

Understanding the Role of the Immune System in Improving Tissue Regeneration

- A Virtual Workshop -

November 2, 2021: 11:30 AM – 4:30 PM ET
November 3, 2021: 12:00 PM – 4:00 PM ET

The National
Academies of
SCIENCES
ENGINEERING
MEDICINE

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

Sonja Schrepfer, MD, PhD

Sana
Biotechnology



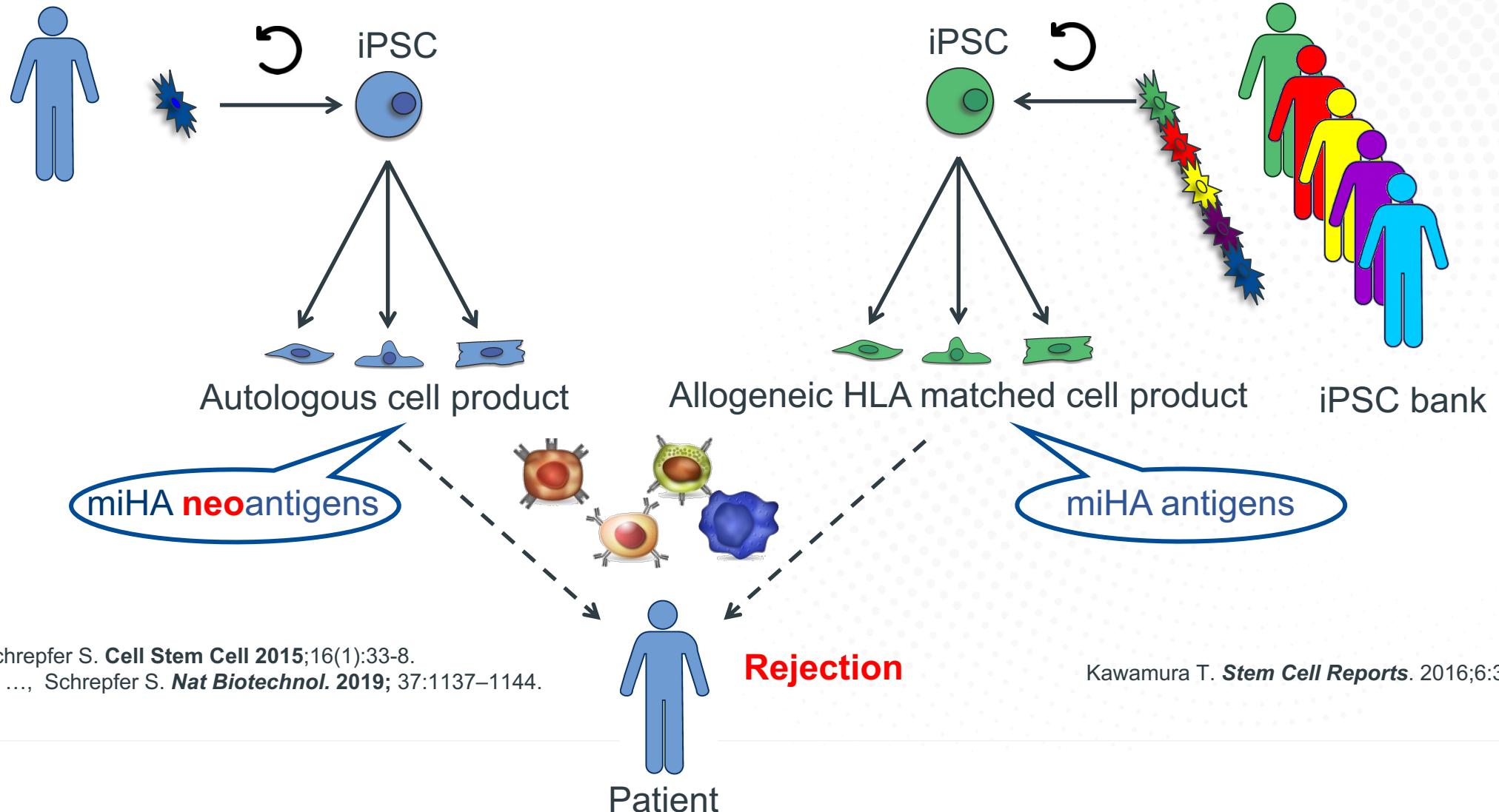
Disclosure



- **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

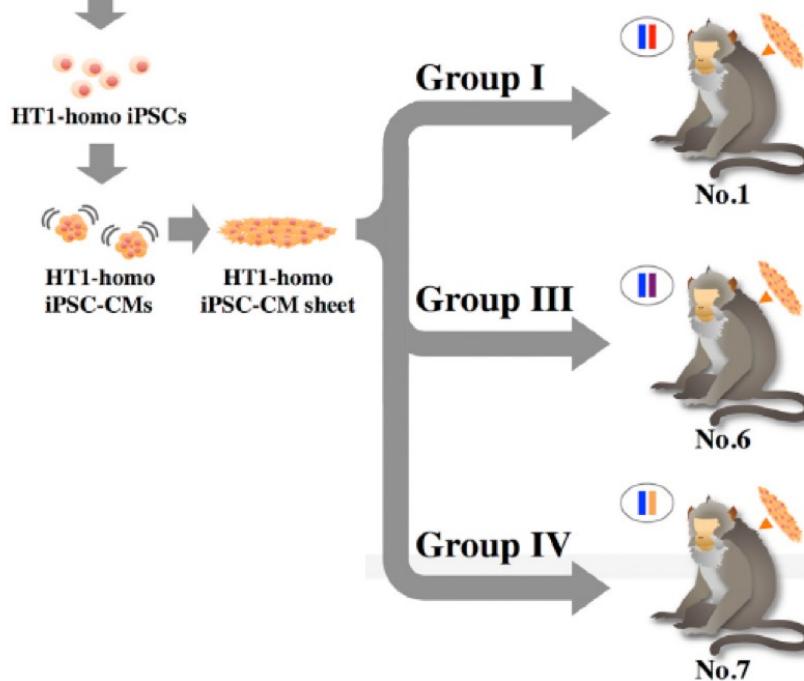


HLA banking for pluripotent stem cells

