

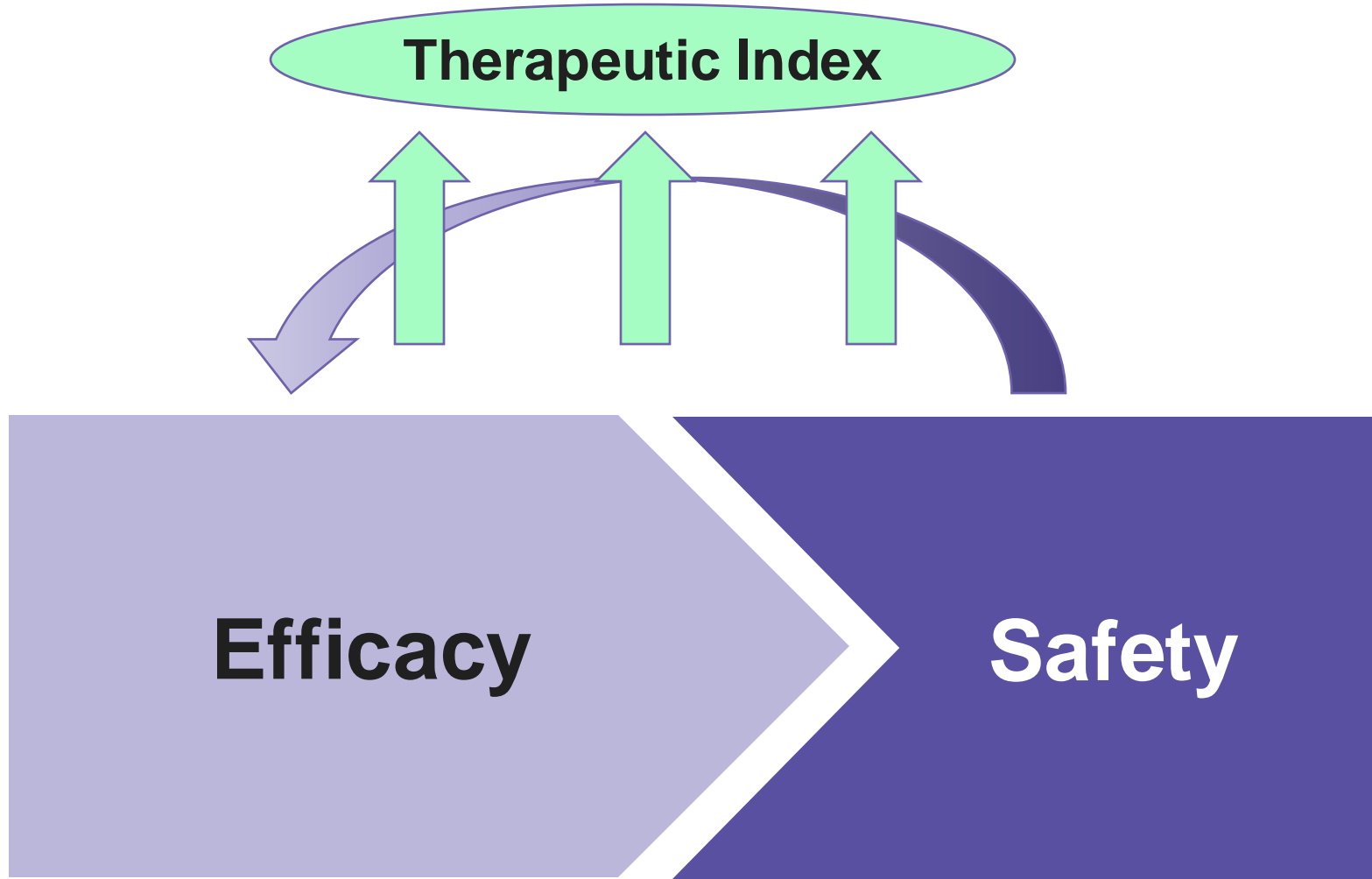
Genome Engineered Hematopoietic Transplants for the Treatment of AML

Tirtha Chakraborty, CSO and Head of Technical Operations, Vor Bio

March 6th, 2025



Vor's approach to Hematopoietic Malignancies





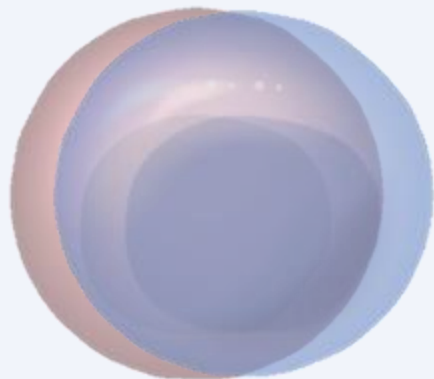
**Most tumor antigens are
not tumor specific**

Targeted Tx???



Changing the Thinking on Tumor Targeting to cure AML

Real life Problem



Surface antigen overlap

Vor's genome engineered
HSPC transplant from a
healthy donor

Vor Paradigm: Engineered HSCs (eHSCs)



**Makes surface antigens
cancer-specific**



Acute Myeloid Leukemia

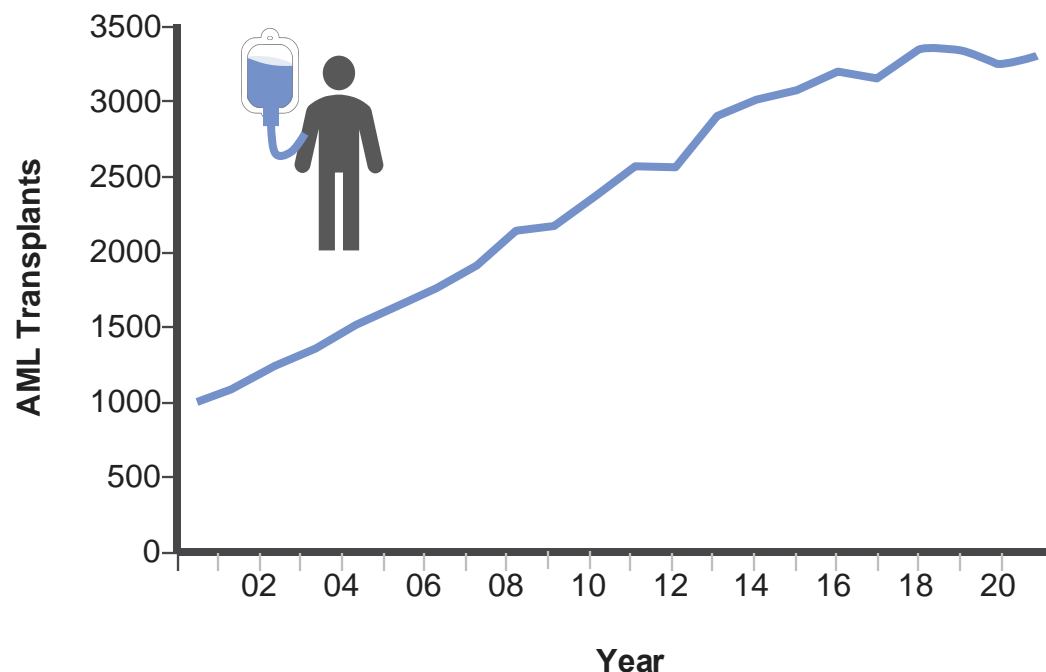
the most common adult acute leukemia

Annual incidence
USA: 25,000 and EU: 25,000



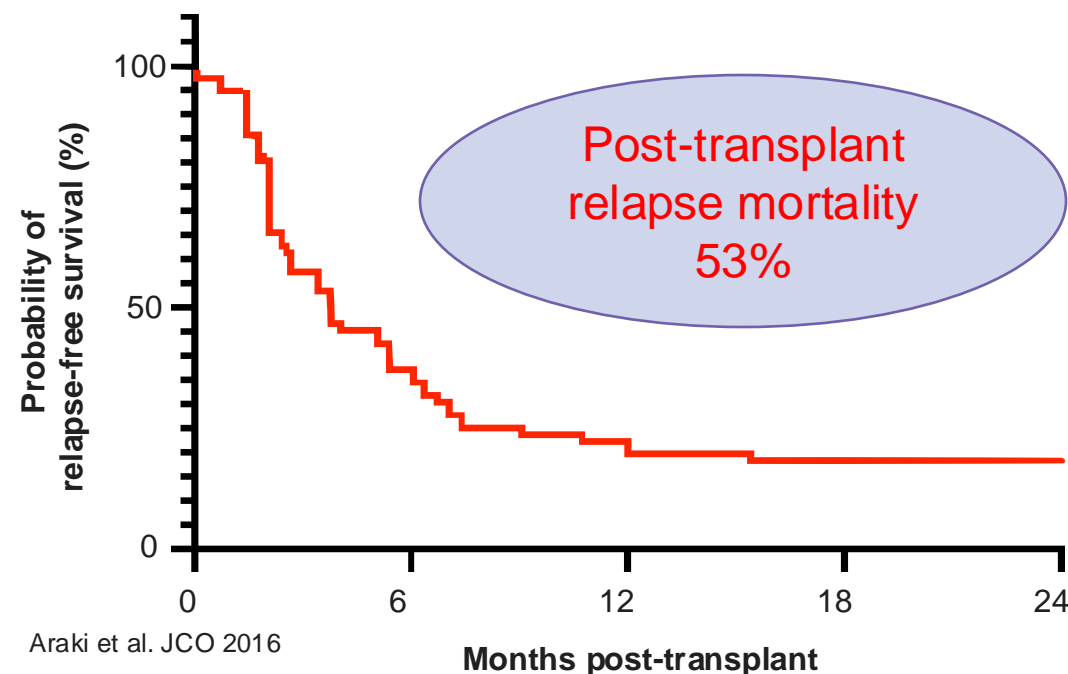
Even After SoC Allo Transplant, High-Risk AML Has Poor Outcomes

Transplant Volume is Increasing...



