

ELIAS CANCER IMMUNOTHERAPY (ECI®) TECHNICAL SUMMARY - July 2022



The ELIAS Cancer Immunotherapy (ECI®) is built upon 50+ years of intensive scientific and medical research in rodents, canines and humans. ECI is a type of adoptive cell therapy (ACT) that is designed to stimulate the patient's immune system to recognize cancer cells as "foreign" and then mount an immune response to eliminate them. Unlike other adoptive T cell therapies (e.g., CAR-T, TIL), ECI uses attenuated autologous cancer cell vaccines to "prime" the immune cells to the cancer specific antigens. This approach allows for the harvesting of large numbers of cancer neoantigen specific immune cells. Vaccines manufactured from cancer tissue surgically collected from the patient can prime immune cells to recognize the neoantigens present on the cancer cells. Two weeks after vaccination, primed immune cells are collected from the patient via apheresis for ex vivo expansion. The activated T cells are reinfused into the patient and followed by a short series of low dose interleukin-2 injections to further stimulate the immune cells administered.

Efficacy demonstrated in multiple species and cancer types. In pre-clinical rodent models, the ECI approach demonstrated efficacy against a broad range of cancer types including lymphoma, melanoma, prostate, glioma, and others.¹⁻⁷ In these preclinical studies, cancers were rejected and in some cases cancer-bearing animals were permanently cured when the activated effector T cells were used to treat minimal disease.⁷

In Phase I/II human clinical trials, the ECI approach has shown efficacy in malignant glioma and renal cell carcinoma patients, with responders having their cancers put into long term remission.^{8,9} In humans, this approach being developed by TVAX Biomedical is currently between Phase II/III evaluation for the treatment of glioblastoma multiforme. In 2020, TVAX Biomedical received FDA Fast Track designation for its immunotherapy based in part on key data provided from ELIAS' pilot canine study in osteosarcoma.^{10,11} The positive results from ELIAS' study further supported this therapeutic approach as potentially effective in treating multiple cancer types.

Mechanism of action (MOA) has been demonstrated in an *in vitro* study using cancer cells and T cells collected from dogs being treated with ECI for osteosarcoma.¹³ In the presence of their respective host cancer cells, activated T cells from vaccinated canines demonstrated cytotoxic activity and generated large levels of proinflammatory cytokines (e.g., IFN-g, TNF-a), important in stimulating an immune response against cancer. Live cell imaging (Figure 1) shows migration and clustering of activated T cells around host cancer cells.

Efficacy and safety treating canine osteosarcoma. Clinical results of a pilot study evaluating ECI in dogs (n=14) with appendicular osteosarcoma were impressive. The median survival times in this single-arm trial was 415 days, with several long-term survivors (Figure 2). These results

improved upon previously reported survival results of 134 days for those treated with amputation alone and 308 days for amputation plus chemotherapy¹². Four out of five long-term surviving dogs lived at least 2 years cancer-free, with the longest living to 5 years post-diagnosis. Another long-term survivor had a distant, cytologically confirmed osteosarcoma metastases for which no further treatment was elected. On recheck two months later, the dog was confirmed to be free of metastasis using a highly sensitive CT/PET scan.¹⁰ This dog survived to 3 years post diagnosis and died of non-cancer causes. Further, ECI continues to demonstrate an excellent safety profile as reported in the pilot study and as seen in current patients.

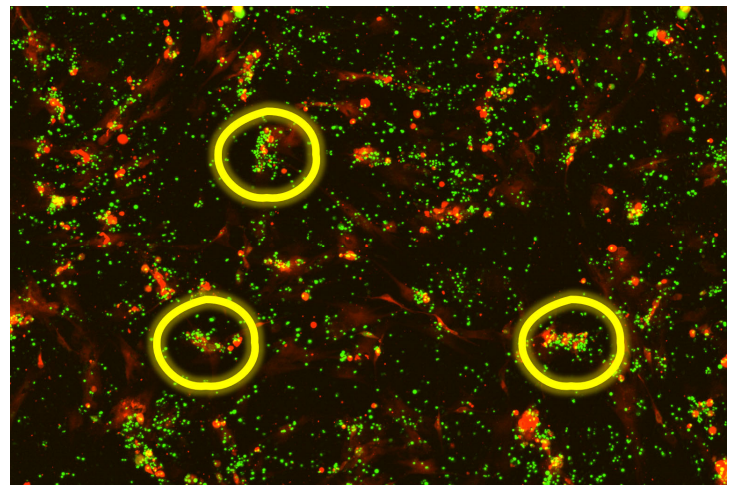


Fig 1. Activated T cells (green) migrating to and clustering around host cancer cells (red). Antigen-specific T cells generate immunostimulatory cytokines and demonstrate cytotoxic activity toward the cancer cells.

