

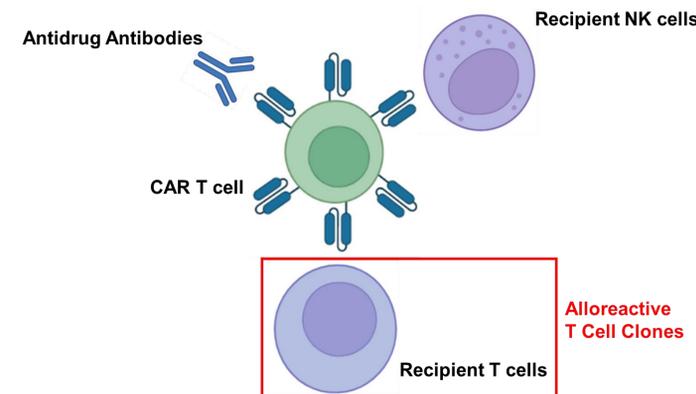
# Cellular Mechanisms Affecting Allogeneic CAR T Cell Expansion and Rejection in Large B-Cell Lymphoma

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## Background

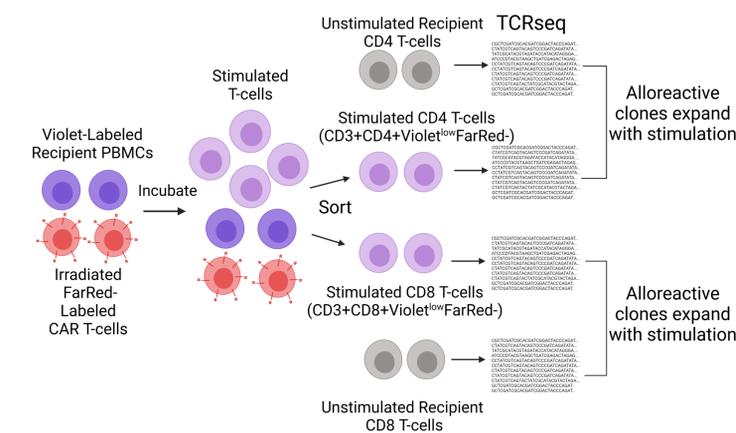
- Expansion and persistence remain challenges in clinical implementation of allogeneic CAR T cell therapy
- Despite the use of products derived from the same donor, patient responses are heterogeneous
- Detailed understanding of the immune response to allogeneic CAR T cell therapy is lacking



## Hypothesis

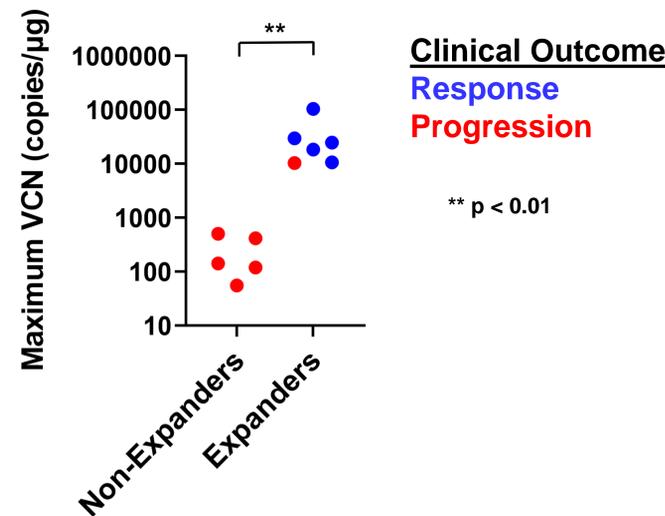
- Recipient-derived alloreactive T cells limit allogeneic CAR T cell expansion and clinical efficacy

## Methods



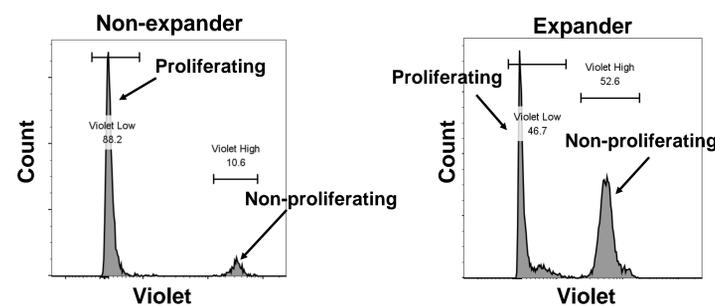
- 11 patients with relapsed/refractory large B-cell lymphoma treated on the ALPHA-2 phase 1/2 trial (NCT004416984) with the same lot of ALLO-501A were selected
- ALLO-501A is a healthy donor-derived anti-CD19 CAR T cell product with T cell receptor knockout
- Pre-lymphodepletion peripheral blood mononuclear cells (PBMCs) were used for alloreactive T cell identification

## CAR T Cell Expansion

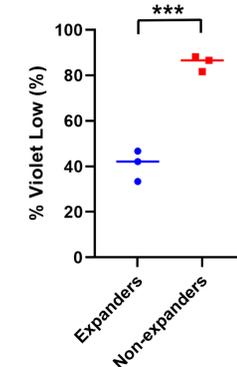


- 6 patients had robust CAR T cell expansion (expanders)
- 5 patients had poor CAR T cell expansion (non-expanders)
- Expanders had longer CAR T cell persistence and a higher frequency of clinical responses than non-expanders
- 6 patients (3 expanders and 3 non-expanders) were selected for alloreactive T cell identification and tracking

