

TACTI-mel, Two ACTIVE Immunotherapies in Melanoma: Combination of IMP321 (LAG-3Ig) with an Anti-PD-1 Antagonist in a Phase I Trial



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24th International Molecular Medicine Tri-
Conference - Cancer Immunotherapy
February 20, 2017
San Francisco, CA.

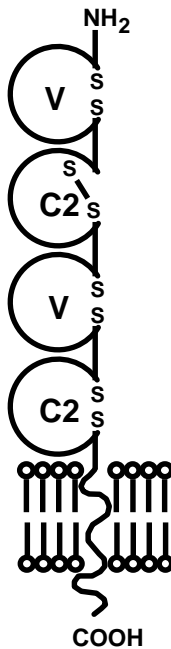
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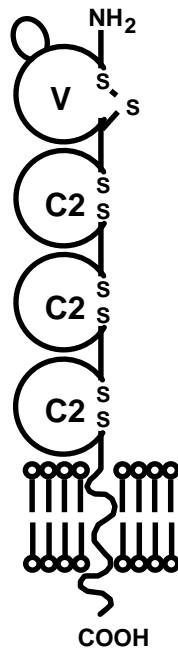
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Lymphocyte Activation Gene-3 (LAG-3 or CD223)

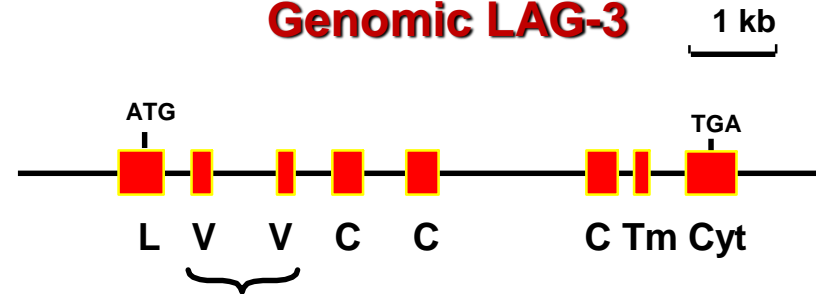
CD4



LAG-3

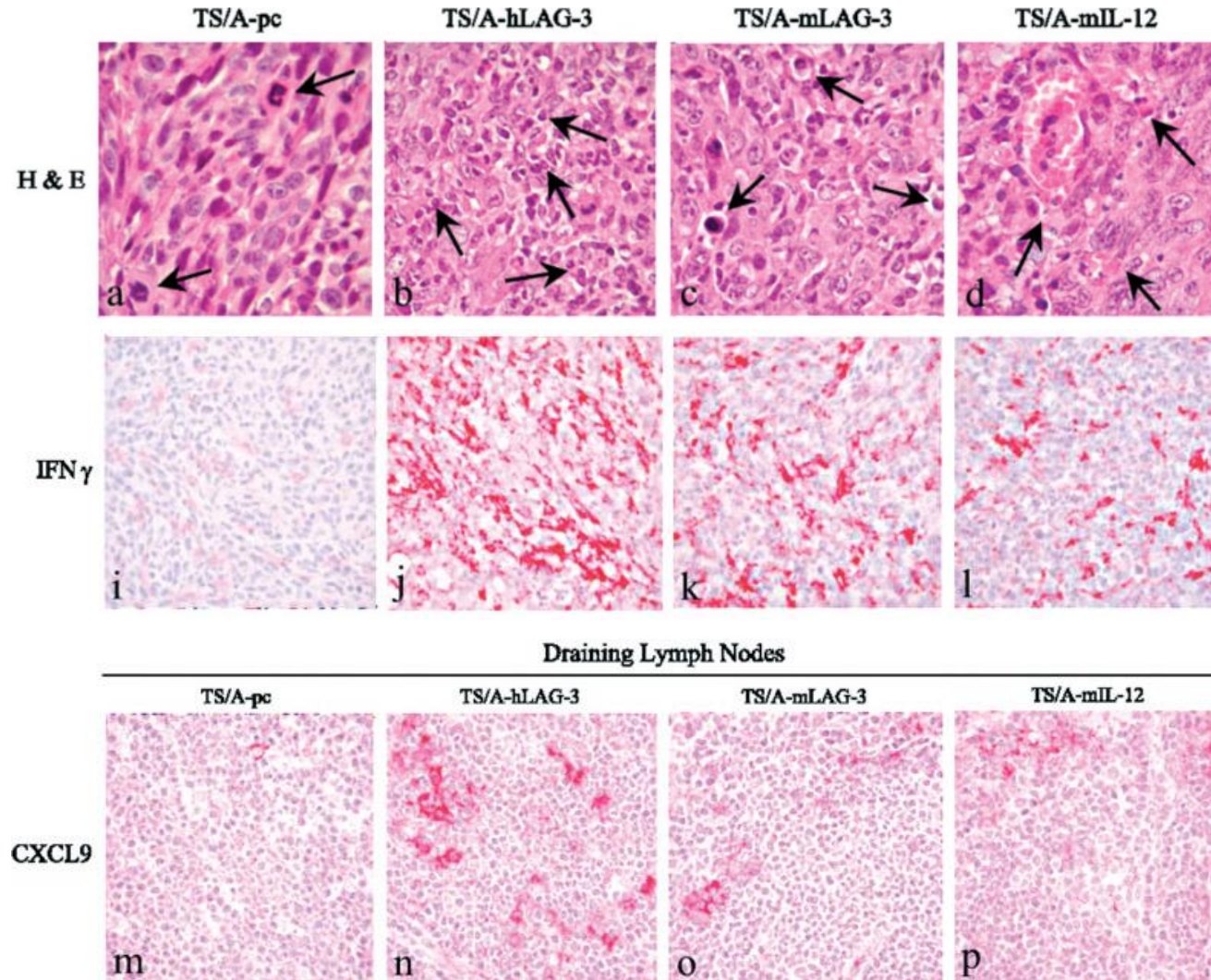


Genomic LAG-3

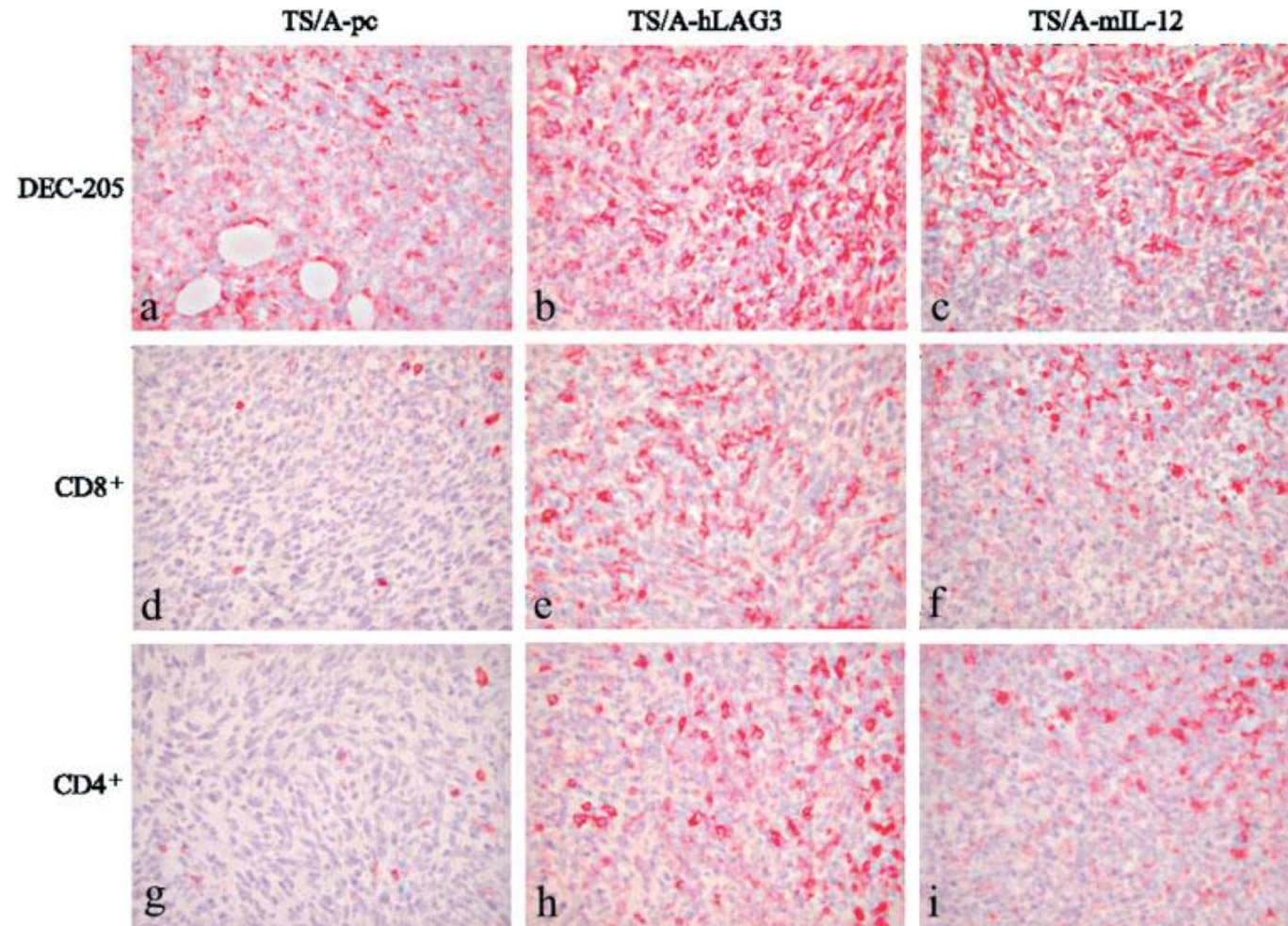


- 4-IgSF domain transmembrane proteins.
- Same genomic organization (intron in D1, duplication event D1D2 vs D3D4)
- Close proximity on 12p13.

