Evaluation of M4 Muscarinic Receptor Occupancy by CVL-231 Using [¹¹C]MK-6884 **PET in Nonhuman Primates**

Sridhar Duvvuri,¹ Philip Iredale,¹ Matthew Leoni,¹ John M. Kane,² Vasily Belov,³ Nicolas J. Guehl,³ Sung-Hyun Moon,³ Maeva Dhaynaut,³ Peter A. Rice,³ Daniel L. Yokell,³ Georges El Fakhri,³ Marc D. Normandin,³ John Renger¹

¹Cerevel Therapeutics, Cambridge, MA, USA; ²Zucker Hillside Hospital, Hempstead, NY, USA; ³Gordon Center for Medical Imaging, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA

Presenting Author: Sridhar Duvvuri; Sridhar.Duvvuri@cerevel.com

CONCLUSIONS

- Robust quantification of CVL-231 RO in the striatum was obtained via [¹¹C]MK-6884 PET imaging and by using noninvasive pharmacokinetic modeling techniques
- These data confirm the dose-dependent target binding of CVL-231 to M4 receptors in the striatum of nonhuman primates
- **Evaluation of M4 RO by CVL-231 in humans using [**¹¹C]MK-6884 is being explored

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REFERENCES: 1. Iredale et al. Presented at: Society for Neuroscience 2021, November 3-7, 2021; Virtual.

INTRODUCTION

- CVL-231 is a novel, brain-penetrant, positive allosteric modulator selective for M4 muscarinic acetylcholine receptors (mAChRs) in development for the treatment of schizophrenia
- Preclinical characterization of CVL-231 in rodents showed favorable brain penetration, direct target engagement, and robust in vivo activity in animal models of psychosis (eg, reversal of amphetamine-stimulated locomotor activity, prepulse inhibition)¹
- Verification of in vivo target engagement in primate brains and quantification of the exposure-occupancy relationship is useful to facilitate clinical dose selection and translation of preclinical data to humans

OBJECTIVE

- Using [11C]MK-6884, an M4 positive allosteric modulator radioligand, this study evaluated M4 receptor occupancy (RO) of CVL-231 in the striatum of nonhuman primates as a function of CVL-231 dose and plasma concentration
- The first objective was to determine the RO at M4 mAChRs in the striatum using arterial input function-based pharmacokinetic (PK) modeling methods following different intravenous doses of CVL-231
- The second objective was to assess the accuracy of reference tissue-based PK modeling methods for quantifying the RO of CVL-231

METHODS

STUDY DESIGN

- Two male adult rhesus macagues aged 9 and 13 years were used in this study; their mean body weights on day of imaging were 12.9 kg and 15.1 kg, respectively
- Both animals had 3 imaging sessions, each consisting of a 90-min baseline scan followed by a 90-min positron emission tomography (PET)/computed tomography (CT) blocking scan with CVL-231 administration; each session was separated by >1 month to allow for sufficient recovery (**Figure 1**)
- Before each imaging session, animals were sedated with ketamine/xylazine (10/0.5 mg/kg intramuscularly) and were intubated for maintenance anesthesia with isoflurane
- Imaging sessions were performed on a Discovery MI (GE Healthcare, Chicago, IL) PET/CT scanner. A CT scan was acquired prior to each PET acquisition for attenuation correction. Emission PET data were acquired in three-dimensional list mode for 90 min following injection of [11C]MK-6884

