Advances in Cellular Therapies for Cancer

CAR T cell Therapy

Mohamed Abou-el-Enein, MD, PhD, MSPH Executive Director, USC/CHLA Cell Therapy Program Director, USC/CHLA cGMP Facility Associate Professor of Clinical Medicine (Oncology), Pediatrics, and Stem Cell Biology & Regenerative Medicine

August 25, 2024

California Cancer Consortium Conference







Agenda

- Introduction to CAR T Cell Therapy and Its Clinical Applications
- Key Challenges in CAR T Cell Therapy Development

□ Safety: Addressing Second Primary Malignancies

□ Scalability: Enhancing Production and Accessibility

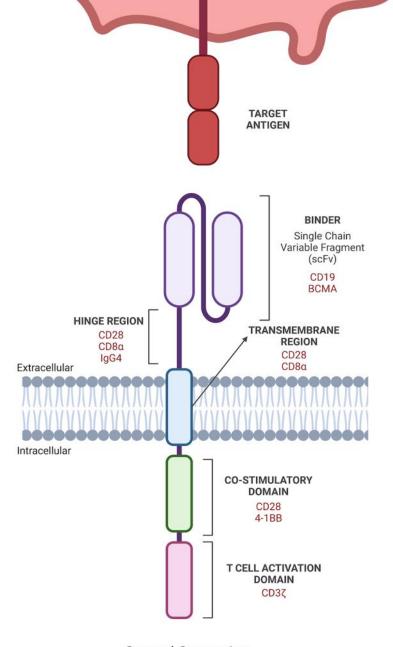
- Innovative Solutions and Current Developments
- Efficacy in Solid Tumors: Breaking Barriers

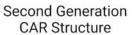




Principles of CAR T cells

- CAR T cells: Personalized immunotherapy using patient's own T cells, genetically engineered to target specific tumor antigens for cancer treatment.
- Chimeric Antigen Receptor (CAR) Structure:
 - Binder: Ensures antigen recognition, specificity, and affinity
 - Hinge region: Provides flexibility and maintains optimal distance to the target
 - Transmembrane Region: Contributes to receptor stability and function
 - Co-stimulatory Domain: Augments T cell function, metabolism, and persistence
 - T cell activation domain: Facilitates downstream T cell activation and functional responses





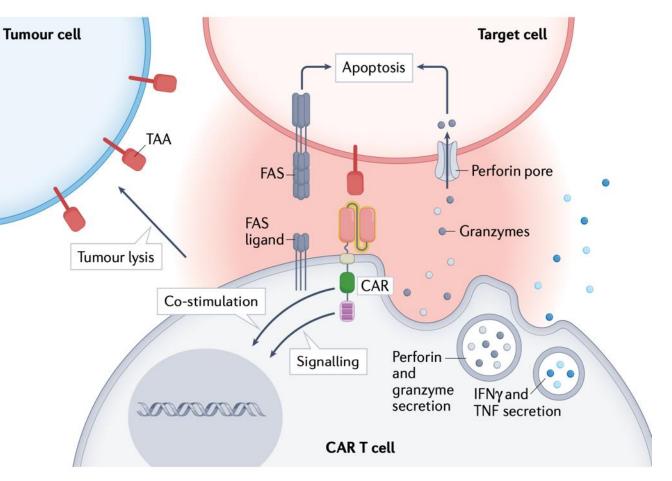




Principles of CAR T cells

• CAR T Cell Killing Mechanism:

- Recognize Tumor-Associated Antigen (TAA)
- Form Immune Synapse with Target Cell
- Release Cytotoxic Granules
- Induce Target Cell Apoptosis
- Trigger Cytokine Release & Immune Activation
- Main target: CD19, specifically expressed on Bcells
- Remarkable success in hematological B-cell malignancies as a third line of treatment in Lymphoma and Leukemia
- Recently approved CAR T-cells targeting BCMA for Multiple Myeloma



