

# **Rosnilimab, a PD-1 Agonist Antibody that Binds to a Membrane Proximal Epitope Leading to Optimized PD-1 Agonistic Signaling**

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Disclosures: All authors are employees and stockholders of Anaptys

# Checkpoint Receptors Modulate Immune Cells

**Checkpoint antagonists:**  
“release the brakes”

**Checkpoint receptors**  
(e.g., PD-1, BTLA)

**Checkpoint agonists:**  
“tap the brakes”

Treat cancers:  
Unleash immune response

**Immune cells**  
(e.g., T, B, dendritic cells)

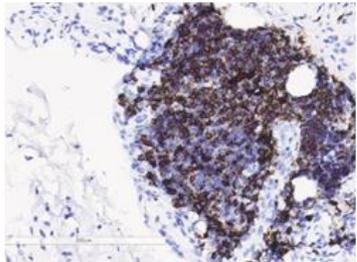
Treat inflammation:  
Attenuate overactive/persistent immune response

# Role of PD-1 in Rheumatoid Arthritis (RA)

## Higher Prevalence of PD-1+ T Cells in RA<sup>1</sup>

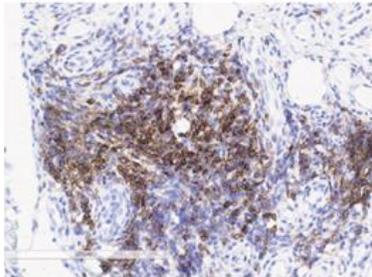
Inflamed Tissue and Periphery	PD-1+ T Cell Population
RA	>80%

CD3+T cells



synovial tissue

PD-1+ T cells



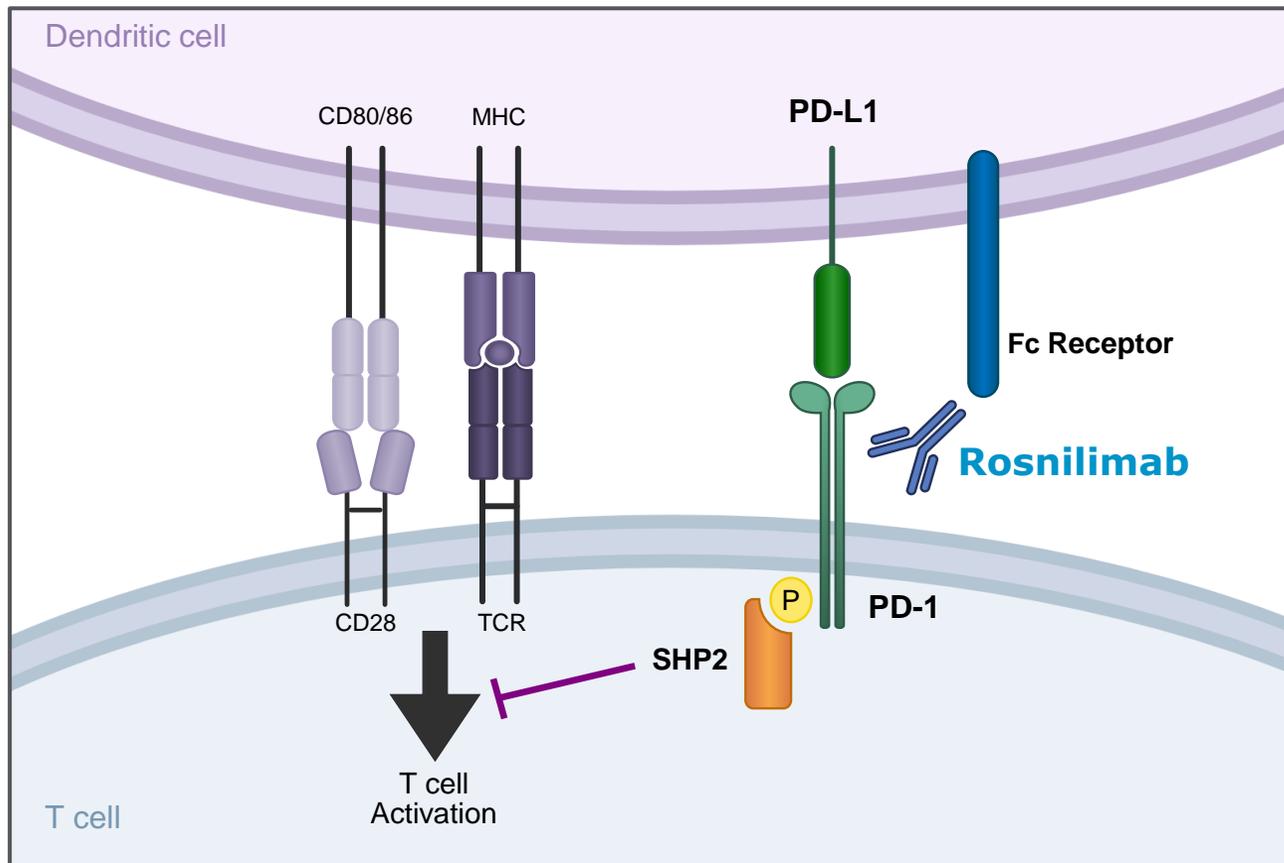
- PD-1+ T cells broadly impact multiple clinically validated drivers of RA pathogenesis<sup>2</sup>
- PD-1<sup>high</sup> Tph cells are elevated in RA synovium and secrete cytokines driving autoantibody production<sup>3,4</sup>
- PD-1 pathway gene expression is dysregulated in RA synovium<sup>5</sup>

