2022 ASCO® ANNUAL MEETING

INT230-6 Demonstrates Activity as Monotherapy and in Combination with Ipilimumab (IPI) Across a Broad Spectrum of Refractory Soft Tissue Sarcomas (STS) [Intensity IT-01; BMS#CA184-592]

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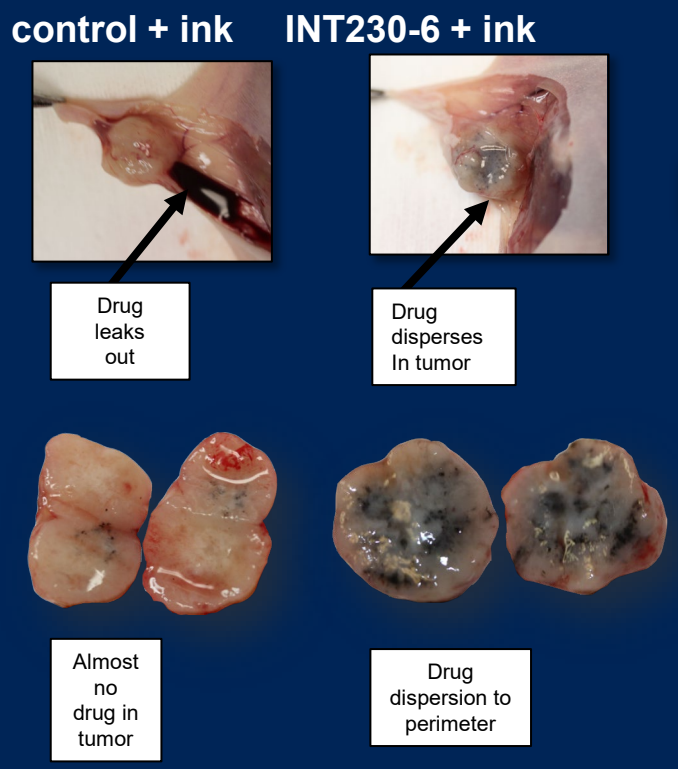
Session: Sarcoma

Abstract Number: 11515; Poster: 420

Background

INT230-6: designed for intratumoral (IT); comprised of fixed ratio amphiphilic dispersion excipient, SHAO (10 mg/mL), Cisplatin (0.5 mg/mL,) Vinblastine (0.1 mg/mL)

Murine model of dispersion



Control: cisplatin in saline

CLINICAL STUDY DESIGN

Phase 2

- ≥ 18 years
- ECOG PS ≤ 1 for Combo and PS ≤ 2 for Mono
- Advanced solid tumors, relapsed/ refractory
- Measurable disease by RECIST 1.1
- At least one target tumor for injection

Dose expansion

Pembrolizumab combination
Pancreatic, MSS colon, bile duct, SCC
- INT230-6 dosing as in Monotherapy
- Pembro q3 weeks x 2 years

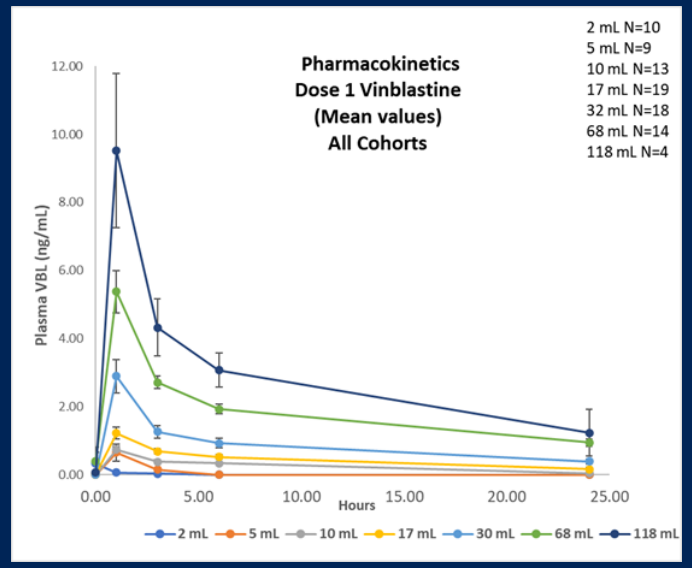
INT230-6 monotherapy
Solid tumors
- INT230-6 1 mL per 3 cc of tumor vol., up to 175 mL: q2 weeks x 5 doses
- Maintenance q9 weeks x 2 years

