



Recent Advances In Antibody Drug Conjugates

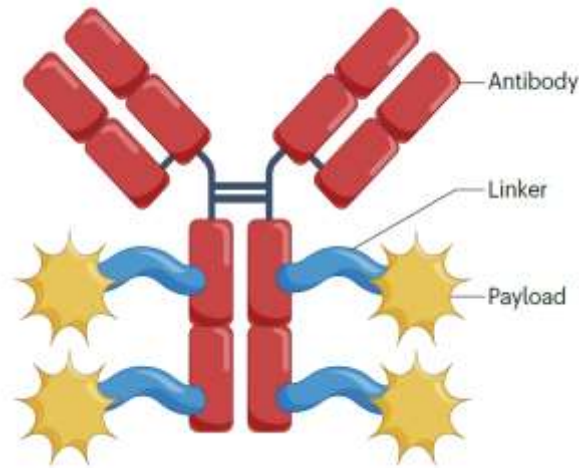
Michael Seganish

CDDF 2025

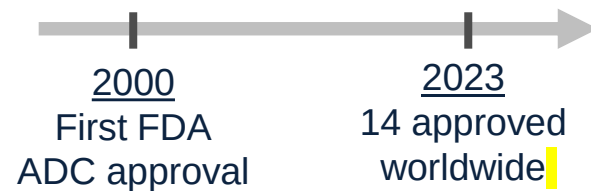
31 March 2025

Antibody Drug Conjugates and Potential Mechanisms of Action

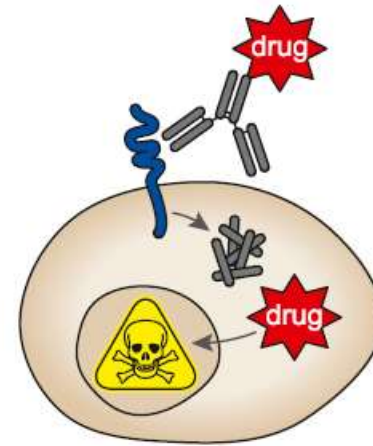
Principle: targeted payload delivery



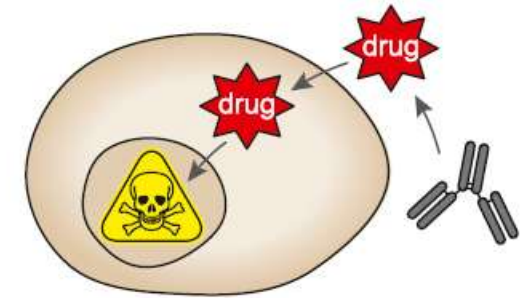
DAR: typically ranges from 0 to 8



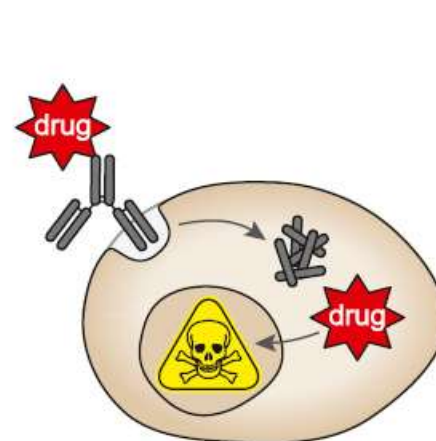
Possible mechanisms of ADC activity



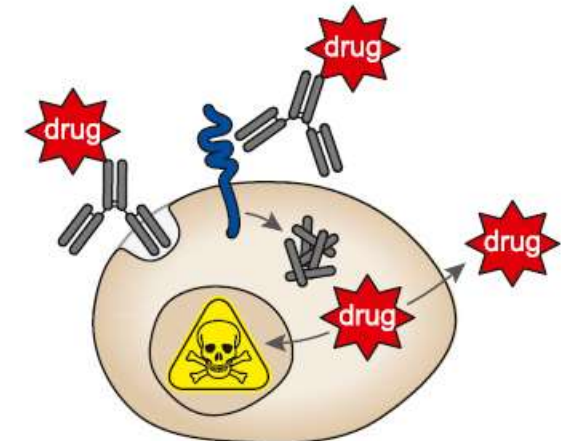
Target-dependent uptake and catabolism of ADC



