



JOHNS HOPKINS  
M E D I C I N E

# Engineering Artificial Antigen Presenting Cells, aAPC, for Cancer Immunotherapy: From Bench to Bedside

Discussion with David Avigan and BIDC group

Jonathan Schneck, MD, PhD

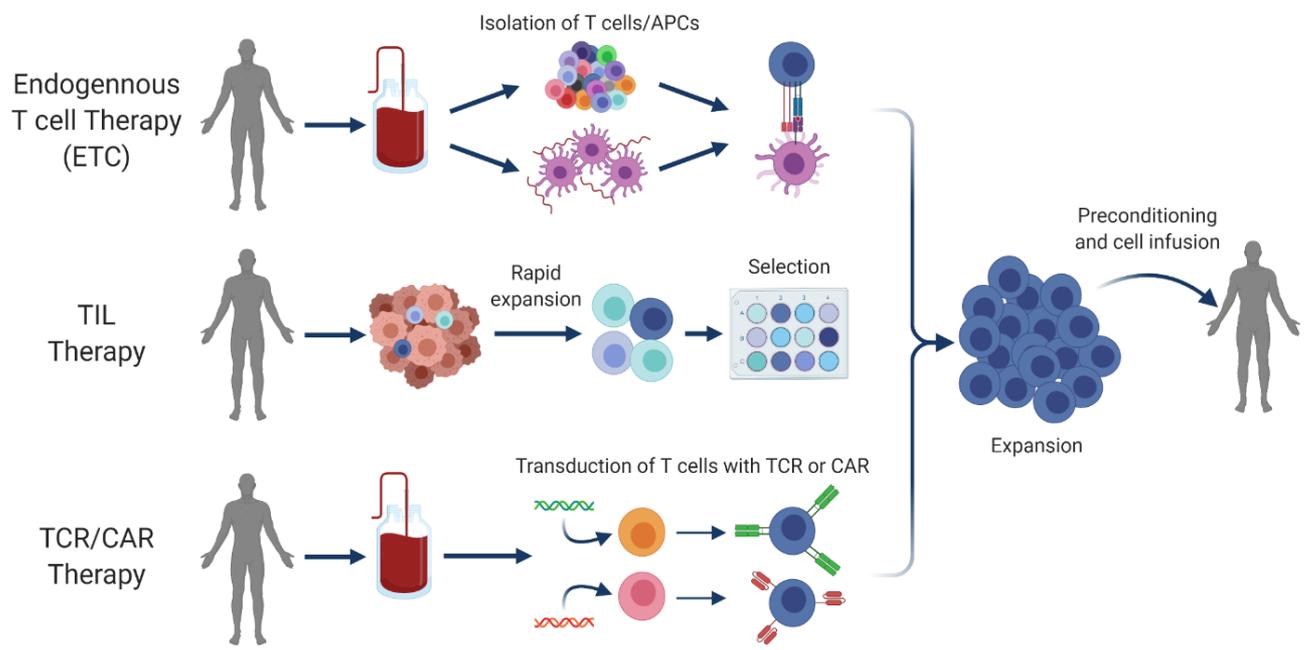
Director, Johns Hopkins Translational Immunoengineering Center, JH-TIE <https://jhtie.jhmi.edu/>

Professor, Pathology, Medicine, & Oncology

Johns Hopkins ICE, Institute for Cellular Engineering



# ***Adoptive Cellular Therapy, ACT, targets cancer cells by harnessing the immune system but current approaches are cumbersome.....and scalability limited***



# Cell Therapy Landscape

Cell Therapy Landscape<sup>(1)</sup>

Highest Stage of Development

Approach	Preclinical	Phase 1 & 1/2	Phase 2	Phase 3 / Reg	Approved	
Autologous	CAR-T	CRISPR Therapeutics, A2 BIO	Cobalto Bio, ArsenalBio, BIONTECH, Bellicum, ATARA BIO, GRACELL, Celyad, Lyell, Precigen, NextImmune, Anixa, Umoja, Takeda	ARCELLX, TCR, CBMG	Autolus	Bristol Myers Squibb, LEGEND, seventybio, NOVARTIS, Johnson & Johnson, GILEAD
	TCR-T	zelluna, abata, TRAFADWELL, anocca, medigene	BIONTECH, seventybio, GILEAD, immatics, TSCAN, tknife, GADETA	Adaptimmune, GSK, LION TCR		
	CAR-NK or NK Cell	XNK THERAPEUTICS, THERABEST, CELLATOZ, ImmunityBio	Athenex, NKGEN, artiva			
	Other	Adaptimmune, affini, KSO	ACHILLES, trumvira, TURNSTONE, ALAUNOS, carisma, IN8bio, TIT, TeraImmune, OBSIDIAN	COYA	GRADALIS, BIOCARDIA, IOVANCE	
Allogeneic	CAR-T	celularity*	Beam, CARIBOU, MANA, celecis, Fate, POSEIDA, Celyad, PRECISION, Wugen, GRACELL, aBIMMUNE			
	TCR-T	anocca, Adicet Bio, zelluna	TSCAN			
	CAR-NK or NK Cell	CARIBOU, CENTURY, Cytovia, ONK, SPORSLINE, INDAPTA	Athenex, gamida, cell, Fate, CHIMERIC, celularity*, SANOFI, MiNK, Acepodia, Deverra	ImmunityBio, Takeda, glycostem, AFFIMED		
	Other	KIROOMIC, trumvira	IN8bio, Celyad, Acepodia, Celyad, Adicet Bio	BIOCARDIA, Allogene, CELIXIR, WindMIL		ATARA BIO (EU)

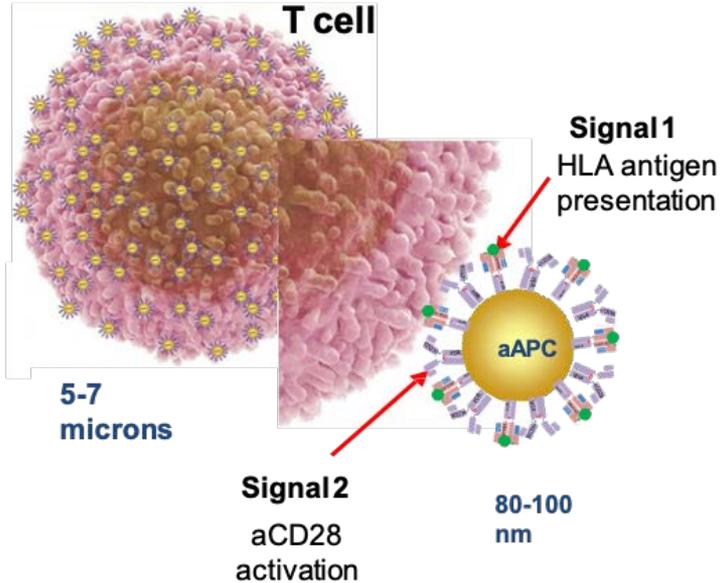
(1) As of 1/26/2023, not exhaustive



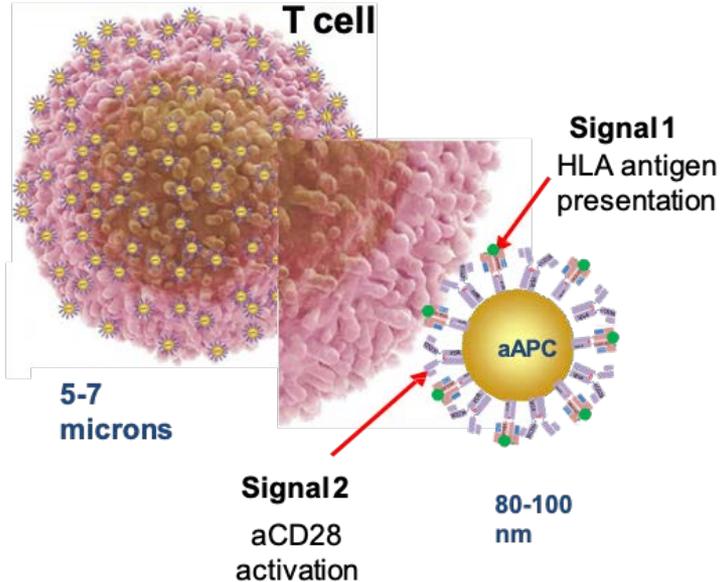
# ***Why ETC? Sourcing naturally present tumor-specific T cells from PBMCs presents a number of potential opportunities for adoptive cellular therapy (ACT)***

- First and foremost, the simplicity and modularity of this approach makes it amenable to personalization.
- The minimal requirements of clinical grade peptide or RNA and patient PBMCs present few regulatory hurdles or complex pipelines for targeting specific antigens, allowing for rapid, ad hoc targeting of patient-specific tumor antigens
- The importance of modularity is further highlighted by studies which have shown optimal antitumor responses may require simultaneous targeting of multiple tumor antigens
- Additionally, by targeting endogenous and at times naive T cells, ETC inherently provides flexibility over the memory phenotype of the final T cell product
- The resulting T cells also tend to be relatively safe, as these naturally present cells have gone through negative selection.

# Artificial Antigen Presenting Cells, aAPC: A simplified approach to T cell stimulation



# Artificial Antigen Presenting Cells, aAPC: A simplified approach to T cell stimulation



**Co-stimulation**  
**Tumor Specific**

*Ex vivo* induction and expansion of antigen-specific cytotoxic T cells by HLA-Ig-coated artificial antigen-presenting cells

MATHIAS OELKE<sup>1</sup>, MARCELA V. MAUS<sup>2</sup>, DOMINIC DIDIANO<sup>1</sup>, CARL H. JUNE<sup>2</sup>, ANDREAS MACKENSEN<sup>3</sup> & JONATHAN P. SCHNECK<sup>1</sup>

<sup>1</sup>Department of Pathology & Medicine, Johns Hopkins School of Medicine, Baltimore, Maryland, USA

<sup>2</sup>Abramson Family Cancer Research Institute at the University of Pennsylvania, Philadelphia, Pennsylvania, USA

<sup>3</sup>Department of Hematology/Oncology, University of Regensburg, Germany

Correspondence should be addressed to M.O.; e-mail: bmpe5@cs.com

Published online 21 April 2003; doi:10.1038/nm869

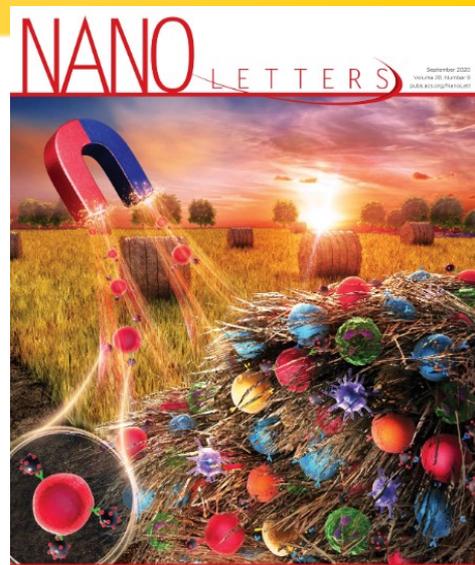
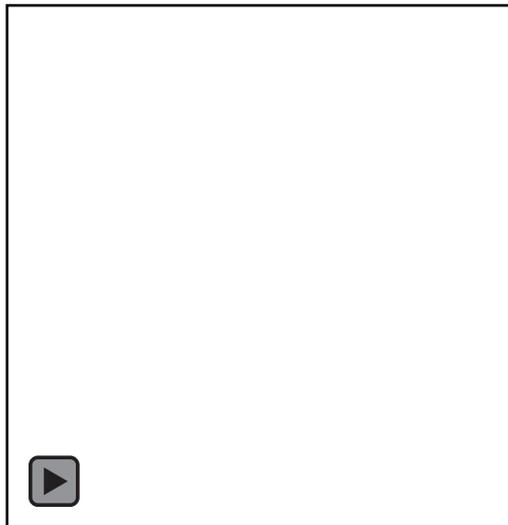
Oelke M, Maus MV, Didiano D, June CH, Mackensen A, Schneck JP.  
Nat Med. 2003 May;9(5):619-24

**Activation**



# E+E: Enrichment & Expansion of aAPC-stimulated T cells

Tumor-specific T Cells



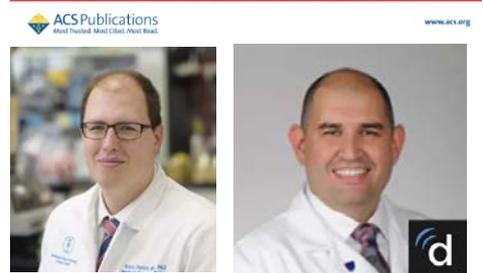
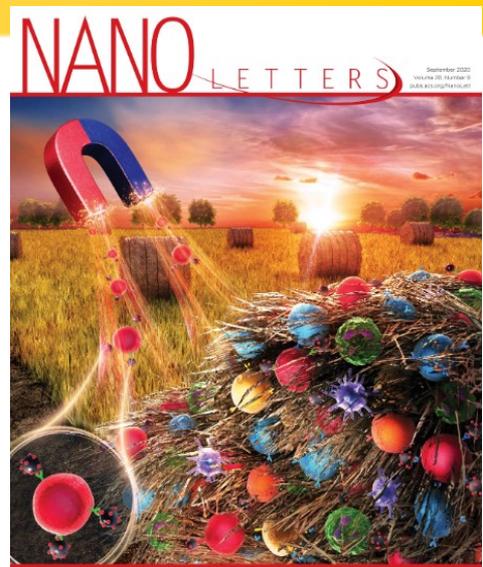
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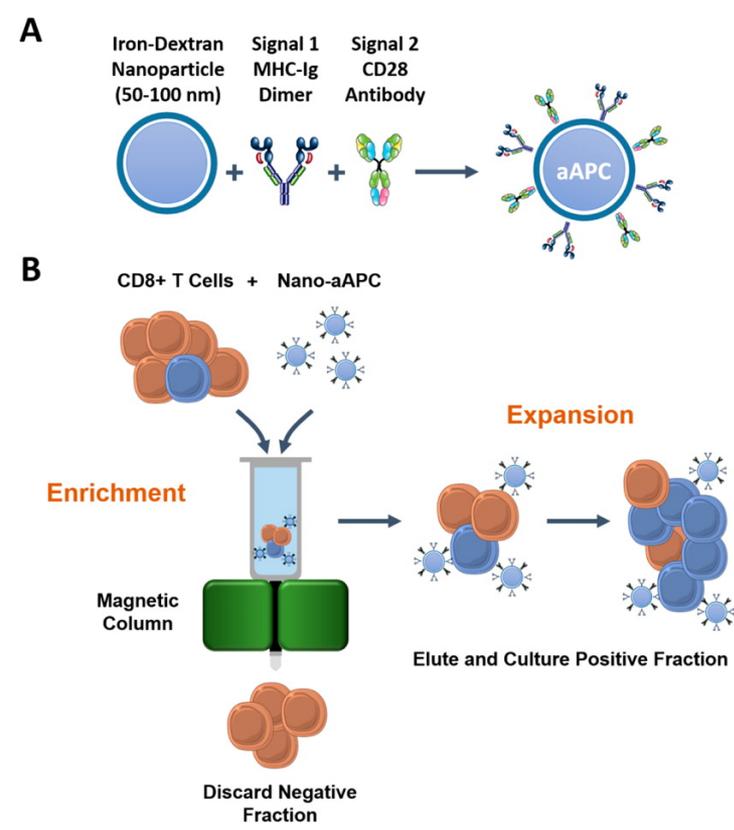


Perica et al. ACS Nano, 2015 Jul 28;9(7):6861-71. doi: 10.1021/acsnano.5b02829.

