



Selection of superior KRAS G12V mutation-specific T cell receptors with unique characteristics for 3rd generation armored and enhanced T cell therapy

Julia Bittmann, Melanie Salvermoser, Dominik Alterauge, Anne-Wiebe Mohr, Doris Brechtefeld, Mario Catarinella, Petra U Prinz, Maja Buerdek, Kathrin Davari, Dolores J Schendel and Giulia Longinotti
Medigene Immunotherapies GmbH, a subsidiary of Medigene AG, Planegg, Germany

Background

- Activating mutations in the Kirsten rat sarcoma (KRAS) gene are highly prevalent oncogenic driver mutations in human cancers associated with tumorigenesis and aggressive tumor growth.
- Mutant KRAS (mKRAS) is estimated to be present in over 300,000 patients, with high prevalence found in pancreatic (81.72%), colorectal (37.97%) and non-small cell lung cancer patients (21.20%).
- mKRAS mainly comprises 21 missense mutations, with G12D (29.19%), G12V (22.97%), and G12C (13.43%) being the most common.

Despite the recent approval for targeted therapies targeting G12C mutations the unmet need for further efficacy improvements remains.

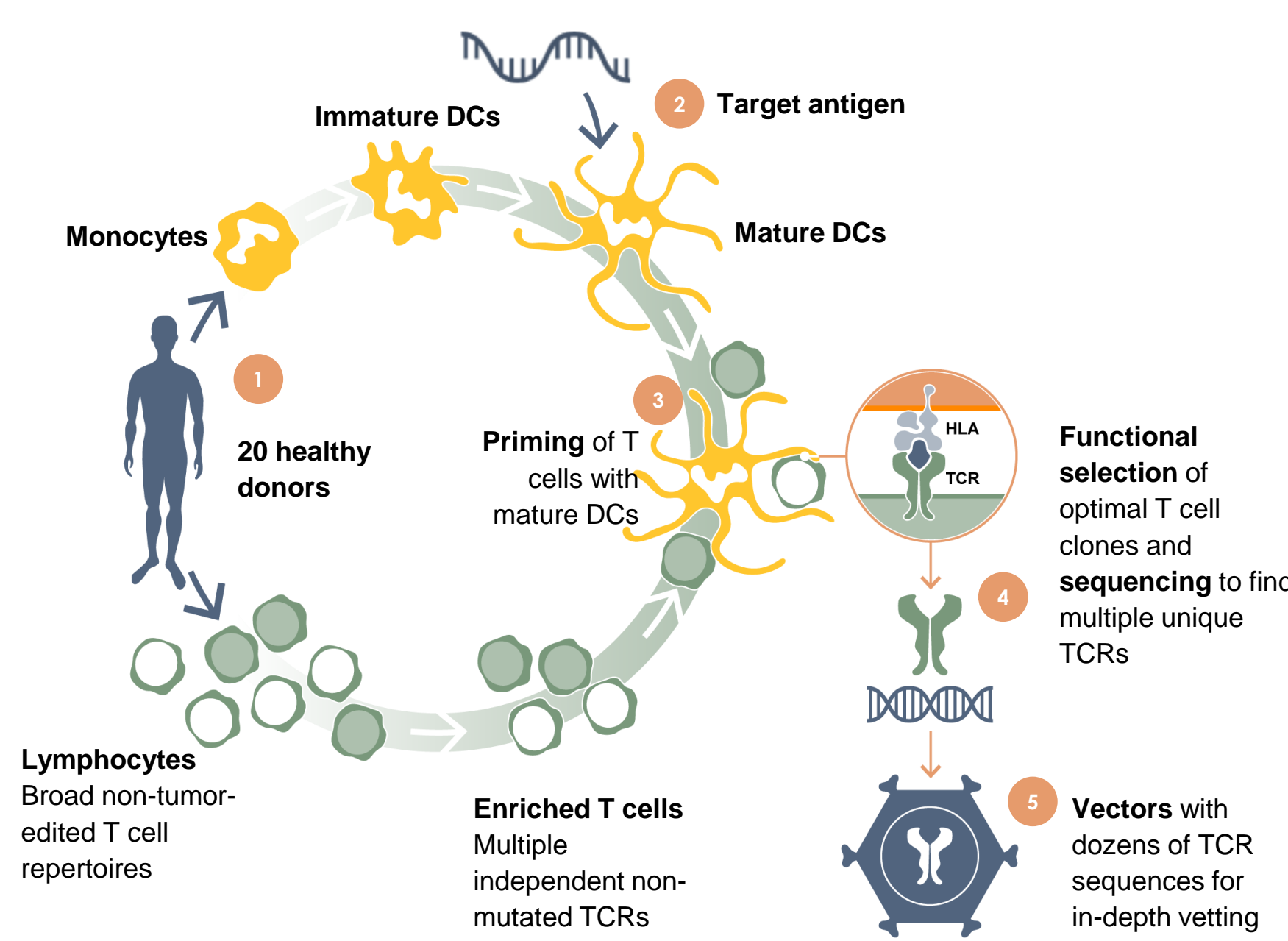
A. Using our T cell receptor (TCR) discovery process, we were able to identify multiple unique mKRAS G12V-specific TCRs. T cells of multiple healthy donors were primed for the mKRAS G12V antigen using dendritic cells (auto-HLA-A*11:01 priming), providing diverse TCR sequences for comparison. High-throughput functional screens rapidly delivered six unique G12V-specific candidate TCRs for in-depth characterization.