Release of free drug by deconjugation of circulating ADC

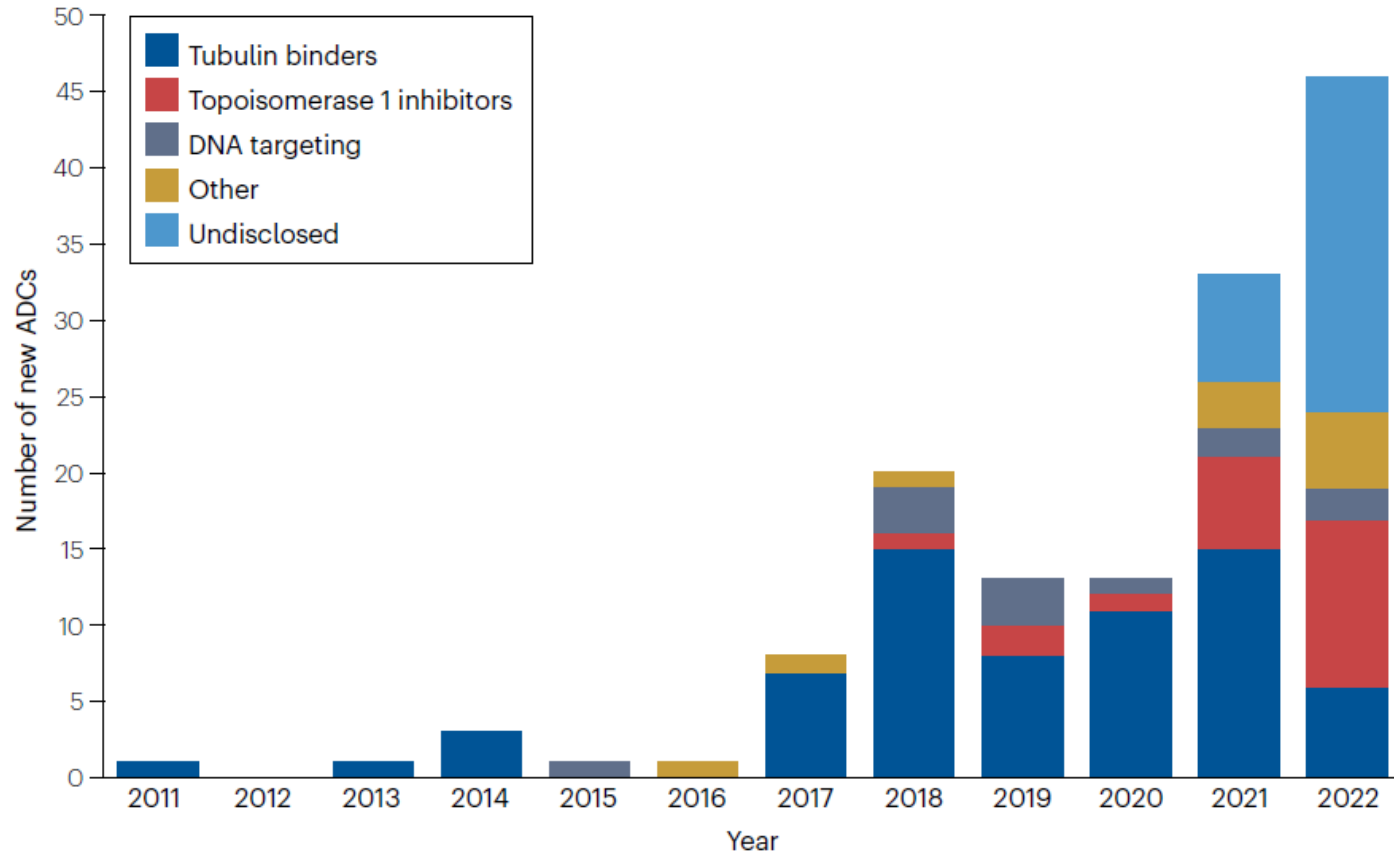


Target-independent uptake and catabolism of ADC



Release of free drug following catabolism of ADC ('bystander')

