

## Abstract #8003

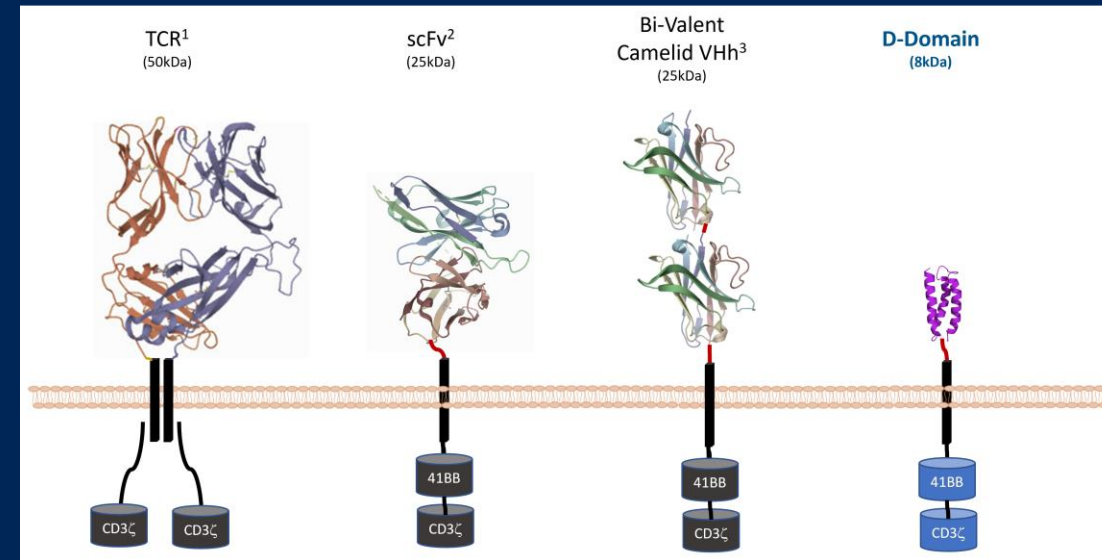
# Phase I study of CART-ddBCMA: a CART-Therapy Utilizing a Novel Synthetic Binding Domain for the Treatment of Subjects with Relapsed or Refractory Multiple Myeloma

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# Background and Methods

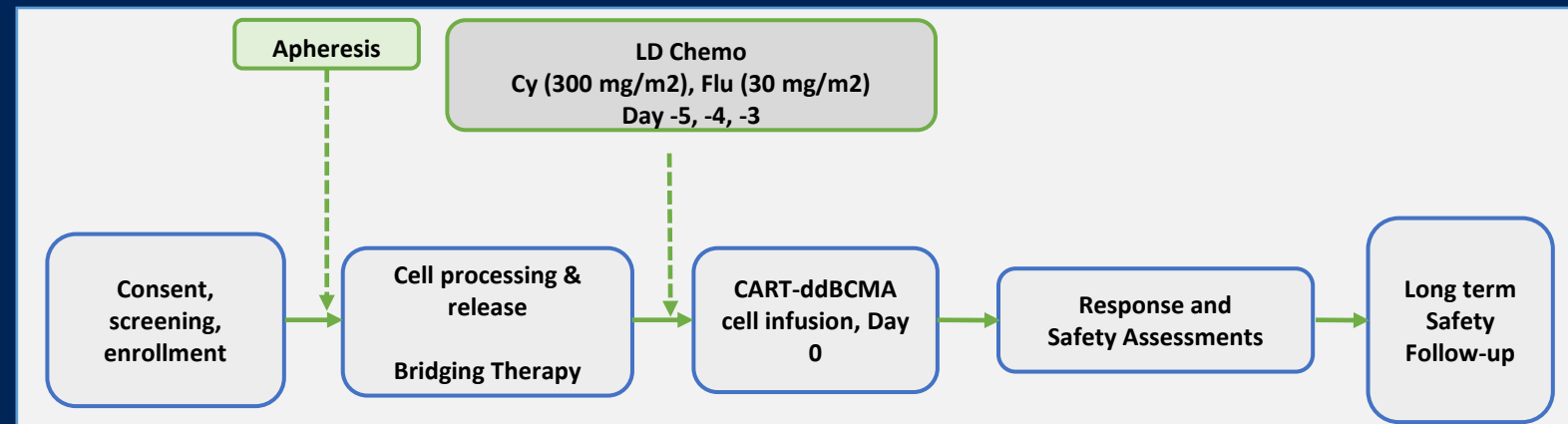
- CART-ddBCMA is an autologous CAR-T containing a novel computationally designed synthetic protein<sup>1,2</sup> binding domain (non-scFv) engineered to reduce the risk of immunogenicity and is highly stable
- Phase 1 first-in-human trial is in progress, enrolling patients with relapsed or refractory myeloma
  - Prior IMiD, PI, and CD38-targeted therapy
  - Received  $\geq 3$  prior therapies or triple refractory
  - 2 Dose Levels evaluated, 6 subjects in each dose escalation cohort.
    - DL1 =  $100 \times 10^6$  CAR+ cells; DL2 =  $300 \times 10^6$  CAR+ cells
  - Expansion cohort is enrolled at DL1



