ANNUAL MEETING ON WOMEN'S CANCER

TAMPA, FL • 2023

PATIENTS • PURPOSE • PROGRESS

Botensilimab, a novel innate/adaptive immune activator, plus balstilimab (anti-PD-1) in patients with recurrent platinum refractory/resistant ovarian cancer

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Financial Disclosures

I have the following financial relationships with ACCME defined ineligible companies to report over the past 24 months:

- Consulting: Blueprint Medicines & BiolineRx
- Research Support: Agenus, NanoView Biosciences

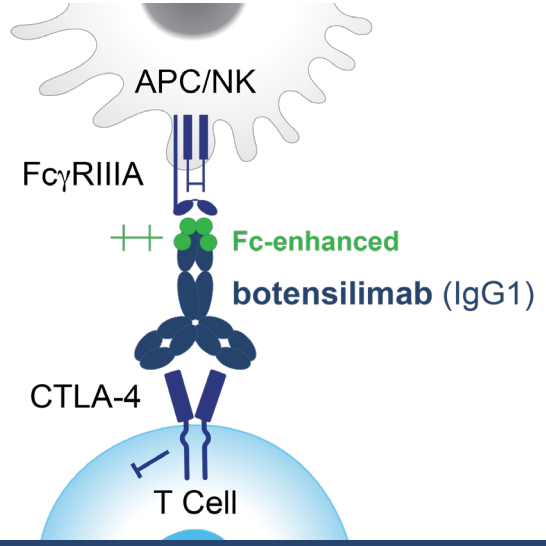
Unlabeled/Investigational Uses

I will be discussing unlabeled or investigational uses of botensilimab and balstilimab (pharmaceutical products) including clinical results from phase 1a/1b trial.

Active in ‘Cold’ and IO Refractory Tumors

botensilimab (BOT)

Fc-enhanced CTLA-4 Inhibitor

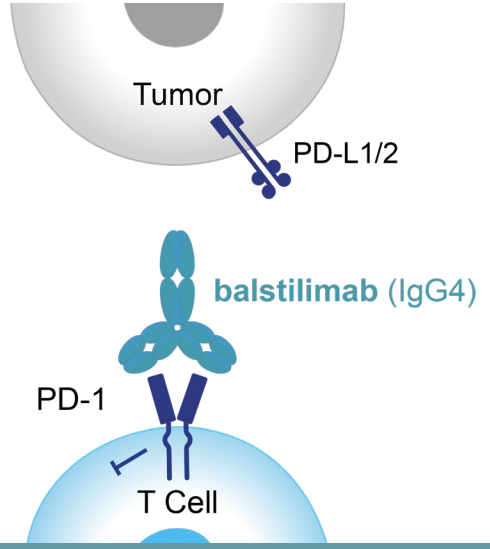


Active in ‘cold’ and IO refractory tumors[1,2]

- >300 patients treated across 4 trials
- ↑ T cell priming, expansion, memory[3,4]
- ↑ Frequency of activated APCs
- ↑ Treg depletion
- ↓ Complement mediated toxicity

balstilimab (BAL)

PD-1 Inhibitor



Safety and efficacy analogous to approved anti-PD-1 mAbs[5,6]

- >750 patients treated; 10 ongoing trials / 2 completed
- Complete blocker of PD-1-PD-L1/2 interactions
- Enhanced T cell activation and effector function

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1. El-Khoueiry AB. SITC 2021 Annual Meeting. Poster #479. 2. Wilky B. SITC 2022 Annual Meeting. Oral #778. 3. Waight et al. Cancer Cell. 2018;33(6): 1033-1047. 4. Levey D. SITC 2022. Annual Meeting. Oral #470. 5. O’Malley, et al. Gynecol Oncol. 2021; 163: 274-280. 6. O’Malley et al, J Clin Oncol. 2022; 40(7): 762-771.