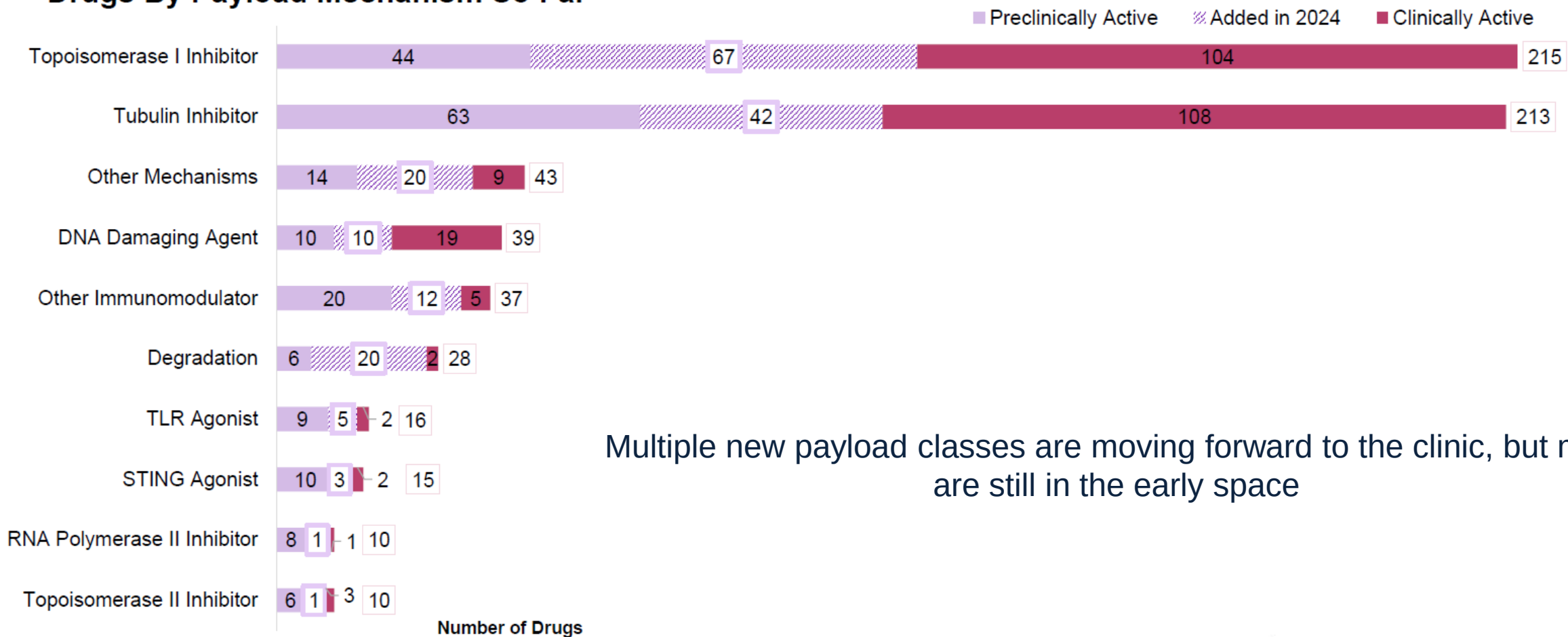
The Number of Clinical Stage ADCs Has Grown Dramatically



- Diversifying payloads is critical to the expansion of ADC indications, given that not all tumor types will be sensitive to a given type of payload.
- Diverse payload options enable options to overcome resistance

