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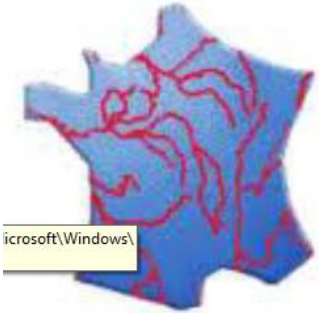
PROGRAMME
RENCONTRES TACT Dijon
24 et 25 Mars 2022



- **CART-cells Généralités- *Dr Christophe Ferrand***
- **Développement d'un CART-cells ciblant IL-1RAP : une nouvelle alternative dans le traitement de la LAM (2014-2021) - *Dr Marina Deschamps***

EFS Bourgogne Franche-Comté Unit INSERM_UMR1098 RIGHT
Host-Tumor-Graft Interaction and Cellular and Genetic Engineering
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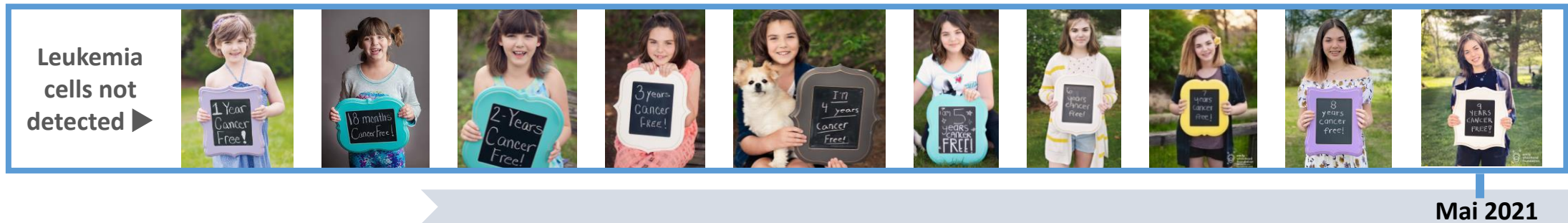
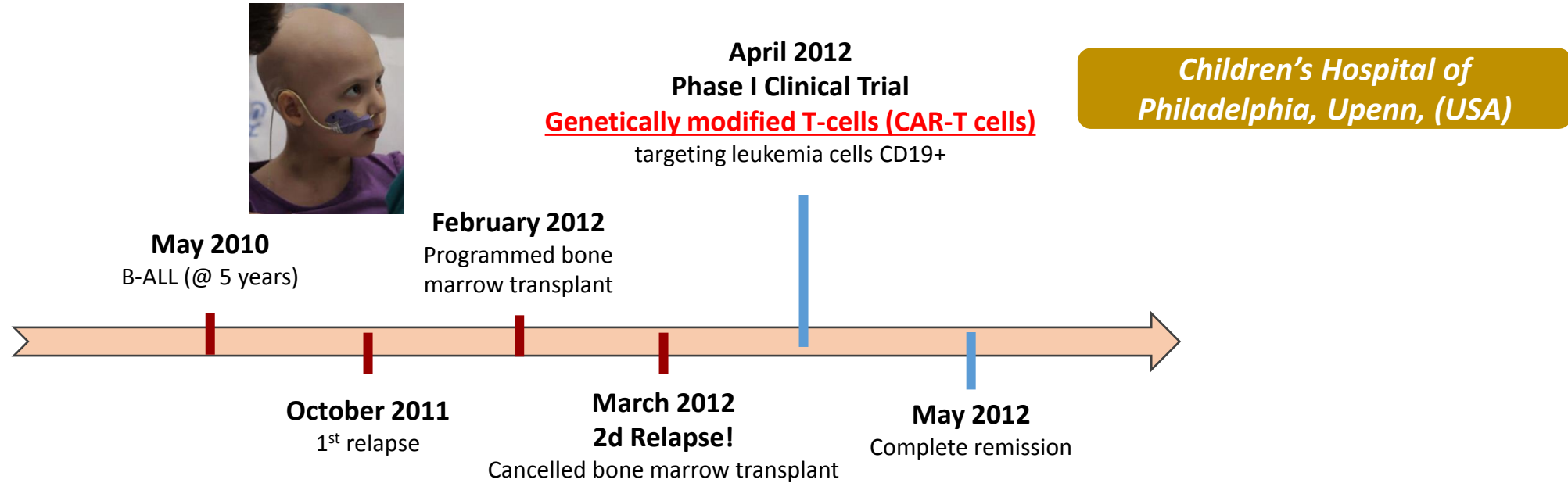
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The best way to describe an innovative therapy drug «CAR T-cells»

The incredible and unexpected story of Emily Whitehead (USA)



Mai 2021

Already « free of cancer »

*Beginning of the true clinical history of CART-cells
Power of this Personalized precision medicine : living/dynamic drug with immune memory*

History of CAR T cells and its progress and milestones

From 1989 to 2013...and after

Founding principle

Zelig Eshhar

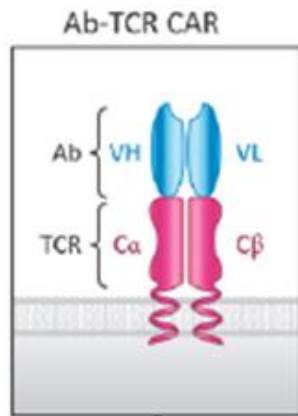
Weizmann Institute of Science
Tel Aviv Sourasky Medical Center



Expression of immunoglobulin-T-cell receptor chimeric molecules as functional receptors with antibody-type specificity.

Gross G, Waks T, **Eshhar Z.**

Proc Natl Acad Sci U S A. 1989 Dec;86(24)



Second signal

Dario Campana

St Jude institute US
National University of Singapore



Chimeric receptors with 4-1BB signaling capacity provoke potent cytotoxicity against acute lymphoblastic leukemia.

Imai C, Mihara K, Andreansky M, Nicholson IC, Pui CH, Geiger TL, **Campana D.**

Leukemia. 2004 Apr;18(4)

Carl June

Department of Pathology and Laboratory Medicine, UPenn



T cells with chimeric antigen receptors have potent antitumor effects and can establish memory in patients with advanced leukemia.

Kalos M, Levine BL, Porter DL, Katz S, Grupp SA, Bagg A, **June CH.**

Sci Transl Med. 2011 Aug 10;3(95)

Steve Grupp

CHOP, Philadelphia



Chimeric antigen receptor-modified T cells for acute lymphoid leukemia

Stephan A Grupp, Michael Kalos, David Barrett, Richard Aplenc, David L Porter, Susan R Rheingold, David T Teachey, Anne Chew, Bernd Hauck, J Fraser Wright, Michael C Milone, Bruce L Levine, Carl H June

N Engl J Med. 2013 Apr 18;368(16):1509-1518.

Proc. Natl. Acad. Sci. USA
Vol. 86, pp. 10024-10028, December 1989
Immunology

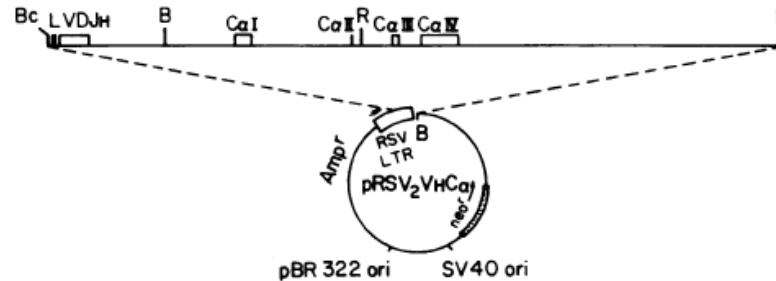
Expression of immunoglobulin-T-cell receptor chimeric molecules as functional receptors with antibody-type specificity

(chimeric genes/antibody variable region)

GIDEON GROSS, TOVA WAKS, AND ZELIG ESHHAR*

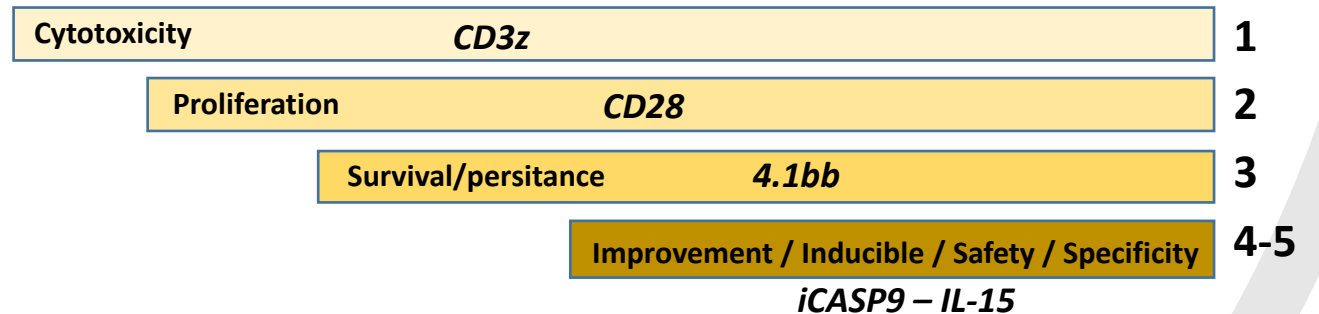
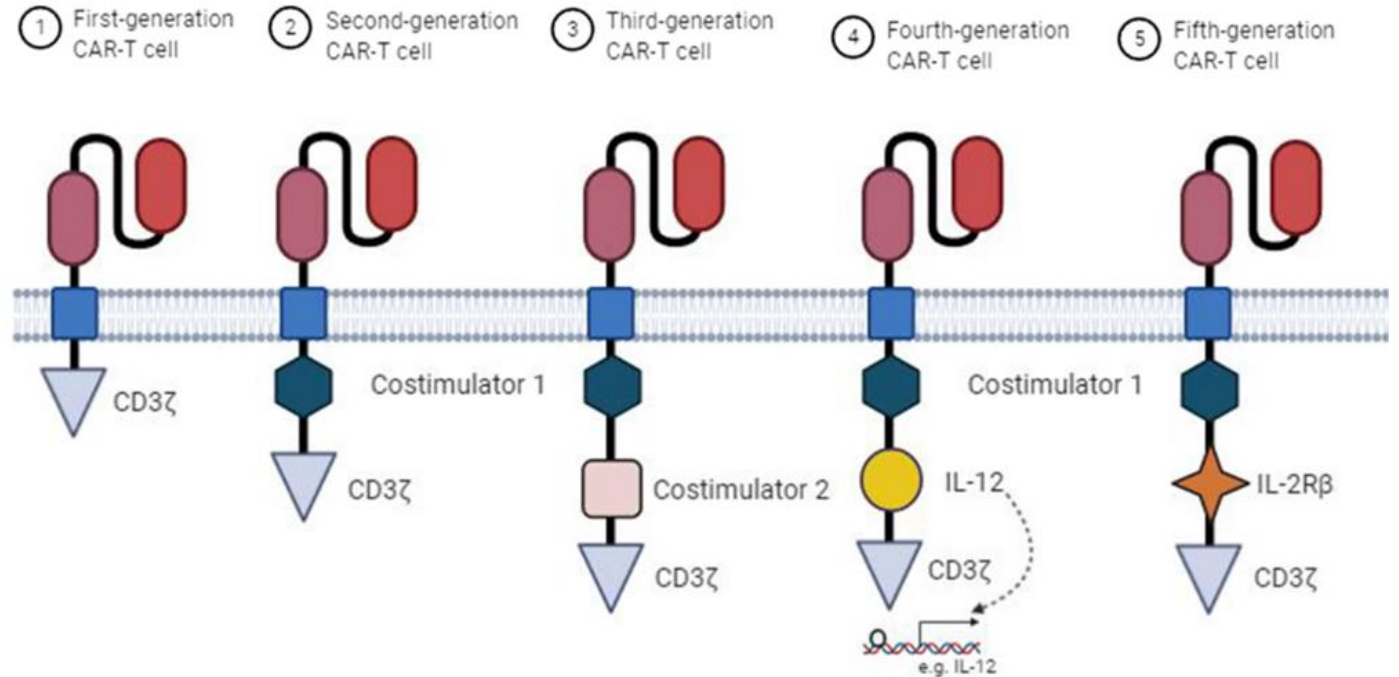
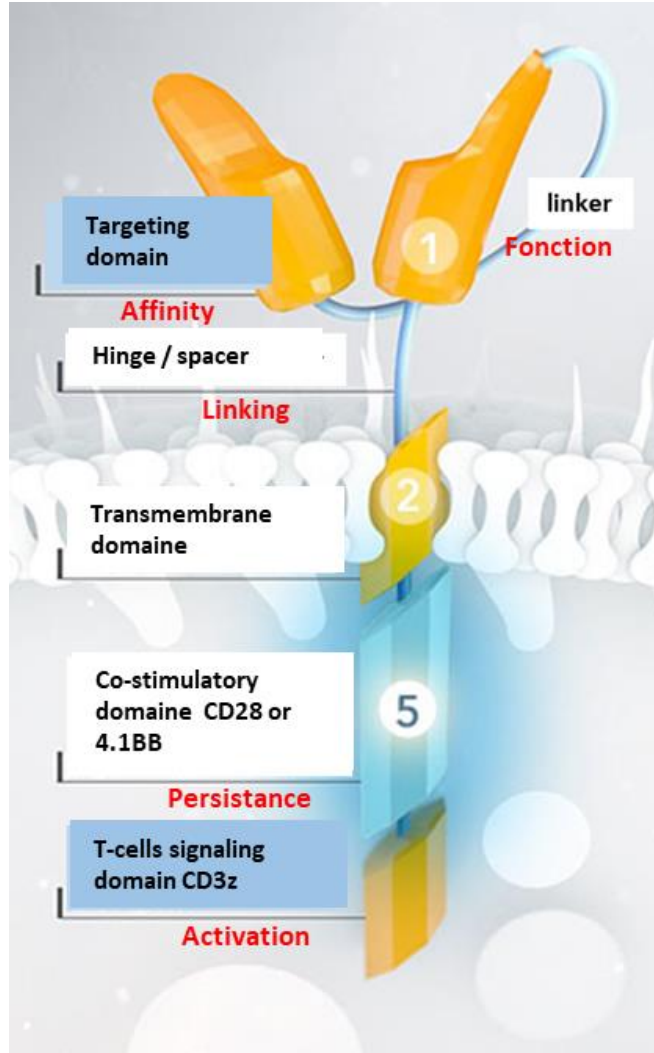
Department of Chemical Immunology, The Weizmann Institute of Science, Rehovot 76100, Israel

