

# CDK4/6 inhibitor resistant models



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# Outline

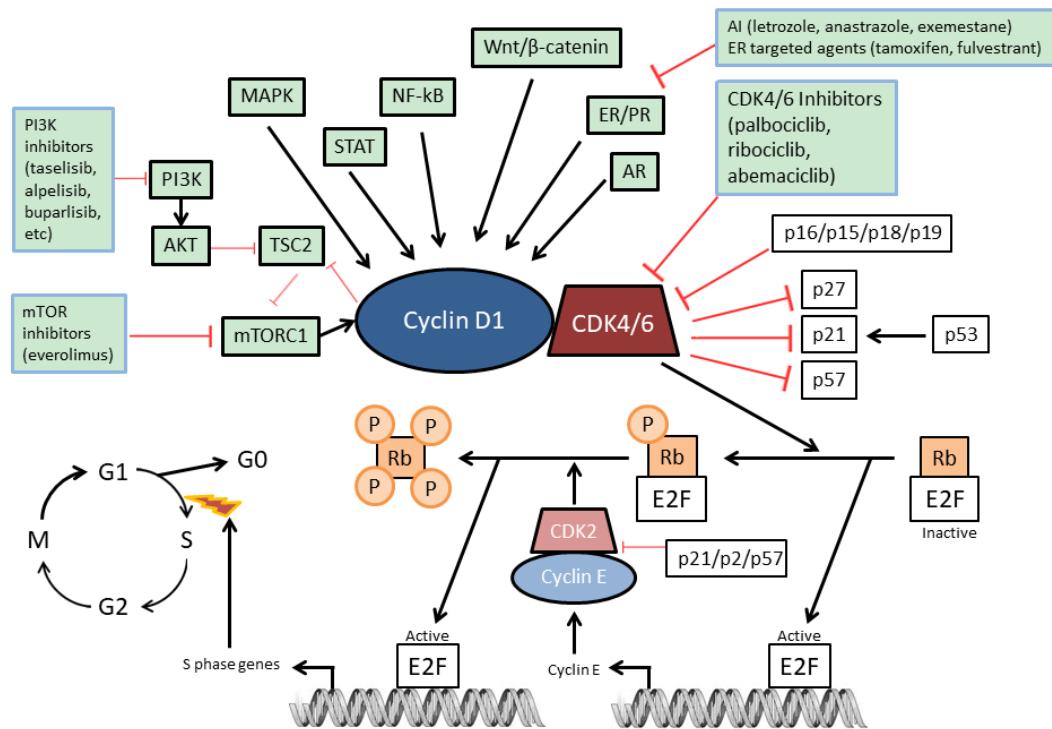
## ■ Background

- Mechanism of action of CDK4/6 inhibitors
- Intrinsic and acquired resistance to CDK4/6 inhibitors
- Overcoming resistance to CDK4/6 inhibitor through combinatorial therapies

## ■ CDK4/6 inhibitors-induced resistant cell lines/models

- *in vitro* induced Palbociclib resistant MCF-7 cell line
- *in vivo* induced Palbociclib resistant MCF-7 model
- *in vivo* induced Palbociclib resistant BR-05-0380 model
- *in vivo* induced Abemaciclib resistant MCF-7 model
- *in vivo* induced Ribociclib resistant MCF-7 model

# Mechanism of action of CDK4/6 inhibitors



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- CDK4/6 activity links the cell cycle to several different extracellular signalling pathways.
- CDK4/6 inhibitors “switch-off” the kinase activity, triggering the dephosphorylation of Rb, blocking the cell cycle at the G1-to-S transition phase. Consequently, they lead to an arrest of the cell cycle and prevent the further proliferation of cancer cells.
- In recent years, three CDK4/6 inhibitors (Palbociclib, Ribociclib, and Abemaciclib) have been approved in combination with hormonal therapy as a front-line treatment for advanced or metastatic HR+, HER2- breast cancer.

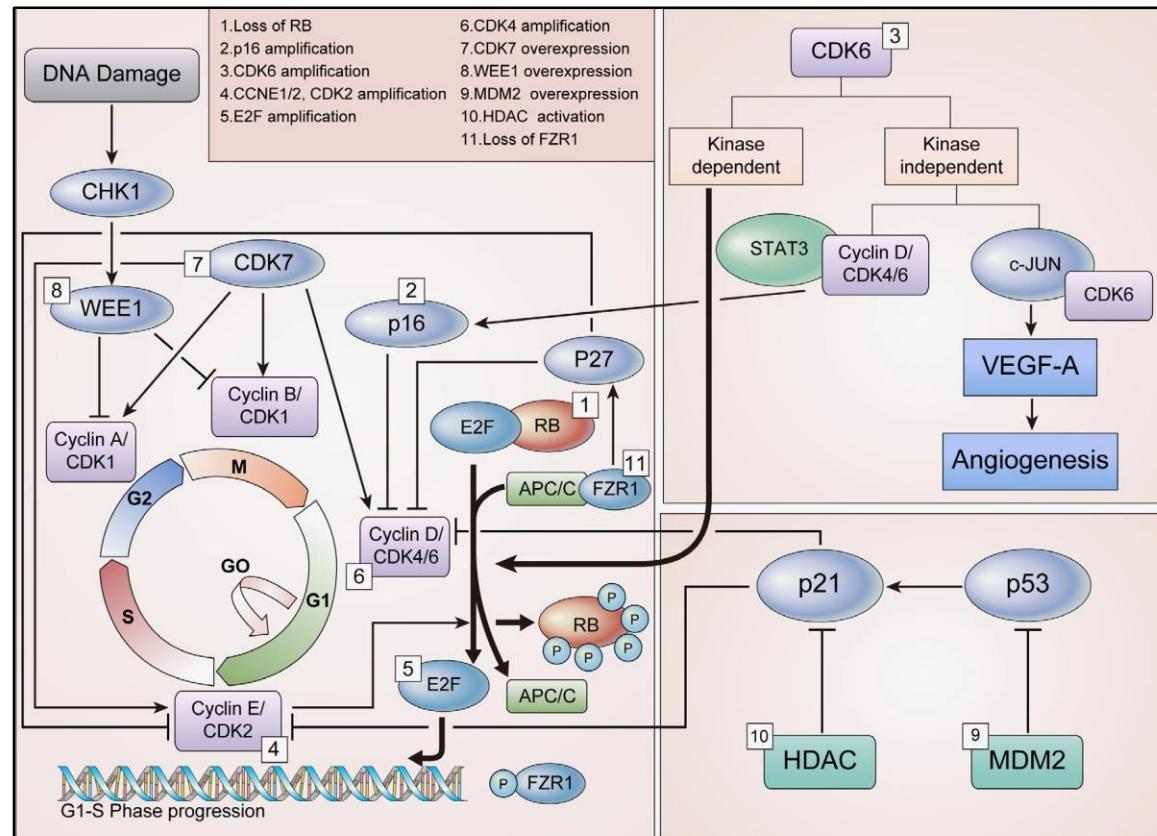
Table 1. CDK4/6 Inhibitors in Active Clinical Trials

| Drug Name                         | Developer                                   | Targets ( $IC_{50}$ )                                   | Stage and Indications <sup>a</sup>   |
|-----------------------------------|---|---|--|
| Palbociclib, PD-0332991, Ibrance  | Pfizer                                      | CDK4 (11 nM); CDK6 (16 nM)                              | approved for ER+/HER2- metastatic breast cancer; clinical trials for multiple solid tumors |
| Ribociclib, LEE-011, Kisqali      | Novartis International                      | CDK4 (10 nM); CDK6 (39 nM)                              | approved for ER+/HER2- metastatic breast cancer; clinical trials for multiple solid tumors |
| Abemaciclib, LY2835219, Verzenios | Eli Lilly                                   | CDK4 (2 nM); CDK6 (10 nM); CDK9 (57 nM)                 | approved for ER+/HER2- metastatic breast cancer; clinical trials for multiple solid tumors |
| SHR6390                           | Jiangsu Hengrui Medicine                    | CDK4 (12 nM); CDK6 (10 nM)                              | phase III for ER+/HER2- metastatic breast cancer; phase I/II for other tumor types         |
| Trilaciclib, G1T28                | G1 Therapeutics                             | CDK4 (1 nM); CDK6 (4 nM); CDK9 (50 nM)                  | phase II for SCLC and TNBC to reduce chemo-induced myelosuppression                        |
| Lerociclib, G1T38                 | G1 Therapeutics                             | CDK4 (1 nM); CDK6 (2 nM); CDK9 (28 nM)                  | phase I/II for ER+/HER2- metastatic breast cancer and EGFR+ metastatic NSCLC               |
| PF-06873600                       | Pfizer                                      | CDK2 (0.09 nM Ki); CDK4 (0.13 nM Ki); CDK6 (0.16 nM Ki) | phase I/IIa for ER+/HER2- metastatic breast cancer, ovarian cancer and TNBC                |
| FCN-437c                          | Fochon Pharmaceuticals                      | CDK4; CDK6  | phase I for advanced solid tumors  |
| BPI-16350                         | Betta Pharmaceuticals                       | CDK4; CDK6  | phase I for advanced solid tumors  |
| XZP-3287, Birociclib              | Jilin Sihuan Pharmaceutical/ XuanZhu Pharma | CDK4; CDK6  | phase I for advanced solid tumors  |
| HS-10342                          | Jiangsu Hansoh Pharmaceutical Group         | CDK4; CDK6  | phase I for advanced solid tumors  |
| CS3002                            | CStone Pharmaceuticals                      | CDK4; CDK6  | phase I for advanced solid tumors  |

