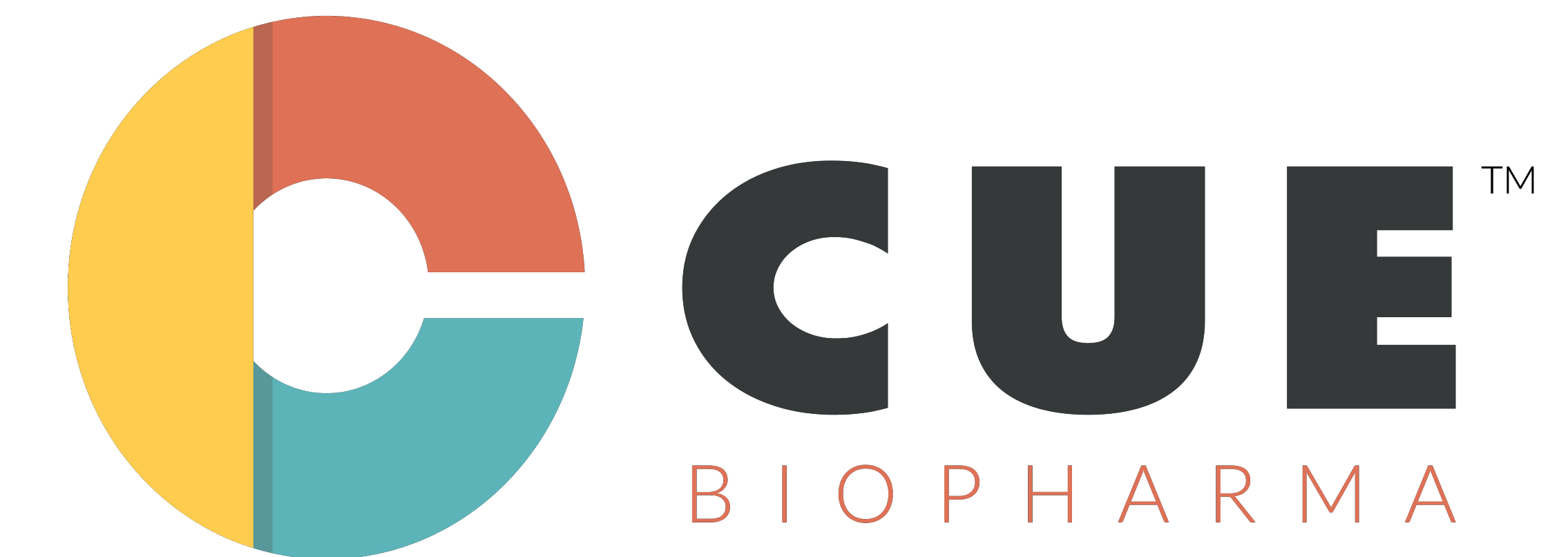


CUE-102 Selectively Activates and Expands WT1-Specific T Cells for the Treatment of Patients with WT1+ Malignancies

Natasha Girgis*, Christie Zhang*, Zohra Merazga, Steven Hatfield, Fan Zhao, Raymond J. Moniz, Kristin Yeung, Fulvio Diaz, James Murray, Jason Brown, Siddhartha Shrivastava, Wynona Bautista, Matteo Levisetti, Anish Suri, Steven N. Quayle

Cue Biopharma, Boston, Massachusetts. *These authors contributed equally



Background

- Immuno-STATs™ (ISTs) are rationally engineered biologics comprised of a bivalent peptide-MHC complex and multivalent co-stimulatory molecules built on an Fc framework to enable stability, valency, favorable PK and manufacturability
- CUE-100 series ISTs are designed to selectively deliver attenuated interleukin-2 (IL-2) to tumor-specific CD8⁺ T cells (Quayle 2020; Seidel 2021)
- Wilms' Tumor 1 (WT1) was previously ranked as the highest priority antigen for therapeutic targeting in an effort by the National Cancer Institute (Cheever 2009)
- Development of novel modalities targeting WT1 provide a significant opportunity to address high unmet medical need in WT1-positive malignancies, including AML, ovarian, endometrial, breast, lung, gastric, colorectal and pancreatic cancer
- CUE-102 is being developed as a novel therapeutic fusion protein to selectively activate tumor antigen-specific T cells to treat WT1-expressing cancers

CUE-100 Series Immuno-STATs

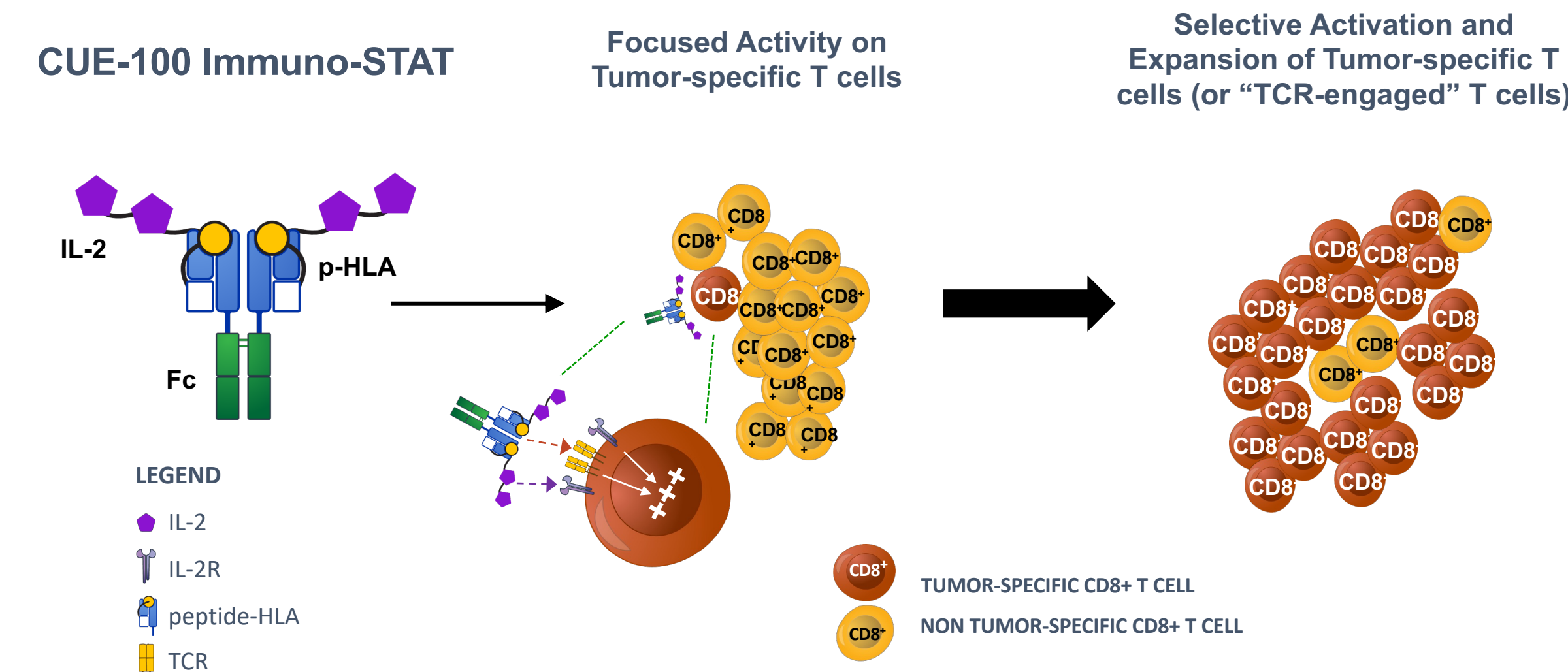


Figure 1 – The rationally engineered and modular biologics of the Immuno-STAT platform incorporate natural biological signals ("cues") for selective engagement and modulation of disease-relevant T cells. The CUE-100 series framework is designed to selectively deliver modified IL-2 to tumor-specific T cells and drive their expansion.

