

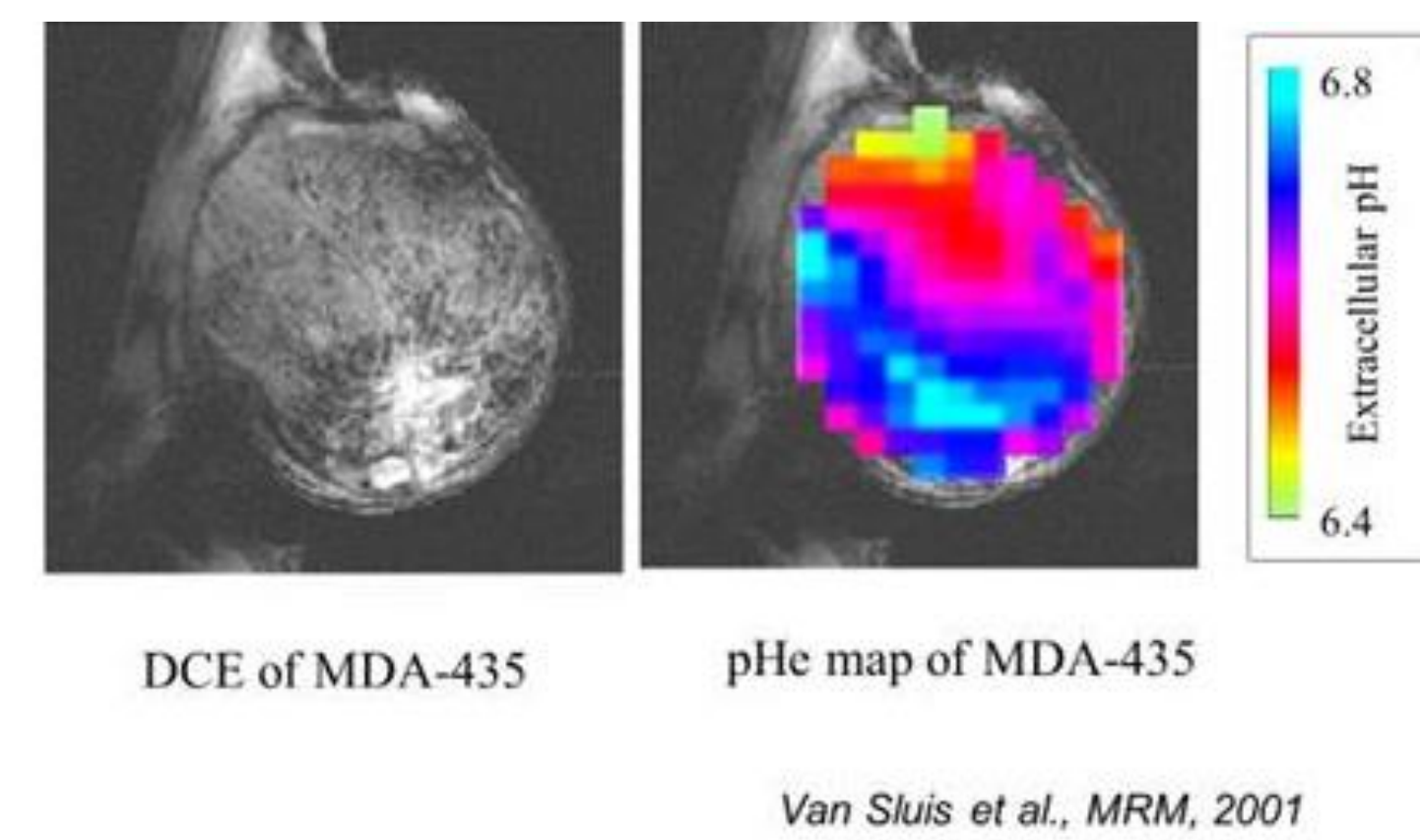


<sup>1</sup> Department of Cancer Physiology, Moffitt Cancer Center, Tampa, FL, USA. <sup>2</sup>University of South Florida, Comparative Medicine, Tampa, FL, USA. <sup>3</sup>Department of Biological Sciences, University of Illinois, Chicago, IL, USA. <sup>4</sup>Department of Immunology, Moffitt Cancer Center, Tampa, FL, USA. <sup>5</sup>Institute of Biostructures and Bioimages (IBB), National Research Council (CNR), Turin, Italy. <sup>6</sup>Helix BioPharma Corp., Toronto, Ontario, Canada

