

CAR-T cell therapy: Case study

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Honorable President of India launched India's first CAR-T cell therapy





CAR-T cell therapy: Cell & Gene therapy



CAR-T cell therapy: An Intent-to-Cure platform



Indian Context: CAR T Therapy access

- ~20,000 cases need CAR T-cell therapy per year
- ➢ BMT story in India
- 100+ centres; <5% in need get a transplant

NHL and Leukemia cases ~ 100,000/year*





Patients in India do not have "access" of "curative platform/technologies" due to high cost

- Global; demand-supply mismatch
- Huge unmet need
- The major obstacle is cost (Approx. \$ 0.5 million to 3 millions USD /patient



Availability in global north



Opportunity: This is just CAR-T, Cell & gene therapy is HUGE





India: Just got it First gene therapy approved (Oct 2023)





SYMMETRIC

Source: FDA



Approved Global CAR-T Therapies



US List Prices



Innovation is the key to affordability and improving access





Lower cost doesn't mean low quality

Same price- 300 USD; Same hotel chain; But notice the difference



Fairfield Inn, Marriott, New york



St.Regis, Marriott, Mumbai

Slide taken from Dr Hasmukh Jain presentation



Our Objective

Improving access of CAR-T cell therapy

- Affordable (Cost reduction by 10x)
- Scale

Our efforts: creating " Ecosystem" for "first-in-India" CAR-T therapy



Our Journey to Create Affordable CAR-Ts (2003-2023)



- Product and Technology development
- Clinical studies / clinical trial
- Knowledge Partner (subject matter expertise)
- Clinical translation



Dr Gaurav Narula



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Dr Nirali Shah



Dr Terry Fry



Dr Steven Highfill



Pre-clinical Studies

Robust Antitumor Activity and Low Cytokine Production by Novel Humanized Anti-CD19 CAR T Cells





ABSTRACT

Recent studies have described the remarkable clinical outcome of anti-CD19 chimeric antigen receptor (CAR) T cells in treating B-cell malignancies. However, over 50% of patients develop lifethreatening toxicities associated with cytokine release syndrome which may limit its utilization in low-resource settings. To mitigate the toxicity, we designed a novel humanized anti-CD19 CAR T cells by humanizing the framework region of single-chain variable fragment (scFv) derived from a murine FMC63 mAb and combining it with CD8 α transmembrane domain, 4-1BB costimulatory domain, and CD3 ζ signaling domain (h1CAR19-8BB ζ). Docking studies followed by molecular dynamics simulation revealed that the humanized anti-CD19 scFv (h1CAR19) establishes higher binding affinity and has a flexible molecular structure with CD19 antigen compared with murine scFv (mCAR19). *Ex vivo* studies with CAR T cells generated from healthy donors and patients with relapsed/ refractory B-cell acute lymphoblastic leukemia (B-ALL) expressing either h1CAR19 or mCAR19 showed comparable antitumor activity and proliferation. More importantly, h1CAR19-8BBζ T cells produced lower levels of cytokines (IFN γ , TNF α) upon antigen encounter and reduced the induction of IL6 cytokine from monocytes than mCAR19-8BBζ T cells. There was a comparable proliferation of h1CAR19-8BBζ T cells and mCAR19-8BBζ T cells upon repeated antigen encounter. Finally, h1CAR19-8BBζ T cells efficiently eliminated NALM6 tumor cells in a preclinical model. In conclusion, the distinct structural modification in CAR design confers the novel humanized anti-CD19 CAR with a favorable balance of efficacy to toxicity providing a rationale to test this construct in a phase I trial.



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Our Discovery Research, Process Development, & Clinical Manufacturing in India



Robust Antitumor Activity and Low Cytokine Production by Novel Humanized Anti-CD19 CAR T Cells

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Phase I (r/r lymphoma) (adolescent and adult)

Highly safe & robust

- 150+ patients treated
- ~ 70 % response rate
- Low toxicity



30th June 2021: Dr. Hasmukh Jain and his team infused CAR T cells in first lymphoma patient



NexCAR19 : A decade in Development 🔅 ImmunoACT





Distribution Model in India & Beyond

- Centralized Lentiviral vector Production from our cGMP facility in Navi Mumbai.
- At scale, regionally decentralized CAR-T cell therapy production hubs proximal to hospitals and decentralized CAR-T manufacturing.
- Logistics, Patient-Enrollment support, and training/observership programs/workshops for hospitals and other treatment centres.



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Our Goal – To Expand Affordable Access to ACTs in Territories that need them most **`**.:



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ImmunoACT team



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Thank You