

A PD-L1-targeted Probody™ Therapeutic Provides Anti-Tumor Efficacy While Minimizing Induction of Systemic Autoimmunity in Preclinical Studies

Chihunt Wong, Li Mei, Kenneth R. Wong, Jennifer Razo, Chanty Chan, Elizabeth Menendez, Shouchun Liu, Olga Vasiljeva, Jennifer H. Richardson, James W. West, W. Michael Kavanaugh, Bryan A. Irving

CytomX Therapeutics, Inc., South San Francisco, CA

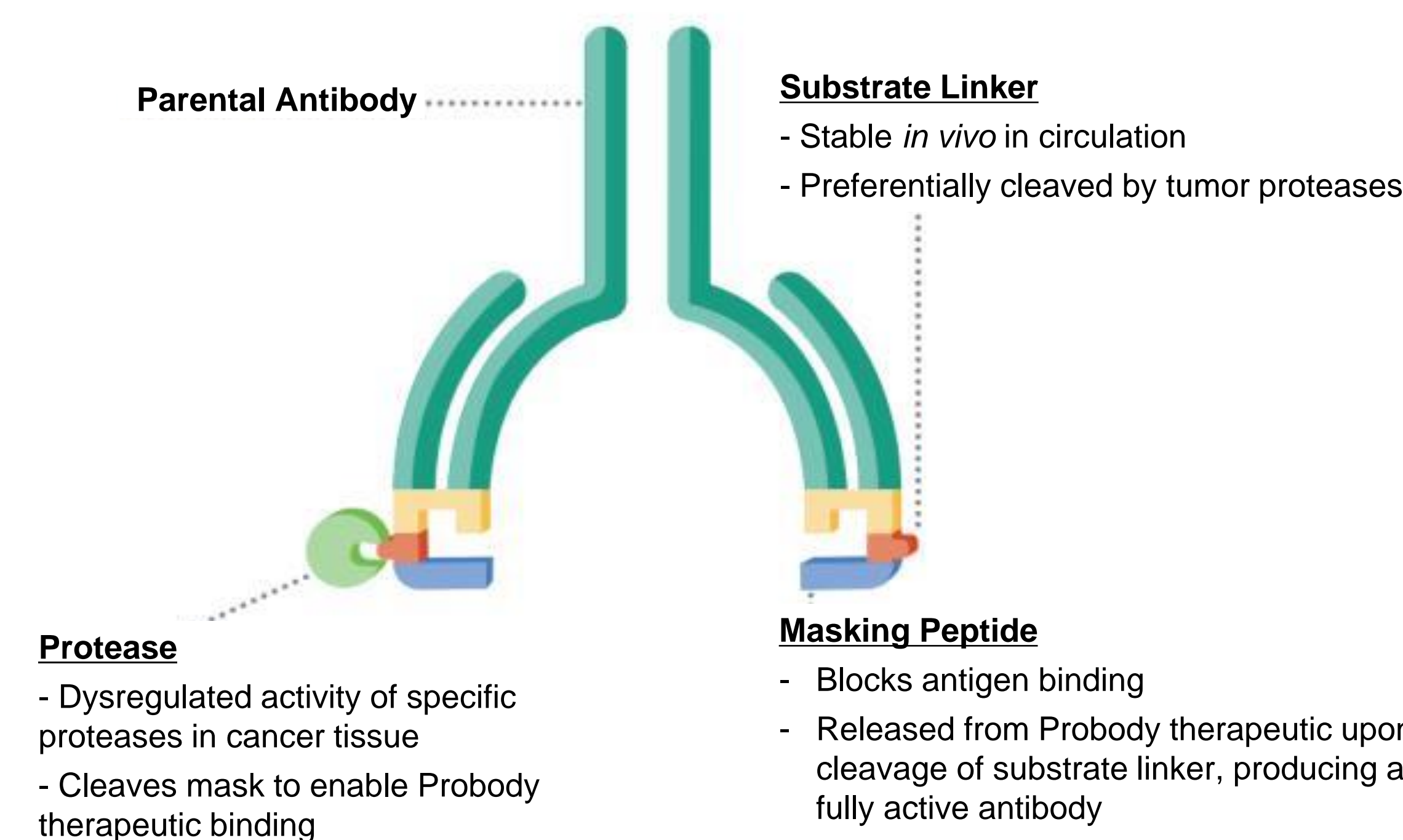
INTRODUCTION

Antibodies to T cell checkpoint molecules can unleash potent and durable anti-tumor immunity in many cancer types¹⁻³. However, because similar mechanisms control anti-tumor immunity and self-tolerance, they can also induce systemic autoimmunity. Combinations of checkpoint inhibitors greatly increase clinical responses, but similarly increase these toxicities, thereby limiting their clinical utility⁴⁻⁵. New approaches are therefore needed that provide anti-tumor activity without deregulating systemic immunity.

