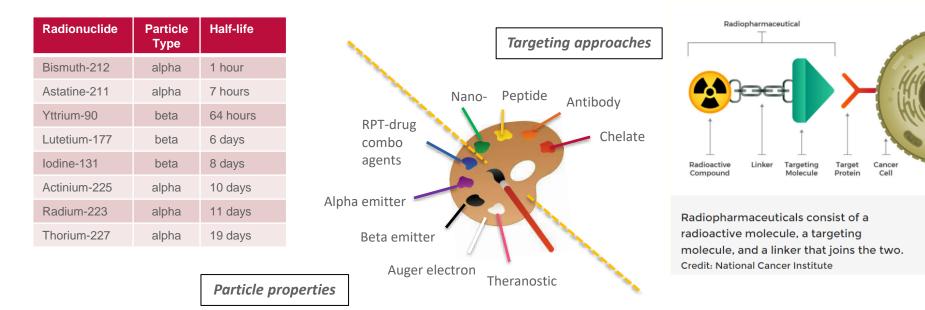
- Physics of radionuclide emissions is well known:
 - Alpha: high energy (He²⁺), short range (50-100 μ m), highly ionizing LET (DSB)
 - Beta: lower energy (electrons), longer range (1-5 mm), low LET
 - Auger/conversion: electrons, short range (500 nm), high LET



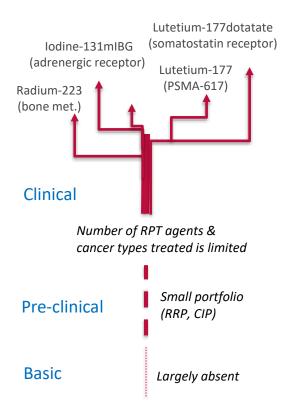
RPT modular designer flexibility

Customizable drug targeting:

- Flexible delivery system (nanoconstruct, peptide ligand, antibody, chelate)
- RPT payload can be added to existing/known targeting agents
- Wide range of possible new biology-based strategies for innovative RPT targeting



Portfolio – RPT state of the field



Clinical track record of successes

- Commercially viable pipeline of several RPT agents in the clinic;
- Development of new agents by big pharma is limited;
- Focused so far as monotherapy;
- Reliance on empirical data, lack of pre-clinical dev.
- Current NCI-supported "radiopharmaceutical therapy" awards
 - Few, spread between either therapeutic- or imaging-based objectives
 - ✓ DCTD: R01 = 15; U01 = 1; P01 = 2; P50 = 1
 - ✓ CTEP: ETCTN = 4; NCTN = 2
 - SBIR: R42/44 = 5
 - Minimal support to examine the biologic effects of radionuclides and investigate new targeting strategies

The Gap

- Unmet needs in foundational pre-clinical RPT research
 - Limited knowledge on radionuclide radiation biology effects in tumor and normal tissues
 e.g., guide particle choice, low dose-rate exposure, optimizing combinations (RPT+ chemo, timing), late effects
 - Inadequate level of pre-clinical research to catalyze targeting strategy development "Beyond" DSB-cytotoxicity, few new targets investigated
 - Integration of RPT with -omic, molecular characterization, and enabling technologies
 - As noted by the CTAC Rad Onc Working Group
- Threshold for wider adoption of RPT into cancer research
 - Radioactivity license (open-source lab) can be an impediment for non-RPT researchers;
 - o Isolating effect on RPT field in leveraging full range of cancer modeling for discovery, optimization, and validation;



Concept Purpose

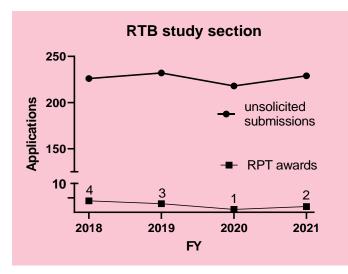
Catalyze interdisciplinary projects that intersect the fields of RPT and pre-clinical cancer biology;



- Scope: <u>Pre-clinical experiments</u> aimed to understand <u>RPT effects on the biology</u> of cancer cells, normal cells, and the microenvironment toward development of targeted interventions;
- Identify new targeting strategies for RPT
 - Selectively target cancer-specific pathway, organelle, or processes
 - Develop synthetic lethality approaches
 - Advance PD biomarkers or microdosimetry based on RPT theranostic capabilities
- Testing and optimization of novel RPT-molecular targeted therapy combinations
 - Maximize opportunities to couple new pre-clinical cancer biology research in resistance & metastatic dis. to RPT clinical translational concepts
 - Understand polypharmacy mechanisms for RPT-drug combinations

Proposed Initiative: PAR

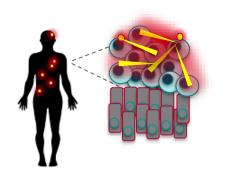
- Mechanism: PAR soliciting R01 and R21 applications
 - RPG funding source (no set-aside)
- Seeking interdisciplinary collaborative projects
 - e.g., cancer biology underpinnings of radionuclide targeting
- Review
 - Clustered together in a chartered CSR study section
 - Anticipated number of PAR applications (7-10/round for 3 years)
- Justification for PAR mechanism:
 - Incentivize high quality applications not seen with unsolicited route
 - Nucleate the portfolio
 - Affords FOA language that highlights topical priority areas of unmet need and can serve as a timely catalyst to drive the field with strong potential forward



Summation: New RPT Trajectory

Radionuclide toolbox exists

- Physics, conjugate radiochemistry, and RPT dosimetry modeling are well established;
- Targetable to achieve a high therapeutic index (tumor/normal);
- Theranostics have desirable properties (dual function as imaging agent and drug);
- o Complementary to combined modality treatments, resistant or metastatic disease;
- BSA subcommittee points of emphasis
 - PAR's scope: <u>Pre-clinical biology</u> of RPT;
 - ✓ Coupling RPT to new enabling cancer biology tools & modeling approaches
 - Understanding RPT effects on tumor & TME; new targets
 - Timing and optimization studies with chemo- other targeting strategies
 - PAR's goal: Expand & diversify the RPT field;
 - Encourage cross-over projects in RPT biology and molecular targeting
 - What does success look like;
 - ✓ Establish a research portfolio (e.g., 6 8 awards) on biology-based RPT targeting
 - ✓ Data will form the rationale for new clinical trial concepts (e.g., ETCTN);



Final slide