

Manufacturing and application of CAR T cells to treat cancer: chances and safety matters




Disclosures

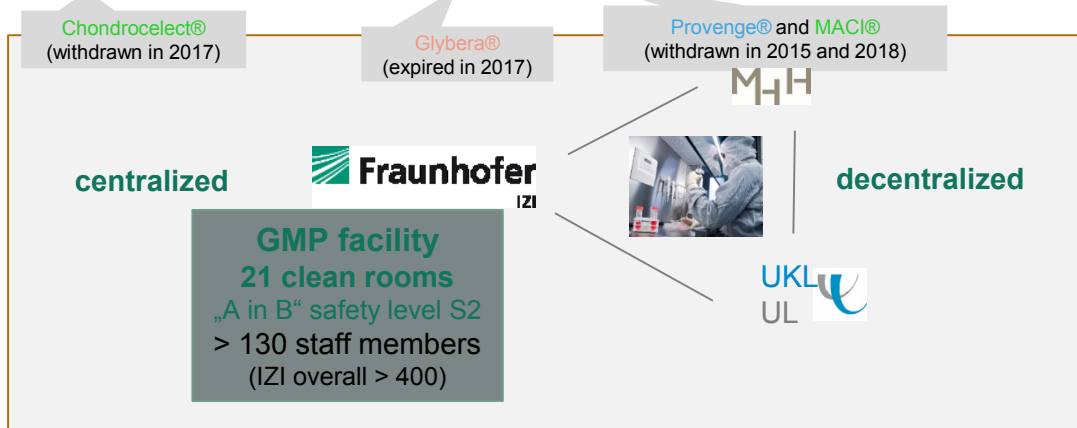
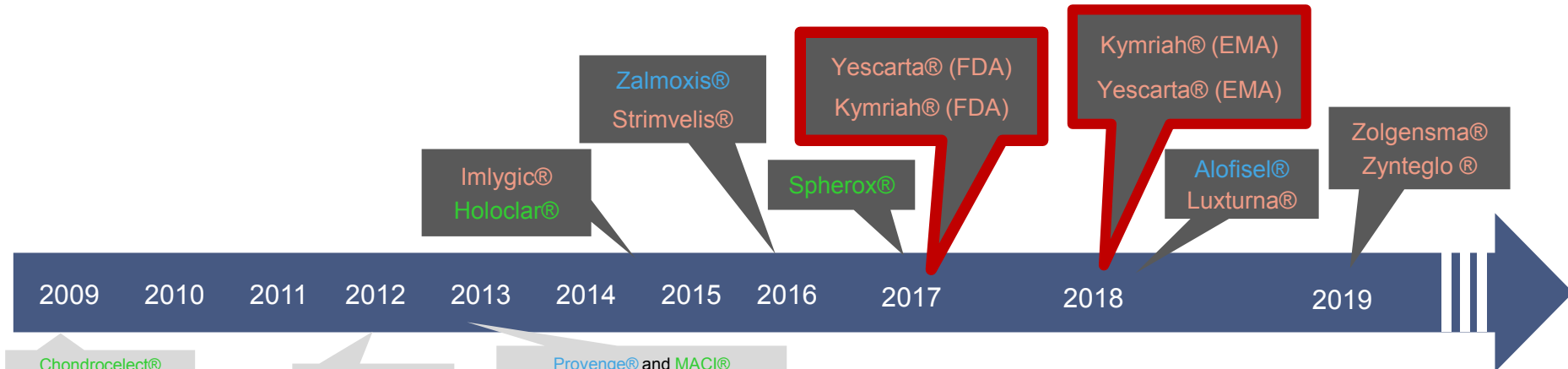
In relation to this presentation, I declare that there are no conflicts of interest.

- “CD20CAR-TIME“ is a joint research project partly funded by the German ministry of education and research (ref. 01EK1507A-C) within the research programme “Innovations in Personalised Medicine“.



- CTL019 European study trial  NOVARTIS Kymriah®
- Consulting: AstraZeneca, Affimed, Glycostem

