

MGD009, a B7-H3 x CD3 Bispecific Dual-Affinity Re-Targeting (DART®) Molecule Directing T Cells to Solid Tumors

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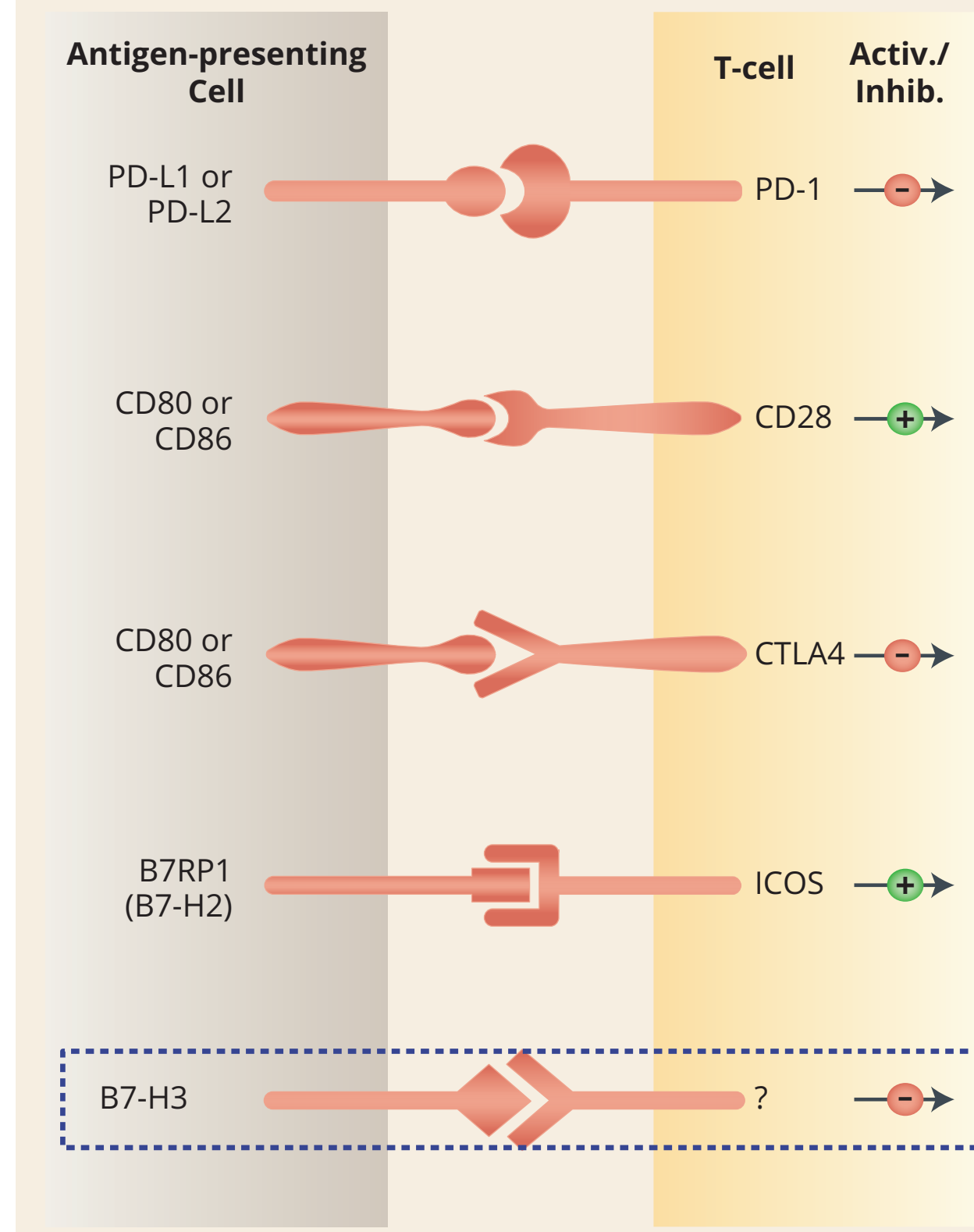
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Abstract

B7-H3 (CD276) is a member of the B7 family of immune regulators that is overexpressed on solid tumors, but displays limited expression on normal human tissues. Consistent with its described T-cell inhibitory role, B7-H3 tumor expression has been associated with reduced T-cell infiltration, progressive and metastatic disease, and correlates with poor prognosis and patient survival. To promote T-cell recruitment and targeting of B7-H3-expressing tumors, we have generated MGD009, an Fc-bearing B7-H3 x CD3 bispecific DART protein capable of simultaneously binding to B7-H3 and CD3, thereby mediating redirected cytotoxic T-lymphocyte (CTL) activity against B7-H3-expressing cancer cells of various origin (including renal, breast, prostate, lung, pancreatic, pharyngeal cancer, melanoma, and glioblastoma). MGD009 activity is accompanied by T-cell activation and expansion that is strictly dependent on co-engagement of T cells with B7-H3-positive targets. Treatment with MGD009 of immune-deficient mice reconstituted with human peripheral blood mononuclear cells (PBMCs) and bearing established Detroit562 pharyngeal carcinoma showed recruitment of T cells to tumor site and dose-dependent antitumor activity with tumor regression. Evaluation of pharmacokinetics (PK) in cynomolgus monkeys, whose orthologs cross-react with MGD009, revealed linear PK with a prolonged serum half-life supporting dosing at once weekly or longer intervals in humans. A phase 1 study of MGD009 in patients with B7-H3-expressing solid tumors is currently enrolling.

