

Developing a Program in T-cell Therapy for Soft Tissue Sarcoma

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Preclinical Development

- Task: Expansion and Characterization of TIL
- Goal: Manufacturing strategy for efficient expansion of TIL

Investigator-Initiated Trial Infrastructure

- Task: Phase 1 AYA Sarcoma TIL Trial
- Goal: Establish safety/feasibility & toxicity profile

Basic Science Research

- Task: Understand tumor and TIL factors that result in tumor-specific reactivity of infusion product
- Goal: Tumor genomic-based patient selection and develop modification strategy to enhance TIL

Long Term Success

- Task: Deliver highly active T-cell product to patients
- Goal: Demonstrate efficacy as second line therapy using cryopreserved product generated at diagnosis

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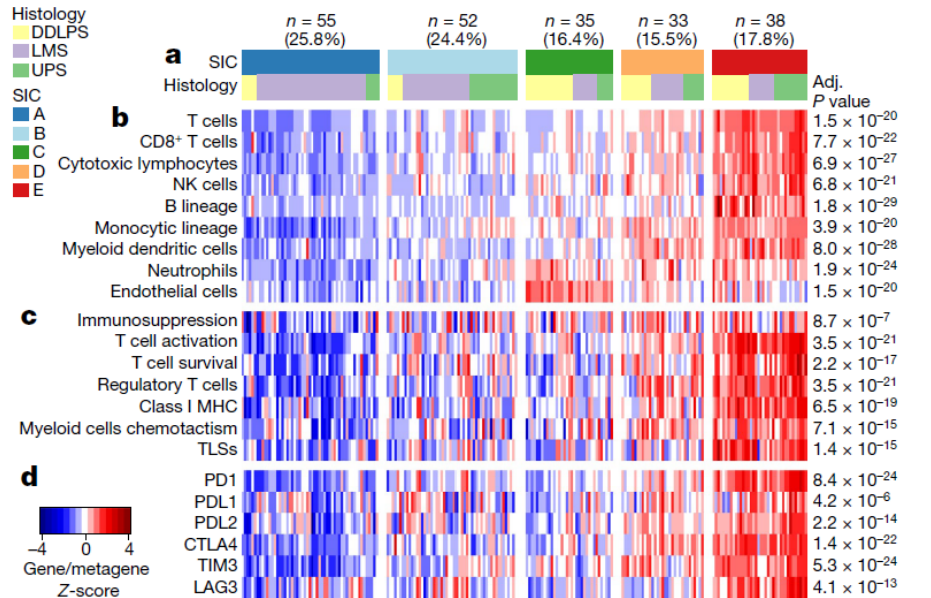
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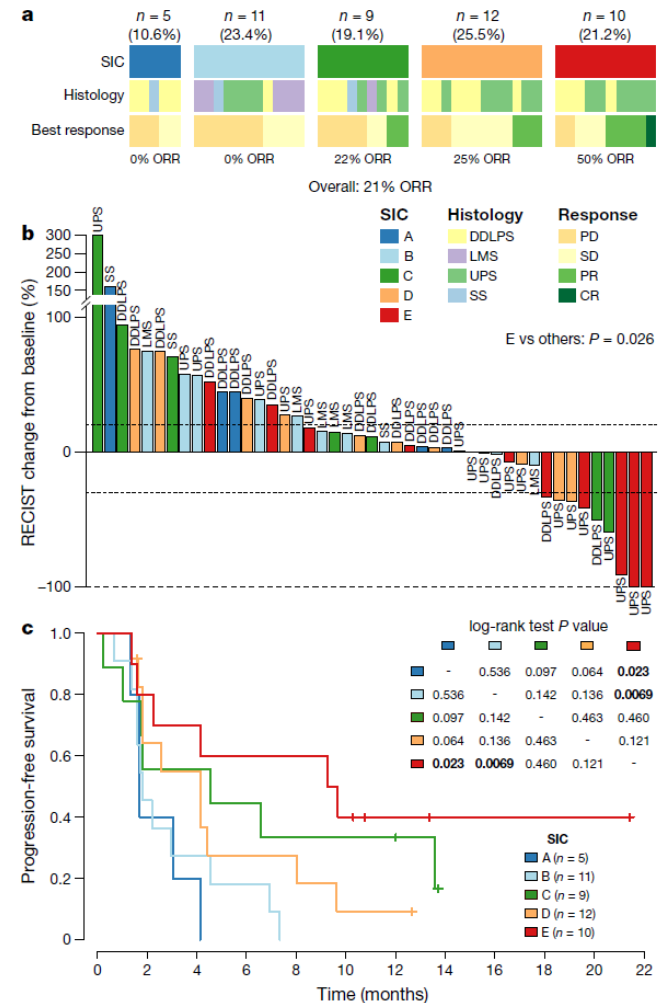
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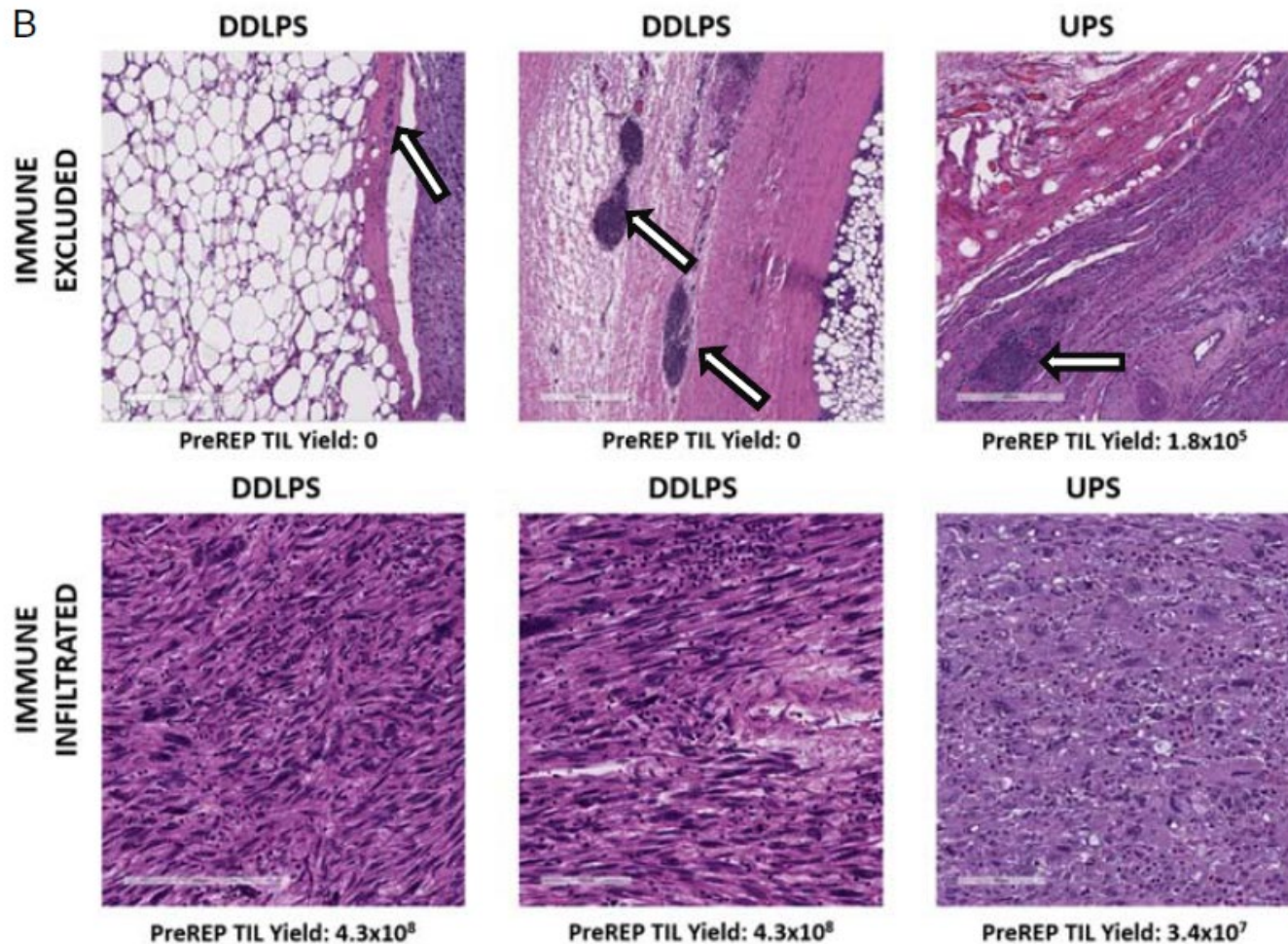
Gene Expression Data Categorize Immune Phenotype and Predict Outcome in Sarcoma