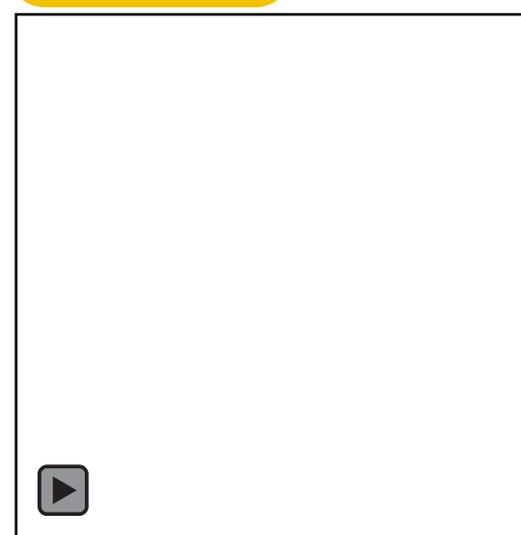
Hickey et al, Nano Lett 2020 Sep 9;20(9):6289-6298. doi: 10.1021/acs.nanolett.0c01511.



# E+E: Enrichment & Expansion of aAPC-stimulated T cells

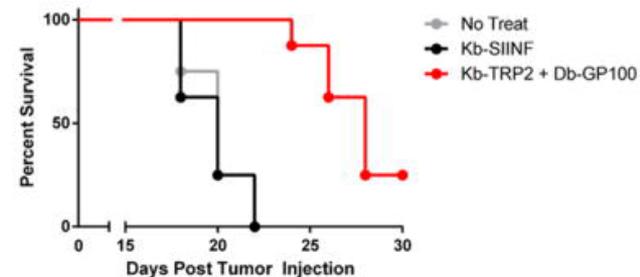
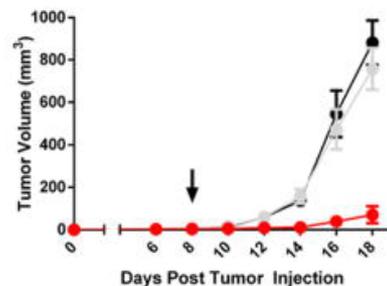
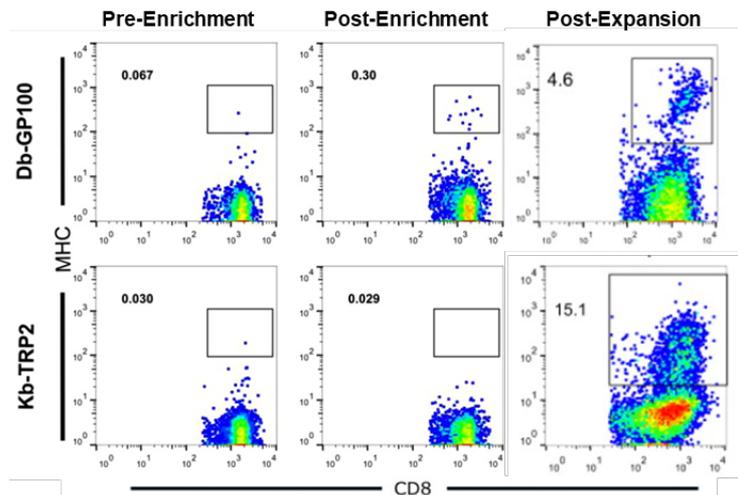
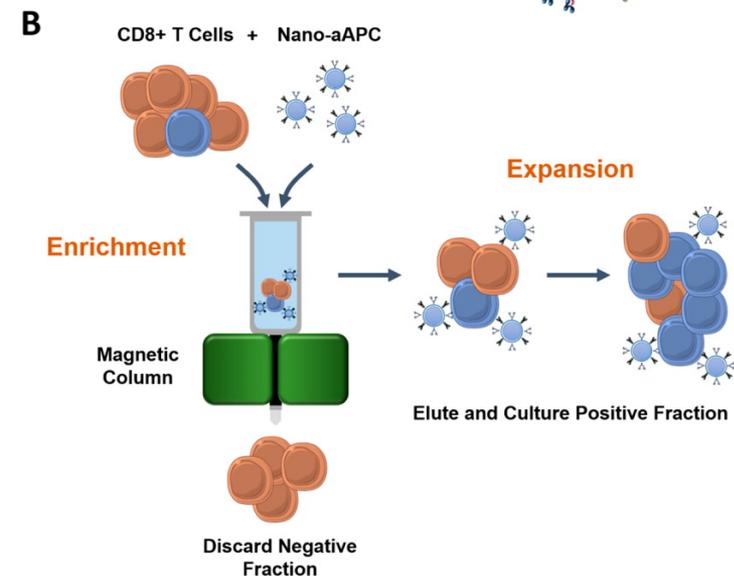
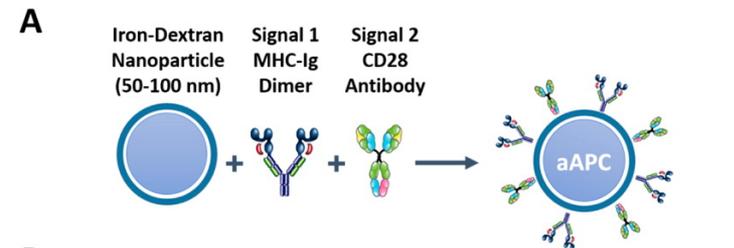


**Tumor-specific T Cells**



Perica et al. ACS Nano, 2015 Jul 28;9(7):6861-71. doi: 10.1021/acsnano.5b02829.  
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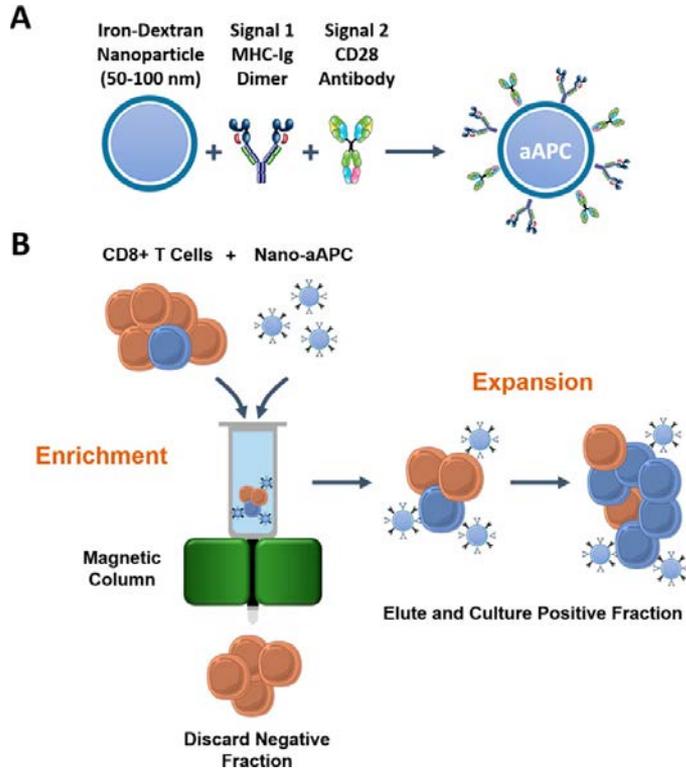
## **Rapid Expansion of Highly Functional Antigen-Specific T Cells from Patients with Melanoma by Nanoscale Artificial Antigen-Presenting Cells**

Junya Ichikawa<sup>1</sup>, Tatsuya Yoshida<sup>1</sup>, Ariel Isser<sup>2</sup>, Andressa S. Laino<sup>1</sup>, Melinda Vassallo<sup>1</sup>, David Woods<sup>1</sup>, Sojung Kim<sup>3</sup>, Mathias Oelke<sup>3</sup>, Kristi Jones<sup>3</sup>, Jonathan P. Schneck<sup>2</sup>, and Jeffrey S. Weber<sup>1</sup>

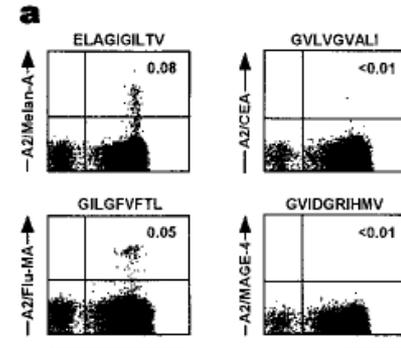
Ichikawa, *Clinical Cancer Research*, 2020



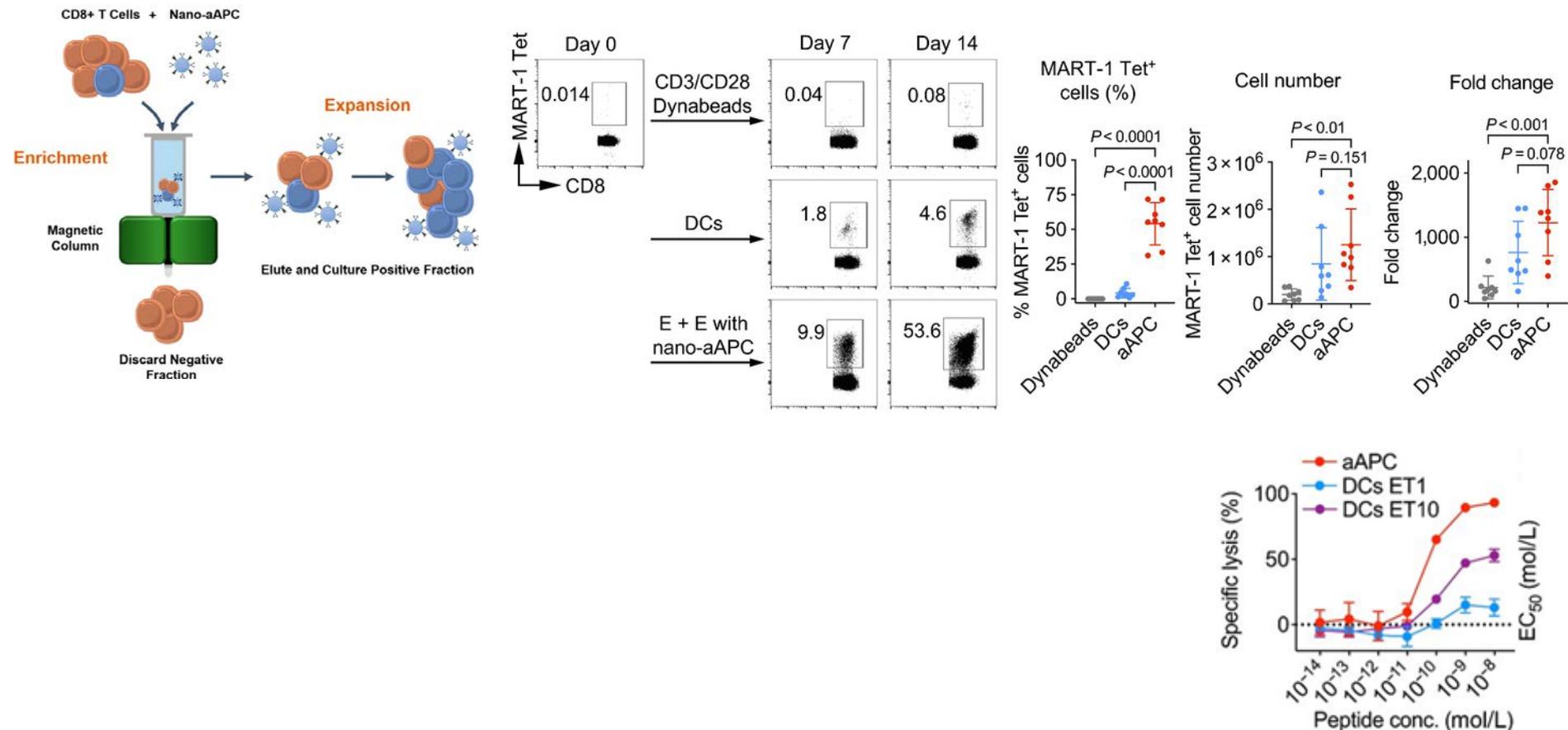
# Application to Human CTL: Expansion of Mart-1 and GP-100 specific CTL from melanoma patients



