

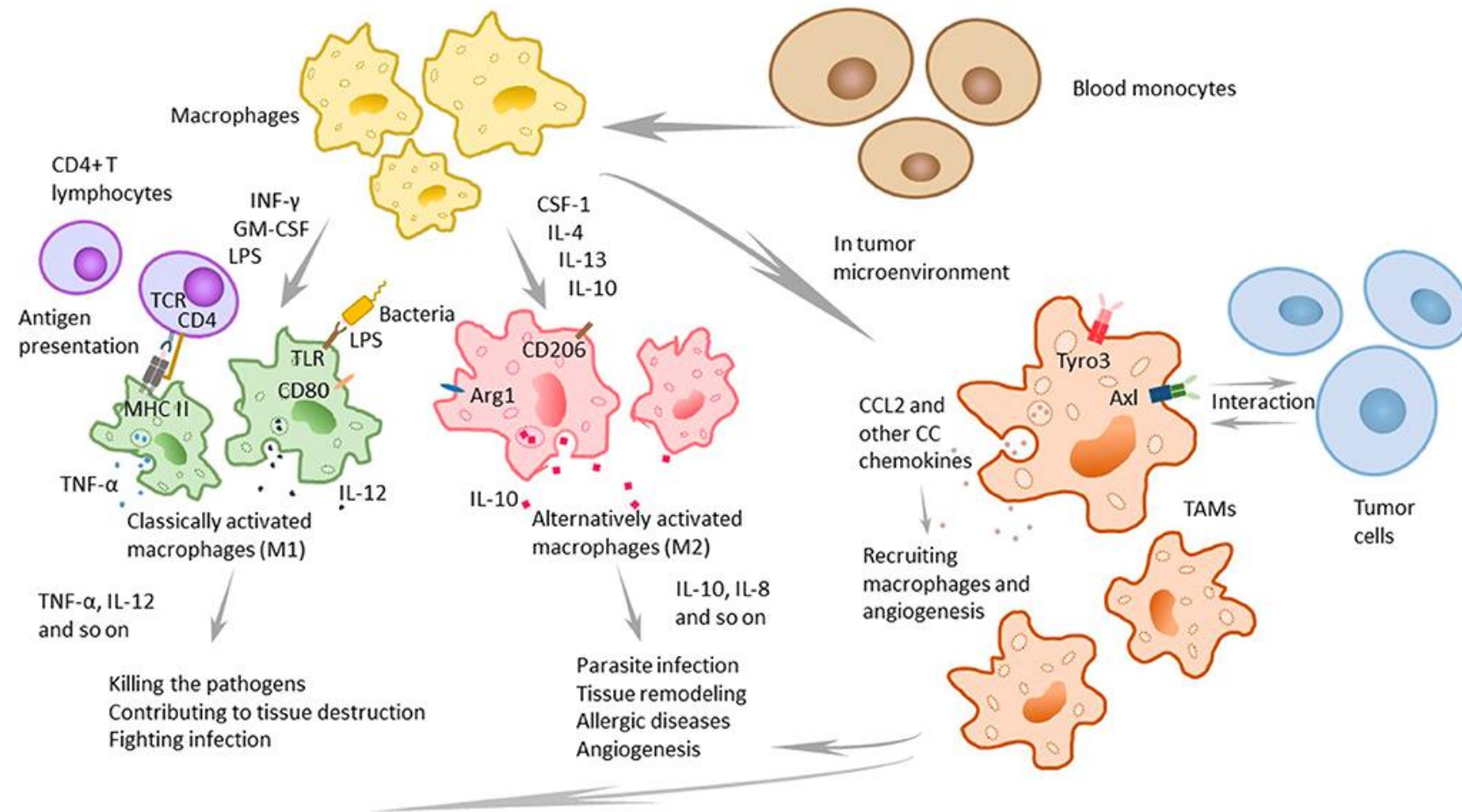


CD47 as a Target in Oncology

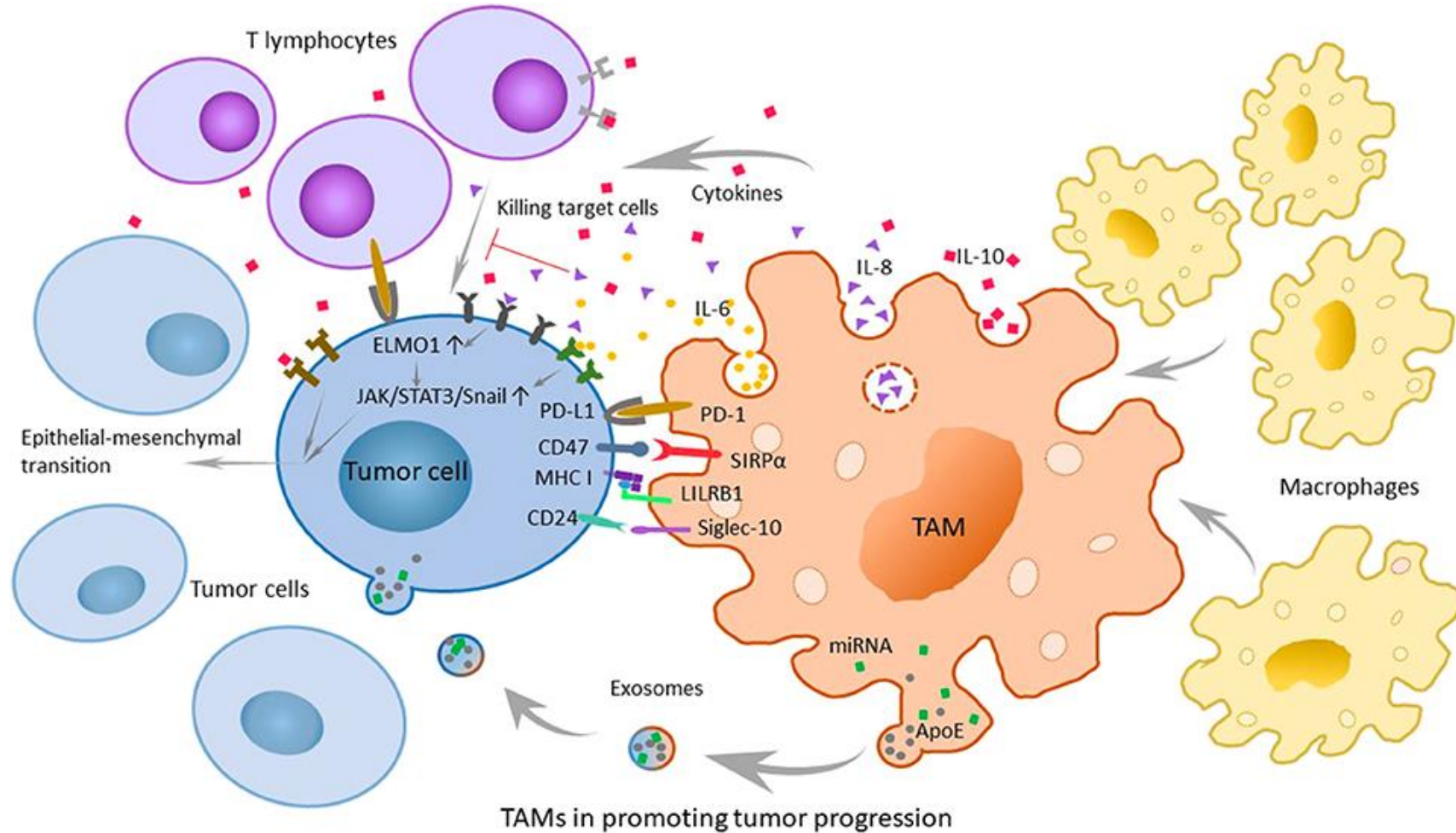
Ezra E.W. Cohen, MD

The Innate Immune System

Two of the main subpopulations of macrophages (M1 and M2) and tumor associated macrophages (TAMs)

