

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

**FORM 8-K**

**CURRENT REPORT  
Pursuant to Section 13 or 15(d)  
of the Securities Exchange Act of 1934**

**Date of Report (Date of earliest event reported): August 9, 2022**

**Sensei Biotherapeutics, Inc.**  
(Exact Name of Registrant as Specified in its Charter)

**Delaware**  
(State or Other Jurisdiction  
of Incorporation)

**001-39980**  
(Commission  
File Number)

**83-1863385**  
(IRS Employer  
Identification No.)

**451 D Street, Suite 710**  
**Boston, MA**  
(Address of Principal Executive Offices)

**02210**  
(Zip Code)

**Registrant's telephone number, including area code: (240) 243-8000**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Securities Exchange Act of 1934:

| Title of each class | Trading<br>symbol | Name of each exchange<br>on which registered |
|---------------------|-------------------|--|
| Common Stock        | SNSE              | The Nasdaq Stock Market LLC                  |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

**Item 2.02 Results of Operations and Financial Condition.**

On August 9, 2022, Sensei Biotherapeutics, Inc. (the “Company”) issued a press release announcing its financial results for the quarter ended June 30, 2022. A copy of the press release is attached hereto as Exhibit 99.1.

**Item 7.01 Regulation FD Disclosure.**

On August 9, 2022, the Company updated its corporate presentation for use in meetings with investors, analysts and others. A copy of the presentation is furnished as Exhibit 99.2 to this Current Report on Form 8-K.

The information in Item 2.02 and Item 7.01 and the exhibits attached hereto are being furnished and shall not be deemed “filed” for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that section, nor shall they be deemed incorporated by reference into any filing under the Exchange Act or the Securities Act of 1933, as amended, whether filed before or after the date hereof and regardless of any general incorporation language in such filing.

**Item 9.01 Financial Statements and Exhibits.**

**(d) Exhibits**

| <u>Exhibit Number</u> | <u>Exhibit Description</u>   |
|-----------------------|--|
| 99.1                  | <a href="#">Press Release of Sensei Biotherapeutics, Inc., dated August 9, 2022</a>    |
| 99.2                  | <a href="#">Sensei Biotherapeutics, Inc. corporate presentation, dated August 2022</a> |
| 104                   | The cover page from this Current Report on Form 8-K, formatted in Inline XBRL.         |

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**Sensei Biotherapeutics, Inc.**

Date: August 9, 2022

/s/ John Celebi  
John Celebi  
President and Chief Executive Officer

**Sensei Biotherapeutics Reports Second Quarter 2022 Financial Results and Recent Business Highlights**

- SNS-101 pre-IND feedback received from FDA with program on track for IND filing in first half of 2023 -
- New SNS-101 single dose pharmacokinetic data in non-human primates to be presented in the third quarter of 2022 -
- On track with SNS-102 candidate selection, including generation of pH-sensitive parental antibodies -
- Strong balance sheet with cash runway into the first quarter of 2025 -

**BOSTON, MA – August 9, 2022** – Sensei Biotherapeutics, Inc. (NASDAQ: SNSE), an immuno-oncology company focused on the discovery and development of next generation therapeutics for cancer, today reported financial results for the second quarter ended June 30, 2022 and provided recent business updates.

“This has been a productive and rewarding time as we progress our TMAb™ platform in pursuit of potentially revolutionary therapies for cancer patients that address the challenge of resistance to checkpoint blockade. Our TMAb platform is designed to generate conditionally active antibodies with enhanced tumor specificity. Notably, we have been pleased with the breakthrough preclinical data on SNS-101, our anti-VISTA antibody, which we believe support our hypothesis that an antibody binding selectively in low-pH environments has the potential to effectively inhibit tumor growth across a range of indications without on-target, off-tumor effects,” said John Celebi, president and chief executive officer of Sensei Biotherapeutics. “We have also achieved a milestone with the generation of pH-sensitive antibodies for a second program targeting V5IG4. With cash runway into 2025, we believe we are well positioned to achieve near-term milestones, including the anticipated submission of an Investigational New Drug application for SNS-101 in the first half of 2023.”

**Highlights and Milestones**SNS-101

Sensei continues preclinical studies to evaluate SNS-101, a monoclonal antibody targeting the immune checkpoint VISTA (V-domain Ig suppressor of T cell activation), which is implicated in resistance to PD-1/PD-L1 therapy and correlates with poor survival across numerous cancers. Recent updates for SNS-101 include:

- Sensei has received pre-IND meeting feedback from the U.S. Food and Drug Administration and expects to submit an IND in the first half of 2023.
- The Company plans to present new data from a single dose pharmacokinetic (PK) and toxicology model in non-human primates in the third quarter of 2022.
- Sensei will present new preclinical cytokine release data comparing SNS-101 to a non-pH-selective anti-VISTA antibody at the Sixth CRI-ENCI-AACR International Cancer Immunotherapy Conference: Translating Science Into Survival, being held September 28 - October 1, 2022 in New York City.

- In April 2022, Sensei presented preclinical data demonstrating that SNS-101 had a favorable pharmacokinetic profile in a single-dose mouse model. Notably, SNS-101 demonstrated a long mean residence time in the blood, indicating a lack of significant target-mediated drug disposition and clearance in non-malignant tissues.
- Also in April 2022, preclinical data in an MC38 syngeneic tumor model in human VISTA knock-in mice demonstrated synergistic anti-tumor activity in combination with anti-PD-1 therapy.
- SNS-101 has demonstrated excellent manufacturing productivity to date and GMP manufacturing timelines remain on track.

#### SNS-102

Sensei is advancing several pH-sensitive antibodies targeting VSIG4 (V-Set and Immunoglobulin Domain Containing 4). VSIG4 is a B7-family related protein that is a potent inhibitor of T cell activity and is frequently overexpressed on tumor-associated macrophages.

- Sensei remains on track to select a product candidate and initiate IND-enabling studies in 2023.
- Sensei has identified eight parental pH-sensitive antibodies targeting VSIG4 for further optimization.
- The Company aims to develop a pH-dependent, high-affinity inhibitory antibody which selectively binds VSIG4 in the tumor microenvironment versus normal tissue.

#### SNS-103

- Sensei remains on track to select a product candidate in 2023 for SNS-103, a monoclonal antibody targeting ENTPDase1 (ecto-nucleoside triphosphate diphosphohydrolase-1, also known as CD39), the upstream, rate-limiting enzyme that leads to the breakdown of extracellular ATP.

#### **Second Quarter 2022 Financial Results**

**Cash Position:** Cash, cash equivalents and marketable securities were \$123.7 million as of June 30, 2022, as compared to \$147.6 million as of December 31, 2021. Sensei expects its current cash balance to fund operations into the first quarter of 2025.

**Research and Development (R&D) Expenses:** R&D expenses were \$6.4 million for the quarter ended June 30, 2022, compared to \$5.9 million for the quarter ended June 30, 2021. The increase in R&D expenses was primarily attributable to increased headcount and inflation on supplies to support Sensei's research, development, and manufacturing activities.

**General and Administrative (G&A) Expenses:** G&A expenses were \$4.3 million for the quarter ended June 30, 2022, compared to \$3.9 million for the quarter ended June 30, 2021, with the increase mainly driven by franchise tax increases.

**Net Loss:** Net loss was \$10.5 million for the quarter ended June 30, 2022, compared to \$9.8 million for the quarter ended June 30, 2021.