B7-H3: Member of B7 Family of Immune Regulators¹



Background

- B7 family member mediating immunomodulatory activity^{2,3}
- Negative regulator of T-cell mediated responses⁴
- Crystal structure resolved and T-cell inhibitor domain mapped⁵

Expression Profile

- Limited expression on adult normal tissue or resting immune cells (Panels A-C)
- Expression on tumor cells across multiple solid tumor types, including expression on tumor neovasculature (Panels C-D)
- High expression correlates with advanced disease, metastases, decreased patient survival^{6,7}

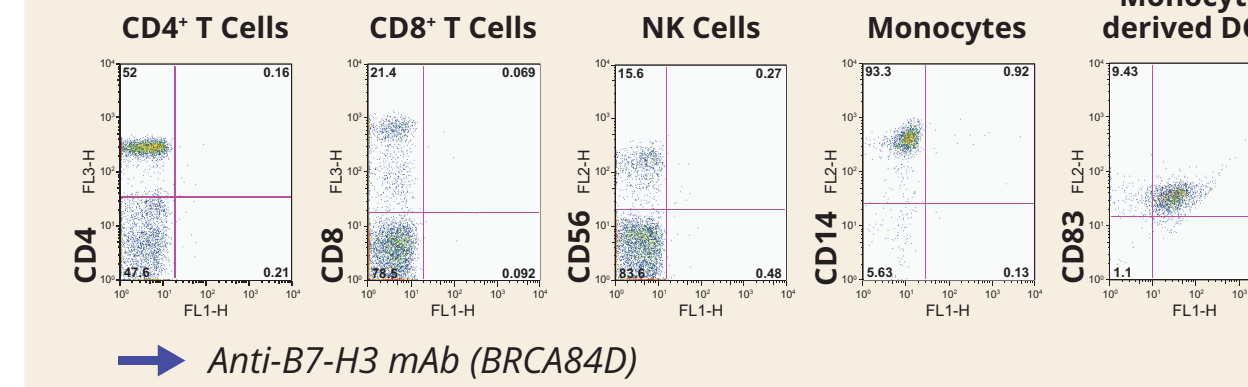
Role in Tumor Biology & Immunology

- Silencing reduces tumor migration and invasion and increases sensitivity to chemotherapy⁸
- Drives immune escape and invasiveness of glioblastoma⁹
- Suppresses T-cell mediated antitumor immune response in lung cancer¹⁰

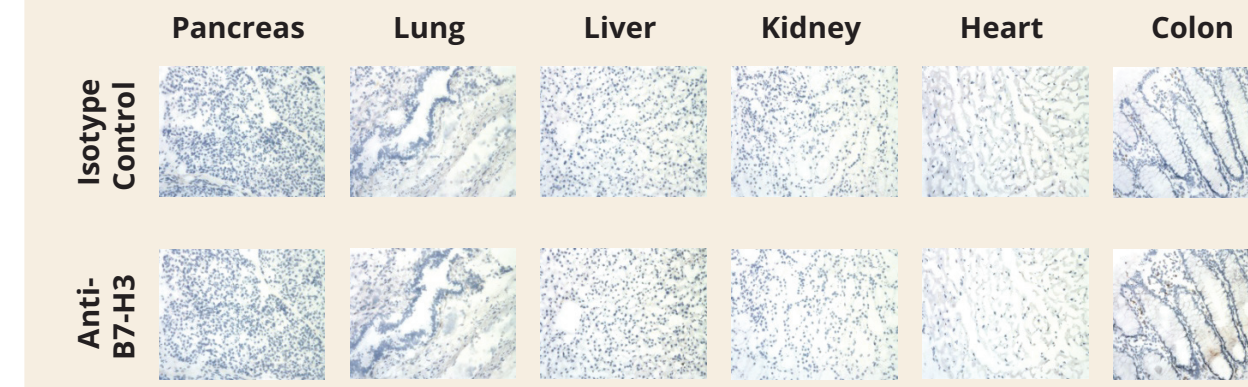
Introduction

B7-H3 Displays Favorable Tumor/Normal Differential

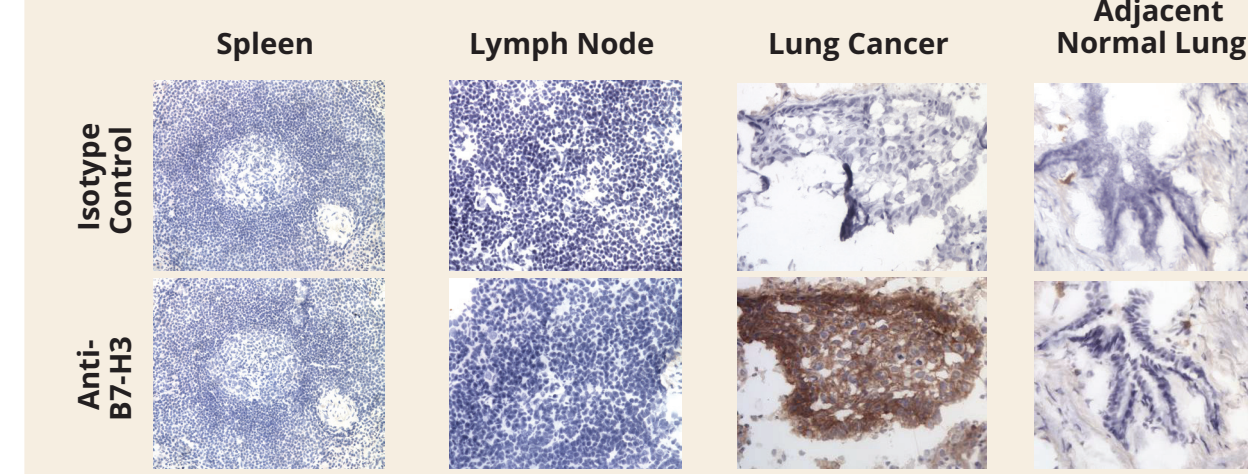
A. Restricted Immune Cell Expression



B. Limited Normal Tissue Expression



C. Normal/Tumor Tissue Differential



D. High Penetrance of B7-H3 Expression in Broad Set of Solid Tumors by IHC

Tumor	B7-H3 Positive	2+ or Above
Head and Neck	19/19 100%	19/19 100%
Kidney Cancer*	77/78 99%	75/78 96%
Glioblastoma	65/66 98%	63/66 95%
Thyroid Cancer	34/35 97%	33/35 94%
Mesothelioma	90/93 97%	83/93 89%
Melanoma	66/70 94%	32/70 46%
Gastric Cancer	144/155 93%	127/155 82%
Colorectal Cancer	41/45 91%	38/45 84%
Prostate Cancer	88/99 89%	51/99 52%
Pancreatic Cancer	69/78 88%	45/78 58%
Lung Cancer	226/272 83%	211/272 78%
Ovarian Cancer*	59/79 75%	36/79 46%
Breast Cancer	119/164 73%	115/164 70%