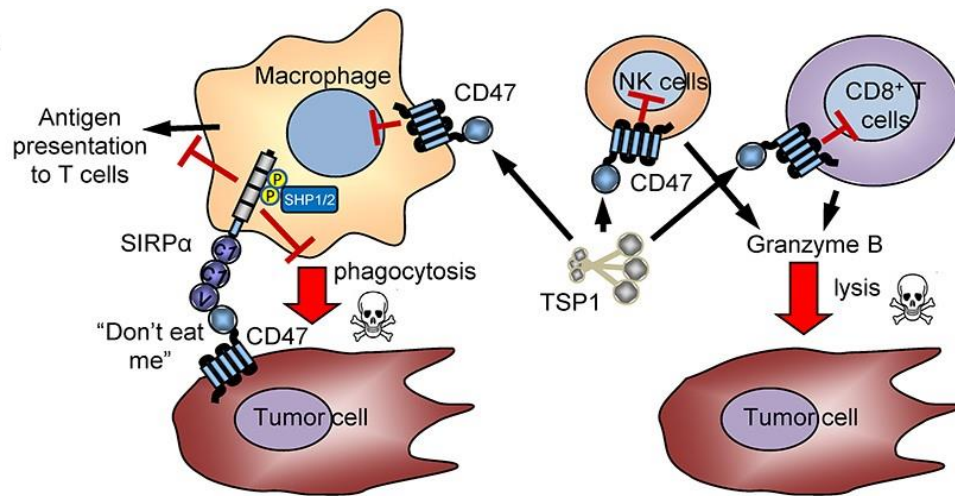


Tumor-Associated Macrophages: Insights and Therapies

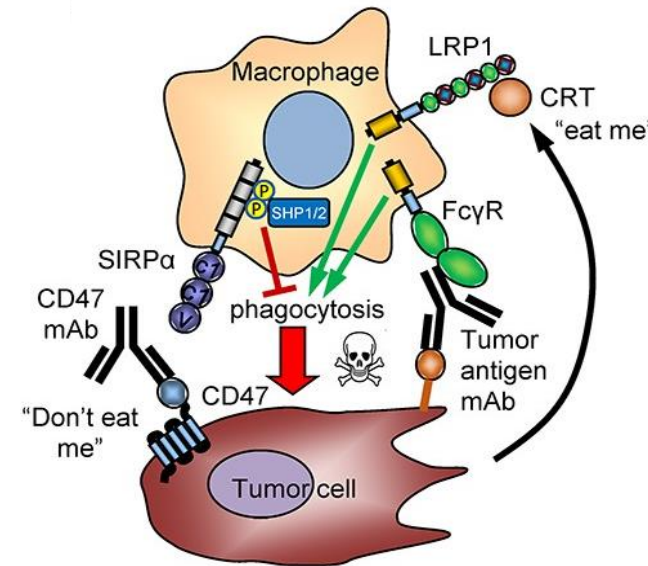


CD47 Functions In The Tumor Microenvironment

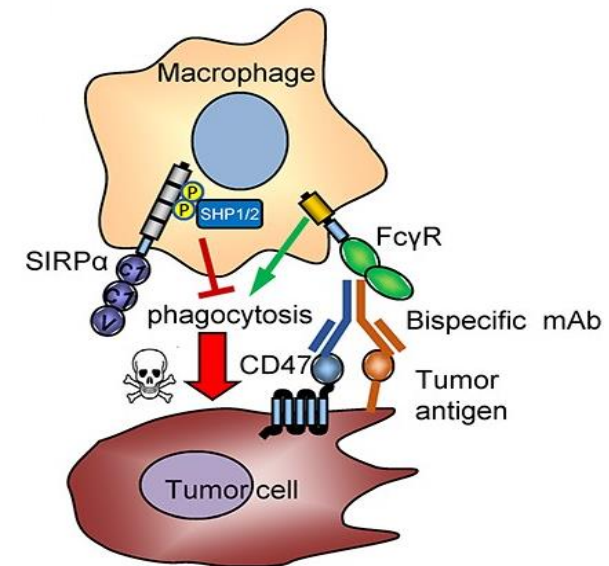
CD47-dependent inhibition of phagocytosis and antigen presentation



