

# Phase I study of C-CAR031, a GPC3-specific TGFβRIIDN armored autologous CAR-T, in patients with advanced hepatocellular carcinoma (HCC)

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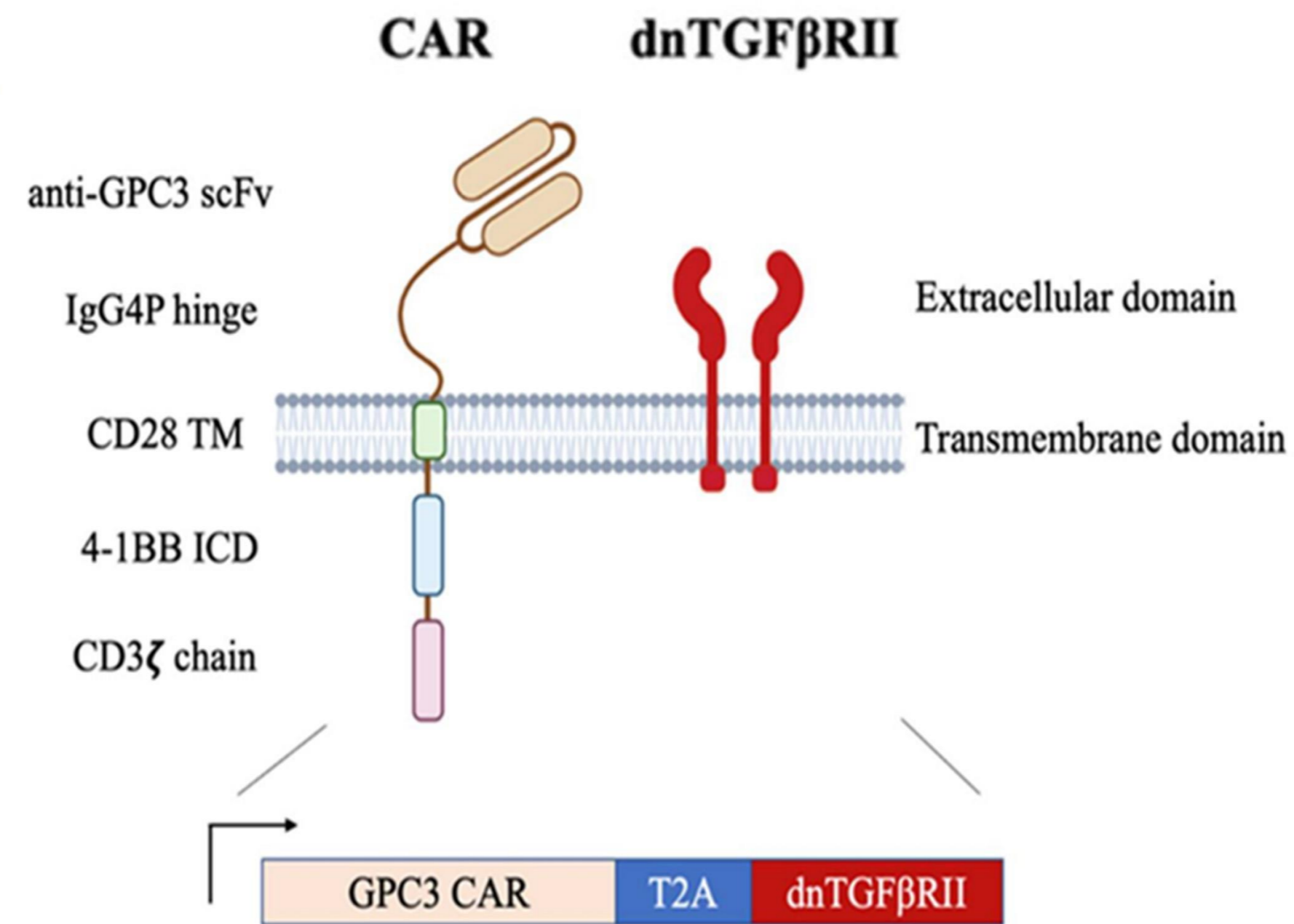
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# C-CAR031: a dnTGFβRII armored GPC3 CAR-T

## GPC3 is an ideal HCC target

- Glypican 3 (GPC3) is highly expressed in the majority of HCC<sup>1</sup> patients and virtually absent in normal adult tissues<sup>2</sup>
- C-CAR031 employs an affinity-tuned anti-GPC3 scFv, further enhancing safety<sup>3</sup>



## dnTGFβRII armoring enhances efficacy

- Transforming growth factor (TGF)-β is a potent immunosuppressive cytokine, abundant in the HCC microenvironment<sup>4</sup>
- Co-expression of a dominant negative (dn) receptor protects C-CAR031 from TGF-β-driven immunosuppression, enhancing efficacy<sup>5</sup>