**Immunological mechanisms elicited at the tumour site
by LAG-3 versus IL-12:
sharing a common Th1 anti-tumour immune pathway**

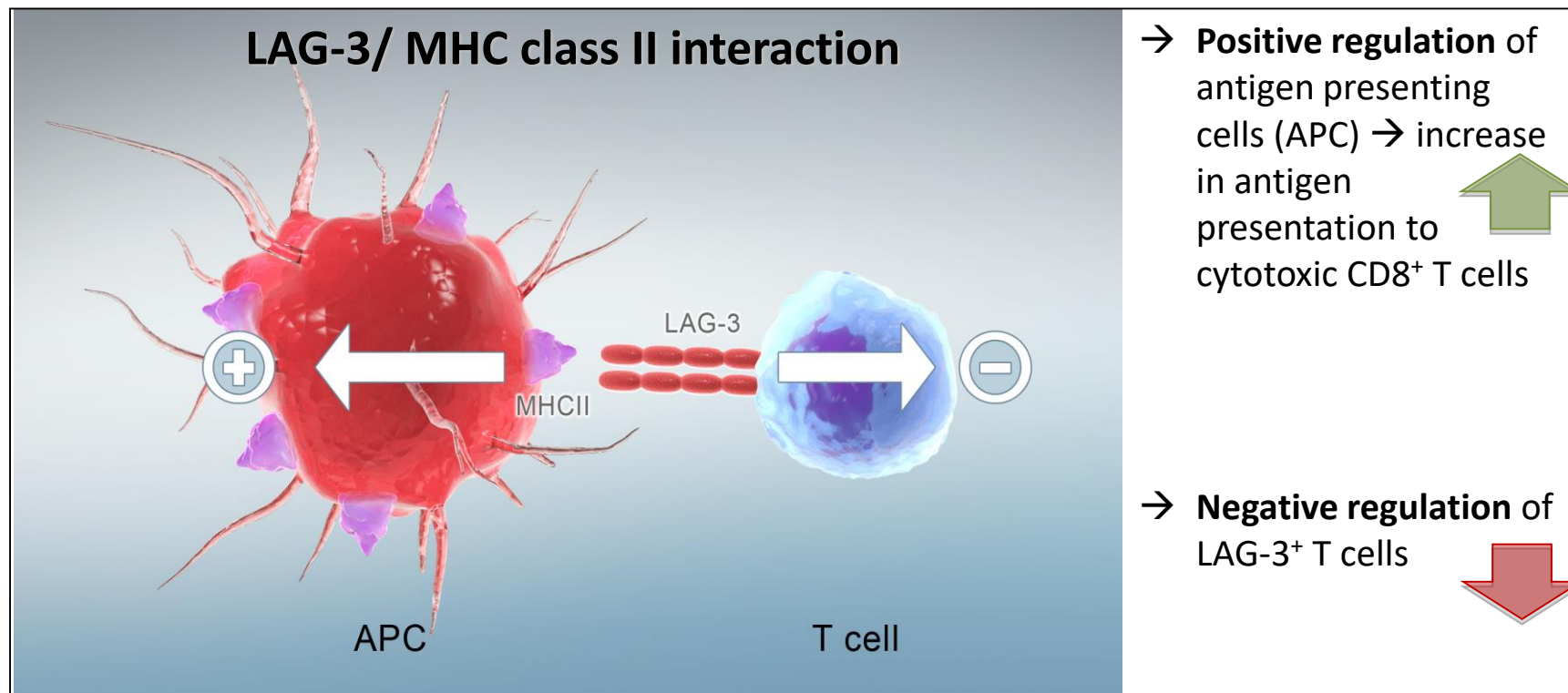


**Immunological mechanisms elicited at the tumour site
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sharing a common Th1 anti-tumour immune pathway**

