

Chimeric antigen receptor-T cell efficacy can be evaluated on an Organ-Chip model system

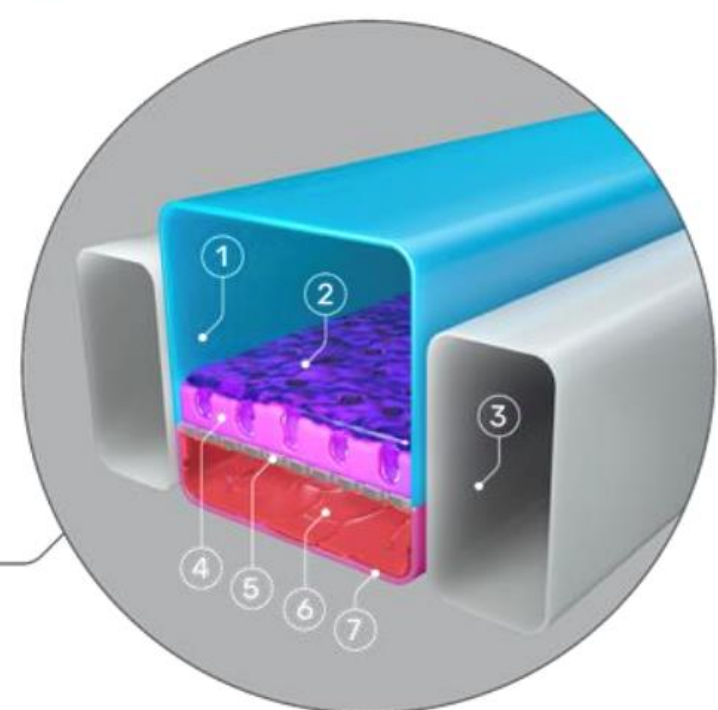
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OBJECTIVE: The need for human-centric model systems that can test the efficacy of chimeric antigen receptor (CAR) therapies is expanding rapidly, as these hold great promise for cancer treatment. We recently developed a system for inflammatory immune cell recruitment on the human Colon Intestine-Chip as a model for inflammatory bowel disease (IBD). The goal of the current study was to develop a novel system for measuring the recruitment and killing capacity of CAR-T cells in an Organ-Chip system. Our findings herein suggest that the human-centric Organ-Chip model can evaluate the efficacy of CAR-T cell therapies, and in particular, provide a system that integrates both the recruitment and killing aspects of CAR-T function.

Modeling the Intestine with Organ-on-a-Chip Technology

Colon Intestine-Chip

1. Top Channel
2. Mucus
3. Vacuum Channel
4. Colon Epithelial Cells
5. Porous Membrane
6. Endothelial Cells
7. Bottom Channel



Emulate S1-Chip

Key Functionality

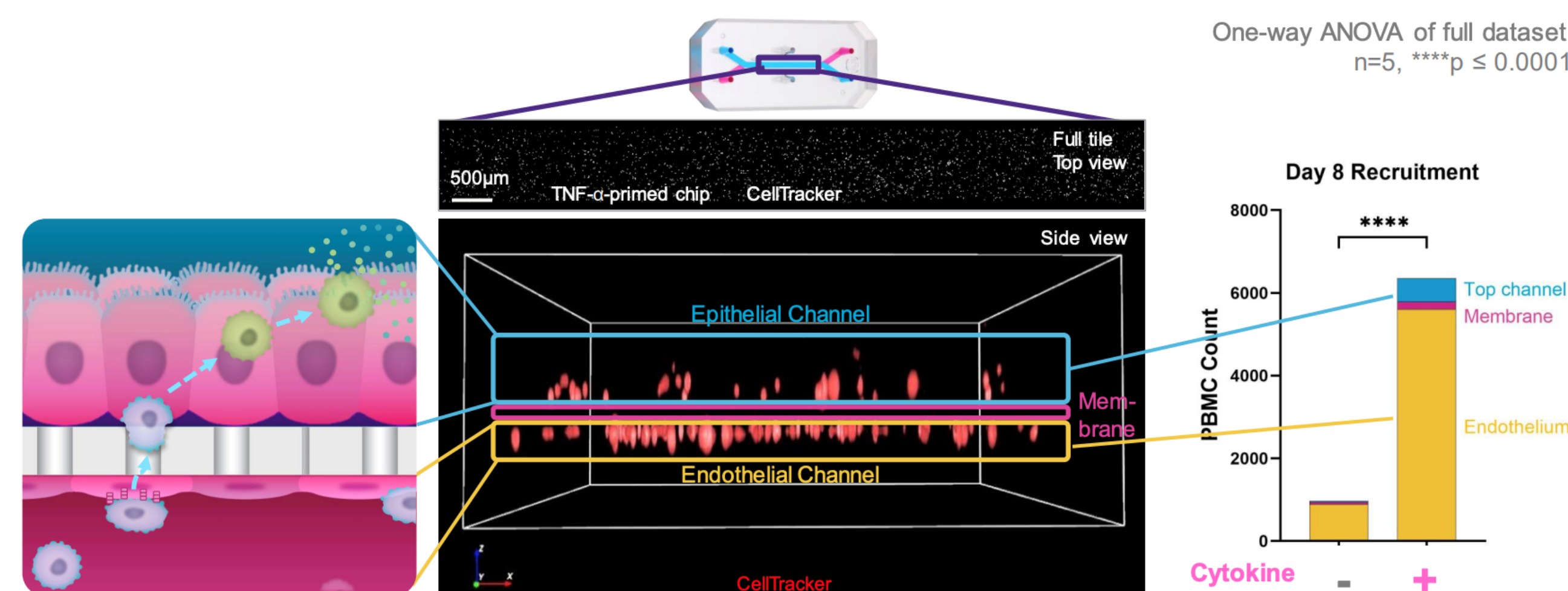
- Multi-lineage epithelial differentiation
- Microvilli, polarization, mucin secretion
- Tight junctions & low permeability
- Human-relevant gene expression