- Four publicly available datasets:
 - TCGA SARC, Gene Expression Omnibus accessions GSE21050, GSE21122 and GSE30929
- Microenvironment Cell Populations-counter (MCP-counter) method
 - Becht, *Genome Biology*, 2016
- 608 tumors analyzed to create 5 unique Sarcoma Immune Classes (SIC)

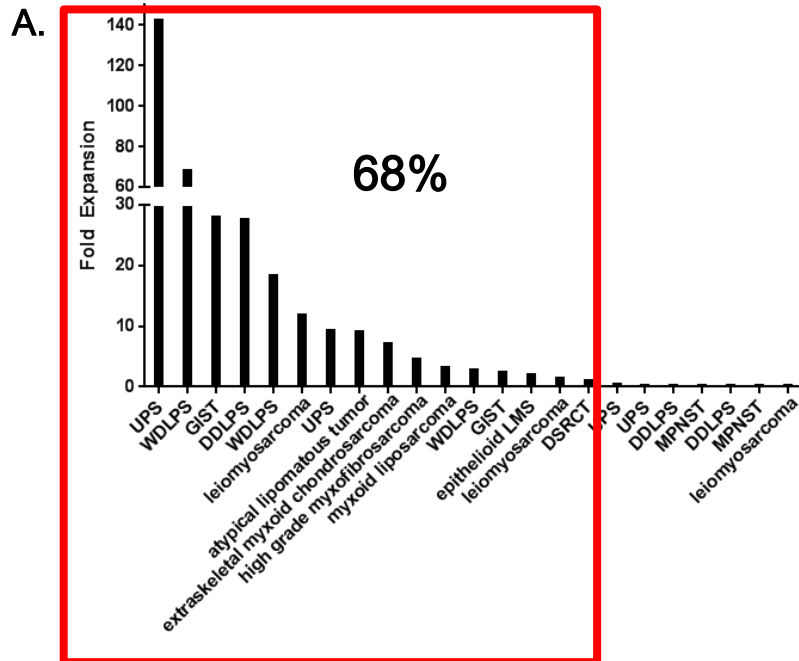


Lymphocyte infiltration pattern predicts TIL expansion from fresh tumor

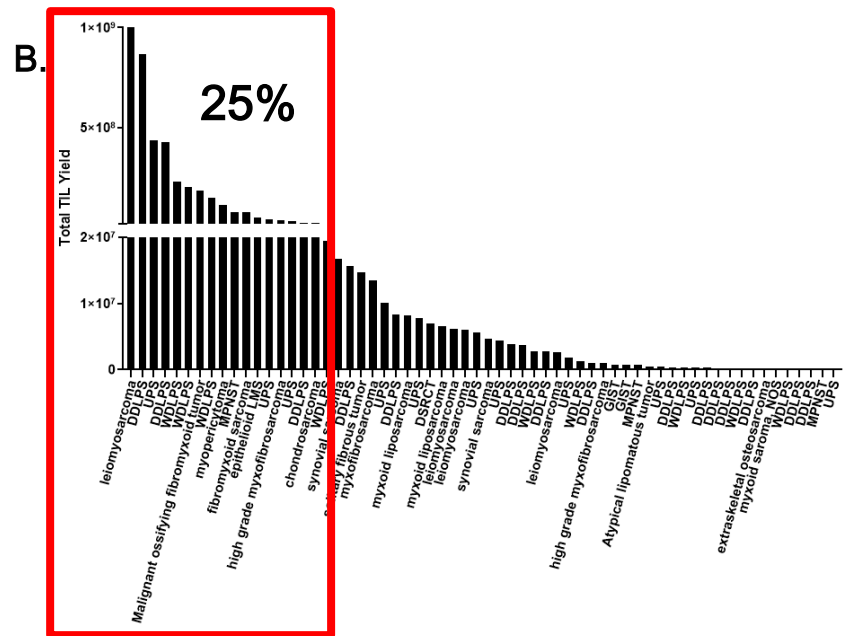


TIL Culture From Fresh Tumor Digest Increases Likelihood of Successful Expansion

Digest Culture



Fragment Culture



Preclinical Manufacturing Data Summary

Key Results:

- TIL can be expanded from primary sarcoma specimens
- Cultured TIL REP to clinically relevant degree
- Digest method yields highest probability of generating TIL infusion product (Mullinax et. al., J Immunotherapy 2021)

Deliverable:

- Successful manufacturing approach offers opportunity to test the feasibility of ACT for STS
 - FDA IND # 18646
 - Patent # PCT/US22/24804, 10615-301WO1
 - Phase 1 clinical trial protocol

