2025 ESMO TAT ASIA

Targeted Anticancer Therapies

First-in-Human Phase 1 Study of a Dual-Conditionally Active Biologic (CAB) EpCAM x CD3 Bispecific T-cell Engager (TCE), BA3182, in Patients with Treatment Refractory Metastatic Adenocarcinoma

Jennifer B. Valerin, MD, PhD, Jacob S. Thomas, MD, J. Eva Selfridge, MD, PhD, Madison L. Conces MD, Devalingam Mahalingam, MD, PhD, Michael Cecchini, MD, E. Gabriela Chiorean, MD, Oana Danciu, MD, Kyechin Chen, PharmD, Judith Llorin-Sangalang, MD, Kartik Aysola, MD, and Alexander N. Starodub, MD

Presented by: Jennifer B. Valerin, MD, PhD

18-20 July 2025

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY

DECLARATION OF INTERESTS

Consulting: Tempus
Speaker bureau: Incyte, AstraZeneca

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Why EpCAM (epithelial cell adhesion molecule) as a target?

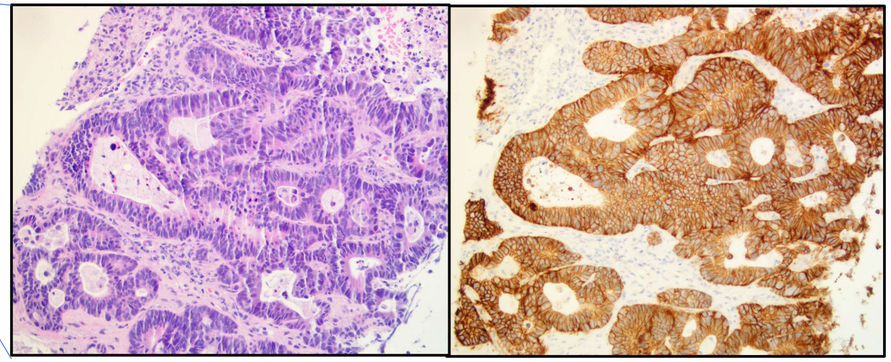
Targeting EpCAM has potential to serve over 1M pts

	Estimated Number of New Cancer Cases in 2025	EpCAM Expression (TIS 1 to 12)[2]
Breast Cancer	319,750	81%
Prostate Cancer	313,780	99%
Lung Cancer	226,650	93% NSCLC 80% SCLC
Colon Cancer	154,270	100%
Pancreatic Cancer	67,440	99%
Thyroid Cancer	44,020	97%
Ovarian	20,890	92%
Gallbladder & other biliary	12,610	97%

[1]Siegel RL, Kratzer TB, Giaquinto AN, Sung H, Jemal A. Cancer statistics, 2025. *CA Cancer J Clin*. 2025. [2]G. Spizzo, et al. J Clin Pathol 2011;64:415e420.

Challenges of targeting EpCAM

- All epithelia tissue express EpCAM
- Broad expression associated with on-target, off-tumor toxicities



