Abstract 1440: Transcriptional reprogramming and survival co-dependencies of chronic lymphocytic leukemia resistant to venetoclax

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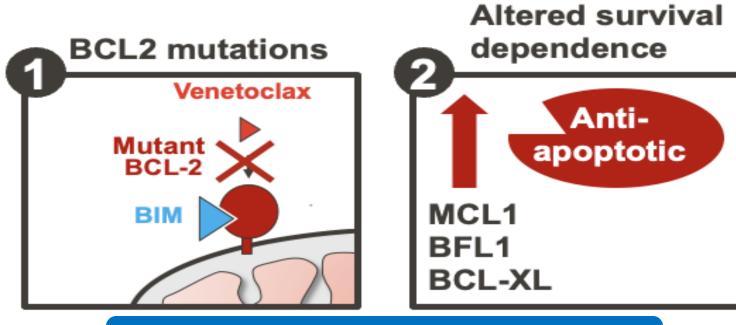
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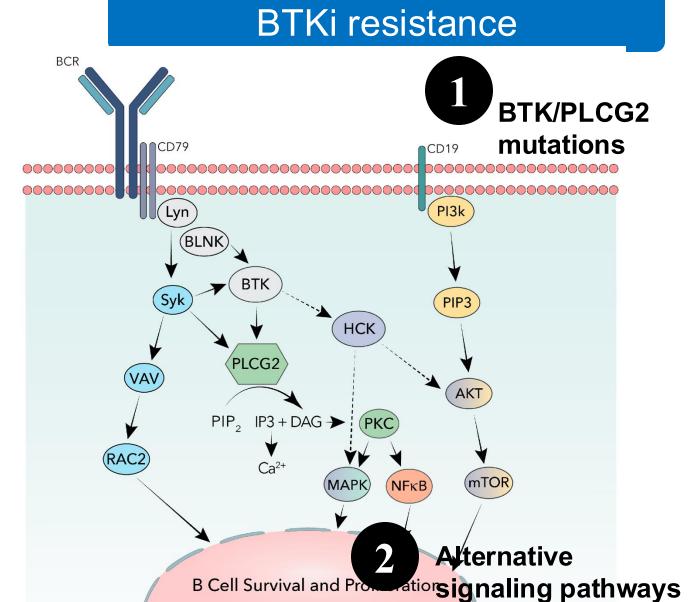
apoptosis (n=4).

