Abstract # 30



Key Learnings From BDC-1001 Phase 1 FIH Dose Escalation Trial Inform Next-Generation ISACs

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BBI-20201001 Trial Overview and Translational Questions

- Phase 1 dose escalation completed & RP2D selected¹
- 18 cohorts with 16 different HER2-expressing² solid tumor types • Doses: 0.5 – 20 mg/kg IV; schedules: q3w, q2w, q1w
- BDC-1001 was well tolerated up to 20 mg/kg q1w as monotherapy and in combination with nivolumab at 240 mg q2w (no MTD identified)
- Clinical activity across all cohorts in a heterogenous, heavily pre-treated patient population: 1 CR, 5 PRs, 14 SDs \ge 24 weeks

Translational questions that we answered

- What is the immune activity of BDC-1001 in both blood and tumor tissue? Does BDC-1001 induce recruitment of myeloid cells and T cells into tumors?
- Does BDC-1001 activate innate and adaptive immune pathways in tumors
- What patient groups are most responsive to BDC-1001 immune activity?

¹Li B, et al. Ann Oncol. 2023;34(suppl_2):S458-S497 (ESMO, 2023) ²HER2-expressing: Either HER2+ (IHC 3+ or HER2 gene amplification) or HER2 Low (IHC 2+ without gene amplification) RP2D = Recommended Phase 2 Dose, MTD = Maximum Tolerated Dose, IV = Intravenous

BoltbodyTM Immune-Stimulating Antibody Conjugate (ISAC)



BDC-1001 Elicits Proinflammatory Cytokines

Peripheral cytokines were measured at multiple timepoints

12 mg/kg

- Fold change in biomarkers significantly correlated to dose at Cycle 1 Day 1, 4 hours post-infusion
- MIP-1 β and TNF α exemplify these dose relationships
- IL-6 levels were low and transient, well below those observed with cytokine release syndrome





TNF α Fold Change

0.15 mg/kg

Cytokine and Dose Correlation Heatmap



- cytotoxic T cells







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ICC1187 Mod PD, SD < 24 wks (n = 16) Clinical Benefit ($n = 3^*$) There were 6 monotherapy clinical benefit patients with evaluable IHC data, including 3 patients with HER2 2+, 1+, HER2 IHC 3+ **Monotherapy Patients Clinical Response** PR SD ≥ 24 wks SD < 24 wks</p> HER2 Score, Fresh Biopsy 🔺 IHC 3+ HER2 🔷 IHC 2+ IHC 1+/0 E 800e 600 -**RP2D Monotherapy and** 400 -**Combination Patients Tumor-targeting Antibody** Geo-locates ISAC to antigen on surface of a Active Fc region triggers expression IL-12p70 Denefit 0.0001 0.01 oncentration (nm) ements

Summary

- First-generation ISAC BDC-1001 demonstrated immunological activity, particularly in patients with higher HER2 antigen
- Stimulates the production of chemokines and cytokines that mobilize immune cells and promote immune cell activation
- Recruits dendritic cells, macrophages and cytotoxic T cells to the tumor microenvironment
- Activates gene expression pathways related to TLR signaling, innate immunity, antigen presentation, and IFN and T cell inflamed signatures
- Trend of greater increases in patients achieving clinical
- Next-generation ISACs have shown superior immunological activity and efficacy in tumors with lower antigen density in precinical models
- These enhanced next-generation ISACs outperform ADCs in preclinical studies and merit clinical advancement to assess
- The authors thank all participating patients and their families and all study co-investigators and research coordinators. Nivolumab was provided by Bristol Myers Squibb