CytomX has developed a new class of antibodies called Probody Therapeutics that are recombinant, protease-activatable antibody prodrugs, designed to widen the therapeutic window by minimizing interaction with normal tissue and maximizing interaction with tumor tissue^{6,7}. Probody Therapeutics are “masked” to prevent binding to antigen in healthy tissue, but can become “unmasked” in the tumor microenvironment by tumor-specific protease activity.

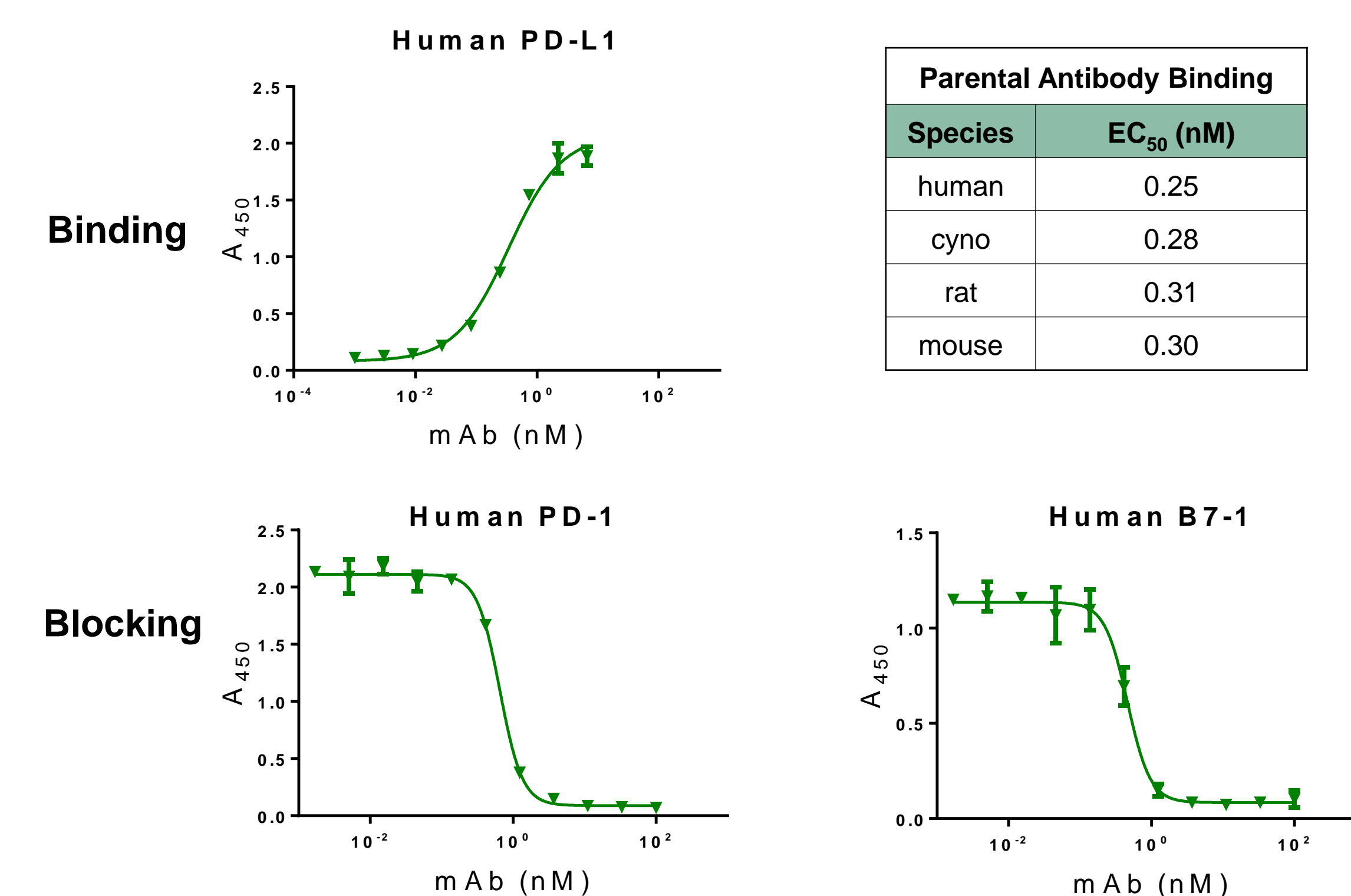
Here we demonstrate the ability of a Probody therapeutic (Pb-Tx) targeting PD-L1, to provide equivalent anti-tumor activity in mice to that of its parental antibody, while minimizing induction of systemic autoimmunity in preclinical studies. By localizing its activity to the tumor microenvironment, the PD-L1 Pb-Tx is expected to expand clinical opportunities for targeting the PD-1/PD-L1 pathway in combination therapies.