Communicated by Michael Sela, July 13, 1989 (received for review June 18, 1989)



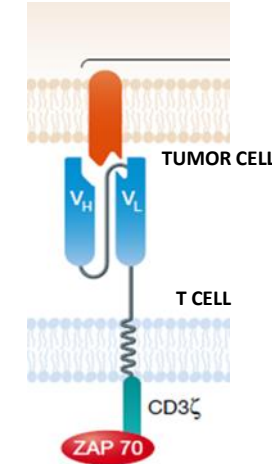
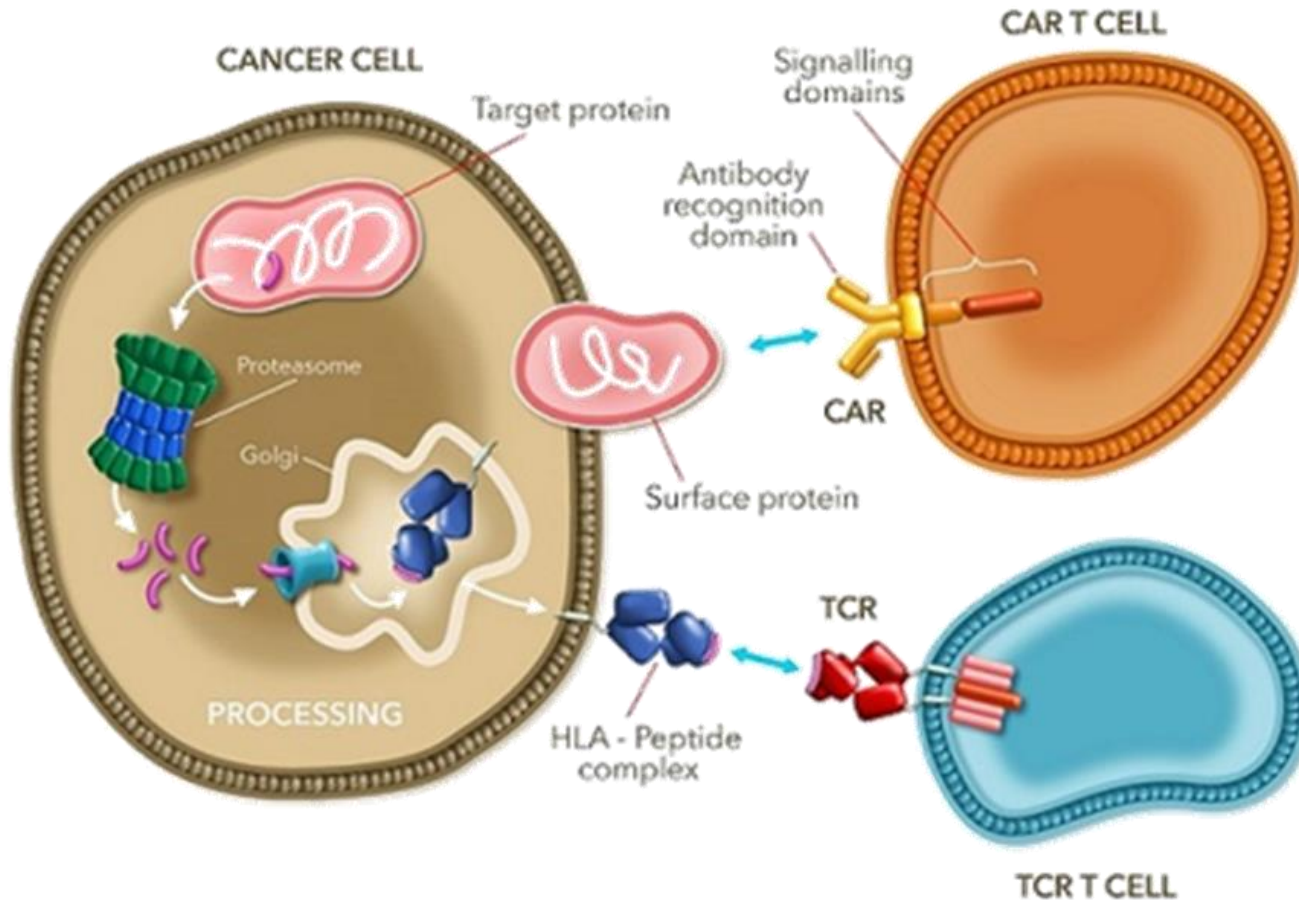
Structure of Chimeric Antigen Receptor (CAR)

From the first to the next generations



Bypassing Central Tolerance and generate potent T-Cells to Self Antigens

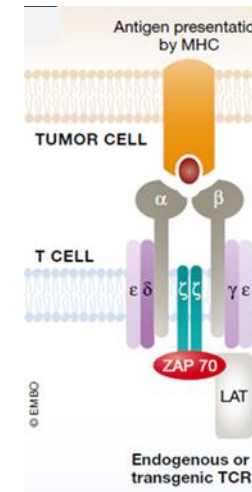
Two approaches : CART-cells or TgTCR



- Cell surface antigens
- Persistence in-vivo?
- MHC independent
- Ac/Ag +++

Advantages

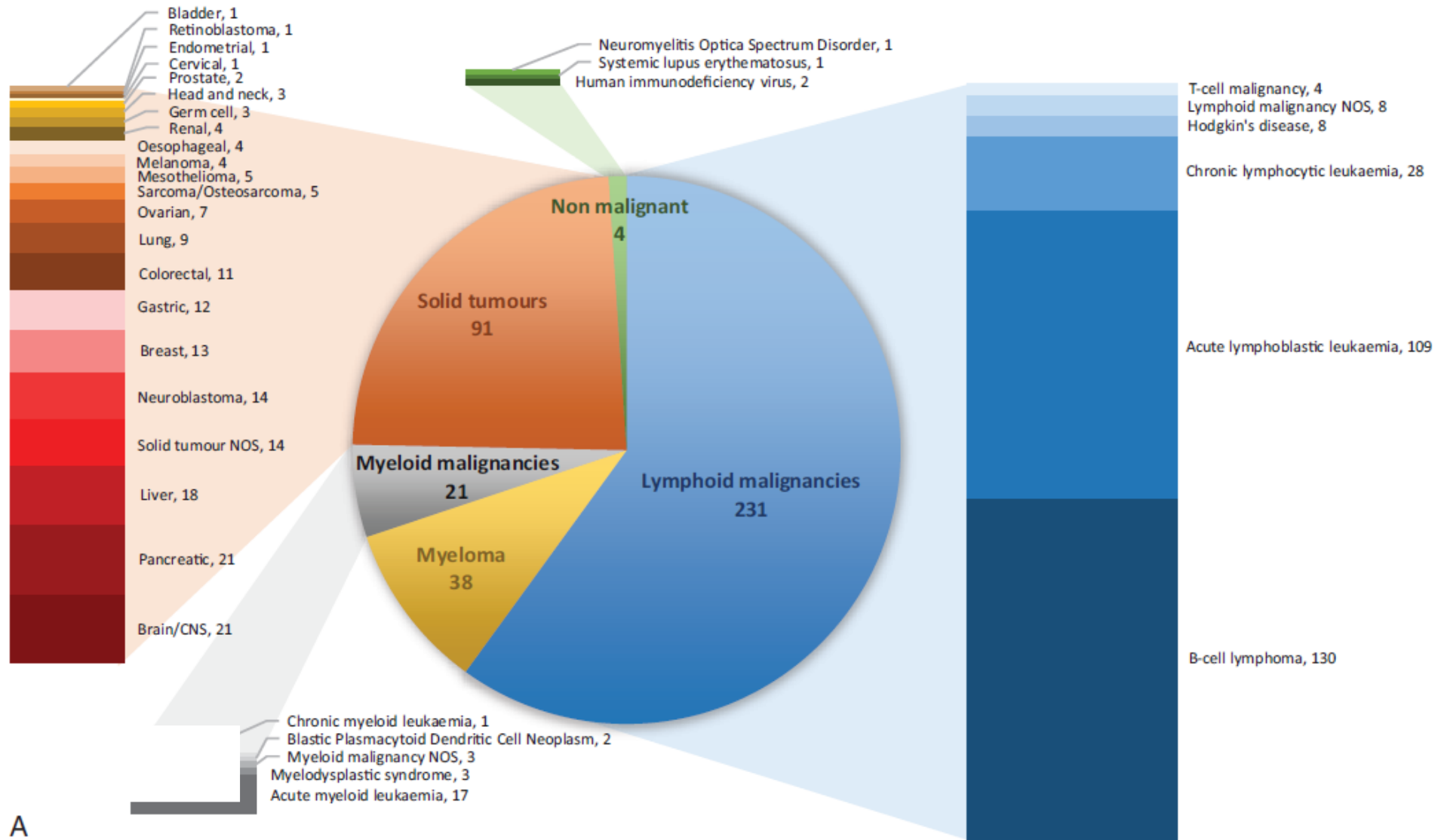
Inconvenients



- Intracellular antigens
- MHC dependent
- TCR/Ag +
- Recombination TgTCR/endogen TCR

Distribution of CART-cells clinical trials

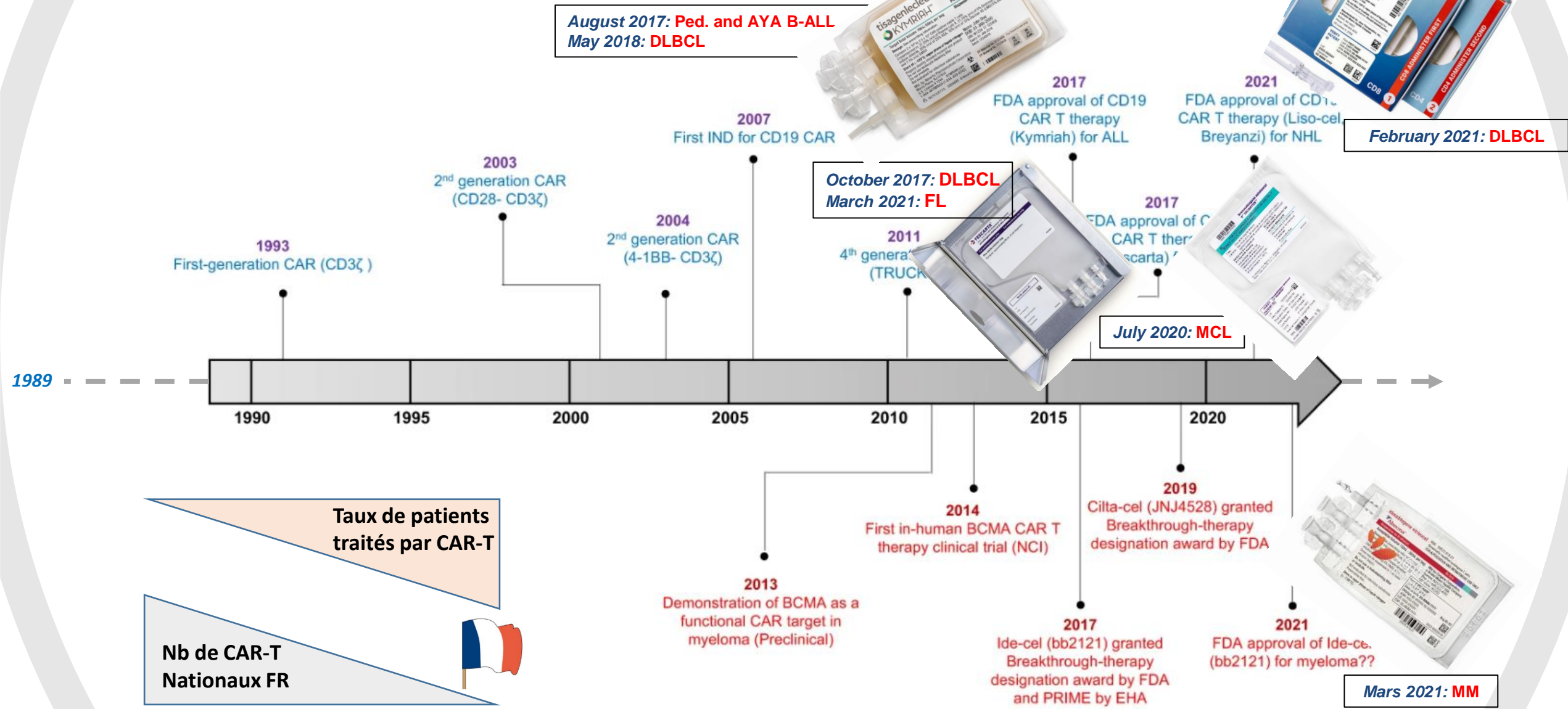
75% in Onco-Hematology diseases, 25% in solid cancers



A

Developpement des CAR T-cells

Approbation FDA & EMA



FDA and/or EMA approved CART-cells

more than 30 years later ...