*Also expression in tumor vasculature

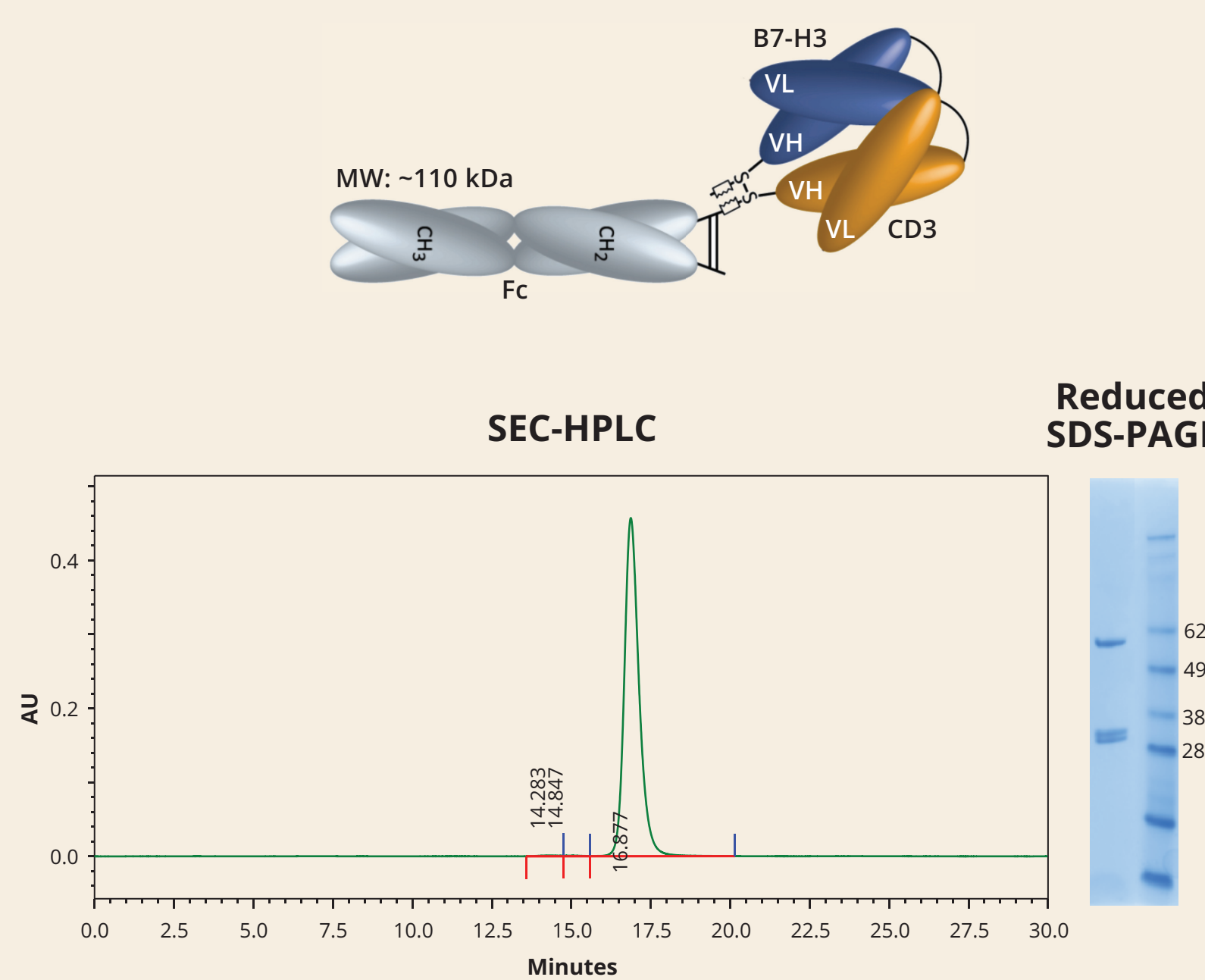
Results

Enabling Effector Cells to Kill Tumors

Redirected T-Cell Activation

- Co-engagement of T cells (CD3) with tumor-associated antigens (e.g., B7-H3)
- Monovalent binding to CD3 to avoid target independent T-cell activation
- Strict dependence on co-engagement of both targets for T-cell activation
- T-cell receptor & MHC-independent tumor-cell recognition: virtually any T cell can kill cancer cells
- Ongoing clinical trials with DART proteins that redirect T cells to tumors:
 - CD123 x CD3 (MGD006)
 - gpA33 x CD3 (MGD007)
 - CD19 x CD3 (MGD011)