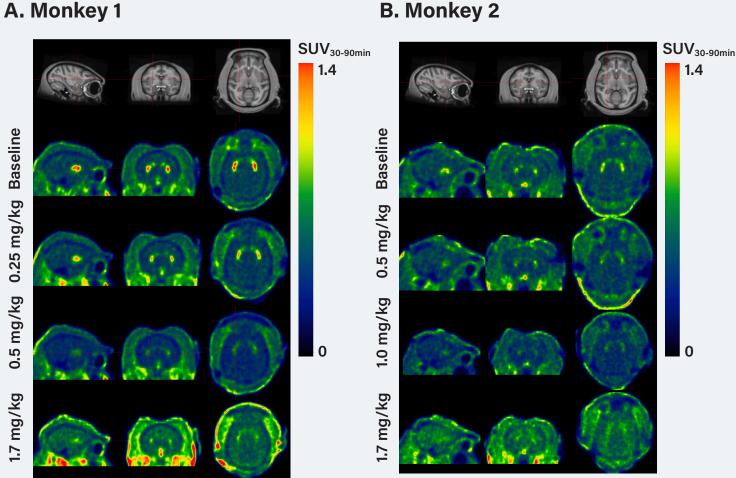
RESULTS

[¹¹C]MK-6884 BRAIN UPTAKE AND TIME-ACTIVITY CURVES (TACS)

- PET images demonstrated high brain penetration 0-10 min after radiotracer injection, with baseline standard uptake value (SUV) levels in the striatum exceeding 4.2; at the dynamic equilibrium phase (30-90 min), the highest baseline SUV levels in the striatum reached 1.4, in contrast with neighboring regions (SUV ~0.5)
- A strong dose-dependent blocking effect of CVL-231 was observed on [¹¹C]M6884 binding in the striatum (**Figure 2**)

monkey 2 (B).

A. Monkey 1



of Mental Health; PET, positron emission tomography; SUV, standard uptake value.

Figure 2. Individual MRI MEMPRAGE images and [¹¹C]MK-6884 PET SUV images (summed 30-90 min after tracer injection) at baseline and after blocking at different CVL-231 doses in the brains of monkey 1 (A) and

Images are presented in the MRI NIMH macaque template space. Sagittal, coronal, and transverse views are centered on the putamen. MEMPRAGE, multiecho magnetization prepared rapid acquisition gradient echo; MRI, magnetic resonance imaging; NIMH, National Institute

METHODS (CONTINUED)

- Three-dimensional, T-1 weighted, magnetization-prepared rapid gradient-echo (MPRAGE) magnetic resonance images were also acquired for each monkey using a 3T Biograph mMR scanner (Siemens Medical Solutions USA, Inc, Malvern, PA) for anatomical reference
- Methods for arterial blood sampling are presented in the Table

Figure 1. Diagram of a typical testing design for a single dose of CVL-231.

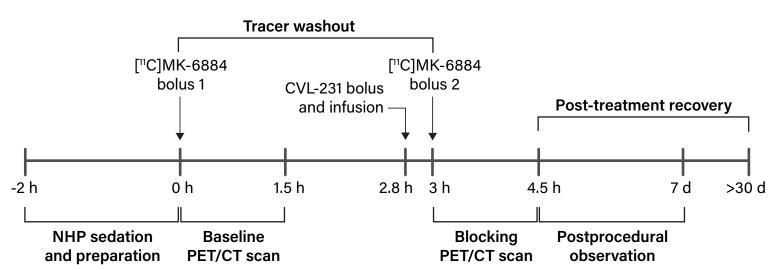


Table. Arterial Blood Sampling Methods for PET/CT Scanning Sessions

Blocking PET/CT

Baseline PET/CT

- Arterial blood sampling was performed during each dynamic PET acquisition
- Samples of 1-3 mL were initially drawn every 30 s after the radiotracer injection and decreased in frequency to every 15 min toward the end of the scan
- [¹¹C]MK-6884 metabolism was characterized from blood samples collected at 5, 8, 10, 15, 30, 60, and 90 min
- CVL-231 was administered intravenously as a loading dose (~48% of the total dose by bolus, 10 minutes before radiotracer) followed by a maintenance dose (~52% of the total dose continuously infused until the end of scan); doses ranged from 0.25 mg/kg to 1.7 mg/kg
- Arterial blood samples for determination of CVL-231 concentration were collected at 60 min after radiotracer injection to determine plasma levels of CVL-231 for doses <1.7 mg/kg
- For doses of 1.7 mg/kg, arterial blood samples were drawn at 0, 30, 60, and 90 min after radiotracer injection