Flugel et al. Nat. Rev. Clin. Oncol. 2022





FDA Approved CAR T cells in Hematological Malignancies

| • 2017 | tisagenlecleuce | | Acute lymphoblastic leukemia (ALL) (B-cell precursor) Large B-cell lymphoma (LBCL) Follicular lymphoma (FL) |
|---|------------------------------|---------------------------------------|---|
| | axicabtagene ciloleucel | | Large B-cell lymphoma (LBCL) Follicular lymphoma (FL) |
| • 2020 | brexucabtagen autoleucel | e | Mantle cell lymphoma Acute lymphoblastic leukemia (ALL) (B-cell precursor) |
| • 2021 | lisocabtagene maraleucel | | Large B-cell lymphoma (LBCL) Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL) |
| | idecabtagene vicleucel | | Multiple Myeloma (MM) |
| • 2022 | ciltacabtagene autoleucel | | Multiple Myeloma (MM) |
| USCUniversity of Southern California Children's LOS ANGELES | | Children's Hospital Los Angeles | Approval restricted to patient populations and treatment line |

CAR T Cells in Lymphoma: Pivotal Trials

| Product | Disease | Trial | Line of treatment | Trial Phase | Overall Response | Event Free Survival | CRS | Neuro- toxicity | Reference |
|----------|---------|--|-------------------|--------------------------------|------------------------------------|------------------------|-------|--------------------|--------------------------|
| Tisa-cel | LBCL | JULIET (2018) | 3rd | Phase II | 52% (CR 40%) | NR | 22% | 12% | Schuster et al., 2019 |
| | | BELINDA (Primary endpoint unmet) | 2nd | Phase III Kymriah vs SC | 38.3% vs 53.8% | =3m | 61.3% | 10.3% | Bishop et al., 2022 |
| | FL | ELARA (2022) | 3rd | Phase II | 86.2% (CR 69.1%) | NR | 48.5% | 4.1% | Fowler et al. 2022 |
| Axi-cel | LBCL | ZUMA-1 (2017) | 3rd | Phase II | 82% (CR 54%) | 5.7m | 93% | 64% | Neelapu et al., 2017 |
| | | ZUMA-7 (2022) | 2nd | Phase III Yescarta vs SC | 83% (CR 65%) vs 50% (CR 32%) | 8.3m vs 2m | 92% | 60% | Locke et al., 2022 |
| | | ZUMA-12 (Primary endpoint met) | 1st | Phase II | CR 78% | 73% at 12m | 100% | 73% | Neelapu et al., 2022 |
| | FL | ZUMA-5 (2021) | 3rd | Phase II | 91% (CR 60%) | NR | 88% | 81% | Jacobson et al., 2021 |





LBCL; large B-cell lymphoma, FL; follicular lymphoma

CAR T Cells in Lymphoma: Pivotal Trials

| Product | Disease | Trial | Line of treatment | Trial Phase | Overall Remission | Event Free survival | CRS | Neuro- toxicity | Reference |
|-----------|---------|--|-------------------|--------------------------------|----------------------|------------------------|-----|--------------------|-------------------------|
| Brexu-cel | MCL | ZUMA-2 (2020) | 2nd | Phase II | 85% (59% CR) | NR | 91% | 63% | Wang et al., 2020 |
| Liso-cel | LBCL | TRANSCEND NHL 001 (2021) | 3rd | Phase I | 73% (CR 53%) | NR | 42% | 30% | Abramson et al. 2020 |
| | | TRANSFOR M 2022 (Primary endpoint met) | 2nd | Phase III Breyanzi vs SC | CR 66% vs CR 39% | 10.1m vs 2.3m | 49% | 12% | Kamdar et al. 2022 |





CAR T Cells in Leukemia: Pivotal Trials

| Product | Disease | Trial | Line of Treatmen t | Trial Phase | Overall Remission | Event Free Survival | CRS | Neuro- toxicity | Reference |
|-----------|---|----------------------------|--------------------------|----------------|--------------------------------|---------------------------|-----|--------------------|------------------------|
| Tisa-cel | ALL (Pediatric and young adults) | ELIANA (2017) | 3 rd | Phase I- II | 82.5% (CR 63% + CRi 19%) | 73% | 77% | 40% | Maude et al., 2018 |
| Brexu-cel | ALL (Adults) | ZUMA -3 (2021) | 3 rd | Phase II | 56% CR | NR | 92% | 87% | Shah et al. 2021 |
| Liso-cel | CLL and SLL | TRANSCEND CLL004 (2023) | 3 rd | Phase I- II | 18% CR | NR | 9% | 18% | Siddiqi et al. 2023 |





