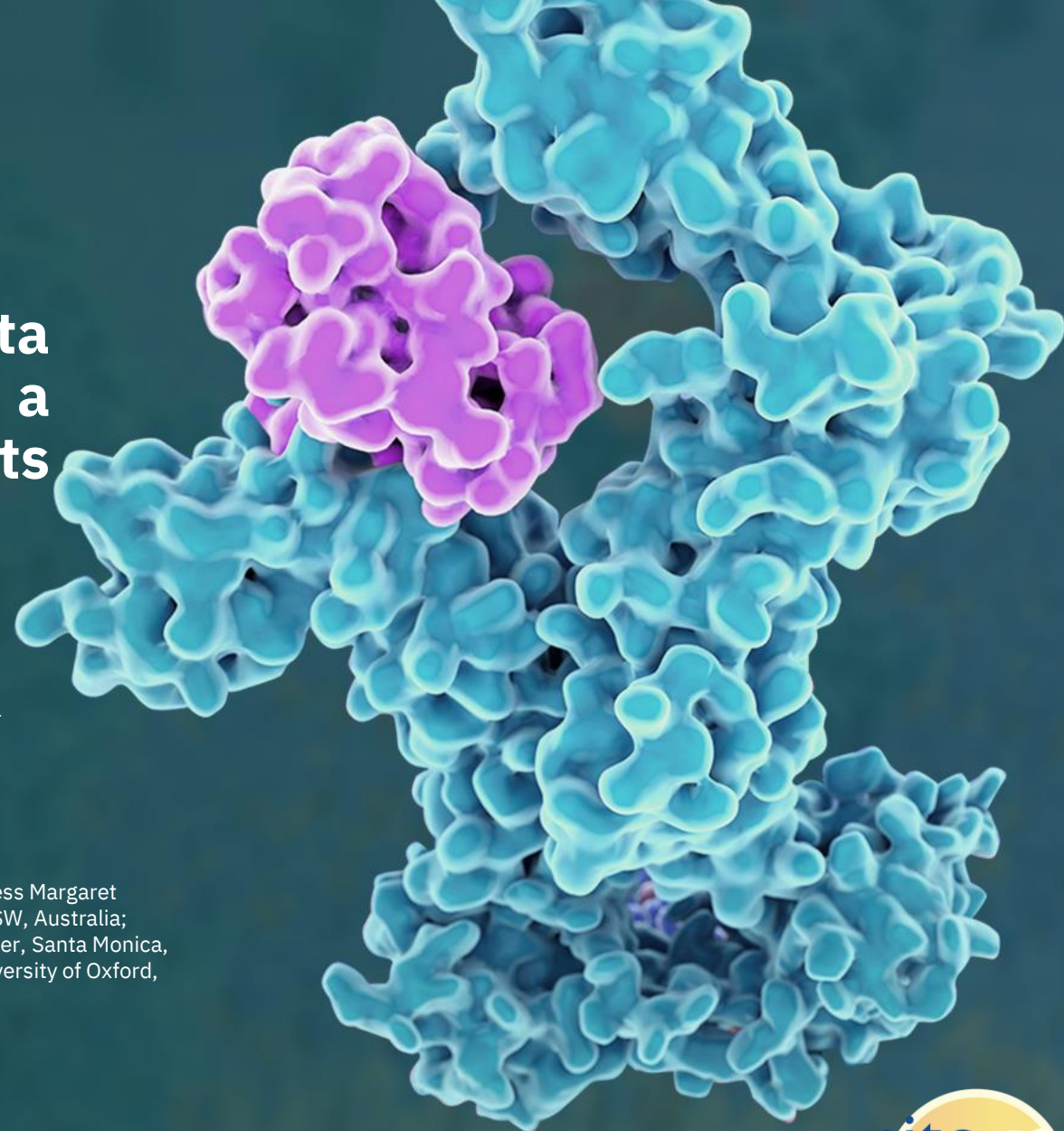


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# Interim PK/PD, Safety and Efficacy Data of Monotherapy Dose Escalation of a Phase 1/2 Trial With MDNA11 in Patients With Advanced Solid Tumors

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# Overview of MDNA11

**MDNA11 is an albumin-fused long-acting IL-2 agonist with strong activation of CD8<sup>+</sup> T and NK cells, minimal impact on Treg cells, and reduced toxicity.**

## Enhanced $\beta$ -binding

Potentiates activation of anti-cancer immune cells (CD8<sup>+</sup> T & NK)

+

## Non- $\alpha$ binder

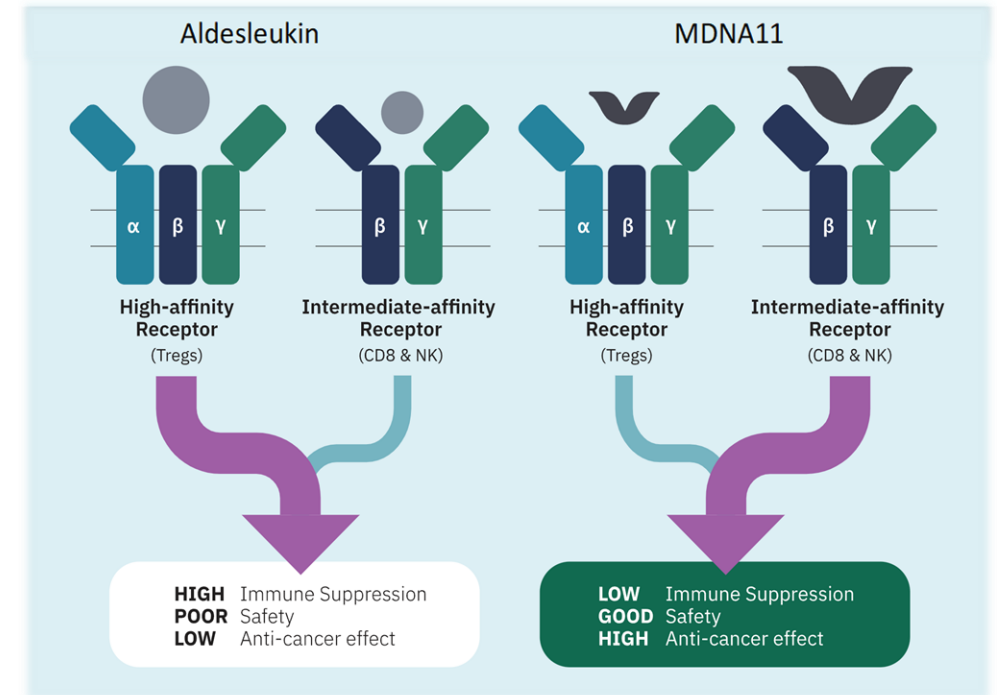
Reduces stimulation of pro-cancer immune cells (Tregs)

