

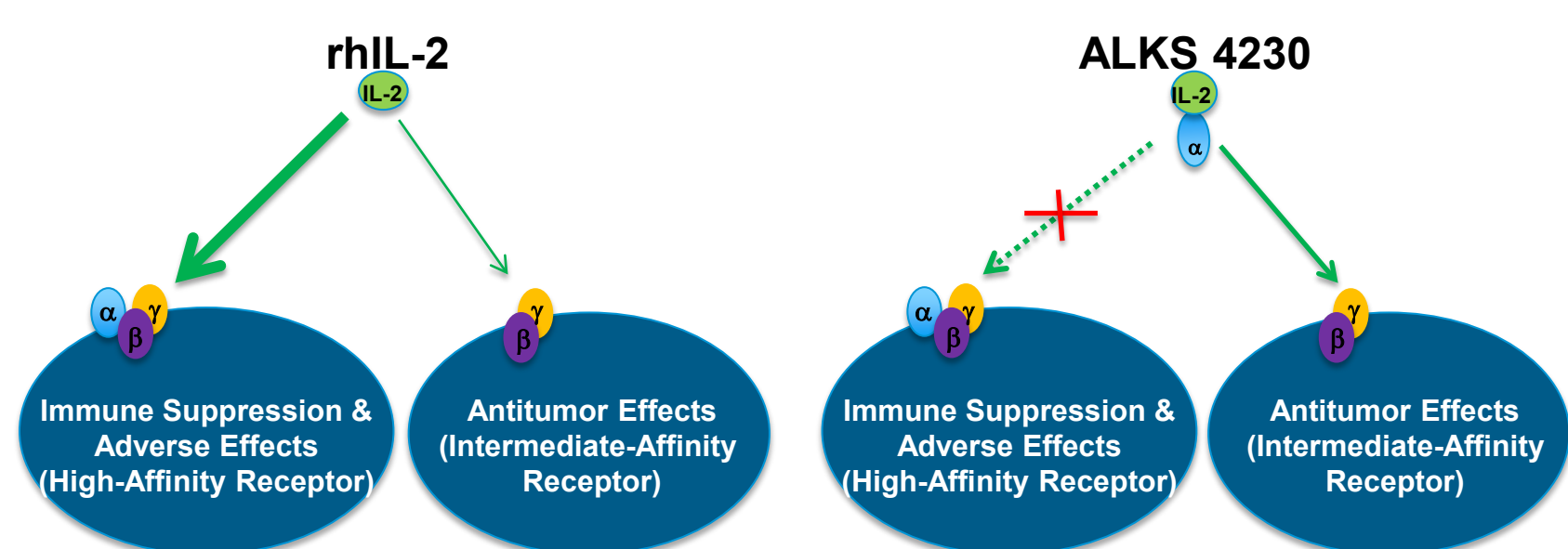
# First-In-Human Dose Selection for ALKS 4230, an Investigational Immunotherapeutic Agent

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4088

## INTRODUCTION

- ALKS 4230 is an engineered fusion protein composed of a circularly permuted interleukin-2 (IL-2) and the IL-2 receptor (IL-2R)  $\alpha$  chain, CD25, designed to selectively activate the intermediate-affinity IL-2R, composed of IL-2R  $\beta$  and  $\gamma_c$ .
- The intermediate-affinity IL-2R is expressed predominantly on natural killer (NK) cells and memory CD8 T cells, both of which play an important role in driving antitumor immune responses.<sup>1</sup>
- IL-2 preferentially binds high-affinity IL-2R, composed of IL-2R $\alpha$ ,  $\beta$ , and  $\gamma_c$ , driving the activation and expansion of high-affinity IL-2R-expressing cell types, including immunosuppressive CD4<sup>+</sup> regulatory T cells (T<sub>regs</sub>), which are thought to limit anticancer activity of recombinant human IL-2 (rhIL-2) therapy.<sup>2</sup>
- The high-affinity IL-2R is also expressed on vascular and pulmonary endothelial cells and may contribute to rhIL-2-mediated toxicity via capillary leak syndrome.<sup>3</sup>
- Thus, selective activation of intermediate-affinity IL-2R by ALKS 4230 has the potential to provide enhanced antitumor efficacy as well as improved safety and tolerability.
- Various preclinical *in vitro* and *in vivo* studies were conducted to characterize the pharmacodynamics (PD) and pharmacokinetics (PK) of ALKS 4230; the results guided the dose selection for the ALKS 4230 first-in-human (FIH) clinical study.



