Abstract #TIPS11581

PYNNACLE Phase 2 Clinical Trial of Rezatapopt in Patients with Advanced Solid Tumors Harboring a *TP53* Y220C Mutation

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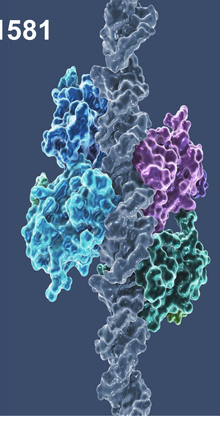
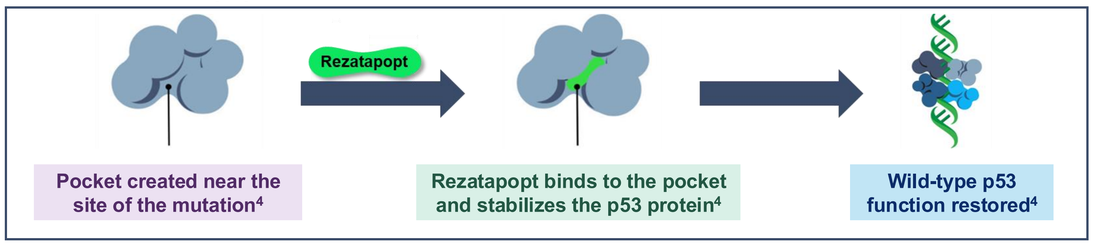


BACKGROUND

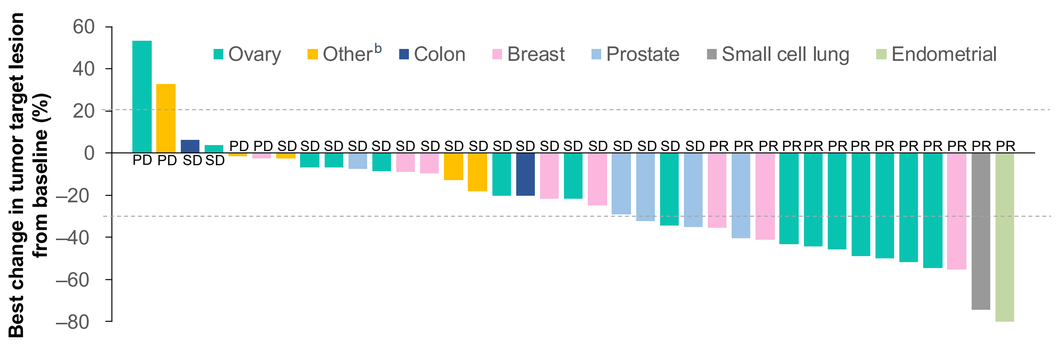
- ***TP53***, encoding the p53 protein, is the most frequently mutated gene across all cancers[1]
  - *TP53* mutations are found in ~59% of all solid tumors[2]
  - These mutations destabilize the p53 protein, causing loss of p53 tumor suppressor function and tumor progression[3]
- ***TP53* Y220C** is a hot-spot *TP53* missense mutation present in ~1% of all solid tumors[2]
- **Rezatapopt** (also known as PC14586) is an investigational, first-in-class, selective p53 reactivator specific to the *TP53* Y220C mutation that stabilizes the mutated p53 protein in wild-type conformation, restoring p53 transcriptional activity and tumor suppressor functions[4–6]
  - Tyrosine-to-cysteine substitution creates a pocket in the Y220C-mutated protein[4–6]
  - Rezatapopt fits tightly into this pocket via non-covalent hydrogen bonding, enhancing hydrophobic and van der Waals interactions, stabilizing the p53 protein in the wild-type conformation[4–6]

Overview of rezatapopt mechanism of action



- In **PYNNACLE Phase 1** (up to data cutoff: September 5, 2023), rezatapopt showed preliminary efficacy in heavily pre-treated patients[7]
  - **Thirteen out of 38 (34%) evaluable patients** receiving rezatapopt in the efficacious dose range (1150 mg QD to 1500 mg BID) **had confirmed PRs**[7]
    - **PRs were observed across multiple tumor types, including ovarian, breast, small cell lung, and endometrial cancers**[7]
  - The **median time to response** and **median duration of response** were **1.5 months** and **7 months**, respectively[7]
  - **Rezatapopt demonstrated a favorable safety profile**, with mostly Grade 1/2 treatment-related AEs[7]
  - The most frequent treatment-related AEs (in >15% of patients) were nausea (50.7%), vomiting (43.3%), blood creatinine increase (26.9%), diarrhea (19.4%), fatigue (19.4%), AST increase (16.4%), and ALT increase (17.9%)[7]

Change in target lesions from baseline in evaluable patients across tumor types[a]



Data cutoff September 5, 2023.
[a] The efficacy-evaluable population includes patients who have a *TP53* Y220C mutation and were *KRAS* wild-type (did not harbor a *KRAS* single nucleotide variant) with measurable disease at baseline and ≥1 post-baseline tumor assessment receiving rezatapopt in the efficacious dose range. One patient with small cell lung cancer without tumor measurement at first scan is not represented.
[b] Other tumor types include sarcoma, esophageal cancer, germ cell tumor, pleomorphic rhabdomyosarcoma, and urothelial cancer.