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**Superior anti-cancer response**

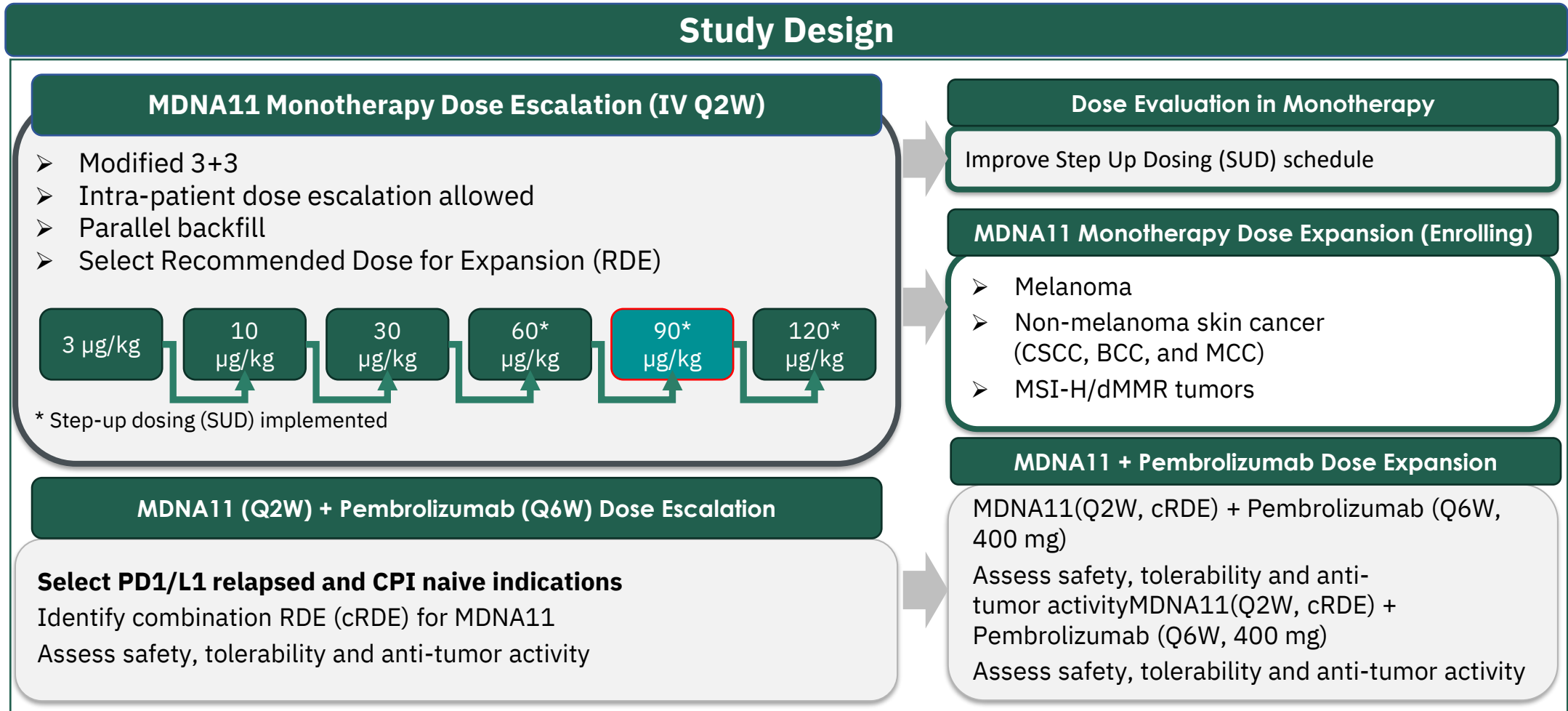
**MDNA11 is engineered** with targeted mutations to increase IL-2R $\beta$  affinity and eliminate IL-2R $\alpha$  binding.

**Fusion to human albumin** extends half-life, overcoming need for frequent dosing, and promotes MDNA11 accumulation in tumors.



# ABILITY-1 (NCT05086692) Study

ABILITY-1 is a Phase 1/2 study assessing MDNA11's safety, pharmacokinetics, pharmacodynamics, and preliminary efficacy in advanced solid tumors, as monotherapy and in combination with Pembrolizumab.

