

3rd Meeting on T-Cell and NK-Cell Based Immunotherapies for Hematologic Malignancies, September 13-14, 2024

Bispecifics Resistance and Combinations in B-Cell non-Hodgkin Lymphoma

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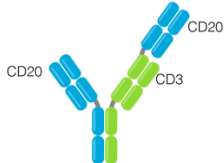


Disclosures

- **Research funding:** Roche, Genentech, Genmab, AbbVie, Innate Pharma
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- **Travel:** Genmab, AbbVie

Agenda

- Overview of CD20xCD3 bispecific antibodies (BsAb) and mechanisms of resistance (MoR)
- Individual MoR and strategies to overcome:
 - Antigen loss
 - T-cell dependent mechanisms
 - Other

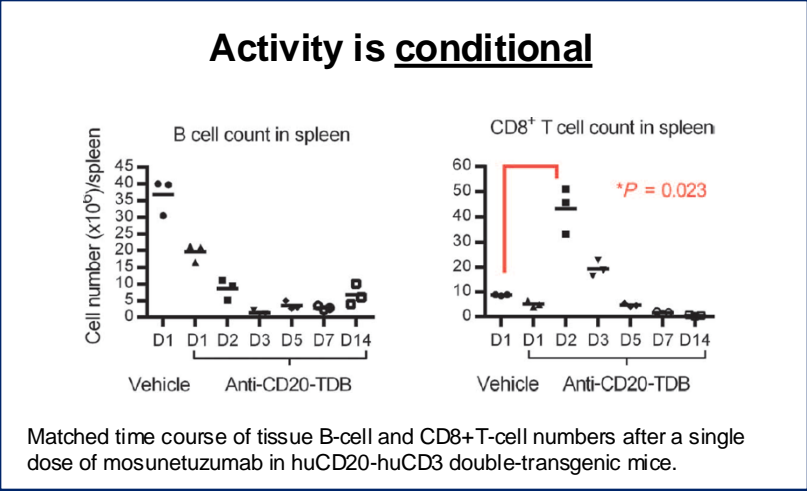
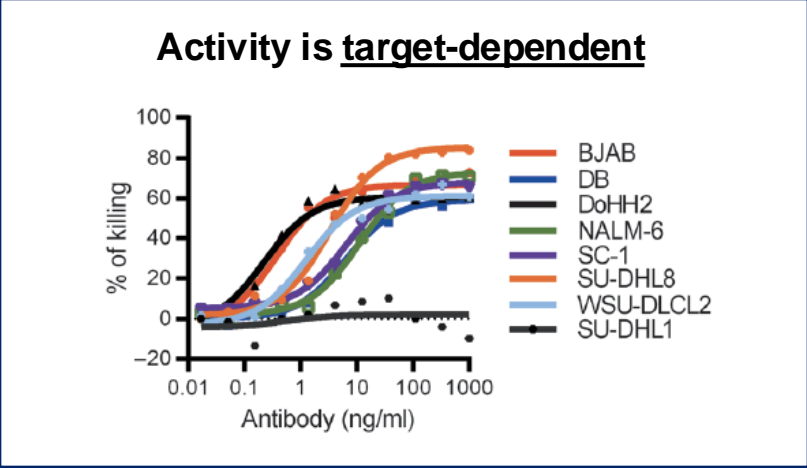
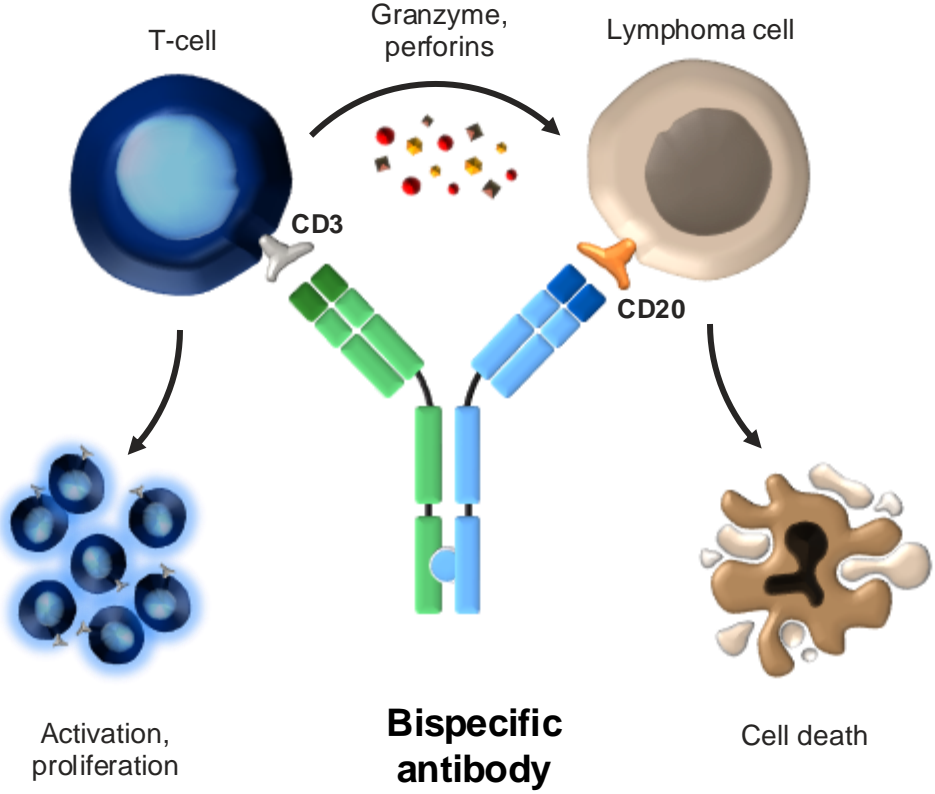
Overview of CD20xCD3 bispecific antibodies

Product name	Schematic depiction	Format	Technology	CD20:CD3 ratio	Approved indication(s)*	ORR (CR) , %	PFS (months)
Mosunetuzumab		IgG1	Knobs-into-holes (different Fabs)	1:1	R/R FL	80 (60)	17.9
Glofitamab		IgG1	Head-to-tail fusion	2:1	R/R DLBCL	52 (39)	4.9
Epcoritamab		IgG1	Controlled Fab-arm exchange	1:1	R/R DLBCL R/R FL	63 (39) 82 (62)	4.4 15.4
Odronextamab		IgG4	Heavy chains with different affinity	1:1	R/R DLBCL R/R FL	52 (31) 80 (73)	not rep 20.7

* Variably approved by the U.S. FDA, EMA and other regulatory agencies

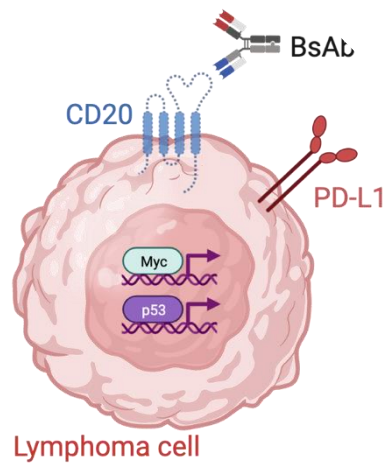
Falchi L et al. *Blood*. 2023;141(5):467-480; Budde LE et al. *Lancet Oncol*. 2022;23(8):1055-1065; Dickinson MJ et al. *N Engl J Med*. 2022;387(24):2220-2231; Thieblemont C et al. *J Clin Oncol* 2023;41:2238-2247(2023); Linton K et al. *Lancet Haematol* 2024;11(8):e593-e605; Kim TE et al. *Ann Oncol* 2024 (ahead of print); Ayyappan S et al. *Blood* 2023; 142 (s1): 436.

