

# ***The promises of molecular targeted therapies and the challenges of the intrinsic and acquired resistance***

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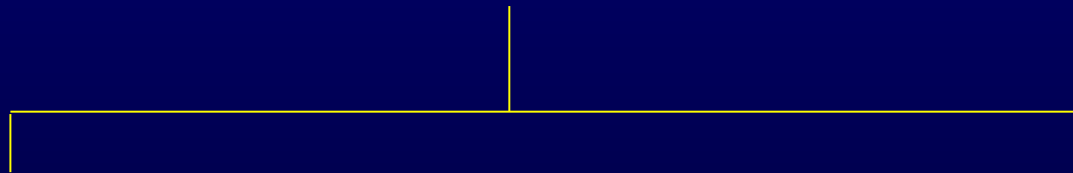


# ***NEW SCENARIO***

High-throughput tools



Molecular characterization of tumors



Molecular classification



Targeted therapy

# MOLECULAR TARGETED THERAPY

- “Drugable” direct target (onco)gene products
- “Drugable” indirect target altered pathways (TSG)

# MOLECULAR TARGETED THERAPY

**“Drugable” direct target (onco)gene products**

- a) Cell addiction (viability)
- c) Cell growth dependance

# MOLECULAR TARGETED THERAPY

- **CELL ADDICTION**

(oncogene addiction)

- **BCR/ABL** in **CML**

- **c-Kit** in **GIST**

## b) **CELL GROWTH**

### **DEPENDANCE**

(low oncogene addiction)

- **PDGFRB** in **DFSP**

- **PDGFRB** in **Chordomas**

# MOLECULAR CLASSIFICATION ↔ TARGETED THERAPY

## Imatinib Paradigm

**One drug for several histologically different tumors:**

- **CML** (haematopoyetic)
- **GIST** (stromal-derivation)
- **DFSP** (sarcoma)
- **Chordomas** (notochorda derivation)

GIST: Intra-abdominal mesenchymal/stromal neoplasm, most probably from interstitial cells of Cajal origin, displaying KIT (CD117) immunopositivity

Diagnosis of Gastrointestinal Stromal Tumors: A consensus Approach.  
Hum Pathol 2002 May;33:459-465

