

Effective Engineering of CD8+ T Cells from Autoimmune Disease Patients Utilizing a CD8-Targeted Lipid Nanoparticle Encapsulating an Anti-CD19 CAR mRNA (CPTX2309)

Haig Aghajanian, PhD

Co-Founder, VP of Research, Capstan Therapeutics

Reprinted from the ACR Convergence held November 2024. The American College of Rheumatology does not guarantee, warrant, or endorse any commercial products or services. Reprinted by Capstan Therapeutics, Inc.

Disclosures

Currently serve as the Co-Founder and VP of Research at Capstan Therapeutics, Inc. and hold equity in the company



Lead Program CPTX2309 for Autoimmune Disorders



Note: To analyze B cell depletion in NHP, a CD8-directed tLNP containing a murine **anti-CD20 CAR** payload was used as a **CPTX2309 surrogate (CPTX2309-S)** due to the lack of CD19 cross-reactivity between human and NHP.



Capstan Aims to Reset the Immune System of Patients with Autoimmune Disease with in vivo CAR Therapy that is Transient, Tunable, and Scalable



B Cell Depletion Phase

 Depletion of both autoreactive and normal B cells in blood and tissue

B Cell Recovery Phase

- Predominantly naïve B cell phenotype
- · Autoreactive B memory cells not returning
- Reduction of autoantibodies
- Durable drug-free clinical response

Time (likely days to weeks, based on NHP studies)



B Cell Count

CPTX2309 Efficiently Produces Functional CAR-T Cells In Vitro Across Multiple Healthy Donors



T cells (2e5) isolated from healthy donor peripheral blood mononuclear cells (PBMC) were transfected with CPTX2309 at escalating doses in vitro for 1 hour followed by measurement of CAR expression at 24 hours. Each shape represents a distinct donor.

Primary human PBMCs (4e5) from healthy donors comprising both T and B cells, were transfected with CPTX2309 at escalating doses in vitro for 1 hour followed by measurement of B cell killing at 72 hours. B cell killing % is normalized to the non transfected control. Each shape represents a distinct donor.



Rapid and Preferential In Vivo Engineering of CAR-T Cells in Blood and Tissue Biodistribution Study in Mouse with CPTX2309



*CD4 negative T cells



CPTX2309 Administration to Humanized Mice Results in Rapid and Complete Depletion of Engrafted Human B Cells



CAR T cells detectable at 1 hour with peak expression at 6 hours post tLNP administration



A Non-Human Primate Surrogate (CPTX2309-S; an anti-CD20 NHP-Cross Reactive CAR) is Comparable to CPTX2309 (anti-CD19 CAR)



PBMC from healthy donors comprising both T and B cells, were transfected at 3 dose levels in vitro – 0.2, 0.6, and 2 μ g – for 1 hour followed by measurement of B cells at 72 hours; data shown from 0.6 μ g.



CPTX2309-S Treatment in NHP Results in Robust and Preferential Engineering of CD8+ T cells



Minimal engineering of CD4+ T cells observed – note that NHP have a measurable % of double + (CD4+ CD8+) cells



CPTX2309-S Treatment in NHP Results in Deep Depletion of B cells in Blood and Tissue



SPLEEN

IMMUNOHISTOCHEMISTRY STAINING OF SPLEEN USING ANTI-CD20 OF REPRESENTATIVE ANIMAL FROM EACH GROUP





Repopulation of B cells after Depletion in NHP Blood Consists of Predominantly Naïve B cells



Each graph represents a single animal. Axes top and bottom rows are scaled differently. B cells were categorized based on IgD and CD27 expression.



Deep B Cell Depletion is Achievable with Two Doses



Evaluating the Efficacy of CPTX2309 in Autoimmune Patient Immune Cells

- PBMC (n=33) were collected from donors, including patients on immunosuppressive therapy as shown in the table below
- 22 age/gender/ethnicity matched healthy donors were included as control

	n
Antisynthetase syndrome	3
Dermatomyositis	3
Immune-mediated necrotizing myopathy	3
Multiple sclerosis	1
Rheumatoid arthritis	6
Scleroderma	8
Sjogren's syndrome	1
Systemic lupus erythematosus	8



Comparable Immune Cell Phenotyping Between Autoimmune Disease and Healthy PBMC



PBMCs were stained for immunophenotyping antibodies immediately after thaw. CD19 or CD8 antigen density was measured by stain ing PBMC at a saturated concentration of PE-conjugated anti-CD19 or anti-CD8 antibody. The number of molecules/cell was calculated from a standard curve generated with BD Quantibrite[™] PE Quantitation Kit. Samples from patients on B cell depleting therapies not included in this analysis due to lack of sufficient cell number. Each circle represents a distinct donor with blood samples collected at a distinct time.



Effective and Preferential Engineering of CD8+ T cells Across Autoimmune Disease Patient Samples with CPTX2309



2e5 T cells isolated from patient PBMC or matched healthy donor were transfected with 0.6 μg CPTX2309 in vitro for 1 hour followed by measurement of CAR expression at 24 hours. Each circle represents a distinct donor with blood samples collected at a distinct time.



T Cells From Autoimmune Disease Subjects can be Successfully Engineered with CPTX2309 to Generate Functional CD8 CAR+ T Cells that Kill Primary B Cells



PBMCs (4e5)comprising both T and B cells, were transfected with 0.6 µg CPTX2309 in vitro for 1 hour followed by measurement of B cell killing at 72 hours. B cell killing % is normalized to the non transfected control. Samples from patients on B cell depleting therapies not included in this analysis due to <100 baseline B cells in the non transfected control. Each circle represents a distinct donor with blood samples collected at a distinct time.



Summary

- CPTX2309 is a novel in vivo anti-CD19 CAR product candidate, in mRNA format, delivered as anti-CD8 antibody-targeted lipid nanoparticle
- Treatment with CPTX2309 or CPTX2309-S results in robust, preferential, and transient engineering of functional CD8+ CAR
 T cells in vitro and in small and large animal models, with a pronounced pharmacological response
- Repopulation by predominantly naïve B cells after deep and transient depletion of B cells in non-human primate blood and tissue after CPTX2309-S treatment is suggestive of an immune reset, similar to what has been observed with ex vivo CD19 CAR T therapy
- Immunophenotype is similar between various B cell mediated autoimmune disease patient samples compared to healthy donor controls. Antigen density of CD8 on T cells for tLNP targeting and CD19 on B cells for CAR targeting are comparable
- CPTX2309 can effectively engineer functional CD8+ CAR T cells from autoimmune disease patient cells with myositis (ASyS, IMNM, DM), systemic lupus erythematosus, rheumatoid arthritis, scleroderma, Sjogren's syndrome, and multiple sclerosis comparably with healthy donor cells, and irrespective of prior or concomitant treatments
- B cells from autoimmune disease patients and healthy donors are killed with autologous anti-CD19 CAR T cells produced by CPTX2309 treatment
- These data support continued development of CPTX2309 as a novel in vivo CAR treatment for B cell involved diseases



Thank You

Yan Zhang

and the Capstan team

NIH

Andrew Mammen, Maria Casal-Dominguez, and Iago Pinal-Fernandez

Scan to view Capstan posters and presentations at ACR