Basic mechanism of action of bispecific antibodies

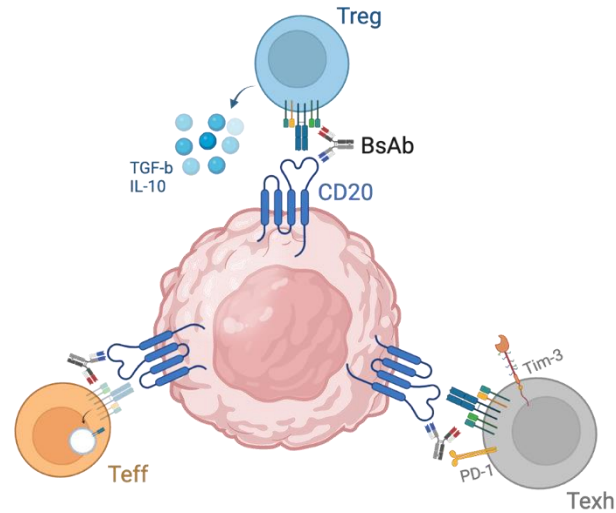


Overcoming resistance to CD20xCD3 bispecific antibodies

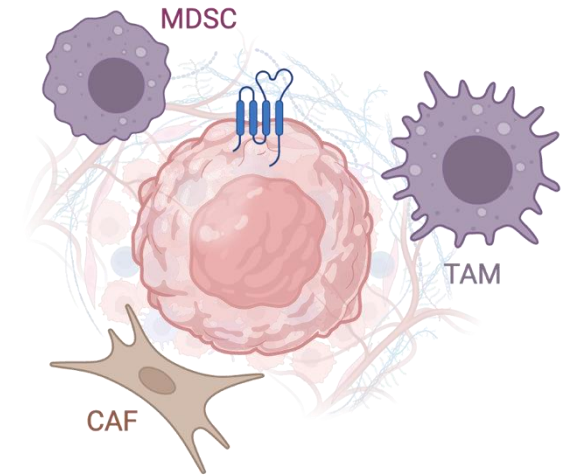
Tumor-intrinsic



T-cell-intrinsic



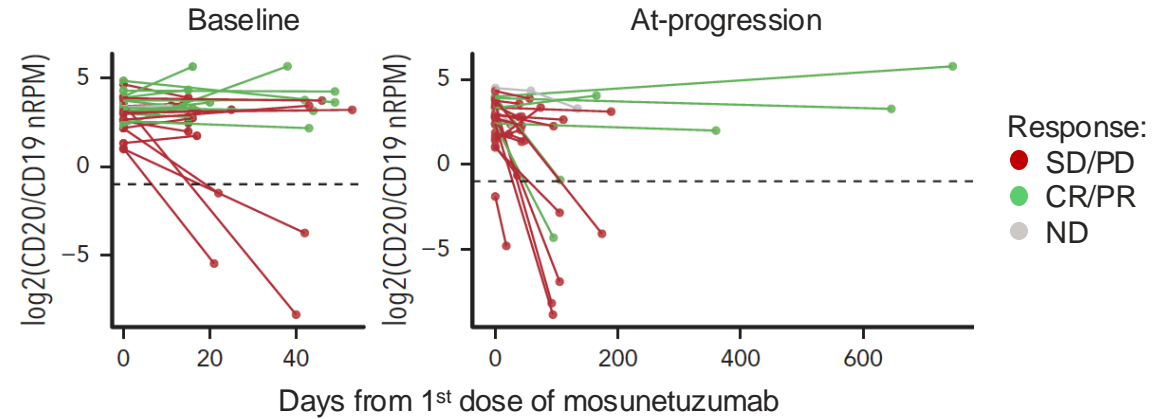
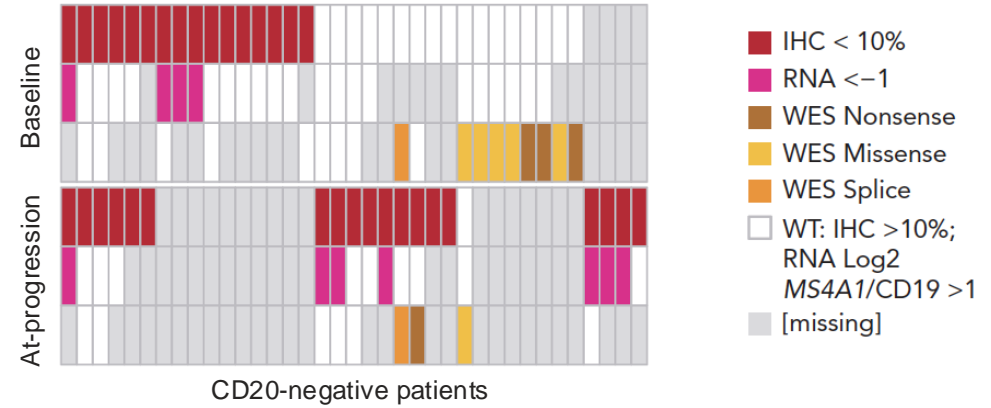
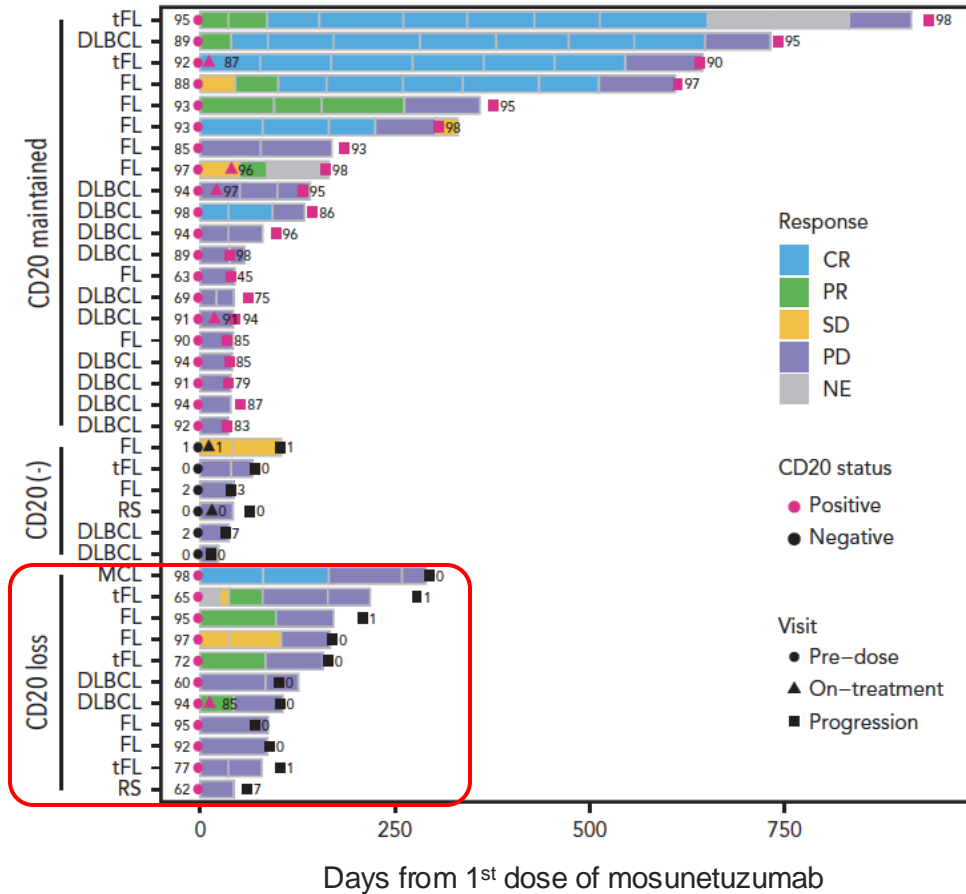
Tumor- and T-cell-extrinsic



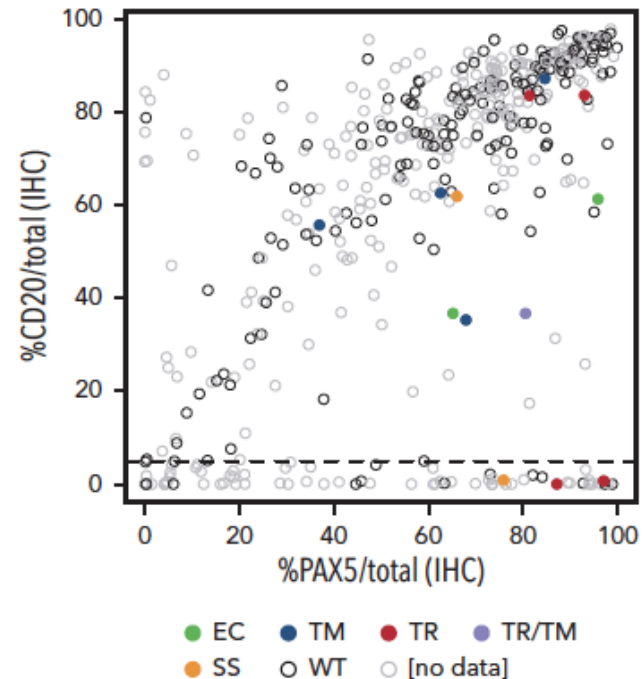
Mechanism of resistance #1
Antigen (CD20) loss



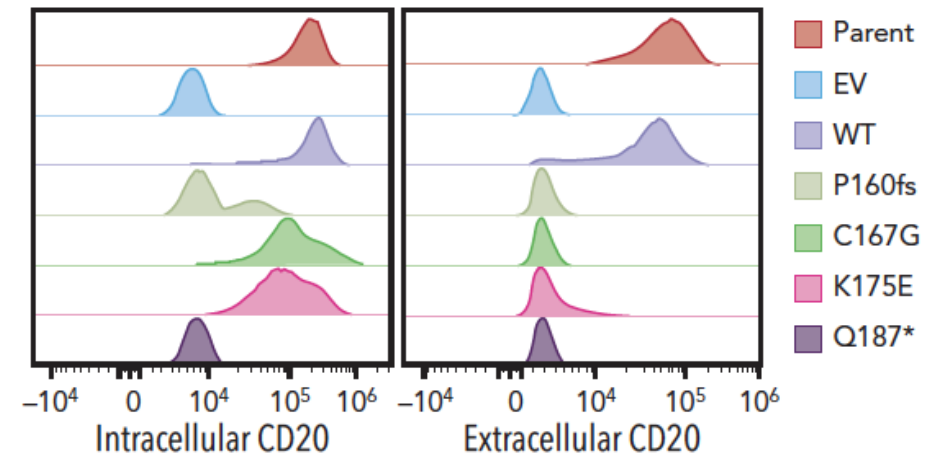
Mosunetuzumab in R/R FL: CD20 loss is frequent and associated with progressive disease