ADCs With Novel Payloads Are on the Horizon

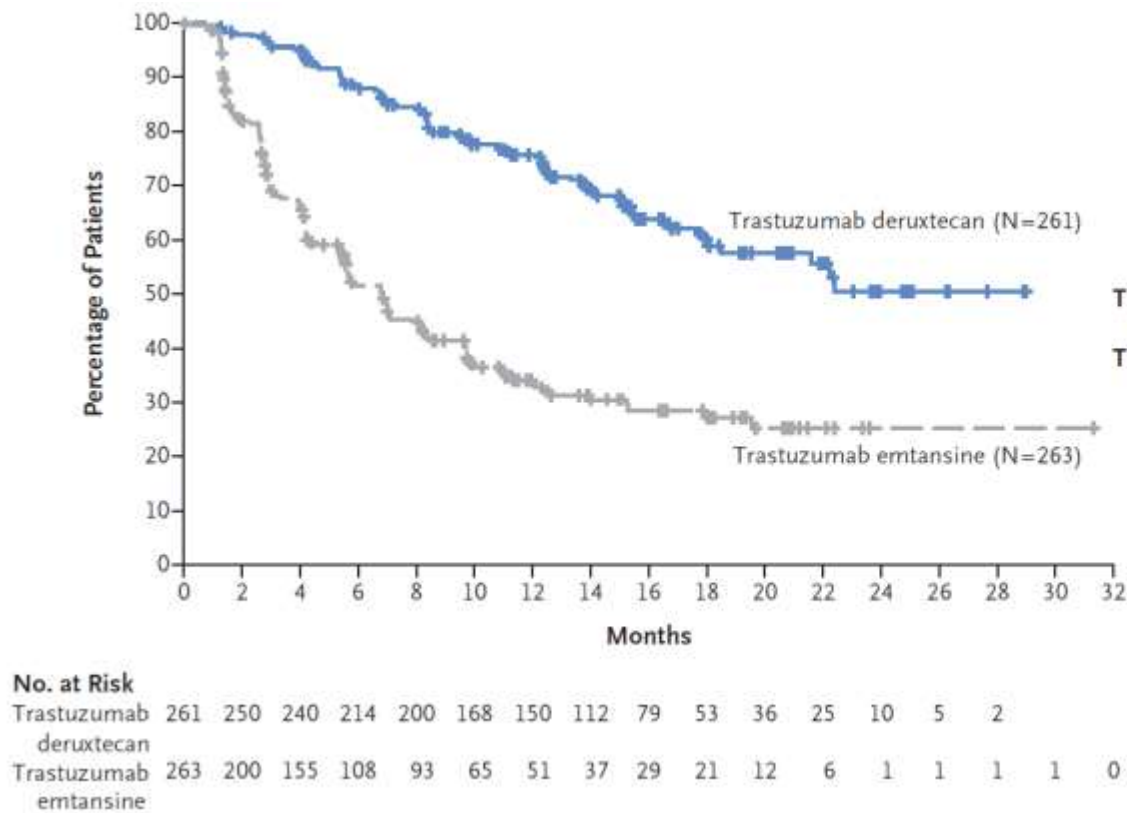
Drugs By Payload Mechanism So Far



Multiple new payload classes are moving forward to the clinic, but most are still in the early space

Selection of the Right Payload is a Critical Step

DESTINY-Breast03



	Median Progression-free Survival (95% CI) <i>mo</i>	12-Mo Progression-free Survival (95% CI) <i>%</i>
Trastuzumab Deruxtecan	NR (18.5–NE)	75.8 (69.8–80.7)
Trastuzumab Emtansine	6.8 (5.6–8.2)	34.1 (27.7–40.5)

Hazard ratio for disease progression
or death, 0.28 (95% CI, 0.22–0.37)
P<0.001

- Different payloads can have different effects on patient outcomes
- But issues with toxicity remain

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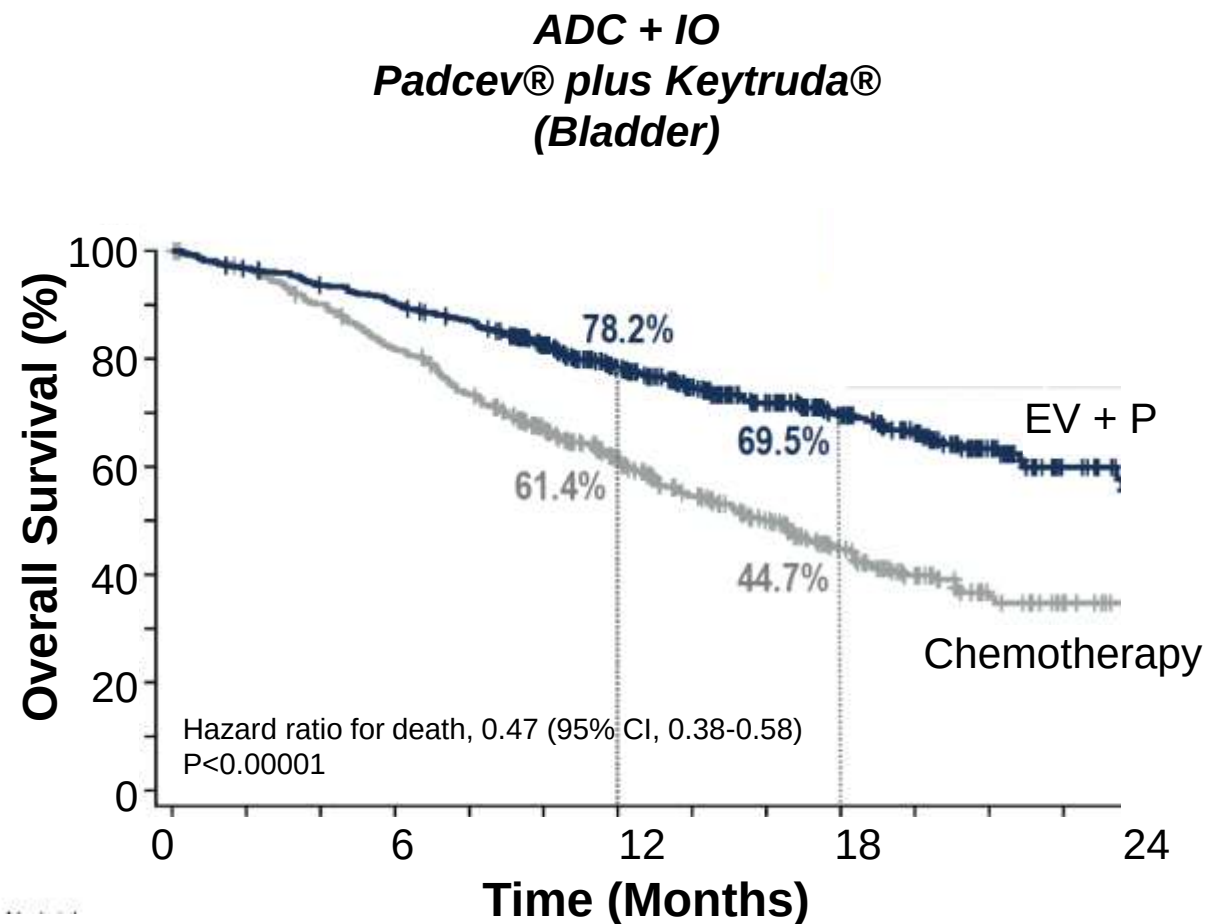
Journal of Cancer
2023; 14(14): 2644-2654. doi: 10.7150/jca.87169

