

April 26, 2018

# NEOANTIGEN Summit

Supercharging Immunotherapies & Cancer Vaccines

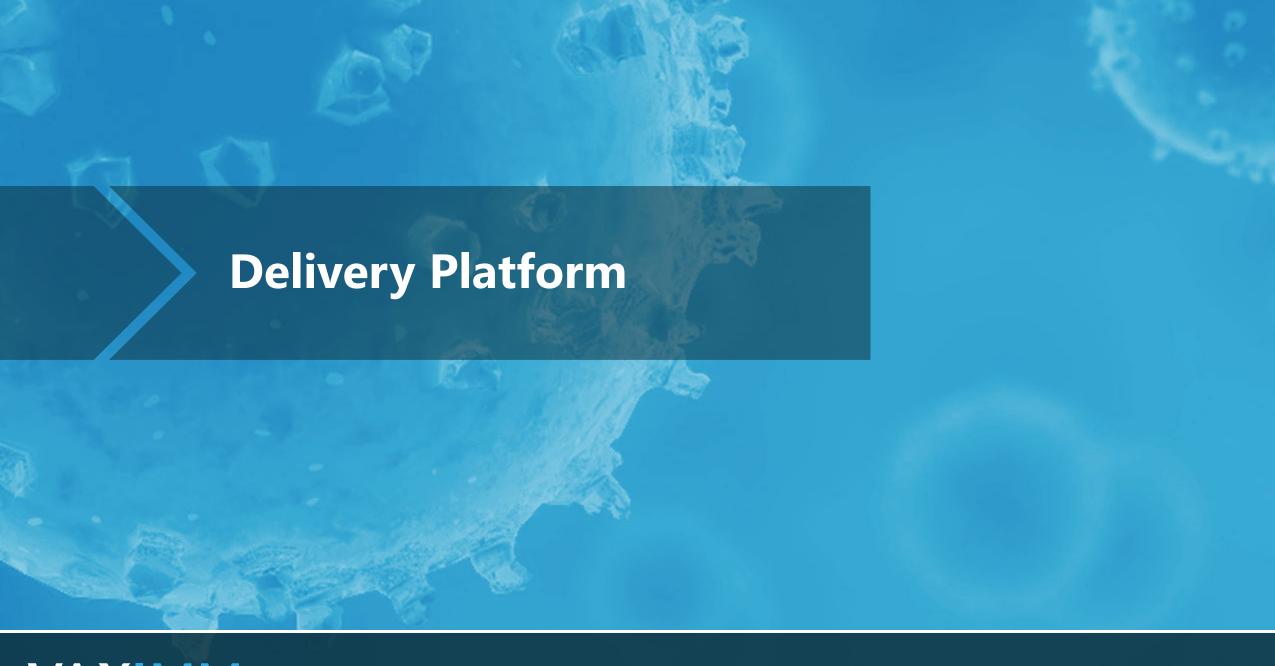




# How can we overcome manufacturing challenges in personalized neoantigen-targeting approaches?

- Delivery platform
- Neoantigen targeting personalized approaches
- Manufacturing features
- Technical and immune proof of concept in animals
- Platform clinical proof of concept by lead product





### **Unique Ty21a Platform with Broad Potential**

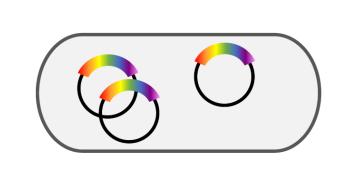
... for systemic antigen-directed T-cell activation

#### **Bacterial carrier (Ty21a)...**

- Live attenuated vaccine strain
- Approved travelers' vaccine (typhoid fever, Vivotif®)
- Oral vaccine naturally infects cells in the gut
- Applied >250 million times
- Excellent safety record and well tolerated