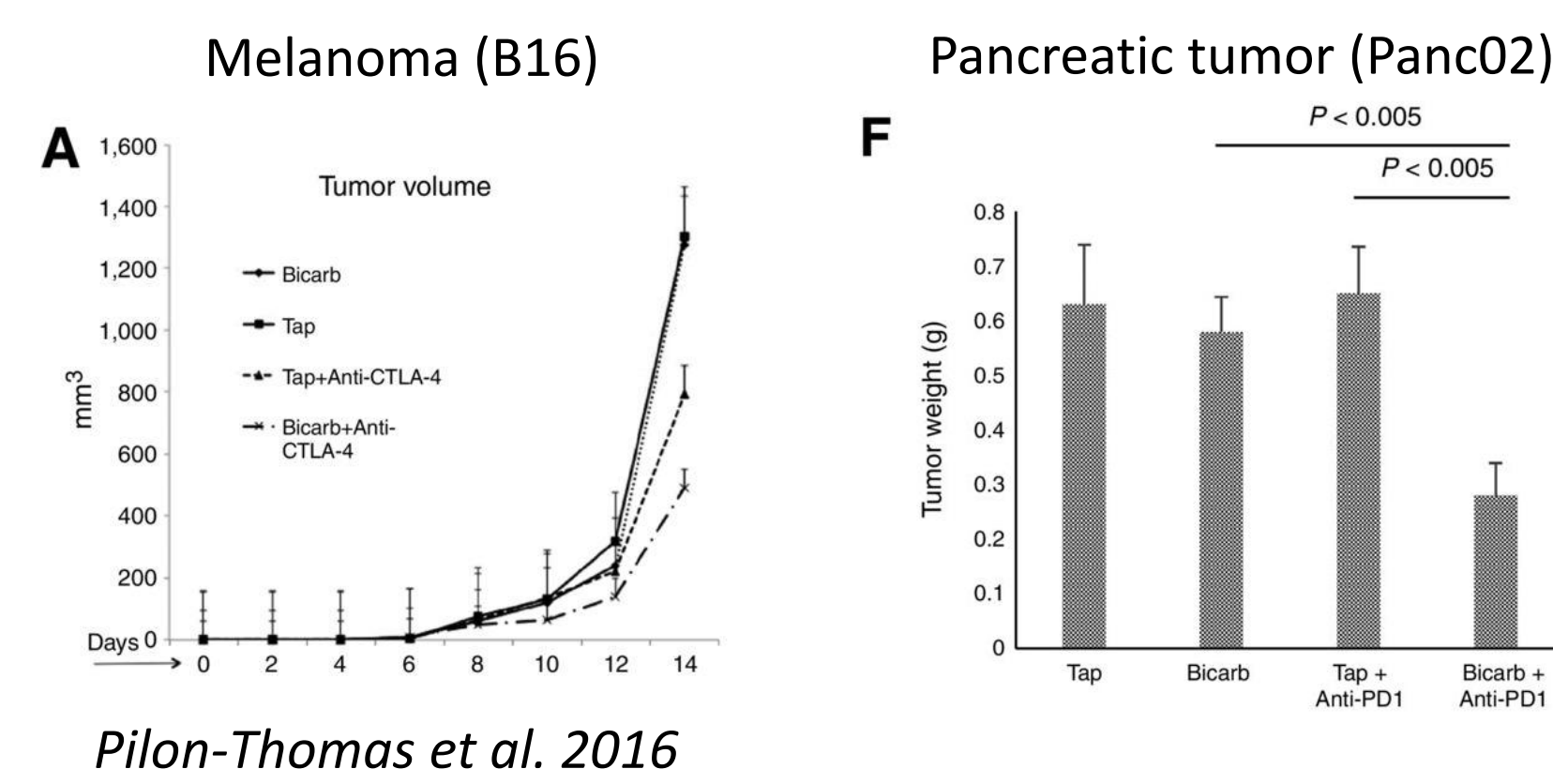


## BACKGROUND

Solid tumors are acidic due to the combination of high rates of glycolysis with poor perfusion [1].