MGD009: B7-H3 x CD3 DART Protein Incorporates an Fc Domain for Enhanced PK

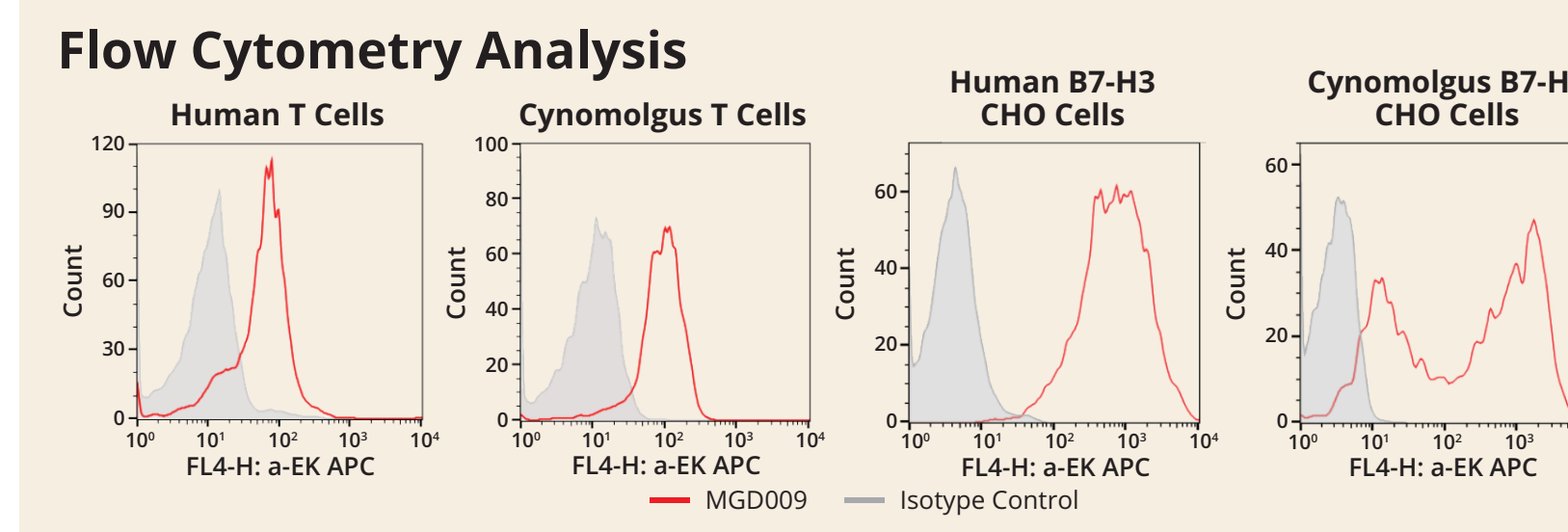


- MGD009 is composed of 3 polypeptide chains covalently linked by disulfide bonds
- Humanized Fv regions derived from anti-CD3 (XR32) and anti-B7-H3 (BRCA84D) mAbs that are both human and cynomolgus monkey cross-reactive were assembled in a DART configuration. BRCA84D was selected based on favorable normal/tumor differential binding profile¹¹
- Fc domain is introduced at C-termini of heterodimer, modified to avoid unwanted binding to FcγR receptors, but capable of binding FcRn to prolong circulating half-life

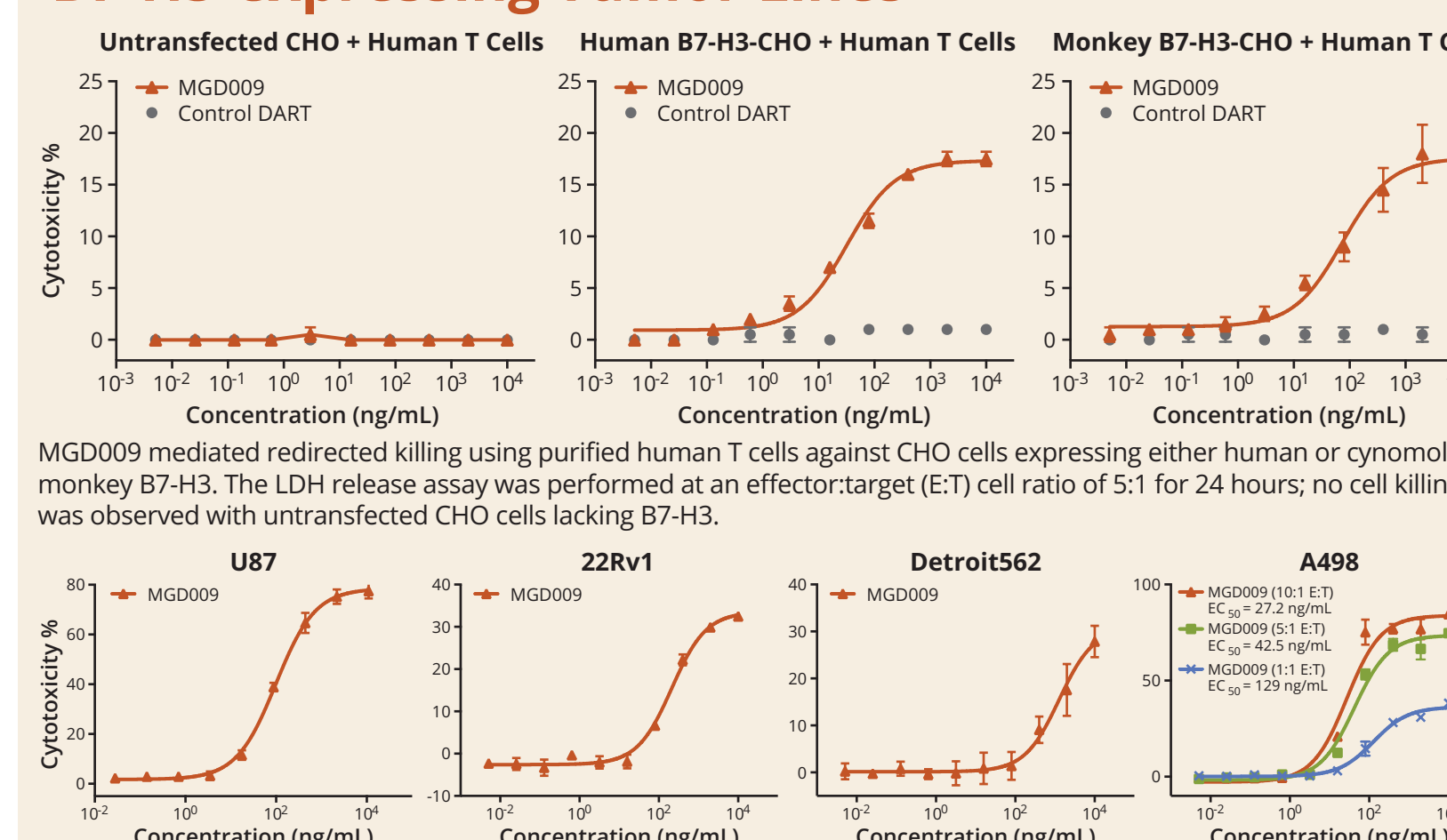
MGD009 Binds Human and Cynomolgus Monkey CD3 and B7-H3

Antigen	k _d (M ⁻¹ s ⁻¹)	k _a (s ⁻¹)	K _d (nM)
Human CD3ε/δ	1.9 (± 0.4) × 10 ⁶	2.6 (± 0.2) × 10 ³	13.9 (± 1.4)
Cynomolgus CD3ε/δ	1.9 (± 0.2) × 10 ⁶	2.8 (± 0.1) × 10 ³	14.7 (± 0.9)
Human B7-H3-His	2.3 (± 0.1) × 10 ⁶	5.6 (± 0.2) × 10 ³	24.6 (± 1.2)
Cynomolgus B7-H3-His	1.7 (± 0.1) × 10 ⁶	5.1 (± 0.1) × 10 ³	30.2 (± 0.4)

Data are mean ± SD of 3 independent experiments, each performed in duplicate.



