

# CDX-0159, An Anti-KIT Monoclonal Antibody, As A Modulator Of Mast Cell-Related Diseases

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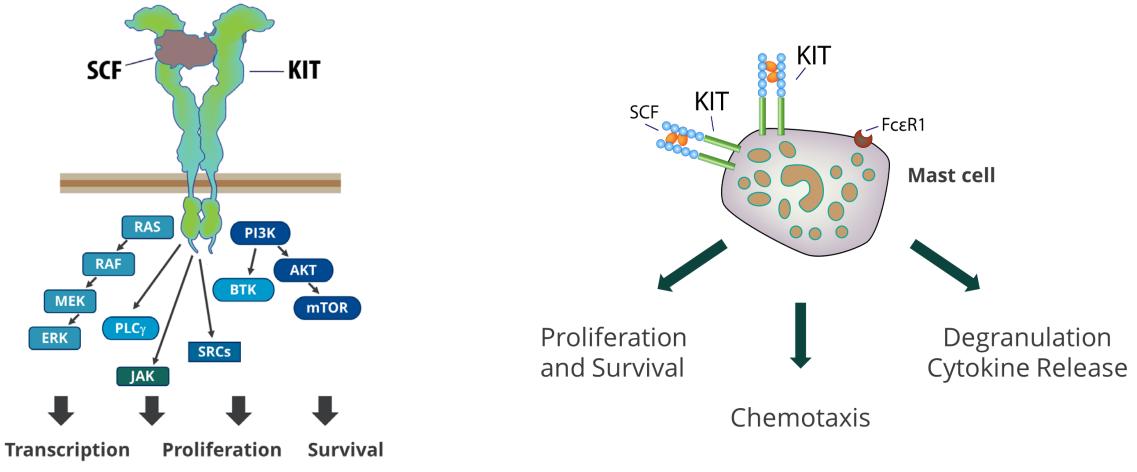
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### **Disclosures**

- Scott Seibel Employment/Stock Celldex Therapeutics, Inc.
- Laura Vitale Employment/Stock Celldex Therapeutics, Inc.
- Lawrence Thomas Employment/Stock Celldex Therapeutics, Inc.
- Joel Goldstein Employment/Stock Celldex Therapeutics, Inc.
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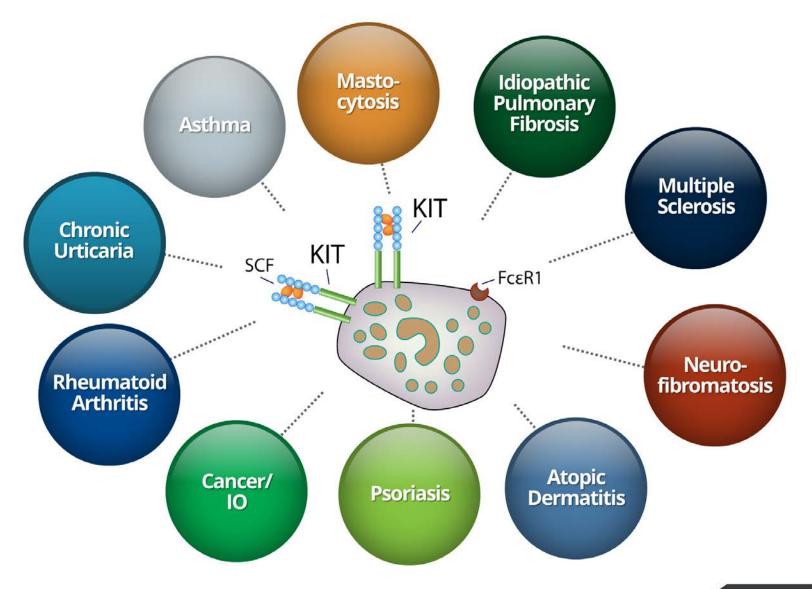


### The Receptor Tyrosine Kinase KIT Plays a Central Role in Regulating Mast Cell Function and Activity



Metabolism Differentiation Migration

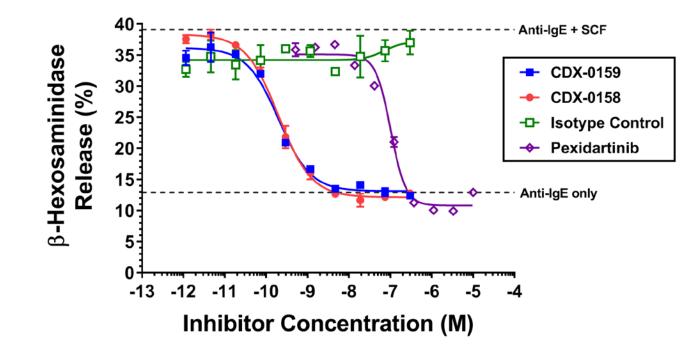
## Targeting KIT Represents a Unique Strategy in Diseases Involving Mast Cells