<sup>1</sup>. Moek KL et al, Am J Pathol. 2018 Sep;188(9):1973-1981; <sup>2</sup>. Batra et al, Cancer Immunol Res. 2020 Mar;8(3):309-320; <sup>3</sup>. Giardino Torchia MI et al, Cytotherapy. 2022 Jul;24(7):720-732; <sup>4</sup>. Dahmani and Delisle Implications for Cancer Immunotherapy. Cancers (Basel). 2018 Jun 11;10(6):194; <sup>5</sup>. Wieser et al, Mol Cell Biol. 1993 Dec;13(12):7239-47.

# C-CAR031 Study Design

A phase I, open-label, dose escalation and expansion study conducted in China

## Primary Objectives:

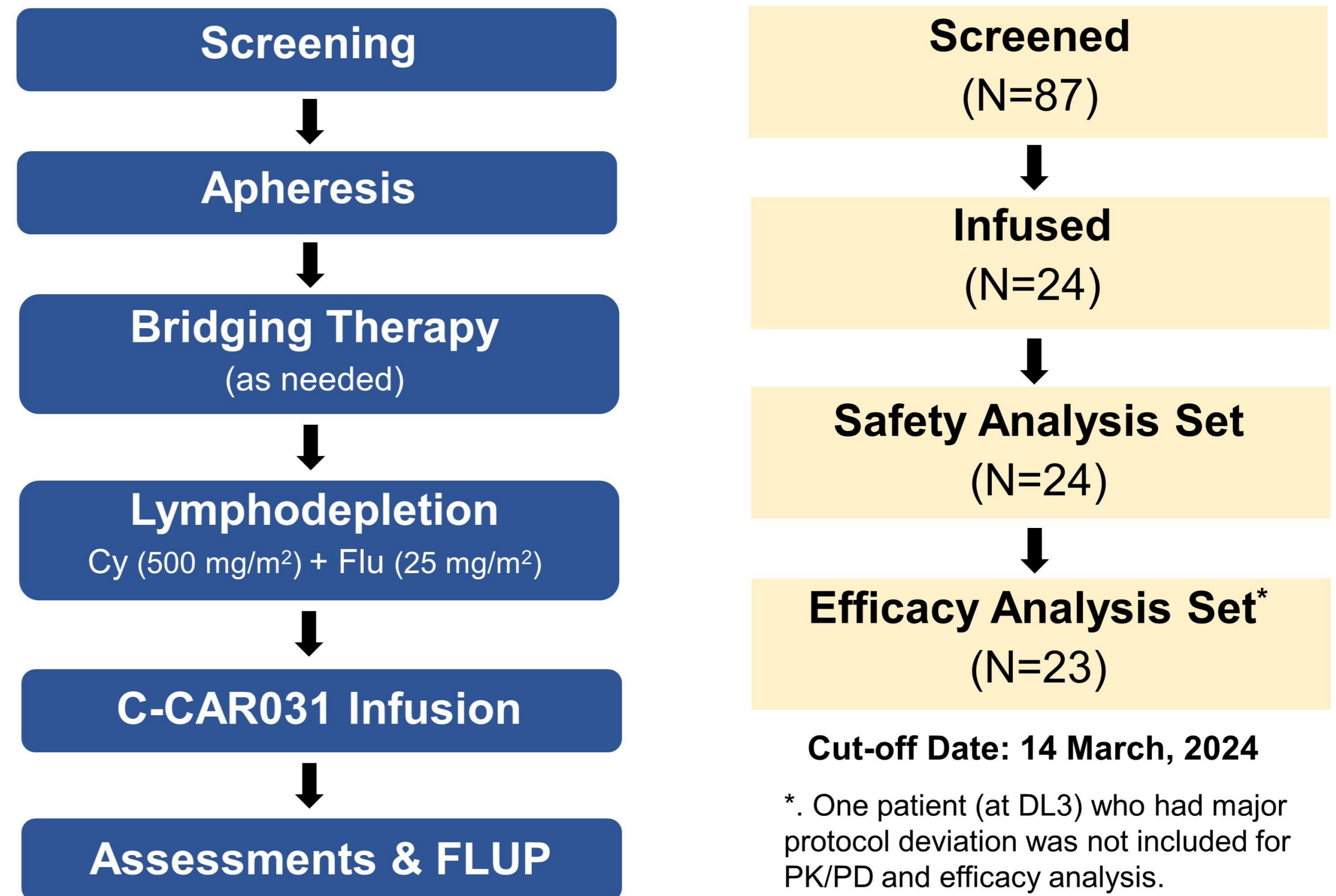
- Safety and Tolerability (incidence and severity of TEAEs including DLTs)