The Era of Advanced Therapy Medicinal Products



CTL019 trial/
Kymriah Europe
Press conference
NOVARTIS and
Fraunhofer IZI
8/2018



CAR T cell
Melanoma trial
Miltenyi Biotec,
H. Abken
U. Köhl

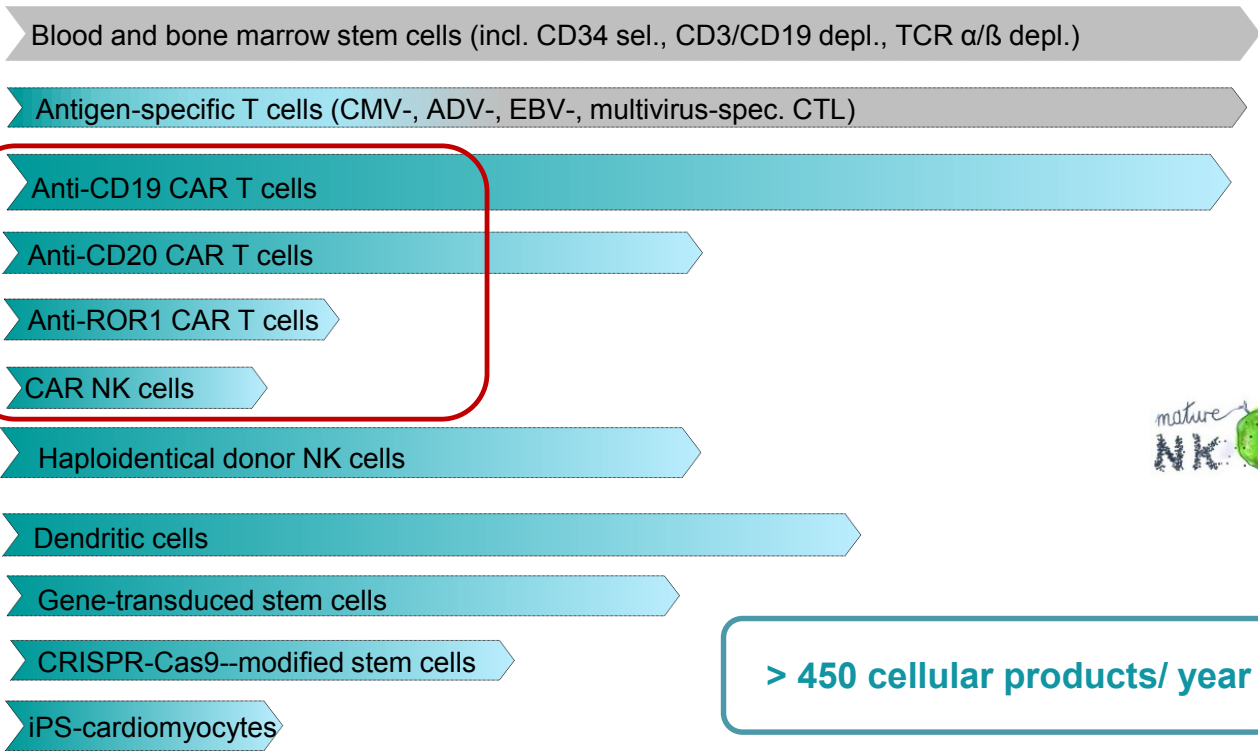


CAR T cells
first patient
treated
at UKL
U. Platzbecker
5/2019

Manufacturing of cell-based therapies



Partner:
Universities
Industry



Europe wide



Virus-free *Sleeping Beauty* gene-transfer for immunotherapy of ROR1⁺ cancers

HELMHOLTZ Universität Fraunhofer



EU consortium Mature-NK: 2018-2022: Manufacturing tumor reactive CAR NK cells

Speaker: U. Koehl

EU IMI ImSAVAR 2020-2025

Safety assessment

Speaker: U. Koehl

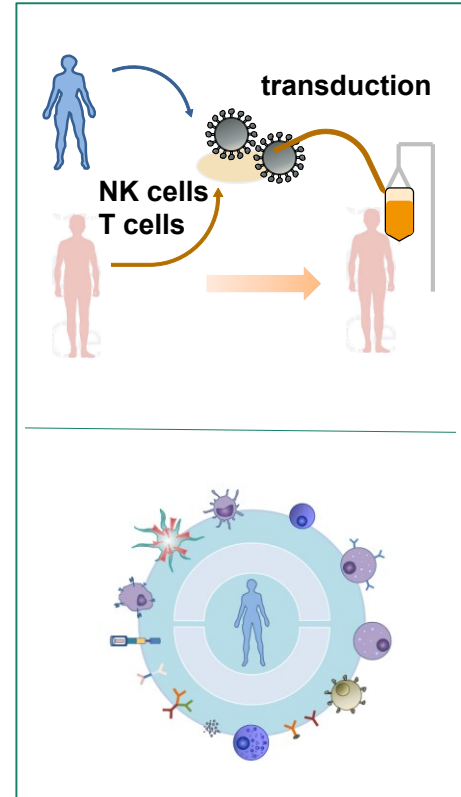


> 450 cellular products/ year

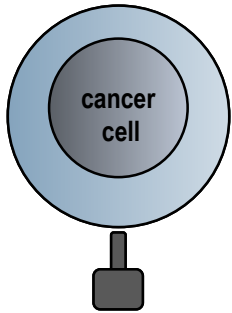
Overview

CAR expressing T cells

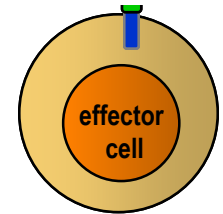
- Clinical trials
- Risk and benefit
- Manufacturing challenge:
From manual to automation and digitalization
- From personalized medicine to allogeneic
“off the shelf” CAR effector cells



CAR-expressing effector cells - mechanism



- MHC independent
- of high affinity / specificity
- not requiring co-receptors

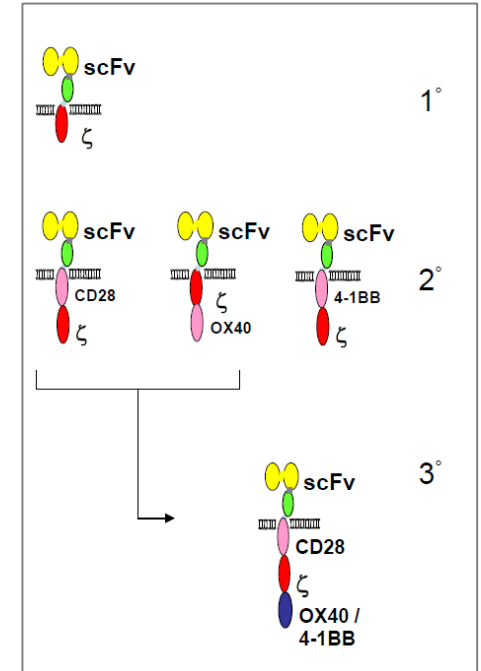
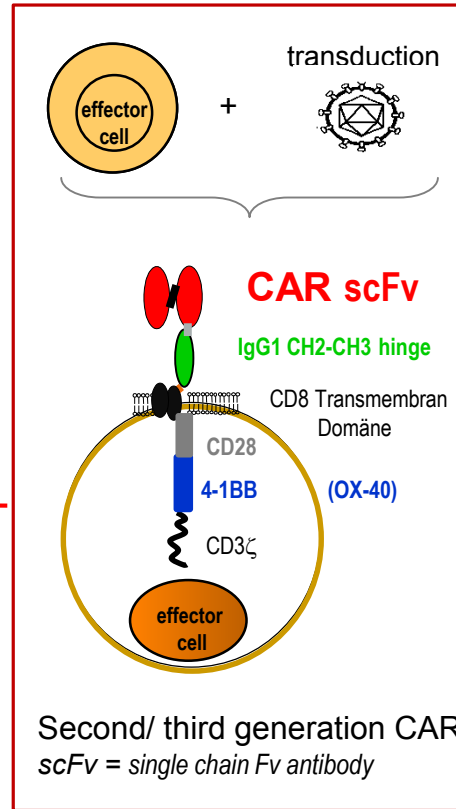