Anti-CD47-antibody-dependent phagocytosis and ADCP/ADCC



Bispecific CD47 antibody-dependent ADCP and/or ADCC

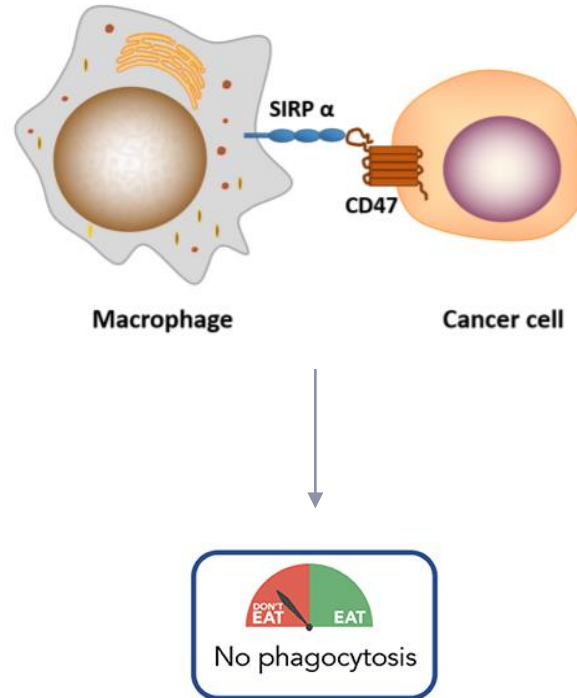


CD47 Interaction With SIRP α Prevents Innate Immune Cells From Attacking Host Cells

Healthy Cells

CD47 protects healthy cells from destruction

- CD47 is a surface protein widely expressed on healthy cells
- Interacts with SIRP α expressed on macrophages and dendritic cells
- Regulates innate immune cell phagocytic activity and cell migration



Tumor Cells

CD47 overexpression evades immune destruction of tumor cells

- CD47 is over-expressed across solid tumors and hematological malignancies
- Serves as a camouflage to avoid clearance by macrophages
- Elevated CD47 is associated with a poor prognosis

CD47 Is A Clinically Validated Innate Immunity Check Point Inhibitor

CD47 inhibition impairs tumor growth, inhibits metastatic spread, and leads to tumor regression in preclinical models

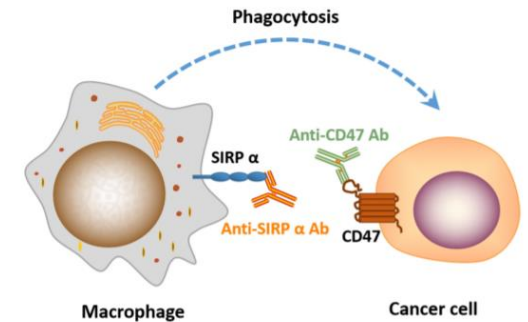
Evidence supports CD47 blockade may help **bridge innate and adaptive immunity** by

- 1 Reactivating macrophages against cancer cells
- 2 Enhancing APC presentation of tumor antigens
- 3 Inducing anti-tumor T-cell activity

Therapeutic considerations for targeting CD47

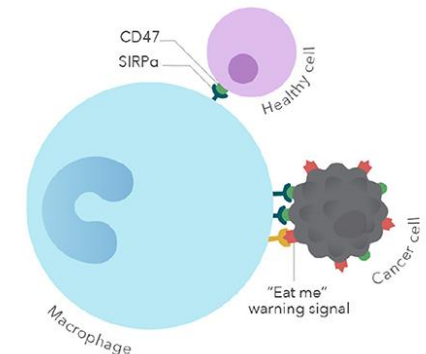
Enhanced activity in combination

CD47 inhibition in combination with antibodies targeting macrophages **enhances phagocytosis and anti-tumor activity** in preclinical models



Healthy cells are spared

An **additional 'eat me signal'** expressed on cancer cells and RBC is required for phagocytosis during CD47 blockade



