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Chimpanzee ad vector technology platform for prophylactic and therapeutic genetic vaccine applications

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from genes to vaccines

Chimpanzee Adenovirus Vectors

Stefano Colloca

Vaccine Technology IV

May 20-25, 2012 Albufeira, Portugal

Contents

- Chimpanzee Adenovirus platform technology
 - The ChAd story
 - Genetic Adjuvant
 - Better cell line
- Immunization modalities
 - Combination of different Adeno vectors
 - Combination of Adeno and Pox vectors
 - Does the order matter?
 - Can the same vector be re-administered?
 - Can different routes of administration improve immunity/efficacy?



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Okairos' Technology platform

Pillars of Okairos' platform

Chimp adeno vectors

- Potent inducer of CD8 T cell response
- No pre-existing immunity
- Safe and welltolerated in > 500 subjects

Genetic adjuvant

- Further boosts CD8 T cell response
- Increases rate, magnitude, breadth and duration
- Breaks tolerance against selfantigens

<u>Procell 92 cell</u> <u>line</u>

- New highly productive proprietary cell line
- Compatible with any gene insert
- FIM of first clinical material 3Q2012



- For some infections, as well as cancer, protection or clearance can be boosted and they are correlated to a strong T-cell response
- An efficient way to generate a combined antibody and T-cell response is through an immune-stimulating vector

Pre-clinical and clinical studies with <u>non replicating</u> human adenovirus 5 have shown it to be <u>safe and highly immunogenic</u>

• Pre-existing neutralizing antibodies to hAd5 present in humans reduce frequency and magnitude of response



Adenovirus vectors from **rare human serotypes are weak immunogens** in mice and NHP*





Okairos solution: vectors from chimpanzee adenoviruses



- Chimpanzee adenoviruses are closely related to human Ads
- hAd/ChAd cross-neutralization is very limited
- Human cell lines are permissive for ChAds replication



Okairos' Ad vectors derived from chimpanzees

- Okairos screened samples and isolated virus from over 700 chimpanzees
 - All primates were healthy and well cared for in US and EU facilities
 - Identified more than 100 strains grouped into 25 distinct serotypes





ChAd vectors are potent immunogens in mice and NHP*





ChAd vectors are potent immunogens in mice and NHP*



* Colloca et al. Science Translational Medicine, 2012



ChAd vectors are the **most effective Ad vaccine carriers**: single injection of ChAd3 provides full protection against EBOV challenge

• Mechanism of protection from Ebola challenge is based on CD8 T cells**





Single administration of **PanAd3 vector expressing RSV F- N/M2-1** and challenge experiment with B–RSV in calves



PanAd3-RSV single administration prevents viral replication in lower respiratory tract and lung



Single administration of **PanAd3 vector expressing RSV F- N/M2-1** and challenge experiment with B–RSV in calves



 Control animals shed RSV in nasal secretions by day 2-3, peaking at day 6 post challenge



Single administration of **PanAd3 vector expressing RSV F- N/M2-1** and challenge experiment with B–RSV in calves



A single administration of PanAd3 blunts viral replication in the upper respiratory tract as well



Robust neutralising antibody response generated by RSV vaccine candidate (data from RSV vaccine program)

Neutralising titers induced in mice by Okairos RSV vaccine



- Neutralizing antibody titer EC₅₀ = 1/8200 (both A and B RSV types) is <u>100 fold higher</u> than:
 - trough levels present in sera of infants treated with Synagis
 - sera from adults and infants protected from hospitalization



Multiple clinical studies have validated the safety and strength of ChAd vectors in humans*



 Peak responses shown from U.Oxford/Okairos' HCV and malaria vaccine clinical trials



Chimp Adeno are insensitive to pre-existing anti-Adeno immunity present in in humans (data from HCV vaccine program*)





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MHC-II Invariant chain (*li*) is a genetic adjuvant

- Fusion of mouse li to Adeno encoded antigen increases presentation on MHC-I (Holst, J of Immunology 2008)
- Invariant chain fusion increases intra-cellular concentration of antigen ER accumulation (P. Holst, unpublished)
- Hypothesis: re-location and intracellular storage of antigen, favourable for antigen presentation, leads to increased T cell response





