

Chimeric Antigen Receptor (CAR)-Based Therapies: A New Vision in Treating Rare Diseases

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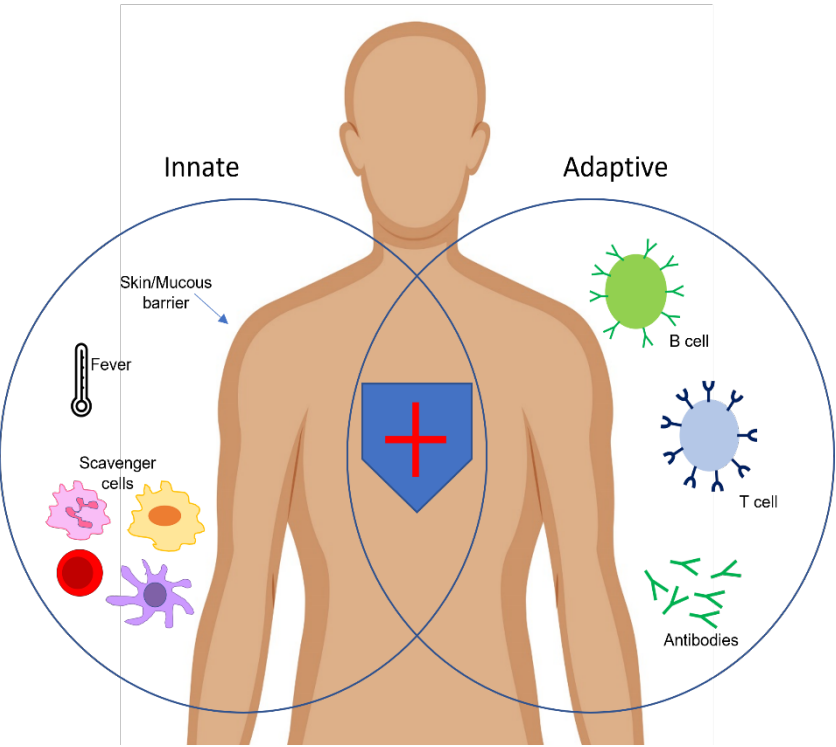
National Center for Toxicological Research

Disclosure

- This presentation is not intended to convey official US FDA policy, and no official support or endorsement by the US FDA is provided or should be inferred
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Your Immune System Keeps You Healthy

Immune System



Credit: in part, Vecteezy

- **Immunity** is the ability of the body to defend itself against disease-causing organisms.
- **Immunotherapy** is the prevention or treatment of a disease with substances that **stimulate** a response.
- **Examples:**

Allergy Shots



Credit: Macrovector

Cancer treatment

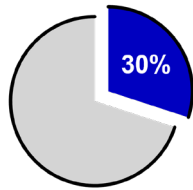


Rare Diseases

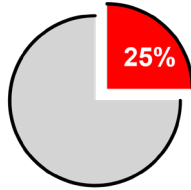
Rare Cancers and Immunotherapy



- Rare cancers are a group of 200 cancers that occur at extremely low frequencies.
 - 15 per 100,000 people in the United States
 - Collectively make up a significant portion of disease burden

