

Long-term rejection free renal allograft survival with Fc-modified anti-CD154 antibody monotherapy in nonhuman primates.

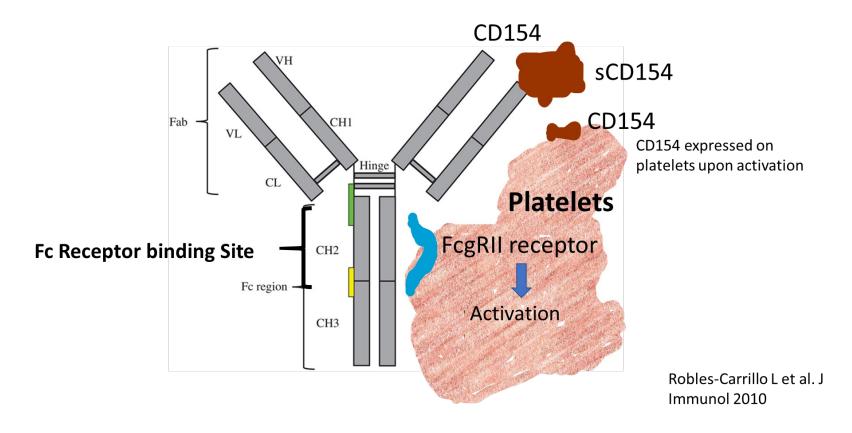
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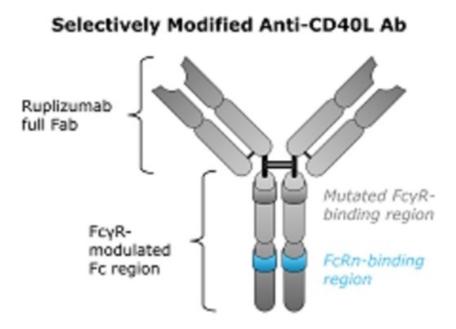
Background

CD154 mAb-sCD154 immune complex can activate platelets





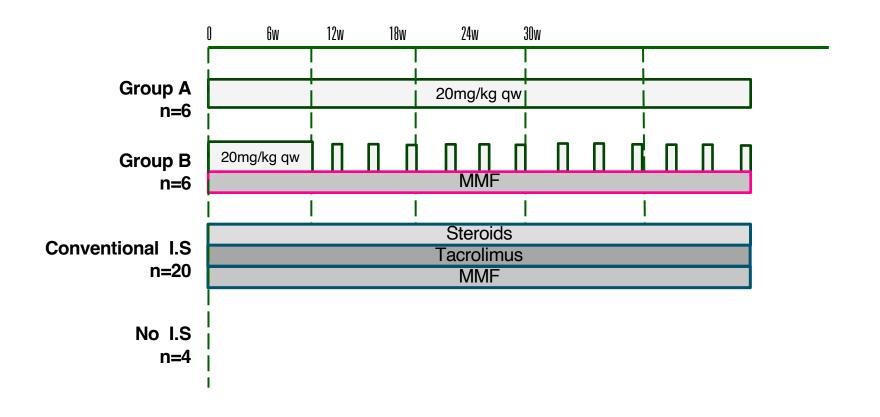
Background



- To date, there has not been a fully human or humanized aCD154 antibody that can effectively prevent transplant rejections, inflammatory conditions or autoimmune conditions with an acceptable level of side effects
- Tonix Pharmaceuticals Inc. has developed an Fc-Modified aCD154 with low binding to FcyRIIa (TNX-1500)

Study Overview

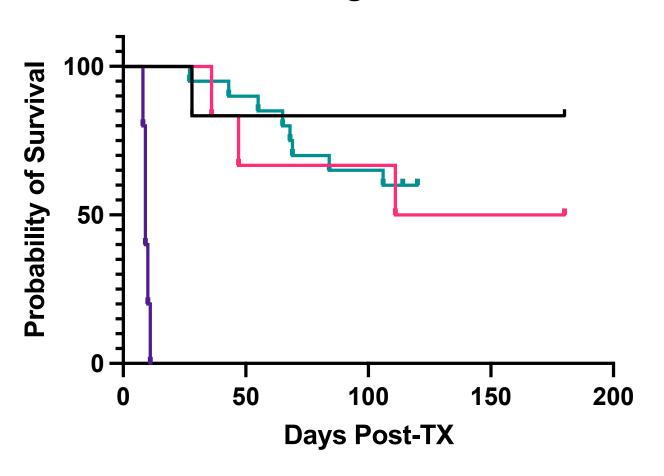
Twelve Transplants have been Completed & Compared with Historical Results





