

Transposon-based system for CAR T cell therapy

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Fondazione IRCCS
San Gerardo dei Tintori

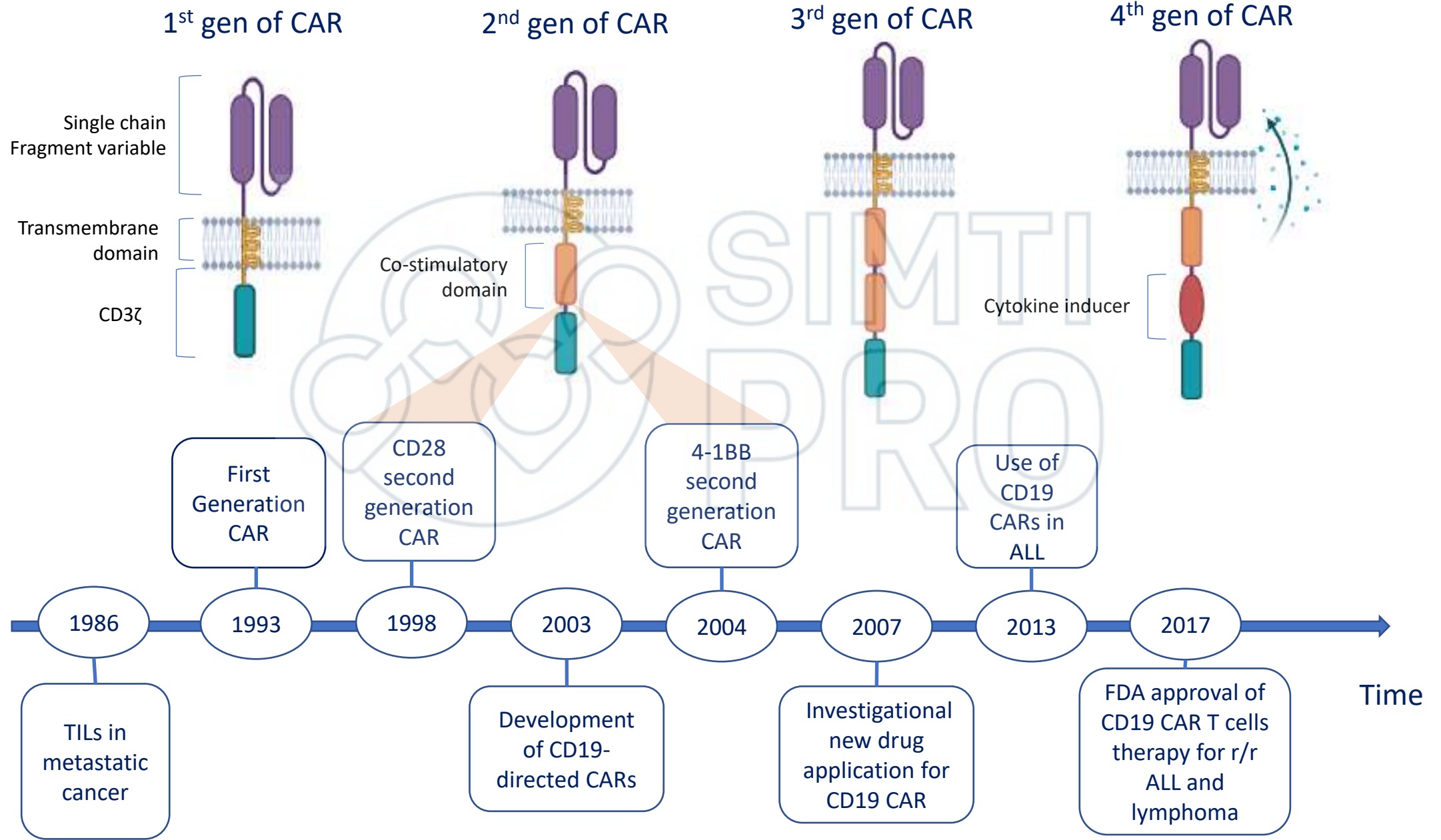
Sistema Socio Sanitario



Regione
Lombardia



Chimeric Antigen Receptor (CAR) T cell breakthrough



Clinical development of CAR T cells: translating innovative treatment concepts

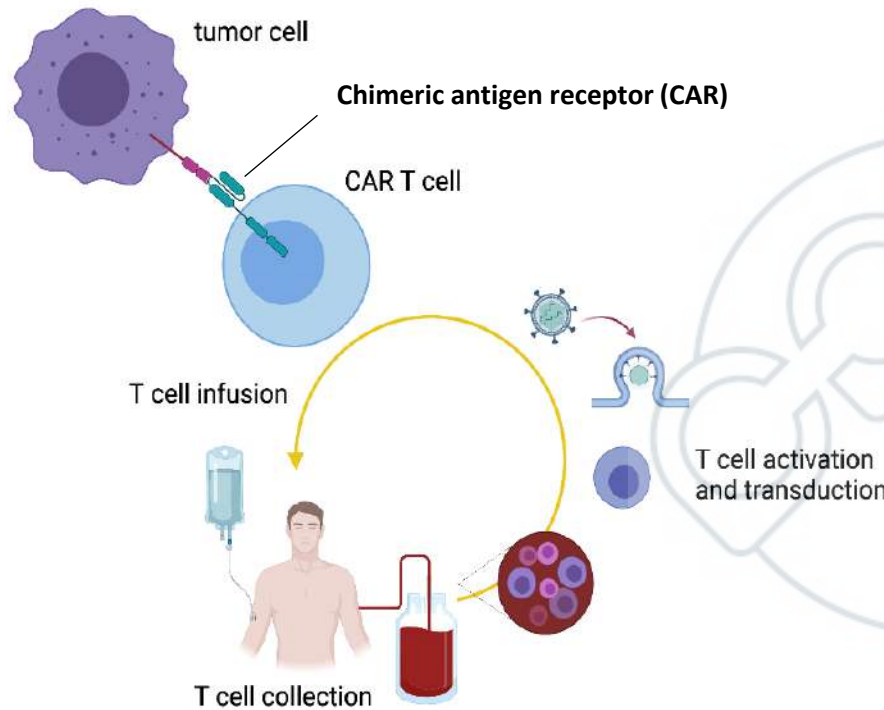


TABLE 1 | Commercial CAR T products and their indication and availability worldwide.

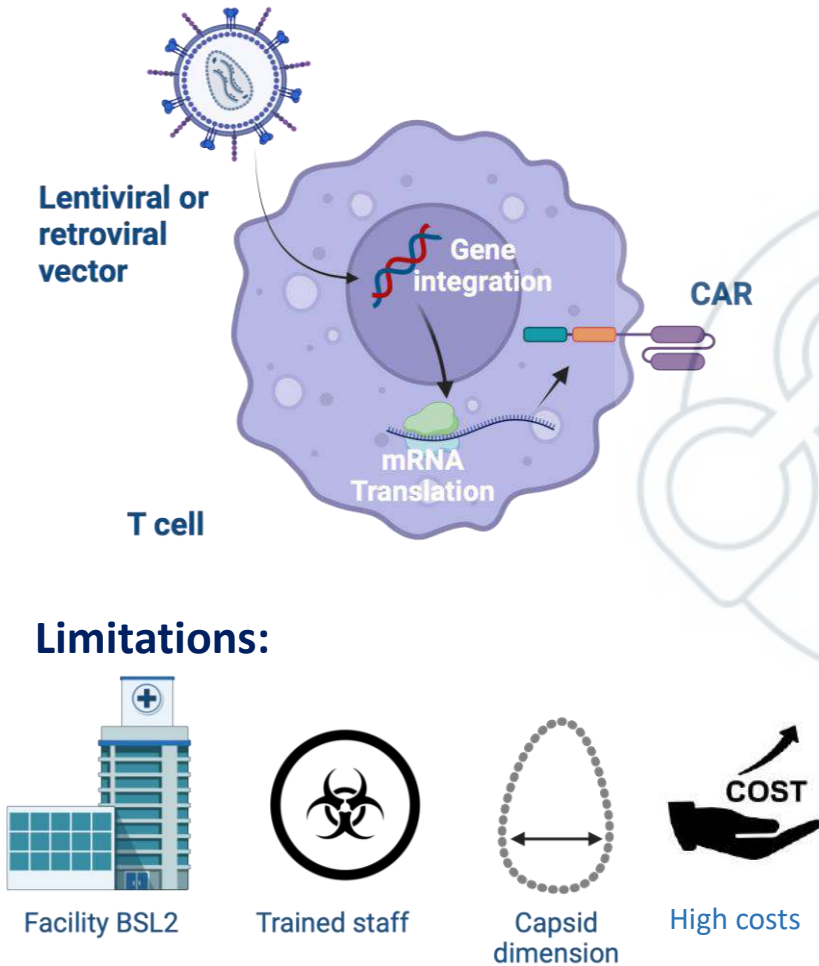
Active substance	Name	Indications	Manufacturer	Approvals	Target	Costimulatory domain
tisagenlecleucel	Kymriah	Pediatric and young adult R/R acute lymphoblastic leukemia; Adult R/R DLBCL	Novartis	FDA, EMA, Health Canada, Swissmedic, Japan's MHLW, Singapore's HSA, Australian TGA, UK's NICE	CD19	CD137
axicabtagene ciloleucel	Yescarta	R/R large B-cell lymphoma (DLBCL, PMBCL, high grade B-cell lymphoma, DLBCL arising from FL)	Kite Pharma	FDA, EMA, Health Canada, Swissmedic, Japan's MHLW, China's NMPA, Australian TGA, UK's NICE	CD19	CD28
brexucabtagene autoleucel	Tecartus	Mantle cell lymphoma; Adult lymphoblastic leukemia	Kite Pharma	FDA, EMA, Swissmedic, UK's NICE, Health Canada	CD19	CD28
lisocabtagene maraleucel	Breyanzi	R/R large B-cell lymphoma	BMS and Juno Therapeutics	FDA, Japan's MHLW, EMA	CD19	CD137
idecabtagene vicleucel	Abecma	Multiple myeloma	BMS and Bluebird Bio	FDA, EMA, Health Canada, Swissmedic, Japan	BCMA	CD137
ciltacabtagene autoleucel	CARVYKI	Multiple myeloma	Janssen and Johnson & Johnson	FDA	BCMA	CD137
relmacabtagene autoleucel	Carteyva	R/R large B-cell lymphoma	JW Therapeutics	China's NMPA	CD19	CD137

MHLW, Ministry of Health, Labor and Welfare; HAS, Health Sciences Authority; TGA, Therapeutic Goods Administration; NMPA, National Medical Products Administration; NICE The National Institute for Health and Care Excellence.

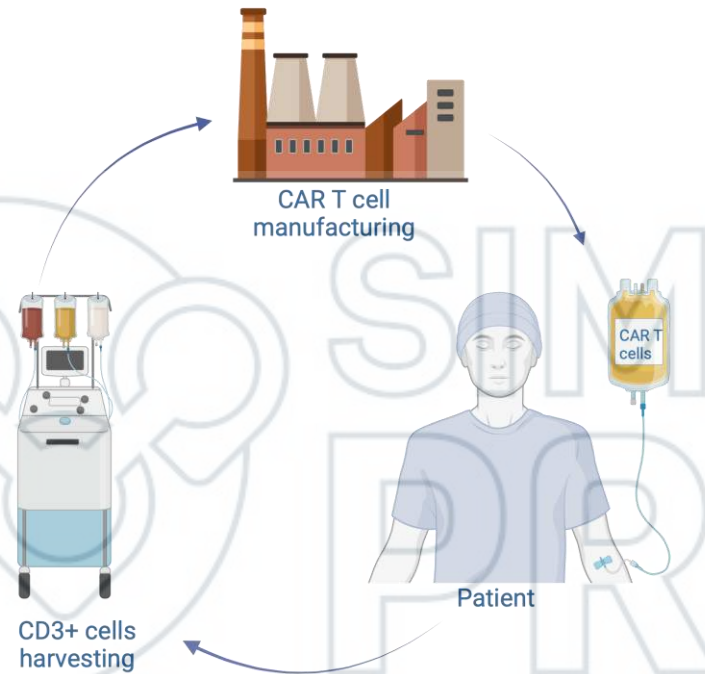
Moretti A et al., Front. Immunol. 9 June 2022

