Remissions in Relapse/Refractory Acute Myeloid Leukemia Patients Following Treatment with NKG2D CAR-T Therapy Without a Prior Preconditioning Chemotherapy

(Abstract # 902)

**CYAD-01: NKG2D CAR-T**

- NKG2D is an activating receptor on NK cells and some T cell subsets (CD8+ T cells NKT, γδT cells)
- Killing activity is dependent on NKG2D ligand expression & independent of inhibitory signaling
- CYAD-01:
  - Full length human NKG2D linked to the CD3ζ chain
  - Co-stimulation with endogenous DAP10 (PI3K pathway)
  - Low immunogenicity
  - CAR encoded by retroviral vector
NKG2D HUMAN LIGANDS EXPRESSION IN CANCER

- NKG2D ligands: MICA, MICB, ULBPs 1-6
- NKG2D ligands are absent or expressed at low levels in normal tissues
- NKG2D ligands are also expressed by
  - Tumor cells of many hematological malignancies and solid cancers
  - Tumor neovascularization
  - Activated regulatory T cells and MDSC within tumor microenvironment
- Low NKG2D expression and soluble NKG2D release have been associated with poor AML prognosis (1)

<table>
<thead>
<tr>
<th>Tumor type</th>
<th>NKG2D ligand expression prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Myeloid Leukemia</td>
<td>100% expressing at least 1 NKG2D ligand</td>
</tr>
<tr>
<td>Acute Lymphoblastic Leukemia</td>
<td>28-67% MICA/B, 9-20% ULBP1-3</td>
</tr>
<tr>
<td>Chronic Lymphocytic Leukemia</td>
<td>0-85% MICA/B, 10-20% ULBP1-3</td>
</tr>
<tr>
<td>Chronic Myeloid Leukemia</td>
<td>28-100% MICA/B, 12-20% ULBP1-3</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>28-44% MICA/B, 12-20% ULBP1-3</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>10-60% MICA/B, 0-34% ULBP1-3</td>
</tr>
<tr>
<td>Colorectal cancers</td>
<td>100% expressing at least 1 NKG2D ligand</td>
</tr>
<tr>
<td>Ovarian cancers</td>
<td>84% expressing at least 1 NKG2D ligand</td>
</tr>
<tr>
<td>Pancreatic cancers</td>
<td>90% expressing at least 1 NKG2D ligand</td>
</tr>
<tr>
<td>Triple negative breast cancers</td>
<td>97% expressing at least 1 NKG2D ligand</td>
</tr>
<tr>
<td>Bladder cancers</td>
<td>97% expressing at least 1 NKG2D ligand</td>
</tr>
</tbody>
</table>


Celyad unpublished data
**CYAD-01 MULTIPLE INJECTIONS INCREASE TUMOR KILLING**

- **Preclinical model**: Multiple injections of CYAD-01 increased tumor killing through various mode of action

- **First-in-human Phase I study**: No toxicity with single CYAD-01 injection at low dose in r/r AML and MM

THP-1 (AML) cells established i.v. in NSG mice (7 per group). Animals received $10^7$ total CYAD-01 T cells per injection (Unpublished data)
CYAD-01: THINK PHASE I STUDY

Therapeutic Immunotherapy with NKG2D-based therapy

- Open-label Phase I study (3+3 design) (NCT03018405)
- 3 dose levels: 3×10^8, 1×10^9 and 3×10^9 CYAD-01/injection
- 3 administrations (2 weeks intervals)
- As of DL-2, 2nd cycle of 3 injections in absence of PD
- Relapse/refractory hematological malignancies (AML, MDS, MM)
- No bridging and preconditioning chemotherapy

Study endpoints

- Primary: - Safety
- Secondary: - Clinical activity
  - CYAD-01 kinetics
  - Cytokine induction
## PATIENT DEMOGRAPHICS

<table>
<thead>
<tr>
<th></th>
<th>All patients</th>
<th>DL-1 3x10^8 N=6</th>
<th>DL-2 1x10^9 N=3</th>
<th>DL-3 3x10^9 N=5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years): Mean (Range)</strong></td>
<td>62.9 (29-83)</td>
<td>64.8 (52-79)</td>
<td>74.0 (60-83)</td>
<td>53.8 (29-68)</td>
</tr>
<tr>
<td><strong>Gender: Male/Female</strong></td>
<td>11 / 3</td>
<td>5 / 1</td>
<td>2 / 1</td>
<td>4 / 1</td>
</tr>
<tr>
<td><strong>ECOG performance score (Grade 0/1/2)</strong></td>
<td>5 / 7 / 2</td>
<td>2/4/0</td>
<td>1/1/1</td>
<td>2/2/1</td>
</tr>
<tr>
<td><strong>LVEF (%): Mean (Range)</strong></td>
<td>60.6 (48-79)</td>
<td>58.8 (48-66)</td>
<td>64.7 (55-79)</td>
<td>60.4 (55-65)</td>
</tr>
<tr>
<td><strong>Tumor type</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r/r Acute Myelogenous Leukaemia</td>
<td>10</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>r/r Multiple Myeloma</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>r/r Myelodysplastic Syndrome</td>
<td>1 (RAEB-2)</td>
<td>1 (RAEB-2)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### AML patients

