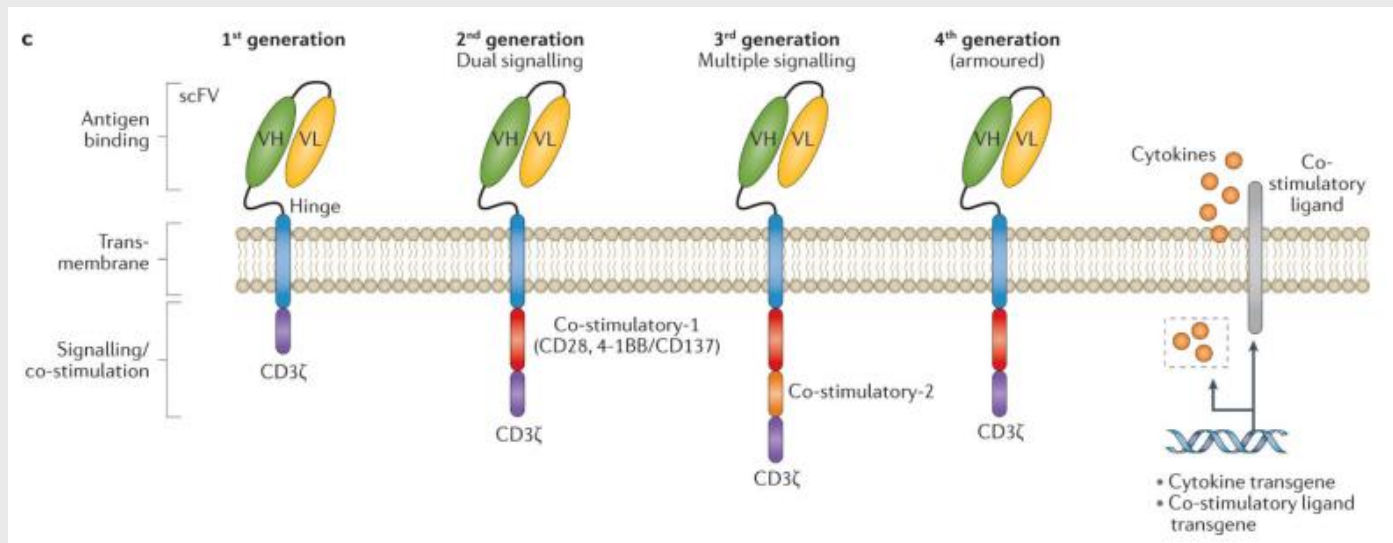
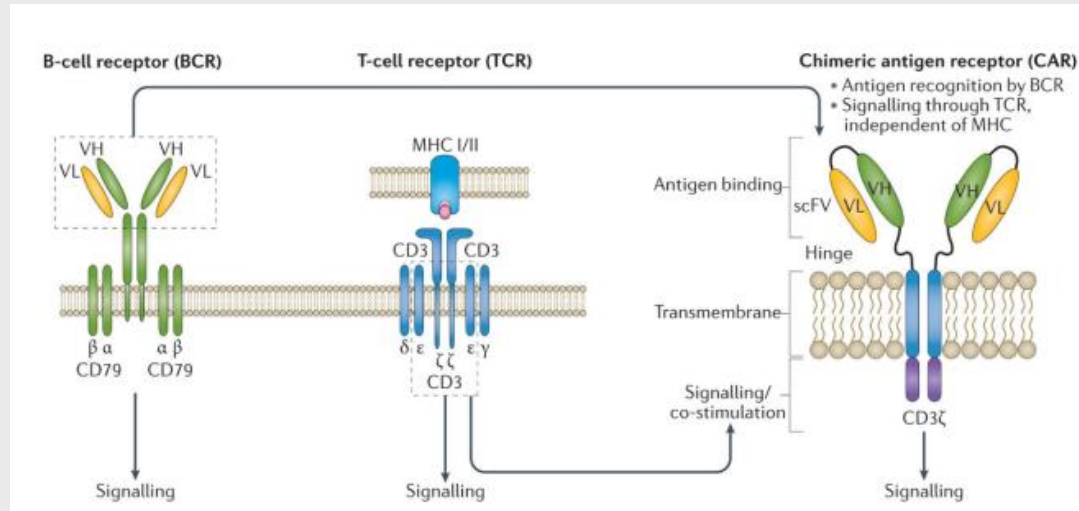