Issue and criticalities of CAR T cell products

A) Viral vector



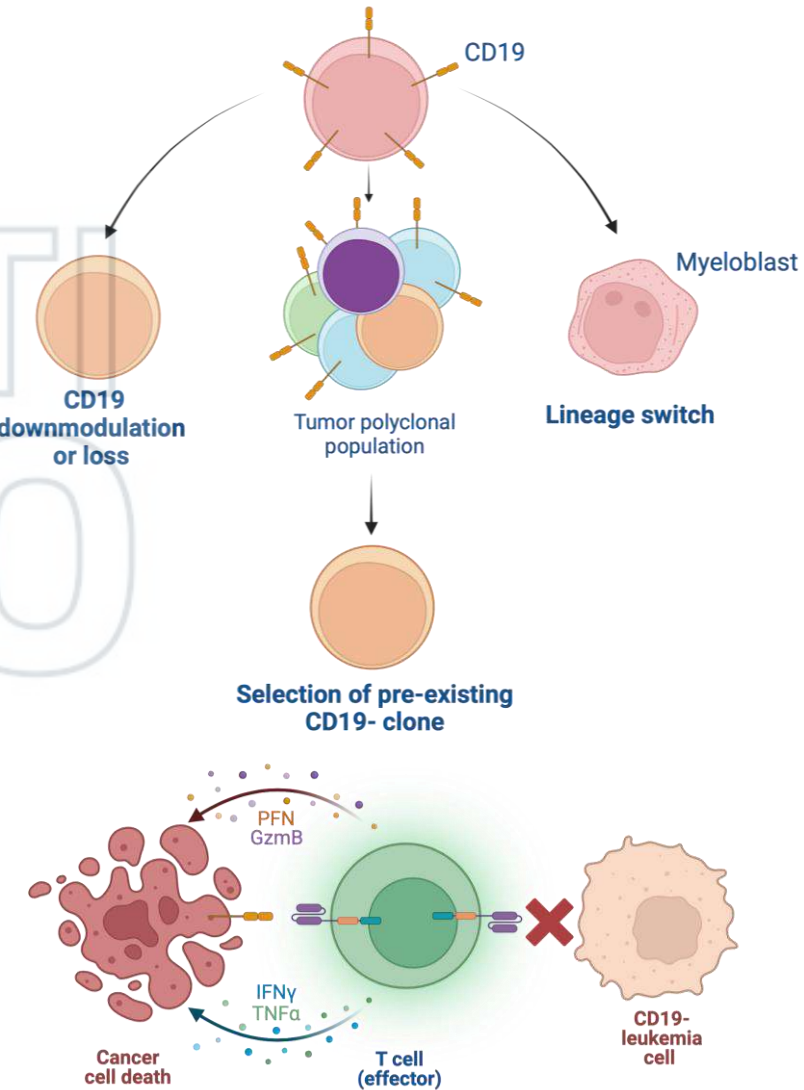
B) Autologous source



Issue:

- Previous therapy
- Lymphopenia
- Anergic immune system
- Failure of manufacturing
- Failure to expand

C) Emerging of CD19 negative relapse



Access problems for ALL in children: an EU view

- **Failures of drug development in childhood B-ALL**
 - Tecartus (Zuma4): ALL cohort closed
 - JCAR017: Trial closed
 - UCART 19 (Pfizer/Servier/Collectis): product abandoned after adult and ped trial
- **New developments with available commercial drug refused by pharma**
 - Donor derived for pts in relapse post HSCT
 - First Relapse (despite being the main indication of HSCT in ALL)
- **No access to new platform of manufacturing with more persisting CART cells**
- **No widely available CAR for T-ALL even in clinical trial**
 - Current closure of Wugen trial in T-ALL (4 centers in EU)
 - Medisix trial still to be opened and oligocentric
 - Base edited CART only in UK
- **Countries underserved** (eastern EU, Turkey and more)



blood®

Blood Spotlight

CAR T-cell therapy in multiple myeloma: mission accomplished?

Leo Rasche,^{1,2} Michael Hudecek,^{1,3} and Hermann Einsele¹

...ide-cel is available and reimbursed in 5 countries (United States, France, Switzerland, Japan, and Germany)
cilta-cel only in 2 countries (United States and Germany).

The advancement of scalable, virus-free, automated manufacturing will increase the number of available products.

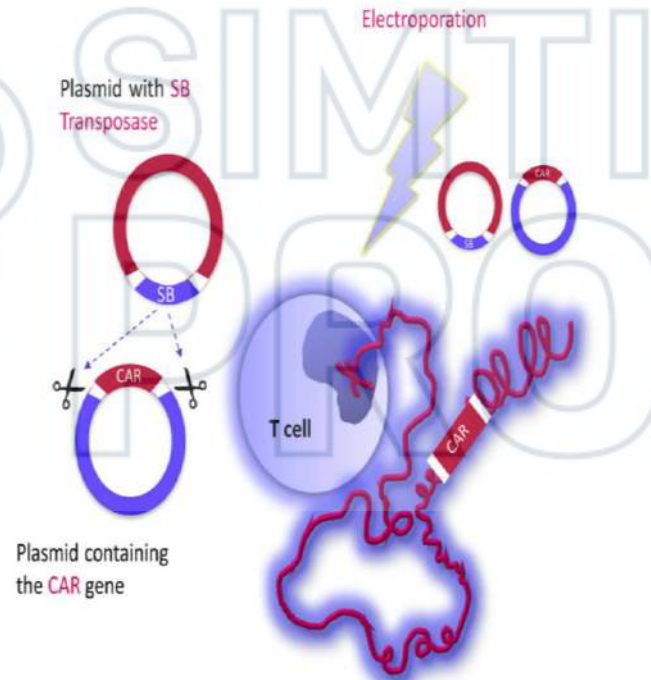
A non-viral Sleeping Beauty (SB) allogeneic platform: CARCIK CD19

Allo-T cells differentiated as Cytokine induced killer cells (CIK)

Cytotoxic T cells enriched in CD3⁺CD56⁺
Minimal GvHD after allogeneic CIK
Able to reach leukemia-infiltrated tissues
Rambaldi A (2015) Leukemia 29(1):1-10; Introna M (2017) Biol Blood Marrow Transplant. 23(12):2070-8

Sleeping Beauty (SB) transposon

a non-viral vector derived from the Tc1/mariner family of DNA transposon validated in clinics for CAR T
Ivics Z (1997) Cell 91(4):501-10; Kebriaei P (2016) J Clin Invest. 126(9):3363-76



Biondi, Magnani (2017) J Autoimmun 85:141-152; Moretti A. et al Frontiers in Immunology 2022

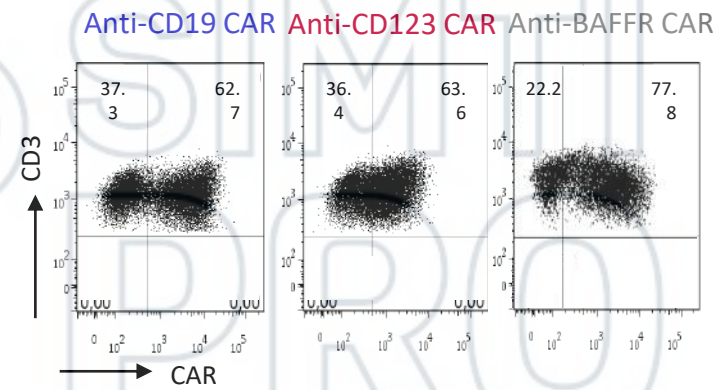
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An improved SB transposon platform

Magnani CF (2016) *Oncotarget* 7(32): 51581-51597;
No. EP20140192371 “Improved method for the generation of genetically modified cells”; Turazzi (2018) *Br J Haematol* 182(6):939-943; Magnani CF (2018) *Hum Gen Ther* 29(5):602-613; Rotiroti MC et al., in press, *Molecular Therapy* 2020

Phase I/II trial with non-viral anti-CD19 CAR T cells in B-ALL post HSCT

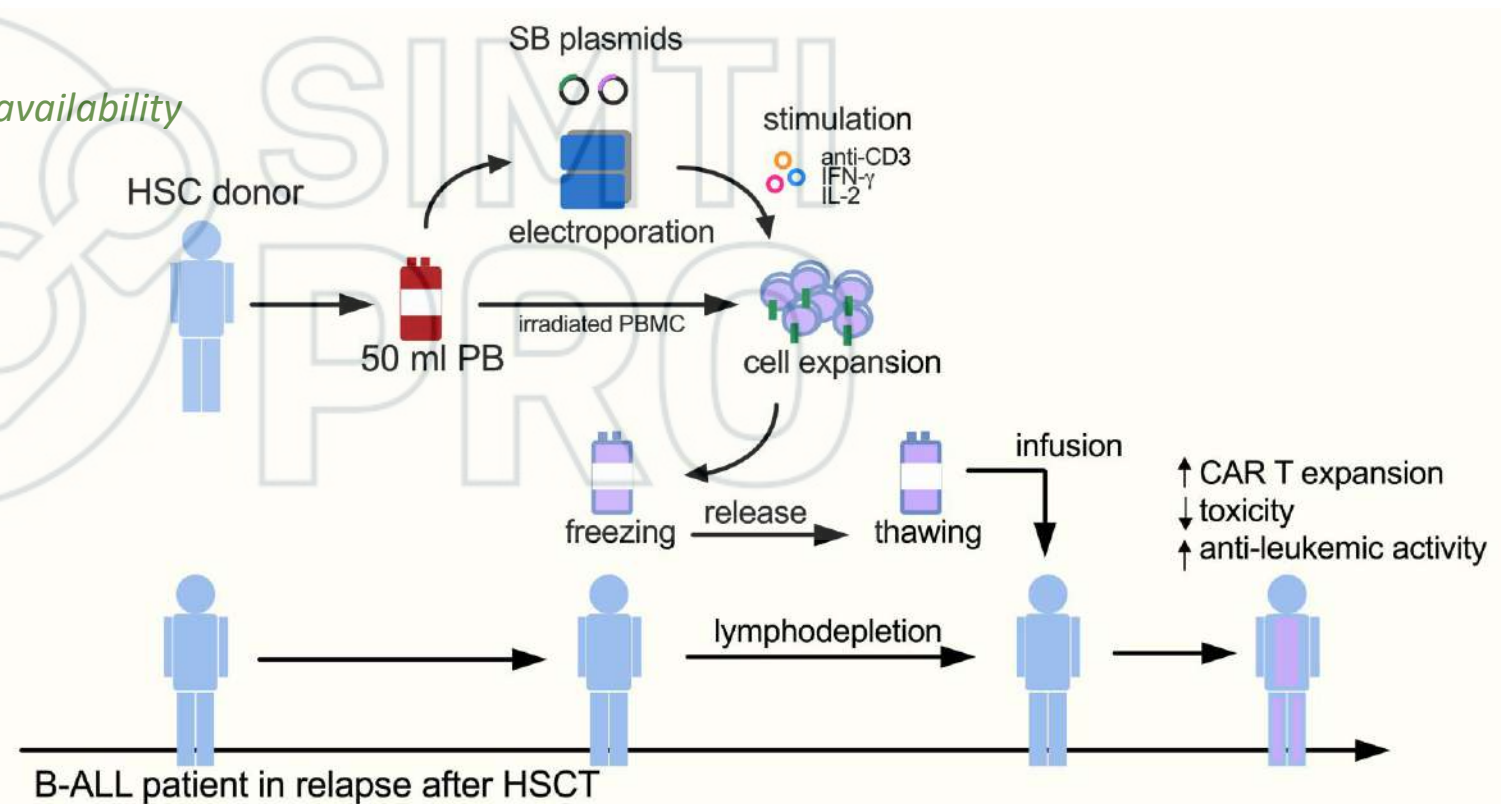
Academic Multicenter Dose Escalation Study (NCT03389035) enrolling adult and pediatric patients
GMP cell product **manufactured in-house** by **non-viral gene transfer** using Sleeping Beauty (SB) transposon
Donor-derived cells differentiated towards Cytokine-Induced Killer (CARCIK-CD19) to prevent GVHD

Non-viral CAR T cell engineering :

- Simplified process with reduced cost and increased availability
- Stable expression
- Increased DNA carrying capacity

