

STK-012, a First-in-Class α/β IL-2 Receptor Biased Partial Agonist Enhances the Anti-Tumor Efficacy of Bispecific Antibodies

Inyoung Jung, Daniel Park, Deepti Rokkam, Somya Singh, Bhargavi Jayaraman, Deepti Chaturvedi, Marie Semana, Michele Bauer, Mohammed Ali, Patrick Lupardus, Martin Oft, and Paul-Joseph Aspuria

SyntheKine, Menlo Park, CA

ABSTRACT

Background
Bispecific antibodies such as bispecific T cell engagers (TCEs) have the potential to transform cancer treatment, however only a subset of patients obtain deep and durable responses. TCEs show potent anti-tumor activity by redirecting T cells to tumor cells expressing the targeted antigen. Despite these advancements, combining these immunotherapies with complementary strategies is critical to unlock their full potential.

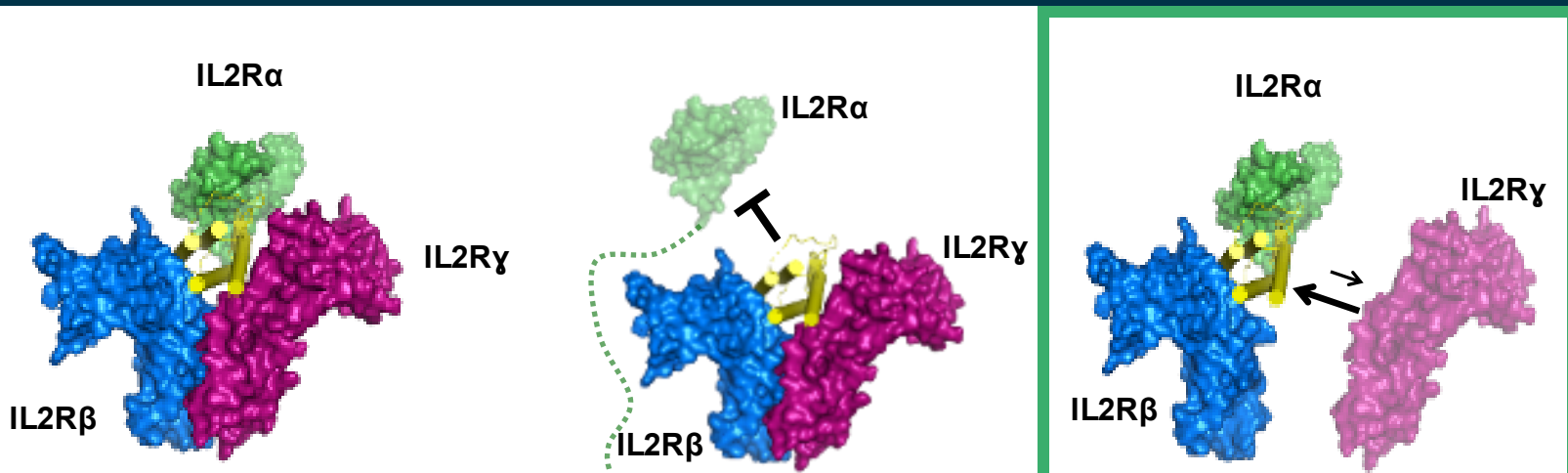
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Methods and Results

We show that the murine surrogate of STK-012, mSTK-012, is effective in various syngeneic solid tumor models without inducing acute vascular toxicities. mSTK-012 led to enhanced expansion of tumor antigen-specific CD25⁺PD-1⁺CD8⁺ T cells both systemically and within the tumor microenvironment, resulting in complete responses and durable tumor immune memory with mSTK-012 monotherapy.

Furthermore, a mouse tumor model resistant to CD19 targeting TCEs was developed. We demonstrate that STK-012, in combination with an anti-CD3/CD19 TCE, rescued suboptimal TCE anti-tumor efficacy.

STK-012: Pegylated α/β -biased IL-2 partial agonist



	High Dose IL-2 (Aldesleukin)	"Non- α " IL-2	α/β -IL-2
IL-2R Bias	Trimeric >> dimeric IL-2R	Dimeric IL-2 receptor	Trimeric IL-2 receptor
IL-2R Subunit Sparing	None	Reduced binding IL-2R α	Reduced binding to IL-2R γ
Cell Selectivity	Act T cells > Tregs > NK > resting lymphocytes	Act T cells = Tregs = NK = resting lymphocytes	Act T cells >> Tregs >>> NK cells and resting lymphocytes

	Deep, durable responses in certain patients but limited use given toxicity	Avoids Tregs for enhanced anti-tumor function Avoids eosinophils / endothelial cells?	Avoids NK cells (toxicity) Targets Activated T cells / Tregs
Human molecules	hIL-2/WT-hIL-2-PEG	Non- α -IL-2-PEG	STK-012 (α/β -hIL-2-PEG)
Murine surrogates	mIL-2-PEG	Non- α -IL-2-PEG	mSTK-012 (α/β -mIL-2-PEG)
Proxy for	Proleukin/Aldesleukin Approved in melanoma and RCC	e.g. Super 2, NKTR-214, THOR-707, NL-201, Nemvaleukin, etc.	SyntheKine engineered IL-2 Selective for IL2R $\alpha\beta$ / IL2R $\beta\gamma$ T cells Modulated IL-2R γ binding

Murine IL-2 and non- α -IL-2, but not mSTK-012 induces Capillary Leak Syndrome (CLS)