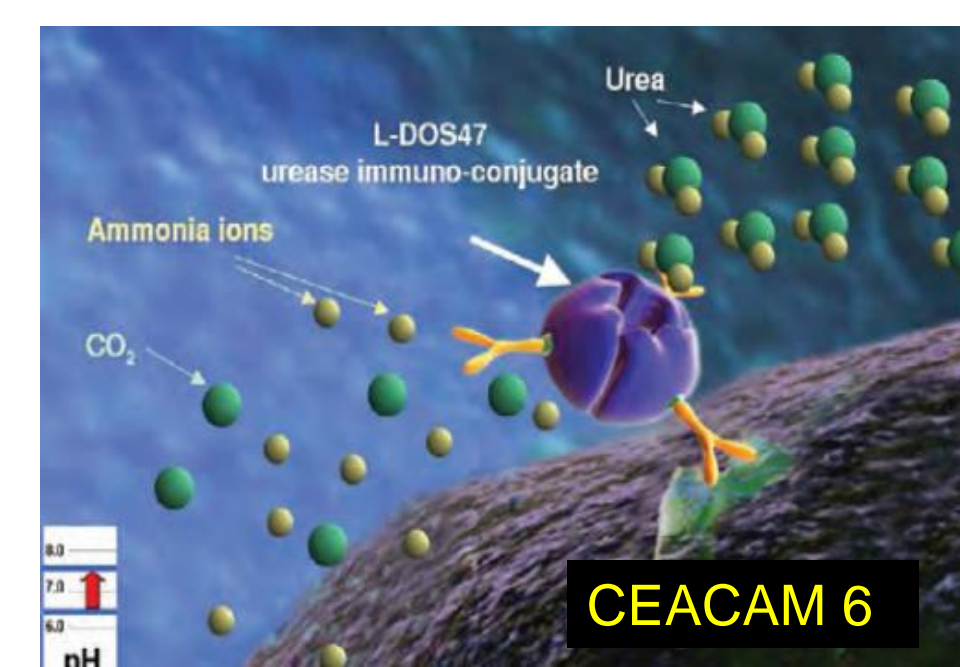


Sodium bicarbonate buffer therapy effectively neutralizes tumor acidity and has been shown pre-clinically to be synergistic or additive to checkpoint blockades [2].



✓ But... phase I/IIa clinical trials with bicarbonate failed due to poor patient compliance.

✓ The aim is to test clinically translatable alternative agents to bicarbonate in order to improve the response of PDAC to immune checkpoint blockade



### L-DOS47

→ a urease enzyme immunoconjugate targeted to CEACAM6, a cell surface protein highly expressed in GI and lung cancers. There, urease cleaves endogenous urea into two NH<sub>4</sub><sup>+</sup> and one CO<sub>2</sub>, raising local pH [3].

→ Has been well-tolerated in phase I/IIa trials [4,5].

