OXFORD CANCER





IMPORT-201 (IMP-MEL): A Phase 1 first-in-human dose finding/randomized Phase 2 study of a novel iNKT agonist (PORT-2) and pembrolizumab for advanced melanoma and non-small cell lung cancer (NSCLC)

Background:

- encapsulated IMM60 is also referred to as PORT-2
- microenvironment
- antibody therapy (**Figure 1**)



Methods

- Phase 1 is a 3 + 3 design starting with IMM60 monotherapy at doses 1mg, 3mg and 9mg/m² and at a fixed dose of 36 mg
- IMM60 is also being evaluated in combination with pembrolizumab at 3 and 9mg/m² as well as at a fixed dose of 36 mg
- IMM60 was administered IV every 3wks x 6 cycles
- Patients were evaluated for safety, biopsies and blood were taken before and during treatment

Eligibility

- IMM60 monotherapy: Melanoma and NSCLC patients progressing through prior immunotherapy (and platinum-based chemotherapy for NSCLC pts)
- IMM60 + pembrolizumab: Melanoma and 1L PD-L1 high NSCLC
- Measurable disease per RECIST 1.1
- ECOG 0-1
- Demographics and baseline characteristics are summarized in Table 1

Exposure

Prior PD-(L)1* (%) Performance status (%)

Median prior therapies

Table 1: Demographics and Baseli

Tumor type (%)

Age (range)

(range)*

- * IMM60 monotherapy cohorts only (n=12)
- A total of 65 IMM60 infusions have been administered to 14 patients at doses up to 9 mg/m^2 as monotherapy, and up to 3 mg/m^2 in combination with pembrolizumab 200 mg, with a median of 5 IMM60 doses per patient
- The MTD has not been reached

Nicholas Coupe¹, David J. Pinato², Justin Fairchild³, Russell Poe³, Carri Browne³, Oavid Thompson¹, Uzi Gileadi¹, Carmela De Santo⁴, Robert Kramer³, Ian Walters³, Mark Middleton¹ 1. University of Oxford 2. Imperial College London 3. iOx Therapeutics (a Portage company) 4. University of Birmingham

Characteristics (n=14)				
	Melanoma: 6 (43) NSCLC 8 (57)			
	63 (41,79)			
	4 (2,7)			
	12 (100)			
	ECOG 0: 9 (64) ECOG 1: 5 (36)			

- the favorable safety profile
- Preliminary PK results demonstrate unique plasma plateau and limited distribution in tissue
- Previously reported serum biomarker analyses provide evidence of iNKT, dendritic, and NK cell activation, as well as increases in CD86+ B cells^a
- There is early evidence of single agent activity with reduction in several target lesions
- Combination with an anti-PD1 antibody is ongoing, with encouraging preliminary reduction in liver lesions observed

References

^a Coupe et al, Journal for ImmunoTherapy of Cancer Nov 2022, 10 (Suppl 2) A778

Acknowledgements

We extend our gratitude to the patients, their families, and the University of Oxford and Imperial College London site staff members who are making this trial possible.

Pharmacokinetics

- formulation



Safety

Table 2: Adverse Events related to IMM60 (n=14)				
Adverse Event	Grade 1	Grade 2	Grade 3-5	
Bullous pemphigoid	1 (7%)	0	0	
Cough	1 (7%)	0	0	
Diarrhea	1 (7%)	0	0	
Dizziness	2 (14%)	0	0	
Dry mouth	1 (7%)	0	0	
Dyspnea	1 (7%)	0	0	
Fatigue	1 (7%)	1 (7%)	0	
Flu-like symptoms	1 (7%)	0	0	
Hair Loss	1 (7%)	0	0	
Headache	1 (7%)	0	0	
Hypertension	0	1 (7%)	0	
Hyponatremia	1 (7%)	0	0	
Fever	1 (7%)	0	0	
Nausea	1 (7%)	0	0	
Pruritus	1 (7%)	0	0	
AST/ALT elevation	2 (14%)	0	0	
Vomiting	1 (7%)	0	0	



Unique plasma plateau extending up to 6 hours after administration (Figure 3), with average mean residence time of 8 hours (versus 1 hour observed in mouse models) These "pegylated-like" characteristics were unexpected from a conventional liposomal

 C_{Max} and AUC_{∞} were dose proportional from 1 mg/m² to 9 mg/m² Low Volume of Distribution approximately equal to the total blood volume

• No Dose Limiting Toxicities, related SAEs, or G3-5 related AEs have been observed 2/14 (14%) patients experienced G2 related AEs of fatigue and hypertension Only G1 related AEs have been observed at the highest dose of IMM60 Two patient treated with IMM60 + pembrolizumab experienced only low-grade AEs consistent with the safety profile of pembrolizumab



QR code here