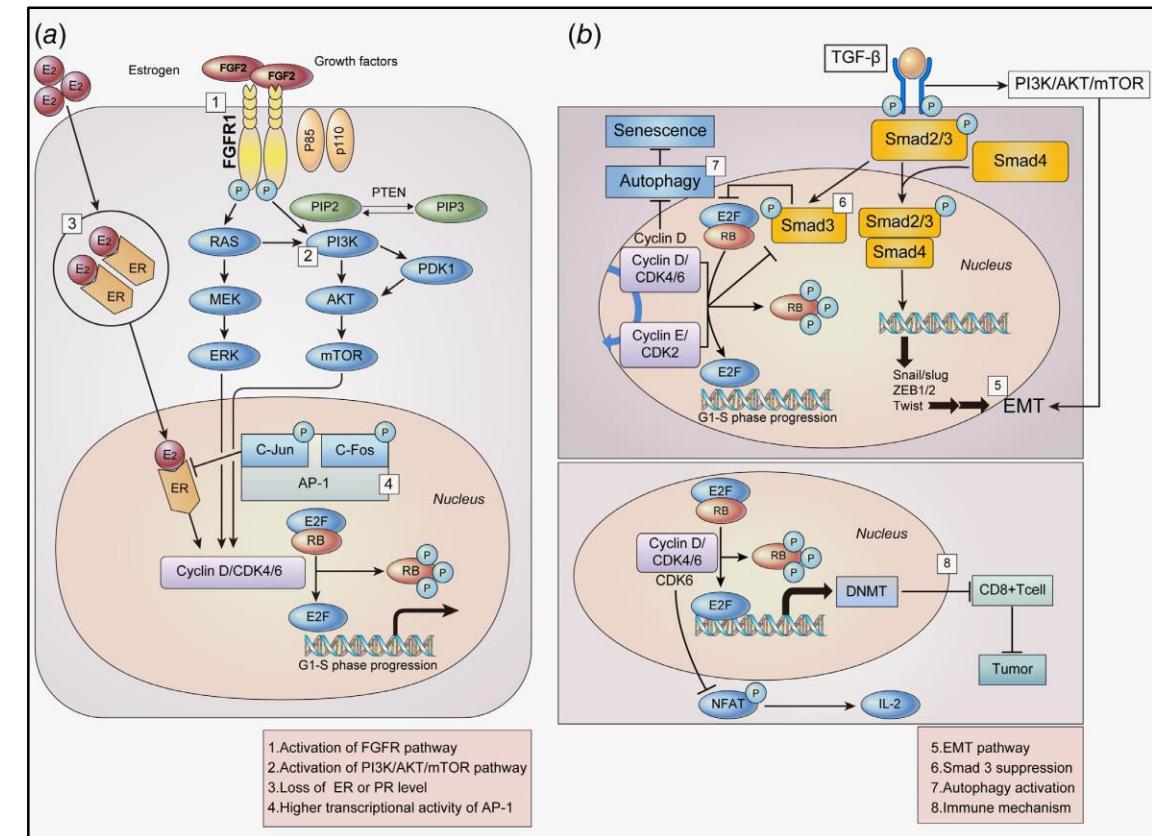
# Intrinsic and acquired resistance to CDK4/6 inhibitors

- Despite improved disease control that CDK4/6 inhibitors offer to patients with HR+ breast cancer, not all patients respond to these drugs and most patients whose tumors respond to CDK4/6 inhibitors eventually develop acquired resistance.
- Many preclinical studies have suggested that activation of other mitogenic signaling pathways, amplification of specific genes, alteration of the tumor environment and modification of tumor immunity result in the emergence of drug resistance.

## Cell cycle-specific mechanisms



## Cell cycle-non specific mechanisms



# Intrinsic and acquired resistance to CDK4/6 inhibitors

**Table 2.** a Overview of the dysregulated expression and functions of the major cell cycle proteins contribute to the intrinsic resistance to CDK4/6 inhibitors. b Overview of other mitogenic signaling activation to CDK4/6 inhibition and combination strategies.

| Gene                                  | Expression                         | Cancer type  | Functions  | References |
|---------------------------------------|------------------------------------|--|--|------------|
| RB1                                   | Rb1 loss                           | Breast cancer  | Resistance to palbociclib  | [9]        |
| RB1                                   | Rb1 loss                           | Ovarian cancer   | Resistance to palbociclib  | [15]       |
| RB1                                   | Rb1 degradation                    | HPV-positive cervical cancer and head and neck cancer                | Resistance to CDK4/6 inhibitors  | [16, 17]   |
| CDK4                                  | CDK4-amplification                 | Liposarcoma and Neuroblastoma  | Sensitive to CDK4/6 inhibitors   | [26, 27]   |
| CDK4                                  | Activation T172 phosphorylation    | Breast cancer  | Enhance the sensitivity to palbociclib                                       | [28]       |
| CDK4                                  | CDK4-amplification                 | Rhabdomyosarcoma   | Reduce the sensitivity to ribociclib   | [25]       |
| CCND1                                 | Cyclin D1-overexpression           | Endometrial cancer   | Enhance the sensitivity to abemaciclib                                       | [32]       |
| SMARCA4                               | SMARCA4 loss                       | Small-cell carcinoma of the ovary, hypercalcemic type (SCCOHT) cells | Cause cyclin D1 deficiency and enhance the sensitivity to CDK4/6 inhibitors  | [33]       |
| SMARCA2/4                             | SMARCA2/4 loss                     | Non-small cancer cell  | Cause cyclin D1 deficiency and increase the sensitivity to CDK4/6 inhibitors | [34]       |
| CDKN2A                                | p16 <sup>INK4A</sup> loss          | Melanoma   | Good for palbociclib sensitivity   | [40]       |
| CDKN2A                                | p16 <sup>INK4A</sup> loss          | Pancreatic ductal adenocarcinoma                                     | Resistance to CDK4/6 inhibitors  | [41]       |
| CDKN2A                                | p16 <sup>INK4A</sup> deficiency    | Glioblastoma   | More susceptible to palbociclib  | [42]       |
| CCNE1                                 | Cyclin E1 overexpression           | Gastric cancer   | Resistance to palbociclib  | [37]       |
| CCNE1                                 | High cyclin E1 expression          | HR <sup>+</sup> HER2 <sup>-</sup> breast cancer                      | Resistance to palbociclib  | [38]       |
| E2F4                                  | E2F4 activation                    | ER <sup>+</sup> breast cancer  | Resistance to palbociclib  | [21]       |
| E2F                                   | E2F activation                     | Mutant BRAF and NRAS melanoma  | Resistance to palbociclib  | [22]       |
| TP53                                  | p53 loss                           | Breast cancer  | Resistance to abemaciclib  | [45]       |
| CDK2                                  | High levels of CDK2 activity       | Luminal androgen receptor breast cancer                              | Resistance to CDK4/6 inhibitors  | [31]       |
| <hr/>                                 |                                    |  |  |            |
| Other mitogenic signaling             | Cancer type                        | Functions  | Combination with other inhibitors  | References |
| FGFR1 amplification                   | ER <sup>+</sup> breast cancer      | Resistance to CDK4/6 inhibitors                                      | Lucitanib (FGFR inhibitors)  | [54]       |
| FGFR1 signaling pathway activation    | KRAS-mutant non-small lung cancer  | Resistance to CDK4/6 inhibitors                                      | MEK inhibitors   | [55]       |
| MAPK signaling pathway activation     | prostate cancer                    | Resistance to CDK4/6 inhibitors                                      | MEK inhibitors   | [56]       |
| PIK3CA E545K mutation                 | NRAS-mutant melanoma               | Resistance to CDK4/6 inhibitors                                      | mTOR inhibitors and S6K1 inhibitors  | [57]       |
| mTOR activation                       | Pancreatic cancer                  | Resistance to CDK4/6 inhibitors                                      | mTOR inhibitors  | [60]       |
| PDK1 activation                       | ER <sup>+</sup> breast cancer      | Resistance to ribociclib   | PDK1 inhibitors or CDK2 inhibitors   | [61]       |
| NF-κB-HGF pathway                     | Glioblastoma                       | Resistance to ribociclib   | Altiratinib (c-Met/Trk inhibitor)  | [62]       |
| Androgen Receptor activation          | Breast cancer                      | Resistance to palbociclib  | Androgen receptor inhibitors   | [63]       |
| FAT1 loss (Hippo pathway suppression) | ER <sup>+</sup> breast cancer      | CDK6 overexpression  |  | [64, 65]   |
| MYC-driven (mTOR activation)          | Colorectal carcinoma               | Resistance to CDK4/6 inhibitors                                      |  | [66]       |
| Fbxo4 loss (Gln-addition)             | Esophageal squamous cell carcinoma | Resistance to CDK4/6 inhibitors                                      | Glutaminase1plus metformin or phenformin                                     | [67]       |
| IL6/STAT3 activation                  | ER <sup>+</sup> breast cancer      | Resistance to CDK4/6 inhibitors                                      | STAT3 inhibitor plus PARP inhibitor  | [68]       |

# Overcoming resistance to CDK4/6 inhibitor through combinatorial therapies

## Combination strategies testing CDK4/6 inhibitors in clinical trials

- Combining with targeted therapies
- Combining with cytotoxic chemotherapeutics
- Combining with immunotherapies

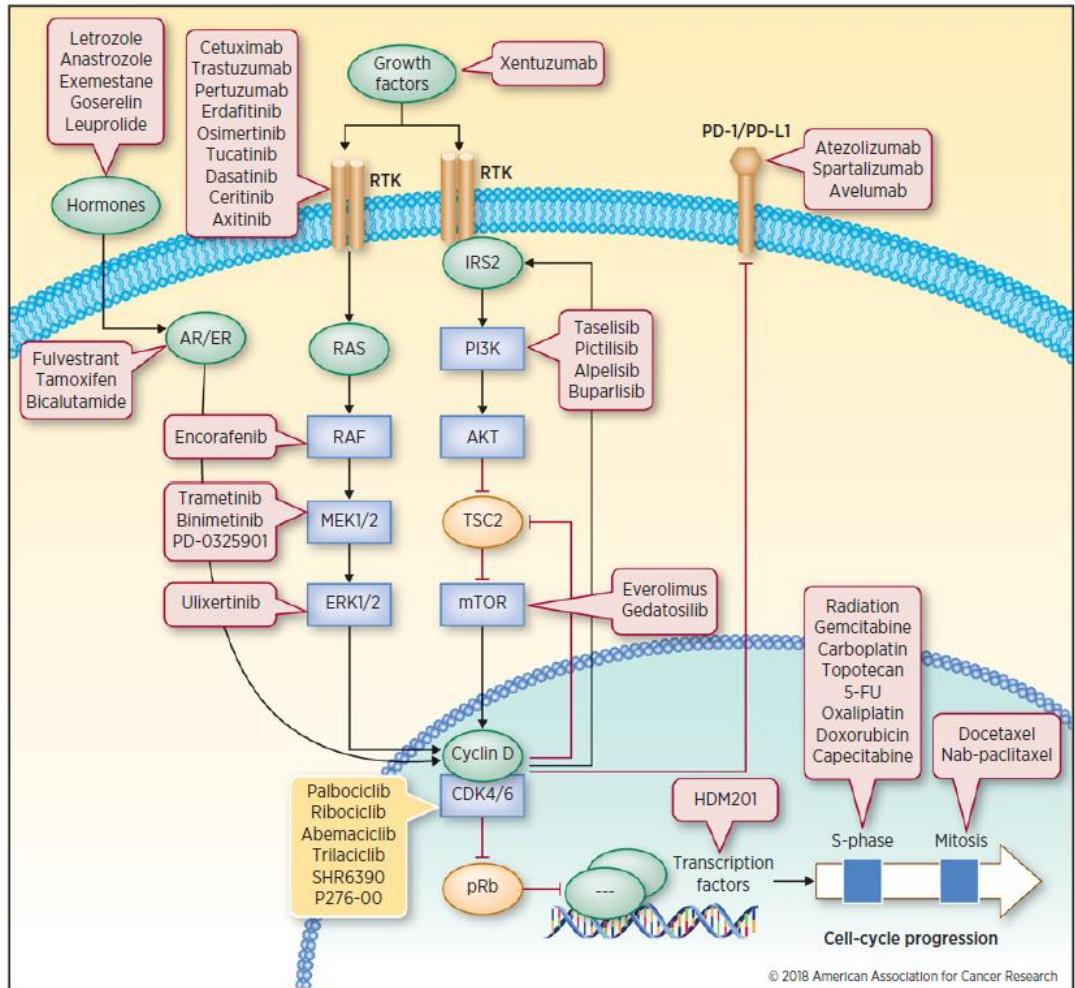


Table 1. CDK4/6 inhibitors in combination with endocrine therapy in advanced HR<sup>+</sup> HER2<sup>-</sup> breast cancer in various clinical settings.

