

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 octavalent, 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- γ 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- γ 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- γ 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

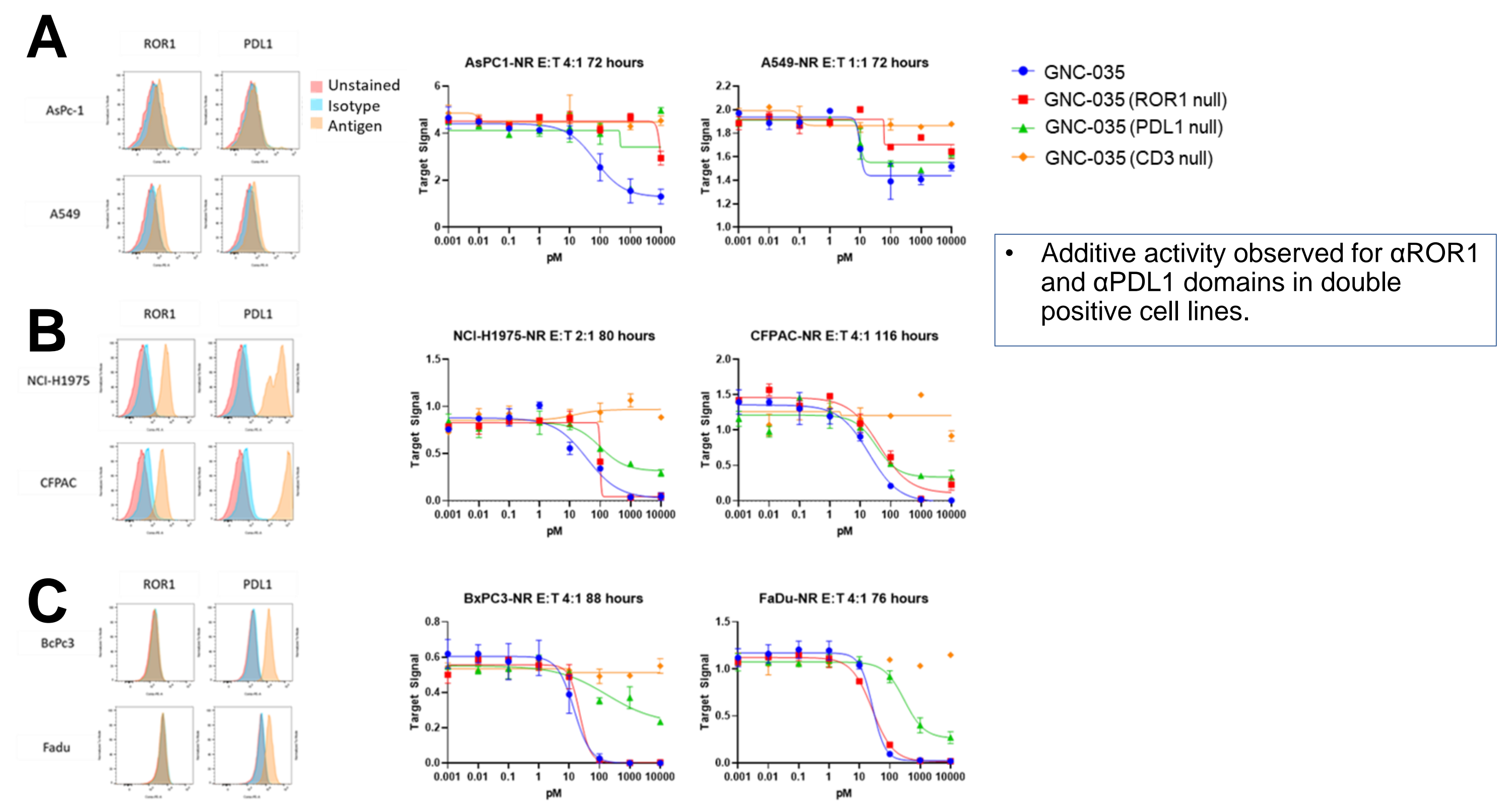
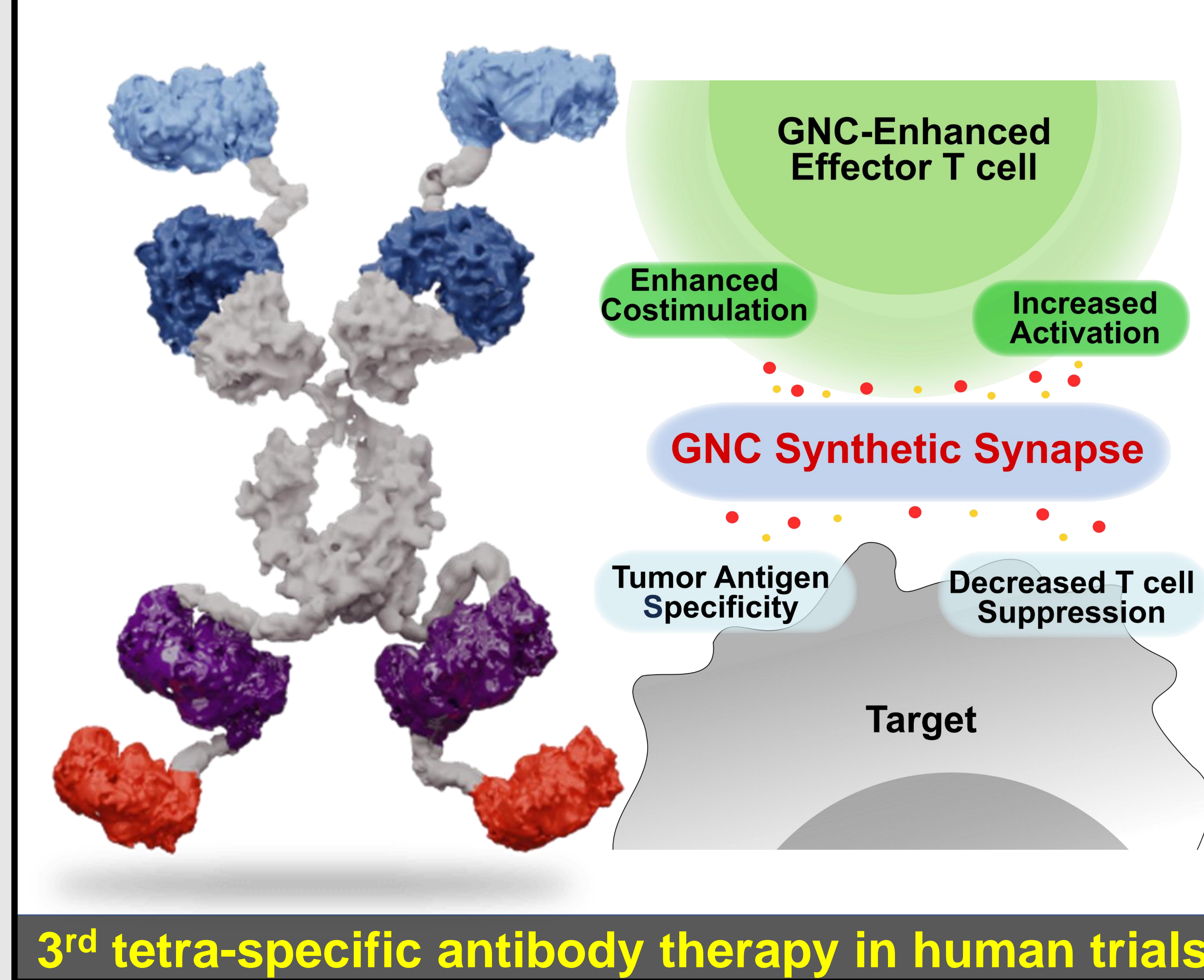