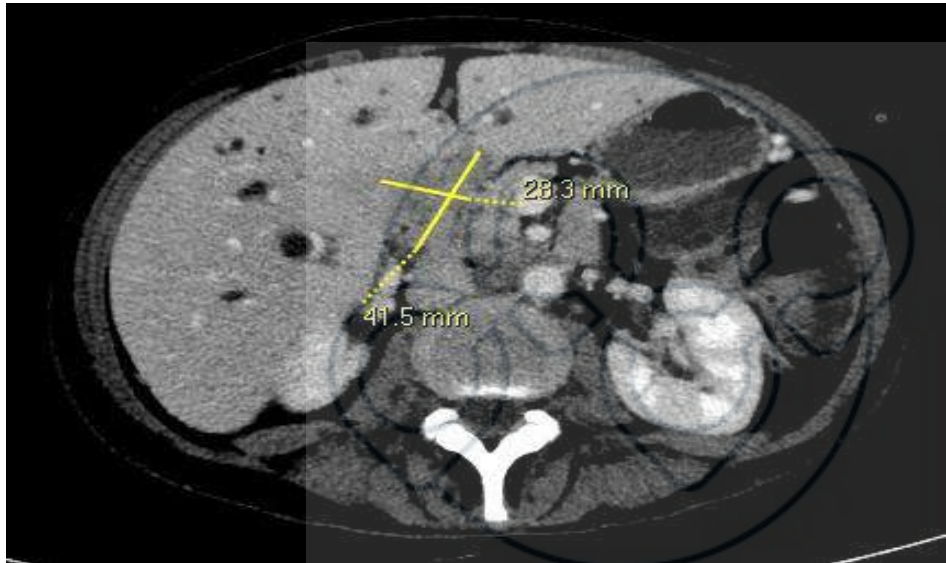
Donor-derived CAR T cell engineering:

- Differentiation towards Cytokine-Induced Killer cells
- Low risk of GvHD



CAR-T mediated contraction of extramedullary disease

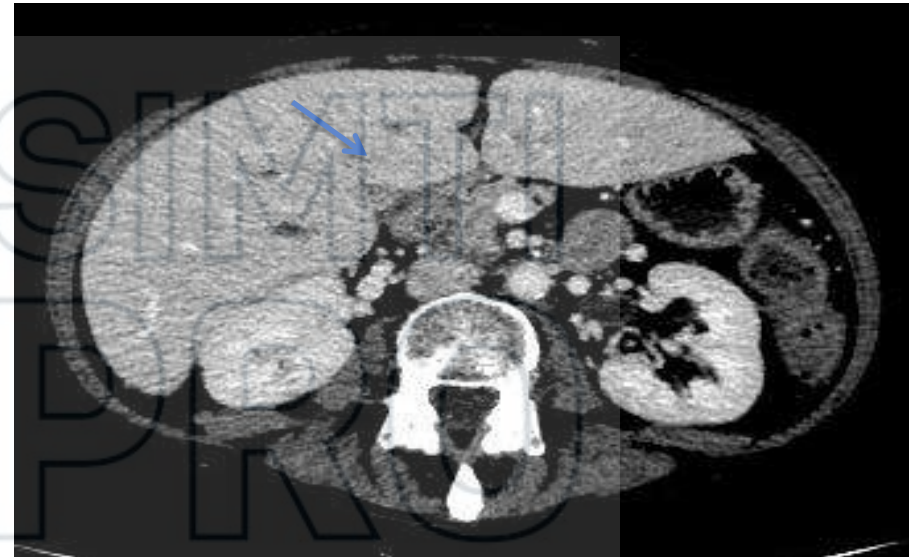
Patient #21020014: CT scan before and after CARCIK-CD19



07 June 2019: Relapse post Allo-HSCT presenting liver adenopathy

27 June 2019:

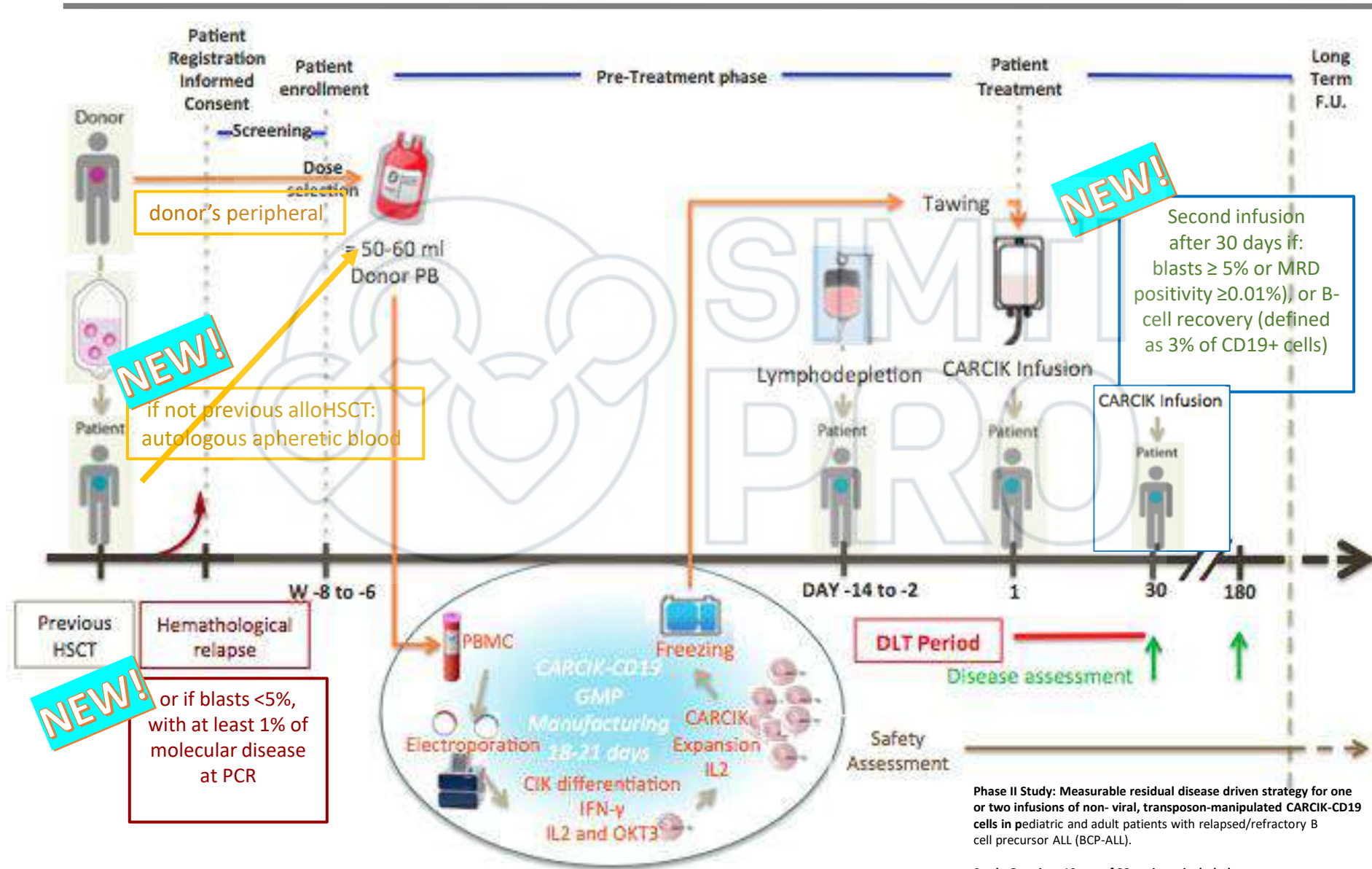
- AST/ALT: 157/287 UI,
- GammaGT: 1183 UI,
- Bil: 18.8 mg/dl



12 September 2019, day +44 after CARCIK-CD19 infusion:

- AST/ALT: 12/58 UI,
- Gamma GT: 82 UI,
- Bil 0,8 mg/dl

FT03CARCIK Phase 2: Flow-chart



Phase II Study: Measurable residual disease driven strategy for one or two infusions of non-viral, transposon-manipulated CARCIK-CD19 cells in pediatric and adult patients with relapsed/refractory B cell precursor ALL (BCP-ALL).

Study Ongoing: 19 out of 33 patients included

Update FT03 Phase II (retreatment) Study (March 13th, 2024)

- A total of thirty-three patients, 3 pediatric and 30 adult were screened.
- 32 out of 33 patients enrolled (1 screening failure).
- 7 patients not infused for early death or Progressive Disease; 4 patients waiting to be infused.
- 21 patients infused so far: 20 with a single dose of CAR-T cells of $15 \times 10^6/\text{Kg}$; one patient with extramedullary disease at day 28, received a second infusion of CAR-T cells of $15 \times 10^6/\text{Kg}$.
- 18 out of 20 patients (90%), achieved CR at day 28. Sixteen out of 18 patients in CR were also minimal residual disease (MRD)-negative. Three patients too early to be evaluated at day 28.
- The patient with extramedullary disease at day 28, achieved CR after the second infusion.
- CARCIK-CD19 showed a high profile of safety in all treated patients.
- Data with $15 \times 10^6/\text{Kg}$ are confirming results obtained in the previous Phase I/II study

Protocol FT04CARCIK

EU CT Number	2023-505511-20-00
Short title	Allogeneic CARCIK-CD19 in adults/pediatric B-cell NHL or CLL
Sponsor	Fondazione Tettamanti
Clinical Phase	Phase I/II
Investigational Product	CD19.CAR transfected CIK cells by non-viral Sleeping Beauty (SB) transposon platform (CARCIK-CD19)
Study type	Interventional
Target population	Adult and pediatric patients with B-cell NHL and CLL. Patients are either refractory or relapsed after at least 2 lines of standard and second line treatments and with no available treatment options that are expected to prolong survival (e.g. chemotherapy or high-dose chemotherapy/stem cell transplantation, commercial CART cell therapy or other standard treatment) or patients refusing such treatments
Study centers/production sites	2 in Italy (Monza: pediatric; Bergamo: adult)
Expected study duration	Enrollment: 36 months, Follow-up after infusion: 12 months

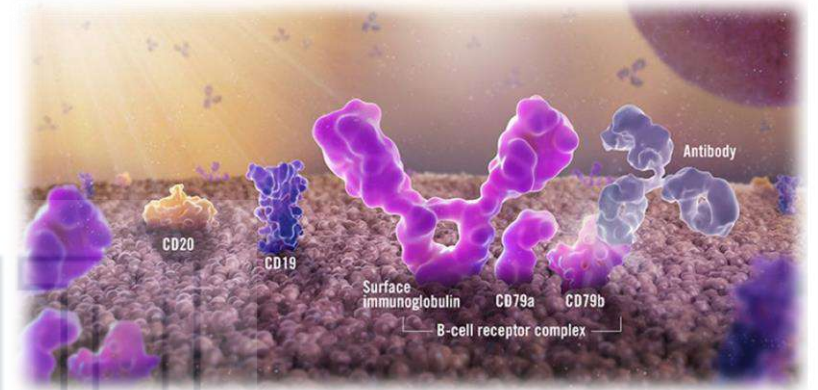
CARCIK-CD19 B-NHL Study: Key Points

- Use of allogeneic cell source vs autologous
 - Improve the product quality and expansion potential
- Not limited to post allogeneic HSCT relapse
 - Extend the patient population
- Explore the partially matched/mismatched setting
 - To promote the *off the shelf* use CARCIK cells (extend treatment to highly aggressive NHL)

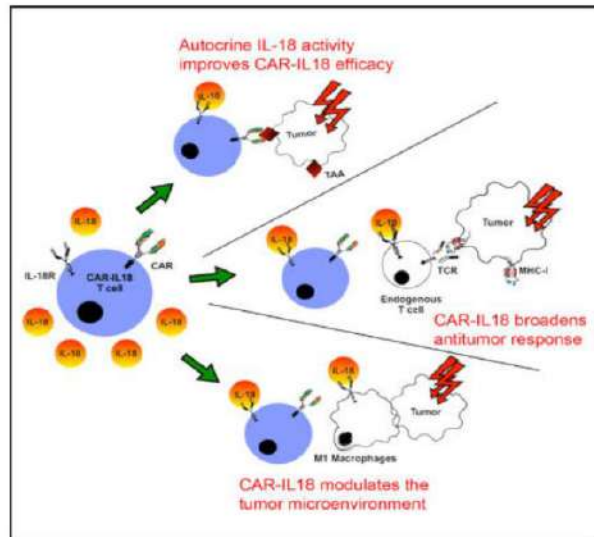
Armored IL-18 CD79b CAR T cells for the treatment of B-cell Lymphomas

Rationale of CD79B targeting:

- B-cell receptor-associated protein;
- Highly expressed in most B-NHL (*Jiang et al., Leukemia 2020*);
- Still expressed when patients relapse after anti-CD19 and CD22 CAR T cell therapy (*Ormhøj et al., Clin Cancer Res. 2019*);
- The CD79B-targeting antibody-drug conjugate Polatuzumab Vedotin, in combination with Bendamustine and Rituximab shown high remission rates in r/r DLBCL patients (*Sehn et al. J Clin Oncol. 2020*);



Armored CD79B-IL18 CAR CIK cells to improve anti-tumor efficacy



HHS Public Access
 Author manuscript
Cell Rep. Author manuscript; available in PMC 2018 June 04.