**PoC for targeting PD-1 positive T cells has been achieved in RA<sup>6</sup>**

### Opportunity:

Leverage endogenous immune cell regulatory mechanisms to restore homeostasis via **PD-1 agonism**

# Rosnilimab (PD-1 agonist, IgG1)



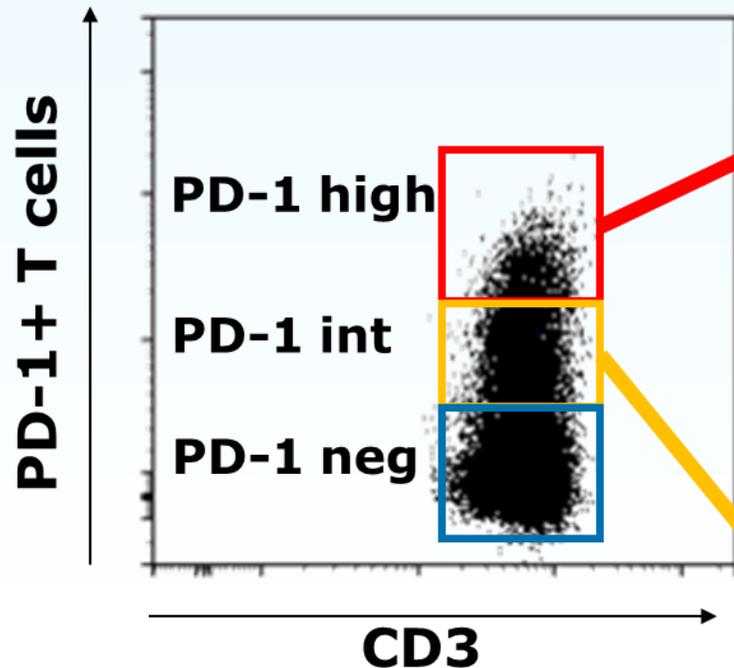
## Antibody Characteristics

- Checkpoint ligands bind to receptors, forming tight synapses to enable clustering and exclusion of large phosphatases resulting in checkpoint agonism<sup>1</sup>
- Rosnilimab binds to PD-1 at a membrane proximal epitope<sup>2</sup>
- Fc Receptor engagement via the IgG1 Fc domain potentiates agonism and depletion activity<sup>3</sup>

## Proposed Mechanism of Action

- Depletes PD-1 high T cells and agonizes remaining PD-1+ T cells, in tissue and in the periphery
- Broader T cell targeting agents, such as abatacept, have not demonstrated a safety risk for infection or cancer

# Rosnilimab has Dual Mechanisms of Depletion and PD-1 Agonism



## Rosnilimab depletes PD-1 high

**Tfh** (follicular helper)

- Defined by PD-1 high

**Tph** (peripheral helper)

- Secrete CXCL13 and IL-21, to recruit and mature B cells into "autoantibody secreting" plasma cells

**Teff** (effector)

- Induced in response to stimulation, **highly** activated (PD-1 high)

