



CD47 Targeting in Peripheral T-cell Lymphomas

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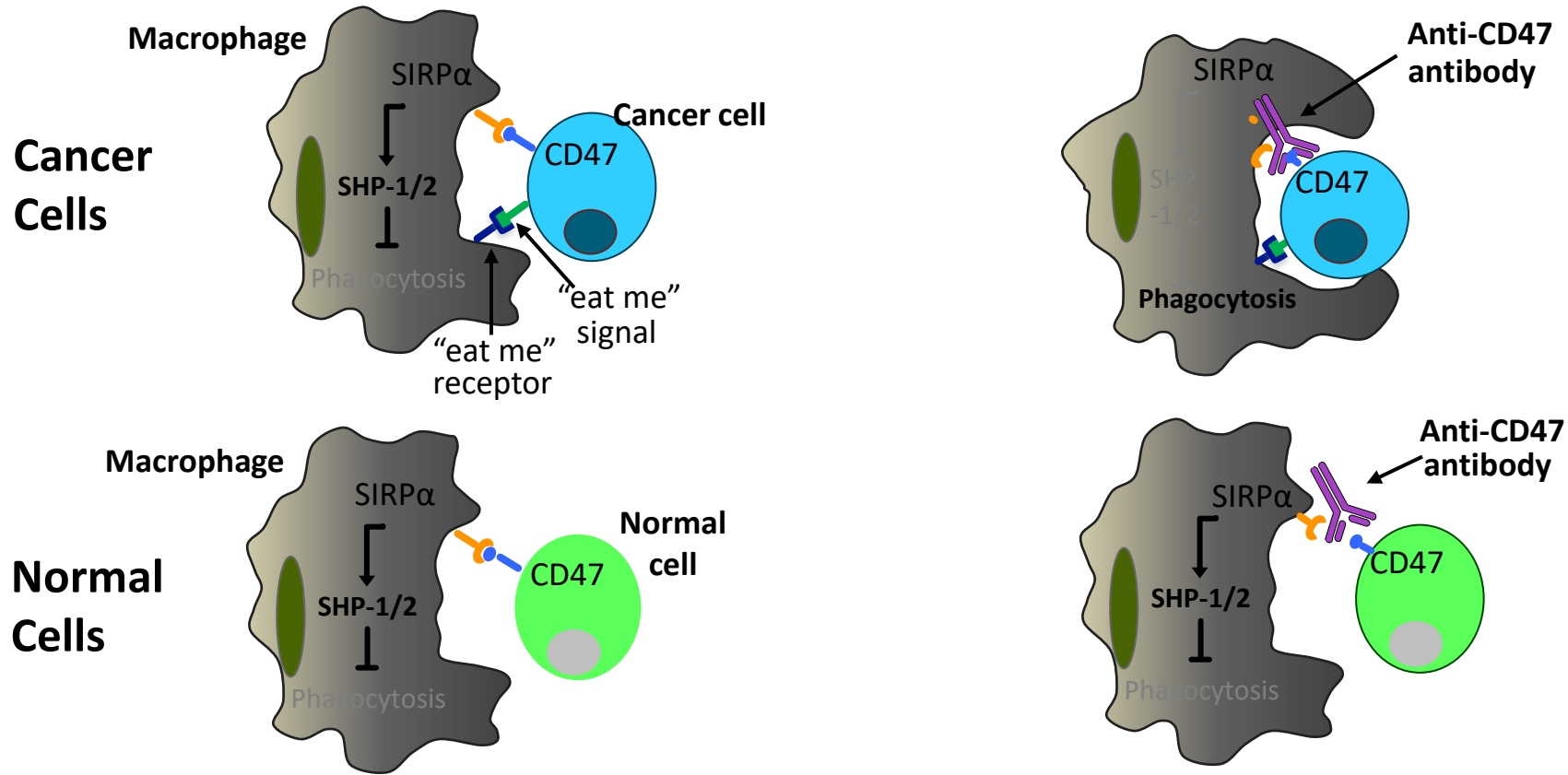
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Conflicts

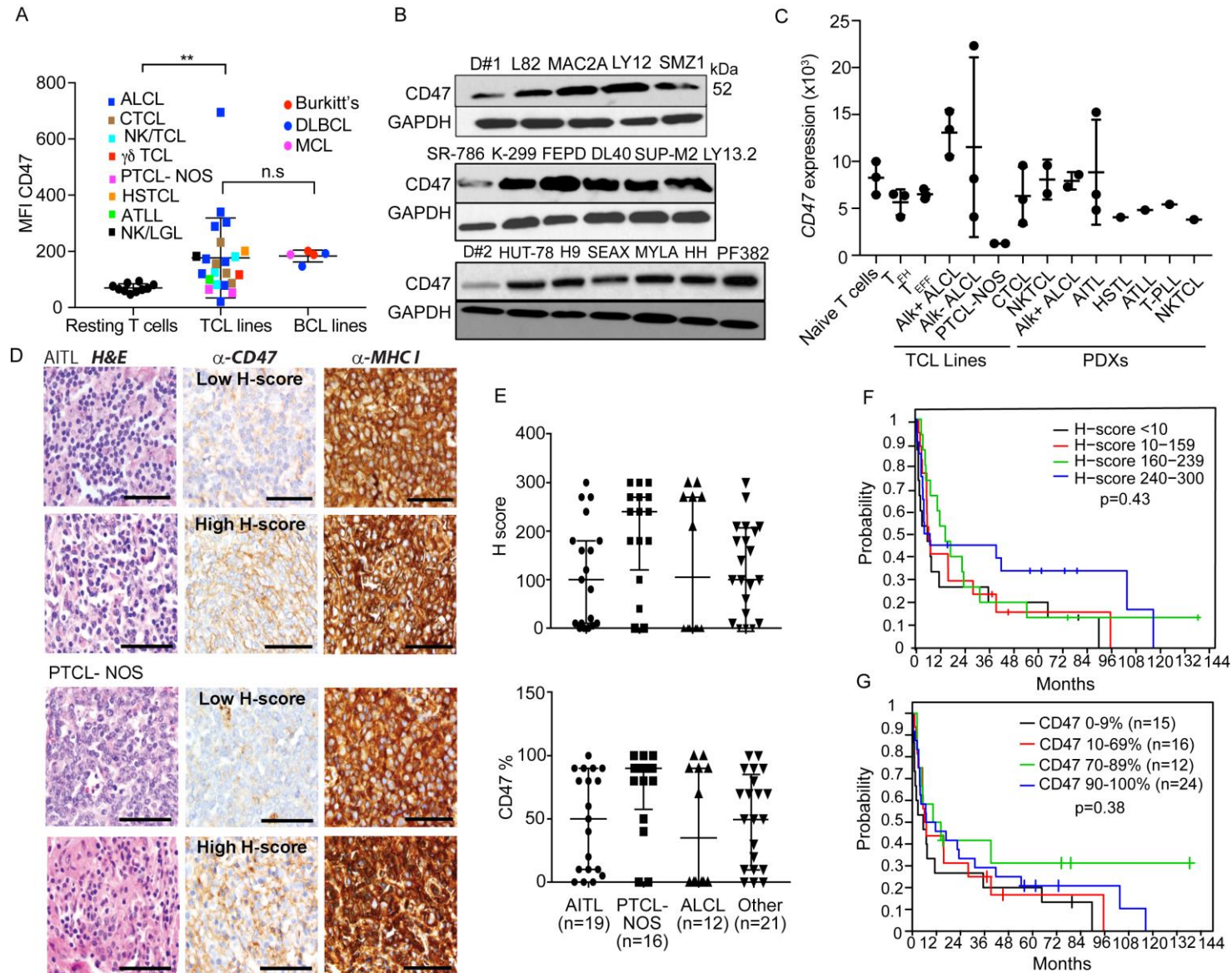
Company	Nature
Abcuro, Inc	SRA, SAB, Consultancy
Acrotech Biopharma, Inc	SRA
SIRPant Immunotherapeutics	SRA, SAB, Consultancy
Daiichi Sankyo	SRA, SAB, Consultancy
Myeloid Therapeutics	SRA, SAB, Consultancy
Mersana Therapeutics	SRA, Consultancy
CRISPR Therapeutics	SAB