Human cells: Tissue-specific biopsy-derived organoids & primary microvascular endothelium
Mechanical forces: Tunable media flow rates and cyclic stretch



Apostolou A, et al, Cell Mol Gastroenterol Hepatol. 2021;12(5):1719-41

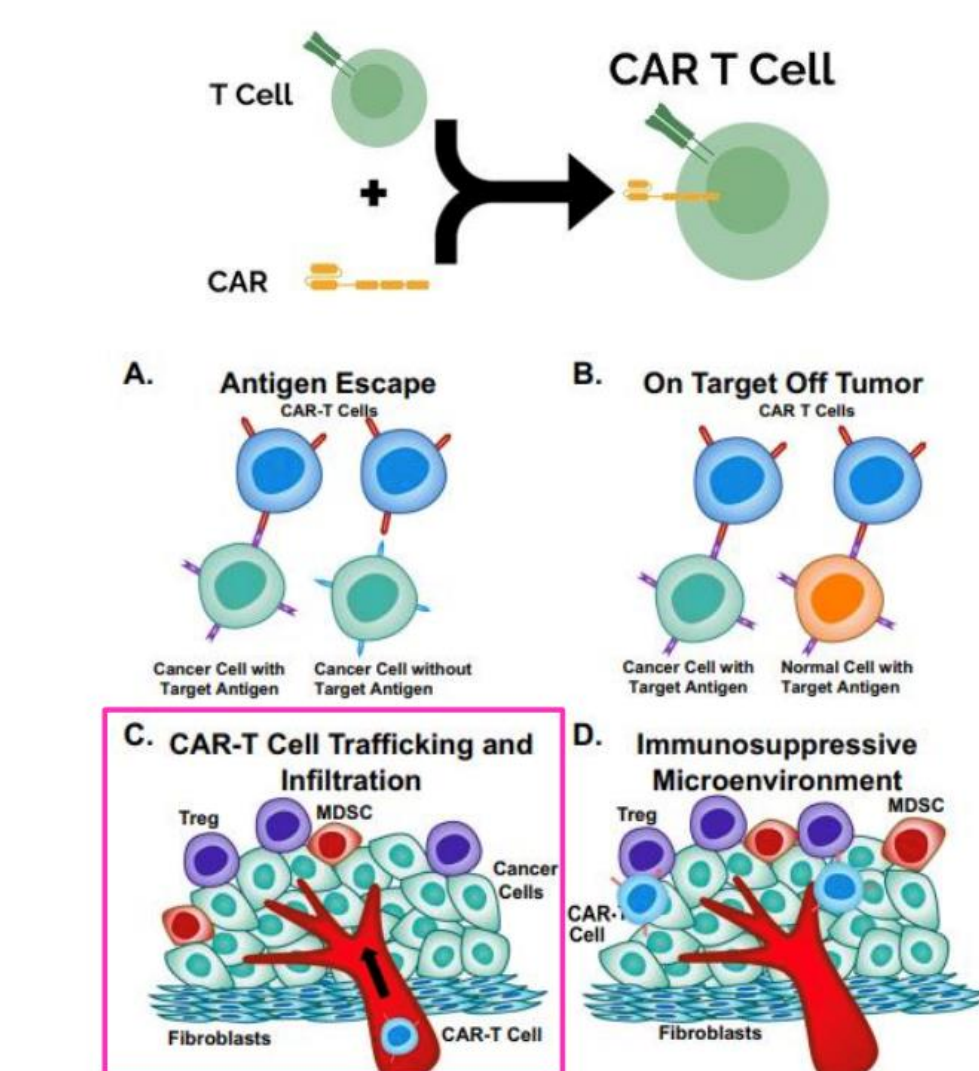
PBMC Recruitment, Attachment, and Migration On-Chip