CUE-100 IST Murine Surrogate (mCUE-101) Expands Antigen-Specific CD8⁺ T Cells in Blood and Tumor

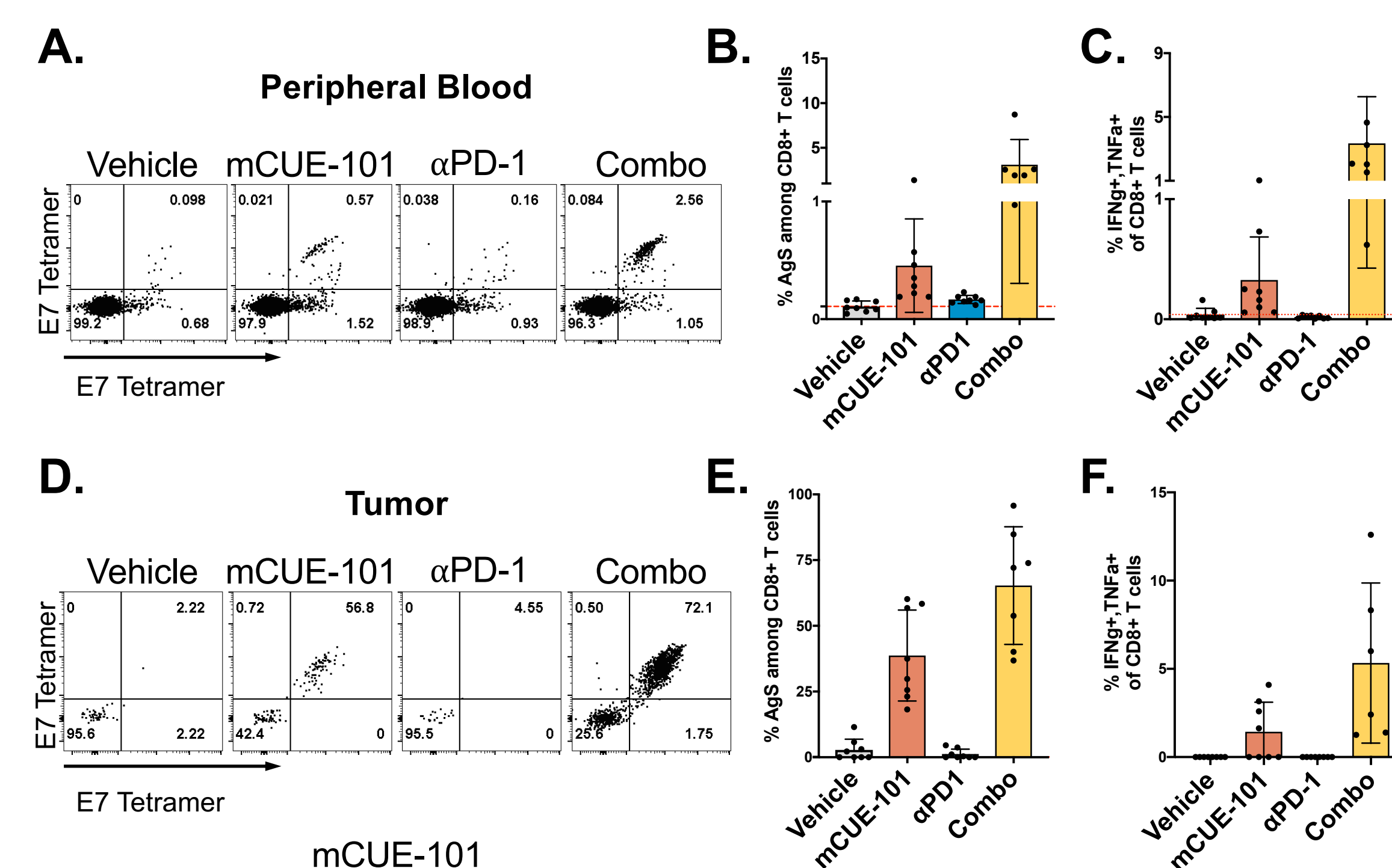


Figure 2 – mCUE-101 expands functional antigen-specific CD8⁺ T cells in the tumor and the periphery. Mice bearing established TC-1 tumors were treated with 15 mg/kg mCUE-101 alone or in combination with αPD-1. Expansion of antigen-specific cells was assessed one week after the last dose of mCUE-101. Representative flow plots show the frequency of tetramer-positive CD8⁺ T cells in the blood (A & B) and tumor (D & E). Only animals treated with mCUE-101 exhibited increased frequency of antigen-specific T cells, which was greatly increased in the tumor vs blood. mCUE-101 increased the frequency of CD8⁺ T cells that produced IFN γ and TNF α in response to peptide restimulation of splenocytes (C) and tumor-infiltrating lymphocytes (F).