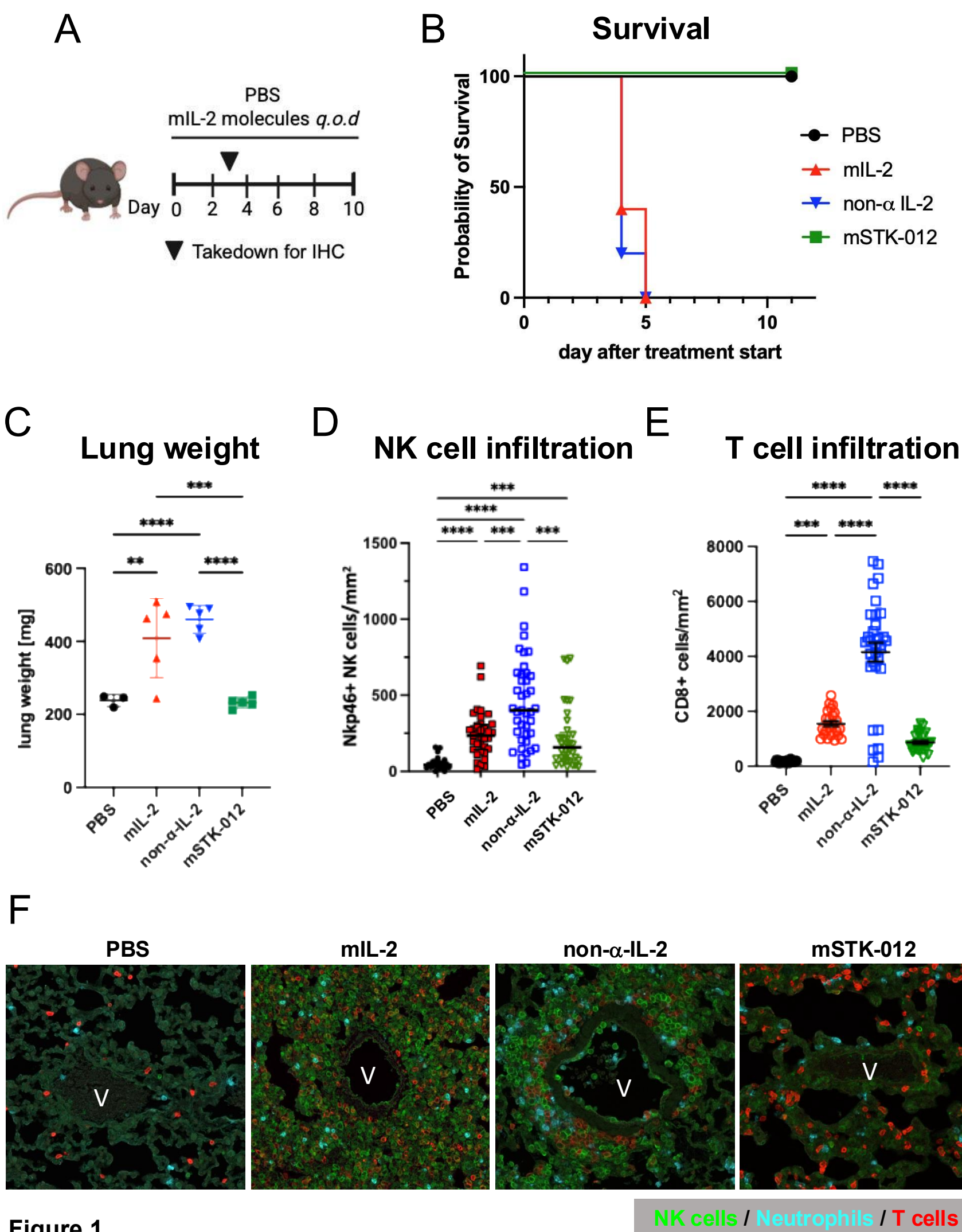


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mSTK-012 has improved anti-tumor efficacy and increases tumor infiltrating CD8 and CD25⁺ CD8 T cells

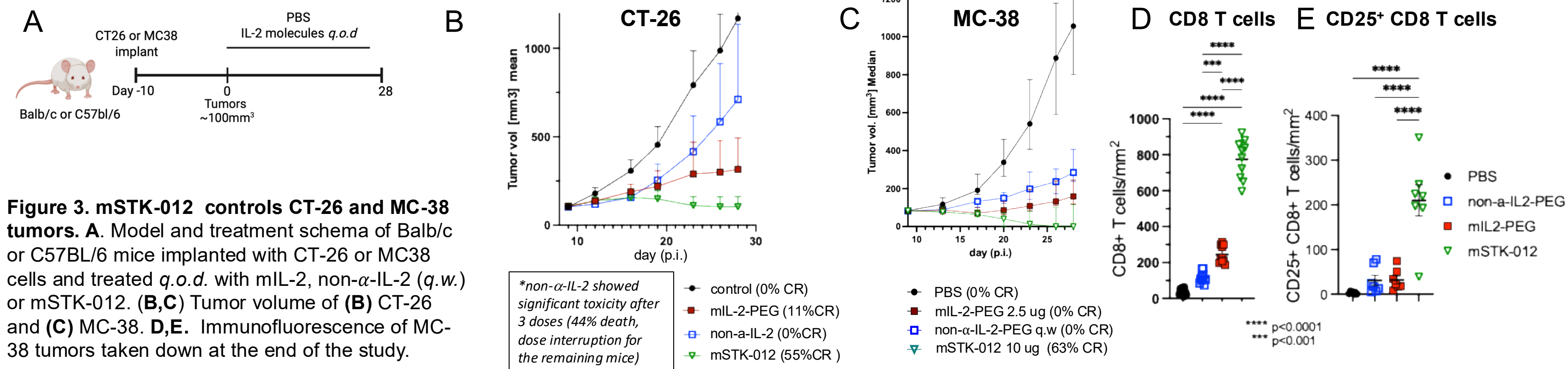


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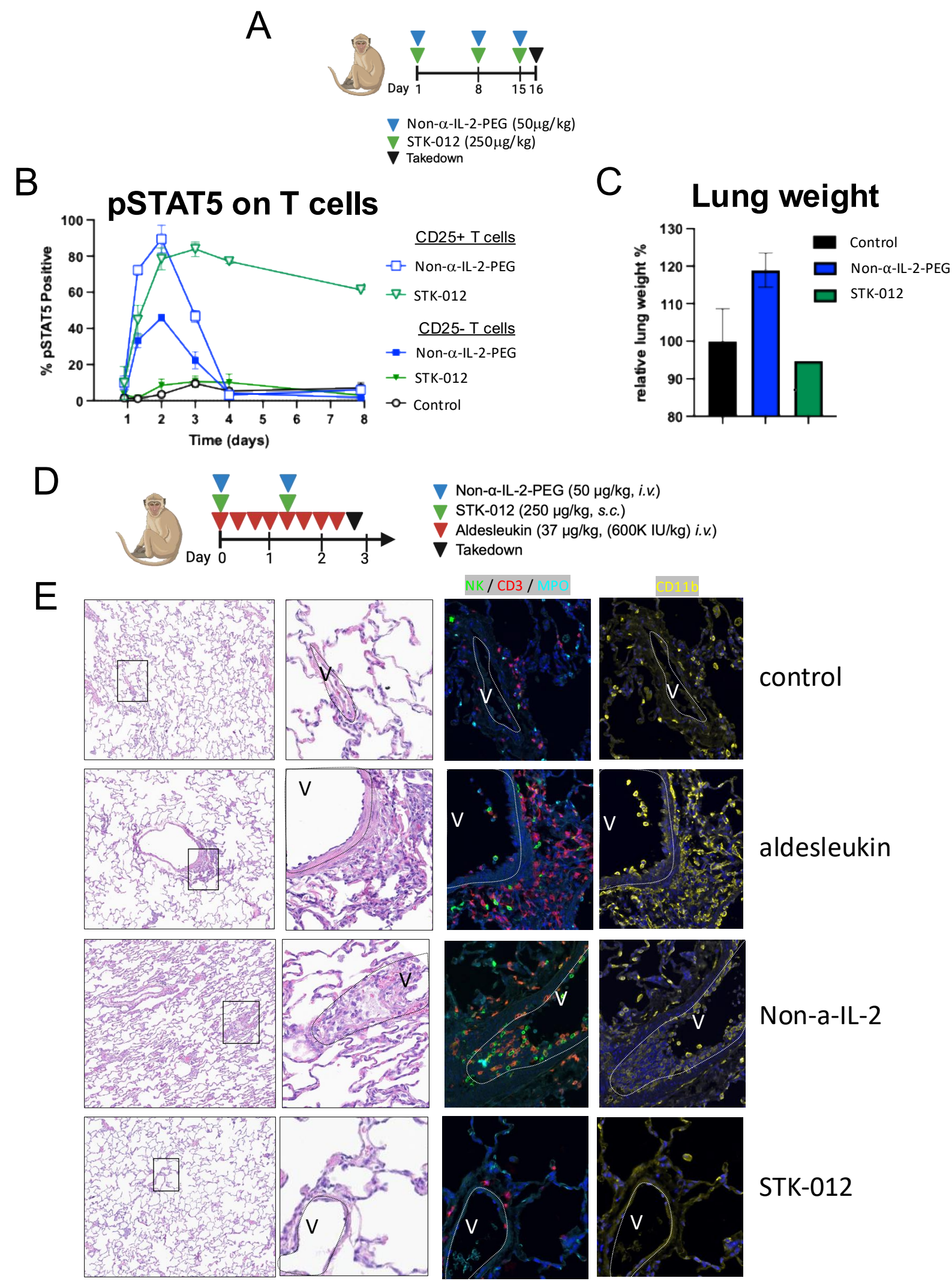