Published in final edited form as:
Cell Rep. 2018 May 15; 23(7): 2130-2141. doi:10.1016/j.celrep.2018.04.051.

Engineered Tumor-Targeted T Cells Mediate Enhanced Anti-Tumor Efficacy Both Directly and through Activation of the Endogenous Immune System

Mauro P. Avanzini^{1,4}, Oladapo Yeku^{1,4,5,*}, Xinghuo Li³, Dinali P. Wijewarnasuriya³, Dayenne G. van Leeuwen¹, Kenneth Cheung¹, Hyebin Park¹, Terence J. Purdon¹, Anthony F. Daniyan¹, Matthew H. Spitzer², and Renier J. Brentjens^{1,3,*}

SB-engineered CD79B-IL18 CAR CIK cells

scFv CD79B



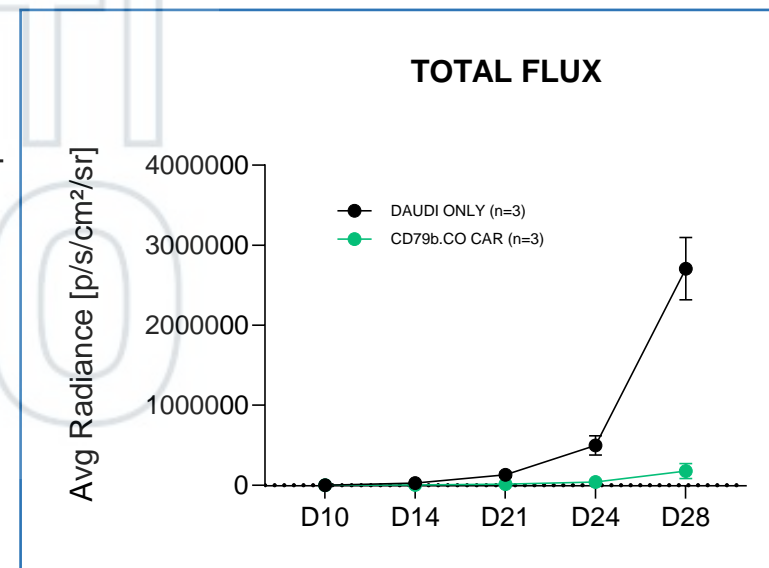
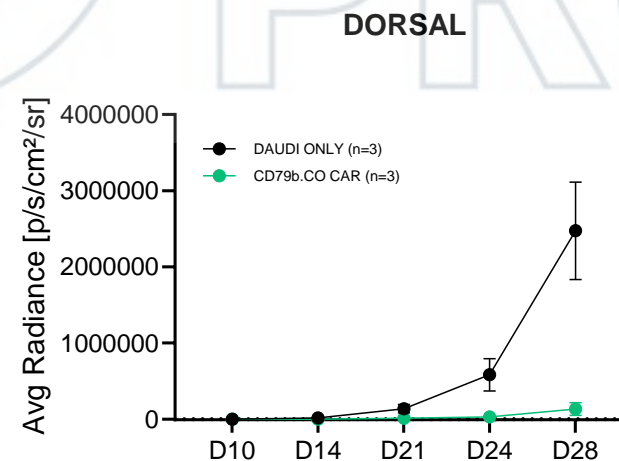
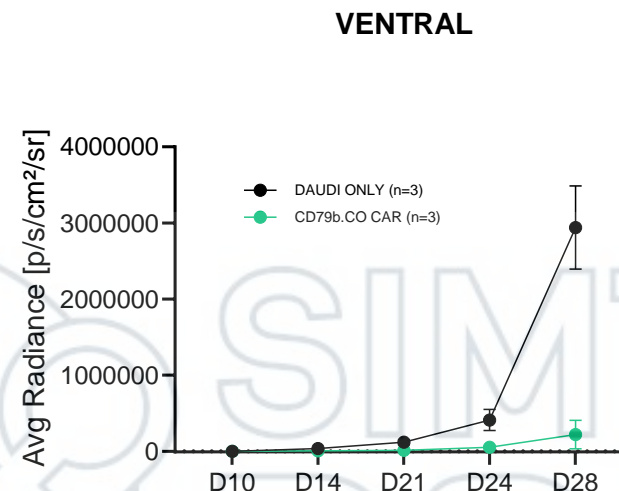
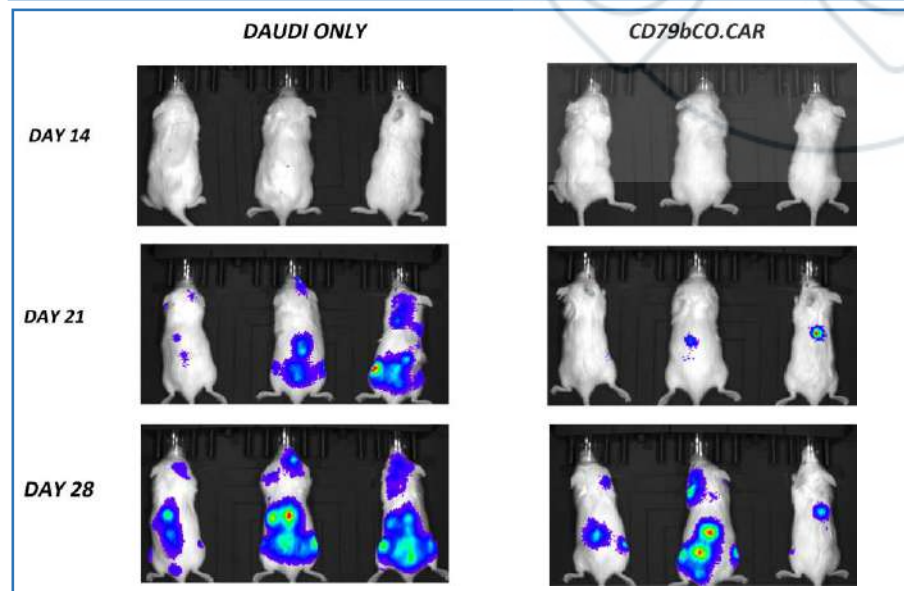
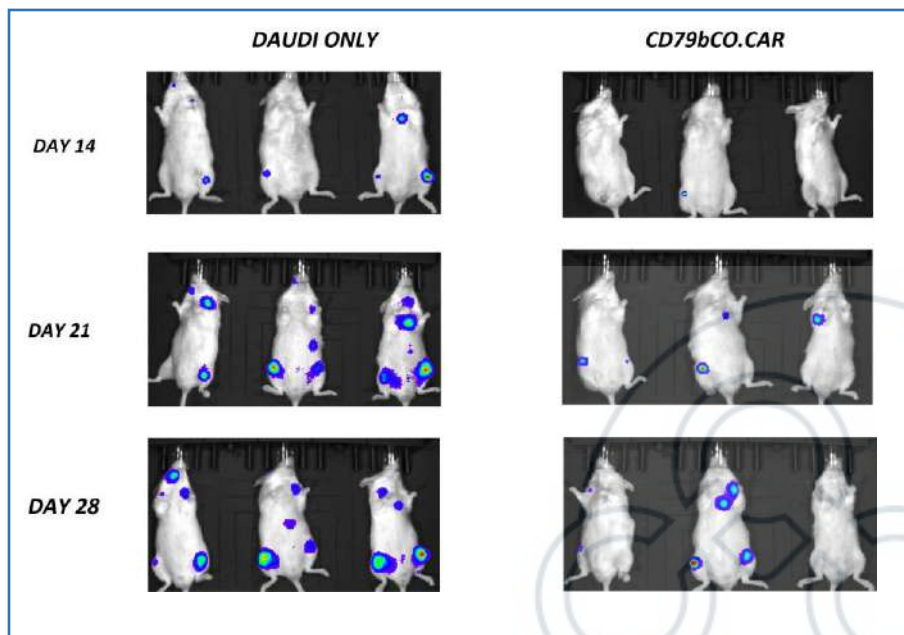
In vitro functional tests

Cytotoxicity
 Cytokine release
 Proliferation assay



In vivo anti-tumor efficacy and safety

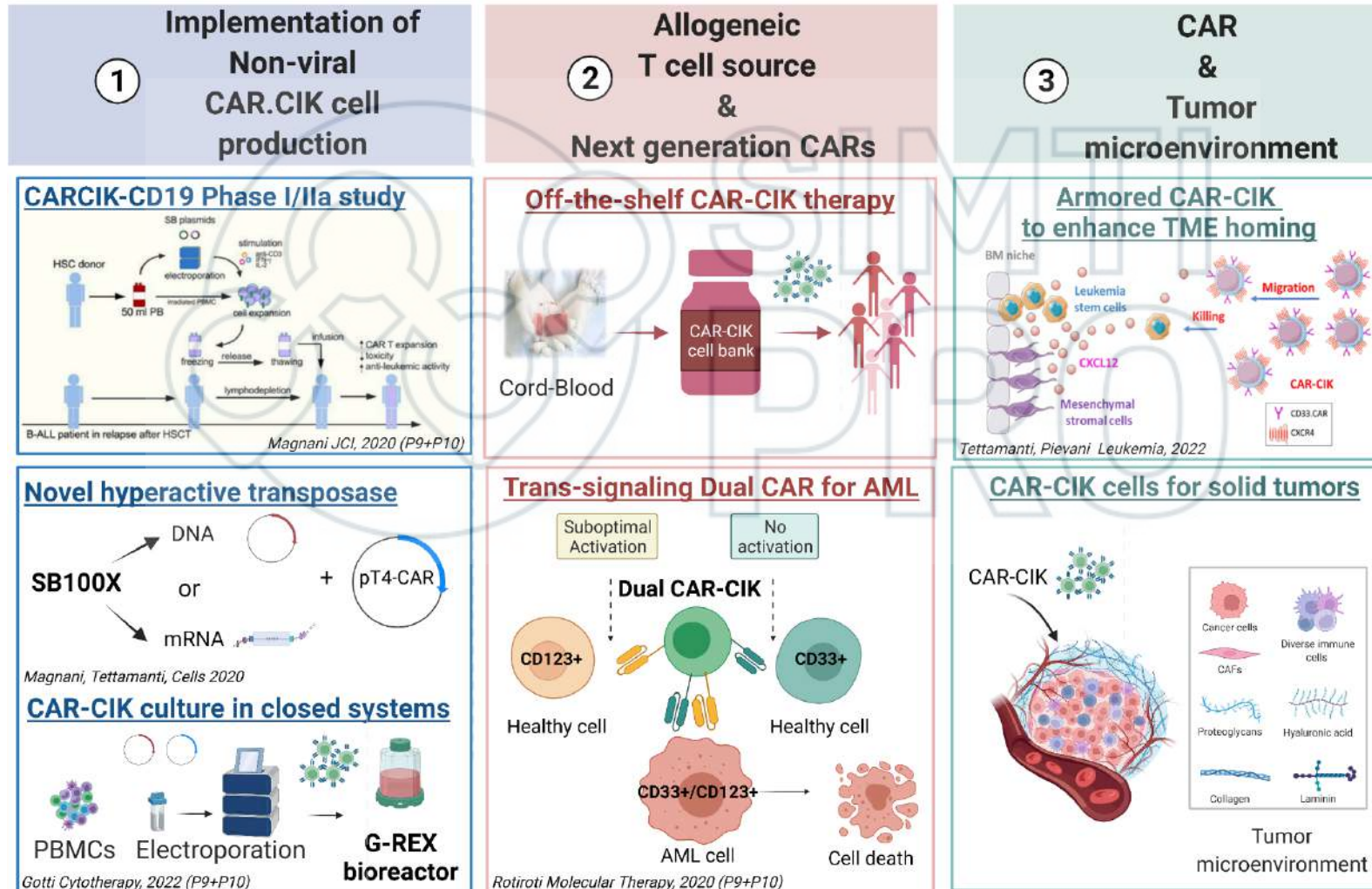
CD79bCO.CAR CIK cells Control Lymphoma progression *In Vivo*



