

## Biomarker Center at Fraunhofer IZI

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# How far away are we from virtual twins for patients treated with advanced therapy medicinal products (ATMPs)?

Kristin Reiche

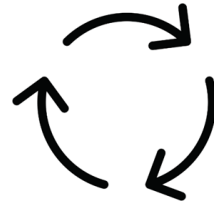
May, 2023

# Virtual Twins for patients receiving ATMPs as therapy

Components?



patient



periodic data analysis and feedback



Virtual twin

?

?

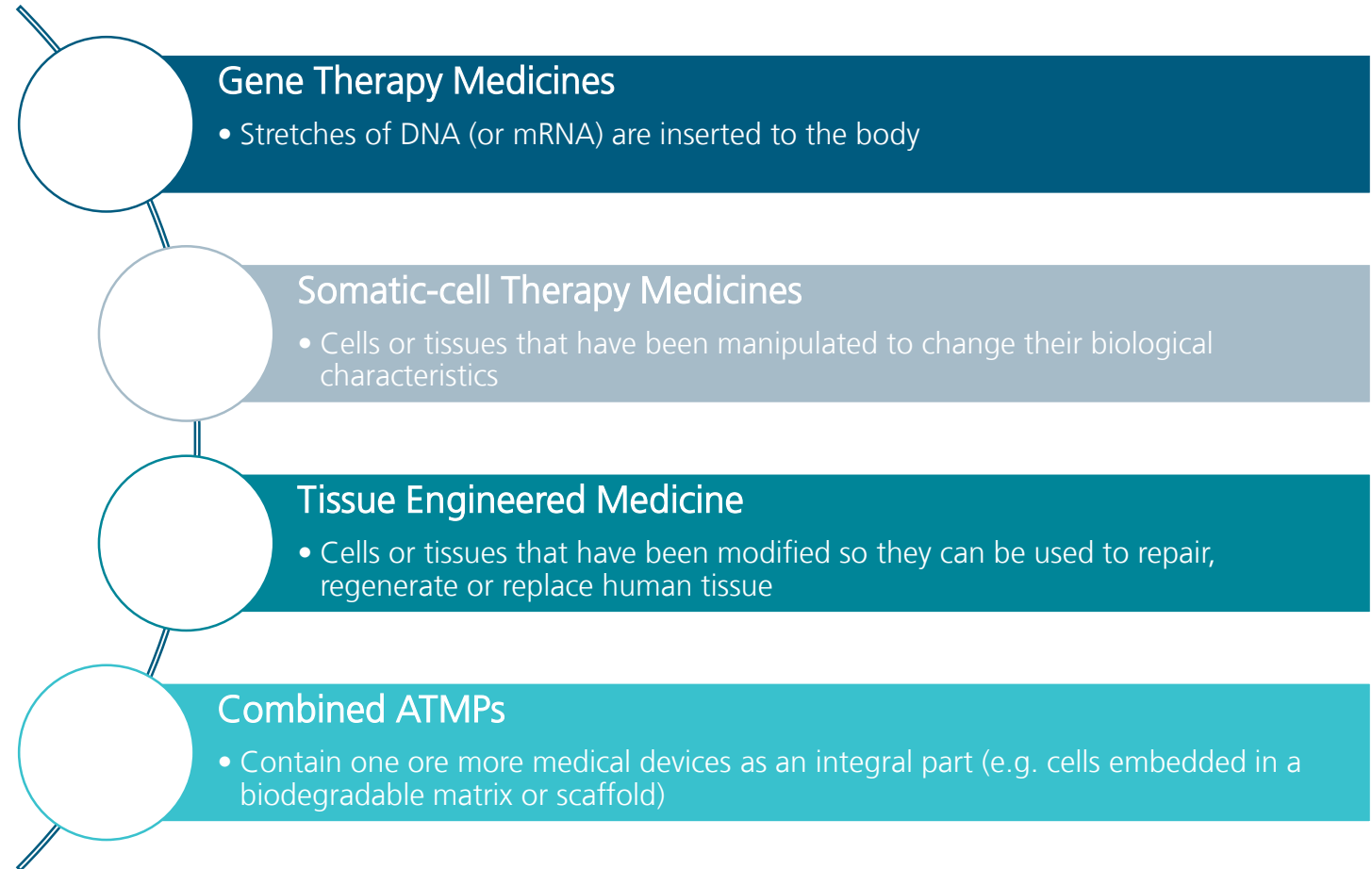
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# Advanced Therapy Medicinal Products (ATMPs)

Definition according to EMA

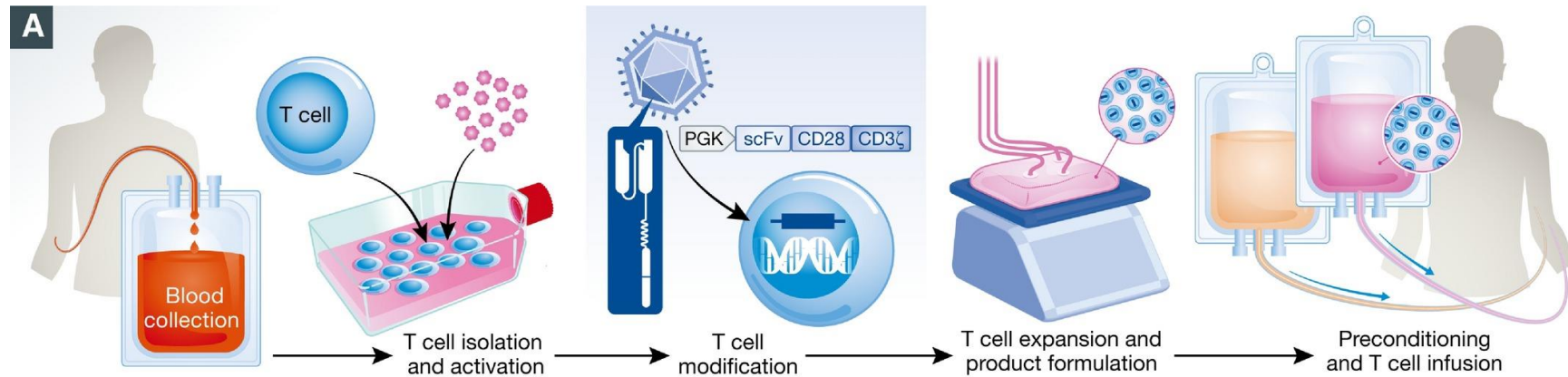
ATMPs are medicines for human use that are based on **genes, tissues or cells**.

They offer groundbreaking new opportunities for the treatment of diseases and injury

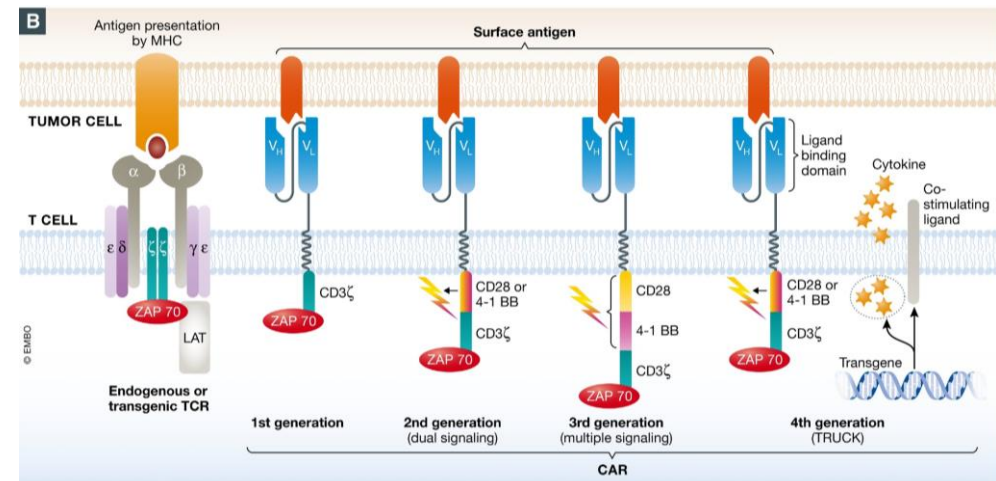


# CAR T Cell Therapies – A new type of Immunotherapy

CAR T Cell Therapies are Gene Therapy Medicinal Products (GTMPs)



- ❖ Genetically modified T lymphocytes:
  - ❖ Autologous CAR T cells: patient's own T lymphocytes
  - ❖ Allogenic CAR T cells: cells from another (healthy) person
- ❖ Genetic modification: Expression of a chimeric antigen receptor (CAR) that is directed against surface components of tumour cells