## Secondary Objectives:

- Investigator-assessed ORR, DCR, DoR, PFS per RECIST v1.1, and OS

## Key Eligibility Criteria:

- 18-75 years of age
- Histologically confirmed GPC3+ HCC
- BCLC B/C, Child-Pugh A
- Relapsed/progressed/intolerant to HCC systemic therapies ( $\geq 1$  line)
- No active CNS involvement



TEAE, Treatment Emergent Adverse Event; DLT, Dose Limiting Toxicity; ORR, Objective Response Rate; DCR, Disease Control Rate; DoR, Duration of Response; PFS, Progression Free Survival; OS, Overall Survival; CNS, Central Nervous System; Cy, Cyclophosphamide; Flu, Fludarabine; FLUP, follow-up

# Demographic and Baseline Characteristics

Characteristics	DL 1 N=1	DL 2 N=6	DL 3 N=9	DL 4 N=8	Overall N=24
Male, n (%)	1 (100)	6 (100)	9 (100)	6 (75.0)	22 (91.7)
Median Age, years (range)	50	48 (27, 62)	51 (35, 57)	49 (25, 59)	50 (25, 62)
ECOG PS, n (%)					
• 0	0	0	2 (22.2)	0	2 (8.3)
• 1	1 (100)	6 (100)	7 (77.8)	8 (100)	22 (91.7)
BCLC Stage C, n (%)	1 (100)	6 (100)	9 (100)	8 (100)	24 (100)
Child-Pugh Score, n (%)					
• 5-6	0	6 (100)	9 (100)	7 (87.5)	22 (91.7)
• $\geq 7^1$	1 (100)	0	0	1 (12.5)	2 (8.3)
<b>Cirrhosis, n (%)</b>	<b>1 (100)</b>	<b>5 (83.3)</b>	<b>7 (77.8)</b>	<b>5 (62.5)</b>	<b>18 (75.0)</b>
<b>HBV Infection, n (%)</b>	<b>1 (100)</b>	<b>6 (100)</b>	<b>9 (100)</b>	<b>8 (100)</b>	<b>24 (100)</b>
<b>Baseline Target Lesions</b>					
• Intrahepatic Lesions, n (%)	1 (100)	3 (50.0)	4 (44.4)	6 (75.0)	14 (58.3)
• Extrahepatic Metastasis, n (%)	<b>1 (100)</b>	<b>6 (100)</b>	<b>7 (77.8)</b>	<b>6 (75.0)</b>	<b>20 (83.3)</b>
• Lung <sup>2</sup>	0	5 (83.3)	6 (66.7)	6 (75.0)	<b>17 (70.8)</b>
• Lymph node <sup>2</sup>	1 (100)	2 (33.3)	2 (22.2)	0	5 (20.8)
<b>Median SLD (mm)<sup>3</sup>, (range)</b>	<b>77.9</b>	<b>87.6 (13.3, 121.7)</b>	<b>52.3 (12.9, 125.3)</b>	<b>84.4 (33.6, 179.4)</b>	<b>73.8 (12.9, 179.4)</b>
<b>Median Number of Prior Lines of Therapies, (range)</b>	<b>4</b>	<b>2.5 (1, 6)</b>	<b>3 (1, 4)</b>	<b>5 (3, 6)</b>	<b>3.5 (1,6)</b>
• $\geq 3$ , n (%)	<b>1 (100)</b>	<b>3 (50.0)</b>	<b>6 (66.7)</b>	<b>8 (100)</b>	<b>18 (75.0)</b>
<b>Received Both IO and VEGF(R) inhibitors<sup>4</sup></b>	<b>1 (100)</b>	<b>6 (100)</b>	<b>8 (88.9)</b>	<b>8 (100)</b>	<b>23 (95.8)</b>

1. Data collected at baseline. All enrolled patients had Child-Pugh score of 5-6 at screening; 2. listed selected extrahepatic metastasis only, not all; 3. Per RECIST1.1; 4. IO defined as immune checkpoint inhibitors, and VEGF(R) inhibitors defined as anti-angiogenesis agents such as Bevacizumab (or its biosimilars), Tyrosine kinase inhibitors such as Sorafenib, Lenvatinib, Apatinib and etc.

