



# ResistanceSeek™

## Quantifying **cellular resistance pathways** in human tumors

ResistanceSeek directly measures the protein networks that drive therapeutic resistance in human tumors, enabling precise identification of resistance mechanisms across ADC, T-cell engager, radioligand, and targeted oncology therapies.

### Mapping the Functional Resistance Proteome

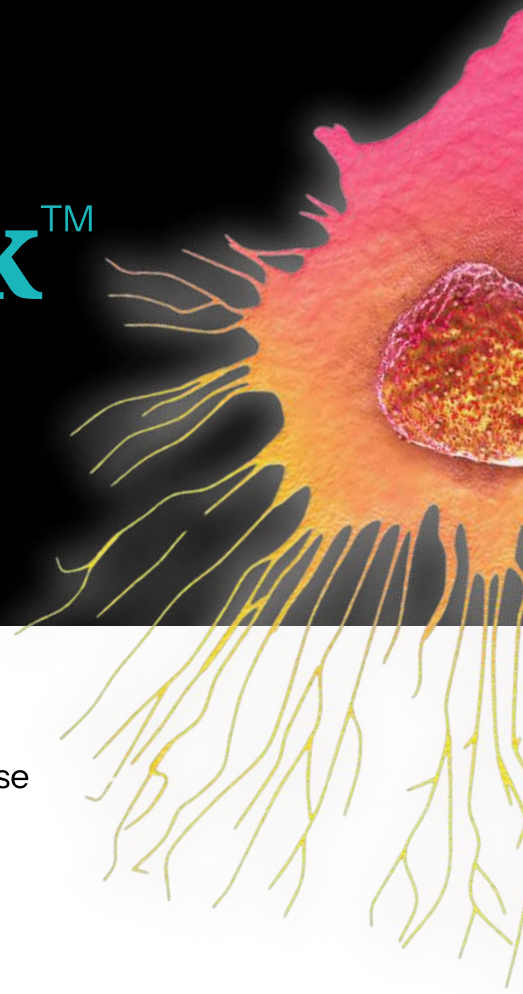
Oncology drug development rarely fails because a target lacks biological relevance. More often, it **stems from incomplete understanding or indirect measurement of resistance biology**. Across modern therapeutic modalities, including kinase inhibitors, ADCs, T-cell engagers, radioligand therapies, and immuno-oncology agents, tumors adapt through coordinated resistance programs that restore survival under therapeutic pressure.

For resistance to be effectively addressed, several key biological dimensions must be understood:

- ✓ **Pathway reactivation and bypass signaling**
- ✓ **Survival and anti-apoptotic protein upregulation**
- ✓ **Target modulation and antigen loss**
- ✓ **DNA damage response and repair activation**
- ✓ **Immune evasion and tumor microenvironment adaptation**

*These critical resistance mechanisms are driven at the protein level and therefore rarely captured by conventional genomic approaches.*

**ResistanceSeek addresses this challenge by directly quantifying resistance-associated protein networks in human tumors using a mass spectrometry-based proteomics workflow.**



# Why Resistance Biology Is Frequently Missed

Despite exciting advances in cancer therapeutic modalities, resistance remains one of the primary causes of therapeutic failure. A central issue is that most development strategies rely on genomic or transcriptomic data that **do not fully reveal functional resistance states**.

Common Approach	Key Limitation
DNA sequencing	Captures mutations but not pathway activation or adaptation.
RNA expression profiling	Does not reflect protein activity or signaling dynamics.
Cellular & preclinical models	Often fail to capture human tumor resistance biology.

As a result, resistance is often inferred rather than directly measured, which means it is often recognized only after clinical failure and therefore **remains poorly integrated into biomarker strategy**.

## The Power of the ResistanceSeek Approach

ResistanceSeek addresses this gap by **directly measuring the protein pathways that define resistance in human tumors**. The workflow applies deep discovery proteomics to comprehensively profile and map resistance biology across multiple dimensions.

