



Personalized vaccines in immuno-oncology

Prof. Virgil Păunescu, MD, PhD

UMF “Victor Babeș” Timișoara, Department III - Functional Sciences
SCJU “Pius Brînzeu” Timișoara, OncoGen Centre



1. CAR-T/NK cells immunotherapies

Personalized Approaches in Immuno-oncology

CAR-T Cells Revolution



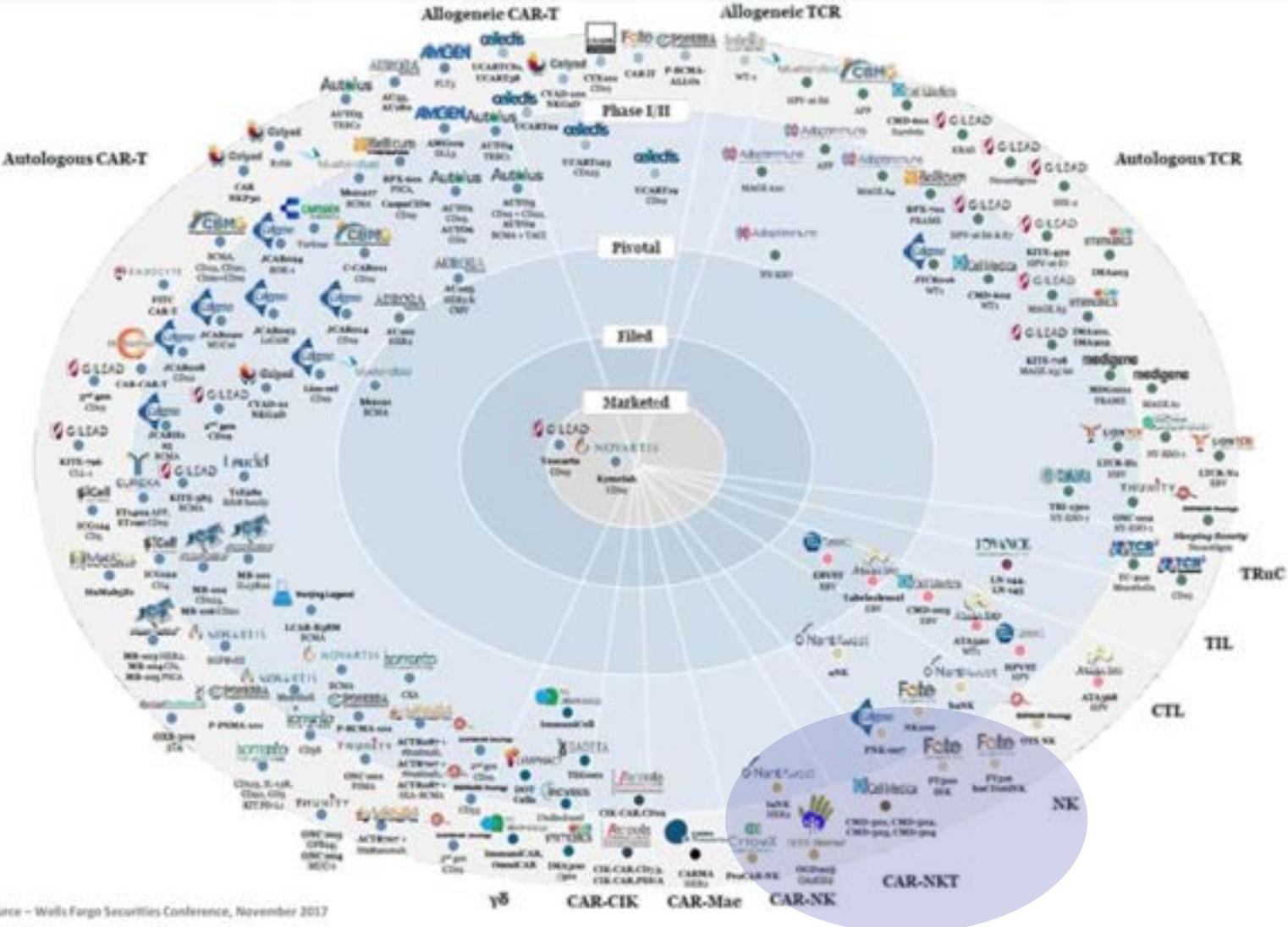
30 August 2017 - FDA approves Novartis' [Kymriah](#) as first CAR-T cancer immunotherapy for refractory B cell ALL

18 October 2017 - Kite's [Yescarta](#) is approved for the treatment of adult patients with relapsed or refractory large B cell lymphoma

“This remarkable approval is the beginning of what we see as a chance to transform the way in which we treat cancer.”

Helen H. Heslop, MD, President of the American Society of Gene & Cell Therapy

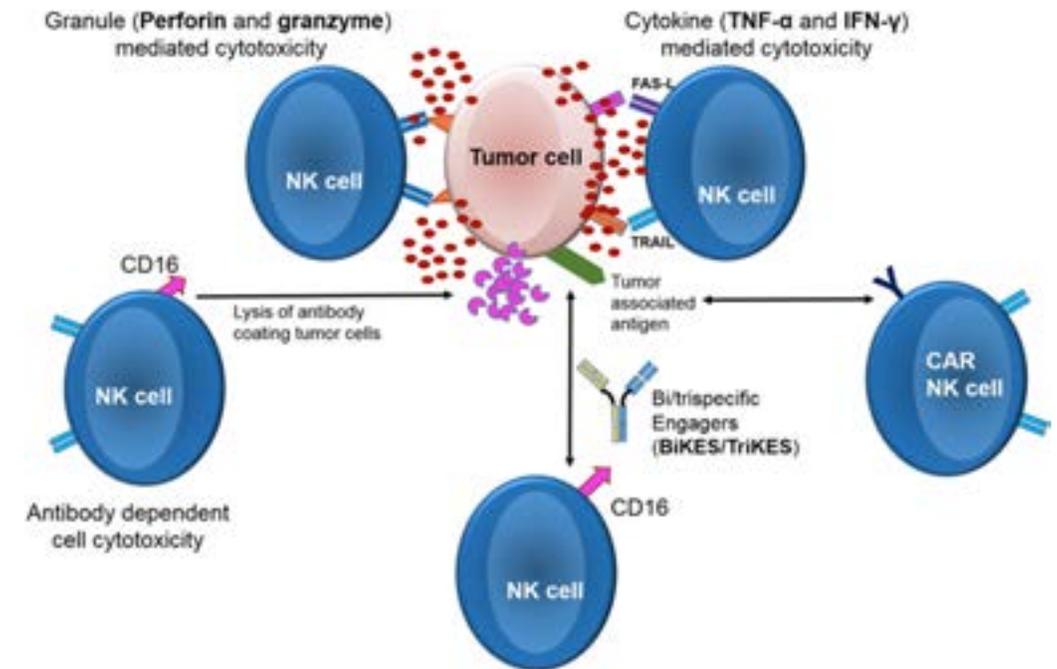
Global Landscape of Adoptive Cell Therapies



A Better Platform for CAR-based Therapies?

