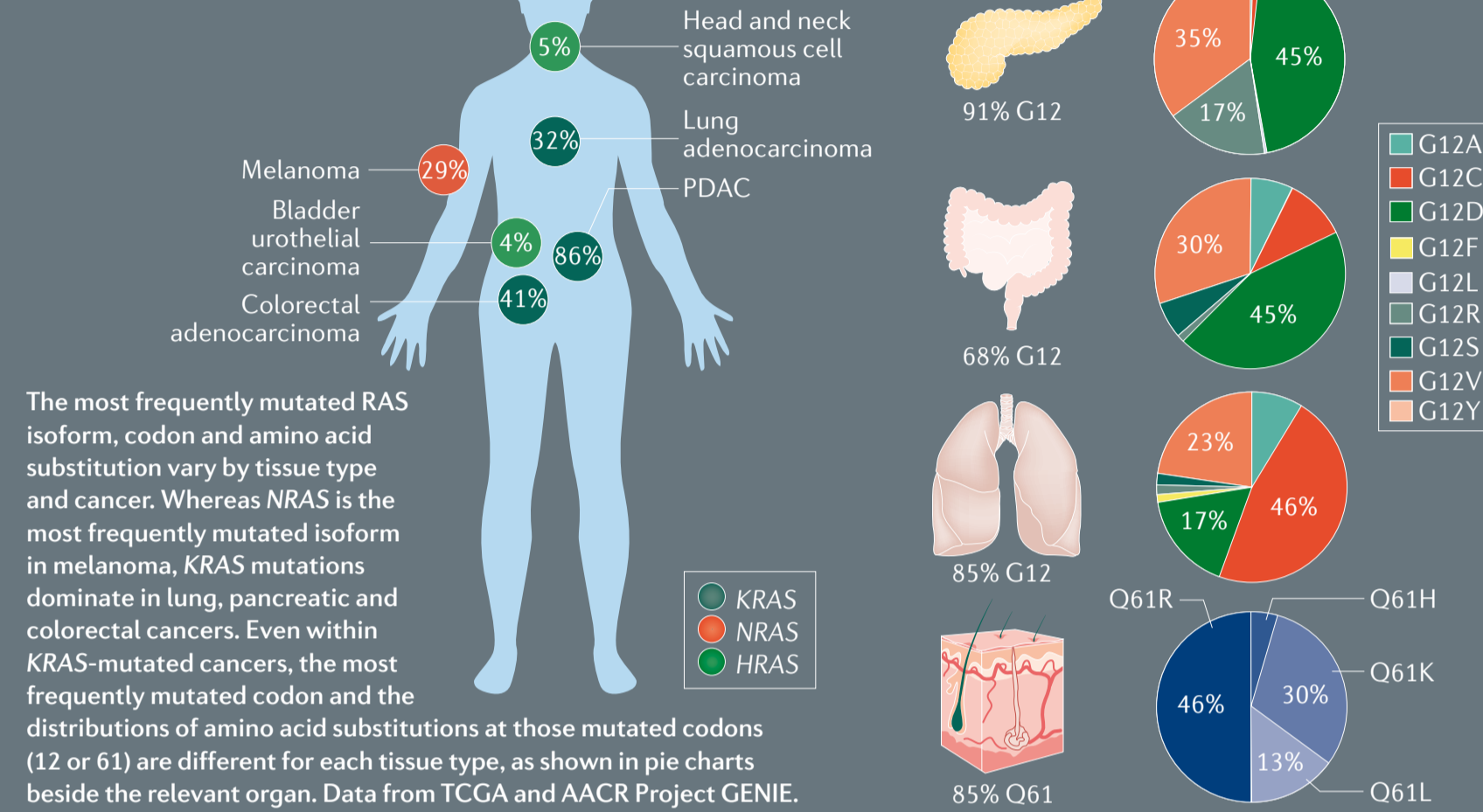


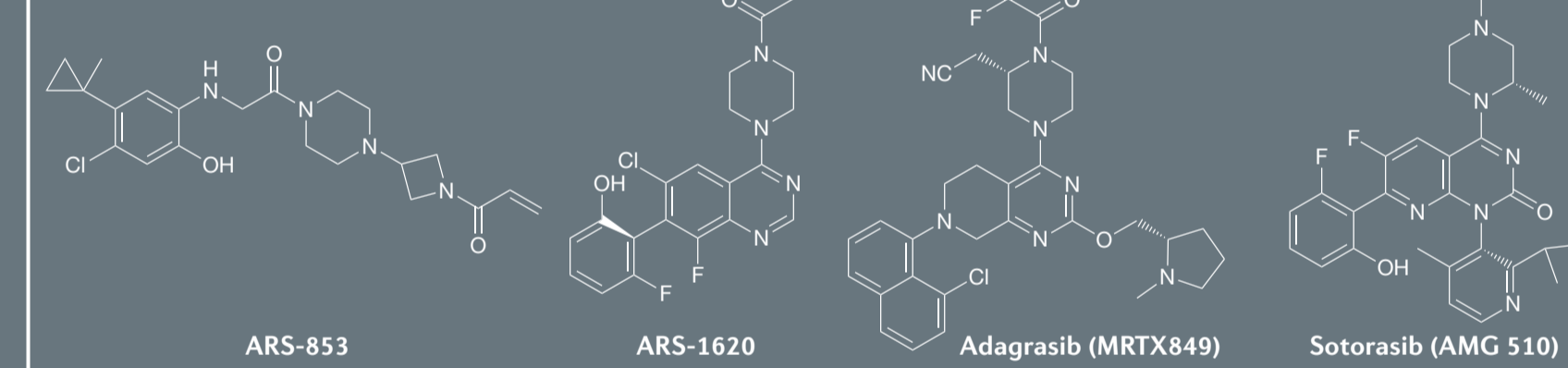
The RAS (*KRAS*, *NRAS* and *HRAS*) family is the most frequently mutated gene family in cancers, and, consequently, investigators have sought an effective RAS inhibitor for more than three decades. Now, allele-specific covalent inhibitors against the most frequently mutated version of RAS in NSCLC, KRAS-G12C, are in late-stage clinical trials, and other strategies to inhibit this pathway

are being investigated. Such strategies include inhibition of SOS1 and SHP2, which promote RAS activation, and inhibition of pathways downstream of RAS. Many of these potential therapies are being tried in combinations with RAS inhibitors. Mutation-specific biochemical properties, the spectrum of co-mutations, and the tissue of origin are likely to affect the effectiveness of such treatments.

