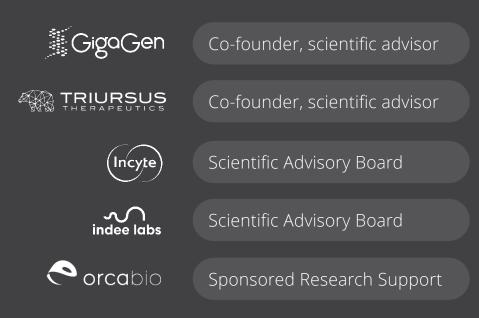
Orca-T, a Precision Treg-Engineered Donor Product, in Myeloablative HLA-Matched Transplantation Prevents Acute and Chronic GVHD with Less Immunosuppression in an Early Multicenter Experience

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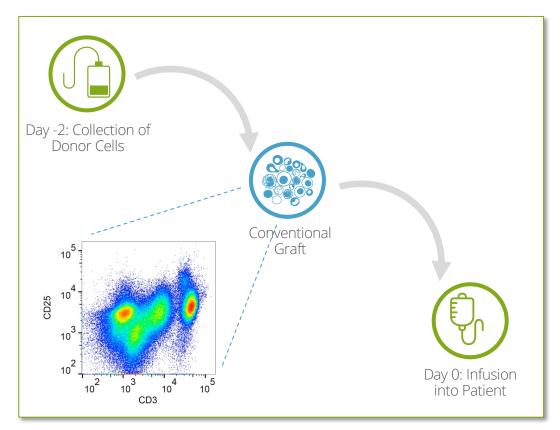
Conflicts of interest Everett Meyer, MD, PhD





Regulatory T cells (Tregs) in hematopoietic stem cell transplantation

Conventional Transplant

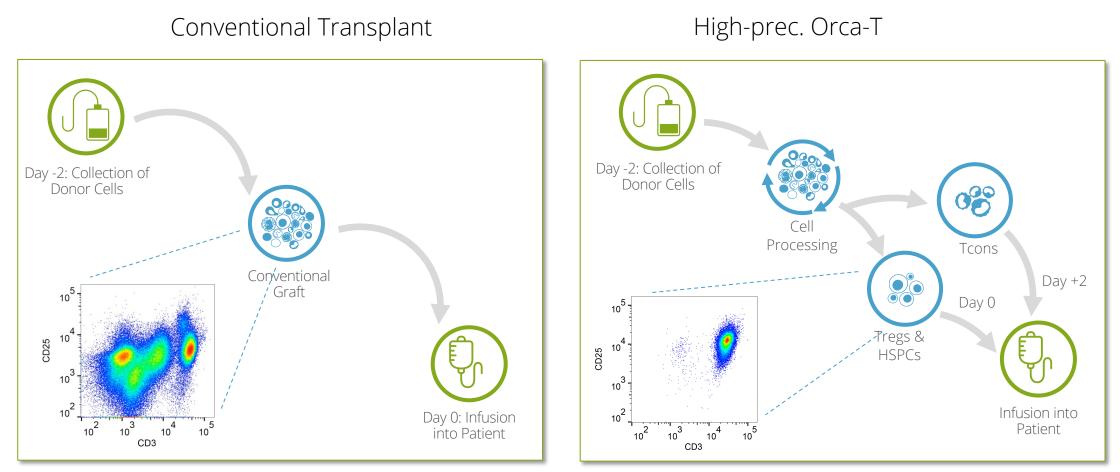




Eddinger et al. Nature Medicine 2003 Sep;9(9):1144-50. | Trzonkowski et al. Clin Immunol. 2009 Oct;133(1):22-6. Di Ianni M, et al. Blood. 2011;117(14):3921–3928. | Brunstein, et al. Blood 2016 Feb 127 (8):1044-51. | Kellner H, et al. Oncotarget 2018 Nov 2;9(86):35611-35622.