## Rosnilimab agonizes PD-1 int

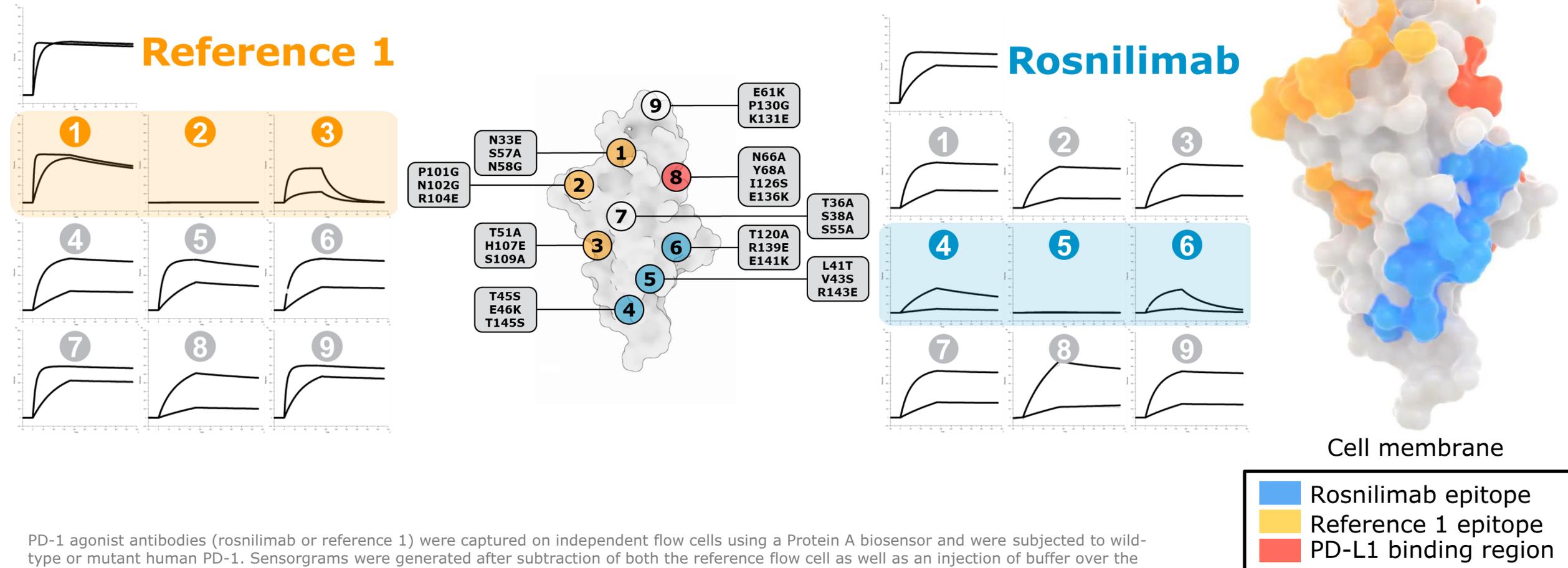
**Teff** (effector)

- Induced in response to stimulation, **moderately** activated (PD-1 int)
- Secrete inflammatory cytokines, cause tissue damage and perpetuate inflammatory cycle

# Rosnilimab Binds to a Membrane Proximal Epitope of PD-1 while Reference 1 Binds a Membrane Distal Epitope

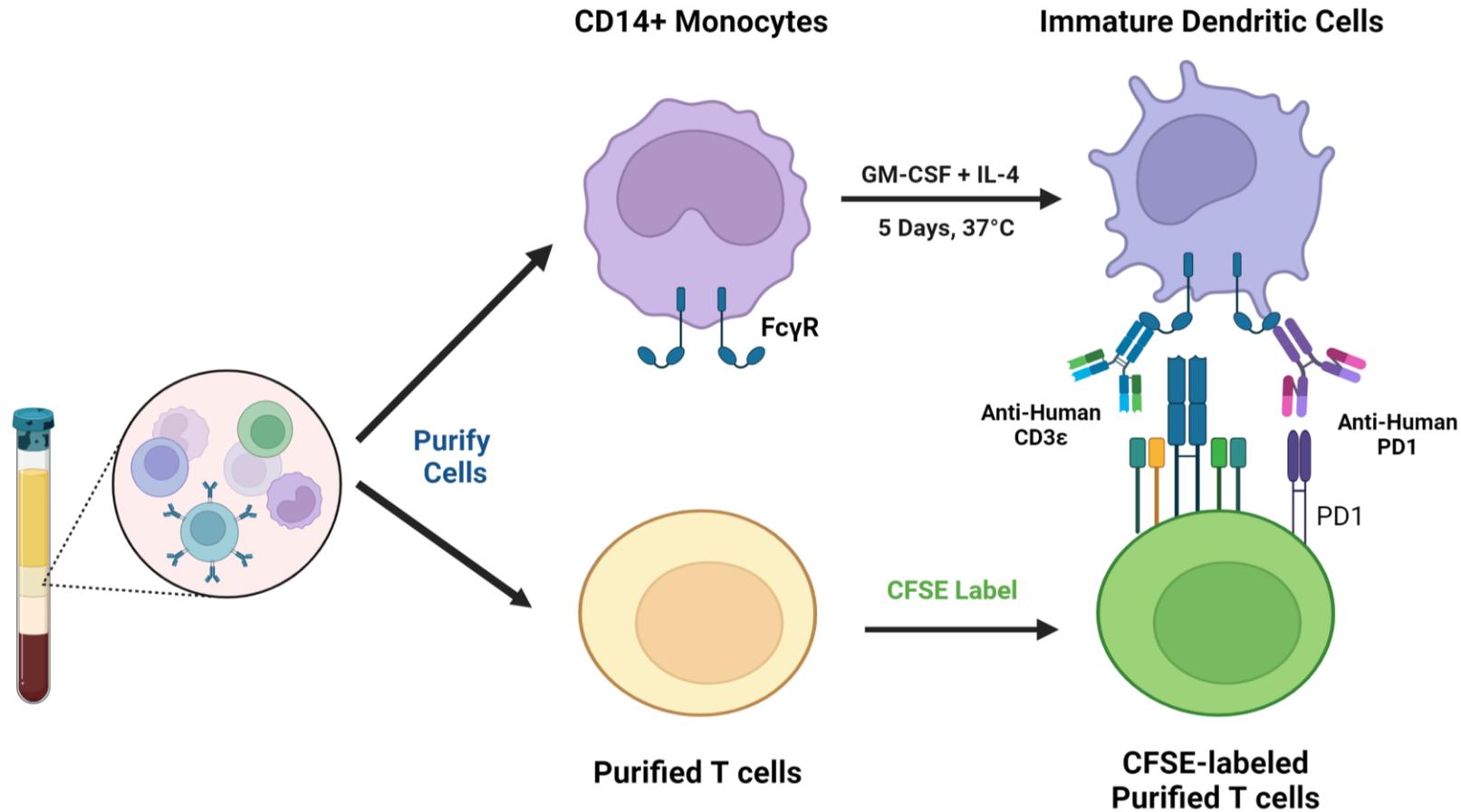
## Epitope mapping using wild-type or mutant human PD-1