| Drug        | Combination | Line        | Menopausal status | Clinical settings |
|-------------|-------------|-------------|-------------------|-------------------|
| Palbociclib | Letrozole   | 1st         | Post              | PALOMA-2          |
|             | Fulvestrant | 2nd         | Pre and Post      | PALOMA-3          |
| Ribociclib  | Letrozole   | 1st         | Pre               | MONALEESA-7       |
|             | Letrozole   | 1st         | Post              | MONALEESA-2       |
| Abemaciclib | Fulvestrant | 1st and 2nd | Post              | MONALEESA-3       |
|             | Letrozole   | 1st         | Post              | MONARCH 3         |
| -           | Fulvestrant | 2nd         | Pre and Post      | MONARCH 2         |
|             | -           | 2+          | Pre               | MONARCH 1         |

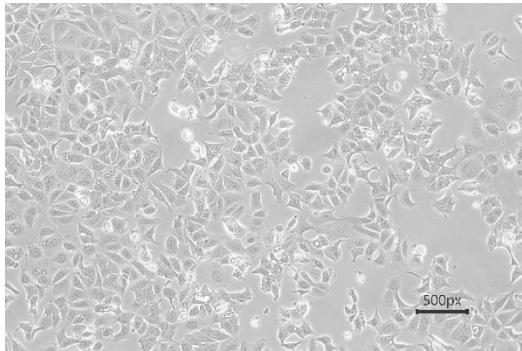
Table 3. Clinical trials studying on CDK4/6 inhibitors in combination with other therapies in other cancer treatment.

| Disease  | Combination                              | Phase | Trial       |
|--|--|-------|-------------|
| Palbociclib  |  |       |             |
| KRAS mutant non-small-cell lung cancer, solid tumors | PD-0325901(MEK inhibitor)                | I/II  | NCT0222982  |
| Squamous cell carcinoma of the head and neck (SCCHN) | Cetuximab                                | II    | NCT02499120 |
| Squamous cell carcinoma of the head and neck         | Carboplatin                              | II    | NCT03194373 |
| Recurrent mantle cell lymphoma                       | Ibrutinib (BTK Inhibitor)                | I     | NCT02159755 |
| Advanced solid tumors, breast cancer                 | Taselisib or pictilisib (PI3K inhibitor) | I     | NCT02389842 |
| Endometrial cancer                                   | Letrozole                                | II    | NCT02730429 |
| Ovarian epithelial carcinoma                         |  |       | NCT01536743 |
| Advanced solid tumor malignancies                    | 5-FU and oxaliplatin                     | I     | NCT01522989 |
| Palbociclib  |  |       |             |
| Advanced hepatocellular carcinoma, HCC, liver cancer |  | II    | NCT01356628 |
| Non-small-cell lung cancer                           | PF-06747775 and avelumab                 | II    | NCT02349633 |
| Ribociclib   |  |       |             |
| Glioblastoma glioma                                  |  | I     | NCT02345824 |
| Acute lymphoblastic leukemia ALL                     | Dexamethasone and everolimus             | I     | NCT03740334 |
| High grade glioma,                                   |  | I/II  | NCT02607124 |
| Diffuse intrinsic pontine glioma,                    |  |       |             |
| Bithalamic high grade glioma                         |  |       |             |
| Gastrointestinal cancer                              |  | II    | NCT02420691 |
| Metastatic pancreatic                                | Everolimus                               | II    | NCT02985125 |
| Ribociclib   |  |       |             |
| Adenocarcinoma                                       |  |       |             |
| Liposarcoma  | HDM201                                   | I/II  | NCT02343172 |
| Solid tumors harboring                               | LGX818 and MEK162                        | I/II  | NCT01543698 |
| Abemaciclib  |  |       |             |
| Glioblastoma   |  | II    | NCT02981940 |
| Non-small-cell lung cancer stage IV                  | Docetaxel                                | II    | NCT02450539 |
| Non-small-cell lung cancer                           | Erlotinib                                | III   | NCT02152631 |
| Non-small-cell lung cancer                           | Pembrolizumab and anastrozole            | I     | NCT02779751 |
| Breast cancer, mantle cell lymphoma                  |  | II    | NCT01739309 |

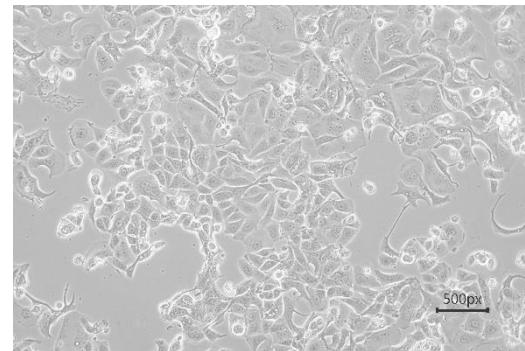
# Palbociclib induced resistant MCF-7 cell line (MCF-7/Palbo-R)

*in vitro & in vivo validation of MCF-7/Palbo-R*

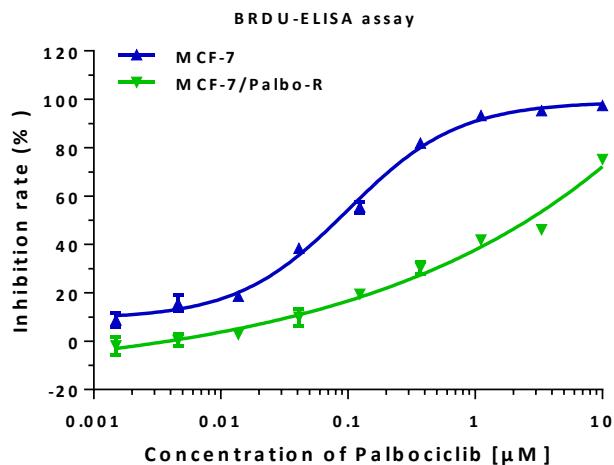
MCF-7 cell line



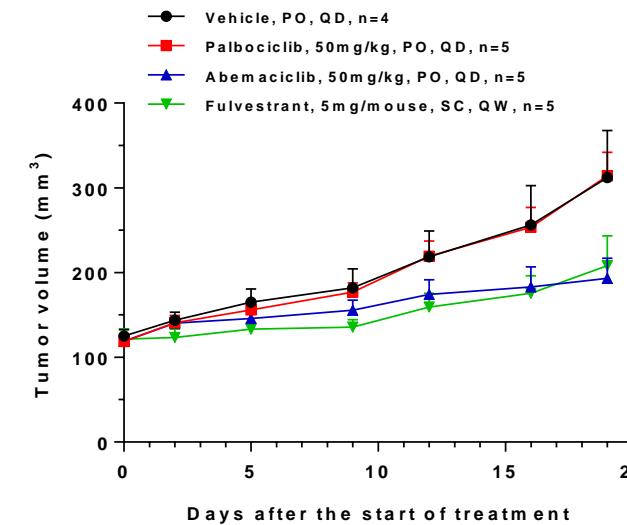
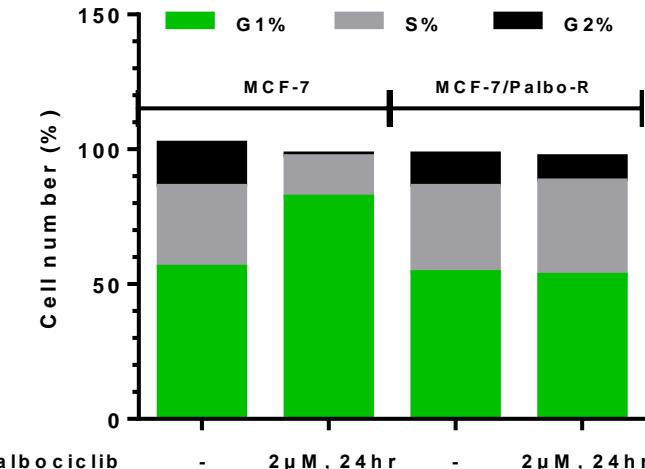
MCF-7/Palbo-R cell line



- MCF-7/Palbo-R cell line was established through chronic exposure to increased concentrations of Palbociclib (up to 4  $\mu$ M) for ~7 months.



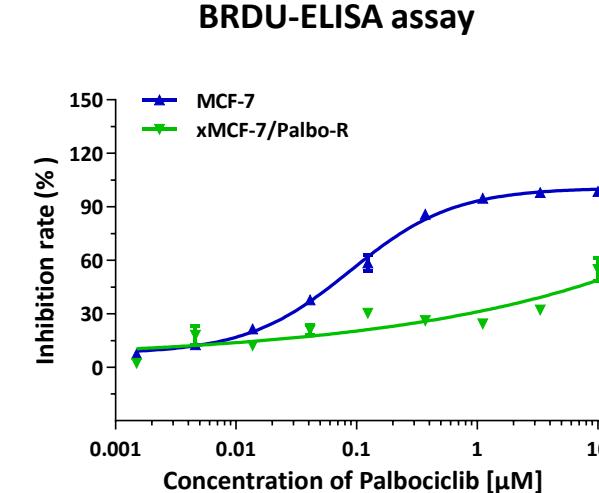
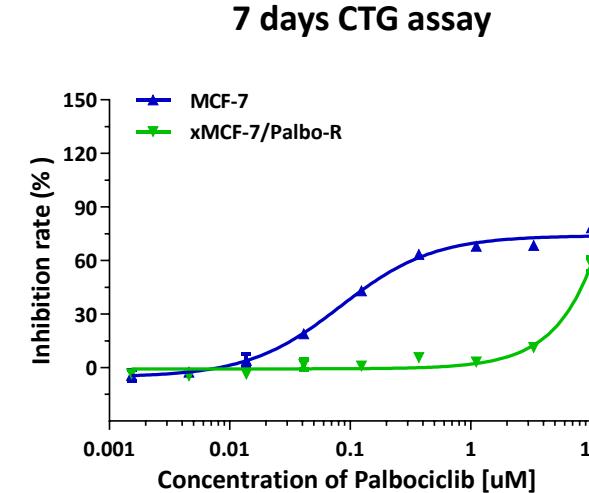
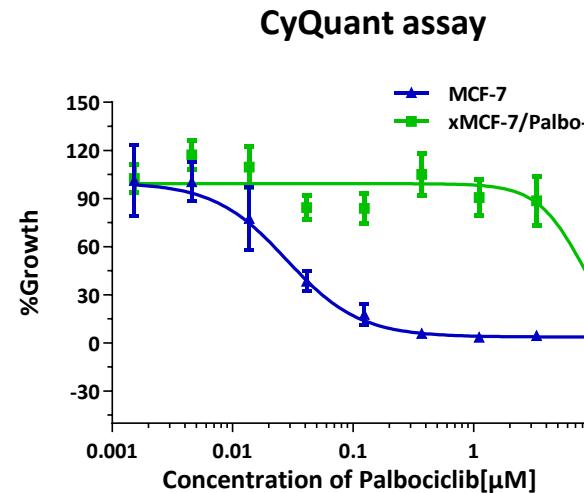
| Compound    | Cell line     | AbsIC50 ( $\mu$ M) | RelIC50 ( $\mu$ M) | Bottom (%) | Top (%) |
|-------------|---------------|--------------------|--------------------|------------|---------|
| Palbociclib | MCF-7         | 0.083              | 0.099              | 8.70       | 97.47   |
|             | MCF-7/Palbo-R | 2.603              | NA                 | -1.90      | 75.09   |



