

An Overview of Chimeric Antigen Receptor T-cells: “CAR-T-ing Away Cancer”

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Conflict of Interest Disclosure

I have no actual or potential conflicts of interest to disclose regarding this presentation.

Objectives

1. Discuss the structure and mechanism of action of chimeric antigen receptor (CAR) T-cells.
2. Describe the pathophysiology and management of cytokine release syndrome (CRS) and CAR-T related encephalopathy syndrome (CRES)
3. Summarize key clinical trials assessing the use of CAR-T cell therapy in acute lymphoblastic leukemia (ALL) and B-cell lymphomas

Audience Response Question #1

What does CAR-T cell stand for?

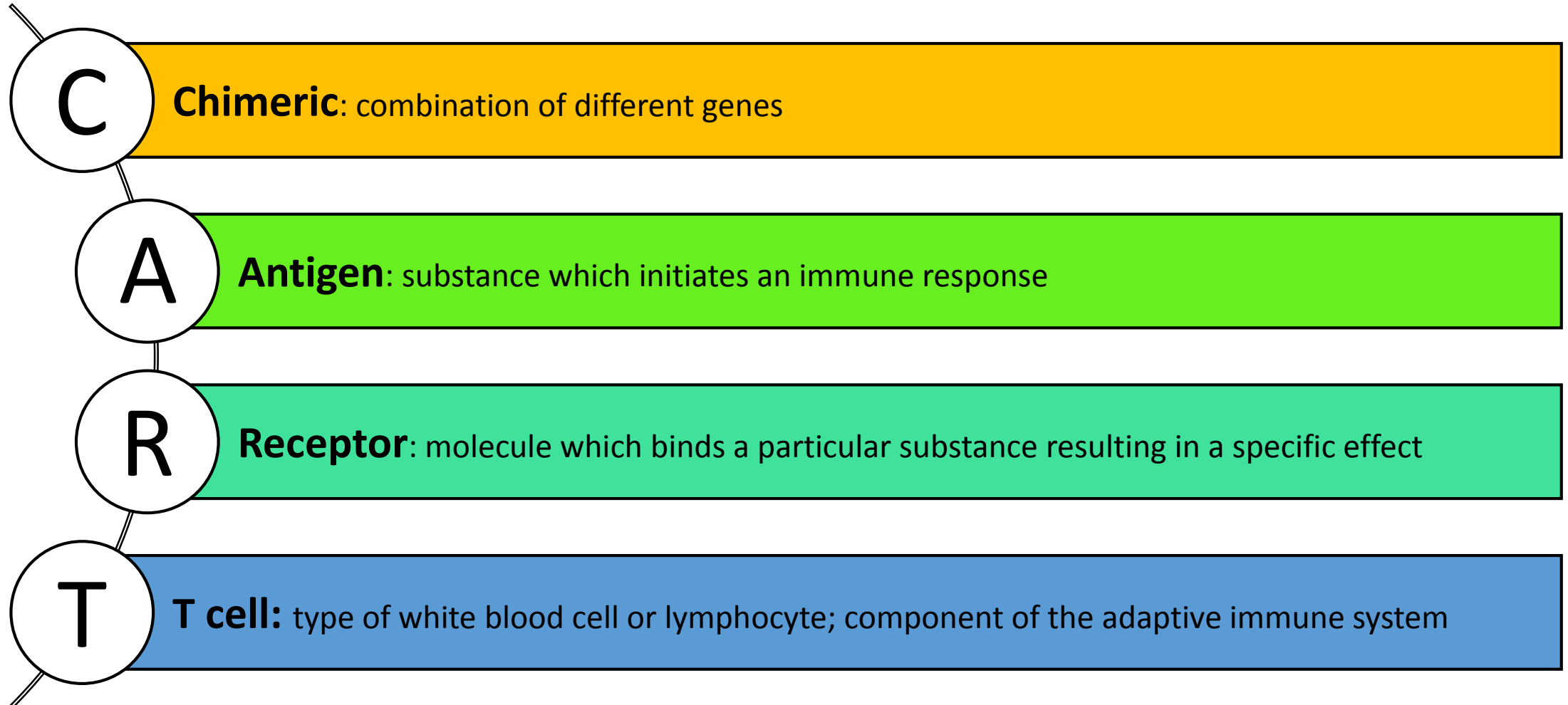
1. Carrier T cell
2. Chemotherapy/antibody receptor T cell
3. Chimeric antigen receptor T cell
4. Chimeric antibody receptor T cell

