



## The 65th ASH Annual Meeting Abstracts

## ORAL ABSTRACTS

## 703.CELLULAR IMMUNOTHERAPIES: BASIC AND TRANSLATIONAL

**Single-Cell Multi-Omics Reveals Type-2 Functionality in Maintaining CAR T Cell Longevity Associated with 8-Year Leukemia Remission**

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Despite a high response rate in chimeric antigen receptor (CAR) T therapy for acute lymphocytic leukemia (ALL), ~50% of patients relapse within the first year, representing an urgent question to address in the next stage of cellular immunotherapy. The pioneering clinical trials conducted at Upenn/CHOP provide a unique opportunity to examine the molecular determinants of ultra-long CAR T persistence.

We performed single-cell multi-omics profiling of ~700k pre-infusion CD19-targeted 4-BB CAR T cells from 82 pediatric ALL patients and 6 healthy donors. Patient demographics were collected between Sep-2012 to July-2022. To uncover the hallmarks of CAR T longevity, we correlated the single-cell atlas with the duration of B-cell aplasia (BCA), a widely used pharmacodynamic measurement of CAR T persistence, and classified all the patients into 5 groups (Table 1). Five patients in our cohort have exhibited a median BCA duration of 8.4 years (BCA-L group) and another 11 patients continue to have BCA with a median time of 5.1 years (BCA-O group). To remove potential confounding variables between trial design, 42 patients including the 5 BCA-L were analyzed as the Discovery Cohort, while the other 40 patients including the 11 BCA-O were used as Validation Cohort.

Our analysis of CD19-specific stimulated CAR T cells from the Discovery Cohort revealed a prominent role of type-1 function, which was highly represented but had no discernible correlation with long-term persistence. Unexpectedly, we identified that elevated type-2 functionality was significantly associated with BCA-L patients maintaining CAR T persistence of 8.4 years, and this signature was robustly presented in the BCA-O patients in our Validation Cohort. Higher type-2 cytokine level of long-term persistent CAR T cells was independently validated using both flow cytometry and multiplexed secretomic assay. Through ligand-receptor interaction analysis, type-2 cytokines were found to regulate a cluster of Tim-3<sup>+</sup> terminal effector cells showing over activation of cytotoxicity, impaired immune function, elevated exhaustion signature and diminished proliferative potentiality, and CAR T cells from BCA-L patients showed reduced dysfunctional hallmarks.

We next conducted in vitro functional studies to assess the impact of adding type-2 cytokine (IL-4) during CAR-specific activation on CAR T fitness. The addition of 10ng/mL IL-4 significantly boosted the proliferation and mitigated dysfunction of CAR T cells from 6 patients in the BCA2 group that only mediated short-term response (~3 months) and had negligible impact on their type-1 functionality. Remarkably, the functional profile of short-term BCA2 CAR T cells after IL-4 supplementation exhibited a comparable pattern to that of long-term BCA-L CAR T cells, particularly in terms of type-2 pathway, oxidative phosphorylation metabolism, PI3K/AKT signaling, mTOR signaling, and cell cycle regulation.

To investigate the response of the host following CAR T infusion, we performed a comprehensive proteomic profiling of post-infusion serum proteins in a total of 41 patients. Baseline measurements (-2 to 0 days before CAR T infusion) showed a significantly higher level of type-2 cytokines in long-term patients. From the rapid expansion period (day 6-8) until 11 days post-infusion, we consistently observed significantly higher levels of circulating type-2 cytokines in 5-year or 8-year relapse-free responders. Conversely, no difference was observed in type-1 cytokines.

In a leukemic NSG mouse model, both type-2 high and low CAR T cells were highly effective in reducing tumor burden in the first two weeks. However, type-2 high CAR T had significantly superior expansion, and the absolute CAR<sup>+</sup> cell counts

in peripheral blood were 10-fold higher than type-2 low CAR T at day 8 and day 12. To mimic tumor cell relapse, a second dose of tumor cells were injected into mice on day 17. Notably, type-2 high CAR T cells demonstrated a potent capability to elicit recall responses upon leukemia rechallenge, significantly prolonging the survival of tumor-bearing mice compared to type-2 low CAR T. The superior performance could be associated with their decreased exhaustion and increased memory phenotype.

Our findings provide key insights into the mediators of CAR T longevity and suggest a potential therapeutic strategy to maintain long-term remission by enhancing type-2 functionality in CAR T cells.