Prefix
Suggest by Manufacturer

Infix
Gene : for gene modification
Cabta : for Cells expressing Antibody and T-cells Activation
Leu : for Leucocytes

Suffix
Cel : For cell used for Cell therapy



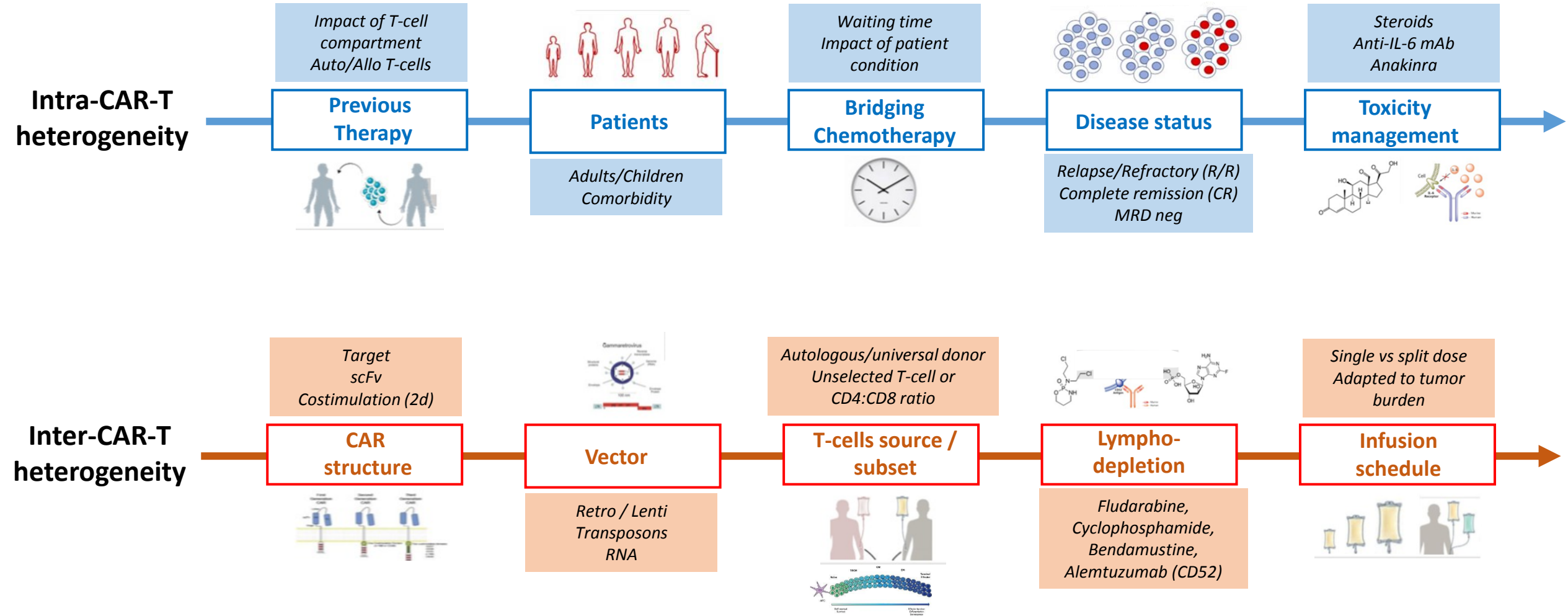
Axi-cabta/gene-Cilo leucel (Yescarta) = *axi-cel*

Tisa-gene-Lec leucel (Kymriah) = *tisa-cel*

Market	Drug		Provider	Chimeric Receptor			Extracellular domain		Disease indication	Cells	Pivotal Clinical trials
	Generic	Abbreviation		Generation	Co-stimulatory signal	Transduction	Target	MAbs			
KYMRIAH®	Tisagenlecleucel	tisa-cel	Novartis	Second	4.1BB	Lentiviral	CD19	FMC63	Acute lymphocytic leukemia (ALL)/Diffuse large B-cell lymphoma (DLBCL)	Bulk PBMC --> CD3+/CAR+	Eliana (ALL) Juliet (DLBCL)
YESCARTA®	Axicabtagene ciloleucel	axi-cel	Kite/Gilead	Second	CD28	Retroviral	CD19	FMC63	Diffuse large B-cell lymphoma (DLBCL)	Bulk PBMC --> CD3+/CAR+	Zuma-01 (DLBCL, PMBCL)
TECARTUS®	brexucabtagene autoleucel	brexu-cel	Kite/Gilead	Second	CD28	Retroviral	CD19	FMC63	Mantle cell lymphoma (MCL)/ALL	T-cells --> CD3+/CAR+	Zuma-02 (MCL) Zuma-03 (ALL)
BREYANZI®	lisocabtagene maraleucel	liso-cel	Celgene/BMS	Second	4.1BB	Lentiviral	CD19	FMC63	Large B-cell lymphoma (LBCL)	CD4+/CD8+ --> CD4+/CD8+ [1:1]CAR+	Transcend
ABECMA®	idecabtagene vicleucel	ide-cel	Celgene/BMS	Second	4.1BB	Lentiviral	BCMA	bb21	Multiple myeloma (MM)	Bulk PBMC --> CD3+/CAR+	Karmma

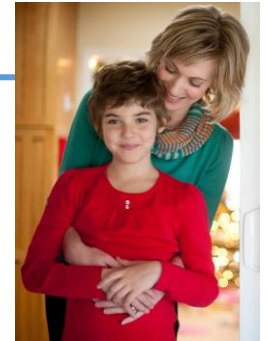
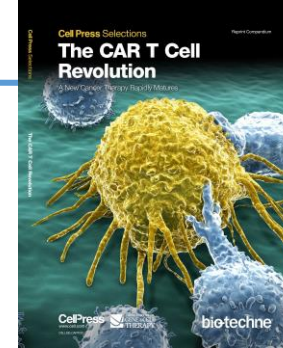
Heterogeneity for comparison between CART-cells use

CART constructs, production, cells, administration, patients, clinical trials, real life, companies...



Acute Lymphoid Leukemia (ALL)

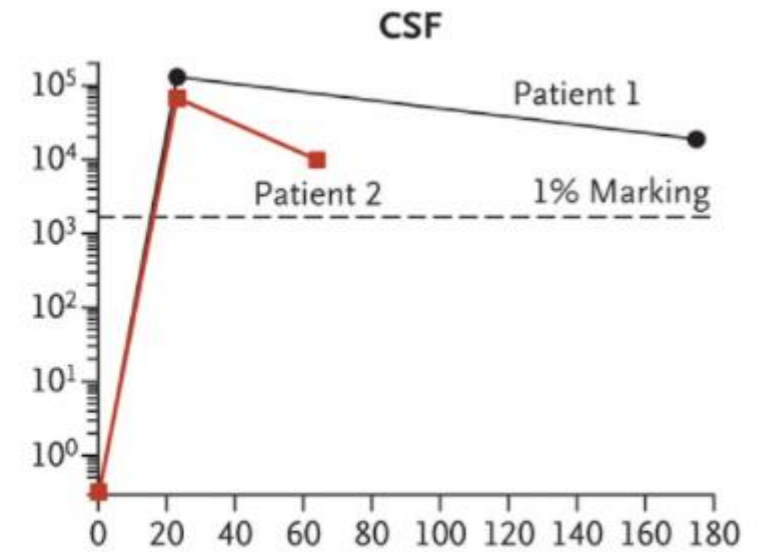
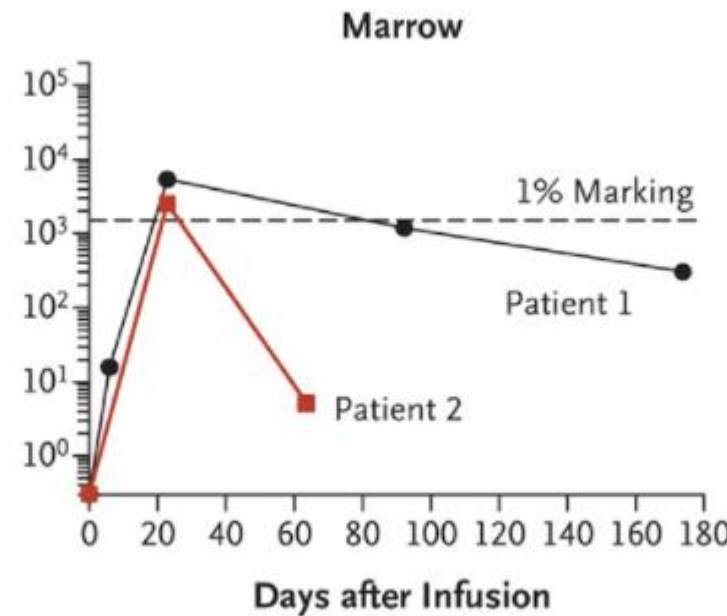
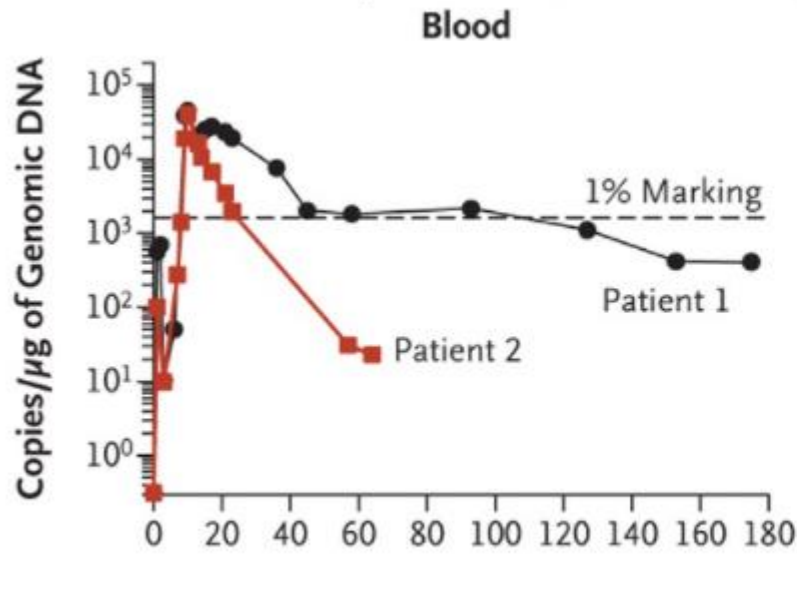
First ALL childhood CD19 CART-cells treatment



The New York Times

Jan 2015, 30th

Dec 2012, 9th



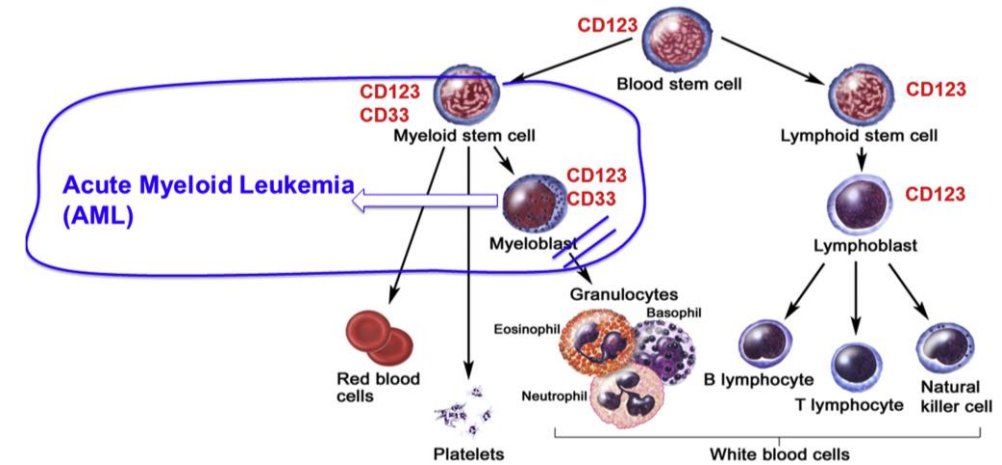
Main keys of success :

- 100x to 1000x fold expansion and proliferation
- Persistence of CART-cells
- CRS Management (IL-6 / Tocilizumab)

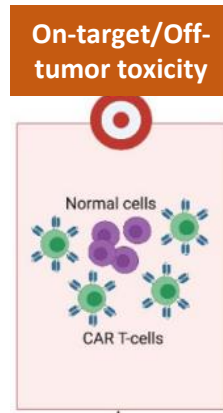
More complicated in Acute Myeloid Leukemia (AML) ...

Most of cell surface tumor (associated) antigens are expressed by normal hematopoietic stem cells

- No leukemia-specific surface marker exists in all AML patients
- Lack of a Leukemia-Specific Antigen for Use as Target for CAR T Cells
- In AML all CAR T-cells are at an experimental development (early-stage clinical trials)
- Most common AML cells surface markers targeted : **CD33-CD123-CLL1-TIM3-CD44v6-CD7-FLT3...**
- Myeloablation is a likely consequence of potent anti-myeloid CAR T-cell therapy

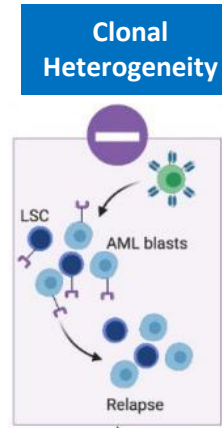


Challenges

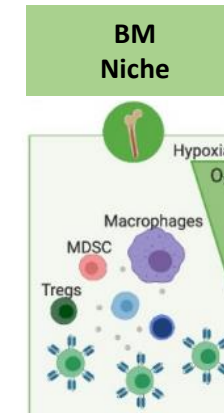


Solutions

- Neoantigens targeting
- Ideal target
- AND and NOT logic gated CART
- Modulation affinity scFv
- Combination with KO HSC transplantation (ie CD33-/-)
- Limiting persistence of CART
- Dual with dissociated activating system



- Personalized approaches
- Multi targeting (dual, bi, CART..)

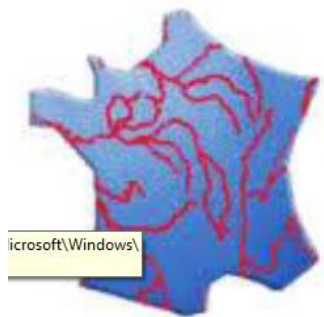


- Personalized approaches
- Switch receptor CAR
- CAR Trafficking
- Niche targeting (CAF, MSC..)
- Combination with hypoxic sensors
- Allogeneic CAR

Conclusion (1)

CART-cells generalities

- CART-cells (but also immunotherapy) are a **revolutionary technological advance** that change the therapeutically practice and offer new alternatives for **refractory / relapsed (R/R) patients**
- Autologous CART-cells have been approved in **B-cell malignancies (ALL, DLBCL, FL, PMBCL)** and also in **Multiple Myeloma (MM)** for R/R patients
- Toxicity of CART-cells : Adverse events (**CRS and neurotoxicity**) are **better understand** are now better managed by physicians. What's about financial toxicity?
- Currently, they are experimented in early lines of treatment (**Soon in first line?**)
- There is a need to find an ideal target and approaches in Acute Myeloid Leukemia (AML)
- Remain to be **improve for solid tumor Cancers**
- There are multiple (unlimited) possible improvements that can be imagine (Dual, 4th generation, universal, combination, effectors ..)
- **Allogeneic Gene Edited (GE) CART-cells** or NK-CAR can be a promising approach, although that GE need to be more secure



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Brief informations of Acute Myeloid leukemia (AML)

AML is an aggressive clonal expansion of myeloid blasts in bone marrow, blood or tissue
80% of adult acute leukemia and 3% of all cancers

(I De Kouchkovsky et al, blood cancer journal 2016)

- **Conventional Chemotherapy** (Cytarabine, Daunorubicine, idarubicine, mixantrone)
(M. W. McCarthy et T. J. Walsh, Curr. Oncol. Rep., mars 2017)
- **Targeted therapy** (FLT3, BCL2 inhibitors)
(Leick, M.B. and M.J. Levis, Curr. Hematol. Malig Rep., April 2017)
(Souers, A.J., et al., Nat Med, 2013)
- **Cellular therapy** (Stem cell transplantation)
(I De Kouchkovsky et al, blood cancer journal 2016)

Immunotherapy :

- **Monoclonal antibodies** (CD45-CD33...)
- **Bifunctional antibodies** (CD3-CD33...)
- **Checkpoints inhibitors** (CTLA-4, PD-1/PDL-1, TIM3, LAG3)
- **Vaccines** (WT1)
- **Dendritic cells**
- **CTLs** (PR3)
- **Transgenic TCR**
- **Chimeric Antigen Receptors** (CAR-CD123, CAR-CD33...)

