

# Multi-armored Allogeneic MUC-1 CAR T-cells Efficiently Control Triple Negative Breast Cancer (TNBC) Tumor Growth

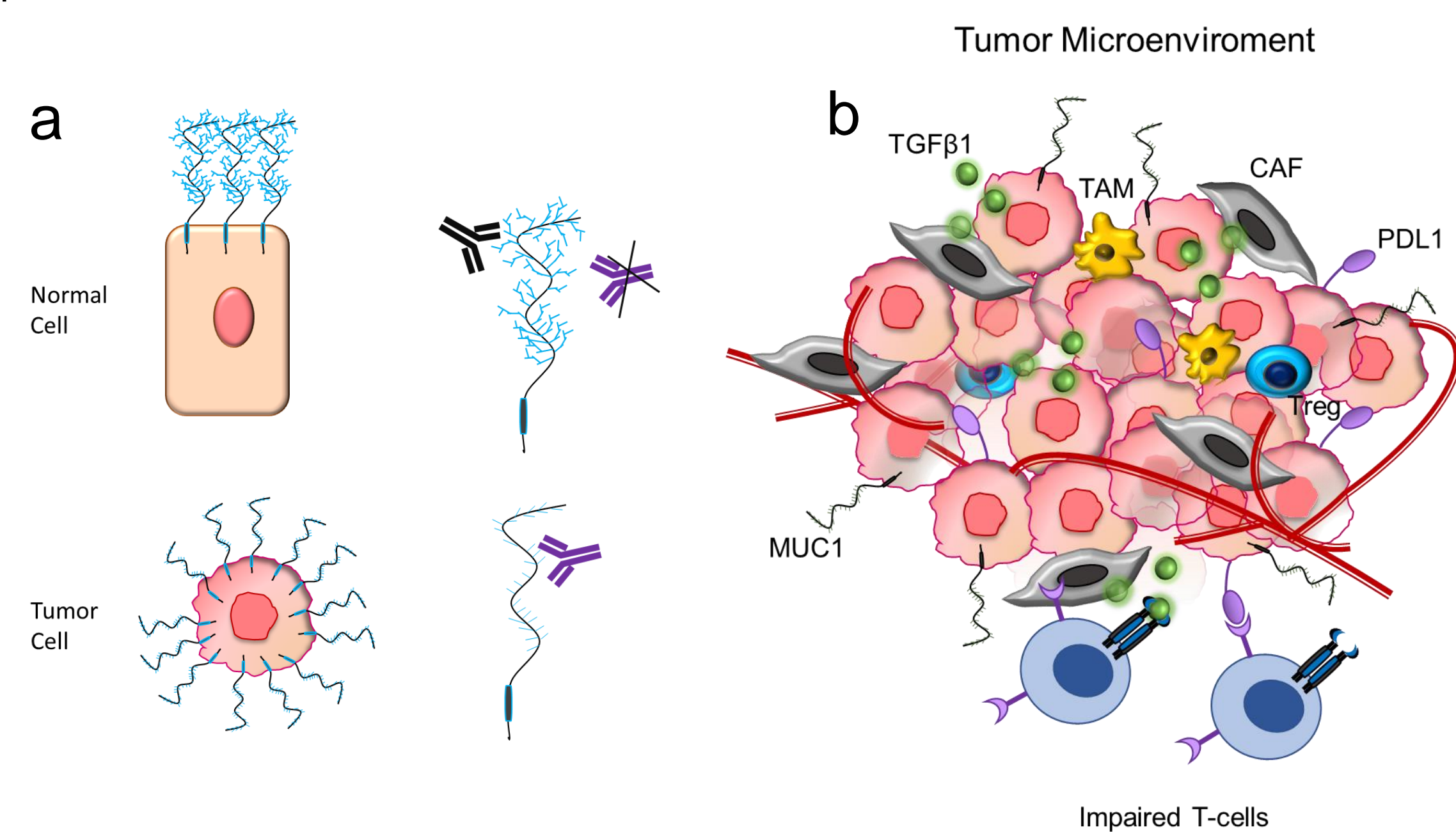
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## #1 Background