H&E Stain | EpCAM IHC

Biopsy from ongoing Phase 1 dose escalation

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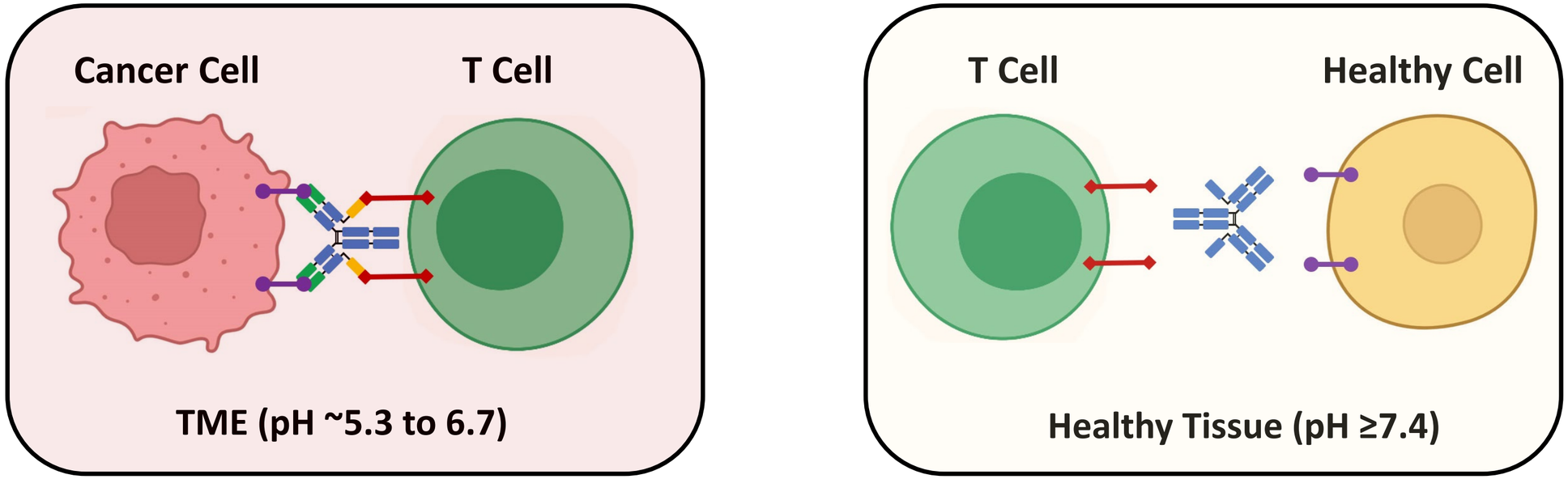
Specificity of Dual-CAB EpCAM x CD3 Bispecific T-cell Engager BA3182 in cancer cells vs normal tissue environment

Dual-conditional binding technology drives maximal binding in acidic TME

No binding in healthy tissue, reducing CRS and on-target, off-tumor toxicities



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BA3182 Phase 1 Dose Escalation: Design and Current Status

Now focusing enrollment among colorectal carcinoma; dose escalation actively continues

Primary objectives:

Characterize safety, tolerability, and define recommended phase 2 dose

Secondary objectives:

Characterize antitumor activity, pharmacokinetics, and immunogenicity

Treatment schedule:

0, 1, or 2 priming doses prior to treatment dose

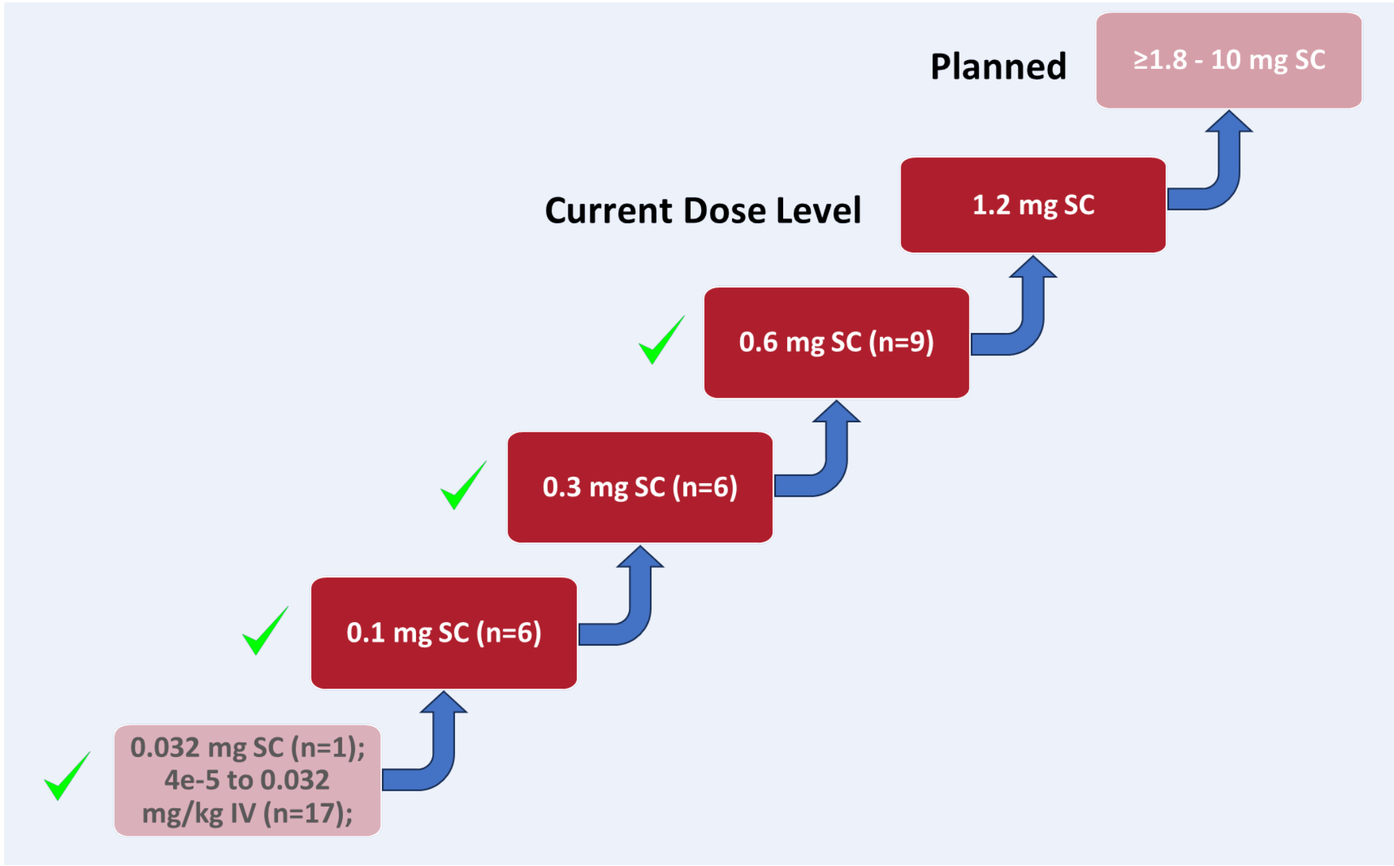
Ongoing weekly dosing continues after DLT observation interval concludes

