

***“Protecting transplanted cells from immune rejection is the key to unlocking the potential of regenerative medicine”***

**Sonja Schrepfer, MD, PhD**



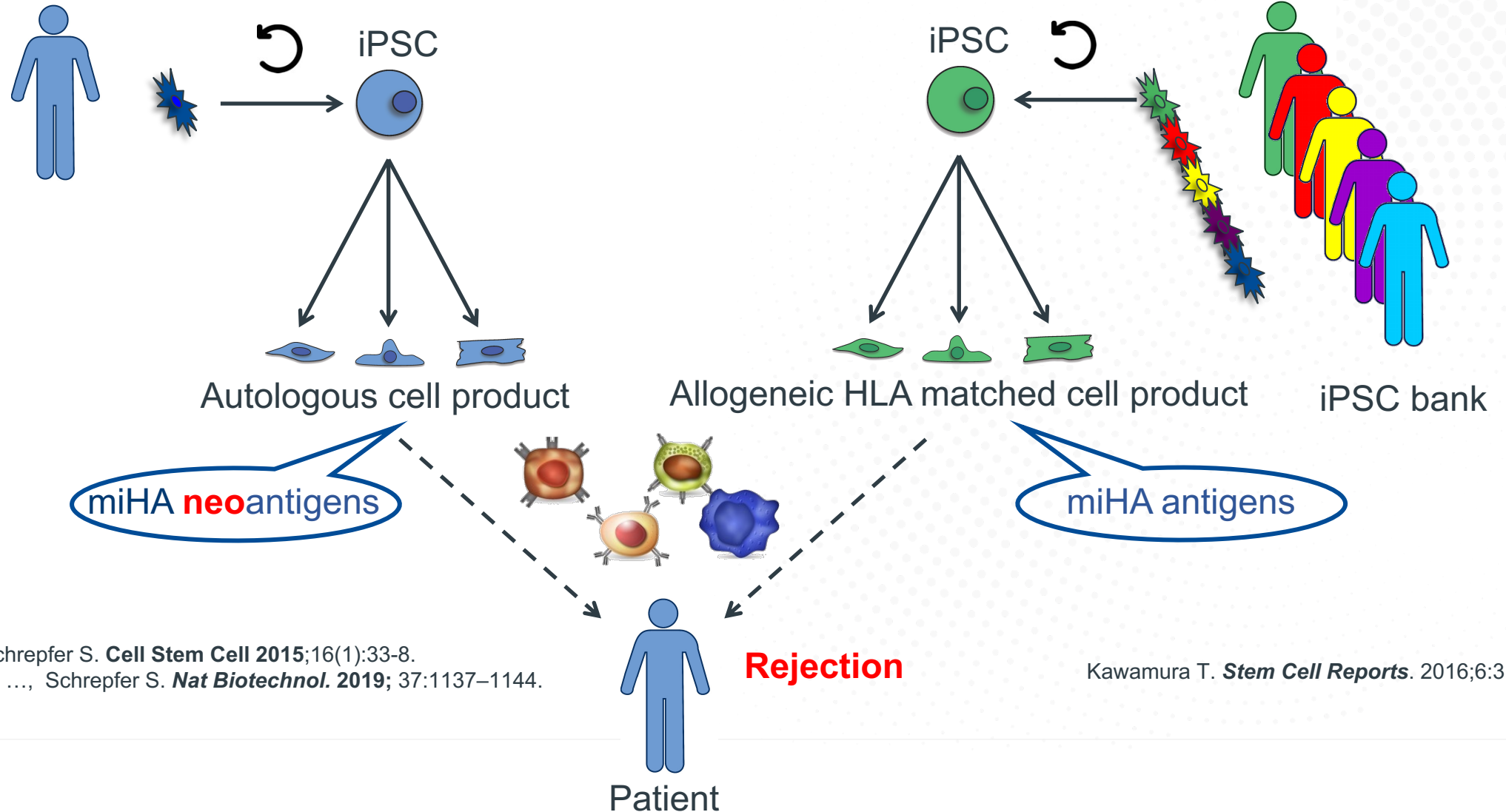
# Disclosure



- **I am a scientific founder and stockholder of Sana Biotechnology, Inc. (“Sana”).**
- **Since Feb 2019, I have been an employee of Sana in South San Francisco, CA.**
- **Since 2015, I have been a Professor of Surgery at the University of California San Francisco (“UCSF”).**

# Regenerative stem cell therapy

Current concepts: Even recent advances in stem cell biology can be associated with immune recognition and rejection



Deuse T, ..., Schrepfer S. *Cell Stem Cell* 2015;16(1):33-8.  
Deuse T, Hu X, ..., Schrepfer S. *Nat Biotechnol.* 2019; 37:1137–1144.

Kawamura T. *Stem Cell Reports.* 2016;6:312-20.

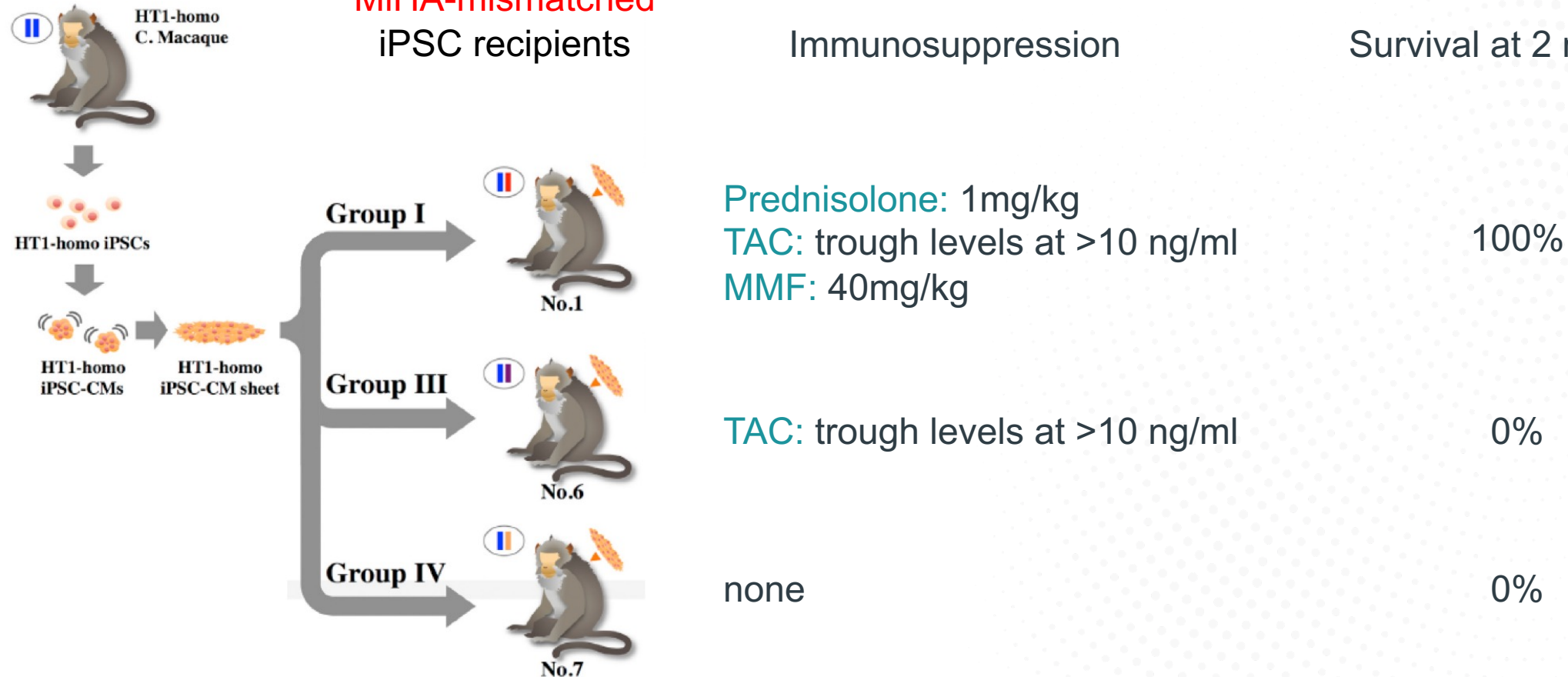
# HLA banking for pluripotent stem cells

MHC homozygous  
iPSC donor

MHC heterozygous  
**MiHA-mismatched**  
iPSC recipients

Immunosuppression

Survival at 2 months



**Conclusion:** *HLA banking does not avoid rejection and requires Immunosuppression.*

Kawamura T. *Stem Cell Reports*. 2016;6:312-20.