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STK-012 rescues anti-tumor activity of a suboptimal dose of a CD19/CD3 bispecific T cell engager in a subcutaneous CD19⁺ Raji lymphoma model

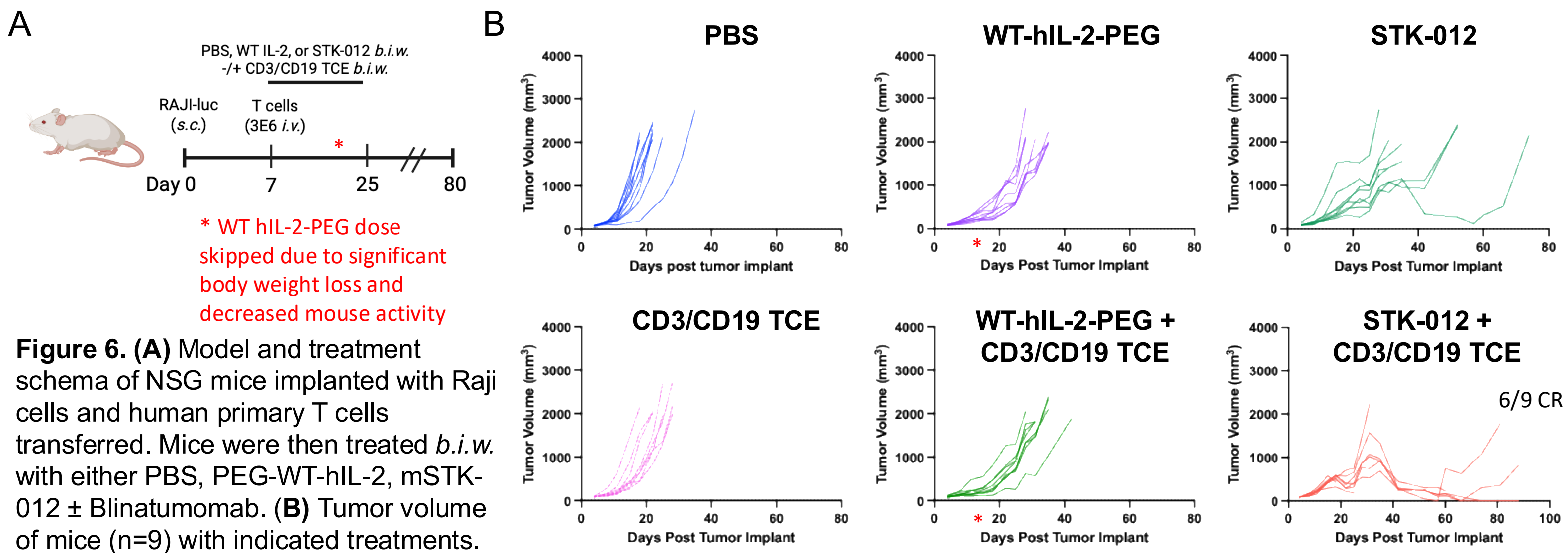
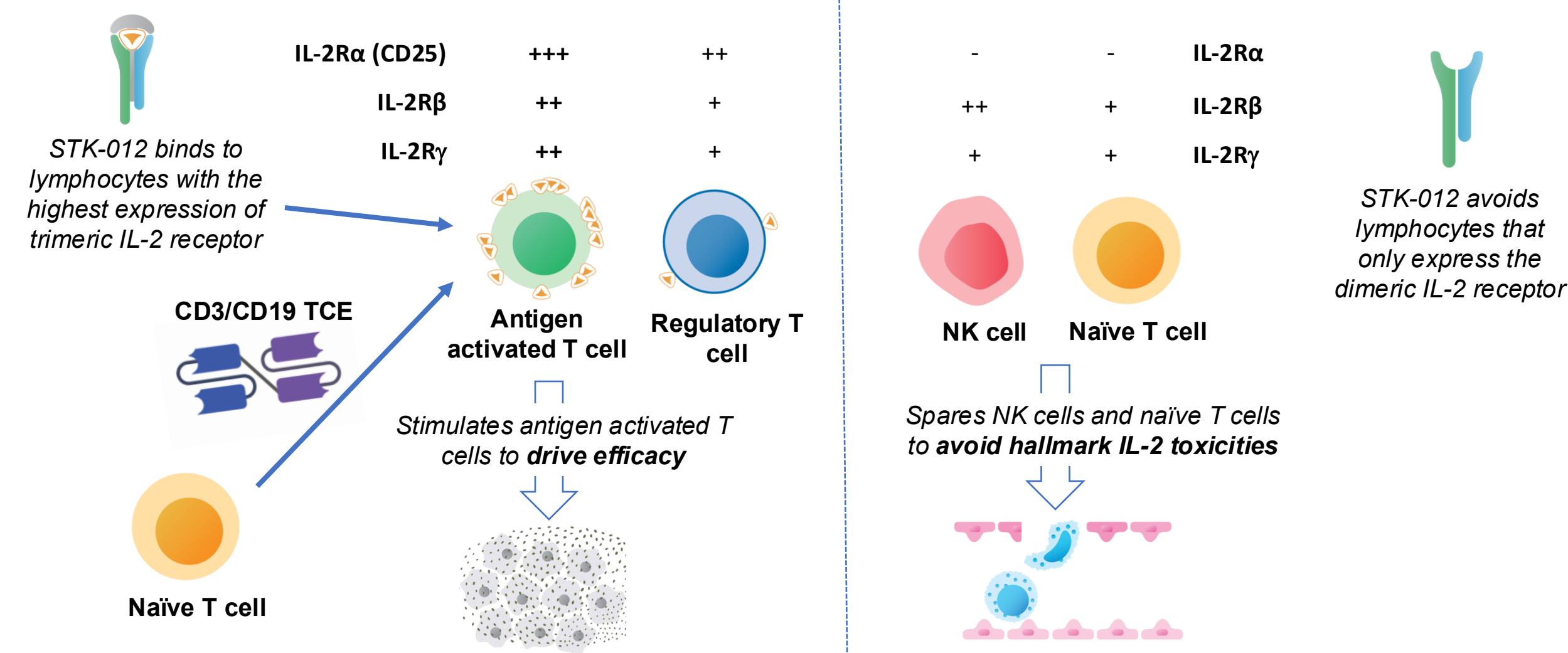


Figure 6. (A) Model and treatment schema of NSG mice implanted with Raji cells and human primary T cells transferred. Mice were then treated b.i.w. with either PBS, PEG-WT-hIL-2, mSTK-012 +/- Blinatumomab. (B) Tumor volume of mice (n=9) with indicated treatments.