CD47i Monotherapy: Lack of Clinical Responses In Solid Tumors

Company	I-MAB Biopharma/ AbbVie	Innovent	Gilead/ Forty Seven	Surface Oncology	ALX Oncology
Candidate	Lemzoparlimab	Letaplimab	Magrolimab	SRF231	ALX148
MOA	Anti-CD47 Monoclonal Antibody	Anti-CD47 Monoclonal Antibody	Anti-CD47 Monoclonal antibody	Anti-CD47 Monoclonal Antibody	SIRPα-Fc fusion protein
Clinical stage	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1
Indication	Solid Tumors	Solid Tumors	Solid Tumors	Solid Tumors	Solid tumors
N	20	20	62	46	25
Efficacy	6% ORR (1/16)	0% ORR (0/15)	6% ORR (2/35)	0% ORR (0/38)	0% ORR (0/25)
Anemia	30%	15%	57%	24%	-

CD47 Therapies For Solid Tumors – Future Directions

1

Combination with
therapeutic mAb's
(IgG1-based
preferred)

2

Combination of
innate and
adaptive immunity

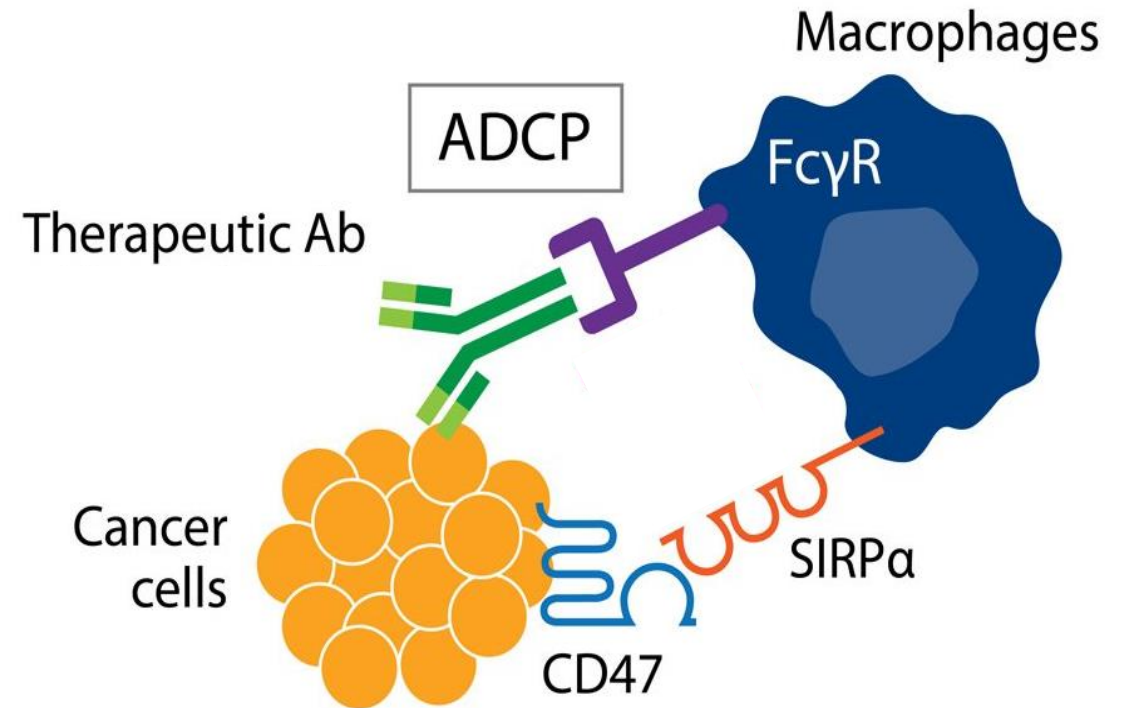
3

Combination with
Chemotherapy/
Radiotherapy

Combination With Therapeutic mAb's

Combination With Therapeutic mAb's

- CD47 blockade on tumor cells triggers phagocytosis by macrophages which may be opsonized with tumor antigen-specific therapeutic Abs such as cetuximab or trastuzumab
- The mechanism is called antibody-dependent cellular phagocytosis (ADCP) elicited by the interaction of the Fc region of tumor-bound Abs with the macrophage Fcγ receptor (FcγR)