<table>
<thead>
<tr>
<th></th>
<th>N = 10</th>
<th>N = 2</th>
<th>N = 3</th>
<th>N = 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ELN 2017 Risk Stratification by genetics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Favorable</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Intermediate</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Adverse</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Bone marrow blasts (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>16.2</td>
<td>8</td>
<td>27.3</td>
<td>12.8</td>
</tr>
<tr>
<td>Range</td>
<td>4-48.2</td>
<td>6-10</td>
<td>9.8-48.2</td>
<td>4-20</td>
</tr>
<tr>
<td><strong>Platelets (10^3/µL)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>48.4</td>
<td>74</td>
<td>77</td>
<td>21</td>
</tr>
<tr>
<td>Range</td>
<td>3-131</td>
<td>62-86</td>
<td>15-131</td>
<td>3-37</td>
</tr>
<tr>
<td><strong>ANC (10^3/µL)</strong></td>
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</tr>
<tr>
<td>Mean</td>
<td>1.05</td>
<td>0.44</td>
<td>1.33</td>
<td>0.76</td>
</tr>
<tr>
<td>Range</td>
<td>0.07-2.75</td>
<td>0.26-0.62</td>
<td>0.11-2.75</td>
<td>0.07-2.29</td>
</tr>
</tbody>
</table>
## TREATMENT-RELATED ADVERSE EVENTS

<table>
<thead>
<tr>
<th>Adverse Event (AE)</th>
<th>Preferred Term</th>
<th>Total pts with at least ≥ 1 related AE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All patients</td>
<td>All Grades</td>
</tr>
<tr>
<td>Cytokine release syndrome (CRS)</td>
<td>6 (42.9)</td>
<td>2 (14.3)</td>
</tr>
<tr>
<td>Pyrexia</td>
<td>8 (57.1)</td>
<td>-</td>
</tr>
<tr>
<td>Chills</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Hypoxia</td>
<td>6 (42.9)</td>
<td>-</td>
</tr>
<tr>
<td>Pneumonitis</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Dyspnoea</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Bronchial hyperreactivity</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Tachycardia</td>
<td>2 (14.3)</td>
<td>-</td>
</tr>
<tr>
<td>Hypotension</td>
<td>4 (28.6)</td>
<td>-</td>
</tr>
<tr>
<td>Fatigue</td>
<td>2 (14.3)</td>
<td>-</td>
</tr>
<tr>
<td>Nausea</td>
<td>2 (14.3)</td>
<td>-</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Weight increased</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Peripheral swelling</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Infusion related reaction</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Bone pain</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>C-reactive protein increased</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Anaemia</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Leukocytosis</td>
<td>1 (7.1)</td>
<td>-</td>
</tr>
<tr>
<td>Lymphopenia</td>
<td>2 (14.3)</td>
<td>-</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>2 (14.3)</td>
<td>1 (7.1)</td>
</tr>
</tbody>
</table>

Interim analysis
CYTOKINE RELEASE SYNDROME EVENTS

DOSE-LEVEL 1
- 202-501 (AML)
- 101-501 (AML)
- 202-504 (MDS)
- 102-503 (MM)
- 103-502 (MM)
- 202-502 (MM)

DOSE-LEVEL 2
- 202-501 (AML)
- 202-506 (AML)
- 202-505 (AML)
- 202-508 (AML)
- 202-510 (AML)
- 202-511 (AML)

DOSE-LEVEL 3
- 102-505 (AML)
- 102-506 (AML)
- 102-508 (AML)
- 202-509 (AML)
- 202-510 (AML)
- 202-511 (AML)

- CRS in 6/14 (43%) pts (9/39 CYAD-01 injections), with 3 pts (21%) with Grade 3 or 4
- If CRS experienced, systematically at 1st CYAD-01 injection, then potentially at further injections
- No grade worsening at subsequent CYAD-01 injection with one exception (blast increase+)
- No CRS appeared more than 2 days after the CYAD-01 injection (mean 1.3 days)
- Apart from one grade 1 CRS (8 days), all CRS had a duration between 1 and 6 days (mean 3.5 days)
- CRS events were managed by standard guidelines including Tocilizumab (T)