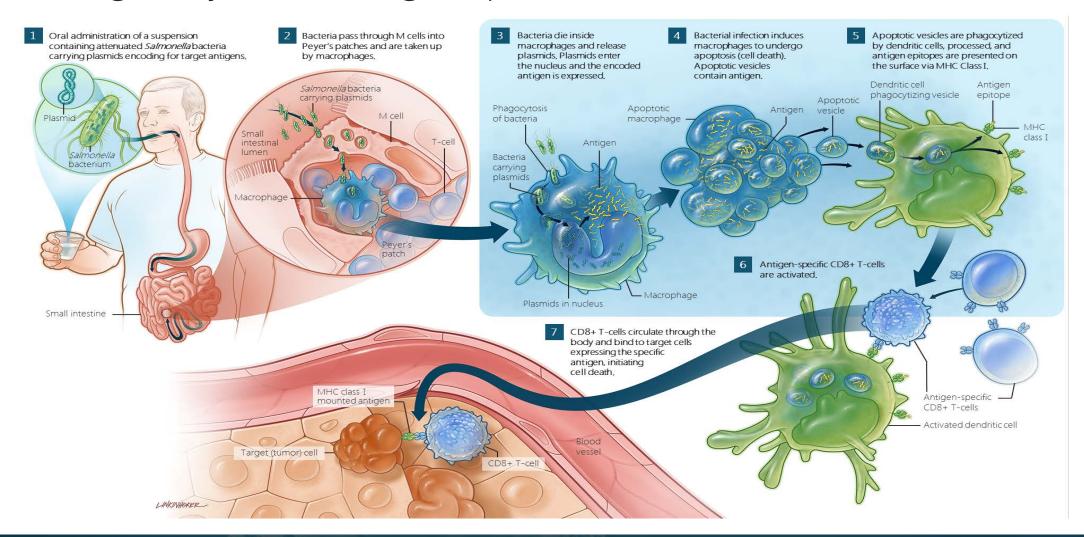
#### ... containing eukaryotic expression plasmids

- Encoding the cDNA of the desired targets
- Plasmid is dormant within the bacterial carrier
- Drives strong expression of target antigen in infected cells within the patient's Peyer's patches
- Clinical safety/ immunogenicity/ efficacy demonstrated with a VEGFR-2 construct (VXM01) in pancreatic cancer and glioblastoma
  - VEGFR-2 consisting of 1356 amino acids corresponding to appr. 4000 base pairs



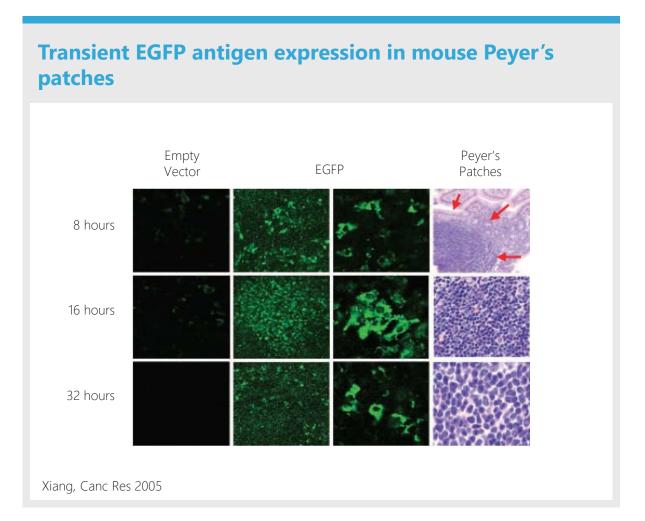
### Intra-lymphatic Delivery via Oral Administration

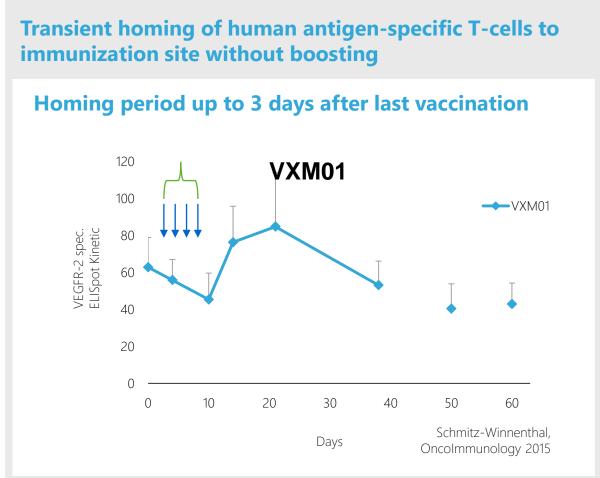
... leading to systemic target specific T-cell activation



