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rhIL-7-hyFc (efineptakin alfa; NT-I7) enhances the anti-tumor response when combined with hIL-2/TCB2c complex

ТЕСН

Abstract

rhIL-7-hyFc (efineptakin-alfa; NT-I7) is a potent T cell amplifier, with a homodimeric interleukin-7 (IL-7) fused to the hybridizing IgD/IgG4 immunoglobulin domain. Previous work has shown that in mice, NT-I7 dramatically increases tumor-infiltrating CD8+ T cells while reducing the frequency of PD-1⁺ CD8⁺ T cells in the tumor. There is also significant expansion of Central Memory (CM)-phenotype CD8⁺T cells (CD62L⁺CD44⁺) in the tumor and tumor-draining lymph node (TDLN). Here, we investigated the anti-tumor effect of NT-I7 in combination with a T cell activator, SLC-3010 (hIL-2/TCB2c complex), in MC38 tumor-bearing mice. Because TCB2 is an antibody specific for IL-2 that blocks interaction of IL-2 and IL-2Rα (CD25), SLC-3010 can selectively activate T cells while disfavoring Treg activation. Mice were administered a single dose of NT-I7 or SLC-3010 via intramuscular or intravenous injection, respectively. The combination of NT-I7 with SLC-3010 enhanced the antitumor response with increased number and frequency of CD8⁺ T cells as well as granzyme B expression in the tumor. The number of CD8+ T cells peaked at day 4 and day 7 by SLC-3010 and NT-I7, respectively. The number of Tregs in the tumor was slightly increased by NT-I7 and SLC-3010, but it was not statistically significant. Interestingly, NT-I7, but not SLC-3010, increased the frequency of PD-1+TCF-1+TOX- stem-like CD8+ Γ cells in the draining lymph node. Meanwhile, SLC-3010 significantly increased the number of PD-1⁺ CD8⁺ T cells in the tumor. Our data suggests that NT-I7 can be applied in combination with other immunotherapies such as IL-2 to enhance the anti-tumor response.