MHC homozygous
iPSC donor



MHC heterozygous
MiHA-mismatched
iPSC recipients



Immunosuppression

Survival at 2 months

Prednisolone: 1mg/kg
TAC: trough levels at >10 ng/ml
MMF: 40mg/kg

100%

TAC: trough levels at >10 ng/ml

0%

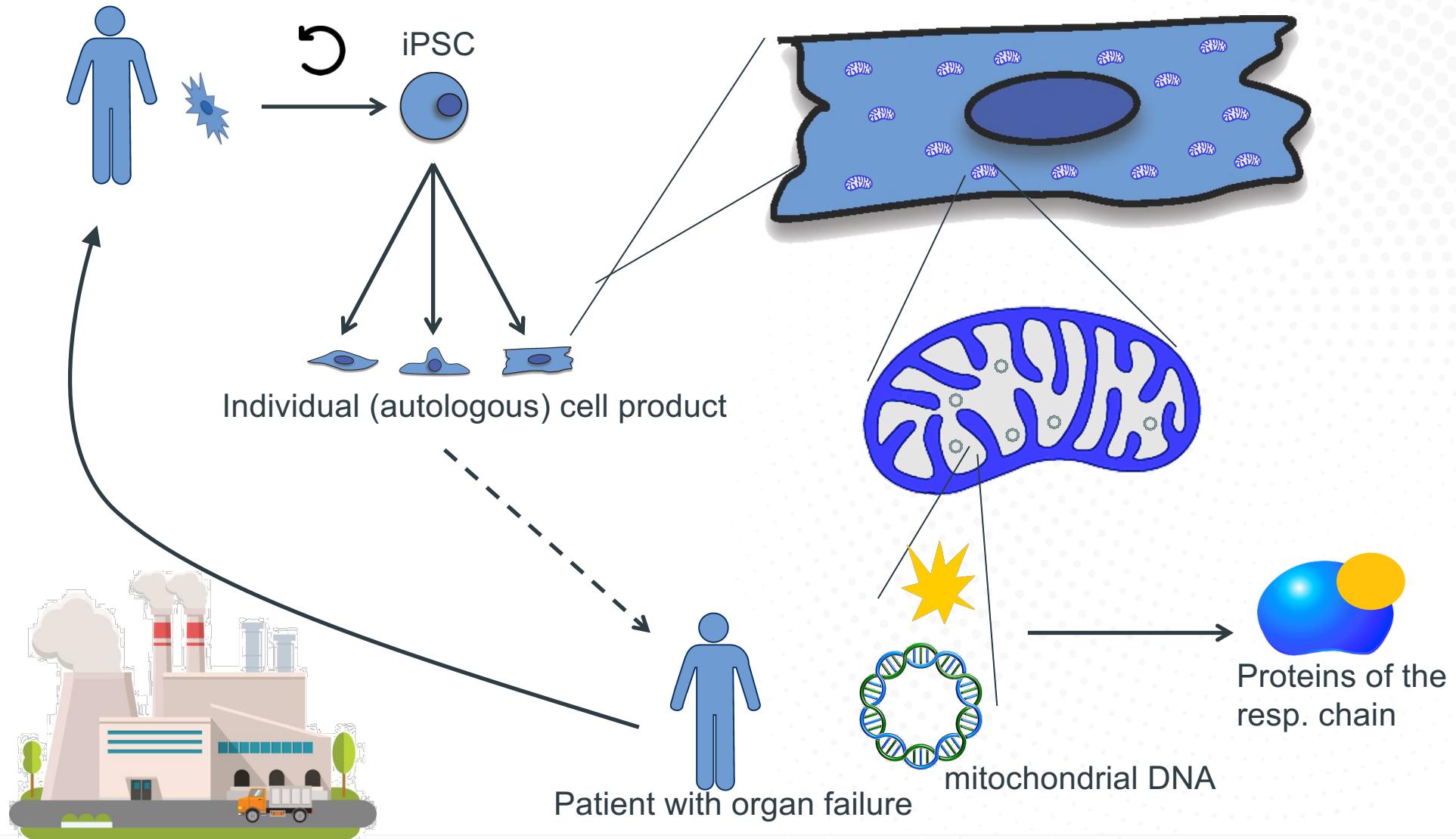
none

0%

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

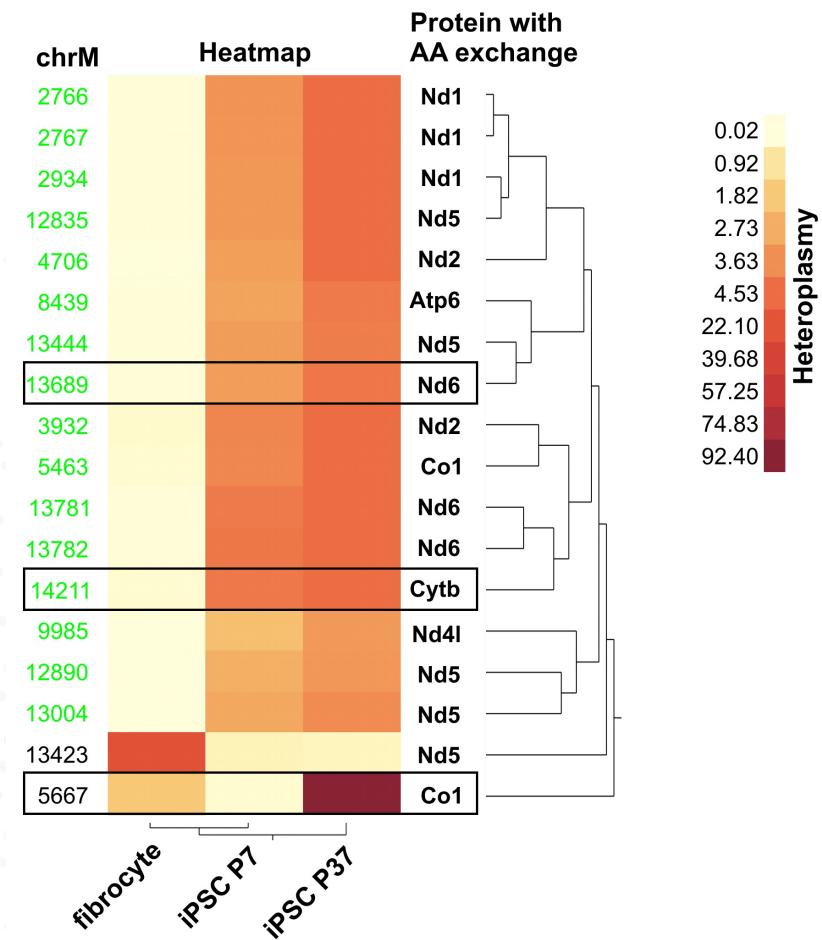
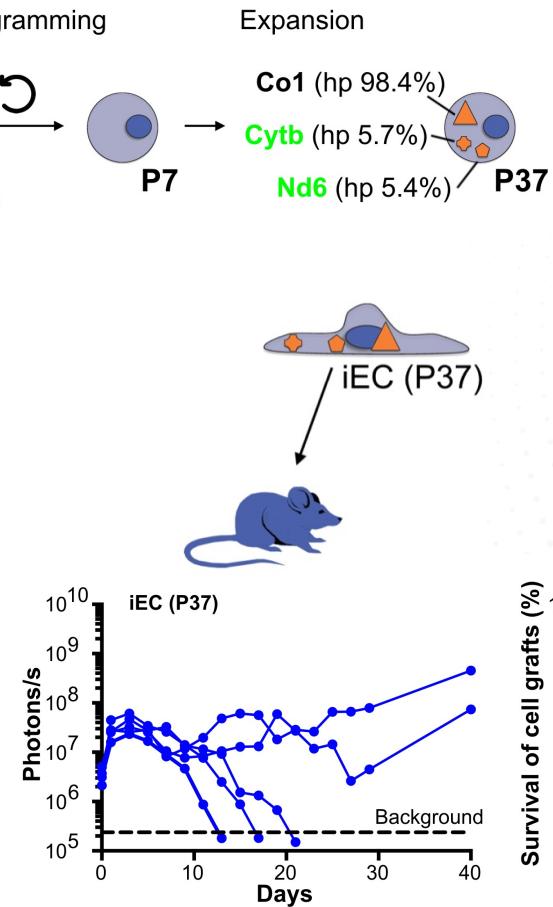
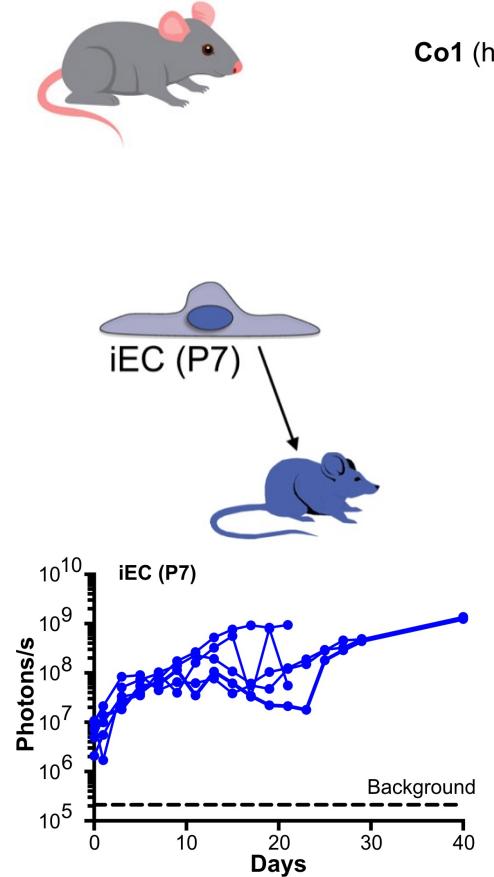
Kawamura T. *Stem Cell Reports*. 2016;6:312-20.