**KIT and PDGFRA molecular modeling  
for GIST sensitivity and resistance  
to Imatinib**

Extracellular region

KIT  
PDGFRA

NH2

SCF  
 PDGFAB

Ligand binding domain

Dimerization domain

| KIT    | PDGFRA |
|--------|--------|
| Exon 9 | 10     |

Cytoplasmic region

Juxtamembrane domain

| KIT     | PDGFRA |
|---------|--------|
| Exon 11 | 12     |

Kinase domain

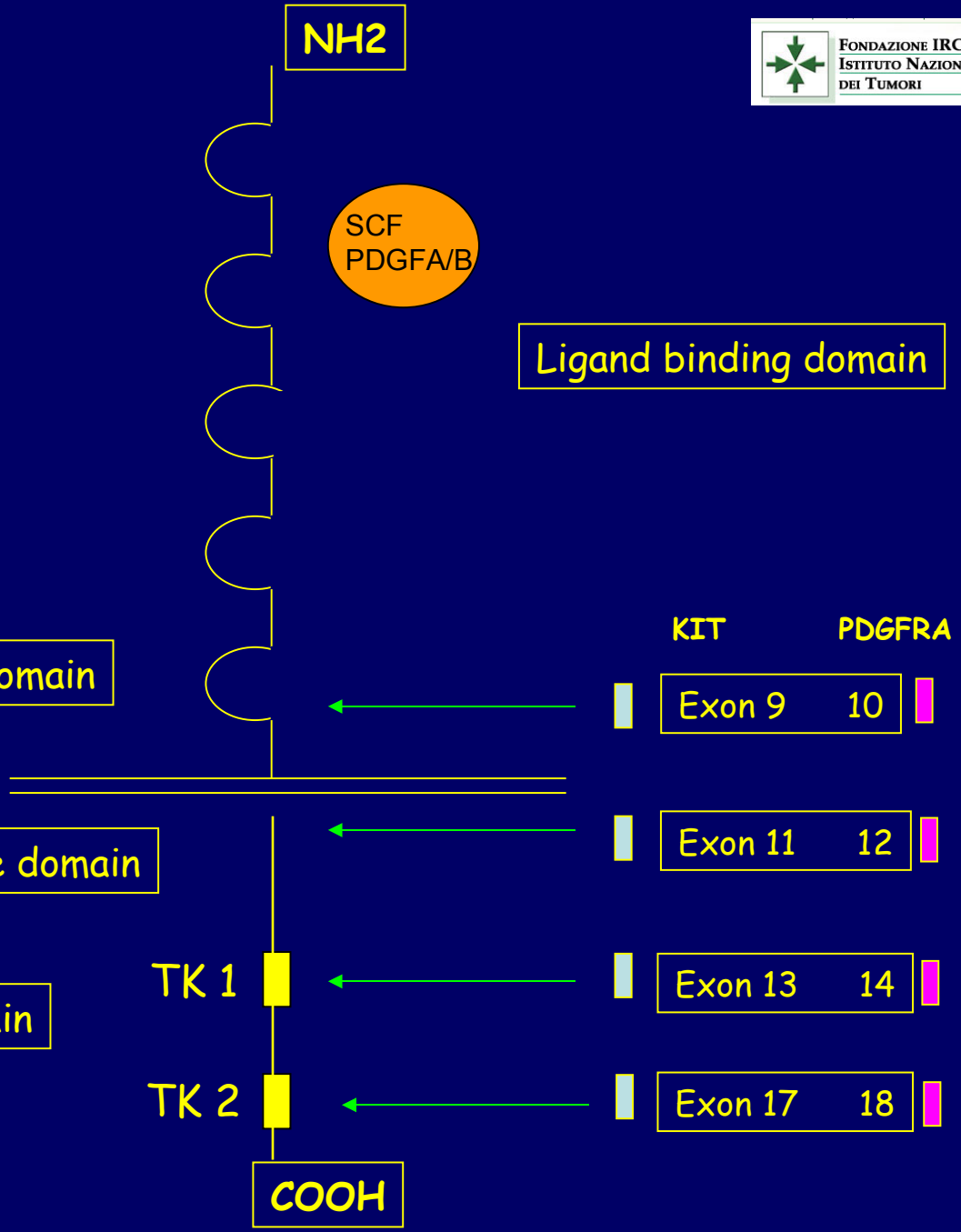
TK 1

| KIT     | PDGFRA |
|---------|--------|
| Exon 13 | 14     |

TK 2

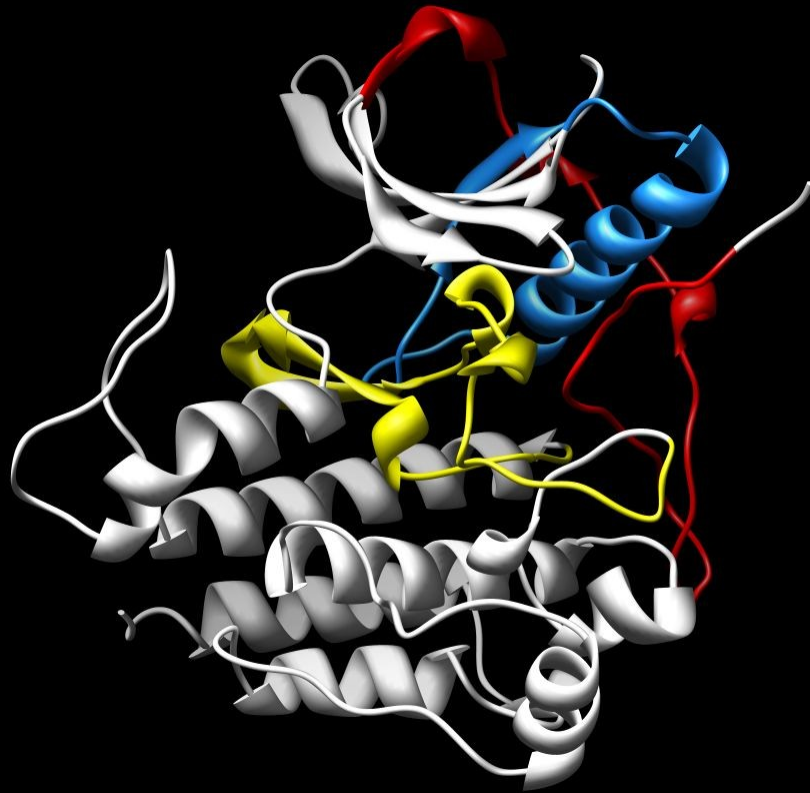
| KIT     | PDGFRA |
|---------|--------|
| Exon 17 | 18     |

COOH



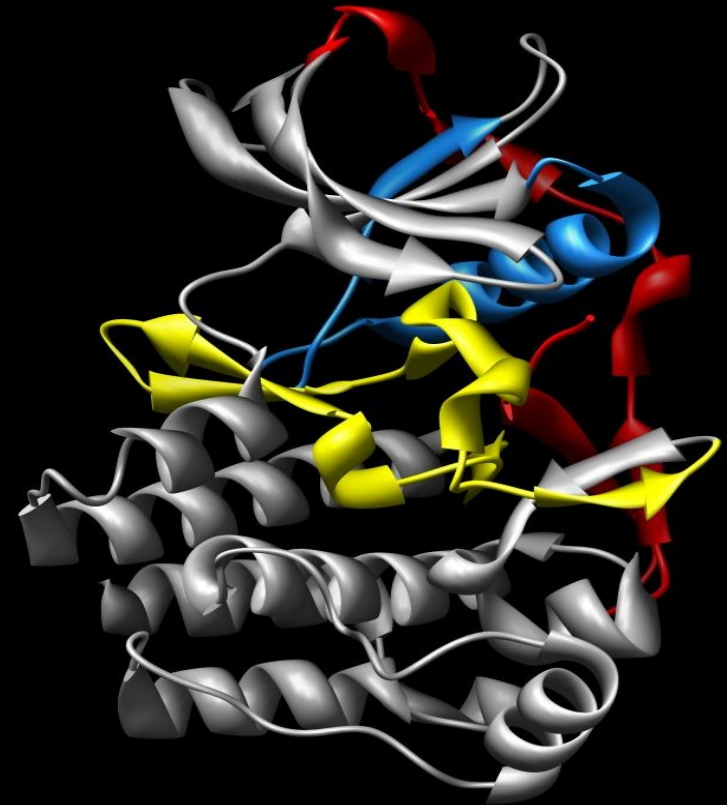


# KIT Kinase domain



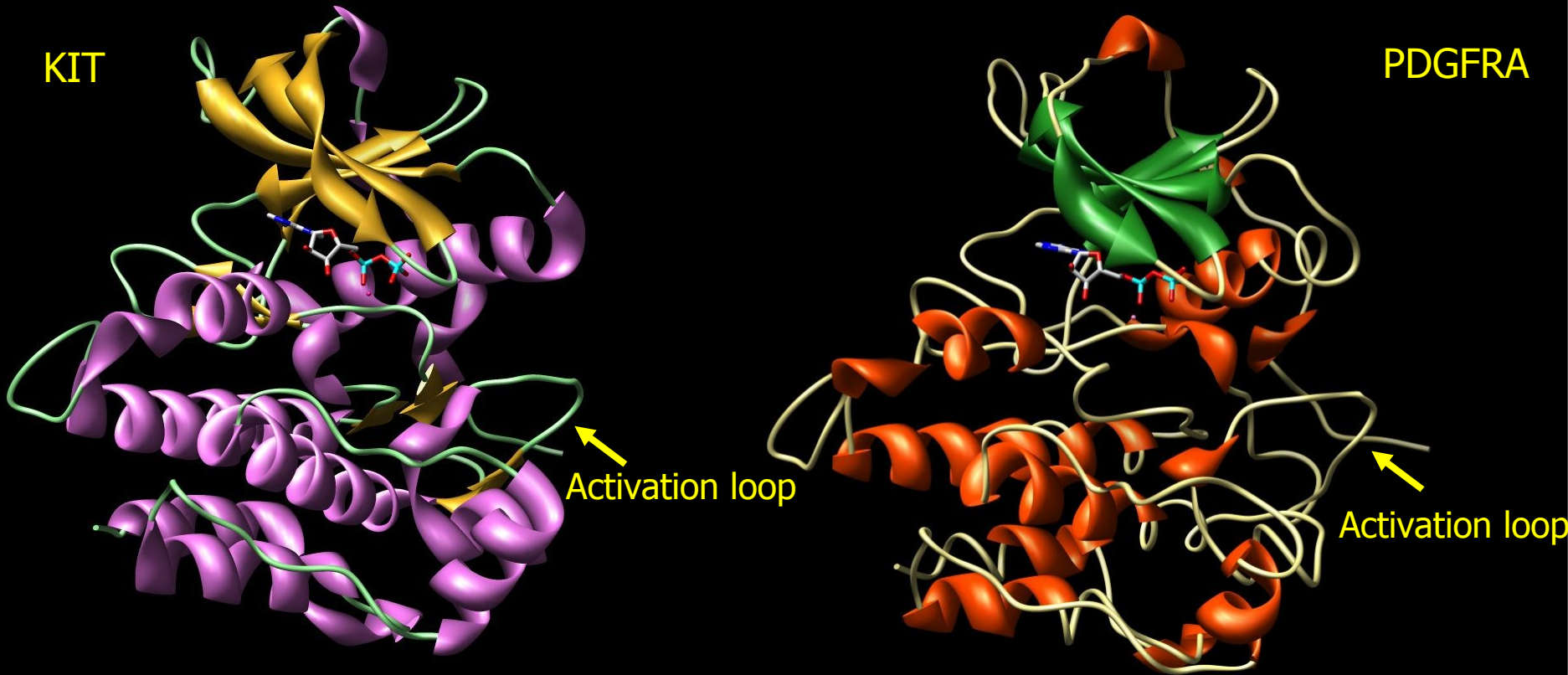
Red: exon 11 wt    juxtamembran domain  
                           $\beta$ -hairpin loop  
Blue: exon 13        TK1 C-Helix  
Yellow : exon 17     TK2 Activation  
                          Loop

