

Treatment of Advanced Neuroblastoma with EBV-Specific T-Lymphocytes Expressing a Chimeric Anti-GD2 Single Chain Antibody

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Neuroblastoma

- Cancer of childhood
- Approximately 550 new cases in the US each year
- Tumor cells are primitive neural crest cells that populate the sympathetic nervous system

Neuroblastoma

- Approximately ½ of children with neuroblastoma will have widespread disease
- Treatment with multi-agent chemotherapy, surgery, radiation, and autologous transplant only results in 30% EFS at 3 years
- Long term sequelae in survivors including secondary cancers (epithelial)

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- 21 open or developing NIH sponsored clinical trials including investigational drugs, immunotherapeutics, transplant

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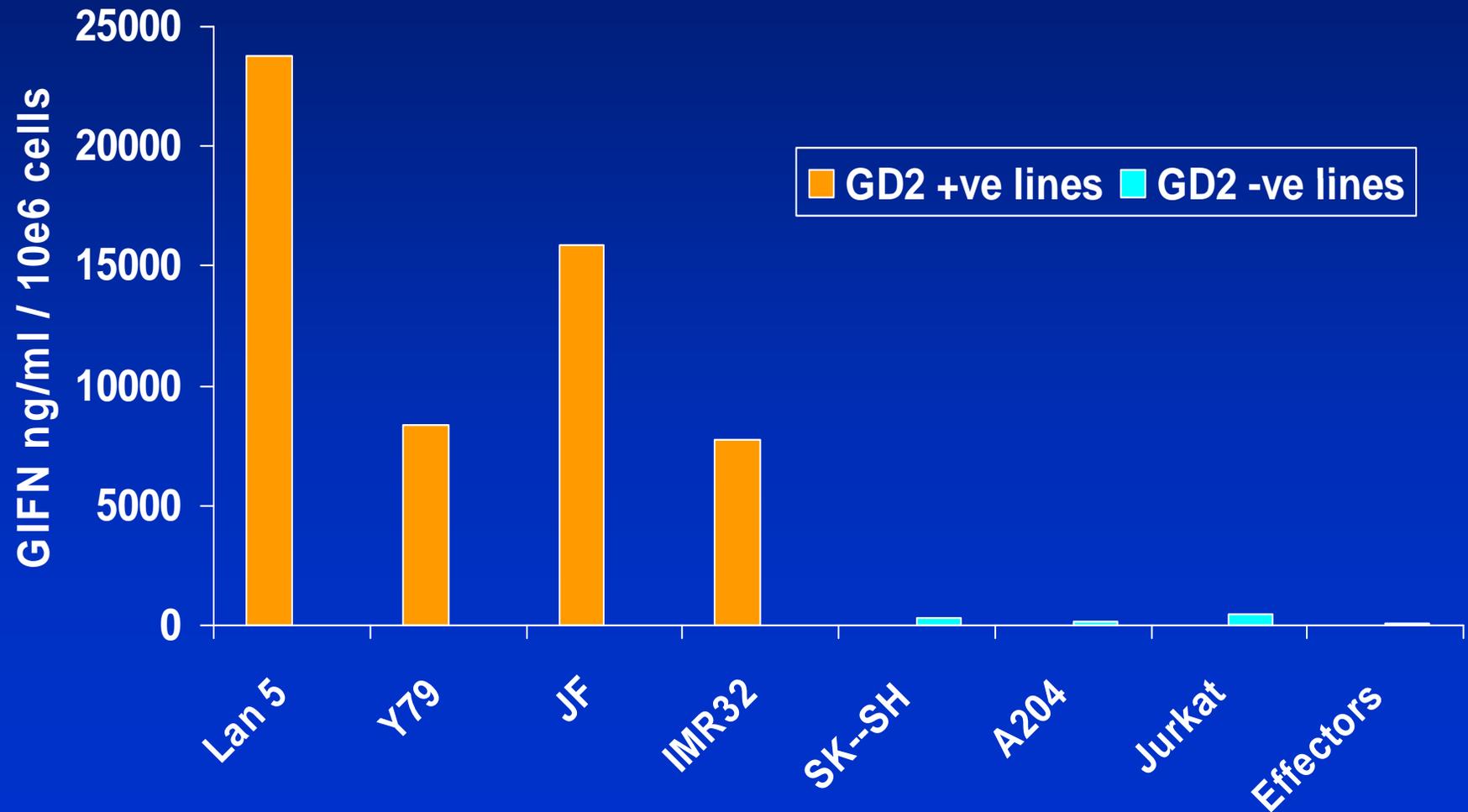
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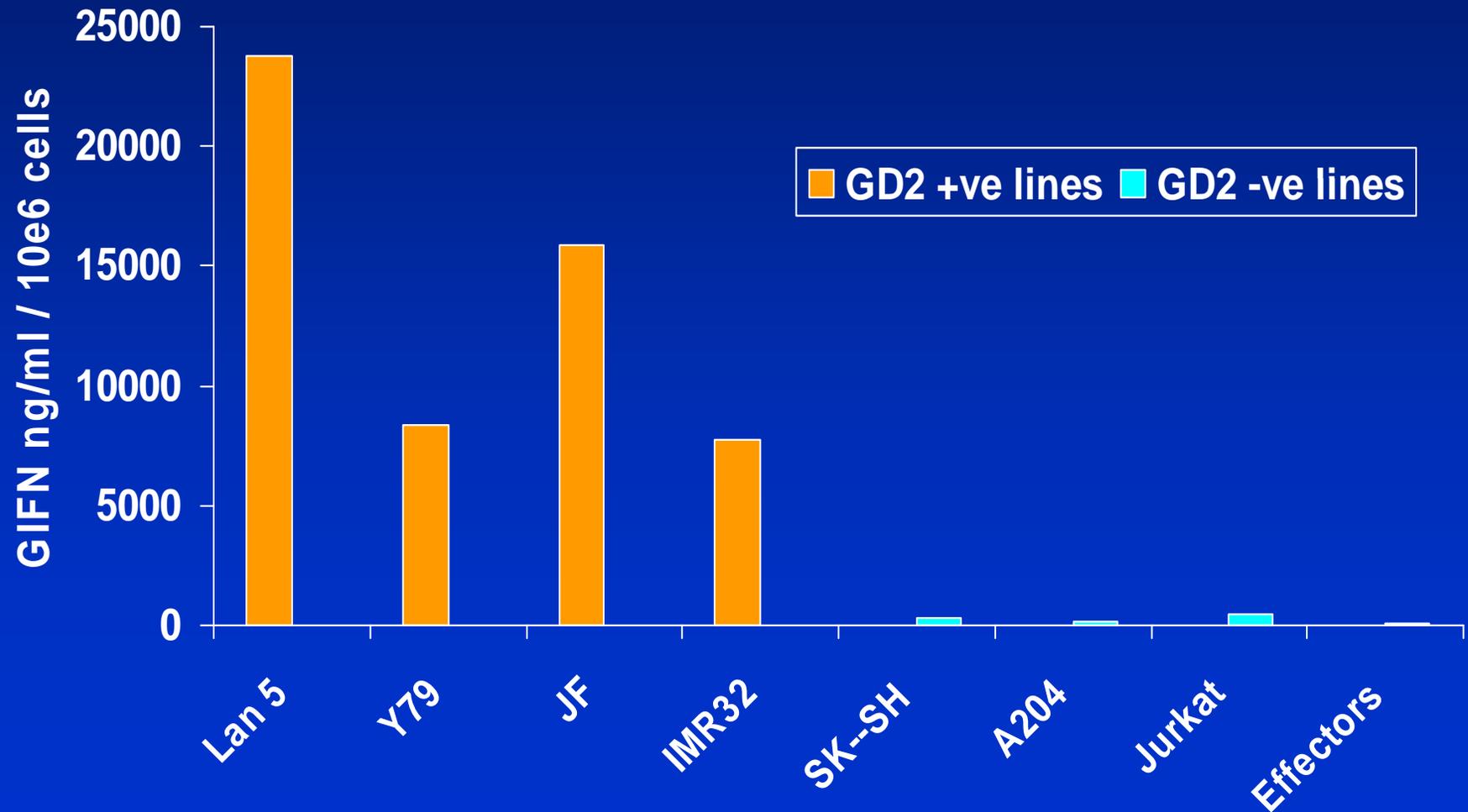
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IFN- γ Release of 14.G2a- ζ Transduced PBMC Upon Coincubation With G_{D2}⁺ and G_{D2}⁻ Target Cells



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Limitations of Chimeric T cells

- Poor activation through chimeric receptor pathway and signals through TCR-zeta chain alone are insufficient to prime resting T-cells
(Brocker T, Karjalainen K. J, Exp Med 1995; Brocker R, Blood 2001)
- Lack of cognate help/co-stimulator molecules on tumor cells
- Consequence is poor functional activity