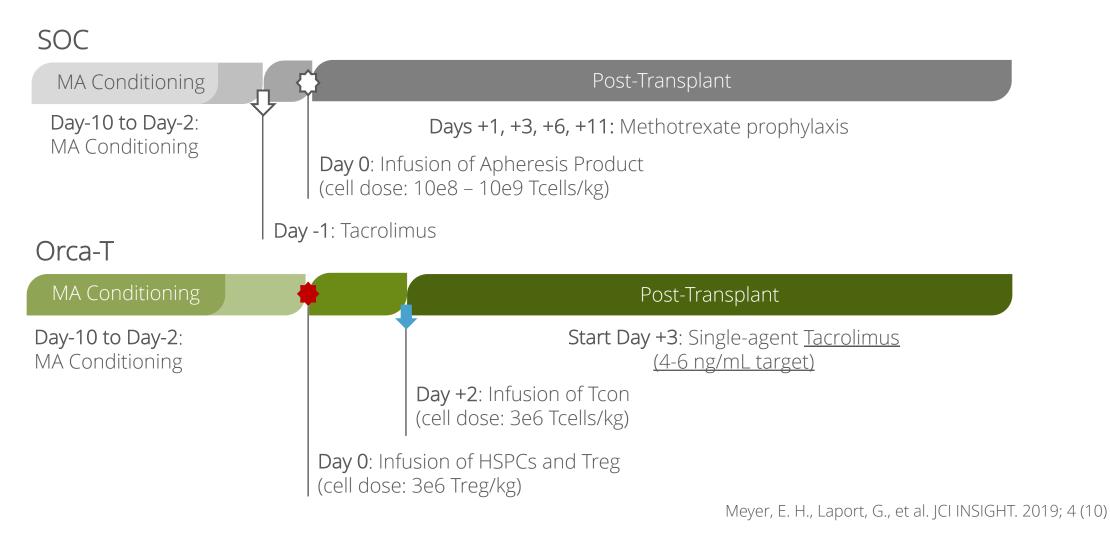
Regulatory T cells (Tregs) in hematopoietic stem cell transplantation



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Clinical protocol Orca-T





Clinical protocol Orca-T

Eligible Patients

High risk, MRD+, active disease

Leukemia, lymphoma, MDS, MPN

Myelodysplastic syndrome

KPS >70

Age <65

Matched related or unrelated donor

NCT01660607	Stanford Single Center Phase 2 Trial
NCT04013685	Orca Multicenter Phase 1b Trial



Patient demographics Orca-T and SOC control cohort

	Orca-T*	SOC Control Cohort
Cohort size	50	144
Median age (range)	47 (20-65)	48 (20-64)
% Male	52%	49%
Race White	60%	44%
African American	2%	2%
Asian	14%	19%
Unspecified	26%	30%
Primary Disease % AML	42%	39%#
ALL	28%	26%
CML	4%	6% #
B-cell lymphoma	2%	8% #
MDS/MF	16%	19% #
Other (E.g. mixed phenotype acute leukemia)	8%	2%
Graft source HLA-matched siblings/URD	62%/38%	56%/44%
% with active leukemia at time of transplant	23%	21%
Median f/u (days)	223 days (30 – 1561 days)	886 days (55-1783)