# PDGFRA Kinase domain



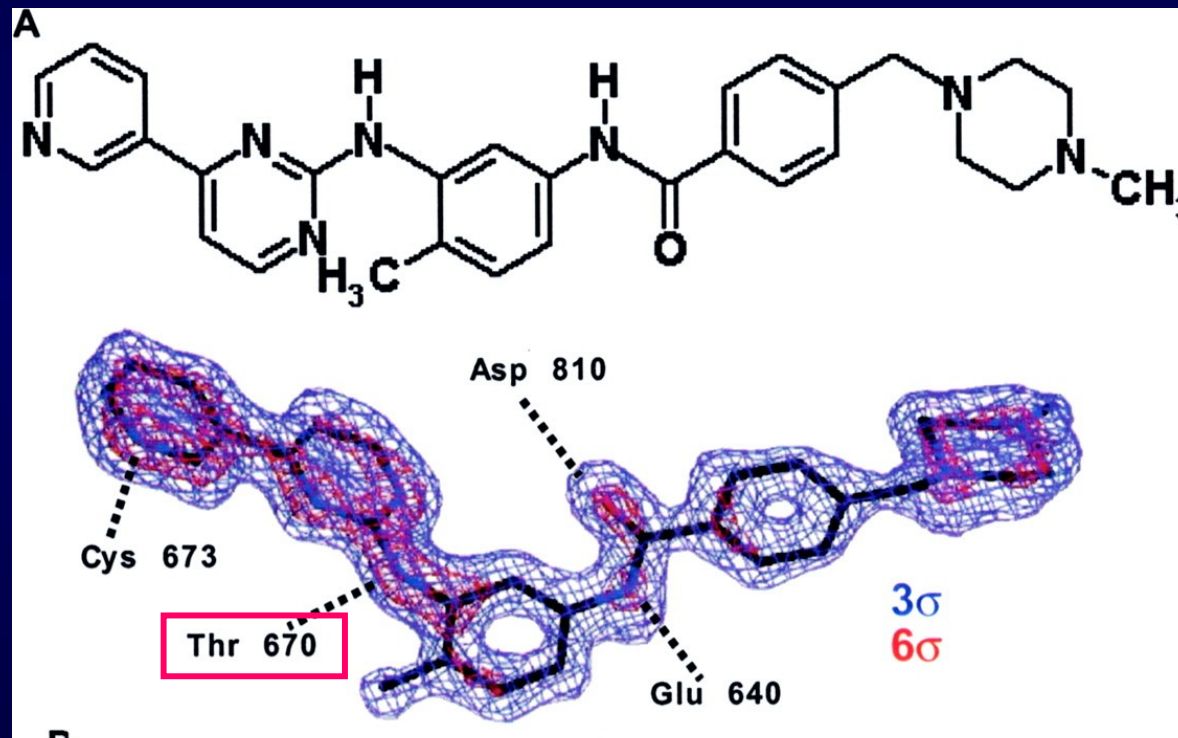
Red: exon 12 wt  
Blue: exon 14  
Yellow : exon 18

# How ATP is located into the pocket:



It binds the **ACTIVE/OPEN** conformation of the kinase

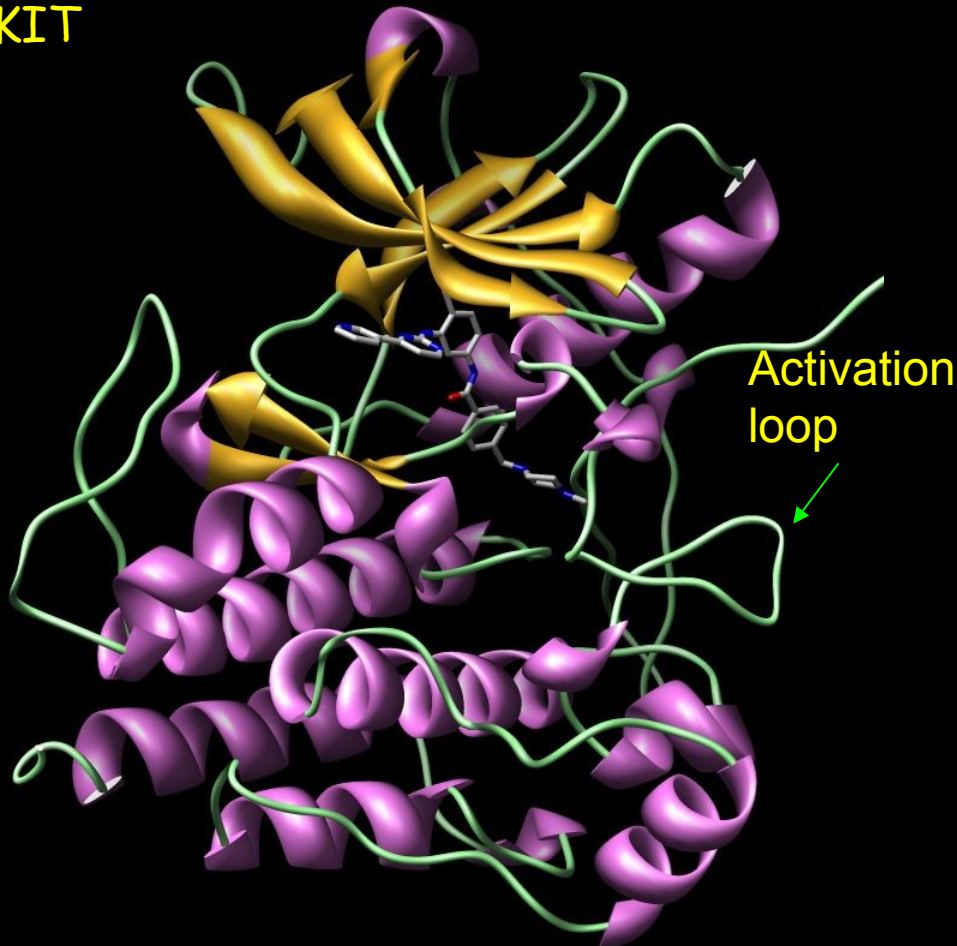
# An intracellular inhibitor: Gleevec/Imatinib/STI571