CAR expressing T cell

CAR expressing NK cell

activation of effector cells

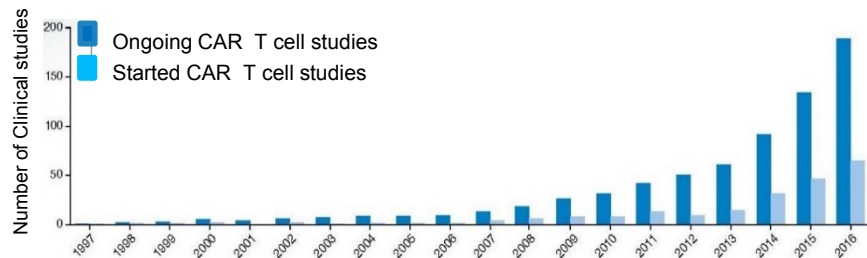
specific attack and killing of cancer cells



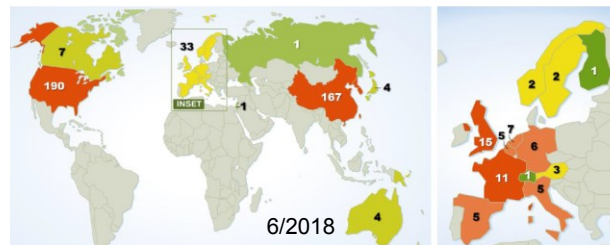
Adopted from: Hombach et al.,
Curr. Mol. Med. 13, 1079-1088 (2013)



Clinical CAR T cell studies



Hartman J, et al. EMBO Mol Med, 8/ 2017



Clinicaltrials.gov

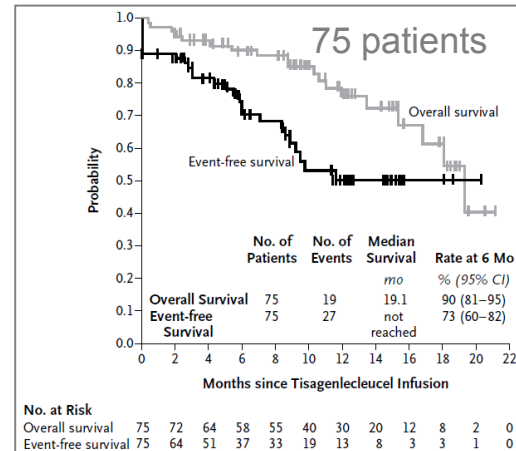
- > 500 (1000) clinical trials (10/2019)
- 10% of the studies in Europe, only
- Benefit in patients with Acute Lymphoblastic Leukaemia (ALL)



r/r =
relapsed/
refractory

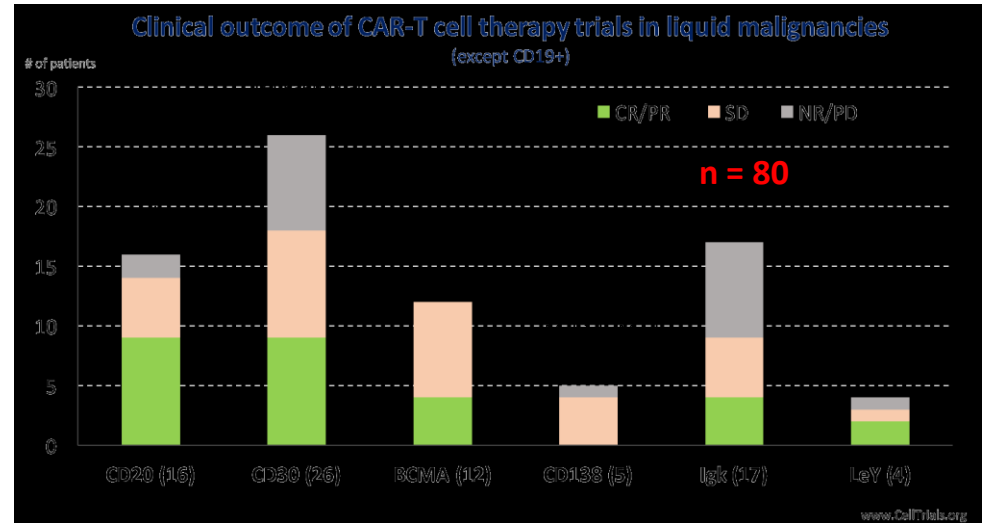
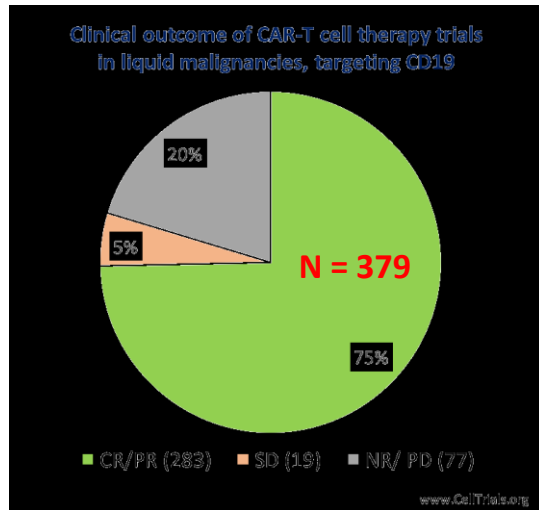
- r/r CD19+ Leukaemia: cure rate ~ 60-75%

