

## Abstract

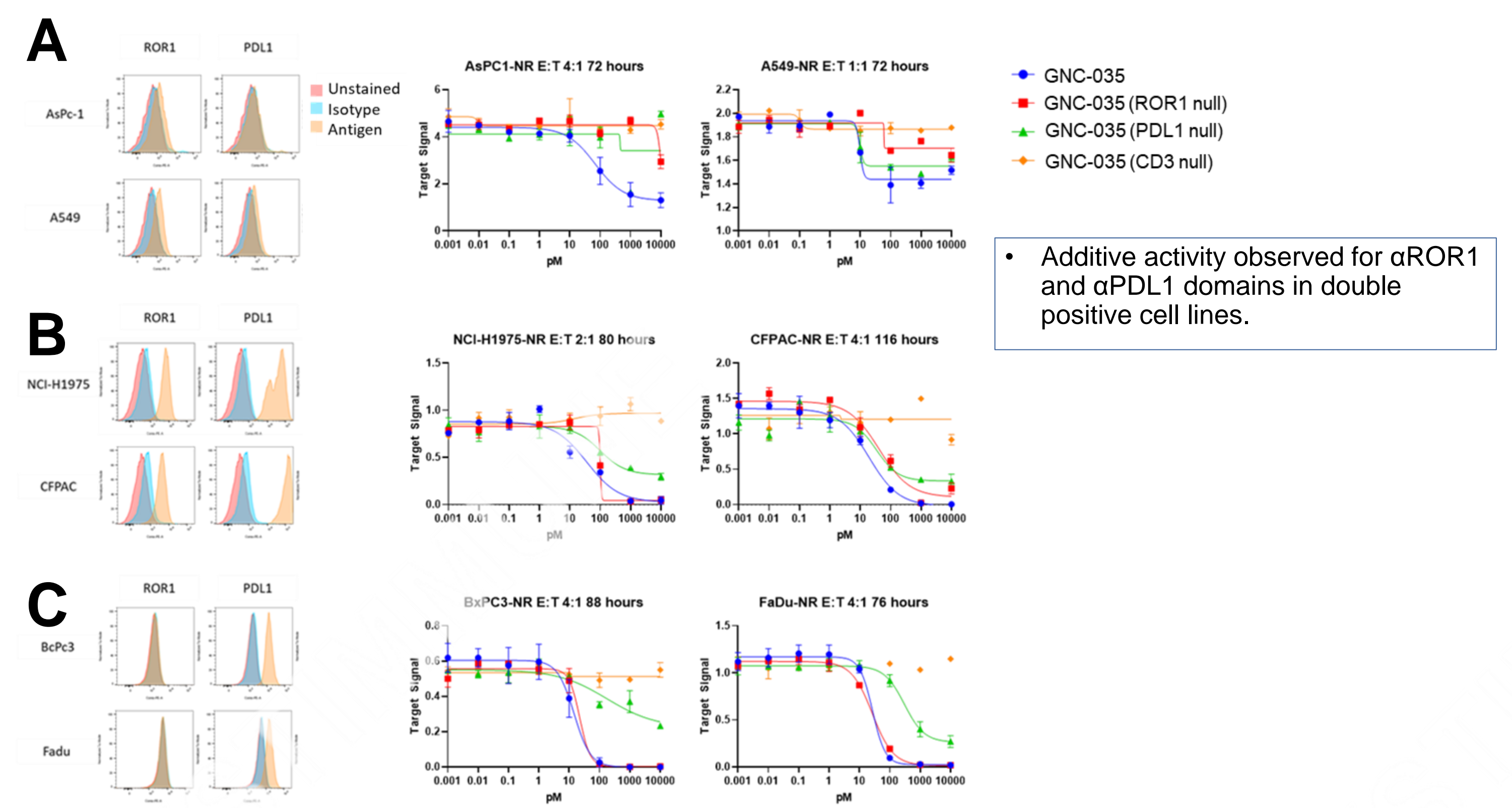
Cancer-intrinsic immune escape mechanisms and immune cell suppression can progressively diminish the curative potential of currently available T cell-based therapies. Barriers to successful T cell checkpoint therapies may be addressed by redirection of T cells toward tumor antigens using T cell engagers that function independently of MHC presented T cell epitopes. Here we demonstrate that an octavaient, tetraspecific Guidance and Navigation Control (GNC) antibody, GNC-035, binds to ROR1, CD3, PD-L1, and 4-1BB and mediates redirected T cell cytotoxicity of human solid tumor and leukemia and lymphoma cell lines in a ROR1 specific manner.

