Rezatapopt for locally advanced or metastatic solid tumors with a *TP53* Y220C mutation: Initial analysis of the pivotal PYNNACLE Phase 2 trial

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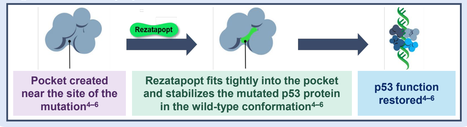
BACKGROUND

- *TP53*, encoding the p53 protein, is the most frequently mutated gene across all cancers[1]
- *TP53* mutations destabilize the p53 protein, causing loss of p53 tumor suppressor function[2]
- *TP53* Y220C is a key hotspot *TP53* missense mutation present in ~1% of all solid tumors[3]
- This mutation creates a pocket on the surface of the p53 protein, destabilizing the protein structure and causing loss of tumor suppressor function[2,3]
- Rezatapopt is an investigational, first-in-class, selective p53 reactivator specific to the *TP53* Y220C mutation (**Figure 1**)[4–6]

Figure 1. Rezatapopt mechanism of action



- In the Phase 1 portion of the PYNNACLE clinical trial (NCT04585750), rezatapopt demonstrated efficacy and manageable safety in heavily pretreated patients with advanced or metastatic solid tumors harboring a *TP53* Y220C mutation[7–9]

OBJECTIVE

- Here, we present initial data from the pivotal PYNNACLE Phase 2 clinical trial assessing rezatapopt in patients with solid tumors harboring a *TP53* Y220C mutation

METHODS

- PYNNACLE Phase 2 is a pivotal, global, single-arm, multi-cohort clinical trial assessing rezatapopt in patients with locally advanced or metastatic solid tumors with a *TP53* Y220C mutation, excluding those with a *KRAS* single nucleotide variant (**Figure 2**)
- Patient cohorts are defined by tumor type
- Eligible patients receive oral rezatapopt 2000 mg QD with food for 21-day cycles
- The primary endpoint is ORR per BICR across cohorts and in the ovarian cancer cohort (RECIST v1.1)
- Secondary endpoints include investigator-assessed ORR, other efficacy endpoints, OS, PFS, and safety
- Patients are followed until death, loss to follow-up, 2 years after last patient discontinuation, or end of study

Figure 2. PYNNACLE Phase 2 study design

Assessing rezatapopt in patients with solid tumors with a *TP53* Y220C mutation and *KRAS* wildtype

Participants
- Adults aged ≥18 years[a]
- Adolescents aged 12–17 years[b]
- Locally advanced or metastatic solid tumors, excluding primary CNS tumors
- Documented *TP53* Y220C and *KRAS* wildtype only (no *KRAS* SNV mutations)
- Prior standard therapy or ineligible for SoC

Endpoints
- **Primary:** ORR per BICR across cohorts and in the ovarian cancer cohort (RECIST v1.1)
- **Key secondary:** ORR per investigator, TTR, DoR, DCR, PFS per BICR and investigator, OS, safety

Basket N=~200
Patient cohorts defined by tumor type
Rezatapopt 2000 mg QD with food

- Cohort 1: Ovarian cancer
- Cohort 2: Lung cancer
- Cohort 3: Breast cancer
- Cohort 4: Endometrial cancer
- Cohort 5: All other solid tumors

[a] For all global sites except Singapore (must be ≥21 years of age) and South Korea (must be ≥19 years of age).
[b] If weighing ≥40 kg (in Australia, South Korea [12–18 years of age], and the USA only).

RESULTS

- In the Phase 2 PYNNACLE trial, by data cutoff (Sept 4, 2025), 112 patients had received rezatapopt
- Patients were heavily pretreated across a broad spectrum of tumors (**Table 1**)
  - 64% of patients had received ≥3 prior lines of systemic therapy
- Of 51 patients with ovarian cancer, 49 (96%) had high-grade serous ovarian cancer, 1 (2%) had clear cell ovarian cancer, and 1 (2%) had sex cord-stromal ovarian cancer

