

Treg therapy

MBIM735: Inflammation and Immunity

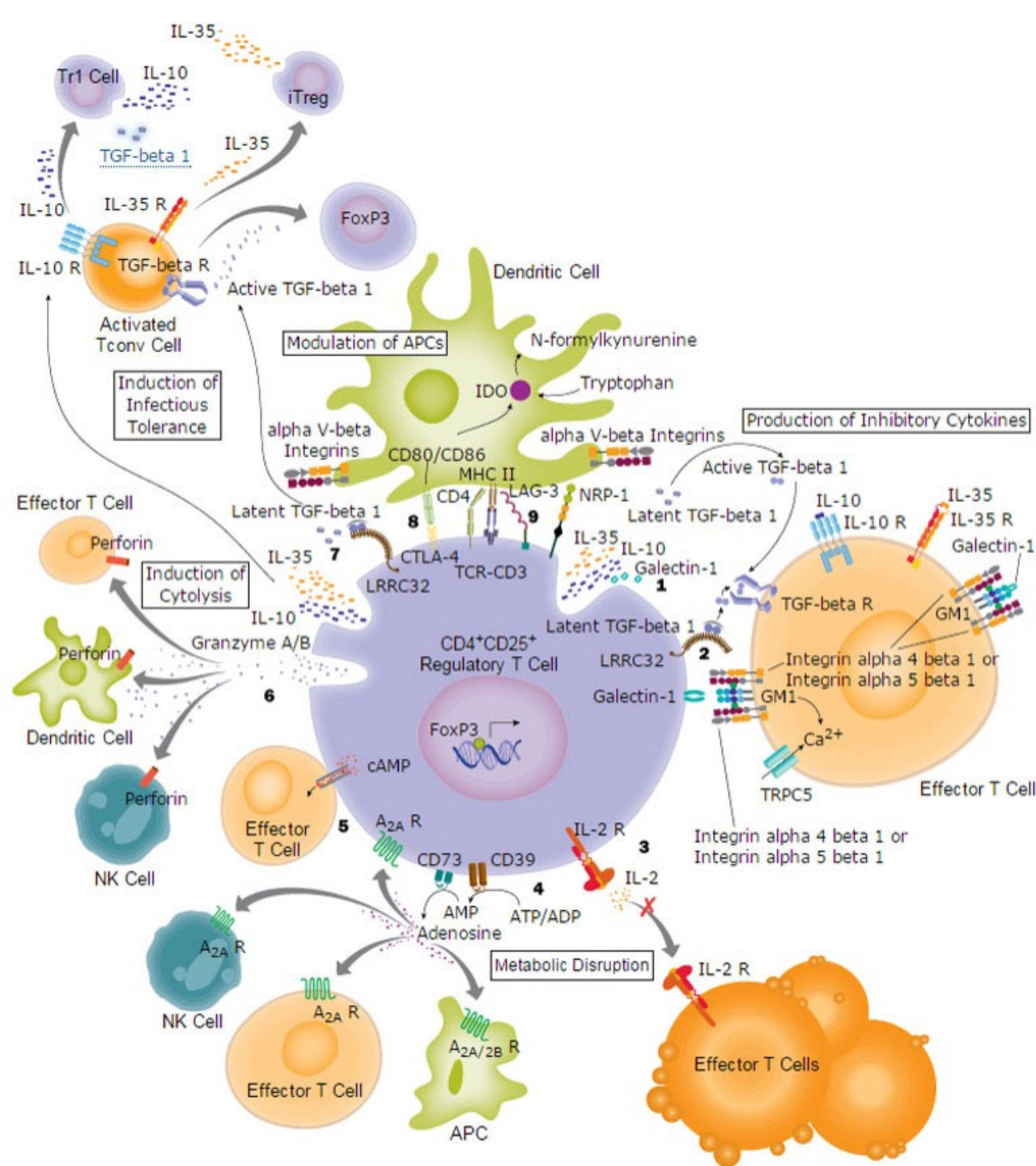
Leonardo M.R. Ferreira

Microbiology and Immunology

Regenerative Medicine and Cell Biology

Hollings Cancer Center

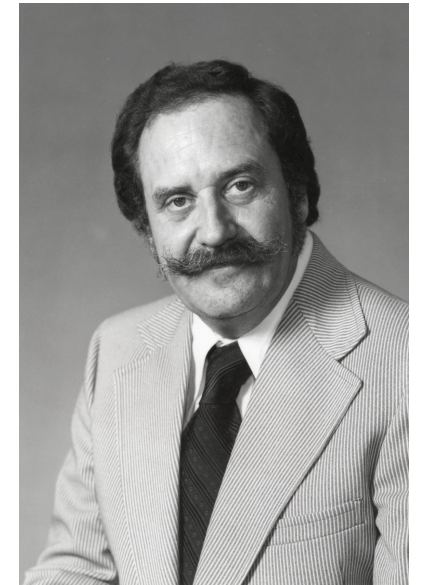
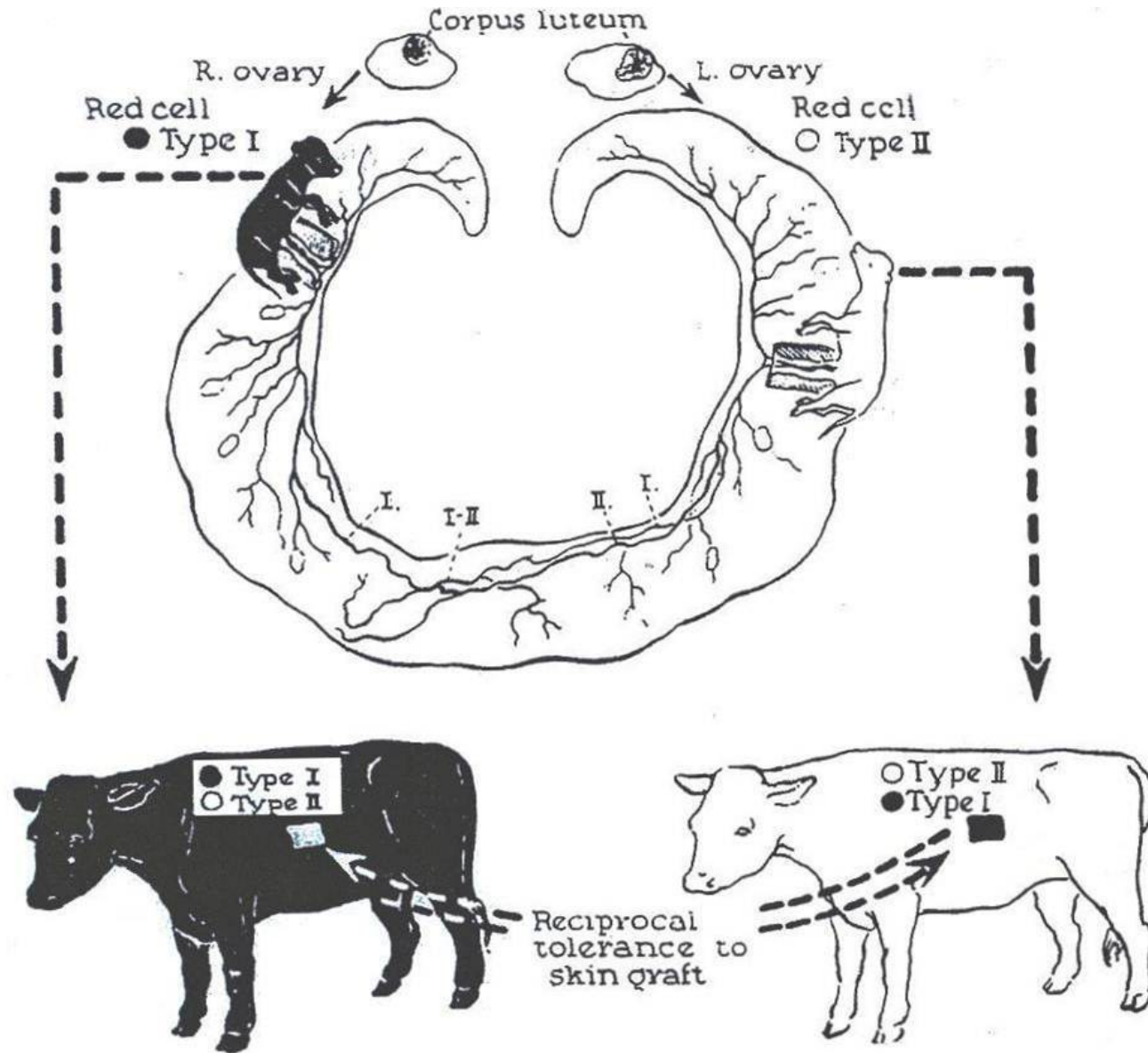
Medical University of South Carolina



Questions

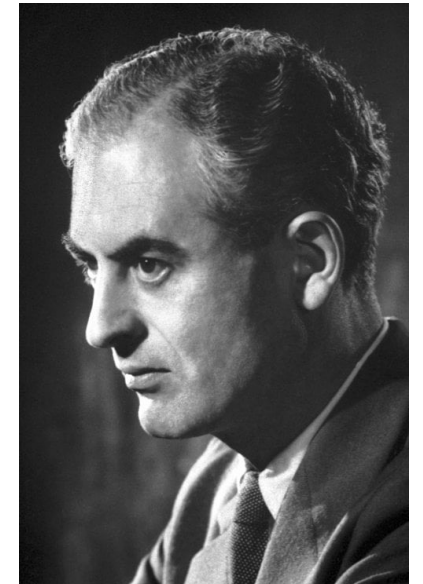
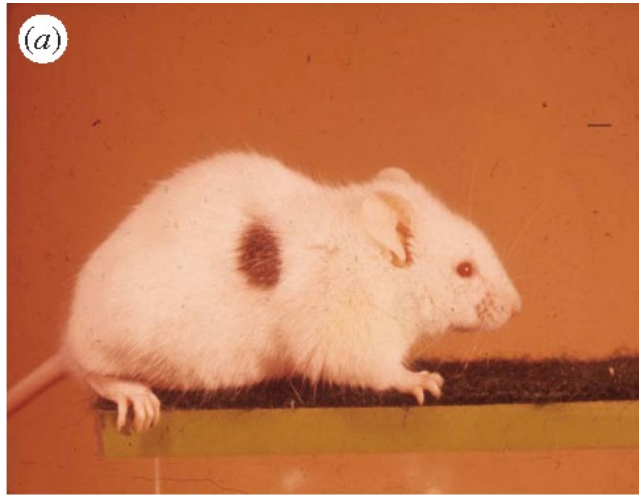
- What is a regulatory T cell (Treg)?
- How do Tregs work?
- What diseases are possible indications for Tregs?
- Can Tregs be made into living drugs?
- How can one assess Tregs' therapeutic efficacy?
- What is the cutting edge of Treg biology and engineering?
- Will Tregs become a proven treatment?

Chimerism and immune tolerance



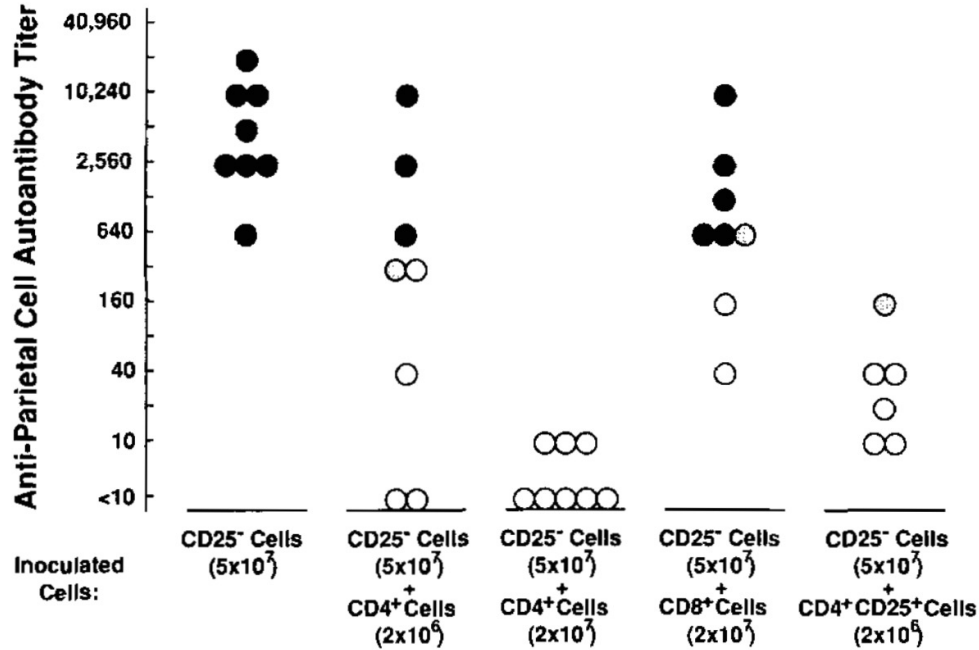
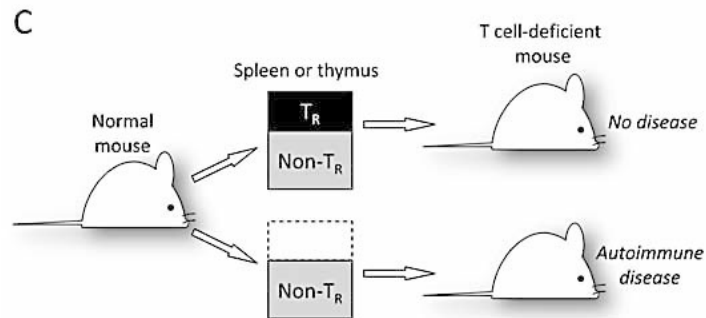
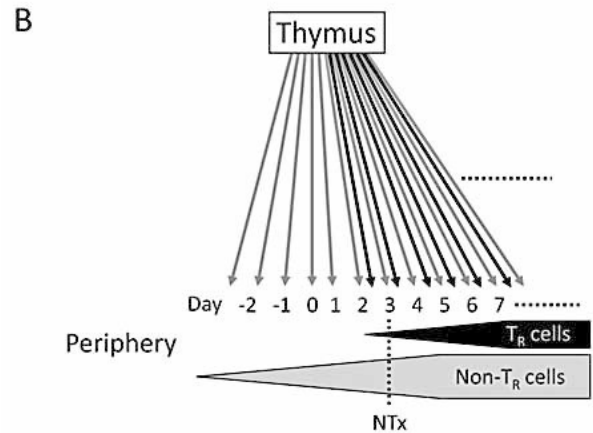
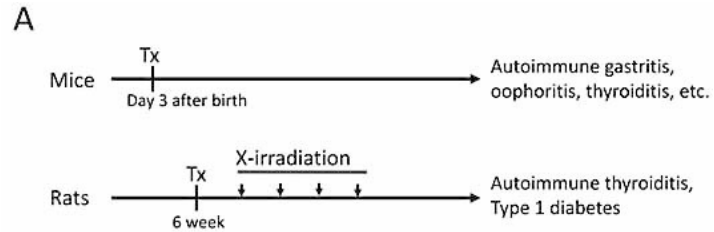
Ray Owen

Actively acquired immune tolerance



Peter Medawar

T cell-mediated immune tolerance

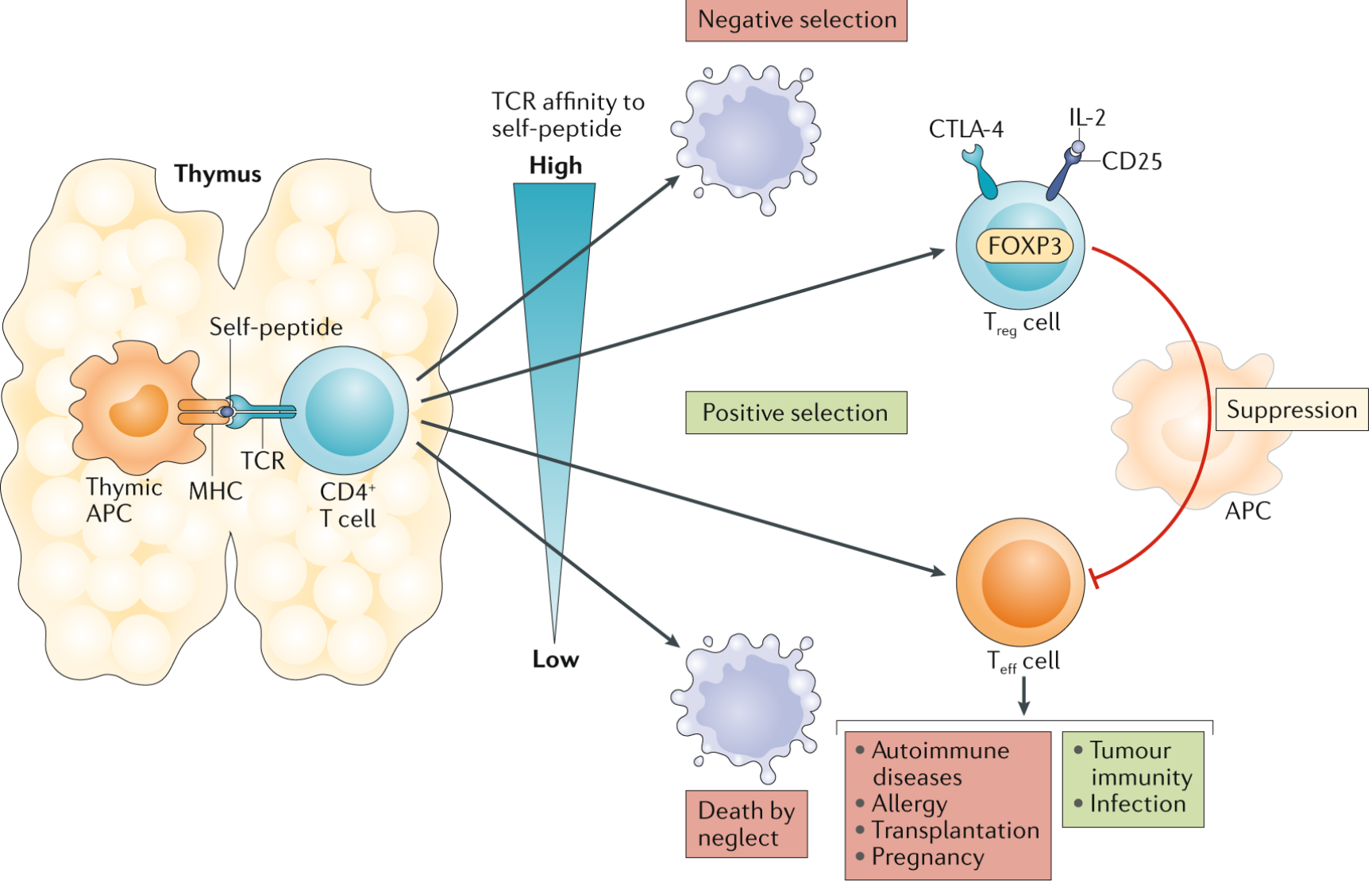


- Grade 2 gastritis
 - Grade 1 gastritis
 - Intact mucosa
- Tx – thymectomy
 NTx – neonatal thymectomy
 T_R – T regulatory cells

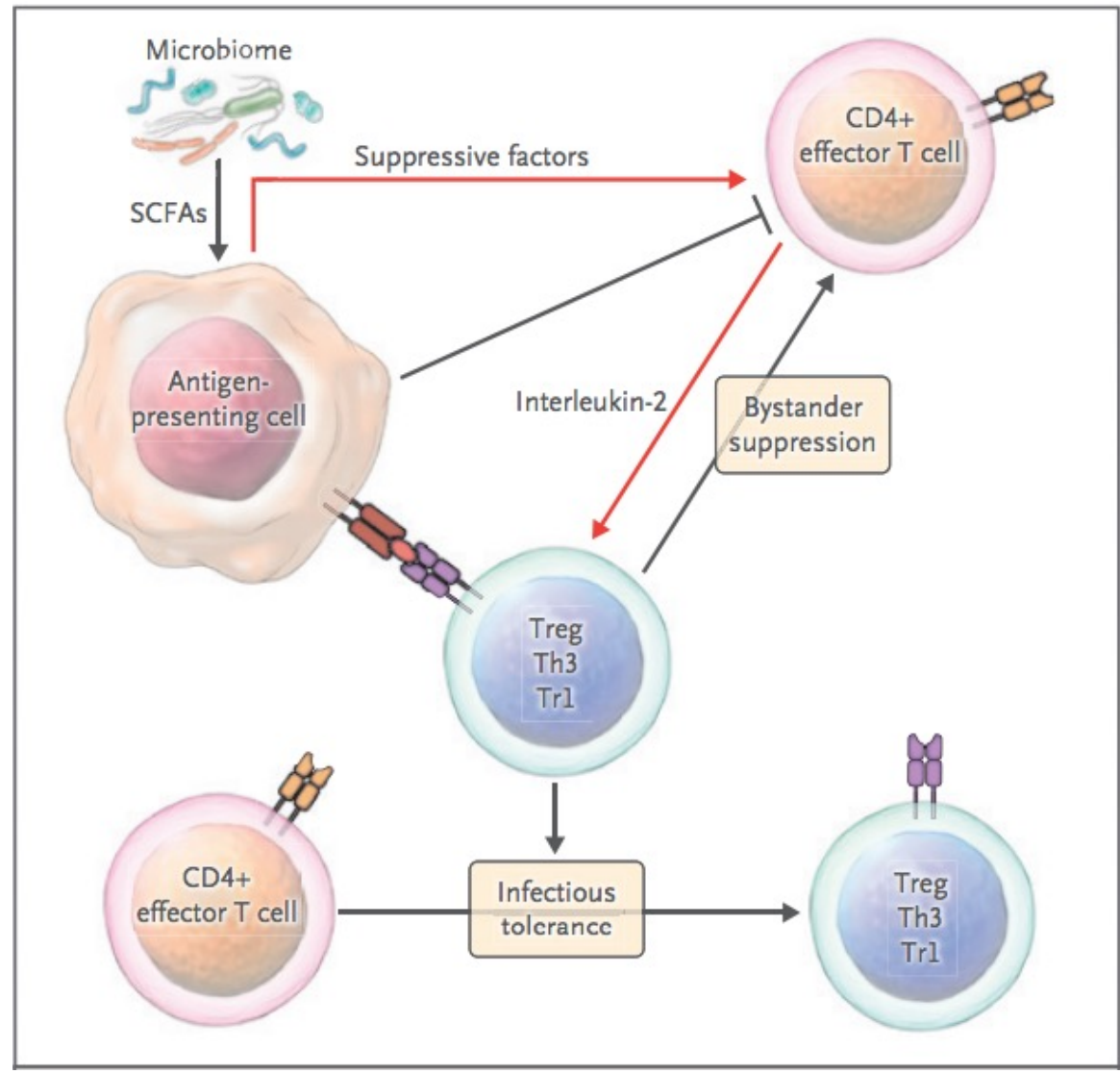
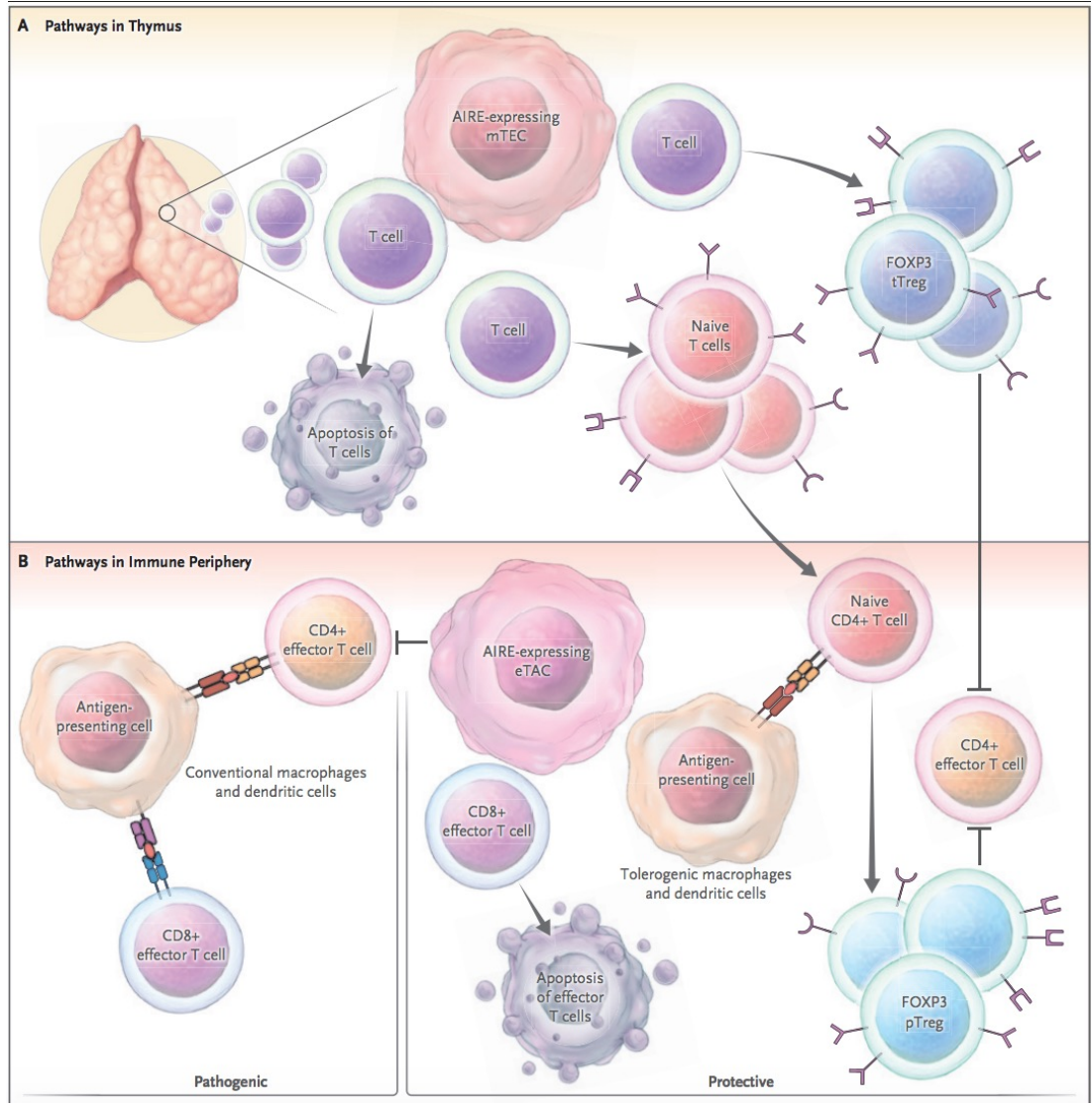


