

Hanmi A Long-acting and CD122-enhanced IL-2 analog, HM16390, synergizes with immune checkpoint inhibitor by remodeling an immune cell profile in tumor microenvironment

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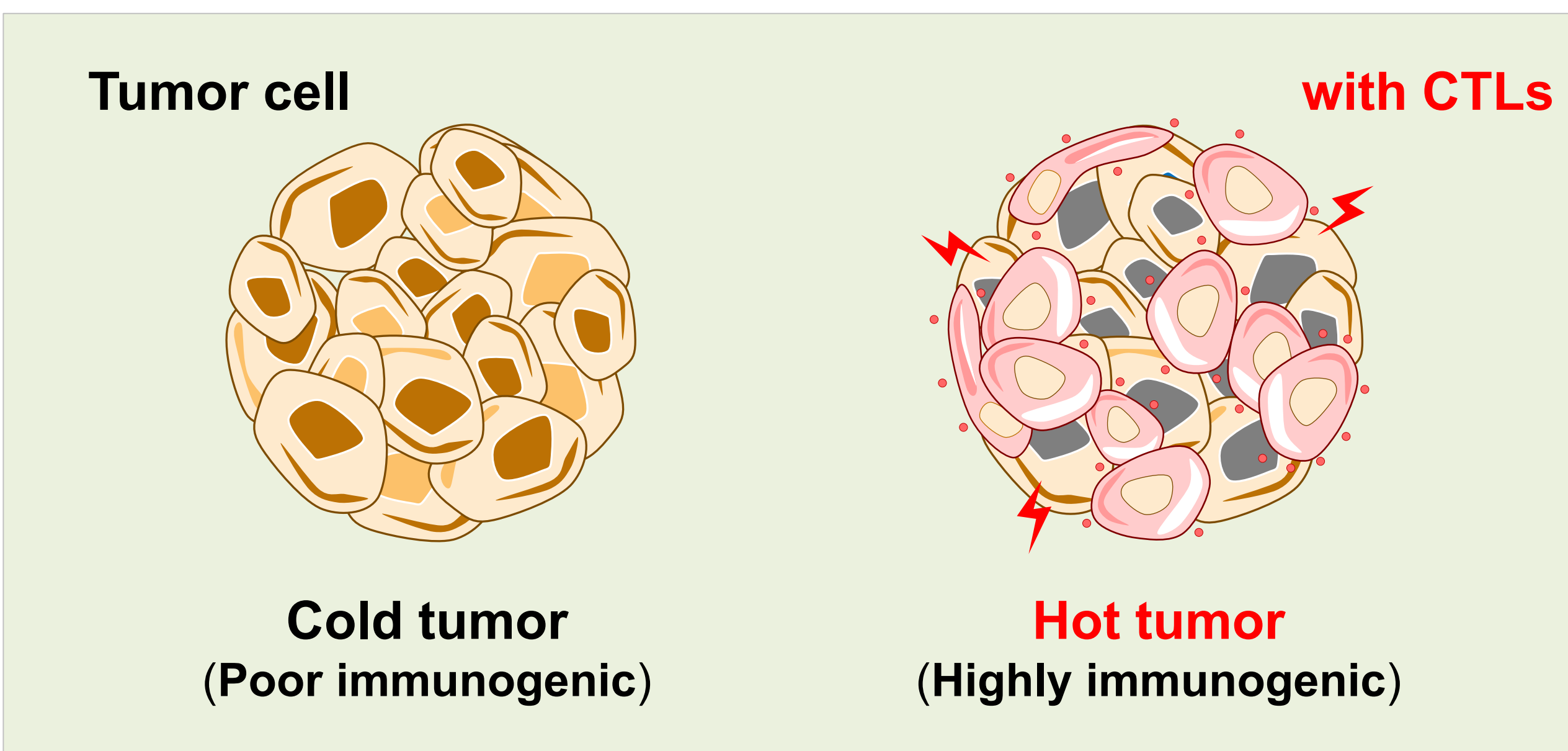
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Abstract #1831

Introduction

Immune checkpoint inhibitors (CPIs) are widely used in cancer immunotherapy. However, the response to CPIs depends on the phenotype of the tumor microenvironment (TME)¹. Cold tumors, also known as immune-excluded or desert tumors, have shown a poor response to CPIs due to the absence of effector T cells in the TME². IL-2 which is an immune stimulator able to expand cancer-fighting cells in the TME, may be a promising therapeutic partner to overcome a limitation of CPIs³.

