



Mobilizing the Immune System with Bispecific Antibodies



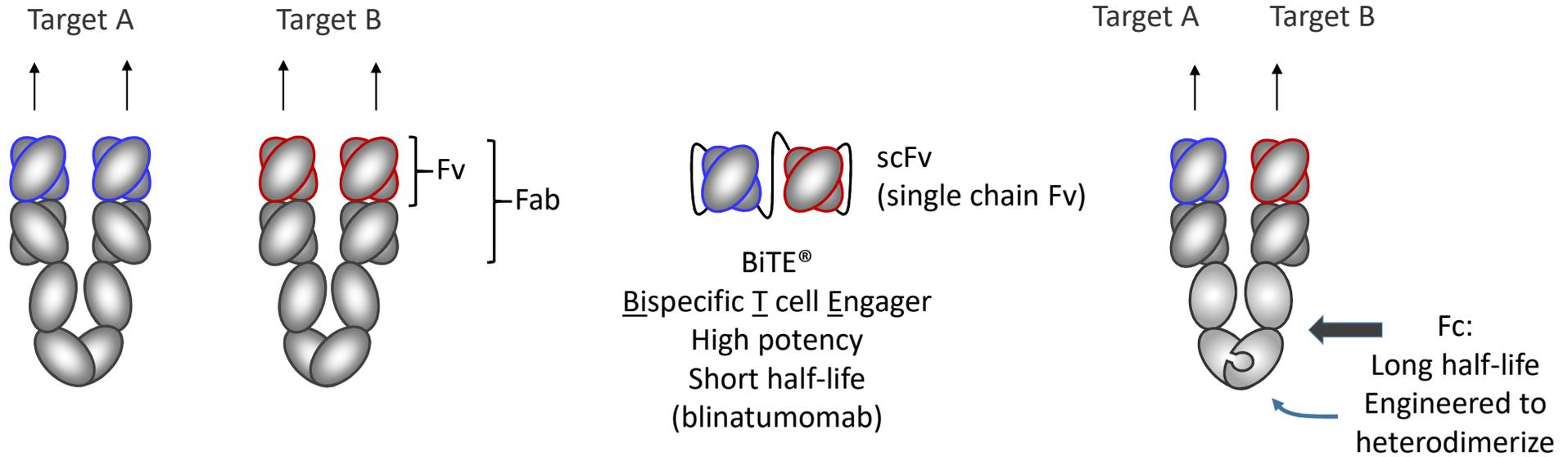
Society for Immunotherapy of Cancer

#SITC2020

Disclosures

- Officer and shareholder of Xencor, Inc.
- Abexxa, Inc. Scientific Advisory Board

Bispecific antibodies bind two different target antigens



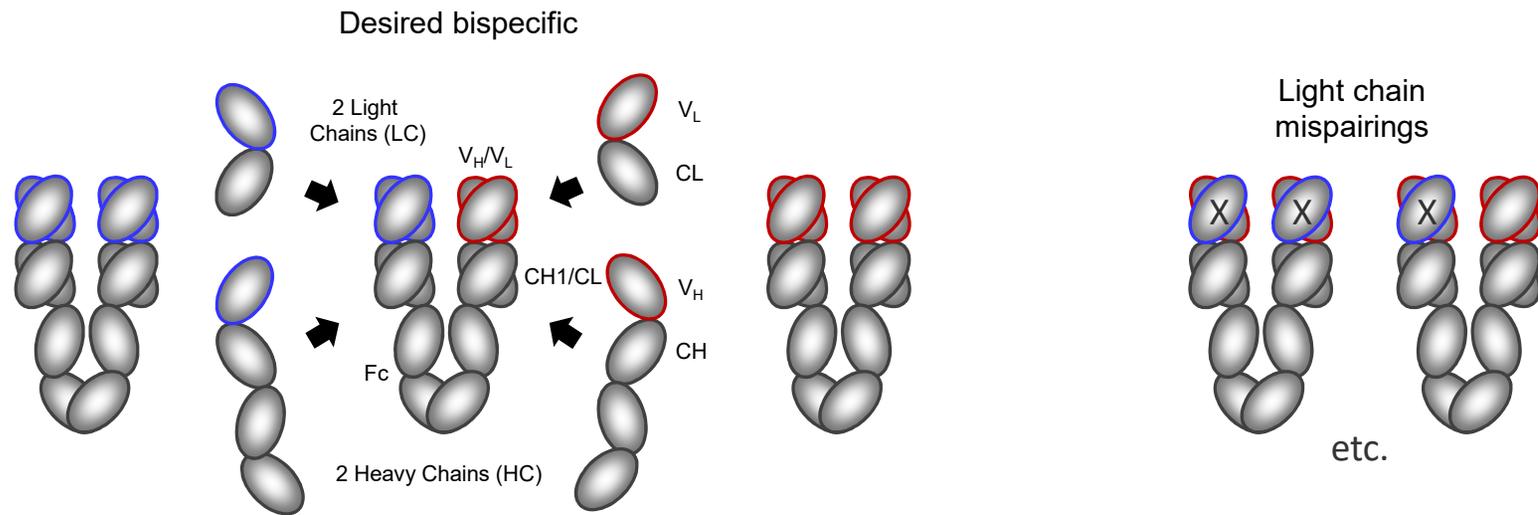
Bivalent antibodies:

- One specificity
- Two binding sites

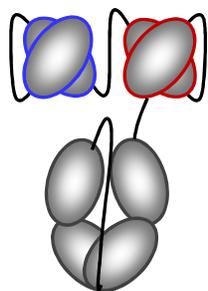
Bispecific antibodies:

- Two specificities
- Monovalent for each

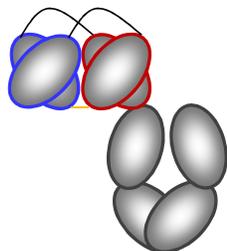
Light chains can mis-pair with the wrong heavy chains, creating a challenge for bispecific production



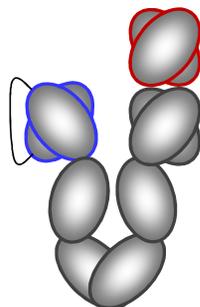
A variety of platforms have evolved to solve the light chain mispairing problem