CUE-102

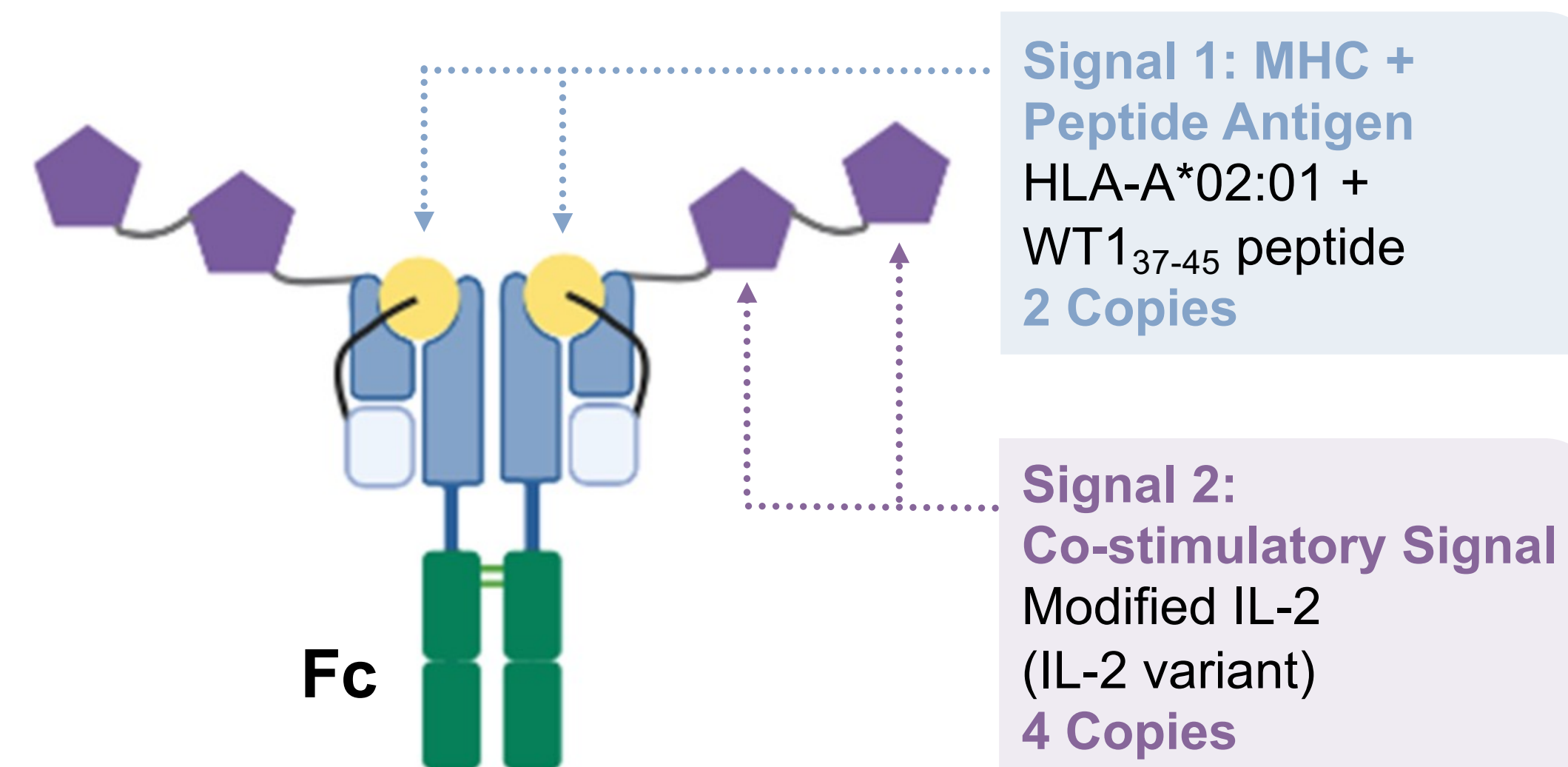


Figure 3 – **Schematic of CUE-102 molecule.** CUE-102 is comprised of a human leukocyte antigen (HLA) complex, HLA-A*02:01, a peptide epitope derived from the WT1 protein, and 4 molecules of a reduced affinity human IL-2. CUE-102 is designed to bind and activate WT1-specific T cells for eradication of WT1-positive cancers.

CUE-102 Selectively Binds and Activates WT1₃₇₋₄₅-Specific T Cells

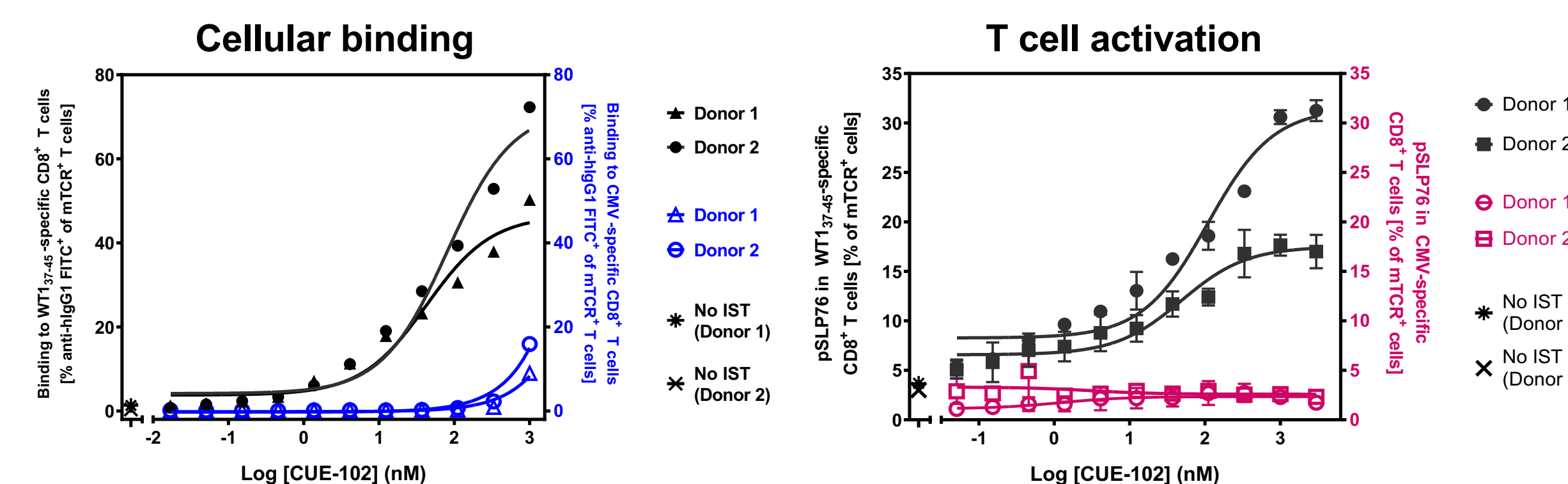


Figure 4 – CUE-102 selectively binds to primary CD8⁺ T cells transduced with a WT1₃₇₋₄₅-specific TCR, but not to CD8⁺ T cells transduced with a CMV pp65₄₉₅₋₅₀₃-specific TCR. In primary CD8⁺ T cells transduced with WT1₃₇₋₄₅-specific TCR, CUE-102 selectively activated the TCR in target cells as measured by increased phosphorylation of SLP76 (pSLP76), but not in CD8⁺ T cells transduced with CMV pp65₄₉₅₋₅₀₃-specific TCR.