Data cut-off date: 14 March 2024

# C-CAR031 Showed Favorable Safety Profile

## Most patients experienced Grade 1/2 CRS

Adverse Events	N=24 n (%)
<b>TRAEs<sup>1</sup></b>	24 (100)
• Grade 3/4	9 (37.5)
• Grade 5	0
<b>SAE<sup>2</sup></b>	5 (20.8)
<b>AESI</b>	22 (91.7)
• CRS*	22 (91.7)
• Grade 3	<b>1 (4.2)</b>
• ICANS*	0

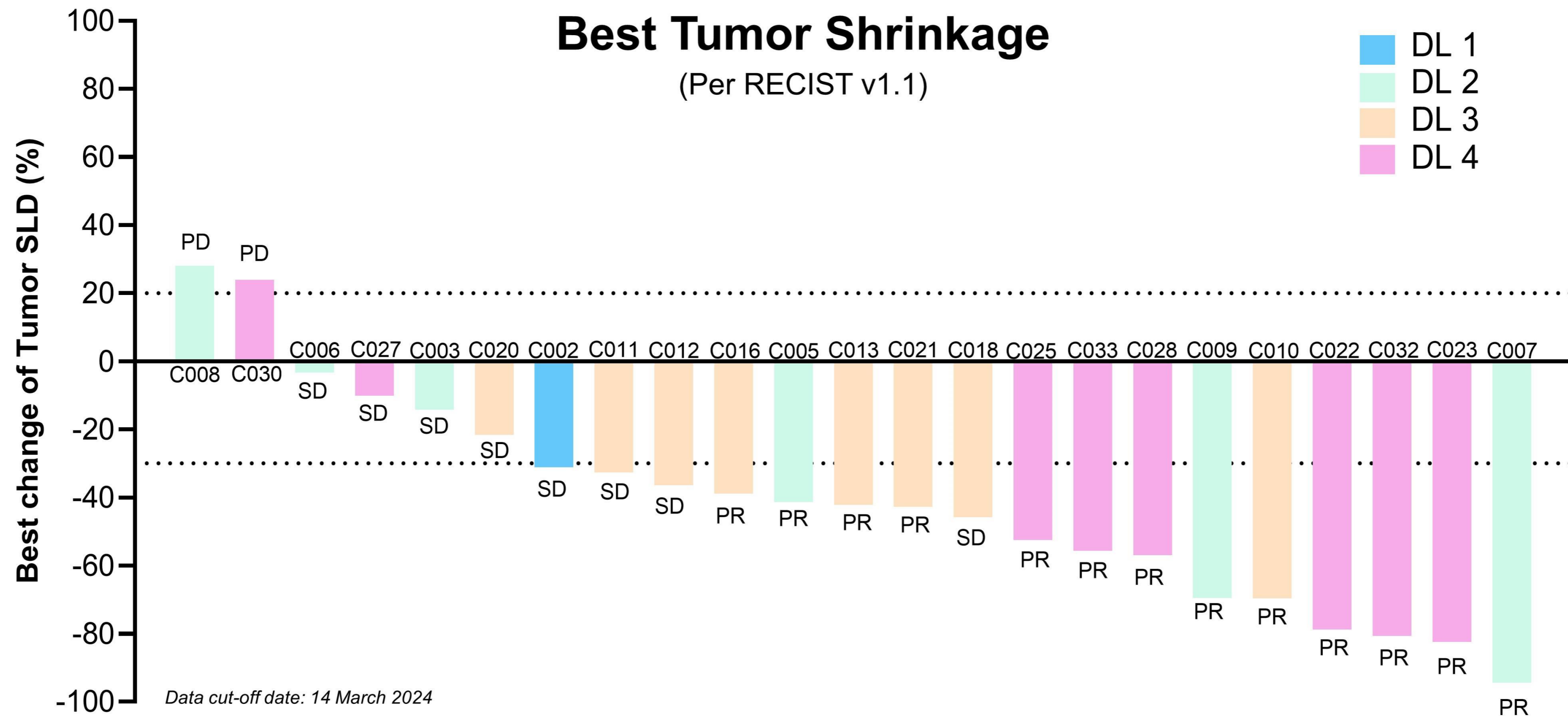
CRS	DL 1 N=1	DL 2 N=6	DL 3 N=9	DL 4 N=8	Overall N=24
<b>*CRS, n (%)</b>	1 (100)	5 (83.3)	8 (88.9)	8 (100)	22 (91.7)
• Grade 1/2	1 (100)	5 (83.3)	8 (88.9)	7 (87.5)	21 (87.5)
• Grade 3	0	0	0	<b>1 (12.5)</b>	<b>1 (4.2)</b>
<b>Median Days to Onset, d (range)</b>	7 (7, 7)	3 (2, 3)	3 (2, 4)	2 (1, 3)	<b>3 (1, 7)</b>
<b>Median Days to Resolution, d (range)</b>	4 (4, 4)	6 (4, 8)	3 (2, 6)	5 (3, 8)	<b>4 (2, 8)</b>
<b>Treated with</b>					
• Tocilizumab, n (%)	0	4 (66.7)	6 (66.7)	7 (87.5)	17 (70.8)
• Corticosteroids, n (%)	0	2 (33.3)	1 (11.1)	1 (12.5)	4 (16.7)