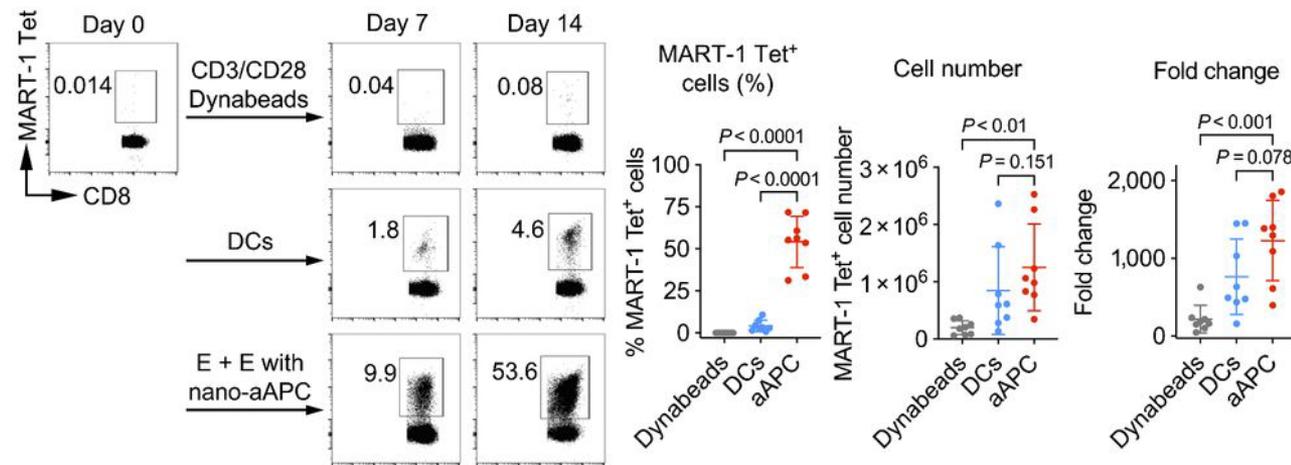
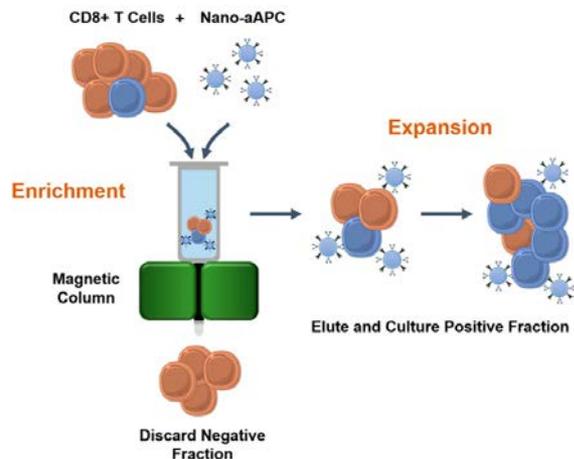
- MART-1 is a protein antigen found on the surface of healthy melanocytes and is involved in regulation of mammalian pigmentation.
- It is overexpressed in melanoma tumor cells and been targeted in a number of melanoma clinical trials
- MART-1<sub>26-35</sub> is recognized by CD8+ T cells in the context of HLA-A\*0201 and has a high precursor frequency (1:1000) in healthy donors. Nevertheless, precursor cells seem to be naïve, in contrast to virus-specific CD8+ T cells, suggesting the population is a result of thymic selection.
- GP-100 is another HLA-A\*0201 well defined melanoma specific antigen



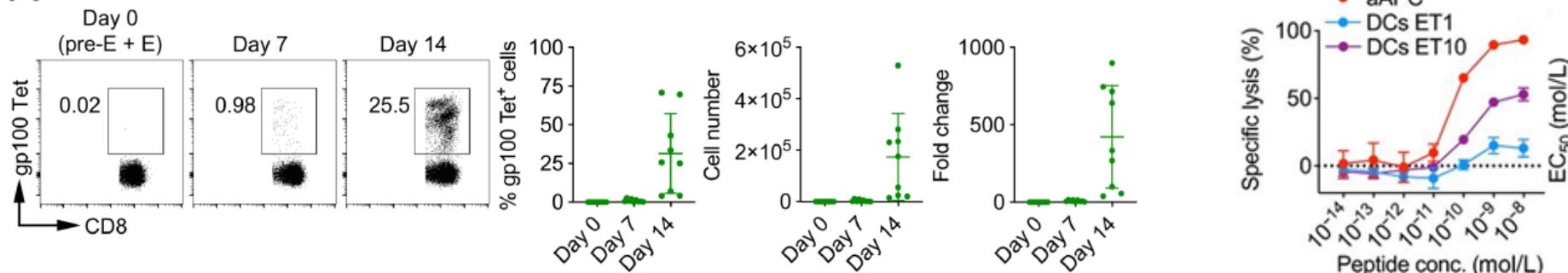
# Nanoscale aAPCs can be used to expand highly functional tumor-specific CD8+ T cells from melanoma patients



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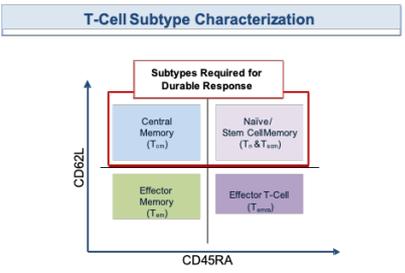
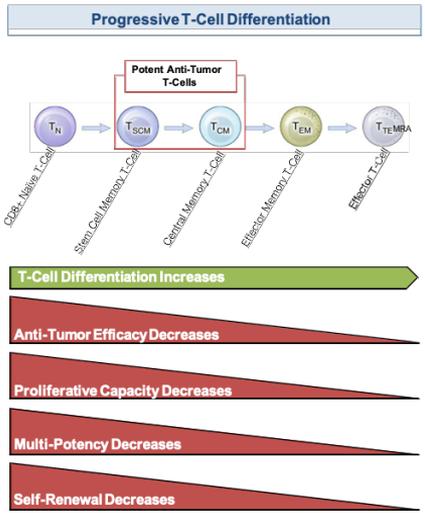


A



# Optimal T Cell Phenotype Consists of Central Memory and Stem Cell Memory T cells

Central Memory ( $T_{cm}$ ) and Stem Cell Memory ( $T_{scm}$ ) T-cells represent key anti-tumor T-cells

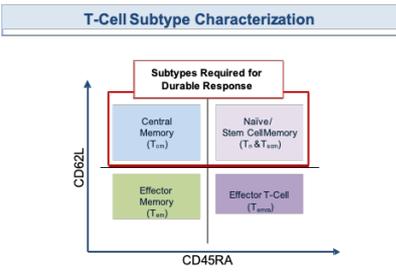
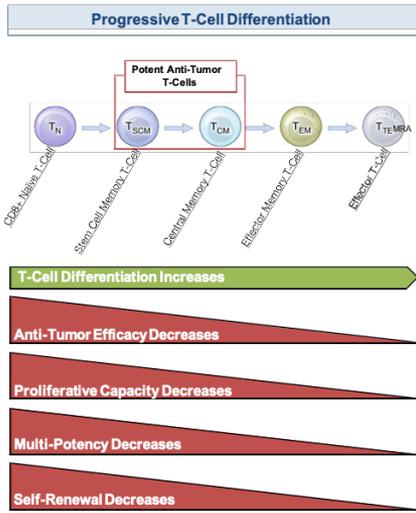


**Stem cell memory T cells may address limitations of current adoptive T-cell therapies**

- Inefficient T-cell engraftment
- Persistence and mediation of prolonged immune attack

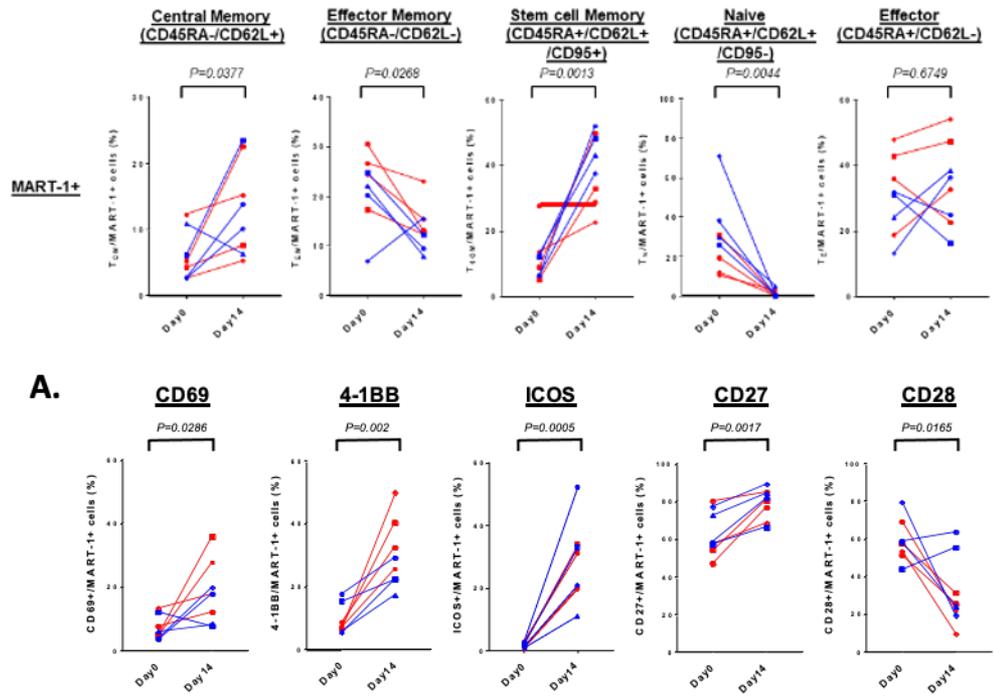
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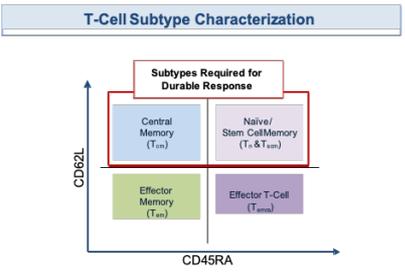
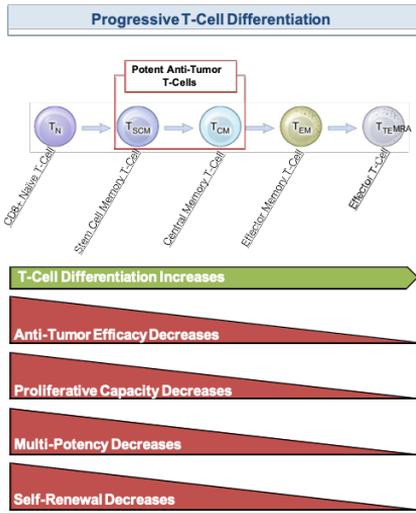
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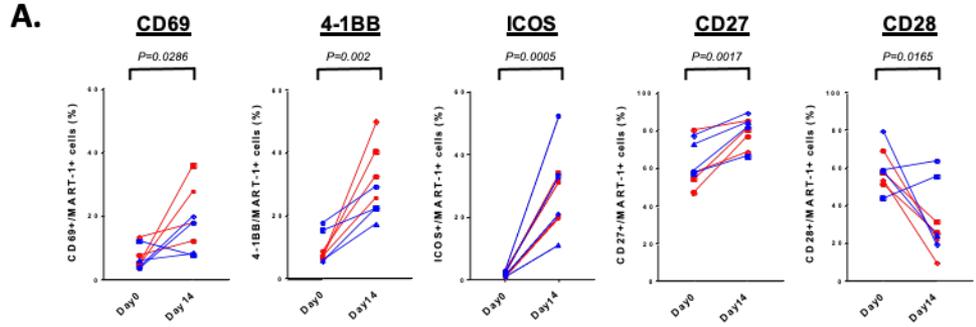
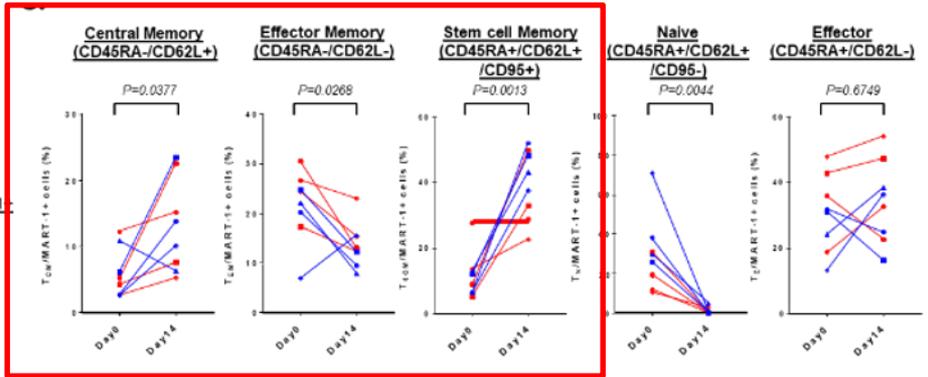
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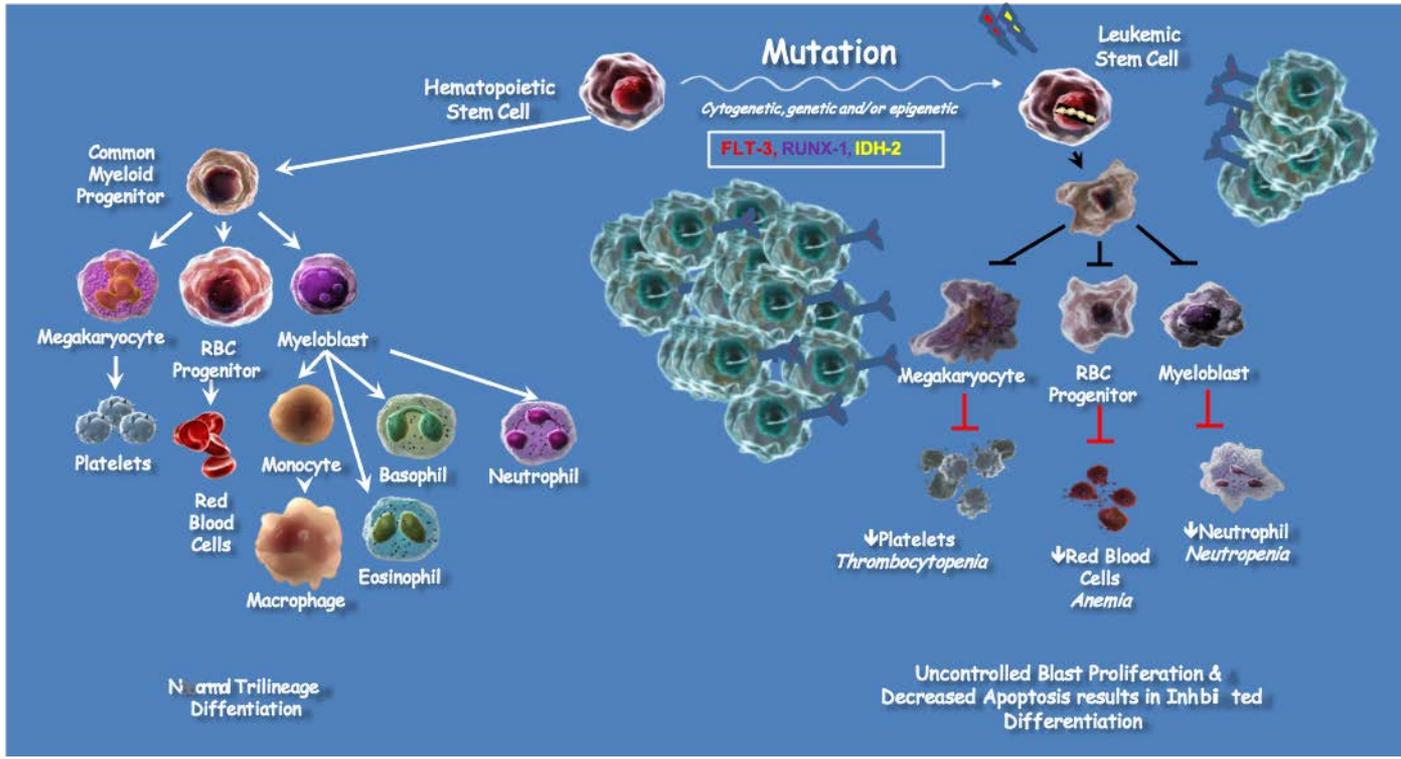


