



# CAR-T ανοσοθεραπεια σε ρευματικά νοσήματα

Συνεδριο ΕΠΕΜΥ  
Ιωαννίνα, Οκτ 2024

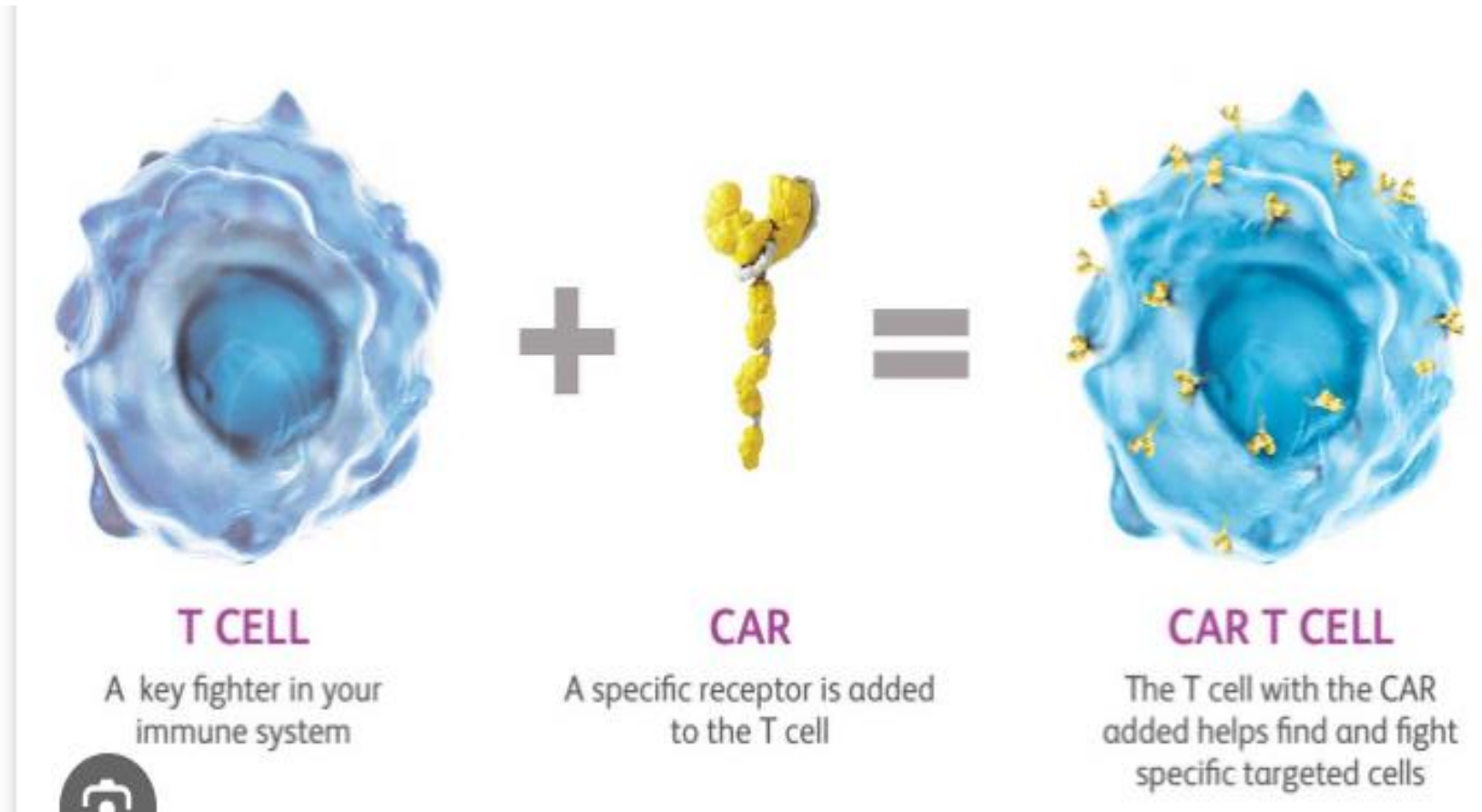
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Εταιρείας

# Συγκρουση συμφεροντων

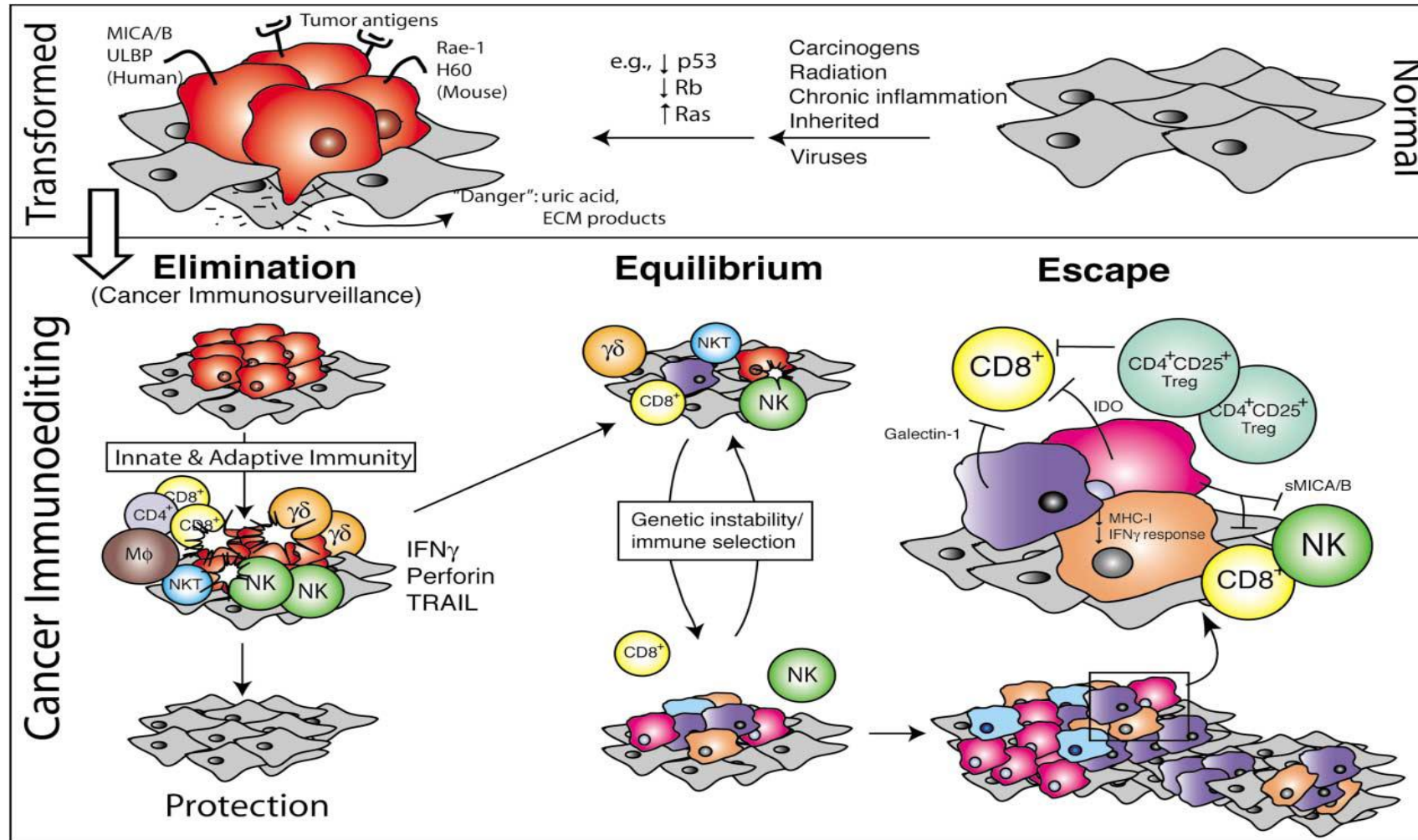
- Καμια για αυτη την παρουσιαση

# Από τις στοχευμένες θεραπείες στις κυτταρικές θεραπείες?

- Οι κυτταρικές θεραπείες αφορούν τροποποιημένα Τ λεμφοκύτταρα
- Χιλιάδες κλινικές μελέτες που στοχεύουν το Τ κύτταρο τρέχουν.....



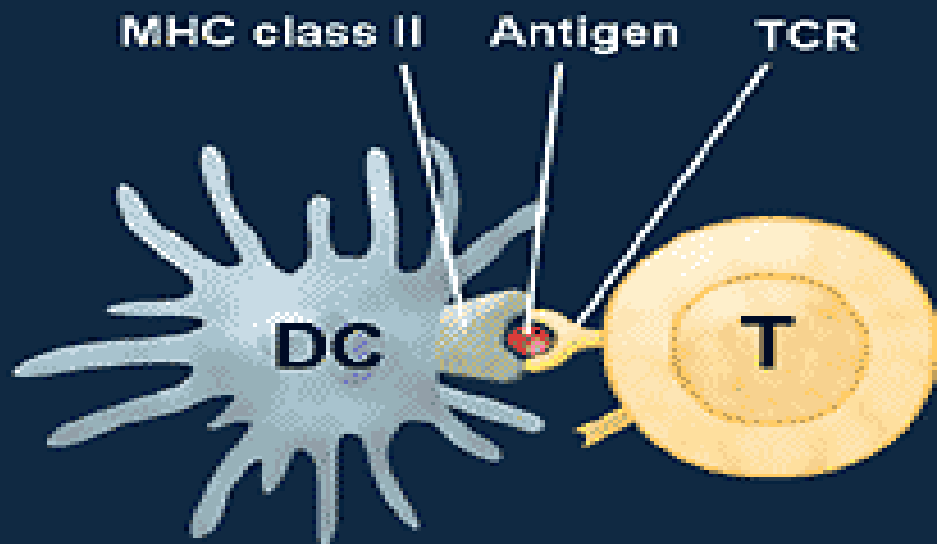
# Οι κυτταρικές θεραπείες ξεκίνησαν από την ογκολογία



Πως ενεργοποιείται το T  
κυτταρο.....

## T Cell Activation Requires 2 Signals

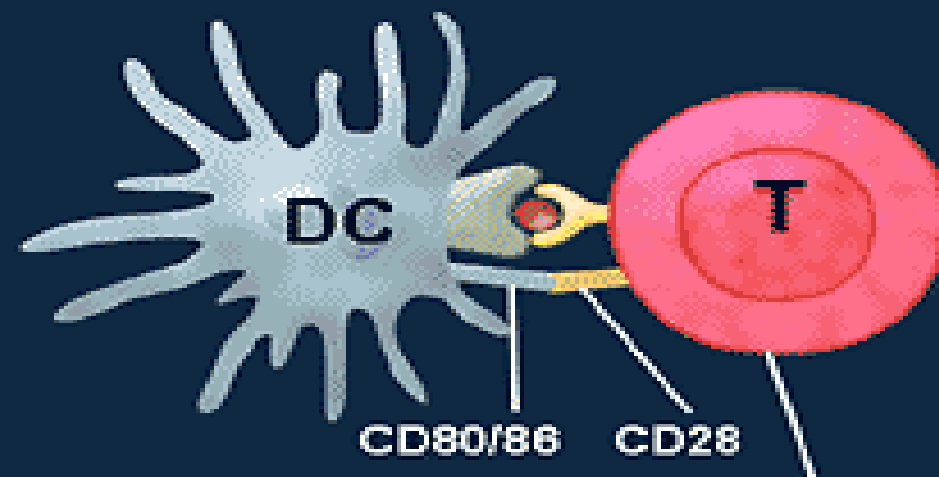
### Antigen Generates Signal 1



DC = dendritic cell

Schwartz. *Annu Rev Immunol.* 2003;21:306.

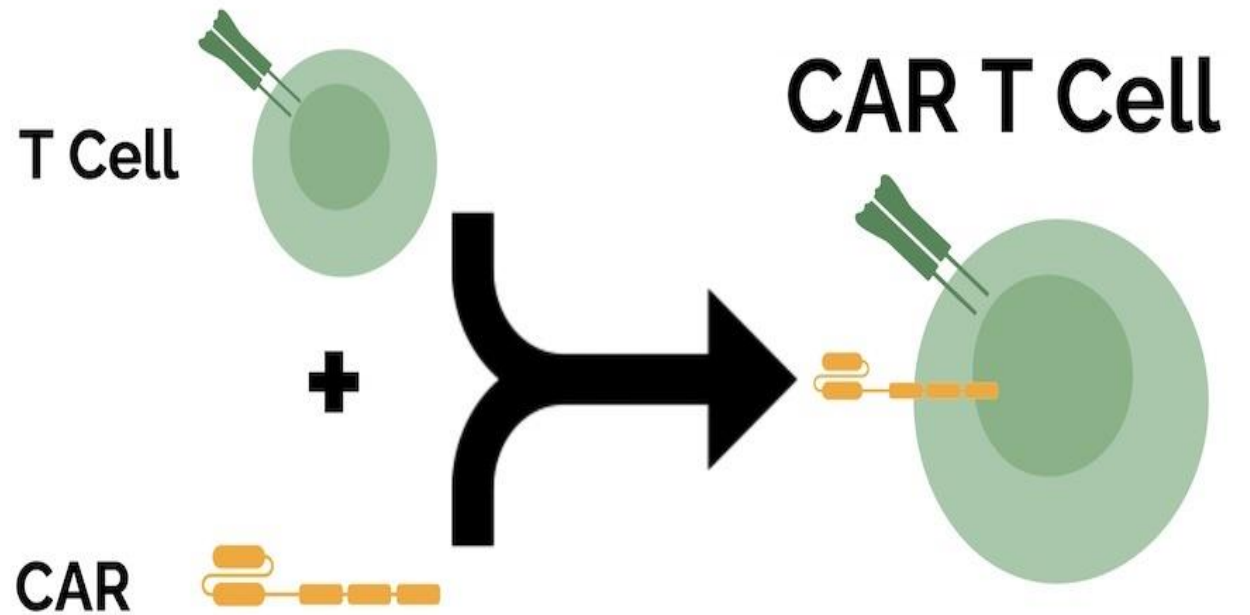
### CD28 Costimulation Provides Signal 2