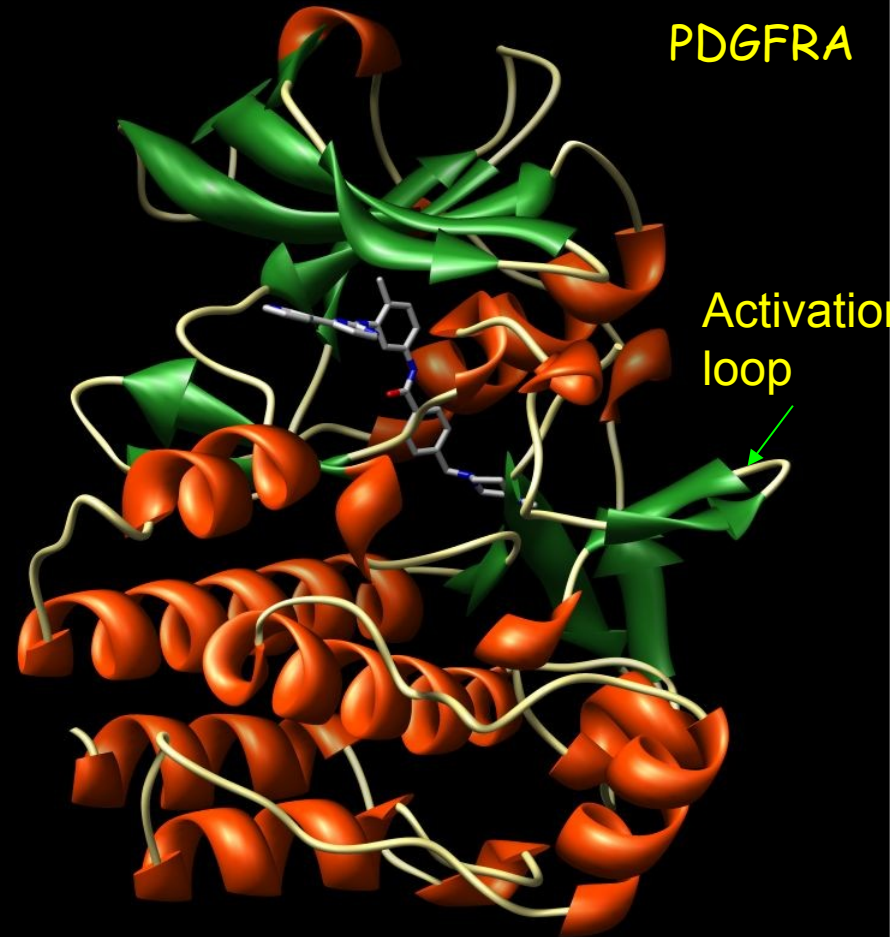
2-phenylaminopyrimidine derivative

# How Imatinib is located into the pocket:

KIT



PDGFRA



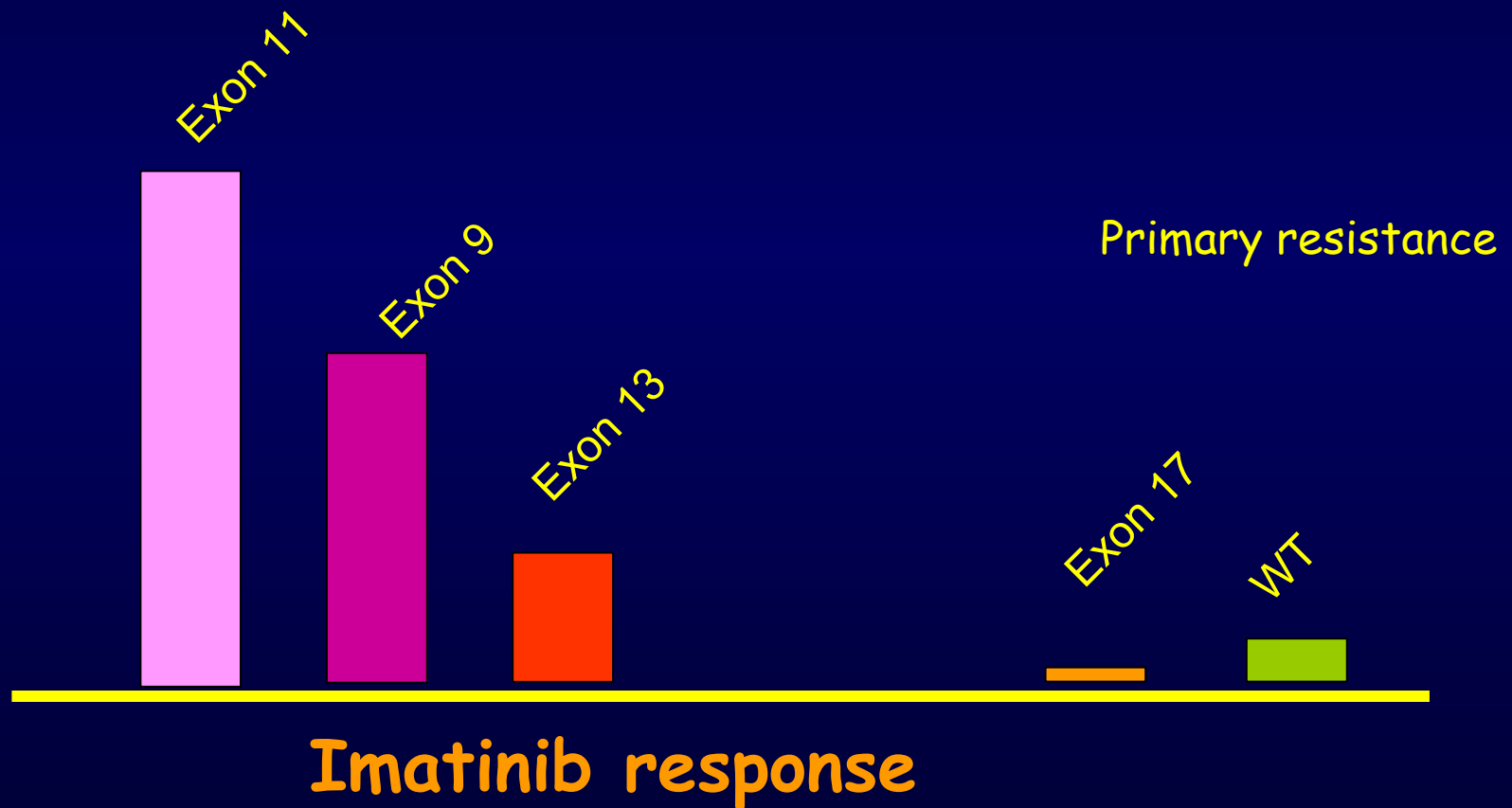
It binds the **INACTIVE/CLOSED** conformation of the kinase hampering the entrance of ATP

# Mutation HOT-SPOTS in GISTs

- Exon 11 KIT ( juxtmembrane domain)      exon 12 PDGFRA
- Exon 9 KIT (extracellular domain)
- Exon 13 KIT (I part of TK domain)      exon 14 PDGFRA
- Exon 17 KIT (II part of TK domain)      exon 18 PDGFRA



# Correlation between mutated KIT exons and response to Imatinib



Primary or intrinsic resistance is due to a conformation of the ATP pocket which does not fit with the Imatinib entrance.