STK-012 + CD3/CD19 bispecific T cell engager mechanism of action



Summary

1. STK-012 targets activated, CD25⁺ T cells, avoiding toxicity derived from activation of the majority of lymphocytes, in particular non-activated T cells and NK cells
2. mSTK-012 retains anti-tumor efficacy while avoiding IL-2 capillary leak syndrome (CLS) and lethality
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Currently, STK-012 is in clinical trials in first line non-small cell lung cancer (NSCLC) patients (NCT05098132) in combination with pembrolizumab and chemotherapy. Data will be presented as a Late Breaking Abstract #1345: Initial Phase 1a/1b Results of STK-012, an α/β IL-2 Receptor Biased Partial Agonist, with Pembrolizumab, Pemetrexed, and Carboplatin in 1L PD-L1 Negative Non-Squamous NSCLC

These findings highlight the potential of STK-012 to overcome key limitations of the next wave immunotherapies by selectively expanding and activating antigen-specific T cells while avoiding typical IL-2 systemic toxicities.

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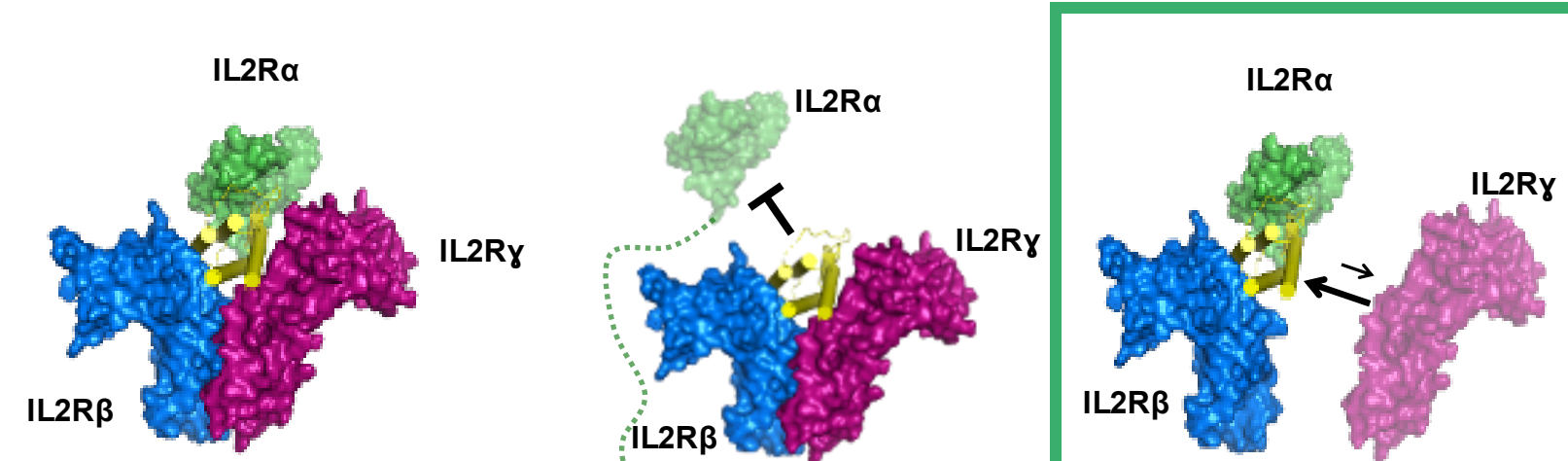
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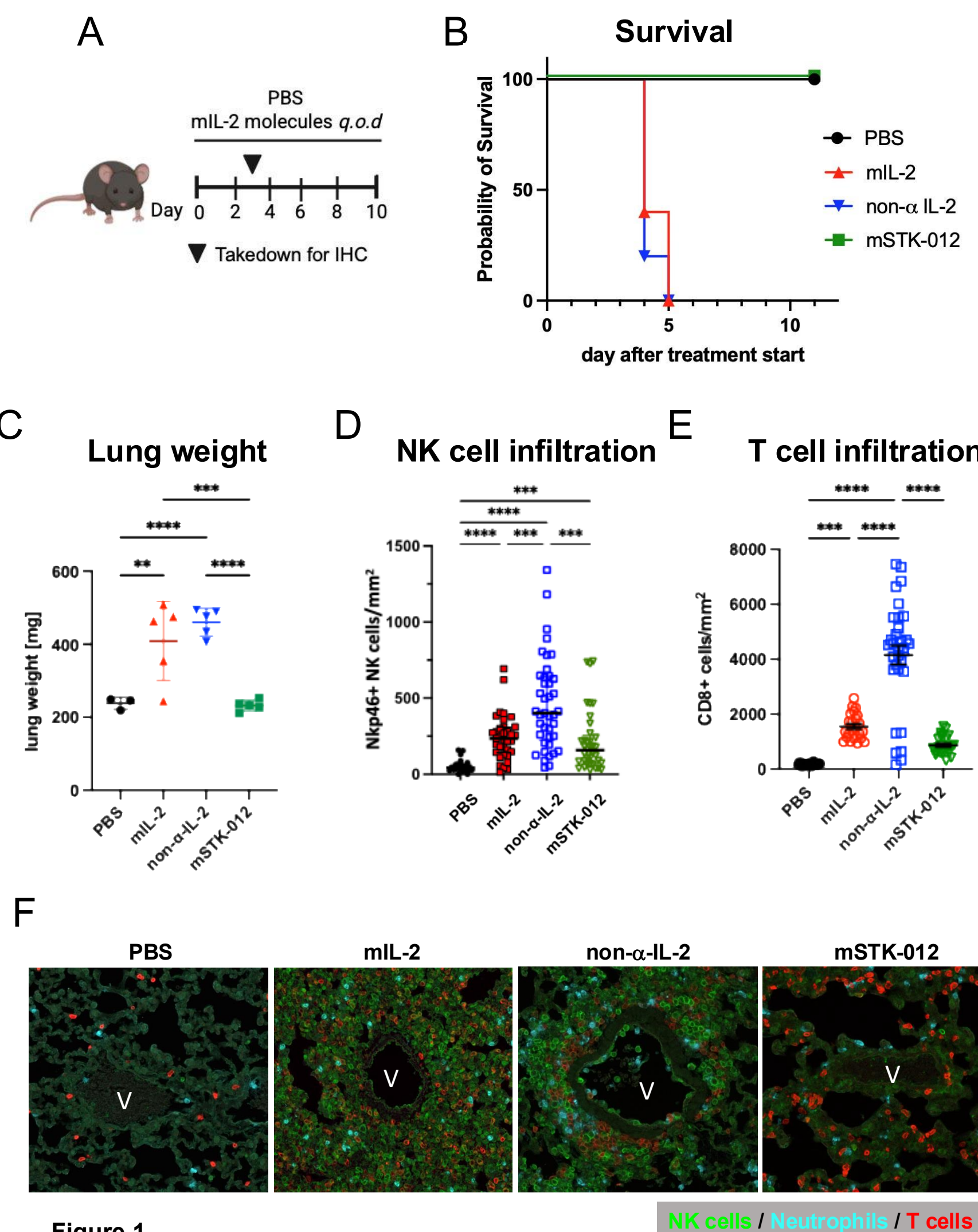


