



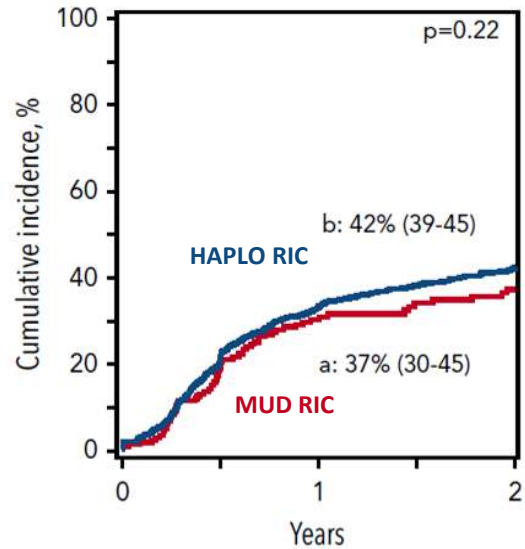
Orca-Q Demonstrates Favorable GvHD-and-Relapse-Free Survival in Haploidentical Transplants without Post-Transplant Cyclophosphamide

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Background

- Allogeneic hematopoietic stem cell transplantation (alloHSCT) has traditionally been limited to patients with HLA-matched donors
- Post-transplant cyclophosphamide (PTCy) has recently enabled patients with haploidentical (HAPLO) donors to receive alloHSCT. However, GvHD-and-relapse-free survival rates (GRFS) in this population remain low



Relapse following RIC regimens

Myeloablative regimen	
Day-28 neutrophil recovery	94 (92-95)
Day-100 platelet recovery	87 (85-89)
1-y graft failure	4 (3-6)
Day-100 grades 2 to 4 acute GvHD	33 (30-37)
Day-100 grades 3 and 4 acute GvHD	10 (8-12)
1-y chronic GvHD	33 (30-36)

GvHD following MAC regimens

Study Objective

Orca-Q is an investigational, precision-engineered cell therapy comprised of stem and immune cells isolated from a suitable donor, that is hypothesized to reduce GvHD, relapse, and serious infections

Here, we investigate Orca-Q as a therapy that can be administered with single agent GvHD prophylaxis and does not require PTCy

Study Design

Adult patients (18 to 65 years) with high-risk hematologic malignancies eligible for MAC alloHSCT were enrolled between January 2019 to July 2022 in a dose expansion haplo donor arm of a multicenter phase 1 study of Orca-Q (NCT03802695)

Orca-Q (NCT03802695)

- Acute leukemia (AML, ALL)
- Myelodysplastic syndrome (very high- or high-risk)
- Myelofibrosis

Haploidentical ($\geq 4/8$ but $< 7/8$ matched related donor at HLA-A, -B, -C, and -DRB1)

