



Preclinical development of Th-227 labeled molecules for tumor therapy

Sabine Zitzmann-Kolbe
20th of January, 2022
EURADOS Webinar

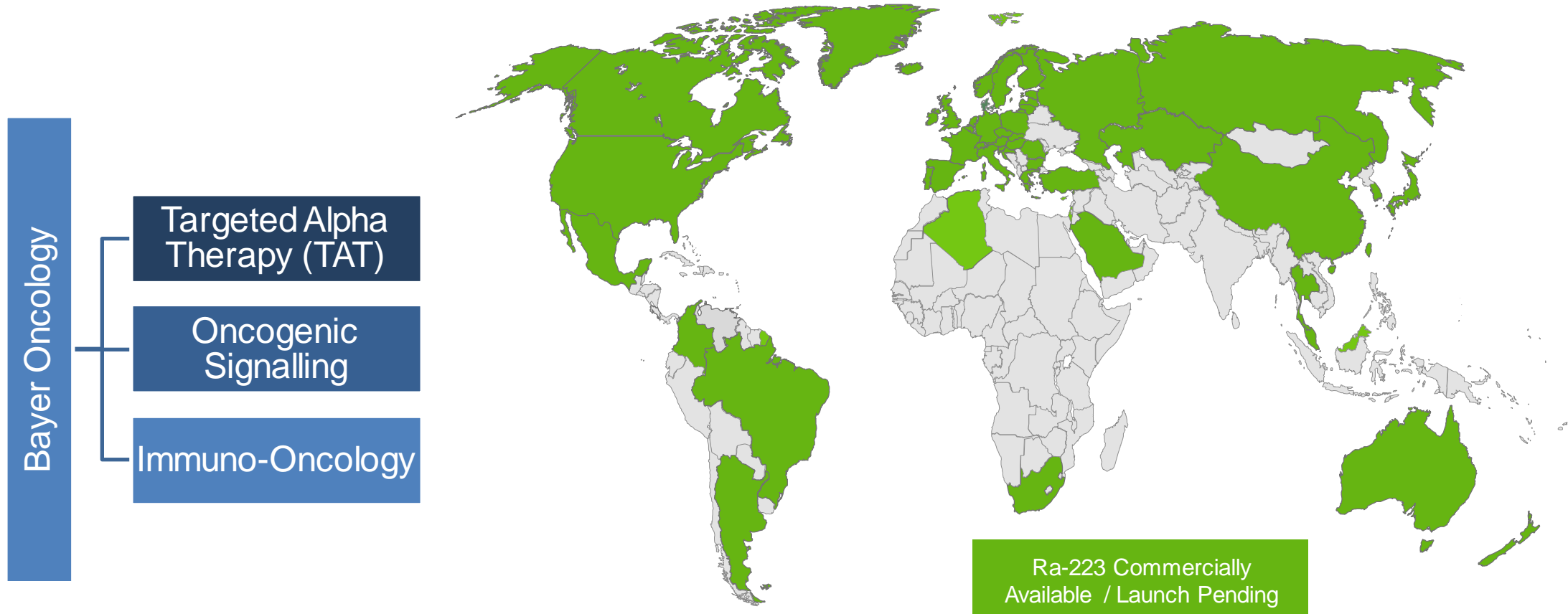


Sabine Zitzmann-Kolbe

- // I have the following financial relationships to disclose:
- // Employee of Bayer AG, Germany
- // I will not discuss off label use and/or investigational use in my presentation
- // I am co-author of patents presented within this presentation

Bayer Focuses on three Innovative Oncology Research Platforms

Targeted Alpha Therapy (TAT) is one of them

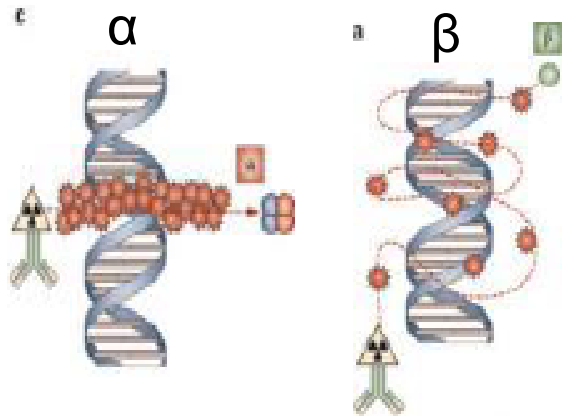


- // Targeted Alpha Therapy is an emerging new modality within the field of radiotherapy
- // Radium-223 (Xofigo®) first and only approved alpha therapy, for treatment of mCRPC, now approved in >50 countries
- // Extending the TAT portfolio with MAb-like alpha therapies by leveraging the established manufacturing and supply chain

Targeted Alpha Therapy (TAT): Utilizing the therapeutic attributes of alpha particles for systemic targeted radiation therapy

Alpha radiation

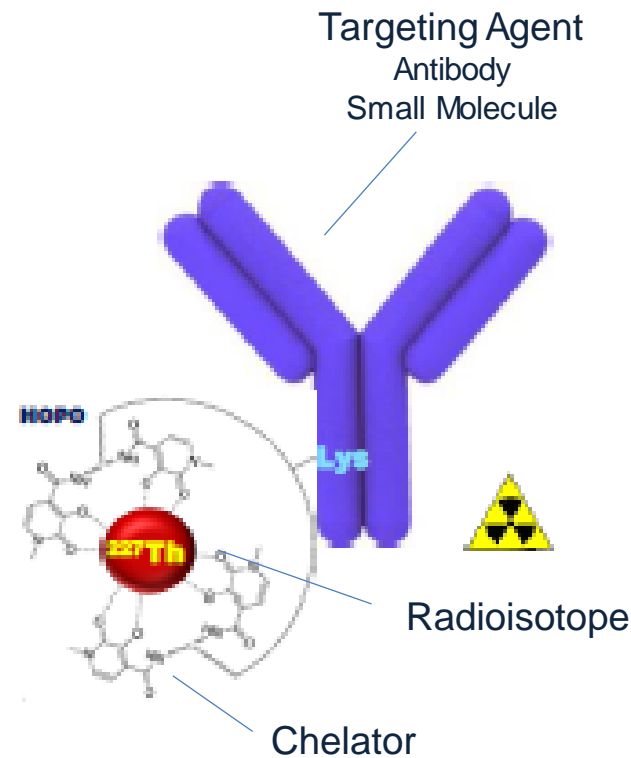
- // Lethal double strand DNA breaks
- // Limits exposure to surrounding tissues
- // Uses >1000X lower doses of radioactivity



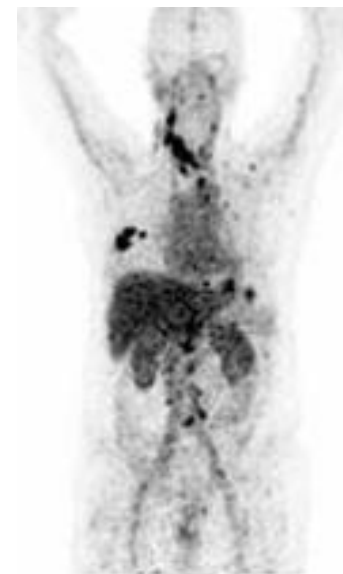
Parameter	α	β
Energy/decay (MeV)	5-30	0.1-0.5
Range (mm)	< 0.1	1-10
Hits for cell killing	2 - 10	~2000

Targeted Alpha Therapy

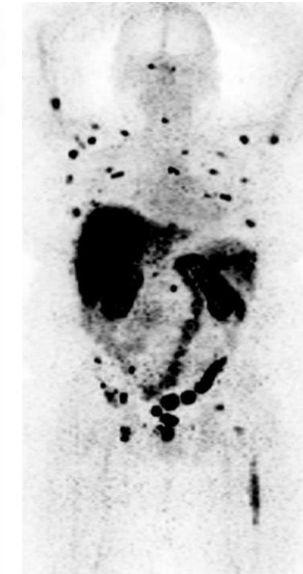
- // Three component compound
- // Systemic tumor targeting using antibodies (Ab) and small molecules (smol)
- // Biologic, chemical and nuclear properties of the three components must be synergistic