BTKi and venetoclax refractory CLL -An unmet Clinical challenge

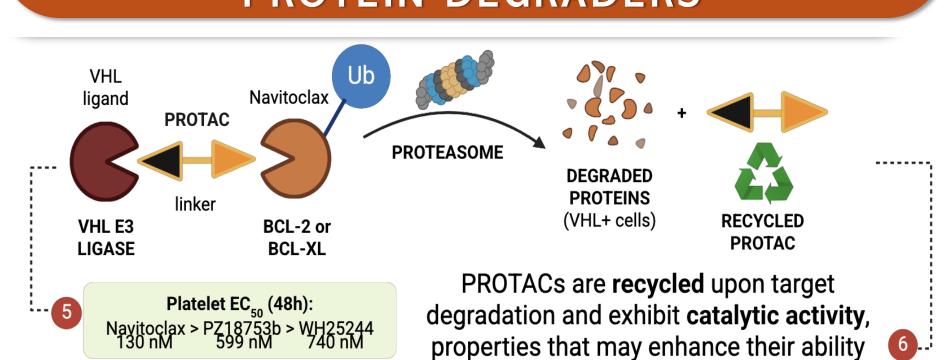
Graduate School of Biomedical Sciences

Venetoclax resistance





THE PROMISING DESIGN OF PROTEIN DEGRADERS



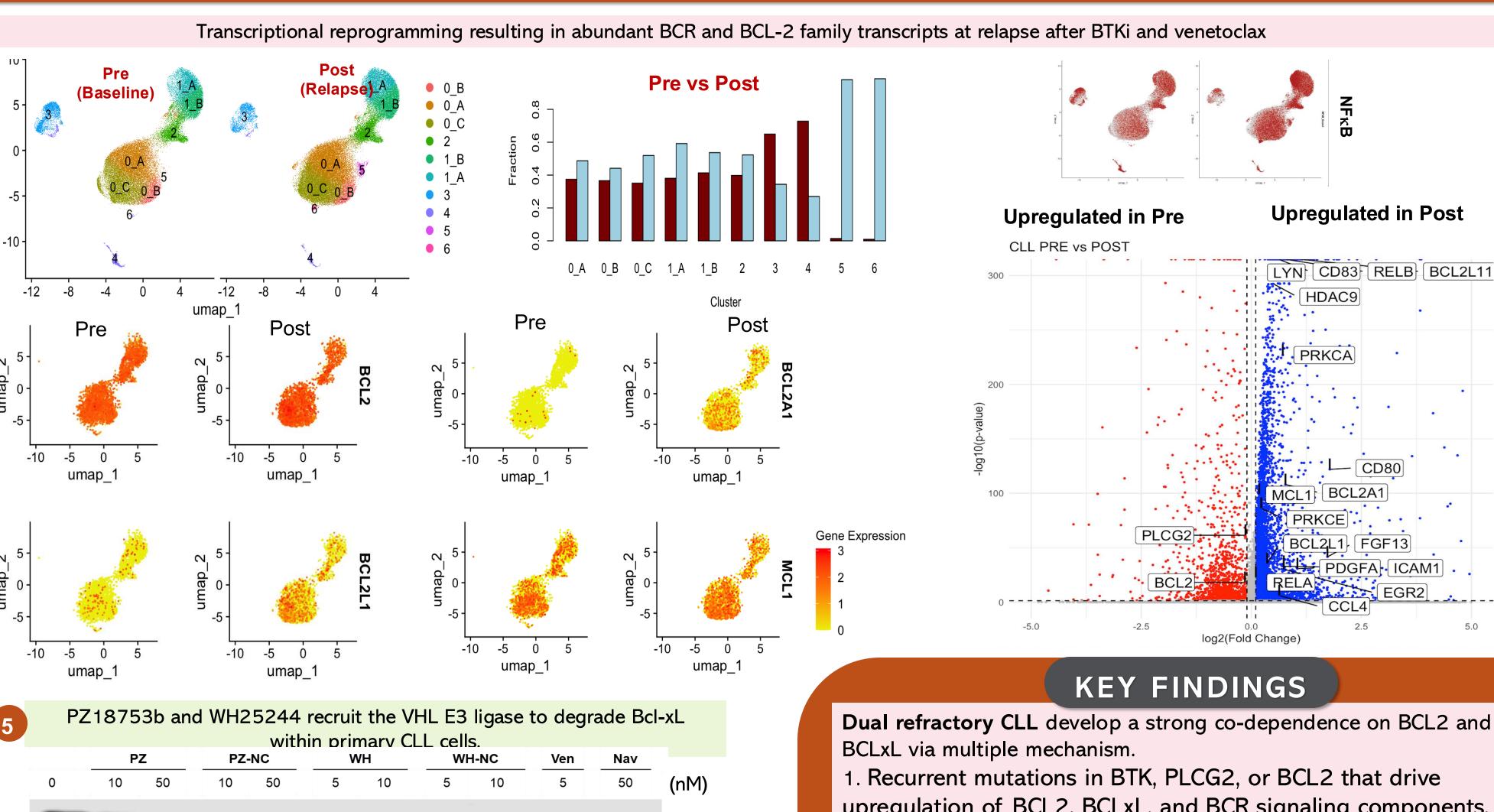
These PROTACs degrade Bcl-xL in cells expressing VHL E3 ligase, which is absent in platelets.

to target mutant and post-translationally modified proteins more effectively than traditional small molecule inhibitors.

(Dongwen et Al., Nat Commun, 2021; Zheng Laboratory, unpublished; Rutherford et Al., Mol Cancer Ther, 2024)

We hypothesized that WH25244 can degrade mutant BCL2, hyperphosphorylated BCL2 and BCL-XL to overcome venetoclax resistance in CLL.

Multiple mechanisms converge on creating a dependence on BCL2 and BCL-xL in CLL relapsed on BTKi and Venetoclax Mutational complexity in BTKi and venetoclax refractory CLL. ON Venetoclax relapse umap 1 WH25244 degrades wildtype and mutant Bcl-2, and Bcl-xL within 24h in OSU-CLL cell lines. Treatment naïve CLL cells were treated for 14h with PROTACs PZ18753b (PZ), WH25244 (WH) or negative controls (NC) lacking an active VHL ligand (n=5). Treatment with Bcl-2/Bcl-xL PROTACs kills CLL cells via mitochondrial BCL-2 (WT or mutant) And and the season GAPDH WH25244 is superior to venetoclax at killing Bcl-2 mutant OSU-CLL cells (72h, 200 nM). WH25244



Dual refractory CLL develop a strong co-dependence on BCL2 and

- upregulation of BCL2, BCLxL, and BCR signaling components.
- 2. Transcriptional reprogramming that further enhances BCLxL expression and BCR signaling proteins.

WH25244 is a PROTAC-based degrader that has the potential to resensitize venetoclax-resistant CLL cells to apoptosis, via degradation of wildtype and mutant Bcl-2, and Bcl-xL, in a VHL-dependent manner.

Its therapeutic index is improved when compared to its precursor, navitoclax, as observed *in vitro* by:

- Increased potency against CLL cells (on-target effect)
- Decreased potency against platelets (on-target toxicity)

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