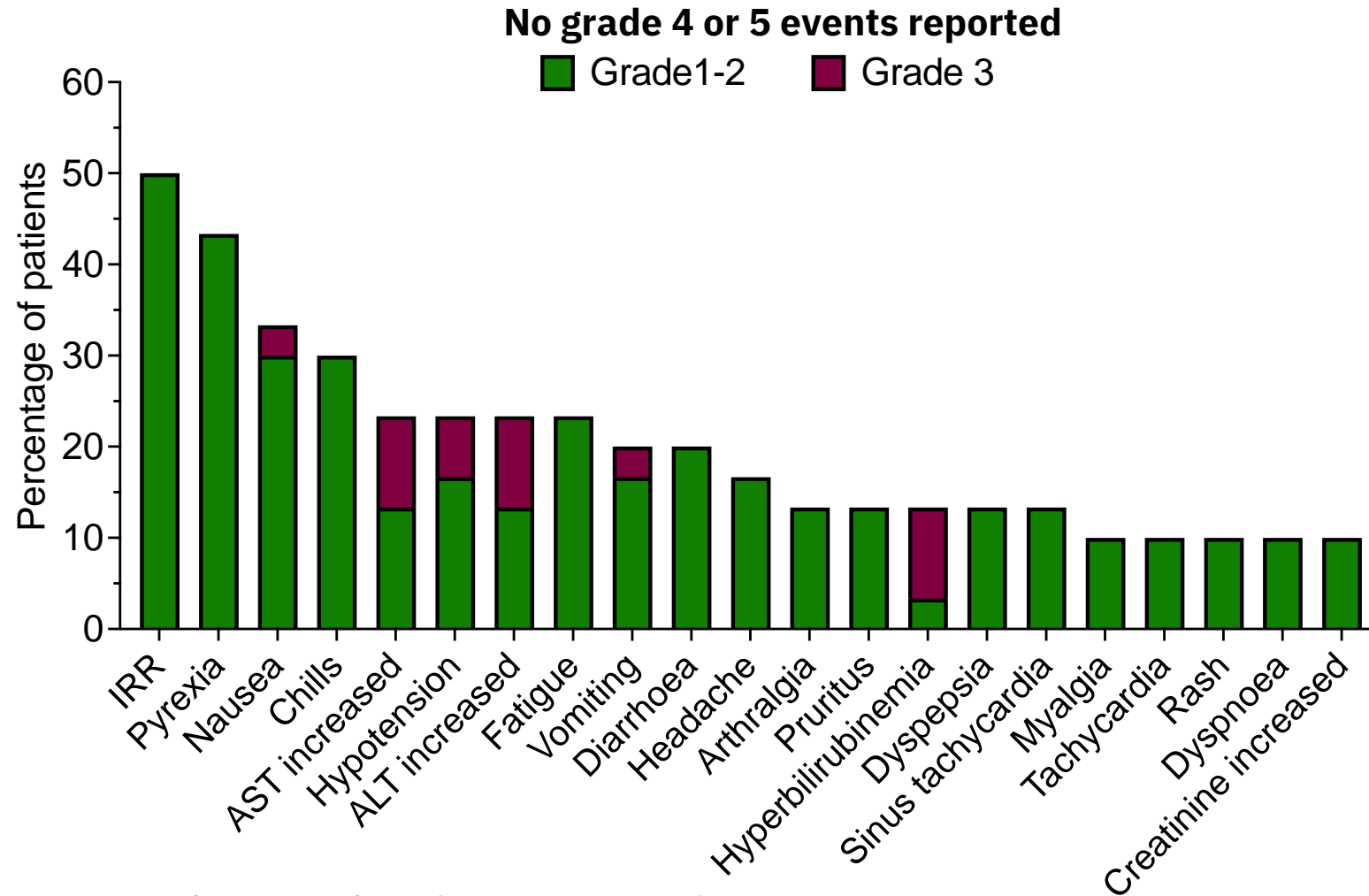


# Patient Demographics

<b>Baseline Characteristics</b>	<b>N=30</b>
Age, median years (range)	63 (27-78)
Male, N (%)	22 (73.3%)
Baseline ECOG = 0, N (%)	19 (63.3%)
Baseline ECOG = 1, N (%)	11 (36.6%)
<b>Primary Tumor Type</b>	<b>N (%)</b>
Melanoma (14 Cutaneous, 1 Mucosal and 1 Acral)	16 (53.3 %)
Non-small Cell Lung Cancer (NSCLC)	3 (10%)
Pancreatic Ductal Adenocarcinoma (PDAC)	3 (10%)
Renal Cell Carcinoma	2 (6.6%)
Sarcoma (1 Pleiomorphic sarcoma and 1 Leiomyosarcoma)	2 (6.6%)
Ovarian Cancer	2( 6.6%)
Tonsillar Squamous Cell Carcinoma	1 (3.3%)
Gastro-esophageal Adenocarcinoma	1 (3.3S%)
<b>Prior Anti-cancer Systemic Therapies</b>	<b>N (%)</b>
Prior Lines of Therapy: 1-2	22 (73.3%)
Prior Lines of Therapy: 3-4	8 (26.6%)
Immunotherapy	22 (73.3%)
Targeted Therapy	5 (16.6%)
Chemotherapy	15 (50 %)



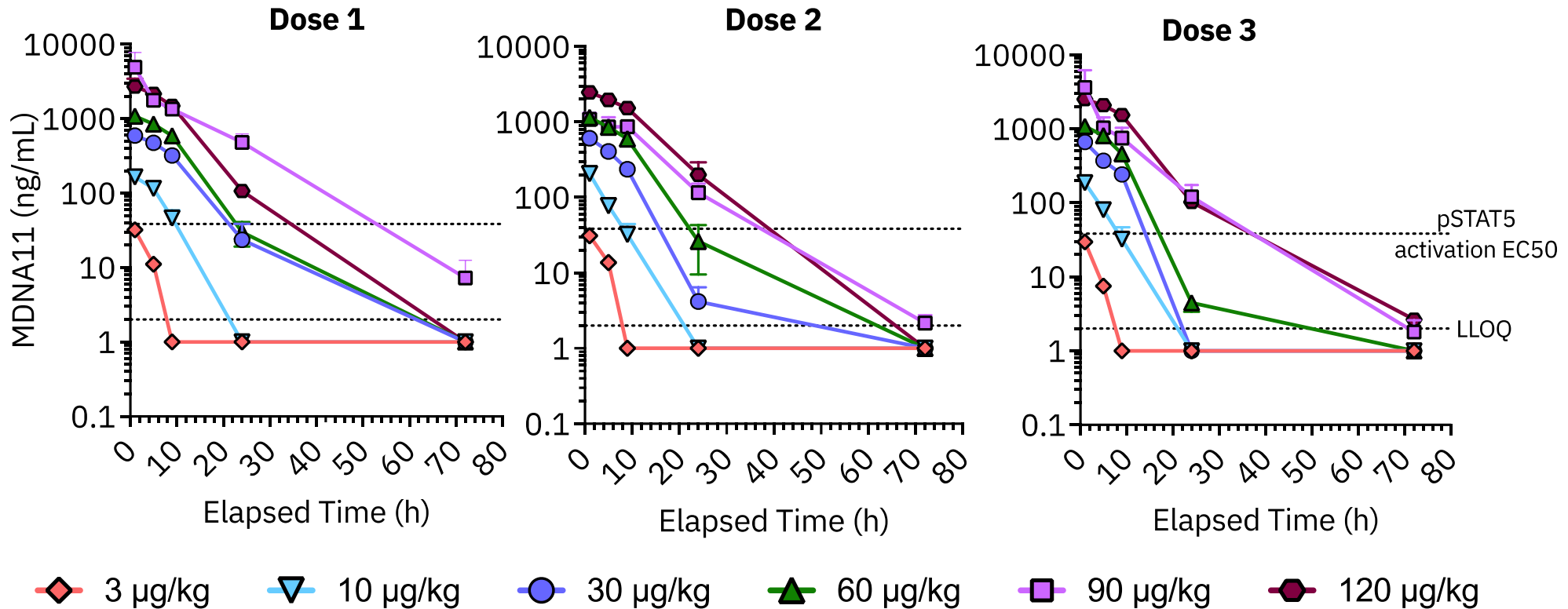
# Treatment Related Adverse Events (TRAE) in $\geq 10\%$ of Patients