**Condensed Statements of Operations**  
(Unaudited, in thousands except share and per share data)

|   | Three Months Ended June 30, |            |
|---|-----------------------------|------------|
|   | 2022                        | 2021       |
| Operating expenses:   |                             |            |
| Research and development                                      | \$ 6,393                    | \$ 5,898   |
| General and administrative                                    | 4,319                       | 3,886      |
| Total operating expenses                                      | 10,712                      | 9,784      |
| Loss from operations  | (10,712)                    | (9,784)    |
| Total other income (expense)                                  | 177                         | 13         |
| Net loss  | (10,535)                    | (9,771)    |
| Net loss per share, basic and diluted                         | \$ (0.34)                   | \$ (0.32)  |
| Weighted-average common shares outstanding, basic and diluted | 30,701,758                  | 30,588,495 |

**Selected Condensed Balance Sheet Data**  
(Unaudited, in thousands)

|                                      | June 30, | December 31, |
|--------------------------------------|----------|--------------|
|                                      | 2022     | 2021         |
| Cash and cash equivalents            | \$ 9,899 | \$ 7,159     |
| Marketable Securities                | 113,815  | 140,462      |
| Total assets                         | 138,036  | 153,225      |
| Total liabilities                    | 12,120   | 6,712        |
| Total stockholders' equity (deficit) | 125,916  | 146,513      |

**About Sensei Biotherapeutics**

Sensei Biotherapeutics (NASDAQ: SNSE) is an immuno-oncology company focused on the discovery and development of next generation therapeutics for cancer. Sensei has designed two unique approaches to develop highly selective therapeutics – its TMAb™ (Tumor Microenvironment Activated biologics) platform, which disables checkpoints and other immunosuppressive signals in the tumor microenvironment to unleash existing T cells against tumors, and the ImmunoPhage™ platform, which trains new T cells to recognize and kill malignant cells. Using its TMAb platform, the company is developing SNS-101, a fully human antibody designed to block the V-domain Ig suppressor of T cell activation (VISTA) checkpoint selectively only within the low pH tumor microenvironment, where VISTA acts as a suppressor of T cells by binding the receptor PSGL-1. The company is also using its platforms to develop other preclinical programs targeting multiple solid tumor indications. For more information, please visit [www.senseibio.com](http://www.senseibio.com), and follow the company on Twitter @SenseiBio and [LinkedIn](#).

**Cautionary Note Regarding Forward-Looking Statements**

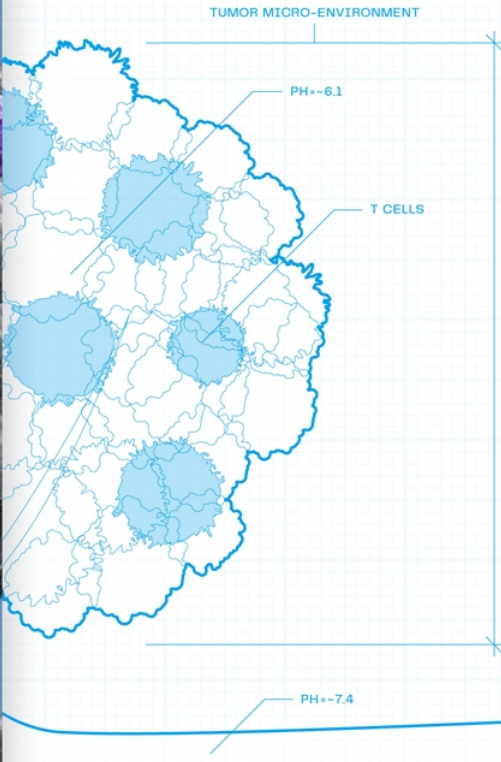
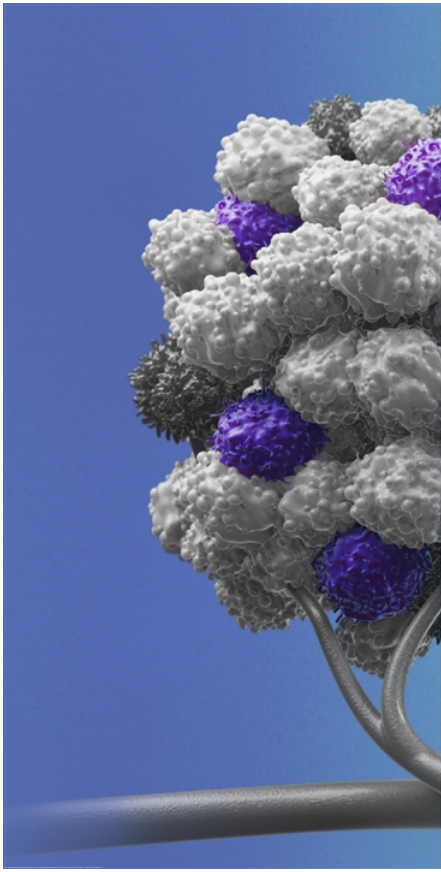
Any statements contained in this press release that do not describe historical facts may constitute forward-looking statements as that term is defined in the Private Securities Litigation Reform Act of 1995. These statements may be identified by words and phrases such as “believe”, “designed to,” “expect”, “may”, “plan”, “potential”, “will”, and similar expressions, and are based on Sensei’s current beliefs and expectations. These forward-looking statements include expectations regarding the development and potential therapeutic benefits of Sensei’s product candidates and platforms, the expected safety profile of Sensei’s product candidates, the availability of data from Sensei’s preclinical studies, the timing of selection of product candidates, the timing of IND submissions to the FDA, and its belief that its existing cash and cash equivalents will be sufficient to fund its operations at least into the first quarter of 2025. These statements involve risks and uncertainties that could cause actual results to differ materially from those reflected in such statements. Risks and uncertainties that may cause actual results to differ materially include uncertainties inherent in the development of therapeutic product candidates, such as the risk that any one or more of Sensei’s product candidates will not be successfully developed or commercialized; the risk of delay or cessation of any planned clinical trials of Sensei’s product candidates; the risk that prior results, such as signals of safety, activity or durability of effect, observed from preclinical trials, will not be replicated or will not continue in ongoing or future studies or clinical trials involving Sensei’s product candidates; the risk that Sensei’s product candidates or procedures in connection with the administration thereof will not have the safety or efficacy profile that we anticipate; risks associated with Sensei’s dependence on third-party suppliers and manufacturers, including sole source suppliers, over which we may not always have full control; risks regarding the accuracy of our estimates of expenses, capital requirements and needs for additional financing; and other risks and uncertainties that are described in Sensei’s Annual Report on Form 10-K filed with the U.S. Securities and Exchange Commission (SEC) on March 15, 2022 and Sensei’s other Periodic Reports filed with the SEC. Any forward-looking statements speak only as of the date of this press release and are based on information available to Sensei as of the date of this release, and Sensei assumes no obligation to, and does not intend to, update any forward-looking statements, whether as a result of new information, future events or otherwise.

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# Next Generation Immuno-Oncology Medicines

John K. Celebi, MBA  
President & Chief Executive Officer

AUGUST 2022 | Nasdaq: SENSE



# Disclaimer

This presentation has been prepared by Sensei Biotherapeutics, Inc. (the "Company," "we," "us") and is made for informational purposes only. The information set forth herein does not purport to be complete or to contain all of the information you may desire. Statements contained herein are made as of the date of this presentation unless stated otherwise, and neither the delivery of this presentation at any time, nor any sale of securities, shall under any circumstances create an implication that the information contained herein is correct as of any time after such date or that information will be updated or revised to reflect information that subsequently becomes available or changes occurring after the date hereof.

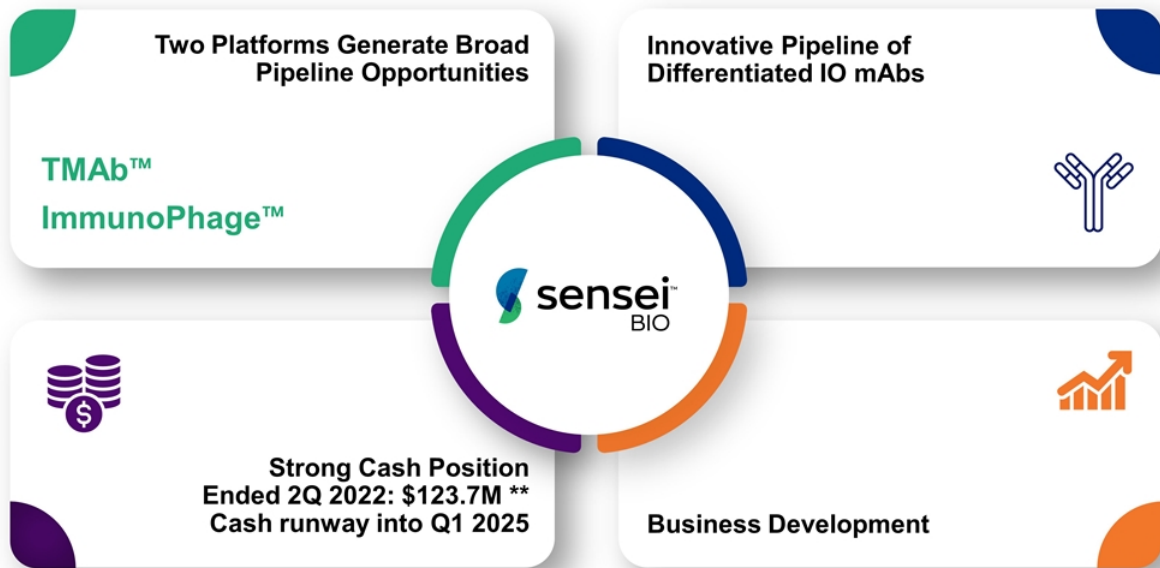
This presentation contains estimates and other statistical data made by independent parties and by us relating to market shares and other data about our industry. This presentation also contains "forward-looking" statements as that term is defined in the Private Securities Litigation Reform Act of 1995 that are based on our management's beliefs and assumptions and on information currently available to management. These forward-looking statements include, without limitation, expectations regarding the development of our product candidates and platforms, the availability of data from our preclinical studies, the timing of selection of product candidates, the timing of IND submissions to the FDA, and our belief that our existing cash and cash equivalents will be sufficient to fund our operations at least into the first quarter of 2025.