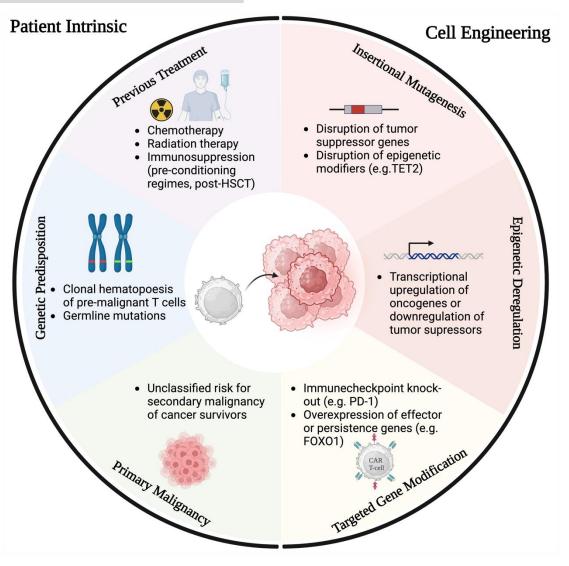
B-ALL; B-cell acute lymphoblastic leukemia, CLL; Chronic Lymphocytic Leukaemia SLL: Small Lymphocytic Lymphoma

Key Challenges: CAR⁺ T-cell Second Primary Malignancies

- Nov 2023: 22 cases of secondary T-cell malignancies following CAR T-cell therapy
- **Potential cause:** Combination of <u>pre-existing and</u> <u>CAR T-cell genetic engineering derived genetic</u> and epigenetic alterations (e.g. use of viral vectors).
- <u>Not all of these cases have been definitively</u> <u>linked to CAR T cell treatment.</u>
- **Mitigation:** Requires multifaceted strategies, including patient education, stringent genomic monitoring, and continued regulatory oversight and surveillance.
- **Solution:** Next-generation CARs with enhanced targeting and safety features.

