

(19)



(11)

EP 3 288 963 B1

(12)

EUROPEAN PATENT SPECIFICATION

(45) Date of publication and mention of the grant of the patent:
23.12.2020 Bulletin 2020/52

(51) Int Cl.:
C07K 14/00 ^(2006.01) **C07K 14/71** ^(2006.01)
A61K 38/17 ^(2006.01) **A61K 39/395** ^(2006.01)
A61P 35/00 ^(2006.01) **A61K 38/45** ^(2006.01)
A61K 31/517 ^(2006.01) **A61K 31/5377** ^(2006.01)
C12N 9/12 ^(2006.01) **A61K 45/06** ^(2006.01)

(21) Application number: **16789898.0**

(22) Date of filing: **02.05.2016**

(86) International application number:
PCT/US2016/030436

(87) International publication number:
WO 2016/179103 (10.11.2016 Gazette 2016/45)

(54) **PINK1 C-TERMINAL DOMAIN POLYPEPTIDE AND METHODS USING THE SAME IN CANCER TREATMENT**

PINK1-C-TERMINALES DOMÄNEN-POLYPEPTID UND VERFAHREN DAMIT BEI DER KREBSBEHANDLUNG

POLYPEPTIDE À DOMAINE C-TERMINAL PINK1 ET LEURS MÉTHODES D'UTILISATION DANS LE TRAITEMENT DU CANCER

(84) Designated Contracting States:
AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HR HU IE IS IT LI LT LU LV MC MK MT NL NO PL PT RO RS SE SI SK SM TR

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(30) Priority: **01.05.2015 US 201562155520 P**

(56) References cited:
WO-A2-2012/125864 US-A1- 2012 277 286

(43) Date of publication of application:
07.03.2018 Bulletin 2018/10

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- **DATABASE UniParc [Online] 30 July 2006 (2006-07-30), XP002785332, Database accession no. UPI0000367EDF**
- **DATABASE MEDLINE [Online] US NATIONAL LIBRARY OF MEDICINE (NLM), BETHESDA, MD, US; 20 August 2009 (2009-08-20), SHU HONG ET AL: "[Clinicopathological Research and Expression of PTEN/PI3K/Akt Signaling Pathway in Non-small Cell Lung Cancer.]", XP002785331, Database accession no. NLM20719177**
- **DATABASE NCBI [Online] 30 September 2003 NCBI: 'PINK1 PTEN induced putative kinase 1 [Homo sapiens (human)]', XP055328841 Database accession no. AAH09534.1**
- **DATABASE NCBI [Online] 15 March 2015 'serine/threonine-protein kinase PINK1, mitochondrial precursor [Homo sapiens]', XP055328844 Database accession no. NP_115785.1**

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- TAKEDA ET AL.: 'Vandetanib is effective in EGFR-mutant lung cancer cells with PTEN deficiency' EXPERIMENTAL CELL RESEARCH vol. 319, no. 4, 2013, pages 417 - 423, XP055328845
- O'FLANAGAN ET AL.: 'PINK1 signalling in cancer biology' BIOCHIMICA ET BIOPHYSICA ACTA (BBA)-REVIEWS ON CANCER vol. 1846, no. 2, 2014, pages 590 - 598, XP055328846

Description**Technical Field**

5 [0001] The disclosure relates to a polypeptide for cancer treatment and a method of using the polypeptide to treat cancer. More particularly, the disclosure relates to PINK1 C-terminal domain (PINK1-CTD) in the treatment of ERBB-expressing cancers.

Background

10 [0002] The identification of epidermal growth factor receptor (EGFR) tyrosine kinase domain (TKD) activating mutations in 2004 ushered in a new era for lung cancer therapy. Mutated EGFR functions as the driver gene in lung carcinogenesis in 50% of Asian and 10% of Caucasian lung adenocarcinomas. Unlike conventional ligand-dependent activation of wild-type EGFR, EGFR mutants are constitutively activated. Patients harboring activated EGFR mutants, most commonly
 15 exon 21 L858R substitutions (L858R) or exon 19 deletions (Ex19Del), usually present with good initial responses to EGFR tyrosine kinase inhibitors (EGFR-TKIs), but eventually develop disease progression after a median of 12 months. 20 Acquired T790M mutation accounts for more than half of these resistant cases. In addition, de novo T790M is presented in approximately 25% of EGFR-TKI naive lung adenocarcinoma cases and predicts short initial response duration to EGFR-TKIs. EGFR T790M, which produces a conformational change in the ATP-binding pocket that increases
 20 receptor affinity for its natural substrate ATP, remains an unsolved problem in lung adenocarcinoma management (C. H. Yun et al. Proc. Natl. Acad. Sci. U. S. A. 105, 2070-2075 (2008)).

[0003] PTEN-induced putative kinase 1 (PINK1) was identified in 2001 as a potential tumor suppressor owing to its upregulation by PTEN in cancer cells (M. Unoki, Y. Nakamura. Oncogene. 22, 2172-2185 (2003)). Fruitful study on
 25 PINK1 began at the point when its role in hereditary early-onset Parkinson's disease was reported. PINK1 encodes a 581-amino-acid protein with a mitochondrial-targeting sequence, a conserved serine/threonine kinase domain, and a C-terminal domain. It is a major regulator of mitochondrial quality control and possesses cytoprotective and anti-apoptotic functions through the PI3K-AKT-mTOR axis or autophagic pathways (H. Murata et al. J. Biol. Chem. 286, 7182-7189
 (2011); G. Arena et al. Cell. Death. Differ. 20, 920-930 (2013)).

[0004] Reports on the role of PINK1 in cancer biology are somewhat contradictory. Direct evidence supporting its
 30 tumor suppressive role is lacking. Although PINK1 gene is located on chromosome 1p36, a region postulated to contain tumor-suppressive activity, and is associated with tumor suppressors, PTEN, FOXO3a, Beclin-1 and Parkin, its anti-proliferation effect cannot be proved (Y. Mei et al. Proc. Natl. Acad. Sci. U. S. A. 106, 5153-15 5158 (2009); Y. Gong et al. Nat. Genet. 46, 588-594 (2014)). On the other hand, quite a few studies suggest an oncogenic role for PINK1. High-throughput RNA interference screenings show the relationship between PINK1 knockdown and Taxol sensitivity and
 35 identify PINK1 as a therapeutic target for malignancies with DNA mismatch repair deficiencies (S. A. Martin, M. Hewish, D. Sims, C. J. Lord, A. Ashworth. Cancer. Res. 71, 1836-1848 (2011)). Moreover, 20 PINK1 has been found to be necessary for optimal activation of IGF-1-dependent AKT signaling, to enhance AKT-S473 phosphorylation via mTORC2, and to regulate cell cycle progression in cancer cells. Studies show that PINK1 functions in anti-apoptosis, cell motility promotion and cell cycle regulation in cancer cells (H. Murata et al. J. Biol. Chem. 286, 7182-7189 (2011); R. S. Akundi,
 40 L. Zhi, H. Bueler. Neurobiol. Dis. 45, 469-478 (2012); C. H. 25 O'Flanagan, V. A. Morais, W. Wurst, B. De Strooper, C. O'Neill. Oncogene. (2014)).

[0005] Accumulating evidence supports the involvement of PINK1 in cancer biology but its exact role remains puzzling. EGFR has been the most-studied receptor tyrosine kinase over the past decade but its activation mechanism is still not
 45 fully understood. The identification of EGFR mutations and the development of EGFR-TKIs are cutting edge breakthroughs in lung cancer therapy but drug-resistance remains an unsolved problem. It is worthy to develop a new agent to treat EGFR-expressing cancers by exploring the interplay between PINK1 and EGFR. UniParc, (20060730), Database accession no. UPI0000367EDF, XP002785332 discloses a peptide having 85 amino acids.

[0006] WO 2012/125864 A2 discloses a method for overcoming resistance of a tumor in a subject to an ErbB pathway
 50 inhibitor, the method comprising: selecting a subject with a tumor exhibiting resistance to an ErbB pathway inhibitor; and administering to the subject (i) an ErbB3 inhibitor and (ii) the ErbB pathway inhibitor.

Summary

55 [0007] According to claim 1, the disclosure provides a non-natural polypeptide binding to ERBB tyrosine kinase domain (ERBB-TKD) having at least 90% identity to SEQ ID NO: 1 or a biologically active variant thereof. According to claim 7, the disclosure provides a non-natural polypeptide binding to ERBB-TKD or a biologically active variant thereof, comprising an amino acid sequence having at least 10% identity to SEQ ID NO: 1, with the proviso that an amino acid sequence

identical to SEQ ID No:2 is excluded, and one or more additional amino acid sequences selected from a targeting sequence, a cell-penetrating sequence, a tag sequence, and a linking sequence.

[0008] According to claim 8, the disclosure provides a pharmaceutical composition comprising a therapeutically effective amount of a polypeptide comprising an amino acid sequence having at least 10% identity to SEQ ID NO:1, with the proviso that an amino acid sequence identical to SEQ ID No:2 is excluded, and a pharmaceutically acceptable carrier.

[0009] According to claim 12, the present disclosure provides a polypeptide comprising an amino acid sequence having at least 10% identity to SEQ ID NO: 1, with the proviso that an amino acid sequence identical to SEQ ID No:2 is excluded for use in a method for impeding EGFR from activation for inhibition, prevention and/or treatment of a cancer (preferably an ERBB-expressing cancer).

[0010] Other embodiments are set forth in the subclaims.

Brief Description of the Drawing

[0011]

FIGs. 1A-1C show interaction between PINK1 and EGFR in lung adenocarcinoma cells. FIG. 1A: Immunoblotting of endogenous EGFR-pY1068, EGFR and PINK1 in CLI-5, PC9, H1975 and H3255 cells; FIG. 1B: Immunoprecipitation revealed an interaction between endogenous PINK1 and EGFR; and FIG. 1C: Wild-type EGFR-GFP (green) and PINK1-myc (red) were co-overexpressed in CL1-5 cells. Confocal images demonstrated the co-localization of EGFR and PINK1 (yellowish) (I and II). 3D-structured illumination microscopy images specifically disclosed the interaction beneath the cytoplasmic membrane (III and IV).

FIGs. 2A-2E show inhibition of EGFR dimerization and internalization by PINK1. FIG. 2A: Immunoblotting demonstrated a decrease in total EGFR along with PINK1 knockdown in CLI-5, PC9, H1975 and H3255 cells; FIGs. 2B and 2C: RT-qPCR revealed no decrease in EGFR mRNA despite sufficient decrease in PINK1 mRNAs; FIG. 2D: EGFR dimerization assays demonstrated an increase in EGFR dimer to monomer ratio under PINK1 knockdown when EGFR monomers were normalized to equal in each control and knockdown groups; and FIG. 2E: The membranous fraction of EGFR protein was decreased and the cytoplasmic fraction of EGFR protein was increased under PINK1 knockdown, indicating an increase in receptor internalization.

FIGs. 3A-3E show direct interaction between PINK1-CTD and EGFR-TKD. FIG. 3A: Schematic representation of 9 flag-fused EGFR constructs, containing amino acids 1-1210, 1-378, 1-621, 1-644, 1-690, 1-954, 645-1210, 645-954, and 955-1210; FIG. 3B: Immunoprecipitation results showed that only construct E, F, G and I (star in A) that contained the tyrosine kinase domain interacted with PINK1; FIG. 3C: Schematic representation of 8 myc-fused PINK1 constructs, containing amino acids 1-581, 1-509, 1-155, 156-509, 156-309, 310-428, 429-581 and 78-581; FIG. 3D: Immunoprecipitation results showed that only construct A, G and H (star in C) that contained the C-terminal domain interacted with EGFR; FIG. 3E: In vitro GST pull-down assay demonstrated the direct interaction between PINK1-CTD and EGFR-TKD. MTS: mitochondria targeting sequence. TM: transmembrane domain.

FIG. 4 shows impacts of PINK1 knockdown on EGFR pathway. Immunoblotting revealed enhanced EGFR-Y1068 phosphorylation under PINK1 knockdown in all tested cells. PINK1 knockdown intensified EGFR pathway activation in EGFR-addicted PC9, H1975 and H3255 cells but attenuated AKT-S473 phosphorylation in CLI-5 cells and STAT3-Y705 phosphorylation in A549 cells.

FIGs. 5A-5C show that PINK1-CTD inhibits HER1 (EGFR) and HER2 phosphorylation in lung cancer cells. FIG. 5A: 2 μ M CTD polypeptide effectively inhibited EGFR phosphorylation in CLI-5, HOP62, PC9 and H1975; FIG. 5B: CTD treatment showed dose-dependent inhibition of HER2 phosphorylation in CLI-5 cell; FIG. 5C: Amino acid sequence alignment of the tyrosine kinase domain of ERBB1 to ERBB4 (HER1 to HER4) revealed high sequence homology. R9: a peptide consisting of 9 arginine residues.

FIGs. 6A-6L show tumor xenografts of shPINK1, PINK1 and PINK1-CTD stably expressing lung cancer cells. FIGs. A, D, G and J: PINK1 overexpression aggravated tumor 20 growth in CLI-5 cells but suppressed tumor growth in PC9, H1975 and H3255 cells; FIGs. B, E, H and K: PINK1-CTD overexpression inhibited tumor growth in all cells tested; FIGs. C, F, I and L: PINK1 knockdown inhibited tumor growth in CLI-5 cells but promoted tumor growth in PC9, H1975 and H3255 cells. N=7 in each group.

