

G-CSF/Plerixafor Dual-Mobilized Donor Derived CD33CAR T-Cells as Potent and Effective AML Therapy in Pre-Clinical Models

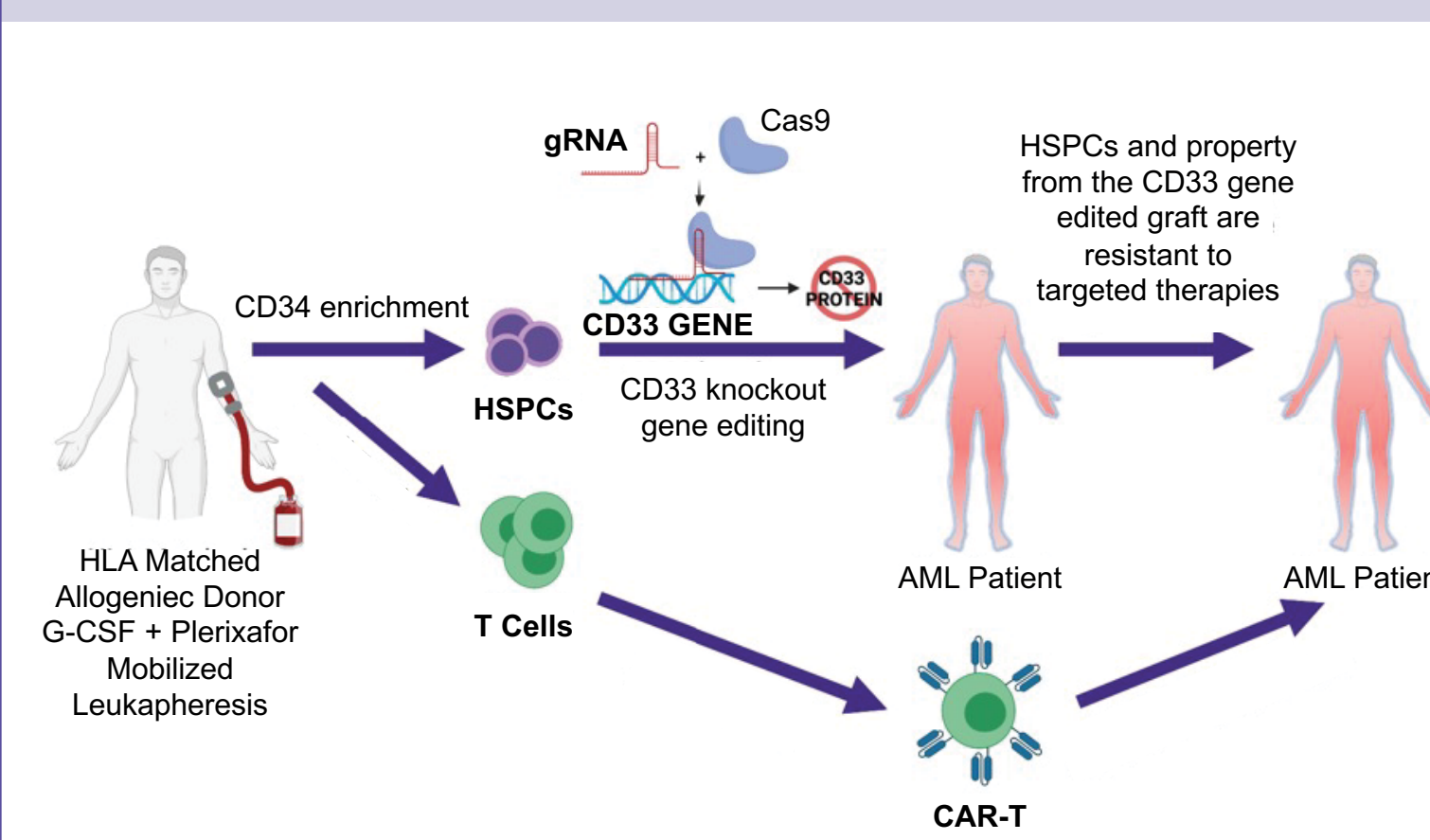
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INTRODUCTION

- There are currently no known acute myeloid leukemia (AML) specific antigens. Genetic ablation of CD33 using CRISPR/Cas9 engineering of the hematopoietic stem and progenitor cells (HSPCs) transplant (VOR33) represents a synthetic biology approach to generating a leukemia-specific antigen in the transplant recipient.
- Mobilized leukapheresis product represents an attractive starting material for the generation of both a CD33 null HSC transplant and a complementary CD33 CAR T-cell product.