Advantages of equipping a mixed population of NK-polarized activated peripheral blood derived killer cells with a chimeric antigen receptor directed against a tumor antigen:

- a **broad non-MHC restricted recognition** of diverse tumor targets through either the CAR, NK-cell activating receptors or endogenous TCR receptors of NKT cells triggered by glycolipids presented via CD1d
- a combination of NK, NKT and CTLs can target both MHC class I expressing cancer cells as well as those that have downregulated their MHC expression
- potent cytolytic activity sustained by **multiple modes of killing**
- even low numbers of NKT cells administered with T cells have a significant role in **reducing GVHD**, thus supporting allogeneic immunotherapy
- less manipulation and **better *ex vivo* expansion**



CAR-NK Clinical Trials

Row	Clinical trial identifier	CAR target	Disease	Status	Phase	NK cell source	Study location
1	NCT03692767	CD22	Refractory B-cell lymphoma	N	I	U	Allife Medical Science and Technology Co., Ltd., Beijing, China
2	NCT03690310	CD19	Refractory B-cell lymphoma	N	I	U	Allife Medical Science and Technology Co., Ltd., Beijing, China
3	NCT03692663	PSMA	Prostate cancer	N	I	U	Allife Medical Science and Technology Co., Ltd., Beijing, China
4	NCT03692637	Mesothelin	Epithelial ovarian cancer	N	I	U	Allife Medical Science and Technology Co., Ltd., Beijing, China
5	NCT03415100	NKG2D ligands	Solid tumours	R	I	Auto/allo PBMCs	The Third Affiliated Hospital of Guangzhou Medical University, China
6	NCT02944162	CD33	Leukemias	U	I/II	NK92	PersonGen Bio Therapeutics Co., China
7	NCT02892695	CD19	Leukemia/lymphoma	R	I/II	NK92	PersonGen Bio Therapeutics Co., China
8	NCT03579929	CD19	Leukemia/lymphoma	N	I/II	CB	M.D. Anderson Cancer Center, USA
9	NCT03056339	CD19	Leukemia/lymphoma	R	I/II	CB	M.D. Anderson Cancer Center, USA
10	NCT03383978	5.28	Glioblastoma	R	II	NK92	Johann W. Goethe University, Germany
11	NCT02742727	CD7	Leukemia/lymphoma	R	I/II	NK92	PersonGen Bio Therapeutics Co., China
12	NCT02839954	MUC1	Solid tumours	R	I/II	U	PersonGen Bio Therapeutics Co., China
13	NCT03049449	CD30	Lymphomas	R	I	U	National Institutes of Health Clinical Center, USA
14	NCT02274584	CD30	Lymphomas	U	I/II	U	University of Florida, US & Peking University Cancer Hospital, China

CAR, chimeric antigen receptor; NK, natural killer; N, not yet recruiting; R, recruiting, U, unknown.



CAR-NK Objective

- To develop an experimental **prototype of novel CARs** (chimeric antigen receptors), specifically suited for NK (natural killer) cell-based therapies in cancer

Chimeric Antigen Receptor Targeted Oncoimmunotherapy with Natural Killer cells - code SMIS 103662

General information

Name of applicant: Emergency Clinical County Hospital „Pius Brinzeu” Timisoara

Priority Axis: Research, technological development and innovation (RD&I) to support economic competitiveness and business development

Project category: Attracting high-level personnel from abroad in order to enhance the RD capacity

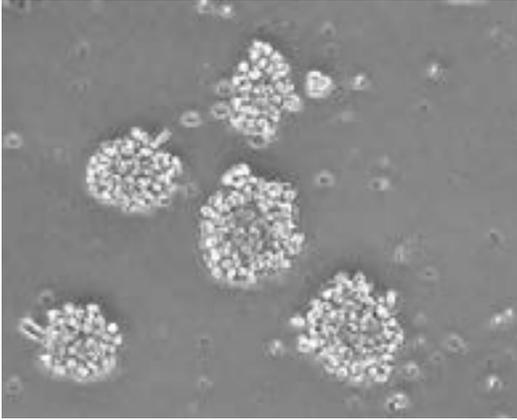
Area and sub-area of the project: 5 Health; 5.1 Early diagnosis, personalized treatment, monitoring and prognostic oncology

Duration of the project: 48 months

Project Director: Rauf Bhat, PhD

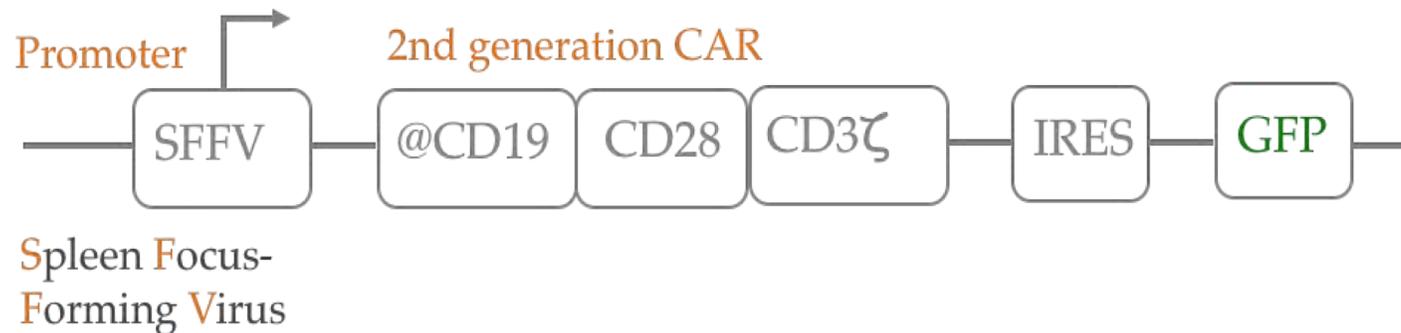


Generation of anti-CD19 CAR-NK92



NK-92 cells cultured in XVIVO10 medium + 5%HuPlasma + 500U/mL IL-2 were transduced with LentiONE vectors (GEGTech), at MOI=20-50, in the presence of BX795 and polybrene.