#### **Confirmation of Mechanism of Action**

... transient antigen expression and T-cell homing

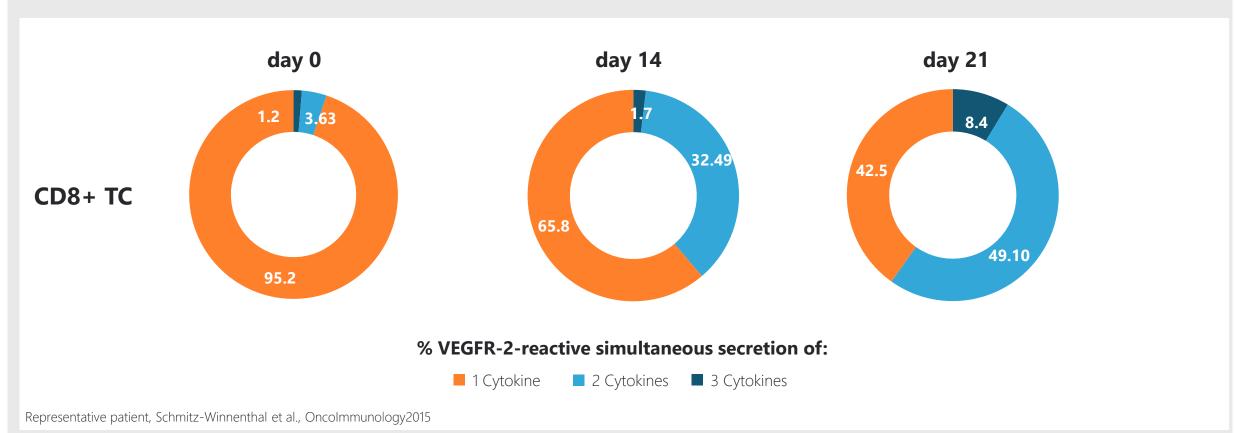




#### T-cell Activation in VXM01-treated Patients

... can produce multi-functional T-cells







### **Proprietary Platform**

... with key differentiating features

Natural, efficient & easy way to activate T-cells



# Strong transient antigen expression allowing specific T-cells to target the tumor

- Oral delivery targeting the lymphatic tissue of the gut
- Repeated dosing possible
- Self-adjuvanted through concomitant bacterial Ty21a infection

## High safety and good tolerability



### Readily combinable with other immune therapies

- Approved carrier bacterium, with excellent longstanding safety record
- Low therapeutic doses of typically 10<sup>6</sup> to 10<sup>7</sup> CFU, factor 100-1000 below Vivotif® dose
- No anti-vector immunity and little to no vector-related side effects
- Suitable for multi target approaches

## Fast and easy manufacturing



#### **Attractive cost of goods**

- Plug and play system
- Established methods (GMP manufacturing, QA/QC, etc.)
- Ideally suited for neoantigen / personalized vaccine approaches:

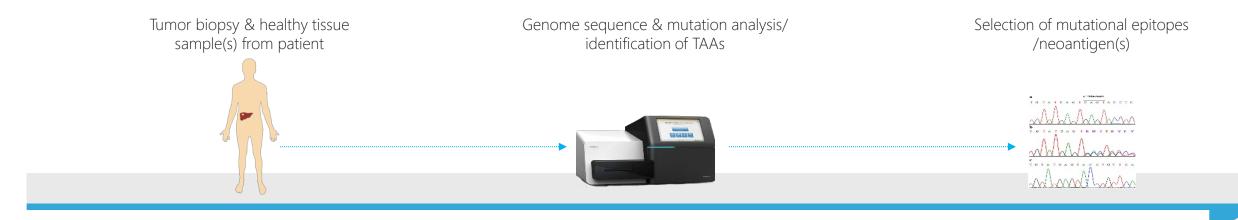
Objective is 15 days manufacturing time after identification of the neo-epitopes



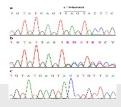


### **Personalized vaccine**

### ... identifying neoantigens

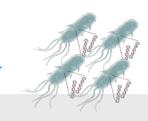




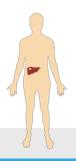


Synthesis of cDNA coding for multi-(neo)antigen polypeptide(s) Cloning of plasmid DNA, verification of sequence





Small batch
Treatment of patient
with personalized
neoantigen vaccine
(+off the shelf products)



### **Major Hurdles to Overcome**

### ... delivery technologies

#### Challenges faced in personalized neo-antigen approaches

- Limitation in number of epitopes
- Time to needle
  - Time to oral administration after identification of neo-antigens
- Manufacturing costs for individualized therapies
- Scalability of the manufacturing process
- Individual QC analytics per product and product specification
  - Sterility testing for parenteral / intravenous drugs
- Incompatibilities in galenic formulation of drug product
- Long-term stability of drug product
- Doses to be administered
- Patient treatment during time from identification of neo-antigens to availability of personalized drug product



### **Competitive Landscape**

### ... technologies for neoantigen vaccination

#### **Overview of established approaches**

| Delivery Technology     | Ease of manufacturing | Route of Administration                  |
|-------------------------|-----------------------|--|
| Listeria based vaccines | +++                   | Intravenous                              |
| mRNA                    | +                     | Intranodal<br>Intravenous<br>Intradermal |
| Viral Vectors           | +                     | Intradermal                              |
| Peptides                | +                     | Intradermal                              |
| Dendritic Cells         | +                     | Intravenous                              |
| DNA                     | +++                   | Intramuscular                            |