CD47-SIRP α : MYELOID IMMUNE CHECKPOINT

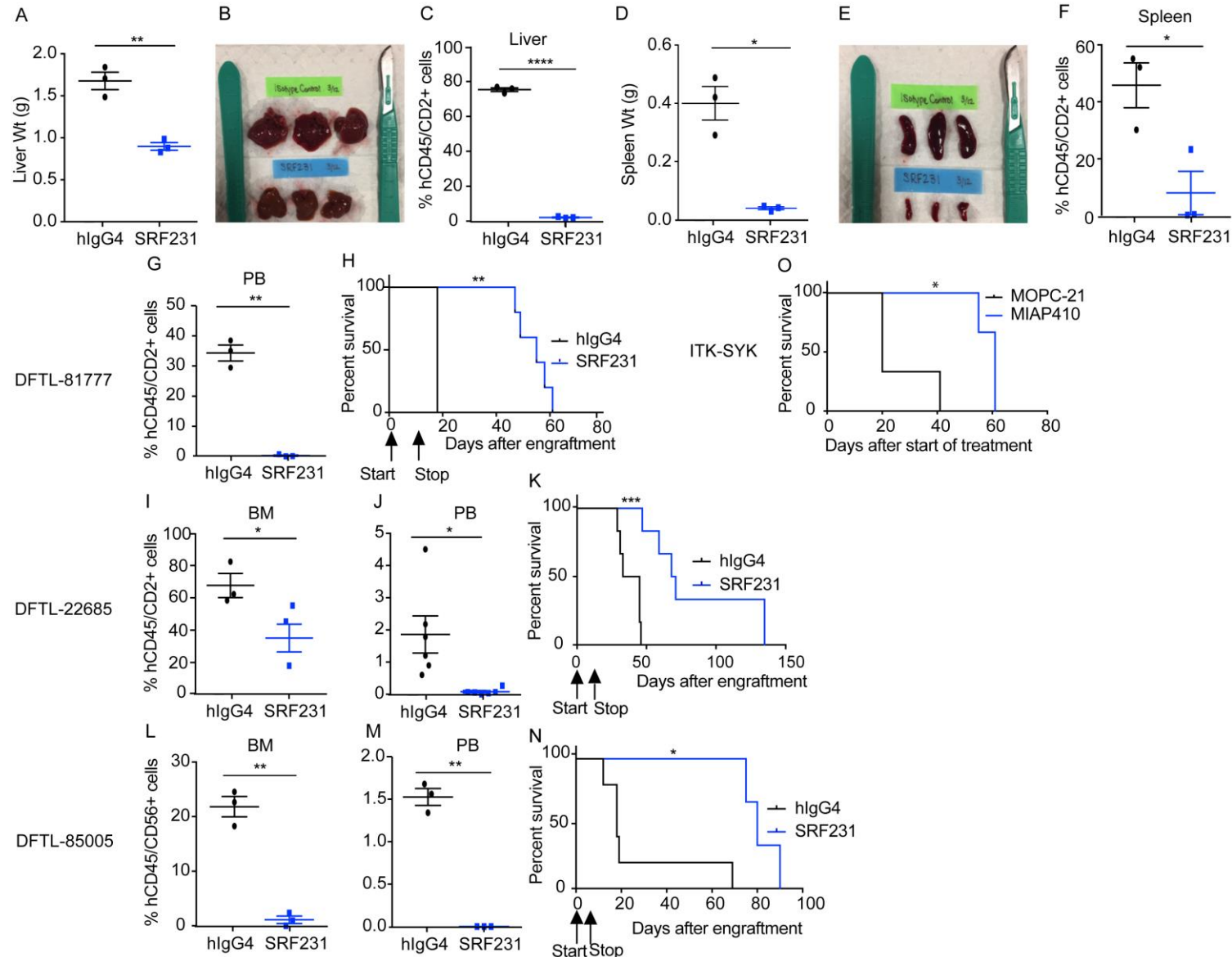


- Antibodies that block the CD47:SIRP α interaction potently stimulate macrophage phagocytosis of cancer cells
- Collaboration with Surface Oncology: SRF231: human IgG4 anti-CD47 antibody

CD47 EXPRESSION IS HETEROGENEOUS IN TCL & NOT ASSOCIATED WITH POOR OUTCOME

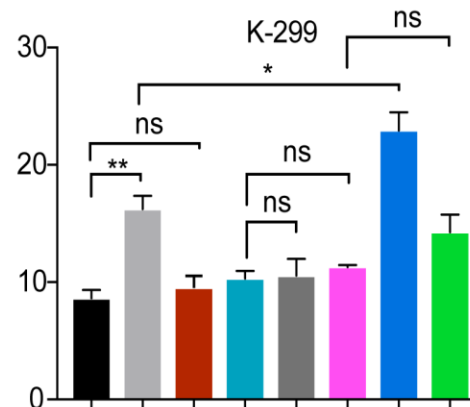
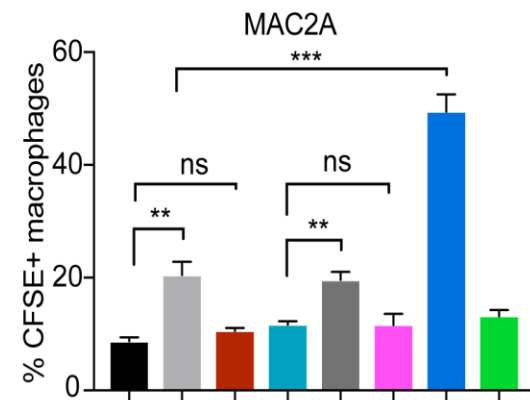
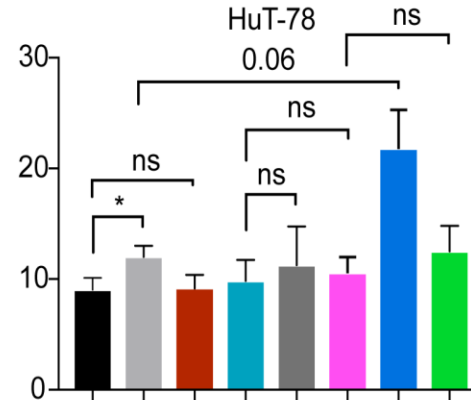
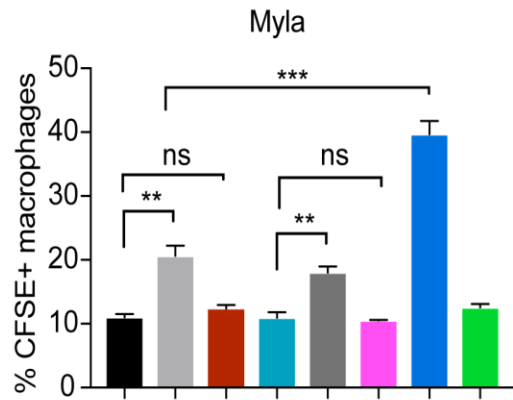


CD47 ANTAGONISTS PROLONG SURVIVAL IN DIVERSE MODELS OF TCL



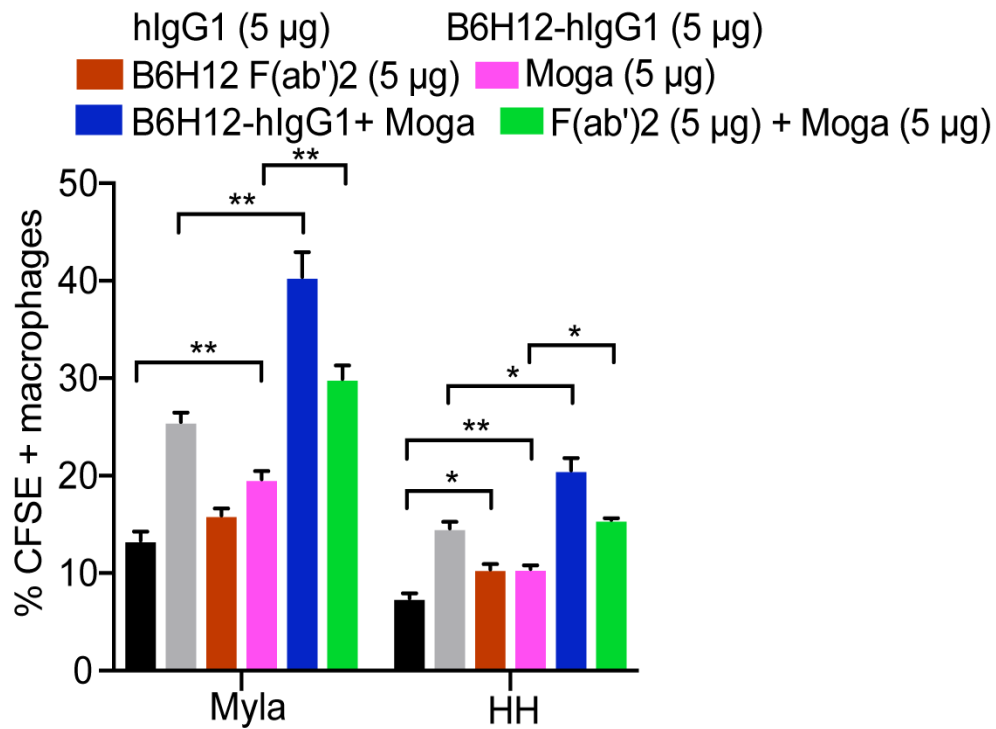
FC-FC γ R INTERACTIONS ARE CRITICAL TO CD47 ANTAGONISTS

mIgG1k
 B6H12-mIgG1k
 B6H12 F(ab')2
 mIgG2ak
 W6/32
 W6/32 F(ab')2
 B6H12+W6/32
 B6H12 F(ab')2 + W6/32 F(ab')2

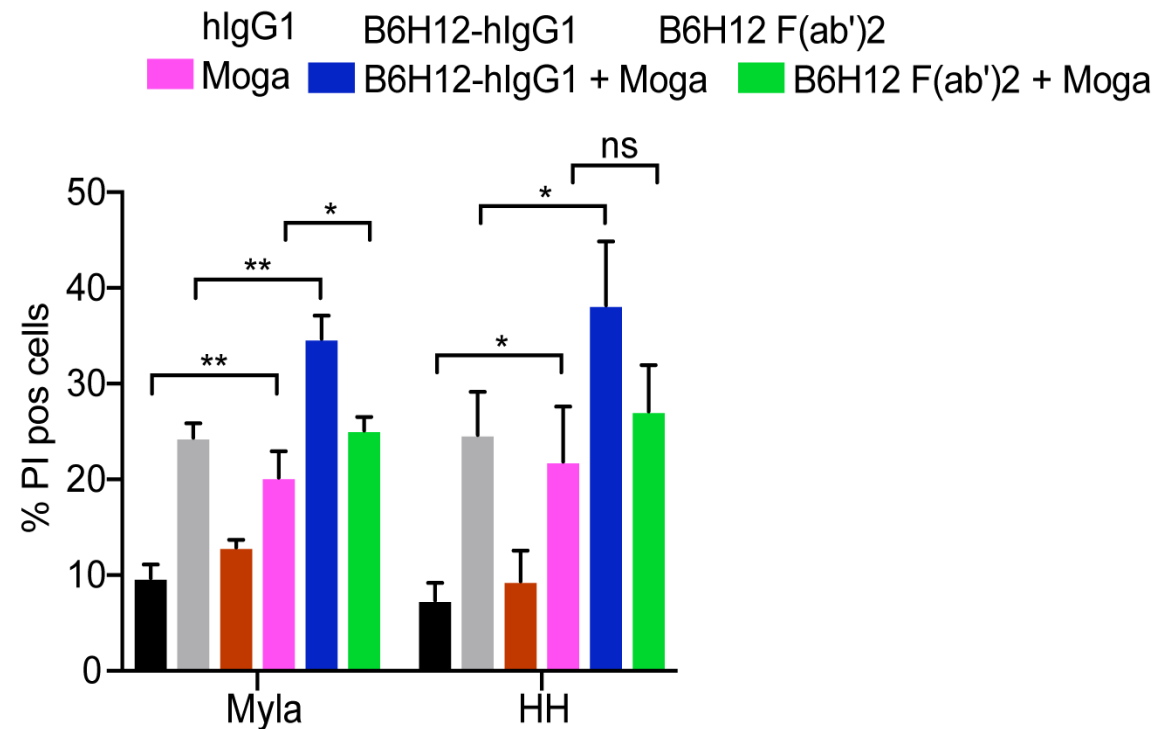


MOGAMULIZUMAB ENHANCES EFFICACY OF Cd47 ANTAGONISTS IN CTCL

Antibody-dependent cellular phagocytosis



Antibody-dependent cellular cytotoxicity



*A Phase 1b/2 Study of Hu5F9-G4 (Magrolimab)
in Combination with Mogamulizumab in
Relapsed/Refractory Treated T-Cell Lymphoma
NCI Protocol # 10384*