B. To extensively compare candidate TCRs and identify lead TCRs that fulfill defined characteristics, a robust and refined workflow was performed for in-depth vetting of specificity, sensitivity and safety (3S) as well as for investigation of additional unique TCR attributes such as CD8 co-receptor independency.

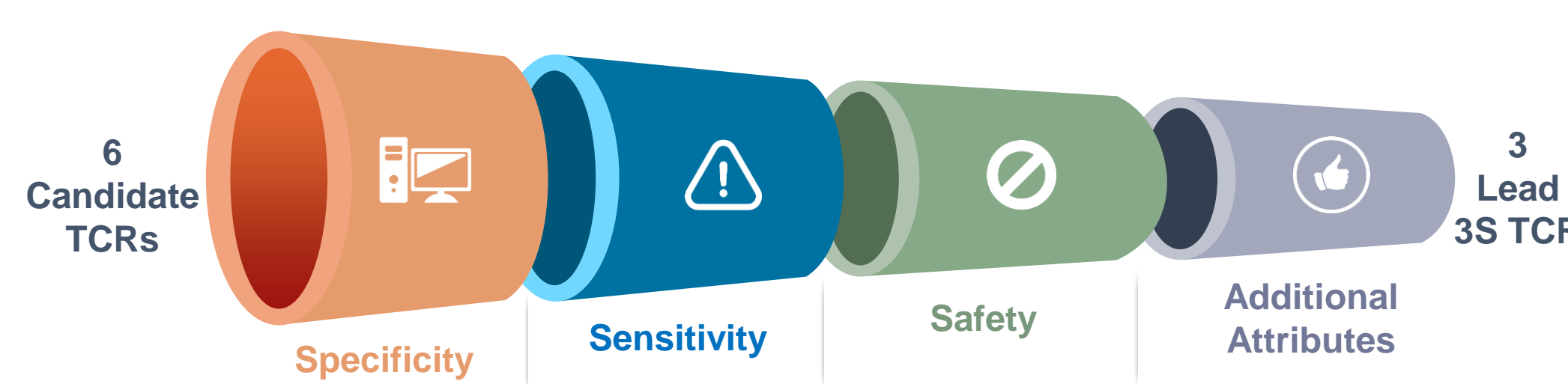
C. Candidate TCRs were combined with PD1-41BB armoring and enhancing co-stimulatory switch protein (CSP) to address the challenges in hostile tumor microenvironments (TMEs).

D. Here, we show preclinical data of the Top-3 candidate TCRs. TCRs combined with PD1-41BB CSP, were individually expressed in CD8⁺ T cells using our Jovita-tag technology (WO2022/038115A1). TCR+PD1-41BB-expressing CD8⁺ T cells were enriched by fluorescence-activated cell sorting (FACS) and analyzed by flow cytometry after staining with anti-TCR Cβ1, anti-PD1 and anti-CD8 antibodies. Untransduced cells (UT) were used as controls in all assays

