

ESMO TAT

Targeted Anticancer Therapies

Bispecific $\gamma\delta$ -T cell engagers for the treatment of cancer

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Medical oncologist, Amsterdam UMC and Cancer Center Amsterdam, The Netherlands



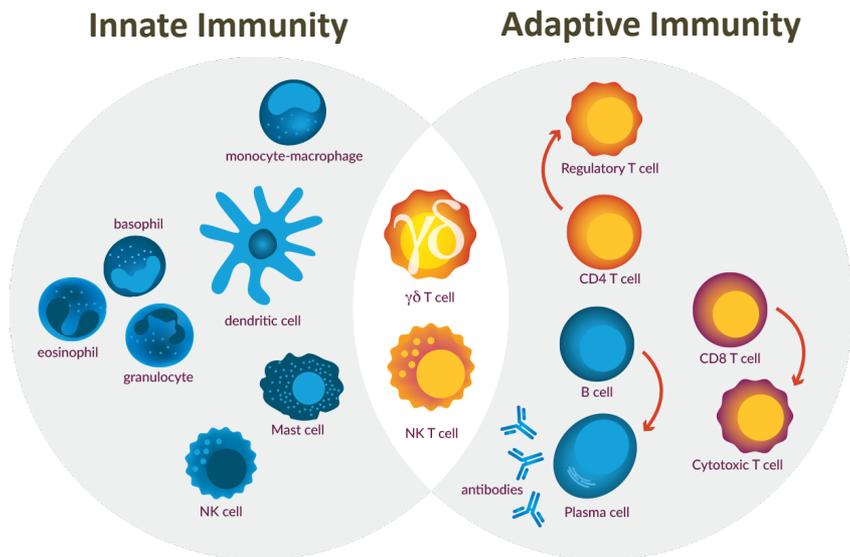
DECLARATION OF INTERESTS

Grant/Research support from: Glycostem, LAVA Therapeutics

Stockholder in: LAVA Therapeutics

Employee of: LAVA Therapeutics and Amsterdam UMC

$\gamma\delta$ -T cells play a central role in antitumor immunity



Adapted from Dranoff G., Nat Rev. Cancer 2004; 4: 11-22

V δ 2-T cells

- largest $\gamma\delta$ -T cell subset: ~90-95% in peripheral blood
- monomorphic TCR: V δ 2 preferentially pairs with V γ 9
- well defined specificity: phosphoantigen-BTN2A1/3A1 complex
- consistent proinflammatory cytotoxic effector T cell population
- natural ability to recognize and kill tumor cells
- unique antigen presenting ability
- positive association with outcome in cancer patients

V δ 1-T cells

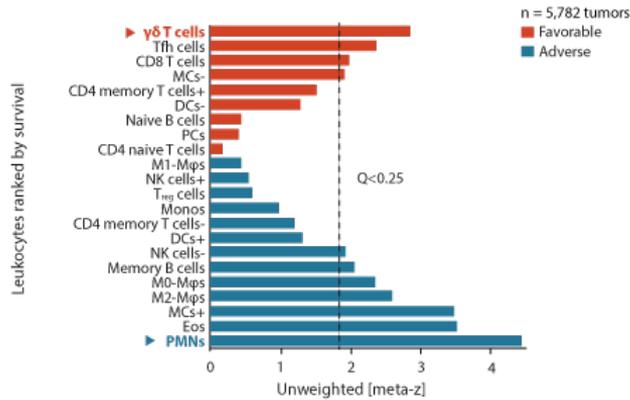
- infrequent in blood, more prevalent in mucosa/epithelia
- diverse TCR repertoire: V δ 1 pairs with multiple V γ chains and $\alpha\beta$ -TCR
- diverse specificity: different antigen presenting molecules and antigens
- functionally diverse: cytotoxic, protumor, and regulatory (IL-10, IL-17)
- variable association with outcome in cancer patients

$\gamma\delta$ T cells belong to the first line of defense against cancer

Young MM, et al. Gut 2000; 47:215
Kimura Y, et al. Cancer Sci 2016; 107:1206
Lo Presti, et al. Front Immunol 2014; 5:1
Pang D, et al. Immunology 2012; 136:283
Adams EJ, et al. Cell Immunol 2015; 296:31
Siegers GM, et al. Mol Ther 2014; 22:1416
Wu P, et al. Immunity 2014;40:785
Adams EJ, et al. Annu Rev Immunol 2013; 31:529
Lo Presti E, et al. Cancer Immunol Res 2017; 5:397

Presence of $\gamma\delta$ T cells in tumor tissue shown to correlate with favorable prognosis for cancer patients

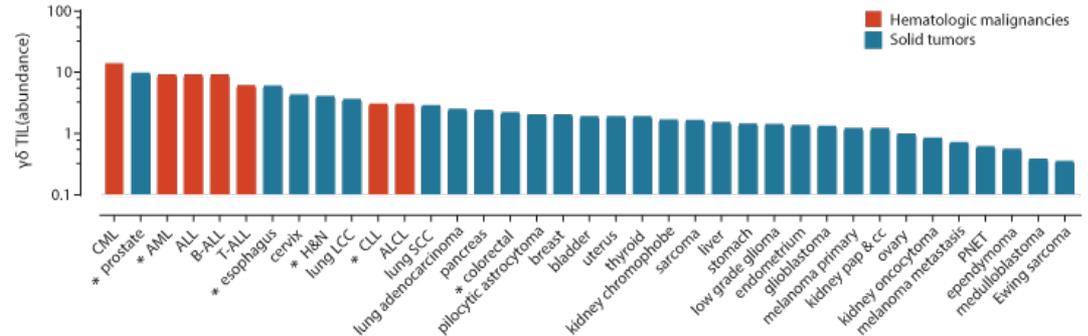
Global Prognostic Associations for 22 Leukocyte Types Across 25 Cancers



Adapted from Gentles A. et al, Nature Medicine 2015; 21: 938-945]

$\gamma\delta$ -T cells most strongly correlated with favorable outcome of leukocyte subsets analyzed