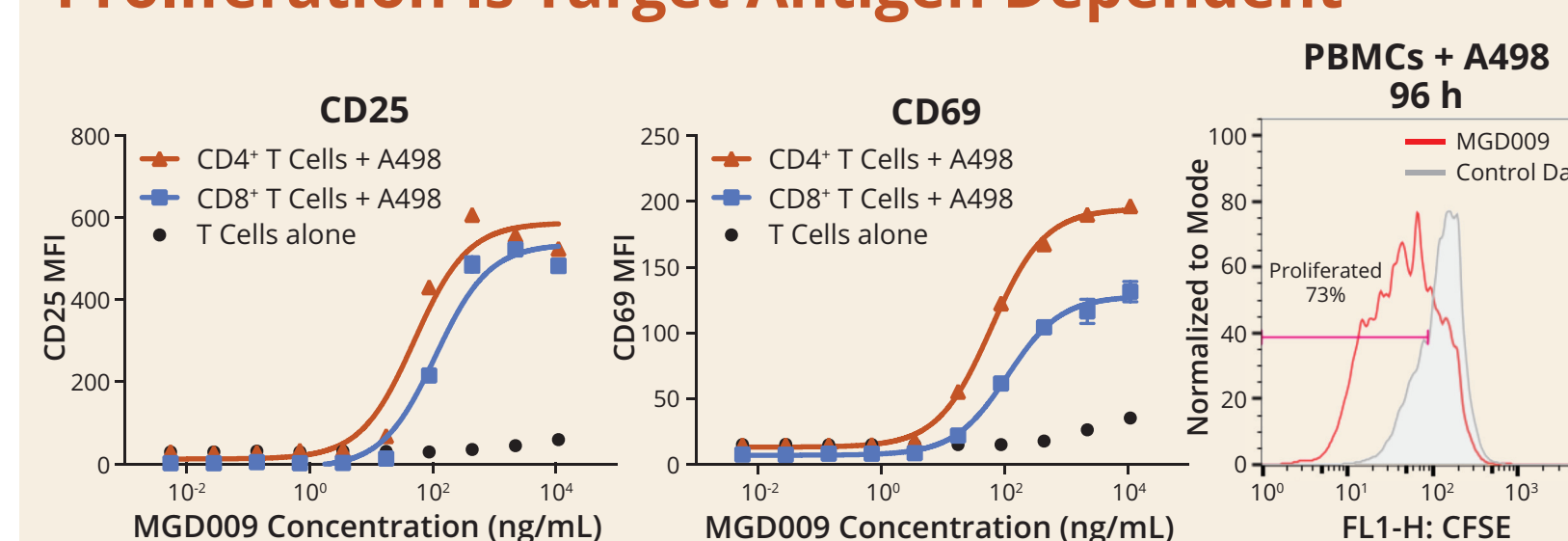
MGD009 Mediates Redirected Killing of Multiple B7-H3-expressing Tumor Lines