Pr Steven Le Gouill, MD, PhD

15 juin 2023

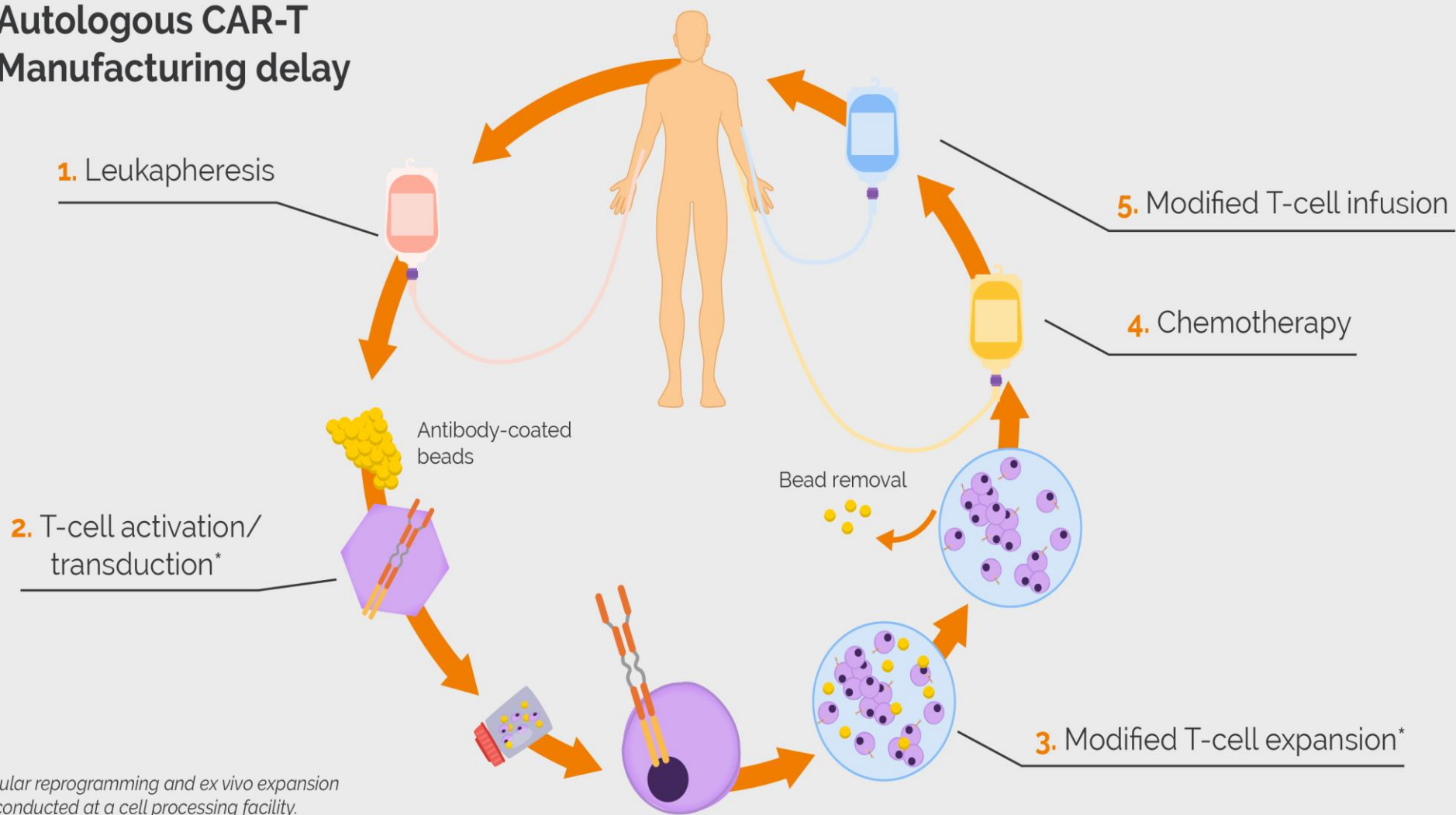
CAR-T cells in real life: the French experience, DESCAR-T registry