MHC-II Invariant chain *(li)* increases strength of CD4 and CD8 Tcell response in <u>mice</u>



- Similar data with different Ad vectors (ChAd3, ChAd63, Ad5) and different antigens:
- 1. Ebola GP
- 2. Malaria METRAP
- 3. LCMV GP and NP
- 4. MHV-68 M2 and M3
- 5. VSV GP

• 10 outbred mice vaccinated per group

- Test on splenocytes by $\mathsf{IFN}\gamma\,\mathsf{ICS}$ at week 2
- Bar represents geometric mean per group



li improves levels and onset of CD4 and CD8 T-cell response in <u>non-human primates</u>







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Procell-92: a novel manufacturing cell line for an unmet technological need

Need for a new proprietary cell line with:

- Full history documentation and clean records
- Ability to support production of Ad vectors expressing toxic/interfering transgenes
- Better productivity

Advantages of Procell-92 expressing TetR:

- Successful production of genetically stable Ad vectors expressing toxic/interfering transgenes:
 - Ad6-HCV E1E2p7
 - ChAd3-HIV GP155
 - ChAd63-Malaria CS
- Increased yield of ChAd vectors in comparison to 293 or PER.C6 was observed for all vectors tested so far



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Heterologous prime/boost with different group C Ad vectors is more efficient than homologous prime/boost in NHP





Heterologous prime/boost with different group C Ad vectors in NHP and in Humans*



- In humans the heterologous prime/boost with different group C Ad vectors is not as efficient as in NHP, and ChAd3 is a better primer
- No correlation with anti-vector T cell response
- Some correlation with anti-vector nAb





ChAd/MVA is the best combination



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The high immunological potency of **ChAd/MVA** Heterologous prime/boost is **independent from the ChAd serotype or the antigen** (data from Malaria vaccine program)

 Data from different Phase I trials with vectors encoding different Malaria antigens*



* Peak responses shown from U.Oxford/Okairos' malaria vaccine clinical trials



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Overview of ChAd/MVA clinical trials completed/ongoing to date

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- No safety issue
- 100% response rate
- 1000 18000 SFC/million PBMC

• Balanced CD4/CD8



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ChAd and MVA vectors can be re-administered in humans

(data from Malaria vaccine program - vectors encoding Malaria METRAP*)



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Intranasal ChAd priming can be efficiently combined with intramuscular MVA boosting: the 'Mixed route'







'Mixed-route' ChAd/MVA regimen is induces highest protection from RSV challenge in cotton rats





PanAd3/MVA RSV vaccine is **safe and fully protective** against **heterologous B-RSV challenge** in seronegative newborn calves*





Intranasal Ad prime does not induce systemic neutralizing antibodies to the vector: option for re-administration

- NHP (N=3) were immunised with 5x10^10 vp PanAd3-RSV by the intranasal (IN) or intramuscular route (IM)
- nAb measured 4 weeks post immunization





Administration of the same Ad vector by the 'Mixed route': A new concept for homologous prime/boost





Efficient boosting by re-administration of the same ChAd vector by the 'Mixed route'





'Mixed route': a paradigm shift





Contributors





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Funding







Medical Research Council



Back up



Procell-91 and Procell-92 Cell line history

- Procell-91 and Procell-92 are proprietary derivative of HEK293, designed to optimize vector expression independent of insert
 - Obtained 293 cells frozen in 1975 (prior to prion disease onset) from Dr F.
 Graham (p10)
 - Cells were expanded under defined conditions to generate a research cell bank (p33)



Procell-92 allows growth of Ad vectors encoding toxic genes

Ad6 vector encoding 3 HCV genes: 1. E1 (transmembrane domain)

- 2. E2 (transmembrane domain)
- 3. p7 (highly toxic ion channel protein)



confidential Okairos

Increased productivity of ChAd3NSmut in Procell-92





Ad5 is best-in-class vector for CD8 T cell induction in humans

	Immunogenicity in humans	Clinical Safety	Ease of manufacturing	Integration	Pre-existing Immunity
Human Ad5	very high (>CD8)	excellent	excellent	none	<u>high</u>
Alphavirus	high (>CD4)	excellent	problematic	none	none
Lenti	untested	untested	problematic	yes	none
ALVAC	low	good	adequate	none	none
MVA	low	good	adequate	none	none
DNA	low	excellent	excellent	none	none

