THERAPEUTICS

Regulated Membrane-Bound IL15 Drives Controlled **OBSIDIAN** Expansion of Tumor Reactive Lymphocytes

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Introduction

Drug responsive domains (DRD) are human proteins stabilized by FDA-approved drugs

- Tagging a potential therapeutic protein with a **DRD** could confer drug-like properties to cell or gene therapy by controlling timing, level, and activity of protein expression
- Regulating expression of interleukin 15 (IL15) could increase efficacy of immune cell therapy while

DRD-regulated IL15 controls the level of T and NK cell expansion

Why regulate IL15?

Drive toward memory phenotype to increase durability of response

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- Expand T & NK cells in presence of tumor & control antigen independent expansion, survival & persistence after tumor clearance
- Mitigate toxicity from chronic systemic or constitutive IL15

DRD-regulated IL15 increases CART efficacy and increases survival



preventing toxicity that could occur from continuous IL15 exposure

How DRD technology works

1. DRDs coupled to the drugs that regulate them cover a broad pharmacokinetic space



2. Engineer expression cassette encoding therapeutic protein of interest fused to DRD



3. Gene transfer of transgene-DRD expression cassette into cells ex vivo or tissue in vivo



FIGURE 1. ACZ induces drug concentrationdependent expression of CA2 DRD-regulated membrane-bound (mb)IL15 in transduced T cells



4. Control the level and timing of protein DRD fusion by addition of FDA-approved drugs



A. Experimental schematic. T and NK cells were enriched from leukapheresis product. T cell fraction transduced with lentivirus vector expressing mbIL15 ±CA2 DRD fusion or empty vectorl. Transduced T cells were co-infused with same-donor untransduced NK cells into non-tumor bearing immunodeficient (NSG) mice administered ACZ or vehicle QD followed by blood collection to track human T and NK cell expansion. B. Detection of human T and NK cells in mouse blood 2 weeks after infusion. C, D. Kinetics of T and NK cell expansion by flow cytometry. Statistical analysis of T cell expansion: Panel B unpaired t-test comparing regulated vs. constitutive IL15 on d14: n.s.; unpaired t-test comparing regulated IL15 in ON vs. OFF state on d14: ***P<0.005; Statistical analysis of NK cell expansion: unpaired t-test comparing regulated vs. constitutive IL15 on d14 P<0.05; unpaired t-test comparing regulated IL15 in ON vs. OFF state on d14 ***P<0.0001. Panels C and D2-way ANOVA ****P<0.0001.

A. Experimental schematic. To evaluate regulation by ACZ, activated human T cells were transduced with lentiviral vectors expressing a human CD19-targeting CAR +/- constitutive or CA2 DRD regulated mbIL15, expanded, frozen, thawed, and 0.3 million CAR+ T cells infused into NSG mice bearing CD19+ luciferase+ Nalm6 tumors. Mice were orally dosed with ligand or vehicle daily and tumor growth monitored by bioluminescent imaging (BLI). B. Tumor burden by BLI. C. Overall survival analysis of tumor bearing mice. D. Detection of human T cells in the peripheral blood of tumor implanted mice after human T cell infusion. Statistical analysis of Panel B tumor burden 2-way ANOVA ****P<0.0001; Panel C Kaplan Meier estimate of survival and log rank test ****P<0.0001; Panel D Human cell expansion in blood 2-way ANOVA **P<0.01.

Conclusions

DRD-regulatable IL15:

- **Supports** antigen-independent T cell expansion
- **Increases** bystander NK cell persistence
- **Enhances** anti-tumor activity of CART cells