**Stem cell memory T cells may address limitations of current adoptive T-cell therapies**

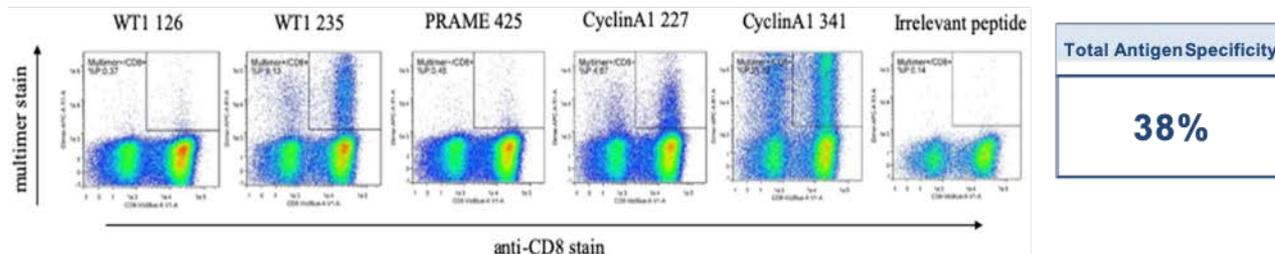
- Inefficient T-cell engraftment
- Persistence and mediation of prolonged immune attack



# NEXI-001 Clinical Promise: Restore Normal Donor by Killing Both Leukemic Blasts and Leukemic Stem Cells Hematopoiesis



# *aAPC stimulated T cells can be directed against multiple AML antigen targets and grown to clinically relevant numbers*



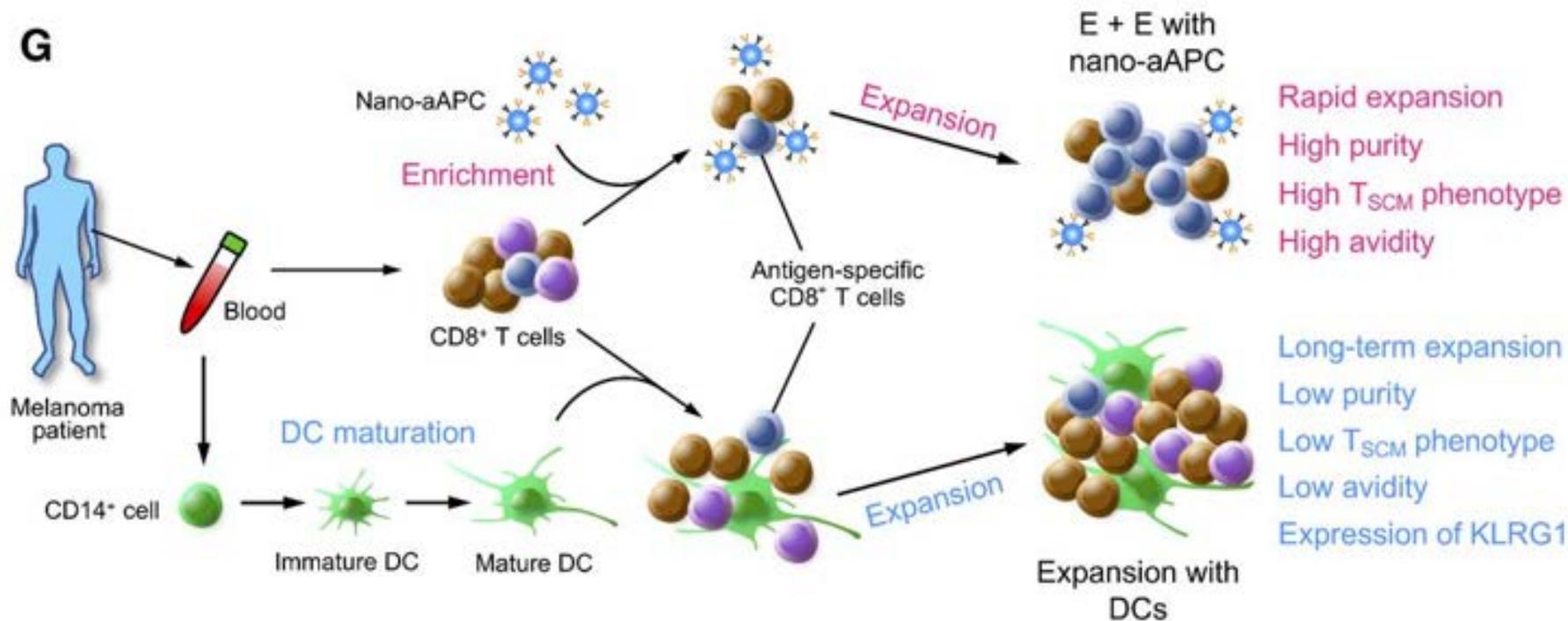
Enrichment and Expansion (E+E) system generates T-cell products that are highly antigen specific

	WT1 <sub>126</sub>	WT1 <sub>235</sub> CA1 <sub>341</sub>	PRAME <sub>425</sub> Control	CA1 <sub>227</sub>		Total Specificity (%)	
L132-2	0.5	21.4	0.6	3.7	12.0	1.4	32.8
L133-1	0.1	27.7	0.0	13.4	4.9	0.6	44.3
L139-1	0.7	31.6	0.4	7.2	6.6	0.4	44.6
L147-1	0.5	9.5	0.6	5.2	22.5	0.2	37.2

Reproducibility – variability is donor-dependent, not process-related

# Summary

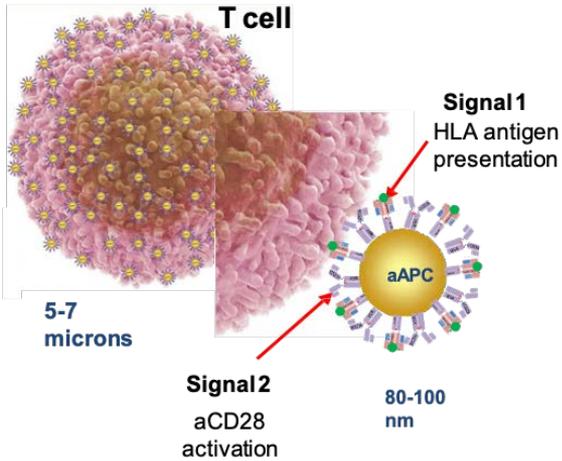
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# Summary

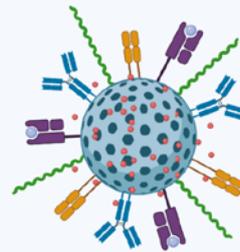
1. aAPC directly engage tumor-specific T cells for ACT – does not require processing and presentation by host DCs and cannot be down-regulated
  - Activate and expand both foreign and self tumor-specific T cells
2. E+E allows for batching: Target multiple tumor-specific antigens simultaneously minimizing potential for tumor escape
3. Target naïve and memory T cell repertoire
  - Results in robust, persistent anti-tumor activity and immunologic memory
4. Mechanistically, complements other IO approaches, CPI, that break tolerance
5. Scalable and flexible ‘off-the-shelf’ based approach: Cassette-able components provide rapid path to new product design and production
6. Can be used to detect and stimulate T cells from a complex mixture of tumor-specific peptides: Potential to validate ‘predicted’ neo-antigens in clinical settings

# The Design Space



## Modality

### A Particles

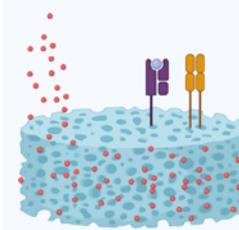


Incorporation of  
█ Signal 1 █ Signal 2 █ Signal 3

Improvement of PK  
█ - PEG  
█ - CD47

Targeting moieties  
█ - DC targeting  
█ - LN targeting  
█ - Tumor targeting

### B Scaffolds



Incorporation of  
█ Signal 1 █ Signal 2 █ Signal 3

Macroporous for cell infiltration

Release of soluble molecules  
█ - Attractants  
█ - Stimulants  
█ - Antigen

## Composition

### C Material choice



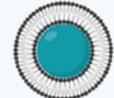
Biologic/  
biomimetic



Polymeric

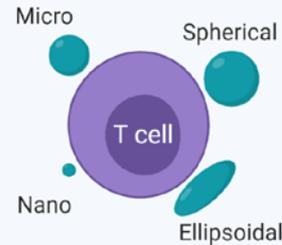


Paramagnetic

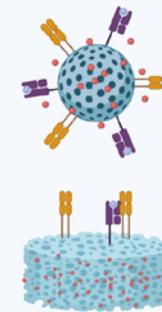


Composite

### D Size and shape



### E Ligand choice



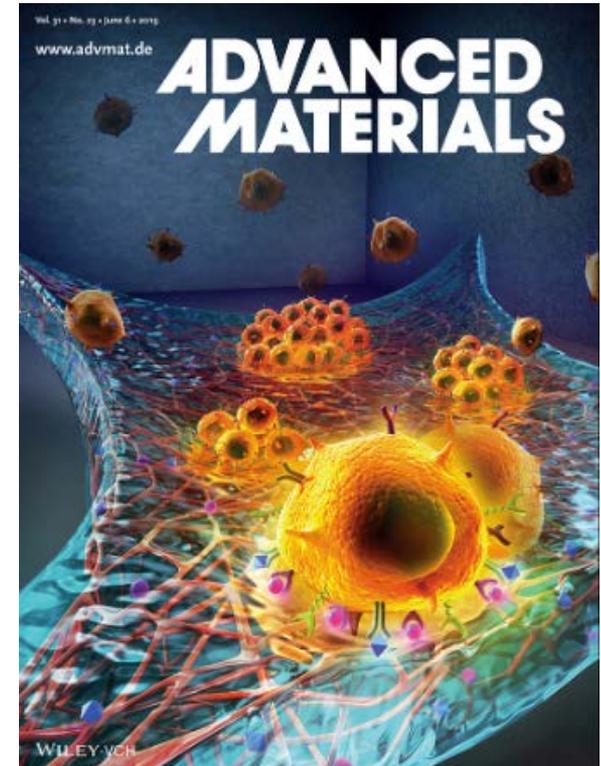
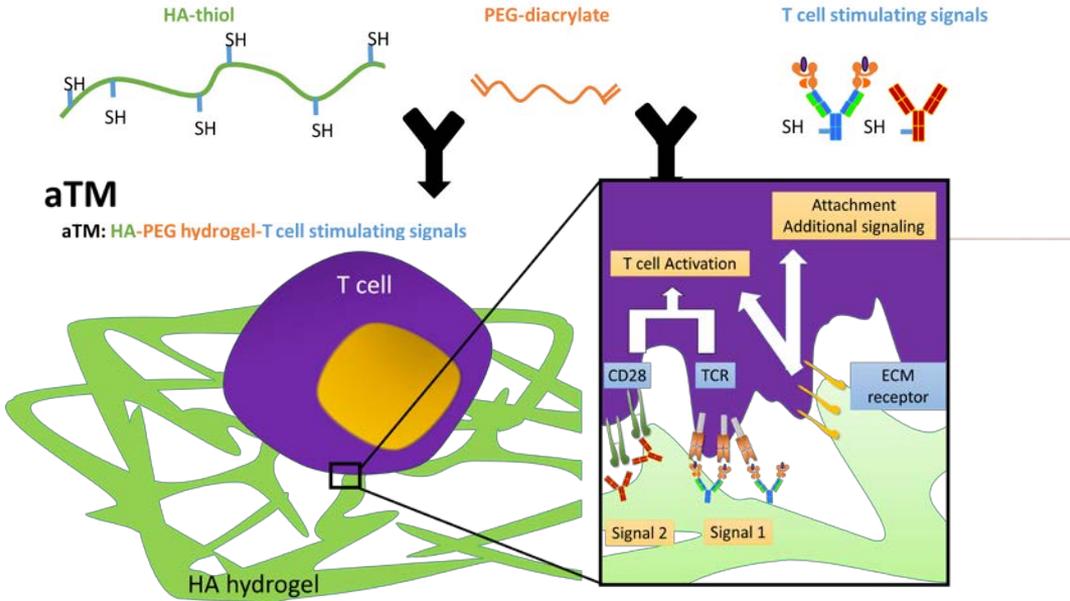
T cell activation (Signal 1)  
█ - pMHC multimers, aCD3