<sup>1</sup> Chan, KF. et al. 2018, Nat Commun 9:1026–1026

<sup>2</sup> Bjerragaard-Anderson, K., et al 2018. Sci. Rep., 8:10836–10836.

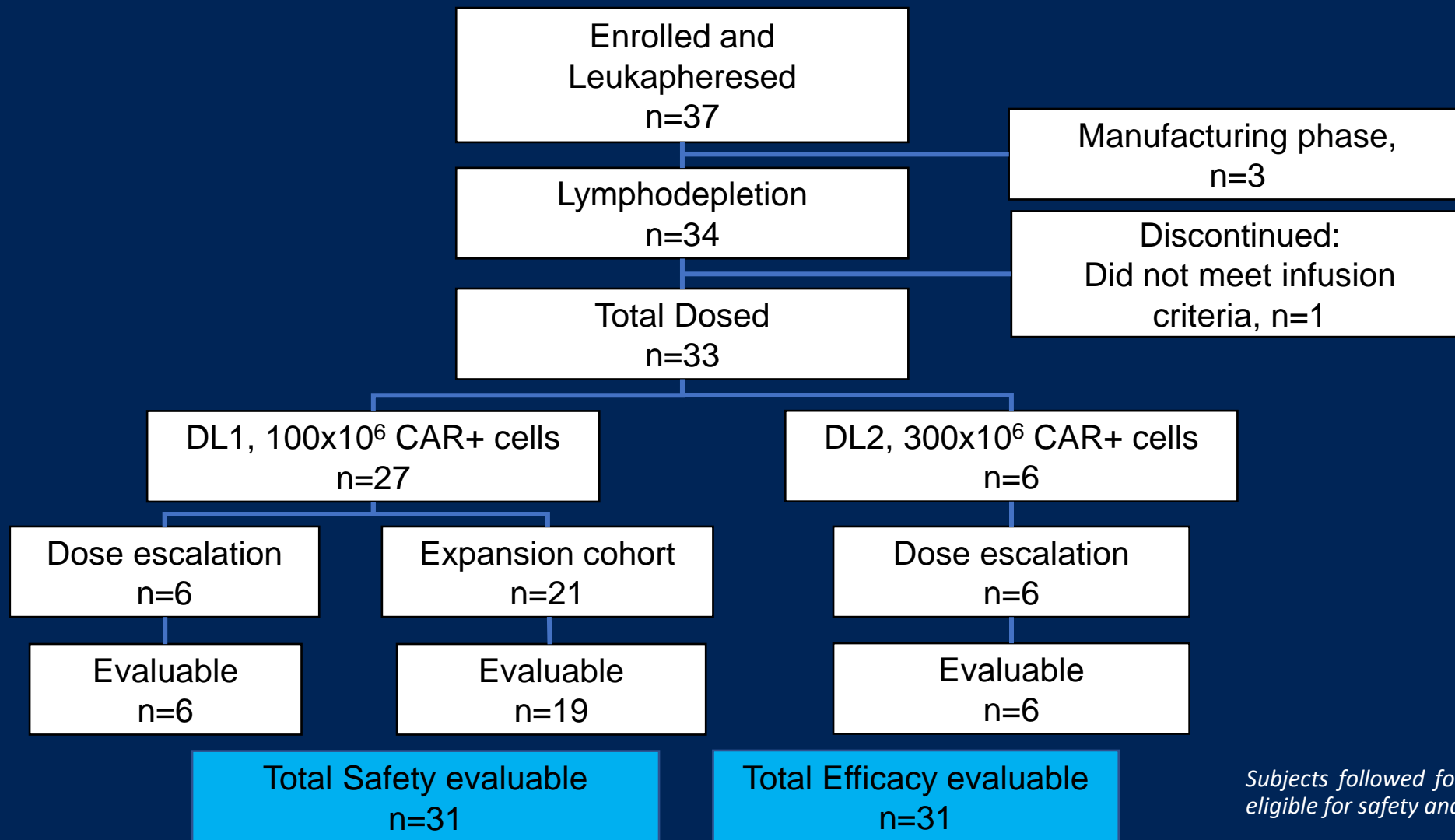
<sup>3</sup> [https://commons.wikimedia.org/wiki/File:1l3V\\_\(Lama\\_VHH\\_domain\\_unligated\).png#file](https://commons.wikimedia.org/wiki/File:1l3V_(Lama_VHH_domain_unligated).png#file)