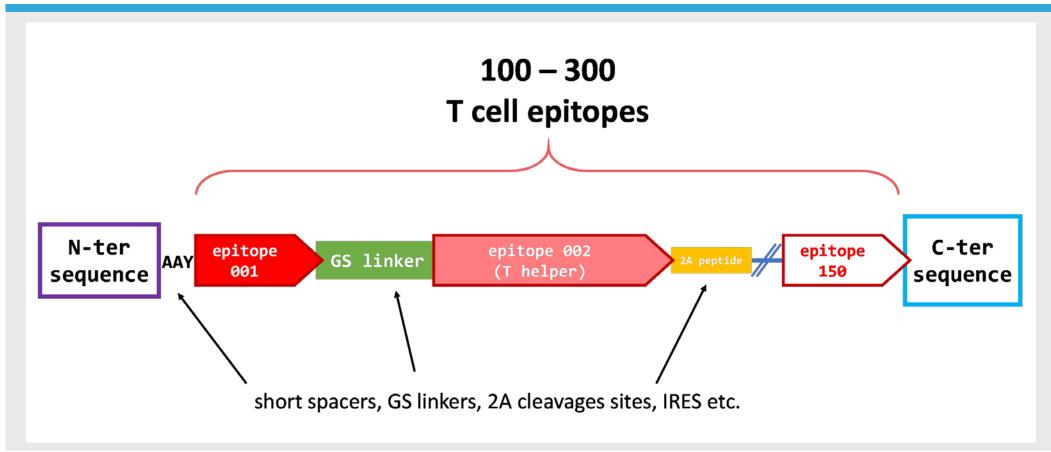


### **Less Limitation in the Number of Epitopes**

... in "string-of-beads" encoding insert



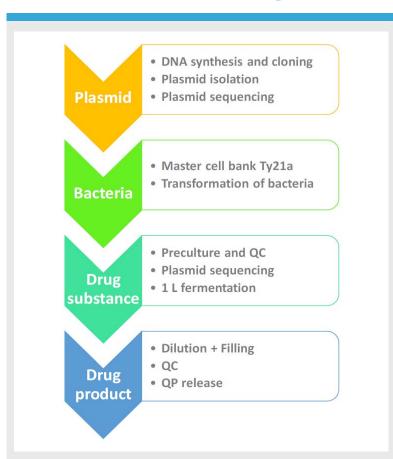
#### High number of epitopes can be encoded



### Straight-Forward Bacterial Fermentation Manufacturing

... in small scale at low costs

#### Robust manufacturing in a 1 L bacterial fermentation with disposable fermenters



- Master cell bank of empty Ty21a bacteria
- Plasmid individually synthesized
- Overnight culture for drug substance fermentation in 1 L scale
- Dilution to target concentration based on CFU
- Quality control analytics including plasmid sequencing
- QP release
- Objective is to minimize the manufacturing time to 15 days after neoantigen identification in a dedicated facility

### **Straight-Forward Bacterial Fermentation Manufacturing**

... in small scale at low costs

#### Short time to administration after identification of neo-antigens

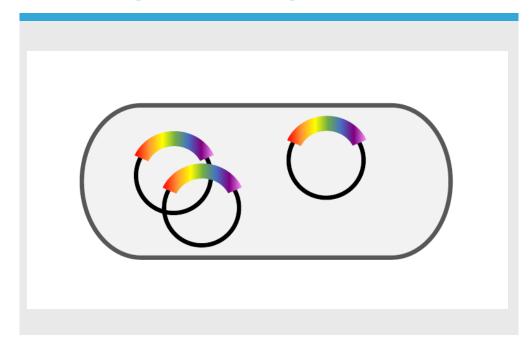
| Delivery<br>Technology | N2N time                             |
|------------------------|--------------------------------------|
| VAXIMM                 | Neoantigen<br>discovery<br>+ 15 days |
| Company A*             | 115 days                             |
| Company B*             | 90 days                              |
| Company C*             | 75 days                              |

- Competitive in terms of
  - Time to administration after identification of neo-antigens
  - Manufacturing costs due to overnight bacterial fermentation in small scale
  - Upscaling not required due to high yield of bacteria
    - Net bacteria yield in the 10<sup>11</sup> CFU range
    - Allowing filling of drug product sufficient for years of treatment

