

Therapeutic Vaccination With HPV-16 Oncoproteins Fused Into a Checkpoint Modifier of Early T-cell Activation Protects Against HPV-associated Tumors in a Preclinical Model

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BACKGROUND

- Checkpoint inhibition by mAbs against PD-1 and its ligand, CTLA-4, and other immuno-inhibitors has revolutionized cancer treatment
- However, current checkpoint inhibitors target activated T cells that are differentiating towards exhaustion¹
- Immunotherapies that can enhance CD8⁺ T-cell activation, have the potential to increase and broaden T-cell responses to various cancers¹⁻³
- There remains a need to produce novel cancer treatments, alone or in combination, that:
 - Have better safety and tolerability
 - Provide more potent and prolonged T-cell responses
- Multifunctional:** Herpes simplex virus type 1 gD, when genetically expressed as a fusion protein with tumor antigens, serves as a checkpoint inhibitor of the BTLA HVEM pathway, which acts **early** during T-cell activation (**Figure: Early Checkpoint Modifier – Glycoprotein D Mechanism of Action**)
 - The resultant antigen-driven responses are more **potent** and **durable**, and **broadened** to include CD8⁺ T cells to sub-dominant epitopes, which are more resistant to exhaustion
- Safety profile:** Low risk for "off-target" adverse events; **gD is only expressed** locally at the injection site and in regional draining lymph nodes
- Checkpoint inhibitor combination data:** Preclinical studies have shown improved efficacy using gD-based immunotherapies plus anti-PD-1 mAbs⁴

PURPOSE

- To report the immunogenicity and efficacy of a gD-based immunotherapy in a highly malignant, fast-growing preclinical tumor model (e.g., HPV-16 TC1) using a chimpanzee adenoviral vector (AdC6) expressing a novel sequence derived from early proteins 2, 5, 6, and 7 of HPV-16 fused into gD (AdC6-gD_{v2}E7652)

METHODS

- An **HPV-16 E7652 gene construct** was generated containing immunogenic fragments of E7, E6, E5, E2
 - The *E7652* gene was fused into gD and then inserted into an E1-deleted, partial E3-deleted AdC6 vector
 - Two separate constructs were evaluated using two different forms of gD: AdC6-gD_{v1}E7652 and AdC6-gD_{v2}E7652
- Control vectors** included:
 - E7652* gene construct **without gD** (AdC6-E7652)
 - Challenge models had **AdC6 vector expressing HIV gag fused within gD** (AdC6-gD_{v2}gag)