# CAR T Cell Therapies

A hope for (some) cancer patients



First patient treated with CAR T-Cell Therapy

11 years cancer free

# CAR T Cell Therapies

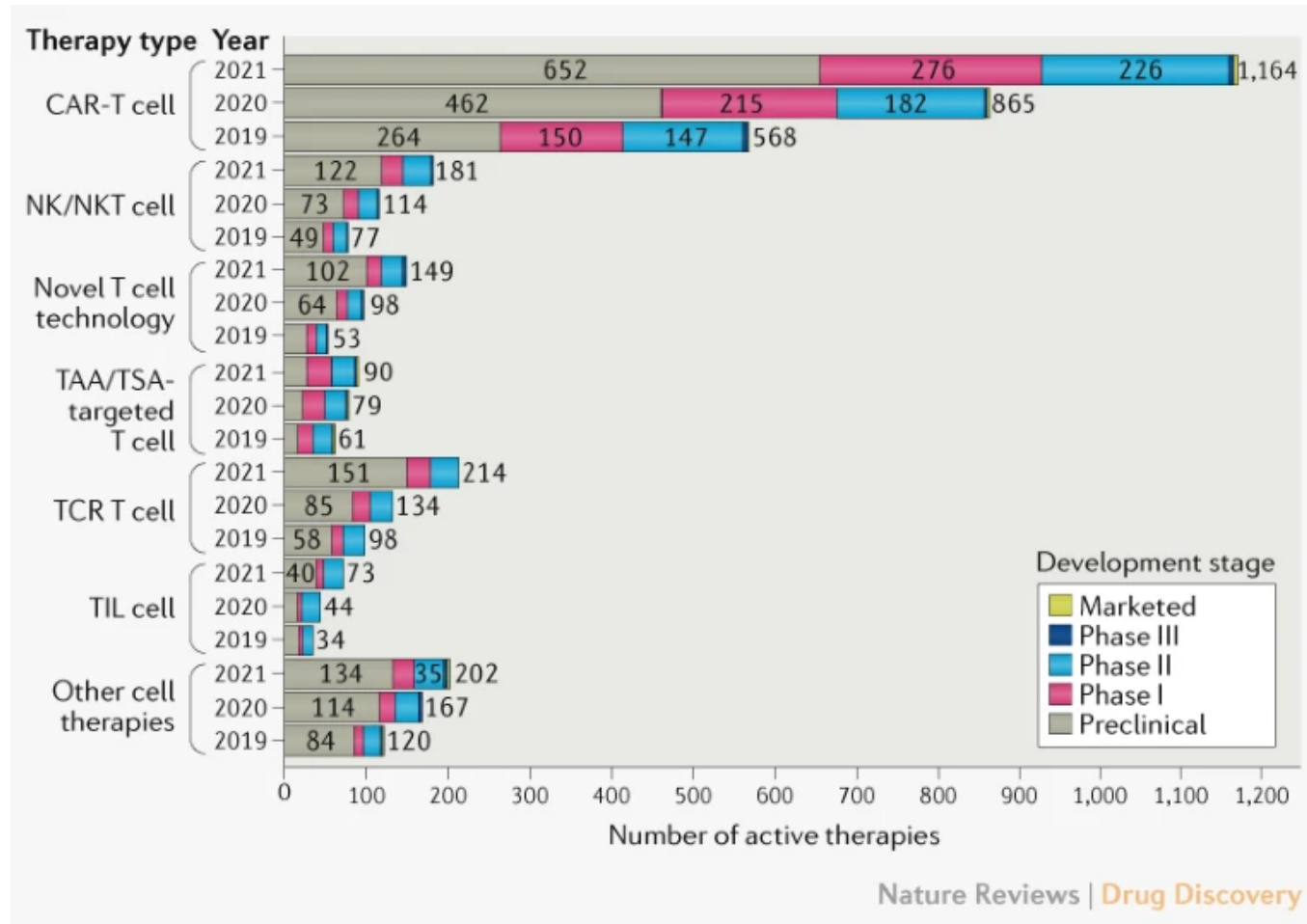
EMA approved products: 6

	Target	Refractory or relapsed B-acute lymphocytic leukemia (<=25 years)	Refractory and relapsed B-acute lymphoblastic leukemia (> 26 years)	Follicular lymphoma	Aggressive B-cell lymphoma	Mantle cell lymphoma	Relapsed and refractory Multiple Myeloma	EMA approval in year	Company
Tisagenlecleucel (Kymriah®)	CD19	x		x	x			2018	Novartis
Axicabtagene (Yescarta®)	CD19			x	x			2018	Kite
Brexucabtagene autoleucel (Tecartus®)	CD19		x			x		2020	Kite
Idecabtagene vicleucel (Abecma®)	BCMA						x	2021	BMS
Lisocabtagene maraleucel (Breyanzi®)	CD19				x			2022	BMS
Ciltacabtagene autoleucel (Carvykti®)	BCMA						x	2022	Janssen

- ❖ Currently being developed primarily to treat refractory or relapsed leukaemia and lymphoma
- ❖ Likely to be also used to treat solid tumour

# CAR T Cell Therapies

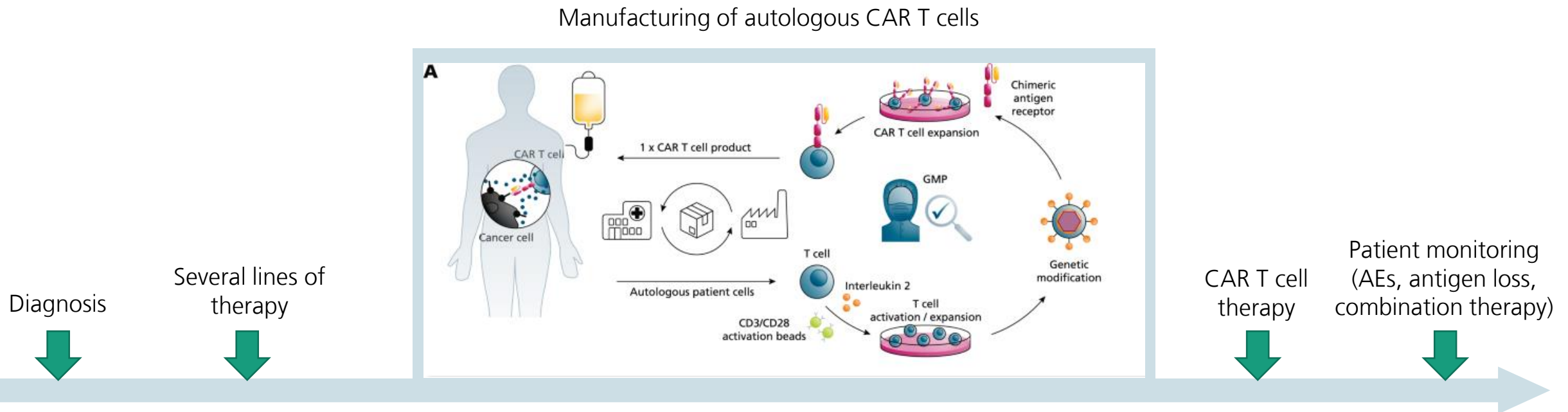
## Number of active cancer cell therapies



- ❖ Among different types of cell therapy clinical trials, majority of trials cover CAR T cell therapies
- ❖ In 2021 more than 1000 CAR T cell clinical trials
- ❖ Most use autologous cells (twice as much as allogenic cells)
- ❖ CD19, CD22 and BCMA are the top targets for hematological malignancies
- ❖ For solid tumours: most TAAs are undisclosed, followed by HER2, EGFR, GPC2/3

# CAR T Cell Therapies – Line of Therapy and Manufacturing

A hope for (some) cancer patients

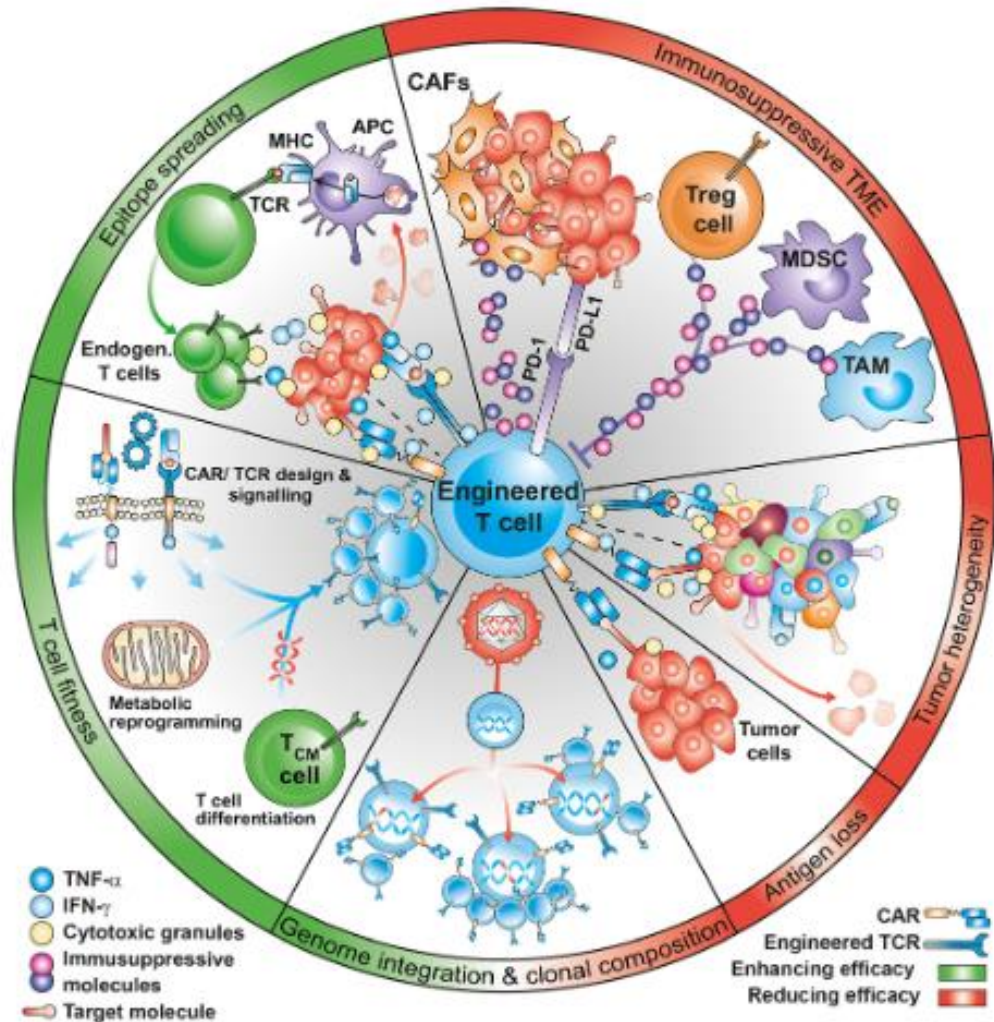


- ❖ Patients usually receive CAR T cells as late therapy (> 3rd line therapy) → immune system differs a lot from healthy status
- ❖ Complex and long manufacturing processes



# CAR T Cell Therapies

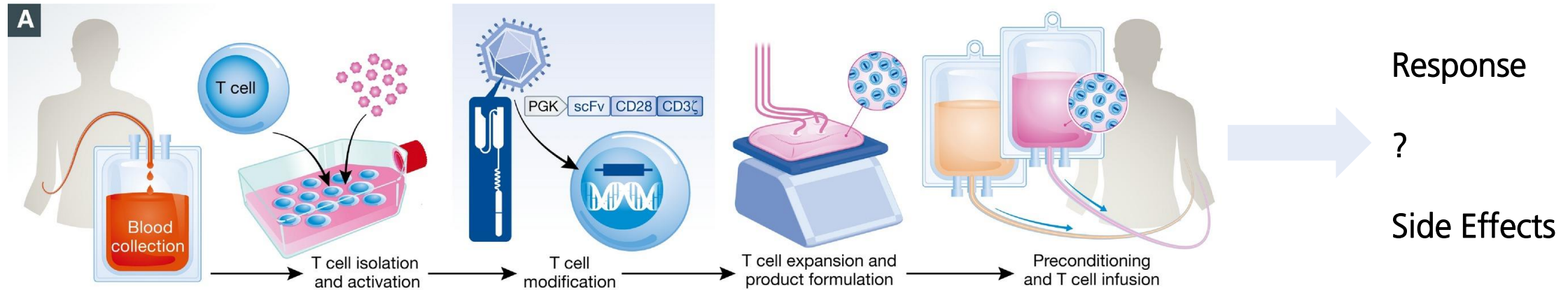
## Factors effecting efficacy



- ❖ CAR-T or TCR-T efficacy are influenced by several factors, that can improve (in green) or worsen (in red) clinical outcomes.
- ❖ Treatment failure due to immunosuppressive TME, heterogeneity of antigen expression, loss of antigen expression
- ❖ Quality of infusion product influences optimal differentiation potential, metabolic profile, low expression of inhibitory molecules → key for mediate tumour control