### **Quality Control Analytics for One Defined Product**

... in drug substance and drug product

#### Generic specification per individual construct with difference in encoding insert only

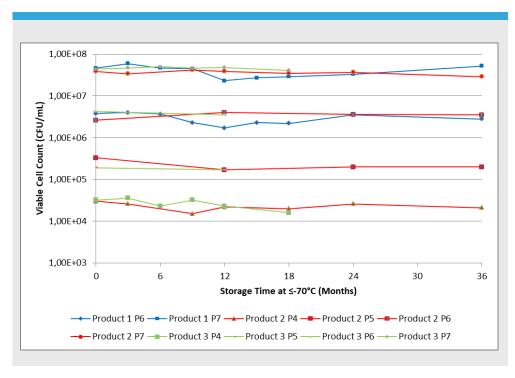


- Quality control assays established and validated through ongoing clinical development stage products
- Individual difference in encoding insert only
  - Sequencing to be performed
- No sterility testing required
  - Oral administration
  - Live bacteria-based constructs

#### **Stable Pharmaceutical Formulation**

... without risk of incompatibilities due to the nature of the product

#### One defined product with documented stability – no galenic incompatibilities

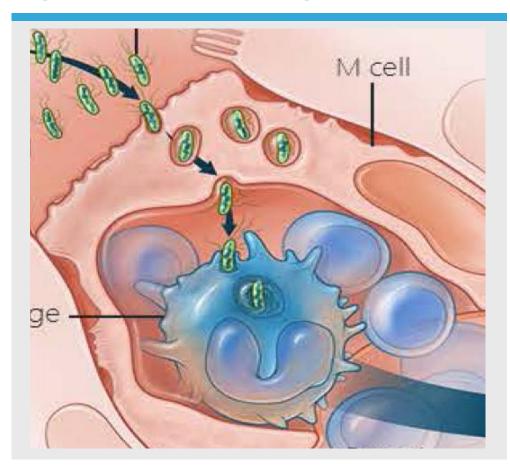


- Epitopes are encoded in the DNA plasmid
- Expression of neo-antigens in the Peyer's patches
  - No incompatibilities on the level of administration as the peptide manufacturer is the human body
- Drug substance and drug product formulations stable for 3 years as established for clinical-stage products

### **Very Low Doses of DNA Plasmid Administered**

... far lower exposure than with other treatment modalities

#### **Exposure to VXM DNA plasmid lower than with RNA or intradermal DNA**



- Plasmids in 10<sup>7</sup> CFU live bacteria correspond to appr. 1 ng DNA
- For comparison
  - RNA intranodal: 500 1000 μg (*Sahin et al., 2017*)
  - Synthetic long peptides s.c.: 0.3 mg of each peptide (Ott et al., 2017)

### **VXM-NEO Phase I Checkpoint Inhibitor Combination Study**

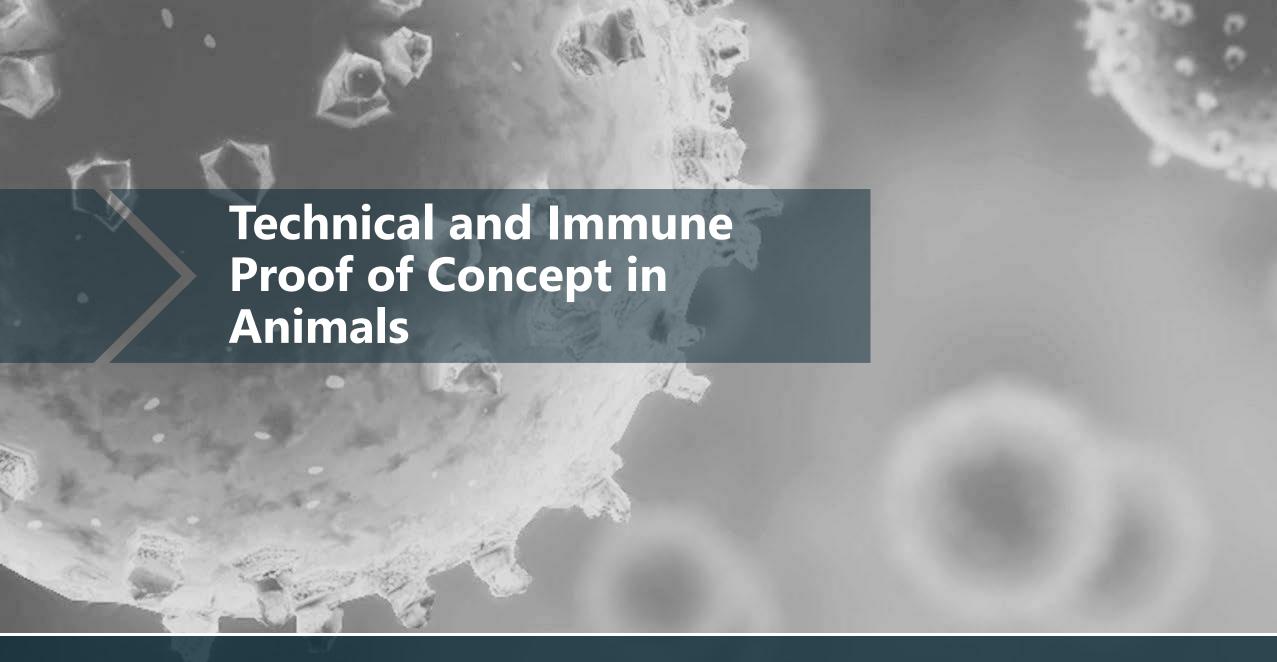
... personalized combined with shared antigen treatment