CRS CARTOX grading

G0  G1  G2  G3  G4

PROMISING CLINICAL DATA IN R/R AML

14 patients (6/3/5 pts at DL-1/2/3)

10 r/r AML patients (2/3/5 pts at DL-1/2/3)

3 MM and 1 MDS patients (DL1)  
no clinical response

2 r/r AML pts non-evaluable (DL-3)  
(only one CYAD-01 injection)

- 1 pt (adverse) rapidly progressing
- 1 pt (adverse)
  - DLT
  - Reduction peripheral blasts from 14% to 4%

8 r/r AML pts evaluable per protocol (at least one CYAD-01 cycle)

- 1 CR with partial hematologic recovery (CRh) in DL-1
  - Pt was bridged to allo-HSCT on day +97. CRMRD. for > 14 months+
- 2 CRs with incomplete blood count recovery (CRi) (1 in DL-1 and 1 pt in DL-3)
- 2 Stable Diseases with relevant BM blast decrease (DL-2)
  - 1 SD - 3 months with BM blasts from 24% to 10% and hematologic improvement
  - 1 SD - 6 months with BM blasts from 9.8% to 5.5%
- 1 Stable Disease (2m+) with no BM blast decrease (DL-3)
- 2 PDs (>20% baseline peripheral blasts)
AML ANTI-LEUKEMIC ACTIVITY

Change in BM Blast Count from Baseline (%)

- 5/8 pts (62%) with relevant BM blast decrease in r/r AML pts evaluable per protocol (at least one CYAD-01 cycle) with 3 objective responses (CR/CRi)
- 1 pt with SD with no BM blast decrease at 2 months (ongoing)

ELN 2017 Risk Stratification
- Favorable
- Intermediate
- Adverse

Interim analysis

* 202-506 pt with reinduction of relevant BM blast decrease with 2nd CYAD-01 cycle
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* 202-506 pt with reinduction of relevant BM blast decrease with 2nd CYAD-01 cycle
CYAD-01 PHENOTYPE IN AML AT TIME OF INJECTION

- Medians of 86.5% (range: 72.1% to 93.2%) of the infused cells were CD3+
- Medians of 38.4% of CYAD-01 expressed CD4 (range: 4.5% to 69.7%)

**Central Memory CYAD-01 T cells provide better outcome (early observation)**

- Infused CYAD-01 included all four of T cells subsets, with a substantial fraction of Central Memory (CM) and Effector (EM) phenotype T cells

- **T**<sub>Naive</sub>: CD45RA+/CD45RO-/CD27+/CD62L+/CCR7+; **T**<sub>CM</sub>: CD45RA-/CD45RO+/CD27+/CD62L+/CCR7+; **T**<sub>EM</sub>: CD45RA-/CD45RO+/CD27-/CD62L-/CCR7-; **T**<sub>Eff</sub>: CD45RA+/CD45RO-/CD27-/CD62L-/CCR7-
CYAD-01 PHENOTYPE IN AML AT TIME OF INJECTION

- Infused CYAD-01 included all four of T cells subsets, with a substantial fraction of Central Memory (CM) and Effector (EM) phenotype T cells
- Central Memory CYAD-01 T cells provide better outcome (early observation)

### CD4/CD8 ratio

- Median of 86.5% (range: 72.1% to 93.2%) of the infused cells were CD3+
- Median of 38.4% of CYAD-01 expressed CD4 (range: 4.5% to 69.7%)

\[
\begin{align*}
T_{\text{Naive}}: & \text{CD}45\text{RA}^+/\text{CD}45\text{RO}^-/\text{CD}27^+/\text{CD}62\text{L}^+/\text{CCR}7^+; \\
T_{\text{CM}}: & \text{CD}45\text{RA}^-/\text{CD}45\text{RO}^+/\text{CD}27^+/\text{CD}62\text{L}^+/\text{CCR}7^+; \\
T_{\text{EM}}: & \text{CD}45\text{RA}^-/\text{CD}45\text{RO}^+/\text{CD}27^-/\text{CD}62\text{L}^-/\text{CCR}7^-; \\
T_{\text{Eff}}: & \text{CD}45\text{RA}^+/\text{CD}45\text{RO}^-/\text{CD}27^-/\text{CD}62\text{L}^-/\text{CCR}7^-.
\end{align*}
\]
CASE REPORT: PATIENT 202-501

Male 52y AML (ELN 2017- Intermediate) DL-1

High level of NKG2D ligands expression on bone marrow blast cells at baseline

Sallman et al. 2018. Haematologica. 103(9):e424-e426
CASE REPORT: PATIENT 202-501