Rosnilimab binds to a PD-1 epitope distinct from the PD-L1 binding pocket



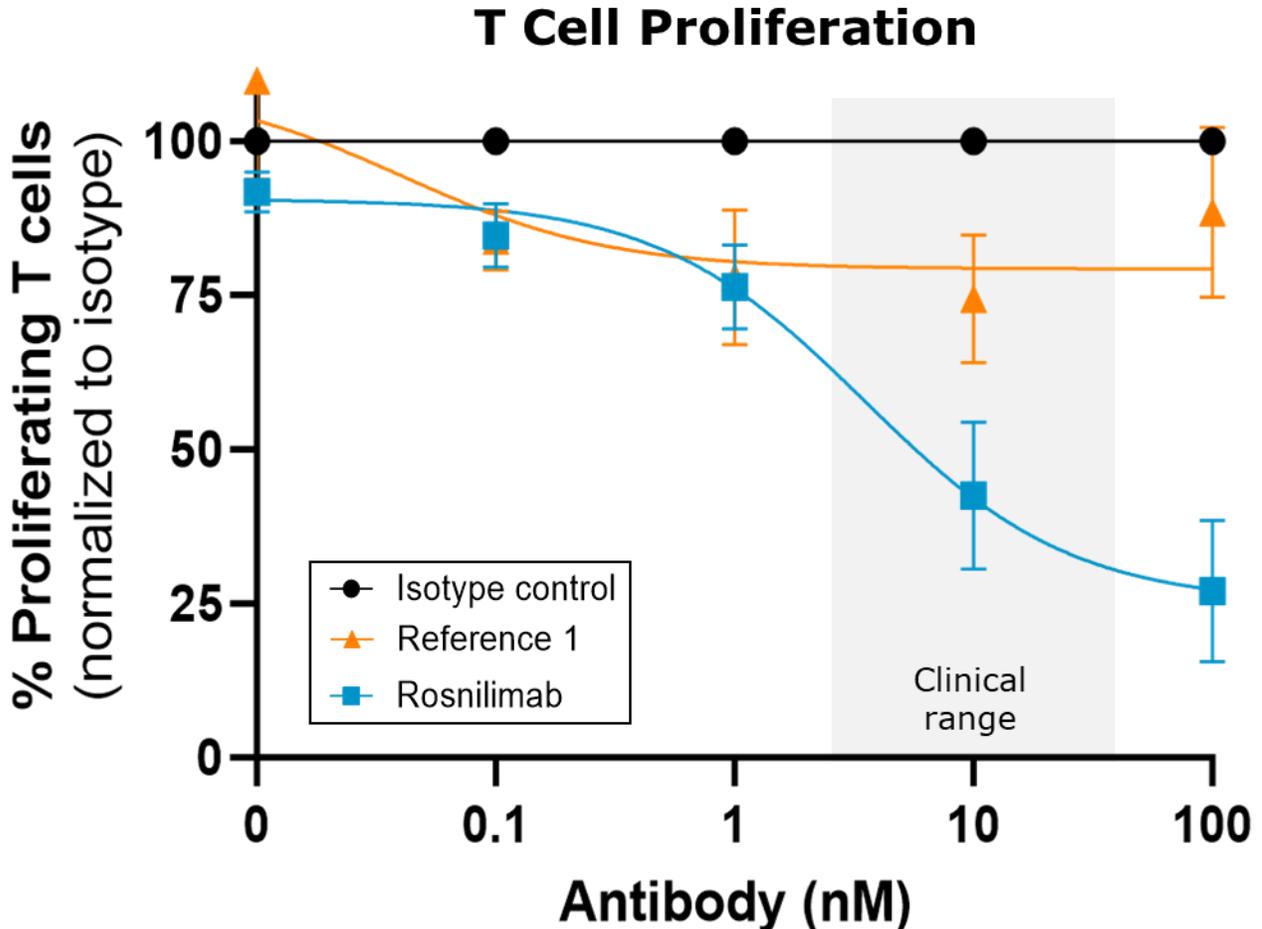
PD-1 agonist antibodies (rosnilimab or reference 1) were captured on independent flow cells using a Protein A biosensor and were subjected to wild-type or mutant human PD-1. Sensorgrams were generated after subtraction of both the reference flow cell as well as an injection of buffer over the active surface