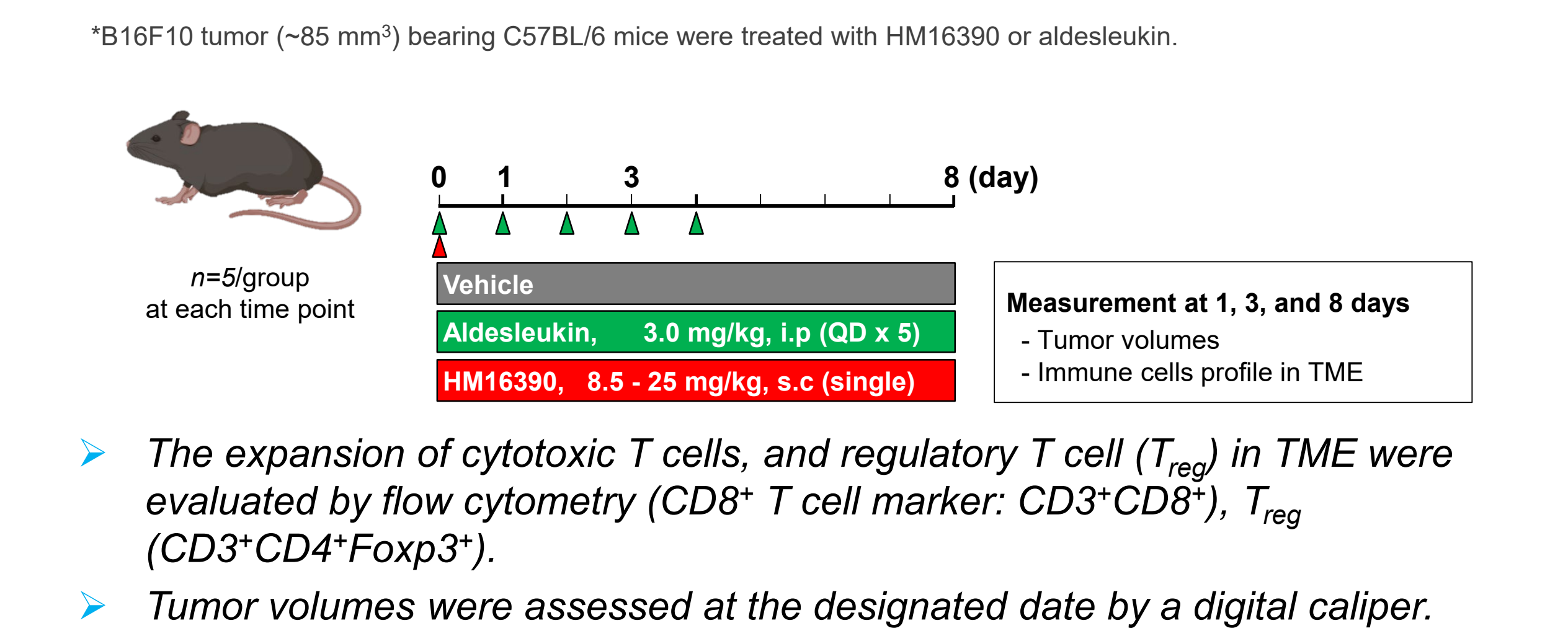
Here, we investigated the immune cells composition in TME following HM16390 treatment and synergistic anti-tumor activity after combination with anti-PD1 in poorly immunogenic tumor syngeneic mice model.



