

# A Non-Virally Engineered T Cell therapy Targeting The Hotspot Mutation R175H in TP53 with Signals 1, 2, and 3 (TCR, Co-stimulation, and Cytokine) Drives A Coordinated Antitumor CD4/8 T Cell Response



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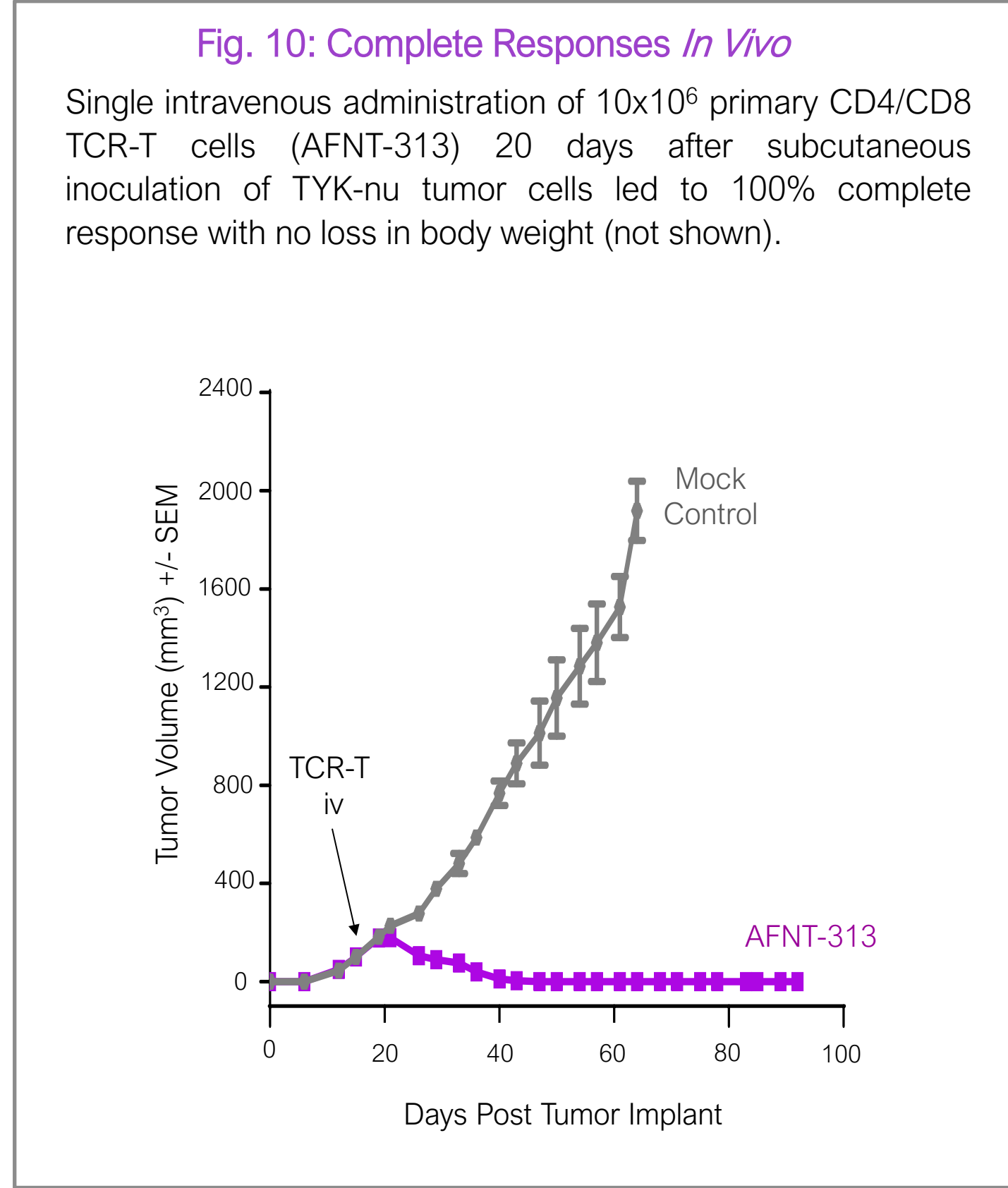
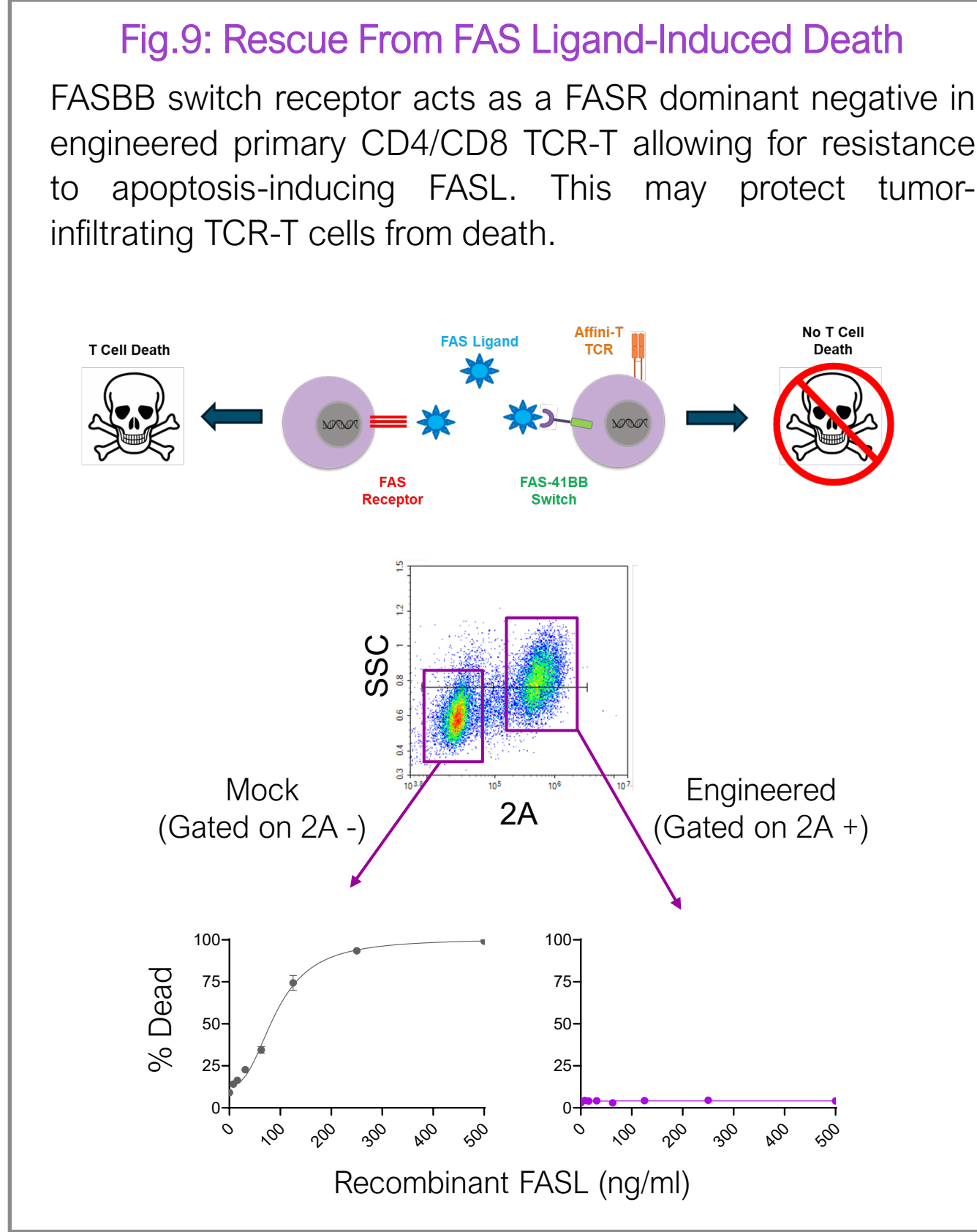
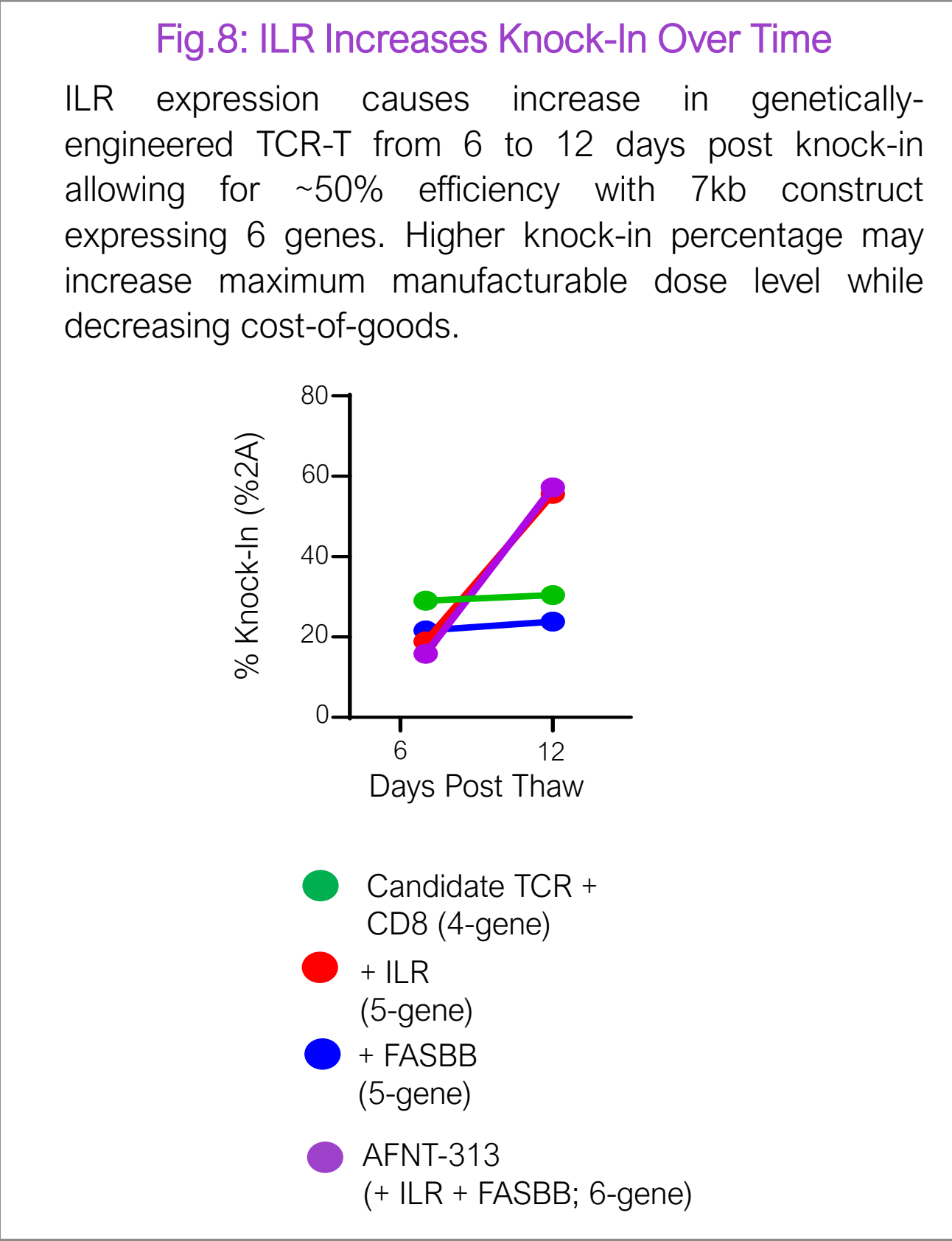
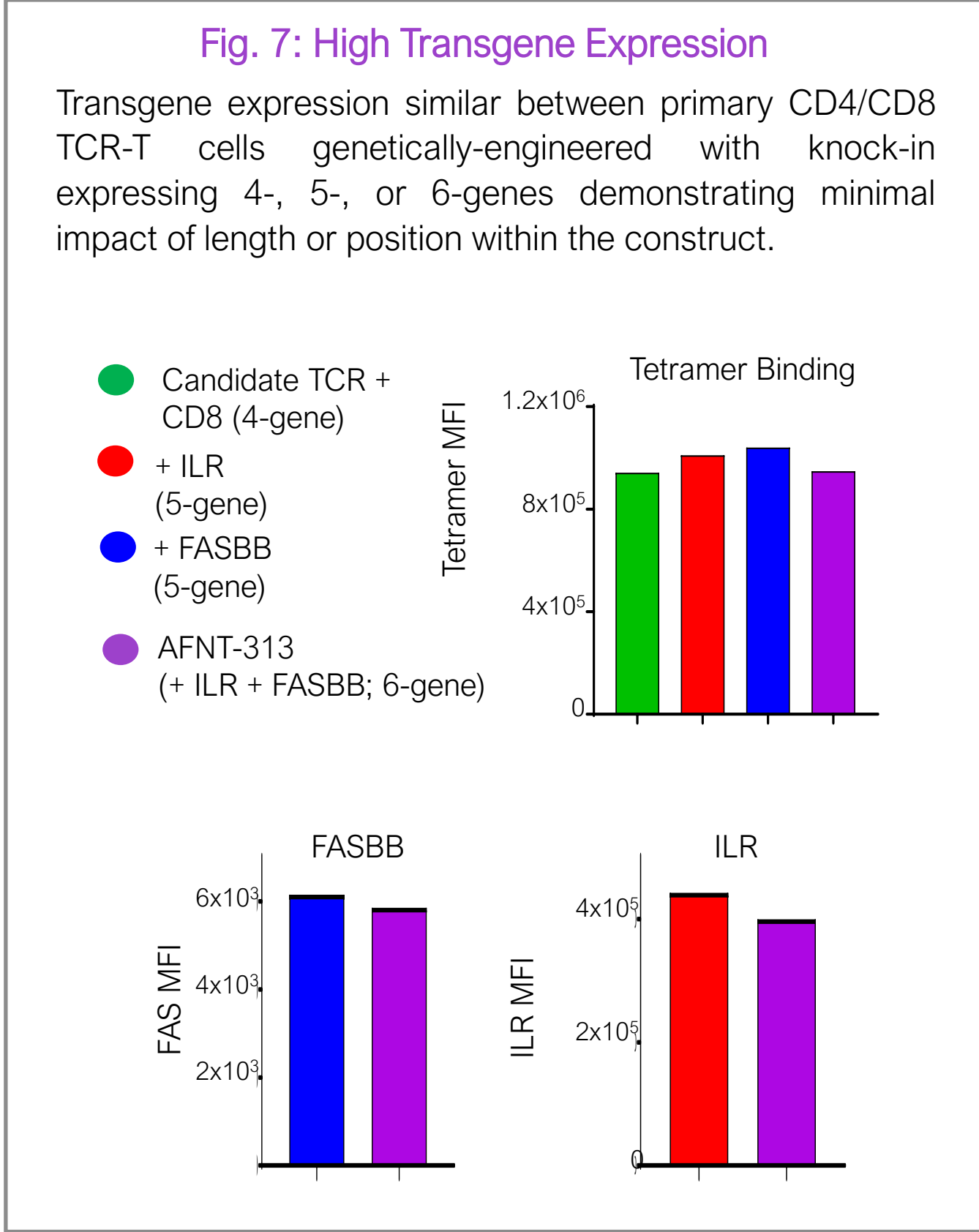
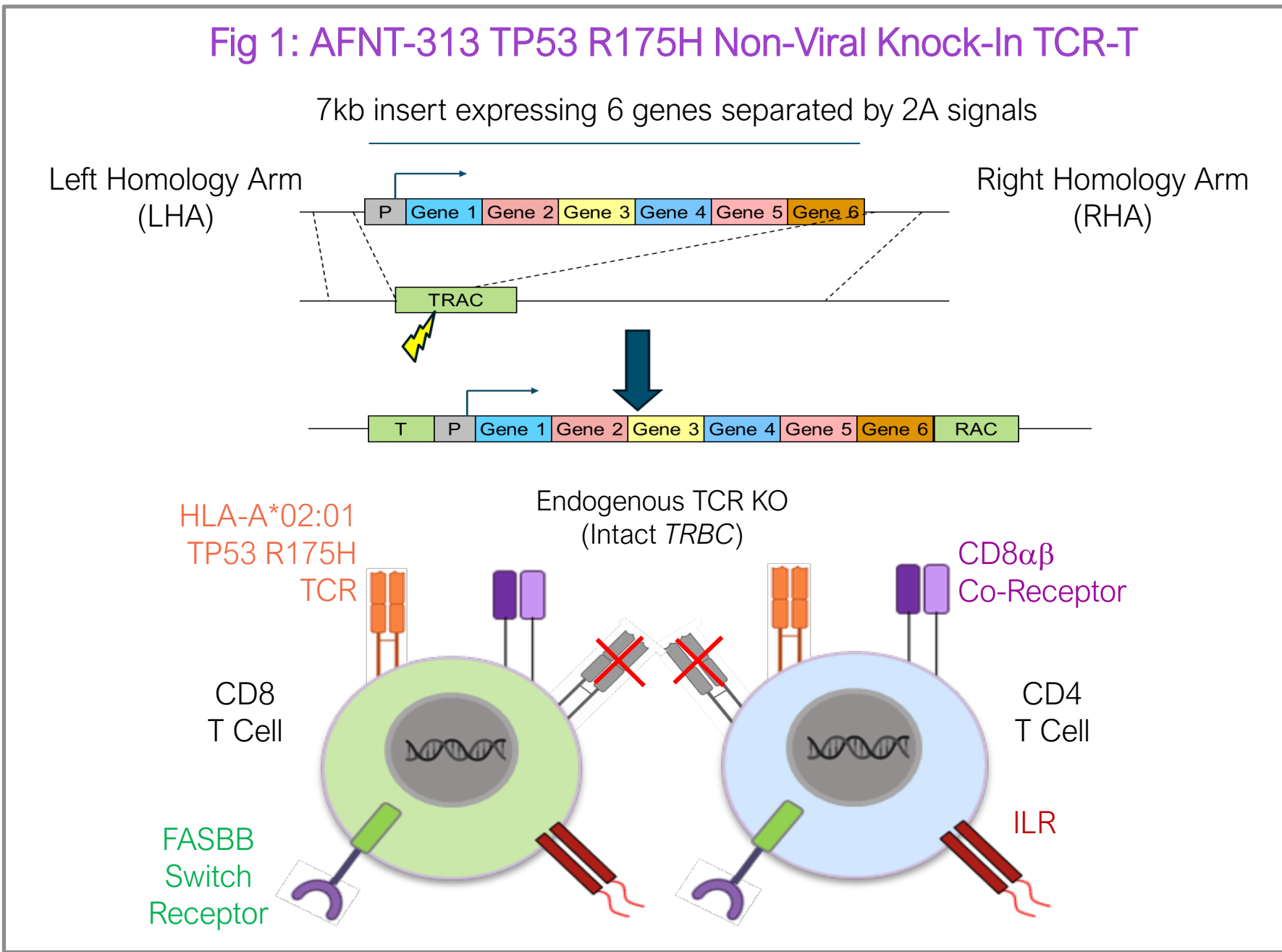
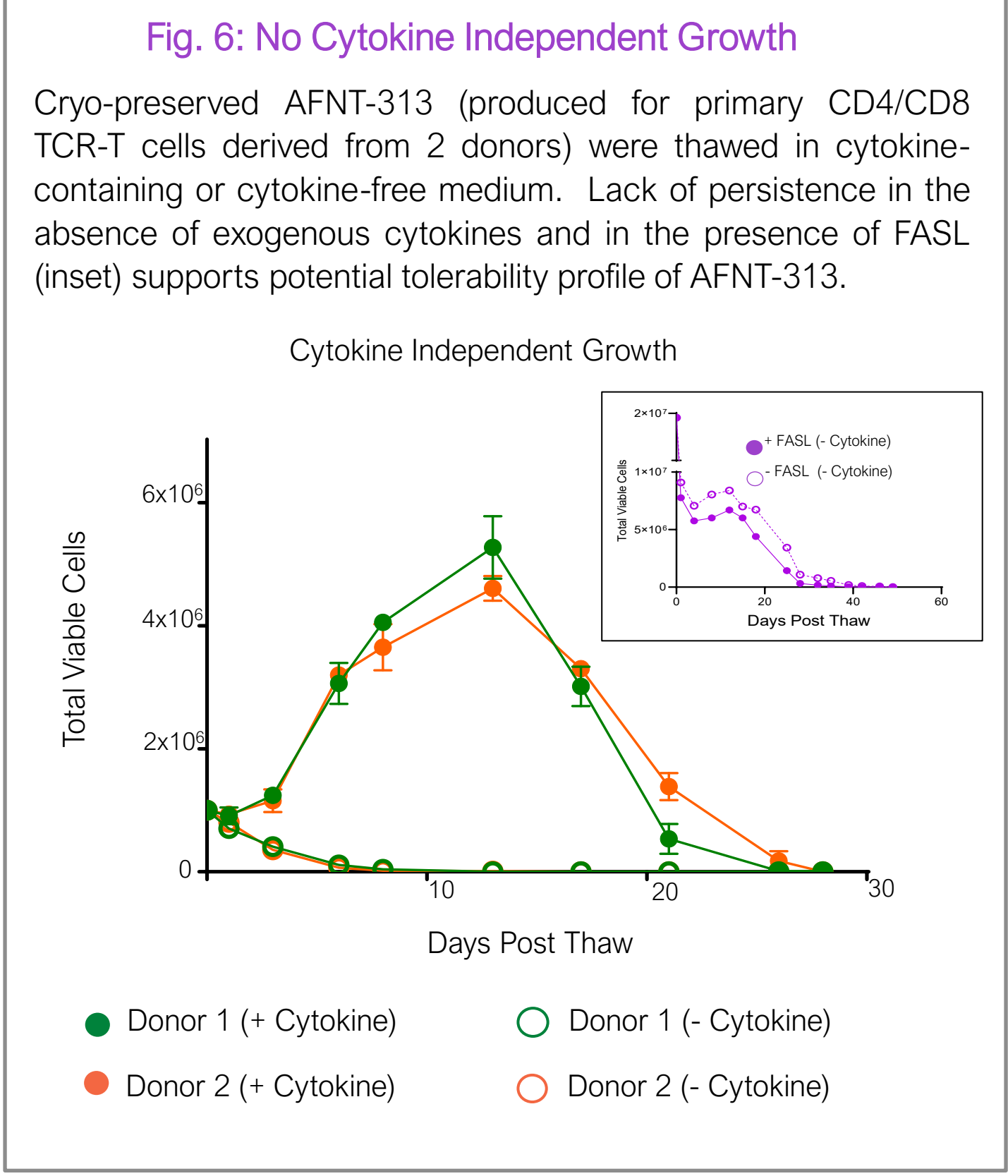