<sup>1</sup>Rotte, et al. “BCMA targeting CAR T cells using a novel D-domain binder for multiple myeloma: clinical development update.” *Immuno-Oncology Insights* 2022; 3(1), 13–24

<sup>2</sup>Frigault et al. “Phase 1 Study of CART-ddBCMA for the treatment of subjects with relapsed and refractory Multiple Myeloma.” *Blood Advances* 2022; bloodadvances.2022007210. doi: <https://doi.org/10.1182/bloodadvances.2022007210>.

# Patient Disposition



*Subjects followed for >1 month f/u are eligible for safety and efficacy analysis.*

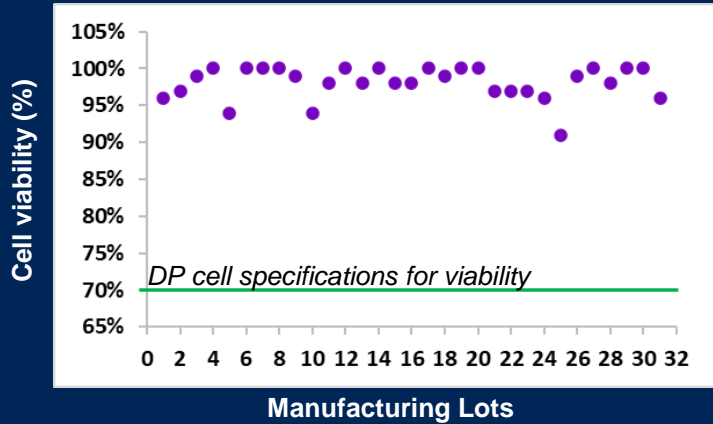
# Patient Demographics (as of 03 MAY 2022)

Characteristics	Dose Level 1 100 million CAR-T (n=25)	Dose Level 2 300 million CAR-T (n=6)	Total (n=31)
Age, median (min-max)	68 (44-76)	60 (52-65)	66 (44-76)
Gender	13 Male (52%) 12 Female (48%)	5 Male (83%) 1 Female (17%)	18 Male (58%) 13 Female (42%)
BMPC ≥50%	7 (28%)	5 (83%)**	12 (39%)
Extra-medullary disease	9 (36%)	3 (50%)	12 (39%)
Prior Lines of Therapy, Median (min – max) *	5 (3 – 7)	4 (3 – 16)	5 (3 – 16)
Triple refractory	19 (76%)	5 (83%)	24 (77%)
Penta refractory	17 (68%)	4 (67%)	21 (68%)
IgG myeloma	14	5	19
IgA myeloma	4	0	4
Light chain only	5	1	6