Paediatric r/r ALL – ELIANA



Maude SL et al. New Engl J Med 2018

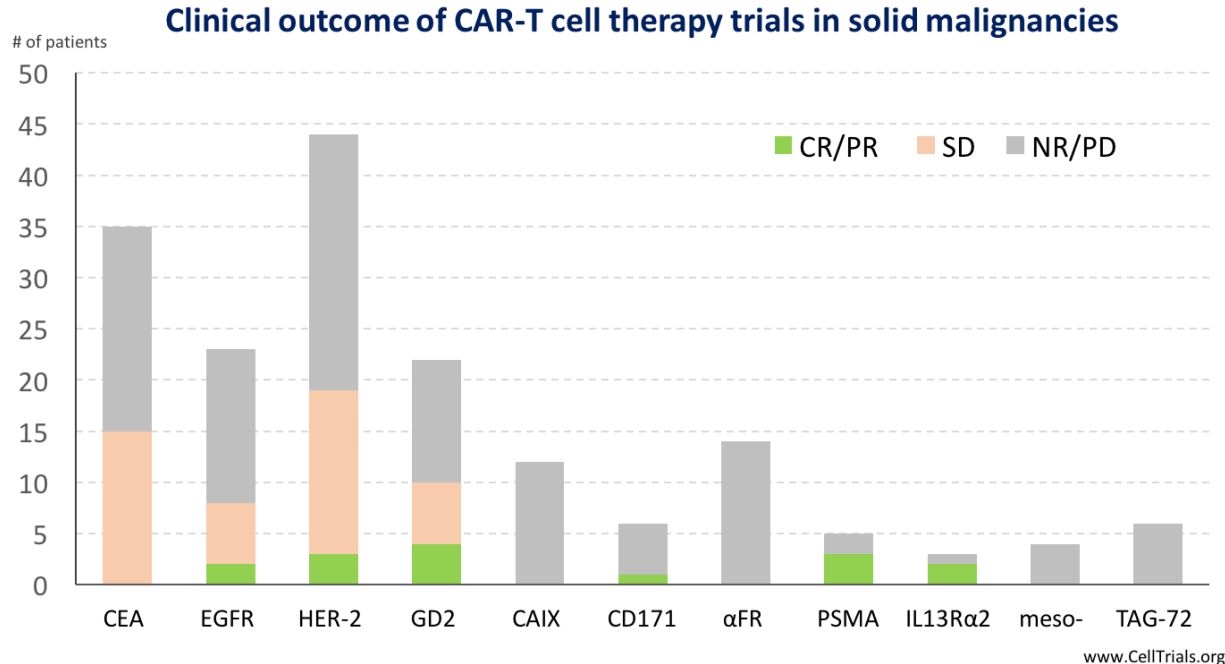
CAR T cells – Update clinical studies (haematology)



- Successful results in CD19+ ALL and DLBCL
- However failure of complete remission in some diseases

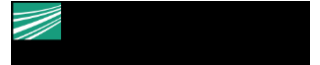
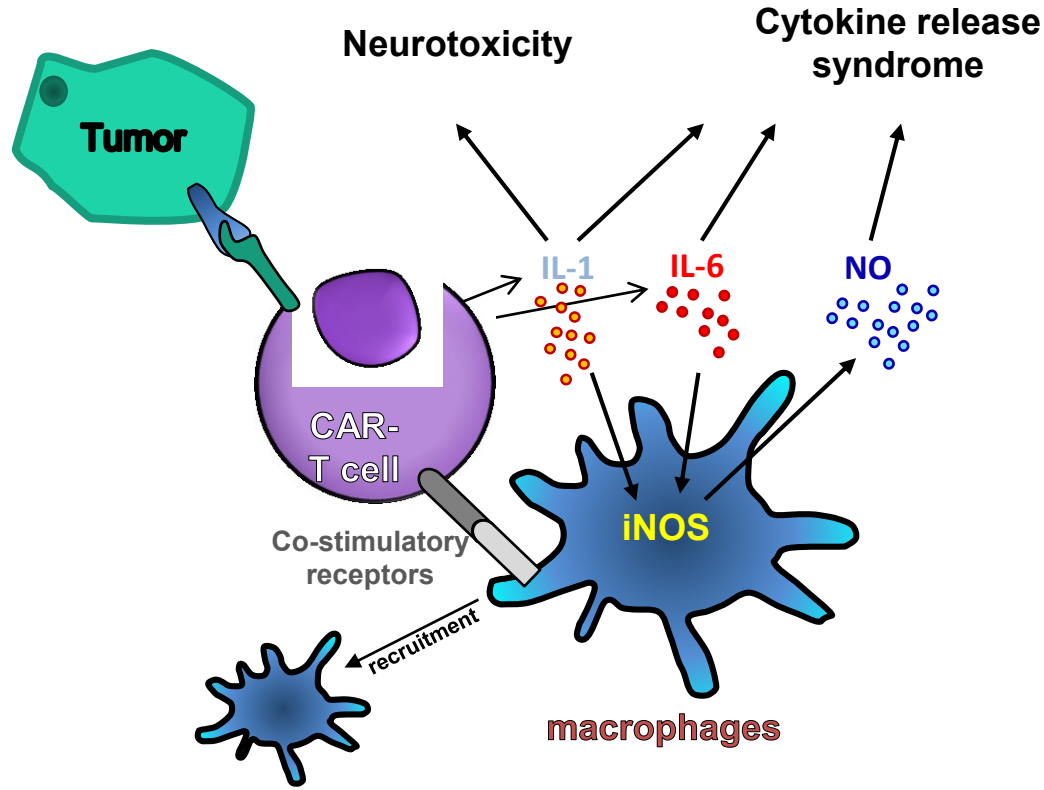
CLL = Chronic Lymphatic Leukaemia

CAR T cells – Update clinical studies (oncology)



- Breast cancer, glioblastoma, neuroblastoma, prostata cancer
- Very few complete or partial remissions! To date, less successful in tumours

Side effects of CAR T cells



	Yescarta ^a Kite/Gilead	Kymriah ^b Novartis	JCAR017 ^c Celgene	UCART-19 ^d Collectis/Servier	bb21217 (BCMA) ^e BlueBird/Celgene
scFv	anti-CD19 / FMC63	anti-CD19/ FMC63	anti-CD19/ FMC63	anti-CD19/ FMC63	anti-BMCA
Hinge					
Transmembrane	IgG1	CD8A	IgG4	CD8A	nk
Costimulatory domain	CD28	4-1BB	4-1BB	4-1BB	4-1BB
Signalling domain	CD3 ζ	CD3 ζ	CD3 ζ	CD3 ζ	CD3 ζ
Cell population	PBMC	PBMC	CD4 ⁺ + CD8 ⁺	PBMC	PBMC
Ablation/safety module	None	None	EGFR cetuximab	RQR8 rituximab	None
Other modification	None	None	None	TCR α /CD52 ko	None
Vector	Retrovirus	Lentivirus	Lentivirus	GE/Talen	Lentivirus
T-cell activation	CD3/IL-2	CD3/CD28	nk	nk	nk
Donor	Autologous	Autologous	Autologous	Allogeneic	Autologous
Dose	2 x 10 ⁶ – 2 x 10 ⁸ /kg CD3 ⁺ /CAR ⁺	0.2 x 10 ⁶ - 2.5 x 10 ⁸ /kg CD3 ⁺ /CAR ⁺	5 x 10 ⁷ or 1 x 10 ⁸ cells (total)	6 x 10 ⁶ * CAR ⁺ cells total	50 – 800 x 10 ⁶ CAR ⁺ T cells total
Indication	ALL	DLBCL	ALL	ALL	MM
Phase	MA/US	MA/US	Post PhI	PhI	PhI