## REFERENCES

1. Sim GC, Radvanyi L. The IL-2 cytokine family in cancer immunotherapy. *Cytokine Growth Factor Rev.* 2014;25(4):377-90.
2. Antony PA, Restifo NP. CD4<sup>+</sup>CD25<sup>+</sup> T regulatory cells, immunotherapy of cancer, and interleukin-2. *J Immunother.* 2005;28(2):120-8.
3. Krieg C, Létourneau S, Pantaleo G, Boyman O. Improved IL-2 immunotherapy by selective stimulation of IL-2 receptors on lymphocytes and endothelial cells. *Proc Natl Acad Sci USA.* 2010;107(26):11906-11.

## METHODS

- The following *in vitro* and *in vivo* data were integrated:
  - Concentration vs. STAT5 phosphorylation response in distinct subsets of effector and regulatory lymphocytes from murine, non-human primate (NHP) and human donors was determined using flow cytometry.
  - Concentration vs. cytokine response relationship was determined in an *in vitro* cytokine release assay using fresh human whole blood from healthy donors.
    - Erbitux<sup>®</sup> (cetuximab) and Campath<sup>®</sup> (alemtuzumab) were included in the assay as low and high response comparators, respectively.
    - Concentrations of 0.01, 0.1, 1.0, or 10  $\mu\text{g/mL}$  were evaluated for each test article (positive controls and ALKS 4230).
    - Concentrations of IL-2, IL-4, IL-6, IL-8, IL-10, IFN $\gamma$  and TNF $\alpha$  were measured.
  - Dose and exposure at the No Observed Adverse Effect Level (NOAEL) were determined in an *in vivo* toxicology study in NHP, the most relevant species for toxicology assessment
- Calculation of human dose to achieve Minimal Anticipated Biological Effect Level (MABEL) or Pharmacologically Active Level (PAL) of circulating ALKS 4230:
  - The EC<sub>10</sub> for NK cell activation in target cells from human donors, the most sensitive measurement of ALKS 4230 concentrations that induce activation of human IL-2R complex, was used as surrogate for MABEL.
  - The human dose ( $\mu\text{g/kg}$ ) intended to deliver C<sub>max</sub> at the MABEL was calculated as (EC<sub>10</sub> for NK cell activation) x (3 L plasma volume) / (70 kg average body weight)
  - The EC<sub>50</sub> values for activation of NK cells, memory CD8 T cells and T<sub>regs</sub> in target cells from human donors were used as surrogates for PAL of ALKS 4230 that induce activation of human IL-2R complex
  - Projected minimal efficacious dose (MED) for a 70 kg human = EC<sub>50</sub> x 3 L / 70 kg
- Selection of dose range and escalation scheme for FIH study based on dose and exposure – response comparison:
  - Starting dose = MABEL dose
  - Top dose = human equivalent dose (HED) of NOAEL dose in NHP
  - Half-log dose escalation to bracket projected MED

## RESULTS

**TABLE 1: Similar *In Vitro* Potency of ALKS 4230 on Human and NHP Lymphocyte Populations, Demonstrate NHP is a Pharmacologically Relevant Species for Toxicology Assessment**

<i>In Vitro</i> Potency	NK Cells	CD8 T Cells	T <sub>regs</sub>
<b>Human</b>			
EC <sub>10</sub> (nM)	0.09 ± 0.08	0.18 ± 0.06	0.13 ± 0.09
EC <sub>50</sub> (nM)	0.46 ± 0.08	1.1 ± 0.1	0.59 ± 0.24
<b>NHP</b>			
EC <sub>10</sub> (nM)	0.10 ± 0.03	0.32 ± .012	0.11 ± 0.03
EC <sub>50</sub> (nM)	0.48 ± 0.22	1.3 ± 0.4	0.50 ± 0.14
<b>Mouse</b>			
EC <sub>10</sub> (nM)	5.2 ± 1.6	5.2 ± 0.1	4.8 ± 2.9
EC <sub>50</sub> (nM)	12 ± 4	17 ± 2	11 ± 5

Data presented are mean ± standard deviation values generated from three experiments with each sample being stimulated in triplicate.