C-800 Study Design: Ovarian Cohort

NCT03860272: First-in-human trial of botensilimab ± balstilimab in patients with advanced cancer[1]

Key Eligibility

- Platinum resistant / refractory
- Metastatic
- Prior IO allowed
- Crossover (rescue) from prior BOT monotherapy allowed

Evaluable Population

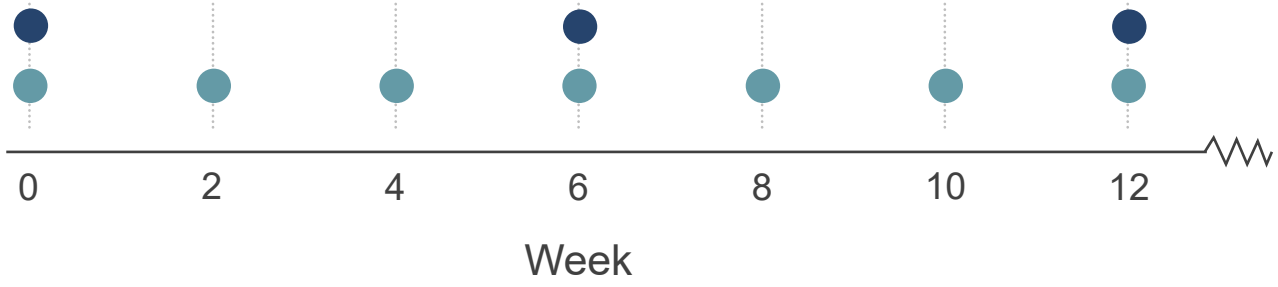
Treated with 1 or 2 mg/kg bot + bal as of 15 December 2022 with ≥1 Q6W imaging assessment

BOT + **BAL**

Fc-enhanced CTLA-4
1 or 2 mg/kg Q6W

PD-1
3 mg/kg Q2W

Combination therapy



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1. https://clinicaltrials.gov/ct2/show/NCT03860272.

Patient Characteristics (N=24*)

	ALL PATIENTS
Age, median (range)	64 (37-75)
ECOG PS at baseline, n (%)	
0	14 (58)
1	10 (42)
Prior lines of therapy	
Median (range)	4 (1-8)
Prior BEV	19 (79)
Prior I-O, n (%)	5 (21)
1 mg/kg botensilimab	7 (29)
2 mg/kg botensilimab	17 (71)

	ALL PATIENTS
Histology, n (%)	
High Grade Serous	19 (79)
Carcinosarcoma	1 (4)
Mixed (Clear Cell/Endometroid)	2 (8)
Clear Cell	2 (8)
BRCA 1/2, n (%)	2/13 (15)
PD-L1 positive (≥1%), n (%)	7/16 (44)
MSS, n (%)	24 (100)
TMB > 10 muts/Mb, n (%)	2/21 (10)

