Araclon Biotech

GRIFOLS

AB1601 phase 2 study of ABvac40, an anti-AB40 vaccine: safety and immunogenicity of a cross-over extension

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BACKGROUND

Previous studies suggested that Aβ40 could have an important role in Alzheimer's disease (AD), especially in relation to amyloid deposition in blood vessels. AB1601 (NCT03461276) is a multicenter, randomized, double-blind, placebo-controlled, phase 2 study in patients with amnestic mild cognitive impairment (a-MCI) or very mild AD (vm-AD) to investigate safety, tolerability and immunogenicity of repeated subcutaneous injections of ABvac40, a vaccine targeting Aβ40. The 24-month study (Part A) showed that ABvac40 was safe, well-tolerated and highly immunogenic. An additional 18-month cross-over study (Part B) was conducted to evaluate safety and immunogenicity in patients randomized to placebo in Part A, and to assess safety and immunogenicity of a delayed booster of ABvac40 in ABvac40-treated patients in Part A.

METHODS

A total of 124 patients with a-MCI (N=80) or vm-AD (N=44) were initially included in Part A and randomized to ABvac40 (N=62) or Placebo (N=62). Seventy-seven out of 101 patients who completed Part A transitioned to Part B. Safety assessments included the frequency of ARIA and aseptic meningo-encephalo-myelitis as treatment emergent serious adverse events of special interest. Immune response was assessed by quantification of concentration of specific anti-AB40 antibodies in plasma and CSF. AB40 peptide levels in plasma were measured by ABtest-MS (Araclon Biotech).

STUDY DESIGN

PART A	PART B						
Week 0 4 8 12 16 42	Week (Part B) 0 4 8 12 16 42						
Placebo arm	ABvac40 arm						
ABvac40 arm	Placebo + Booster arm						
Placebo administration ABvac40 administration ABvac40 booster							

All results reported here are preliminary results

BASELINE CHARACTERISTICS

Characteristic	ABvac40 arm Part A / Placebo + Booster arm Part B (N=62)	Placebo arm Part A / ABvac40 arm Part B (N=62)					
Age (years), mean (SD)	70.6 (6.0)	70.1 (5.5)					
Female , n (%)	38 (61.3)	36 (58.1)					
ΑροΕ ε4 status , n (%)							
Non-carriers	24 (38.7)	24 (38.7)					
Carriers: Heterozygous	29 (46.8)	33 (53.2)					
Carriers: Homozygous	9 (14.5)	5 (8.1)					
Amyloid-PET status, n (%)							
Positive	47 (75.8)	45 (72.6)					
Negative	15 (24.2)	17 (27.4)					
Study disease, n (%)							
a-MCI	38 (61.3)	42 (67.7)					
vm-AD	24 (38.7)	20 (32.3)					
MMSE score, mean (SD)	25.7 (1.55)	25.9 (2.1)					
TT analysis set ApoE: Apolipoprotein F. MMSE: Mini-Mental State Examination							

SAFETY

Treatment Emergent SAESI

ARIA-E

ARIA-H

Meningo-encephalo-myelitis

Safety analysis set. SAESI: Serious Adverse Events of Special Interest. ARIA: Amyloid Related Imaging Abnormalities. E: Edema. H: hemorrhage

ABvac40 includes all patients who took at least one dose of ABvac40 in both the ABvac40 arm Part A / Placebo + Booster arm Part B treatment sequence, and ABvac40 arm Part B. Placebo includes all patients in the Placebo arm Part A who took at least one dose of Placebo.

(excluding follow-up SAEs).

Neither ARIA-E nor aseptic meningo-encephalo-myelitis were reported. ARIA-H incidence was low and equally distributed in both treatment groups

ABvac40 (N=99)		Placebo (N=62)	
Number of patients (%)	Total number of events	Number of patients (%)	Total number of events
0 (0.0)	0	0 (0.0)	0
9 (9.1)	10	7 (11.3)	10
0 (0.0)	0	0 (0.0)	0

Total number of events refers to the number of ARIAs reported as new SAE events

IMMUNOGENICITY





CONCLUSIONS

- follow-up of 36-42 months.

- Final study results, including exploratory efficacy endpoints, will be available in Q4 2023.



ABvac40 showed an excellent safety profile related to ARIA-E, ARIA-H and aseptic meningo-encephalo-myelitis during a

ABvac40 elicited a strong, specific and sustained immune response in plasma with a 4-fold increase after a booster in Part B. • Antibodies were detected in CSF, correlating with plasma levels, with penetrating rates comparable to other immunotherapies. These findings suggest ABvac40 **potential for combination** with other complementary disease-modifying therapies.