Disposition:

39 pts treated per protocol as of 20 June 2025 data cutoff:

Intravenous (IV), weight-based dosing (N=18)*

Subcutaneous (SC), flat dosing (N=22)



Treatment notes:
Prophylactic acetaminophen and diphenhydramine delivered prior to all doses; starting at 0.00018 mg/kg dose level prophylactic tocilizumab (Q2W x 3 doses) given at day 1 full dose; Evaluating no tocilizumab prophylaxis with 0.3 mg dose level.
0, 1, or 2 smaller priming doses (0.00012 mg/kg, 0.0001 mg, 0.003 mg, 0.1 mg, or 0.3 mg) delivered 4-7 days prior to weekly larger treatment doses
Ongoing weekly treatment dosing continues after DLT observation interval concludes

*Starodub AN, Selfridge JE, Conces ML, et al. *Preliminary results from a first-in-human Phase 1 study of a dual-conditionally binding CAB-EpCAM x CAB-CD3 bispecific T-cell engager, BA3182, in patients with treatment refractory metastatic adenocarcinoma.* Poster presented at: European Society for Medical Oncology Gastrointestinal Cancers Congress (ESMO GI); July 2–5, 2025; Barcelona, Spain.

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Patient Demographics

Patients dosed SC per protocol as of June 20, 2025: N=22

Patient Characteristic	N=22
Age, mean (SD), y	58 (10)
Male	9 (50)
Female	9 (50)
ECOG performance	
0	13 (59)
1	9 (41)
Number of prior lines of therapy, median	3

Tumor	N=22
Adenoid Cystic Carcinoma	1 (5)
Cholangiocarcinoma	1 (5)
Colon/Rectum	11 (50)
Gallbladder	1 (5)
Ovarian	1 (5)
Pancreas	6 (27)