KIT molecular modeling for

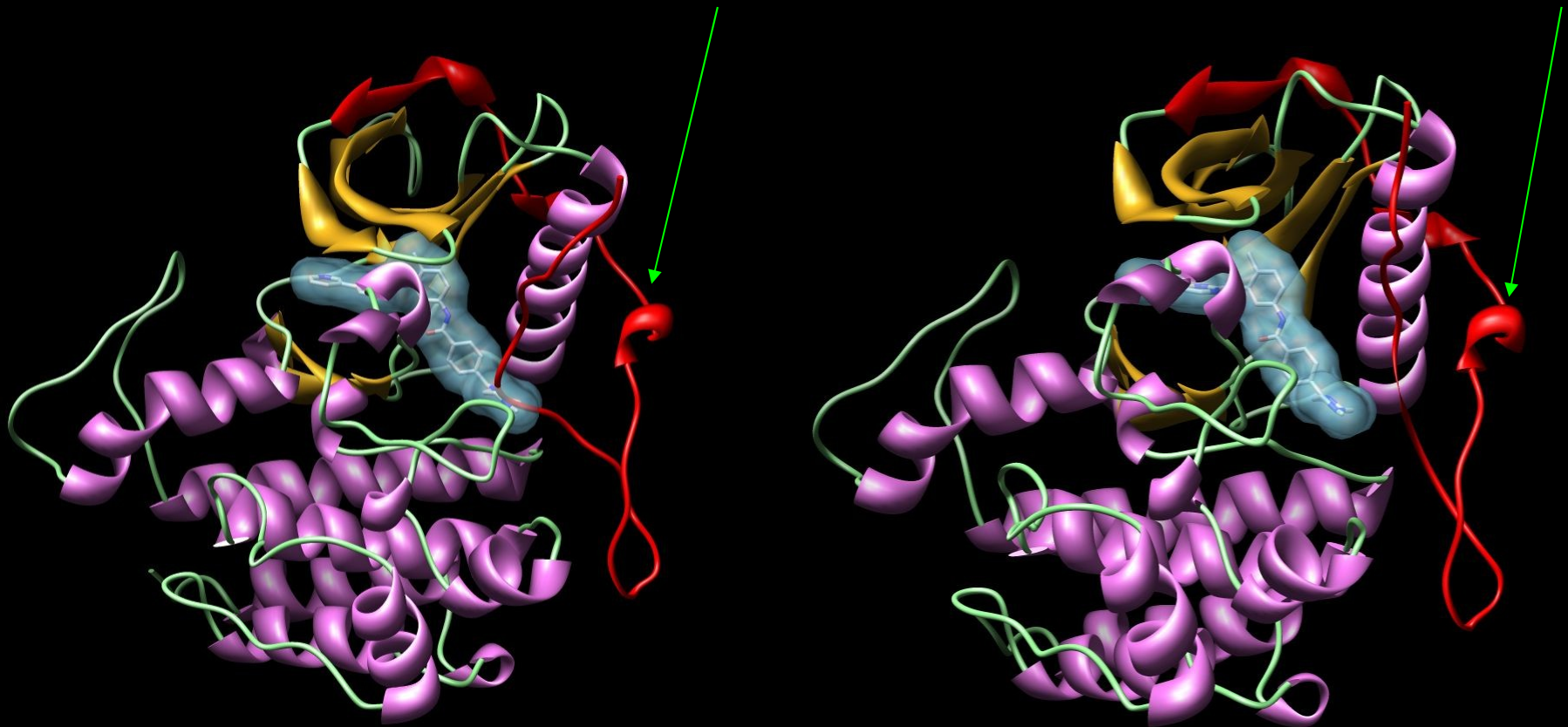
Imatinib sensitivity of exon11 mutations:



# KIT receptor

wt exon 11

mutated exon 11



Sterical hindrance of  $\beta$ -hairpin  
removed by exon 11 mutation

Secondary or acquired resistance is due to secondary alterations affecting the 3D structure of the kinase domain

*Many mechanisms have been reported to be responsible for secondary resistance to Imatinib, including gene amplification, loss of the target, functional resistance.*