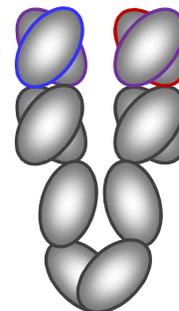
HLE-BiTE®
Amgen



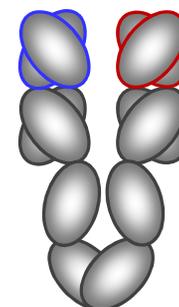
Fc-DART
Macrogenics



scFv-Fab-Fc
Xencor
Zymeworks
Glenmark

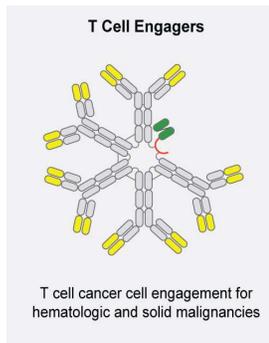


Common light chain
(Both Fabs use same light chain)
Regeneron, Merus, other

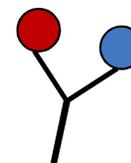


Crossmab
Roche
or
Duobody
Genmab

IgM bio

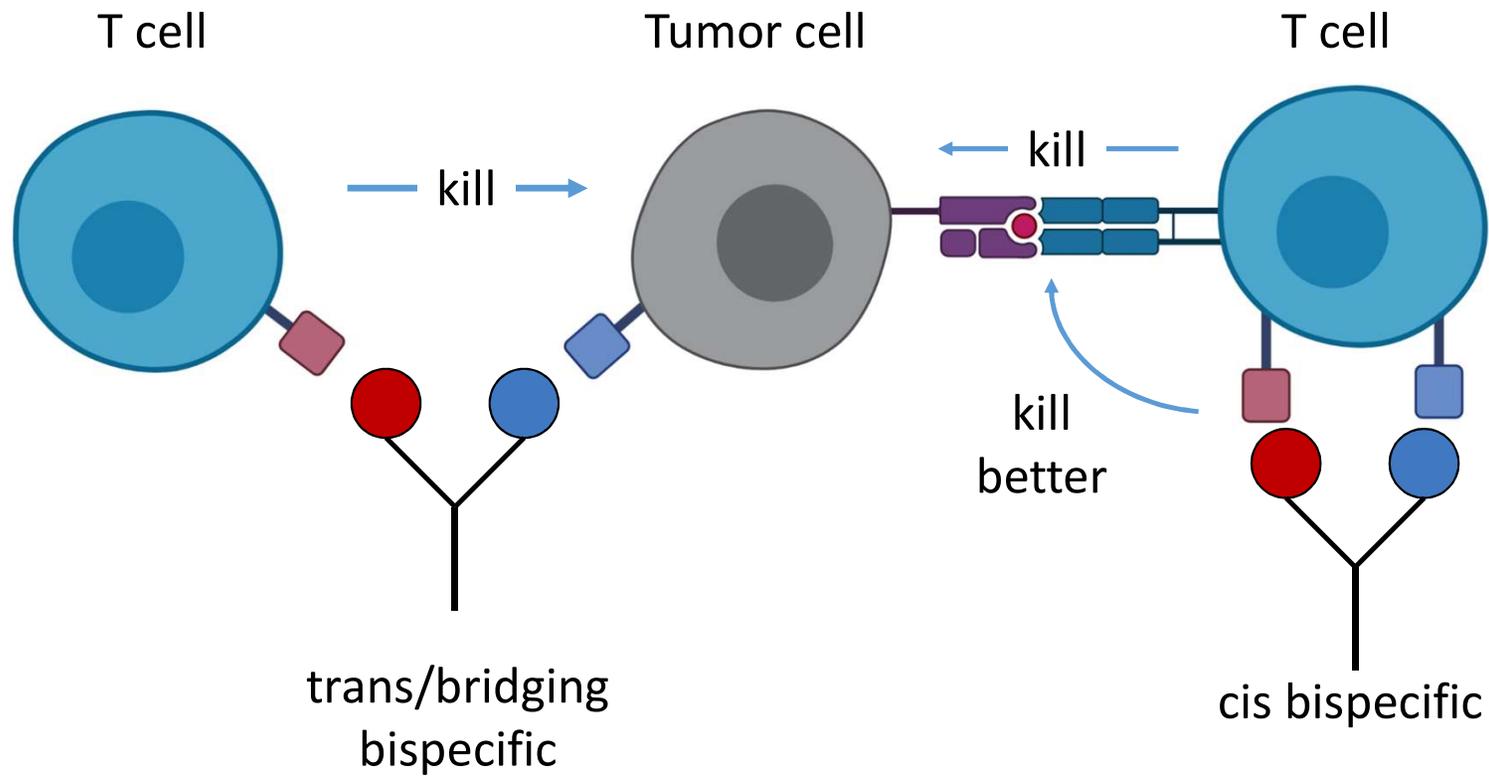


There are many others!

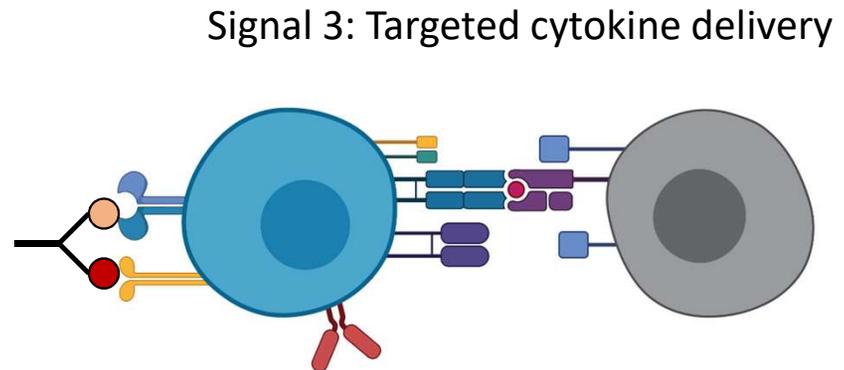
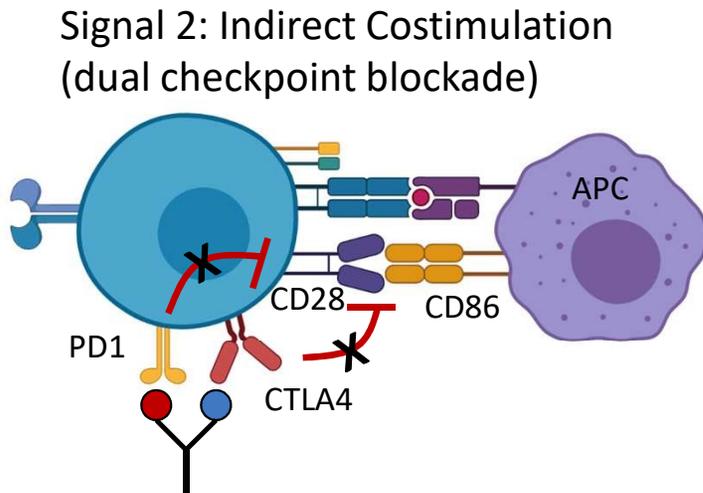
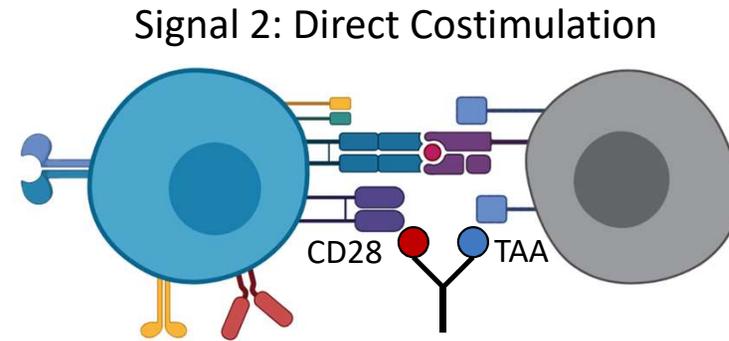
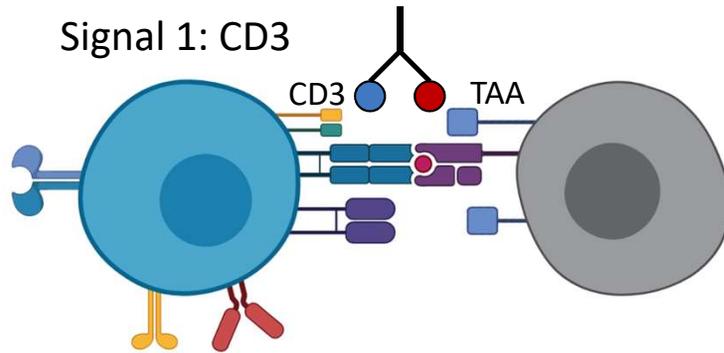