ENSEMBLE, PRENONS
LE CANCER DE VITESSE



Batlevi et al, Nat Rev Clin Oncol. 2016

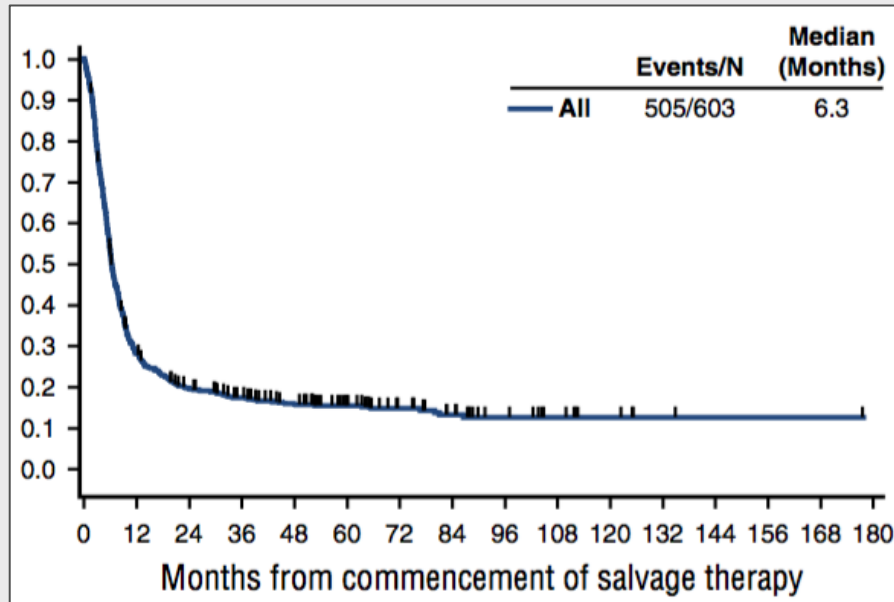
Autologous CAR-T Manufacturing delay



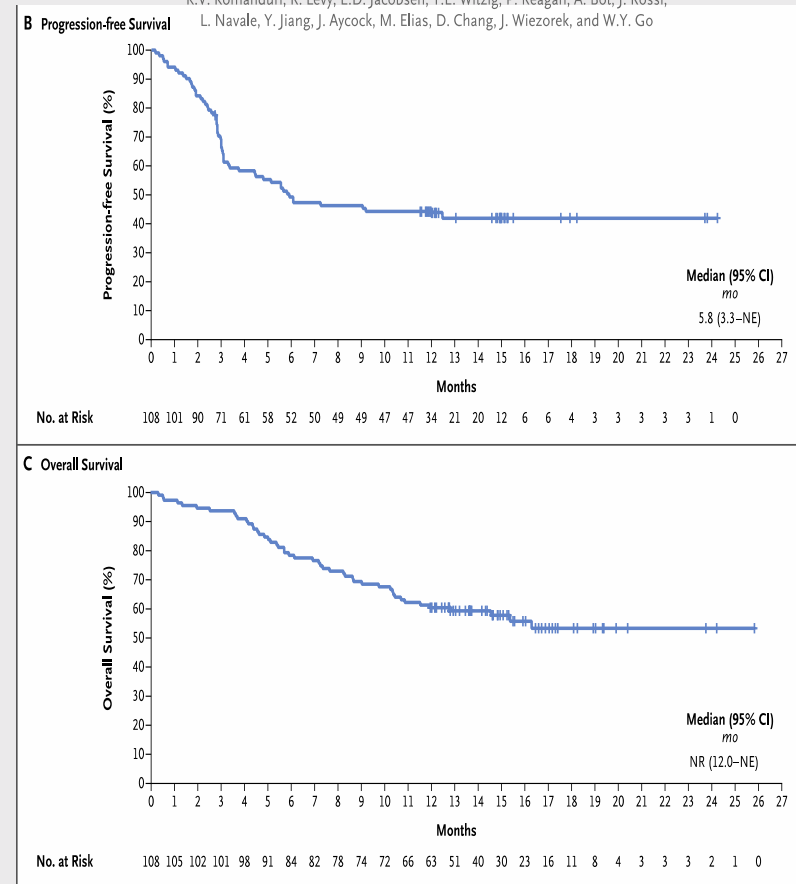
ORIGINAL ARTICLE

Axicabtagene Ciloleucel CAR T-Cell Therapy in Refractory Large B-Cell Lymphoma

S.S. Neelapu, F.L. Locke, N.L. Bartlett, L.J. Lekakis, D.B. Miklos, C.A. Jacobson, I. Braunschweig, O.O. Oluwole, T. Siddiqi, Y. Lin, J.M. Timmerman, P.J. Stiff, J.W. Friedberg, I.W. Flinn, A. Goy, B.T. Hill, M.R. Smith, A. Deol, U. Farooq, P. McSweeney, J. Munoz, I. Avivi, J.E. Castro, J.R. Westin, J.C. Chavez, A. Ghobadi, K.V. Komanduri, R. Levy, E.D. Jacobsen, T.E. Witzig, P. Reagan, A. Bot, J. Rossi, L. Navale, Y. Jiang, J. Aycock, M. Elias, D. Chang, J. Wieszorek, and W.Y. Go