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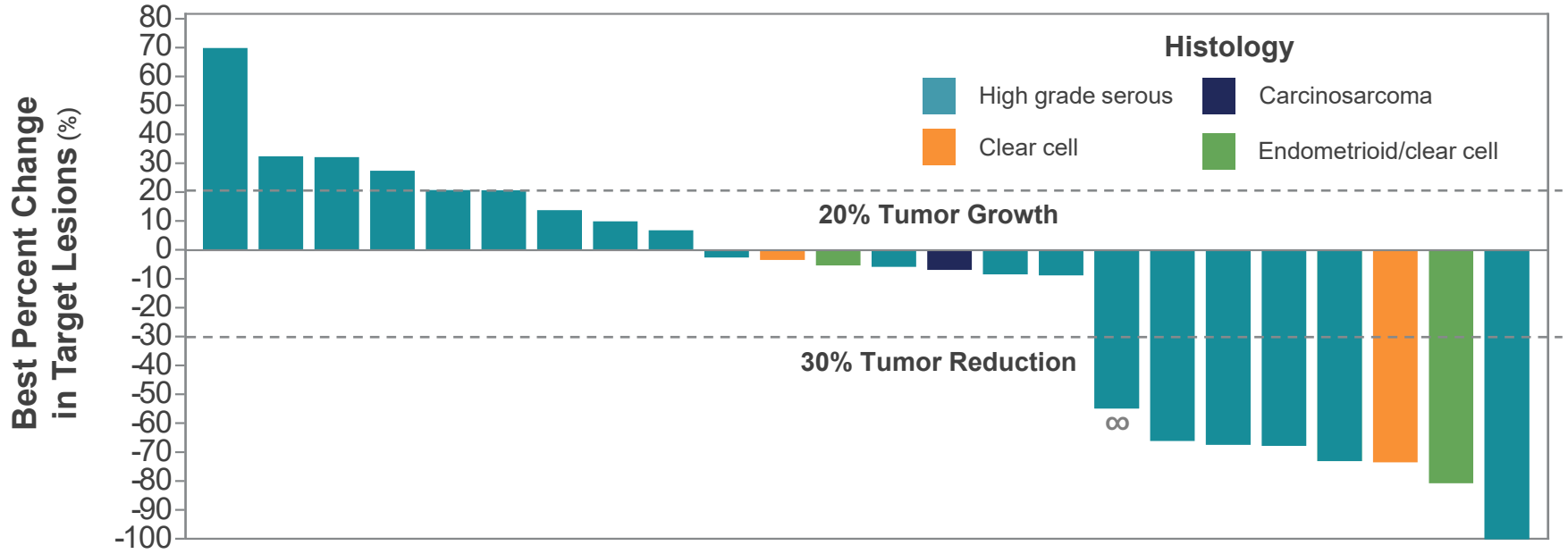
*8 additional patients treated as of 15 Dec 2022 who did not have a post-baseline scan at least 39 days after the first dose were excluded.

Deep Objective Responses



Efficacy			
ORR,* (95% CI)	**33%** (15.6-55.3)	**DCR (CR + PR + SD)**, (95% CI)	**67%** (44.7-84.4)
BOR, n (%)		Median DOR, months	NR (4.2, NR)
CR	1* (4)	Median F/U, months	6.9 (Range, 1.7-29.2)
PR	7* (29)		
SD	8 (33)		
PD	8 (33)		