Cartoon bispecific

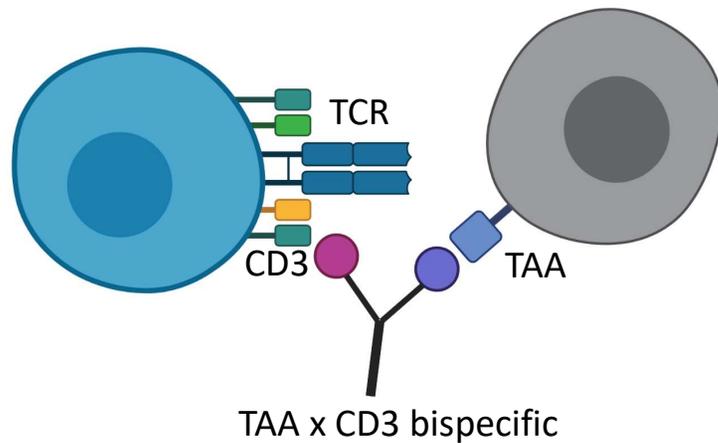
Bispecific antibodies can target in trans or cis



Bispecific antibodies seek to selectively promote T cell activation in multiple ways



CD3 bispecifics (aka T cell engagers/TCE) are the most common bispecifics



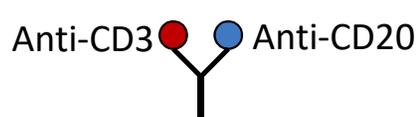
CD3 bispecifics:

- Engage CD3, a component of the TCR
- Circumvent MHC restriction
- Activate T cells
- Promote target cell killing
- Target tumor-associated antigens (TAA) on tumor cells

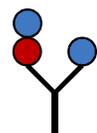
Tumor Associated Antigens (TAA) for Development stage CD3 bispecifics

Indication	Phase 1-2	Phase 3	Approved
B cell malignancies	CD20, CD19		CD19
Myeloma	BCMA, GPRC5D, CD38, FCRH5		
AML	CD123, CD33, CLEC12A, FLT3		
Prostate	PSMA, PSCA, STEAP1		
Ovarian	MSLN, MUC16		
Colon cancer	CEA, A33		
Gastric	MUC17, CLDN18.2		
Liver	GPC3		
Breast	Her2		
Neuroendocrine	SSTR2		
Neuroblastoma	GD2		
Glioblastoma	EGFRvIII		
SCLC	DLL3		
Solid tumors	B7H3, EpCAM, MUC1, 5T4, NY-eso-1, MAGE-A4, PRAME		

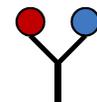
CD20xCD3 Bispecific antibodies are highly active in R/R DLBCL



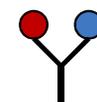
Genentech
A Member of the Roche Group



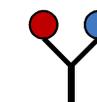
Roche



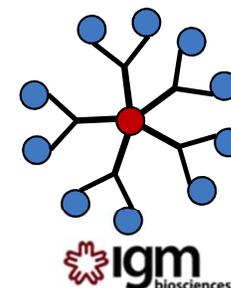
REGENERON



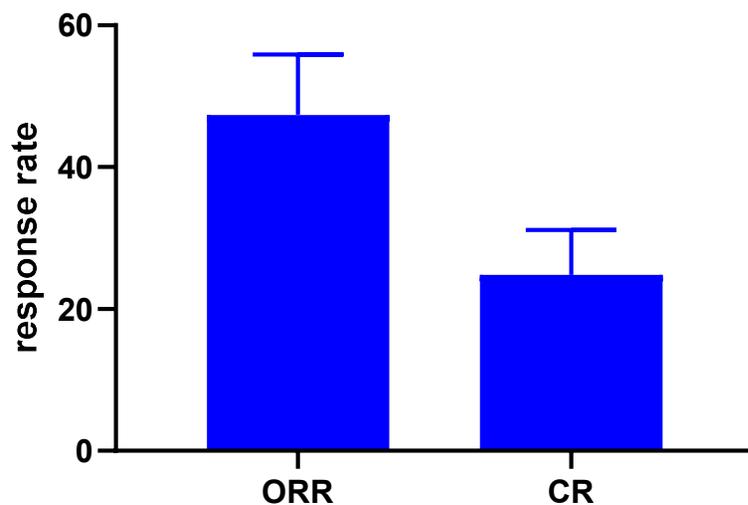
xencor



Genmab

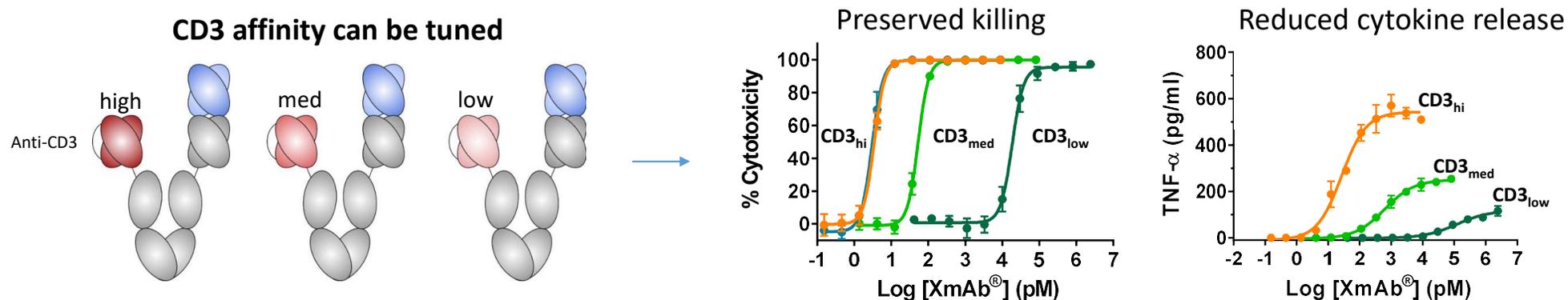


ORR/CR rates similar across multiple programs



- Data sets still maturing
- Some programs still in dose escalation
- Grade3+ CRS: 7-11%
- Common use of priming/step-up dosing to mitigate CRS

