

# CTX-471, a novel agonistic antibody targeting CD137, eradicates very large tumors by selectively reprogramming the tumor microenvironment without causing hepatic toxicity



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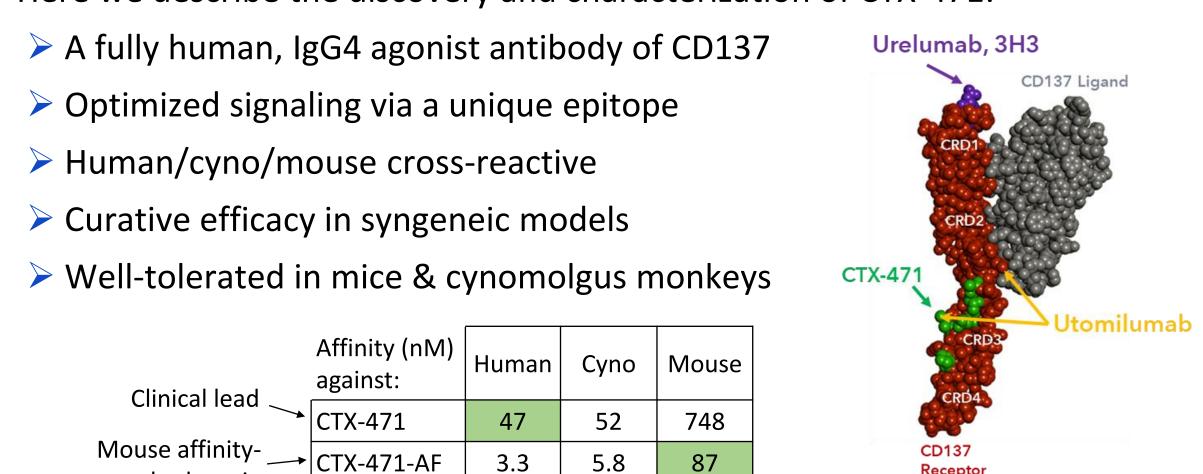
#### Discovery of CTX-471: Best in Class CD137 Agonist

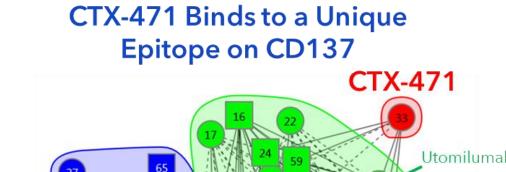
> CD137 (a.k.a. 4-1BB and TNFSR9) is a member of the TNFR superfamily that provides costimulatory signals to activated cytotoxic lymphocytes.

> Agonistic antibodies against CD137 have shown promising therapeutic activity in mouse tumor models. However, current clinical-stage molecules have shown limited clinical activity for different reasons:

- > A strong agonist (urelumab) leads to hepatic toxicity in humans and in animal models (3H3)
- > A weak agonist (utomilumab) spares toxicity, but likely provides suboptimal activation
- > Here we describe the discovery and characterization of CTX-471:
- > A fully human, IgG4 agonist antibody of CD137