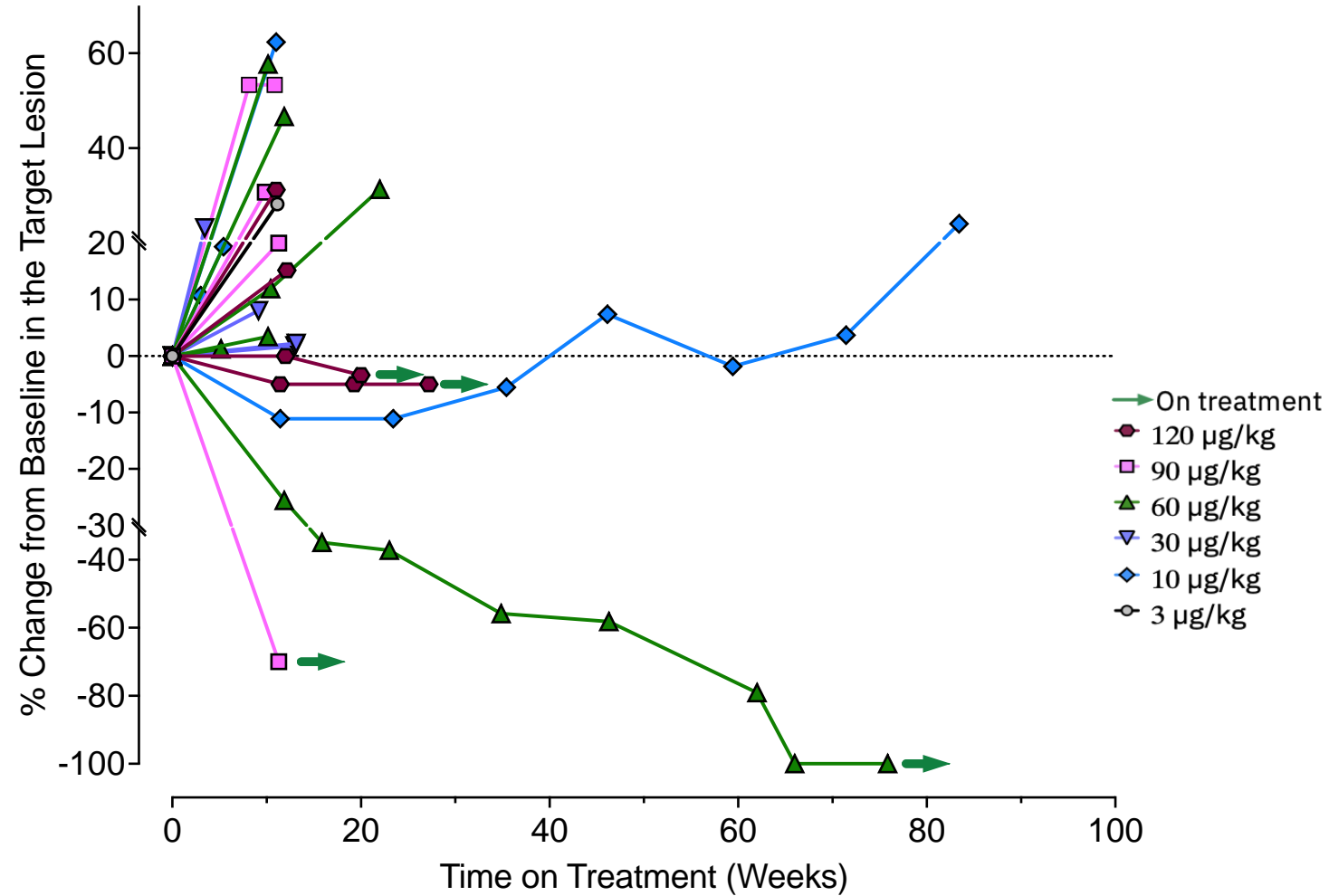
Grade 3 LFT elevations were transient



# PK Profile Shows Dose Dependent Increase of MDNA11 Serum Level

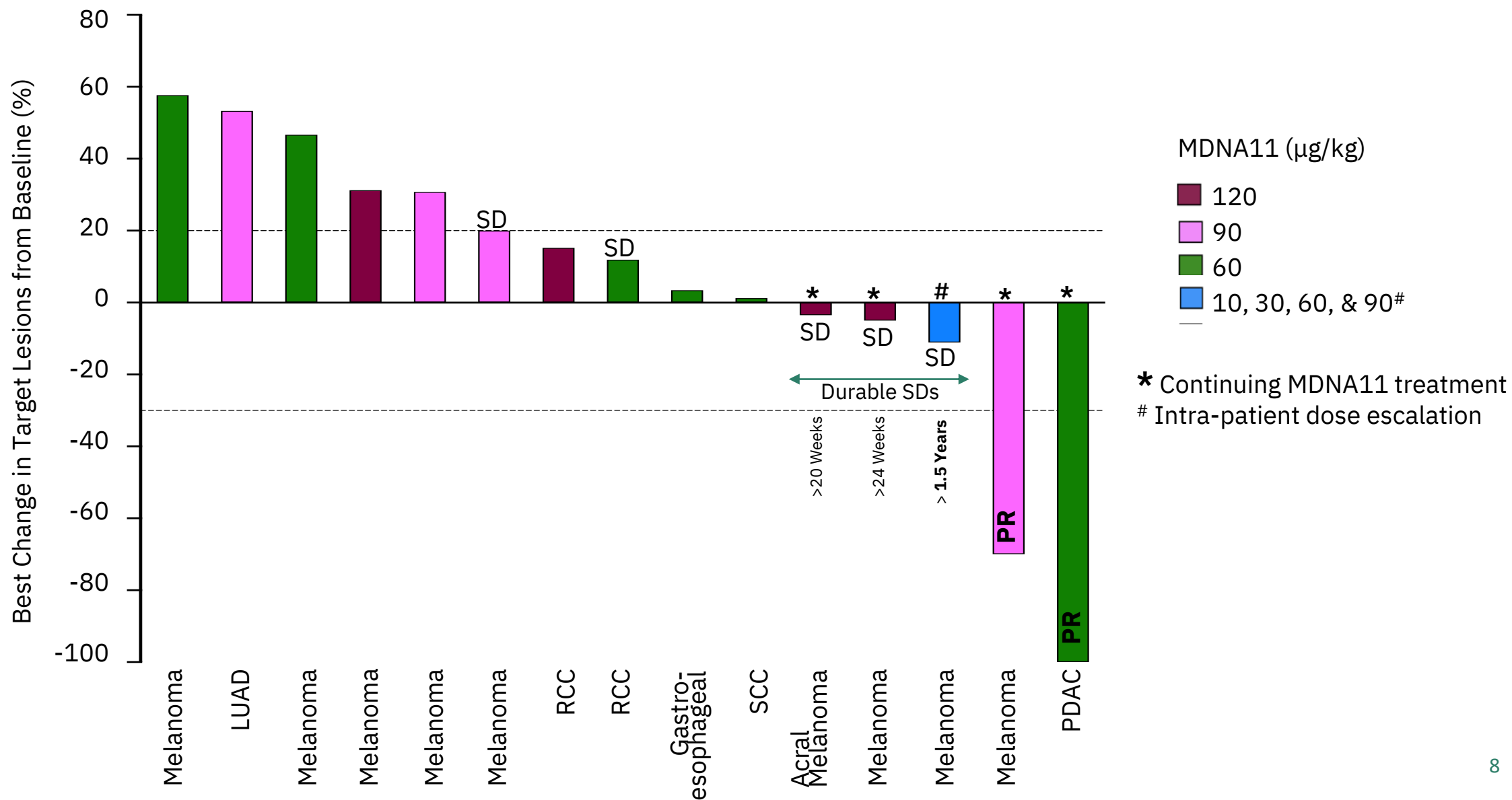