# CDX-0159 is a Potent Inhibitor of KIT-Mediated Effects on Mast Cell Degranulation

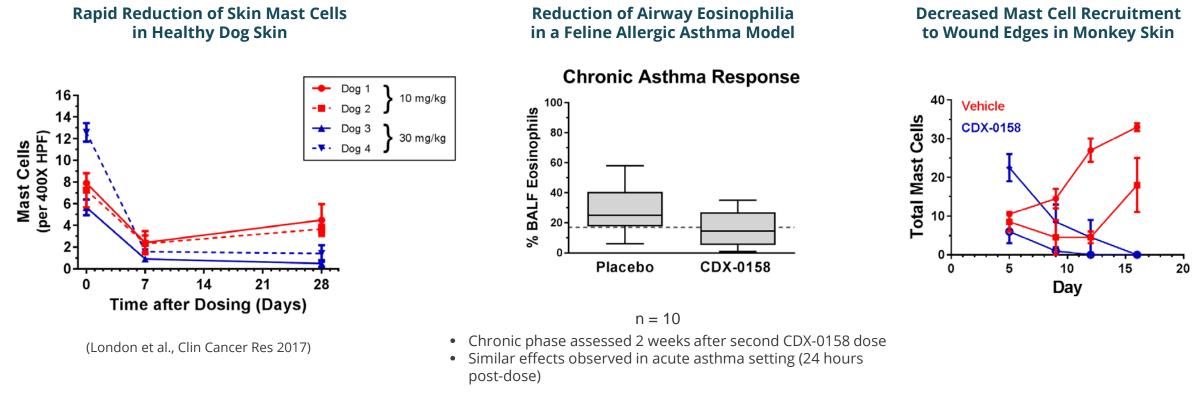
Human Mast Cell Degranulation In Vitro



KIT activation by SCF has a costimulatory effect on mast cells, augmenting FcεRI-induced degranulation, which is inhibited by CDX-0159 and CDX-0158



# CDX-0158, the Predecessor to CDX-0159, Modulates Mast Cell Activity In Vivo



(Mandel et al., 2014 ACAAI Annual Meeting)

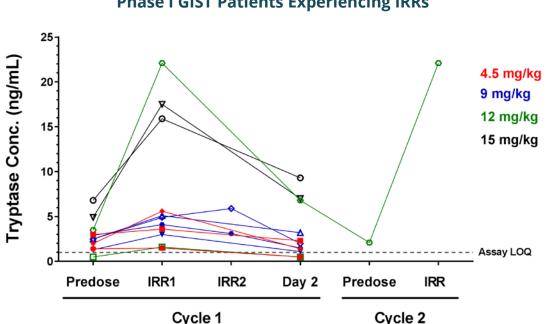
Establishes preclinical proof-of-concept for KIT inhibition leading to reduced mast cell numbers and activity, which can potentially ameliorate mast cell-mediated diseases



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## CDX-0158 Phase 1 Study in Patients with GIST

- Accrued 28 patients with gastrointestinal stromal tumors (GIST) at doses up to 15 mg/kg
- MTD was not reached
- CDX-0158 was generally well tolerated except for infusion-related reactions (IRRs) in 71% of patients
  - IRRs were associated with rash, pruritus, occasional urticaria and chest heaviness, as well as transient increases in tryptase, suggesting mast cell degranulation
  - IRRs not clinically limiting and were managed in most patients with premedications and brief treatment interruption
  - Incidence of IRRs decreased in subsequent cycles
  - Hematological adverse events were not common
- No tumor shrinkage; 3 transient PET responses at higher doses



Transient Increases in Serum Tryptase in Phase I GIST Patients Experiencing IRRs

ClinicalTrials.gov number, NCT02642016



Abstract D100

# Dose-related and Sustained Decreases in Plasma Tryptase Levels in Patients at Doses > 4.5 mg/kg

1.5 mg/kg 4.5 mg/kg 1.5 mg/kg 4.5 mg/kg Plasma Tryptase Conc. (ng/mL) 1000 1000 Plasma Tryptase Conc SCF Conc. in Plasma (pg/mL) SCF Conc. in Plasma (pg/mL) 750 750 (ng/mL) 500 500 2 250 250 Assav LOC -20 22 43 64 85 106 -20 22 43 64 85 106 127 127 22 43 64 85 106 127 22 43 64 85 106 127 18 ing Study Day Study Day Study Day Study Day

