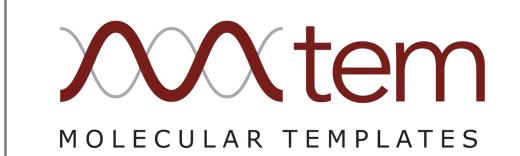
# Improving immunotoxin-based therapeutics for cancer with de-immunized Engineered Toxin Bodies

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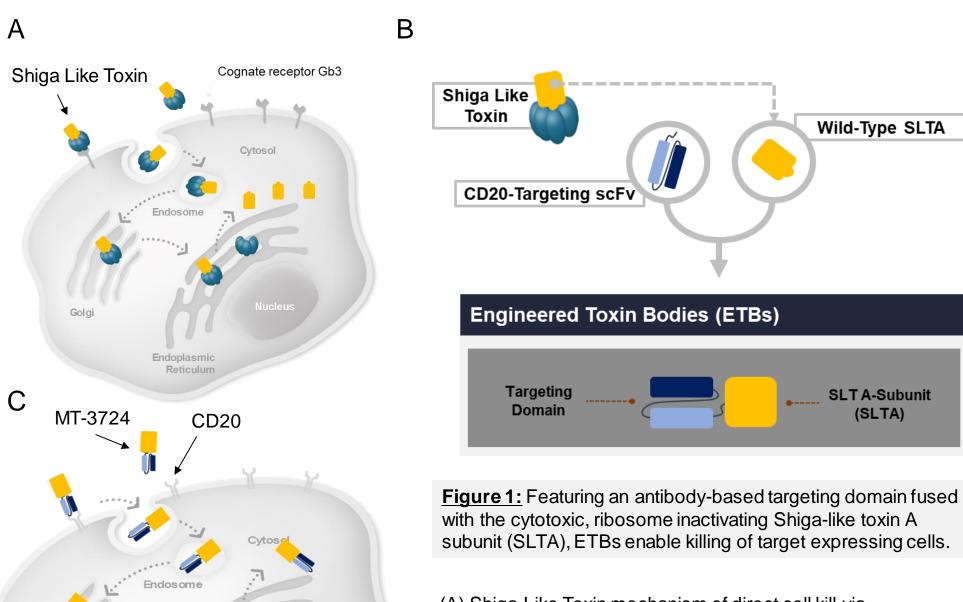
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### Abstract 2579 **AACR 2022**



#### **Background: ETB Mechanism of Action**

#### Engineered Toxin Bodies (ETBs): Targeted cell kill by ribosomal destruction



with the cytotoxic, ribosome inactivating Shiga-like toxin A subunit (SLTA), ETBs enable killing of target expressing cells.

(A) Shiga-Like Toxin mechanism of direct cell kill via internalization, routing, and ribosomal inactivation

(B) Structure of MT-3724, a 1st generation CD20-targeting ETB

(C) MT-3724 mechanism of action illustrating direct, targeted cell kill of CD20 expressing cells

#### MT-3724 in relapsed/refractory non-Hodgkin lymphoma patients

Figure 2: Despite showing efficacy in heavily pre-treated non-Hodgkin lymphoma patients, MT-3724 was discontinued due to manufacturing/stability issues

(A) Summary table for MT-3724 multi-center phase 1 clinical trial in non-Hodgkin lymphoma patients

Grade 5 CLS (Capillary leak syndrome) observed in one patient treated with MT-3724 that had a high proportion of aggregated species

Patients evaluable for efficacy in phase I (n=25) DLBCL or Mixed DLBCL/FL (n=19)

Low serum Rituximab (RTX) levels (n=13)