# CAR T Cell Therapies

## Factors effecting efficacy – CAR T cell phenotypes



Anti-CD19, B cell malignancy, n=71 (Chen et al. 2021)

↑ proportion of naive and early memory CD8+ T cells → longer CAR T cell persistence and greater efficacy

↑ proportion of memory phenotypes of CD8+ CAR T cells → complete response (Fraieta 2018, Deng 2020, Bai 2022)

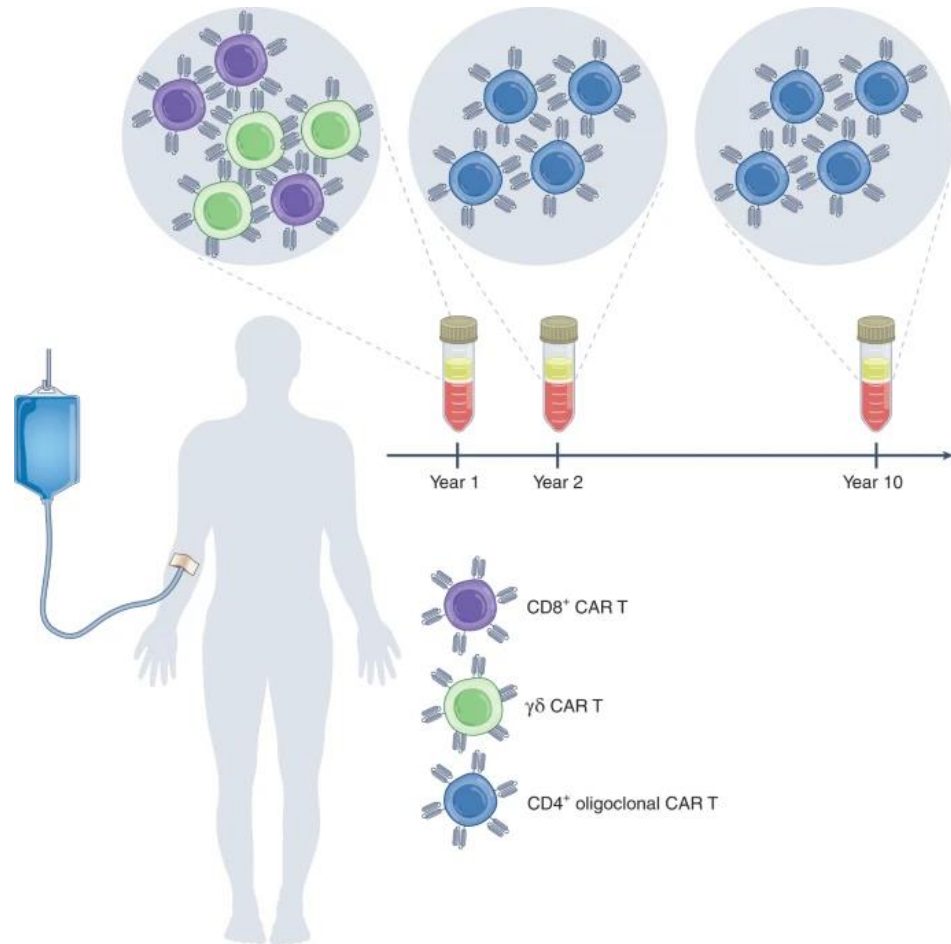
↑ proportion of exhausted CD8+ CAR T cells → partial response or progressive disease (Fraieta 2018, Deng 2020)

↓ low levels of TCR clonotypic diversity → partial response or progressive disease (Deng 2020)

Deng: n=24, Fraietta: n=41, Bai: n=12; (all anti-CD19 CAR T, different products)

# CAR T Cell Therapies

Long term persistence of CD4+ CAR T cell clones



Anti-CD19, n=2, Melenhorst et al.

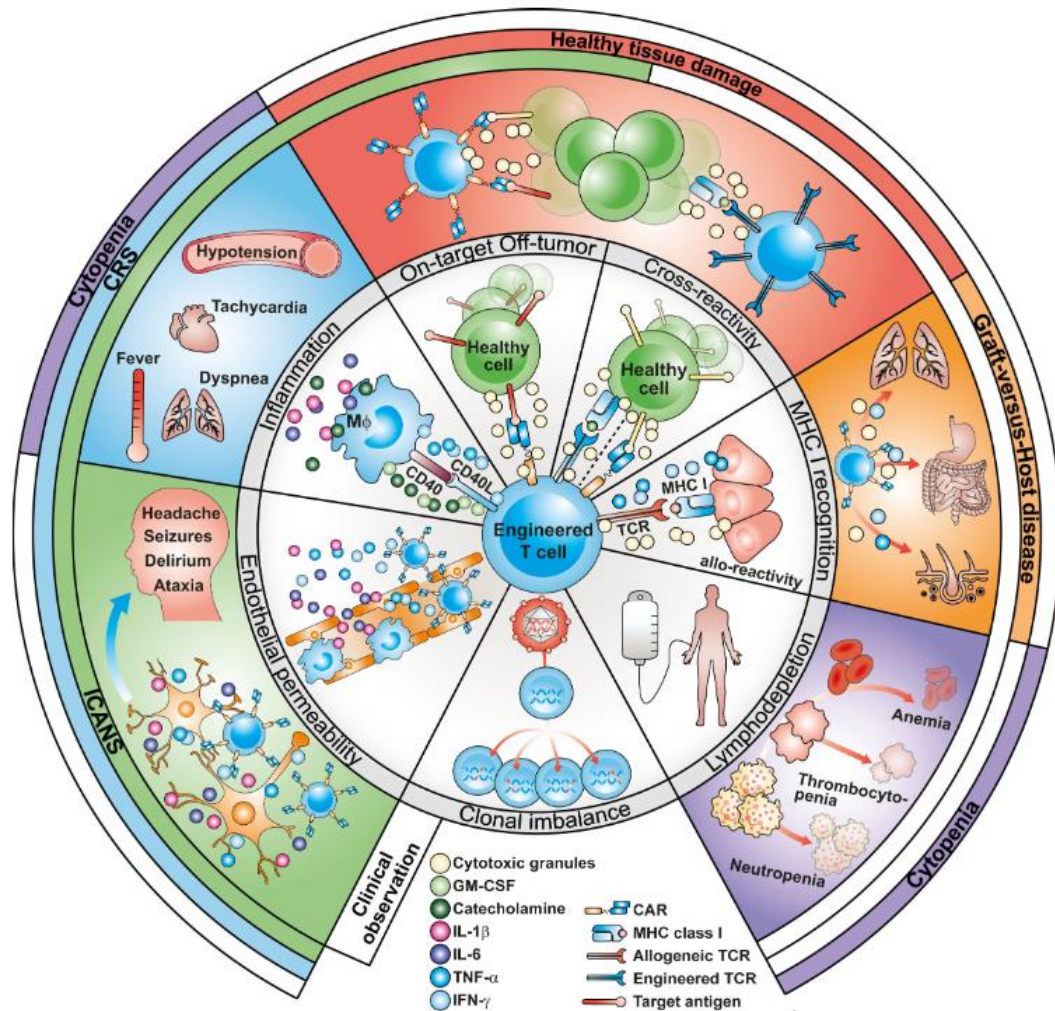
Decade long persistence of CD4+ CAR T cell clones with cytotoxic, proliferating and metabolically active phenotypes

→ Long term response **AND** side effects?