# MDNA11 Monotherapy: Anti-tumor Activity Across All Cohorts



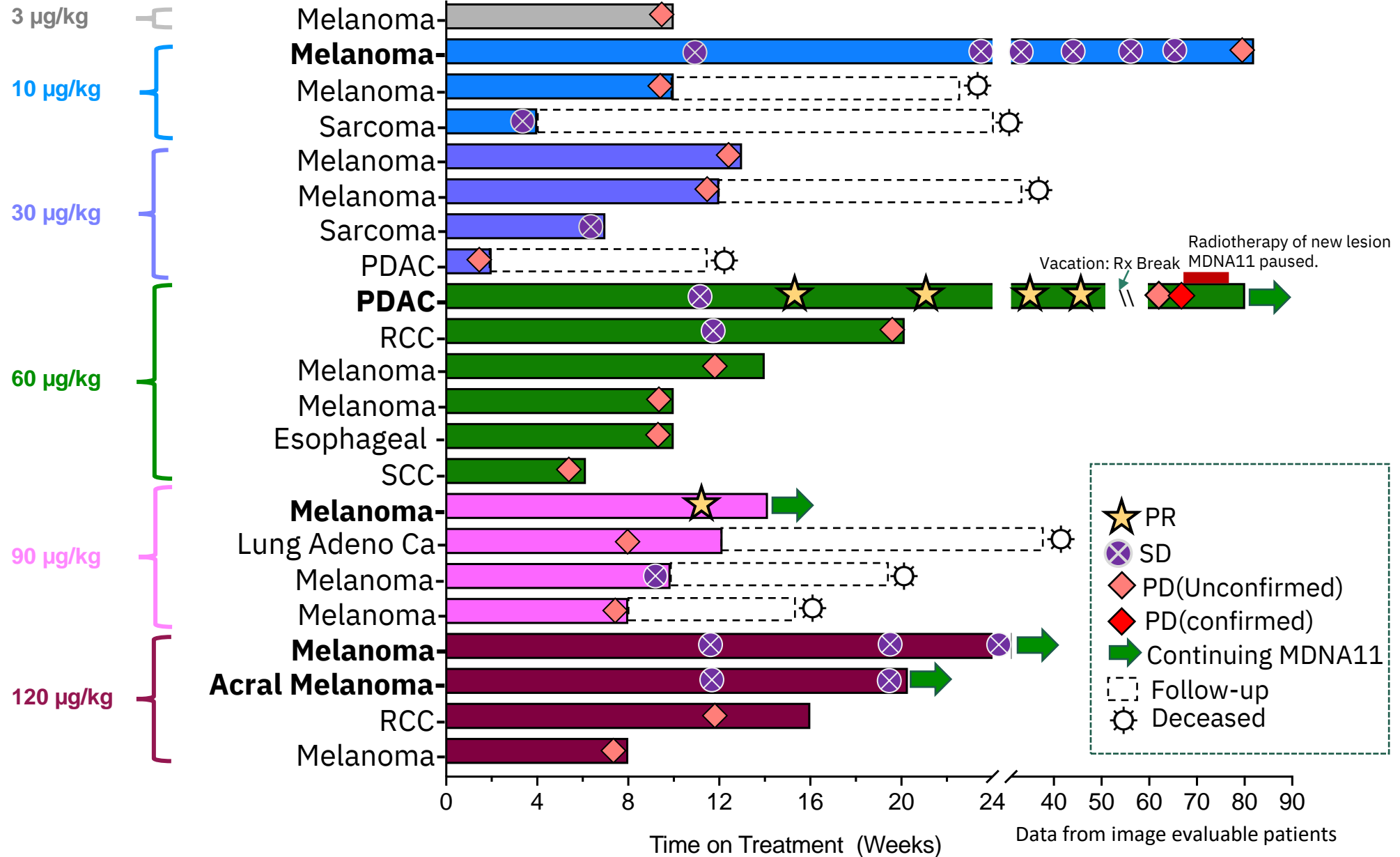
# Best Change in Target Lesions on MDNA11 Monotherapy ( $\geq 60 \mu\text{g}/\text{kg}$ )