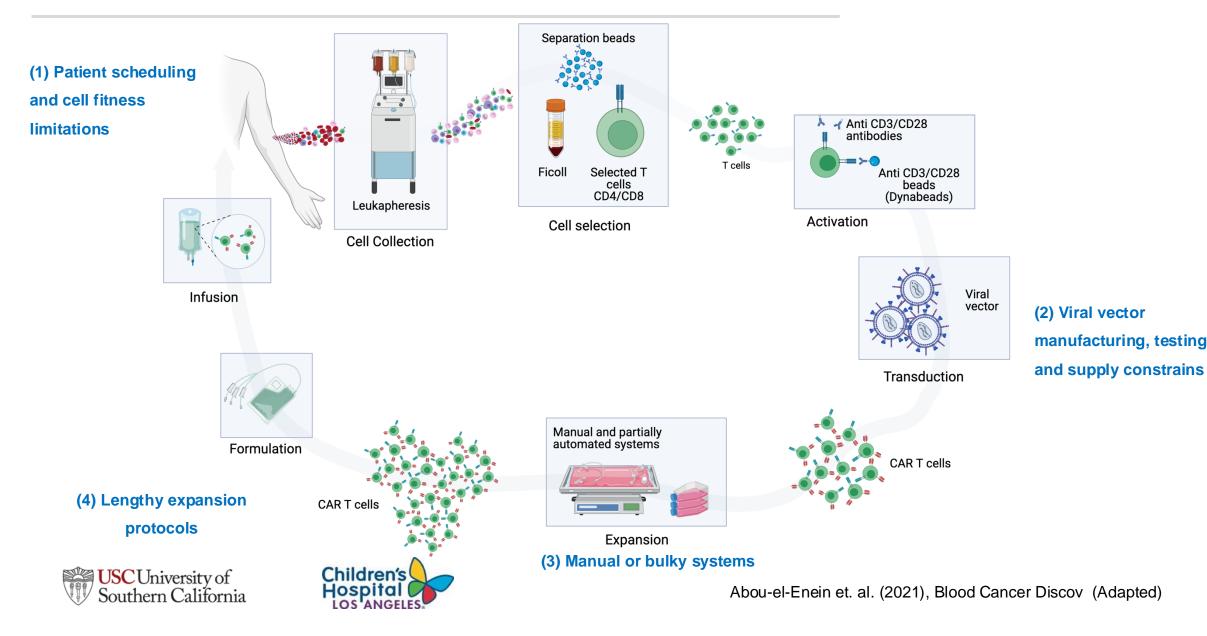




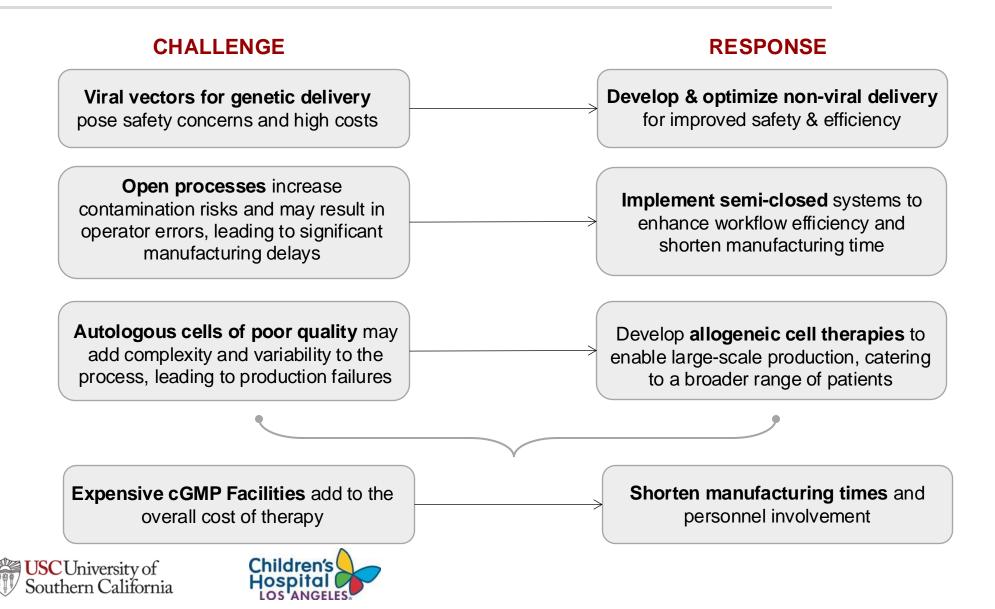


Abou-el-Enein et. al. (2024), Blood Cancer Discov

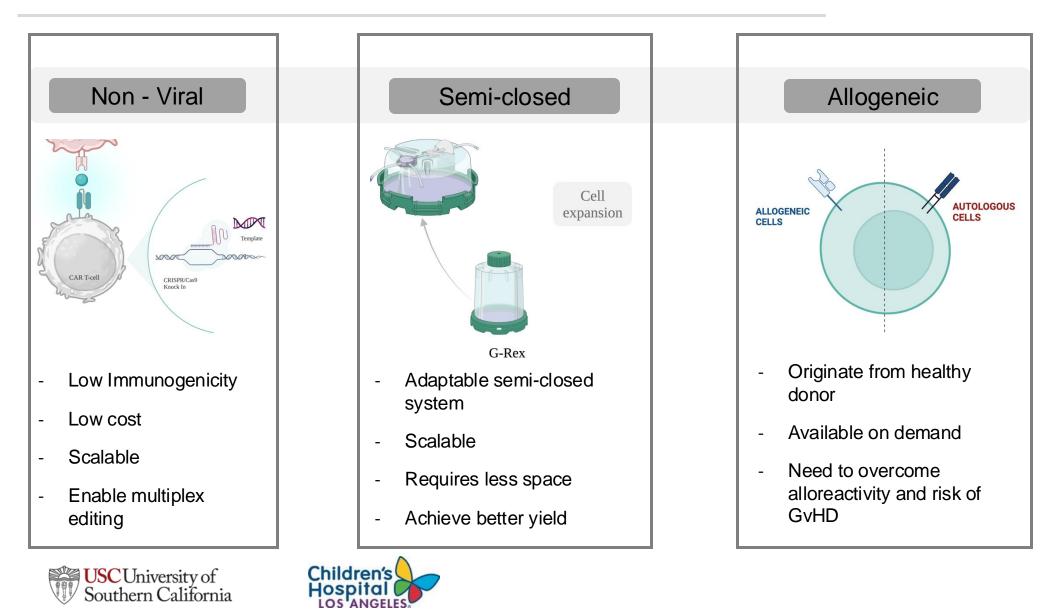
Key Challenges: Scaling CAR T Cell Manufacturing



