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TIGIT Blockade By Monoclonal Antibodies Promotes T Cell Activation and Anti-tumor Activity That is Not Dependent on a Functionalized Fc Domain

Didi S. Zhu¹, Casey G. Mitchell ¹, Gabrielle L. Reiner ¹, Dana Piovesan ¹, Angelo Kaplan¹, Pitrick G. Schweickert¹, Ritu Kushwaha¹, Nigel P. Walker ¹, Matthew J. Walters ¹, Kelsey E. Sivick¹ Arcus Biosciences, Hayward, CA USA

Background

- TIGIT (T-cell immunoreceptor with Ig and ITIM domains) is an inhibitory receptor expressed on T cells and natural killer (NK) cells
- > TIGIT competes with activating receptor CD226 for binding to shared ligand CD155/PVR, which is expressed by cancer and antigen-presenting cells¹⁻⁴
- > The CD155-CD226 interaction leads to signaling and CD226 downregulation⁵
- LFA-1, expressed on T cells, drives early activation events, prolongs contact with antigen presenting cells (APCs), and facilitates target cell killing⁶
- > CD226 can activate LFA-1 and induce changes in LFA-1 conformation to enhance cell-cell contact and T cell activation^{5,7}
- ✤ PD-1 (Programmed cell death 1) is an inhibitory receptor that can suppress cell activation through de-phosphorylation of CD226^{8,9}
- > High levels of CD155 on cancer cells have been associated with poor performance of anti-PD-1 antibodies and overall poor prognosis in several cancer settings^{10,1[°]}
- Blockade of PD-1 and TIGIT may induce maximal effector cell functionality through CD226 activation on target cells that co-express all three receptors, particularly preexhausted or pre-dysfunctional T cells (T_{PFX})
- ✤ Here, we elucidate the anti-tumor activity of an Fc-silent anti-TIGIT antibody, identify target cell populations across cancer indications for PD-1 and TIGIT dual blockade, and characterize the regulation of CD226 and LFA-1 on T cells

Results

Fc-silent anti-TIGIT in combination with anti-PD-1 induces CD8⁺ T cell-mediated cancer cell killing *in vitro*



Figure 1. (A) Schematic illustrating mechanism of action of TIGIT and PD-1 dual blockade. (B) OT-I CD8+ T cells were activated with SIINFEKL for 2 days and treated with isotype control or α PD-1 ± α TIGIT Fcsilent (Fc_s) for 1 hour before co-culturing with MC38 tumors cells that express OVA and mCherry. Tumor cell killing was monitored using an Incucyte. (C) Number of MC38-OVA cells during co-culture, as measured through mCherry (red fluorescent) signal over time. (D) Percentage of antigen-specific killing after 42 hours of co-culture normalized to MC38-OVA alone.





Figure 3. (A) (Top) Illustration of circulating and intratumoral CD8⁺ T cell exhaustion states. (Bottom) Legend showing six subsets. "Transitional" cells are likely present in both PD-1^{int} and PD-1^{hi} subsets. (B) Frequency of circulating and tissue-resident T_{PEX} and T_{TEX} in HNSCC, Non-small cell lung cancer (NSCLC) and Esophageal/Gastric tumor samples. (C) Percentage of TIGIT⁺CD226⁺ cells within T_{PEX} and T_{TEX} .

Figure 6. CD8⁺ T cells from PB of healthy donors were co-cultured with control CHO or CD155-expressing CHO cells for 4 hours (initial culture). CD8⁺ T cells were then separated from CHO cells and re-cultured with either fresh CHO or CD155-CHO for another 0-72 hours (rebound culture). Representative dot plot (middle) showing CD226 expression on CD8⁺ T cells after 0, 24 or 72 hours cultured with CHO, CHO-CD155 \rightarrow CHO or CHO-CD155. Frequency of CD226⁺ non-proliferating (proliferation dye⁻) CD8⁺ T cells from CHO-CD155 \rightarrow CHO co-cultures normalized to CHO \rightarrow CHO co-cultures shown on right.







Summary

Fc-silent anti-TIGIT can enhance antigen-specific killing of tumor cells by PD-1 blockade *in vitro* (Figure 1)

↔ HNSCC and other cancer indications contain TIGIT, CD226 and PD-1 coexpressing precursor exhausted CD8⁺ T cells that can be targeted with PD-1 and TIGIT dual blockade (Figures 2 & 3)

CD226 is down-regulated on the cell surface in the presence of CD155 ligand (Figure 5)

✤ Re-expression of CD226 following CD155 interaction suggests opportunity for continued activation through this axis, possibly enhanced through TIGIT blockade (Figure 6)

CD155-CD226 engagement can induce open LFA-1 conformation on CD8⁺ cells, enabling enhanced immune synapse formation (Figure 7)

Some images made with BioRender. References: 1. Jin HS et al. (2020) *Cancer Immuno Res*. 2. Worbys JD et al. (2023) Nat Comm 3, Joller N et al. (2011) J. Immunol. 4, Yu X et al. (2008) Nat Immunol. 5, Weulersse M et al. (2020) Immunity 6. Walling BL and Kim M. (2018) Front Immunol. 7. Shibuya K et al. (2003) JEM 8.Banta KL et al. (2002) Immunity 9. Wang B et al. (2018) Science Immunol. 10. Jiang C et al. (2022) Clin Exp Immunol. 11. Oyama R et al. (2022) Oncol Lett.