2 Complete Responses (CR)

1 Complete Metabolic Response (CMR)

2 Partial Responses (PR)

3 Stable Disease (SD) (49%, 47% tumor reduction)

5 Progressive Disease (PD)

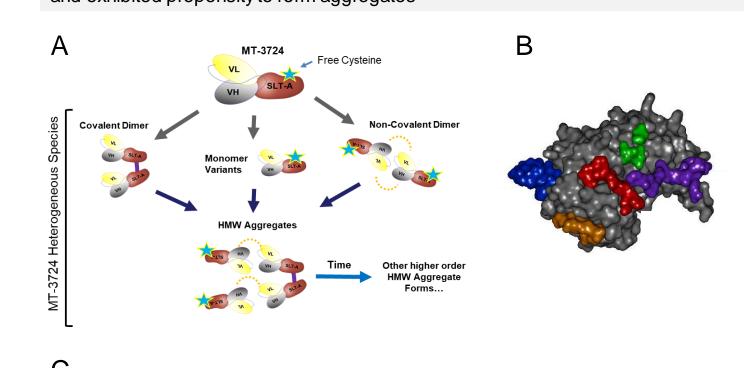
38% Objective Response Rate (ORR)<sup>a</sup> 60% ORR at MTD: 2 CRs, 1 PR, 2 PD

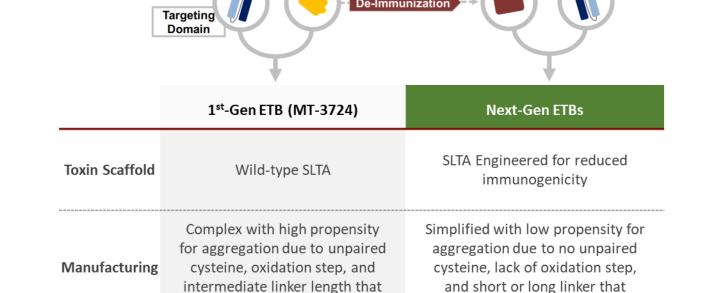
a) Median number of prior therapies in responders was 3; responses seen in R-CHOP refractory pts. Includes 2 stable disease patients who had 49% and 47% tumor reductions

#### ETB improvements and de-immunization of SLTA

#### Aggregation and immunogenicity in MT-3724

Figure 3: First generation ETB MT-3724 featured immunogenic WT SLTA scaffold and exhibited propensity to form aggregates





(A) Mechanism of aggregate formation in 1st gen ETB scaffold

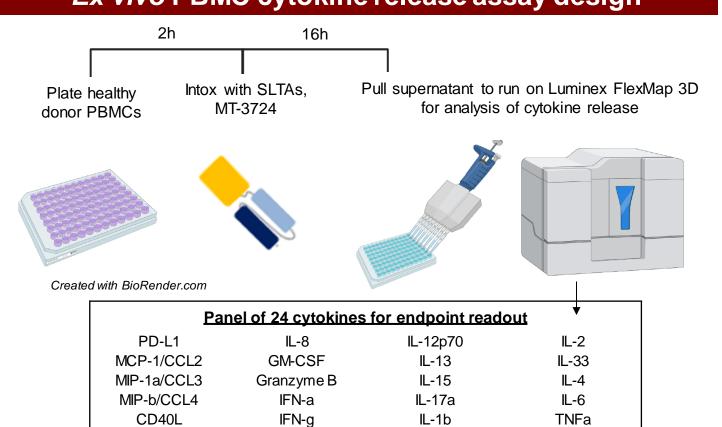
promotes multiple species

(B) Predicted immunogenic epitopes of WT SLTA mapped to surface structure

promote predominant species

(C) De-immunization of WT SLTA to genetically engineered de-immunized SLTA (DI-SLTA) scrubbed of predicted immunogenic epitopes for next generation ETBs