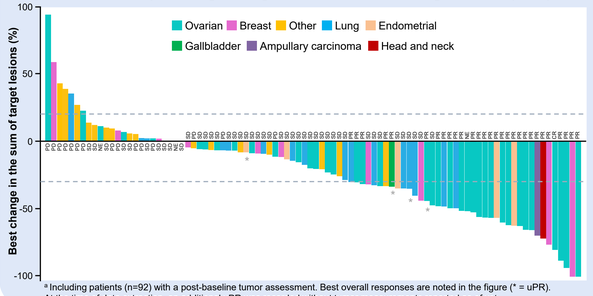
Table 1. Patient baseline characteristics

	Overall N=112	Ovarian n=51	Lung n=19	Breast n=17	Endometrial n=6	Other[a] n=19
Median age, years (min–max)	65 (37–91)	67 (46–91)	63 (48–81)	55 (37–77)	71 (65–73)	58 (45–85)
Sex, n (%)						
Female	82 (73)	51 (100)	4 (21)	17 (100)	6 (100)	4 (21)
Male	30 (27)	0	15 (79)	0	0	15 (79)
Race, n (%)	n=108	n=51	n=19	n=14	n=5	n=19
White	81 (75)	40 (78)	13 (68)	10 (71)	4 (80)	14 (74)
Asian	14 (13)	5 (10)	3 (16)	3 (21)	1 (20)	2 (11)
American Indian or Alaska Native	1 (1)	0	0	0	0	1 (5)
Black or African American	1 (1)	0	0	0	0	1 (5)
Other	1 (1)	0	1 (5)	0	0	0
Not reported	10 (9)	6 (12)	2 (11)	1 (7)	0	1 (5)
ECOG status, n (%)	n=108	n=50	n=19	n=15	n=5	n=19
0	47 (44)	24 (48)	2 (11)	8 (53)	4 (80)	9 (47)
1	61 (56)	26 (52)	17 (89)	7 (47)	1 (20)	10 (53)
Prior lines of systemic therapy, n (%)	n=107	n=51	n=19	n=13	n=5	n=19
1	9 (8)	1 (2.0)	5 (26)	0	2 (40)	1 (5)
2	29 (27)	11 (22)	7 (37)	2 (15)	0	9 (47)
≥3	69 (64)	39 (76)	7 (37)	11 (85)	3 (60)	9 (47)
Median (min–max)	3 (1–10)	4 (1–10)	2 (1–4)	4 (2–9)	4 (1–7)	2 (1–7)

[a] Includes colorectal cancer (n=6), ampullary carcinoma (n=2), gastric cancer (n=2), sarcoma (n=2), gallbladder cancer (n=1), head and neck cancer (n=1), small intestine cancer (n=1), HCC (n=1), pancreatic cancer (n=1), thymic carcinoma (n=1), and esophagus carcinoma (n=1)

- Reductions in tumor target lesions (**Figure 3**) and confirmed responses (**Table 2**) were seen across the different tumor types; among efficacy-evaluable patients:
  - Across all cohorts (n=103), investigator-assessed ORR was 34.0%
  - In the ovarian cancer cohort (n=48), investigator-assessed ORR was 45.8%
- Rapid and durable responses were observed (**Figure 4**)
- TRAEs were mostly Grade 1/2; no Grade 5 TRAEs were observed (**Table 3**)
  - Nausea, fatigue, blood creatinine increased, and ALT increased were the most frequent
  - Laboratory abnormalities were manageable / monitorable; most cases were transient and reversible
  - Four patients (4%) discontinued treatment due to TRAEs
  - Administration of rezatapopt with food decreased incidence of gastrointestinal TRAEs vs Phase 1[8,10]

Figure 3. Maximum percentage change in the sum of tumor target lesions (n=92)[a]



[a] Including patients (n=92) with a post-baseline tumor assessment. Best overall responses are noted in the figure (* = uPR). At the time of data extraction, an additional uPR was recorded without tumor measurements reported as of yet.