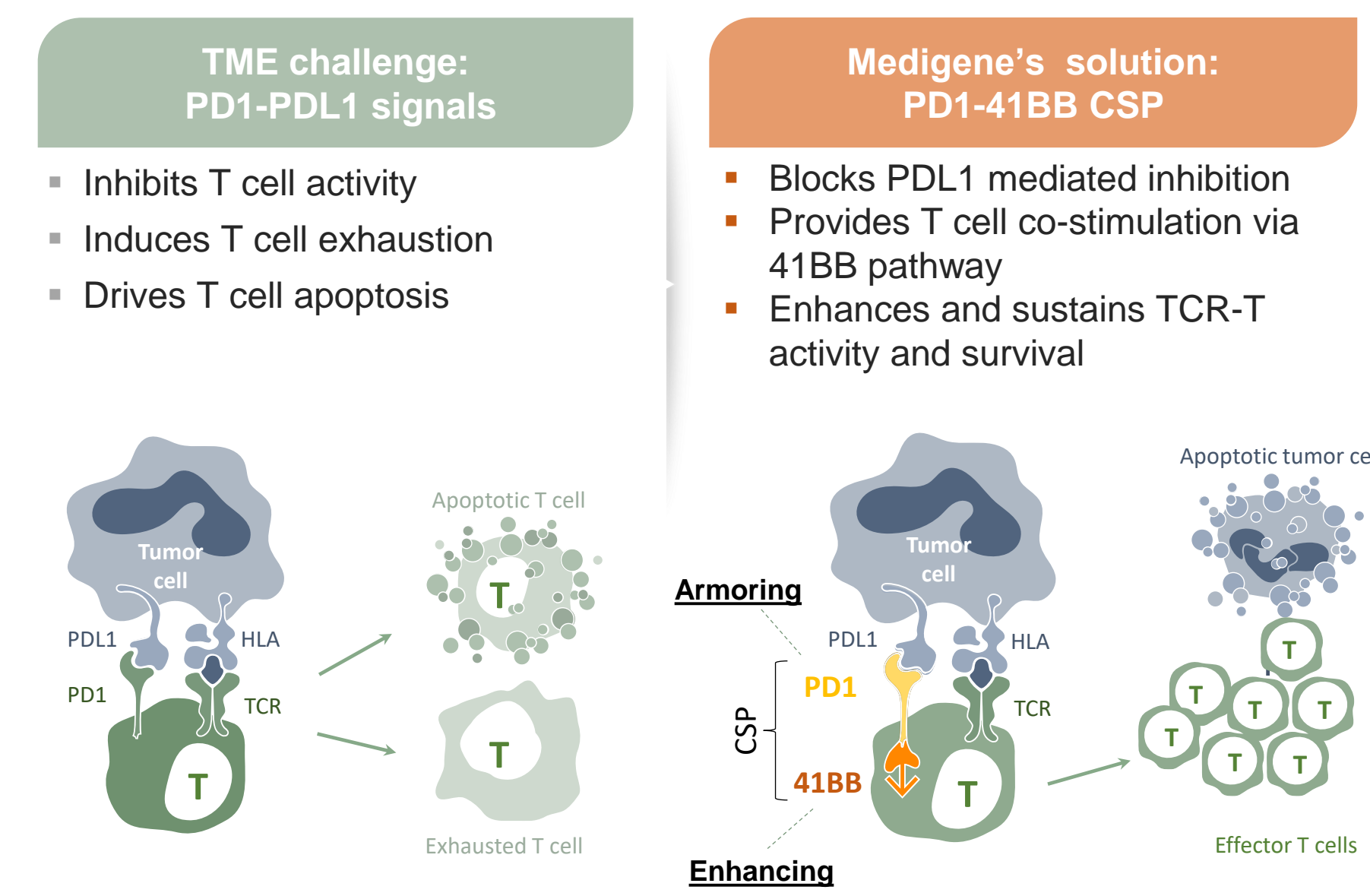
A TCR Discovery process



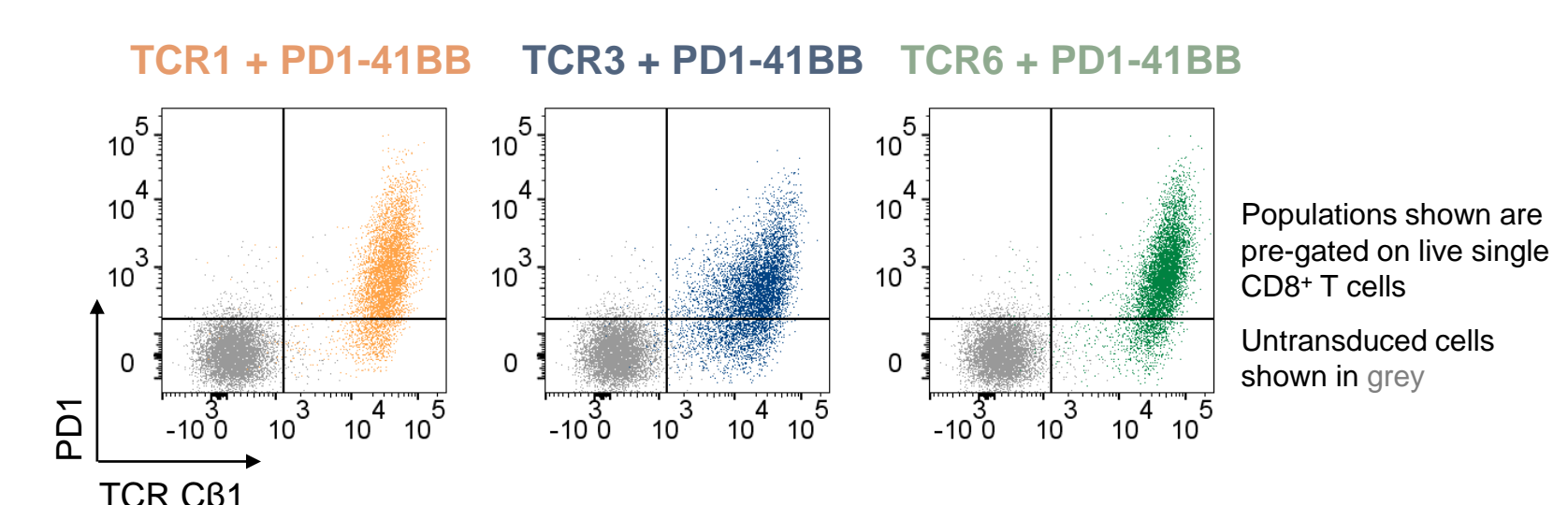
B TCR vetting algorithm