Post-mosunetuzumab CD20 loss is only partly explained by *MS4A1* mutations



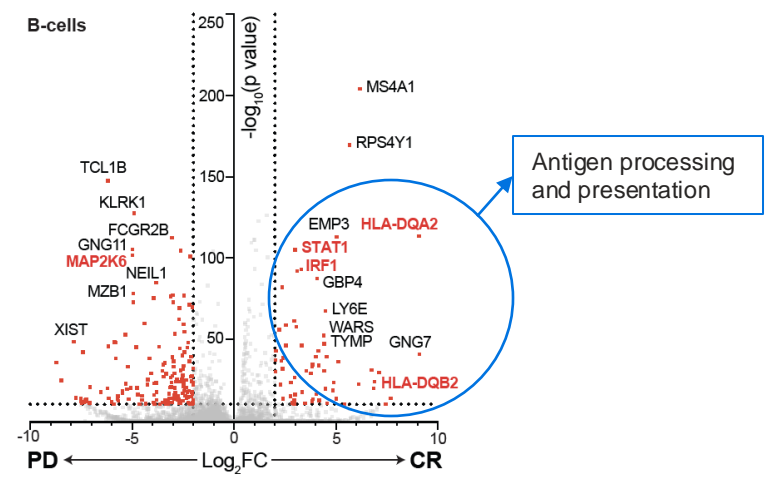
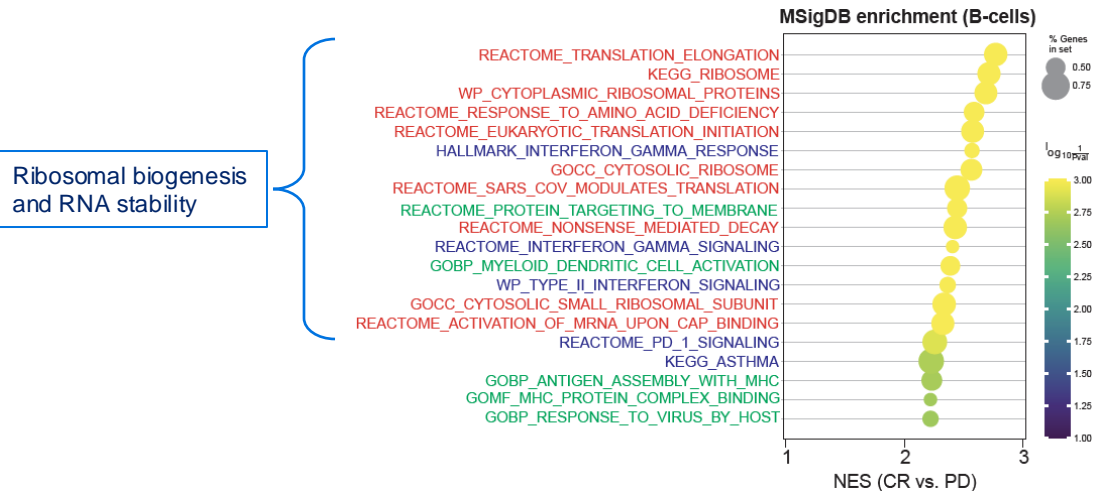
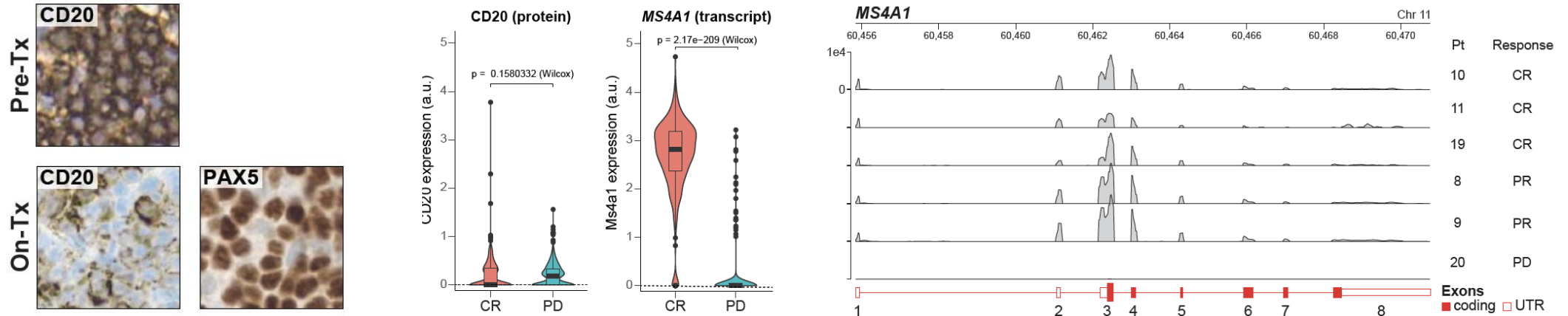
MS4A1 mutations were pre-existent in 10/154 patients with CD20 expressed by IHC in all cases



Detection of CD20 by flow cytometry in SU-DHL-16–engineered cell lines.

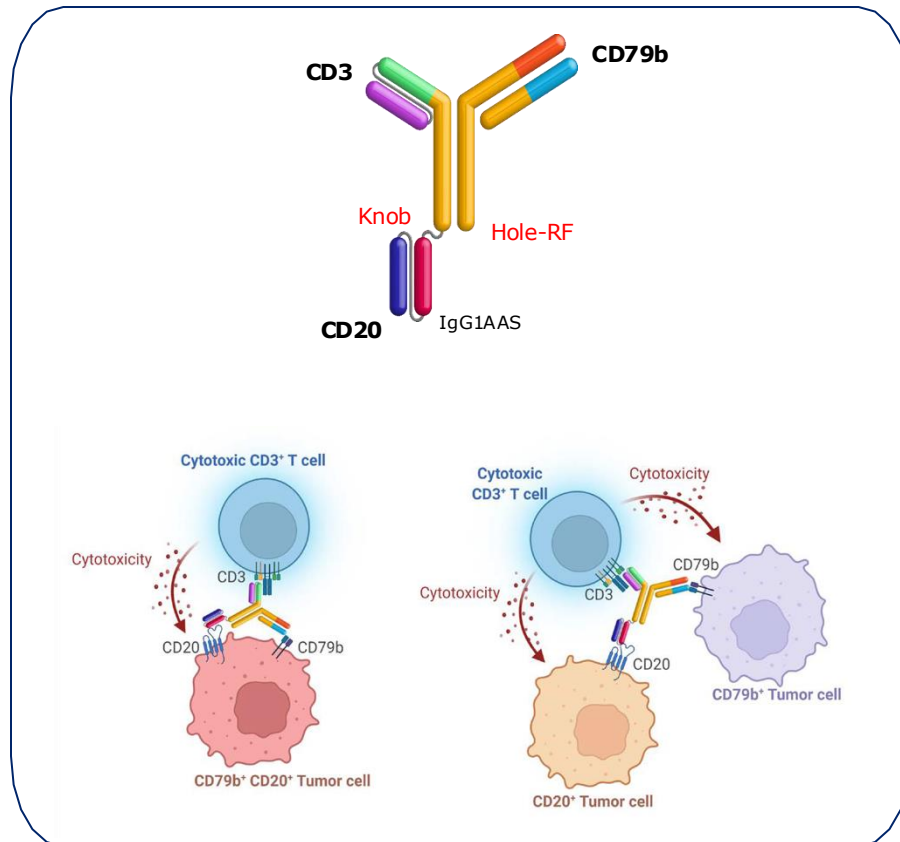
- Intracellular expression detected after permeabilization using anti-CD20 antibody targeting the C terminus (H-1, BD-561174),
- Extracellular expression detected using anti-CD20 antibody targeting ECL2 (2H7, BD-555623)

CD20 loss in patients with B-NHL treated with epcoritamab may be explained by post-transcriptional modifications of *MS4A1* and mechanisms differ in CR vs. PD

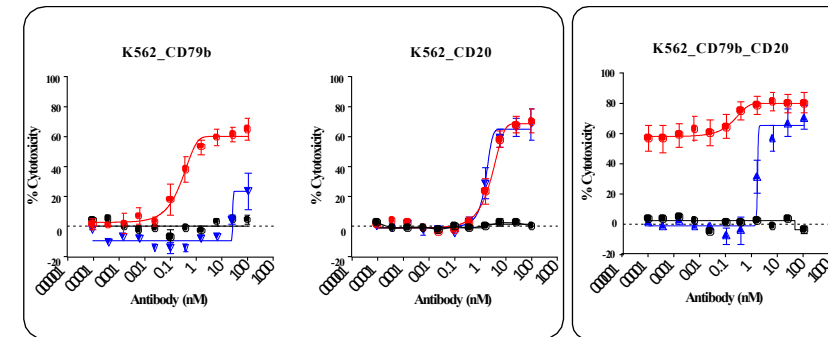


Working around CD20 loss: JNJ-80948543 (CD79b \times CD20 \times CD3) trispecific Ab

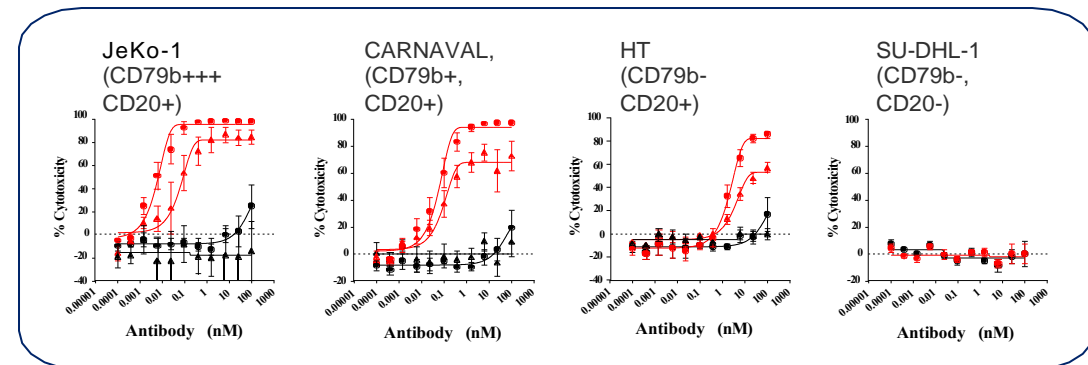
JN80948543: Structure and MoA



Broader antigen targeting (T-cells from healthy donors)