Table 2. Investigator-assessed ORR

	Overall, n=103[a]	Ovarian, n=48
ORR,[b] % (95% CI)	**34.0** (24.9–44.0)	**45.8** (31.4–60.8)
CR	1	1
PR	29	18
uPR	5[c]	3
SD	39	12
PD	16	4
NE	13	10

	ORR,[b] n (%)
Lung, n=19	4 (21.1)
Breast, n=12	2 (16.7)
Endometrial, n=5	3 (60.0)
Other, n=19	4 (21.1)

[a] Efficacy-evaluable population includes all enrolled patients with a first post-baseline tumor assessment and patients who discontinued early. [b] ORR is calculated using CR, PR, and uPR. [c] Four uPRs were confirmed and one uPR remains on treatment after the Sept 4, 2025 data cutoff.

Figure 4. Overall duration of treatment[a] (N=112)

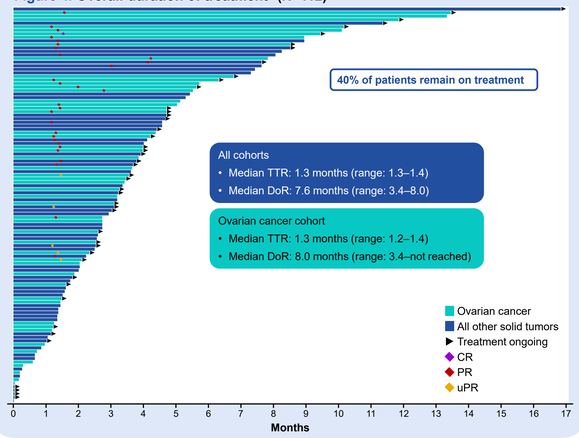
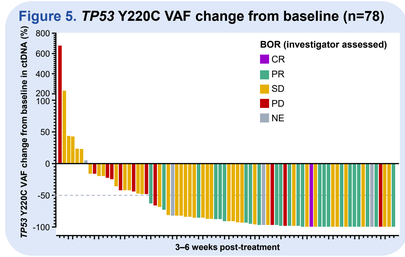


Table 3. TRAEs in ≥5% of patients

Patients, n (%)	All patients N=112	Max CTCAE toxicity grade 1	2	3	4
At least one TRAE	86 (77)	18 (16)	37 (33)	26 (23)	5 (4)
Nausea	38 (34)	24 (21)	13 (12)	1 (1)	0
Fatigue	26 (23)	11 (10)	13 (12)	2 (2)	0
Blood creatinine increased	22 (20)	5 (4)	16 (14)	1 (1)	0
ALT increased	20 (18)	8 (7)	5 (4)	6 (5)	1 (1)
AST increased	16 (14)	6 (5)	3 (3)	7 (6)	0
Anemia	16 (14)	5 (4)	6 (5)	5 (4)	0
Decreased appetite	14 (13)	11 (10)	3 (3)	0	0
Vomiting	13 (12)	7 (6)	6 (5)	0	0
Diarrhea	10 (9)	8 (7)	1 (1)	1 (1)	0
Platelet count decreased	8 (7)	3 (3)	1 (1)	2 (2)	2 (2)
Pruritus	8 (7)	6 (5)	2 (2)	0	0
Constipation	7 (6)	6 (5)	1 (1)	0	0
Dry mouth	7 (6)	7 (6)	0	0	0
Rash maculo-papular	7 (6)	1 (1)	2 (2)	4 (4)	0
Asthenia	6 (5)	2 (2)	4 (4)	0	0

- On-target activity was supported by decreases in ctDNA *TP53* Y220C VAF (**Figure 5**)
- In total, 78 patients had ctDNA *TP53* Y220C VAF data available at baseline and on treatment (3–6 weeks)
- Of 78 patients, 71 (91%) had a reduction in *TP53* Y220C VAF
  - 73% had a reduction of ≥50%
- All patients experiencing a response had a reduction in *TP53* Y220C VAF

Figure 5. *TP53* Y220C VAF change from baseline (n=78)

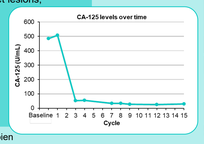


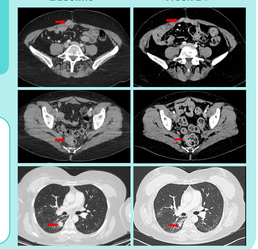
Platinum-resistant HGSOC with rapid and sustained responses