Abundance of tumor-infiltrating $\gamma\delta$ T cells

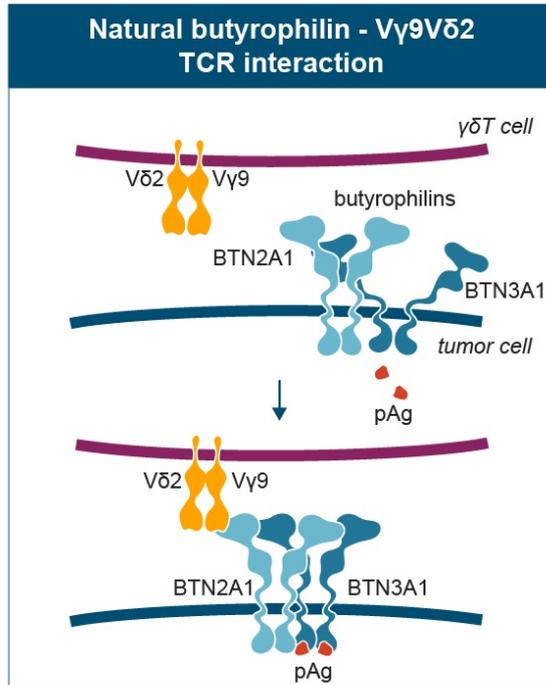


*: *in vitro/ex vivo* data generated using LAVA's $\gamma\delta$ -bsTCEs

Adapted from Tosolini M et al. Oncoimmunology 2017, vol 6, e128472

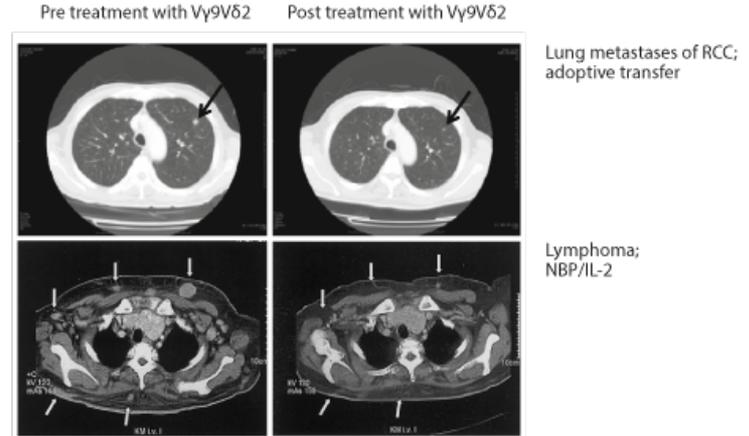
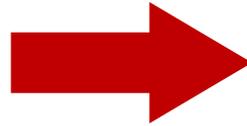
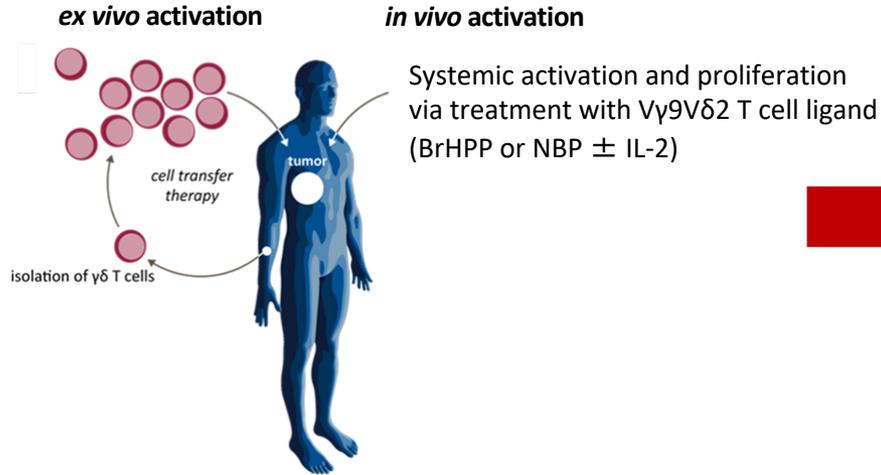
$\gamma\delta$ T cells exist as tumor-infiltrating lymphocytes (TILs) in both hematologic malignancies and solid tumors

V γ 9V δ 2-T cells naturally respond to pAg-butyrophilin complexes and have strong antitumor activity



- **Predominant $\gamma\delta$ -T cell subset in peripheral blood**
 - 1-10% of all T-cells in circulation
- **V γ 9V δ 2-TCR is monomorphic and specific for phosphoantigen-bound butyrophilin (BTN)3A1 / BTN2A1**
 - pAg are intermediates of mevalonate metabolic pathway (e.g. IPP) and of microbial DOXP pathway (e.g. HMBPPP)
 - V γ 9V δ 2-T cells function in an MHC-unrestricted manner
- **Pro-inflammatory, effector & APC functions**
- **Important role in immune surveillance**
- **Cytotoxic against tumor cells with increased pAg levels due to metabolic dysregulation**

Clinical V γ 9V δ 2-T cell based therapeutic approaches demonstrate therapeutic potential and safety



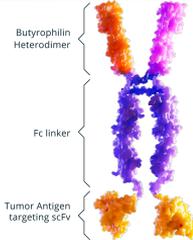
Kobayashi H, et al. *Cancer Immunol Immunother* 2011; 60:1075-1084
Wilhelm M, et al. *Blood* 2003;102:200-206

- Clinical trials performed with *in/ex vivo* activation protocols showed promising objective responses and safety
- No signs of cytokine release syndrome (CRS) as a result of V γ 9V δ 2-T cell activation

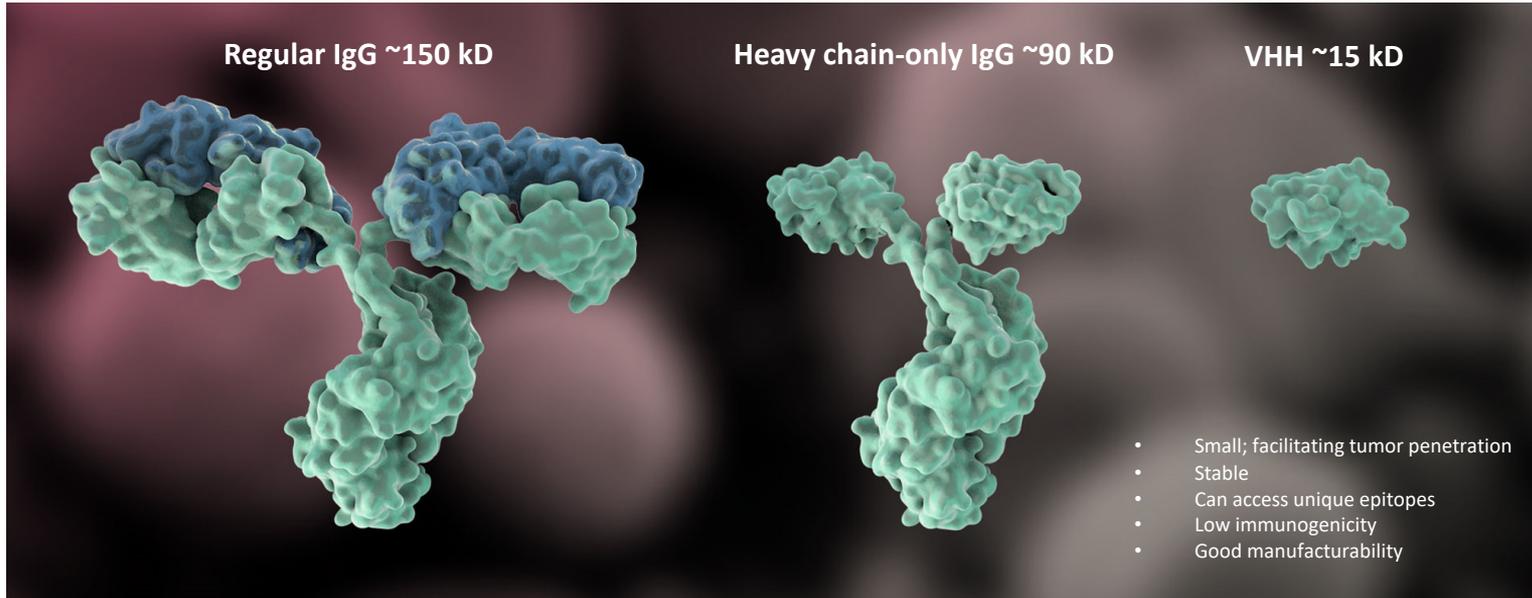
Inherent potential and safety of V γ 9V δ 2 T cell-based therapy in cancer demonstrated

Can stronger and more consistent antitumor responses be achieved using a bispecific Ab based approach?