When used in this presentation, the words and phrases "designed to," "may," "believes," "intends," "seeks," "anticipates," "plans," "estimates," "expects," "should," "assumes," "continues," "could," "will," "future" and the negative of these or similar terms and phrases are intended to identify forward-looking statements. Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Risks and uncertainties that may cause actual results to differ materially include uncertainties inherent in the development of therapeutic product candidates, such as preclinical discovery and development, conduct of clinical trials and related regulatory requirements, our reliance on third parties over which we may not always have full control, and other risk and uncertainties that are described in our Annual Report on Form 10-K filed with the SEC on March 15, 2022 and our other Periodic Reports filed with the SEC. Forward-looking statements represent our management's beliefs and assumptions only as of the date of this presentation and include all matters that are not historical facts. Our actual future results may be materially different from what we expect. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

Certain information contained in this presentation relates to, or is based on, studies, publications, surveys and other data obtained from third-party sources and the Company's own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.








# Positioned to Drive Value with Next Generation Product & Platform Development



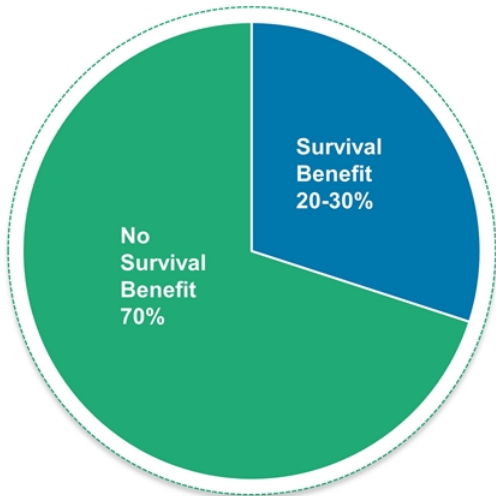
\*Tumor Microenvironment Activated biologics  
\*\*Consists of cash, cash equivalents and marketable securities

# Innovative Pipeline of IO Drugs with Broad Commercial Potential

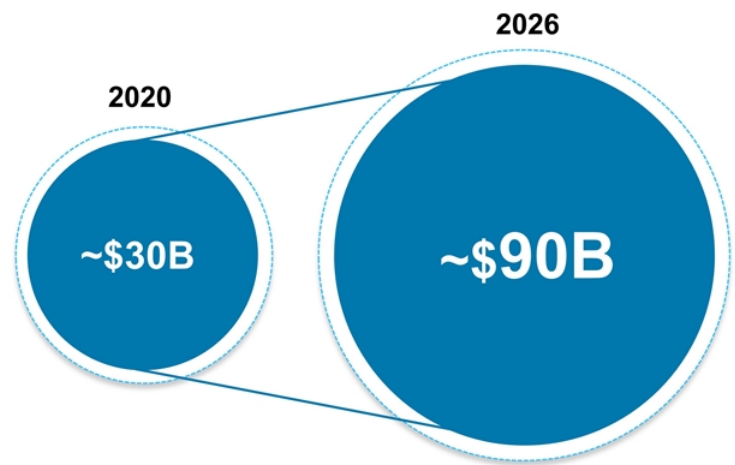
|             | Program (Target)                     | Indication            | Discovery  | IND-enabling | Phase 1 / 2 Clinical |
|-------------|--------------------------------------|-----------------------|--|--------------|----------------------|
| TMAb        | SNS-101 (VISTA)                      | Solid Tumors          |  |              |                      |
|             | SNS-102 (VSIG4)                      | Solid Tumors          |   |              |                      |
|             | SNS-103 (ENTPDase1/C D39)            | Solid Tumors          |   |              |                      |
| ImmunoPhage | SNS-401-NG (Multiple Tumor Antigens) | Merkel Cell Carcinoma |  |              |                      |
|             |                                      | Multiple Indications  |   |              |                      |

# The Modern-Day Challenge in Immuno-Oncology

Majority of patients don't respond to PD-1/PD-L1 monotherapy<sup>1</sup>



Global PD-1/PD-L1 Market<sup>2</sup>

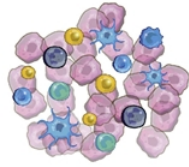


1. Gerber et al., Biochemical Pharmacology 2016  
2. Market estimates from PD-1 and PDL-1 Inhibitors Market Size in 2021 – MarketWatch, 360 Research

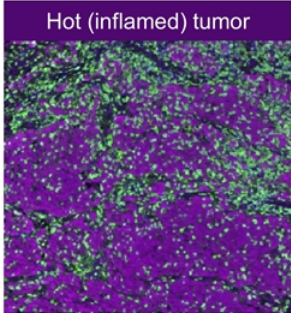
# Two Major Types of Non-Responders to PD-1 Blockade

## Responders

T-cells Inside Tumor

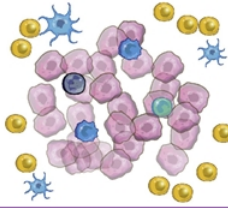


Hot (inflamed) tumor

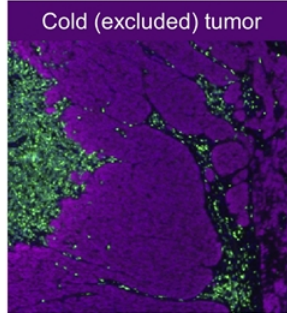


## Non-Responders

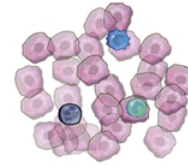
T-cells Inactive or Outside Tumor



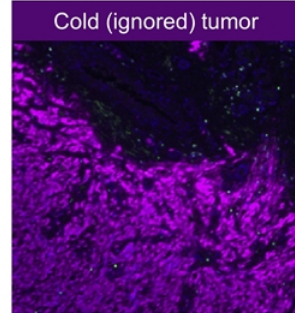
Cold (excluded) tumor



T-cells Absent



Cold (ignored) tumor



Anti-PD-1  
or PD-L1  
Treatment

Green = T-cells  
Purple = tumor



Adapted from Van der Woude-LL, et al, Trends in Cancer, 2017

# Two Platforms Designed to Unleash Anti-Cancer T-cell Activity



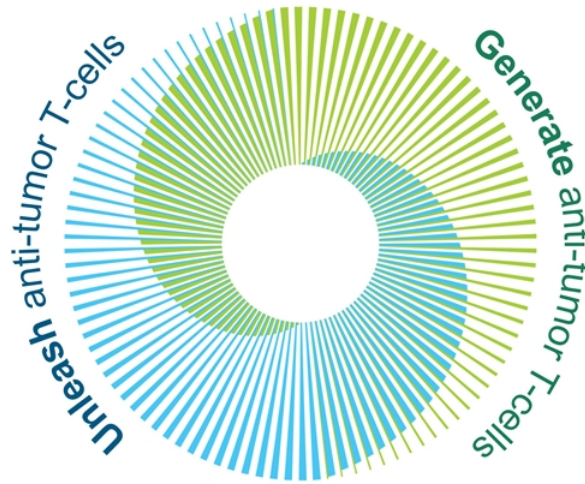
## **TMAb™** **(Tumor Microenvironment Activated Biologics) Platform**

