

# Evaluation of Autologous and Allogeneic T Cell-Based Therapies in *Ex-vivo* and *In-Vivo* Xenograft Tumor Models

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## AACR 2025 ABSTRACT NUMBER 5342

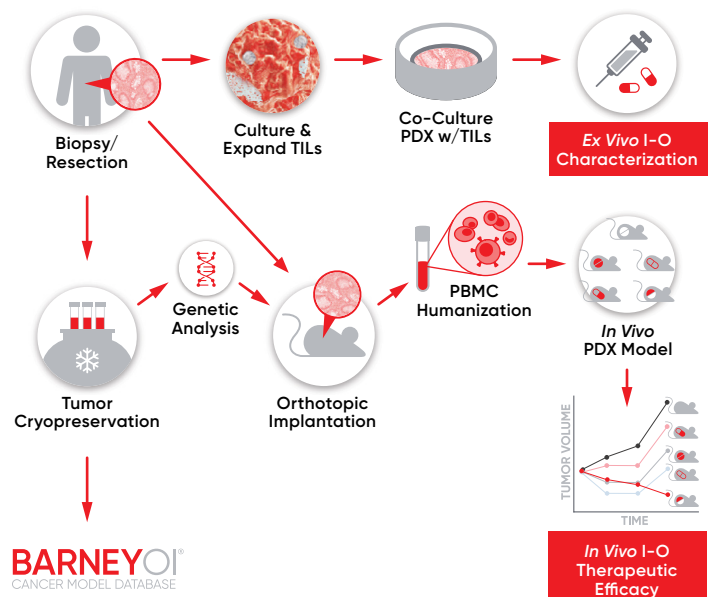
The field of adoptive T cell-based immunotherapy, including tumor-infiltrating lymphocytes (TILs), T cell receptor (TCR) & Chimeric antigen receptor (CAR) – T cells, has undergone unprecedented growth, specifically later in delivering an effective and durable clinical response. Notable success with CAR-T cells is limited to hematological malignancies while clinical gains with solid tumors is still a challenge. Solid tumors' heterogeneous target expression and loss, T cell status and metabolic fitness, T cell trafficking into the tumor, and the hostile immunosuppressive tumor microenvironment (TME) have hampered T cell efficacy in patients. There is a lack of clinically relevant solid tumor models for the translation of T cell-based therapies into the clinic. Here, We present orthotopic patient-derived xenografts (PDX) as an essential translational platform for the pre-clinical evaluation of T cell-based immunotherapies.

## SUMMARY

The tumor implantation site determines the outcome of different therapeutic responses validated with anti-mouse VEGFR2 antibody (Ab), focal irradiation, and allogeneic 3rd generation CAR-T cell therapy (scFv(HER2)-CD28-4-1BB-CD3zeta CAR-T). For anti-angiogenic therapy, differences in response are driven by differential *in vivo* therapeutic efficacy and immune cell composition. For cell therapy, a dose-dependent killing of HER-2 expressing CDX (A549) and PDX (NSCLC adenocarcinoma) was observed with HER-2 targeting CAR-T cells in an *ex-vivo* co-culture assay. This was in concordance with the activation, effector function, and differentiation status of

the CAR-T cells. Further, to imitate the patient population and the effect of solid TME, CAR-T cells were assessed for their efficacy and immune response differences in the subcutaneous and orthotopically implanted HER-2 expressing PDX in immunodeficient NOG mice. Our results indicate discordant tumor infiltration and immune cell functional status under different implantation sites, favoring orthotopic implantation as a superior translational model for T-cell immunotherapy evaluation. Our findings highlight the importance of testing T cell-based immune therapies in the appropriate translational tumor models with better certainty of clinical outcome.