(Dolores A Grosso et al, Semantic Scholar, Cancer, 2015)

- **Relapse in 30 to 80%** of cases for patients **not receiving allograft**

- Clonal heterogeneity of the LSC
- Targets expressed non exclusively by Leukemic cells
- Escape to the immune system

(Fumihiko Ishikawa, RIKEN Research, 2010)

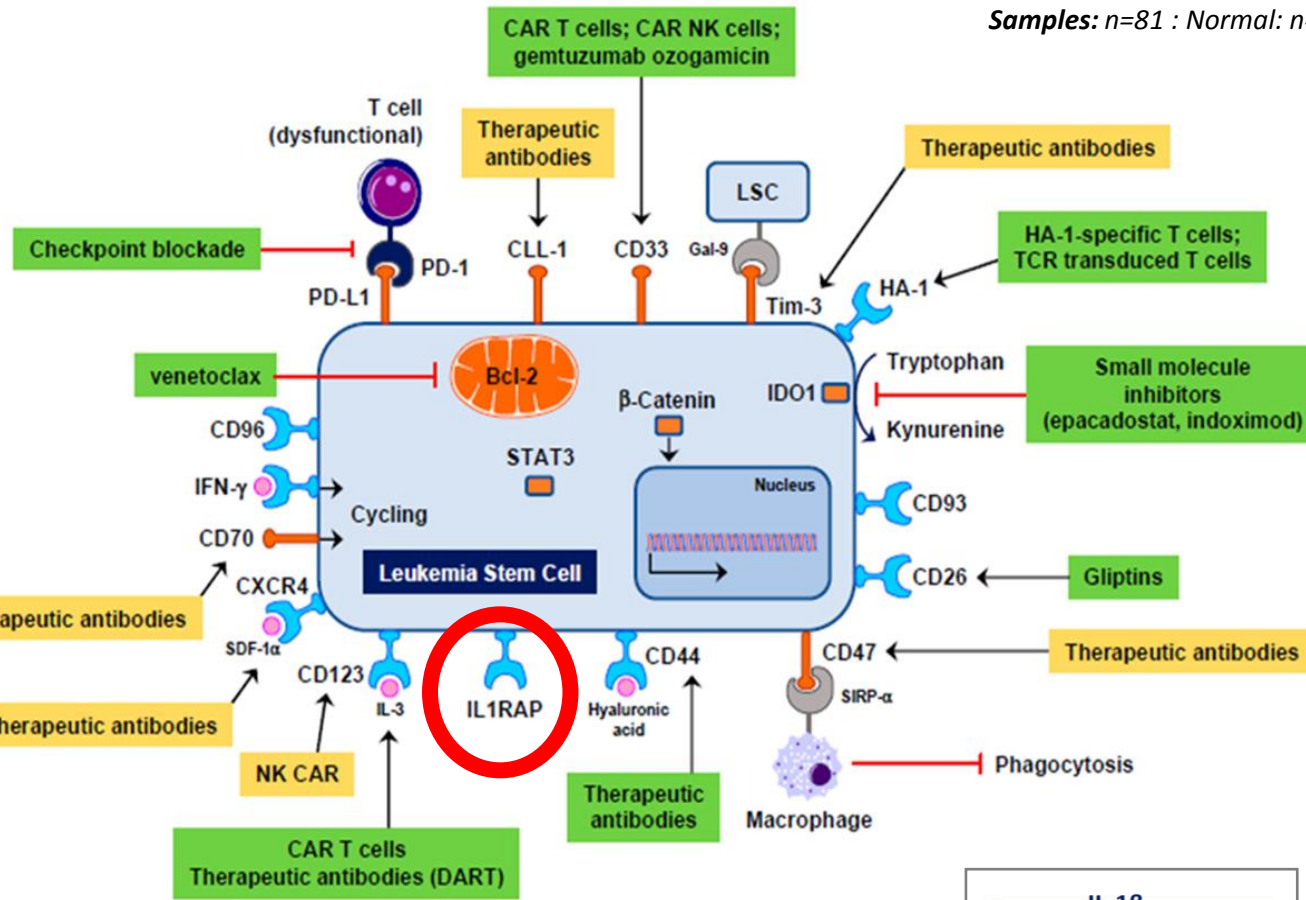
→ Need to target leukemic stem cells (LSC) by affecting the least possible healthy tissues

IL-1RAP as target on AML leukemic stem cells

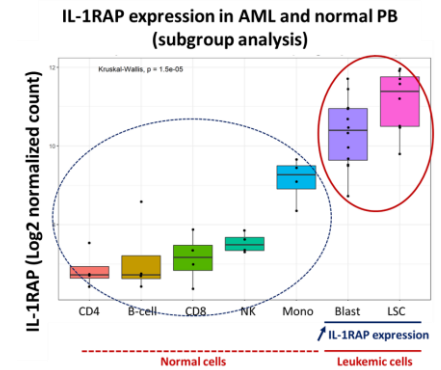
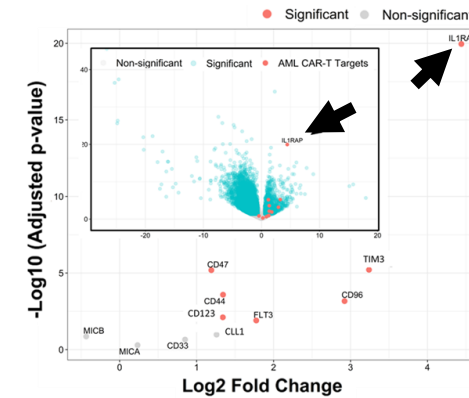
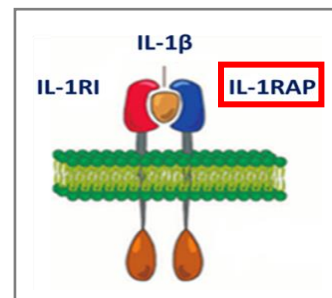
Data: Corces R. et al, Nature Genetics 2016 (GSE: GSE74246 & SRA: SRP065216)

Method: RNA seq on sorted population

Samples: n=81 : Normal: n= 8 donors / 49 samples; AML: n= 12 patients / 32 samples (AML at diagnosis & High risk +++)



Interleukin-1 Receptor Accessory Protein



- IL-1RAP is overexpressed at the cell surface of Leukemic Stem Cell (AML, MDS, CML).
Jaras et al. PNAS 2010; Askmyr M et al. Blood 2013

- IL-1RAP is not expressed in healthy tissue.
Zhang et al, Cancer Discovery, 2021

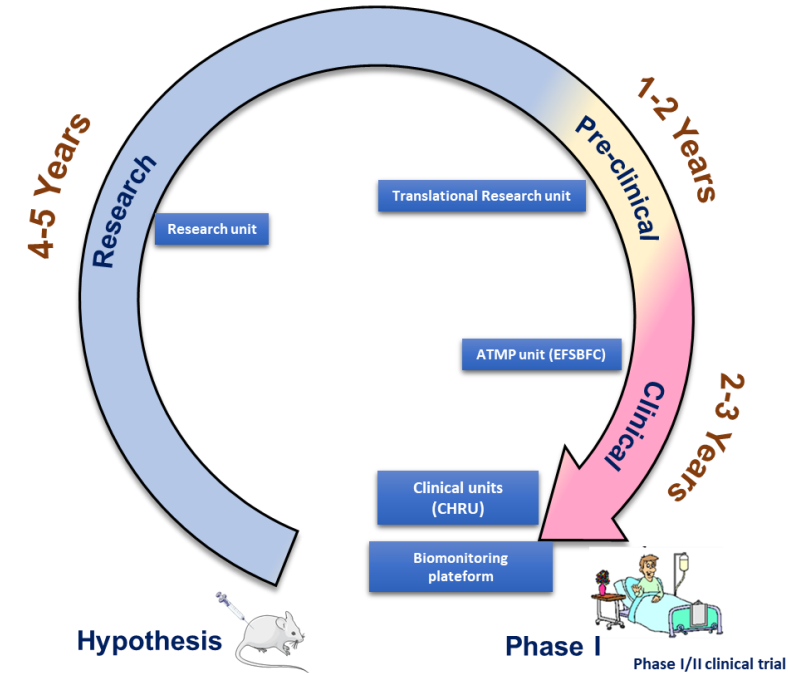
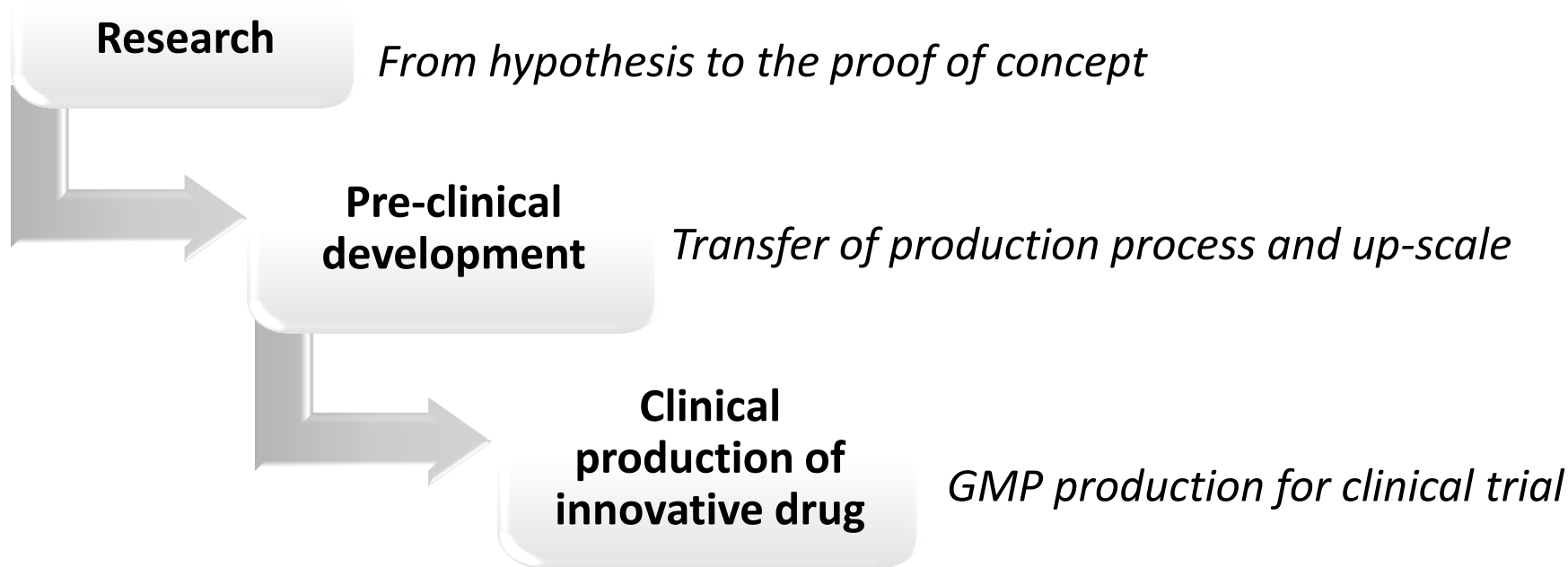
- IL-1RAP potentiates multiple oncogenic signaling pathways in AML and promote leukemia.
Mitchell K et al. JEM 2018; De Boer et al, Haematologica 2020

- KO of IL-1RAP inhibits Cancer (stomach carcinoma).
Qing et al, Tech Cancer Res 2021

- Today, poorly targeted, excepted by using a monoclonal antibody in solid tumors.
clinical.gov NCT03267316

Requirements for academic production of CAR-T cells in accordance with Good Pharmaceutical Practice (GMP). Guidelines from the Francophone Society of Bone Marrow Transplantation and Cellular Therapy (SFGM-TC)

Stages of development of CAR-T cells immunotherapy



Research step: hypothesis

Based on Besançon UMR1098 (France) experience

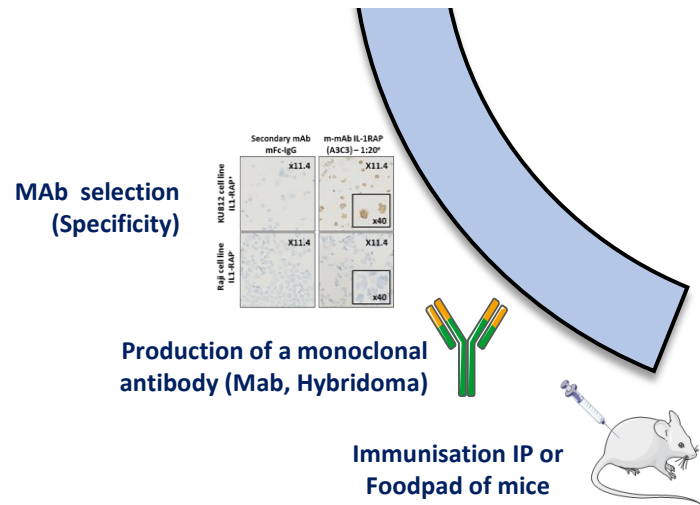
The development of CAR-T cell immunotherapy starts by the hypothesis with the choice of antigen to target.

What is the ideal antigen?