The diagram illustrates the process of generating individual (autologous) cell products from a patient with organ failure using induced pluripotent stem cells (iPSCs).

1. **Source:** A patient with organ failure (represented by a blue stick figure) provides cells (represented by a blue starburst) to generate iPSCs (represented by a blue circle with a smaller blue circle inside).

2. **iPSC Differentiation:** The iPSCs are differentiated into individual (autologous) cell products (represented by three blue, irregular cell shapes).

3. **Cellular Detail:** A detailed view of a cell shows the nucleus (blue oval) and mitochondria (blue, bean-shaped structures with internal folds).

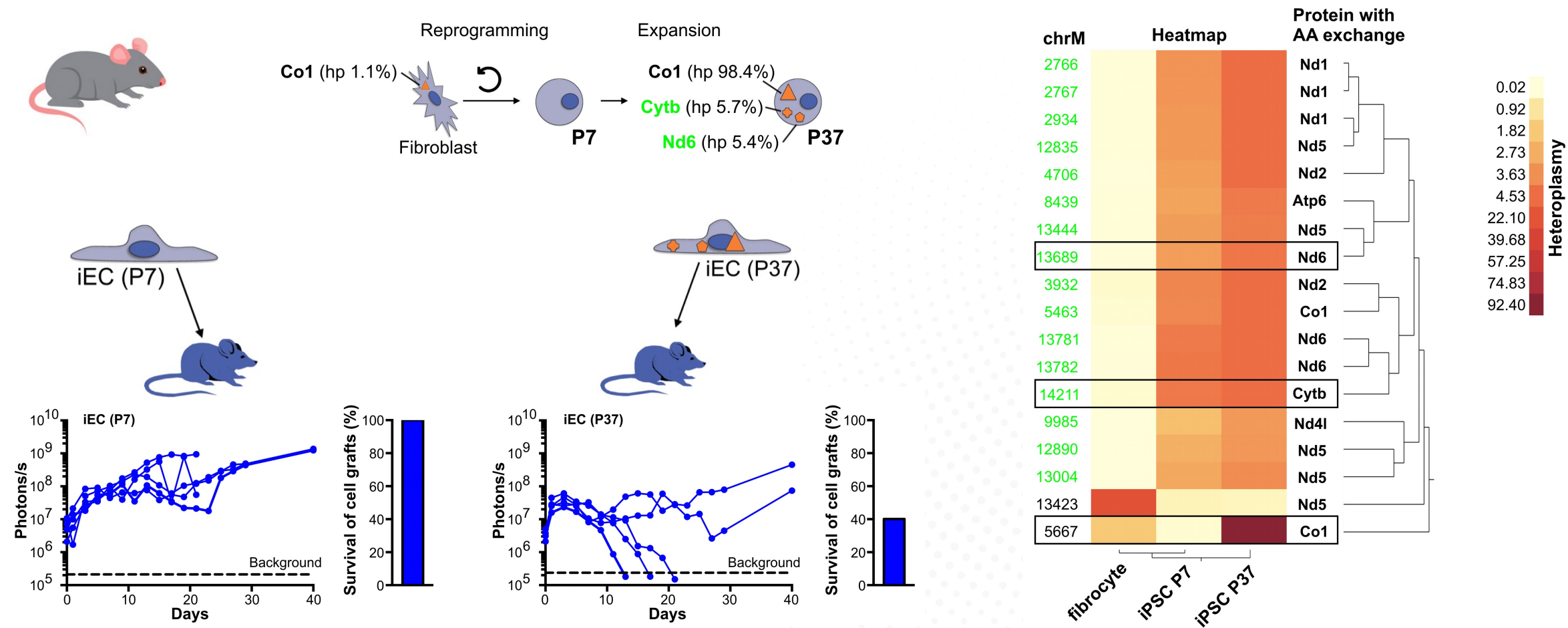
4. **Mitochondrial DNA:** A detailed view of a mitochondrion shows the mitochondrial DNA (represented by a blue and green circular structure) and the proteins of the respiratory chain (represented by a blue and yellow structure).

5. **Transplantation:** The individual (autologous) cell products are transplanted back into the patient with organ failure (represented by a blue stick figure).

6. **Outcome:** The patient's organ function is restored, as indicated by the green checkmark and the text "Organ function restored".

# Regenerative stem cell therapy

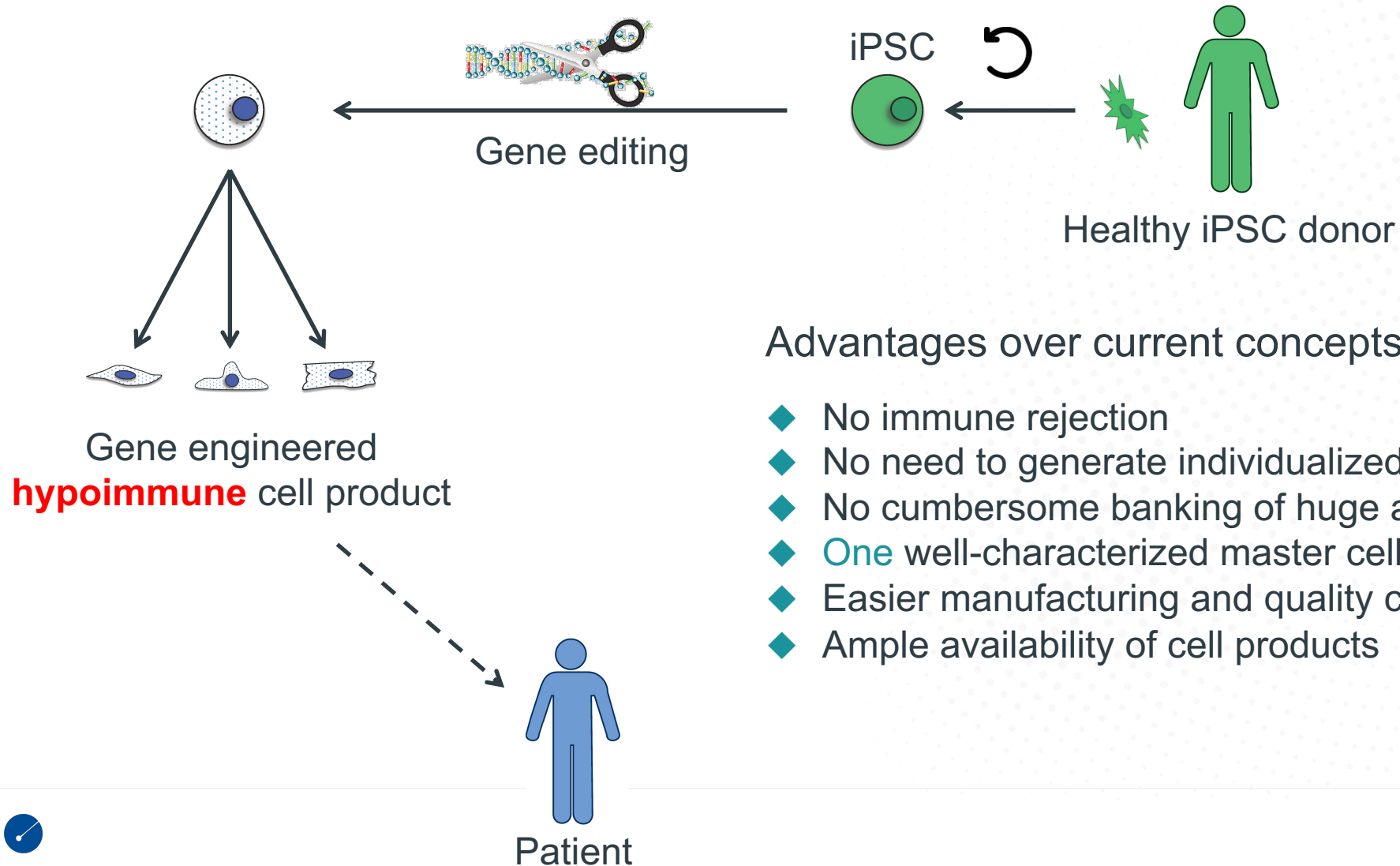
## Immunological hurdles of autologous cell products



**Conclusion:** *Autologous HLA can present neo-antigens leading to rejection of autologous iPSCs.*

# Protecting allogeneic cells from immune destruction is the key to unlocking the potential of regenerative medicine

New concept: Hypoimmune cell products



Advantages over current concepts:

- ◆ No immune rejection
- ◆ No need to generate individualized cell products
- ◆ No cumbersome banking of huge amounts of cell lines
- ◆ One well-characterized master cell line
- ◆ Easier manufacturing and quality control
- ◆ Ample availability of cell products

# Protecting allogeneic cells from immune destruction is the key to unlocking the potential of regenerative medicine

## Fetomaternal tolerance during pregnancy

“Allogeneic” fetus:

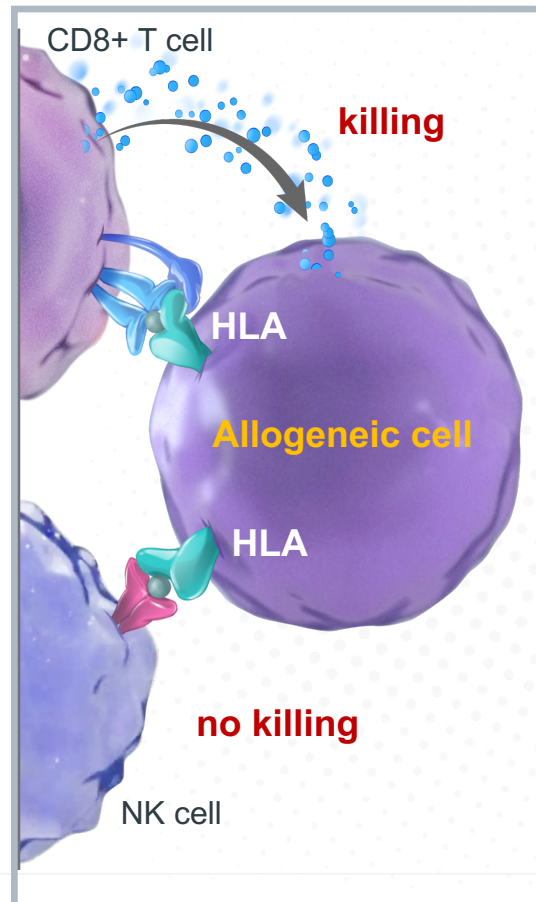
- Half of fetal proteins are from the father, not the mother.
- However, the fetus is not rejected by the mother.



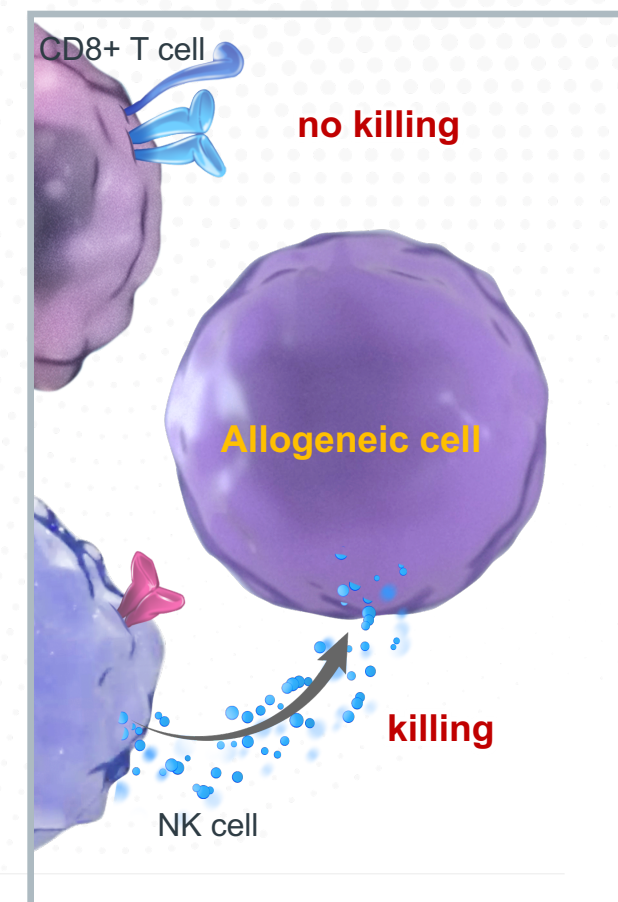
*How can we protect our engineered cells from getting attacked from the recipient's immune system?*