- The established MCF-7/Palbo-R model is still resistant to Palbociclib. MCF-7/Palbo-R tumors grow very slowly *in vivo*, establish tumor derived cell line xMCF-7/Palbo-R.

# Palbociclib induced resistant MCF-7 cell line (xMCF-7/Palbo-R)

*In vitro* validation of xMCF-7/Palbo-R



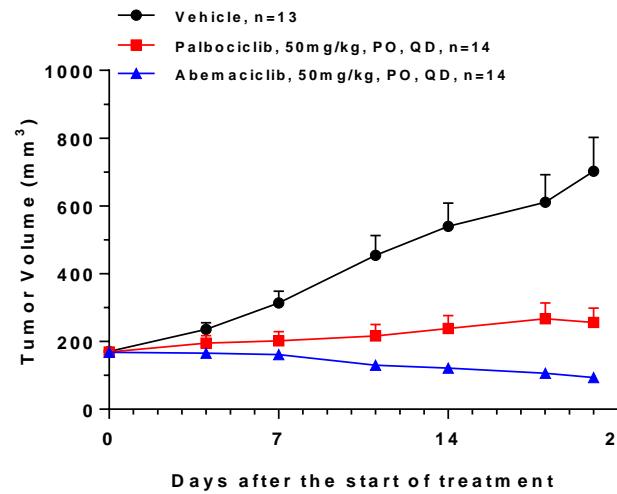
| Cell line      | RelC50 (μM) |            |       |
|----------------|-------------|------------|-------|
|                | CyQuant     | BRDU-ELISA | CTG   |
| MCF-7          | 0.030       | 0.088      | 0.083 |
| xMCF-7/Palbo-R | 7.842       | NA         | NA    |

- xMCF-7/Palbo-R cell line was derived from MCF-7/Palbo-R tumor and still resistant to Palbociclib *in vitro*.

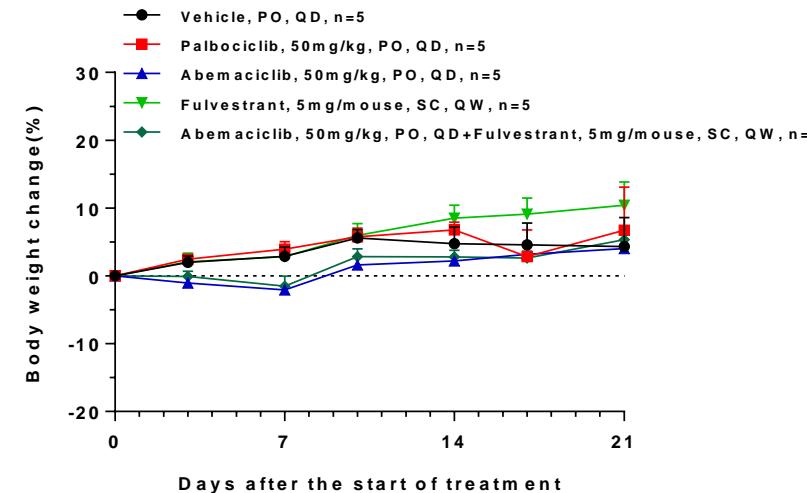
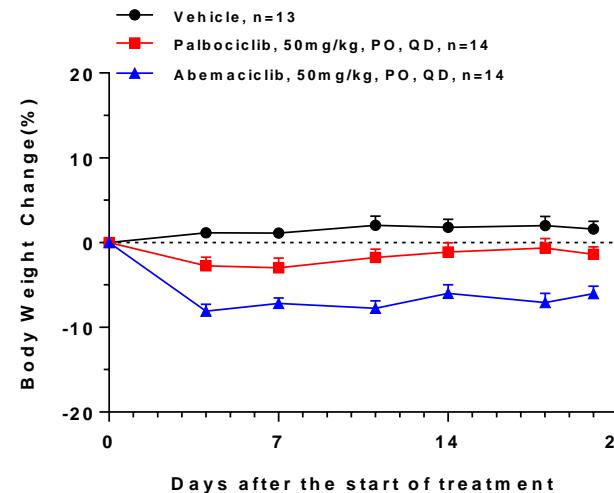
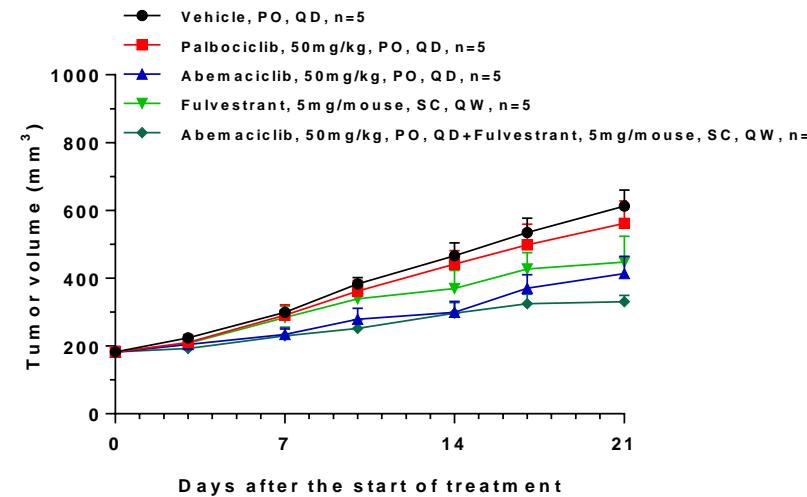
# Palbociclib induced resistant MCF-7 cell line (xMCF-7/Palbo-R)

*In vitro* validation of xMCF-7/Palbo-R

Parental MCF-7



xMCF-7/Palbo-R



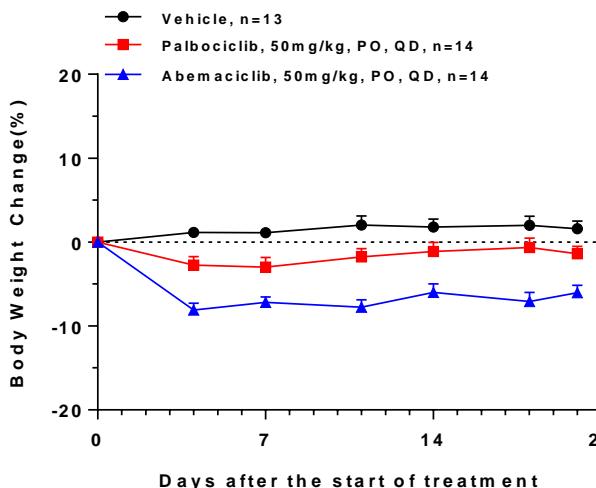
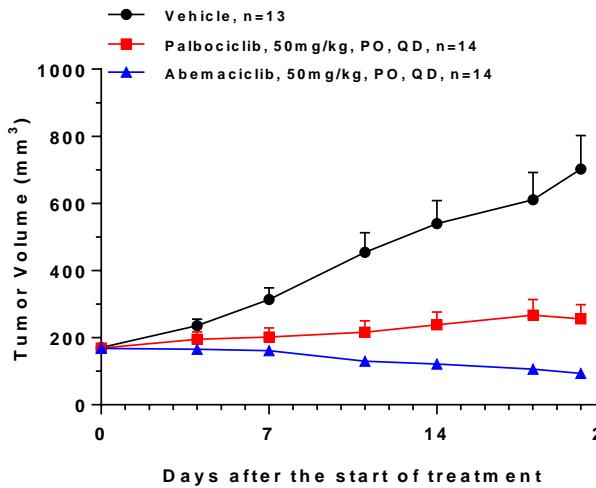
■ Data shows that the established xMCF-7/Palbo-R model is still resistant to Palbociclib.