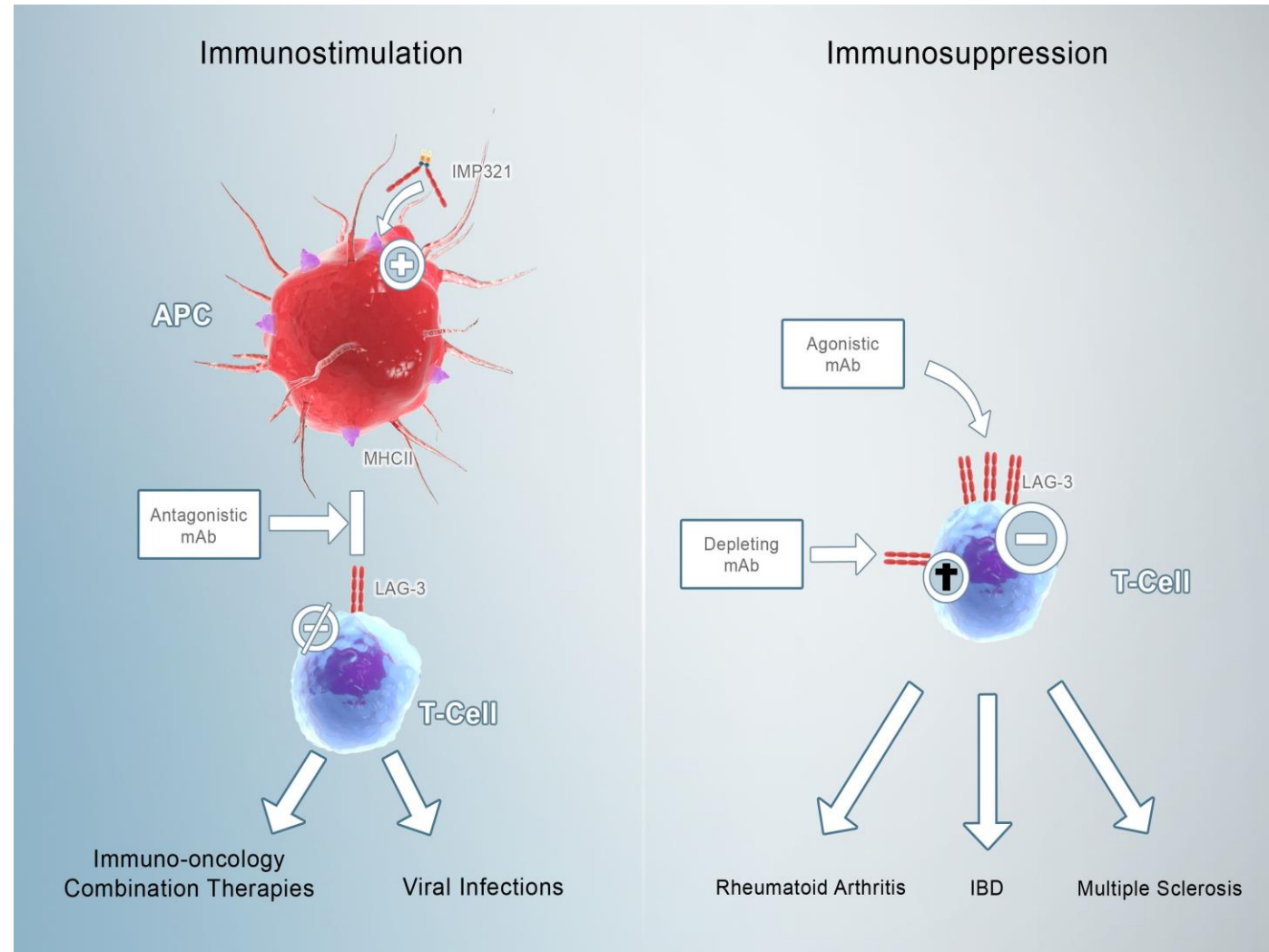


LAG-3 As a Therapeutic Target

- LAG-3 is widely expressed on tumor infiltrating lymphocytes (TILs) and cytotoxic T cells
→ Prime target for an immune checkpoint blocker (such as PD-1)
- Functionally similar to CTLA-4 (targeted by Yervoy®) and PD-1 (Keytruda®)