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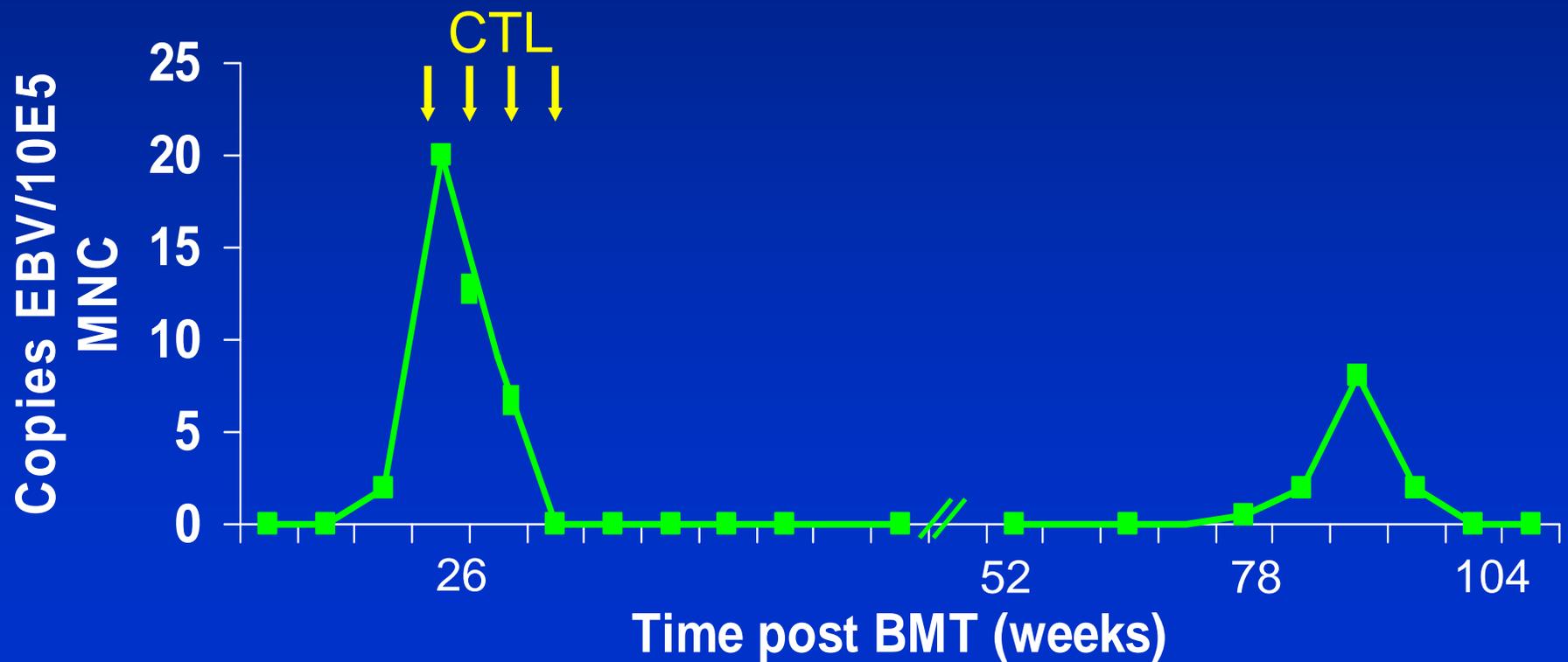
Experience with gene-marked EBV-specific CTLs

- Prevention and treatment of EBV-LPD post transplant
 - 62 patients received CTLs
 - Marking with neomycin resistance gene in first 26 patients
- Relapsed EBV+ve Hodgkin's disease
 - 13 patients treated
 - Gene marking in 7