#### **Clinical phase I study**

- Identification of neoantigens in cancer indications with relevant mutational load
- Pre-treatment with off-the shelf shared antigen oral immunotherapies
- VXM-NEO treatment in combination with SoC checkpoint inhibitors







#### **VXM-NEO**

... Technical and pre-clinical immune PoC demonstrated

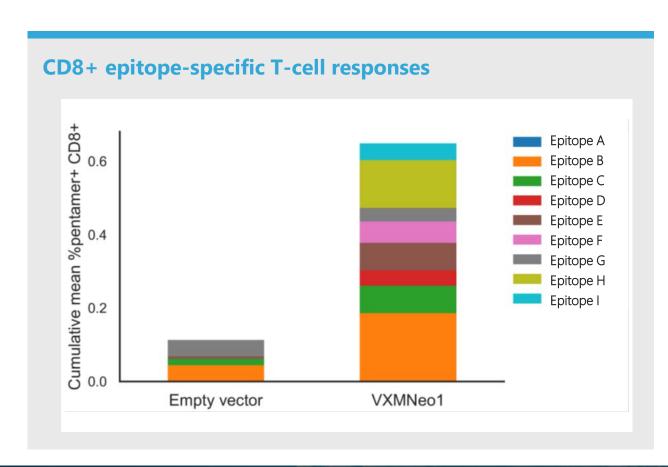
#### **Construct with 9 dominant CD8 epitopes cloned**

| -VEGFR-2<br>-MSLN<br>-WT-1 | 2 epitopes 2 epitopes 1 epitope | 9 identical peptide pentamer flow cytometry reagents used |
|----------------------------|---------------------------------|---|
| -CEA<br>-OVA               | 3 epitopes<br>1 epitope         | Additional HPV reagent as negative control                |

### **VXM NEO Multi-Epitope Platform**

### Immunological PoC in animals

#### VXM-NEO – epitope-specific CD8+ T-cell responses



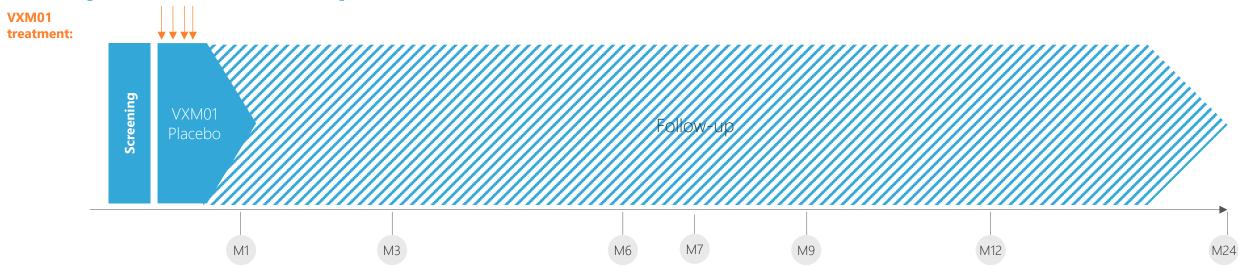
 Epitope-specific T-cell response against 7 out of 9 epitopes detected



### **VXM01 Pancreatic Cancer Clinical Trial Completed**

... first-in-human study part 1 with initial administration only

#### **Locally Advanced or Inoperable Pancreatic Cancer**



- 1st line, plus gemcitabine background chemotherapy or stand alone
- Testing five doses 10<sup>6</sup> CFU through 10<sup>10</sup> CFU n=6 each vs. placebo n=15
- Read-out:
  - Safety
  - Biomarker
  - T-cell response
  - Survival