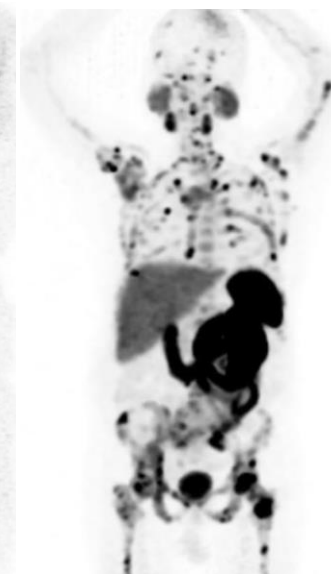
Antibody targeting HER2



Antibody targeting PSMA



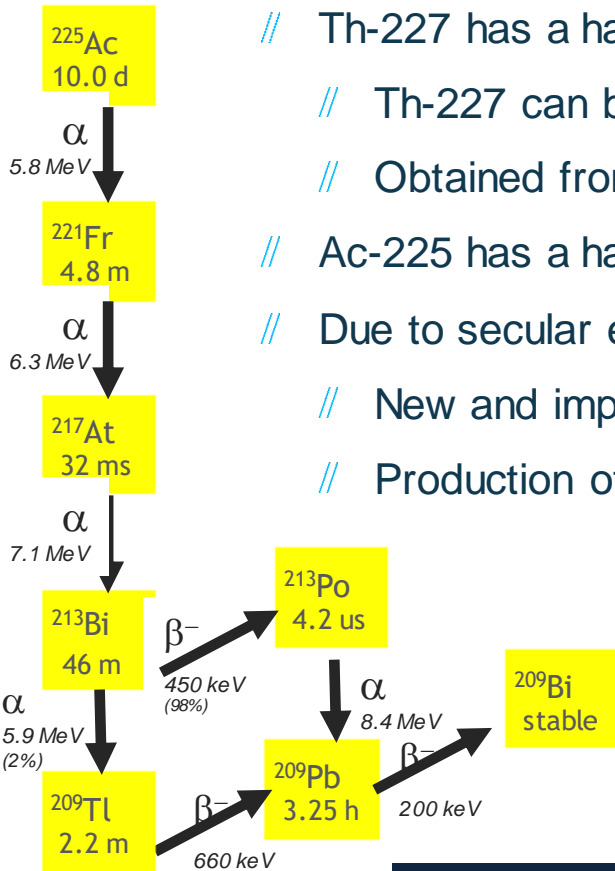
Peptide targeting PSMA



Targeted Alpha Therapy at Bayer

Ac-225 // Initial programs focusing on Thorium-227 (Th-227)

- // Th-227 has a half-life of 18.7 days with a total emission of 32.4 MeV days
- // Th-227 can be stably complexed to 3,2-HOPO chelators
- // Obtained from the same supply chain as Radium-223 (Xofigo®)
- // Ac-225 has a half-life of 10 days with a total emissions of 27.7 MeV
- // Due to secular equilibrium, Ac-225 delivers a faster dose rate to the tumor
- // New and improved chelators required
- // Production of Ac-225 at sufficient scale and purity

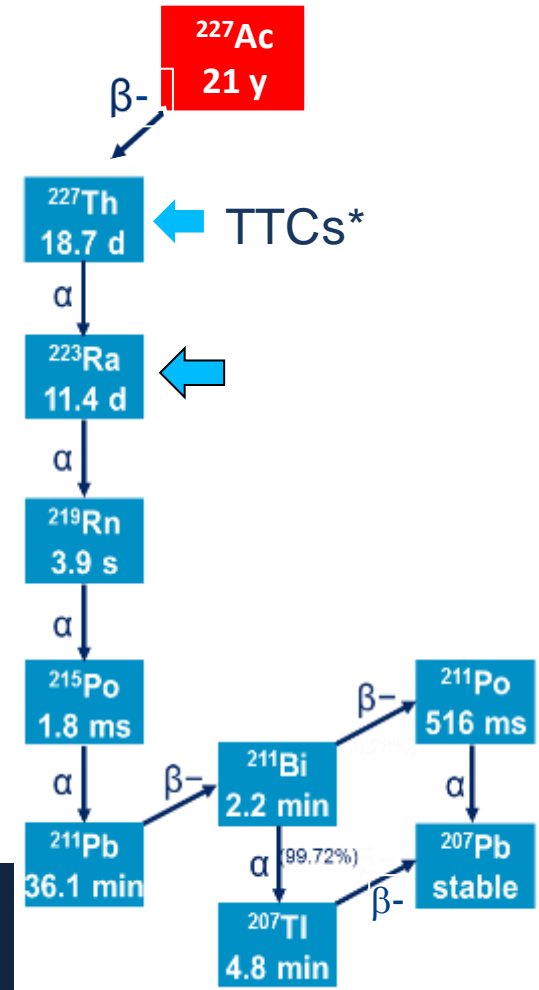


Per decay of ^{225}Ac :
 Total α emission = 27.7 MeV (97%)
 Total β emission = 0.86 MeV (3%)
 Secular equilibrium at 6h
 = faster dose rate

Per decay of Th-227:
 Total α emission = 32.4 MeV
 Total β emission = 0.96 MeV
 Secular equilibrium at 50d

// Through the acquisition of “Noria and PSMA Therapeutics”, Bayer is extending its portfolio in prostate cancer and Ac-225#

Th-227, Ra-223



*Targeted Thorium-227 Conjugates

#Published on Thursday, 03 June 2021 14:10

Bayer has currently two active TTC projects in Ph1 dose escalation



PSMA-TTC (Progenics Pharmaceuticals antibody)

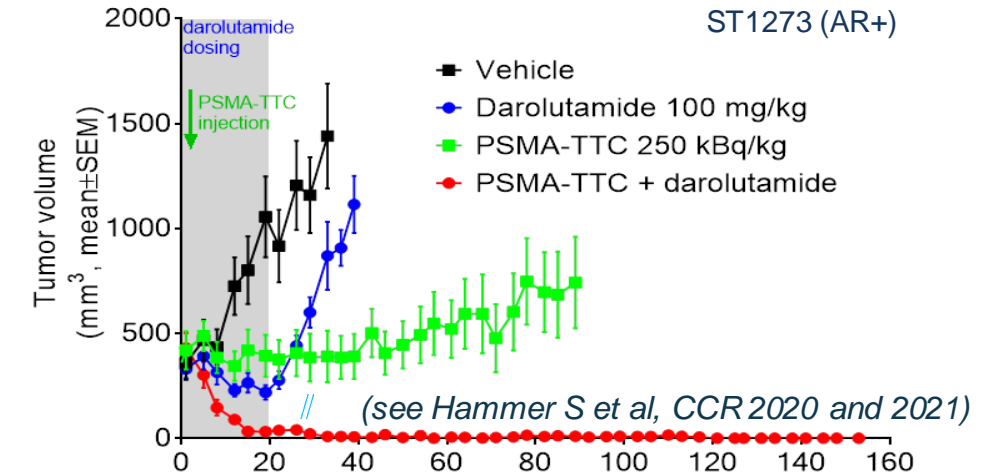
- // PSMA-TTC showed strong preclinical efficacy in cell line and patient derived xenograft models in monotherapy and in combination with the androgen receptor inhibitor darolutamide
- // PSMA-TTC is currently in Ph1 dose escalation for the treatment of patients suffering from Metastatic Castration Resistant Prostate Cancer (NCT03724747; monotherapy and combination with Darolutamide)

HER2-TTC (trastuzumab biosimilar)

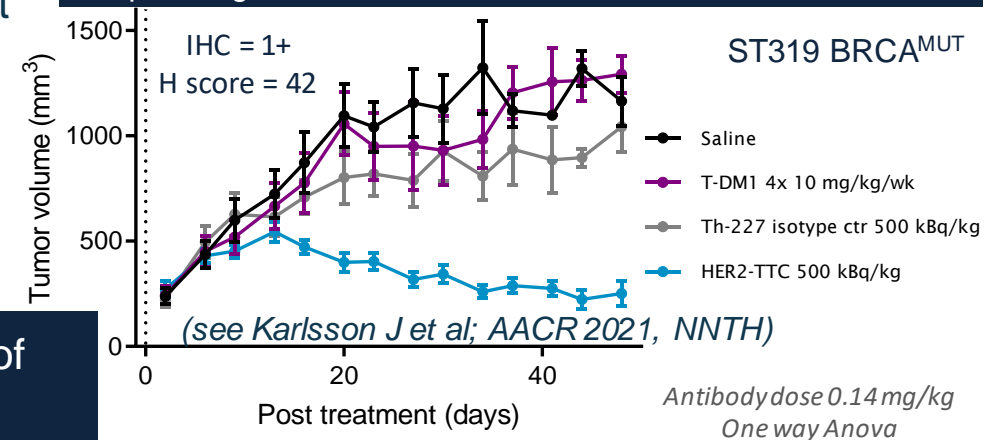
- // HER2-TTC showed strong preclinical efficacy in cell line and patient derived xenograft models, either being HER2-low expressing or resistant to SOC therapies
- // HER2-TTC is currently in Ph1 dose escalation for the treatment of patients suffering from HER2-expressing cancers (NCT04147819; BrCa & GaCa)

- // Current clinical stage TTC projects are designed to address indications of high unmet medical need
- // Additional TAT assets in early research & preclinical development at Bayer

// PSMA-TTC shows strong efficacy in the hormone sensitive PDX models ST1273 in combination with Darolutamide