Transplant remains the only potentially curative treatment

...but Relapse Rates Remain High



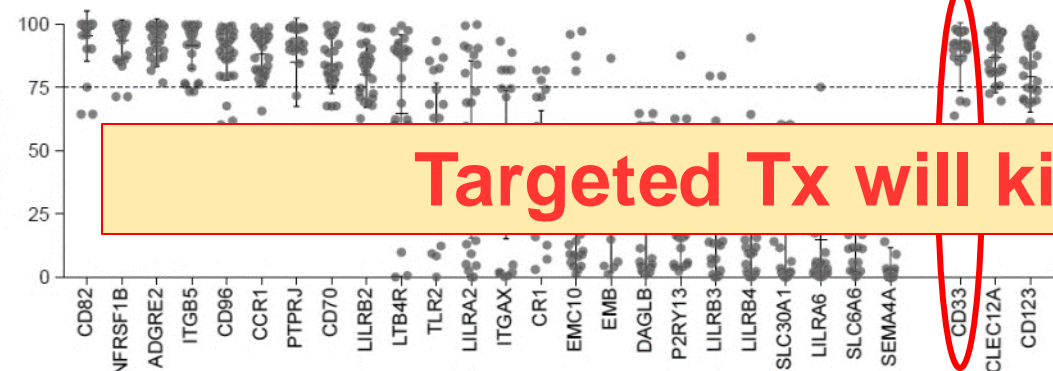
Limited treatment options post-transplant due to on-target toxicity



CD33 Among the Most conspicuous Targets in AML

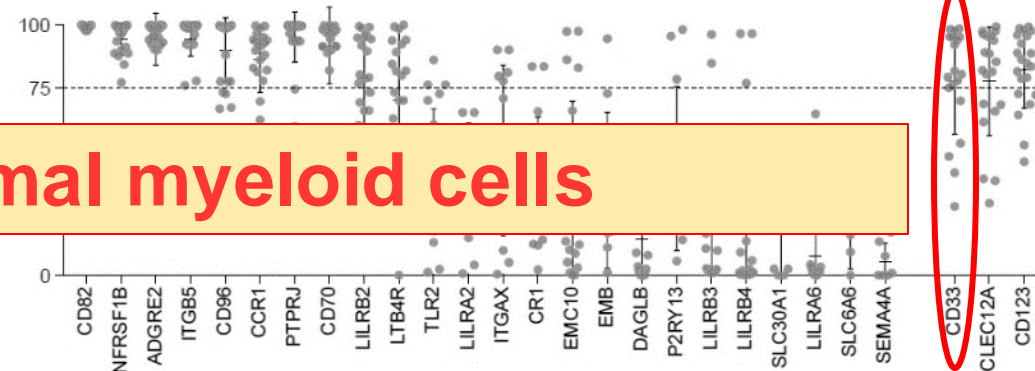
But... CD33, and other AML targets are also abundant on normal myeloid cells

expression % by
flow cytometry



Targeted Tx will kill normal myeloid cells

% by
cytometry



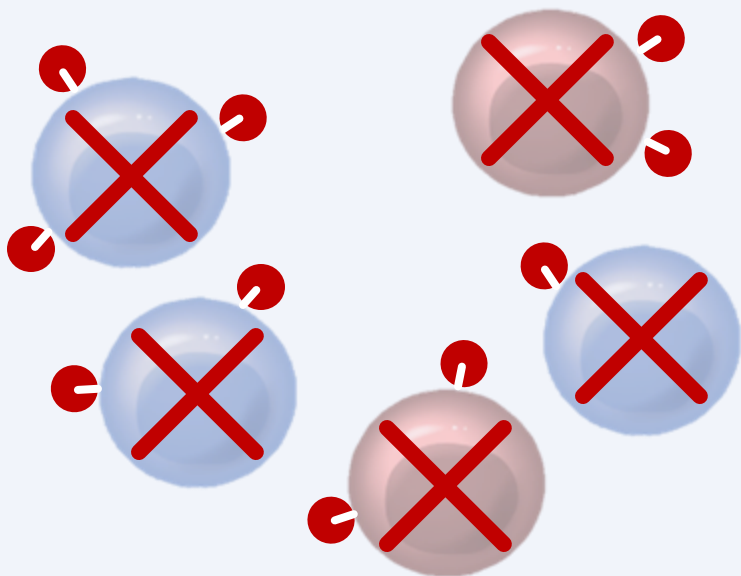
We cannot live without normal myeloid cells

Perna, Sadelain et al, Cancer Cell 2017



Vor Transplant: Make engineered graft **'Invisible'** to Targeted Tx

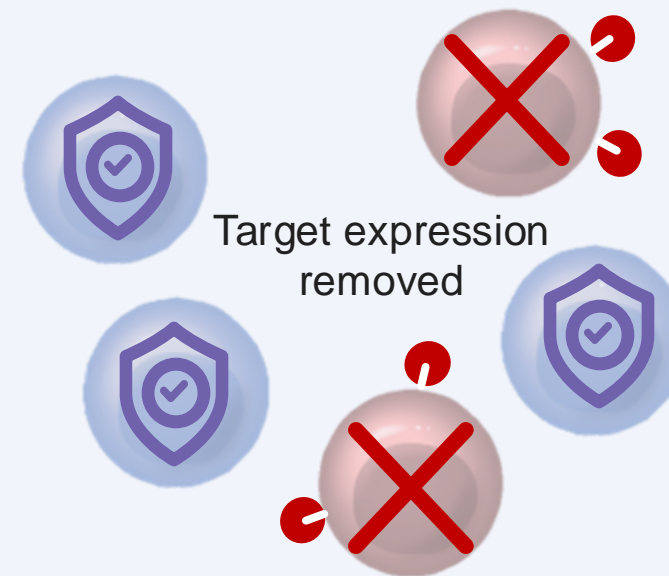
Current Targeted Therapies



*On-target Off-tumor
toxicity*

CRISPR KO of
target antigen from
the transplant

Protected **invisible** eHSCs



*Cancer-specific killing
by the targeted Tx*



Dispensability of CD33: Human genetic evidence

**65 individuals with homozygous
loss-of-function mutations in the CD33 gene
have no obvious defects**

gnomAD database



Lead Program: CD33^{Del} HSPC transplant in AML (VOR33)

Vor Scientific Founder
Dr. Siddhartha Mukherjee

- Associate Professor of Medicine in the Division of Hematology and Oncology at Columbia University
- Chair of Vor Biopharma Scientific Advisory Board

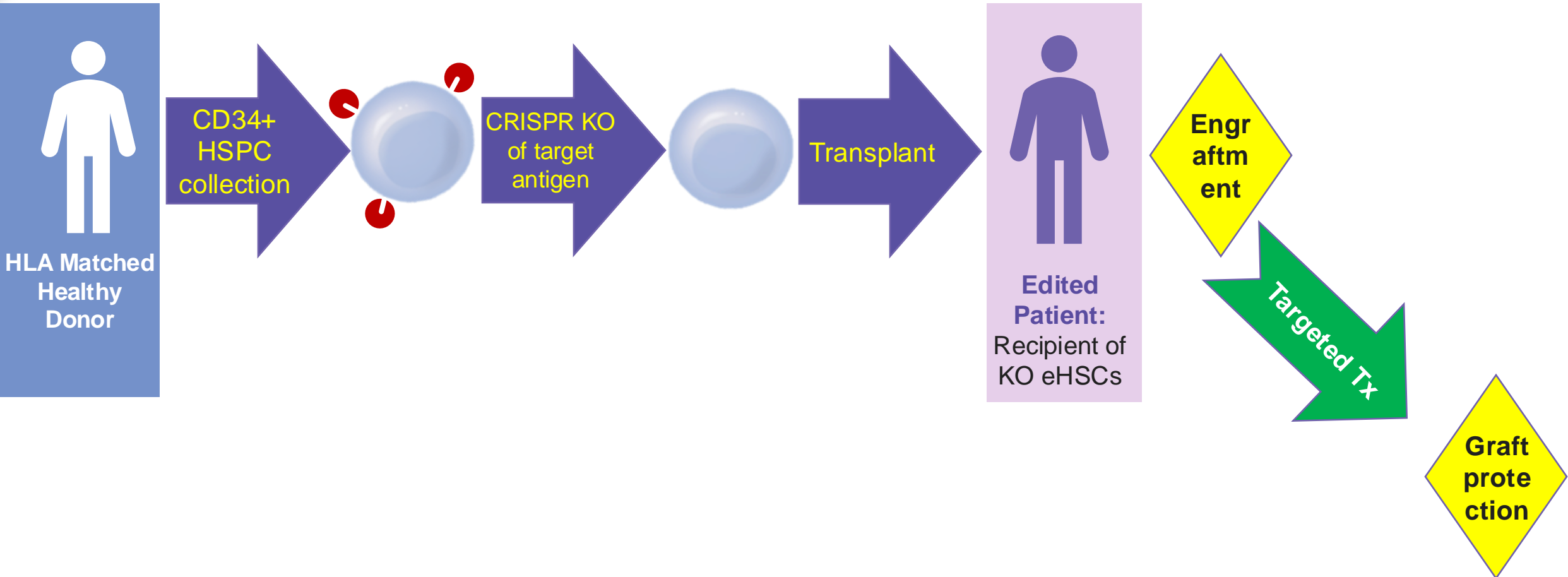


Pulitzer prize: Emperor of All
Maladies

		Independent validation from two labs	
	Mukherjee lab	Gill lab	Kiem lab
Robust POC w/ Primary Cells	✓	✓	✓
Killing Cancer in Humanized Mice	✓	✓	✓
Engraftment & Safety in Rodents	✓	✓	✓
Safety in Non- Human Primates	N/A	✓	N/A
	<i>Borot et al, PNAS 2019</i>	<i>Kim et al, Cell 2018</i>	<i>Humbert et al, Leukemia 2018</i>