C Armoring & enhancing with the PD1-41BB CSP

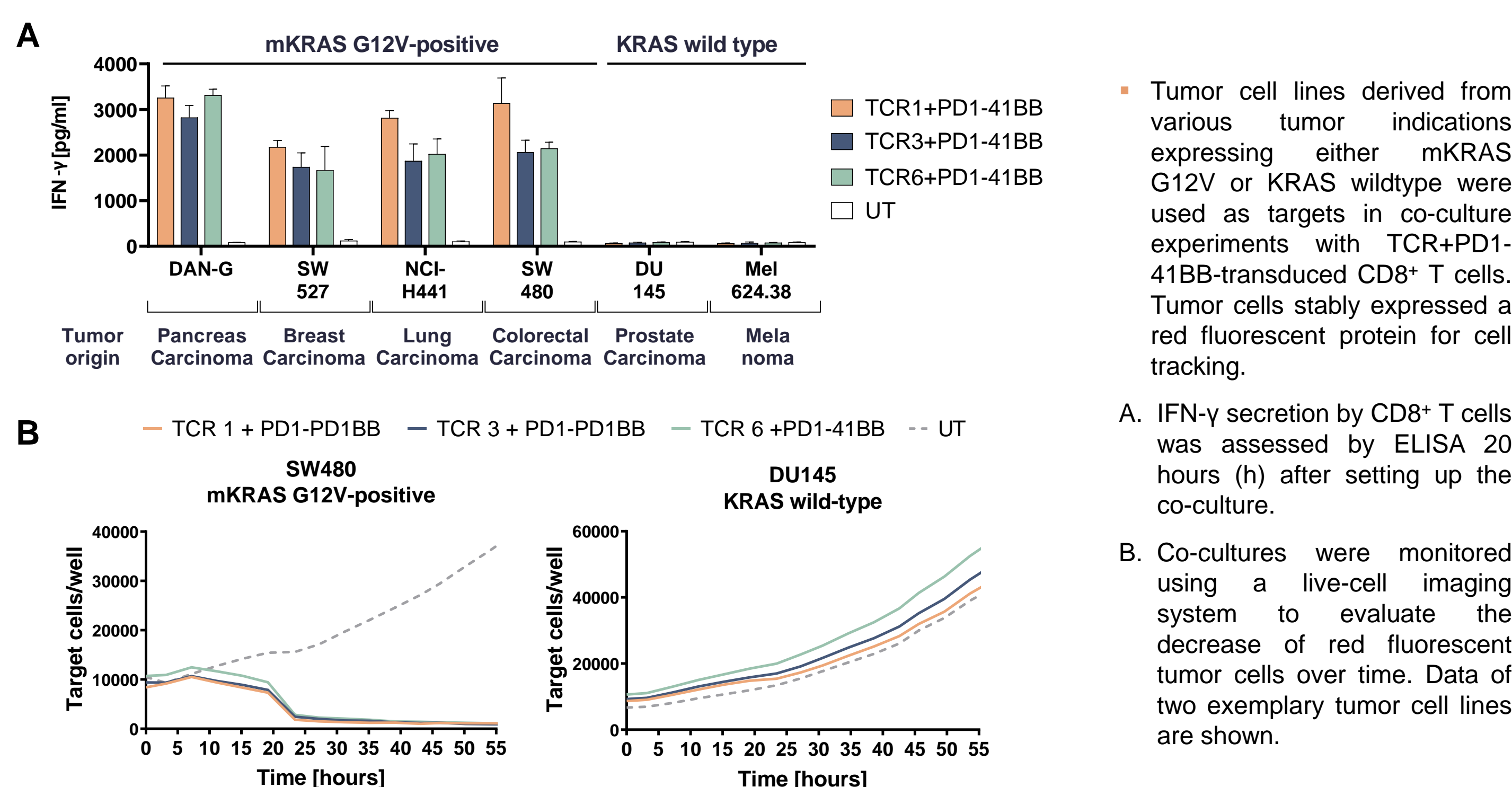


D Top-3 candidate TCRs