Attenuation of IL-2 Activity in CUE-102

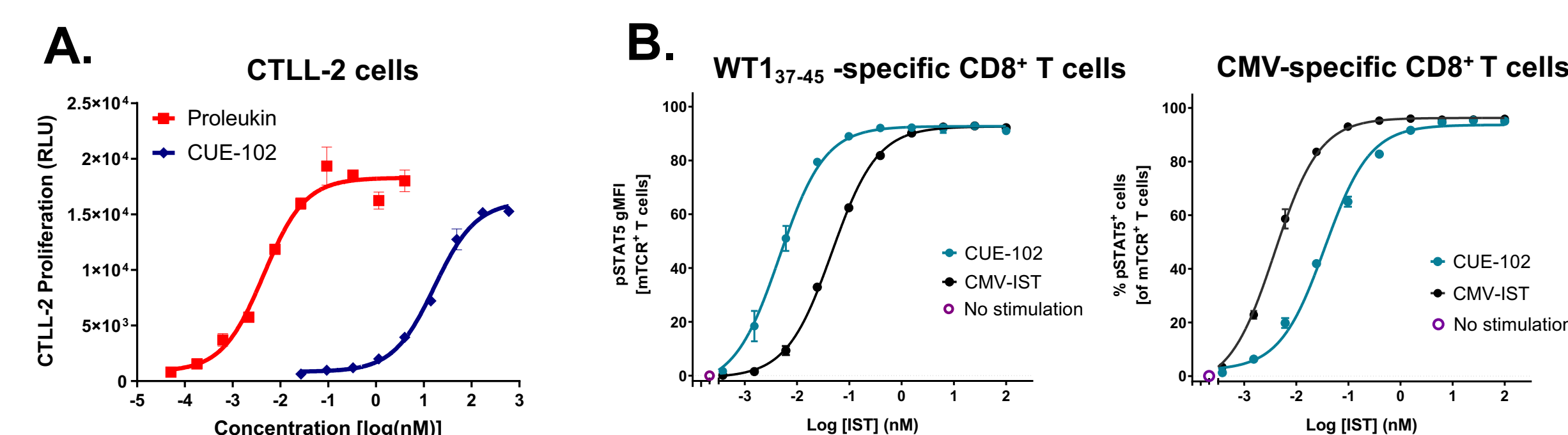


Figure 5 – (A) Human IL-2 molecules on CUE-102 are functionally attenuated and much less potent than recombinant IL-2 (Proleukin®) in a CTLL-2 cell proliferation assay. (B) The pHLA specificity of CUE-102 facilitates selective phosphorylation of STAT5 (pSTAT5) immediately downstream of IL-2R on target cells. CUE-102 induces pSTAT5 with greater potency in WT1₃₇₋₄₅ specific CD8⁺ T cells than a CMV-directed IST. A CMV-directed IST induces pSTAT5 with greater potency in CMV pp65₄₉₅₋₅₀₃-specific CD8⁺ T cells than does CUE-102.

CUE-102 Selectively Expands WT1₃₇₋₄₅-Specific CD8⁺ T Cells from Human PBMCs

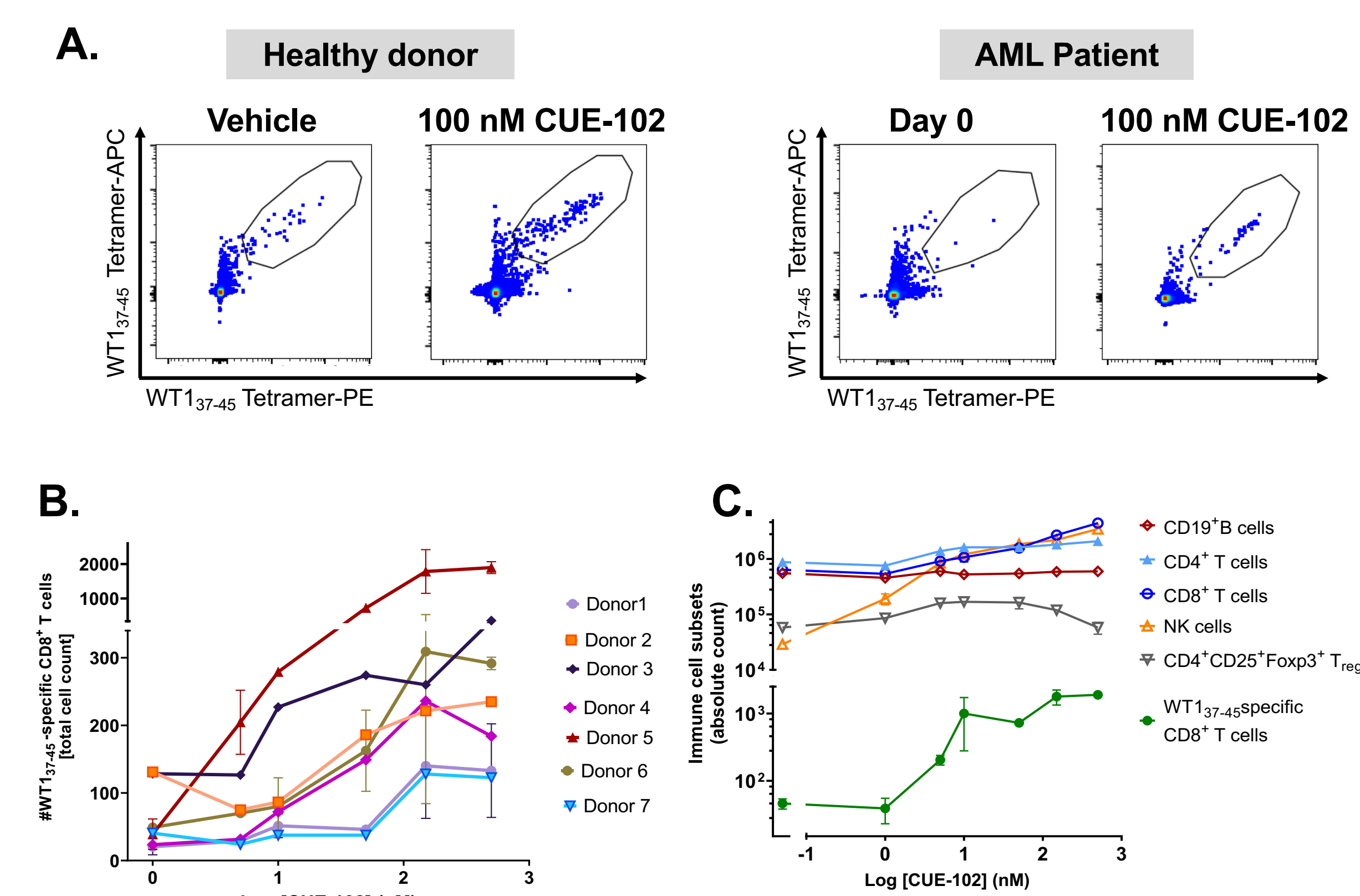


Figure 6 – CUE-102 selectively expands WT1₃₇₋₄₅-specific CD8⁺ T cells from whole human PBMCs *in vitro*. (A) Primary human PBMCs of healthy donors or acute myeloid leukemia (AML) patients were exposed to 100 nM CUE-102 for 10 days. CUE-102 expanded a population of WT1₃₇₋₄₅-specific CD8⁺ T cells as measured by double tetramer staining, while vehicle treatment did not. (B) CUE-102 induces expansion of WT1₃₇₋₄₅ specific CD8⁺ T cells in PBMCs of multiple donors in a dose-dependent manner. (C) Expansion of total NK cells was also observed in response to CUE-102 treatment. Other immune cells in donor PBMCs were not expanded, including CD4⁺ T_{regs}.