Research Paper

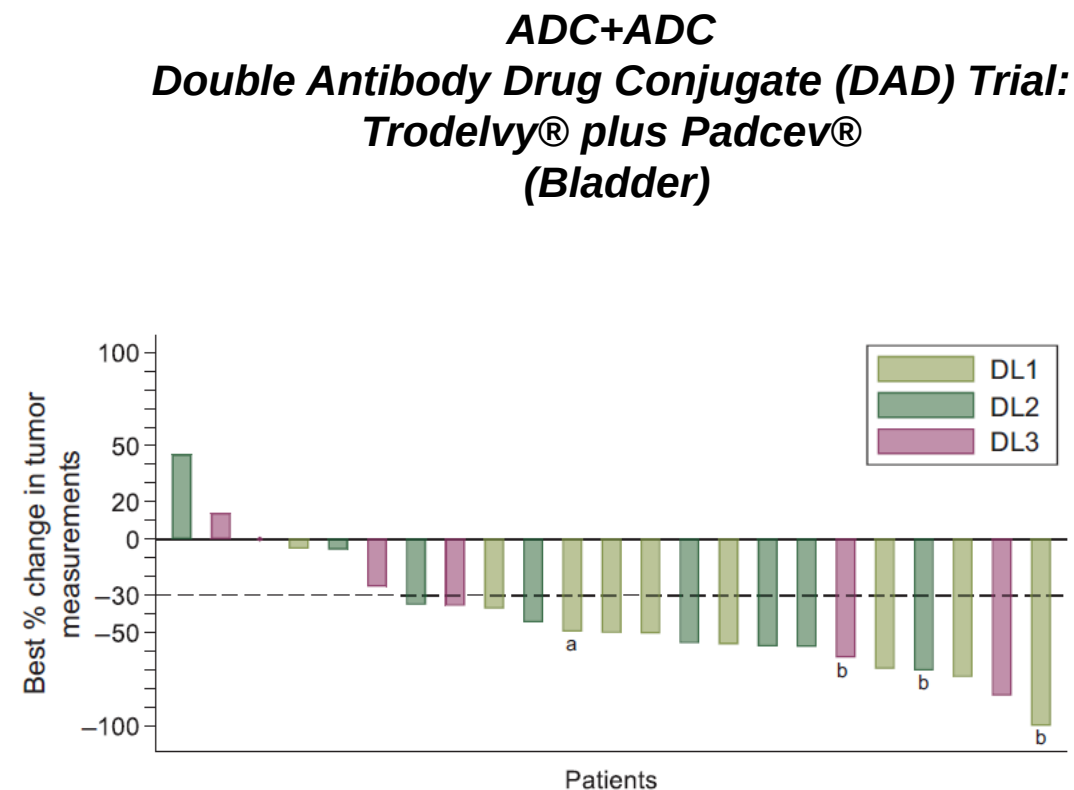
Doublet or Triplet Antiemetic Prophylaxis for Nausea and Vomiting Induced by Trastuzumab Deruxtecan: an Open-Label, Randomized, and Multicenter Exploratory Phase 2 Study