## The adaptive and innate immune system

**Adaptive response to HLA:**



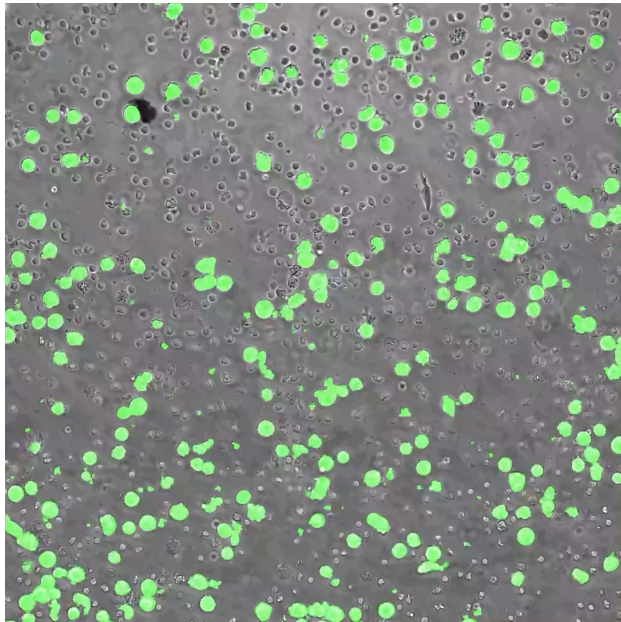
**Innate response to “missing-self”:**



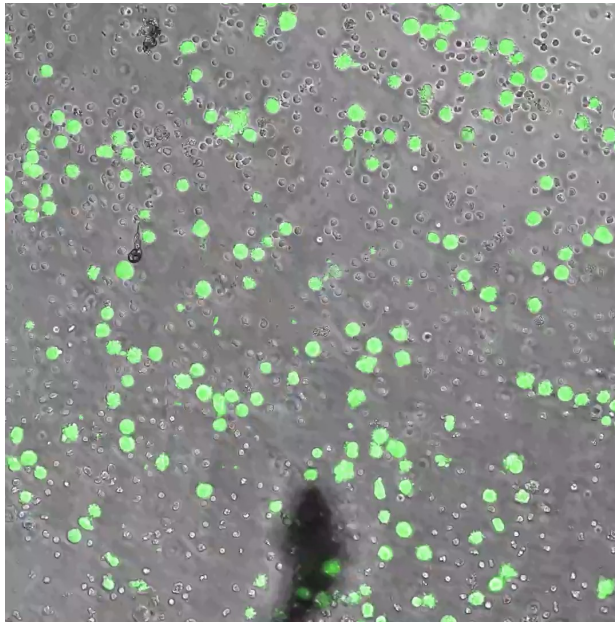


# Molecules to prevent killing of HLA-knockout target cells by innate immune response

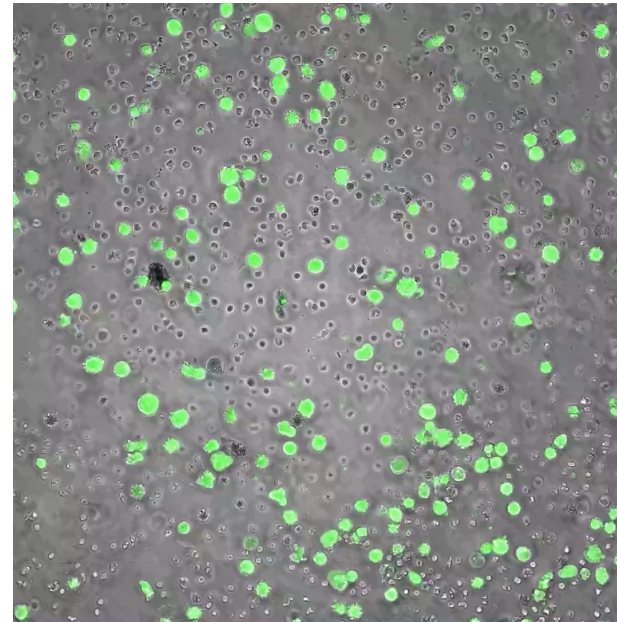
HLA-E<sub>KI</sub>



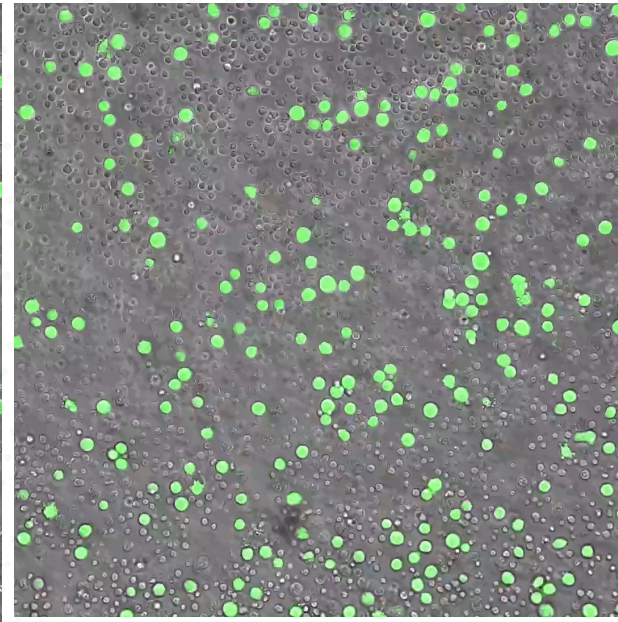
HLA-G<sub>KI</sub>



PD-L1<sub>KI</sub>



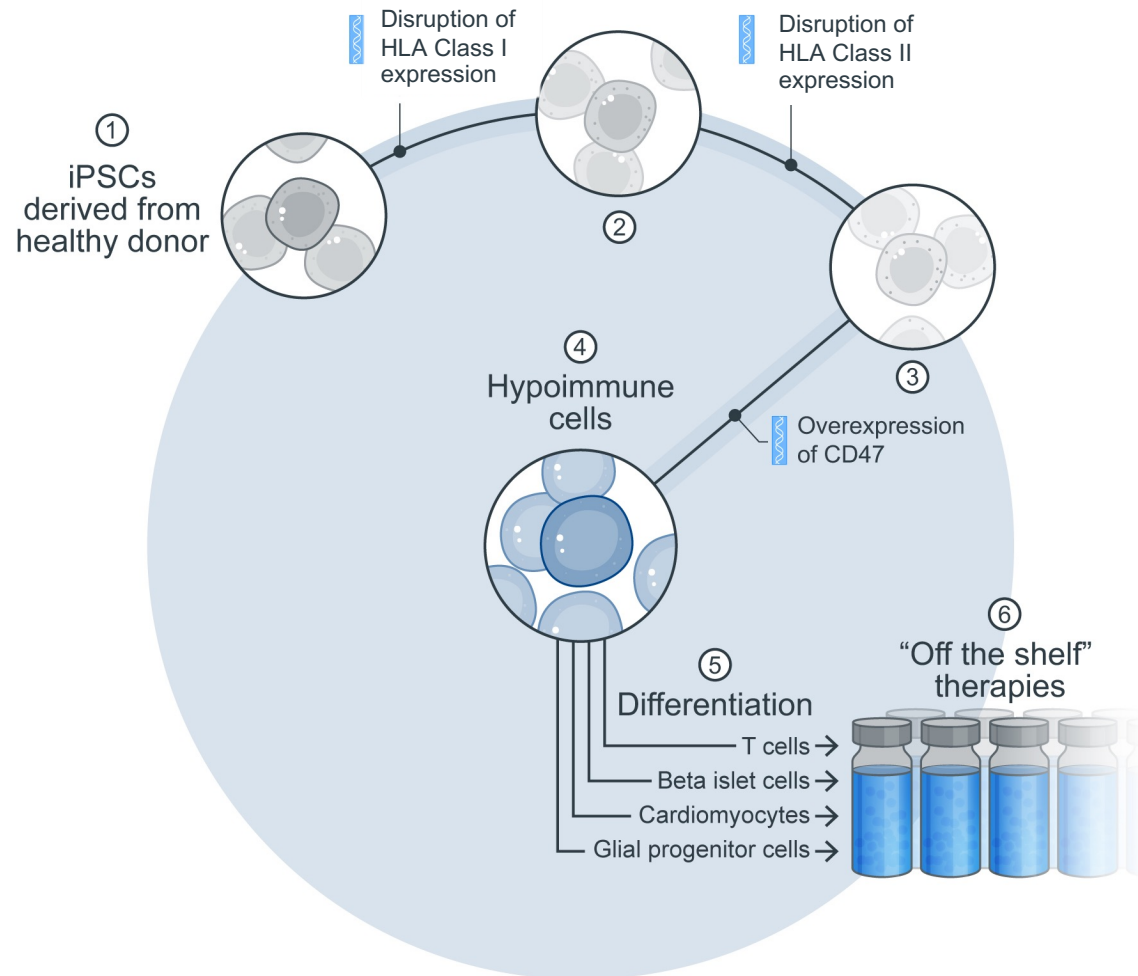
CD47<sub>KI</sub>



● Allogeneic cell without HLA (triggering innate immune response through “missing-self”)

# Protecting cells from immune destruction is the key to unlocking the potential of regenerative medicine

## The engineering approach



**“Off the shelf” therapies without the need for immunosuppression for anyone, anytime, anywhere**



Deuse T, ..., Schrepfer S. **Nat Biotechnol.** **2019**;37:252-258.  
Deuse T, ..., Schrepfer S. **J Exp Med** **2021**;218(3):e20200839.  
Hu X, ..., Schrepfer S. **AACR 2021** (Sana Biotechnology, Inc.)  
Deuse T, ..., **Proc Natl Acad Sci U S A.** **2021**;118(28):e2022091118.



# Hypoimmune iPSC-derived endothelial cells survive and evade rejection in allogeneic mice

## Evade the adaptive immune system

T Cell Activation  
(ELISPOT)

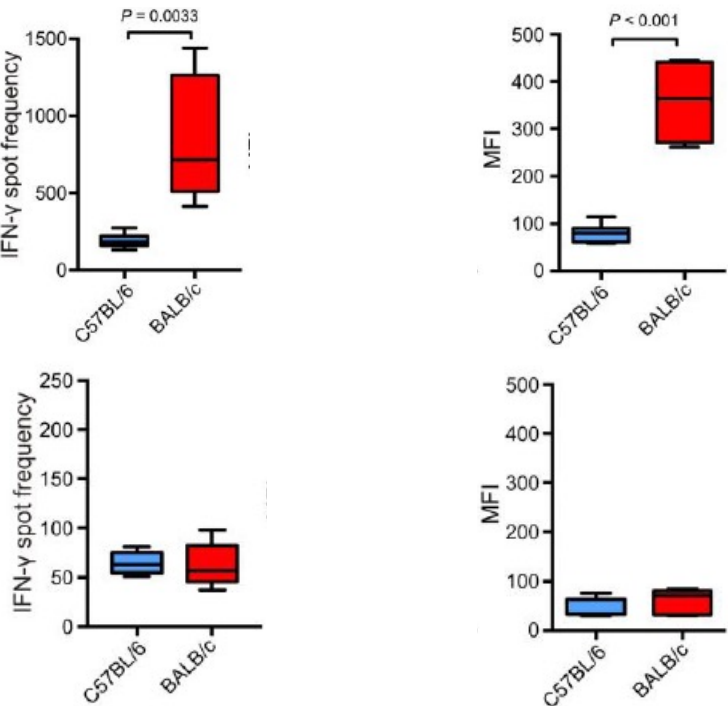
IgM Binding  
(FACS)