Method & Result

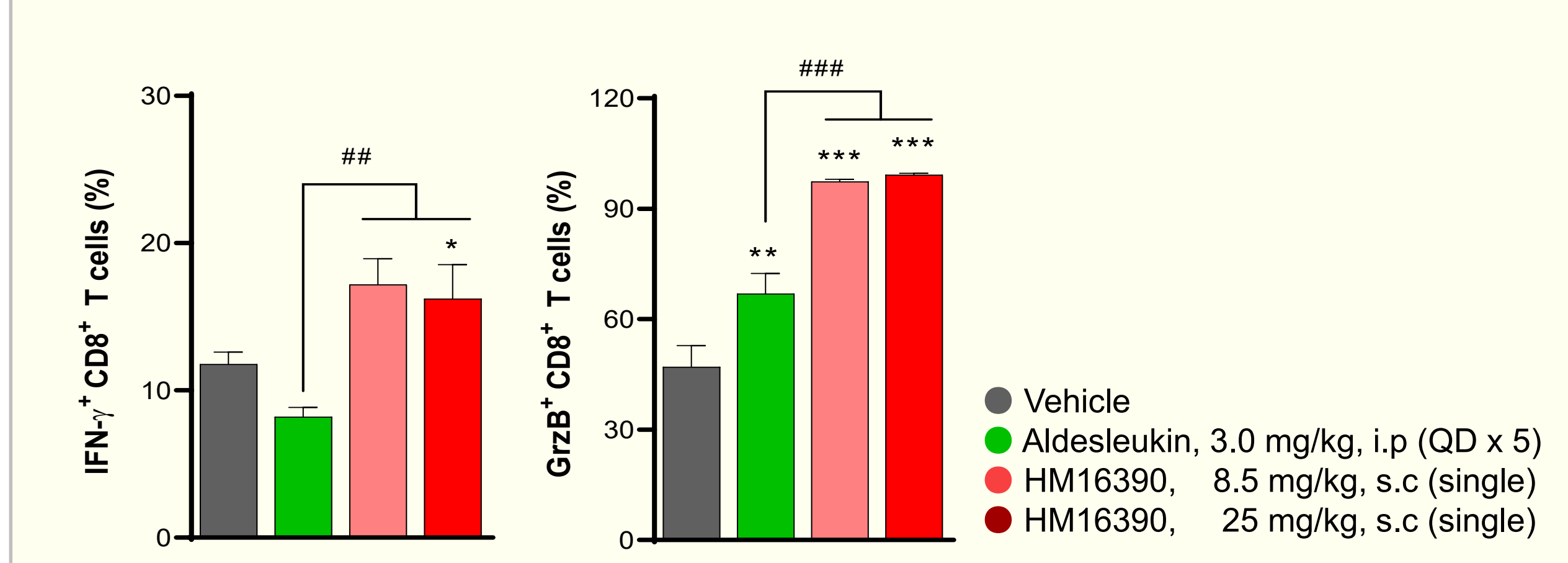