*Michael Khodadoust, MD PhD
mkhodado@stanford.edu*

CLINICAL DATA IN T-CELL LYMPHOMAS

	TTI-621 (hIgG1-Fc)	TTI-622 (hIgG4-Fc)
Enrollment	Phase I (Completed)	Phase I
Route of Administration	IV weekly	IV weekly
Stage of Phase I	MTD: 0.2 mg/kg	Doses up to 12 mg/kg well tolerated and ongoing at 12 mg/kg
CTCL	29 (MF=24 & SS=5)	3
PTCL	12	3
Median no of prior therapies	4 (1-18)	3 (1-9)
Total Responses Evaluable (75) CTCL (29) PTCL (11)	1 CR (SS), 5 PR (MF) 0 CR, 2 PR, 3 SD	2 PR 1 PR
≥ Grade 3 Frequent AEs		
Thrombocytopenia	20%	
Anemia	8%	1%
Neutropenia	8%	4%

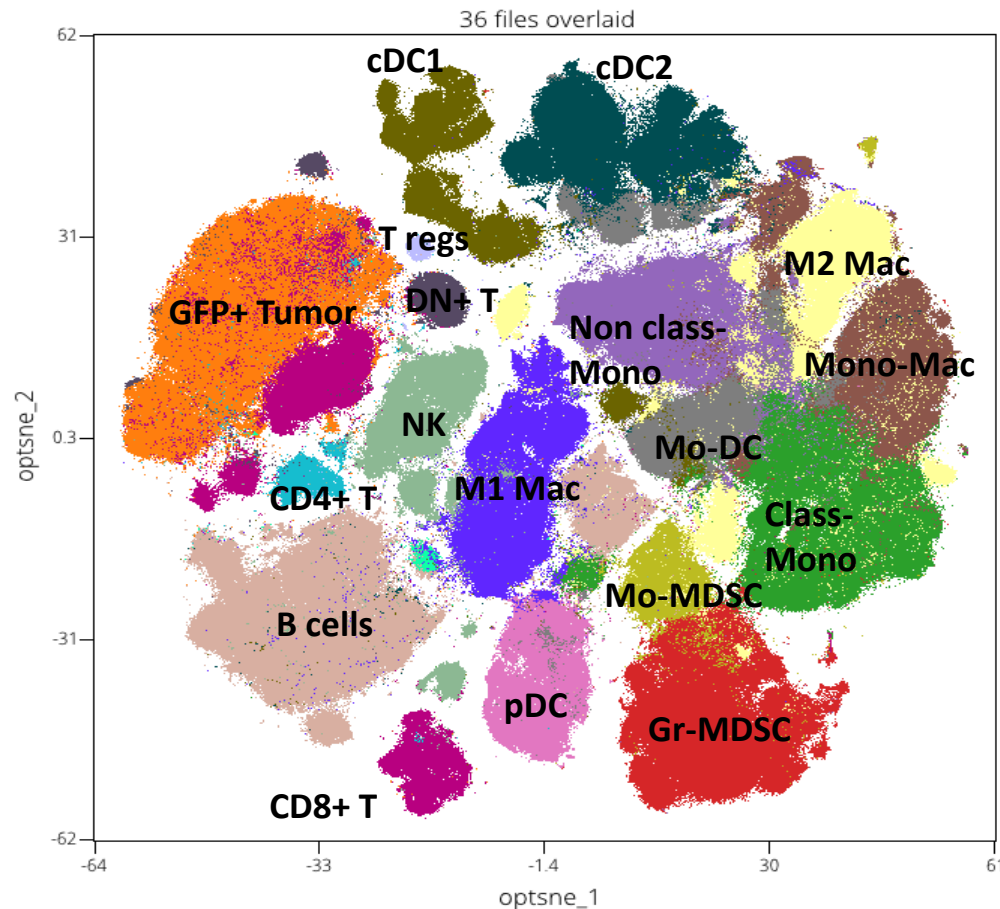
NEXT QUESTIONS

1. Dissect immune responses in TCL upon CD47 blockade
2. Define signatures that mediate resistance
3. Develop strategies to overcome resistance

DISSECTING CD47-MEDIATED IMMUNE RESPONSES IN TRANSGENIC MODEL OF TCL AT SINGLE CELL LEVEL

Model: ITK-SYK transgenic murine model of T-cell lymphoma (Courtesy, Jurgen Ruland)

CyTOF Panel, scRNA-seq and TCR-seq: 43 marker lineage-defining, myeloid centric activation and exhaustion murine panel

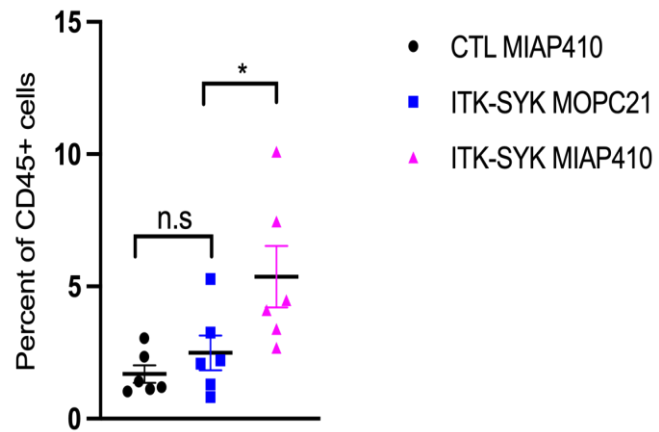


Mice randomized to treatment in one of the 3 groups:

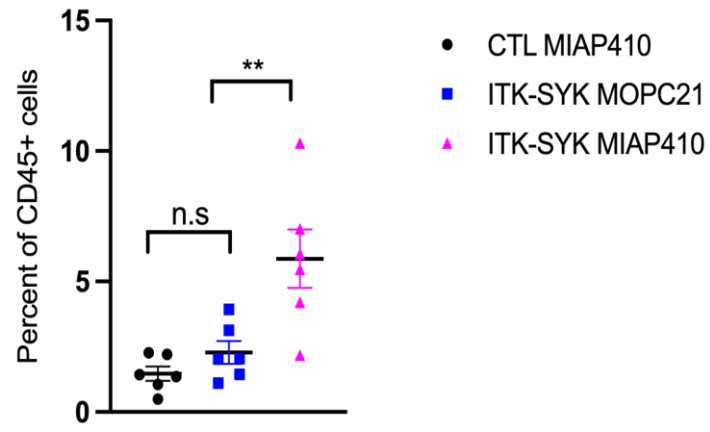
- 1) Unengrafted C57BL/6 treated with anti-CD47 mAb
- 2) ITK-SYK TCL mice treated with anti-CD47 mAb
- 3) ITK-SYK TCL mice treated with isotype control

Anti-CD47 mAbs Increase Classical Monocytes (Mo) and Monocyte-derived Macrophages (Mo-Mac) in TME