Audience Response Question #1

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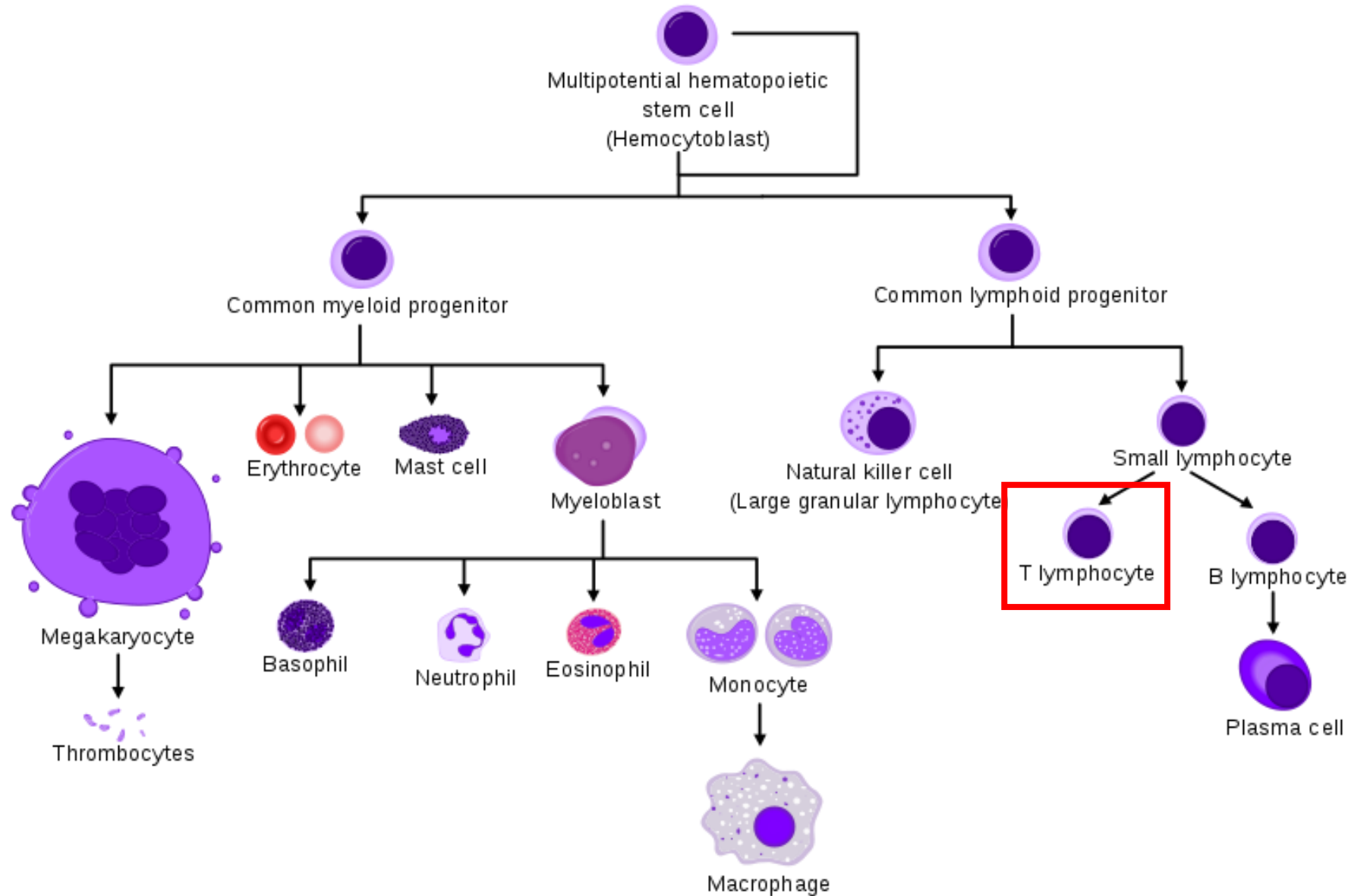
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4. Chimeric antibody receptor T cell

CAR-T cells



What is a CAR-T cell?

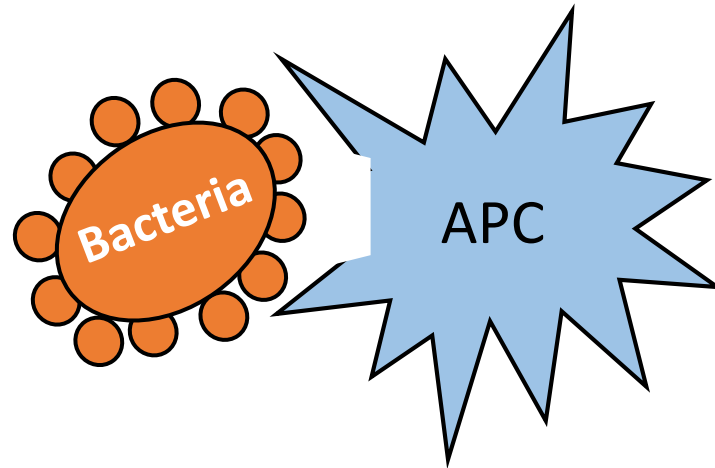
Hematopoiesis



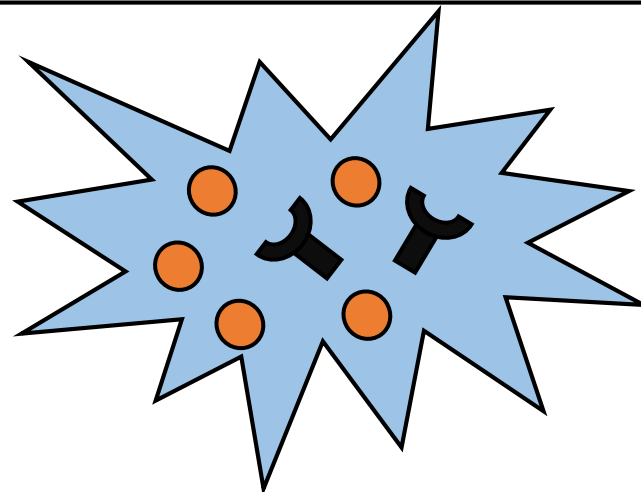
Antigen Recognition and Processing

Bacteria

Phagocytosis of bacterial cells by antigen presenting cells (APC).

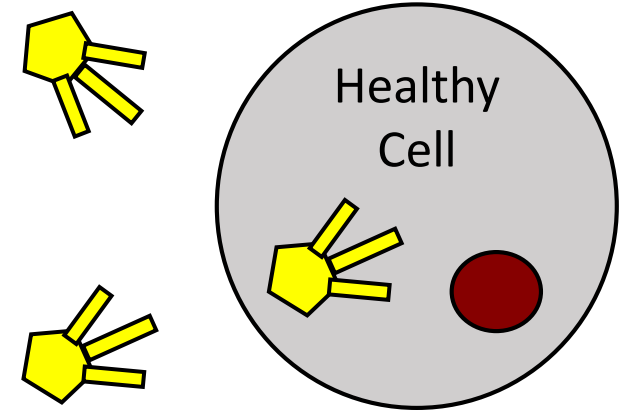


Antigen processing into peptide fragments for presentation via the major histocompatibility complex (MHC).