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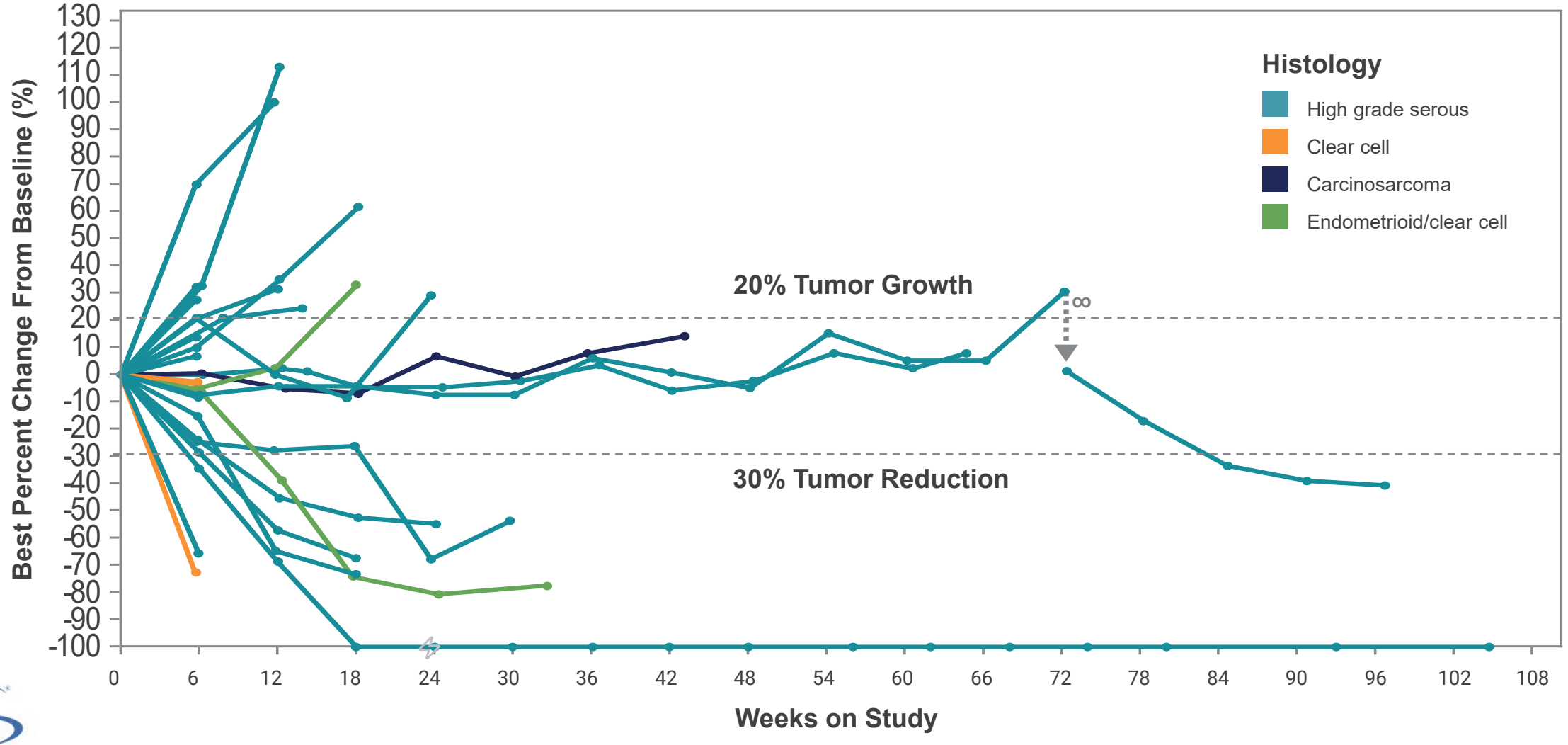
*Includes unconfirmed responses. uCR is a confirmed PR, 3 uPR (1 uPR will not confirm). ∞ Patient crossed over from monotherapy BOT to combination BOT/BAL.

Durable Responses & Disease Control



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ϟ Received radiation, no evidence of disease. ∞ Patient crossed over from monotherapy BOT to combination BOT/BAL, new RECIST baseline.

Safety (N=24)

All TRAEs of Any Grade in ≥15% of All Patients

n (%)	ALL GRADE	GRADE 3	GRADE 4
ANY TRAE	23 (96)	8 (33)	2 (8)†
GASTROINTESTINAL			
IM diarrhea/colitis*	11 (46)	5 (21)	0
Nausea	8 (33)	1 (4)	0
Vomiting	4 (17)	0	0
CONSTITUTIONAL			
Fatigue	9 (38)	1 (4)	0
Pyrexia	6 (25)	0	0
SKIN			
Rash	8 (33)	1 (4)	0
Pruritus	8 (33)	0	0
MUSCULOSKELETAL			
Arthralgia	5 (21)	0	0

- No pneumonitis, hypophysitis, myocarditis
- No treatment-related deaths

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* Immune-mediated (IM) diarrhea/colitis is defined as patients who received steroids or infliximab. † 1 patient had renal failure and 1 patient had GGT elevation, both of which have been resolved.

Summary & Future Directions

- Botensilimab is a multifunctional CTLA-4 antibody with enhanced T-cell priming, memory formation, and Treg depletion
- BOT + BAL has demonstrated deep and durable responses in platinum resistant/refractory ovarian cancer
- Manageable safety profile
- C-800-01 continues to enroll ovarian and endometrial patients

Acknowledgments

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