Shimon Sakaguchi

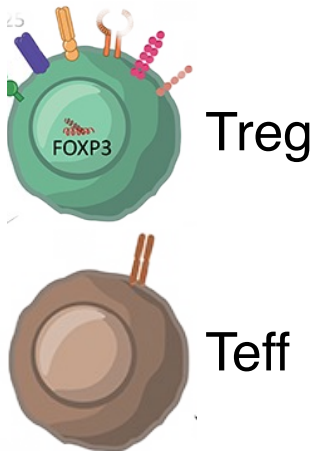
Regulatory T cell (Treg) development



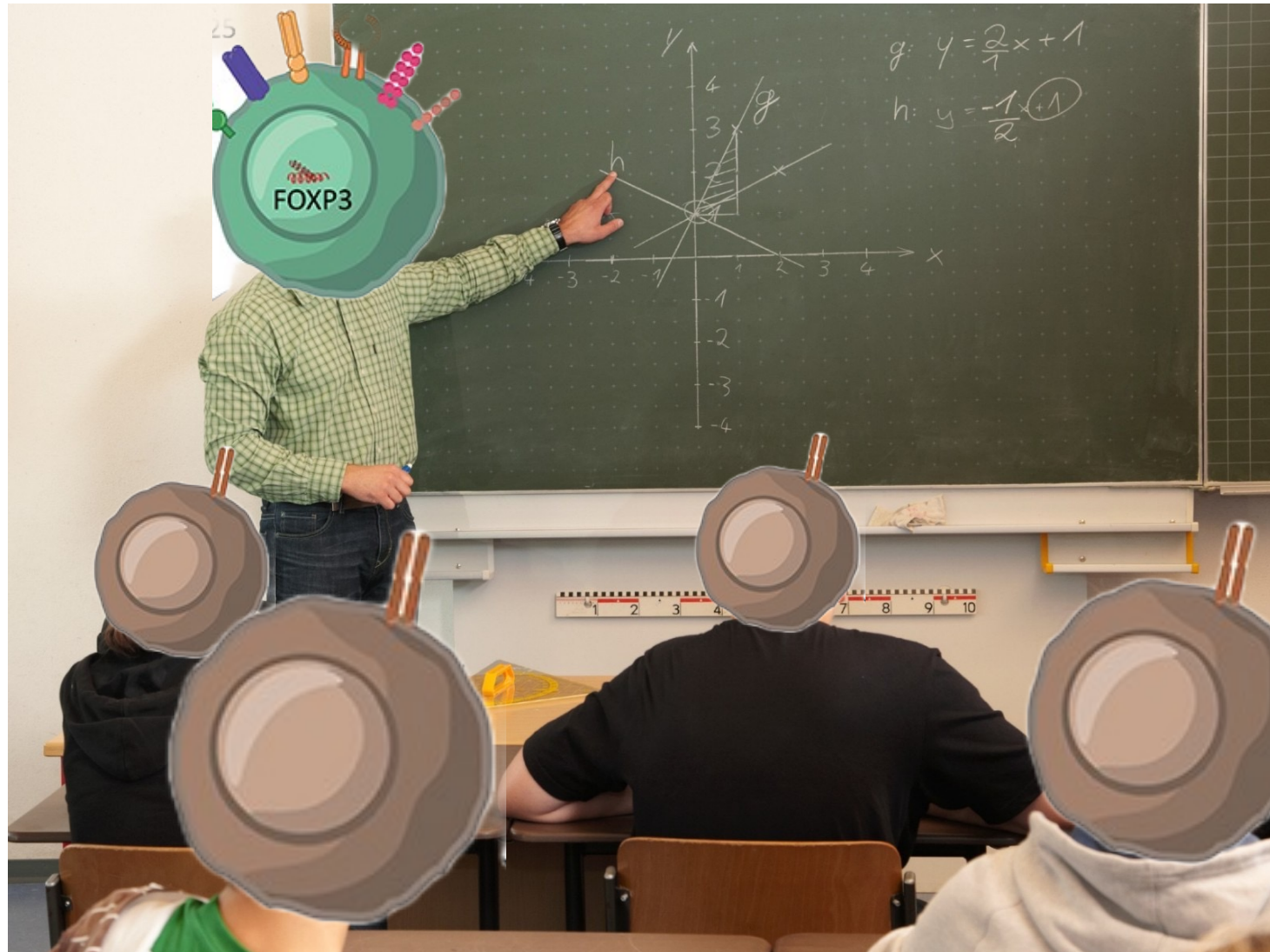
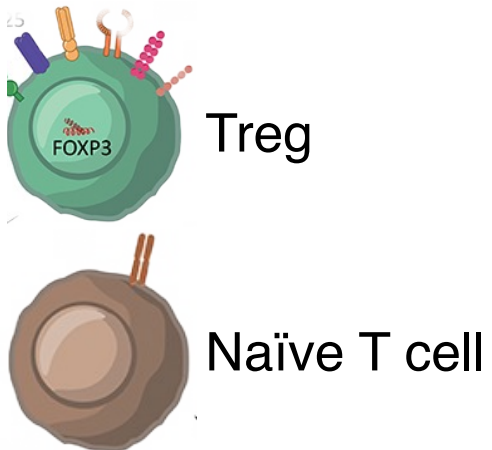
Central and peripheral immune tolerance



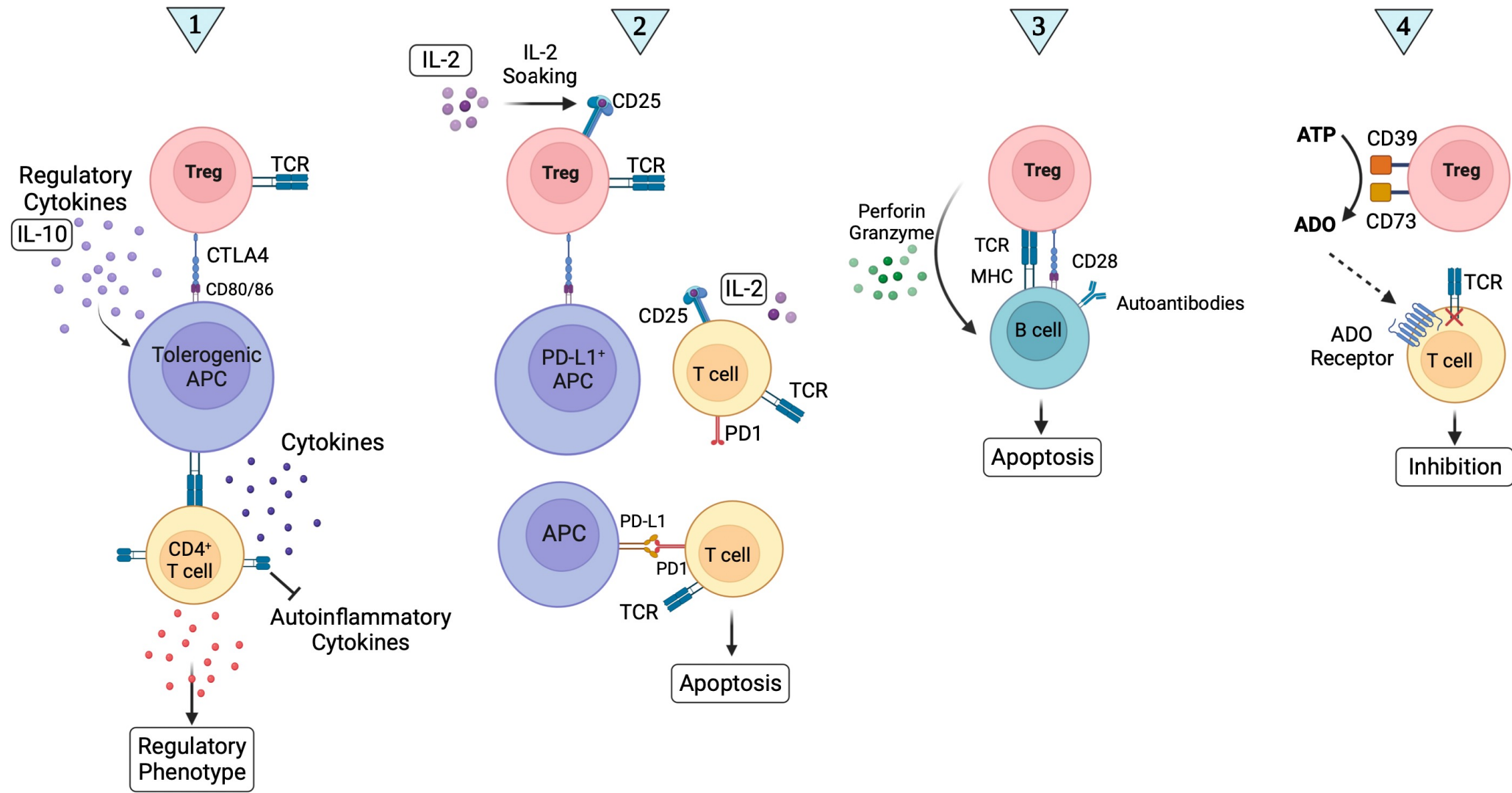
Tregs' first tenet: Bystander suppression



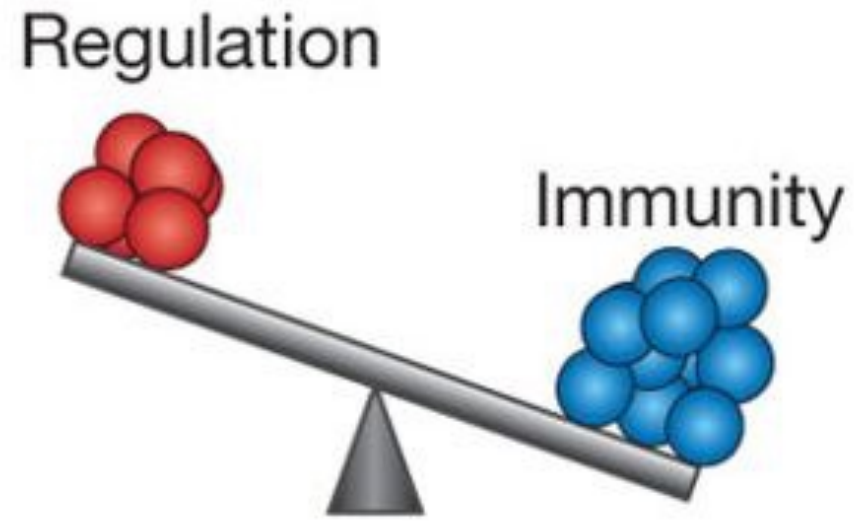
Tregs' second tenet: Infectious tolerance



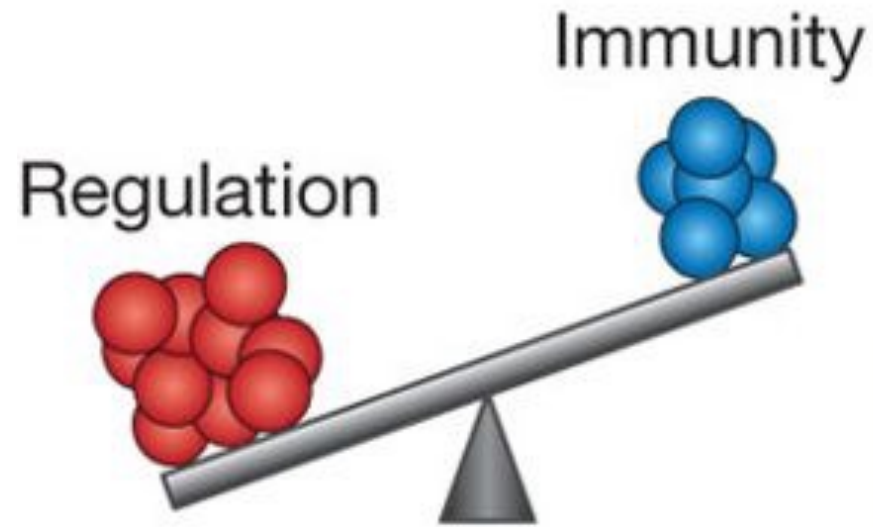
Treg-induced tolerance mechanisms



Can Tregs be used as living drugs?

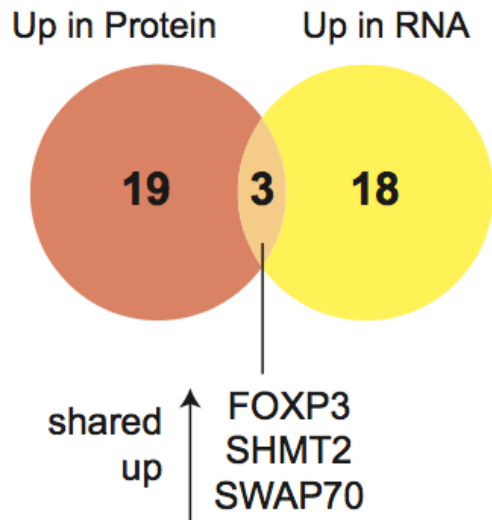


Can Tregs be used as living drugs?

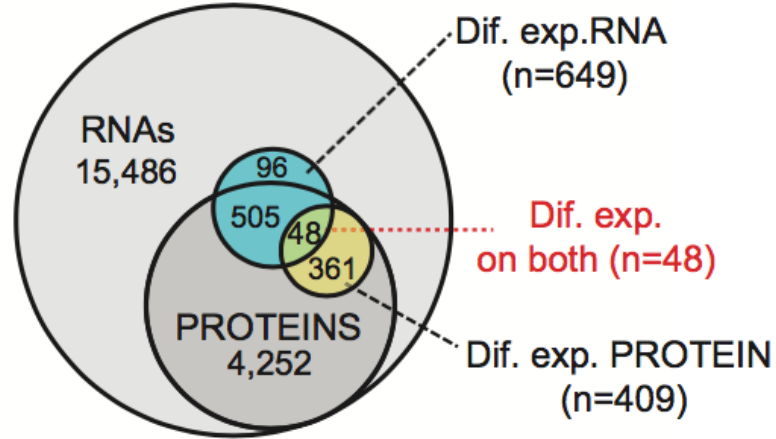


Human Treg identification remains an active field

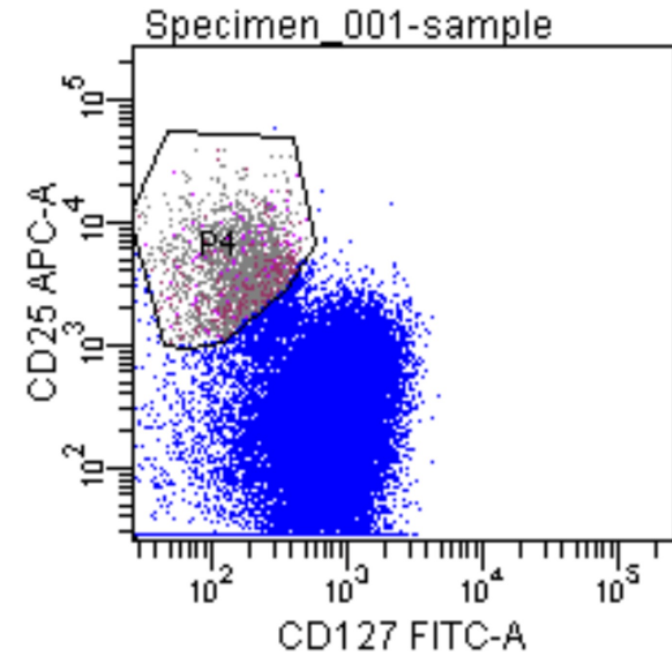
Treg signature



G



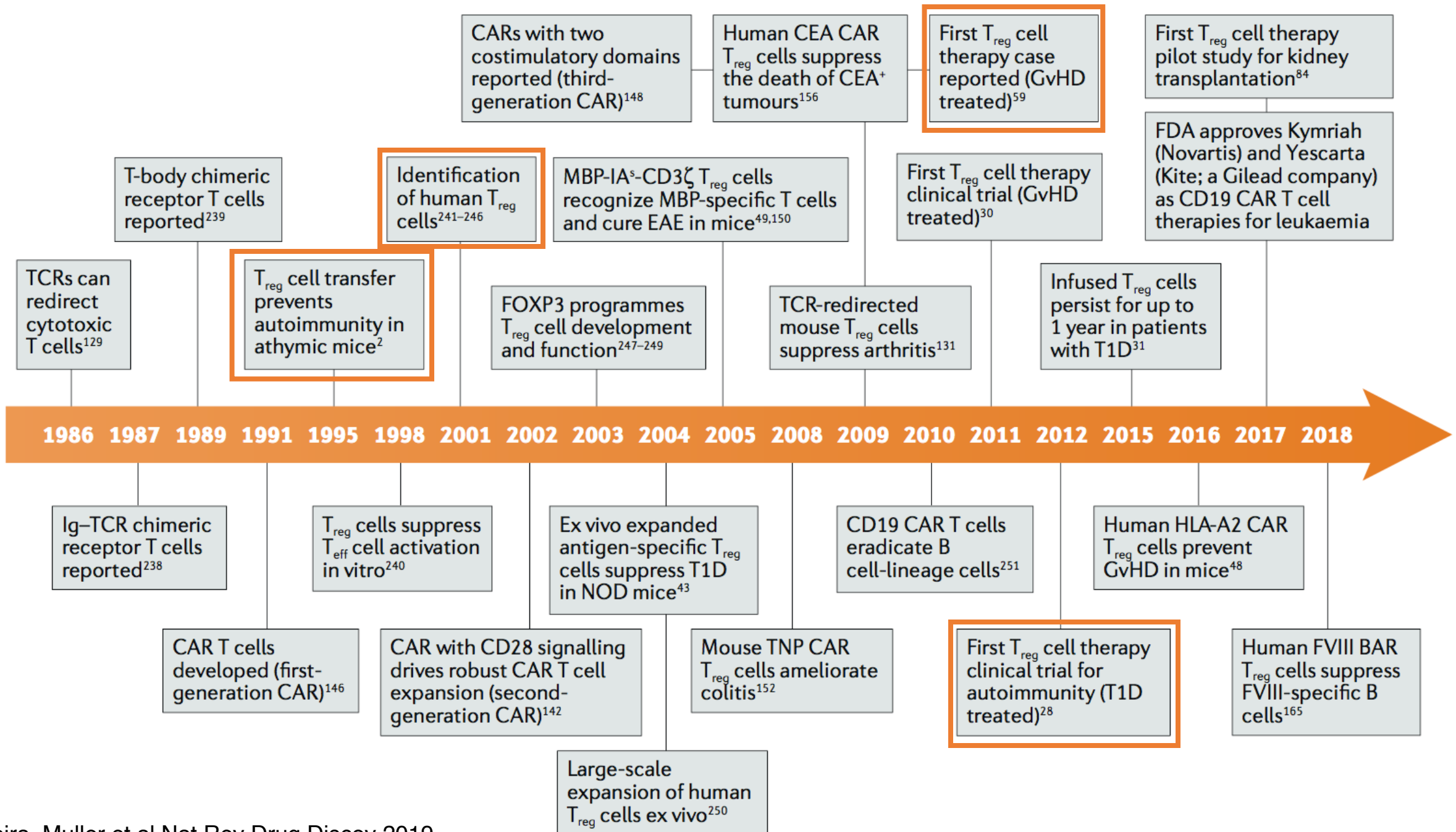
Treg sorting



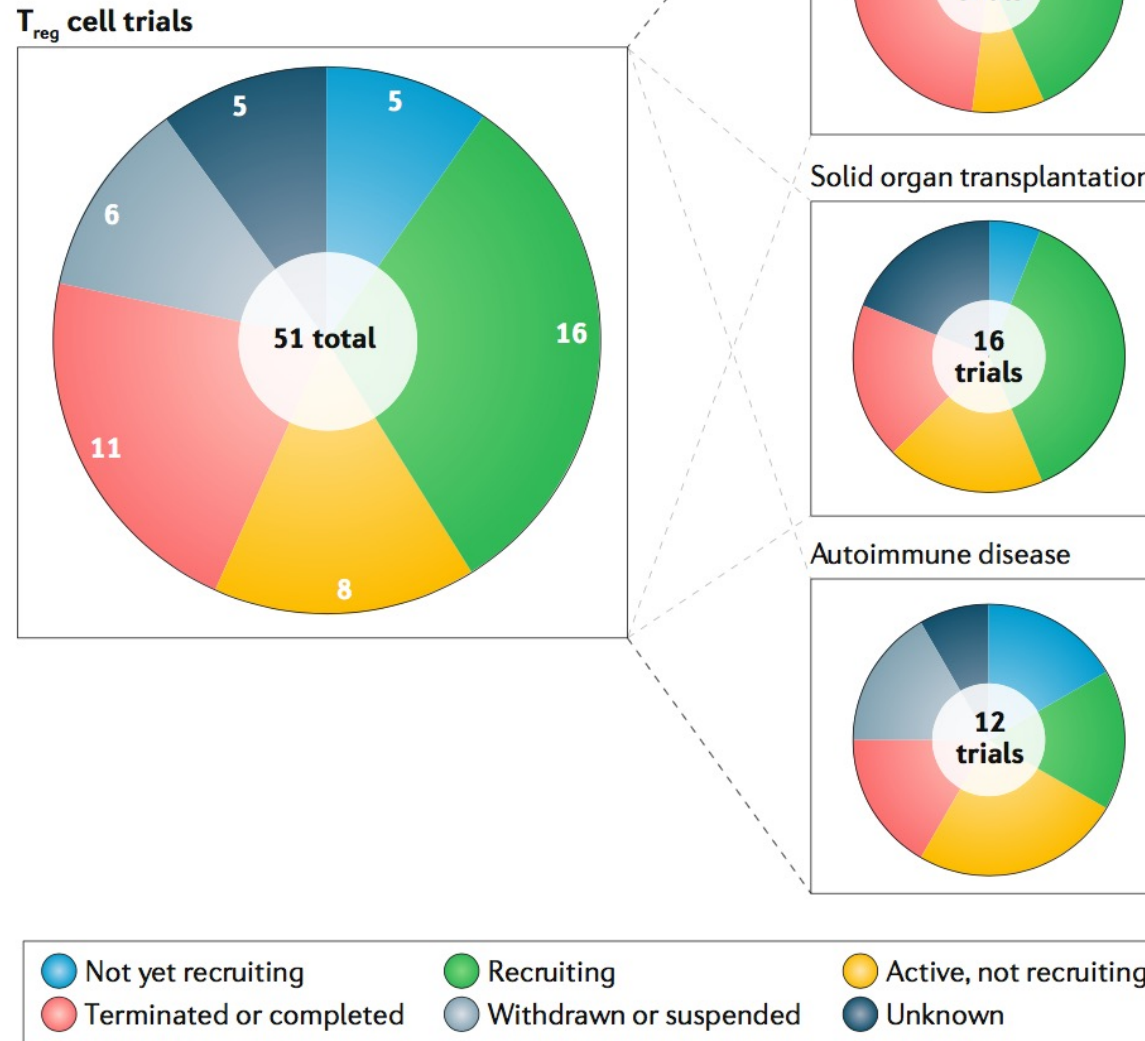
FOXP3 – forkhead box protein 3 (Treg development, suppresses IL-2 expression)