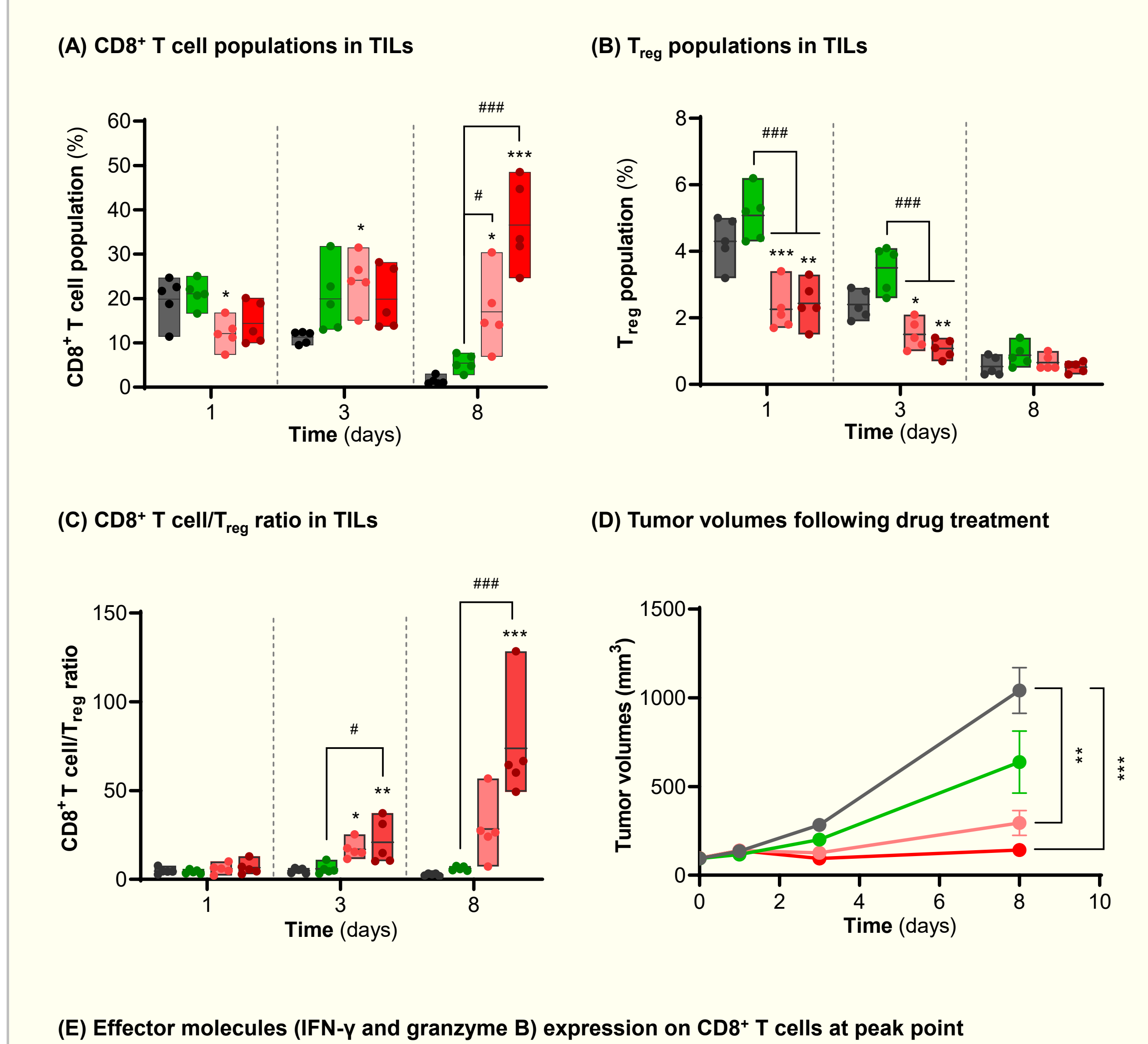
TME modulation in a poorly immunogenic tumor model