Ipilimumab combination @
Breast cancer, sarcoma, HCC
- INT230-6 dosing as in Monotherapy
- Dose of Ipi q3 weeks x 4 doses

Sarcoma Subject Demographics	INT230-6 Mono N=15	IPI combo N=11
Age (median, range)	64 (41.9-76.1)	63.3 (33 – 82.1)
Gender	73% male	46% male
ECOG	0 (13%), 1 (80%) 2 (6.7)	0 (45.5%), 1 (54.5%)
Median # of prior Therapies (range)	**3 (0-8)**	**5 (0-9)**
Overall # of tumors injected (% deep)	120 (49% deep)	127 (71% deep)

Data as of April 1, 2022

Pharmacokinetics, Safety, Efficacy

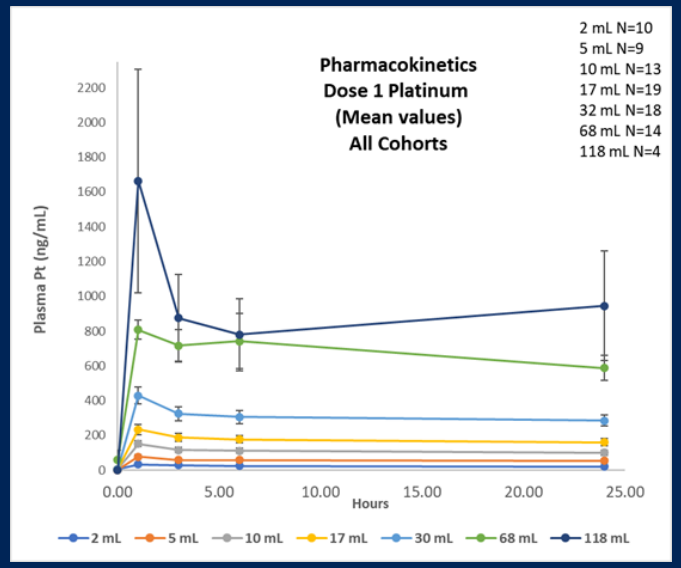


>95% of the active agents remains in the tumor relative to IV dosing

Cisplatin is not measured only Pt metal (non-toxic)

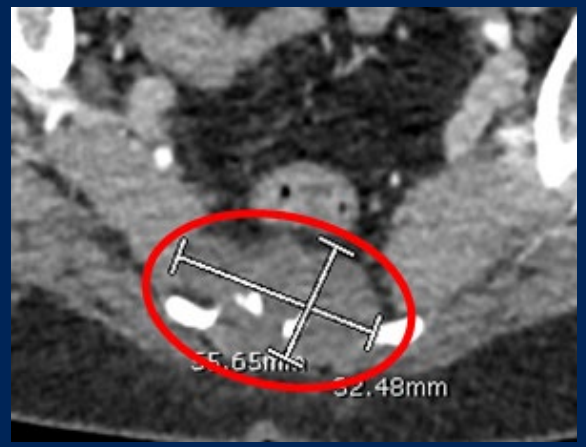
	INT230-6 (N=15)	INT230-6 + IPI[3] (N=11)[3]
No. patients having:		
at least 1 rel. TRAE	14 (93.3%)	11 (100%)
Grade 3 rel. TRAEs	3 (20.0%)	1 (9.1%)
Grade 4 or 5	0 (0%)	0 (0%)

TRAEs were mainly local tumor pain, fatigue, nausea, decreased appetite
Combo: 4 low grad drug related immune adverse events.
Data as of April 1, 2022