Immune barrier for autologous cell products



Regenerative stem cell therapy

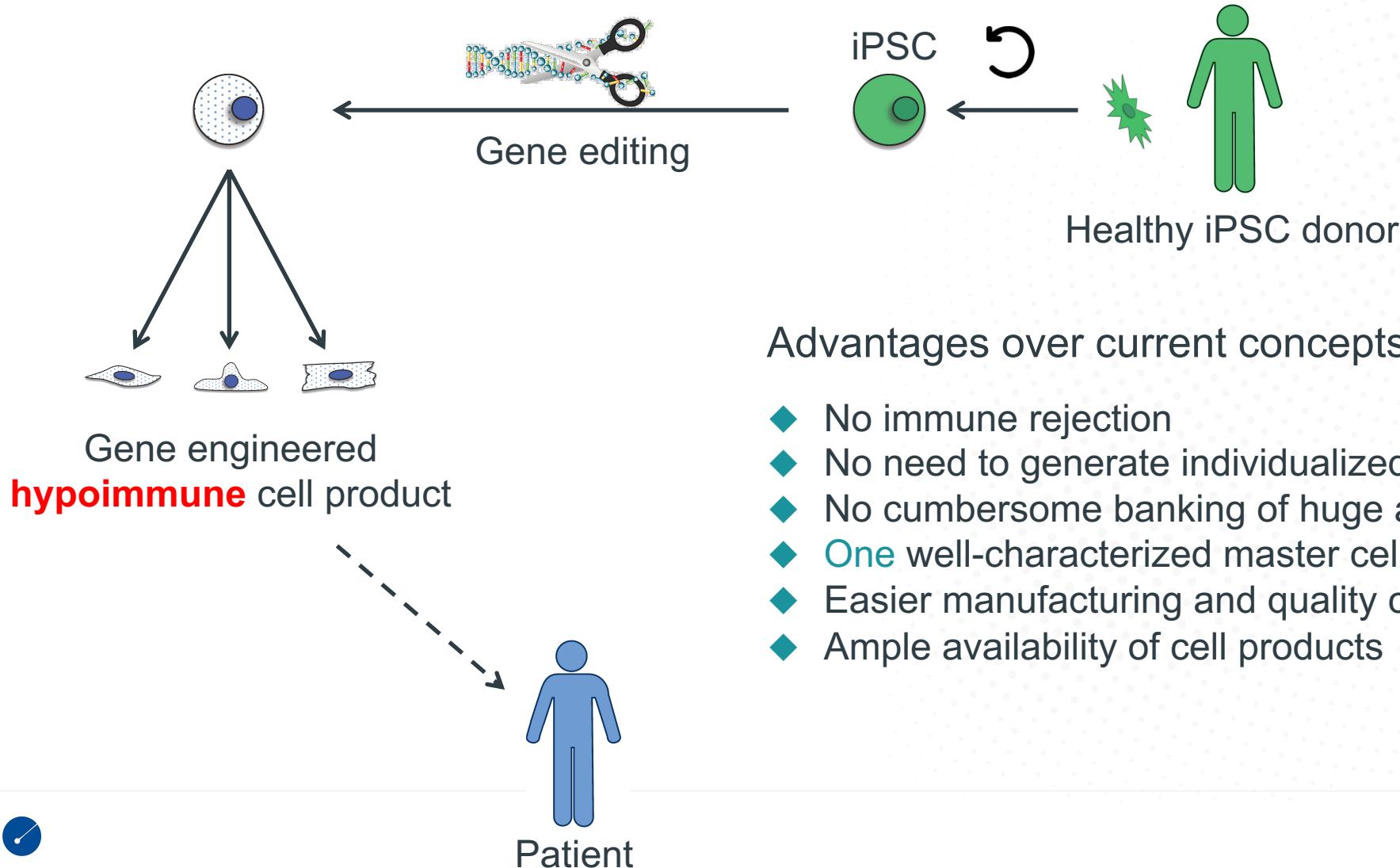
Immunological hurdles of autologous cell products



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:

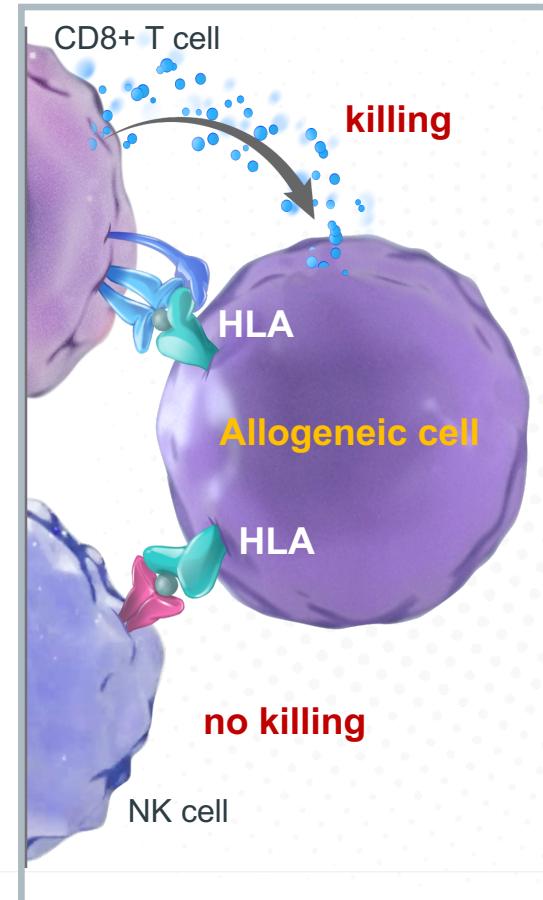
- Half of fetal proteins are from the father, not the mother.
- However, the fetus is not rejected by the mother.



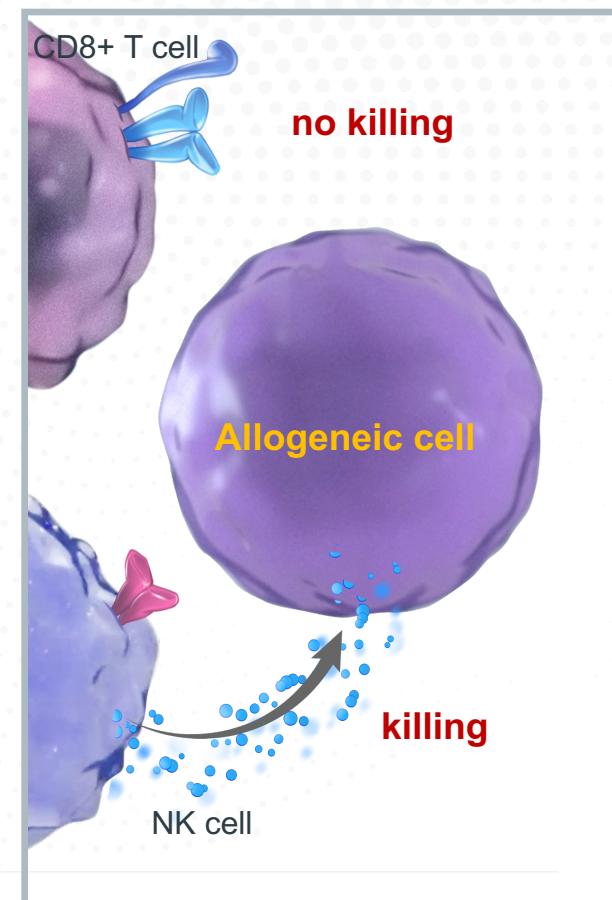
How can we protect our engineered cells from getting attacked from the recipient's immune system?

