



2nd Annual
**RAS-Targeted
Drug Development**

Finally Bring an End to RAS Driven Cancer

September 14-16, 2020 | Digital Event

Speaker Interview

AN EXCLUSIVE INTERVIEW WITH:



Nicholas Heimann
Chief Executive Officer
**Nicholas
Pharmaceuticals LLC**

What is the biggest roadblock preventing a successful RAS therapeutic advancing to in-human trials?

There needs to be a fundamental paradigm shift in protocol design for clinical trials that are centered on RAS therapeutics. For example in KRAS driven cancers, direct oncogenic KRAS inhibitors are to function as the keystone for a curative therapy. In arches the keystone allows the entire structure to be stable and stand. The emergent properties of KRAS inhibition in combination with other interventions require an entirely new protocol design in order to be successful. The structure that the KRAS inhibitor combination arch is to support is a robust immune response and long term immunity to the cancer. Therapies that ultimately compromise the formation of a robust immune response will fail.

What is on the horizon for RAS Targeted Therapeutics?

My company has designed selective KRAS G12D, KRAS G12V, and KRAS G12R small molecule drugs in order to enable curative therapies for pancreatic cancer. The designs are late lead stage and ready for preclinical testing. The innovations required for these inhibitors, especially G12R are so advanced that we had to invent new chemistry. Although I cannot yet disclose these designs for intellectual property reasons, I am excited to be able to share a therapeutic protocol for pancreatic cancer that they are designed to be used in.

It appears the industry is shifting focus toward a combination therapy approach. What do you believe to be the benefits and/or caveats to progressing this way?

Benefits of combination:

1. It preemptively selects against KRAS drug resistance by eliminating the less KRAS dependent subpopulations of cancer cells.
2. It can bring the patient to remission even if they are only partial responders to certain elements of the combination.
3. Combining checkpoint inhibitors with KRAS inhibitors seems to create emergent benefits leading to resilient cures.
4. It can bring the majority of patients to remission faster rather than dragging out protocols for years.

5. Less chance for resistance for all interventions allowing protocols to be effective when repeated if relapse does occur.

Caveats to combination:

1. Combinations that exclude KRAS inhibitors for oncogenic KRAS driven cancers are less effective, have the potential to be more toxic, and will soon be obsolete.
2. AKT inhibitors are contraindicated for combinations with various immunotherapies.
3. Timing, dosage, and frequency of the various interventions need to be fairly precise in order to maximize efficacy and minimize toxicity.

What are you most excited for at the 2nd RAS Targeted Drug Development summit?

The opportunity to showcase my combination therapy to an audience of my colleagues.

What are your burning questions you want to ask our speakers/audience at the summit?

How do you plan to be part of the solution to the problem of KRAS driven cancers?

A huge thank you to Nicholas Heimann for taking the time to share his insights with us.

Don't miss Nicholas's presentation on day 2 of the RAS Targeted Drug Development Summit where he will be discussing a curative therapy for pancreatic cancer and sharing some of the exciting work Nicholas Pharmaceuticals LLC have been working on.

DOWNLOAD YOUR COPY OF THE FULL PROGRAM HERE