Hirotoishi Iihara^{1,2,3,4}, Mototsugu Shimokawa^{4,5}, Hiroko Bando⁶, Yoshimi Niwa⁷, Yutaka Mizuno⁸, Yoshihiro Kawaguchi⁹, Mika Kitahara¹, Akari Murakami¹⁰, Masaaki Kawai^{11,12}, Kazushige Ishida¹³, Makoto Takeuchi¹⁴, Kazuhiro Ishihara¹⁵, Tomokazu Iyoda¹⁶, Takumi Nakada¹⁷, Atsuko Ogiso¹⁸, Yasuyuki Kojima¹⁹, Fumiyoshi Kumagai²⁰, Aya Sawa²¹, Ryutaro Mori⁷, Kosuke Higuchi²², Tomoko Furuta²³, Yoshiaki Kamei¹⁰, Masami Tsuchiya²⁴, Azusa Terasaki²⁵, Senri Yamamoto¹, Mai Kitazawa⁸, Mai Okazaki²¹, Akio Suzuki^{1,25}, Manabu Futamura^{7,26}

Combination of ADCs With Other Agents Can Improve Response



US FDA applied a black box warning for peripheral neuropathy for the combination



70% ORR across dose groups
78% of patients experienced grade ≥ 3 AEs

ADC Toxicity: A Major Issue With Two Broad Causes

- In a meta-analysis of 169 ADC clinical trials (N=22,492):
 - Incidence of all-grade TRAEs was 91.2% (N=12,315), with grade ≥ 3 TRAEs observed in 46.1% of patients (N=11,204)