The adaptive and innate immune system

Adaptive response to HLA:

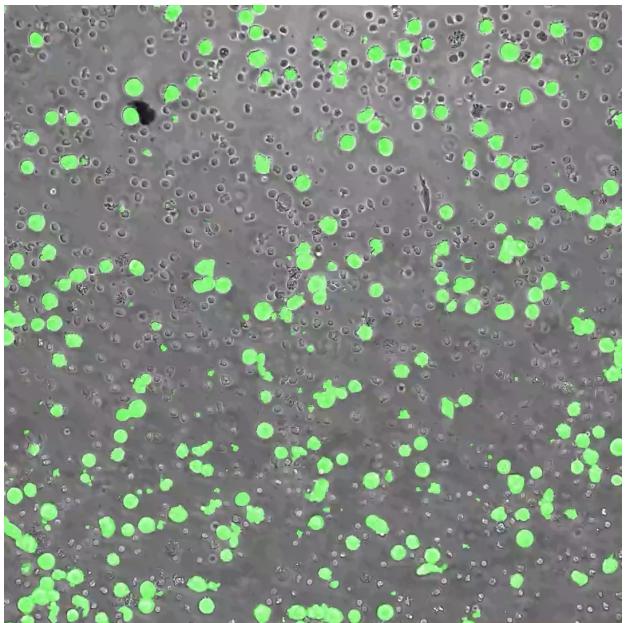


Innate response to “missing-self”:

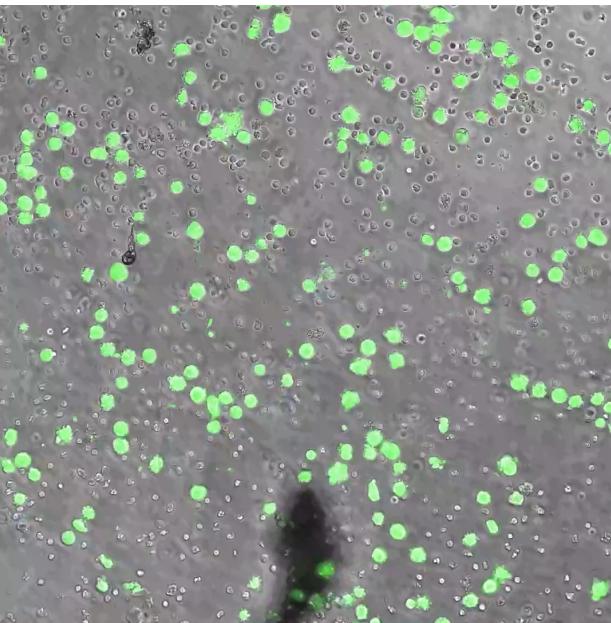


Molecules to prevent killing of HLA-knockout target cells by innate immune response

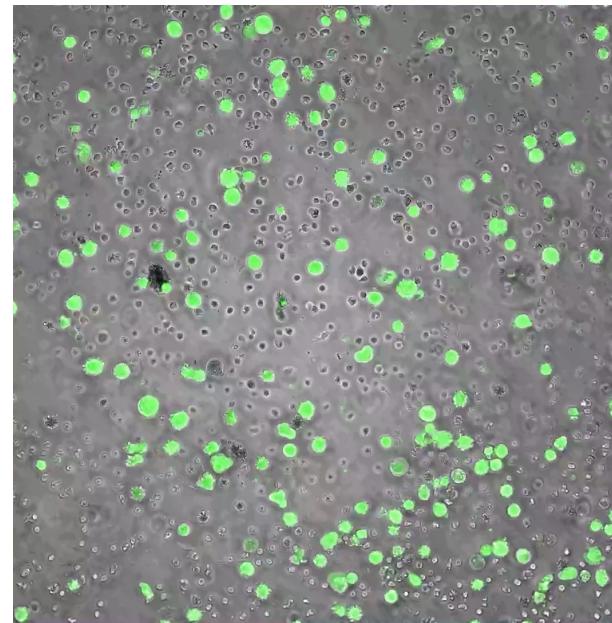
HLA-E_{KI}



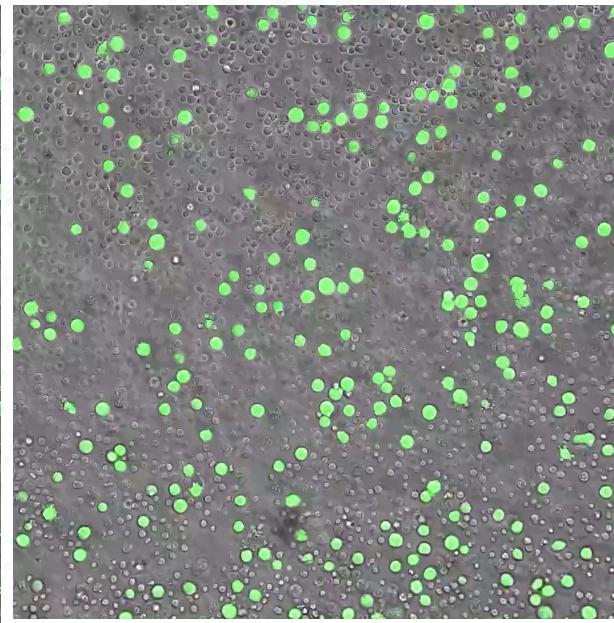
HLA-G_{KI}



PD-L1_{KI}



CD47_{KI}



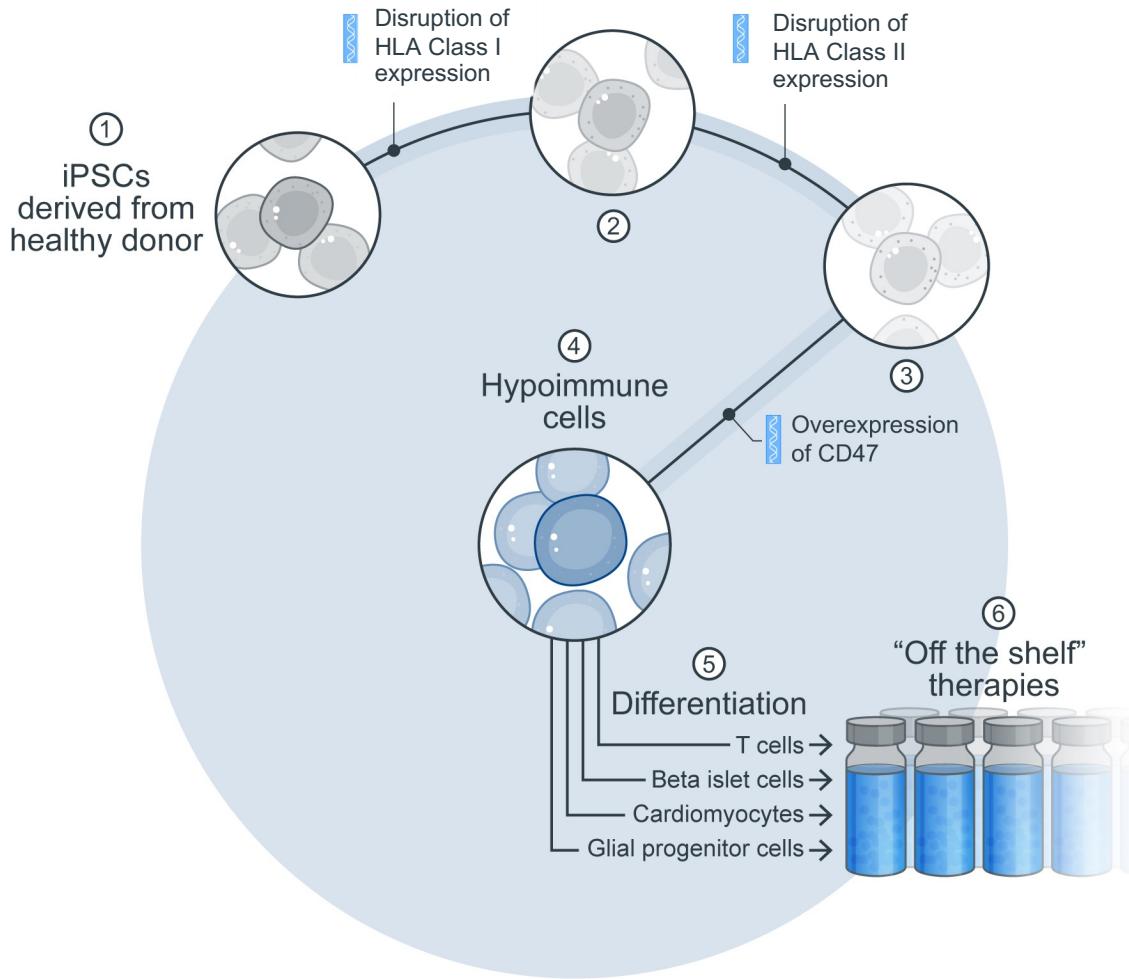
Allogeneic cell without HLA (triggering innate immune response through “missing-self”)