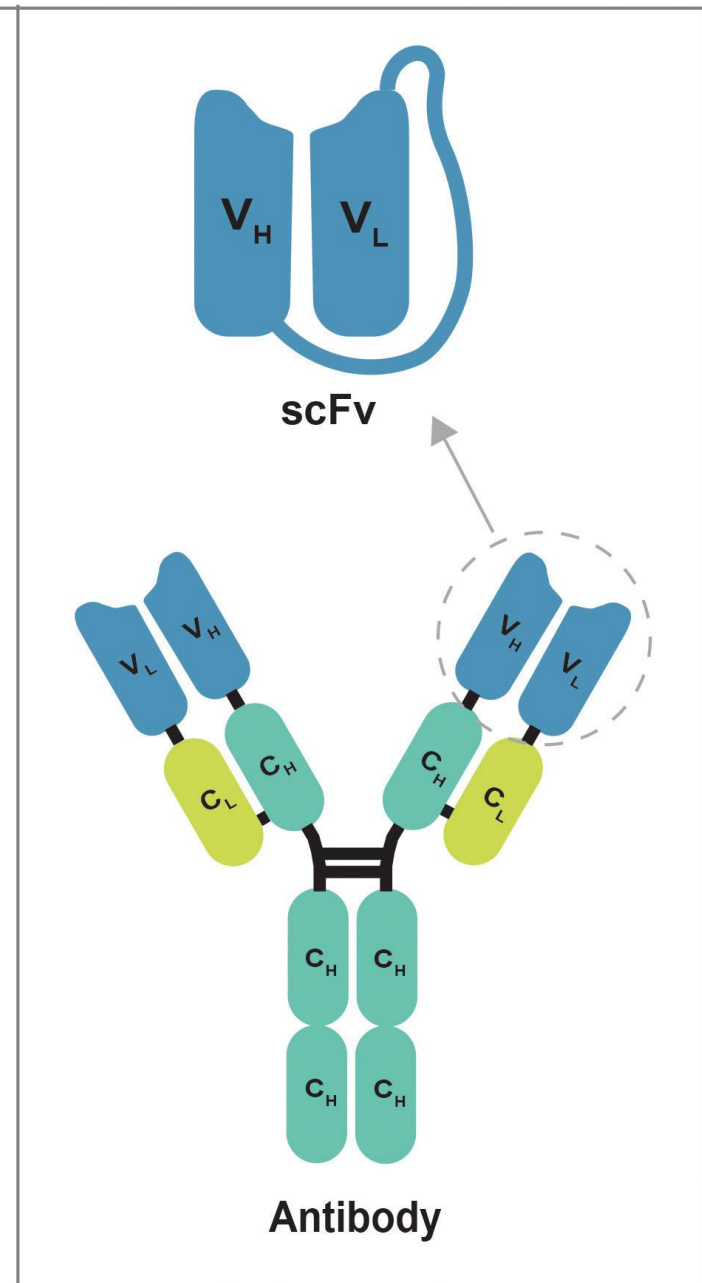
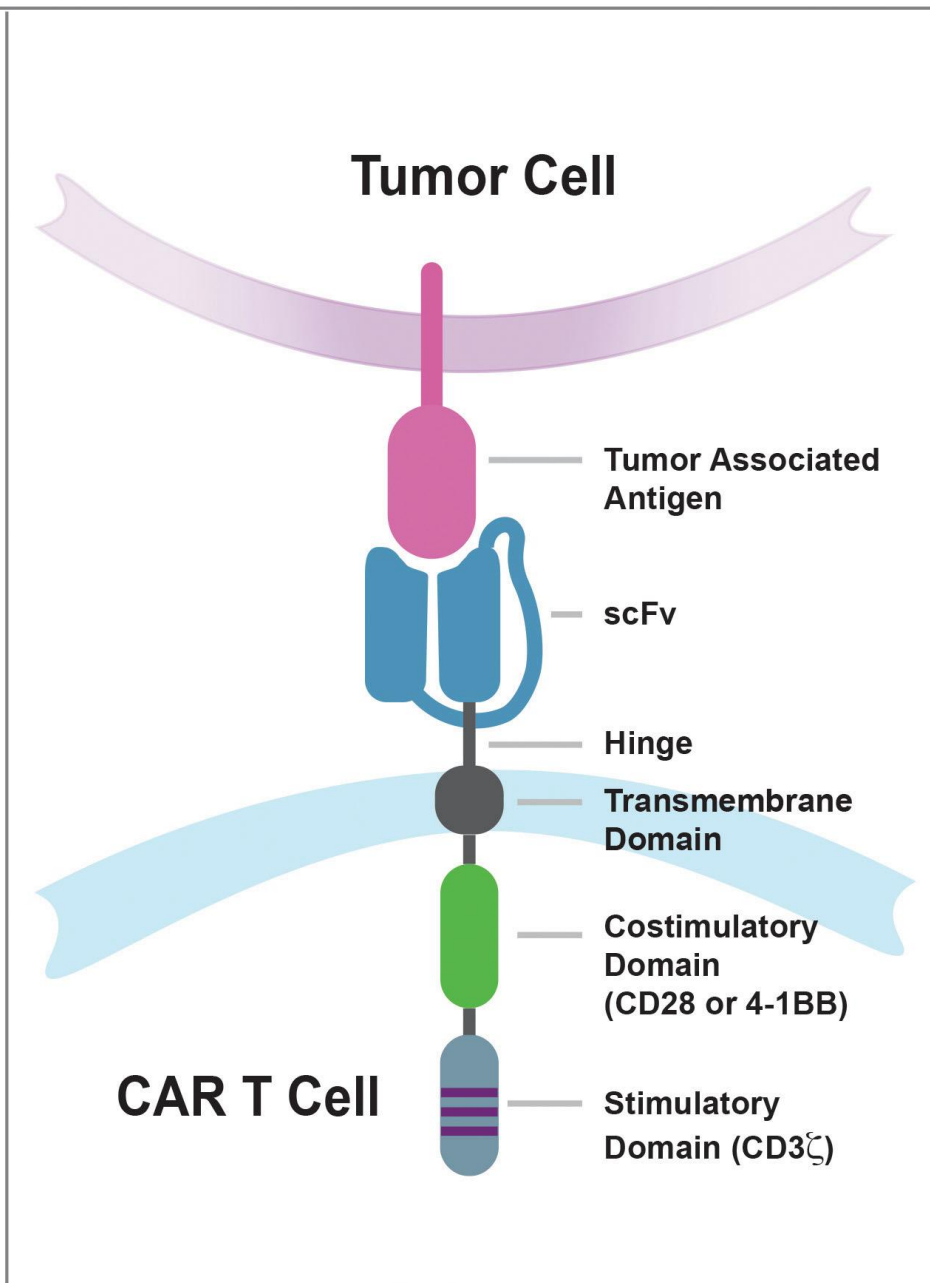
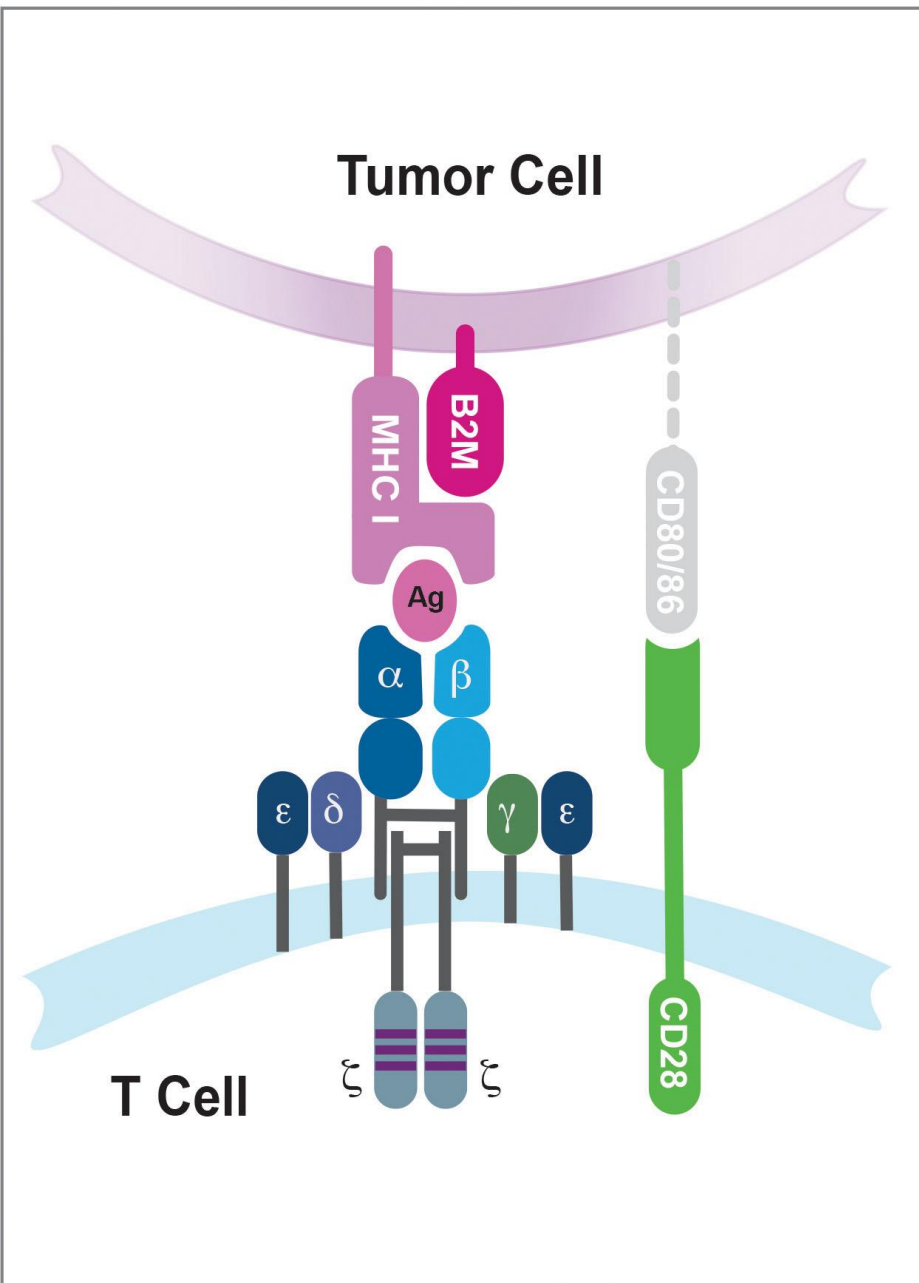


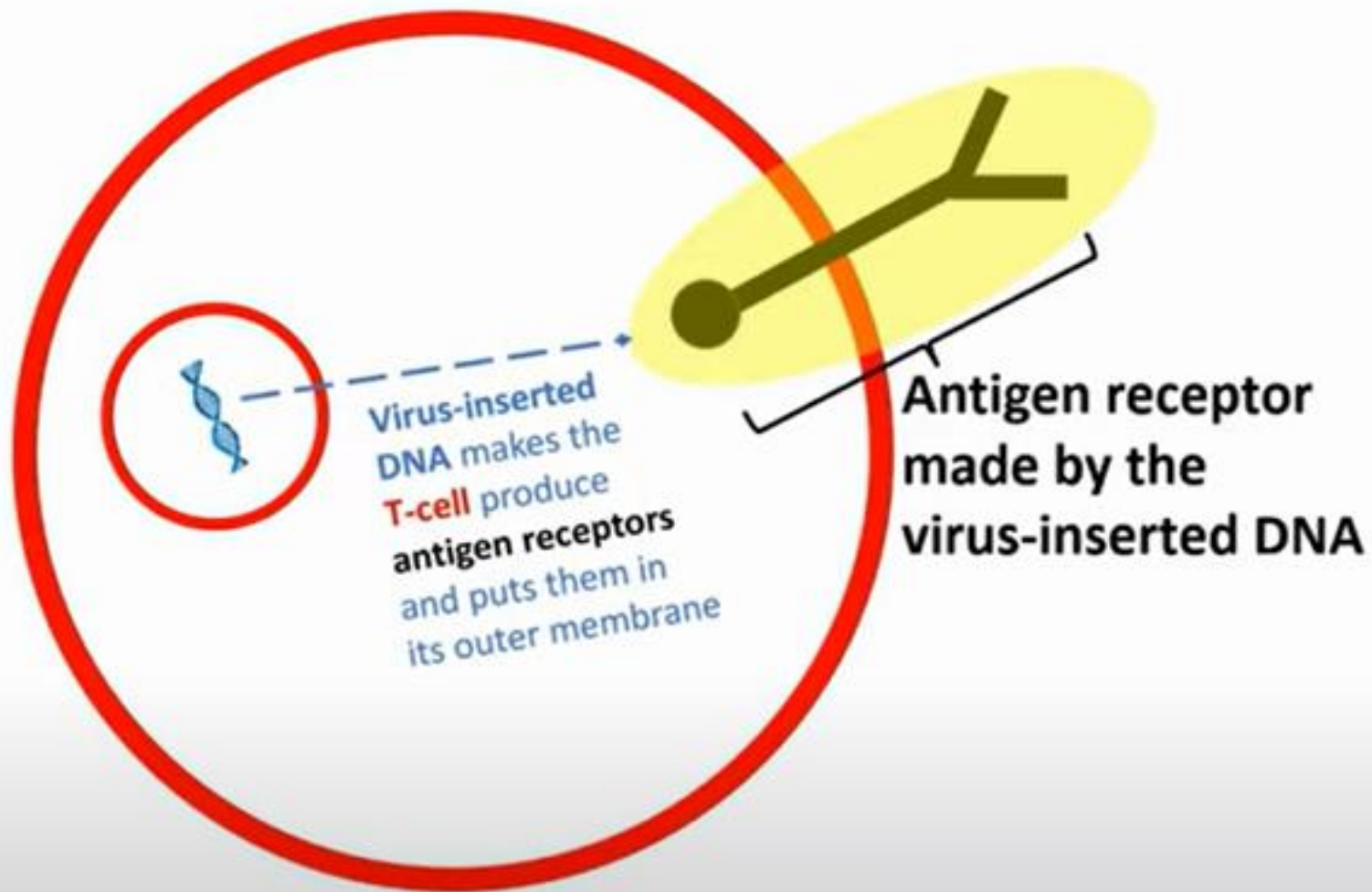
Activated T cell

# Κατασκευάζοντας το «ιδανικό» T λεμφοκύτταρο για κυτταρική θεραπεία CAR T cells

- Τι θα θελαμε?
- Πολύ ισχυρή τάση συνδεσης με το αντιστοιχο αντιγονο
- Να διεγείρεται χωρίς την συμμετοχη MHC

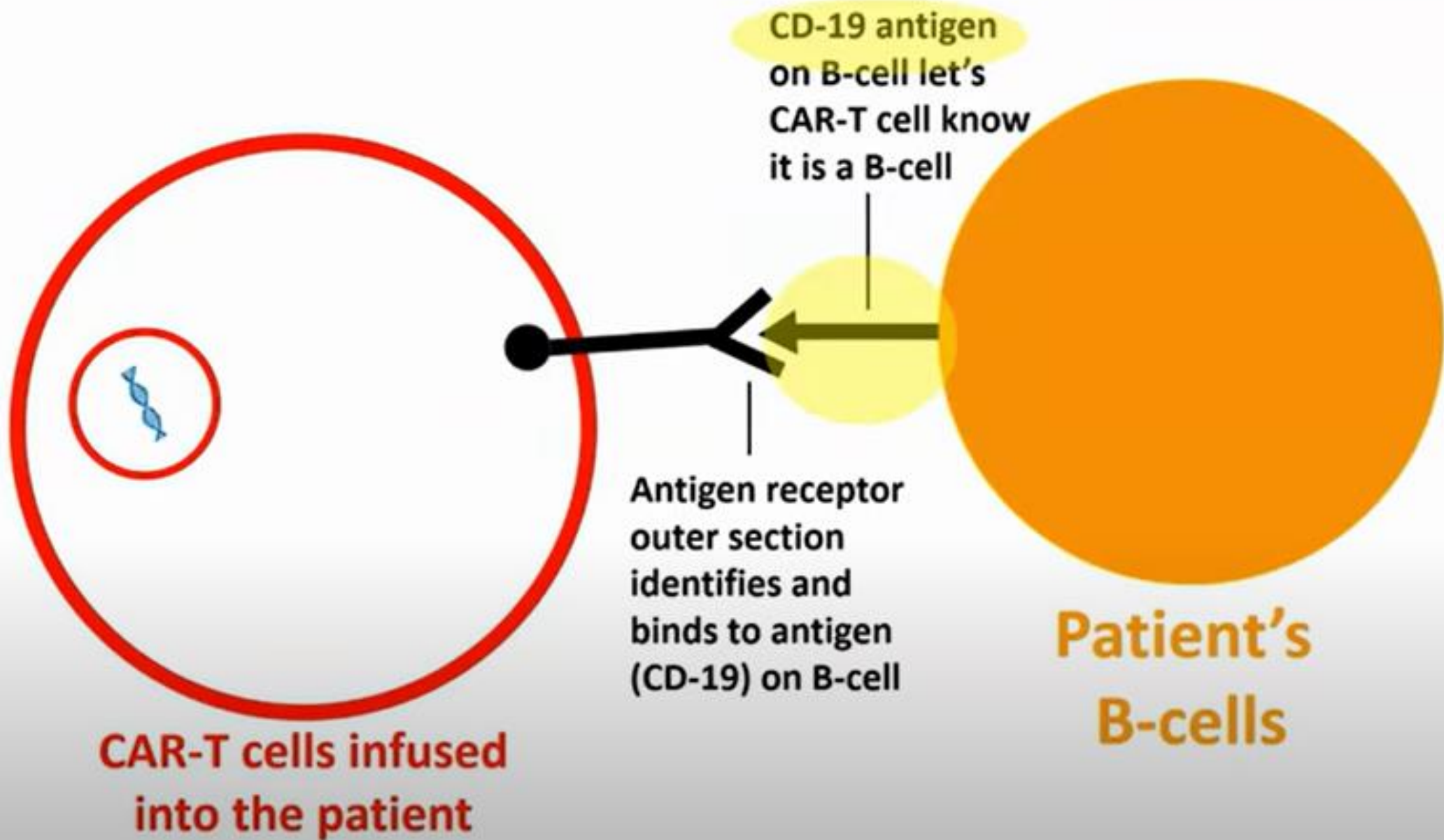






**Patient's T-cell  
becomes a CAR-T cell**

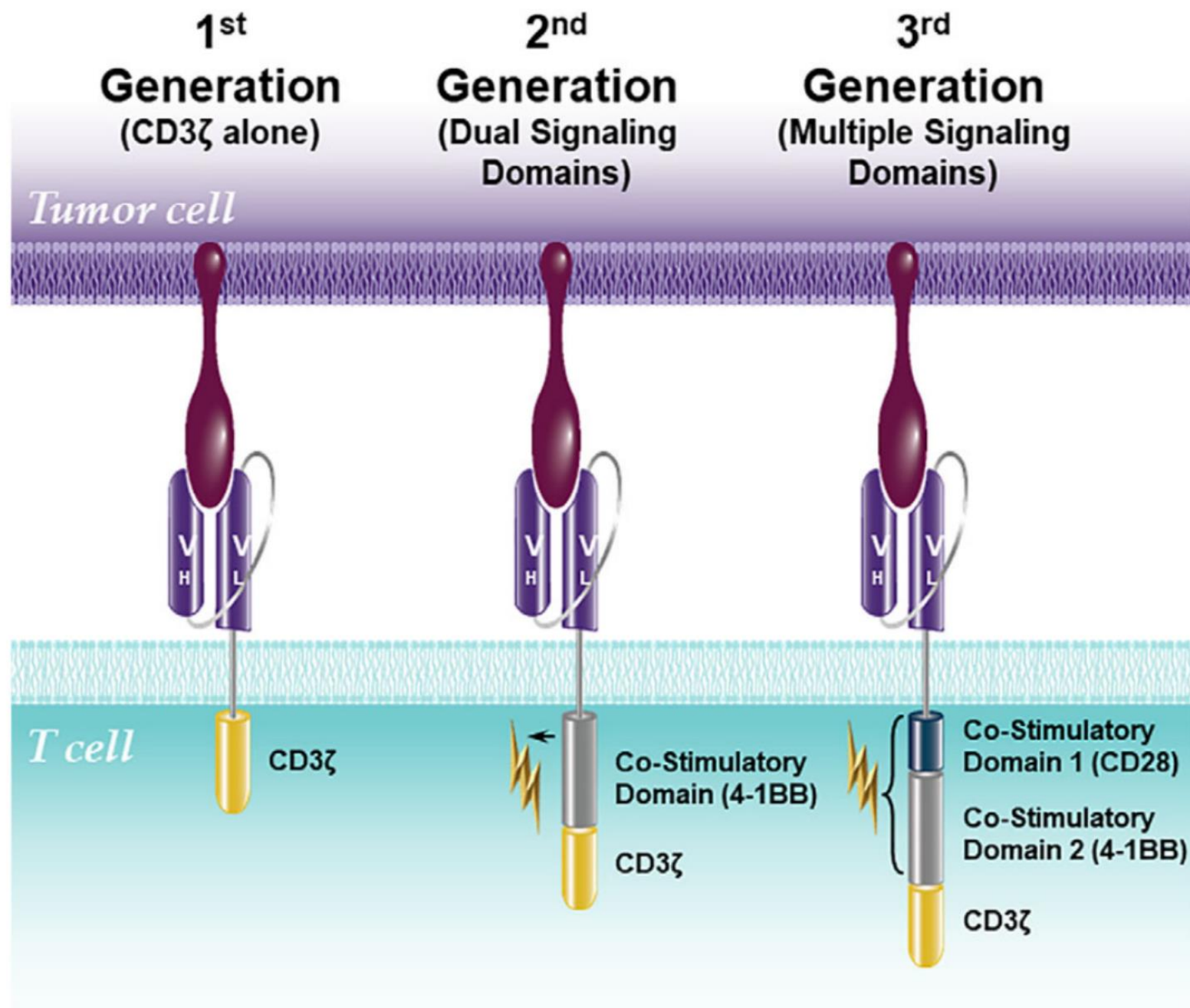




- Γιατι απετυχε η πρωτη γενια CAR T??