CUE-102 Selectively Expands Tumor Relevant T Cells

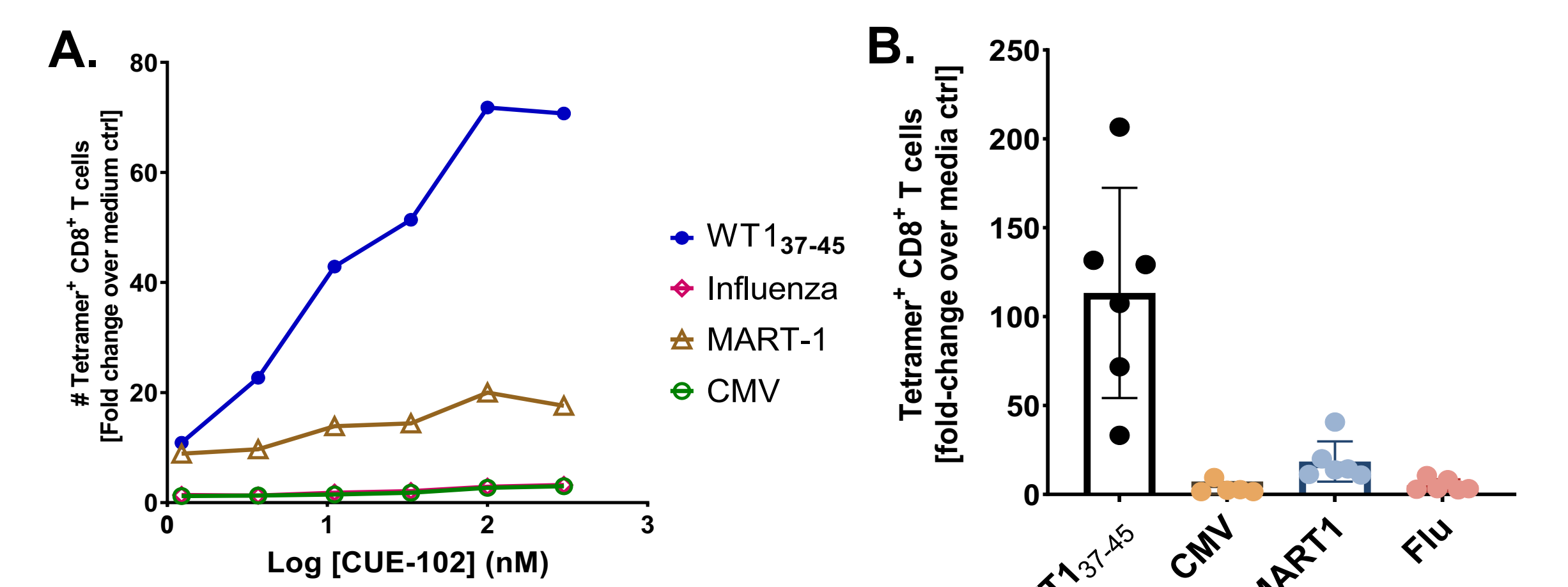


Figure 7 – CUE-102 selectively expands tumor-relevant WT1₃₇₋₄₅-specific CD8⁺ T cells but not CD8⁺ T cells specific to other antigens (CMV, MART1 or Influenza). (A) Representative dose-dependent and antigen specific expansion of CD8⁺ T cells from a PBMC donor. (B) Antigen-selective expansion following exposure of multiple donor PBMCs to 100 nM CUE-102. Only donors that are reactive for all antigens are included here.

CUE-102 Expands Polyfunctional and Cytolytic WT1₃₇₋₄₅-Specific CD8⁺ T Cells from Human PBMCs

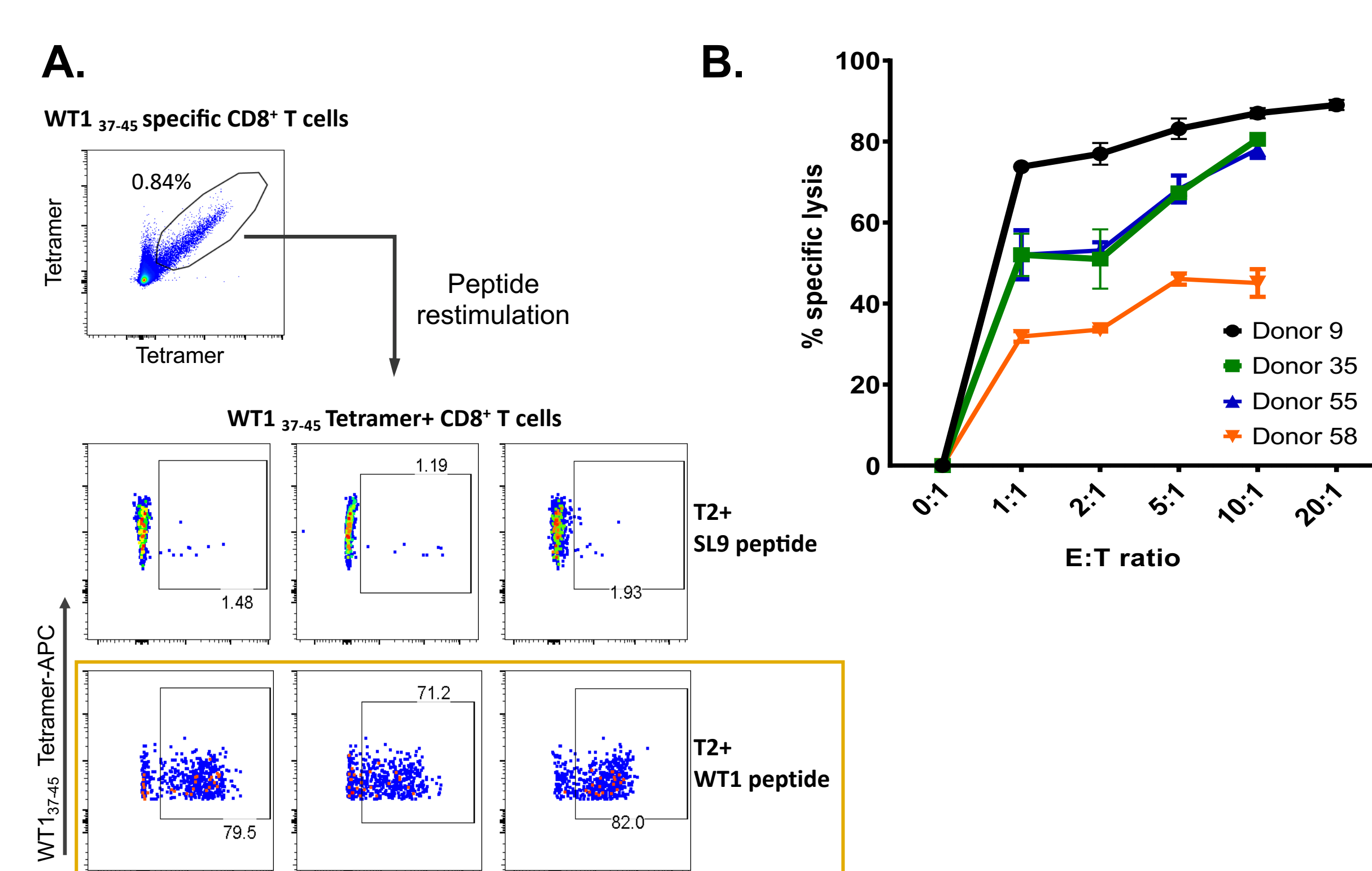


Figure 8 – (A) CUE-102 expanded WT1₃₇₋₄₅-specific CD8⁺ T cells produce intracellular IFN γ , TNF α and surface CD107a after restimulation with T2 cells loaded with WT1₃₇₋₄₅ peptide, but not T2 cells loaded with negative control HIV SL9 peptide. (B) CUE-102 expanded WT1₃₇₋₄₅-specific CD8⁺ T cells induce specific lysis of target T2 cells loaded with WT1₃₇₋₄₅ peptide relative to T2 cells loaded with irrelevant peptide. Percentage of specific lysis is plotted against effector:target (E:T) ratio of 1:1 - 20:1. Mean \pm standard deviation from triplicate wells is shown for each E:T ratio.

