

# Mersana Discovery and preclinical development of a highly potent NaPi2b-targeted antibody-drug conjugate (ADC) with significant activity in patient-derived non-small cell lung cancer (NSCLC) xenograft models

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## **Summary**

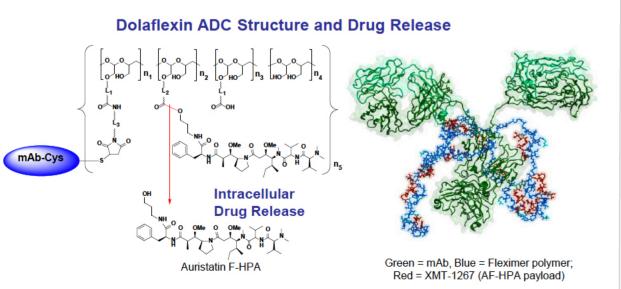
XMT-1536 is a novel, highly potent anti-NaPi2b ADC comprised of an average of 15 auristatin molecules conjugated to XMT-1535, a novel humanized anti-NaPi2b antibody, via the Dolaflexin ADC platform. The auristatin payload is enzymatically cleaved upon ADC trafficking to the endosome/lysosome compartment, releasing a cytotoxic auristatin derivative that is capable of bystander effect killing.

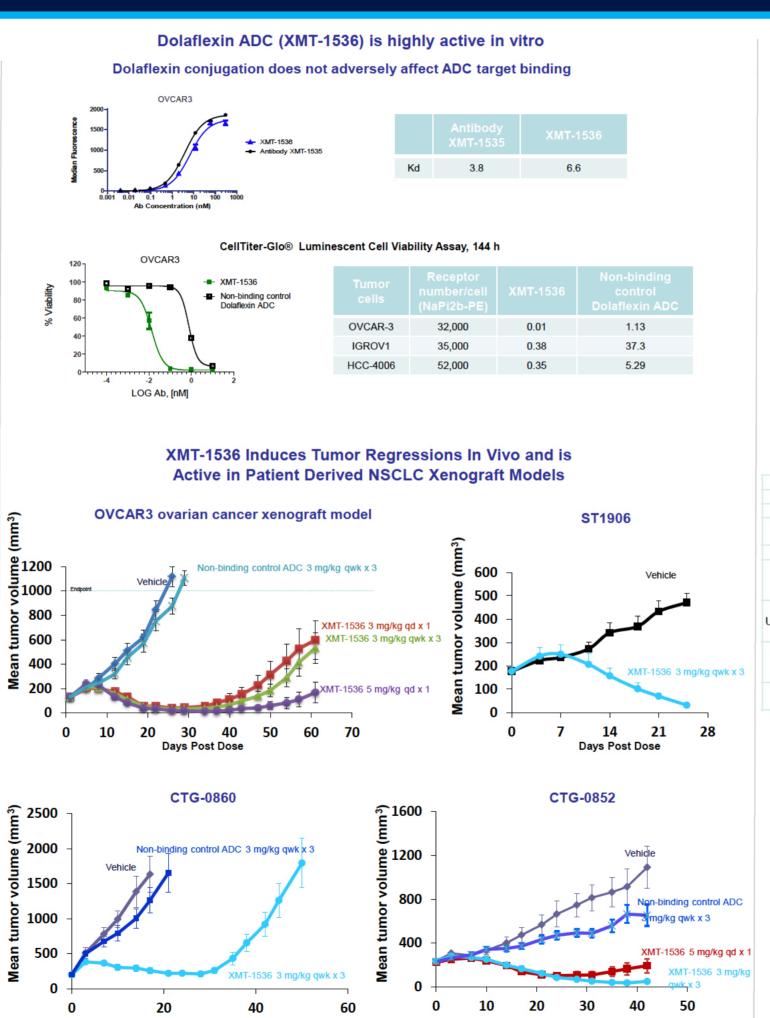
In cell binding assays, XMT-1535 antibody binds to non-mucinous ovarian cancer (OC) cells with low nanomolar affinity, which is unaffected by conjugation of the Dolaflexin drug conjugate. XMT-1536 is 1-2 logs more potent than a non-binding Dolaflexin ADC control, consistent with targetdependent cytotoxic effect.