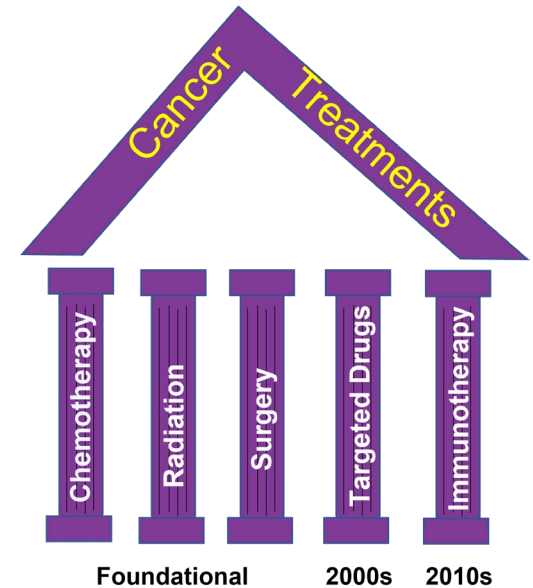


~ Rare Cancers diagnosed



~Rare Cancer deaths

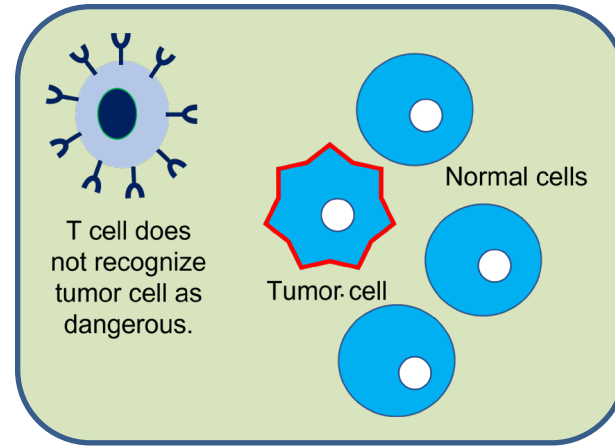
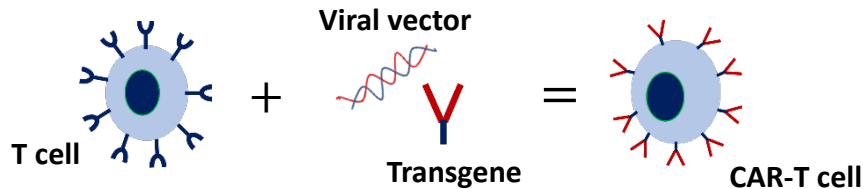
- Treatment options are limited; however, **immunotherapies** have greatly improved clinical outcomes for several rare cancers.
- Most Impact:
 - Immune cell checkpoint inhibitors (ICIs)
 - Chimeric Antigen (CAR)-T receptor therapy



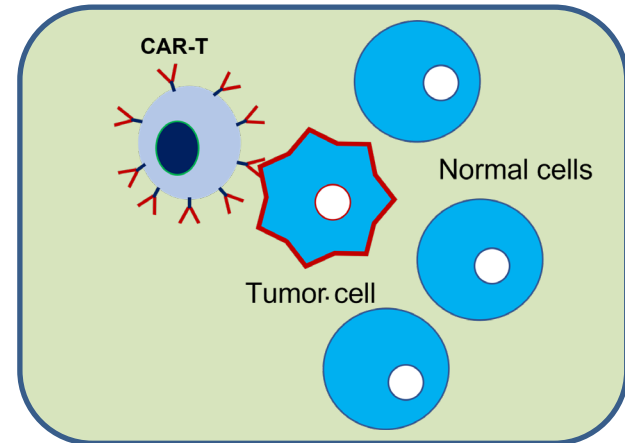
What is CAR-T Therapy?



- Made from patient's own immune cells
- Re-engineer the T cell to recognize tumor cells, attack and kill them