- Ελλειψη συνδιεγερσης

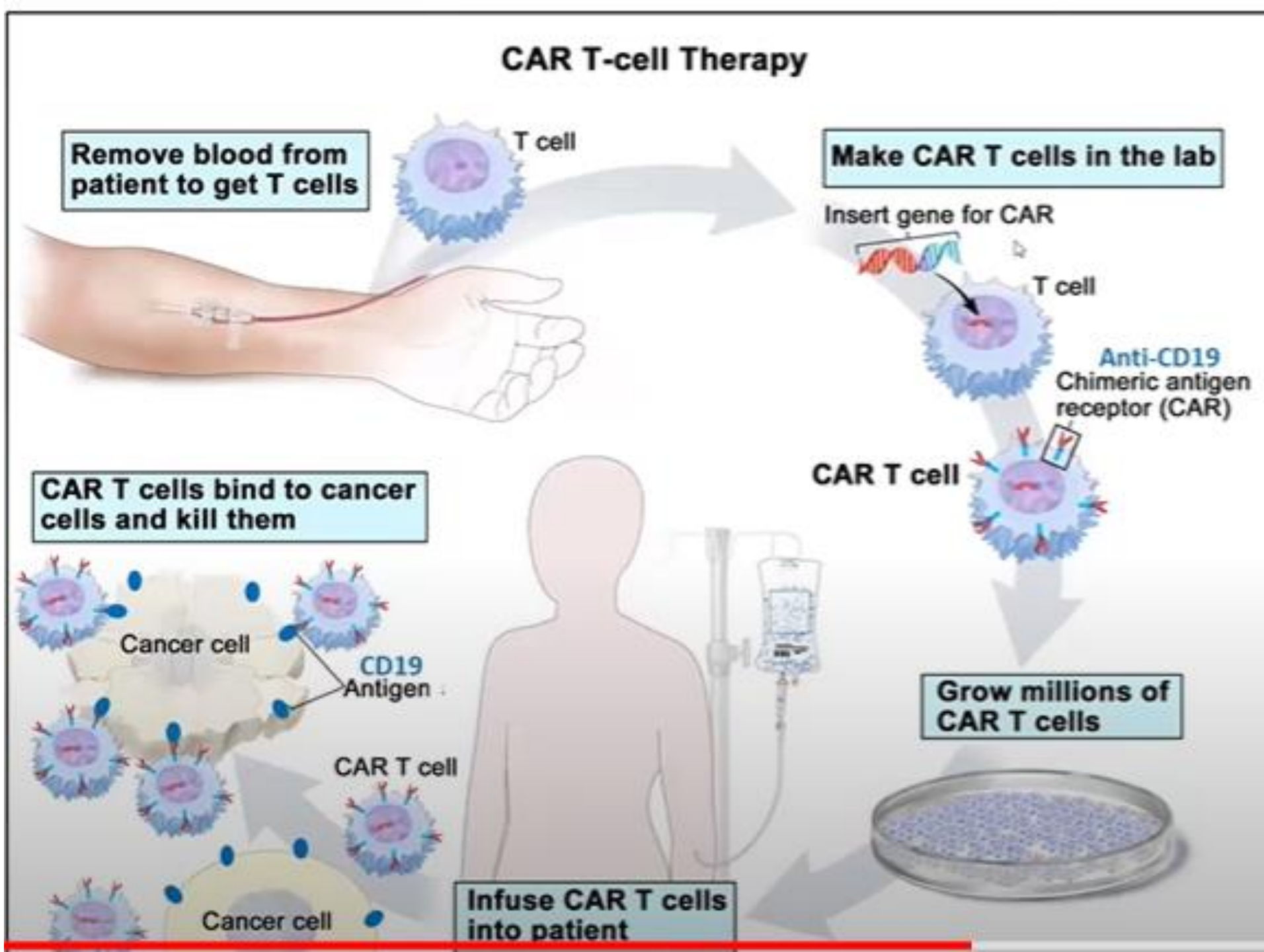


# Αποτελεσματικά κυρίως για «ρευστές» κακοηθειες

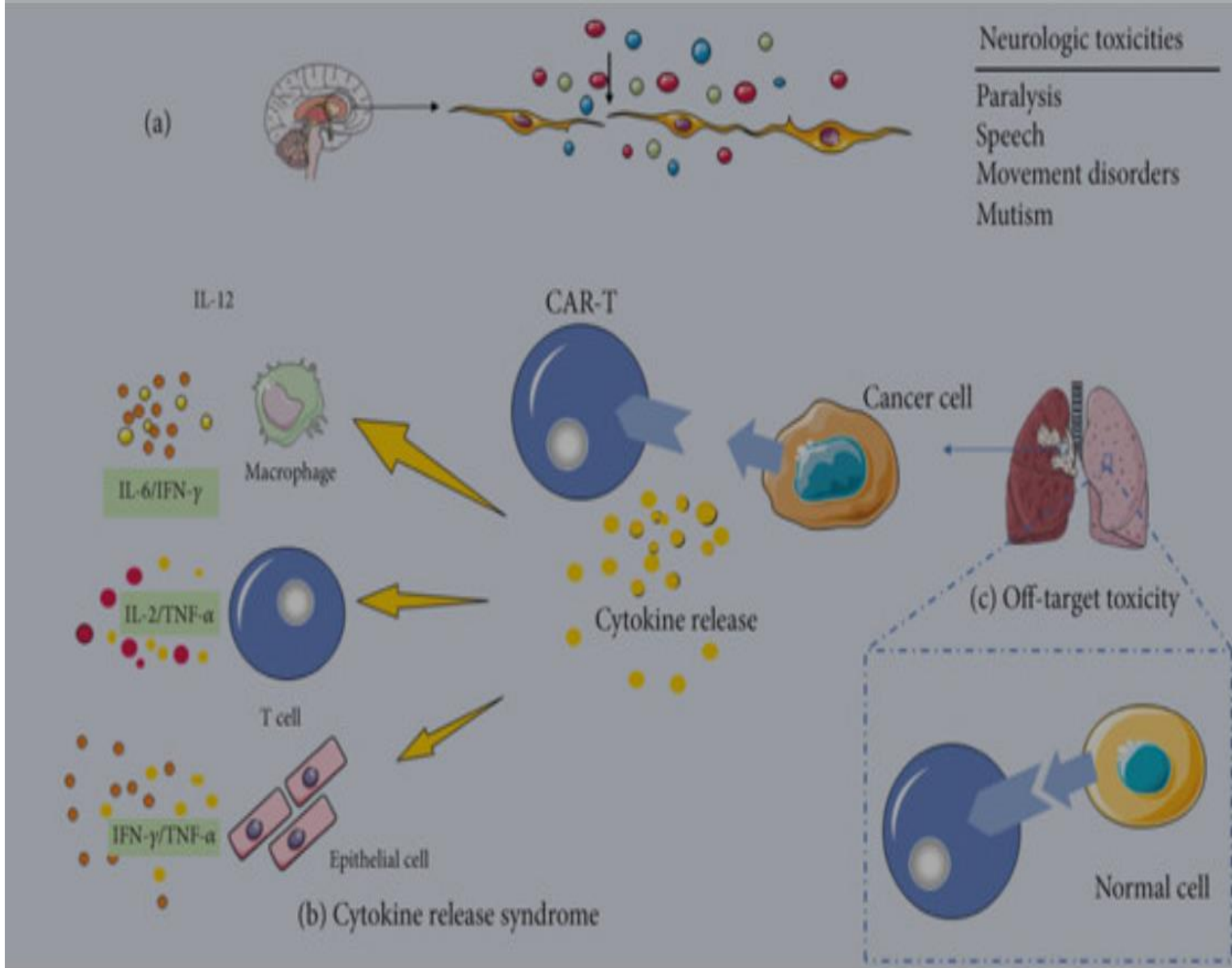
## FDA-Approved CAR T-Cell Therapies

Generic Name	Brand Name	Target Antigen	Targeted Disease	Patient Population
Tisagenlecleucel	Kymriah	CD19	B-cell acute lymphoblastic leukemia (ALL)	Children and young adults with refractory or relapsed B-cell ALL
			B-cell non-Hodgkin lymphoma (NHL)	Adults with relapsed or refractory B-cell NHL
Axicabtagene ciloleucel	Yescarta	CD19	B-cell non-Hodgkin lymphoma (NHL)	Adults with relapsed or refractory B-cell NHL
			Follicular lymphoma	Adults with relapsed or refractory follicular lymphoma
Brexucabtagene autoleucel	Tecartus	CD19	Mantle cell lymphoma (MCL)	Adults with relapsed or refractory MCL
			B-cell acute lymphoblastic leukemia (ALL)	Adults with refractory or relapsed B-cell ALL
Lisocabtagene maraleucel	Breyanzi	CD19	B-cell non-Hodgkin lymphoma (NHL)	Adults with relapsed or refractory B-cell NHL
Idecabtagene vicleucel	Abecma	BCMA	Multiple myeloma	Adults with relapsed or refractory multiple myeloma
Ciltacabtagene autoleucel	Carvykti	BCMA	Multiple myeloma	Adults with relapsed or refractory multiple myeloma

Η  
διαδικασία...

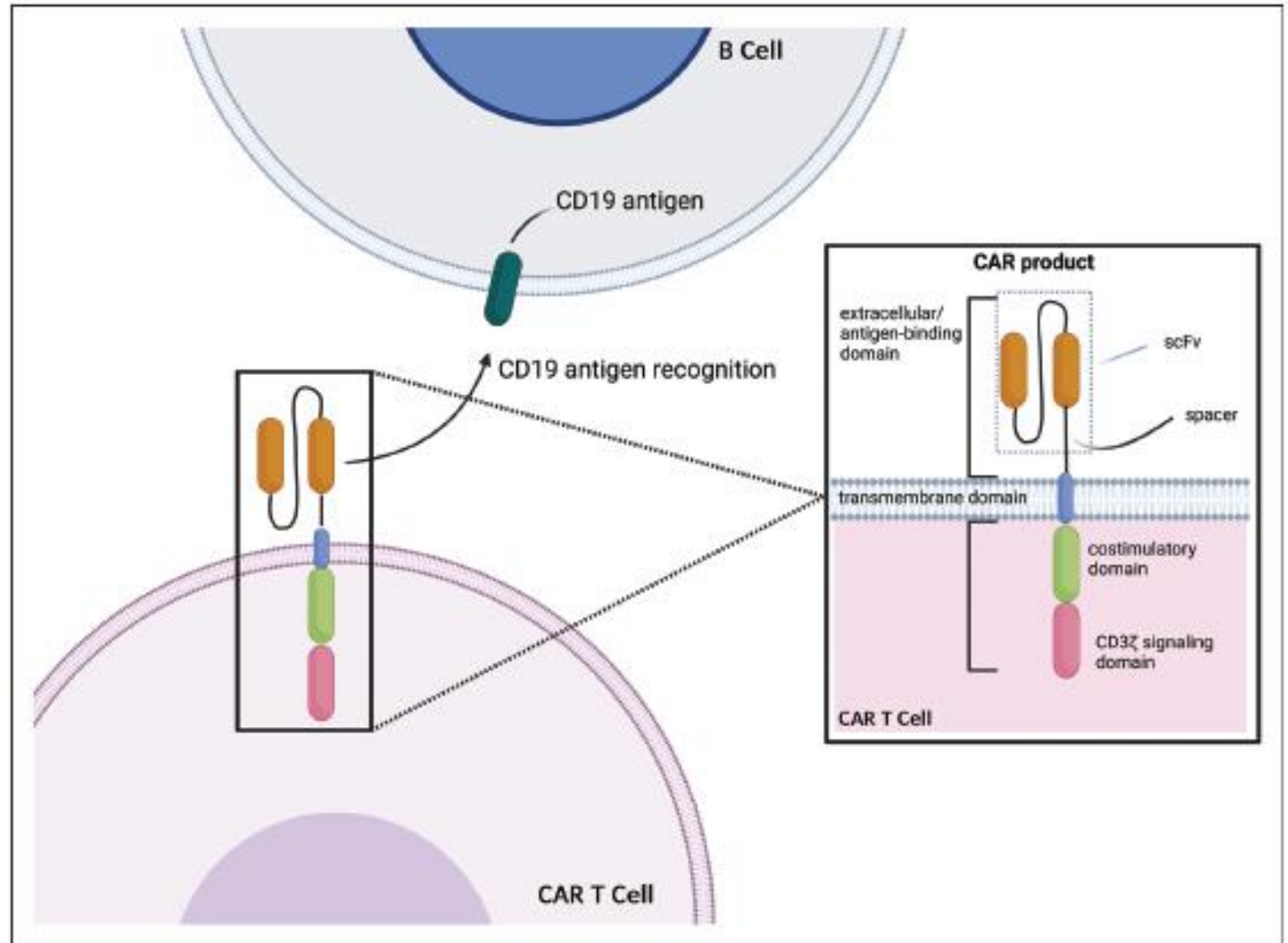


# Βασικές παρενέργειες

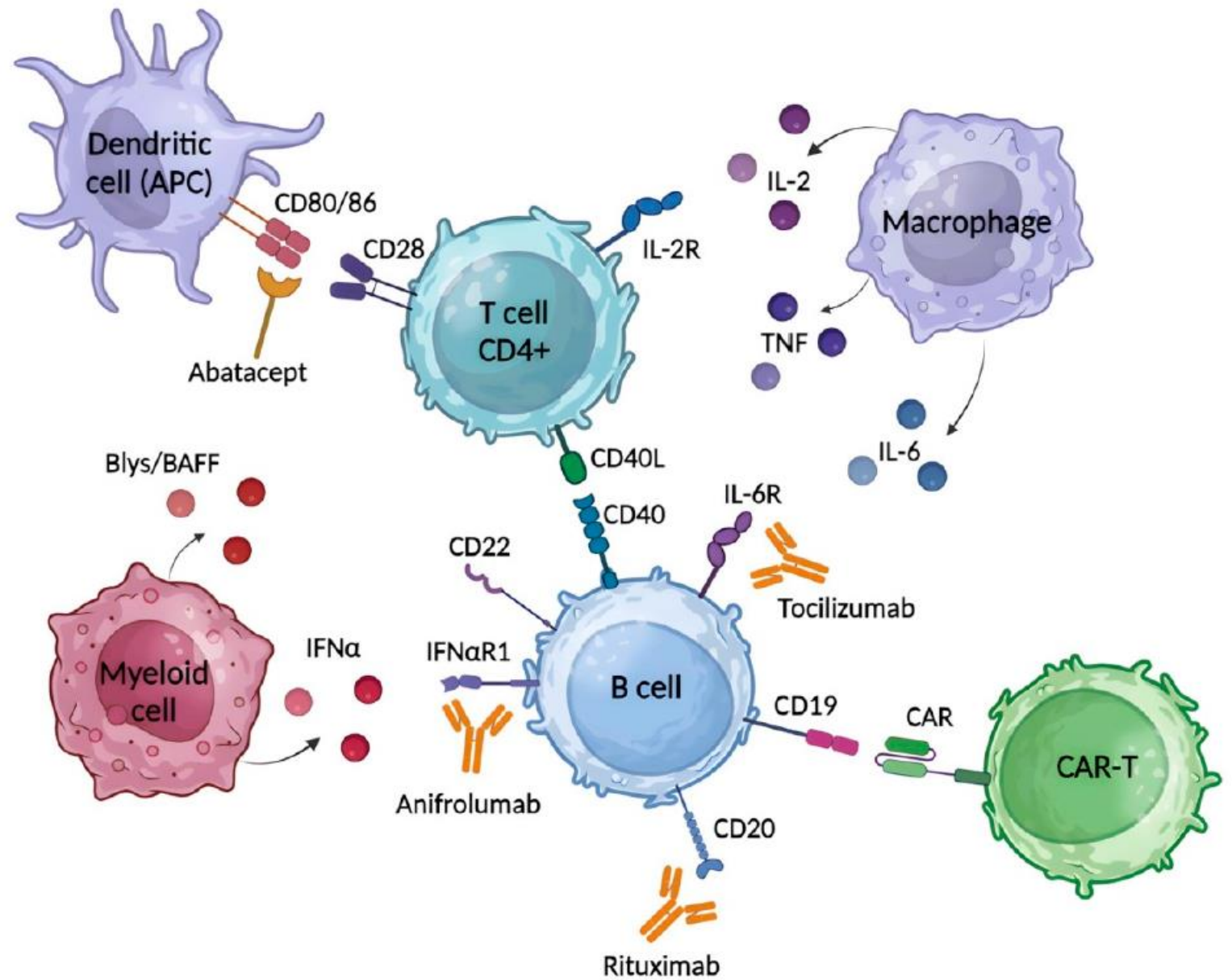


# Τα CAR-T σε ρευματικές παθήσεις...

- Τι θα μπορούσαν να στοχεύσουν?
- **CD19/B**  
**λεμφοκυτταρα**



- Το Β λεμφοκυτταροχεικεντρικό ρόλο στην παθογένεια πολλών αυτοάνοσων νοσημάτων συνδετικού ιστού