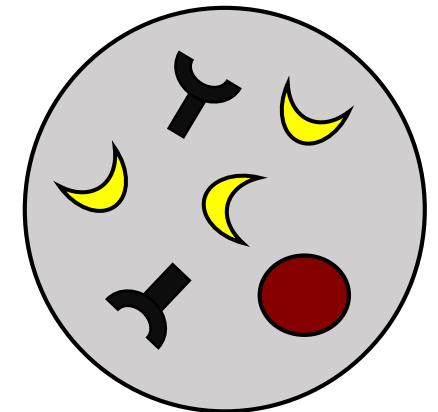


Viruses

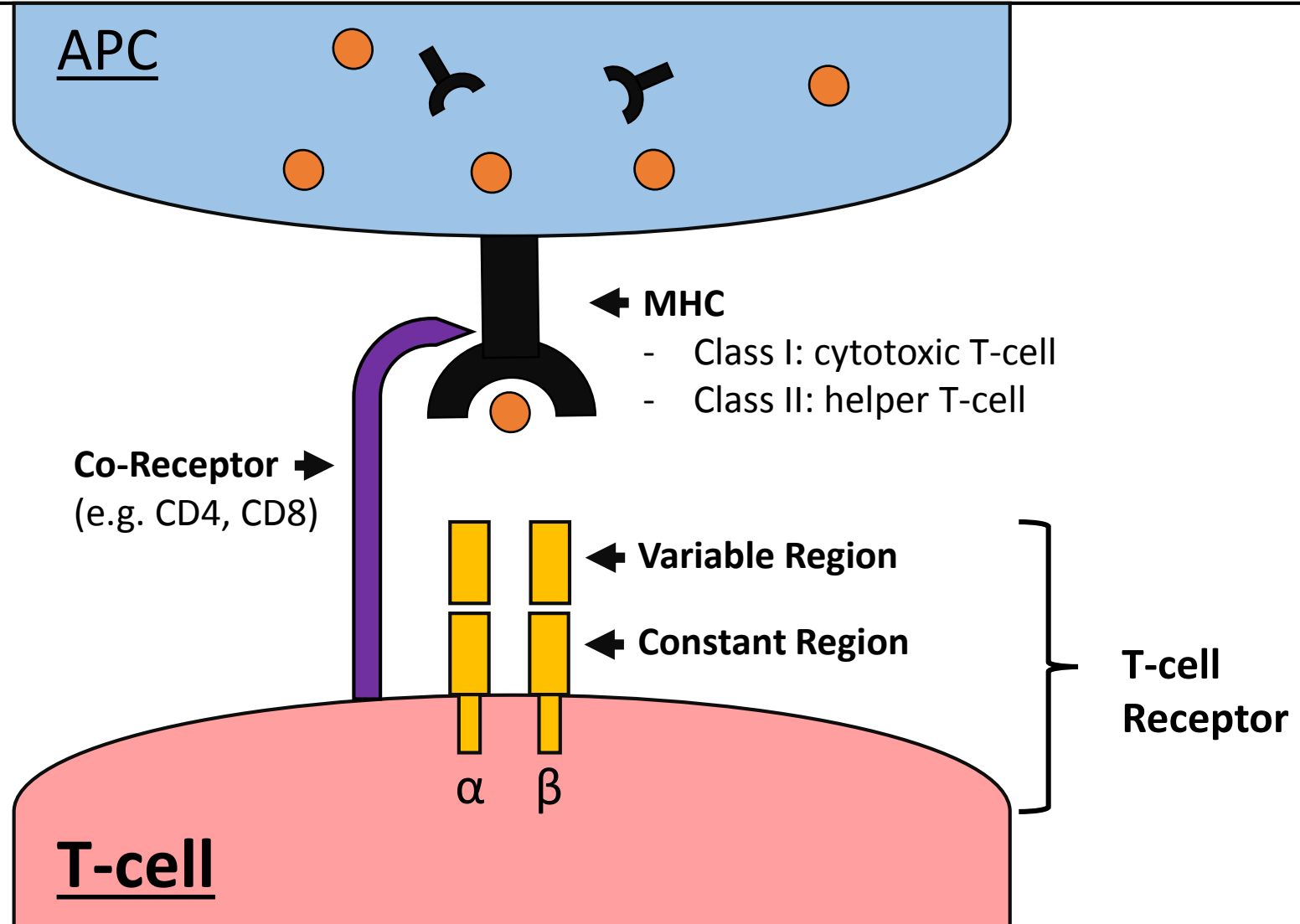
Virus invades healthy cell and begins replicating.



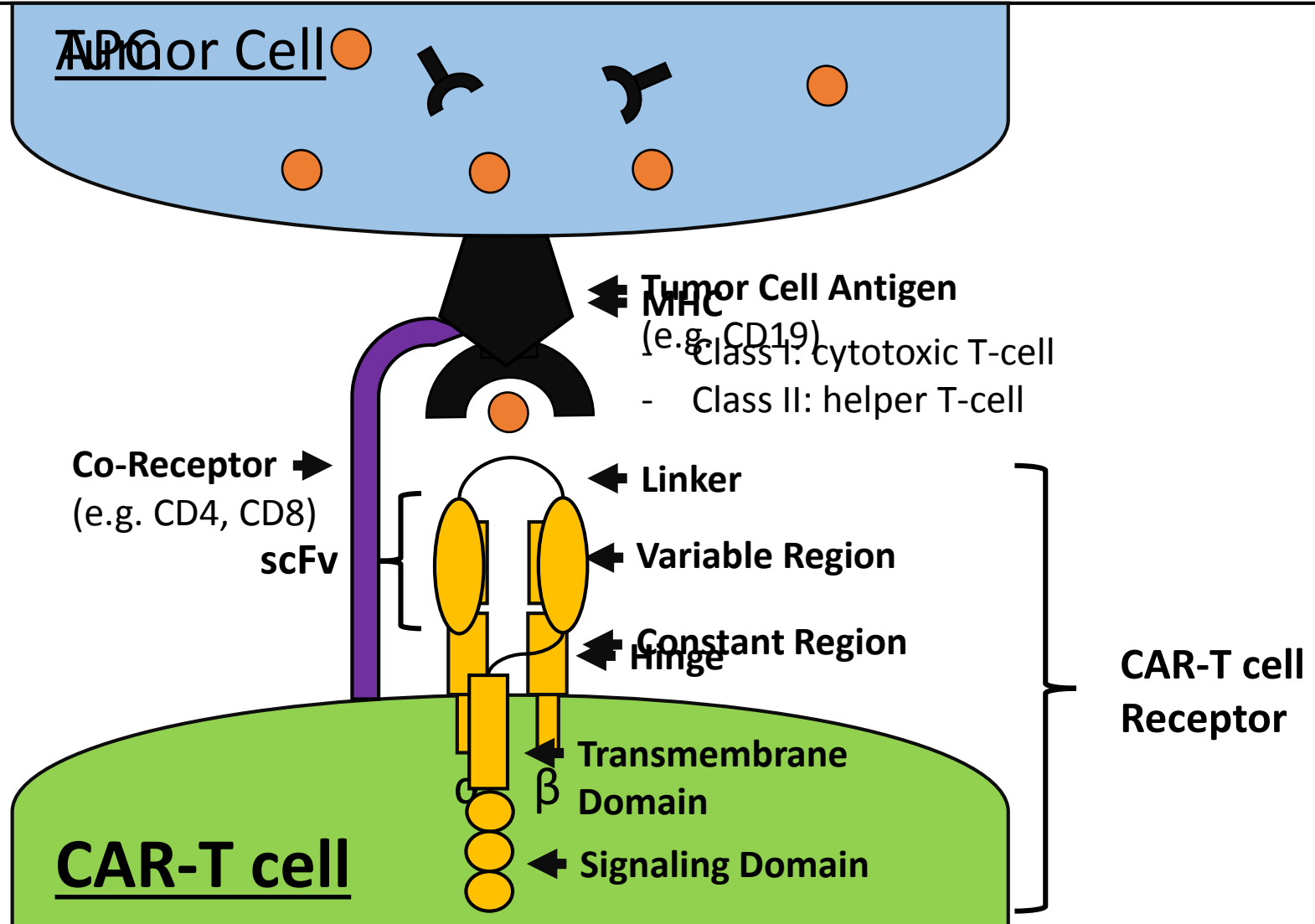
Degradation of viral proteins by the proteasome for presentation via the MHC.