Manual manufacturing of personalized CAR T cells is complex



Patient



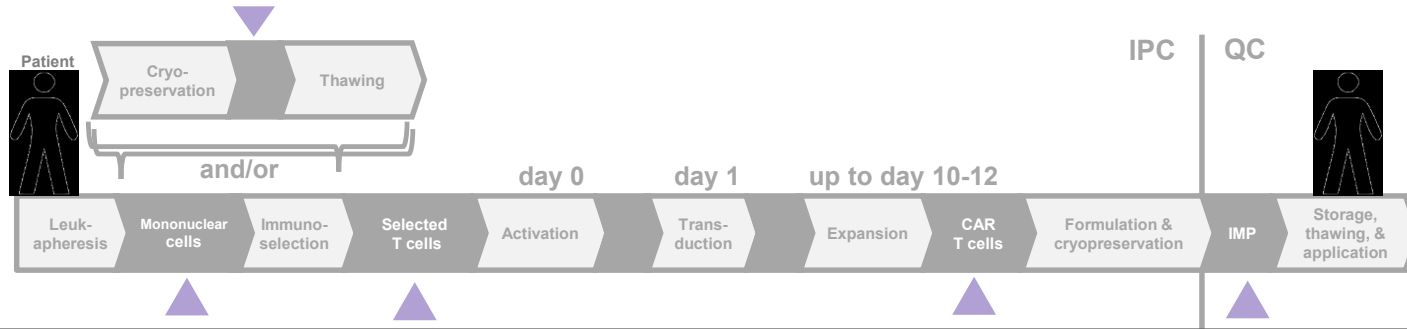
Manufacturing of CAR T cells

- Coop. Fraunhofer IZI -  NOVARTIS
- Manual process well established
- Currently: > 150 products
- European CTL019 trial as well as Kymriah®



Autologous CAR-T cell manufacturing and quality control is complex

Cytological in-process (IPC), quality (QC), and complementary controls



Bottle neck:

- No harmonized rules for QC
- Patient selection for leukapheresis unclear (WBC? CD3? ..?)
- Surrogate marker still missing to predict production failure

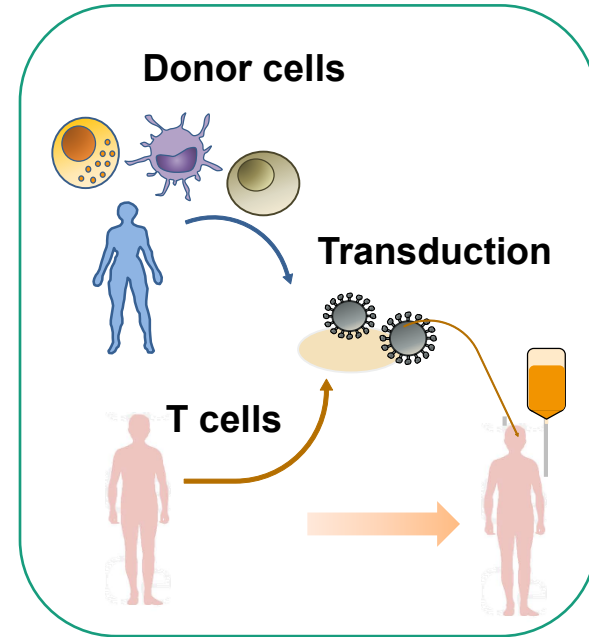
- Appearance & description
- Identity
- Safety
- Purity
- Impurities
- Quantity
- Potency

exemplarily:

- EP 2.7.23 Flowcytometric analysis
- EP 2.6.21 Realtime PCR for VCN (vector copy number)
- EP 2.6.14 Bacterial Endotoxin test
- EP 2.6.27 Microbiological control
- EP 2.6.21 Mycoplasmas

Limitation in autologous CAR T cells

- Identification of tumor-specific targets still not successful
 - Concepts are missing to address 100 fold more patients
 - Manufacturing of autologous cells is time consuming and expensive (> ¼ Mill €/ product)
 - In some cases failure in manufacturing (heavily pre-treated patients): around 5-15% failure
 - Relapse due to contaminating transduced leukemic clone
- ➔ Technical challenge – Purification, automation, digitalization and non viral strategies to minimize costs
- ➔ Allogeneic „off the shelf“ CAR effector cells (e.g. NK cells)



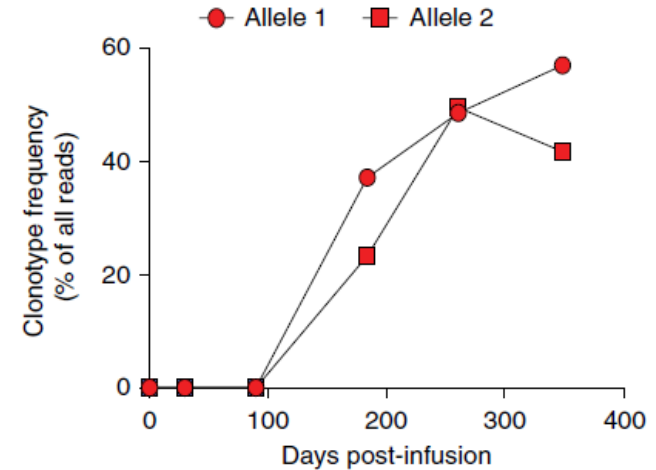
CD19-negative B-ALL relapse post CD19 CAR T cell therapy

Induction of resistance to chimeric antigen receptor T cell therapy by transduction of a single leukemic B cell

