

# CEA-targeted Boltbody™ ISAC, BDC-2034, drives preclinical efficacy associated with innate immune activation, phagocytosis, and myeloid reprogramming

**ABSTRACT** 

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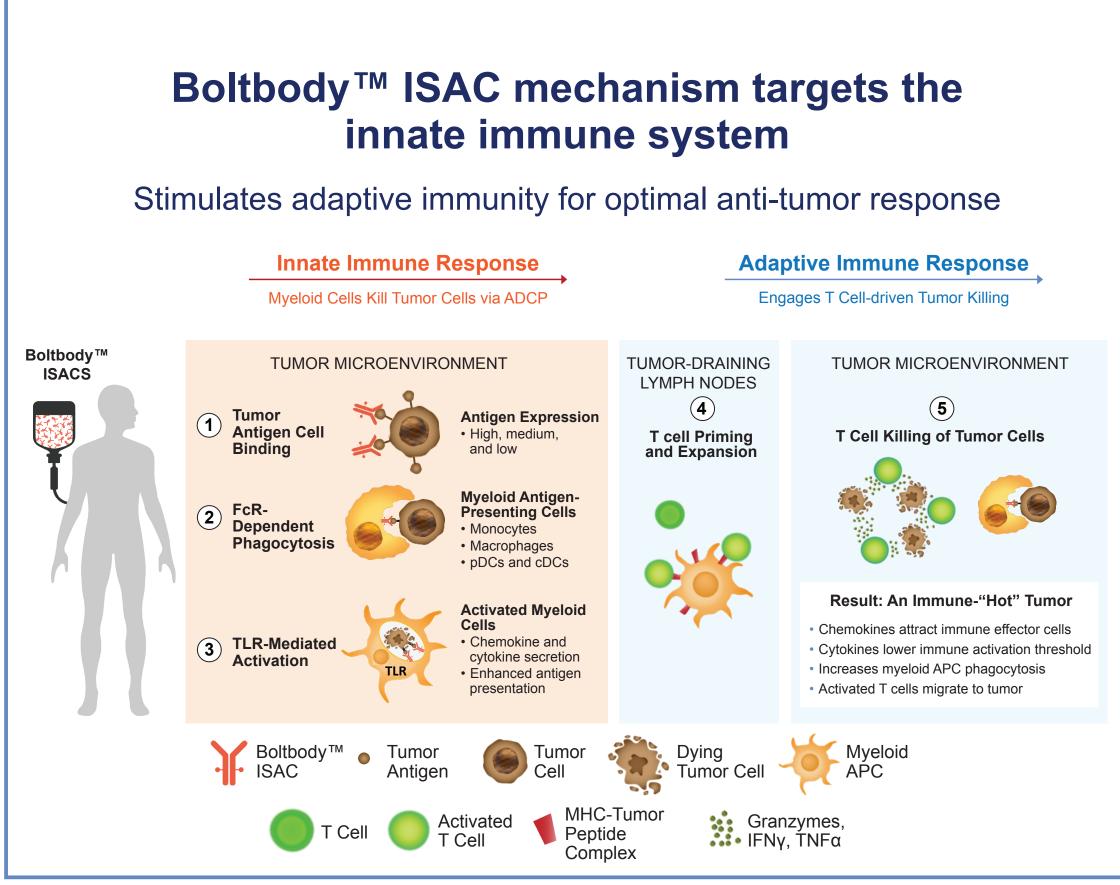
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## BACKGROUND

CEA (CEACAM5) is a well-validated cell-surface antigen that is highly expressed in multiple solid tumors. Bolt Bio's pioneering immune-stimulating antibody conjugates (ISACs) direct proprietary TLR7/8 agonists into tumors to activate tumor-infiltrating myeloid cells, initiating a broad innate and adaptive anti-tumor immune response.1 The favorable properties of CEA, including robust cell surface expression, low internalization rate, and limited normal tissue expression, support the antigen's suitability as an ISAC evaluating the CEA-targeting ISAC as a multi-functional approach to treat CEA-expressing cancers.