Probody Therapeutics are Protease Activated Antibody Pro-Drugs



RESULTS AND DISCUSSION

Figure 1: CytomX Anti-PD-L1 Antibody is a Cross-reactive, Blocking Antibody



CytomX-developed anti-PD-L1 antibody:
 • Phage-derived, fully human antibody
 • High affinity binding to mouse, rat, cyno and human PD-L1 (ELISA)
 • Blocks PD-L1 interactions with both PD-1 and B7.1 (ELISA)

Figure 2: Parental anti-PD-L1 Antibody Enhances Antigen-specific T cell Responses and Shows Efficacy in the MC38 Mouse Tumor Model

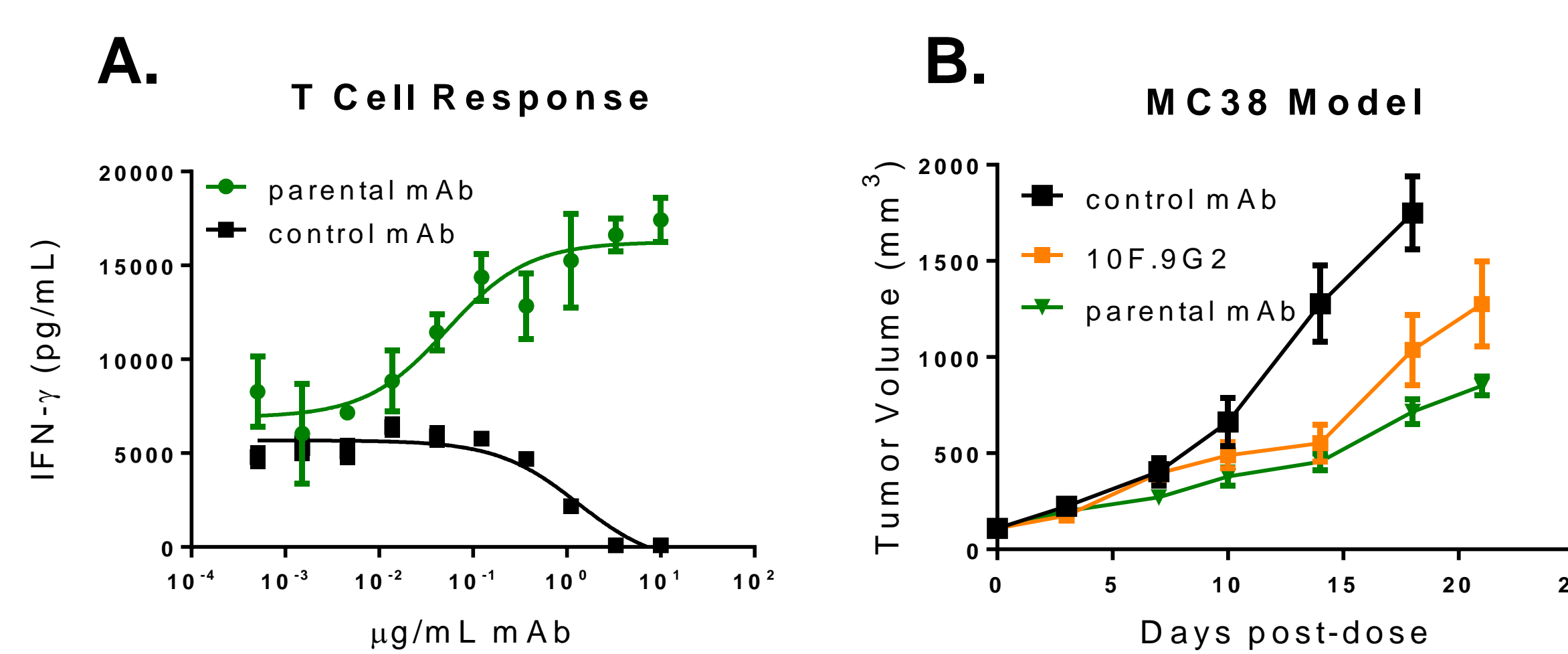
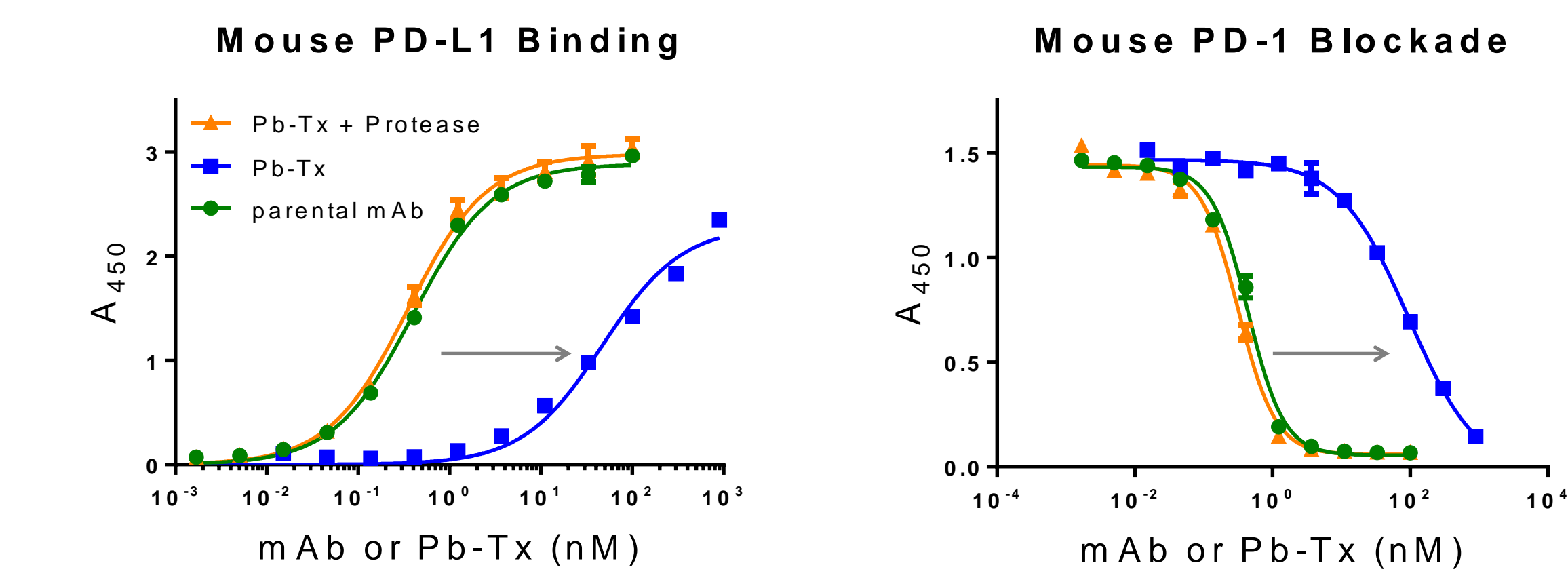