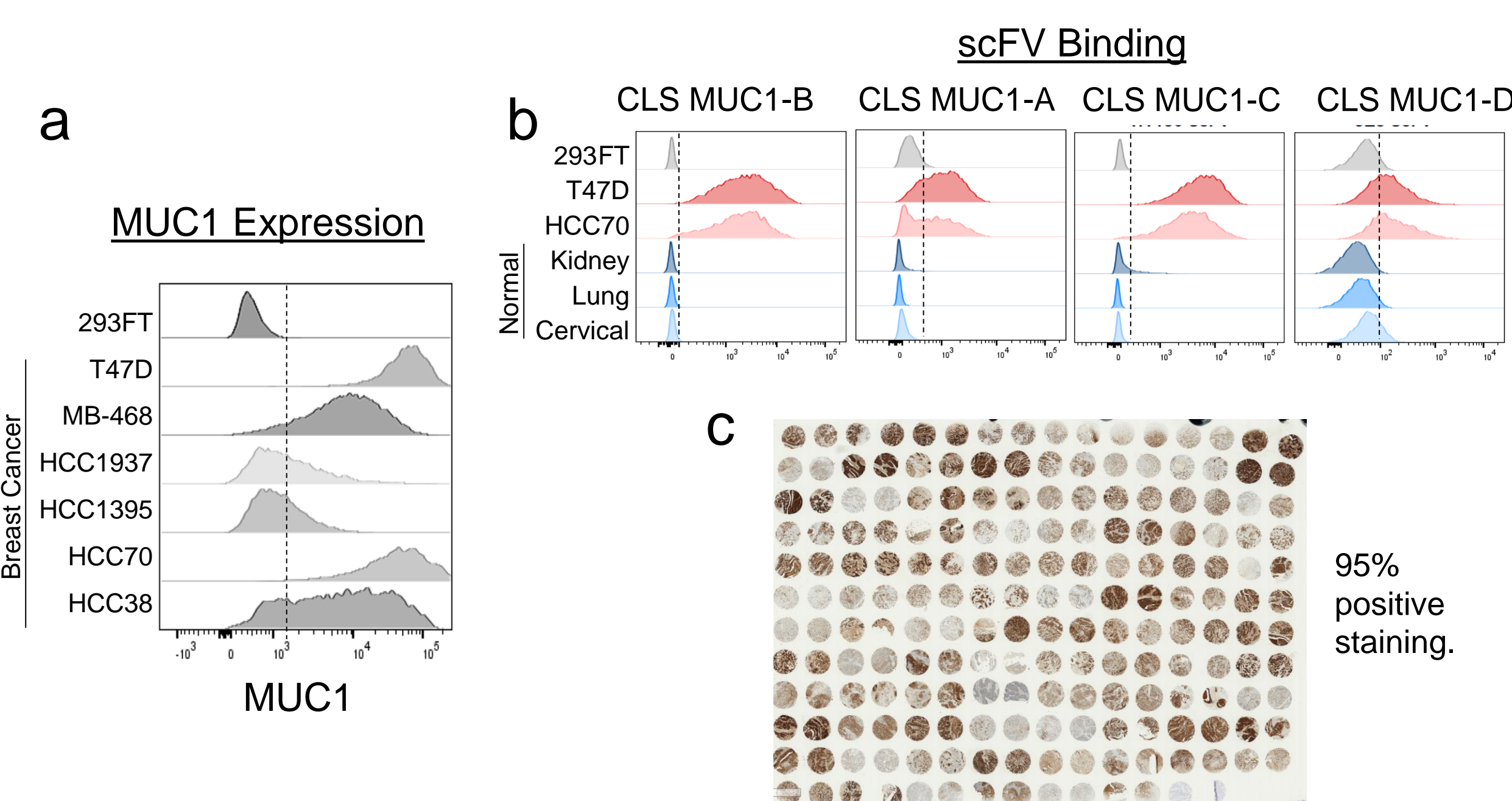
CAR T-cell therapy success in solid tumors has been limited due to lack of tumor-specific antigens, tumor heterogeneity, and immuno-inhibitory nature of tumor microenvironment (TME). To address these challenges, we engineered CAR T-cells that i) use the tumor-specific MUC-1 antigen as a discriminatory target and ii) have enhanced therapeutic properties provided by multiple attributes. We focused on TNBC due to poor prognosis and overexpression of MUC1 (~67%). Here, we describe a universal CAR T-cell therapy for TNBC that can overcome both the host immune rejection and key inhibitory signals from the TME.