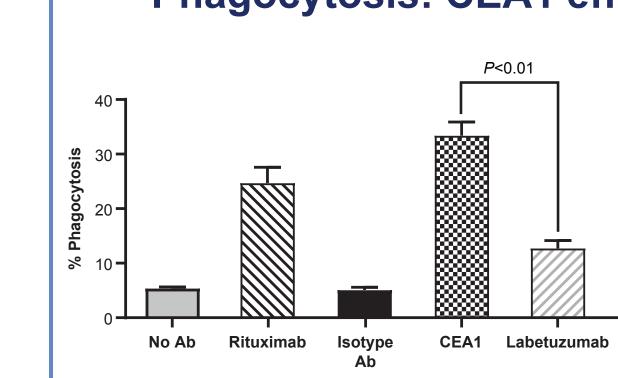
# BDC-2034: Structure and critical properties CEA1: Novel CEA1 key attributes for ISAC: CEA-targeting mAb Binds to cell-surface tumor antigen Monovalent K<sub>p</sub>=23 nM Slowly internalizing: 60% of CEA1 remains on cell surface 5 hours after in vitro binding (two cell lines) TLR7/8 agonist Non-cleavable linker Average DAR ≈ 2.5 Boltbody™ ISAC mechanism targets the innate immune system



#### REFERENCE

1. Ackerman S, Pearson C, Gregorio J, et al. Immune-stimulating antibody conjugates elicit robust myeloid activation and durable antitumor immunity. *Nature Cancer*. 2021;2:18-33. https://doi.org/10.1038/s43018-020-00136-x

# Phagocytosis: CEA1 efficiently mediates ADCP



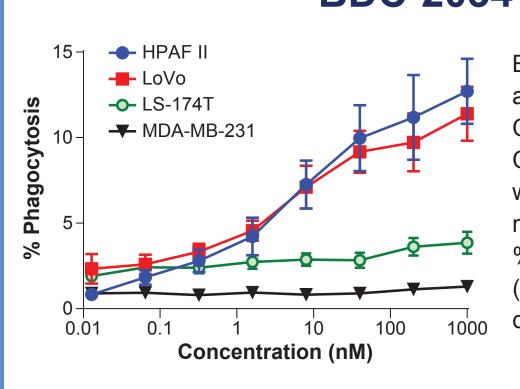
- CEA1 (used at 6.85 nM) induces phagocytosis of Raji/CEA cells by M-CSF differentiated, monocyte-derived macrophages (E:T = 2:1); mean +/- SEM of three donors shown. ADCP activity is superior to reference anti-CEA antibody labetuzumab No ADCP detected with Fc-active isotype
- (does not bind to Raji/CEA) Rituximab (anti-CD20) is a positive control fo

#### BDC-2034 binds differentially to surface-expressed CEA on a panel of cell lines

Cell line	Lineage	BDC-2034 sites per cell		Binding EC50	IHC H-score
MKN-45	Gastric	>2,000,000	HIGH	30.9 nM	300
HPAF-II	Pancreatic	1,760,000	HIGH	19.5 nM	220
LoVo	Colorectal	166,000	MEDIUM	25.0 nM	110
LS-174T	Colorectal	38,400	LOW	4.7 nM	ND
MDA-MB-231	Breast	0	NEGATIVE	ND	ND
					[ND = not determined]

BDC-2034 binding sites per cell for each tumor cell line were quantified by flow cytometry using anti-human IgG Quantum Simply Cellular (QSC) beads standards (Bangs Laboratories). Tumor cell lines and QSC beads standards were stained with Alexa Fluor 488 labelled BDC-2034 and analyzed by flow cytometry to obtain geometric mean fluorescent intensity (gMFI). BDC-2034 binding sites were calculated using QSC beads standard curve.