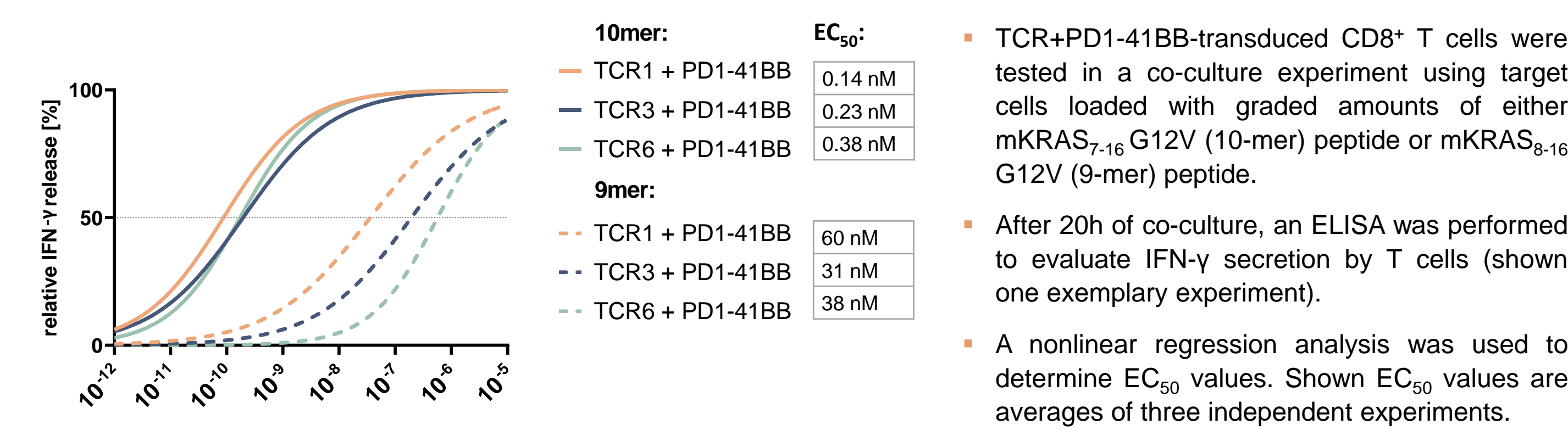


Top-3 candidate TCRs show exquisite specificity, high sensitivity and a favorable safety profile (3S TCRs)

