ABSTRACT #24-11187

N-803 plus BCG Complete Response rate in NMIBC CIS subjects: BCG refractory, relapsed, checkpoint failure, and chemotherapy failure; updated results (QUILT 3.032)

Patrick Soon-Shiong[e], Karim Chamie[a], Sam S. Chang[b], Eugene V. Kramolowsky[c], Mark L. Gonzalgo[d], Sandeep K. Reddy[e]

BACKGROUND

Patients (pts) with bacillus Calmette-Guerin (BCG)-unresponsive NMIBC have limited treatment options and are at an increased risk for cystectomy. N-803 (nogapendekin alfa inbakicept: ANKTIVA®), is an interleukin-15 superagonist (IL-15) [1], which synergizes with BCG to elicit durable complete responses (CRs) and is FDA approved for BCG-unresponsive NMIBC CIS with or without papillary tumors [2].

The open-label, 3-cohort, multicenter phase 2/3 study QUILT 3032 (NCT03022825), November 30, 2023 data cutoff, interim data is presented with responses ongoing, including sub-analyses based on disease type and treatment history.

METHODS

Preparation of BCG and ANKTIVA Admixture

For Intravesical Use Only. Do NOT administer by subcutaneous or intravenous or intramuscular routes.

Step 1 **BCG Diluted in 50 mL Saline**

Prepare BCG suspension following the instructions provided in the Prescribing Information for BCG with saline as follows:

Draw 1 mL of sterile, preservative-free saline (0.9% Sodium Chloride Injection USP) from a 50 mL vial of sterile saline at 4-25°C into a small syringe (e.g., 3 mL) and **add to 1 vial of BCG to resuspend**. Ensure that the needle is inserted through the center of the rubber stopper of the vial. Gently swirl the vial until a homogenous suspension is obtained. Avoid forceful agitation which may cause clumping of the mycobacteria.

Dilute the cloudy BCG suspension in the same 50 mL sterile, preservative-free saline vial **to a final volume of 50 mL**. Mix the suspension gently prior to step 2.

Step 2 **Anktiva Admixed in 50 mL Saline with BCG**

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. The solution is clear to slightly opalescent and colorless to slightly yellow. Discard the vial if visible particles are observed. **Draw 0.4 mL of ANKTIVA** into a small syringe and using aseptic technique **add to the 50 mL saline volume containing the BCG suspension** from step 1 that has been prepared following the instructions provided in the Prescribing Information for BCG.

Mix the suspension gently.

Step 3 **50 mL Admixed Volume Transferred to 60 mL Syringe**

Using a **60-mL syringe** connected to an appropriate size needle, withdraw the ANKTIVA BCG mixture to a final volume of 50 mL.

If the admixture of ANKTIVA in combination with BCG is not used immediately, store refrigerated at 2°C to 8°C (36°F to 46°F) and use within 2 hours. Unused solution of admixture should be discarded after 2 hours.

METHODS

First Induction & Second Induction

Month 1 2 3 4

ANKTIVA 400 mcg administered intravesically with BCG **Once a week for 6 weeks**
A second induction course may be administered if complete response is not achieved at month 3.

Cystoscopy and cytology performed for drug administration every three months and follow-up per office practice.

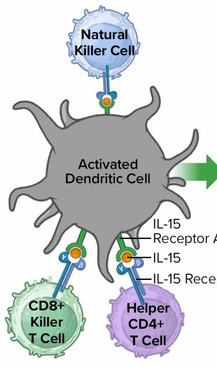
Maintenance

Month 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

For Maintenance : After BCG and ANKTIVA induction therapy, ANKTIVA is recommended at a dose of 400 mcg administered intravesically with BCG once a week for 3 weeks at months 4, 7, 10, 13 and 19 (for a total of 15 doses). For patients with an ongoing complete response at month 25 and later, maintenance instillations may be administered once a week for 3 weeks at months 25, 31, and 37 for a maximum of 9 additional instillations.

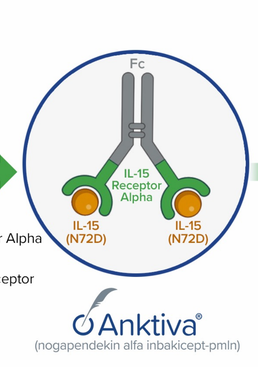
The Body's Natural Immune Protection Against Cancer › ANKTIVA: Mimicking Nature's Mechanism of Action › ANKTIVA: Unleashing the Power of the Body's Immune System - The Triangle Offense › ANKTIVA: Harnessing the Power of the IL-15 Receptor Alpha - The CD8+ Memory T Cell

Nature's Mechanism of Action
Receptor Bound
IL-15 Receptor Alpha with IL-15



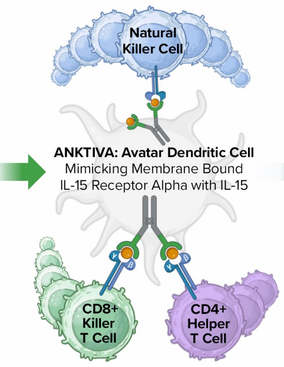
Educating the Dendritic Cell to Stimulate the Immune System Nature's Cancer Immune Protection