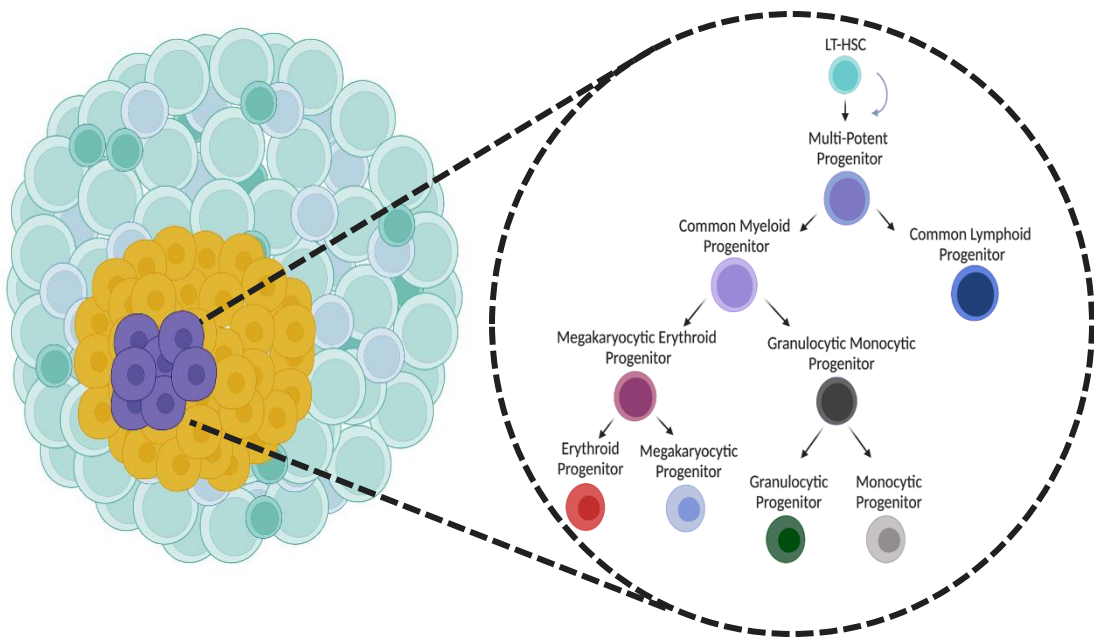
Vor Transplant: The Treatment Paradigm





A Primer: Human Hematopoietic Stem (and Progenitor) Cells

CD34⁺ HSPCs are Heterogenous

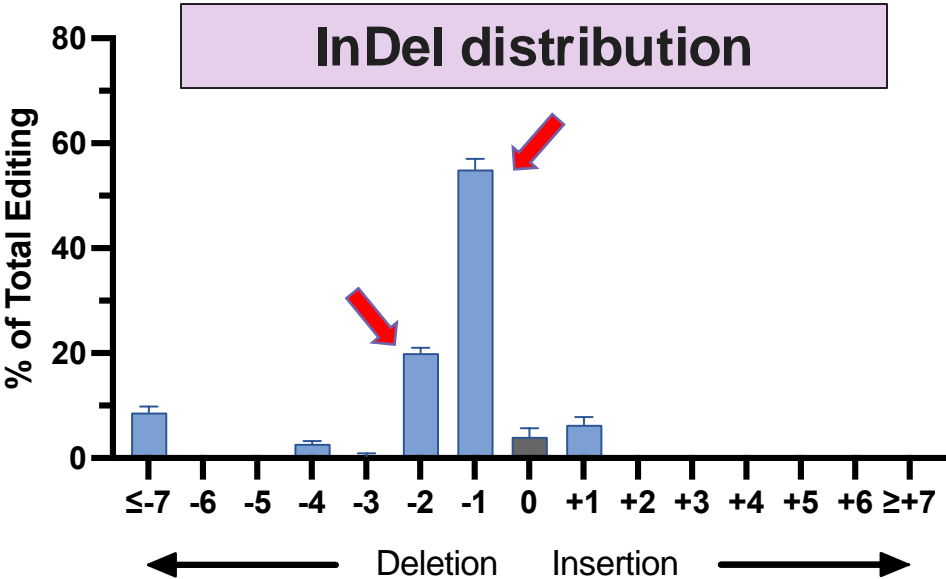
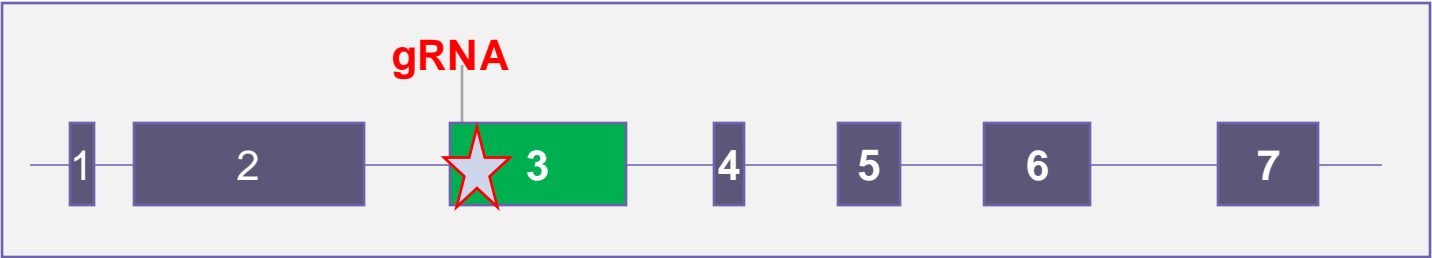


True LT-HSCs (~1/20,000 WBC)

- Extremely small population
- Poorly defined
- Difficult to identify
- Impossible to purify
- Do not proliferate
- Differentiate easily, losing stemness
- Delicate, difficult to manipulate



Molecular Mechanism of CD33 KO: Single guide NHEJ: Formation of a Premature STOP

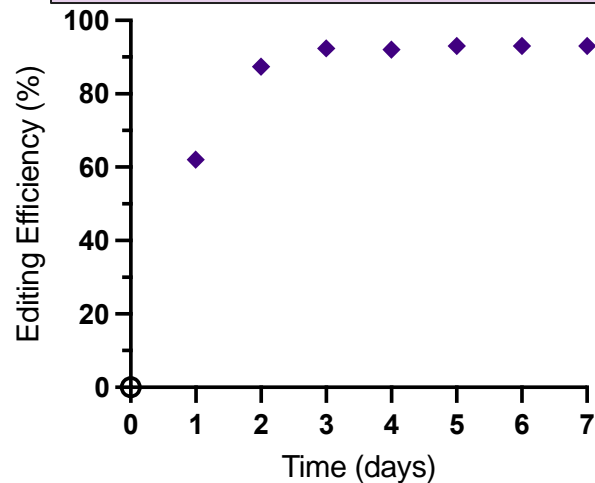


Impact on ORF				
INDEL	Frequen- cy %	DNA Sequence (gRNA + PAM) ± 5nt	Amino Acid Change	Consequence
0	4 ± 2	TTTCTCCTCACTAGACTTGACC CACAGGCCCAA	Full length	Full length
-1	55 ± 2	TTTCTCCTCACTAGACTTGACC -ACAGGCCCAA	His143Pro	Ter10
-2	20 ± 1	TTTCTCCTCACTAGACTTGAC -ACAGGCCCAA	His143Glu	Ter26
+1	6 ± 2	TTTCTCCTCACTAGACTTGACCCACAGGCCCAA	His143Pro	Ter27

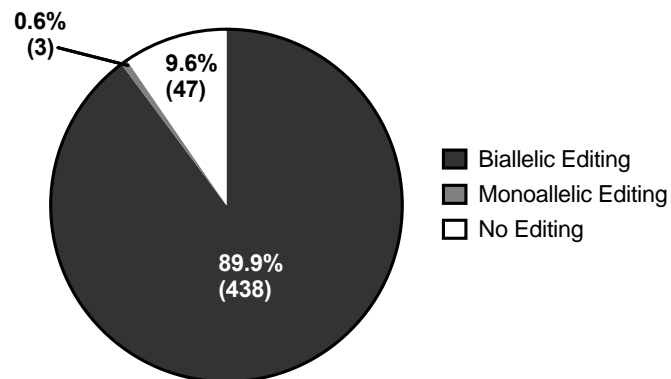


Molecular Characterization of CD33 KO HSPCs:

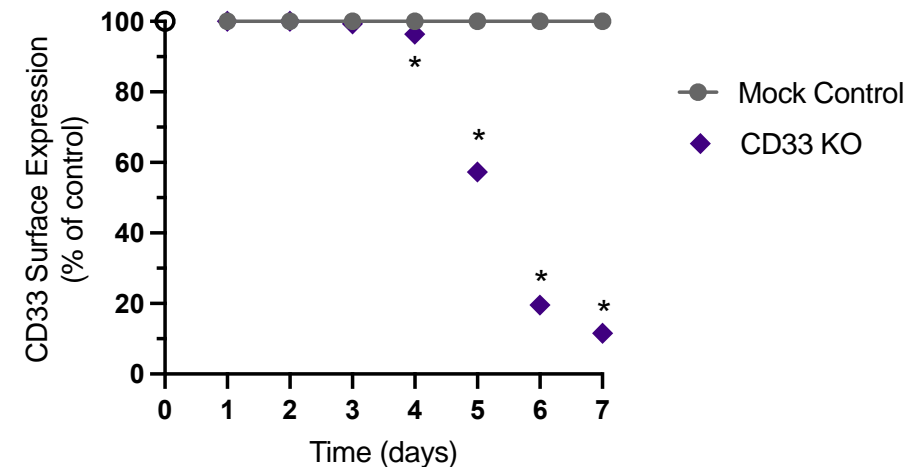
~90% Bulk CD33 Editing



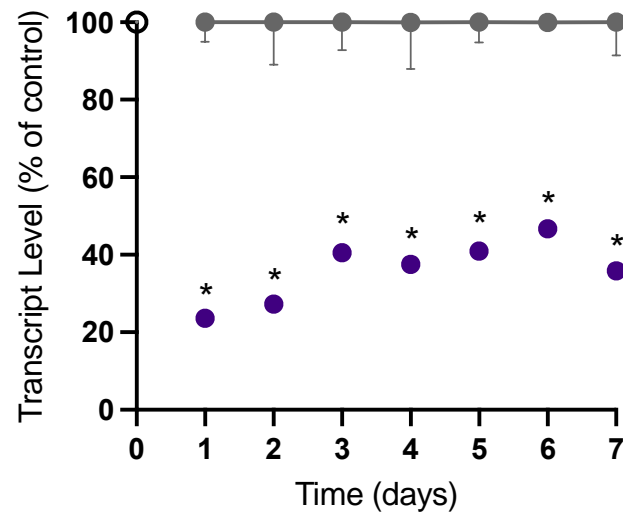
~90% Bi-allelic Editing



Loss of CD33 surface expression



Loss of CD33 transcript in AML cell line



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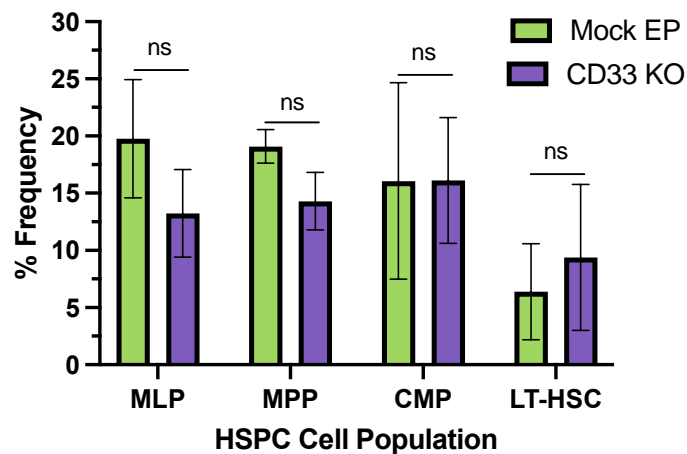
Pre-clinical investigation:

Is CD33 Dispensable for Human HSPC Biology?

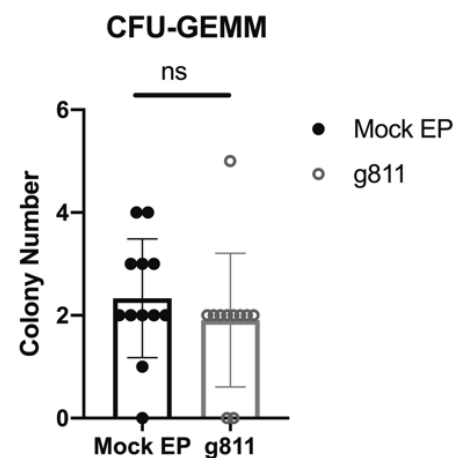
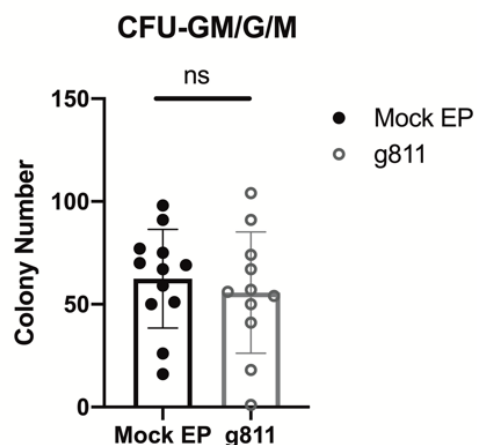
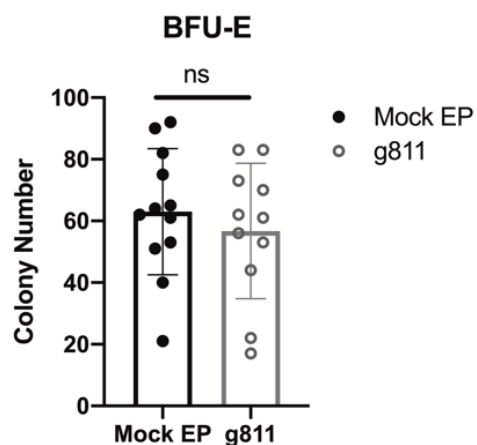
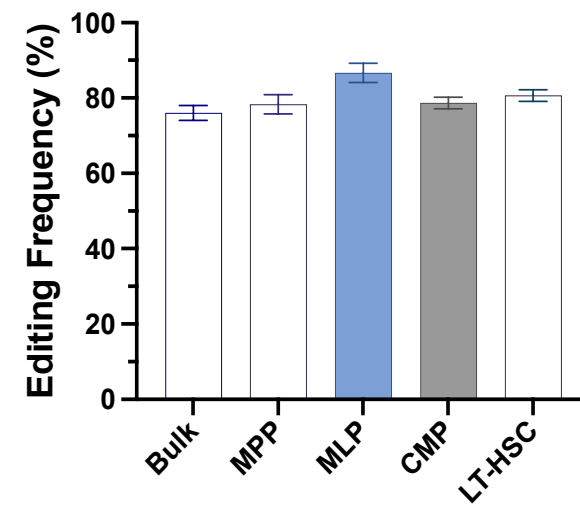


No impact of CD33 loss on Human Hematopoietic Progenitors (*in vitro*)

No impact of CD33 KO on HSPC Sub-pop Distribution



High Editing in all Sorted HSPC Sub-pops

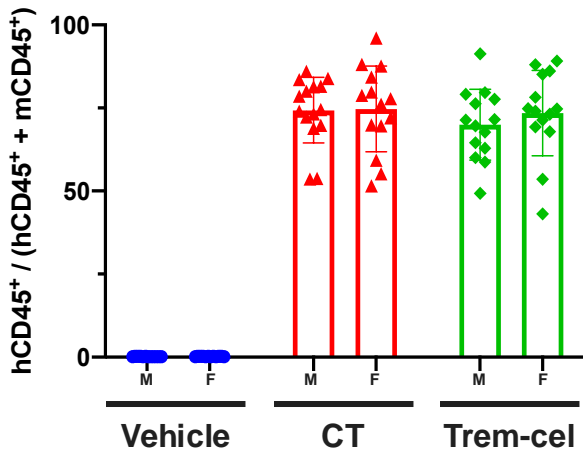


In vivo pre-clin Pharmacology and Safety Results of Trem-Cel: A xeno-transplant study:

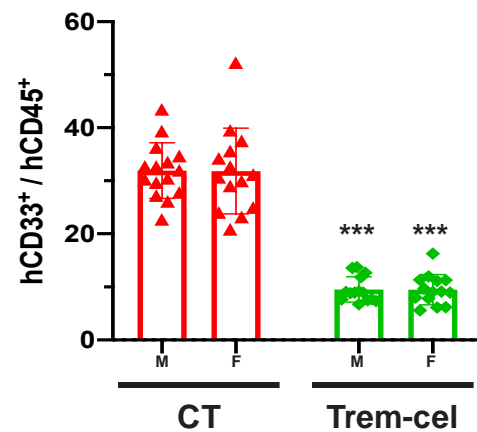


- Long-term engraftment
- Multi-lineage differentiation
- Sustained CD33 Editing in the Bone Marrow

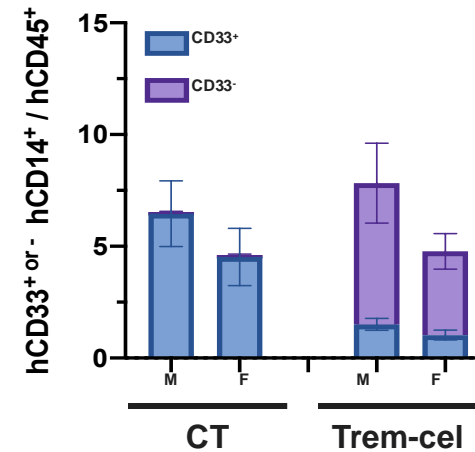
No change in
Total Human Chimerism (% hCD45)