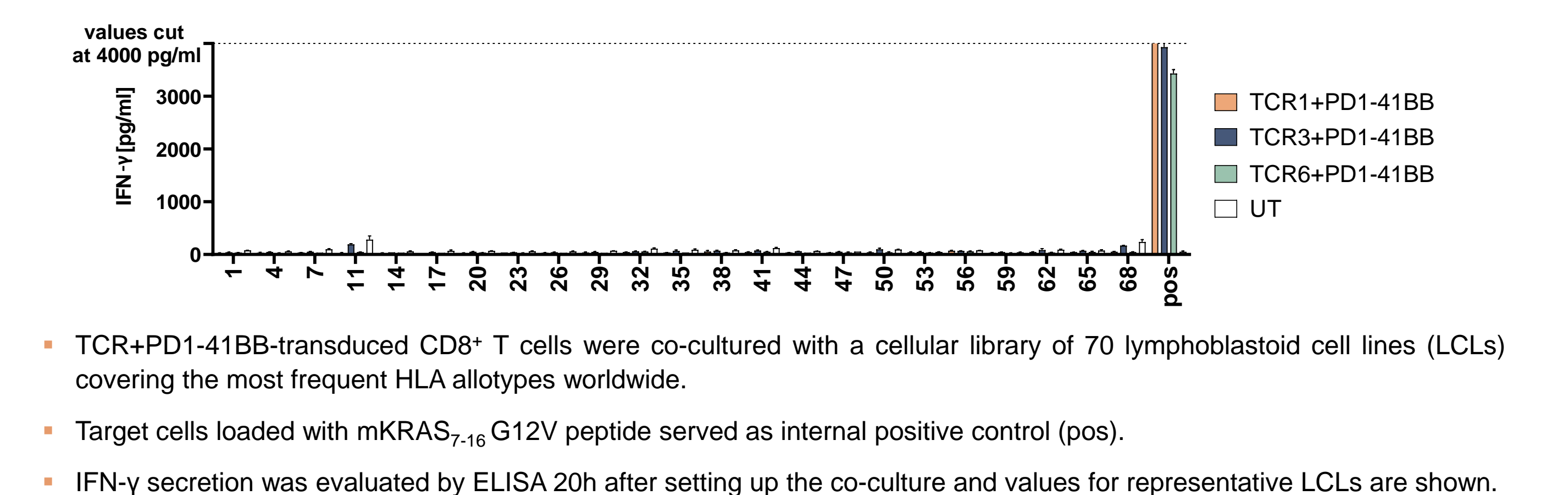
Strong and exclusive recognition of mKRAS G12V-positive tumor cells



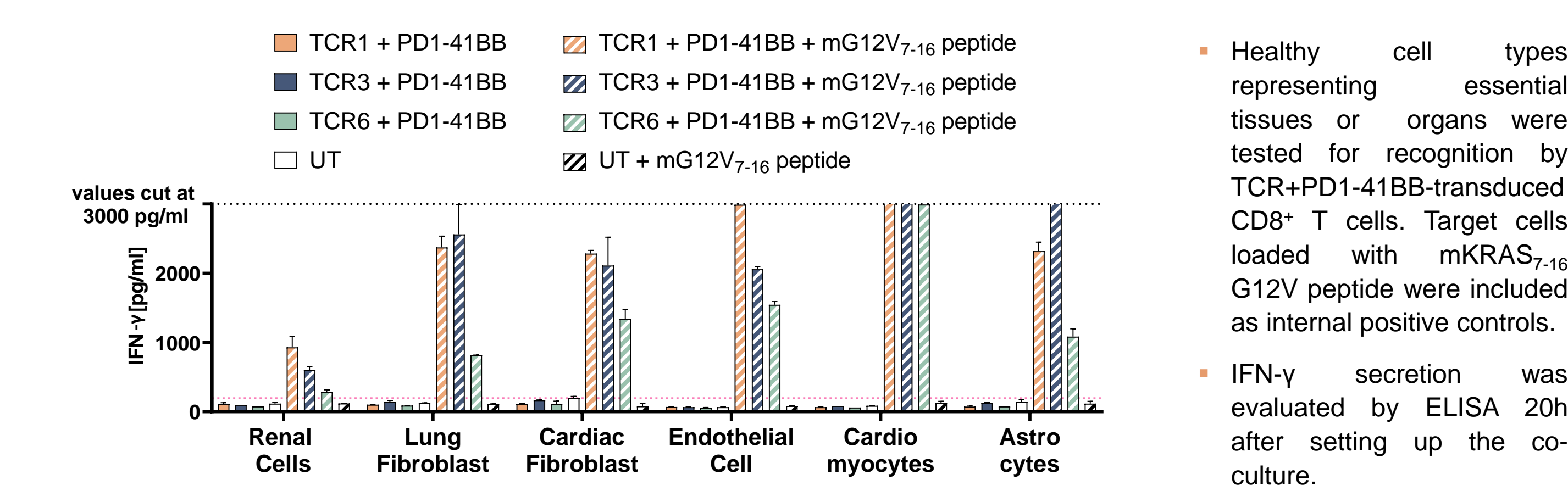
High peptide sensitivity for mKRAS₇₋₁₆ G12V epitope