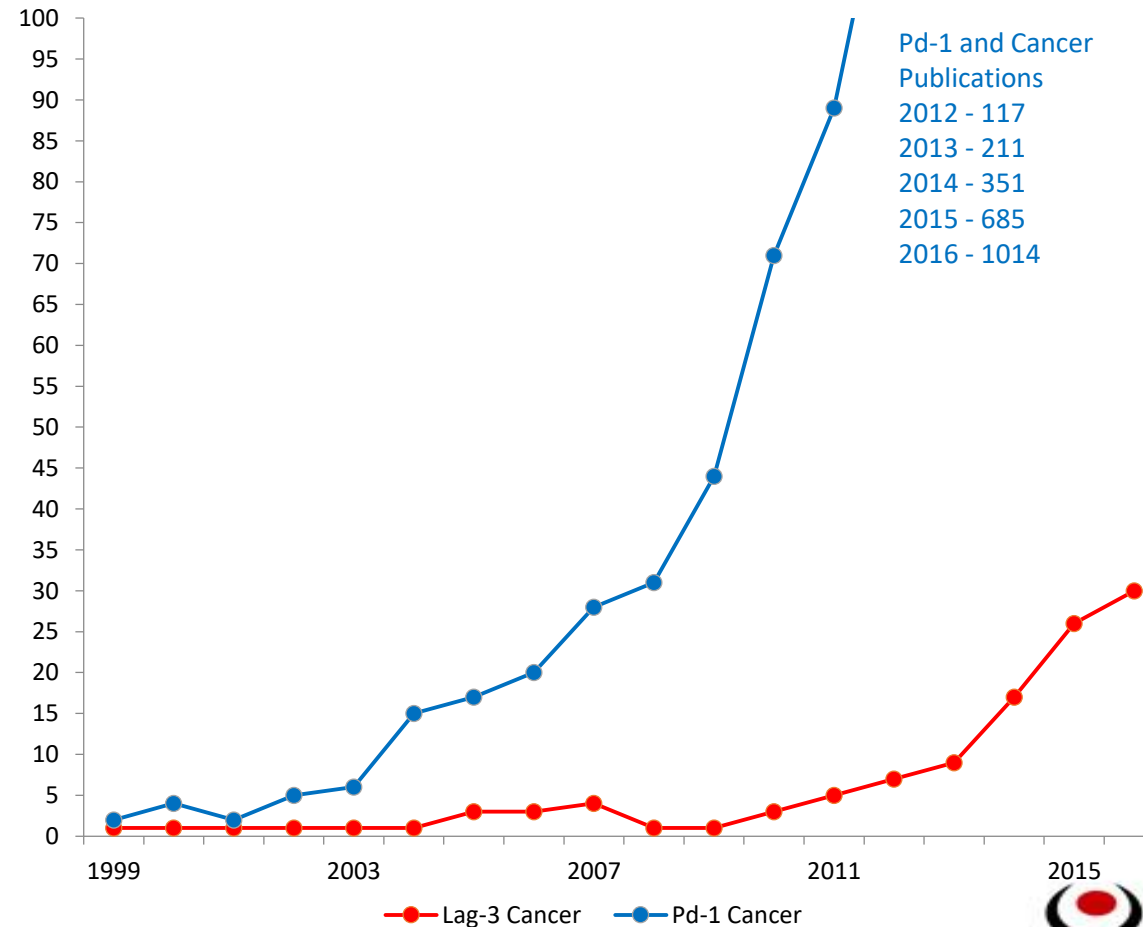


Targeting LAG-3 May Lead to Multiple Therapeutics in Numerous Indications



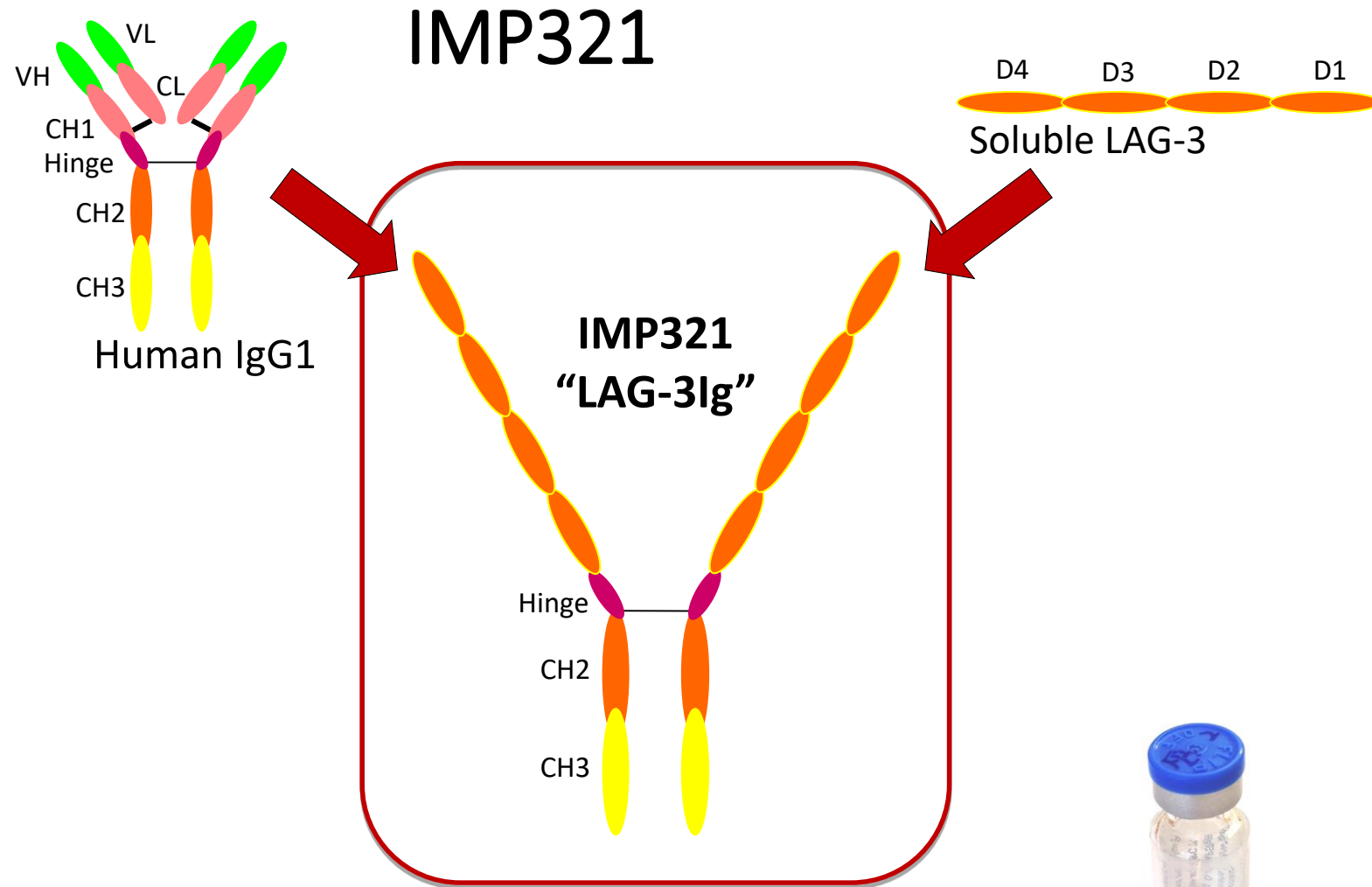
Growing Interest in LAG-3

- Overall understanding and appreciation of the importance of LAG-3's role in the immune system continues to grow
- Trajectory of the PubMed articles on „LAG-3 cancer“ is similar to that of „PD-1 cancer“