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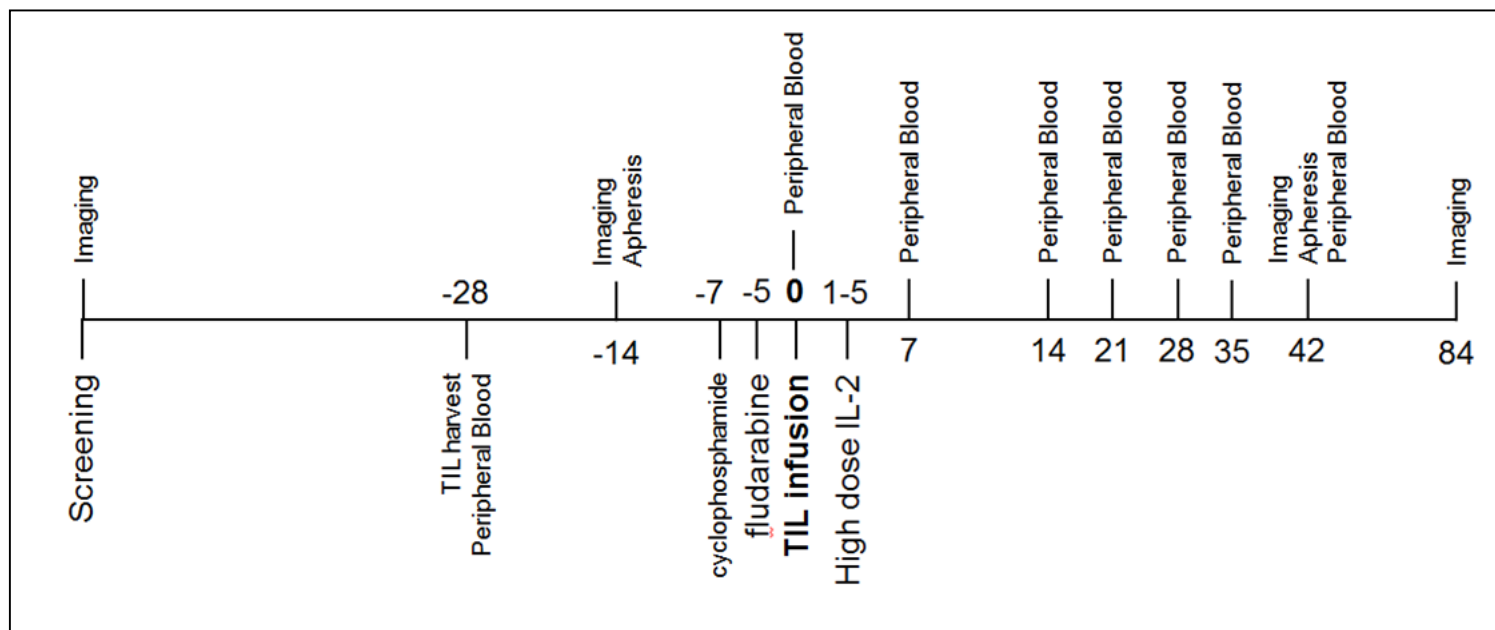
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MCC19837: “AYA Sarcoma TIL Trial”

- Metastatic STS, failure >1 line systemic therapy, age 18-40
- Treatment Plan:
 - New production process: preREP TIL product from tumor digest
 - REP unchanged
 - IL-2 post-TIL infusion: high dose schedule (600,000 IU/kg q8h) with standard hold and discontinue parameters utilized on Cell Therapy inpatient service





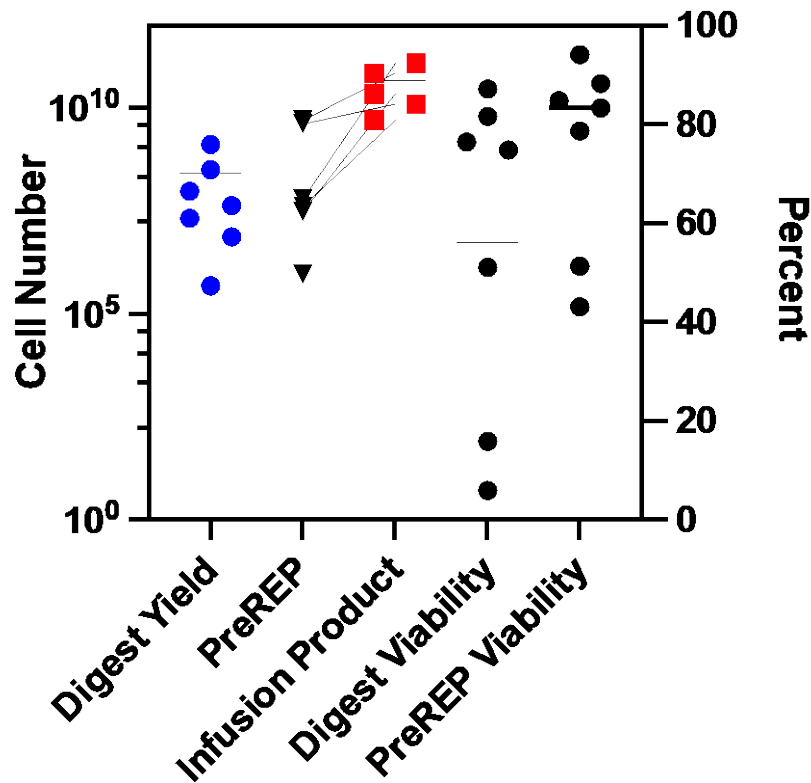
Enrollment Demographic Summary

Total enrollment	N=9
Gender	7/9 (78%) male
Age	27.4 (24-38.5)
Prior lines of therapy	2 (1-5)
Sarcoma subtype diagnosis	Myxoid liposarcoma (2) Clear cell sarcoma Synovial sarcoma Desmoplastic small round cell tumor Ewing sarcoma Leiomyosarcoma Extraskelatal mesenchymal chondrosarcoma Osteosarcoma
SAE, treatment related	3/5 (60%) <ul style="list-style-type: none">• 2 Cy/Flu: G3 DAH, G4 bone marrow hypoplasia• 1 IL-2 related: G3 hypotension
Expansion success	5/7 (71%) <ul style="list-style-type: none">• 2 screen fail (EMS, LMS)• 2 non-expansion (osteosarcoma, Ewing)
Infusion product	2.16×10^{10} (5×10^9 - 6.87×10^{10})
IL-2 doses received	4 (1-7)

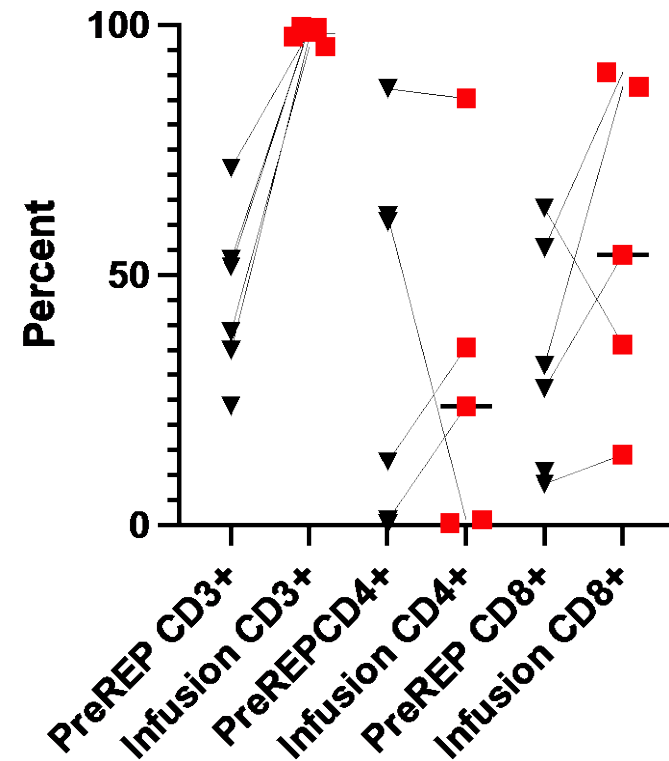
Primary Endpoints:

- Safety: No more than 3 patients with >G4 non hematologic AE
- Feasibility: Expansion of infusion product from 33% of patients

High quality infusion products were generated from resected metastatic sites

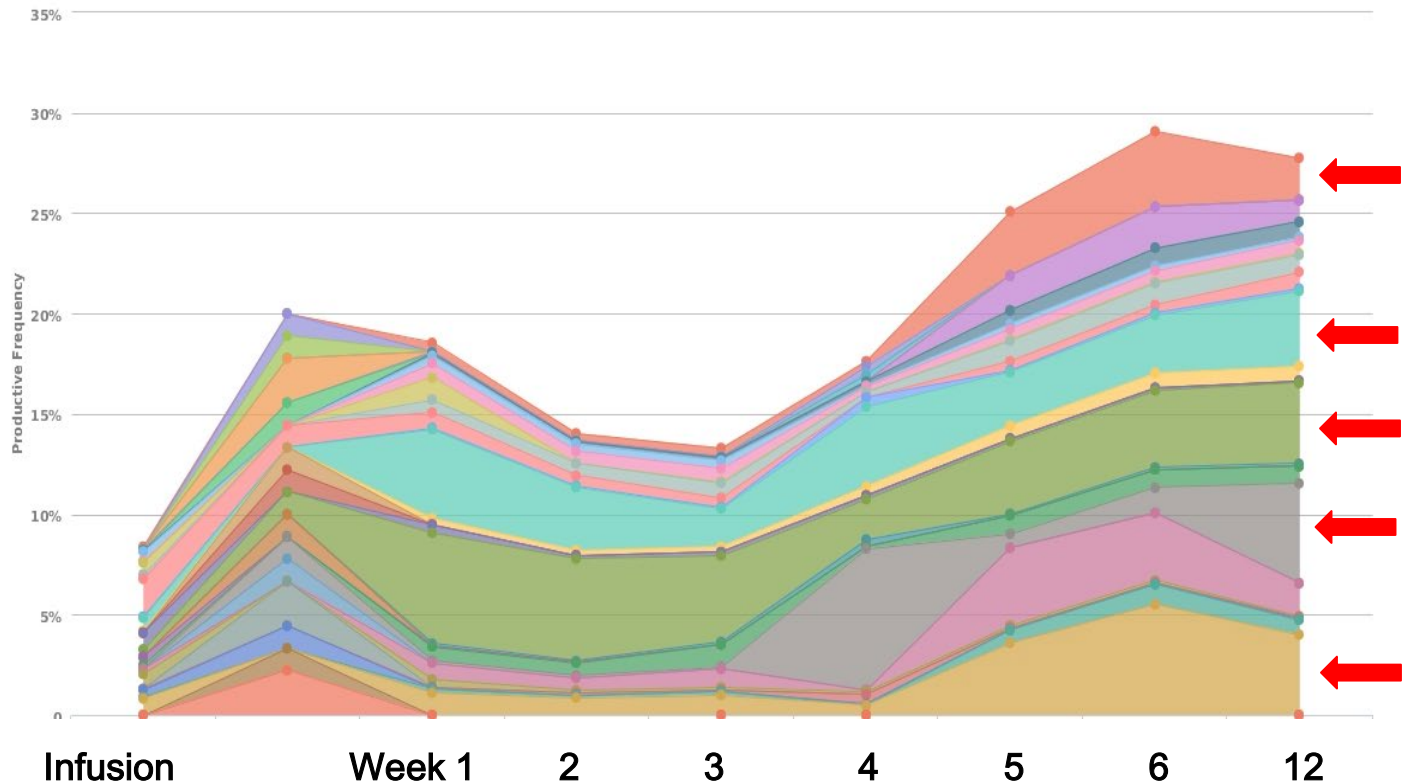


- Digest Yield
- ▼ PreREP
- Infusion Product
- Digest Viability
- PreREP Viability



- ▼ PreREP CD3+
- ▼ PreREPCD4+
- ▼ PreREP CD8+
- Infusion CD3+
- Infusion CD4+
- Infusion CD8+

Infused TIL persist and T-cell clones preferentially expand over time



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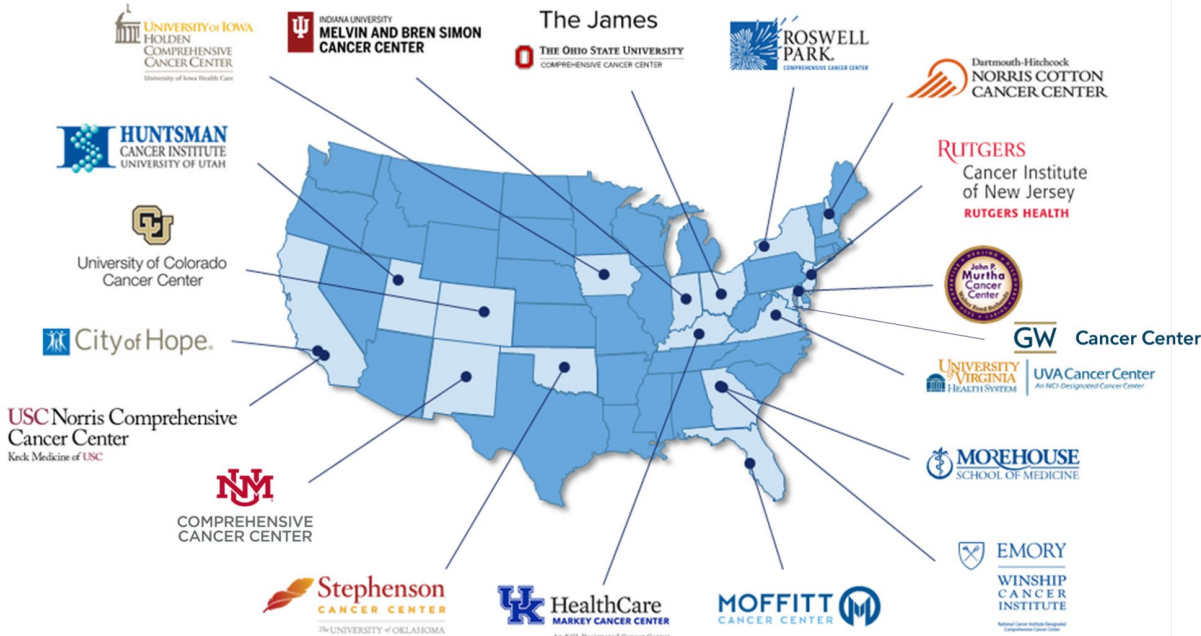
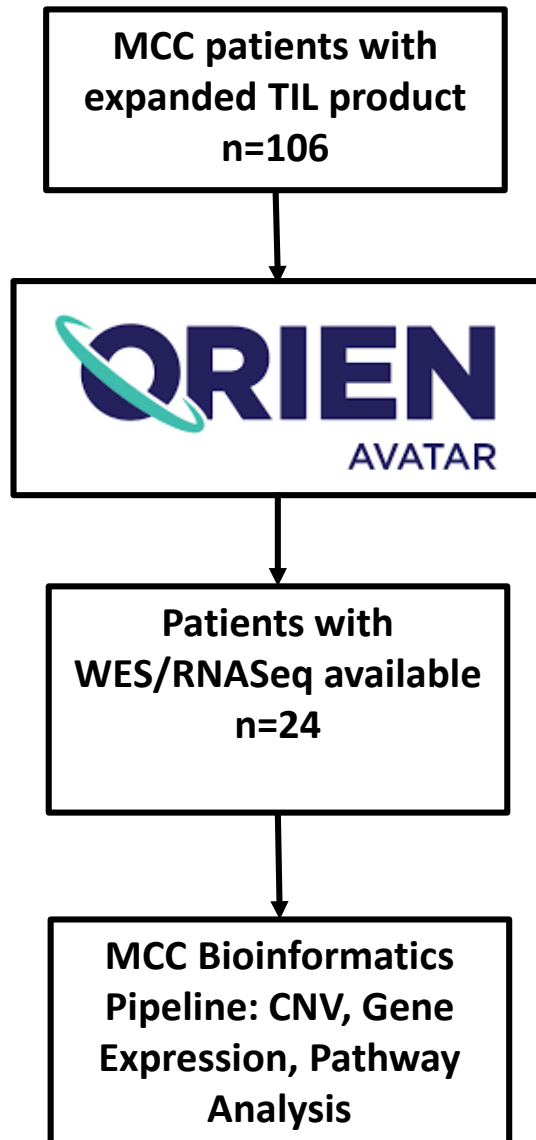
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How do we define success for autologous T-cell therapy in sarcoma?