FIGs. 7A-7C show inhibition of EGFR dimerization by PINK1. FIG. 7A: Immunoblotting demonstrated an increase in total EGFR along with PINK1 overexpression in CLI-5, PC9, H1975 and H3255 cells; FIG. 7B: RT-qPCR analyses of EGFR mRNA revealed no obvious alteration when PINK1 was overexpressed; and FIG. 7C: The EGFR dimerization assays of CLI-5, PC9, H1975 and H3255 cells demonstrated a decrease in EGFR dimer to monomer ratio under PINK1 overexpression when EGFR monomers were normalized to equal in each control and overexpression groups.

FIG. 8 shows impact of PINK1 overexpression on EGFR pathway. Immunoblotting demonstrated an attenuation of EGFR-Y1068 with PINK1 overexpression in all cells tested. PINK1 overexpression concurrently decreased the

phosphorylation of STAT3-Y705, AKT-S473, or ERK-T202/Y204 in EGFR-addicted PC9 and H1975 cells. In H3255 cells, PINK1 overexpression attenuated STAT3-Y705 and AKT-S473 phosphorylation but enhanced ERK-T202/Y204 phosphorylation. In EGFR non-addicted CLI-5 and A549 cells, PINK1 overexpression increased the phosphorylation of STAT3-Y705, AKT-S473, or ERK-T202/Y204 even though EGFR-Y1068 phosphorylation was suppressed.

FIGs. 9A and 9B show hindrance of PINK1-CTD to EGFR dimerization and activation. FIG. 9A: EGFR dimerization assays of CLI-5, PC9, H1975 and H3255 cells demonstrated a decrease in EGFR dimer to monomer ratio under PINK1-CTD overexpression when EGFR monomers were normalized to equal in each control and overexpression group; and FIG. 9B: Immunoblotting results showed a decrease in phosphorylated EGFR-Y1068 to total EGFR ratio in all cells analyzed. EGFR downstream signaling was concurrently downregulated under PINK1-CTD overexpression in EGFR-20 addicted PC9, H1975 and H3255 cells. When EGFR-Y1068 phosphorylation was attenuated by PINK1-CTD in wild-type EGFR CLI-5 cells, there was only a decrease in STAT3-Y705 phosphorylation.

FIG. 10 shows gross pictures of tumor xenografts. PINK1 overexpression aggravated tumor growth in CLI-5 cells but suppressed tumor growth in PC9, H1975 and H3255 cells. PINK1-CTD overexpression inhibited tumor growth in all cells tested. PINK1 knockdown inhibited tumor growth in CLI-5 cells but promoted tumor growth in PC9 and H1975 cells. N=7 per each group.

FIGs. 11A-11C show that CTD treatment inhibits tumor growth. FIG. 11A and 11B: CTD treatment inhibited in vivo tumor growth in CLI-5 and H1975 lung cancer mouse xenograft models. FIG. 11C: CTD treatment reduced cancer cell viability as demonstrated by the in vitro MTT assay. R9: a peptide consisting of 9 arginine residues.

Detailed Description

[0012] The identification of EGFR mutations and the development of EGFR-TKIs are cutting edge breakthroughs in lung cancer therapy but drug-resistance remains an unsolved problem. The disclosure is based on at least the interplay between ERBB and PINK1 and dissects the role of PINK1 in ERBB-expressing cancers. The disclosure demonstrates the anti-tumor function of the PINK1 C-terminal domain (PINK1-CTD), which may provide a new direction for ERBB-expressing cancer therapy.

Definitions

[0013] Before the present nucleotides, polypeptides, compositions, articles, devices, and/or methods are disclosed and described, it is to be understood that this disclosure is not limited to specific synthetic methods, specific treatment regimens, or to particular purification procedures, as such may, of course, vary. It is also to be understood that the terminology used herein is for the purpose of describing particular embodiments only and is not intended to be limiting.

[0014] As used herein, the singular forms "a," "an" and "the" include plural referents unless the context clearly dictates otherwise. Thus, for example, reference to "a polypeptide" includes mixtures of polypeptides, reference to "a pharmaceutical carrier" includes mixtures of two or more such carriers, and the like.

[0015] As used herein, the term "polypeptide" is a polymer of amino acid residues preferably joined exclusively by peptide bonds, whether produced naturally or synthetically. A polypeptide produced by expression of a non-host DNA molecule is a "heterologous" peptide or polypeptide. An "amino acid residue" can be a natural or non-natural amino acid residue linked peptide bonds or bonds different from peptide bonds. The amino acid residues can be in D-configuration or L-configuration.

[0016] As used herein, the term "isolated polypeptide" or "purified polypeptide" is a polypeptide that is essentially free from contaminating cellular components, such as carbohydrate, lipid, or other polypeptideaceous impurities associated with the polypeptide in nature. Typically, a preparation of isolated polypeptide contains the polypeptide in a highly purified form. One way to show that a particular polypeptide preparation contains an isolated polypeptide is by the appearance of a single band following sodium dodecyl sulfate (SDS)-polyacrylamide gel electrophoresis of the polypeptide preparation and Coomassie Brilliant Blue staining of the gel. However, the term "isolated" does not exclude the presence of the same polypeptide in alternative physical forms, such as dimers or alternatively glycosylated or derivatized forms.

[0017] As used herein, the terms "amino-terminal" and "carboxyl-terminal" are used herein to denote positions within polypeptides. Where the context allows, these terms are used with reference to a particular sequence or portion of a polypeptide to denote proximity or relative position. For example, a certain sequence positioned carboxyl-terminal to a reference sequence within a polypeptide is located proximal to the carboxyl terminus of the 20 reference sequence, but is not necessarily at the carboxyl terminus of the complete polypeptide.

[0018] As used herein, the term "sequence identity" or, for example, comprising a "sequence 10% identical to," as used herein, refer to the extent that sequences are identical on a nucleotide-by-nucleotide basis or an amino acid-by-amino acid basis over a window of comparison. Thus, a "percentage of sequence identity" may be calculated by comparing two optimally aligned sequences over the window of comparison, determining the number of positions at which the

identical nucleic acid base (e.g., A, T, C, G, I) or the identical amino acid residue (e.g., Ala, Pro, Ser, Thr, Gly, Val, Leu, lie, Phe, Tyr, Trp, Lys, Arg, His, Asp, Glu, Asn, Gin, Cys and Met) occurs in both sequences to yield the number of matched positions, dividing the number of matched positions by the total number of positions in the window of comparison (i.e., the window size), and multiplying the result by 100 to yield the percentage of sequence identity. Included are nucleotides and polypeptides having at least about 10%, 20%, 30%, 40%, 50%, 55%, 60%, 65%, 70%, 75%, 80%, 85%, 90%, 95%, 97%, 98%, 99% or 100% sequence identity to any of the reference sequences described herein (see, e.g., Sequence Listing), typically where the polypeptide variant maintains at least one biological o activity of the reference polypeptide.

[0019] As used herein, the term "expression" refers to the biosynthesis of a gene product. For example, in the case of a structural gene, expression involves transcription of the structural gene into mRNA and the translation of mRNA into one or more polypeptides.

[0020] As used herein, the term "nucleic acid" is intended to include DNA molecules (e.g., cDNA or genomic DNA) and RNA molecules (e.g., mRNA) and analogs of the DNA or RNA generated using nucleotide analogs. The nucleic acid can be single-stranded or doublestranded.

[0021] As used herein, the terms "subject" or "patient" are used interchangeably to refer to an animal. In a specific embodiment, a subject is a mammal. In another embodiment, a o subject is a human.

[0022] As used herein, the terms "therapies" and "therapy" can refer to any protocol(s), method(s), composition(s), formulation(s), and/or agent(s) that can be used in the prevention or treatment of a cancer or a disease or symptom associated therewith. In certain embodiments, the terms "therapies" and "therapy" refer to biological therapy, supportive therapy, and/or other therapies useful in treatment or prevention of cancer or a disease or symptom associated therewith known to one of skill in the art.

[0023] As used herein, the term "therapeutically effective amount" refers to the amount of a therapy that is sufficient to result in the prevention of the development, recurrence, or onset of cancer and one or more symptoms thereof, to enhance or improve the prophylactic effect(s) of another therapy, reduce the severity, the duration of cancer, ameliorate one or more symptoms of cancer, prevent the advancement of cancer, cause regression of cancer, and/or enhance or improve the therapeutic effect(s) of another therapy.

[0024] As used herein, the term "in combination" in the context of the administration of a therapy to a subject refers to the use of more than one therapy (e.g., prophylactic and/or therapeutic). The use of the term "in combination" does not restrict the order in which the therapies, concomitantly with, or subsequent to the administration of a second therapy to a subject which had, has, or is susceptible to a cancer. In some embodiment, the therapies are administered to a subject in a sequence and within a time interval such that the therapies can act together. In an embodiment, the therapies are administered to a subject in a sequence and within a time interval such that they provide an increased benefit than if they were administered otherwise. Any additional therapy can be administered in any order with the other additional therapy.

[0025] As used herein, the terms "prevent," "preventing" and "prevention" in the context of the administration of a therapy to a subject refer to the prevention or inhibition of the recurrence, onset, and/or development of brain cancer or a symptom thereof in a subject 20 resulting from the administration of a therapy (e.g., a prophylactic or therapeutic agent), or a combination of therapies (e.g., a combination of prophylactic or therapeutic agents).

[0026] As used herein, the PTEN-induced putative kinase 1 (PINK1) is a mitochondrial serine/threonine-protein kinase encoded by the PINK1 gene. PINK1 activity causes the parkin protein to bind to depolarized mitochondria to induce autophagy of those mitochondria.

[0027] As used herein, the erythroblastic leukemia viral oncogene homolog (ERBB) includes four members, EGFR (EGF Receptor)/ErbB1/Her1 (Heregulin-1), ErbB2/Her2 (Heregulin-2), ErbB3/Her3 (Heregulin-3), and ErbB4/Her4 (Heregulin-4). ErbB overexpression is associated with tumorigenesis of the breast, prostate, ovary, liver, bladder, esophagus, larynx, stomach, colon, and lung.

[0028] As used herein, the epidermal growth factor receptor (EGFR; also known as ErbB-1 and HER1 in humans) is the cell-surface receptor for members of the epidermal growth factor family (EGF-family) of extracellular protein ligands.

[0029] As used herein, the term "mutant" or "mutation" refers to a molecule (e.g., a polypeptide or a polynucleotide) that has a different structure than the wild-type molecule. That difference in structure from the wild-type molecule includes, without limitation, a different sequence (e.g., a different amino acid or nucleotide sequence), additional sequences, missing sequences (i.e., a portion of the sequence is missing), changes in modification (methylation, phosphorylation, etc.), and/or fusion of all or part of the wild-type molecule with another molecule. The term "wild-type" refers to a gene or gene product (e.g., a polypeptide) that has the characteristics of that gene or gene product when isolated from a naturally-occurring source. A wild type gene or gene product is that which is most frequently observed in a population and is thus arbitrarily designed the "normal" or "wild-type" form of the gene.

PINK1 C-terminal domain (PINK1-CTD) Polypeptides

[0030] The present disclosure encompasses PINK1-CTD polypeptides that bind to ERBB tyrosine kinase domain (ERBB-TKD) and therefore impede EGFR from activation. The PINK1-CTD polypeptide functions to inhibit, prevent and/or treat ERBB-expressing cancers. Particularly, the PINK1-CTD polypeptide alone can directly inhibit EGFR activation in both wild-type and mutant EGFR cells and suppress tumor growth. The disclosure discloses that PINK1 physically associates with HER1 and suppresses its signaling and suggests the therapeutic potential of PINK1-CTD in ERBB-expressing cancer therapy.

[0031] In one aspect, the disclosure provides a polypeptide binding to ERBB tyrosine kinase domain (ERBB-TKD).

[0032] In one embodiment, the disclosure provides a polypeptide comprising an amino acid sequence having at least 10% identity to an amino acid sequence of SEQ ID NO:1 or a biologically active variant thereof, wherein the polypeptide binds to EGFR-TKD. In a further embodiment, the disclosure provides a polypeptide comprising at least 10%, 20%, 30%, 40%, 50%, 55%, 60%, 65%, 70%, 75%, 80%, 85%, 90%, 95%, 96%, 97%, 98% or 99% sequence identity to the amino acid sequence of SEQ ID NO: 1 or a biologically active variant thereof.

[0033] In one embodiment, the disclosure provides a polypeptide comprising a modified amino acid sequence of SEQ ID NO: 1 having one or more substitution, deletion, addition and/or insertion, wherein the polypeptide binds to ERBB-TKD.

[0034] In one embodiment, the disclosure provides a polypeptide comprising a fragment having from about 3 to about 72 consecutive amino acid residues of SEQ ID NO: 1 or a biologically active variant thereof, wherein the polypeptide binds to ERBB-TKD. In one embodiment, the ERBB-TKD is EGFR-TKD. In some embodiments, the polypeptide is a polymer of 3 to 10, 10 to 15, 10 to 20, 10 to 25, 10 to 30, 10 to 40, 10 to 50, or 10 to 60, 10 to 70 amino acids linked by covalent amide bonds. In some embodiment, the polypeptide 20 comprises from about 3 to about 70, about 3 to about 60, about 3 to about 50, about 3 to about 40, about 3 to about 30, about 3 to about 20, about 10 to about 70, about 10 to about 60, about 10 to about 50, about 10 to about 40, about 10 to about 30 or about 10 to about 20, about 10 to about 15 amino acid residues. A polypeptide can be a polymer of 8, 9, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 71, 72, or more amino acids linked by covalent amide bonds.

[0035] In one embodiment, the disclosure provides a polypeptide further comprising one or more additional amino acid sequences. In one embodiment, the additional amino acid sequence may be a peptide or protein tag sequence, a targeting sequence, a penetrating peptide sequence (e.g., a cell-penetrating sequence), or a linking sequence (e.g., a sequence degradable by a proteinase such as an endoproteinase). In a further embodiment, the peptide or protein tag may be polyhistidine-tag. In some embodiments, the penetrating peptide sequence may comprise 9 arginine residues for membrane attaching and internalization.