Marco Ruella^{1,2,3,4,5,31}, Jun Xu^{1,2,3,11}, David M. Barrett^{6,31}, Joseph A. Fraietta^{1,2,3,4}, Tyler J. Reich¹, David E. Ambrose¹, Michael Klichinsky^{1,7}, Olga Shestova¹, Prachi R. Patel¹, Irina Kulikovskaya¹, Farzana Nazimuddin¹, Vijay G. Bhoj^{1,2,3}, Elena J. Orlando⁸, Terry J. Fry⁹, Hans Bitter⁸, Shannon L. Maude⁶, Bruce L. Levine^{1,2,3}, Christopher L. Nobles¹⁰, Frederic D. Bushman¹⁰, Regina M. Young¹, John Scholler¹, Saar I. Gill^{1,3,5}, Carl H. June^{1,2,3,4*}, Stephan A. Grupp⁶, Simon F. Lacey^{1,2,3,12} and J. Joseph Melenhorst^{1,2,3,12*}

- Leukaemia – transduction of a single clone
- No CD19 expression via FACS but CD19 mRNA detectable
- CAR-19 binding in *cis*-conformation to CD19 on the cell surface – target epitope masked

Serial monitoring of IgH clonotypes over time in the bone marrow.



Improved manufacturing necessary?



Automated manufacturing of selected CAR T cells

Manufacturing of CAR T cells

hands on » step » by » step » time consuming

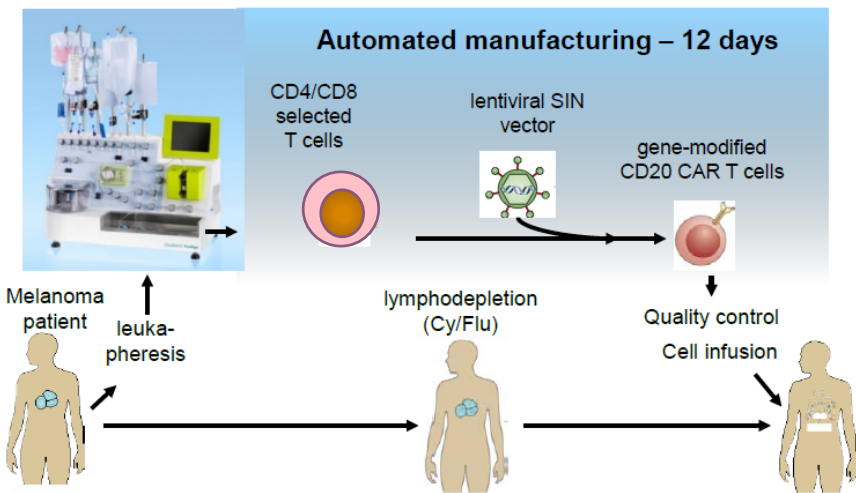
day 0 automation/ optimization day 12

automation/ shortening

CAR T Cells in Trials: Recent Achievements and Challenges that Remain in the Production of Modified T Cells for Clinical Applications

Ulrike Köhl,¹⁻³ Stanislava Arsenieva,¹⁻³ Astrid Holzinger,^{4,5} and Hinrich Abken^{4,5,*}

Human Gene Therapy, Vol 29, No 5, 2018



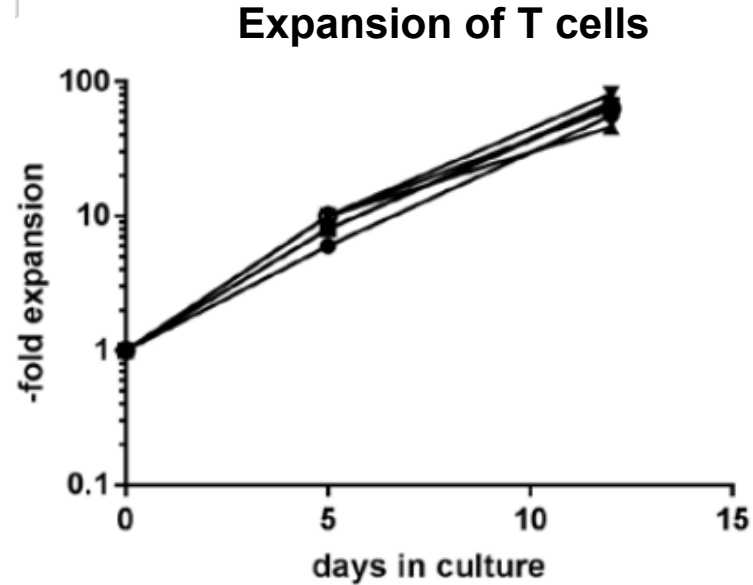
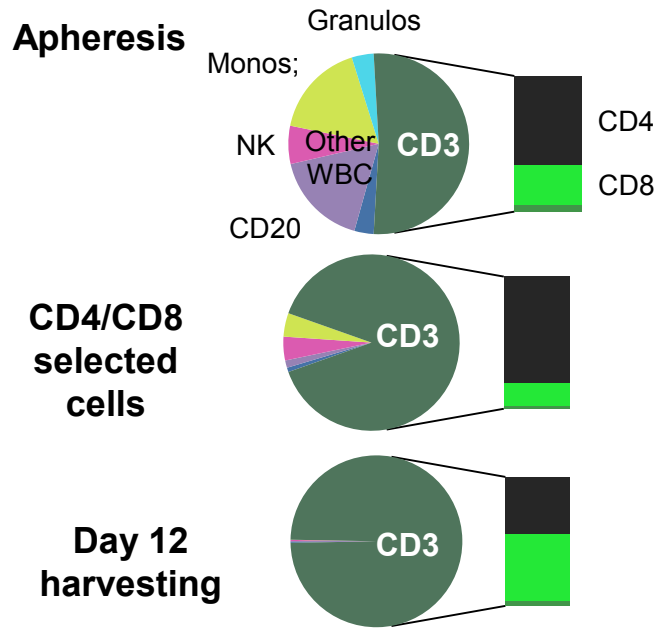
Multicenter trial (BMBF):

Refractory metastatic Melanoma stage III/IV

- Coop.: Miltenyi Biotec (Sponsor)
H. Abken (FE)/ U. Köhl (Manufacturing)
- Clinical trial „3+3“ design - Cologne, Munich ...
CD20 CAR T cells: 10e5 / 10e6 / 10e7/ kg BW

