# Abstract 23 A2B694, an autologous logic-gated cell therapy targeting mesothelin

# Kedar Kirtane<sup>8</sup>, Eric W. Ng<sup>2</sup>, John S. Welch<sup>2</sup>, David Maloney<sup>9</sup>, William Y. Go<sup>2</sup>, Alexander Kamb<sup>2</sup>, Agnes E. Hamburger<sup>2</sup>, J. Randolph Hecht<sup>4</sup>

<sup>1</sup>Division of Medical Oncology, Mayo Clinic, Rochester, MN, USA; <sup>2</sup>A2 Biotherapeutics, Inc., Agoura Hills, CA, USA; <sup>3</sup>Department of Surgery, New York University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California at Los Angeles, CA, USA; <sup>5</sup>Department of Surgery, New York, NY, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen School of Medical Oncology, University of California San Diego, CA, USA; <sup>4</sup>David Geffen Sc <sup>6</sup>Department of Gastrointestinal Medical Oncology, Division of Cancer Center, Tampa, FL, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Division, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Cancer Research Division, Fred Hutchinson Center, Seattle, WA, USA; <sup>9</sup>Clinical Research Division, Fred Hutchinson Center, Seattle, Se

# BACKGROUND

Mesothelin (MSLN) is expressed on a variety of solid tumors, including mesothelioma and ovarian, uterine, gastric, pancreatic, and lung cancers [1]. However, efforts to target MSLN using cellular therapies have been hampered by severe on-target, off-tumor toxicities associated with damage to normal tissues expressing MSLN [2]. To avoid these toxicities, we have developed a logicgated engineered cell therapy, Tmod<sup>™</sup> (Figure 1), which is composed of 2 chimeric antigen receptors: an activator that targets a tumor-associated antigen and an inhibitory blocker gated by an antigen expressed on normal tissue but lost in tumor cells due to loss of heterozygosity (LOH). A2B694 is an MSLN-specific Tmod construct combining a third-generation MSLN CAR with an LIR-1based blocker specific for human leukocyte antigen A\*02 (HLA-A\*02).

#### Figure 1. Tmod platform uses tumor LOH to differentiate tumor from normal cells



The supreme challenge in oncology: Discrimination between tumor and normal tissue. (A) LOH, which affects ~20% of the tumor genome, is a large target opportunity for all-or-none tumor vs. normal discrimination via the Tmod blocker. Patients with germline heterozygosity of A\*02 and clonal LOH of A\*02 in their tumors (red bar on chromosome on the right) are selected. (B) Tmod consists of a T cell modified with 2 receptors: an activator, which can be a CAR or TCR that is directed at antigens expressed on tumor cells (eg, MSLN) and a blocker, which recognizes antigens that are expressed on normal cells but are absent on tumor cells (eg, HLA-A\*02). CAR, chimeric antigen receptor; HLA, human leukocyte antigen; LOH, loss of heterozygosity; MSLN, mesothelin.

### METHODS

Lentivirus encoding i) the CAR, ii) the blocker, and iii) an shRNA targeting β2M was used to transduce T cells from HLA-A\*02 donors and generate MSLN Tmod cells (Figure 2). In vitro cytotoxicity measurements were performed using fluorescence-based imaging and luciferase readouts. In vivo assessments were performed in NOD scid gamma (NSG) mice subcutaneously implanted with normal cells (MSLN[+]A\*02[+]), or tumor cells (MSLN[+]A\*02[-]), in the left and right flanks, respectively. Following engraftment, mice were randomized and treated intravenously with A2B694 T cells or controls. Grafts were measured via caliper.

#### Figure 2. Molecular composition of MSLN Tmod



Molecular composition of MSLN-targeted Tmod constructs. The activator and blocker receptors are co-expressed in a single construct and the encoded fusion protein is cleaved in the cell to generate the activator and blocker. B2M-shRNA encoded in the same vector will ensure downregulation of HLA class I surface expression to mitigate self HLA-A\*02 and blocker cis-interaction. B2M shRNA, β2-microglobulin short-hairpin RNA; EF1a, elongation factor-1; HLA, human leukocyte antigen; LIR, leukocyte immunoglobulin-like receptor; MSLN, mesothelin; scFv, single-chain variable fragment; T2A, thosea asigna virus 2A.

#### RESULTS





93T and A\*02 mRNA transfected HeLa cell targets co-cultured with MSLN CAR or MSLN Tmod expressing Jurkat cells are used ivities, respectively. (B) MSLN Tmod are predicted to kill tumors while protecting normal tissues. Data representation requires standard curves (not shown) that Seq value for cell lines and tissues. Standards are also used to convert CAR and blocker sensitivities. Purple points represent tumor types with HLA-A expression ) tumors by LOH. Tumor data from TCGA database: normal tissue data from the GTEx database; cell line data from DepMap. CAR, chimeric antigen receptor; DepMap, the Dependency Map portal; EC<sub>50</sub>, half maximal effective concentration; GTEx, Genotype-Tissue Expression; HLA, human leukocyte antigen; IC<sub>50</sub>, half maximal inhibitory concentration; MSLN, mesothelin; TCGA, the Cancer Genome Atlas; TPM, transcripts per million.