Robust, *inflammation-specific* recruitment & migration of PBMCs on-chip

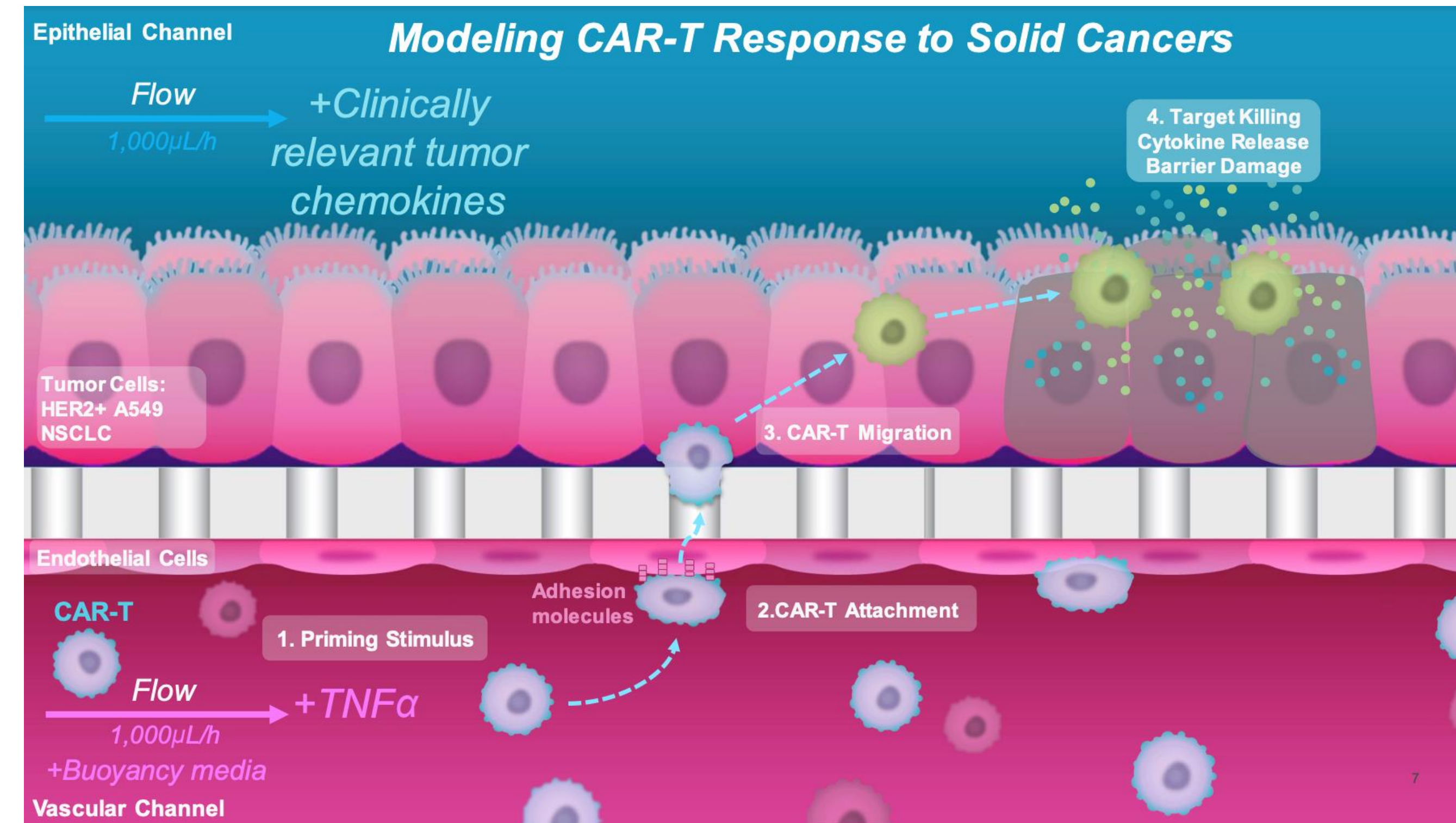
