

Mutations and Treatment Resistance: Finding Better Answers for CLL Patients

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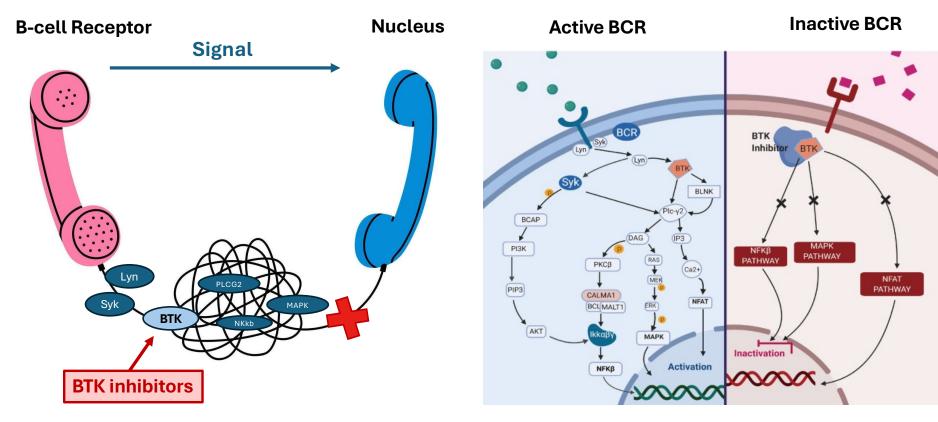
Postdoctoral Fellow Dr. Gandhi's lab Translational Molecular Pathology Department



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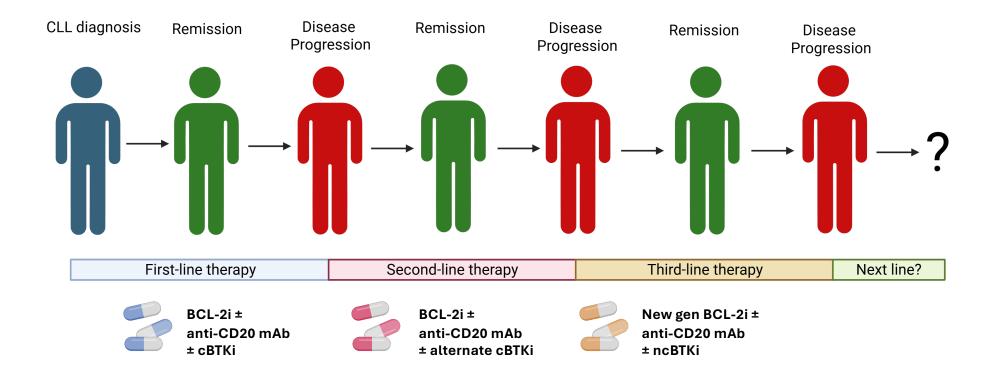
How Targeted Treatments Work?

B-cell Receptor (BCR)



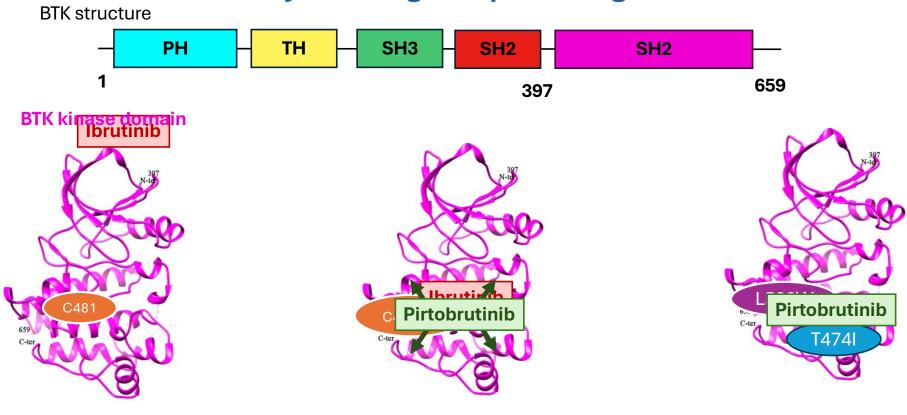
cBTKi/ncBTKi – covalent/non-covalent BTK inhibitors BCL-2i – BCL-2 inhibitors mAb – monoclonal antibodies

