Developing novel resistant models to diverse ADC drugs to accelerate new generation drug discovery

WuXi Biology

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Introduction

In recent years, ADC drugs have demonstrated impressive therapeutic effects in cancer treatment, particularly for solid tumors. Among these, DS-8201, an ADC drug targeting HER2, has been notably approved for multiple cancer treatments, showcasing its remarkable efficacy. However, resistance to ADC therapy remains a significant challenge that limits its long-term effectiveness. Consequently, research on ADC resistance mechanism has been increasing. To address this, we have developed various ADC-resistant cell lines successfully through processes such as drug induced (ADC or free payload) or efflux pump overexpression. Resistant properties of these models have been validated both in vitro and in vivo. For some of the drug induced resistant models, we also disclosed their potential resistance mechanism. One interesting finding in an ADC-induced model is the surface marker of target antigen dose not change while the metabolic status of payload is changed. These drug resistant models and comprehensive findings provide crucial tools that can assist development and optimization of next-generation ADC drugs in the future significantly.



Figure 2. Evaluation of ADC-induced resistant tumor cells. CTG analysis of T-DM1-induced resistant HCC1954 cells (A), Enhertu-induced resistant HCC1954 cells (B), H2170 cells (C) and N87 cells (D).



Construction strategy



Figure 3. In vivo evaluation of Enhertu-resistant N87 model.



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Figure 4. Mechanism exploration of Enhertu-resistant N87 model.

(A) IHC analysis of HER2 expression in tumors. (B) KEGG enrichment analysis. (C) Genes with differential levels of metabolism of xenobiotics by cytochrome P450 signal. (D) GSEA analysis of metabolism of xenobiotics by cytochrome P450 signal. (E) qPCR validation of changed genes. (F) CTG analysis of combination MA (AKR1C inhibitor, Mefenamic acid) and Enhertu.

Summary table of developed resistant models

Gastric	HER2	Enhertu, Dxd	Fully validated
Breast	HER2	Enhertu, T-DM1, RC48	Fully validated
Lung	HER2	Enhertu, RC48	Fully validated
Breast	HER2	T-DM1	Fully validated
Breast	HER2	Enhertu, T-DM1, RC48	<i>In vitro</i> only
Breast	TROP2	Dxd, Datroway	Fully validated
Lung	TROP2	Dxd, Datroway	Fully validated
Breast	HER3	Dxd, HER3-Dxd	Fully validated
Breast	HER2	Enhertu, Dxd	Fully validated
Gastric	HER2	Enhertu, Dxd	Fully validated
Gastric	HER2	MMAE, RC48	Fully validated
	Breast Lung Breast Breast Lung Breast Breast Gastric Gastric	BreastHER2LungHER2BreastHER2BreastHER2BreastTROP2BreastHER3BreastHER2GastricHER2GastricHER2	BreastHER2Enhertu, T-DM1, RC48LungHER2Enhertu, RC48BreastHER2T-DM1BreastHER2Enhertu, T-DM1, RC48BreastTROP2Dxd, DatrowayLungTROP2Dxd, DatrowayBreastHER3Dxd, HER3-DxdBreastHER2Enhertu, DxdGastricHER2Enhertu, DxdGastricHER2MMAE, RC48

Figure 1. Evaluation of payload-resistant tumor cells. CTG analysis of Dxd-induced resistant HCC1806 cells (A), Dxd-induced resistant HCC827 cells (B), Dxd-induced resistant HCC4006 cells (C). CTG analysis of ABCG2-overexpressed HCC1954 cells (D), ABCG2-overexpressed N87 cells (E), ABCB1-overexpressed N87 cells (F).



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