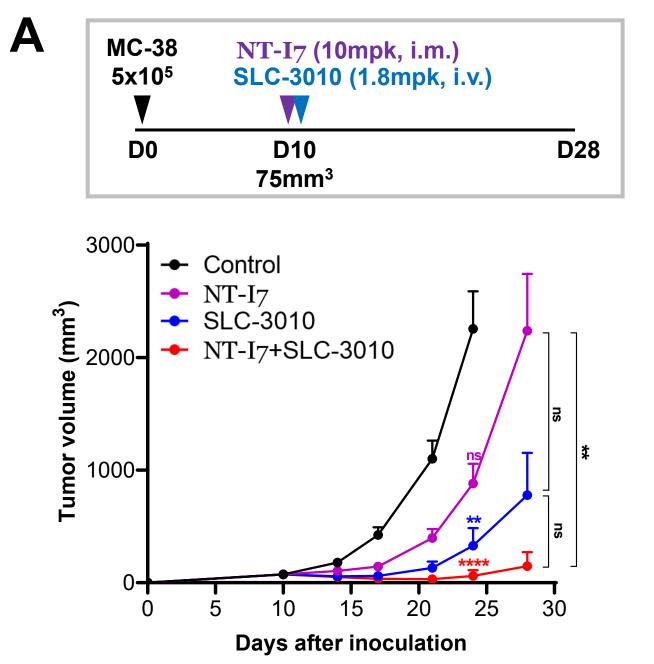
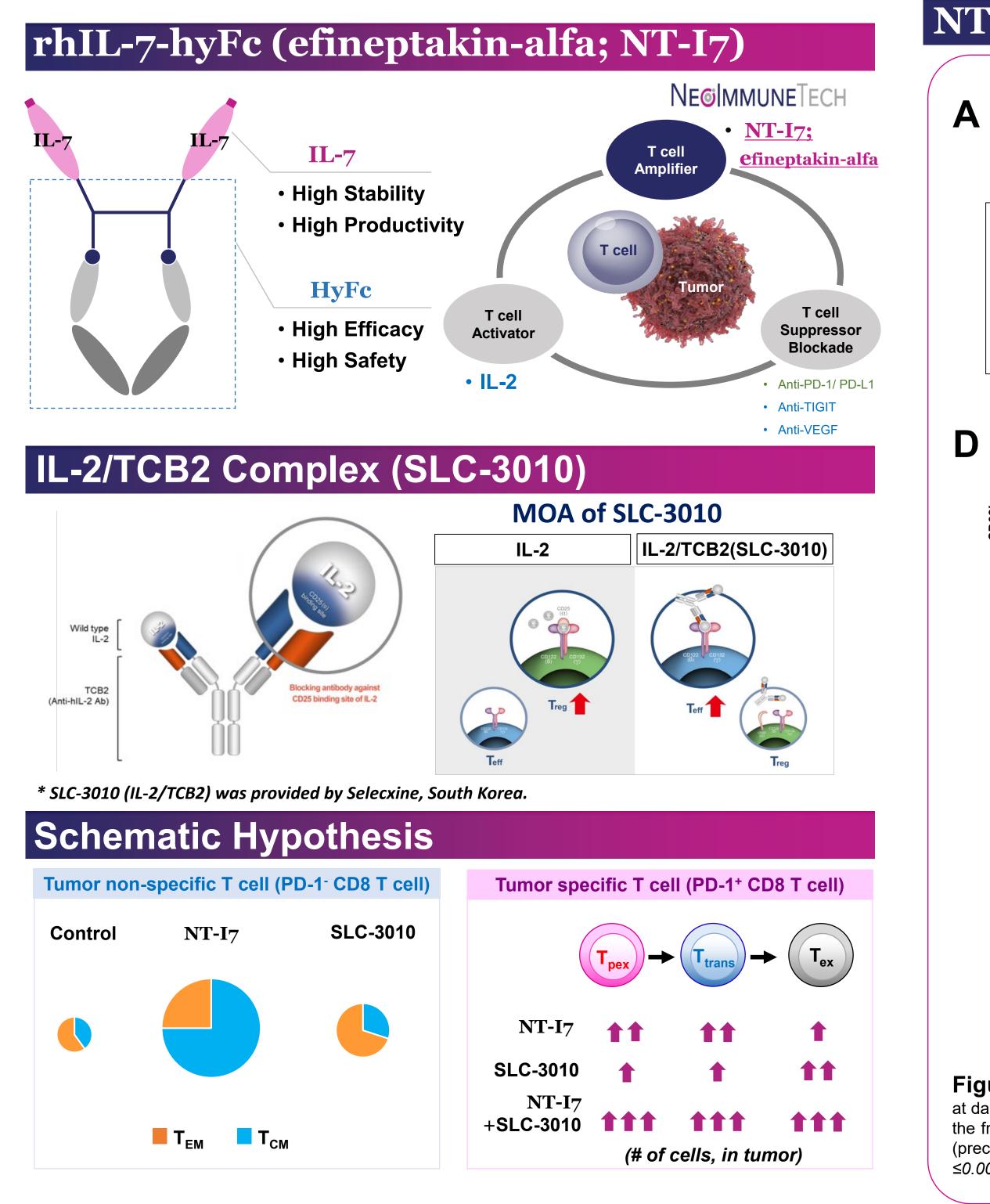


