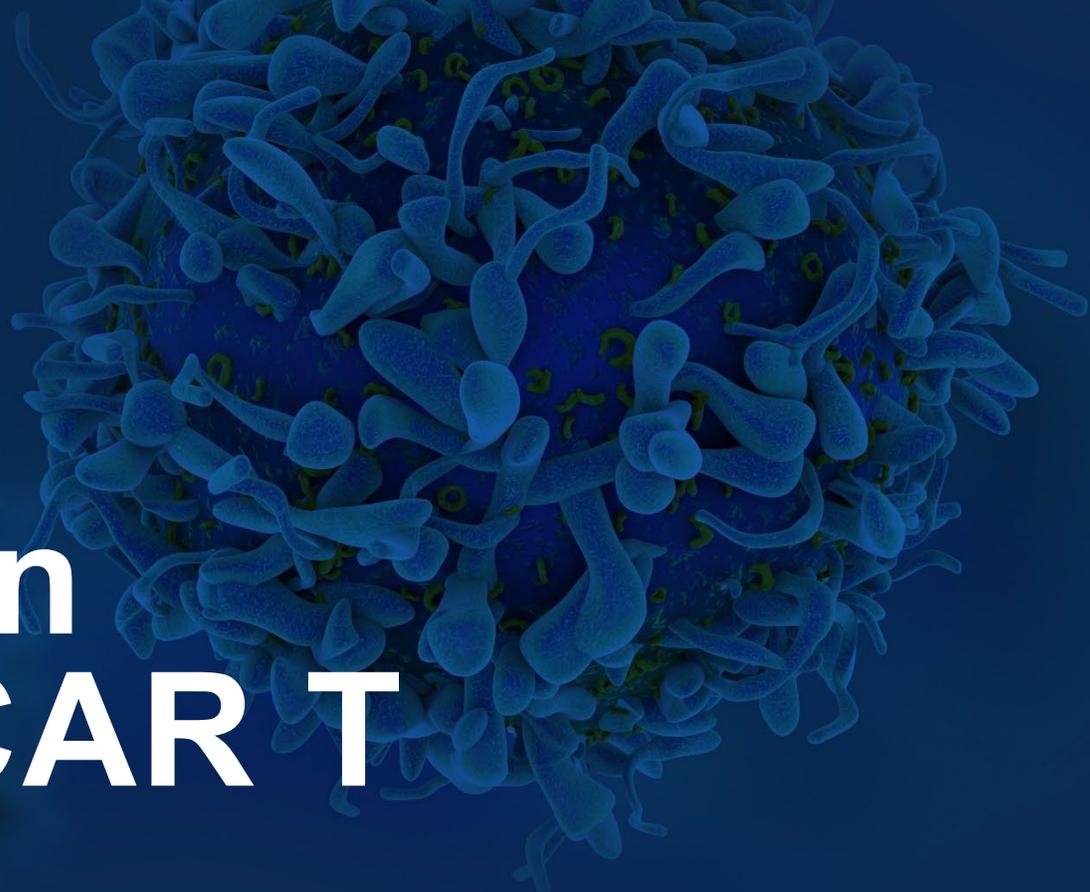


CAR T Therapy

Current Status

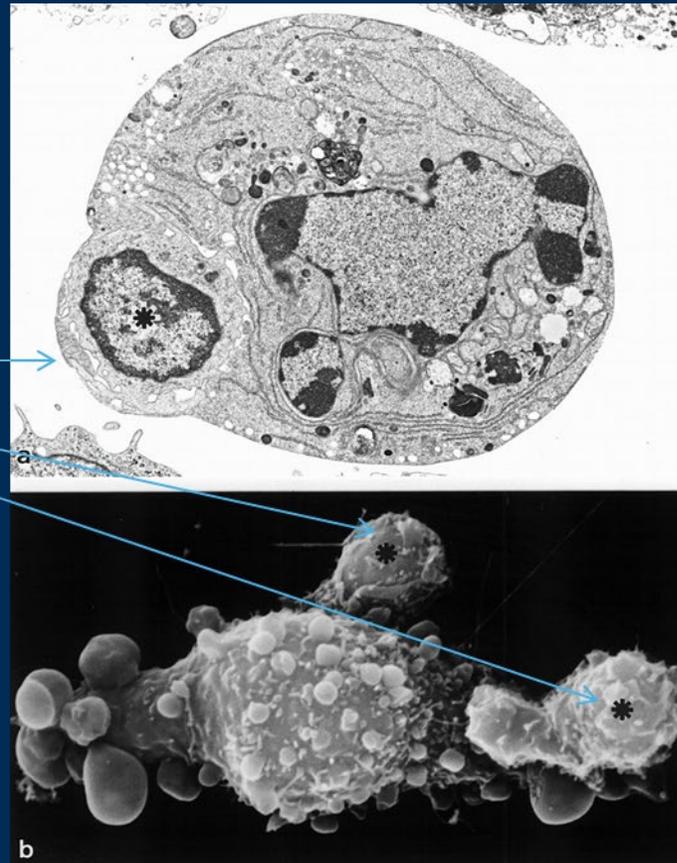
Future Challenges

Introduction Basics of CAR T Therapy



Cytotoxic T Lymphocytes are Specific and Potent Effector Cells

CTL



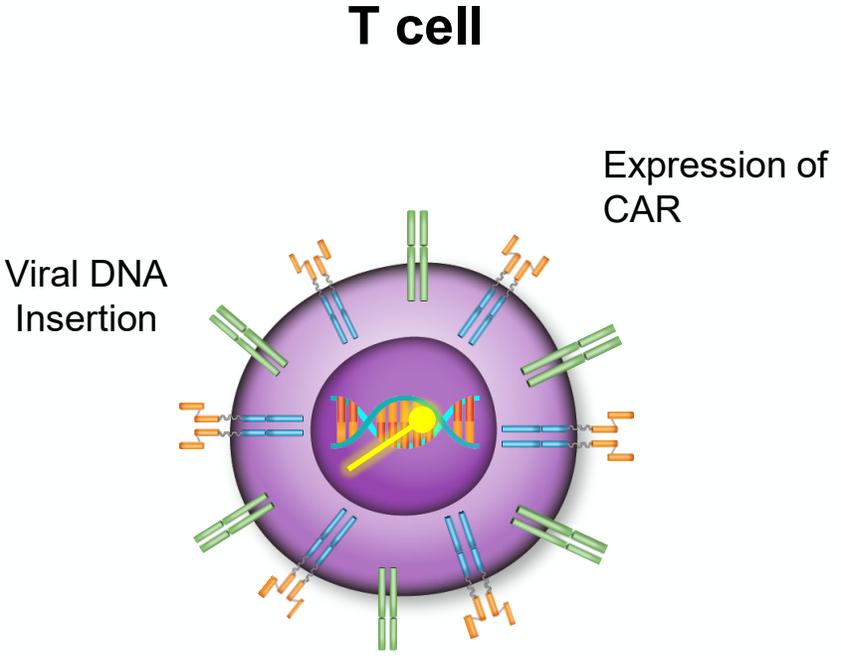
Ultrastructure of CTL-mediated apoptosis