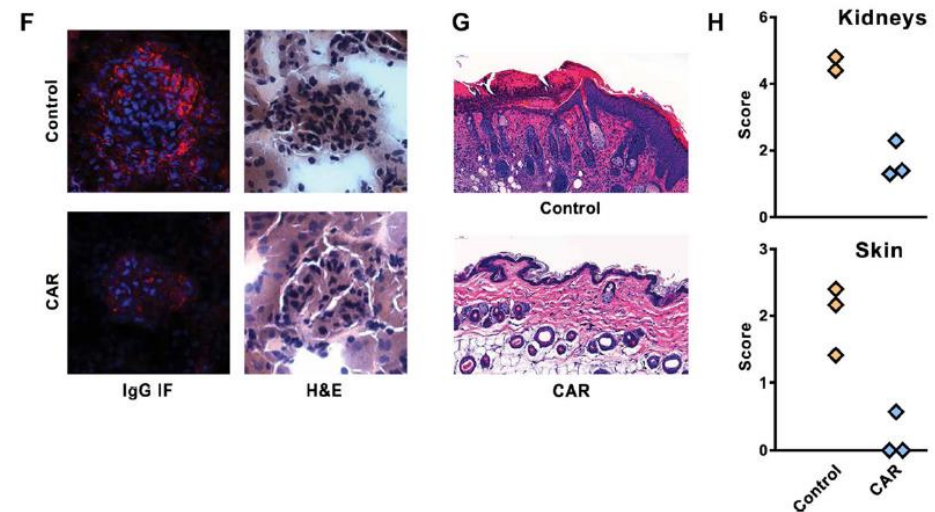
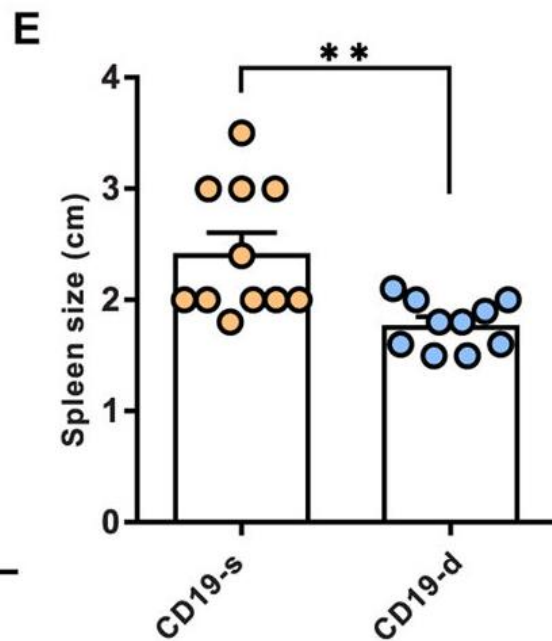
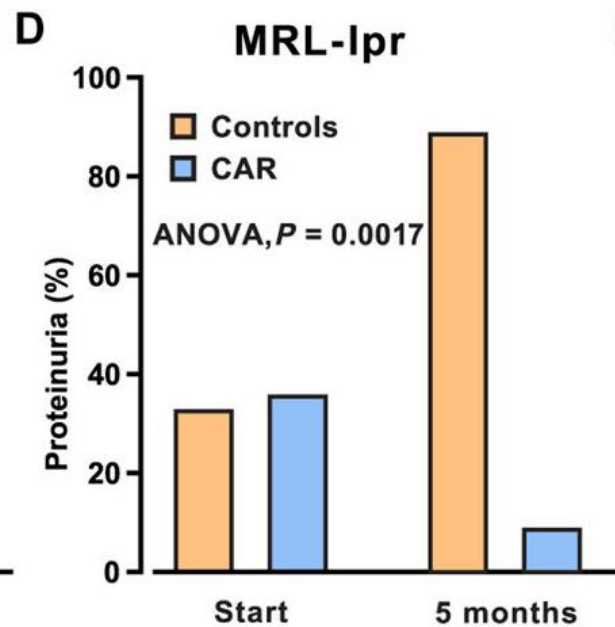
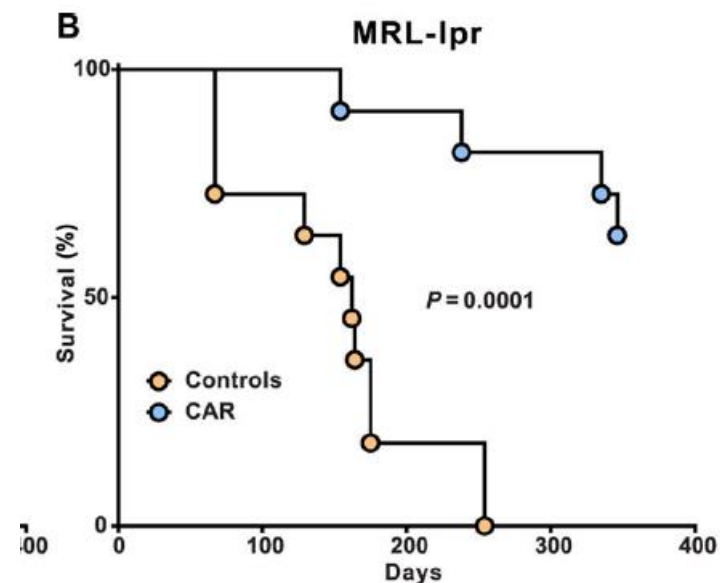


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## Sustained B cell depletion by CD19-targeted CAR T cells is a highly effective treatment for murine lupus

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CD19 CAR T-Cell Therapy in Autoimmune Disease —  
A Case Series with Follow-up

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• ΟΙ  
ασθενείς...

**Table 1. Characteristics of 15 Patients with Autoimmune Disease at Baseline.\***

Characteristic	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10	Patient 11	Patient 12	Patient 13	Patient 14	Patient 15
Age (yr)	20	23	22	24	18	38	33	35	41	43	42	60	36	37	47
Sex	F	M	F	F	F	F	F	F	M	F	M	M	M	F	M
Disease	SLE	SLE	SLE	SLE	SLE	SLE	SLE	SLE	IIM	IIM	IIM	SSc	SSc	SSc	SSc
Disease duration (yr)	4	1	6	9	3	18	1	20	2	5	1	2	2	1	11
Follow-up (mo)	29	25	21	19	15	15	12	6	18	18	5	13	10	7	4
Autoantibodies															
Lead	dsDNA	dsDNA	dsDNA	Sm	dsDNA	dsDNA	dsDNA	dsDNA	Jo-1	Jo-1	PL-7	RNAP III	Scl70	Scl70	Scl70
Co-lead	—	Sm	—	—	Sm	Sm	—	—	—	Pm-Scl100	—	—	—	—	—
Other	—	—	PCNA	Ro60	Ku	Ro52/60	RNP	RNP	—	Ro52	Ro52	—	—	Ro60	—
Organ involvement															
Skin	+	+	+	+	+	+	+	+	+	0	0	+	+	+	+
Kidney	+	+	+	+	+	+	+	+	0	0	0	0	0	+†	0
Nephritis (WHO grade)	III	III	IV	III–V	III–V	IV	IV	IV	0	0	0	0	0	0	0
Lungs	+	0	+	+	0	0	0	+	+	+	+	+	+	+	+
Heart	+	0	0	+	0	0	0	0	0	0	0	+	+	0	0
Bone marrow	+	0	0	0	+	+	0	0	0	0	0	0	0	0	0
Muscles	0	0	0	0	0	0	0	0	+	+	+	0	0	0	0
Joints	0	+	+	+	+	+	0	+	0	+	0	+	+	0	0
Treatments															
Glucocorticoids	+	+	+	+	+	+	+	+	+	+	+	0	+	0	0
HCQ	+	+	+	+	+	+	+	+	0	0	0	0	+	0	0
Mycophenolate	+	+	+	+	+	+	+	+	0	+	0	+	+	+	+
Methotrexate	0	0	0	+	0	+	0	+	0	0	0	+	0	+	0
Azathioprine	0	0	0	+	+	+	0	+	0	0	0	0	0	0	0
CPM	+	+	+	0	0	+	+	0	+	+	+	0	0	0	+
Tacrolimus	+	0	0	0	0	+	+	0	+	+	0	0	0	0	0
Rituximab	+	0	0	0	0	+	+	+	+	+	+	0	0	+	0
Belimumab	+	+	+	+	+	+	+	+	0	0	0	0	0	0	0
IVIg	0	0	0	0	0	0	0	0	+	+	+	0	0	0	0
Other	0	0	0	LEF	0	+‡	0	+§	0	+¶	OCR	0	0	TOC	NIN

\* CPM denotes cyclophosphamide, dsDNA double-stranded DNA, HCQ hydroxychloroquine, IIM idiopathic inflammatory myositis, IVIG intravenous immunoglobulins, LEF leflunomide, NIN nintedanib, OCR ocrelizumab, PCNA proliferating-cell nuclear antigen, Pm-Scl100 polymyositis and scleroderma 100, RNAP III RNA polymerase III, RNP ribo-nucleoprotein, Scl70 scleroderma 70, SLE systemic lupus erythematosus, Sm Smith, SSc systemic sclerosis, TOC tocilizumab, and WHO World Health Organization.

† Patient 14 had grade IV chronic kidney insufficiency due to renal crisis.

‡ Patient 6 received leflunomide, bortezomib, upadacitinib, immunoabsorption, and ustekinumab.

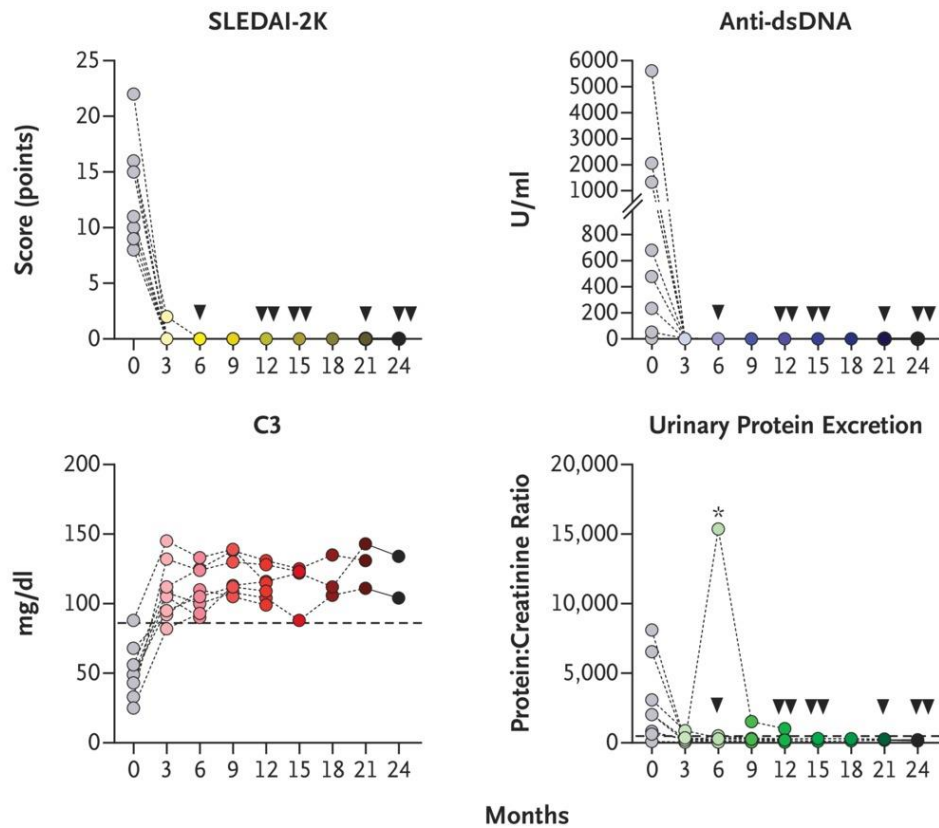
§ Patient 8 received photopheresis, lenalidomide, thalidomide, ustekinumab, and interleukin-2.

¶ Patient 10 received tofacitinib, tocilizumab, and ocrelizumab.

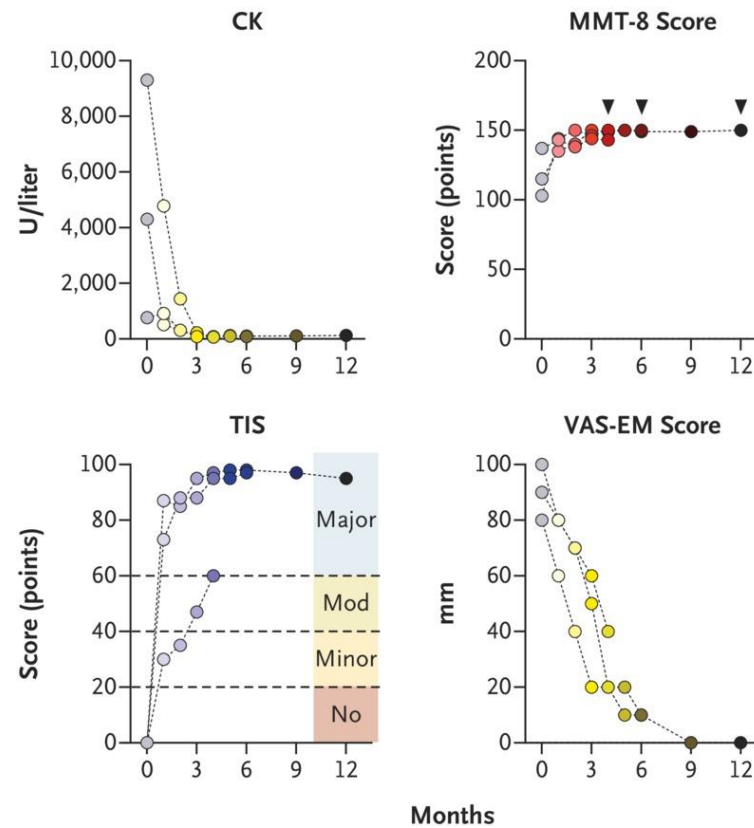
### A Short-Term Efficacy of CD19 CAR T-Cell Therapy in Autoimmune Disease

Patient No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Disease	SLE								IIM			SSc				
DORIS Remission	+	+	+	+	+	+	+	+*								
LLDAS	+	+	+	+	+	+	+	+*		N/A						
SLEDAI-2K Score	0	0	0	0	0	0	0	0								
ACR–EULAR Major Clinical Response									+	+	+*					
Normalization of CK Level									+	+	+*					
Change in EUSTAR-AI Score	N/A											-2.3	-4.7	-4.3	-1.9*	
Change in mRSS												-7	-9	-17	-5*	
Glucocorticoid-free State	+	+	+	+	+	+	+	+*	+	+	+*	+	+	+	+*	
No Immunosuppressive Drugs	+	+	+	+	+	+	+	+*	+	+	+*	+	+	+	+*	

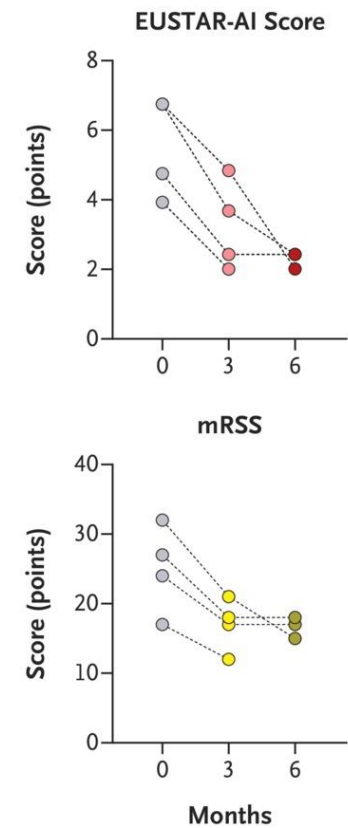
### B Long-Term Outcomes in Patients with SLE (N=8)



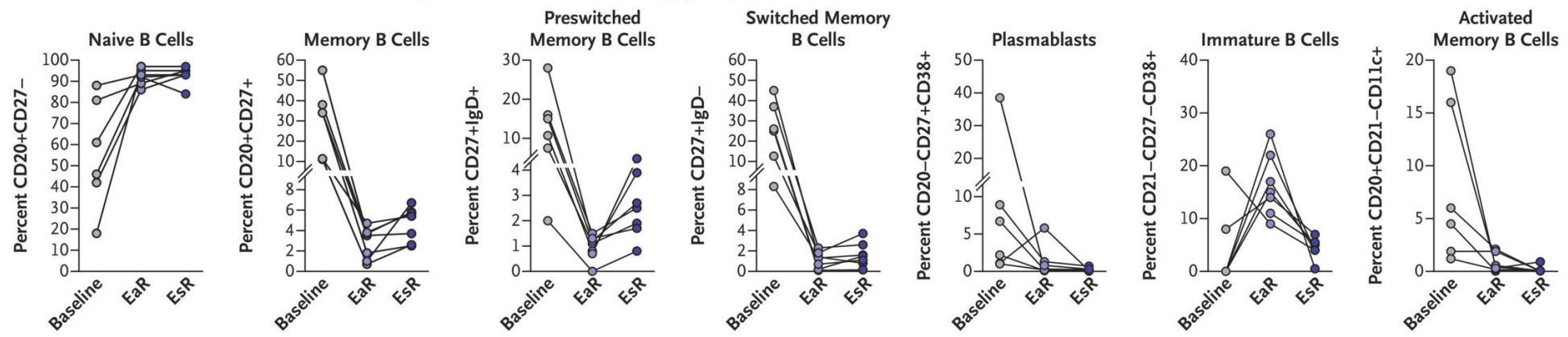
### C Long-Term Outcomes in Patients with IIM (N=3)



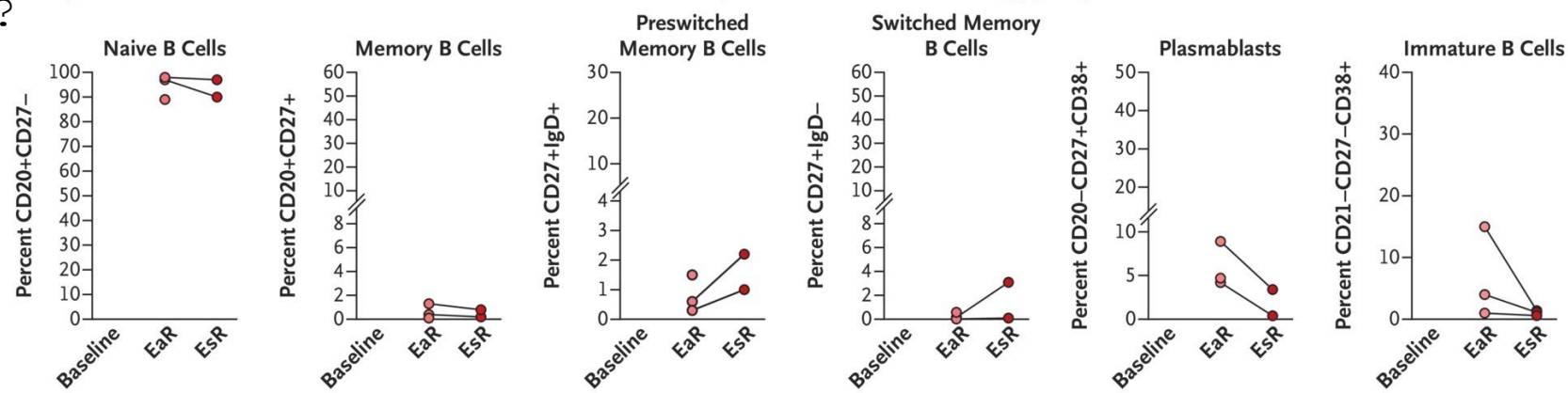
### D Long-Term Outcomes in Patients with SSc (N=4)