Costimulatory molecules (Signal 2)  
█ - B7.1, aCD28, 41BBL,

Cytokine support (Signal 3)  
█ - IL-2, IL-7, IL-12, IL-15

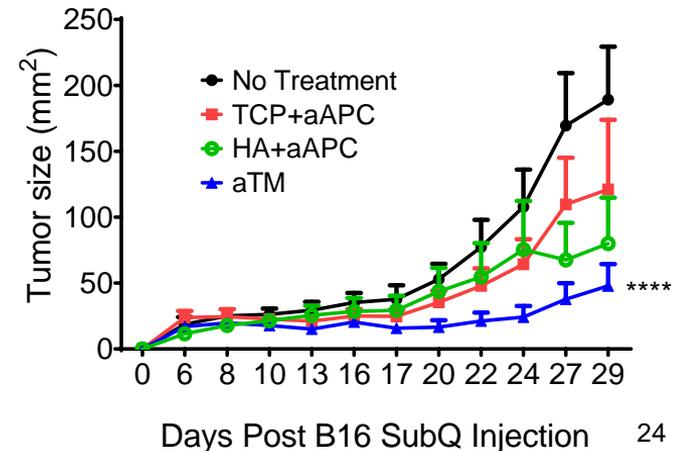
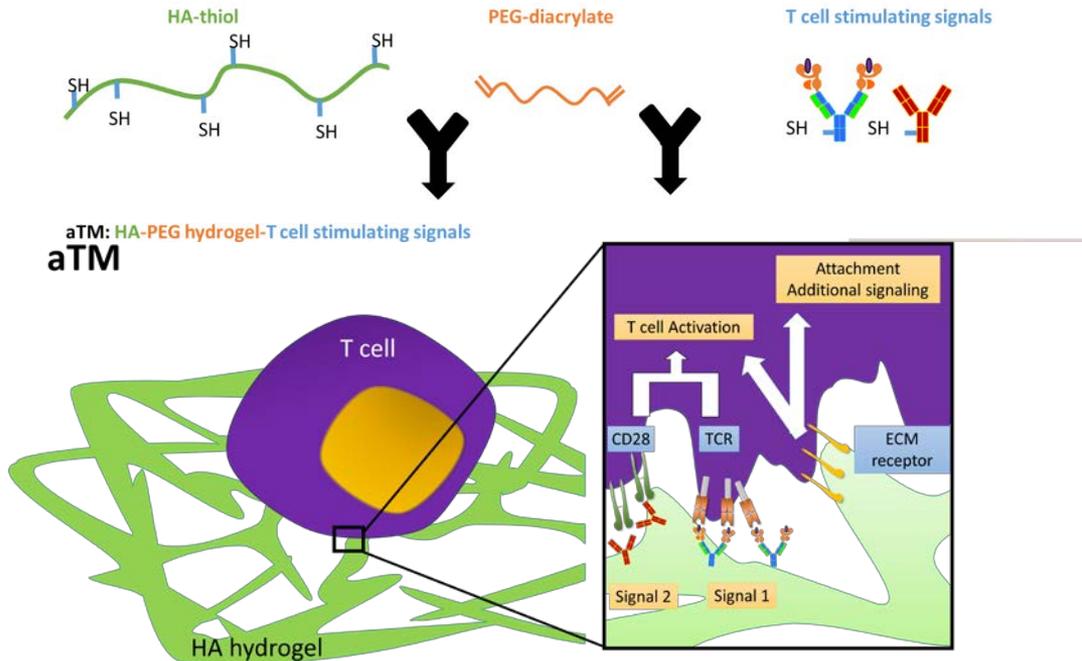
# Biomaterials can be used to recapitulate the signals provided by endogenous antigen presenting cells

- Hyaluronic acid hydrogel conjugated with signals 1 and 2 for development of aTM platforms

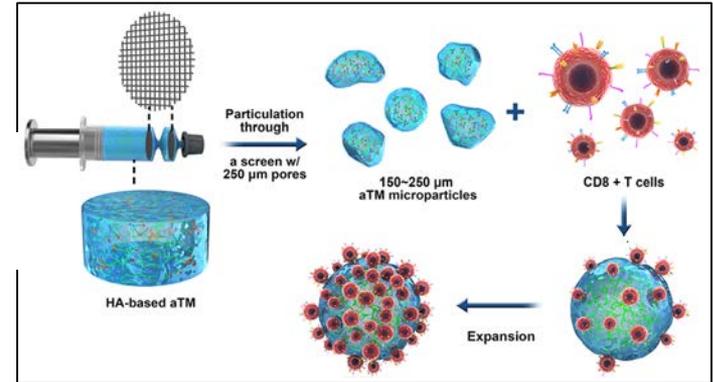
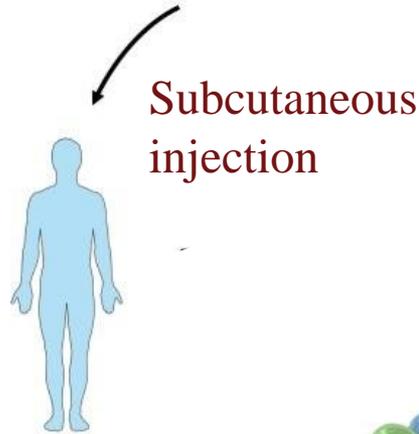
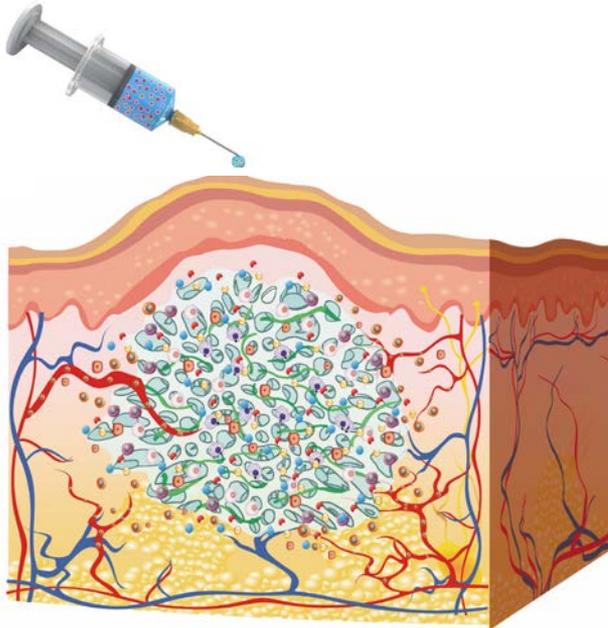


# Biomaterials can be used to recapitulate the signals provided by endogenous antigen presenting cells

- Hyaluronic acid hydrogel conjugated with signals 1 and 2 for the development of aTM platforms



# Goal: *in vivo* T cell activation



T CELL SOURCE

CULTURE

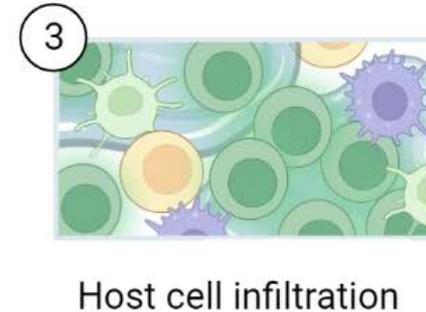
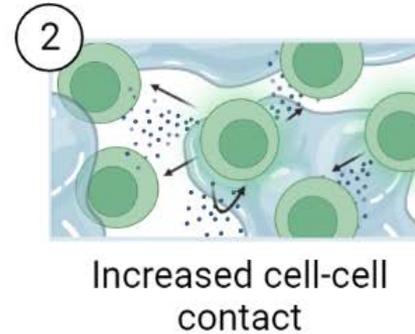
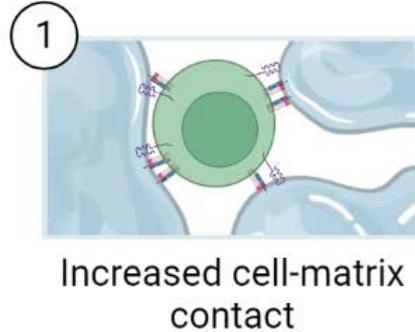
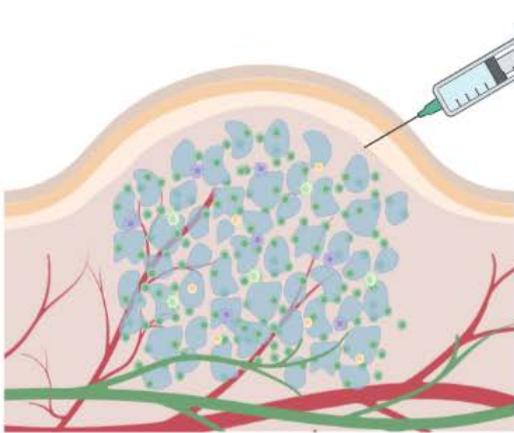
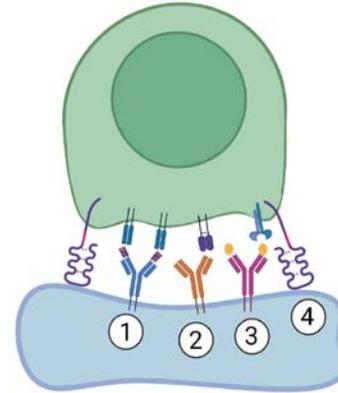
Non-Specific TIL Expansion

Antigen-Specific Expansion Genetic Engineering

# Artificial Lymph Node (aLN)

- ① pMHC
- ②  $\alpha$ CD28
- ③ IL-2+Ab
- ④ ECM

Co-inject  
aLN and  
naïve B6  
CD8+ T  
cells



# Potential Collaboration

David Avigan: R01CA262629 - Personalized Adoptive T-cell Therapy for AML  
07/2021 – 06/2026

- 1) Developed a personalized cancer vaccine in which patient derived tumor cells are fused with autologous dendritic cells (DCs), 2) Completed a phase II clinical trial in which patients that achieve remission following chemotherapy undergo serial vaccination with DC/AML fusions.
- 2) The DC/AML vaccine can be used as a platform to generate activated leukemia-specific T cells ex- vivo for adoptive immunotherapy. In this way, effector cells may be generated that are leukemia-specific, capture tumor heterogeneity, and are activated ex vivo
- 3) In the third aim, we will conduct a Phase I study in which patients with AML who achieve complete remission will undergo adoptive therapy with vaccine stimulated T cells.

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  - 1) An aAPC or hydrogel-based expansion approach
  - 2) HLA Class I, A201, or Class II, DR4 or DP4
- 3) In the third aim, we will conduct a Phase I study in which patients with AML who achieve complete remission will undergo adoptive therapy with vaccine stimulated T cells.