Prof. Beckhove
Immunomonitoring



PD Dr. Schmitz-Winnenthal



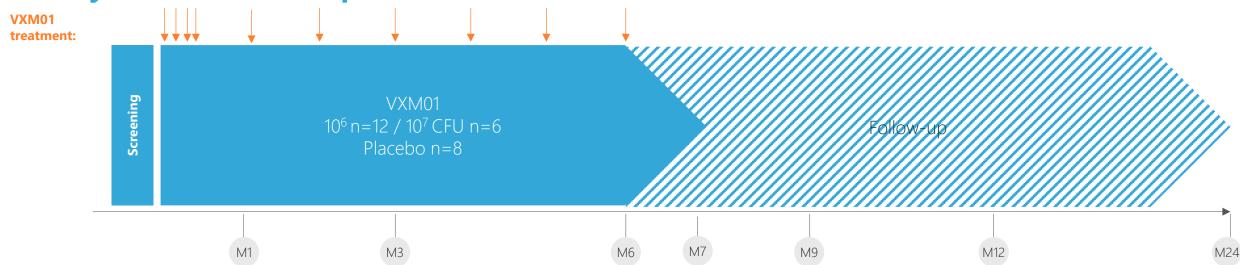
Prof. Haefeli Head Clinical Pharmacology



### **VXM01 Pancreatic Cancer Clinical Trial Completed**

... first-in-human extension including boosting

**Locally Advanced or Inoperable Pancreatic Cancer** 



- 1st line, plus gemcitabine background chemotherapy or stand alone
- Testing two doses
- Read-out:
  - Safety
  - Biomarker
  - T-cell response
  - Survival





**Prof. Beckhove**Immunomonitoring
NCT



PD Dr. Schmitz-Winnenthal



**Prof. Haefeli** Head Clinical Pharmacology



### **VXM01 Pancreatic Cancer Clinical Study**

... a successfully completed randomized Phase I/II program

- VXM01 treatment causes activation of VEGFR-2specific T-cell response in patients
- Perfusion rates
   were used as
   biomarker,
   supporting the
   notion of VEGFR-2
   -specific T-cell
   activation
- VXM01 (incl. boosting) was very well tolerated
- Continued VXM01 treatment led to improved survival, correlating with immunological response to VXM01
- Metastatic load was markedly reduced in one patient following VXM01 treatment



- VXM01 showed early signs of clinical efficacy in pancreatic cancer
- First clinical validation of the oral Ty21a T-cell therapy platform
- Schmitz-Winnenthal et al., Oncolmmunology 2015 and Oncolmmunology 2017

### **VXM01 Clinical Trial Currently Ongoing**

... in glioblastoma

#### Glioblastoma **VXM01** treatment: Primary Tumor Operation Tumor Re-operation VXM01 $10^{6}/10^{7}$ CFU n=14 • Relapsed patients who are candidates for re-operation Comprehensive read-out pending • Initiation treatment prior to re-operation (continued post-op) T-cell response Monocenter trial in Heidelberg - High-res. brain tumor vasculature imaging • Two VXM01 doses 10<sup>6</sup> or 10<sup>7</sup> CFU – Immunohistochemistry on tumor samples Clinical response Patient number expanded beyond 8 patients Prof. Wick, Pl • Patient-specific prolongation of VXM01 treatment beyond one year initiated in 2 patients NCT MICHAEL CONTRACT AND TAKEN AND THE PERSON AND T • Seven out of 14 patients treated survived more than 1 year

