Phase 1 expansion of IMC-C103C, a MAGE-A4xCD3 ImmTAC bispecific protein, in ovarian carcinoma

Table 2. Safety profile consistent with mechanism of T cell activation

<table>
<thead>
<tr>
<th>Event</th>
<th>All grades (n=22)</th>
<th>Grade 3 or 4 (n=11)</th>
<th>Most common related AEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NeutropeniaB</td>
<td>4 (18%)</td>
<td>2 (18%)</td>
<td>NeutropeniaB</td>
</tr>
<tr>
<td>LymphopeniaB</td>
<td>2 (9%)</td>
<td>1 (9%)</td>
<td>LymphopeniaB</td>
</tr>
<tr>
<td>ALT increased</td>
<td>3 (14%)</td>
<td>1 (14%)</td>
<td>ALT increased</td>
</tr>
<tr>
<td>AST increased</td>
<td>3 (14%)</td>
<td>2 (18%)</td>
<td>AST increased</td>
</tr>
<tr>
<td>AST decreased</td>
<td>1 (5%)</td>
<td>0</td>
<td>AST decreased</td>
</tr>
<tr>
<td>All other events</td>
<td>1 (5%)</td>
<td>0</td>
<td>All other events</td>
</tr>
</tbody>
</table>

Methods

**Background**

IMC-TAC molecules are T cell bispecific fusion proteins that redirect polyvalent T cells to target intra- or extracellular cancer proteins (>90% of proteome).

**ESMO-IO 2021**[1], focusing specifically on patients with ovarian cancer (OC) who received doses of IMC-C103C 90 mcg intravenously (IV).

**Patients**

33 patients with OC (16 new and an update for 17 previously reported on 20 Oct 2022) were enrolled in dose escalation (n=22) and expansion (n=11). OC for expansion onwards.

**Purpose**

Most common related AEs were consistent with CRS, generally dose dependent, including Grade 1 or 2, occurring in first 3 weeks, and resolving within a day by supportive care.

Most common related Grade 3 or 4 AE was neutropenia but was reversible with growth factor support and decreased with concomitant premedication.

**Results**

By IHC, 39% (13/33) of patients were MAGE-A4 positive and 55% (18/33) were negative for MAGE-A4 expression.

**Conclusions**

IMC-C103C is clinically active with a manageable safety profile, consistent with the MoA, and related AEs led to discontinuation or death.

Recent experience with other ImmTAC molecules indicates that RECIST PRs are enriched at high MAGE-A4 expression and OS benefit with tebentafusp (Figure 1).

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**References**

2. Leach E, et al. 868. JITC. 2021; 9(Suppl 2)
3. Recent experience with other ImmTAC molecules indicates that RECIST PRs are enriched at high MAGE-A4 expression and OS benefit with tebentafusp (Figure 1).
4. Most common related Grade 3 or 4 AE was neutropenia but was reversible with growth factor support and decreased with concomitant premedication.
5. Neutropenia is a composite term consisting of...
6. Aduro; Bayer, Bristol Myers Squibb, CytomX, Eisai, Eli Lilly, Mirati, Pfizer, Seattle Genetics; Research Grant: AbbVie, AstraZeneca; Study sponsored by: Immunocore Ltd and Genentech
7. Corresponding author email: rsweis@uchicago.edu