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VS

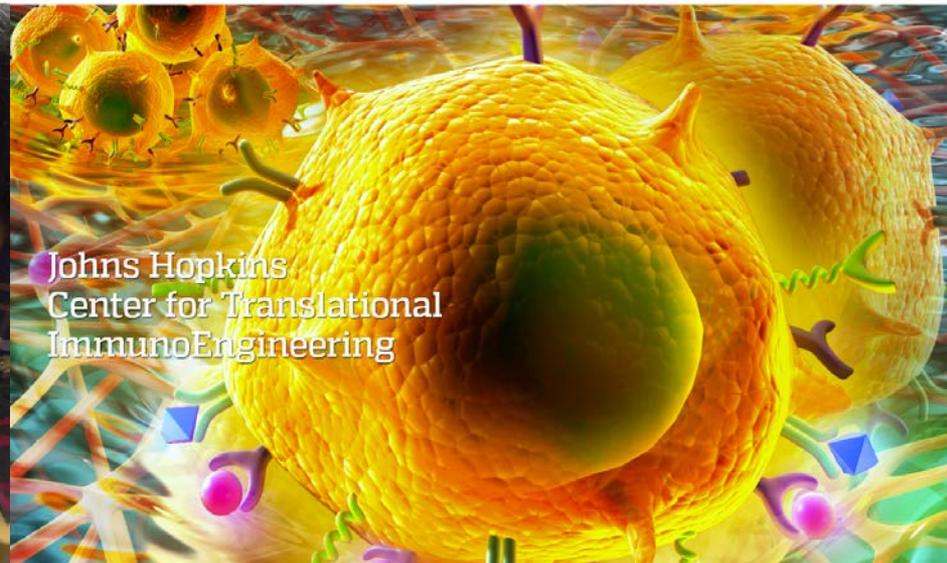
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Resources

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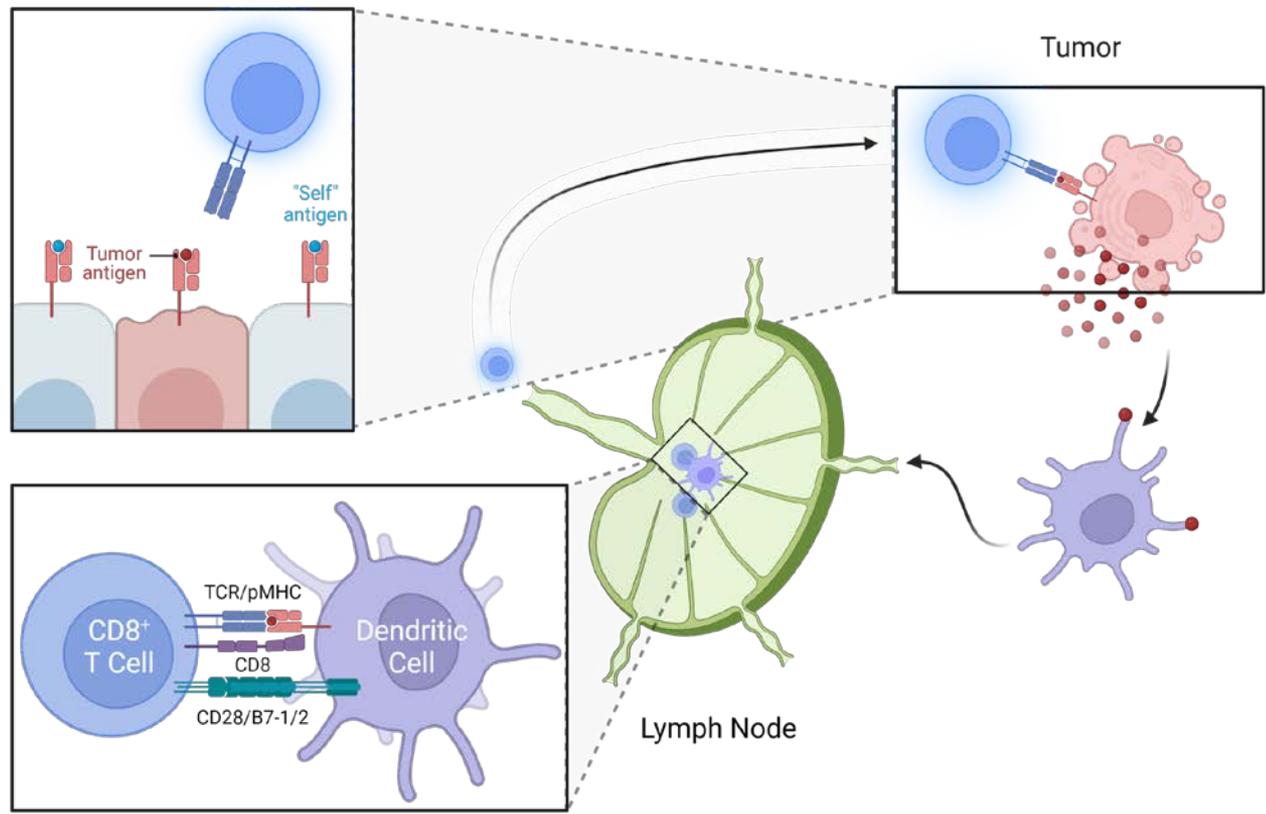


Johns Hopkins  
Center for Translational  
ImmunoEngineering



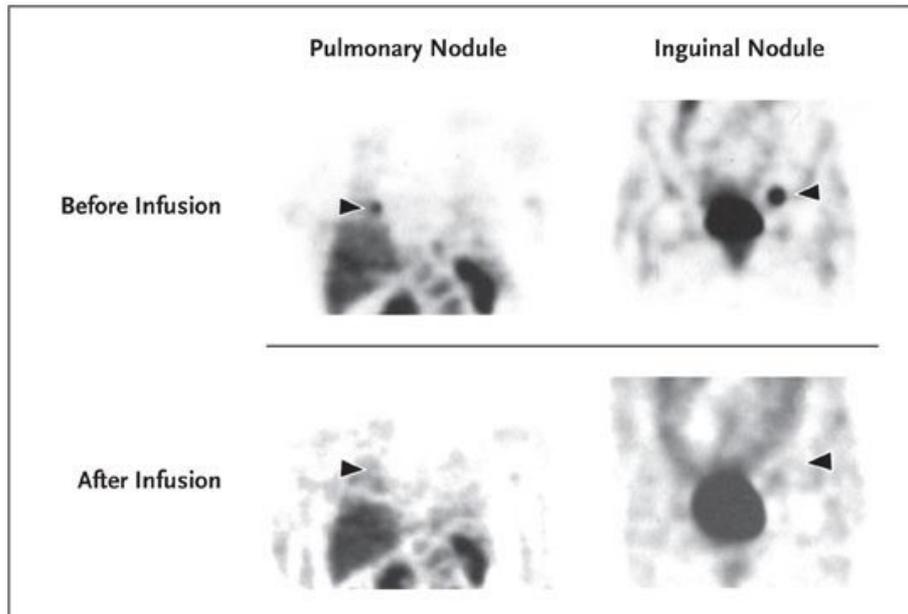
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# Magic Bullets of the Immune System: Tapping CD4+ Cells for ACT



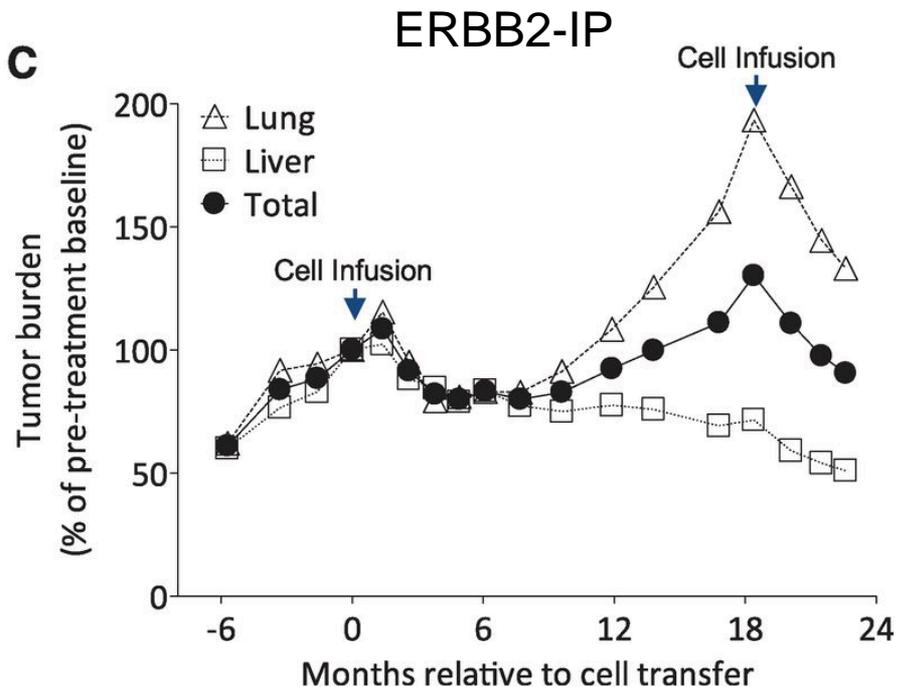
# CD4<sup>+</sup> T cell-based ACT has demonstrated clinical efficacy

## NY-ESO-1



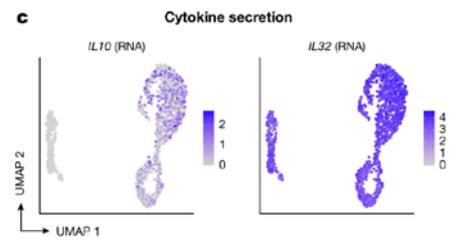
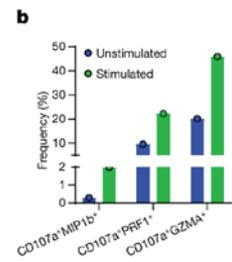
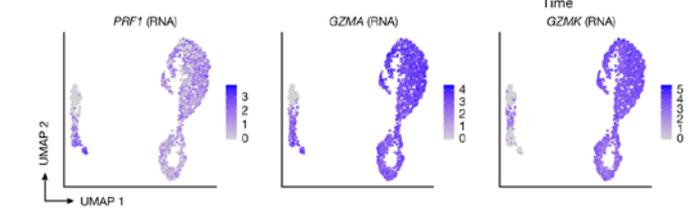
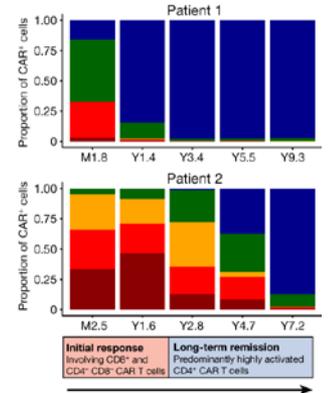
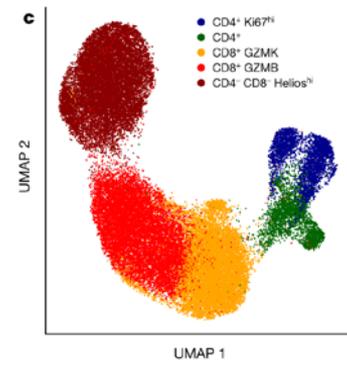
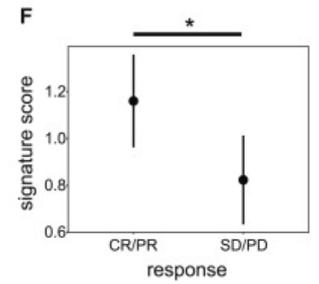
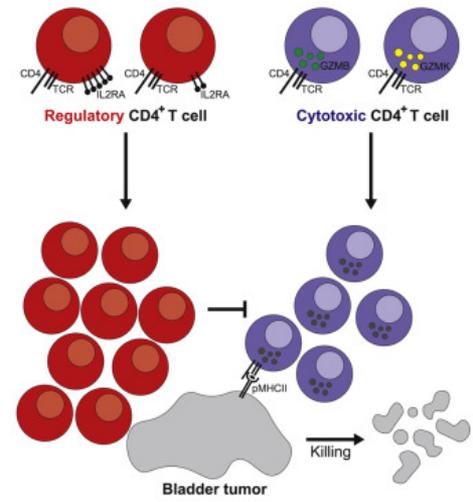
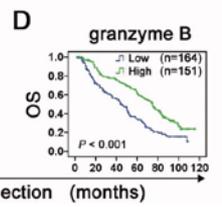
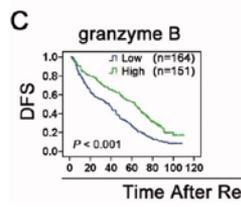
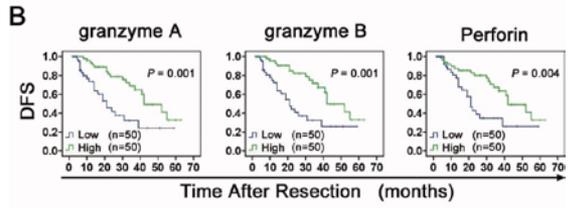
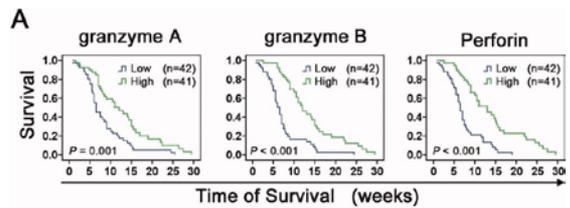
Hunder et. al., *NEJM*, 2008

