

mTFF2-MSA (mTNX-1700) Suppresses Tumor Growth and **Increases Survival in Anti-PD-1 Treated CT26.WT Subcutaneous** and CT26-Luciferase Orthotopic Syngeneic Colorectal Cancer Models by Targeting MDSCs in BALB/C Mice

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Results

Abstract

Introduction: Myeloid-derived suppressor cells (MDSCs) in the tumor microenvironment are potential therapeutic targets in immune checkpoint cancer therapy, particularly for cancers that are unresponsive to anti-PD-1 therapy. It has previously been demonstrated that trefoil factor family 2 (TFF2), a secreted antiinflammatory peptide, can partially suppress MDSC expansion and partially activate tumor immunity through agonism of the CXCR4 receptor¹⁻³. We investigated whether a novel fusion protein, murine TFF2-murine serum albumin (mTFF2-MSA), has single agent activity and can improve on the therapeutic effects of anti-PD-1 in CT26.WT subcutaneous and CT26-Luciferase (CT26-Luc) orthotopic syngeneic mouse models of advanced colorectal cancer (CRC).

Materials and Methods: Two syngeneic colon carcinoma mouse models were developed using the CT26.WT and CT26-Luc CRC cell lines grafted subcutaneously and orthotopically, respectively, into BALB/C mice. We generated a recombinant fusion protein, designated mTFF2-MSA, which contains murine TFF2 fused to murine serum albumin (MSA), for the purpose of increasing half-life and reducing the frequency of dosing. Mice subsequently received mTFF2-MSA, anti-PD-1 antibody (clone 29F.1A12 for subcutaneous study; clone RMP-1-14 for orthotopic study) or combination of mTFF2-MSA and anti-PD-1. Tumor volume, and survival were measured. At the endpoint, flow cytometry was performed on the blood, bone marrow, tumor, and lymph nodes, to examine treatment-induced effects on cellular immune profiles. **Results**: In the CT26.WT model, tumor growth was suppressed by mTFF2-MSA, anti-PD-1 and by the combination of mTFF2-MSA and anti-PD-1 by 16%, 40% and 60%, respectively. Survival in the CT26.WT model on Day 30 treated with vehicle, mTFF2-MSA, anti-PD1 and the combination of mTFF2-MSA and anti-PD-1 was 0%, 40%, 60% and 60%, respectively. In the CT26-Luc model, mTFF2-MSA, anti-PD-1, and the combination of mTFF2-MSA and anti-PD-1 suppressed tumor growth by 42%, 94%, and 94%, respectively. In the CT26-Luc model, neutrophils were significantly reduced in the blood in all treatment groups by flow cytometry. In the bone marrow, a significant reduction in total macrophages, M2 macrophages, and neutrophils was also observed but only in the group treated with anti-PD-1 and mTFF2-MSA. In the axillary lymph node, there was a significant reduction in TOX+ cells in both CD4+ and CD8+ T-cells in all treatment groups. In the tumor, there was a significant reduction in total macrophages and M2 macrophages in all treatment groups, while NK cells were also increased, but only in the combination anti-PD-1/mTFF2-MSA treated group. **Conclusions**: mTFF2-MSA has single agent activity and is additive to anti-PD-1 antibody checkpoint inhibition in treating two syngeneic (subcutaneous and orthotopic) mouse models of advanced CRC.



Time Post-Injection



Fig 8: Inhibition of Tumor Growth in the CT26-Luc Orthotopic Model

Introduction



Fig 10: Immunophenotyping of Various Tissues in the CT26-Luc Orthotopic Model

Tumors Create a Toxic, Immunosuppressive Microenvironment (TME)





MDSCs are a Major Therapeutic Target

>Tumors are surrounded by endothelial and stroma cells, and invading immune cells, both innate and adaptive^{4,5} >Complex regulatory network supports tumor growth, enabling cancers to thrive by evading immune surveillance and destruction^{5,6}

>The TME sabotages tumor-killing cytotoxic CD8 T cells¹

>Myeloid-derived suppressor cells (MDSCs) interfere with anticancer immunity^{5.6}

Levels of MDSCs tend to correlate with tumor stage, patient survival, and metastatic burden and may predict poor response to certain cancer treatments⁷

>MDSCs represent a central mechanism of immunosuppression in cancer; targeting these cells could significantly improve our ability to fight cancer^{8,9}

> Therapeutic Strategies Include⁹:

Promoting differentiation of MDSCs to a non-immunosuppressive cell type

Blocking MDSC immunosuppressive functions

Inhibiting MDSC expansion/Eliminating MDSCs

Days

Hazard Ratio (Mantel-Haenszel)	Vehicle/mTFF2-MSA	Vehicle/Anti-PD-1	Vehicle/Combo
Ratio	2.57	5.46	5.08
95% CI	0.74 - 8.92	1.50 - 19.88	1.36 - 18.95

Fig 6: Immunophenotyping of the TME in the **CT26.WT Subcutaneous Model**



Conclusions

>mTFF2-MSA (mTNX-1700) is a novel fusion protein and exhibits an extended half-life in vivo in mice. >In the CT26.WT subcutaneous mouse model of colorectal cancer, mTFF2-MSA alone inhibited tumor growth by 16%, and is additive

with anti-PD-1 by inhibiting tumor growth by 60%. >In the CT26.WT subcutaneous model, survival was 60% in the combination treated group after 30 days, while 0% survived in the untreated group.

>In the CT26-Luc model, mTFF2-MSA alone inhibited tumor growth by 42%, while anti PD-1 and the combination treated groups inhibiting tumor growth by 94%.

>Immunophenotyping in both models revealed a decrease in tumor promoting M2 macrophages in the tumor.

>TNX-1700 is a novel mechanism for suppressing MDSCs and has the potential to synergize with other immuno-oncology drugs.

References

 Dubeykovskaya Z, et al. JBC, 2009; 284:3650-366 Dubeykovskaya Z, et al. Nature Comm. 2016;7:1-11 Dubeykovskaya Z, et al. Cancer Gene Ther. 2019;26:48-57 Belli C, et al. Cancer Treat Rev. 2018;65:22-32 Roma-Rodriguez C, et al. Int J Mol Sci. 2019;20(4):840 	 Tsai M, et al. ISRN Biochem. 2014:351959 Condamine T, et al. Annu Rev Med. 2015;66:97-110 Tuccito A, et al. Virchows Arch. 2019;474(4):407-420 Gabrilovitch DI, et al. Nat Rev Immunol. 2009;9(3):1 174
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