Evolution of CD3 bispecifics includes reducing potency to improve safety

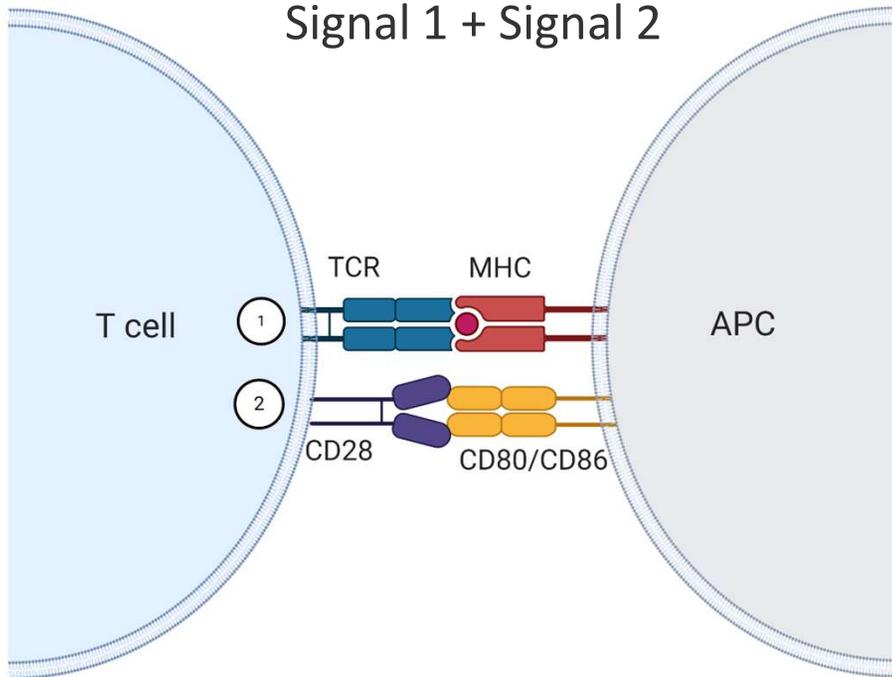


Zuch de Zafra et al., Clin Canc Res 2017

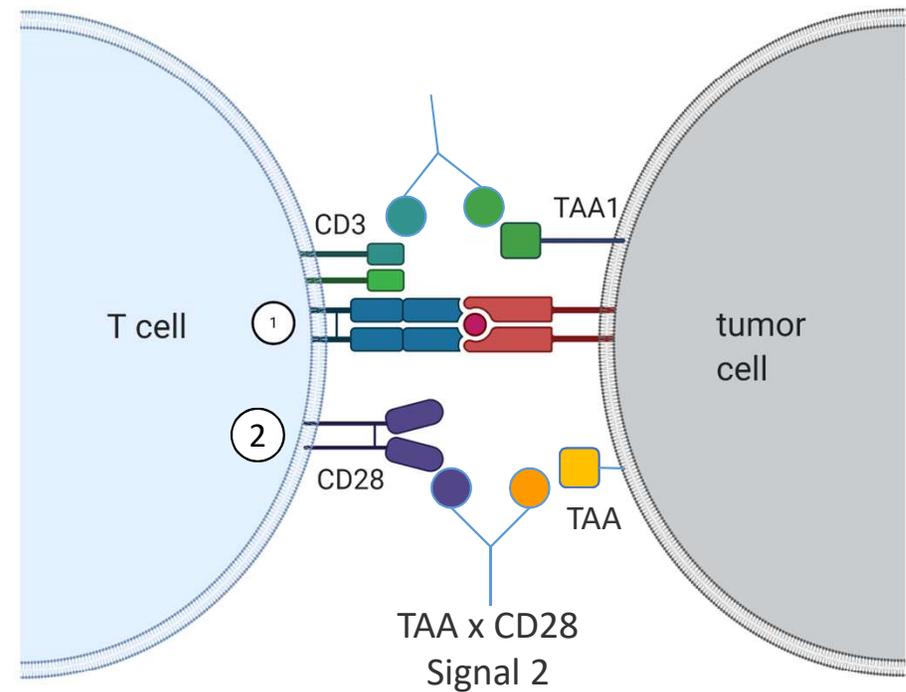
Potency reduction may reduce CRS incidence and severity in patients