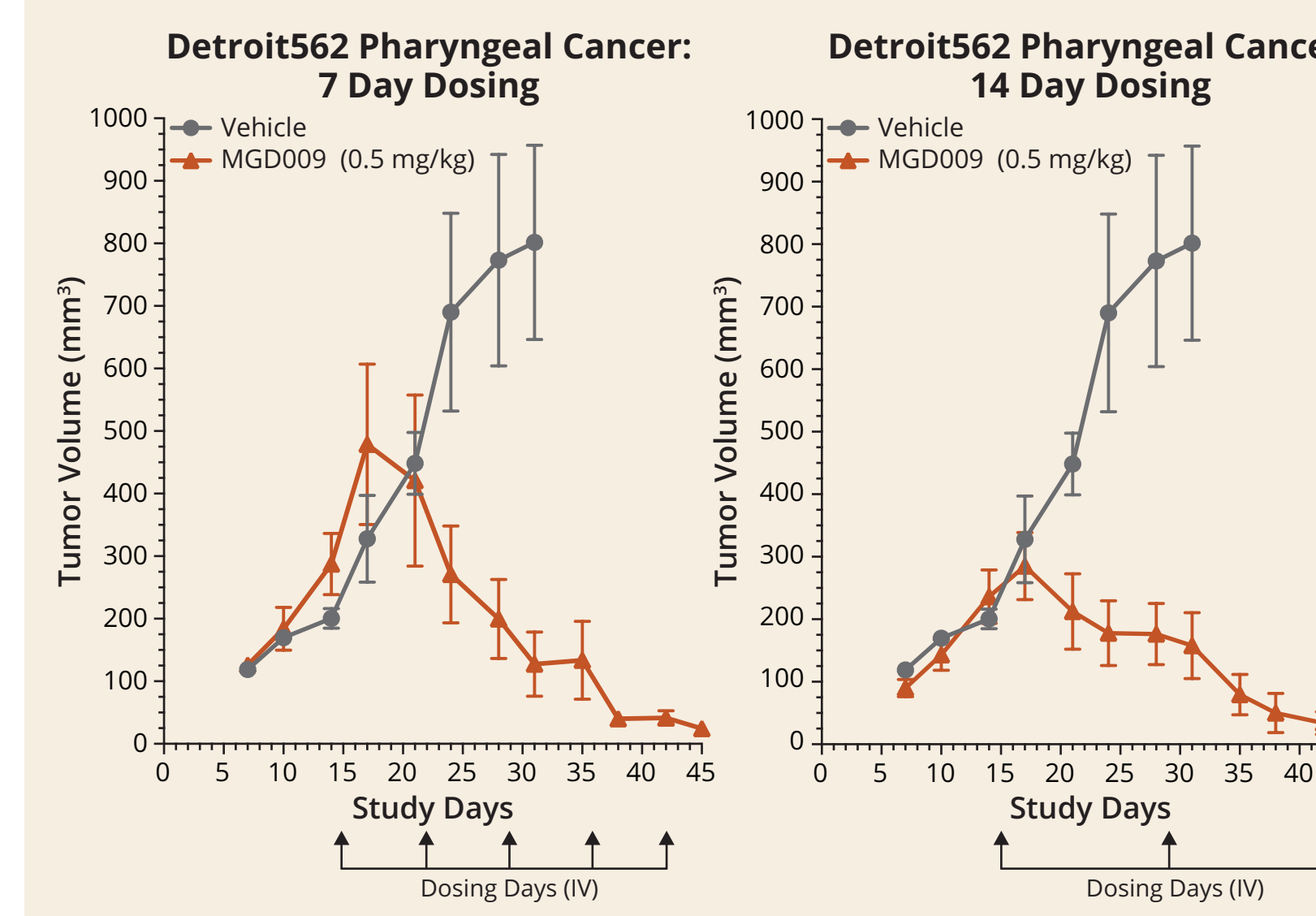
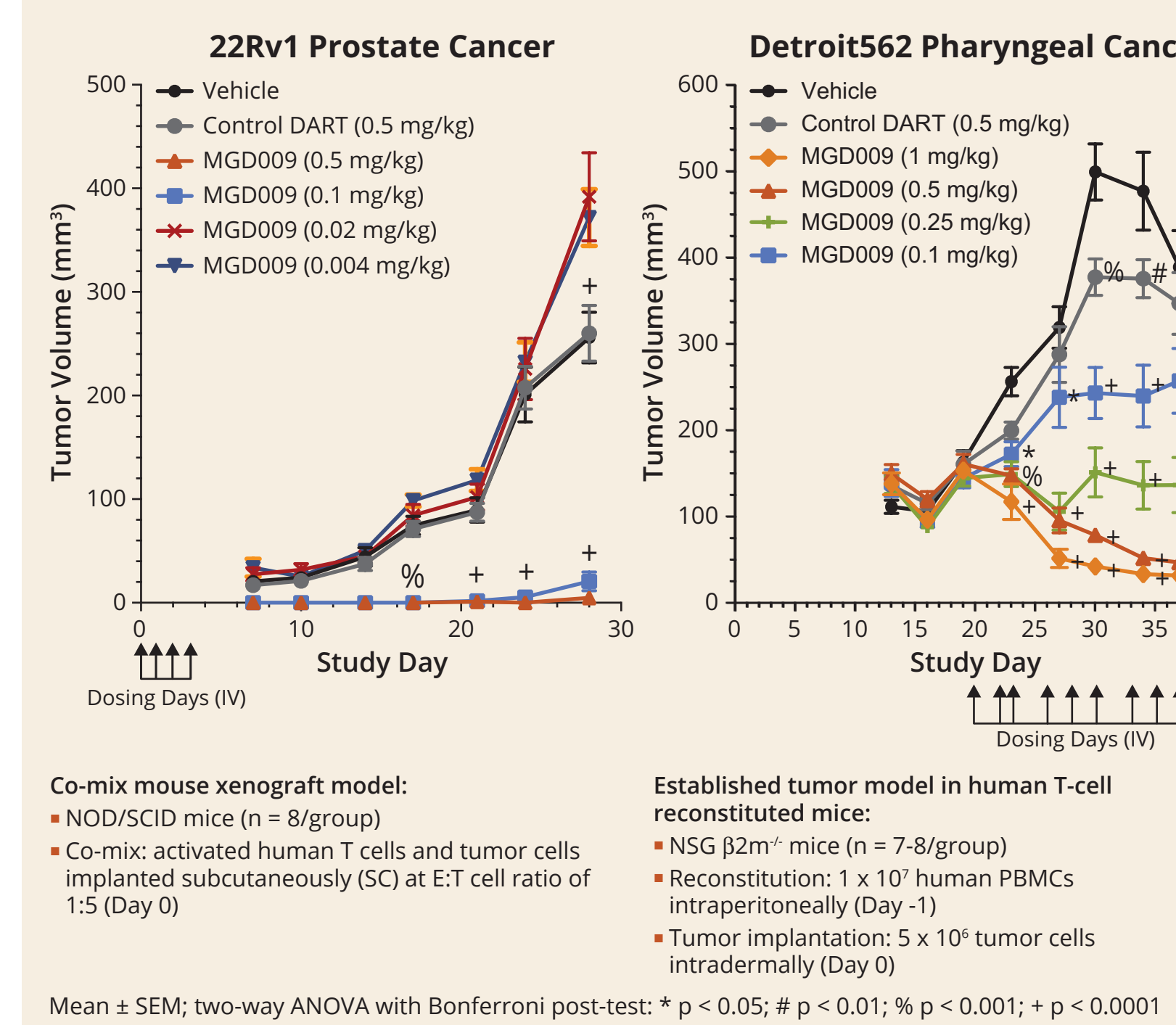
Target Cell Line	Tumor Type	MFI	EC ₅₀ (ng/mL)
JIMT-1	Breast	65	47
A498	Kidney	150	64
DU145	Prostate	24	84
A375	Melanoma	101	97
U87	Glioblastoma	11	99
BxPC-3	Pancreatic	12	196
22Rv1	Prostate	35	212
SKMES-1	Lung	12	319
Detroit562	Pharyngeal	20	1275
Raji	B-lymphoma	Negative	No activity
CHO	Normal Chinese hamster ovary	Negative	No activity

Redirected cell killing by MGD009 against B7-H3-positive human cancer target cells. MGD009 was incubated with purified human T cells and target cells at E:T cell ratio of 5:1 (or as otherwise indicated) for 24 hours (LDH release assay). Representative cell lines are illustrated in figures with corresponding EC₅₀ values for all target cell lines evaluated in table.