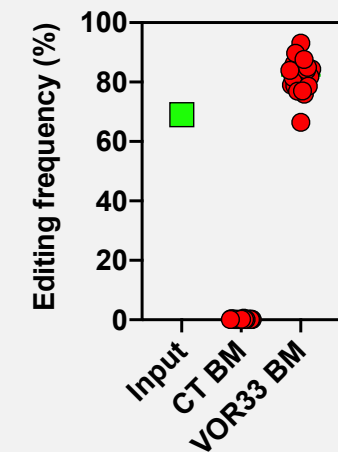
Reduction of CD33⁺
Myeloid Cells



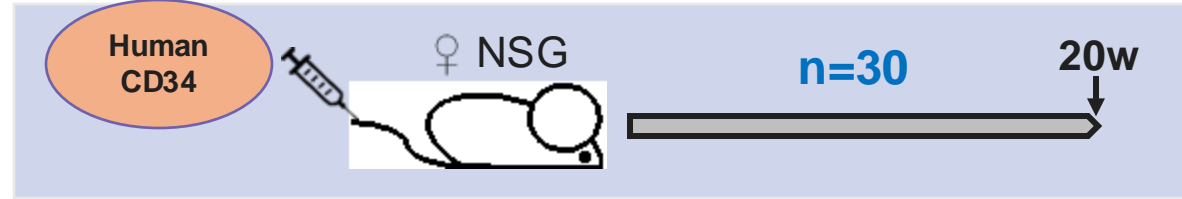
Loss of CD33 from
CD14⁺ Monocytes



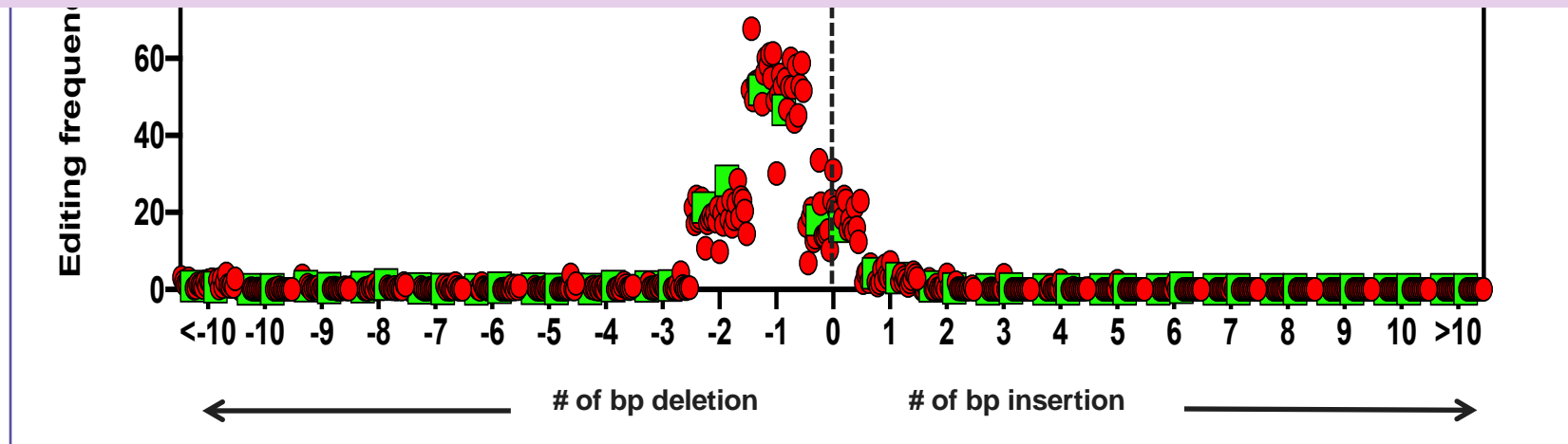
Long-term (20W) persistence
of Bulk Editing in all mice



Pre-clin Pharmacology and Genetic Safety Results of Trem-Cel: The InDel spectra:



- Individual Indels consistent with input drug-product in all 30 animals
- No counter selection
- No preferential clonal out-growth

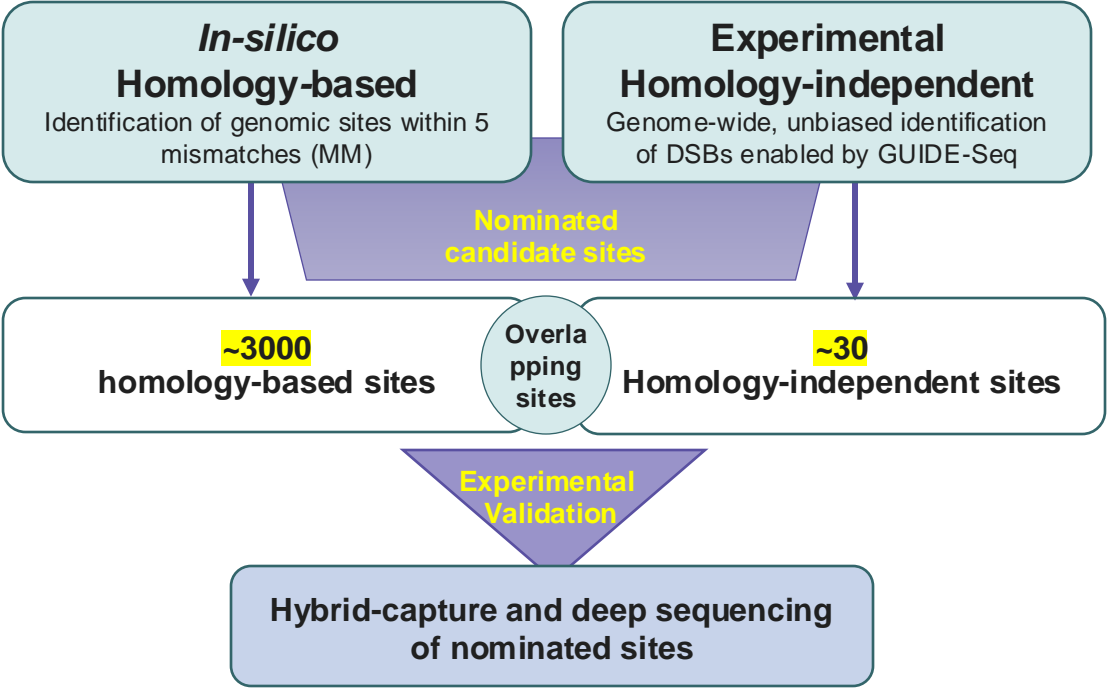




Pre-clin Pharmacology and Safety Results of Trem-Cel:

No adverse events observed in the GLP-Safety study

No off-target concerns



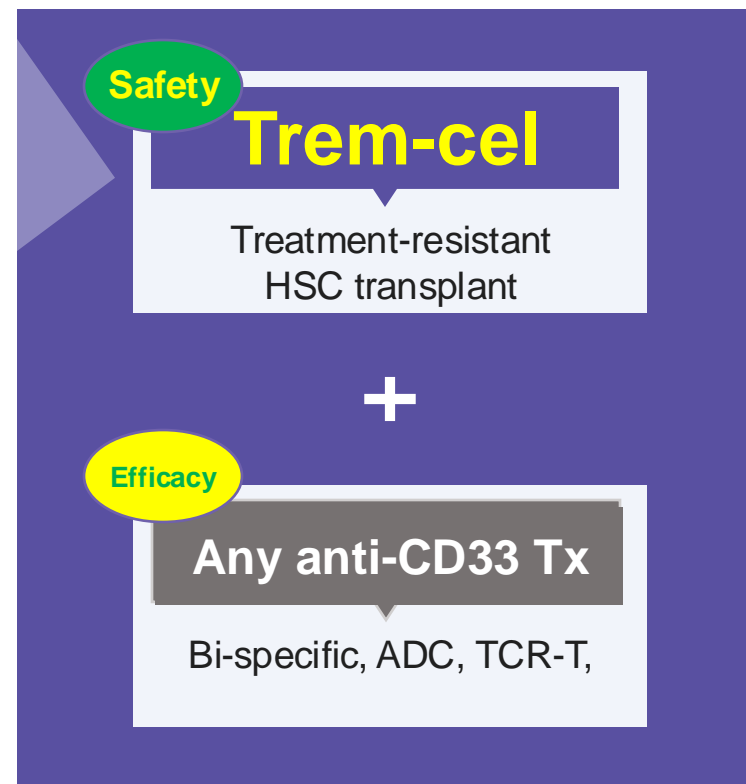
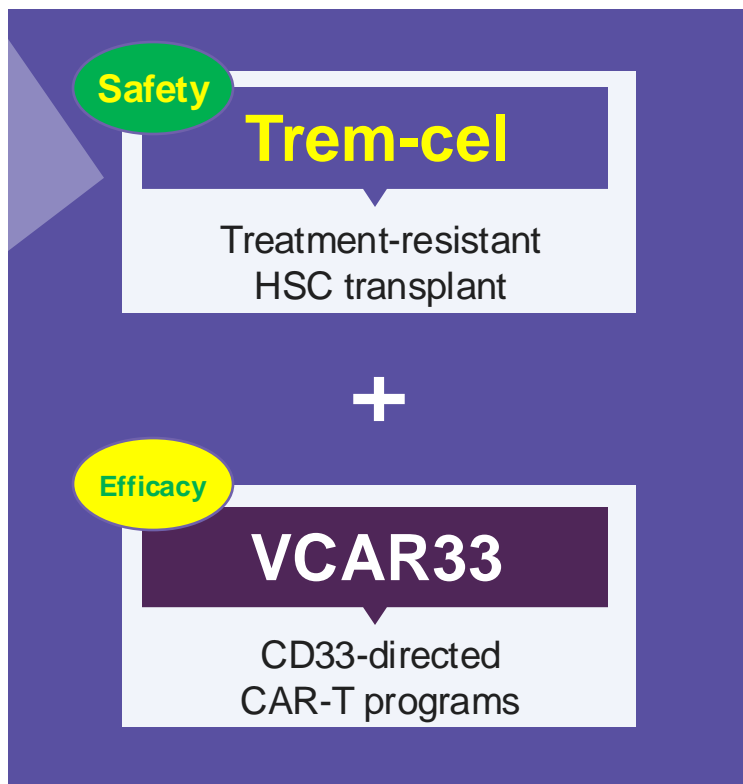
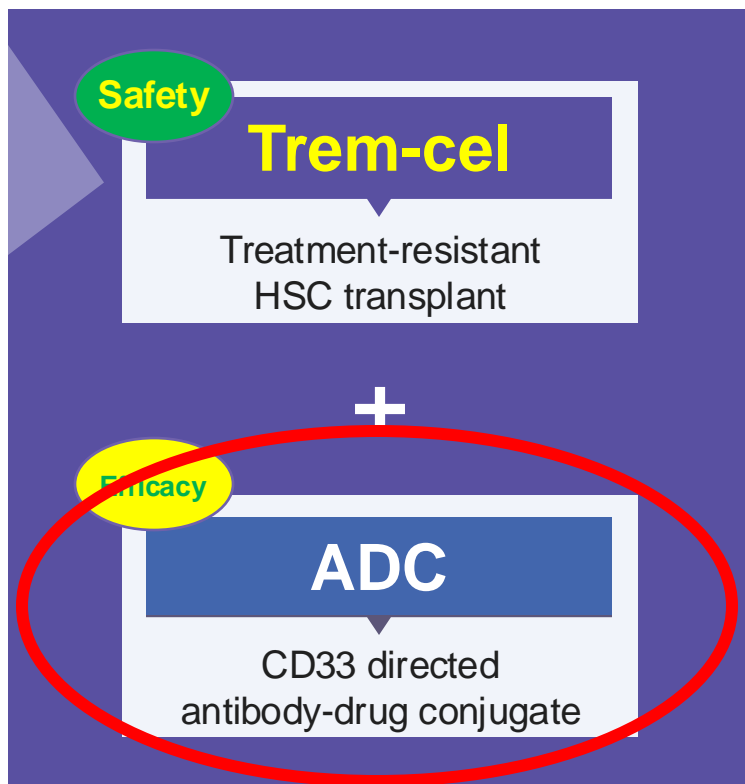


