

CD33-Deleted Hematopoietic Cells (Trem-cel) Are Protected From CD33xCD3 Bispecific Antibody Treatment And Produce Significantly Reduced Levels Of Inflammatory Cytokines In Preclinical Studies

#3425

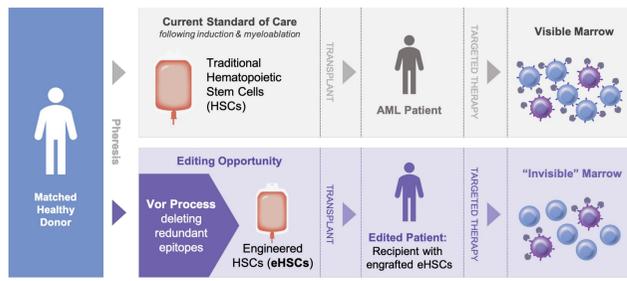
Jessica Lisle¹, Sushma Krishnamurthy¹, Amanda Halfond¹, Lisa Pechilis¹, Nate Manalo¹, Melissa Chng¹, Brikena Gjerci¹, Gabriella Angelini¹, Fulton Norman¹, Caitlin Lourenco¹, Hannah Mager¹, Julia Etchin¹, Yonina Keschner¹, Mariana Silva¹, Bethany Mattson², Laura Barreyro², Christina Guttke², John Lydeard¹, Julian Scherer¹, Michelle I. Lin¹, Tirtha Chakraborty¹

¹Vor Biopharma, Cambridge, MA, USA, ²Janssen Research & Development, LLC, Spring House, PA

INTRODUCTION

- Though allogeneic hematopoietic cell transplantation (alloHCT) is a potentially curative therapy for patients with high-risk acute myeloid leukemia (AML), post-HCT relapse occurs in up to 70% of these patients¹. This highlights the need for new therapeutic approaches; however, a lack of cancer specific targets has hampered effective targeted therapy.
- One described AML target is CD33; however, CD33-directed therapies have been challenged by cytopenias due to on-target, off-tumor toxicity and, in the case of bispecific antibodies, cytokine release syndrome (CRS), due to the abundance of CD33 antigen.
- Tremleotogene empogeditemcel (trem-cel) is a gene-edited human hematopoietic stem and progenitor cell (hSPC) transplant product in phase 1 clinical trial (NCT04849910). Trem-cel is generated using dual mobilized CD34⁺ HSPCs in which the biologically dispensable CD33 is removed to enable exclusive CD33 targeting on AML cells.
- Pairing trem-cel with JNJ-67571244², a CD33 targeting bispecific antibody (BiSAb), is an attractive approach because trem-cel may provide not only heme protection but also reduce CRS due to less CD33 antigen, ultimately improving post HCT outcomes in AML patients.

Figure 1: Vor Bio's Treatment System Approach



OBJECTIVES

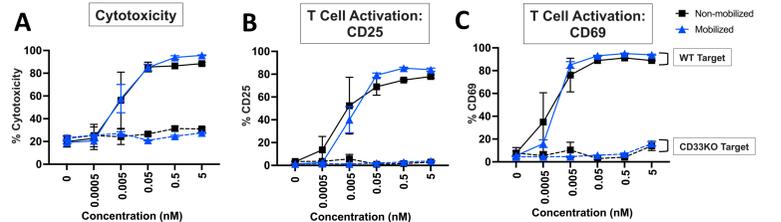
- Demonstrate that CD33KO (knockout) cells (trem-cel) are protected from CD33 specific killing by the CD33 targeting bispecific antibody JNJ-67571244 in both *in vitro* and *in vivo* preclinical studies.
- Demonstrate that trem-cel human HSPC xenotransplanted into mice produce reduced levels of inflammatory cytokines associated with CRS when treated with JNJ-67571244.