Figure 1. Experimental design for evaluating immune cell phenotyping in tumor.



* The structural feature of HM16390 is available for poster presentation at the 2023 AACR (abstract presentation number #1814/14, section 23, Jinyoung Kim, et al).

Figure 2. HM16390 induced favorable tumor immune microenvironment in B16F10 melanoma mice.



> A single subcutaneous administration of HM16390 increased the frequency of tumor infiltrating CD8⁺ T cells in dose-dependent manner (A). Furthermore, regulatory T cells were down-regulated in TILs (B).
 > A significant increase in the CD8⁺ T cell / T_{reg} ratio in TME (C) represents favorable tumor immune microenvironment modulation, leading to significantly decreased tumor growth in a poorly immunogenic B16F10 melanoma mouse model (D).
 > CD8⁺ T cells stimulated by HM16390 significantly expressed intracellular effector molecules, including IFN-γ and granzyme B compared to the aldesleukin treated group (E). TIL: tumor-infiltrating lymphocytes, i.p: intraperitoneal, QD: once daily, s.c.: subcutaneous

Synergy with CPI in a poorly immunogenic tumor model

Figure 3. Experimental design for evaluating synergistic effect with anti-PD1.

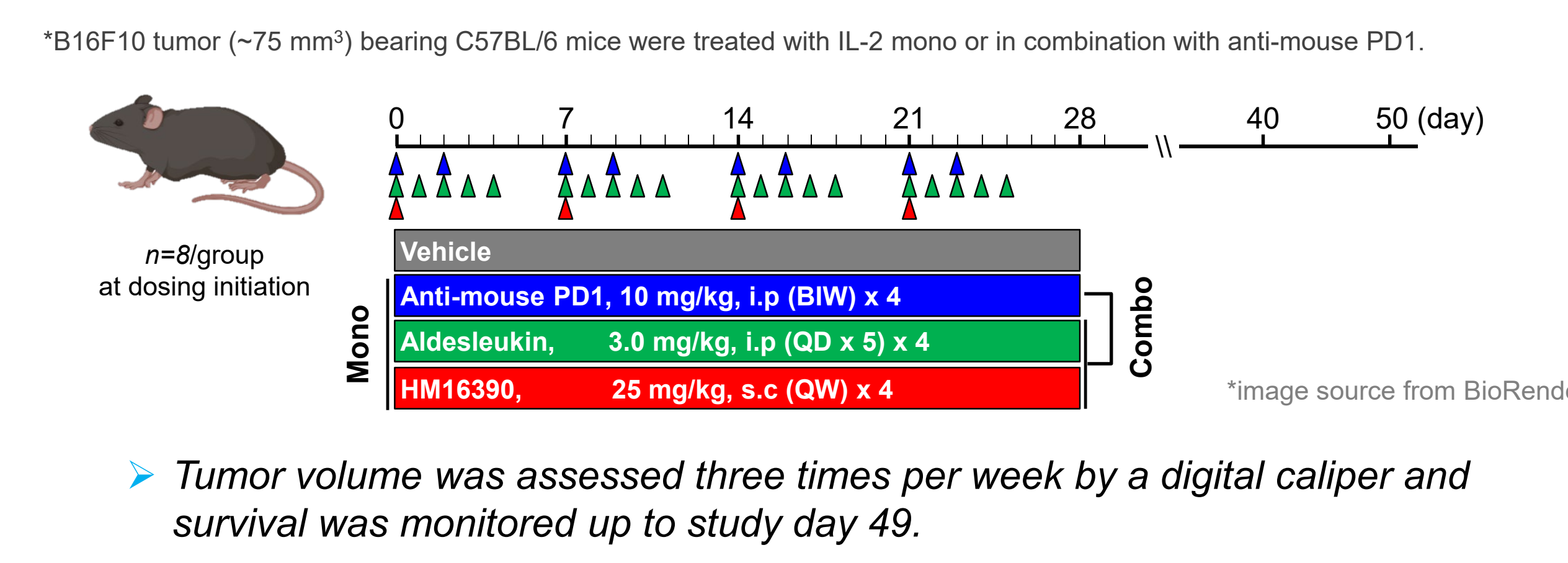


Figure 4. Tumor growth during the respective therapies in B16F10 mice.