[0036] The amino acid sequence of SEQ ID NO: 1 is as follows:

SLWGEHILALK NLKLDKMWGW LLQQAATLL ANRLTEKCCV ETKMKMLFLA
NLECETLCQA ALLLCSWRAA L (SEQ ID NO: 1)

[0037] The PINK-CTD polypeptide of the disclosure locates in the PINK1 C-terminal domain from amino acids 510 to 581 of PINK1. The sequence of PINK1 is as follows:

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10 20 30 40 50
5 MAVRQALGRG LQLGRALLLR FTGKPGRAYG LGRPGPAAGC VRGERPGWAA
60 70 80 90 100
10 GPGAEPRRVG LGLPNRLRFF RQSVAGLAAR LQRQFVVRAW GCAGPCGRAV
110 120 130 140 150
15 FLAFGLGLGL IEEKQAESRR AVSACQEIQA IFTQKSKPGP DPLDTRRLQG
160 170 180 190 200
20 FRLEEYLIGQ SIGKGCSAAV YEATMPTLPQ NLEVTKSTGL LPGRGPGTSA
210 220 230 240 250
25 PEGEQERAPG APAFPLAIKM MWNISAGSSS EAILNTMSQE LVPASRVALA
260 270 280 290 300
30 GEYGAVTYRK SKRGPKQLAP HPIIRVLRA FTSSVPLLPG ALVDYPDVLP
310 320 330 340 350
SRLHPEGLGH GRTLFLVMKN YPCTLRQYLC VNTSPRLAA MMLLQLLEGV
35 360 370 380 390 400
DHLVQQGIAH RDLKSDNILV ELDPDGCPWL VIADFGCCLA DESIGLQLPF
40 410 420 430 440 450
SSWYVDRGGN GCLMAPEVST ARPGPRAVID YSKADAWAVG AIAYEIFGLV
45 460 470 480 490 500
NPFYQGKAH LESRSYQEAQ LPALPESVPP DVRQLVRALL QREASKRPSA
50 510 520 530 540 550
RVAANVLHLS LWGEHILALK NLKLDKMVGW LLQQAATLL ANRLTEKCCV
560 570 580
55 ETKMKMLFLA NLECETLCQA ALLLCSWRAA L (SEQ ID NO:2)

[0038] Standard recombinant DNA techniques may be used to prepare the polypeptides of the disclosure. Within one embodiment, DNA encoding the PINK1-CTD fragment may be obtained by polymerase chain reaction (PCR) amplification

of the PINK1 fragment sequence (see, PCR Technology: Principles and Applications for DNA Amplification, Erlich (ed.), Stockton Press (1989)). The amplified PINK1-CTD fragment DNA may then be readily inserted into an expression vector. A vector may be any of a number of nucleic acids into which a desired sequence may be inserted by restriction and ligation for transport between different genetic environments or for expression in a host cell. Vectors are typically composed of DNA, although RNA vectors are also available. Vectors include, but are not limited to, plasmids and phagemids. A cloning vector is one which is able to replicate in a host cell, and which is further characterized by one or more endonuclease restriction sites at which the vector may be cut in a determinable fashion and into which a desired DNA sequence may be ligated such that the new recombinant vector retains its ability to replicate in the host cell. The PINK1-CTD isolated polypeptides of the present disclosure may be produced by expressing the encoding nucleic acid in host cells. The nucleic acid may be transformed or transfected into host cells. Accordingly, some aspects of the present disclosure include the transformation and/or transfection of nucleic acid encoding the PINK1-CTD isolated polypeptides. Transformation is the introduction of exogenous or heterologous nucleic acid to the interior of a prokaryotic cell. Transfection is the introduction of exogenous or heterologous nucleic acid to the interior of a eukaryotic cell. The transforming or transfecting nucleic acid may or may not be integrated (covalently linked) into chromosomal DNA making up the genome of the cell. In prokaryotes, for example, the transforming nucleic acid may be maintained on an episomal element such as a plasmid or viral vector. With respect to eukaryotic cells, a stably transfected cell is one in which the transfecting nucleic acid has become integrated into a chromosome so that it is inherited by daughter cells through chromosome replication. This stability is demonstrated by the ability of the eukaryotic cell to establish cell lines or clones comprised of a population of daughter cells containing the transfecting nucleic acid.

[0039] Another means of preparing a nucleic acid molecule encoding the amino acid sequence of a polypeptide is chemical synthesis using methods well known to the skilled artisan such as those described by Engels et al., 1989, *Angew. Chem. Intl. Ed.* 28:716-34. These methods include, inter alia, the phosphotriester, phosphoramidite, and H-phosphonate methods for nucleic acid synthesis. A preferred method for such chemical synthesis is polymer-supported synthesis using standard phosphoramidite chemistry. Other methods known to the skilled artisan may be used as well.

[0040] According to the disclosure, PINK1-CTD polypeptide of the disclosure alone can directly inhibit EGFR activation in both wild-type and mutant EGFR cells and suppress in vivo tumor growth, whereby suggesting the therapeutic potential of PINK1-CTD in cancer therapy.

[0041] Activating mutations in the EGFR converts it into a driver oncogene in EGFR-expressing cancers. An "EGFR mutant" includes any type of mutation (i.e., change) in an EGFR molecule that renders the EGFR mutant different than wild-type EGFR. In some embodiments, the mutation increases the kinase activity of the EGFR molecule and/or renders a tumor cell sensitive to one or more EGFR inhibitors. In some embodiments, the mutation is in the kinase domain of EGFR. In some embodiments, the mutation is in one of exons 18 to 21 of the human EGFR gene. The most common EGFR mutations are deletions within exon 19 (e.g., a 15-bp nucleotide in-frame deletion in exon 19 (Del E746-A750) and a point mutation replacing leucine with arginine at codon 858 in exon 21 (L858R). The ability to detect mutated gene products in cancer cells can identify patients most likely benefit from such therapies, and make clinical trials more efficient and informative.

[0042] EGFR mutants can be detected by standard means known in the art. For example, mutants can be detected at the nucleotide level by sequencing, nucleic acid amplification using primers and/or probes specific for the wild-type or mutant sequence, and amplification and length analysis to detect deletional mutants. Exemplary methods to determine EGFR mutational status are disclosed in Rosell et al., 2009, *N. Engl. J. Med.*, 361:958-967 and Li et al., 2011, *PLoS ONE*, 6: e28204. Kits for nucleic acid analysis are commercially available, e.g., EGFR Pyro Kit (QIAGEN), EGFR PCR Kit (QIAGEN), and EGFR RGQ PCR Kit (QIAGEN). The EGFR RGQ PCR Kit is capable of detecting 29 mutations in the EGFR gene, including 19 deletions in exon 19, T790M, L858R, L861A, S768I, and G719X (detects the presence of G719S, G719A, or G719C but does not distinguish among them).

[0043] Specific EGFR mutants can be detected at the polypeptide level (e.g., by western blot or immunohistochemistry) using mutant-specific antibodies, e.g., EGF Receptor (E746-A750del Specific) (6B6) XP.RTM. Rabbit mAb or EGF Receptor (L858R Mutant Specific) (43B2) Rabbit mAb, both from Cell Signaling Technology, Inc. (Danvers, Mass.) or mutation-specific AQUA peptides (Stemann et al., 2001, *Cell*, 107: 715-726). Mutant-specific antibodies can be prepared that bind specifically to other identified mutant EGFR polypeptides. Administration and Pharmaceutical Compositions

[0044] In another aspect, the present disclosure provides a pharmaceutical composition comprising a therapeutically effective amount of the PINK1-CTD isolated polypeptide of the disclosure. In one embodiment, the pharmaceutical composition of the disclosure is a suppressor that inhibits HER from activation through physical association. In one embodiment, the pharmaceutical composition of the disclosure further comprises an additional anti-cancer agent. Preferably, the additional anti-cancer agent is an EGFR inhibitor. Various EGFR inhibitors are known and can be used in the methods disclosed herein, including gefitinib, erlotinib, cetuximab, afatinib, necitumumab, nimotuzumab, PF299804 (Janne et al., 2011, *Clin. Cancer Res.*, 17: 1131-39), *RO5083945* (glycoengineered anti-EGFR monoclonal antibody; Hoffmann-La Roche; Markman et al, 2010, *J. Clin. Oncol.*, 28: 15s, abstr 2522), ABT-806 (humanized anti-EGFR mon-

oclonal antibody; Abbott), NVP-TAE684 (Katayama et al., 2011, Proc. Natl. Acad. Sci. USA, 108:7535-40), and AP26113.

[0045] In one aspect, the present disclosure provides a method for impeding EGFR from dimerization and activation, comprising administering a therapeutically effective amount of the PINK1-CTD isolated polypeptide of the disclosure to a subject. In one embodiment, the disclosure provides a method for inhibition, prevention and/or treatment of a cancer, comprising administering a therapeutically effective amount of the PINK1-CTD isolated polypeptide of the disclosure to a subject. In one embodiment, the cancer is an ERBB-expressing cancer, such as breast cancer, prostate cancer, ovarian cancer, liver cancer, bladder cancer, esophageal cancer, laryngeal cancer, gastric cancer, colon cancer, and lung cancer; more preferably, a lung cancer; more preferably, the lung cancer is lung adenocarcinoma. In some embodiments, the lung cancer is small cell lung cancer (SCLC) or non-small cell lung cancer (NSCLC).

[0046] The pharmaceutical composition may further comprise pharmaceutically acceptable carriers, excipients, or stabilizers known in the art (see generally Remington, (2005) The Science and Practice of Pharmacy, Lippincott, Williams and Wilkins). The formulation is made to suit the mode of administration. In general, methods of administering proteins are known to those of ordinary skill in the art and can be applied to administration of the polypeptides of the disclosure.

[0047] Administration is by any of the routes normally used for introducing a molecule into ultimate contact with blood or tissue cells. Suitable methods of administering such polypeptides in the context of the present disclosure to a subject are available, and, although more than one route can be used to administer a particular composition, a particular route can often provide a more immediate and more effective action or reaction than another route.

[0048] Pharmaceutically acceptable carriers are determined in part by the particular composition being administered, as well as by the particular method used to administer the composition. Accordingly, there is a wide variety of suitable formulations of pharmaceutical compositions of the present disclosure.

[0049] The PINK1-CTD isolated polypeptide of the disclosure may be administered by any conventional route suitable for proteins or peptides, including, but not limited to, those suitable for oral, rectal, topical, inhalation (including but not limited to, via an aerosol), buccal (including but not limited to, sub-lingual), vaginal, parenteral (including but not limited to, subcutaneous, intramuscular, intradermal, intraarticular, intrapleural, intraperitoneal, intracerebral, intrathecal, intraarterial, or intravenous), topical (i.e., both skin and mucosal surfaces, including airway surfaces), pulmonary, intraocular, intranasal, and transdermal administration, although the most suitable route in any given case will depend on the nature and severity of the condition being treated. Administration can be either local or systemic. The PINK1-CTD isolated polypeptide of the disclosure may be used in combination with other agents or therapeutics.

[0050] Formulations suitable for parenteral administration, such as, for example, by intraarticular (in the joints), intravenous, intramuscular, intradermal, intraperitoneal, and subcutaneous routes, include aqueous and non-aqueous, isotonic sterile injection solutions, which can contain antioxidants, buffers, bacteriostats, and solutes that render the formulation isotonic with the blood of the intended recipient, and aqueous and non-aqueous sterile suspensions that can include suspending agents, solubilizers, thickening agents, stabilizers, and preservatives. The formulations of PINK1-CTD isolated polypeptide of the disclosure can be presented in unit-dose or multi-dose sealed containers, such as ampules and vials.

[0051] The dose administered to a subject, in the context of the present disclosure, is sufficient to have a beneficial therapeutic response in the patient over time, or other appropriate activity, depending on the application. The dose is determined by the efficacy of the particular PINK1-CTD isolated polypeptide of the disclosure, or formulation, and the activity of the polypeptide employed and the condition of the subject, as well as the body weight or surface area of the subject to be treated. The size of the dose is also determined by the existence, nature, and extent of any adverse side-effects that accompany the administration of a particular vector, formulation, or the like in a particular subject.

[0052] The dose administered is typically in the range equivalent to dosages of currently-used therapeutic proteins, adjusted for the altered activity or serum half-life of the relevant composition. The PINK1-CTD isolated polypeptides of the disclosure or pharmaceutical formulations of this disclosure can supplement treatment conditions by any known conventional therapy, including radiotherapy, chemotherapy, immunotherapy, antibody administration, vaccine administration, administration of cytotoxic agents, and the like. For example, the chemotherapy comprises administering an additional anti-cancer agent to a subject.

Example

Example 1 Interaction between PINK1 and EGFR in lung adenocarcinoma

[0053] To determine whether PINK1 and EGFR interact in lung adenocarcinoma, endogenous PINK1 and EGFR were first examined in four lung adenocarcinoma cell lines bearing different types of EGFRs by immunoblotting: CLI-5 (wild-type), PC9 (Ex19Del), H1975 (L858R + T790M) and H3255 (L858R) (FIG. 1A). Total cell lysates were then immunoprecipitated with EGFR monoclonal antibody and immunoblotted with PINK1 antibody. The results demonstrated the detection of PINK1 in the four immunoprecipitates, indicating the formation of endogenous protein complexes (FIG. 1B). To visualize the PINK1 and EGFR protein interaction, wild-type EGFR-GFP and PINK1-myc were co-overexpressed in

CLI-5 cells. It is showed that these two proteins co-localized in CLI-5 cells and much of the co-localization occurred just beneath the cytoplasmic membrane (FIG. 1C). These data suggest a possible interaction between these two protein kinases regardless of EGFR mutational status.