Companies developing bispecific antibodies to target $\gamma\delta$ -T cells

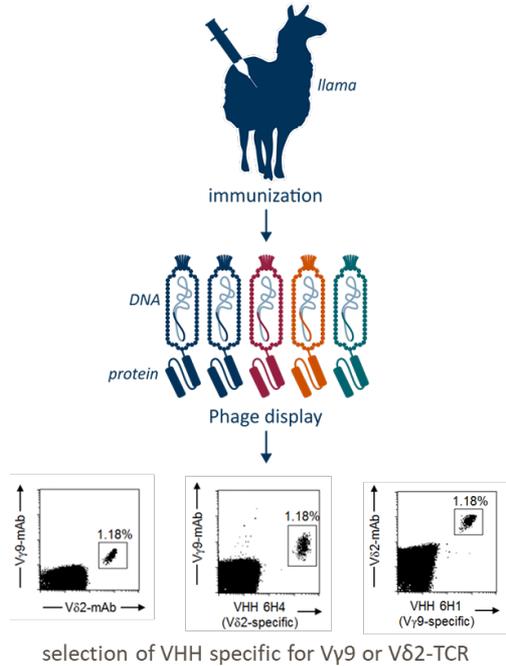
company	$\gamma\delta$ -subset	format(s)	pipeline	stage																													
	V δ 2		<table border="1"> <thead> <tr> <th>gd^{hi}TCR CANDIDATE</th> <th>TAA / INDICATIONS</th> <th>DISCOVERY</th> <th>PRECLINICAL</th> <th>PHASE I*</th> <th>PHASE II**</th> <th>PHASE III</th> </tr> </thead> <tbody> <tr> <td>LAVA-051</td> <td>CD1d Initial focus on CLL, MM, and AML</td> <td colspan="5">→</td> </tr> <tr> <td>LAVA-1207</td> <td>PSMA Initial focus on mCRPC</td> <td colspan="5">→</td> </tr> <tr> <td>LAVA-1223</td> <td>EGFR/Solid tumors</td> <td colspan="5">→</td> </tr> </tbody> </table>	gd ^{hi} TCR CANDIDATE	TAA / INDICATIONS	DISCOVERY	PRECLINICAL	PHASE I*	PHASE II**	PHASE III	LAVA-051	CD1d Initial focus on CLL, MM, and AML	→					LAVA-1207	PSMA Initial focus on mCRPC	→					LAVA-1223	EGFR/Solid tumors	→					clinical	
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Single domain antibodies/VHHs

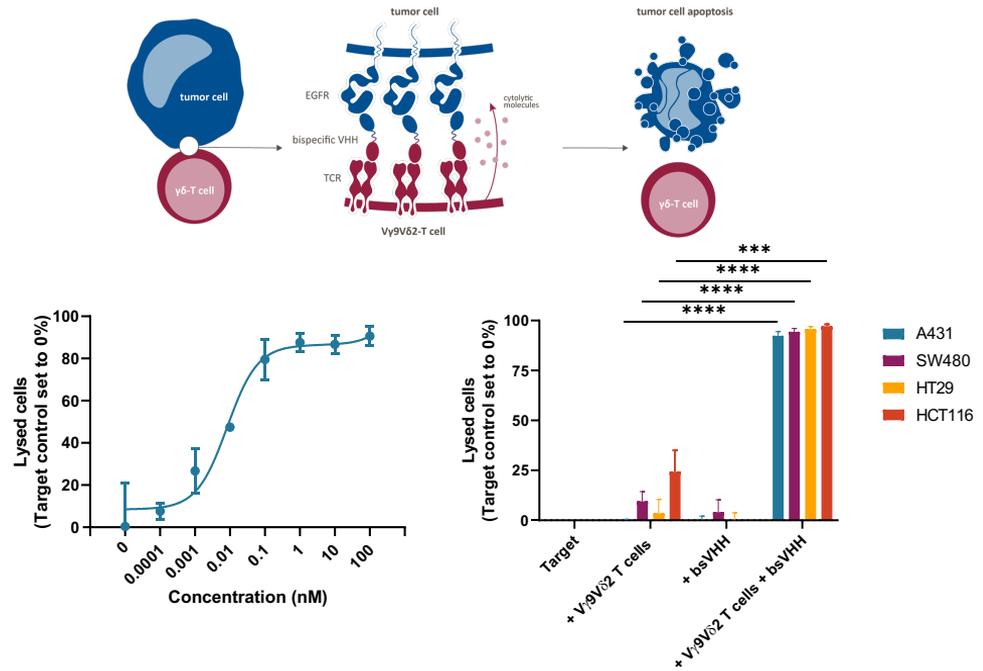


Adapted from Leslie M. Science 2018; 360:594-597

Generation of V γ 9V δ 2-TCR specific VHHs and bispecific VHHs

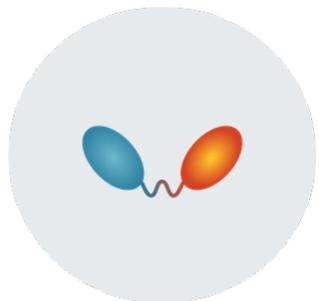


EGFR- $\gamma\delta$ bsVHHs trigger potent V γ 9V δ 2-T cell lysis of EGFR+ tumor cells - regardless of RAS/BRAF mutations -

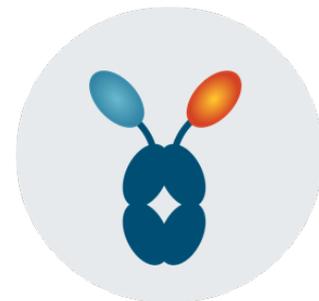


de Bruin RC, et al. *Clin Immunol* 2016; 169:128-38
 de Bruin RC, et al. *Oncoimmunology* 2017; 7:e1375641
 King L, et al. manuscript in preparation.

LAVA develops two bispecific V γ 9V δ 2-T cell engaging formats



gd-bstCE CANDIDATE	TAA / INDICATIONS	DISCOVERY	PRECLINICAL	PHASE I*	PHASE II**	PHASE III
LAVA-051	CD1d Initial focus on CLL, MM, and AML	→			trial recruiting	
LAVA-1207	PSMA Initial focus on mCRPC	→			trial recruiting	



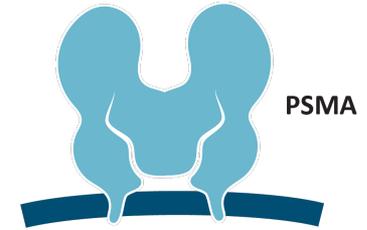
Bispecific single domain antibody

- High affinity binding and high potency
- Smaller molecule than regular IgG1 (~ 30kD)
- Short *in vivo* half-life, prolonged functional half-life
- Used for lead hematological program (LAVA-051)

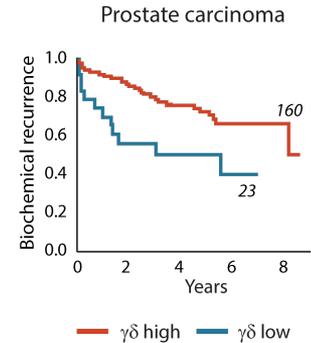
Bispecific single domain antibody with Fc domain

- High affinity binding and high potency
- Smaller molecule than regular IgG1 (~ 80kD)
- *In vivo* half-life similar to regular IgG1
- Validated mutations to silence Fc effector function
- Used for lead solid tumor program (LAVA-1207)