SHMT2 – serine hydroxymethylase 2 (respiration, controls formylmethyonine tRNA production, 1C metabolism in T cells)

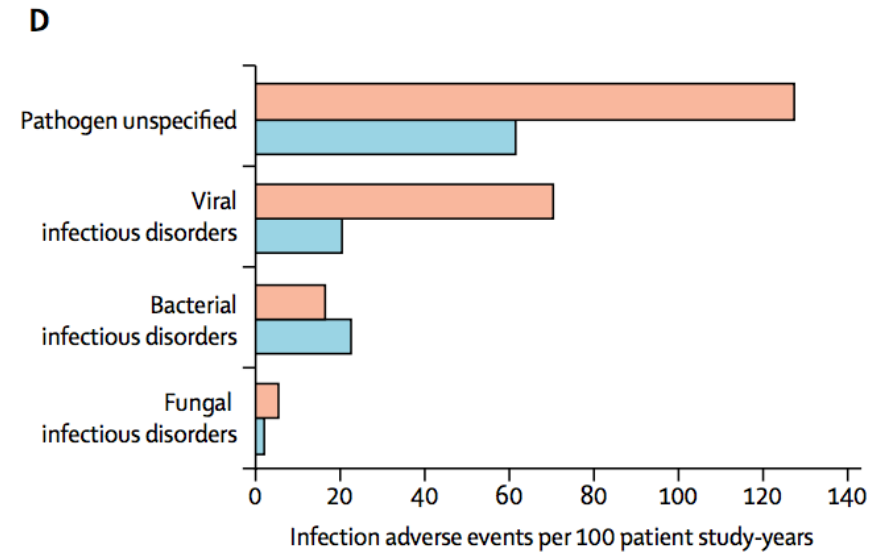
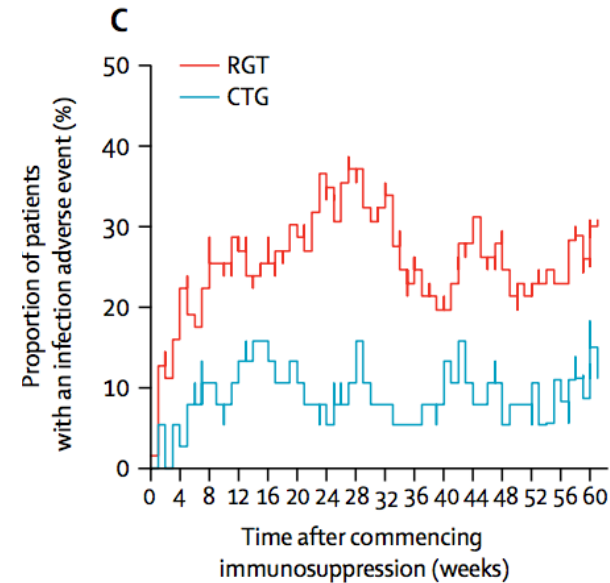
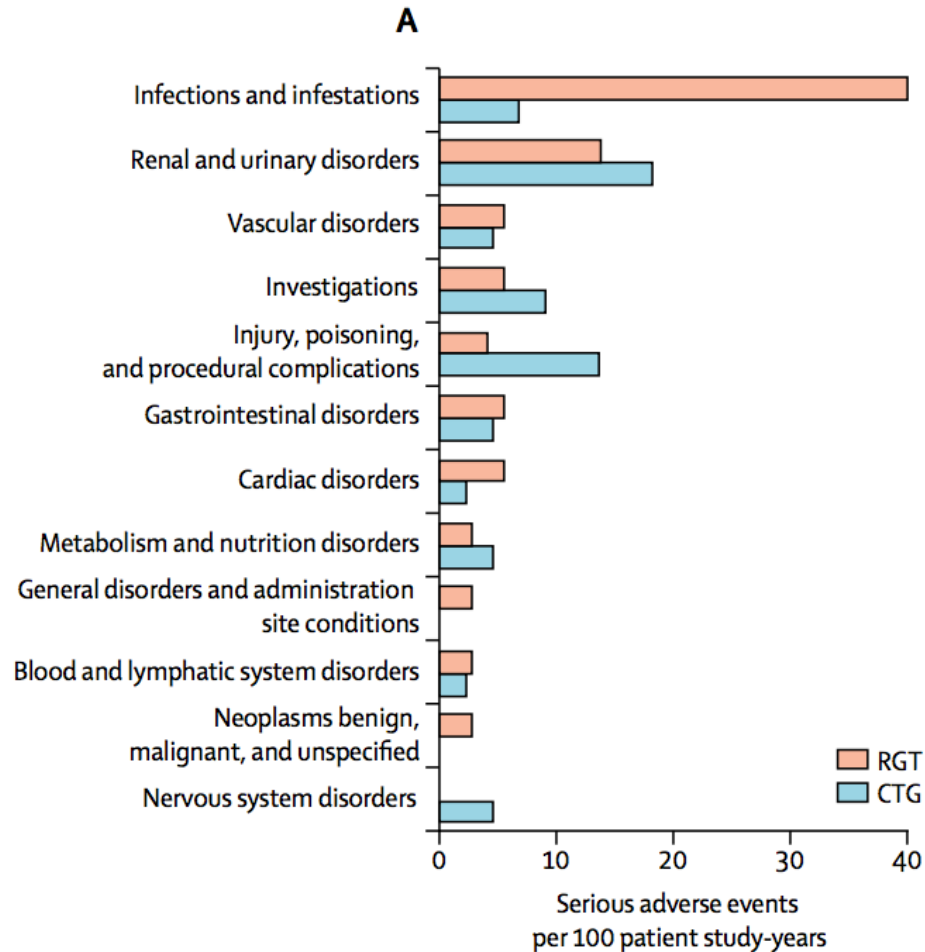
SWAP70 – switch associated protein 70 (binds PIP3, mediates membrane ruffling signaling, associates with cytoskeleton)



Clinical trials with Tregs



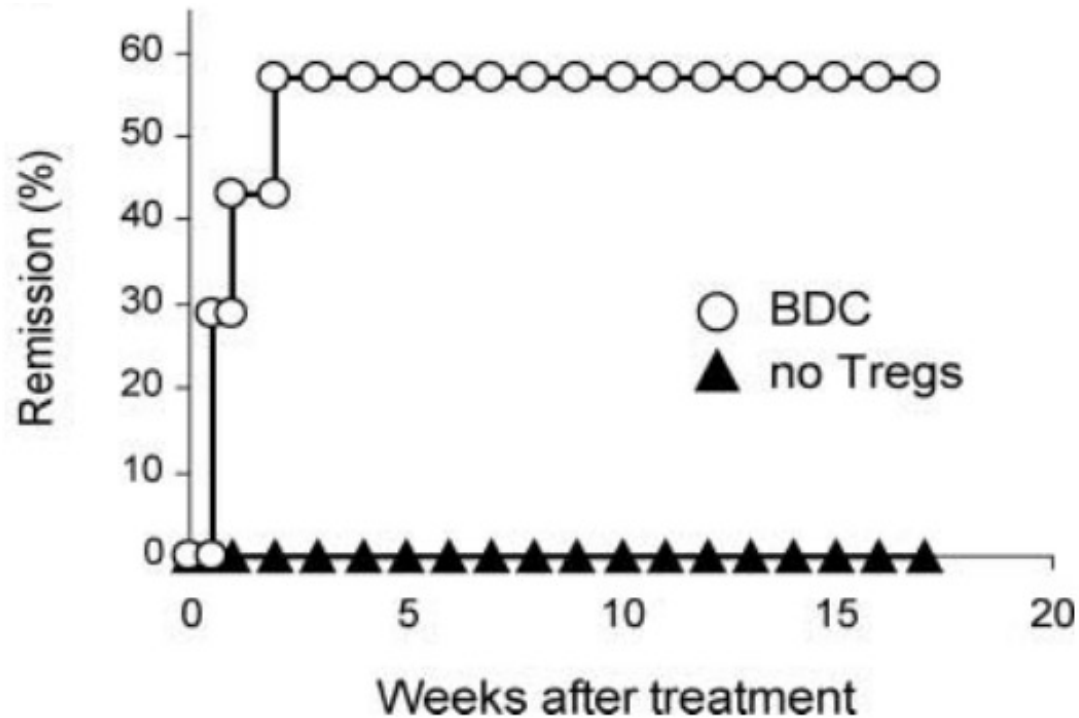
Treg therapy for organ transplant



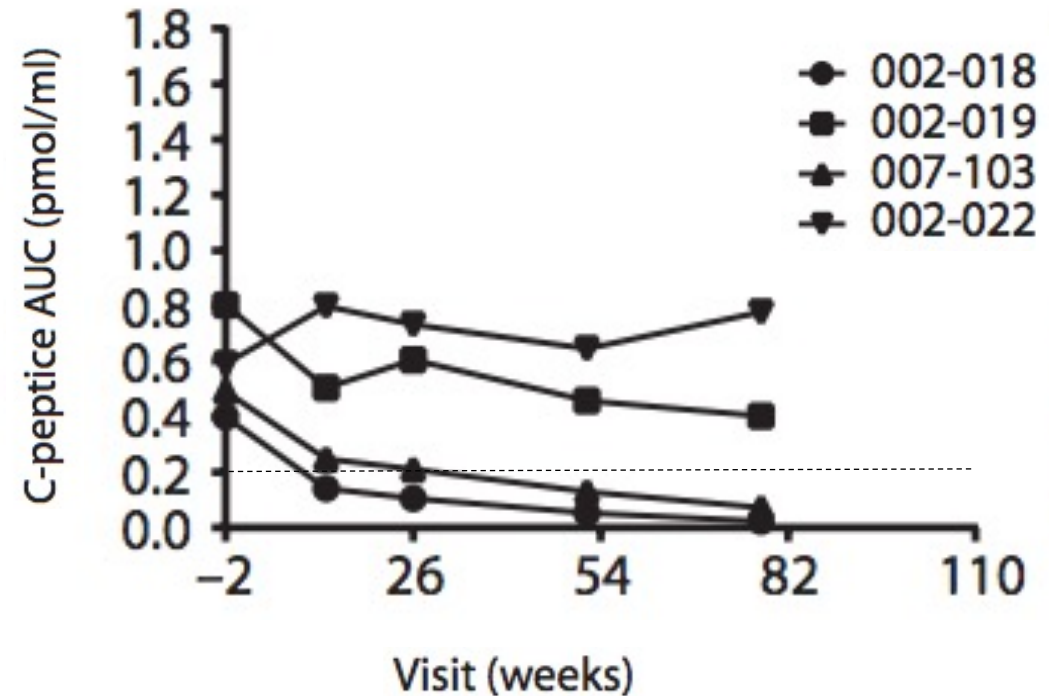
Regulatory cell therapy allows for lower doses of immunosuppressive drugs and leads to less infections

Treg therapy for type 1 diabetes (T1D)

In mice: 2×10^6 BDC2.5 Ag-specific Tregs together with syngeneic islet transplant revert autoimmune diabetes

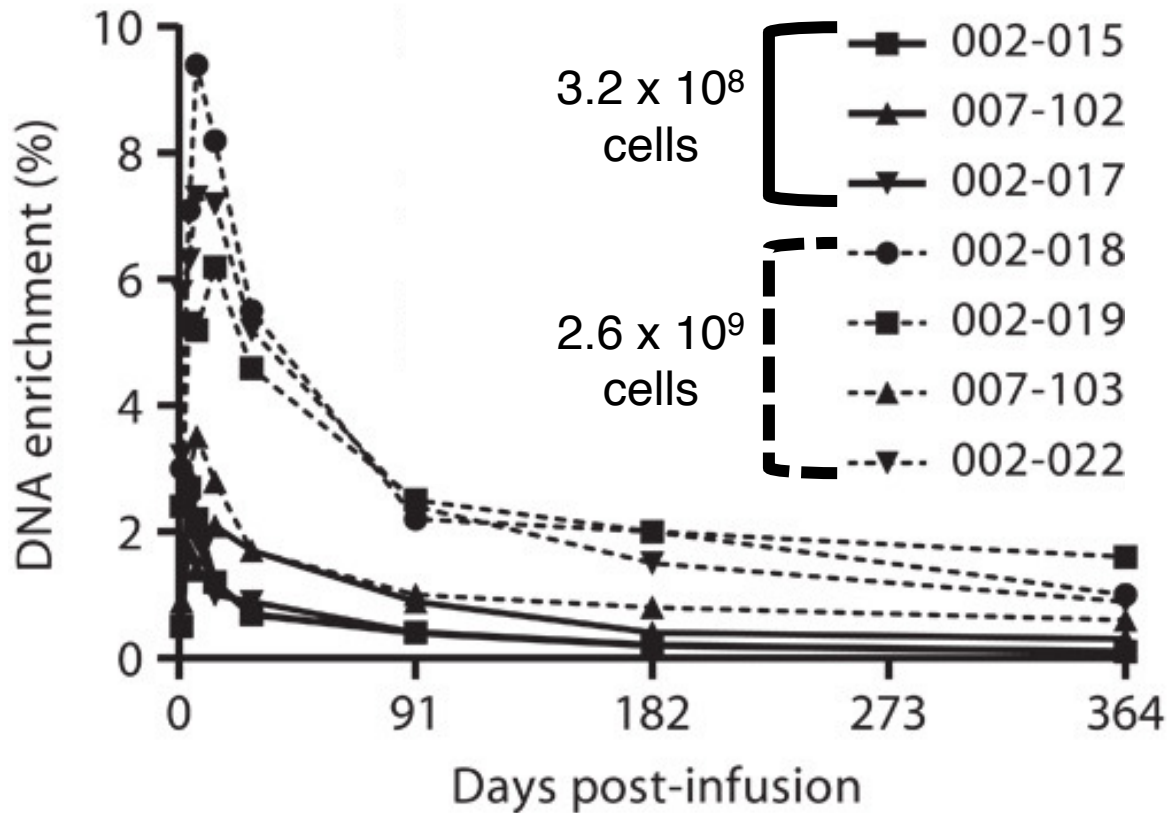


In humans: 2.6×10^9 polyclonal Tregs are safe for type 1 diabetes patients, but do not ameliorate disease



Human Tregs infused in T1D patients can be detected 1 year later and are stable

Infused Treg cell detection



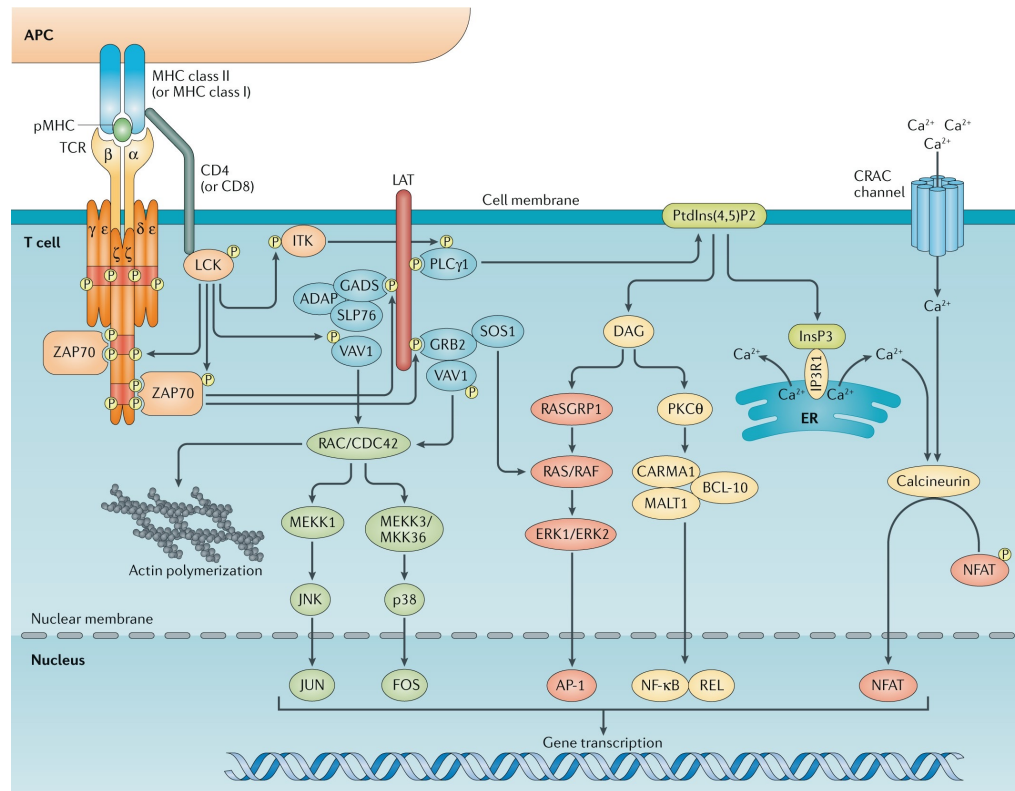
Infused Treg cell stability

Cell subset	C012 (002-018)		C013 (002-019)			C014 (007-103)			C016 (002-022)		
	Day 182	Day 365	Day 91	Day 182	Day 365	Day 91	Day 182	Day 365	Day 91	Day 182	Day 365
T_{regs}											
CD4 ⁺ CD25 ⁺ CD127 ^{lo}	2.0	1.0	2.5	2.0	1.6	1.0	0.8	0.6	2.4	1.5	0.9
Non-T_{regs}											
CD45RO ⁺	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CD45RO ⁺ CD62L ^{hi}	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CD45RO ⁺ CD62L ^{lo}	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CD45RO ^{lo} CD62L ^{hi}	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

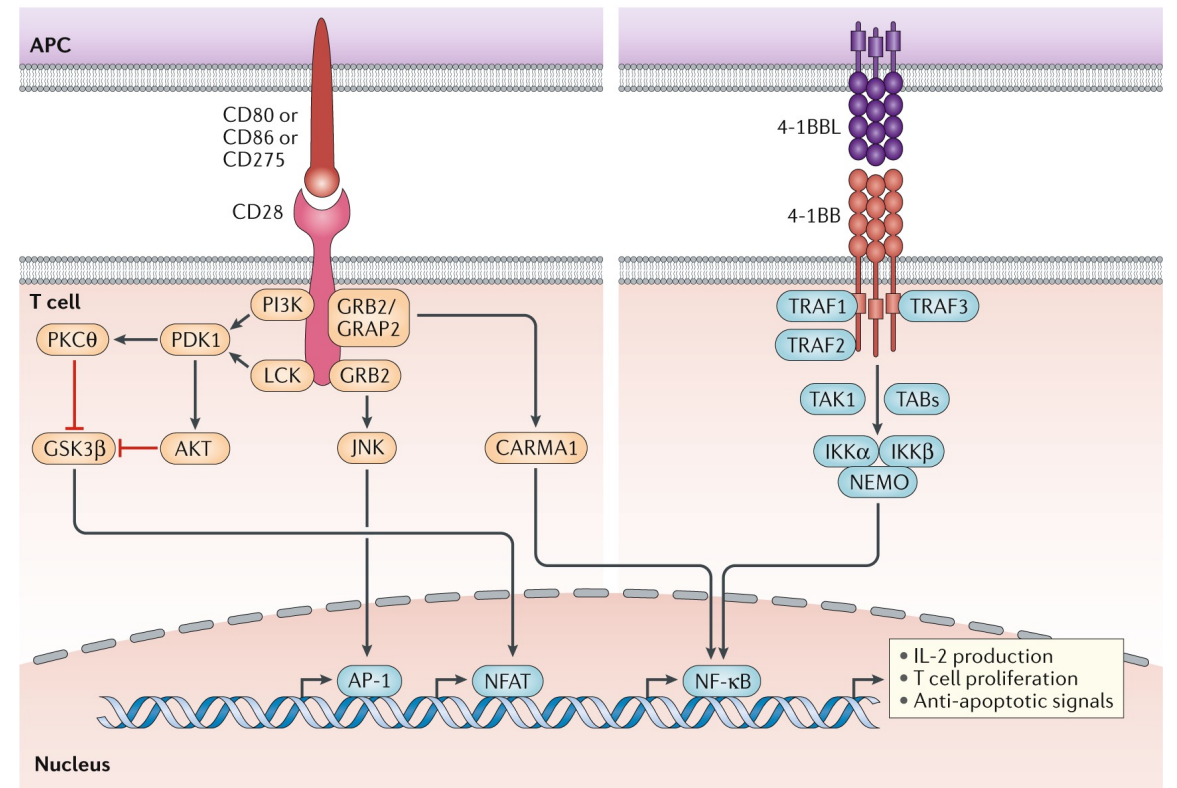
Infused Tregs labeled with deuterium (²H)