Trem-cel:

a CD33 KO Hematopoietic Transplant



The Vision: Trem-cel Can improve Tx index in Multiple Combinations

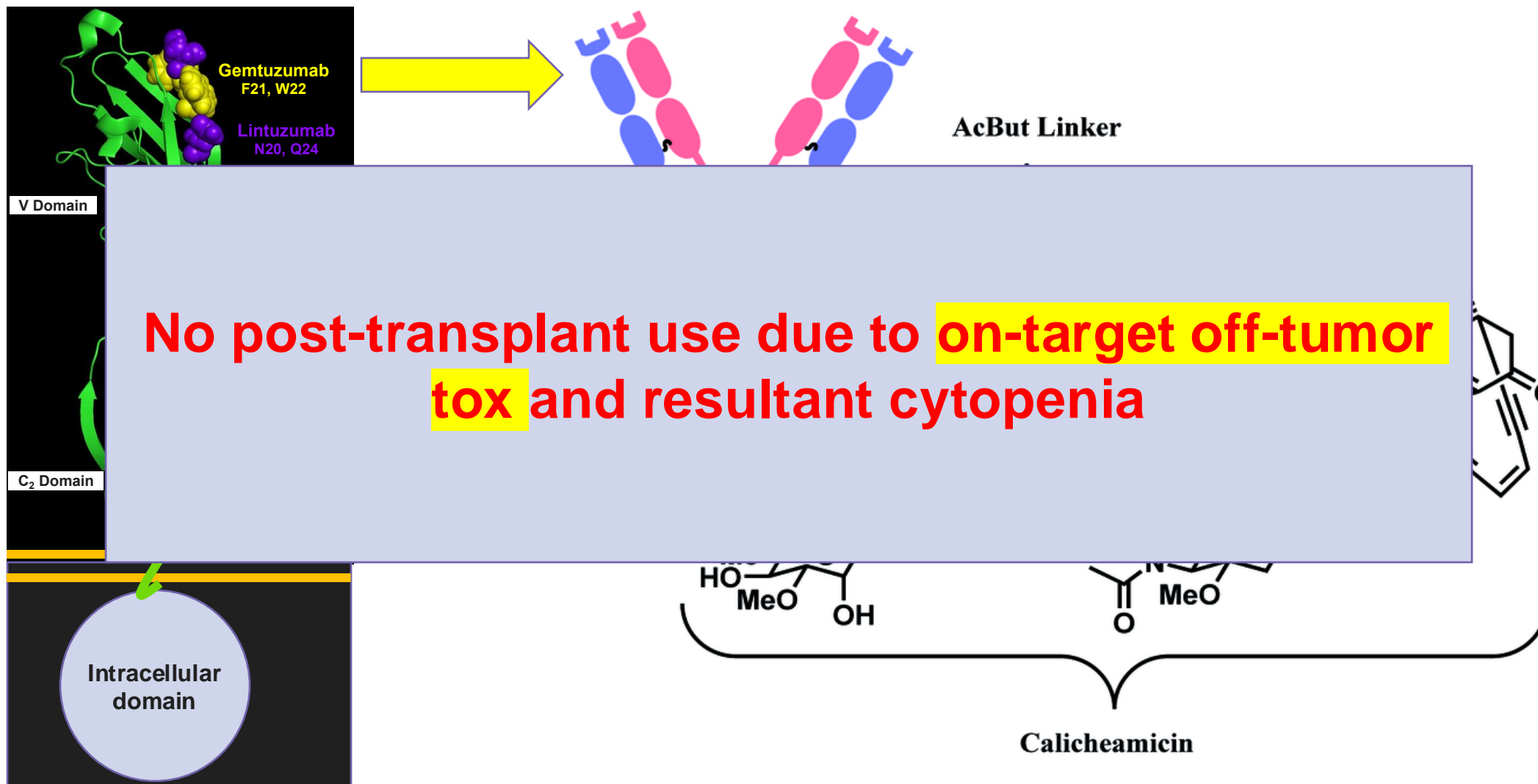




Shielding of trem-cel from CD33 directed Antibody Drug Conjugate Mylotarg (GO)

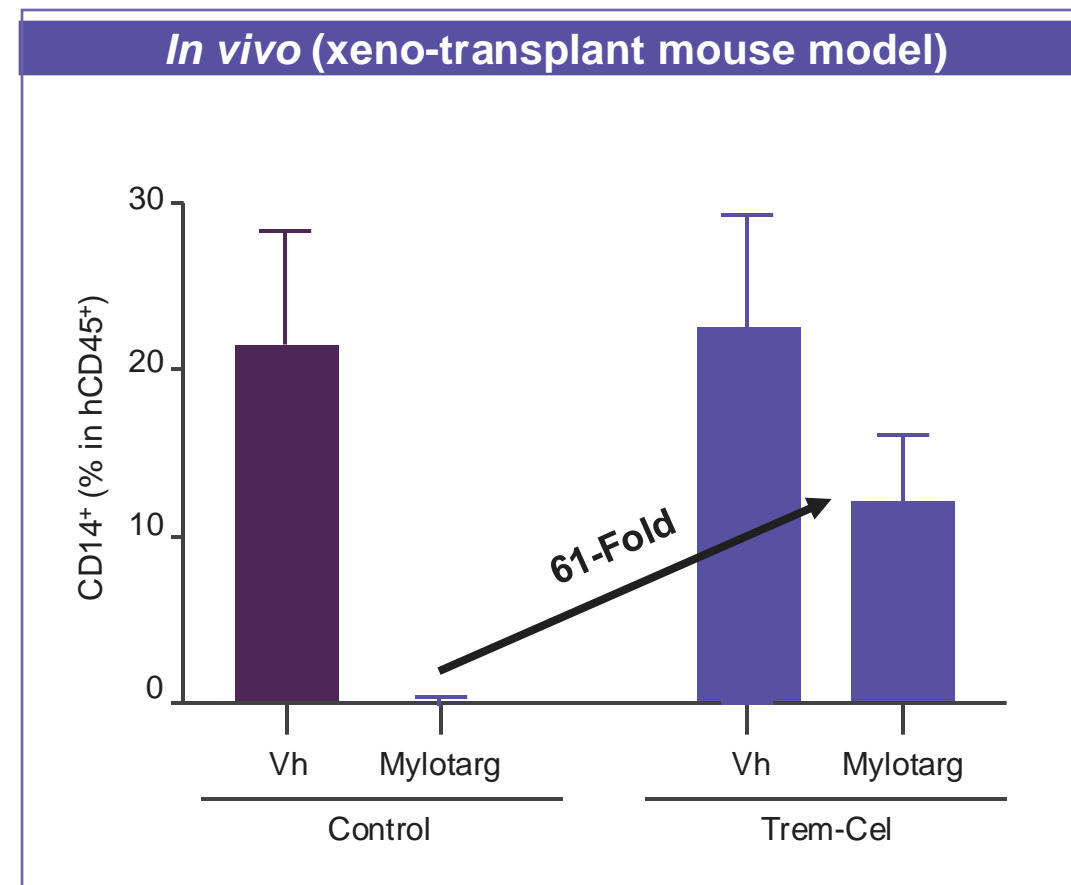
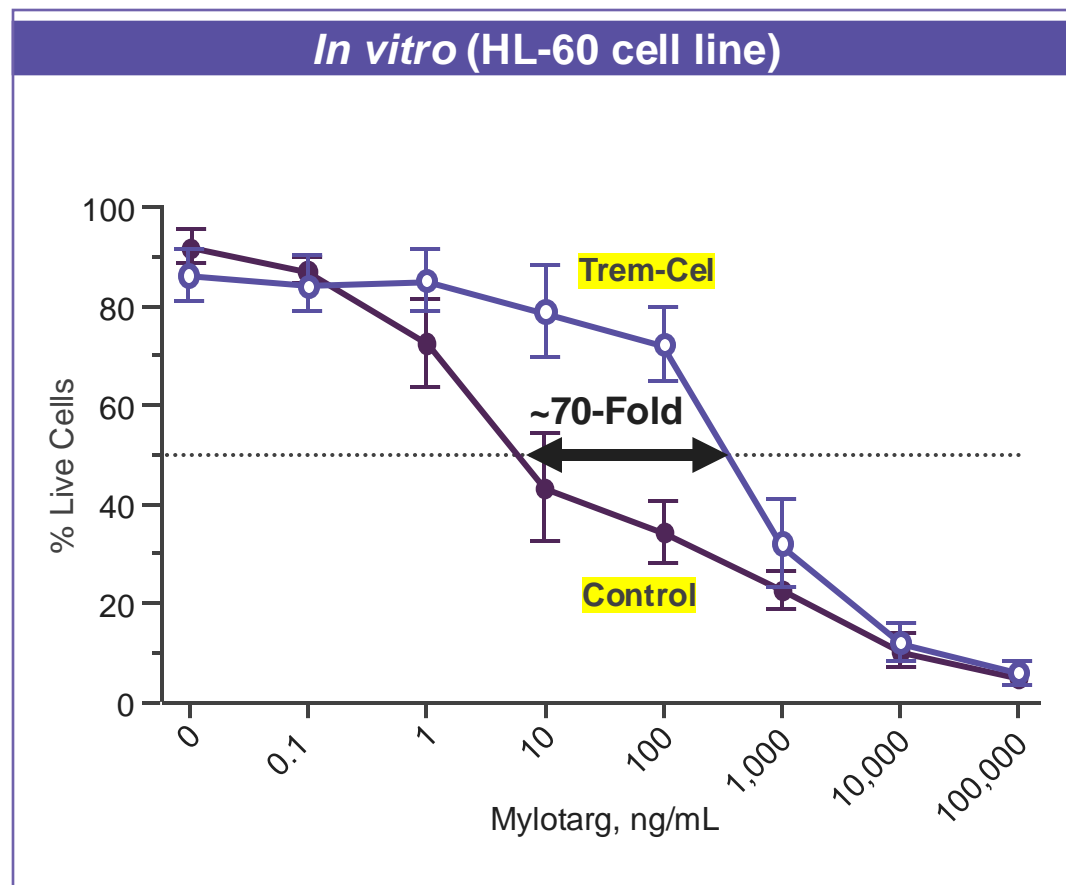