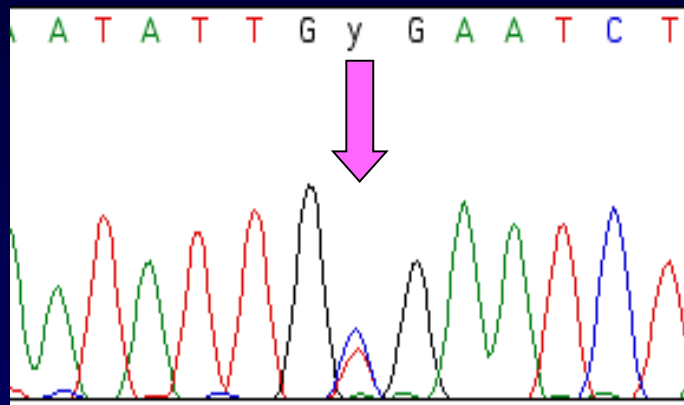


**We will focus on secondary mutations affecting the ATP pocket of the receptors**

# To date secondary mutations are reported in KIT

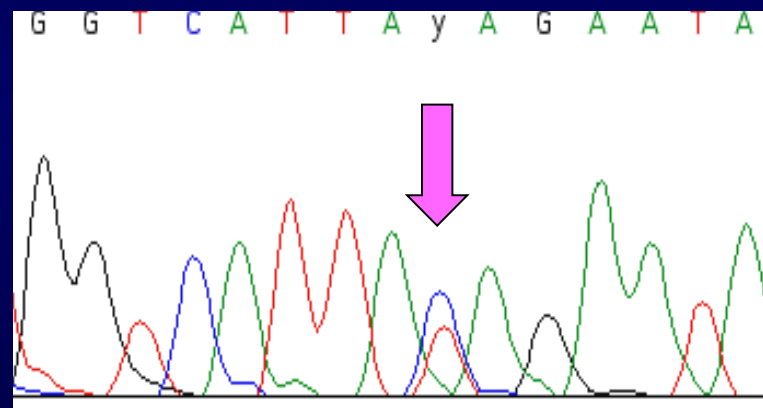
Exon 13

V654A



Exon 14

T670I



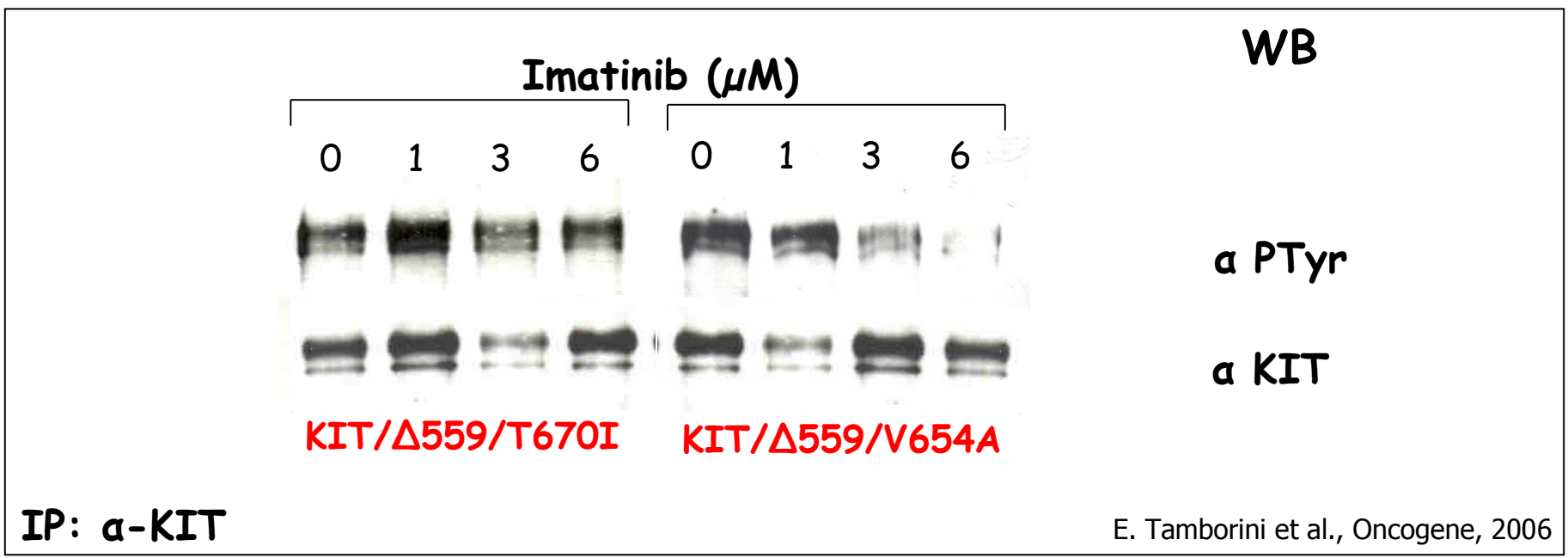
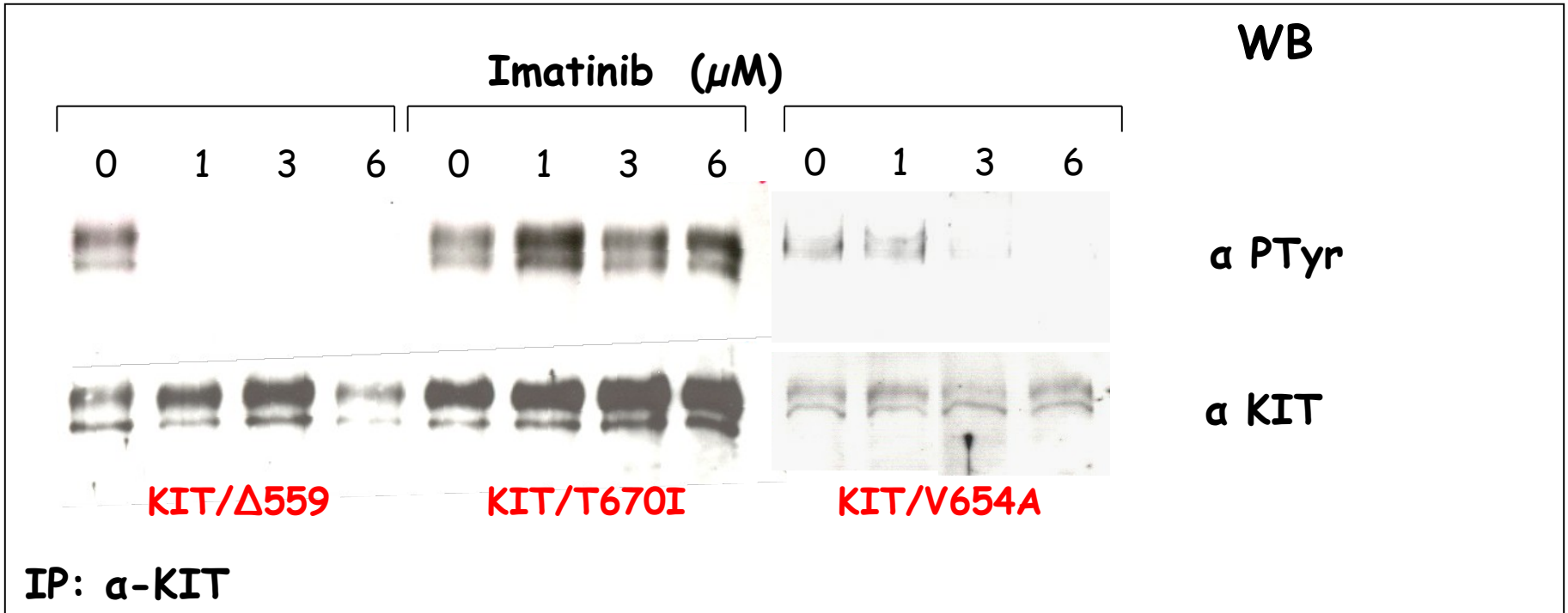
Exon 17

C809G D816E/G/H D820I/Y/N/A/G/E  
N822K/Y/H Y823D D716N

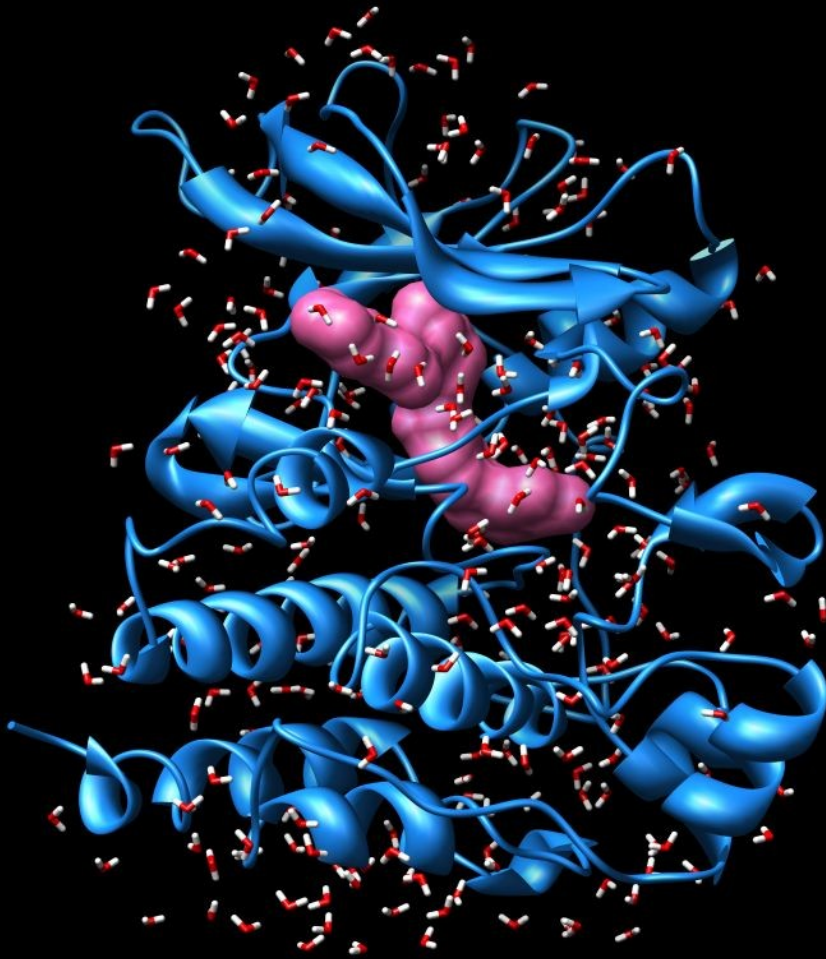
# Functional effect of the identified secondary mutations

*Experimental design:*

1. Transient transfection of COS1 cells with different forms of c-KIT cDNA
2. Imatinib treatment of transfected cells
3. Biochemical analyses of phosphorylation (activation) status of KIT receptor.



