

SB221: A proof-of-concept study to assess the combination of SON-1010 (IL12-F_HAB) and atezolizumab in patients with platinum-resistant ovarian cancer: Trial in Progress

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Abstract

Background: Recombinant interleukins (rIL) have had limited clinical success due to inefficient tumor targeting and short PK, requiring frequent dosing that leads to aberrant immunostimulation and toxicity. IL-12 potently activates T and NK cells to produce IFN γ and kill tumor cells, yet dosing strategies have failed to provide adequate therapeutic benefit in humans. We developed a novel platform that delivers immunomodulator(s) linked to a fully-human albumin binding (F_HAB[®]) domain (Cini, Front Immunol 2023). Single-chain native IL-12 genetically linked to the F_HAB provides enhanced tumor targeting and retention through albumin binding to over-expressed FcRn, GP60, and SPARC in the tumor micro-environment (TME), with an improved PK profile, a dose-sparing effect that decreases the toxicity risk, and a broader therapeutic index. Tumor growth inhibition in an immunologically ‘cold’ B16-F10 mouse melanoma model showed the efficacy of IL12-F_HAB compared with rIL-12, resulting in significant increases in activated NK, NKT, Th1, and cytotoxic CD8 T cells. SON-1010 is being studied clinically as monotherapy (study SB101) in advanced solid tumors and in healthy volunteers (study SB102) (Chawla, AACR 2023). Atezolizumab (Tecentriq[®]), an anti-PD-L1 immune checkpoint inhibitor (ICI), has shown preliminary clinical activity in Phase 1 studies of patients with platinum-resistant ovarian cancer (PROC) (Liu, Gyn Onc 2019; Moroney, Clin Canc Res 2020). SON-1010 may ‘warm up’ the TME to improve ICI effectiveness in these immunologically-active tumors that have high levels of SPARC.

Methods: Study SB221 is a Phase 1b/2a multicenter, dose-escalation and proof-of-concept study to assess the safety, tolerability, PK, PD, and efficacy of SON-1010 administered SC, either alone or in combination with a fixed dose of atezolizumab given IV (NCT05756907). The study is designed in Part 1 to rapidly establish the maximum tolerated dose (MTD) of the combination in patients with advanced solid tumors with up to 5 dose-escalation groups and to expand the dataset using patients with PROC to establish the Recommended Phase 2 Dose (RP2D). Once the likelihood of efficacy is shown in a Simon 2-stage design, this will be followed in Part 2 by an assessment in patients with PROC of the potential for improved efficacy of the combination over SON-1010 alone or the standard of care (SOC). The first dose-escalation cohorts have been enrolled and additional sites are being added to help with recruitment of patients with PROC. Combination of SON-1010 with an ICI offers a unique opportunity to use this extended PK version of IL-12 to augment the potential for tumor control in PROC, which represents a significant unmet medical need.