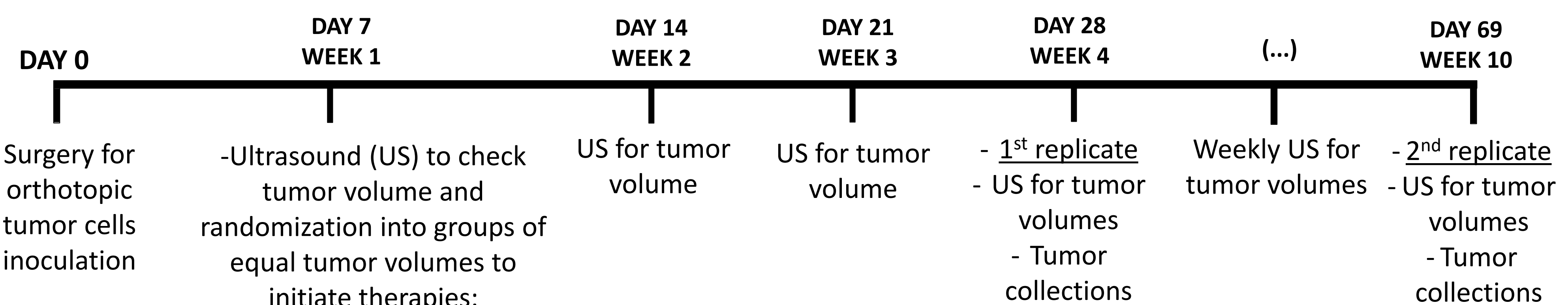
## METHODS

✓ Immunocompetent B6.129 mice were inoculated orthotopically with murine pancreatic KPC961 cells transfected to express human CEACAM6 (clone 1B6).

✓ Two biological replicates:

1<sup>st</sup> replicate = To monitor tumor growth changes up to day 28;

2<sup>nd</sup> replicate = To analyze overall survival with an endpoint tumor volume of 750 mm<sup>3</sup>.