# Molecular modeling of KIT carrying T670I



**KIT Exon 11 mutation (delta 559)**



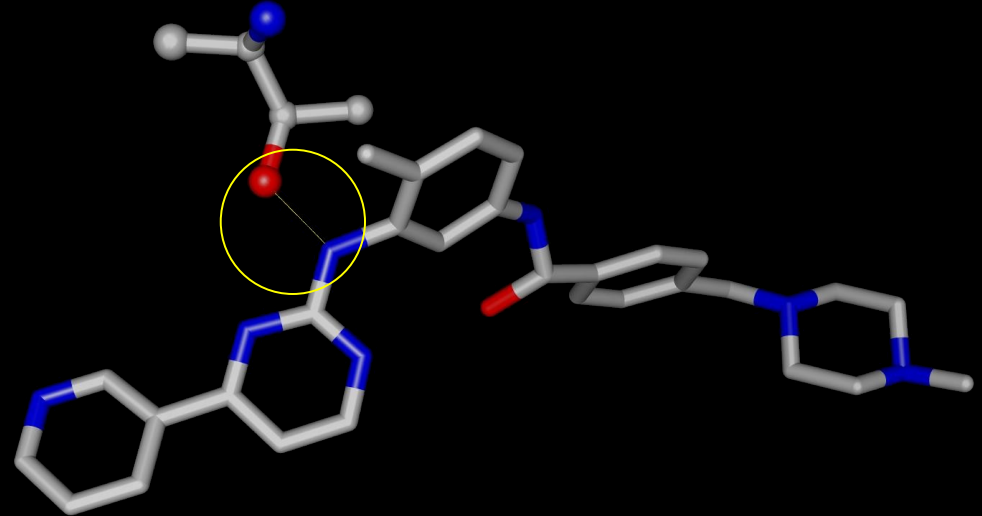
**KIT Exon 11 mutation (delta 559) + T670I**

# T670I

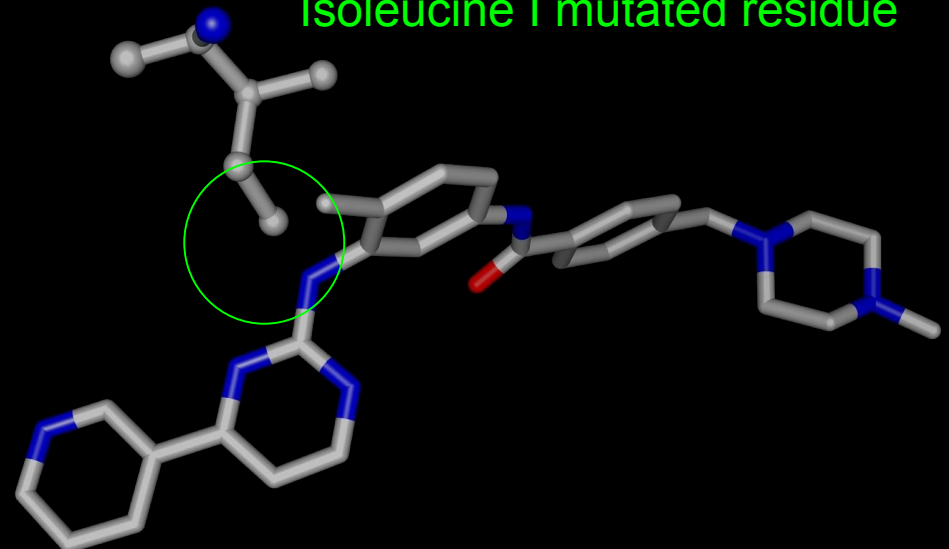
In a sort of a domino effect:

the topical stabilizing H-bond between aminopyridine nitrogen of Imatinib and the side chain Og1 atom of the gatekeeper residue T no longer exists