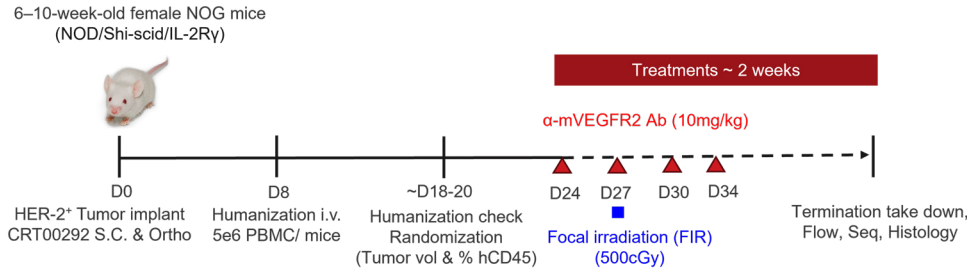
## IMMUNO-ONCOLOGY (IO) TRANSLATIONAL WORKFLOW



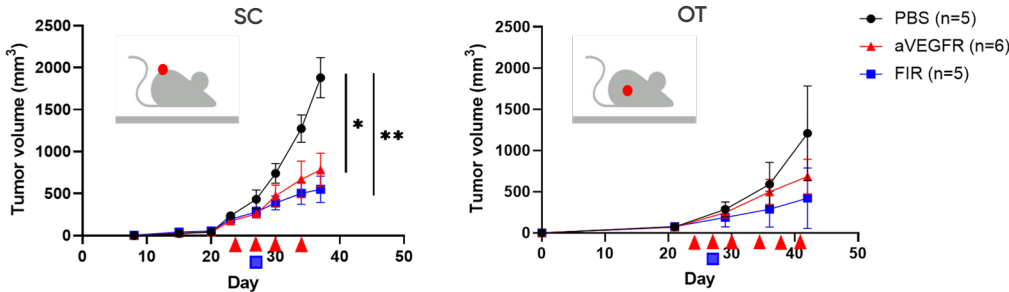
**RESULTS**

Orthotopic (OT) implanted *in vivo* models show decreased therapeutic efficacy and lower CD4+ T cell recruitment compared to subcutaneous (SC) implanted PDX

**PBMC Humanized Model of SC and OT Gastric PDX**

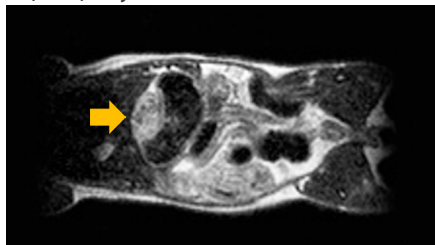


Gastric PDX was implanted subcutaneously and orthotopically in female NOG mice, 6-10 weeks of age. After one week of tumor implantation, both groups were humanized with 5x10<sup>6</sup> donor PBMCs. Mice were randomized depending on blood check of humanization and tumor volume (40-100mm<sup>3</sup>). Both groups received anti-mVEGFR2 antibody (Ab) treatment for 2 weeks or one dose of focal irradiation (FIR) (500cGy).



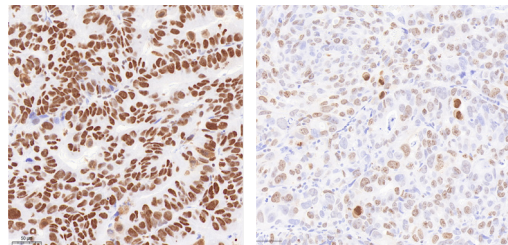
The tumor growth curve of the SC group was measured via caliper twice a week, and the OT group was measured via the Aspect M3 Compact MRI system once a week. \*P<0.05, \*\*P<0.01 by the two-way ANOVA.

MRI  
OT, PBS, Day 29

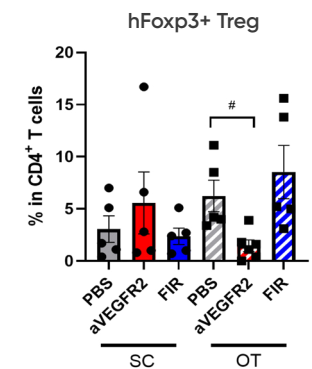
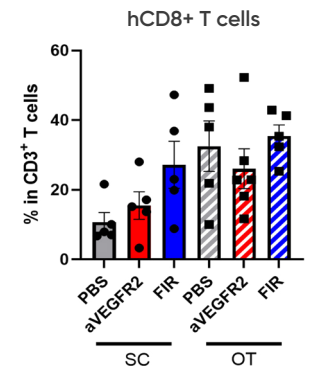
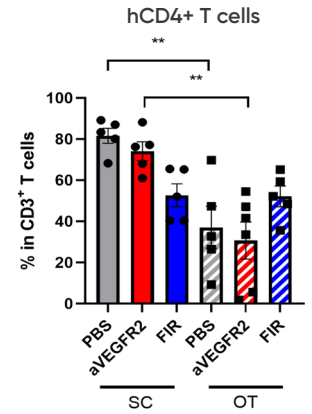


Repetitive MRI image of gastric PDX model at D29. Yellow arrowhead.