## 2 Partial Responses and 3 Durable Stable Disease (N=15)





# MDNA11 Monotherapy: Duration of Treatment and Anti-tumor Activity



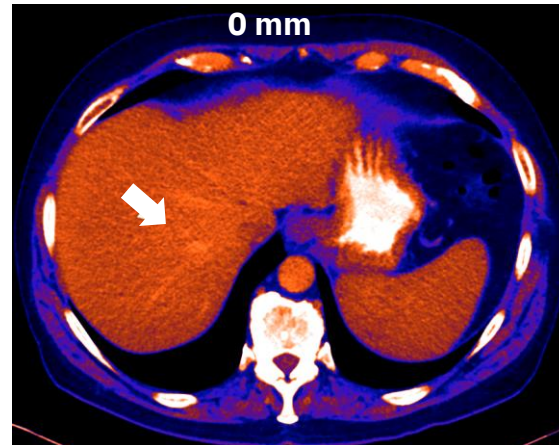
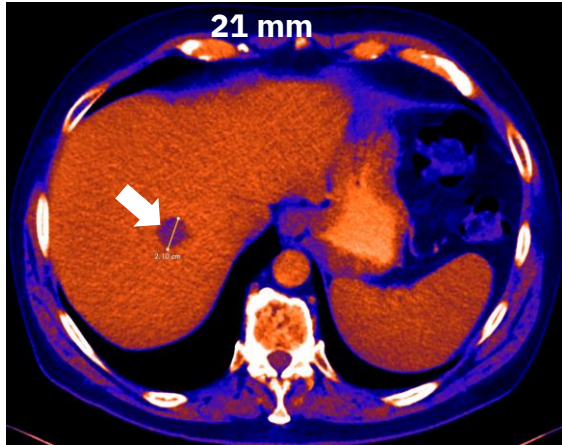
# PR Achieved in 2 of 15 (13.3%) Patients in Higher Dose Cohorts ( $\geq 60 \mu\text{g}/\text{kg}$ )

## 100% Regression of Target Lesions in PDAC Patient

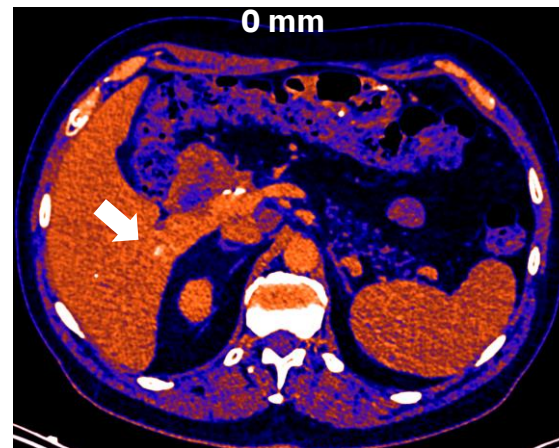
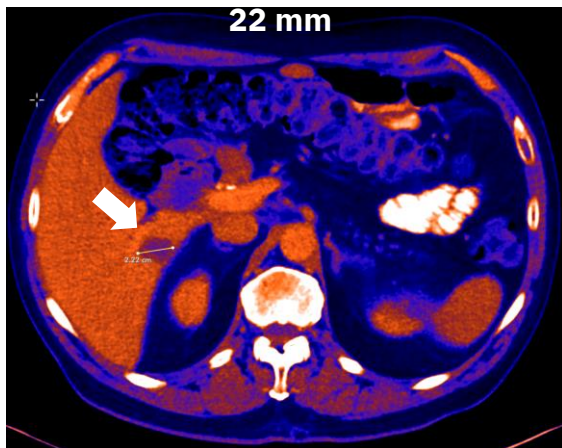
Screening