matched version

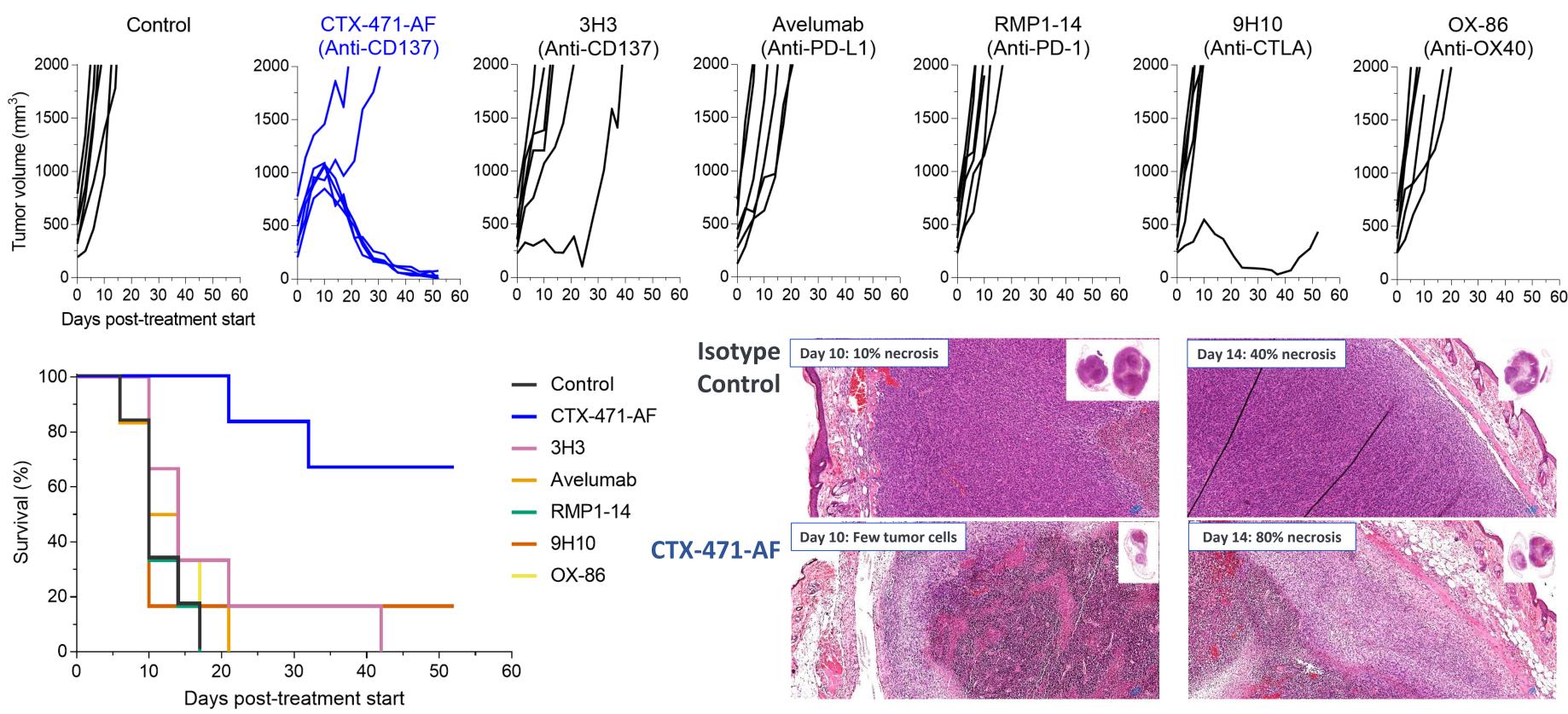




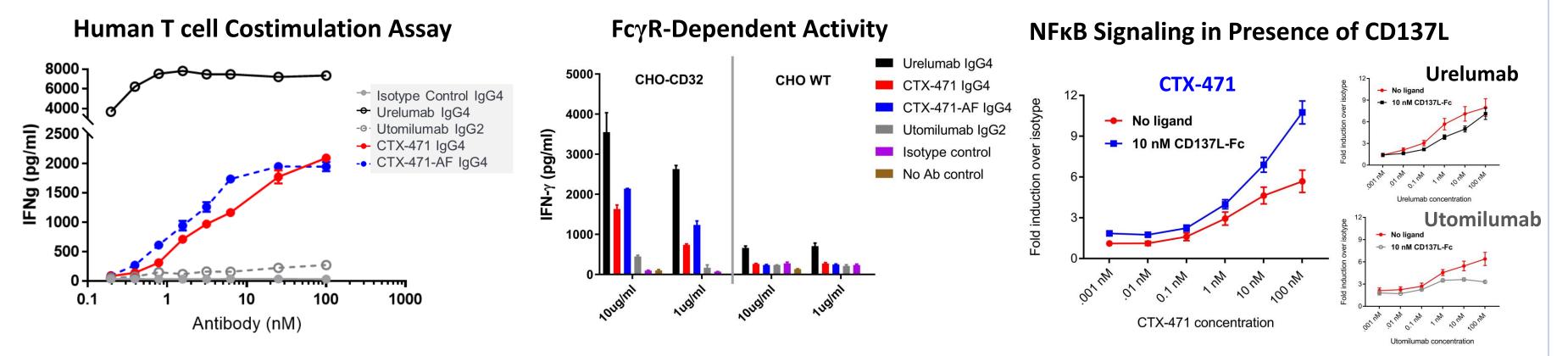
Urelumab-like

tomilumab-like

# Unique Ability to Eradicate Very Large Tumors



### CTX-471 Shows Differentiated Activity in Human Assays



> In a primary human T cell costimulation assay in which CD8+ T cells were stimulated with anti-CD3 in co-culture with CHO cells engineered to express FcyRIIb (CHO-CD32), CTX-471 displayed an intermediate level of activity that fell between urelumab and utomilumab.