Endogenous T-cell Activation

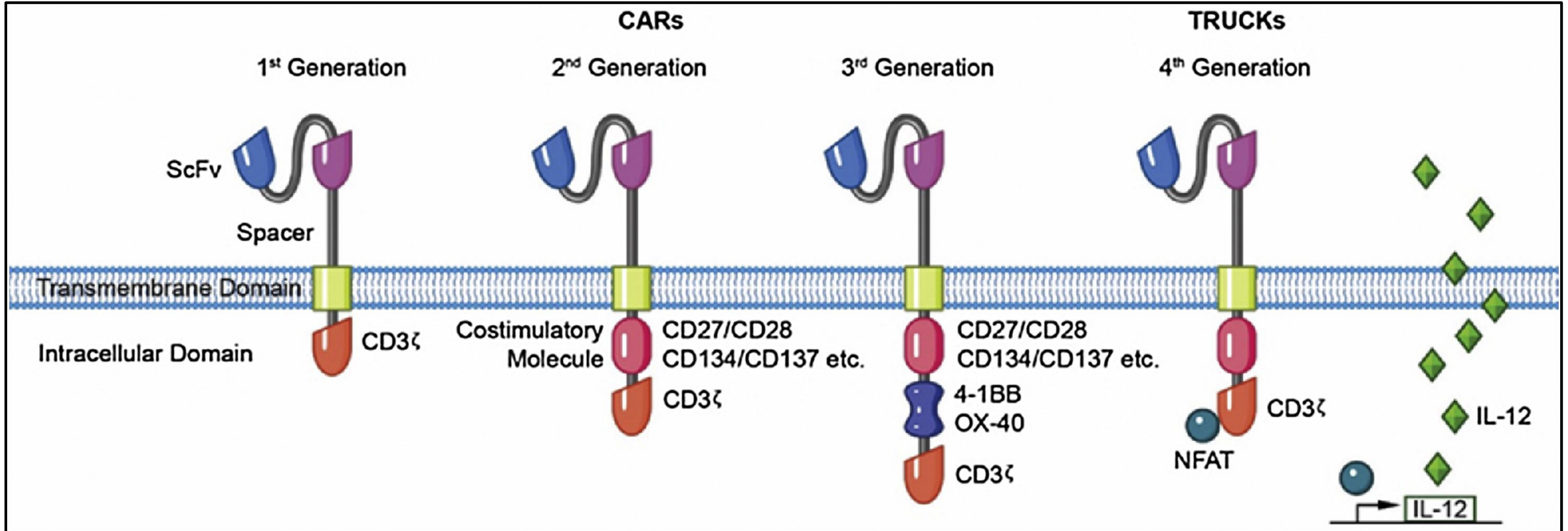


CAR-T cell Activation



scFv = single chain fragment variable

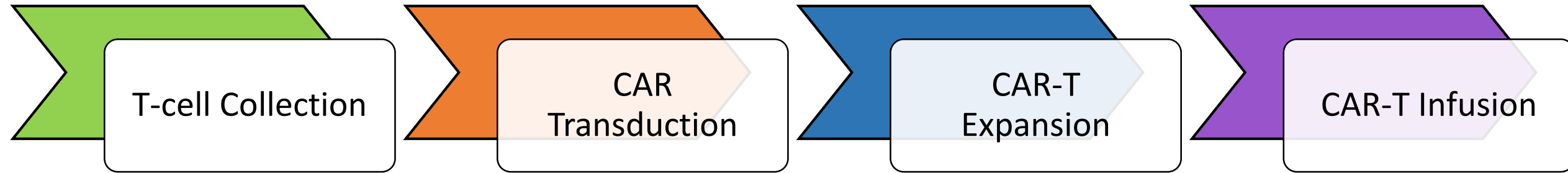
Engineering of CAR-T cells



- Cytotoxicity
- Proliferation & Persistence
- Cytokine Production

CAR-T cell Manufacturing and Administration

CAR-T cell Manufacturing Process



- Apheresis
- T-cell selection

- Lentiviral/retroviral DNA vectors
- Gene transfer
- CAR expression

- APCs, activation reagents, antibody-coated microbeads
- Cryopreservation

- Administration of lymphodepleting chemotherapy
- Infusion of CAR-T product

**Autologous
versus
Allogeneic?**

Autologous versus Allogeneic CAR-T cells

Autologous

Allogeneic

Ability to collect

Persistence of CAR-T cells

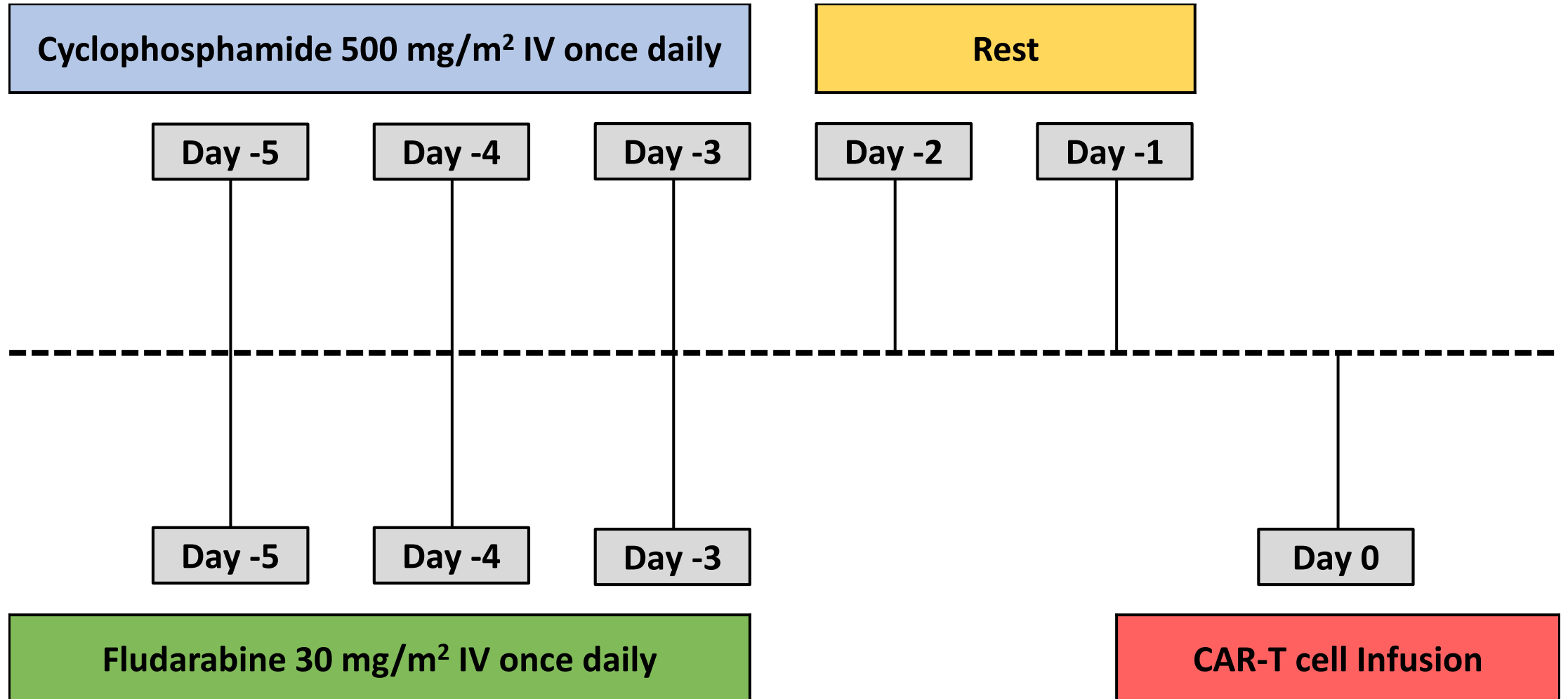
Quality & functionality

Risk of graft-versus-host disease

Production time

Delays in treatment

Lymphodepleting Chemotherapy



Commercially Available CAR-T Products

Audience Response Question #2

For which disease states are CAR-T cells currently FDA approved?

1. Acute lymphoblastic leukemia (relapsed or refractory)
2. Large B-cell lymphoma (relapsed or refractory)
3. Acute myeloid leukemia (relapsed or refractory)
4. Both A and B
5. All of the above

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Currently Available CAR-T cell Products

YESCARTA (axicabtagene ciloleucel)

- FDA Approval: treatment of adults with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy
- Autologous CAR-T cell product targeting CD19

KYMRIAH (tisagenlecleucel)