# Evaluating PD-1 Agonism Using Primary Immune Cells



- Objective: Evaluate the contribution of PD-1 membrane proximal binding and FcR engagement to PD-1 agonism, when there are no cells capable of mediating depletion in this assay

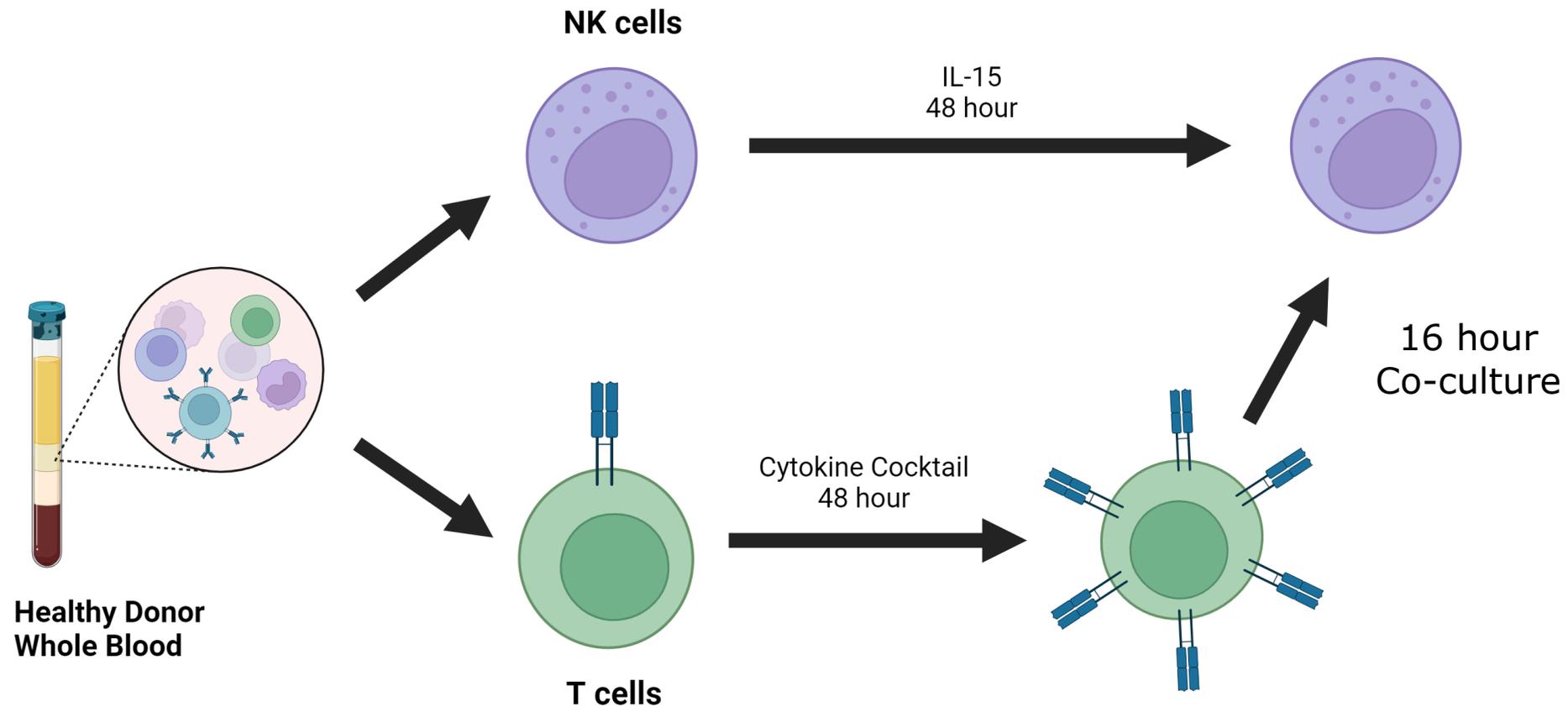
# Greater Potency of Agonism (Reduced T Cell Proliferation) by Membrane Proximal Binding Rosnilimab