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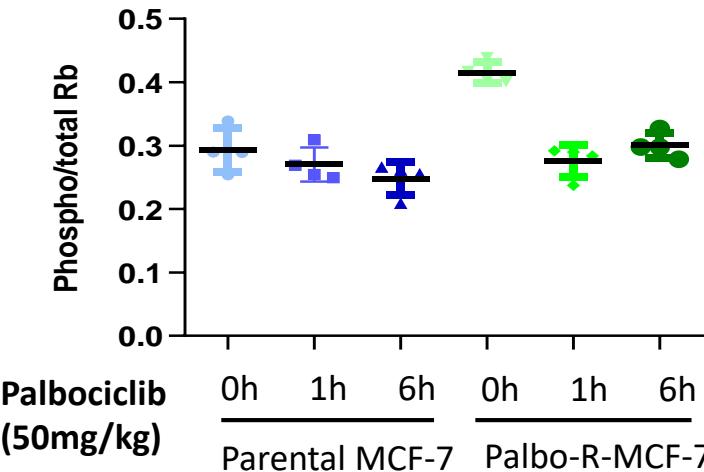
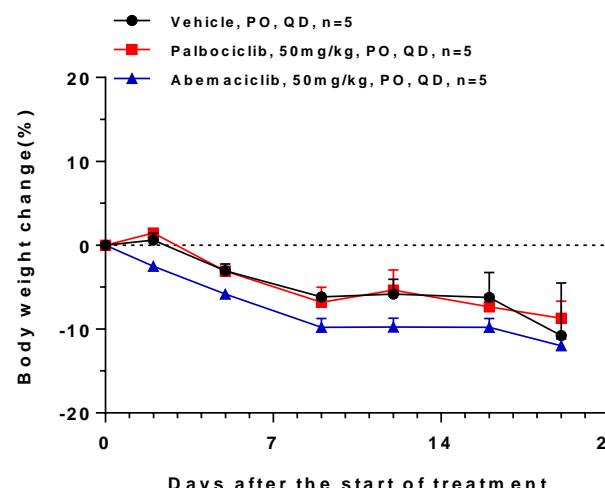
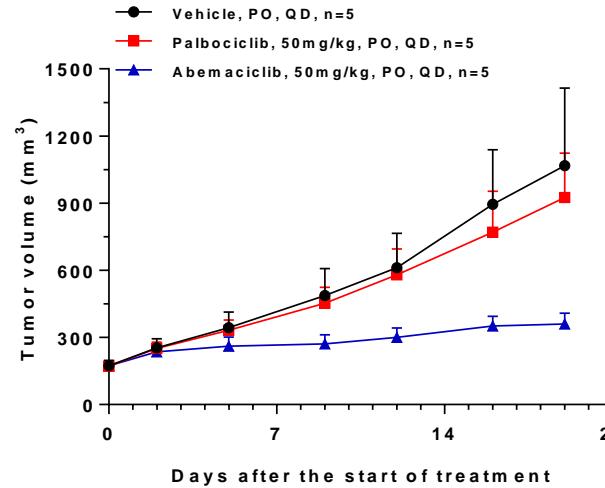
# Palbociclib induced resistant MCF-7 model (Palbociclib-R-MCF-7)

CDK4/6 inhibitors in Parental MCF-7 model vs. Palbociclib-R-MCF-7

Parental MCF-7



Palbociclib-R-MCF-7 (P5)

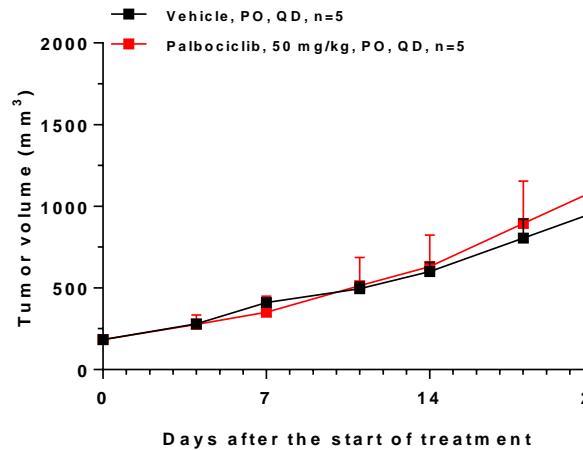


- Palbociclib-R-MCF-7 model was established by chronic treatment *in vivo*, Palbociclib treated tumors were passaged and dosed until a stable resistance phenotype occurred.
- HTRF assay shows p-Rb level of Palbo-R-MCF-7 tumors is higher than parental MCF-7 tumors'.

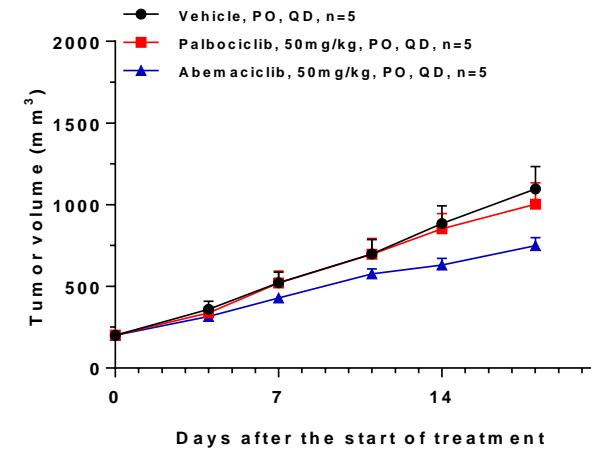
# Palbociclib induced resistant MCF-7 model (Palbociclib-R-MCF-7)

## Tumor fragment revival validation test

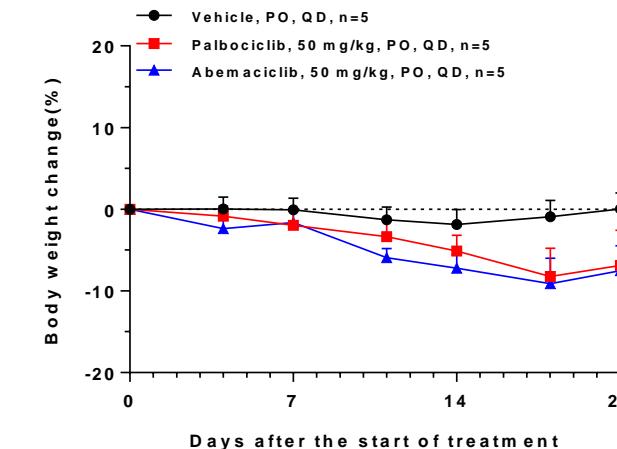
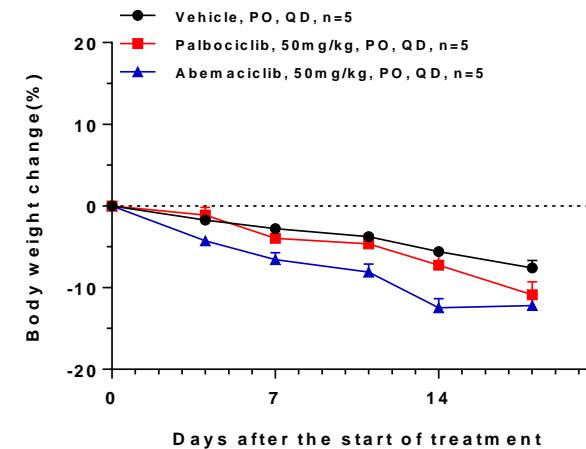
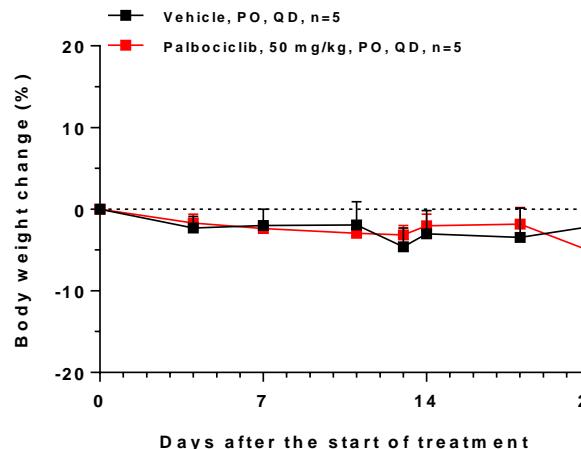
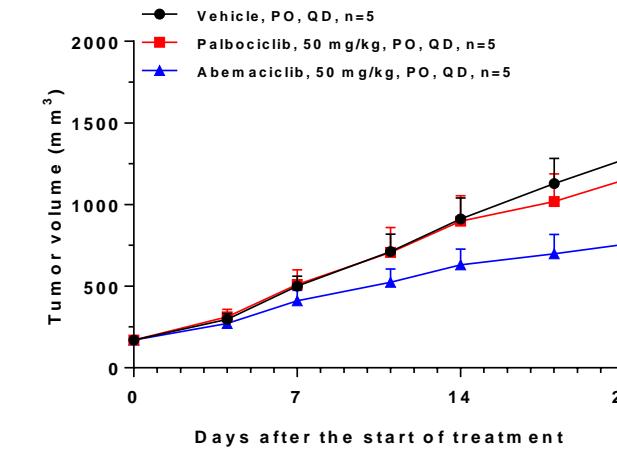
Palbociclib-R-MCF-7 (FP6)



Palbociclib-R-MCF-7 (FP8)



Palbociclib-R-MCF-7 (FP12)

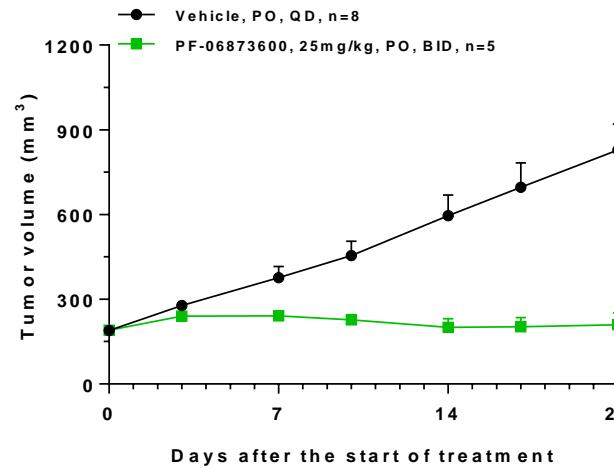


- P4 frozen tumor fragments were revived for validation.
- Data shows that the resistant phenotype of Palbociclib-R-MCF-7 model is stable.

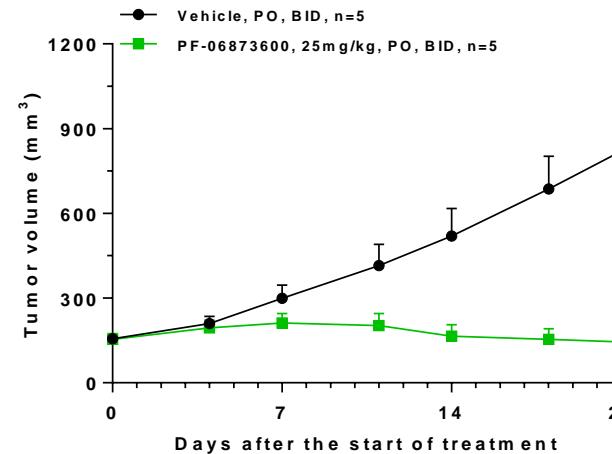
# Overcoming resistance to CDK4/6 inhibitor