HCT-CI ≤ 4

KPS ≥ 70

Adequate organ function

Primary objectives

Safety, tolerability, efficacy

Secondary objectives

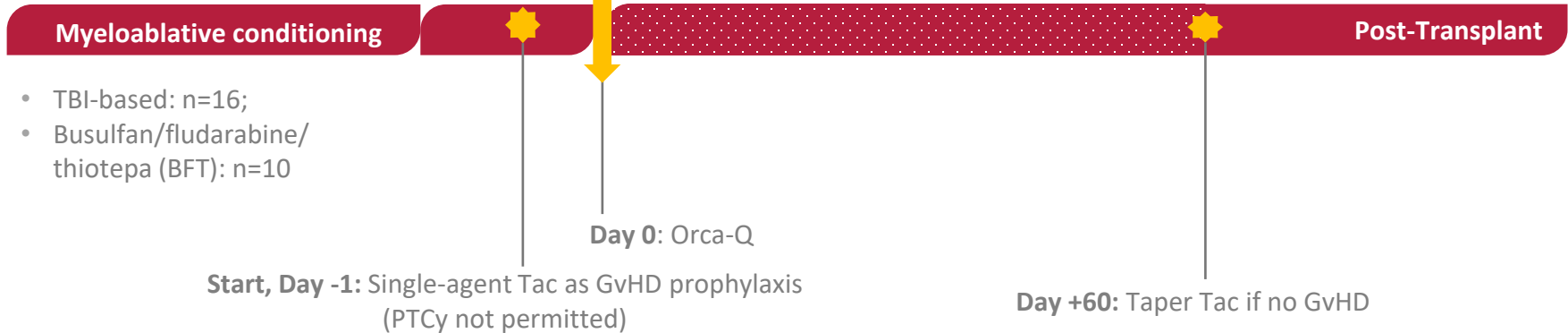
Engraftment

Baseline Characteristics

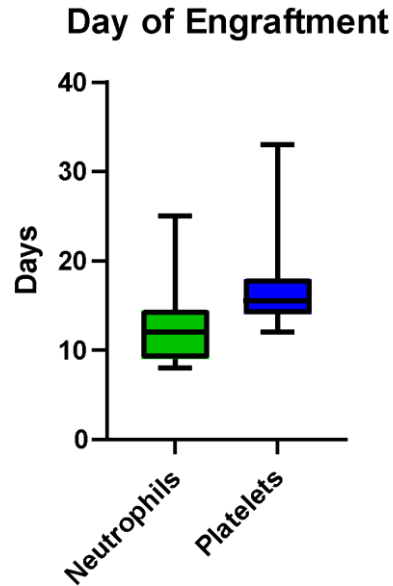
Parameter		n = 26
Disease	ALL	9
	AML	15
	CML - bc	2
Disease Status (<i>All in CR/CRi</i>)	MRD negative	22
	MRD positive	3
	Unknown	1
Median age (range), years		43 (21-63)
Median follow-up (range), days		211 (32-1125); 9 patients with > 1 year f/u
Disease risk index	Very high	2
	High	4
	Intermediate	17
	Low	3
Male:Female		18:8
Race/Ethnicity	Hispanic/Latino	10
	White	7
	African American	4
	Asian	5

Orca-Q Manufacturing and Transplant

- Manufactured centrally at Orca Bio's cGMP Manufacturing Facility in Sacramento, CA
- Derived from G-CSF mobilized peripheral blood apheresis



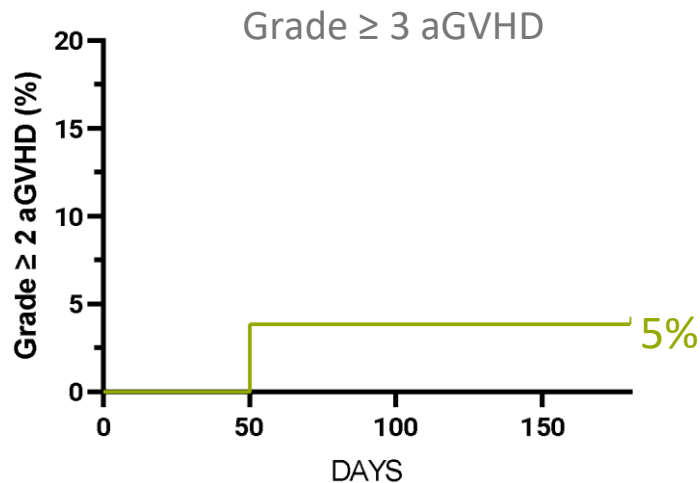
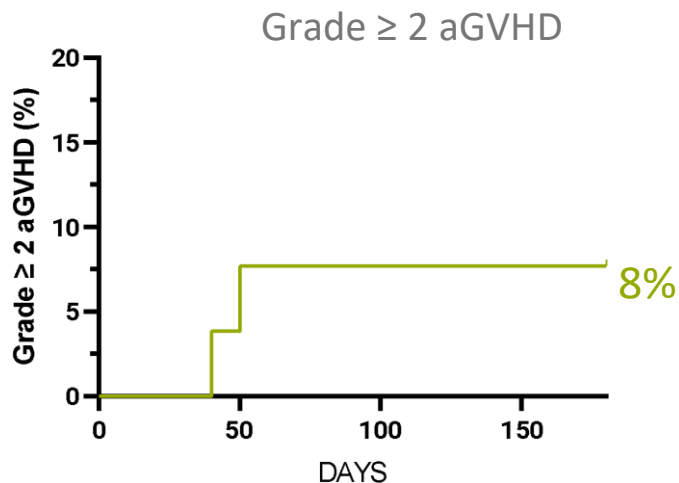
Rapid Engraftment Observed in Orca-Q Patients