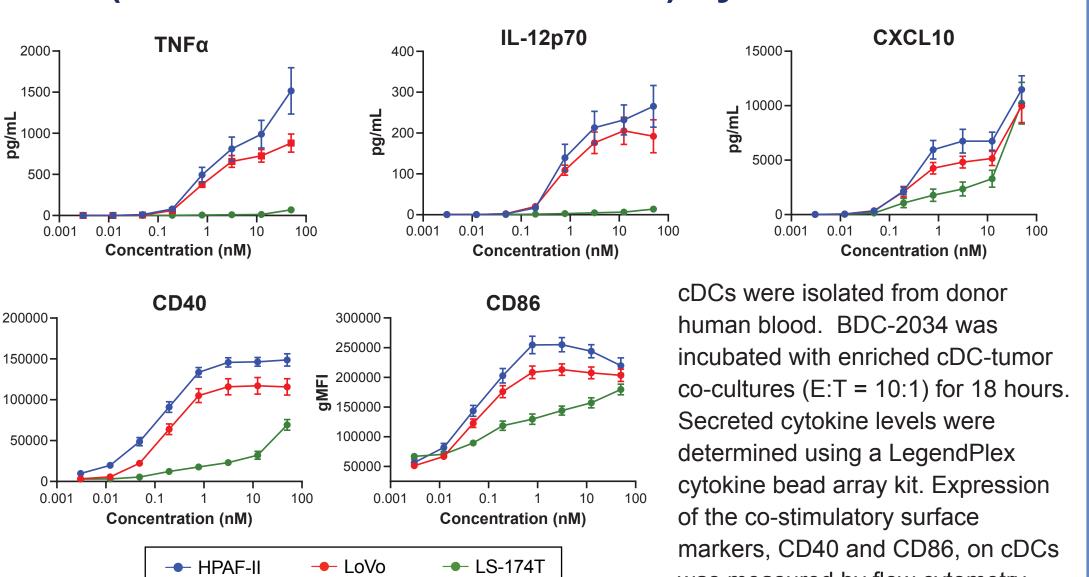
#### Phagocytosis: Medium CEA expression is sufficient for **BDC-2034 induced ADCP**



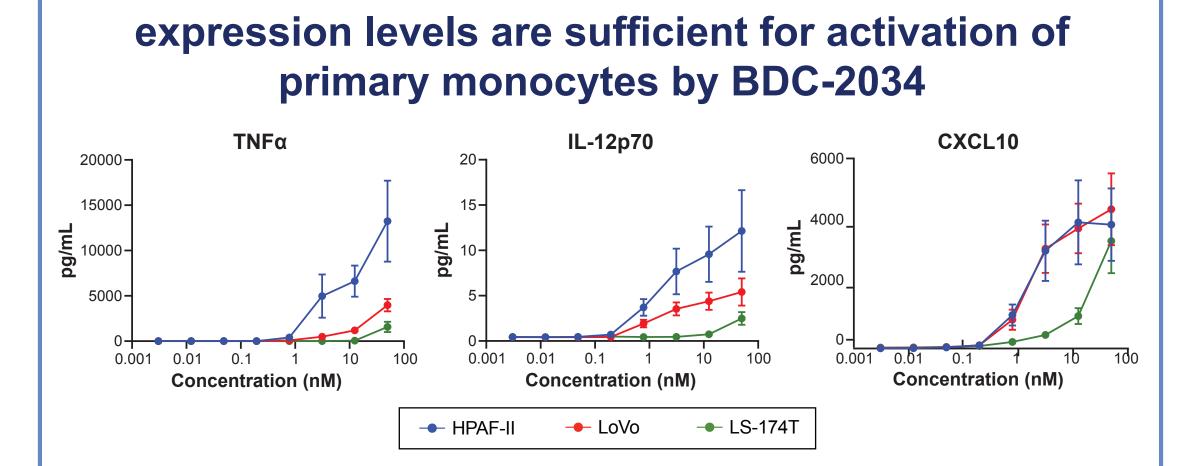
BDC-2034 induces phagocytosis of CEA-high HPAF II and CEA-medium LoVo; minimal ADCP observed for CEA-low LS-174T or CEA-negative MDA-MB-231. CellTracker Green (CTG) labelled tumor cell lines were co-cultured for 4 hours with M-CSF differentiated monocyte-derived macrophages at 2:1 E:T ratio; % Phagocytosis = %(CTG positive macrophages). (total M-CSF macrophages); mean +/- SEM of three

was measured by flow cytometry.

## Innate immune activation: Medium tumor CEA expression levels are sufficient for activation of cDCs (conventional dendritic cells) by BDC-2034