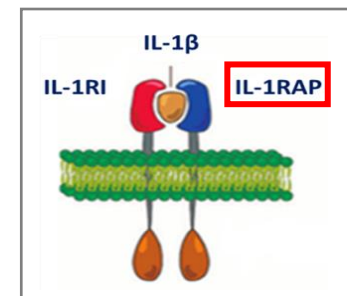
- Should be expressed by the tumor cell and not at all by the healthy cells
- Should not affect healthy tissue,
- Should be express at the cell surface
- Its expression must remain stable

Antigen is a key selection with regard to specificity & safety

Hypothesis /
Choose a
tumor target



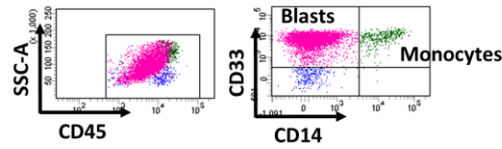
Interleukin-1 Receptor
Accessory Protein



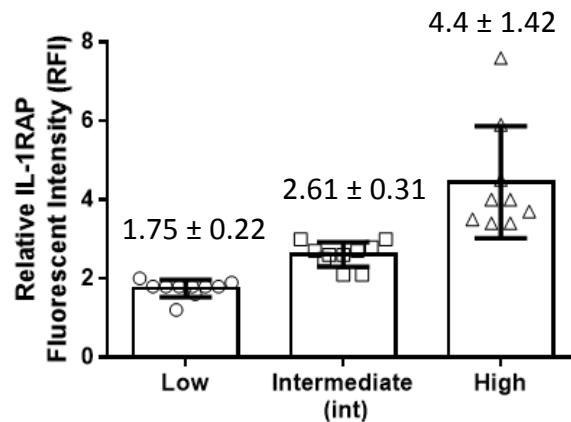
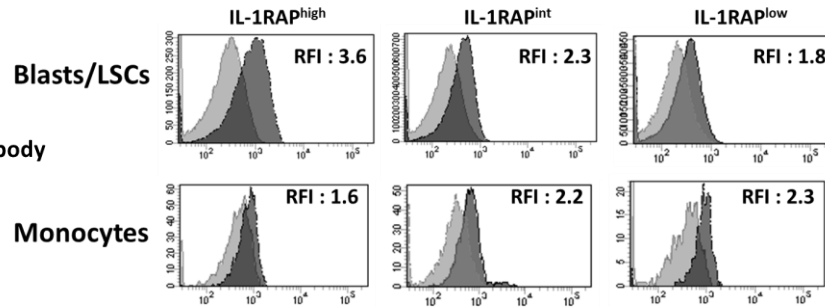
IL-1RAP mAb (#A3C3) staining in AML primary samples

Filothèque Cohort n=30 10 patients in each group of cytogenetic stratification (ELN) of AML

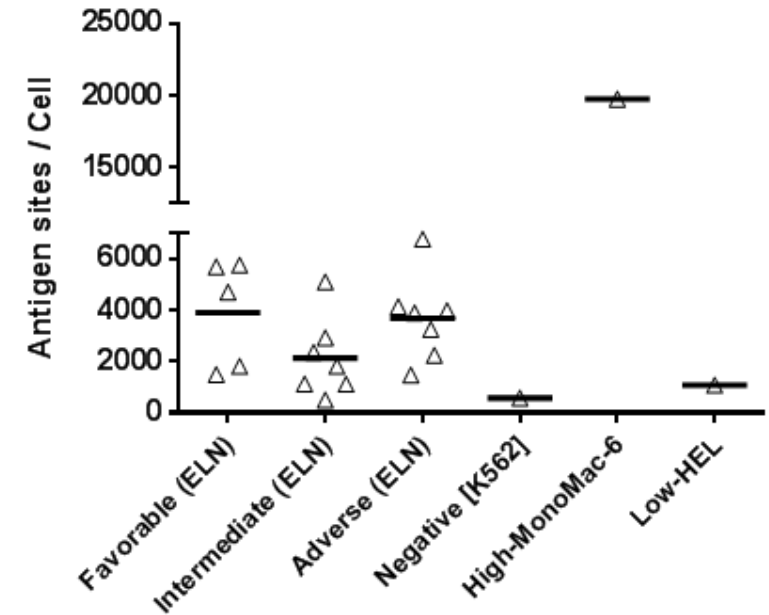
Gating strategy



■ IgG1 Isotype
■ IL-1RAP mAntibody



Number of IL-1RAP antigenic sites

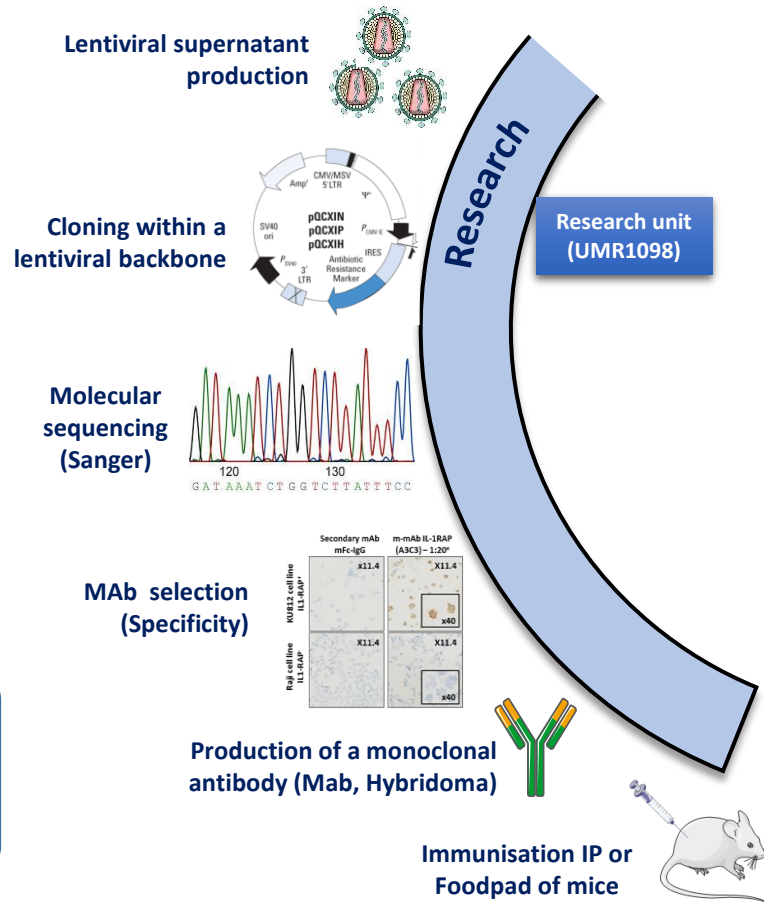


IL-1RAP is expressed on primary cells of AML patients also at 3 levels « Low », « Intermediate » and « High »

Research step: Construction of the viral vector

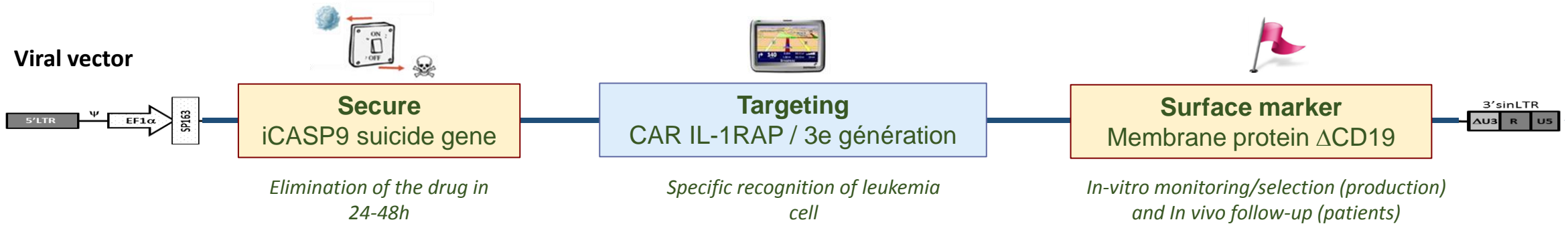
CAR are engineered membrane protein that consist of three main components:

Construction of the viral vector & supernatant production



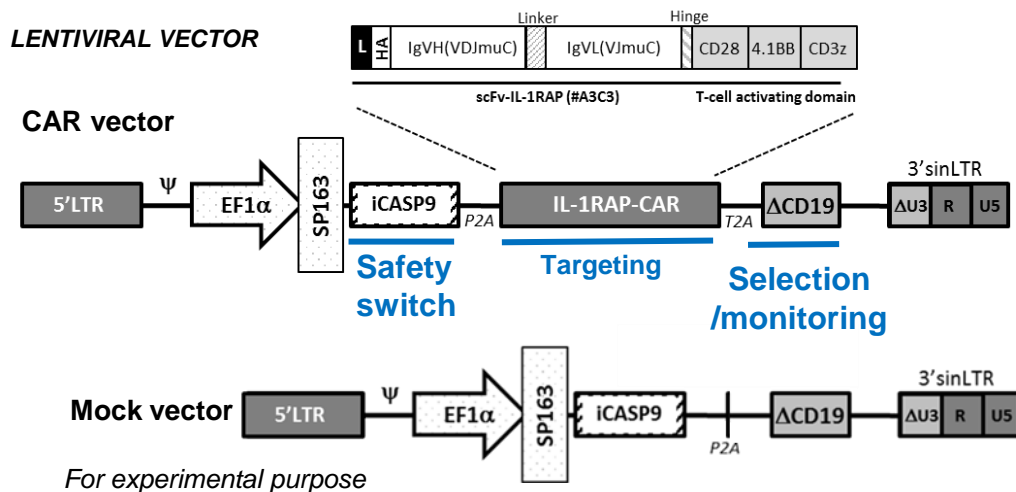
Hypothesis /
Choose a
tumor target

Production of a 3rd Chimeric Antigen receptor from IL-1RAP mAb (#A3C3)

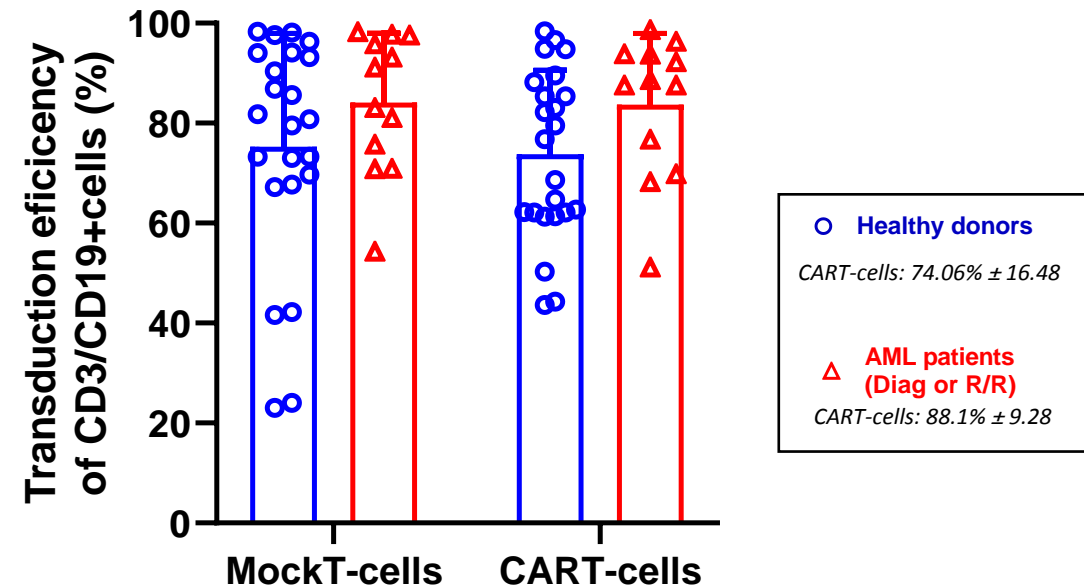


Molecular characterization of the coding sequence

→ 3tr generation: single chain linked to the CD28-41BB and CD3z T cells activation signal



Transduction efficiency on primary T cells

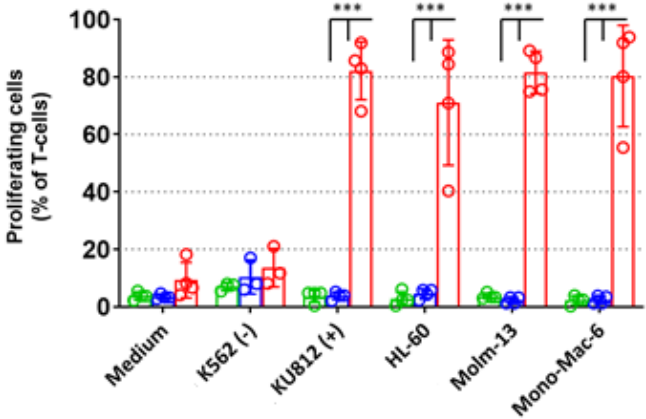


In-vitro functionality analysis of IL-1RAP CAR-T cells :