- FDA Approval: treatment of patients up to 25 years of age with relapsed or refractory B-cell precursor acute lymphoblastic leukemia
- Autologous CAR-T cell product targeting CD19

What's in a name?

axicabtagene ciloleucel

- First Word: corresponds to gene component
- Second Word: corresponds to vector and cell component

What's in a name?

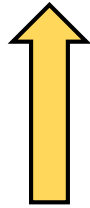
axicabtagene ciloleucel



Prefix is random

What's in a name?

axicabtagene ciloleucel



First Word Infix identifies the gene component

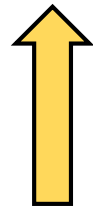
'cabta' = cell expressed antibody and T cell activation

Second Word Infix identifies the cell type

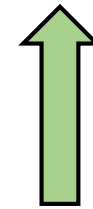
'leu' = lymphocytes/monocytes/APC (white cells)

What's in a name?

axicabtagene ciloleucel



First Word Suffix



Second Word Suffix

Designate the product as a genetically modified cell-based therapy

ZUMA-1 Trial

Design	<ul style="list-style-type: none">▪ Multicenter, phase II clinical trial
Population	<ul style="list-style-type: none">▪ n = 111▪ Adult patients with relapsed or refractory B cell lymphomas*
Intervention	<ul style="list-style-type: none">▪ Axicabtagene ciloleucel
Efficacy	<ul style="list-style-type: none">▪ ORR = 82%; CR = 52%; median duration of response = 8.1 months▪ At 15 months:<ul style="list-style-type: none">○ Median PFS = 44%○ Median OS = 52%
Safety	<ul style="list-style-type: none">▪ CRS occurred in 93% of patients, 13% of grade 3 or higher▪ Neurotoxicity occurred in 64% of patients, 28% of grade 3 or higher

*diffuse large B-cell lymphoma, primary mediastinal B-cell lymphoma, or transformed follicular lymphoma