MGD009-mediated T-cell Activation and Proliferation Is Target Antigen Dependent



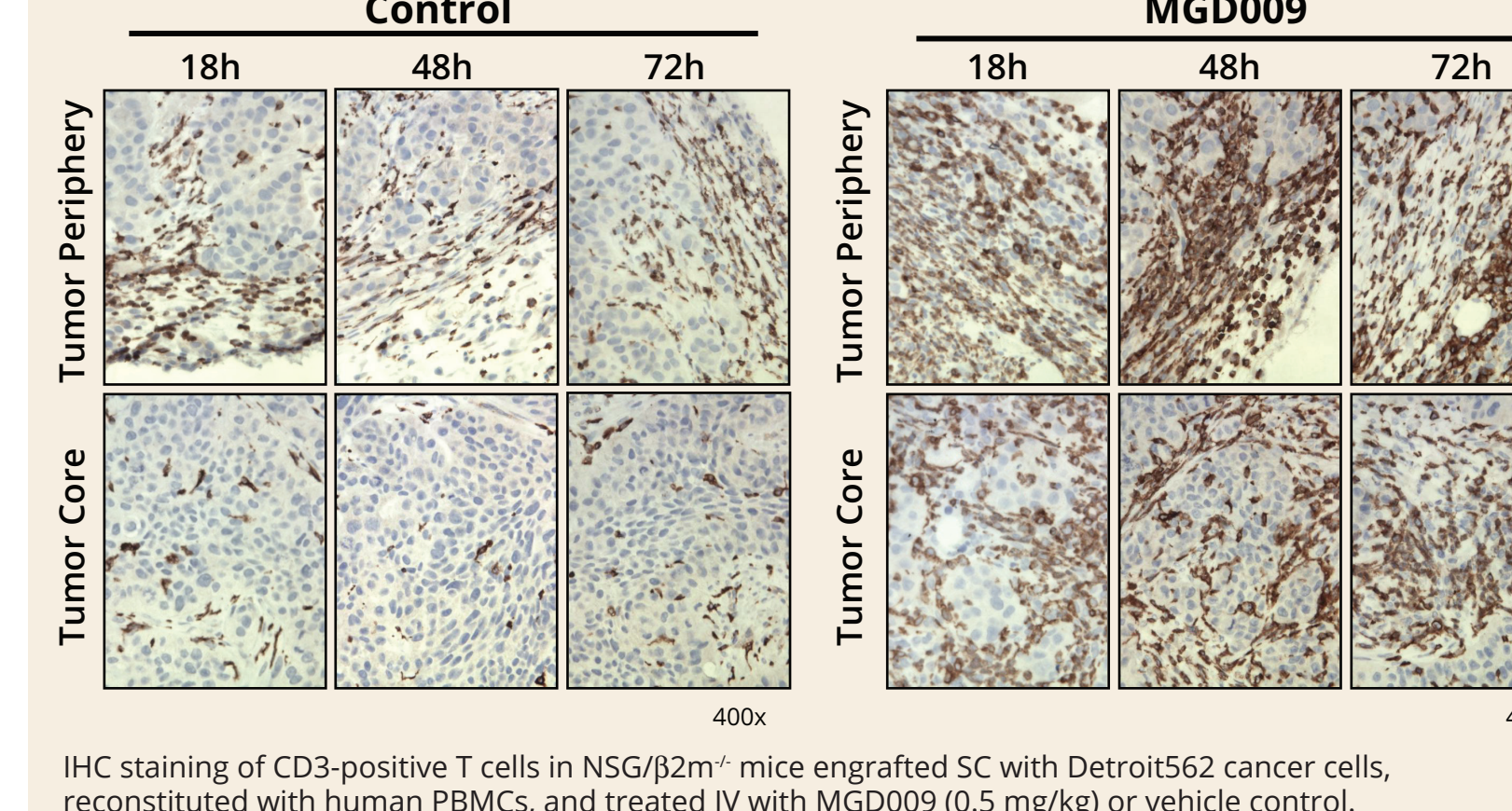
MGD009 Mediates Antitumor Activity in Multiple In Vivo Models



