

### **#3**

#### **Center for Cancer Research, NIH**

#### **Authors:**

1. Ginette S. Santiago-Sanchez, Ph.D.<sup>1</sup>; ginette.santiagosanchez@nih.gov
2. Francesca Rosato, Ph.D.<sup>1</sup>; francesca.rosato@nih.gov
3. Kellsye P. Fabian, Ph.D.<sup>1</sup>; kellsye.fabian@nih.gov
4. Michelle R. Padget<sup>1</sup>; michelle.padget@nih.gov
5. Jung-Min Lee, M.D.<sup>3</sup>; leej6@mail.nih.gov
6. Fatima Karzai, M.D.<sup>4</sup>; fatima.karzai@nih.gov
7. Jeffrey Schlom, Ph.D.<sup>1</sup>; schlomj@mail.nih.gov
8. James L. Gulley, M.D., Ph.D.<sup>1</sup>; gulleyj@mail.nih.gov
9. Duane H. Hamilton, Ph.D.<sup>1</sup>; duane.hamilton@nih.gov
10. Jonelle K. Lee, Ph.D.<sup>1</sup>; jonelle.lee@nih.gov
11. Andrew Bayliffe, Ph.D.<sup>2</sup>; abayliffe@marengotx.com
12. Zhen Su, M.D.<sup>2</sup>; zsu@marengotx.com
13. Jacques Moisan, Ph.D.<sup>2</sup>; jacques.moisan@emdserono.com
14. Madan Katragadda, Ph.D.<sup>2</sup>; mkatragadda@marengotx.com
15. James W. Hodge, Ph.D.<sup>1\*</sup>; hodgej@mail.nih.gov

Institutions: <sup>1</sup>Center for Immuno-Oncology, Center for Cancer Research, National Cancer Institute, National Institutes of Health, Bethesda, MD 20892, USA. <sup>2</sup>Marengo Therapeutics, Cambridge, MA 02139, USA. <sup>3</sup>Women's Malignancies Branch, Center for Cancer Research, National Cancer Institute, National Institutes of Health, Bethesda, MD 20892, USA. <sup>4</sup> Genitourinary Malignancies Branch, Center for Cancer Research, National Cancer Institute, National Institutes of Health, Bethesda, MD 20892, USA.

\*Corresponding author:

Bldg. 10, Rm 8B13,  
9000 Rockville Pike  
Bethesda, MD 20892  
240-858-3466  
Email: jh214d@nih.gov

Research Identification: Original research.

**Funding & Disclosures:** This work was funded in part by the Intramural Research Program of the Center for Cancer Research (CCR), National Cancer Institute (NCI), National Institutes of Health (ZIA BC 010944), and via a Cooperative Research and Development Agreement (CRADA) between the National Cancer Institute and Marengo Therapeutics (Boston, MA, USA). The contributions of the NIH authors were made as part of their official duties as NIH federal employees, are in compliance with agency policy requirements, and are considered Works of the United States Government. However, the findings and conclusions presented in this paper are those of the author(s) and do not necessarily reflect the views of the NIH or the U.S. Department of Health and Human Services.

### **Abstract:**

Combination of a poly ADP-ribose polymerase (PARP) inhibitor with a T cell receptor  $\beta$  chain-directed antibody fusion molecule in immune-excluded prostate tumor models

### **Background**

Metastatic castration-resistant prostate cancer (mCRPC) is an aggressive disease with limited response to systemic therapy despite testosterone suppression. STAR0602 is a selective, bifunctional T cell agonist composed of an antibody targeting V $\beta$ 6 and V $\beta$ 10 T cell receptors (TCRs) fused to human interleukin-2, that selectively expands specific V $\beta$ 6+ CD8+ memory T cells and has shown clinical activity as a monotherapy in anti-PDL-1 resistant tumors (NCT05592626). Here, we studied the combination of mSTAR1302, the murine surrogate of STAR0602, with the PARP inhibitor olaparib in immune-excluded prostate cancer models.

### **Methods**

TRAMP-C2 and RM-1, immunologically “cold” murine prostate cancer models, were used to assess antitumor activity and survival benefit after combination therapy treatment. Depletion studies were performed to determine the requirement of a subset of immune cells (natural killer (NK) cells, CD4+, CD8+, and V $\beta$ 13+ T cells) or interferon (IFN)- $\gamma$  for the therapeutic efficacy of combination therapy with olaparib and mSTAR1302. Flow cytometry and RNA expression analyses were performed on tumors and spleens to assess the immune response.

### **Results**

Combination therapy with olaparib and mSTAR1302 elicited significant tumor regression of TRAMP-C2 and RM-1 tumors and improved survival compared to either mSTAR1302 or olaparib alone. Combination therapy with olaparib and mSTAR1302 significantly increased the frequency of tumor-infiltrating lymphocytes (TILs), expanded activated V $\beta$ 13+ CD4+

and V $\beta$ 13+ CD8+ T cells, decreased immunosuppressive cells, and increased the CD8+ T cell population with stem cell-like properties. Depletion studies demonstrated that V $\beta$ 13+ CD4+, V $\beta$ 13+CD8+, and NK cells, as well as IFN-  $\gamma$  are required for the antitumor efficacy of combination therapy with olaparib and mSTAR1302. A TRAIL-R2 knockout TRAMP-C2 model demonstrated the critical role of TRAIL-R2 in antitumor efficacy.

## Conclusions

In summary, these data support the rationale for a planned clinical trial with olaparib and STAR0602 for mCRPC patients who have progressed on androgen deprivation therapy.