Figure 1. GNC Structure mediates specific antigen binding and multi-domain target mediated cytolytic function. Solid tumor lines in Redirected T cell Cytotoxicity assays using PBMC treated with intact GNC-035, as well as domain-null drug variants against tumor cell lines with phenotypes A) ROR1low, PDL1low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

GNC-035: Tetra-specific T cell engager



3rd tetra-specific antibody therapy in human trials

GNC-035 Exhibits T cell specificity drives T cell activation through α 4-1bb domain

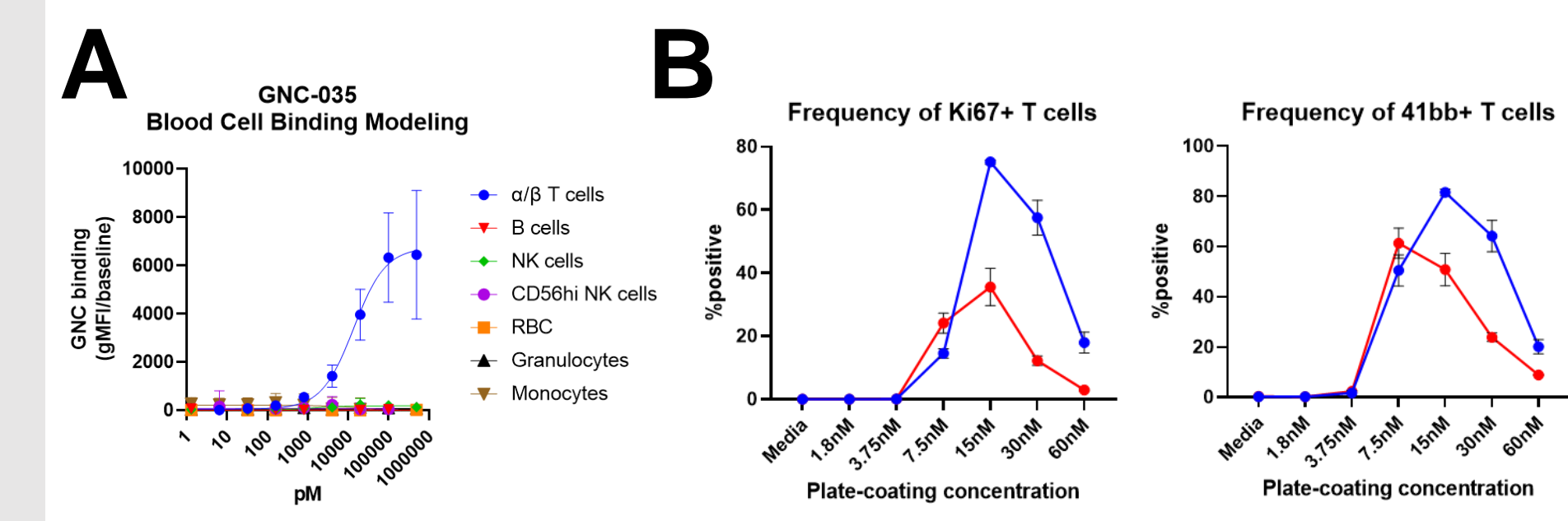


Figure 2. GNC exhibits T cell-specific binding and activation through 4-1bb. GNC-035 was introduced at titrated concentrations to whole blood from 10 healthy donors aged from 23-78 years. GNC-038 binding levels were measured for individual peripheral blood cell (A). Cell culture plates were pre-coated in dilutions of GNC-035 or a structural variant of the drug lacking an α 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 α PDL1 and α 4-1bb domains