(a) Schematic representation tumor-specific MUC1 expression (b) Schematic representation of TME

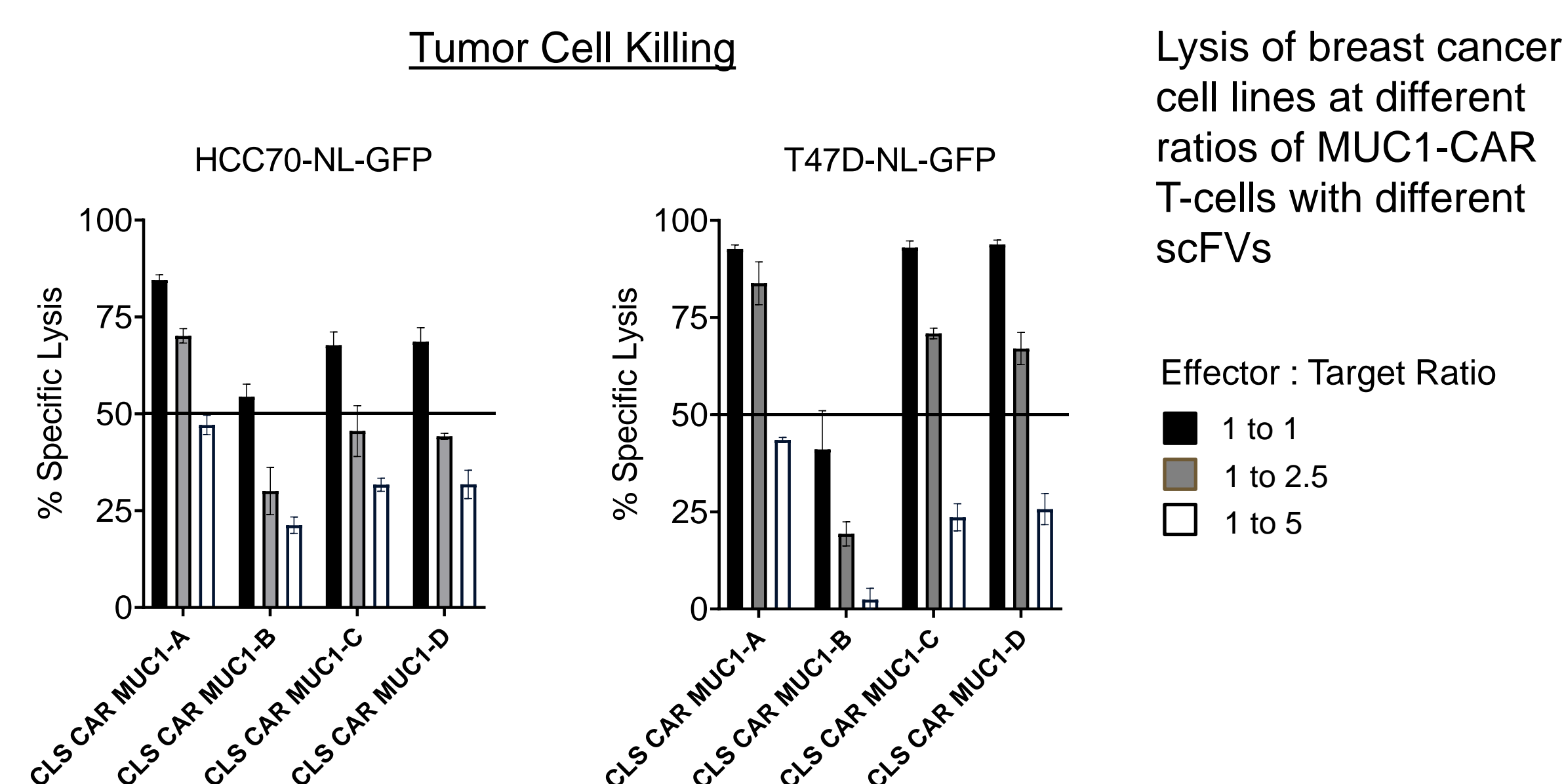


## #3 Selected scFVs can detect tumor specific MUC1 in breast cancer cell lines and tissue samples.

(a) MUC1 expression in breast cancer cell lines (b) Binding of MUC1 scFVs to healthy primary cells and breast cancer cell lines (c) Representative tissue microarray IHC staining of breast cancer tumors with MUC-1 scFV protein