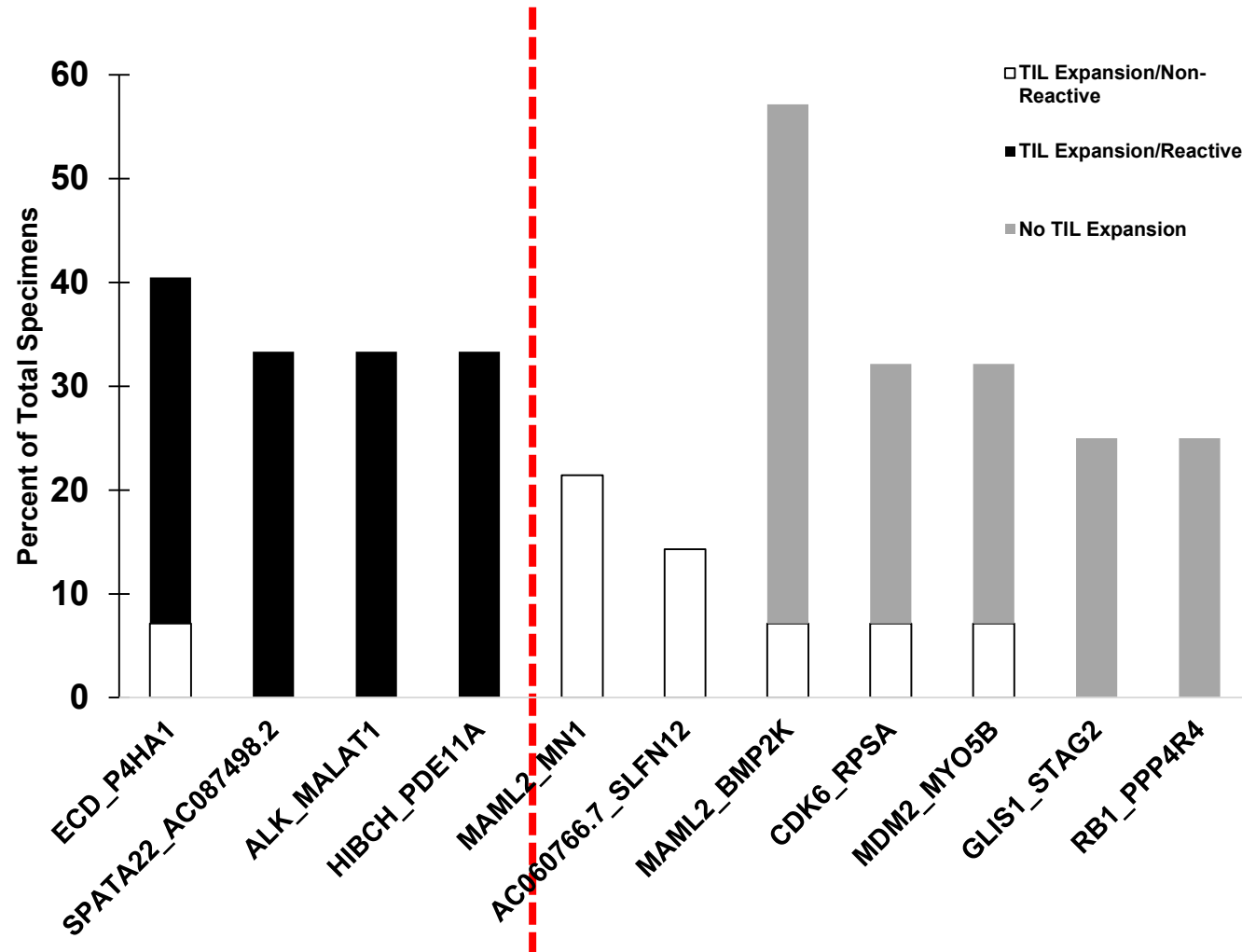
- Optimal patient selection
 - Identify tumor factors that predict expansion of reactive TIL
 - WES analysis using AVATAR dataset
 - Decrease burden of disease
 - TIL harvest before SOC chemotherapy
 - Cryopreserve with infusion post-failure
 - Allows for modification while receiving treatment
 - Significantly decreased logistical burden
- Optimal T-cell product
 - Identify T-cell subsets with tumor-specific activity
 - Strategy to modify T-cell product during manufacturing to elicit optimal phenotype