**TABLE 2: Selection of Dose Range and Escalation Scheme for FIH Study Based on Dose/Exposure – Response Comparison**

Approach	Surrogate Measurement	Human Dose
<b>MABEL Dose</b>	EC <sub>10</sub> for activation of human NK cells: 0.0031 $\mu\text{g/mL}$ (0.09 nM)	0.1 $\mu\text{g/kg}$
<b>MED</b>	EC <sub>50</sub> for activation of human NK cells: 0.016 (0.46 nM) CD8 T cells: 0.038 (1.1 nM)	0.7 $\mu\text{g/kg}$ 1.6 $\mu\text{g/kg}$
<b>HED of NOAEL in NHP</b>	NOAEL of 100 $\mu\text{g/kg}$ in NHP	32 $\mu\text{g/kg}$

- Based on the comparison of MABEL dose (0.1  $\mu\text{g/kg}$ ) to MED (0.7– 1.6  $\mu\text{g/kg}$ ) and HED of NOAEL in NHP (32  $\mu\text{g/kg}$ ), the proposed doses to be evaluated in the FIH study are 0.1, 0.3, 1, 3, 10 and 30  $\mu\text{g/kg}$ .

## DISCLOSURES

This study was funded by Alkermes, Inc. Lei Sun, Heather C. Losey and Lisa von Moltke are employees of Alkermes, Inc. Juan C. Alvarez is a former employee of Alkermes, Inc. William J Slichenmyer is a contractor of Alkermes, Inc.

**TABLE 3: Concentration - Dependent Increases in IL-6, IL-8, and IFN- $\gamma$  Were Observed in Majority of Donor Samples Treated With ALKS 4230 in an *In Vitro* Cytokine Release Assay**

Cytokine Levels (pg/mL)	Erbitux ( $\mu\text{g/mL}$ )				Campath ( $\mu\text{g/mL}$ )				ALKS 4230 ( $\mu\text{g/mL}$ )			
	10	1	0.1	0.01	10	1	0.1	0.01	10	1	0.1	0.01
IL-2	0	0	0	0	0	0	0	0	0	0	0	0
IL-4	0	0	0	0	0	0	0	0	0	0	0	0
IL-6	0	0	0	0	943	864	613	0	1130	971	335	0
IL-8	0	0	0	0	246	172	136	0	1064	880	357	0
IL-10	0	0	0	0	0	0	0	0	0	0	0	0
IFN- $\gamma$	0	0	0	0	349	351	336	0	1404	528	0	0
TNF- $\alpha$	0	0	0	0	0	0	0	0	0	0	0	0

Data presented are median cytokine concentrations (pg/mL) measured in human whole blood samples from 20 healthy donors.

**TABLE 4: MABEL Dose is Considered a Safe Starting Dose for the FIH Study Based on Exposure Comparison**

	Ratio to Projected C <sub>max</sub> at MABEL Dose in Human
C <sub>max</sub> at NOAEL in NHP 2.43 (M) - 2.61 (F) $\mu\text{g/mL}$	784 - 842
Lowest Concentration in Cytokine Release Assay 0.01 $\mu\text{g/mL}$	3

Projected C<sub>max</sub> at MABEL dose in human is 0.0031  $\mu\text{g/mL}$ , the *in vitro* EC<sub>10</sub> for NK cell activation, assuming IV administration to a 70 kg human with 3 L plasma volume.

## CONCLUSIONS

- The starting dose for the FIH study was chosen based on MABEL, a conservative approach to mitigate potential risk in targeting IL-2R, a high risk target.
- Preclinical PK, PD and toxicology assessments support the FIH investigation of ALKS 4230 at the proposed dose range and escalation scheme.

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