

# **Telaglenastat (CB-839):**

A potent and selective reversible inhibitor of the enzyme glutaminase

## What is telaglenastat?

- Telaglenastat first-in-class, is orally bioavailable, small molecule allosteric inhibitor of glutaminase. It has anti-tumor activity in a number of preclinical models, both as a monotherapy and in combinations. Clinical responses have been seen in Phase 1 clinical trials using single agent telaglenastat. Combinations with SOC drugs used to treat RCC, TNBC, NSCLC, melanoma, MM, and AML have been evaluated as part of the Phase 1 and 2 program.
- To date, telaglenastat has been well tolerated in patients both in a single agent setting and in combination with SOC.

### **Telaglenastat: Development Update**

 To date, telaglenastat has been given to over 850 patients. Telaglenastat is well tolerated at doses through 800 mg on the BID with food schedule and an MTD has not been identified.

- In Vitro & In Vivo Synergy of teleglenastat and devimistat in Head and Neck Cancer: combination of teleglenastat and The devimistat demonstrated significant reductions in cell viability and increased apoptosis compared to teleglenastat or devimistat alone HNSCC in cell lines. combination Additionally, this led to significant tumor shrinkage in HNSCC mouse models compared when to teleglenastat or devimistat alone.
- A preclinical work for the combination of teleglenastat and devimistat in pancreatic cancer and biliary tract cancer is ongoing.
- Phase 1 trial (NIH sponsored) of telaglenastat, in combination with Sapanisertib in patients with Advanced NSCLC is ongoing. The study is expected to be completed by September 2023.
- A Phase Ib (*NIH sponsored*) Trial of telaglenastat with osimertinib in patients with EGFR Mutant Stage IV NSCLC is ongoing. The study is expected to be completed by June 2024.

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### **Telaglenastat: Mechanism of Action**

- Telaglenastat is a potent, selective, and orally bioavailable inhibitor of both splice variants of glutaminase, that are KGA (kidney glutaminase) and GAC (glutaminase C)
- The first step in glutamine utilization is its conversion to glutamate by the mitochondrial enzyme glutaminase
- Telaglenastat depletes the intracellular pool of glutamate, reducing the availability of glutamate as a precursor for the synthesis of other important molecules
- The reduction in glutamate levels leads to a decrease in the production of glutathione.
  This sensitizes cancer cells to the damaging effects of reactive oxygen species.
- The inhibition of glutaminase disrupts the production of ATP (adenosine triphosphate) from glutamine metabolism, reducing the energy supply available to cancer cells