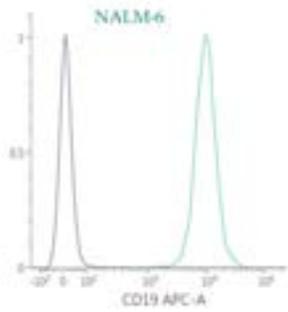
- vector from Wels group at Georg Speyer Haus, Frankfurt; lentivirus produced at OncoGen



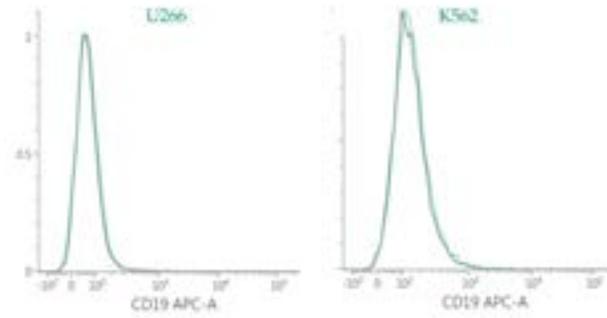
- 2nd generation LV expression plasmid, with 4th generation Lenti-X packaging system (Clontech)

CAR-NK92 Cells Kill Target Cells Specifically

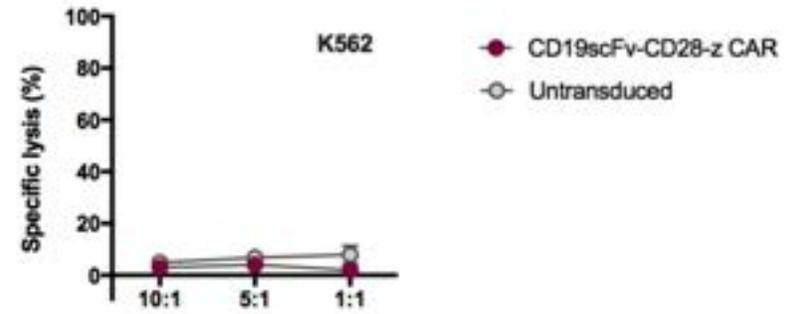
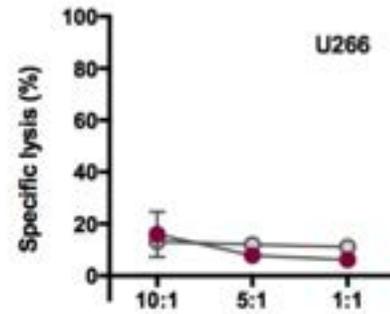
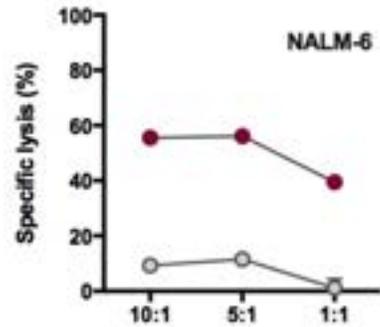
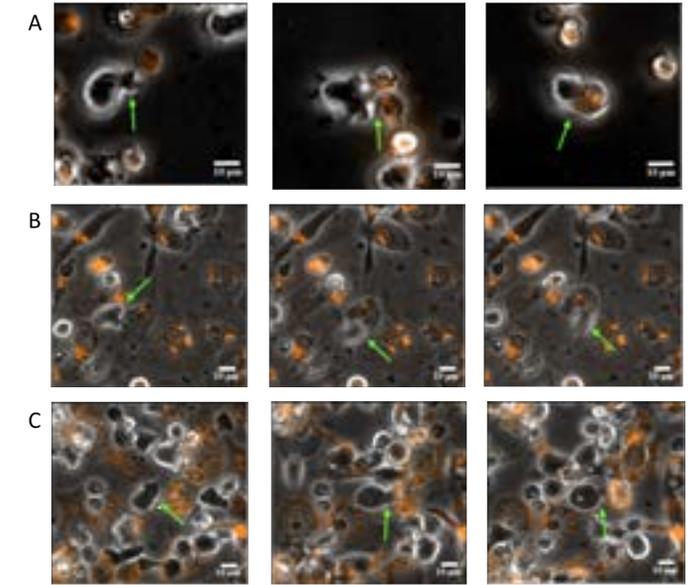
CD19+ target cells



CD19- target cells



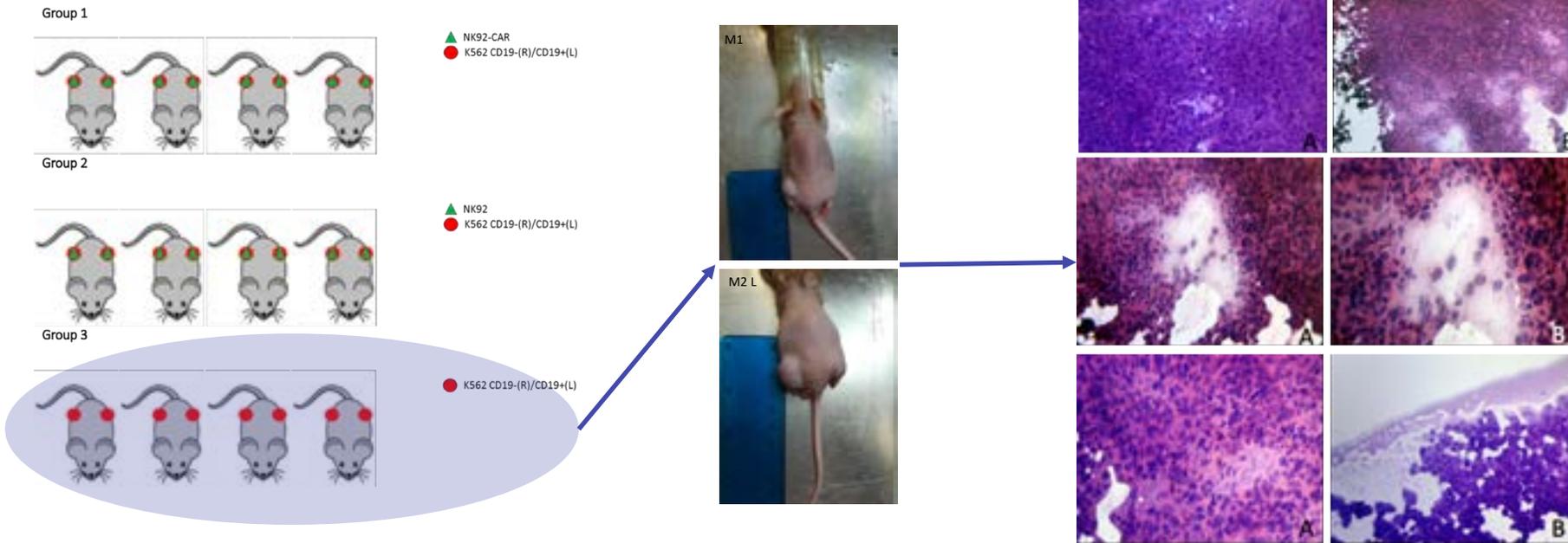
— Unstained control
— CD19-stained



● CD19scFv-CD28-z CAR
○ Untransduced

Animal Model

- Effector cells: NK92-CAR (anti-CD19) and NK92 cells
- Target cells: K562 CD19- and K562 CD19+ cells