Effect on Tumor Cells Expressing CD79b and/or CD20



T-cell Redirection Assays; E:T ratio 5:1

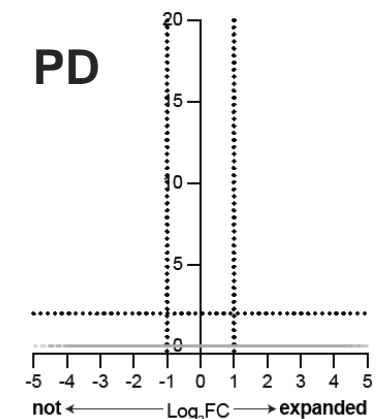
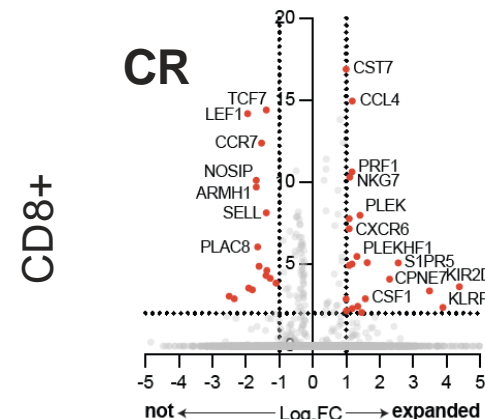
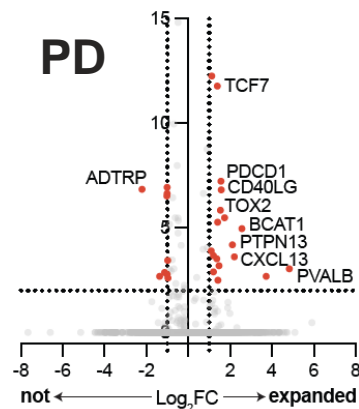
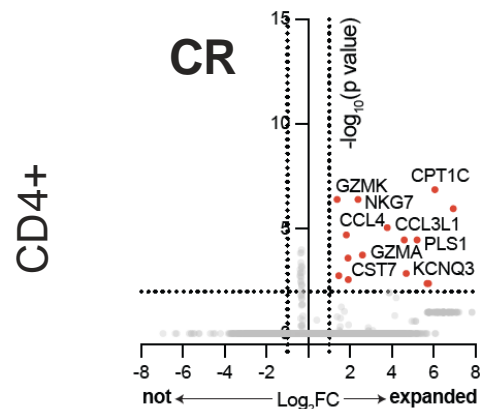
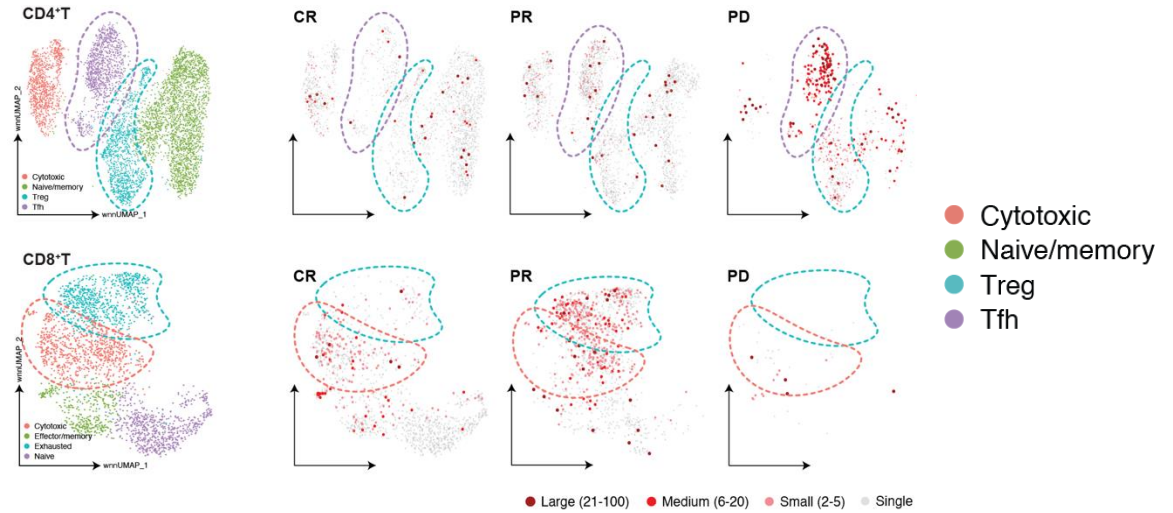
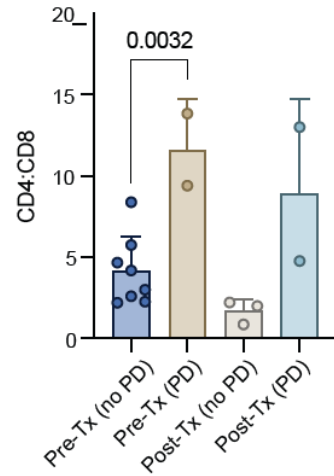
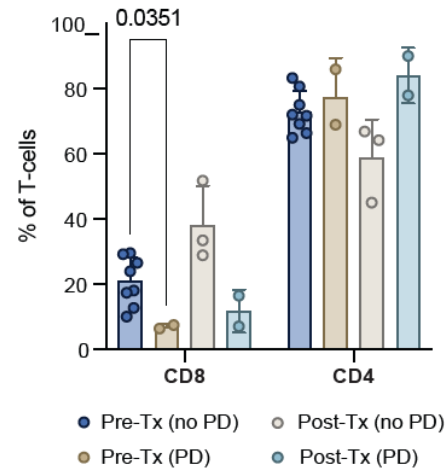
Note: No clinical data released to date.

Mechanism of resistance #2

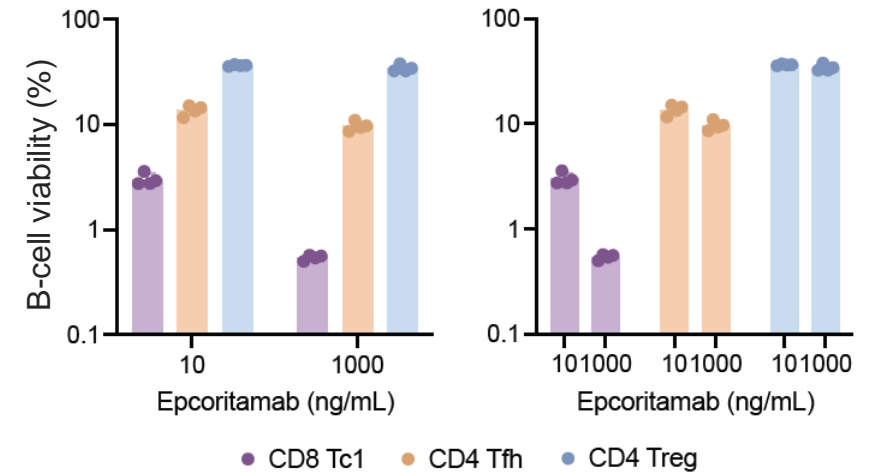
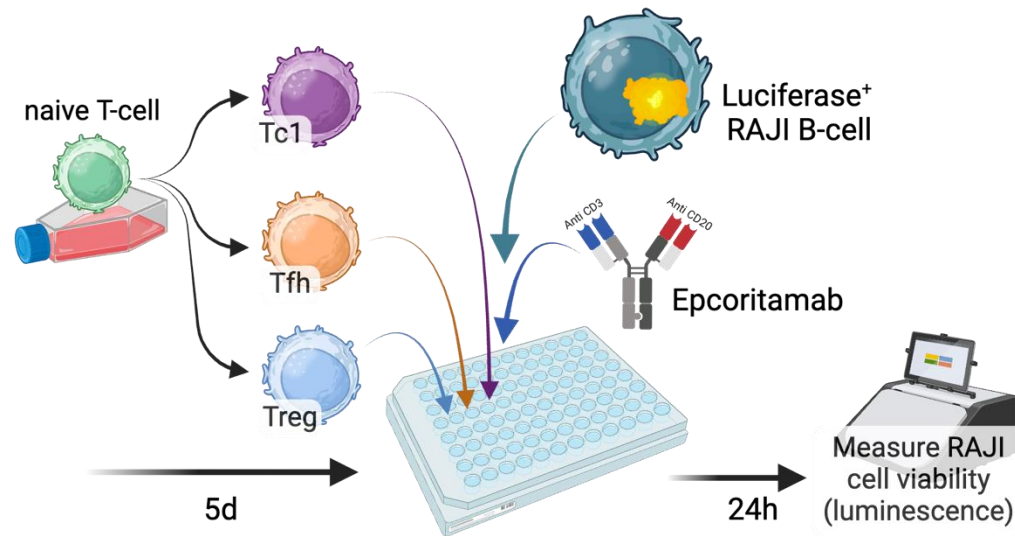
Qualitative and quantitative T-cell changes



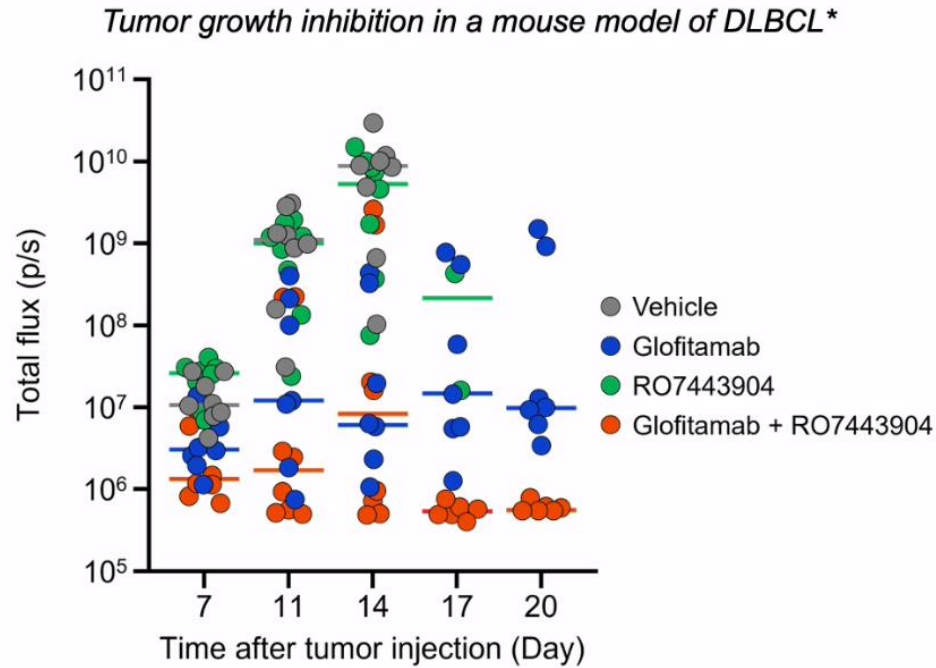
On-treatment changes in T-cell subsets govern responses in patients with B-NHL treated with epcoritamab