CD33 directed ADC: Gemtuzumab Ozogomycin (GO) or Mylotarg





Pre-clinical: Trem-cel is **Resistant to Mylotarg**



- Engineered cells were not enriched for CD33 deletion and some cell death was expected based on residual CD33 expression
- Free calicheamicin dissociated from Mylotarg may have led to non-specific cell death



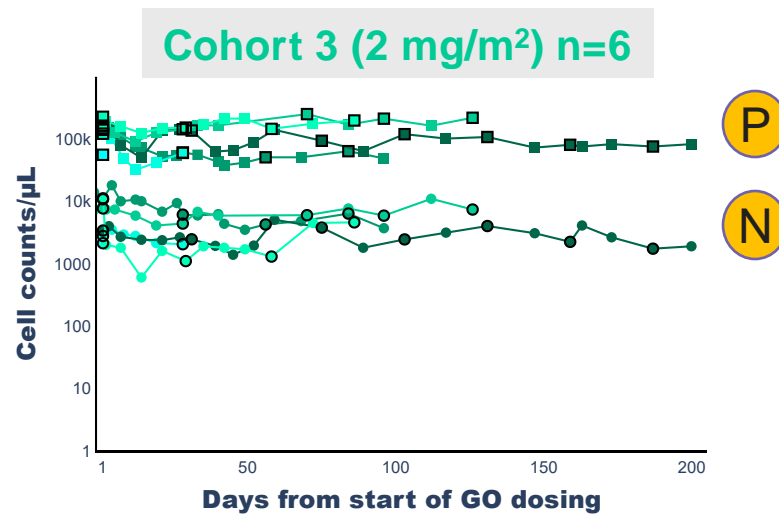
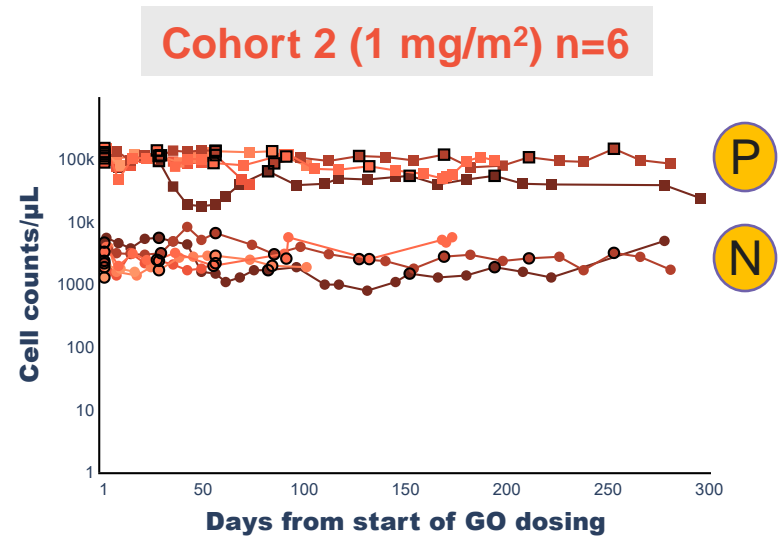
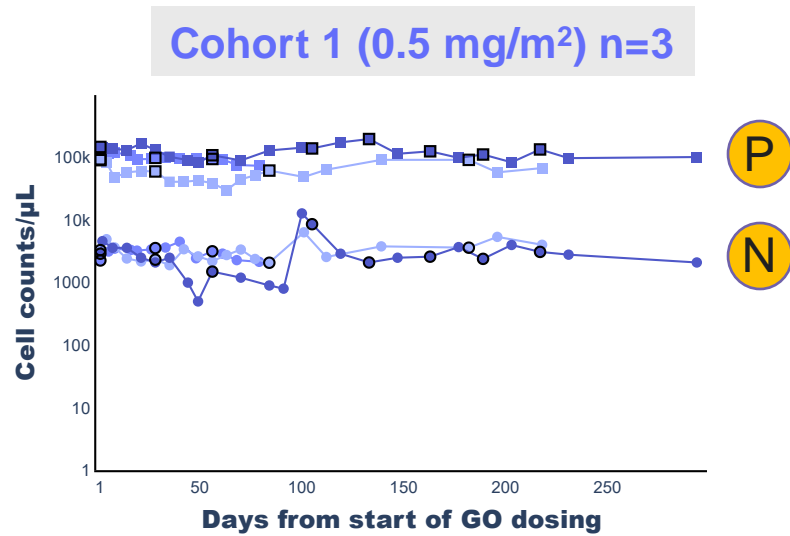
Results from **VBP101**