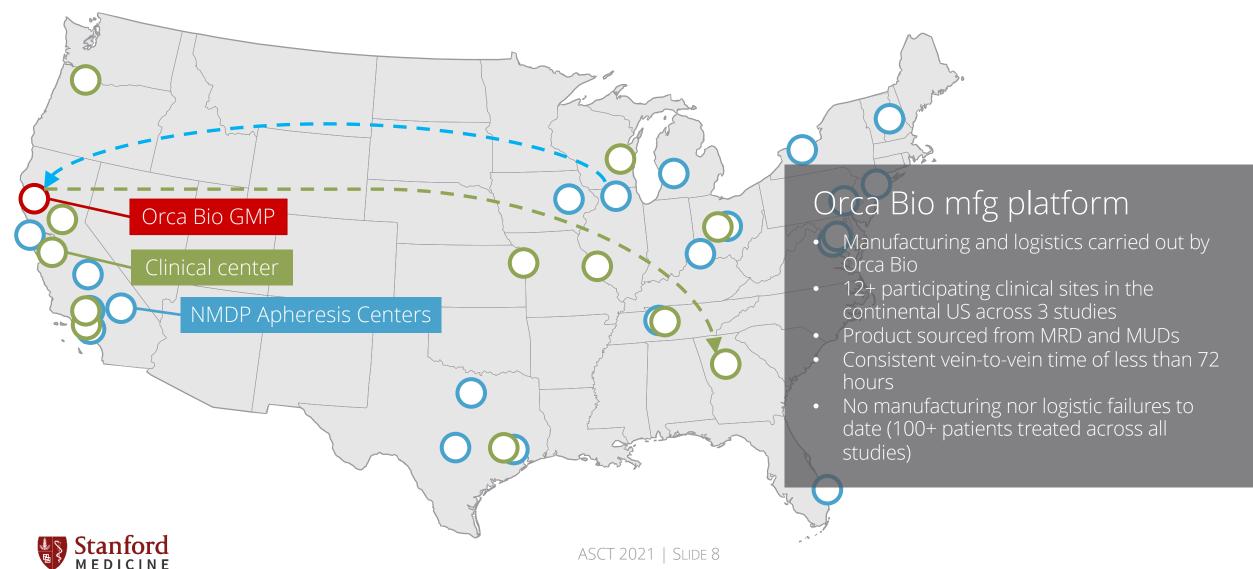
* subjects with ≥ 30 days f/u. Data from NCT04013685 and NCT01660607

