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ORAL ABSTRACTS

801.GENE THERAPIES

Exagamglogene Autotemcel for Severe Sickle Cell Disease

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Lurie Children's Hospital of Chicago, Chicago, IL ⁹Royal London Hospital, Barts Health NHS Trust, London, United Kingdom ¹⁰Center for Definitive and Curative Medicine, Stanford University, Palo Alto, CA ¹¹Necker-Enfants Malades Hospital, Assistance Publique-Hôpitaux de Paris (AP-HP), University of Paris, Paris, France ¹²University of Regensburg, Regensburg, Germany ¹³Division of Hematology/Oncology, University of Illinois at Chicago, Chicago, IL ¹⁴ Division of Pediatric Stem Cell Therapy, Department of Pediatric Oncology, Hematology and Clinical Immunology, Medical Faculty, Heinrich-Heine-University, Duesseldorf, Germany ¹⁵Hôpital Universitaire des Enfants Reine Fabiola, Brussels, Belgium ¹⁶Gemeinschaftsklinikum Mittelrhein, Koblenz, Germany ¹⁷ Necker-Enfants Malades Hospital, Assistance Publique-Hôpitaux de Paris (AP-HP), University of Paris-Cité, Paris, France ¹⁸Boston University Chobanian & Avedisian School of Medicine, Boston, MA ¹⁹UCSF Benioff Children's Hospital, Oakland, CA ²⁰Vertex Pharmaceuticals, Boston, MA ²¹ CRISPR Therapeutics, Cambridge, MA ²² Children's Hospital of Philadelphia, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA Background: Exagamglogene autotemcel (exa-cel) is a non-viral cell therapy designed to reactivate fetal hemoglobin via ex vivo CRISPR-Cas9 gene-editing of autologous CD34+ hematopoietic stem and progenitor cells (HSPCs) at the erythroidspecific enhancer region of the BCL11A gene in patients (pts) with severe sickle cell disease (SCD). We report that in a prespecified interim analysis, the pivotal CLIMB SCD-121 trial of exa-cel met primary and key secondary endpoints. Methods: CLIMB SCD-121 is an ongoing, 24-mo, phase 3 trial of exa-cel in pts age 12-35y with SCD and a history of ≥ 2 VOCs/y in 2y prior to screening. Primary efficacy endpoint is proportion of pts free of severe VOCs for ≥12 consecutive months (mos) (VF12); key secondary efficacy endpoints are proportion of pts free from inpatient hospitalization for severe VOCs for \geq 12 consecutive mos (HF12) and proportion of pts free from severe VOCs for \geq 9 consecutive mos (VF9). Evaluable pts for VF12 and HF12 had >16 mos follow-up after exa-cel infusion; pts evaluable for VF9 had >12 mos follow-up after infusion. Evaluation of primary and key secondary endpoints began 60 days after last RBC transfusion for post-transplant support or SCD management. Pts completing trial enrolled in long-term follow-up Study 131. Mean (SD) are shown except where noted. Results: As of 10 Feb 2023, 42 pts with SCD (age 21.2[range 12-34]y; 12[28.6%] age ≥12 to <18y; 4.2 VOCs/y at baseline) received exa-cel. Following infusion, all pts engrafted neutrophils and platelets (median 27 and 34.5 days, respectively). 19/20 (95.0%) pts evaluable for primary endpoint were free of VOCs for \geq 12 consecutive mos (VF12; 95% CI, 75.1% to 99.9%; P<0.0001), 20/20 (100%) were free from hospitalizations for VOCs for \geq 12 consecutive mos (HF12; 95% CI, 83.2 to 100.0; P<0.0001), and 29/30 (96.7%) were free of VOCs for \geq 9 consecutive mos (VF9; 95% CI, 82.8 to 99.9; P<0.0001). In pts achieving VF12, VOC free duration was 21.8 (range 12.3-41.4) mos; 18 pts remained VOC free through follow-up and 1 pt had an adjudicated VOC in the setting of parvovirus infection ~22.8 mos after exa-cel; pt recovered fully and has since been VOC free (Fig). For all pts, total Hb was 12.1 g/dL at Month 3 and was maintained at \geq 11.0 g/dL from Month 6 onward; HbF was 36.0% at Month 3 and was generally maintained at \geq 40.0% from Month 6 onward with pancellular distribution (\geq 95% RBCs expressing HbF). Proportion of edited *BCL11A* alleles was stable over time in bone marrow CD34 ⁺ and peripheral blood nucleated cells. 36/39 pts with \geq 60 days follow-up after last RBC transfusion (including those not yet evaluable) remained VOC free (up to 41.4 mos; Fig). Quality-of-life (QOL) measures showed clinically significant improvements from baseline.

All pts had \geq 1 adverse event (AE), most were Grade 1 or 2; 40 (95.2%) pts had AEs of Grade 3 or 4 severity. Most common AEs were nausea (66.7%), stomatitis (61.9%), febrile neutropenia (52.4%), headache (52.4%), and vomiting (52.4%). Most AEs and serious AEs (SAEs) occurred within first 6 mos after infusion. No pts had SAEs considered related to exa-cel. As previously reported, 1 pt died from respiratory failure due to COVID-19 unrelated to exa-cel. There were no study discontinuations or malignancies.

Conclusions: The CLIMB SCD-121 trial met primary and key secondary endpoints, with exa-cel treatment resulting in early and sustained increases in Hb and HbF leading to elimination of VOCs in 95% of pts, elimination of inpatient hospitalization for VOCs in 100% of pts and improved QOL. Safety profile of exa-cel was generally consistent with myeloablative busulfan conditioning and autologous transplantation. These results show exa-cel has the potential to deliver a one-time functional cure to pts with severe SCD.