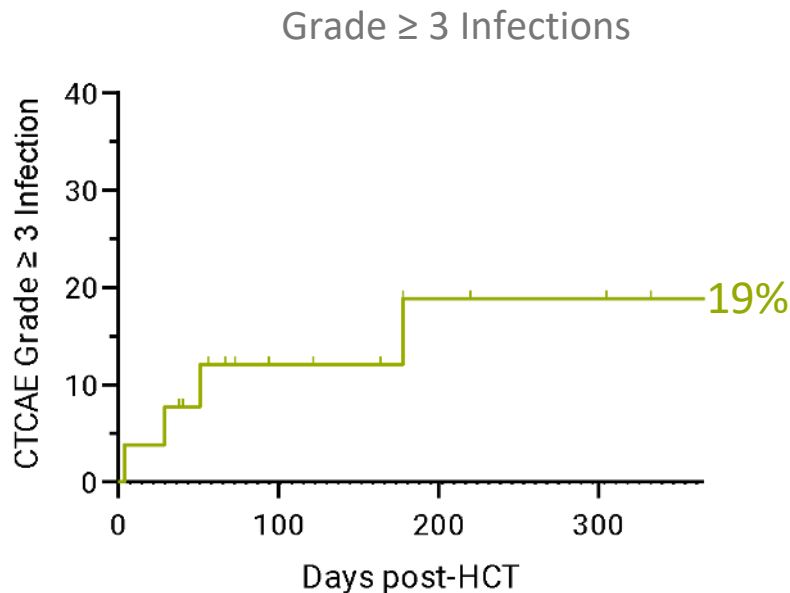
- Engraftment was rapid with median engraftment of neutrophils and platelets at 12 and 16 days, respectively
 - The elimination of post-transplant cyclophosphamide may promote more rapid engraftment
- Two patients experienced secondary graft failure
- No Grade > 1 CRS was observed

Acute Graft-vs-Host Disease was Rare

- Despite using only single-agent tacrolimus as GvHD prophylaxis in the haploidentical transplant setting, aGVHD was rare



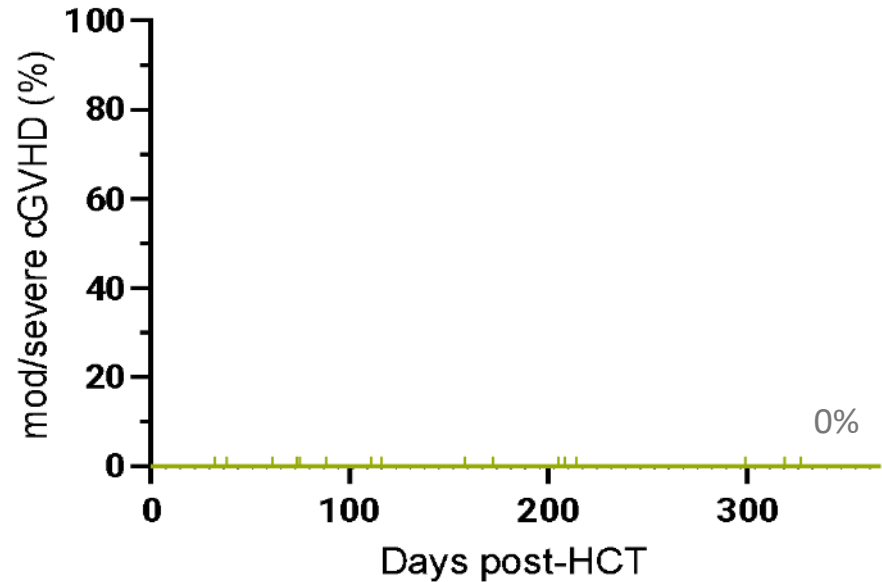
Severe Infections were Uncommon in Orca-Q Recipients