 $\geq$  The activity of both urelumab and CTX-471 is driven by Fc $\gamma$ R-mediated cross-linking; CTX-471 activity is completely Fc $\gamma$ R-dependent. > In the presence of CD137L, NFκB signaling (measured using an engineered HEK293 line) by CTX-471 is potentiated, whereas urelumab signaling remains unchanged and utomilumab signaling is attenuated.

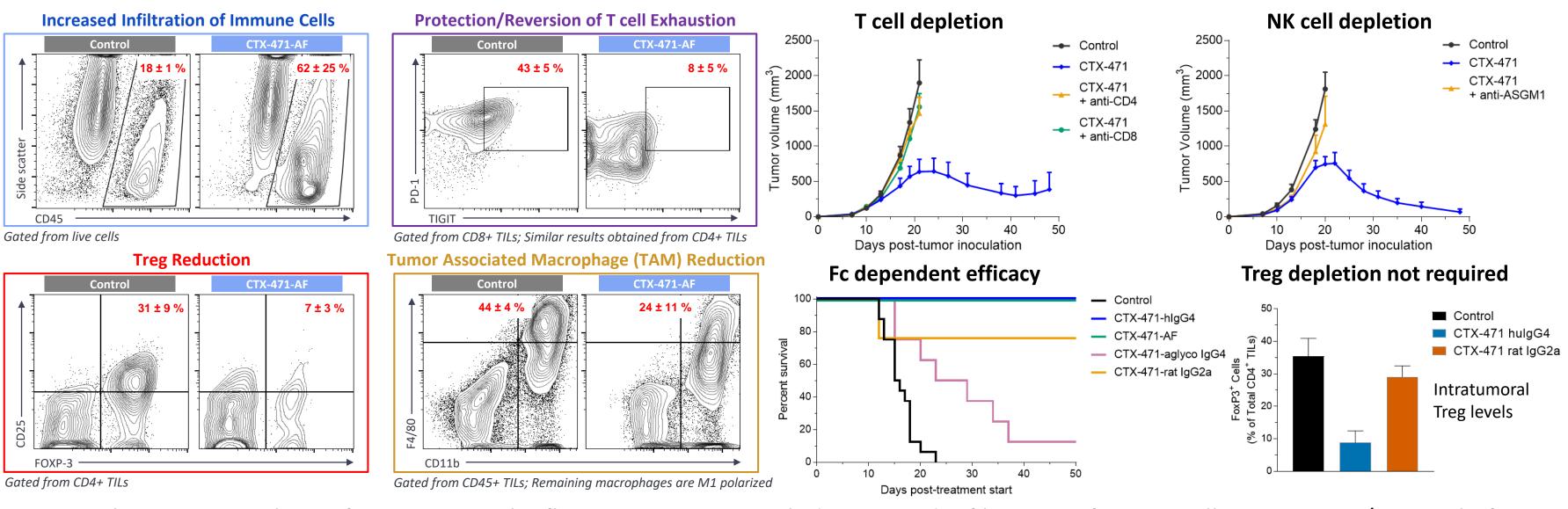
#### Curative Monotherapy Activity in Mouse Models