CUE-102 Selectively Expands WT1₃₇₋₄₅-Specific CD8⁺ T Cells in naïve HLA-A2 Transgenic Mice

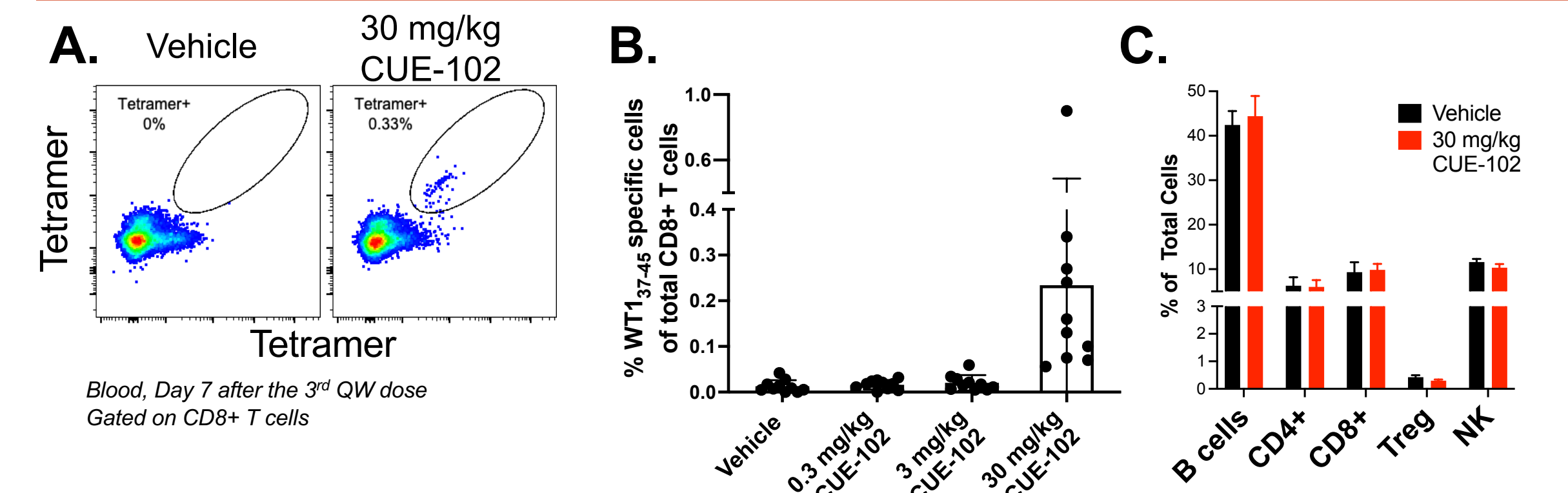


Figure 9 – Treatment of naïve HLA-A2 transgenic mice leads to selective, dose-dependent expansion of WT1₃₇₋₄₅ specific CD8⁺ T cells. Naïve HLA-A2 transgenic mice were given 3 once weekly intravenous (IV) doses of CUE-102 at the indicated dose level. The frequency of WT1₃₇₋₄₅ specific CD8⁺ T cells (A & B) and of major immune lineages (C) was assessed in peripheral blood 7 days after the last dose. Treatment with CUE-102 led to dose-dependent expansion of WT1₃₇₋₄₅ specific CD8⁺ T cells (A & B) without broadly affecting other immune lineages (C).

CUE-102 Selectively Expands Tumor Relevant T cells in immunized HLA-A2 Transgenic Mice

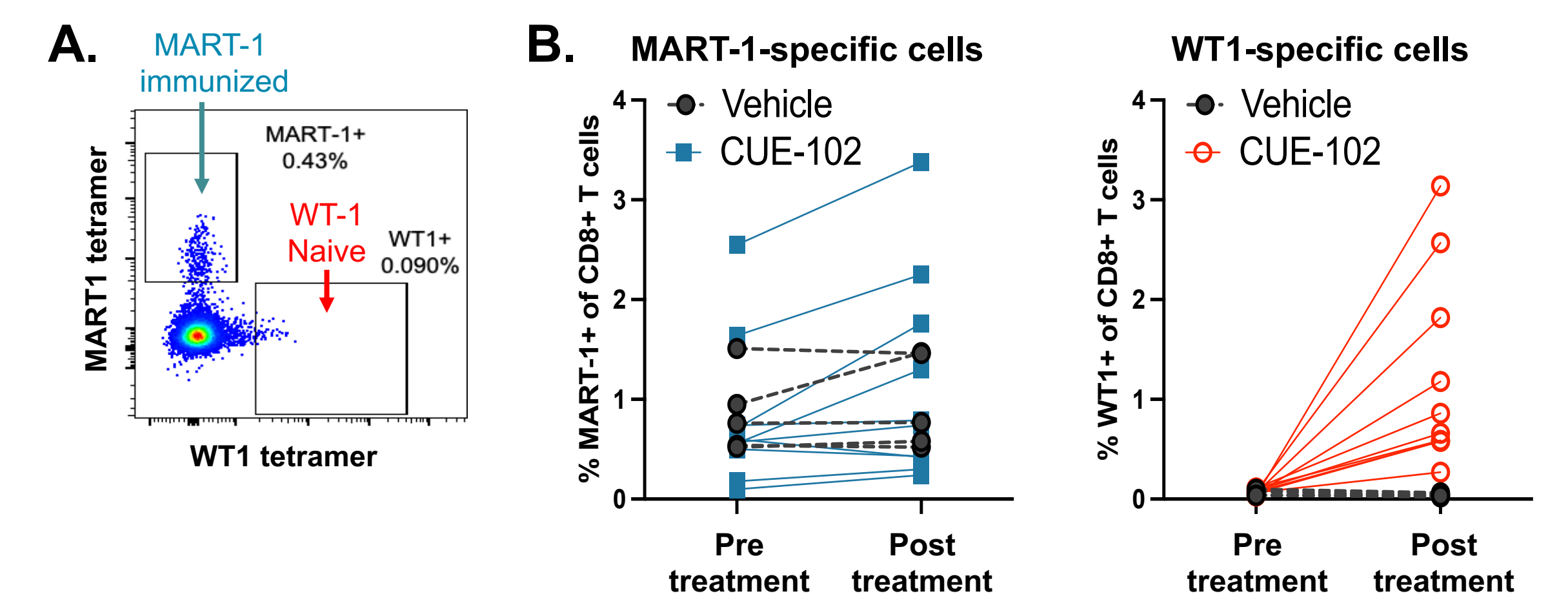


Figure 10 – CUE-102 selectively expands WT1₃₇₋₄₅-specific CD8⁺ T cells, but not CD8⁺ T cells of other specificities *in vivo*. (A) Naïve HLA-A2 transgenic mice were immunized with MART-1 peptide. MART-1 specific CD8⁺ T cells were detected 7 days after immunization. (B) CUE-102 treatment of these immunized mice resulted in statistically significant increases in frequencies of WT1₃₇₋₄₅-specific CD8⁺ T cells, but frequencies of MART-1-specific cells did not change.