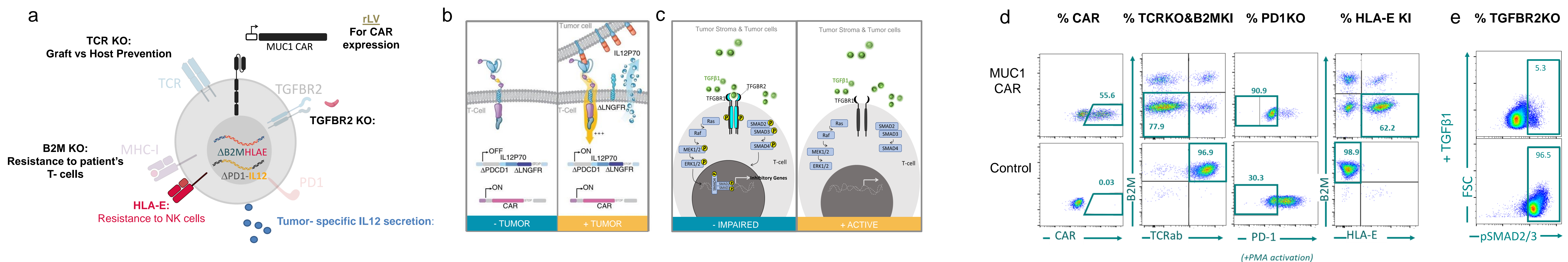
## #4 MUC1 scFVs show dose-dependent killing of breast cancer cells in vitro.