METHODS

- In vitro* and *in vivo* proof of concept (POC) experiments were performed using CD34⁺ hSPCs that were edited using either CRISPR/Cas9 to delete CD33 (trem-cel) or treated with a non-targeting guide RNA (gRNA) control (gCtrl).
- Monocytes were differentiated *in vitro* from either trem-cel or gCtrl hSPCs and assayed for editing frequency, CD33 protein expression and myeloid phenotype by flow cytometry before addition into *in vitro* cytotoxicity assays.
- In vitro* cytotoxicity assays were carried out by co-culturing target cells, either AML cell lines or MIVD cells, with T cells and treated with JNJ-67571244 at various concentrations. Cytotoxicity was analyzed using flow cytometry at 48hr and 72hr and cytokine concentrations in the supernatants were measured using Luminex.
- In vivo* xenotransplant studies were performed by engrafting trem-cel or gCtrl hSPCs into NSG-SGM3 mice followed by treatment with either control bispecific (CD33xNull) or JNJ-67571244. Plasma cytokine concentration were measured via Luminex and hematopoietic tissues were analyzed by flow cytometry to measure protection from JNJ-67571244 cytotoxic killing.

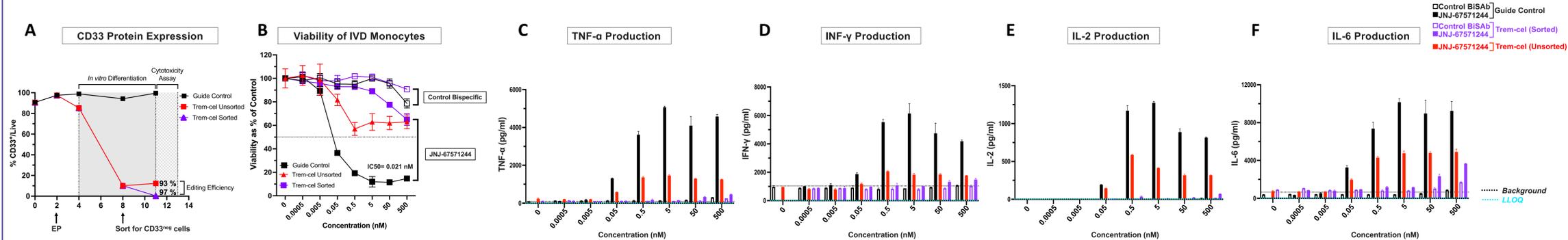
RESULTS

Figure 2. Comparable JNJ-67571244 efficacy between dual mobilized vs. non-mobilized T cells *in vitro*



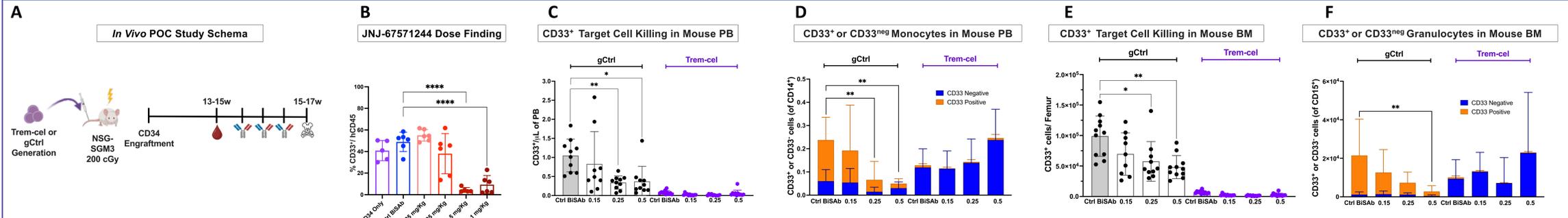
Target AML cell line MOLM-13 or CD33KO MOLM-13 were co-cultured with T cells from either dual mobilized or non-mobilized sources and treated with JNJ-67571244 *in vitro*. This was to determine whether mobilized T cells perform similarly to non-mobilized in the context of bispecific treatment as dual mobilized T cells may be considered for use in combination with trem-cel treatment system and the following studies. (A) Cytotoxicity as measured by the percentage of dead cells (Annexin V⁺ and Live/Dead stain⁺), and T cell activation (CD25 %) (B) and (CD69 %) (C) were similar between mobilized or non-mobilized T cell sources. N=1 donor. Data shown as mean ± standard deviation.