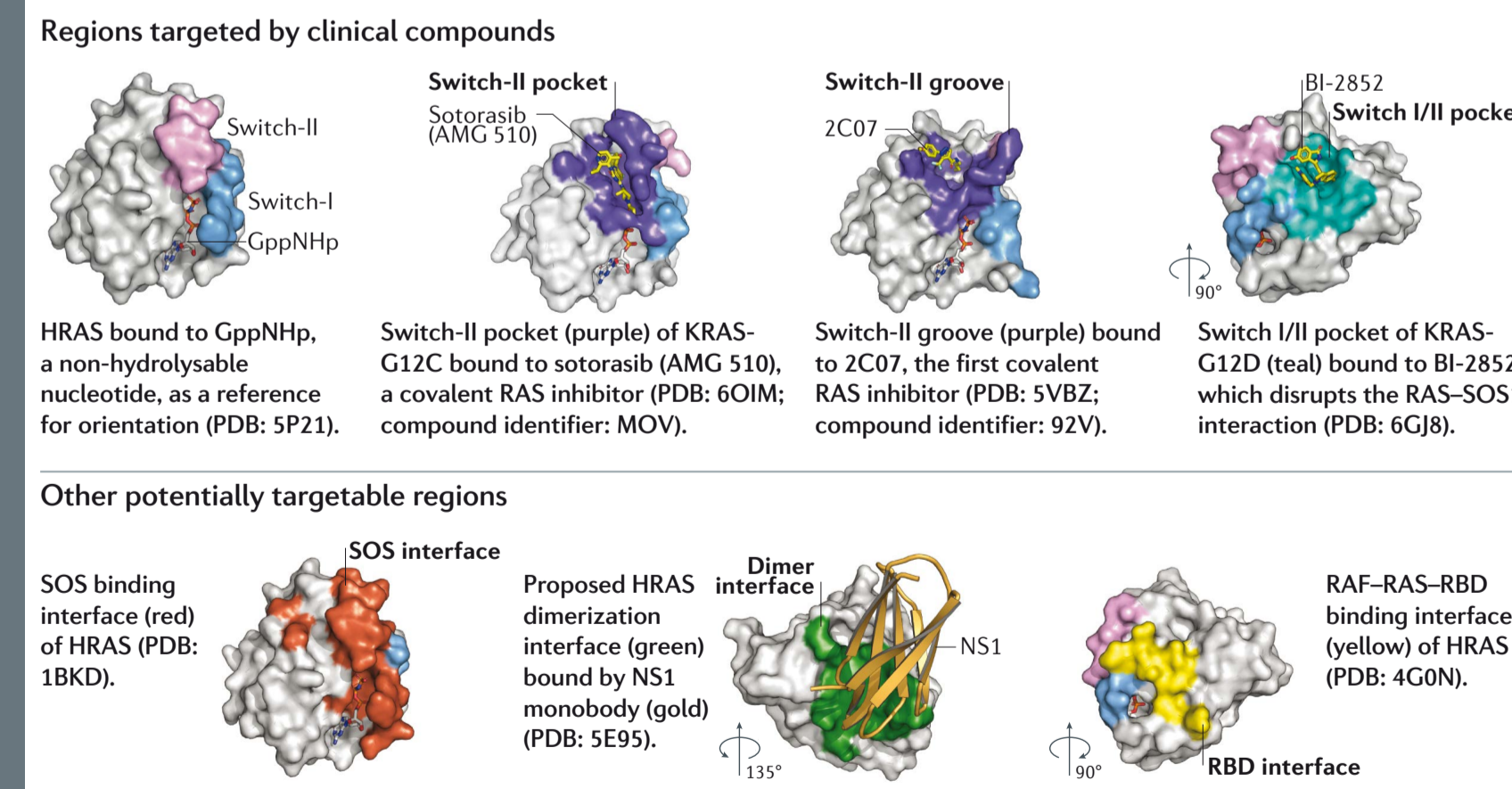
RAS mutational spectrum



Direct RAS inhibitor structures



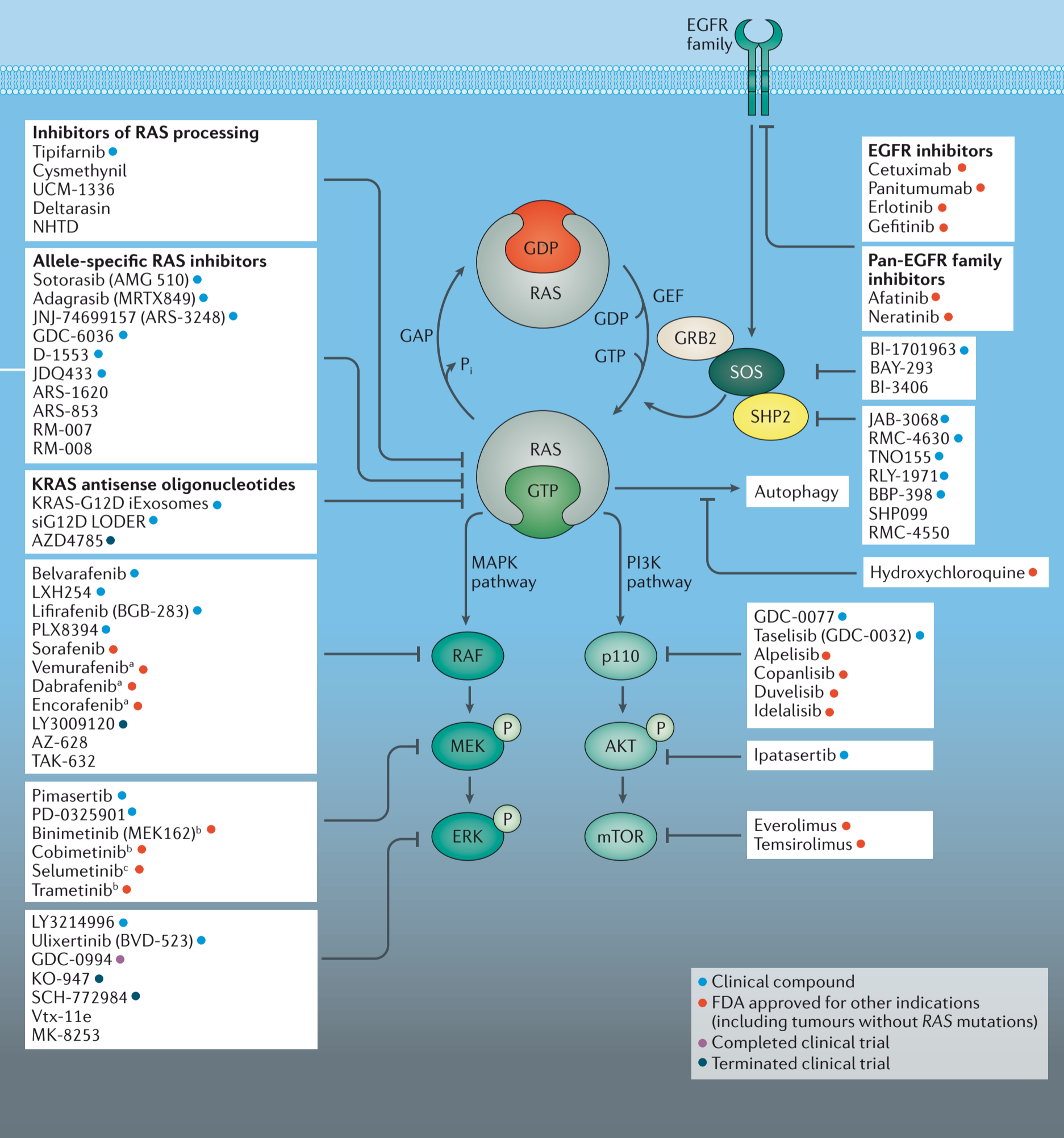
Regions of RAS that could or are being targeted by therapeutics



Clinical development of potential therapies for RAS-mutant tumours

Activation of receptor tyrosine kinases, such as members of the EGFR family, leads to a cascade of events at the membrane inner leaflet culminating in the activation of RAS. Inhibition at various levels — such as EGFR, SOS or SHP2 — decreases the rate at which inactive KRAS-GDP becomes active KRAS-GTP and reduces the GTP-bound RAS population. Mutant RAS proteins accumulate in the GTP-bound state. A number of approaches have been developed to directly inhibit RAS, including covalent allele-specific inhibitors that bind to

KRAS-G12C. GTP-bound RAS activates downstream signalling by binding to the RAS-binding domain of effector proteins, such as RAF and p110, to activate the MAPK and PI3K signalling cascades, respectively. Both the MAPK and PI3K signalling cascades can be inhibited at each kinase tier. Data compiled from ClinicalTrials.gov and AccessData.FDA.gov. *Only effective against monomeric BRAF (BRAF-V600E/K). †Approved for the treatment of paediatric patients with *NF1* mutations.