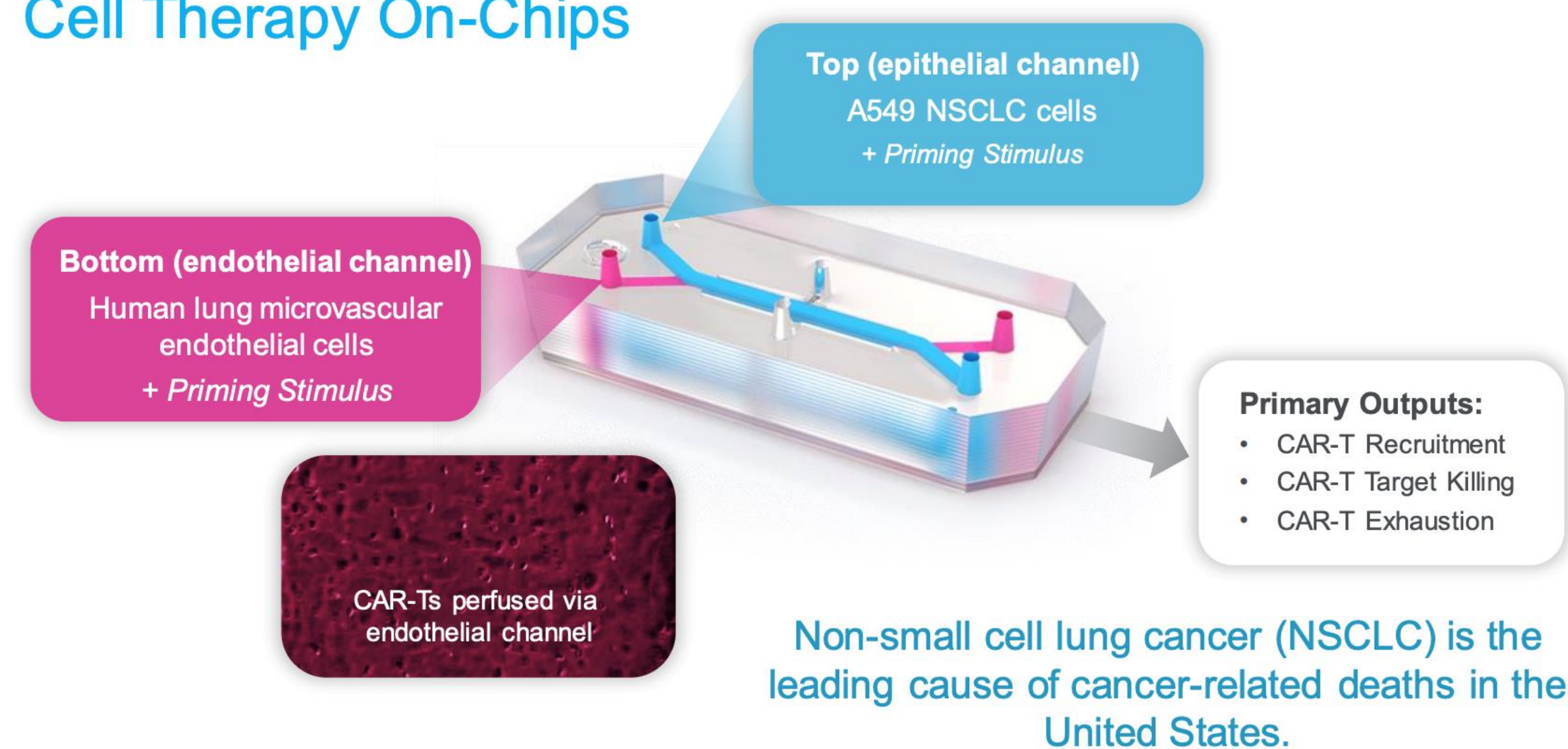
Living Drugs Derived From Human Immune Cells | CAR-T