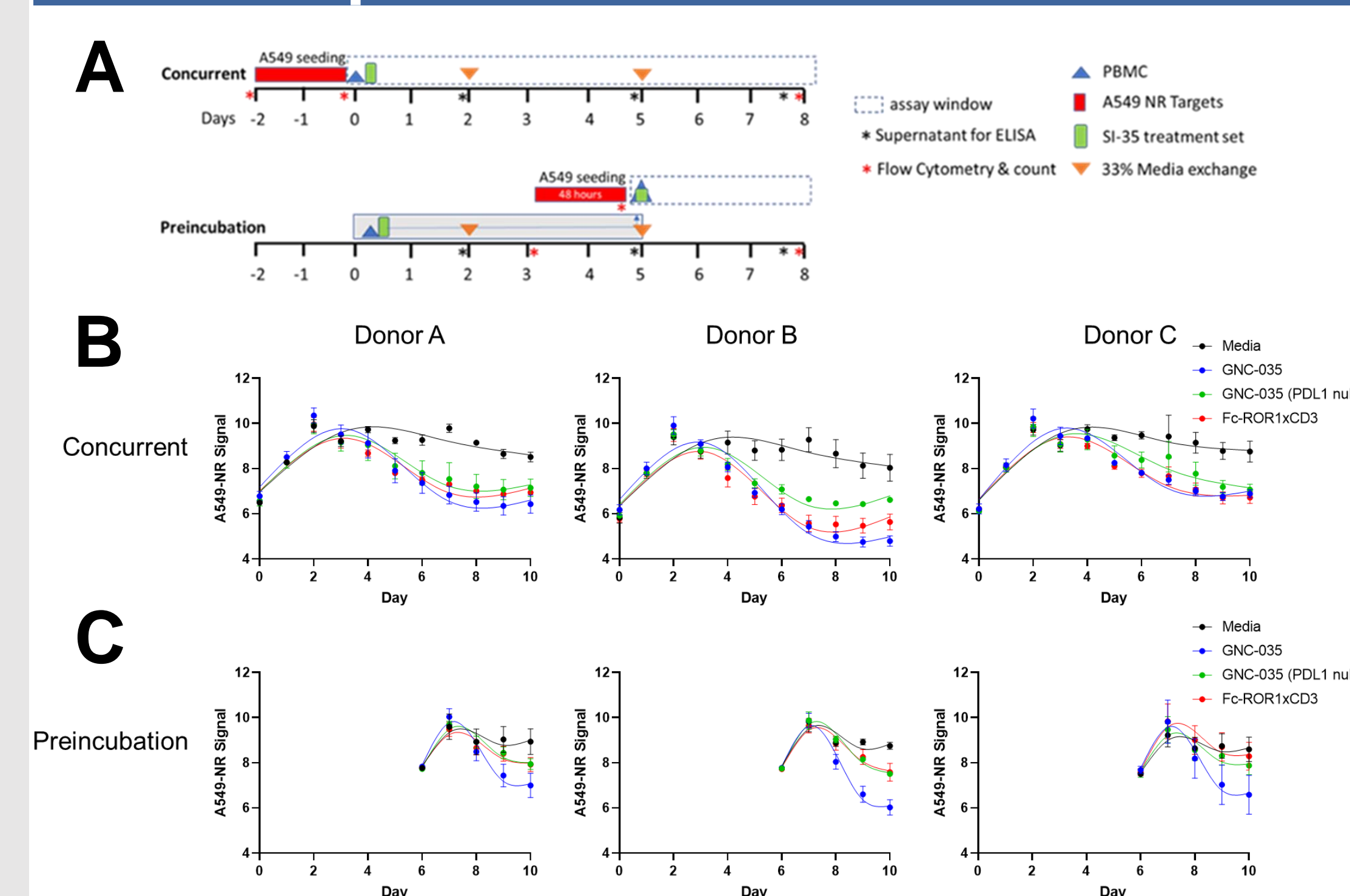


Figure 3. Functional enhancement of Solid tumor cancer line A549-NR are cultured with PBMC and treatment with or without preincubation of PBMC effector with drug treatments (A). Time-series imaging data of tumor spheroids for Concurrent (B) and Preincubation (C) experimental timelines.