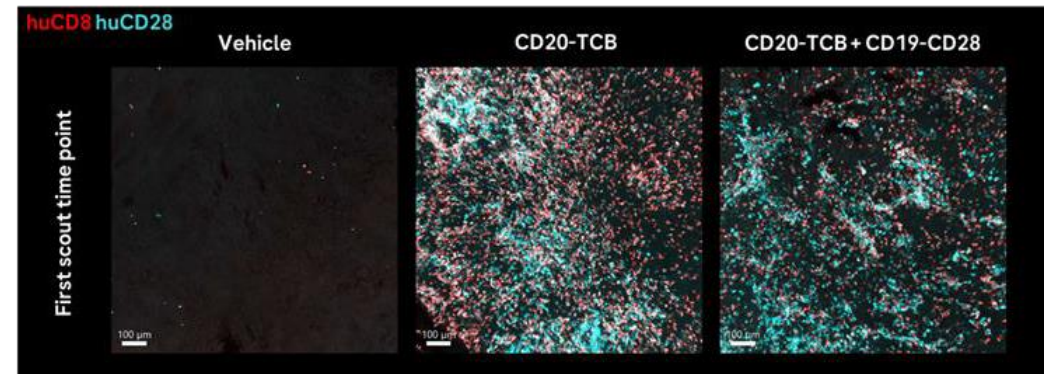
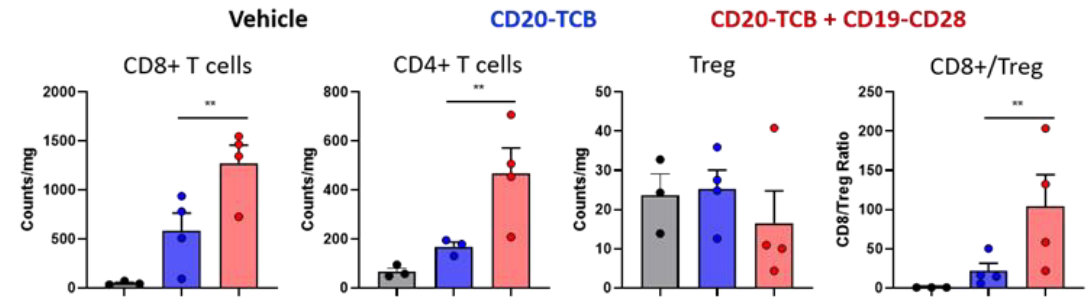
CD8+ cytotoxic T-cells specifically mediate epcoritamab-induced cell killing



Restoring T-cell dysfunction: glofitamab + RO7443904 (CD19xCD28 co-stimulatory Ab)

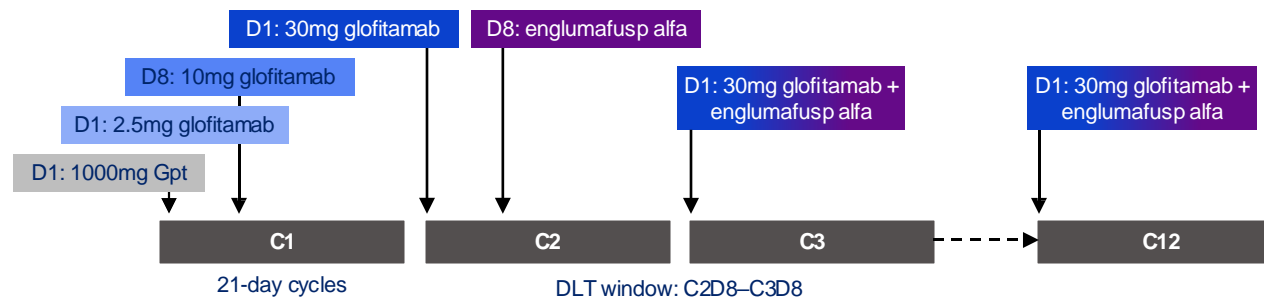
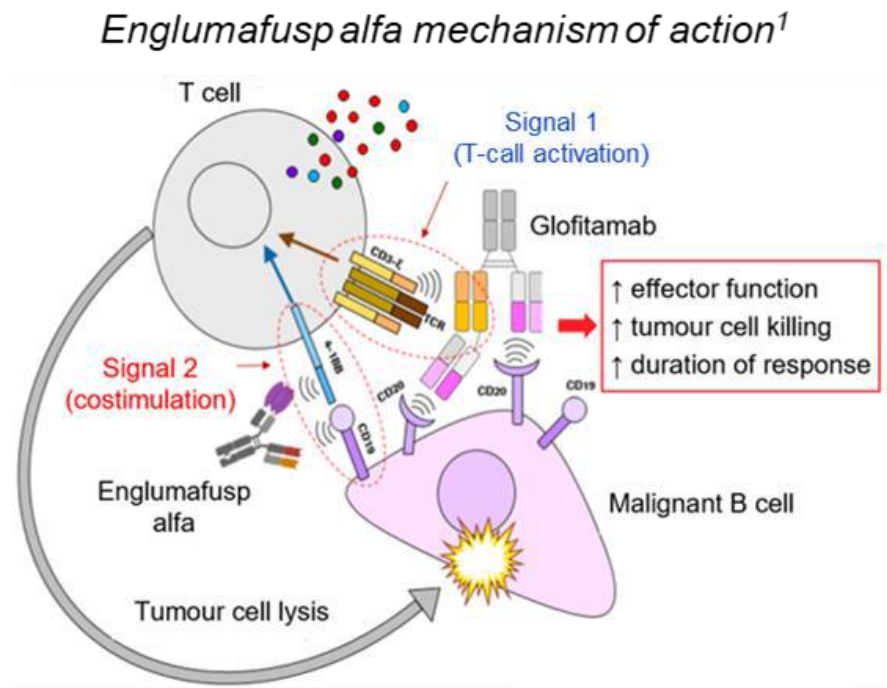


Humanized NSG mice (7-8mice/group) implanted with WSU-DLCL2 Fluc lymphoma cells i.v. and treated once weekly i.v. with glofitamab (0.15mg/kg) or CD19-CD28 (1mg/kg) in monotherapy or with the combination starting on day 3. Tumor growth was recorded with BLI measurement.



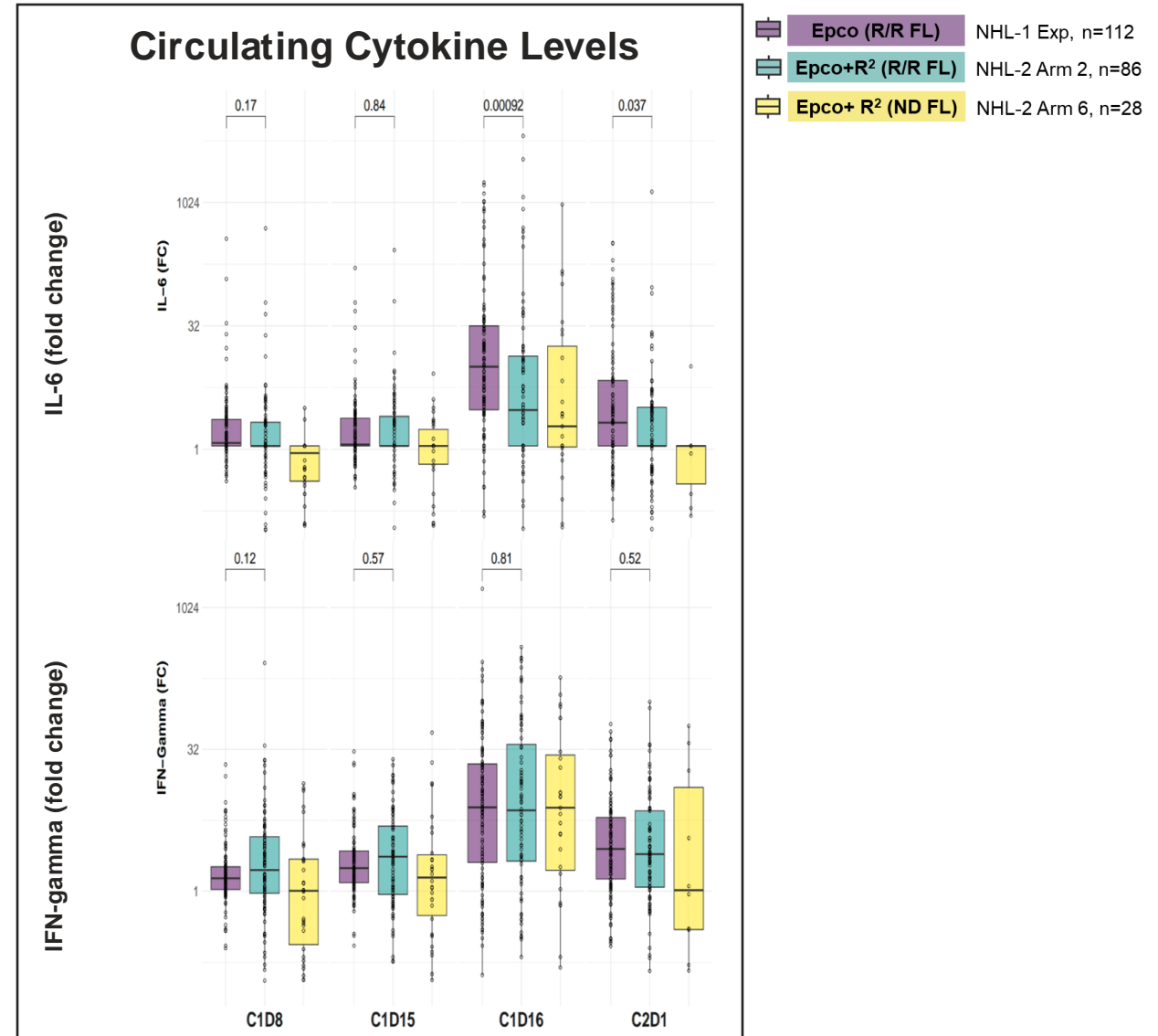
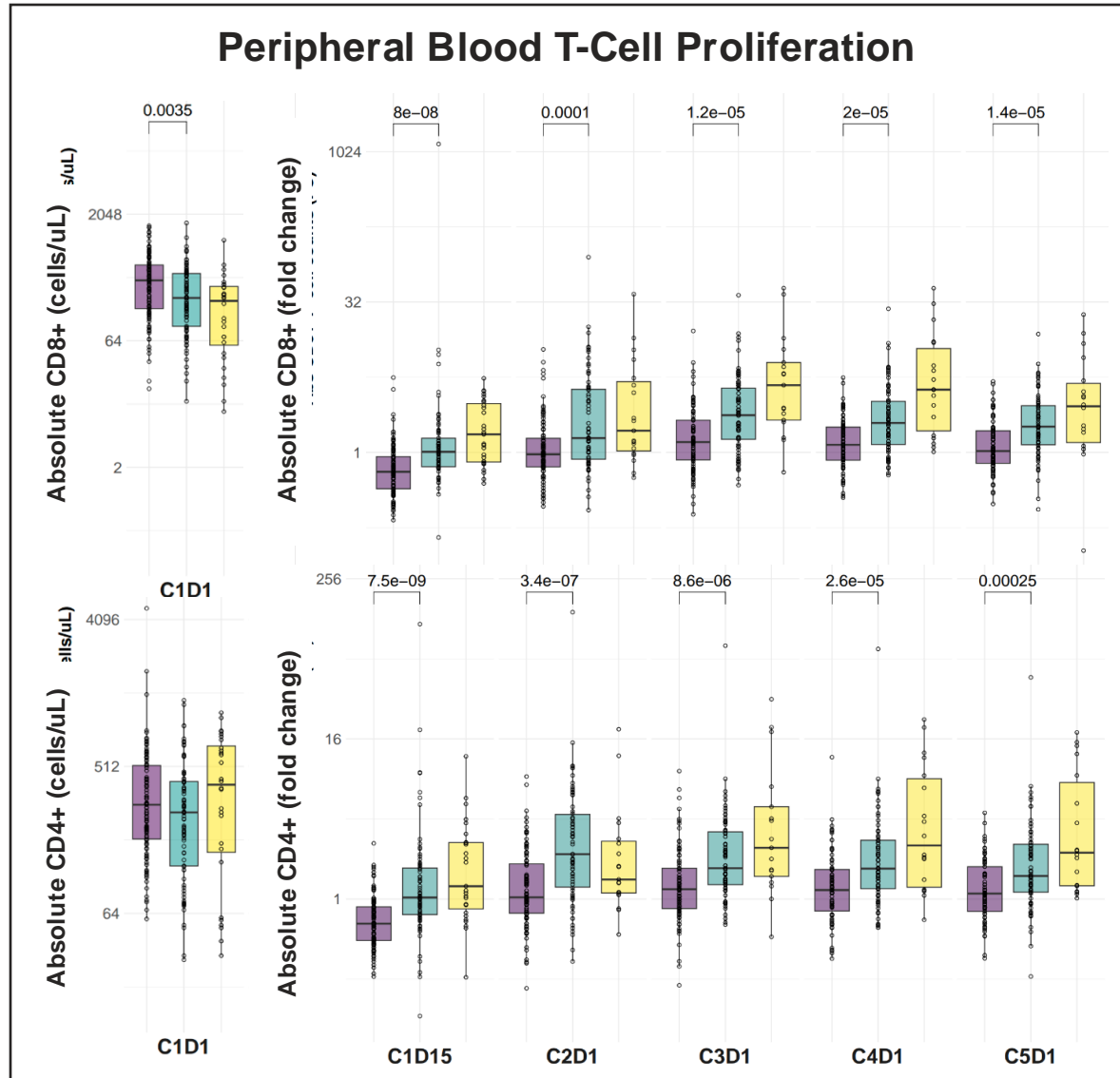
IF in tumors for CD8+CD28+ human T cell frequencies at 6 days after treatment with glofitamab alone or with CD19-CD28(1mg/kg)