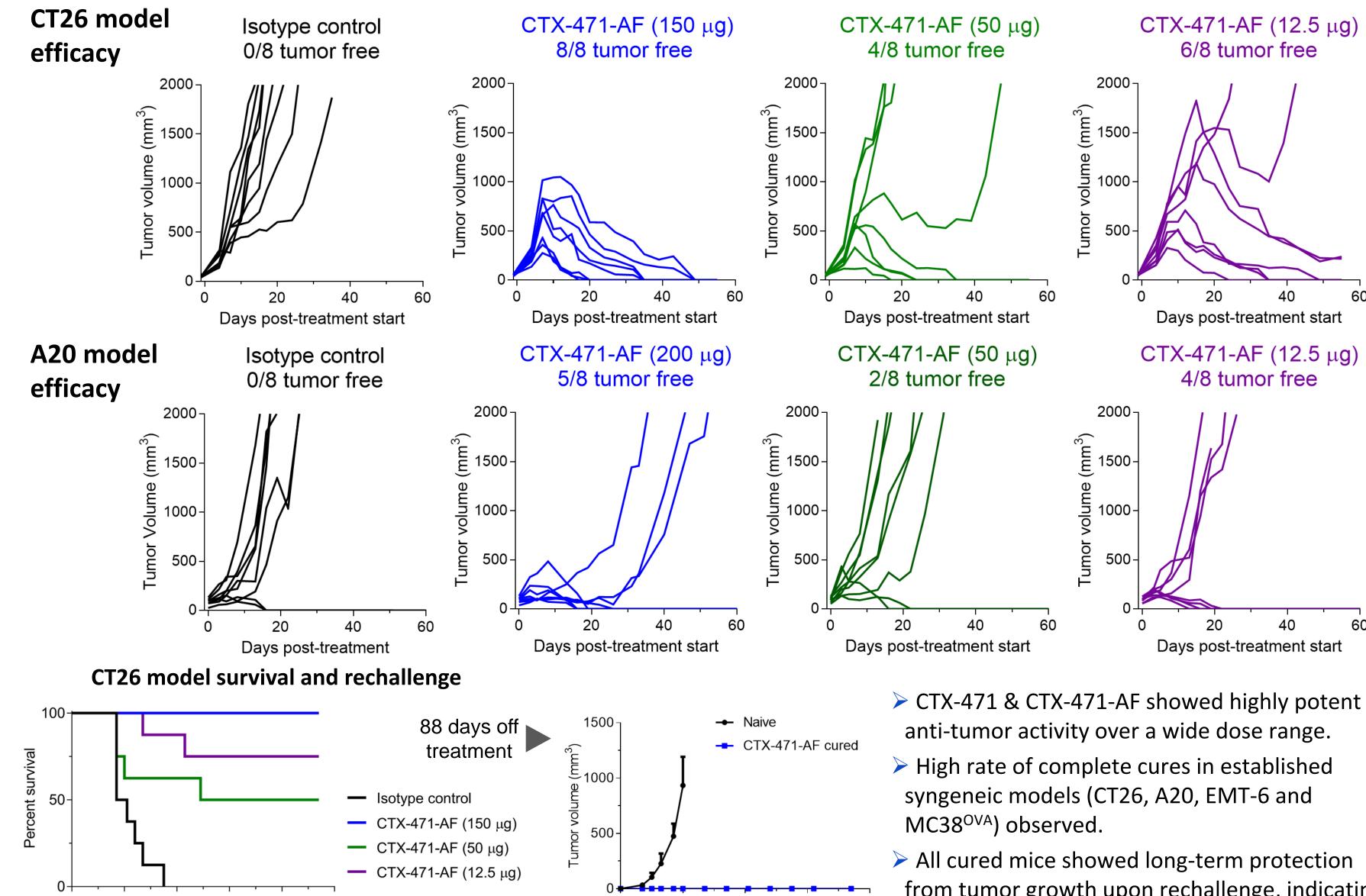
> CT26 s.c. tumors were on average 450 mm<sup>3</sup> at treatment start. Treating extremely large tumors of this size is generally considered futile.

 $\geq$  Mice received either CD137 agonists (CTX-471 or 3H3; 25  $\mu$ g/ms on days 0, 7, 14), checkpoint inhibitors (Avelumab, RMP-14, or 9H10; 200 μg/ms on days 0, 3, 6) or an OX40 agonist (OX-86; 200 μg/ms on days 0, 3, 6).

> Compared to a panel of well-validated IO antibodies, CTX-471 showed a unique ability to cure mice of large, established tumors. > Histological analysis revealed the mass destruction of CT26 tumors caused by CTX-471-AF treatment of the mice.