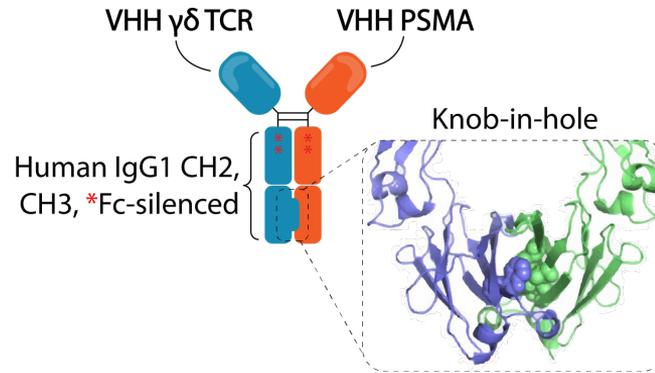
Prostate Specific Membrane Antigen (PSMA)



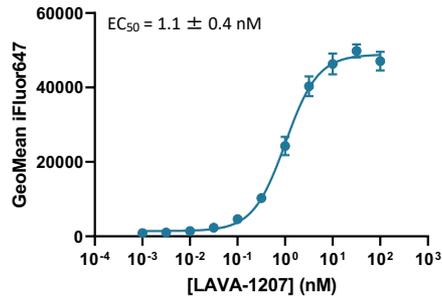
- **Significantly overexpressed in nearly all primary and metastatic prostate cancer tissues**
 - Low expression in normal human tissue (prostate, small intestine, proximal renal tubules, and salivary glands)
- **Prostate cancer remains a major area of unmet medical need**
 - 5-year survival rate for mPC is 30%; an estimated >34K men died of mCRPC in the US in 2020
- **Prostate cancer has relatively high abundance of tumor-infiltrating V γ 9V δ 2-T cells**
- **Tumor-infiltrating V γ 9V δ 2-T cell abundance correlates with improved patient outcome**



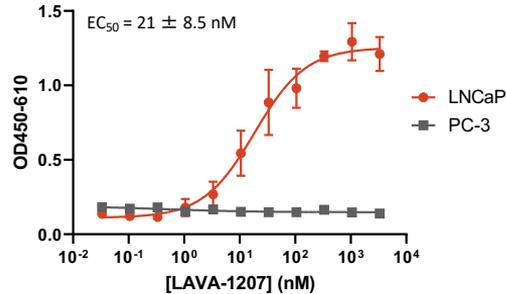
PSMA-V δ 2 bispecific VHH-Fc (LAVA-1207)



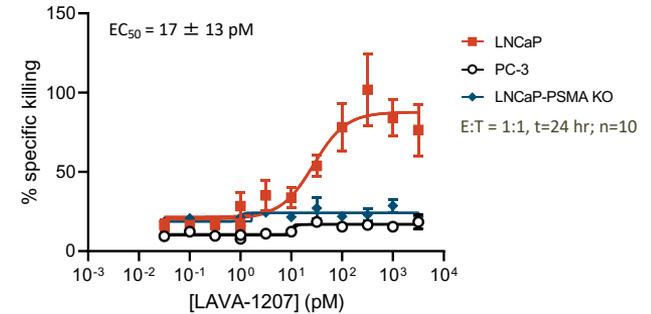
V γ 9V δ 2-T cell binding



PSMA binding



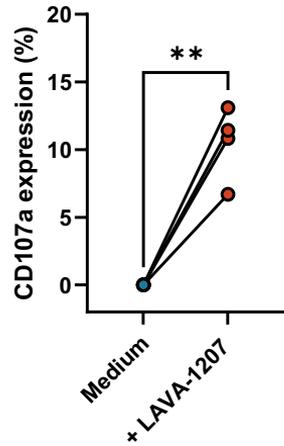
Cytotoxicity



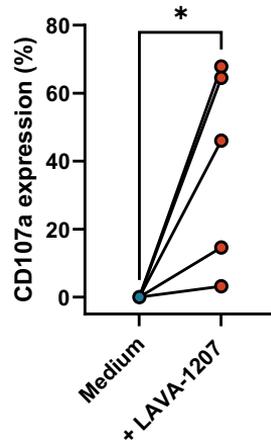
LAVA-1207 triggers prostate cancer patient $V\gamma 9V\delta 2$ -T cells to degranulate and lyse autologous tumor cells

$V\gamma 9V\delta 2$ -T cell degranulation

Tumor-infiltrating $V\gamma 9V\delta 2$ -T cells

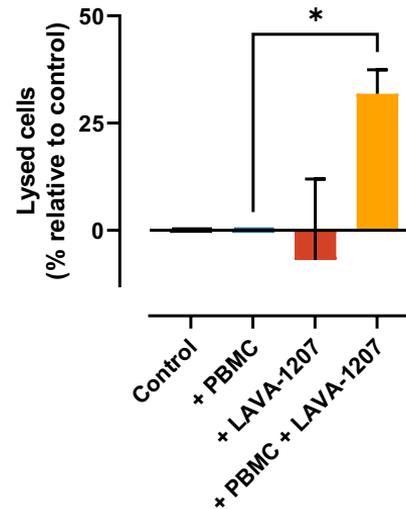


PBMC $V\gamma 9V\delta 2$ -T cells

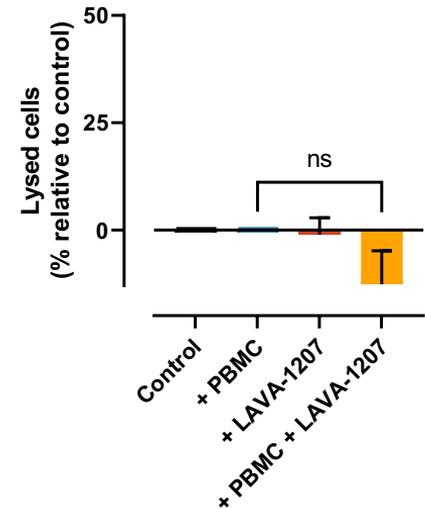


Preferential lysis of prostate tumor cells

Tumor tissue



Normal tissue

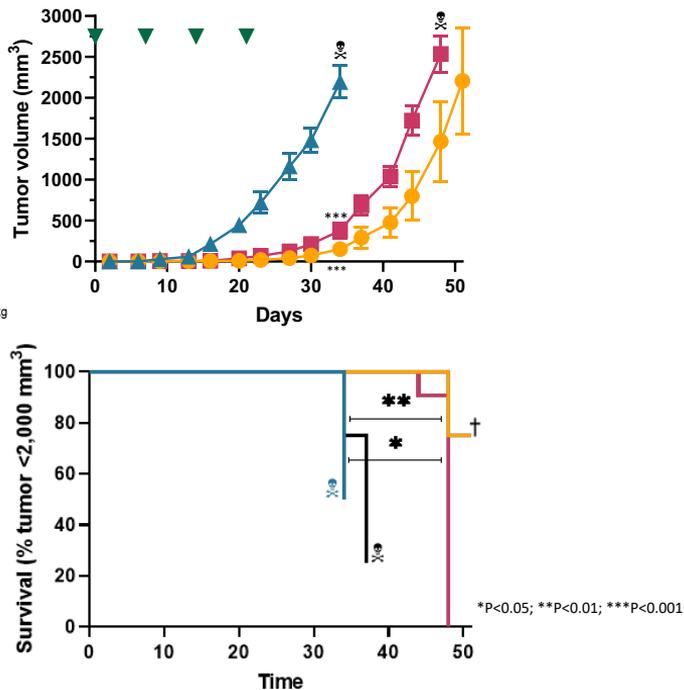


Prostate cancer pt derived tumor suspensions were cultured 4 hr in the absence (left) or presence (right) of autologous PBMC \pm 50nM LAVA-1207 (* P < 0.05; ** P < 0.01)