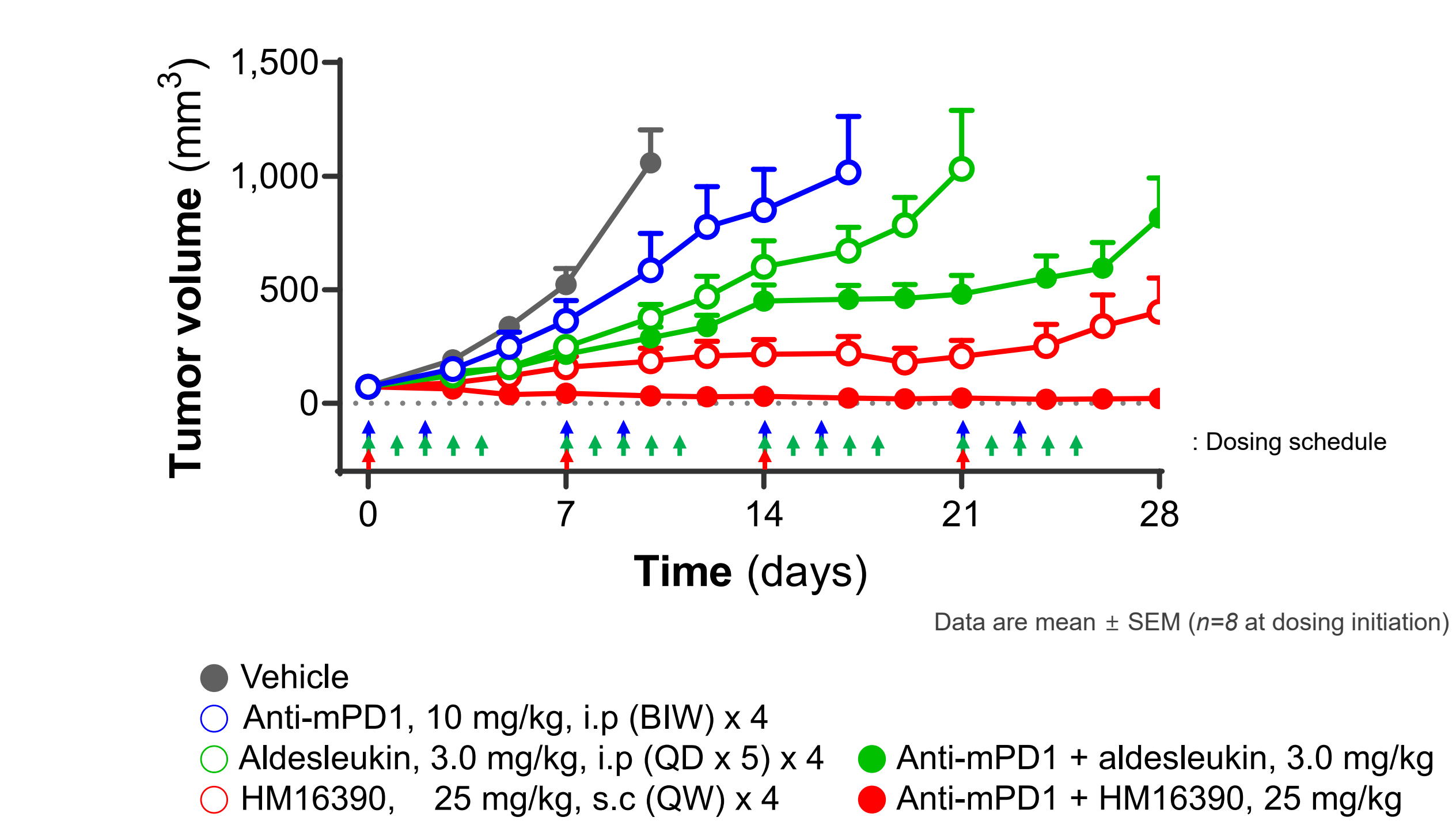


Figure 5. Change in tumor volume of B16F10 melanoma mice. (% vs baseline at day 10)