Experiments using GNC-035 to redirect T cell cytotoxicity toward ROR1+ cancer cell targets show the T cells in PBMC are highly functionalized by pre-exposure to GNC-035. This pre-exposure of PBMC to GNC-035 results in greater tumor cell killing efficacy compared to concurrent exposure of tumor cells in the presence of T cell effectors. This result suggests that the systemic delivery of GNC-035 can condition the T cell compartment to increase the therapeutic impact of T cells migrating to solid tumors, with or without preexisting infiltrating T cells. This beneficial conditioning of T cells by pre-exposure to GNC-035 is not observed with pre-exposure to CD3xROR1 bi-specific T cell engager controls.

To evaluate the potential for GNC-035 to mediate cytokine release syndrome, the molecule is evaluated in soluble formats in the presence of PBMC and the ROR1+ A549 cancer cells, or HUVEC cells. Under these conditions, the cytotoxicity of A549 target cells is detectable after exposure to GNC-035 at 100 fM concentrations as well as the release of IFN- $\gamma$  and certain other inflammatory cytokines at 24 or 48 hours post-treatment. However, consistent with Blinatumomab treatment, PBMC exposed to soluble GNC-035 for 24 or 48 hours on a monolayer of HUVEC cells, produced significantly greater amounts of IFN- $\gamma$  and IL-6 at concentrations greater than 10 pM. These results indicate GNC-035 has a therapeutic window of activity that is ROR1 dependent, spanning cytolytic activity, and IFN- $\gamma$  release without a production of IL-6 and which is wider than that indicated by Blinatumomab in PBMC.

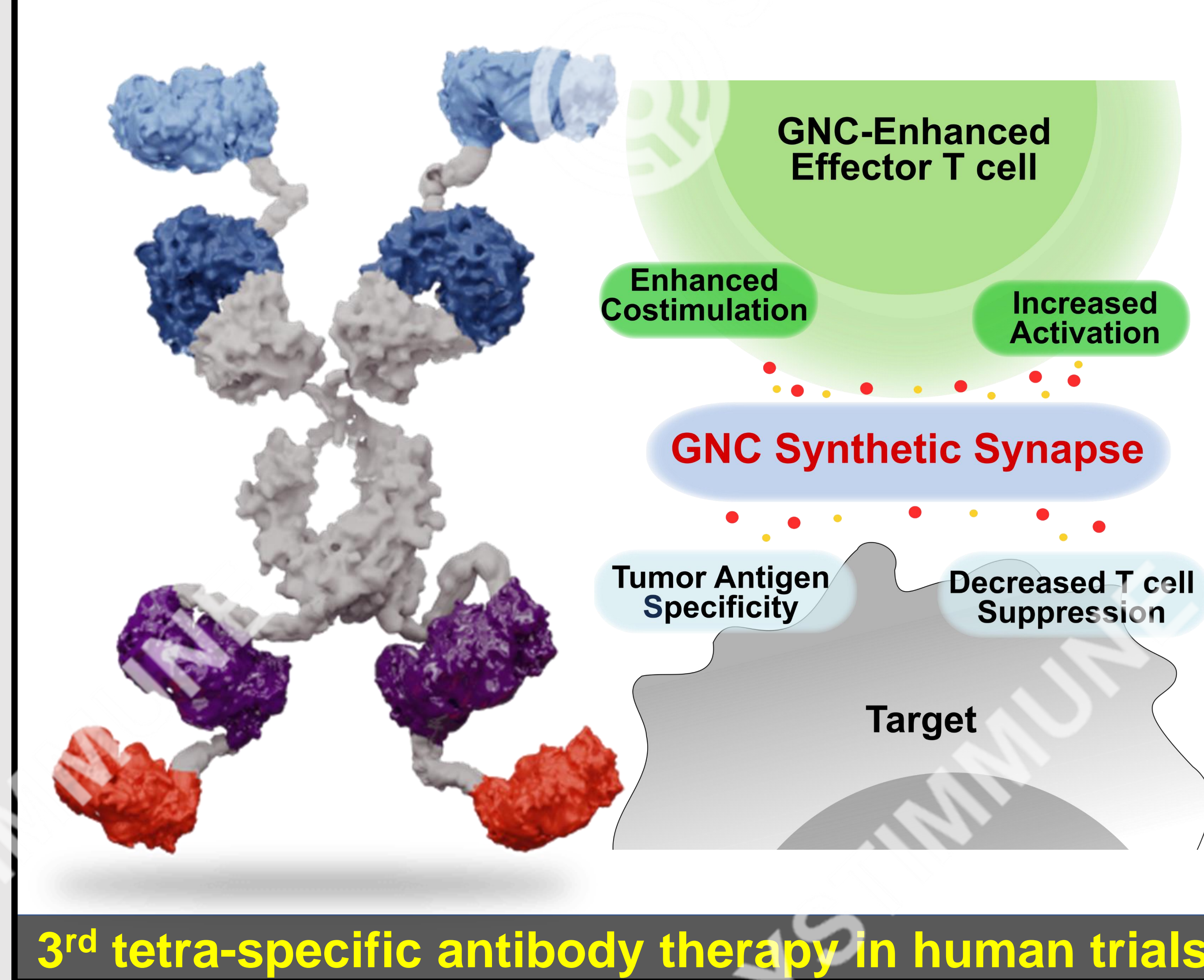
Collectively, the GNC-035 represents a class of multi-specific and multi-modal immune cell engagers with potential to mediate ROR1+ cancer regression, overcome TCR-based immune escape and reverse T cell immune suppression in tumor microenvironment. The clinical phase I-b study of GNC-035 is under way in breast cancer and hematologic cancers and the available data exhibit strong signals of efficacy with acceptable tolerability.