**Disclosures Tang:** *Leman Biotech*: Current holder of stock options in a privately-held company, Membership on an entity's Board of Directors or advisory committees. **June:** *AC Immune*: Membership on an entity's Board of Directors or advisory committees; *BluesphereBio*: Membership on an entity's Board of Directors or advisory committees; *Cabaletta*: Membership on an entity's Board of Directors or advisory committees; *Carisma*: Membership on an entity's Board of Directors or advisory committees; *Cartography*: Membership on an entity's Board of Directors or advisory committees; *Cellares*: Membership on an entity's Board of Directors or advisory committees; *Celldex*: Membership on an entity's Board of Directors or advisory committees; *Decheng*: Membership on an entity's Board of Directors or advisory committees; *Poseida*: Membership on an entity's Board of Directors or advisory committees; *Verismo*: Membership on an entity's Board of Directors or advisory committees; *WIRB-Copernicus*: Membership on an entity's Board of Directors or advisory committees; *Danaher*: Membership on an entity's Board of Directors or advisory committees; *Kite Pharma*: Consultancy, Membership on an entity's Board of Directors or advisory committees, Research Funding. **Grupp:** *Kite*: Research Funding; *Servier*: Research Funding; *CBMG*: 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; *Cellectis*: 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; *Allogene*: Consultancy, Membership on an entity's Board of Directors or advisory committees; *Cabaletta*: Consultancy, Membership on an entity's Board of Directors or advisory committees; *Jazz*: Consultancy, Membership on an entity's Board of Directors or advisory committees, Research Funding; *Vertex*: Consultancy, Research Funding; *Novartis*: Consultancy, Research Funding. **Fan:** *AtlasXomics*: Membership on an entity's Board of Directors or advisory committees; *Singleron Biotechnologies*: Membership on an entity's Board of Directors or advisory committees; *IsoPlexis*: Membership on an entity's Board of Directors or advisory committees.

**Table 1. Patient demographics and clinical documentation.**

| Demographics              | BCA-L<br>(n=5) | BCA-O<br>(n=11) | BCA3<br>(n=11) | BCA2<br>(n=38) | BCA1<br>(n=17)     |
|---------------------------|----------------|-----------------|----------------|----------------|--------------------|
| Cohort group, No.         |                |                 |                |                |                    |
| Discovery Cohort          | 5              | N/A             | 5              | 21             | 11                 |
| Validation Cohort         | N/A            | 11              | 6              | 17             | 6                  |
| Age in years              | 14.5±1.4       | 13.3±2.0        | 13.3±1.9       | 9.7±1.0        | 10.4±1.2           |
| Median±SEM (Range)        | (9.3-16.2)     | (6.0-29.1)      | (5.0-24.5)     | (1.7-27.2)     | (3.3-21.5)         |
| BCA observed              | Yes            | Yes             | Yes            | Yes            | Partial<br>(11/17) |
| BCA duration in months    | 101±5.0        | 61±1.8          | 18±2.9         | 4±0.4          | 1±0.2              |
| Median±SEM (Range)        | (82-106)       | (48-72)         | (12-43)        | (3-11)         | (0-2)              |
| Relapse observed          | No             | No              | Yes            | Yes            | Yes                |
| Relapse type, No. (%)     |                |                 |                |                |                    |
| CD19-positive             | N/A            | N/A             | 6 (54.5)       | 13 (34.2)      | 4 (23.5)           |
| CD19-negative             |                |                 | 4 (36.4)       | 19 (50.0)      | 5 (29.4)           |
| Time to relapse in months | N/A            | N/A             | 18.5±3.3       | 8.5±2.2        | 2.1±1.1            |
| Median±SEM (Range)        |                |                 | (12.0-45.6)    | (2.5-60.2)     | (1.0-9.3)          |
| Follow up months          | 101±5.0        | 61±1.4          | 51±5.7         | 46±4.3         | 4±7.0              |
| Median±SEM (Range)        | (82-106)       | (54-72)         | (17-78)        | (4-91)         | (1-78)             |

Patients are divided into 5 persistence groups based on their durations of B-cell aplasia (BCA). The **Discovery Cohort** includes 42 patients from clinical trial NCT01626495, and the **Validation Cohort** consists of 40 patients from clinical trial NCT02906371.

**Figure 1**

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