Select single-agent inhibitors in clinical development for RAS-mutant tumours

| Drug | Biomarker | Disease setting | Study phase | Clinical trial number |
|---------------------------------------|--|--------------------------------------|-------------|--------------------------|
| KRAS-G12C inhibitors | | | | |
| Sotorasib (AMG 510) | KRAS ^{G12C} mutation | NSCLC | III | NCT04303780 |
| Adagrasib (MRTX849) | KRAS ^{G12C} mutation | NSCLC | III | NCT04685135 |
| JNJ-74699157 (ARS-3248) | KRAS ^{G12C} mutation | Advanced solid tumours | I | NCT04006301 |
| GDC-6036 | KRAS ^{G12C} mutation | Advanced solid tumours | I | NCT04449874 |
| D-1553 | KRAS ^{G12C} mutation | NSCLC, CRC | I | NCT04585035 |
| JDQ433 | KRAS ^{G12C} mutation | Advanced solid tumours | I/II | NCT04699188 |
| SOS inhibitors | | | | |
| BI-1701963 | KRAS mutations | Advanced or metastatic solid tumours | I | NCT04111458 |
| SHP2 inhibitors | | | | |
| RMC-4630 | Mutations that hyperactivate the MAPK pathway | Relapsed or refractory solid tumours | I | NCT03634982 |
| TNO155 | EGFR or KRAS ^{G12C} mutations | Advanced solid tumours | I | NCT03114319 |
| BBP-398 | Mutations that hyperactivate the MAPK pathway | Advanced solid tumours | I | NCT04528836 |
| Farnesyltransferase inhibitors | | | | |
| Tipifarnib | HRAS mutations | HNSCC, NSCLC | II | NCT02383927, NCT03496766 |
| RAF inhibitors | | | | |
| Belvarafenib | NRAS mutations | Advanced melanoma | I | NCT04835805 |
| LXH254 | MAPK pathway mutation | Advanced solid tumours | I | NCT02607813 |
| MEK inhibitors | | | | |
| Binimetinib (MEK162) | NRAS mutation | Unresectable or metastatic melanoma | III | NCT01763164 |
| ERK inhibitors | | | | |
| LY3214996 | BRAF or NRAS mutations | Metastatic melanoma and NSCLC | I | NCT02857270 |
| Adoptive cell therapies | | | | |
| Anti-RAS-G12D mTCR | HLA-A*11:01 RAS ^{G12D} mutation | Advanced solid tumours | I/II | NCT03745326 |
| Anti-RAS-G12V mTCR | HLA-A*11:01 RAS ^{G12V} mutation | Advanced solid tumours | I/II | NCT03190941 |
| Anti-RAS-G12V TCR | HLA-A*11:01 RAS ^{G12V} mutation | Advanced solid tumours | I/II | NCT04146298 |
| siRNA strategies | | | | |
| KRAS-G12D iExosomes | KRAS ^{G12D} mutation | PDAC | I | NCT03608631 |
| Cancer vaccines | | | | |
| mRNA-5671 | HLA-A*11:01 and/or HLA-C*08:02; KRAS ^{G12C} , KRAS ^{G12D} , KRAS ^{G12V} or KRAS ^{G12S} mutations | NSCLC, non-MSI-H CRC, PDAC | I | NCT03948763 |

