## **SITC 2024** # 1331

# BXQ-350: A novel approach to rebalancing the tumor's microenvironment and immune response

### gtapolsky@bexionpharma.com



- normalizes dysregulated sphingolipid metabolism, lowering S1P and increasing ceramides levels
- decreases S1P signaling & immunosuppressor cells (1)
- increases ceramides that stimulates immunoeffector cells (2)

### 2. BXQ-350 rebalances the tumor microenvironment:

- Sphingolipid metabolism is implicated in the recruitment and function of immunoeffector/suppressor cells
- High S1P concentration / S1P signaling favors immuno-suppressor cells
- Simultaneously increasing ceramides & lowering S1P, activates effector cells and inhibits suppressor cells (3)





### **3. BXQ-350 repolarizes macrophages to the M1 phenotype and** increases T cells cytotoxicity

- CD14+ macrophages from PBMCs from healthy donors stimulated to induce M2 phenotype for 4 days
- $\circ$  Cell viability and TNF $\alpha$  concentration measured at Day 8
- Tumor spheroids A549 lung cancer cells transfected with Luciferase & T Cells activation with IL-2/anti-CD3+
- Addition of BXQ-350 and viability measurements

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G. Tapolsky, T. Ashad, J. Beach, M. Gazda

Bexion Pharmaceuticals, Covington, KY, USA

### Summary

- BXQ-350 is a novel biologic and a nanovesicle formulation of Saposin C, an allosteric activator of enzymes involved in sphingolipid metabolism
- S1P and increases ceramide levels
- BXQ-350 inhibits S1P signaling and rebalances the tumor microenvironment towards an antitumoral state
- In Phase 1 clinical studies, BXQ-350 was welltolerated and showed signs of single agent activity in multiple tumor types
- BXQ-350 may reduce Chemotherapy Induced cancer patients

### **On-going Studies**

BXQ-350 is clinically being investigated in:

- Phase 1b/2 study in combination with SoC in newly diagnosed mCRC patients (NCT05322590)
- PoC and PK/PD study in cancer patients with established CIPN (NCT05291286)
- Phase 2 study in combination with radiation in pediatric DIPG/Diffuse Midline Glioma patients (NCT04771897)

**Acknowledgement:** Patients who participated in the trials and their families, clinicians and staff at investigational sites, Bexion's personnel

• BXQ-350 modulates sphingolipid metabolism, lowers

Peripheral Neuropathy (CIPN) symptoms in some

### 4. Ex vivo, BXQ-350 inhibits MDSCs differentiation and their immune suppressive function:

decreases HLA-DR, CD86, CD11b, CD80 expression

decreases IL-10 secretion

 $\circ$  increases IFN  $\gamma$  secretion

### 6. In vivo, BXQ-350 synergizes with a mur anti-PD1, increases CD3+/CD4+/CD8+ TILs and NK cells:

### CT-26, a CRC syngeneic murine tumor model

Treatment	# of tumors larger than 1600 mm <sup>3</sup> at Day 17 (total number of tumors)	% of tumors larger than 1600 mm3	
mur BXQ-350	3 (9)	33.3	
<i>mur</i> -anti-PD1	2 (10)	20.0	
m BXQ-350 + m anti-PD1	0 (10)	0.0	

### 7. Clinically, in a safety & dose escalation Phase 1 study in cancer patients with advanced recurrent solid tumors, BXQ-350 :

- Well tolerated (no DLT, no MDT)
- $\circ$  13 patients with PFS  $\geq$  Cycle 6 (17.8 % of 73 patients)
- o 7 patients with PFS > 12 months
- 2 patients with long lasting clinical benefit over 6 years
- Lowers S1P and increases C18:1
- Impacts cytokines and exosomes







5. Ex vivo, BXQ-350 stimulates CD4+/CD8+ T Cells expansion and cytotoxicity:  $\frac{1}{2}$  4000





HT-29, a human CRC model in the CAM assay





### % Change in CD59+ exosomes in patients experiencing a clinical benefit

		1008-001	1008-007	1075-210	1075-208	1080-01	1153-205
		GBM	Appendi	Pancreatic	GIST	CRC	Ependy
		~ 5y Still SD	24m SD	4cy SD	2 cy PD	~5y Still SD	6cy SD 50% ↓ in 1 tl
% of Exosomes Positive for CD59	% Change <u>Day 1</u> <u>to</u> <u>Day 29</u>	- 28%	- 95%	-79%	-29%	-24%	-96%