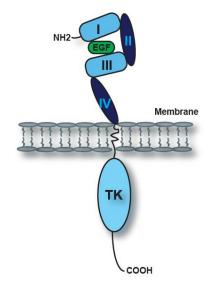
Rodrigo Dienstmann<sup>1</sup>, Amita Patnaik<sup>2</sup>, Anthony William Tolcher<sup>2</sup>, Mikkel Wandahl Pedersen<sup>3</sup>, Helle Jane Jacobsen<sup>3</sup>, Klaus Kofoed<sup>3</sup>, Jørgen Petersen<sup>3</sup>, Josep Tabernero<sup>1</sup> and Michael Kragh<sup>3</sup>

<sup>1</sup> Vall d'Hebron University Hospital, Barcelona, Spain
<sup>2</sup> START Center - South Texas Accelerated Research Therapeutics, San Antonio, Texas, US
<sup>3</sup> Symphogen A/S, Lyngby, Denmark

No conflicts of interest to declare.

- EGFR is a validated therapeutic target in cancer.
- Mechanisms of action of mAbs:
  - inhibition of ligand binding and receptor dimerization;
  - inhibition of downstream signaling;
  - ADCC and CDC;
  - receptor internalization.
- Combinations of mAbs can be considerably more potent at inducing downregulation of RTK.

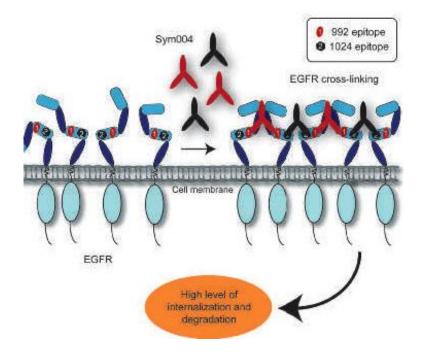


Semin Oncol 2006;33:369–85 Proc Natl Acad Sci U S A 2005;102: 1915–20 J Clin Oncol 2010;28:1138-44

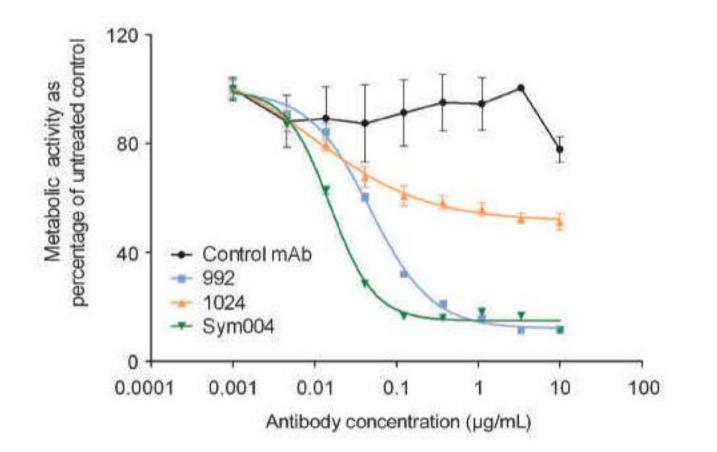
• Sym004 is a 1:1 mixture of two chimeric IgG 1 anti-EGFR mAbs directed against distinct non-overlapping epitopes in EGFR extracellular domain III.

• mSymplex technology: PCR-based method for cloning of Abs from single-sorted murine plasma cells

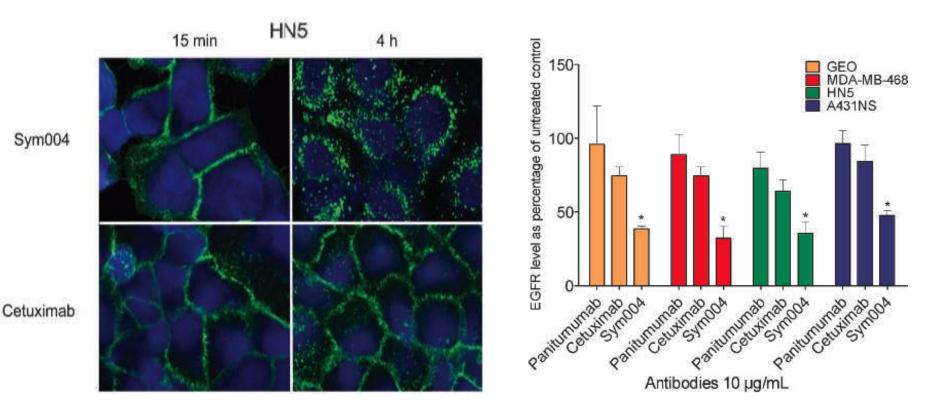
- combination of Abs 992 and 1024 was the most potent and with the highest efficacy both *in vitro* and *in vivo* 