5 **Example 2 Inhibition of EGFR dimerization and internalization by PINK1**

[0054] Since an interaction might exist between PINK1 and EGFR, the potential roles of PINK1 in EGFR were next investigated. PINK1 was knocked down in CLI-5, PC9, H1975 and H3255 cells, and it was found a decrease in total EGFR protein without simultaneous down-regulation of EGFR mRNA expression (FIGs. 2A, 2B and 2C). Decreased protein level without concurrent decline in mRNA expression suggests an augmented protein turnover. Based on current knowledge, EGFR turnover is mediated by receptor dimerization and internalization (A. V. Vieira, C. Lamaze, S. L. Schmid. *Science*. 274, 2086-2089 (1996); R. Heukers et al. *J. Cell.Set* 126, 4900-4912 (2013); and A. Tomas, C. E. Futter, E. R. *Trends. Cell. Biol.* 24, 26-34 (2014)). It was therefore studied whether PINK1 plays roles in these processes. To evaluate the alteration of EGFR dimerization under PINK1 manipulation, PINK1 knock-down cells and experimental-control cells were subjected to cell-based protein dimerization with BS3 after 6 h treatment with lysosome inhibitor (20 mM NH4C1) and proteasome inhibitor (10 μ M MG132). For CLI-5 cells, EGF (50 ng/mL) was administered 20 minutes prior to cell harvest. Analyses by gradient SDS-PAGE and immunoblotting revealed an increase in the EGFR dimer to monomer ratio along with PINK1 knockdown. The pattern was observed among CLI-5, PC9, H1975 and H3255 cells bearing different types of EGFRs (FIG. 2D). To determine whether EGFR internalization is enhanced together with the increased dimer to monomer ratio, total cell lysates were fractionated into cell membranous and cytoplasmic fractions to check EGFR subcellular distribution. As demonstrated by CLI-5 and H1975 cells, the membranous fraction of EGFR was decreased and the cytoplasmic fraction of EGFR was increased under PINK1 knockdown, indicating an increase of receptor internalization (FIG. 2E). The data show that PINK1 knockdown facilitates EGFR dimerization and internalization, which lead to decreased total EGFR protein level.

[0055] Next, PINK1 was overexpressed in CLI-5, PC9, H1975 and H3255 cells in order to clarify whether excess PINK1 proteins resulted in the opposite phenomenon. The results showed that total EGFR protein was increased without significant changes in EGFR mRNA expression (FIGs. 7A and 7B). In agreement, there was a decreased EGFR dimer to monomer ratio with PINK1 overexpression (FIG. 7C). Taken together, these data suggest that PINK1 affects the EGFR total protein level through its role in EGFR protein dimerization, internalization and turnover.

30 **Example 3 Direct interaction between PINK1-CTD and EGFR-TKD**

[0056] To dissect the interaction between PINK1 and EGFR, it was next investigated whether these two protein kinases interact directly and through which domains they interplay. It was established a flag-fused full-length EGFR construct, EGFR-flag, (amino acids 1-1210) and 8 serial truncated EGFR-flag constructs based on different EGFR functional domains (amino acids 1-378, 1-621, 1-644, 1-690, 1-954, 645-1210, 645-954, 955-1210) (FIG. 3A). Each of these 9 constructs was co-overexpressed with full-length PINK1 in HEK293 cells. The cell lysates were immunoprecipitated by anti-flag antibody and the immunoprecipitates were immunoblotted by PINK1 antibody. The data showed that only the full-length EGFR-flag construct and constructs that contained amino acids 1-954, 645-1210, and 655-954 interacted with PINK1, indicating that EGFR-TKD is an important region for PINK1 binding (FIG. 3B). It was simultaneously established a myc-fused full-length PINK1 construct and another 7 truncated PINK1-myc constructs containing amino acids 1-509, 1-155, 156-509, 156-309, 310-428, 429-581 and 78-581, respectively (FIG. 3C). Each of these 8 constructs was co-transfected with full-length EGFR-flag in HEK293 cells. The cell lysates were immunoprecipitated by anti-myc antibody and immunoblotted with anti-flag antibody. The data demonstrated that the amino acid 510-581 of PINK1 protein is the potential region that interacts with EGFR-TKD (FIG. 3D). To further confirm that direct interaction exists between EGFR-TKD and PINK1-CTD, it was performed in vitro the GST pull-down assay. Recombinant GST-fused PINK1-CTD (amino acids 510-581) and negative-control construct GST-fused PINK1310-428 (amino acids 310-428) were individually incubated with purified His-tagged EGFR-TKD (amino acids 645-954) and analyzed by immunoblotting with anti-His antibody (FIG. 3E). The results showed that PINK1-CTD directly bound to EGFR-TKD. These data demonstrate that PINK1 directly interacts with EGFR through PINK1-CTD and EGFR-TKD. This interaction plays a role in EGFR receptor dimerization, internalization and turnover.

Example 4 Inhibition of HER1 and HER2 phosphorylation by PINK1-CTD

[0057] To determine the interaction between PINK1-CTD and HER1 or HER2, PINK1-CTD polypeptide was co-cultured with CLI-5, HOP62, PC9 or H1975 cells. In this example, the used PINK1-CTD was synthesized from Genmedkia Biotechnology Corp., and it was conjugated with 9 arginine residues for membrane attaching and internalization. The group in which the cells were co-cultured with a peptide only having 9 arginine residues (R9) was used as control group.

The results showed that the CTD polypeptide effectively inhibited EGFR (HER1) phosphorylation in CLI-5, HOP62, PC9 and H1975 in cells (FIG. 5A). Also, CTD polypeptide inhibited HER2 phosphorylation in CLI-5 cell in a dose-dependent manner (FIG. 5B). Amino acid sequence alignment of the tyrosine kinase domain of ERBB1 to ERBB4 (HER1 to HER4) was performed, and the results showed that ERBB 1 to ERBB4 revealed high sequence homology (FIG. 5C).

Example 5 Aggravation of in vivo tumor growth by PINK1 in EGFR non-addicted cells

[0058] Representative in vivo phenotypical alterations are particularly important in the study of molecular signaling. PINK1 knockdown was reported to reduce cell proliferation in several wild-type EGFR cell models (C. H. O'Flanagan, V. A. Morais, W. Wurst, B. De Strooper, C. O'Neill. *Oncogene*. (2014)). To examine whether such a phenomenon exists in wild-type EGFR lung adenocarcinoma cells, it was evaluated in vivo the tumor growth using shPINK1 and PINK1 stably expressing EGFR wild-type CLI-5 cells. The results showed that PINK1 knockdown retarded tumor growth while PINK1 overexpression aggravated tumor growth (FIGs. 6A and 6C, and FIG. 10). The observation is compatible with the immunoblotting results and is consistent with the general understanding that PINK1 functions as an oncogene in tumorigenesis (FIG. 4 and FIG. 8) (H. Murata et al. *J. Biol. Chem.* 286, 7182-7189 (2011); J. P. MacKeigan, L. O. Murphy, J. Blenis. *Nat. Cell. Biol.* 7, 591-600 (2005); S. A. Martin, M. Hewish, D. Sims, C. J. Lord, A. Ashworth. *Cancer. Res.* 71, 1836-1848 (2011); R. S. Akundi, L. Zhi, H. Bueler. *Neurobiol. Dis.* 45, 469-478 (2012); and C. H. O'Flanagan, V. A. Morais, W. Wurst, B. De Strooper, C. O'Neill. *Oncogene*. (2014)).

Example 6 Inhibition of in vivo tumor growth by PINK1 in EGFR-addicted cells

[0059] Although PINK1 promotes tumor growth in CLI-5 cells, the situation is the opposite in EGFR-addicted mutant cells, PC9, H1975 and H3255. ShPINK1 and PINK1 stably expressing cells were used in tumor xenograft experiments. The results showed that PINK1 knockdown sped up tumor growth, which was consistent with the enhanced EGFR pathway activation shown by immunoblotting (FIGs. 6F, 6I and 6L, FIG. 4, and FIG. 10). In contrast, PINK1 overexpression appeared to retard tumor growth, including the EGFR T790M mutant expressing H1975 xenografts (FIGs. 6D, 6G and 6J, FIG. 8 and FIG. 10). In this context, PINK1 serves as a tumor suppressor, the role originally suggested when it was first identified but never verified (M. Unoki, Y. Nakamura. *Oncogene*. 22, 2172-2185 (2003)). Collectively, these data suggest that the discrepancies observed among different cell types can be attributed to EGFR addiction or non-addiction.

Example 7 Anti-tumor effect of PINK1-CTD on both EGFR-addicted and EGFR non-addicted cells

[0060] It was next investigated the in vivo tumor growth of PINK1-CTD stably expressing CLI-5, PC9, H1975 and H3255 cells. It has been shown that PINK1-CTD inhibits EGFR activation. It not only downregulates EGFR downstream signaling in EGFR-addicted PC9, H1975 and H3255 cells but also attenuates STAT3-Y705 phosphorylation in EGFR non-addicted CLI-5 cells (FIGs. 9A and 9B). Consistent with the immunoblotting results, in vivo tumor xenografts proved that PINK1-CTD exerted inhibitory effects in all the cells tested (FIGs. 6B, 6E, 6H, and 6K). In addition, the synthetic polypeptide PINK1-CTD (Genmedkia Biotechnology Corp.) was used in mouse xenograft model. 2 μ M of CTD polypeptide or R9 peptide (as control group) was injected into the mouse every day or every two days (as shown by arrow in FIGs. 11A and 11B). The results showed that PINK1-CTD treatment inhibited in vivo tumor growth in CL1-5 and H1975 lung cancer mouse xenograft models (FIGs. 11A and 11B). This observation is compatible with the results of in vitro MTT assay, which showed that the viabilities of CLI-5, H1975, PC9 and Hop62 were reduced by 2 μ M of CTD polypeptide (FIG. 11C).

[0061] These results strengthen the supposition that the oncogenic function of PINK 1 resides in regions outside its C-terminal domain, and the tumor-inhibitory effect of PINK1-CTD relies on cells' dependency on EGFR signaling. Even though CLI-5 is EGFR non-addicted, the observed tumor retardation effect of PINK1-CTD suggests the importance of aberrant EGFR-STAT3 signaling in CLI-5 cells. The results, therefore, point to the therapeutic potential of PINK1-CTD in lung adenocarcinoma.

SEQUENCE LISTING

[0062]

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EP 3 288 963 B1

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55

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| | | | | | | | | | | | | | | | | | | | |
|----|------------|------------|-----|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|--|--|
| | 50 | | 55 | | 60 | | | | | | | | | | | | | | |
| 5 | Asn 65 | Arg | Leu | Arg | Phe | Phe 70 | Arg | Gln | Ser | Val | Ala 75 | Gly | Leu | Ala | Ala | Arg 80 | | | |
| 10 | Leu | Gln | Arg | Gln | Phe 85 | Val | Val | Arg | Ala | Trp 90 | Gly | Cys | Ala | Gly | Pro 95 | Cys | | | |
| 15 | Gly | Arg | Ala | Val 100 | Phe | Leu | Ala | Phe | Gly 105 | Leu | Gly | Leu | Gly | Leu | Ile | Glu | | | |
| 20 | Gln | Ala | Ile | Phe | Thr | Gln | Lys 135 | Ser | Lys | Pro | Gly | Pro 140 | Asp | Pro | Leu | Asp | | | |
| 25 | Thr 145 | Arg | Arg | Leu | Gln | Gly 150 | Phe | Arg | Leu | Glu | Glu 155 | Tyr | Leu | Ile | Gly | Gln 160 | | | |
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| 40 | Gly | Arg | Gly | Pro | Gly | Thr | Ser | Ala 200 | Pro | Gly | Glu | Gly | Gln 205 | Glu | Arg | Ala | | | |
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Claims

1. A non-natural polypeptide binding to ERBB tyrosine kinase domain (ERBB-TKD), or a biologically active variant thereof, the non-natural polypeptide having at least 90% identity to SEQ ID NO:1.
2. The non-natural polypeptide of Claim 1, wherein the ERBB is ERBB1, ERBB2, ERBB3 or ERBB4.
3. The non-natural polypeptide of Claim 1, wherein the ERBB-TKD is EGFR-TKD.
4. The non-natural polypeptide of Claim 1, which is a modified sequence of SEQ ID NO:1 having one or more amino acid substitution, deletion, addition and/or insertion.
5. The non-natural polypeptide of Claim 1, which comprises a fragment having from about 3 to about 72 consecutive amino acid residues of SEQ ID NO:1.
6. The non-natural polypeptide of Claim 1, which is SEQ ID NO:1.
7. A non-natural polypeptide binding to ERBB-TKD, or a biologically active variant thereof, comprising an amino acid sequence having at least 10% identity to SEQ ID NO:1, with the proviso that an amino acid sequence identical to SEQ ID No:2 is excluded, and one or more additional amino acid sequences selected from a targeting sequence, a cell-penetrating sequence, a tag sequence, and a linking sequence.
8. A pharmaceutical composition comprising a therapeutically effective amount of a non-natural polypeptide comprising an amino acid sequence having at least 10% identity to SEQ ID NO:1, with the proviso that an amino acid sequence identical to SEQ ID No:2 is excluded, and a pharmaceutically acceptable carrier thereof.
9. The pharmaceutical composition of Claim 8, further comprising an additional anti-cancer agent.
10. The pharmaceutical composition of Claim 9, wherein the additional anti-cancer agent is an ERBB inhibitor or an EGFR inhibitor.
11. The pharmaceutical composition of Claim 10, wherein the EGFR inhibitor is selected from the group consisting of gefitinib, erlotinib, cetuximab, afatinib, necitumumab, nimotuzumab, PF299804, RO5083945, ABT-806, NVP-TAE684 and a combination thereof.
12. Anon-natural polypeptide comprising an amino acid sequence having at least 10% identity to SEQ ID NO:1, with the proviso that an amino acid sequence identical to SEQ ID No:2 is excluded for use in a method for impeding EGFR from activation for inhibiting, preventing and/or treating a cancer.
13. The non-natural polypeptide for use of Claim 12, wherein the cancer is an ERBB-expressing cancer.
14. The non-natural polypeptide for use of Claim 13, wherein the ERBB-expressing cancer is selected from the group consisting of breast cancer, prostate cancer, ovarian cancer, liver cancer, bladder cancer, esophageal cancer, laryngeal cancer, gastric cancer, colon cancer, lung cancer and a combination thereof.
15. The non-natural polypeptide for use of Claim 14, wherein the ERBB-expressing cancer is lung cancer.
16. The non-natural polypeptide for use of Claim 15, wherein the lung cancer is lung adenocarcinoma, lung small cell

lung cancer (SCLC) or non-small cell lung cancer (NSCLC).