Signal 2 can be triggered with TAA x CD28 bispecifics

Classic T cell/APC interaction Signal 1 + Signal 2

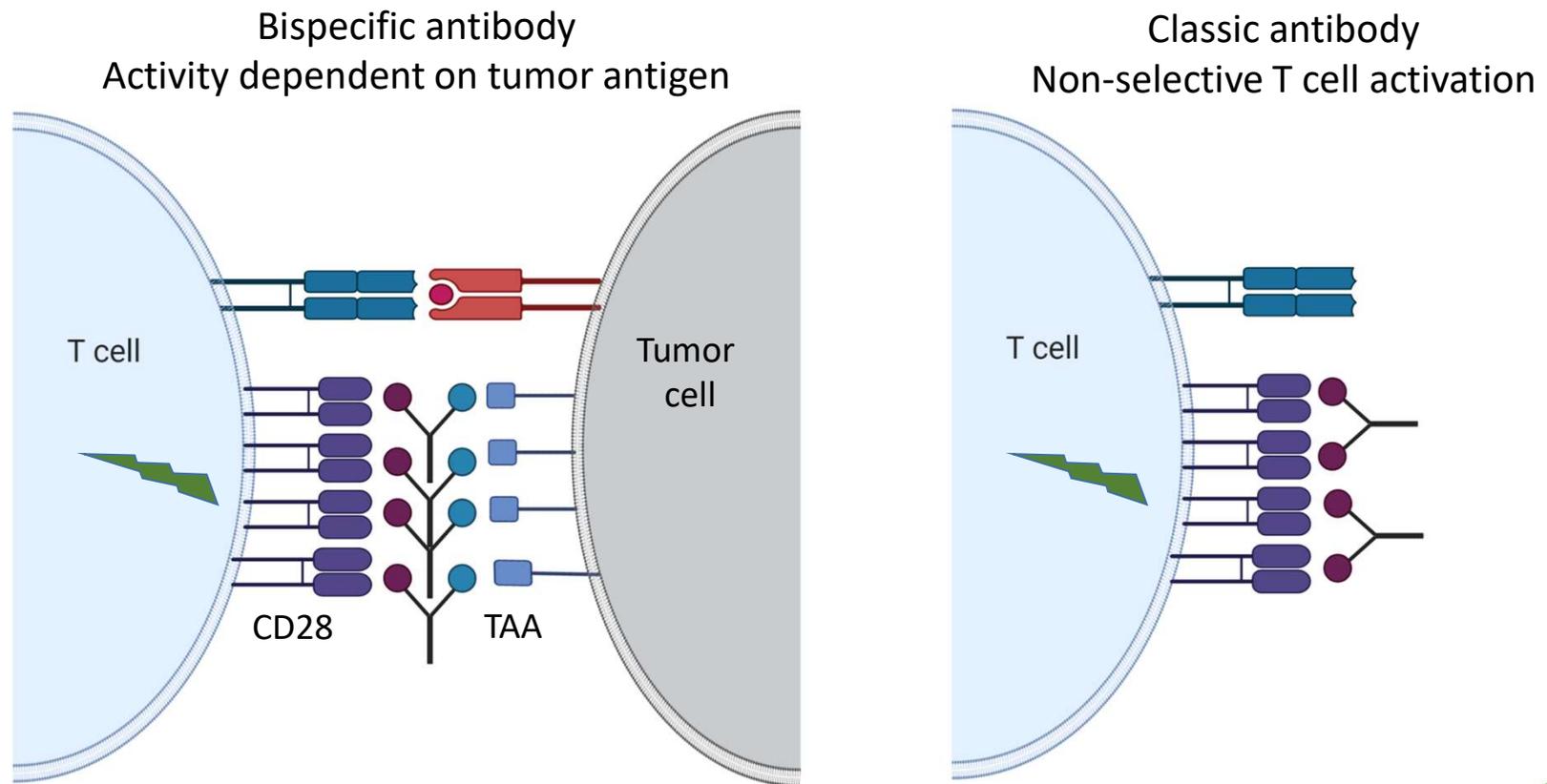


T cell/tumor interaction

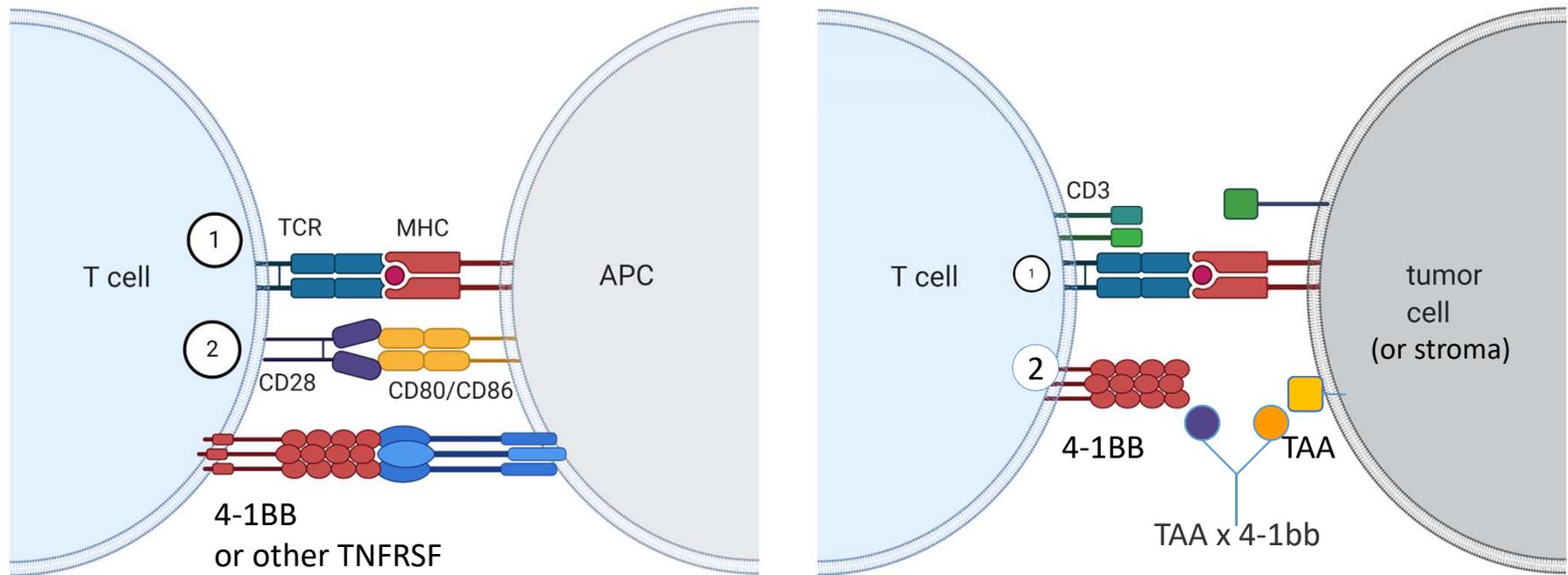


- CD28 costimulation promotes activation and proliferation
- Superagonism is avoided with low affinity, monovalent binding

Bispecifics targeting tumor-associated antigens (TAA) conditionally cluster agonist receptors



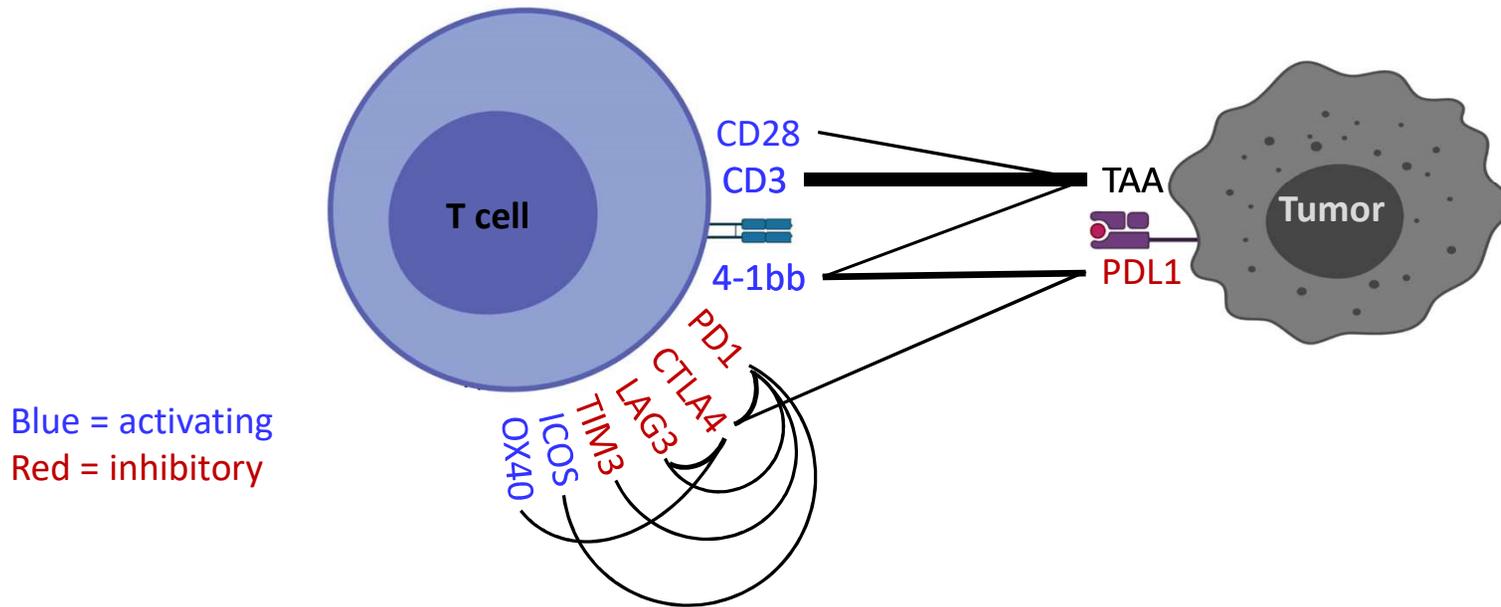
Targeted costimulation includes TAA x TNFSFR



TAA



Bispecific antibody connectivity map, adding T cell x T cell (cis) bispecifics



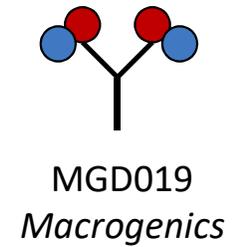
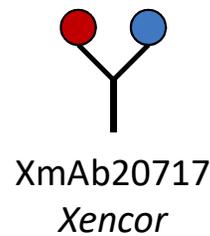
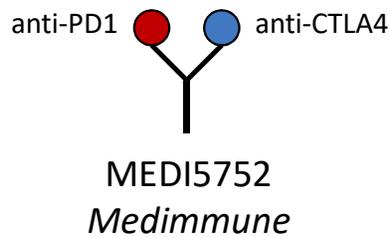
Dual checkpoint blockade

