







## **Presentation of current protocols**

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## **Conflict of interest disclosure**

• Honoraria: Therakos/Mallinckrodt, Janssen, Sanofi, JAZZ pharmaceutical, Astellas, Biocodex, Novartis, Gilead, BMS

# ARES Study, a pivotal Phase 3 clinical trial investigating MaaT013 in aGvHD

### ARES, a pivotal study to treat GI-aGvHD





International study incl. **6 to 8 countries**— up to 50 reference centers



**Pivotal single arm trial** of MaaT013 as 3rd line (steroid- & ruxolitinib-refractory patients)



29 months total duration



Up to one year follow-up



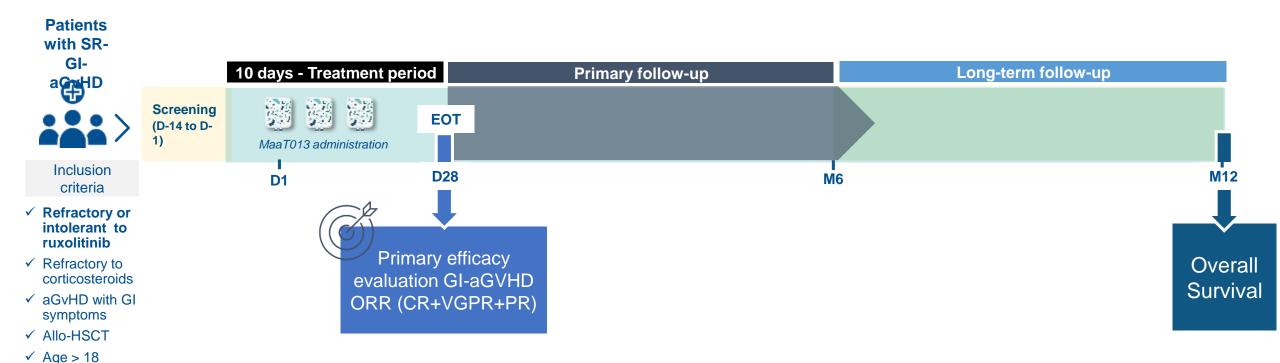
Est. 75 patients



First patient treated in March 2022 in Spain

- Countries with active sites (France, Spain, Germany)
- Additional countries opening soon (Italy, Belgium, Austria)

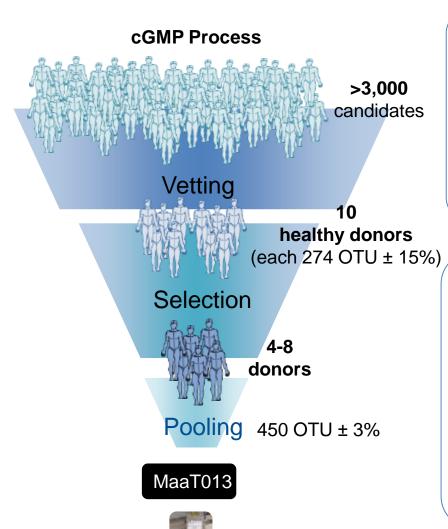
## ARES, a pivotal Phase 3 trial to treat aGvHD in 3rd line



#### Abbreviations:

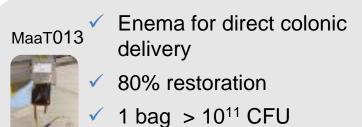
- D: Day, M: Month, EOT: End of treatment
- SR-GI-aGvHD: Steroid-refractory gastro-intestinal acute Graft-versus-Host Disease
- ORR: Overall Response Rate; CR: Complete Response; VGPR: Very Good Partial Response; PR: Partial Response

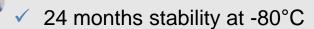
## **MaaT013 Full Ecosystem Therapeutics**