IMMUNOGENICITY ASSESSMENTS

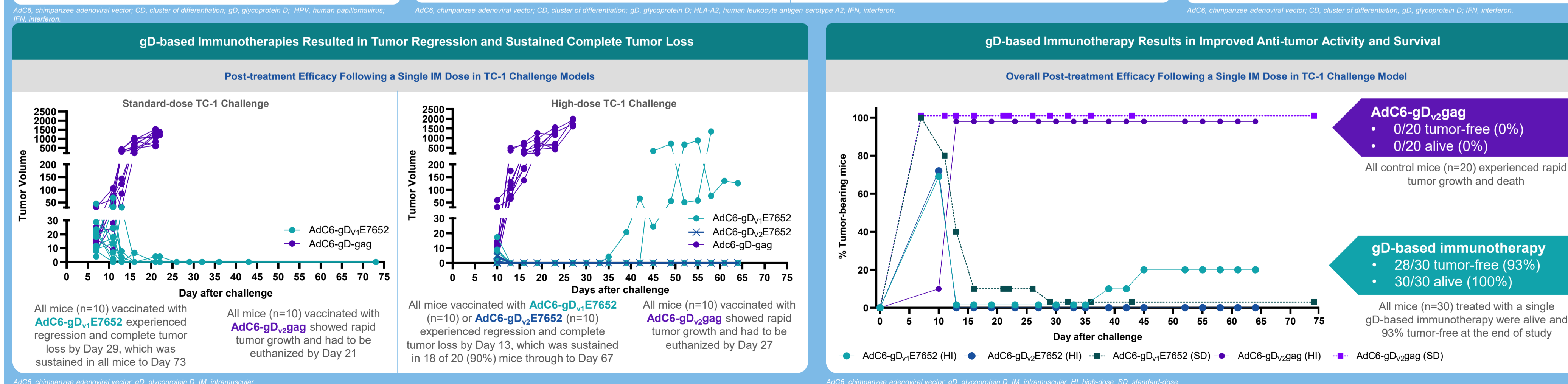
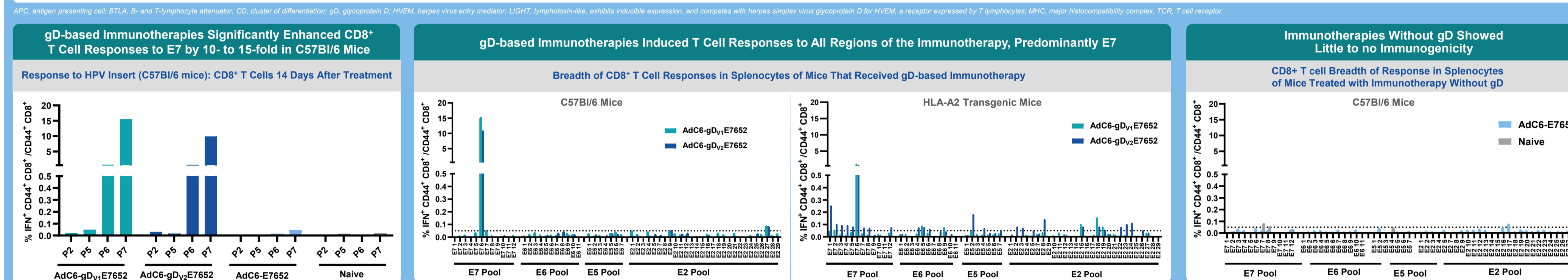
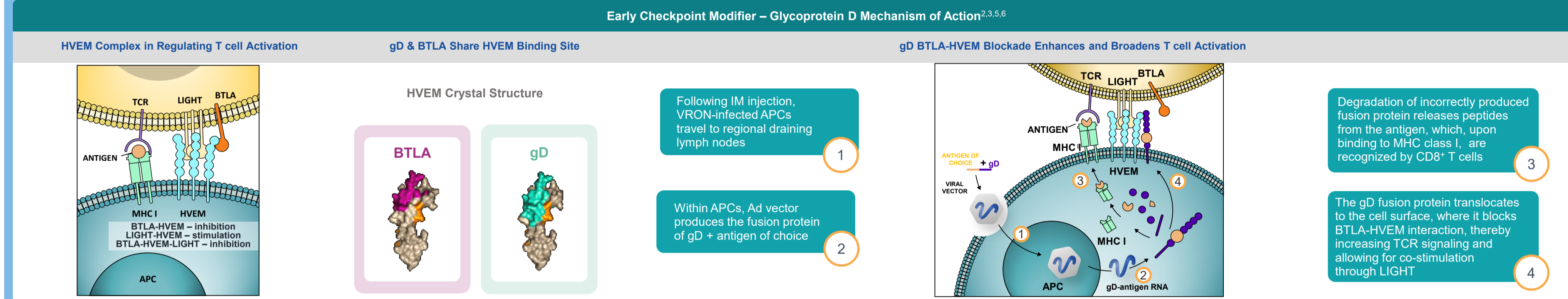
- C57Bl/6 and HLA-2 transgenic mice (n=5 per group) were evaluated
- Mice received a single IM injection of 5x10¹⁰ virus particles comprising:
 - AdC6-gD_{v1}E7652
 - AdC6-gD_{v2}E7652
 - AdC6-E7652; or
 - No vector (control; naive)

- Frequencies of insert-specific CD8⁺ T cells were determined by ICS for IFN-γ 2 weeks after injection
- Breadth and specificity of CD8⁺ T-cell responses to individual peptides within a target sequence were performed via epitope mapping of splenocytes (CD8⁺ T cells tested by ICS for IFN-γ) 5 weeks after treatment

EFFICACY ASSESSMENTS

- TC-1 cells:** A tumor cell line from primary lung epithelial cells of C57Bl/6 mice were immortalized by HPV-16 E6 and E7 and then transformed with an activated *ras* oncogene
- Treatment model:** C57Bl/6 mice (n=10 per group)

RESULTS



CONCLUSIONS

- These are the first preclinical data of a novel early checkpoint modifier construct, AdC6-gD_{v2}E7652, which demonstrated:
 - The addition of the checkpoint modifier, gD, to an immunotherapy markedly improved immunogenicity
 - Treatment responses (tumor regression and sustained complete tumor loss) were durable and reproducible
 - These types of responses have not been previously observed with other checkpoint inhibitors or immunotherapies⁷
- These data suggest that a gD-based immunotherapy could have clinical applications for treating various cancers, and they support further exploration with different combinations of checkpoint inhibitors and other immunotherapies:
 - A clinical study evaluating a gD-based immunotherapy for cancer is in development

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ABBREVIATIONS

AdC6, chimpanzee adenoviral vector; APC, antigen presenting cell; BTLA, B- and T-lymphocyte attenuator; CD, cluster of differentiation; CTLA-4, cytotoxic T lymphocyte antigen-4; gD, glycoprotein D; HIV gag, human immunodeficiency virus group specific antigen; HLA-A2, human leukocyte antigen serotype A2; HPV, human papillomavirus; HVEM, herpes virus entry mediator; ICS, intracellular cytokine staining; IFN γ , interferon-gamma; IM, intramuscular; LIGHT, lymphotxin-like, exhibits inducible expression, and competes with herpes simplex virus glycoprotein D for HVEM, a receptor expressed by T lymphocytes; mAb, monoclonal antibody; MHC, major histocompatibility complex; PD-1, programmed death 1; pol, polymerase; ras, rat sarcoma; TCR, T cell receptor; VRON, virion specific I/O therapy.

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DISCLOSURES

Dr. Currie is COO, Virion Therapeutics, LLC and owns shares in the company. She has no other conflicts to report.

FOR MORE INFORMATION

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