- CAR-T Challenges & Opportunities**
- T cells can be engineered to express **cancer-specific** Chimeric Antigen Receptors (CAR)
 - First CAR-T therapy against B cell malignancies approved in 2017, with 5 others FDA approved for **blood cancers** since
 - **Solid tumors** account for ~90% of all adult human cancers, yet CAR-T therapy against them has been **largely unsuccessful**
 - **Immune cell trafficking** & immunosuppressive factors within the TME are key factors for this discrepancy
 - **Current *in vitro* models fail to capture challenges of CAR-T recruitment & infiltration**

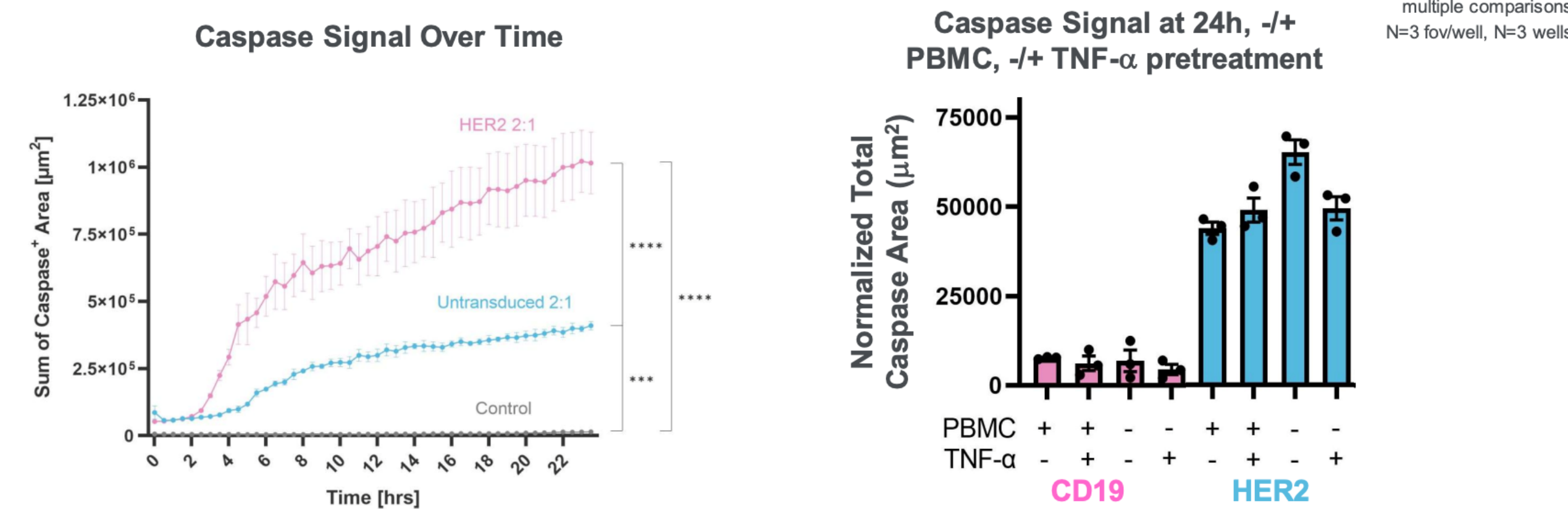


Shen, R.C., Shen, R.M. CAR-T cell therapy: current limitations and potential strategies. Blood Cancer J. 11, 69 (2021). <https://doi.org/10.1038/s41438-021-00458-7>

Modeling Adoptive Cell Therapy On-Chips



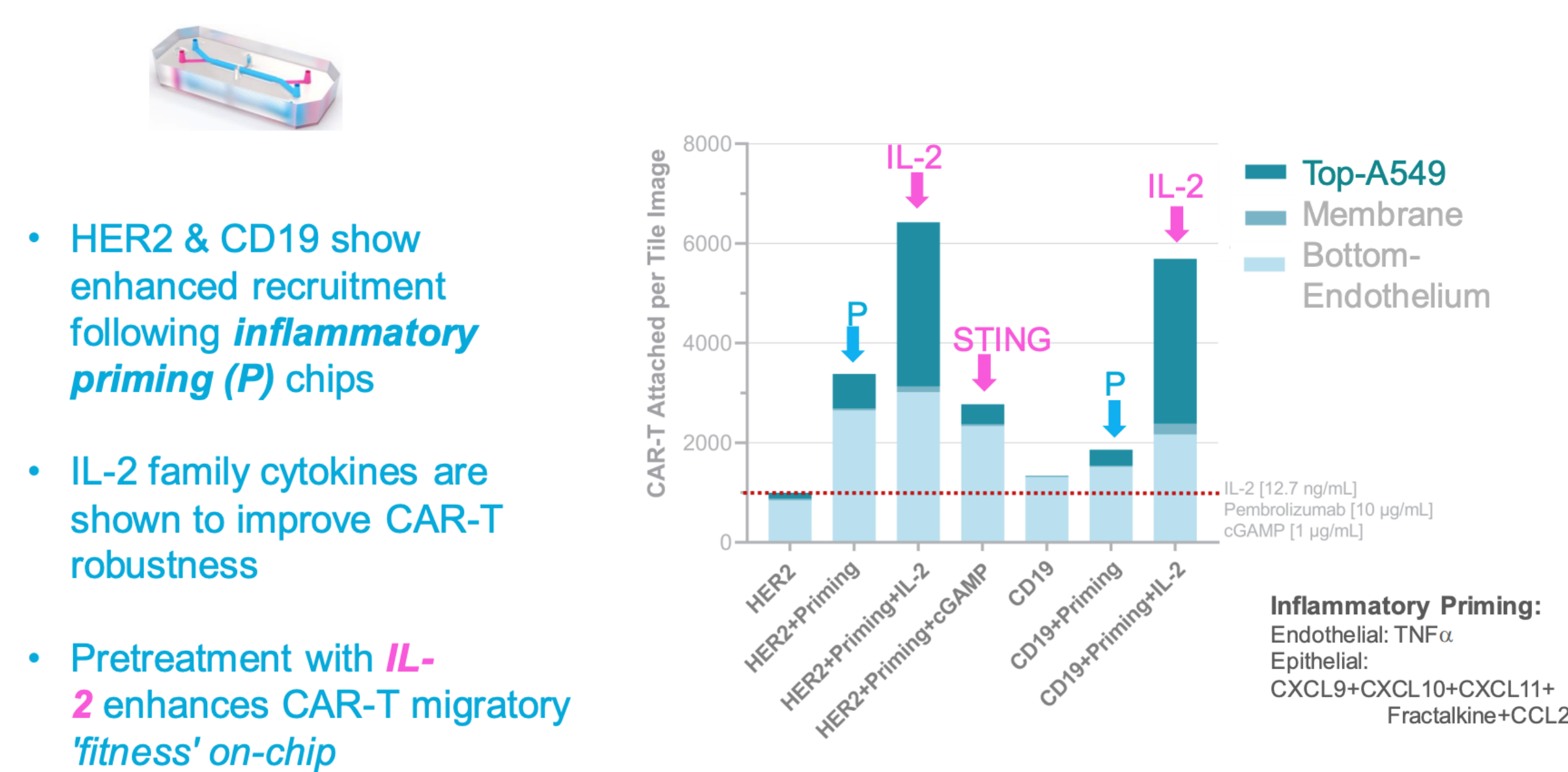
Validation of CAR-T Killing on A549 Plates