Off-target, off-tumor



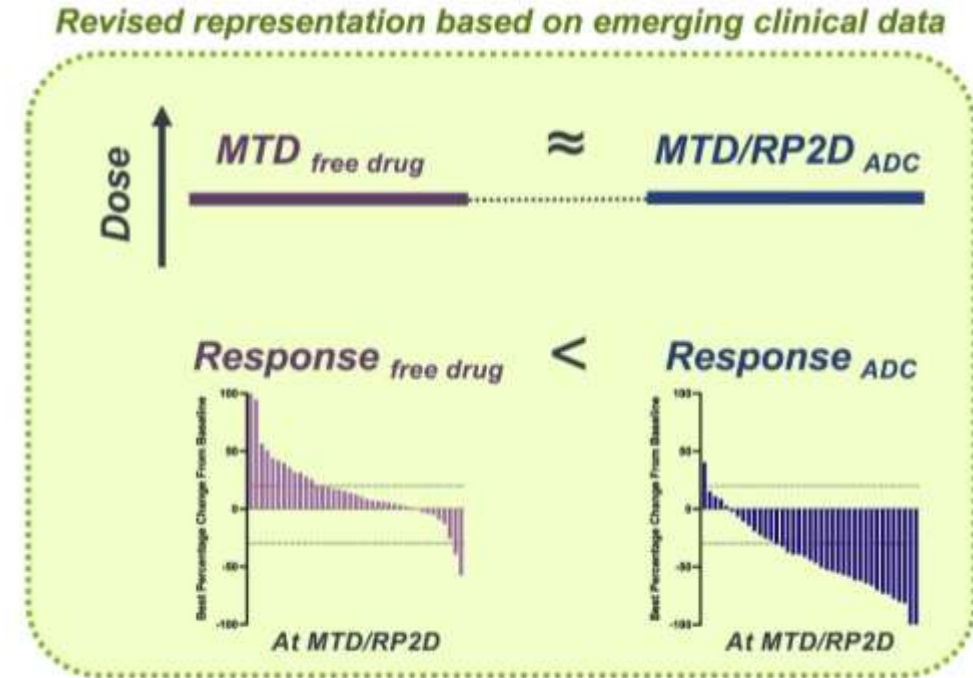
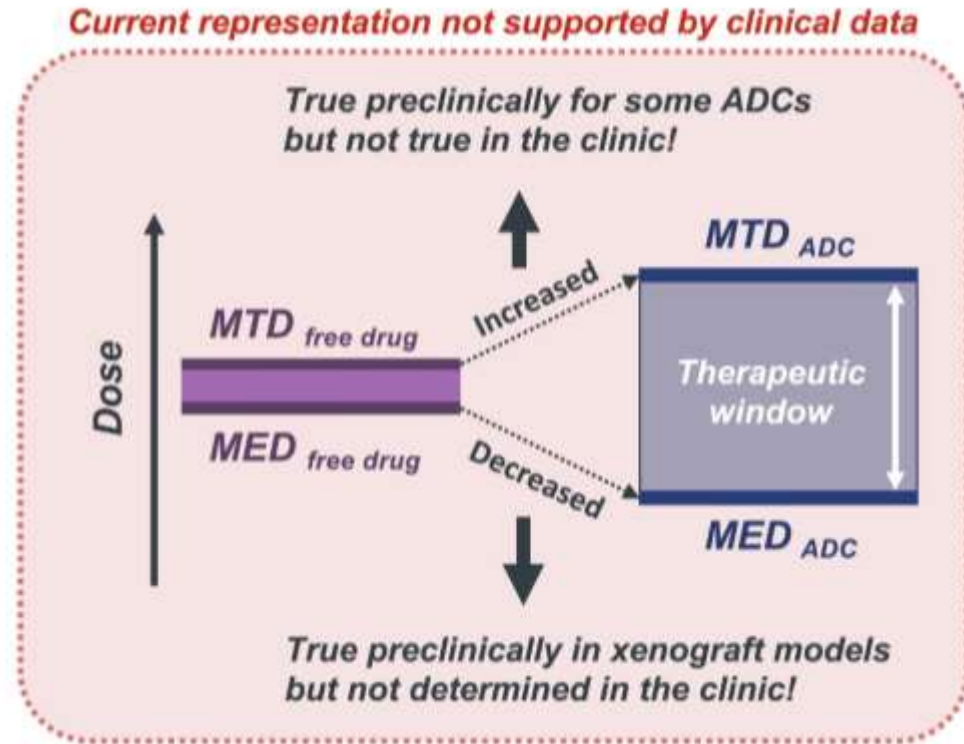
- Predominate toxicity profile of most approved ADCs
- Extent of off-target exposure of non-malignant cells to payload determines tolerability of the ADC
- Key mechanism potentially due to premature deconjugation of payload in systemic circulation and diffusion of free payload into extratumoral compartments

On-target, off-tumor



- Related to engagement of antibody with cognate antigen located in non-malignant tissues, resulting in accumulation of payload in non-malignant tissues expressing the ADC target
- ADCs with same payload and linker can differ in adverse effect profile due to on-target, off-tumor toxicities
- Ideal ADC target: differential antigen expression levels between tumor cell (ideally high expression) and non-malignant cells (ideally low or absent expression) to minimize on target toxicities

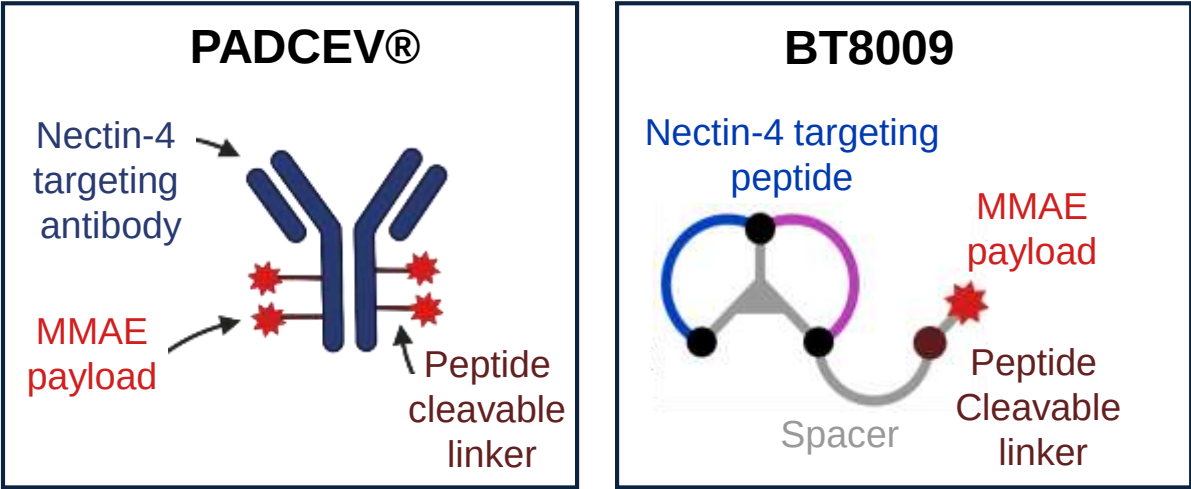
ADCs Improve Efficacy But Generally not MTD in the Clinic