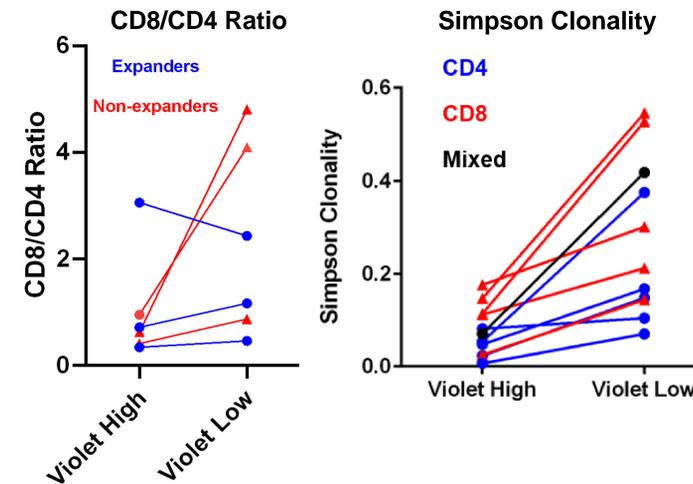
## In Vitro Recipient T Cell Proliferation



- Non-expanders had more robust *in vitro* recipient T cell proliferation after exposure to ALLO-501A (85.5% vs. 40.7% proliferating,  $p < 0.001$ )

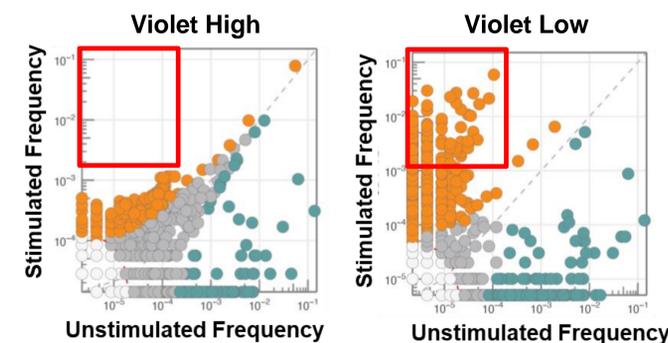


## Proliferating T Cell Characteristics



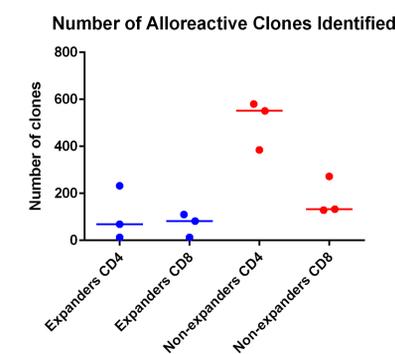
- Proliferating T cells had higher CD8<sup>+</sup> fractions and increased clonality compared to non-proliferating T cells

## Alloreactive T Cell Identification

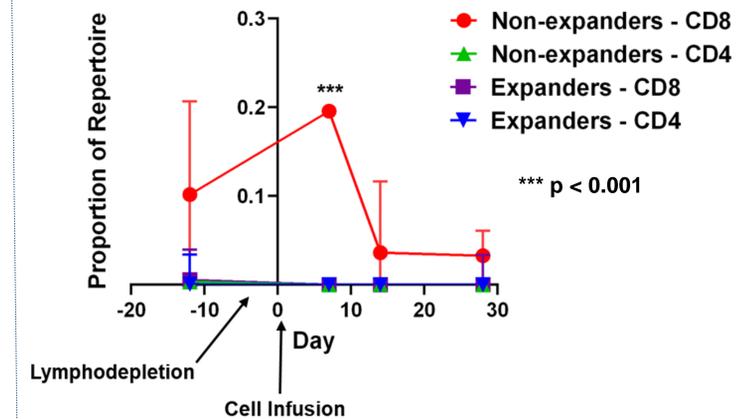


- Alloreactive T cell clones were identified as those enriched in the stimulated sample compared to the unstimulated sample by Fisher's test with p-value threshold  $1 \times 10^{-5}$

- More alloreactive clones were identified in non-expanders (median 551 CD4<sup>+</sup>, 133 CD8<sup>+</sup> clones) than expanders (median 69 CD4<sup>+</sup>, 82 CD8<sup>+</sup> clones)



## Alloreactive T Cell Tracking



- Non-expanders had higher alloreactive CD8<sup>+</sup> T cell frequencies than expanders at day 7 (median sum of alloreactive CD8<sup>+</sup> clone frequencies 0.2 vs. 0,  $p < 0.001$ )
- A similar pattern was not observed for alloreactive CD4<sup>+</sup> T cell frequencies

## Conclusions

- We have successfully developed an assay to identify alloreactive CD4<sup>+</sup> and CD8<sup>+</sup> T cell clones in clinical samples
- Non-expanders had more robust *in vitro* T-cell proliferation upon exposure to ALLO-501A
  - Suggests that assay may recapitulate some aspects of expander vs. non-expander phenomenon
- Non-expanders had higher frequencies of alloreactive CD8<sup>+</sup> clones following treatment
  - Similar pattern not apparent for CD4<sup>+</sup> clones
  - Suggests that alloreactive CD8<sup>+</sup> clones may be involved in early rejection of allogeneic CAR T-cells

## Acknowledgements

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