#### Ex vivo PBMC cytokine release assay design



IL-1ra

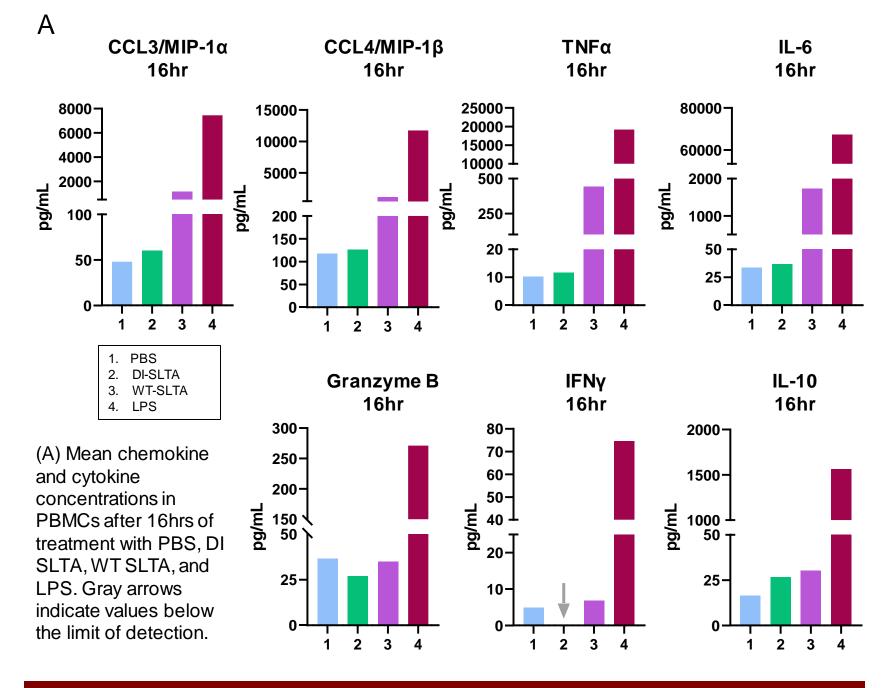
IL-1a

IP-10

#### Ex vivo cytokine release in SLTA and ETB-treated PBMCs

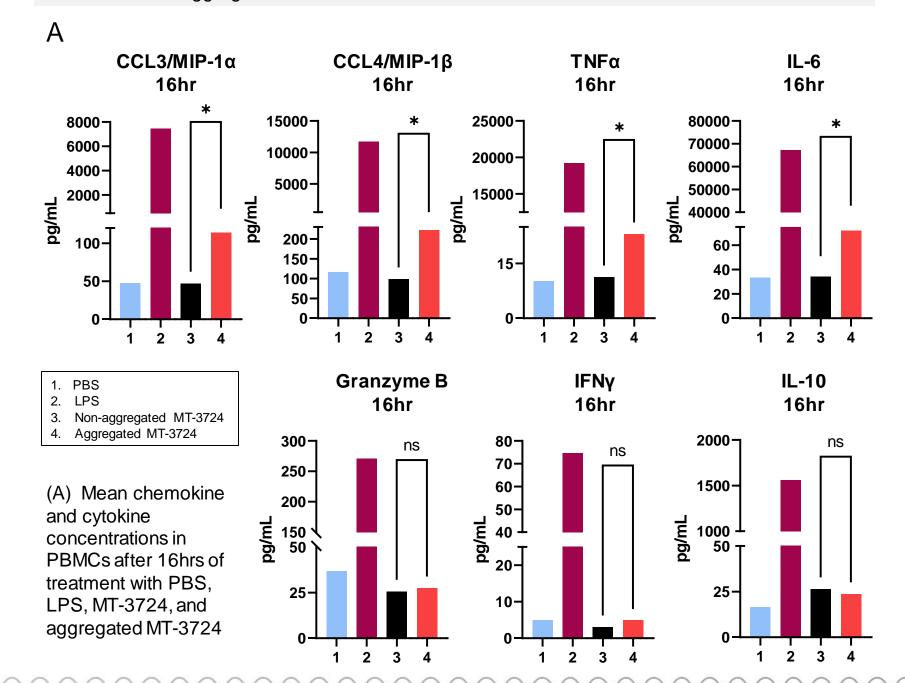
## Reduced release of cytokines with de-immunized (DI) SLTA

Figure 4: Non-targeted DI SLTA-treated PBMCs exhibited baseline cytokine levels while nontargeted WT SLTA induced release of CCL3, CCL4, TNFα, and IL-6 in PBMCs.