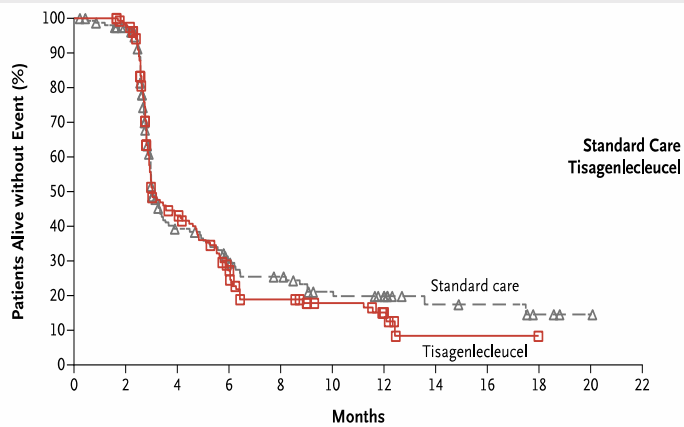
Crump et al, Blood 2017



CAR-T cells		Axi-Cel (Yescarta®)	Tisa-Cel (Kymriah®)	Liso-Cel (JCAR017)
References	Reference	Locke FL et al. Lancet Oncol. 2019 Jacobson C et al, ASH 2020 (#1187)	Schuster SJ et al. NEJM 2019 Jeager U et al, ASH 2020 (#1194)	Abramson JS et al. Lancet 2020
	Company	Kite-Gilead	Novartis	Juno/Celgene
	Study name	ZUMA-1	JULIET	TRANSCEND NHL 001
Patients	Median age (min-max)	58 (23-76)	56 (22-76)	63 (18-86)
	N treated patients	108 (91%)	111 (67%)	269 (78%)
	Lymphoma subtype	DLBCL / PMBCL / TFL	DLBCL / TFL	DLBCL / TiNHL / PMBL / FL3B
Efficacy	Median follow-up	51.1 months	40.3 months	18.8 months
	Best ORR	83%	52%	73%
	Best CR	58%	40%	53%
	Median PFS	5.9 months	2.9 months	6.8 months
	Median OS	25.8 months	12 months	21.1 months
Toxicity	Grade ≥ 3 CRS	11%	23%	2%
	Grade ≥ 3 ICANS	32%	11%	10%

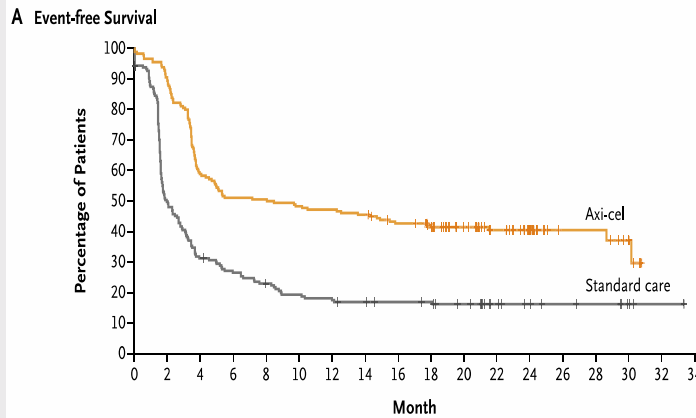
CAR-T	Ref	Design	N	CAR-T vs SOC		Superiority CAR-t vs SOC
				mEFS (months)	mOS	
Tisagenlecleucel (Belinda trial)	Bishop et al. Nejm 2022	phase III	322	3 vs 3 (P=0.61)	immature at data cutoff	No
Axicabtagene Ciloleucel (Zuma 7)	Locke et al. Nejm 2022	phase III	359	8.3 vs 2 (P<0.001)	NR vs 35.1m (P=0.054)	Yes for EFS but not OS
Lisocabtagene maraleucel (Transform)	Kamdar et al. Lancet, 2022	phase III	232	10.1 vs 2.3 (p<0.0001)	NR vs 16.4m (p=0.026)	Yes for EFS and OS