Specific CAR T cytotoxicity demonstrated with Caspase signal over 24h

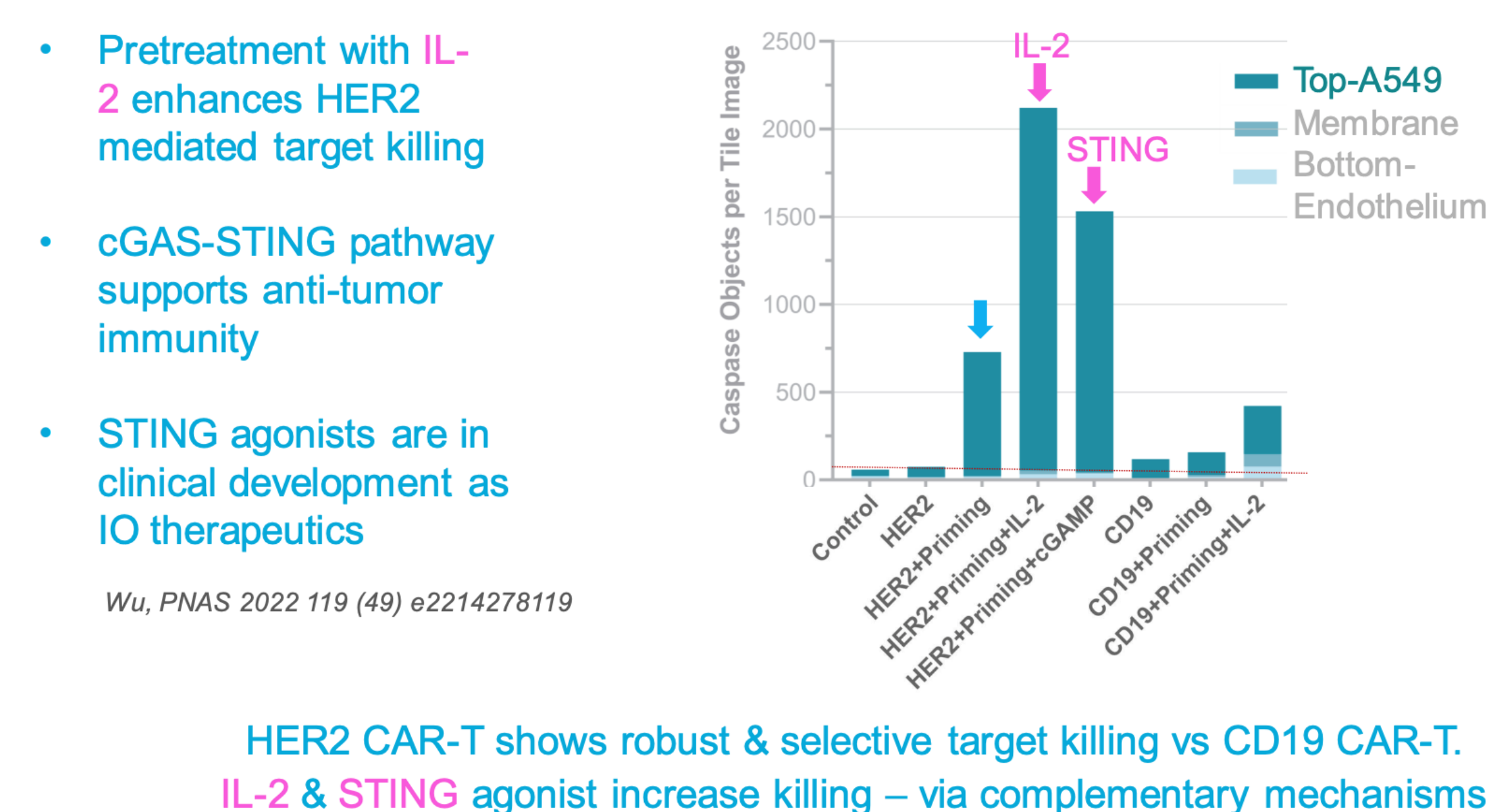
HER2 showed specific Caspase killing vs. CD19 CAR-T TNFα treatment or PBMC addition did not affect killing