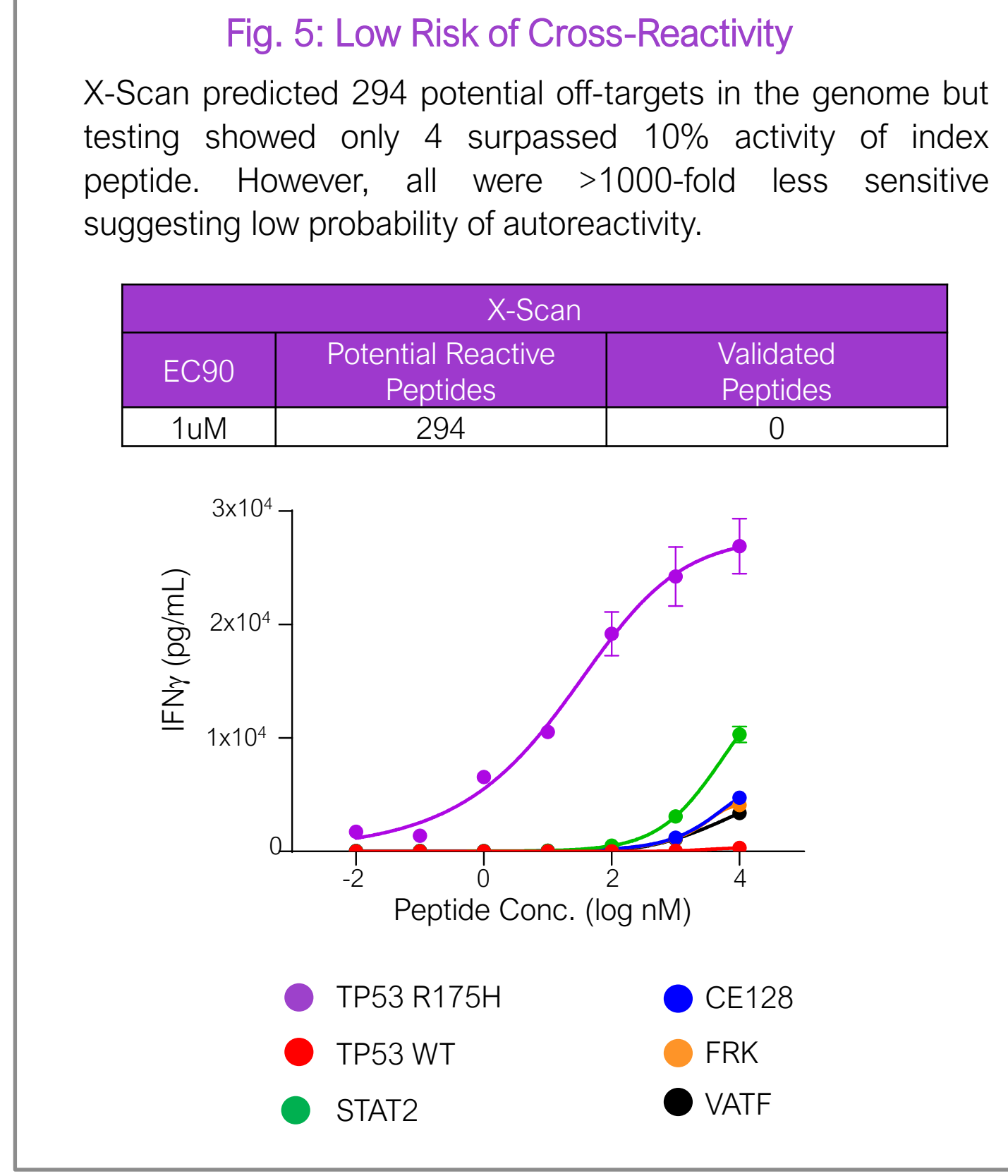
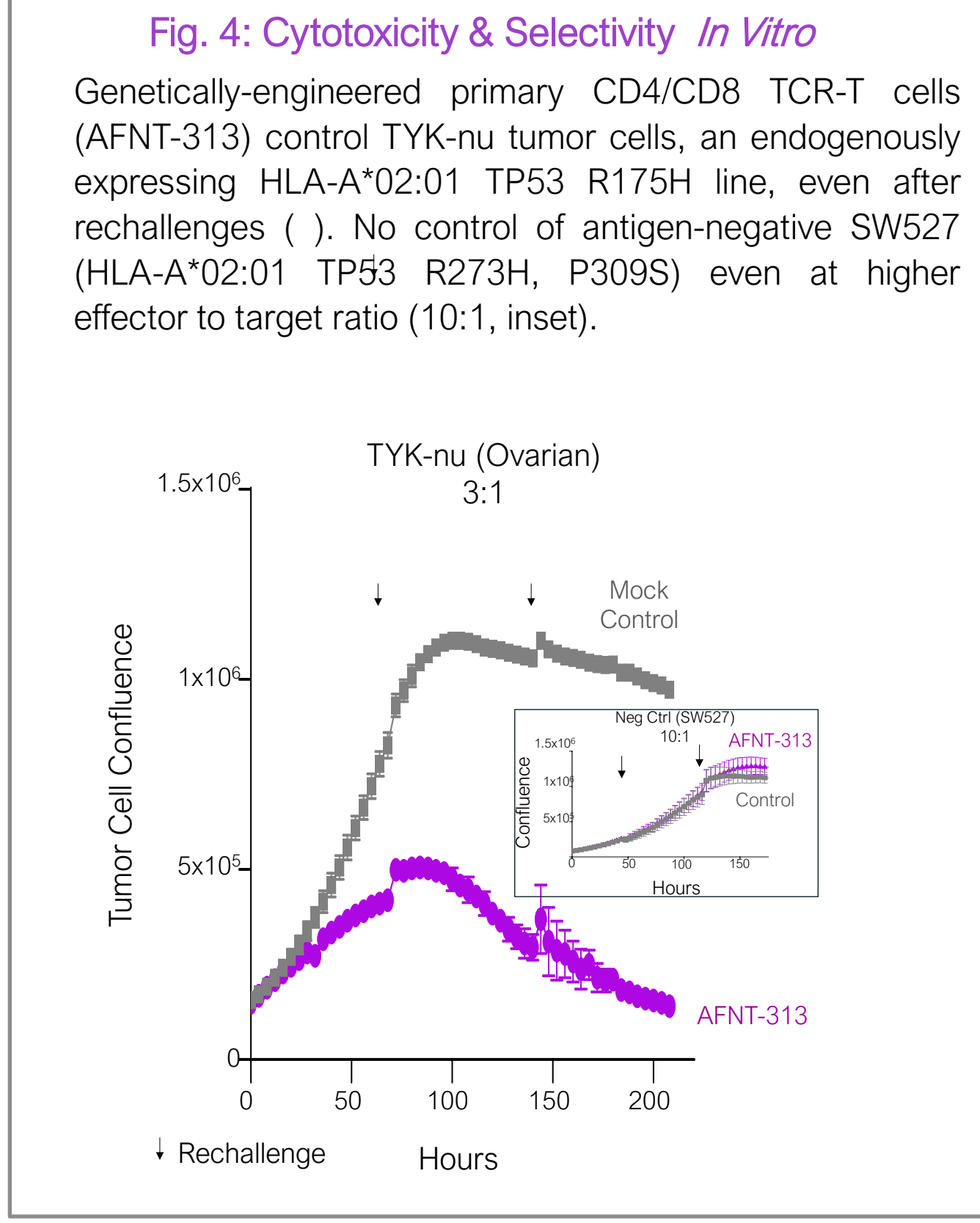
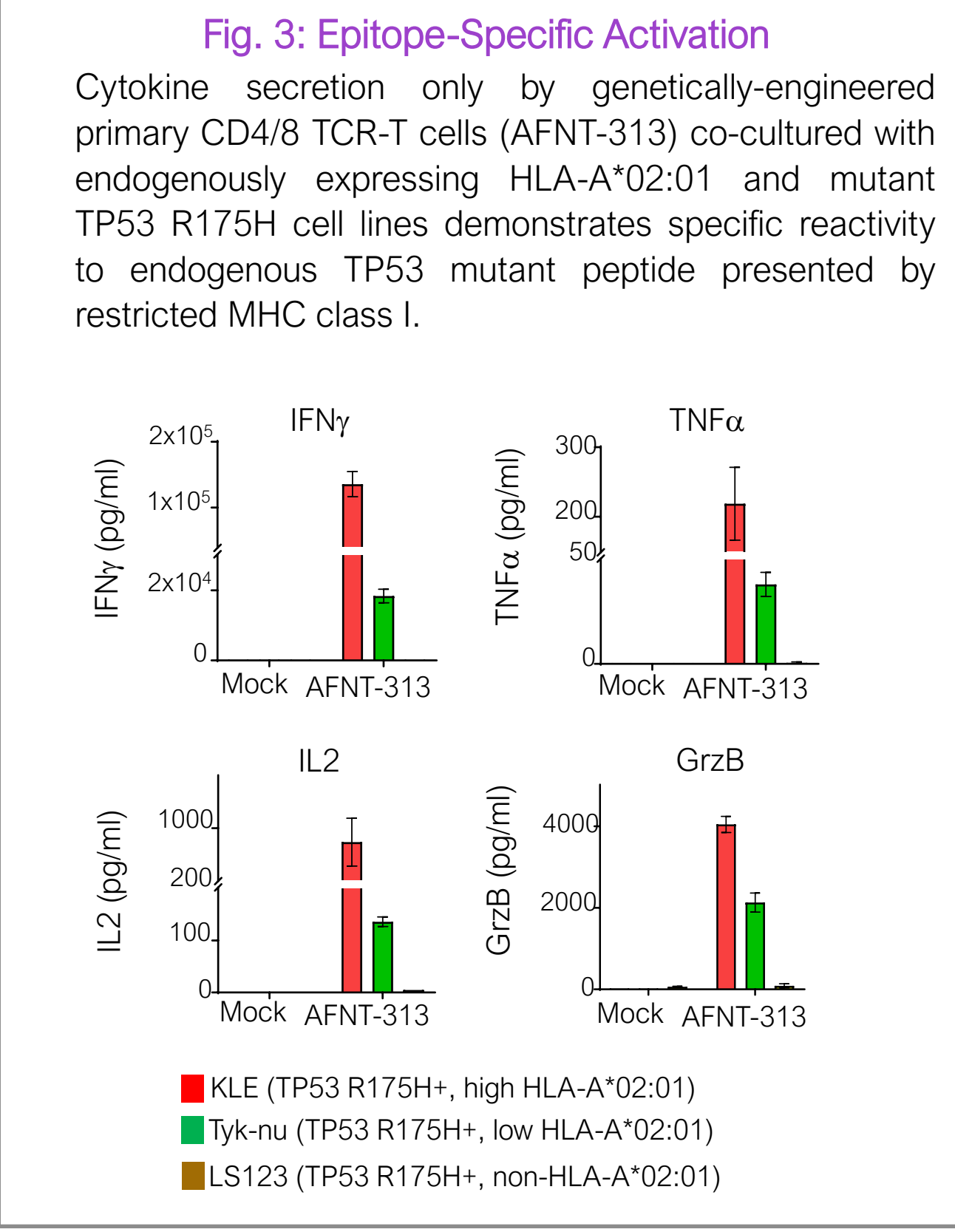
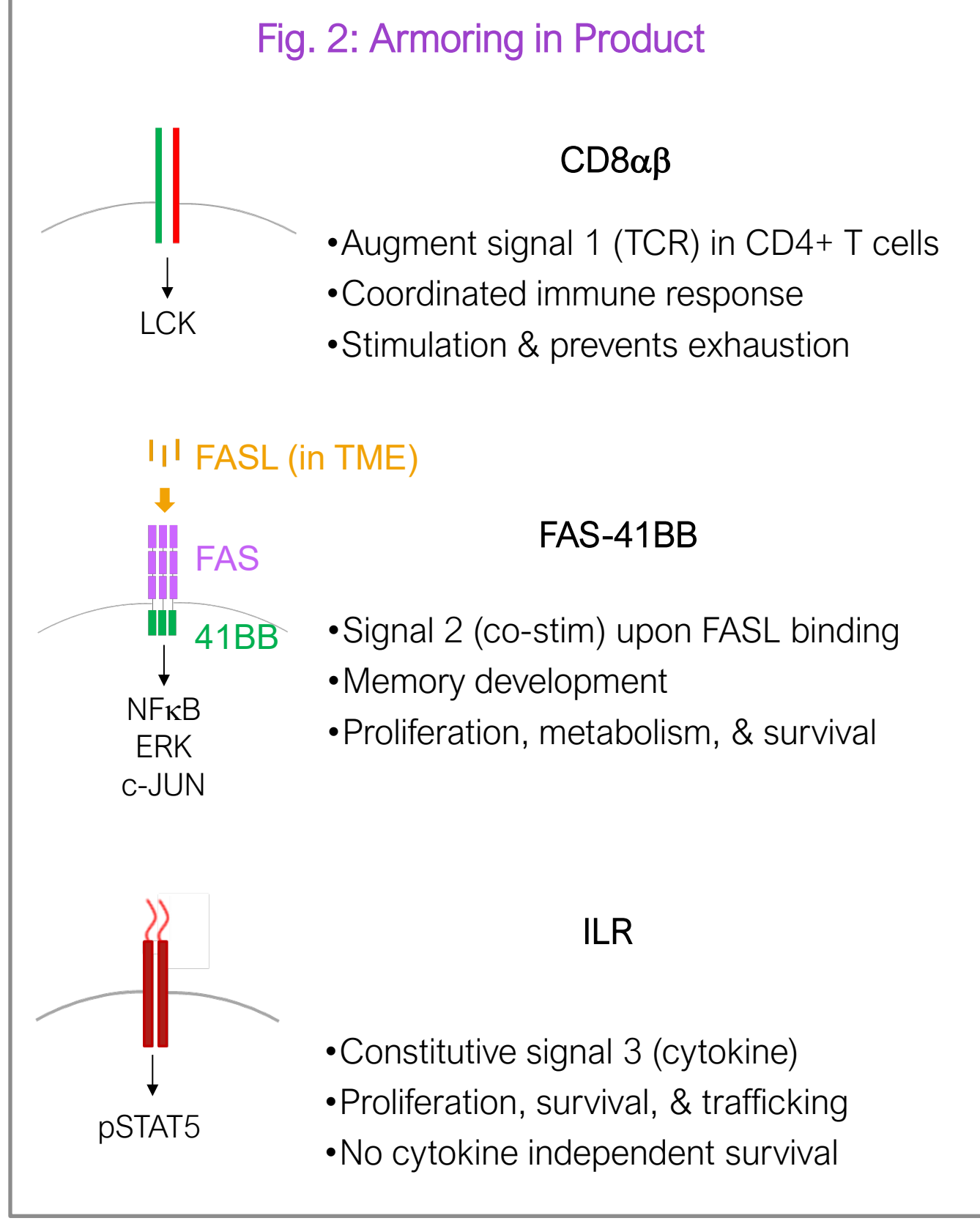
**Abstract**

**Background**  
Adoptive T cell therapy (ACT) has demonstrated antitumor activity in solid tumor patients but requires further optimization. T cell receptor (TCR)-engineered T cells recognize peptides derived from intracellular and surface proteins presented in the context of MHC class I. TP53 is the most frequently mutated