

Use of an HSV-1-Based Immunotherapy, KB113, to Treat Basal Cell Carcinoma in Patients with Gorlin Syndrome

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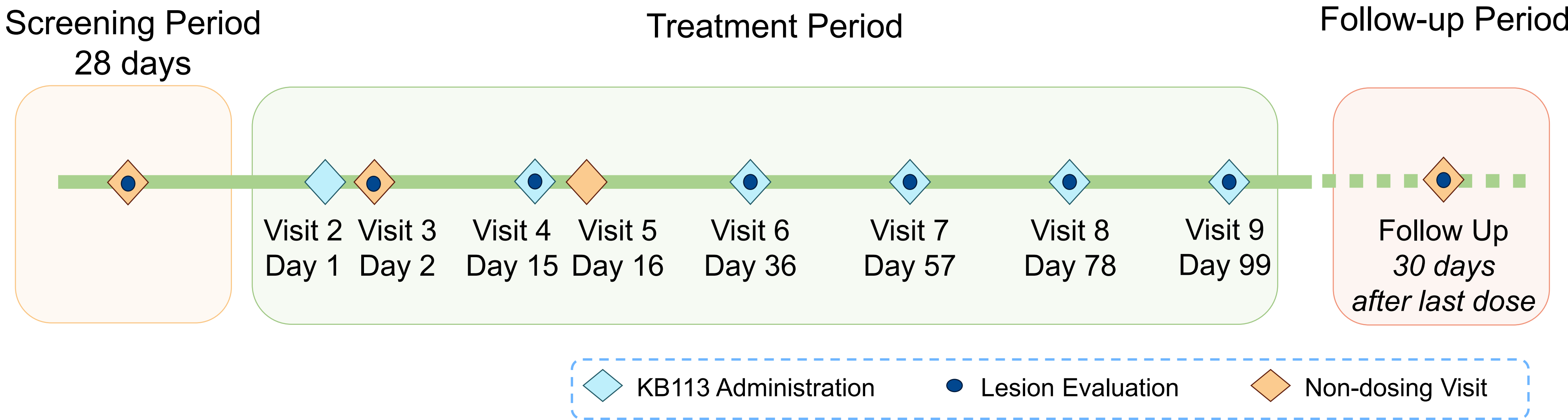
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KB113: Immunotherapy for the Treatment of BCC in Patients with Gorlin Syndrome

- Gorlin syndrome (GS) is a rare autosomal dominant disorder with clinical manifestations often beginning in childhood.
- Patients face a lifelong burden of basal cell carcinomas (BCCs) and disfigurement caused by both the tumors themselves and subsequent standard-of-care surgical resection.
- KB113 is a replication-defective, non-integrating herpes simplex virus type 1 (HSV-1)-based immunotherapy designed to deliver the genes encoding full-length human interleukins, IL-12 and IL-2, via injection directly to the tumor microenvironment to induce both innate and adaptive antitumor immune responses to local and distal tumors.
- Here, we present safety and efficacy data for three subjects with GS treated with KB113 who received six intralesional doses of KB113 over three months.

KB113 Pilot Study Design

- Baseline documentation consisted of identifying “landmark (LM) lesions” with a minimum size of ≥ 5 mm (facial lesions) and ≥ 9 mm (non-facial lesions).
- A maximum of up to 2 mL of 10⁸ plaque forming units (PFU)/mL KB113 was administered across any number of LM lesions at each dosing day.
- Lesions were assessed via Investigator’s 5-point clearance scale: 0 = worse; 1 = no change; 2 = slight resolution [>0 – 50%]; 3 = moderate resolution [51 – 89%]; 4 = complete resolution [90 – 100%].



Key Takeaways and Conclusions

- Over 80% of all landmark lesions demonstrated clinical regression, with more than half reducing by ≥51%.
- For each subject, one lesion demonstrating ≥90% clinical regression was biopsied; all three demonstrated histologically confirmed complete response.
- Observed reduction in noninjected tumors provides preliminary evidence of an abscopal effect and supports further investigation.
- KB113 was generally well tolerated, with mostly mild, transient adverse events and no serious adverse events.