ELIANA Trial

Design	<ul style="list-style-type: none">▪ Multicenter, phase II clinical trial
Population	<ul style="list-style-type: none">▪ n = 92▪ Pediatric and young adults (≤ 25 years) with CD19+ relapsed or refractory B-cell ALL
Intervention	<ul style="list-style-type: none">▪ Tisagenlecleucel
Efficacy	<ul style="list-style-type: none">▪ ORR = 81%; CR = 45%; CRi = 21%; Median duration of response not reached▪ At 12 months:<ul style="list-style-type: none">○ Median EFS = 50%○ Median OS = 76%
Safety	<ul style="list-style-type: none">▪ CRS occurred in 77% of patients, 46% of grade 3 or higher▪ Neurotoxicity occurred in 40% of patients, 10% of grade 3

Black Box Warnings

Cytokine Release Syndrome

- Fever, hypoxia, hypotension, coagulopathy, acute kidney injury, transaminitis, hyperbilirubinemia

Neurologic Toxicities

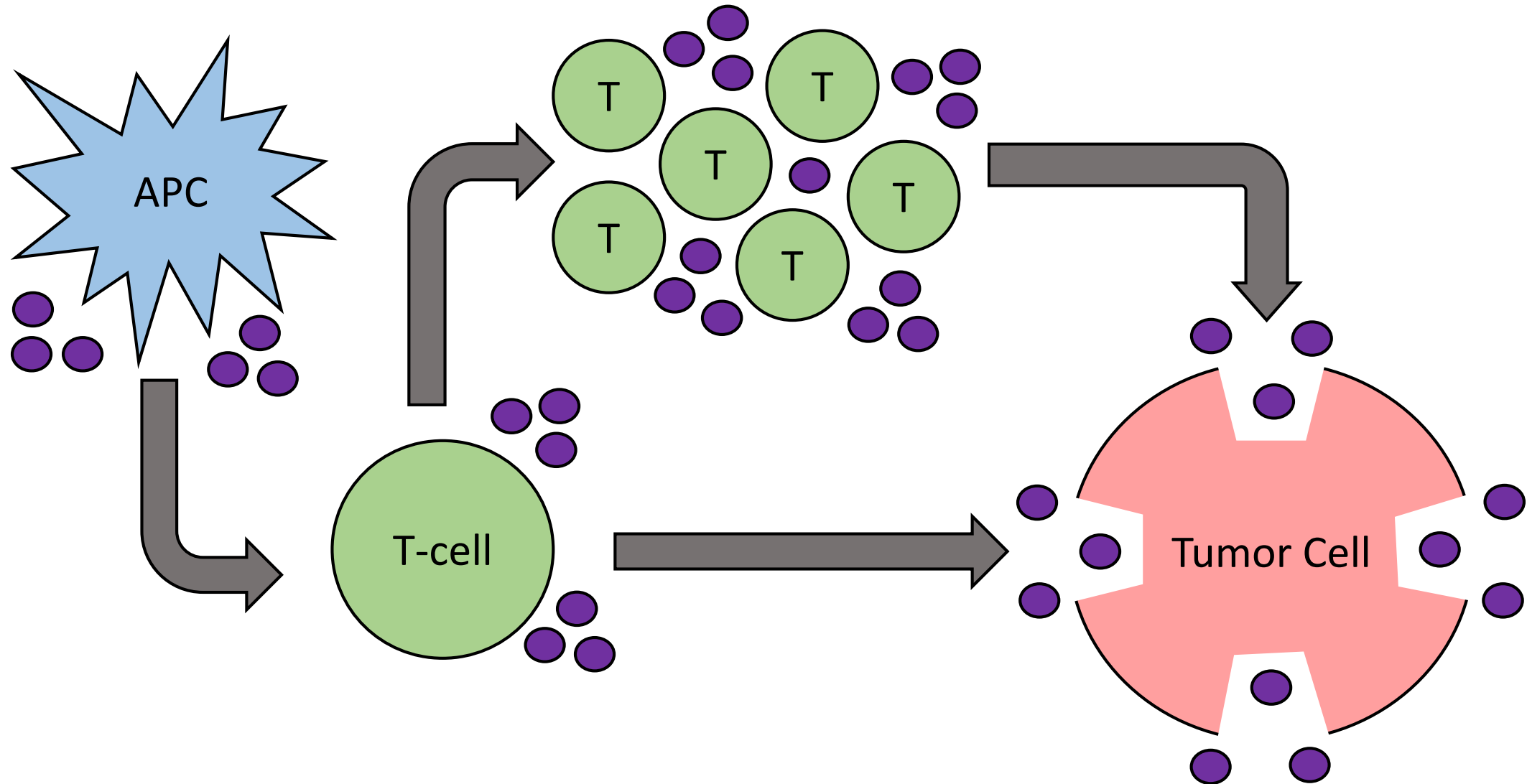
- Headache, encephalopathy, delirium, anxiety, tremor