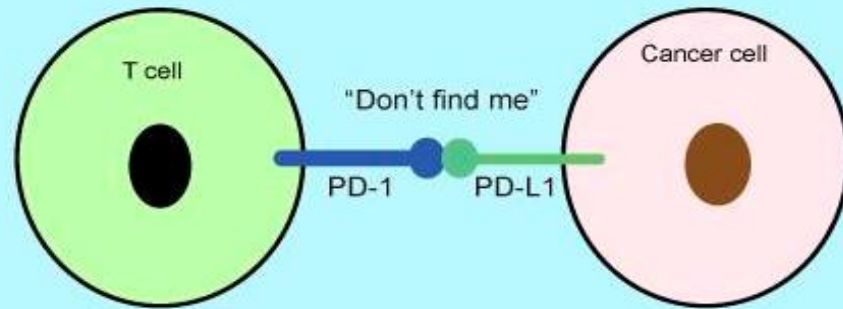
CD47i Combinations: Therapeutic mAb's Improve Clinical Responses

Company	Gilead/ Forty Seven	Gilead/ Forty Seven	Alx Oncology	Alx Oncology	Alx Oncology
Candidate	Magrolimab	Magrolimab	Evorpaccept	Evorpaccept	Evorpaccept
MOA	Anti-CD47 Monoclonal Antibody	Anti-CD47 Monoclonal Antibody	SIRPα-Fc Fusion Protein	SIRPα-Fc Fusion Protein	SIRPα-Fc Fusion Protein
Clinical stage	Phase 1	Phase 1	Phase 1b	Phase 1b	Phase 1b
Additional drug	Cetuximab	Avelumab	Pembrolizumab + 5FU + Platinum	Trastuzumab	Trastuzumab Ramucirumab Paclitaxel
Indication	KRASwt, KRASmut Colorectal Cancer	Ovarian Cancer	HNSCC	HER2+ G/GEJ	HER2+ G/GEJ
N	30	18	13	19	18
Efficacy	7% ORR	6% ORR	38.5% ORR	21% ORR	72% ORR
Anemia	22%	24%	10%	7%	6%

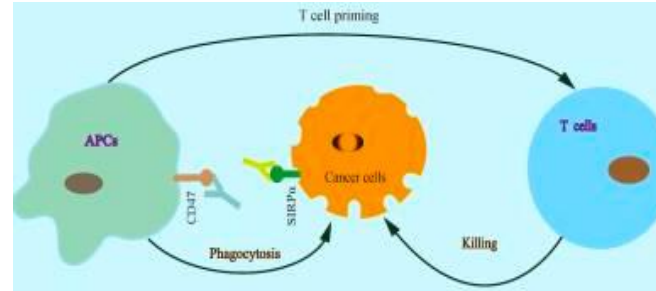
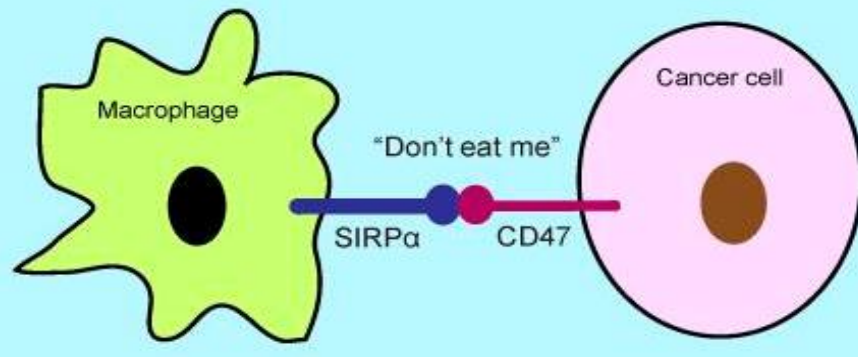
Combination Of Innate And Adaptive Immunity