- Next-generation tumor activated mAbs
- Designed to bind only in the low-pH tumor microenvironment
- Target checkpoints and/or other immune pathways
- Preclinical data have shown improved PK/PD and toxicity profiles



## **ImmunoPhage™ Platform**

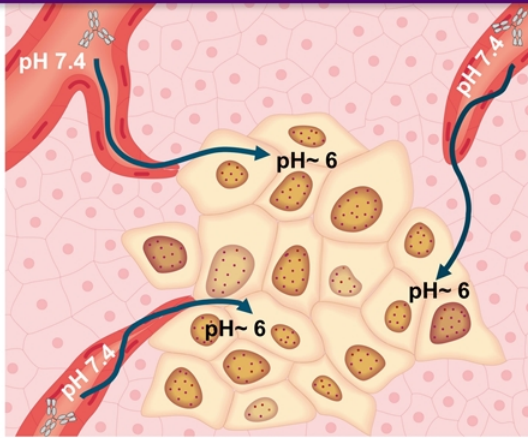
- Powerfully self-adjuvanted nanoparticle vaccine designed to drive B cell and T cell responses
- Multi-antigen vaccine potentially enables personalized approach from “off-the-shelf” components
- Targets APCs
- Enhanced through addition of immunostimulatory nanobodies & cytokines



# pH-sensitive Antibodies Selectively Bind Their Targets in the Low-pH Tumor Microenvironment

## TMAb Platform

The tumor microenvironment of pH ~6 is lower than physiological pH of 7.4



Sensei's technology identifies pH-sensitive antibodies designed to bind only at the tumor

- Antibodies that bind at physiological pH may encounter a "sink"
  - Prevents effective binding at the tumor and may lead to toxicity
- TMAb antibodies are expected to bypass tissue compartments other than the low-pH tumor microenvironment
- Goal is to unlock previously undruggable immune targets through potential for improved safety and clinical activity profile

# VISTA: An Emerging Checkpoint Target on Myeloid Cells

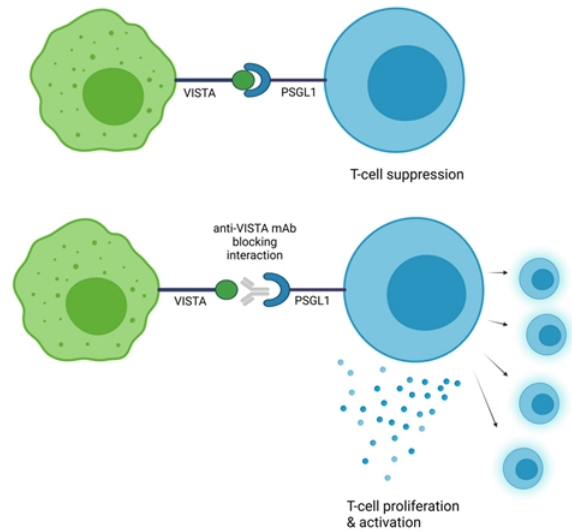
## Target Overview:

- B7 family ligand
- Extensive expression on myeloid cells<sup>1</sup> correlating with poor survival rates across multiple cancers
- Novel development program with no approved therapies
- Large market opportunity

## Sensei's Competitive Advantage:

- Extensive understanding of VISTA biology
- Unique tumor selective antibody

## VISTA is a Negative Regulator of T cell Function



1. Lines et al. Cancer research vol. 74,7 (2014)
2. Gao et al. Nature medicine vol. 23,5 (2017)



# Increased Understanding of VISTA as a Promising Target to Address the Needs of Patients with Cancer

nature  
medicine

BRIEF COMMUNICATIONS

**VISTA is an inhibitory immune checkpoint that is increased after ipilimumab therapy in patients with prostate cancer**

Samuel Choi,<sup>1</sup> Xia F Wang,<sup>1</sup> Curtis A. Pritchard,<sup>1</sup> Loren Z. Liu,<sup>1</sup> Susan K. Schmitt,<sup>1</sup> Leah M. Noyes,<sup>1</sup> Eric Chen,<sup>1</sup> Sandeep Chandra,<sup>1</sup> Hong Chen,<sup>1</sup> Hua Duan,<sup>1</sup> Patricia Tronconi,<sup>1</sup> James P. Allmaral,<sup>1</sup> Christopher J. Logothetis,<sup>1</sup> Ignacio W. Wiklund,<sup>1</sup> Samuel A. Rosenberg,<sup>1</sup> Jingjing Xue,<sup>1</sup> Jonathan Wang,<sup>1</sup> Jorge Hernandez,<sup>1</sup> & Paulina Sharma<sup>1,2</sup>

**To date, anti-CTLA-4 (Ipilimumab) or anti-PD-1 (nivolumab) monotherapy has not been demonstrated to be of substantial clinical benefit to patients with prostate cancer. To identify additional immune-inhibitory pathways in the prostate tumor microenvironment, we evaluated untreated and Ipilimumab-treated tumors from patients in a preclinical clinical trial. Levels of the PD-1 and VISTA inhibitory molecules increased in treatment-naïve or Ipilimumab-treated tumors. Our data suggest that VISTA represents another complementary inhibitory pathway to prostate cancer after Ipilimumab therapy.**

**Immune checkpoint therapies**, including anti-CTLA-4 and anti-PD-1 therapies, that block T cell inhibitory pathways have led to durable antitumor responses and clinical benefits in a substantial number of patients with cancer<sup>1</sup>. However, prostate cancer has proven to be particularly resistant to immune checkpoint monotherapy<sup>2,3</sup>. To better understand the immune profile within prostate tumors and potential complementary immune-inhibitory pathways that may arise in the setting of immune checkpoint monotherapy, we conducted a clinical trial (NCT01875272) with ipilimumab plus androgen deprivation therapy (ADT) before surgery in patients with localized prostate cancer (Supplementary Fig. 1a) and Supplementary Tables 1 and 2b.

We compared post-treatment and baseline blood samples (Supplementary Fig. 1a), evaluating the levels of CD28 and CTLA-4 T cells (Supplementary Fig. 2a), as well as those of T cell subsets expressing inducible co-stimulatory (ICOS), HVEM, GITR, PD-1, CTLA-4, and HVEM<sup>4</sup> (Supplementary Fig. 2a,b). We observed an increase in CD28<sup>+</sup> and ICOS<sup>+</sup> T cells, including PD-1<sup>+</sup> and ICOS<sup>+</sup> subsets, after Ipilimumab therapy, which is similar to our previous findings with Ipilimumab monotherapy in patients with melanoma and bladder cancer<sup>5,6</sup>.

We also compared post-treatment tumor tissue (Supplementary Fig. 1b) to those of stage-matched untreated tumors from another cohort of patients (Supplementary Fig. 1b). This comparative analysis revealed a significantly higher frequency of CD28<sup>+</sup>, CTLA-4<sup>+</sup>, and ICOS<sup>+</sup> T cells in the post-treatment tumor (Fig. 2c). Immunohistochemical (IHC) analysis also demonstrated significant increases in tumor-infiltrating immune cells, including CD28<sup>+</sup>, CTLA-4<sup>+</sup>, ICOS<sup>+</sup>, CD8<sup>+</sup>, CD4<sup>+</sup>, and CD45<sup>+</sup> cells (Supplementary Fig. 3). We found significantly greater immune cell infiltration in prostate tumors after Ipilimumab therapy but not after ADT alone, although ADT monotherapy was associated with significantly higher levels of ICOS<sup>+</sup> and CD4<sup>+</sup> cells, which may represent an activated T cell subset (Fig. 4b). Taken together, our data suggest that the immunologic changes in post-treatment tumors were mostly due to Ipilimumab therapy, as opposed to ADT. However, we cannot discount a possible synergistic effect between Ipilimumab and ADT.