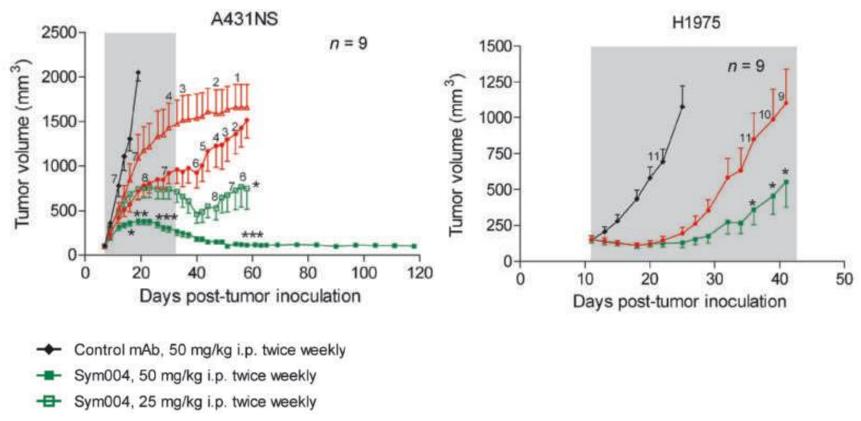
#### Sym004 synergistically inhibits cancer cell growth in vitro (HCC827 cells)



