Safety and anti-tumor activity of TCR-engineered autologous, PRAME-directed T cells across multiple advanced solid cancers at low doses – clinical update on the ACTengine® IMA203 trial

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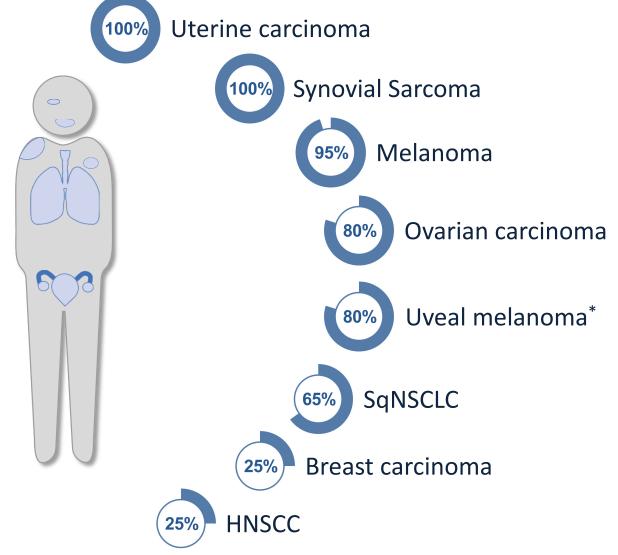
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Peptide Target Derived From PRAME

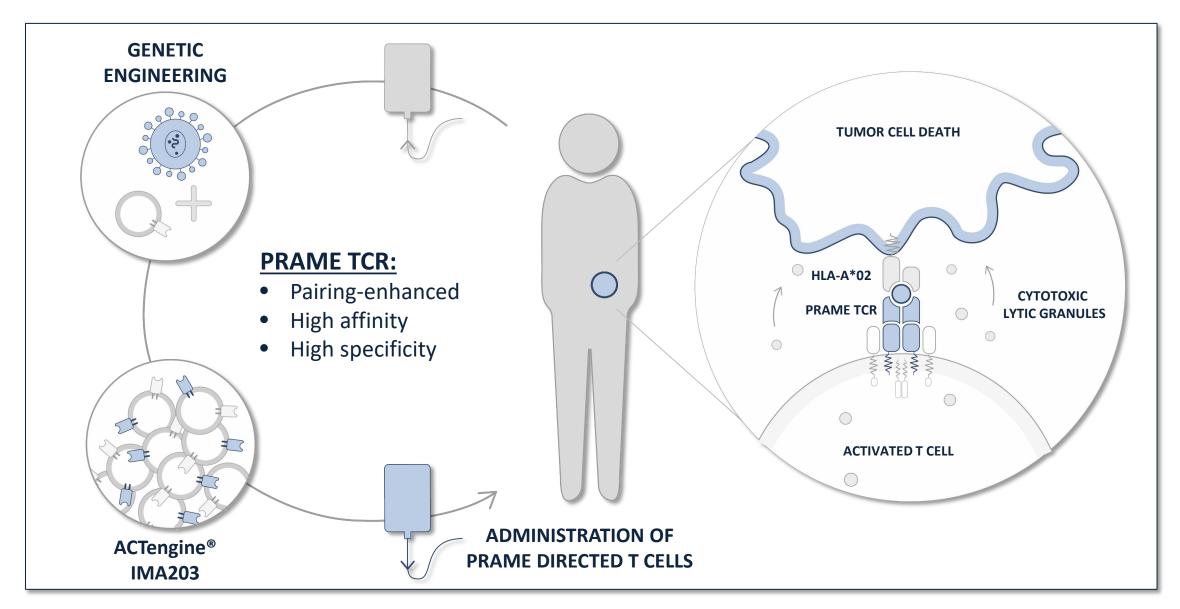


- Cancer testis antigen
- Homogenously expressed
- Expressed at high target density (100-1000 copies/cell)



Mechanism of Action





Key Eligibility Criteria



- Patients ≥ 18 years of age with ECOG 0 / 1
- HLA-A*02:01 and PRAME positive
- Patients having received, or not been eligible for all available indicated standard-of-care treatment
- Adequate organ function
- No active brain metastasis
- No serious autoimmune disorder
- No immunosuppressive medication