No systemic T cell activation with  
HIP cell transplantation

No binding of donor specific  
antibodies against HIP cells

Unmodified  
endothelial cells

HIP endothelial  
cells



Deuse T, Hu X, ..., Schrepfer S. *Nat Biotechnology*. 2019; 37:252-258

## Survival in allogeneic recipients

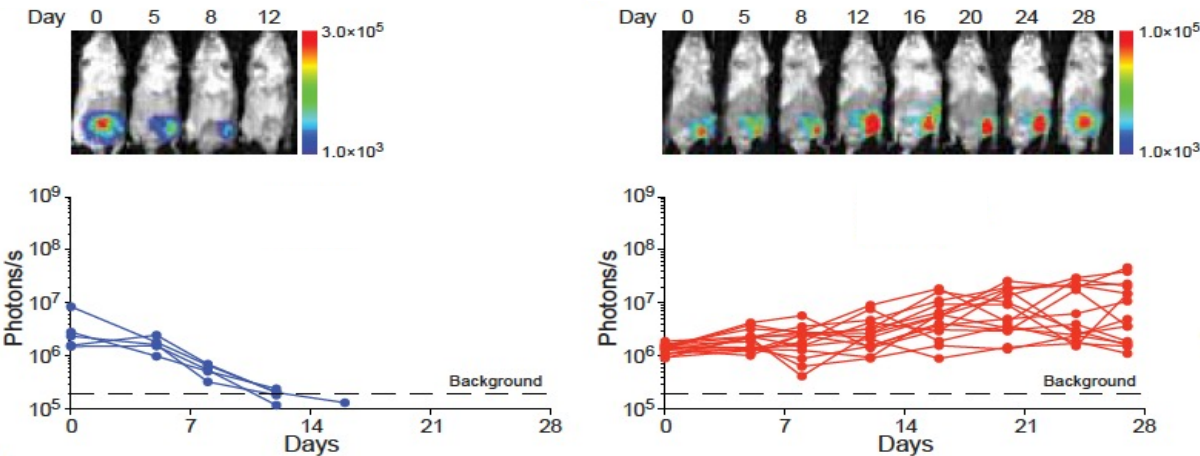
Survival

No survival of unmodified allogeneic iPSC-  
derived endothelial cells

Survival of HIP iPSC-derived endothelial  
cells in allogeneic recipients

### Hypoimmune induced pluripotent stem cell-derived cell therapeutics treat cardiovascular and pulmonary diseases in immunocompetent allogeneic mice

Tobias Deuse<sup>a,1</sup>, Grigol Tediashvili<sup>a,b,1</sup>, Xiaomeng Hu<sup>a,b,c,d,1</sup>, Alessia Gravina<sup>a</sup>, Annika Tamenang<sup>a,b</sup>, Dong Wang<sup>a</sup>,  
Andrew Connolly<sup>a</sup>, Christian Mueller<sup>f,g</sup>, Beñat Mallavia<sup>h</sup>, Mark R. Looney<sup>h,i</sup>, Malik Alawi<sup>j</sup>, Lewis L. Lanier<sup>k,2,3</sup>,  
and Sonja Schrepfer<sup>a,d,2,3</sup>



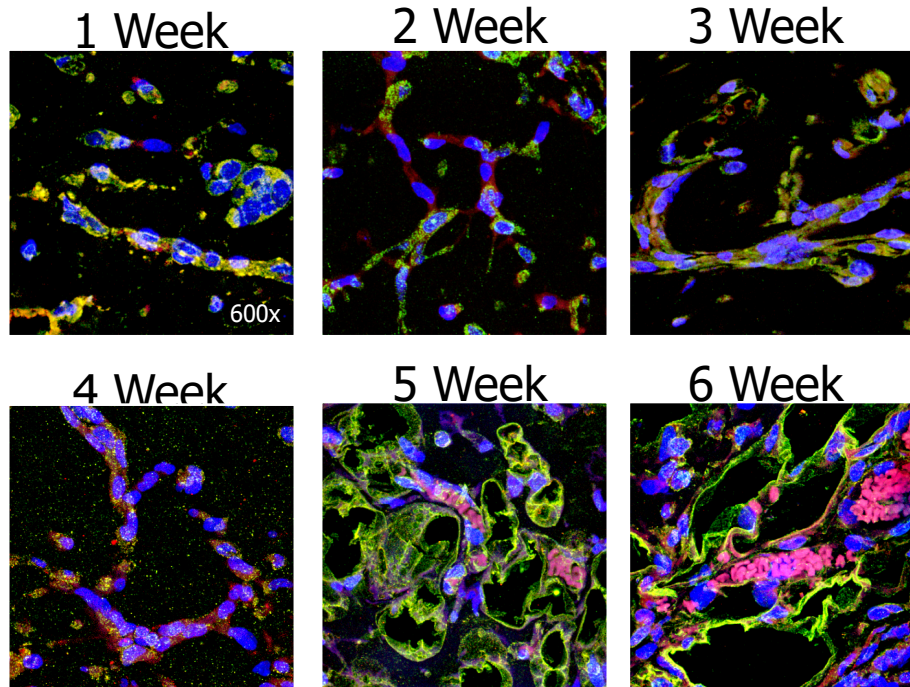
Unmodified endothelial cells

HIP endothelial cells

Deuse T, ..., Schrepfer S. *Proc Natl Acad Sci USA*. 2021;118(28):e2022091118.

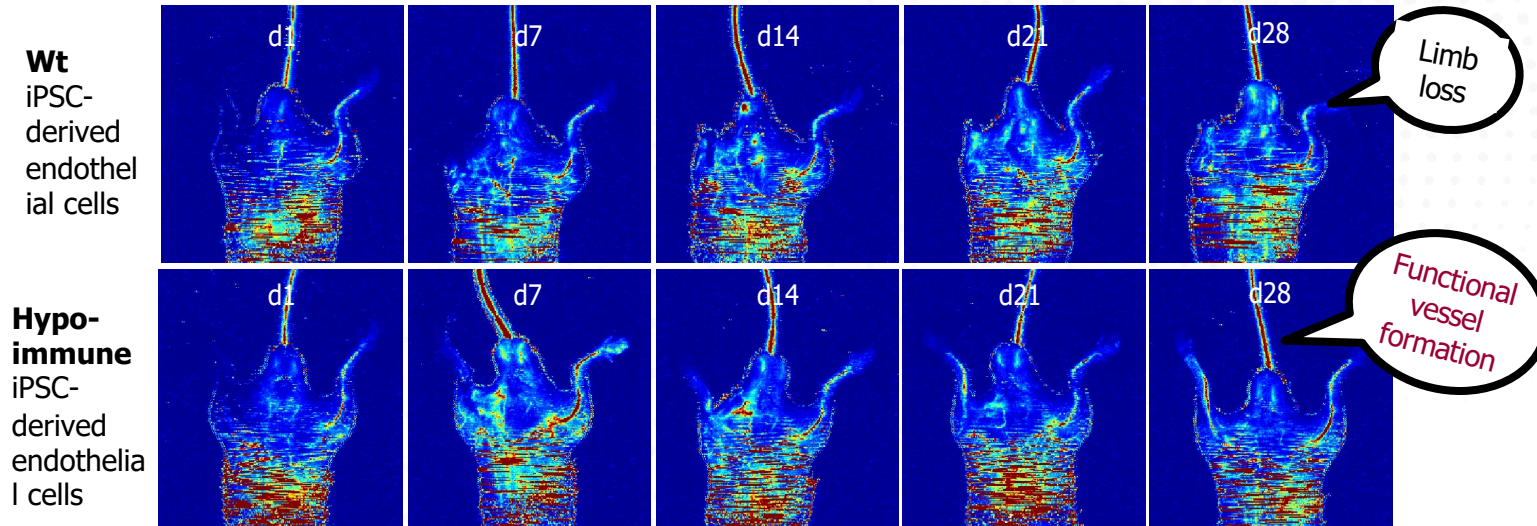
# Hypoimmune edits (HLA-I knockout, HLA-II knockout, CD47tg) do not affect differentiation capacity nor intrinsic cell function

*miECs for vascular regeneration*



DAPI  
Luciferase  
VE-cadherin

*Hindlimb ischemia model in BALB/c: Removal of the A. femoralis and endothelial cell injections; perfusion assessed by Doppler*



Deuse T, ..., Schrepfer S. Proc Natl Acad Sci USA.2021;118(28):e2022091118.

**Conclusion:** Hypoimmunogenic iPSC-derived endothelial cells survive and spontaneously form new vessels in allogeneic hosts without immunosuppression.