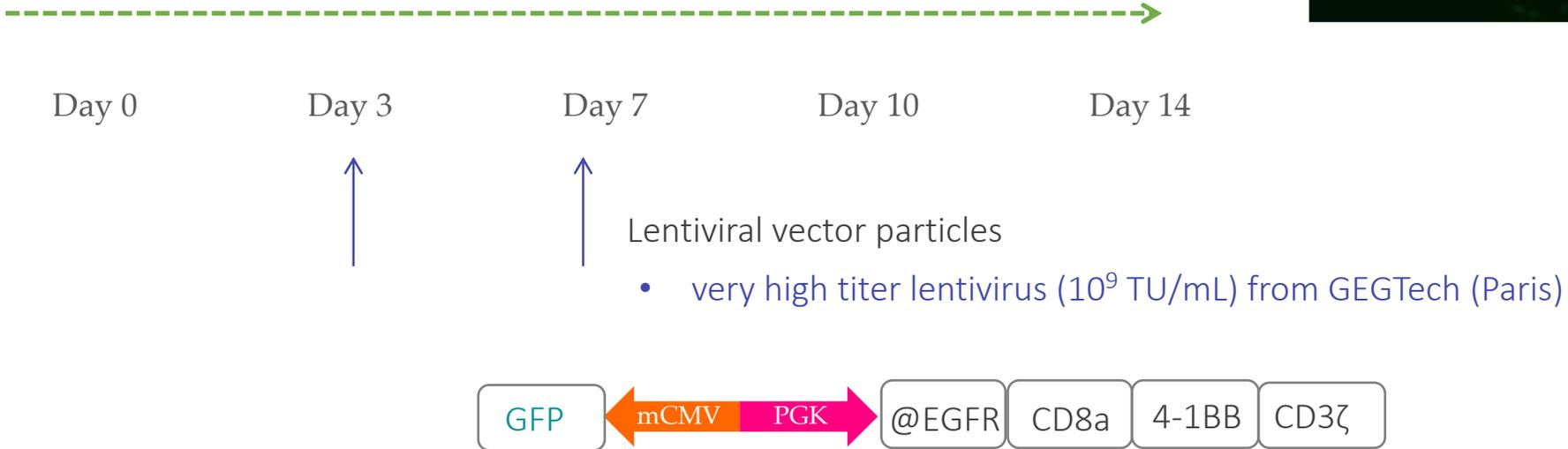
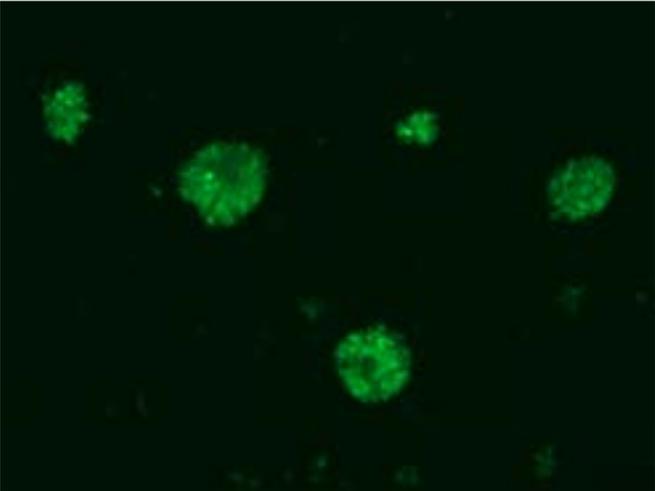


Ex vivo aspect of tumors in HE staining showed hypercellularity, plaque-forming units, mononuclear cells with atypical mitosis

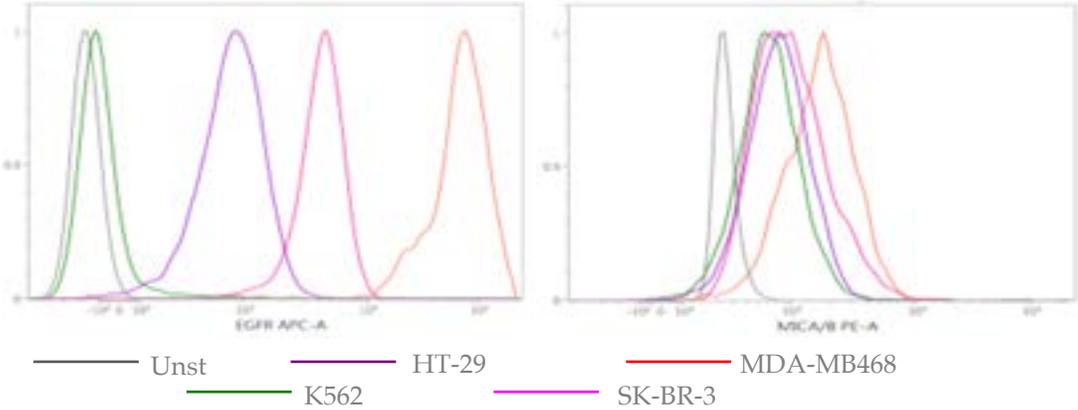
- 6 weeks after daily monitoring the mice, tumors growth and development was detected only in control group

Generation of anti-EGFR CAR Cells

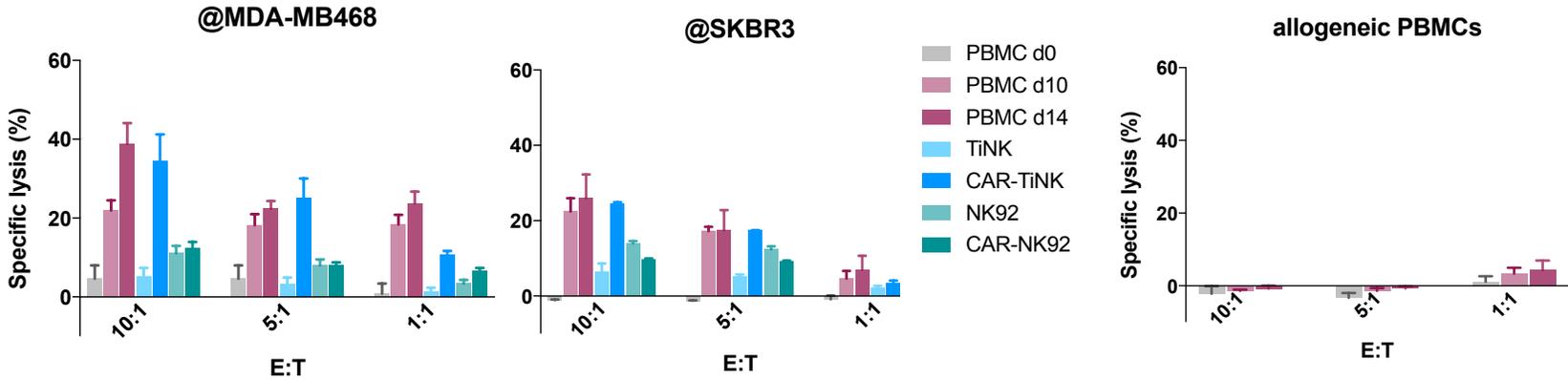
- Transduction by spinoculation, followed by incubation with the virus for 24hrs;
- Cell were transduced after activation with cytokines for 3 or 7d.



Cytotoxicity against EGFR+ Targets



Target cells were adherent tumor cell lines MDA-MB-468, SK-BR-3, HT-29, which were analyzed for the expression of EGFR, as well as NKG2D ligand MICA/B by flow cytometry.



- When transduced with an anti-EGFR-CAR, NK cells will specifically kill EGFR+ tumor cells, but not self or allogeneic healthy cells.

