# Phase 1 trial of MOv18, a first-in-class IgE antibody therapy for cancer

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## Background

- all antibodies approved for the treatment of cancer are monoclonal IgGs
- IgE biology, compared with IgG, offers potential for enhanced immune surveillance and superior effector cell potency against tumors:
  - very high affinity for FcERs
  - receptors expressed on tissue-resident effector cell types
  - no inhibitory Fc receptor for IgE



- no IgE therapy previously tested in humans
- first GMP manufacture of IgE
- total starting dose = 70µg

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Josephs D et al. Cancer Res (2017)

- immunocompetent rat model
- syngeneic tumor expressing  $\text{FR}\alpha$
- efficacy assessed from number and density of pulmonary metastases
- no allergic tox



## Study design and safety mitigation

#### Eligible patients:

- advanced FRα+ solid tumours
- adequate organ function
- no history of severe allergy
- absence of conmeds or comorbidities increasing risk in event of anaphylaxis



24 patients treated to date

Cohort	Dose level
1	70 µg
2	250 µg
3	500 µg
4	700 µg
5	1.5 mg
6	3 mg

#### i) skin prick testing pre-IV dosing



#### ii) basophil activation test (BAT) pre-IV dosing



#### Safety

Treatment-related AEs:





Anaphylaxis in single patient at 500µg

• clinical features; serum tryptase elevation



interpretation of positive BAT at baseline
prevalence in population



• subsequently, BAT+ = exclusion criterion



#### **Pharamcokinetics; ADA**



**Anti-drug antibody**: ADA detected in 3\*/22 evaluable patients at 6 weeks and/or at off study follow up (>8 weeks)

\* 1 ADA is suspected: data under review

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## **Anti-tumor activity**

Patient 10/019: 700µg. Measurable response not RECIST PR



### Conclusions

- IgE biology is well suited for anti-cancer therapy
- administration is tolerable in most patients; single episode of anaphylaxis:
- resolved quickly with standard management
- successful mitigation using baseline BAT for all subsequent patients
- evidence of transient anti-tumor activity at 700 μg
- dose escalation continues
- these results support for the first time the safety and potential efficacy of IgE as a treatment for cancer
- clinical testing of class-switched IgE versions of approved IgG drugs seems warranted



Josephs D et al. *Cancer Res* (2017) Pellizzari G et al. *EBioMedicine* (2019)



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