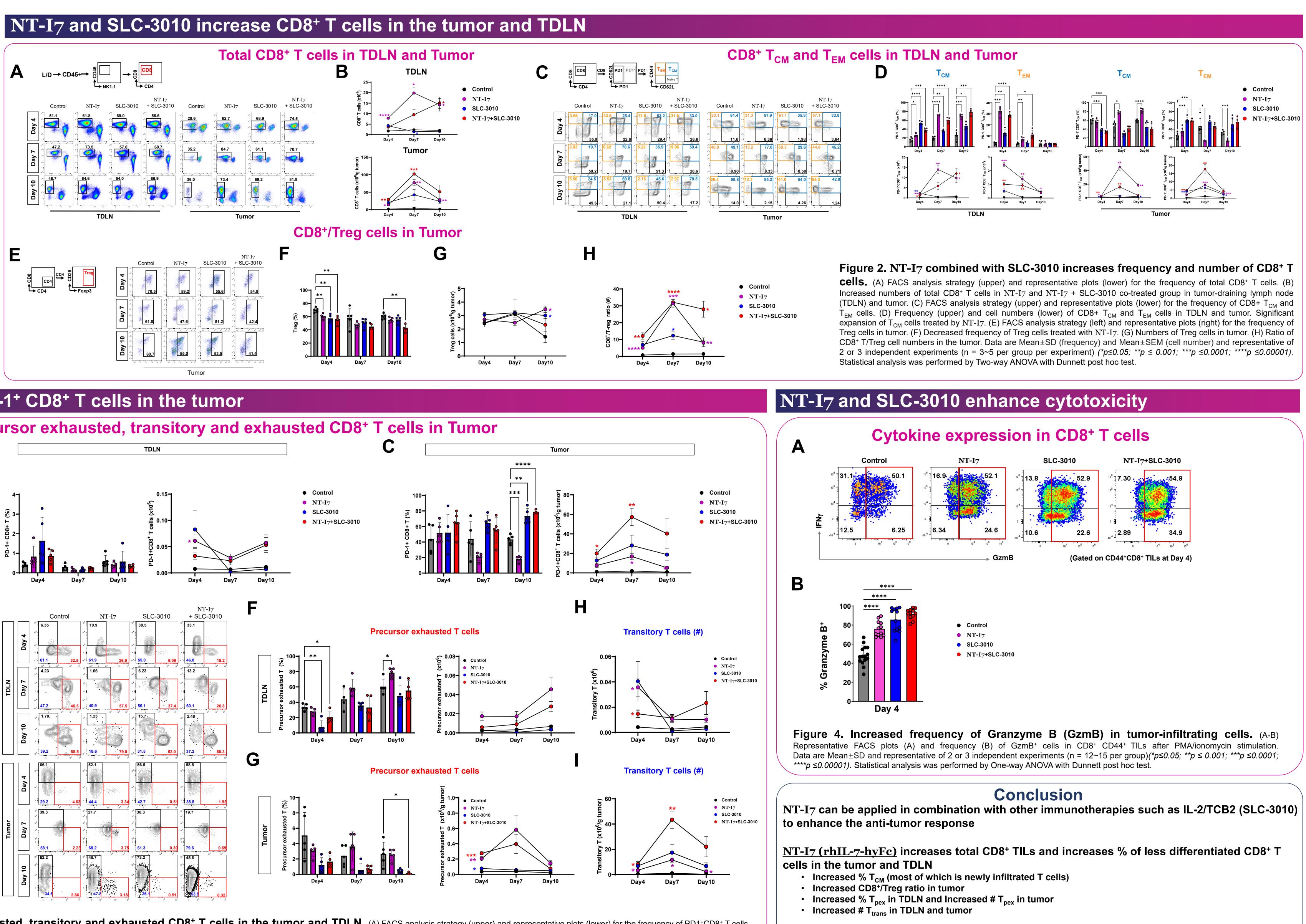
Figure 1. NT-I7 combined with SLC-3010 inhibits tumor growth in MC38-bearing mice. (A) The experimental scheme (upper) and mean tumor growth curves (lower). Data were statistically analyzed with Kruskal-Wallis compared groups at day 24 and day 28. Data are Mean±SEM. (n=9 per group). Statistical analysis was performed by Two-way ANOVA with Dunnett post hoc test.