Test Article	PD-1 Membrane Binding	T Cell Proliferation Reduction*
Reference 1	Distal	~20%
Rosnilimab	Proximal	<b>~75%</b>

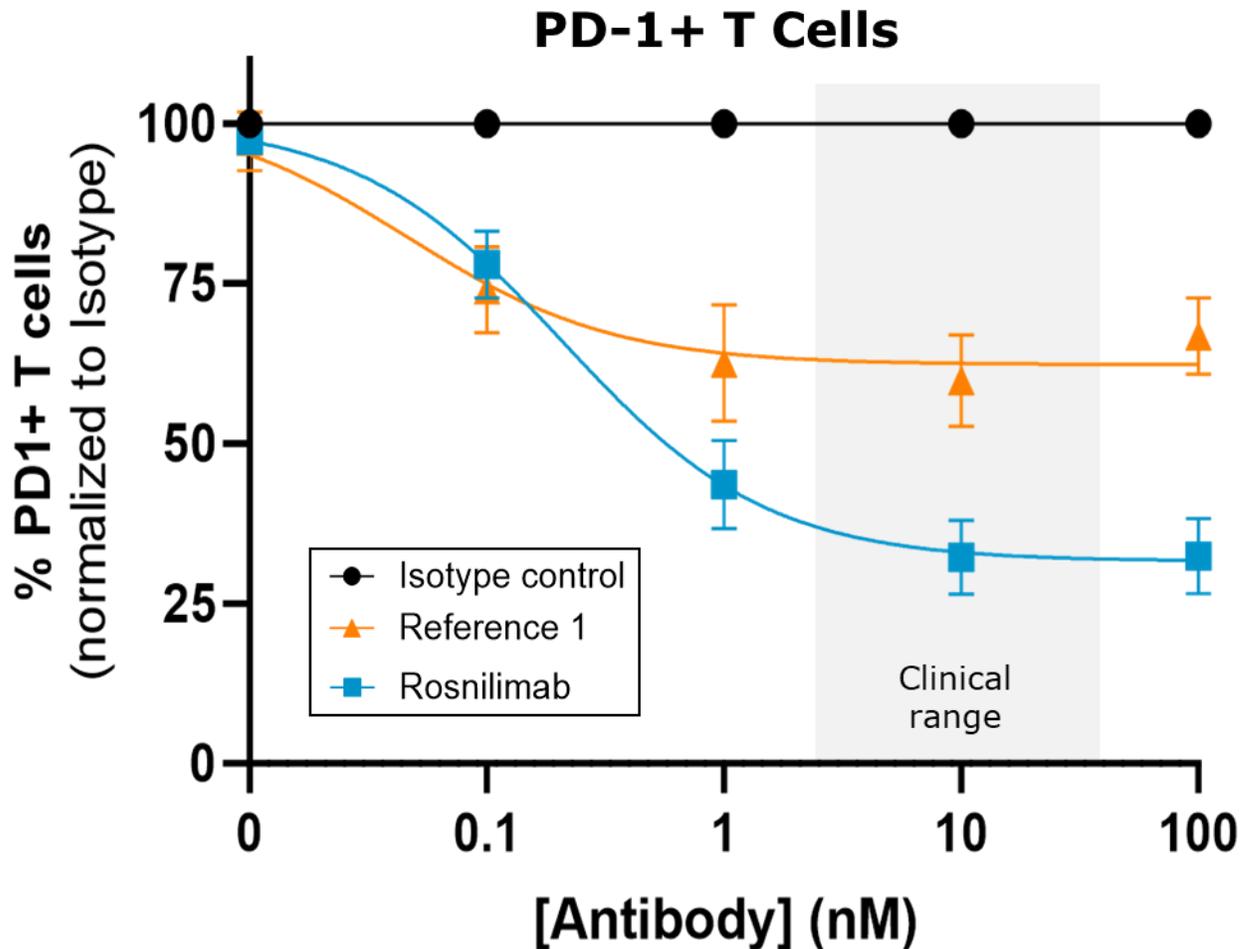
\*Compared to isotype control

# Evaluating Depletion (ADCC) of PD-1+ T Cells Using Primary Immune Cells



- Objective: Evaluate the contribution of PD-1 membrane proximal binding and FcR engagement to depletion of PD-1+ T cells