Key Objectives



Primary: Safety

- Investigation of Adverse Events
- Determination of a recommended Phase 2 dose

Secondary: Biological and Clinical Activity

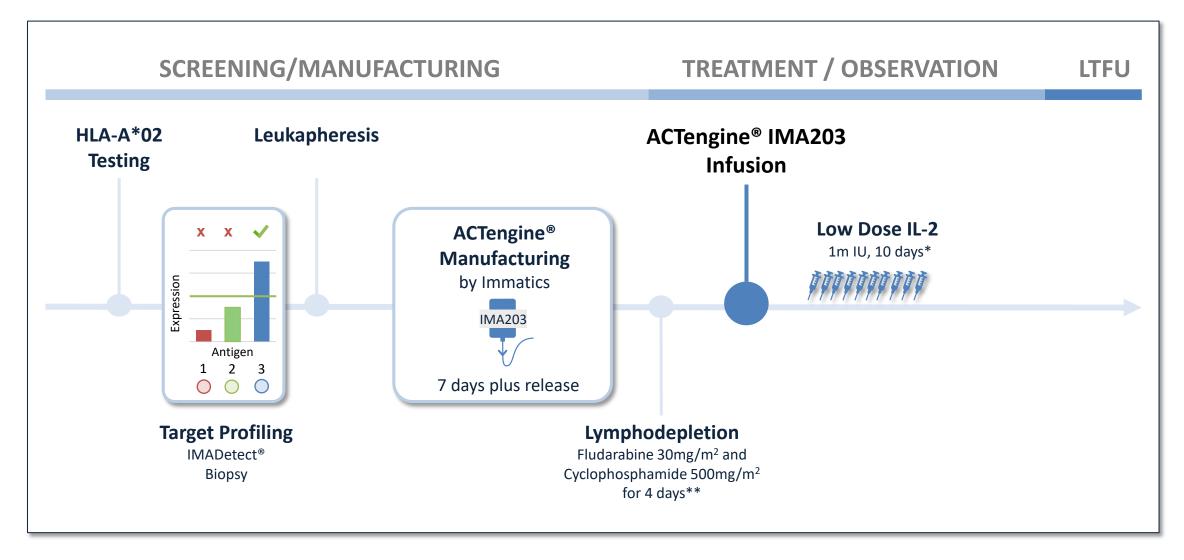
- T cell engraftment, persistence
- Objective responses as per RECIST1.1 & duration of response

Exploratory:

Tumor Infiltration

Patient Flow

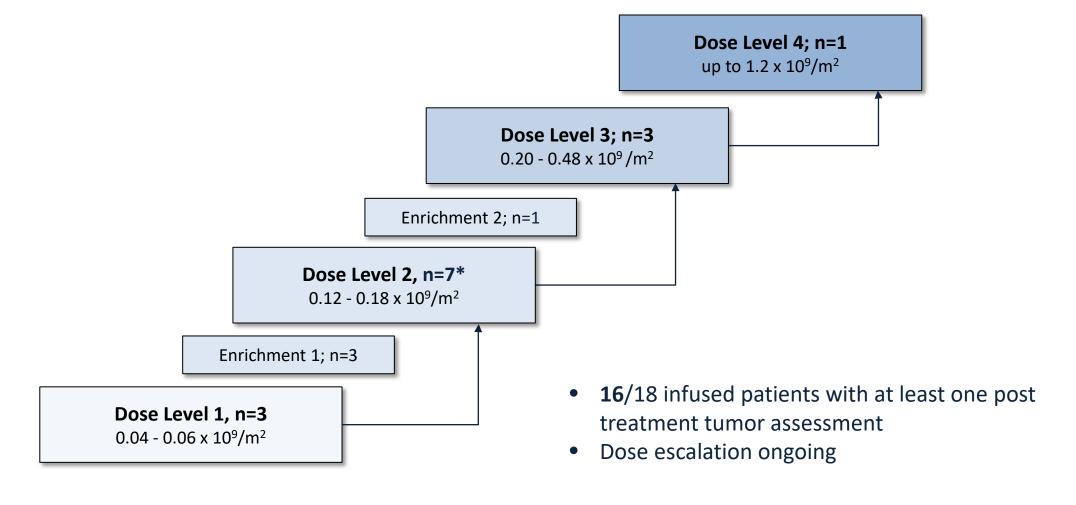




^{*} IL-2 dose reduction (BID to QD and 14 to 10 days) starting on dose level 3, daily for day 1-5, twice daily for day 6-10, ** Fludarabine dose reduction (40mg/m² to 30mg/m²) starting on dose level 3



Trial Design & Recruitment Status





Patient Characteristics

Patient Characteristics (Patients with at least one post infusion tumor assessment, N=16)*	Median (range)
Age [years]	53 (18 - 65)
Number of prior lines of systemic therapies	4 (2 - 8)
Years from diagnosis	4 (1 - 25)
Disease Entity	N
Synovial Sarcoma	5
Head & Neck Cancer	3
Cutaneous Malignant Melanoma	3
Uveal Melanoma	2
Other (NSCLC, Ovarian & SCC)	3