Figure 2A: Anti-PD-L1 antibody enhances IFN- γ production in a CMV⁺ T cell restimulation assay. CMV⁺ human PBMCs were plated at 350,000 cells/well and stimulated with 4 μ g/mL CMV lysate for 4 days. IFN- γ was measured by ELISA

Figure 2B: Anti-PD-L1 antibody* achieves similar tumor growth inhibition of established MC38 tumors as a reference anti-PD-L1 antibody 10F.9G2⁹. (n=10/group, when tumors reached ~100 mm³ - dosed at 10 mg/kg, t.i.w. x 2 weeks)

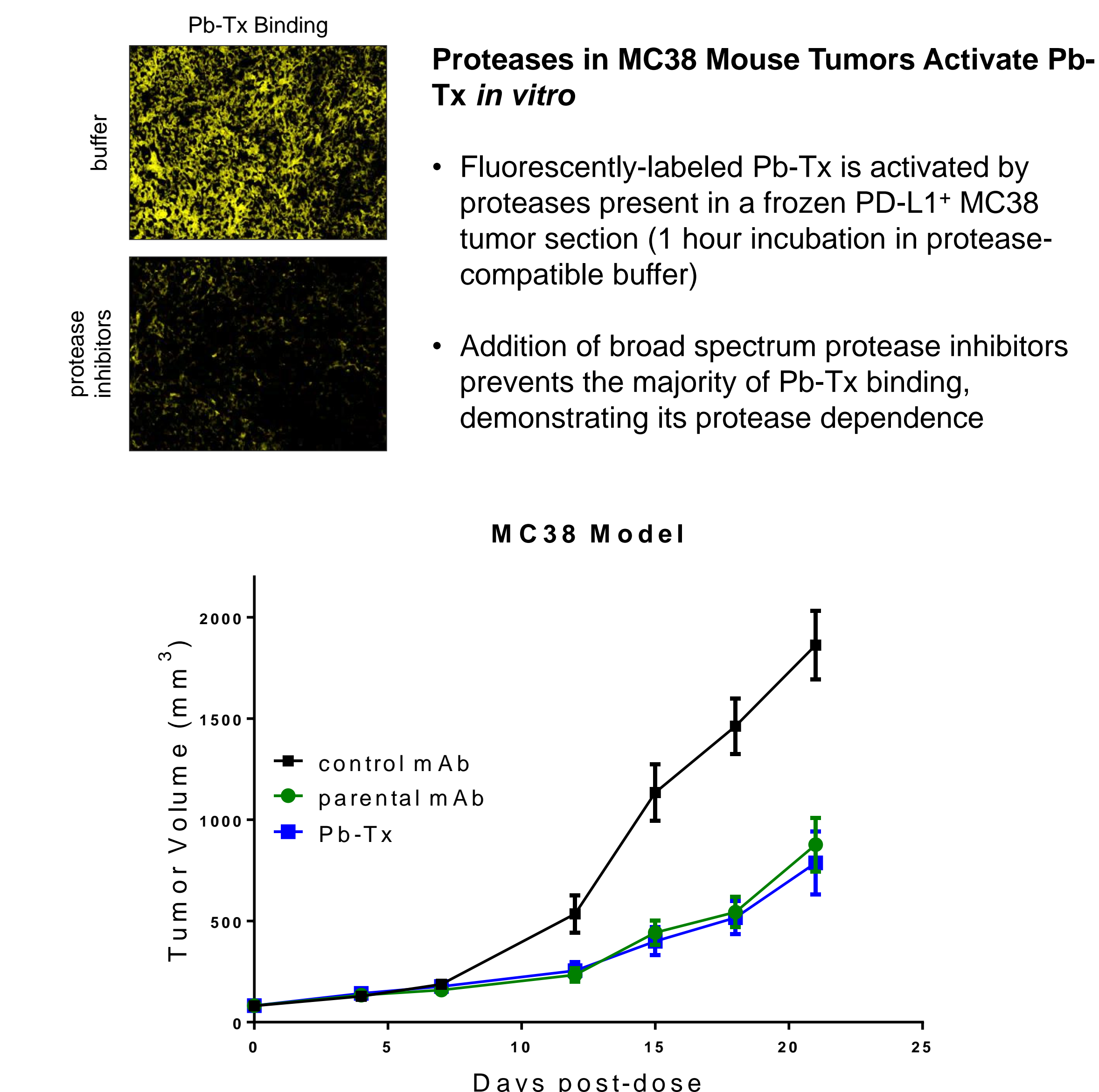
* all murine studies used human/mIgG2a chimera

Figure 3: PD-L1 Probody Tx Exhibits Protease-dependent Binding and Blocking Activity *in vitro*



