Advanced glioblastoma immunotherapy: Attenuated herpes oncolytic virus armed with anti-PD-1 antibody and IL-12

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BACKGROUND

Glioblastoma (GBM), the most common and deadly primary brain tumor in adults, has limited treatment options with poor outcomes. The urgent need for innovative treatments has spurred research into immunotherapy and oncolytic virus therapy as promising alternatives. In this context, we have developed a new generation oncolytic herpes simplex virus (oHSV) named MVR-C5252, which is armed with IL-12 and an anti-PD-1 antibody, aiming to provide a synergistic anti-GBM efficacy for immune-oncolytic therapy. MVR-C5252 has obtained approval from both the FDA and NMPA for clinical trials in both the United States and China. Herein, we present preclinical data on MVR-C5252 developed for GBM treatment.

RESULTS **Characterization of oHSV MVR-C5252** C Expression of human IL-12 and anti-PD-1 Ab R3616 MVR-C525 Concentration (pg/mL) 10⁸⁻ 10⁷⁻ 6h 12h 24h 6h 12h 24 IL-12 p70 Anti-PD-1 Ab Mock U U **10**6 -HSV-1(F HSV-1(F) U U R3616 MVR-C525 R3616 U U

3 6 12 Hours post infection (hpi

MVR-C5252 is replication attenuated but with potent cell-killing activity in glioblastoma (GBM) cells





MVR-C5252 enhances apoptotic cell death via downregulation of CNTFRα expression



Caspase 3/7 activity in CNTFRα knockdown glioblastoma cells