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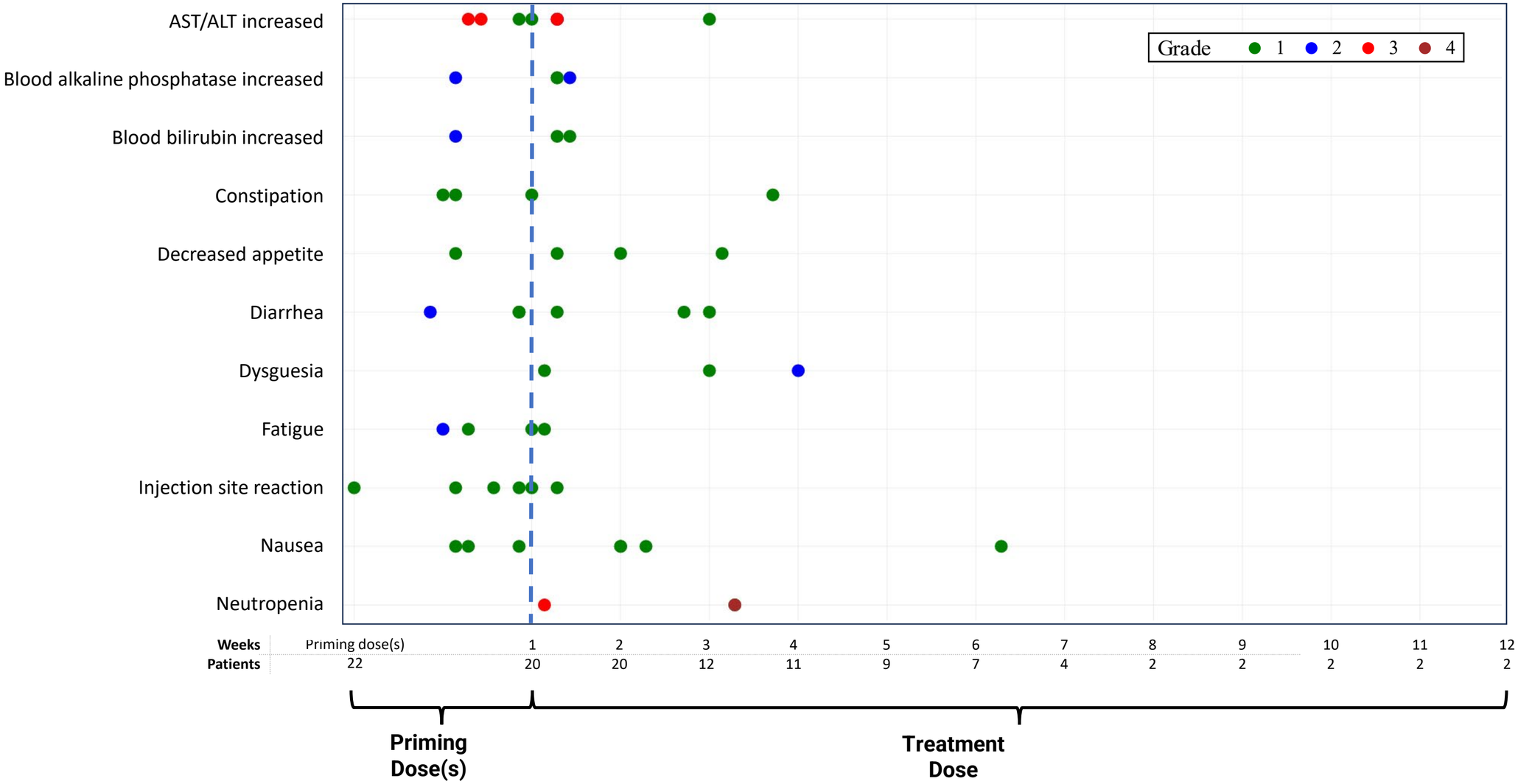
Data cut as of 13Jun25

Safety of subcutaneous dosing (N=22)

Most frequent related AE events of any grade (>10% of patients) in patients receiving subcutaneous BA3182



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Data cut as of 20Jun25

Safety of subcutaneous dosing (N=22)

Adverse events, including CRS, were generally low-grade, transient and readily manageable

Characteristic	N=22
Any Adverse Events (AEs) (n, %)	20 (91)
Related AEs of CTCAE[1] Grade 3 (n, %)	6 (32)
Related AEs of CTCAE[1] Grade 4[2] (n, %)	1 (5)
Any related serious AEs[2] (n, %)	3 (14)
Related AEs leading to death[2] (n, %)	0
Related AEs leading to treatment discontinuation[2] (n, %)	0

Characteristic	Any	G3+
ALT increase (n, %)	8 (36)	3 (14)
AST increase (n, %)	7 (32)	3 (14)
Nausea (n, %)	7 (32)	0
Diarrhea (n, %)	6 (27)	0
Injection site reaction (n, %)	6 (27)	0
Constipation (n, %)	4 (18)	0
Decreased appetite (n, %)	4 (18)	0
Fatigue (n, %)	4 (18)	0
Alk Phos increased (n, %)	4 (18)	0
Non-febrile neutropenia (n, %)	3 (14)	2 (9)
Bilirubin increased (n, %)	3 (14)	0
Dysgeusia (n, %)	3 (14)	0