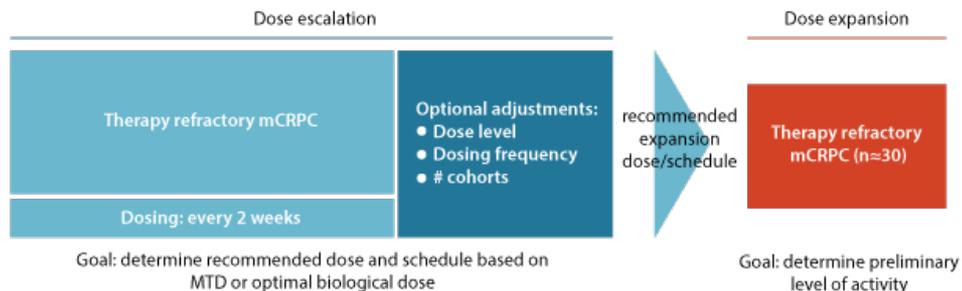
Prostate cancer pt derived tumor and normal prostate tissue cultured 24 hr with autologous PBMC (PBMC:T=10:1) \pm 50nM LAVA-1207 (mean \pm SEM; * P < 0.05; n =3)

LAVA-1207: *in vivo* antitumor activity and phase 1/2a trial design

Subcutaneous 22Rv1-human PBMC admixed *in vivo* model

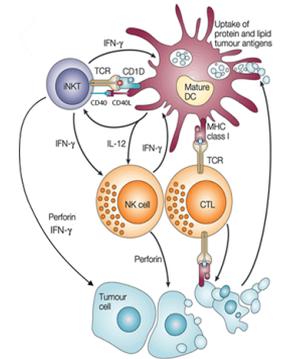
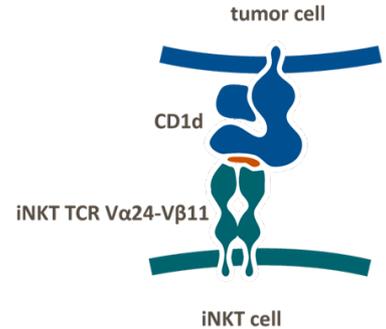


Trial design



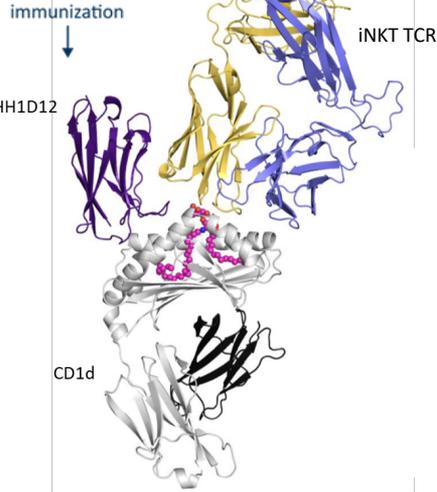
Cluster of differentiation 1d (CD1d)

- **CD1d: MHC class I-related glycoprotein that presents glycolipid antigens to iNKT cells**
- **CD1d is expressed on the surface of various human antigen presenting cells including DCs and B-cells**
- **Indications of interest include:**
 - Hematological indications: e.g. CLL, AML, T-ALL and MM
 - Solid tumor indications: CRC, lung, head & neck, breast, renal, melanoma and neuroblastoma
- **Expressed by immunosuppressive cells in the tumor (MDSC and TAM)**
- **CD1d-iNKT axis-directed therapies demonstrated a favorable toxicity profile**

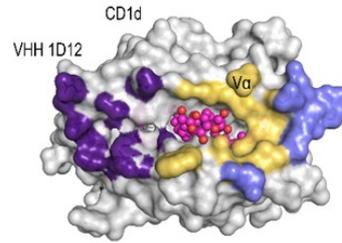


Conchis PW, et al. Immunology 1993; 80:561-565; Metelitsa LS. Clin Immunol 2011; 140:119-129; King L, et al. Front Immunol 2018; doi: 10.3389/fimmu.2018.01519; Wilson SB, et al. Nat Rev Immunol 2003;3:211-222

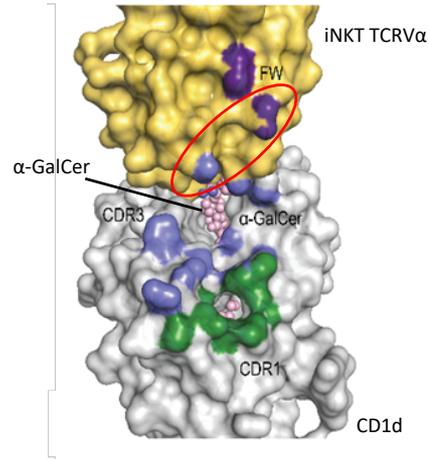
CD1d-specific VHH1D12 triggers iNKT cell activation through intrinsic bispecificity



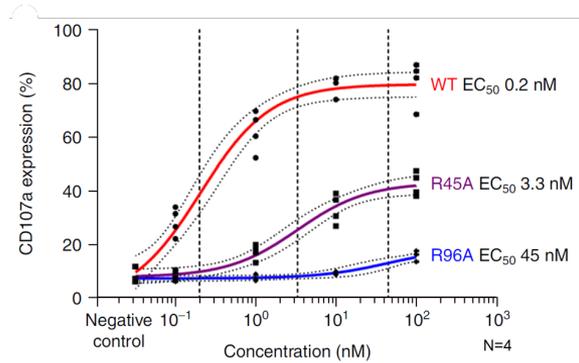
Top view of CD1d
footprints of CD1d-VHH and iTCR



Side view of CD1d-iNKT TCR α
footprint of CD1d-VHH

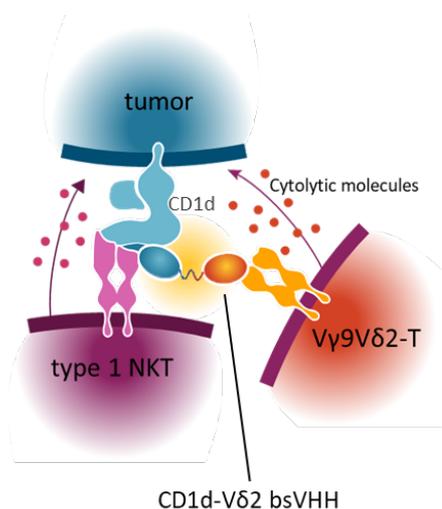


iNKT degranulation critically depends on CD1d-VHH R96 and R45

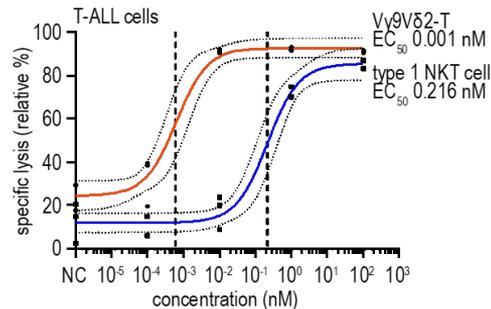


Expression of CD107a on iNKT after a 4 hr co-culture of expanded iNKT with CD1d+ MM.1s cells \pm 10 nM or a concentration range of CD1d-VHH1D12 and alanine mutants (n=4)

CD1d-V δ 2 bispecific VHH (LAVA-051) stimulates both iNKT and V γ 9V δ 2-T cell effector functions and proliferation