We did not observe clinical responses consisting of pathologic complete response, as we did previously for patients with bladder cancer<sup>7</sup>. To identify potential mechanisms that might explain this lack of response, we performed an unbiased gene expression study and found that Ipilimumab therapy resulted in significant changes in the expression of a total of 60 genes (false discovery rate (FDR) < 0.02) (Fig. 5a,b). Fig. 5a,b show changes in 11 (Supplementary Table 1), most of which are related to immune responses (Supplementary Fig. 5a). We focused our analyses on a subset of genes that represent inhibitory immune checkpoints and identified increased PD-1 and VISTA expression in post-treatment tumors (Supplementary Fig. 6a). Both PD-1 and VISTA were previously reported as inhibitory molecules that can regulate tumor and healthy T cell responses<sup>8,9</sup>. Here, we found significantly greater protein expression of PD-1, PD-1L1, and VISTA in prostate tumors after Ipilimumab therapy (Fig. 1a and Supplementary Fig. 2a).

We also evaluated metastatic tumors and blood samples from patients with metastatic prostate cancer who took part in a separate clinical trial (NCT01875272) and received treatment with ipilimumab. We found an increase in PD-1 and VISTA expression in tumor tissue (Supplementary Fig. 6a) as well as an increase in blood (Supplementary Fig. 6a), which is similar to data from a mouse model of prostate cancer (Supplementary Fig. 6b). We suggest that PD-1 and VISTA are likely to be relevant inhibitory immune checkpoints in both localized and metastatic prostate cancer.

We analyzed PD-1 and VISTA expression in different cell types from metastatic prostate and post-treatment tumors and observed significantly higher PD-1 expression in CD4<sup>+</sup> T cells, CD4<sup>+</sup> T cells, CD8<sup>+</sup> T cells, and CD45<sup>+</sup> cells (Supplementary Fig. 7a). CD8<sup>+</sup> T cells, CD4<sup>+</sup> T cells, and CD45<sup>+</sup> cells were significantly higher PD-1 expression in CD4<sup>+</sup> T cells, CD4<sup>+</sup> T cells, and CD45<sup>+</sup> cells (Supplementary Fig. 7a).

Trends in Immunology

CoPress  
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Feature Review

## VISTA: A Mediator of Quiescence and a Promising Target in Cancer Immunotherapy

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V-domain Ig suppressor of T cell activation (VISTA) is an ITAM family member that maintains T cell and myeloid quiescence and is a promising target for combination cancer immunotherapy. During inflammatory challenges, VISTA activity programs macrophages towards reduced production of proinflammatory cytokines and increased production of interleukin (IL)-10 and other anti-inflammatory mediators. The interaction of VISTA with its ligands is regulated by pH, and the acidic pH +6.0 in the tumor microenvironment (TME) facilitates VISTA binding to P-selectin glycoprotein ligand 1 (PSGL-1). Targeting intratumoral pH might be a way to reduce the immunosuppressive activity of the VISTA pathway and enhance antitumor immune responses. We review differences among VISTA therapeutics under development as candidate immunotherapies, focusing on VISTA binding partners and the unique structural features of this interaction.

**Keywords**  
V-domain Ig suppressor of T cell activation (VISTA), pH, and T cell quiescence; combination cancer immunotherapy; proinflammatory cytokines; interleukin (IL)-10; anti-inflammatory mediators; tumor microenvironment (TME); P-selectin glycoprotein ligand 1 (PSGL-1); acidic pH; and signaling time to intervention.

VISTA binds to PSGL-1 at acidic pH, both in the tumor microenvironment (TME) and at physiological pH.

VISTA activity programs quiescence in macrophages, T cells, and T cells, and maintains T cell quiescence and suppresses T cell activation and cytokine production from macrophages and T cells.

VISTA is a particularly important member of the immunoglobulin superfamily (IgSF) in the mammalian immune system. It is a V-domain Ig suppressor of T cell activation (VISTA) family member that maintains T cell and myeloid quiescence and is a promising target for combination cancer immunotherapy. During inflammatory challenges, VISTA activity programs macrophages towards reduced production of proinflammatory cytokines and increased production of interleukin (IL)-10 and other anti-inflammatory mediators. The interaction of VISTA with its ligands is regulated by pH, and the acidic pH +6.0 in the tumor microenvironment (TME) facilitates VISTA binding to P-selectin glycoprotein ligand 1 (PSGL-1). Targeting intratumoral pH might be a way to reduce the immunosuppressive activity of the VISTA pathway and enhance antitumor immune responses. We review differences among VISTA therapeutics under development as candidate immunotherapies, focusing on VISTA binding partners and the unique structural features of this interaction.

**VISTA: How This ITAM Family Member Translates Cancer Immunotherapy**  
Immunotherapy has become an established pillar of cancer treatment, in large part owing to the success of blocking the programmed cell death protein 1 (PD-1)-programmed death-ligand 1 (PD-L1) immune checkpoint axis (Santoni et al., 2016). As recent research deepens our understanding of V-domain Ig suppressor of T cell activation (VISTA), the VISTA signaling pathway has increasingly become a promising target for overcoming resistance to current immune checkpoint therapies (1). Although the development of VISTA blocking antibodies has not reached human clinical trials, this review highlights the new features of VISTA that make this pathway particularly attractive for therapeutic development. We discuss (i) VISTA expression on immune cells in the tumor microenvironment (TME); (ii) the biological functions and bidirectional signaling pathways of VISTA in mammalian lymphocytes and myeloid cells; (iii) the structural features of VISTA that contribute to its molecular interactions; (iv) current VISTA monoclonal antibodies (mAbs) that are in clinical development, and (v) the candidate shugalin targets that regulate the pH of the TME and which in turn might affect VISTA activity in vivo. This review gives a detailed picture of VISTA structure in the context of binding partners and therapeutic antibodies targeting VISTA.

**VISTA Structure**  
VISTA, also known as PD-1, B7-4, Dect-2, G2A, CD274, and CD274L, is encoded by the VSIG gene in human (30 kb in mouse) and has multiple unique features, including its interaction with two receptors that bind to overlapping but distinct sites on the VISTA extracellular domain (ECD) (2–5). VISTA is a type I transmembrane protein that was identified by mRNA analysis of activated vesicular stomatitis virus-infected and anti-CD3-stimulated splenocytes by homology to conserved molecules such as PD-1 (6). VISTA bears features of both the ITAM and CD28 families of immunoregulatory molecules and can act as both a ligand and a receptor (1, 2). The VISTA ECD is most homologous to the B7 family, which includes well-known immune checkpoint ligands such as PD-L1 (Fig. 1c). Whereas other B7 family members have an IgV-like and IgC-like domain, mouse and human VISTA contains a single unusually large IgV-like domain (Fig. 1c–1d). VISTA

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# Key to Unlocking the Power of VISTA

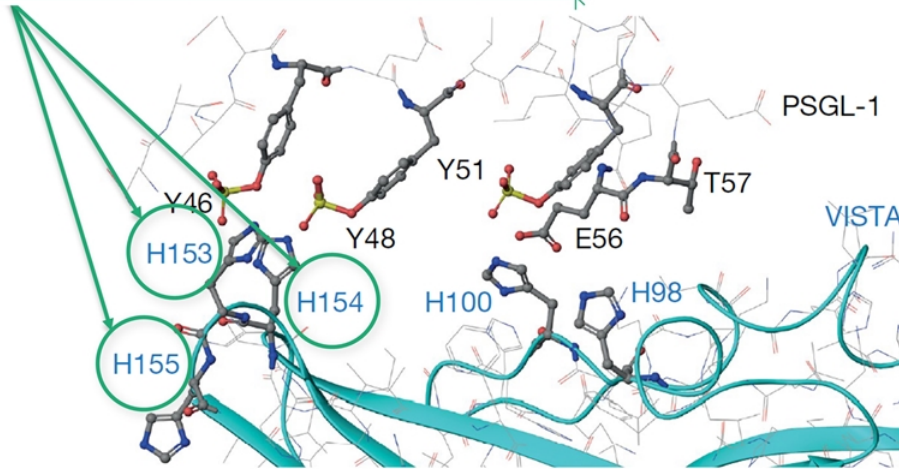
1. Block the pH-dependent binding of VISTA to PSGL-1 on T cells at low pH
2. Selectively bind VISTA at low pH to avoid:
  - target mediated drug disposition (TMDD)
  - on-target/off-tumor side effects
3. Utilize an Fc-competent IgG backbone to engage and activate FcγR on tumor-infiltrating myeloid cells

