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Introduction

The recent approval of two monoclonal antibodies targeting the immune checkpoint programmed cell death-1 (PD-1) protein has fostered the interest around the application of biological therapies targeting PD-1, including new combinatory strategies¹. However, the lack of animal models for testing in vivo efficacy has hindered the research process. Syngeneic mouse models are widely used for testing surrogate anti-mouse PD-1 antibodies². However they cannot serve as models for human-specific biologic therapeutics.

To address this need, we set out to develop a new model by directly replacing the mouse PD-1 protein with the human counterpart, while maintaining a functional murine immune system (HuGEMM[™]). These mice can be used to evaluate human biologic therapeutics in vivo.

Abstract

We engineered a chimeric human/mouse PD-1 gene (h/mPD-1) made up from the human exon 2&3 and mouse exon 1&4. We expressed the recombinant protein and tested its binding to both the murine and human PD-L1 ligand, as well as to the antihuman PD-1 antibody. We show that the chimeric h/mPD-1 protein can bind to both mPD-L1 and hPD-L1, as efficiently as the endogenous murine PD-1. Importantly the anti-human PD-1 antibody can also recognize h/mPD-1 and consequently block its binding to murine or human PD-L1. We knocked-in h/mPD-1 into C57BL/6 mice to generate homozygous PD-1 HuGEMM. We confirmed that the T-cells from the knock-in mice express the chimeric h/mPD-1. However, h/mPD-1 expression level in the HuGEMM is lower than the endogenous mPD-1 in the wildtype C57BL/6 mice under induction (only ~10%). Subcutaneous syngeneic engraftments of MC38 cells in h/mPD-1 HuGEMM, grow less robustly when compared to the same grafts in the wild-type mice. Furthermore, the response to anti-mouse PD-1 by MC38 tumors in wild-type mice is stronger than the observed response to anti-human PD-1 by MC38 tumors grown in HuGEMM. This diversity of responses may result from the lower expression level of m/hPD-1 in the HuGEMM, leading to a stronger autoimmune response that inhibits tumor growth. Interestingly, we devised a method to artificially enhance MC38 tumor growth in HuGEMM. Under this condition, MC38 tumors start to become also responsive to anti-human PD-1 antibody, as we were able to show in a preliminary study.

Taken together our data suggests our PD-1 HuGEMM provides an urgently needed model for *testing in vivo* efficacy of human PD-1 therapeutics. We are currently working on improving our model by re-engineering the chimeric gene (version 2) to enhance the expression of the h/mPD-1 gene. We are also working on the development of HuGEMMs for other checkpoint proteins (CTLA4, OX40, 4-1BB, etc.) for targeting the corresponding biologic therapeutics.

PD-1 Therapeutics







wild type C57BL/6 mice in mixed (blue) vs vehicle (yellow) lymphocyte reaction after stimulation with anti-hPD-1 or anti-mPD1 antibody



We successfully created a HuGEMM model expressing the chimeric h/mPD-1 protein (HuGEMM-huPD1) for the evaluation of anti-hPD1 antibodies and combination therapies. We find:

- a) Our HuGEMM expresses h/mPD1 at low levels but can still support MC38 tumor growth under conditioning;
- b) MC38 tumors respond to anti-hPD1 antibody;
- c) This response correlates with increased TILs;
- e) Other HuGEMM-huChPt mice are under construction/validation
- Pardoll, D.M. The blockade of immune checkpoints in cancer immunotherapy. Nature reviews Cancer 12, 252-264 (2012). Cancer Research 19, 5626-5635 (2013).

Figure 2. hPD-1 and h/mPD-1 transfected in HEK293 cells showed comparable dose-dependent responses to human or mouse PD-L1 conjugating with FITC (left) and comparable results in competition test when human or mouse PD-L1 was added with PD-1 antibody (right)

Figure 3. IL-2 production in HuGEMM Figure 4. A. Growth curve with (yellow) & without (black) mouse splenocytes relative to those from conditioning; B. Tumor response to anti-human PD-1 antibody

Conclusions

d) An improved version of the HuGEMM-huPD1 model has been created (V2) and is currently being validated;

References

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Figure 5. TILs in tumors without (left) and with anti-hPD-1 treatment (right)

Tumor	TV(mm ³)	CD4(%)	CD8(%)
PBS (#4558)	1595.40	0.014	0.635
Anti-PD1 (#4546)	413.50	0.243	1.470

Table 1. tumor volume and TILs

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