NK cells

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



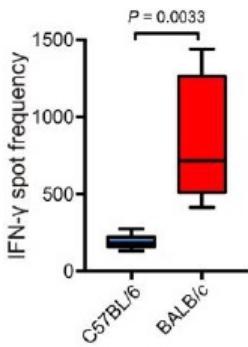
Deuse T, ..., Schrepfer S. *Nat Biotechnol.* 2019;37:252-258.
Deuse T, ..., Schrepfer S. *J Exp Med* 2021;218(3):e20200839.
Hu X, ..., Schrepfer S. *AACR 2021* (Sana Biotechnology, Inc.)
Deuse T, ..., *Proc Natl Acad Sci U S A.*2021;118(28):e2022091118.

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

Evade the adaptive immune system

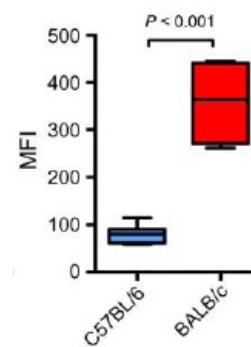
T Cell Activation (ELISPOT)

No systemic T cell activation with HIP cell transplantation



IgM Binding (FACS)

No binding of donor specific antibodies against HIP cells



Unmodified endothelial cells

HIP endothelial cells

Survival in allogeneic recipients

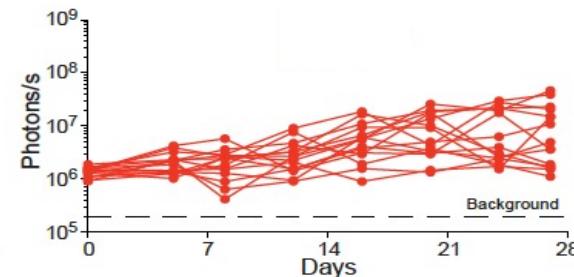
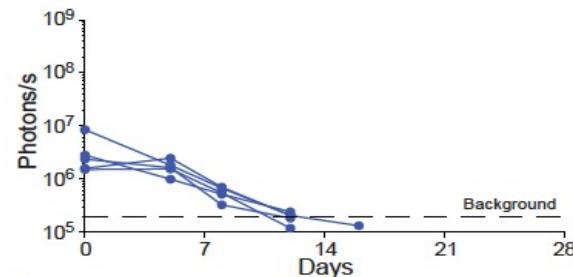
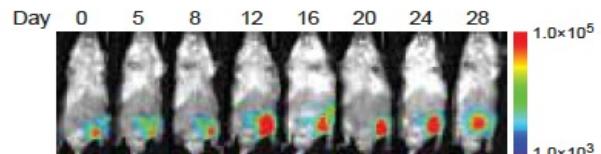
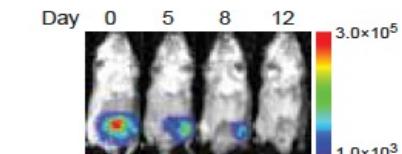
Survival

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

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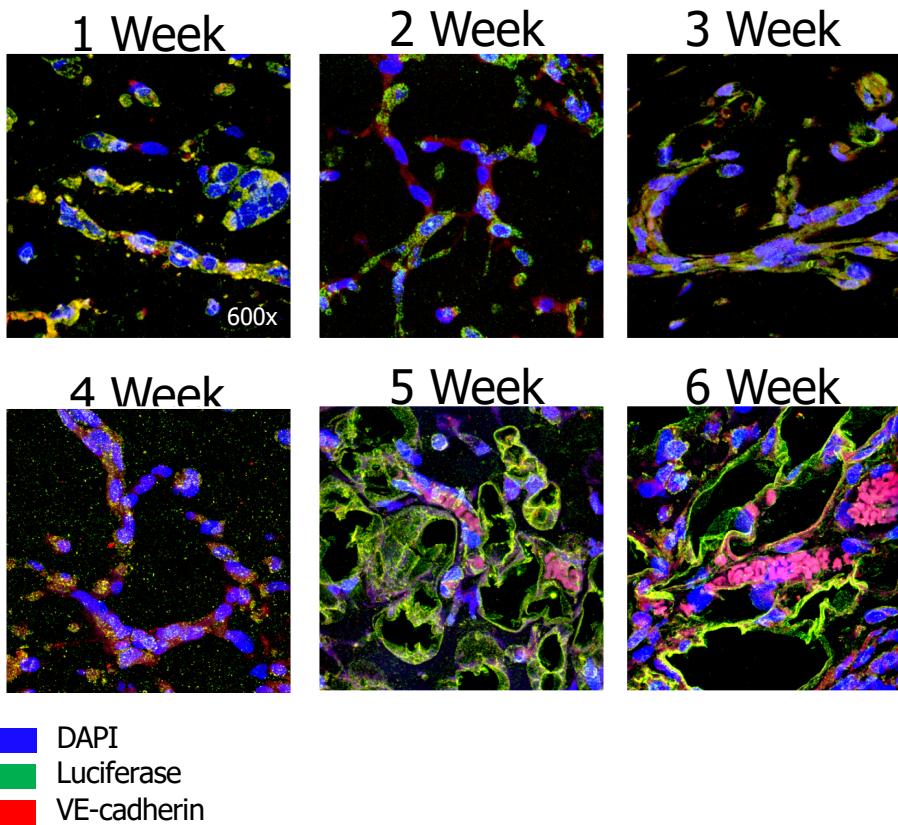
Deuse T, Hu X, ..., Schrepfer S. *Nat Biotechnology*. 2019; 37:252-258

Unmodified endothelial cells

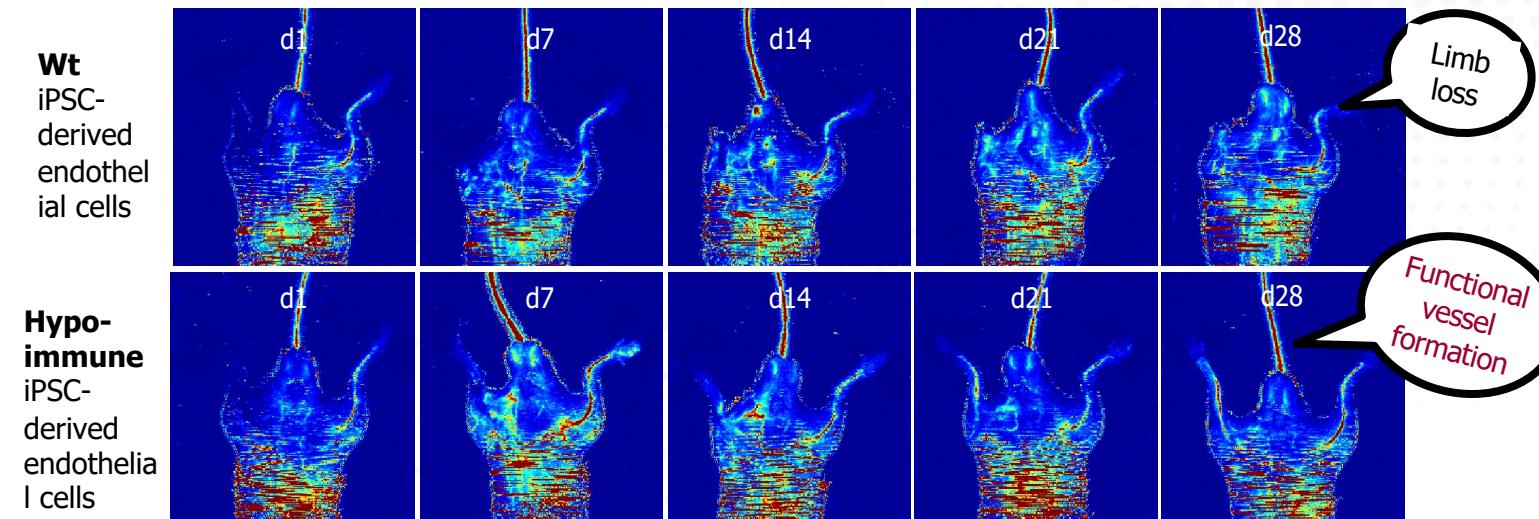
HIP endothelial cells

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

miECs for vascular regeneration



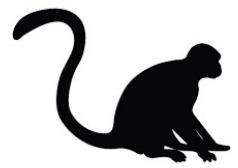
Hindlimb ischemia model in BALB/c: Removal of the A. femoralis and endothelial cell injections; perfusion assessed by Doppler



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!