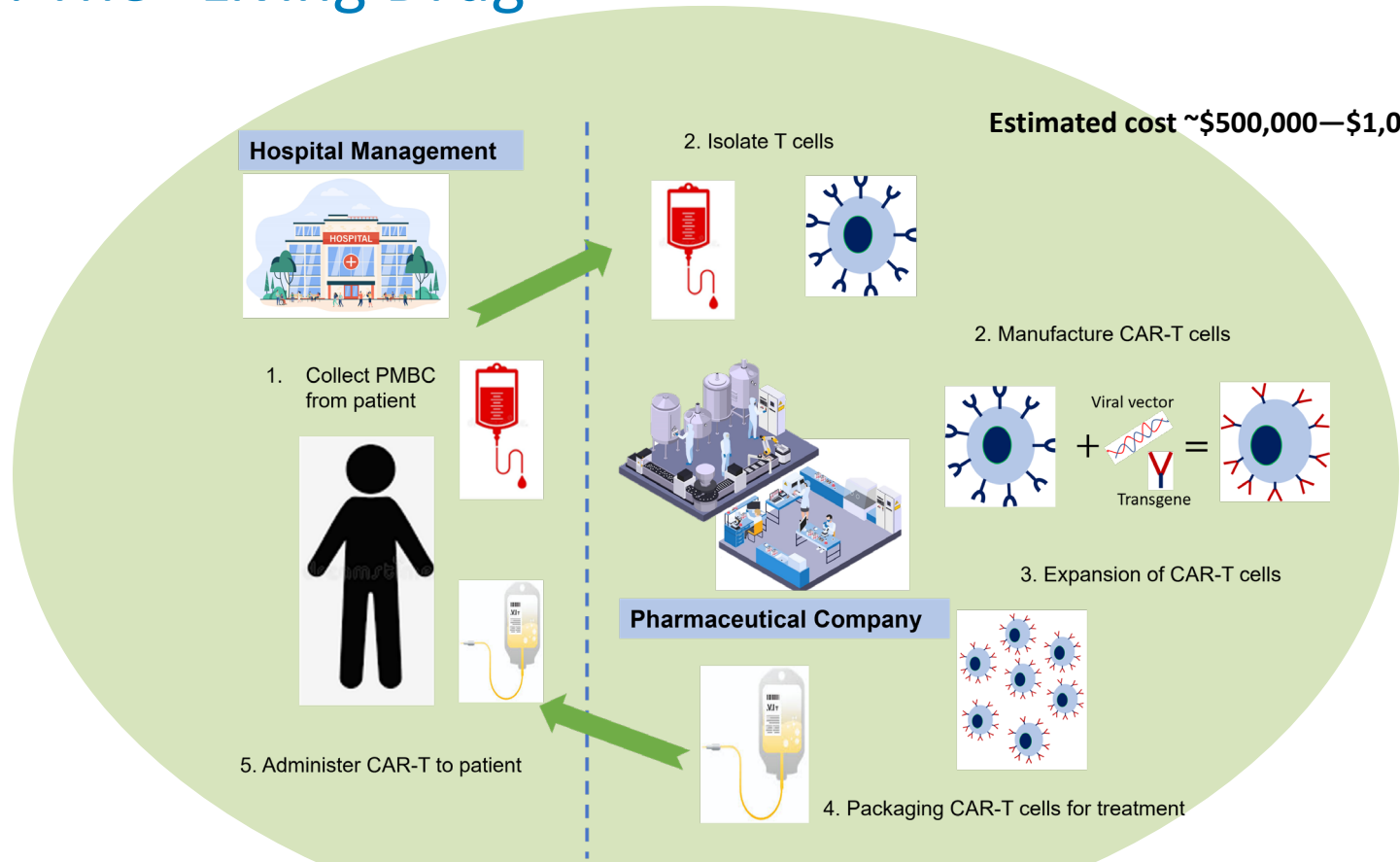


VS.



- Clinical Trials
 - Very successful “last resort” treatment for adult and pediatric refractory/relapse [R/R] B-cell lymphomas and leukemias
 - Overall response rates (ORR), 92-93%
 - Long-term remission
 - Two CD19-directed CAR-T therapies received FDA approval 2017

CAR-T: The “Living Drug”



US FDA has approved CAR-T therapies for certain Rare Cancers

- CD19-directed CAR-T
 - B cell acute lymphocytic leukemia (ALL)
 - Mantle cell leukemia
 - B cell non-Hodgkin lymphoma
 - Follicular lymphoma
- B cell maturation antigen(BMCA)-directed CAR-T
 - Multiple myeloma

Patient Outcomes

- CD19- CAR-T
 - Leukemia: long-term remission when combined with allogeneic hematopoietic stem cell transplantation (allo-HSCT)
 - Lymphoma: likely curative in a subset of patients
- BMCA CAR-T
 - Multiple myeloma: long-term remission is observed, maybe curative?