- Decreased tryptase concentrations after CDX-0158 administration suggest a rapid reduction in mast cell number/activity, consistent with effects on mast cells in preclinical models

ClinicalTrials.gov number, NCT02642016

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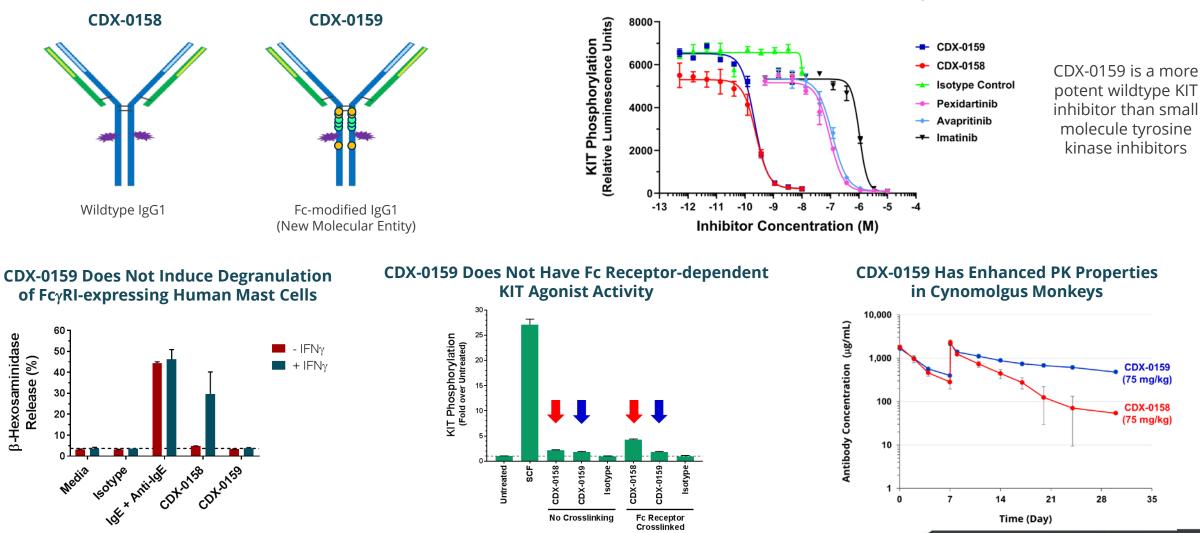
Stem Cell Factor (SCF; KIT Ligand)

(Biomarker for KIT Engagement)

**Total Tryptase** 

(Biomarker for Mast Cell Numbers/Activity)

# **Reengineering of CDX-0158: CDX-0159 Modifications to Eliminate Fc Receptor Binding and Improve PK**



β-Hexosaminidase

#### CDX-0159 Modifications Do Not Affect Its Ability to Inhibit KIT

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Crosslinked (+ THP-1 Cells)

# Summary

- Preclinical and clinical data suggest that targeting KIT with CDX-0158 modulates mast cell numbers and activity
- The Fc-modified next generation anti-KIT mAb, CDX-0159, retains the ability to potently inhibit KIT while having attributes consistent with improved safety and enhanced pharmacokinetic profiles
- Collectively, data support investigation of CDX-0159 in mast cell-related diseases, such as chronic spontaneous urticaria where mast cells play a central role in disease pathophysiology

#### **CDX-0159 Clinical Development Plan**

Phase I Single Ascending Dose Escalation Study in Healthy Subjects

Planned initiation November 2019 Key readouts: Safety, PK, Biomarkers



Phase Ib Multiple Ascending Dose Study in Patients with Chronic Spontaneous Urticaria

Planned initiation 2H2020 Key readout: preliminary efficacy (clinical PoC)



# Acknowledgements

#### We thank the patients who participated in the CDX-0158 phase I study and their families!

#### **CDX-0158 Phase I Investigators**

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#### **Collaborators**

Joseph Schlessinger, PhD (Yale) Cheryl London, DVM, PhD, DACVIM (Ohio State) Carol Reinero, DVM, PhD, DACVIM (Missouri)

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