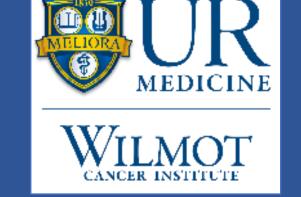
A phase 1b/2 trial of pepinemab and avelumab as second line immunotherapy for patients with chemotherapy-refractory metastatic pancreatic adenocarcinoma



Million Cells Stained

with T-Cell and M-Cell

Cytometric Analysis of

Phenotypic and

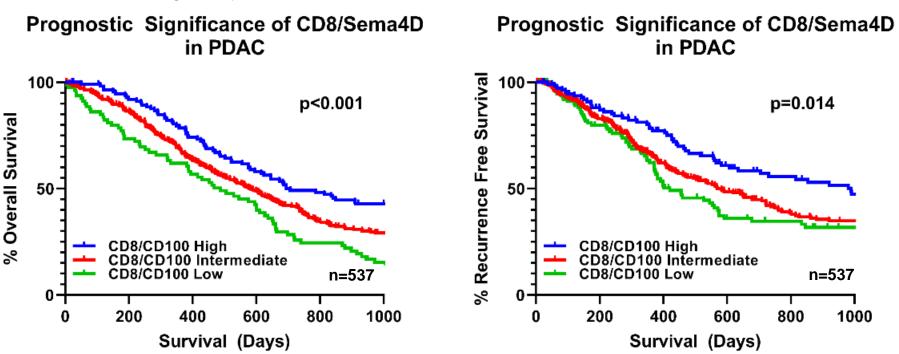
Functional Immune

Luis Ruffolo¹, Brian Belt¹, Yatee Dave¹, Paul Burchard¹, Bailey Hilty¹, Matthew Byrne¹, Terrence L. Fisher², Elizabeth E. Evans², Crystal Mallow², Megan Boise², Amber Foster², John E. Leonard², Maurice Zauderer², Daniel Mulkerin¹, Jen Jen Yeh³, and David Linehan¹

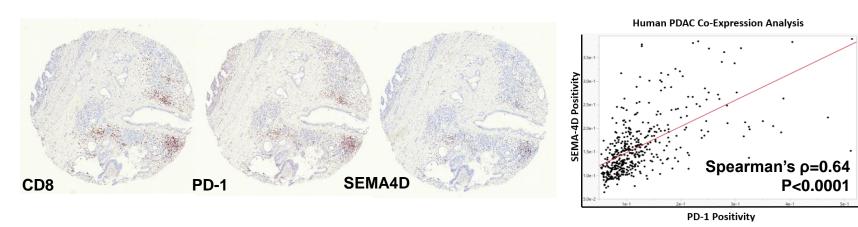
¹University of Rochester Cancer Center & Wilmot Cancer Institute, Rochester, NY, USA; ²Vaccinex, Inc., Rochester, NY, USA; ³ University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

Background

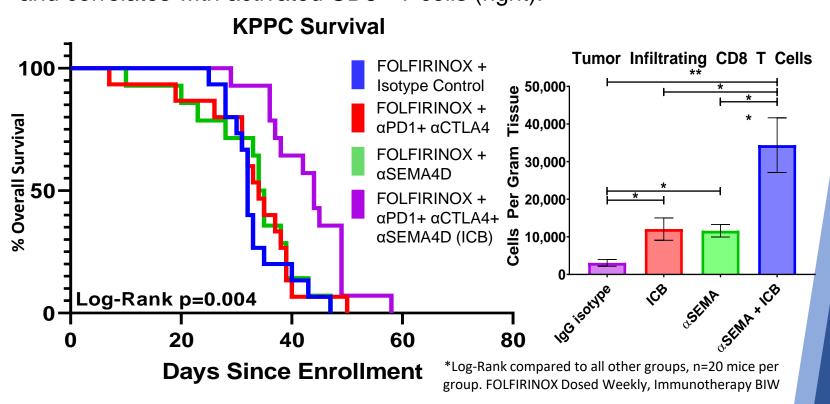
Pancreatic adenocarcinoma (PDAC) is one of the leading causes of cancerrelated mortality and with poor prognosis despite maximal therapy. Additionally, PDAC has proven unresponsive to immune checkpoint blockade (ICB) alone. It is hypothesized this failure is driven in part by the uniquely desmoplastic and immune-suppressed tumor microenvironment. Thus, novel strategies to overcome this immune-suppressed environment and facilitate adaptive immune responses are greatly needed.