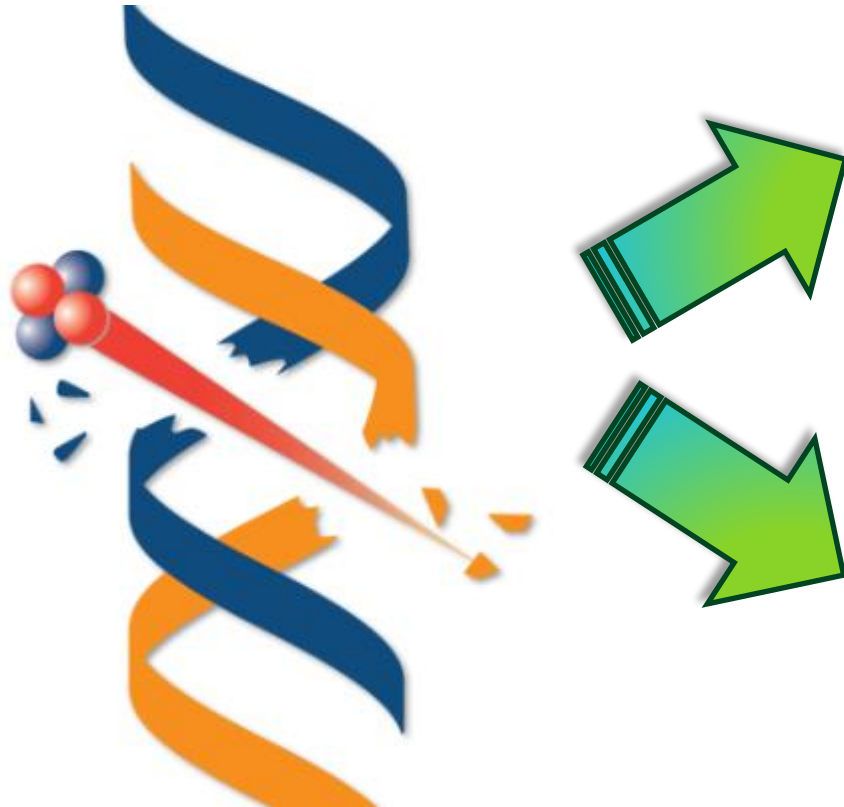


// HER2-TTC shows specific efficacy in HER2-low expressing cancers



*: p<0.05; **: p<0.01; ***: p<0.001; ****: p<0.0001

Areas of investigations within preclinical research

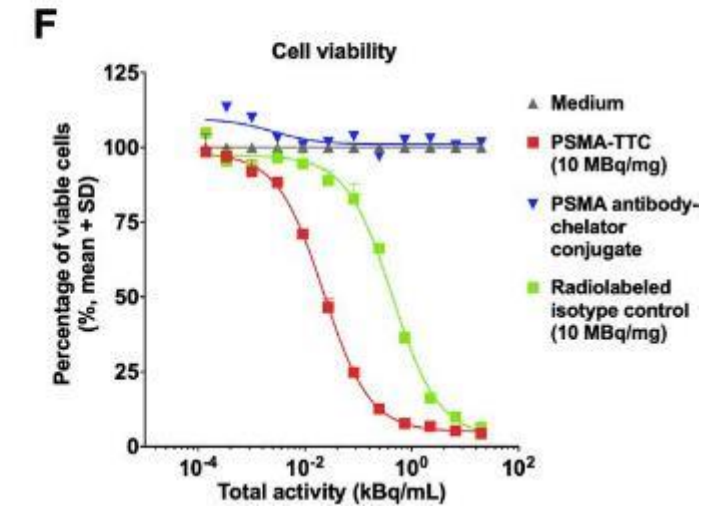
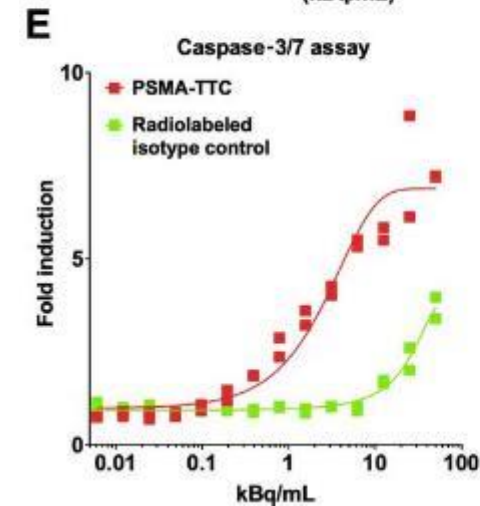
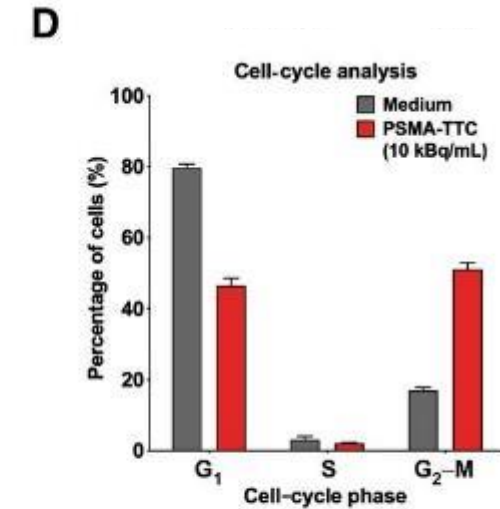
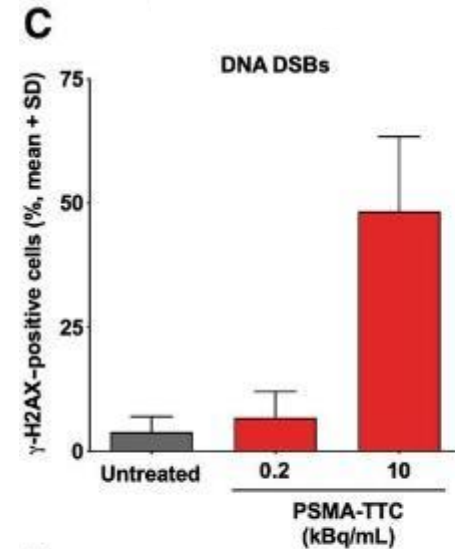
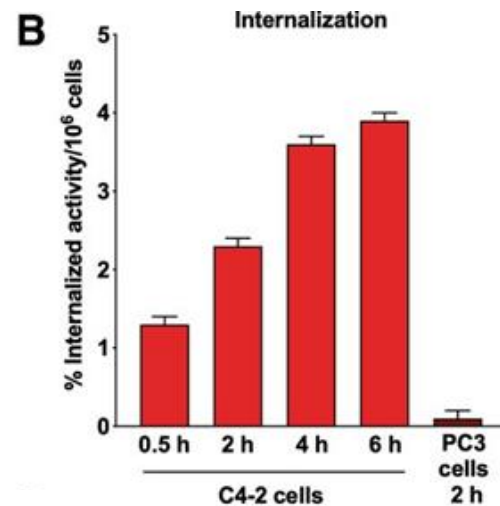
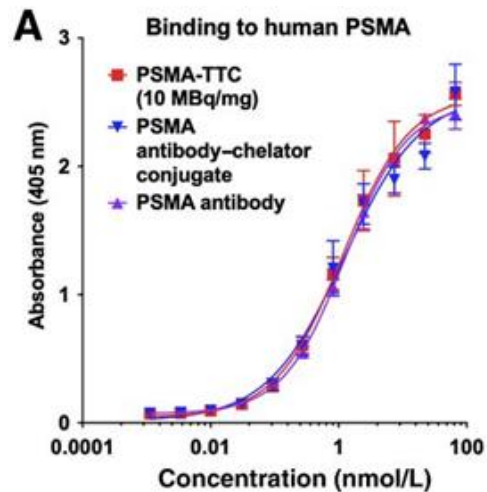