Englumafusp alfa (CD19x4-1BBL) + glofitamab in R/R aggressive B-NHL (N=83)

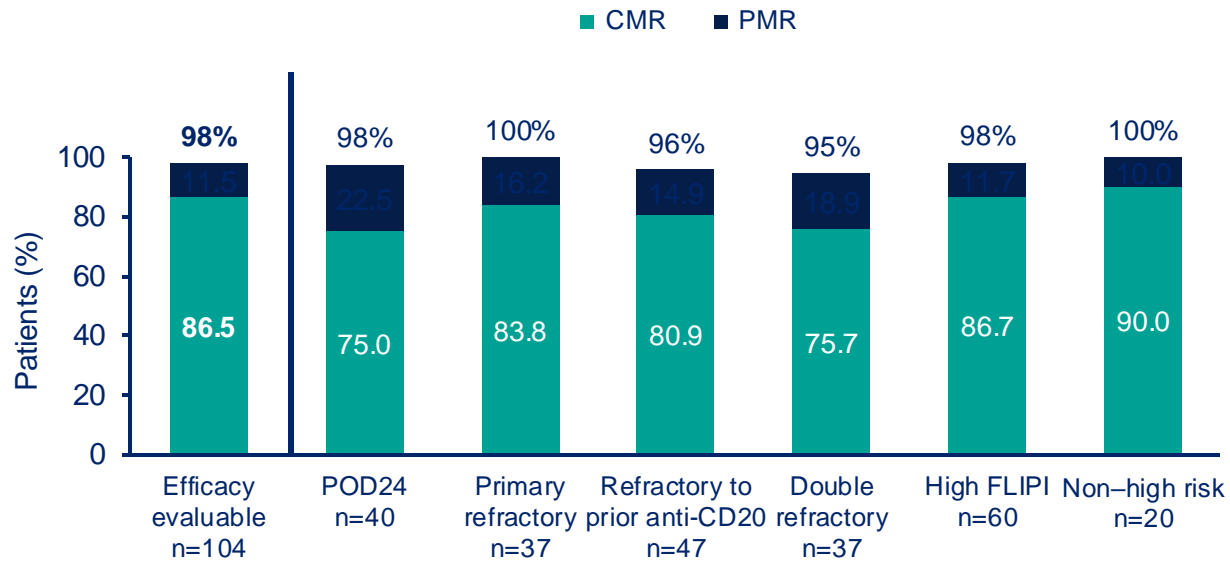


- **Population:** Median age 63; prior lines = 3 (1-8); refractory to CART N=35
- **Safety:** CRS 55% (G3 1%); infections 58% (G5 5%); neutropenia 25% (G3 20%)
- **Efficacy:** ORR 67%; CR 57%; CR post CAR-T 48%

Lenalidomide as rational combination partner for epcoritamab

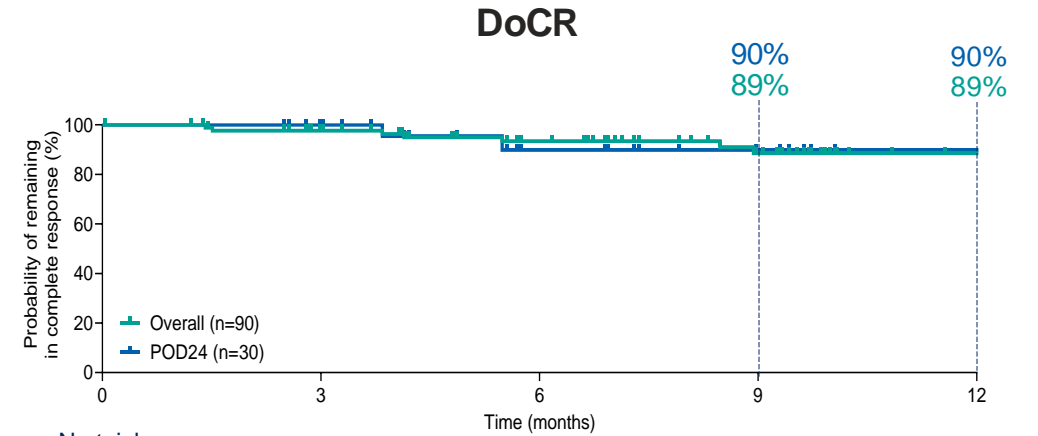


R²-epcoritamab in High-Risk R/R FL: Responses and Outcomes



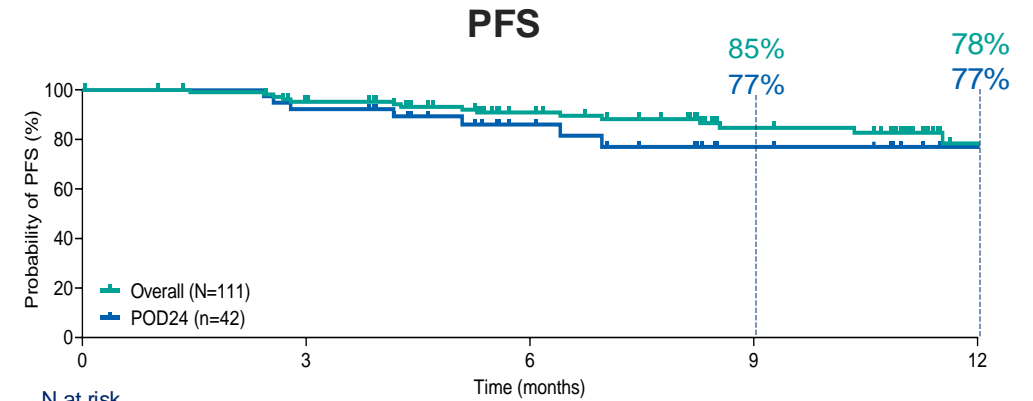
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ORR/CR in POD24 2L: 100% / 86%;
ORR/CR in POD24 3L+: 95% / 63%