Tisagenlecleucel (Belinda)



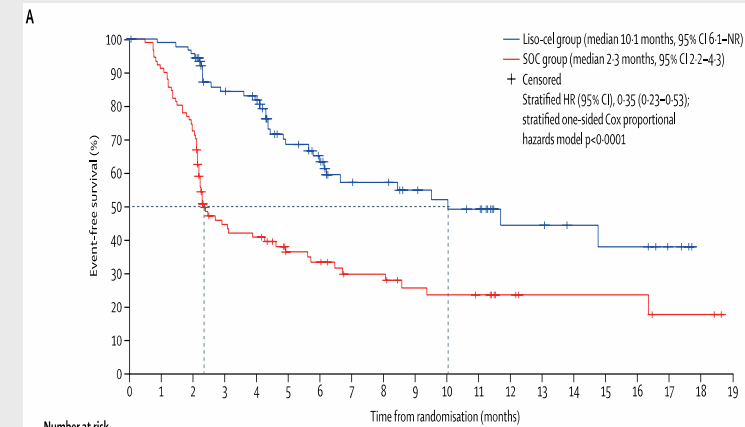
No. at Risk	0	2	4	6	8	10	12	14	16	18	20	22
Standard care	160	148	45	31	25	17	12	7	6	3	1	0
Tisagenlecleucel	162	156	57	32	19	13	6	1	1	0	0	0

Axicabtagene Ciloleucel (Zuma 7)

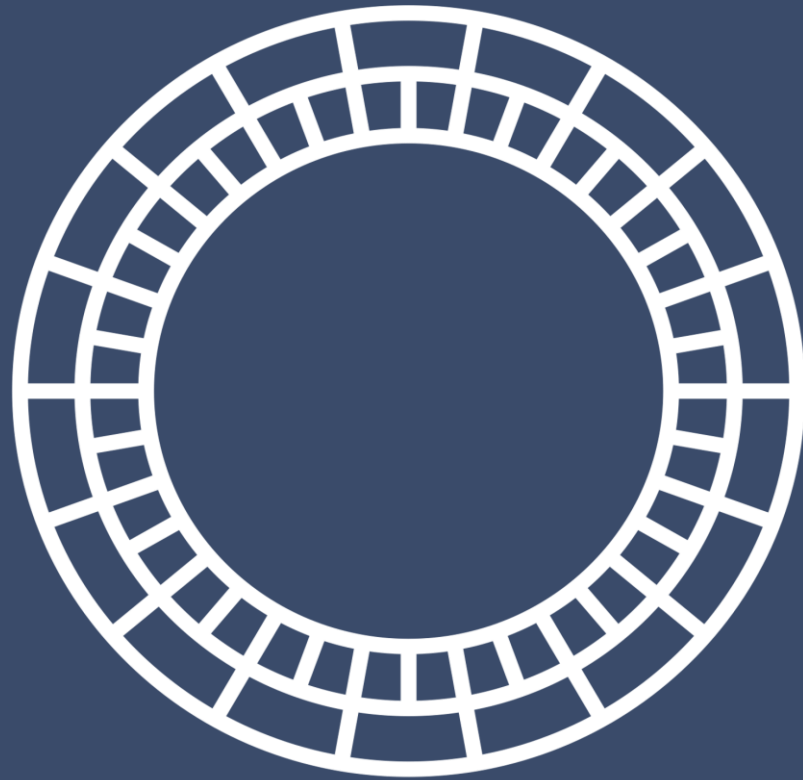


No. at Risk	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	
Axi-cel	180	163	106	92	91	87	85	82	74	67	52	40	26	12	12	6			
Standard care	179	86	54	45	38	32	29	27	25	24	20	12	9	7	6	3	1	0	

Lisocabtagene maraleucel (Transform)



Number at risk (number censored)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Liso-cel group	92 (0)	89 (2)	86 (2)	66 (13)	62 (15)	43 (25)	36 (29)	27 (35)	26 (36)	21 (40)	19 (41)	17 (42)	9 (49)	9 (49)	7 (51)	6 (51)	6 (51)	4 (53)	0 (57)	- (57)
SOC group	92 (0)	83 (1)	66 (1)	35 (8)	32 (8)	23 (14)	21 (14)	16 (17)	16 (17)	12 (19)	11 (19)	10 (20)	6 (24)	4 (26)	4 (26)	4 (26)	2 (27)	2 (27)	0 (29)	