Leveraging Moffitt AVATAR Dataset for Preliminary Data

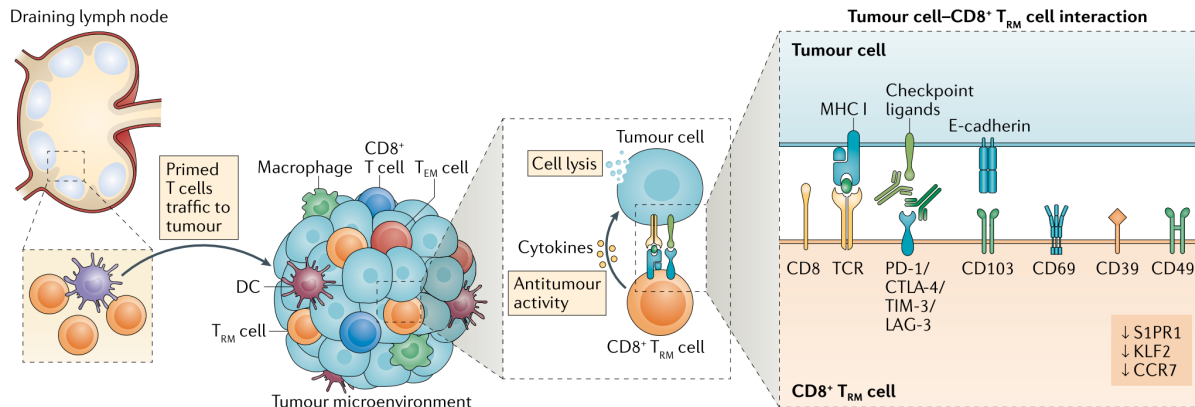
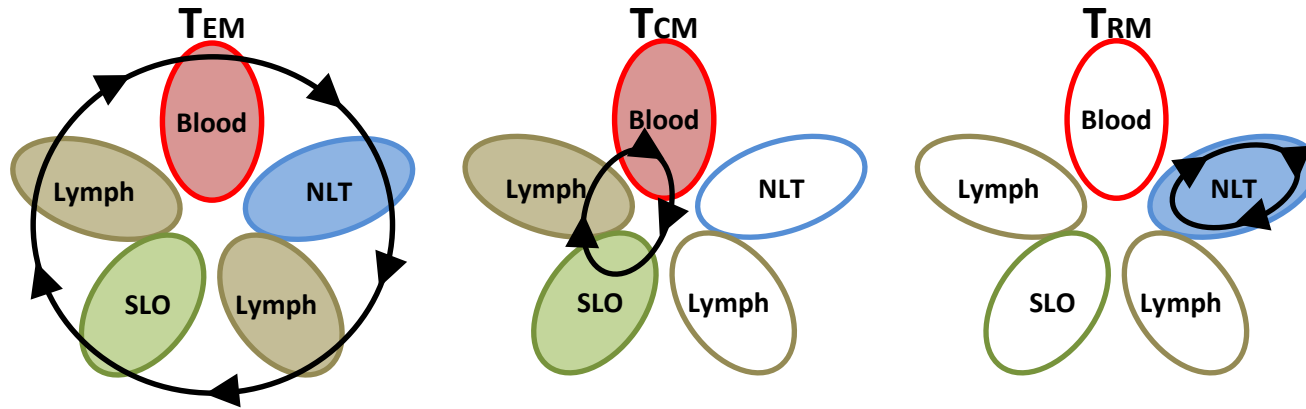




Unique Gene Fusions are Associated with Optimal ACT Phenotype



Expanded T-cells from Fresh Tumor Include Multiple Heterogeneous Subpopulations

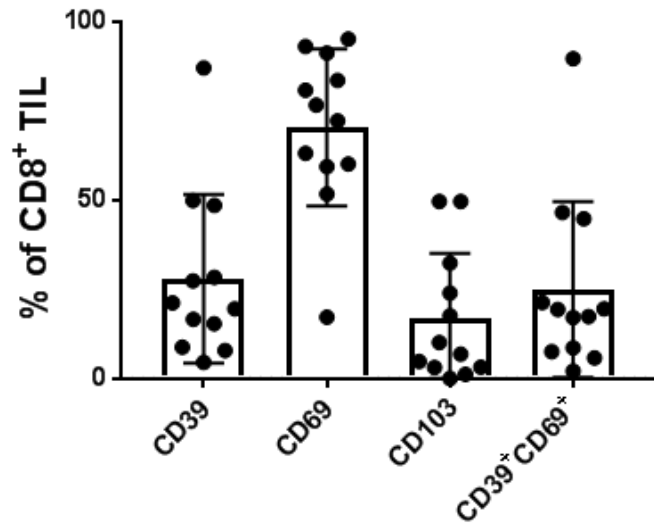


- Most literature focuses on carcinomas
- **We hypothesize** that optimal TIL phenotype will have a variance from the canonical markers shown in epithelial malignancies

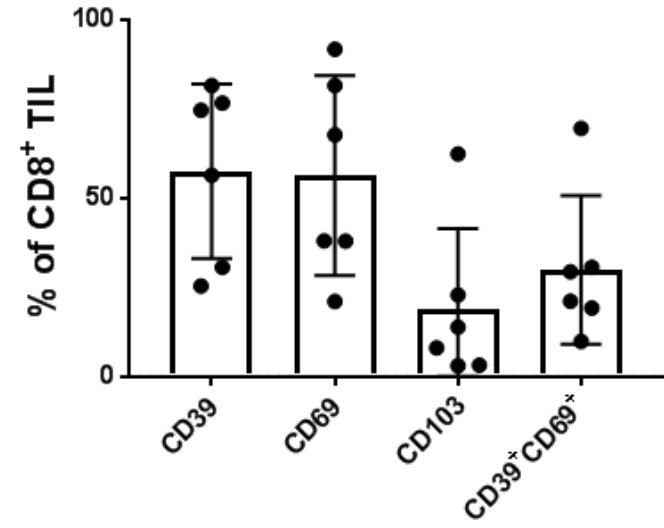
Multiple high impact publications describing function of T_{rm} in recent years

Author	Journal	Year	Phenotypic Marker	Key Conclusions
Ganesan...Ottensmeier	Nat Immunology	2017	CD103+ CD69+CD49a	Associated with residency program and higher OS in NSCLC
Duhen...Weinberg	Nature Communications	2018	CD39+CD103+	"Double positive" have higher anti-tumor activity and better OS in HNSCC
Lowery...Rosenberg	Science	2022	CD39-CD69-	"Double negative" TIL in infusion product associated with high CR rate
Anadon...Conejo-Garcia	Cancer Cell	2022	CD69+CD103+	Small percentage (3%) of TIL maintain "waves of effector TRM-like cells"
Crowl... Goldrath	Nat Immunology	2022	CD69+CD103+	Differential expression across normal tissue lineage

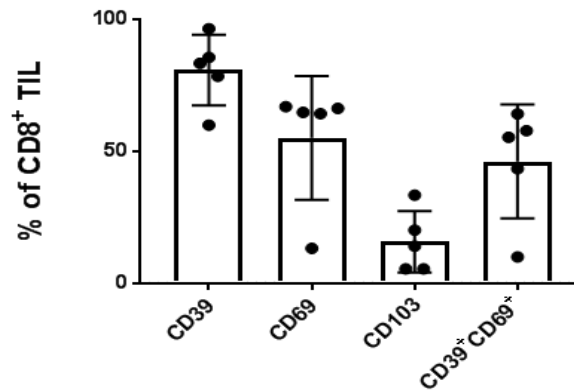
T-cell phenotype across phases of ACT in soft tissue sarcoma