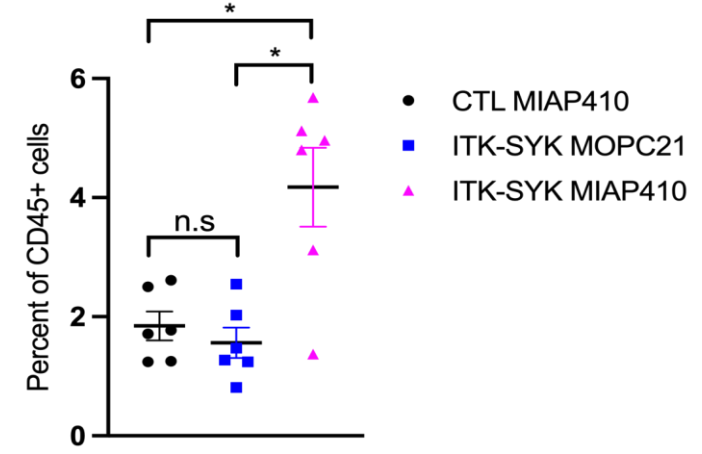
72 hr Class Mono



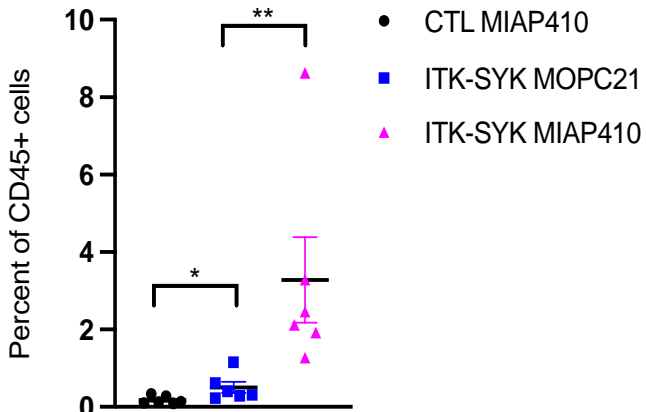
1 week Class Mono



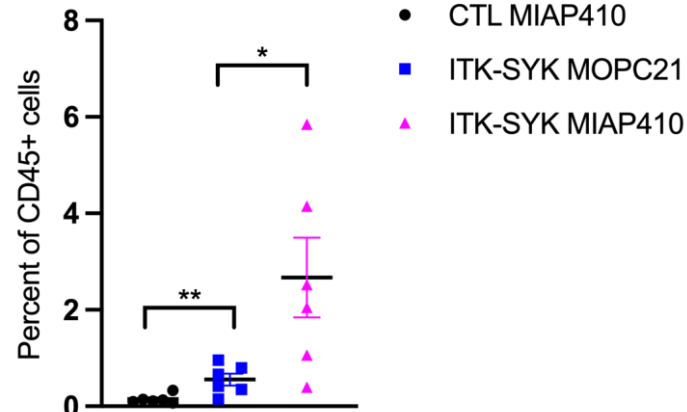
2 week Class Mono



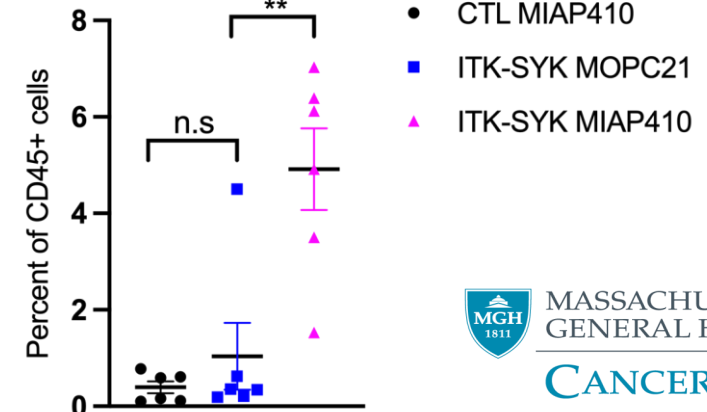
72 hr Mo-Mac



1 week Mo-Mac

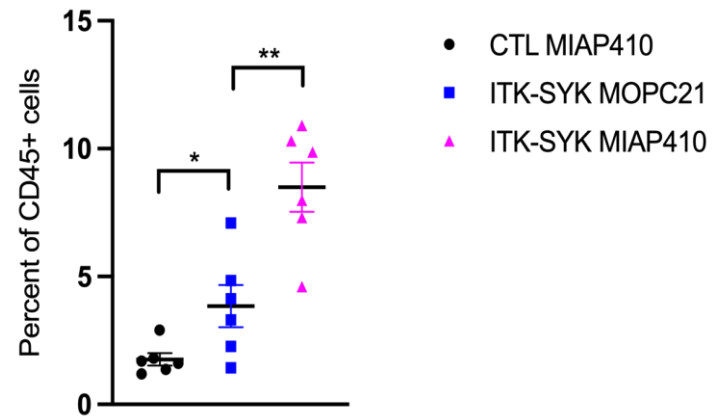


2 week Mo-Mac

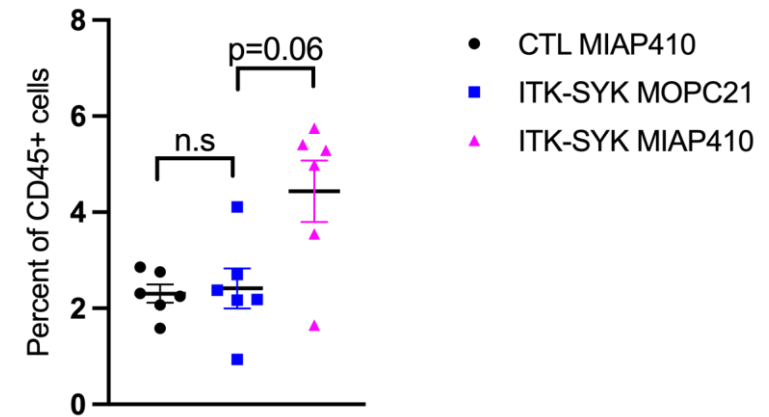


Anti-CD47 Antibodies Increase Neutrophils and Dendritic Cells in TME

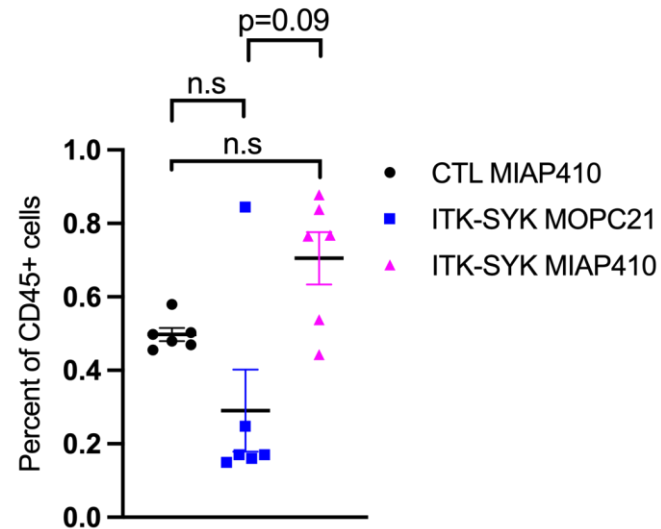
1 week Neutrophils



2 week Neutrophils

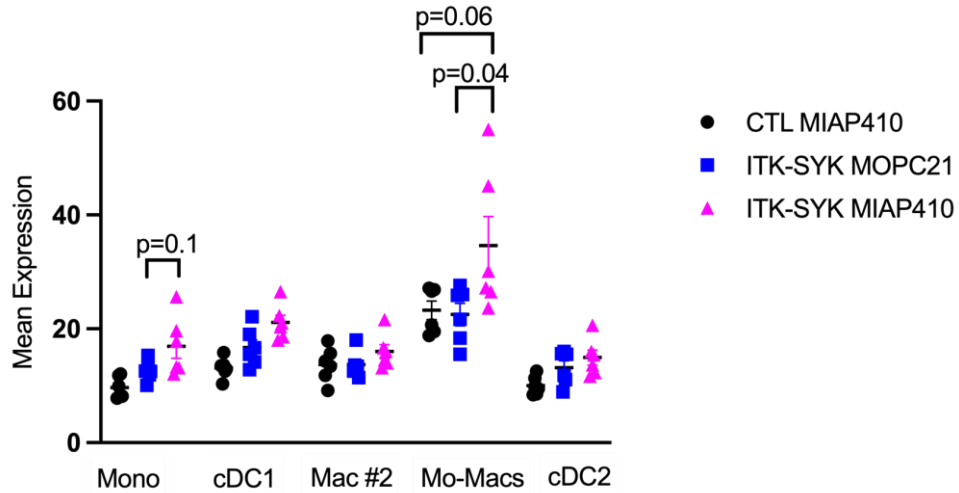


2 week cDC1

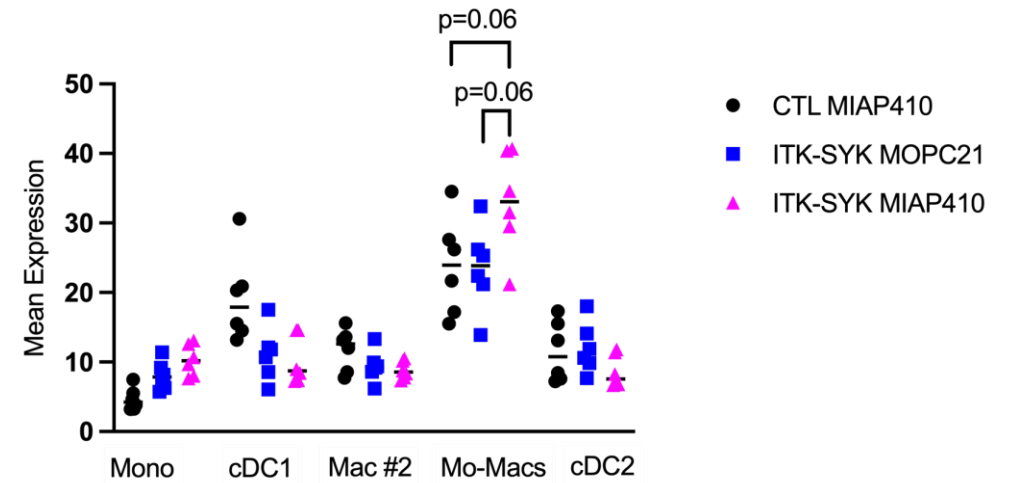


Anti-CD47 mAbs Increase iNOS, CD1d and PD-L1 Expression in Monocytes and Monocyte-derived Macrophages in TME