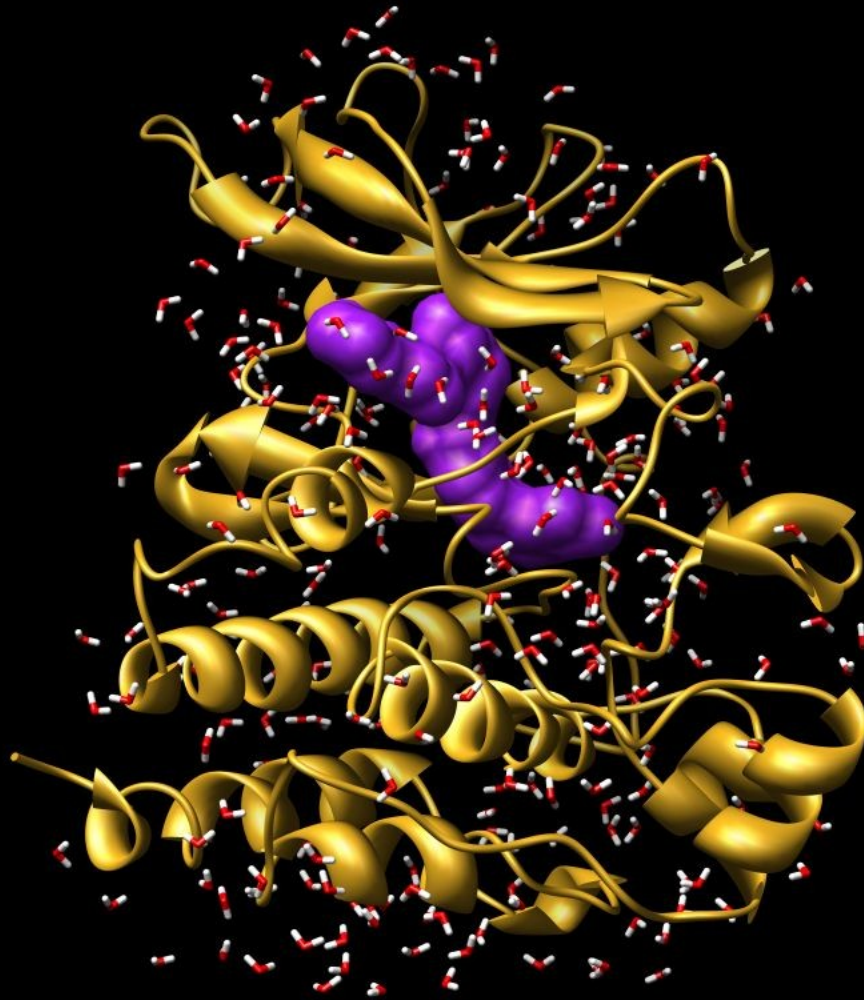
Threonine T wt residue



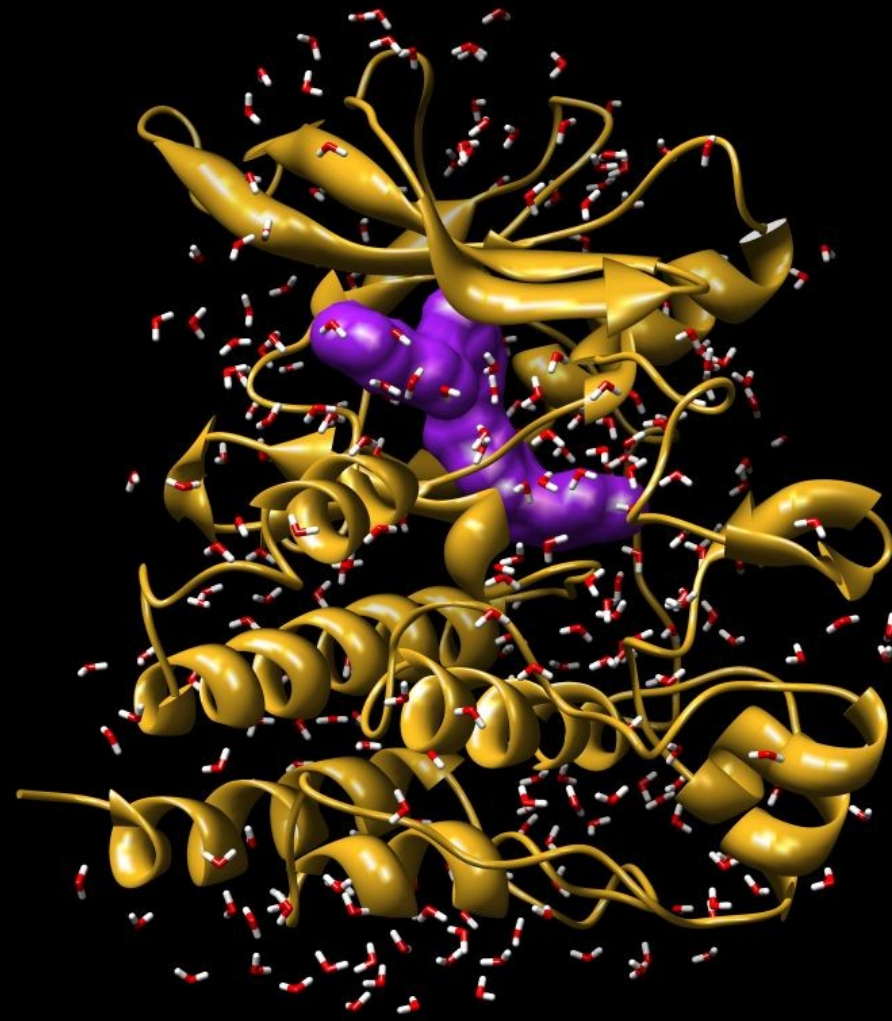
Isoleucine I mutated residue



# Molecular modeling of KIT carrying V654A



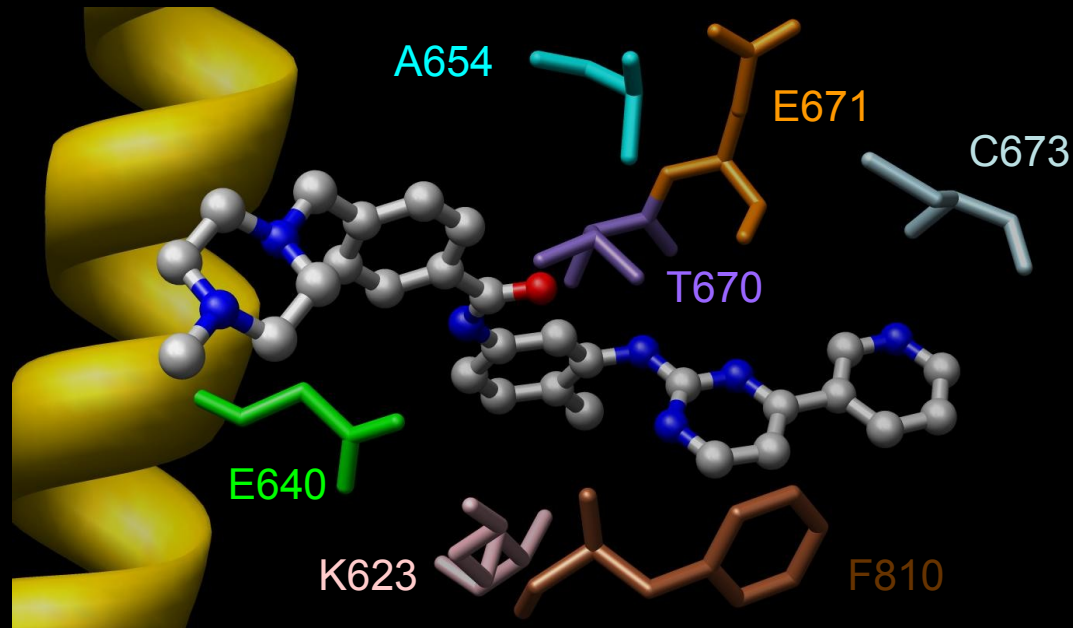
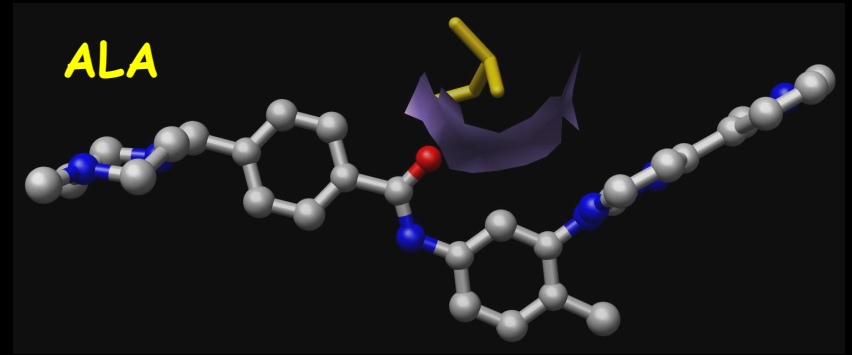
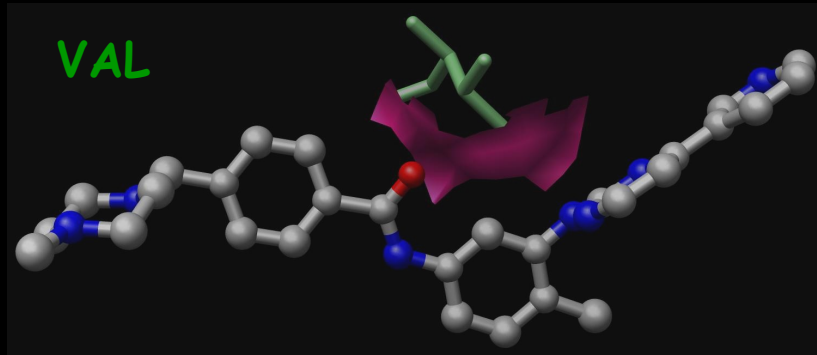
**KIT Exon 11 mutation (delta 559)**



**KIT Exon 11 mutation (delta 559) + V654A**



# Molecular modeling of KIT carrying V654A



## In conclusion:

Two types of KIT mutations have been defined associated with Imatinib Secondary/Acquired resistance:

### Type I (T670I)

which profoundly affects ATP pocket structure rendering fully ineffective Imatinib.

### Type II (V654A)

Which decreases Imatinib affinity for ATP binding pocket. A responsiveness is detectable increasing the dose.

Molecular modeling has provided the structural bases of the biological results and has suggested different therapeutic modalities.

## **Experimental Molecular Pathology**

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