The CLL Therapy Journey: Remission and Relapse Cycle



cBTKi/ncBTKi – covalent/non-covalent BTK inhibitors BCL-2i – BCL-2 inhibitors mAb – monoclonal antibodies

Why the Drugs Stop Working?



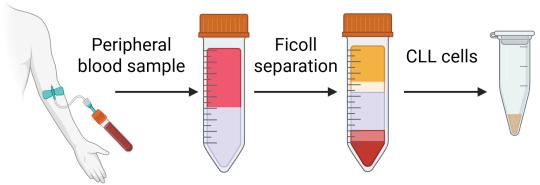
Targeted drugs development

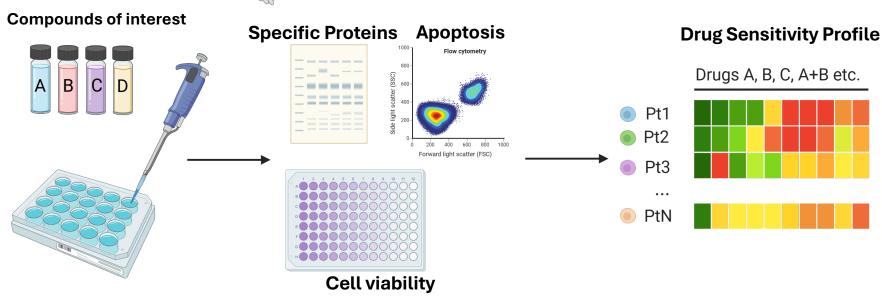
Resistance mechanisms



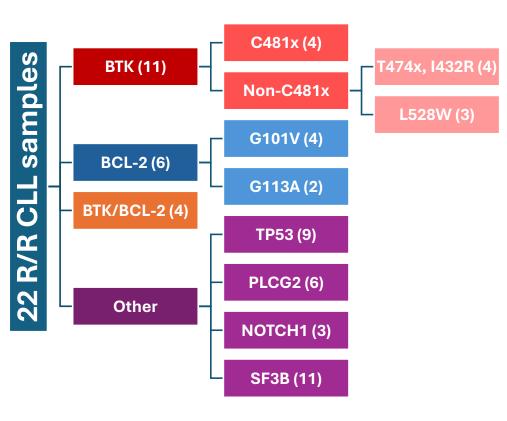
What is "Ex Vivo" drug profiling?

Ex vivo – "outside the living"





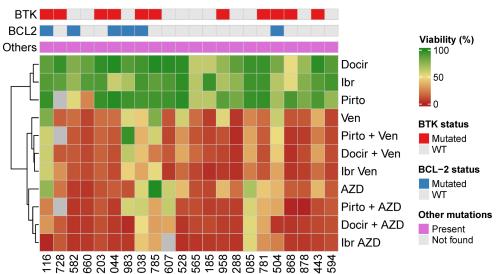
Ex vivo drug profiling of samples from relapsed CLL patients



Drugs:

- BTKi (covalent: *ibrutinib*; non-covalent: *pirtobrutinib*, *docirbrutinib*)
- BCL-2 inhibitor (venetoclax)
- MCL-1 inhibitor (AZD5991)

Ex vivo treatment for 72 hrs → Cell death assessment



Why One Treatment Doesn't Fit All

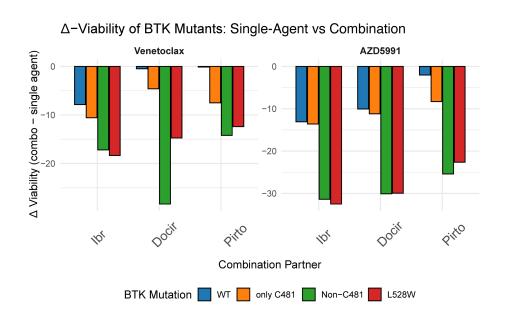
Mean Viability (±SEM) by Mutation Group and Treatment