Implementation of CAR-CIK cell platform



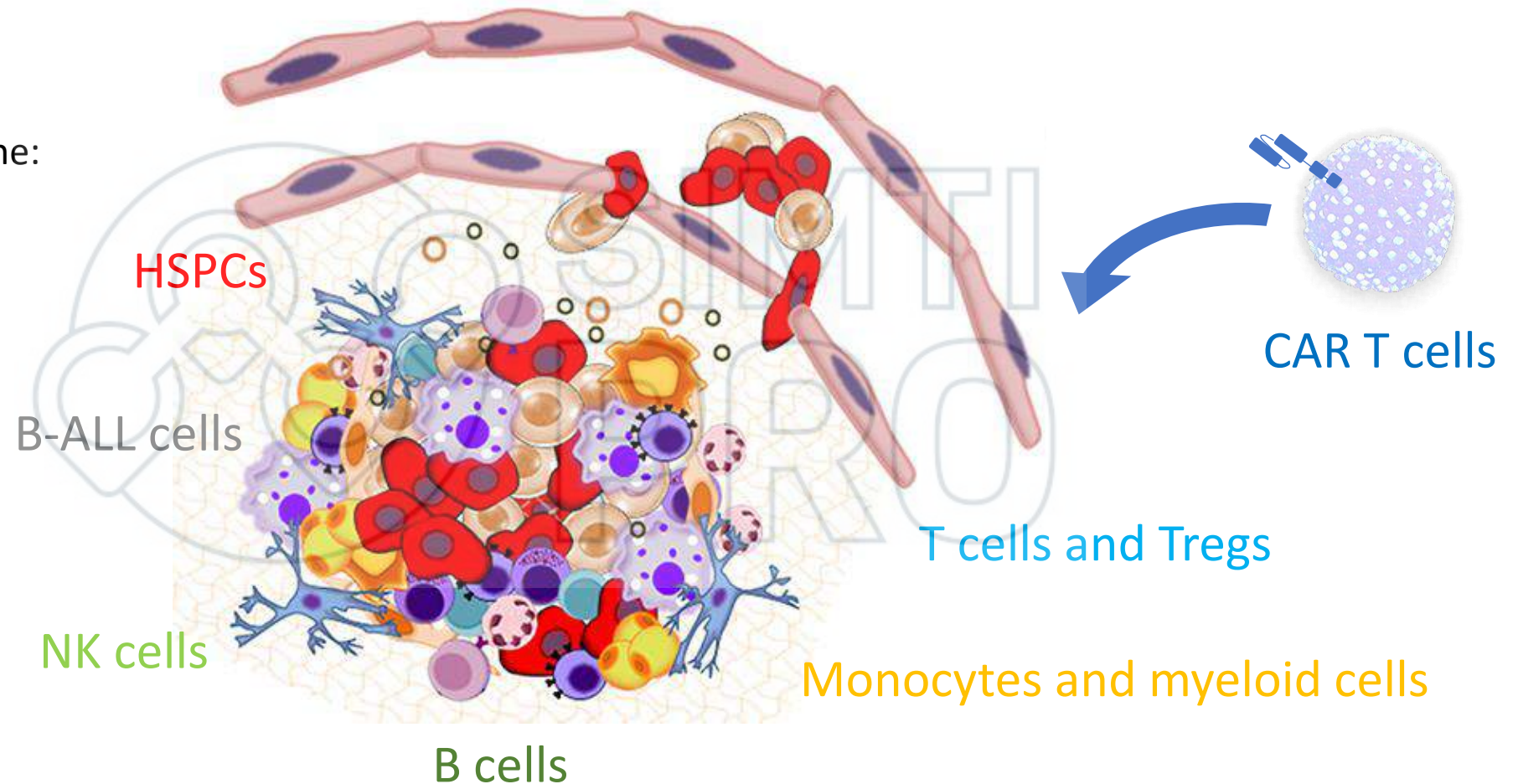
CAR-CIK cell platform



Contribution of the microenvironment on CAR T cells and endogenous immunity fate is still unclear

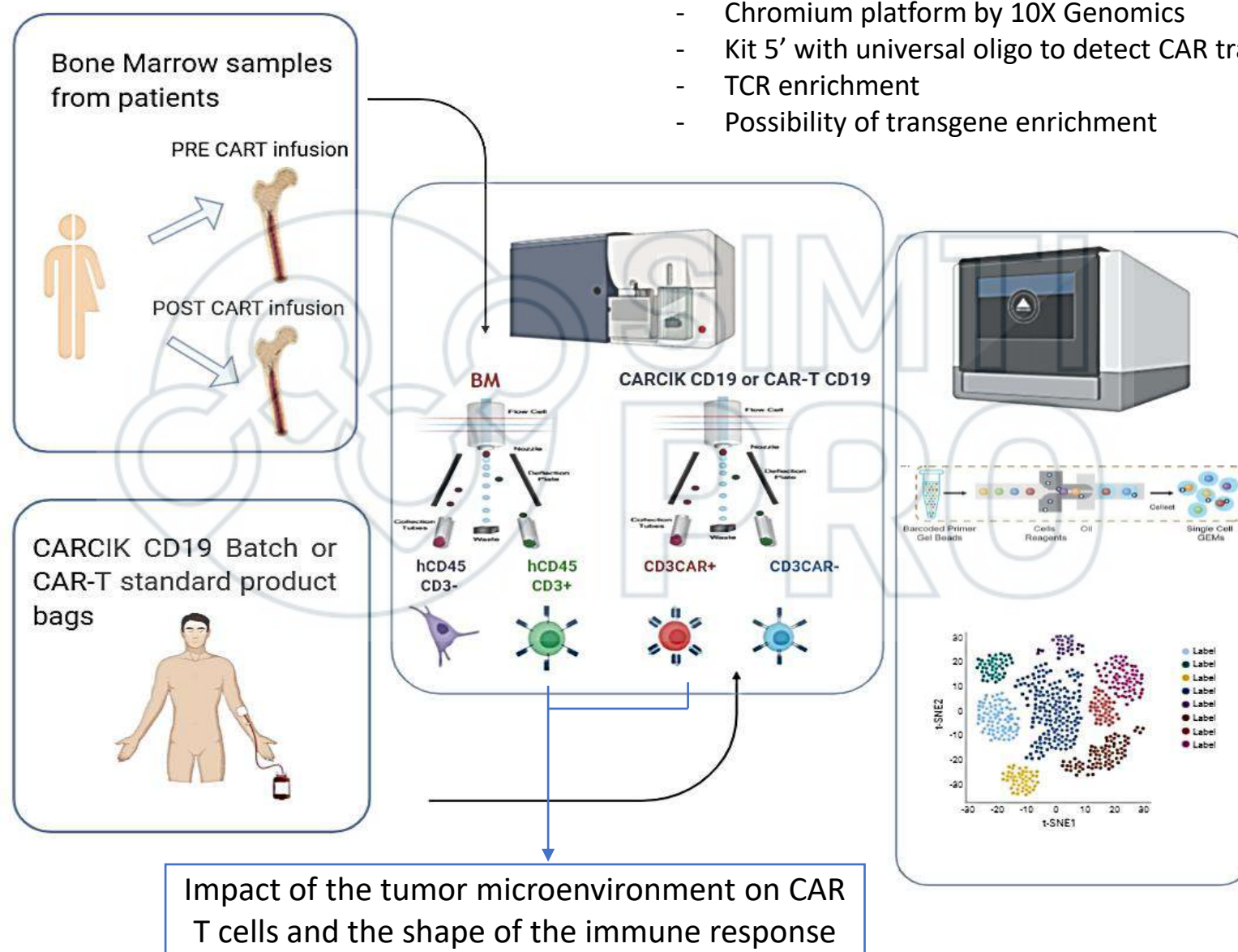
The development of leukemia impacts the bone marrow (BM) micro-environment

The immune niche:



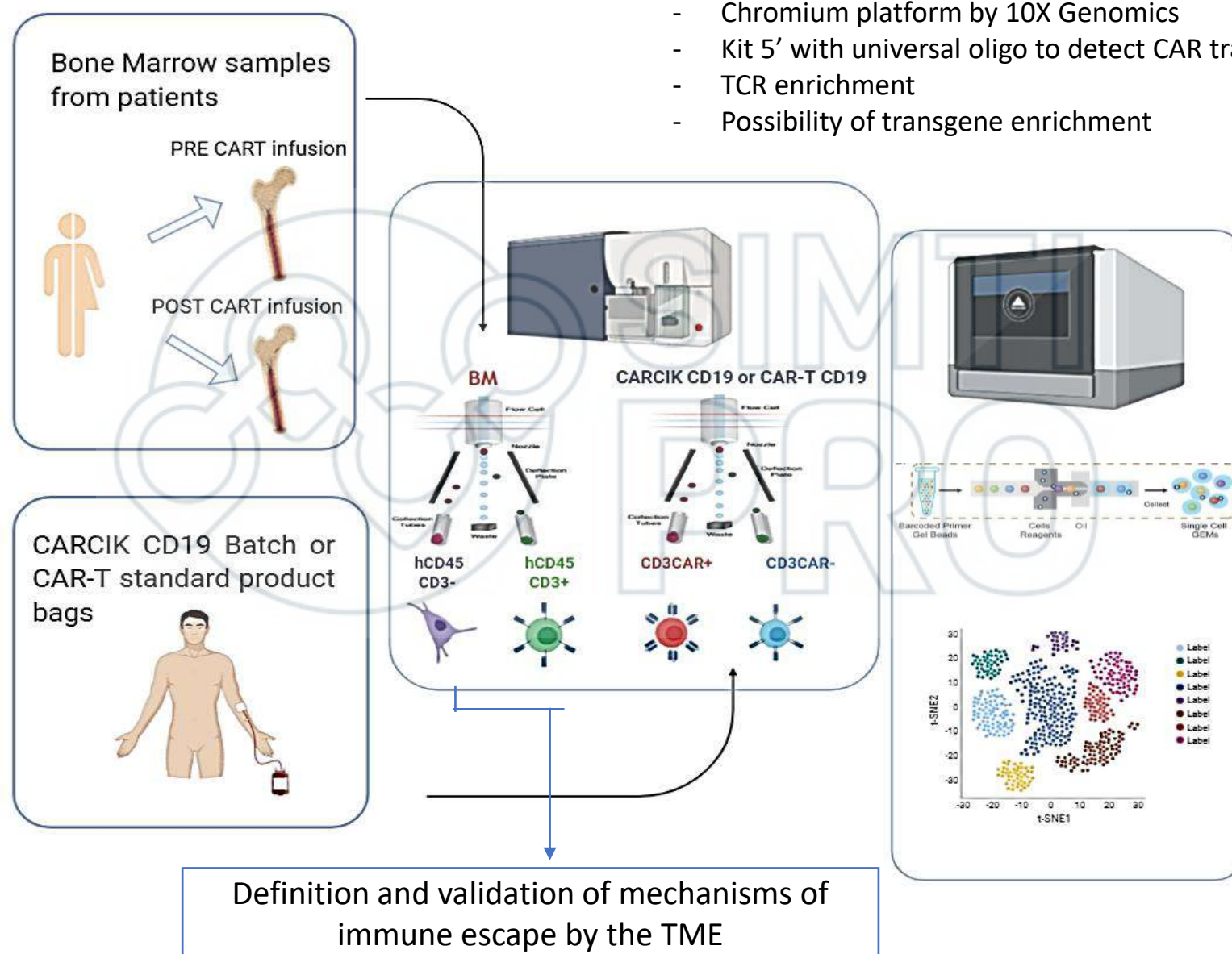
B-ALL BM microenvironment provides factors that protect leukemic cells and suppress effector T cells

Experimental design to study the interaction between CAR T cells and leukemia microenvironment



- Chromium platform by 10X Genomics
- Kit 5' with universal oligo to detect CAR transgene and CD19 isoforms
- TCR enrichment
- Possibility of transgene enrichment

Experimental design to study the interaction between CAR T cells and leukemia microenvironment

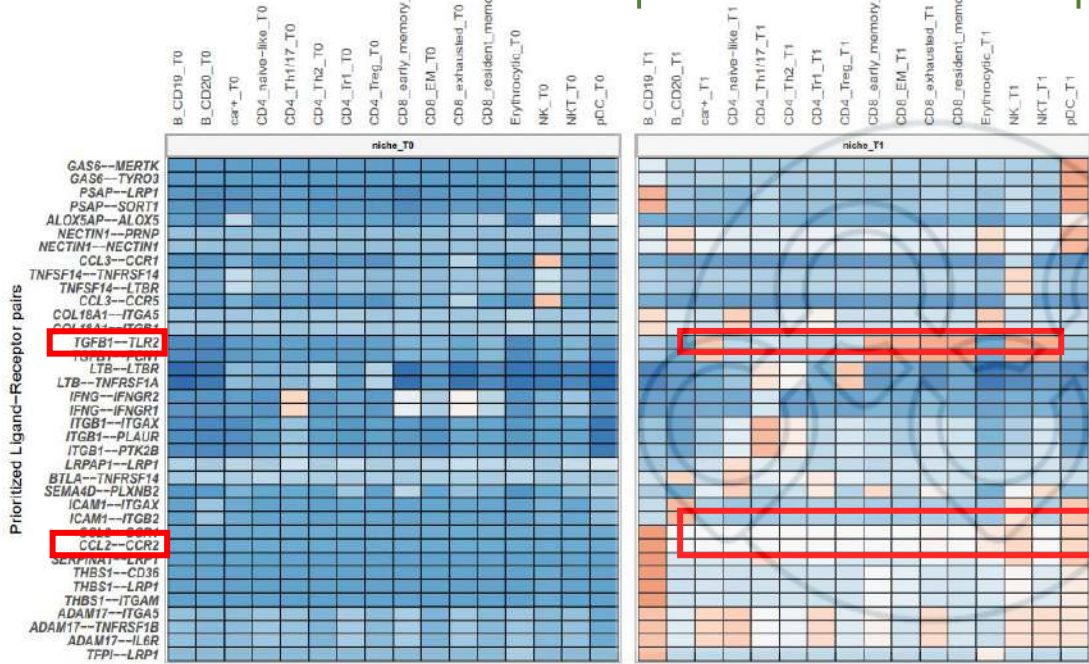


Modeling intercellular communication suggests induction of HIF1α and immunosuppressive genes in myeloid cells by CAR T cells and endogenous T cells