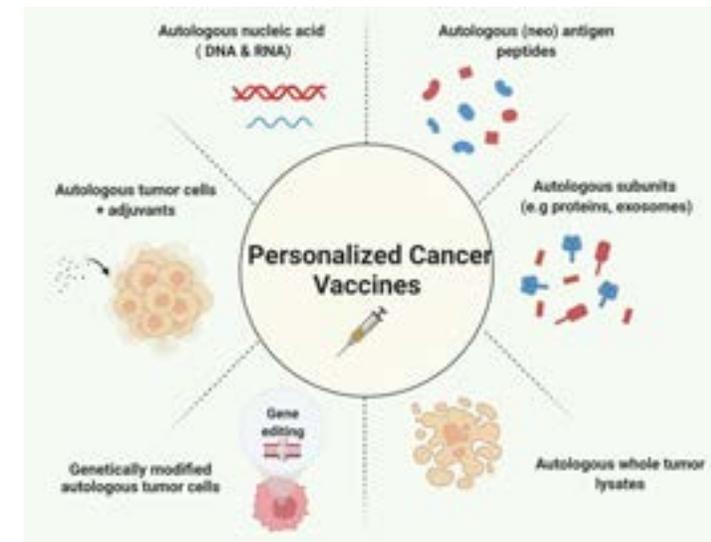


2. Anti-tumor vaccines

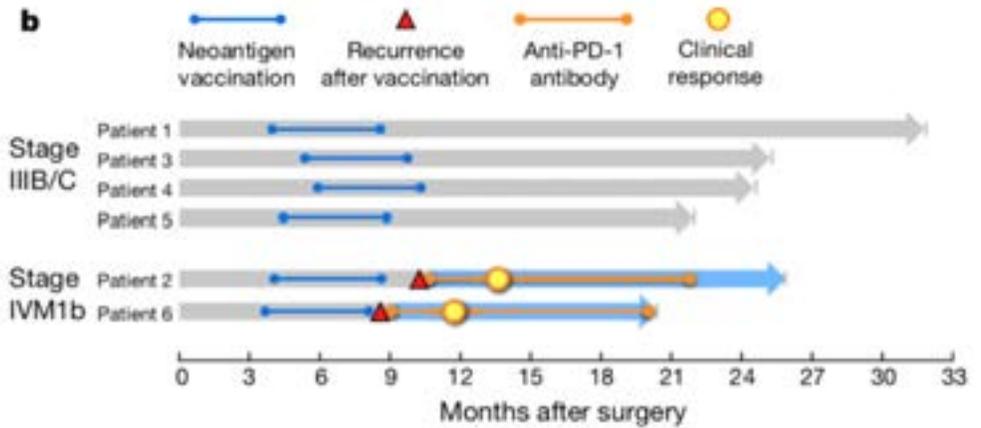
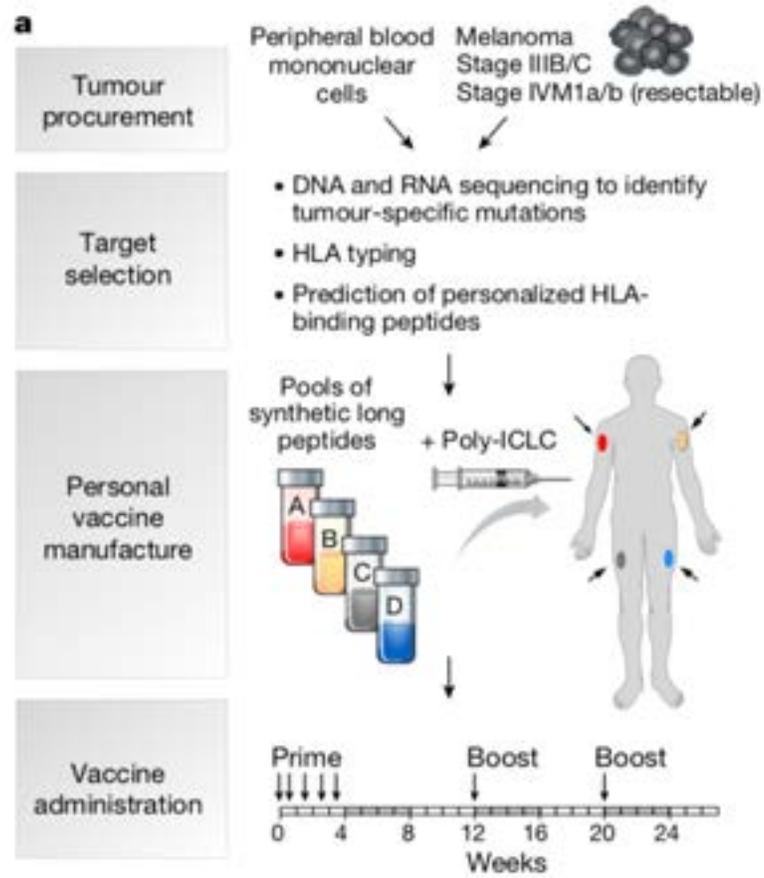
Personalized Approaches in Immuno-oncology

Conventional anti-tumor immunotherapy - Vaccines

- **Sipuleucel-T (Provenge™)** – prostate metastatic cancer; DCs are pulsed with HLA-A*02:01-restricted peptides derived from prostate specific membrane antigen (PSMA);
- **GVAX** - autologous vaccin with GM-CSF transduced cells; GVAX recruits DCs for tumor antigen presentation and activation of CTLs;
- **Canvaxin™** - 3 melanoma cell lines combined with BCG as adjuvant for melanoma;
- **Belagenpumatucel-L** – allogenic vaccine containing 4 genetically modified NSCLC tumor cell lines which secrete anti-sense oligonucleotides for immunosuppressor TGF-β2 cytokine;
- **Oncophage/Vitespen** – Gp96 in renal cancer;
- **Trovax** – MVA (modified vaccinia strain Ankara) vector-based vaccine for renal cancer – targets 5T4 antigen;
- **CimaVax-EGF** – N. Meningitidis + EGF vaccine in NSCLC;
- **Adstiladrin** - nadofaragene firadenovec (rAd-IFN/Syn3) – adenovirus-based gene therapy in urinary bladder cancer (NMIBC)



Synthetic Long Peptides Vaccine in Cancer

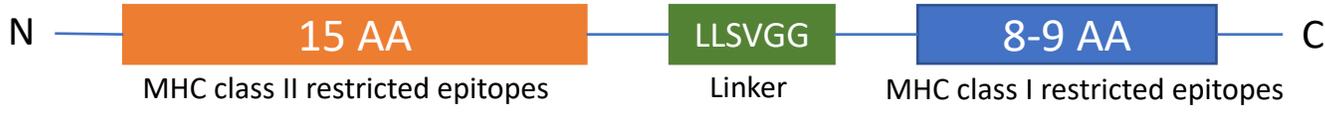


Clinical trials using SLPs in the US in 2022 (> 30)