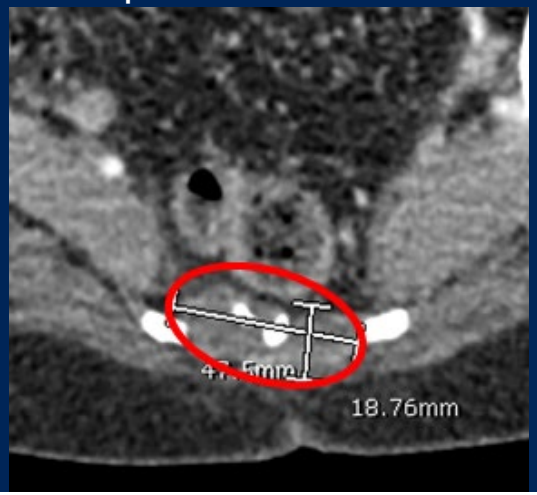


Monotherapy chordoma subject

pre dose: 55.65 x 32.48



1st scan post treatment: 47.5 x 18.78



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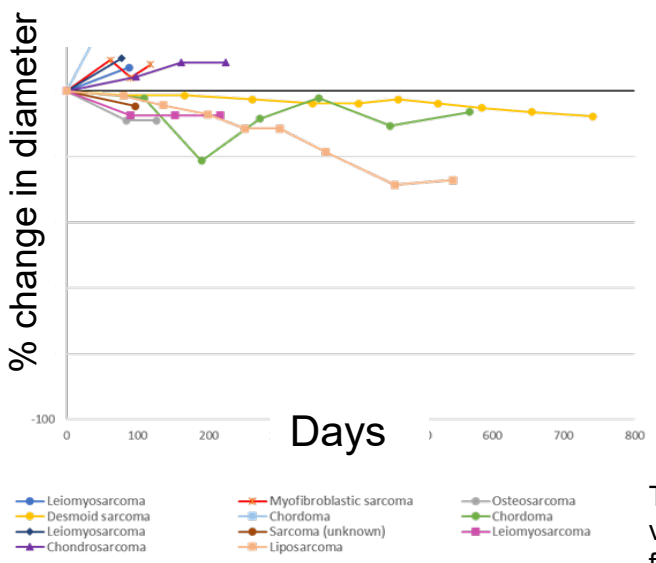
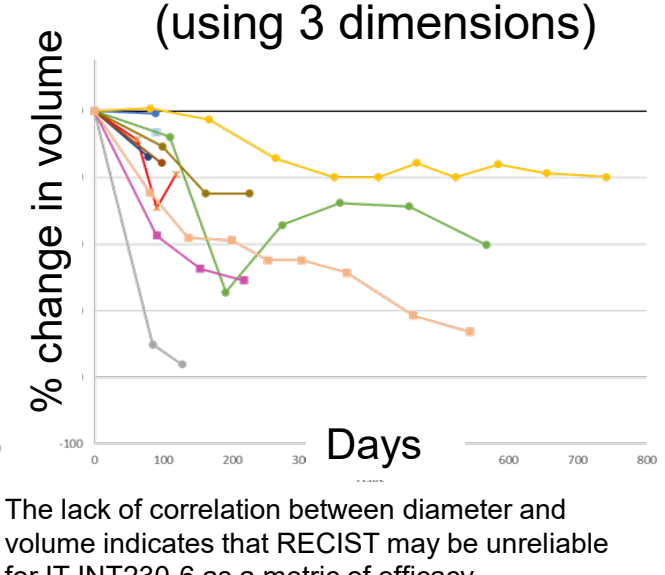
Efficacy: Phase 1/2