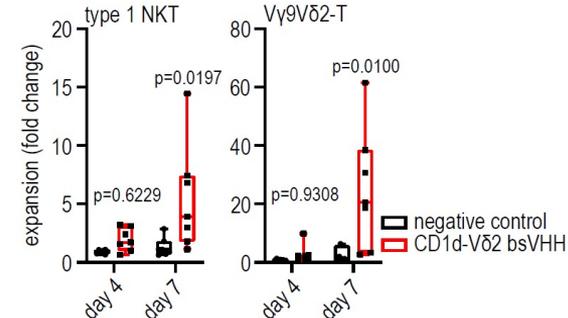


cytotoxicity



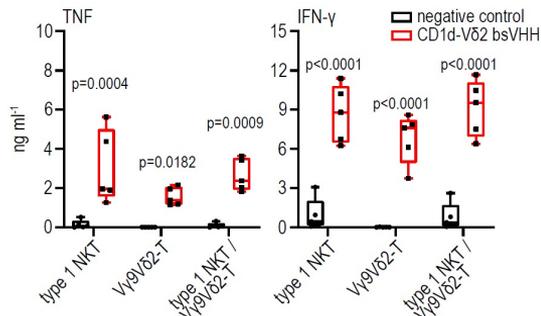
Lysis of CCRF-CEM by type 1 NKT and V γ 9V δ 2-T \pm CD1d-V δ 2 bsVHH (t=16hr)

expansion



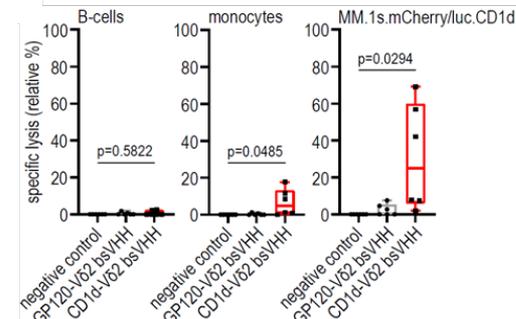
Expansion of iNKT and V γ 9V δ 2-T cells in 7 day culture of PBMC and CD1d⁺ MM.1s cells \pm 50nM CD1d-V δ 2 bsVHH (PBMC:target ratio of 10:1).

cytokine production



Cytokine secretion by iNKT, V γ 9V δ 2-T or a mix (ratio 1:1, 5x10⁴ total effector cells) after 24 h culture with CD1d⁺ MM.1s cells \pm 50nM CD1d-V δ 2 bsVHH

preferential lysis of CD1d⁺ tumor



Lysis after overnight culture of PBMC and CD1d⁺ MM.1s cells (ratio 10:1) \pm 50nM gp120-V δ 2 bsVHH or CD1d-V δ 2 bsVHH. Specific lysis relative to negative control (n=6)

Lameris R, et al. manuscript in preparation

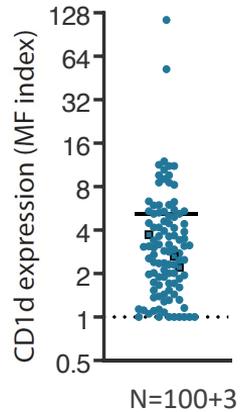
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Hans van der Vliet MD, PhD

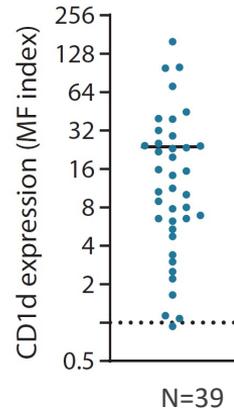
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CD1d is expressed on tumor cells of patients with CLL, MM and AML