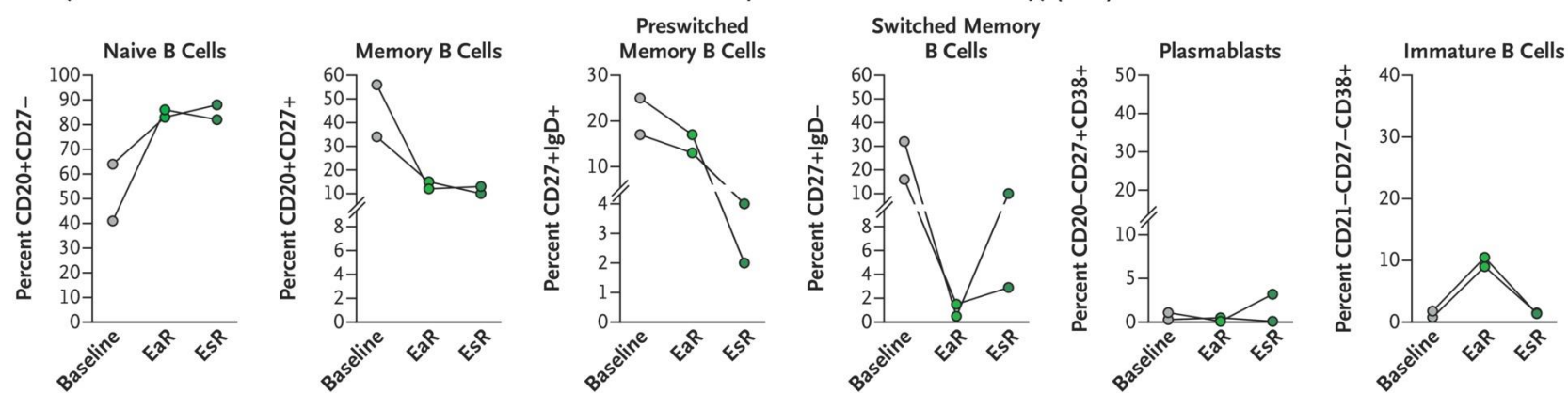
**A Patients with SLE with More than 1 Yr of Follow-up after CD19 CAR T-Cell Therapy (N=6)**



**B Analysis of B-Cell Subset in Patients with IIM with at Least 1 Yr of Follow-up after CD19 CAR T-Cell Therapy (N=2)**



**C Analysis of B-Cell Subset in Patients with SSC with at Least 10 Mo of Follow-up after CD19 CAR T-Cell Therapy (N=2)**



Ανοσολογικό Reset?

**Table 2. Short-Term Safety of CD19 CAR T-Cell Therapy in Autoimmune Disease.\***

Variable	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10	Patient 11	Patient 12	Patient 13	Patient 14	Patient 15
Disease	SLE	SLE	SLE	SLE	SLE	SLE	SLE	SLE	IIM	IIM	IIM	SSc	SSc	SSc	SSc
CRS (grade)	0	1	1	1	0	1	0	1	1	1	2	1	1	1	0
ICANS (grade)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Bone marrow toxicity†	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOC treatment	0	0	0	+	0	+	0	+	+	+	+	0	0	0	0
GLC treatment	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0
Low IgG	+	+	+	0	0	0	0	+‡	+‡	0	0	0	0	0	0
IgG substitution	0	+	0	0	0	0	0	+	0	0	0	0	0	0	0

\* CAR denotes chimeric antigen receptor, CRS cytokine release syndrome, GLC glucocorticoid, and ICANS immune-effector cell–associated neurotoxicity syndrome.

† Bone marrow toxicity was defined as persisting grade 2 or higher thrombocytopenia, leukopenia, or granulocytopenia at or beyond day 28 after CD19 CAR T-cell therapy.

‡ Patients 8 and 9 had preexisting hypogammaglobulinemia due to previous rituximab exposure.

**Table 3. Long-Term Safety of CD19 CAR T-Cell Therapy in Autoimmune Disease.\***

Patient No.	Disease	<3 Months	3–6 Months	6–12 Months	>12 Months
1	SLE	UTI	0	0	URTI (nonspecified)
2	SLE	0	0	URTI (SARS-CoV-2†)	URTI (nonspecified)
3	SLE	URTI (SARS-CoV-2)	0	URTI (nonspecified)	URTI (SARS-CoV-2) and herpes zoster
4	SLE	0	0	0	Otitis
5	SLE	0	URTI (SARS-CoV-2†)	0	0
6	SLE	0	URTI (SARS-CoV-2† and RSV)	URTI (SARS-CoV-2†)	URTI (nonspecified)
7	SLE	0	0	0	
8	SLE	Pneumonia	0		
9	IIM	0	Enteritis (nonspecified)	0	0
10	IIM	0	Herpes simplex	0	0
11	IIM	URTI (nonspecified)	0		
12	SSc	0	URTI ( <i>Haemophilus influenzae</i> )	0	0
13	SSc	0	Cellulitis	Herpes zoster	
14	SSc	URTI (SARS-CoV-2†)	0		
15	SSc	0			

\* Shown is the infection profile of patients with autoimmune disease undergoing CD19 CAR T-cell therapy. Data are presented chronologically and according to site of infection. RSV denotes respiratory syncytial virus, SARS-CoV-2 severe acute respiratory syndrome coronavirus 2, URTI upper respiratory tract infection, and UTI urinary tract infection.

† The infection was treated with nirmatrelvir–ritonavir (Paxlovid).

- In this case series, CD19 CAR T-cell transfer appeared to be feasible, safe, and efficacious in three different autoimmune diseases, providing rationale for further controlled clinical trials.
- Οι ασθενείς παραμένουν σε υφεση ΧΩΡΙΣ θεραπεία!!

# Patient characteristics at baseline

Move to Archive

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6
<b>Demographics</b>						
Age (years)	60	36	37	47	55	29
Sex (female/male)	male	male	female	male	male	female
Disease duration (months)	23	30	15	134	42	47
EUSTAR activity index (0-10)	4.75	9.00	5.25	3.93	7.75	4.00
<b>Laboratory values</b>						
Baseline ANA (titre)	1:320	1:10,000	1:10,000	1:1000	1:3200	1:3200
Baseline ENA profile	RNAP-III	Scl70	Scl70	Scl70	Scl70	Scl70
<b>Skin Involvement</b>						
mRSS (0-51)	24	27	32	17	35	25
Tendon friction rubs	√	√	-	-	-	-
Digital ulcerations	-	√	√	-	√	-
<b>Lung Involvement</b>						
	√	√	√	√	√	√
Pulmonary hypertension	√	-	-	√	-	-
<b>Heart Involvement</b>						
	√	√	-	-	√	-
<b>Kidney Involvement</b>						
Renal crisis	-	-	√	-	-	-
<b>Treatments</b>						
Failed treatment	MMF, MTX	MMF, Prednisolone, Hydroxychloroquine	MMF, MTX, Tocilizumab, Rituximab	MMF, Cyclophosphamid	MMF, MTX, Prednisolone, Rituximab, Cyclophosphamid	MMF, MTX, Rituximab

# Skin involvement and disease activity

Modified Rodnan Skin Score (mRSS)



Digital ulcerations

Patient 3

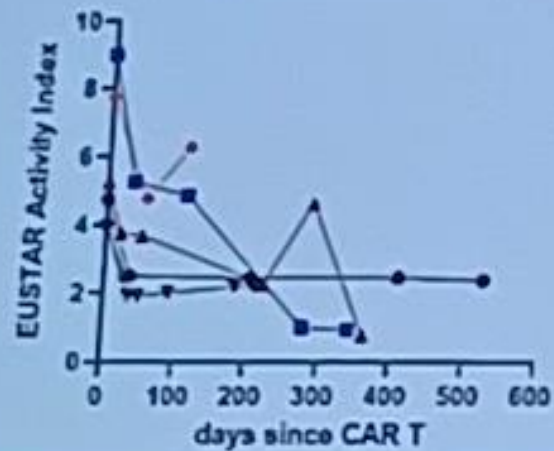


before CAR T therapy

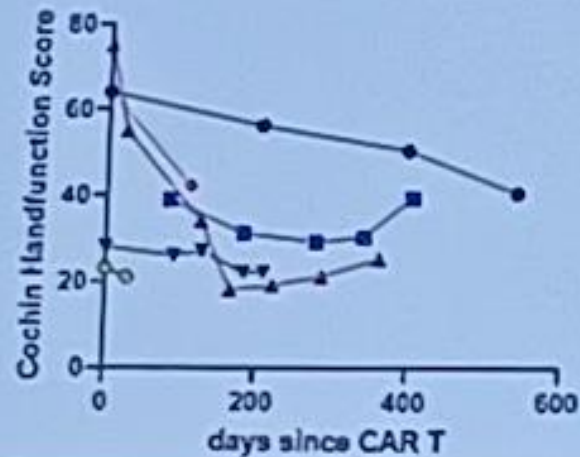


4 weeks after CAR T therapy

EUSTAR Activity Index



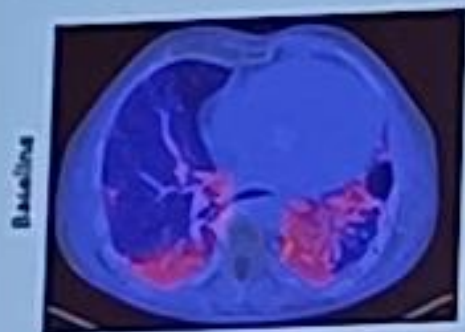
Cochin Hand Function Scale



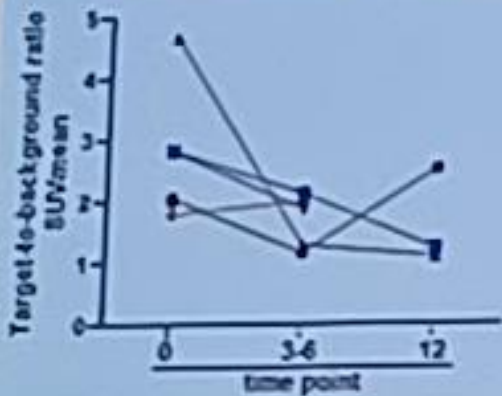
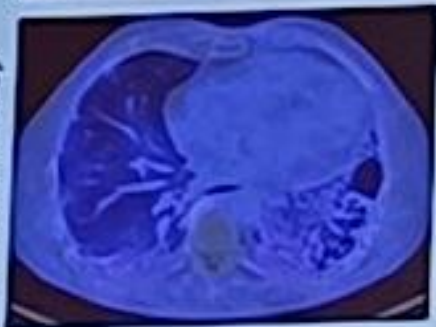


# Lung involvement

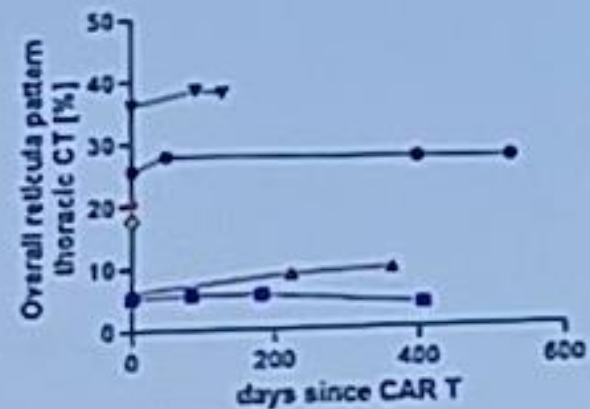
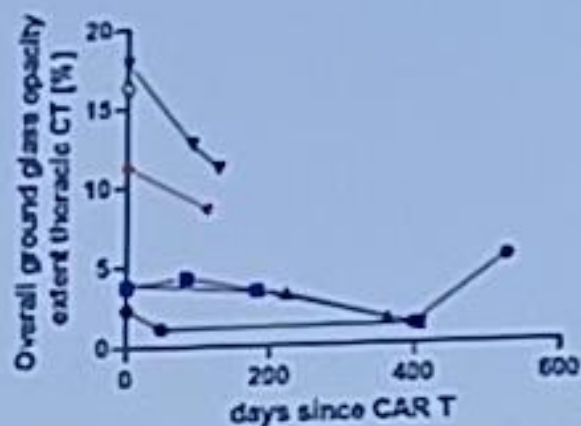
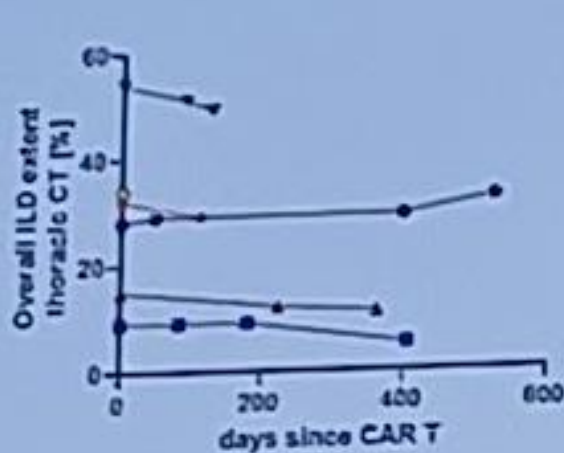
<sup>68</sup>Ga-FAPI-04-PET-CT



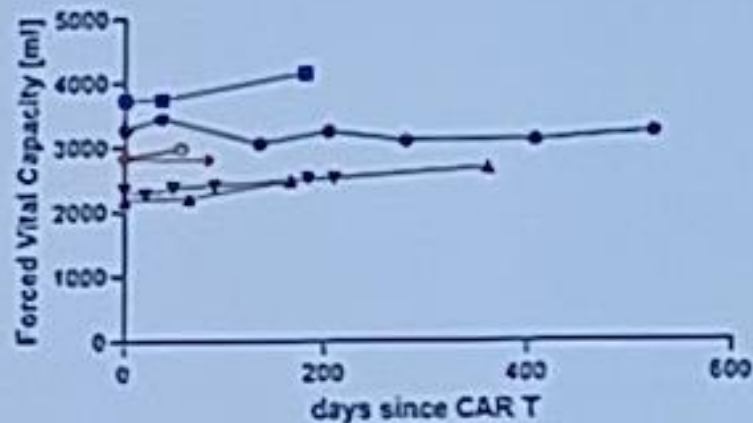
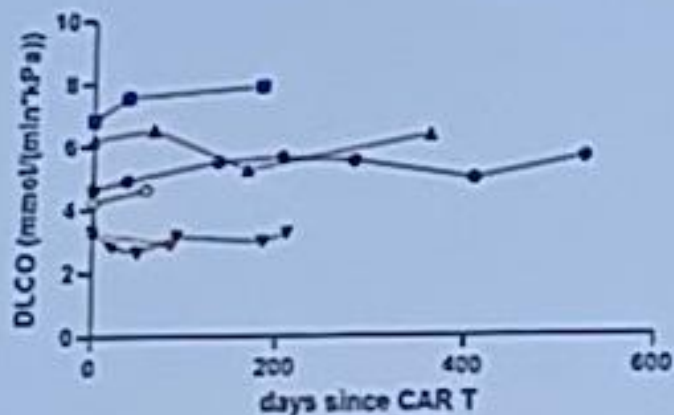
3 months Follow Up