Figure 4. A2B694 T cells demonstrate selective killing of tumor cells in vitro



Cytotoxicity data of A2B694 from a representative HLA-A\*02(+) donor against 3 endogenous MSLN(+) cell lines with native or engineered (eg, A\*02[+]) expression of HLA-A\*02. Killing was measured either 48 or 72 hours after co-culture via luminescence. Clinically active M5 CAR expressing cells are shown for comparison. CAR, chimeric antigen receptor; E:T, effector to target; HLA, human leukocyte antigen; KO, knock-out; MSLN, mesothelin; WT, wild-type.

# Julian R. Molina<sup>1</sup>, Talar Tokatlian<sup>2</sup>, Jason Wang<sup>2</sup>, Shruti Sharma<sup>2</sup>, Jason Wang<sup>2</sup>, Shruti Sharma<sup>3</sup>, Jason Wang<sup>3</sup>, Shruti Sharma<sup>3</sup>, Jason Wang<sup>3</sup>, Shruti Sharma<sup>3</sup>, Shruti Shruti Sharma<sup>3</sup>, Shruti S

## **RESULTS (cont.)**

Figure 5. A2B694 is an autologous T-cell product: B2M-shRNA downregulates HLA-A\*02 surface expression and restores blocker availability in A\*02(+) donors



B2M-shRNA in A2B694 T cells downregulates HLA-A\*02 surface expression. (A) In the absence of B2M-shRNA (ie, hBA = blocker and activator construct without B2M-shRNA) in A\*02(+) donors surface HLA-A\*02 expression limits blocker availability due to cis-interaction of the blocker with HLA-A\*02. In the presence of B2M-shRNA, HLA-A\*02 is downregulated (as shown with anti-HLA-A\*02 staining using antibody clone BB7.2), restoring blocker binding to A\*02 tetramer. (B) Quantification of surface HLA-A\*02 molecules. Colors refer to construct and cell type as described in part A. Each symbol represents a different donor (n=2-4). B2M shRNA, β2-microglobulin short-hairpin RNA; HLA, human leukocyte antigen; MSLN, mesothelin.

#### Figure 6. A2B694 T cells selectively kill tumor cells in mixed cultures with normal cells



cells selectively kill tumor cells in mixed culture with AB or B only normal HeLa target cells. Tumor cells are MSLN(+)A\*02(-) cells that stably express firefly luciferase. AB normal target cells are MSLN(+)A\*02(+) cells and B only normal target cells are MSLN(-)A\*02(+) that stably express renilla luciferase. Killing was measured 48 hours after co-culture via luminescence. Each symbol represents a different  $A^{02}(+)$  donor (n=3). MSLN, mesothelin.



# **RESULTS (cont.)**

#### Figure 7. Soluble MSLN does not impact A2B694 sensitivity or selectivity



Soluble, full-length mesothelin (sMSLN) does not impact A2B694 sensitivity or selectivity across a range of concentrations. M5 CAR is shown for comparison. Killing was measured 48 hours after co-culture via luminescence. Each symbol represents a different A\*02(+) donor (n=3) CAR, chimeric antigen receptor; MSLN, mesothelin; sMSLN, soluble mesothelin.





A2B694 T cells selectively kill tumors in vivo. (A) Schematic diagram of the dual-flank tumor and normal MS751 xenograft model. (B) Graft sizes assessed via caliper. Left: A2B694 cells kill tumor grafts equivalently to M5 CAR cells. Right: M5 CAR cells kill while A2B694 cells spare normal grafts. Data shown are mean ± SEM (n=8 animals per group). CAR, chimeric antigen receptor; HLA, human leukocyte antigen; KO, knock-out; MSLN, mesothelin; SEM, standard error of the mean.

# CONCLUSIONS

- A2B694 is an autologous MSLN Tmod cell product that leverages LOH at the HLA locus in cancer cells, providing a mechanism to discriminate between normal and tumor cells.
- BASECAMP-1 (NCT04981119), an observational study that will identify patients with somatic HLA LOH, is currently recruiting. Eligible patients with metastatic colorectal, pancreatic, ovarian, mesothelioma or non-small cell lung cancer will be apheresed for a future A2B694 interventional study (EVEREST-2).

#### References

- 1. Hassan R, et al. J Clin Oncol. 2016;34(34):4171-4179.
- 2. Tanyi JL, et al. Presented at: Cellicon Valley '21: The Future of Cell and Gene Therapies; May 6-7, 2021; virtual symposium.