Efficacy of Trodelvy® in TNBC (n=267): ORR of 31%
Efficacy of irinotecan + cetuximab in TNBC (n=11): ORR of 18%
**Not compared head-to-head*

*Will more stable linker-payloads and
ADCs change this paradigm?*

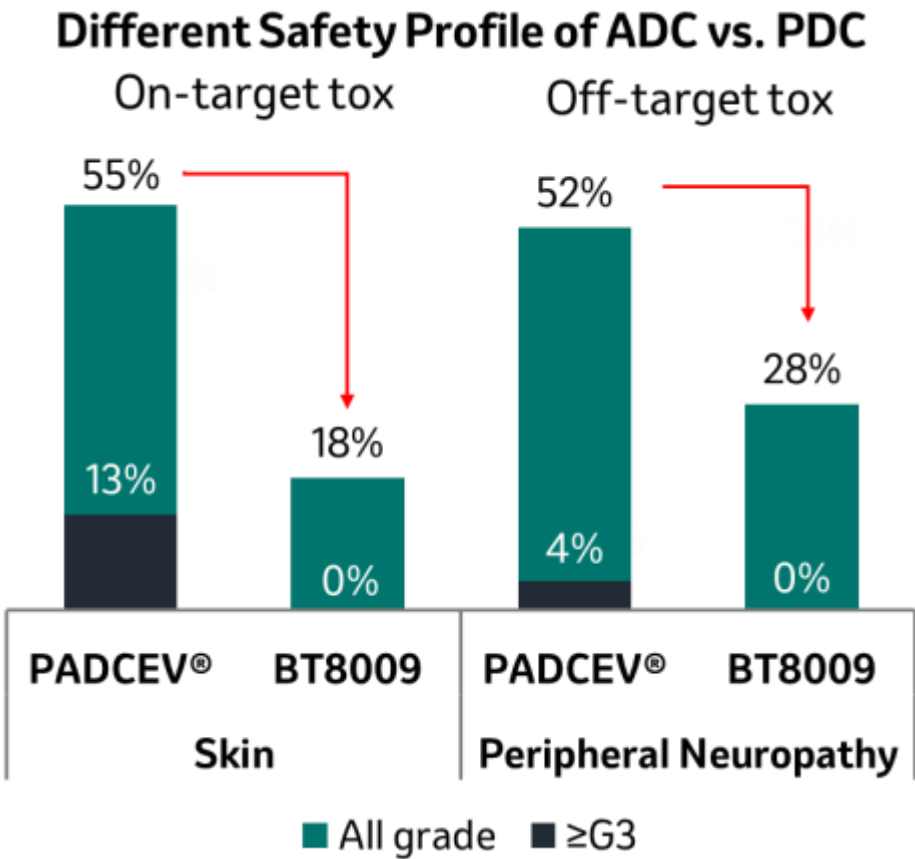
Peptide Drug Conjugates May Improve Safety vs. ADCs



Padcev® vs BT8009

Urothelial Carcinoma Efficacy	PADCEV® 1.25 mg/kg	BT8009 5 mg/m ²
N	125	38
ORR	44%	45%
mDOR (months)	7.6	11.1
Half Life	3.6 days	<1hr

Can a “hit and run” approach alleviate toxicity?



PADCEV® Data from *NJEM*, 2021, 384, 1125. PADCEV® data drug label
BT8009 data ASCO 2023 and ESMO 2024, cross-trial comparison



Near Term Outlook

- ADCs have made a dramatic impact in the treatment of many cancer types with the promise of more exciting data to come
- Most clinical stage ADCs leverage the same payload classes and diversification will be a key component of improving patient response
- Combinations of ADCs with other agents is a promising direction but careful attention needs to be paid to overlapping toxicity
- ADCs with more stable linkers and alternative formats (like peptide drug conjugates) for delivering toxic payloads are being explored that can mitigate some of the issues associated with the currently approved ADCs.





Thank you