Glioblastoma (GBM) is an aggressive brain tumor that has a high unmet need with one-year overall survival (OS) of 53.7%. Gammadeltav6 (v6) T cells are innate immune cells that directly recognize and kill malignant tissue through recognition of Natural Killer Group D Ligands (NKG2DLs) that are expressed on cancer cells. Alkalizing chemotherapies such as Temozolomide (TMZ) are lymphodepleting but can also upregulate NKG2DL expression and amplify the vulnerability of tumor cells to v6 T cell mediated killing, even on TMZ-resistant meta-gammahgamma-Delta (MGGD) unmethylated GBM cells. INB’s DeltaRx Drug Resistant Immunity (DRD), genetically modifies v6 cells with an MMGT chemotherapy resistance gene to permit concomitant administration and the additional targeting of residual TMZ-resistant GBM cells.


**Demographics and Efficacy**
- **Median Age:** 66
- **Unmethylated:** 54%
- **33 enrolled, five products unable to be manufactured, 13 treated, five remain in follow-up**
- **Deaths:** Eight Seven due to PD or disease-related issues
- **One Unrelated:** Central event (CDT)

**v6 T Cells are Infiltrating and Persisting in Tumor Tissue**
Preserved v6 cells in relapsed tumor 148 days post-DRD infusion despite significant peripheral lymphodepletion in patient 001

**INB-200: Durability Observed**
83% Exceeding S upp Regimen Median PFS of 7 months

**Results from one patient are indicative of future results including the outcome of the trial**

**INB-400: NCT05664243**

**Conclusions**
- In our study, gamma-delta T cells appear to provide prominent PFS improvement
- 83% (9/11) evaluable subjects have exceeded median PFS of 7 months expected with Stupp regimen with 1 subject awaiting longer follow-up
- First study evaluating safety and efficacy of genetically modified v6 T cells in all tumors
- Genetically modified v6 T cells demonstrated tolerable safety profile with no CRS or CANs observed
- TMZ is an effective lymphodepleting regimen for cellular therapy with DeltaRx T cell technology preserving v6 T cells despite significant peripheral lymphodepletion
- Early data suggests that repetitions result in longer time to progression
- Evidence of post-treatment changes in several scans suggest immunogenic activity from v6 T cell infusions
- DeltaRx v6 T cell therapy offers promising results to GBM patients warrants further follow-up in ongoing Phase III trial, INB-400

**Patients Enrolled and Treated – Patient 020**
Patient 020 – Male 66y, IDHwt, MMGMT-methylated Remains alive and relapsefree at 10.8+ months; anterior and medial portion of IF temporal lobe showing enhancement suggestive of post-treatment change at chf/treatment scan

**INB-200: Study Design and Treatment Schema**

**Safety and Adverse Events (n=13)**
- No DIReactivity toxicity
- No DIReactivity to date
- No CANs/CRS
- Majority of toxicities are grade 1 or 2 and attributable to TMZ
- Unrelated TEAEs: atrial arrhythmia, pulmonary embolism, generalised swelling, dysuria, hydronephrosis
- No treatmentrelated deaths
- No change in safety profile observed to date following repeat administration of up to six doses

**Primary Endpoints**
- Primary Endpoint 1: Change in MR Immunofluorescence
- Primary Endpoint 2: Kaplan-Meier Survival

**Secondary Endpoints**
- Secondary Endpoint 1: Change in MR Immunofluorescence
- Secondary Endpoint 2: Kaplan-Meier Survival