// **Development of new TAT therapeutics**

// **Effects of TAT /Sensitivity of cells to TAT**

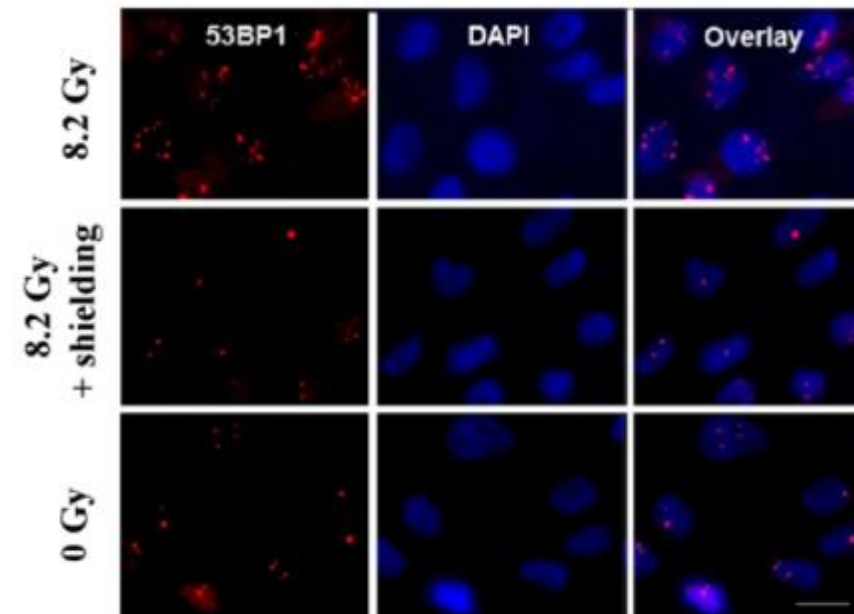
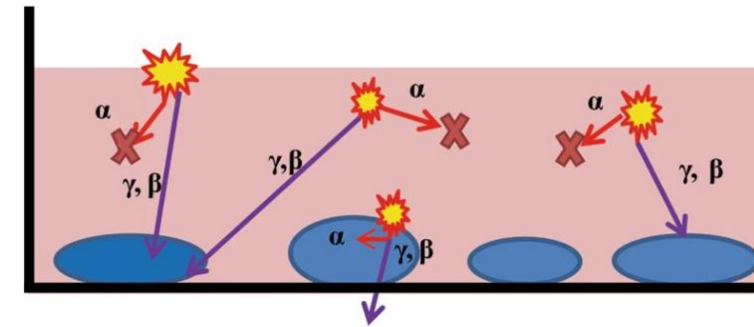
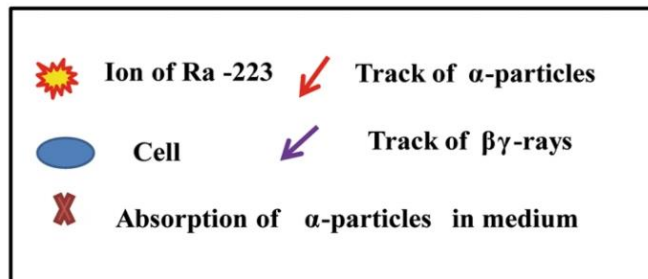
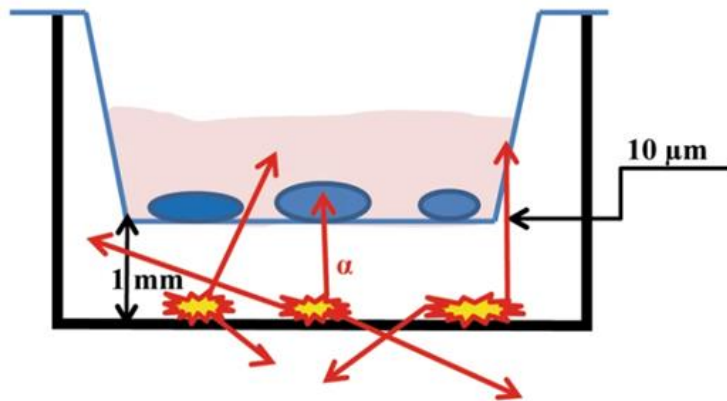
Stages of developing new TAT therapeutics

- 1. Find a good target!
- 2. Find a good targeting molecule!
 - Test for desirable in vitro characteristics (specific binding, internalization, damaging effects on target expressing cells)



Investigating alpha radiation effects on cells in vitro

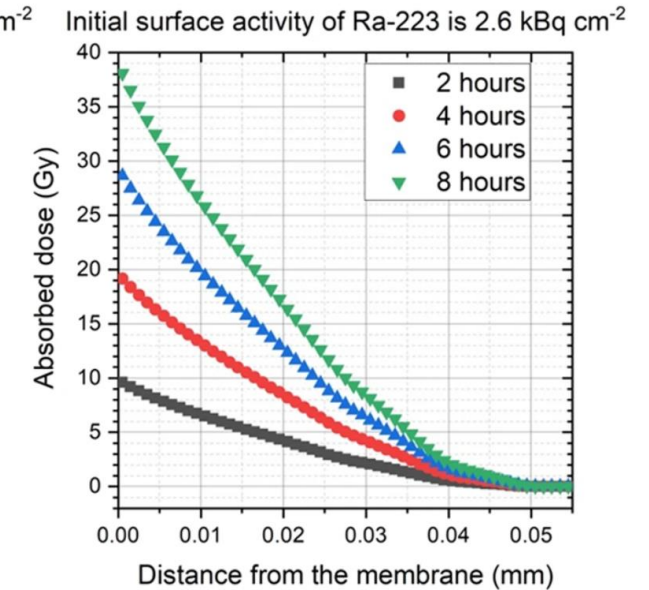
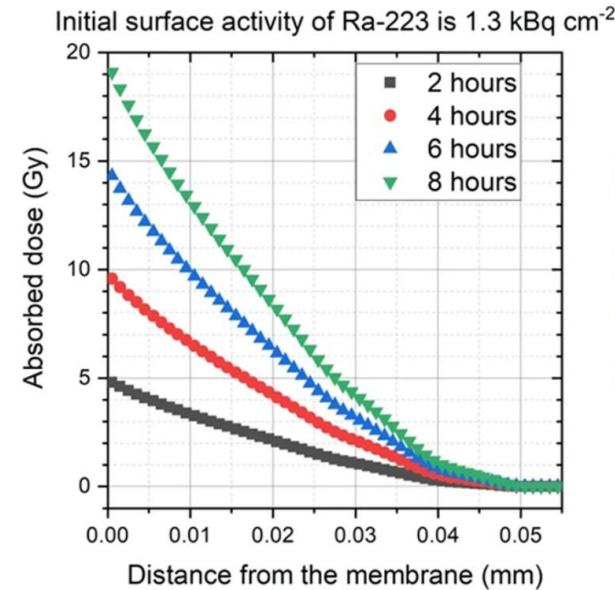
- Special considerations for alpha radiation:
 - Not just one decay but many daughters
 - Not just alpha but also beta and gamma
 - Alpha is easily shielded, so many experimental restrictions



Investigating alpha radiation effects on cells in vitro

- and how much dose is actually delivered to the cells?

Cell line		Length, μm	Width, μm	Height, μm
H460	cell	20	16	9
	nuclei	12.5	8.5	7
OVCAR-3	cell	18	15.7	14.7
	nuclei	13	10	10.3
COV362	cell	34.3	19.8	14.1
	nuclei	16.6	12.8	8.9
COV644	cell	32.6	17	9.8
	nuclei	14	9.7	3.2

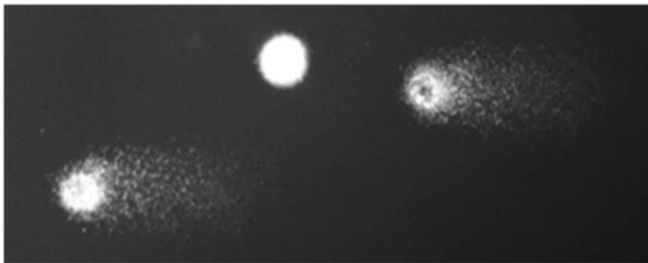


Cell line	2 h	4 h	6 h	8 h
H460	$4.1 \pm 1.3 \text{ Gy}$	$8.16 \pm 1.7 \text{ Gy}$	$12.2 \pm 2.1 \text{ Gy}$	$16.2 \pm 2.4 \text{ Gy}$
OVCAR-3	$3.86 \pm 0.9 \text{ Gy}$	$7.73 \pm 1.4 \text{ Gy}$	$11.50 \pm 1.8 \text{ Gy}$	$15.37 \pm 1.9 \text{ Gy}$
COV644	$4.30 \pm 0.8 \text{ Gy}$	$8.75 \pm 1.2 \text{ Gy}$	$13.16 \pm 1.5 \text{ Gy}$	$17.58 \pm 1.7 \text{ Gy}$
Average dose delivered	$4.1 \pm 0.2 \text{ Gy}$	$8.2 \pm 0.4 \text{ Gy}$	$12.3 \pm 0.7 \text{ Gy}$	$16.4 \pm 0.9 \text{ Gy}$

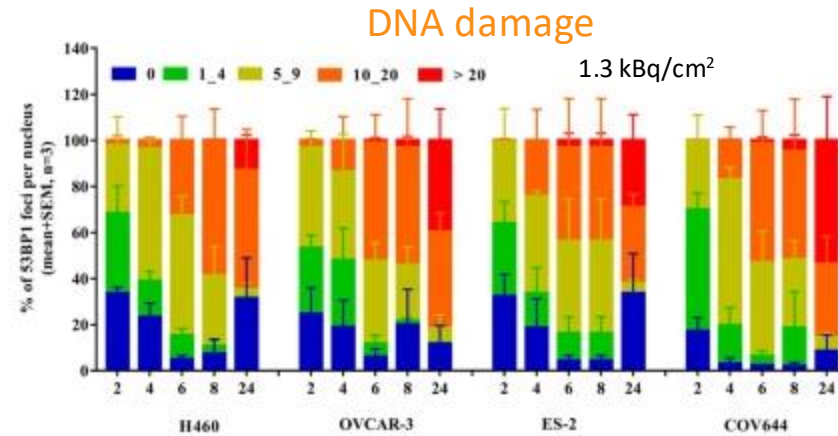
Investigating alpha radiation effects on cells in vitro