Trial ID	Phase	Cancer type	Institution/Company Sponsors	Vaccine Platform	Patient Status	Patient Accrual Target
NCT02287428	Phase 1	Glioblastoma	Dana-Farber Cancer Institute, The Ben & Catherine Ivy Foundation, Accelerate Brain Cancer Cure, Merck Sharp & Dohme Corp.	Synthetic long peptide	Active, not currently recruiting	46
NCT02348320	Phase 1	Breast cancer	Washington University School of Medicine	DNA	Recruiting	30
NCT02721043	Phase 1	Multiple solid tumors	Icahn School of Medicine at Mount Sinai	Synthetic long peptide	Recruiting	20
NCT03300843	Phase 2	Multiple solid cancers	National Cancer Institute	Dendritic cell	Recruiting	86
NCT02897765	Phase 1	Melanoma, lung cancer, bladder cancer	Neon Therapeutics, Bristol-Myers Squibb	Synthetic long peptide	Active, not currently recruiting	55
NCT02950766	Phase 1	Kidney cancer	Dana-Farber Cancer Institute, Bristol-Myers Squibb, Oncovir	Synthetic long peptide	Recruiting	15
NCT03068832	Phase 1	Pediatric brain tumor	Washington University School of Medicine	Synthetic long peptide	Not yet recruiting	10
NCT03380871	Phase 1	Lung cancers	Neon Therapeutics, Merck Sharp & Dohme Corp.	Synthetic long peptide	Active, not currently recruiting	15
NCT03422094	Phase 1	Glioblastoma	Washington University School of Medicine, Bristol-Myers Squibb	Synthetic long peptide	Recruiting	30

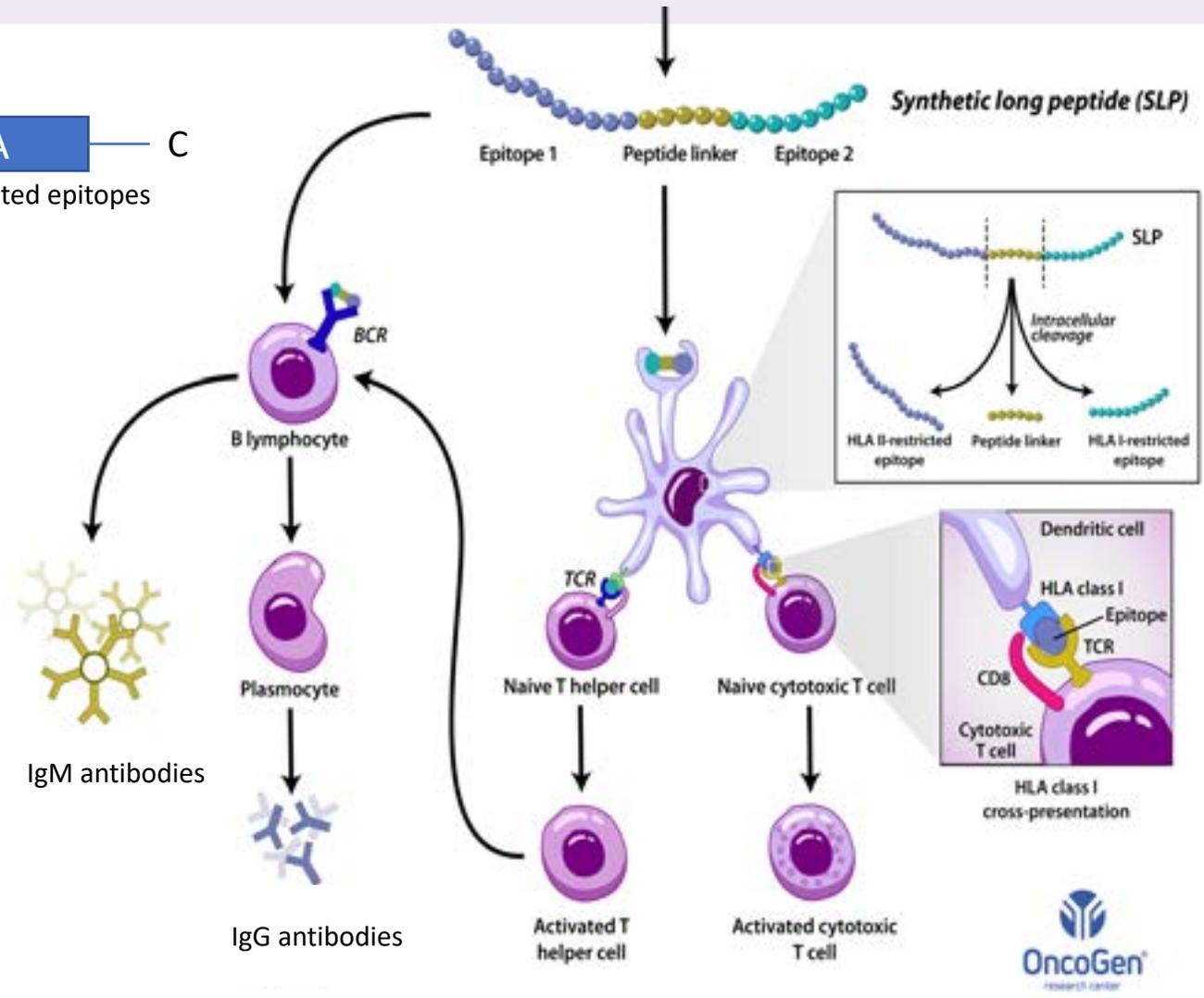
An immunogenic personal neoantigen vaccine for patients with melanoma. Patrick A. Ott et al., *Nature*, 2017

Synthetic Long Peptides Vaccine in Cancer – OncoGen strategy

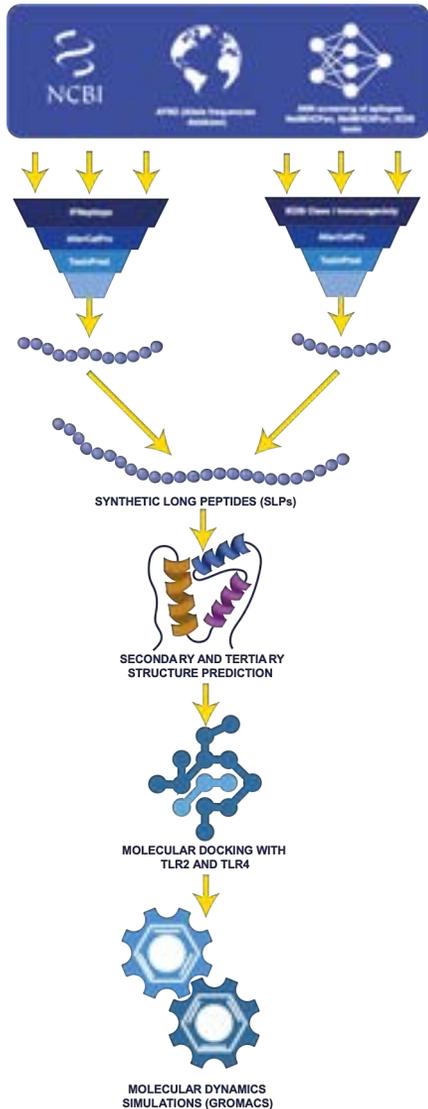


Advantages of SLPs use:

- easy manufacturing process with high yield and purity;
- increased stability during storage and transport;
- combination of HLA class I and class II restricted epitopes, providing bidirectional stimulation of CD4+ and CD8+ T cells via canonical antigen presentation and cross-presentation;
- robust, specific cytotoxic T-cell response against malignant cells, amplified by the CD4+-mediated pro-inflammatory cytokine secretion.