T cell activation requires two signals

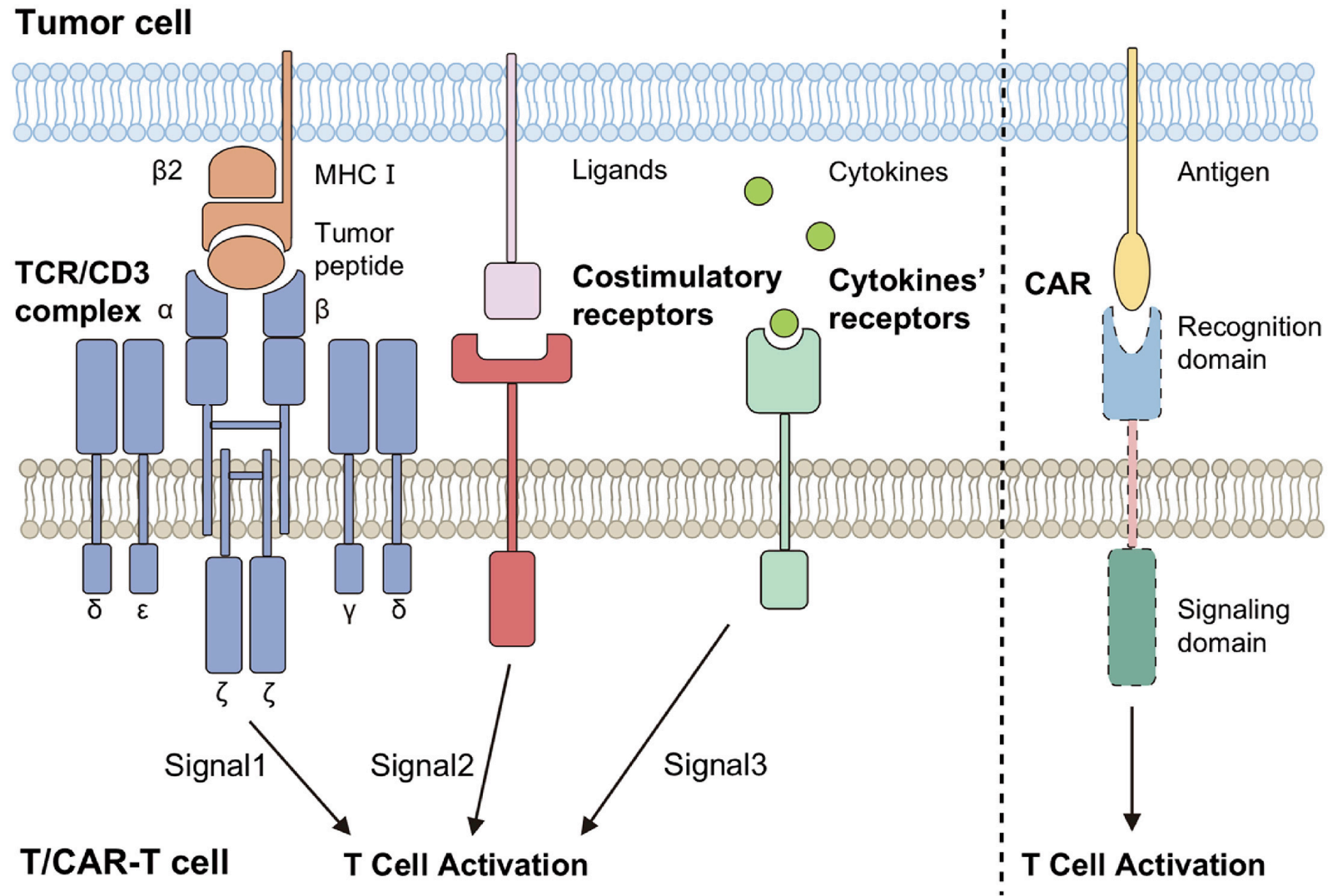
Signal 1 – T cell receptor



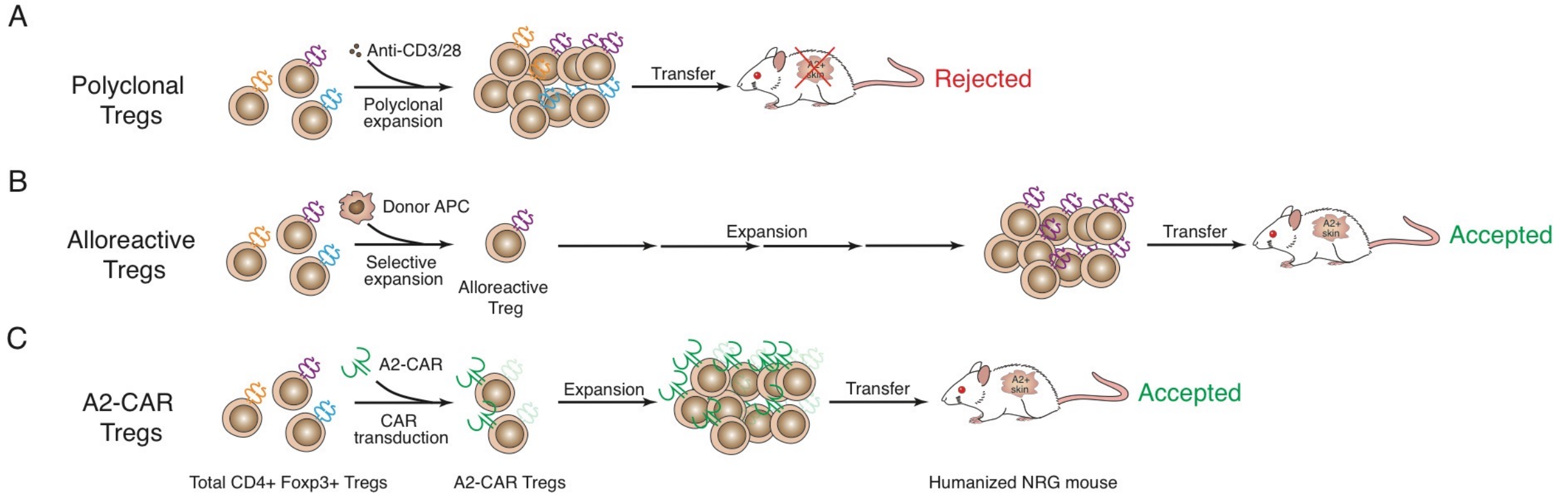
Signal 2 – Co-stimulation



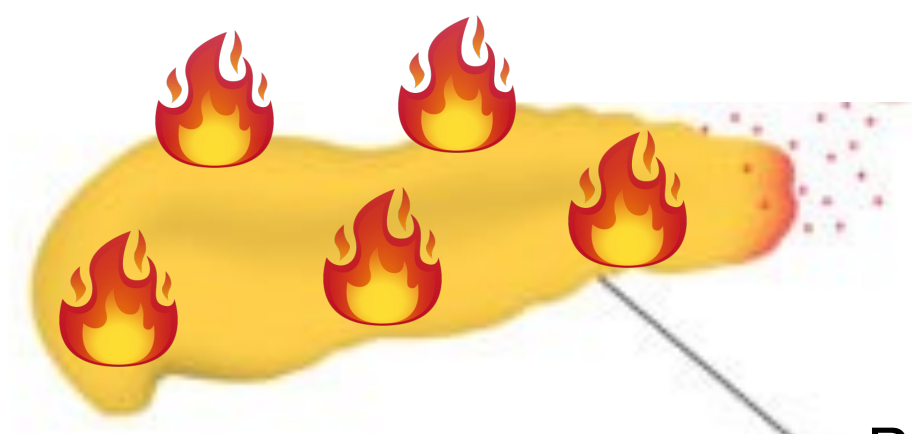
Chimeric antigen receptor (CAR)



Can we put Treg therapy in the fast lane?



Type 1 diabetes



Autoreactive T cells destroy the pancreas

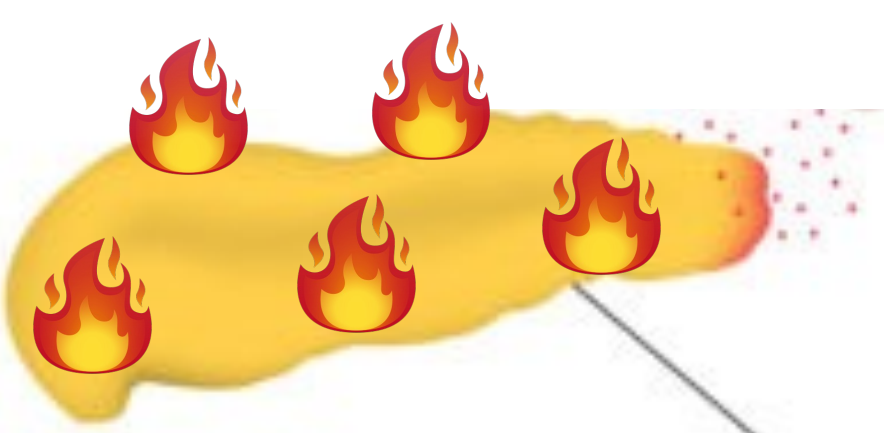
Pancreas cannot produce insulin



More glucose in the blood



Treating type 1 diabetes using CAR Tregs



Pancreas cannot produce insulin



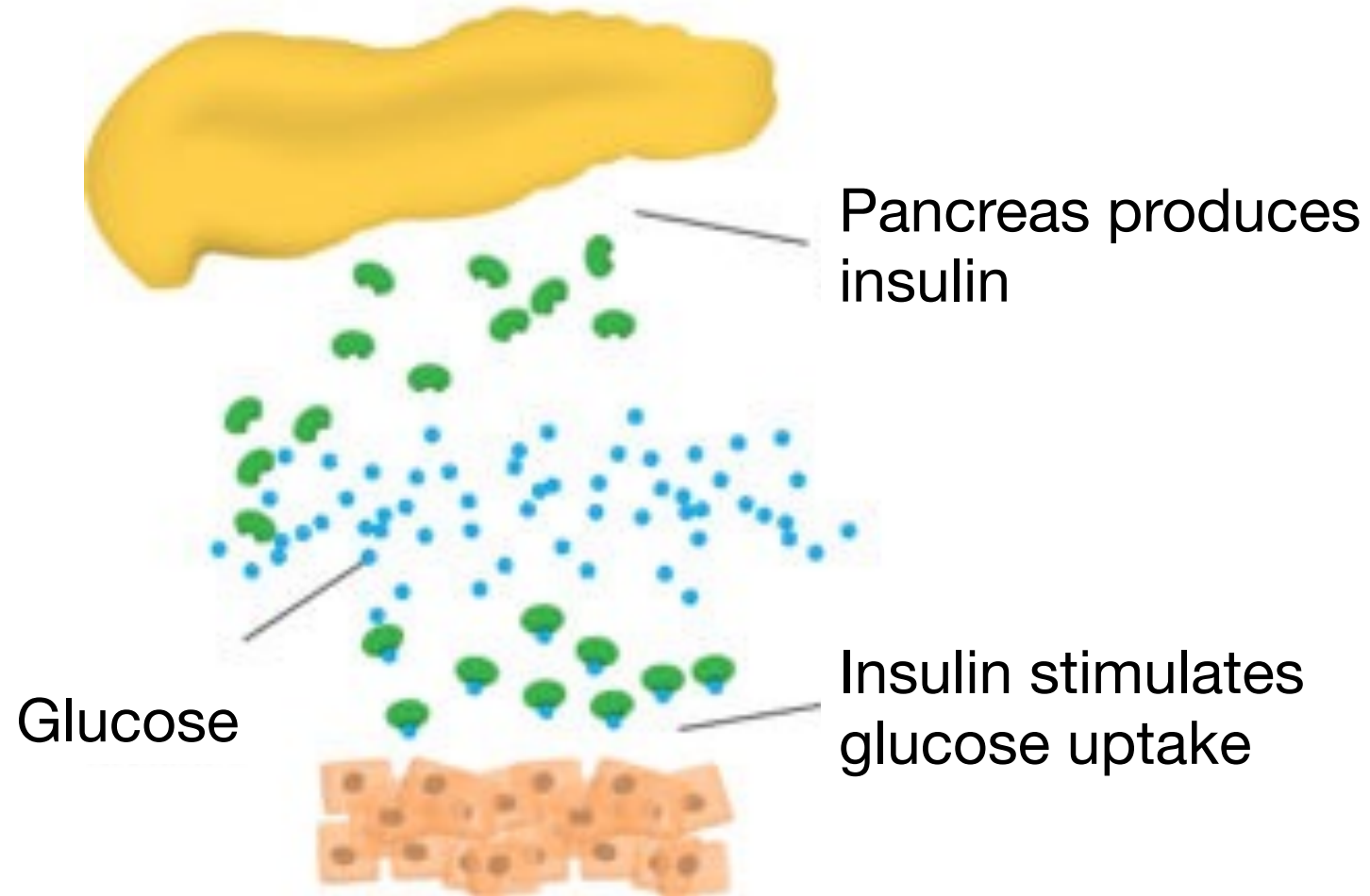
CAR Tregs suppress autoreactive T cells



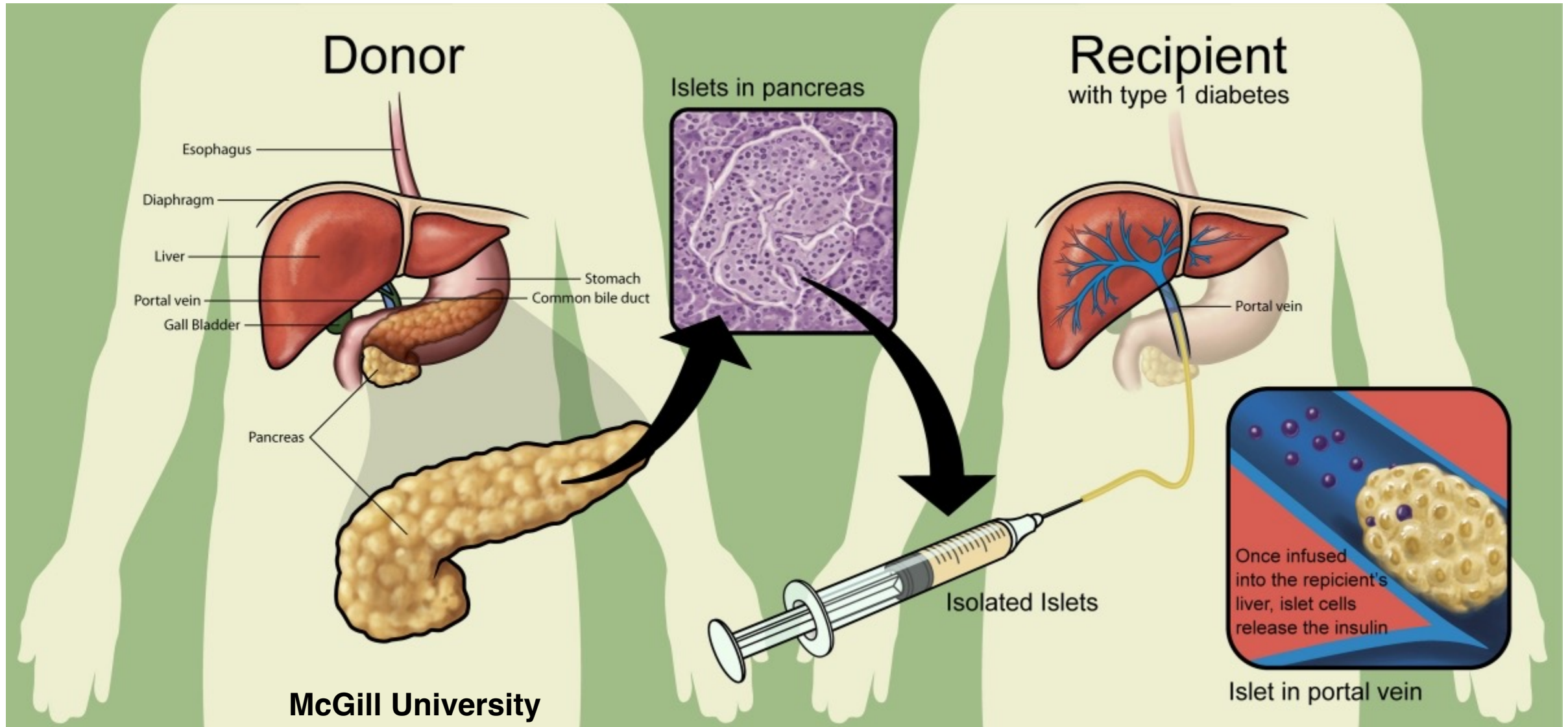
More glucose in the blood



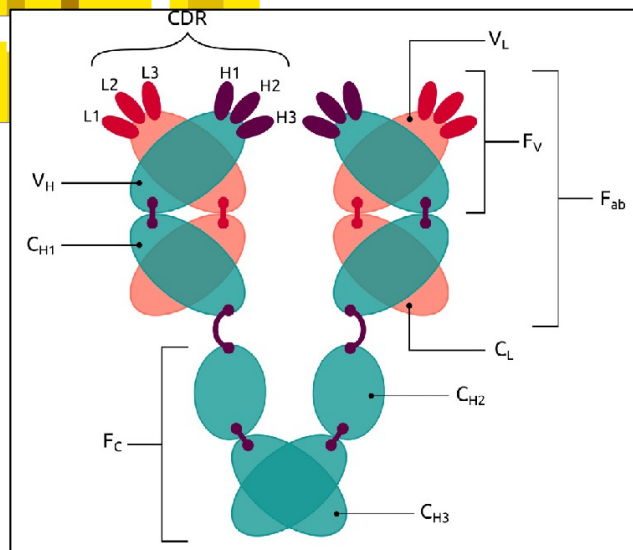
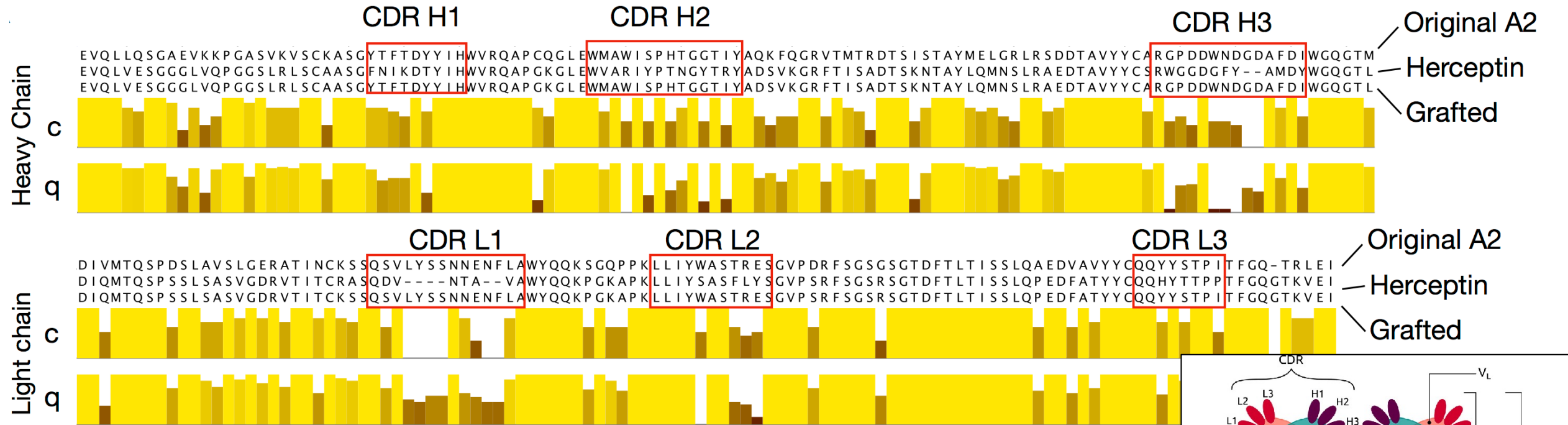
Treating type 1 diabetes using CAR Tregs