gene across human cancers, with a recurrent arginine to histidine hotspot alteration in codon 175 that generates a peptide presented in the context of HLA-A\*02:01. AFNT-313 is engineered to overcome the challenges faced by T-cell transfer and delivers all three signals (TCR, co-stimulation, cytokine) required for optimal T cell stimulation by including a: 1) TCR specific for TP53 R175H mutation and CD8αβ coreceptor, 2) FAS-41BB switch receptor, and 3) chimeric cytokine receptor.

**Methods**  
Human CD4+ and CD8+ T cells isolated from healthy volunteers were genetically engineered by a novel CRISPR-Cas nuclease and gRNA targeting the TRAC locus that resulted in knock-out of the endogenous TCR and simultaneous integration of the non-viral plasmid-based transgene cassette. Engineered T cells were assessed against TP53 R175H peptide presented by HLA-A\*02:01 and a panel of TP53R175H-expressing tumor cell lines for *in vitro* activation, proliferation, and cytotoxicity. *In vitro* tolerability studies were performed along with *in vivo* activity studies in human tumor-derived xenografts.

**Results**  
AFNT-313 showed specific recognition of the TP53 R175H peptide, demonstrated cytotoxicity against endogenously expressing HLA-A\*02:01/TP53 R175H+ cell lines in tumor cell rechallenge assays *in vitro*, and induced robust anti-tumor activity *in vivo*. Inclusion of the chimeric cytokine receptor resulted in improved knock-in efficiency and with a potent anti-tumor response putatively stemming from