# CAR T Cell Therapies

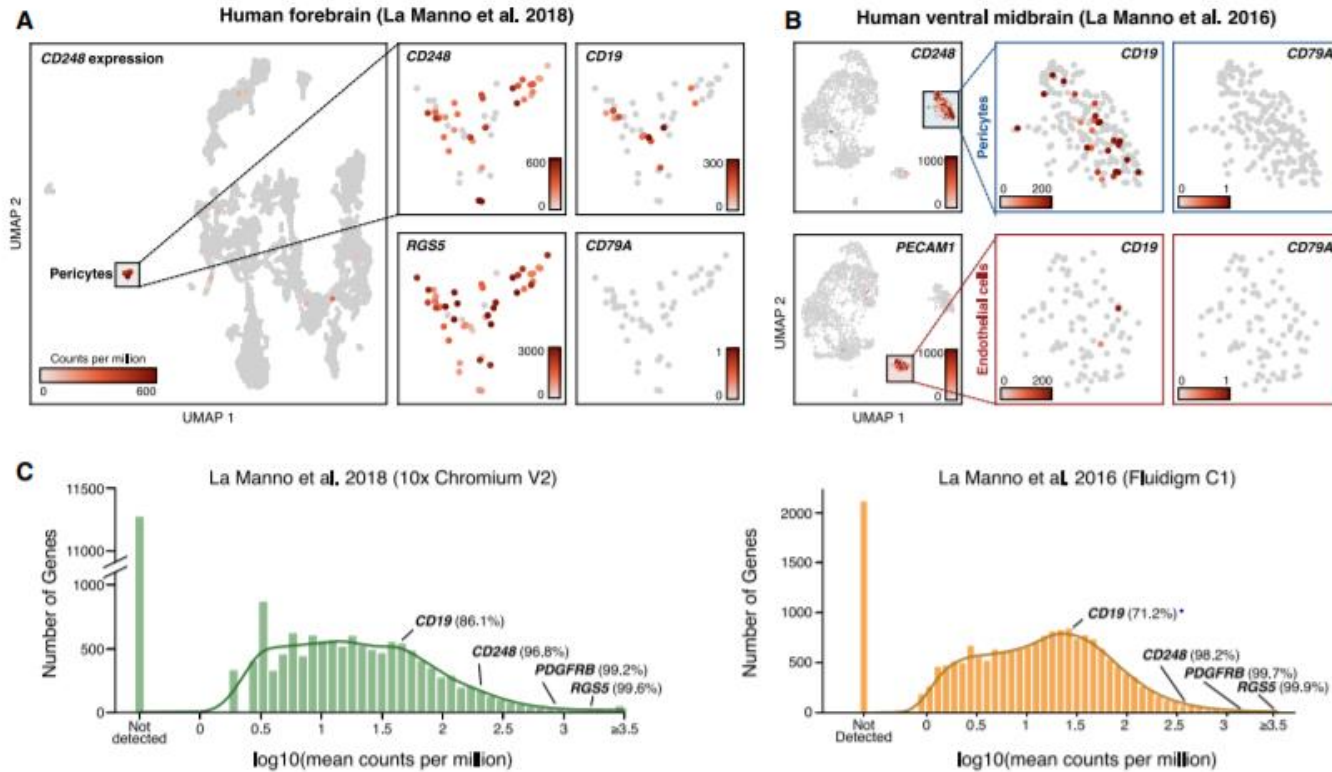
## Factors effecting safety



- ❖ On-target off-tumor binding damages healthy tissue
- ❖ Cytopenia: Reduction in number of mature blood cells
- ❖ Cytokine Release Syndrome (CRS): Severe Inflammation
- ❖ Immune effector cell-associated neurotoxicity syndrome (ICANS): Affecting central nervous system

# CAR T Cell Therapies

## Factors effecting safety – ICANS



**Figure 2. Confirmation of Mural Cell CD19 Expression in Two Independent Datasets**

(A and B) UMAP plots showing single-cell RNA-seq data from (A) human forebrain (La Manno et al., 2018) and (B) human ventral midbrain (La Manno et al., 2016), colored by gene-expression value, showing CD19 expression in pericytes.

(C) Histogram of mean gene-expression values ( $\log_{10}$  counts per million) in identified pericyte cells in La Manno et al. (2018) and La Manno et al. (2016). Relative gene-expression percentiles are shown for indicated genes.

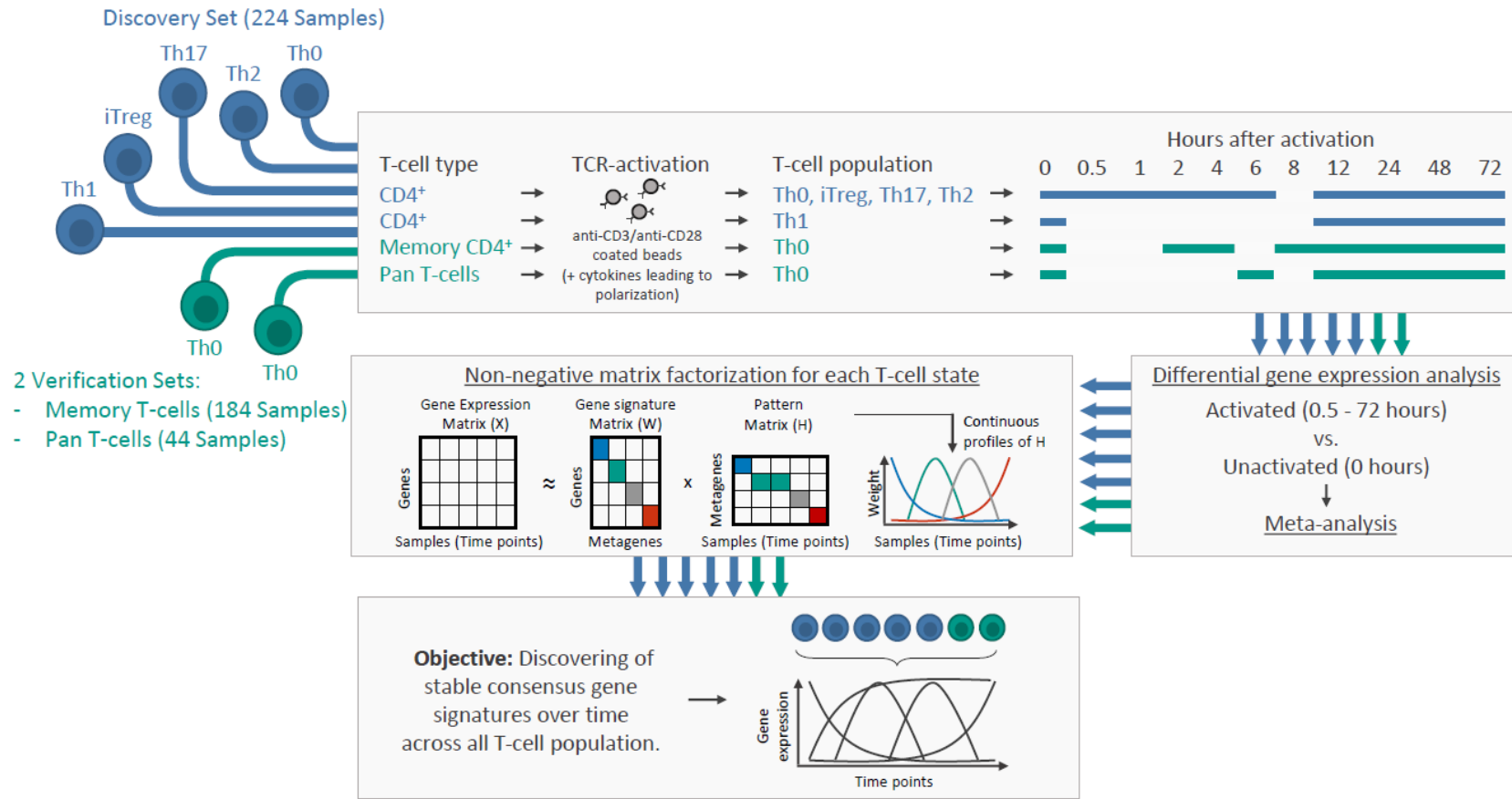
❖ Single-cell RNA-Seq analyses revealed that mural cells surrounding the endothelium (that are critical for blood-brain-barrier integrity) express CD19

→ on-target off-tumor effect (Parker et al. 2020)



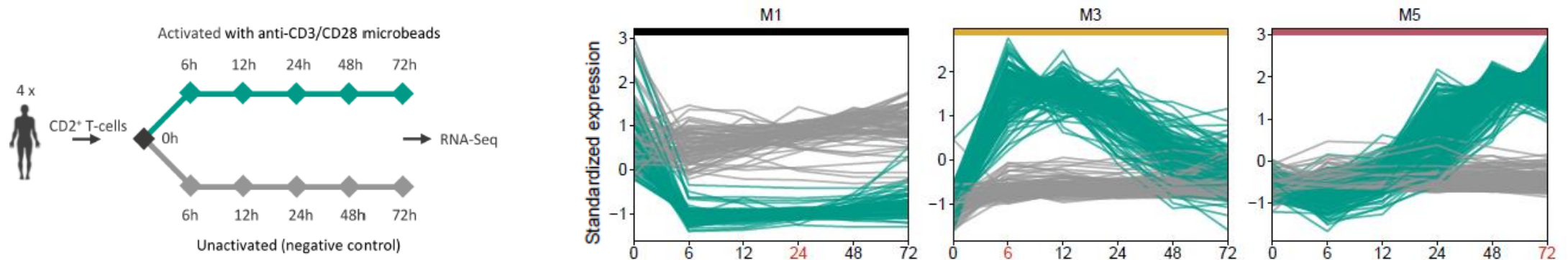
# Re-analysis of data scRNA-Seq data of autologous anti-CD19 CAR T-cell infusion products from 24 patients with LBCL (Deng et al.)

A time-resolved meta-analysis of consensus gene expression profiles during human T-cell activation

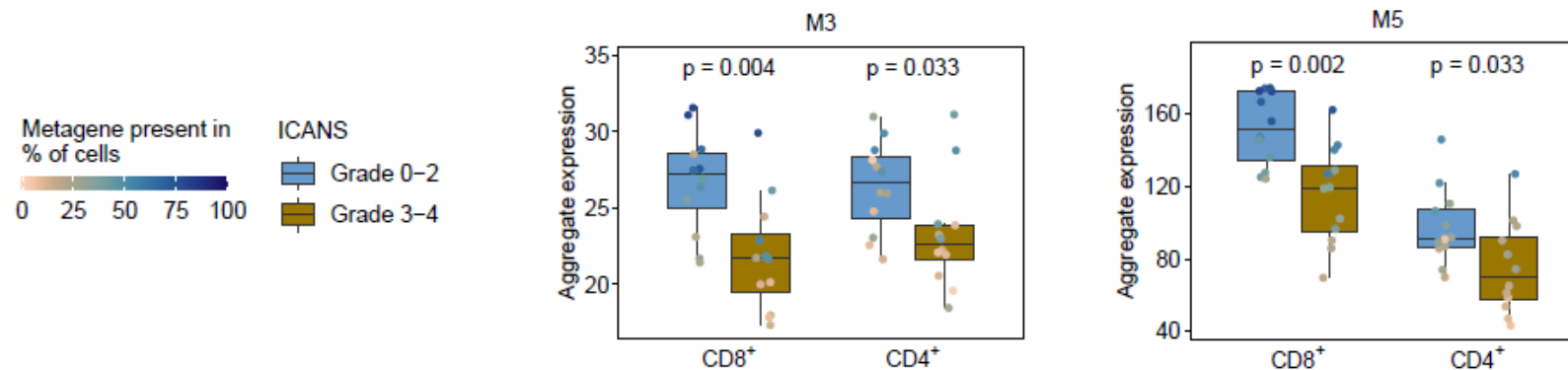


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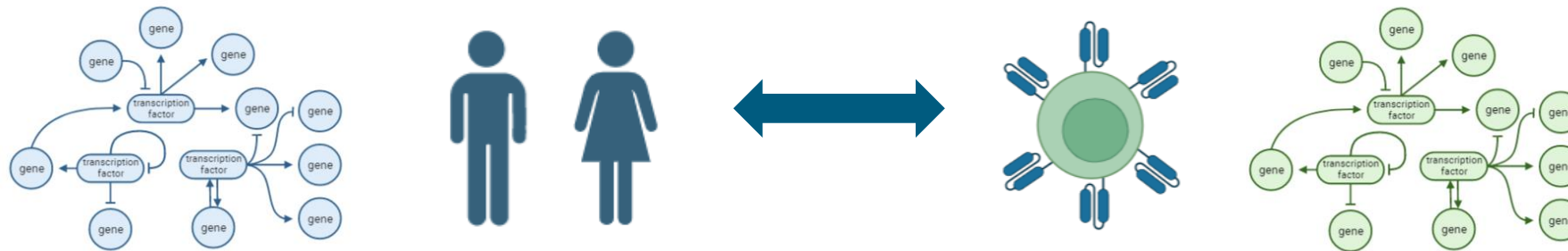
Metagenes M3 and M5 are associated with low-grade ICANS