Blast percentage and hematological parameters post CYAD-01 administration

CRh  CR_{MRD}, 100% donor chimerism

Male 52y AML (ELN 2017- Intermediate) DL-1

High level of NKG2D ligands expression on bone marrow blast cells at baseline

Chemokines release post CYAD-01 administration

Sallman et al. 2018. Haematologica. 103(9):e424–e426
**CASE REPORT: PATIENT 202-506**

**Male 83y AML (ELN 2017 - Adverse)**

**DL-2**

**RATIONALE FOR SCHEDULE OPTIMIZATION**

- Anti-leukemic activity after 1\textsuperscript{st} CYAD-01 cycle
- 7 weeks between last injection cycle 1 and first injection cycle 2
- New reinduction of relevant BM blast decrease with 2\textsuperscript{nd} CYAD-01 cycle
- CYAD-01 bone marrow engraftment
CYAD-01 DETECTION (NO PRECONDITIONING)

** Detection CYAD-01 in BM **

** DL-1 (3x10⁸ CYAD-01/inj.) **
- USA-202-501
- USA-202-504
- BEL-103-502
- BEL-102-503

** DL-2 (1x10⁹ CYAD-01/inj.) **
- BEL-101-502
- USA-202-505
- USA-202-506

** DL-3 (3x10⁹ CYAD-01/inj.) **
- BEL-102-505
- BEL-102-506
- USA-202-508
- USA-202-510
- USA-202-511

Interim analysis
CONCLUSIONS & PERSPECTIVES

- **CYAD-01** is a potent NKG2D CAR-T therapy that kills NKG2D ligands positive AML blasts, *in vitro* and *in vivo*

- **THINK** hematological arm (NCT03018405): in relapse/refractory AML patients, multiple injections of CYAD-01 without preconditioning chemotherapy showed:
  - An encouraging safety and tolerability profile
  - Promising preliminary anti-leukemic activity
    - 5/8 pts (62%) with relevant BM blasts decrease in r/r AML pts evaluable per protocol (at least 1 CYAD-01 cycle) with 3 objective responses (CR/CRi)

- **CYAD-01 schedule optimization** w/o preconditioning in **THINK** now enrolling in US and EU

- **DEPLETHINK** (NCT03466320) new Phase I study with Cy-Flu preconditioning now enrolling in US and EU

- **EPITHINK** (NCT03612739) new Phase I study with concurrent 5-azacytidine to be initiated in US and EU
ACKNOWLEDGEMENTS

- Patients and their families

- Investigators, coordinators and clinical trial team from the following institutions:
  - Moffitt Cancer Center, Tampa, Florida, USA
  - Gent University Hospital, Ghent, Belgium
  - Cliniques Universitaires Saint-Luc, Université Catholique de Louvain, Brussels, Belgium
  - Institut Jules Bordet, Université Libre de Bruxelles, Brussels, Belgium
  - Roswell Park Comprehensive Cancer Center, Buffalo, NY, USA

- Celyad, SA, Belgium
BACKUP
PROMISING CLINICAL DATA IN R/R AML

14 patients (6/3/5 pts at DL-1/2/3)

10 r/r AML patients (2/3/5 pts at DL-1/2/3)

3 MM and 1 MDS patients (DL1) no clinical response

1 CR with partial hematologic recovery (CRh) in DL-1
  - Pt was bridged to allo-HSCT on day +97. CRMRD- for > 14 months+

2 CRs with incomplete blood count recovery (CRi) (1 in DL-1 and 1 pt in DL-3)

2 Stable Diseases with relevant BM blast decrease (DL-2)
  - 1 SD - 3 months with BM blasts ↓ from 24% to 10% and hematologic improvement
  - 1 SD - 6 months with BM blasts ↓ from 9.8% to 5.5% with 1st CYAD-01 cycle
    with BM blasts ↓ from 12.5% to 5.8% with 2nd CYAD-01 cycle (PR)

1 Stable Disease (2m+) with no BM blast decrease (DL-3)

2 PDs (>20% baseline peripheral blasts)

2 r/r AML pts non-evaluable (DL-3)
  (only one CYAD-01 injection)
  - 1 pt (adverse) rapidly progressing
  - 1 pt (adverse)
    - DLT
    - Reduction peripheral blasts from 14% to 4%

8 r/r AML pts evaluable per protocol (at least one CYAD-01 cycle)
AML PATIENTS CLINICAL EVOLUTION (NOV 28)