TRAE, treatment-related adverse event; SAE, serious adverse event; AESI, adverse event of special interest; CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome

<sup>1</sup>. Defined as C-CAR031 related; <sup>2</sup>. Only 2 cases were C-CAR031 related; \*, CRS/ICANS were graded per ASTCT Consensus (2019)

Data cut-off date: 14 March 2024

# C-CAR031 Showed Encouraging Tumor Responses in Late Line HCC



## ORR (all confirmed PR)

- 56.5% overall
- **75.0%** at DL 4

## DCR

- 91.3% overall

## Tumor Size Reductions

- 42.2% median target lesion reductions (range: -28.1% to 94.4%)

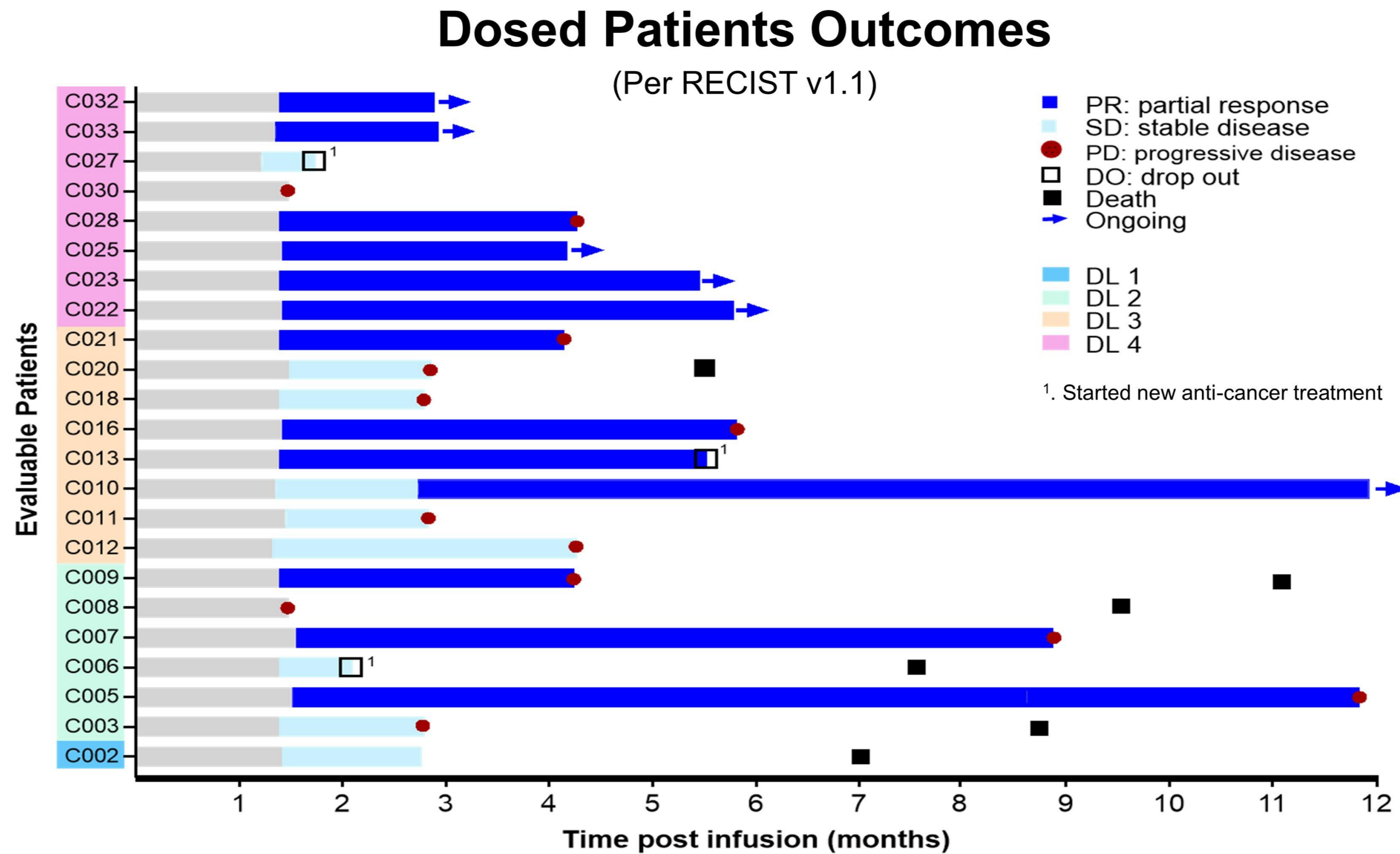
# C-CAR031 Showed Encouraging Tumor Responses in Late Line HCC