^{* 2} patients infused but pending first tumor assessment

Safety Profile



Adverse event	All g	rades	≥ Grade 3			All grades		≥ Grade :	
	No.	%	No.	%	Adverse event	No.	%	No.	
Patients with any adverse event	19	100.0	19	100.0	table continued				
Adverse Events of Special interest					Cardiac or vascular disorders				
Cytokine release syndrome	17	89.5	0	0.0	Hypertension	3	15.8	2	
ICANS ²	4	21.1	0	0.0	Atrial fibrillation	2	10.5	14	
Blood and lymphatic system disorders					General disorders and administration site of	conditions			
Neutropenia*	16	84.2	15	78.9	Fatigue	7	36.8	1	
Anaemia	16	84.2	9	47.4	Pyrexia	5	26.3	0	
Thrombocytopenia	15	78.9	7	36.8	Oedema peripheral	3	15.8	0	
Lymphopenia*	14	73.7	14	73.7	Gastrointestinal disorders				
Leukopenia*	12	63.2	11	57.9	Nausea	12	63.2	0	
Cytopenia	1	5.3	1	5.3	Vomiting	7	36.8	0	
Infections and infestations					Diarrhoea	7	36.8	0	
Enterococcal infection	1	5.3	1	5.3	Constipation	6	31.6	0	
COVID-19	1	5.3 5.3	1	5.3 5.3	Investigations				
Appendicitis	1	5.3 5.3	1	5.3 5.3	Aspartate aminotransferase increased	5	26.3	0	
• •	1	5.3 5.3	-	5.3	Alanine aminotransferase increased	4	20.5	0	
Sepsis ³	1	5.3	1	5.5	Blood creatinine increased	4	21.1	0	
Respiratory, thoracic and mediastinal disorde						*	21.1	U	
Hypoxia	2	10.5	1	5.3	Other				
Pleural effusion	2	10.5	1	5.3	Rash	5	26.3	0	
Bronchial obstruction	1	5.3	1	5.3	Myalgia	4	21.1	0	
Metabolism and nutrition disorders					Arthralgia	3	15.8	0	
Hyponatraemia	7	36.8	1	5.3	Alopecia	3	15.8	0 1	
Hypokalaemia	5	26.3	1	5.3	Rash maculo-papular Orchitis	2	10.5 5.3	1	
Decreased appetite	3	15.8	0	0.0	Contrast media allergy	1	5.3 5.3	1	

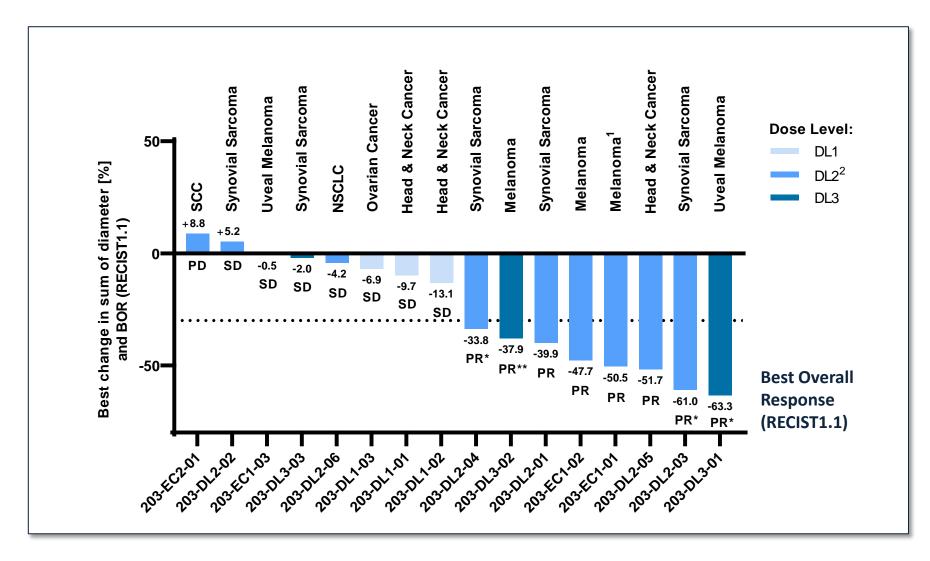
Transient, Grade 3 atrial fibrillation.
Resolved within 48h.
DLT triggered expansion of DL2