Islet transplant is a treatment for T1D



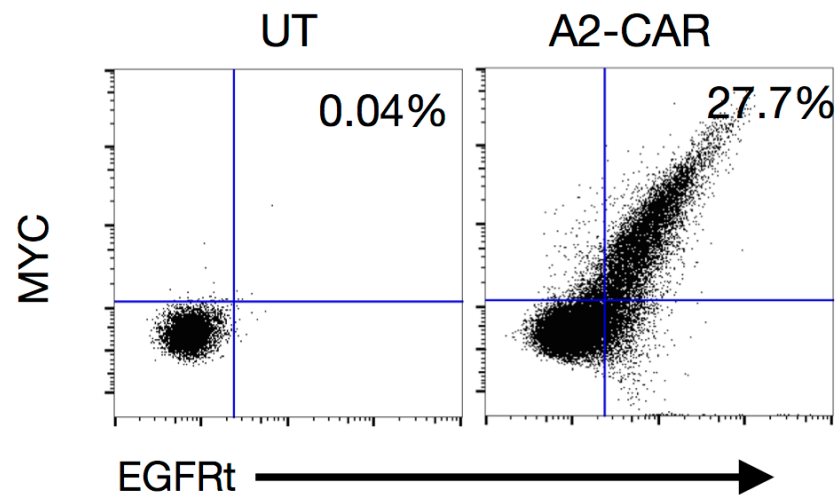
Grafting HLA-A2 CAR scFv specificity



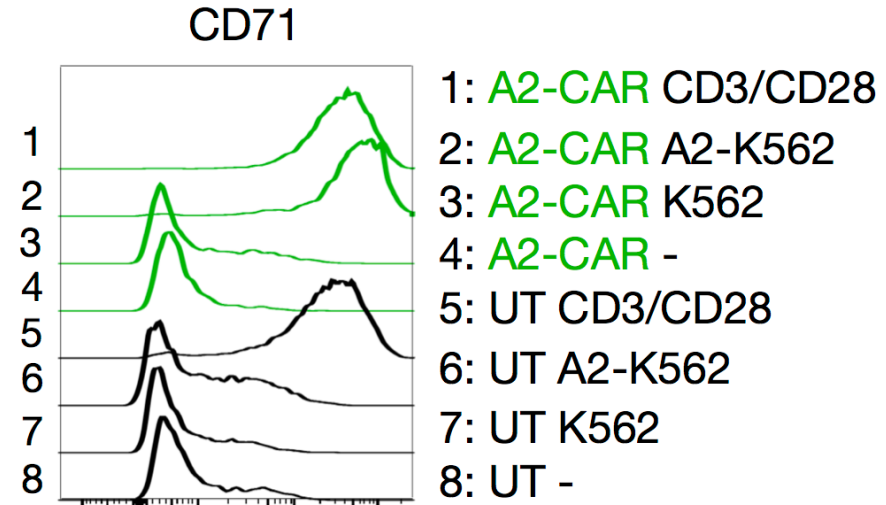
HLA-A2 CAR Tregs recognize HLA-A2



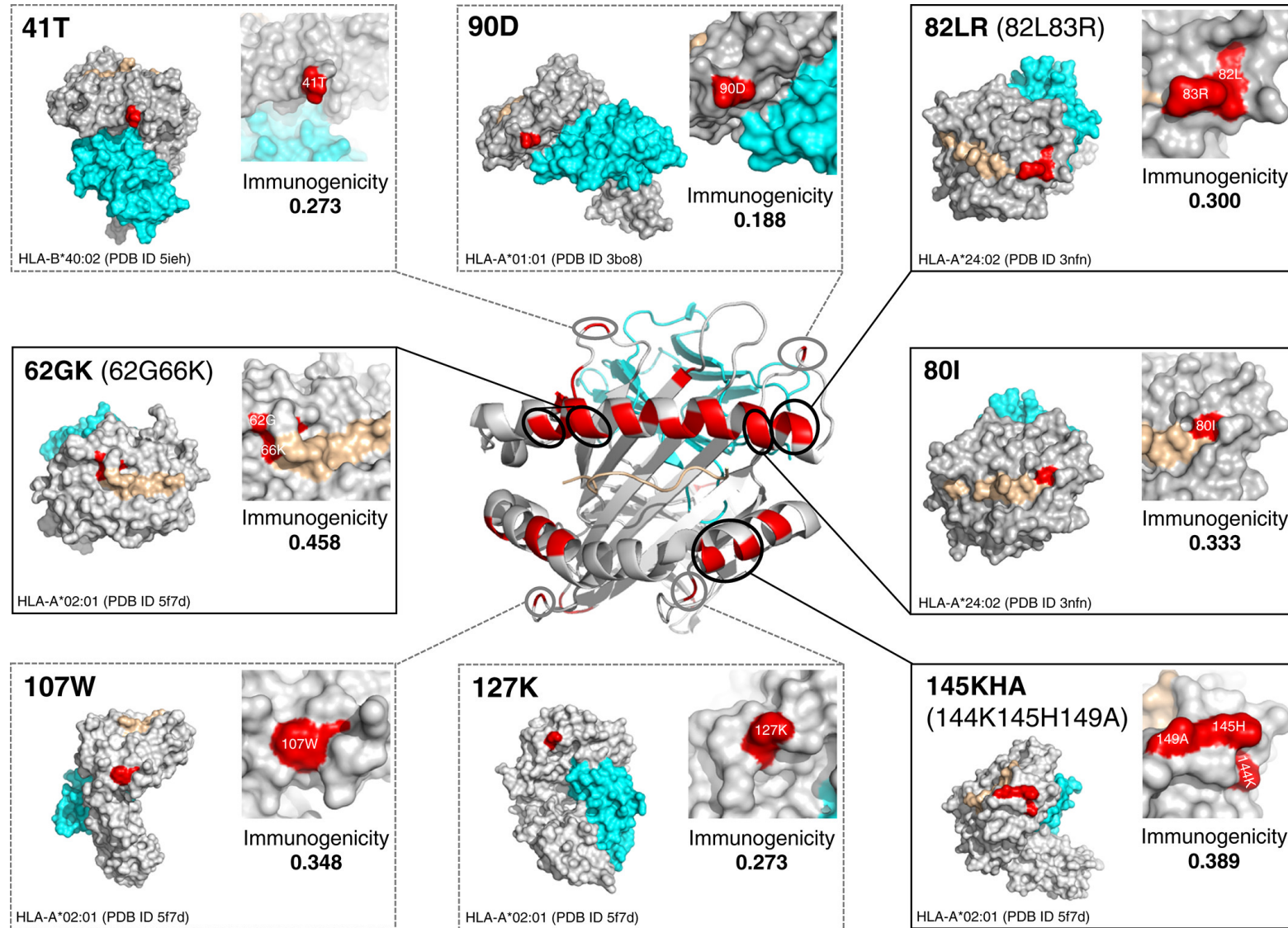
CAR expression



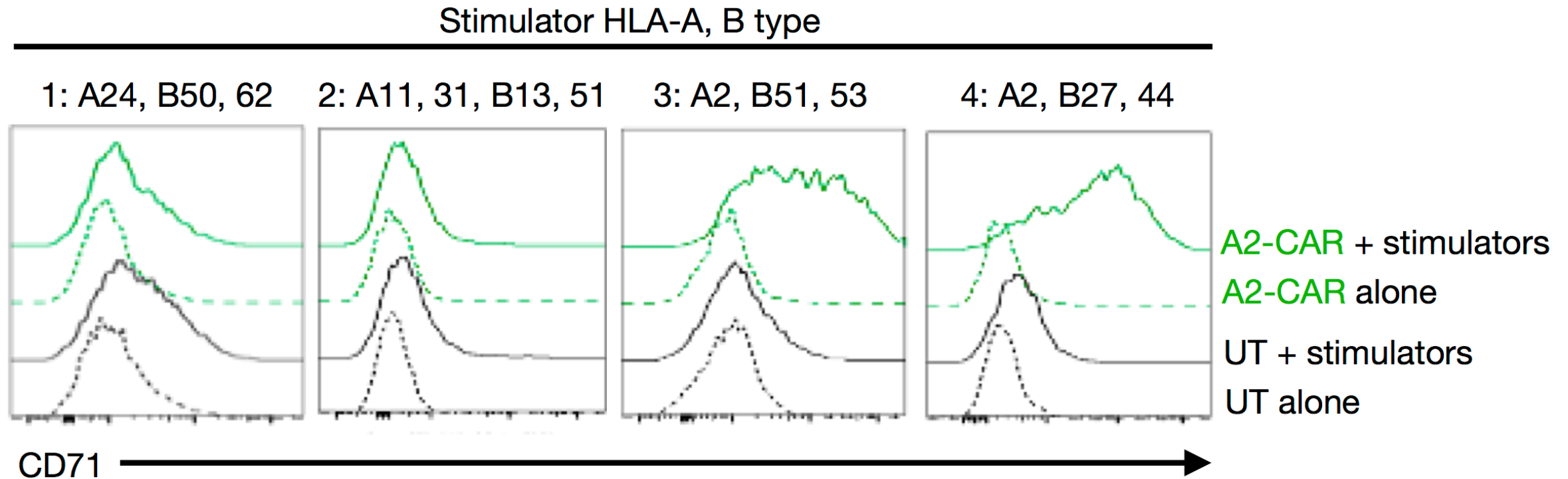
Treg activation



Immunogenic eplets in HLA-A2



HLA-A2 CAR Tregs recognize the 144TKH eplet, not 44RME, 105S or 127K



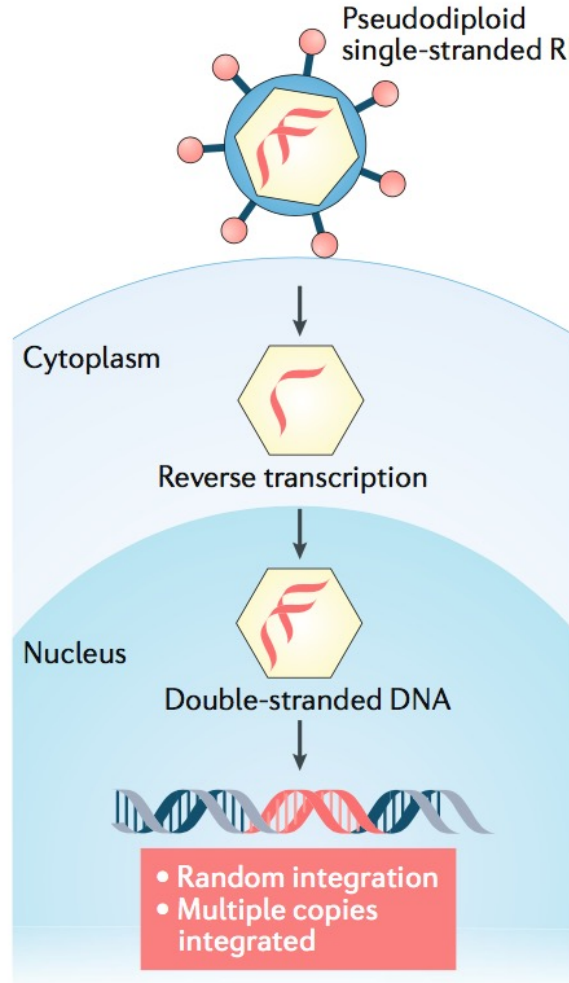
44RME: A11, A24, A31
105S: A24, A31
127K: A24

A2-CAR Tregs co-incubated with allogeneic human islets

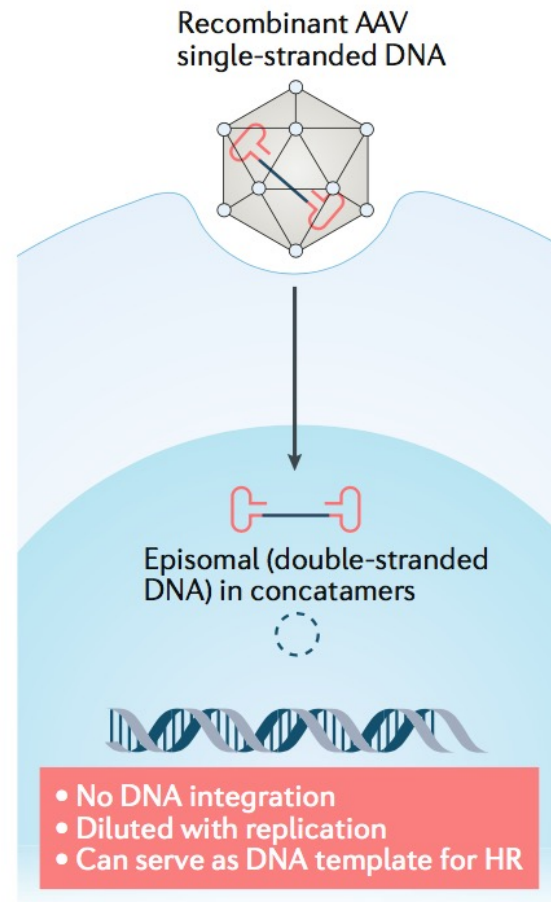
Precise genetic modification of human Tregs

a FDA approved (costly and time-consuming to produce)

Retroviruses or lentiviruses

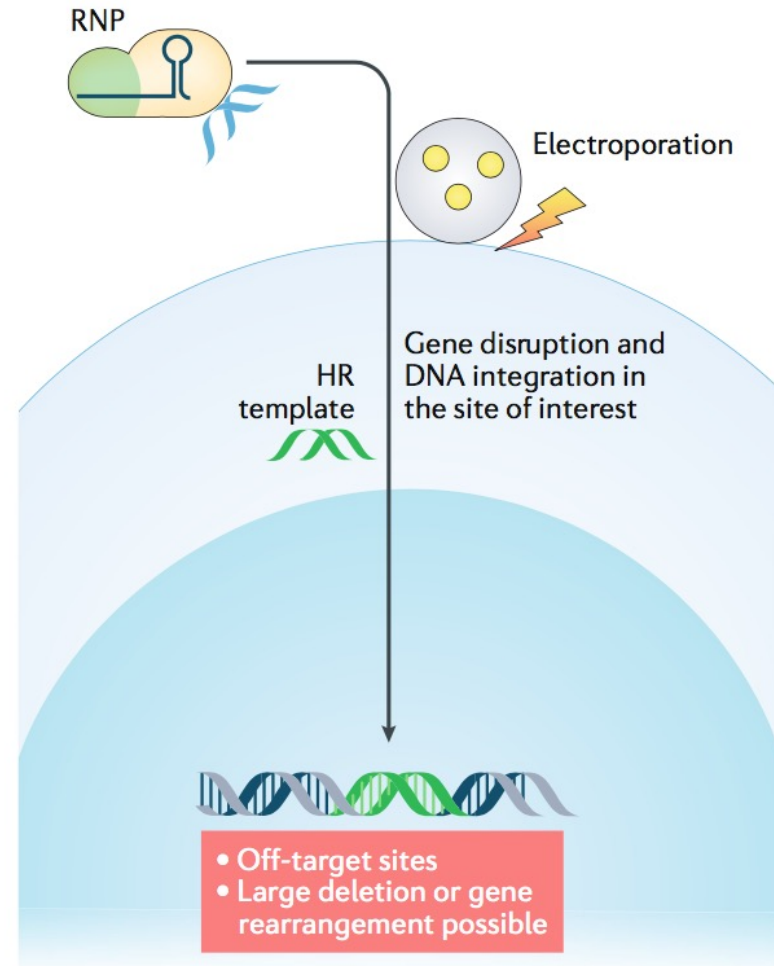


Adeno-associated viruses

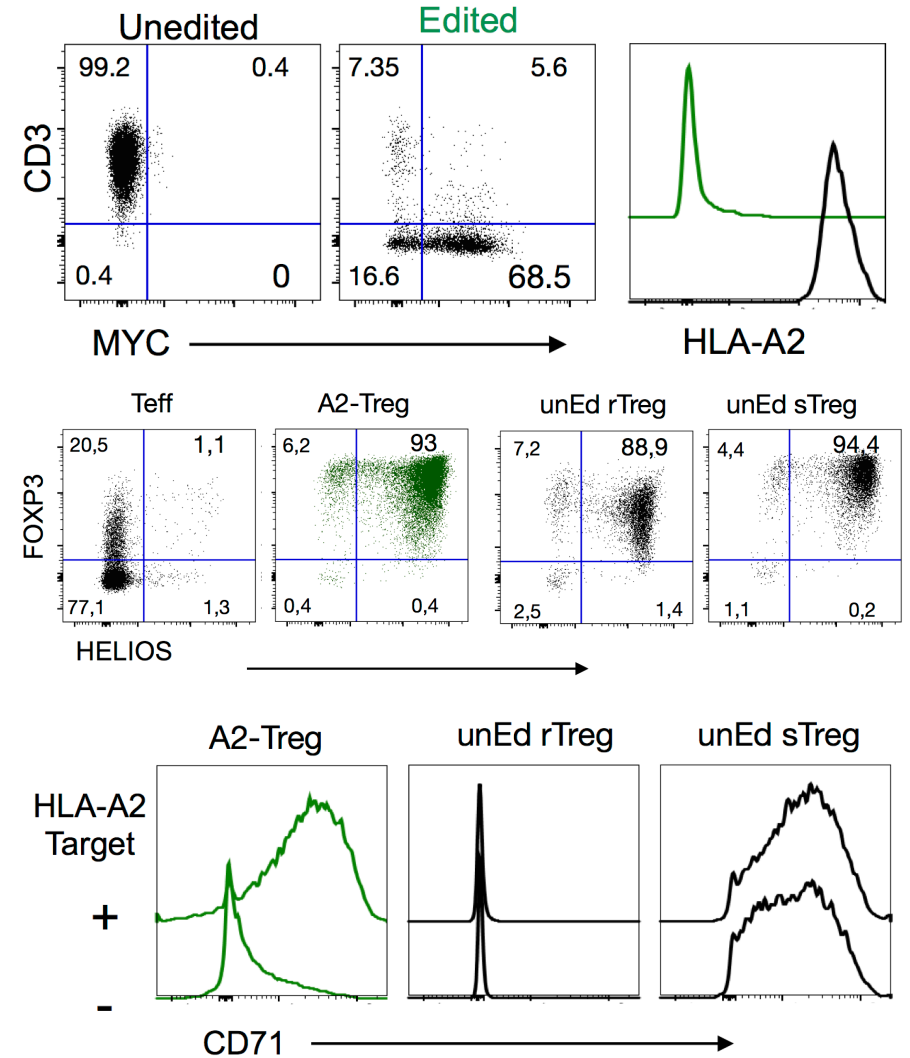
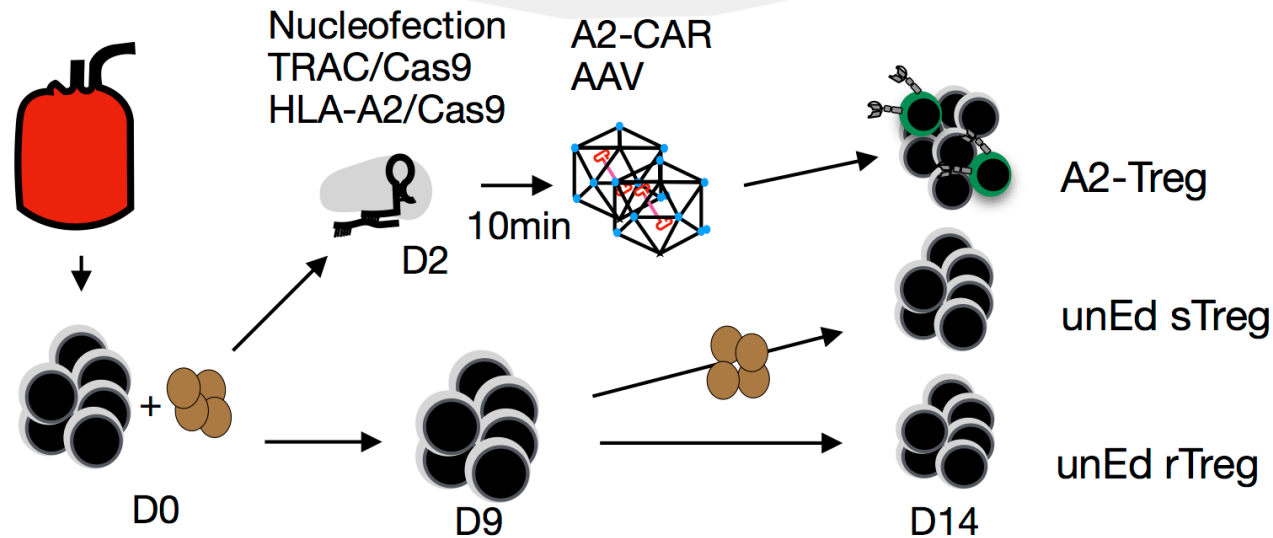
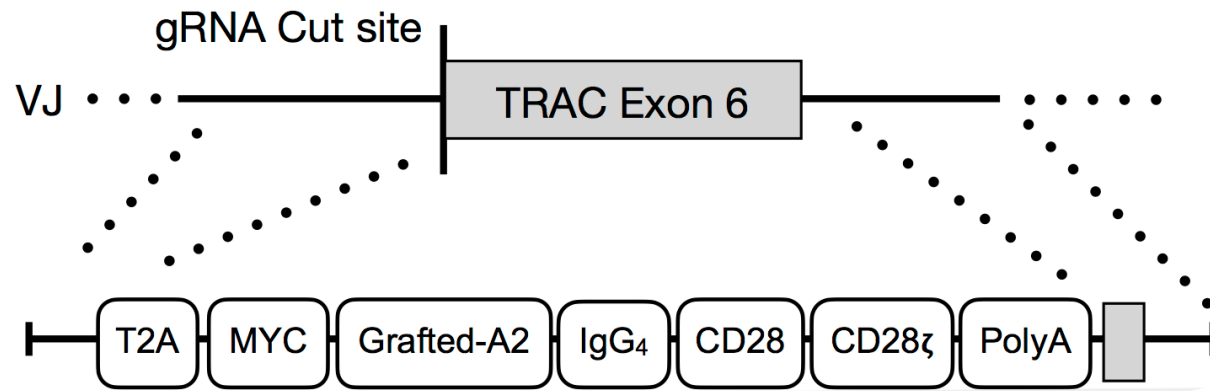


b Not yet FDA approved (faster and cheaper to produce)

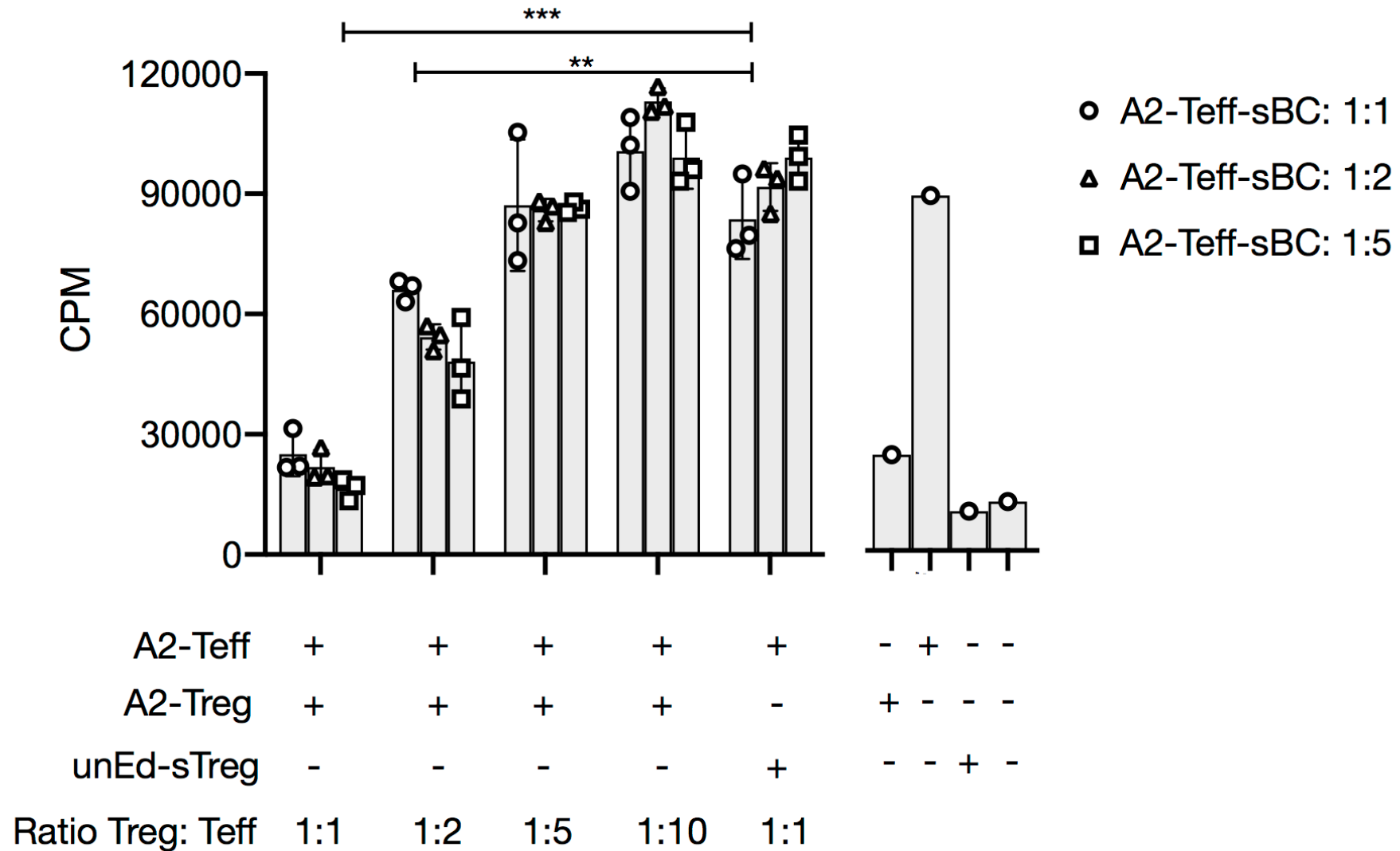
Non-viral approaches



Reprogramming human Treg specificity

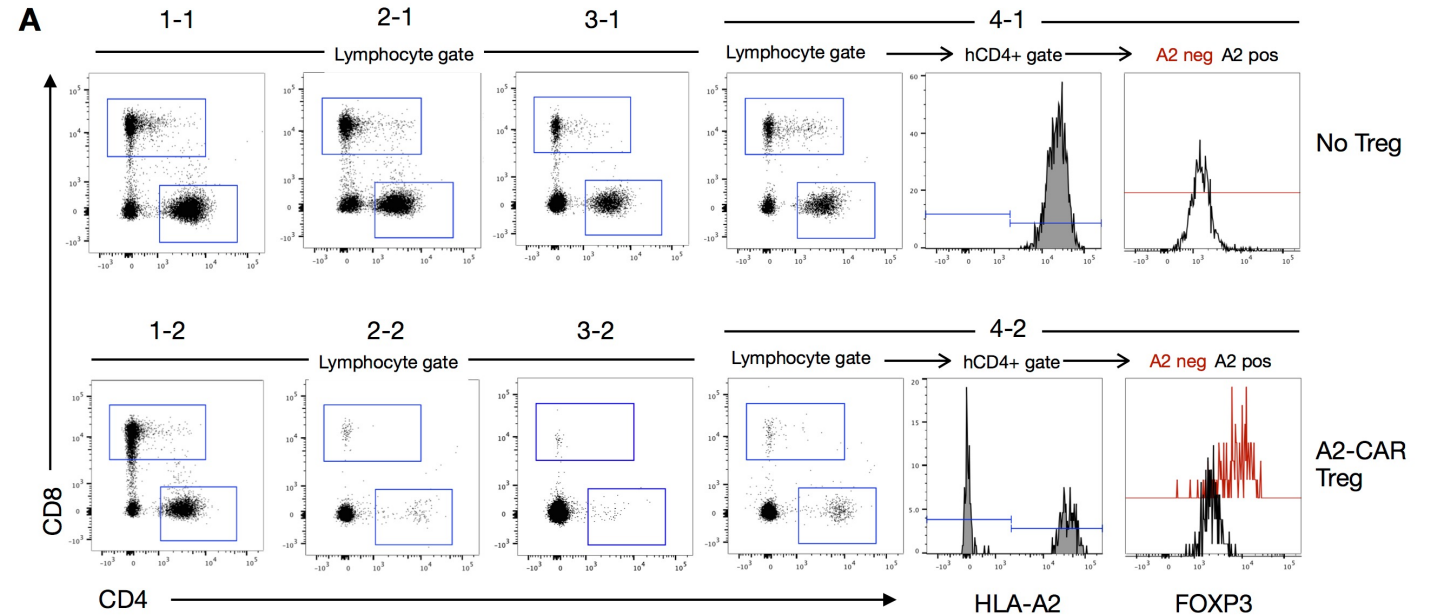
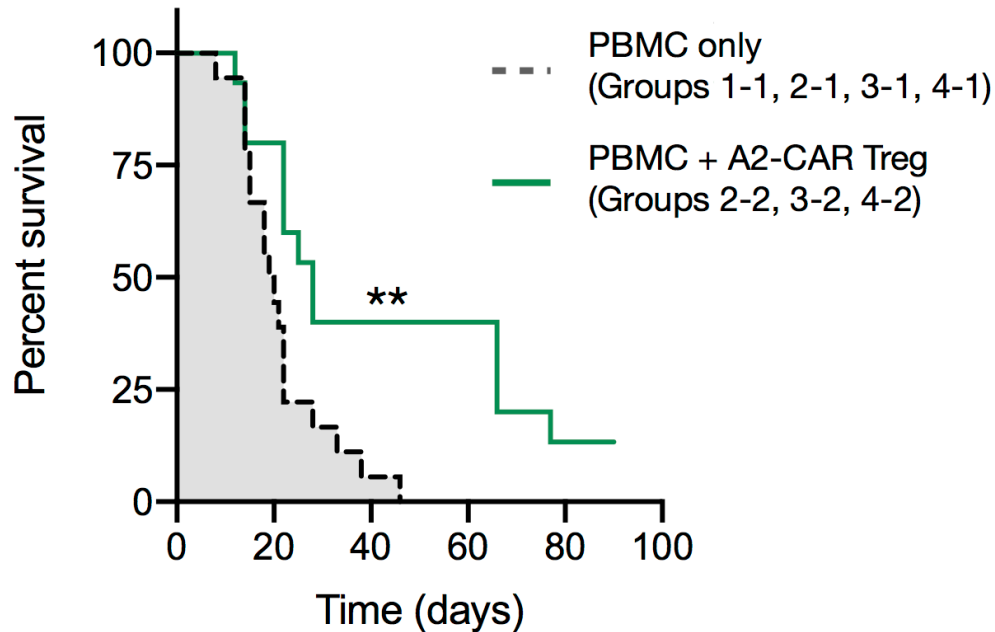
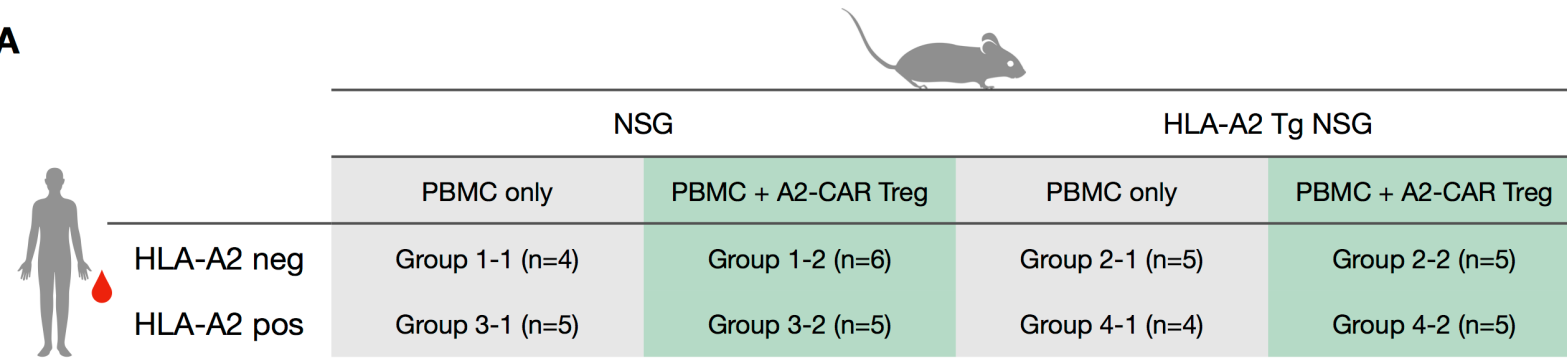