## Tetra-specific binding domains mediate increased cytolytic activity against multiple tumor cell lines



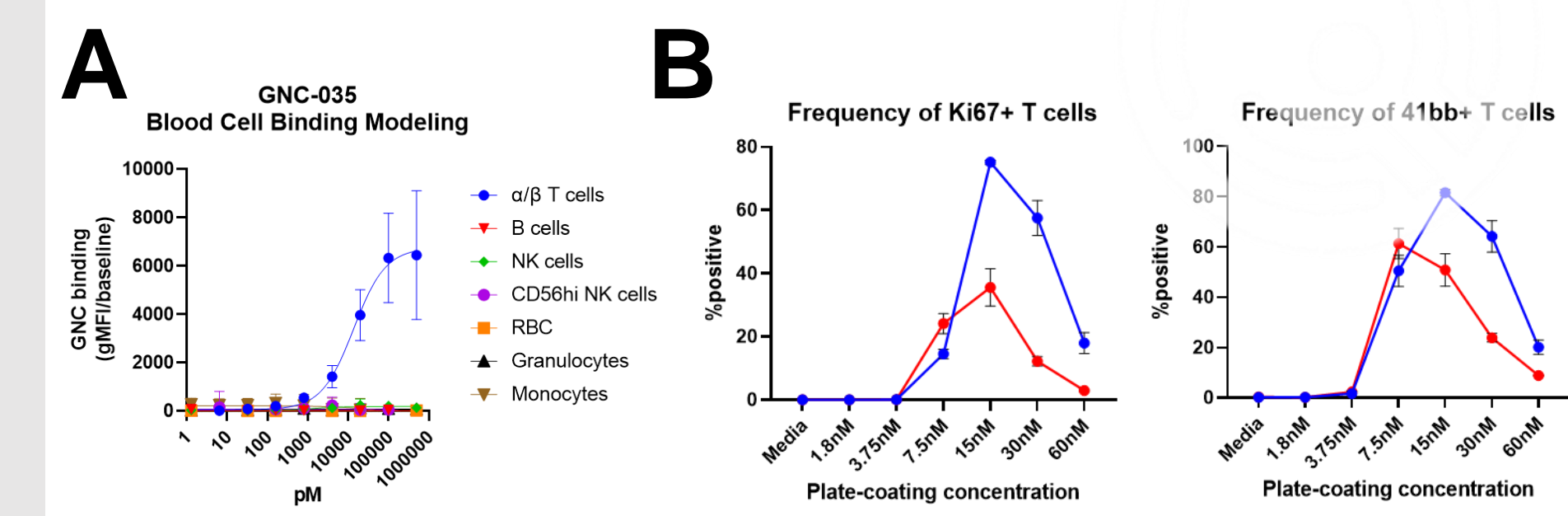
**Figure 1.** GNC Structure mediates specific antigen binding and multi-domain target mediated cytolytic function. Solid tumor lines in Redirected T cell Cytotoxicity assays using PBMC treated with intact GNC-035, as well as domain-null drug variants against tumor cell lines with phenotypes A) ROR1low, PDL1low B) ROR1+, PDL1high and C) ROR1-, PDL1+. Error bars represent SEM.