Activation (CFSE), IFN γ secretion, CD107 staining, co-culture cytotoxicity

Activation / Prolifération

3 Days of co-culture
Ratio Effector : Target (E:T) = 1:3

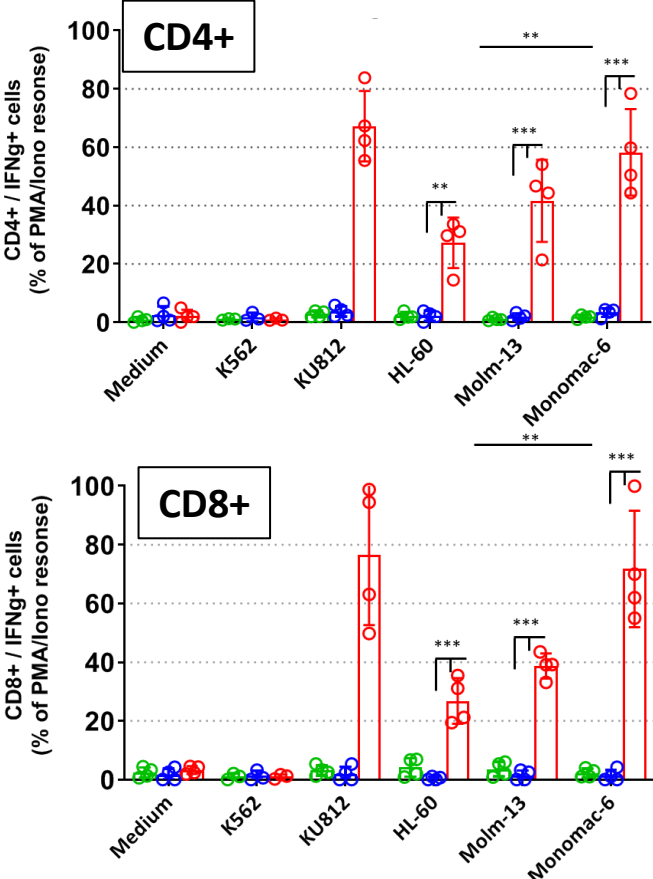


n=4
*** : p<0.001



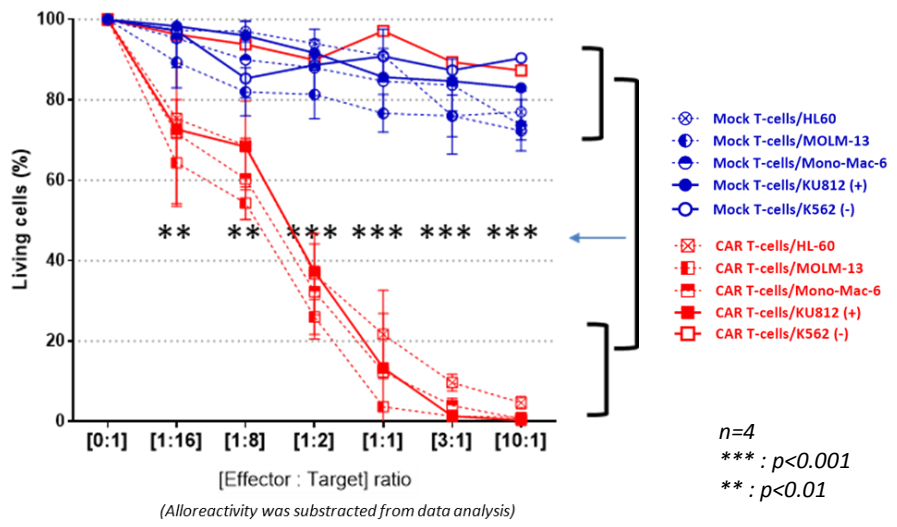
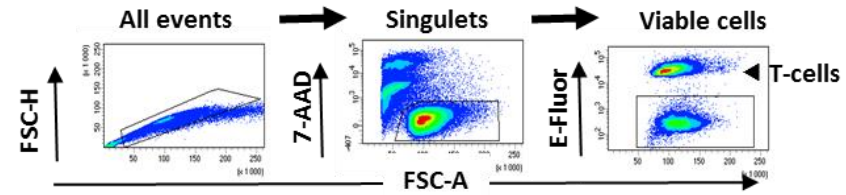
IFN γ Secretion

Over night co-culture
Ratio E:T = 1:5



n=4
*** : p<0.001
** : p<0.01

Cytotoxicity Cells lines



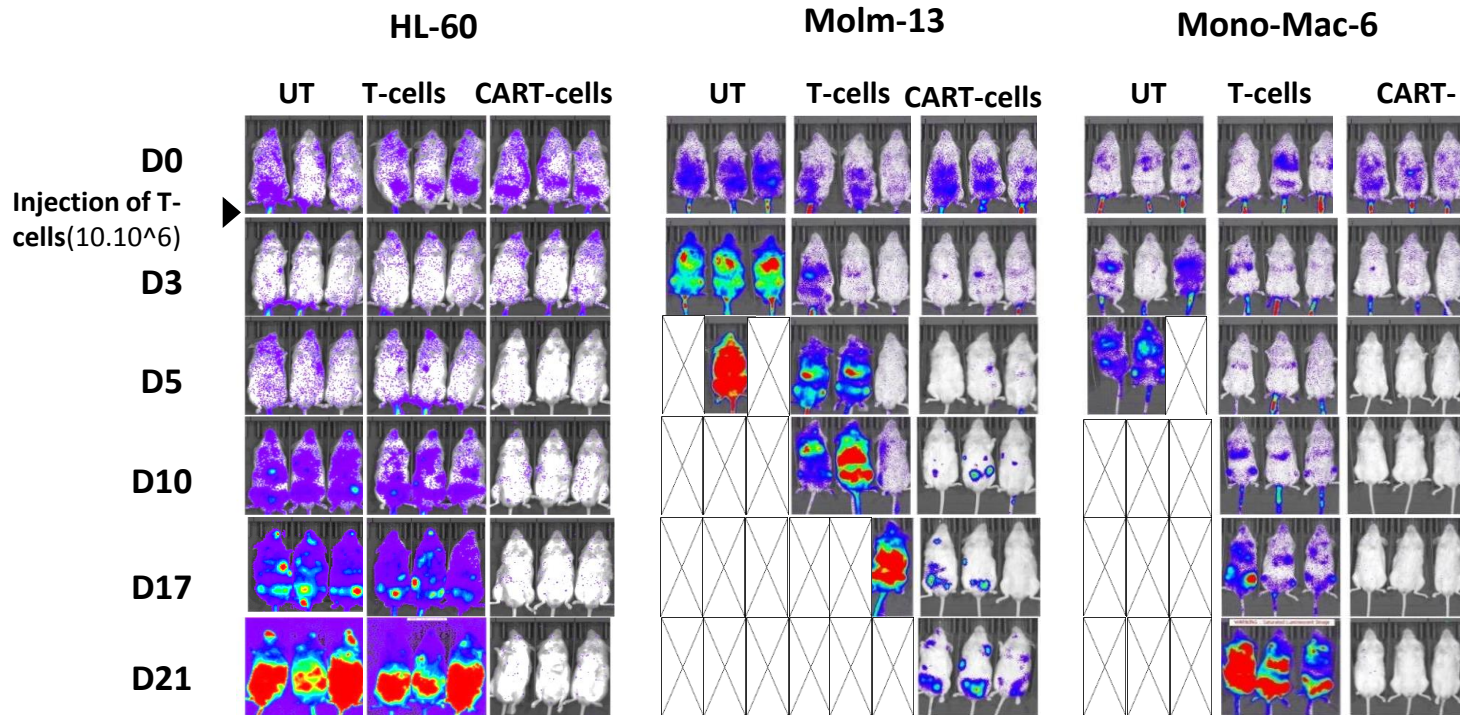
n=4
*** : p<0.001
** : p<0.01

These results show that CAR-T cells are functional

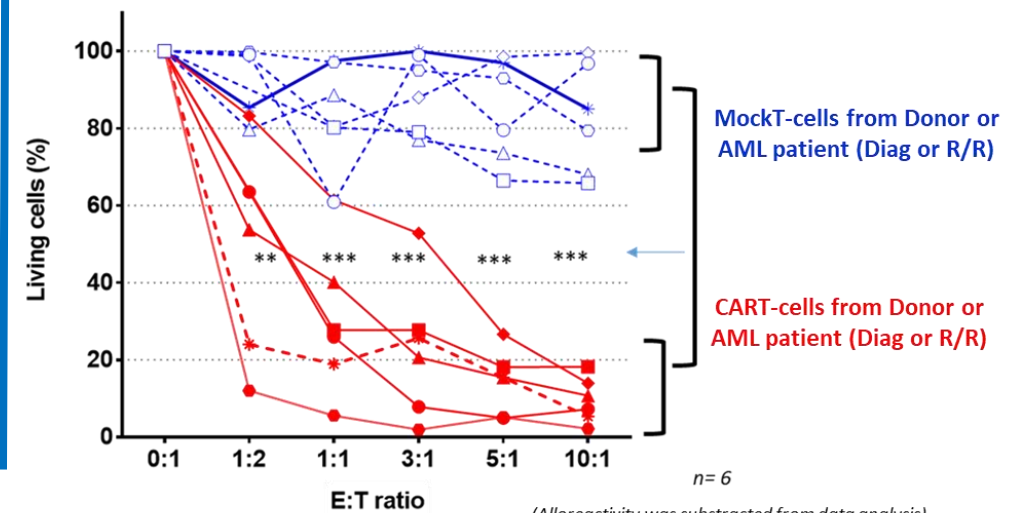
Validation of proof of concept IL-1RAP CART-cells in AML

Xenograft murine model

→ Efficacy of IL-1RAP CART-cells against AML cells in R/R patients (*In vitro*).



Settings	Symbols	Combinations	IL-1RAP CART-cells	AML blasts
		Donor (D) Patient (P)	Diag (D) or Relapse (R)	Diag (D) or Relapse (R)
Allo	○	D / P	Healthy donor #A	Patient #1 (D)
Allo	□	D / P	Healthy donor #B	Patient #2 (D)
Allo	●	D / P	Healthy donor #C	Patient #4 (R)
Allo	△	P / P	AML patient #6 (D)	Patient #7 (D)
Auto	◇	P / P	AML patient #5 (D)	Patient #5 (D)
Auto	*	P / P	AML patient #7 (R)	Patient #7 (R)



Research step: Safety & Toxicity

Proof of concept

Functionality (in-vitro)

Safety

CART-cells Cytotoxicity (in-vivo)

Safety / Off-target toxicity

Construction of the viral vector & supernatant production

Transduction of T-lymphocytes (CART-cells)

Lentiviral supernatant production

Cloning within a lentiviral backbone

Molecular sequencing (Sanger)

MAb selection (Specificity)

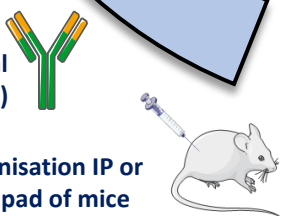
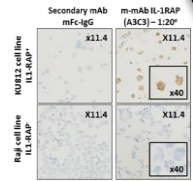
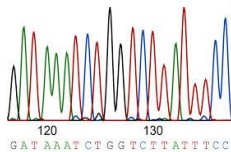
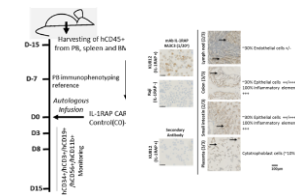
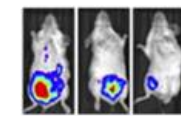
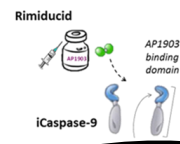
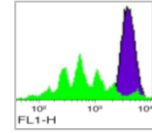
Production of a monoclonal antibody (Mab, Hybridoma)

Immunisation IP or Foodpad of mice

Toxicity (TMA; in-vivo)

Research

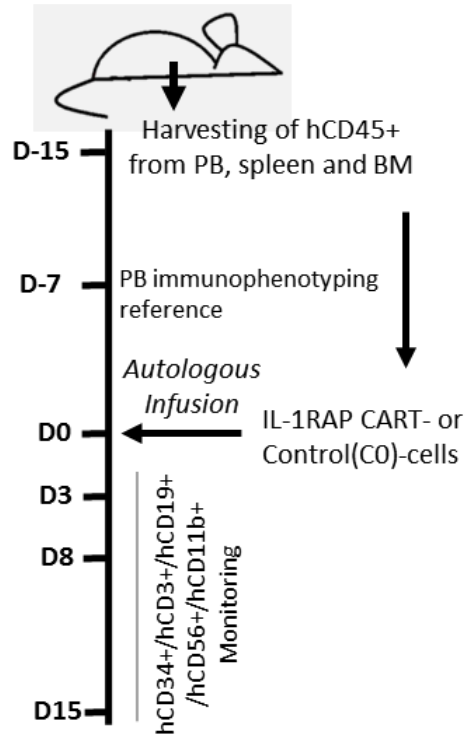
Research unit (UMR1098)



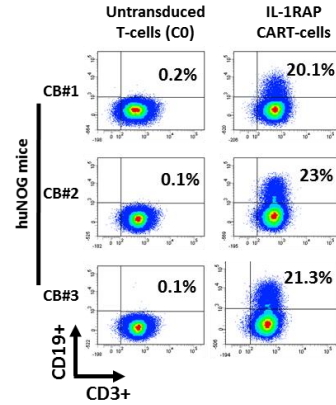
IMMUNOSAFETY on human CD34+ cord blood engrafted mice model (hu-NOG)

CD34+ xenograft model (hu-NOG)

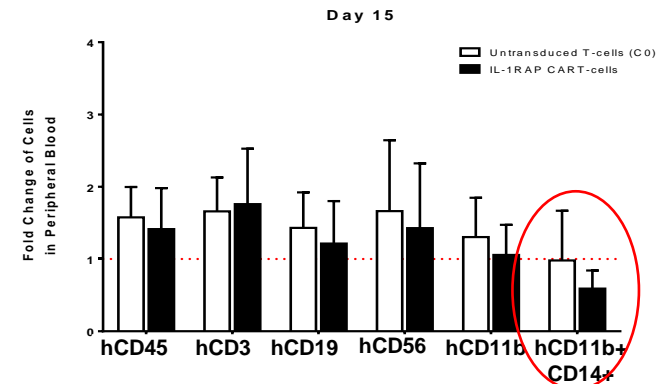
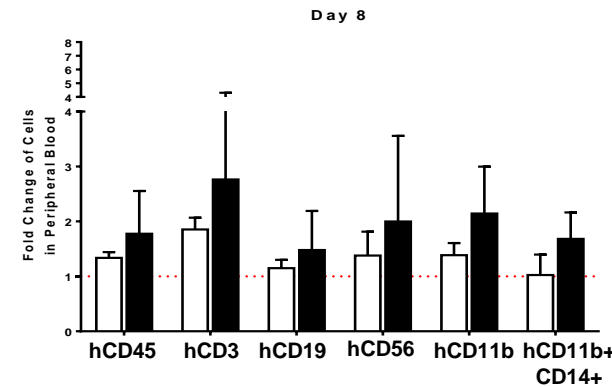
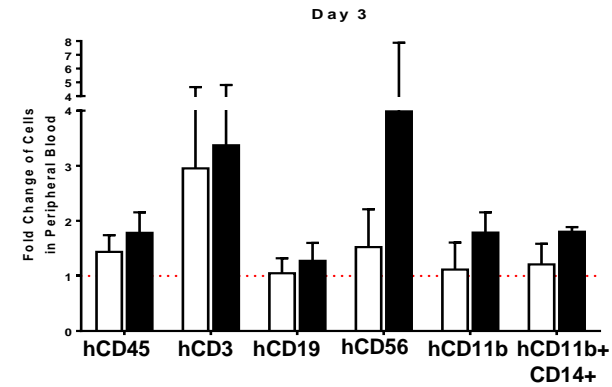
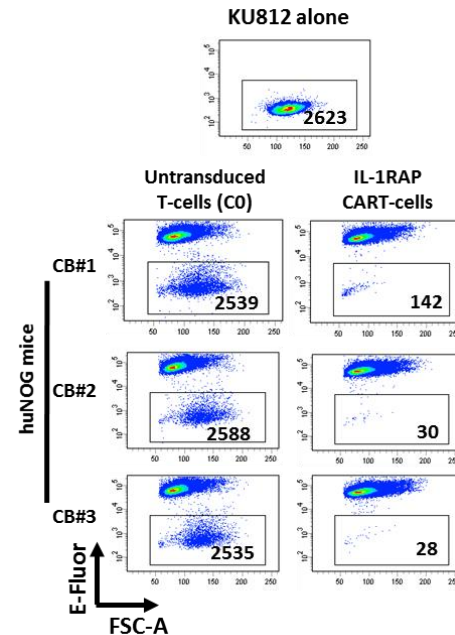
Hu-NOG mice (engrafted with hCD34+ cord blood cells)