QC  
Human Nuclei  
Ki67

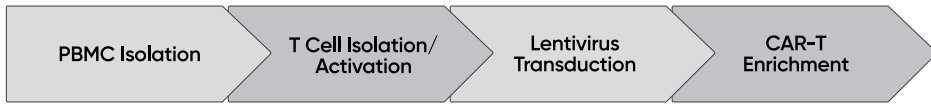


Immunohistochemistry (IHC) QC with anti-Human nuclei and human Ki67. Scale bar, 50µm

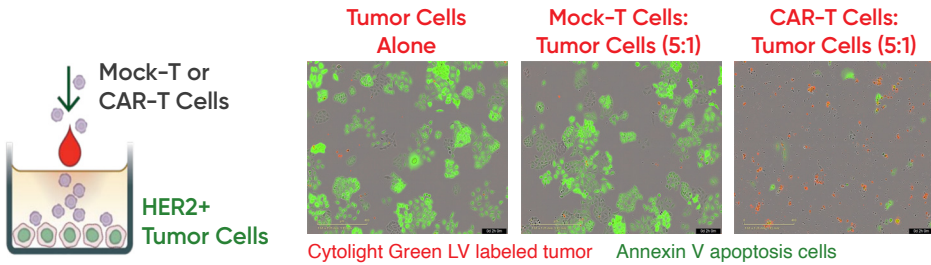


TILs were further evaluated by % of hCD4, hCD8, and hTreg cells using the Cytek Aurora spectral flow cytometer and FlowJo analysis. SC group, PBS n=5, aVEGFR2 n=5, FIR n=5; OT group, PBS n=5, aVEGFR2 n=6, FIR n=5. \*P<0.05, \*\*P<0.01 by the two-way ANOVA. #P<0.05 by the Student's t-test.

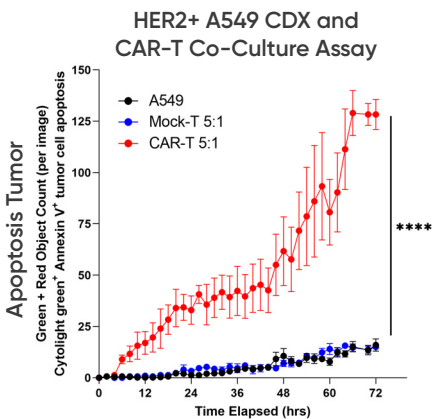
# HER2-targeting CAR-T cells significantly drives apoptosis in HER2+ tumors (CDX/PDX)



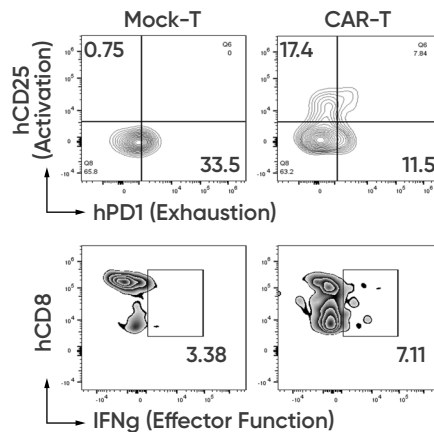
The workflow of the 3rd generation CAR-T generation (scFv(HER2)-CD28-4-1BB-CD3zeta).