Figure 3. Trem-cel-derived monocytes are protected from JNJ-67571244 cytotoxicity *in vitro* and demonstrate decreased cytokine production in co-cultures



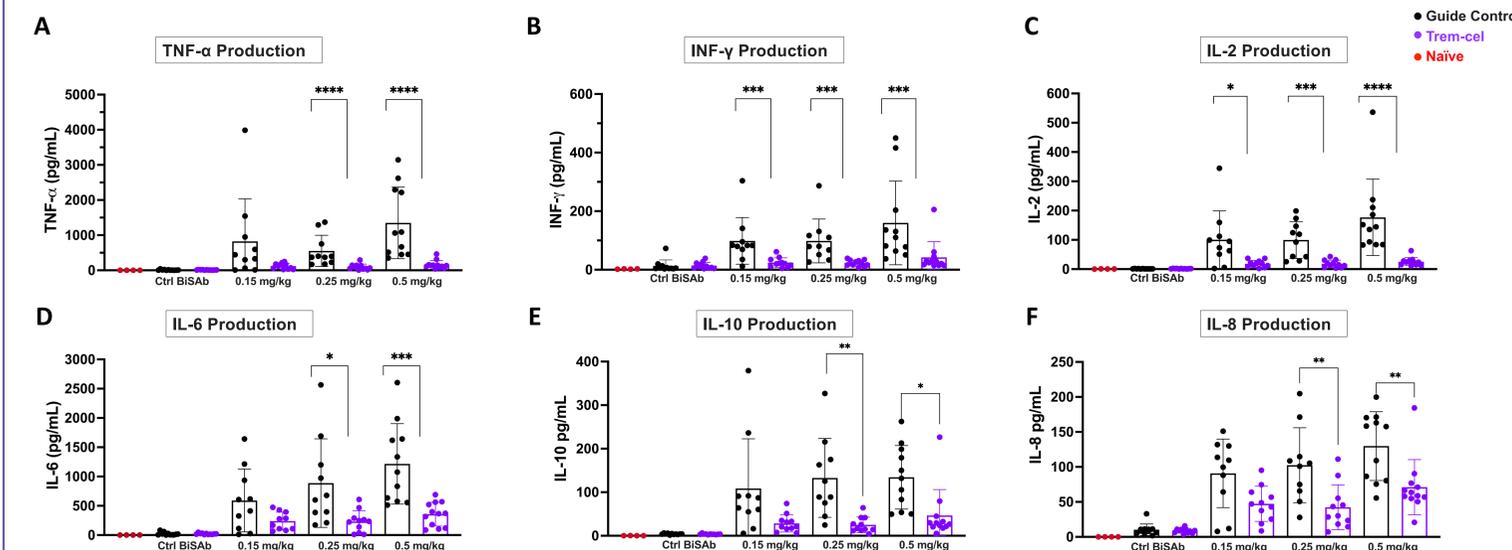
Dual mobilized peripheral blood CD34⁺ hSPCs were *in vitro* differentiated into monocytes after CD33 editing. Trem-cel MIVD were then sorted into CD33neg cells and subjected to a cytotoxicity assay. (A) High CD33 editing and CD33 protein KO was maintained throughout differentiation. (B) MIVD cells, either gCtrl, trem-cel or sorted trem-cel were co-cultured with donor matched T cells as well as either JNJ-67571244 or control bispecific (CD33xNull) at increasing concentrations. Viability was assessed using flow cytometry and expressed as a percentage of control which was MIVD + T cells (0 nM Control BiSAb or JNJ 67571244). IC₅₀ Cannot be accurately calculated for ▲ or ▼. Cytokine production in co-cultures (C) TNF-α, (D) INF-γ, (E) IL-2 and (F) IL-6. IL-8 and IL-10 (data not shown) also showed similar results. Background: Cytokines from MIVD cells + T cells alone. N=1 donor. LLOQ: lower than limit of quantification. Data shown as mean ± standard deviation.