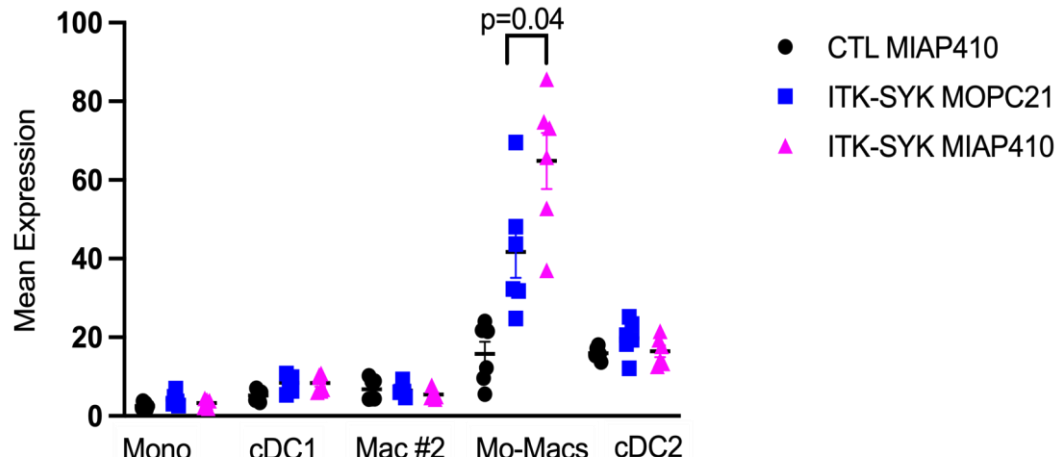
iNOS expression across APC clusters at 2 weeks



CD1d expression across APC clusters at 2 weeks



PD-L1 expression across APC clusters at 2 weeks

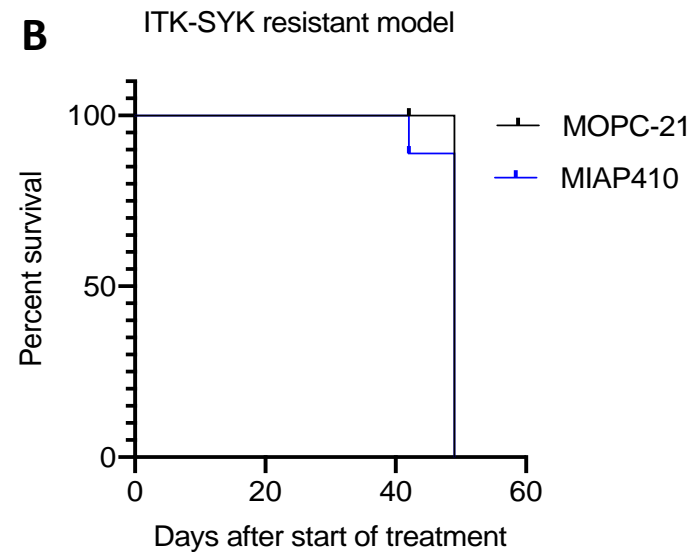
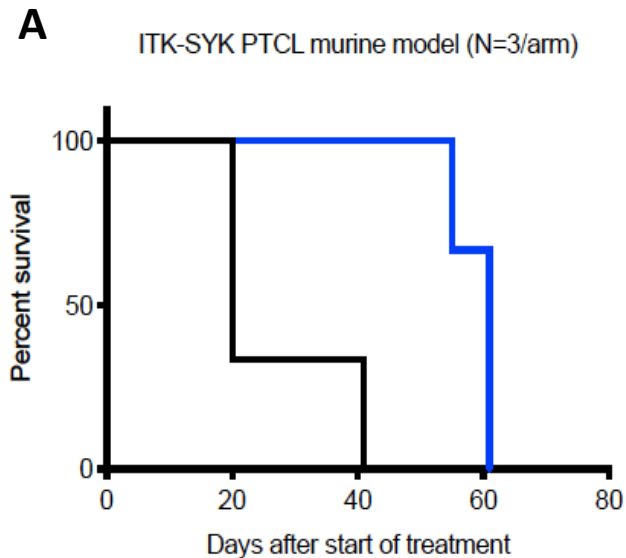


scRNA-seq and TCR-seq analysis is being completed

GENERATION OF ITK-SYK TRANSGENIC TUMORS RESISTANT TO CD47 ANTAGONISTS

Tx initiated after 10 weeks of injection

Tx initiated after 4 weeks of injection



WES, ATAC-seq and Bulk RNA-seq analysis of resistant tumors underway



Preclinical and Clinical Role of SIRPant-MTM Macrophages in PTCL

(SIRPant Immunotherapeutics, Inc)



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KLRG1 is a novel target in patients with mature T and NK/T-cell lymphomas

- There is a desperate need to develop novel immunotherapy for TCLs
- **KLRG1**
 - Co-inhibitory, immune checkpoint, expressed on differentiated T and NK cells
 - KLRG1 KO mice alone demonstrated a significant decrease in tumor growth in melanoma and breast cancer models
 - Abcuro, Inc has generated first-in-class afucosylated anti-human KLRG1 mAbs

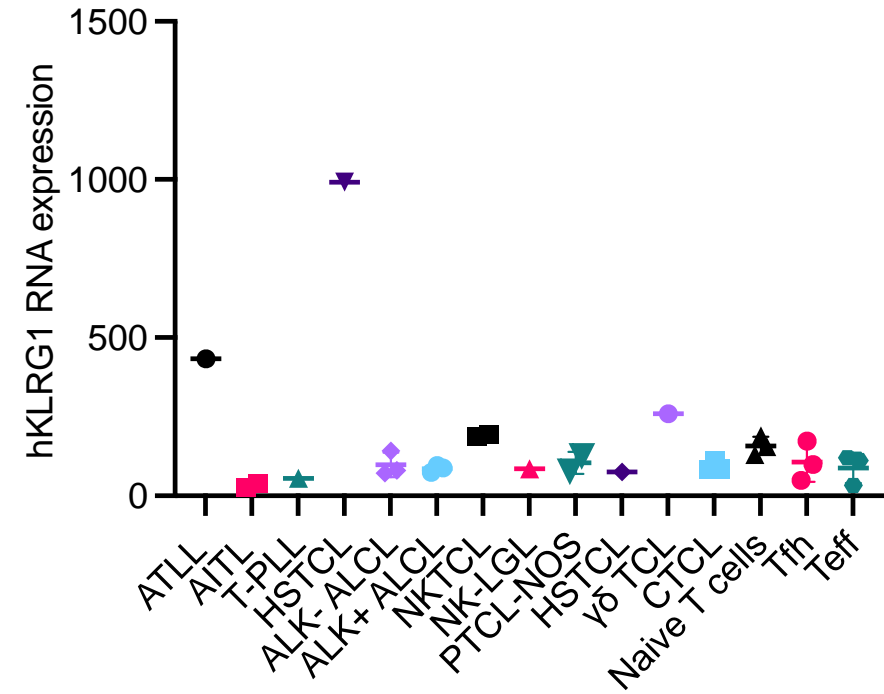
Molecular Epidemiology of KLRG1 Across T-cell Lymphomas

Differential hKLRG1 RNA expression among TCL cell lines, PDXs, and T cells

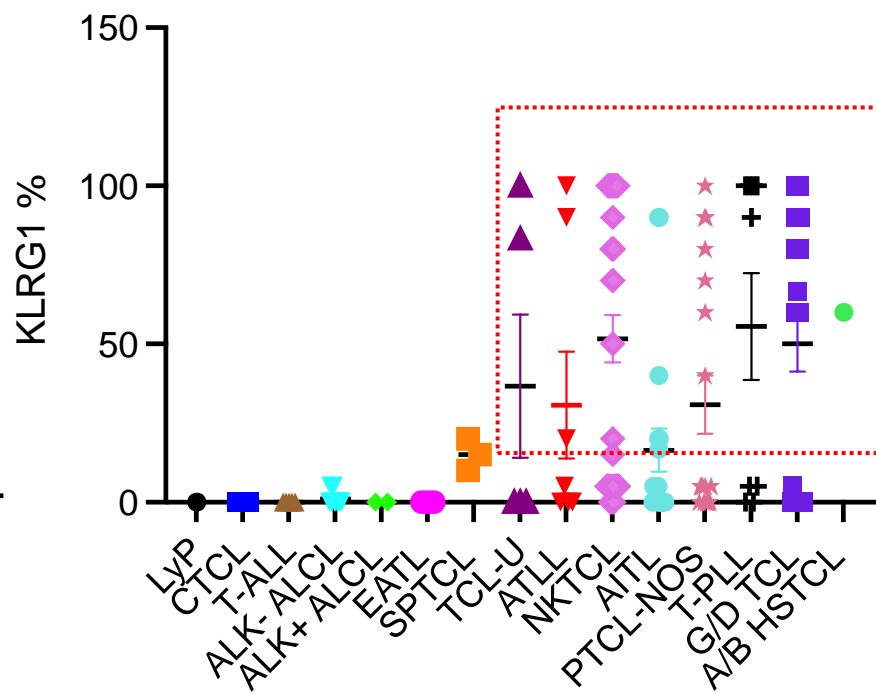
Differential surface KLRG1 by IHC in TCLs

Comparable binding b.w Abcuro mAb and off-the-shelf clone

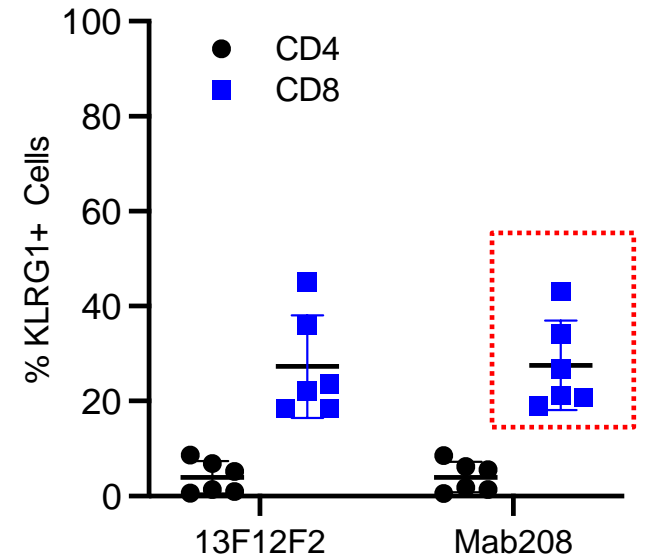
A.



B.