DL-1 202-501 (I-52y)
- - ▼ CRh
101-501 (F-73y)
- - ▼ CRi

DL-2 101-502 (F-60y)

202-506 (A-83y)
- - ▼
202-505 (A-79y)
- - ▼

DL-3 102-505 (I-65y)
- - ▼ CRi
102-506 (A-29y)
- - ▼
202-510 (A-68y)
▼ DLT (peripheral blast from 14% to 4%)
202-511 (A-48y)
▼
202-508 (A-59y)
▼

ELN 2017 Risk Stratification
Favorable
Intermediate
Adverse

Interim analysis
PROMISING CLINICAL DATA IN R/R AML

14 patients (6/3/5 pts at DL-1/2/3)

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  - Pt was bridged to allo-HSCT on day +97. CR\textsubscript{MRD} for > 14 months+
- 2 CRs with incomplete blood count recovery (CR\textsubscript{i}) (1 in DL-1 and 1 pt in DL-3)
- 1 PR with incomplete blood recovery in DL 2 (2\textsuperscript{nd} CYAD-01 cycle)
  - SD with BM blasts from 9.8% to 5.5% with 1\textsuperscript{st} CYAD-01 cycle
- 1 Stable Disease with relevant BM blast decrease (DL-2)
  - SD (3 months) with BM blasts from 24% to 10% and hematologic improvement
- 1 Stable Disease (2m+) with no BM blast decrease (DL-3)
- 2 PDs (>20% baseline peripheral blasts)

2 r/r AML pts non-evaluable (DL-3)
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- 1 pt (adverse) rapidly progressing
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AML BEST ANTI-LEUKEMIC ACTIVITY

Change in BM Blast Count from Baseline (%)

- 5/8 pts (62%) with relevant BM blast decrease in r/r AML pts evaluable per protocol (*at least one CYAD-01 cycle*) with 4 objective responses (CR/CRi/PR)
- 1 pt with SD with no BM blast decrease at 2 month (ongoing)

ELN 2017 Risk Stratification

Favorable
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Adverse

* 202-506 pt with SD with BM blasts decrease from 9.8% to 5.5% with 1st CYAD-01 cycle
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Interim analysis
CASE REPORT: PATIENT 202-506

Male 83y AML (ELN 2017- Adverse) DL-2

RATIONALE FOR SCHEDULE OPTIMIZATION

- Rapid anti-leukemic activity after 1st CYAD-01 cycle with SD with BM blasts decrease from 9.8% to 5.5%
- 7 weeks between last injection cycle 1 and first injection cycle 2
- PR with incomplete blood recovery

New reinduction of relevant BM blast decrease with 2nd CYAD-01 cycle post hematological relapse

- CYAD-01 bone marrow engraftment
CONCLUSIONS & PERSPECTIVES

● **CYAD-01** is a potent NKG2D CAR-T therapy that kills NKG2D ligands positive AML blasts, *in vitro* and *in vivo*

● **THINK** hematological arm (NCT03018405): in relapse/refractory AML patients, multiple injections of CYAD-01 without preconditioning chemotherapy showed:
  o An encouraging safety and tolerability profile
  o Promising preliminary anti-leukemic activity
    – 5/8 pts (62%) with relevant BM blasts decrease in r/r AML pts evaluable per protocol (at least 1 CYAD-01 cycle) with 4 objective responses (CR/CRi/PR)
  o Preliminary data show detectable CYAD-01 engraftment

● **CYAD-01 schedule optimization** w/o preconditioning in **THINK** now enrolling in US and EU

● **DEPLETHINK** (NCT03466320) new Phase I study with Cy-Flu preconditioning now enrolling in US and EU

● **EPITHINK** (NCT03612739) new Phase I study with concurrent 5-azacytidine to be initiated in US and EU
AML PATIENTS CLINICAL EVOLUTION (NOV 28)

DL-1 202-501 (I-52y)
- ▼ ▼ ▼ CRh
- CRMRD-
- 16m+

101-501 (F-73y)
- ▼ ▼ ▼ CRi

DL-2 101-502 (F-60y)
- ▼ ▼ ▼
- 9m

202-506 (A-83y)
- ▼ ▼ ▼

202-505 (A-79y)
- ▼ ▼ ▼

DL-3 102-505 (I-65y)
- ▼ ▼ ▼ CRi

102-506 (A-29y)
- ▼ ▼ ▼

202-511 (A-48y)
- ▼ ▼ ▼

202-508 (A-59y)
- ▼ ▼ ▼

DL-3 202-510 (A-68y)
- ▼ DLT (peripheral blast from 14% to 4%)

ELN 2017 Risk Stratification
- Favorable
- Intermediate
- Adverse

Interim analysis