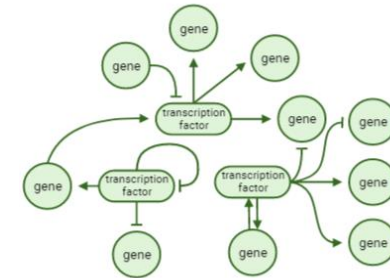
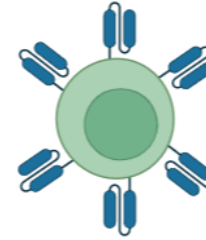
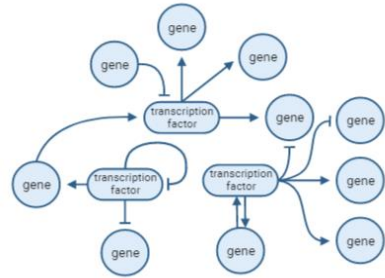
How is this all related to VTs for patients receiving ATMPs?

# CAR T cell therapies / cellular immunotherapies are „living drugs“

Compared to conventional therapies, cellular immunotherapies have the speciality that the **treatment itself is a complex and stochastic “living” system.**



# Towards Virtual Twins for patients receiving cellular immunotherapies



## Description of Status & Response to Cell Therapy

Genetics (e.g. genotoxicity)