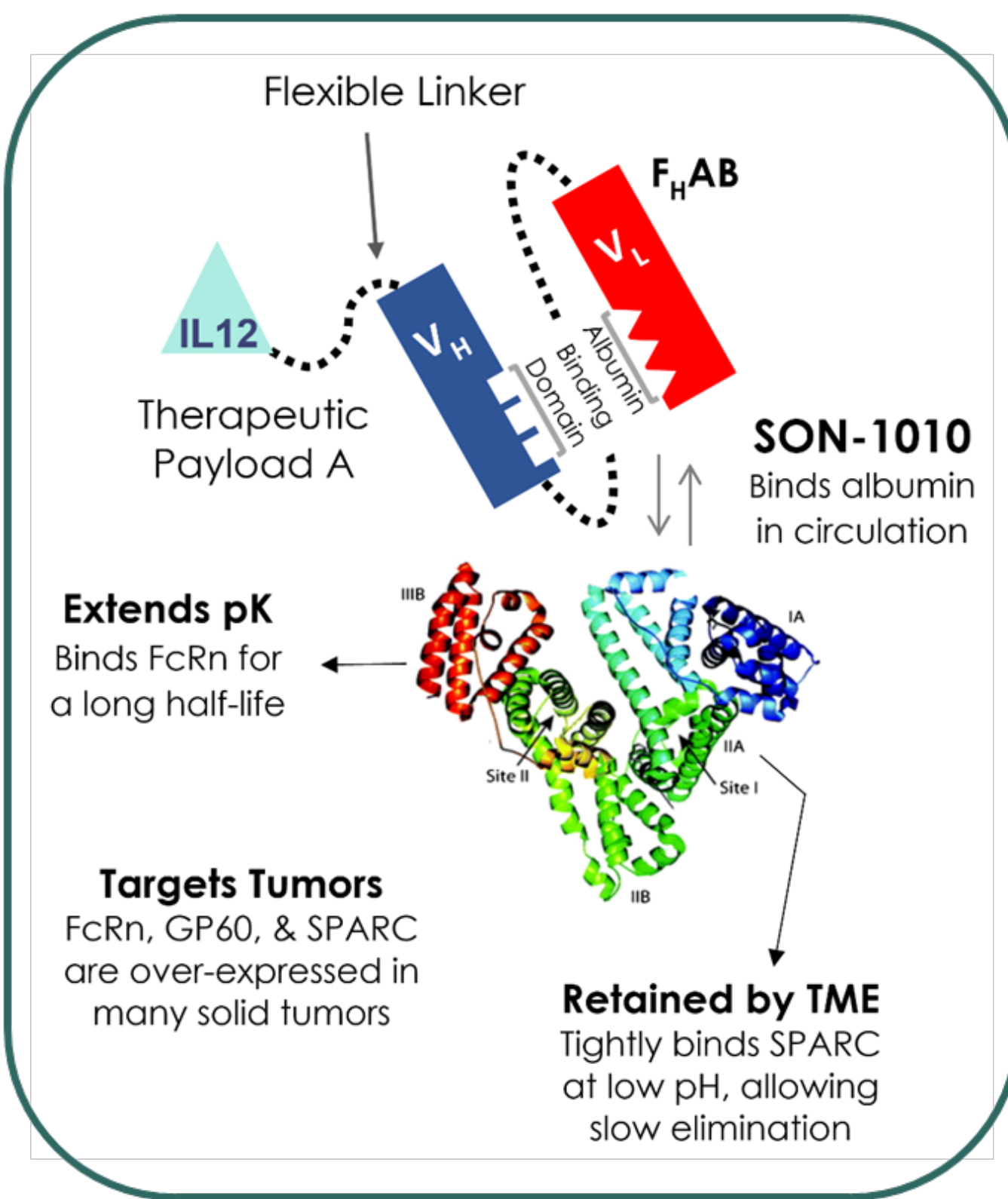
STRUCTURE/FUNCTION

Sonnet's Fully Human Albumin Binding (F_HAB) technology utilizes a single chain antibody fragment (scFv) capable of delivering one or two active drug compounds

- Therapeutic payloads attached via **flexible linker peptides**

Following administration, Sonnet's F_HAB-derived candidates **bind to and “hitch-hike” on endogenous human serum albumin (HSA)** for transport to target tissues

- F_HAB has been designed to **bind, unbind and rebind to albumin** in an on-and-off fashion through a physical bonding mechanism, obviating the need for chemical conjugation



KEY FEATURES

Fully Human Construct

- Low/No immunogenicity
- Single- or Bi-specific design

Targeted Delivery

- High efficacy with low side effects
- GP60- and SPARC-driven uptake
- Accumulation in lymphatic nodes