REMS Program

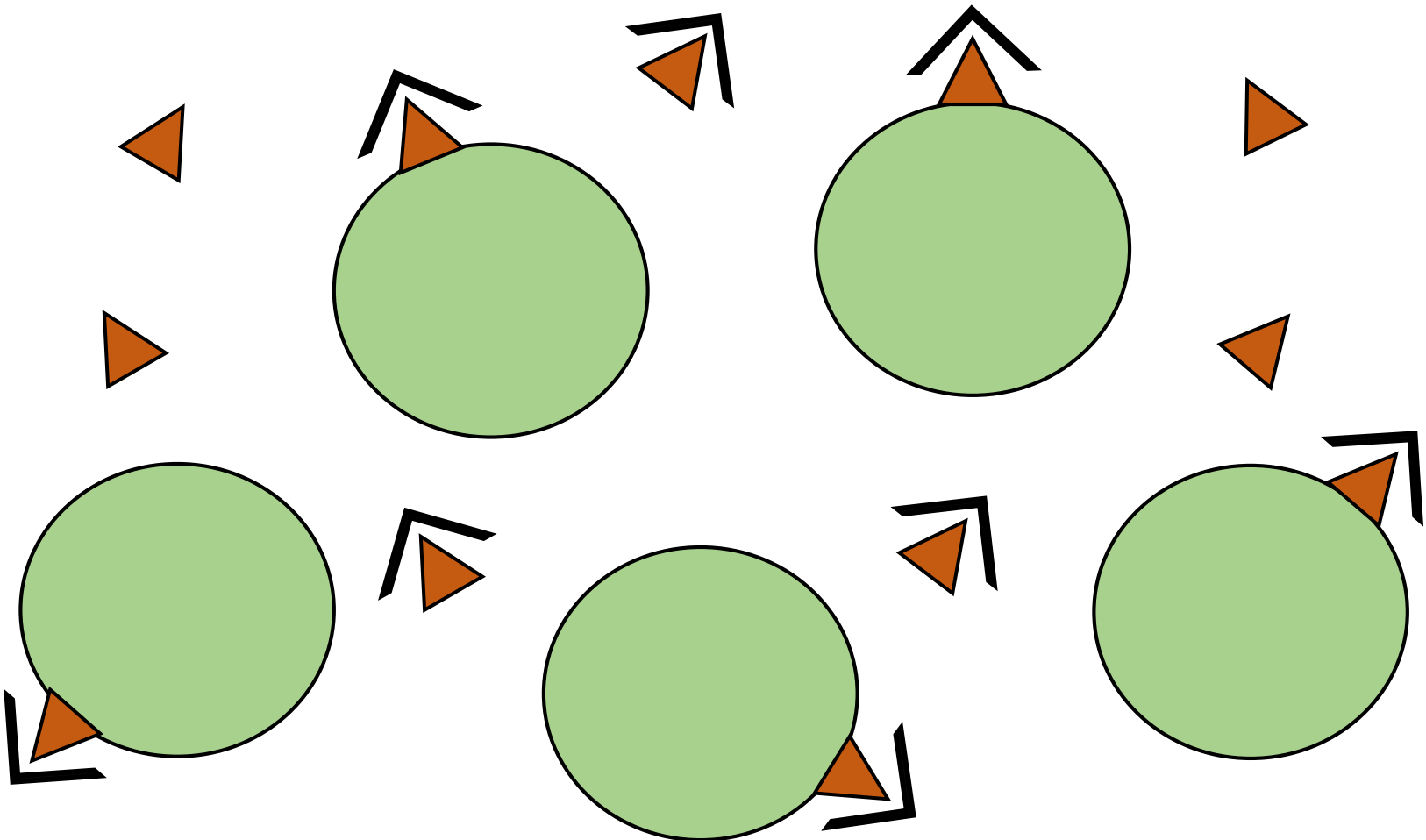
- Patient wallet card
- Minimum of two doses of tocilizumab available for each patient

Cytokine Release Syndrome (CRS)