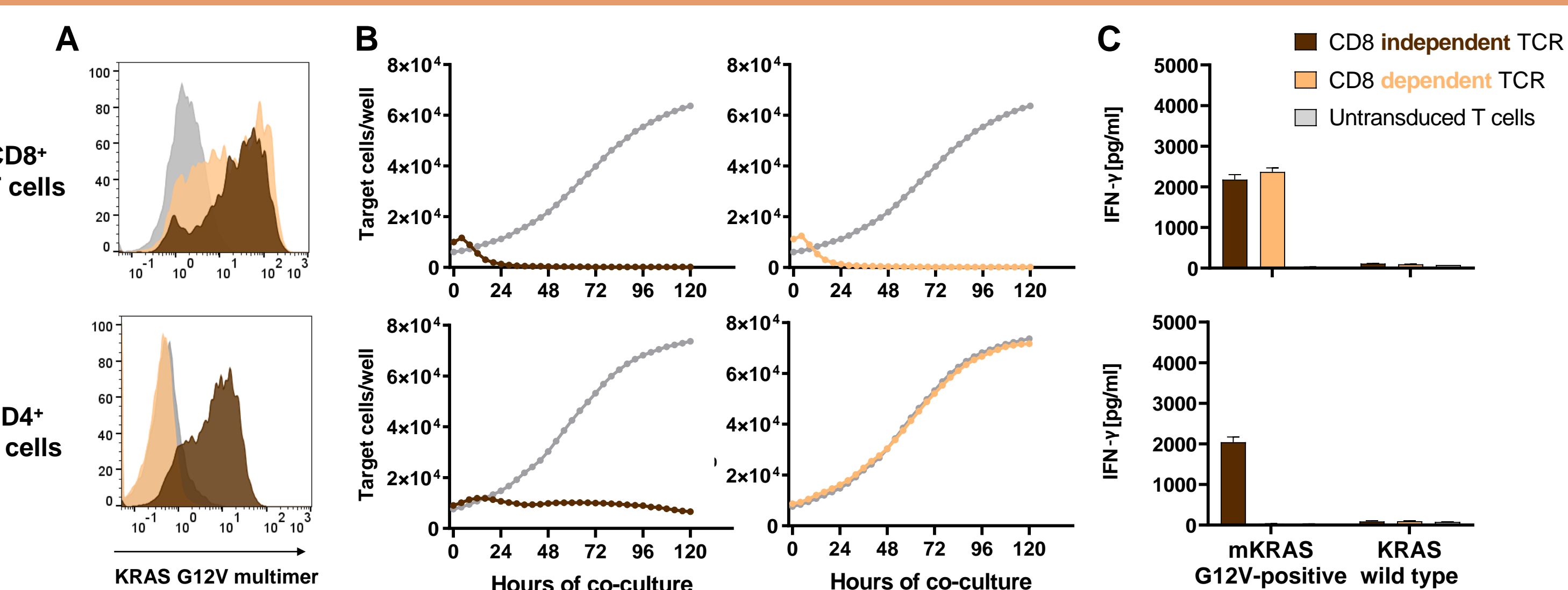
No signs of target peptide-independent HLA-allo cross-recognition



