

In Vivo Nonclinical Evaluation of Activity and Safety of a T Cell Receptor Engineered Regulatory T Cell Therapy for MS Progression Independent of Relapse Activity

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Abstract

Introduction: PIRA is driven by chronic central nervous system (CNS)-localized processes, with a central role for meningeal aggregates, for which no adequate therapies exist. To address this, a cell therapy consisting of Tregs targeted to the CNS by a Myelin Basic Protein (MBP)-specific T cell receptor (TCR) has been developed and underwent nonclinical evaluations. Clinical testing is planned to begin with a Ph1 trial evaluating the safety and dose of this therapy.

Objectives/Aims: To evaluate the safety and therapeutic potential of a regulatory T cell (Treg)-based therapy for the treatment of MS progression independent of relapse activity (PIRA) *in vivo* prior to Ph1 clinical trial initiation.

Methods: Animal studies were conducted to evaluate the safety and pharmacology of TCR-engineered Tregs *in vivo* using: 1) an EAE study using a surrogate test article, 2) a xenograft model of inflammation in immune deficient NOD.Cg-Prkdc^{scid}/L2rg^{tm1Wjl}/SzJ (NSG) mice and 3) a toxicology study under good laboratory practice (GLP) conditions in NSG mice.

Results: In the EAE study, Treg trafficking to the CNS and impact on disease severity were observed. In the xenograft model, TCR-Tregs significantly reduced inflammation-induced weight loss, indicating Treg-mediated suppressive function in an inflammatory setting. In the toxicology study, no therapy-related mortality, organ weight changes, macroscopic or microscopic findings were found. Moreover, TCR-Tregs were phenotypically stable in all studies.

Conclusion: *In vivo* studies demonstrate that TCR-engineered Tregs have suppressive capacity and are phenotypically stable in multiple models that can be employed to derisk human TCR-containing T cell therapies. These studies support the safety and therapeutic potential of a TCR-Treg therapy for PIRA and initiation of clinical testing in Progressive MS patients.

Autologous TCR-Engineered Treg to Treat Progressive MS

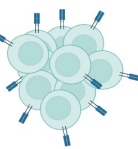
Isolation of Patient's Tregs from Leukopak



LVV Engineering with Antigen-Specific TCR



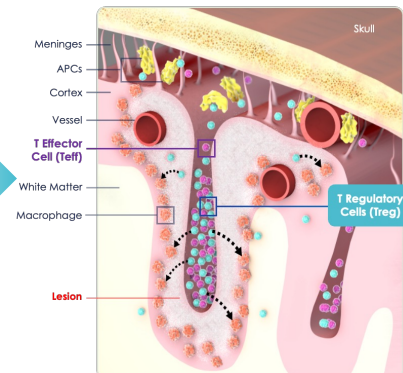
Expansion



TCR Engineered to Reduce Off-Target Pairing with Endogenous TCR

Administration to patients

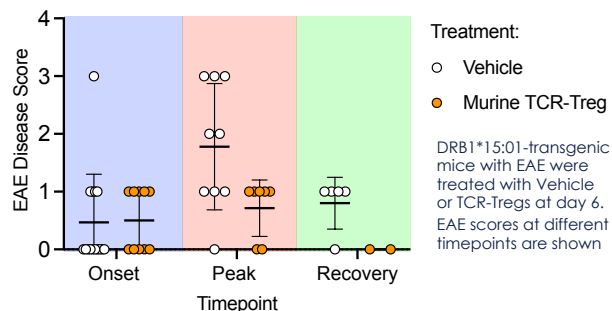
ABA-101



TCR-Tregs designed to infiltrate CNS targeted inflammation by antigen-specific activation

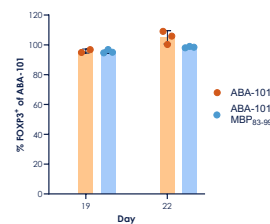
TCR-Tregs Impact EAE Disease Model

Murine TCR-Tregs traffic to CNS and persist in EAE model
Engineered murine Tregs impact development of disease



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ABA-101 Mitigates Xenograft Immune Response



ABA-101 is stable and active in inflammatory conditions

ABA-101 retains Treg phenotype and counters xenograft host immune response