- Here we describe the study design for the ongoing, pivotal, registrational **PYNNACLE Phase 2 study** assessing rezatapopt 2000 mg QD taken with food in patients with locally advanced or metastatic solid tumors harboring a *TP53* Y220C mutation and *KRAS* wild-type[4]

OVERVIEW OF THE PYNNACLE STUDY

- The PYNNACLE study aims to assess the efficacy, safety, tolerability, PK and pharmacodynamics of rezatapopt in patients with locally advanced or metastatic solid tumors harboring a *TP53* Y220C mutation and *KRAS* wild-type[4,8]

Overview of the PYNNACLE study assessing rezatapopt in solid tumors with a *TP53* Y220C mutation[4,8]

Participants

- Aged ≥12 years
- Locally advanced or metastatic solid tumors
- *TP53* Y220C mutation
- Previously treated (or ineligible for SOC)
- ECOG PS 0 or 1

Phase 2

- Aged ≥18 years[a]
- Adolescents aged 12–17 years (if weighing ≥40 kg)[b]
- *KRAS* wild-type[c]

PYNNACLE (PMV-586-101, NCT04585750)

Phase 1 Active, not enrolling

Rezatapopt dose escalation

- Identify MTD and RP2D
- Assess PK, safety and preliminary efficacy

Phase 2 Active, enrolling

Rezatapopt dose expansion at 2000 mg QD with food

- Assess efficacy
- Assess safety, PK and QoL

[a] For all global sites except Singapore (adults ≥21 years).
[b] Australia, South Korea and US only.
[c] Phase 2 includes patients with *KRAS* wild-type; those with *KRAS* single-nucleotide variant mutations are excluded.

METHODS

- **PYNNACLE Phase 2:** Ongoing, global, single-arm, open-label, multicenter, registrational basket trial in patients with solid tumors[4,7,8]
- **Primary objective**: Evaluate the efficacy of rezatapopt at the RP2D[4,7,8]
- **Secondary objectives:** Safety, PK, QoL and other efficacy measures[4,7,8]
- **Rezatapopt:** Eligible patients receive rezatapopt 2000 mg orally QD with food for continuous 21-day cycles[4,7,8]
- Patients are followed up until death, loss to follow-up, 2 years after last patient discontinuation or end of study[4,7,8]

PYNNACLE Phase 2: Patient population[4,7,8]

Phase 2: Planned cohorts

Basket N = ~114
Rezatapopt 2000 mg QD with food

- **Cohort 1:** Ovarian cancer[a] n = ~42
- **Cohort 2:** Lung cancer n = ~18
- **Cohort 3:** Breast cancer n = ~18
- **Cohort 4:** Endometrial cancer n = ~18
- **Cohort 5:** All other solid tumors n = ~18

Inclusion criteria

- Age ≥18 years for all global sites except Singapore (adults aged ≥21 years)
- Adolescents aged 12–17 years (if weighing ≥40 kg, in Australia, South Korea and US only)
- ECOG PS 0 or 1
- Adequate organ function
- Locally advanced or metastatic solid tumors
- Measurable disease at baseline (RECIST v1.1)
- Documented *TP53* Y220C mutation (identified locally)
- *KRAS* wild-type
- Previously treated with ≥1 line of systemic treatment or ineligible for appropriate SOC

Exclusion criteria

- *KRAS* single-nucleotide variant mutations
- Unstable brain metastases
- Primary CNS tumors
- History of leptomeningeal disease, spinal cord compression, organ transplant or gastrointestinal disease that may impact rezatapopt absorption
- Heart conditions (unstable angina, uncontrolled hypertension, heart attack within 6 months prior to screening, heart failure, QT interval prolongation or other clinically significant rhythm abnormalities)
- Uncontrolled hepatitis B, hepatitis C or HIV infection

[a] Platinum resistant or refractory.