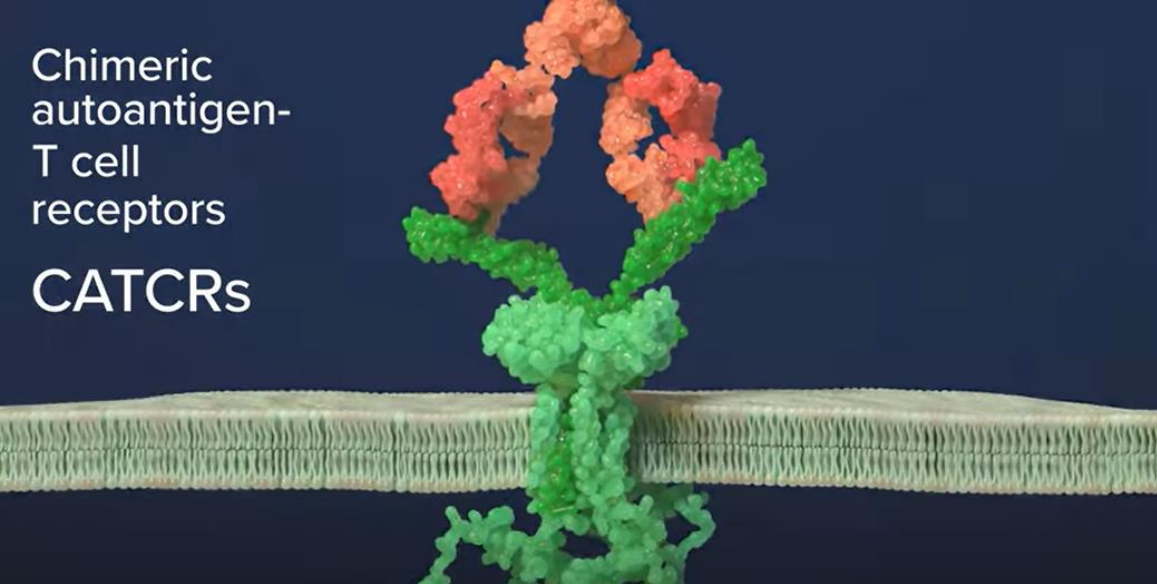


Thoracic CT



Pulmonary function





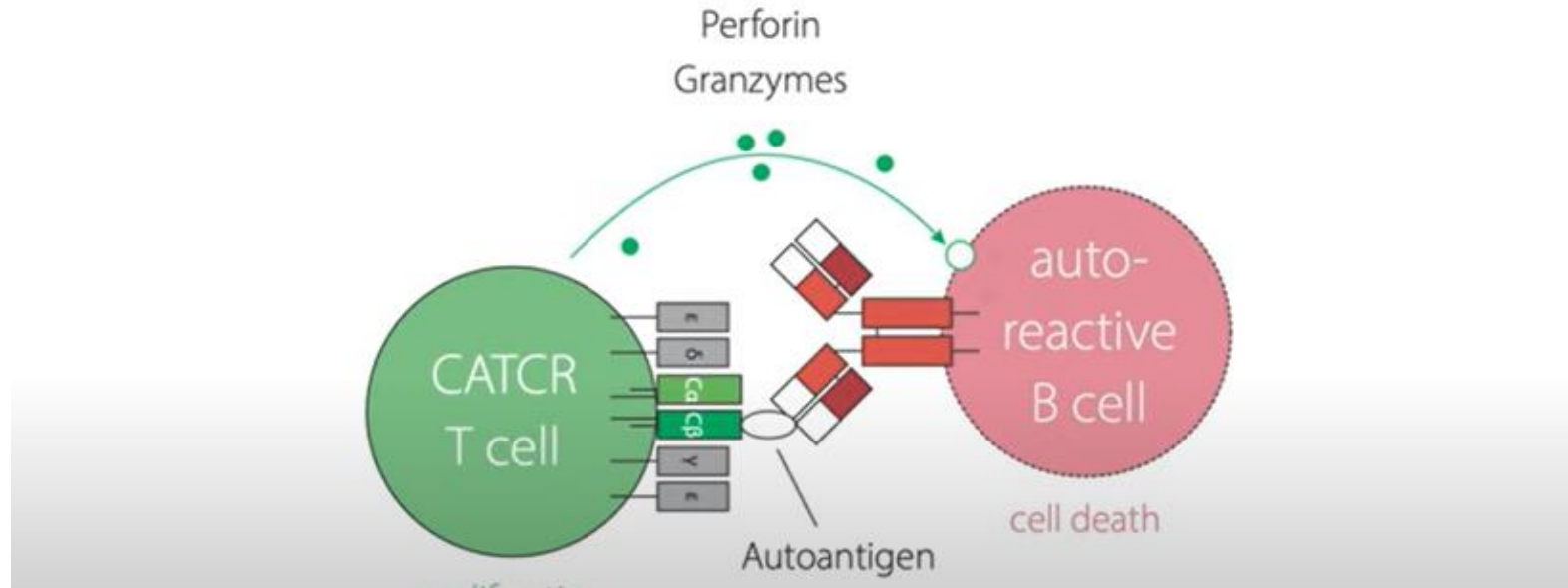
CAAR T. H  
εξελιξη...

- Το ιδανικό σε αυτοανοσασ νοσηματα



- Να στοχευσεις μονο τα αυτοαντιδραστικα B λευκοκυτταρα

CATCRs reprogram T cells to selectively kill autoreactive B cells

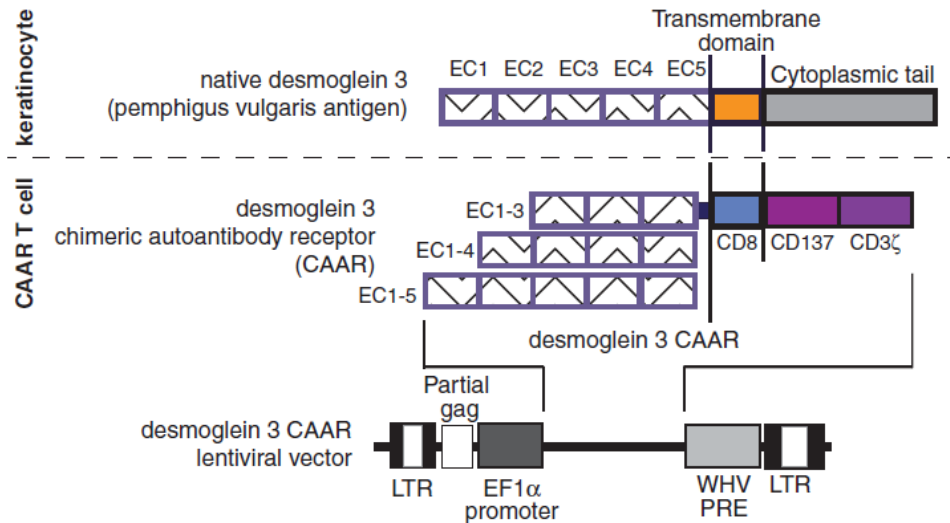
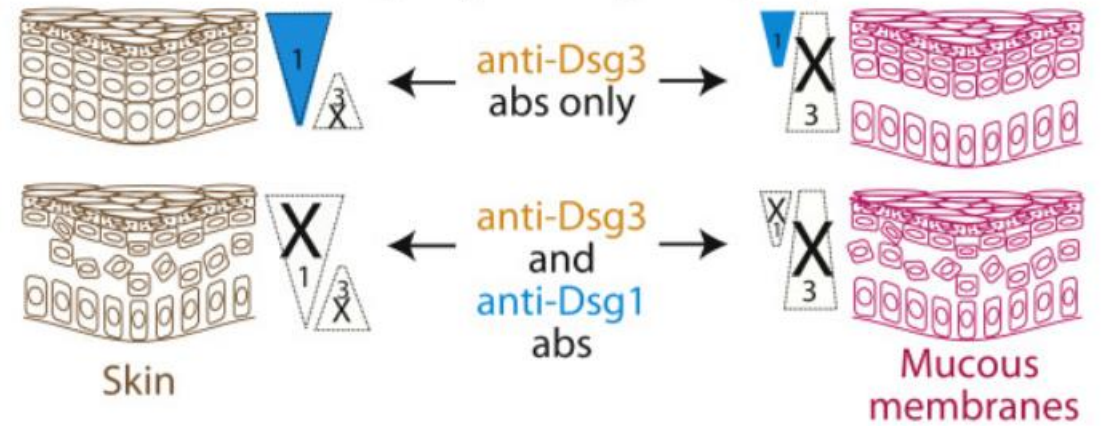




# Reengineering chimeric antigen receptor T cells for targeted therapy of autoimmune disease

Christoph T. Ellebrecht,<sup>1</sup> Vijay G. Bhoj,<sup>2</sup> Arben Nace,<sup>1</sup> Eun Jung Choi,<sup>1</sup> Xuming Mao,<sup>1</sup> Michael Jeffrey Cho,<sup>1</sup> Giovanni Di Zenzo,<sup>3</sup> Antonio Lanzavecchia,<sup>4</sup> John T. Seykora,<sup>1</sup> George S. Tomich,<sup>1</sup> Michael G. Wilson,<sup>2</sup> & Thomas S. Dermott<sup>1</sup>

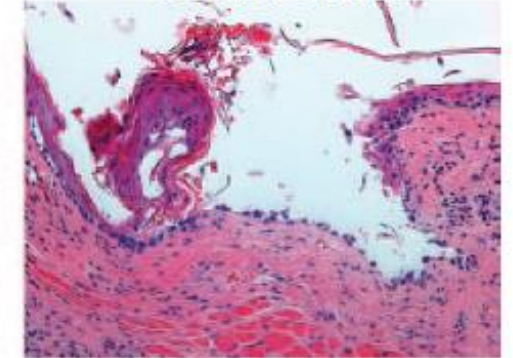
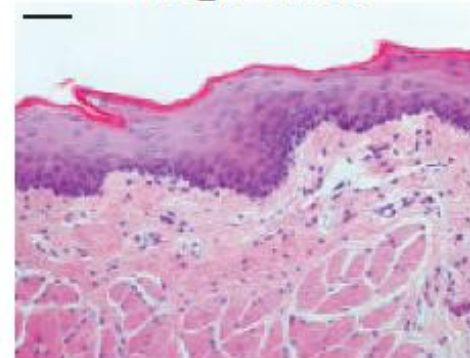
## Pemphigus vulgaris (PV)



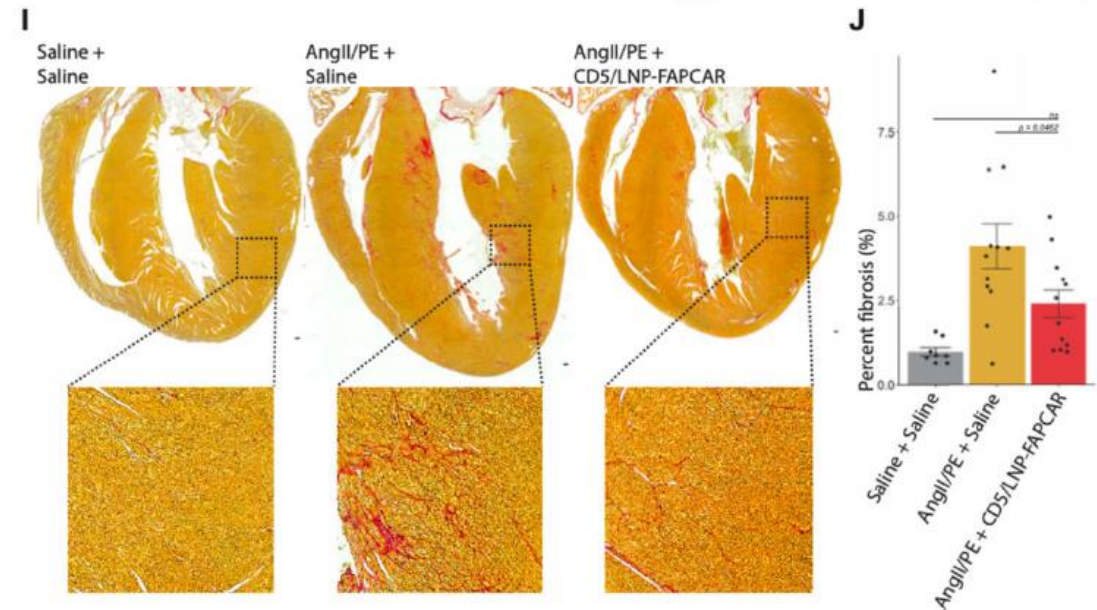
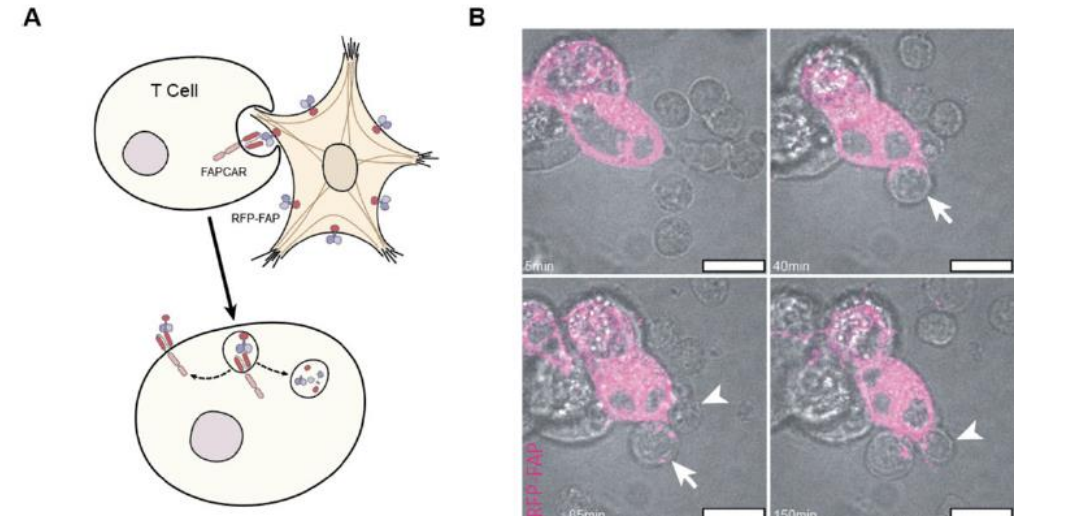
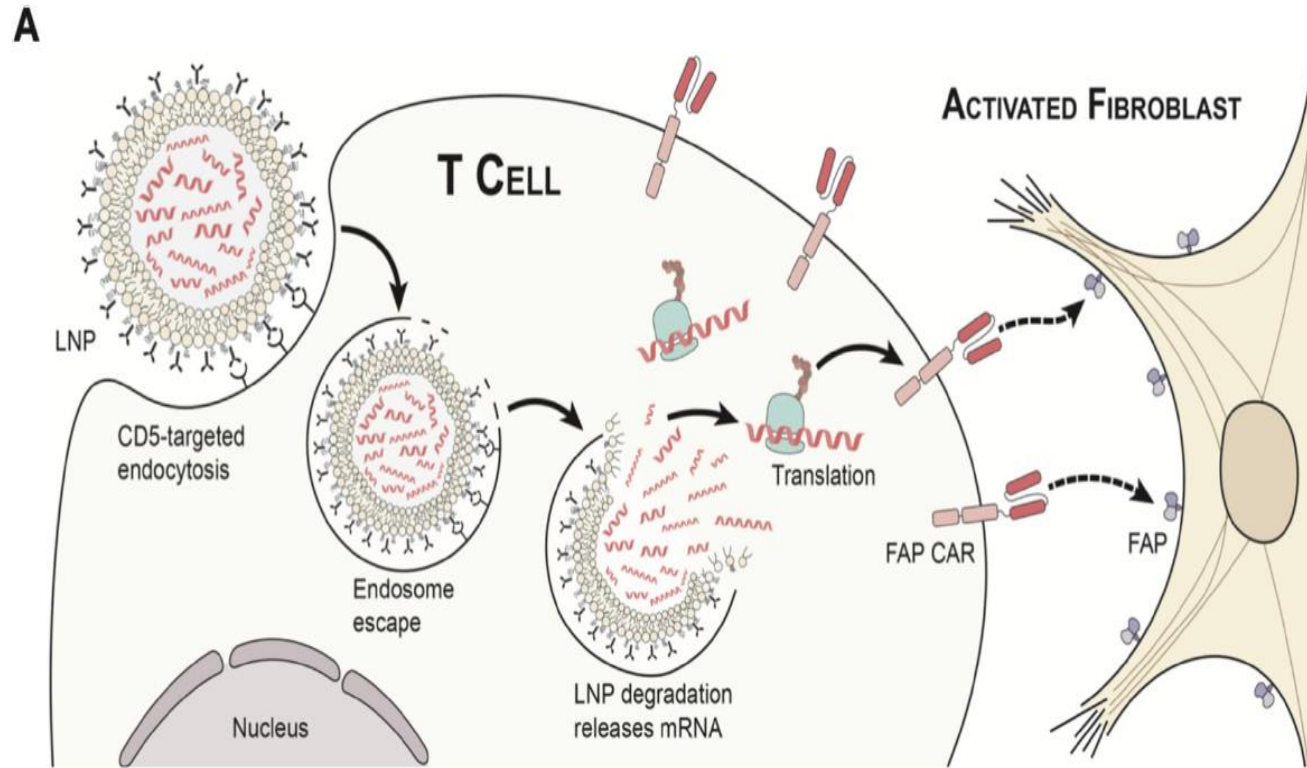
C

Dsg3 CAAR

control CAR



# CAR T in vivo???



Published in final edited form as:  
*Science*. 2022 January 07; 375(6576): 91–96. doi:10.1126/science.abm0594.

CAR T cells produced *in vivo* to treat cardiac injury



## HHS Public Access

Author manuscript

*N Engl J Med.* Author manuscript; available in PMC 2020 August 06.

Published in final edited form as:

*N Engl J Med.* 2020 February 06; 382(6): 545–553. doi:10.1056/NEJMoa1910607.

### Use of CAR-Transduced Natural Killer Cells in CD19-Positive Lymphoid Tumors

- Μεγάλη προσπάθεια να κατασκευαστούν CAR από άλλα κυτταρα πλην T κυτταρων
  - NK
  - Μακροφαγα...
- Καλύτερη ιστική διείσδυση?
- Δυνατότητα ετερολογής χρήσης? (πχ από δοτές) .  
Σημαντικά πλεονεκτήματα λόγω χαμηλοτερου κοστους και ευκολιας χρήσης

# Που καταληγουμε?

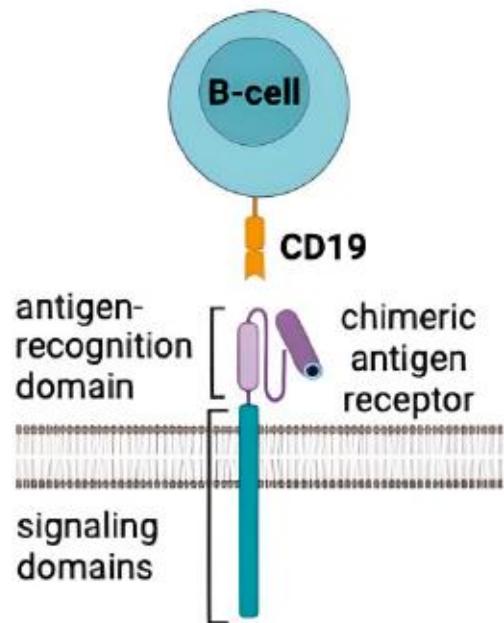
- Φαίνεται να είναι αποτελεσματικά σε CTDs με ανεκτο προφίλ ασφαλείας
- Υπερβολικά αισιόδοξο να πιστέψει κάποιος σε «ιαση» (ακομη και η κλασσικη μεταμοσχευση αρχεγονων αιμοποιητικων κυτταρων δεν ηταν θεραπευτικη...)
- Σε αναμονη για τυχαιοποιημενες μελετες
- **Πρεπει να μαθουμε καλυτερη Βιολογια και Ανοσολογια!!!**



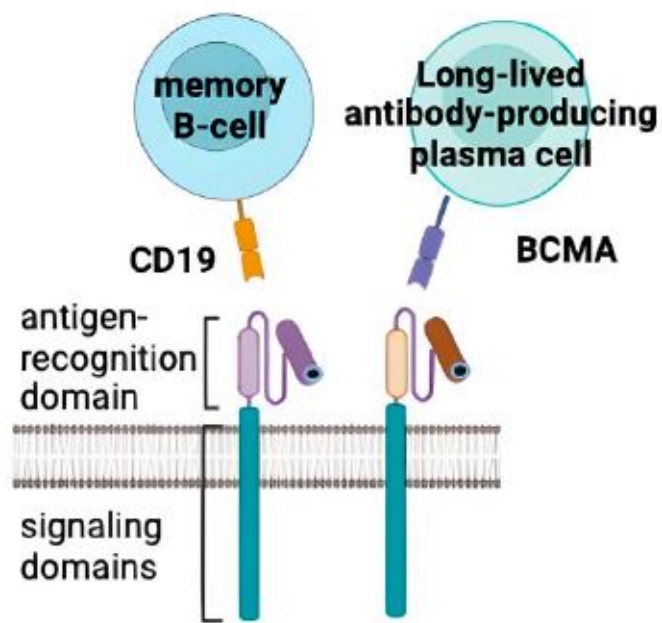
Ευχαριστώ!