C



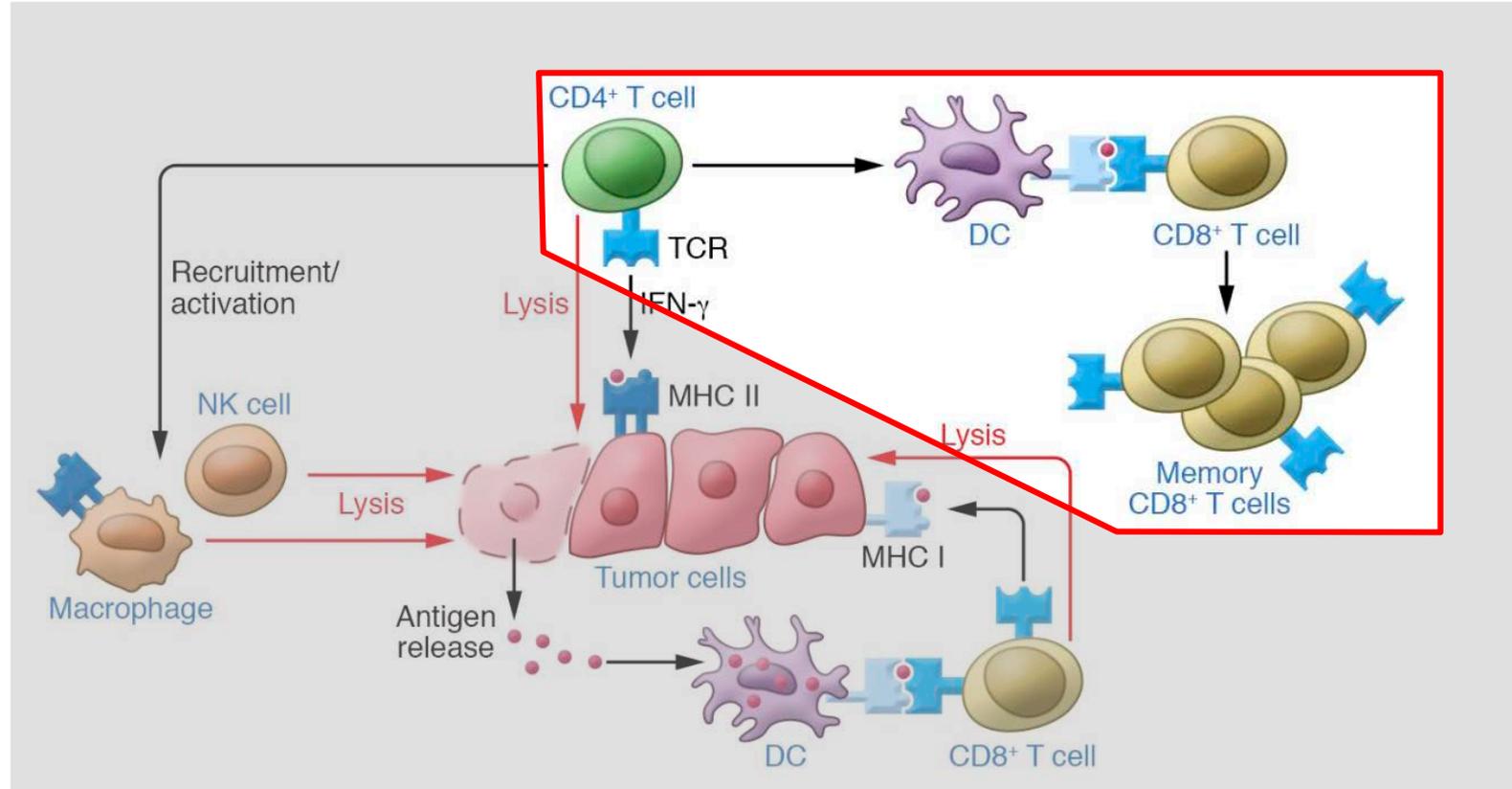
Tran et. al., *Science*, 2014

# Cytotoxic CD4<sup>+</sup> T cells are therapeutically relevant in cancer



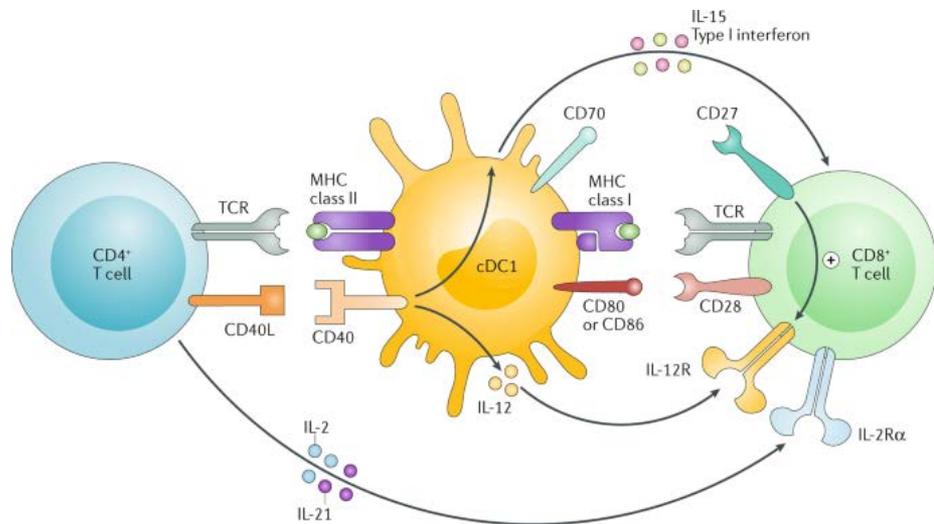


# CD4<sup>+</sup> T cells provide “help” to CD8<sup>+</sup> T cells



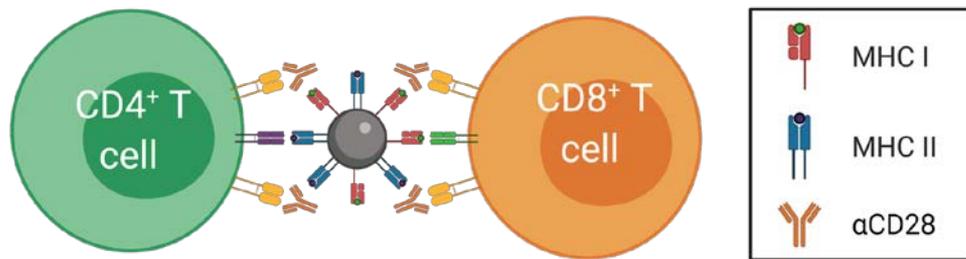
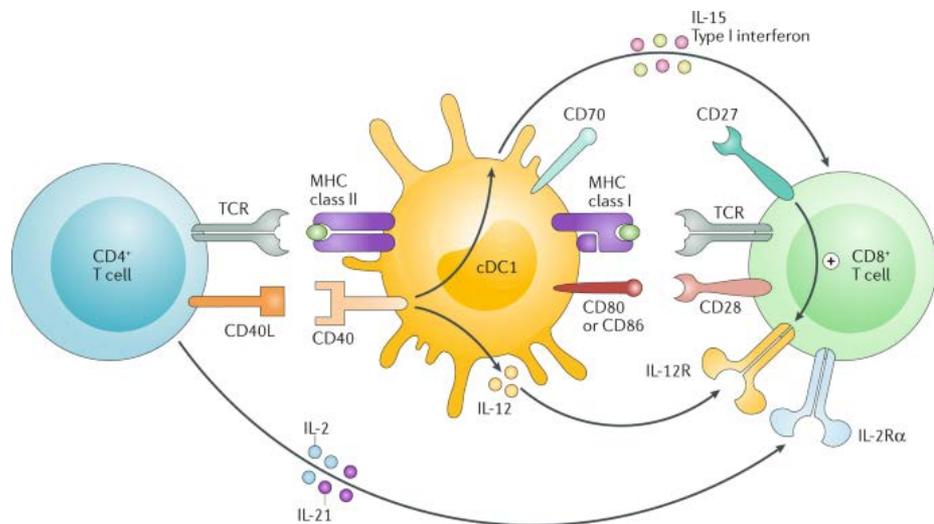


# Combined MHC I/II aAPCs mimic dendritic cell-mediated CD4<sup>+</sup>/CD8<sup>+</sup> T cell cross-talk

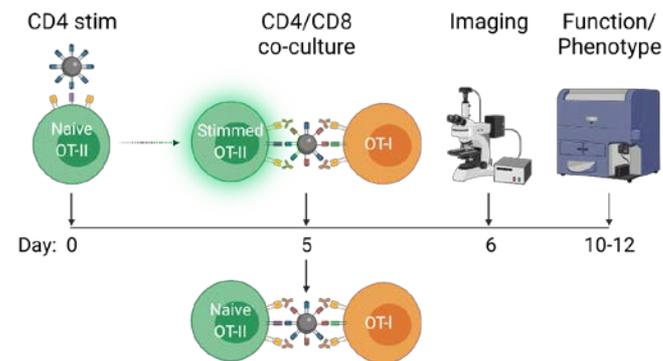
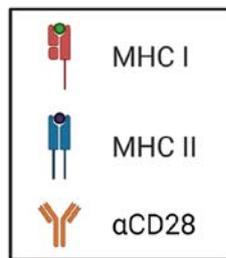
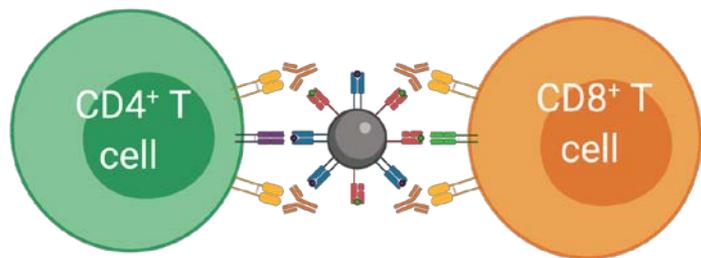
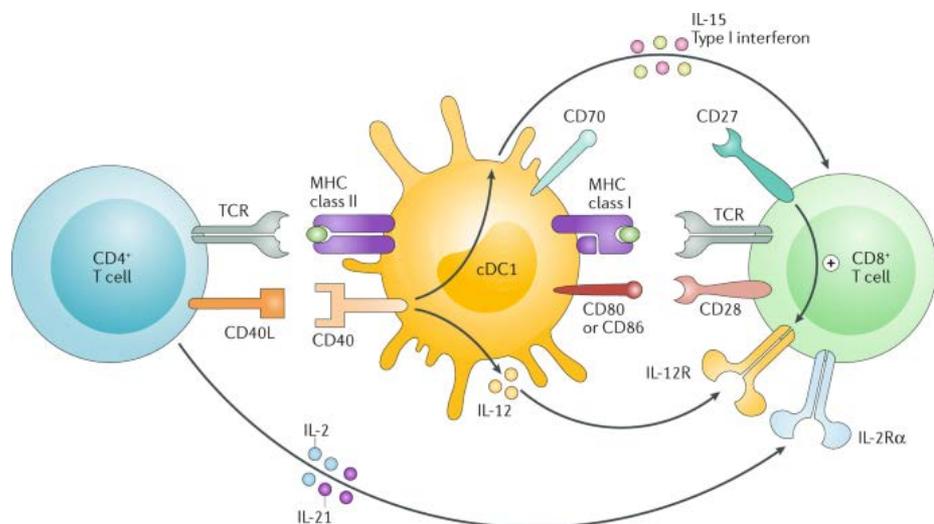




# Combined MHC I/II aAPCs mimic dendritic cell-mediated CD4<sup>+</sup>/CD8<sup>+</sup> T cell cross-talk

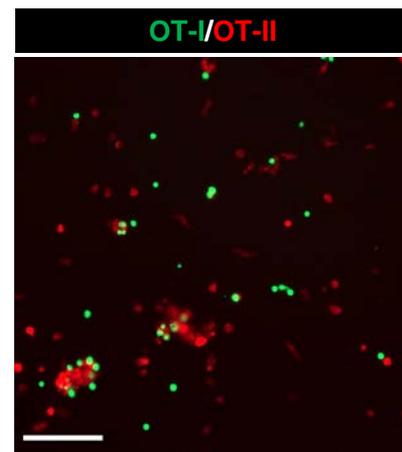
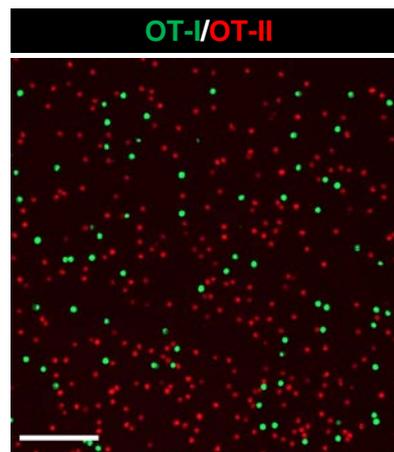


# Combined MHC I/II aAPCs mimic dendritic cell-mediated CD4<sup>+</sup>/CD8<sup>+</sup> T cell cross-talk

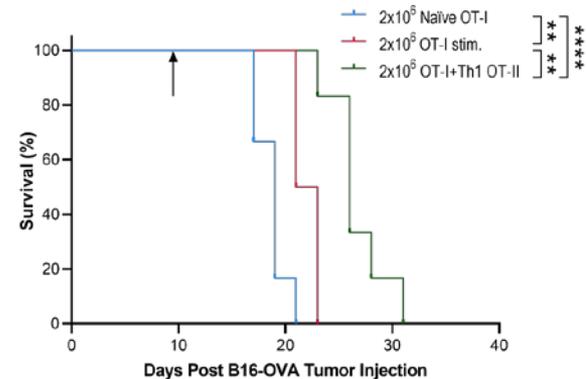
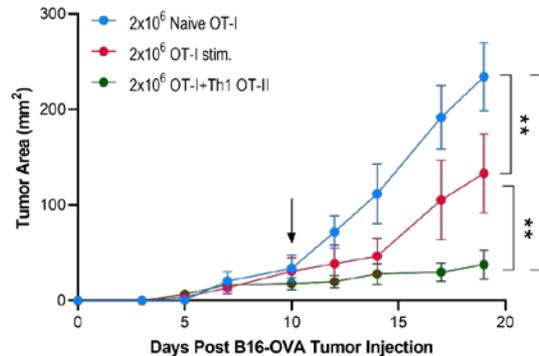
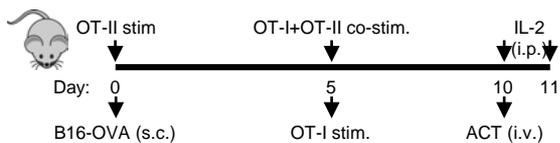
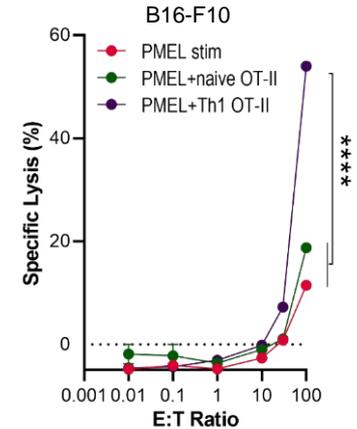
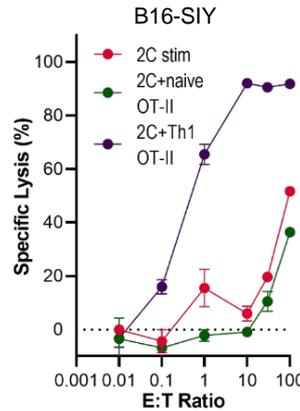
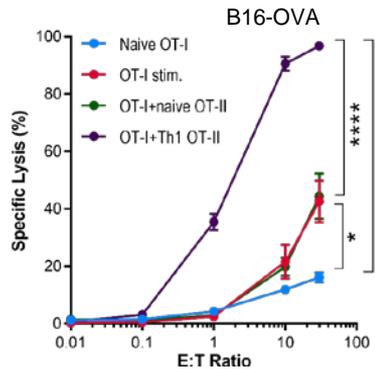
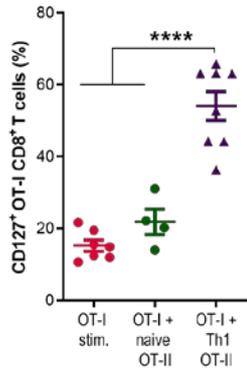