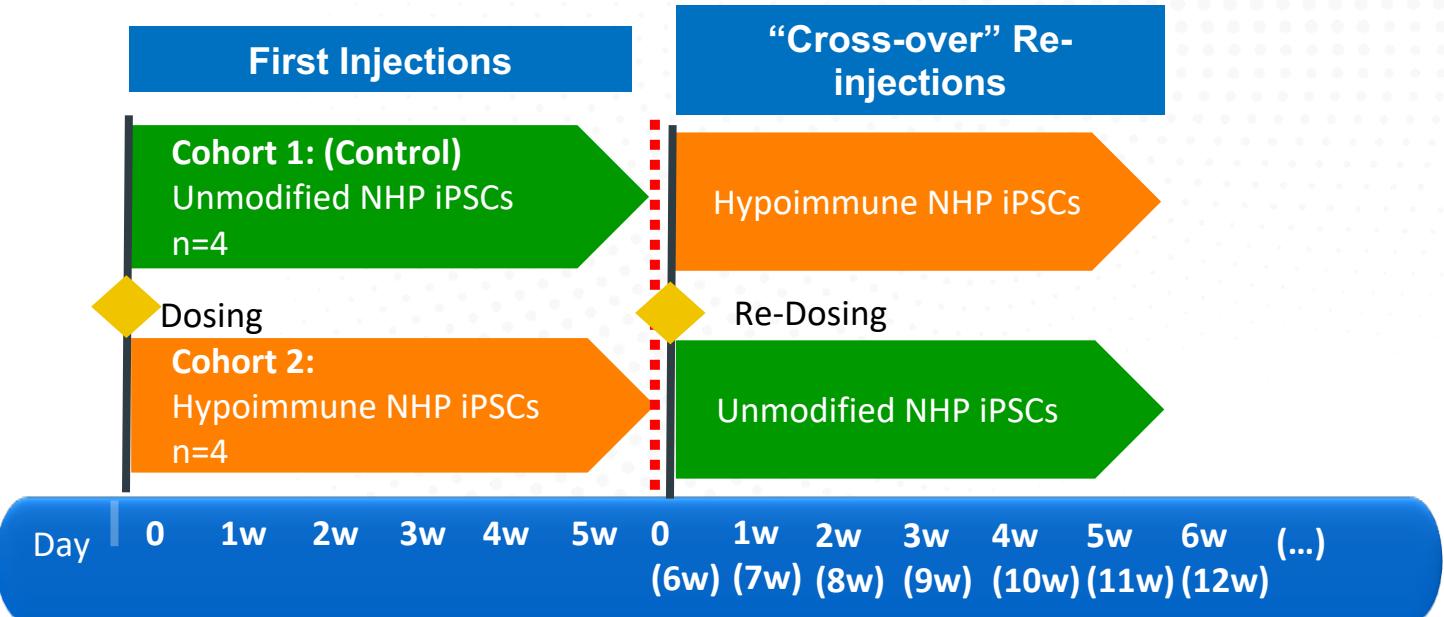
Vision

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)

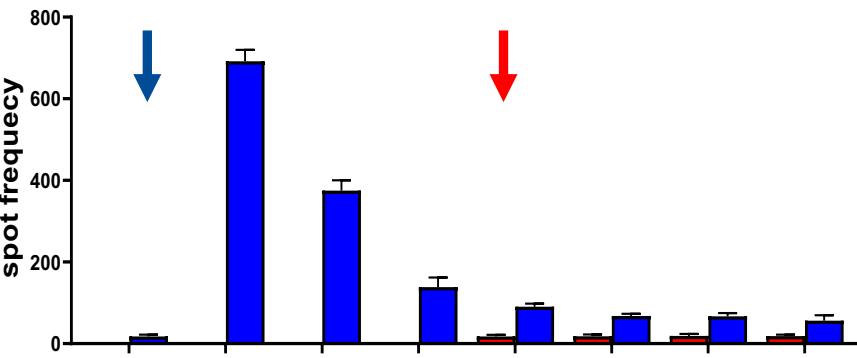
IgM Production
(ELISA)

IgG Production
(ELISA)

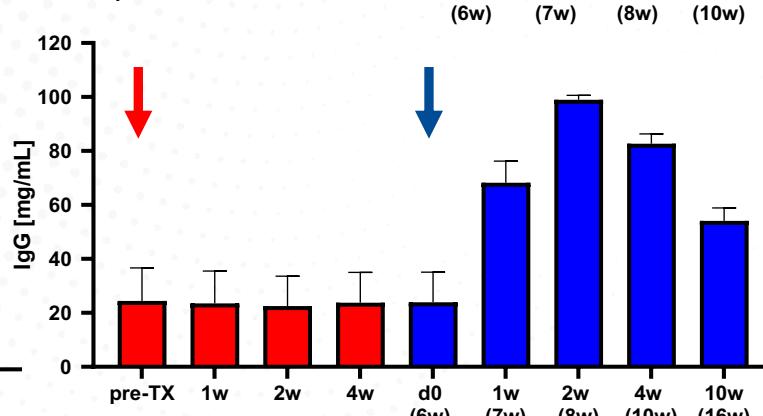
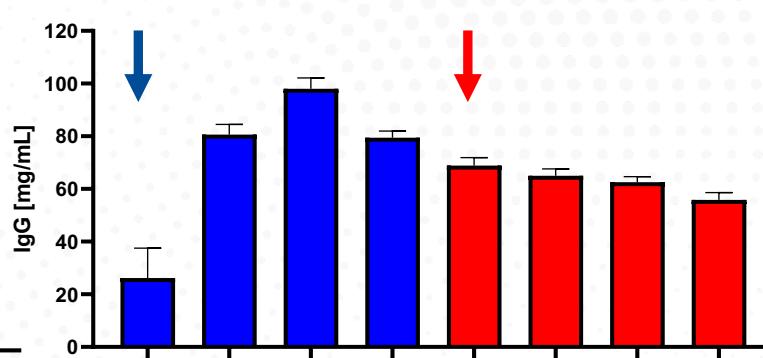
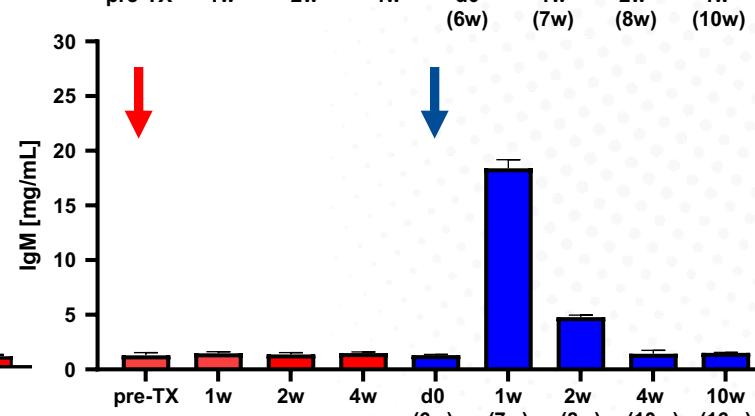
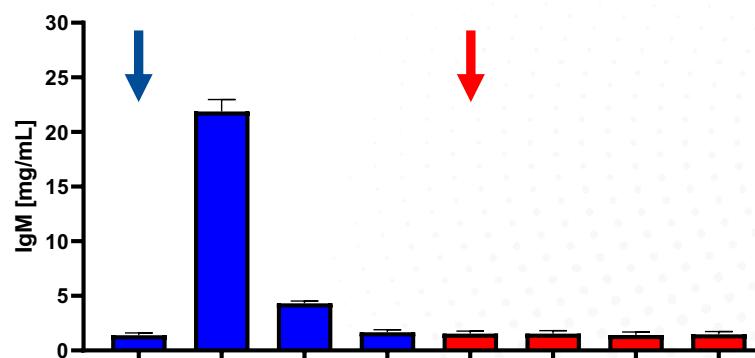
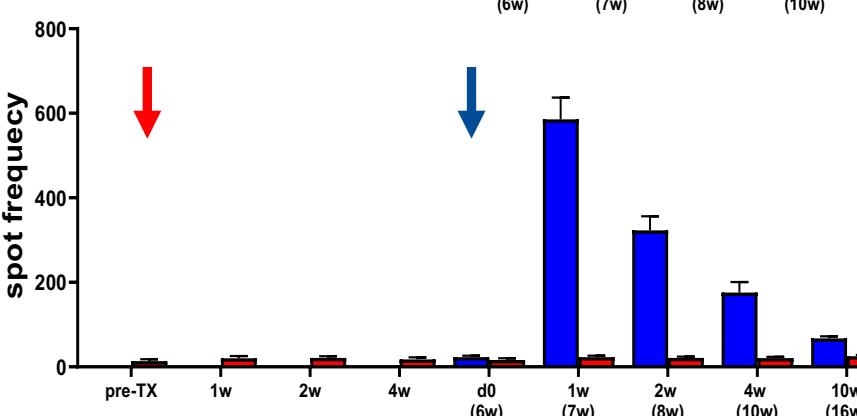
No systemic T cell activation by hypoimmune cells