- Pre-existing neutralizing antibodies present in humans reduce immunogenicity (hAd5)
- Human adeno vectors based on rare serotypes are less immunogenic (hAd24, hAd26, hAd35)



The ChAd/MVA HCV candidate vaccine induced T cell response is well above the 'protective threshold'





The ChAd/MVA regimen induces high levels of memory response in

humans (data from HCV vaccine program*)



- FDA approved **Phase II efficacy study** in high risk individuals **currently ongoing** in US (collaboration with NIH, J. Hopkins & UCSF)
- First and only prophylactic HCV vaccine in Phase II
- Mechanism based only on T cells



Heterologous prime/boost with different ChAd serotypes improves T-cell response and allows re-administration



Our data suggest that injection of a different vector after priming (another Adeno or MVA) improves efficacy of re-administration by establishing a larger pool of antigen-specific memory T cells

ChAd/MVA induces a **cross reactive T-cell response** across **divergent HCV genotypes** (data from HCV vaccine program*)

Prime vector (dose):ChAd3 (2.5x1010)Boost vector (dose):MVA (2x108)Antigen in vectors:genotype 1b







Intranasal (IN) ChAd administration induces both T- and B-cell responses in mice and NHP





Back up



Vaccination and challenge experiment in calves: Animals and Challenge virus*

Animals:

- 4 -6 weeks old calves
- partially colostrum deprived (fed with colostrum only at birth to avoid intestinal infections)
- Absence of B-RSV neutralizing antibodies tested by plaque reduction assay

Challenge:

- Highly virulent BRSV isolate 3761 Snook strain
- Isolated from a nasal swab of a calf with distress respiratory syndrome in 2003. The virus was amplified by 3 passages in newborn calves to generate the BRSV-3761 inoculum
- Animals are infected by Intranasal and intratracheal inoculation of 1 x $10^4\,$ pfu
- All animals exhibit viral replication in the lung and in the nose and develop pulmonary disease



Malaria – ChAd63/MVA METRAP shows equivalent immunogenicity in adults, children and infants



• First evidence of Adeno immunogenicity in infants



ChAd63/MVA HIV-cons induces the highest T cell immunity to date (data from HIV vaccine program)

• Data from Phase I trial with vectors encoding the HIV-cons antigen*





Heterologous prime/boost with different ChAd serotypes improves T-cell response and allows re-administration



Our data suggest that injection of a different vector after priming (another Adeno or MVA) improves efficacy of re-administration by establishing a larger pool of antigen-specific memory T cells

Heterologous prime/boost with different ChAd serotypes improves T-cell response and allows re-administration



These data suggest that injection of a different vector after priming (another Adeno or MVA) improves efficacy of re-administration by establishing a larger pool of antigen-specific memory T cells



ChAd3 induces **poly-functional T-cells in humans** (data from **HCV vaccine program**)

• ICS and Pentamer staining from a representative volunteer 4 weeks post ChAd3 prime*



The Okairos RSV vaccine multi-antigen



Why F, N and M2-1?

- **F** is a known **protective antigen** (The Impact-RSV study group 1998 Pediatrics 102:531)
- It is highly conserved between strains from the A and B subgroups
- Contains human T cell epitopes (Cherrie AH 1992 J Virol 66:2102)
- Soluble F protein induces higher neutralizing titers than membrane-bound form (Cseke G 2007 J Virol 81: 698; Kohlmann R 2009 J Virol 83:12601)
- N and M2-1 are highly conserved between RSV strains and are known to be a source of many T-cell epitopes (Anderson R 2010 Future Microbiol 5:585)
- Genetic vaccines encoding either F or N or M2-1 each confer some degree of protection in animal models (reviewed in Graham B 2011 Immunol Reviews 239: 149; Boxus M 2007J Virol 81:6879)