The CTL protrudes deeply into cytoplasm of melanoma cell

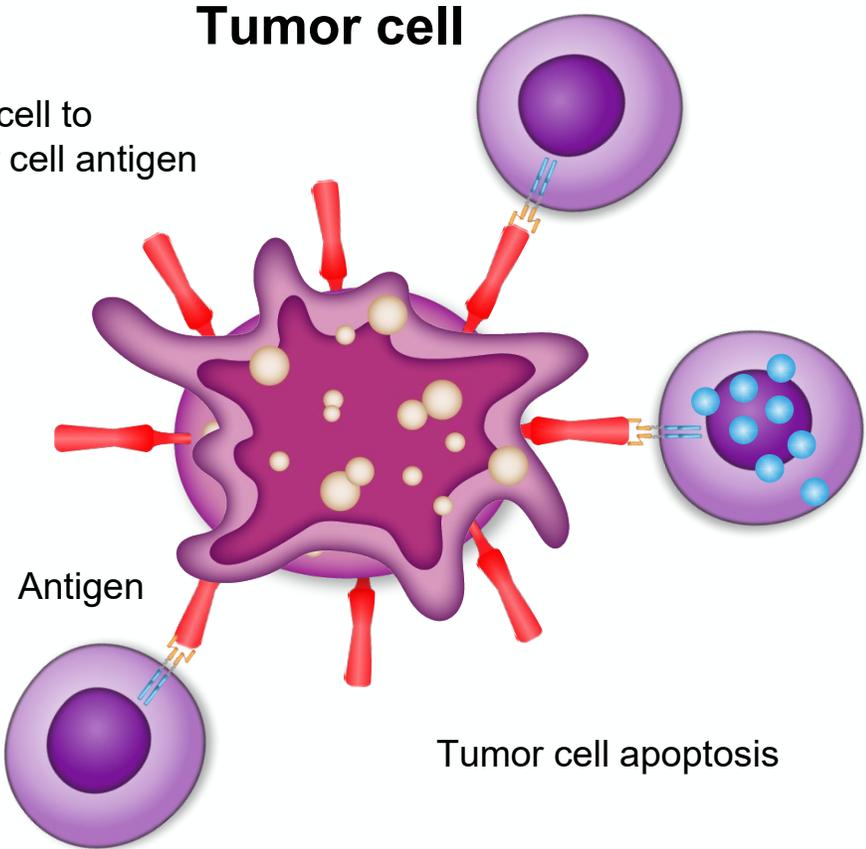
What is CAR T Therapy?

- CAR T therapy is the name given to chimeric antigen receptor (CAR) genetically modified T cells that are designed to recognize specific antigens on tumor cells resulting in their activation and proliferation eventually resulting in significant and durable destruction of malignant cells
- CAR T cells are considered “a living drug” since they tend to persist for long periods of time
- CAR T cells are generally created from the patients own blood cells although this technology is evolving to develop “off the shelf” CAR T cells

CAR T cells: Mechanism of Action



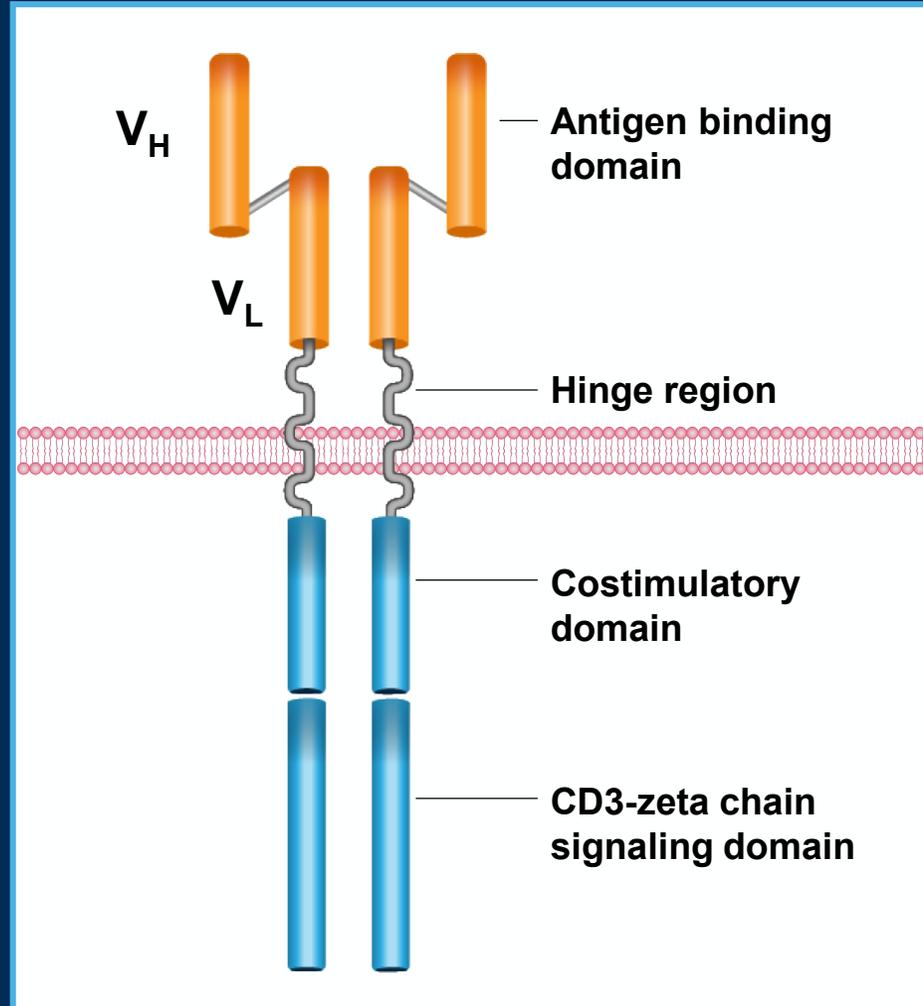
CAR enables T cell to recognize tumor cell antigen