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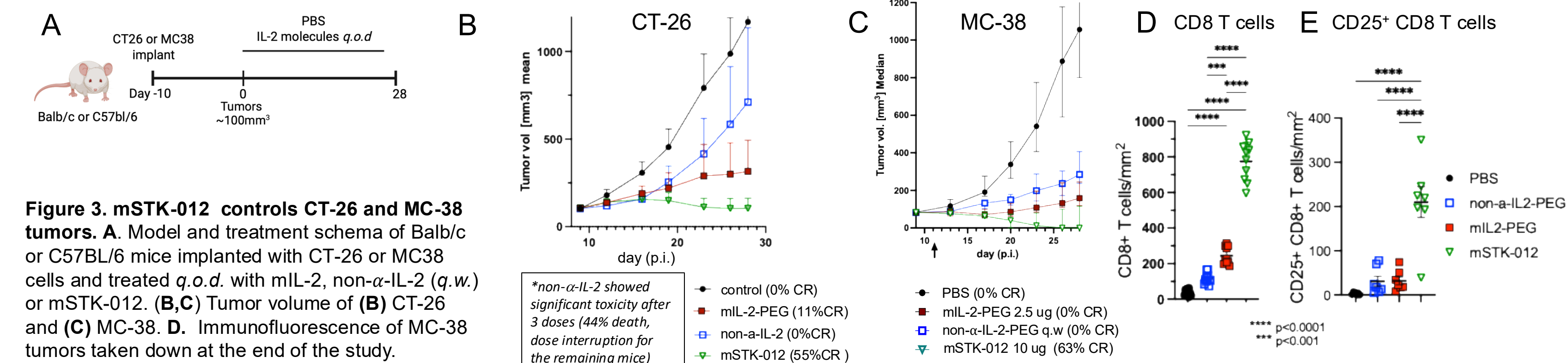


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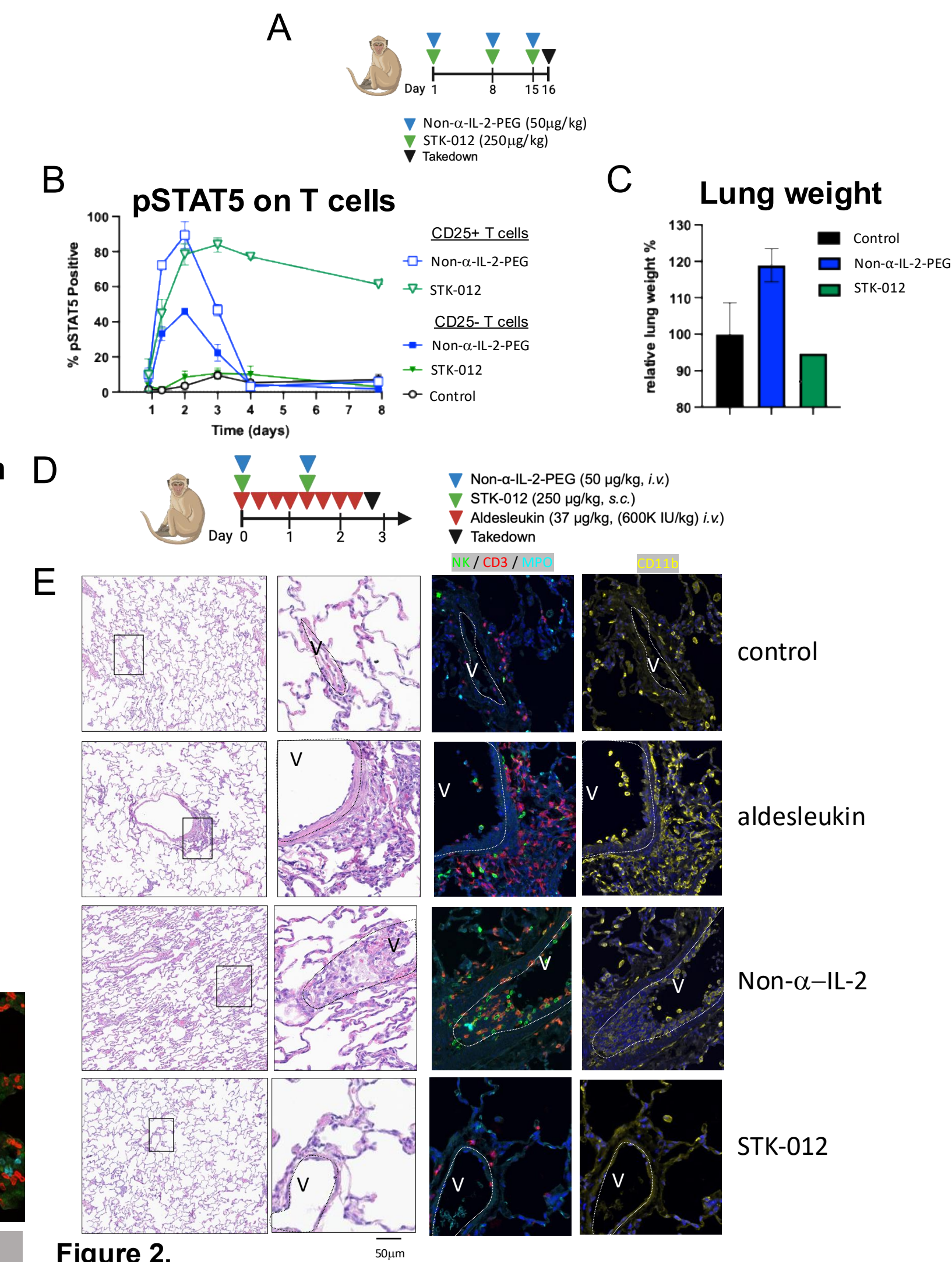
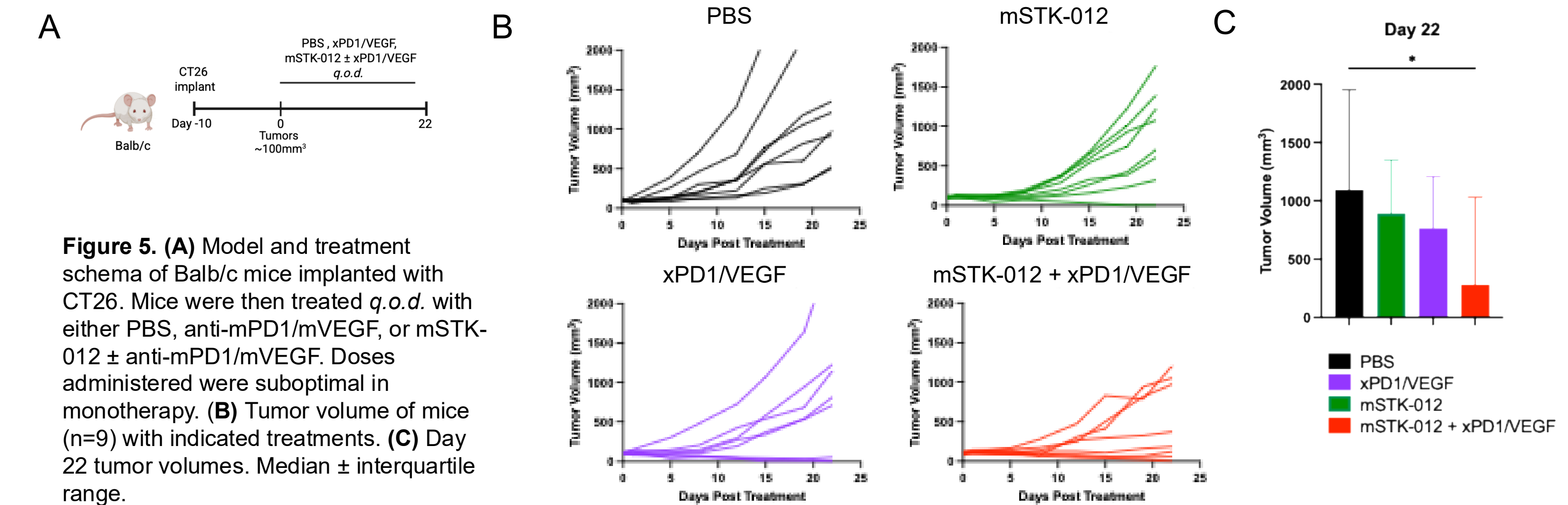