First three patients treated

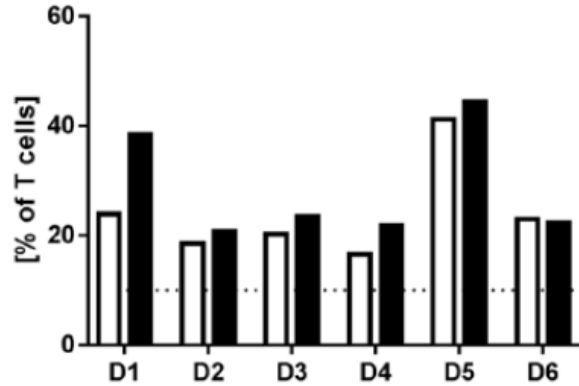
Automated manufacturing of CAR T cells



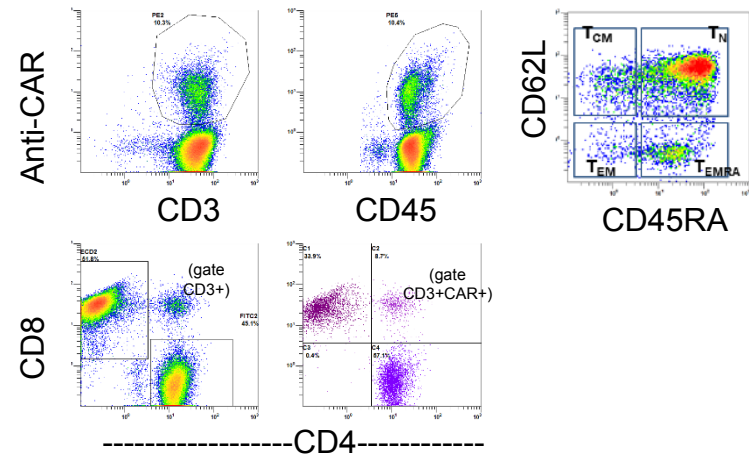
- Pure T cells at harvesting
- Homogenous expansion rate: median 30-fold (yield: 6×10^9 total T cells)

Final end product at harvesting

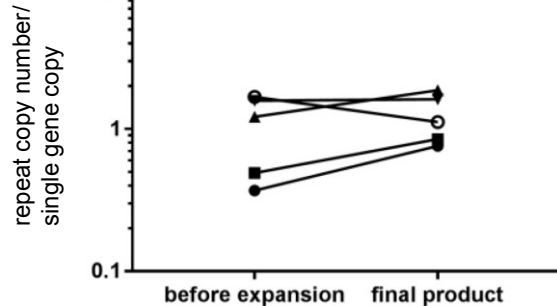
Transduction efficiency



Flow Cytometry day12



Teleomer length



- Successful transduction efficiency (differences between CD4+ and CD8+ cells)
- Naive (T_N) & central memory (T_{CM}) T cells
- However: Differences in Senescence

Automation and Digitalisation for manufacturing

Process

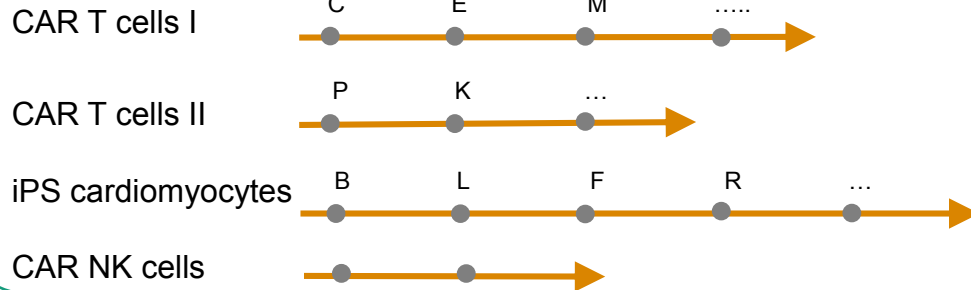


Equipment
Market analysis
Manufacturing



Product

Process line * Automation of interfaces



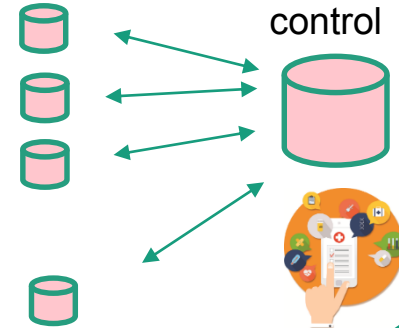
Process line 1

Process line 2

Process line 3

...

Process line x



Clinical Trial: Allogeneic „off the shelf“ NK cells

NK-DLI = NK donor lymphocyte infusion
coop.: J. Passweg, CH

REVIEW

OPEN ACCESS

Advances in clinical NK cell studies: Donor selection, manufacturing and quality control

U. Koehl^a, C. Kalberer^b, J. Spanholtz^c, D. A. Lee^d, J. S. Miller^e, S. Cooley^e, M. Lowdell^f, L. Uharek^g, H. Klingemann^h, A. Curtiⁱ, W. Leung^{j,*}, and E. Alici^{k,l,m,*}

ONCOIMMUNOLOGY

2016, VOL. 5, NO. 4, e1115178 (11 pages)

<http://dx.doi.org/10.1080/2162402X.2015.1115178>

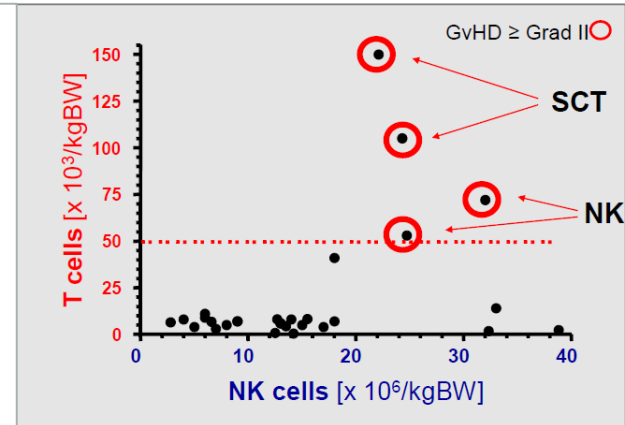
Advantage

- No severe adverse events in patients
- Primary aim $>10 \times 10^6$ CD56⁺CD3⁻/kgBW: 41/49
- No graft versus host disease if T cells $< 25 \times 10^3$ /kg
- IL-2 stimulation → improved NK cell cytotoxicity