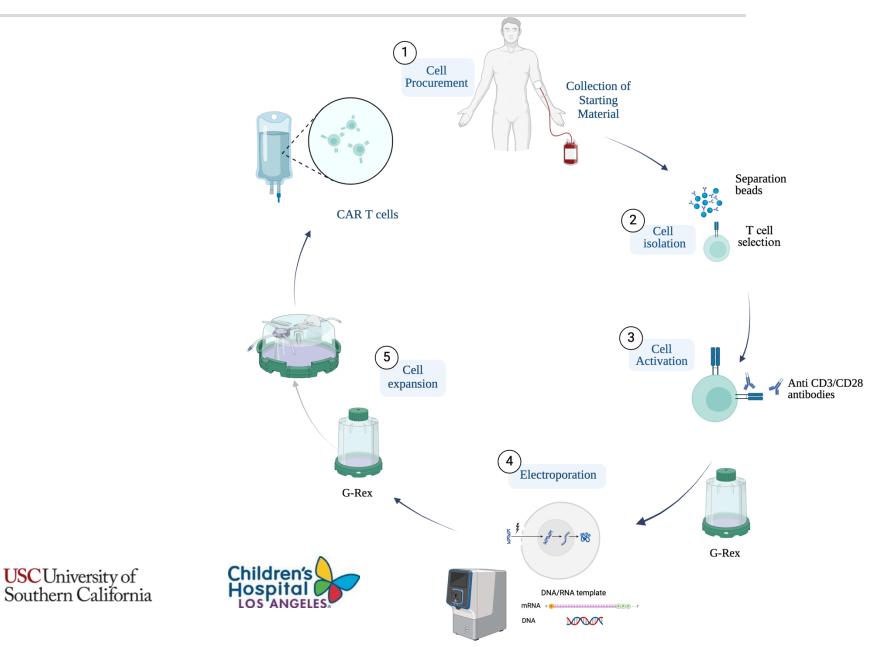
Innovative Solutions and Current Developments



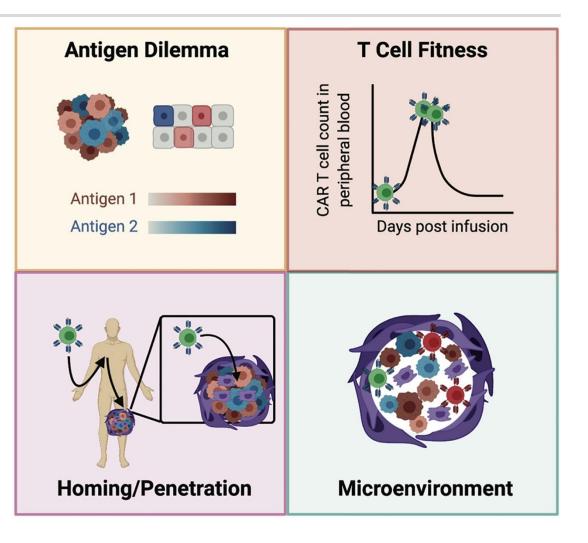
Innovative Solutions and Current Developments



Innovative Solutions and Current Developments



Limited Efficacy in Solid Tumors



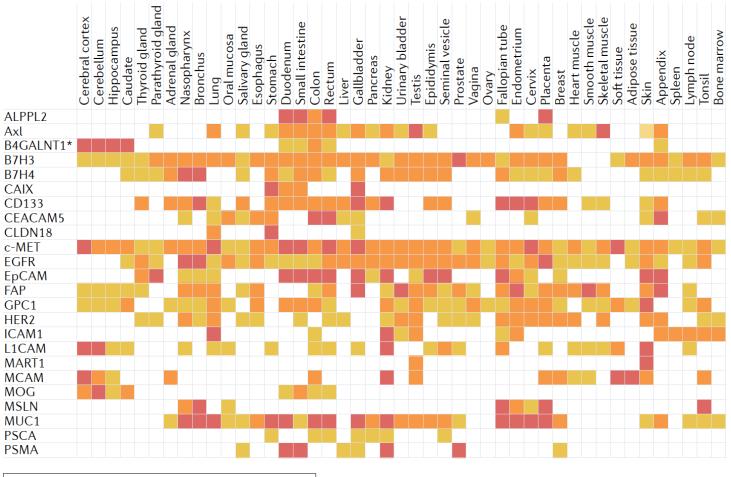




Wagner et al. Mol. Ther. 2020

Limited Efficacy in Solid Tumors

- Lack of specific tumor antigen →
 Target expression in healthy tissue
- Risk of healthy tissue destruction
 (OTOT)
- Risk: Reduced safety and efficacy
- Current efforts: CAR T cells with enhanced specificity; dualtargeting CARs, logic-gated CARs, or affinity-tuned CARs.