C023 (at DL 4) showed deep response in lung metastases starting from 1.5 mo



Data cut-off date: 14 March 2024

# C-CAR031 Showed Early Signs of Durability

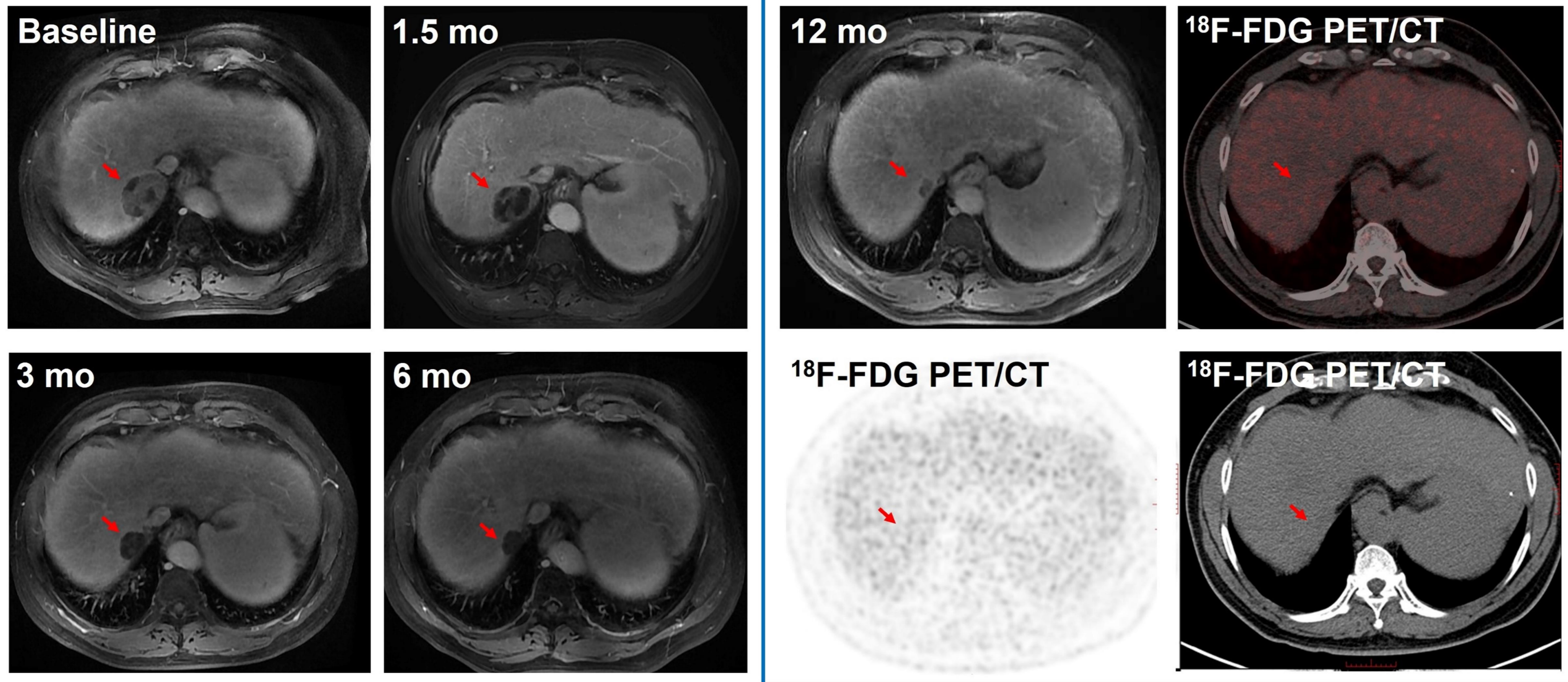


- mFLUP: 9.03 Mo
- FLUP continuing
- mDoR: 7.36 Mo (2.9-NE)
- 5/10 evaluated pts had durable response at 6 Mo
- mOS: not reached
- KM estimated mOS: 11.14 Mo (7.4-NE)