SNS-101



# VISTA Checkpoint is Activated at the Low pH of the Tumor Microenvironment

Antibodies that block protonated VISTA histidines interrupt PSGL-1 binding<sup>1</sup>

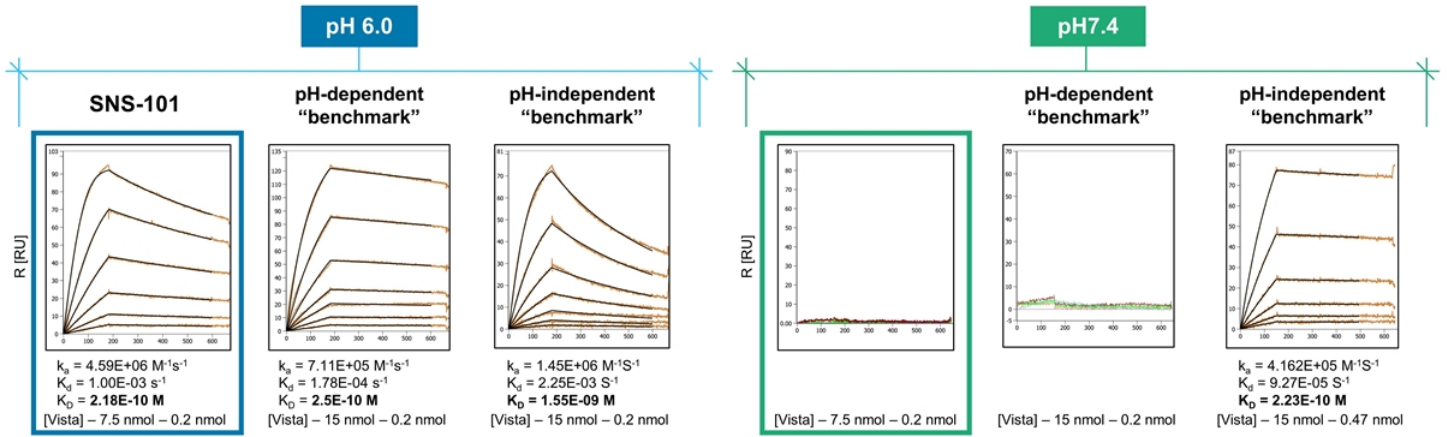


- VISTA's extracellular domain is uniquely rich in histidines<sup>1</sup>
- Histidines are protonated at low pH enabling VISTA to distinguish the active (acidic pH) and inactive (neutral pH) PSGL-1 binding interface

# SNS-101 Has >600-Fold Selectivity for Active VISTA<sup>pH6</sup>

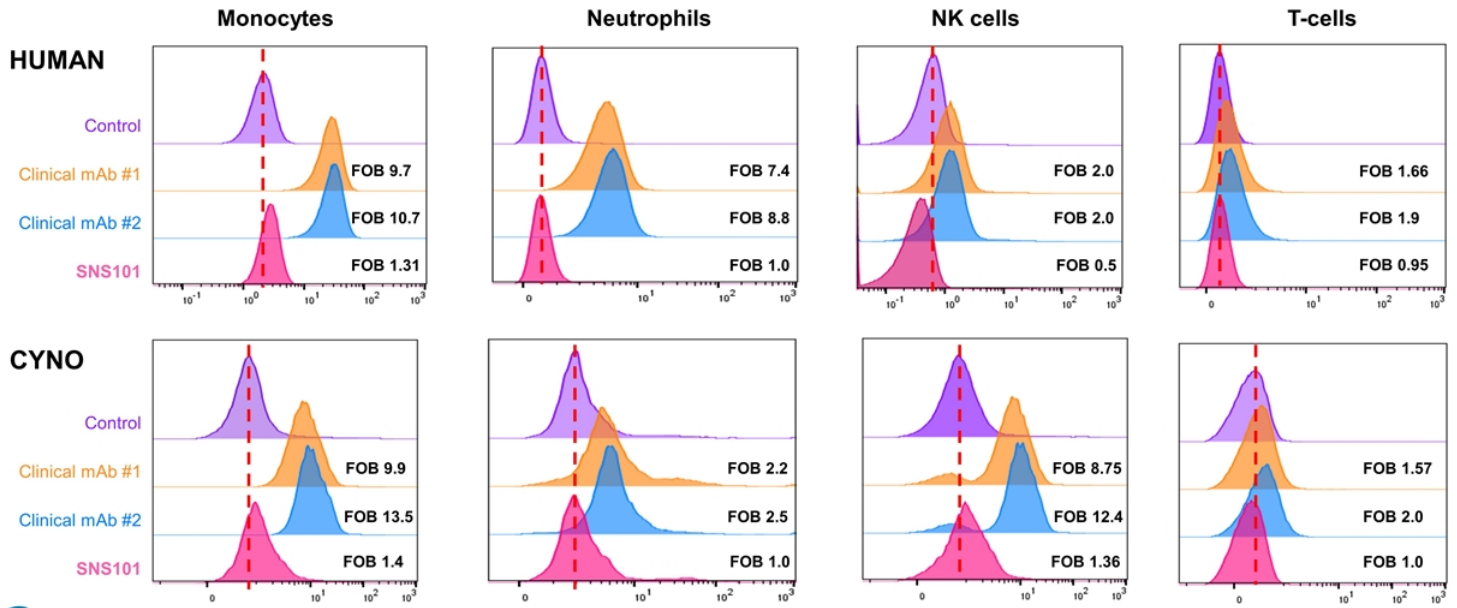
- Biophysical characterization demonstrates >600-fold selectivity for VISTA at pH 6.0
- Picomolar binding at low pH
- No significant binding observed at physiological pH (7.4)

|                                    | pH 6.0 | pH 7.4            |
|------------------------------------|--------|-------------------|
| Monovalent Affinity ( $K_D$ ) [nM] | 0.218  | 132 (~No binding) |



SITC 2021: Poster titled: Antagonistic pH-selective VISTA antibody SNS-101 potentiates anti-PD-1/PD-L1-induced anti-tumor immunity.

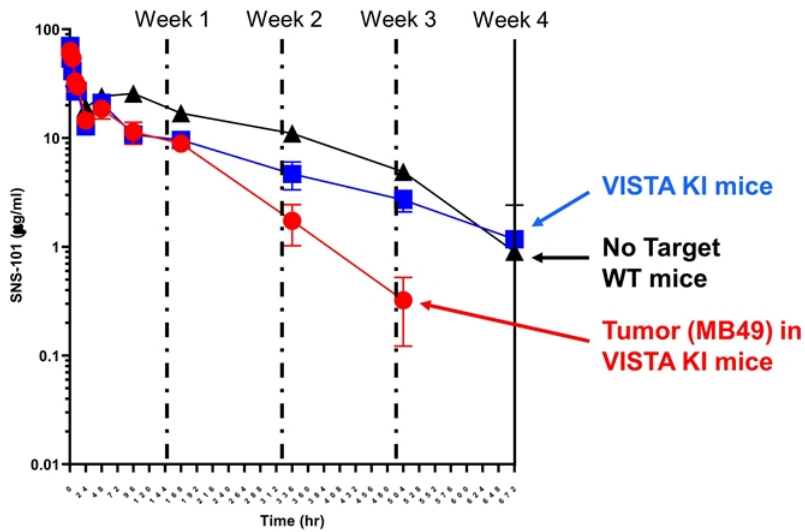
# No Significant Binding of SNS-101 to Monocytes, Neutrophils, NK cells and T-cells in Whole blood at Physiological pH