## GNC-035: Tetra-specific T cell engager



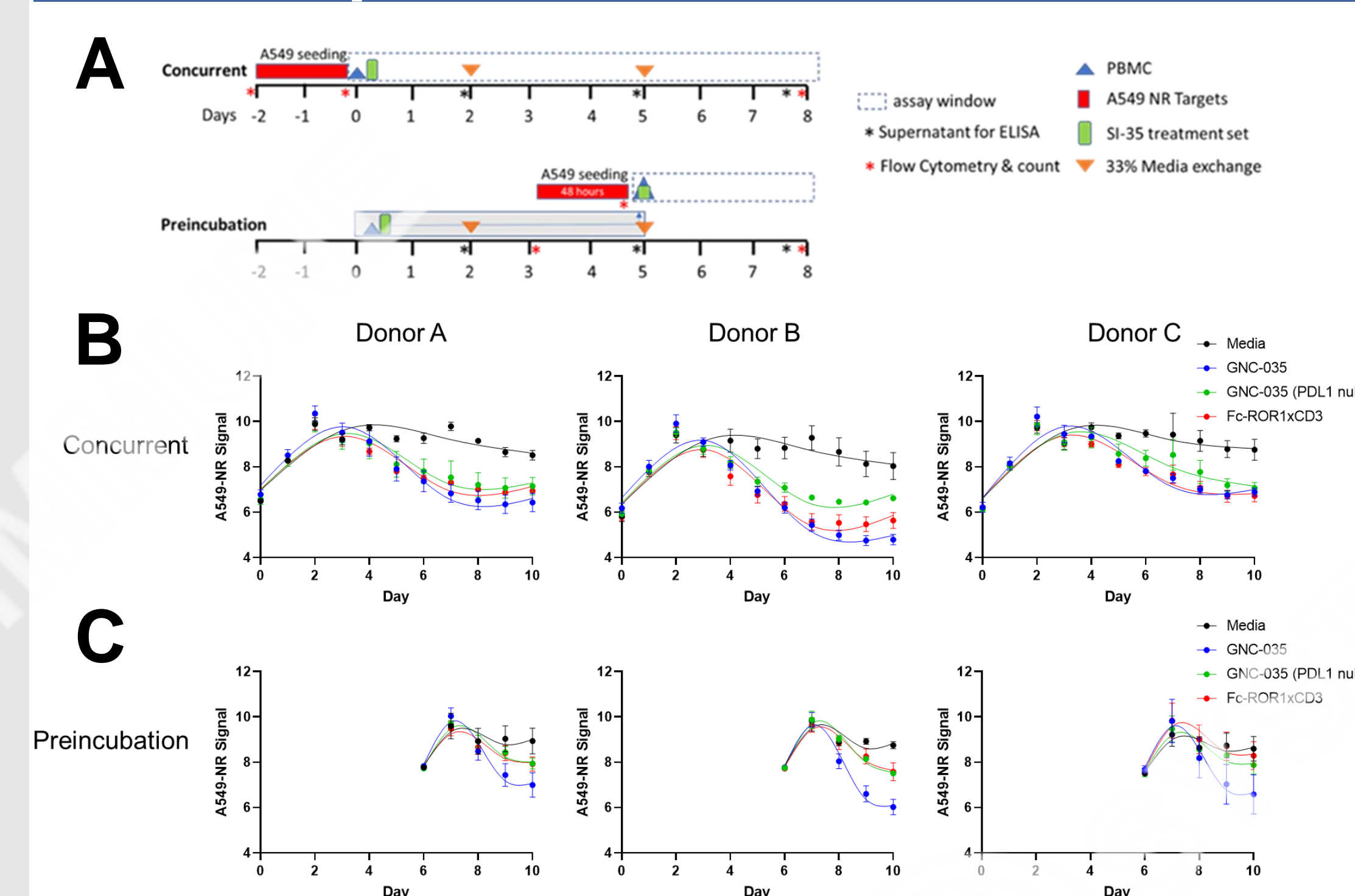
**3<sup>rd</sup> tetra-specific antibody therapy in human trials**