Email: [jimdaoussis@hotmail.com](mailto:jimdaoussis@hotmail.com)

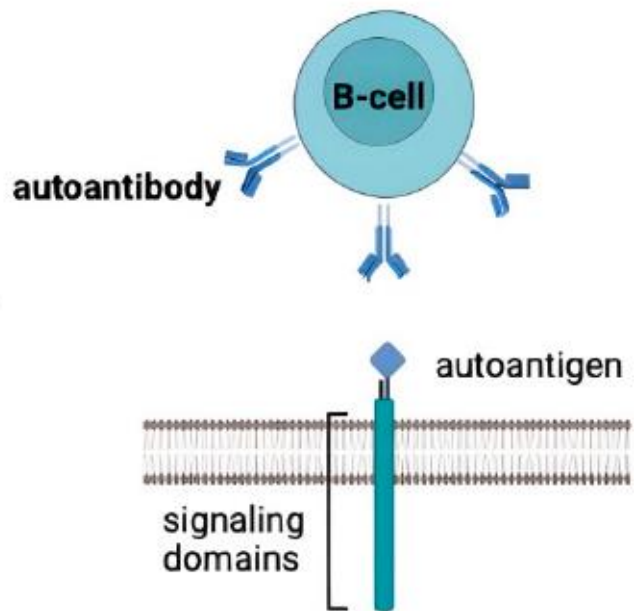
**CAR-T**



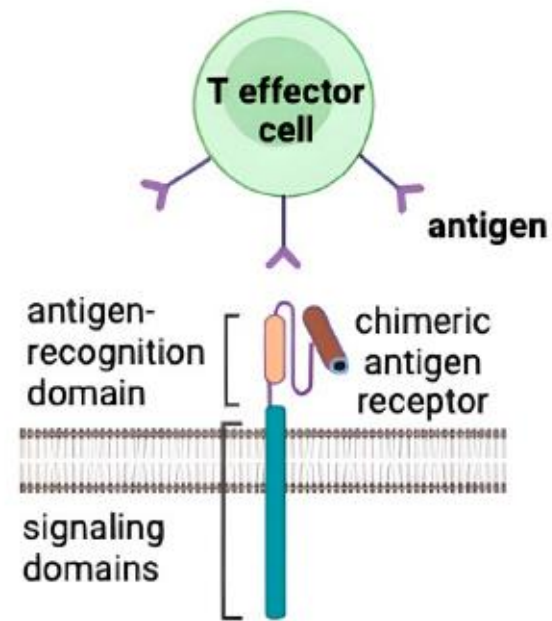
**cCAR-T**



**CAAR-T**



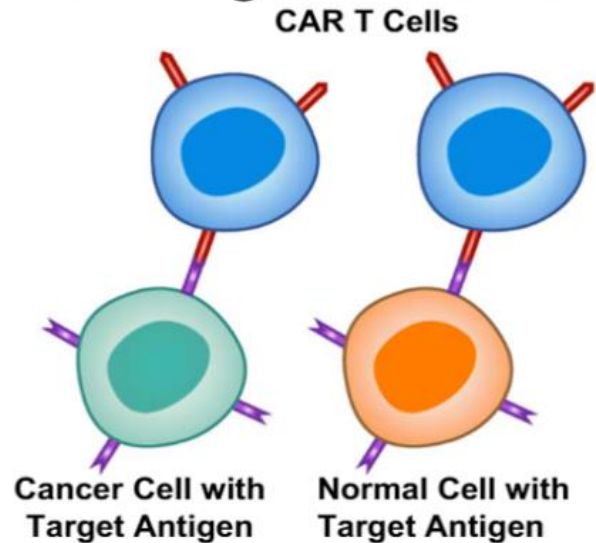
**CAR-Treg**



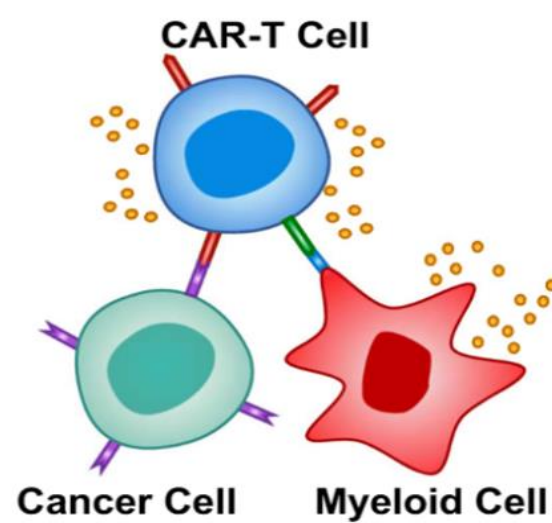


# Προβλήματα με την CAR T ανοσοθεραπεία

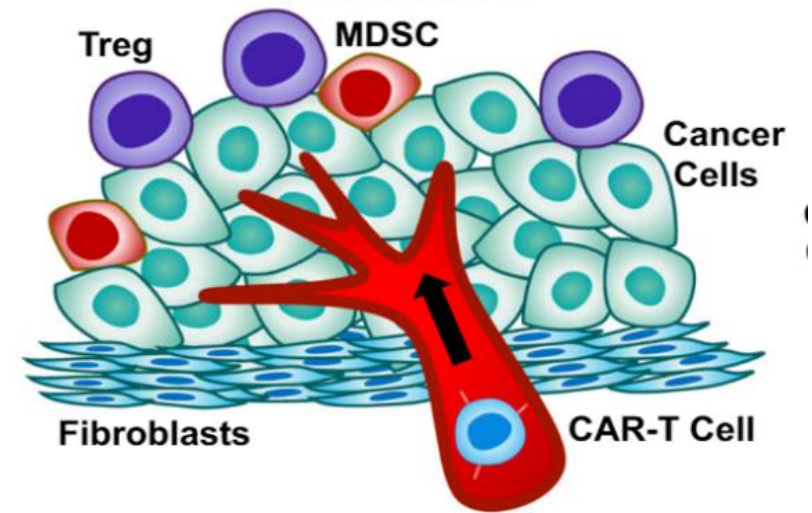
## B. On Target Off Tumor



## E. CAR-T Cell Associated Toxicities

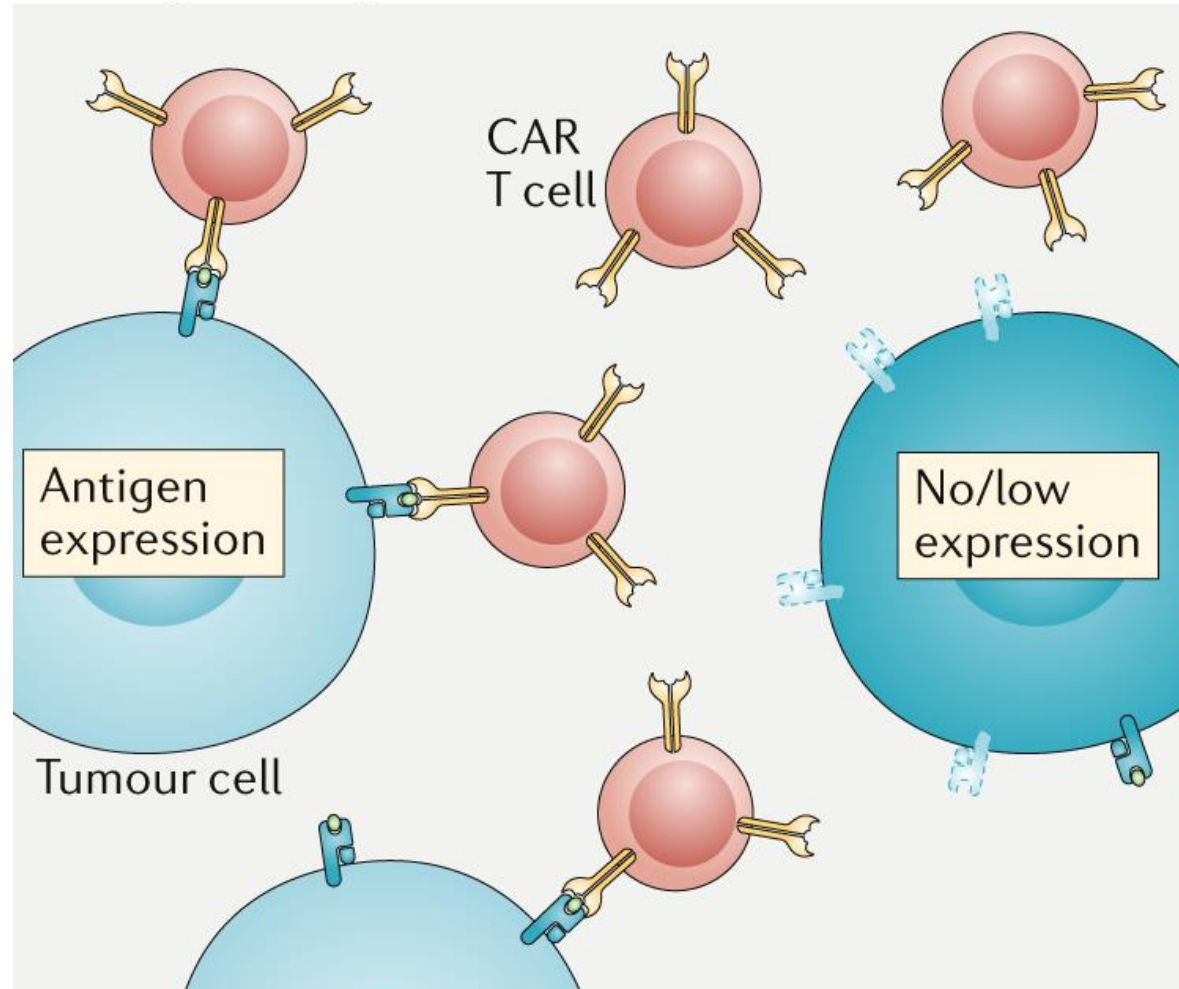


## C. CAR-T Cell Trafficking and Infiltration

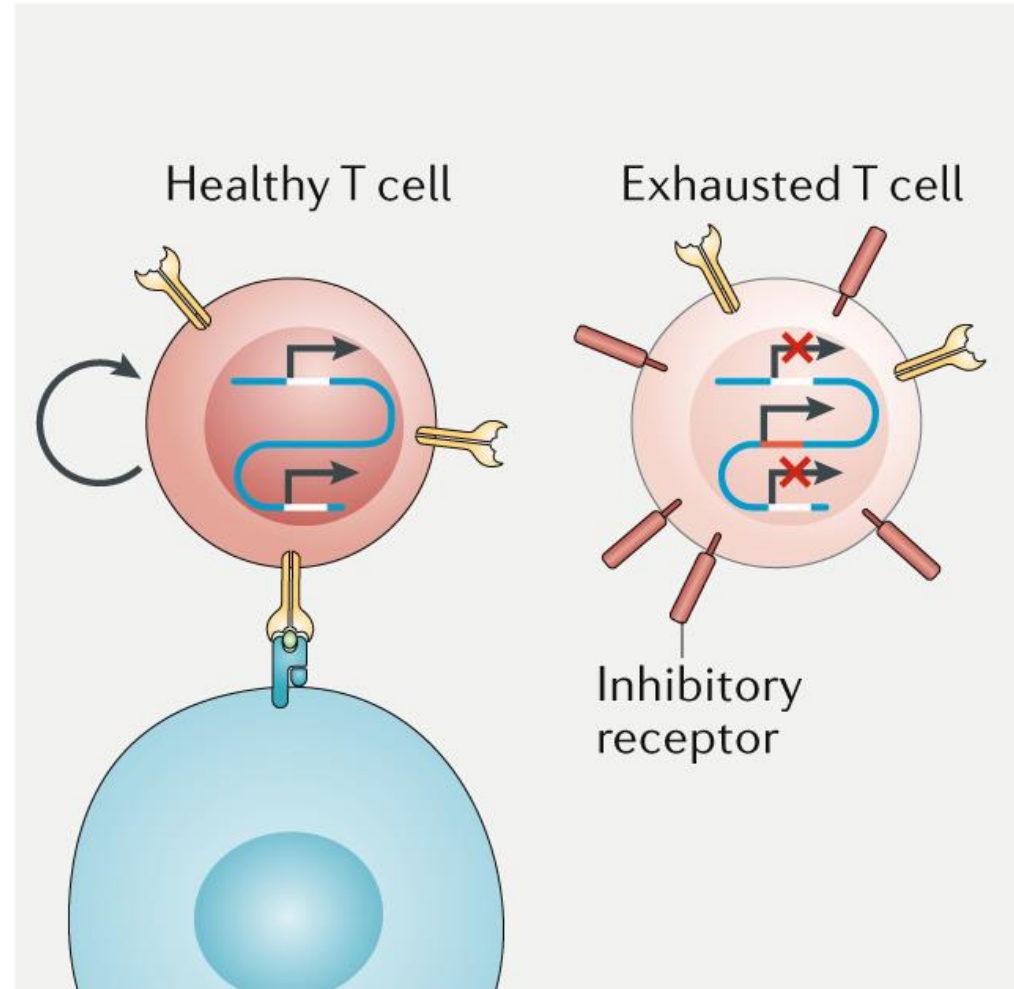


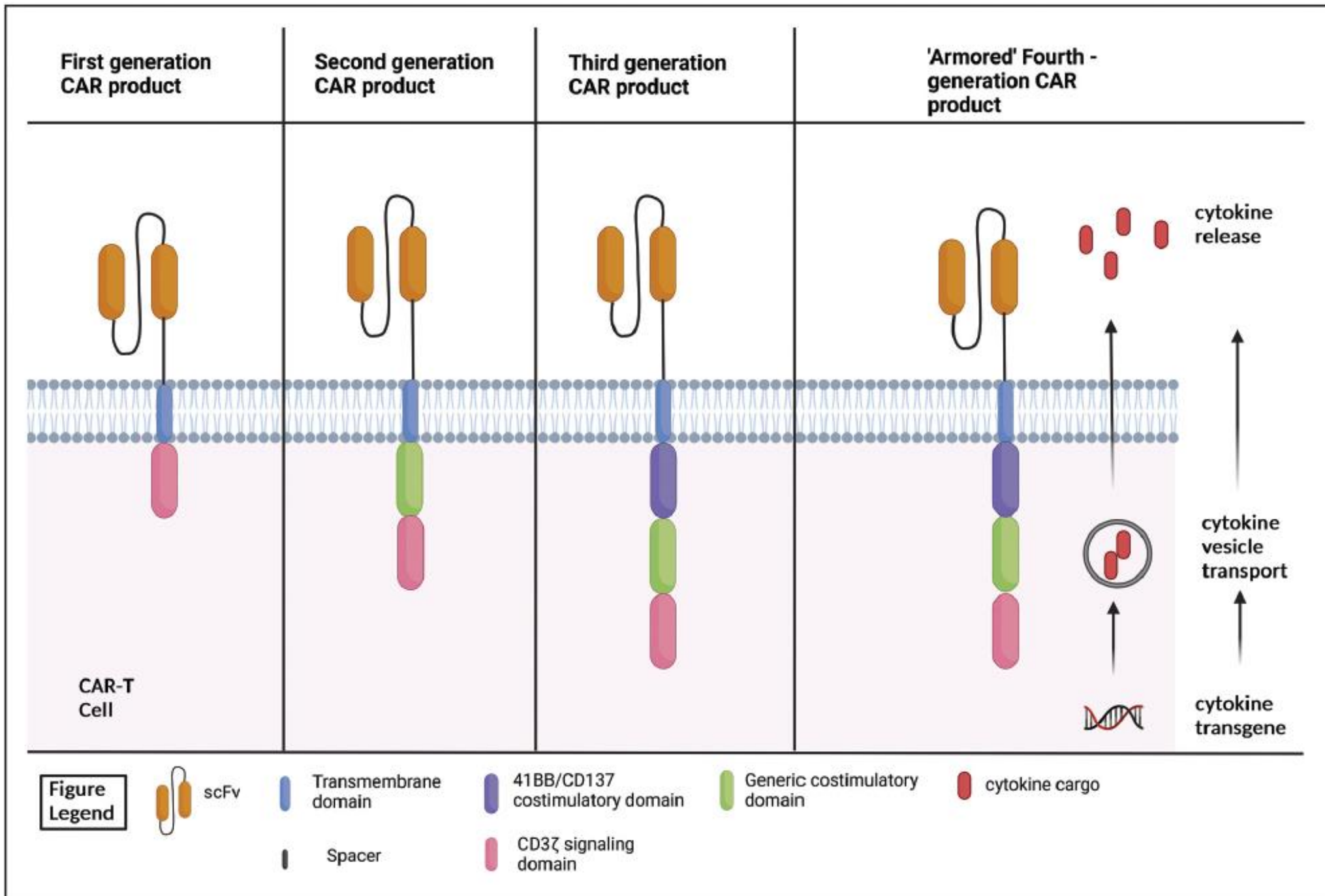
# Πως αμύνονται τα καρκινικά κύτταρα...