Results: Kaplan-Meier Survival Curve

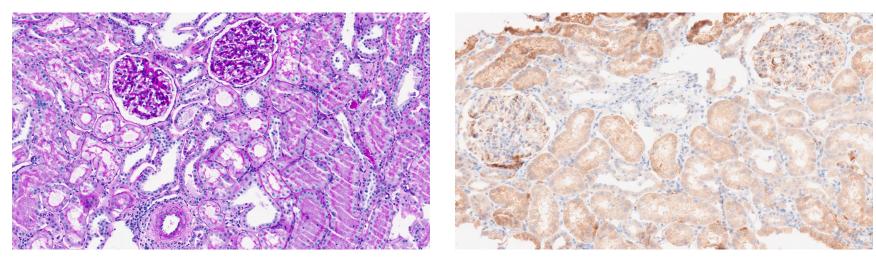
Renal Allograft Survival



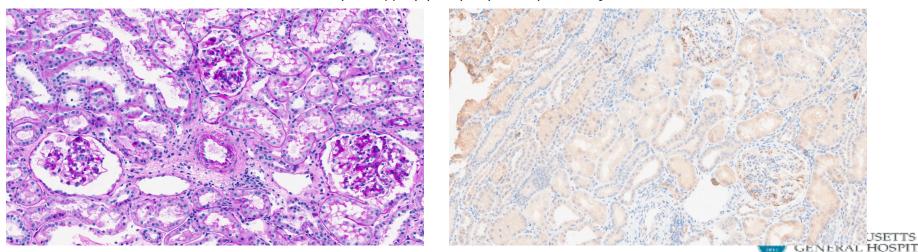
- Group A (n=6)
- Group B (n=6)
- Conventional I.S. (n=20)
- → No I.S. (n=4)



Results: Histopathology



Group A NHP (1) biopsy at day 180 post transplant C4d negative

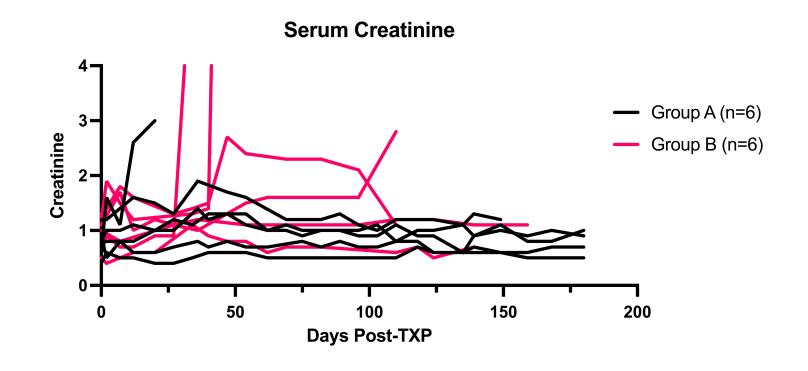


Group A NHP (2) biopsy at day 169 post transplant C4d negative

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Results: Adverse Effects

- No increased incidence of thrombosis seen
- No other evidence of end organ damage noted on Necropsy

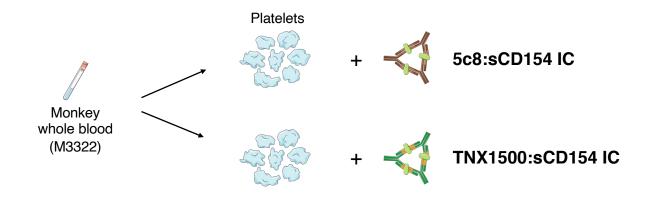




Results: Platelet Activation

METHODS 220829

Flow cytometric analysis for platelet activation after anti-CD154:soluble-CD154 immune complex (IC) stimulation



Antibody	Conc. 1	Conc. 2	Conc. 3	Conc. 4	Conc. 5
5c8	500	500	-	-	-
TNX1500	-	-	500	500	-
Soluble CD154	1500	-	1500	-	1500 nM

*Antibody and soluble CD154 were mixed and incubated for 1h at RT.



Results: Platelet Activation

PAC-1

220829 RESULTS Platelet activation status after incubation with CD154:sCD154 IC 5c8:sCD154 IC TNX:sCD154 IC ₁₀5 - 4.17 10⁵ - 7.48 1.56 71.7 SSC (Log) CD62P 15.9 6.04 CD61 FSC (Log) PAC-1 5c8:sCD154 IC TNX:sCD154 IC TNX sCD154 Unstimulated 5c8 0.100 105 4.62 0.11 Specific staining 0.11 All conditions 105 - 0.041 105 0.019 Negative control 99.9 99.9 100.0 0.041 0.020 0.020



Conclusion

• Fc-Modified aCD154 is well tolerated and can be an effective alternative to conventional immunosuppression therapy in nonhuman primates.

 TNX-1500 in combination with MMF resulted in an increased rate of graft failure compared to monotherapy

Optimal dosage remains to be defined



Questions?

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