# Vision of the Future – Immunosuppression free!



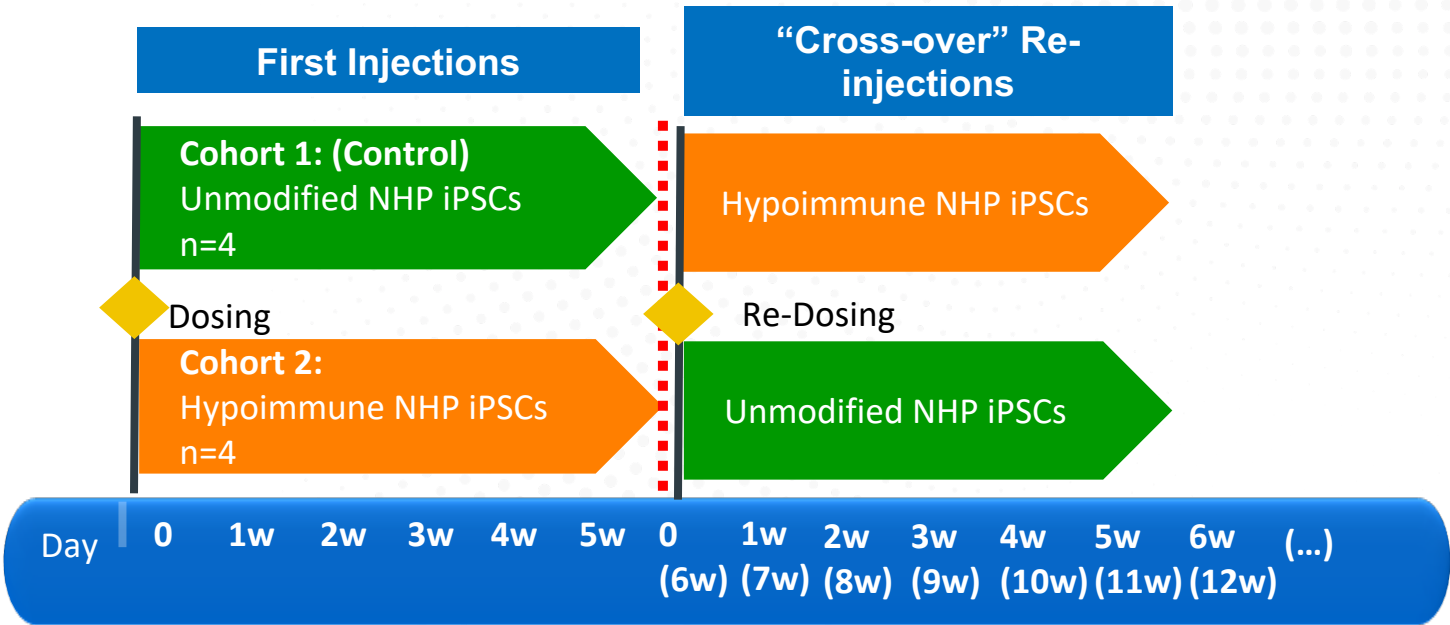
## Vision

Don't only cure mice – cure patients!



### NHP Study Design – a high bar translational model

*NHP iPSCs were transplanted intramuscularly into allogeneic NHPs without immunosuppression (n=8 NHP)*



# Hypoimmune NHP iPSCs do not elicit an adaptive immune response in allogeneic NHP recipients



*Transplantation of NHP iPSCs into allogeneic NHPs: Immune evasion is achieved even after prior sensitization*

T Cell Activation  
(ELISPOT)

IgM Production  
(ELISA)

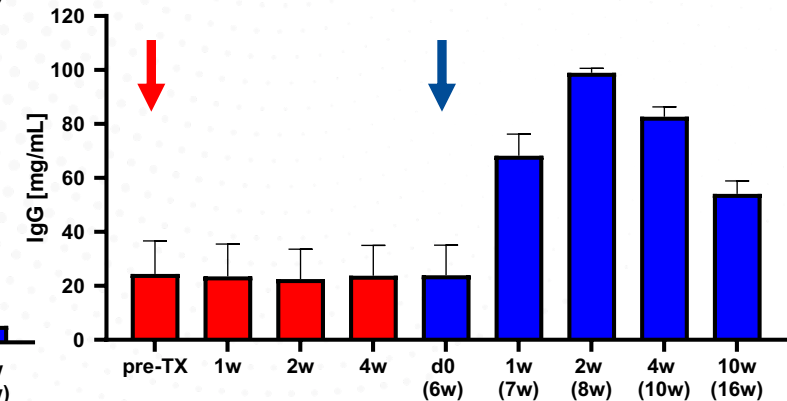
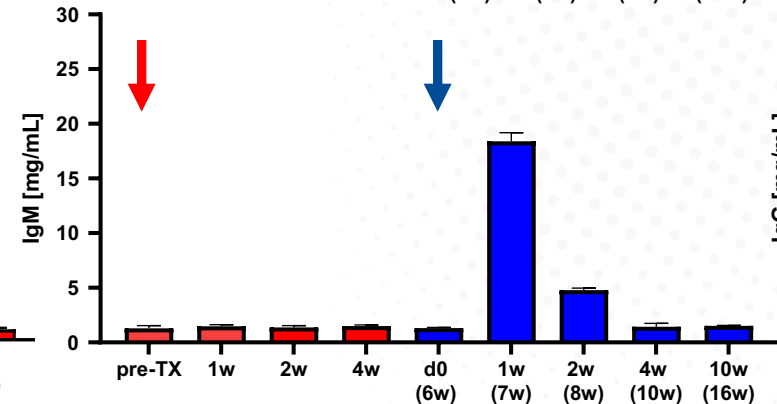
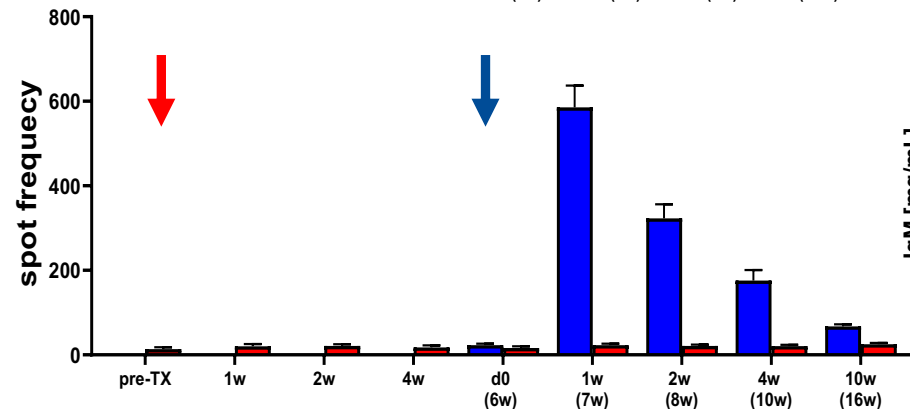
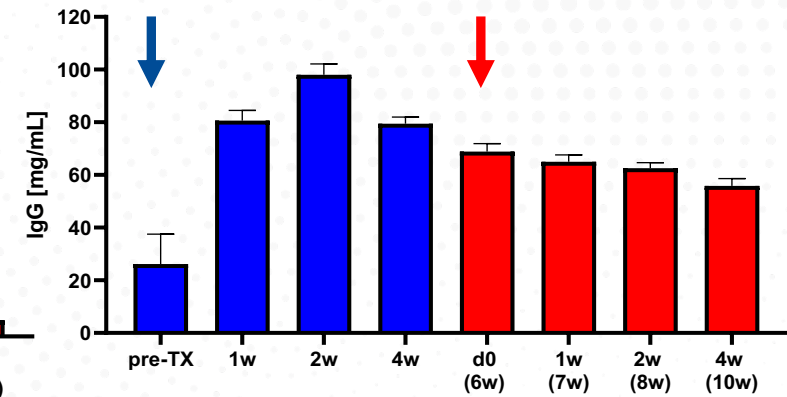
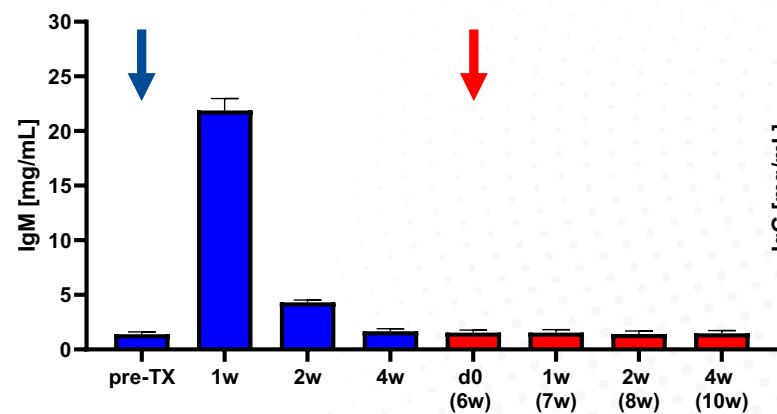
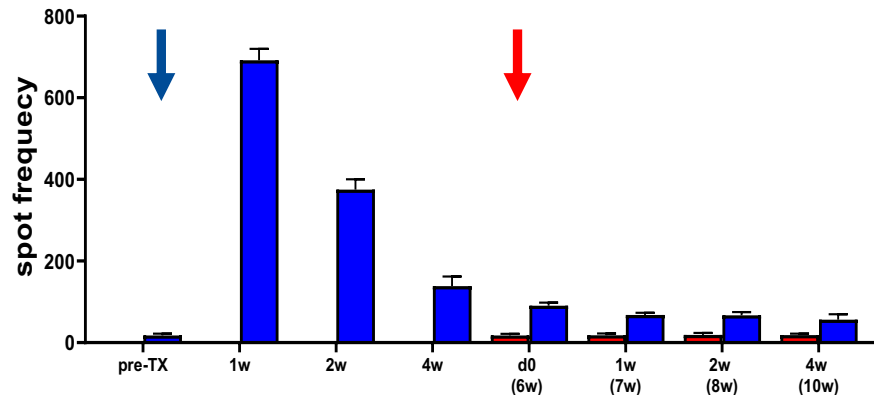
IgG Production  
(ELISA)