ANKTIVA Mechanism of Action
IL-15 Receptor Alpha
Fusion Protein with IL-15



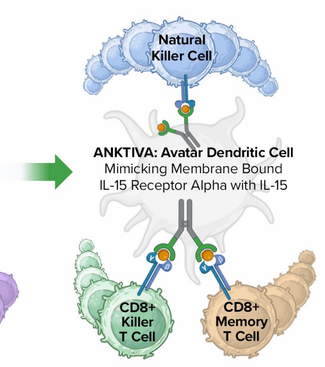
ANKTIVA, Mimicking the Body's Immune System IL-15 Receptor Alpha / IL-15 Interaction

Triangle Offense
NK, CD8+ T, CD4+ T Helper Cells
Complete Response



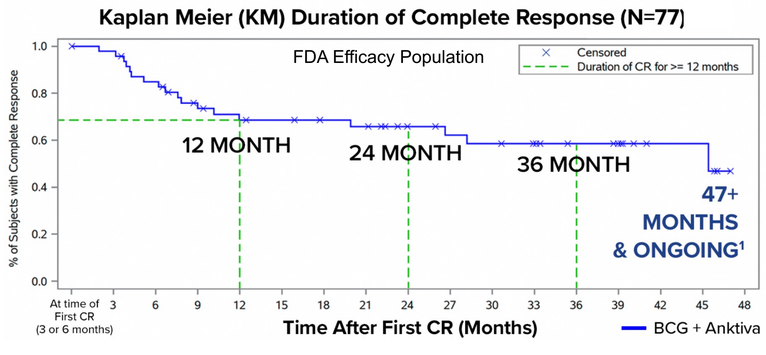
The Triangle Offense of Natural Killer Cells, CD8+ Killer T Cells and CD4+ Helper T Cells

Memory Killer T Cell
Bladder Cancer Specific CD8+ Memory T Cells
Long Duration of CR of 47 Months and Ongoing



Expansion of Bladder Cancer Specific CD8+ Memory T Cells with Duration of Complete Response 47 Months and Ongoing to Date

RESULTS

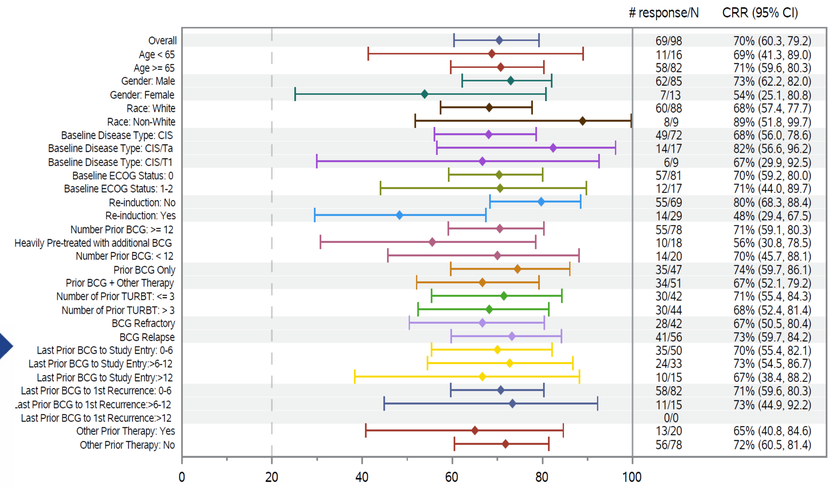


KM Duration of Complete Response

12 Month DoR 69%
95% CI: (53, 80)

24 Month DoR 66%
95% CI: (50, 78)

36 Month DoR 59%
95% CI: (41, 72)



KEY FINDINGS

- CR rates were consistently high in all subgroups N= 69/98 (70%)
- 34/51 patients (67%) who were chemotherapy and/or checkpoint and BCG unresponsive had a CR with ANKTIVA + BCG (N=98)
- CR's were durable with an estimated median of 45.4 months through data cutoff of November 30, 2023, a mean follow-up of 31.3 months (N=77 FDA efficacy population)
- AE profile was consistent with BCG alone

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[a] Department of Urology, UCLA Medical Center, Los Angeles, CA, USA;
[b] Department of Urology, Vanderbilt Ingram Cancer Center, Nashville, TN, USA;
[c] Virginia Urology, Richmond, VA, USA
[d] Desai Sethi Urology Institute,, Miami, FL, USA
[e] ImmunityBio, Inc., Culver City, CA, USA
Contact: Info@immunitybio.com; (310) 883-1300

References
1. Han, et al. 2011 Cytokine 56:804-810. DOI:10.1016/j.cyto.2011.09.028.
2. Chamie, Chang, et al. 2022 NEJM Evidence; DOI:10.1056/EVIDoa2200167.