Week 66

Target Lesion 1



Target Lesion 2



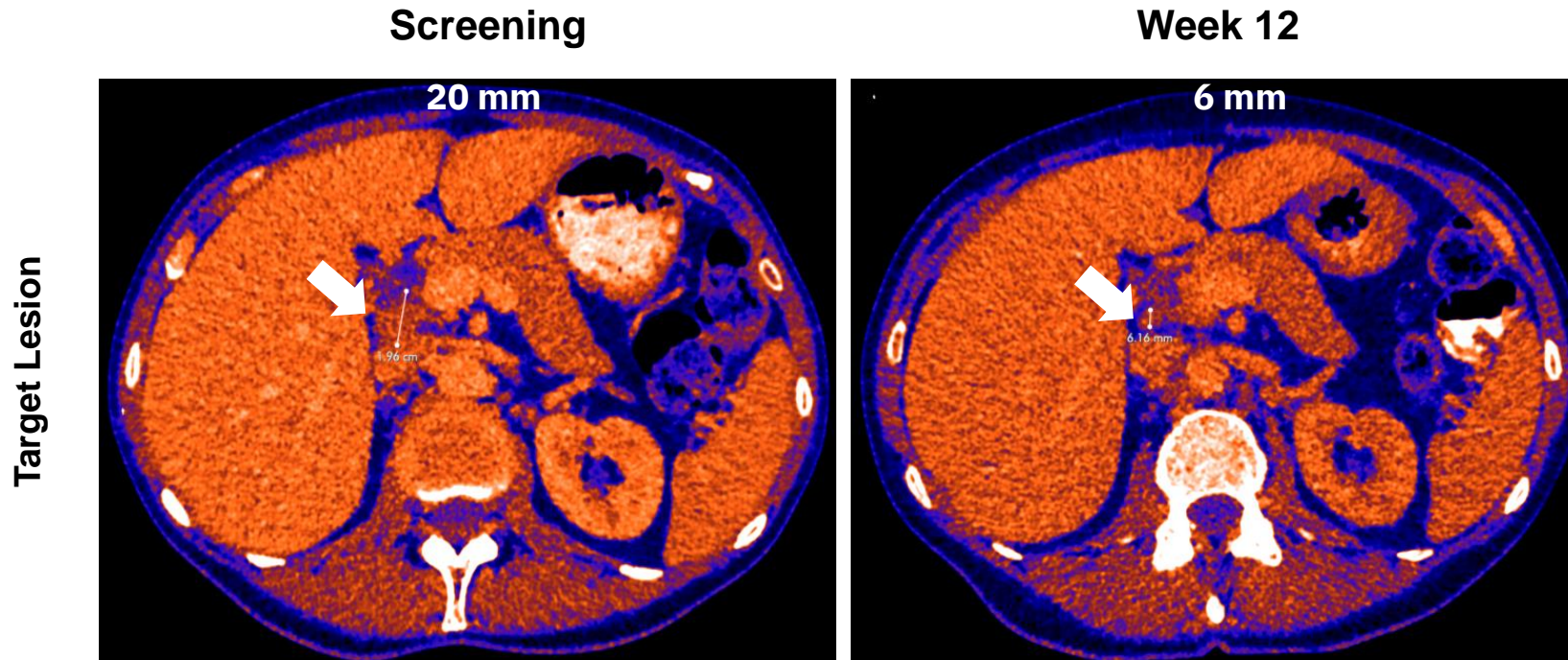
### PR at 60 $\mu\text{g}/\text{kg}$ :

- Pancreatic ductal adenocarcinoma (PDAC, MSI-H) treated with two prior lines.
  - Whipple procedure + Adj FOLFIRINOX
  - 1L: Gemcitabine + nab-Paclitaxel
  - 2L: Pembrolizumab (PD-primary resistant)
- PR first observed at week 16
- **100% reduction of target and non-target lesion at week 66 on MDNA11 alone.**
- Patient developed a single new lesion while on treatment break (vacation) and continues to receive MDNA11