Combination Of Innate And Adaptive Immunity

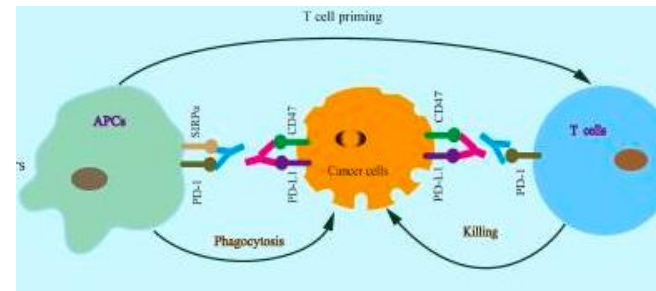
Adaptive Immune Response



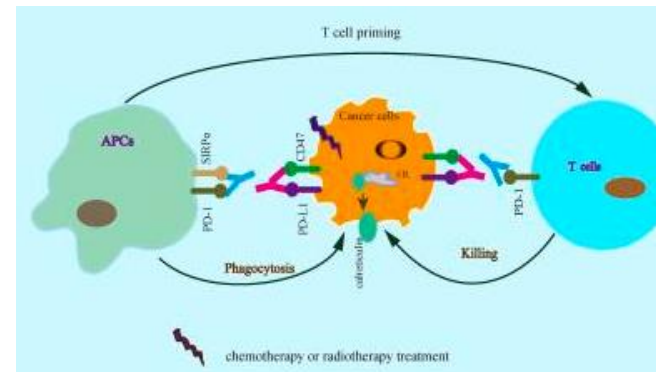
Innate Immune Response



I: SIRPα/CD47 inhibitors



II: Combination with PD-1/PD-L1 inhibitors



III: Combination with chemotherapy or radiotherapy

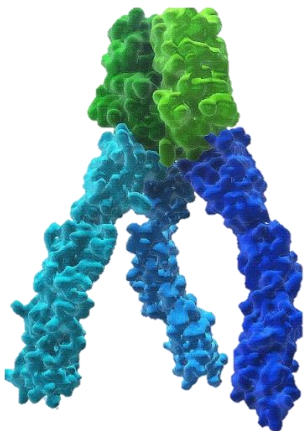
Combination Of Innate And Adaptive Immunity In Clinical Development

- Bi-specific fusion proteins combining anti-CD47 and TNF superfamily ligand for immune co-stimulation
- Combination of anti-CD47 and other immune checkpoint inhibitors such as PD-1/PD-L1
- Bi-specific Ab's aiming to both CD47 and PD-1/PD-L1

DSP107

CD47x41BB

Trimeric 4-1BBL for
T cell co-stimulation



3 SIRPα for CD47 blockade

SL-172154

CD47xCD40

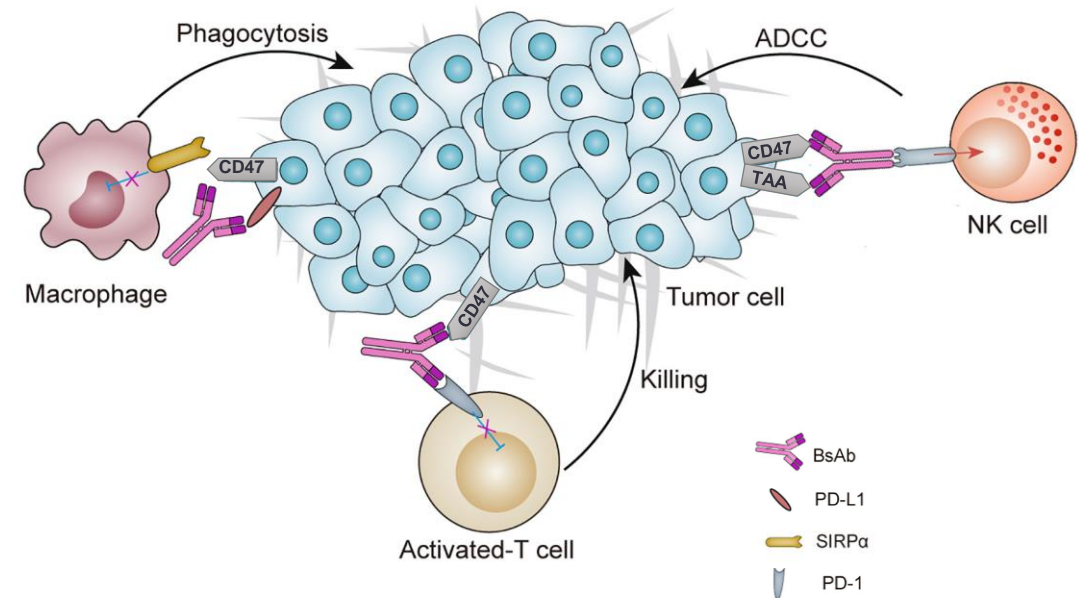
Hexameric CD40L for
antigen presentation