Intra-Cellular / Molecular / Surfaceome

Inter-Cellular / Cell-cell communication

Tissue

Organ

Body

## Description of Cell Product

Genetics

Molecular

Surfaceome

(Changes due to) Interaction with Host

Inter-Cellular / Cell-cell communication

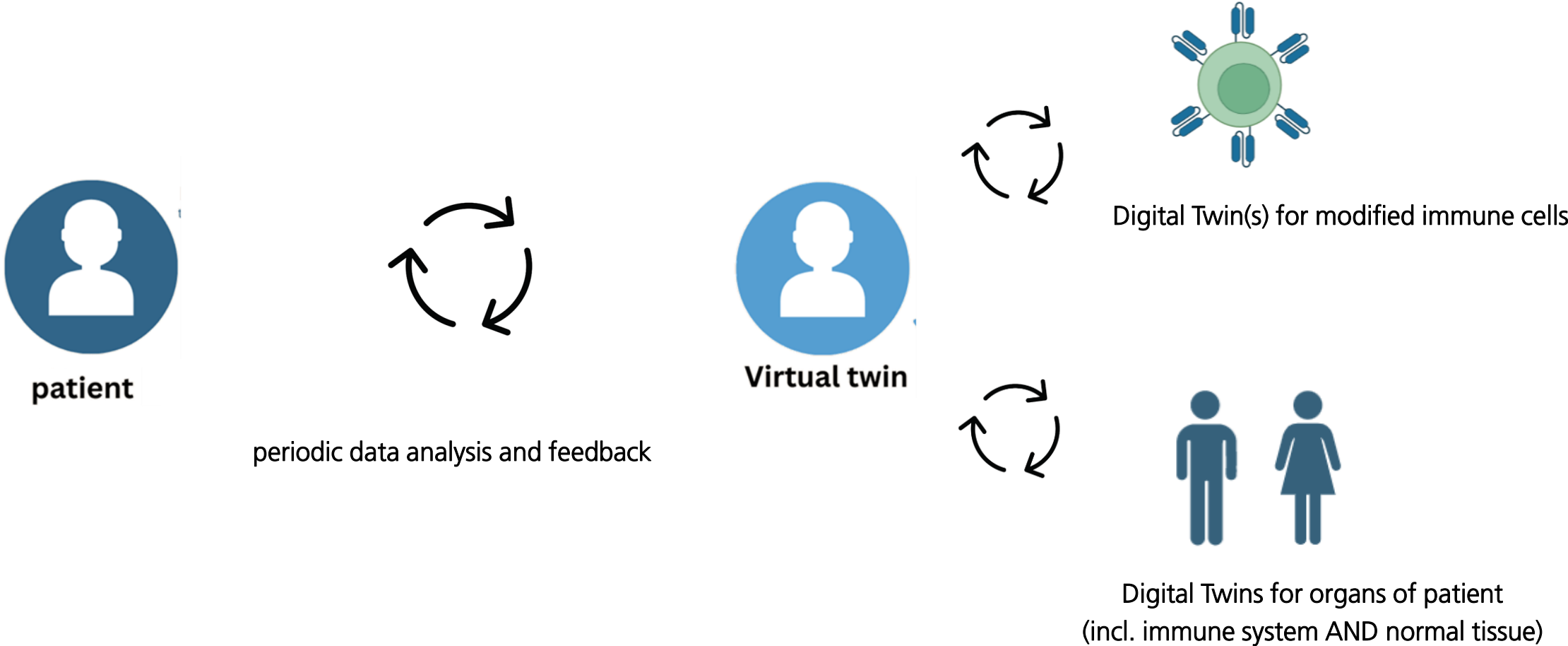
Tissue

Organ



# Virtual Twins for patients receiving cell-based ATMPs as therapy

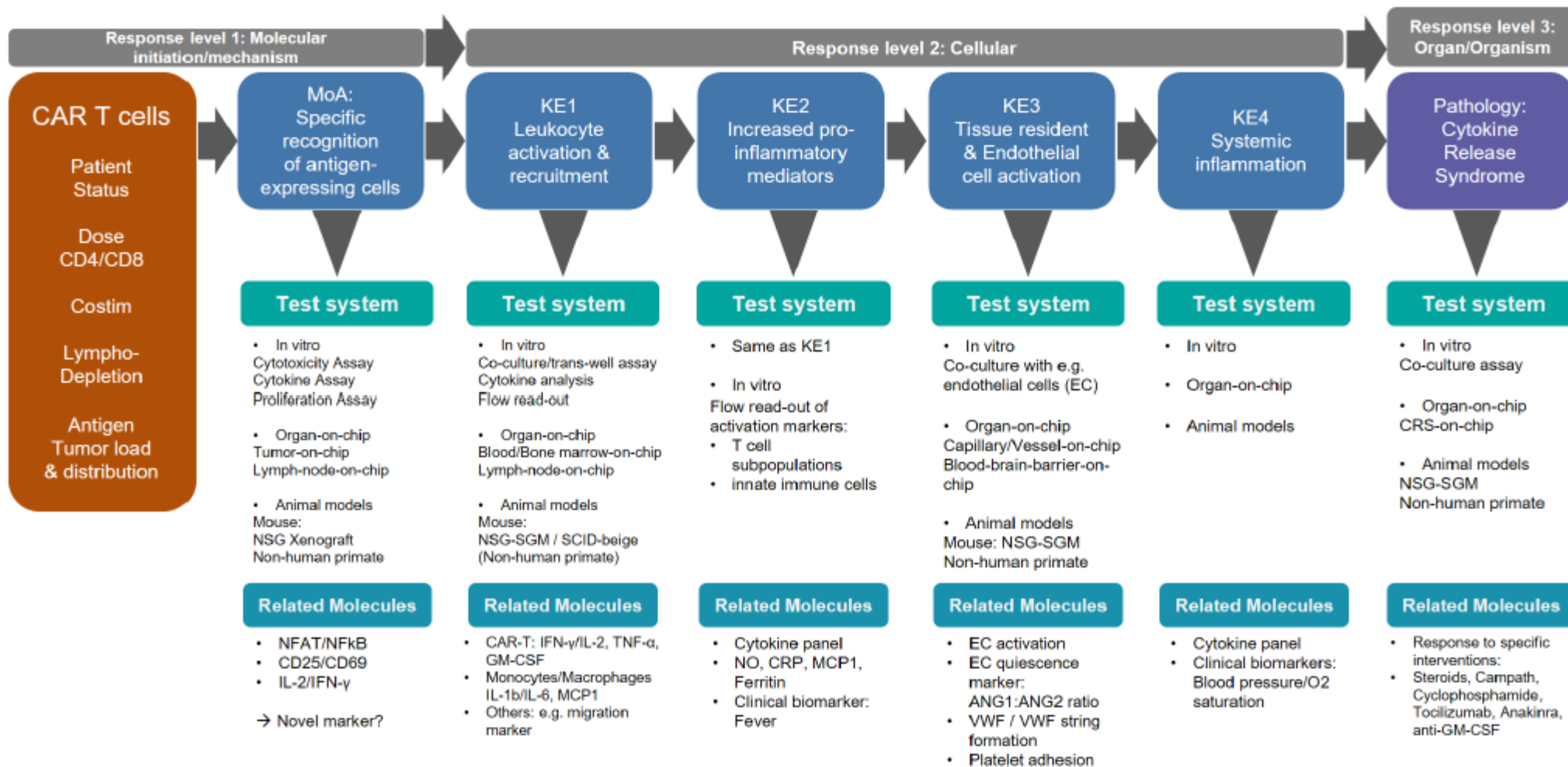
## Components



Very first steps towards modules for VTs for patients receiving ATMPs

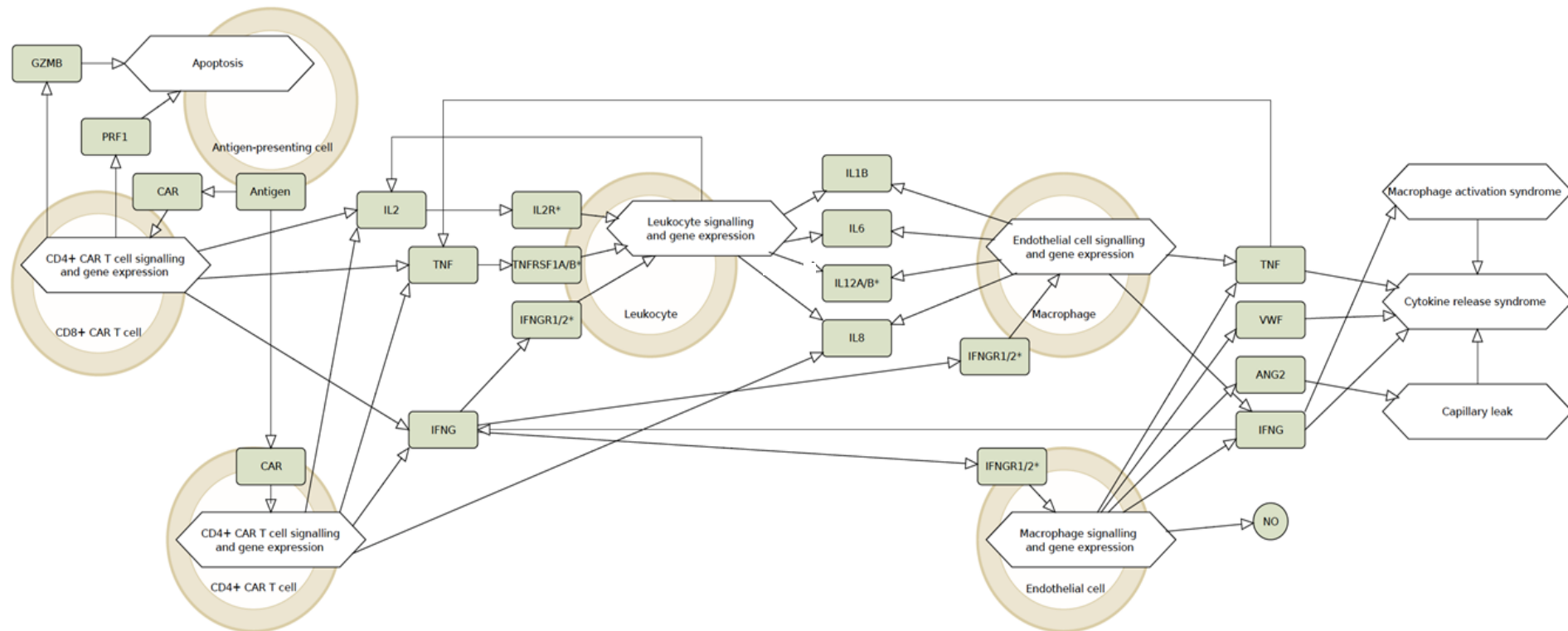
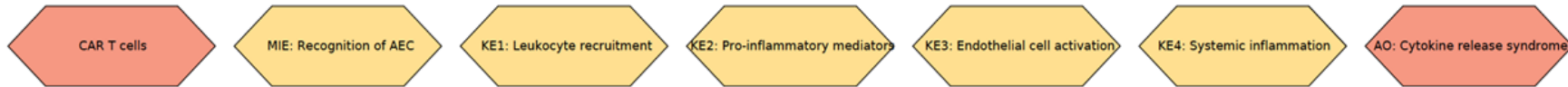
# Modelling side effects using irAOPs

imSAVAR



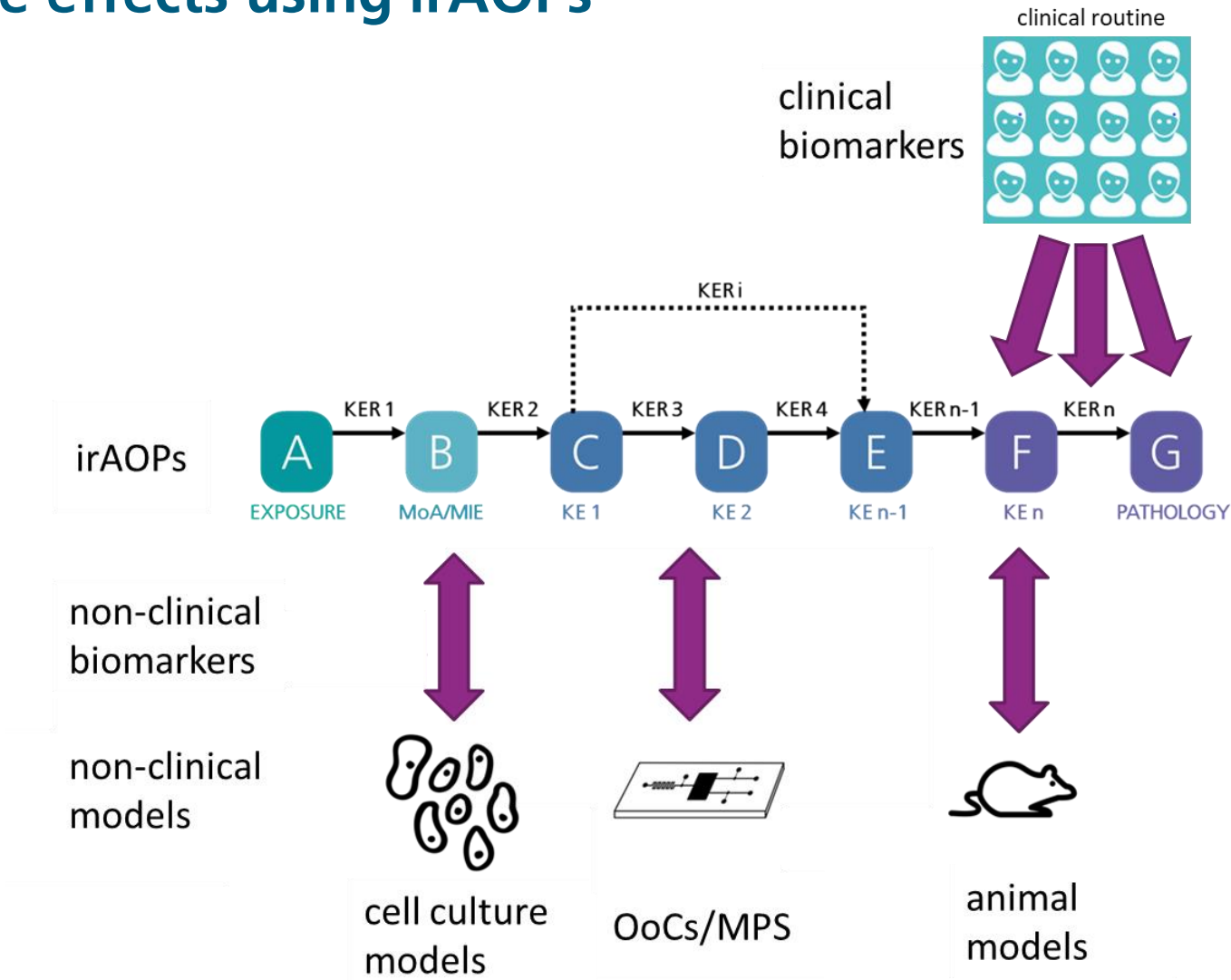
# Modelling side effects using irAOPs

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# Modelling side effects using irAOPs

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# In-depth characterization of the immune microenvironment of patients undergoing CAR T cell therapy

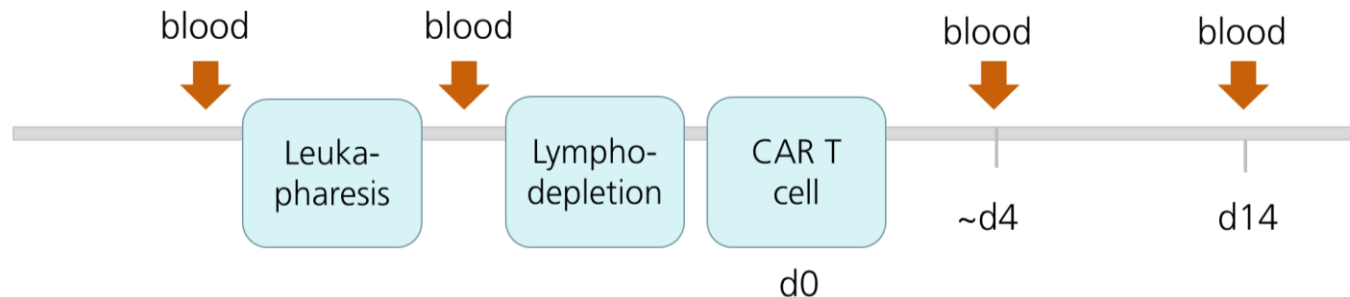


Q: Which patients are at risk to develop CRS?

Q: How do cellular and molecular signatures differ between patients that develop irAEs and those that don't?



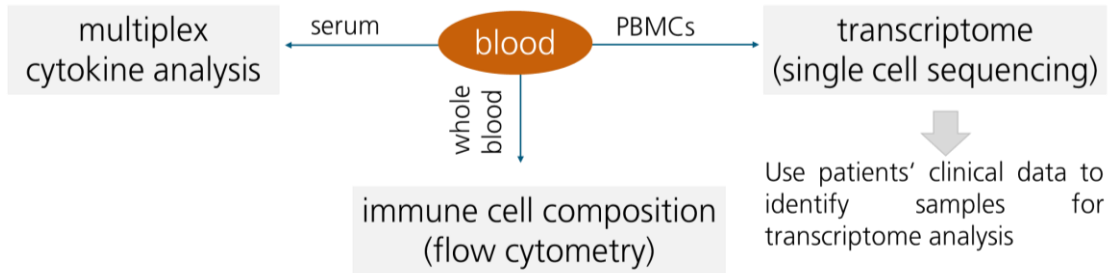
- Longitudinal molecular and cellular phenotyping of patients undergoing CAR T cell therapy
- Thorough characterization of microenvironment and immune cell populations before and after application of CAR T cells
- Correlate with occurrence of adverse events