- PD1 x CTLA4
- PD1 x LAG3
- PD1 x TIM3
- CTLA4 x LAG3
- PDL1 x CTLA4

Checkpoint blockade + costimulation

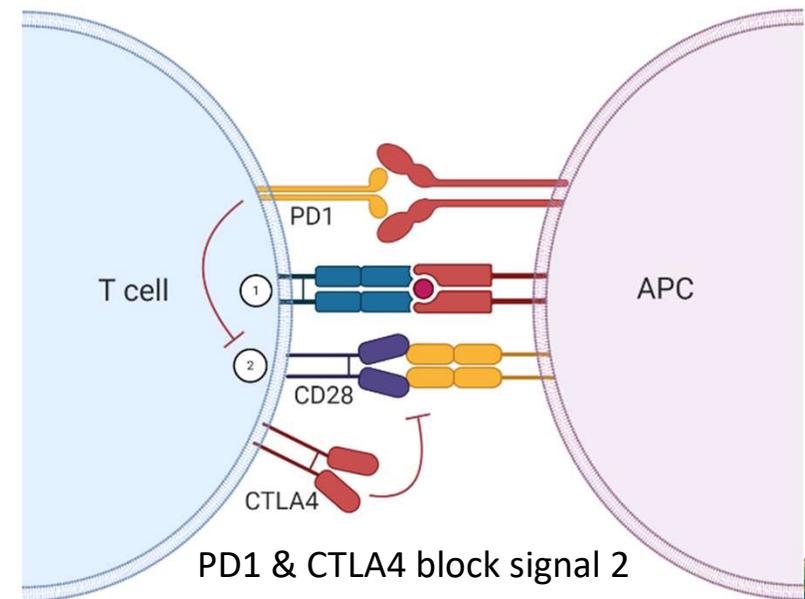
- CTLA4 x OX40
- PD1 x ICOS

Unlocking Signal 2 with Dual checkpoint blockade: PD1 x CTLA4

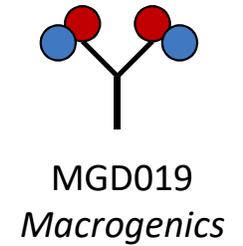
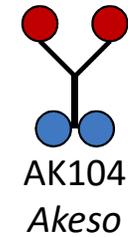
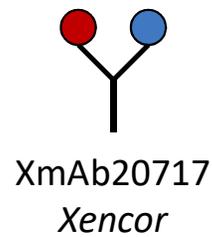
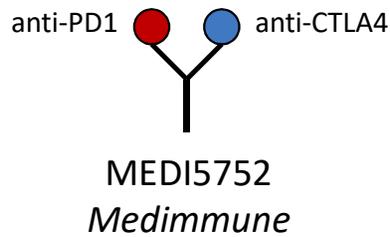


General Goals:

- Block both PD1 and CTLA4
- Improve therapeutic index compared to anti-PD1 + anti-CTLA4 (e.g. nivo + ipi)
- More selective for PD1+CTLA4+ cells
- Inactive Fc domains!
- Clinically active



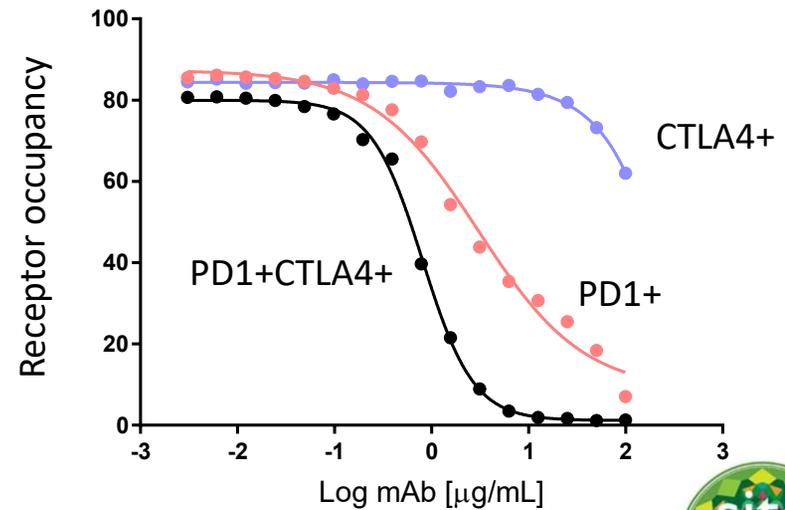
Dual checkpoint blockade: PD1 x CTLA4



General Goals:

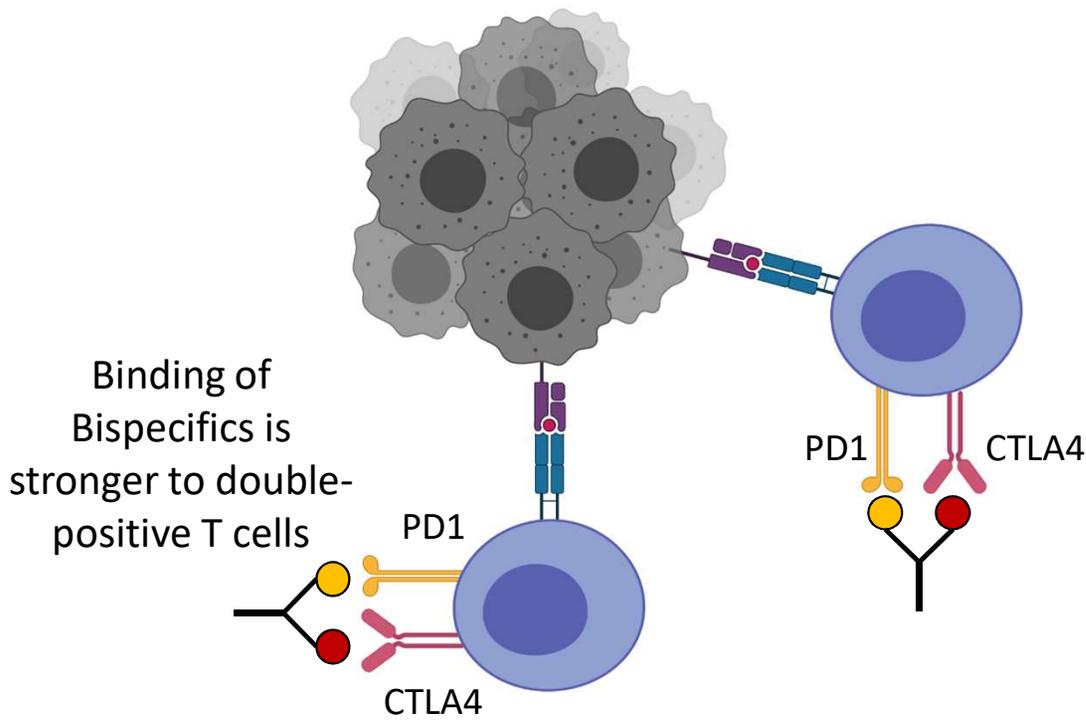
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XmAb20717 binds preferentially to PD1+CTLA4+ cells

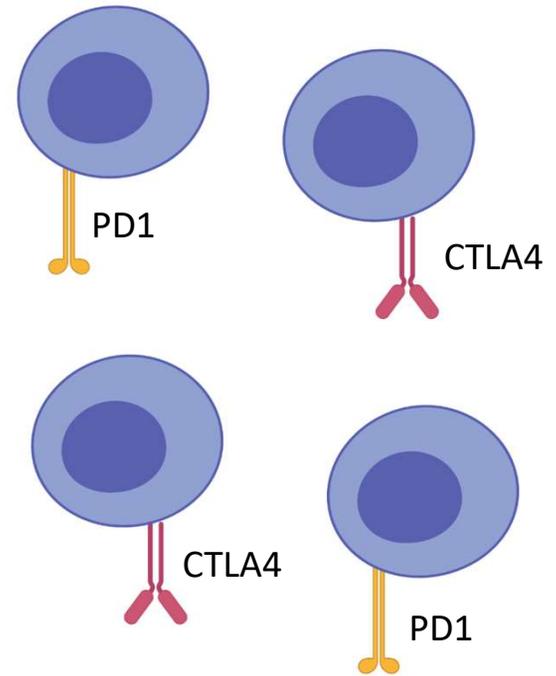


PD1 x CTLA4 bispecifics are designed to preferentially activate PD1+CTLA4+ T cells