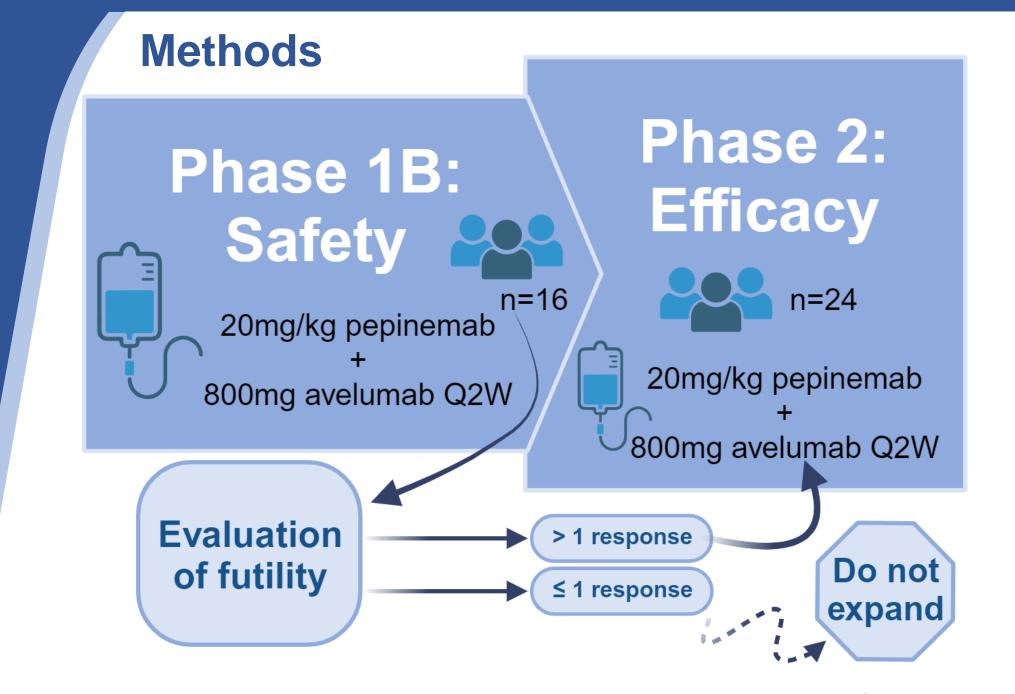
Semaphorin 4D (CD100) and CD8 positivity are prognostic in patients who underwent resection, identifying Sema4D as a novel therapeutic target.



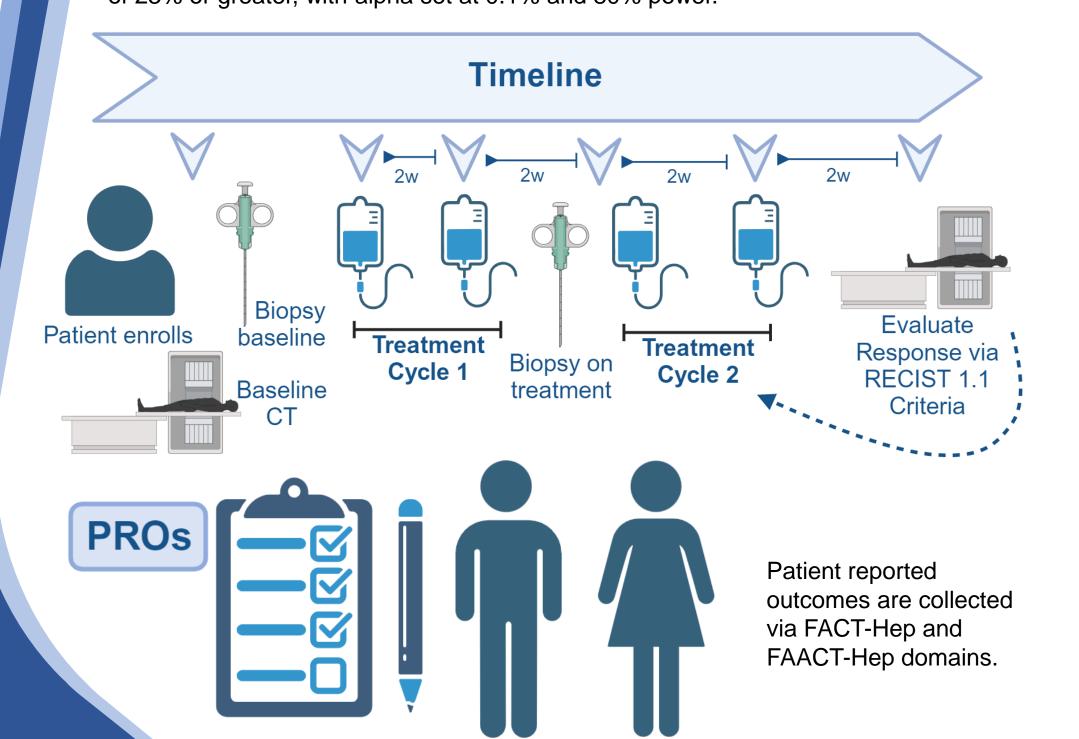
SEMA4D is expressed primarily on lymphocytes within the PDAC TME (left) and correlates with activated CD8+ T-cells (right).