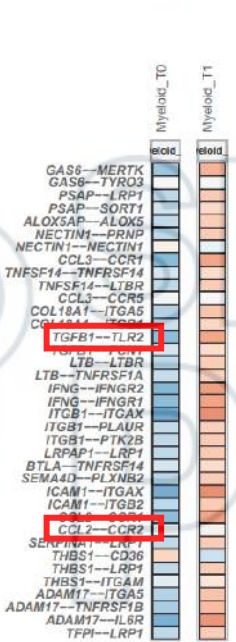
Sender: all niche

Receiver: myeloid cells

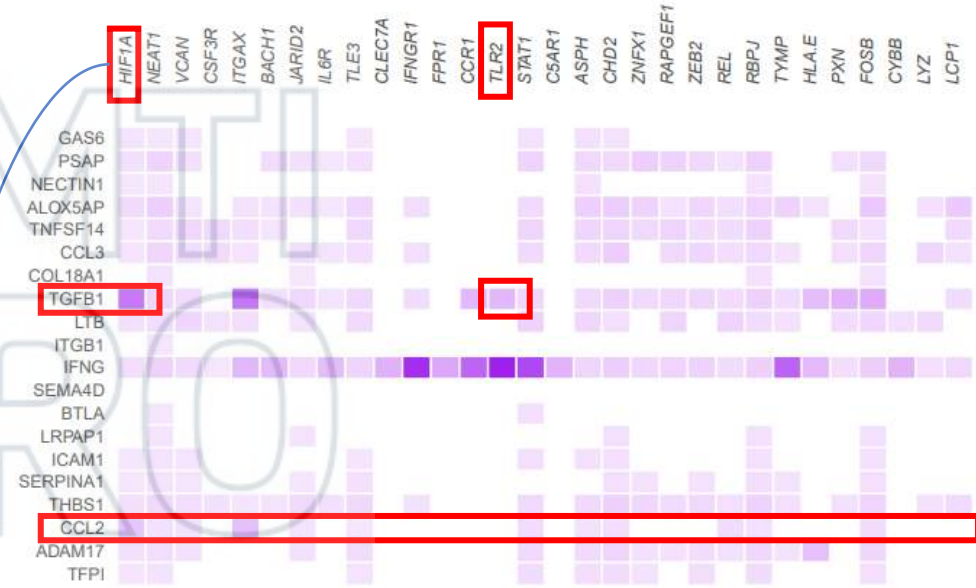
Ligand LFC in Sender



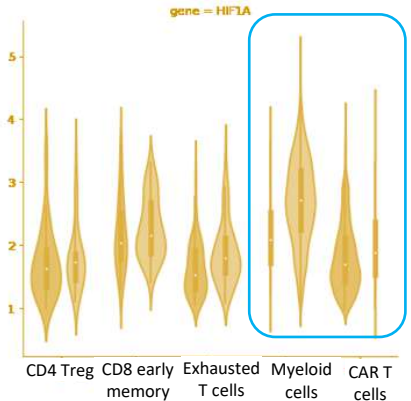
Receptor LFC in Receiver



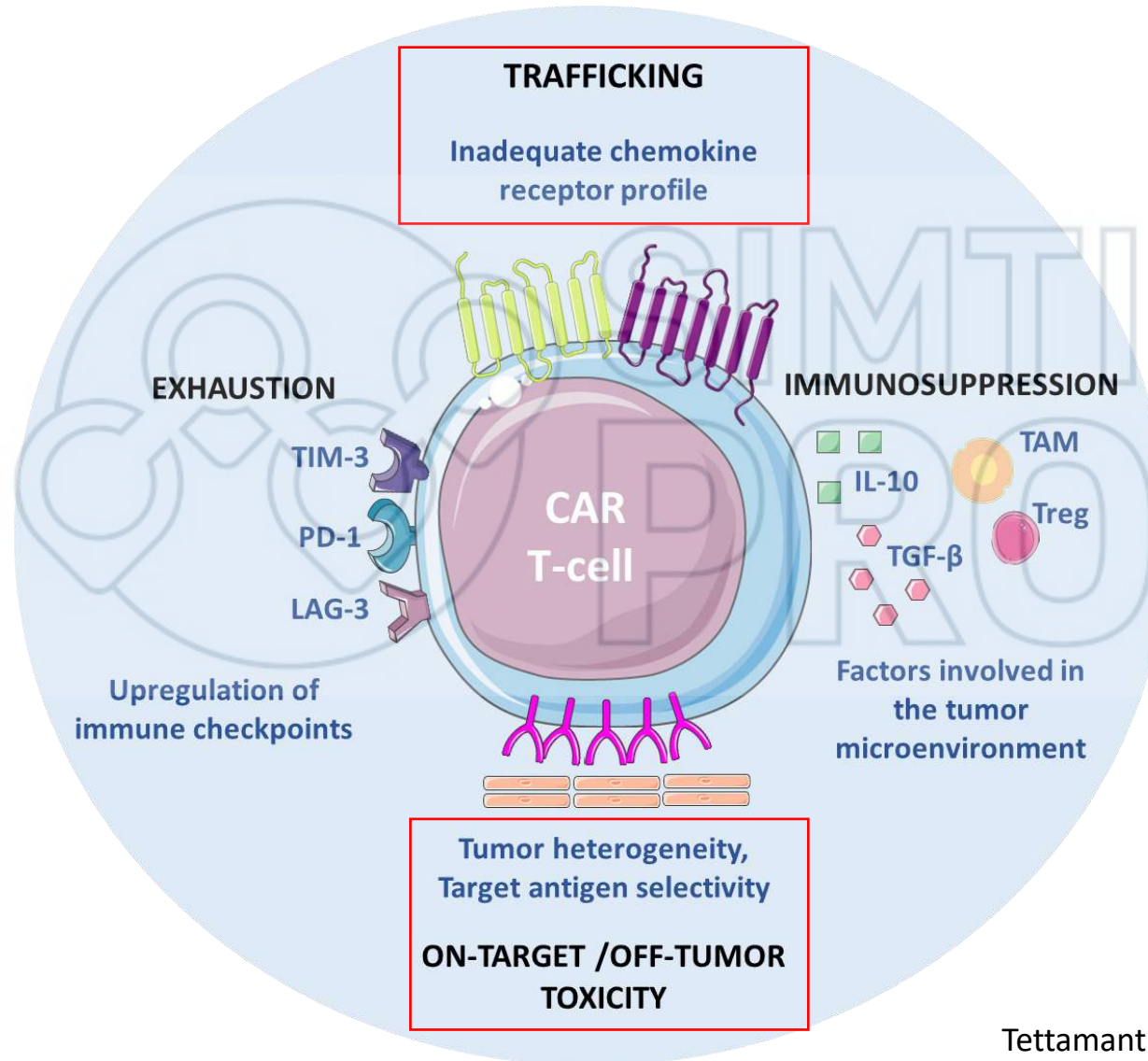
Predicted target gens



LFC: log fold change in respect to the whole niche at T0

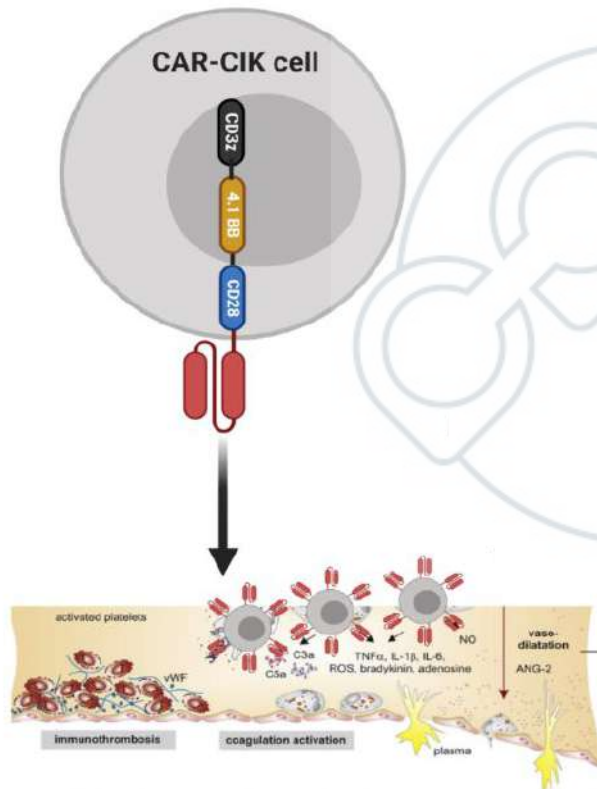


AML challenges to CAR T-cell therapy



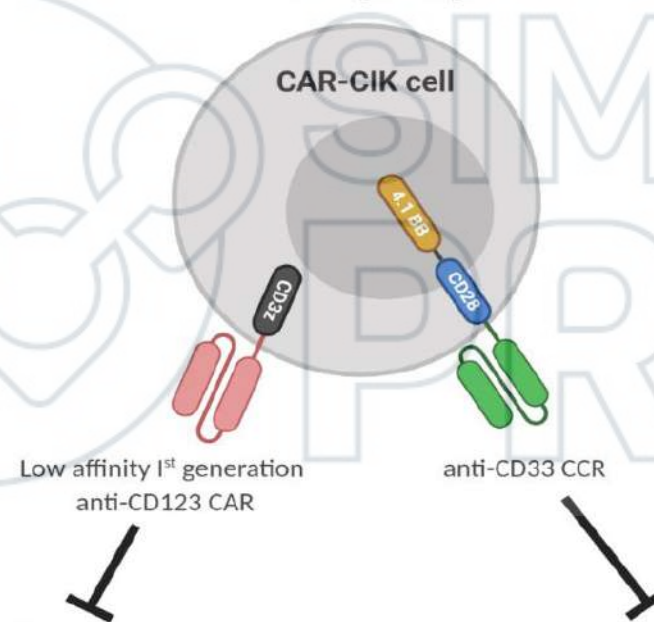
Preclinical developments in AML: Trans-signaling Dual CAR CIK cells

Single targeting anti-CD123 CAR
cis-signalling

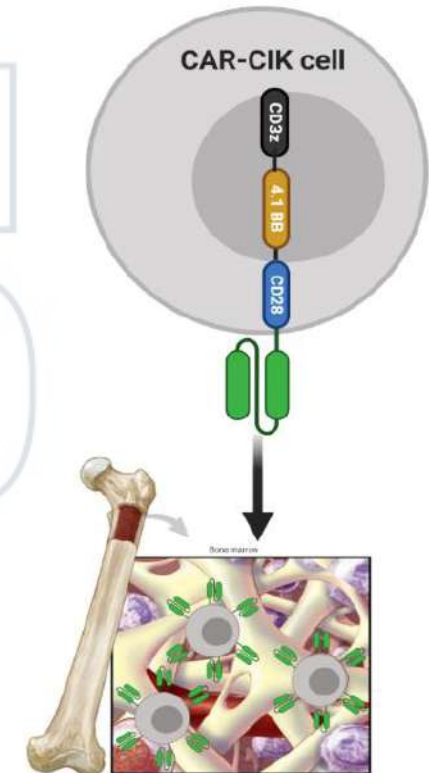


Capillary leak syndrome for "on-target off-tumor"
toxicity on CD123^{low} endothelial cells

Dual targeting anti-CD123/CD33 CAR
trans-signalling



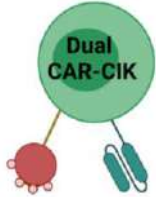
Single targeting anti-CD33 CAR
cis-signalling



Prolonged myelotoxicity for "on-target off-tumor"
effect on CD33 hematopoietic stem progenitor cells



