# Exploring Proximal Biomarkers of CBL-B Inhibition in Human Peripheral Blood Mononuclear Cells

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### Introduction

- Casitas B-lineage lymphoma proto-oncogene b (CBL-B) is an E3 ubiquitin-protein ligase that serves as a critical regulator of immunity. Substantial preclinical evidence supports CBL-B inhibition as a potent driver of anti-tumor immunotherapy $^{(1-4)}$ .
- HotSpot has previously disclosed our discovery of an orally bioavailable, selective, small molecule, allosteric CBL-B inhibitor (CBL-Bi), HST-1011, that has advanced into Phase 1/2 clinical trial (NCT05662397).
- As part of the translation of mechanism of action to clinical exploration, we sought to identify and characterize proximal biomarkers capable of monitoring CBL-Bi clinically.

#### CBL-B Inhibition Enhances Anti-tumor Immunity Through Several Key Biological **Mechanisms**

#### **Figure 2.** Dose-dependent Increase in Total ZAP70 Tyrosine Phosphorylation in Activated Human T Cells Upon CBL-Bi



MSD detection of pZAP70(Tyr) (4G10) (A) in human T cells stimulated with aCD3/CD28 for 10 min and increasing and total ZAP70 (B) concentrations of HOT-A CBL-Bi





## Methods

- A phospho-proteomics study was conducted to investigate alterations in phosphorylation sites on proteins in Jurkat cells activated by anti-CD3 antibody cross-linking (aCD3) and anti-CD28 costimulation (aCD28), in the presence and absence of CBL-Bi.
- Selected phosphorylation changes were measured in vitro using a Meso Scale Discovery (MSD) assay and flow cytometry in human peripheral blood mononuclear cells (PBMCs).
- A flow-based assay was employed to measure the biomarkers in mouse PBMCs from animals treated with CBL-Bi.

**Figure 3.** Phosphorylation of ZAP70 at Tyrosine 292 (pZAP70-Tyr292) by CBL-Bi with Anti-CD3 Stimulation in Human PBMCs and Whole Blood



(A) Human PBMCs were stimulated with or without aCD3 or aCD3/aCD28 cross-linking, in the presence or absence of  $1\mu$ M HOT-A. pZAP70(Tyr292) in human CD4+ PBMCs was detected by flow cytometry. (B-C) Human PBMCs or whole blood was stimulated in vitro with anti-CD3 cross-linking for 2 minutes in the presence or absence of HOT-B (10-10000 nM). The MFI of pZAP70-Tyr292 in CD4+ (B) and CD8+(C) was measured by flow cytometry.



**Figure 4.** CBL-Bi Increased pZAP70(Tyr292) in Mouse PBMCs in vivo

- CBL-Bi's impact on potential substrates of CBL-B's E3 ligase activity was monitored for changes in treated human PBMCs using flow cytometry.
- Two HotSpot allosteric CBL-B inhibitors, HOT-A and HOT-B, were used interchangeably throughout the studies.

## Results

Figure 1. Phospho-proteomics Identified Phosphosite Modifications Caused by CBL-Bi in Jurkat Cells



CD4+ and CD8+ T cells was detected by flow cytometry.

**Figure 5.** Validation of Notch1 and IGF1R, Potential Substrates of CBL-B, as Proximal Biomarkers Modulated by CBL-Bi in Human PBMCs



## Conclusions

- Evaluating the effect of CBL-Bi on TCR signaling enabled identification of a repertoire of proximal biomarkers with potential to monitor and optimize CBL-Bi clinically.
- Phosphorylation of ZAP70 in T cells was demonstrated to be a reliable marker for CBL-Bi activity in human and mouse T cells. However, implementing a phospho-flow assay clinically presents additional challenges.

(A) Workflow of the phospho-proteomics study to identify alterations in phosphorylation sites on proteins in Jurkat cells activated by anti-CD3 antibody cross-linking and anti-CD28 costimulation (aCD3/CD28) for 5min, in the presence and absence of 1000nM CBL-Bi HOT-B. (B) Correlation plots comparing PSMs (Log2) identified in cells treated with aCD3 to those treated with aCD3 and HOT-B showed significant differences in serine (S), threonine (T), and tyrosine (Y) phosphorylation. (C) Representative bar plots of PSM values of phosphorylation sites on ZAP70, CD3E, LAT, and PLCG1.

- Notch1 and IGF1R are potential substrates of CBL-B which have the potential to be feasibly assayed in a clinical setting, and both showed robust dose-dependent CBL-Bi effects preclinically<sup>(5)</sup>.
- We believe clinical validation and exploration are warranted to assess the utility of these proximal biomarkers and their association with downstream pharmacodynamics following treatment with HST-1011 in the clinic.





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