17. The non-natural polypeptide for use of Claim 12, further comprising administering at least one additional cancer therapy to the subject.

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18. The non-natural polypeptide for use of Claim 17, wherein the additional cancer therapy is selected from the group consisting of radiotherapy, chemotherapy, immunotherapy and a combination thereof.

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19. The non-natural polypeptide for use of Claim 18, wherein the chemotherapy comprises administering an additional anti-cancer agent to the subject.

Patentansprüche

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1. Nichtnatürliches Polypeptid, das sich an eine ERBB-Tyrosinkinase-Domäne (ERBB-TKD) bindet, oder eine biologisch aktive Variante davon, wobei das nichtnatürliche Polypeptid mindestens 90% Ähnlichkeit zu SEQ ID Nr. 1 aufweist.

20

2. Nichtnatürliches Polypeptid nach Anspruch 1, wobei es sich bei ERBB um ERBB1, ERBB2, ERBB3 oder ERBB4 handelt.

3. Nichtnatürliches Polypeptid nach Anspruch 1, wobei es sich bei ERBB-TKD um EGFR-TKD handelt.

25

4. Nichtnatürliches Polypeptid nach Anspruch 1, das eine modifizierte Sequenz von SEQ ID Nr. 1 mit einer oder mehreren Aminosäuresubstitutionen, Aminosäurebeseitigungen, Aminosäureadditionen und/oder Aminosäureeinfügungen ist.

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5. Nichtnatürliches Polypeptid nach Anspruch 1, das ein Fragment mit etwa 3 bis etwa 72 aufeinanderfolgenden Aminosäureresten der SEQ ID Nr. 1 umfasst.

6. Nichtnatürliches Polypeptid nach Anspruch 1, bei dem es sich um die SEQ ID Nr. 1 handelt.

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7. Nichtnatürliches Polypeptid, das sich an ERBB-TKD bindet, oder eine biologisch aktive Variante davon, umfassend eine Aminosäuresequenz mit mindestens 10 % Ähnlichkeit zu SEQ ID Nr. 1, mit der Maßgabe, dass eine zu SEQ ID Nr. 2 identische Aminosäuresequenz ausgeschlossen ist, und eine oder mehrere zusätzliche Aminosäuresequenzen, ausgewählt aus einer Targeting-Sequenz, einer Zellpenetrationssequenz, einer Markierungssequenz und einer Bindungssequenz.

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8. Pharmazeutische Zusammensetzung, umfassend eine therapeutisch wirksame Menge eines nichtnatürlichen Polypeptids, das eine Aminosäuresequenz mit mindestens 10 % Ähnlichkeit zu SEQ ID Nr. 1 umfasst, mit der Maßgabe, dass eine zu SEQ ID Nr. 2 identische Aminosäuresequenz ausgeschlossen ist, und einen pharmazeutisch annehmbaren Träger dafür.

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9. Pharmazeutische Zusammensetzung nach Anspruch 8, die ferner ein zusätzliches Antikrebsmittel enthält.

10. Pharmazeutische Zusammensetzung nach Anspruch 9, wobei das zusätzliche Antikrebsmittel ein EBRB-Inhibitor oder ein EGFR-Inhibitor ist.

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11. Pharmazeutische Zusammensetzung nach Anspruch 10, wobei der EGFR-Inhibitor ausgewählt ist aus der Gruppe bestehend aus Gefitinib, Erlotinib, Cetuximab, Afatinib, Necitumumab, Nimotuzumab, PF299804, RO5083945, ABT-806, NVP-TAE684 und einer Kombination davon.

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12. Nichtnatürliches Polypeptid, umfassend eine Aminosäuresequenz mit mindestens 10 % Ähnlichkeit zu SEQ ID Nr. 1, mit der Maßgabe, dass eine zu SEQ ID Nr. 2 identische Aminosäuresequenz ausgeschlossen ist, zur Verwendung in einem Verfahren zur Behinderung der Aktivierung von EGFR zur Hemmung, Verhinderung und/oder Behandlung von Krebs.

13. Nichtnatürliches Polypeptid zur Verwendung nach Anspruch 12, wobei Krebs ein Krebs ist, der ERBB exprimiert.

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14. Nichtnatürliches Polypeptid zur Verwendung nach Anspruch 13, wobei der Krebs, der ERBB exprimiert, ausgewählt ist aus der Gruppe bestehend aus Brustkrebs, Prostatakrebs, Eierstockkrebs, Leberkrebs, Blasenkrebs, Speiseröhrenkrebs, Kehlkopfkrebs, Magenkrebs, Dickdarmkrebs, Lungenkrebs und einer Kombination davon.

5 15. Nichtnatürliches Polypeptid zur Verwendung nach Anspruch 14, wobei es sich bei dem Krebs, der ERBB exprimiert, um Lungenkrebs handelt.

16. Nichtnatürliches Polypeptid zur Verwendung nach Anspruch 15, wobei der Lungenkrebs ein Lungen-Adenokarzinom, ein kleinzelliges Lungenkarzinom (SCLC) oder ein nichtkleinzelliges Lungenkarzinom (NSCLC) ist.

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17. Nichtnatürliches Polypeptid zur Verwendung nach Anspruch 12, das ferner die Verabreichung von mindestens einer zusätzlichen Krebstherapie an den Probanden umfasst.

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18. Nichtnatürliches Polypeptid zur Verwendung nach Anspruch 17, wobei die zusätzliche Krebstherapie ausgewählt ist aus der Gruppe bestehend aus Strahlentherapie, Chemotherapie, Immuntherapie und einer Kombination davon.

19. Nichtnatürliches Polypeptid zur Verwendung nach Anspruch 18, wobei die Chemotherapie die Verabreichung eines zusätzlichen Antikrebsmittels an den Patienten umfasst.

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Revendications

1. Polypeptide non naturel se liant au domaine tyrosine kinase d'ERBB (ERBB-TKD), ou variant biologiquement actif de celui-ci, le polypeptide non naturel ayant au moins 90 % d'identité à SEQ ID N° 1.

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2. Le polypeptide non naturel de la revendication 1, sachant que l'ERBB est ERBB1, ERBB2, ERBB3 ou ERBB4.

3. Le polypeptide non naturel de la revendication 1, sachant que l'ERBB-TKD est EGFR-TKD.

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4. Le polypeptide non naturel de la revendication 1, lequel est une séquence modifiée de SEQ ID N° 1 présentant une ou plusieurs substitutions, suppressions, ajouts et/ou insertions d'acide aminé.

5. Le polypeptide non naturel de la revendication 1, lequel comprend un fragment comportant d'environ 3 à environ 72 résidus d'acide aminé consécutifs de SEQ ID N° 1.

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6. Le polypeptide non naturel de la revendication 1, lequel est SEQ ID N° 1.

7. Polypeptide non naturel se liant à ERBB-TKD, ou variant biologiquement actif de celui-ci, comprenant une séquence d'acide aminé ayant au moins 10 % d'identité à SEQ ID N° 1, sous réserve qu'une séquence d'acide aminé identique à SEQ ID N° 2 soit exclue, et une ou plusieurs séquences d'acide aminé supplémentaires sélectionnées parmi une séquence de ciblage, une séquence de pénétration cellulaire, une séquence de marquage, et une séquence de liaison.

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8. Composition pharmaceutique comprenant une quantité thérapeutiquement efficace d'un polypeptide non naturel comprenant une séquence d'acide aminé ayant au moins 10 % d'identité à SEQ ID N° 1, sous réserve qu'une séquence d'acide aminé identique à SEQ ID N° 2 soit exclue, et un support pharmaceutiquement acceptable de celle-ci.

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9. La composition pharmaceutique de la revendication 8, comprenant en outre un agent anticancer supplémentaire.

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10. La composition pharmaceutique de la revendication 9, sachant que l'agent anticancer supplémentaire est un inhibiteur d'ERBB ou un inhibiteur d'EGFR.

11. La composition pharmaceutique de la revendication 10, sachant que l'inhibiteur d'EGFR est sélectionné dans le groupe constitué par le gefitinib, l'erlotinib, le cetuximab, l'afatinib, le necitumumab, le nimotuzumab, PF299804, RO5083945, ABT-806, NVP-TAE684 et une combinaison de ceux-ci.

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12. Polypeptide non naturel comprenant une séquence d'acide aminé ayant au moins 10 % d'identité à SEQ ID N° 1,

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sous réserve qu'une séquence d'acide aminé identique à SEQ ID N° 2 soit exclue, à usage dans un procédé consistant à empêcher l'activation d'EGFR pour inhiber, prévenir et/ou traiter un cancer.

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13. Le polypeptide non naturel à usage de la revendication 12, sachant que le cancer est un cancer exprimant ERBB.
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14. Le polypeptide non naturel à usage de la revendication 13, sachant que le cancer exprimant ERBB est sélectionné dans le groupe constitué par le cancer du sein, le cancer de la prostate, le cancer de l'ovaire, le cancer du foie, le cancer de la vessie, le cancer de l'œsophage, le cancer du larynx, le cancer de l'estomac, le cancer du colon, le cancer du poumon et une combinaison de ceux-ci.
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15. Le polypeptide non naturel à usage de la revendication 14, sachant que le cancer exprimant ERBB est un cancer du poumon.
16. Le polypeptide non naturel à usage de la revendication 15, sachant que le cancer du poumon est un adénocarcinome du poumon, un cancer du poumon à petites cellules (SCLC) ou un cancer du poumon non à petites cellules (NSCLC).
17. Le polypeptide non naturel à usage de la revendication 12, comprenant en outre l'administration d'au moins une thérapie de cancer supplémentaire au sujet.
- 20
18. Le polypeptide non naturel à usage de la revendication 17, sachant que la thérapie de cancer supplémentaire est sélectionnée dans le groupe constitué par la radiothérapie, la chimiothérapie, l'immunothérapie et une combinaison de celles-ci.
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19. Le polypeptide non naturel à usage de la revendication 18, sachant que la chimiothérapie comprend l'administration d'un agent anticancer supplémentaire au sujet.

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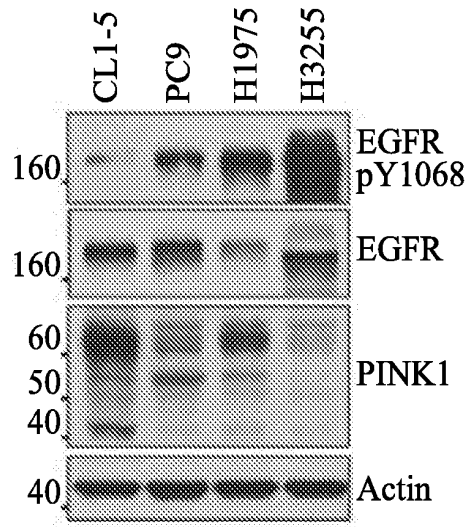