CAR T cells multiply and release cytokines

Chimeric Antigen Receptors

Antigen Binding Domain



Activation Domains

scFv

Single-chain variable fragment (scFv) bypasses MHC antigen presentation, allowing direct activation of T cell by cancer cell antigens

Hinge region

Essential for optimal antigen binding

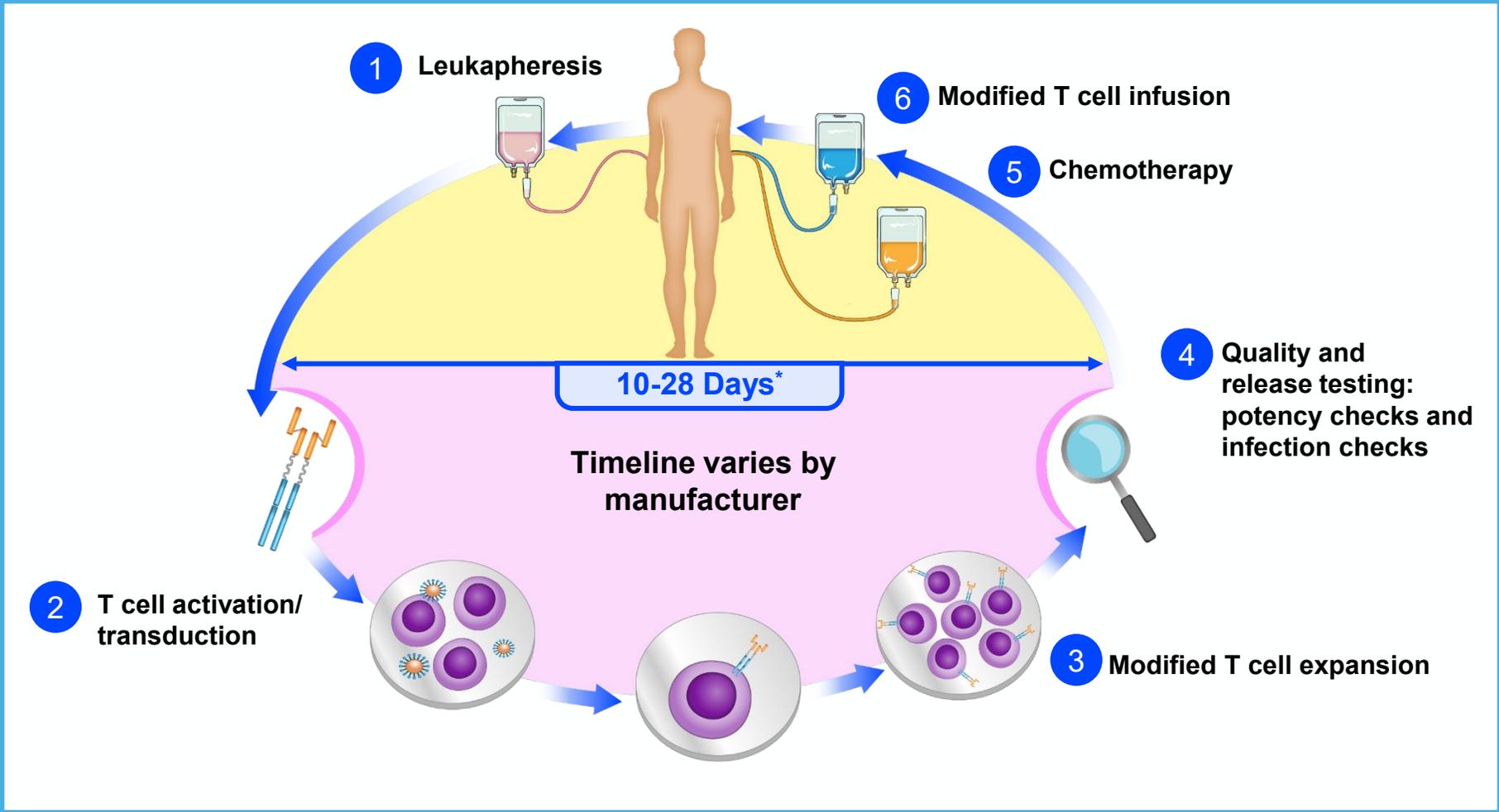
Costimulatory Domain: CD28 or 4-1BB

Enhances proliferation, cytotoxicity and persistence of CAR T cells

Signaling Domain: CD3-zeta chain

Proliferation & activation of CAR T cells
CAR T cell-mediated killing of tumor cells