CDK2/4/6 inhibitor PF-06873600 in Palbociclib induced resistant MCF-7 models

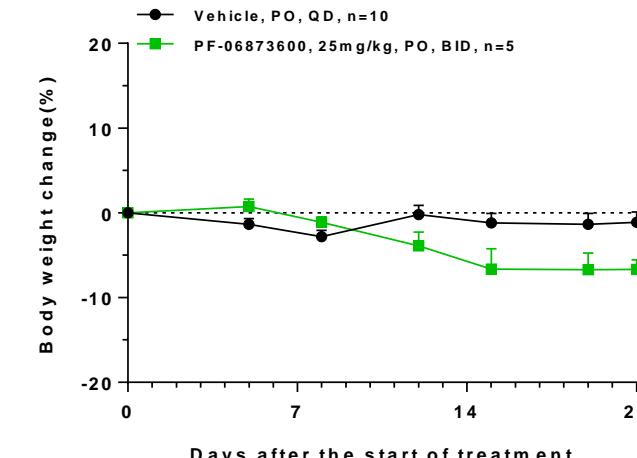
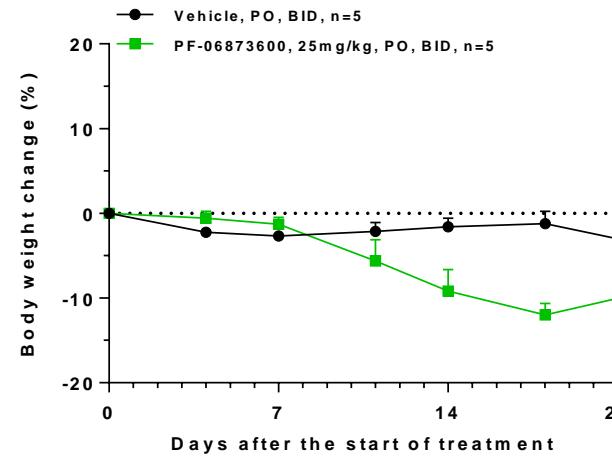
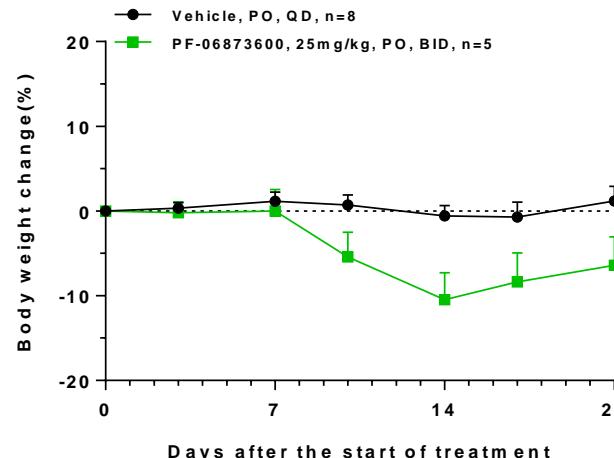
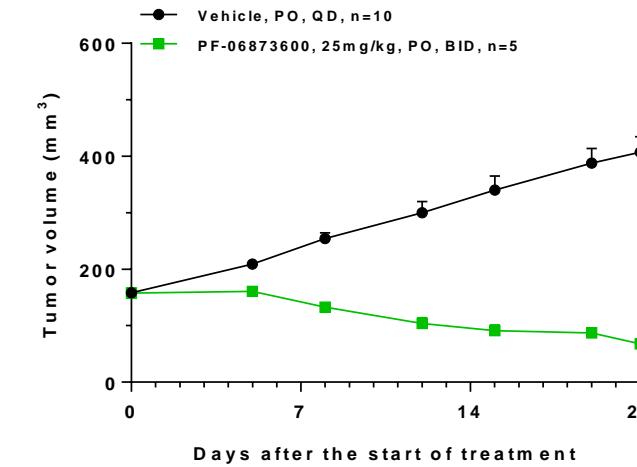
Parental MCF-7



Palbociclib-R-MCF-7 (FP7)



xMCF-7/Palbo-R



## Model summary

| Induce method          | Model ID  | Cancer type   | Inoculation    | Drugs tested   | Dosage  | TGI (%)               |
|------------------------|---|---------------|----------------|--|---|-----------------------|
| Parental               | Parental MCF-7  | Breast cancer | Cell line      | Palbociclib<br>Abemaciclib<br>PF-06873600                | 50 mg/kg, QD<br>50 mg/kg, QD<br>25 mg/kg, BID                   | 83<br>114<br>97       |
|                        | MCF-7/Palbo-R   | Breast cancer | Cell line      | Palbociclib<br>Abemaciclib<br>Fulvestrant                | 50 mg/kg, QD<br>50 mg/kg, QD<br>5 mg/mouse, QW                  | -1<br>62<br>55        |
|                        | xMCF-7/Palbo-R<br>(derived from MCF-7/Palbo-R tumors) | Breast cancer | Cell line      | Palbociclib<br>Abemaciclib<br>Fulvestrant<br>PF-06873600 | 50 mg/kg, QD<br>50 mg/kg, QD<br>5 mg/mouse, QW<br>25 mg/kg, BID | 12<br>46<br>38<br>136 |
| <i>In vitro</i> induce | Palbociclib-R-MCF-7 (P5)                              | Breast cancer | Tumor fragment | Palbociclib<br>Abemaciclib                               | 50 mg/kg, QD<br>50 mg/kg, QD                                    | 16, -3<br>79, 60      |
|                        | Palbociclib-R-MCF-7 (FP6)                             | Breast cancer | Tumor fragment | Palbociclib  | 50 mg/kg, QD  | 0                     |
|                        | Palbociclib-R-MCF-7 (FP8)                             | Breast cancer | Tumor fragment | Palbociclib<br>Abemaciclib                               | 50 mg/kg, QD<br>50 mg/kg, QD                                    | 11<br>39              |
|                        | Palbociclib-R-MCF-7 (FP12)                            | Breast cancer | Tumor fragment | Palbociclib<br>Abemaciclib                               | 50 mg/kg, QD<br>50 mg/kg, QD                                    | 11<br>47              |
|                        | Palbociclib-R-MCF-7 (FP7)                             | Breast cancer | Tumor fragment | PF-06873600  | 25 mg/kg, BID   | 102                   |
| <i>In vivo</i> induce  | Palbociclib-R-MCF-7 (P5)                              | Breast cancer | Tumor fragment | Palbociclib<br>Abemaciclib                               | 50 mg/kg, QD<br>50 mg/kg, QD                                    | 16, -3<br>79, 60      |
|                        | Palbociclib-R-MCF-7 (FP6)                             | Breast cancer | Tumor fragment | Palbociclib  | 50 mg/kg, QD  | 0                     |
|                        | Palbociclib-R-MCF-7 (FP8)                             | Breast cancer | Tumor fragment | Palbociclib<br>Abemaciclib                               | 50 mg/kg, QD<br>50 mg/kg, QD                                    | 11<br>39              |
|                        | Palbociclib-R-MCF-7 (FP12)                            | Breast cancer | Tumor fragment | Palbociclib<br>Abemaciclib                               | 50 mg/kg, QD<br>50 mg/kg, QD                                    | 11<br>47              |
|                        | Palbociclib-R-MCF-7 (FP7)                             | Breast cancer | Tumor fragment | PF-06873600  | 25 mg/kg, BID   | 102                   |

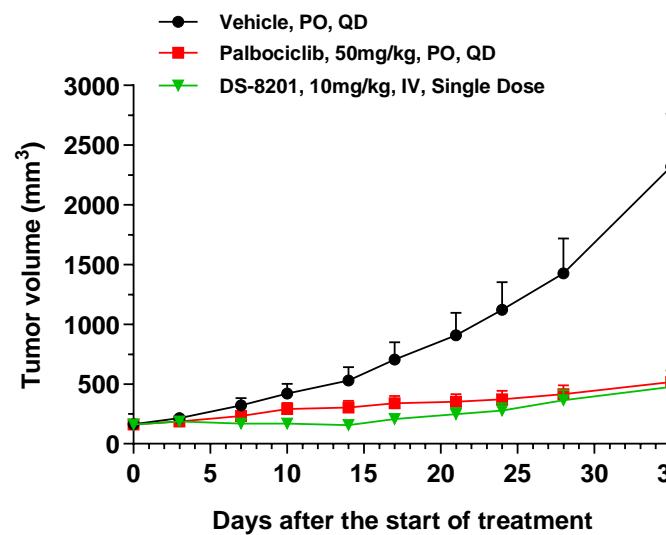
# Palbociclib induced resistant BR-05-0380 model (Palbociclib-R-BR-05-0380)



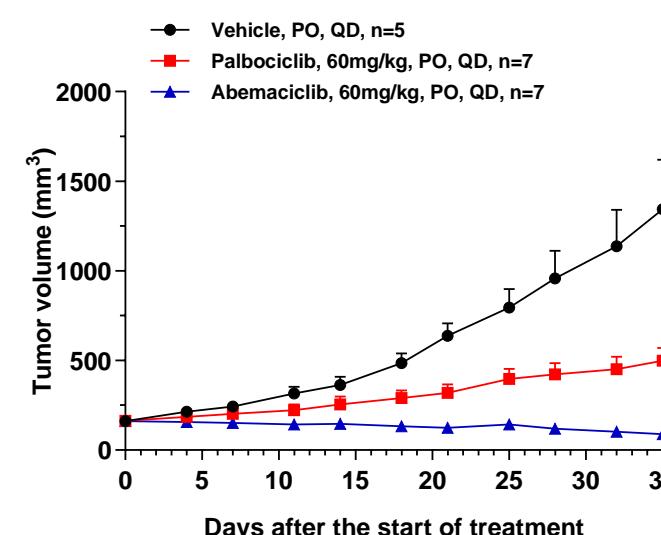
CDK4/6 inhibitors in Parental BR-05-0380 model vs. Palbociclib-R-BR-05-0380

| Model ID   | Cancer Type   | Gender | Age | Tumor Grade | Tumor Stage | Pathological Diagnosis | Subtype                                |
|------------|---------------|--------|-----|-------------|-------------|------------------------|--|
| BR-05-0380 | Breast cancer | Female | 54  | NA          | NA          | Infiltrating carcinoma | ER(90%+), PR(-), HER2(2+), Ki-67(30%+) |

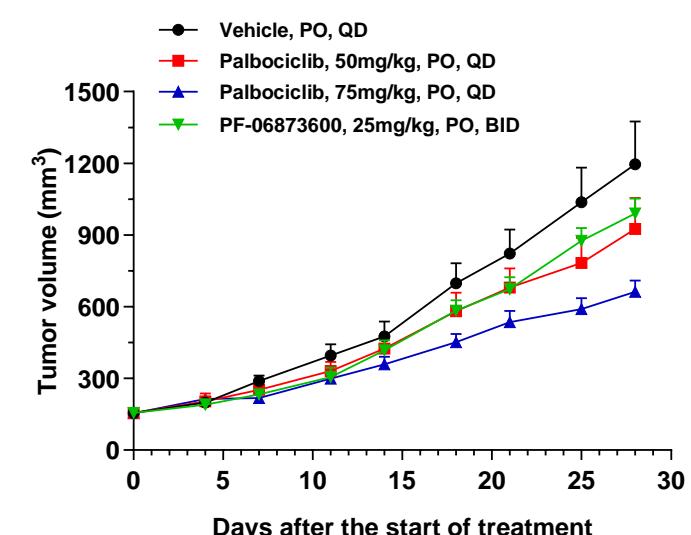
Parental BR-05-0380 (FP6)