FIG. 1A

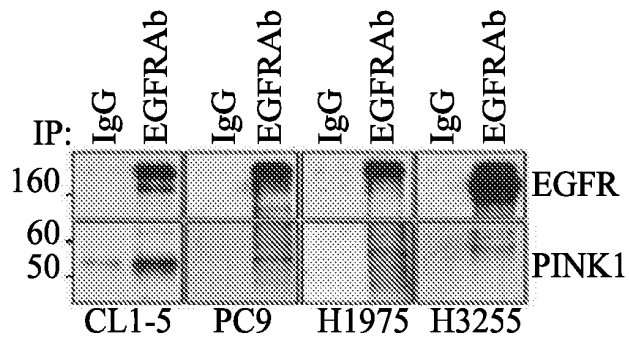


FIG. 1B

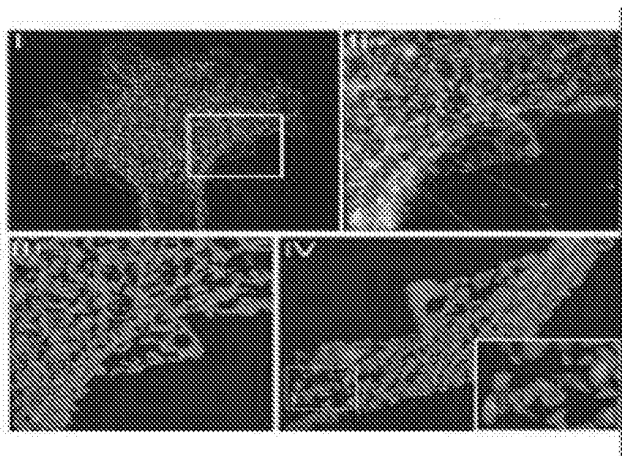


FIG. 1C

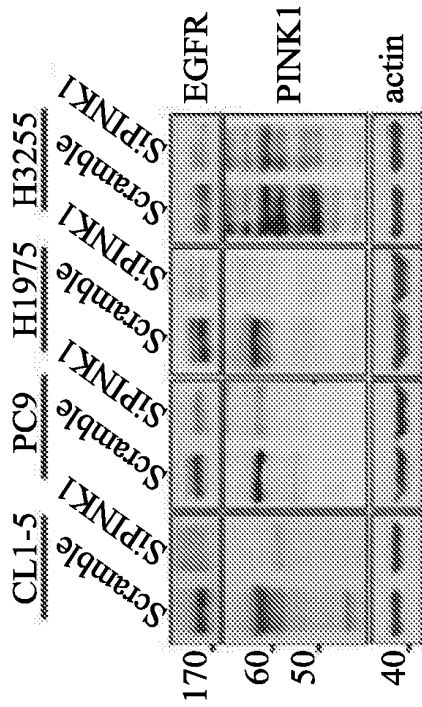


FIG. 2A

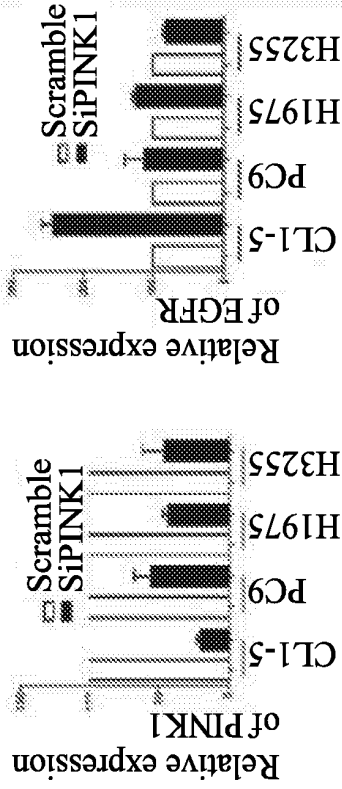


FIG. 2B

FIG. 2C

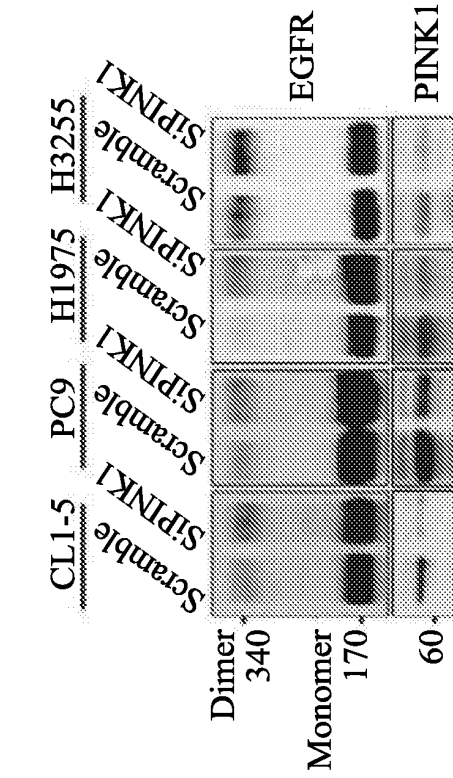


FIG. 2D

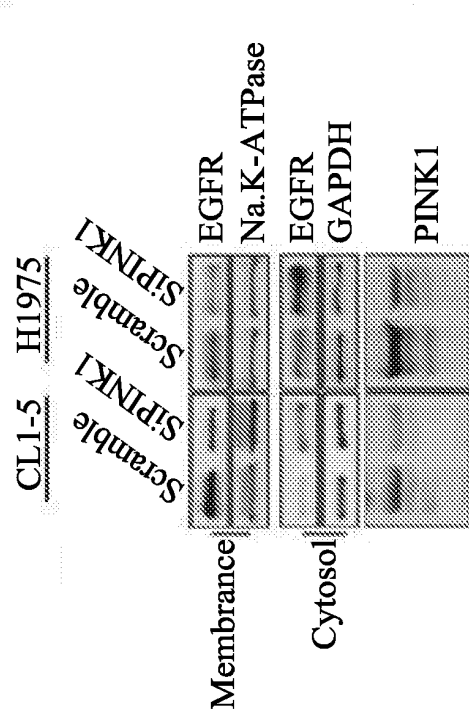


FIG. 2E

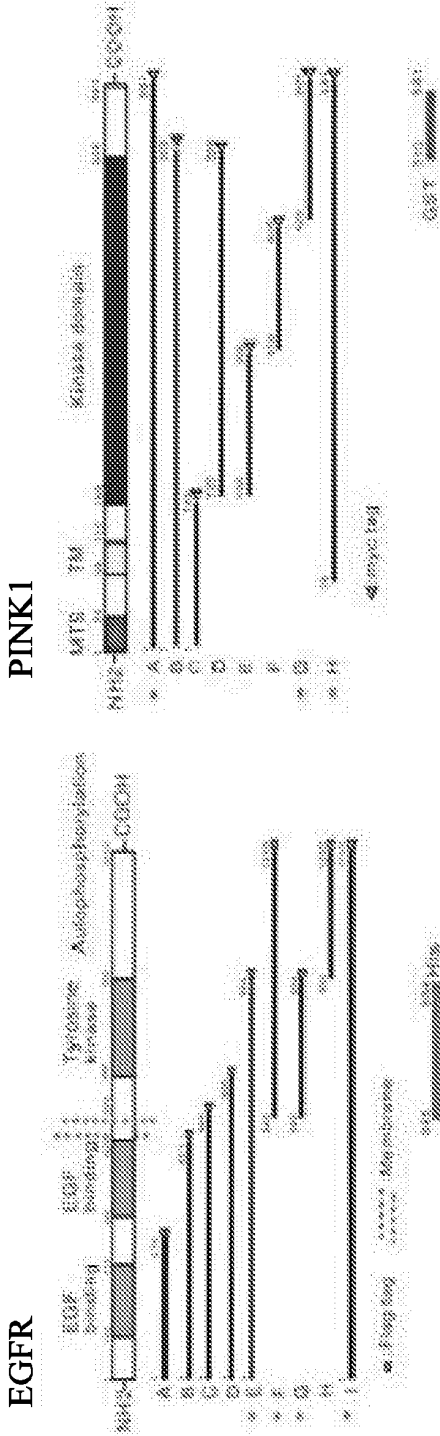


FIG. 3A

FIG. 3C

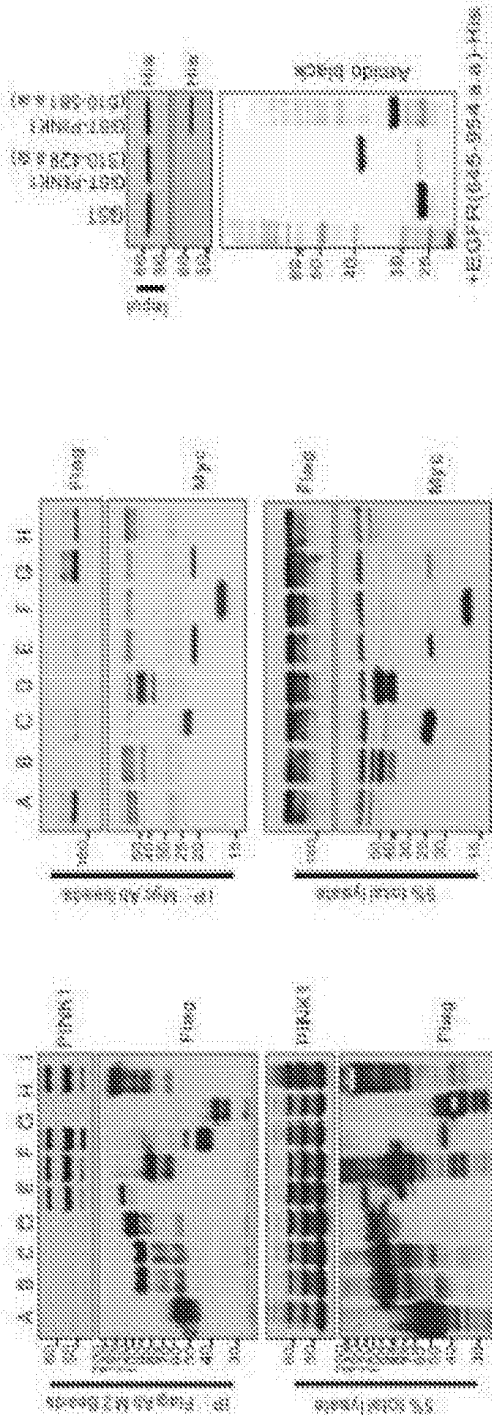


FIG. 3B

FIG. 3D

FIG. 3E

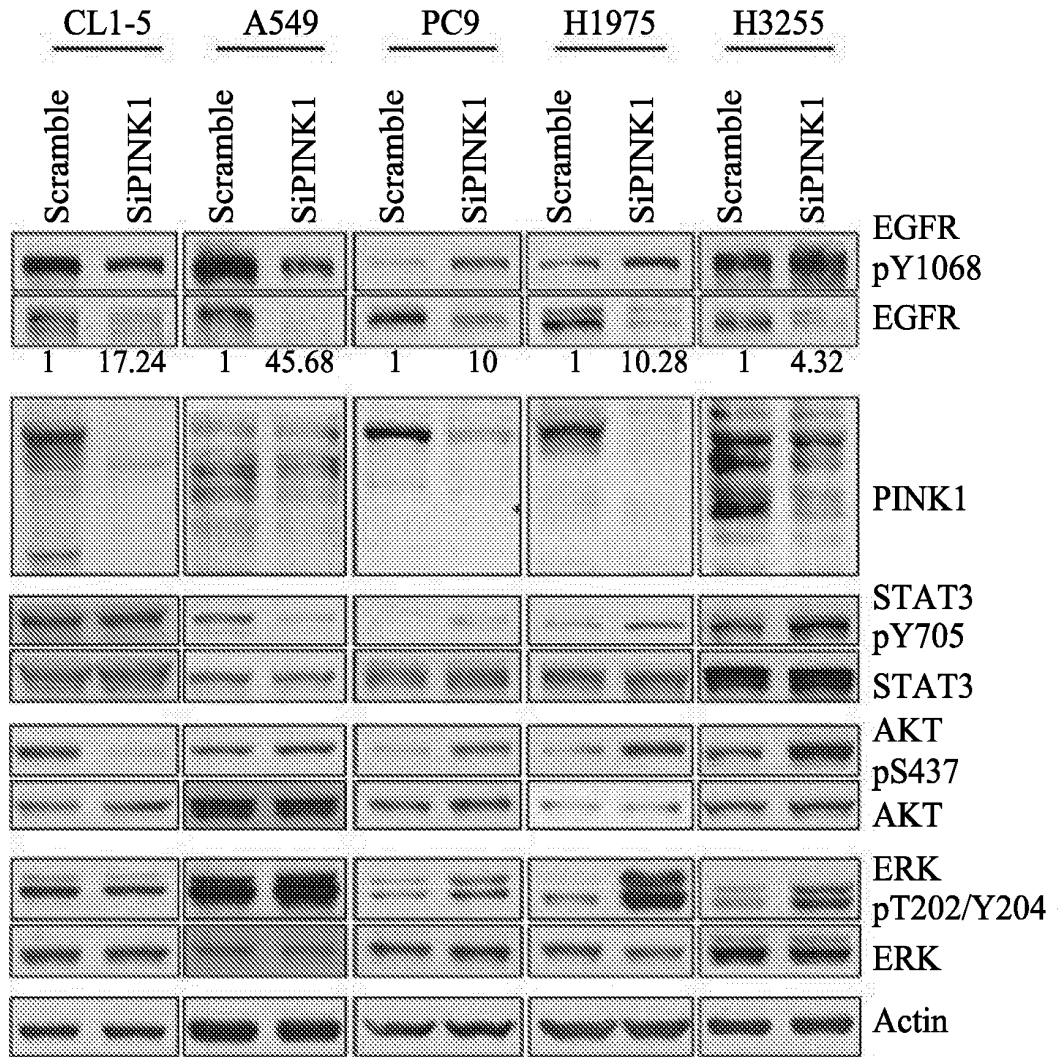


FIG. 4

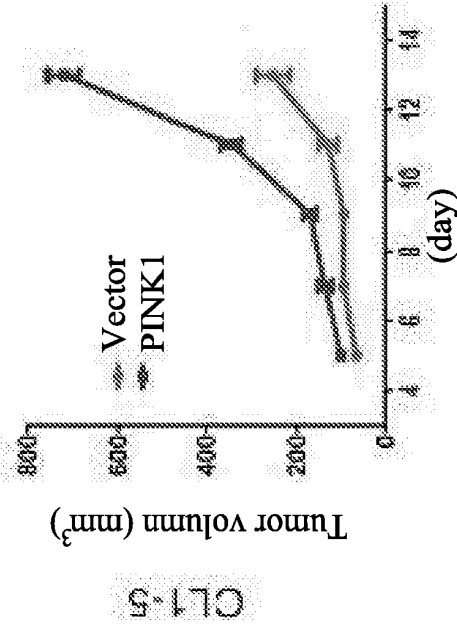


FIG. 6A

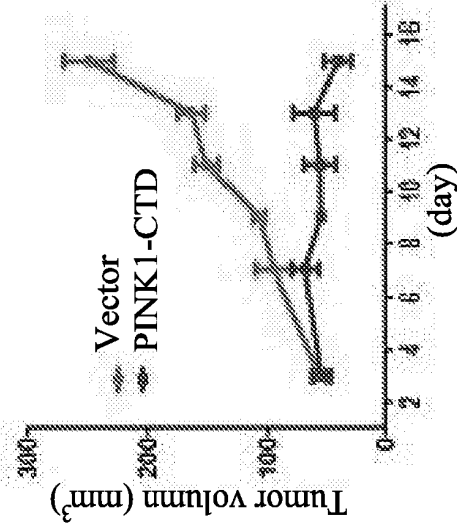


FIG. 6B

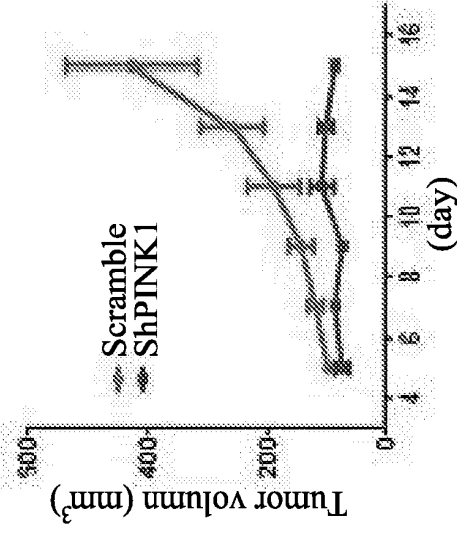