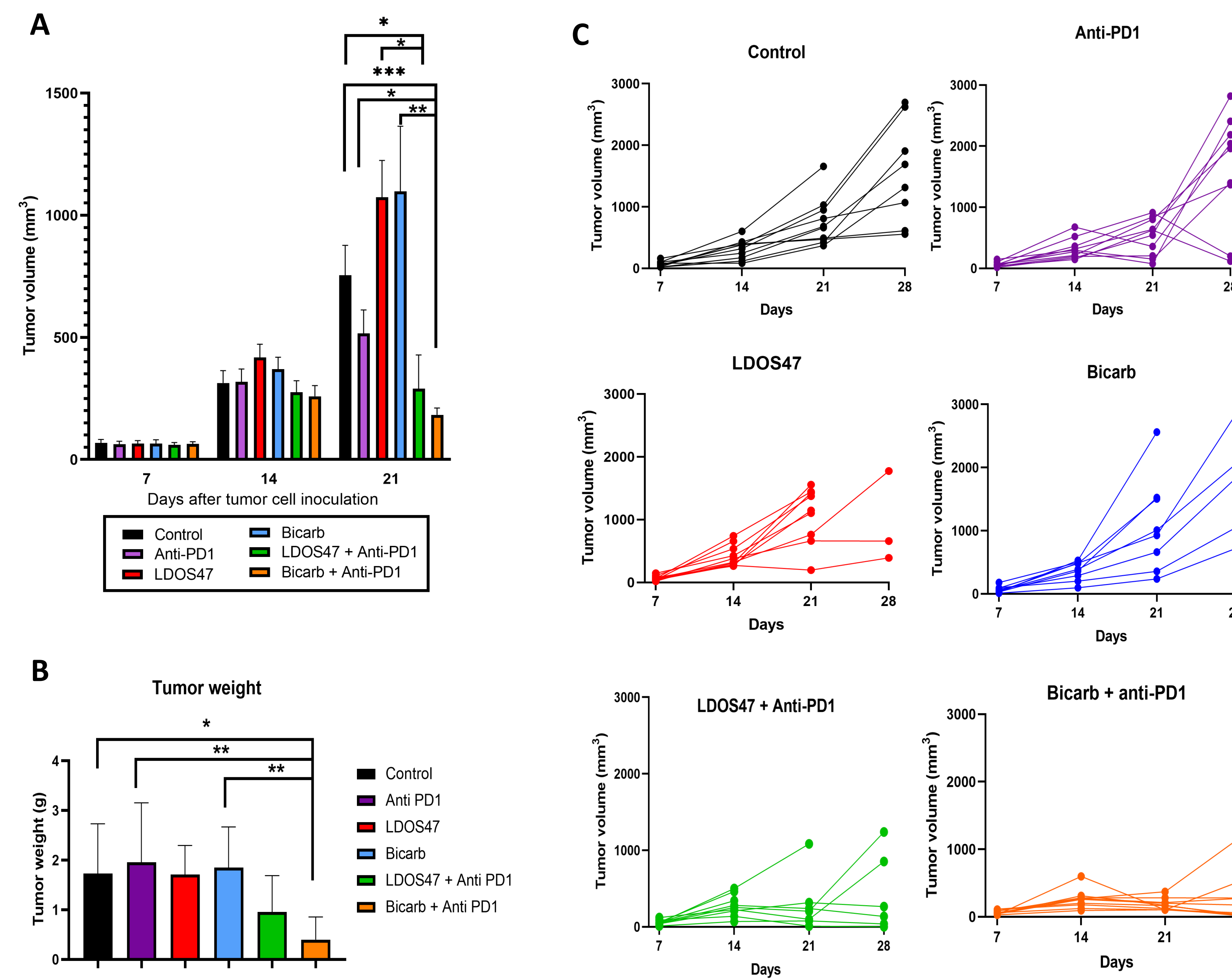


- Therapy groups:
- (1) Control (no therapy)
  - (2) Bicarb (200mM/L) in drinking water
  - (3) Anti-PD1 (300ug) twice a week (BIW)
  - (4) L-DOS47 (90 ug/kg) BIW 1 fresh 1 thawed
  - (5) Bicarb + Anti-PD1 BIW
  - (6) Anti-PD1 + L-DOS47 1 fresh 1 thawed

## RESULTS

1<sup>st</sup> replicate:

✓ Combining anti-PD1 with L-DOS47 or bicarbonate delayed tumor growth; tumor regression was evident in both groups



Therapy efficacy in KPC961-1B6 orthotopic tumors.