CAR-T Recruitment & Migration On-Chip

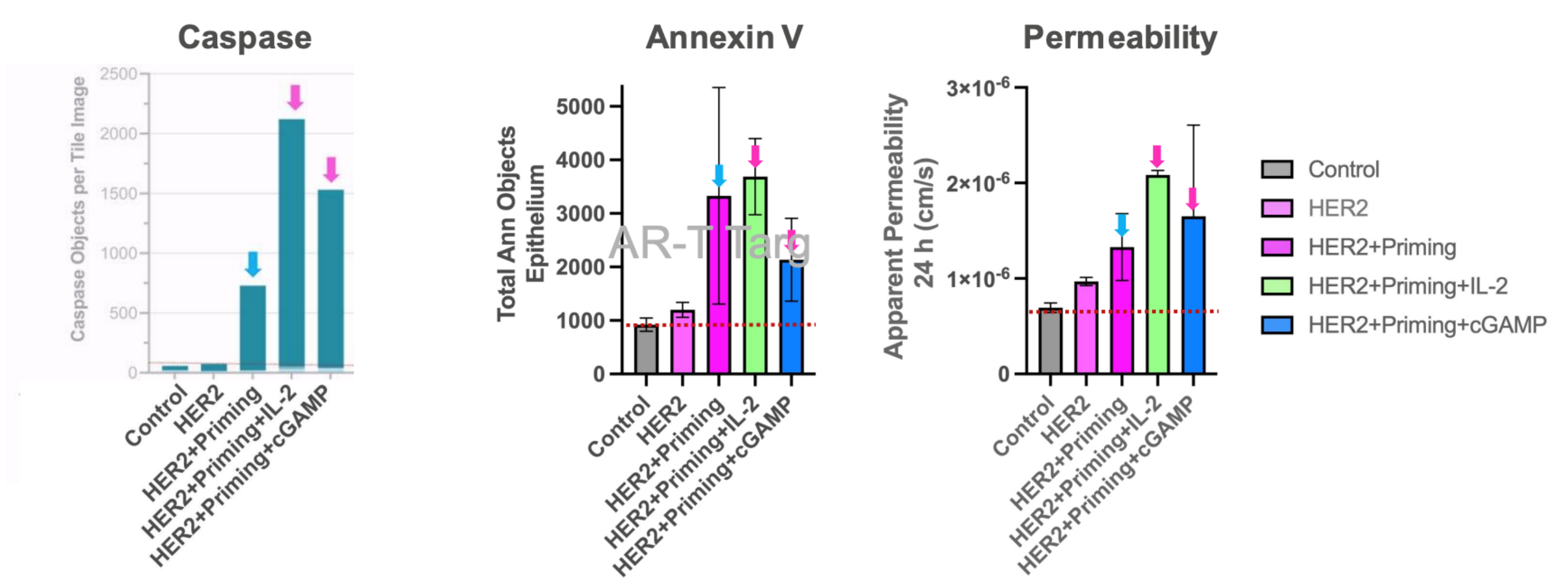


- HER2 & CD19 show enhanced recruitment following **inflammatory priming (P)** chips
- IL-2 family cytokines are shown to improve CAR-T robustness
- Pretreatment with **IL-2** enhances CAR-T migratory 'fitness' on-chip

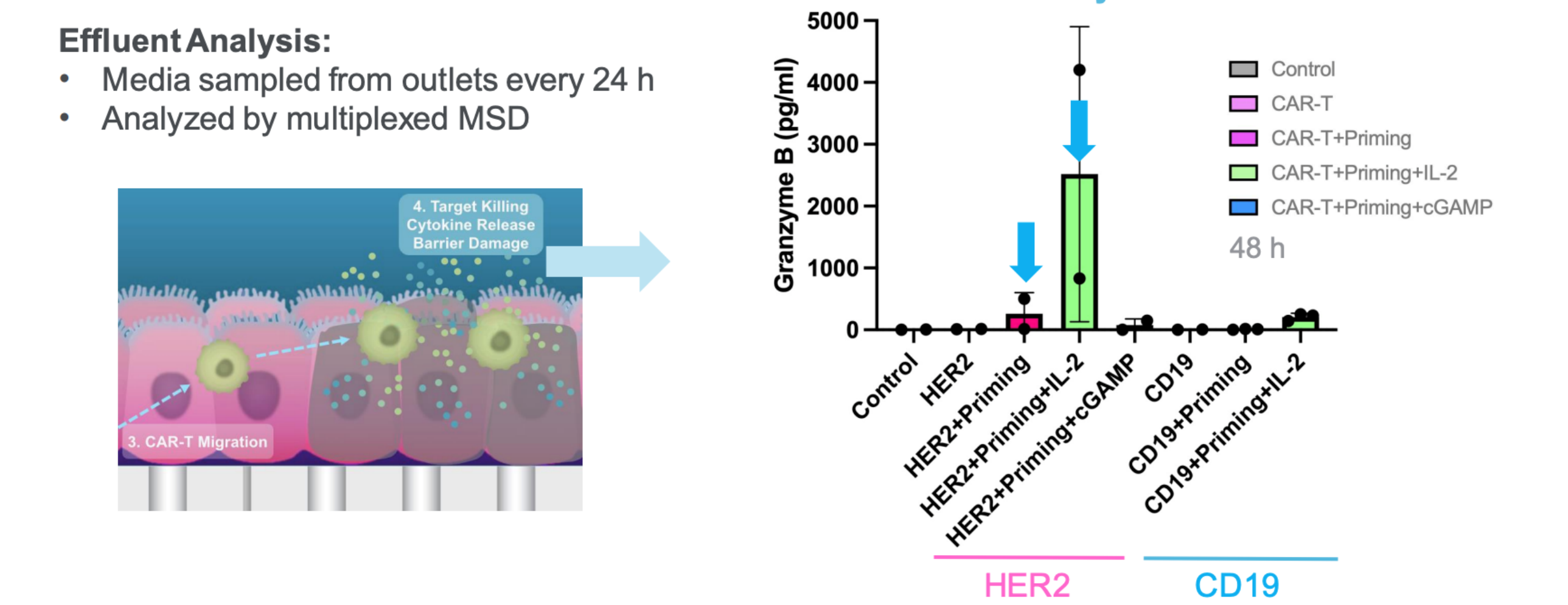
CAR-T Target Cytotoxicity On-Chip - Caspase