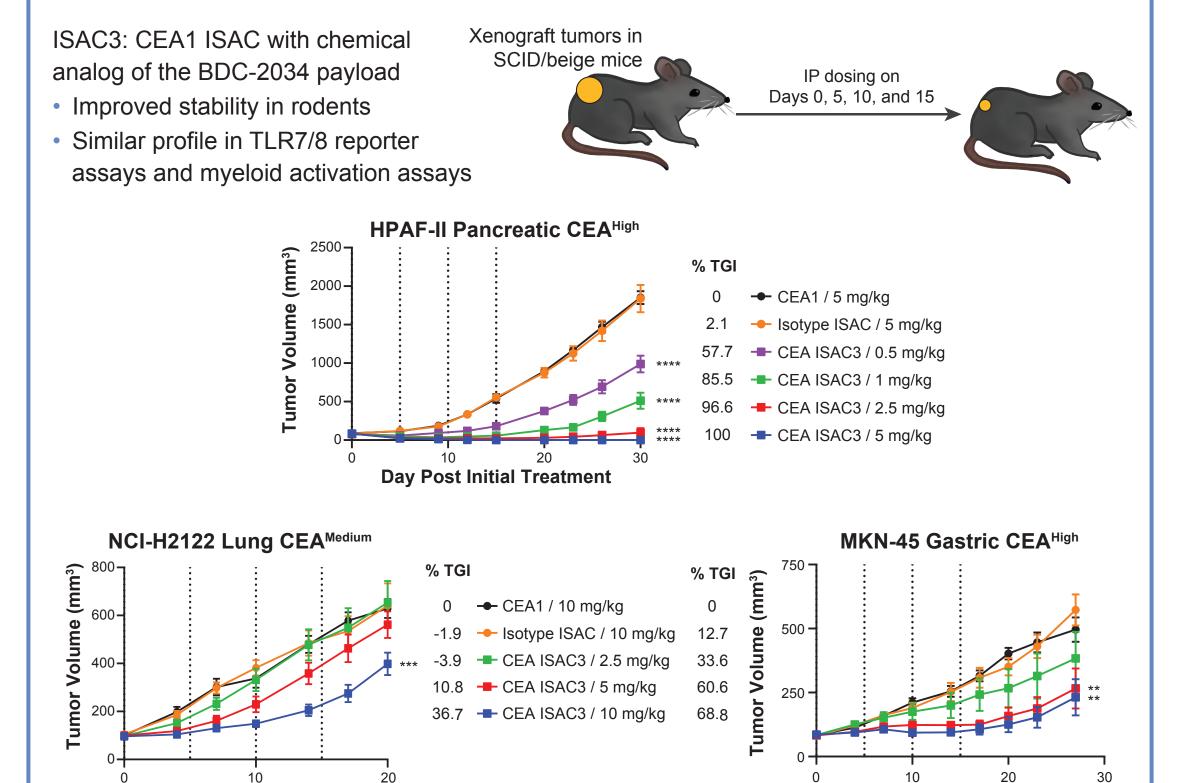


# Innate immune activation: Medium tumor CEA



Monocytes were isolated from donor human blood. BDC-2034 was incubated with monocyte-tumor co-cultures (E:T = 10:1) for 18 hours. Secreted cytokine levels were determined using a LegendPlex cytokine bead array kit.

### Mouse surrogate CEA ISAC3 inhibits growth of CEA<sup>+</sup> xenograft tumors



SCID/beige mice were implanted subcutaneously with 5 x 10<sup>6</sup> tumor. Once tumors reached 80 mm<sup>3</sup> (HPAF-II; MKN-45) or 100 mm<sup>3</sup> (NCI-H2122) in size, test articles were administered at the indicated doses q5d x 4 i.p. N = 5 mice per group (HPAF-II) or 8 mice per group (NCI-H2122; MKN-45). Percent tumor growth inhibition (% TGI) was calculated relative to CEA1 at 5 mg/kg (HPAF-II) or 10 mg/kg (MKN-45; NCI-H2122) five days following the last dose using the formula ((Average Control-Average Treated)/Average Control)\*100. Data reported are from one experiment per tumor model. Data are presented as mean ± standard error of measurement (SEM). \*\*P<0.01, \*\*\*P<0.001, \*\*\*\*P<0.0001 by two-way ANOVA relative to the CEA1 group.