Parental BR-05-0380 (FP7)



Palbociclib-R-BR-05-0380 (P6)

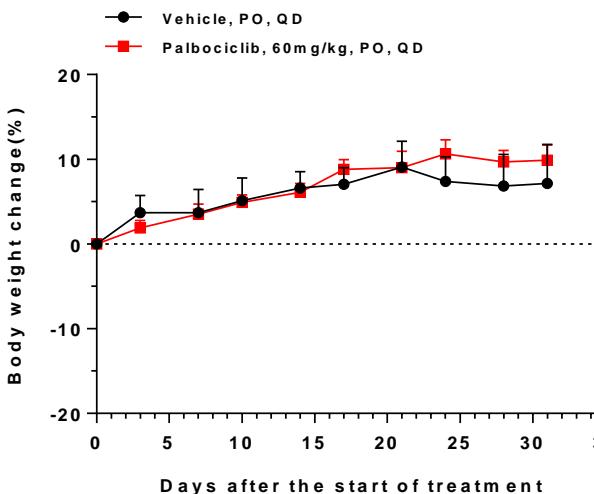
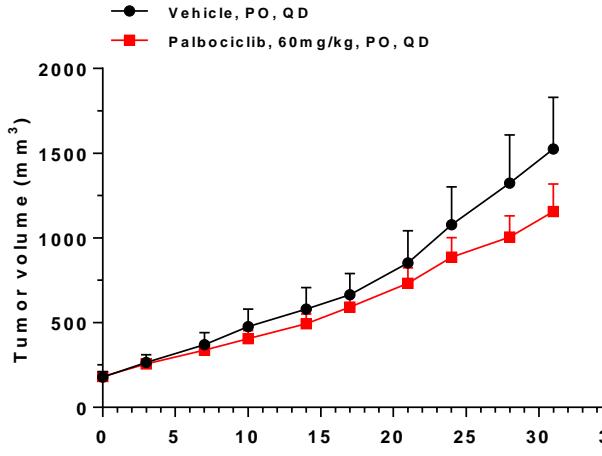


- Parental BR-05-0380 PDX model is originally derived from a breast cancer patient and is sensitive to Palbociclib.
- Palbociclib-R-BR-05-0380 model was established by chronic treatment *in vivo*, Palbociclib treated tumors were passaged and dosed until a stable resistance phenotype occurred.

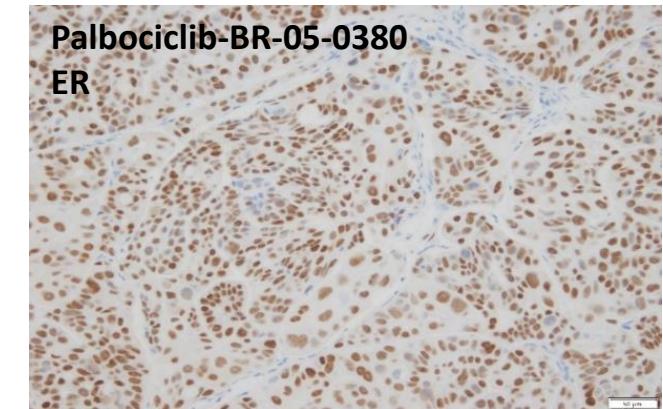
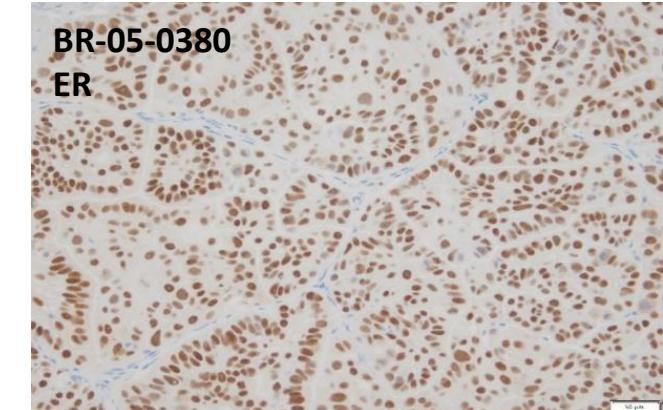
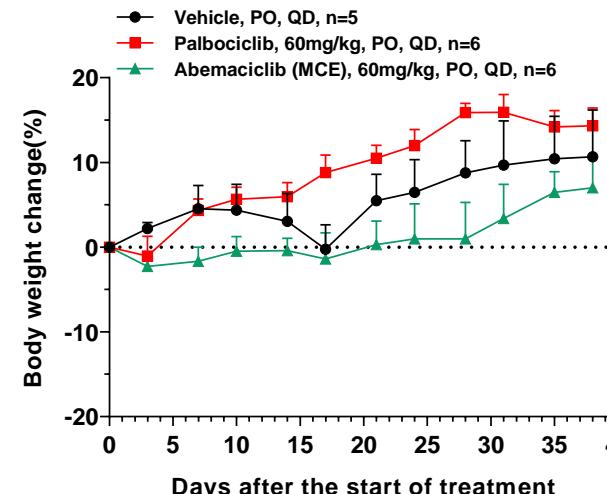
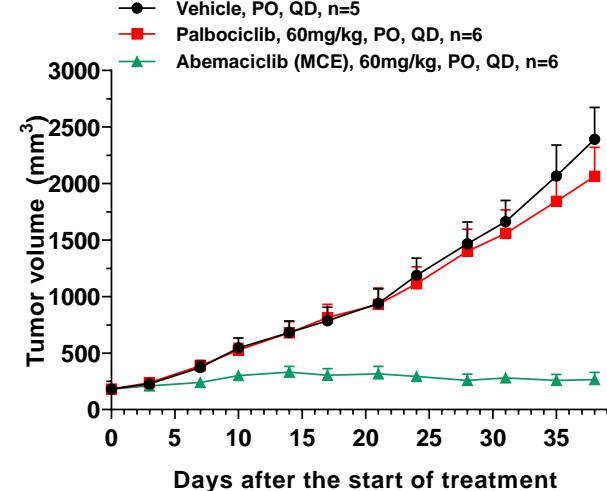
# Palbociclib induced resistant BR-05-0380 model (Palbociclib-R-BR-05-0380)

## Tumor fragment revival validation test

**Palbociclib-R-BR-05-0380 (FP7)**



**Palbociclib-R-BR-05-0380 (FP8)**



■ ER expression in Palbociclib-R-BR-05-0380 is consistent with parental BR-05-0380.

- P5 frozen tumor fragments were revived and implanted into mice, the revival passage was defined as FP6. Tumors were passaged for further validation.
- Data shows that the resistant phenotype of Palbociclib-R-BR-05-0380 model is stable.

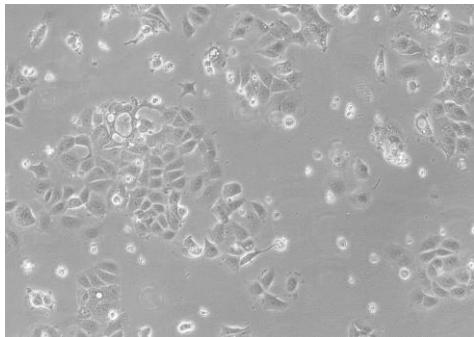
# Model summary

| Induce method         | Model ID                       | Cancer type   | Inoculation    | Drugs tested                              | Dosage                                       | TGI (%)        |
|-----------------------|--------------------------------|---------------|----------------|---|--|----------------|
| Parental              | Parental BR-05-0380 (FP6)      | Breast cancer | Tumor Fragment | Palbociclib<br>DS-8201                    | 50 mg/kg, QD<br>10 mg/kg, single dose        | 84<br>86       |
|                       | Parental BR-05-0380 (FP7)      | Breast cancer | Tumor Fragment | Palbociclib<br>Abemaciclib                | 60 mg/kg, QD<br>60 mg/kg, QD                 | 72<br>106      |
| <i>In vivo</i> induce | Palbociclib-R-BR-05-0380 (P6)  | Breast cancer | Tumor fragment | Palbociclib<br>Palbociclib<br>PF-06873600 | 50 mg/kg, QD<br>75 mg/kg, QD<br>50 mg/kg, QD | 26<br>51<br>20 |
|                       | Palbociclib-R-BR-05-0380 (FP7) | Breast cancer | Tumor fragment | Palbociclib                               | 60 mg/kg, QD                                 | 28             |
|                       | Palbociclib-R-BR-05-0380 (FP8) | Breast cancer | Tumor fragment | Palbociclib<br>Abemaciclib                | 60 mg/kg, QD<br>60 mg/kg, QD                 | 15<br>96       |

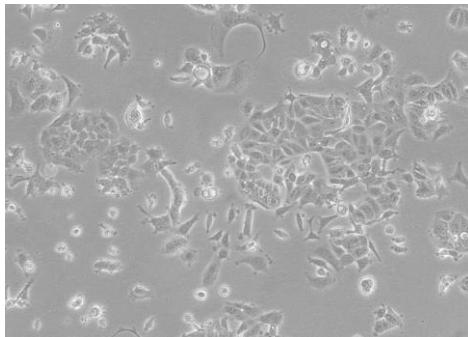
# Abemaciclib induced resistant MCF-7 model (xAzemaciclib-R-MCF-7)