HLA-A2 CAR Tregs suppress Teff cell proliferation



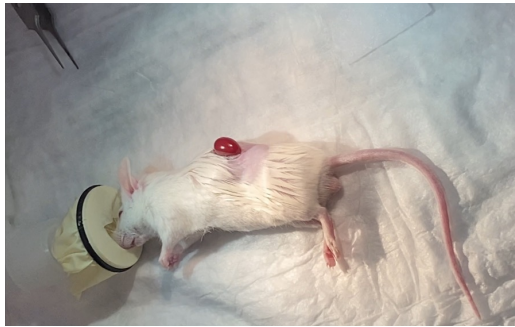
HLA-A2 CAR Tregs prevent graft-vs-host disease

A

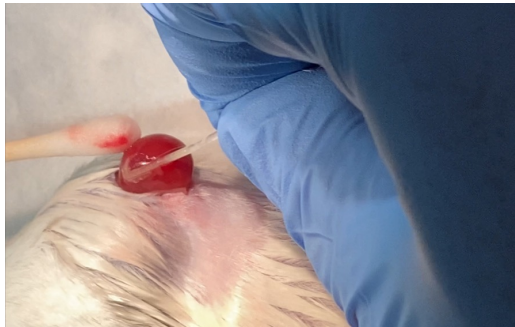


HLA-A2 CAR Tregs traffic to HLA-A2⁺ human islet grafts

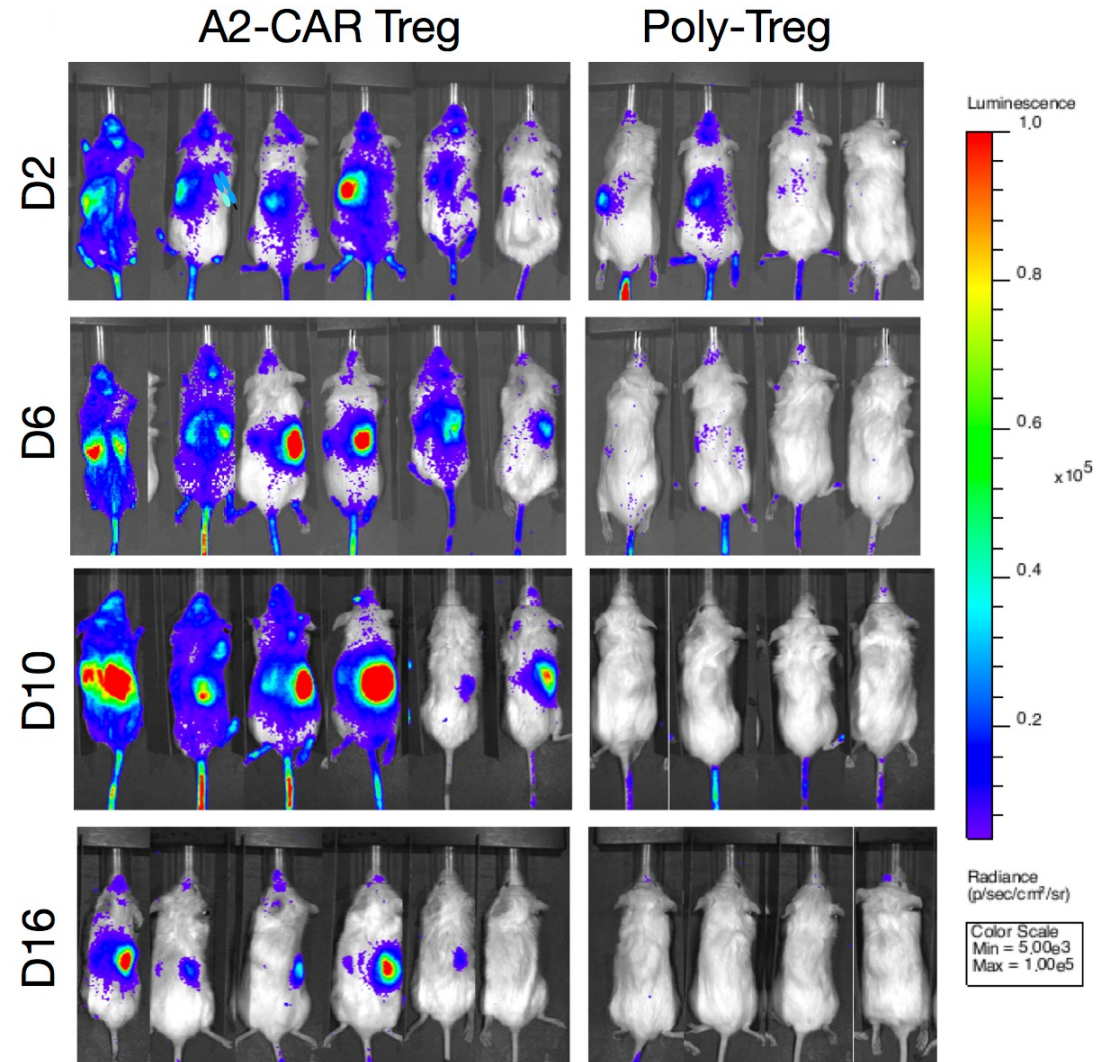
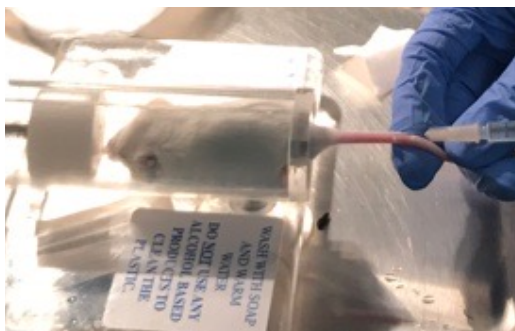
Kidney capsule exposure



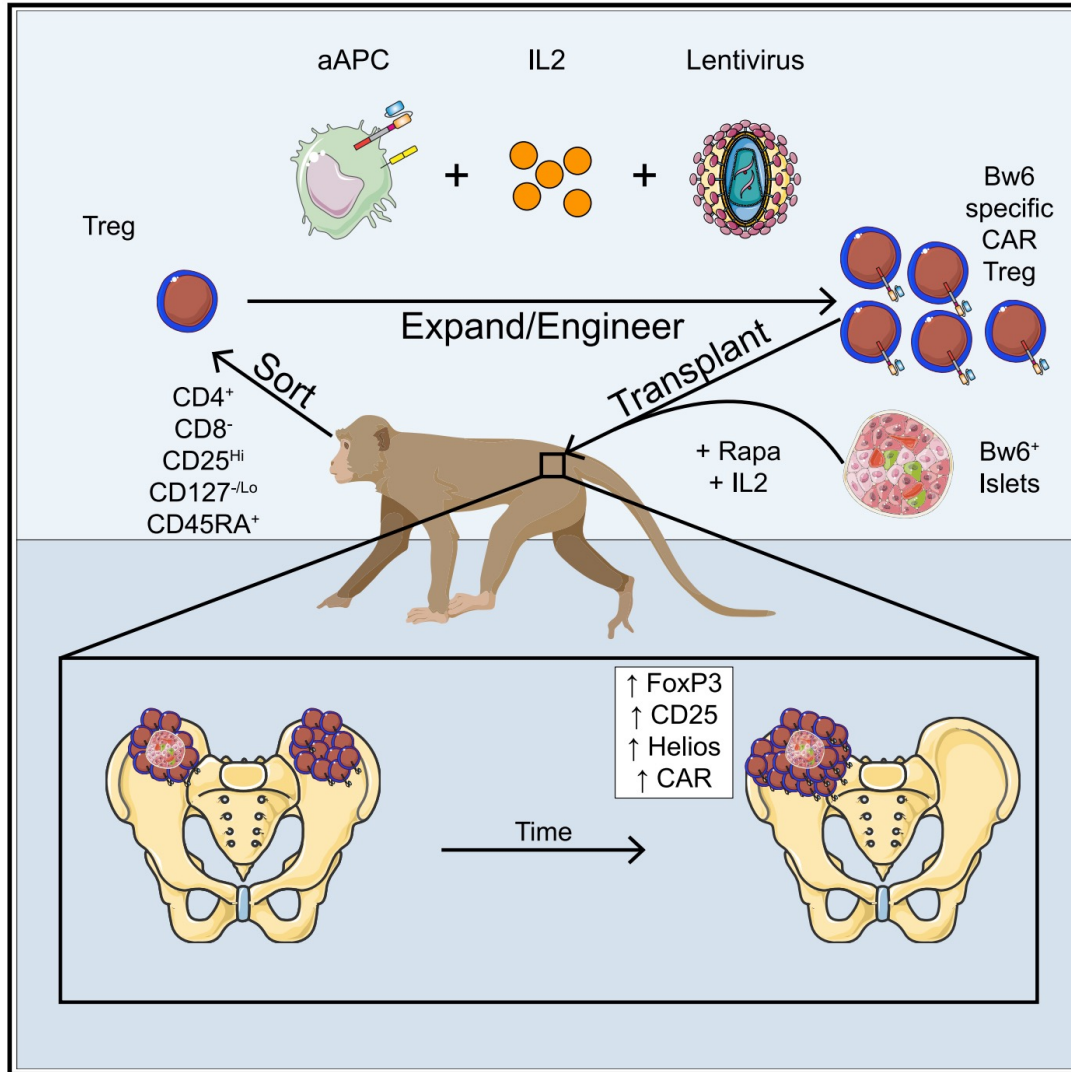
Human A2⁺ islet transplant



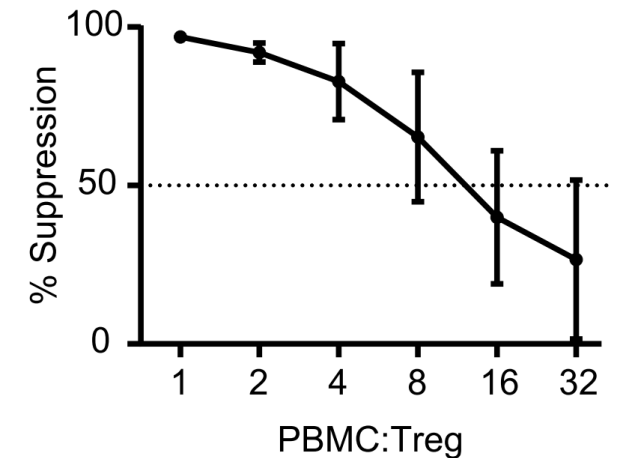
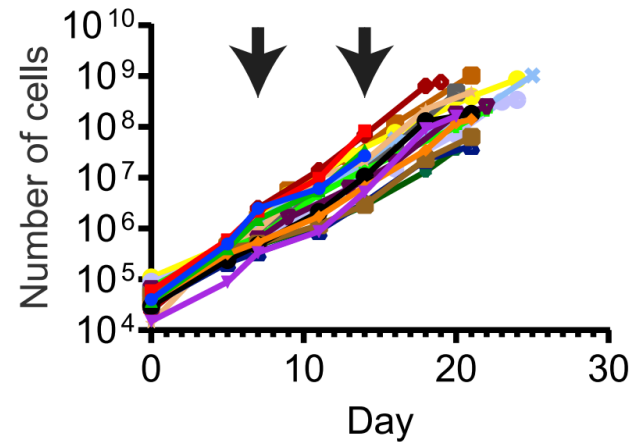
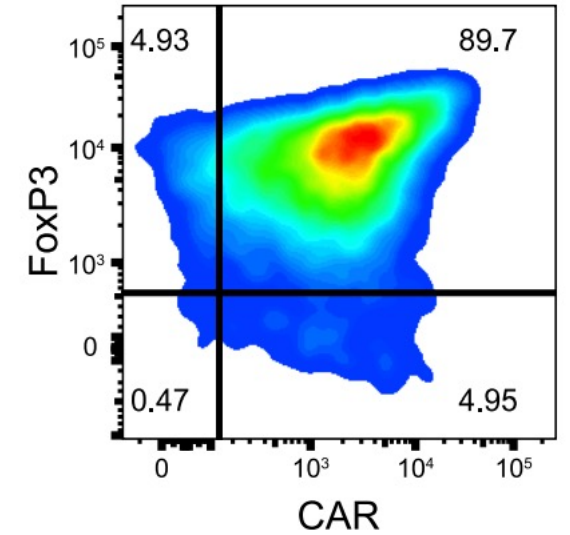
Luciferase⁺ A2-CAR Treg i.v. injection



Non-human primate HLA allele-specific CAR Tregs for organ transplant tolerance

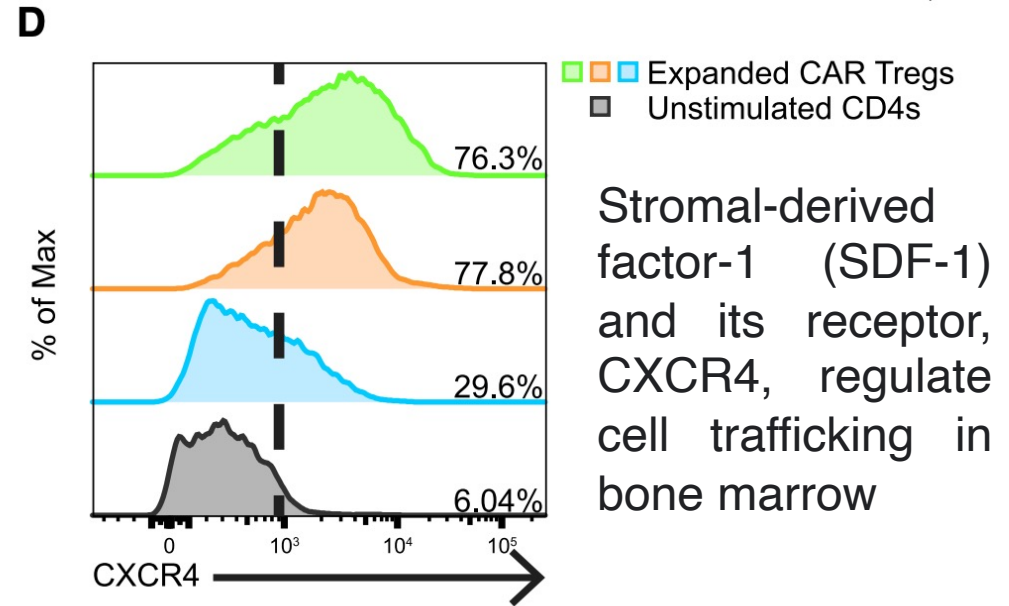
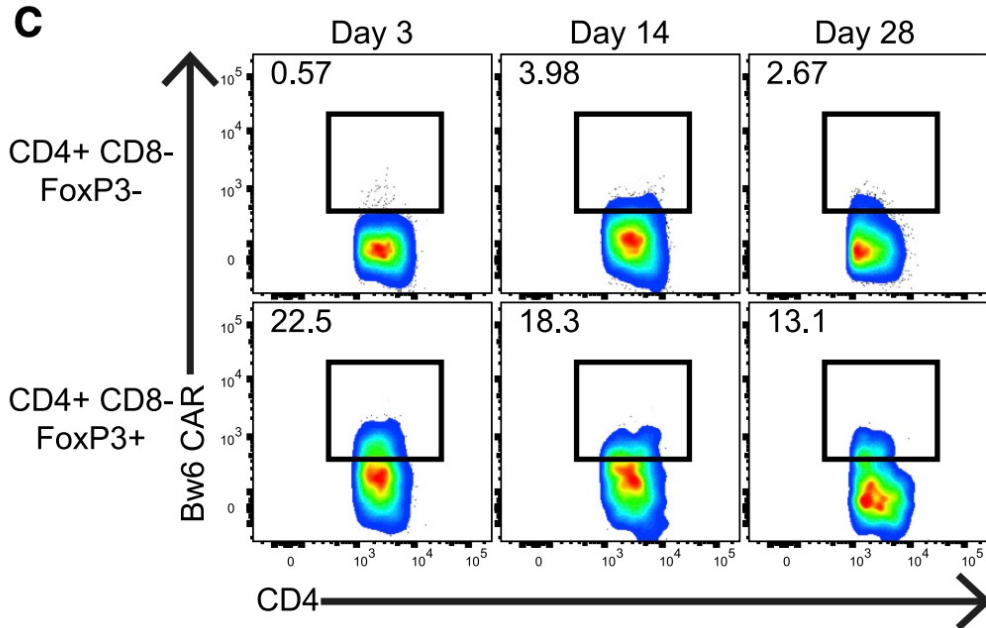
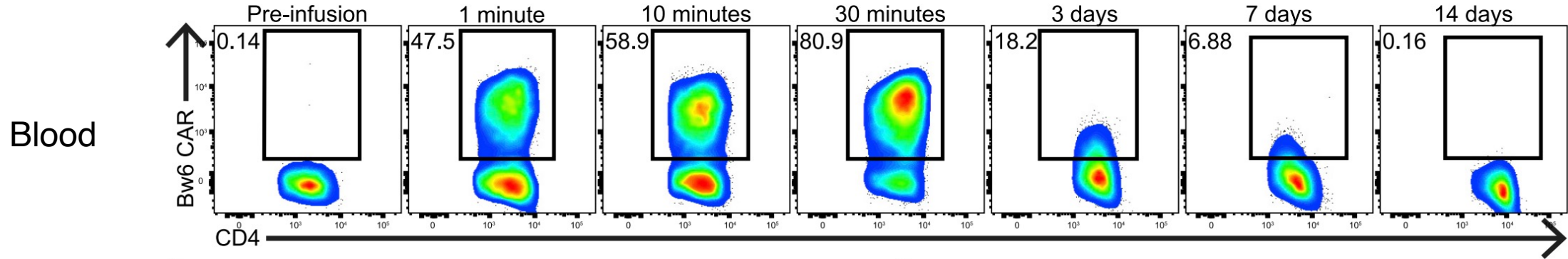


Day 0: αCD3.CD86 aAPC Stim.
 ↓
 Day 7-9: Bw6.86 aAPC Stim.
 ↓
 Day 14-16: Bw6.86 aAPC Stim.
 ↓
 Day 20-23: Assay

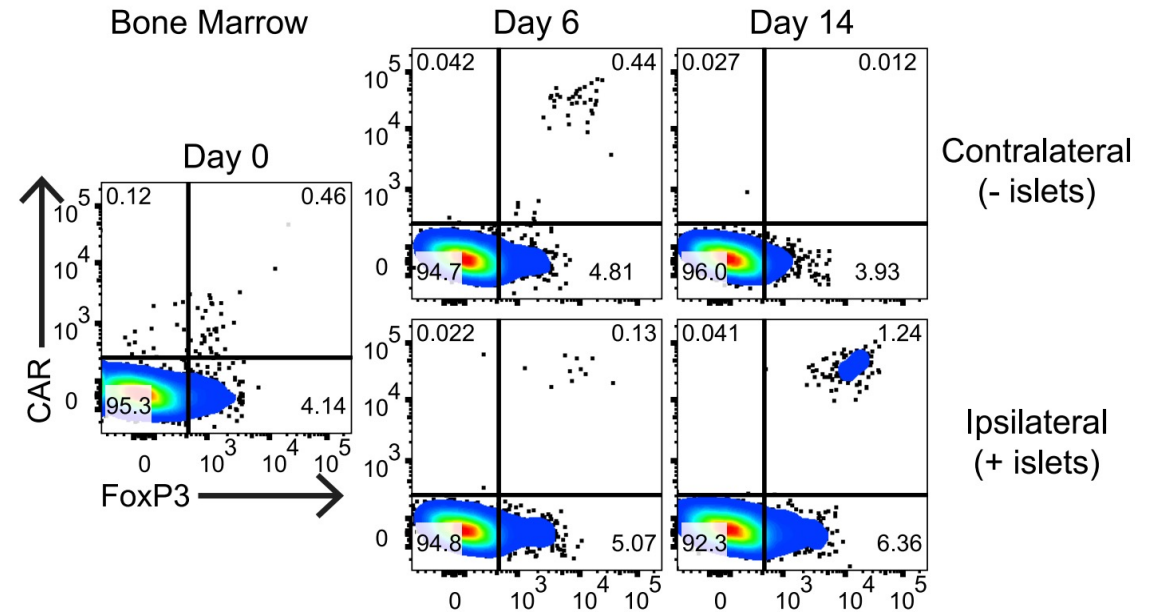
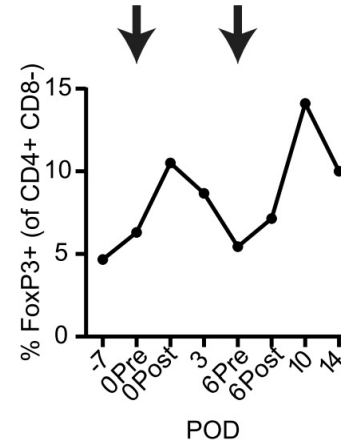
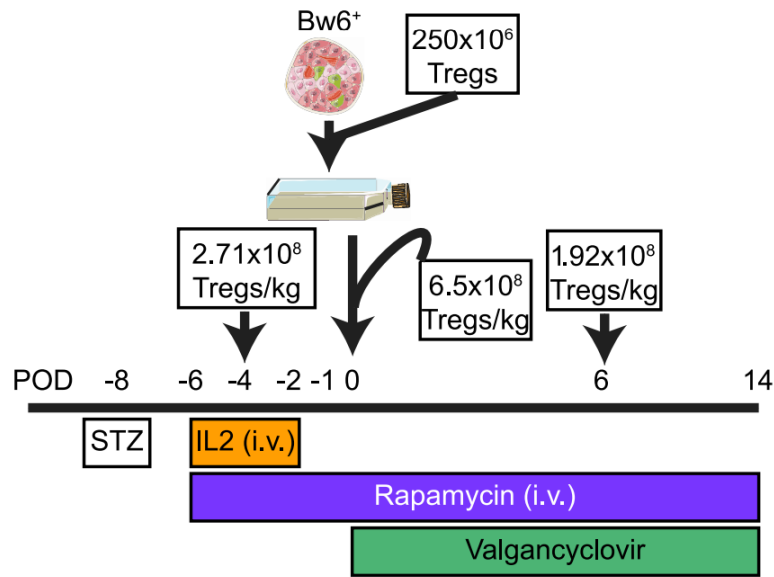


Macaque HLA-Bw7 CAR Tregs can be found in bone marrow, but not blood

B Infusion of 3.25×10^8 Bw6 specific CAR Tregs/kg, with rapamycin and IL-2



Macaque HLA-Bw7 CAR Tregs traffic to HLA-Bw7+ pancreatic islet grafts and remain stable



STZ – streptozotocin, induces beta cell death
 IL-2 – boosts Treg frequency
 Rapamycin – selectively depletes Teff over Treg
 Valgancyclovir - antiviral