OT-I+naive OT-II

OT-I+Th1 OT-II

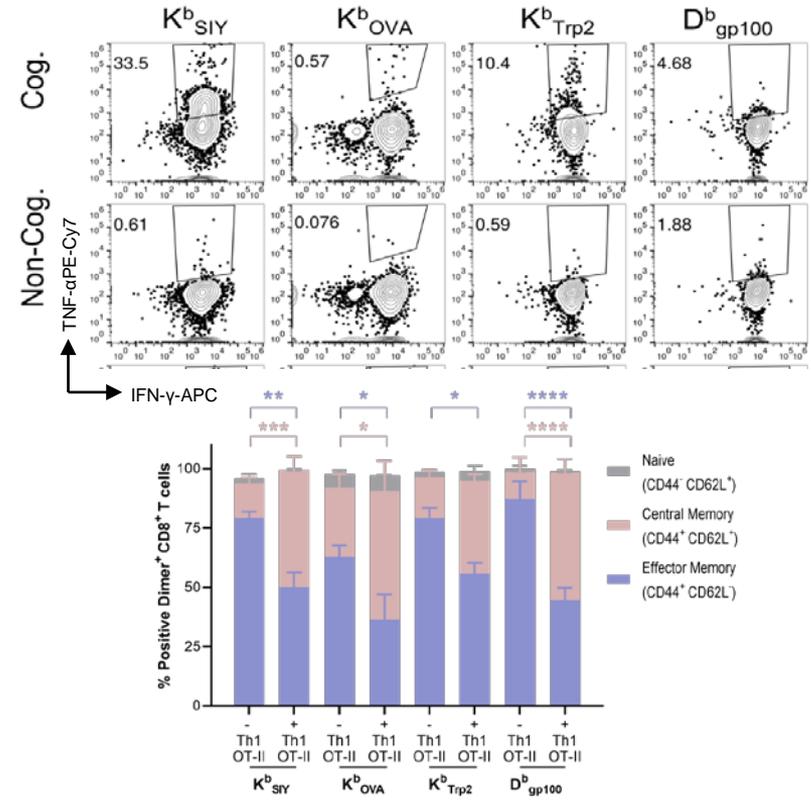


# Combined MHC I/II aAPCs boost the memory phenotype, function, and antitumor activity of transgenic CD8<sup>+</sup> T cells

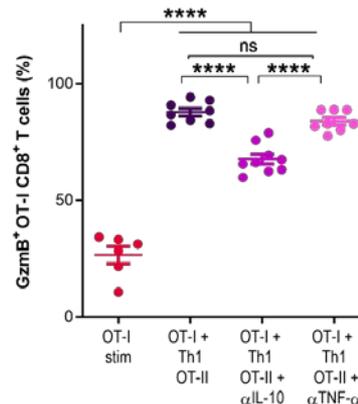
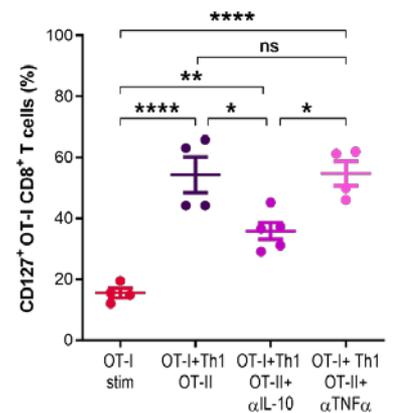
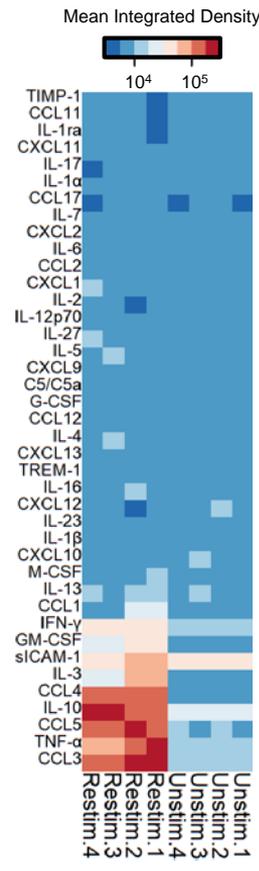
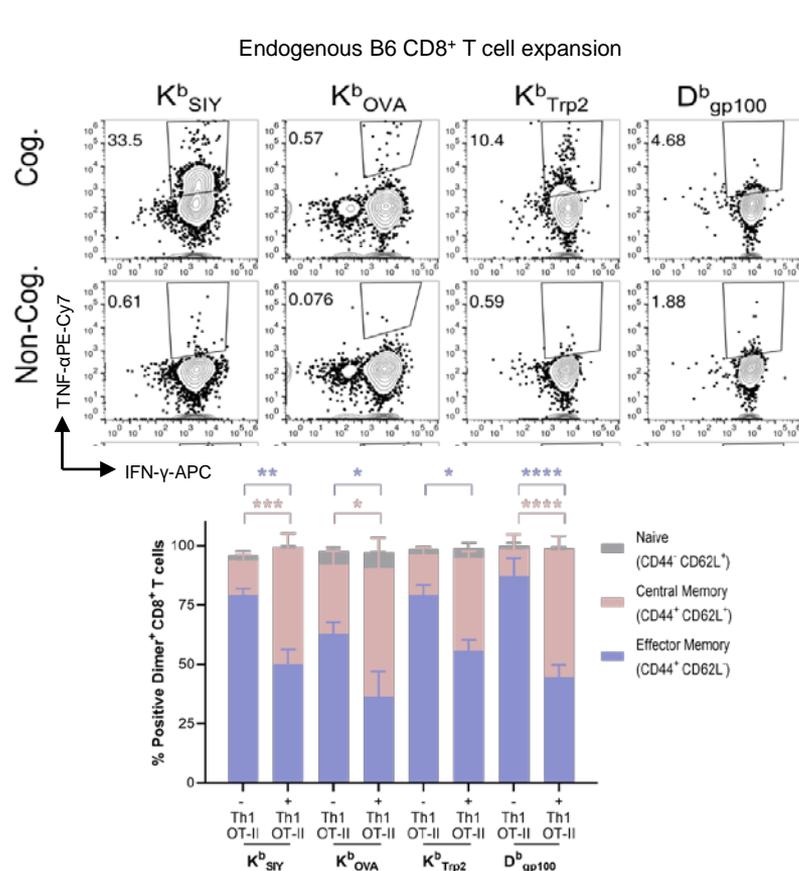


# aAPC mediated help can be redirected to a wide range of endogenous CD8<sup>+</sup> T cells

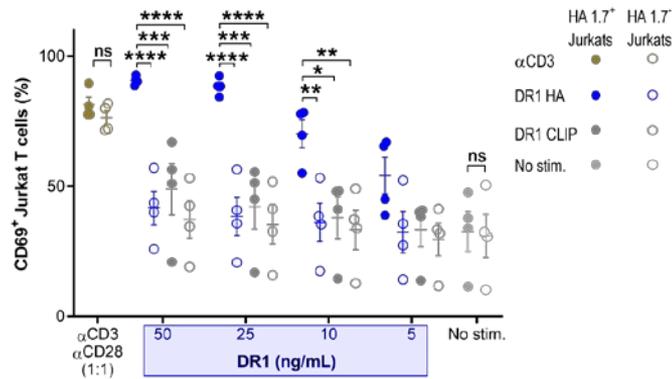
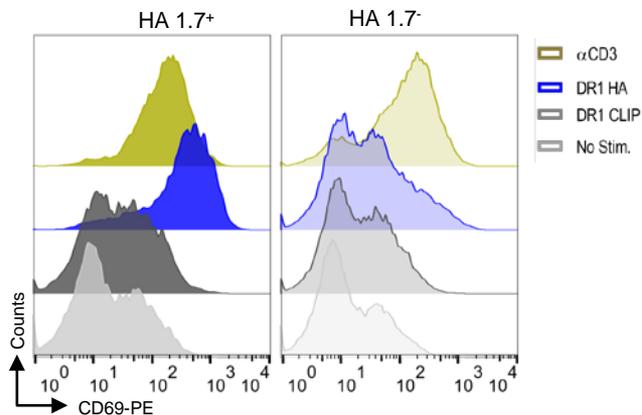
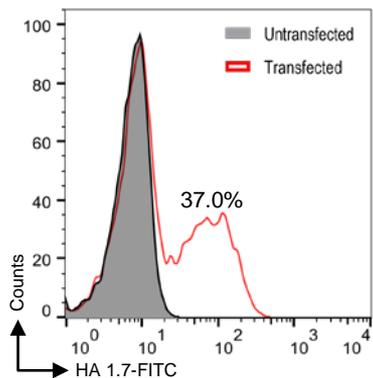
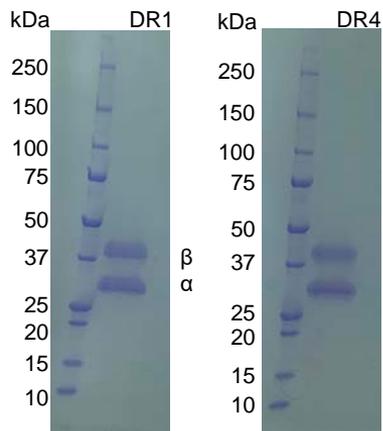
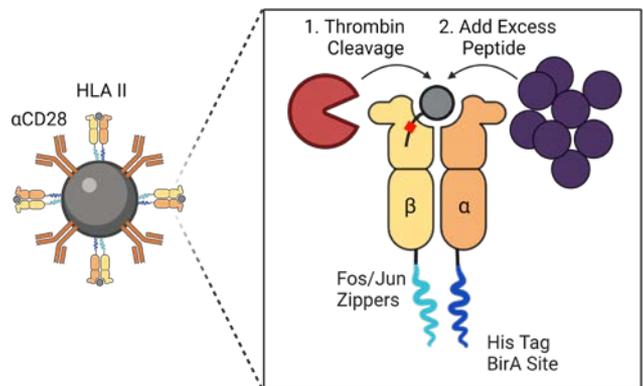
Endogenous B6 CD8<sup>+</sup> T cell expansion



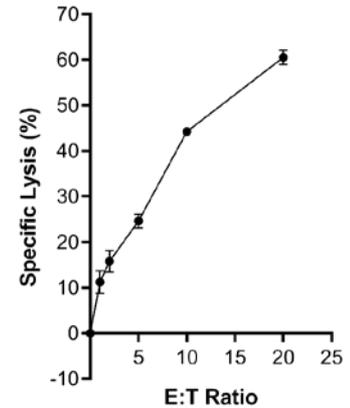
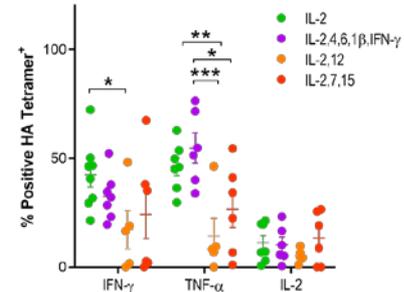
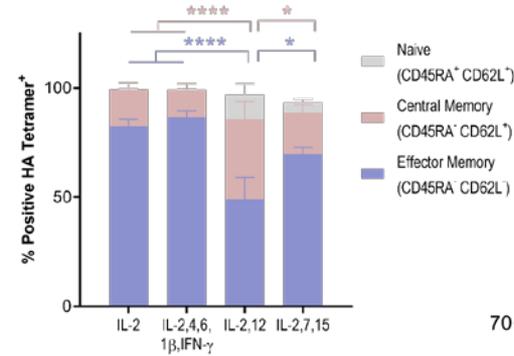
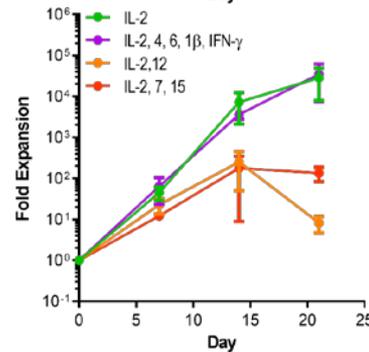
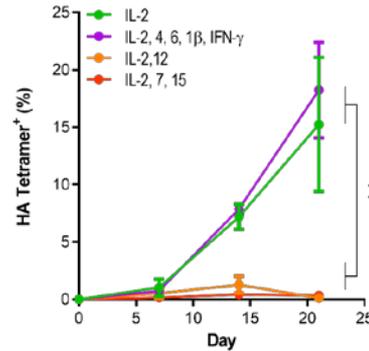
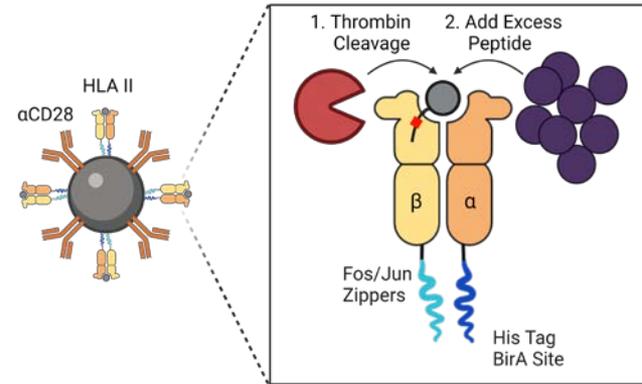
# And OT-II help requires re-stimulation, is delivered solubly, and partially depends on IL-10



# HLA II aAPCs stimulate cognate Jurkat T cells



# HLA II aAPCs expand flu-specific CD4<sup>+</sup> T cells from HLA DR4<sup>+</sup> donors



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