In vivo XMT-1536 induced partial tumor regressions in the OVCAR3 OC model after a single dose of 3 mg/kg (0.21 mg/kg payload equivalent dose). and complete tumor regressions after a single dose of 5 mg/kg (0.36 mg/kg payload dose) or 3 weekly doses of 3 mg/kg. XMT-1536 was also tested in a patient-derived models of NSCLC, where it led to significant tumor growth

XMT-1535 is cross-reactive with cynomolgous monkey NaPi2b, allowing an informative evaluation of whether XMT-1536 retains good tolerability in nonhuman primate. XMT-1536 was administered to cynomologus monkeys in an exploratory single dose study up to 5 mg/kg ADC (4294 µg/m2 auristatin payload equivalents), with no observed target-mediated toxicity and limited adverse findings. Of note, there was no evidence of bone marrow toxicity, which has been observed generally for cleavable auristatin ADCs, and specifically for a recently published auristatin-based NaPi2b ADC (Lin et al., Clinical Cancer Research, 2015).

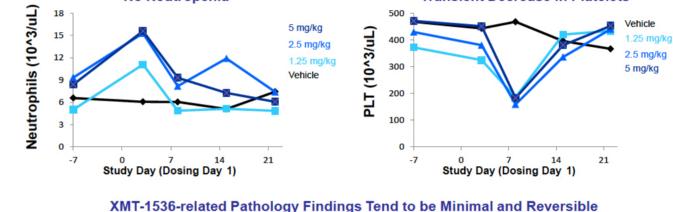
Based on these data XMT-1536 is advancing to early clinical development for the treatment of NaPi2b-expressing tumors.



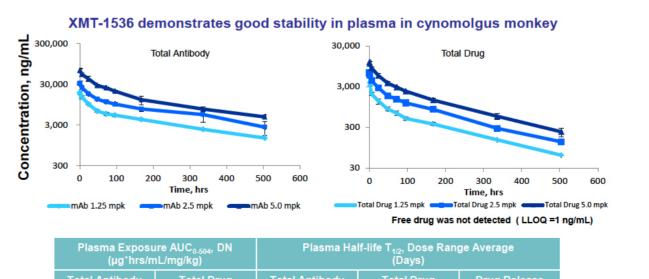


Days Post Dose

## XMT-1536 is well-tolerated in non-human primates with good PK NHP study design 2 males and 2 females per dos Single dose Day1, Terminal Necropsy Day 8, Recovery Necropsy Day 22 No test article-related clinical observations · No test article-related body weight loss **Transient Decrease in Platelets** No Neutropenia



#### Terminal Necrops Organ 2.5 ma/ka Bone Marrow Minimal hepatocyte apoptosis (1 female) Testes Minimal mixed Minimal mixed inflammator None Lung inflammatory cel cell infiltrate (1 male) infiltrate (1 male) Minimal mucosal apoptosis occasional mitotic figures (1 Urinary Bladder None None Minimal mucosal Mild focal ulceration Stomach neutrophil infiltrate None (1 female) Mild focal ulceration Cecum None \* Minimal Kupffer cell hypertrophy with occasional mitotic figures was seen in all XMT-1536 treated animals at terminal and recovery necropsies (non-adverse finding).



## **Discussion and Conclusions**

- XMT-1535 Dolaflexin conjugation (XMT-1536) does not adversely affect ADC target binding
- XMT-1536 is highly active in vitro
- XMT-1536 is highly active in vivo in OC xenograft model
- XMT-1536 is highly active in vivo in patient derived NSCLC xenograft models
- XMT-1535 is cross-reactive with cynomologus monkey NaPi2b. allowing an informative evaluation of whether XMT-1536 retains good tolerability in non-human primates
- XMT-1536 demonstrates good stability of the drug conjugate in plasma and very low exposure to free drug
- XMT-1536 is well tolerated in cynomolgus monkeys when administered up to 5 mg/kg ADC (4294 µg/m² auristatin payload equivalents), with no observed target-mediated toxicity and limited adverse findings. There was no evidence of bone marrow

# **Acknowledgements**

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### References

1. Lin K. Rubinfeld B. Zhang C. Firestein R. Harstad E. Roth L. Tsai SP, Schutten M, Xu K, Hristopoulos M, Polakis P. Preclinical Development of an Anti-NaPi2b (SLC34A2) Antibody-Drug Conjugate as a Therapeutic for Non-Small Cell Lung and Ovarian Cancers, Clin Cancer Res, 2015 21(22):5139-50.