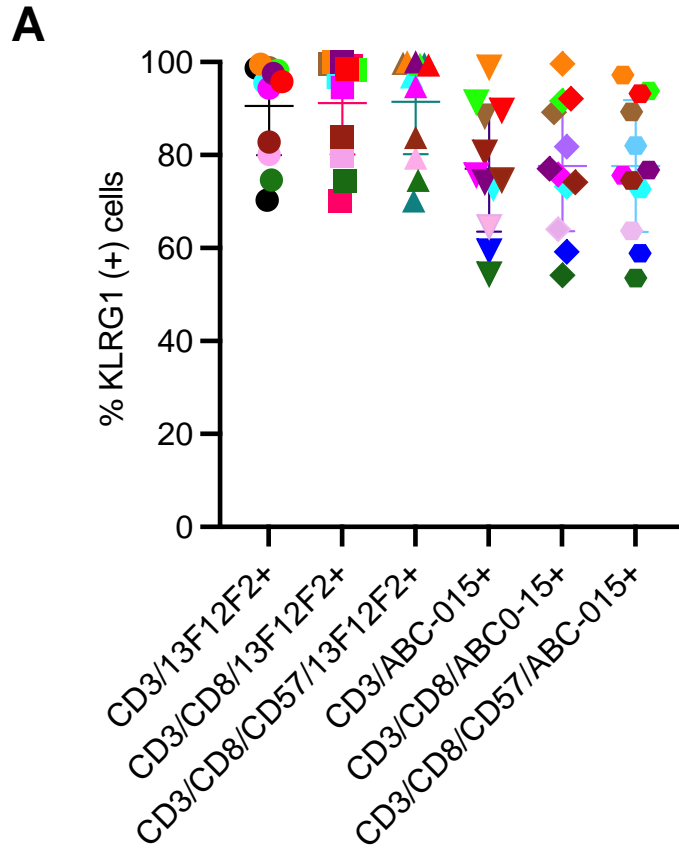
C.



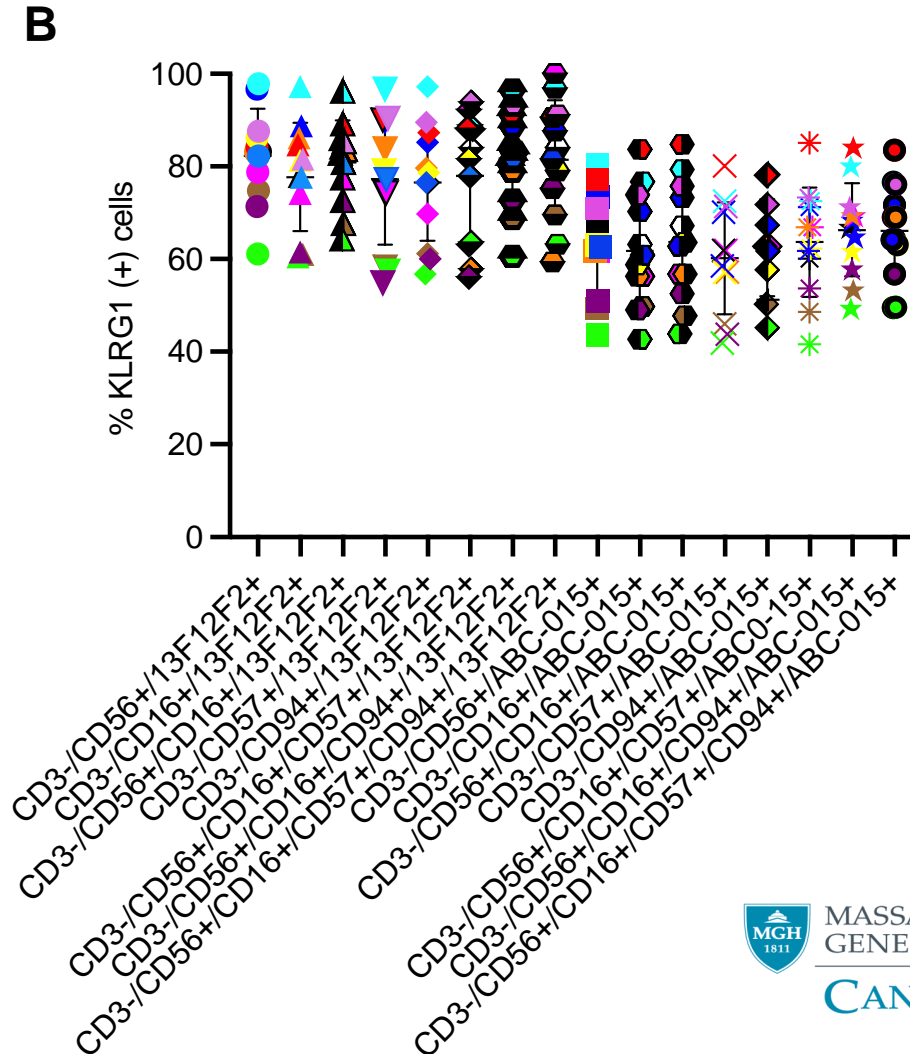
Certain subtypes express greater percentage of KLRG1+ tumor cells than others

Ubiquitous expression of KLRG1 in T-LGLL and CLPD-NK cells

KLRG1 expression in T-LGLL cells



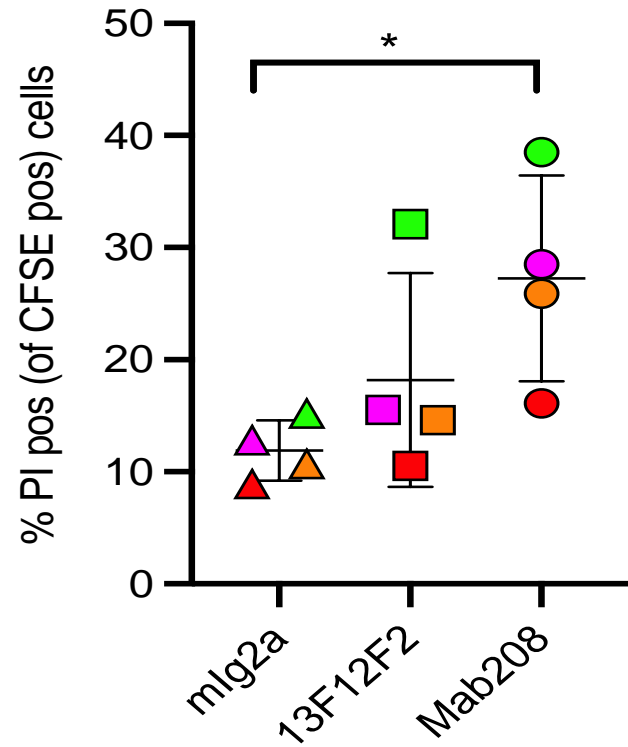
KLRG1 expression in CLPD-NK cells



KLRG1 depleting mAbs selectively deplete KLRG1⁺ TCL cells and spare KLRG1⁻ naive and memory T cells

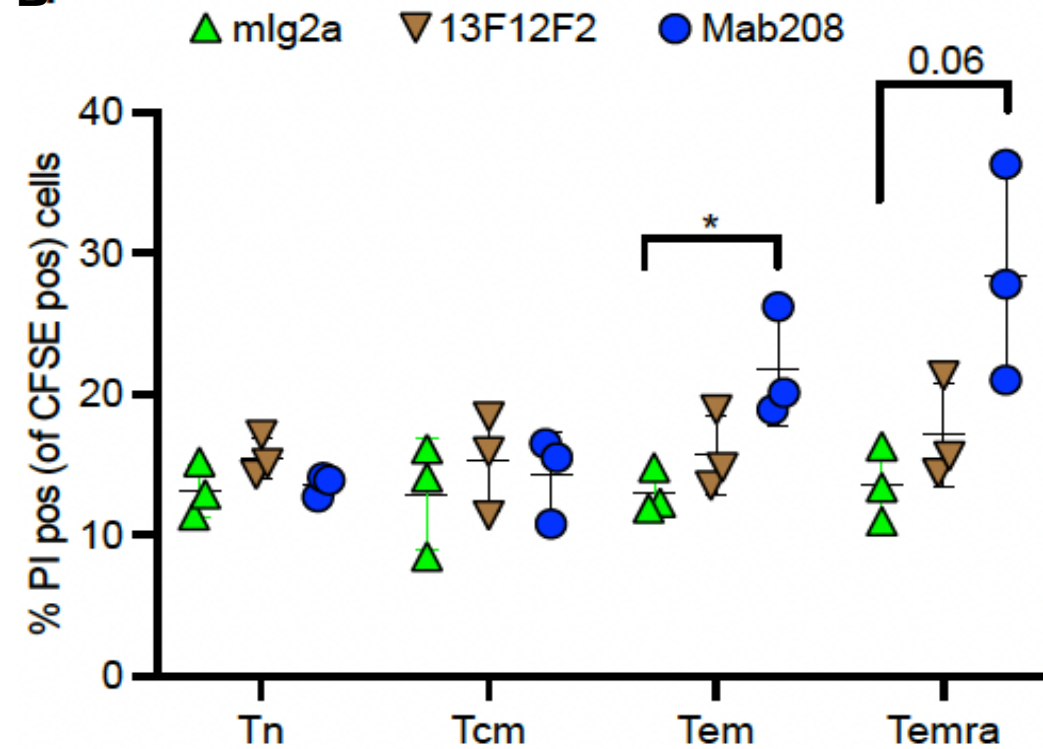
ADCC of KLRG1⁺ T-LGLL cells

A



ADCC of KLRG1⁺ TEM and TEMRA cells

B





Multicenter Phase I/II trial of ABC008 (anti-human KLRG1 mAb) in Subjects with T-LGLL launched

ABC008-LGL-101



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ASH oral presentation Abstract #937: Monday 4.30-6