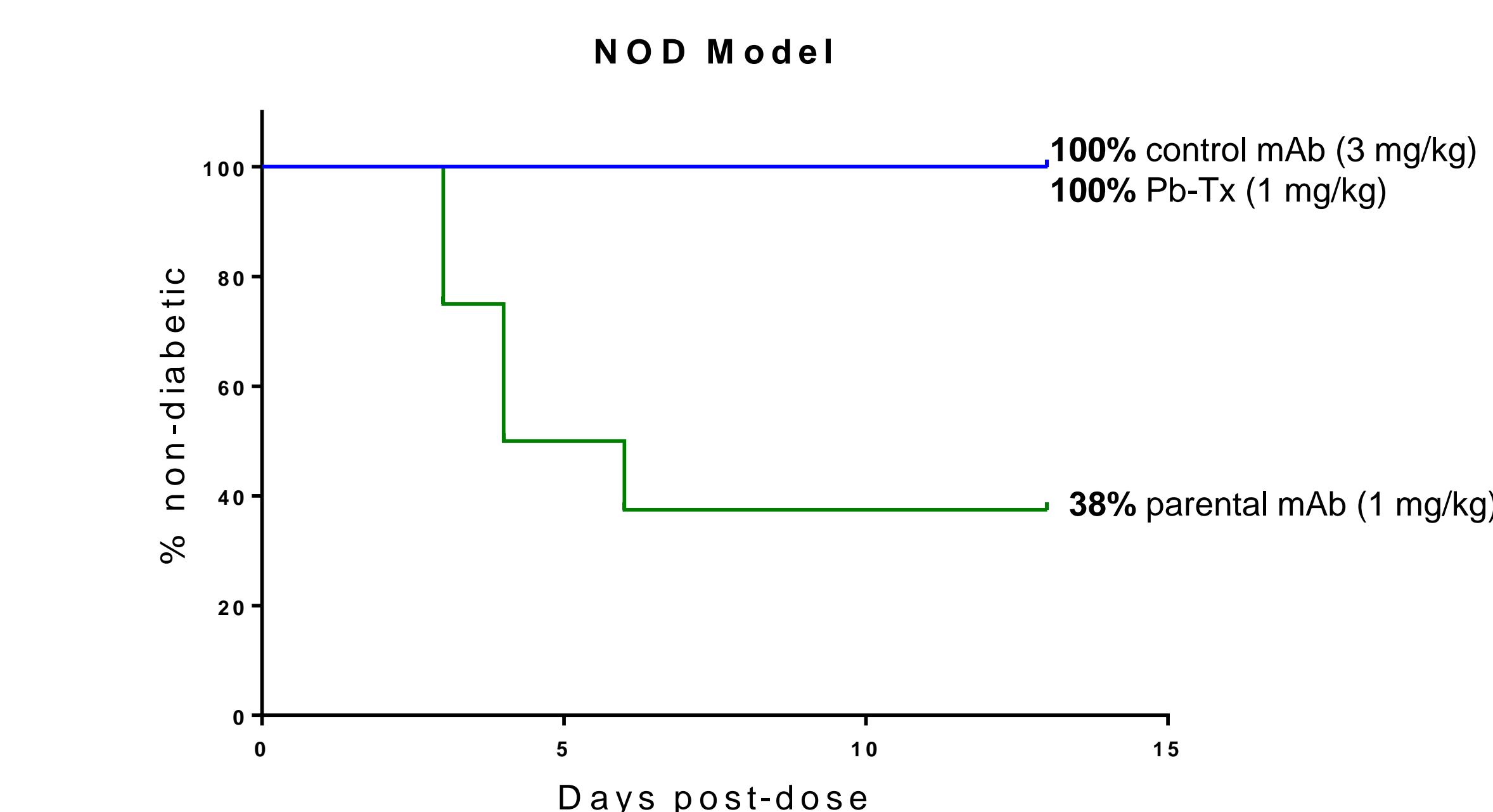
• Pb-Tx (blue line) demonstrates higher EC₅₀s for PD-L1 binding and PD-1 blocking relative to the parental antibody (green line) as measured by ELISA
 • Activation of Pb-Tx by matriptase cleavage of its linker (orange line) fully restores binding and blocking to that of the parental antibody

Figure 4: Anti-PD-L1 Antibody and Probody Tx Provide Comparable Tumor Efficacy in MC38 model