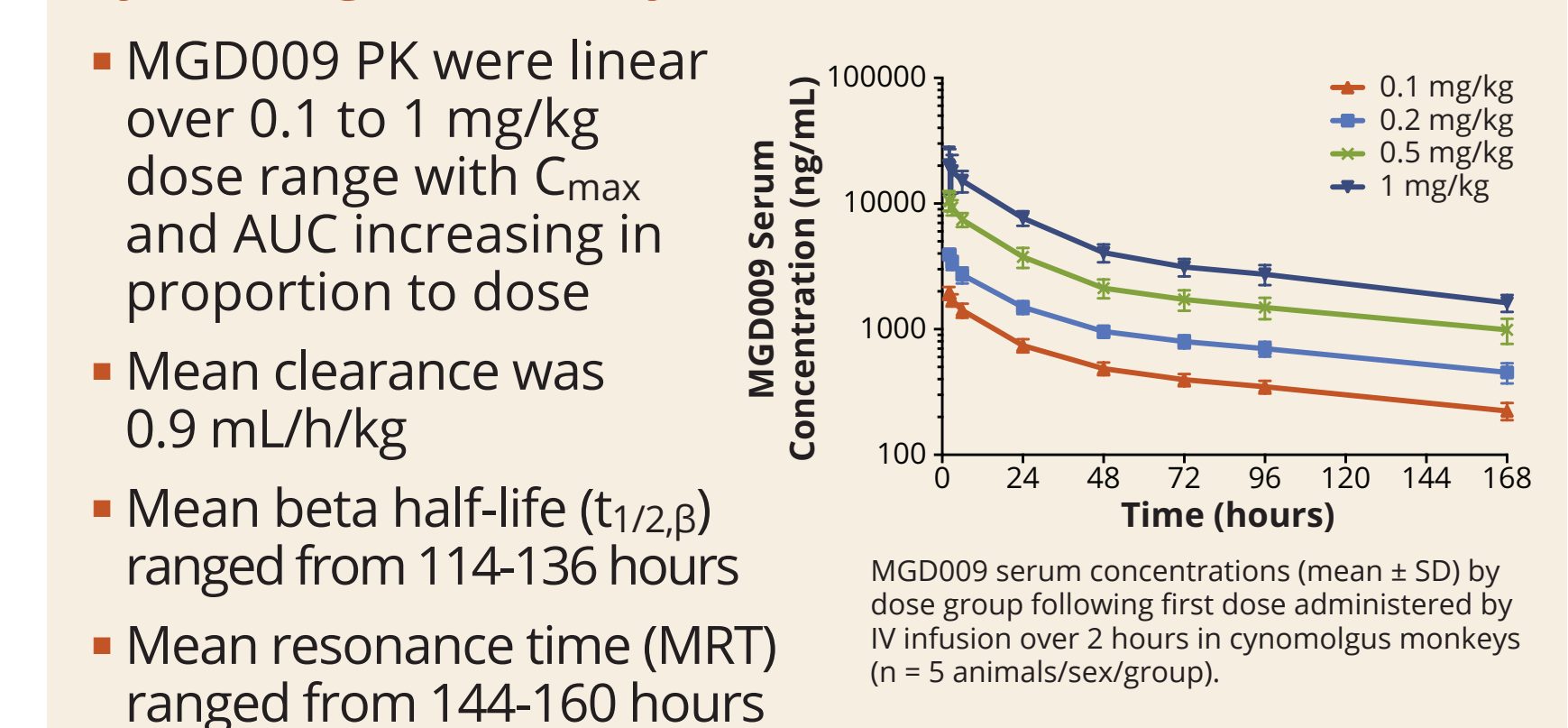
Established tumor model in human T-cell reconstituted mice:

- MHC1^{-/-} mice (n = 5-7/group)
- Reconstitution: 1 × 10⁷ human PBMCs intraperitoneally (Day 0)
- Tumor implantation: 5 × 10⁶ tumor cells intradermally (Day 0)

Treatment with MGD009 is Associated with T-cell Recruitment to Tumor Xenografts

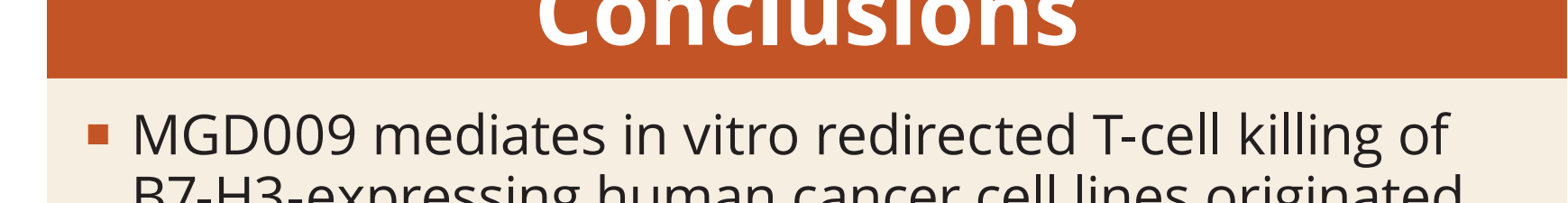


MGD009 Displays Prolonged PK in Cynomolgus Monkeys



- MGD009 PK were linear over 0.1 to 1 mg/kg dose range with C_{max} and AUC increasing in proportion to dose
- Mean clearance was 0.9 mL/h/kg
- Mean beta half-life (t_{1/2β}) ranged from 114-136 hours
- Mean resonance time (MRT) ranged from 144-160 hours

MGD009 Phase 1 Study Ongoing — Currently Enrolling Patients



*B7-H3 positivity defined as > 10% tumor, ≥ 2+ and/or > 25% of vasculature positive

Conclusions

- MGD009 mediates in vitro redirected T-cell killing of B7-H3-expressing human cancer cell lines originated from a wide range of tumor types
- MGD009 mediated T-cell activation and proliferation is strictly dependent upon co-engagement of B7-H3-expressing target cells with T cells
- MGD009 demonstrated inhibition of growth and tumor regression of B7-H3-expressing tumor xenografts in human T cell or PBMC-reconstituted mice
- MGD009 demonstrated prolonged half-life (5-6 days) in cynomolgus monkeys, supporting dosing at biweekly intervals in humans

These data support evaluation of MGD009 in patients with B7-H3-positive tumors.

A Phase 1 study of unresectable or metastatic B7-H3-expressing tumors, including non-small cell lung cancer, bladder cancer, squamous cell carcinoma of the head and neck, mesothelioma, and melanoma, is currently recruiting patients. (ClinicalTrials.gov Identifier: NCT02628535)

References

1. Pardoll DM. Nat Rev Cancer. 2012 Mar 22;12(4):252-64. 2. Suh WK, et al. Nat Immunol. 2003 Sep;4(9):899-906. 3. Leitner J, et al. Eur J Immunol. 2009 Jul;39(7):1754-64. 4. Veenstra RG, et al. Blood. 2015 May 21;125(21):3335-46. 5. Vigdorovich V, et al. Structure. 2013 May 7;21(5):707-17. 6. Zhang X, et al. Proc Natl Acad Sci USA. 2007 Dec 4;104(49):19458-63. 7. Chen JT, et al. Proc Natl Acad Sci USA. 2015 Oct 20;112(42):13057-62. 8. Liu H, et al. Mol Cancer Ther. 2011 Jun;10(6):960-71. 9. Lemke D, et al. Clin Cancer Res. 2012 Jun 1;18(11):105-17. 10. Chen C, et al. Exp Cell Res. 2013 Jun 1;319(11):196-102. 11. Loo D, et al. Clin Cancer Res. 2012 Jul 15;18(14):3834-45.