Incorporation of machine learning tools to predict survival & treatment outcomes for patients with R/R PTCL and NK/TCL: International Study

Leora S Boussi, MD , Min Jung Koh, MS , Xinyi Han, BS , Luke Peng , Min Ji Koh, BA , Ijeoma Eche, PhD , Josie Germain Ford, BS , Shambhavi Singh, MD, PhD , Eliana Miranda, MEd, PhD , Carlos S. Chiattonne, MD, PhD , Carrie Van Der Weyden, MBBS (Hons), FRACP, FRCPA , Henry Miles Prince, MBBS (Hons), MD, FRACP, FRCPA, AFRCMA, MACD, FAHMS , Francine M. Foss, MD , Sang Eun Yoon, MD , Won-Seog Kim, MD, PhD , Girisha Panchoo, MBBS , Estelle Verburgh, MBChB, M Med Int, FCPSA, PhD , Jackielyn Cuenca Alturas, BA , Mubarak Al-mansour, MD , Martina Manni, PhD , Massimo Federico, MD , Maria Elena Cabrera, MD , Beatrice Casadei, MD, PhD , Pier Luigi Zinzani, MD, PhD , Noriaki Yoshida, MD, PhD , Takeshi Okatani, MD , Mwanasha H. Merrill, MD , Eric D Jacobsen, MD , Owen A. O'Connor, MD, PhD , Enrica Marchi, MD, PhD and Salvia Jain, MD



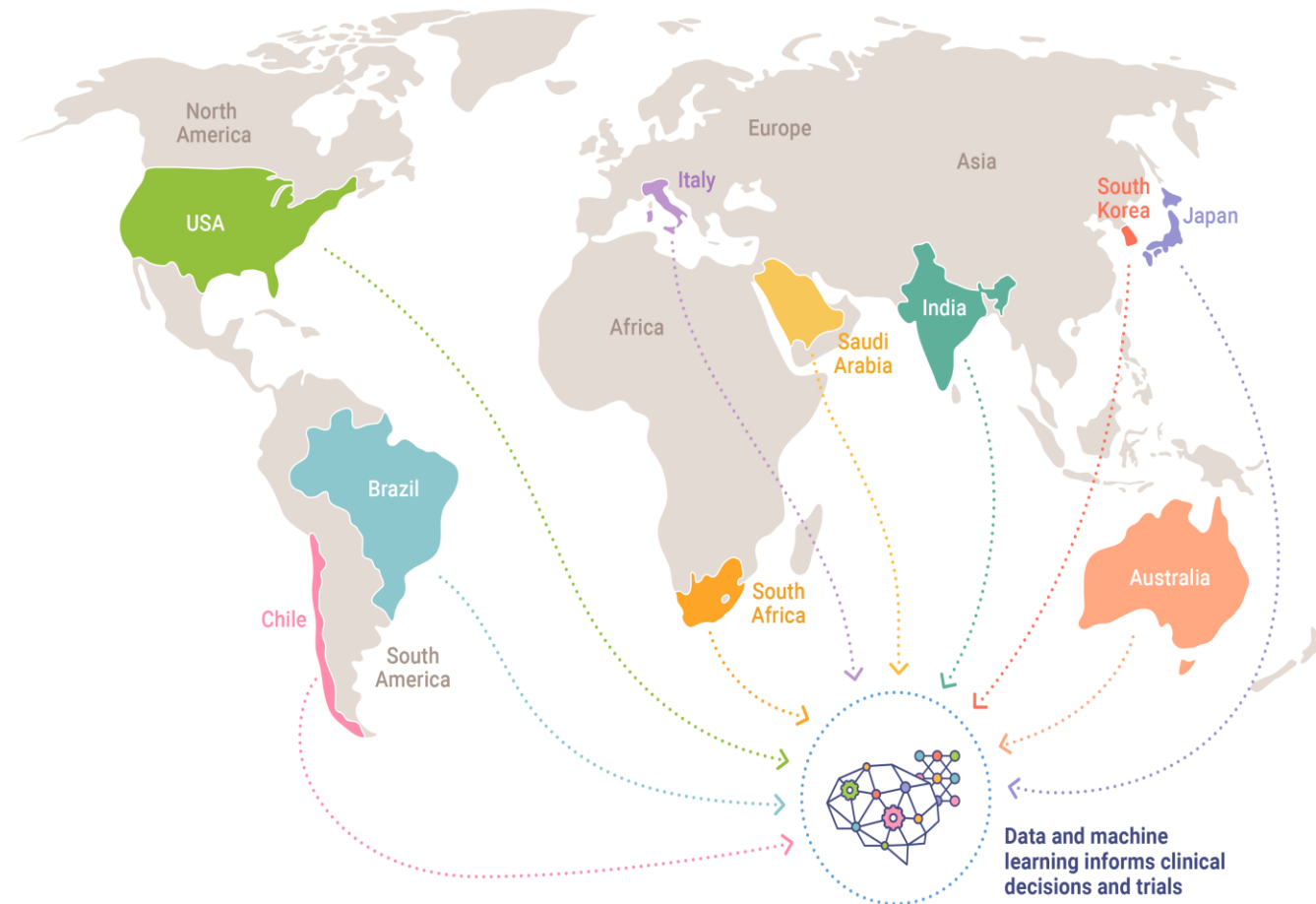
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ASH presentation Abstract #4931: Monday 6-8 pm

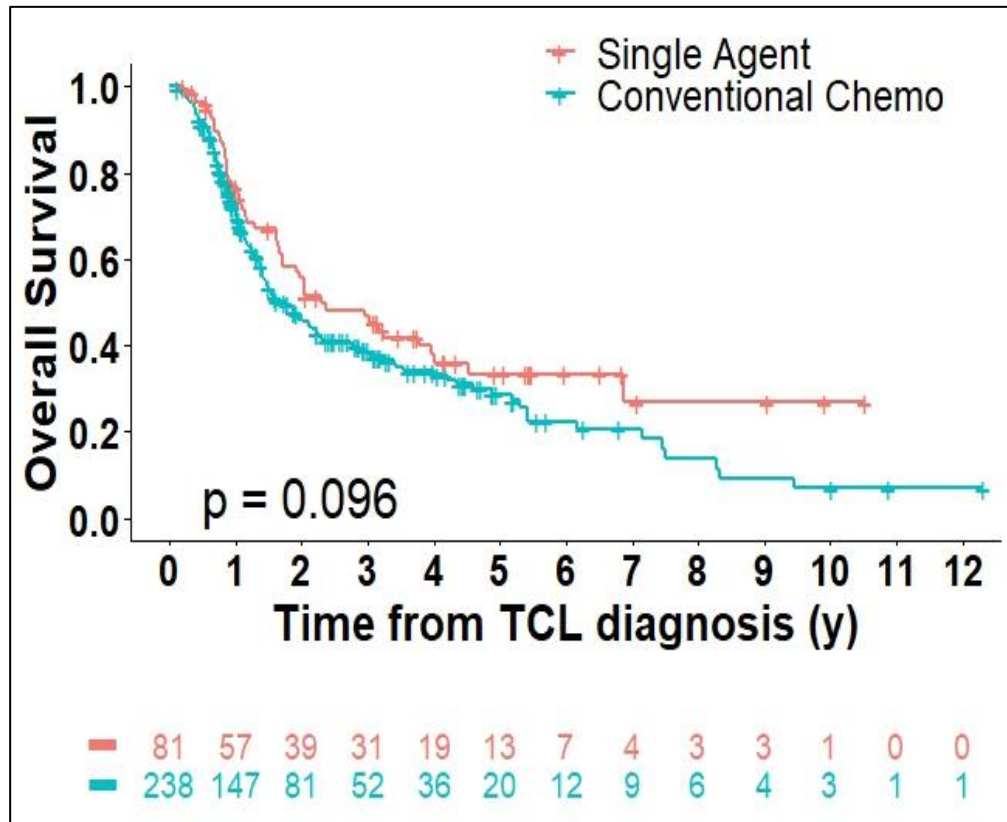
Global Retrospective Cohort of R/R PTCL

- ❑ Retrospective cohort study with exhaustive treatment details for 1200 patients with R/R PTCL (650 enrolled)
- ❑ Participating countries: USA, Brazil, South Africa, Italy, Saudi Arabia, India, Australia, South Korea, and Japan
- ❑ Primary objective:
 - ❑ Compare single novel agents to chemotherapy
 - ❑ Utilize machine learning tools like synthetic intervention to estimate RR and survival