Enhanced pK Characteristics

- Extended dosing intervals
- FcRn binding

Small Size with Linear Flexibility

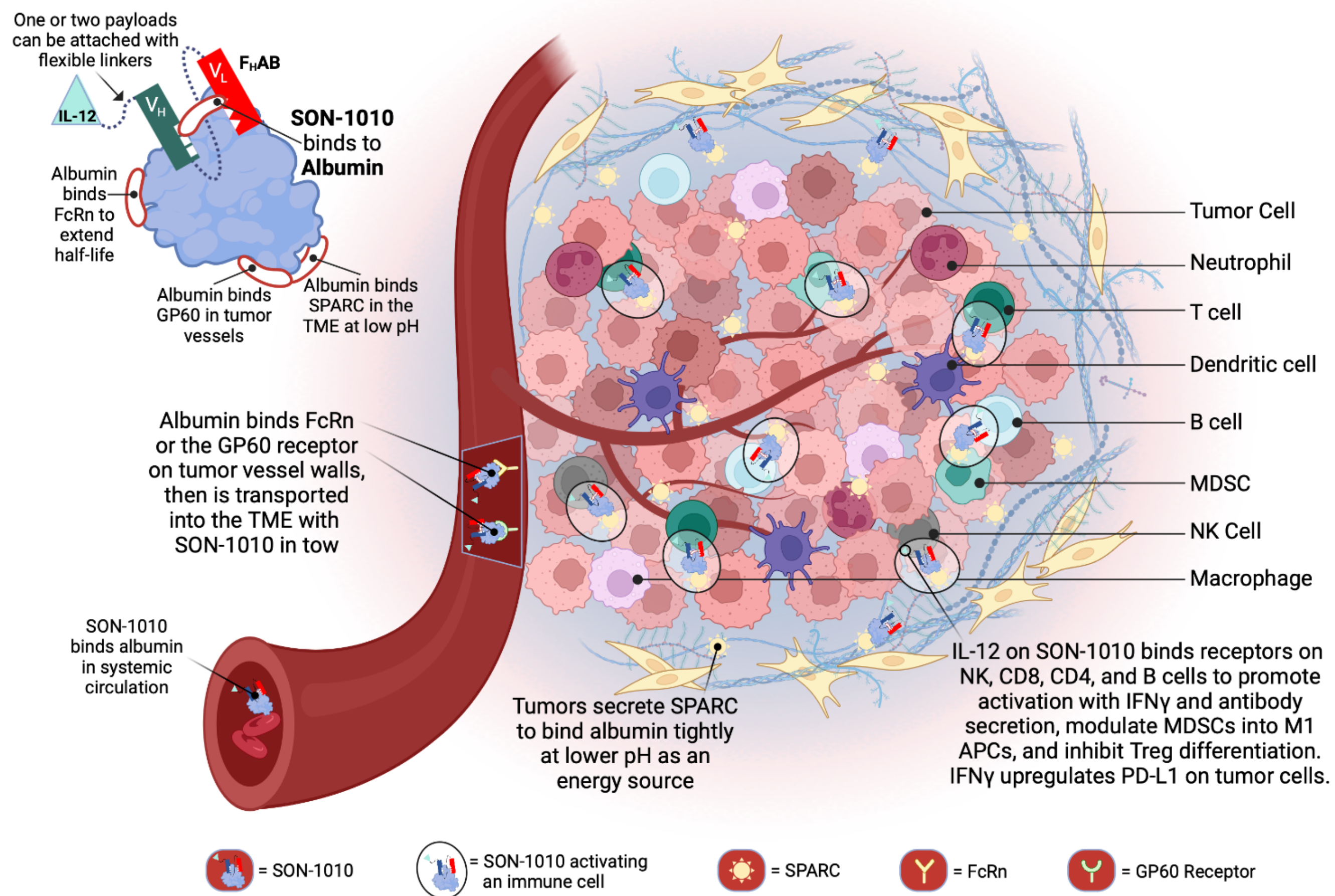
- Optimized tumor penetration

Mammalian Cell Production (CHO)