### Direct Measurement of Resistance Pathways

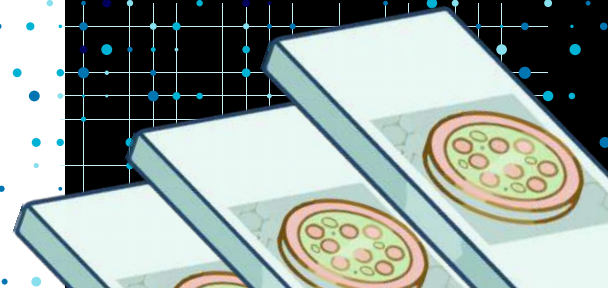
ResistanceSeek directly quantifies coordinated protein networks through which resistance mechanisms are executed, including:

- **MAPK and PI3K/AKT/mTOR** pathway reactivation
- Upregulation of **anti-apoptotic proteins**
- Activation of **DNA repair pathways**
- Activation of **receptor tyrosine kinase signaling**
- Initiation of **immune evasion programs**
- Upregulation of **epithelial-mesenchymal transition (EMT) and lineage plasticity programs**
- Downregulation of **antigen target proteins and drug internalization programs**

ResistanceSeek is **optimized for both fresh-frozen and FFPE human tumor samples**, enabling:

- **Identification** of resistance-associated protein signatures
- **Determination** of responder vs. non-responder biology
- **Clarification** of follow-on trial design or asset repositioning

*This unlocks the ability to measure resistance biology in both **prospective studies and archived clinical samples**.*





## Modality-Specific Resistance Insights

ResistanceSeek enables systematic profiling of resistance mechanisms most relevant to different oncology therapeutic classes, including:

- **Kinase inhibitors:** pathway reactivation, bypass signaling, EMT
- **ADCs:** antigen downregulation, trafficking changes, payload resistance
- **TCEs:** antigen loss, interferon pathway defects, apoptosis resistance
- **RLTs:** DNA repair activation, hypoxia-driven survival
- **Immunotherapies:** antigen presentation loss, immune suppression networks

## From Retrospective Interpretation to Prospective Measure

Historically, resistance has been treated as a retrospective explanation for therapeutic failure, identified only after tumors have already adapted. Modern oncology development requires **resistance to be defined as a measurable, functional state** – one that can be quantified, compared, and acted upon.

By directly profiling the protein networks that execute resistance programs, ResistanceSeek enables prospective insight into how tumors evade therapeutic pressure, supporting **mechanism-driven trial design, rational combination strategies, and improved patient stratification.**

## How ResistanceSeek Guides Development Decisions

ResistanceSeek **generates quantitative data** that informs key decisions in oncology development.

Development Question	ResistanceSeek Insight
<b>Why are patients failing therapy despite target engagement?</b>	Identification of activated resistance pathways
<b>Which compensatory pathways are driving escape?</b>	Quantitative pathway activation profiling
<b>How should combination therapies be selected?</b>	Identification of dominant resistance mechanisms
<b>Can archived trials reveal responder subsets?</b>	Proteomic profiling of FFPE cohorts
<b>How can patient selection be improved?</b>	Functional stratification based on resistance biology

# ResistanceSeek:

From post-hoc analysis of resistance to **prospective insights**

Historically, resistance has been treated as a retrospective explanation for drug failure. In modern oncology development, resistance must be viewed as a **measurable and actionable variable**.

ResistanceSeek **shifts development from genomic inference to functional protein measurement** across the pathways that define resistance in human tumors – enabling mechanism-driven decision-making.

## De-Risking Oncology Drug Development

For drug developers seeking to understand and overcome resistance, ResistanceSeek provides **direct biological insight into therapeutic failure and adaptation**. This workflow is particularly valuable in programs where teams are asking:

- Why are patients not responding despite target expression?
- What mechanisms are driving resistance to ADC, TCE, or IO therapies?
- Which pathways should be targeted in combination strategies?
- Can archived clinical trials reveal actionable resistance biology?
- Can patient populations be stratified based on functional response?

To request a **ResistanceSeek study, contact**  
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