Pathophysiology of CRS



Tocilizumab

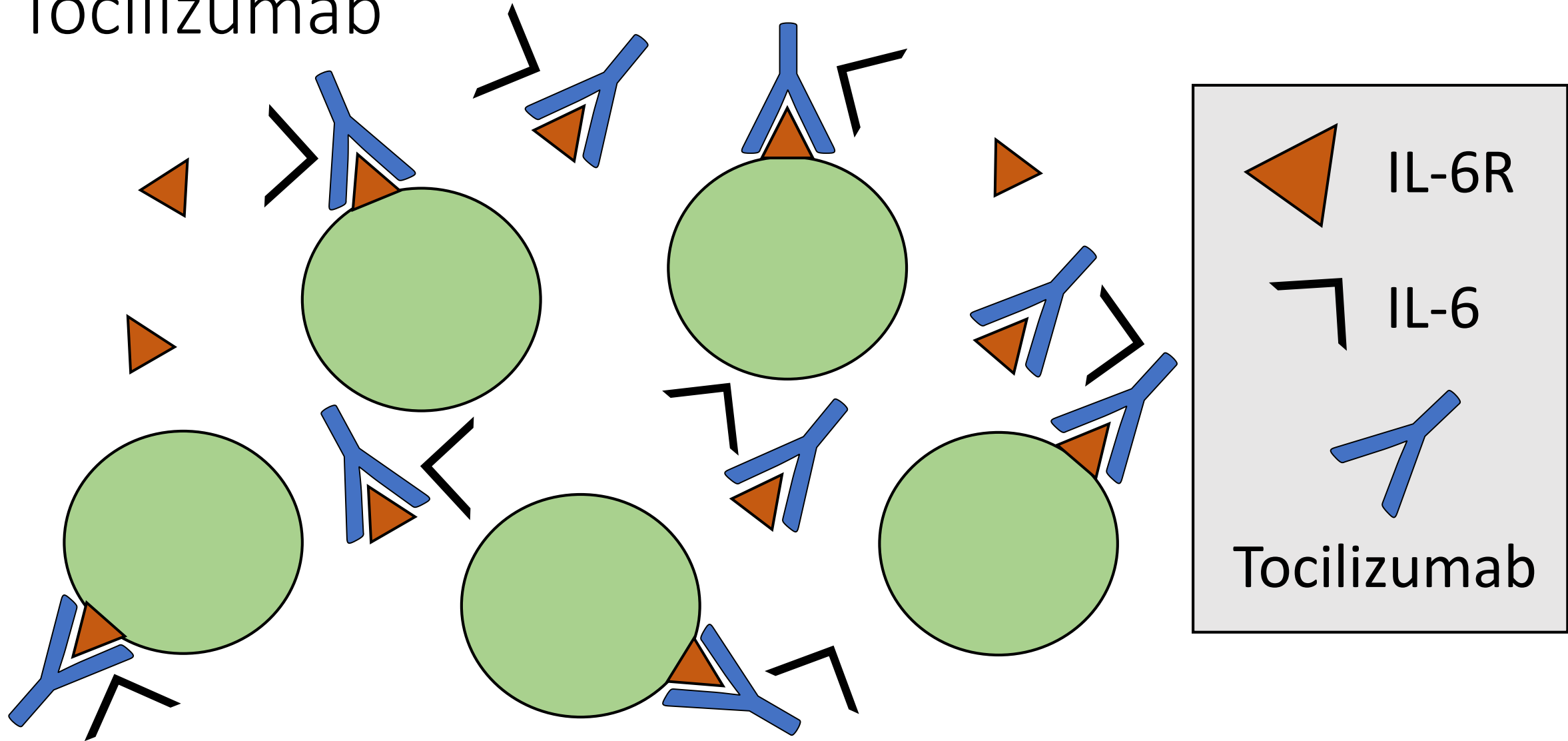


IL-6R

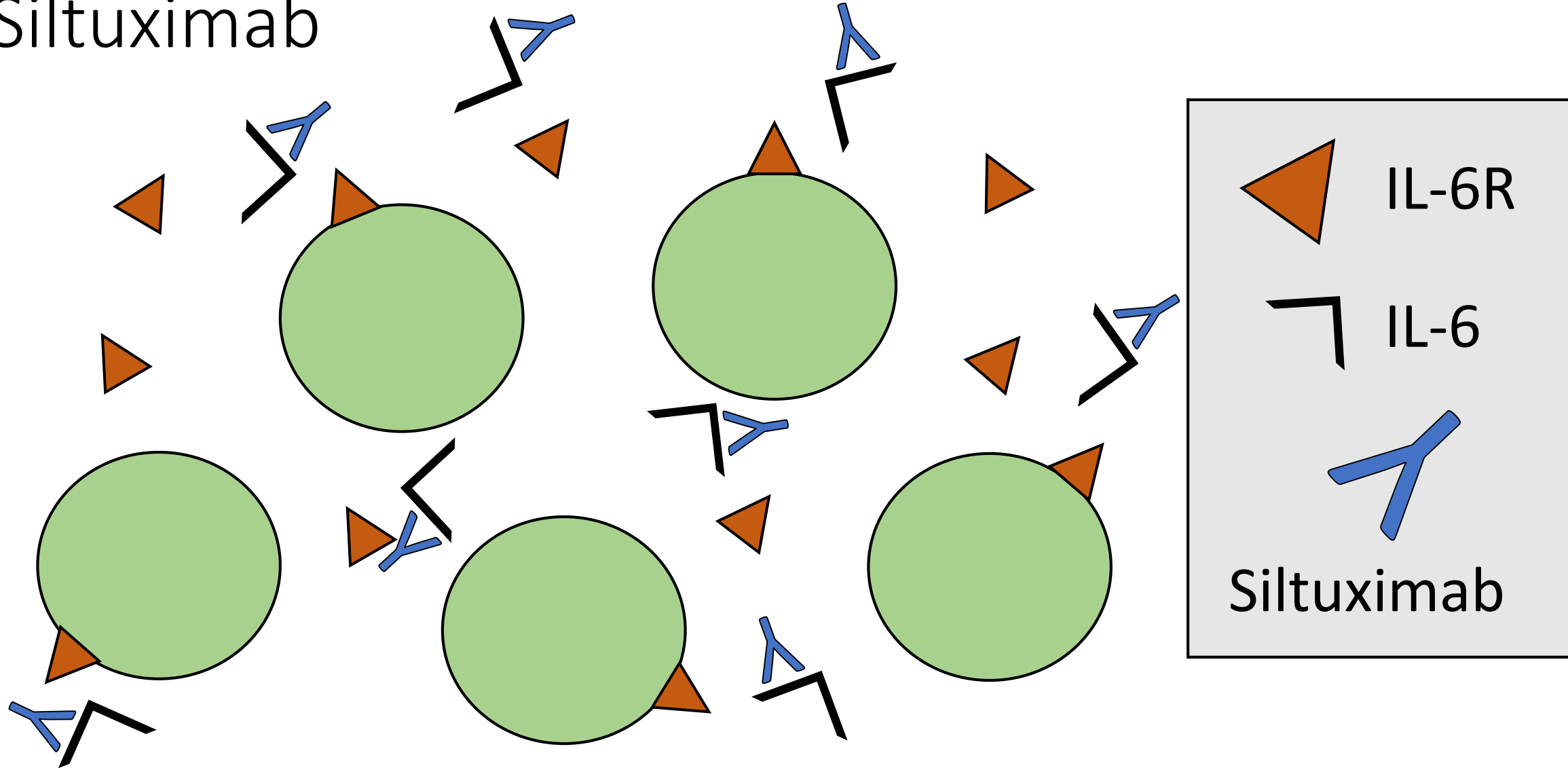
IL-6

IL-6R = interleukin-6 receptor; IL-6 = interleukin-6

Tocilizumab



Siltuximab



Conclusion

- CAR-T cells are a novel therapeutic approach to cancer therapy
- Over 200 clinical trials actively recruiting participants
- Proper management of CAR-T cell toxicities is critical
 - CRS / Neurotoxicity
 - “On-target, off-tumor” toxicities

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References

1. Wikipedia: The Free Encyclopedia [Internet]. Wikimedia Foundation Inc. Updated 4 January 2017. Encyclopedia on-line. Available from https://en.wikipedia.org/wiki/Haematopoiesis#/media/File:Hematopoiesis_simple.svg. Retrieved 7 January 2017.
2. Gauthier J, Yakoub-Agha I. Chimeric antigen-receptor T-cell therapy for hematological malignancies and solid tumors: Clinical data to date, current limitations and perspectives. *Curr Res Transl Med*. 2017;65(3):93-102.
3. Wang X and Rivière I. Clinical manufacturing of CAR T cells: foundation of a promising therapy. *Mol Ther Oncolytics*. 2016;3:16015.
4. Yang Y, Jacoby E, and Fry TJ. Challenges and opportunities of allogeneic donor-derived CAR T cells. *Curr Opin Hematol*. 2015;22(6):509-15.
5. YESCARTA (axicabtagene ciloleucel suspension) [package insert]. El Segundo, CA: Kite Pharma, Inc.; 2017.
6. KYMRIAHA (tisagenlecleucel) [package insert]. Morris Plains, NJ: Novartis Pharmaceuticals Corporation; 2017.
7. Guidance on the use of international nonproprietary names (INNs) for pharmaceutical substances. Geneva: World Health Organization; 2017.
8. Neelapu SS, Locke FL, Bartlett NL et al. Axicabtagene ciloleucel CAR T-cell therapy in refractory large B-cell lymphoma. *N Engl J Med* 2017; 377:2531-44.
9. Maude SL, Laetsch TW, Buechner J et al. Tisagenlecleucel in children and young adults with B-cell lymphoblastic leukemia. *N Engl J Med* 2018; 378:439-48.
10. Lee DW, Gardner R, Porter DL et al. Current concepts in the diagnosis and management of cytokine release syndrome. *Blood*. 2014;124(2):188-95.