LEAD PRODUCT IMP321



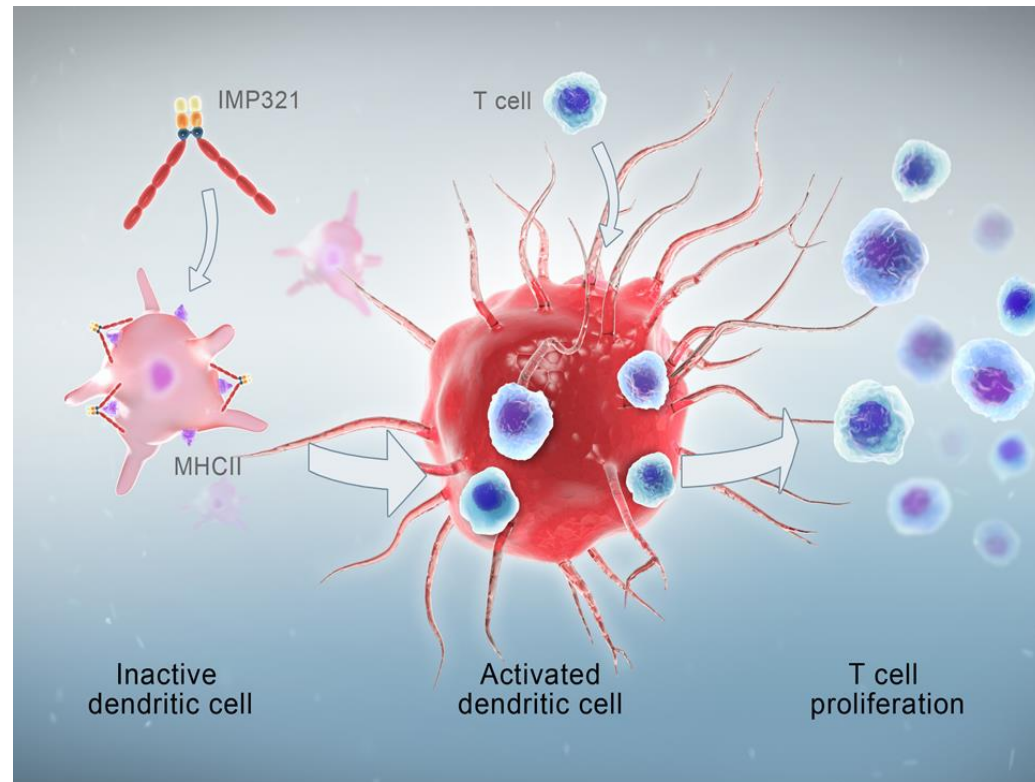


- **Soluble recombinant form of LAG-3**
- Human fusion protein
- Dimeric, very stable, high affinity for DC
- Antigen presenting cell (APC) activator
- **Unique and first-in-class**



IMP321

Soluble dimeric recombinant form of LAG-3Ig (fusion protein)



→ IMP321 binds to MHC class II on monocytes

→ DC/monocyte activation induced

→ Leads to T cell expansion and proliferation

- Highly efficacious in multiple animal models of cancer and infectious disease
- Shown to be safe, non-immunogenic and efficacious in humans

IMP321 – Potential Applications

Potential combination therapy strategies:

- **Chemo-immunotherapy** in various cancer indications
 - Combination therapy with active agents such as Taxanes (e.g. Paclitaxel), anthracyclines, alkylating agents, anti-metabolites, vincas...
- **I-O combination** in various cancer indications
 - With PD-1, PDL-1 or CTLA-4 antagonists...
- **Cancer vaccine**
 - To locally stimulate the immune system

Three groups of patients responding to anti-PD-1 (IFN- γ signature)

- A- Inflamed responders – respond to anti-PD-1
 - B- Inflamed non-responders (some infiltrates in the tumor margins but no response)
 - C- Non inflamed. “Cold tumor” with no response
-
- Optimal checkpoint combos will target groups B and C and help them:
 - Promote cross presentation of tumor antigens
 - Induce T cell recruitment into tumor microenvironment

