Abstract # 8015 Phase 1 Study of CART-ddBCMA, a CAR-T therapy utilizing a novel synthetic binding domain for the treatment of subjects with relapsed and refractory Multiple Myeloma

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Background

- CART-ddBCMA is an autologous CAR-T containing a novel computationally designed synthetic protein¹ binding domain (non-scFv) engineered to reduce the risk of immunogenicity and is highly stable
- Phase 1 first-in-human trial is in progress, enrolling patients with relapsed and refractory myeloma
 - Prior IMiD, PI, and CD38-targeted therapy
 - Received ≥3 prior therapies or triple refractory



CD3 zeta

¹Qin, Haiying, et al. "Chimeric antigen receptors incorporating D domains targeting CD123 direct potent mono- and bi-specific antitumor activity of T cells." *Molecular Therapy* 27.7 (2019): 1262-1274



Novel Binding

Domain

Patient Disposition (as of 14 Apr 2021)

16 subjects enrolled

- 13 subjects treated
 - 1 subject not yet evaluable
- 2 subjects pending treatment
- 1 subject d/c prior to cell infusion due to AE

Autologous drug products successfully and consistently manufactured for all subjects

- VCN median 2.33 (1.33–3.55)
- CAR expression median 74.5% (61–87%)

Subjects followed for <1 month are not yet evaluable and are not included in safety or efficacy analyses

Characteristics	Dose Level 1 100 million CAR-T (n=6)	Dose Level 2 300 million CAR-T (n=6)		
Age, median (min-max)	73 (66-75)	60 (53-65)		
Gender	3 Male 3 Female	5 Male 1 Female		
BMPC >50%	3/6	4/6		
Extra-medullary disease	4/6	3/6		
High-risk cytogenetics per IMWG	5/5*	4/5*		
Prior Lines of Therapy, median (min-max)	5 (5-7)	4 (3-16)		
Prior HSCT	3/6	4/6		
Penta-refractory	6/6	4/6		
IgG myeloma	1	5		
IgA myeloma	3	0		
Light chain only	2	1		

*1 subject not evaluable. BMPC = bone marrow plasma cells. HSCT = hematopoietic stem cell transplant

Adverse Events (as of 14 April 2021, N=12)

- 1 SAE related to CART-ddBCMA included ICANS
- No treatment-emergent Grade 3/4 infections

All Grade 3/4 AEs after cell infusion Regardless of Relatedness, (N=12)		CAR-T-associated AEs Per ASTCT criteria	100 million (N=6)		300 million (N=6)			
Hematologic					Grada 1/2 Grada 2			
Neutropenia	12	Cytokine Release Syndrome (CRS)	Grade 1/2	Grade 3	Grade 1/2	Grade 5		
Febrile Neutropenia	4		6	0	5	1		
Lymphocytopenia	12	 Median onset (min-max)	2.5 days (0-4 days)		< 24 hours (0-1 day)			
Decreased hemoglobin	9	Median duration (min-max)	5 days (2-7 days)		3 days (1-9 days)			
Thrombocytopenia	6	Neurotoxicity (ICANs)	Grade 1/2	Grade 3	Grade 1/2	Grade 3		
Decreased WBC	5							
Coagulopathy	1		1	0	0	1		
Non-hematologic Onset		2 days		6 days				
Abdominal pain	1	Duration	2 days		14 days			
Muscle hematoma	1	Toxicity Management						
Hypertension	4	Tocilizumah		1	5 2			
Hypotension	1		3					
Electrolyte imbalance	4	 Dexamethasone 						
Hyperglycemia	1	Anakinra	0		1			

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Days since CART-ddBCMA infusion (as of 14 Apr 21)

median follow-up = 197 days [min-max 29-449]



Subject #7: CART-ddBCMA induced response despite progression on prior BCMA-targeted therapy





Bulky extra-medullary disease, bone marrow disease (50%) at baseline with high-risk cytogenetics, pentarefractory disease and prior failed therapy with BCMA-ADC

- \Rightarrow PET-CT negative by Month 1
- \Rightarrow Bone marrow negative by Month 1
- \Rightarrow MRD-negative 10⁻⁴ at Month 1
- \Rightarrow Remains MRD-negative 10⁻⁵ at Month 6

Conclusions

CART-ddBCMA



- CART-ddBCMA utilizes a novel, non-scFv binding domain, that is highly stable and engineered to reduce immunogenicity
 - 2 dose levels studied (100 million and 300 million CAR+ T cells); MTD not reached
- Toxicities including CRS and ICANS have been manageable at both dose levels
 - No off-target toxicities observed to date
- 100% ORR per IMWG across both dose levels; deep and durable responses observed in patients with poor prognostic factors
 - 12/12 ORR: 6 CR/sCR, 3 VGPR, 3 PR
 - 11/12 responses are ongoing; responses continue to deepen
- Ongoing Phase 1 expansion at 100 million CAR+ T cells given favorable safety profile and 100% ORR
- Pivotal phase 2 trial planned

Thank you to the patients and their families, the healthcare professionals who cared for the patients, and the study staff who supported this clinical trial