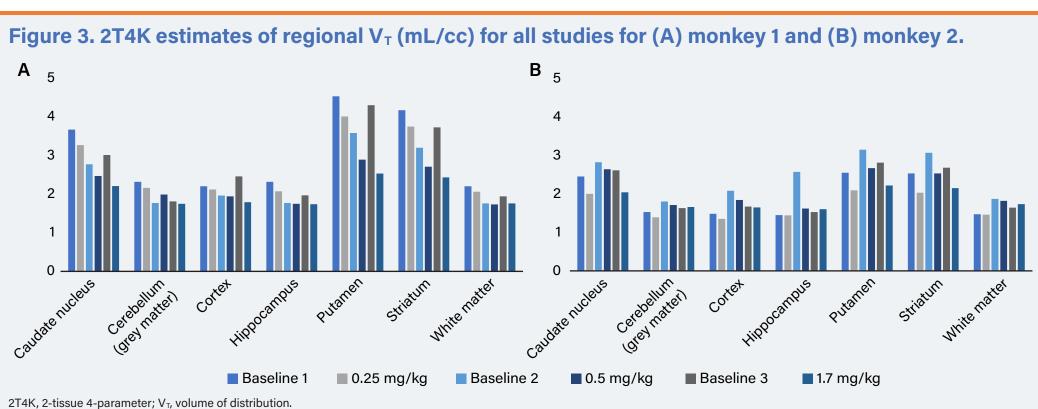
CT, computed tomography; PET, positron emission tomography.

PRIMARY OUTCOMES

- The total volume of distribution (V_T) was assessed, representing the equilibrium ratio of tracer concentration in tissue relative to its plasma concentration, which is linearly related to the tracer binding to the target
- Among evaluated regions of interest (caudate, cerebellum, cortical gray matter, hippocampus, putamen, central white matter), only the caudate and putamen displayed significant blockade of [11C]MK-6884 by CVL-231 (Figure 3)

SIMPLIFIED REFERENCE TISSUE MODELS

- All evaluated reference-tissue methods (simplified reference tissue model [SRTM], multilinear tissue reference model 2 [MRTM2] and Logan distribution volume ratio [DVR]) demonstrated a very strong agreement in quantifying regional BPND using cerebellar grey matter as a reference region; due to consistently high performance, the SRTM method was selected for the final quantification of RO
- Using cerebellar grey matter as a reference tissue, striatal RO was dose dependent from 18% to 67% over the range of evaluated CVL-231 doses (0.25 to 1.7 mg/kg, total of loading and maintenance components)
- The respective plasma concentrations of CVL-231 ranged from 126 ng/mL to 1040 ng/mL
- The relationship of striatal RO with CVL-231-injected dose and plasma concentration was described by the classical Hill dose-response function, with an ID₅₀ of $1.1 \pm 0.1 \text{ mg/kg}$ and an IC₅₀ of 581 ± 55 ng/mL (**Figure 4**)