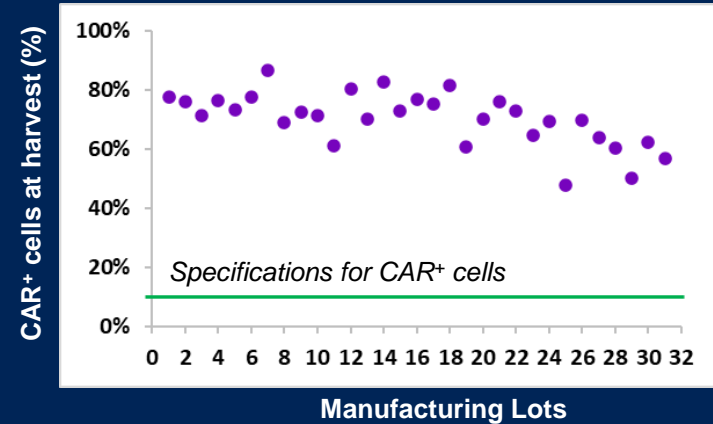
\*Two subjects with ongoing data entry excluded

\*\*Data updated since ASH 2021 after full data entry was complete.

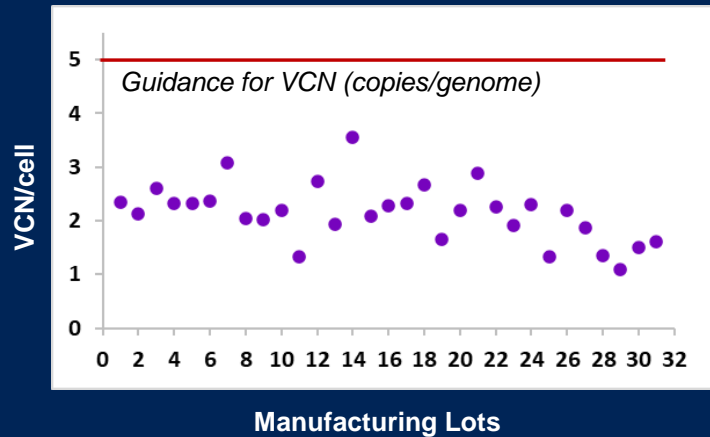
# CART-ddBCMA Manufacturing Results in Consistent Product Profile



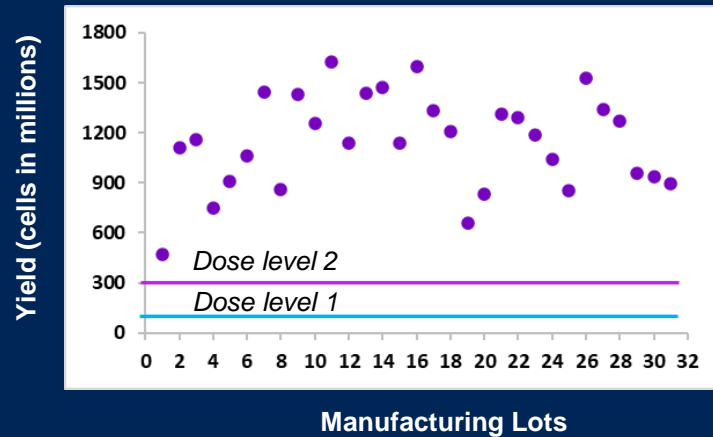
**High cell viability: median 99% viable cells**