improved T cell expansion and resistance to exhaustion. The FAS-41BB switch receptor, engineered to deliver co-stimulation allowing for more enhanced functionality, inhibited FASL-induced apoptosis. The knock-in strategy drove robust expression of all six encoded parameters regardless of location within the 7 kilobase polycistronic construct. AFNT-313 demonstrated a favorable tolerability profile indicated by no off-target liabilities identified upon co-incubation with all possible peptides in the human proteome matching the TCR recognition motif. In the presence of FASL-induced co-stimulation via FAS-41BB, AFNT-313 activity continued to be gated on TCR signaling and demonstrated no cytokine-independent survival.

**Conclusions**  
We report a first-in-class TCR gene therapy approach selectively targeting mutant TP53 R175H-harboring tumors with a coordinated CD4/CD8 T cell response demonstrating a promising activity and tolerability profile. Our work supports the planned clinical development of AFNT-313 as a novel non-viral knock-in TCR-engineered T cell therapy for treating TP53-mutant tumors.



**Summary**

- AFNT-313 includes all 3 signals for full stimulation of both CD8+ & CD4+ T cells
- Robust & specific cytotoxicity demonstrated both *in vitro* and *in vivo*
- Promising preclinical tolerability with no off-targets & no cytokine-independent growth
- High percentage of engineered T cells and high expression of all 6 transgenes
- Program currently in preclinical IND-enabling studies