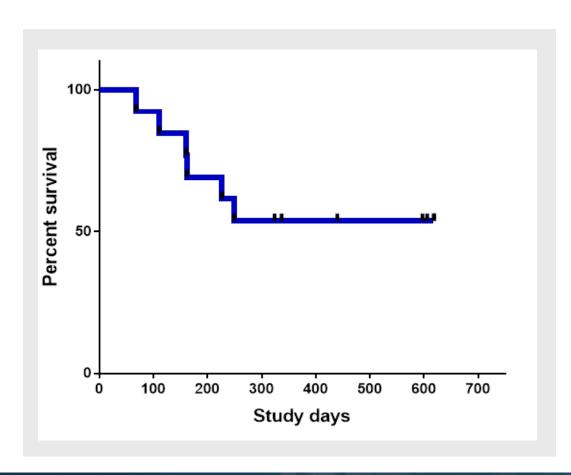


• Interim data presented at ASCO 2017, abstract accepted for ASCO 2018

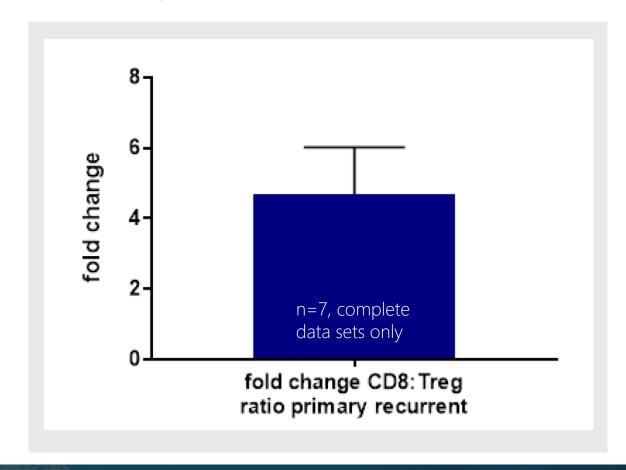
### **Promising Survival of Recurrent Glioblastoma Patients**

... 7 out of 14 survived more than one year

#### **Survival curve**



#### CD8+/Treg ratio increased in recurrent tumor



#### **Patients with Favorable Course of Disease**

### ... in recurrent glioblastoma

#### 1<sup>st</sup> patient

- Patient 2603 (male, 47 y), candidate for re-operation,
- Not operated due to tumor shrinkage under VXM01 treatment
- VXM01 treatment without other anti-cancer therapy during study up to week 12
- Partial response (PR) after 12 weeks under VXM01 monotherapy
- Complete response (CR) after additional 15 weeks under VXM01 and 6 doses of anti-PD1 treatment
- Durable response with significant clinical benefit
- Progressive disease at week 36
- High VEGFR-2 expression on tumor neovasculature in primary tumor







#### **Patients with Favorable Course of Disease**

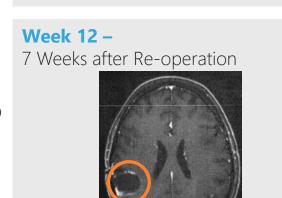
### ... in recurrent glioblastoma

#### 2<sup>nd</sup> patient

- Patient 2605 (female, 55 y), candidate for re-operation
- Showed stabilization of tumor growth after VXM01 treatment before re-operation
- VXM01 monotherapy treatment up to week 10
  - Initiation treatment plus boosting after reoperation
- Favorable post-operative course of disease under VXM01
   + chemotherapy from week 10 to week 36
- Stable Disease (SD) at week 76
- VEGFR-2 expression on tumor cells in primary tumor, but no expression on recurrent tumor cells after VXM01 treatment
  - Indicator of VEGFR-2 targeting effect

Baseline 25,1 x 10,2 mm

Day 35 –
Before Re-operation
24,6 x 12,3 mm





#### **Patients with Favorable Course of Disease**

### ... in recurrent glioblastoma

#### 3<sup>rd</sup> patient

- Patient 2611 (female, 44 y), candidate for re-operation
- Showed stabilization of tumor growth after VXM01 treatment before re-operation
- Patient did not want to be re-operated
- VXM01 monotherapy treatment up to week 8
  - Initiation of additional nivolumab from week 8 onwards
- Stable Disease (SD) at week 36

| Target Lesion | Tumor Diameter 1<br>[mm] | Tumor Diameter 2<br>{mm] |
|---------------|--------------------------|--------------------------|
| Baseline      | 14                       | 11                       |
| Day 10        | 14                       | 9                        |
| Day 21        | 14                       | 10                       |
| Day 35        | 14                       | 9                        |
| Week 12       | 14                       | 10                       |
| Week 24       | 14                       | 10                       |
| Week 36       | 11                       | 10                       |

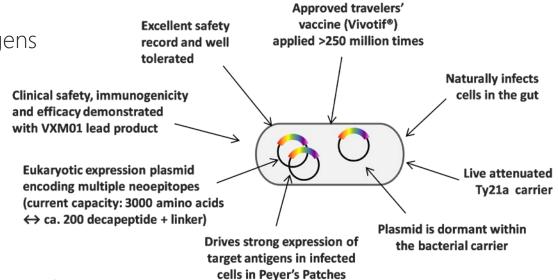


### Major Hurdles Can be Overcome

... by our VAXIMM delivery technology

#### Response to challenges faced in personalized neo-antigen approaches

- Less limited in number of epitopes
- Short time to oral administration after identification of neo-antigens
- Low manufacturing costs for established process
- QC analytics and generic product specification established
- No incompatibilities in galenic formulation
- Long-term stability of drug product
- Low exposure
- Patient treatment with off-the shelf constructs during time from identification of neo-antigens to availability of personalized drug product
- Immune and technical proof of concept shown in animals
- Platform clinically validated by lead product
  - ATMP certification by EMA and orphan drug designation for glioma in U.S. and E.U.



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