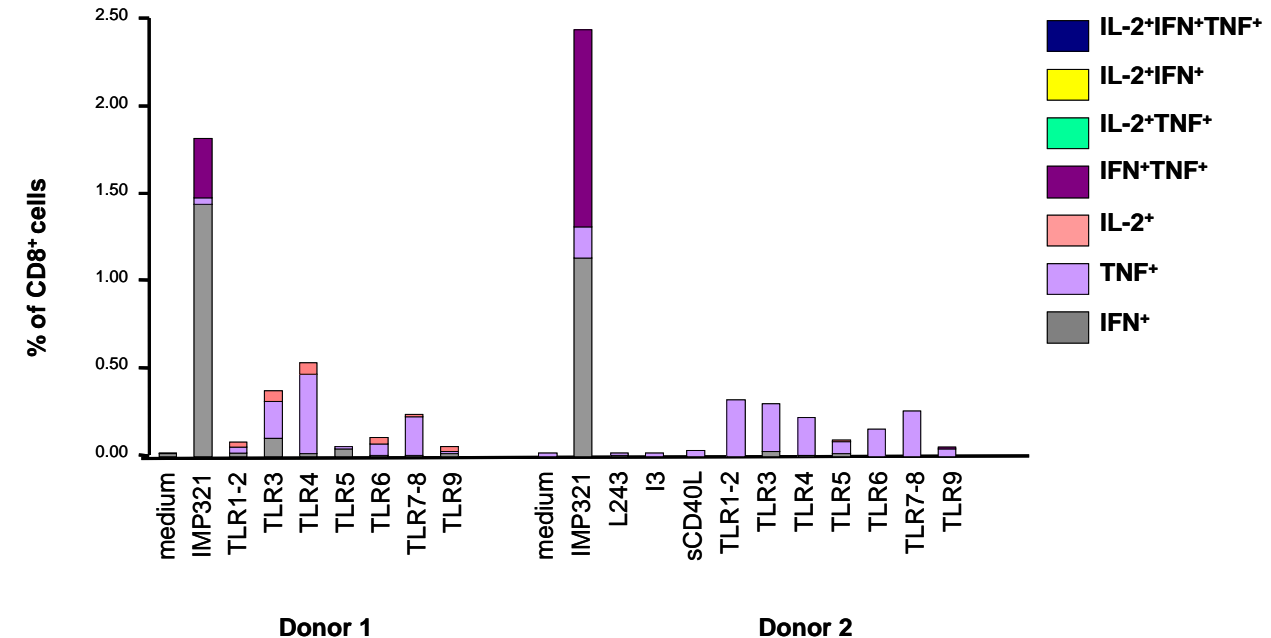
IMP321 induces a better Tc1 differentiation than sCD40L or TLR agonists

➤ Human blood lymphocytes are analyzed in a 16 hr *ex vivo* assay

➤ Intracellular staining of CD8 T cells

➤ Only IMP321 induces IFN⁺ CD8 T cell responses

➤ TLR agonists but not IMP321 induce IL-10 production which suppresses Tc1 differentiation

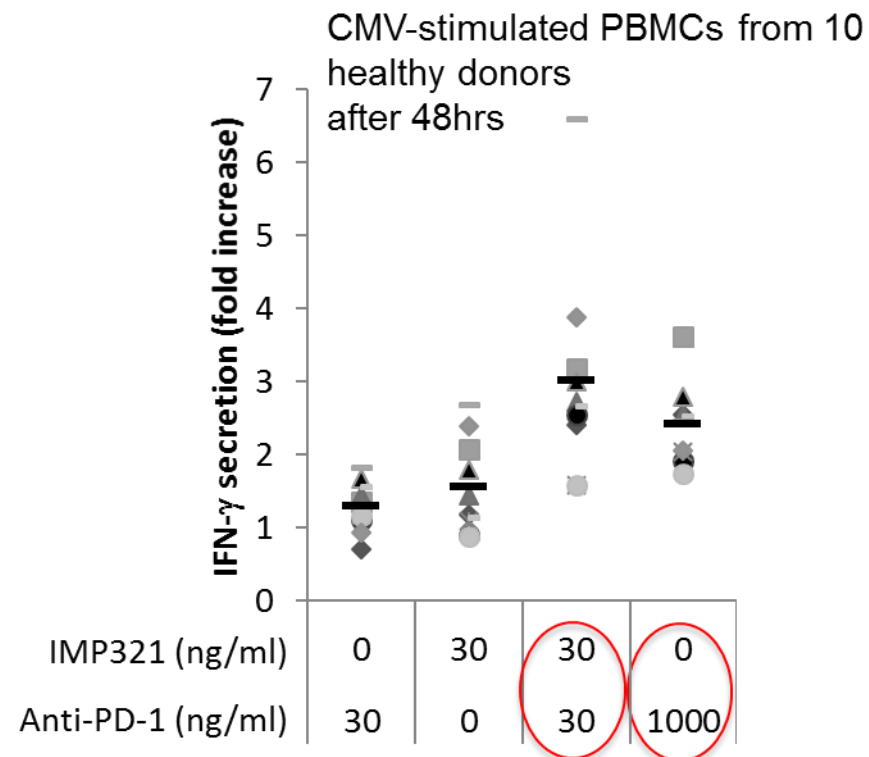


In vitro preclinical data supporting the combination

➤ Synergistic effect for the combination at low dose: 30 ng/ml IMP321 + 30 ng/ml anti-PD1 mAb