Disclosures Frangoul: Editas Medicine: Consultancy; Rocket Pharmaceuticals: Consultancy, Other: Member of DSMB for a study; Jazz Pharmaceuticals: Speakers Bureau; Vertex Pharmaceuticals: Consultancy, Membership on an entity's Board of Directors or advisory committees. Sharma: Editas Medicine: Consultancy; RCI BMT/NMDP: Honoraria, Other: Clinical Trial Medical Monitor; Medexus Inc: Consultancy; Vertex Pharmaceuticals: Consultancy, Other: Clinical Trial Site PI; Sangamo Therapeutics: Consultancy; CRISPR Therapeutics: Other: Clinical Trial Site PI, Research Funding. Mapara: Crispr/vertex: Consultancy; Incyte: Consultancy; Bluebird bio: Consultancy. Liem: Bluebird Bio: Research Funding; NIH/NHLBI: Research Funding; NIH/NCATS: Research Funding; Vertex: Research Funding; Editas: Research Funding; Global Blood Therapeutics: Research Funding. Telfer: Apopharma: Other: Clinical trial activity, Speakers Bureau; Terumo: Speakers Bureau; Pfizer: Other: Advisory board; Clinical trial activity; Data monitoring committee; ; Napp Pharmaceuticals: Other: Clinical trial activity; Celgene: Other: Clinical trial activity; Kyowa Kirin Limited: Other: Investigator-led funding; Novartis: Other: Advisory board; Clinical trial activity; ; bluebird bio: Other: Advisory board; Investigator-led funding;. Shah: Vertex: Membership on an entity's Board of Directors or advisory committees. Rondelli: Vertex: Other: Steering Committee. Meisel: Miltenyi Biotech: Research Funding; medac: Consultancy, Research Funding, Speakers Bureau; Gilead/KITE: Research Funding; Novartis: Consultancy, Research Funding, Speakers Bureau; CELGENE BMS: Consultancy, Research Funding, Speakers Bureau; Bluebird Bio: Consultancy, Speakers Bureau; CRISPR Therapeutics: Consultancy, Research Funding, Speakers Bureau; Vertex: Consultancy, Research Funding, Speakers Bureau. Lobitz: AddMedica: Membership on an entity's Board of Directors or advisory committees; Novartis: Membership on an entity's Board of Directors or advisory committees, Other: Patient Booklet and educational papers; Global Blood Therapeutics: Membership on an entity's Board of Directors or advisory committees; Agios: Membership on an entity's Board of Directors or advisory committees; BlueBird Bio: Membership on an entity's Board of Directors or advisory committees, Other: Lecture; Vertex Pharmaceuticals: Membership on an entity's Board of Directors or advisory committees, Other: Steering Committee; German National Disease Management Program: Other: Spokesperson for children and adolescents with sickle cell disease; German National Treatment Guideline: Other: Corresponding author of the treatment guideline for children and adolescents with sickle cell disease. de Montalembert: Addmedica: Consultancy, Membership on an entity's Board of Directors or advisory committees, Other: ASH meeting 2022 support; Novartis: Membership on an entity's Board of Directors or advisory committees. Steinberg: NIH: Research Funding; Fulcrum Therapeutics: Consultancy; ASH: Other: Lecture at HEM ASH Whiteboard Symposium, Speakers Bureau; Imara Therapeutics: Membership on an entity's Board of Directors or advisory committees. Walters: Ensoma, Inc: Consultancy; Vertex Pharmaceuticals: Consultancy; BioChip Labs: Consultancy, Other: Medical Director; AllCells, Inc: Consultancy, Other: Medical Director. Bower: Vertex Pharmaceuticals: Current Employment. Imren: Vertex Pharmaceuticals: Current Employment, Current holder of stock options in a privatelyheld company. Simard: Vertex Pharmaceuticals: Current Employment. Xuan: Vertex Pharmaceuticals: Current Employment. Zhou: Vertex Pharmaceuticals: Current Employment. Morrow: Vertex Pharmaceuticals: Membership on an entity's Board of Directors or advisory committees; CRISPR Therapeutics: Current Employment, Membership on an entity's Board of Directors or advisory committees. Hobbs: Vertex Pharmaceuticals: Current Employment. Grupp: Cabaletta: Consultancy, Membership on an entity's Board of Directors or advisory committees; Allogene: Consultancy, Membership on an entity's Board of Directors or advisory committees; Juno: Consultancy, Membership on an entity's Board of Directors or advisory committees; Cellectis: Consultancy, Membership on an entity's Board of Directors or advisory committees; Adaptimmune: Consultancy, Membership on an entity's Board of Directors or advisory committees; CBMG: Consultancy, Membership on an entity's Board of Directors or advisory committees; Servier: Research Funding; Kite: Research Funding; Jazz: Consultancy, Membership on an entity's Board of Directors or advisory committees, Research Funding; Vertex: Consultancy, Research Funding; Novartis: Consultancy, Research Funding.

Figure. Duration of Period Free From Vaso-Occlusive Crises (A) and Hospitalizations for Vaso-Occlusive Crises (B) (Study CLIMB SCD-121 and Study 131) After Exa-cel Infusion



All VOCs were adjudicated by the Independent Endpoint Adjudication Committee. *Participant was evaluable for the primary endpoint (VF12) and first key secondary endpoint (HF12); [†]Participant achieved VF12; [‡]Participant did not achieve VF12; [§]Death from respiratory failure due to COVID-19 infection; [#]Participant achieved HF12

Figure 1

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