**Day Post Initial Treatment** 

Gene expression

**Day Post Initial Treatment** 

#### CEA ISAC MoA study in xenograft tumor mouse model Myeloid infiltrate profile Cytokines / Chemokines Histology / IHC

BDC-2034 surrogate (ISAC3): 0.05, 0.2, 1, 5 mg/kg

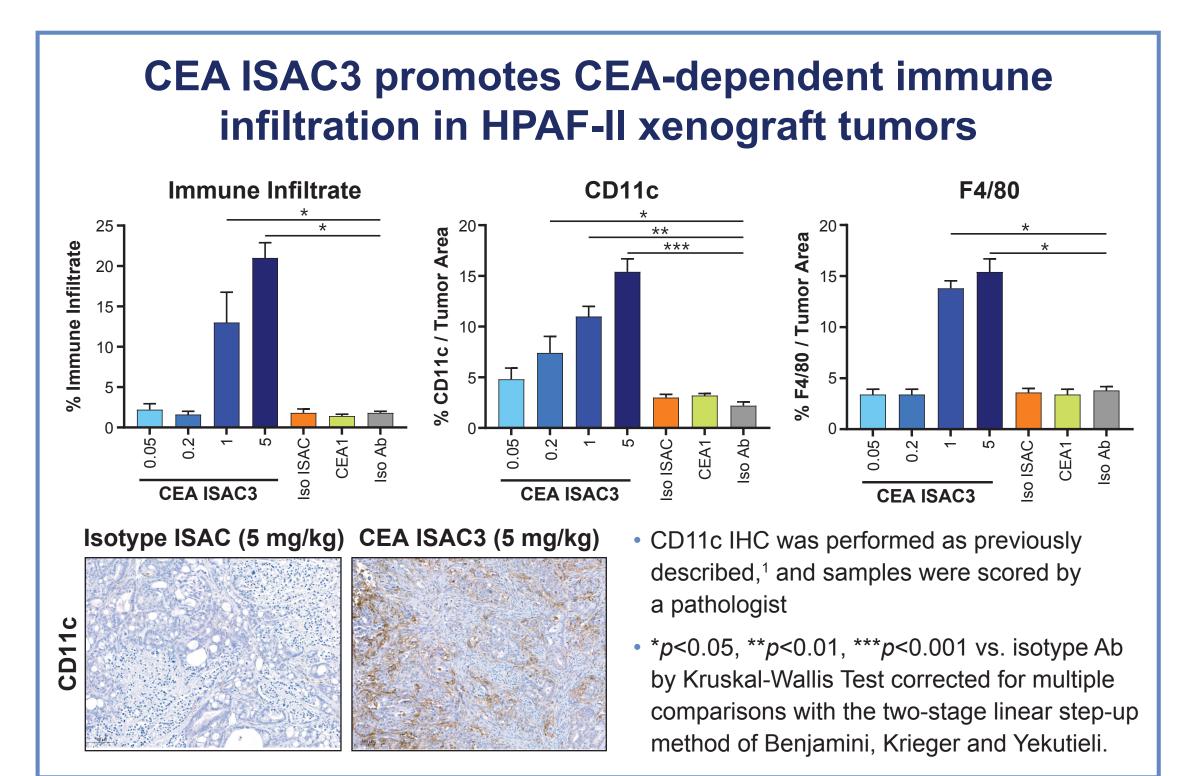
on Day 6

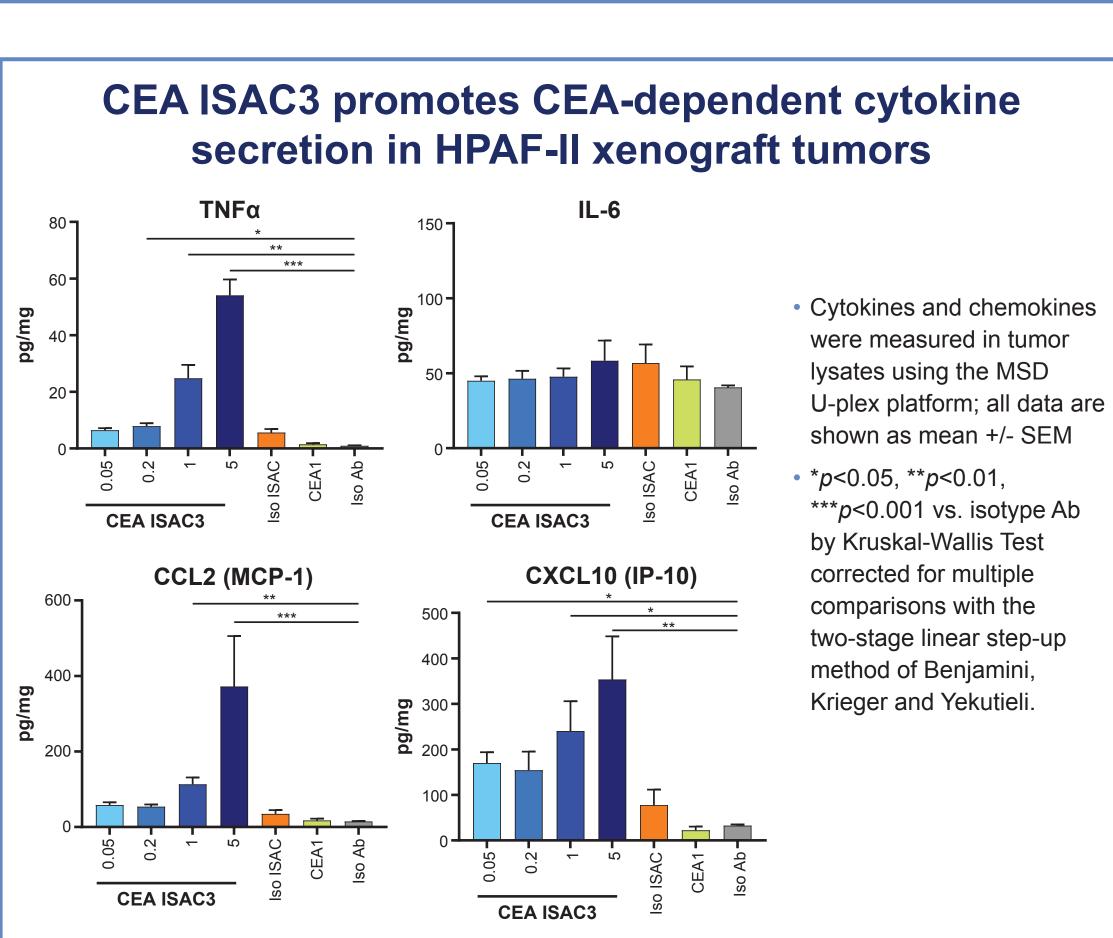
(24hr after second dose)

