

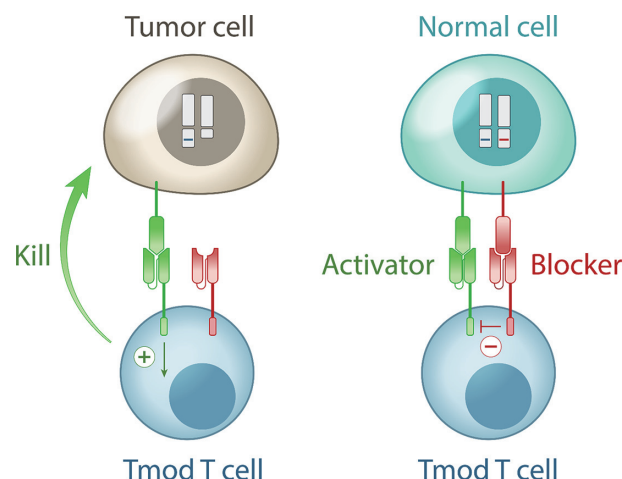
491

# **BASECAMP-1: AN OBSERVATIONAL STUDY TO IDENTIFY RELAPSED SOLID TUMOR PATIENTS WITH HUMAN LEUKOCYTE ANTIGEN (HLA) LOSS OF HETEROZYGOSITY (LOH) AND LEUKAPHERESIS FOR FUTURE CAR T-CELL THERAPY**

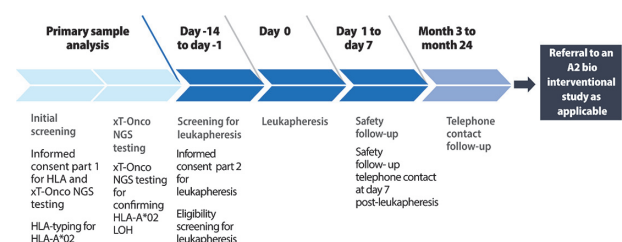
<sup>1</sup>Julian Molina\*, <sup>2</sup>William Go, <sup>3</sup>Scott Kopetz, <sup>4</sup>Diane Simeone, <sup>5</sup>Sandip Patel, <sup>1</sup>Yi Lin, <sup>2</sup>Kirstin Liechty, <sup>2</sup>Michelle Fan-Port, <sup>6</sup>Jason Perera, <sup>2</sup>Armen Mardiros, <sup>7</sup>Karl Beutner, <sup>7</sup>Ariane Lozac'hmeur, <sup>2</sup>Eric Ng, <sup>8</sup>David Maloney, <sup>9</sup>J Randolph Hecht. <sup>1</sup>Mayo Clinic, Rochester, MN, USA; <sup>2</sup>A2 Biotherapeutics, Inc., Agoura Hills, CA, USA; <sup>3</sup>University of Texas MD Anderson Cancer, Houston, TX, USA; <sup>4</sup>New York University Langone Health, New York, NY, USA; <sup>5</sup>University of California San Diego, La Jolla, CA, USA; <sup>6</sup>former Tempus, Chicago, IL, USA; <sup>7</sup>Tempus, Chicago, IL, USA; <sup>8</sup>Fred Hutchinson Cancer Research Center, Seattle, WA, USA; <sup>9</sup>David Geffen School of Medicine at UCLA, Los Angeles, USA