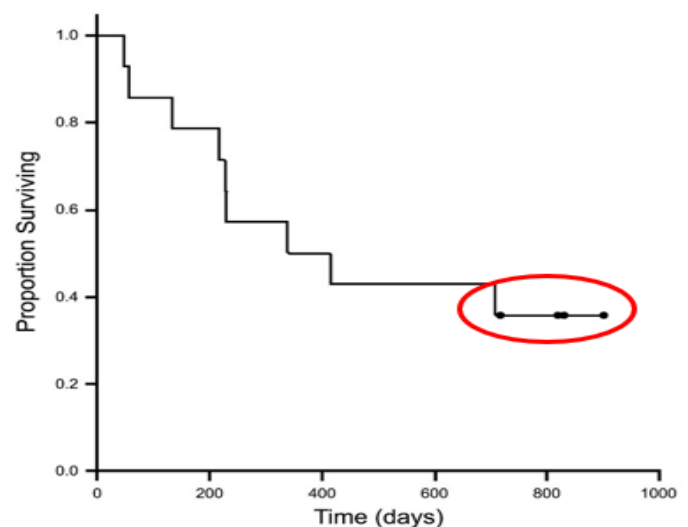


Fig 2. Kaplan Meier curve showing overall survival time for all dogs on an intent-to-treat basis undergoing ECI therapy for osteosarcoma. Overall median survival time (n=14 dogs) was 415 days. Red circle highlights long-term surviving dogs at study conclusion (> 700 days).

REFERENCES

1. Holladay FP, Heitz T, Chen Y-L, Wood GW. Successful treatment of a malignant rat glioma with cytotoxic T cells. *Neurosurgery* 31:528-533 (1992)
2. Kaido T, Maury C, Schirmmacher V, Gresser I. Successful immunotherapy of the highly metastatic murine ESb lymphoma with sensitized CD8+ T cells and IFN-alpha/beta. *Int J Cancer*. 57:538-543 (1994)
3. Geiger JD, Wagner PD, Cameron MJ, Shu S, Chang AE. Generation of T-cells reactive to the poorly immunogenic B16-BL6 melanoma with efficacy in the treatment of spontaneous metastases. *J Immunother*. 13:153-165 (1993)
4. Le HK, Graham L, Miller CH, Kmiecik M, Manjili MH, Bear HD. Incubation of antigen-sensitized T lymphocytes activated with bryostatin 1 + ionomycin in IL-7 + IL-15 increases yield of cells capable of inducing regression of melanoma metastases compared to culture in IL-2. *Cancer Immunol Immunother*. 58:1565-76 (2009).
5. Zhang Q, Yang X, Pins M, Javonovic B, Kuzel T, Kim SJ, Parijs LV, Greenberg NM, Liu V, Guo Y, Lee C. Adoptive transfer of tumor-reactive transforming growth factor-beta-insensitive CD8+ T cells: eradication of autologous mouse prostate cancer. *Cancer Res*. 65:1761-9 (2005)
6. Ward-Kavanagh LK, Zhu J, Cooper TK, Schell TD. Whole body irradiation increases the magnitude and persistence of adoptively transferred T cells associated with tumor regression in a mouse model of prostate cancer. *Cancer Immunol Res*. 2:777-88 (2014)
7. Geiger JD, Wagner PD, Cameron MJ, Shu S, Chang AE. Generation of T-cells reactive to the poorly immunogenic B16-BL6 melanoma with efficacy in the treatment of spontaneous metastases. *J Immunother*. 13:153-165 (1993)
8. Sloan AE, Dansey R, Zamorano L, Barger G, Hamm C, Diaz F, Baynes RD, Wood GW. Adoptive immunotherapy in patients with recurrent malignant glioma: Preliminary results of using autologous whole-tumor vaccine plus granulocyte-macrophage colony-stimulating factor and adoptive transfer of anti-CD3-activated lymphocytes. *Neurosurgical Focus* 9:1-8 (2000)
9. Chang AE, Jiang GI, Sayre DM, Braun TM, Redman BG. Phase II trial of autologous tumor vaccination, anti-CD3-activated vaccine-primed lymphocytes, and interleukin-2 in stage IV renal cell cancer. *J Clin Oncol* 21:884-90 (2003)
10. Flesner B, Wood G, Gayheart-Walstein, et.al. Autologous cancer cell vaccination, adoptive T-cell transfer, and interleukin-2 administration results in long-term survival for companion dogs with osteosarcoma, *J Vet Intern Med.*, 2020 Sep;34(5):2056-2067.
11. <http://www.tvaxbiomedical.com/documents/TVAX%20Fast%20Track%20Press%20Release%20-%20Final%2020200430.pdf>
12. Phillips B, Powers B, Dernell, WS, et. al., Use of single-agent carboplatin as adjuvant or neoadjuvant therapy in conjunction with amputation for appendicular osteosarcoma in dogs, *J Am Anim Hosp Assoc*. 2009 Jan-Feb;45(1):33-8.
13. Cytotoxicity and cytokine assay study conducted by Charles River Discovery Research Services Germany GmbH, Freiburg, Germany. Final Report on file.