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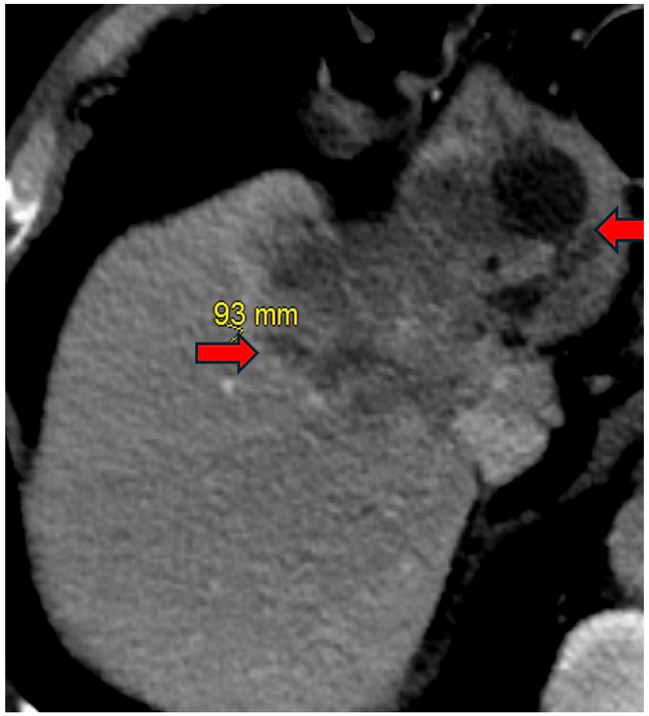
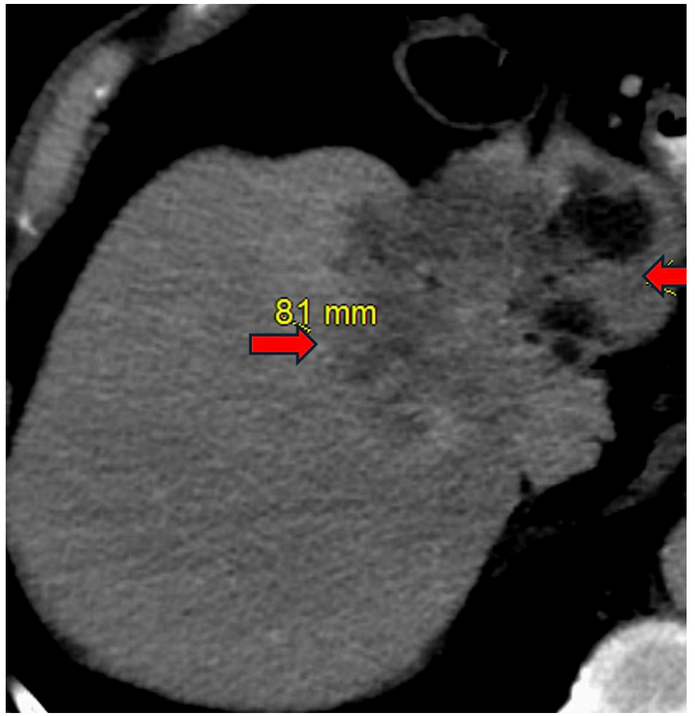
Data cut as of 13Jun25

71-year-old male with intrahepatic cholangiocarcinoma with 13% tumor reduction from BA3182 at 0.1 mg QW

Previously treated on clinical trial with gemcitabine, cisplatin, durvalumab, and investigational agent



Baseline



Tumor assessment – Week 12

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CONCLUSIONS

- BA3182 is designed to conditionally bind EpCAM and CD3 targets at low pH thus restricting beneficial cytolytic immune synapses to the tumor microenvironment while avoiding damage to normal EpCAM-expressing tissues

- Adverse events including CRS were generally low-grade, transient, and readily manageable, suggesting the therapeutic window targeting EpCAM may be meaningfully widened

- Preliminary evidence of prolonged tumor control and tumor reductions have both been achieved with BA3182 among heavily pretreated patients and dose escalation actively continues

PRELIMINARY ASSESSMENT OF ANTI-TUMOR ACTIVITY AMONG THOSE WITH AVAILABLE SCANS

- Six patients achieved objective tumor size reductions: CRC (-8%, 10%), breast (-11%), cholangiocarcinoma (-13%), NSCLC (-25%), and pancreatic (-5%)

- Prolonged progression-free intervals observed in 2 CRC pts: 11 mo and 16 mo