Data cut-off date: 14 March 2024

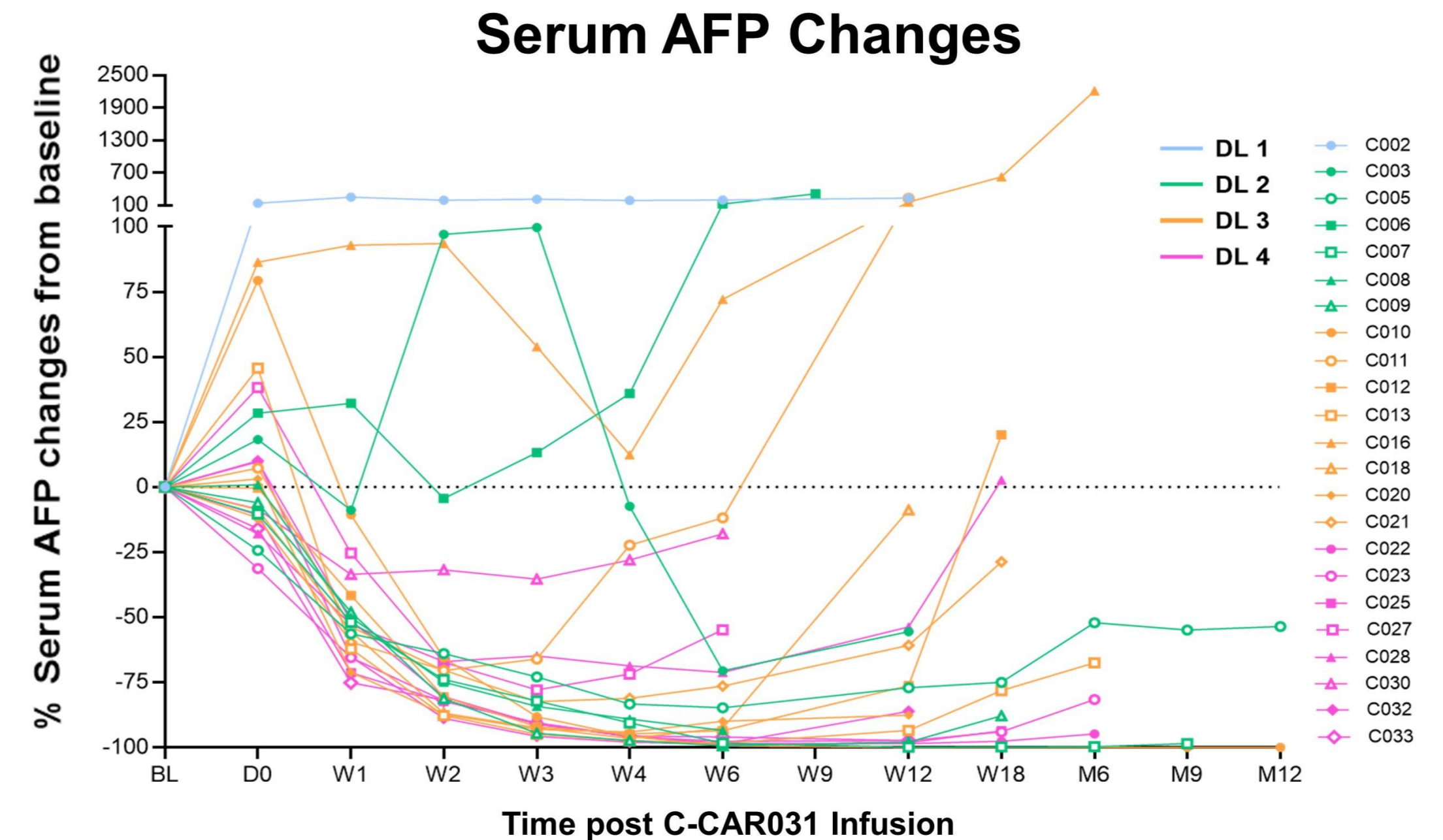
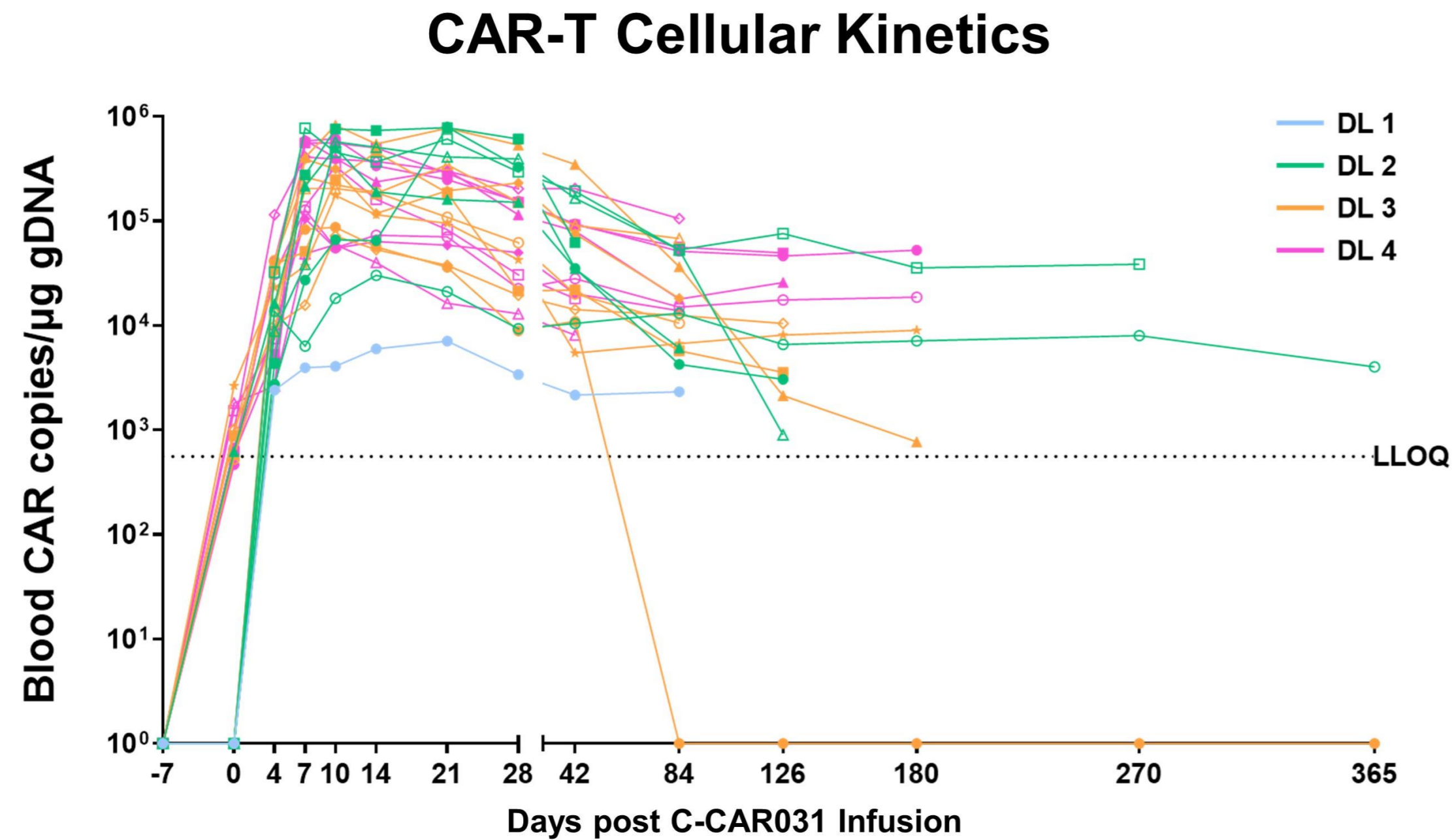
# C-CAR031 Showed Early Signs of Durability