## GNC-035 Exhibits T cell specificity drives T cell activation through $\alpha$ 4-1bb domain



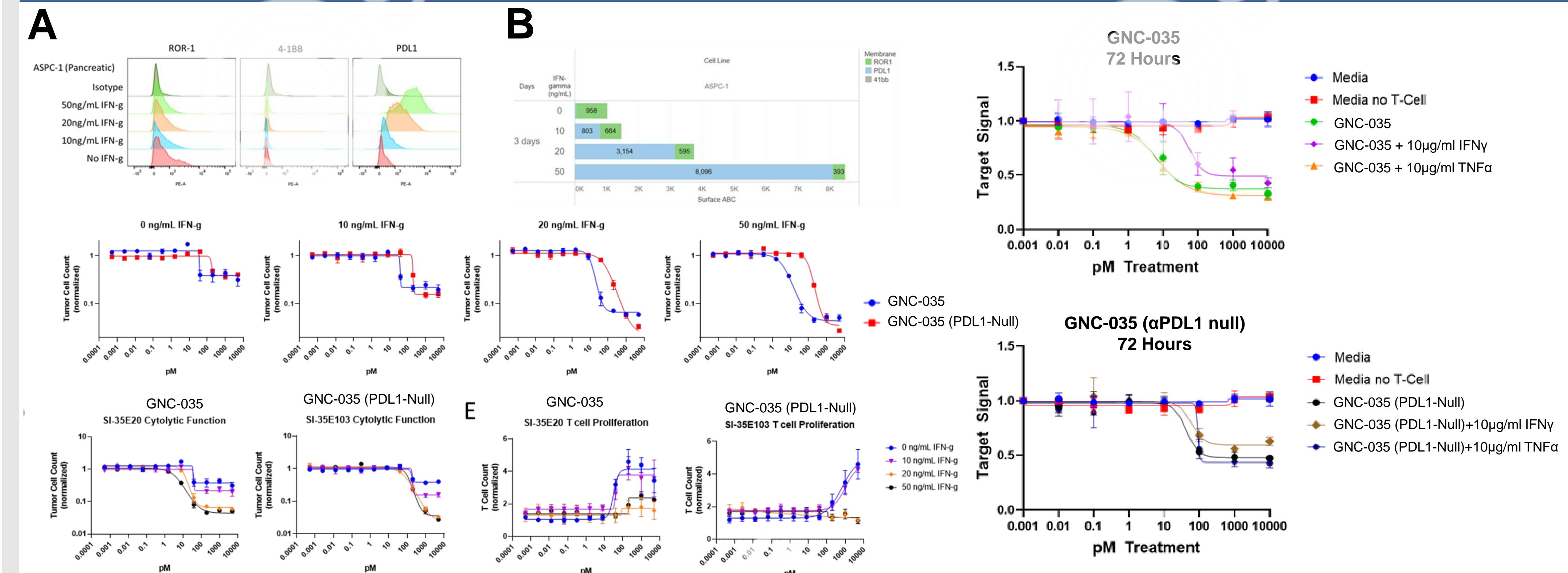
**Figure 2.** GNC exhibits T cell-specific binding and activation through 4-1bb. GNC-035 was introduced at titrated concentrations to whole blood from 10 healthy donors aged from 23-78 years. GNC-038 binding levels were measured for individual peripheral blood cell (A). Cell culture plates were pre-coated in dilutions of GNC-035 or a structural variant of the drug lacking an  $\alpha$ 4-1bb domain prior to 96-hour co-culture with isolated naive T cells and measurement of activation phenotype (B).