- Cells show variable sensitivity and reactions towards alpha radiation

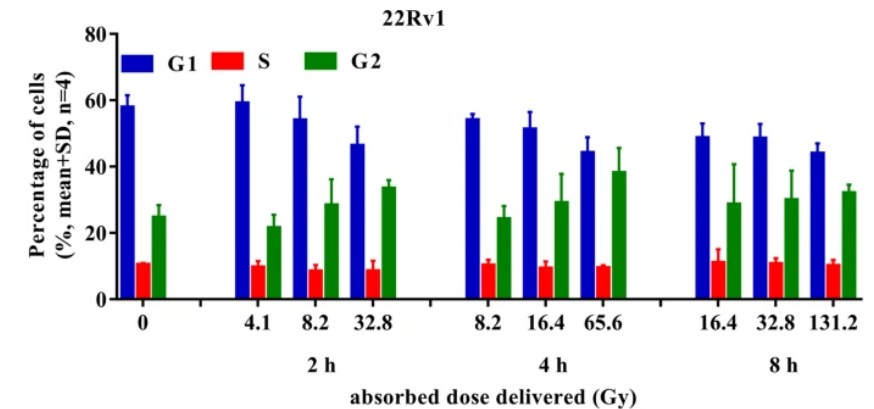
DNA breaks



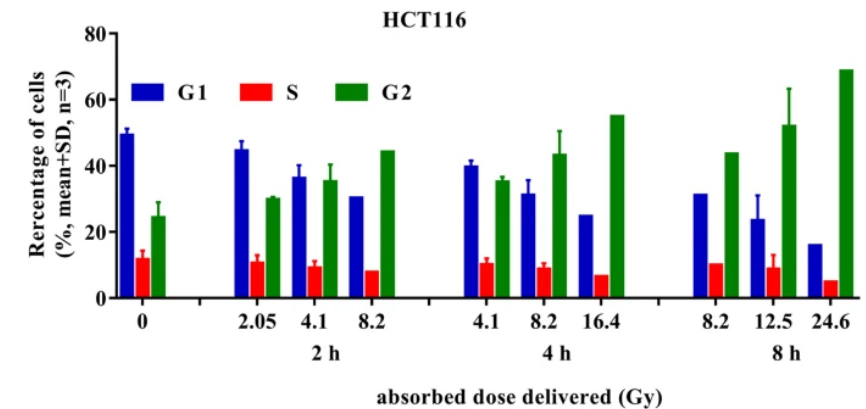
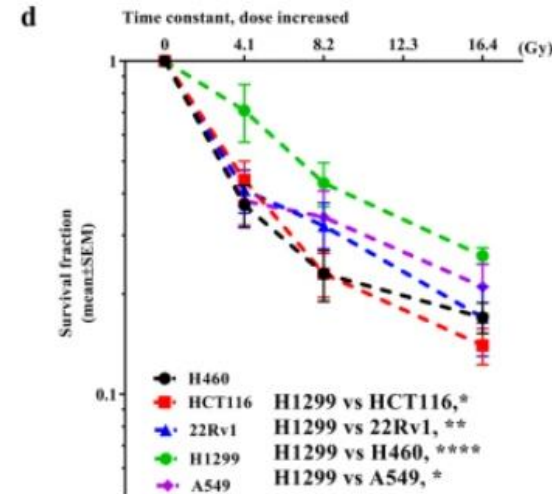
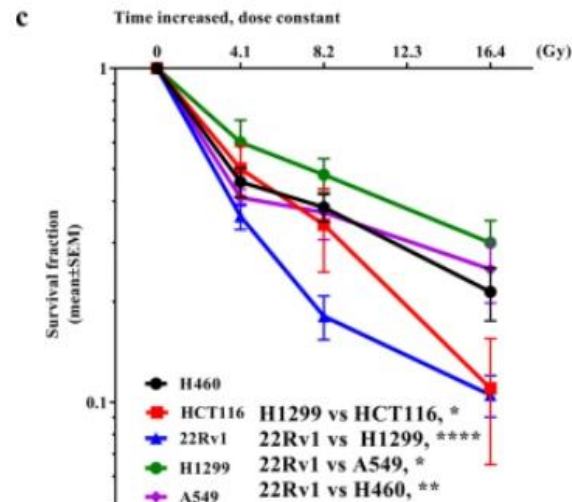
DNA damage



cell cycle arrest



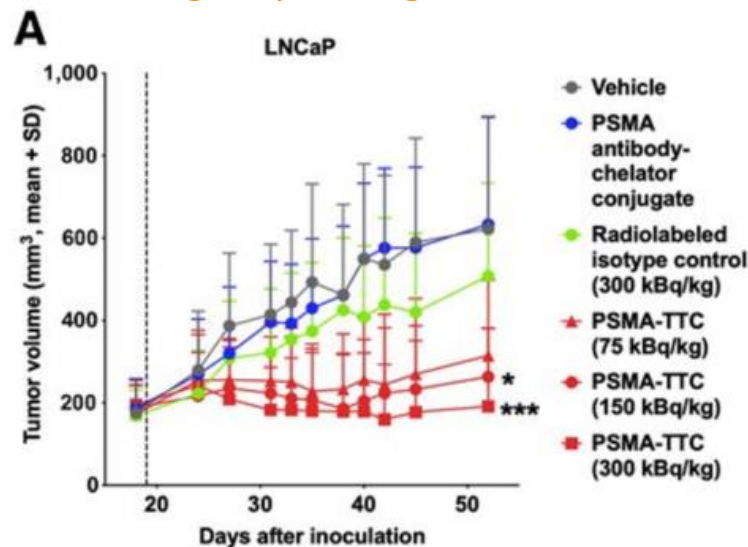
cell death



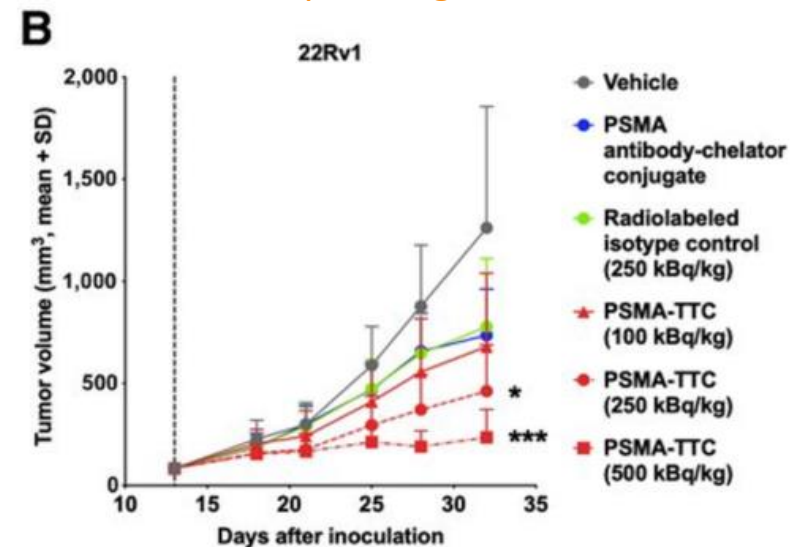
Stages of developing new TAT therapeutics

- 2. Find a good targeting molecule!
 - Test for in vivo characteristics (efficacy vs tumors, effects of target expression, effect on body weight)