Implantation of hypoimmune cells does not cause activation of antibody production

Unmodified iPSC



Hypoimmune iPSC



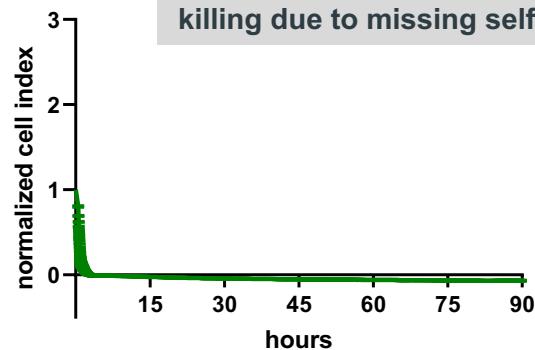
Hypoimmune NHP iPSCs do not elicit an innate immune response in allogeneic NHP recipients



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

Killing by macrophages

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

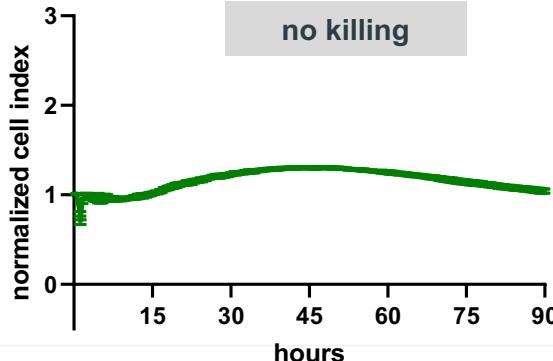
Killing by NK cells

Anti-CD47 blockade

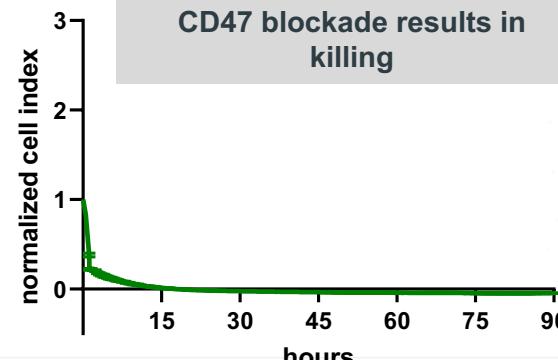


Hypoimmune iPSC

no killing

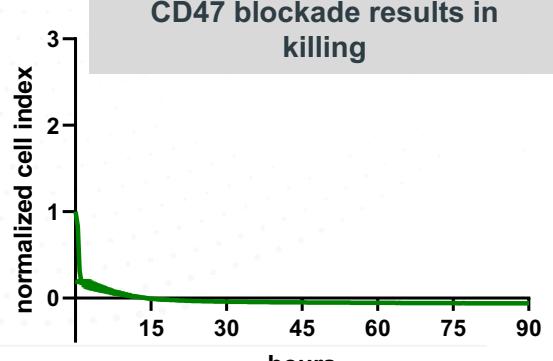


CD47 blockade results in killing

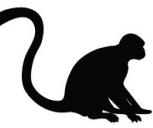


no killing

CD47 blockade results in killing

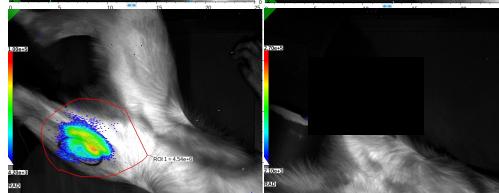
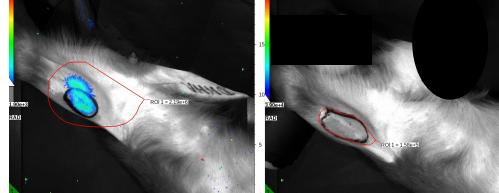
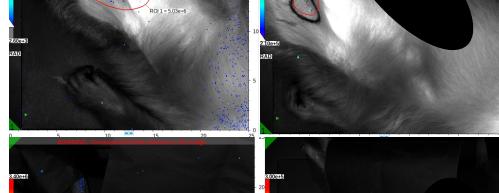
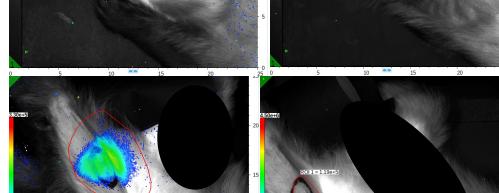
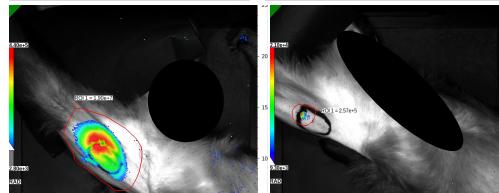


Allogeneic NHP hypoimmune iPSCs survive *in vivo* in sensitized recipients



unmodified rhesus iPSC

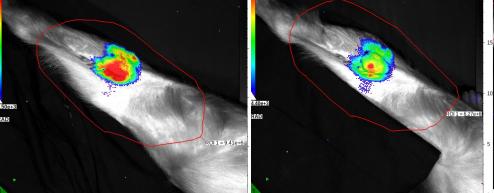
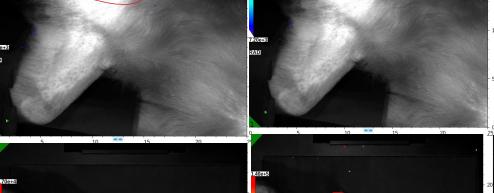
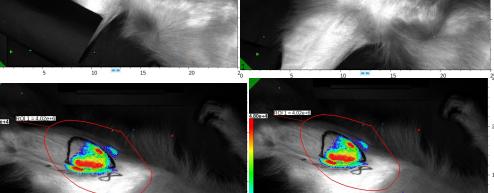
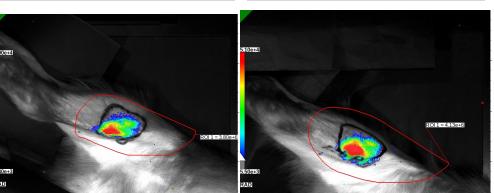
D0
(day of transplant)
3 wks
(after transplant)