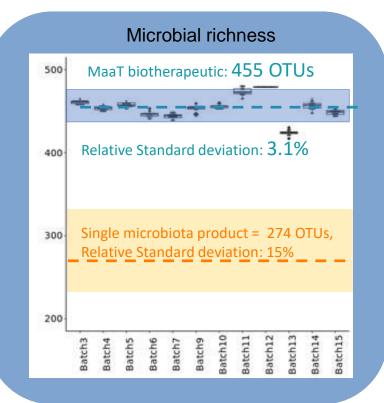


- ✓ Strict screening tests based on European consensus recommendations, ANSM guidelines and discussions with national regulatory agencies
- ✓ Sars-cov2 detection

- Full Ecosystem biotherapeutics
- ✓ Standardized, off-the shelf
- High, consistent richness and diversity
- Preserved Butycore (patented cryoprotectant)
- Manufactured under cGMP conditions







### **ARES** objectives



#### **Primary: Evaluation of treatment response**

MaaT13 efficacy evaluation assessed by the ORR (CR, VGPR and PR) of Gl-aGVHD response at Day 28

#### **Secondary - SAFETY**

**Overall Safety Assessment** 

- AEs
- SAEs
- Laboratory abnormalities

#### **Secondary - EFFICACY**

- ORR for GI and all organs up to M3
- Duration of response
- Overall survival, Progressionfree survival
- Incidence of chronic GvHD
- Quality of life

#### **Secondary - EXPLORATORY**

- MaaT013 activity on immune markers
- Resource utilization evaluation

#### Inclusion / exclusion criteria





- Age ≥ 18 years old
- Allo-HSCT with any type of donor, stem cell source, GVHD prophylaxis or conditioning regimen.
- Acute GvHD episode with GI involvement per MAGIC guidelines (= grades II to IV), with or without involvement of other organs (Harris, Young, et al. 2016).
- Patients resistant to steroids AND either resistant to OR with intolerance to ruxolitinib
- Signature of informed and written consent

- Known hypersensivity to vancomycin or to any of the excipients listed in SmPC
- CMV colitis
- Other systemic drugs than CS and Ruxolitinib for GVHD treatment
- Grade IV hyper-acute GVHD (MD Anderson's criteria)
- Overlap chronic GVHD (NIH Consensus Criteria)
- Relapsed/persistent malignancy requiring rapid immune suppression withdrawal
- Liver stage 4 and/or skin stage 4 aGvHD
- Active uncontrolled infection according to the attending physician
- Severe organ dysfunction unrelated to underlying GvHD
- Current or past veno-occlusive disease or other uncontrolled complication unless otherwise agreed in writing by the sponsor
- Absolute neutrophil count <500/µL</li>
- Absolute platelet count < 10 000/µL,</li>
- Patient with negative IgG EBV serology
- Current or past evidence of toxic megacolon, bowel obstruction or gastrointestinal perforation
- Any condition that would, in the investigator's judgment, interfere with full participation in the study
- Known allergy or intolerance to trehalose or maltodextrin
- Vulnerable patients
- Pregnancy; lactation; absence of contraceptive method
- Other ongoing interventional protocol that might interfere with the current study primary endpoint

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## **Secondary objectives**

1 Safety	2 Efficacy	3 Exploratory
Safety and tolerability: Incidence of AEs, treatment-emergent AEs (TEAEs), Serious Adverse Events (SAEs), deaths, and laboratory abnormalities related to MaaT013, NCI-CTCAE v5.0., and results from physical examination from D1 to M6.	<ul><li>Evaluation of ORR for GI at D56 and M3</li><li>Evaluation of ORR for all organs at D28, D56 and</li></ul>	MaaT013 activity on immune markers evaluation
	<ul> <li>M3</li> <li>Evaluation of the best ORR (for GI and all organs) achieved between D0 and D28</li> </ul>	Resource utilization evaluation
	Duration of response assessment	
Evaluation of safety from Month 6 to M12: Incidence of SAEs and key events	Overall survival (OS) assessment	
	Progression-free survival (PFS) assessment	
	Time to progression assessment	
	Steroid-free survival assessment	
	Evaluation of the frequency of patients that tapered off CS	
	Measurement of the incidence of chronic GvHD	
	<ul><li>Evaluation of changes in patient reported outcomes (PROs)</li></ul>	