## GNC-035 primed PBMC functional superiority is dependent on $\alpha$ PDL1 and $\alpha$ 4-1bb domains



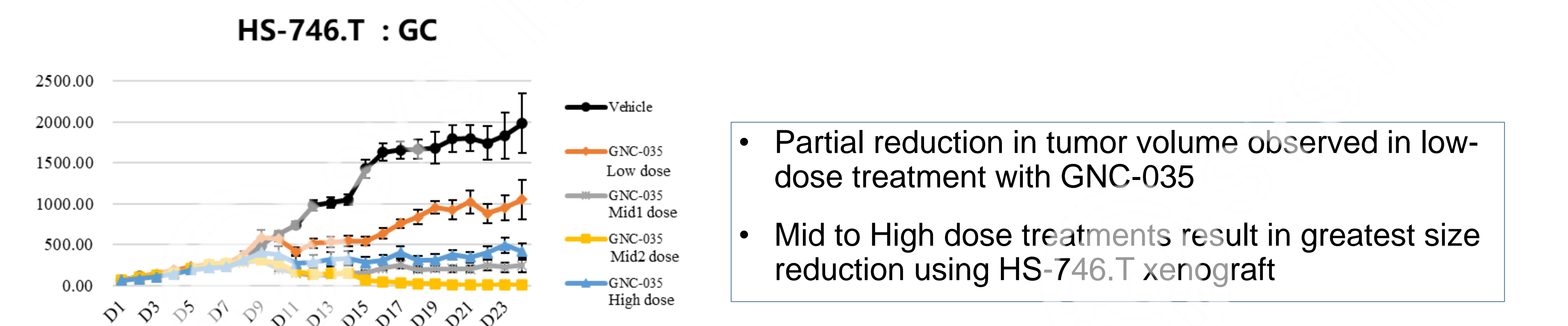
**Figure 3.** Functional enhancement of Solid tumor cancer line A549-NR are cultured with PBMC and treatment with or without preincubation of PBMC effector with drug treatments (A). Time-series imaging data of tumor spheroids for Concurrent (B) and Preincubation (C) experimental timelines.

## Interferon gamma mediate GNC RTCC toward PDL1 on ASPC-1 cells



**Figure 3.** GNC-038. Solid tumor lines with in Redirected T cell Cytotoxicity assays using PBMC treated with intact GNC-038, as well as domain-null drug variants (A). NCG mice were implanted with individual peripheral blood cell types, including B cells,  $\alpha$ / $\beta$  T cells, NKT cells, monocytes, granulocytes and red blood cells (C).

## GNC-035 exhibits anti-tumor activity in mouse xenograft model



**Figure 4** GNC-035 treatment in mouse xenograft model. NCG mice were implanted with HS-746.T Gastric Cancer tumor xenografts used to measure reduction in tumor volume during treatment with multiple doses of GNC-035.

## Summary

- T cells in PBMC are highly functionalized by pre-exposure to GNC-035
- GNC-035 PDL1 binding domain increases drug potency 36-48 hours after GNC treatment
- IFN-g but not TNF-a mediate GNC-035 conversion of adaptive resistance to RTCC sensitivity
- GNC-035 CD3xROR1x41bb domain activity in RTCC highly upregulates PDL1 on ASPC1 target cells
- Post-cytolytic T cell proliferation is highly dependent on PDL1 domain activity

## Acknowledgments

The authors acknowledge the efforts and contributions of numerous staff of Systimmune Inc. and Baili Pharmaceuticals who worked on the development of GNC-035

## References

**Title:**  
A Study of GNC-035, a Tetra-specific Antibody, in Participants With Locally Advanced or Metastatic Breast Cancer  
A Study of GNC-035, a Tetra-specific Antibody, in Participants With Relapsed/Refractory Hematologic Malignancy  
A Study of GNC-035, a Tetra-specific Antibody, in Participants With Locally Advanced or Metastatic Solid Tumors  
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