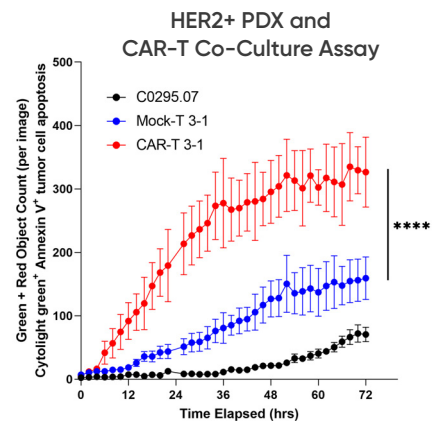
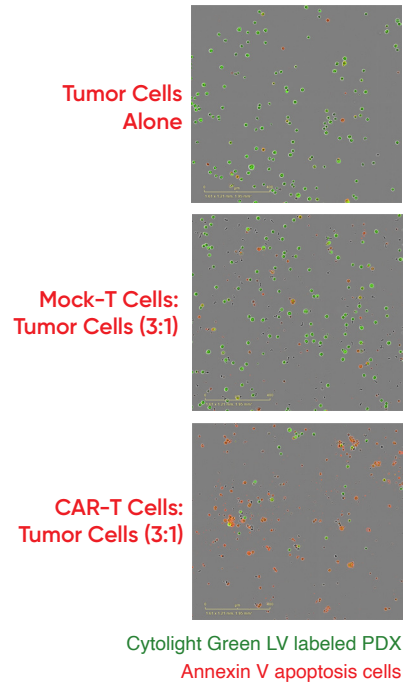
HER2-expressing A549 cells were labeled with Cytolight green using LV. 1,000 tumor cells were co-cultured with 5,000 Mock-T or CAR-T cells in the presence of Incucyte Annexin V Red Dye with 300U hIL2 media. The final image of the tumor and Mock-T or CAR-T cells co-culture after 3 days of incubation. Green, Cytolight green labeled A549 tumor; Red, apoptosis cells.



The apoptotic tumor cell count was quantified over time using the Satorius Incucyte S3 Imaging system. \*\*\*\*P<0.001 by the two-way ANOVA.

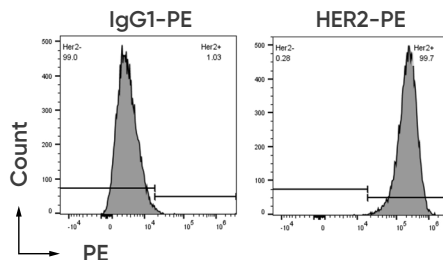
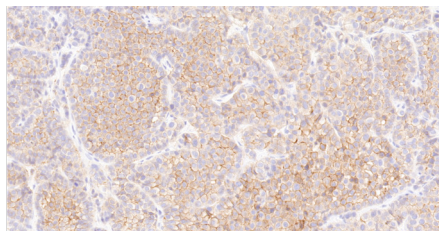


Immune phenotyping of CAR-T cells was characterized by spectral flow cytometry.



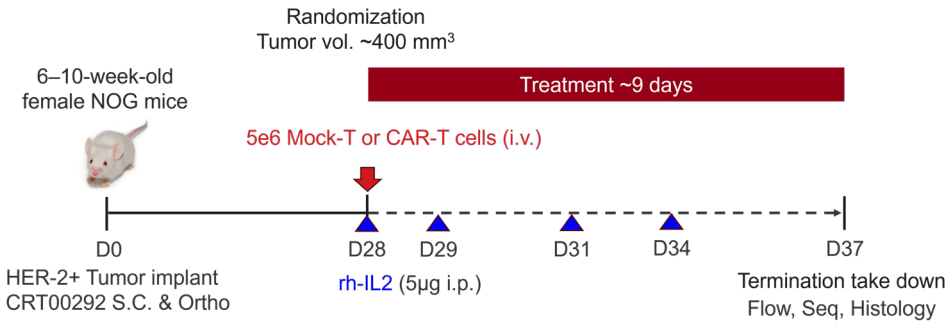
Co-culture killing assay of CAR-T cells and selected PDX tumor cells. The apoptotic tumor cell count was quantified and graphed over time using the Satorius Incucyte S3 Imaging system. \*\*\*\*P<0.0001 by the two-way ANOVA.

