INTRODUCTION

TP53 mutations and del(17)(p13.1), reported inferior prognostic biomarkers in CLL/SLL and other B lymphomas, are associated with lower ORR, shorter PFS, and poor OS to chemotherapies. The chemoresistance of del(17)(p13.1) is also associated with TP53 deletion or mutation, implying TP53's role as a tumor suppressor. CLL/SLL patients with TP53 alterations are thus considered high-risk.

Over the past decade, BTK inhibitors have revolutionized the treatment of CLL/SLL patients, including for those with TP53 mutations and del(17)(p13.1). While TP53mutated patients respond well to BTK inhibitors, the reported efficacy varies across trials, making it unclear how TP53 mutations influence BTK inhibitor response.

This study investigates the impact of TP53 knockout or mutation on the response of B lymphoma cells to BTK inhibitors. The efficacy of second-generation BTK inhibitors Zanubrutinib (Zanu) and Acalabrutinib (Acala) is also compared in TP53 knockout and mutant B lymphoma cells and animal models.

METHOD

A lentivirus pool consisting of 29 TP53 hotspot mutations was transduced into TMD8 TP53knockout (KO) cells (hereafter referred the mutants-expressing cells as TMD8^{TP53 mutants}) for *in vitro* CTG assay and next generation sequencing after Zanu treatment.

TMD8 cell lines with TP53-KO or TP53-R248Q *in situ* mutation were generated by CRISPR-Cas9 mediated gene editing.

The viability of TMD8 wildtype, TP53-KO, -R248Q mutation cancer cells was measured by CTG assay *in vitro*.

TMD8 wildtype, TP53-KO, -R248Q cells were inoculated subcutaneously into NOG mice for in vivo efficacy evaluation.







identify the selection pressure of zanu on specific TP53 mutations. For each mutation, the variant allele frequency in zanu treated cells were compared to DMSO treated cells, and the foldchanges are displayed as bar plot. The foldchange of almost all mutations (except for S183*) are around 1 suggesting no evident selective pressure of zanu on specific TP53 mutations.

Zanubrutinib (Zanu) demonstrates robust efficacy in both TP53 wildtype and mutated B cancer cells in preclinical studies

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CONCLUSIONS

These results indicate that Zanu remains effective in TMD8 cells with TP53 KO or hotspot mutations and has better efficacy than Acala in both TP53-wildtype, -KO, and -R248Q cell lines and xenografts.

cells also showed more aggressive growth *in vivo*; **C).** The relative growth ratio of tumor by comparing tumor volume on day 14 to day 0 in figure B further supports the more aggressive growth of TP53 mutated TMD8 cancer cells.

Note: the exposure of 20mpk BID of zanu in mouse is lose to 160mg BID in human: the exposure of 4mpk BID acala in mouse is close t 100mg BID in human. TMD8 TP53-WT, TP53-KO, -R248Q cells were inoculated subcutaneously into NOG mice for *in vivo* efficacy evaluation. A). Zanu at its clinically relevant dose 20mpk BID showed better tumor growth inhibition than the clinically relevant dose of acala (4mpk BID) and its higher dose (8 mpk BID) in wildtype tumors; **B-C).** Zanu maintained its better efficacy than acala at clinically relevant doses in more aggressive tumors harboring TP53-KO or -R248Q mutations.

A). A CLL patient derived xenograft (PDX) model CLL-33-0001, which expresses TP53-I232F mutation, was inoculated into NOD-SCID mouse for efficacy. Zanu at 20mpk BID drove complete and durable regression of PDX and presented better efficacy than acala. B). A table shows tumor growth inhibition (TGI) on day 16.

Figure 5. Zanu is more potent than Acala in TP53-WT, -KO, and -R248Q mutated TMD8 cancer cells in vitro



Zanu and acala's cellular toxicity was also evaluated in TMD8 TP53 wildtype and mutated cells. A). Zanu is more potent than acala in inhibiting the growth of wildtype cells; B-C). In TMD8 TP53-KO and –R248Q cells, which showed more aggressive growth, zanu is also more potent than acala, suggesting zanu has higher potency than acala in TMD8 cells with or without TP53 functionality.

Figure 6. Zanu demonstrates better efficacy than Acala in TMD8 TP53-WT, -KO, and -R248Q xenografts at their clinically relevant doses



Figure 7. Zanu induces deeper and more durable tumor regression than acala in a TP53-I232F mutated CLL PDX model



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