PYNNACLE Phase 2: Primary and secondary endpoints[4,7,8]

PRIMARY OBJECTIVE: Evaluate the efficacy of rezatapopt per BICR (blinded independent central review) assessment

Primary endpoints

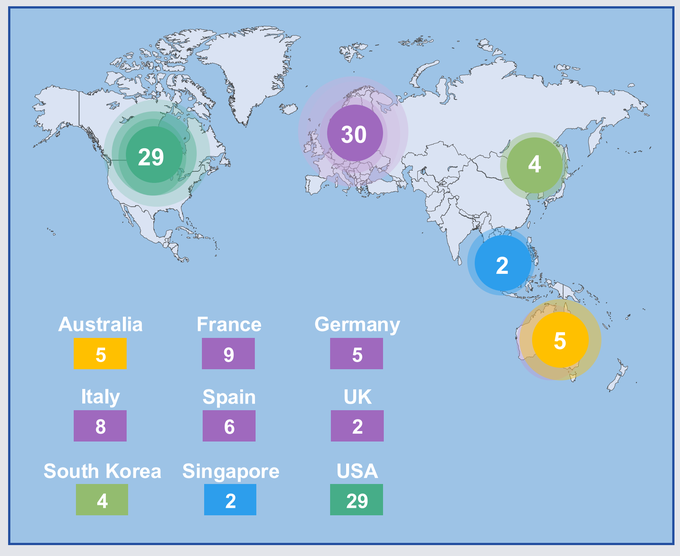
- **ORR** — **ORR[a]** BICR assessed RECIST v1.1 Across all cohorts
- **ORR** — **ORR[a]** BICR assessed RECIST v1.1 Ovarian cancer cohort only

Secondary endpoints

- **ORR** — **ORR:** Investigator assessed; RECIST v1.1
  - Across all cohorts and ovarian cancer cohort only
- **TTR DoR DCR** — **TTR, DoR, DCR:** BICR and investigator assessed; RECIST v1.1
  - DCR at 6, 12, 18 and 24 weeks
  - Across all cohorts and ovarian cancer cohort only
- **OS PFS** — **PFS:** BICR and investigator assessed; RECIST v1.1 **OS and PFS:** Across all cohorts and ovarian cancer cohort only
- **AEs** — **Safety:** AEs, SAEs, laboratory assessments
  - AEs graded using CTCAE v5.0[9]
- **PK** — **Plasma PK parameters**
  - May include C_{max}, T_{max}, AUC_{0-t}, AUC_{tau}, C_{trough}
- **PRO** — **PROs:** EORTC QLQ-C30 for patients aged ≥18 years

[a] ORR will be derived from BICR-assessed BOR based on RECIST v1.1 as assessed in these two populations.

PYNNACLE Phase 2: Planned sites worldwide[8]



References

1. Baugh EH, et al. Cell Death Differ. 2018;25,154–160
2. FoundationInsights™. A proprietary database used under license with review and approval from Foundation Medicine®. Available at: Biopharma Services Overview | Foundation Medicine. Accessed April 2025
3. Hassin O, et al. Nat Rev Drug Discov. 2023;22:127–144
4. PYNNACLE Study. Available at: https://www.pynnaclestudy.com/. Accessed April 2025
5. Vu BT, et al. ACS Med Chem Lett. 2025;16:34–39
6. Dumble ML, et al. AACR Annual Meeting. 2021; Oral presentation, abstract LB006
7. Schram AM, et al. AACR-NCI-EORTC International Conference. 2023; Oral presentation, abstract LB_A25
8. ClinicalTrials.gov. NCT04585750. Available at: https://clinicaltrials.gov/study/NCT04585750. Accessed April 2025
9. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0. Available at: https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/ctcae_v5_quick_reference_5x7.pdf. Accessed April 2025.

Abbreviations

AE, adverse event; ALT, alanine aminotransferase; AST, aspartate aminotransferase; AUC_{0-t}, area under the plasma concentration-time curve from before dose to the time of the last quantifiable concentration; AUC_{tau}, area under the plasma concentration-time in one dosing interval; BICR, blinded independent central review; BID, twice daily; BOR, best overall response; C_{max}, maximum plasma concentration; CNS, central nervous system; CTCAE v5.0, Common Terminology Criteria for Adverse Events version 5.0; C_{trough}, trough observed concentration; DCR, disease control rate; DoR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; EORTC, European Organisation for Research and Treatment of Cancer; HIV, human immunodeficiency virus; *KRAS*, Kirsten rat sarcoma viral oncogene homolog; max, maximum; MTD, maximum tolerated dose; ORR, overall response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PK, pharmacokinetics; PR, partial response; PRO, patient-reported outcome; QD, once daily; QLQ-C30, Quality of Life Questionnaire; QoL, quality of life; RECIST v1.1, Response Evaluation Criteria in Solid Tumours version 1.1; RP2D, recommended Phase 2 dose; SAE, serious adverse event; SD, stable disease; SOC, standard of care; T_{max}, time to reach maximum plasma concentration; *TP53* Y220C, tumor protein 53 with an amino acid substitution at amino acid position 220 (tyrosine has been replaced by cysteine); TTR, time to response.

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These disclosures are relevant for this poster; for a more complete list of disclosures of conflicts of interest, please follow the QR code.

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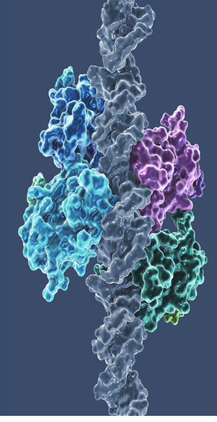

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