# SNS-101 Displays a Favorable PK Profile

## No significant TMDD in human VISTA KI mice

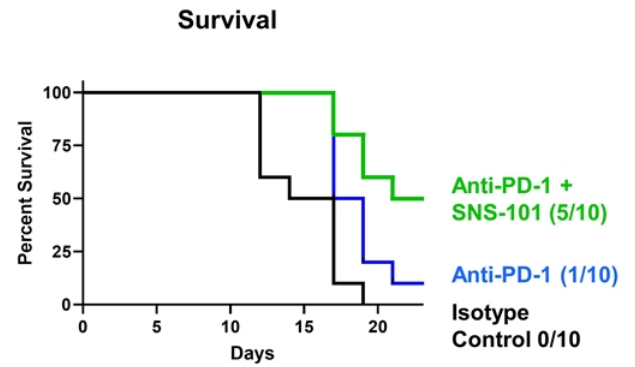
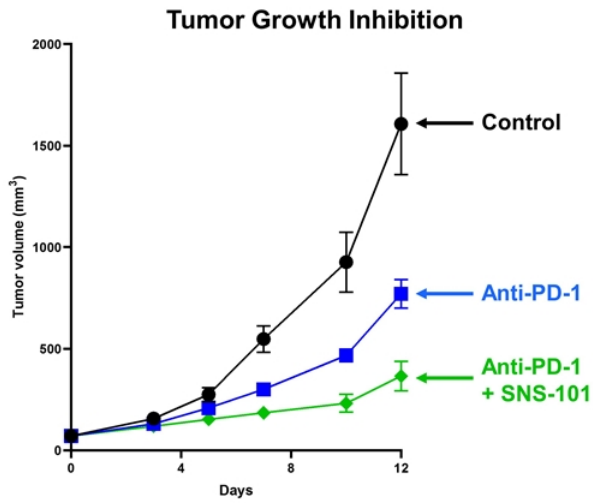
### Pharmacokinetics of Single Dose 5 mg/kg SNS-101 in VISTA Knock-in Mice



Demonstrated a long mean residence time in the blood, indicating a lack of significant target-mediated drug disposition (TMDD) and clearance in non-malignant tissues

# SNS-101 Demonstrates Activity in a PD-1 Resistant Syngeneic Tumor Model

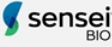
## SNS-101\* in Combination with Anti-mouse PD-1



\*SNS-101 was grafted on to a mouse IgG2a framework to decrease anti-drug antibody production

# SNS-101 Is a Differentiated Anti-VISTA Antibody

## TMAb Platform

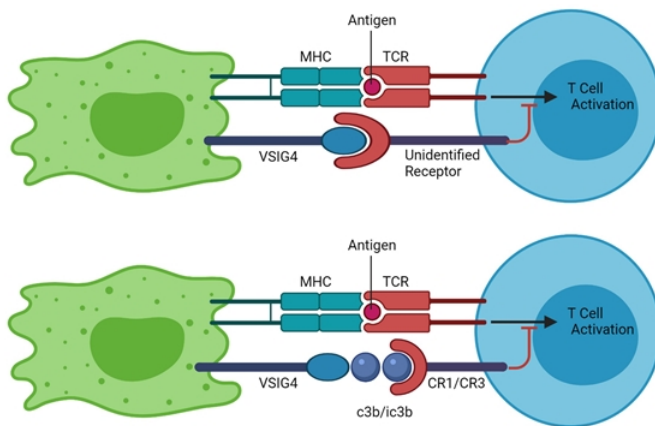
|                        | SNS-101<br>  | VISTA.18<br>(BMS)                                     | KVA12.1<br>(Kineta)                                   | CI-8993; JNJ-61610588<br>(J&J/Curis)   | K01401-020;<br>W0180<br>(Pierre Fabre)                          | HMBD-002<br>(Hummingbird)                                       |
|------------------------|---|---|---|--|---|---|
| Inhibit PSGL-1 Binding | Yes   | Yes   | unknown   | Yes  | unknown   | No  |
| pH Sensitive Binding   | Yes   | Yes   | No  | No   | No  | No  |
| Fc Active              | Yes (IgG1)  | No (IgG4)   | Yes (IgG1)  | Yes (IgG1)   | N/A   | No (IgG4)   |
| Stage                  | Preclinical   | Preclinical   | Preclinical   | Phase I  | Phase I   | Phase I   |
| Clinical Data / Notes  | <ul style="list-style-type: none"> <li>Demonstrated activity in preclinical models</li> <li>Demonstrated potential for best-in-class safety profile and PK in mouse model</li> <li>IND-enabling studies underway</li> </ul> | <ul style="list-style-type: none"> <li>N/A</li> </ul> | <ul style="list-style-type: none"> <li>N/A</li> </ul> | <ul style="list-style-type: none"> <li>JNJ initiated Phase I study in 2016</li> <li>12 pts enrolled; initial dose 0.005 mg/kg</li> <li>Only patient treated at 0.3 mg/kg experienced grade 3 CRS-associated encephalopathy; trial was halted</li> <li>Phase I ongoing</li> </ul> | <ul style="list-style-type: none"> <li>Not published</li> </ul> | <ul style="list-style-type: none"> <li>Not published</li> </ul> |



Johnston et al, Nature, 2019; Kineta website; Snyder et al, AACR Annual Meeting 2016; Pierre Fabre website; Hummingbird website; Thakkar et al, J of Immunother Cancer, 2022

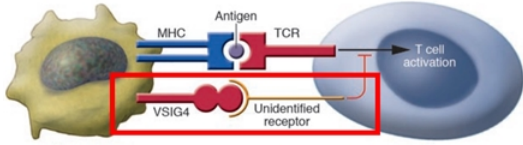


# VSIG4 Plays a Critical Suppressive Role in T-cell Activation

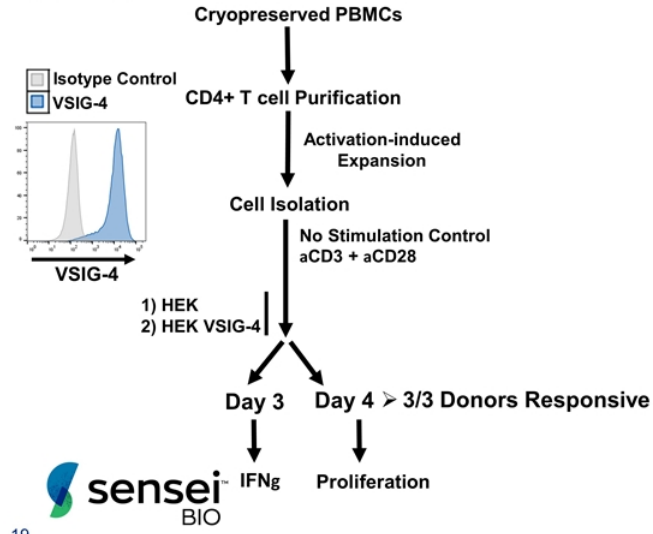


- B7 family related protein
- Expressed primarily on macrophages and inhibits T-cell activation
- As of August 2022, Sensei has:
  - Identified 8 parental antibodies for further optimization; and
  - Identified novel VSIG4 receptors on primary T-cells by Hi-Res proteomics, which are currently in verification stage
- Select product candidate & initiate IND-enabling studies in 2023

# Cell Surface Expressed VSIG-4 Suppresses Primary Human T-cell Activation



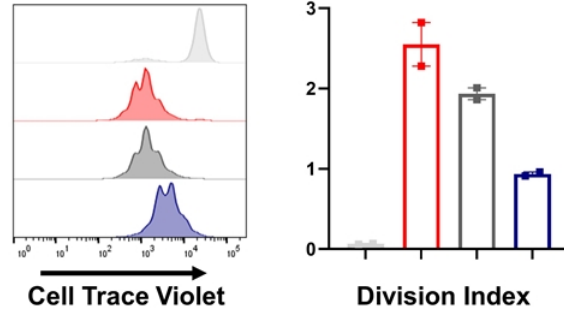
Zang et al. *J Clin Invest.* 2006;116(10):2590-2593



## Day 3- IFN $\gamma$ Production

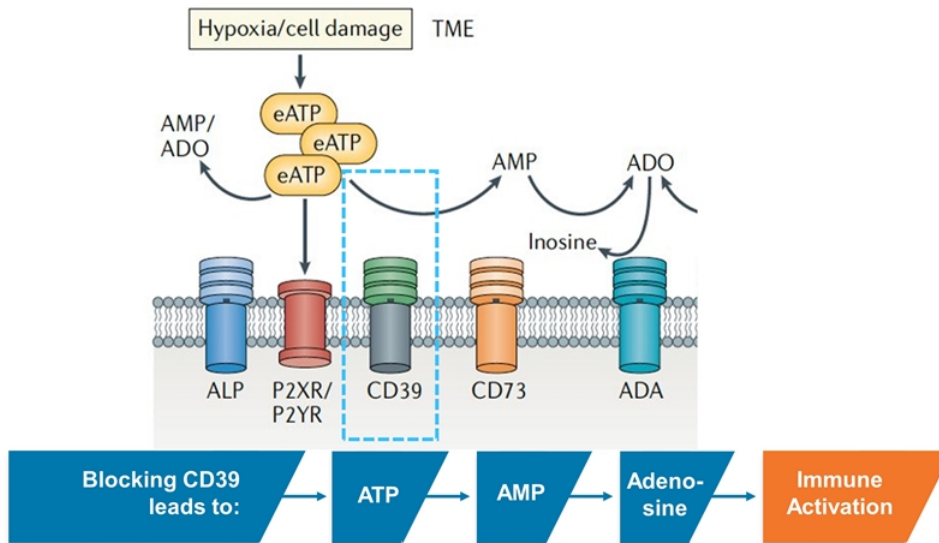


## Day 4- Proliferation



Donor 2111403021(CE000730)