Clinical translation of CAR Tregs



QEL-001: liver transplantation

LIBERATE TRIAL

<https://clinicaltrials.gov/ct2/show/NCT05234190>



TX200: kidney transplantation

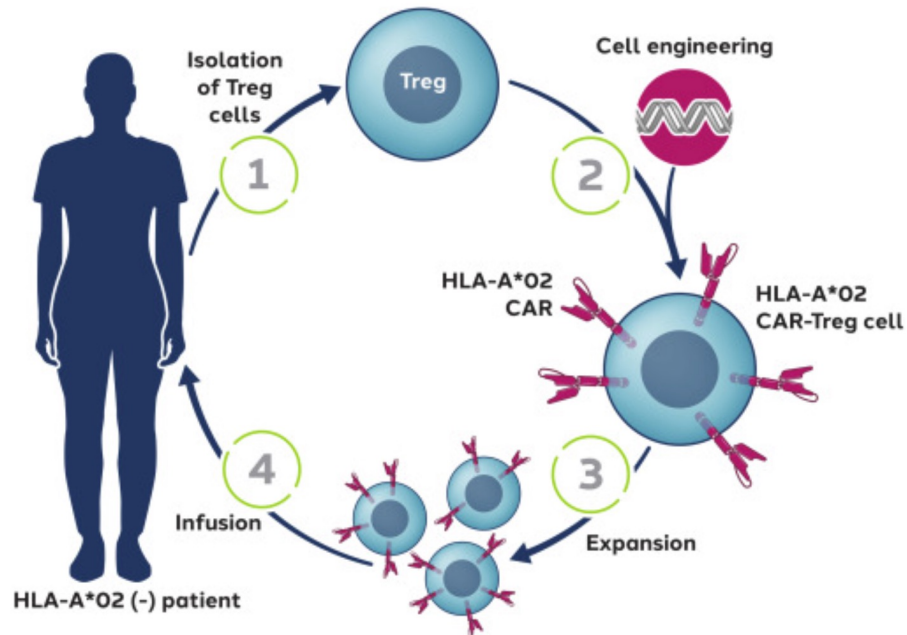
STEADFAST TRIAL

<https://clinicaltrials.gov/ct2/show/NCT04817774>



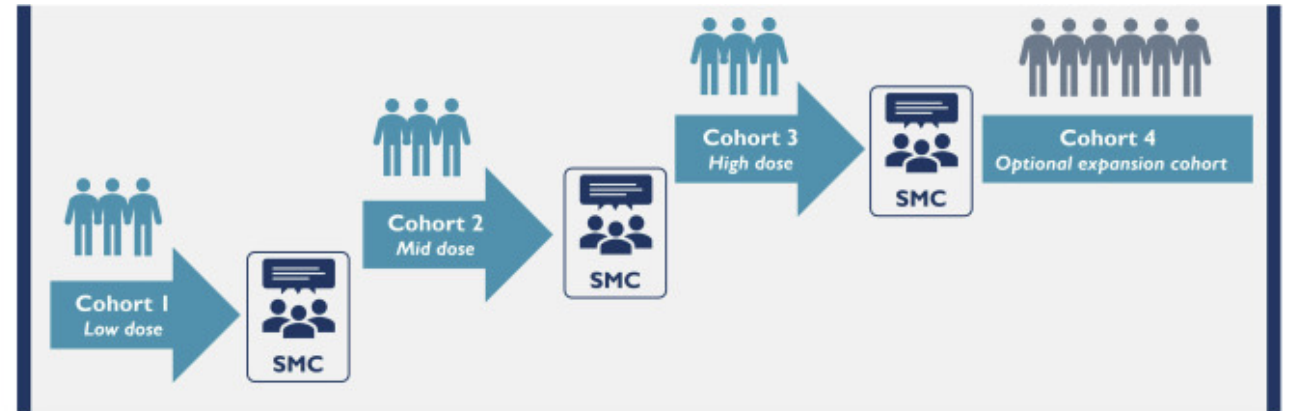
SBT-77-7200: Rheumatoid arthritis

HLA-A2 CAR Treg to protect HLA-A2+ kidney transplants from rejection



TX200-TR101

Up to 15 participants



Control

Up to 6 participants



10^4 to 10^9 cells/kg body weight

An adult has 5×10^7 Tregs

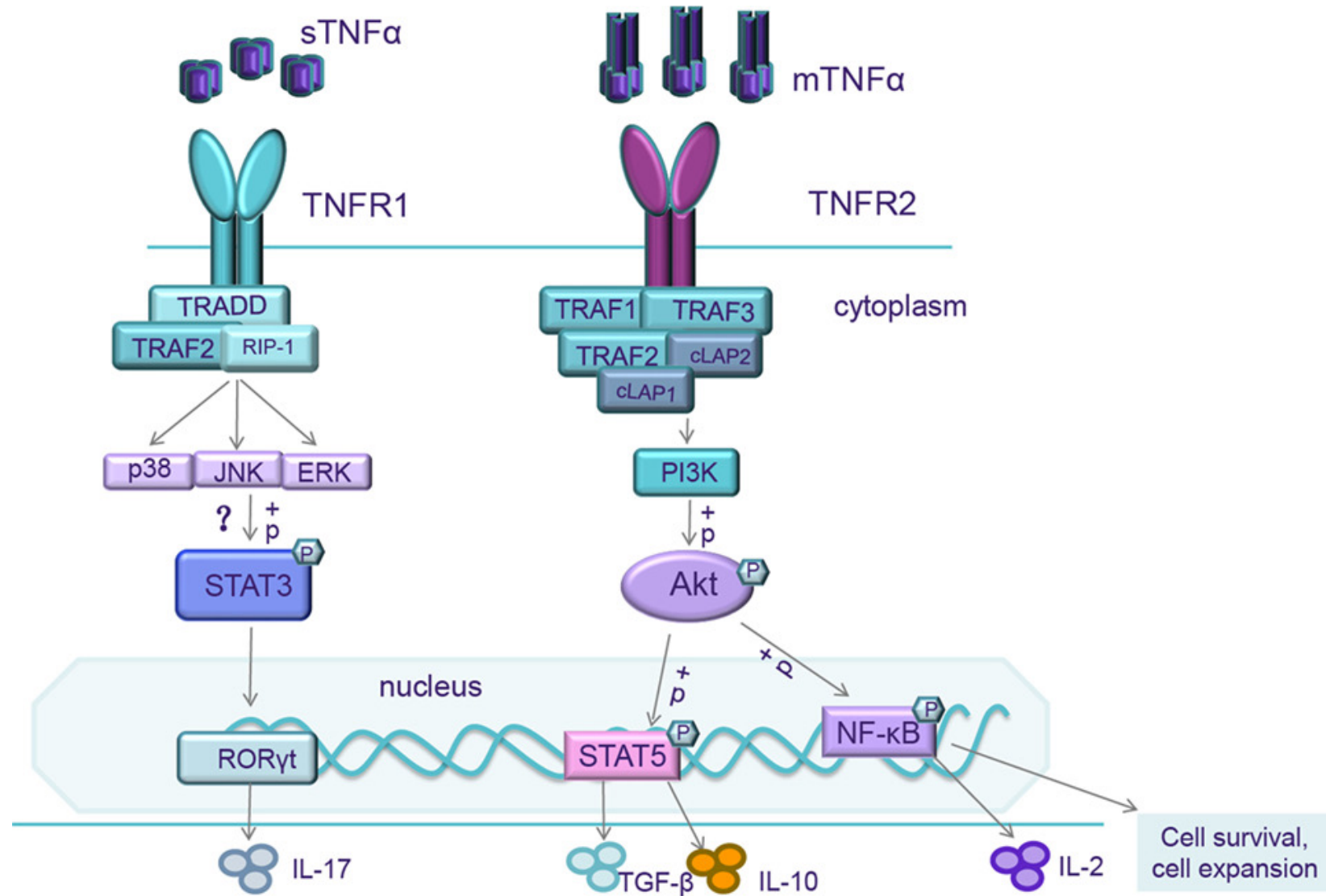
(5 liters of blood x 10^9 PBMC/liter x 1% Treg/PBMC)

Ongoing research in Treg cell therapy

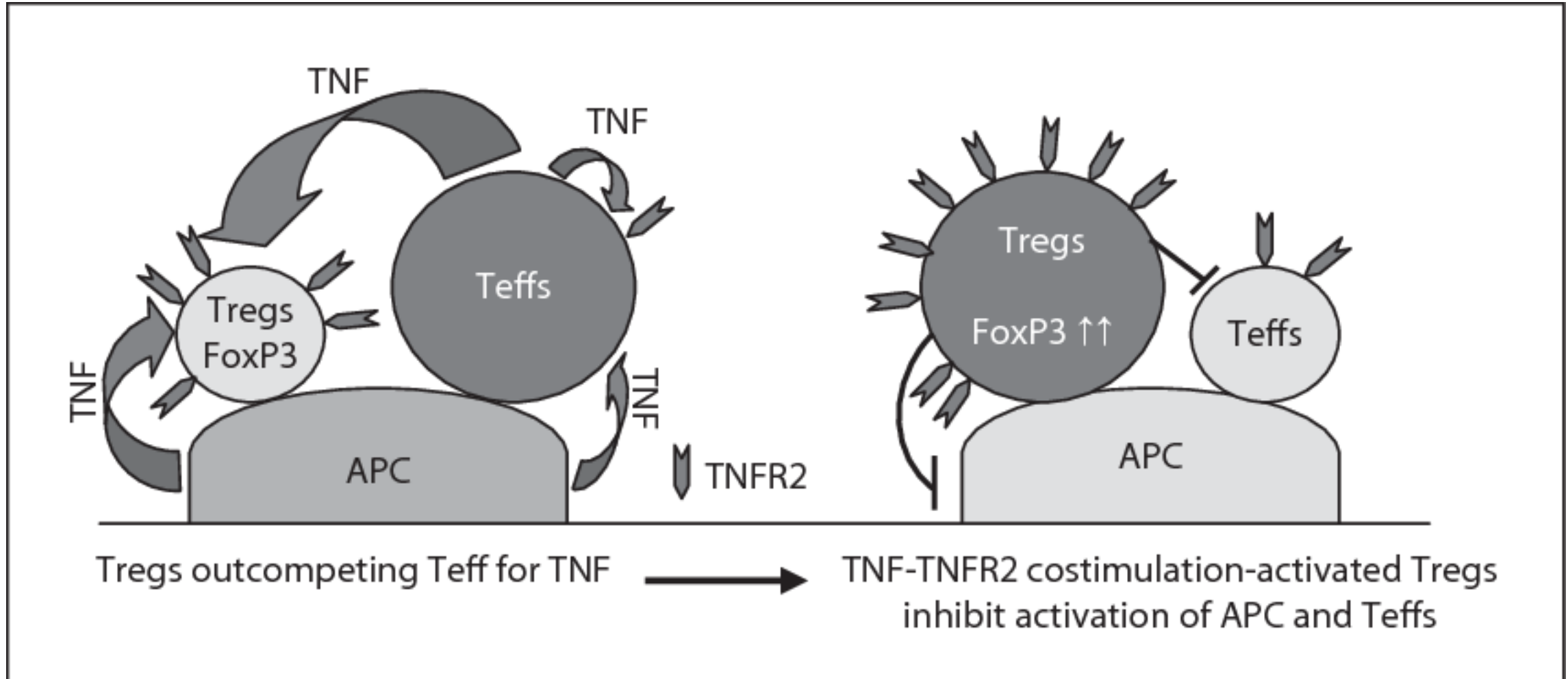


Maximizing Treg expansion

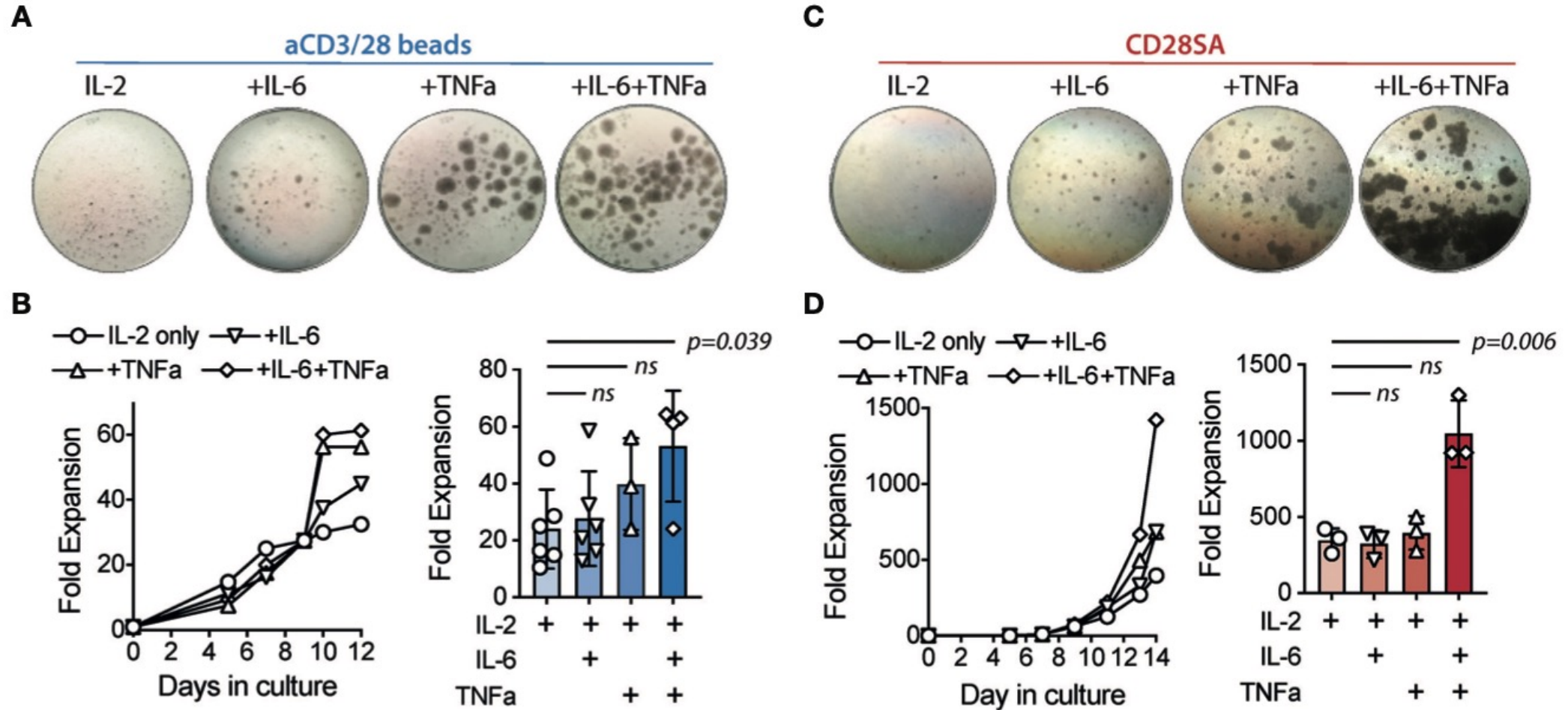
The dichotomous roles of TNF- α



The dichotomous roles of TNF- α

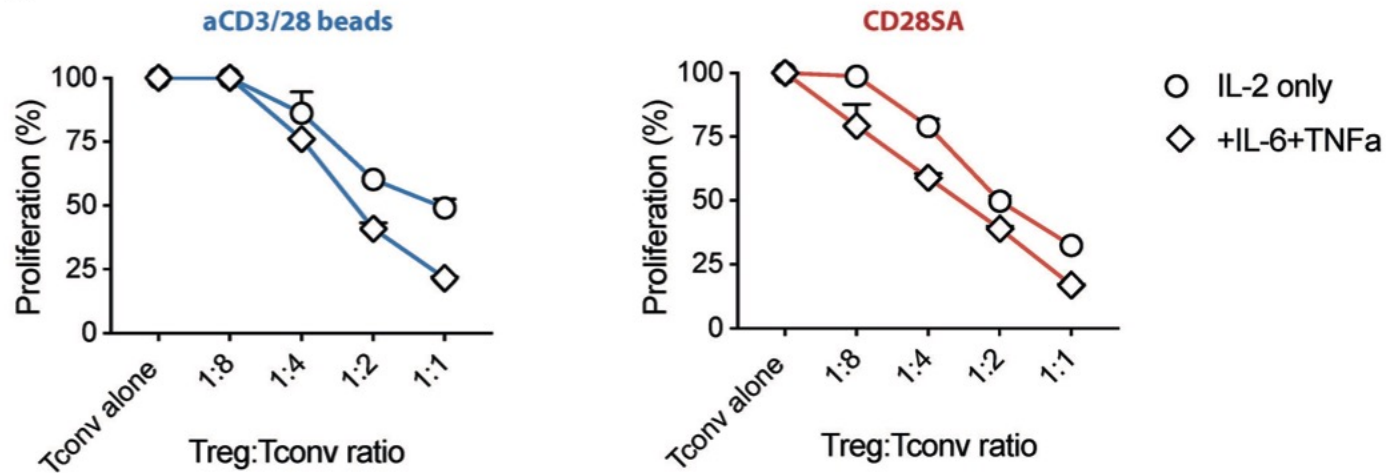


IL-6 and TNF- α drive extensive proliferation of human Tregs

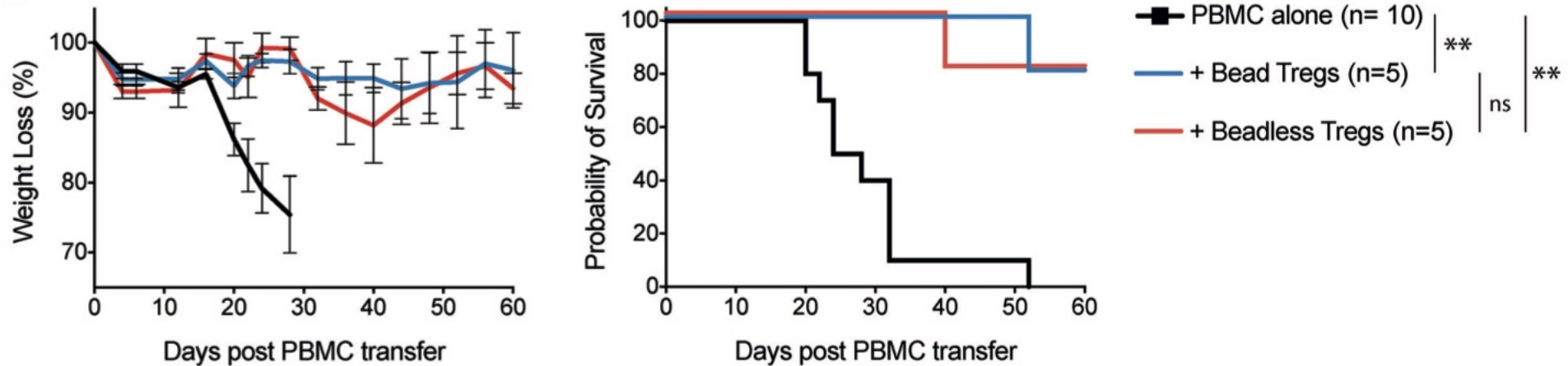


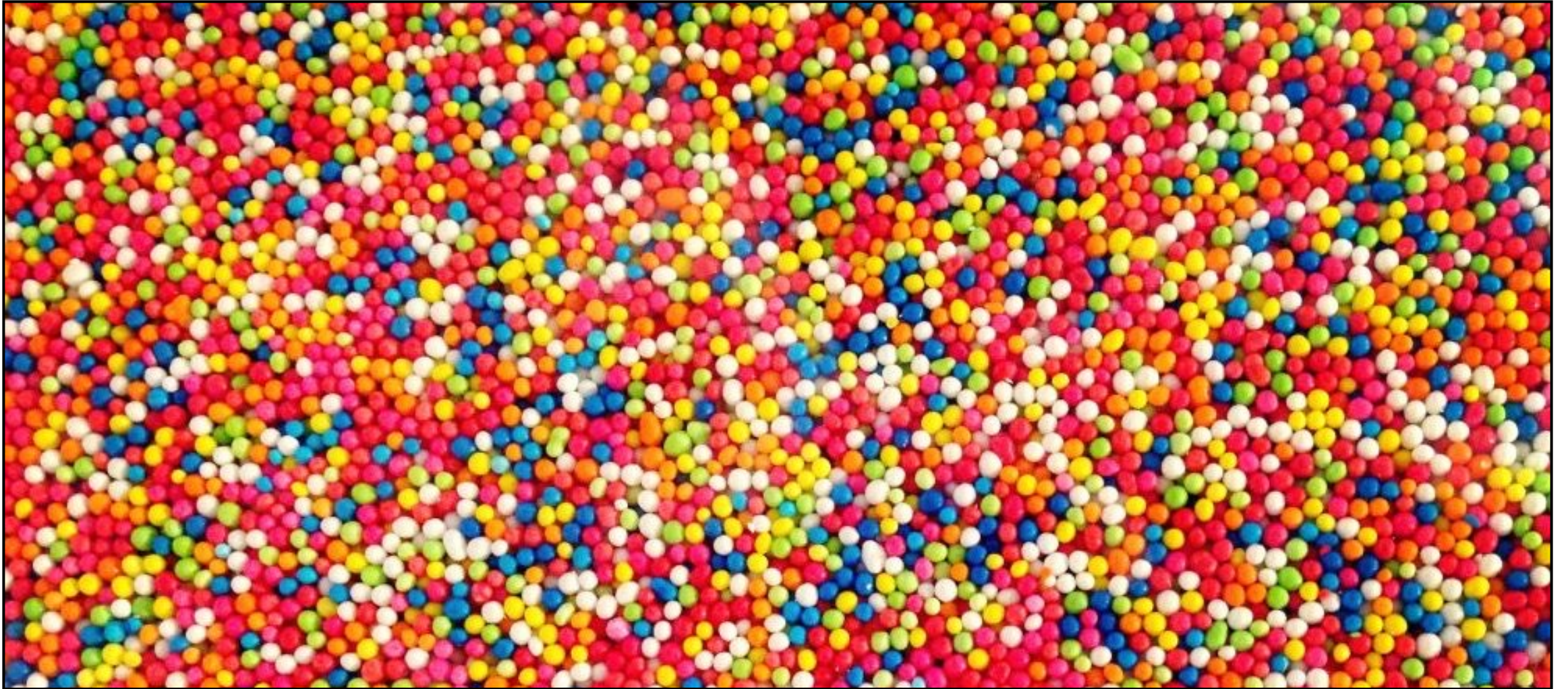
IL-6 and TNF- α do not compromise human Treg function