*No systemic T cell activation by hypoimmune cells*

*Implantation of hypoimmune cells does not cause activation of antibody production*

Unmodified iPSC

Hypoimmune iPSC



WT



HIP

# Hypoimmune NHP iPSCs do not elicit an innate immune response in allogeneic NHP recipients



*Transplantation of NHP iPSCs into allogeneic NHPs (n=4/group)*

Killing by macrophages

Killing by NK cells

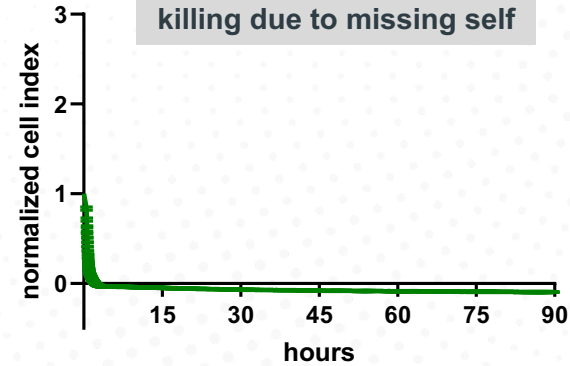
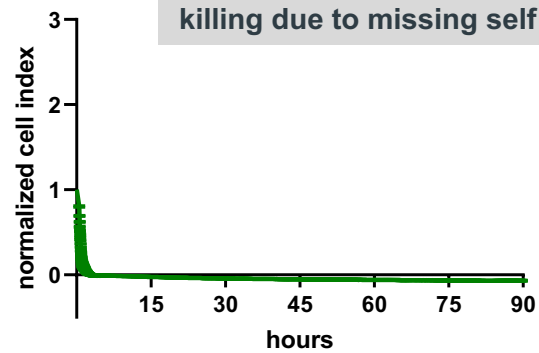
*Hypoimmune cells do not activate the “missing self” response from the macrophages*

*Anti-CD47 blockade*

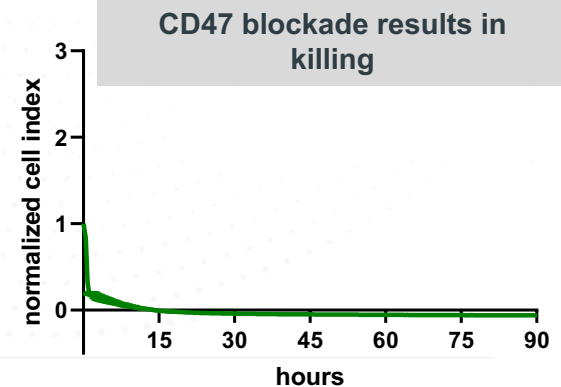
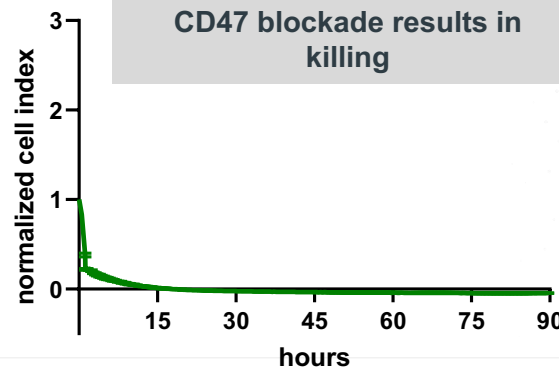
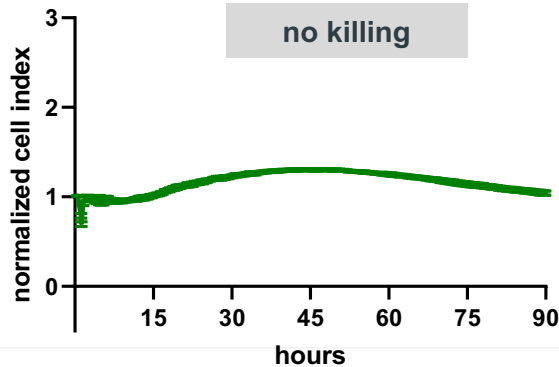
*Hypoimmune cells do not activate the “missing self” response from the NK cells*

*Anti-CD47 blockade*

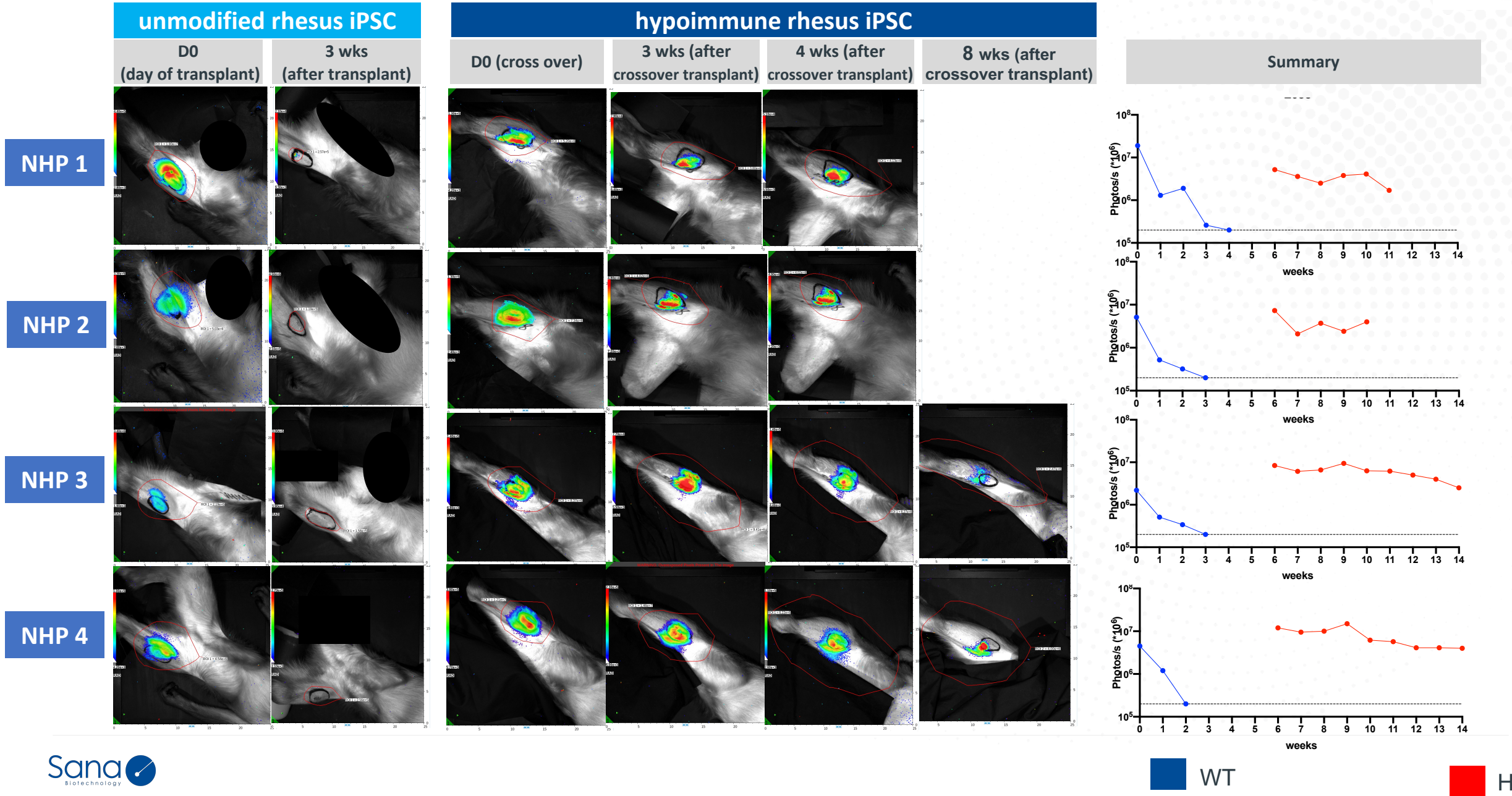
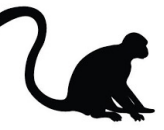
MHC-I/II KO iPSC