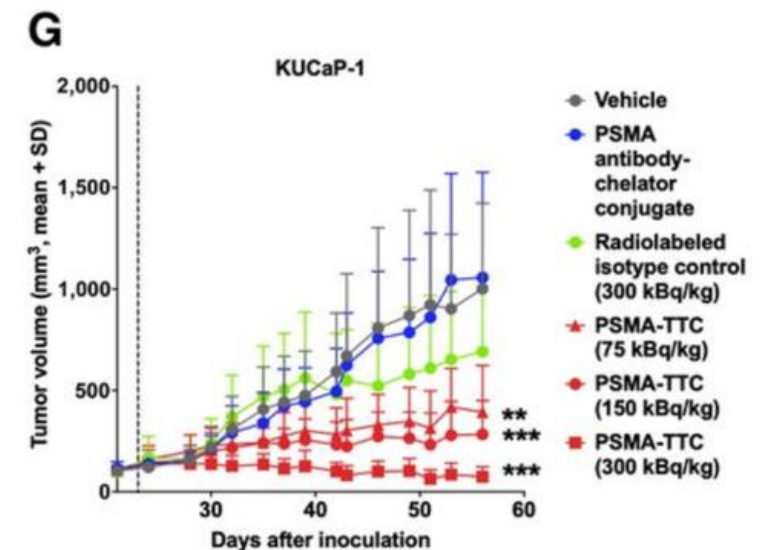
high expressing model



low expressing model



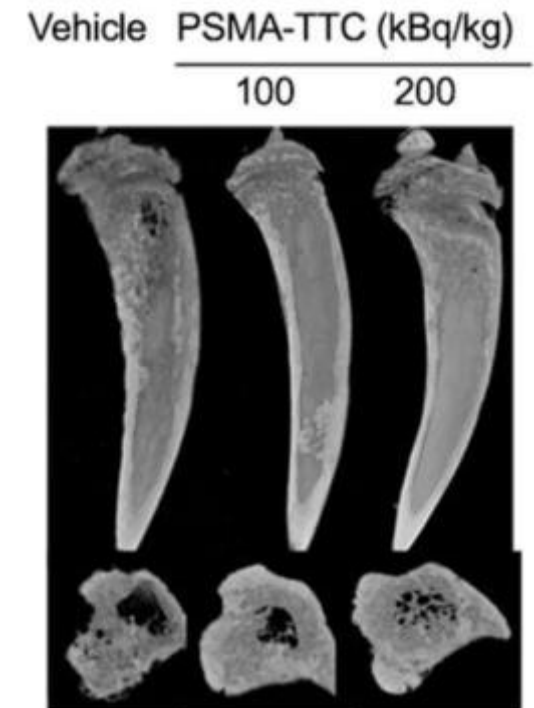
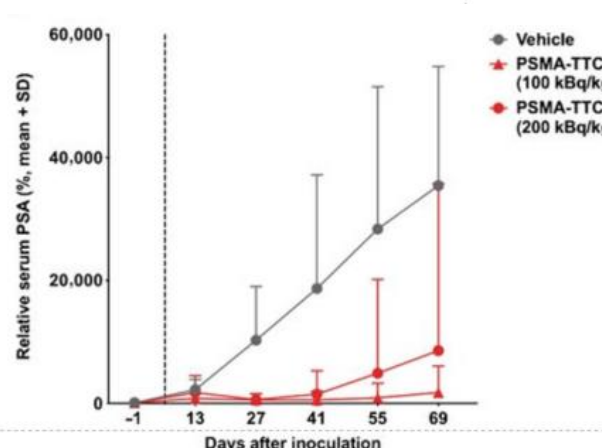
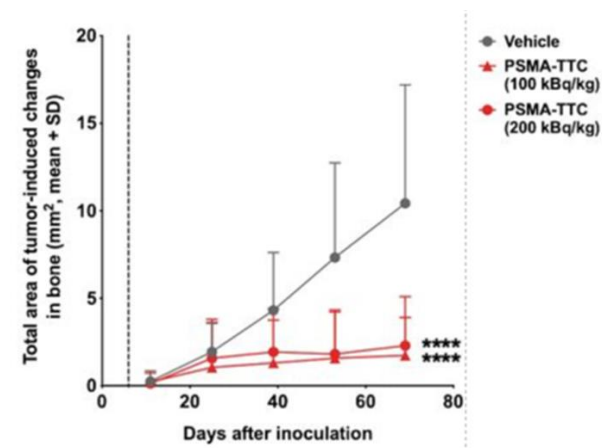
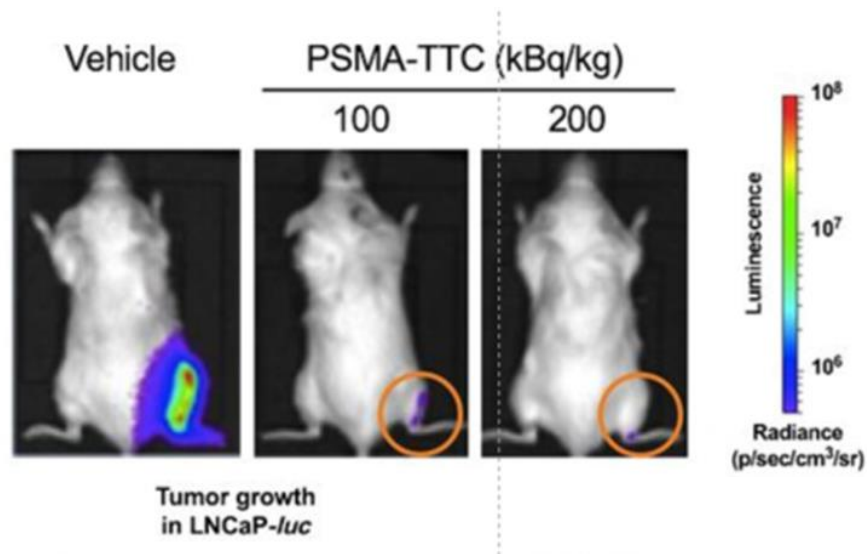
PDX model



Stages of developing new TAT therapeutics

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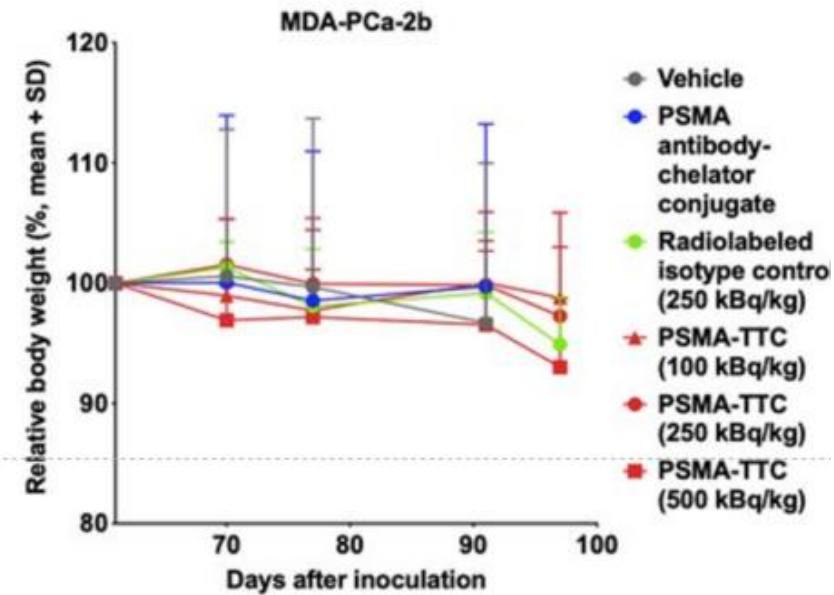
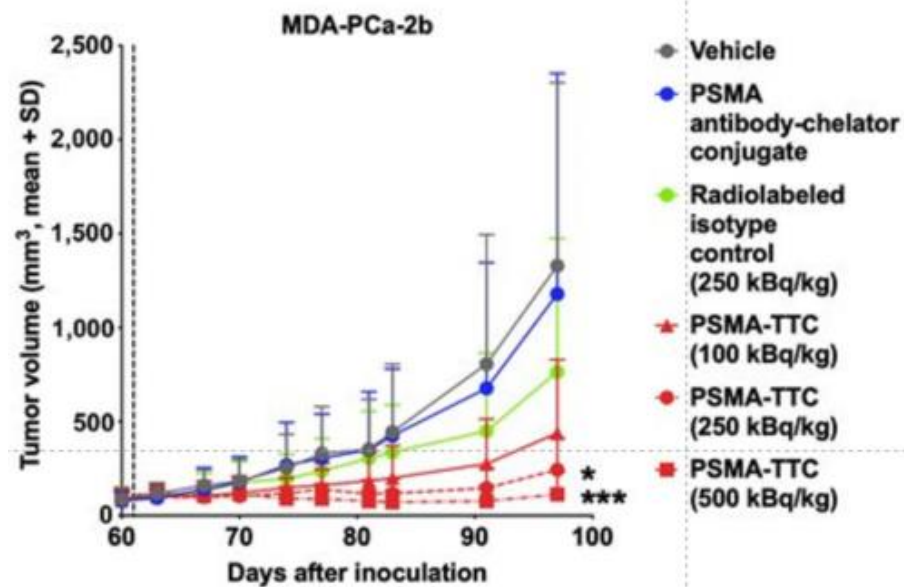
Bone metastasis model



Stages of developing new TAT therapeutics

- 2. Find a good targeting molecule!
 - Test for in vivo characteristics (efficacy vs tumors, effects of target expression, effect on body weight)