**Low inter-patient variability in CAR+ cells: median 72% CAR+ cells**

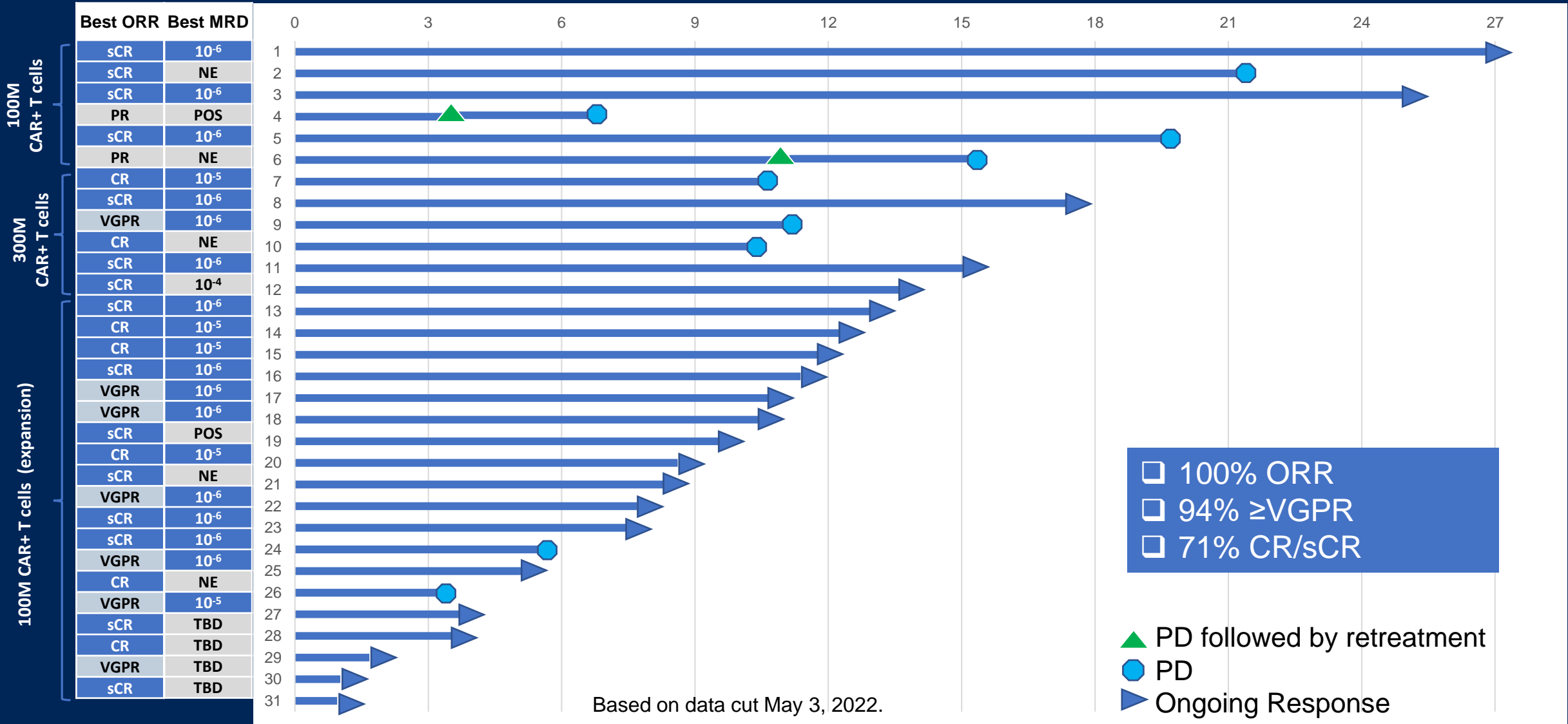


**Low inter-patient variability in CAR expression/cell: median 2.2 copies/cell**



**High yield:  $\geq 3$  doses of DL1 can be administered from a single manufacture run**

# CART-ddBCMA: 100% ORR and Durable Responses



Based on data cut May 3, 2022.