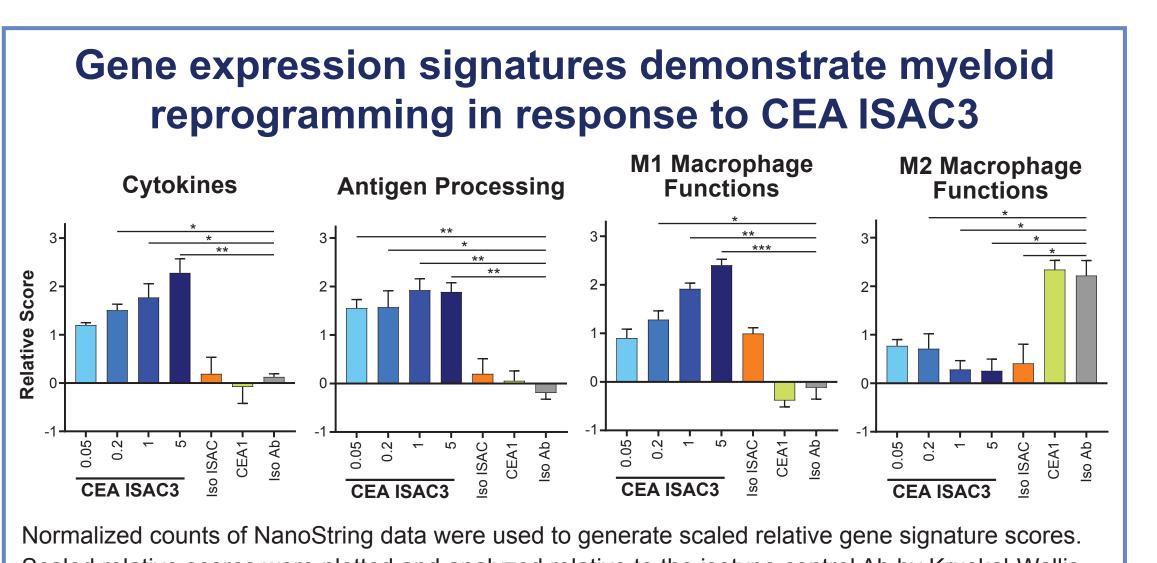
 Isotype ISAC, CEA1, isotype Ab: 5 mg/kg N=5 per group