## HER2 Expression on CRT295 (NSCLC Adenocarcinoma)

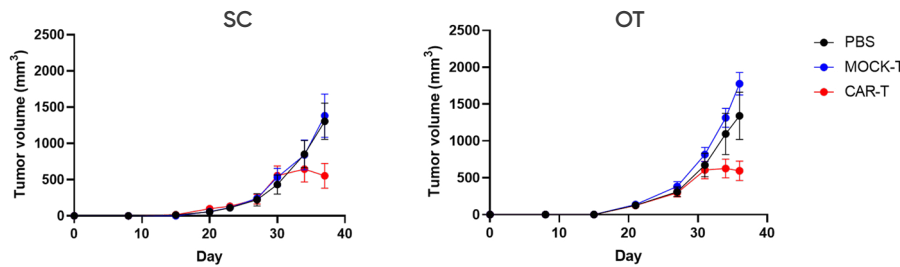


High HER2-expressing PDX was selected from the Certis BARNEY database. The validation of HER2 antigen expression in CRT00295 PDX was confirmed by IHC and Flow cytometry.

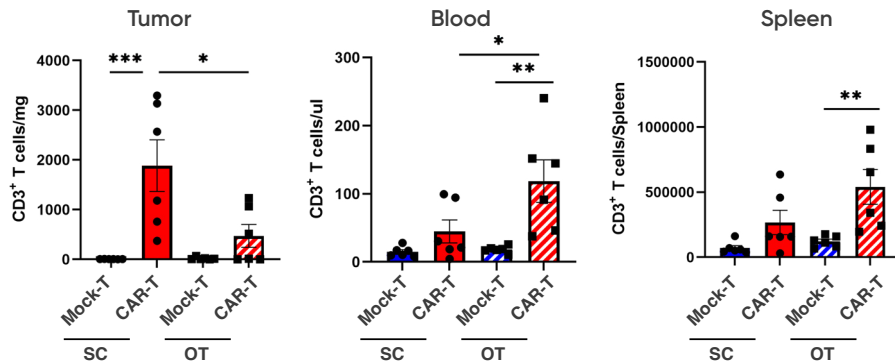
**HER2-targeting CAR-T cells show a similar *in vivo* efficacy in both SC and OT models, but lower ability of tumor infiltration with higher activity and lower central memory T (T<sub>CM</sub>) cell subset in the OT group**



Gastric PDX (CRT00292) was implanted subcutaneously and orthotopically in female NOG mice, 6–10 weeks of age. When the tumor range both in SC and Ortho groups reaches approximately 400mm<sup>3</sup> – 500mm<sup>3</sup>, mice were randomized into different groups with n = 6 mice/group and received 5e6 control Mock-T or CAR-T cells (HLA match between T cells donor and PDX tumor) followed by four doses of 5µg rh-IL2.



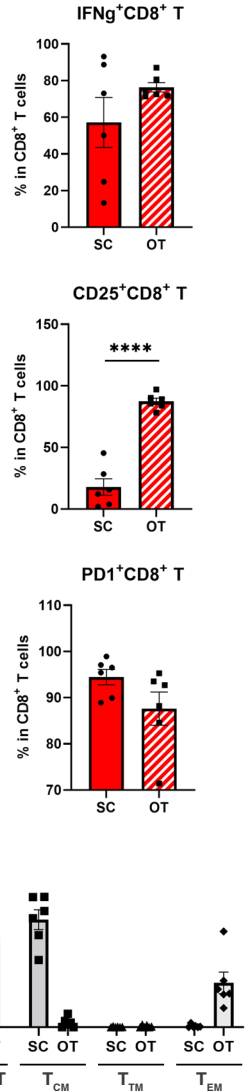
The tumor growth curve of the SC group was measured via caliper twice a week, and the OT group was measured via the Aspect M3 Compact MRI system once a week.  
\*\*\*P<0.001; \*\*\*\*P<0.0001 by the two-way ANOVA.



Absolute cell count of hCD3<sup>+</sup> T cells in tumor, blood, and spleen collected from both SC and OT groups. \*P<0.05; \*\*P<0.01; \*\*\*P<0.001 by the two-way ANOVA.

**OBSERVATIONS & RESULTS**

- PDX tumor implantation site drives differential immune cell composition under different treatments
- HER2-targeting CAR-T cells induce apoptosis in both HER2+ CDX and PDX models
- HER2-targeting CAR-T cells show different rates of tumor infiltration, and effector status in different implantation sites



Functional characterization and differentiation status of tumor-infiltrating CD8<sup>+</sup> CAR-T using the Cytex Aurora spectral flow cytometer and FlowJo analysis.  
\*\*\*\*P<0.0001 by the Student's t-test.

**ACKNOWLEDGEMENTS**