Hypoimmune iPSC

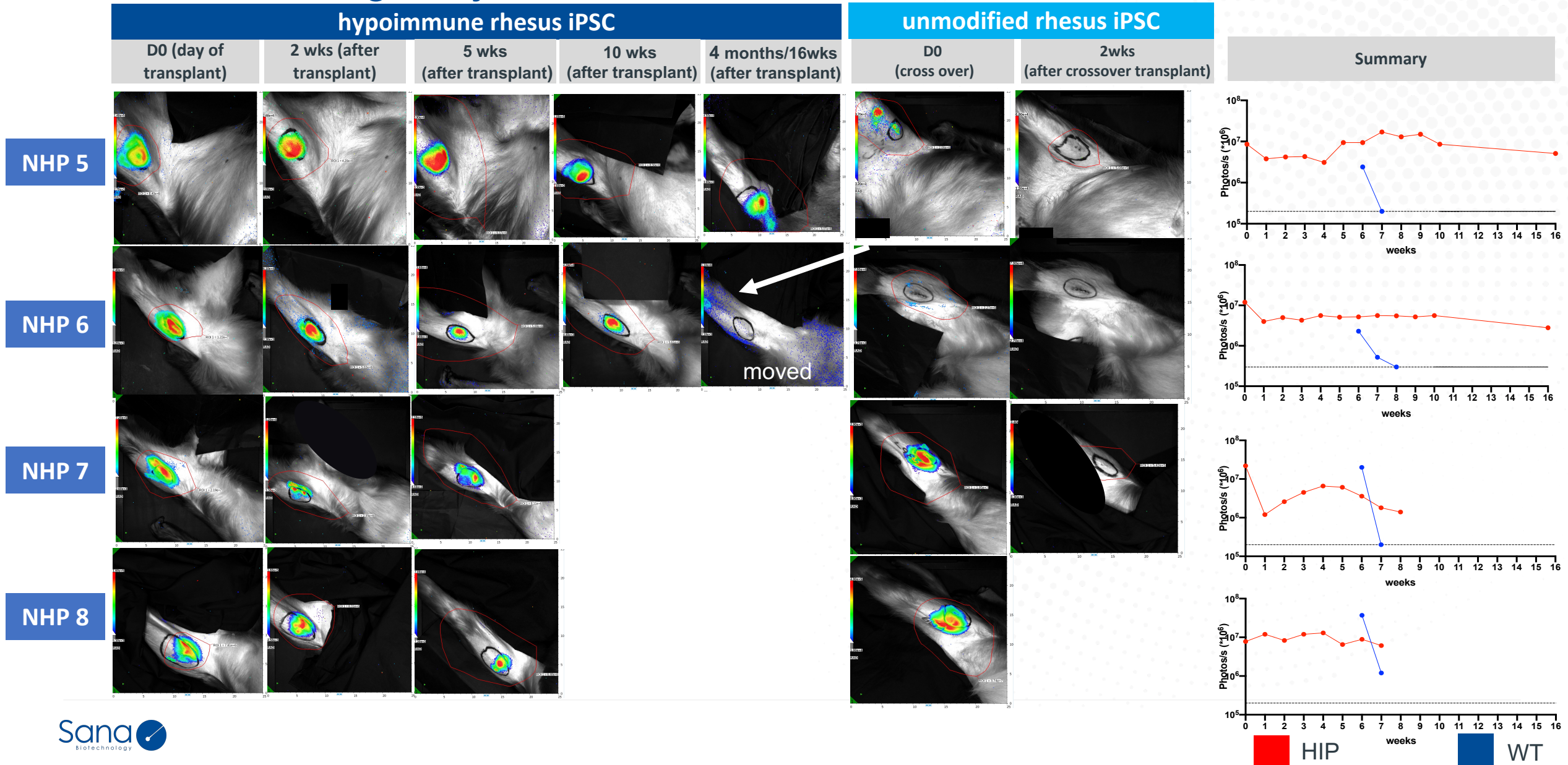
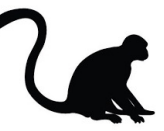


# Allogeneic NHP hypimmune iPSCs survive *in vivo* in sensitized recipients



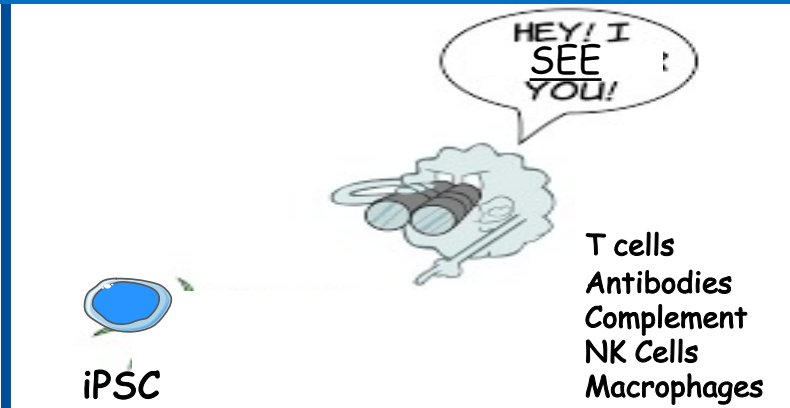


# Allogeneic NHP hypimmune iPSCs survive *in vivo* in NHP while unmodified iPSC get rejected



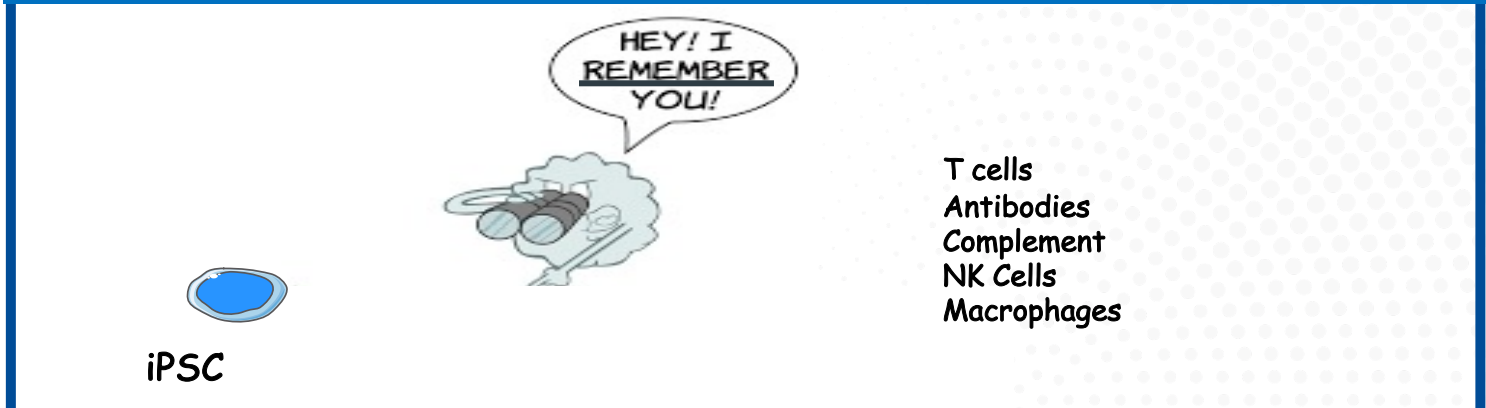
# Key Immunological Findings

## First transplantation



HIP demonstrates NO immune activation in mice, humanized mice, and NHP.

## Re-Injection “cross-over”



Immune evasion: HIP demonstrates NO de-novo immune activation when injected into sensitized NHPs with memory immune cells from previous unmodified iPSC injection.

## Summary

These findings show that hypoimmune cells:

- evade allogeneic immune rejection,
- do not activate the “missing self” response from NK cells and macrophages,
- can be transplanted into sensitized recipients (which opens the possibility of redosing),
- are not altering the recipients’ immune system.

This hasn’t been achieved before in NHP—a robust immunologic model.

***Thus, cellular transplantation without immunosuppression appears to be an achievable goal using hypoimmune cells.***

## Acknowledgements

HIP Research Team  
Tech Science Team  
HIP Core Team  
Developmental Sciences Team  
Cell Therapy Team

# Thank You

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Sana Biotechnology  
[www.sana.com](http://www.sana.com)