A



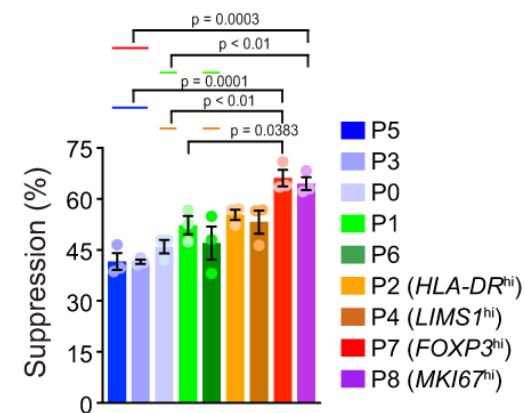
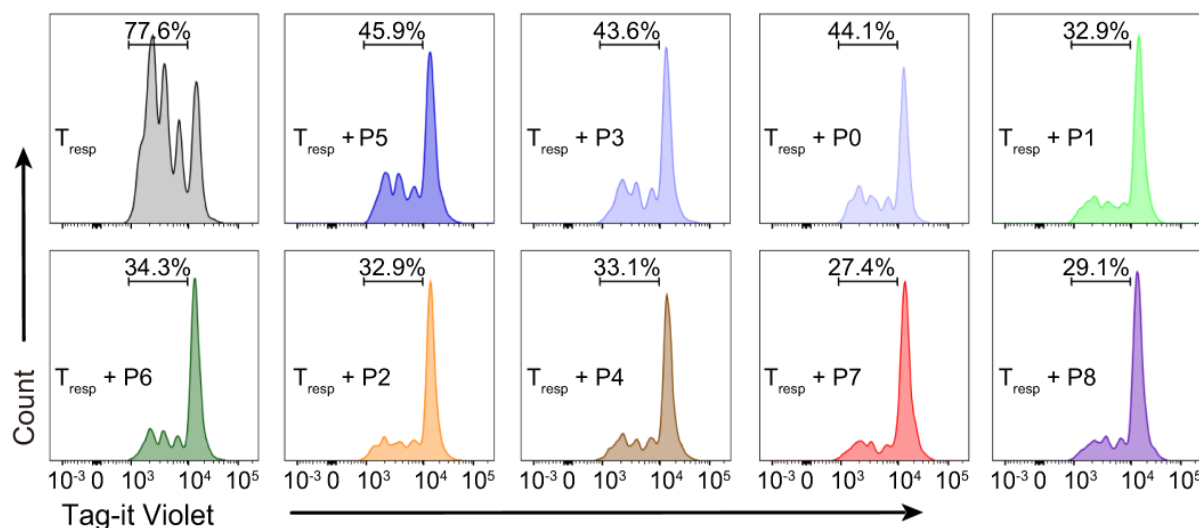
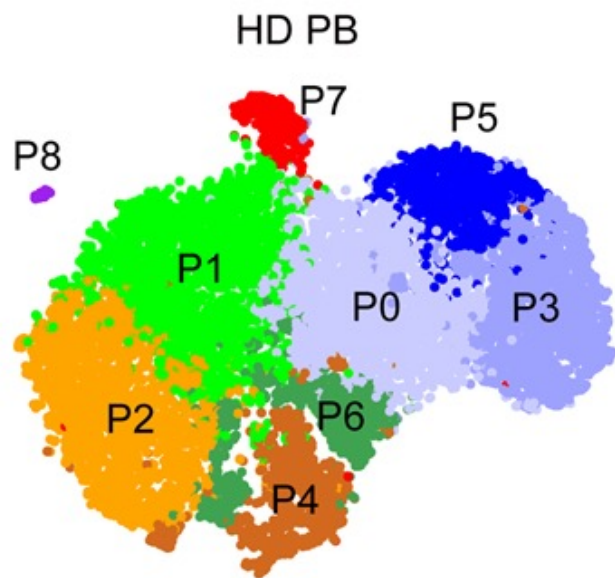
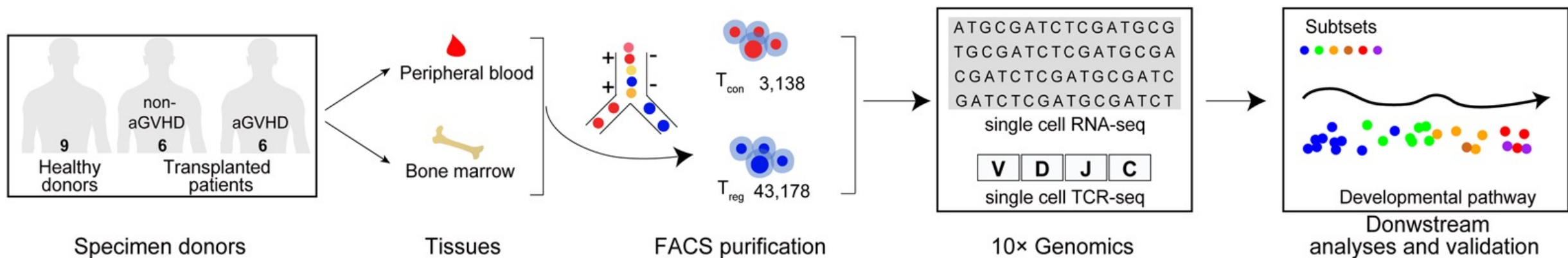
B



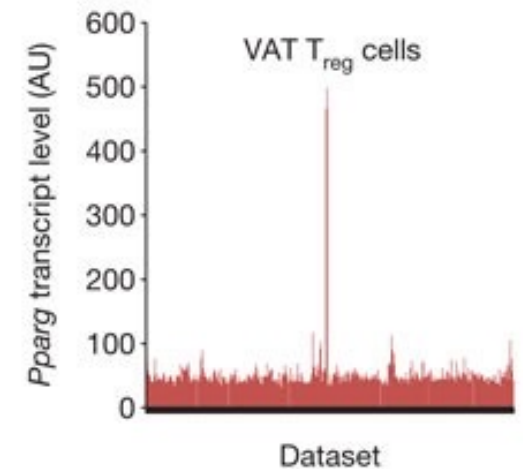
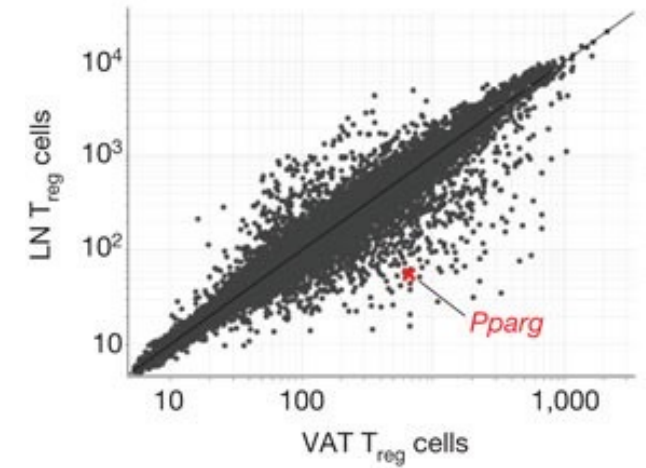
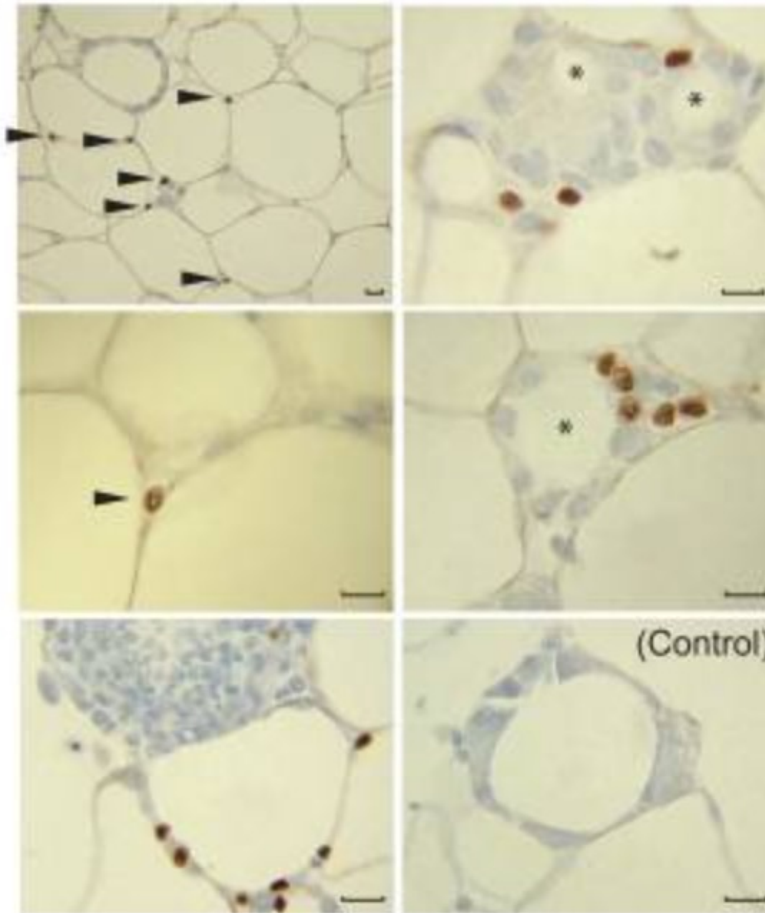
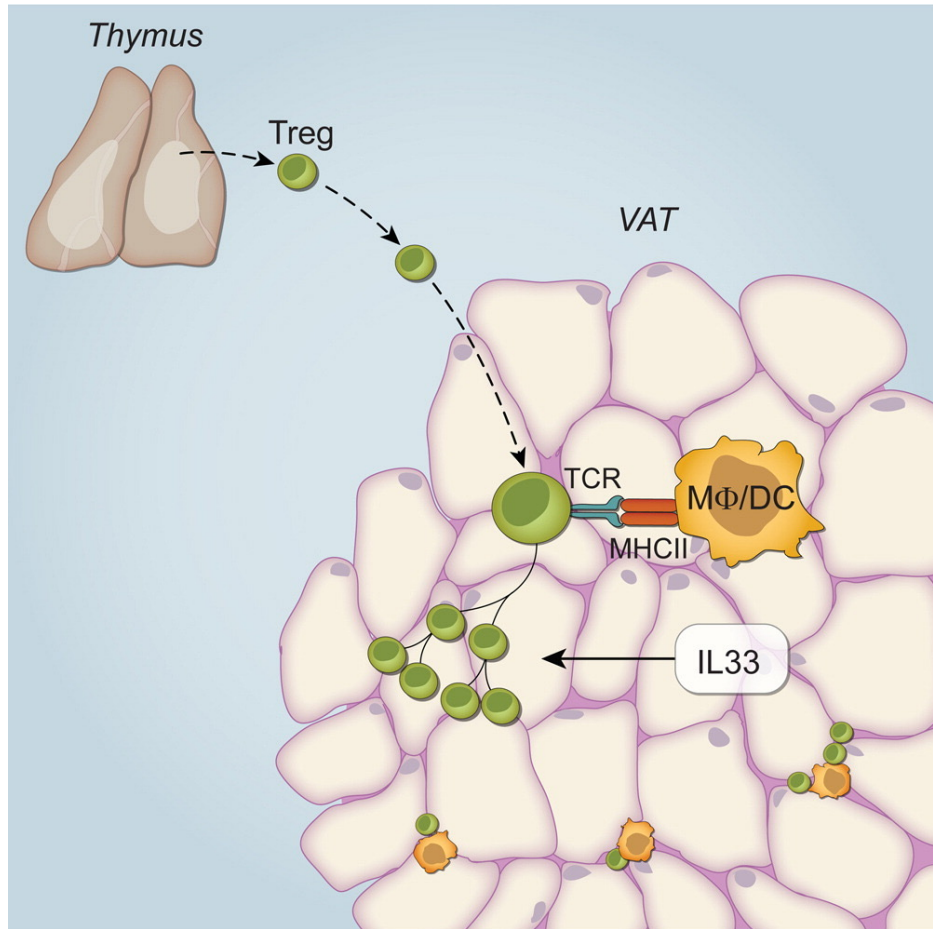


How heterogenous is the Treg compartment?

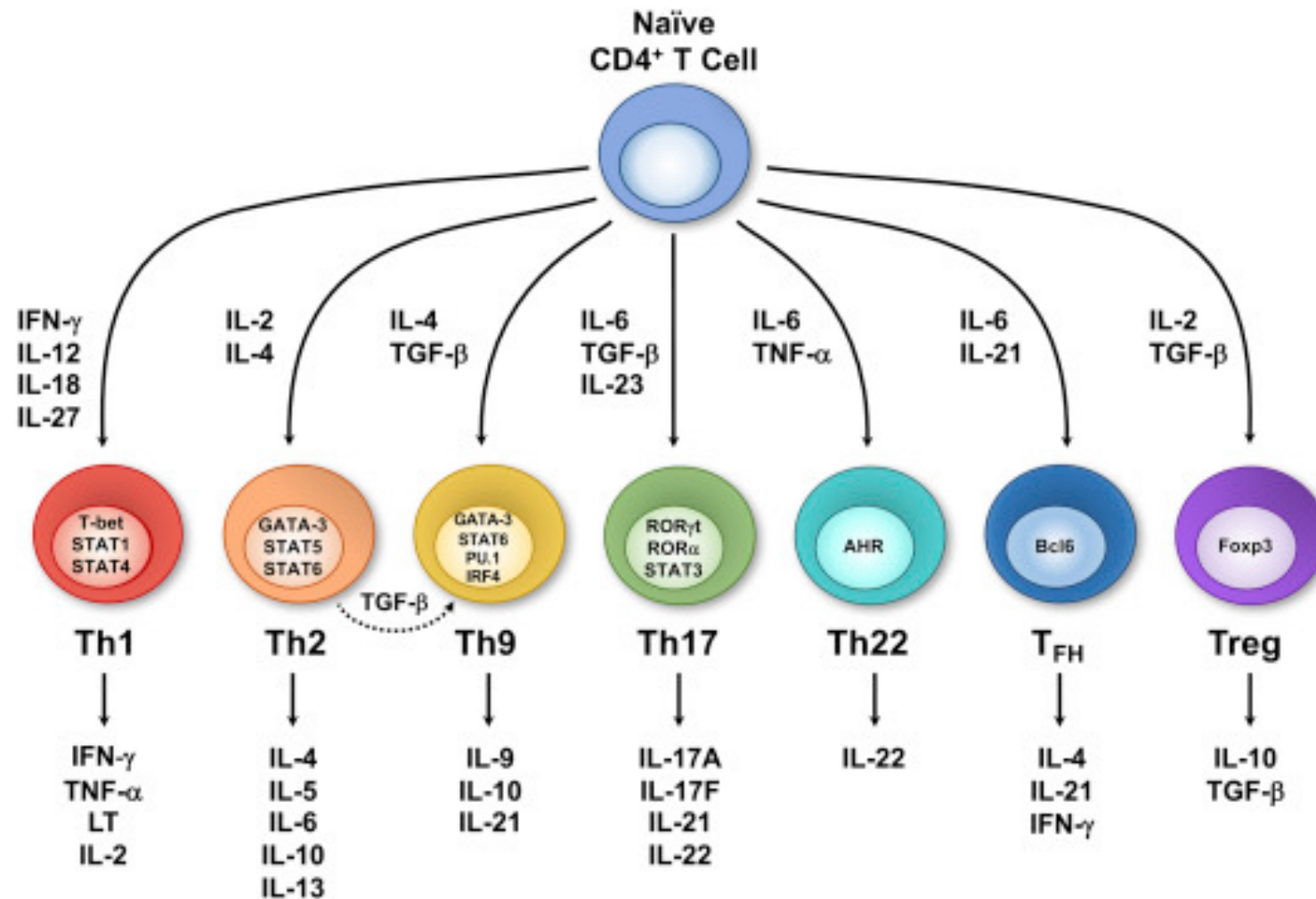
Human peripheral blood Tregs are heterogeneous



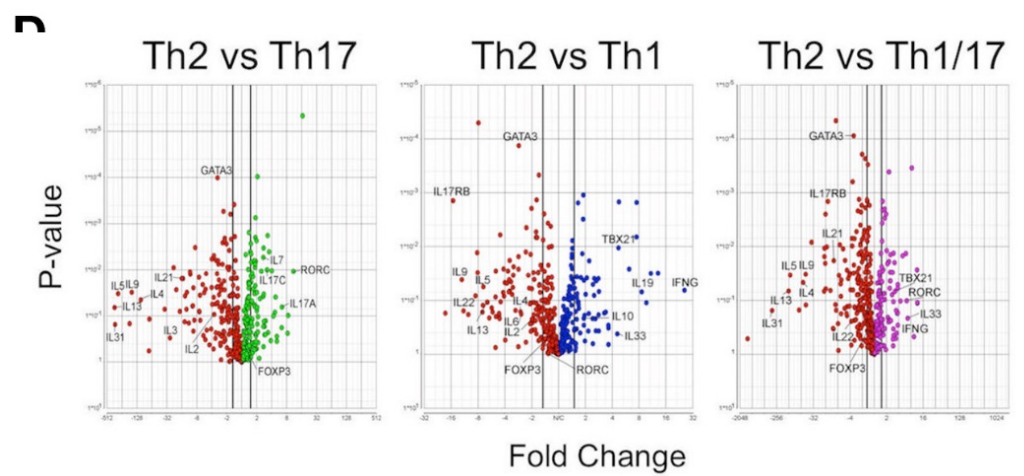
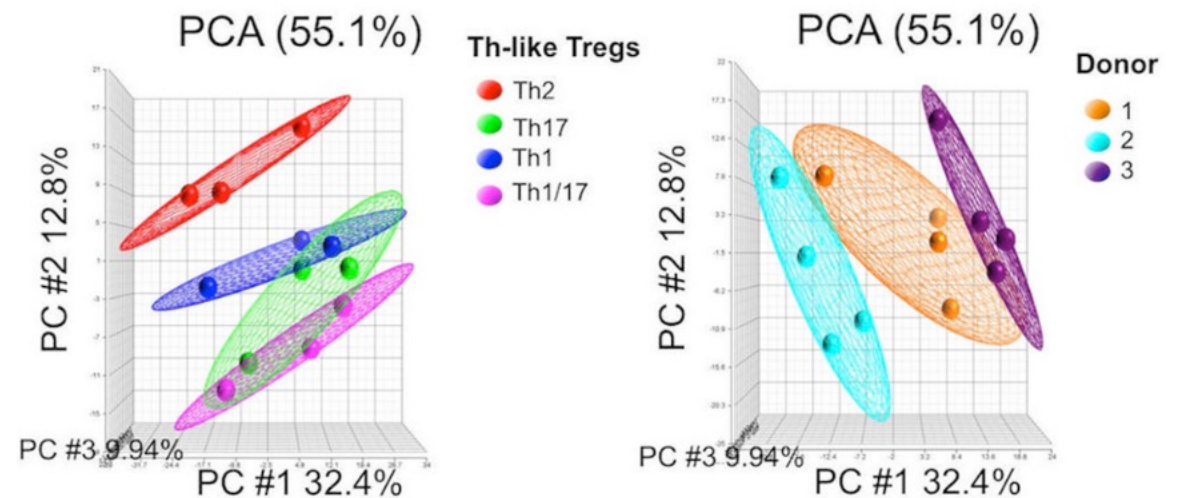
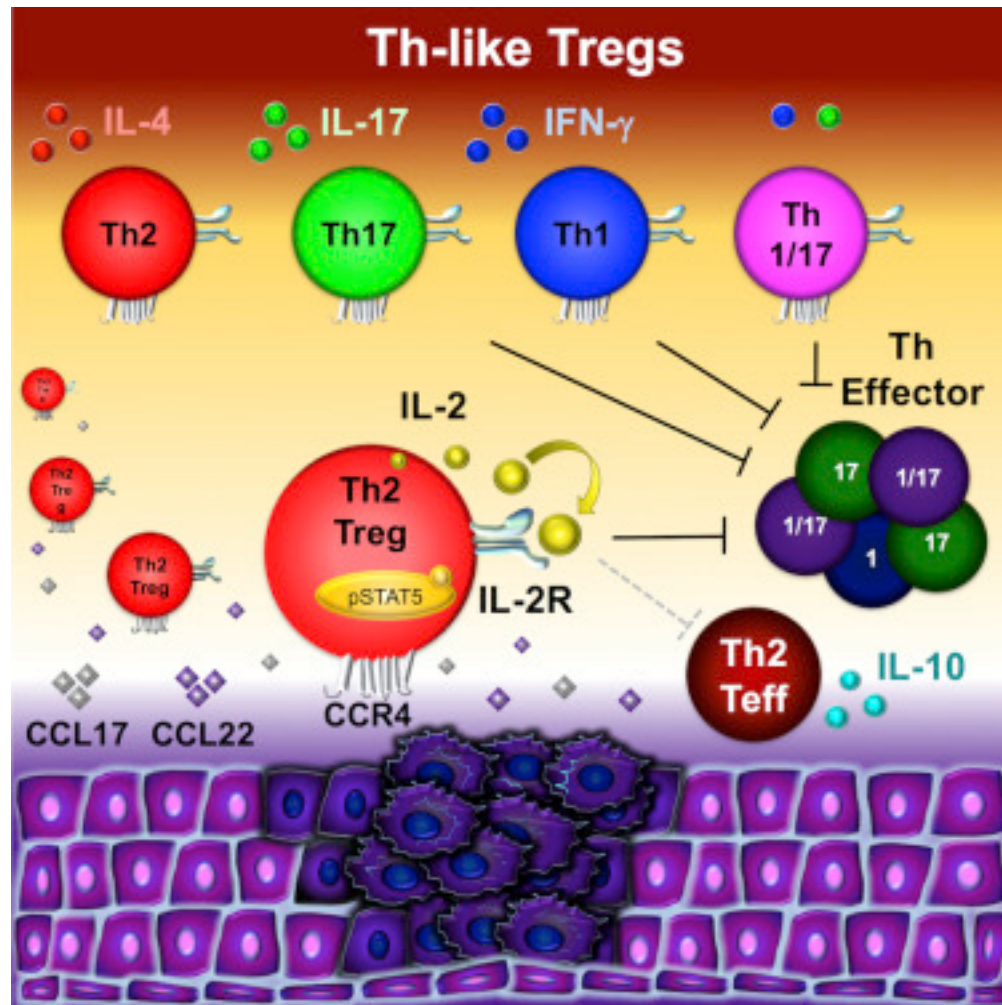
The prototypical tissue-specific Treg: Adipose tissue Treg

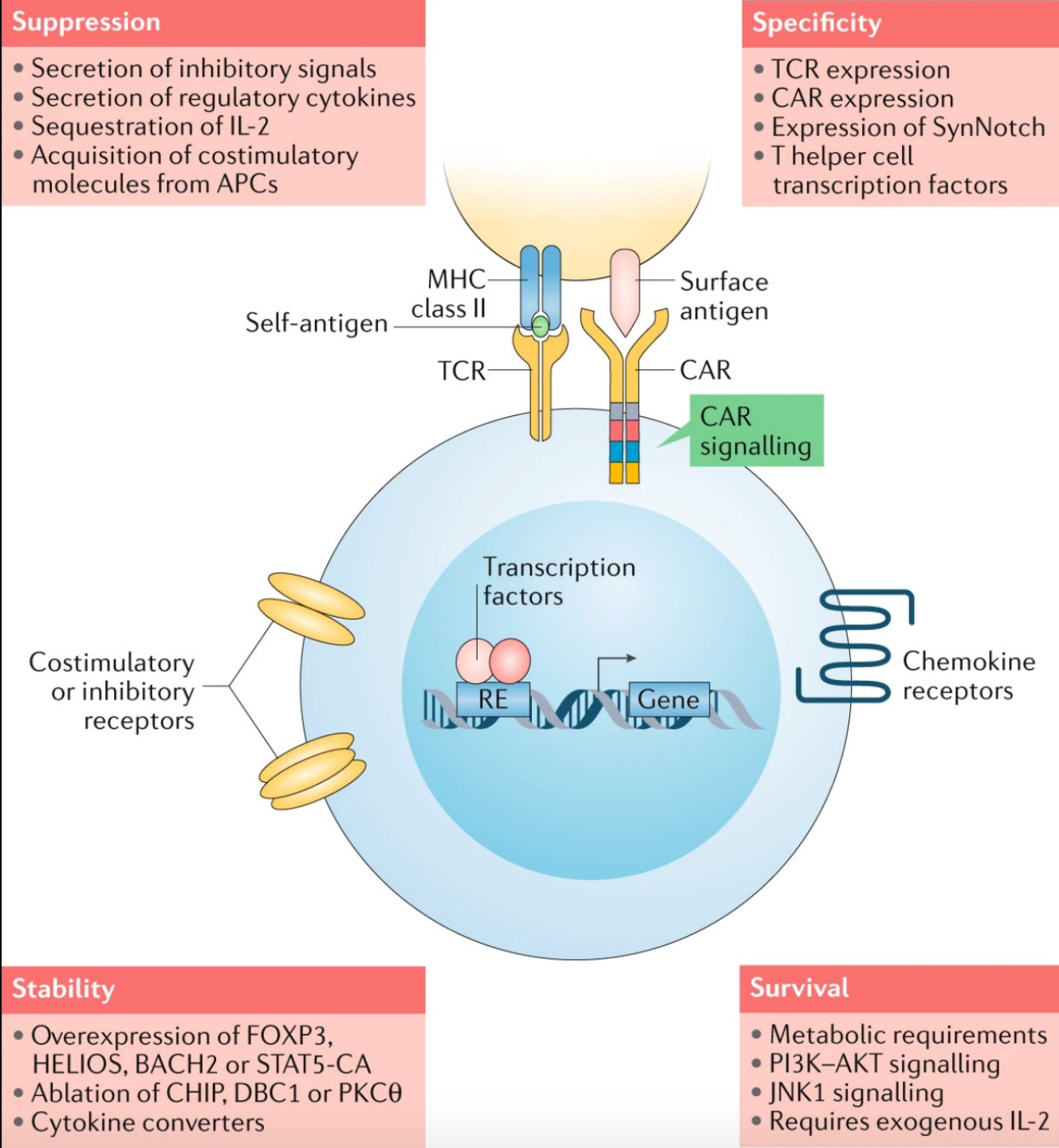


Naïve T helper cell polarization



Th2-like Tregs are preferentially found in tissues





Outstanding questions and future directions

- How does TCR ablation impact CAR Treg survival and function?
- What unique challenges do CAR Tregs face?
- Can CAR Tregs prevent disease in humans? Reverse it?
- What are the best targets and CAR designs for Tregs?
- What is the best source and manufacture protocol for Tregs?

Ferreira Lab

Designing and developing engineered immune cell therapies
for autoimmune disease, cancer, and aging

Contact us

www.ferreiralab.com