## #2 Methods : Complex Engineering

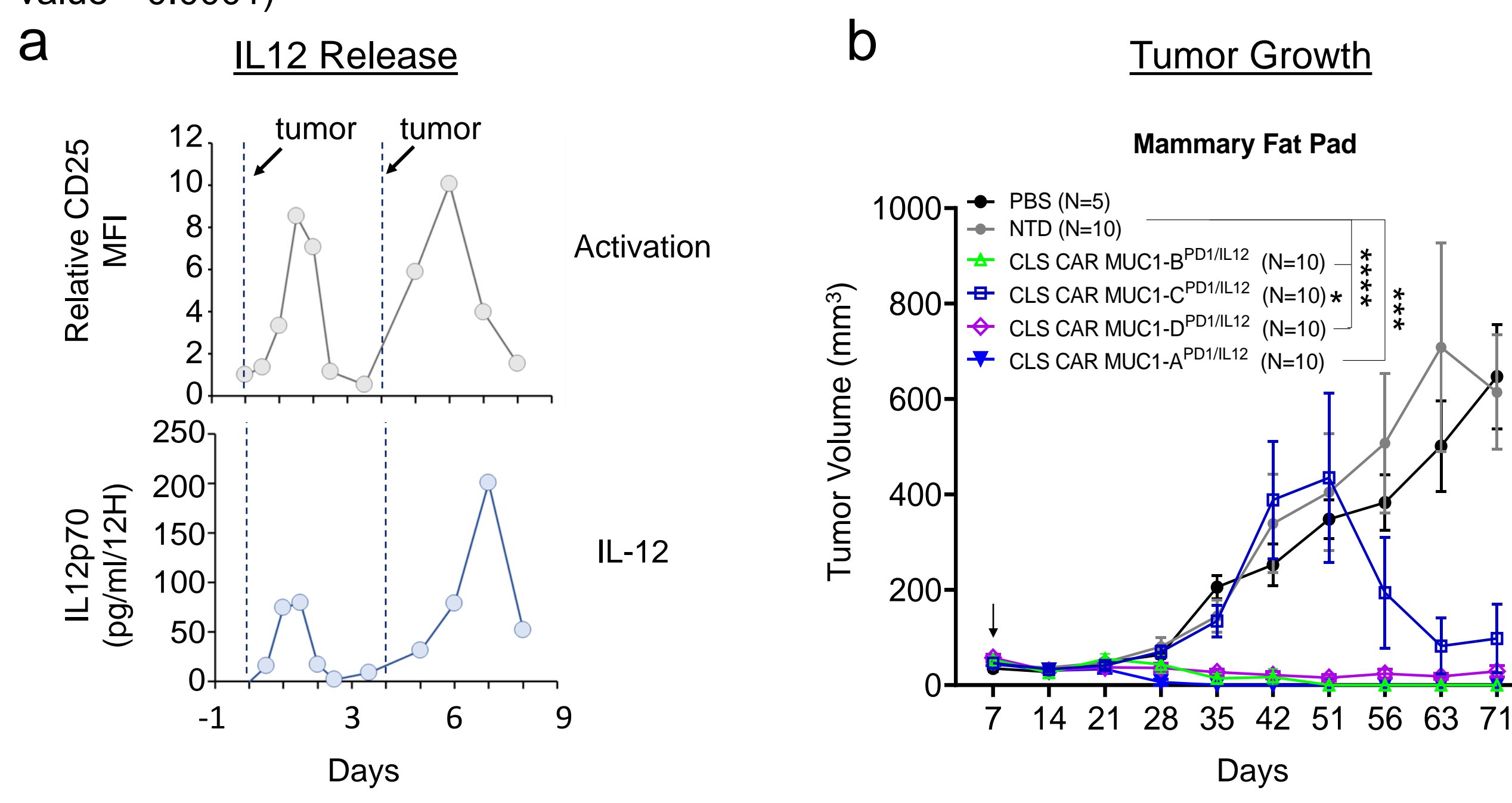
We screened several tumor-specific scFVs for MUC-1 CARs, assessing their binding and safety profiles. Then, we generated allogeneic CAR T-cells by leveraging our TALEN® technology. TCR-alpha and B2M were knocked-out to prevent host-versus-graft disease, and to evade host T-cell attack. HLA-E was knocked-in at the B2M-KO site to provide resistance to host NK cell rejection. To increase activity and to overcome inhibitory signals from the TME, we introduced a PD-1 knock-out, a tumor-specific IL-12 release, and TGFB2 knock-out. We tested these CAR T-cells *in vitro* using target specificity and cytotoxic assays, and *in vivo* by assessing tumor growth, survival, and tumor infiltration.

(a) Schematic representation of Armored MUC1-CAR (b) Schematic representation of inducible IL12 release under PD1 promoter (c) Schematic representation of TGFB2 KO Pathway (d, e) Phenotyping of the complex engineered CAR- T cells via FACS analysis



