ARV-393, a PROteolysis **TArgeting Chimera (PROTAC) BCL6** Degrader, is Efficacious in **Preclinical Models of Diffuse** Large B-Cell Lymphoma, Nodal **T-Follicular Helper Cell** Lymphoma, and Transformed Follicular Lymphoma

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Objective

• To evaluate the preclinical antitumor activity of ARV-393, a PROTAC B-cell lymphoma 6 (BCL6) degrader, as a single agent in models of nodal T-follicular helper cell lymphoma, angioimmunoblastic-type (nTFHL-AI) and transformed follicular lymphoma (tFL), and in combination with small-molecule inhibitors (SMIs) of potentially cooperative oncogenic drivers in diffuse large B-cell lymphoma (DLBCL) models

Key Findings

- ARV-393 significantly reduced tumor burden in peripheral blood, bone marrow, and spleen in a cyclophosphamide, hydroxydaunorubicin vincristine sulfate, and prednisone (CHOP)-relapsed nTFHL-AI patient-derived xenograft (PDX) model
- ARV-393 monotherapy resulted in robust (≥95%) tumor growth inhibition (TGI) in 2 tFL PDX models
- Changes at the transcriptional level detected by RNA sequencing in DLBCL cell lines suggest ARV-393 drives inhibition of cell cycle progression by decreasing early region 2 binding factor (E2F) pathway activity and promotes differentiation by increasing interferon (IFN) pathway activity
- ARV-393 demonstrated increased TGI in combination with all evaluated SMIs compared with the respective monotherapy treatments, with tumor regressions observed when ARV-393 was combined with tazemetostat, palbociclib, acalabrutinib, or venetoclax

Conclusions

- ARV-393 monotherapy demonstrated pronounced single-agent activity in a CHOP-relapsed PDX model of nTFHL-AI and in 2 PDX models of tFL, supporting clinical evaluation of ARV-393 in patients with these non-Hodgkin lymphoma (NHL) subtypes in addition to DLBCL
- To our knowledge, this is the first preclinical evidence of an efficacious BCL6-targeted small-molecule degrader in human nTFHL-AI, an indication with a high unmet need
- Enhanced antitumor activity of ARV-393 in combination with 5 classes of SMIs together with mechanistic insights into the observed synergistic activity suggest that oral, chemotherapy-free approaches may warrant future clinical investigation in patients with DLBCL

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Disclosure

All authors are employees and shareholders of Arvinas Operations, Inc. Dan Sherman and Sheryl M Gough also hold patents with Arvinas **Operations**, Ind

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Background

 The transcriptional repressor protein BCL6 is a critical regulator of germinal cente formation and a lineage-defining transcription factor of T-follicular helper cells¹⁻⁴ BCL6 controls important cellular processes, including DNA damage repair, cell cycle progression, terminal differentiation, and programmed cell death, and is an established oncogenic driver of DLBCL^{1,2}

BCL6 has also been implicated in tFL and nTFHL, including nTFHL-AI, formerly angioimmunoblastic T-cell lymphoma⁵⁻⁸

• ARV-393, a PROTAC BCL6 degrader, directly binds an E3 ubiquitin ligase and BCL6 to induce the ubiquitination of BCL6 and its subsequent proteasomal degradation (Figure 1)⁹

• ARV-393 rapidly degraded BCL6 in DLBCL cell lines and induced tumor regressions in PDX models of different DLBCL subtypes (Figure 2)¹⁰

• ARV-393 demonstrated broad combinability with standard of care (SOC) chemotherapy and SOC biologics in a preclinical model of triple-hit high-grade B-cell lymphoma (HGBCL)¹¹

• ARV-393 is being evaluated in a phase 1 trial (NCT06393738) in patients with NHL¹² • Here, we explore ARV-393 as a single agent in models of nTFHL-AI and tFL and in combination with SMIs targeting major lymphoma-driving pathways in DLBCL models



Results

(C)

(A)

100

ARV-393 Monotherapy in nTFHL-AI and tFL Models

• In the nTFHL-AI PDX model, ARV-393 demonstrated significant single-agent activity, reducing tumor burden in peripheral blood (8-fold decrease in hCD2+/hCD45+ cells, P<0.01), bone marrow (5-fold decrease in hCD2+/hCD45+ cells, P<0.0001), and spleen (3-fold decrease in weight, *P*<0.001; **Figure 3**)

- ARV-393 performed similarly to romidepsin, a histone deacetylase inhibitor commonly used to treat patients with nTFHL-AI - Target engagement was confirmed by a reduction in BCL6 protein positivity in tumor cells as measured by QIF at study end • In the 2 tFL PDX models, ARV-393 resulted in 95% and 99% TGI (Figure 4)