Fig. 1. VOR's approach to AML Treatment



VOR's approach to treat AML patients consists of two cell therapies: an initial transplant with CRISPR/Cas9-edited hematopoietic stem and progenitor cells (HSPCs) lacking CD33 protein expression (VOR33, top), followed by CD33-targeted CAR T-cells (VCAR33, bottom). Both cell therapies are manufactured from the apheresis product of the same dual-mobilized (G-CSF and plerixafor) human leukocyte antigen (HLA)-matched donor. VOR's approach allows selective killing of CD33+ AML cells by CAR T-cells while sparing donor HSPC-derived CD33- progenitors during hematopoietic reconstitution and function.

OBJECTIVE

- In this study, we sought to determine the impact of dual mobilization with Granulocyte-Colony Stimulating Factor (G-CSF) and plerixafor (mozobil) on immune cell composition, T cell phenotype, and the functionality of these T cells to control AML tumor growth upon chimeric antigen receptor (CAR) transduction.

METHODS

- Mobilized (mob) peripheral blood mononuclear cells (PBMCs) were collected from healthy donors injected with G-CSF (10µg/kg/day, 5 consecutive days) and plerixafor (240µg/kg, on day 4 and 5). Non-mobilized (non-mob) PBMCs collected from the same donors were used as controls.
- Cells were analyzed by flow cytometry for immunophenotyping and T cell characterization, including differentiation and bone marrow homing markers, as well as responses to T cell activation with anti-CD3 (OKT3) and IL-2.
- Non-/mob PBMC populations were also analyzed by single-cell next generation sequencing (CITEseq) using ~130 immune cell phenotypic markers in combination with extensive transcriptome and T cell receptor repertoire analysis.
- In addition, lentiviral transduction of anti-CD33 CAR constructs enabled functional comparisons of mob- and non-mob-CAR T-cells in AML cell co-cultures as well as AML mouse models.