52-year-old female with HGSOC
- *BRCA1* mutation, HRD+, high tumor burden, metastases in lung, chest, pelvis, and lymph nodes

Progressed after multiple lines of prior treatment
- Platinum-based chemotherapy, olaparib, bevacizumab, pembrolizumab, T-cell vaccine, bispecific antibody

Rezatapopt: 2000 mg QD
- PR at 6 weeks; ~44% in target lesions; ~60% at week 24
- TTR: 1.4 months; DoR: 8.8+ months (ongoing)
- Well-tolerated: transient treatment-related grade 1 pruritus and grade 2 nausea
- Treatment ongoing for 10+ months





Courtesy of Dr Italiano and Dr Debien

CONCLUSIONS

- In this initial analysis of the pivotal PYNNACLE Phase 2 clinical trial, rezatapopt showed single-agent efficacy and manageable safety
- Clinical efficacy was achieved in heavily pretreated patients across multiple tumor types
- Rezatapopt offers a promising targeted treatment for solid tumors with a *TP53* Y220C mutation

References: 1. Baugh EH, et al. *Cell Death Differ.* 2018;25:154–160; 2. Hassin O, et al. *Nat Rev Drug Discov.* 2023;22:127–144; 3. FoundationInsights™. A proprietary database used under license with review and approval from Foundation Medicine®. Available at: Biopharma Services Overview | Foundation Medicine. Accessed October 2025; 4. PYNNACLE Study. Available at: https://www.pynnaclestudy.com/. Accessed October 2025; 5. Yu BT, et al. *ACS Med Chem Lett.* 2024;16:34–39; 6. Puzio-Kuter AM, et al. *Cancer Discov.* 2025;15:1159–1179; 7. Schram AM, et al. AACR-NCI-EORTC International Conference. 2023; Oral presentation (abstract LBA25); 8. Schram AM, et al. Annual Meeting on Women's Cancer (SGO). 2024; Oral presentation (abstract LBA 26); 9. ClinicalTrials.gov. Available at: https://clinicaltrials.gov/study/NCT04585750. Accessed October 2025; 10. Kuo H-CD, et al. Clinical Pharmacology (ACCP) 2024; Poster presentation 044 (abstract 1773065).

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Abbreviations: ALT, alanine aminotransferase; AST, aspartate aminotransferase; BICR, blinded independent central review; BOR, best overall response; CI, confidence interval; CNS, central nervous system; CR, complete response; ctDNA, circulating tumor DNA; CTCAE, Common Terminology Criteria for Adverse Events; DCR, disease control rate; DoR, duration of response; ECOG, Eastern Cooperative Oncology Group; HCC, hepatocellular carcinoma; HGSOC, high-grade serous ovarian cancer; HRD, homologous recombination deficiency; NE, non-evaluable; ORR, overall response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PR, partial response; QD, once daily; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease; SNV, single nucleotide variant; SoC, standard of care; TRAE, treatment-related adverse event; TTR, time to response; uPR, unconfirmed partial response; VAF, variant allele frequency.

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- Speakers bureau/honoraria: Covidien/Medtronic
- Advisory board: GlaxoSmithKline
- Consultant for/consulting fee: Oncoinvent AS
- Speakers bureau/honoraria: AbbVie, GmbH

- **María José de Miguel Luken**
- Advisory board: MSD
- Speaker: MSD, Janssen
- Travel, accommodation: ESMO, ASCO, Novartis
- Employee: HM Hospitals Group and START Program of Early Phase Clinical Drug Development in Oncology. Medical Oncologist, Clinical Investigator; Associate Director at START-Madrid HM Sanchinarro
- Financial interest: Janssen, MSD and Roche invited speaker; Syneoshealth, MSD advisory role
- Non-financial interest: early phase clinical trial principal investigator role for MSD, Roche, PharmaMar, AZ, Genmab, Debiopharm, GSK, HiFiBio, Replimune, Merck, Novartis, Abbvie, Achilles, Amunix, Arcus, Furmo, BioNTech, Nektar, Catalym, Dizal, Genentech, Loxo, Lilly, Numab, Bayer, Chugai, Servier