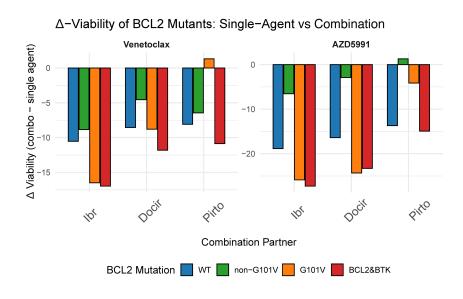
all patients (n=22)	82.1 (±13.9)	86.5 (±14.2)	83.4 (±19.1)	29.5 (±24.5)	18 (±17)	21.3 (±18)	23.7 (±24.4)	31.5 (±26.8)	12.5 (±15.1)	14.9 (±16.1)	21.1 (±21.5)	
BTK WT (n=11)	84 (±3.7)	83.9 (±4.1)	75.3 (±6.8)	19.7 (±5.8)	11.9 (±3.8)	19.2 (±5.4)	19.6 (±8.2)	22.4 (±6.9)	9.3 (±5)	12.3 (±4.9)	20.3 (±7.4)	
BTK mutated (n=11)	80.2 (±4.7)	89.2 (±4.5)	92.2 (±2.7)	39.3 (±7.8)	24.2 (±5.7)	23.3 (±5.6)	28.1 (±6.7)	40.7 (±8.5)	15.5 (±4.3)	17.6 (±4.9)	21.9 (±5.9)	
only C481 (n=4)	83.8 (±8)	97.9 (±1.4)	95.6 (±1.6)	29.3 (±6.8)	18.7 (±5.6)	24.7 (±7.5)	21.8 (±5.8)	29.2 (±10.7)	15.7 (±9.3)	18 (±10.8)	21 (±12.6)	
non-C481 (n=4)	84.7 (±12.1)	92 (±12)	93.6 (±4.2)	41.1 (±31.3)	19.9 (±13.8)	21.2 (±14.4)	25.9 (±17)	51.3 (±35.3)	23.9 (±21.2)	12.8 (±6.4)	26.9 (±26.9)	
L528W (n=3)	69.4 (±17.3)	73.8 (±17.5)	86.3 (±13.1)	50.3 (±31.6)	9.5 (±10.7)	12 (±13.3)	19.3 (±15.4)	42 (±27.6)	31.9 (±24.9)	35.5 (±26.5)	37.9 (±26.6)	
BCL2 WT (n=16)	84.8 (±3.3)	85.6 (±4)	82.8 (±5.1)	23.4 (±5.5)	12.8 (±3.2)	14.8 (±2.7)	15.3 (±3.8)	31.1 (±6.8)	12.3 (±3.9)	14.7 (±3.8)	17.4 (±5.2)	-
BCL2 G101V (n=4)	70.8 (±6.7)	90.2 (±4)	90.2 (±7)	53.1 (±12.9)	36.6 (±10.8)	44.3 (±12.1)	54.5 (±17.4)	34 (±14.9)	8.2 (±5)	9.7 (±6.5)	29.9 (±10.9)	
BCL2 non-G101 (n=2)	83.6 (±10.2)	86.8 (±7.7)	73.7 (±19.9)	31.4 (±13.8)	22.5 (±11.8)	26.8 (±14.7)	24.9 (±13)	29.9 (±25)	23.3 (±20)	27 (±23.4)	31.1 (±27.4)	-
BTK&BCL2 (n=4)	77.3 (±8.6)	91.3 (±4.1)	89.8 (±6.9)	50.7 (±13)	33.8 (±10.4)	38.9 (±10.4)	39.9 (±10.3)	45.2 (±13)	17.9 (±9.8)	21.9 (±11.2)	30.2 (±11.2)	
TP53 (n=9)	79.5 (±4.9)	80.4 (±5.5)	79.2 (±8.6)	30.6 (±8.3)	18.6 (±6.3)	20.9 (±6.4)	19.3 (±6.9)	29.5 (±8)	9.3 (±4.4)	14 (±5.3)	13.8 (±6.9)	
NOTCH1 (n=3)	74.1 (±8)	80.9 (±3.6)	61 (±19.1)	40.2 (±16.9)	15.2 (±9.1)	20 (±12.5)	22.5 (±14.2)	27.2 (±11.8)	10.7 (±6.2)	4.2 (±0.5)	15.1 (±9.6)	
PLCG2 (n=6)	82.1 (±5.5)	89.8 (±4)	79.5 (±11.4)	18.2 (±6.2)	13.4 (±5)	17.6 (±6.7)	16 (±6.3)	28.2 (±10.8)	18.9 (±9.6)	20.4 (±10)	21.6 (±11.4)	
SF3B1 (n=11)	81.7 (±4.6)	80.7 (±5.2)	86.7 (±3.8)	28.6 (±7.8)	13.9 (±5.3)	19 (±5.5)	16.9 (±5.4)	30.8 (±7.2)	8 (±4)	14.6 (±4.8)	17.3 (±6.7)	
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wean viability (%