DLT:

¹All treatment-emergent adverse events (TEAEs) with grade 1-2 occurring in at least 3 patients (incidence ≥15.8%) and additionally all events with grade 3-5 regardless of relatedness to study treatment are presented. Data source: clinical database. Adverse events were coded using the Medical Dictionary for Regulatory Activities. Grades were determined according to National Cancer Institute Common Terminology Criteria of Adverse Events (CTCAE), version 5.0. Grades for Cytokine release syndrome and ICANS were determined according to CARTOX criteria (Neelapu et al, 2018). Patients are counted only once per adverse event and severity classification.; ²ICANS: Immune effector cell-associated neurotoxicity syndrome; ³Patient died from sepsis of unknown origin and did not receive IMA203 T cells; ⁴DLT: Dose limiting toxicity; *100% of patients experienced transient cytopenias ≥ Grade 3 (CTCAE v5.0)

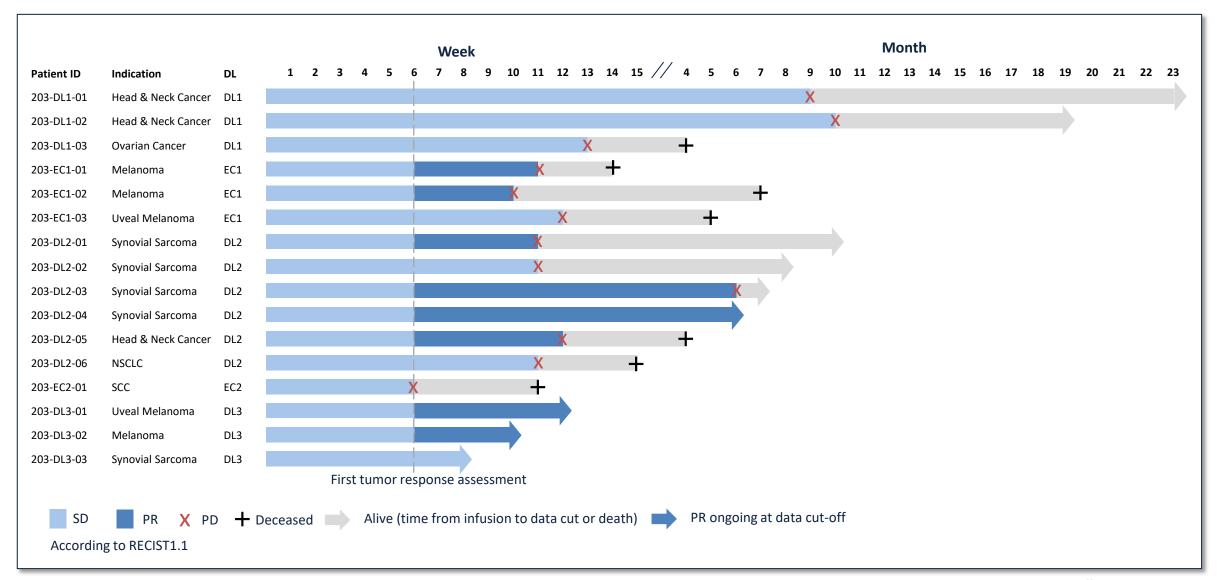






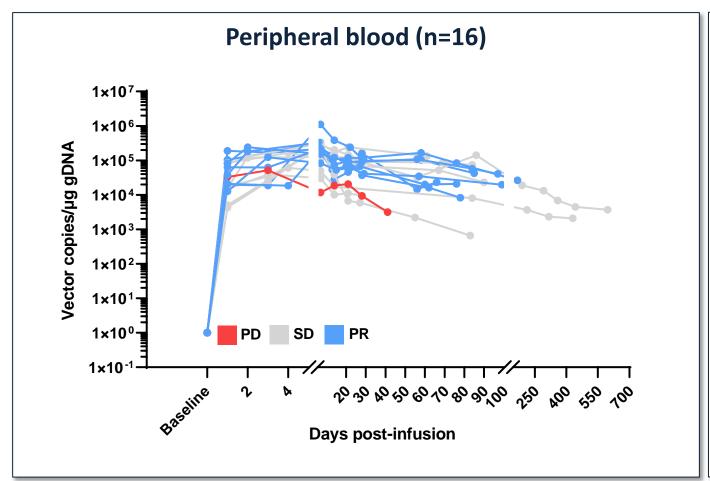
Patient Response over Time

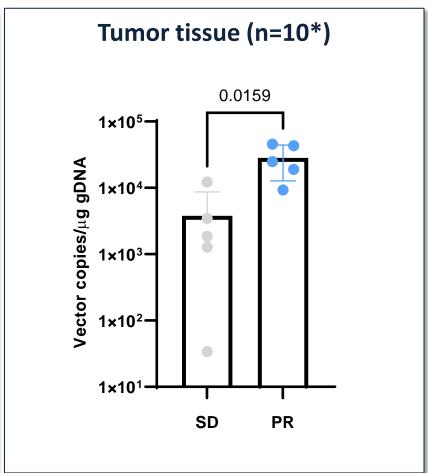