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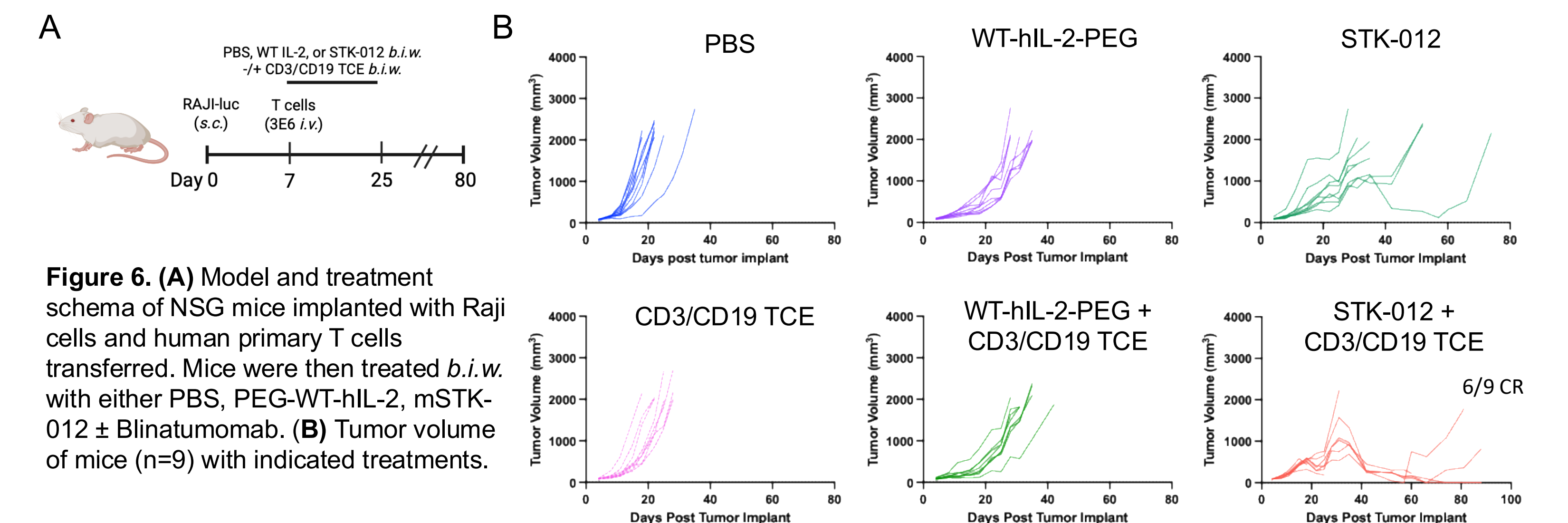


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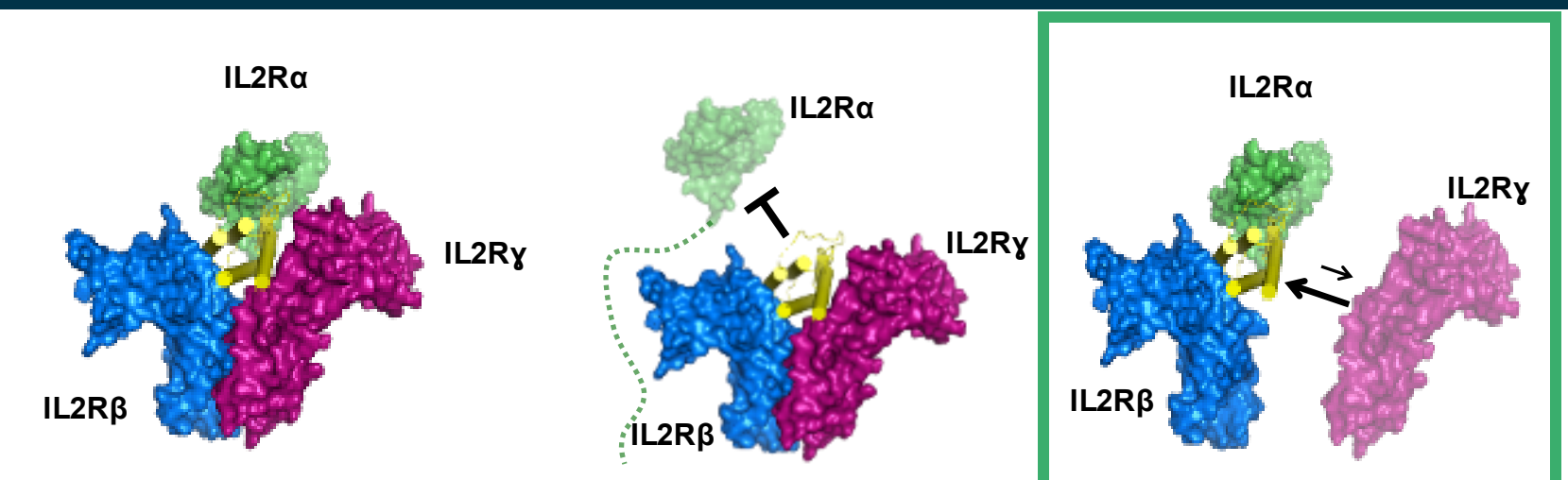
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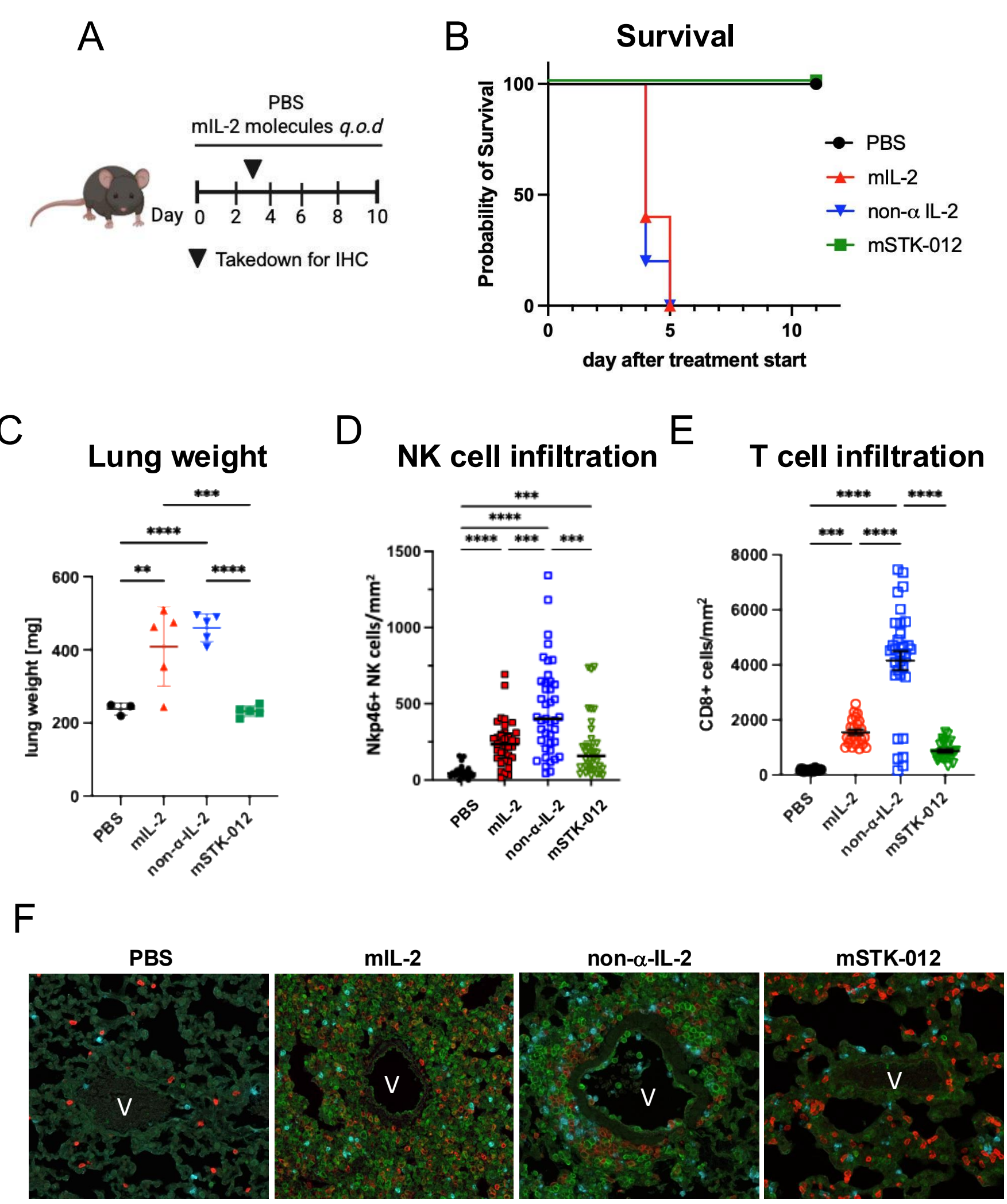