- Glycosylated

Modular

- Off-the-shelf system
- Rapid asset development



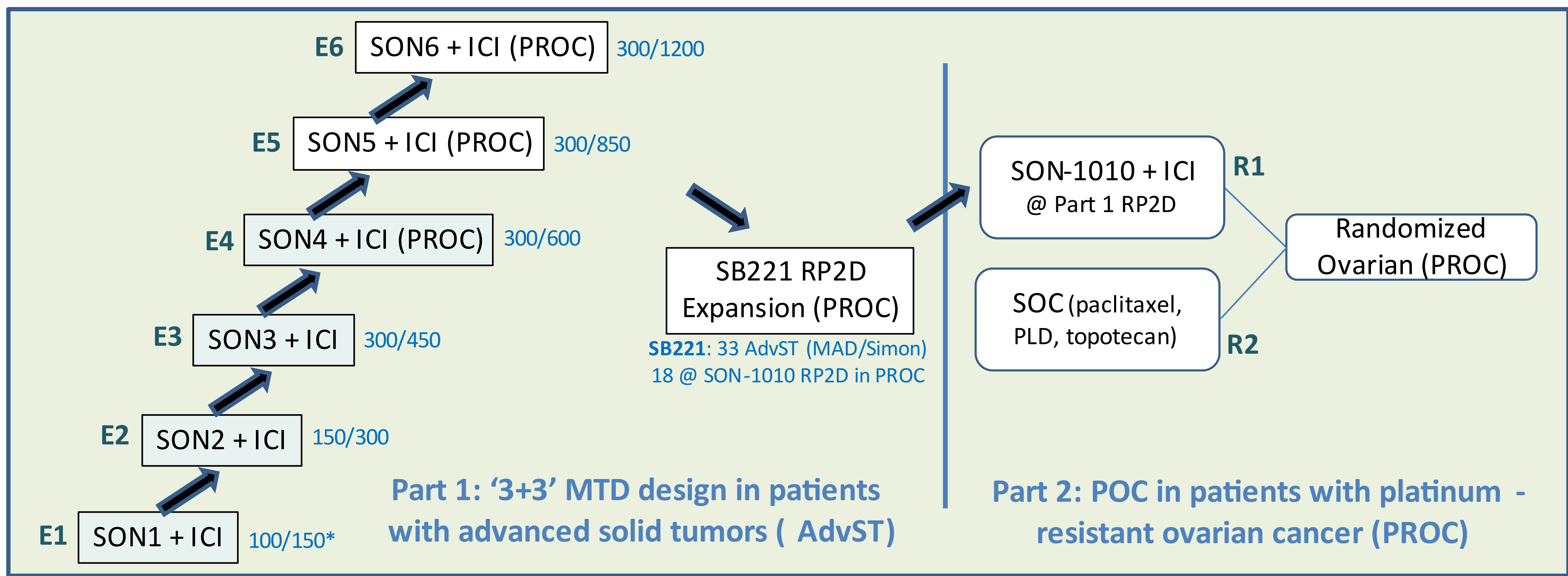
Portielje, Clin Canc Res (1999) 5:3983; Gokhale, Exp Hematol Oncol (2014) 3:11; Kenney, Front Imm (2024) 15:1362775

Cohorts E1-E3 have been completed without DLTs and E4 is fully enrolled. We are currently enrolling patients with PROC in Cohort E5 at any time after their 1st recurrence following a bevacizumab regimen ± mirvetuxemab. Contact Swati Atole (swati.atole@novotech-cro.com) for trial registration.

Part 1 (N=30-51): Advanced solid tumors → PROC; **Part 2** (N=80, Interim @ 32 events): PROC, defined as ovarian cancer recurrence within 6 months following the last dose of a platinum-containing regimen. Tumor types include epithelial, fallopian tube, or 1^o peritoneal carcinoma. Refractory patients, defined as disease that failed to achieve at least a PR to a platinum-containing regimen (i.e., SD or PD), are eligible, provided that outcome was to a 2nd line or later repeated platinum regimen (not 1st line).



Atezolizumab
Inhibits PD -L1



* Proposed SON-1010 ng/kg desensitizing dose / SON-1010 ng/kg maintenance dose.

NCT05756907