📕 High 📕 Medium 📕 Low 🗌 Not detected





Flugel et al. Nat. Rev. Clin. Oncol. 2022

Promise of CAR T in Solid Tumors

ORIGINAL ARTICLE | BRIEF REPORT

f X in ⊠

Intraventricular CARv3-TEAM-E T Cells in Recurrent Glioblastoma

Authors: Bryan D. Choi, M.D., Ph.D., Elizabeth R. Gerstner, M.D., Matthew J. Frigault, M.D., Mark B. Leick, M.D. 몓 Christopher W. Mount, M.D., Ph.D., Leonora Balaj, Ph.D., Sarah Nikiforow, M.D., Ph.D., Bob S. Carter, M.D., Ph.D. 🕑 , William T. Curry, M.D., Kathleen Gallagher, Ph.D., and Marcela V. Maus, M.D., Ph.D. 💿 Author Info & Affiliations

Published March 13, 2024 | N Engl J Med 2024;390:1290-1298 | DOI: 10.1056/NEJMoa2314390 | VOL. 390 NO. 14

Target: EGFR

Article

GD2-CAR T cell therapy for H3K27M-mutated diffuse midline gliomas

| https://doi.org/10.1038/s41586-022-04489-4 | Robbie G. Majzner ^{1,2,3,13} , Sneha Ramakrishna ^{1,2,13} , Kr | | | | |
|--|---|--|--|--|--|
| Received: 2 August 2021 | Harshini Chinnasamy ¹ , Liora M. Schultz ^{1,2} , Rebecca Rebecca Mancusi ⁶ , Anna C. Geraghty ⁶ , Zinaida Go | | | | |
| Accepted: 28 January 2022 | Shawn M. Gillespie ⁶ , Angus Martin Shaw Toland ⁸ , . | | | | |
| Published online: 7 February 2022 | Esther H. Nie ⁶ , Isabelle J. Chau ⁶ , Maria Caterina Ro Christina Baggott ¹ , Sharon Mavroukakis ¹ , Emily Eg | | | | |
| Open access | Sean Green ² , Michael Kunicki ^{1,2} , Michelle Fujimoto | | | | |
| Check for updates | Sreevidya Kurra², Katherine E. Warren⁵, Snehit P Timothy T. Cornell⁰, Sonia Partap⁶, Paul G. Fishe Gerald Grant¹º, Bita Sahaf¹², Kara L. Davis¹², Stev | | | | |

risten W. Yeom⁴, Shabnum Patel¹, a M. Richards^{1,2}, Li Jiang⁵, Valentin Barsan^{1,2}, ood^{1,3,7}, Aaron Y. Mochizuki⁶, Jasia Mahdi⁶, Agnes Reschke^{1,2}, otiroti², Christopher W. Mount⁶, geler¹, Jennifer Moon¹, Courtney Erickson¹, o^{1,2}, Zach Ehlinger², Warren Reynolds², abhu¹, Hannes Vogel⁸, Lindsey Rasmussen⁹, , Cynthia J. Campen⁶, Mariella G. Filbin⁵, n A. Feldman¹, Crystal L. Mackall^{1,2,3,11,14 \vee} &} Michelle Monje^{1,2,6,8,10,12,14}





Acknowledgments

USC/CHLA Cell Therapy Center

Alix Vaissie Amaia Cadinanos-Garai Xia Wu Michael Woo Vivian Quach Jackson Lange Ivan Segovia Chiara Baraldi Nanor Deirbadrossian Christian Flugel Anson Cheung Cristina Fernandez James Choung

Alpha Clinic

Thomas Buchanan Allan Wayne Juliane Glaeser Elia Plascencia Cort Brinkerhoff

Norris Comprehensive Cancer Center

Caryn Lerman Steven Grossman Heinz-Josef Lenz Christopher Loertscher



USC/CHLA Cell Therapy Program

USC University of Southern California

Keck School of Medicine of USC



Advances in Cellular Therapies for Cancer

CAR T cell Therapy

Thank you!

Dr. Mohamed Abou-el-Enein <u>mabouele@usc.edu</u>



Follow us on LinkedIn & Twitter: USC/CHLA Cell Therapy Program