Disadvantage

- Tumor immune escape mechanism (TIEMs)

Kloess *et al.* Eur J Immunol 2010; Kloess *et al.* Oncoimmunol 2015

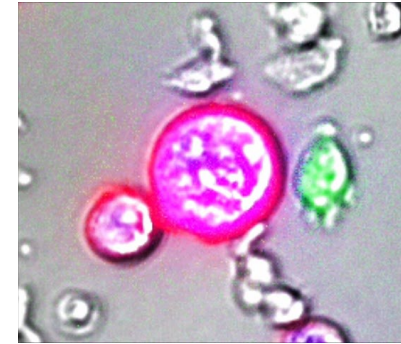
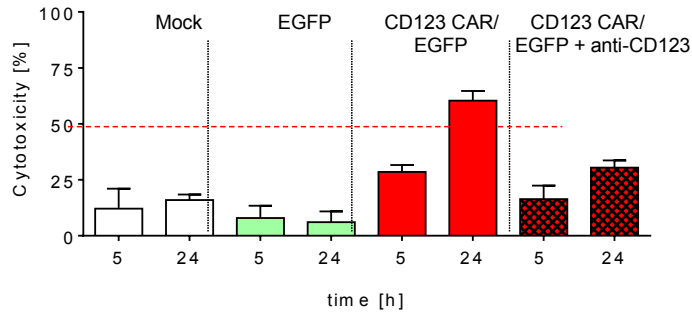


To overcome those hurdles: CAR NK cells?

Retargeted CAR NK cells

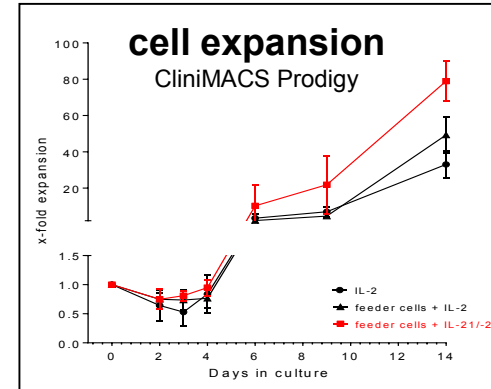
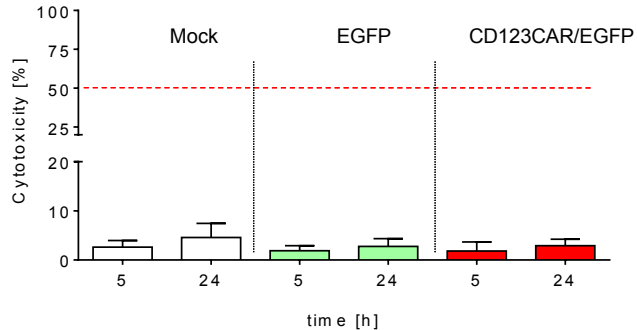


Cytotoxicity: „CAR NK“ vs. CD123 AML (patient cells)



CD123+ AML
CAR NK cells

Side effects: “CAR NK” vs. HLMVEC (E/T: 1:1)



Clinical trials using CAR NK cells

K. Rezvani

CAR:
CD19-CD28-zeta-
2A-iCasp9-IL15

Clinical trial identifier	Target	Condition/disease	Origin of NK cells	Phase	Status	Location
NCT03056339	CD19	Lymphoma and leukaemia (relapsed/refractory B-cell malignancy)	Cord blood	I/II	recruiting	Houston, Texas, United States
NCT01974479	CD19	ALL	Haploidentical donor NK cells	I	suspended	Singapore, Singapore
NCT00995137	CD19	ALL	Expanded donor NK cells	I	completed	Memphis, Tennessee, United States
NCT02892695	CD19	Lymphoma and leukaemia	NK92	I/II	recruiting	Suzhou, Jiangsu, China
NCT02742727	CD7	Lymphoma and leukaemia	NK92	I/II	recruiting	Suzhou, Jiangsu, China
NCT02944162	CD33	Acute myeloid leukaemia	NK92	I/II	recruiting	Suzhou, Jiangsu, China
NCT02839954	MUC1	Solid tumours	Not specified	I/II	recruiting	Suzhou, Jiangsu, China
NCT03415100	NKG2D ligands	Solid tumours	autologous or haploidentical NK cells	I	recruiting	Guangzhou, Guangdong, China
NCT03383978	HER2	Glioblastoma	NK92	I		Frankfurt, Germany
NCT03579927	CD19	Lymphoma and leukaemia	Cord blood NK cells	I/II	not yet recruiting	MD Anderson Houston, USA
NCT03656705	CCCR	Non-small Cell Lung	NK92	I	recruiting	Hospital of Xinxiang Henan, China

7/9 patients CR/PR
no CRS
(EBMT 03/2019)

CCCR: Chimeric Costimulatory Converting Receptor

Conclusion and outlook

CAR T cells:

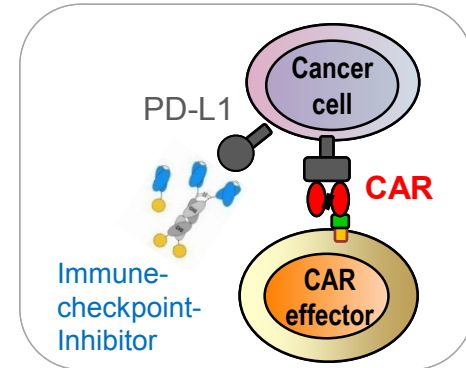
- > 500 (1000) clinical trials worldwide - with benefit in CD19+ malignancies
- Manufacturing is complex – results in automation are promising, however needs improvement
- Predictive markers are still missing: Leukapheresis → quality of the final end product

Allogeneic „off the shelf CAR products“:

- Allogeneic haploidentical/ „third party NK cells“ → first successful trial
- CAR NK cells → e.g. elimination of CD123+ leukemic cells

Improvement in future studies:

- “CAR cells” & checkpoint inhibitors → combination
- CAR effector cells with transient cytokine secretion
- Technical side: Digital control of automated process lines to address tumor patients



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Network for individualised stratified medicine using cell-based therapies



... and thanks for listening