100% ORR  
 94% ≥VGPR  
 71% CR/sCR

▲ PD followed by retreatment  
● PD  
▶ Ongoing Response

# CART-ddBCMA Responses Deepen Over Time

	CART-ddBCMA		
Minimum follow-up (mo)	1	6	12
Sample Size (n)	31	24	16
Median Follow-up (mo)	12.1	13.3	17.7
EMD # (%)	12 (39%)	12 (50%)	8 (50%)
ORR	100%	100%	100%
CR rate	22 (71%)	18 (75%)	13 (81%)
% of patients in ongoing response:			
@ 6 months	-	92% (22/24)	94% (15/16)
@ 12 months	-	-	69% (11/16)

Based on data cut May 3, 2022.

# Adverse Event Profile (as of 03 MAY 2022)

Grade 3/4 AEs (non-CRS/ICANS) ≥5% after cell infusion (N=31)	
<b>Hematologic</b>	
Neutrophil count decreased	24 (77.4%)
Anemia	15 (48.4%)
Thrombocytopenia	13 (41.9%)
Lymphocyte count decreased	12 (38.7%)
Febrile neutropenia	6 (19.4%)
White blood cell count decreased	6 (19.4%)
<b>Non-hematologic</b>	
Hypertension	3 (9.7%)
Cellulitis	2 (6.5%)
Hyponatraemia	2 (6.5%)
Hypotension	2 (6.5%)
Sepsis	2 (6.5%)

CAR-T-associated AEs Per ASTCT criteria	100 million (N=25)		300 million (N=6)	
	Grade 1/2	Grade 3	Grade 1/2	Grade 3
<b>Cytokine Release Syndrome (CRS)</b>	<b>22 (88%)</b>	<b>0</b>	<b>5 (83%)</b>	<b>1 (17%)</b>
Median onset (min-max)*	2 days (1-8 days)		2 day (1-2 days)	
Median duration (min-max)	8 days (3-13 days)		5 days (3-10 days)	
<b>Neurotoxicity (ICANS)</b>	<b>5 (20%)</b>	<b>1 (4%)</b>	<b>0</b>	<b>1 (17%)</b>
Median onset (min-max)*	4.5 days (3-6 days)		7 days	
Median duration (min-max)	7.5 days (4 - 11 days)		23 days	
<b>Toxicity Management</b>				
Tocilizumab	19		5	
Dexamethasone	13		2	

*Subjects followed for <1 month are not yet evaluable for safety analyses.*

*\* Infusion Day 0 is considered Study Day 1*



# CART-ddBCMA Phase 1: Conclusions

- **CART-ddBCMA utilizes a novel, synthetic highly stable binding domain**
  - 2 dose levels studied (100 and 300 million CAR+ T-cells); MTD not reached
  - High CAR-T cell viability, low inter-patient variability in CAR+ cells and high CAR-T cell yield
  - Phase 1 expansion at 100 million CAR+ T cells resulted in selection of this dose as RP2D
- **Adverse Event Profile appears potentially differentiated from other CAR T products**
  - No tissue-targeted toxicities observed
  - No cases grade 3 (or greater) CRS, 1 case (4%) Grade 3 ICANS event at RP2D (n=25)
  - No delayed neurotoxicity or parkinsonian-like events observed in entire population (n=31)
- **100% ORR per IMWG across both dose levels**
- **Deep and durable responses observed in patients with poor prognostic factors**
  - **All Patients (39% EMD): 31/31 (100%) ORR; 22/31 (71%) CR/sCR, 7/31 (23%) VGPR, 2/31 (6%) PR;  $\geq$ VGPR = 29/31 (94%)**
  - **Pts w/ 6 mo f/u (50% EMD): 24/24 (100%) ORR; 18/24 (75%) CR/sCR, 4/24 (17%) VGPR, 2/24 (8%) PR;  $\geq$ VGPR = 22/24 (92%)**
  - **Pts w/ 12 mo f/u (50% EMD): 16/16 (100%) ORR; 13/16 (81%) CR/sCR, 1/16 (6%) VGPR, 2/16 (13%) PR;  $\geq$ VGPR = 14/16 (88%)**
- **Pivotal phase 2 trial initiation this year**