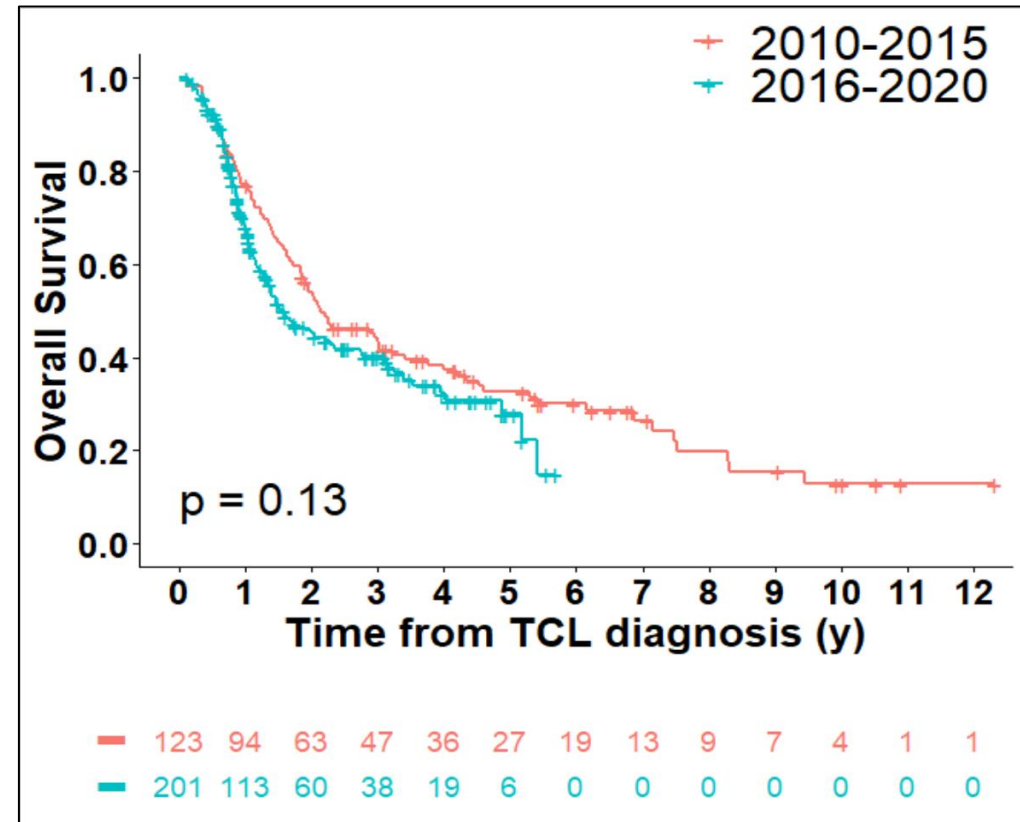


Survival analysis – Kaplan-Meier

Conventional chemo vs single agents



Per Calendar Period



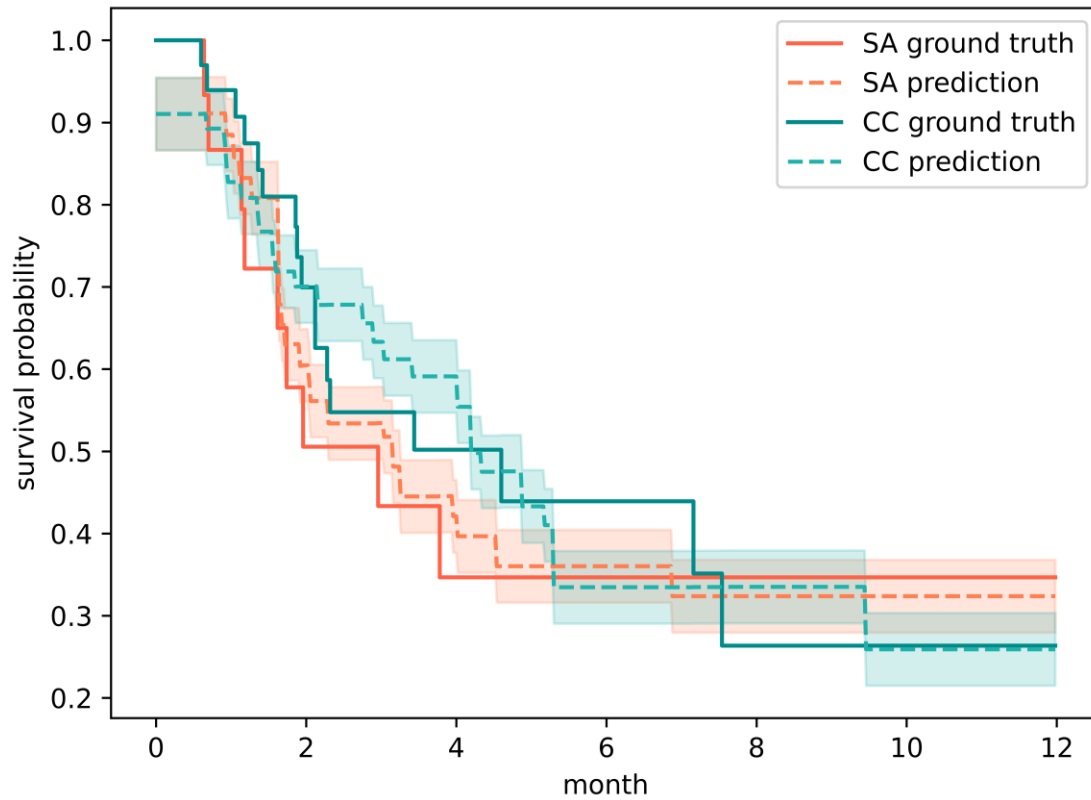
Survival analysis: Cox regression, Random forest, Synthetic Intervention

COX REGRESSION SURVIVAL ANALYSIS						
HR (P value)	Univariate	Multivariate				
Treatment type (ref: single agent) Conventional chemotherapy Conventional chemotherapy plus single agent	1.20 (0.35) 0.55 (0.55)		1.18 (0.39) 0.51 (0.51)	1.04 (0.85) 0.62 (0.64)	1.02 (0.94) 0.57 (0.58)	1.12 (0.63) 0.71 (0.74)
Histological subtype (Ord: ALCL, ENKTL, AITL, PTCL-NOS, EATL, HSTCL, ATLL)#	1.16 (<0.005)	1.11 (0.03)	1.14 (0.01)		1.12 (0.03)	1.11 (0.04)
PIT score at diagnosis (Ord: 0, 1,2, ≥3)#	1.47 (<0.005)	1.49 (<0.005)	1.48 (<0.005)	1.50 (<0.005)	1.48 (<0.005)	1.48 (<0.005)
Country (ref: Australia) USA (Complete) Brazil South Korea South Africa Saudi Arabia	1.15 (0.64) 1.32 (0.33) 0.58 (0.12) 3.46 (0.23) 0.59 (0.48)					2.26 (0.03) 1.54 (0.17) 0.95 (0.89) 4.92 (0.13) 0.62 (0.53)
Diagnosed period (ref: 2010-2015) 2016-2020	1.00 (0.99)				0.94 (0.74)	1.35 (0.31)
Response to 1 st treatment (Ord: Complete response, partial response, stable disease, progressive disease)#	1.26 (<0.005)	1.25 (<0.005)		1.27 (<0.005)	1.25 (<0.005)	1.26 (<0.005)
AIC		1317.28	1328.99	1323.73	1322.80	1321.87
Concordance index		0.69	0.62	0.68	0.68	0.69
RANDOM SURVIVAL FOREST ANALYSIS						
Concordance index		0.70	0.64	0.68	0.70	0.70

Synthetic Intervention predicts survival probability to various treatments with > 90% accuracy with as little as 20 patients

PTCL-NOS (15 SA and 33 CC)

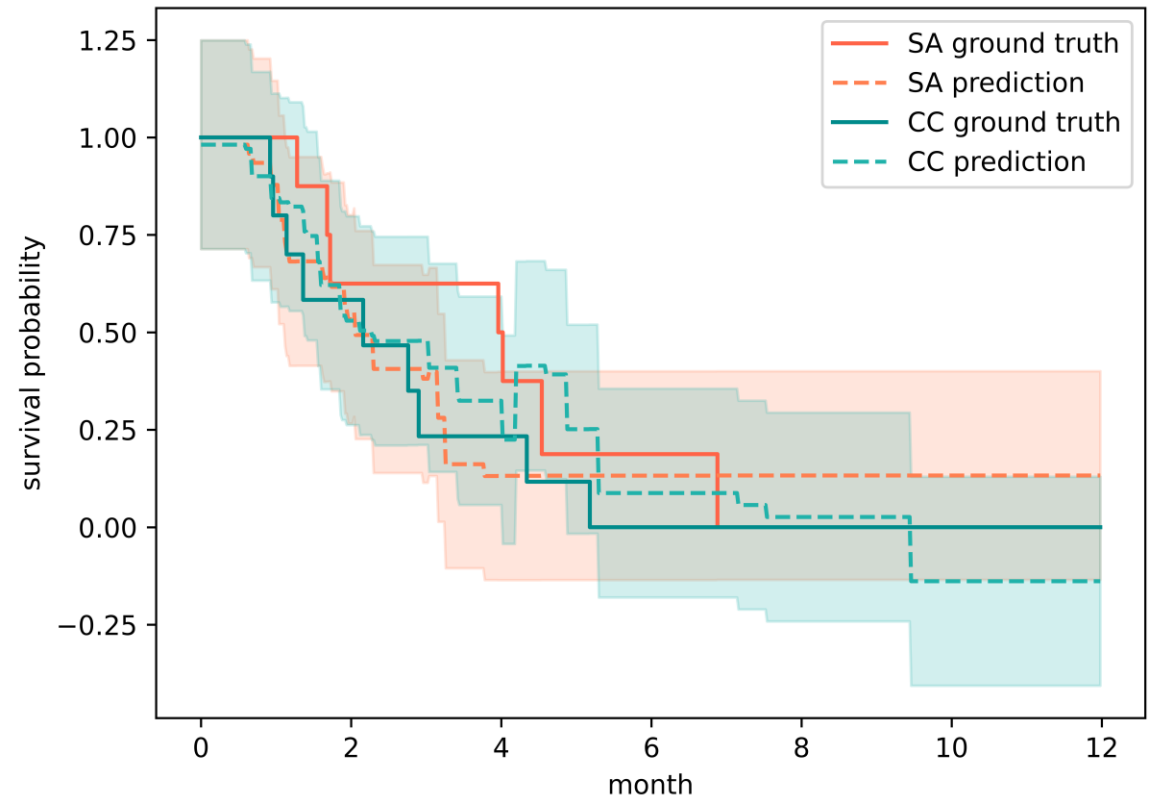
A



$R^2 = 0.949$ (SA)
 0.900 (CC)

AITL (9 SA and 11 CC)

B



$R^2 = 0.75$ (SA)
 0.85 (CC)

Acknowledgments



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Devavrat Shah

International Registry

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Min Jung Koh
Luke Peng
Robert Stuver
Miles Prince
Carrow Van Der Weyden

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Daiichi Sankyo
MGH Lymphoma Research

Thank you team!!!!



We are looking for graduate students and postdoctoral fellows and no one is left behind!

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