these numbers have been edited post TCT



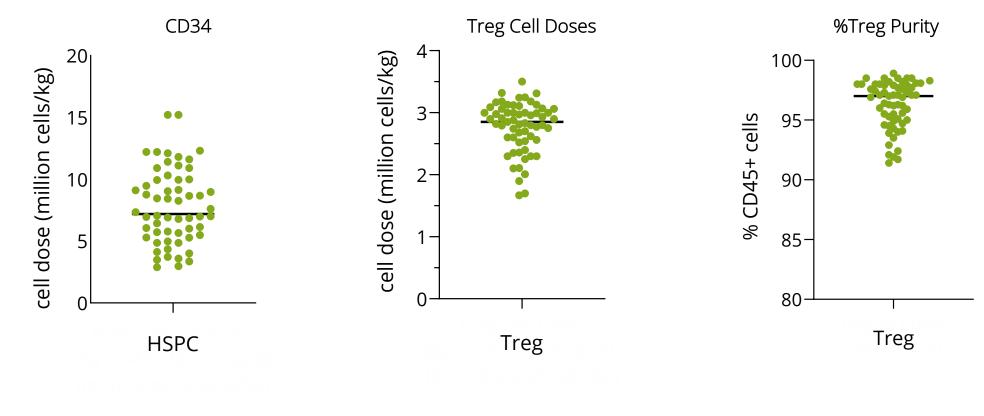
Orca-T manufacturing and supply

Vein-to-vein times of less than 72 hours across the continental US



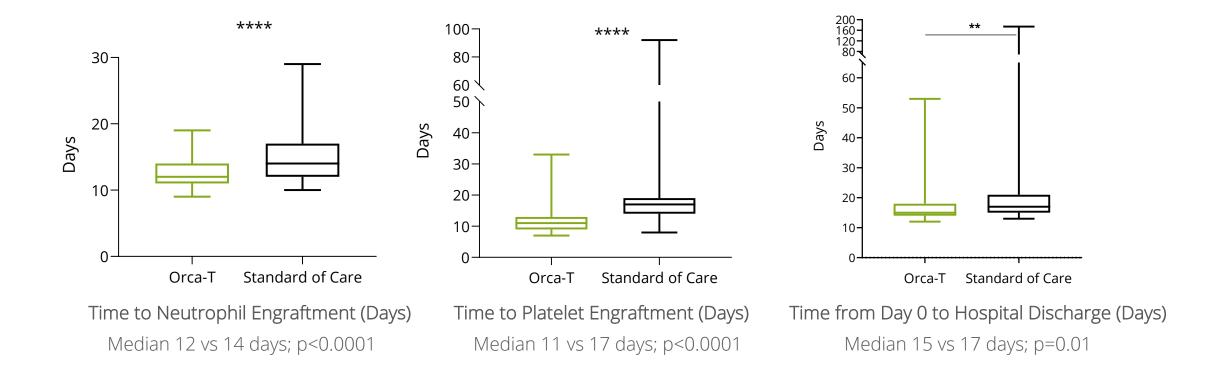
Orca-T manufacturing and supply

Central manufacturing with consistent quality and performance to date





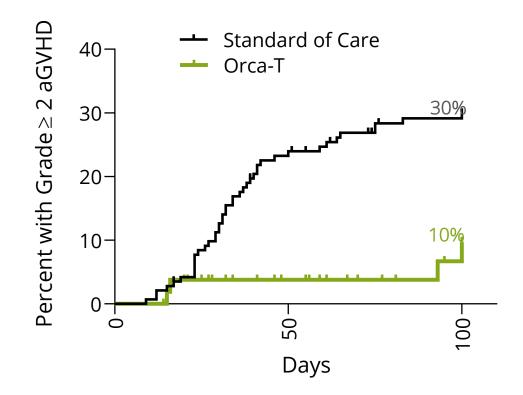
More rapid engraftment and hospital discharge with Orca-T





Reduction of acute GVHD with Orca-T

<u>Grade ≥2 Acute GVHD</u>

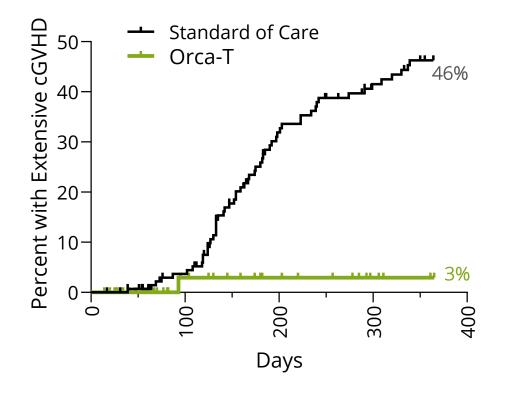


Organ	Stage	Grade (MAGIC)	Steroid response	Secondary response
GI tract	3	3	Responsive	n/a
GI tract	3	3	Unresponsive	Resp. to ruxolitinib
Liver	1	2	Responsive	n/a
GI tract	1	2	Responsive	n/a



Reduction of Chronic GVHD with Orca-T

Chronic GVHD



Organ	Severity (NIH Consensus)	Steroid response
Skin and soft tissue	Moderate	Responsive



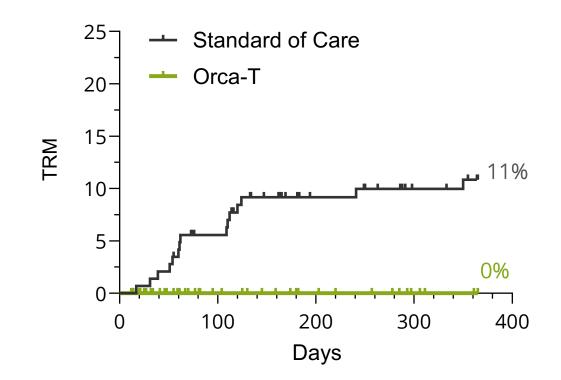
Orca-T plus single-agent GVHD PPX is well-tolerated

(n=50) CMV					
No reactivation Low level viremia Required treatment	n=36 (72%) n=8 (16%) n=6 (12%)				
Other infections					
 EBV reactivation BK viruria/viremia Rhinovirus C. Difficile Bacteriemia 	n=8 (1 requiring the n=4 n=1 n=4 n=7	erapy)	 URI (Adenovirus) HHV-6 COVID-19 Fungal infections Pneumonia 	n=3 n=2 - -	
• Norovirus	n=1	1810	 minimal complica % (n=9) of patients have e % of patients with SOS/V(b deaths due to infection t 	xperienced s OD	