CAR-T Transduction efficiency

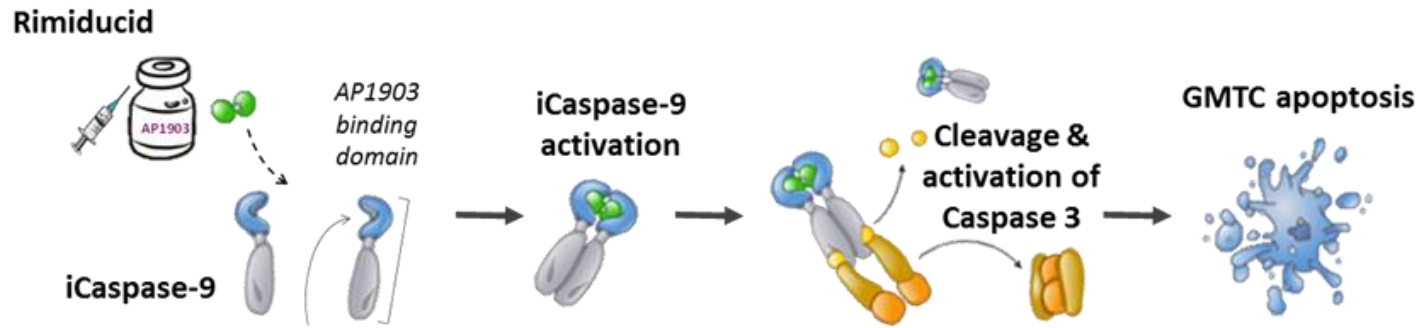


CAR-T functionality against cell line

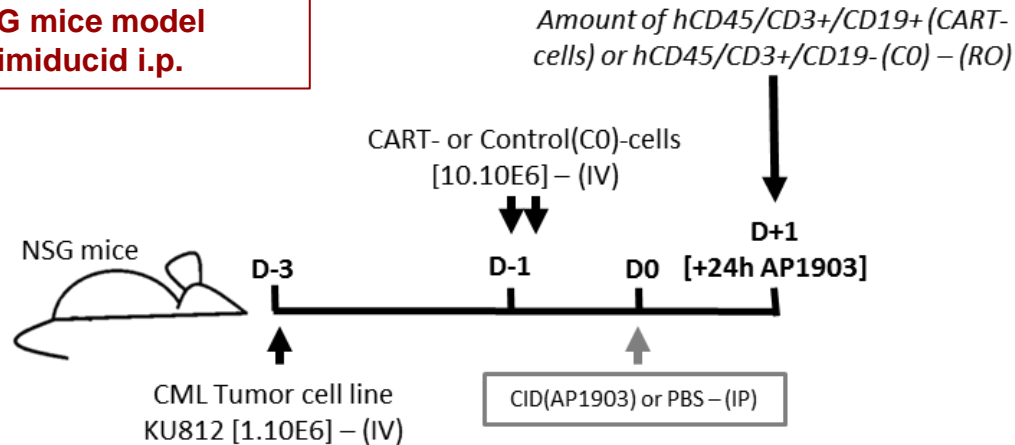


Results predict low toxicity on Healthy Hematopoietic System

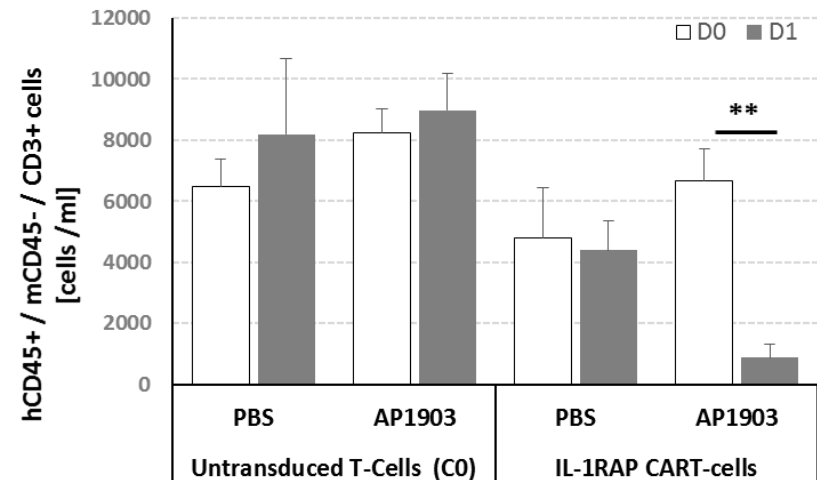
Safety suicide gene iCASP9 / AP1903 [Rimiducid®] switch – in-vivo



**NSG mice model
Rimiducid i.p.**



Amount of CAR-T cells depleted after Rimiducid injection.



Activation of suicide switch allows to kill more than 80% of IL-1RAP CAR-T cells in 24h (88,9% after 48h), n=3

Status of IL-1RAP CART-cells development in AML

RESEARCH



Validated

Patent 1 : US20210008108A1, filed in 2017:11

Patent 2 : EP3744400A1, filed in 2019/05

Warda et al, 2019 Cancer Res.

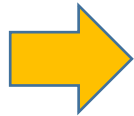
Haderbache R et al, 2021 J Transl Med

Warda W et al, 2021 Cancer Gene Ther

Neta Da Rocha et al, submitted

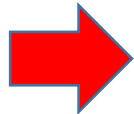
Trad Rim al, submitted

PRECLINICAL
VALIDATION



- **Preclinical « GMP like » process validation - In progress**
- Preclinical GMP process validation / Regulatory dossier – *Awaiting GMP raw material*

CLINICAL TRIAL



Awaiting GMP preclinical validation

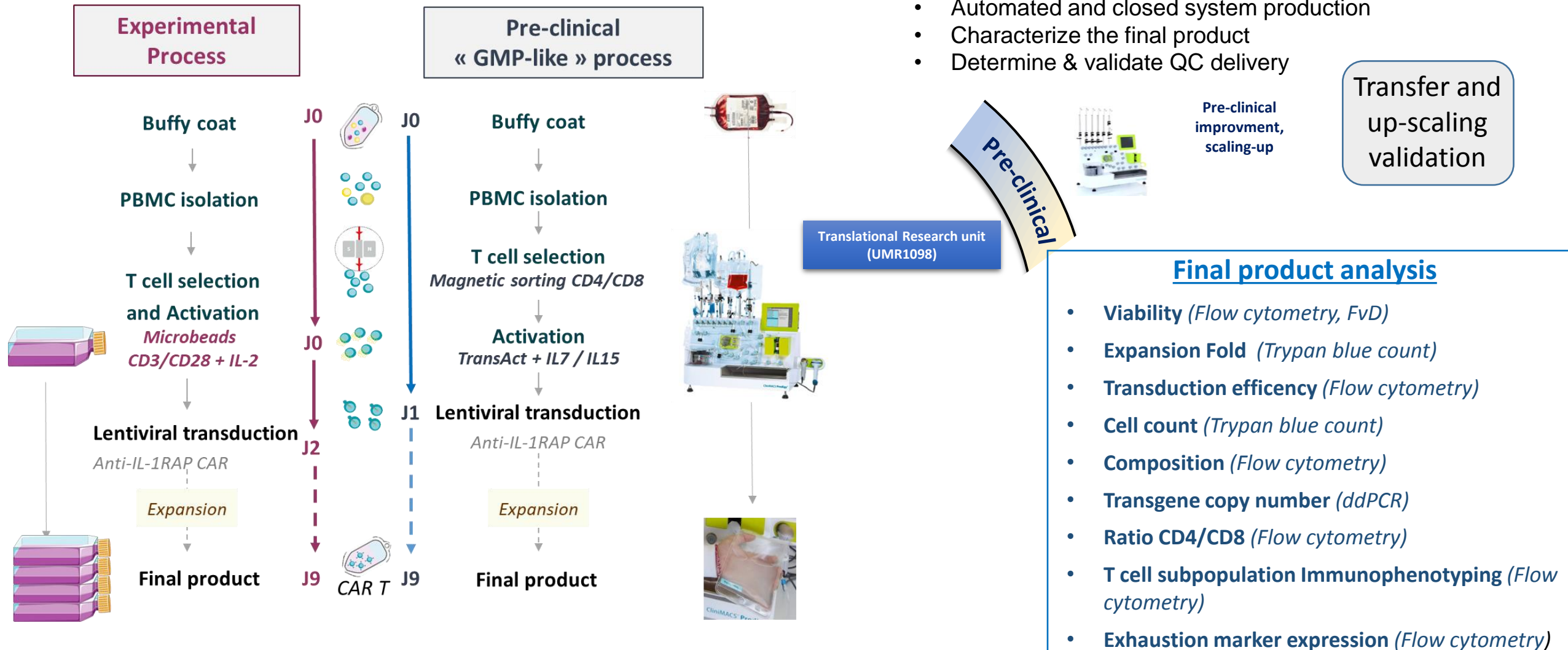
INITIATION OF A PHASE I/IIA DOSE ESCALATION CLINICAL TRIAL FOR CAR IL-1RAP

Preclinical step: Transfer of production process and up-scale

Outside clean room of pharmaceutical unit

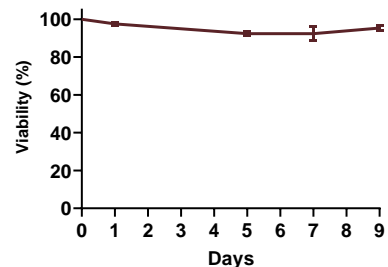
- Transfer & up-scale all the process to GMP condition
- Automated and closed system production
- Characterize the final product
- Determine & validate QC delivery

Transfer and up-scaling validation



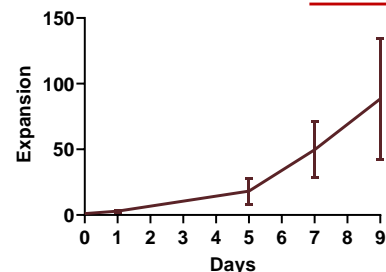
IL-1RAP CART-cells characterization in Final product:

Final product viability



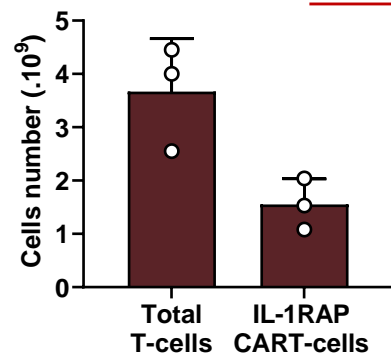
→ Viability of cells **>95%** ($95,00 \pm 1,15\%$) in final product at day 9.

Cells expansion



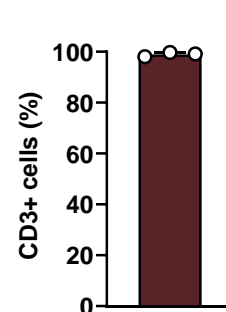
→ Strong cell expansion: **88,394 ± 46,323 expansion factor**

Cell count

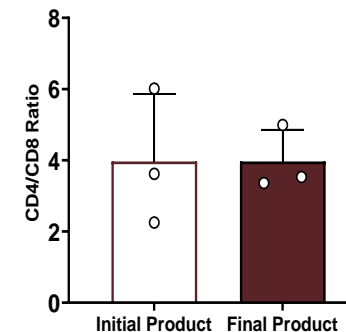


→ Number of CART-cells: in final product: **1,55 ± 0,48 X 10⁹ cells**

CD3+ purity



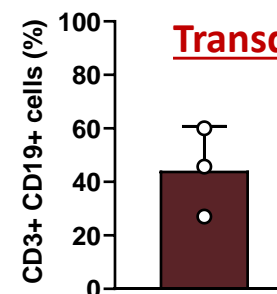
CD4/CD8 ratio



→ Product with high **CD3+ cell purity (98,93 ± 0,86%)**

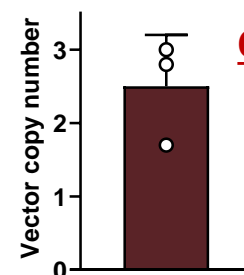
→ **CD4/CD8 ratio maintained** during the production process ($3,96 \pm 1,90$ vs $3,96 \pm 0,89$)

Transduction efficiency



→ Transduction efficiency: **44,23 ± 16,55%**.