6 SIRPα for CD47 blockade

HX009, PF-07257876, IBI322

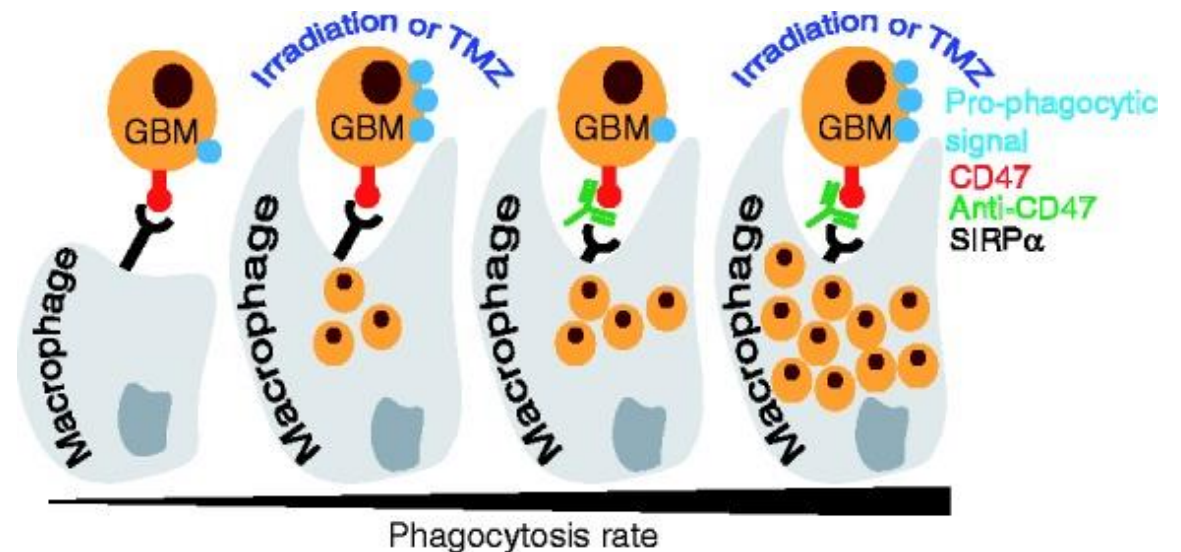
CD47xPD-1/PD-L1



Combination With Chemotherapy/Radiotherapy

Combination With Chemotherapy/Radiotherapy

- Anti-CD47 immunotherapy in combination with irradiation or chemotherapy may enhance macrophage-dependent phagocytosis and antigen presentation
- Tumor cell death triggered by immunogenic chemotherapeutic such as anthracyclines, cyclophosphamide and taxanes may lead to exposure of calreticulin on the cell surface where it serves as a de novo “eat-me” signal enhancing phagocytosis



Summary and Conclusions

- CD47 is well-established as a critical immune mediator within the tumor microenvironment, as CD47 overexpression leads to poor clinical outcomes across solid tumors and hematologic malignancies
- CD47 is a clinically validated innate immunity checkpoint inhibitor, but lacks robust clinical responses as a monotherapy
- Combination of anti-CD47 antibodies with therapeutic monoclonal antibodies have shown improved clinical efficacy
- Several CD47-targeted therapeutic considerations are currently in development, including SIRP α /CD47 bi-specific inhibitors, combination with adaptive immune activators, and combination with chemotherapy or radiotherapy