Digest

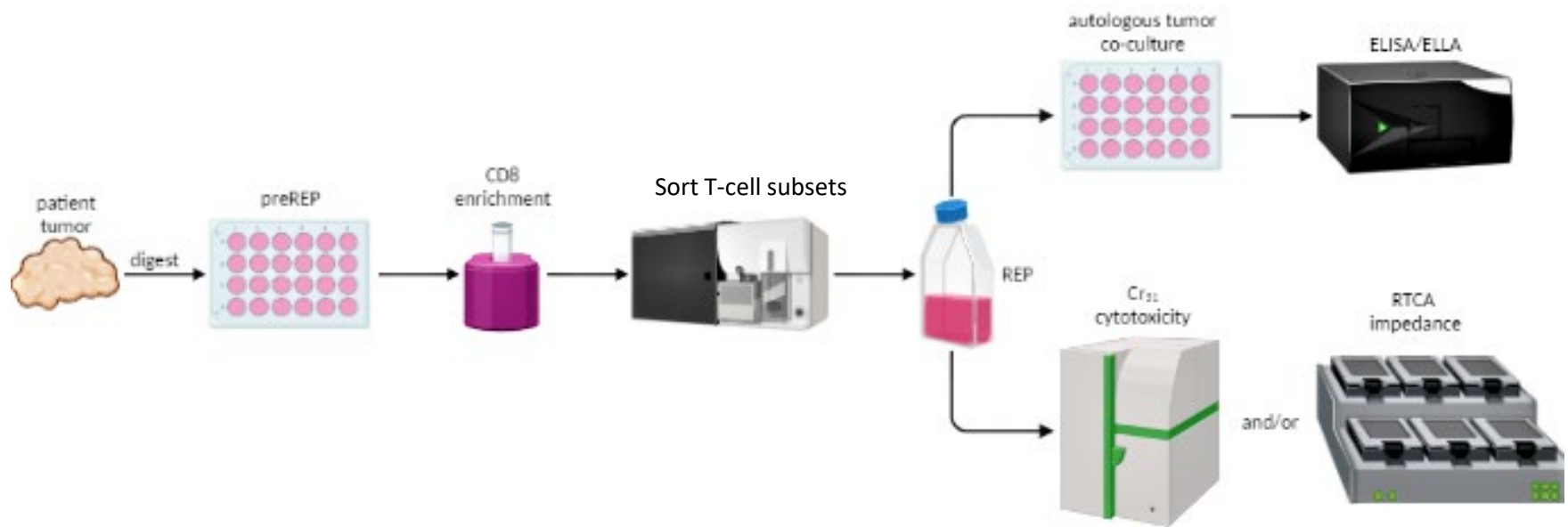


Pre-REP



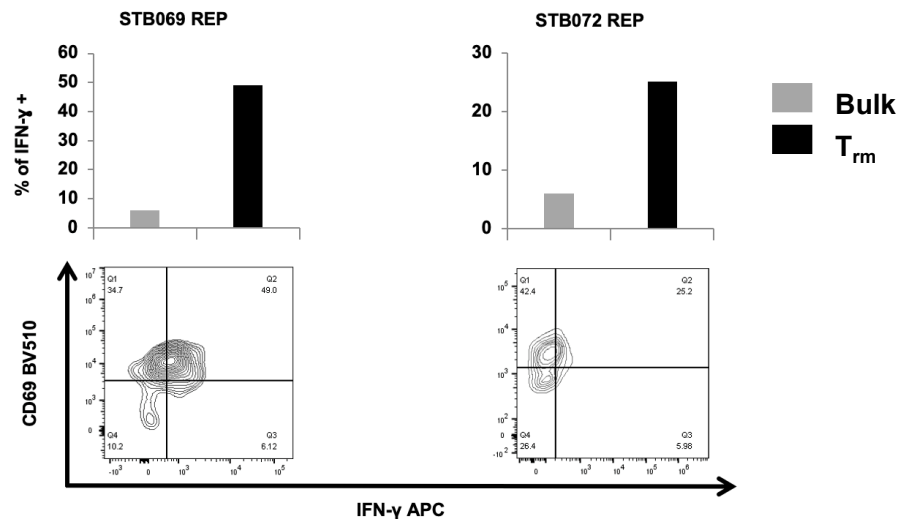
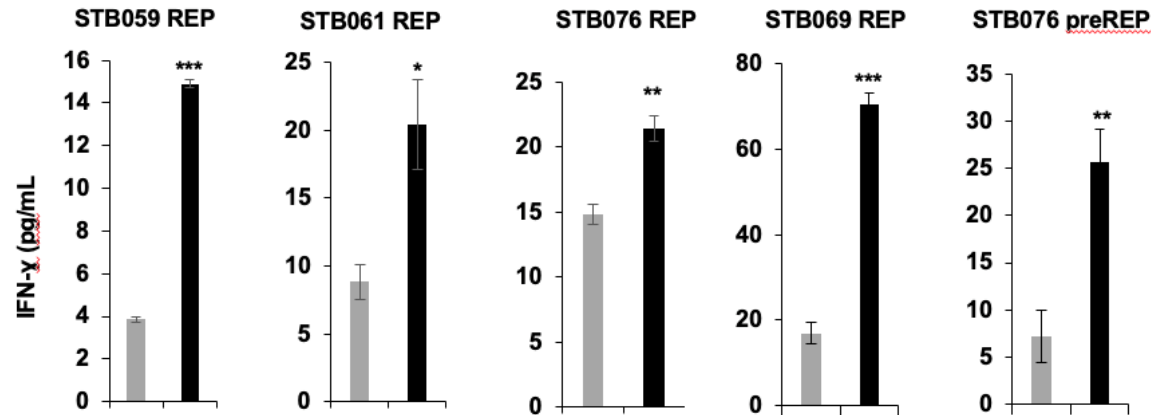
Post-REP

Functional analysis of T_{rm} Derived from STS



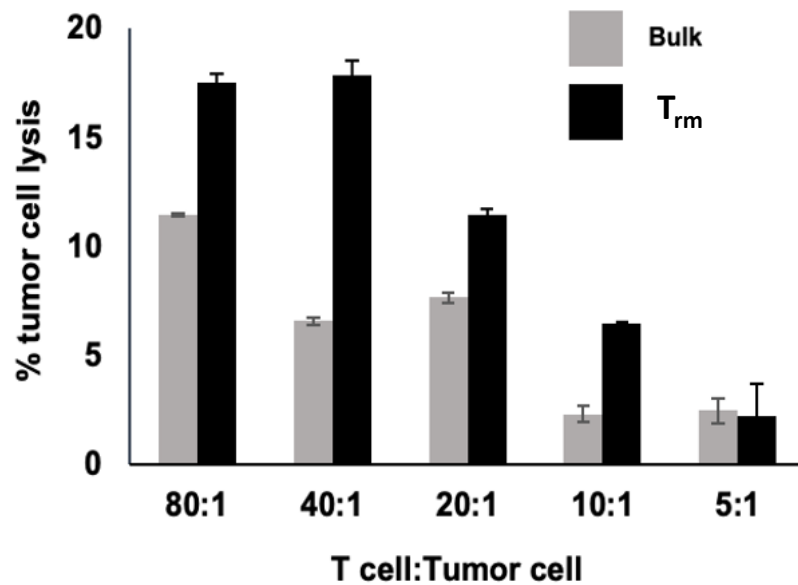
J. Hensel, A. Alfaro

T_{rm} Sorted TIL Have Enhanced Tumor-Specific Activity: Autologous tumor co-culture