Select combination therapies in clinical development for RAS-mutant cancers

| Drugs | Biomarker | Disease setting | Study phase | Clinical trial number |
|---|--|--|-------------|-----------------------|
| KRAS-G12C combinations | | | | |
| Sotorasib and antibodies to PD1 or PDL1 | KRAS ^{G12C} mutation | Advanced NSCLC | II | NCT03600883 |
| Adagrasib and TNO155 | KRAS ^{G12C} mutation | Advanced or metastatic solid tumours | I/II | NCT04330664 |
| JDQ433 and TNO155 | KRAS ^{G12C} mutation | Advanced solid tumours | I/II | NCT04699188 |
| GDC-6036 and atezolizumab, cetuximab, bevacizumab or erlotinib | KRAS ^{G12C} mutation | Advanced or metastatic solid tumours | I | NCT04449874 |
| SOS inhibitor combinations | | | | |
| BI-1701963 and trametinib | KRAS mutation | Advanced or metastatic solid tumours | I | NCT04111458 |
| BI-1701963 and irinotecan | KRAS mutation | Metastatic CRC | I | NCT04627142 |
| SHP2 inhibitor combinations | | | | |
| TNO155 and spartalizumab | EGFR or ALK WT NSCLC | Advanced solid tumours | IIb | NCT04000529 |
| TNO155 and ribociclib | EGFR or ALK WT NSCLC, KRAS-mutant CRC or NSCLC | Advanced solid tumours | IIb | NCT04000529 |
| RAF inhibitor combinations | | | | |
| Belvarafenib and cobimetinib | RAS or RAF mutations | Locally advanced or metastatic tumours | IIb | NCT03284502 |
| LXH254 and an antibody to PD1 | NRAS (melanoma) or KRAS (NSCLC) mutations | Advanced solid tumours | IIb | NCT02607813 |
| LXH254 and trametinib, LTT462 or ribociclib | KRAS or BRAF (NSCLC) or NRAS (melanoma) mutations | Advanced or metastatic solid tumours | IIb | NCT02974725 |
| BGB-283 and PD-0325901 | KRAS-mutant NSCLC or endometrial cancer | Advanced or refractory solid tumours | IIb | NCT03905148 |
| MEK inhibitor combinations | | | | |
| Cobimetinib and atezolizumab | KRAS mutation | Advanced and metastatic NSCLC | II | NCT03600701 |
| Cobimetinib and RMC-4630 | Mutations that hyperactivate the MAPK pathway | Relapsed or refractory solid tumours | IIb/II | NCT03989115 |
| Selumetinib and MK-8353 | RAS or RAF mutations | Advanced solid tumours | IIb | NCT03745989 |
| Trametinib and ponatinib | KRAS mutation | Advanced NSCLC | I | NCT03704688 |
| ERK inhibitor combinations | | | | |
| LY3214996 and midazolam, abemaciclib, or nab-paclitaxel + gemcitabine | BRAF or RAS mutations | Advanced or metastatic solid tumours | I | NCT02857270 |
| Cancer vaccine combinations | | | | |
| mRNA-5671 and pembrolizumab | HLA-A*11:01 and/or HLA-C*08:02; KRAS ^{G12C} , KRAS ^{G12D} , KRAS ^{G12V} or KRAS ^{G12S} mutations | NSCLC, non-MSI-H CRC, PDAC | I | NCT03948763 |

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- Recombinant proteins (KRAS and mutants, GEFs, GAP, and others)
- Cellular phosphorylation assays (BRAF)
- Cellular detection assays (phospho-STAT, phospho-ERK, phospho-MEK)
- Cellular detection assays (phospho-CDC, PDAC, pancreatic ductal adenocarcinoma; PDB, protein data bank; RBD, RAS-binding domain; SOS, Son of Sevenless; TCGA, the cancer genome atlas; WT, wild type.

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Abbreviations
CRC, colorectal cancer; DCAI, 4,6-dichloro-2-methyl-3-aminoethyl-indole; EGFR, epidermal growth factor receptor; mAb, monoclonal antibody; MSI-H, microsatellite instability-high; mTCR, murine T cell receptor; nab-paclitaxel, nanoparticle albumin-bound paclitaxel; NSCLC, non-small-cell lung cancer; PDAC, pancreatic ductal adenocarcinoma; PDB, protein data bank; RBD, RAS-binding domain; SOS, Son of Sevenless; TCGA, the cancer genome atlas; WT, wild type.

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Competing interests statement
FMC is a consultant for the following companies: Amgen, Pfizer Inc., and Quanta Therapeutics; is a consultant and co-founder with ownership interest including stock options of BridgeBio Pharma, Inc; and is Scientific Director of the NCI Ras Initiative at Frederick National Laboratory for Cancer Research/Leidos Biomedical Research Inc. S.M. is an employee of Genentech/Roche. A.R.M. and S.C.R. are also post-doctoral fellows employed by Genentech/Roche.
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