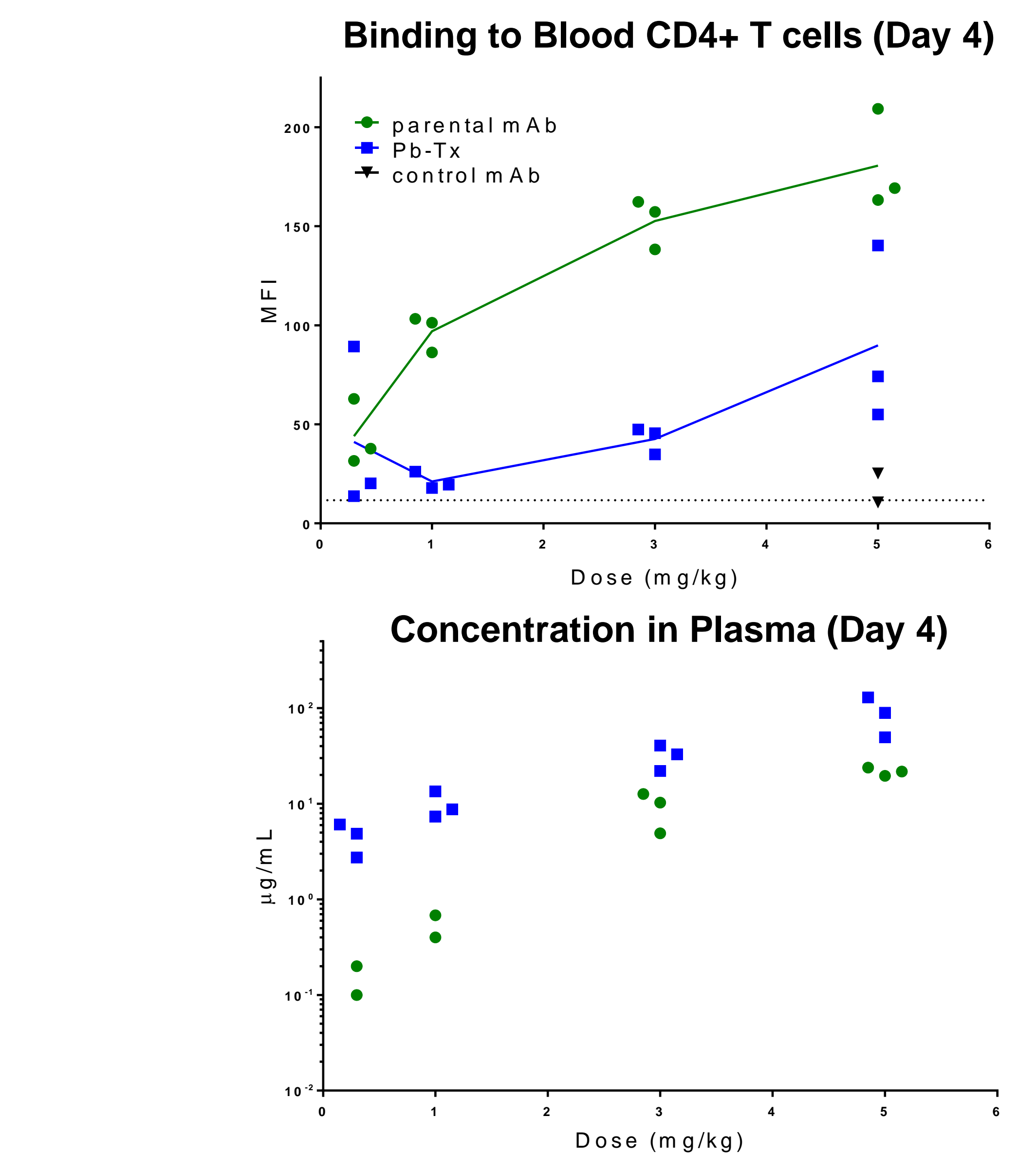
Comparable anti-tumor activity of antibody and Pb-Tx
 • Antibody and Pb-Tx were dosed at 5 mg/kg, b.i.w. x 3 weeks in mice bearing MC38 tumors of ~80mm³. (n=9/group). *p* < 0.05 for both parental mAb and Pb-Tx vs control at day 18 (one way ANOVA)

Figure 5: Pb-Tx Protects from Induction of Diabetes in NOD Mice



• A single 1 mg/kg dose of the anti-PD-L1 antibody induced diabetes in 5/8 non-obese diabetic (NOD) mice (green)
 • Mice treated with a comparable dose of Pb-Tx remained disease free (blue)
 • A single 3 mg/kg dose of the Pb-Tx induced only a moderate incidence of diabetes (2/8 mice), providing >3-fold safety margin relative to its parental antibody. (n=8/group)

Figure 6: Probody Tx Demonstrates Reduced Peripheral PD-L1 Binding in Tumor-Bearing Mice



• Reduced binding of Pb-Tx to blood T cells from tumor-bearing mice is observed relative to binding of the parental antibody at all doses, despite its higher plasma concentrations
 • Data demonstrate that the presence of tumor-derived proteases capable of cleaving the Pb-Tx does not lead to high levels of activated Pb-Tx in blood
 • Method: Mice bearing MC38 tumors between 100-200mm³ were treated with a single dose of test article as indicated above and blood analyzed for surface bound antibody by flow cytometry 4 days after dosing. Plasma concentrations of test articles were determined by ELISA.

SUMMARY/CONCLUSIONS

Preclinical results demonstrate equivalent efficacy with an improved safety profile and provide validation of the Probody concept for a T cell checkpoint target

- CytomX-derived, high affinity anti-PD-L1 antibody blocks PD-L1 interactions with both PD-1 and B7-1 *in vitro*
- PD-L1 Pb-Tx demonstrated reduced PD-L1 binding and blocking relative to its parental antibody – activity was fully restored upon cleavage of its linker by tumor-associated proteases
- Pb-Tx administered systemically to mice bearing MC38 tumors induced comparable anti-tumor responses to those of the parental antibody at the same dose
- In contrast, Pb-Tx provided protection from induction of autoimmune diabetes in NOD mice at doses sufficient to induce maximal diabetes with the parental antibody
- PD-L1 occupancy by the Pb-Tx on blood T cells was reduced compared to that of the parental antibody in tumor-bearing mice, consistent with its ability to reduce the incidence of diabetes
- Based on these data, clinical development of a PD-L1-targeted Probody Therapeutic is warranted