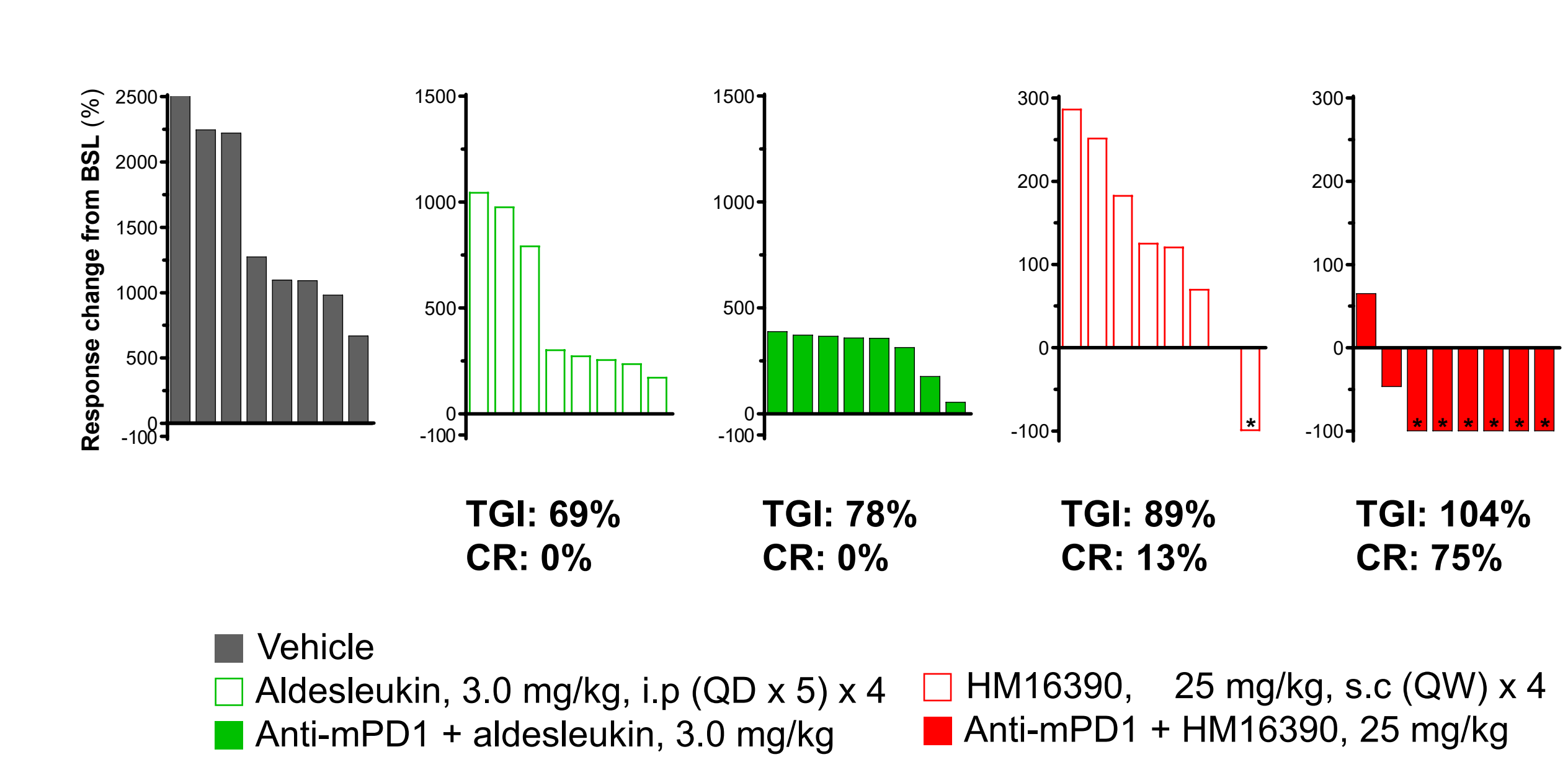


Figure 6. Survival rate in B16F10 melanoma mice.