Factors linked to successful remission

- Deep initial response to treatment
- Malignancy type
- Low baseline tumor volume or burden
- Lymphodepleting chemotherapy

Nature Reviews Clinical Oncology. <https://doi.org/10.1038/s41571-023-00754-1>

ACUTE

Cytokine Release Syndrome (CRS)

Occurs within 2 weeks following treatment
Reversible with supportive interventions

Symptoms: Mild (fever) to severe (SIRS)
R/R Lymphoma and leukemia patients more likely to have a severe CRS response ($\geq 50\%$)
Much less severe in non-Hodgkin lymphoma and multiple myeloma, chronic leukemic leukemia

Neurotoxicity

Occurs within 2 weeks following treatment
Reversible with supportive interventions

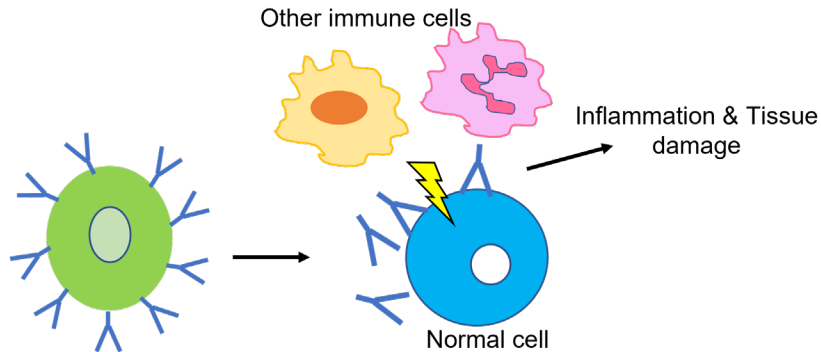
Symptoms: Mild (impaired speech) to Severe (seizures)
Severity may depend on the co-stimulatory construct used.

LONG-TERM

Post-treatment development of T cell malignancies, including CAR+ lymphoma
Risk is applicable to all approved CD19- and BMCA-directed CAR-T therapies

Systemic lupus erythematosus (SLE)

- Inflammatory disease where immune system attacks its own tissue
- Effects multiple tissues
- Symptoms managed by medicine



Abnormal B cells secrete autoantibodies that target normal cells for destruction by other immune cells

One Small Study

Will depletion of these abnormal B cells using CAR-T therapies provide a “reset” for the immune system, relieving symptoms?

- 5 Patients with treatment-resistant SLE, multiple organs effected
- Received CD19-directed CAR-T following lymphodepleting chemotherapy
- At 3 months post-therapy, all patients achieved disease remission
- 2023 Update, 7 patients, remission of 4-22 months
- 2023 FDA approves clinical trials for CAR-T therapies for treatment-resistant SLE

Nature Medicine. 2022, 28:2124, <https://doi.org/10.1038/s41591-022-02017-5>.

Table 1 | Select list of CAR T cell therapies in clinical development for lupus

Drug	Target	Sponsor	Lupus trial phase
MB-CART19.1	CD19	Academic study ^a	Phase I
Rapcabtagene autoleucel/YTB323	CD19	Novartis	Phase I/II
CC-97540/BMS-986353	CD19	Bristol Myers Squibb	Phase I
CABA-201	CD19	Cabaletta Bio	Phase I
KYV-101	CD19	Kyverna Therapeutics	Phase I
Relmacabtagene autoleucel	CD19	JW Therapeutics	Phase I
BRL-301	CD19	Bioray Laboratories	Phase I soon
GLPG5101	CD19	Galapagos	Phase I soon
Obecabtagene autoleucel	CD19	Autolus	Phase I in 2024
SC291, donor-derived CAR T cells	CD19	Sana Biotechnology	IND submitted ^b
IMPT-514	CD19 and CD20	ImmPACT Bio	Phase I/II in 2024
GC012F	CD19 and BCMA	Gracell	Phase I
BCMA-CD19 compound CAR T cells	CD19 and BCMA	iCell Gene Therapeutics	Phase I
Descartes-08, RNA CAR T cells	BCMA	Cartesian Therapeutics	Phase II soon

^aCAR T cell vector provided by Miltenyi Biomedicine. ^bTrial expected to recruit patients with multiple autoimmune diseases, including lupus. IND, investigational new drug application.

Key Points



- These therapies are engineered from the patient's own immune cells (T cells), called a "living drug."
- CAR-T therapies have dramatically impacted survival of several rare hematological or "blood borne" diseases.
- CAR-T therapies may achieve long-term remission from symptoms of rare autoimmune diseases.
- CAR-T therapies potentially can be engineered to recognize and kill any type of diseased cell.

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