## Building a Better T Cell for Targeting Tumors

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# I have no financial relationships to disclose.

# In other words, I am uninteresting, but available.

## Disclaimer

## For every dumb thing I've said, there are literally thousands of dumb things I haven't said.

"I'm Phil Greenberg, and I approve this message"

# The Antigen: T cell therapy needs good targets

#### The search for targetable tumor antigens: Identifying proteins that can be safely/effectively targeted

#### Leukemia as a prototype:

1) Identify candidates: Analyze mRNA expression to find genes over-expressed in leukemic cells and associated with malignant phenotype

2) Can targeting eradicate disease? Purify leukemic stem cells (LSC) and hematopoietic stem cells (HSC) to ascertain if the gene (WT1) is preferentially over-expressed in LSC
3) Will this be safe to target? Analyze normal tissues for expression to identify risks





## The T Cell: Establishing Therapeutic Responses to WT1 in Patients

Clinical Trial targeting WT1 with T cells derived from the normal repertoire

Phase I Clinical Trial of WT1-specific CD8 T Cell Clones: Patients undergoing allogeneic HSCT for high risk ALL, AML, MDS and CML (~50% Relapse Rate within 2 years)



### Clinical Trial targeting WT1 with T cells derived from the normal repertoire

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Primary Objective:

- To determine the safety and potential toxicities associated with infusing donor CD8+ CTL clones specific for WT1 into patients Secondary Objectives:
- To determine the *in vivo* persistence of transferred T cells and assess migration to the bone marrow
- To determine if adoptively transferred WT1-specific T cells mediate antileukemic activity



### Clinical Trial: Enrollment/Status





#### Reduction of Leukemic Burden in Patient With Advanced Progressive Drug-Resistant AML



Patient developed a fatal transplant/chemotherapy-related toxicity, unrelated to the activity of the infused T cells, was ineligible to receive subsequent T cell infusions, and died of progressive leukemia
PROBLEM: If treat heavily pre-treated patients with late stage advanced leukemia, infused T cells usually quickly deleted and consequences of disease often precludes completing T cell therapy

Reduction of Leukemic Burden And Persistence of Transferred T cells in Patient Treated With Minimal Disease (by PCR and flow cytometry)





### SUMMARY OF PATIENT OUTCOMES

37 patients entered

-11 treated (*PROBLEM:Many entered never eligible/receive treatment*)

-2/7 with detectable disease exhibited reduction in leukemic burden (PROBLEMS: Cell persistence, T cell avidity for patient leukemia)

-4/4 patients with MRD or no detectable disease but a very poor prognosis predicting early relapse remain disease free at >1 year



The TCR: Making Higher Avidity Responses Available In "Better Quality" T Cells

#### Improving Expression of WT1-Specific TCR Genes and Overcoming the Problem of Mis-matched Pairing



#### Identification of a high avidity CD8 T cell clone as a source for WT1-specific TCR gene transfer



IND approved/Trial pending: Therapy of patients at high risk of relapse with CD8 T cells tranduced with the C4-TCR

#### Engineering better TCRs: What needs changing?

#### TCR sitting on peptide/Class I complex



FROM: Rudolph, et al (2006), Ann Rev Immunol Mazza, et al (2007) EMBO Garcia, et al (2009) Nat Immunol



1G4/HLA-A2/ESO9C

### Pre-clinical murine model to assess safety

- Expression of WT1 is similar in mice and humans during fetal development, in adult tissues, and in tumors
- Mice and humans recognize the same immuno-dominant RMFPNAPYL epitope from WT1
  - B6 mice: restricted by H-2D<sup>b</sup>
  - Humans: restricted by HLA A\*0201
- Similar to our human C4-TCR, the high affinity murine 3D-TCR was isolated by screening naturally elicited murine H-2D<sup>b</sup>-restricted WT1-specific CD8<sup>+</sup> T cell clones for the highest avidity 3D TCR





# Mouse model: Generation/testing of high affinity variants of CDR3a by saturation mutagenesis



•The diverse libraries were transduced into  $58^{-/-}$  hybridoma T cells already transduced with  $3D-V\beta$ , which lack endogenous TCR- $\alpha$  and  $-\beta$  and are CD8<sup>-/-</sup> (to screen for CD8 independence)

•CD8-independent WT1 tetramer<sup>+</sup> cells could only be isolated from the NYQ library – The 2 most promising variants were isolated for further analysis Two higher affinity TCRs were identified from directed mutagenesis of the CDR3 region of the 3D TCRa chain

Dave Aggen: Kranz Lab (U. of Illinois)

<u>EXPT:</u> Equilibrium Binding of WT-1/D<sup>b</sup> multimer by transduced 58<sup>-/-</sup> hybridoma cells lacking CD8 expression that have been transduced with selected TCRs



Transferred CD8 T cells expressing high affinity WT1-specific TCRs respond normally to immunization, and do not mediate detectable autoimmune injury





<u>Where are these T cells in normal hosts</u>: Why can't we elicit with vaccines such T cells expressing high affinity WT1-specific TCRs ?



Analysis of Human A2-restricted WT1-specific TCRs targeting the same WT1-epitope restricted to D<sup>b</sup> revealed highly similar CDR3-α sequences

#### Generating Better TCRs: Developing a system for capturing more diverse high affinity TCRs



### Strategy for generating high affinity TCRB chains by positive selection



Sequencing of alternative TCR $\beta$  chains selected from the full endogenous repertoire that form high affinity WT1- specific TCRs by pairing during in *vitro* thymic selection with the mutated 3D  $\alpha$ -chains



#### Making higher affinity WT1-specific TCRs: Selecting alternative rearranged $\beta$ -chains





Milton Berle

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<u>T Cell Therapy of Leukemia</u>

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