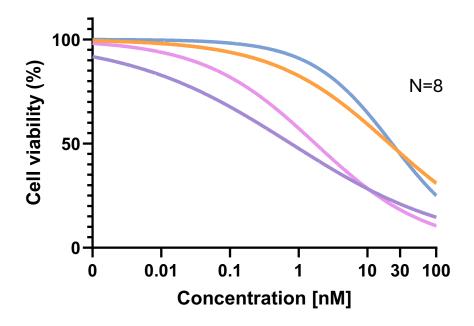
Combination Of Drugs With Different Mechanism Of Actions Helps To Increase Efficacy

Combining drugs can be powerful when chosen correctly





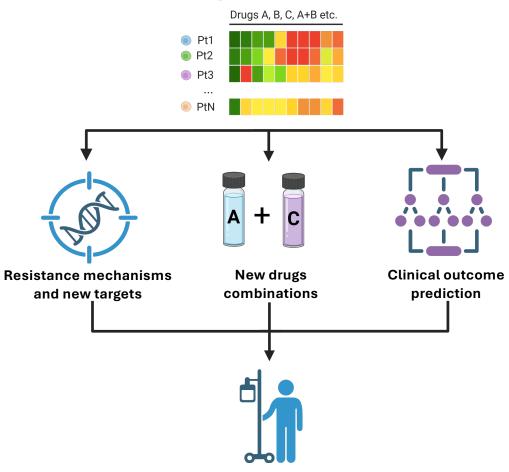
Newer BCL-2 inhibitors are more potent than firstgeneration venetoclax in relapsed CLL samples



- → Venetoclax ($IC_{50} = 9.9 \text{ nM}$) → ABBV-453 ($IC_{50} = 0.4 \text{ nM}$)
- Sonrotoclax ($IC_{50} = 0.08 \text{ nM}$) \leftarrow Lisaftoclax ($IC_{50} = 4.9 \text{ nM}$)

How ex vivo drug profiling can help CLL patients?

Drug Sensitivity Profile



Personalized treatment strategy

Conclusions & Acknowledgements

- •CLL cells from different patients show very different sensitivities to the same drugs.
- •Genetic mutations (like those in **BTK** or **BCL-2**) influence how well treatments work.
- •Some resistant samples still respond to new or combination therapies.
- •Studying these differences ex vivo helps predict which treatments are most effective for each patient.
- •Understanding resistance patterns guides the design of smarter, more durable therapies.

Translational Molecular Pathology Department

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