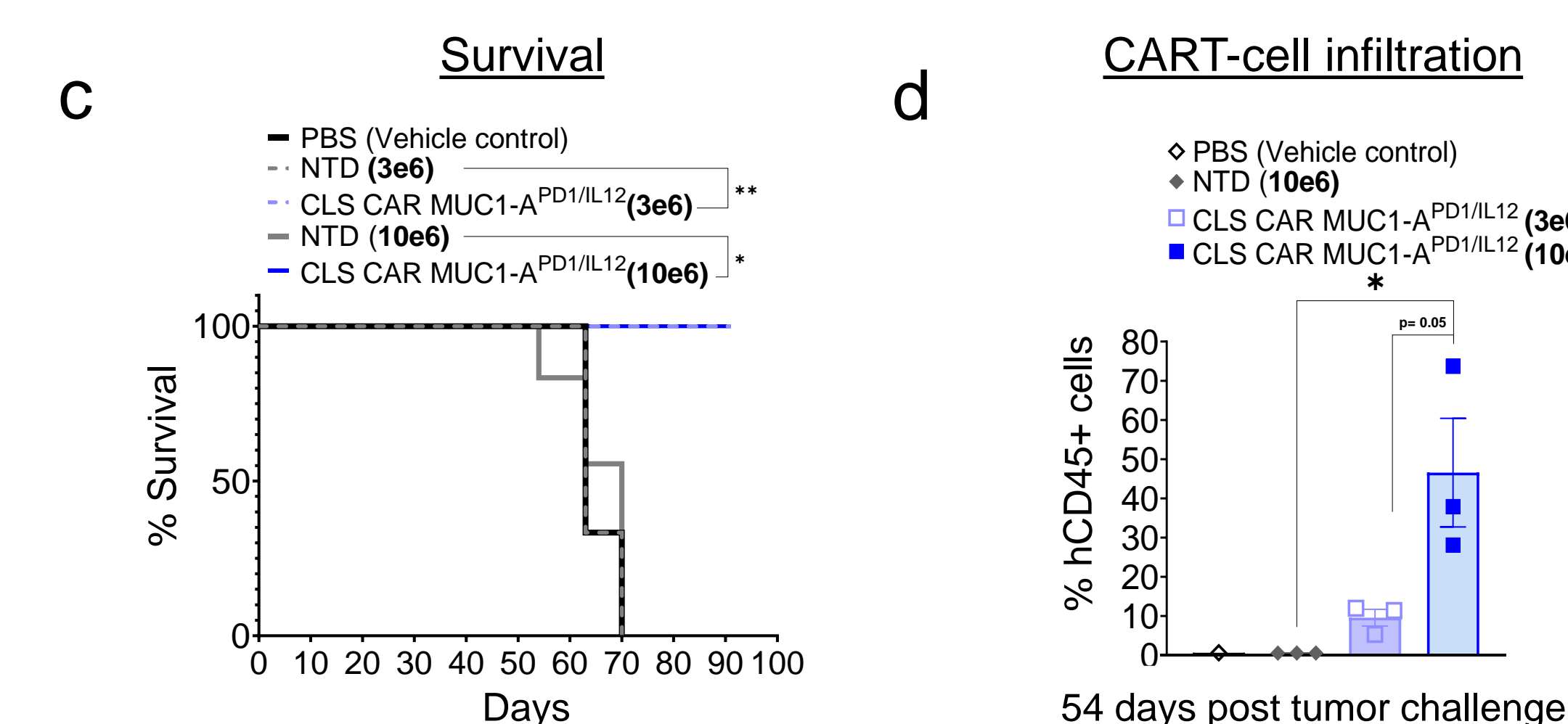
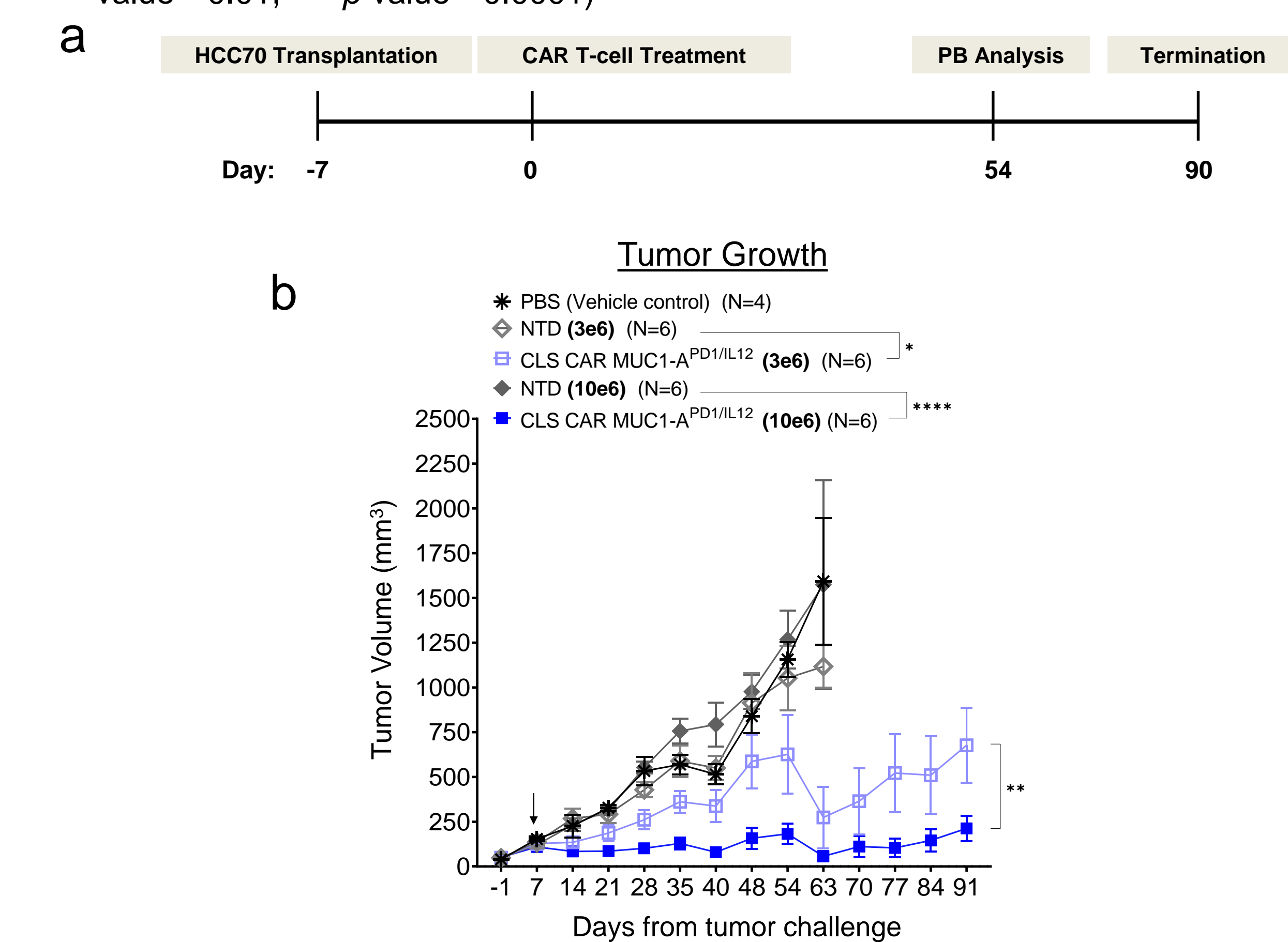
## #5 Tumor-specific IL-12 release and PD1KO equipped MUC1-CARs show TNBC tumor control and T-cell infiltration.