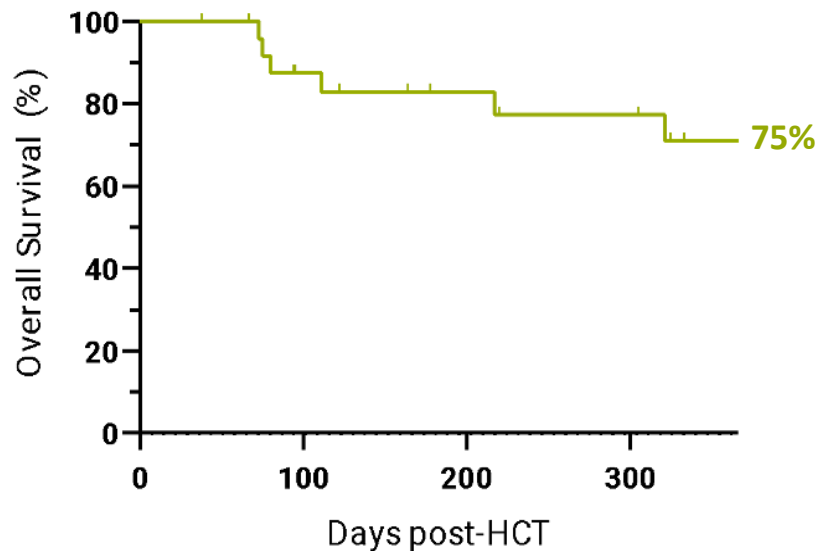
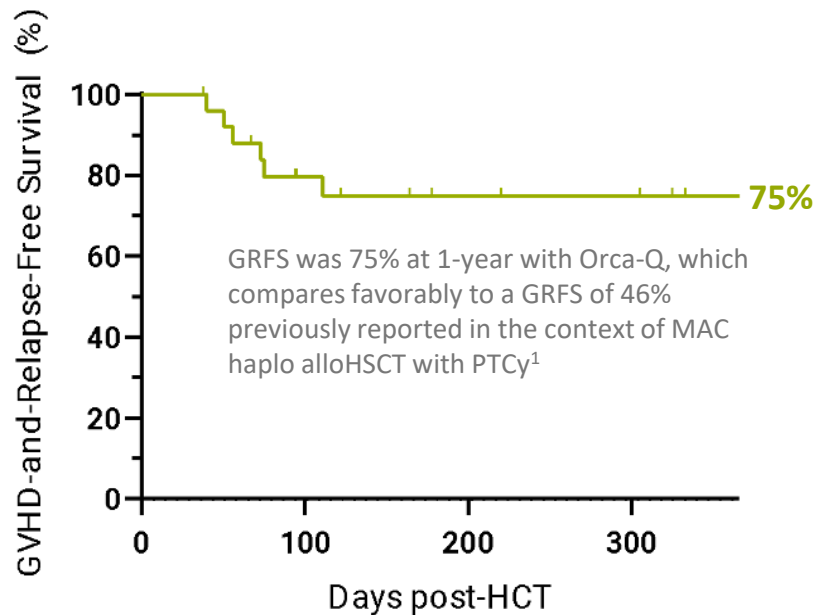
- CMV viremia was reported in 4 patients (15%); no CMV-related end-organ damage noted
- EBV viremia reported in 1 patient; no PTLD observed
- 2 patients died of infectious causes
 - COVID-19 pneumonia (n=1)
 - Pulmonary aspergillosis (n=1)

No Moderate-to-Severe cGvHD has Occurred

- Of the 16 patients who had > 3 months follow-up, only 1 has developed mild cGvHD
- No Orca-Q patients have developed moderate-to-severe cGvHD
 - (median follow-up 211 days; 9 patients > 1 year)
- 24% - 33% rate of chronic GvHD post haplo-HCT in various historical cohorts



Encouraging GvHD-and-Relapse Free and Overall Survival



Conclusions

Initial Orca-Q data demonstrate promising myeloablative therapy for patients with haploidentical donors using only single agent tacrolimus and no PTCy or MMF

Patients treated with haplo Orca-Q experienced a low adverse event profile, low incidence and severity of aGvHD and cGvHD, and improved GRFS.

This phase 1 study of Orca-Q continues to enroll patients with haplo donors across the U.S.

Acknowledgements

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PARTICIPATING CENTERS

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