

The Challenge of Variability in CART Cell Manufacturing

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I have no relevant financial conflicts to disclose.

- 1. Mechanism of apheresis collection of mononuclear cell (MNC) products
- 2. Many sources and downstream effects of variability in the CART manufacturing process
- **3.** Understand our approach to limit variability

Apheresis - Mononuclear Cell Collection

- Apheresis is a continuous or semi-continuous method of isolating peripheral blood cells based on density.
- Mononuclear cell collection can be a reliable method for collecting large numbers of mononuclear cells (eg. lymphocytes and monocytes) while excluding non-MNCs (eg. granulocytes, PLTs, RBCs).
- Steady state MNC collection (non-mobilized) is the most common source of starting material for CART manufacturing.

Continuous Flow Separation Machines





https://blog.library.si.edu

Specific Gravity of Blood Components



Mononuclear Cell Collection by Apheresis



Mononuclear Cell Collection by Apheresis





CART Manufacturing Begins with MNC Collection



Nature Reviews | Cancer

Limited Ability of Apheresis to Resolve Cell Types



Non-T cell contaminants negatively impact manufacturing

- <u>Granulocytes</u> suppress T cell proliferation, cytokine synthesis (Munder et al. 2006)
- •<u>RBCs</u> T cell proliferation in vitro (Bernard et al. 2010)
- <u>PLTs</u> degranulate and can lead to clumping
- •<u>Blasts</u> secrete soluble inhibitor of T cell proliferation (Orelans-Lindsay et al 2001) and suppress lymphocyte activation (Chiao et al 1986)
- Monocytes selectively induce apoptosis of activated T cells (Munn et al. 1996)
- <u>Myeloid-derived suppressor cells</u> are associated with poor T cell expansion (Leskowitz et al. 2017)
- High <u>NK cell%</u> in PB is associated with low CD3% and CD3 abs count in MNC product (Allen et al. 2017)

Donor is Primary Driver of Manufacturing Variability

- •MNC products are a reflection of what is circulating in that donor during the collection.
- Donor variability drive MNC product variability which drives CART manufacturing variability.



Sources

Pre-collection

- Patient demographics
- Clinical indication
- Prior treatment

Collection

- Access type
- Procedure duration
- Procedure tolerance

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Product

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- Purity
- Collection efficiency

Culture

- Cell loss
- Transduction efficiency
- Population doubling

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Such variability can impact multiple downstream parameters.

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Peripheral Blood Counts Differ by Clinical Indication



MNC Product Content, Success Rate Differ by Indication





 Because MNC product content varies by indication, impact on manufacturing success may be indication specific.

Sequential reduction of variability throughout the process

Variation makes <u>standardization</u> challenging

- Stepwise reduction of variability throughout process
- Effective, but inefficient and at times unpredictable

Patient peripheral blood



Limitations of current/future mitigation strategies

•Too few T cells? ---> Collect longer

- Procedural intolerance
- Diminishing returns of single collection

•Too many non-T cells? ---> Better enrichment

- Limited GMP grade reagents/techniques available
- Higher purity often associated with lower yield

Suboptimal T cells? ---> Collected earlier, allogeneic donor

- Infrastructure does not exist for prophylactic collections
- Allogeneic CART risks GVHD, rejection

- •MNC products are a snapshot of the donor
- Donor -> MNC product -> CART manufacturing
- Many sources impact many downstream parameters
 - eg. MNC product content differs by indication and may lead to different manufacturing success rates.
- •Sequential processing is effective, inefficient at reducing variation
- Variation mitigation strategies are limited but evolving

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