Overview of CAR T Therapy

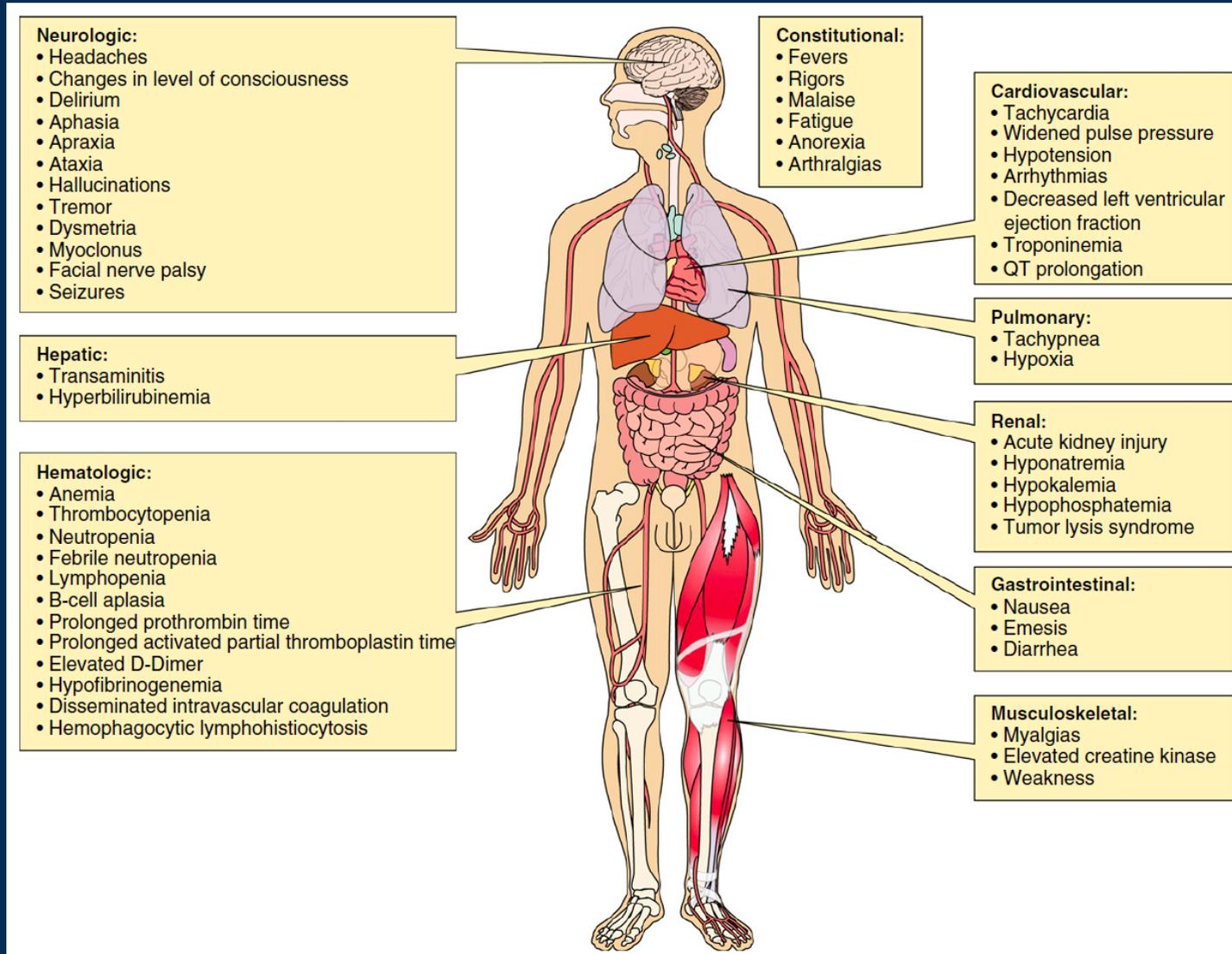


*Personal communication

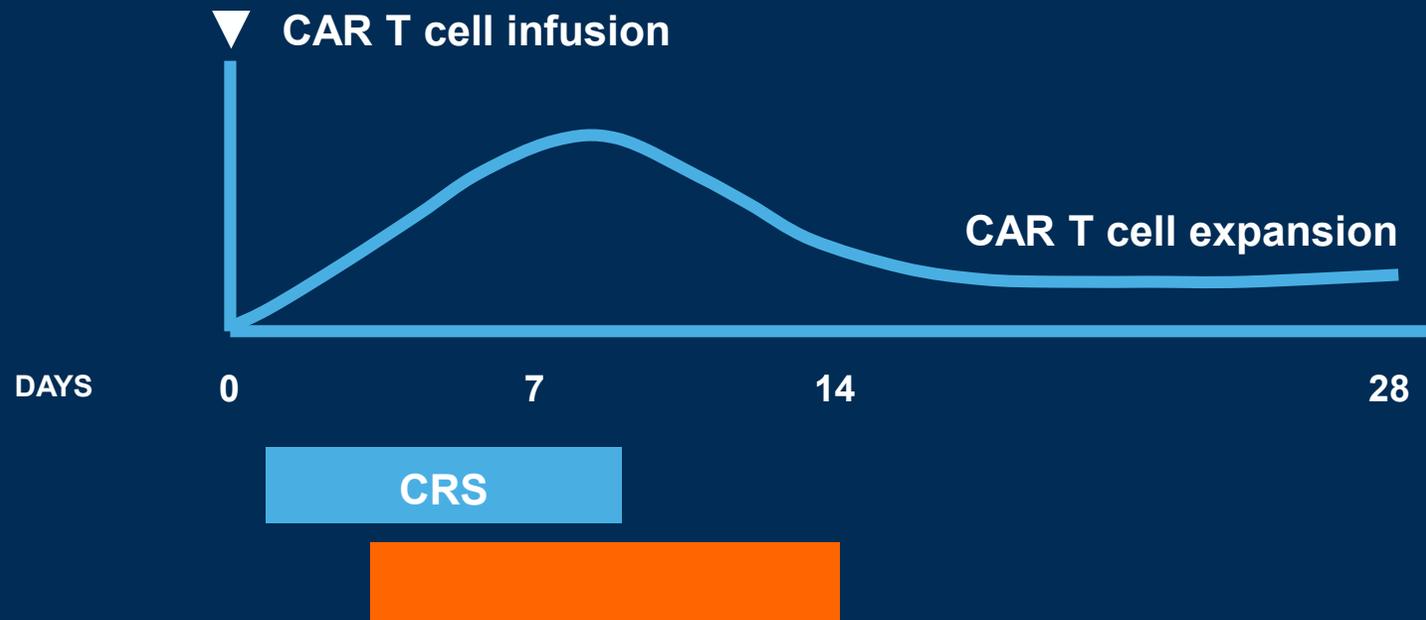
CAR T Therapy: Toxicity

- No significant acute infusional toxicity
- Tumor Lysis Syndrome
 - Rarely occurs; effector cell expansion requires time negating massive tumor lysis
- Cytokine Release Syndrome (CRS)
 - Life-threatening if not managed by expert multidisciplinary team
 - May include cardiac events, hepatotoxicity, or renal toxicity
- Neurologic Toxicity
 - 3 subtypes: acute, delayed, idiosyncratic
- Cytopenias
 - Macrophage Activation Syndrome (MAS) or HLH is a very rare and severe form
- B cell aplasia and hypogammaglobulinemia