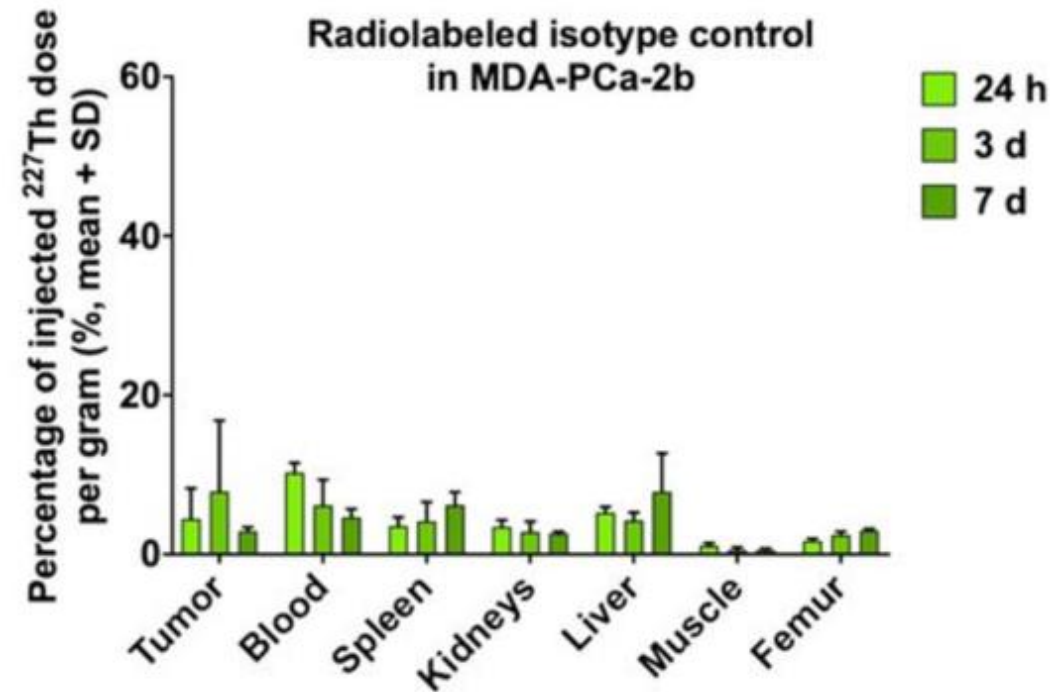
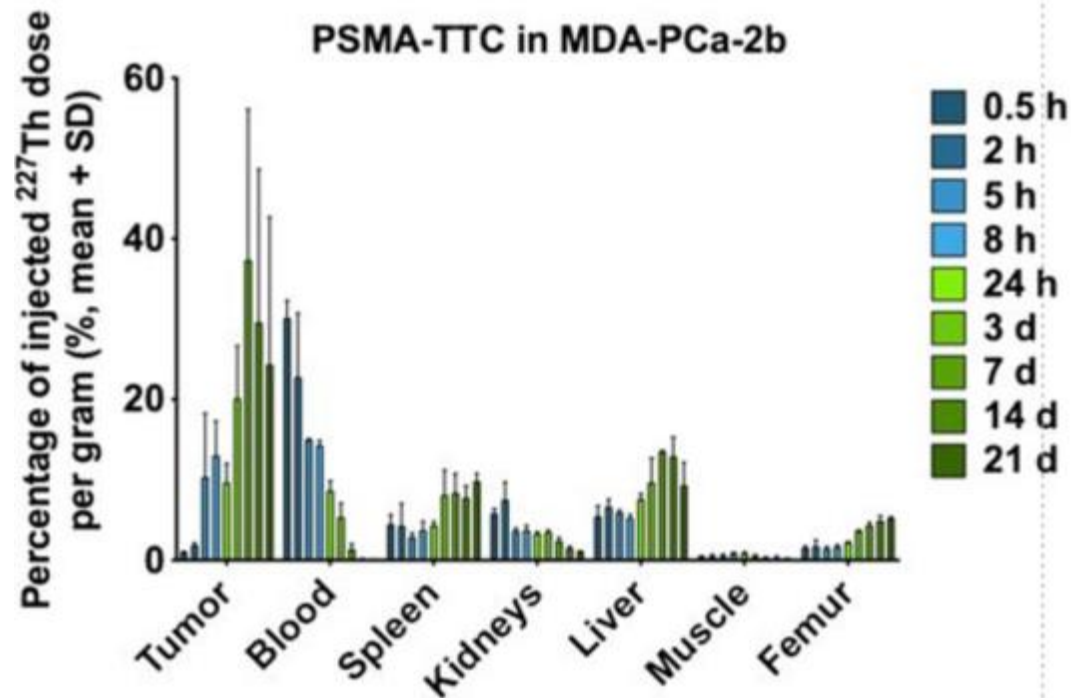
high expressing model



Stages of developing new TAT therapeutics

- 2. Find a good targeting molecule!
 - Test for biodistribution

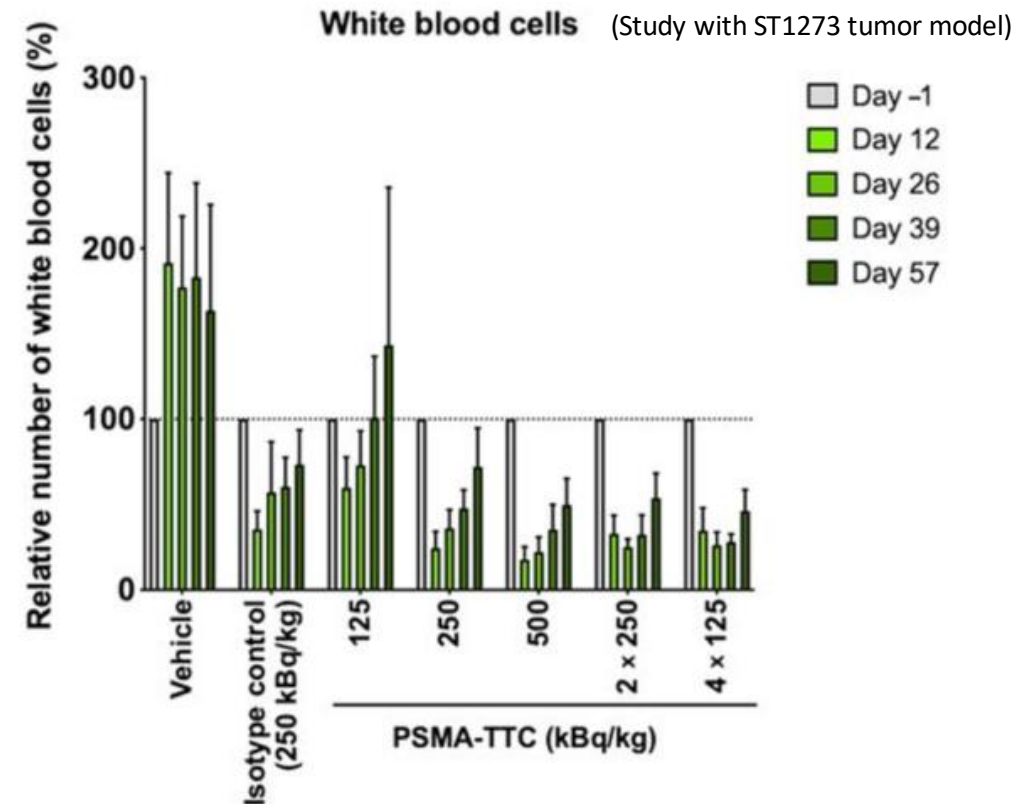
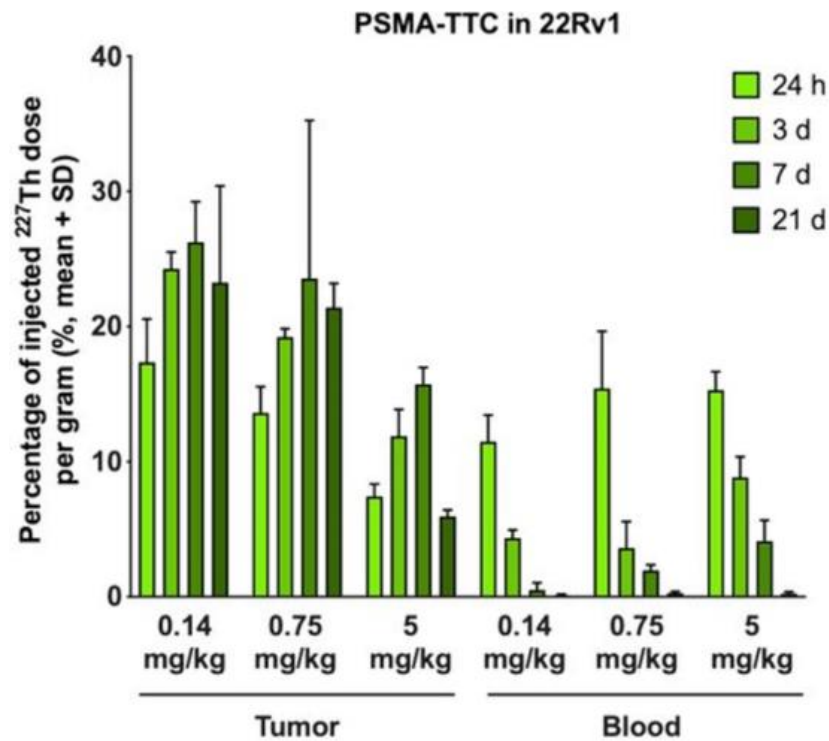
high expressing model