A. Comparison of tumor volume for each therapy group up to day 21.

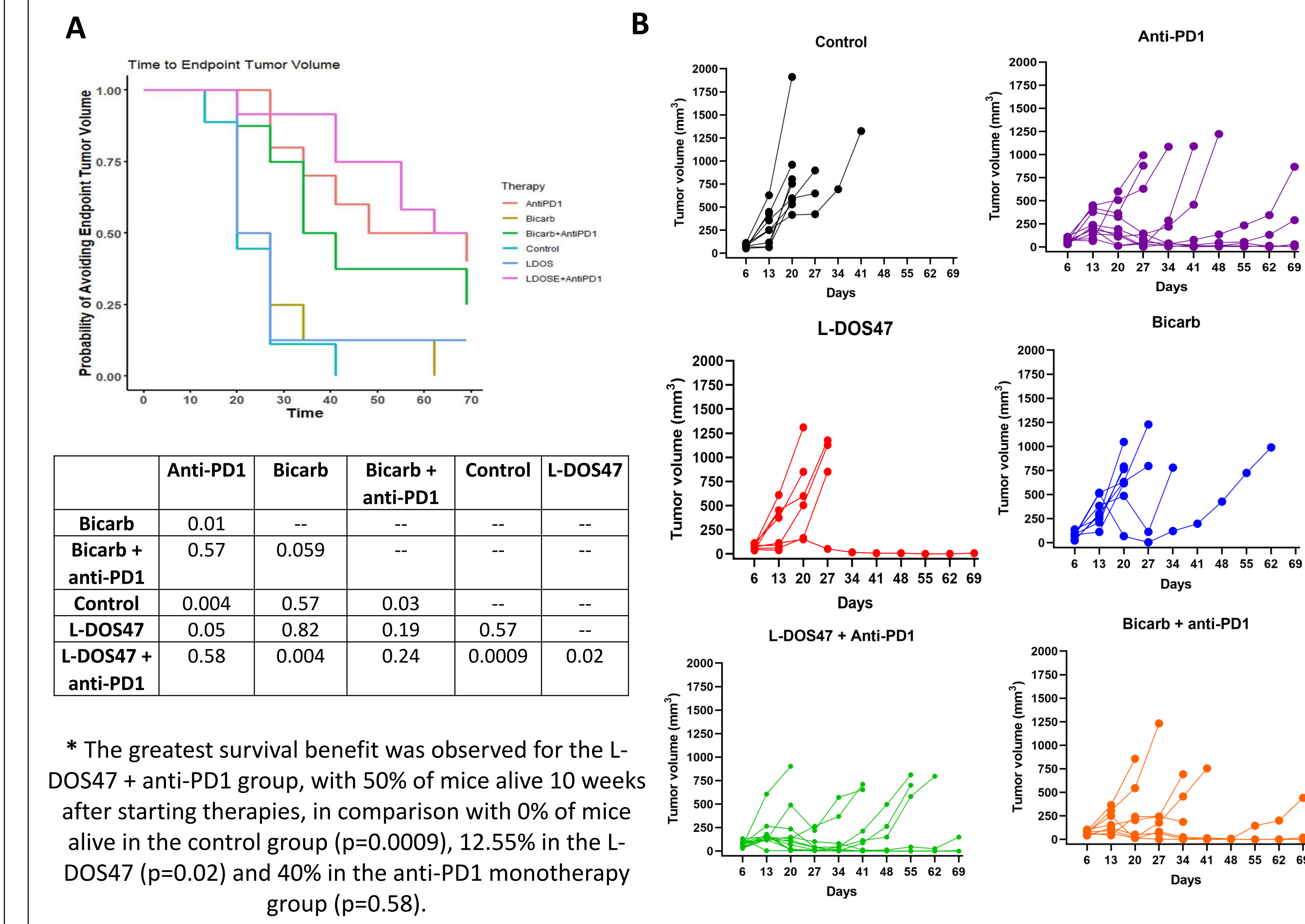
B. Comparison of tumor weight measured at endpoint (day 28).

C. Individual tumor growth for each mouse in each therapy group up to day 28 (study endpoint). \* p < 0.05; \*\* p < 0.005; \*\*\* p < 0.0005

2<sup>nd</sup> replicate:

✓ Anti-PD1 monotherapy or combination therapy with L-DOS47 or bicarbonate increased survival compared with control

✓ The greatest survival benefit was observed for the combination of anti-PD1 and L-DOS47\*



Survival analyzes in the KPC961-1B6 orthotopic tumor model.

A. Kaplan Meier survival plot and results of curve comparisons using Log-Rank test.

B. Individual tumor growth for each mouse in each therapy group up to endpoint tumor volume.

## CONCLUSION

Preliminary results suggest that neutralizing acidic tumor pH enhances immune checkpoint blockade responses in an orthotopic pancreatic tumor model. Further experiments are underway.

## REFERENCES

[1] Ibrahim-Hashim A, Estrella V. Acidosis and cancer: from mechanism to neutralization. *Cancer Metastasis Rev.* 2019 Jun;38(1-2):149-155.

[2] Pilon-Thomas S, et al. Neutralization of Tumor Acidity Improves Antitumor Responses to Immunotherapy. *Cancer Res.* 2016 Mar 15;76(6):1381-90.

[3] Tian B, et al. Production and characterization of a camelid single domain antibody-urease enzyme conjugate for the treatment of cancer. *Bioconjug Chem.* 2015 Jun 17;26(6):1144-55.

[4] National Library of Medicine (U.S.). (2012, May – 2017, Dec). A Phase I/II Open-Label, Non-Randomized Dose Escalation Study of Immunoconjugate L-DOS47 as a Monotherapy in Non-Squamous Non-Small Cell Lung Cancer Patients. Identifier NCT02340208.

[5] National Library of Medicine (U.S.). (2014, April – 2019, Sept). A Dose Escalation Study of L-DOS47 in Recurrent or Metastatic Non-Squamous NSCLC. Identifier NCT02309892.