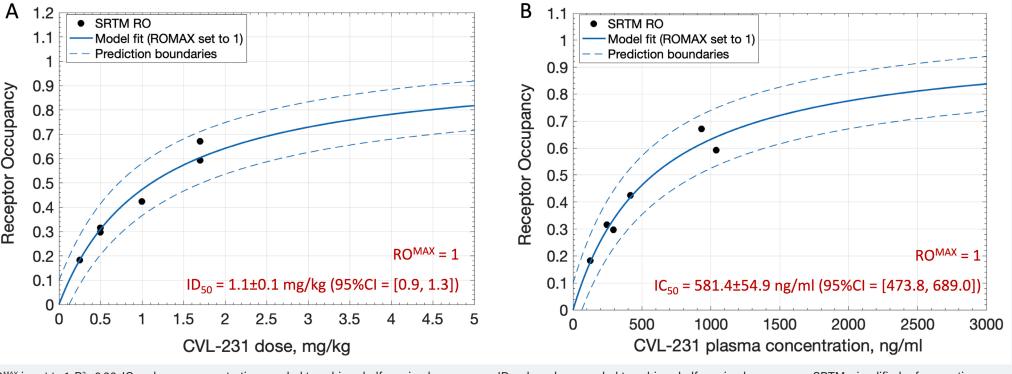


- V_{T} was calculated as K_1/k_2 for a one-tissue compartment model and modeled as $(K_1/k_2) \times (1 + k_3/k_4)$ for a two-tissue model
- K_1 and k_2 are the rate constants for tracer influx and efflux, respectively, in the tissue with respect to plasma; k₃ and k₄ are the rate constants for specific binding and dissociation from the receptors in the target tissue, respectively
- V_T was also calculated using graphical methods with arterial input functions, such as Logan plot and multilinear analysis 1 (MA1)
- Nondisplaceable binding potential (BP_{ND}) was defined as the equilibrium ratio of the concentration of specifically bound radioligand to its nondisplaceable concentration (nonspecifically bound and free in tissue)
- BP_{ND} was a direct outcome of the simplified reference tissue model (SRTM)
- Logan DVR and MRTM2 methods were also tested and provided distribution volume ratio (DVR) as a direct outcome: $DVR = V_T^{\text{target region}}/V_T^{\text{reference tissue}}$. BP_{ND} was then calculated as $BP_{ND} = DVR - 1$
- RO was calculated either as the slope of the Lassen plot $V_T^{\text{baseline}} V_T^{\text{blocking}} = RO \times$ $(V_T^{\text{baseline}} - V_{\text{ND}})$ or as %RO = 100% × (1 - BP_{\text{ND}}^{\text{blocking}}/BP_{\text{ND}}^{\text{baseline}}), where V_T^{baseline} and V_T^{blocking} are the regional VT at baseline and drug challenge (blocking) conditions, BP_{ND}^{baseline} and BP_{ND}^{blocking} are the BP_{ND} in the target region at the same conditions, and V_{ND} is the volume of distribution of nondisplaceable uptake

STATISTICAL ANALYSES

- Regional brain PET data were analyzed by various PK modeling techniques using bloodbased and reference tissue (cerebellar gray matter) input functions to quantify radiotracer binding and to calculate RO at different doses of CVL-231
- Goodness of model fits, time stability of measured outcomes, and agreement between models were evaluated to assess the performance of the models
- A brain tissue suitable for use as a reference region was assessed based on the analysis of V_{ND} derived by Lassen plot method
- Estimates of RO were analyzed in a dose-response fashion against injected CVL-231 dose and plasma concentration
- Data were fitted by the function RO = RO^{MAX} \times D / (D + ID₅₀), where D is the drug dose, ID₅₀ is the estimated drug dose needed to achieve half-maximal occupancy, and RO^{MAX} is the estimated maximum RO that can be asymptotically attained by a high level of drug
- An analogous fitting procedure was performed with the function $RO = RO^{MAX} \times C / (C + C)$ IC_{50}), where C is the steady-state plasma concentration (ng/mL) at 1 hour, and IC_{50} is the estimated plasma concentration needed to achieve half-maximal occupancy

Figure 4. (A) CVL-231 mass-dose response and (B) plasma-exposure response.



RO^{MAX} is set to 1. R²=0.96. IC₅₀, plasma concentration needed to achieve half-maximal occupancy; ID₅₀, drug dose needed to achieve half-maximal occupancy; SRTM, simplified reference tissue model; RO, receptor occupancy; RO^{MAX}, maximum receptor occupancy.