N at risk

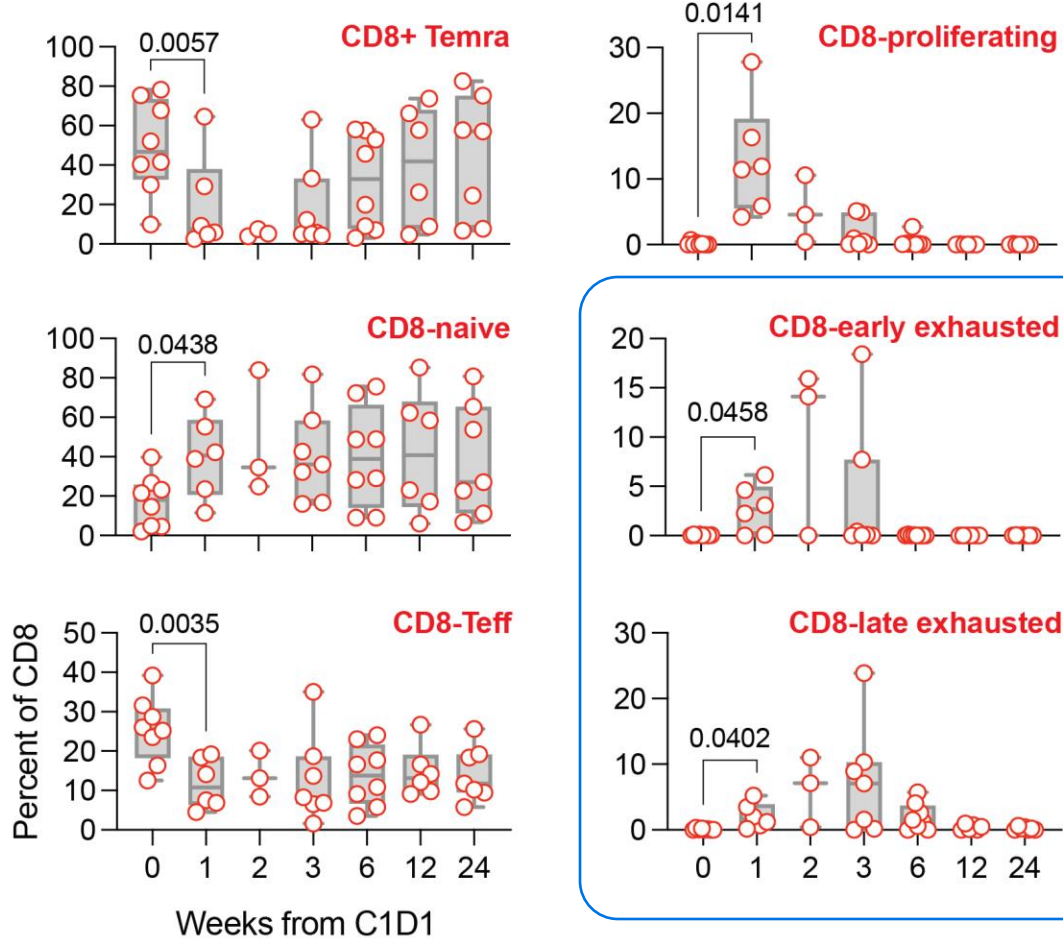
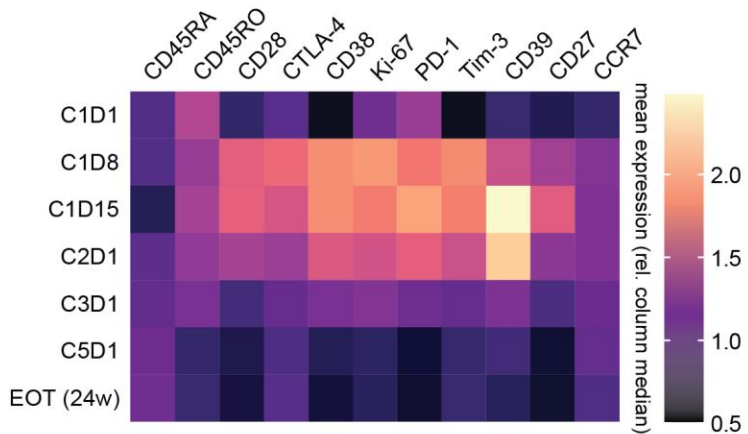
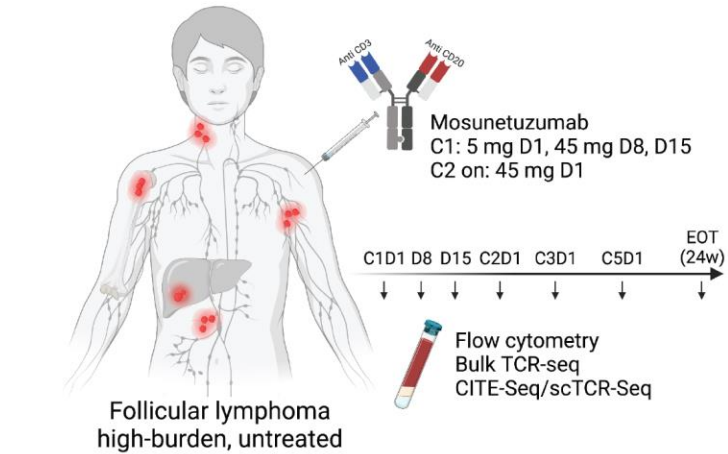
Time (months)	Overall (n=90)	POD24 (n=30)
0	90	30
3	76	25
6	56	13
9	35	7
12	13	2



N at risk

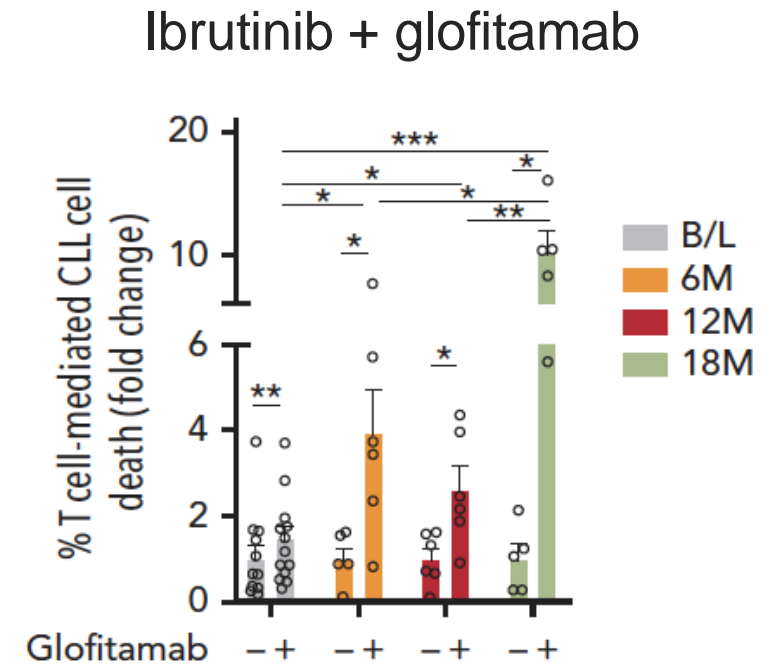
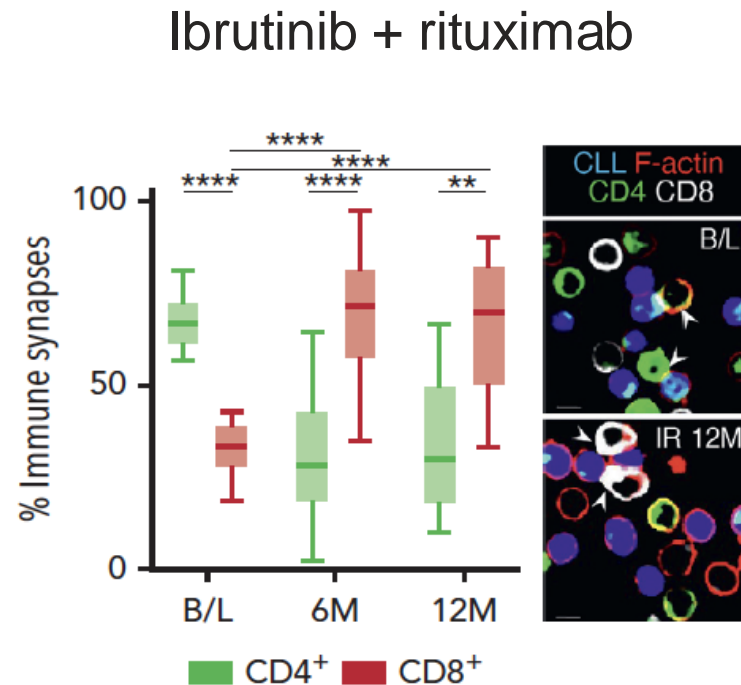
Time (months)	Overall (N=111)	POD24 (n=42)
0	111	42
3	96	35
6	70	20
9	44	10
12	17	3

Insights into SC mosunetuzumab in 1L FL: Hints to mechanisms of resistance



BTK inhibitors enhance CD8+ tumor response and may synergize with bispecific antibodies

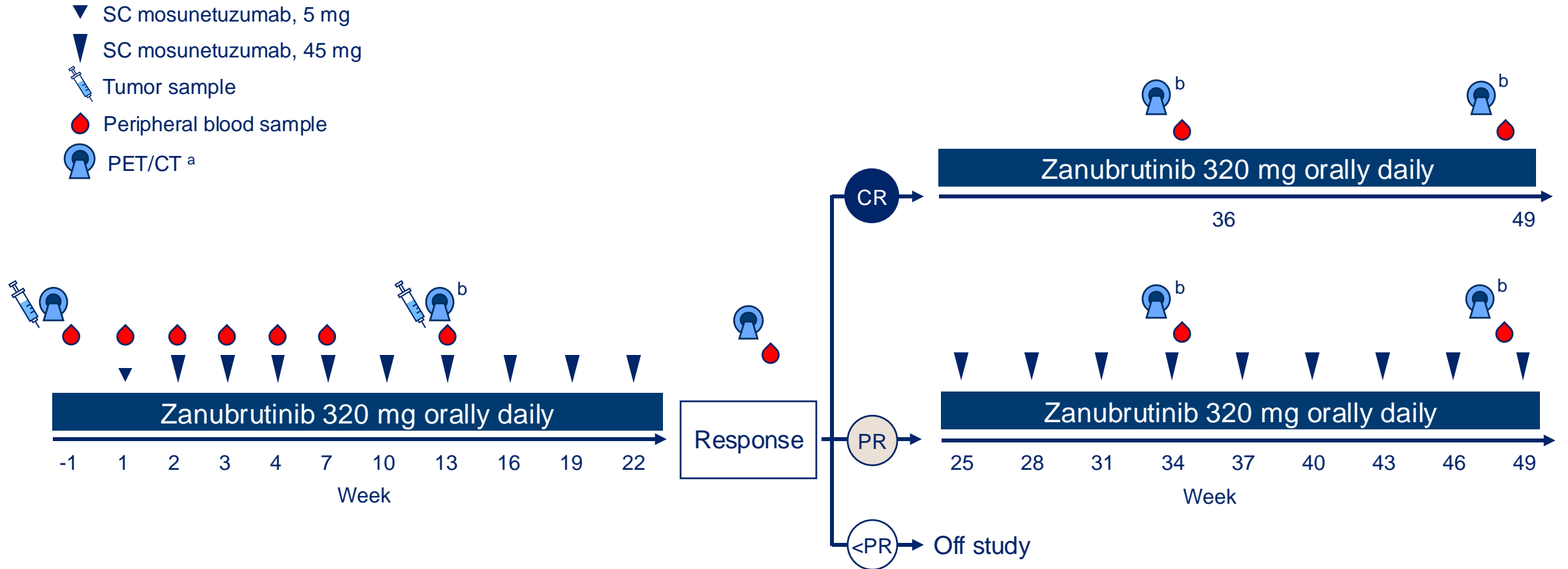
Serial peripheral blood samples from patients treated in study E1912



