





Blood 142 (2023) 2071-2072

## The 65th ASH Annual Meeting Abstracts

## **POSTER ABSTRACTS**

## 703.CELLULAR IMMUNOTHERAPIES: BASIC AND TRANSLATIONAL

## iPSC-Derived CD4 T Cell Generation and Investigation of CD4/CD8 T Cell Lineage Choice

Yoshiki Furukawa, MD<sup>1</sup>, Midori Ishii<sup>2</sup>, Ayaka Goto<sup>2</sup>, Shintaro Kinoshita<sup>2</sup>, Jun Ando<sup>2,3</sup>, Hiromitsu Nakauchi<sup>4,5</sup>, Miki Ando, MD PhD<sup>2</sup>

- <sup>1</sup> Department of Hematology, Juntendo University School of Medicine, Hongo, Bunkyo-Ku, Japan
- <sup>2</sup> Department of Hematology, Juntendo University School of Medicine, Tokyo, Japan
- <sup>3</sup> Division of Cell Therapy & Blood Transfusion Medicine, Juntendo University School of Medicine, Tokyo, Japan
- <sup>4</sup>Institute for Stem Cell Biology and Regenerative Medicine, Stanford University School of Medicine, Stanford
- <sup>5</sup> Stem Cell Therapy Laboratory, Advanced Research Institute, Tokyo Medical and Dental University, Tokyo, Japan

iPSC-derived functionally rejuvenated antigen-specific cytotoxic T lymphocytes generated from exhausted CTLs show promising antitumor effect towards refractory tumors. Currently, we are preparing for clinical trials using iPSC-derived CTLs for EBV-associated lymphomas. These iPSC-derived T cells (iPSC-Ts) all generated into CD8 T cells, and stable generation of CD4 single positive (SP) T cells from iPSCs has never been accomplished without enforced CD4 gene transduction even though many research groups have challenged to do so. Even when an iPSC is established from a CD4 T cell clone, differentiating this iPSC does not generate into CD4 T cells, but in fact it generates into CD8 T cells. Therefore, we aimed to investigate why iPSC-Ts only differentiate into CD8T cells, and not into CD4T cells. We focused on adult T cell leukemia (ATL), because HTLV-1 infected CD4 T cells clonally expand. We reprogrammed CD4T cells obtained from acute-type ATL patients into iPSCs (ATL-iPSCs), then differentiated them into T cells using our established method.

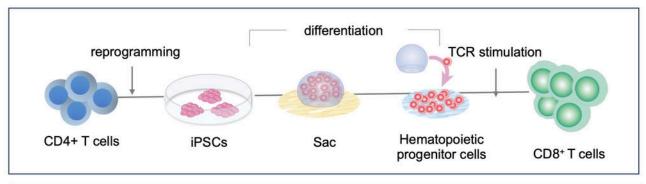
Interestingly, ATL-iPSCs from different donors all successfully differentiated into CD4 SP T cells (ATL-iPSC-Ts). Upon characterization of ATL-iPSC-Ts we confirmed that they showed FOXP3 positive naive regulatory T cell (Treg) phenotype. To investigate the function of these cells, we performed  $^{51}$ Cr-release assay. The cytotoxicity of HTLV-1 Tax-specific CTLs (Tax-CTLs) with or without ATL-iPSC-Ts against primary ATL cells was measured. The percentages of ATL cells lysed by Tax-CTLs was  $34 \pm 3.2\%$ , whereas by the addition of ATL-iPSC-Ts, the cytotoxicity decreased to  $23.4 \pm 1.0\%$  revealing the functionally suppressive effect of ATL-iPSC-Ts.

In order to further understand the mechanism of CD4/CD8 T cell lineage choice, and discover the key regulators needed for generation of CD4 SP T cells from iPSCs, we performed single cell RNA-sequencing (scRNA-seq) on ATL-iPSC-Ts. As a control we used healthy donor (HD) CD4 SP T cell clone-derived iPSCs (HD-iPSCs), which differentiated into CD8 T cells (HD-iPSC-Ts [CD8 +]). We identified several genes expressed at a significantly higher level on HD-iPSC-Ts (CD8 +) than on ATL-iPSC-Ts (CD4 +). We presumed these genes to be essential for CD8 T cell differentiation. Therefore, we used CRISPR/Cas9 technology to knock out the respective gene in HD-iPSCs and confirmed if these iPSCs could differentiate into CD4 SP T cells, instead of CD8 T cells. This resulted in successful generation of CD4 SP T cells. We confirmed that these CD4 SP T cells were FOXP3 negative and were not Tregs. On the other hand, overexpression of this gene on ATL-iPSCs differentiated into CD8 SP T cells, instead of CD4 T cells.

In conclusion, our work represents the first successful generation of natural CD4 SP T cells from iPSCs. The gene we identified appears to be a pivotal regulator of CD4/CD8 T cell lineage choice in our iPSC-T differentiation system. While more investigation is required, our method shows promise towards facilitating stable generation of CD4 T cells for T cell therapy.

**Disclosures Ando:** AbbVie Inc.: Honoraria, Research Funding. **Nakauchi:** Century Therapeutics: Consultancy. **Ando:** Chugai Pharmaceutical: Honoraria, Research Funding; Daiichi Sankyo: Research Funding; Century Therapeutics: Research Funding; Novartis Pharma: Honoraria; Sumitomo Pharma: Research Funding; Kyowa Kirin: Research Funding; AstraZeneca: Honoraria; AbbVie: Honoraria, Research Funding; Astellas Pharma: Honoraria.

POSTER ABSTRACTS Session 703



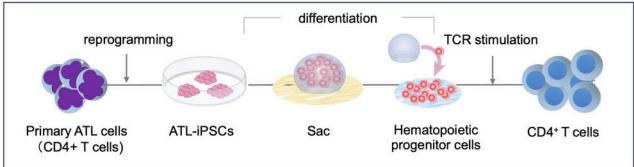


Figure 1

https://doi.org/10.1182/blood-2023-184467