Synthetic Long Peptides Vaccine in Cancer – anti-HPV 16 and 18



- Epitope identification: Immune Epitope Database (IEDB) or by neo-antigen prediction using the ANN-based software (NetMHCpan, NetMHCIIpan). MHC Class I and II **strong binders** with **high promiscuity** and **high degree of conservation** were selected so that the population coverage is maximal with a minimum number of peptides;
- SLPs Design: **Two models of SLPs were designed:**
 1. N-terminal class II-restricted peptide, a flexible, a 6-mer cathepsin-cleavable linker (LLSVGG) (Rabu *et al.*), and a C-terminal class I-restricted epitope.

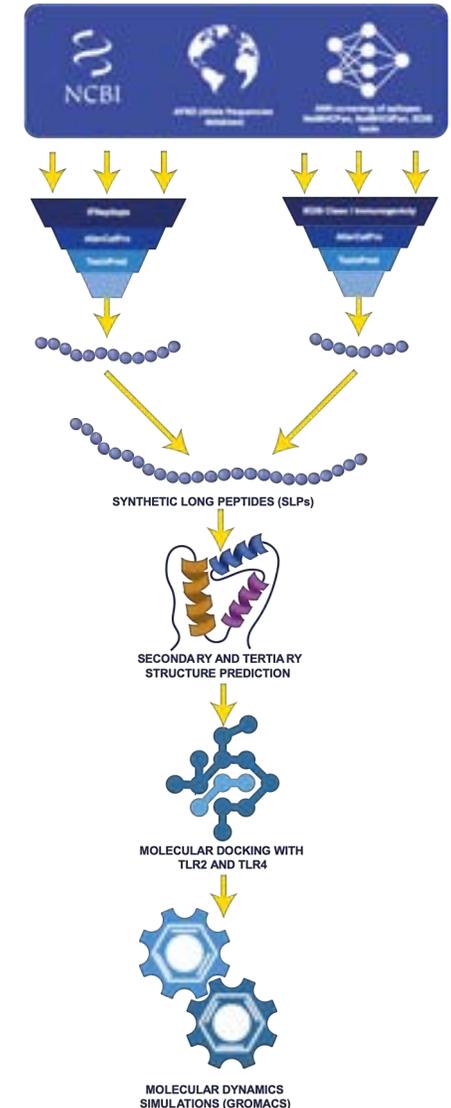


2. 2 subunits (class II-linker-class I) joined by the cathepsin and ERAP-cleavable linker LRMK.



Synthetic Long Peptides Vaccine in Cancer – anti-HPV 16 and 18

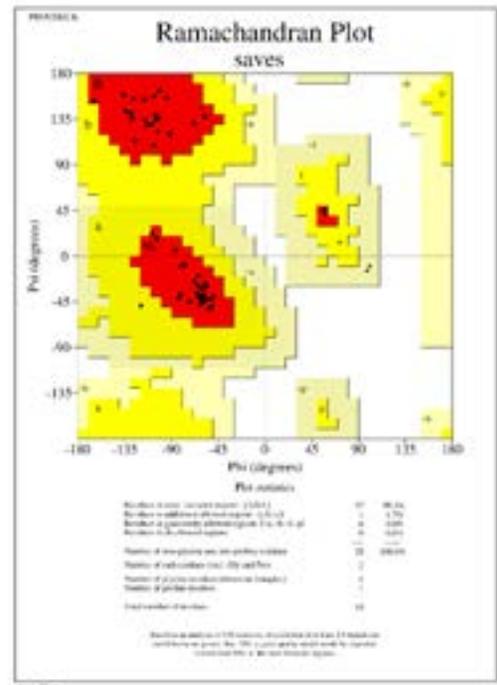
- **Allergenicity and toxicity screening** - AllerCatPro, ToxinPred and ToxIBTL.
- **Physico-chemical property analysis** (ProtParam)
- **Antigenicity analysis** was performed using VaxiJen 2.0. A VaxiJen score >0.4 reflects high antigenicity.
- 3-mer and 9-mer fragments generated from Robetta were used for **tertiary structure prediction** using Rosetta ab initio.
- **3D-structure validation** of the constructs was based on the QMEAN4 score, PROCHECK and Ramachandran plot analysis.
- **Molecular docking with Toll-like receptor 2 and 4** (PDB id: 6NIG and 3FXI) and structure refinement were performed using HADDOCK 2.4.
- **Molecular dynamics (MD) simulations** were performed using GROMACS package.



Synthetic Long Peptides Vaccine in Cancer – anti-HPV 16 and 18

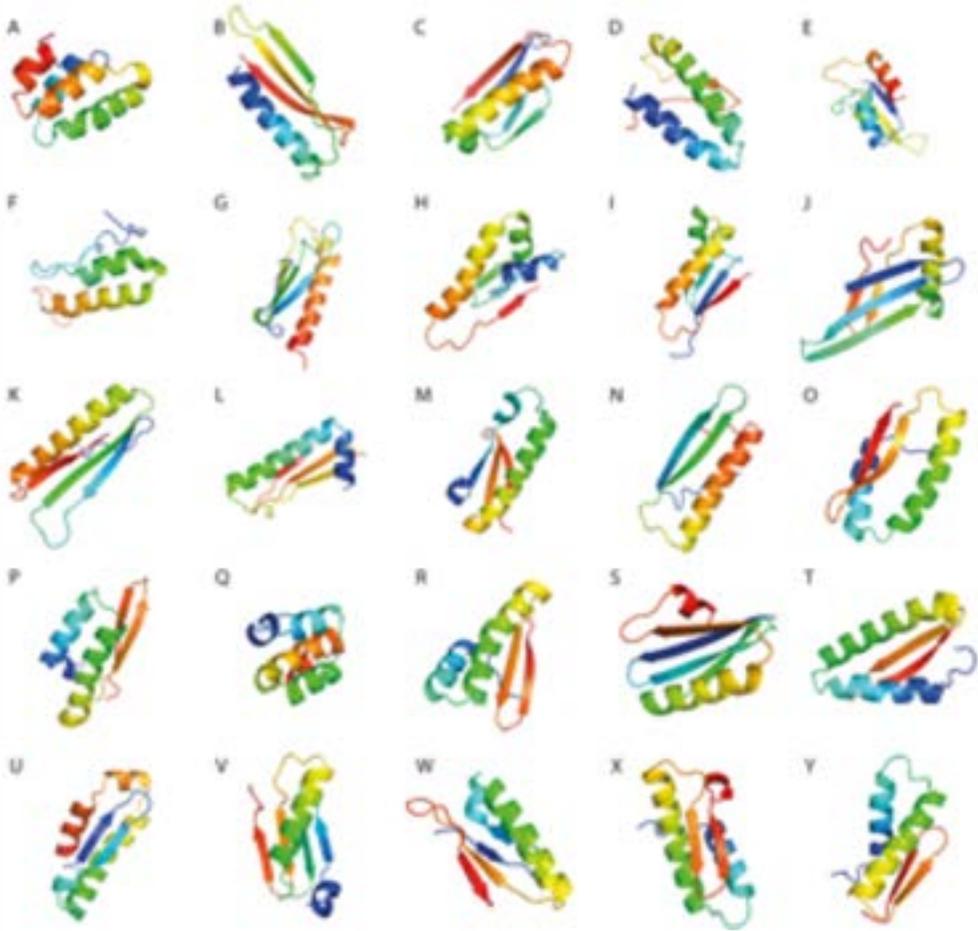
- 25 SLPs constructs were generated, including both HLA class I and class II restricted epitopes from E6 and E7 proteins, identified from IEDB or predicted using NetMHCpan and NetMHCIIpan;
- None of the SLPs displayed *in silico* allergic or toxic properties;
- Population coverage studies provided 98.18% coverage for class I epitopes and 99.81% coverage for class II peptides in the IEDB World population allele set;