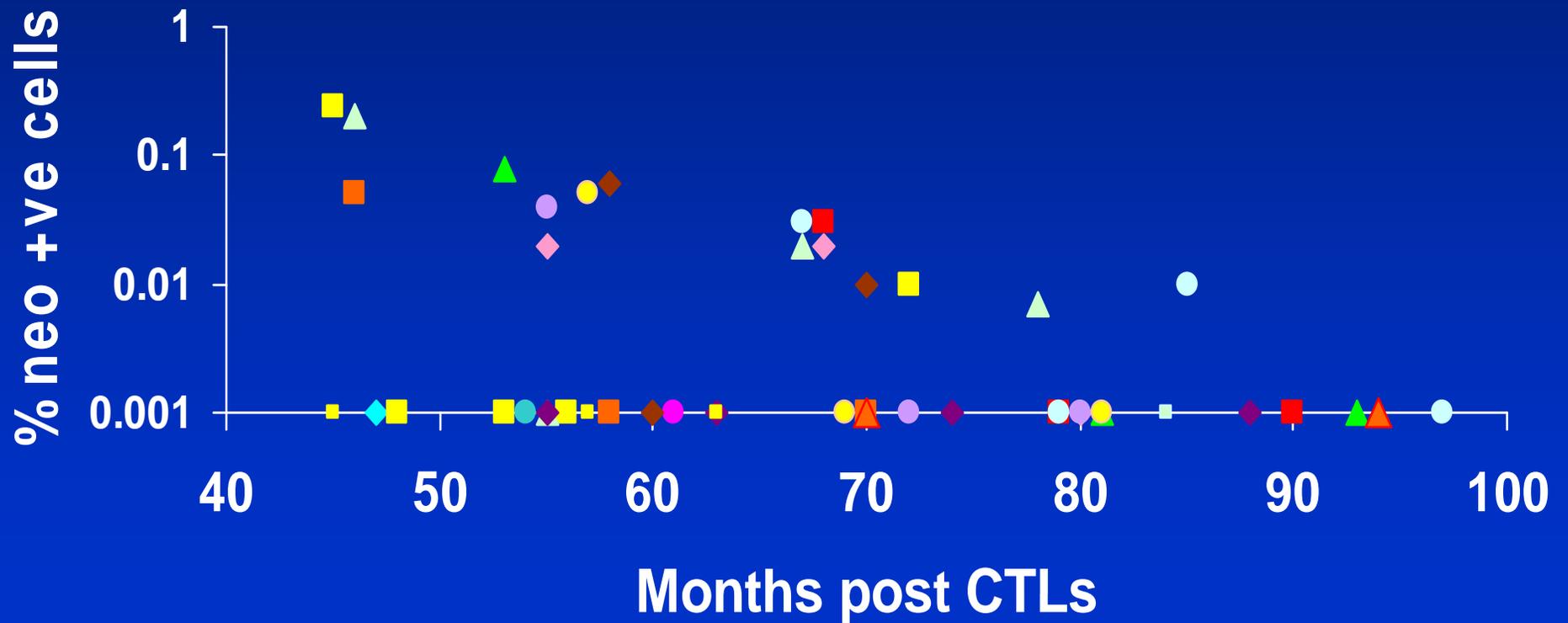
Late Reactivation of EBV

EBV DNA versus neo DNA

Neo DNA



Long Term Detection of Neo by Real Time PCR in PBM EBV CTL Study



Multiple Clones Persist

1) Multiple V β subclasses on immunophenotyping

2) Multiple marked clones on inverse PCR

Markers

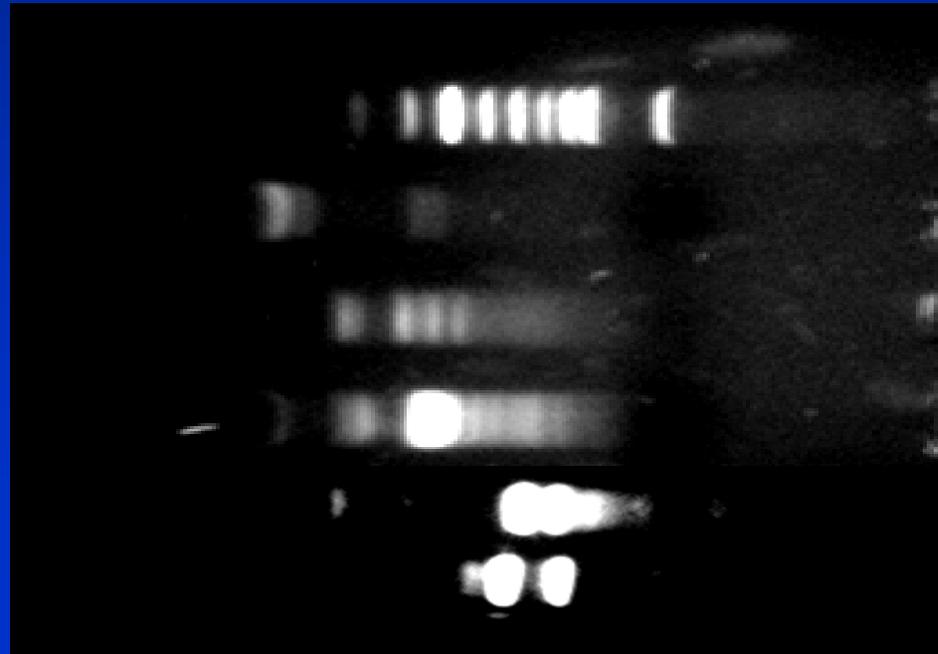
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Patient 1