## Sym004 induces efficient internalization of EGFR on cancer cells

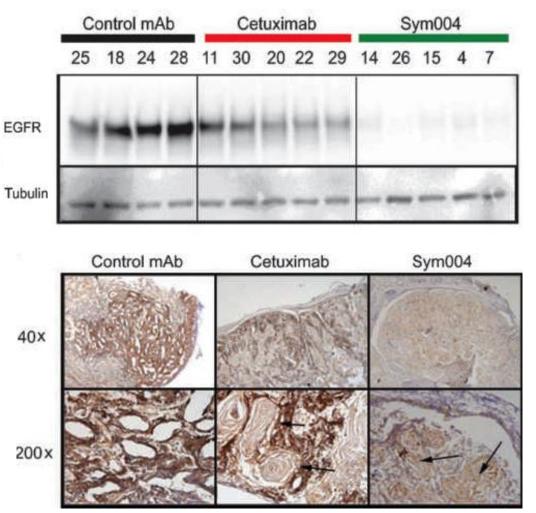


#### Sym004 is a potent inhibitor of tumor growth in a range of xenograft models

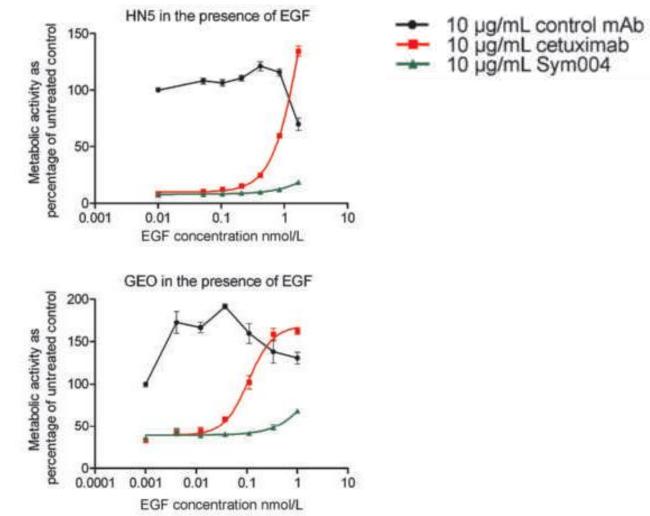


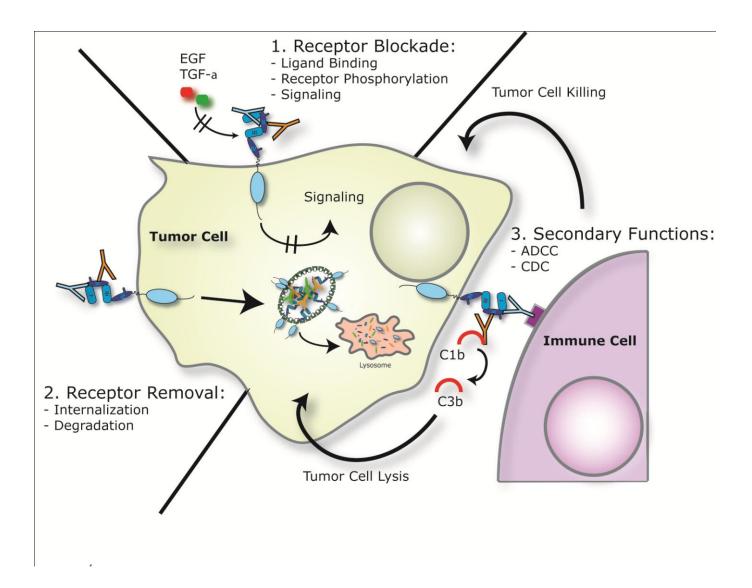
- Cetuximab, 50 mg/kg i.p. twice weekly
- Cetuximab, 25 mg/kg i.p. twice weekly

## Sym004 causes complete removal of EGFR in vivo (A431NS tumors)



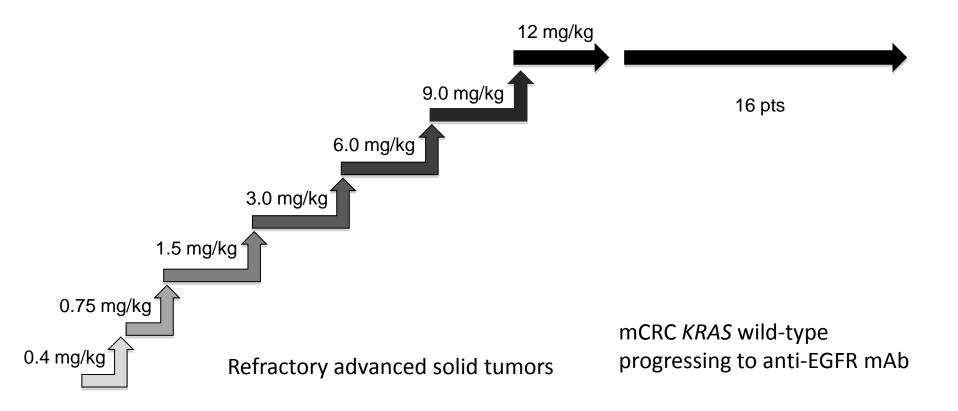
## Sym004 treatment is less sensitive to ligand-dependent resistance





*Phase 1 first-in-human dose escalation trial:* 

- evaluate safety and tolerability
- define MTD (based on the first 4 weekly infusions)
- plasma PK
- biomarker assessment: skin and tumor tissue biopsies
- MTD cohort expansion: preliminary anti-tumor activity



**DLT definition** standard to phase 1 trials in addition to:

- Grade 3 skin rash not improved to grade < 2 in 2 weeks
- Grade > 3 infusion reaction

#### Phase 1 first-in-human dose escalation trial: preliminary toxicity data (part A)

Median age: 60 years Common tumor types: colorectal, pancreatic and head & neck

Dose level	Number of pts	Grade <u>&gt;</u> 3 toxicity first 4 weeks	Number of infusions
0.4 mg/kg	1	No	6
0.75 mg/kg	1	No	41#
1.5 mg/kg	3	No	6, 6, 21
3.0 mg/kg	3	No	3, 5, 6
6.0 mg/kg	3	Rash (no DLT)	3, 13, 20#
9.0 mg/kg	6	Infusion reaction (DLT)*	1, 5, 9#, 10#, 10, 11#
12.0 mg/kg	3	No	5#, 6#, 6#

 \* intensified pre-medication scheme with steroids, antihistamines and paracetamol before the first 4 infusions and lower infusion rate
# ongoing

## 9 mg/kg Sym004 - Week 4



9 mg/kg Sym004 - Week 4



Phase 1 first-in-human dose escalation trial

**PK data**: Weeks 1 and 3 (24 h) Other weeks (pre and post-infusion)

**PD analysis**: skin Bx screening and week 5 (all pts) tumor Bx screening and week 5 (dose expansion cohort)

> IHC: pEGFR, p-MAPK, p-AKT, PTEN, Ki67 levels Mutation status: *KRAS*, *BRAF*, *PIK3CA*

Phase 1 first-in-human dose escalation trial

- Sym004 is well tolerated with no unexpected toxicities
- Accrual in the dose expansion cohort at 12 mg/kg ongoing

Thank you

rdienstmann@vhebron.net