*in vitro & in vivo validation of xAbemaciclib-R-MCF-7*

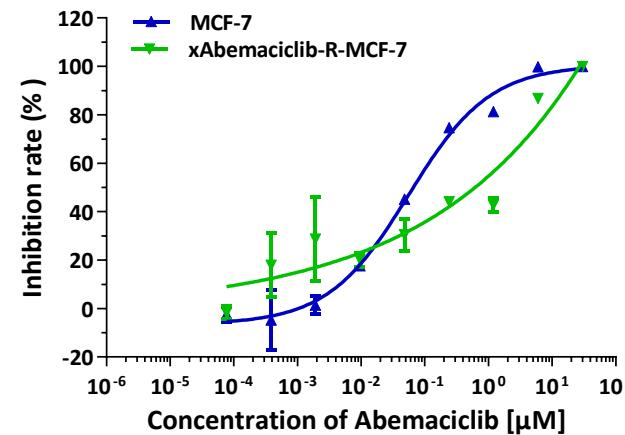
MCF-7 cell line



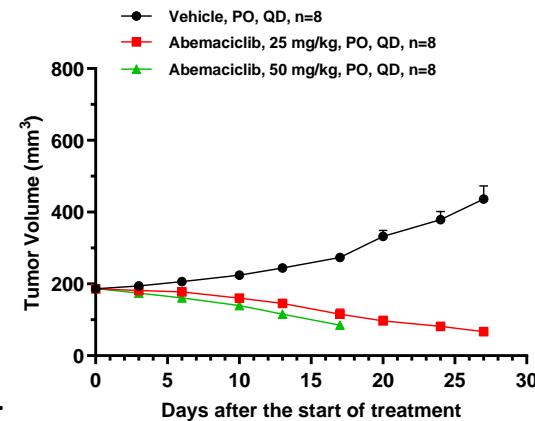
xAzemaciclib-R-MCF-7 cell line



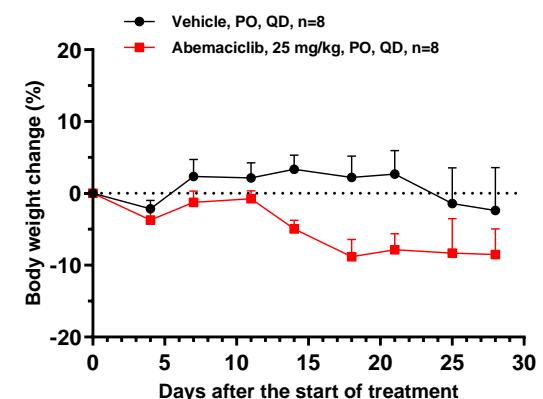
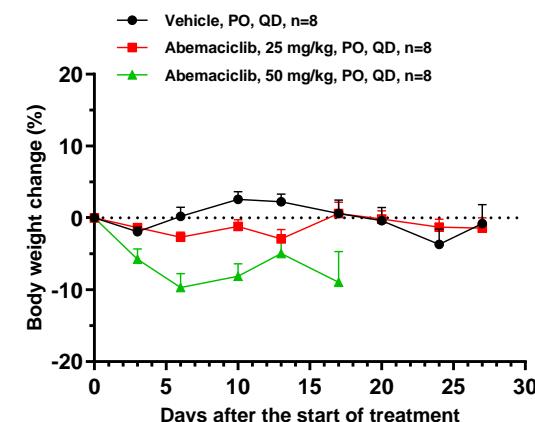
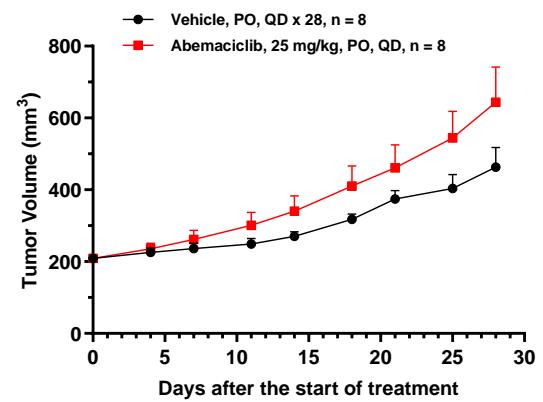
- Abemaciclib-R-MCF-7 model was established by chronic treatment *in vivo*, xAbemaciclib-R-MCF-7 cell line was derived from Abemaciclib-R-MCF-7 tumor.



MCF-7



xAzemaciclib-R-MCF-7



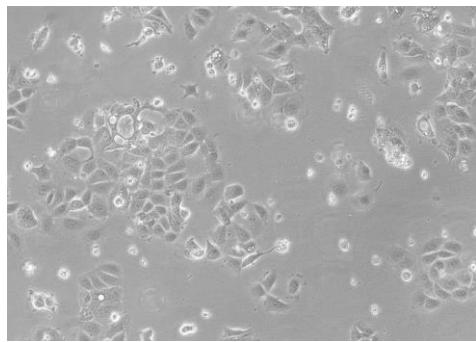
| Compound    | Cell line            | AbsIC50 (μM) | RelIC50 (μM) | Bottom (%) | Top (%) |
|-------------|----------------------|--------------|--------------|------------|---------|
| Abemaciclib | MCF-7                | 0.066        | 0.056        | -4.77      | 99.96   |
|             | xAzemaciclib-R-MCF-7 | 0.617        | 1.156        | -1.64      | 99.94   |

- The xAbemaciclib-R-MCF-7 cell line is resistant to Abemaciclib *in vitro* and *in vivo*.

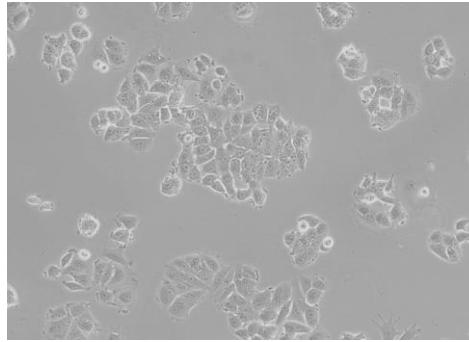
# Ribociclib induced resistant MCF-7 model (xRibociclib-R-MCF-7)

*in vitro & in vivo validation of xRibociclib-R-MCF-7*

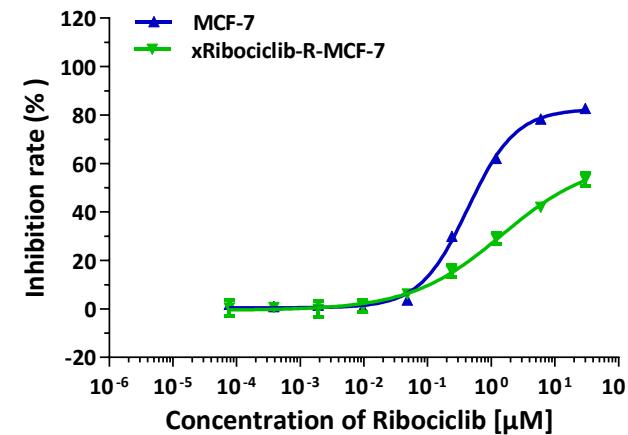
MCF-7 cell line



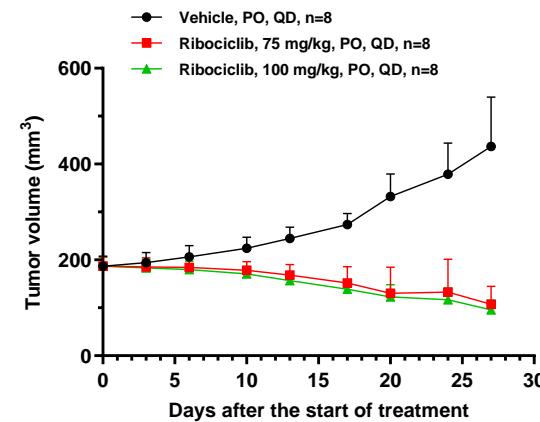
xRibociclib-R-MCF-7 cell line



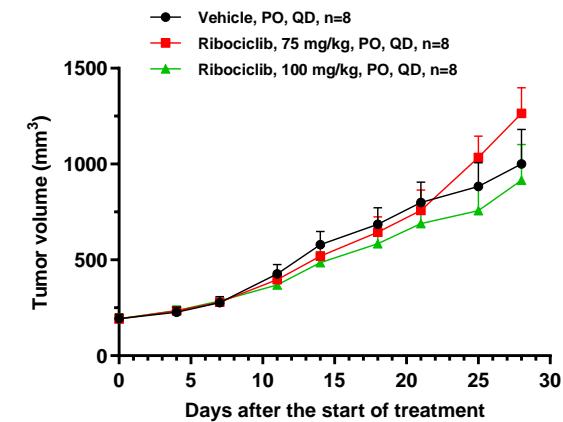
- Ribociclib-R-MCF-7 model was established by chronic treatment *in vivo*, xRibociclib-R-MCF-7 cell line was derived from Ribociclib-R-MCF-7 tumor.



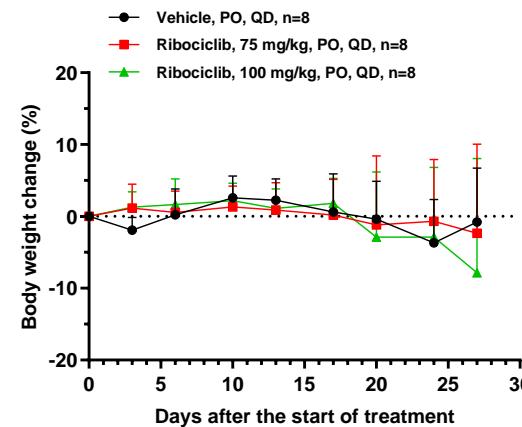
MCF-7



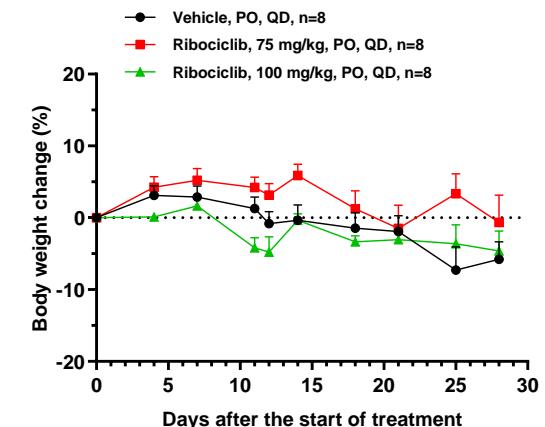
xRibociclib-R-MCF-7



MCF-7



xRibociclib-R-MCF-7



| Compound   | Cell line           | AbsIC50 (μM) | RelIC50 (μM) | Bottom (%) | Top (%) |
|------------|---------------------|--------------|--------------|------------|---------|
| Ribociclib | MCF-7               | 0.621        | 0.431        | 0.30       | 82.72   |
|            | xRibociclib-R-MCF-7 | 16.693       | 1.470        | -0.16      | 53.49   |

- xRibociclib-R-MCF-7 cell line shows minor resistance to Ribociclib.
- The established xRibociclib-R-MCF-7 model is still resistant to Ribociclib *in vivo*.

## Model summary

| Induce method         | Model ID             | Cancer type   | Inoculation | Drugs tested | Dosage                        | TGI (%)    |
|-----------------------|----------------------|---------------|-------------|--------------|-------------------------------|------------|
| Parental              | Parental MCF-7       | Breast cancer | Cell line   | Abemaciclib  | 25 mg/kg, QD<br>50 mg/kg, QD  | 148<br>141 |
|                       | Parental MCF-7       | Breast cancer | Cell line   | Ribociclib   | 75 mg/kg, QD<br>100 mg/kg, QD | 132<br>137 |
| <i>In vivo</i> induce | xAbemaciclib-R-MCF-7 | Breast cancer | Cell line   | Abemaciclib  | 25 mg/kg, QD                  | -71        |
|                       | xRibociclib-R-MCF-7  | Breast cancer | Cell line   | Ribociclib   | 75 mg/kg, QD<br>100 mg/kg, QD | -33<br>11  |



# OUR COMMITMENT

## *Improving Health. Making a Difference.*

For questions and requests, please email to [info\\_onco@wuxiapptec.com](mailto:info_onco@wuxiapptec.com)



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