An ongoing Phase I/II trial

trem-cel transplanted AML patients treated with
Mylotarg in maintenance setting

Engraftment, hematologic protection and
Relapse-Free Survival

Trem-cel Provides Hematologic Protection upon Mylotarg Dosing



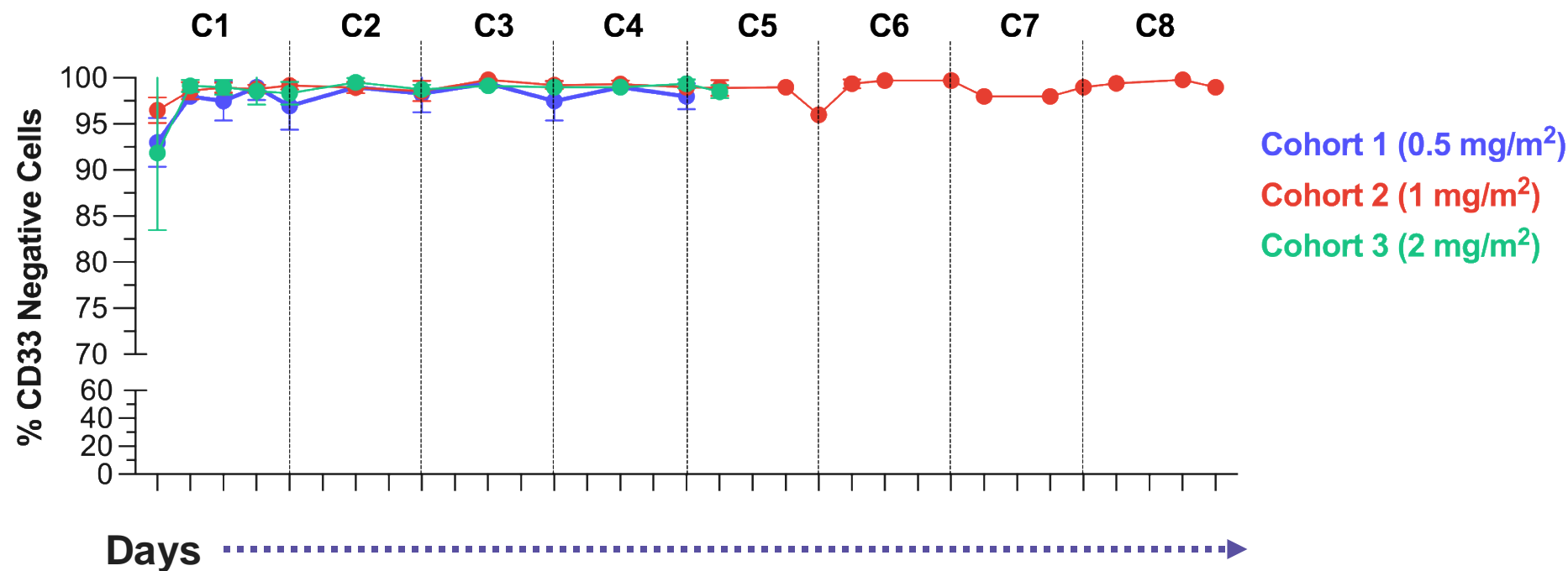
P Platelet

N Neutrophil



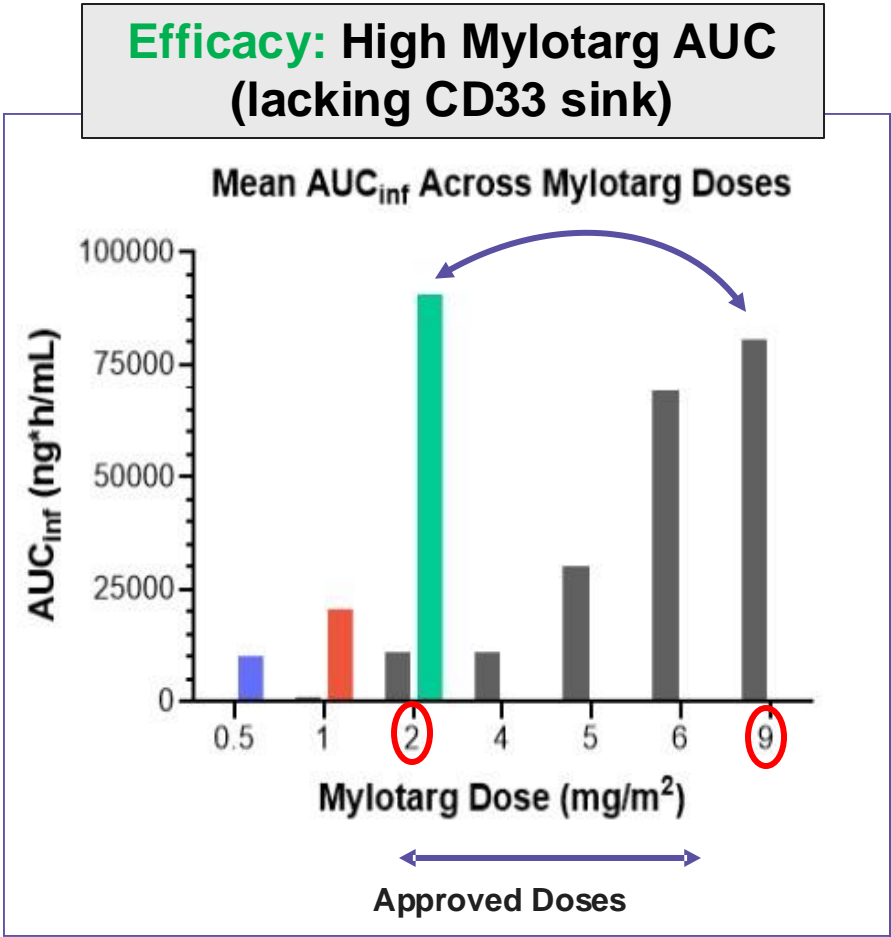
Trem-cel treatment leads to Enrichment and maintenance of **CD33-negative** Myeloid Cells upon GO Dosing

CD33 Expression During Mylotarg Cycles
(Myeloid Cells - Peripheral Blood)





Mylotarg is efficacious (AUC) and safe (C_{max}) in CD33-null trem-cel Setting even at the highest dose used in VBP101

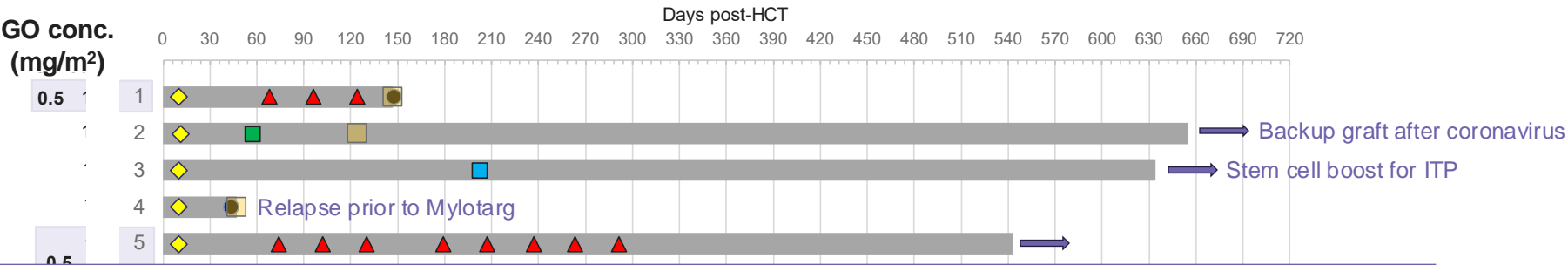


First dose Mylotarg (GO) exposure (AUC_{inf}) (Left panel) and C_{max} (right panel) compared to first dose Mylotarg PK values in R/R AML patients (FDA ODAC 2017)

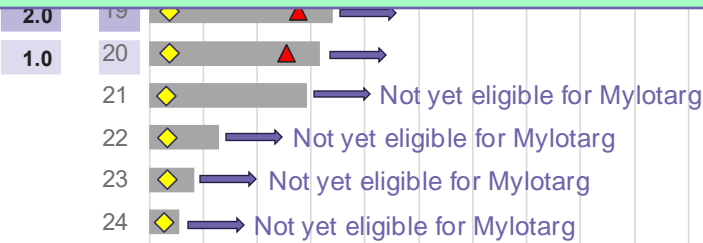
Note: some AUC_{inf} values may fall outside 20 percent extrapolation.



Trem-cel transplanted patient courses:



- Neutrophil and platelet engraftment and full donor chimerism in 24/24 trem-cel patients
- 13/15 mylotarg treated trem-cel patients are relapse free



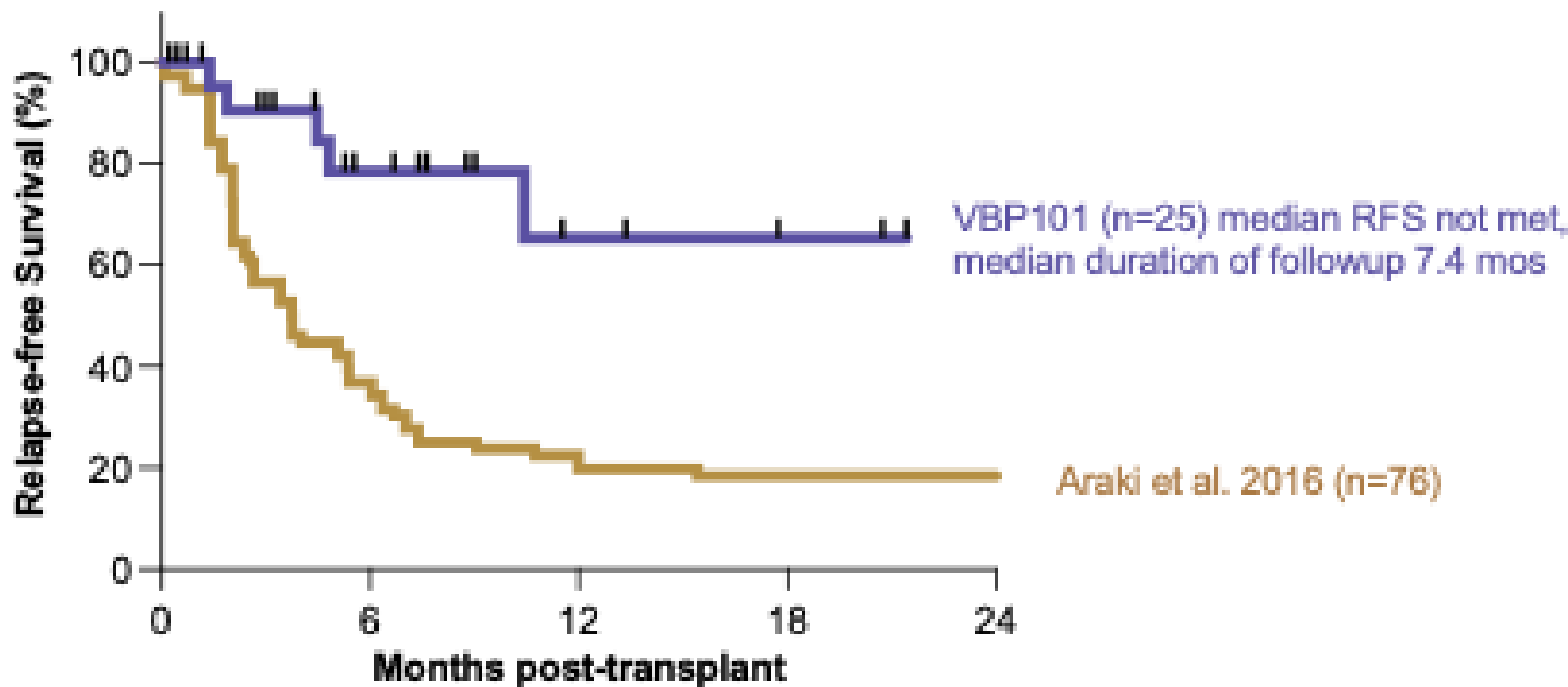
CD34 boost

Relapse

End of study



Relapse-free Survival of VBP101 patients compared to SoC Allo transplant



*Data not from head-to-head trial.





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