CAR-T Target Cytotoxicity On-Chip – Annexin V & Permeability

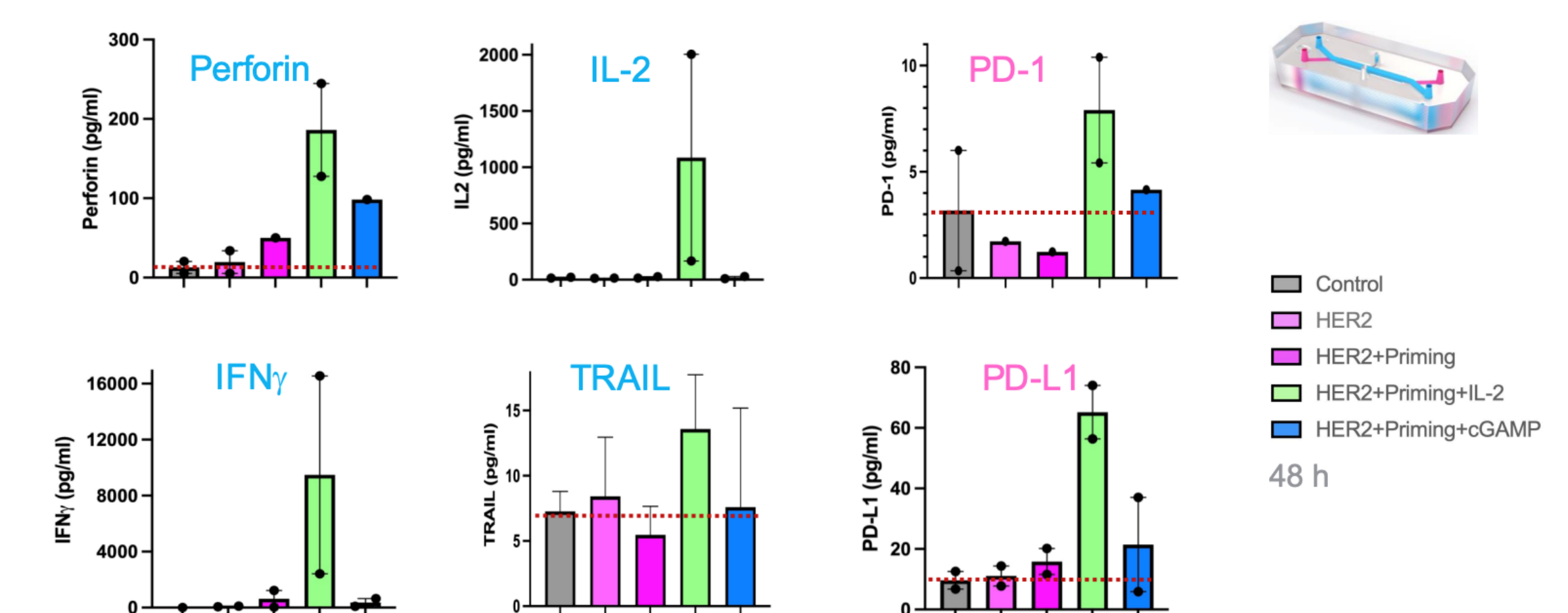


CAR-T Cytotoxicity On-Chip – Effluent Analysis



Antigen- & time-dependent CAR-T activity can be assessed through effluent

CAR-T Target Cytotoxicity & Exhaustion On-Chip - Effluent



Antigen- & time-dependent CAR-T activity can be assessed through effluent

CAR-T Cell Recruitment Summary and Next Steps

- Model & Application Characterization to Date**
- Show CAR-T recruitment & modulation
 - Demonstrated specific cytotoxicity
 - Efficacy of IO co-therapies
 - Assessment of CAR-T exhaustion
 - Validated workflow for meaningful CAR-T evaluation

Next Steps

- Assess efficacy & specificity for diverse CAR-T Targets
- Screen novel CAR designs and IO co-Therapies