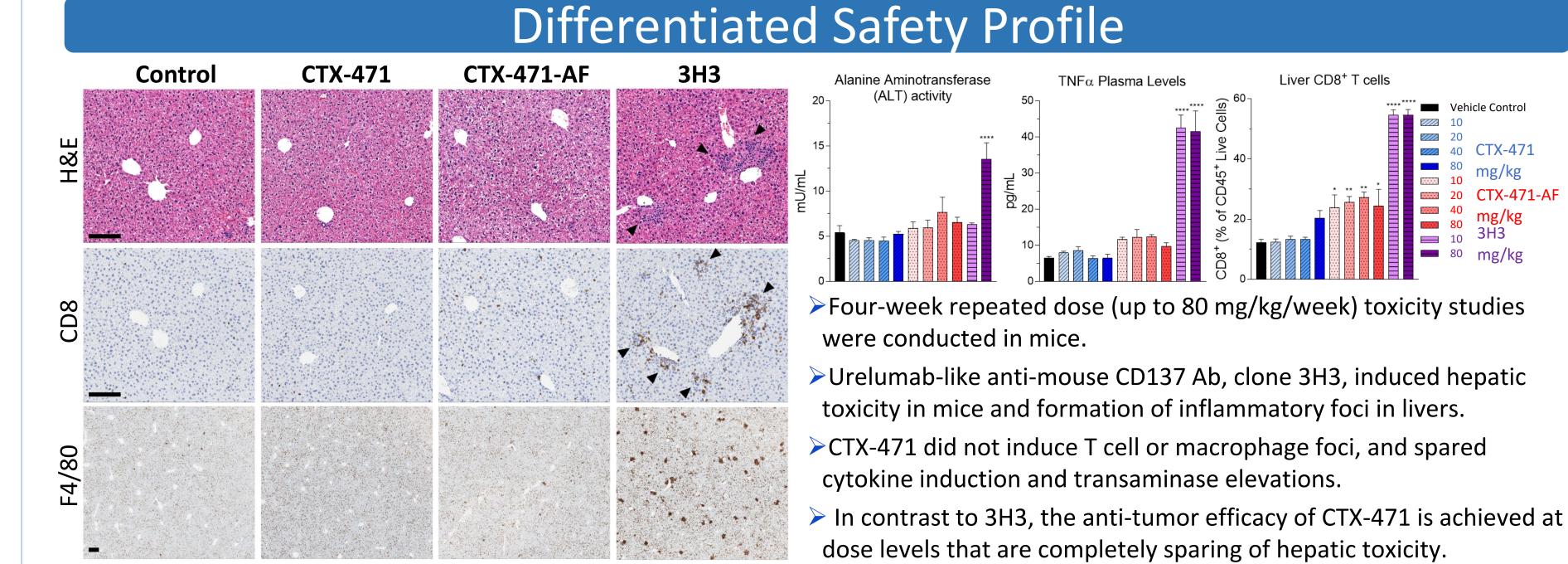
## Dramatic Immune Reprogramming within the TME & MoA





> Immunophenotypic analysis of CT26 tumors by flow cytometry revealed increased infiltration of CD45<sup>+</sup> cells, protection/reversal of T cell exhaustion, & depletion of suppressive Tregs and TAMs. These effects are seen across a wide dose range (12.5 to 200 µg) and with various dosing schedules.

> In order to further delineate the mechanisms of action, a series of immune subset depletion and isotype switch experiments were conducted in the CT26 tumor model. The data suggest cooperative involvement of both innate (NK cells) and adaptive immunity (CD4<sup>+</sup> and CD8<sup>+</sup> T cells) in the anti-tumor activity of CTX-471. Potent anti-tumor efficacy was observed with CTX-471 as hlgG4 (binds FcyRs, induces ADCP) and rat IgG2a (binds FcyRs, cannot induce ADCP) but not with aglycosylated IgG4 (no FcyR binding, cannot induce ADCP).



#### Conclusions

To our knowledge, CTX-471's level of monotherapy efficacy against very large tumors is unprecedented for an IO antibody. CTX-471 displays a favorable and well-differentiated efficacy-safety profile that is attributed to a unique epitope, optimized affinity, and FcyR-dependent activity. IND-enabling toxicology studies are underway, and a Phase 1

