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MDK1654: A Branched Synthetic Peptide that Activates Both the IL-7 Receptor and the $\beta\gamma c$ Form of the IL-2/15 Receptor **SITC 2022**

peptide, MDK1654, which functions as a dual agonist for IL-2R $\beta\gamma$ and IL and common γc , and are connected with linkers that provide an appropriate



MDK1654 Binds IL-7 and IL-2 Receptor Chains



Fig 2. MDK1654 binding to IL-7R α , IL-2R β , and γc chains. The binding affinity of MDK1654 for IL- $7R\alpha$, IL-2R β , and R γ c was measured by competition ELISA. Serially diluted MDK1654 was added to plate wells coated with human IL-7R α -Fc (A), IL-2R β -Fc (B), or γ c-Fc (C). After 1 h, chain-specific competing ligands (15 nM) were added and incubated for 45 min. Bound complexes were quantified by measuring HRP activity using a TMB substrate. Competing ligands are C-terminally biotinylated monomeric forms of IL-7R α , IL-2R β , and R γ c peptide ligands related to those in MDK1654, each precomplexed with NeutrAvidin[™]-HRP. IC50 values were generated using GraphPad Prism software.

MDK1654 is an Agonist of Both IL-2 and IL-7 Receptors



Fig 3. MDK1654 phosphorylation of IL-7R α and IL-2R β pSTAT5. dependent agonist activity induced by MDK1654 in a γ c-positive TF-1 cell line engineered to express IL-7R α (TF1-7R α) or IL-2R β (TF1-2R β). Cells were incubated with serially diluted MDK1654 for 30 min, and STAT5 phosphorylation was evaluated by ELISA. EC50 values were calculated using GraphPad Prism software.

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MDK1654 Expands CD8 and CD4 T cells



Fig 5. Proliferation of CD8 and CD4 T cells in response to PEPTIKINES. Frozen PBMCs from 5 healthy donors were rested overnight. The following day, cells either remained rested or were activated with anti-CD3 antibody, and all cells (except untreated control) were treated with 250 nM mono-specific PEPTIKINES (MDK1319 or MDK1517) or 500 nM of MDK1654. PEPTIKINEs were replenished every 2-3 days. Cell aliquots were taken for cell counting and immunophenotyping on days 7, 14, 21, and 28.

MDK1654 Expands CD56^{hi} NK cells



Fig 7. The proliferation of peripheral NK cells following treatment with PEPTIKINES. Frozen PBMCs from 5 healthy donors were rested overnight, then incubated in the absence or presence of 250 nM mono-specific PEPTIKINES or 500n M of MDK1654. PEPTIKINEs were replenished every 2-3 days. On days 7, 14, 21, and 28, aliquots were taken for cell counting and immunophenotyping for NK cell markers. Representative cytometry plots on days 0 and 21 are shown on the left, and the cell counts over time are shown on the right.

MDK1654 Expands $\gamma\delta$ T cells **CD8+** γδ 1 γδ Τ **CD56+** γδ Τ MDK1654 MDK1319 (IL-7 PEPTIKIN) MDK1517 (IL-2 PEPTIKINE) **The proliferation of** γδ and left untreated or treated with 250 nM mono-specific Total γδ T PEPTIKINES or 500 nM of MDK1654. $v\delta$ T cell subsets and cell were analyzed. numbers are determined on days 10 and 21. Representative flow cytometry plots are shown on the right using one donor at **DN** $\gamma \delta$ **T** day 10.

Summary & Conclusion

MDK1654 acted as an agonist in engineered TF-1 cells expressing IL-2/15R $\beta\gamma$ or IL-7R. PBMCs, MDK1654 induced rested pSTAT5 and expanded T cells similarly to the IL-7 PEPTIKINE. MDK1654's expansion of Tcm. Tem. and Temra cells was greater than that observed with either IL-7 or nonalpha IL-2 PEPTIKINEs.

In CD3-activated PBMCs, which are known to express higher levels of IL-2R², MDK1654 effects on T cells were similar to the nonalpha IL-2 PEPTIKINE.

MDK1654 expanded conventional NK cells. as did the non-alpha IL-2 PEPTIKINE MDK1654 produced more $\gamma\delta$ T cells (including CD56^{hi}) than the non-alpha IL-2 or IL-7 PEPTIKINES. CD56+ $\gamma\delta$ T cells have shown a high cytotoxic capacity³

As MDK1654 maintains and expands memory cells via IL-7R signaling and effector T cells, NK, and $\gamma\delta$ T cells via IL-2R signaling, the combined action of MDK1654 on both the adaptive and innate immune cells warrants development for the treatment of solid tumors.

- 1. Dower et al. JITC 2020 8, Issue Suppl 3 #691
- 2. Hodge et al. Scandinavian J of Immunol (2000) 51, 67-72
- 3. Clin Cancer Res (2008) 14 (13): 4232–4240