- Target engagement was confirmed by a >99% reduction in BCL6 protein in tumor cell lysates at day 28

Figure 3: Single-agent ARV-393 antitumor effect in a PDX model of relapsed nTFHL-AI Peripheral Blood **Bone Marrow** 도 +I ARV-393 Vehicle Romidepsin Vehicle Romidepsin (1 mg/kg IP Q3D) (30 mg/kg PO QD) Spleen 400



Romidepsin ARV-393 (1 mg/kg IP Q3D) (30 mg/kg PO QD)

• • •

Vehicle

(A) Tumor burden in peripheral blood as measured by the percentage of hCD2+/hCD45+ cells via flow cytometry at study end (days 22-23). (B) Tumor burden in bone marrow as measured by the percentage of hCD2+/hCD45+ cells via flow cytometry at study end (day 22–23). (C) Tumor burden in spleen as measured by spleen weight at study end (days 22–23). (D) The percentage of BCL6+ CD3 cells in the spleen as determined **P<0.01; ***P<0.005; ****P<0.0001 (A, B, C: one-way ANOVA, Tukey's multiple comparisons). ***P=0.0001 (D: unpaired t-test).





protein levels 24 hours after the last dose of ARV-393 or vehicle in mice bearing the LY9605 tFL PDX. *****P*<0.0001 (unpaired t-test) BCL6=B-cell lymphoma 6; PDX=patient-derived xenograft; PO=by mouth; QD=once daily; SEM=standard error of the mean; tFL=transformed follicular lymphoma; TGI=tumor growth inhibition.

Methods

- **ARV-393 monotherapy in nTFHL-AI and tFL models**
- ARV-393 antitumor activity was assessed in a systemic PDX model developed from the tumor of a patient with nTFHL-AI who relapsed after CHOP therapy
- ARV-393 30 mg/kg or vehicle was administered orally (PO) once daily (QD); romidepsin (histone deacetylase inhibitor) 1 mg/kg was administered intraperitoneally every 3 days
- Tumor burden was measured via flow cytometry (human cluster
- of differentiation 2 [hCD2] and hCD45) or spleen weight
- Tumor cell BCL6 protein levels in the spleen were evaluated via quantitative immunofluorescence (QIF)
- ARV-393 antitumor activity was assessed in 2 subcutaneous PDX models of tFL, LY9603 and LY9605 ARV-393 30 mg/kg or vehicle was administered PO QD
- **RNA sequencing analysis in DLBCL cell lines** Transcriptional changes (relative to control) were evaluated 72 hours after ARV-393 treatment in 3 DLBCL cell lines: WSU-DLCL2 (HGBCL), OCI-Ly7 (germinal center B-cell [GCB]), and OCI-Ly10 (activated B-cell [ABC])





- lines; Figure 5)
 - cell cycle progression (by decreasing E2F pathway activity) and promotes
- model (Figure 6A–C)
- with acalabrutinib in the OCI-Ly10 ABC DLBCL CDX model (Figure 6D)
- rationale for the observed synergy with ARV-393
- venetoclax in the OCI-Ly1 GCB DLBCL CDX model (Figure 6E)



GCB=germinal center B-cell; HGBCL=high-grade B-cell lymphoma; mTOR=mammalian target of rapamycin; PO=by mouth; PROTAC=PROteolysis TArgeting Chimera; QD=once daily; SEM=standard error of the mean; SMI=small-molecule inhibitor

ARV-393 in combination with SMIs in DLBCL models

- ARV-393 was evaluated in combination with SMIs of enhancer of zeste homolog 2 (EZH2; tazemetostat), cyclin-dependent kinase 4/6 (CDK4/6; palbociclib), mammalian target of rapamycin (mTOR; everolimus), Bruton tyrosine kinase (BTK; acalabrutinib), and B-cell lymphoma 2 (BCL2; venetoclax) in subcutaneous cell line-derived xenograft (CDX) models of DLBCL
- ARV-393 30 mg/kg PO QD was administered alone or in combination with tazemetostat, palbociclib, everolimus, or acalabrutinib; ARV-393 3 mg/kg PO QD was administered alone or in combination with venetoclax
- Tazemetostat 300 mg/kg PO twice daily (BID), palbociclib 45 mg/kg PO QD, or everolimus 2 mg/kg PO QD was administered to mice bearing the EZH2-mutant SU-DHL-6 HGBCL CDX; acalabrutinib 2 mg/kg PO BID was administered to mice bearing the MYD88-mutant OCI-Ly10 ABC DLBCL CDX and venetoclax 100 mg/kg PO QD was administered to mice bearing the BCL2-positive OCI-Ly1 GCB DLBCL CDX
- One group of mice from each model received the vehicle PO QD