Change in Longest Diameter

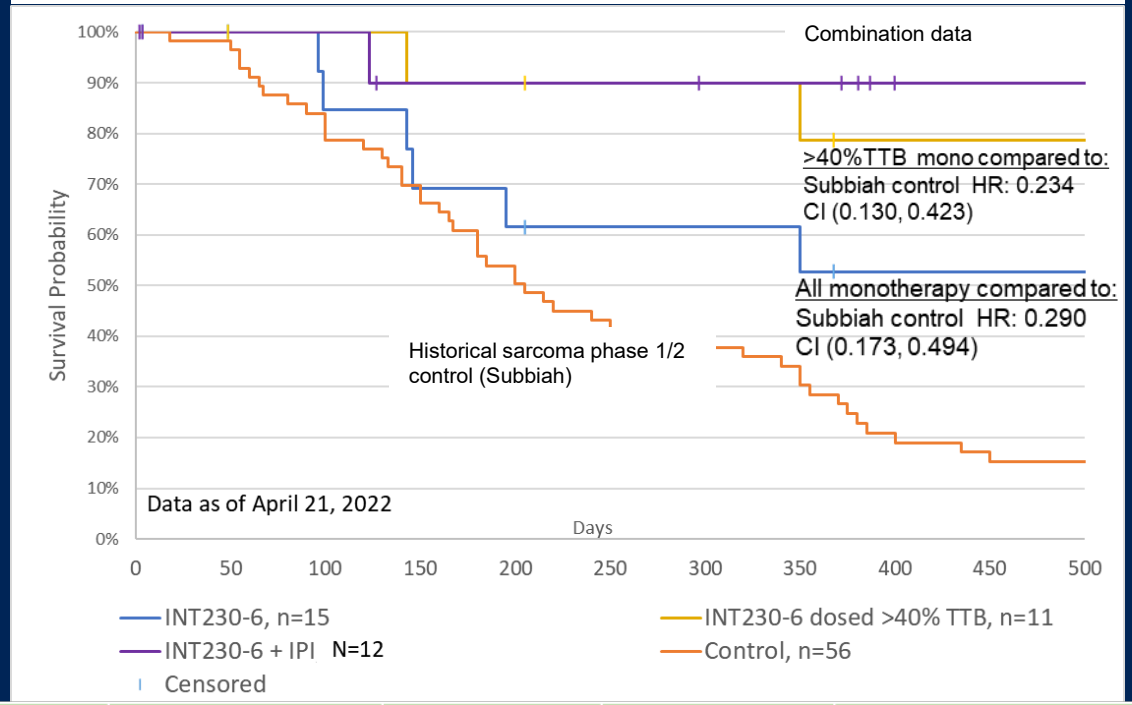


Change in Volume (using 3 dimensions)

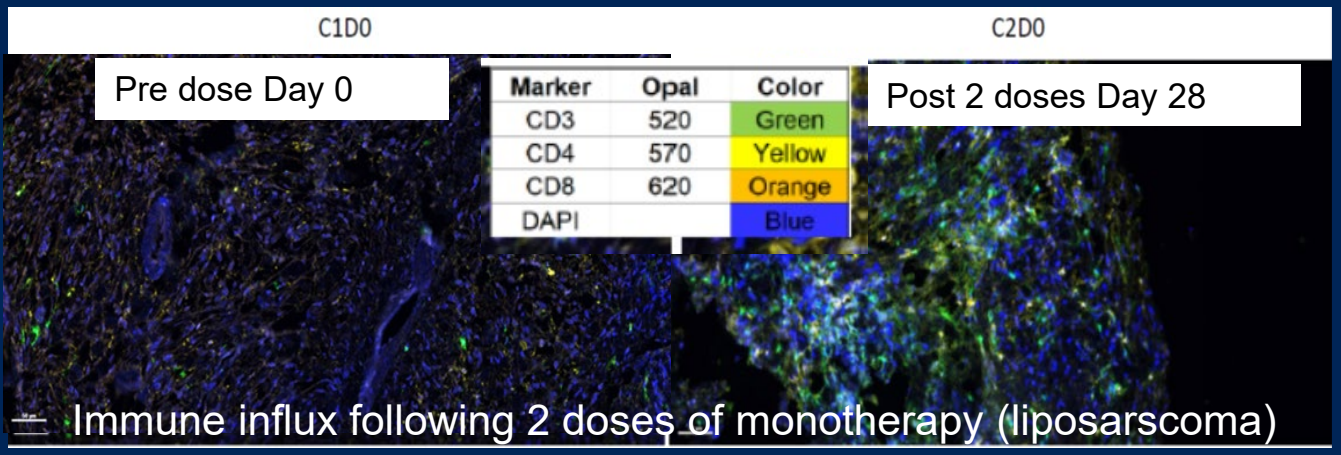


The lack of correlation between diameter and volume indicates that RECIST may be unreliable for IT INT230-6 as a metric of efficacy

Kaplan Meier estimates sarcoma patients



	Control (Subbiah data)	INT230-6 all	INT2306 >40% TTB	INT230-6 + IPI
mOS , CI	205 days	649 (146, 1219)	715 (649, 1219)	**Not reached median follow-up: 297 days**



Immune influx following 2 doses of monotherapy (liposarscoma)

DCR rate >50 days (in data base as of April 1)*
INT230-6 monotherapy (n=9) :56%
INT230-6+IPI (n=7) ; 57%.

*excludes chordoma

Subbiah; et. al, Scientific reports 6:35448 2016
Jones, Cancer Chemother Pharmacol (2011) 68:423-429
Cassier, Annals of Oncology 25: 1222-1228, 201:

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Conclusions

- INT230-6 is well tolerated as monotherapy and in combination with ipilimumab.
- INT230-6 drugs are retained in the tumor and demonstrate direct tumor killing in injected lesions.
- IHC results in injected lesions indicate dosing INT230-6 activates a T-cell mediated immune response. *Uninjected tumor regression (previously reported SITC 2021 abstract 501) also indicates immune response*
- Data suggests that INT230-6 prolongs survival compared to historical data in basket studies of sarcoma subjects.
- An exploratory analysis suggests survival may be improved for monotherapy sarcoma subjects receiving INT230-6 when dosing to ≥40% of their incoming total tumor burden
- Data is encouraging; though a randomized controlled study in an earlier line sarcoma population would be needed to assess efficacy for the INT230-6 alone or with ipilimumab combination