A phase I/II single-arm, clinical trial to evaluate the safety and preliminary efficacy of CD123/CD33 dual CARCIK cell for relapsed/refractory acute myeloid leukemia

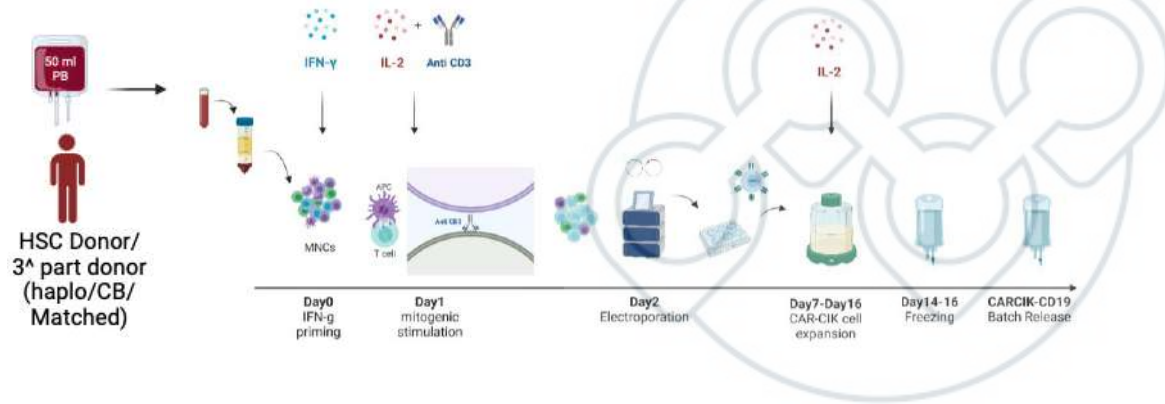


Lack of AML-specific antigens: CD123 expressed on LSC

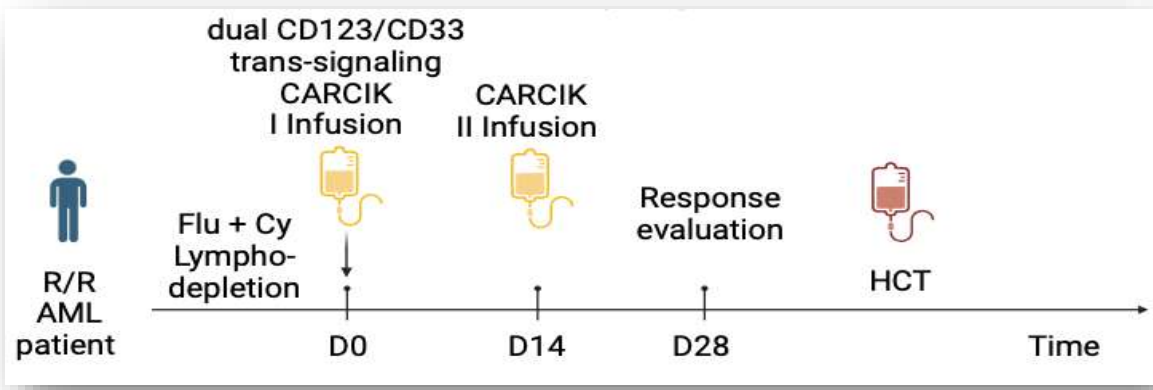
“On target off-tumor” toxicities & Target downmodulation: Transignaling Dual CAR

Exhausted Autologous source: Use allogeneic source with CIK, low risk of GvHD

AML induced immunosuppression: Use allogeneic source with CIK and Lymphodepletion to inhibit Treg



- Expression of CD123 and CD33 on AML blasts at the time of screening
- HCT donor availability
- Fit for HCT
- Patients with relapse after allogeneic stem cell transplant (allo-SCT) will be eligible; need to be off of all immunosuppression for ≥6 weeks, with no more than grade 1 chronic graft-versus host disease (cGVHD)



Primary study objective

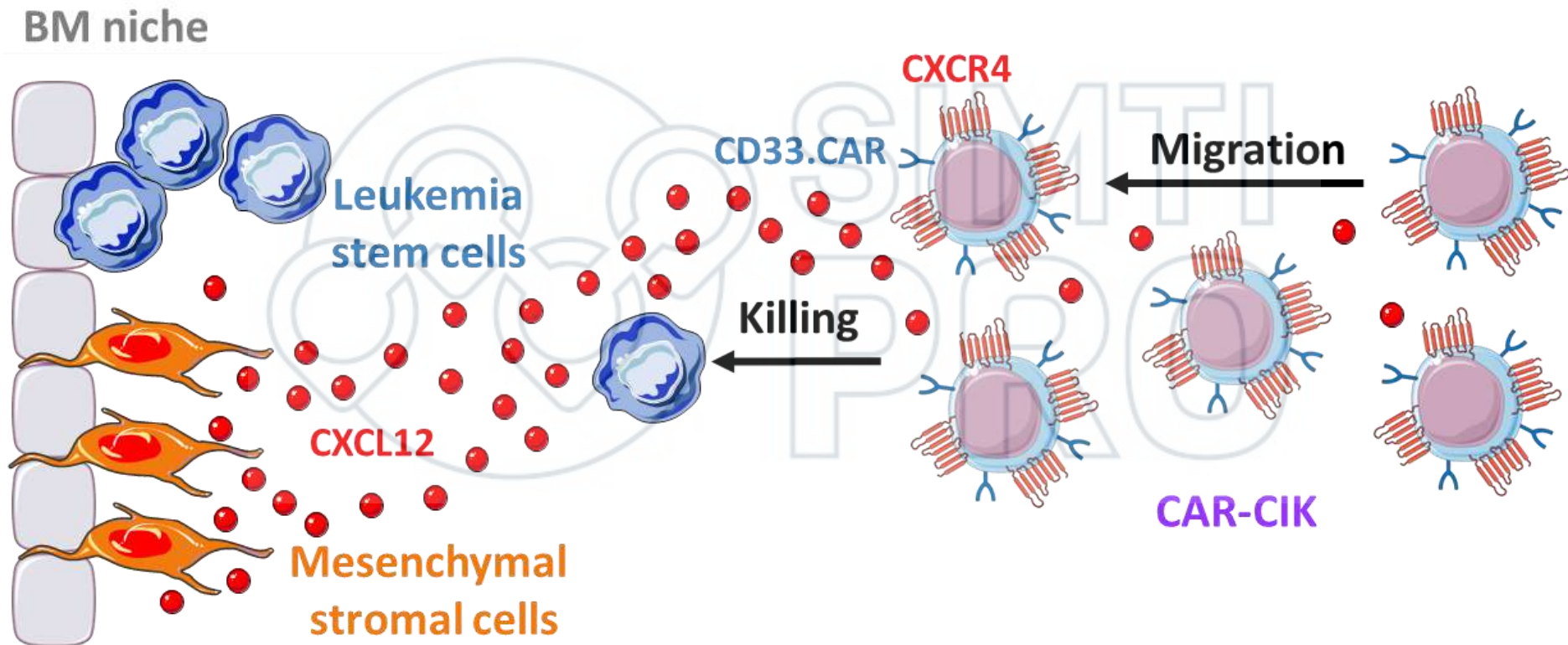
Part A – Dose escalation (Phase Ia)

To determine the maximum tolerated dose (MTD) and recommended phase 2 dose (RP2D) and safety profile of CD123/CD33 dual CARCIK therapy

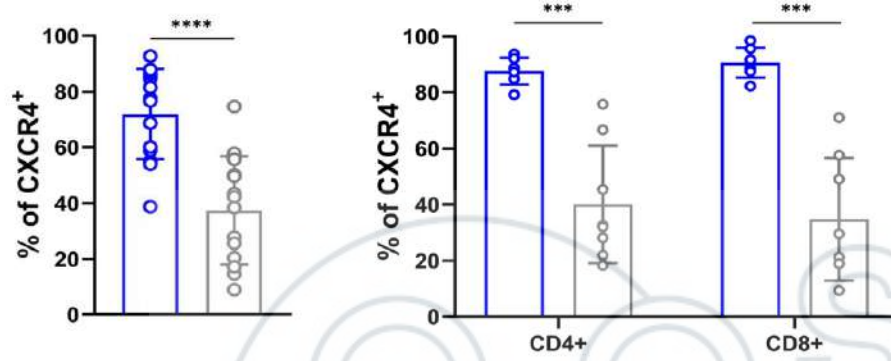
Part B – Dose Expansion (Phase II)

To determine the efficacy of CD123/CD33 dual CARCIK therapy in terms of complete response rate

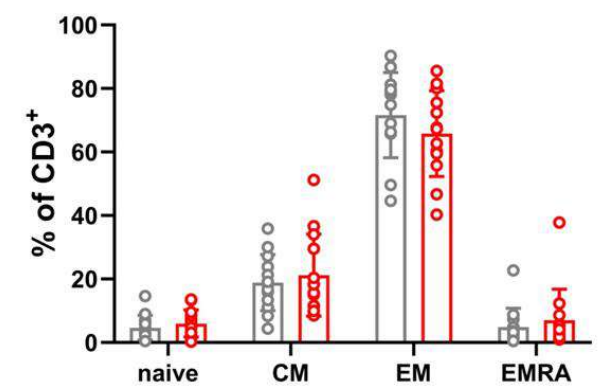
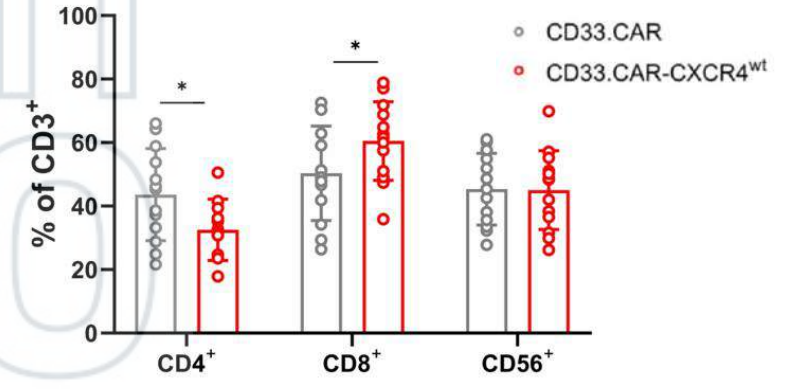
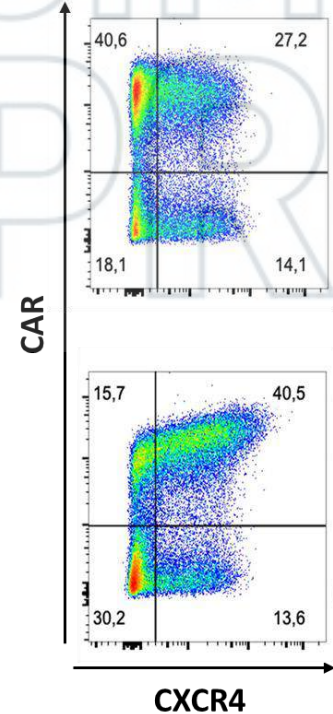
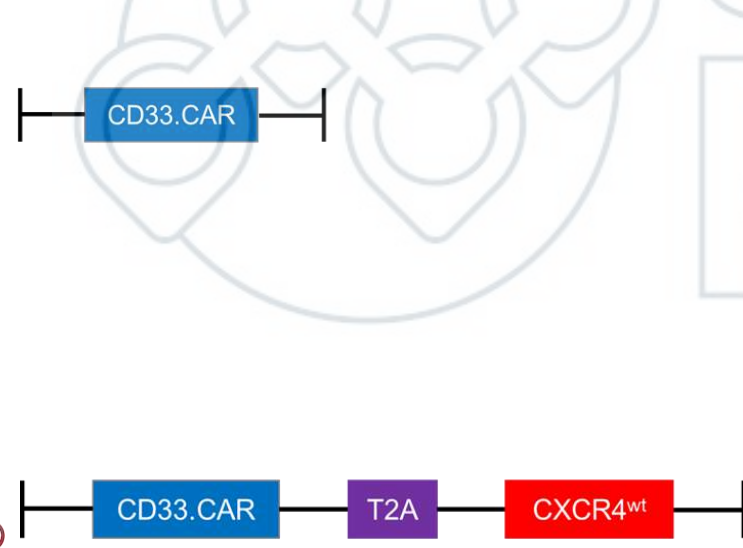
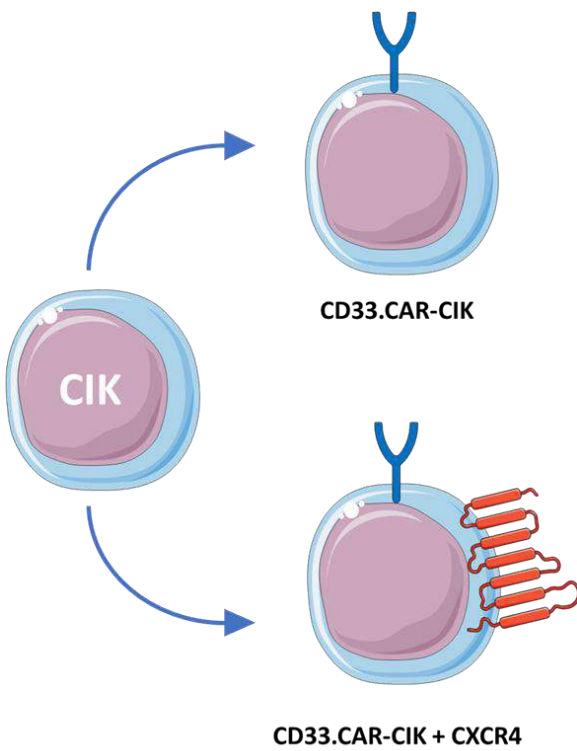
Preclinical development in AML: Armored CAR-CIK CXCR4-modified CD33.CAR-CIK with enhanced BM homing