# In-depth characterization of the immune microenvironment of patients undergoing CAR T cell therapy



## Sample analysis

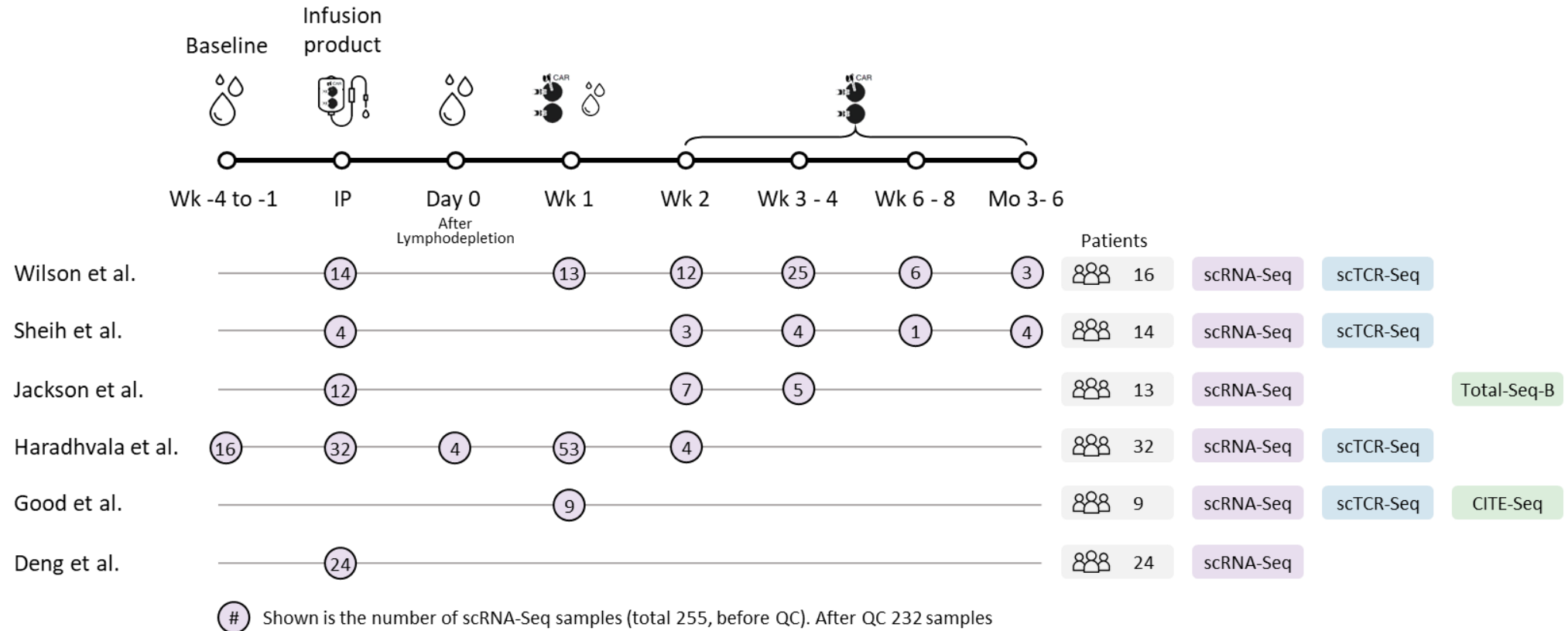


	Center 1		Center 2		
Pat. enrolled (N)	26	%	Pat. enrolled (N)	65	%
male	18	69.2	male	41	63.1
female	8	30.8	female	19	29.2
age (mean)	63	(25-79)	age (mean)	60	(22-79)
<b>CAR T Products/Infusions</b>			<b>CAR T Products/Infusions</b>	46	
Abecma	12	46	Abecma	26	63.0
Yescarta	4	15	Yescarta	16	34.8
Tecartus	5	19	Tecartus	4	8.7
Kymriah	3	11			
Breyanzi	2	7	<b>Tumor entity</b>	60	
			Multiple Myeloma	34	56.7
			DLBCL	21	35.0
			MCL	4	6.7
			High Grade BNHL NOS	1	1.7



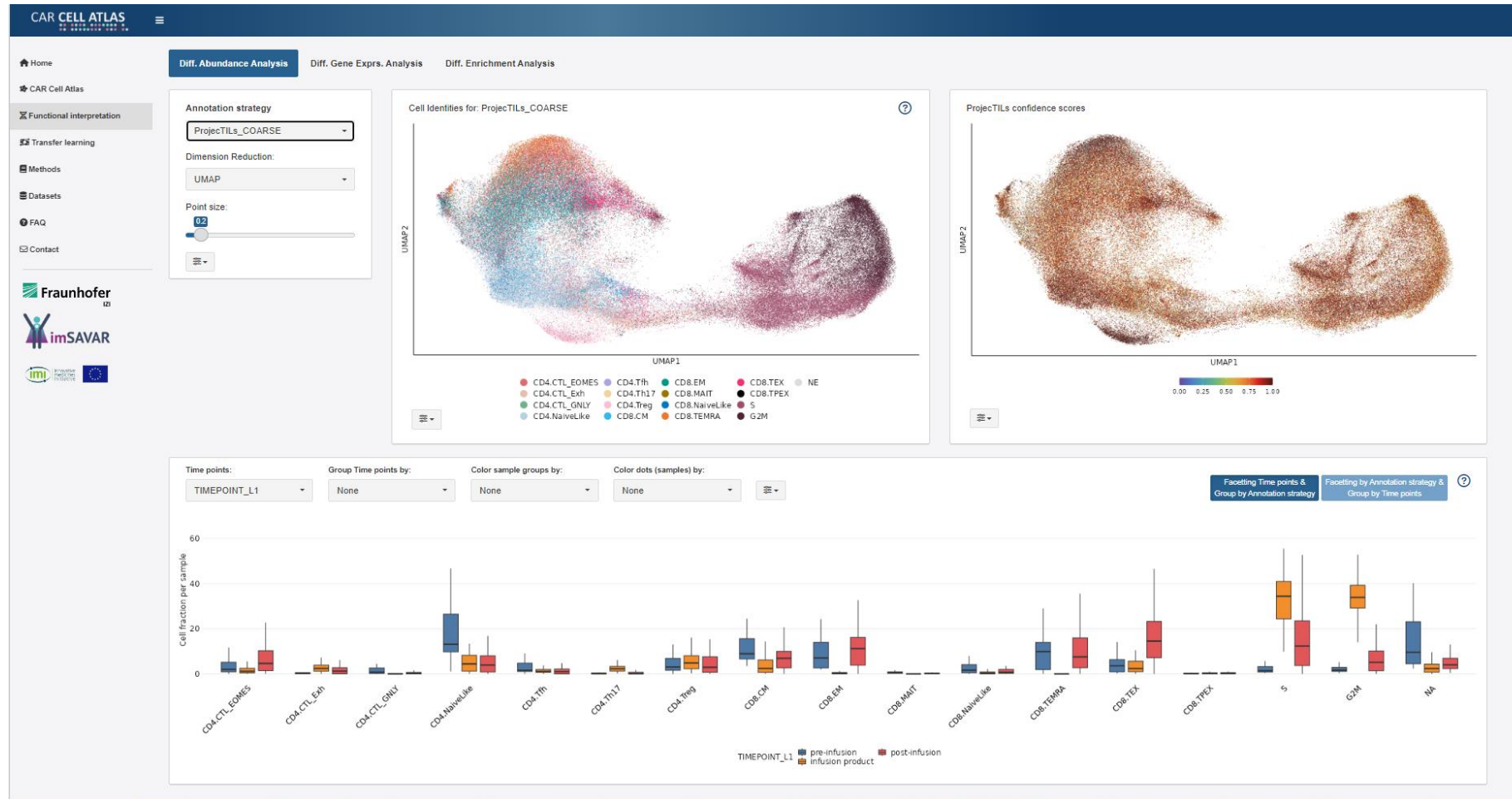
# Towards a (CAR) T single Cell Atlas

Is there a significant correlation between T cell fates and clinical outcome and adverse events?



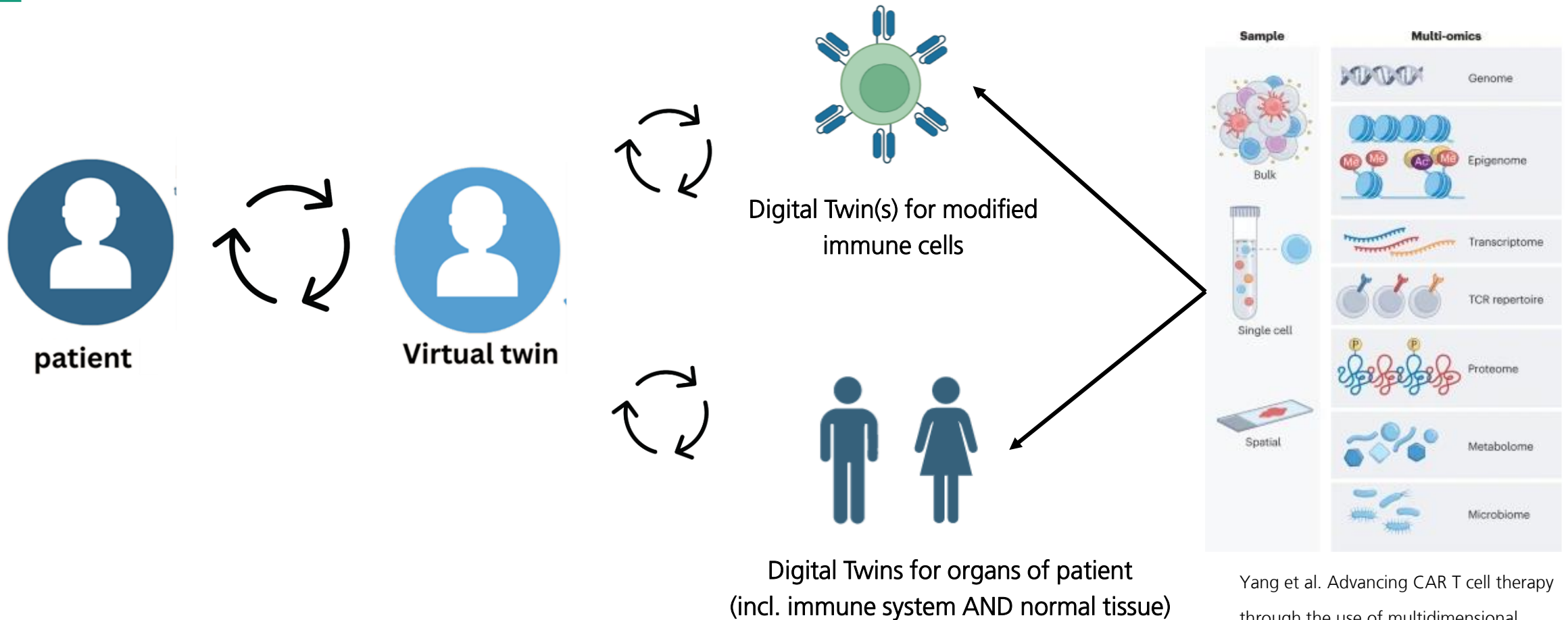
# Towards a (CAR) T single Cell Atlas

Is there a significant correlation between T cell fates and clinical outcome and adverse events?