NOTE: Larger tumors than in efficacy studies

# RESULTS

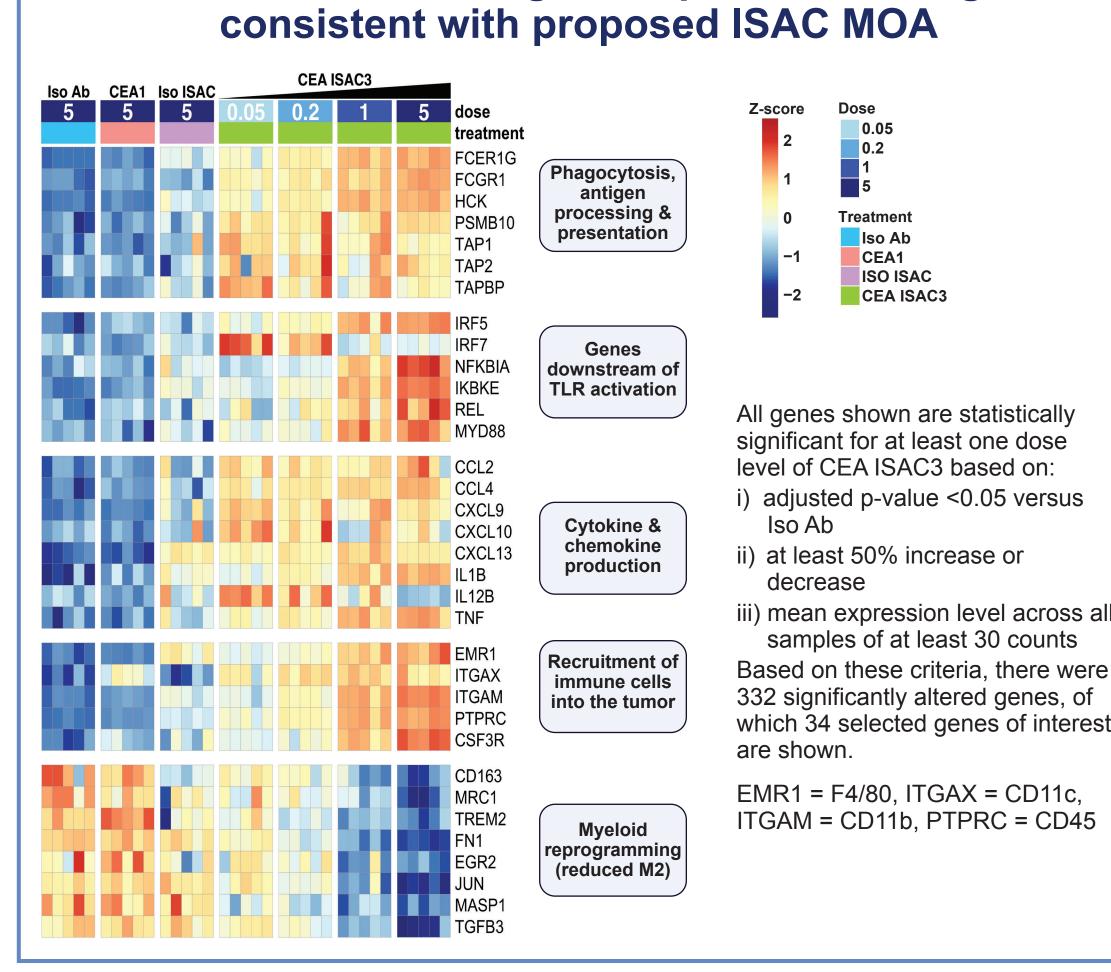






Scaled relative scores were plotted and analyzed relative to the isotype control Ab by Kruskal-Wallis Test corrected for multiple comparisons with the two-stage linear step-up method of Benjamini Krieger and Yekutieli. \*p<0.05, \*\*p<0.01, \*\*\*p<0.001

### CEA ISAC3 induces gene expression changes consistent with proposed ISAC MOA



# BDC-2034: DRIVER OF CEA-DEPENDENT IMMUNE ACTIVATION

- ISAC BDC-2034 created by conjugation of CEA1 with dual TLR7/8 adjuvant via a non-cleavable linker
- BDC-2034 and surrogates exhibit promising activity in preclinical models
- Tumor-dependent induction of immune-stimulating cytokine secretion by primary human innate effector cells
- Innate immune activation with CEA-medium models (CEA expression levels comparable to human cancers)
- Anti-tumor efficacy in xenograft models at dose levels as low as 0.5 mg/kg
- Dose-dependent tumor recruitment of innate effector cells and induction of immune-stimulating cytokines
- Intra-tumor myeloid reprogramming, including upregulation of antigen presentation and down-modulation of pro-tumor M2 phenotype
- Bolt Bio's preclinical data support further development of BDC-2034 as a therapeutic option for patients with **CEA-expressing cancers**
- We expect BDC-2034 to enter clinical development in the second half of 2022