RESULTS

Fig. 2. Ex-vivo Immunophenotyping of Mob and Non-Mob PBMCs from Healthy Donors

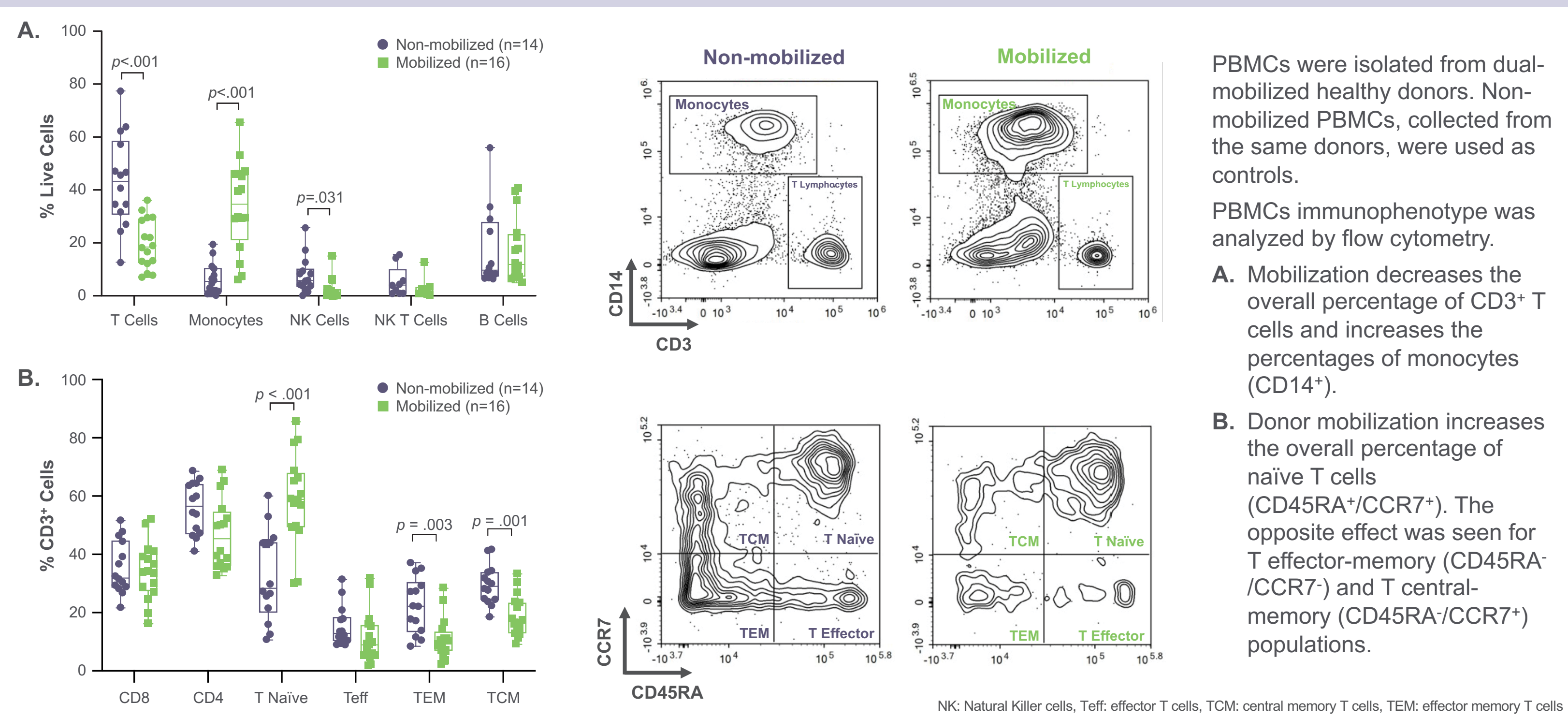


Fig. 3. Ex-vivo Immunophenotyping of Bone Homing Receptors in Mob and Non-Mob PBMCs from Healthy Donors