FIG. 6C

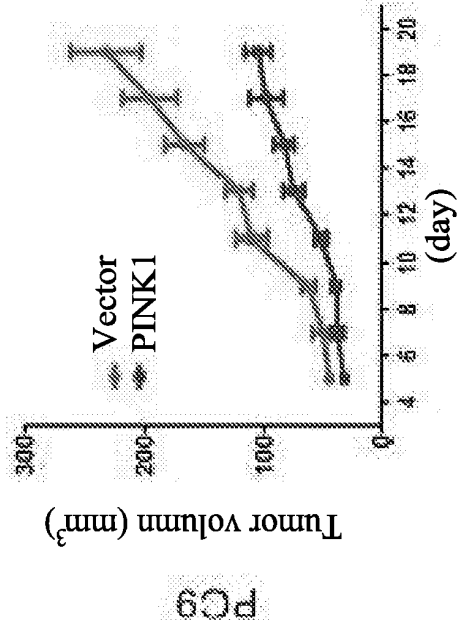


FIG. 6D

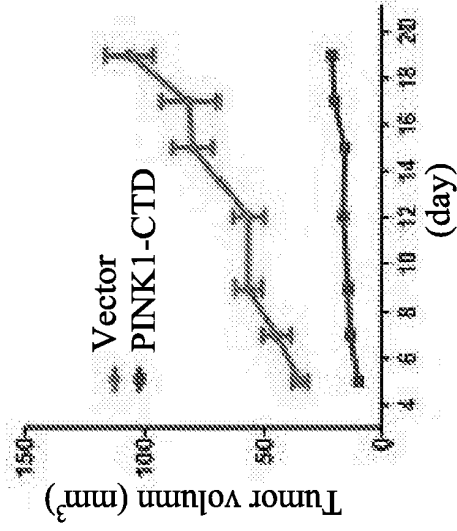


FIG. 6E

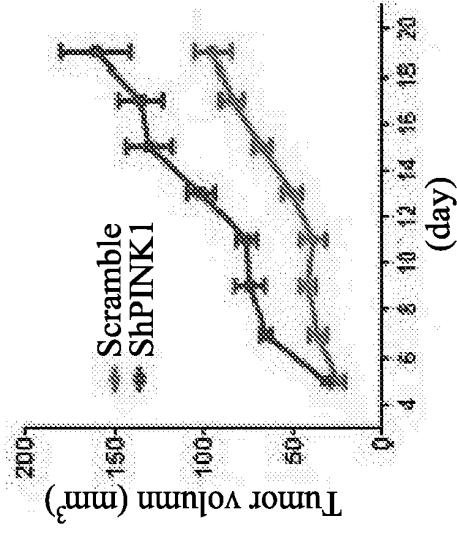


FIG. 6F

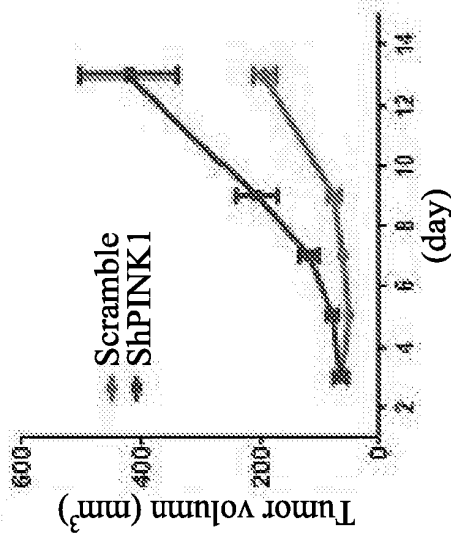


FIG. 6I

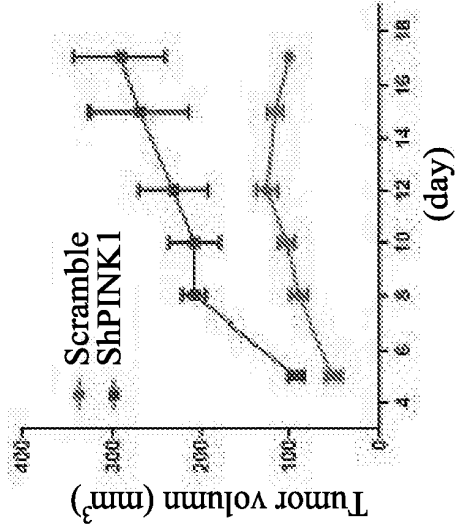


FIG. 6L

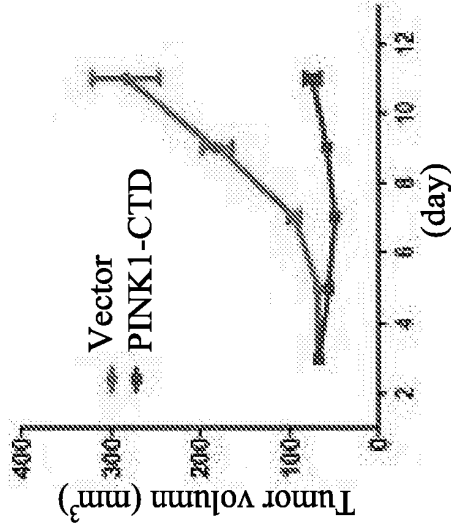


FIG. 6H

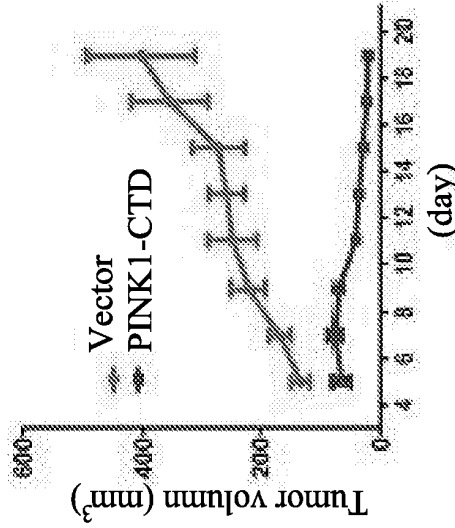


FIG. 6K

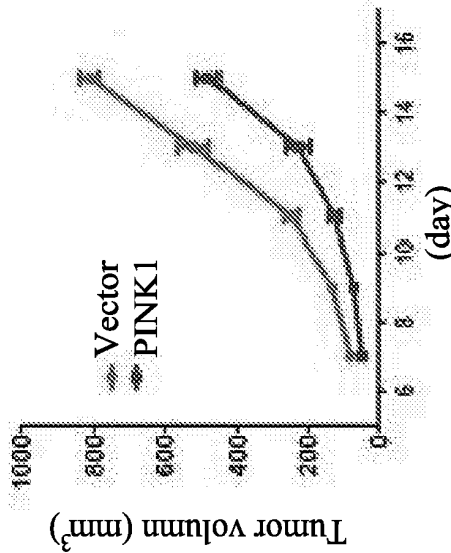


FIG. 6G

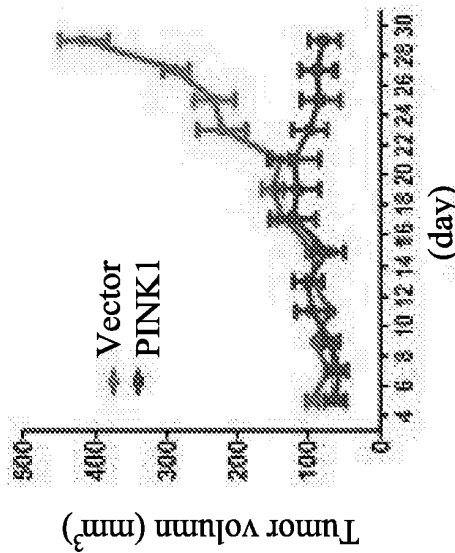
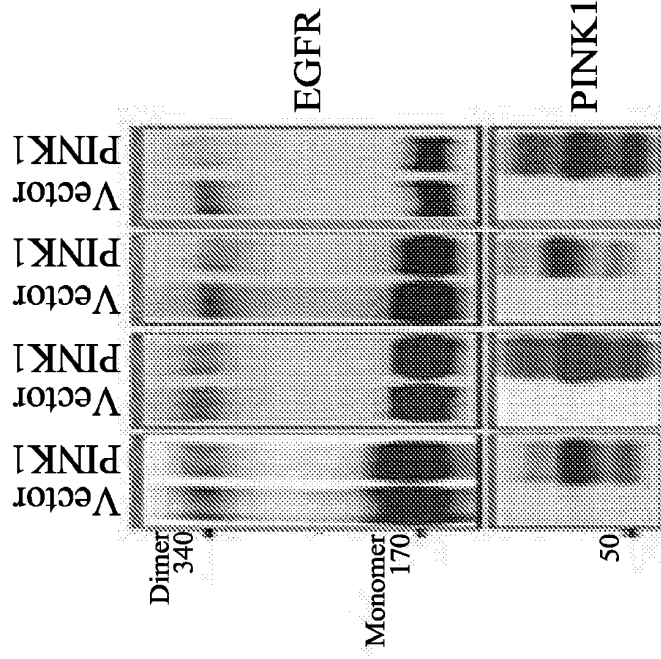


FIG. 6J

H1975

H3255

CL1-5 PC9 H1975 H3255



CL1-5 PC9 H1975 H3255

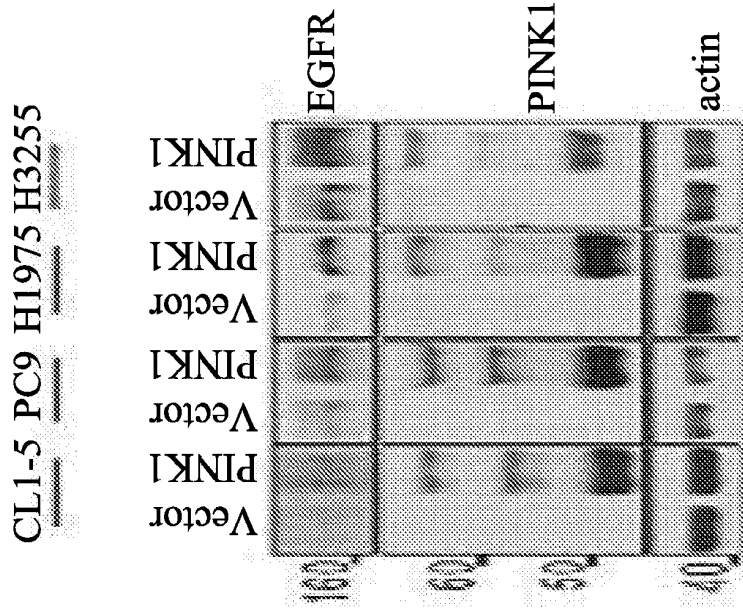
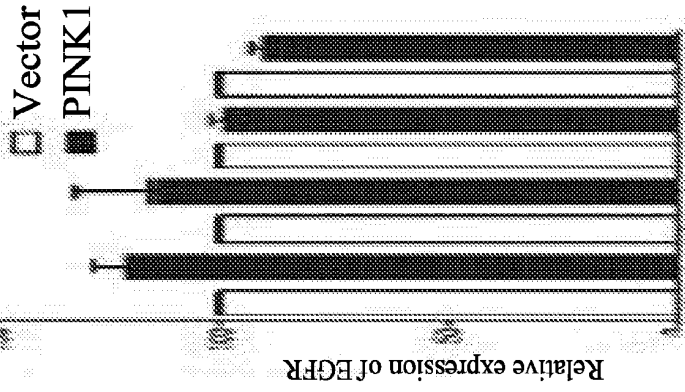