KB113 Preliminary Clinical Efficacy and Safety Assessments*

Table 1. Summary of Preliminary Clinical Efficacy in Gorlin Syndrome Pilot Study

	Subject 1		Subject 2		Subject 3	All Subjects Combined		
Response Depth	Injected N = 13	Non-Injected N = 39	Injected N = 15	Non-Injected N = 8	Injected N = 8	Injected N = 36	Non-Injected N = 47	Overall N = 83
Any reduction in lesion size**	8 (61.5%)	32 (82.1%)	13 (86.7%)	8 (100%)	8 (100%)	29 (80.6%)	40 (85.1%)	69 (83.1%)
>50% reduction***	4 (30.8%)	20 (51.3%)	4 (26.7%)	7 (87.5%)	7 (87.5%)	15 (41.7%)	27 (57.4%)	42 (50.6%)
≥90% reduction	2 (15.4%)	2 (5.1%)	1 (6.7%)	2 (25.0%)	1 (12.5%)	4 (11.1%)	4 (8.5%)	8 (9.6%)

** Inclusive of lesions with >50% or ≥90% reduction in size.
*** Inclusive of lesions with ≥90% reduction in size.

Table 2. Summary of Most Commonly Reported (>1 Event) Adverse Events

Preferred Term	Subjects (N)	Events (n)	Highest Grade
Injection site edema	1	5	Mild (Grade 1)
Injection site erythema	1	5	Mild (Grade 1)
Influenza like illness	2	4	Moderate (Grade 2)
Pyrexia	2	2	Mild (Grade 1)
Injection site urticaria	1	2	Mild (Grade 1)

*Analysis based on a data snapshot from 17SEP2026; unaudited data. This data became available after submission of the abstract.

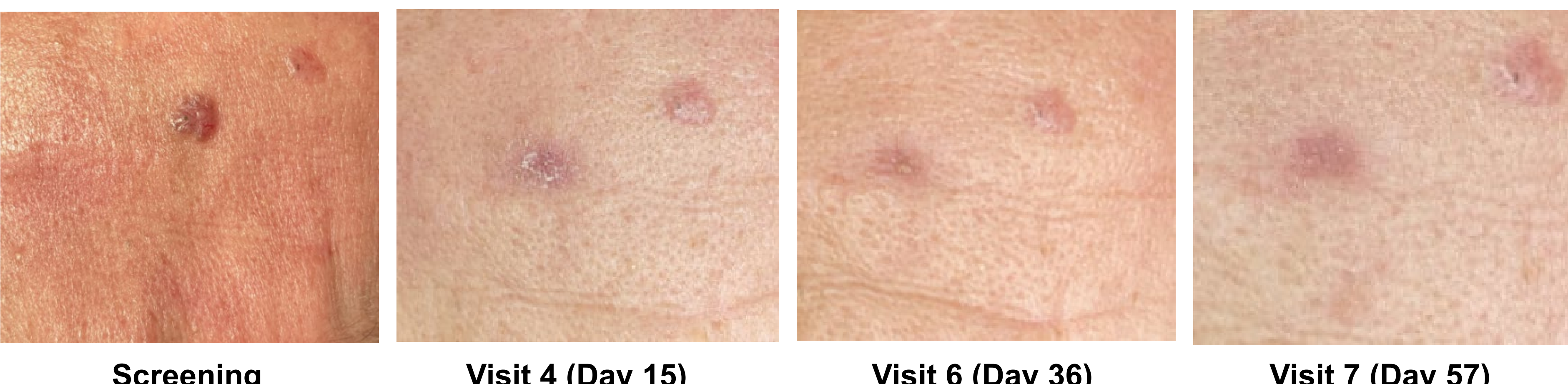
Examples of BCC Lesion Resolution in Subjects with GS

Subject 1



Screening Visit 4 (Day 15)

Subject 2



Screening Visit 4 (Day 15) Visit 6 (Day 36) Visit 7 (Day 57)

Subject 3



Screening Visit 3 (Day 2) Visit 6 (Day 36) Visit 7 (Day 57)

Complete resolution was confirmed in all three lesions by histology in the end-of-study biopsy.

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