C010 (at DL 3) showed durable response up to 12 mo and potentially beyond



Data cut-off date: 14 March 2024

# C-CAR031 Demonstrated Rapid, Robust Cellular Expansion and Persistency with Significant AFP Reduction in Patients



Cellular Kinetics Parameters	AUC <sub>0~28day</sub> (CAR copies/μg gDNA*day)	C <sub>max</sub> (CAR copies/μg gDNA)	T <sub>max</sub> (days)	T <sub>last</sub> (days)
<b>Median (range)</b>	<b>4.5 × 10<sup>6</sup></b> (1.3 × 10 <sup>6</sup> , 14.3 × 10 <sup>6</sup> )	<b>3.9 × 10<sup>5</sup></b> (7.1 × 10 <sup>3</sup> , 8.3 × 10 <sup>5</sup> )	<b>10</b> (7, 21)	<b>125+</b> (43, 271+)

Best Change of AFP from Baseline	DL 1 N=1	DL 2 N=6	DL 3 N=8	DL 4 N=8	Overall N=23
<b>Median% (range)</b>	<b>193</b> (193, 193)	<b>-89</b> (-4, -100)	<b>-94</b> (12, -99)	<b>-97</b> (-35, -100)	<b>-94</b> (193, -100)

Data cut-off date: 14 March 2024

# C-CAR031: Conclusions

- In this FIH study, C-CAR031 was **well tolerated**
- C-CAR031 showed **rapid, robust expansion and persistency**
- C-CAR031 showed **encouraging early efficacy** in heavily treated HCC patients:
  - **56.5% ORR** overall, **75.0% ORR** at DL4
  - Tumor reductions in both **intra- and extra-hepatic lesions**
- With a median FLUP time of 9.03 months, C-CAR031 showed **promising durability**

# Acknowledgments

- We thank the patients and their caregivers, as well as the investigators and site staff who participated in this study
- This study was funded by AbelZeta and AstraZeneca
- The study can be found at [ClinicalTrials.gov](https://clinicaltrials.gov) with identifier of NCT05155189
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