**a** Antigen escape



**b** T cell exhaustion





## **Is CAR-T worth it in AI diseases?**

**Should CAR-T therapies be restricted to those unlikely to cause CAR-T lymphoma?**

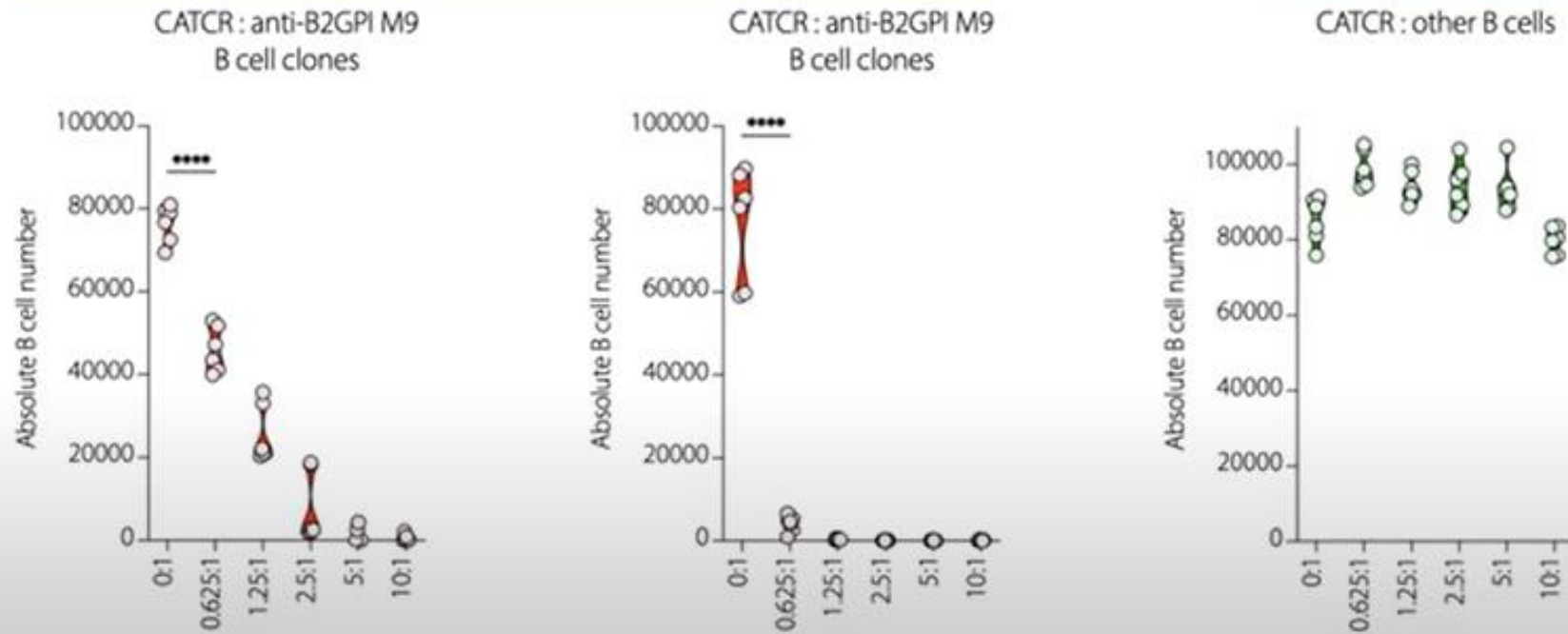
**Cartesian's Descartes-08 RNA BCMA CAR-T  
Doesn't rely on multiplication of CAR-Ts in the body  
The RNA BCMA CAR-T cells disappear**

**Downside: treatments need repeated**

# CATCR-T cells eliminate anti-B2GPI DI B cells

Targeting autoreactive B cells

Preserving normal B cells



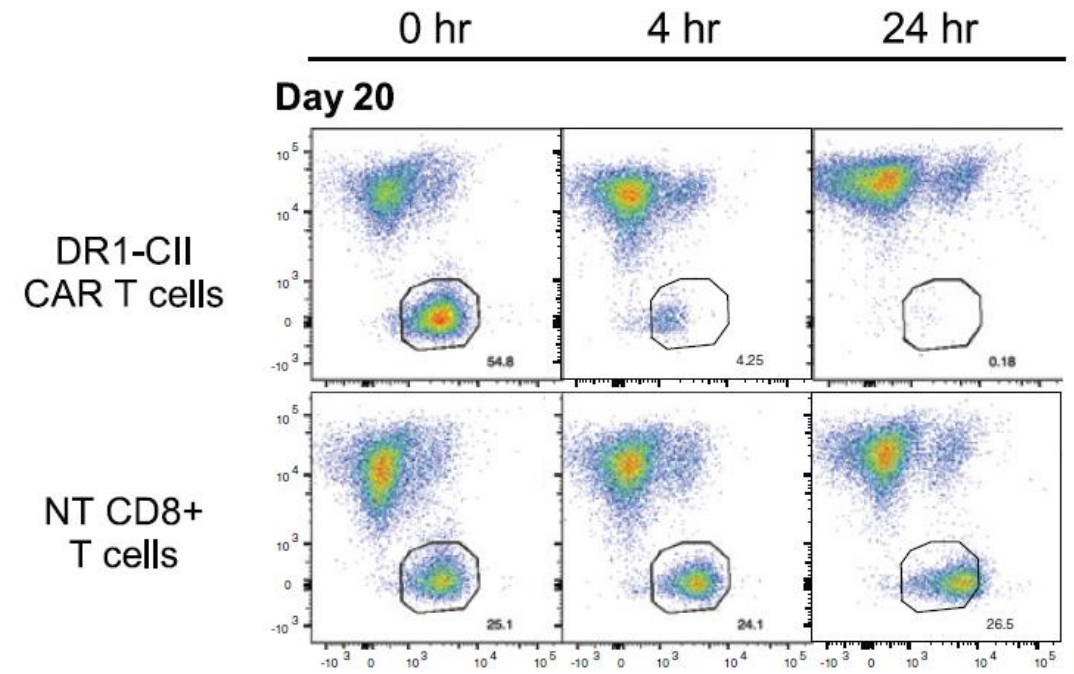
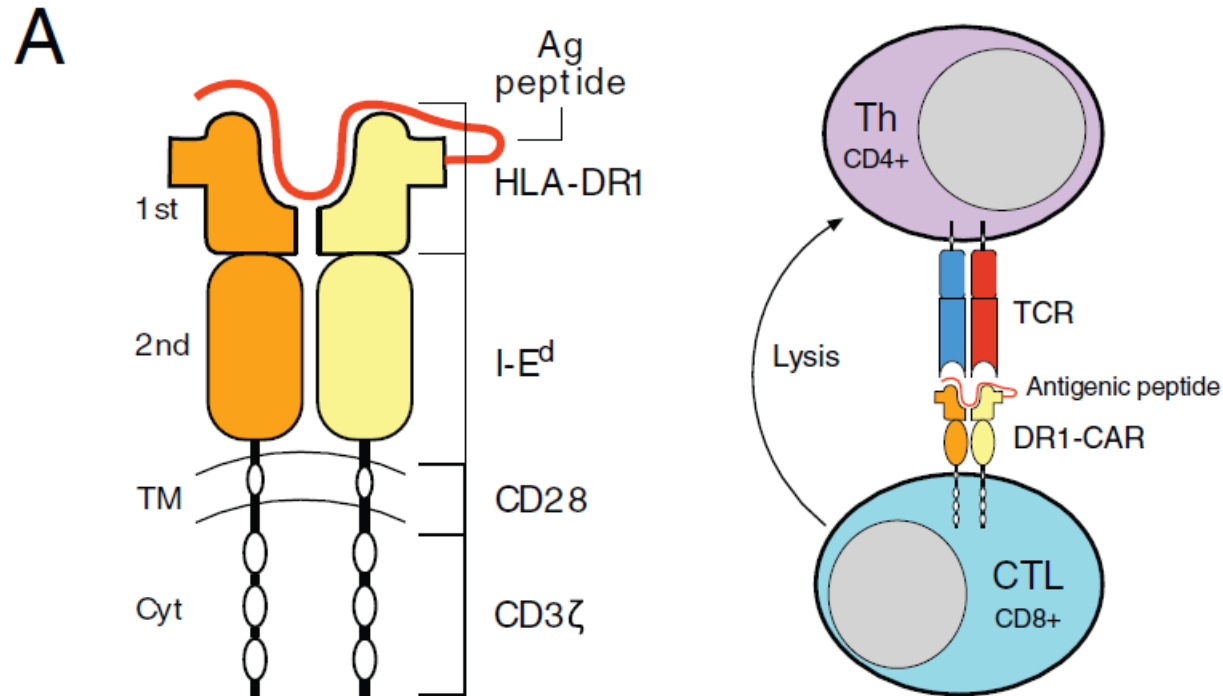
Effect of CATCR T-cells eliminated pathogenic anti-B2GPI B cells

# CD8<sup>+</sup> T Cells Expressing an HLA-DR1 Chimeric Antigen Receptor Target Autoimmune CD4<sup>+</sup> T Cells in an Antigen-Specific Manner and Inhibit the Development of Autoimmune Arthritis

Karen B. Whittington; ... et. al

*J Immunol* (2022) 208 (1): 16–26.

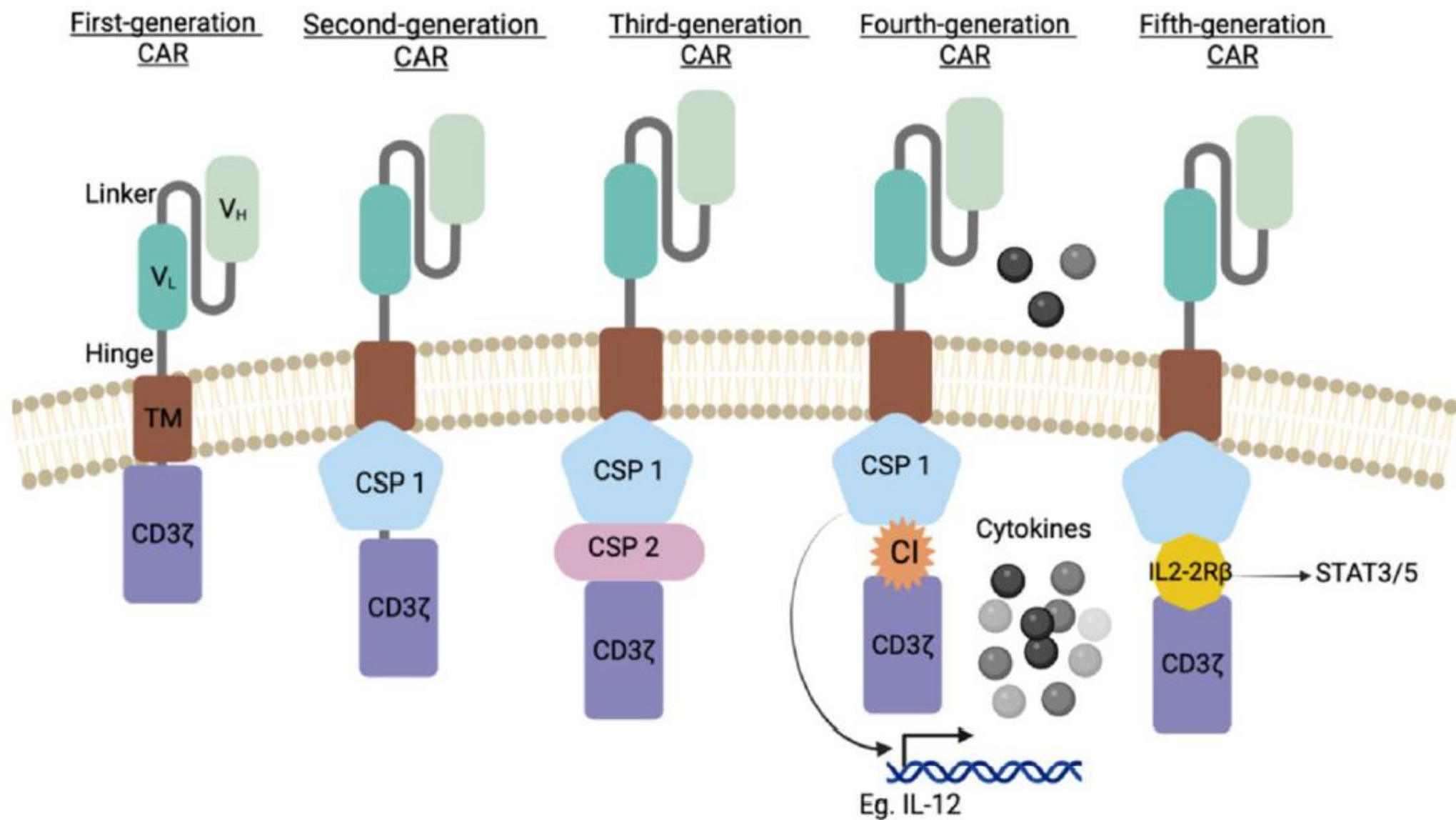
<https://doi.org/10.4049/jimmunol.2100643>





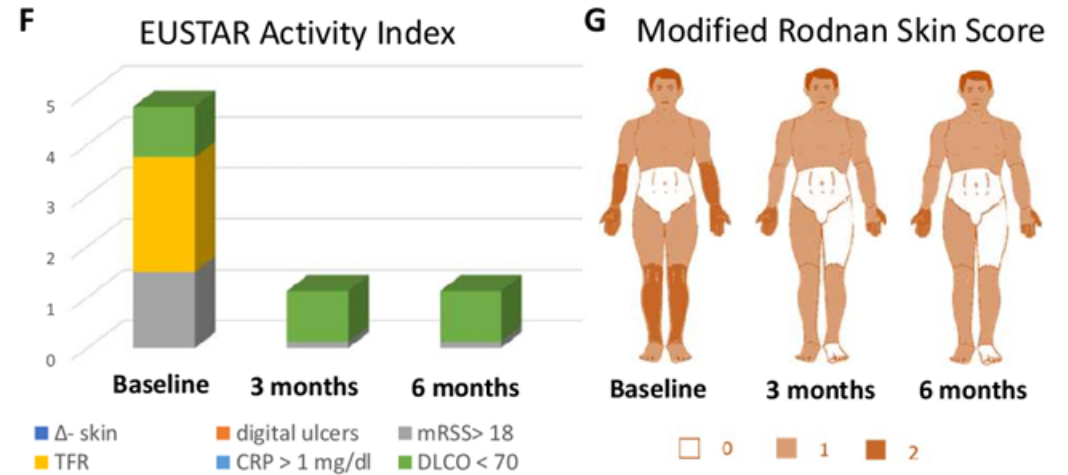
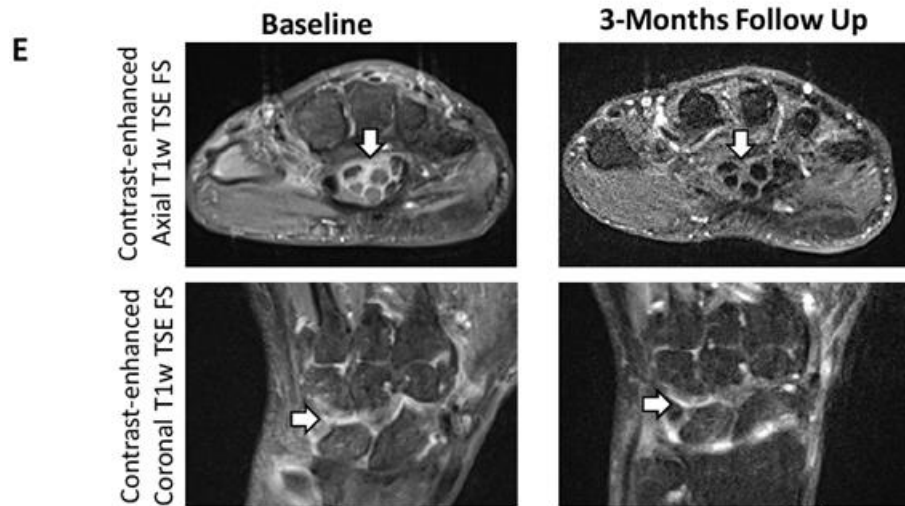
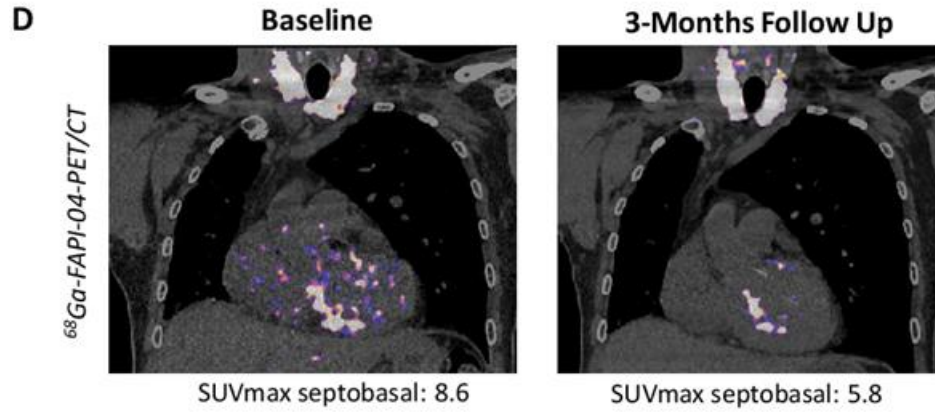
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# **Regulatory T cells expressing CD19-targeted chimeric antigen receptor restore homeostasis in Systemic Lupus Erythematosus**





## Treatment of a patient with severe systemic sclerosis (SSc) using CD19-targeted CAR T cells



**H**

	Baseline	3 months follow-up	6 months follow up
PFT			
FVC	3,27 l (73% pred.)	3,45 l (77% pred.)	3,21 (72% pred.)
DLCO	49 mmol/(min*kPa)	52 mmol/(min*kPa)	59 mmol/(min*kPa)
KCO	58 mmol/(min*kPa*l)	68 mmol/(min*kPa*l)	80 mmol/(min*kPa*l)

**I**

	Baseline	6 months follow up
TTE		
EF	55-60%	55-60%
PASP	27 mmHg	20 mmHg
RA area	31 cm <sup>2</sup>	17 cm <sup>2</sup>