Patient 2

Patient 3



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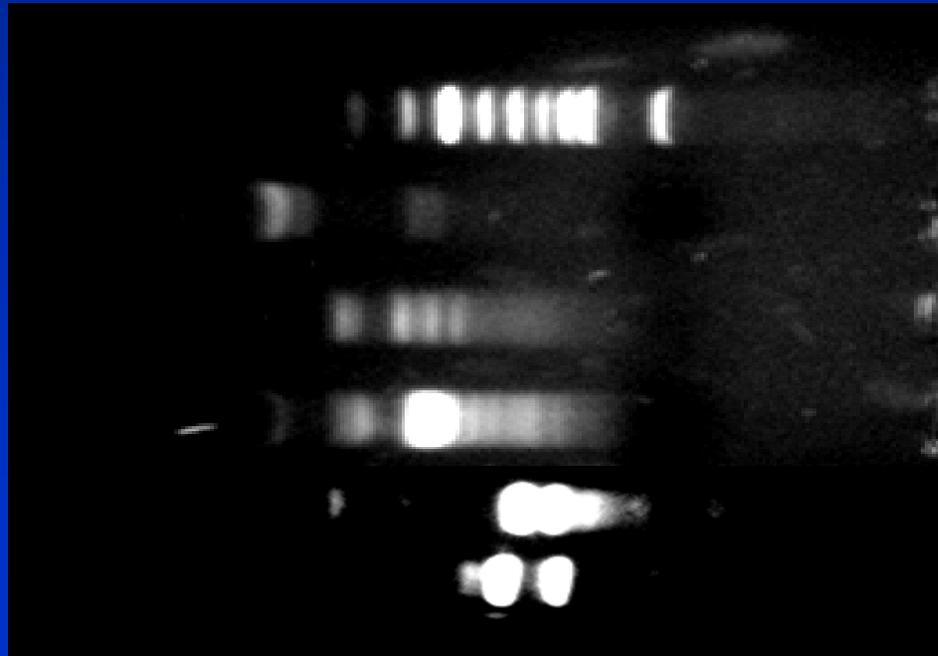
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Human DNA involved in the virus integration site

Sequence analyses show non-coding or unknown sequences

Inv 3 chromosome 4 RP11-342E3 161701-161780

AACTTGAATTCTCTGCAGCATATCTAAGCTGTACATATACTTTTAGTT
CGACAAATTCTATTAATAGCTTAAATGGGATT

Inv 5 chromosome 15 RP11-573G7 109830-109906

CGATGTAACCCACTCGTGCACCCAACTGATCTTCAGCATCTTTTACTT
TCACCAGCGTTTCTGGGTGAGCAAAAACATTA

Inv 7 chromosome 16 RP11-410N2 114096-114178

GACCTCCCAAAGCGCTGGGATTACAGGCGTGAGCCTCCGCGCCTGGC
CCTGGGCTATTACAGCACATCCTCAGCATCTAGTAC

Unknown sequence from 1 band

5' CGGATCCGTCGAGGGCCACGATGCGTCCGGCGTAGAGGATCTCTAGGCAAAGACGCCCTGA.....//
3'GTTCTCCCCCTACACAGGTCTCACTAACATTCTGATGTGCCGCAGGGACTCCGTCAGCCCCGGTTTTTGTATAATA
AAATGCAAGAACAGTGTTCCCTTCAAGCCAGACTACATCCTGACTCTCGGCTTTATAAAAGAATGTTGAAGGGCTCTGT
GGACTATCTGCCACACGACTTTTAAGATTTTTATGCCTCCTGGATGAGGGATTTAGTCAATCTATCCTCGTCTATTTGC
TGGCTTCTCCGTATTTTAAATTTCTAGTTTGCCTCCCTTCCTGA

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GGACTATCTGCCACACGACTTTTAAGATTTTTATGCCTCCTGGATGAGGGATTTAGTCAATCTATCCTCGTCTATTTTGC
TGGCTTCTCCGTATTTTTAAATTTCTAGTTTGCCTCCCTTCCTGA

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Hypothesis: EBV specific CTL with chimeric receptors will retain the known advantages of these cells (in vivo expansion, persistence and anti-EBV tumor activity) whilst developing new specificity against an additional tumor targeted by the chimeric receptor

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- Longstanding safety and efficacy data with EBV CTL in humans
- Clinical experience with 14G2a MAb
- Preclinical safety data with GD2 chimeric EBV CTLs
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