Copy of transgene

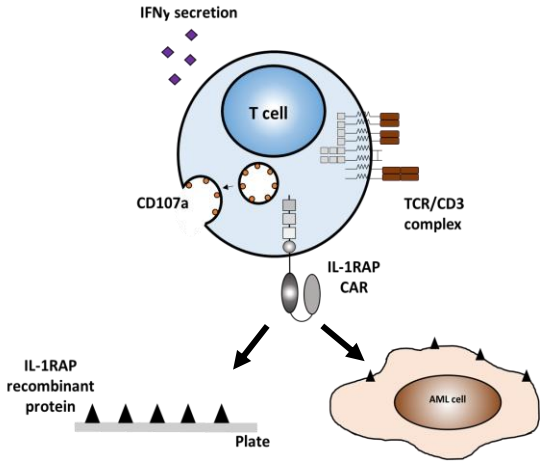


→ Number of transgene copies per cells: **2,50 ± 0,70**

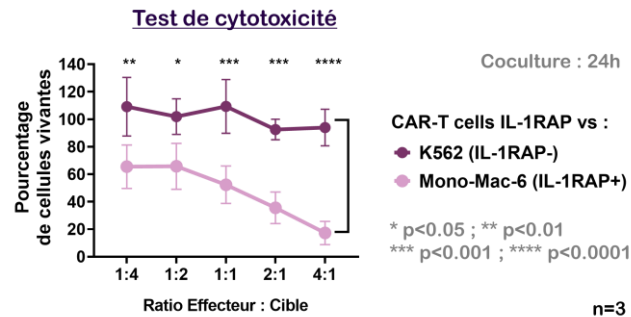
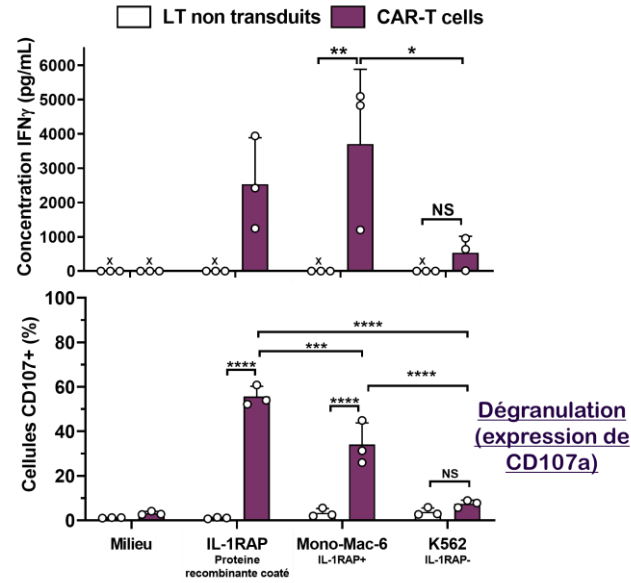
n=3

→ All parameters are in agreement for clinical application in a phase I/IIa clinical trial

Functional study of IL-1RAP CAR-T cells

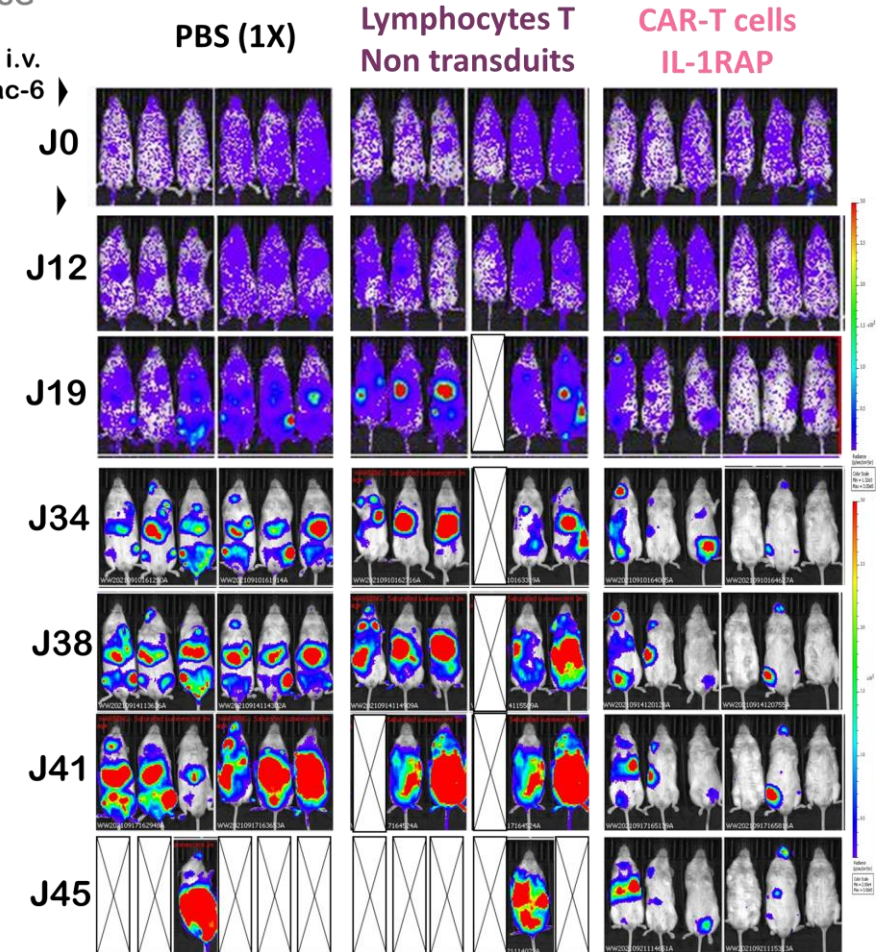


Stimulation with target : 6h
 Mono-Mac-6 cell line : IL-1RAP +
 K562 cell line : IL-1RAP -



Souris NSG

Injection i.v.
 Mono-Mac-6
 -Luc
 (2,5.10⁵)



→ IL-1RAP CART-cells degranulate and secrete IFN γ after IL-1RAP target exposure (coated recombinant IL-1RAP Protein or co-culture with AML leukemic cell line)

Next step - GMP production and clinical trial

Besançon UMR1098 (France) ATMP facilities



Clean and secure area:
Airlocks and Grommets
(biological material,
consumables, waste)



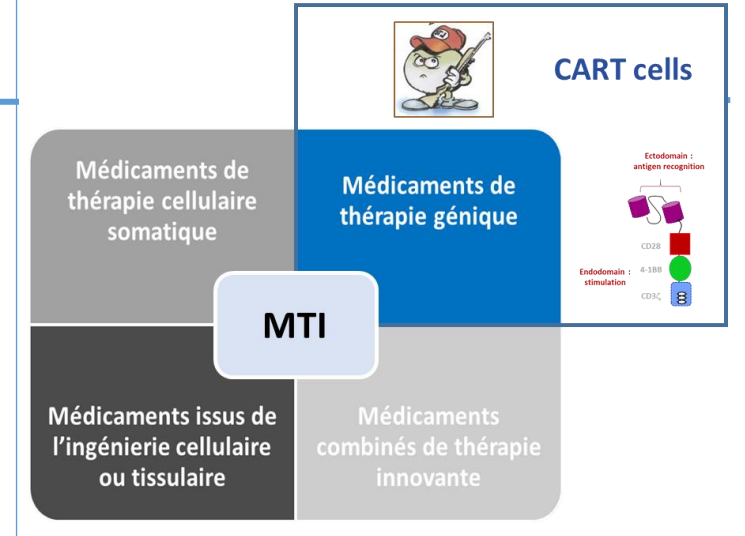
Automated
process



Trained and authorised staff



Règlementation européenne - CE 2007-1394



Dossier
for regulatory
agency

Regulatory
agency

ATMP unit
(EFSBFC)



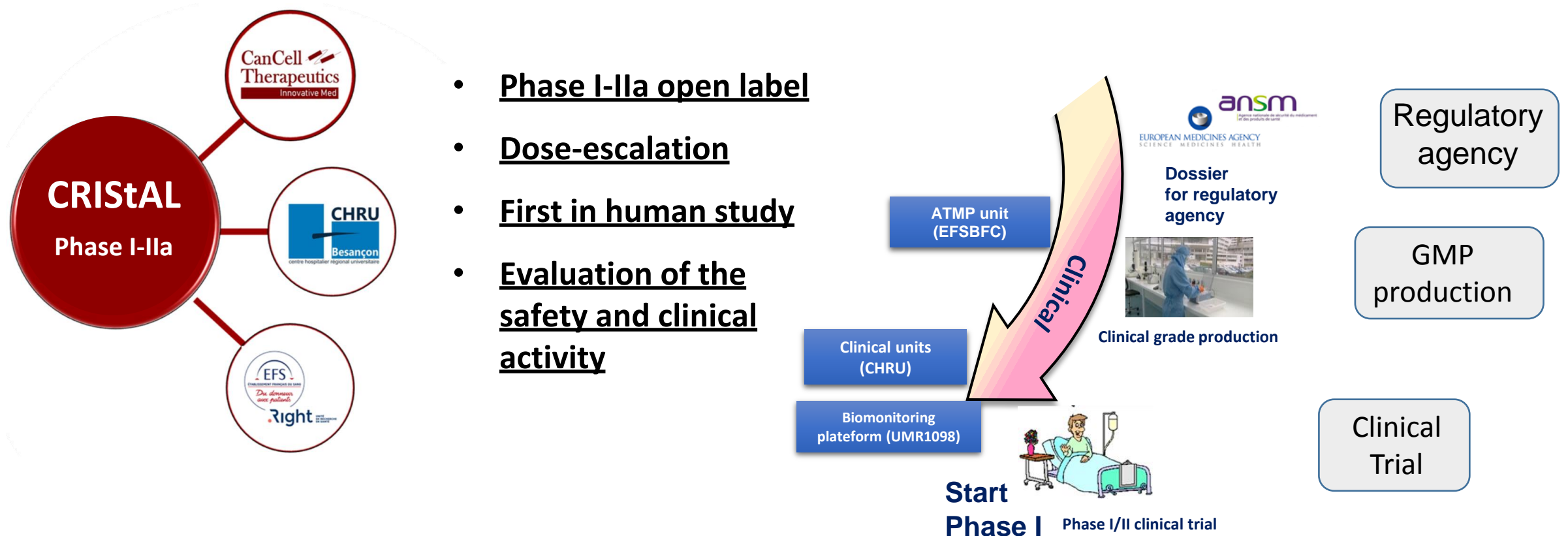
Clinical grade production

GMP
production

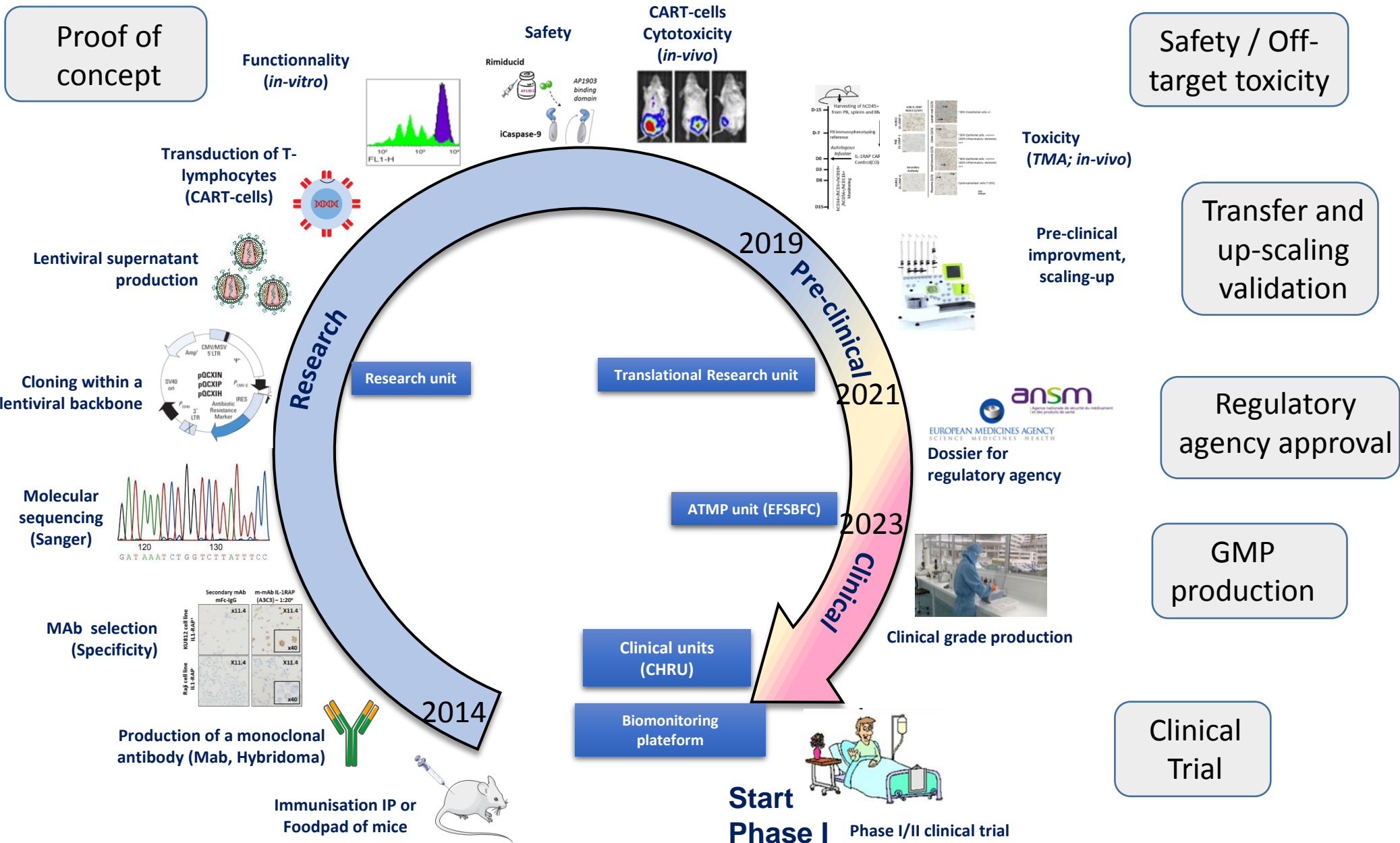
Next step - clinical trial CRISAL

CRISAL Clinical Trial : Chimeric antigen Receptor IL-1RAP, Safety and efficacy evaluation in relapsed and refractory Acute Myeloid Leukemia (AML)

Autologous engineered T-cells expressing anti-IL-1RAP chimeric antigen receptor, administered in adults patients with Relapsed/Refractory Acute Myeloid Leukemia (AML)



Academic CART Cell production: *From the target to the patient...*



Construction of the viral vector & supernatant production

Hypothesis / Choose a tumor target

Proof of concept

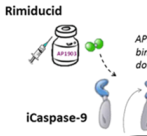
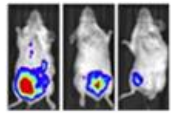
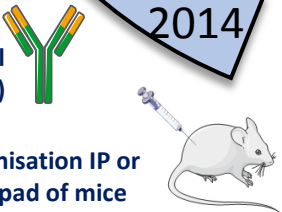
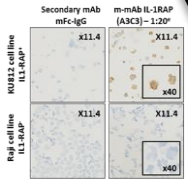
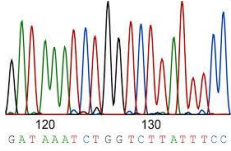
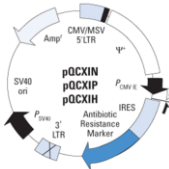
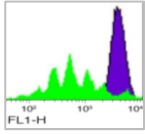
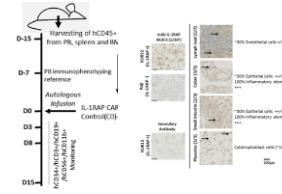
Safety / Off-target toxicity

Transfer and up-scaling validation

Regulatory agency approval

GMP production

Clinical Trial



2021

2023



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CHARAVNER



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WARDA

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NETO DA ROCHA

Christophe
FERRAND

Marina
DESCHAMPS

Lucie
BOUQUET

RIM
TRAD