CRS Toxicities by Organ System

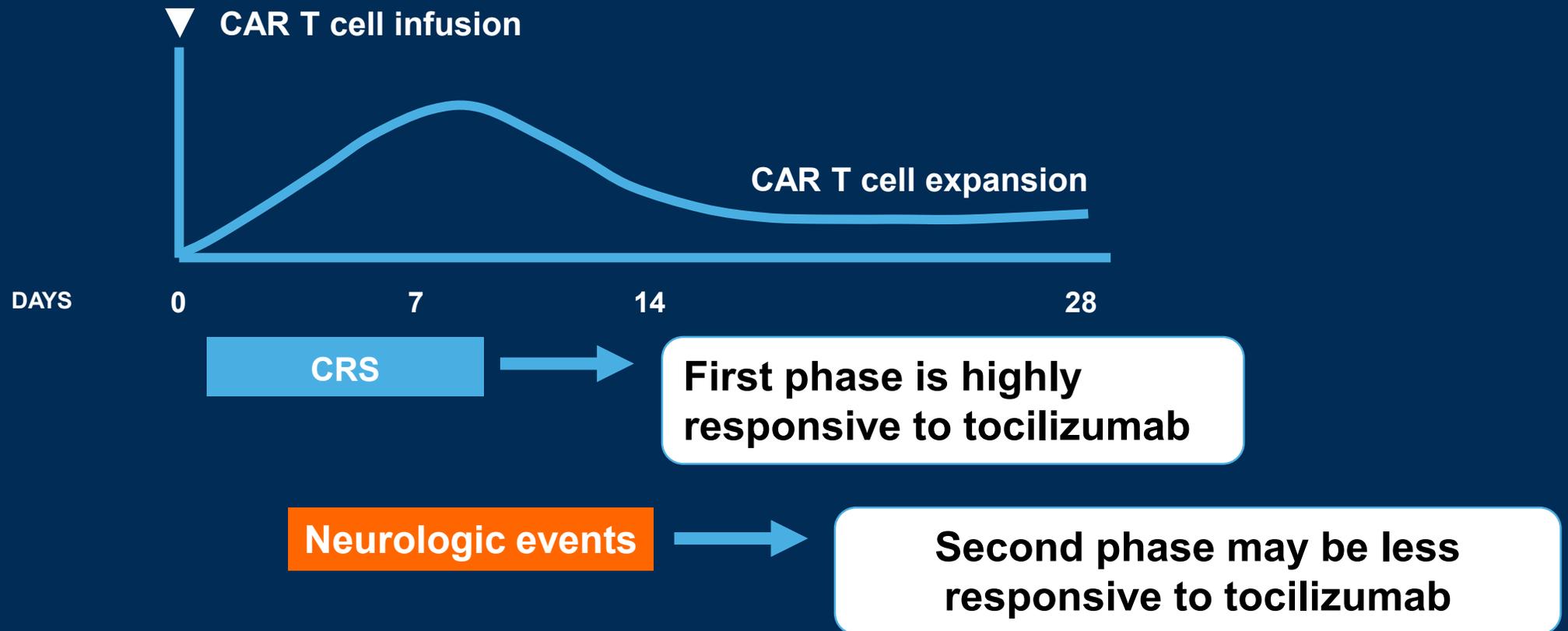


Typical Onset and Resolution of CRS and Neurologic Events



May occur within minutes or hours but generally appears within days or weeks
Coincides with maximal T-cell expansion

CRS Response to Tocilizumab is Biphasic



Current Status

Current Status

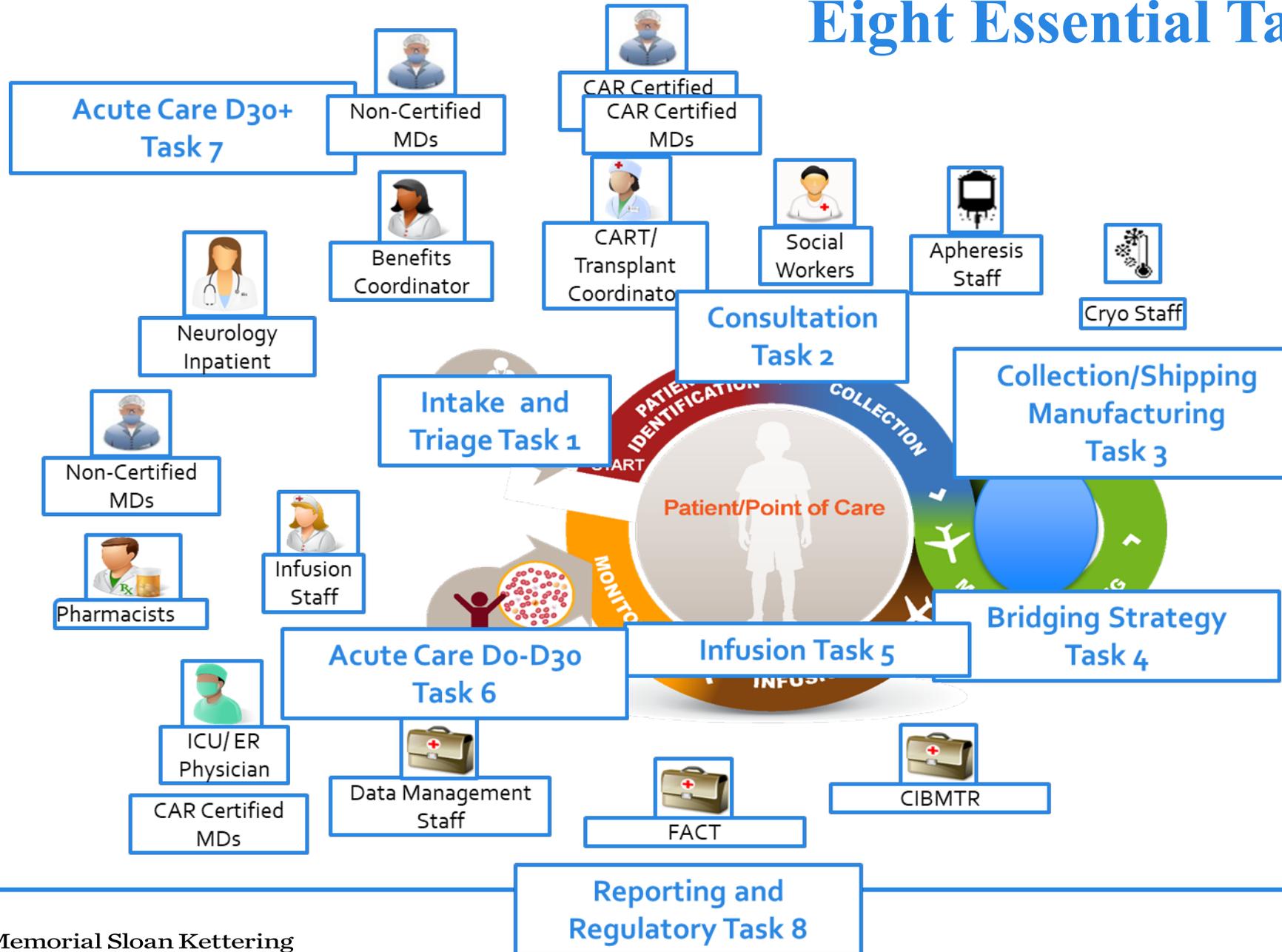
THREE PRODUCTS APPROVED

- Three products FDA Approved
- Kymriah
 - RR Acute Lymphoblastic Leukemia – Less than 25 years of age
 - Diffuse Large B Cell Lymphoma
- Yescarta
 - Diffuse Large B Cell Lymphoma
- Tecartus
 - Mantle Cell Lymphoma