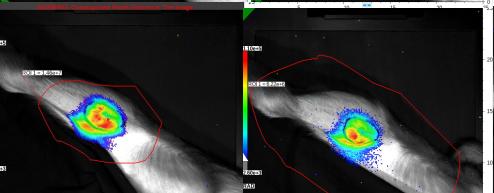
NHP 1

hypoimmune rhesus iPSC

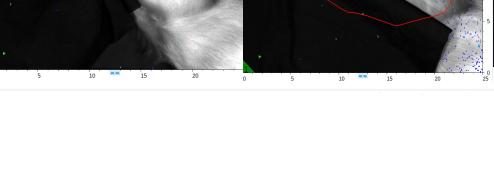
D0 (cross over)
3 wks (after
crossover transplant)
4 wks (after
crossover transplant)
8 wks (after
crossover transplant)



NHP 2



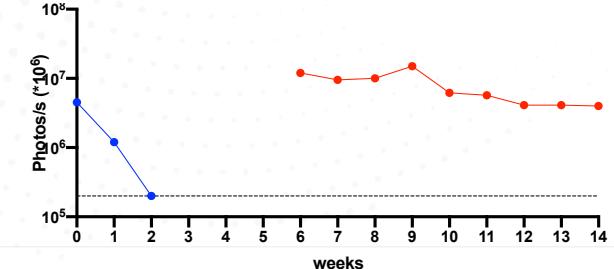
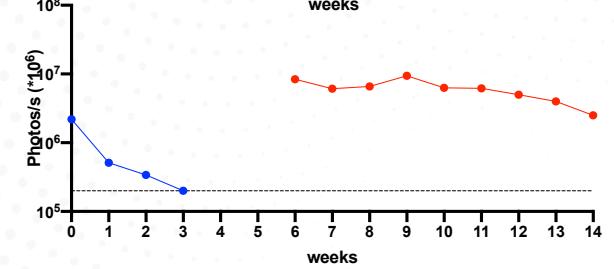
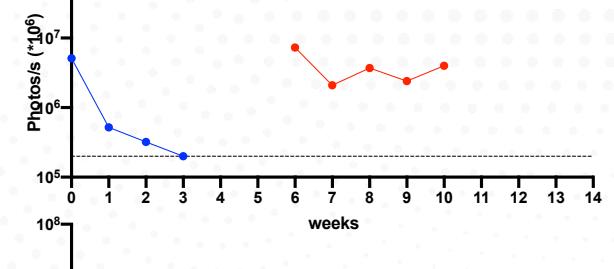
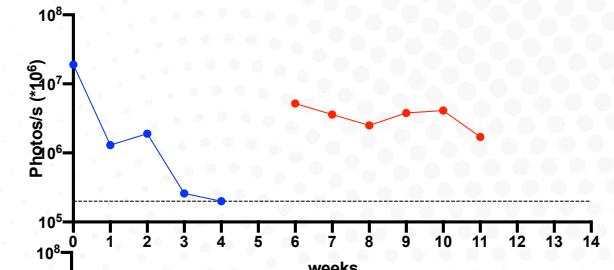
NHP 3



NHP 4



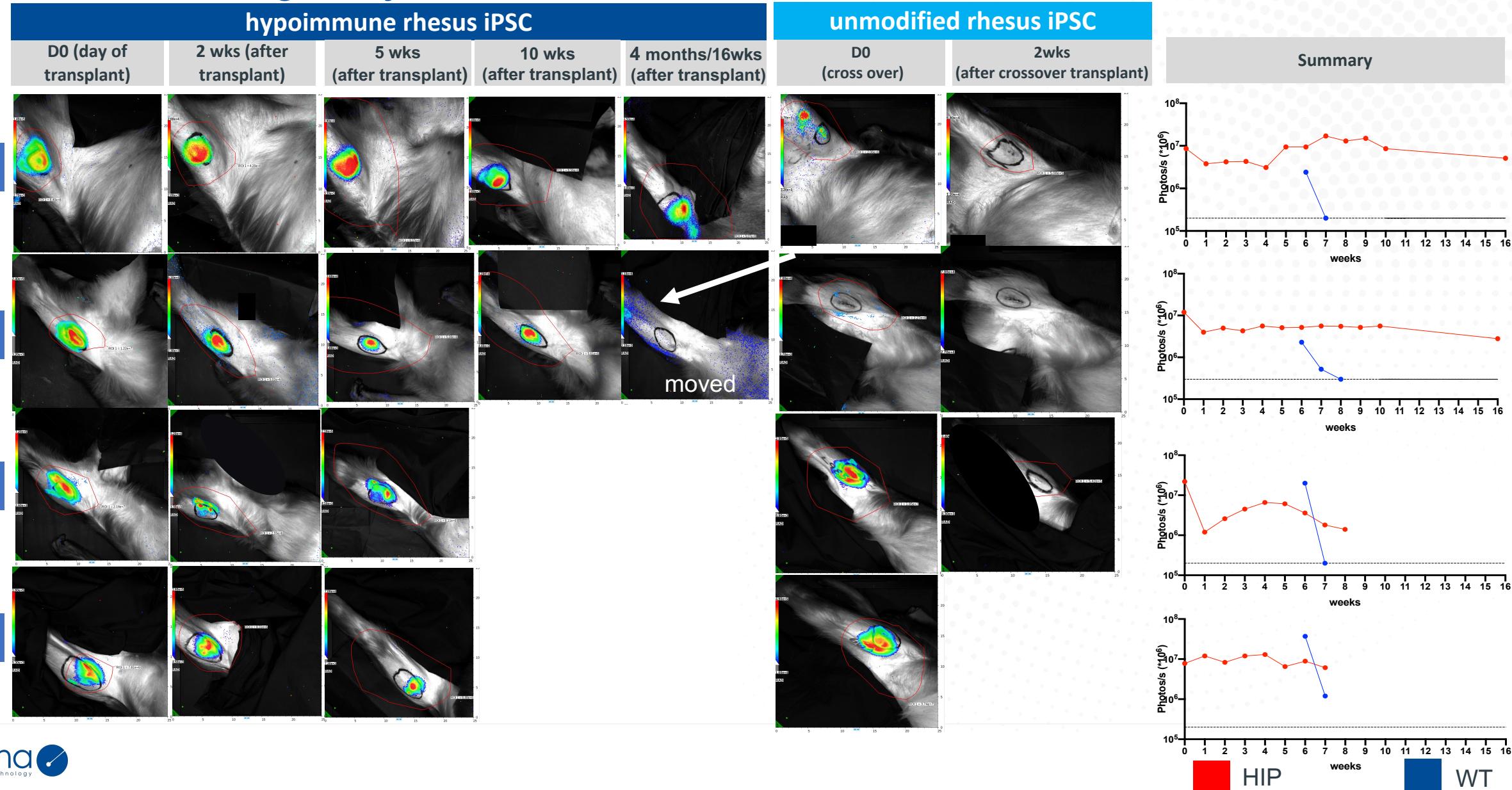
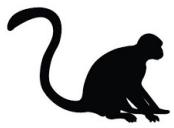
Summary



WT

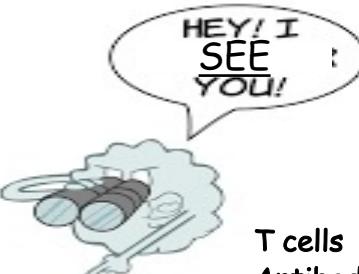
HIP

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



Key Immunological Findings

First transplantation



iPSC

T cells
Antibodies
Complement
NK Cells
Macrophages

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

Re-Injection “cross-over”



iPSC

T cells
Antibodies
Complement
NK Cells
Macrophages

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