Class I		
Coverage	Average hit	PC90
98.18%	6.48	2.47
Class II		
Coverage	Average hit	PC90
99.81%	15.29	9.03

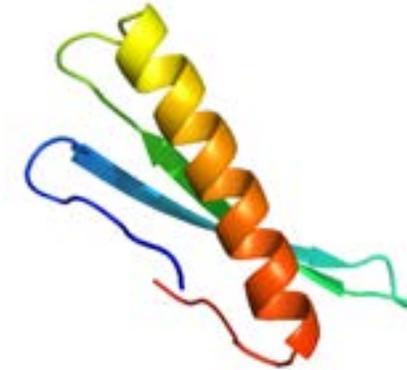


Ramachandran plot for the peptide:
 MLDLQPETTDLYCYELLS
 VGGKFYSKISEYLRMKLKF
 YSKISEYRHICYLLSVGGL
 FLNTLSFV.

Synthetic Long Peptides Vaccine in Cancer – anti-HPV 16 and 18



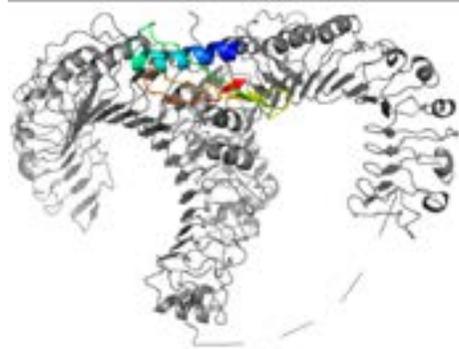
3D structure of the 25 SLPs visualized by PyMol



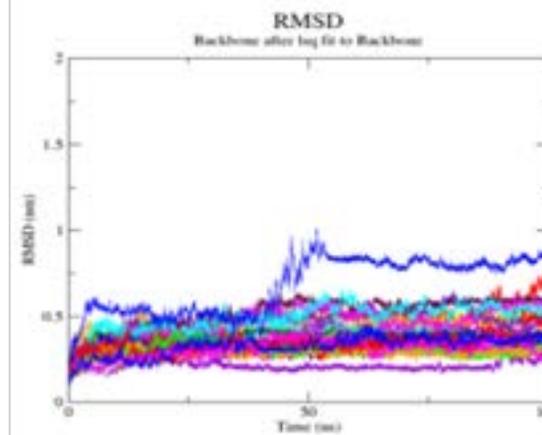
Molecular visualization of the peptide
MLDLQPETTDLYCYELLSVGGKFYSKISEYLRMCLKFYISKISEYR
HYCYLLSVGGLFLNTLSFV using PyMol software.

- 3D structure ab initio prediction provided good quality models (>90% of residues in most favorable regions, QMEAN4 score = 0.7, Z-score > -2).

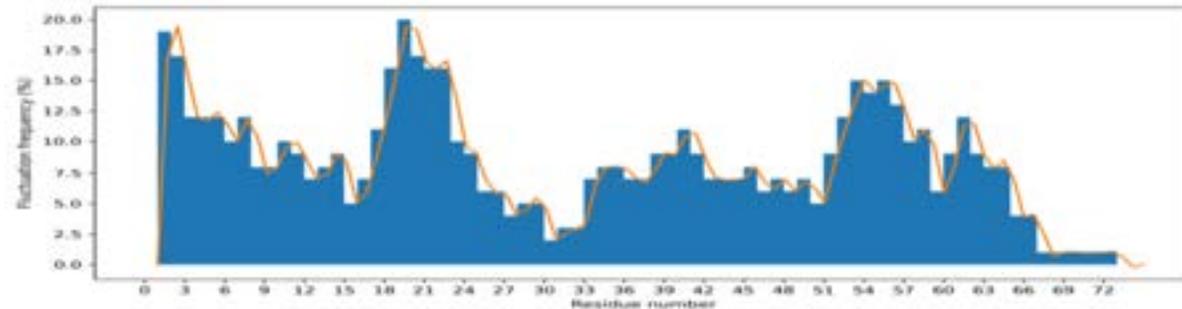
Synthetic Long Peptides Vaccine in Cancer – anti-HPV 16 and 18



One synthetic long peptide in complex with toll-like receptor 2.



RMSD plots for the 25 SLPs. All peptides reach a stable conformation after 40 ns of MD simulation



Plot showing the mean RMSF per each residue. It is worth noting that residues 15-25 and 51-57 express the highest flexibility, while 30-35, the lowest.

- Molecular docking with toll-like receptor 2 identified potential intrinsic TLR2 agonist activity, while molecular dynamics studies of SLPs in water suggested good stability with favorable thermodynamic properties.

- The available anti-HPV vaccines exert a highly potent prophylactic effect by interfering with HPV keratinocyte adhesion and subsequent infection and malignant keratinocyte transformation;
- Due to the lack of L1 antigen expression in neoplastic epithelial cells, VLP-based vaccination has no effect on already constituted infection;
- Therefore, there is an urgent need for a therapeutic vaccination platform, and **SLPs** could be the elected one.

Conclusion



Thank you!

Research team

Prof. Dr. Carmen Panaitescu

Prof. Dr. Carmen Tatu

Conf. Dr. Florina Bojin

Ș.L. Dr. Valentin Ordodi

As. Univ. Dr. Oana Gavriiliuc

Ing. Bioteh. Ada Telea

Biol. Roxana Buzan

Biol. Manuela Grijincu

Biol. Lauriana Zbîrcea

Prof. Dr. Gabriela Tănăsie

Conf. Dr. Corina Vernic

Conf. Dr. Călin Țațu

Ș.L. Dr. Ivan Alexandra

Ș.L. Dr. Nistor Daciana

As. Univ. Dr. Alexandru Tîrziu

Biol. Mirabela Cristea

Chim. Alexandra Gruia

As. Univ. Dr. Leonard Mada