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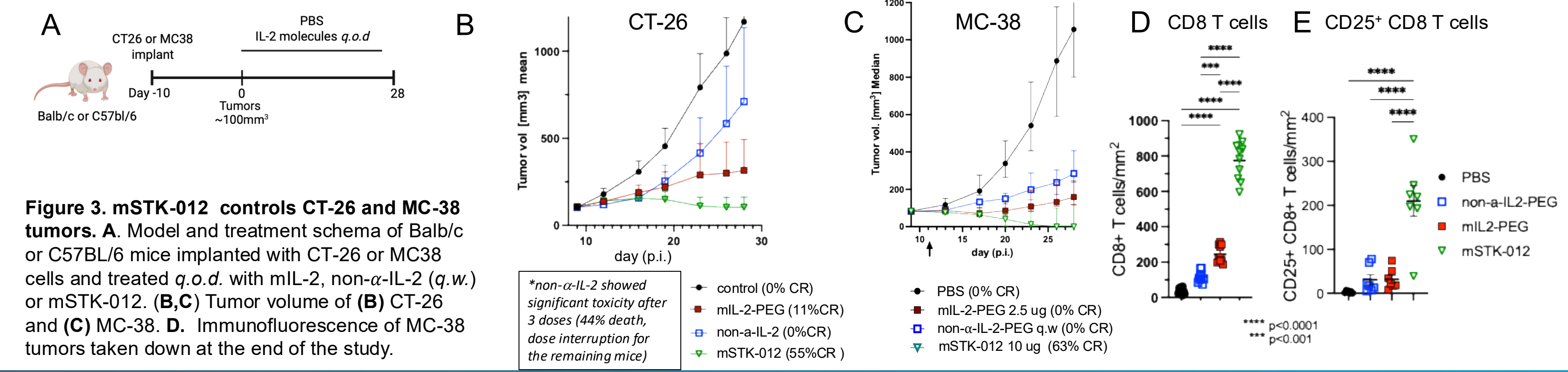