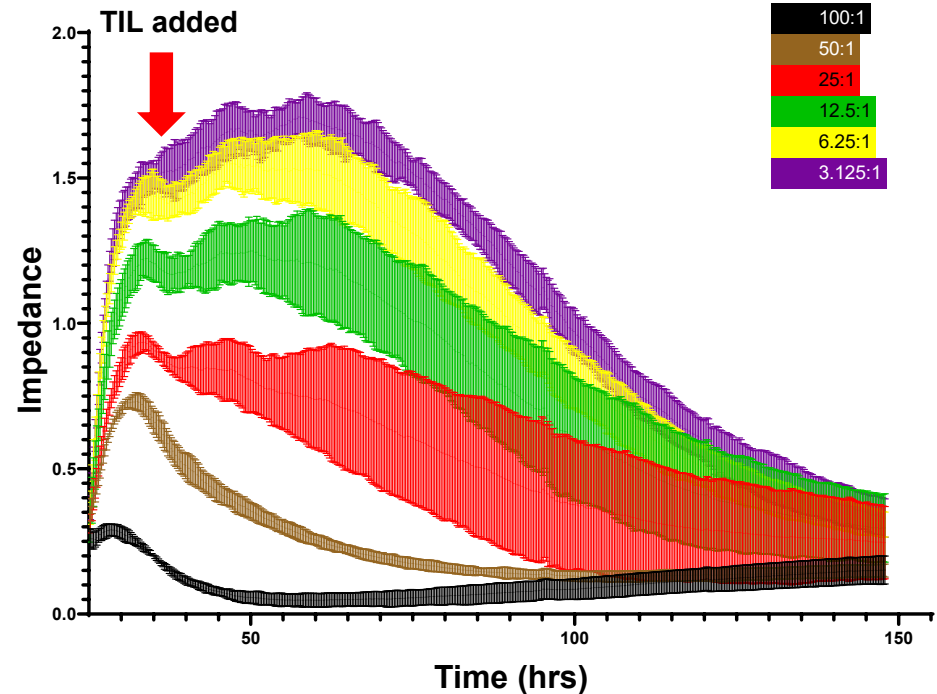


T_{rm} Sorted TIL Have Enhanced Cytotoxicity to Autologous Tumor Cell Lines

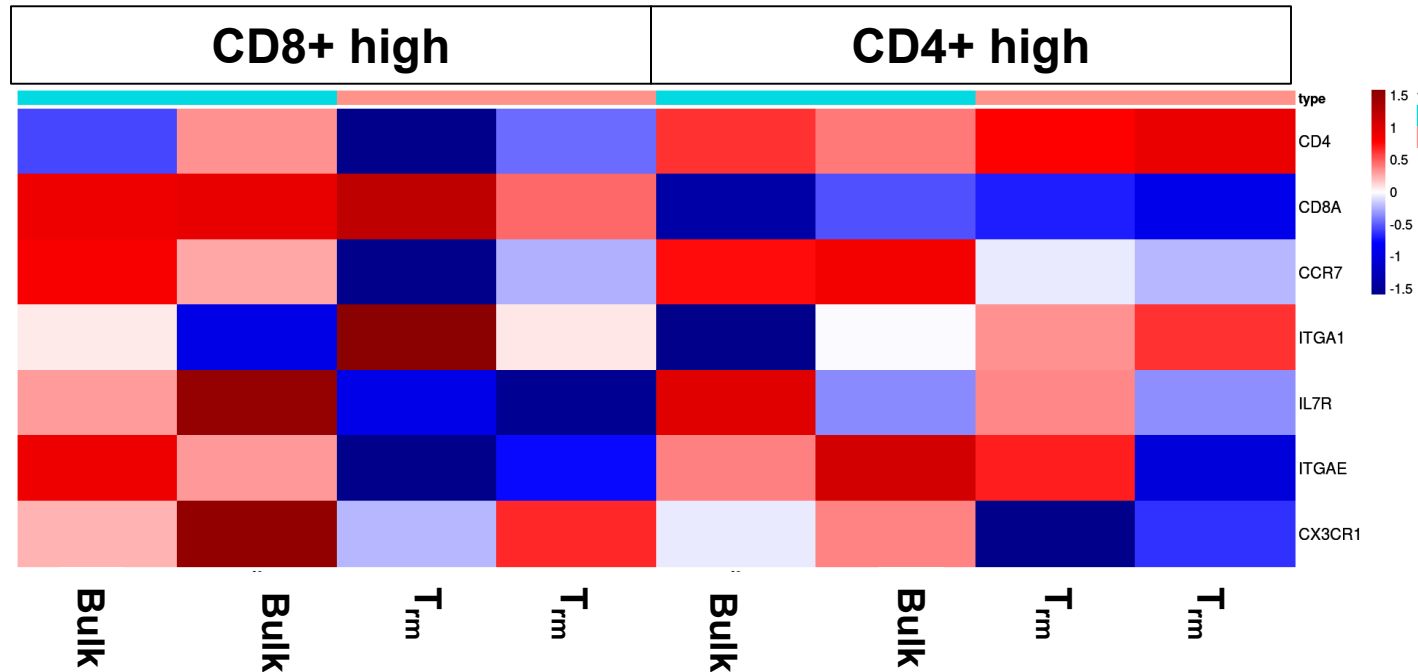
Cr51 Assay



Agilent xCelligence RTCA



RNASeq of Sorted T_{rm} populations reveals early signal of DEGs



Key preliminary findings:

- CD49a (ITGA1) high, supporting these cells are T_{rm} -like
- CCR7 low, suggesting this population is these cell are not part of the central memory compartment
- CX3CR1 low (except for STB076), suggesting not T_{em}
- CD127 low (IL7R), which is more T_{emra} -like (terminal effector memory T)

Next Step:

ACT Modeling in humanized murine model

- 121 tumor samples acquired from lab (MCC18609)
 - Cohort of samples with matched
 - postREP TIL
 - PBMC (to generate EBV transformed B-cells as APC)
 - Tumor cell line – provides for RTCA, co-culture to document in vitro activity
 - PDX strain established
- Using a humanized murine tumor model (NOG-hIL-2) with matched human tumor-TIL we can effectively study the specific function of T-cell subsets from expanded TIL

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