(a) Secretion of IL-12 in synchronization with T-cell activation measured by CD25 expression (b) *In vivo* tumor growth for PBS, NTD and 4 MUC1-CARs with the PD1KO/IL12KI attribute (c) Superior infiltration of HCC70 tumors by MUC1-CAR T-cells enhanced with PD1KO/IL12KI attribute (d) MUC1-CAR activity with PD1KO/IL12KI attribute in the subcutaneous model (\**p*-value < 0.05, \*\**p*-value < 0.01, \*\*\**p*-value < 0.001, \*\*\*\**p*-value < 0.0001)



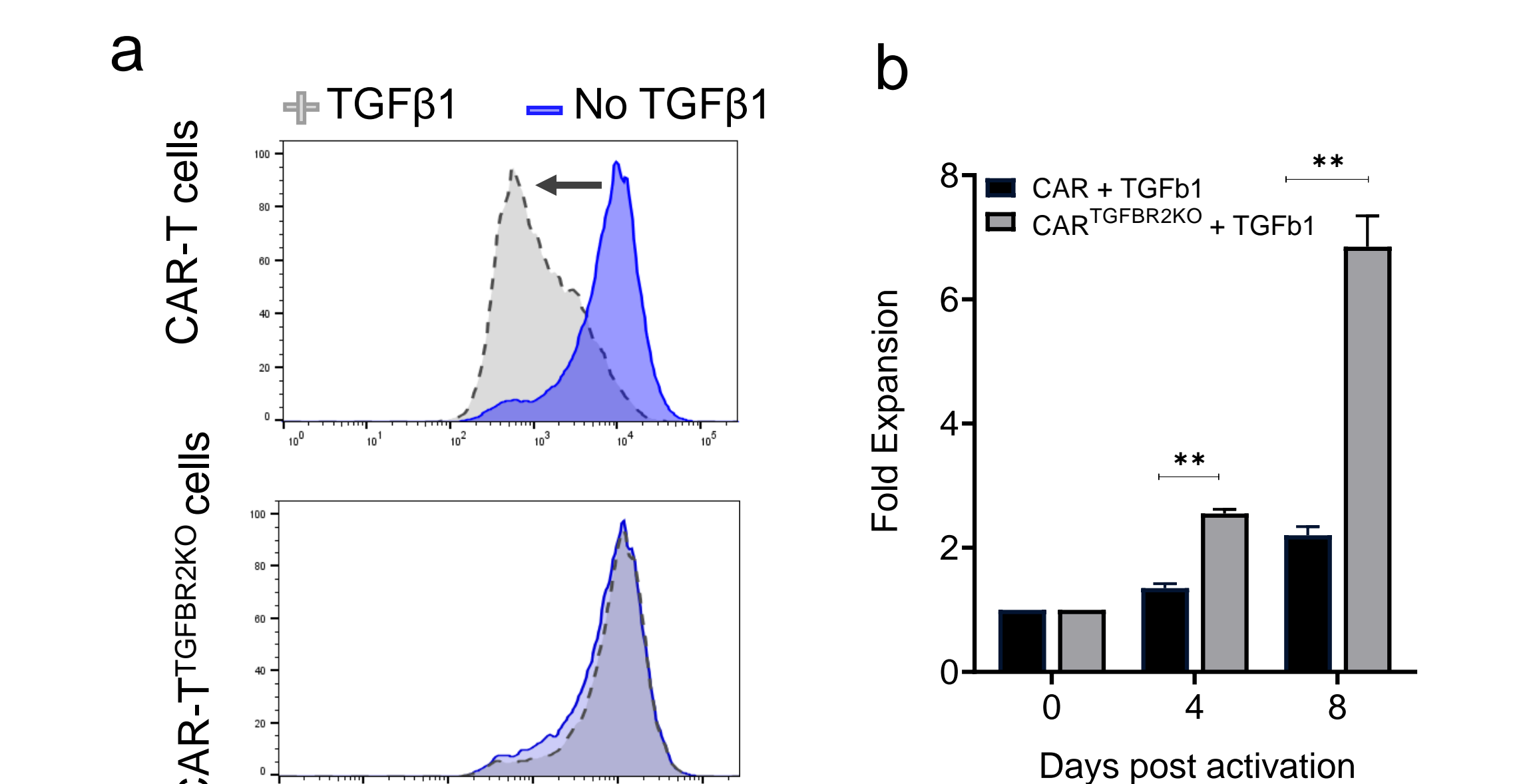
## #6 Armored MUC1-CARs control tumors in a dose dependent manner and extend survival.

(a) Schematic representation of timeline of *in vivo* experiment (Similar for each experiment) (b) *In vivo* tumor growth for animals treated with PBS, NTD or different doses of different MUC1-CAR T-cells (c) Survival curve showing extended survival of animals treated with MUC-1 CAR with attributes (d) Dose-dependent HCC70 tumor infiltration of MUC1-CAR with PD1KO/IL12KI attribute (\**p*-value < 0.05, \*\**p*-value < 0.01, \*\*\*\**p*-value < 0.0001)



## #7 TGFB2KO Attribute restores activity of CAR-T cells in a TGFβ1 rich environment.

(a) Histogram of impaired CD25 expression following CAR-T cell activation in the presence of TGFβ1 and its restoration with TGFB2KO attribute (b) Superior expansion of MUC1-CAR with TGFB2KO attribute in the presence of TGFβ1 (\*\**p*-value < 0.01)



## #8 Conclusions

- Overall, we demonstrate that MUC-1 CAR T-cells control tumor growth, while infiltrating tumors more efficiently and extending survival when enhanced with attributes catered towards the TME of TNBC tumors.

- Our data shows that MUC1-CAR T cells can be efficiently edited through our complex engineering, and we can generate allogeneic CAR T-cells to overcome key challenges of immune suppressive TME.