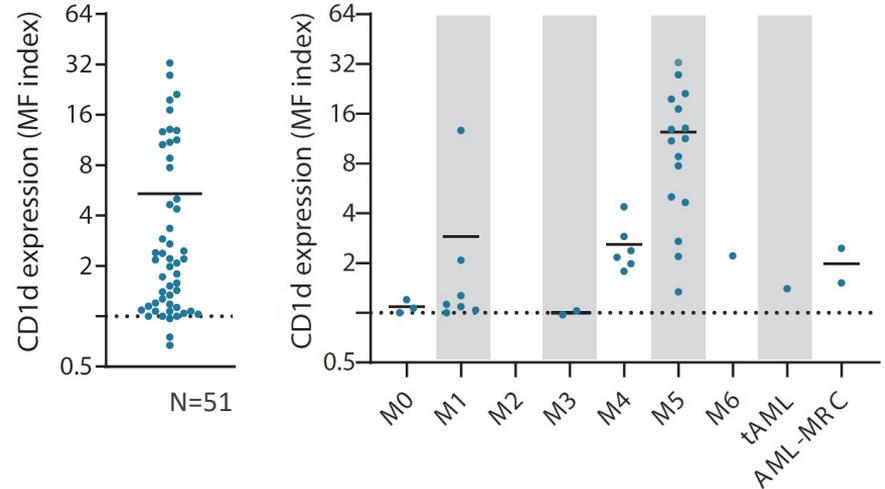
chronic lymphocytic leukemia



multiple myeloma

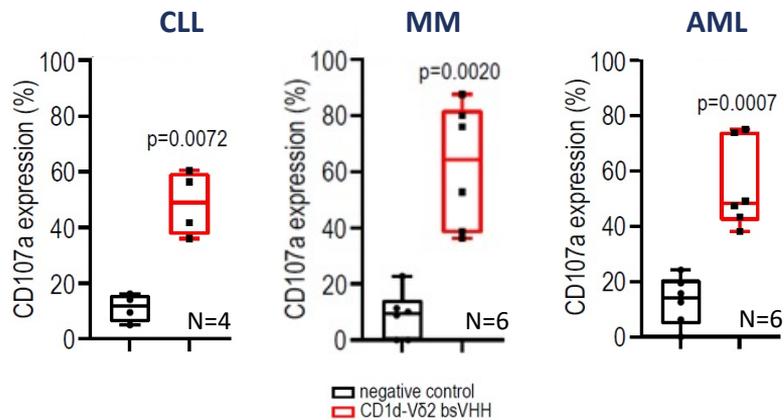


acute myeloid leukemia

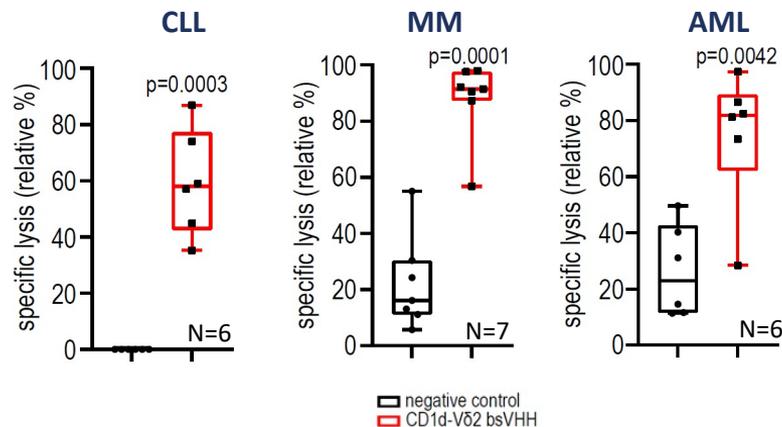


Activity of LAVA-051 in patient tumor samples of CLL, MM and AML

Degranulation of patient Vy9Vδ2-T cells



Lysis of patient tumor cells

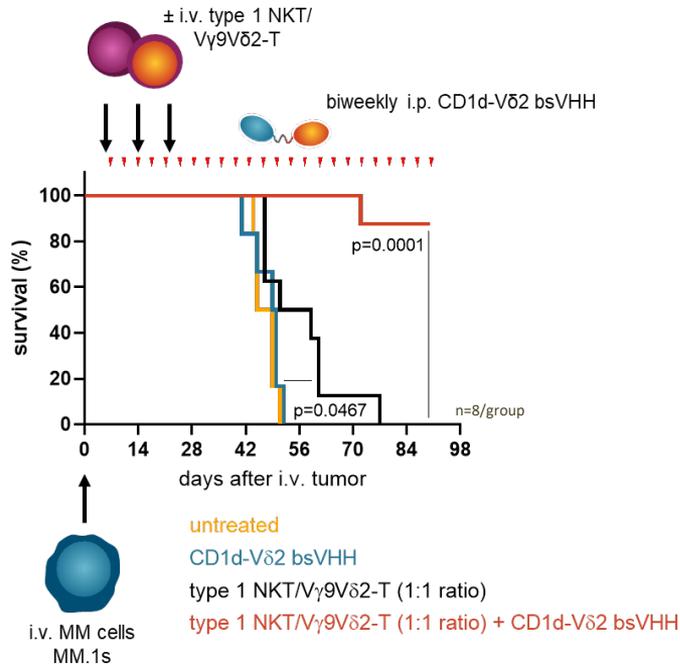


Expression (%) of CD107a on autologous Vy9Vδ2-T cells after 16hr coculture of patient samples (PBMC (CLL) or bone marrow (MM and AML)) ± CD1d-Vδ2 bsVHH (50 nM), analysed by flow cytometry.

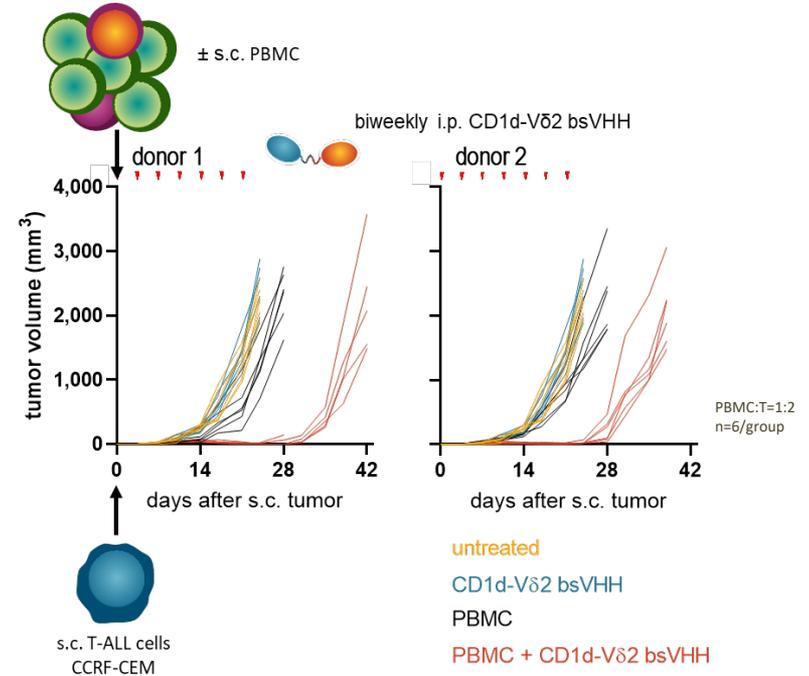
Cytotoxicity towards patient CLL, MM, and AML cells after 16 hr coculture of iNKT and Vy9Vδ2-T cells (1:1 mix) and patient PBMC or BMMC (E:T=1:2) plus negative control (NC) or 50nM CD1d-Vδ2 bsVHH; quantified by flow counting beads; expressed relative to tumor cells only.

LAVA-051 induces antitumor activity *in vivo* and increases survival

Intravenous Multiple Myeloma model

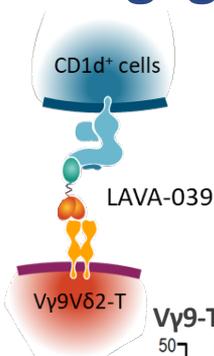


Subcutaneous T-ALL model



Exploring the safety of $\gamma\delta$ -T cell engagement in non-human primates

- LAVA-051:**
 - CD1d specific VHH1D12; **not** NHP cross-reactive
 - V δ 2-TCR specific VHH; **not** NHP cross-reactive
- LAVA-039:**
 - CD1d specific VHH1D22; NHP cross-reactive
 - V γ 9-TCR specific scFv; NHP cross-reactive

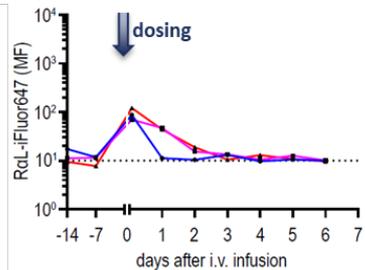


→ **LAVA-039 explored in *Macaca fascicularis***

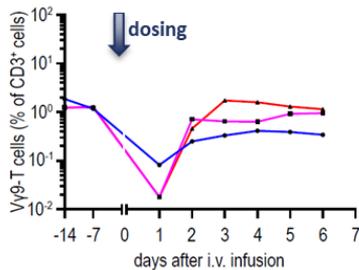
Single dose: 0.1 mg/kg; 0.3 mg/kg; 1 mg/kg (i.v.; n=1/dose)

Multiple (7) daily doses: 0.1 mg/kg; 0.3 mg/kg; 1 mg/kg (i.v.; n=1/dose)

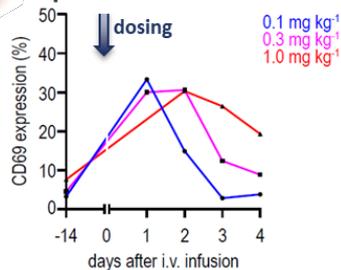
compound binding to V γ 9-T cells



V γ 9-T cell frequency

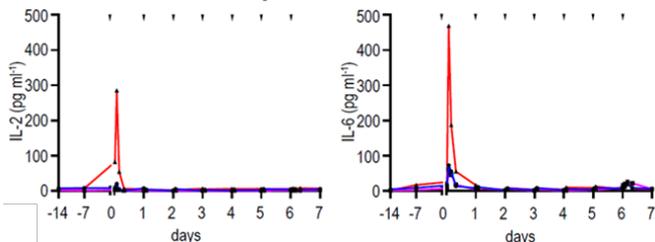


V γ 9-T cell activation

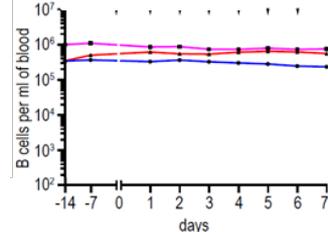


- no clinical signs of toxicity
- no clinical chemistry abnormalities
- no histopathological abnormalities
- no depletion of CD1d⁺ B cells/monocytes
- low cytokine spike
- bispecific $\gamma\delta$ -TCE detectable on PB and LN $\gamma\delta$ -T