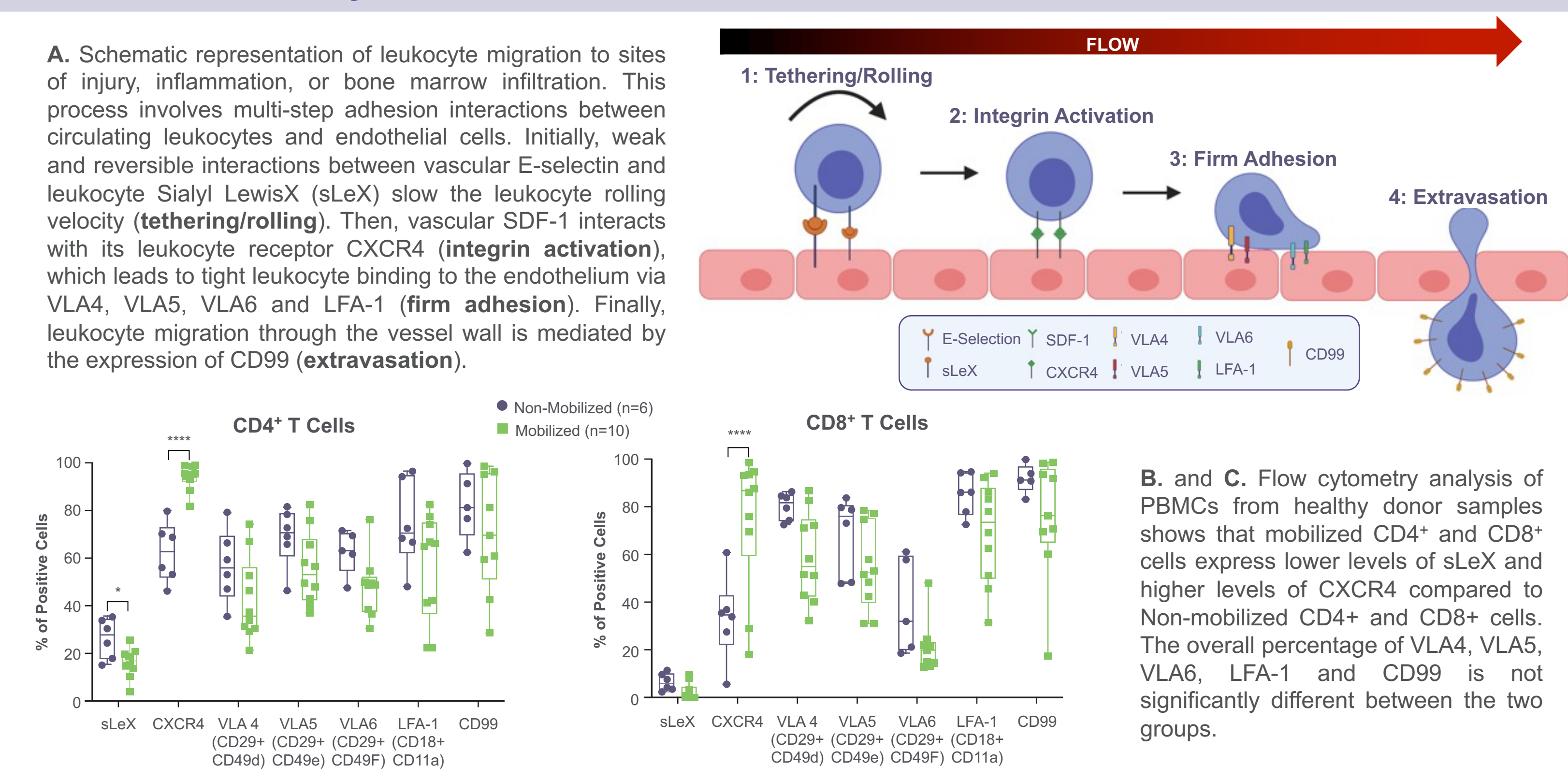


Fig. 4. Ex-vivo Immunophenotyping of Mob and Non-Mob activated T Cells

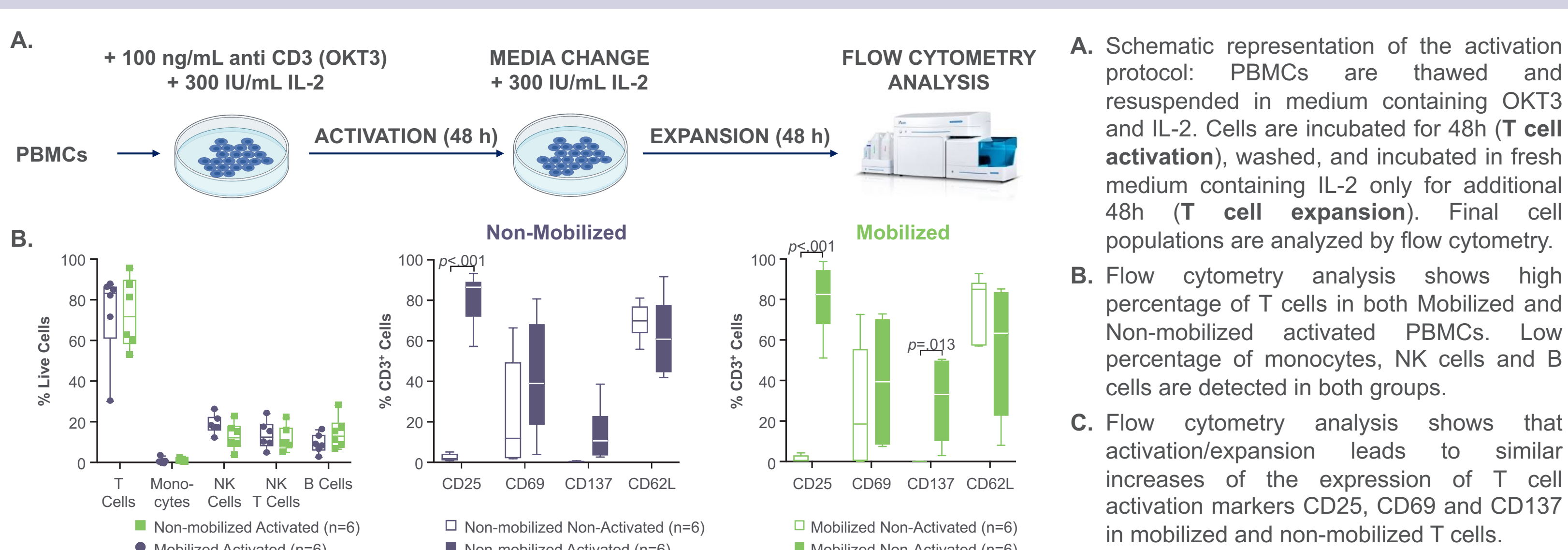


Fig. 5. Single Cell Immune Profiling of Mob and Non-Mob PBMCs and T Cells

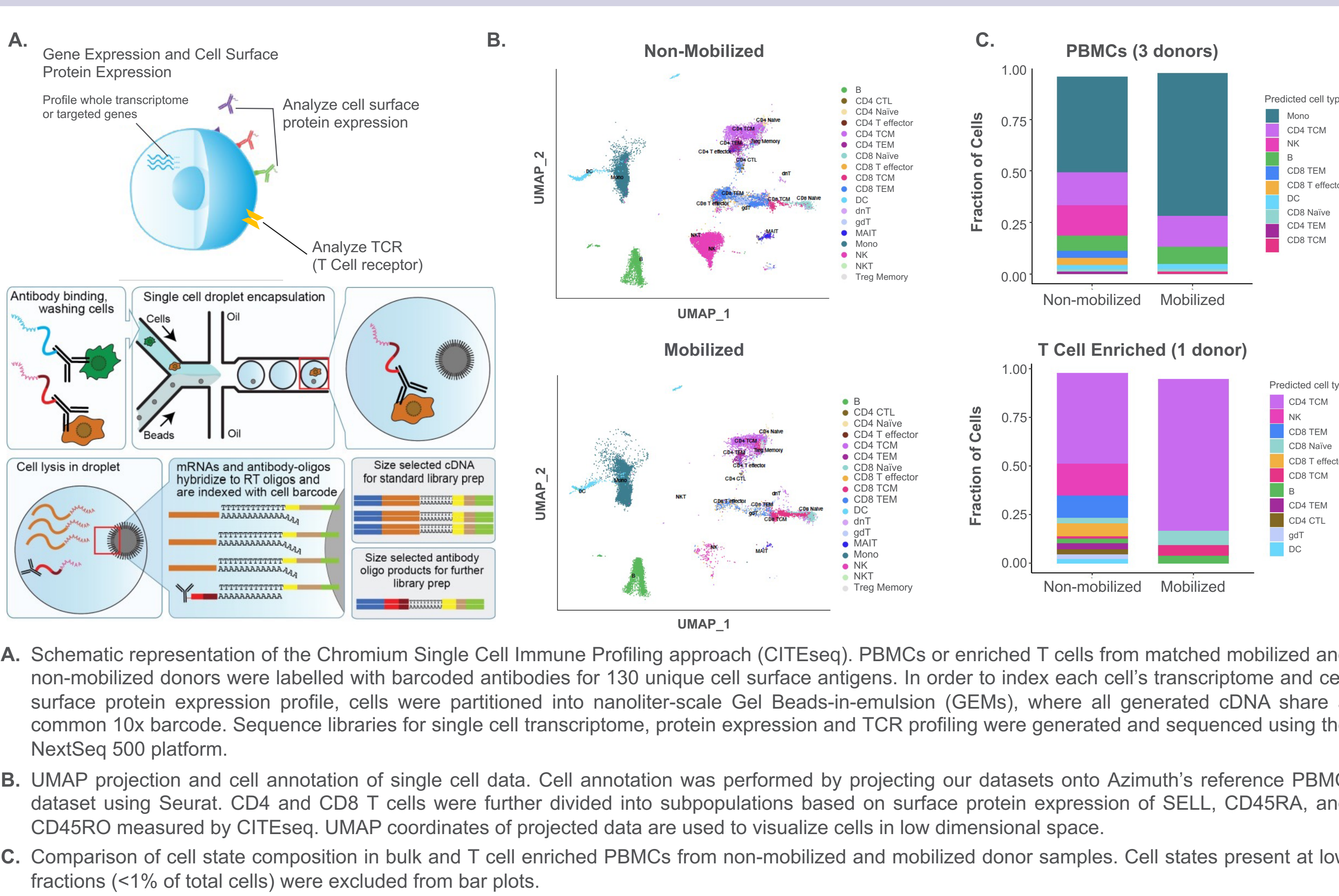


Fig. 6. TCR Clonotype Analysis of Mob and Non-Mob PBMCs and T Cells

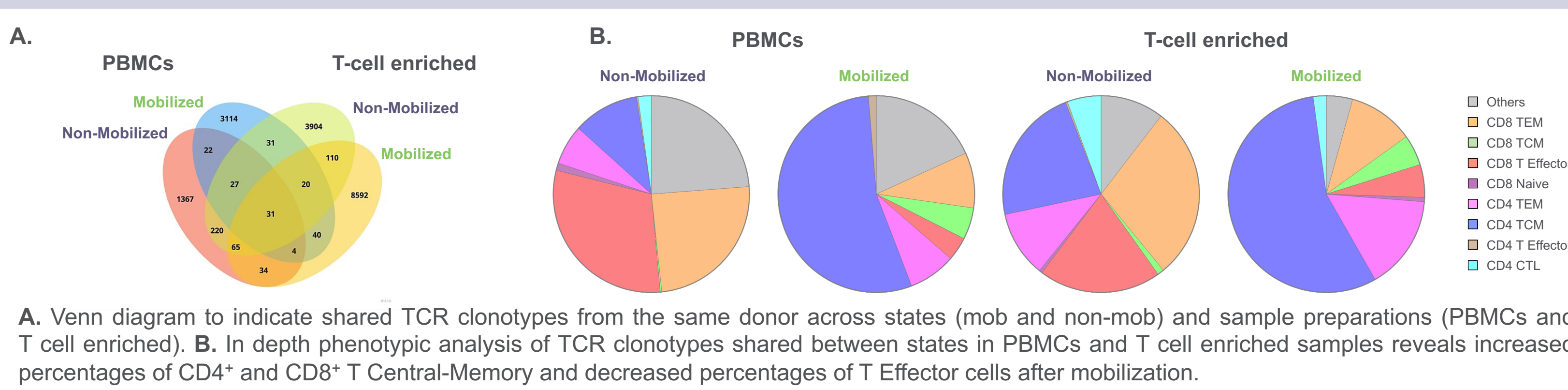