T cell Detection in Blood and Tumor



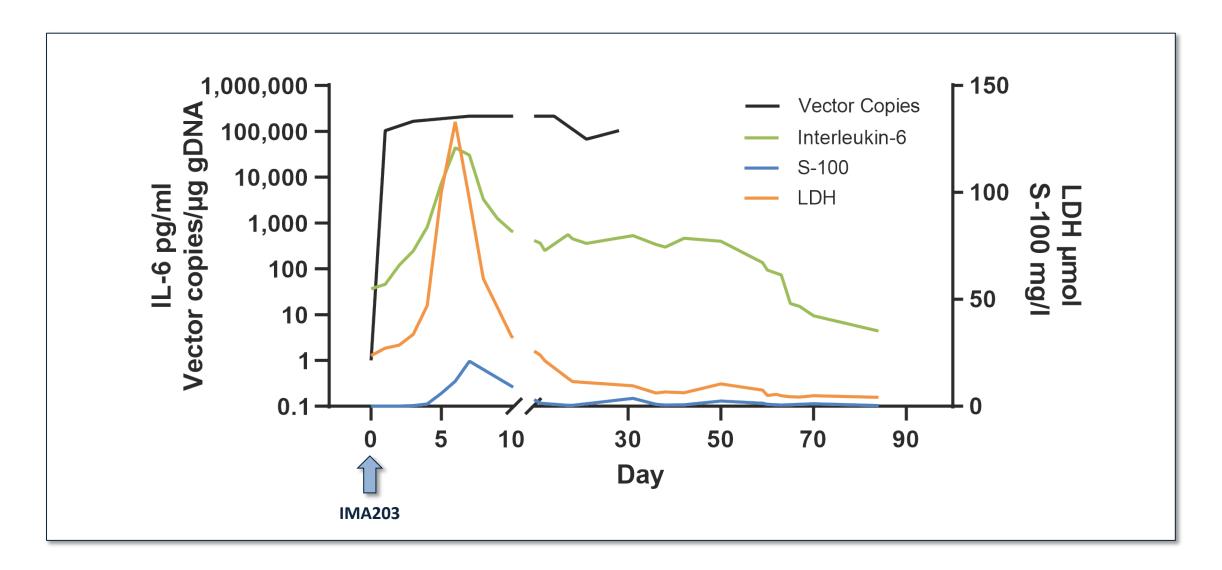




^{*}Post-teatment ACTengine® IMA203 infiltration in 10/12 patients with available biopsy, for 2/12 patients, infiltration was not evaluable due to insufficient tumor size or tumor content in the biopsy; Biopsy not available for 4/16 patients, Data cut-off – 05-Oct-2021



Case Study: Biomarkers in Patient 203-DL3-01



Case Study: Response in Patient 203-DL3-01

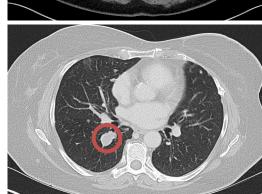


Liver metastasis

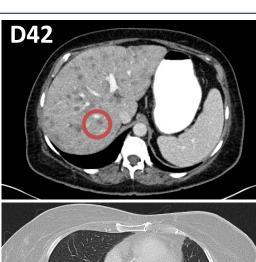
Lung metastasis

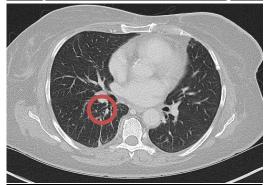


BL



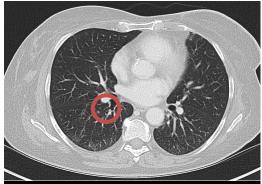














s.c. metastasis

Conclusions



 Transient and manageable treatment-emergent adverse events as expected for cell therapies without signs of autoreactivity

• High T cell engraftment, persistence and infiltration into tumor tissue

 Objective Responses (RECIST1.1) in 8/16 patients across multiple solid cancers – all responses occurring above dose level 1

Special Thanks to the Patients, their Families