Engineering CXCR4-modified CD33.CAR-CIK cells

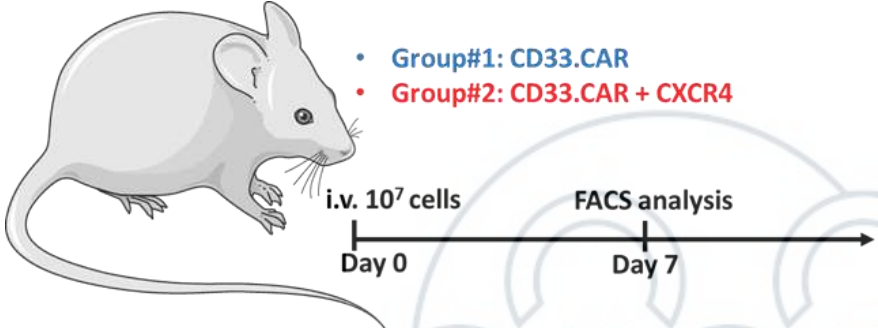


CXCR4 expression drops during CAR-CIKs expansion

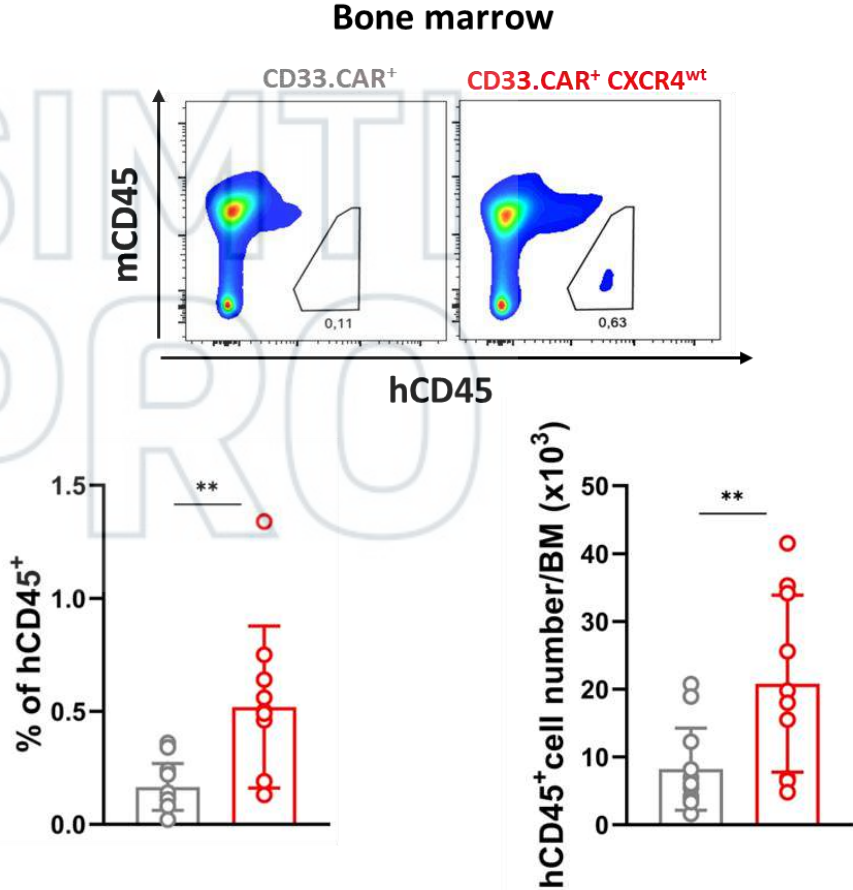
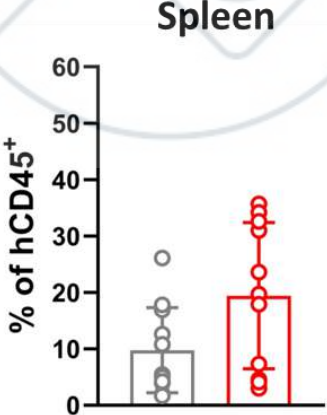
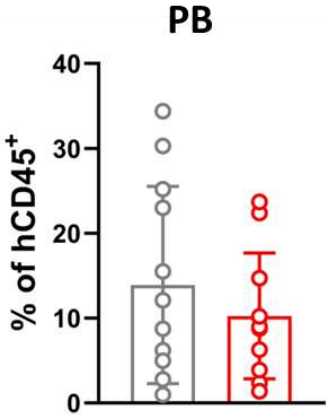


Biondi M et al, Blood, 2023

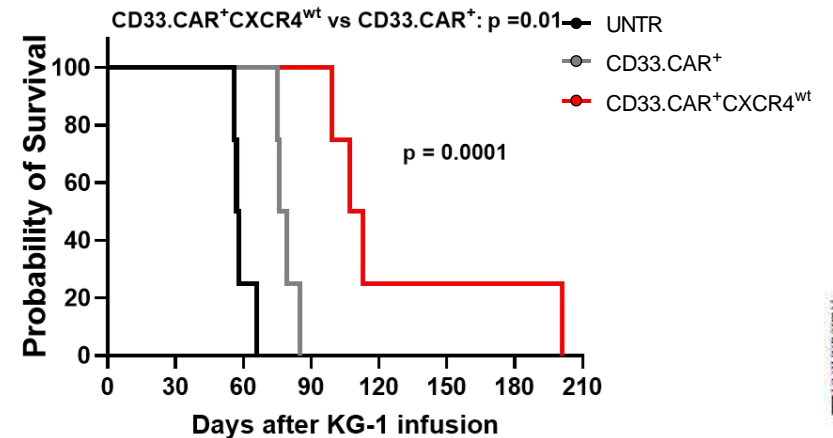
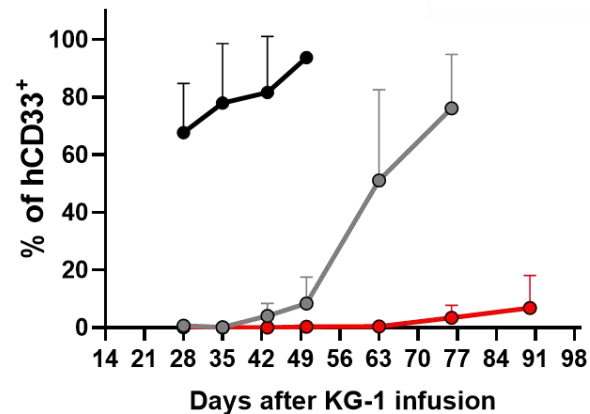
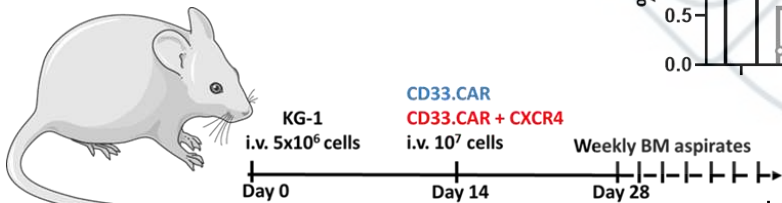
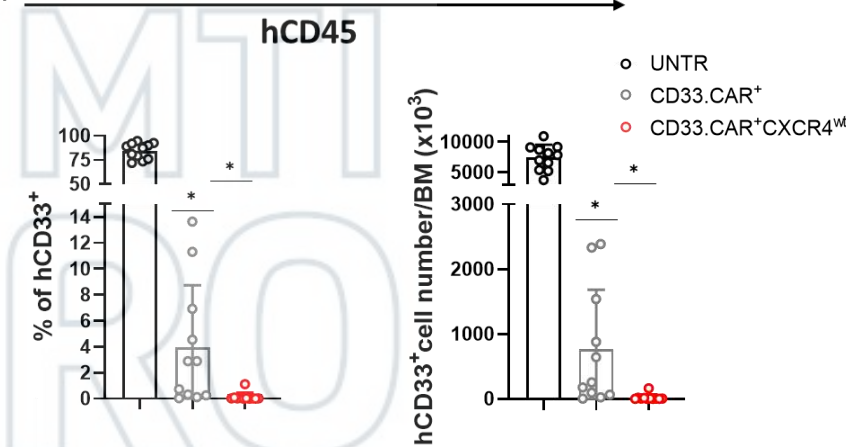
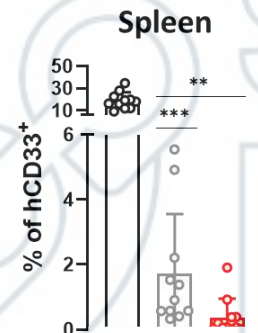
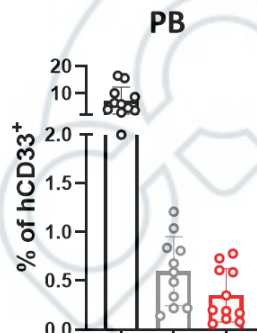
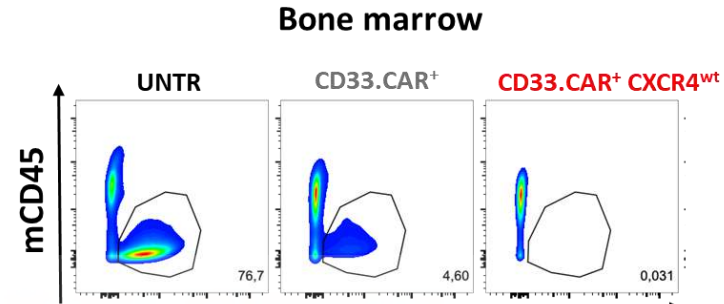
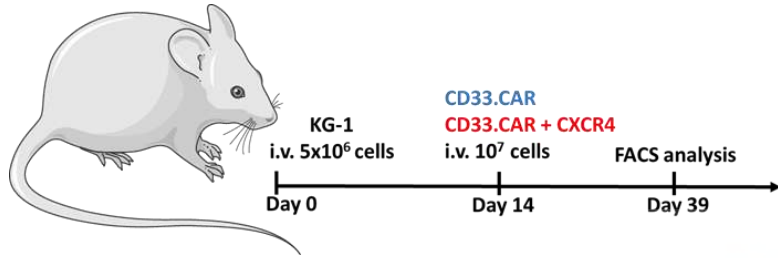
CXCR4-modified CD33.CAR-CIK: *in vivo* homing to the bone marrow



- CD33.CAR⁺
- CD33.CAR⁺CXCR4^{wt}



CXCR4-modified CD33.CAR-CIK: *in vivo* antileukemic activity



Conclusions and future perspectives

- The non-viral Sleeping Beauty-derived CAR CIK cells are a solid versatile CAR-T platform alternative to viral vectors, with reduced CoG and simplified production processes → to be further implemented with mRNA SB100X transposase and more closed systems
- The non viral SB platform can be adopted to derive “off-the-shelf” Cord Blood derived CAR CIK cells
- Cord-blood derived CD19CAR-CIK cells showed *in vitro* and *in vivo* potent antileukemic activity
- The non-viral CAR CIK cell platform can be exploited to generate next-generation CARs, such as Dual CARs or Armored CARs
- Dual CD123/CD33 CAR-CIK cells mediate high anti-leukemic efficacy through trans-acting costimulation
- Arming anti-AML CAR-CIK cells with CXCR4 represents a promising strategy to increase CAR therapeutic potential
- The non-viral CAR CIK cell platform could be used to generate CAR CIK cells against solid tumors.

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