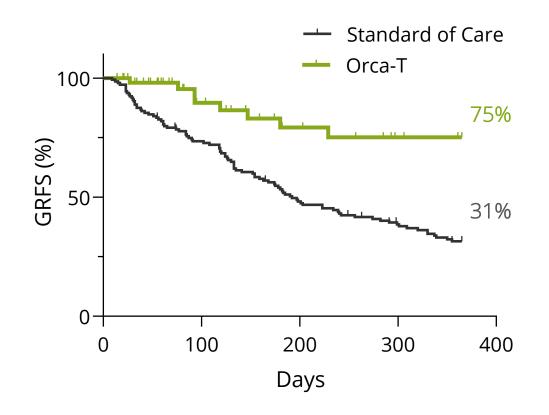
No treatment-related mortality noted with Orca-T to date

Treatment-Related Mortality





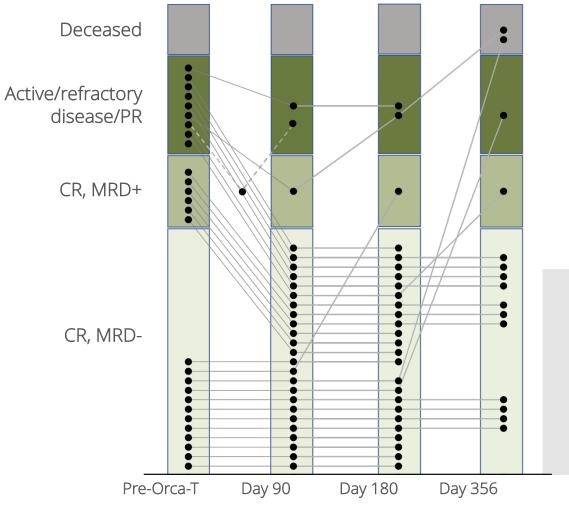
Profound improvement in GVHD-free relapse-free survival (GRFS) with Orca-T



GVHD event: Grade 3 or greater acute and moderate to severe chronic GVHD



Disease status pre- and post-transplant in Orca-T patients

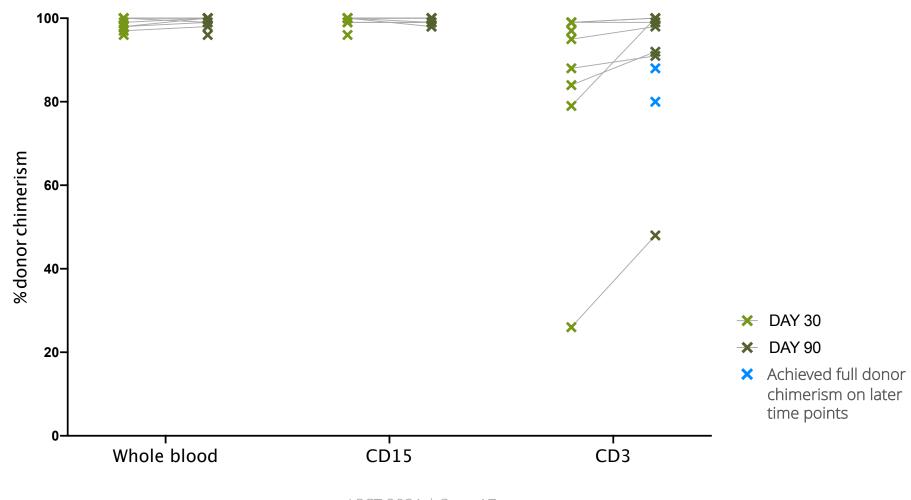


Orca-T retains GvT effect

- Despite markedly reduced GVHD rates with Orca-T, early data suggests that GvT effect is preserved
- Patients at relapse or with at least 180 days of follow up.



Donor chimerism at day +30 and day +90





Orca-T presentation summary



Graft versus Host Disease

Orca-T demonstrates significantly reduced GVHD



Treatment Related Mortalities No TRMs with Orca-T observed to date



GVHD relapse-free survival 1-yr GRFS more than doubled with Orca-T compared to standard of care



Mfg and Logistics Scalability Orca-T is scaled across the continental US with vein-to-vein times < 72 hours



Acknowledgments

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AMY STRELZER MANASEVIT RESEARCH PROGRAM