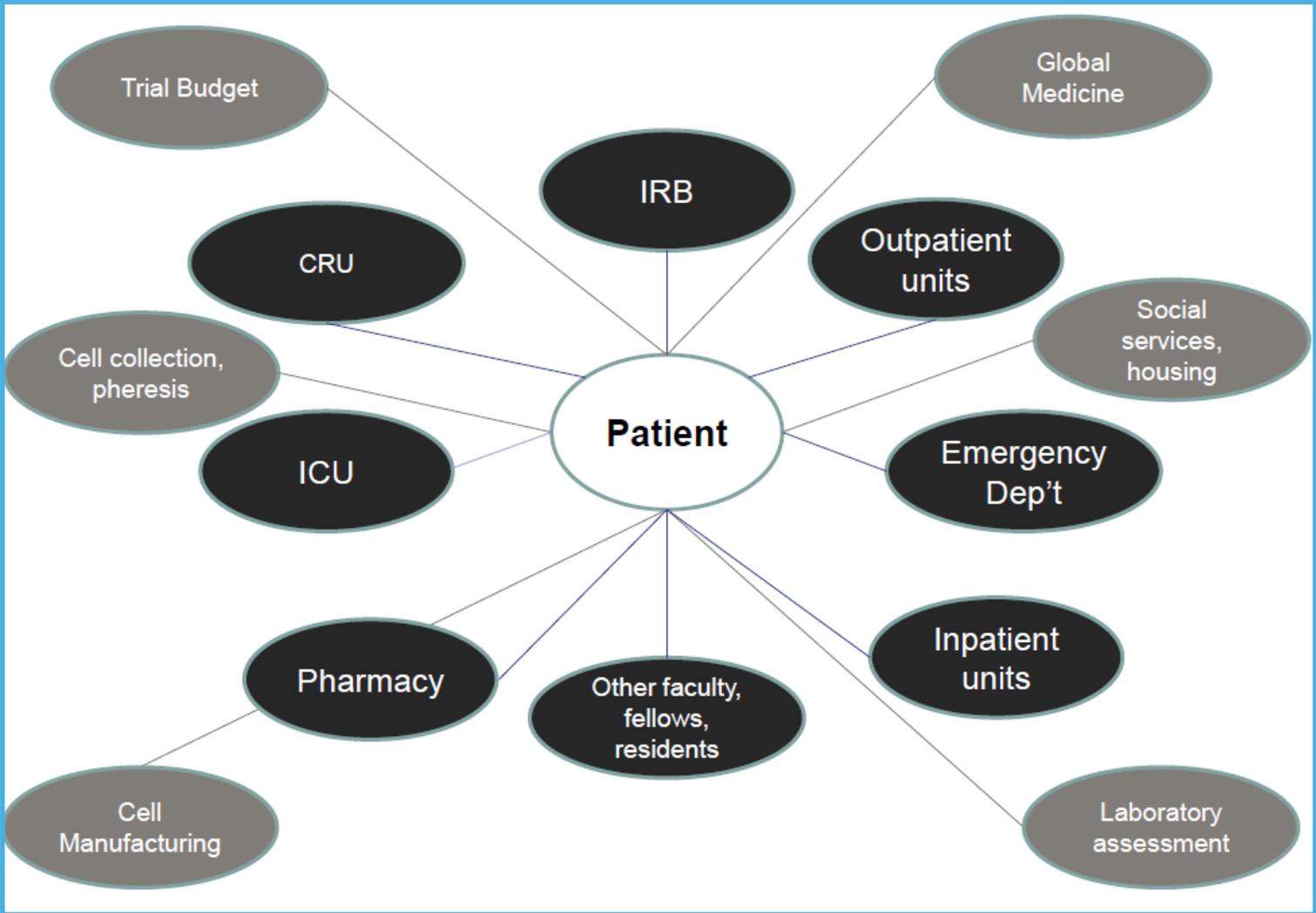
ISSUES

- Apheresis resources are currently being stretched thin
- Products can only be infused in FACT accredited programs. Patients require caregivers and to stay locally for 4 weeks. Thus access is a major issue
- Toxicities require hospitalization. Inpatient beds are becoming an increasing issue for large programs
- Significant investment in developing the infrastructure and resources needed to start a CAR T program.
- Limited trained medical, and non medical personnel to staff programs

Eight Essential Tasks



Best Practices: Ensure Crosstalk between Clinical, Nursing, Financial, and Coordination Teams