# Greater Potency in Depletion of PD-1+ T Cells by Membrane Proximal Binding Rosnilimab

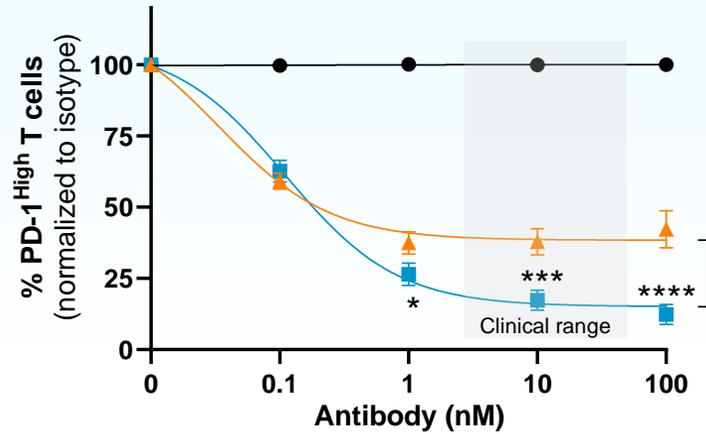


Test Article	PD-1 Membrane Binding	PD-1+ T Cell Reduction*
Reference 1	Distal	~40%
Rosnilimab	Proximal	<b>~70%</b>

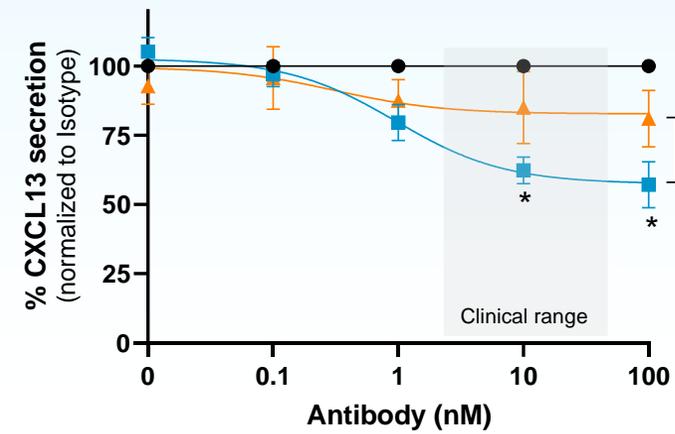
\*Compared to isotype control

# Rosnilimab's Potent Depletion and Agonism Reduced T Cell Proliferation and Inflammatory Cytokines from RA Patient PBMCs