Stages of developing new TAT therapeutics

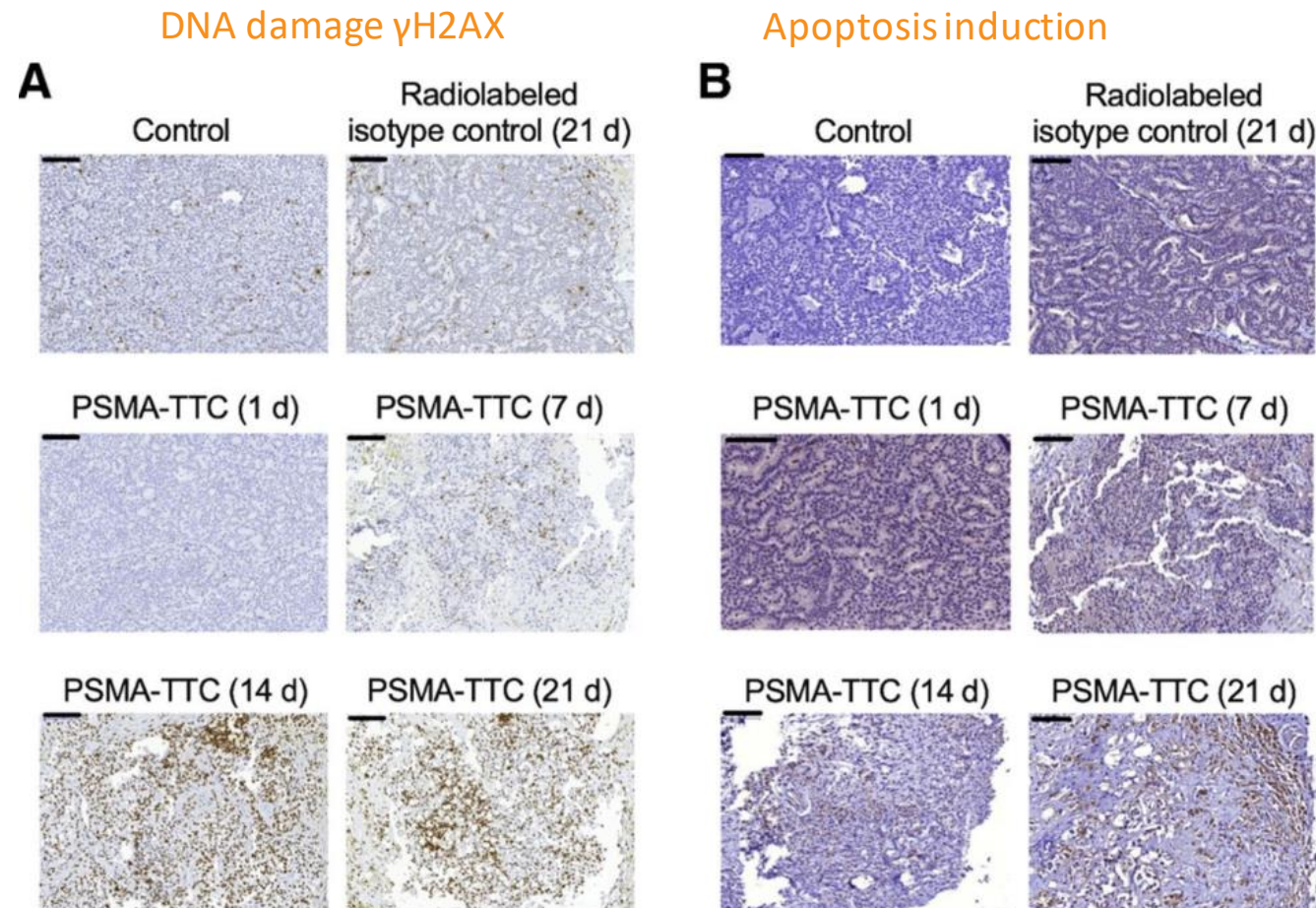
- 2. Find a good targeting molecule!
 - Test for biodistribution

effect of protein dose



Stages of developing new TAT therapeutics

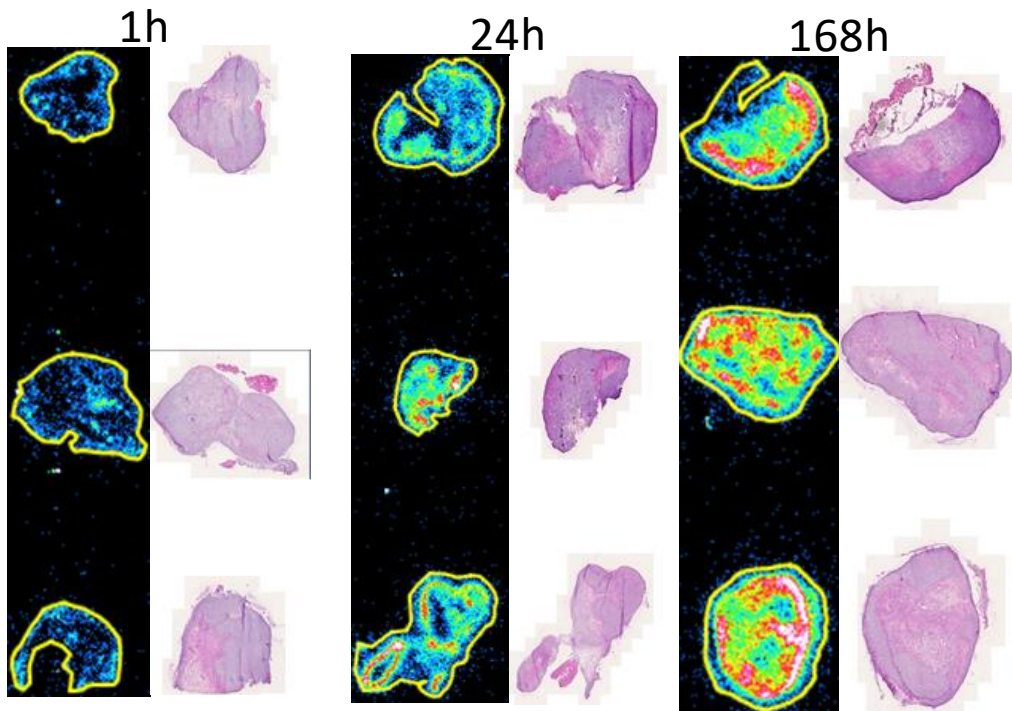
- 3. Detailed look into effects and side effects of the targeting molecule
 - Immunohistochemistry



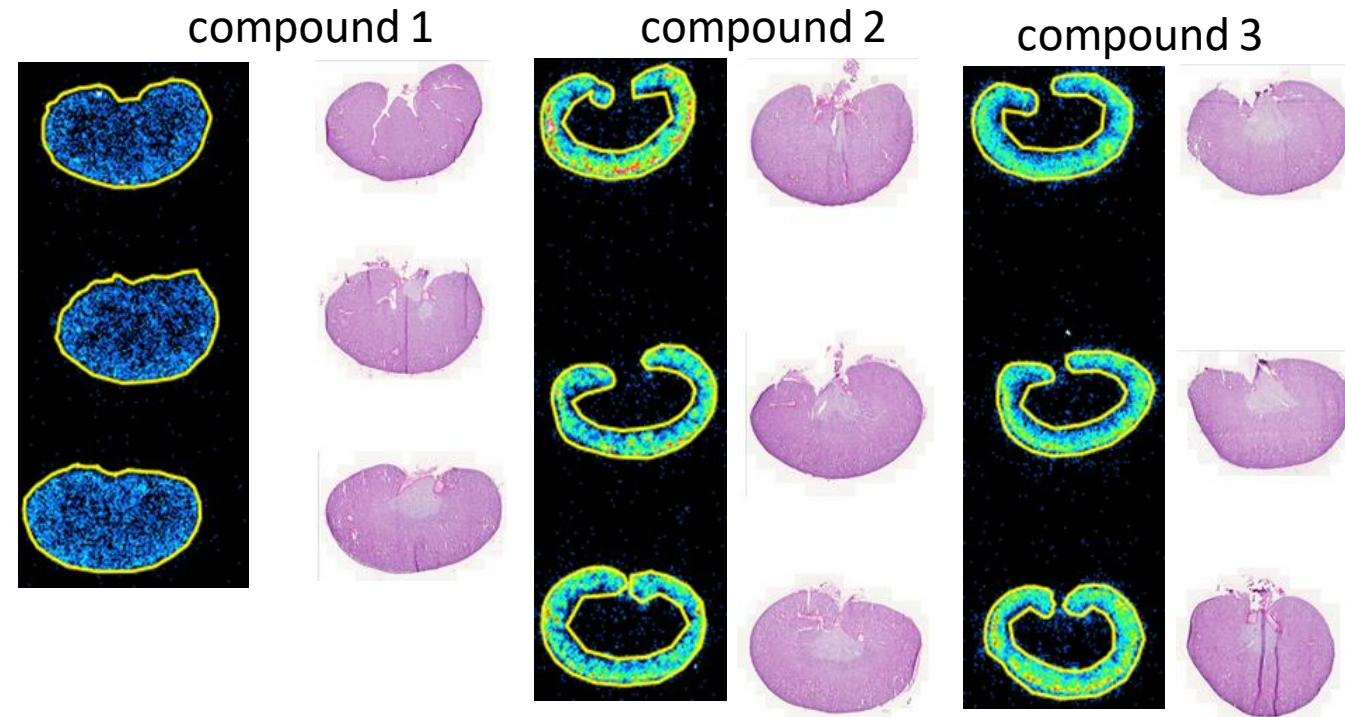
Stages of developing new TAT therapeutics

- 3. Detailed look into effects and side effects of the targeting molecule
 - autoradiography by a gas detectors for real-time

Tumor distribution over time



Kidney localisation of different compounds



- // Bayer has currently two clinical TTC programs in Ph1 dose escalation
- // Bayer is expanding its radionuclide portfolio into Ac-225 based molecules

- // Preclinical research is focusing on:
 - // 1. Find a good target!
 - // 2. Find a good targeting molecule!
 - Test for desirable in vitro characteristics (specific binding, internalization, damaging effects on target expressing cells)
 - Special considerations for alpha radiation (not just one decay but many daughters, not just alpha but also beta and gamma, Alpha is easily shielded, so many experimental restrictions)
 - Test for in vivo characteristics (efficacy vs tumors, effects of target expression, effect on body weight)
 - // 3. Detailed look into effects and side effects of the tracer (Immunohistochemistry, autoradiography)

// **Research & Development team in Oslo & Berlin**



Thank You