Repeated Treatment with CUE-102 Results in Cumulative Expansion of WT1-Specific T Cells

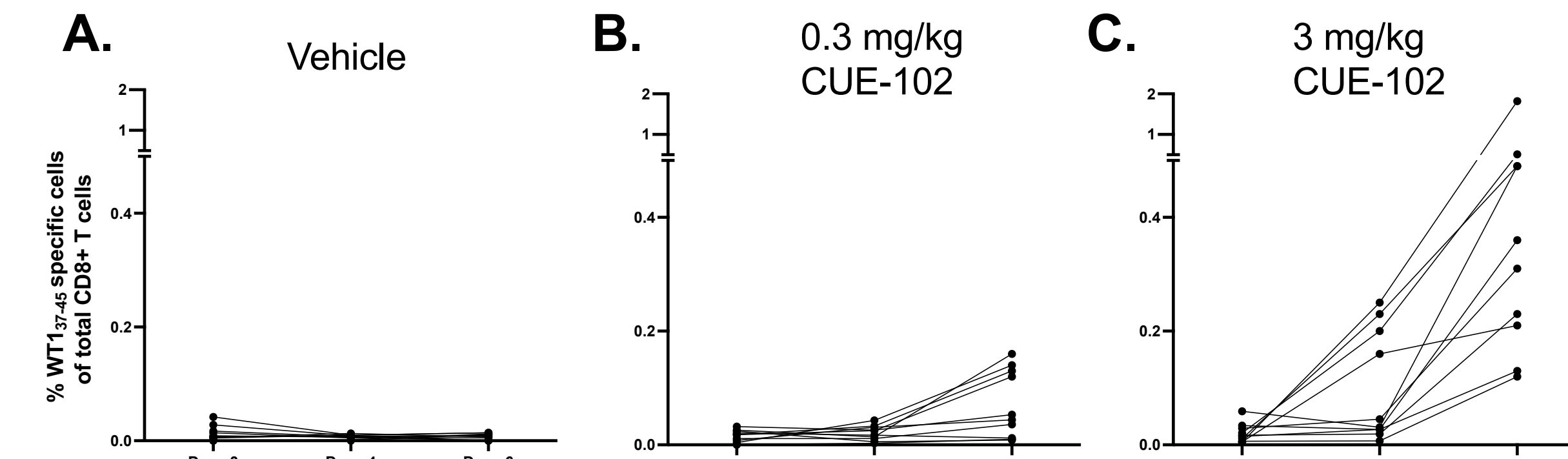


Figure 11 – Repeated treatment with CUE-102 expands WT1-specific CD8⁺ T cells. Graphs display frequencies of WT1₃₇₋₄₅-specific cells among total CD8⁺ T cells in PBMCs from mice that received 3, 4, or 6 total doses of (A) Vehicle, (B) 0.3 mg/kg CUE-102, or (C) 3 mg/kg CUE-102. WT1₃₇₋₄₅-specific cells become detectable in blood at both the 3 mg/kg and 0.3 mg/kg dose levels as the number of doses increases.

CUE-102 Treatment Expands Functional WT1₃₇₋₄₅-Specific Effector and Long-Term Memory CD8⁺ T cells In Vivo

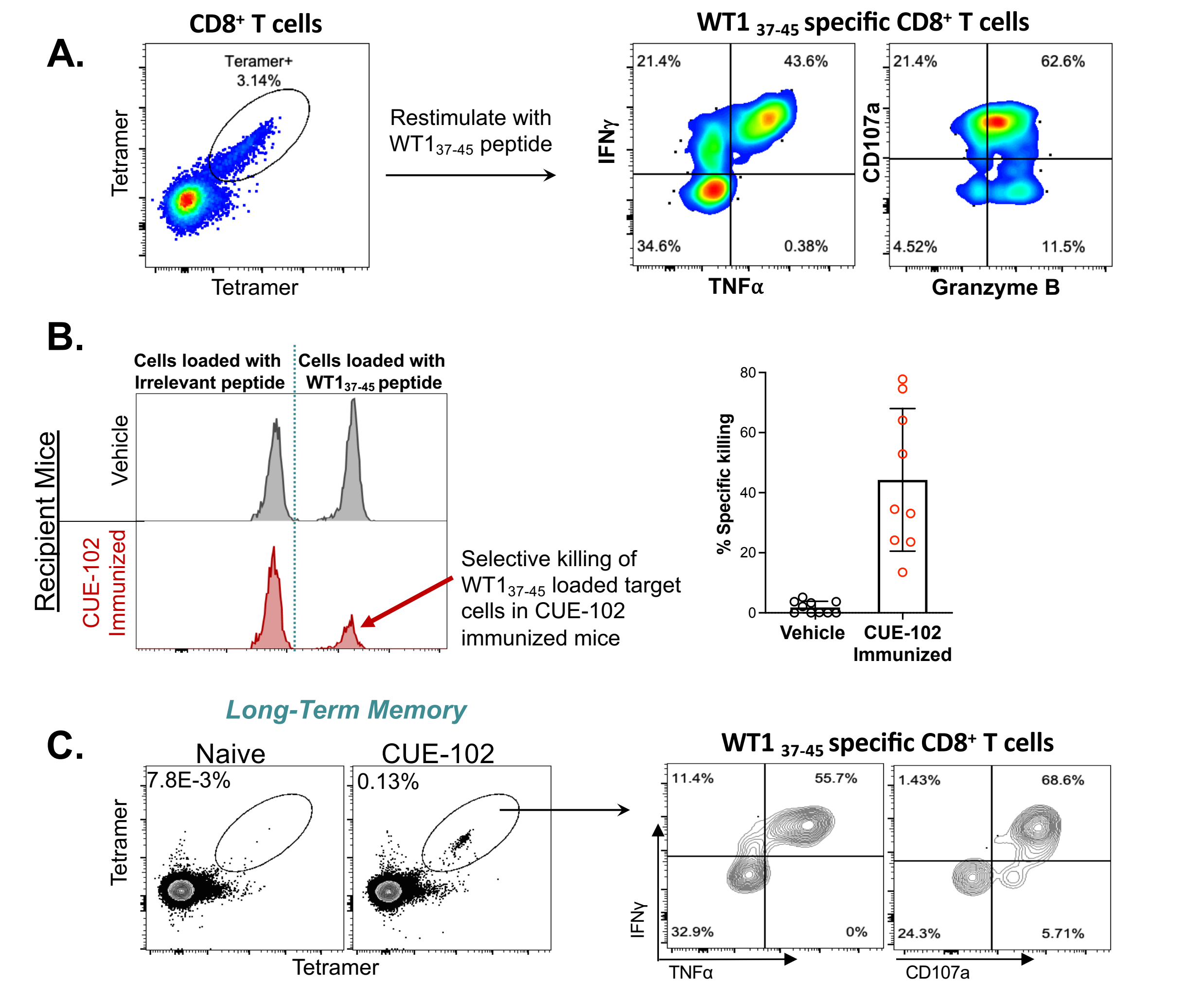


Figure 12 (A) Immunization of HLA-A2 transgenic with 4 doses of CUE-102 expands highly functional WT1₃₇₋₄₅-specific CD8⁺ T cells that produce IFN γ , TNF α , CD107a and Granzyme B in response to ex vivo restimulation. (B) HLA-A2 mice immunized with CUE-102 show antigen-specific in vivo killing of HLA-A2⁺ target cells pulsed with WT1₃₇₋₄₅ peptide vs. an irrelevant peptide, as shown by the loss of WT1₃₇₋₄₅-labeled target cells transferred into CUE-102 immunized HLA-A2 transgenic mice (red), but not into naïve mice (black). (C) CUE-102 treatment induces long-term memory cells that are detectable >180 days following immunization with CUE-102 and remain highly functional and capable of producing multiple cytokines.