FIG. 7A

FIG. 7B

FIG. 7C

CL1-5 PC9 H1975 H3255

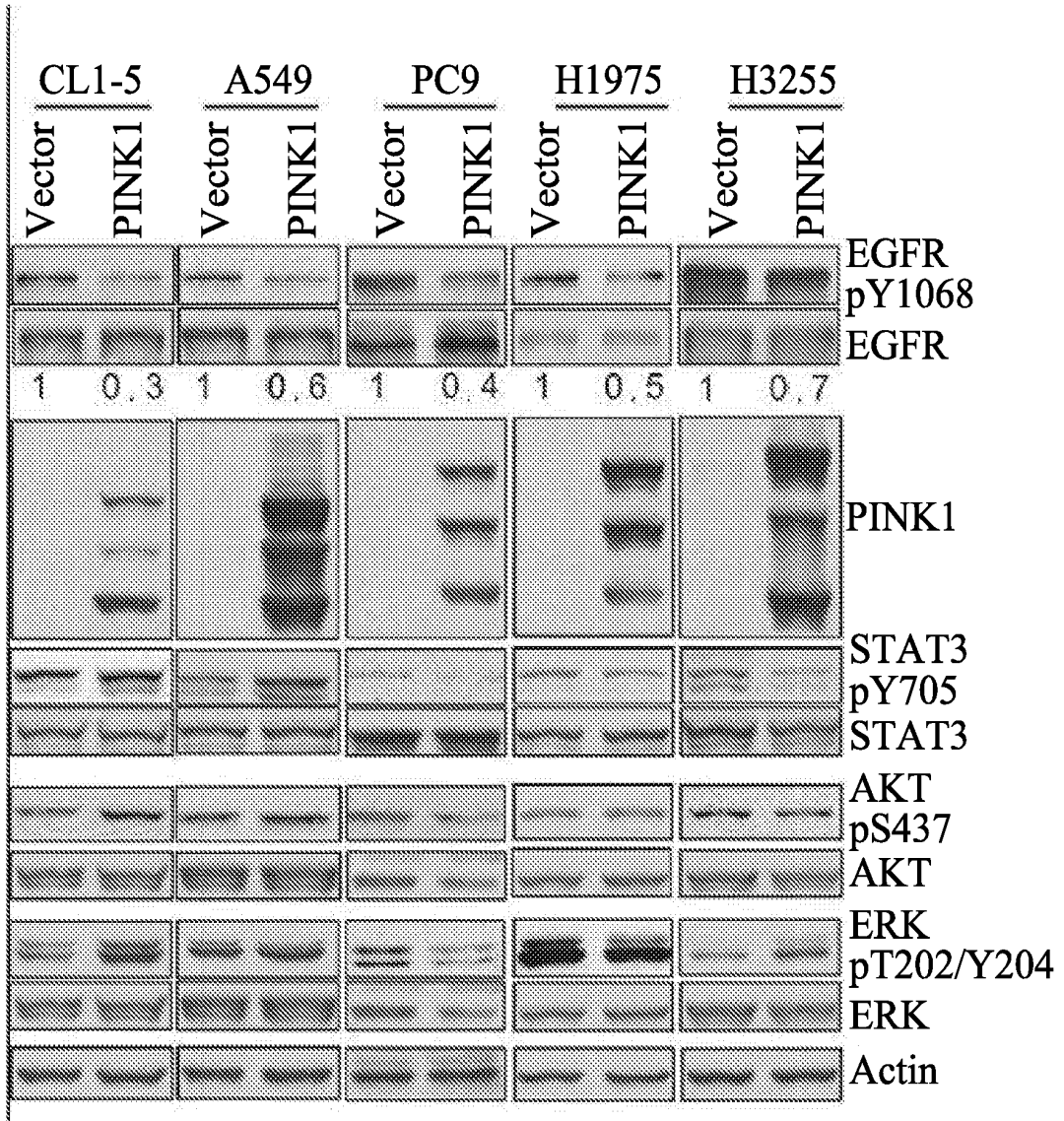


FIG. 8

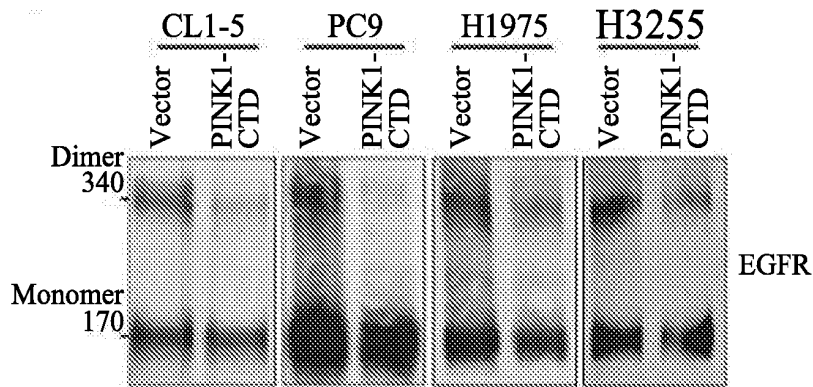


FIG. 9A

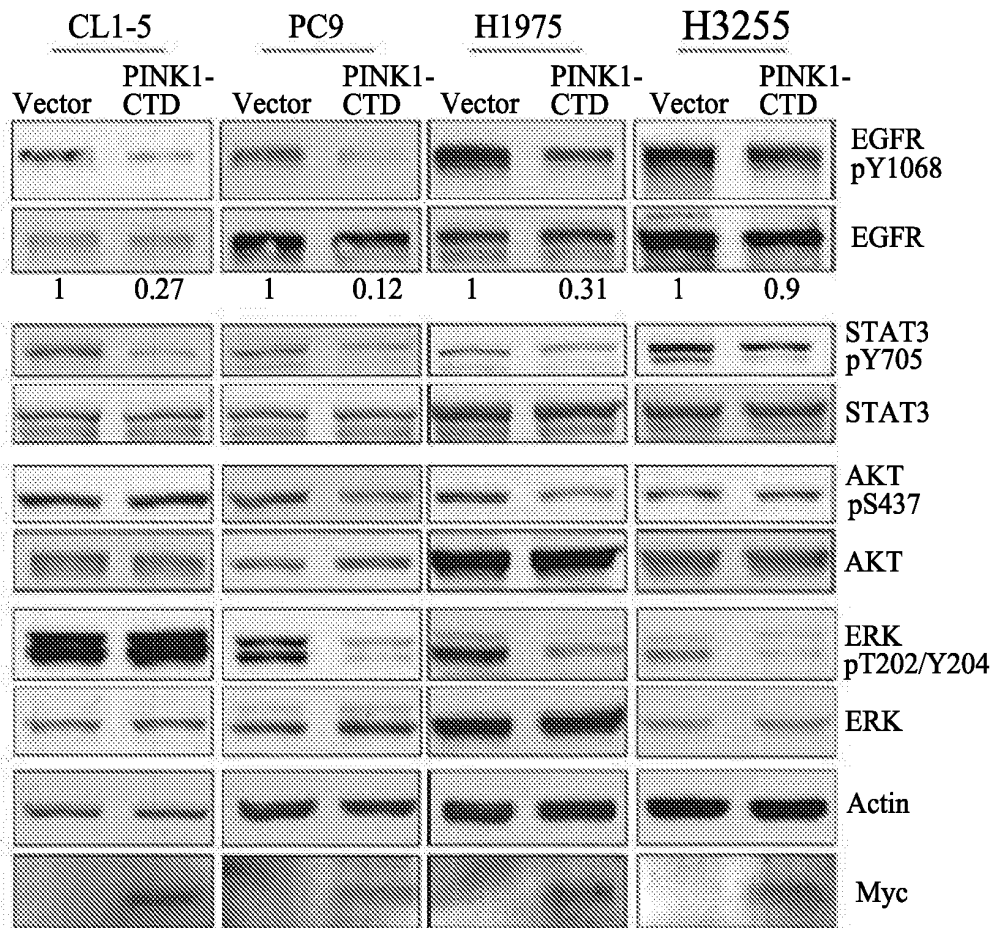


FIG. 9B

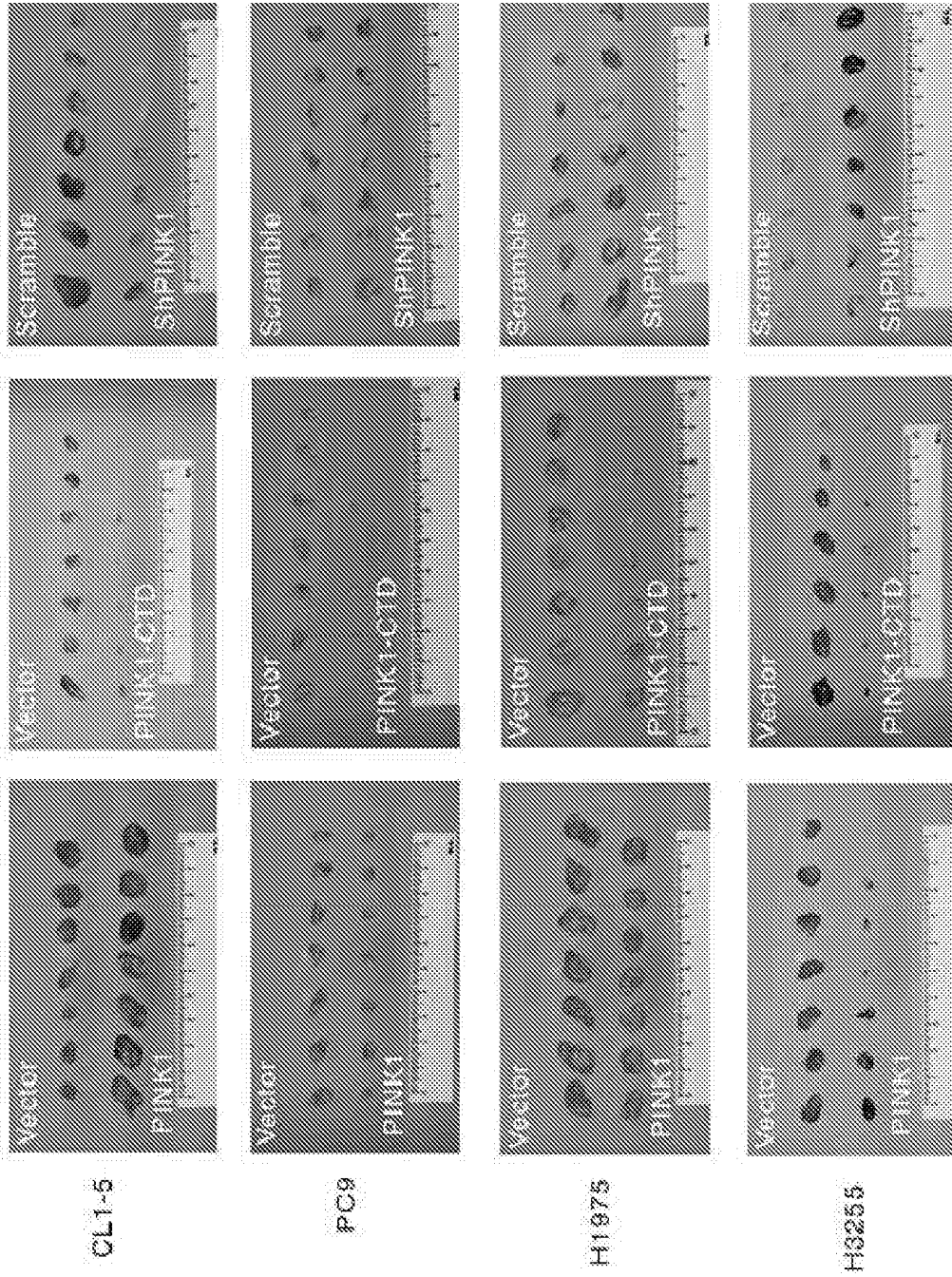


FIG. 10

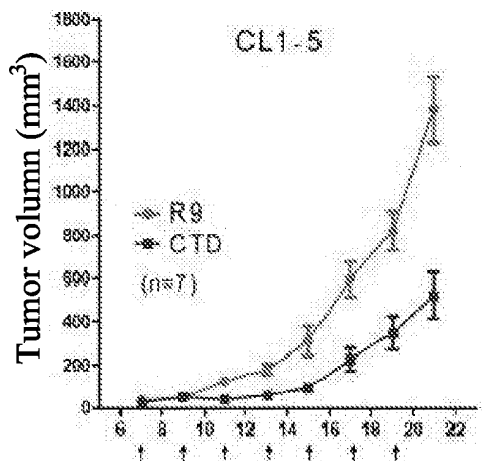


FIG. 11A

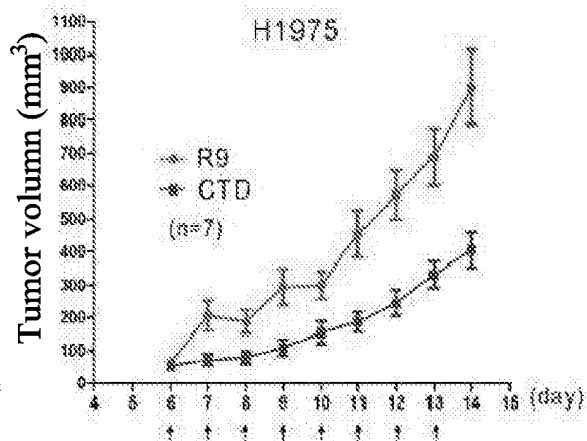


FIG. 11B

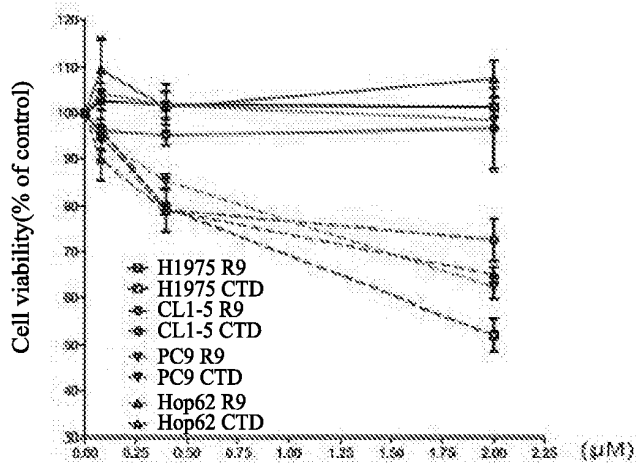


FIG. 11C

REFERENCES CITED IN THE DESCRIPTION

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