#### Increased cytokine release with aggregated MT-3724

Figure 5: Aggregated MT-3724 induced moderate increases in TNFα, IL-6, CCL3, and CCL4 relative to a non-aggregated MT-3724



#### B cell independent ex-vivo cytokine release



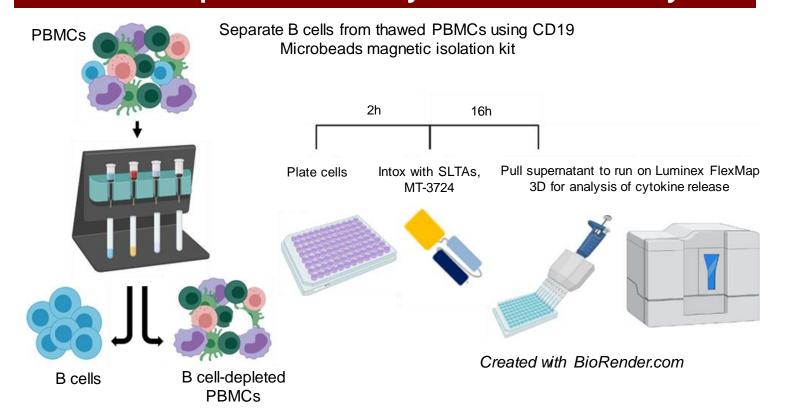
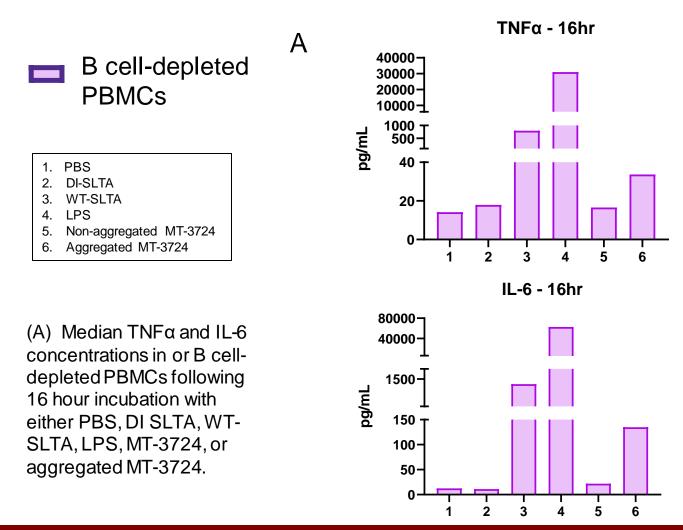


Figure 6: Removal of B cells from PBMCs did not alter cytokine release patterns of LPS, WT SLTA, or aggregated MT-3724.



#### **Conclusions**

- Non-targeted WT SLTA displayed upregulation of CCL3, CCL4, TNFα and IL-6, indicating a similar, but not identical, pattern of cytokine release relative to the positive control, LPS.
- De-immunized SLTA did **NOT** activate cytokine or chemokine release, indicating that scrubbing WT SLTA of immunogenic components can improve the safety profile of our 2<sup>nd</sup> gen ETBs.
- Targeted WT-SLTA (MT-3724) shows cytokine release similar to untargeted DI-SLTA, likely through scFv-mediated steric inhibition of WT-SLTA immune recognition; however, aggregates in MT-3724 induced moderate increases in TNFα, IL-6, CCL3, and CCL4 relative to nonaggregated MT-3724
- Removal of B cells from PBMCs did not alter cytokine release patterns of LPS, WT SLTA, or aggregated MT-3724
- These data suggest that cytokines were released in response to WT SLTA and protein aggregates in an off-target manner.
- This assay will be used as a triage for ETB safety by testing ETBs for cytokine release prior to selection as candidates for clinical trials.