Cellular Immunotherapy Data Resource (CIDR) Updates and Governance

CIDR Stakeholders' Council
October 4th, 2019

Overview of CIDR Objectives

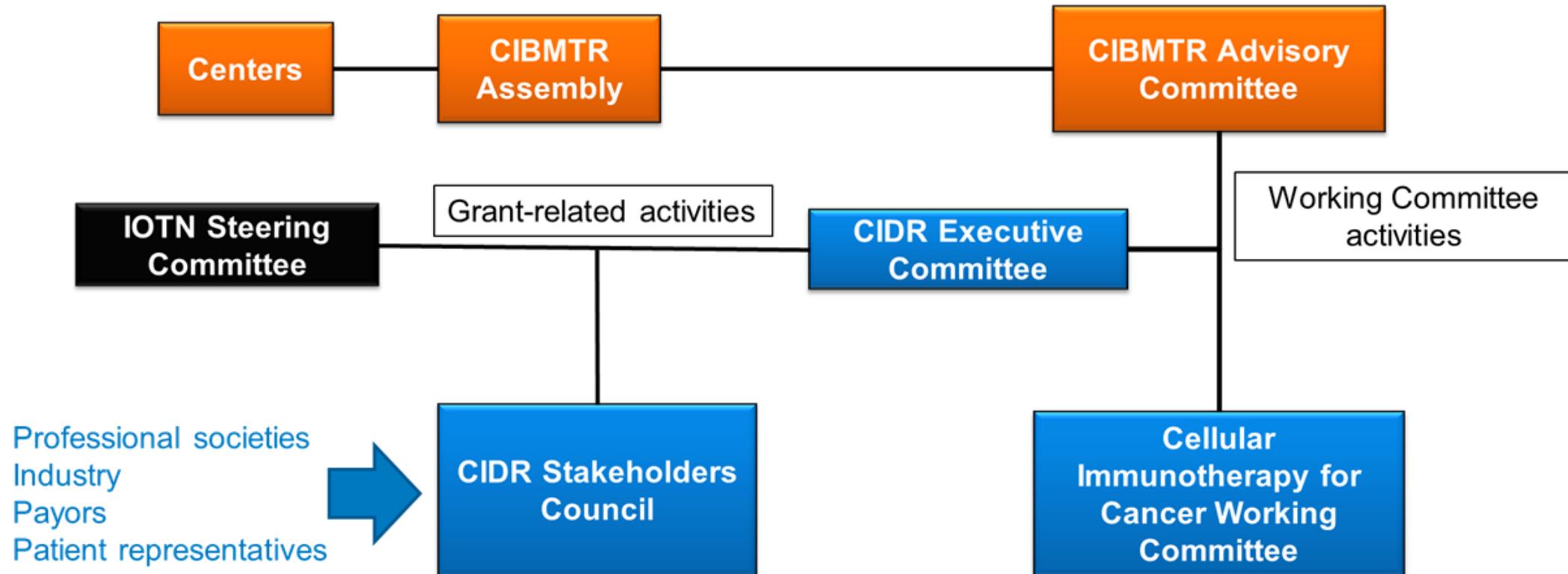
- Build the CT registry for cancer as a resource to the medical community
- Incentivize projects that will build the infrastructure
- Create systems and initiatives to maximizes its use
- Leverage the relationship with IOTN and other partners to sustaining the programs and broadening its reach.

CIDR Governance



CELLULAR IMMUNOTHERAPY DATA RESOURCE

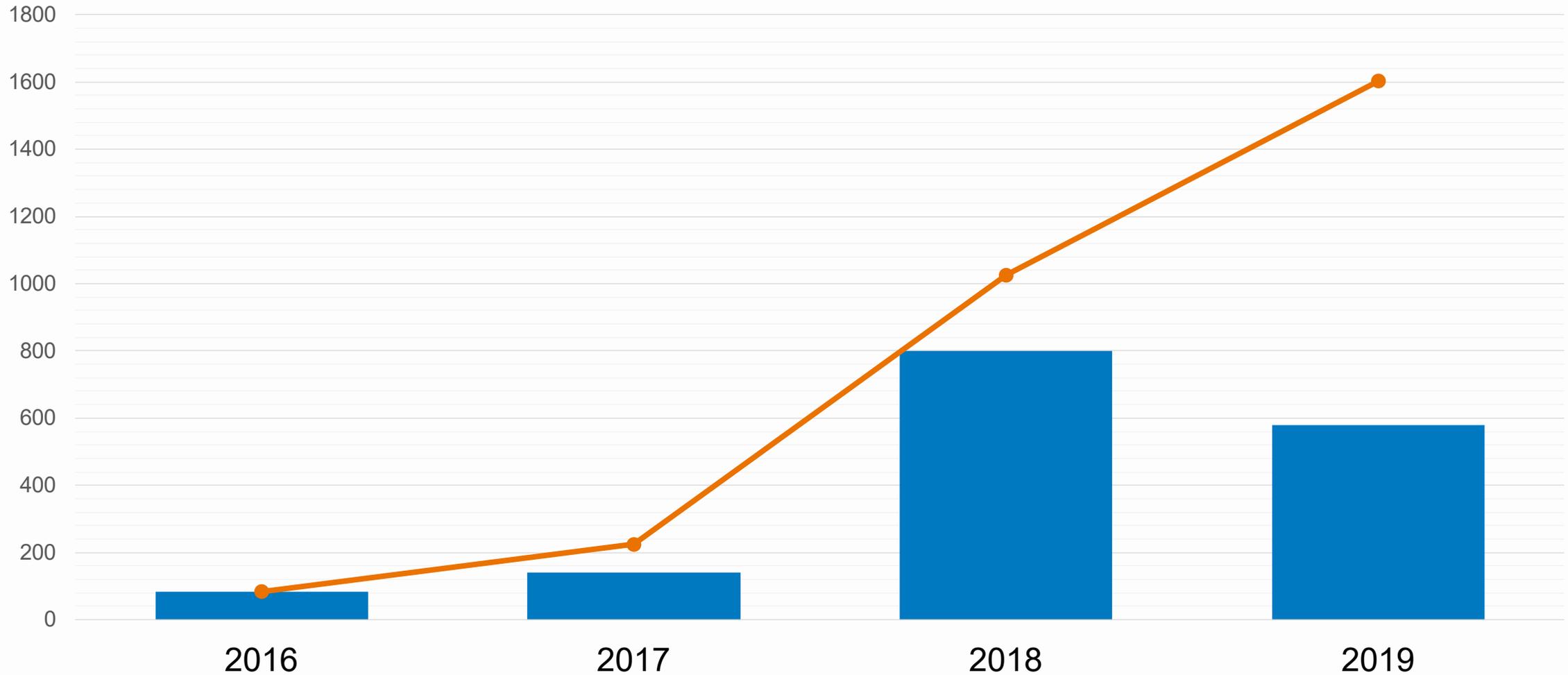
CIBMTR Existing Governance Structure



Number of CAR T cell infusions: 2016-2019 (1,603 patients)



CELLULAR IMMUNOTHERAPY DATA RESOURCE



Cumulative

Data Incomplete for 2019

Active Projects utilizing the CT Registry

Project	Sponsor	Objective	Timeline/Duration
Yescarta LTFU (Axicabtagene ciloleucel)	Kite	Safety and efficacy outcomes (PASS) N=1,500 Diseases: NHL	5 years of accrual 15 years of follow up
Kymriah LTFU (Tisagenlecleucel)	Novartis	Safety and efficacy outcomes (PASS) N=2,500 Diseases: NHL and ALL	5 years of accrual 15 years of follow up