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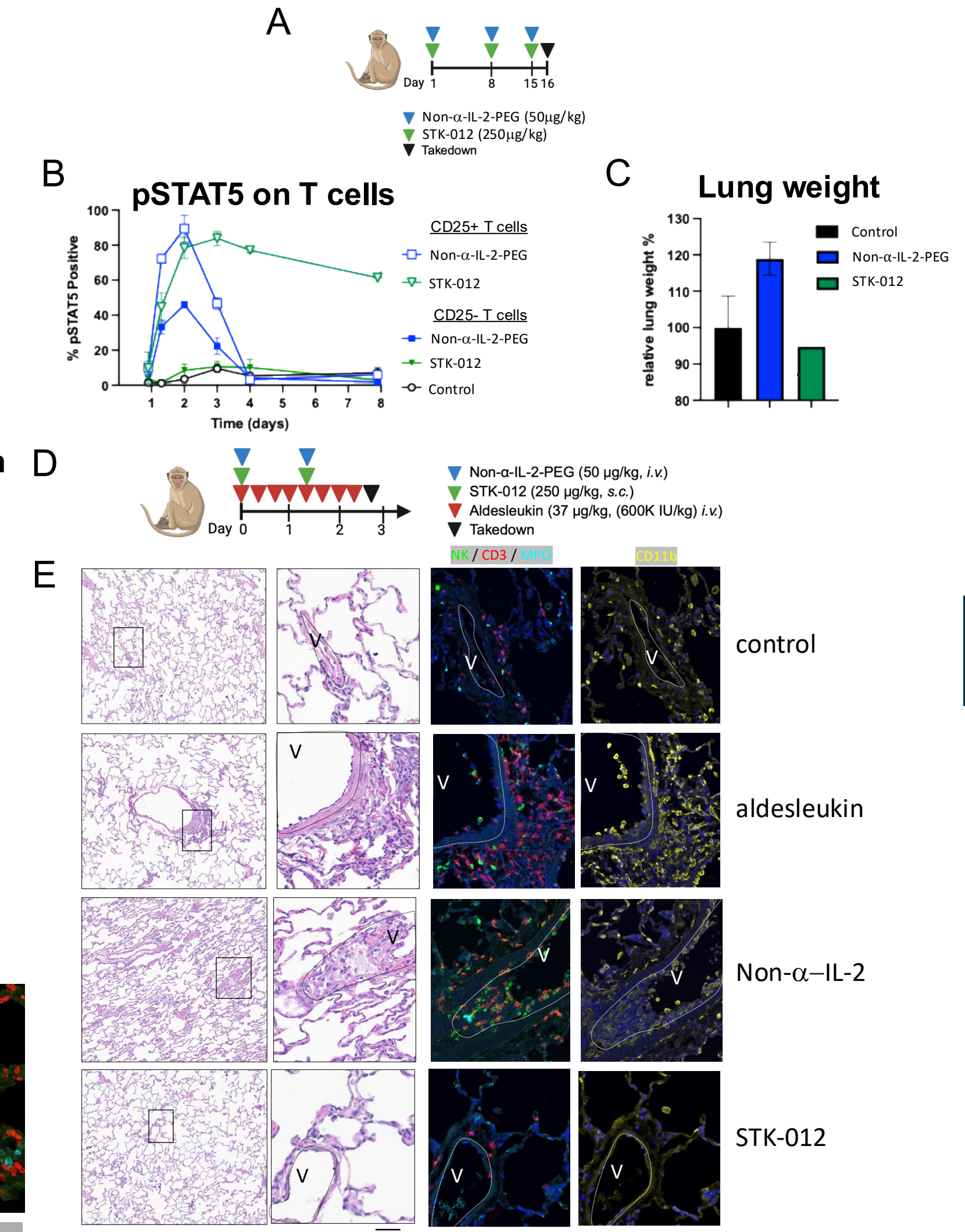
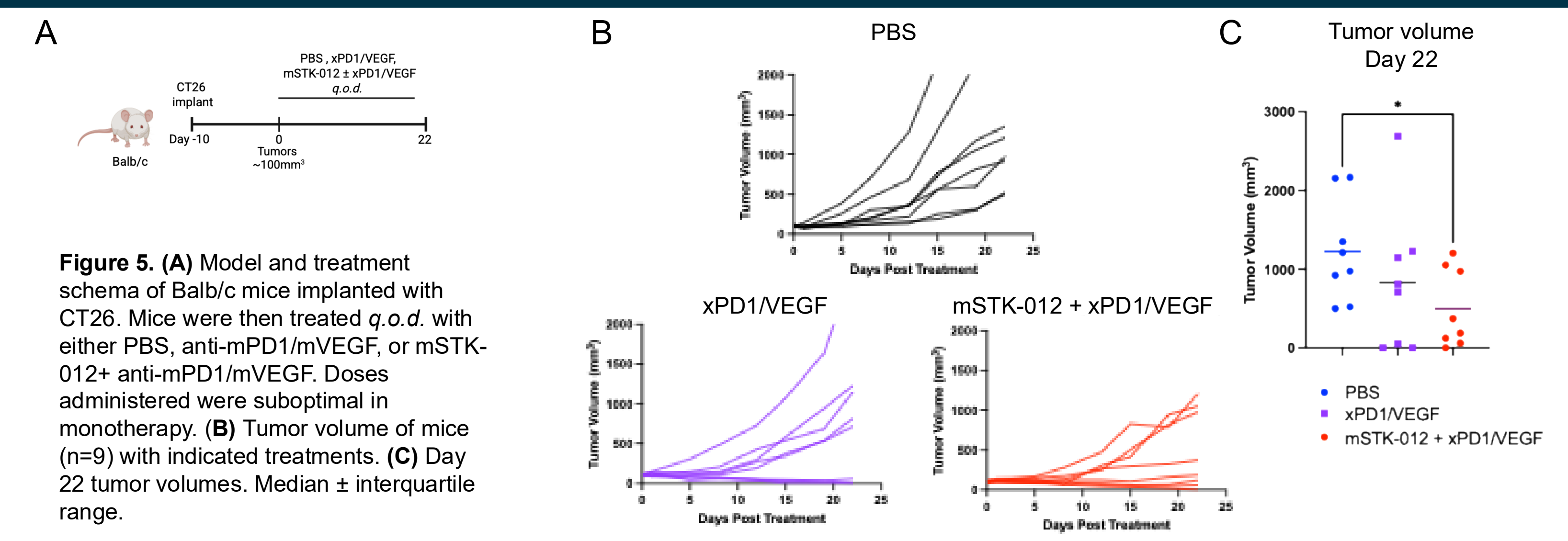
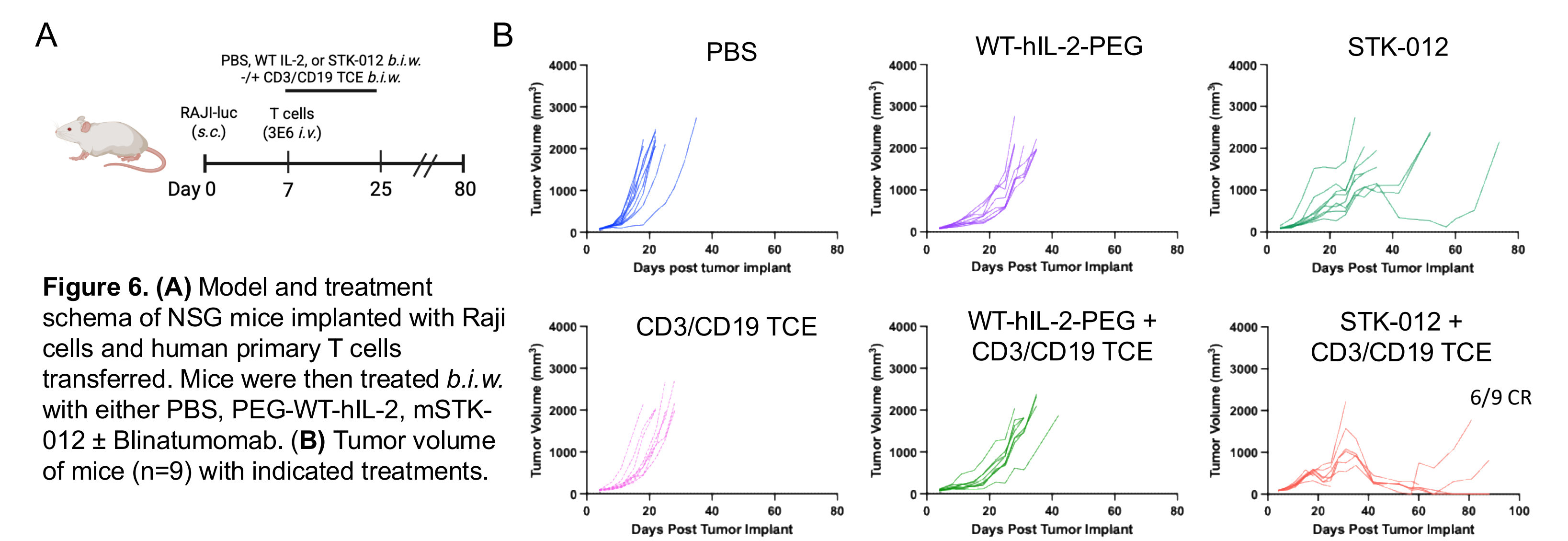


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