# ENTPDase1 (CD39) is the Rate Limiting Enzyme in the Production of Immunosuppressive Adenosine

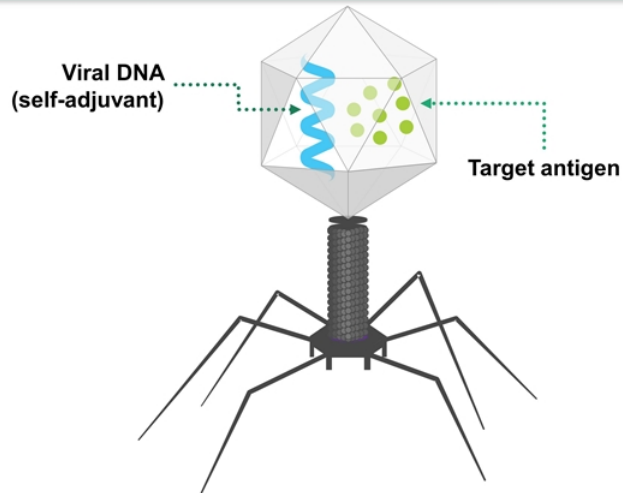


- Primary function is conversion of extracellular ATP / ADP to adenosine, which exerts immunosuppressive properties through binding to A2a/A2b receptors
- Expressed on various immune cells in both tumors and normal tissues
- Development of a TMAb antibody has potential for improved safety and PK profile compared to competitor CD39 mAbs
- First set of parental antibodies expected August 2022

# Designed to Generate Strong Antibody and T-cell Responses

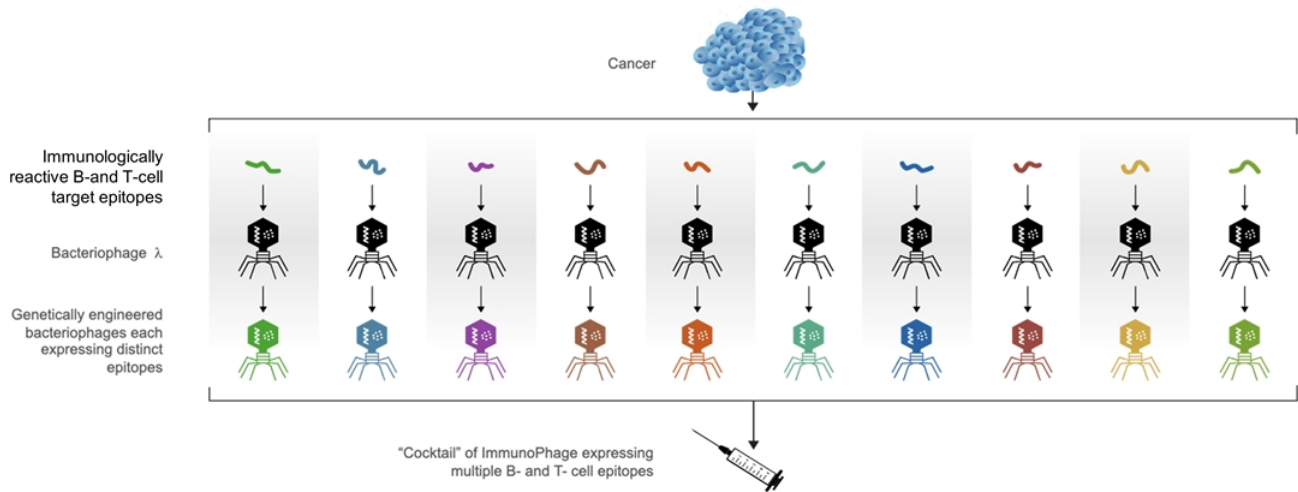
## ImmunoPhage™ Platform

Bacteriophage virus is engineered and manufactured with both antigen and immune stimulatory viral DNA



The **ImmunoPhage™** bacteriophage is an icosahedron with a tail. This configuration can be viewed as an activating signal to the immune system

# Phortress: Proprietary Library of Personalized Vaccine Cocktails with Off-the-Shelf ImmunoPhage “Ingredients”



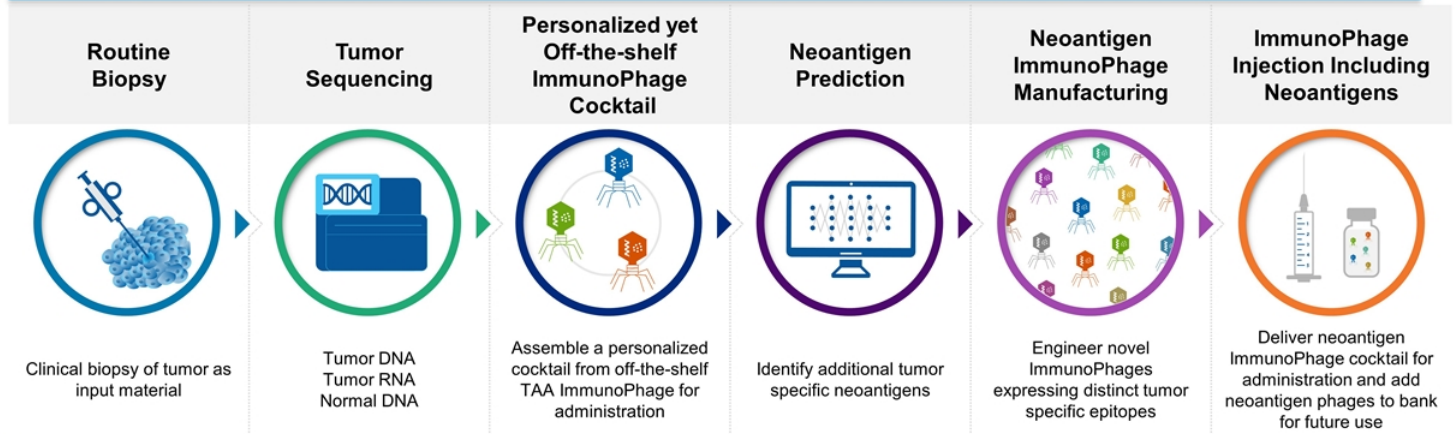
- These “cocktails” are defined by the disease or patient genetics
- Combinations are customized to cover multiple epitopes, protein domains or targets
- Each *ImmunoPhage* is pre-manufactured to target a discrete antigen

# Personalized Immunotherapy Approach Could Accelerate Speed to Treatment

High speed and low cost-of-goods of ImmunoPhage potentially allows a broader array of antigens

Personalized yet Off-the Shelf TAA Therapy

Off-the-Shelf + Patient-specific Neoantigen Therapy



## Expected Program Milestones



### SNS-101 (anti-VISTA)

- Q3 2022: Non-Human Primate (NHP) PK data
- Q3 2022: Cytokine Release Data
- 1H 2023: IND filing



### SNS-102 (anti-VSIG4)

- 2023: Select product candidate / initiate IND-enabling studies



### SNS-103 (anti-ENTPDase1/CD39)

- 2023: Select product candidate

# Proven Team With Deep Experience



**John Celebi, MBA**  
President and CEO



**Patrick Gallagher**  
Acting Chief Business Officer



**HansPeter Waldner, Ph.D.**  
SVP, Cancer Immunology



**Robert Pierce, M.D.**  
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**Elisabeth Colunio**  
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**Christopher Gerry, J.D.**  
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**Erin Colgan**  
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