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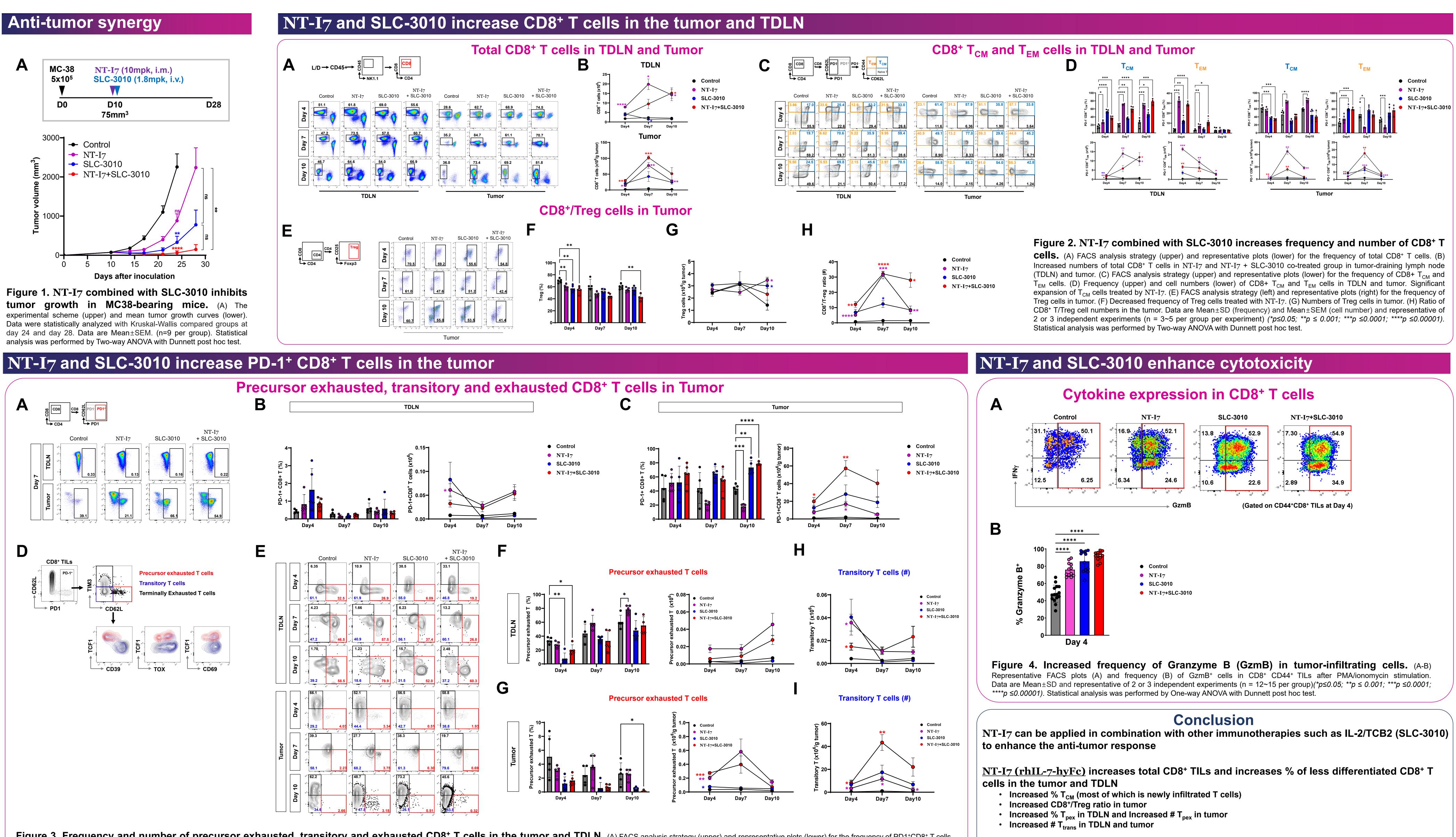


Figure 3. Frequency and number of precursor exhausted, transitory and exhausted CD8⁺ T cells in the tumor and TDLN. (A) FACS analysis strategy (upper) and representative plots (lower) for the frequency of PD1⁺CD8⁺ T cells at day7 in TDLN and tumor. (B) Frequency (left) and cell numbers(right) of PD1⁺CD8⁺ T cells in TDLN. (C) Frequency (left) and cell numbers (right) of PD1⁺CD8⁺ T cells in tumor. (D) Gating strategy for defining the distinct subset of PD1⁺CD8⁺ T cells. (E) Representative FACS plots for the frequency of CD62L+TIM3-(precursor exhausted), CD62L-TIM3-(transitory) and CD62L-TIM3+(terminally exhausted) T cells. (F) Frequency (left) and numbers (right) of CD62L+TIM3- (precursor exhausted) T cells in TDLN. (G) Frequency (left) and numbers (right) of CD62L+TIM3-(precursor exhausted) T cells in tumor. (H and I) Numbers of transitory T cells in TDLN (H) and tumor (I). Data are Mean ± SEM (cell number) and representative of 2 or 3 independent experiments (n = 3~5 per group per experiment) (*p ≤ 0.001; ***p ≤0.0001; ****p ≤0.00001). Statistical analysis was performed by Two-way ANOVA with Dunnett post hoc test.

SLC-3010 (IL-2/TCB2) increases % of more differentiated CD8⁺ T cells in the tumor and TDLN

- Increased % T_{FM} in tumor
- Increased CD8⁺/Treg ratio in tumor; did not significantly affect Treg levels in tumor
- Decreased % T_{nex} in TDLN