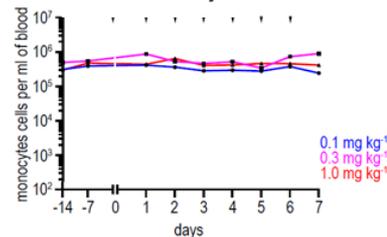
cytokine levels



B cells

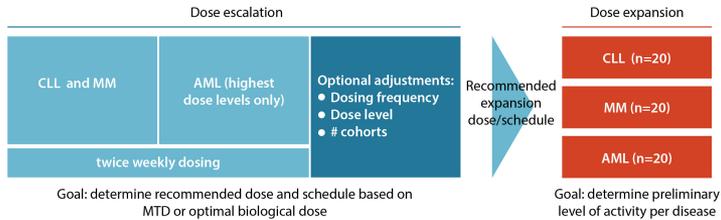


monocytes



LAVA-051 first-in-human phase 1/2a study

Trial design



ClinicalTrials.gov Identifier: NCT04887259

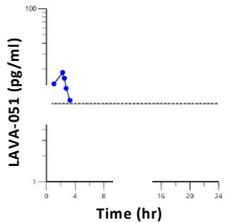
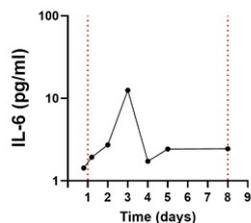
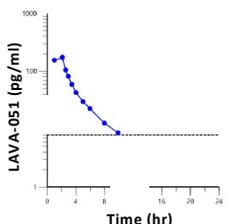
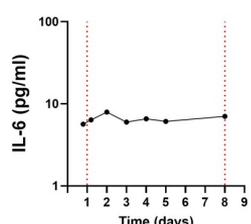
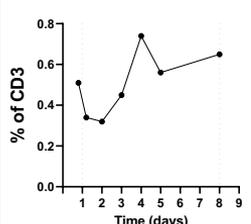
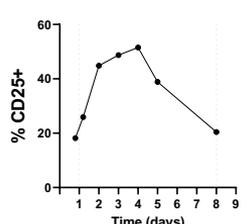
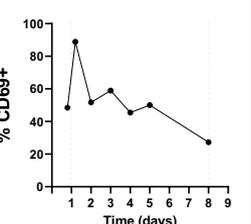
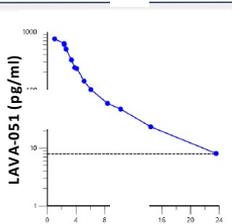
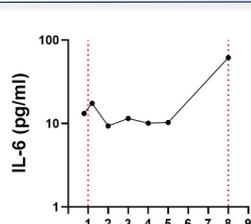
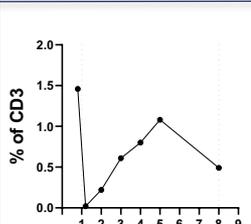
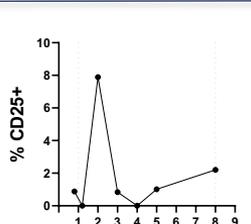
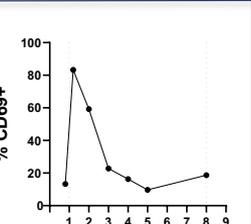
Extensive monitoring

Pharmacokinetics	
Anti-Drug Antibodies	
Pharmacodynamics	<p>1. Cytokines (IL-1β, IL-2, IL-6, IL-8, TNF-α, IFN-γ, GM-CSF)</p> <p>2. Flow cytometry</p> <ol style="list-style-type: none"> Binding of LAVA-051: Vγ9Vδ2-T cells CD1d positive tumor cells Activation status & frequency: Vγ9Vδ2-T cells iNKT cells Induction of activation of Vγ9Vδ2-T cells <i>ex vivo</i> when exposed to CD1d (functional assay) Immune monitoring (frequency and activation status of B cells, T cell subsets, NK cells, monocytes, dendritic cells)
Disease assessments	<p>Tumor defining markers/CD1d/BTN3A</p> <ul style="list-style-type: none"> - MM (peripheral blood, urine, CT scan, bone marrow biopsy) - CLL (peripheral blood, CT scan, bone marrow biopsy) - AML (peripheral blood, bone marrow biopsy)
Safety	Chemistry / hematology / urine

→ Initial observations of first 3 single patient cohorts

LAVA-051 phase 1 study: first observations

Vγ9Vδ2 T cells

Cohort	Dose	PK	Cytokines (IL-6)	LAVA-051 max RO	frequency	activation markers (CD25, CD69)	Clinical	
1	0.45 μg			n.d.	n.d.	n.d.	n.d.	Multiple Myeloma No CRS/DLT
2	3 μg			2.8%				CLL No CRS/DLT
3	15 μg			5.6%				CLL No CRS/DLT On study; SD at 12wk <i>Multiple enlarged painful (diseased) lymph nodes (@ 1 wk, subsequent regression); reminiscent of tumor flare</i>

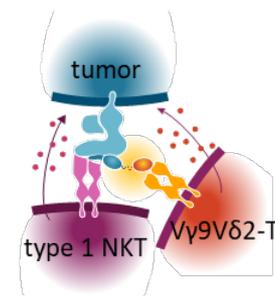
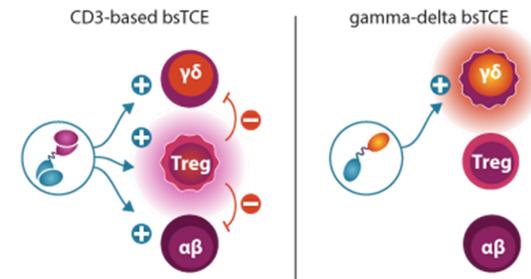
⋮ = dosing

clinical data cut-off date for presented patients: Dec 15, 2021
day 1 = start of treatment

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Conclusions

- **Strong scientific and clinical rationale for tumor targeted engagement of V γ 9V δ 2-T cells**
- **Bispecific $\gamma\delta$ -T cell engagers differentiate from CD3 (pan) T cell engagers**
 - V γ 9V δ 2-T cell restricted activation expected to result in a more benign toxicity profile
 - V γ 9V δ 2-T cell engagers avoid co-activation of immunosuppressive Tregs
- **Bispecific V γ 9V δ 2-T cell engagers are studied in 2 ongoing clinical phase 1/2a studies**
 - Several other $\gamma\delta$ -T cell engagers in preclinical development
- **LAVA-1207: humanized PSMA-GammabodyTM**
 - first-in-human clinical phase 1/2a study initiated in patients with therapy refractory mCRPC
- **LAVA-051: humanized CD1d-GammabodyTM**
 - triggers CD1d-restricted lysis via *dual* activation of iNKT cells and V γ 9V δ 2-T cells
 - first-in-human clinical phase 1/2a study initiated in patients with CLL, MM, or AML that are refractory to prior therapy
 - Data from initial 3 dose cohorts showed that LAVA-051 was well tolerated early in dose escalation with on-mechanism pharmacodynamics consistent with V γ 9V δ 2-T cell engagement



Acknowledgements



Jurjen Ruben
Sigrid Ruuls
Rob Roovers
Thilo Riedl
Victoria Iglesias
Lisette Bevaart
Peter Machielsen
David Lutje Hulsik
Pauline van Helden
Jessica Truscello
Sanjana Umarale
Ilse Tuinhof
Jorden Veeneman
Steve Hurlly
Ton Adang
Benjamin Winograd
Paul Parren



Roeland Lameris
Lisa King
Milon de Jong
Jose Saura Esteller
Myrthe Veth
Jana Vree
Iris de Weerd
Sonja Zweegman
Niels van de Donk
Arnon Kater
Jens Voortman
Tanja de Gruij



Annemiek Broijl
Martijn Lolkema



Dale Godfrey lab



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ESMO TAT

Hans van der Vliet, MD, PhD

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