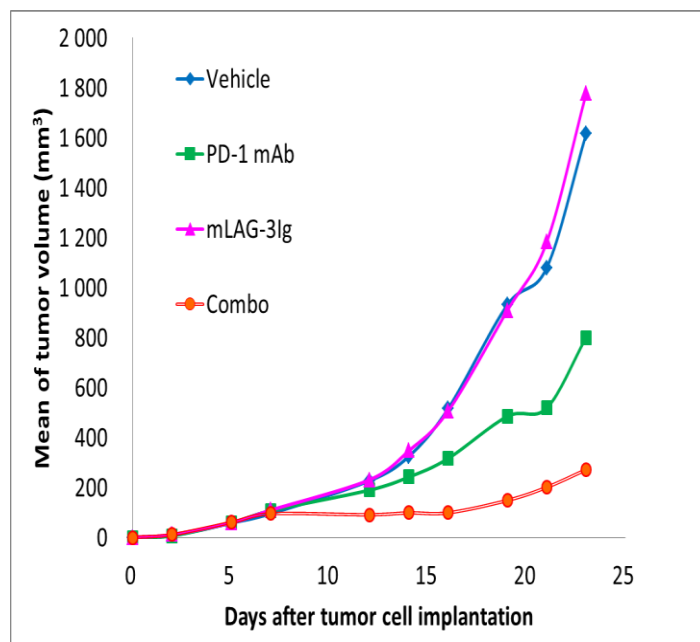
➤ A better IFN- γ inducing effect than the blocking anti-PD-1 mAb concentration (1,000 ng/ml)

➤ « Pushing the gas » (IMP321) and « releasing the brake » on CD8 T cell responses: a synergistic combination

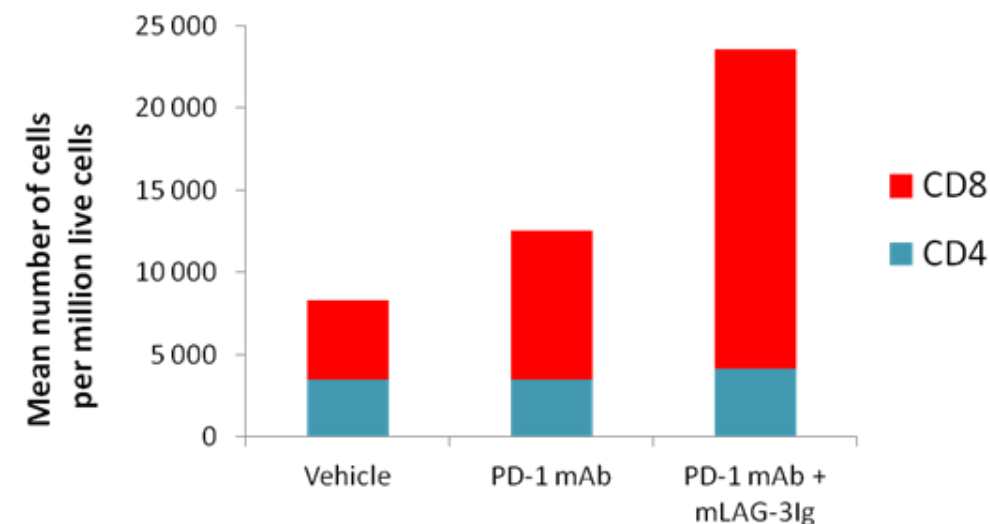


In vivo preclinical data supporting the combination

Anti-PD-1 (10 mg/kg) + mLAG-3Ig (1 mg/kg)
in a subcutaneous CT26wt colon cancer model



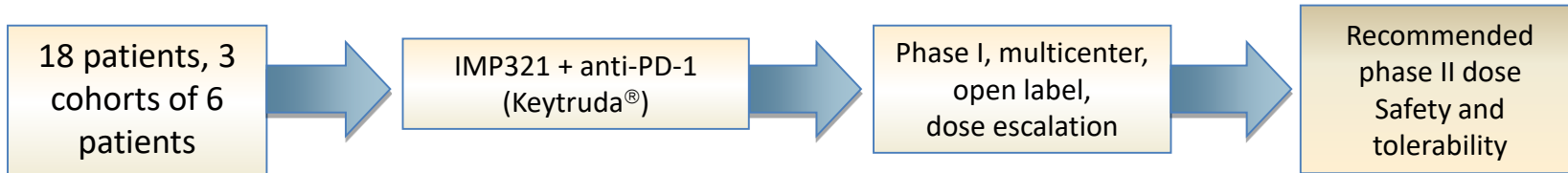
Increase in the number of TILs at day 10
in a subcutaneous CT26wt colon cancer model



IMP321 in Melanoma

TACTI-mel (I-O combination)

TACTI-mel trial: Two ACTive Immunotherapeutics in melanoma



Primary Objective	Recommended dose for phase II (RP2D) with IMP321 + pembrolizumab Safety + tolerability
Other Objectives	PK and PD of IMP321, response rate, time to next treatment, PFS
Patient Population	Unresectable or metastatic melanoma with asymptomatic or suboptimal response after 3 cycles of pembrolizumab
Treatment	3 cohorts: 1/6/30 mg IMP321; s.c. q2w + pembrolizumab; starting with the 5 th cycle of pembrolizumab

Status report

- Start of cohort 2 (6 mg) in Jan 2017
- Enrolment completion expected in Q3 2017



6 sites in Australia

Thank you



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