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

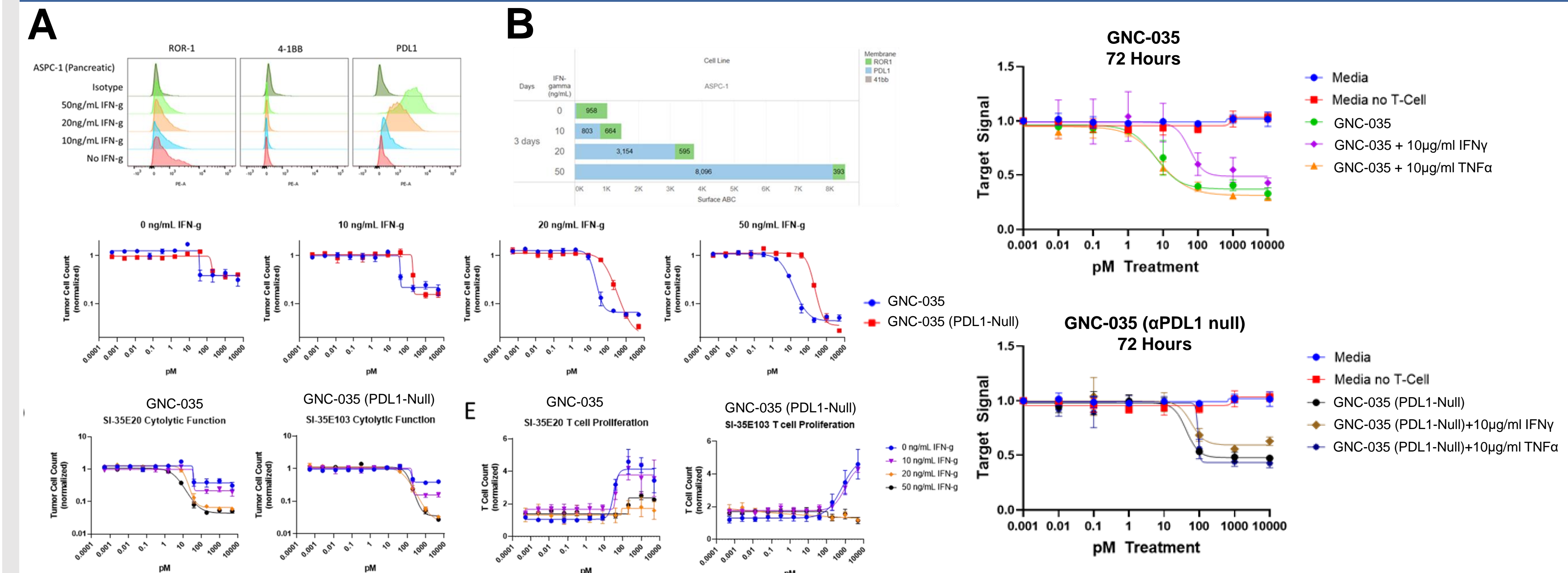


Figure 3. GNC-038. Solid tumor lines with in Redirected T cell Cytotoxicity assays using PBMC treated with intact GNC-038, as well as domain-null drug variants (A). NCG mice were implanted with individual peripheral blood cell types, including B cells, α / β T cells, NKT cells, monocytes, granulocytes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

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

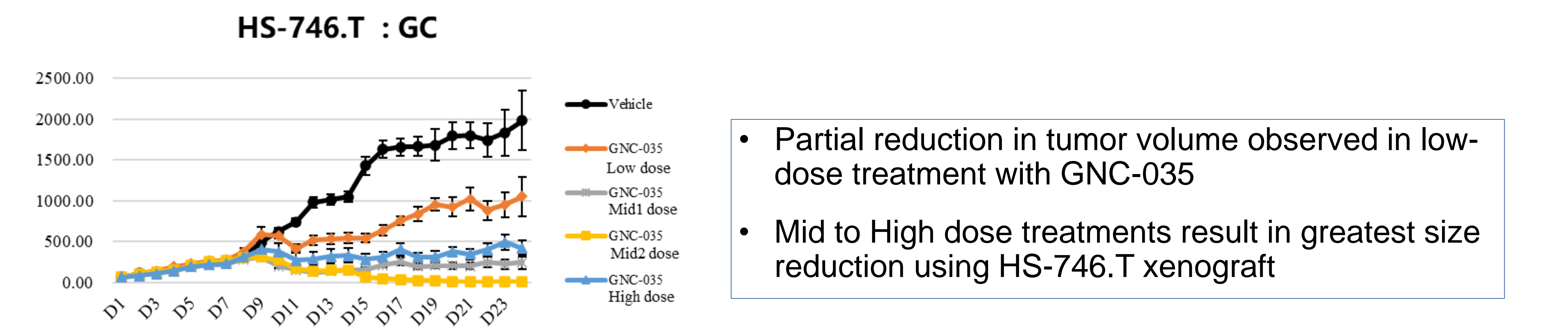


Figure 4 GNC-035 treatment in mouse xenograft model. NCG mice were implanted with HS-746.T Gastric Cancer tumor xenografts used to measure reduction in tumor volume during treatment with multiple doses of GNC-035.

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
<https://ClinicalTrials.gov/show/NCT05160545>
<https://ClinicalTrials.gov/show/NCT05104775>
<https://ClinicalTrials.gov/show/NCT05039931>