Tumor-reactive TILs express multiple checkpoints
PD1 x CTLA4 bispecifics can selectively activate these cells



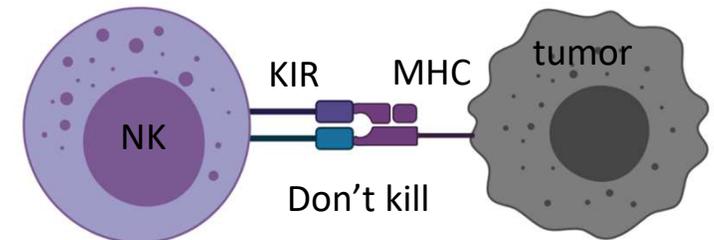
Peripheral T cells



What about other effector cells?

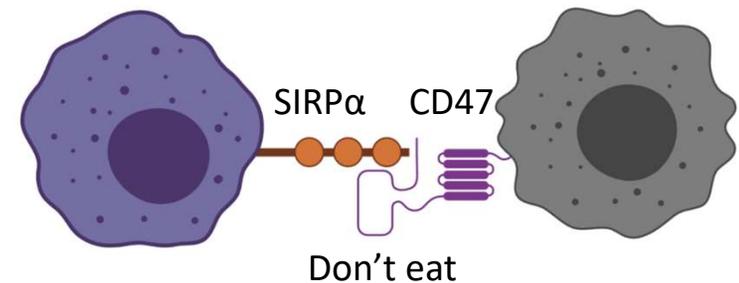
NK cells

- Highly effective killers
- Inhibited by class I MHC through KIR recognition
 - Loss of class I MHC promotes NK killing
 - Activating receptors can overcome KIR inhibition
- Uncertain prevalence in solid tumors



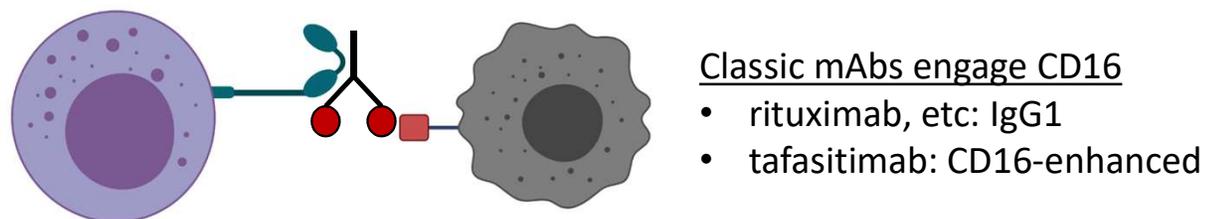
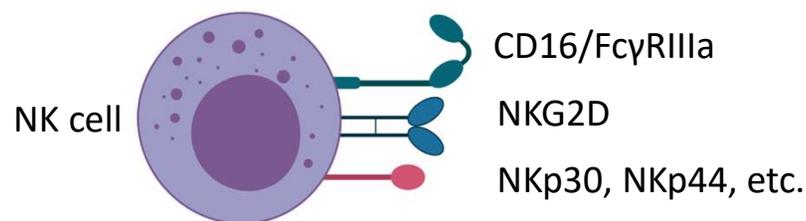
Macrophage

- Phagocytosis
- Antigen presentation
- Tumor-associated macrophage can be inhibitory
- Broadly inhibited by CD47 “don’t eat me” signal

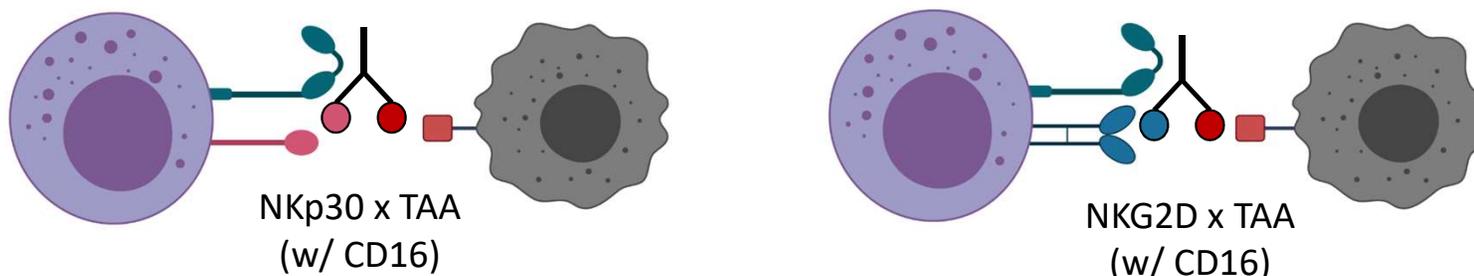


Enhancing NK recruitment

NK activating receptors:

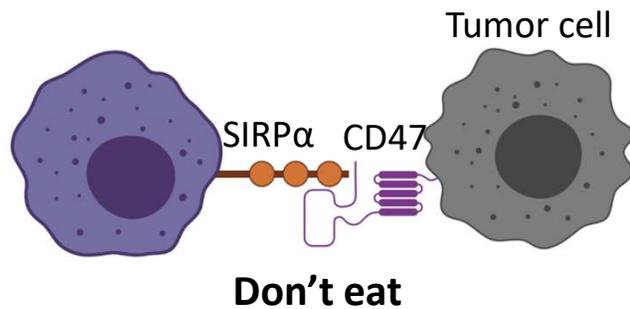


Novel bispecifics build off CD16 signal with additional NK activating receptors

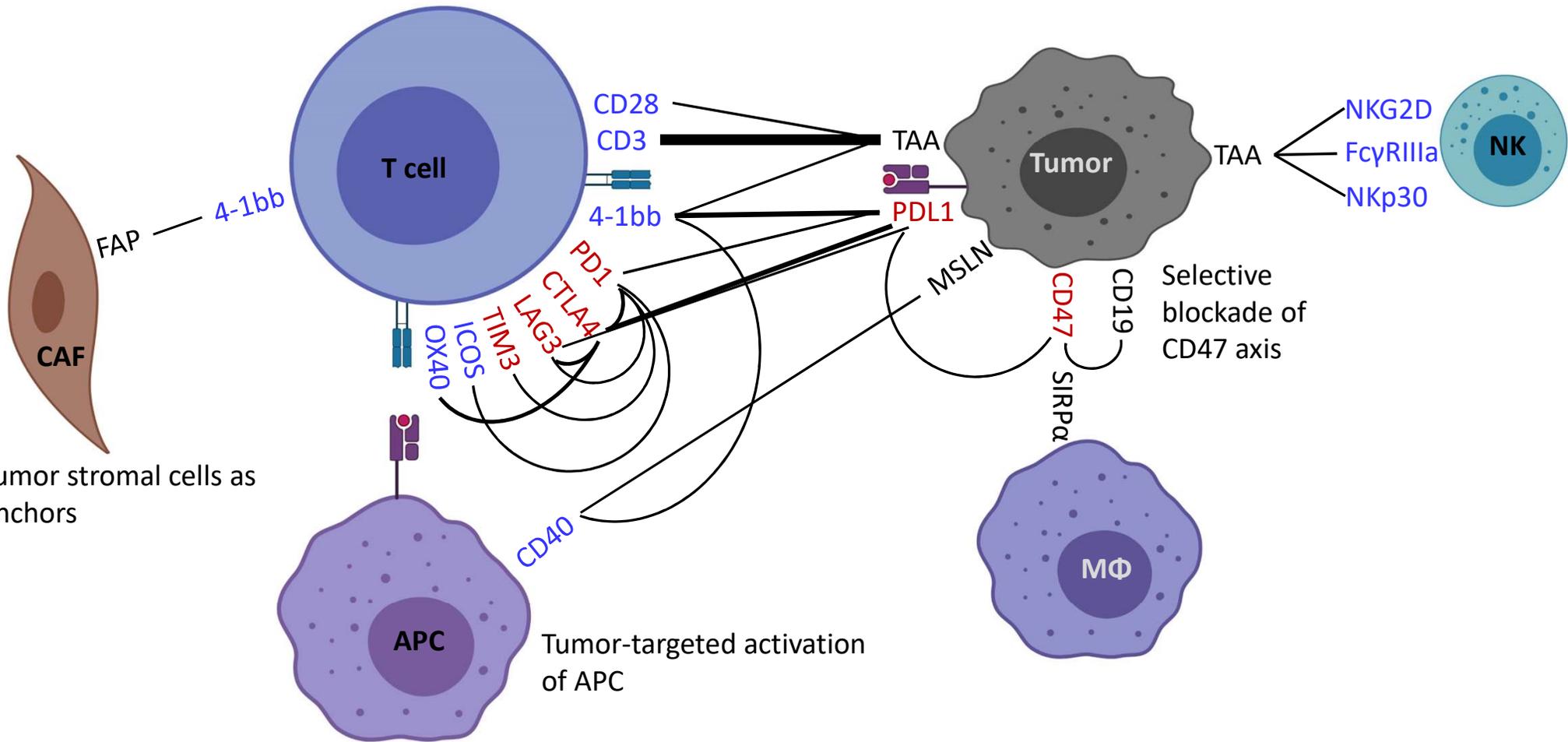


Bispecifics can selectively block the Macrophage “don’t eat me” Signal

SIRP α /CD47 engagement
Protects normal/self cells (and tumors!)
“Don’t eat me”

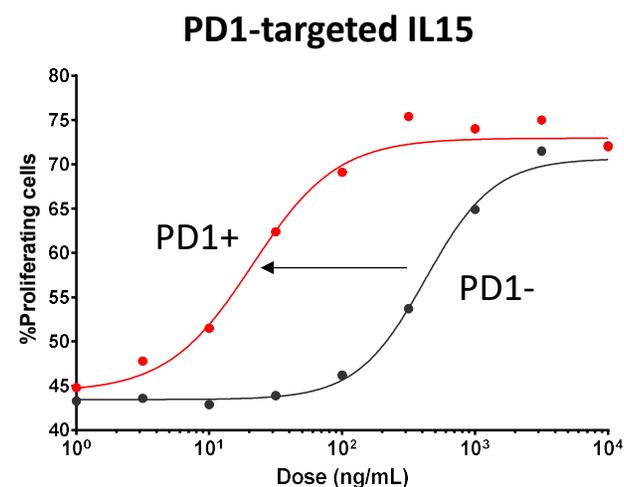
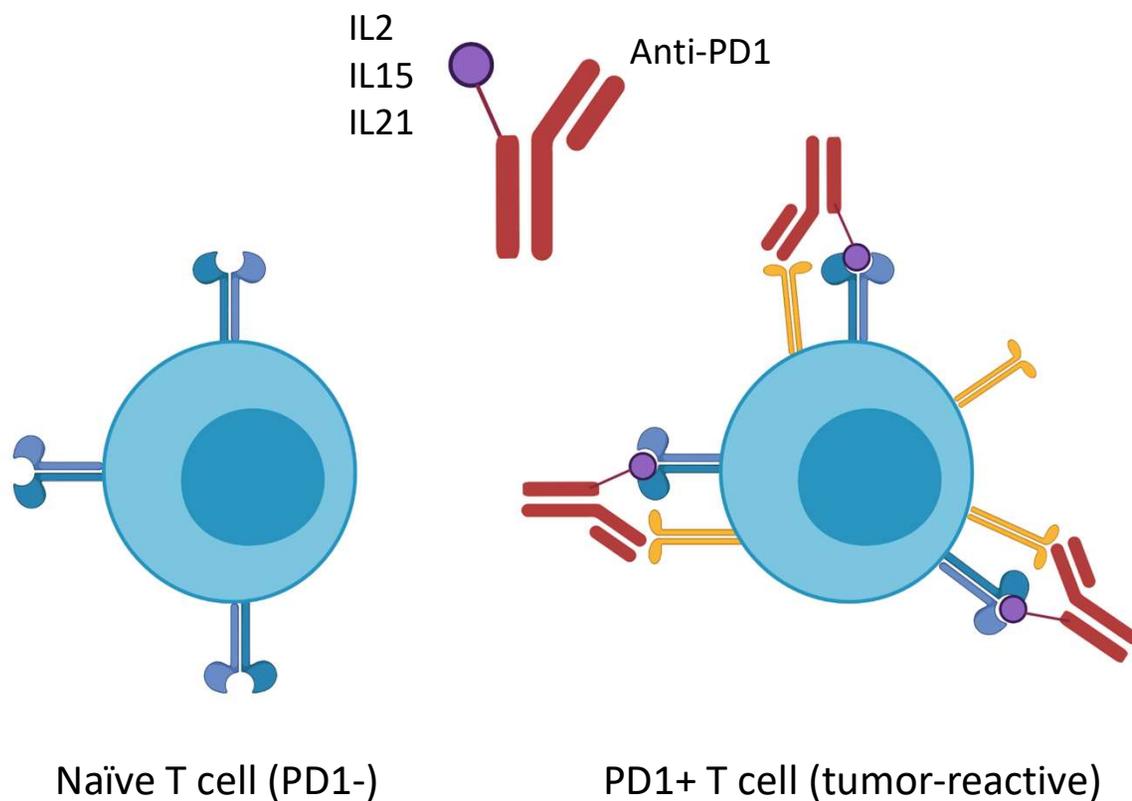


Bispecific antibody connectivity map (development stage)



Created with BioRender.com

Bispecific antibody scaffolds can be used to target cytokines to defined lymphocyte populations



PD1 binding drives selective activation of PD1+ T cells

Take home messages

- Bispecific antibodies are a rapidly growing & evolving class of therapeutics
- Multiple classes of T cell engagers
 - TAA x CD3
 - TAA x CD28
 - TAA x 4-1bb
- Bispecifics can be used to recruit other immune effectors (NK, macrophage)
- Multiple checkpoint blockade
 - PD1 x CTLA4
 - PD1 x LAG3
 - CTLA4 x LAG3
 - etc.
- Bispecific antibody platforms can be used to target cytokines