Figure 4. Trem-cel-derived myeloid cells are protected from JNJ-67571244 cytotoxicity in CD34⁺ HSPC engrafted xenotransplant



(A) Schematic of mouse xenotransplant study and JNJ-67571244 dosing. (B) A JNJ-67571244 dose finding study was performed in CD34⁺ HSPC engrafted NSG-SGM3 mice to determine optimum dose for targeting normal CD33⁺ hematopoietic cells *in vivo*. After three doses of JNJ-67571244, trem-cel or gCtrl engrafted mouse tissues were harvested and flow cytometry performed to determine efficacy of JNJ-67571244 on CD33⁺ cells and protection of trem-cel-derived cells. (C) gCtrl-derived human CD33⁺ cells in the peripheral blood (PB) were killed in a dose dependent manner by JNJ-67571244 as shown by CD33⁺ cell counts/μL of PB. (D) gCtrl-derived CD14⁺ monocytes, which are largely CD33⁺, are effectively killed by JNJ-67571244; however, trem-cel-derived monocytes maintain cell counts suggesting they are protected from JNJ-67571244 treatment. (E) gCtrl-derived CD15⁺ granulocytes, which are largely CD33⁺, are effectively killed by JNJ-67571244 in the bone marrow (BM), whilst trem-cel-derived granulocytes maintain cell counts per femur. N=1 donor shown, however data from another donor is similar (Data not shown). Data shown as mean ± standard deviation. *p<0.05, **p<0.01, ****p<0.0001.

Figure 5. Reduced cytokine released from JNJ-67571244 treated Trem-cel engrafted mice



Trem-cel or gCtrl engrafted mice were dosed with either JNJ-67571244 or control bispecific and two hours later plasma was collected to examine cytokine production via Luminex. CRS cytokines examined include (A) TNF-α, (B) INF-γ, (C) IL-2, (D) IL-6 (E) IL-10 and (F) IL-8. Trem-cel mice treated with JNJ-67571244 produced significantly less cytokines compared to the gCtrl engrafted mice as trem-cel-derived cells were not targeted by JNJ-67571244. Control Bispecific was dosed at 0.5 mg/kg. Mice not engrafted with CD34⁺ HSPCs were termed naive and used a negative controls. N=1 donor shown; however, data from another donor is similar (Data not shown). Data shown as mean ± standard deviation. *p<0.05, **p<0.01, ****p<0.0001.

Abbreviations: Acute Myeloid Leukemia (AML); allogeneic hematopoietic stem cell transplant (alloHCT); cytokine release syndrome (CRS); Tremleotogene empogeditemcel (trem-cel); human hematopoietic stem and progenitor cell (HSPC); bispecific antibody (BiSAb); KO (knockout); CD33KO cells (trem-cel); *in vitro* differentiated monocytes (MIVD); guide RNA (gRNA); electroporation (EP); peripheral blood (PB); bone marrow (BM); proof of concept (POC)

CONCLUSIONS

- Dual mobilized T cells can kill targets similarly as non-mobilized T cells in the presence of JNJ-67571244 *in vitro*.
- Trem-cel-derived *in vitro* differentiated monocytes treated with JNJ-67571244 are more viable in cytotoxicity assays compared to control suggesting they are protected from JNJ-67571244 treatment *in vitro*.
- Trem-cel-derived *in vitro* differentiated monocytes and T cells produce significantly less inflammatory cytokines upon JNJ-67571244 treatment as they are protected from cytotoxic killing unlike guide control cells.
- Trem-cel-derived monocytes and granulocytes are protected from CD33⁺ targeting by JNJ-67571244 *in vivo*.
- Trem-cel engrafted mice treated with JNJ-67571244 produce significantly less cytokines in mouse plasma as a result of protection from JNJ-67571244 killing.
- These findings enable the development of a next-generation AML treatment strategy by pairing a trem-cel transplant with a subsequent CD33-directed modality such as bispecific antibodies or CAR-T cells to potentially improve safety and efficacy while minimizing myelotoxicity and CRS.

Acknowledgments

We would like to thank the research, technical operations, and lab operations groups at Vor Bio and Karim Safer, Katrin Sproesser, Bob Radinsky, Raluca Verona and Yusri Elsayed from Janssen Pharmaceuticals.

References

- Araki, et al., J Clin Oncol. 2016, 34(4): 329–336, PMID #26668349
- Nair-Gupta et al., Blood Adv, 2020, 4(5):906, PMID #32150609