Phase I/II study of TYRA-300 in mUC and other solid tumors with activating FGFR3 alterations (SURF301)

VRΔ

SURF301

BACKGROUND

Activating FGFR3 gene alterations have been identified in up to 20% of metastatic urothelial cancers (mUC)¹ Currently available FGFR inhibitors in mUC lack isoform specificity for FGFR3, which can lead to off-target toxicities driven by FGFR1 (hyperphosphatemia), FGFR2 (stomatitis, ocular toxicity, and skin and nail toxicities), and FGFR4 (GI disturbances)^{2,3,4}

TYRA-300 has been designed to be more selective for FGFR3 over FGFR1/2/4 to minimize off-target toxicity and to avoid interactions with known FGFR3 gatekeeper mutations. TYRA-300 is in development for the treatment of FGFR3+ mUC and other advanced solid tumors. (NCT05544552)



CRYSTALLOGRAPHY

erdafitinib

9.5

1p/6 8.5

8

6.5

Lack of isoform specificity by currently available FGFR inhibitors limits dosing and treatment duration. Through a series of high-resolution crystal structures using Tyra Biosciences' SNÅP platform, TYRA-300 was designed to selectively target FGFR3⁵.

In vivo, single-dose

300 or erdafitinib in a rat model indicate that TYRA-300 did

not impact plasma

phosphate levels5

studies of TYRA-

Selectivity observed for TYRA-300 vs. approved or late-stage clinical compounds: in vitro Ba/F3 Cellular IC₅₀ (nM)¹





IN VIVO POTENCY Tumor growth inhibition studies in UM-UC-14 (FGFR3^{5249C}) xenograft models treated with TYRA-300 or erdafitinih^{5,6}



ACTIVELY RECRUITING



DESIGN

PH 1 TWO PART 13+3 design

Dose Escalation Part A QD Dosing

10 mg

20 mg

40 mg

60 mg

90 ma

150 ma

Participants with advanced solid tumors who have exhausted all available therapies 120 mg

KEY INCLUSION

PHASE 1 (PARTS A AND B)

- Adults ≥ 18 years old.
 ECOG performance status 0-1
 Solid tumor with focus on mUC (Part B)
- Evaluable/measurable disease per RECIST v1.1.
 Documented *FGFR3* mutation/fusion (Part B).
 Any # of prior therapies, including FGFRi
- · Adequate organ and bone marrow function

PHASE 2

- Adults ≥ 18 years old.
- ECOG performance status of 0-2.
 Measurable disease per RECIST v1.1.
 Histologically confirmed mUC
- Adequate organ and bone marrow function
- · Any number of prior therapies or FGFRi treatment with documented
- FGFR3 gatekeeper mutation (Cohort 1 only)

REFERENCES & ACKNOWLEDGEMENTS

wles MA. Bladder Cancer. 2020; 6:403-23.

- Knowies MA, Bladder Cancer, 2020; 6:402-Kommalpati, A.; Tella, S.H.; Borad, M., et al. Cancers. 2021;13; 2968.
 Lacouture ME, Sibaud V, Anadkat MJ, et al. Oncologist. 2021; 26 (2):e31626.
 Xie Y, Sun Y, Yang J, et al. Signal Transduct Target Ther. 2020; 5(1):181.
- Data on File; Tyra Biosciences, Inc.
 Startet J, Allen E, Balcer A, et al. Annals of Oncology, Volume 33, S751.

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Dose Expansions Part B

QD Dosing

40 mg

60 mg

90 ma

→ 120 mg

→ 150 ma

KEY EXCLUSION

History of or current uncontrolled cardiovascular disease

Brain metastasis that is active and/or

administration/absorption of TYRA-300.

Females who are pregnant, breastfeeding, or plan to become pregnant, or males who plan to conceive a child while enrolled

developing ocular toxicity

symptomatic or untreated • Gl disorder that may affect

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· Serum phosphate > ULN at screening

Ocular conditions that may increase risk of

BID Dosing Advanced mUC FGFR3+ Advanced solid tumors FGFR3+ 40 mg 50 mg 60 ma 70 mg

PH 2

Participants diagnosed with mUC or other advanced solid tumors harboring activating FGFR3 gene alterations

OBJECTIVES

PRIMARY

- Determine optimal dose, MTD, and RP2D(s) (Phase 1)
- Evaluate preliminary anti-tumor activity (Phase 2)

SECONDARY

 Assess safety and tolerability (Phase 1&2) Characterize pharmacokinetic

profile (Phase 1)

EXPLORATORY

 Identify potential biomarkers (Phase 1 & 2) Estimate overall survival (Phase 2)

	Admin		Labs	Disease Assessments	PK & PD
Baseline (-28 to -1 days)	•	•	•		
Cycle 1 (28-day cycles)		•	•		(C1D1, C1D15)
Cycle 2+		•	•	(q2 cycles up to C12; q3 cycles from C13+)	(C2D1, C2D15, C3D1, C5D1 C7D1)
EOT		•	•	•	
Safety F/U		٠	•		
Survival F/U	•				

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 Incidence of DLTs/AEs Overall response rate (ORR)

FGFR inhibitor-exposed mUC with activating *FGFR3* alterations

2 FGFR inhibitor naïve mUC with activating *FGFR3* alterations

3 Other advanced solid tumors with activating *FGFR3* alterations

ENDPOINTS

- Changes in labs, ECG, VS, PE PK parameters
 DOR, DCR>12 weeks, TTR (Phase 1 Part B,
- OS

ase Assessments	PK & PD	
	(C1D1, C1D15)	a and a second
•	•	
from C13+)	(C2D1, C2D15, C3D1, C5D1, C7D1)	

Phase 2) and PFS (Phase 2)

Cohorts

1

• ctDNA, serum proteomics, exosomes