## Depletion of PD-1<sup>high</sup> T cells

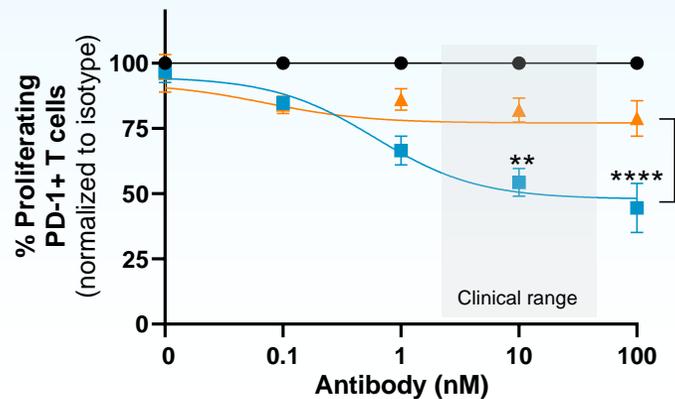


## Inhibition of Tfh/Tph chemokine

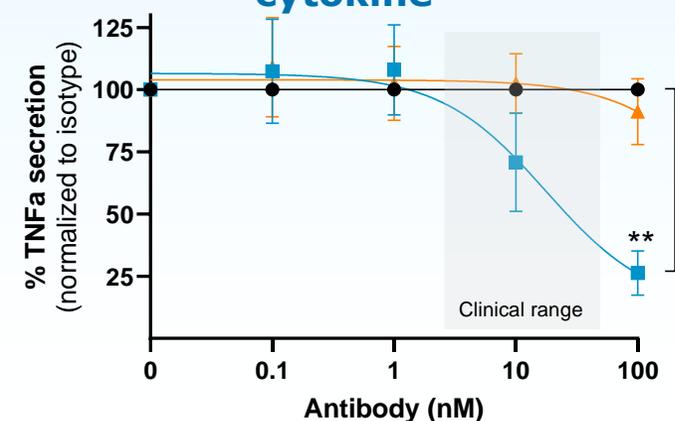


- Isotype control
- ▲ Reference 1
- Rosnilimab

## Inhibition of T cell proliferation



## Inhibition of inflammatory cytokine<sup>1</sup>

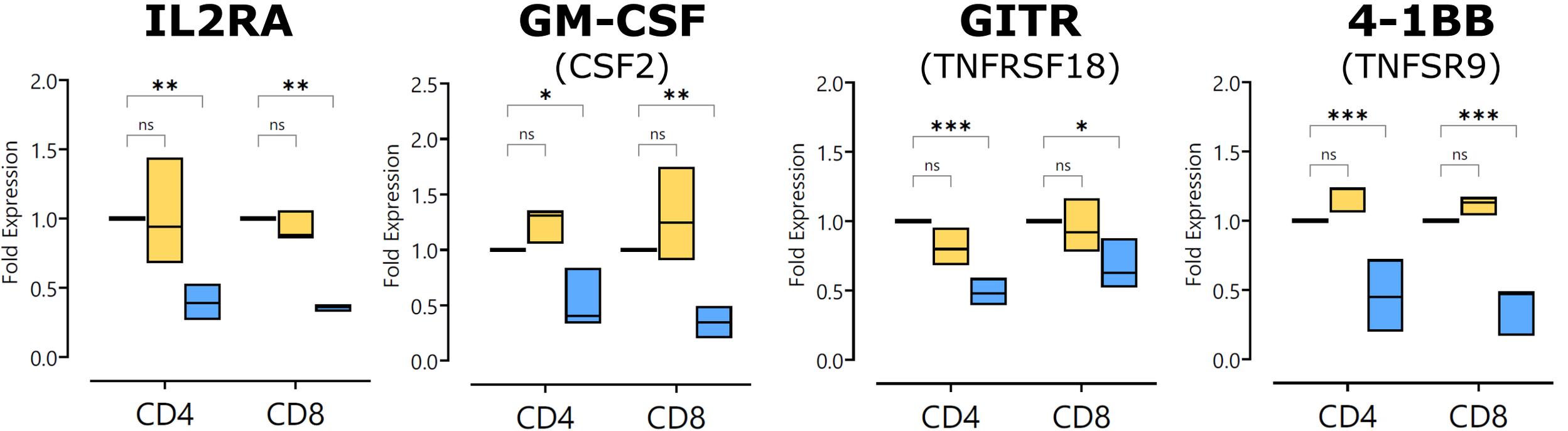
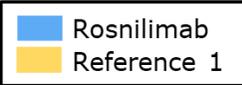


Anti-CD3+ anti-CD28 stimulation of RA patient PBMCs for assessment of depletion and agonism MOA, representative data from N=8 donors. Two-way ANOVA, Tukey's multiple comparison test. \*\*\*\*p<0.0001, \*\*\*p<0.001, \*\*p<0.01, \*p<0.05.  
 1. TNFα secretion measured in anti-CD3+ anti-CD28 stimulation of purified DC+T cells from N=4 healthy donors.

# PD-1 Agonism By Membrane Proximal Binding Rosnilimab Reduced T Cell Activation Associated Genes

## Gene Expression Analysis

Monocytes were purified from healthy donor PBMCs, polarized to dendritic cells, and co-cultured with isolated PanT cells in the presence of 30nM PD-1 antibodies or isotype control, and then cultured. RNA was extracted from isolated CD4 and CD8 cell subsets.



Statistical analysis performed using ordinary two-way ANOVA followed by Dunnett's multiple comparisons test with four comparisons per gene and thresholds for significance relied on multiplicity adjusted P values. PBMCs: peripheral blood mononuclear cells

# Conclusions

- Rosnilimab binds to a membrane proximal region of PD-1 while reference 1 binds to a more membrane distal region
- Optimization of rosnilimab's binding characteristics results in more potent agonism and deeper depletion of PD-1 expressing T cells compared to reference 1
- Results were consistent with published studies that demonstrate membrane proximal binding of PD-1 antibodies improve PD-1 agonistic activity and enhance target cell depletion
- PoC for PD-1 agonism has been demonstrated in RA
- These mechanistic data, translational in vivo and in vitro data, robust Phase 1 healthy volunteer data, and unmet needs provide rationale for ongoing global Phase 2 studies of rosnilimab in RA (NCT06041269) and UC (NCT06127043)