# PR Achieved in 2 of 15 (13.3%) Patients in Higher Dose Cohorts ( $\geq 60 \mu\text{g}/\text{kg}$ )

## 70% Reduction of Target Lesion in Cutaneous Melanoma Patient at First Scan

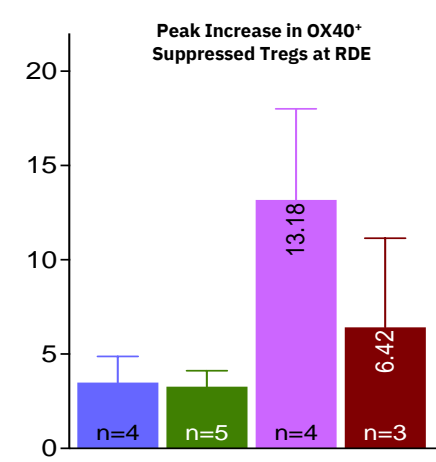
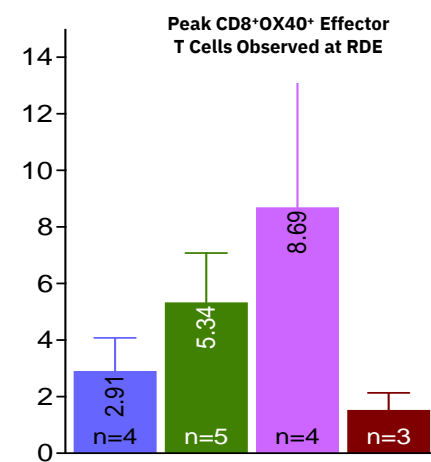
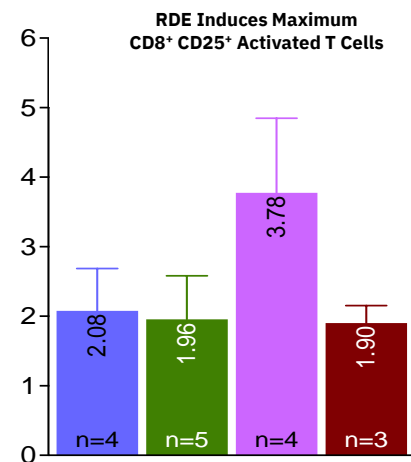
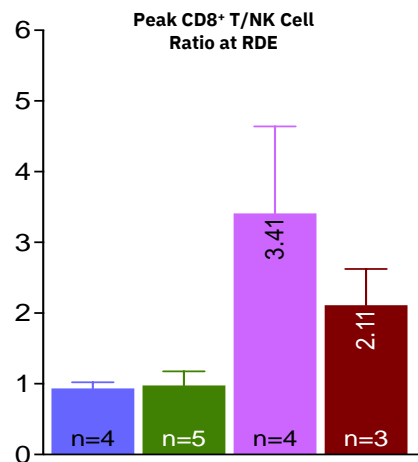
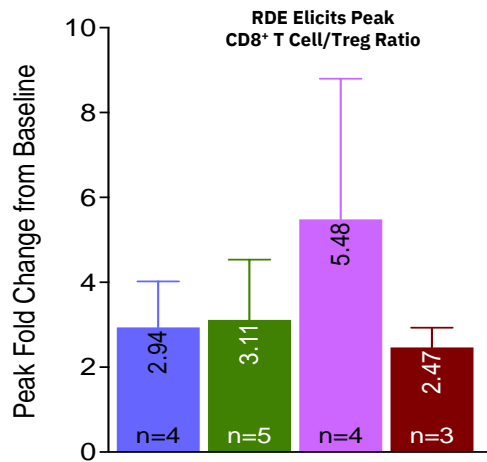
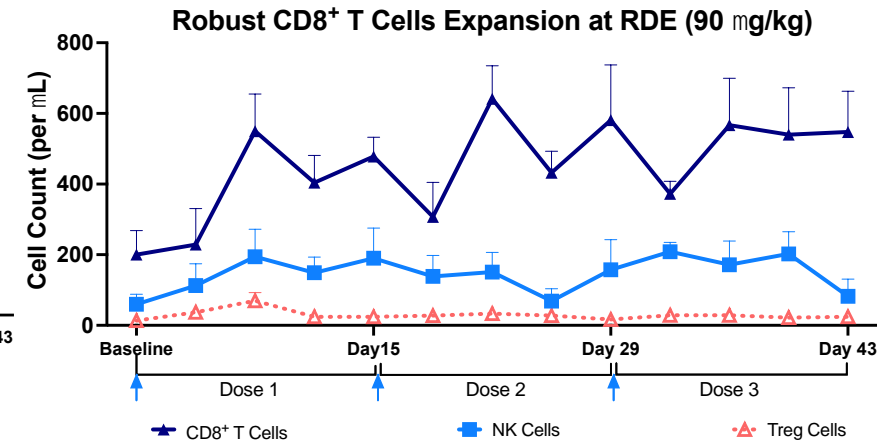
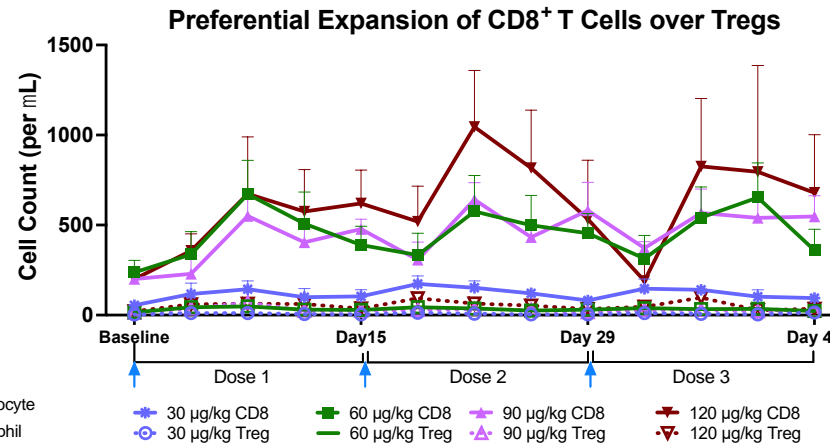
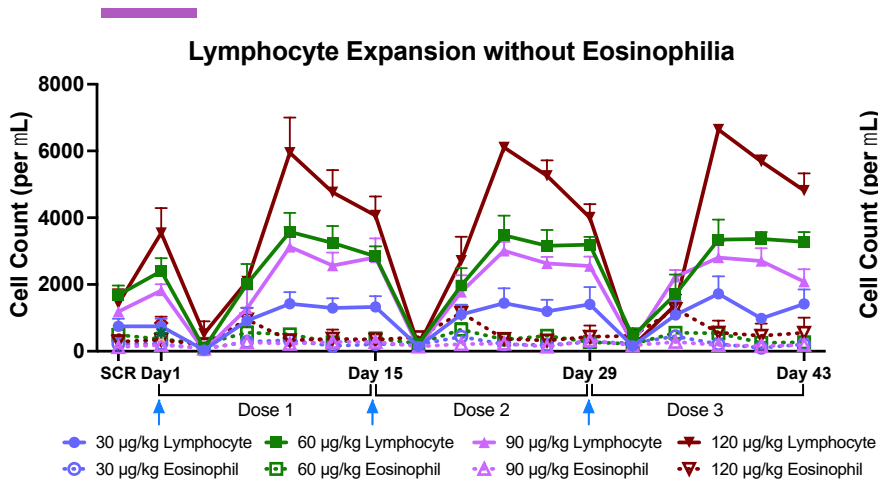


### PR at $90 \mu\text{g}/\text{kg}$ :

- Cutaneous melanoma progressed on prior line of dual checkpoint inhibitors
- 70% reduction of the target lesion at week 12
- Patient continues to receive MDNA11



# Optimal Anti-tumor Immune Response at Recommended Dose for Expansion (90 µg/kg)



■ 30 µg/kg   
 ■ 60 µg/kg   
 ■ 90 µg/kg   
 ■ 120 µg/kg



# Conclusions

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- No dose limiting toxicities reported
- 95.6% of TRAE were of grade 1-2 severity; no grade 4 or 5 events.
- 90 µg/kg declared as monotherapy RDE
- 2 Partial Responses in Pancreatic Cancer and Cutaneous Melanoma
- 7 patients with Stable Disease in all cohorts
- Early signs of MDNA11 monotherapy efficacy during dose escalation
- MDNA11 shows dose-dependent increase in PD parameters; activation markers peak at RDE
- Monotherapy dose-expansion currently enrolling
- Combination with Pembrolizumab to begin end of 2023