Fig. 7. In Vitro Cytotoxicity Activity of Mob and Non-Mob CD33 CAR T-Cells

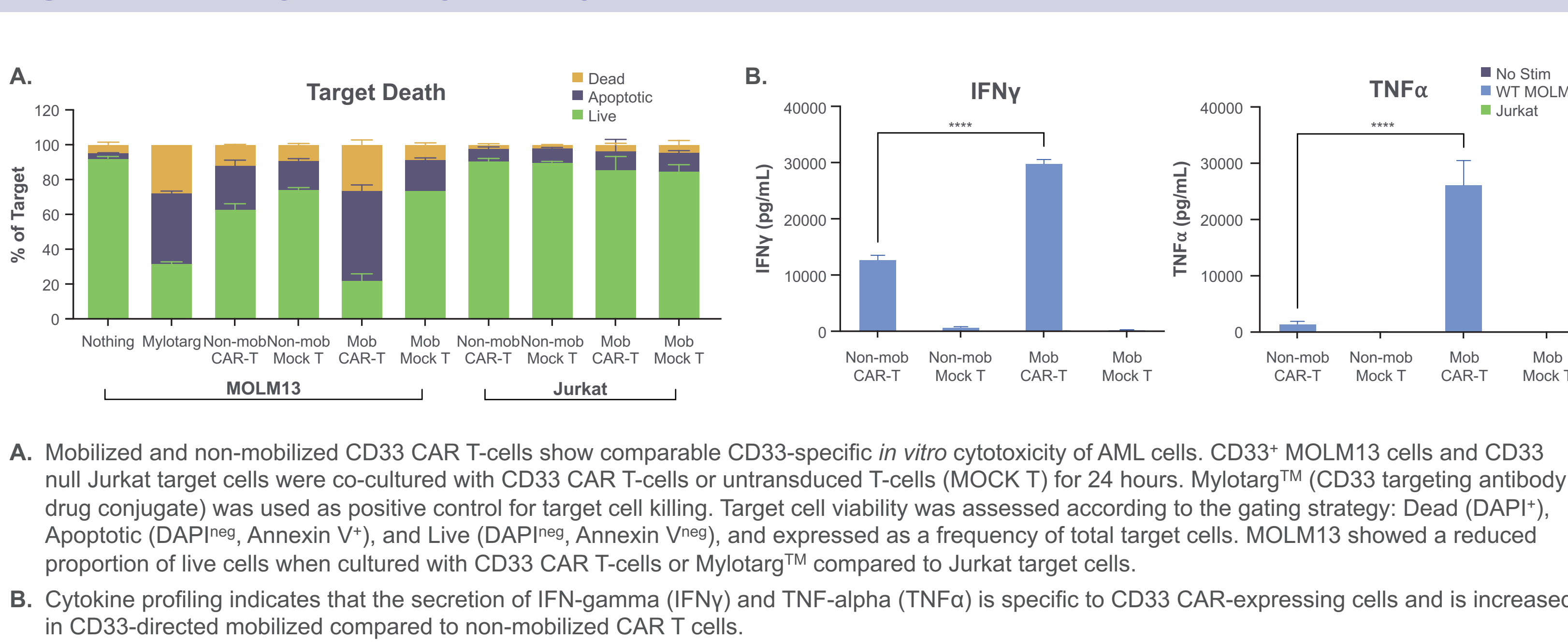
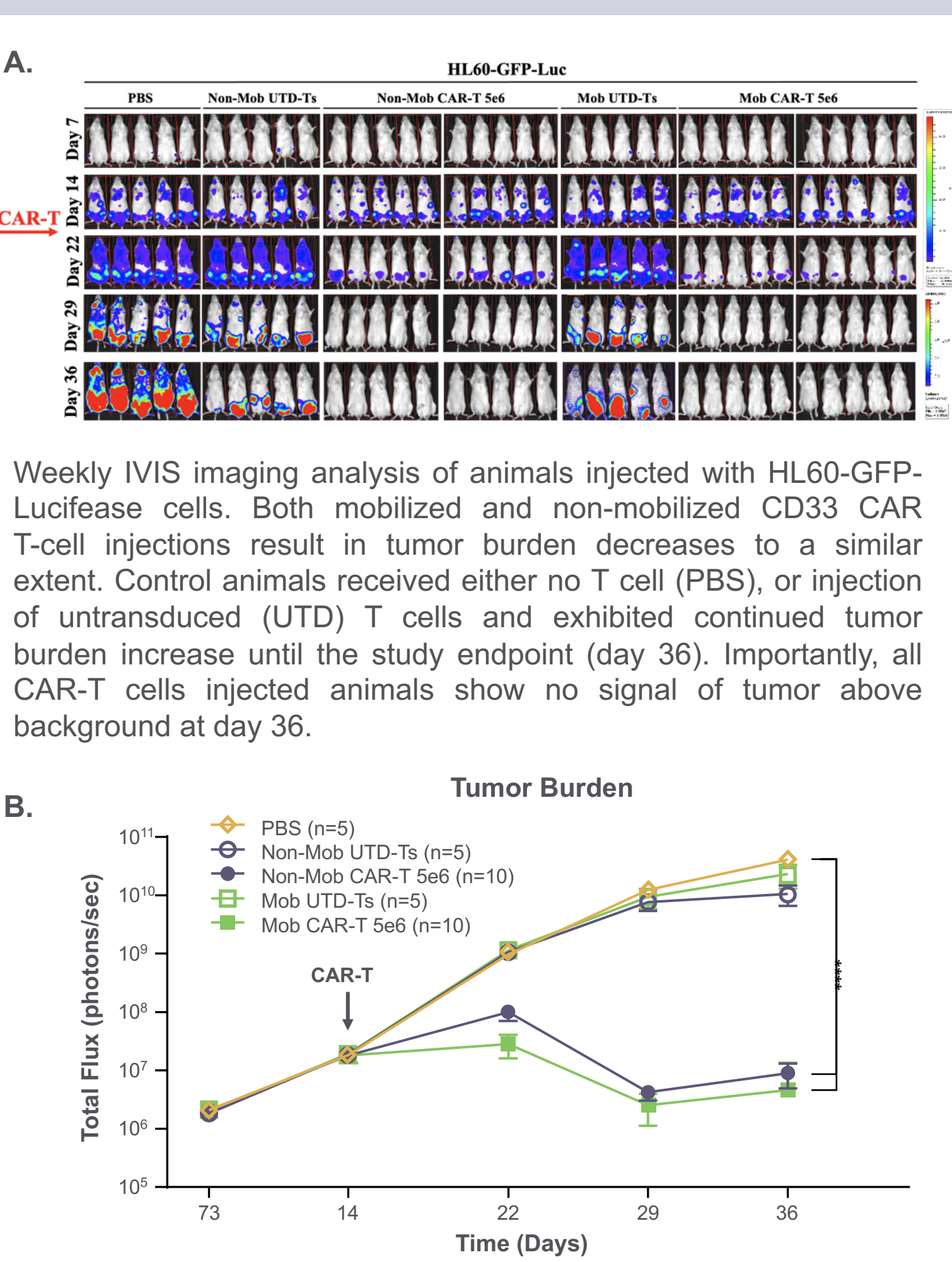
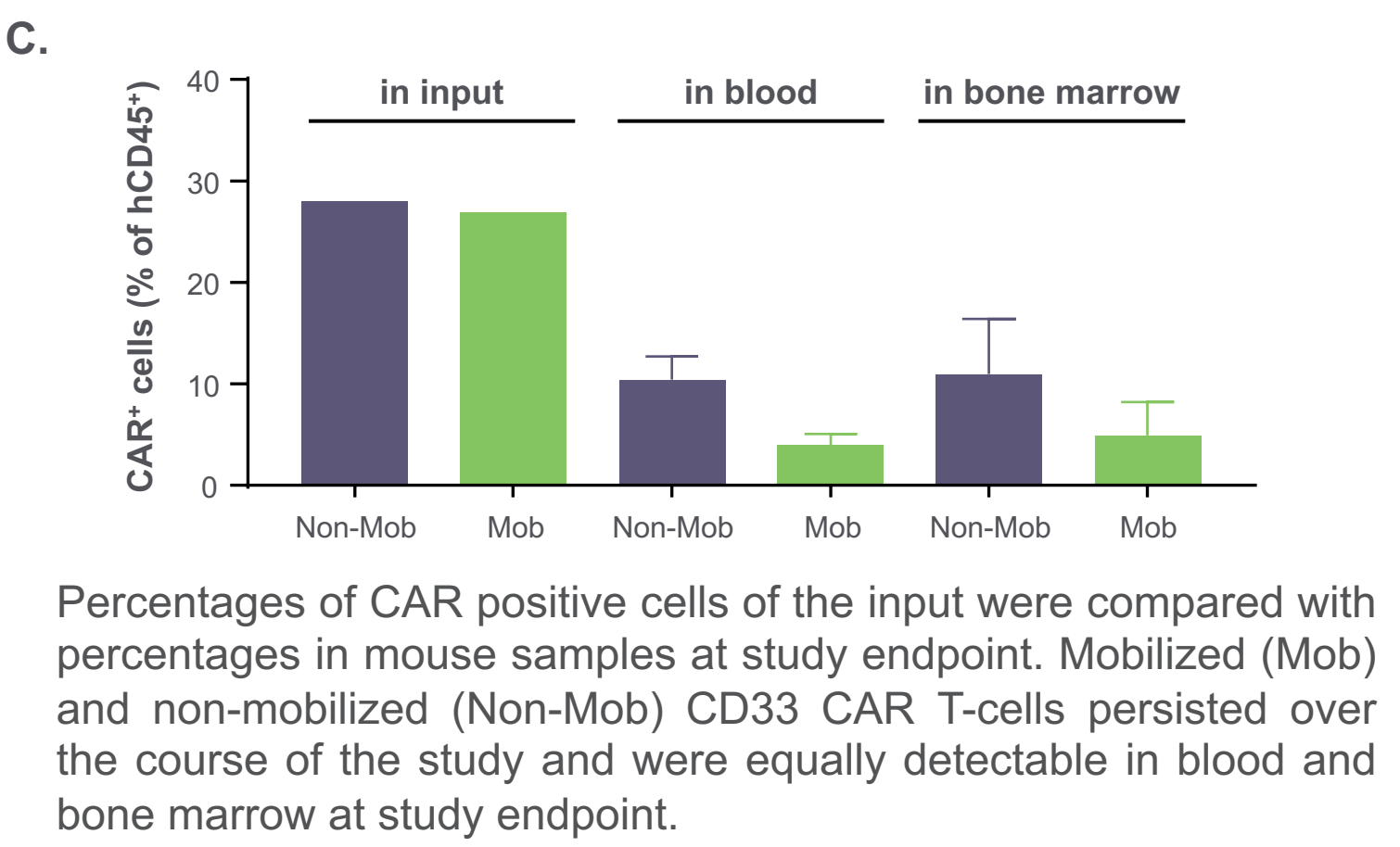


Fig. 8. In Vivo Killing Activity of Mob and Non-Mob CD33 CAR T-Cells



Weekly IVIS imaging analysis of animals injected with HL60-GFP-Luciferase cells. Both mobilized and non-mobilized CD33 CAR T-cell injections result in tumor burden decreases to a similar extent. Control animals received either no T cell (PBS), or injection of untransduced (UTD) T cells and exhibited continued tumor burden increase until the study endpoint (day 36). Importantly, all CAR-T cells injected animals show no signal of tumor above background at day 36.



CONCLUSION

- Our analysis showed phenotypical ex vivo differences between mob and non-mob PBMCs, which disappeared upon activation, indicating similar responses to T cell-specific stimulation.
- These findings are corroborated by similar in vitro cytotoxicity profiles of non-/mob-CAR T-cells. Non-transduced T cells in the mob-CAR T-cell population showed limited 'bystander' activation, indicating a potentially favorable clinical toxicity profile.
- Additional in vivo assessment of mob-CAR T-cell function shows effective tumor clearance, which supports further efforts towards their clinical use in combination with engineered HSPCs for the treatment of AML patients.

Acknowledgments

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Disclosures

All authors: Vor Biopharma: Current Employment, current equity holder in publicly-traded company.

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