# Virtual Twins for patients receiving cell-based ATMPs as therapy

## Components



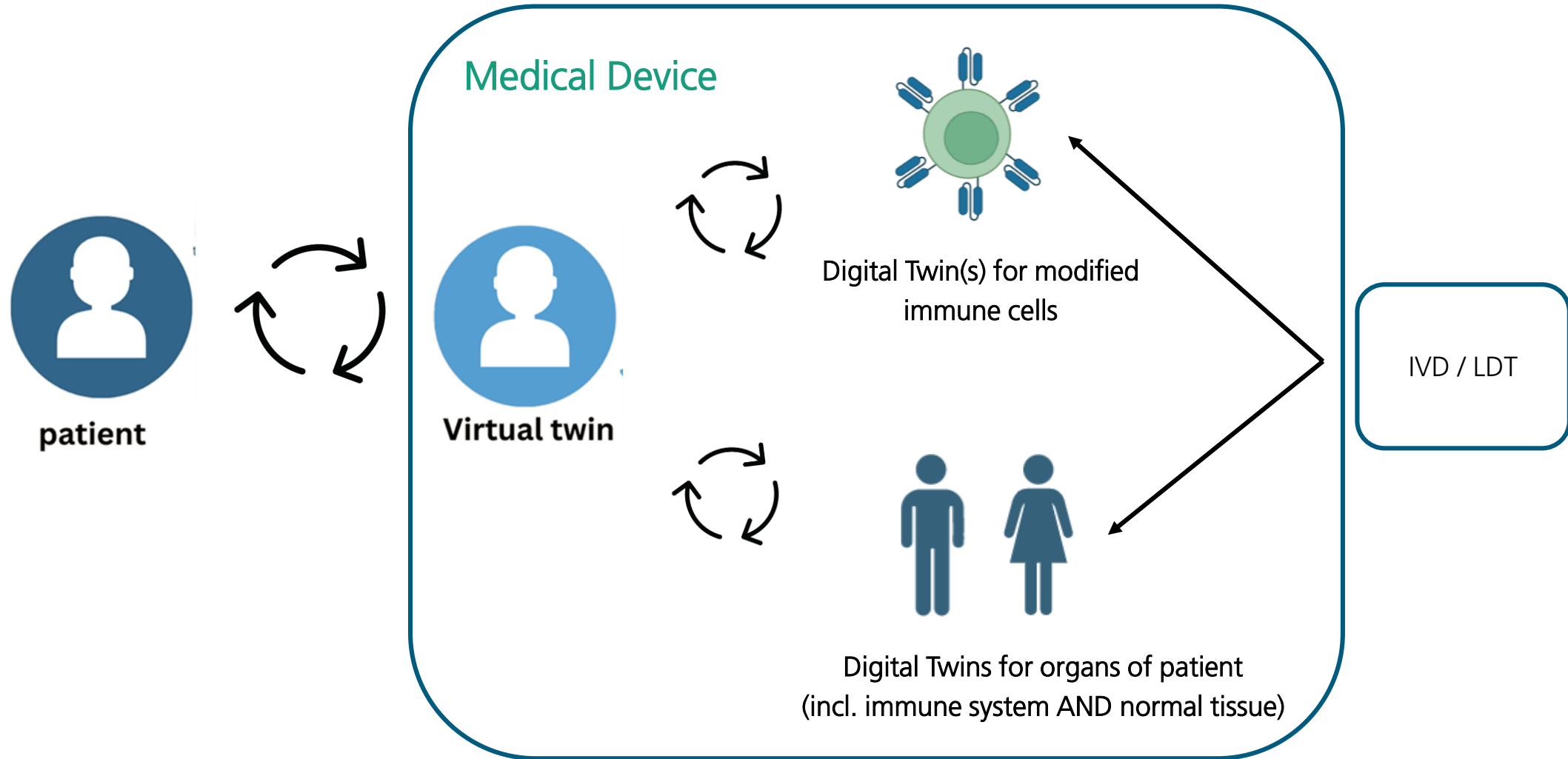
Yang et al. Advancing CAR T cell therapy through the use of multidimensional omics data. Nat. Rev. Clin. Oncol, 2023.



# Software Engineering for VTs used in clinical decision making

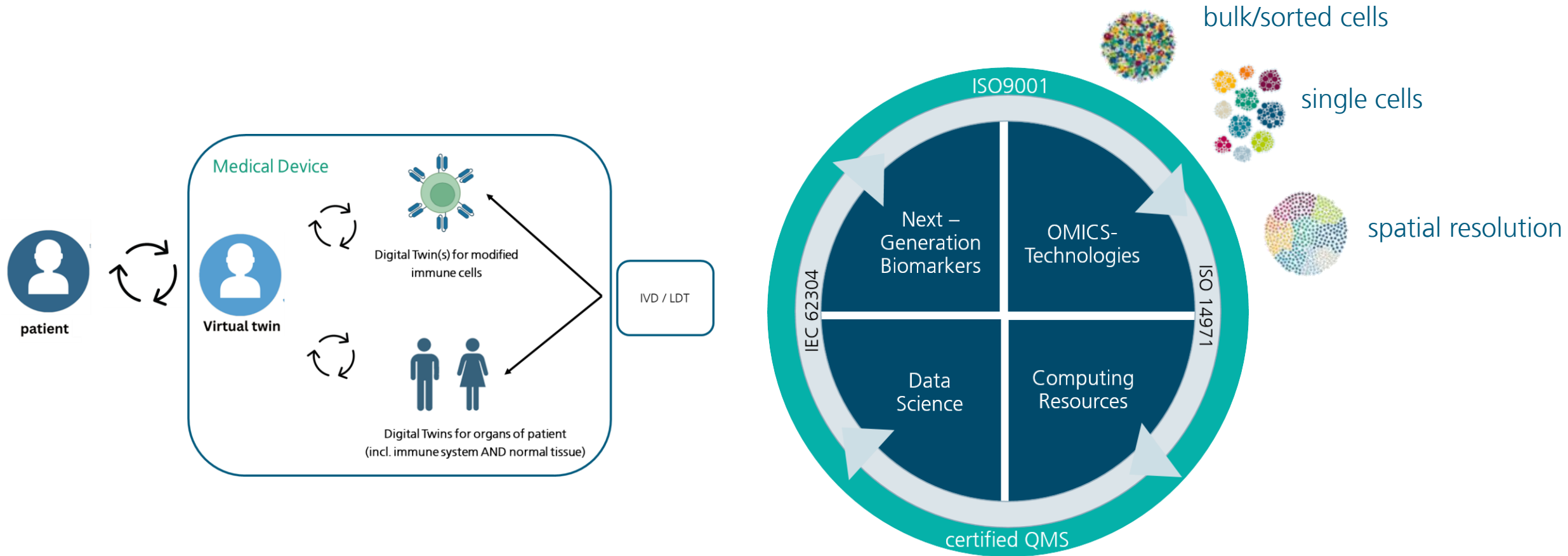
# Virtual Twins for patients receiving cell-based ATMPs as therapy

VTs = Software as Medical Devices



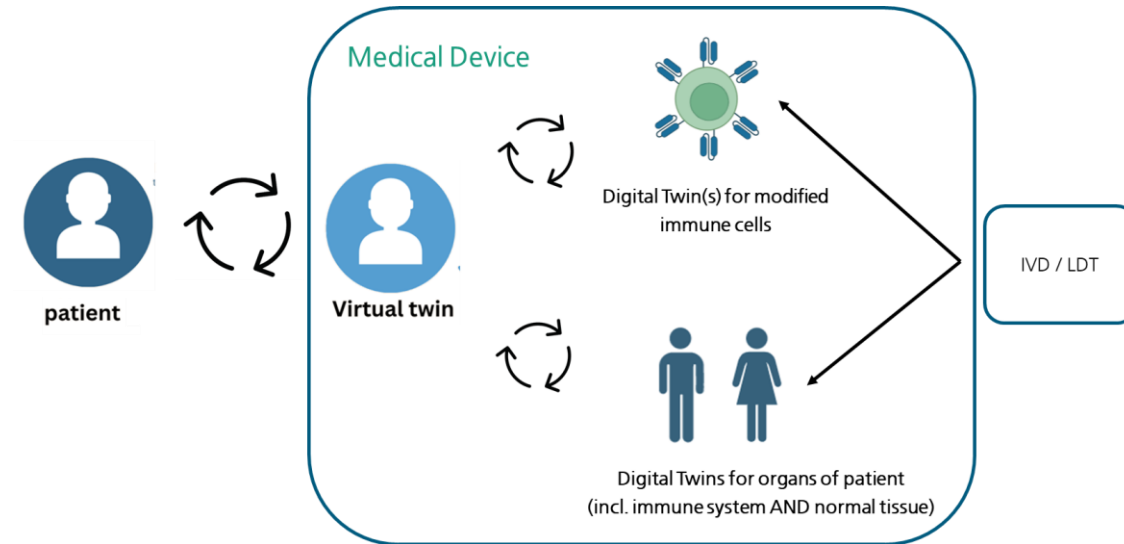
# Virtual Twins for patients receiving cell-based ATMPs as therapy

VTs = Software as Medical Devices



# Summary – CAR T cell therapies as an example for ATMPs

- ❖ New type of cancer immunotherapy
- ❖ Mainly for haematological malignancies, but first results for solid tumours
- ❖ Limited availability: Complex and expensive manufacturing
- ❖ Efficacy and side effects depend from multiple factors
- ❖ It is a „living drug“ → Increased complexity for VTs



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# Fraunhofer IZI & Leipzig University

- ❖ IZI: 1st European manufacturer for CAR Ts (Kymriah)
- ❖ Uni Leipzig: In 01/2023 1st clinical center providing all approved CAR T cells products to patients
- ❖ Comprehensive biobanking of longitudinal samples
- ❖ IVD and Software as Medical Device



Thank you for  
your attention

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