Less Frequent CUE-102 Treatment Increases Expansion of Highly Functional WT1-Specific CD8⁺ T Cells

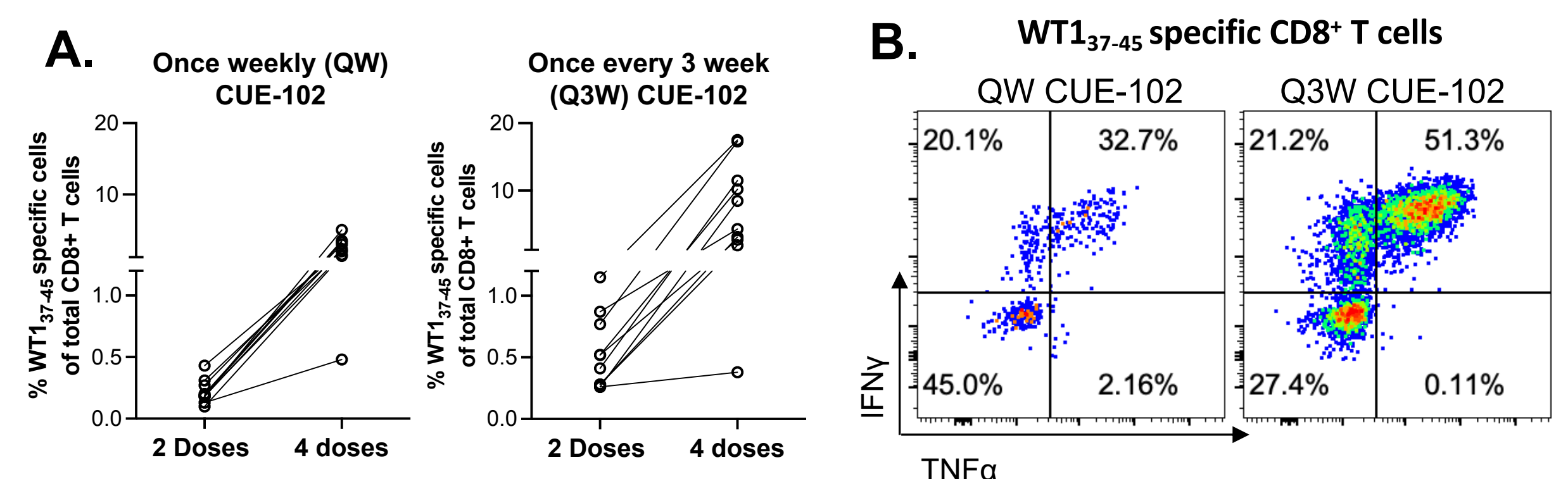
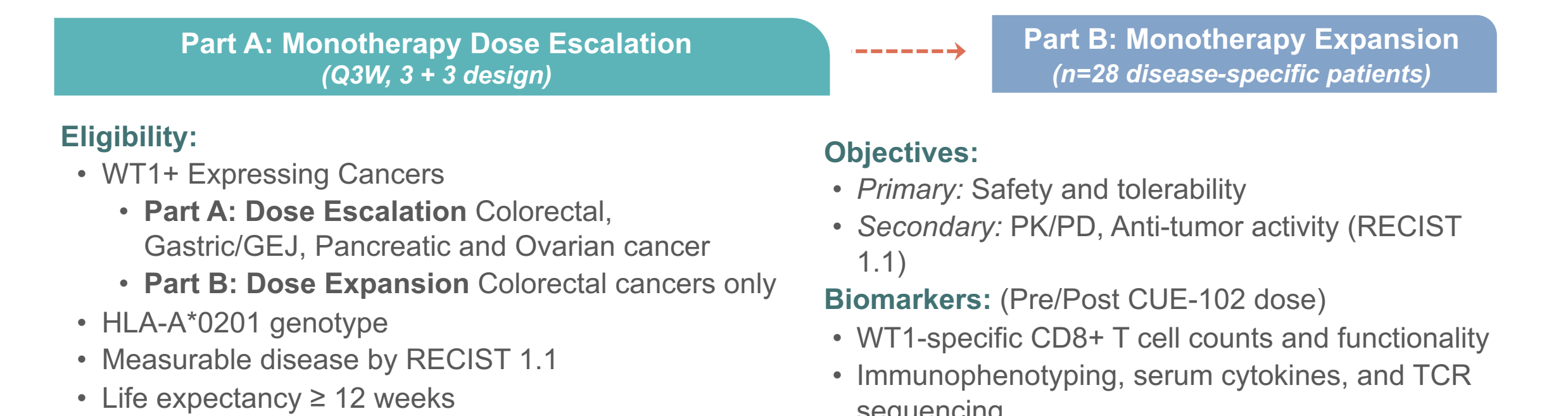


Figure 13 – (A) Naïve HLA-A2 mice received 30 mg/kg IV CUE-102 on either a once weekly (QW) or once every 3 week (Q3W) dosing schedule. Q3W dosing led to greater expansion of antigen specific cells detected in the blood by tetramer staining. (B) Q3W dosing also led to increased cytokine production by antigen-specific cells expanded by CUE-102. Thus, Q3W CUE-102 dosing leads to both greater expansion of antigen-specific cells and greater functionality of the expanded cells.

CUE-102 First-in-Human Clinical Trial

CUE-102-01 (NCT05360680) is a Phase 1, FIH study to characterize the safety, tolerability, PK, PD, immunogenicity, and preliminary antitumor activity of CUE-102 in subjects who are HLA-A*02:01-positive, have WT1-positive, recurrent/metastatic cancers, and have failed conventional therapies.



For further details on the CUE-102-01 trial, see **Poster #636** Friday November 11th, 2022

Conclusions

- CUE-102 is a novel fusion protein designed to selectively deliver attenuated IL-2 to tumor-specific CD8⁺ T cells
- CUE-102 demonstrates selective binding, activation, and expansion of polyfunctional and cytolytic WT1₃₇₋₄₅ specific primary human CD8⁺ T cells from healthy and cancer patient samples
- Treatment of naïve HLA-A2 transgenic mice with CUE-102 elicits and selectively expands WT1₃₇₋₄₅ specific effector and long-term memory CD8⁺ T cells that are polyfunctional and cytotoxic *in vivo*
- The novel mechanism of action of CUE-102, namely targeted activation of tumor-antigen-specific CD8⁺ T cells via delivery of reduced affinity mutant IL-2, supports its potential for anti-cancer efficacy in a Phase 1 clinical trial in WT1+ relapsed/metastatic cancers

ACKNOWLEDGEMENTS:

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