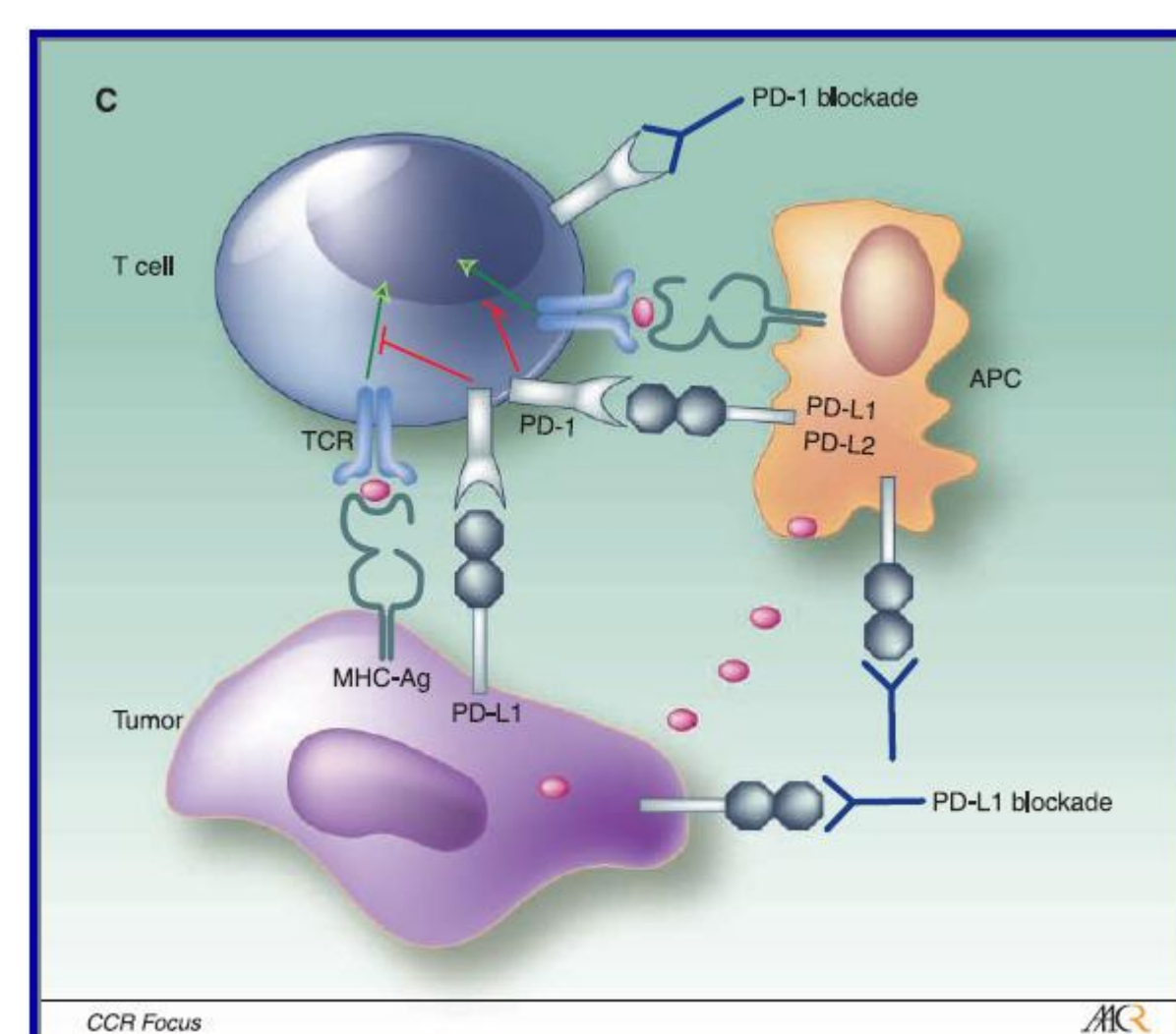
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PD-1 Pathway Inhibitors: Broad Anti-tumor Activity, but Toxicities Can Limit Combinations



- PD-L1 negatively regulates T cell function via its interaction with PD-1, an inhibitory receptor expressed on activated T cells⁸
- Blockade of PD-L1 or PD-1 can relieve T cell suppression and enable potent and durable anti-tumor immunity in different cancer types^{2,3}
- Combination checkpoint therapies can increase clinical response, but can also enhance systemic autoimmune side effects, causing some patients to discontinue treatment⁴⁻⁵

Probody Therapeutics are Designed to Bind Target in Tumors But Not Healthy Tissue



- The antigen-binding site of a Probody therapeutic is blocked by a masking peptide that extends from the amino terminus of the light chain
- The peptide mask, joined to the antibody by a protease-cleavable linker, can be removed by proteases that are active primarily in the tumor microenvironment

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