David Shao Peng Tan
- Employee: National University Health System Singapore
- Personal fees for advisory board membership: AstraZeneca, Bayer, BioNTech, Boehringer Ingelheim, Eisai, Genmab, GlaxoSmithKline, MSD, PMV Pharmaceuticals, Inc., Daiichi-Sankyo, Roche
- Personal fees as an invited speaker: AstraZeneca, Eisai, GlaxoSmithKline, Merck Serono, MSD, Roche, and Takeda Pharmaceuticals
- Ownership of stocks/shares: Asian Microbiome Library (AMiLi)
- Research funding to institution: AstraZeneca, Bayer, Karyopharm Therapeutics, Roche
- Institutional funding as coordinating PI: AstraZeneca, MSD, Eisai, Roche, Bergen Bio
- Institutional funding as local PI: Roche, BioNTech, PMV Pharmaceuticals, Inc., GlaxoSmithKline, Sutro Biopharma, Bayer, Byondis B.V., Zeria Pharmaceutical Co Ltd
- Previous non-renumerated role as chair of the Asia Pacific Gynecologic Oncology Trials Group (APGOT); a previous non-renumerated role as the Society President of the Gynecologic Cancer Group Singapore; non-renumerated membership of the Board of Directors of the GCIG
- Research funding: National Medical Research Council (NMRC) Clinician Scientist Award Senior Investigator Grant (CSASI21jun-0003); Pangestu Family Foundation Gynaecological Cancer Research Fund
- Product samples: AstraZeneca, Eisai, MSD (non-financial interest) for research trials

Tira J. Tan
- Advisory boards: AstraZeneca, MSD, Daiichi-Sankyo, Gilead, Novartis, DKSH
- Invited speaker: AstraZeneca, MSD, Gilead, Pillar Biosciences
- Institutional funding (Local PI): Roche, Novartis, Astra Zeneca, Daiichi-Sankyo, Genentech, Sanofi, Loxo, Gilead, Bayer, MSD
- Non-financial Interests: ASCO (Member)
- Conference sponsorship: AstraZeneca, Pfizer

Marcel Wiesweg
- Honoraria and advisory role: Amgen, AstraZeneca, BeOne, Bristol-Myers Squibb, Daiichi-Sankyo, GlaxoSmithKline, Janssen, Lilly, neoConnect GmbH, Novartis, Pfizer, Roche, Takeda
- Travel costs: Amgen, Janssen, Daiichi-Sankyo, Roche
- Research funding: Amgen, Bristol-Myers Squibb, Takeda

Kim LeDuke, Anita Schmid, Deepika Jalota, Marc Fellous
- Employee: PMV Pharmaceuticals, Inc. with stock options

Ecaterina E. Dumbrava
- Research or grant funding: Bayer HealthCare Pharmaceuticals Inc., Immunocore Ltd., Amgen, Aileron Therapeutics, Compugen Ltd., Gilead, BOLT Therapeutics, Aprea Therapeutics, Bellicum Pharmaceuticals, PMV Pharmaceuticals, Inc., Triumvira Immunologics, Seagen, Mereo BioPharma, Sanofi, Rain Oncology, Astex Therapeutics, Sotio, Poseida, Mersana Therapeutics, Genentech, Boehringer Ingelheim, Dragonfly Therapeutics, A2A Pharmaceuticals, Volastra, AstraZeneca, Fate Therapeutics, Pfizer, Jacobio, and Modex Therapeutics
- Advisory board: BOLT Therapeutics, Mersana Therapeutics, Orum Therapeutics, Summit Therapeutics, Fate Therapeutics, PMV Pharmaceuticals, Inc.
- Speaker: PMV Pharmaceuticals, Inc. and BOLT Therapeutics
- Travel, accommodation, expenses: ASCO, LFSA Association, Rain Oncology, Banner MD Anderson Cancer Center, Triumvira Immunologics, KSMO, and Boehringer Ingelheim

Jean-Sébastian Frenel, Aparna R. Parikh, Peter Grimison, Desamparados Roda Perez
- None