

Clinical Trials Program

Dr. Marcus

Clinical trial to test the oncolytic vaccine approach in combination with checkpoint inhibitor antibodies

June 1, 2016 to November 30, 2018 Highlights · World's first clinical trial to combine an oncolytic vaccine approach with checkpoint inhibitor antibodies for cancer treatment from BioCanRx The oncolvtic vaccine strategy using adenovirus new cases of these cancers and Maraba virus was in 2015 developed in Canada and its clinical testing remains \$1.2M exclusive to Canada Tremendous prospect for Melanoma Stomach \$4.2M multi-sector partnerships Prostate Kidneu Ovarian at an early stage of testing Olon MouthLiver \$1.7M **Breast** The combination of conventional and **Pharmaceutical** oncolytic vaccines Adenovirus vaccine company (TBC) MAGE-A3 with checkpoint inhibitor antibody therapy is one of MG1MA3 the most exciting Anti-PD1 antibody MG1 Maraba/MAGE-A3 TURNSTONE oncolytic virus prospects in Immune checkpoint inhibitor oncology. Dr. Stephen Russell, oncologist and researcher at the Mayo Clinic, and member of the BioCanRx Research Management Committee

About the project

This Phase Ib clinical trial will test a new biotherapeutic combination strategy in patients with advanced solid-tumour cancers that express the tumour antigen MAGE-A3 and have failed to respond to conventional therapies. The study will evaluate the safety, biology and anti-tumour activity of an approach that combines oncolytic virus vaccines with therapeutic antibodies. The oncolytic virus approach uses two viruses that, together, stimulate anti-tumour immune response and provide their own ability to kill cancer cells. Onto this, the trial will layer an antibody therapy in the form of an immune checkpoint inhibitor. These inhibitors target immunological brakes, which normally function to hold the immune system at bay in order to avoid its overactivation against normal cells. These immunological brakes are often co-opted by cancer cells, allowing the cancer to escape detection by the immune system. By using immune checkpoint inhibitors to disrupt this deception, the immune system can properly detect the cancer and do its job to get rid of the disease.

Because only some patients in clinical trials respond to therapeutic antibodies on their own, it's thought that immune checkpoint inhibitors are most effective in patients with an existing anticancer immune response. As a result, there is a search for agents that will sensitize cancers to immune checkpoint inhibitors. This trial will explore whether the proposed oncolytic virus vaccine approach will sensitize the cancer in this way, while also delivering its own cancer-killing properties.

Clinical trial Ottawa The Ottawa Hospital, University of Ottawa sites and Clinical investigators Dr. Derek Jonker Dr. Michael Ong investigators Dr. Guy Ungerechts Scientific investigator Dr. John Bell Montreal Jewish General Hospital. McGill University **Clinical investigators** Dr. Gerald Batist Dr. Wilson Miller Vancouver BC Cancer Agency, Hamilton **Toronto** University of British Columbia Juravinski Cancer Centre. Princess Margaret Cancer Centre Clinical investigator Hamilton Health Sciences, University Health Network McMaster University Dr. Daniel Renouf Clinical investigators Clinical investigator Scientific investigators Dr. Marcus Butler Dr. Sebastien Hotte Dr. Rob Holt Dr. Natasha Leigh Scientific investigators Dr. Brad Nelson Dr. Amit Oza Dr. Jonathan Bramson Dr. Albi Razak Dr. Brian Lichty **Partner contributions BioCanRx** \$750,000 Ontario Insitute for Cancer Research **Turnstone Biologics** Industry partner (to be confirmed) approved on \$1.2M to provide patient case funding and **\$1.74M** to fund production of clinical, human **\$4.2M** in kind to supply the checkpoint patient screening costs grade Ad-MAGE-A3 and MG1-MAGE-A3 viral vectors, inhibitor, an anti-PD-1 antibody therapy. June 10, 2015 and immune monitoring costs June 1, 2016 Trial opens June 1 to Nov. 30, 2016 Before June 1, 2016 • Enrol and treat patients 1 to 6 in the initial safety phase of the trial • Generate required clinical and regulatory documents • Submit Clinical Trial Application to Health Canada • Establish contracts with sites and other contract research organizations, and obtain REB approvals Dec. 1, 2016 to Nov. 30, 2017 • Vial existing lot of the oncolytic vaccine MG1MA3 • Enrol and treat patients 7 to 12 in the initial safety phase of the trial · Manufacture and release a second lot of the oncolytic • Complete analysis of the first 12 patients and choose treatment vaccine MG1MA3 schedule for the Phase 1b part of the trial • Enrol and treat patients 13 to 42 in the Phase 1b part of the trial Dec. 1, 2017 to May 31, 2018 • Complete follow-up and evaluation of: June 1 to Nov. 30, 2018 - primary safety objectives • Continue and complete evaluation of the remaining - secondary endpoint of response to treatment in the secondary endpoints, which include: duration of response, Phase 1b part of the study antigen-specific T-cell activation, lymphocyte infiltration into tumours and biomarkers that predict tumour response The power to kill cancer lies within us. Write manuscript Let's tell our bodies how.

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