Preclinical murine modeling demonstrates enhanced efficacy of immune checkpoint blockade following treatment with anti-Sema4D therapy in a spontaneous KPPC* model of PDAC (left). Flow cytometric analysis of tumors demonstrates increased penetrance of CD8+ Effector T-cells with anti-Sema4D therapy



Study utilizes a dose de-escalation schema and patients enroll via Bayesian Optimal Interval Design (BOIN) targeting a dose-limiting toxicity rate of 30% or less. After 16 subjects receive a given combination dose, a Simon's two stage assessment of futility will be undertaken with expansion to phase 2 if 2 or more subjects demonstrate response. The trial is designed to evaluate a total of 40 subjects and powered to detect a response rate of 23% or greater, with alpha set at 0.1% and 80% power.

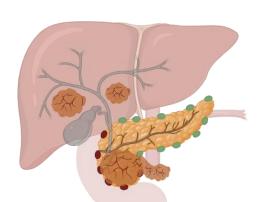


Preliminary Results



No treatment-related toxicities





Four patients terminated due to disease progression though 1 demonstrated mixed response some lesions showing radiologic partial and even complete response.

Mixed Response*



Baseline

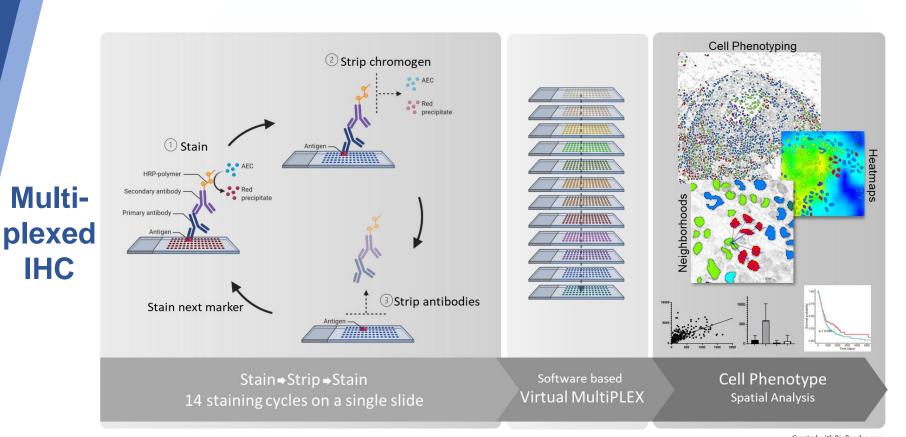


Four of four paired (baseline and on-treatment) biopsies collected.

Correlative Studies Collect Fine Needle Aspiration or Core Needle Biopsies of Tumor Tissue By Interventional Radiology or Gastroenterology Single-Cell/Bulk **Immune** Quantitative Cytometry Genomics Bulk and tissue **Digested Into Single** Cell-Suspension. 1

Multi-Dimensional Analysis of Tumor Immune Microenvironment Composition To Predict Response to

Treatment and Mechanism of Treatment Resistance



Funding

NIH R01-CA168863, NIH Spore P50-CA19651 Gateway Discovery Award (Conquer Cancer Foundation / ASCO) DG-20-100

ACS Resident Research Scholarship 2019-2021 pepinemab provided by Vaccinex, Inc. Avelumab is being provided by the healthcare business of Merck KGaA, Darmstadt, Germany (CrossRef Funder ID: 10.13039/100009945), previously as part of an alliance between the healthcare business of Merck KGaA, Darmstadt,

Single-Cell RNA-Seq utilizing 10x platform.

Tumor, Normal Tissue

and Stromal

Population Subtyping of Staining for Stromal



Methods in Clinical Cancer Research

*KPPC KrasG12D/+; Trp53R172H/R172H; P48-Cre