- %CD4+ or CD8+ T-cell:CLL conjugates at baseline, 6M, and 12M (n = 15).
- Representative confocal images of CD8+ (white) and CD4+ (green) T-cell conjugates with CLL B cells (blue)

- T-cell-mediated CLL cell death using purified T cells from B/L, 6M, 12M, or 18M ibrutinib-rituximab time points against target B/L CLL B cells after ex vivo treatment with glofitamab (0.01 µg/mL) or nonbinding antibody control

Mosunetuzumab + Zanubrutinib in 1L FL: Study design



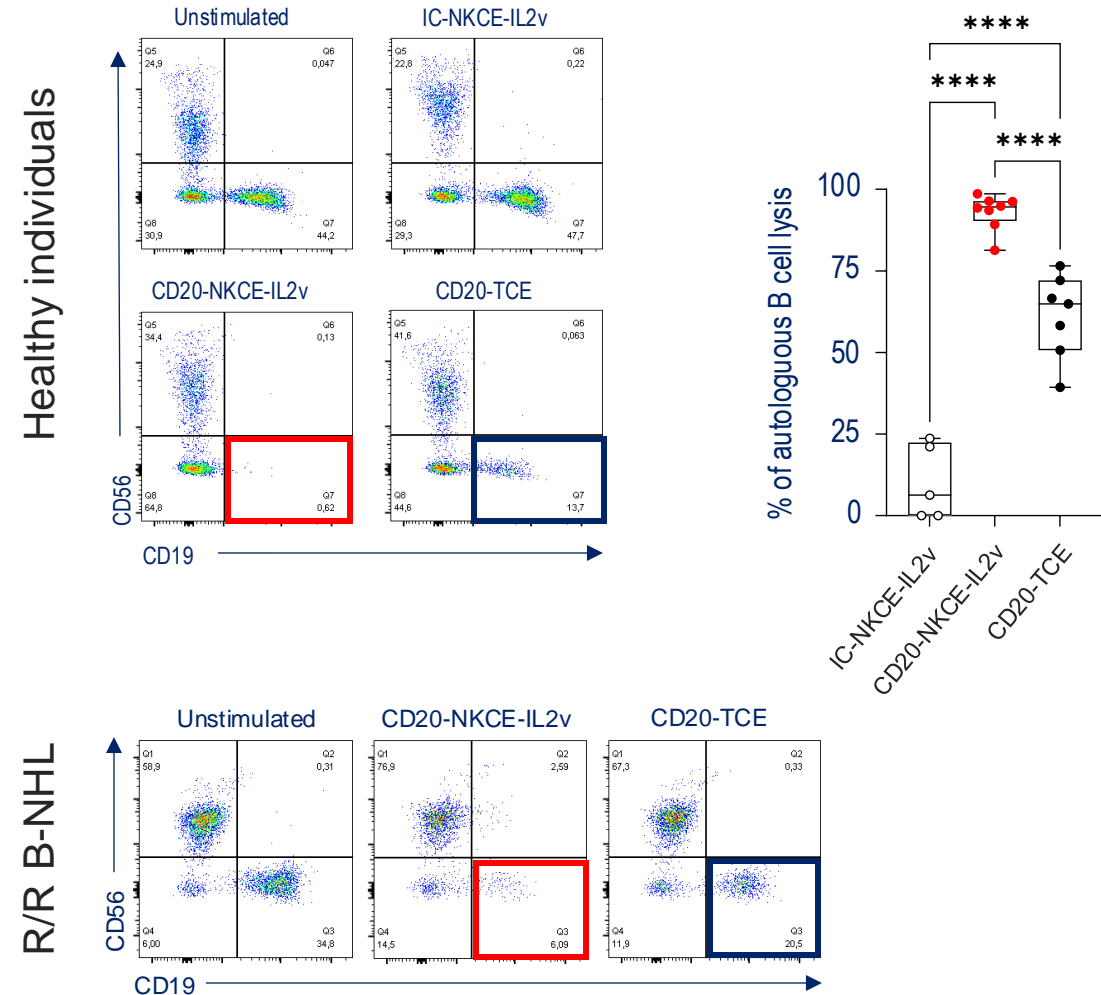
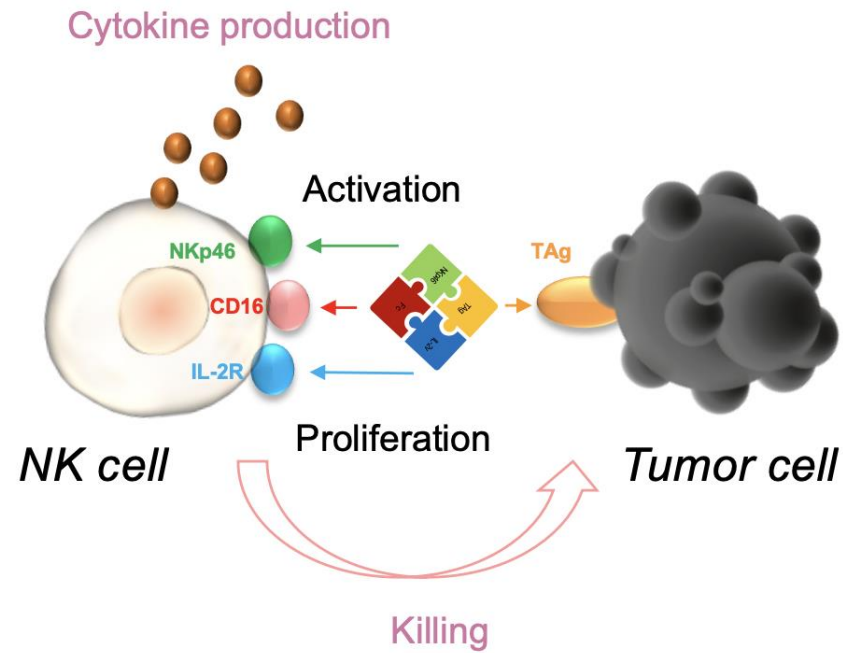
PET/CT, positron emission tomography/ computerized tomography; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; ^b CT must be of diagnostic quality; ^a Patients who experience PD will be taken off study. A biopsy to confirm PD is recommended.

Mechanism of resistance #3

Non-T-cell microenvironmental changes: No data!



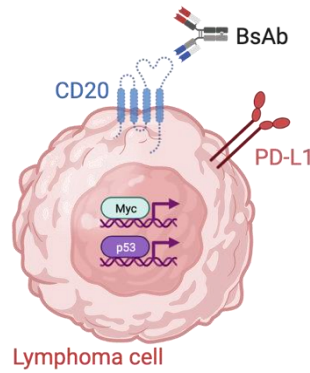
IPH6501, first-in-class tetraspecific NK-engager targeting CD20 for the treatment of B-NHL



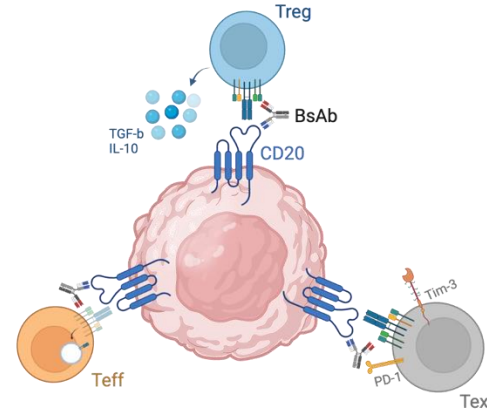
Overcoming resistance to CD20xCD3 bispecific antibodies

Mechanisms of resistance

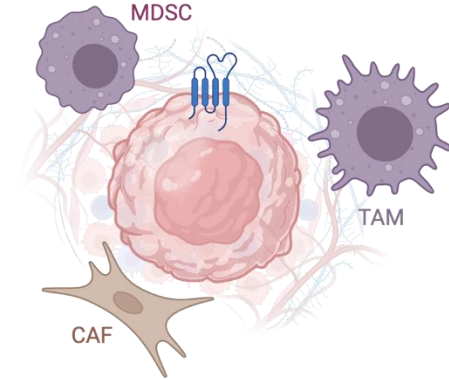
Tumor-intrinsic



T-cell-intrinsic



Tumor- and T-cell-extrinsic



Strategies to overcome resistance

Target different antigens

- BsAb against CD19, CD22, CD79b, ROR1
- Tri- or tetra-specific Ab

Increase T-cell activation / Prevent T-cell exhaustion

- Immunomodulators (e.g. IMiDs)
- Co-stimulatory BsAb

Target the microenvironment

- Lenalidomide; EZH2i; cbl-B-i
- Recruit other immune players**
- NK cells (IPH6501)
- Macrophages (CD47i)

Take-home messages and open questions

- **BsAb are a critically important addition in R/R B-NHL**
 - Consistent efficacy with predictable safety
 - The majority of patients experience progression / relapse
- **Resistance to BsAb is multifaceted**
 - CD20 loss is highly prevalent and associated with BsAb failure
 - Many unknowns in T-cell dependent resistance (timing, topography, reversibility)
 - No information on the role of other immune cells
- **Strategies to overcome resistance are emerging**
 - High response rates with emerging combinations
 - Is CD20 reversible in some cases?
 - Should T-cell subsets be differentially leveraged for optimal efficacy (rather than pan-T-cell strategies)?

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