CIDR Year 2 and beyond

- Ongoing Data Quality Initiatives
 - Metrics for data submission (CPI), updating forms, site training and Data Audit
- Implementation of PRO
- REMS reporting tool
- Post marketing studies

Future State

Likely FDA Approvals for 2021

NEW INDICATIONS & PRODUCTS

- Myeloma
 - IdeCel-Likely Q1 2021 – 1000+ infusions a year for RRMM
 - J&J BCMA CAR
 - JUNO BCMA CAR
- Adult ALL CD19 CAR
- CLL

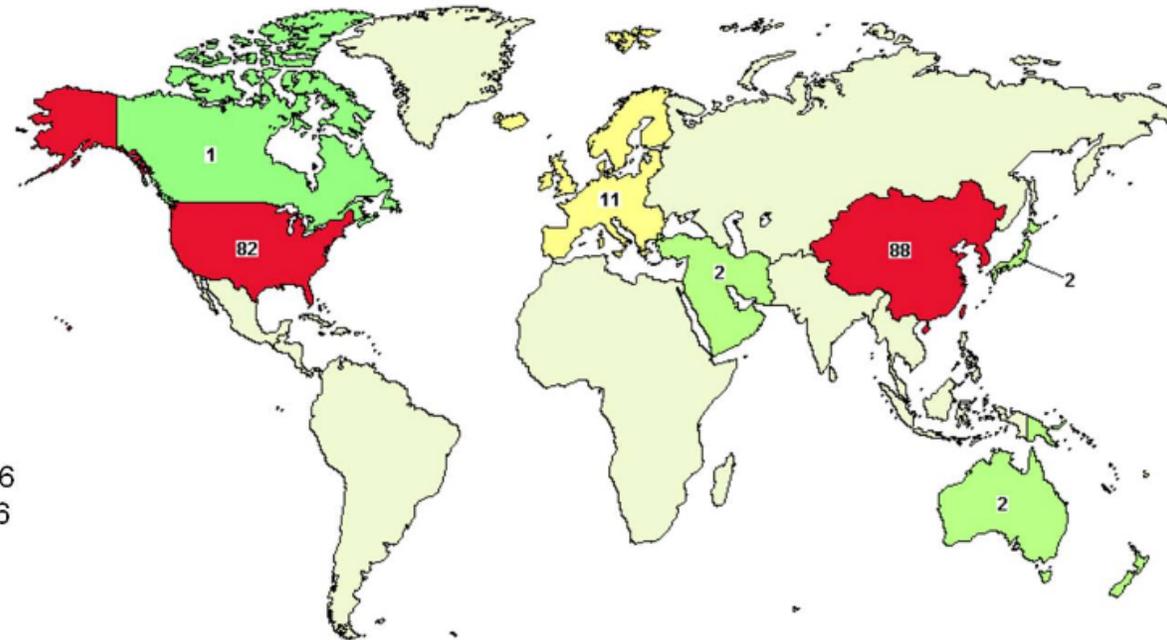
ISSUES/COMPETITORS

- Access and resources will be major issues as volume increases
- Off the shelf CAR T not ready for prime time but being developed
- BITE will soon become commercially available. These are “off the shelf” products that will directly compete with CAR T therapy.
- How they will be used or sequenced uncertain but likely will be used frequently in community practices



CAR T Therapy is a Rapidly Growing Technology

CAR T Cell Trials Are Now Global



123 – May 19, 2016
102 – Feb 26, 2016
88 – Dec 10, 2015
77 – Sept, 2015
<5 - 2010

Clinical trials.gov search term “chimeric antigen receptor”
183 trials ongoing as of April 23, 2017

Ongoing CAR Trials in Hematologic Malignancies

	Number of Clinical Trials			Targets Currently Being Investigated
	Total	Phase 1	Phase 2	
Lymphoma	105	89	44	
B cell Lymphoma	56	47	25	CD19, CD20, CD22, CD30
ALL	43	37	17	CD19, CD22, CD7
CLL	36	30	18	CD19, CD20, CD22
Non-Hodgkin Lymphoma	67	58	29	CD19, CD30, CD22, CD20
DLBCL	24	20	14	CD19, CD20, CD22
MCL	16	14	11	CD19, CD20, CD22
FL	15	13	9	CD19, CD20, CD22
Burkitt Lymphoma	14	13	5	CD19, CD20, CD22
Hodgkin Lymphoma	11	9	3	CD19, CD30, NY-ESO
Leukemia	90	76		
B cell Leukemia	36	30	17	CD19, CD5, CD20, CD22, CD30, CD33, CD123, BCMA
AML	12	9	3	CD7, CD33, CD123
MM	13	11	4	CD19, BCMA, CD138, NY-ESO

Ongoing CAR Trials in Solid Tumors

	Number of Clinical Trials	Targets Currently Being Investigated
Astrocytoma	7	HER2, EGFRvIII, IL13R α 2
Glioblastoma	7	HER2, EGFRvIII, IL13R α 2, NY-ESO
Breast	13	HER2, EpCAM, cMET, Mesothelin, ROR1, MUC1, CEA, CD70, CD133, NY-ESO
Colorectal	9	CEA, EGFR, MUC1, HER2, CD133,
HCC	11	Glypican-3 (GPC3), MUC1, EPCAM, NY-ESO
NSCLC	5	PD-L1, MUC1, ROR1, CEA, NY-ESO
Melanoma	3	cMET, GD2, CD70, NY-ESO
Mesothelioma	4	FAP, mesothelin
Neuroblastoma	8	GD2, CD171, NY-ESO
Ovarian	7	Mesothelin, CD70, HER2, CD133, CEA, NY-ESO
Pancreatic	13	Mesothelin, Prostate Stem Cell Antigen (PSCA), CD70, MUC1, HER2, CD133, NY-ESO
Stomach	8	EPCAM, CEA, MUC1, HER2, NY-ESO
Thoracic	5	MUC1, ROR1, PD-L1

Summary

- CAR T cells are a major therapeutic breakthrough for lymphoid malignancies (NHL, ALL and Myeloma)
- Their use is associated with unique toxicities and require specialized resources and personnel.
- Their cost are likely to be a major problem that has yet to be addressed.
- Access will depend on supporting the development of specialized centers across the country with adequate personnel and resources.