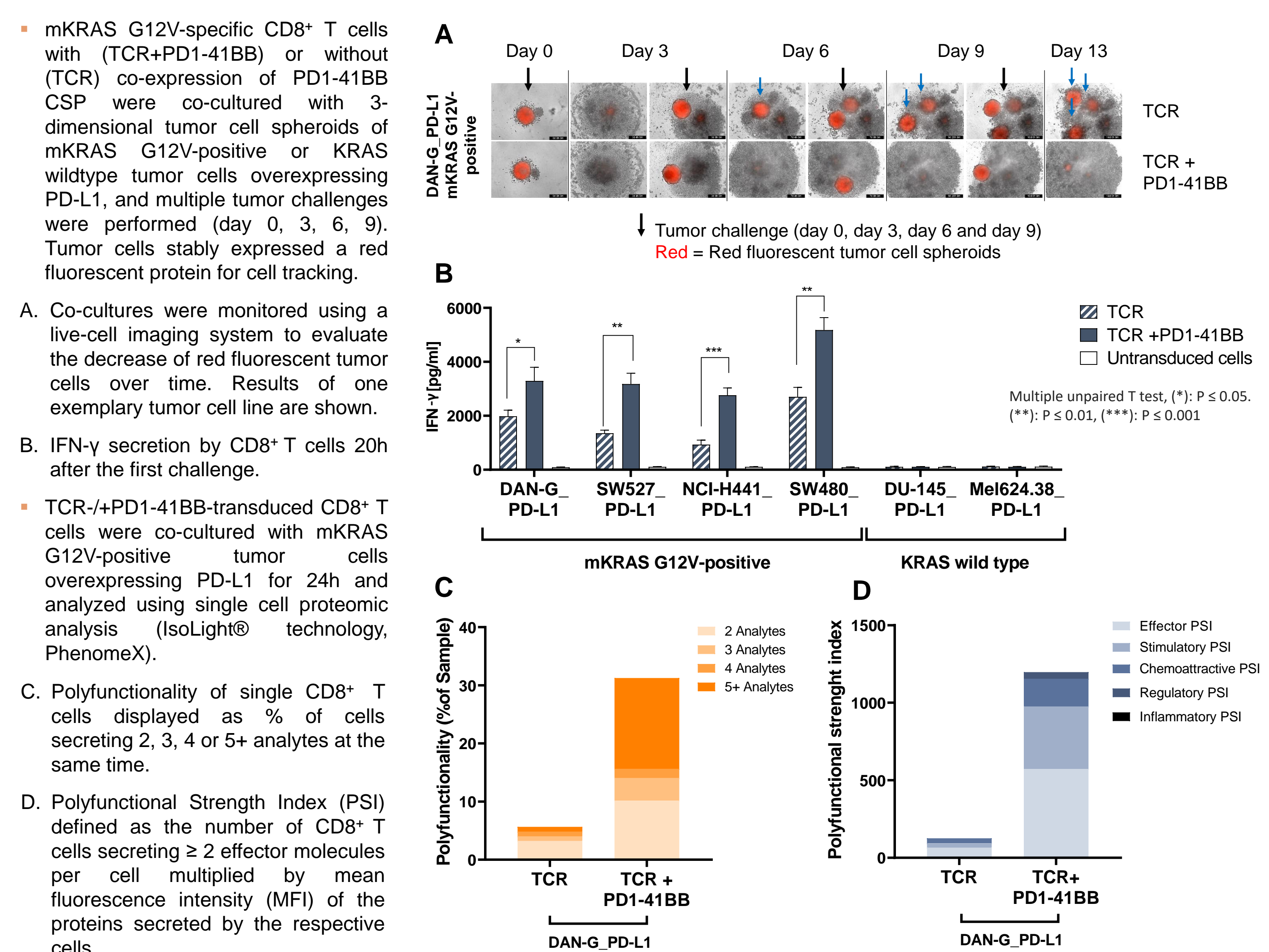
No signs of off-target toxicity with a panel of healthy cell types



One candidate TCR exhibits full functionality independently of CD8 co-receptor presence



Co-expression of PD1-41BB CSP enhances and sustains TCR-T cell functionality



Conclusions

- Medigene's TCR discovery process and vetting assay algorithm allow isolation and selection of optimal TCRs with exclusive mKRAS G12V specificity, high peptide sensitivity with strong tumor cell recognition and a favorable safety profile (3S TCRs).
- Top-3 mKRAS G12V-specific TCRs display unique attributes such as CD8 co-receptor independency.
- Combining mKRAS G12V-specific 3S TCRs with PD1-41BB CSP armors and enhances T cell functionality for the development of best-in-class TCR-T therapies to overcome the challenges of a hostile TME and improve patient outcomes.