**Background** Solid tumors comprise >90% of cancers. Metastatic colorectal cancer, non-small cell lung cancer, and pancreatic cancer are among the leading causes of cancer-related mortality (5-year overall survival: 14%, 6%, and 3%, respectively).<sup>1</sup> Chimeric antigen receptor (CAR) T-cell therapy demonstrated clinical outcomes in hematologic malignancies.<sup>2-3</sup> However, translating engineered T-cell therapies to solid tumors proves difficult due to a lack of tumor-specific targets that discriminate cancer cells from normal cells. In previous studies, the use of a carcinoembryonic antigen T-cell receptors and mesothelin CARs both resulted in dose-limiting on-target, off-tumor toxicities.<sup>4-5</sup> Tmod<sup>TM</sup> CAR T-cell therapy addresses these challenges by leveraging dual receptors to create a robust AND NOT signal integrator capable of killing tumor cells, while leaving healthy cells intact (figure 1).<sup>6</sup> Tmod platform technology is a versatile system that may be applied to T cells and natural killer cells in autologous and allogeneic settings. HLA LOH offers a definitive tumor versus normal discriminator target for CAR T-cell therapy.<sup>6-7</sup> The 2 receptors comprise an activator that recognizes an antigen present on the surface of normal and tumor cells and a blocker that recognizes a second surface antigen from an allele lost only in tumor cells. HLA LOH has been observed in ~13% across all solid tumors and up to 33% of pancreatic cancers.<sup>8</sup> New technologies have shown higher HLA LOH rates; however, it is unclear whether patients with HLA LOH in their primary tumor tissues are at higher risk for recurrence. BASECAMP-1 is an observational study with key objectives: 1) To determine and identify patients with somatic HLA LOH eligible for Tmod CAR T-cell therapy, and 2) Subsequent leukapheresis and manufacturing feasibility for future Tmod CAR T-cell trials.

**Methods** BASECAMP-1 (NCT04981119) patient eligibility has 2 parts (figure 2): 1) Patients will be initially screened to identify germline HLA-A\*02 heterozygosity by central next-generation sequencing (NGS). If HLA-A\*02 heterozygosity is confirmed, primary archival tumor tissue will be analyzed by xT-Onco NGS testing<sup>9</sup> to determine if somatic tumor HLA-A\*02 LOH is present; 2) If the tumor demonstrates HLA-A\*02 LOH and the patient screens eligible, the patient will undergo leukapheresis. Patients enrolled in the study who undergo leukapheresis will be evaluated for safety 7 days post-leukapheresis and followed for relapsed status. Banked T cells will be available for subsequent autologous Tmod CAR T-cell therapy at the time of relapse.



**Abstract 491 Figure 1** Illustration of the Tmod T cell engaging with tumor cells with somatic loss of HLA-A\*02 and with normal cells



**Abstract 491 Figure 2** Study schema. HLA, human leukocyte antigen; LOH, loss of heterozygosity; NGS, next generation sequencing

**Trial Registration** NCT04981119

## **REFERENCES**

1. American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society; 2021.
2. Neelapu S, Locke F, Bartlett N, et al. Axicabtagene ciloleucel CAR T-cell therapy in refractory large B-cell lymphoma. *N Engl J Med* 2017;**377**(26):2531–2544.
3. Maude S, Laetsch T, Buechner J, et al. Tisagenlecleucel in children and young adults with B-cell lymphoblastic leukemia. *N Engl J Med* 2018;378(5):439–448.
4. Parkhurst M, Yang J, Langan R, et al. T cells targeting carcinoembryonic antigen can mediate regression of metastatic colorectal cancer but induce severe transient colitis. *Mol Ther* 2011;**19**(3):620–626.
5. Haas AR, Tanyi JL, O'Hara MH, et al. Phase I study of lentiviral-transduced chimeric antigen receptor-modified T cells recognizing mesothelin in advanced solid tumors. *Mol Ther*. 2019;27(11):1919–1929.
6. Hamburger A, DiAndreth B, Cui J, et al. Engineered T cells directed at tumors with defined allelic loss. *Mol Immunol* 2020;**128**:298–310.
7. Hwang M, Mog B, Douglass J, et al. Targeting loss of heterozygosity for cancer-specific immunotherapy. *Proc Natl Acad Sci U S A* 2021;**118**(12):e2022410118.
8. The Cancer Genome Atlas (TCGA) Research Network. <https://www.cancer.gov/tcga>. Accessed June 2021.
9. Perera J, Mapes B, Lau D, et al. Detection of human leukocyte antigen class I loss of heterozygosity in solid tumor types by next-generation DNA sequencing. *J Immunother Cancer* 2019;**7**(suppl 1):103.

<http://dx.doi.org/10.1136/jitc-2021-SITC2021.491>