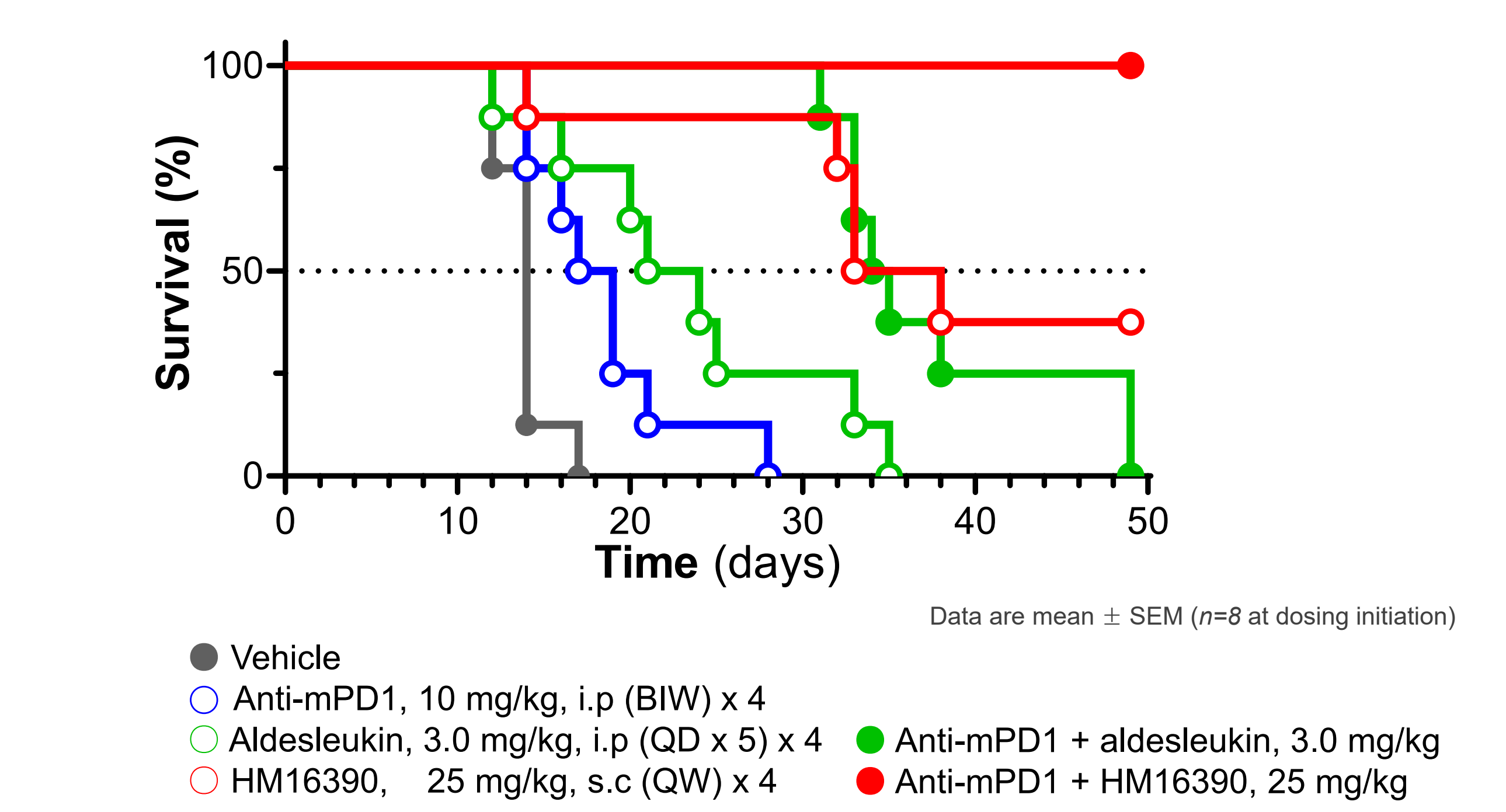


Table 1. Comparison of anti-tumor activity at the end of study (Day 49)

Treatment strategy	Vehicle	Anti-PD1 (10 mg/kg, BIW)		HM16390 (25 mg/kg, QW)		
	-	Mono	Mono	Combo	Mono	Combo
TGI (% at day 10*)	-	47.8	69.3	78.2	88.6	104.1
CR rate (%)	0	0	0	0	25	87.5
mOS (day)	14	18	22.5	34.5	37.5	>49

> Since 49 days after drug treatment, complete response was observed in 87.5% (n=7/8) of animals treated with a combination of HM16390 and anti-PD1. On the other hand, none of the animals survived in the group of aldesleukin and anti-PD1 combination.
 > HM16390 effectively inhibited tumor growth and prolonged survival by synergistic action with anti-PD1 therapy. *TGI (tumor growth inhibition) was calculated on day 10 after treatment, when the vehicle group had all survived. mOS: mean overall survival

Concluding Remarks

• HM16390, a long-acting IL-2 analog, markedly inhibited tumor growth and significantly prolonged overall survival by effectively infiltrating and activating the cytotoxic immune cells into the tumor microenvironment. Moreover, this immune profile remodeling and effects on T cell expansion/activation provides the immune-checkpoint inhibitor to be in sufficiently responsive environments.

References

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Acknowledgements

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