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Fostrox (MIV-818) in combination with anti-PD-1 shows increased efficacy in nonclinical tumor models in vivo Fredrik Öberg, Sujata Bhoi, Malene Jensen, Tom Morris, Karin Tunblad, Hans Wallberg

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Background

• Fostrox (fostroxacitabine bralpamide) is an orally administered, liverdirected, nucleotide prodrug that has completed an open-label, multicentre phase 1 monotherapy clinical trial and is currently progressing in a phase 1/2a trial in hepatocellular carcinoma (HCC), in combinations with Keytruda® or Lenvima® (NCT03781934).



 fostrox is designed to deliver high levels of the chainterminating nucleotide to the liver after oral dosing while minimizing systemic exposure

Materials & Methods

H22 syngeneic mouse model

Mice, female BALB/c, were inoculated subcutaneously with mouse hepatocellular carcinoma H22 (10⁶ cells). At a mean tumor size of 100mm³ mice were randomized into groups (n=10), and treated with vehicle, anti-PD-1 Ab Biocell (CD279), 3 mg/kg ip BIW for 3 weeks, and fostrox, 30 mg/kg po BID for 5 days, or the combination. Tumor volumes were measured three times per week after randomization

H460 xenograft CAM model

Human H460 lung cancer cells (10⁶ cells) were transplanted to the chorioallantoic membrane (CAM) of each egg on day E9. Eggs were then randomized into 4 groups (n=16-22). Treatment with pembrolizumab 2 mg/kg (Carbosynth) was on days E10, E12, E14, E15, E17, and fostrox 0.005 mg/kg on days E10 - E14. Tumors were cut out and weighed on day E18

Gene expression analysis

For gene expression analysis a satellite group of tumor bearing mice (n=5) were treated with fostrox (30 mg/kg, po BID x3days) and aPD-1 (10 mg/kg Biocell (CD279), ip on days 1 and 4) or the combination. On day 6 tumors were snap-frozen and targeted RNA-sequencing of a panel of 1080 genes representing different immune cell types was performed (CrownBio mouse I/O RNA Seq Panel)

Histology and IHC

Hematoxylin and eosin (H&E) stained sections were examined by a pathologist. Microscopically 10 non-overlapping highpower fields (HPF) from each section of the tumor were evaluated and graded by a semiquantitative scoring system for tumor infiltrating lymphocytes (TILs), (0) absence of lymphocytes, (1) < 5, (2) > 5 to < 20, and (3) > 20 lymphocytes per HPF. Immunohistochemistry (IHC) scoring for CD3+ and CD8+ cells was 0 = No positive reaction, 1 = (<5 positive cells), 2 = (5-15 positive cells),3=(15-25 positive cells), 4=(25-50 positive cells), 5=(>50 positive cells)



¹ Fold change >1.5, p<0.05 ² Benjamini-Hochberg false discovery rate adjusted p-value

fostrox + pembrolizumab anti-tumour efficacy in the H460 CAM model in vivo

Combination of fostrox + pembro in H460





Changes in lymphocyte infiltration was scored on H&E stained tumor sections (n=5) from the H460 efficacy study (A). Infiltration of CD3 and CD8 positive cells were assessed by IHC (B). Representative images of CD8 IHC (brown stain) for the different treatments are shown in (**C**)

Conclusions

- inhibition
- treatment of HCC

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Anti-tumor efficacy of fostrox in combination with pembrolizumab was investigated in the chicken chorioallantoic membrane (CAM) model (Inovotion SAS) using H460 human lung carcinoma cells. Treatment with pembrolizumab (2 mg/kg) or fostrox (0.005 mg/kg) lead to a reduction of tumor weight of 20% and 20%, respectively. The combined treatment resulted in an additive tumor reduction of 43%

The combination of a checkpoint inhibitor (anti-PD-1) with fostrox showed enhanced tumor growth

• Fostrox-induced changes in the tumor microenvironment (TME), gene expression and lymphocyte infiltration, are consistent with increased immune-mediated anti-tumor activity The results indicate a potential for enhanced efficacy when combining anti-PD-1 with fostrox in the