DESCAR-T

Dispositif d'Etude et de Suivi des CAR-T
French CAR-T registry



DESCAR-T Registry

Journées du LYSA
Lille, 14 October 2022

Roch Houot, MD, PhD

*Professor of Hematology
Rennes University Hospital
Rennes, France*

Steven Le Guill, MD, PhD

*Professor of Hematology
Director of Institute Curie Comprehensive Cancer Center
Paris, France*

DESCAR-T : 3 objectives

Scientific

Improve our knowledge and understanding of the mechanisms associated with CAR T-cells efficacy and toxicity in real life

Regulatory

Address request from the French Health Authorities (HAS) : provide real life data of patients treated with CAR T-cells

Administrative

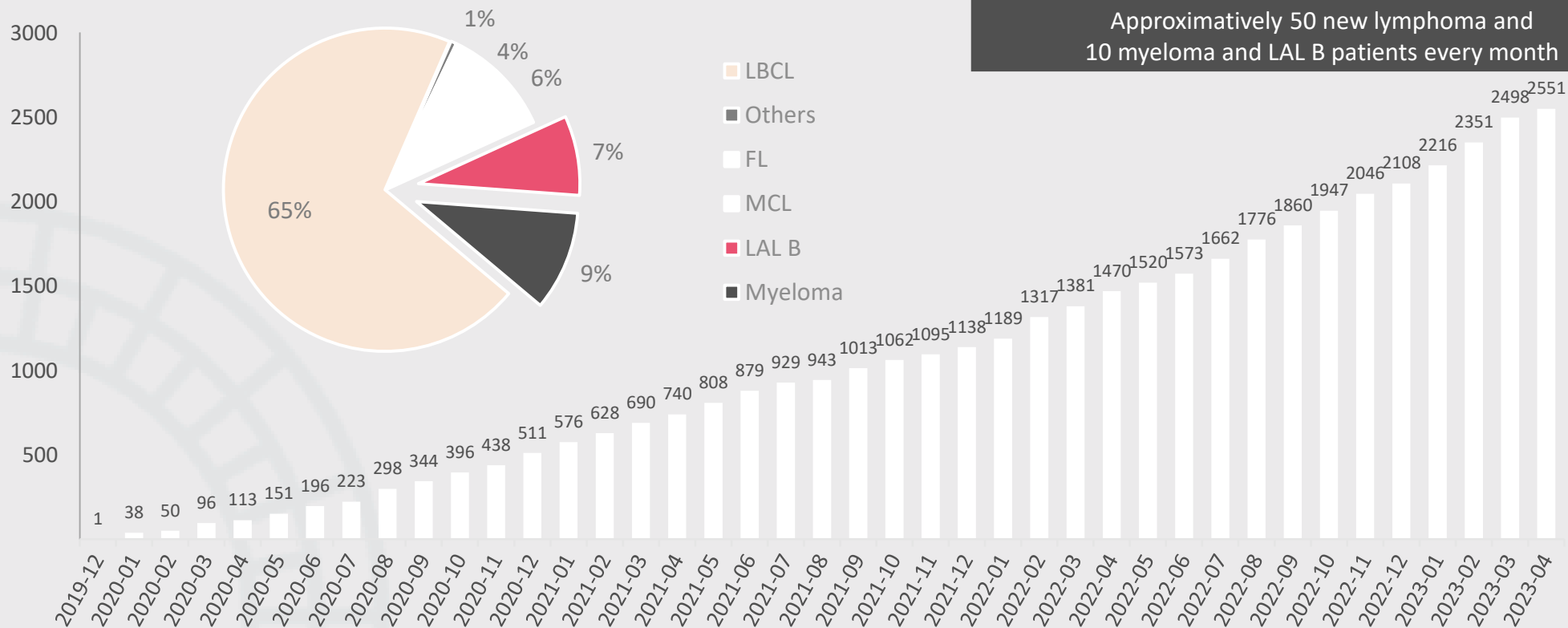
CAR T-cell reimbursement

DESCAR-T Registry: Cumulated Recruitment



April 2023
2500 patients in the registry!

Approximately 50 new lymphoma and 10 myeloma and LAL B patients every month



38 sites qualified to deliver CAR-T

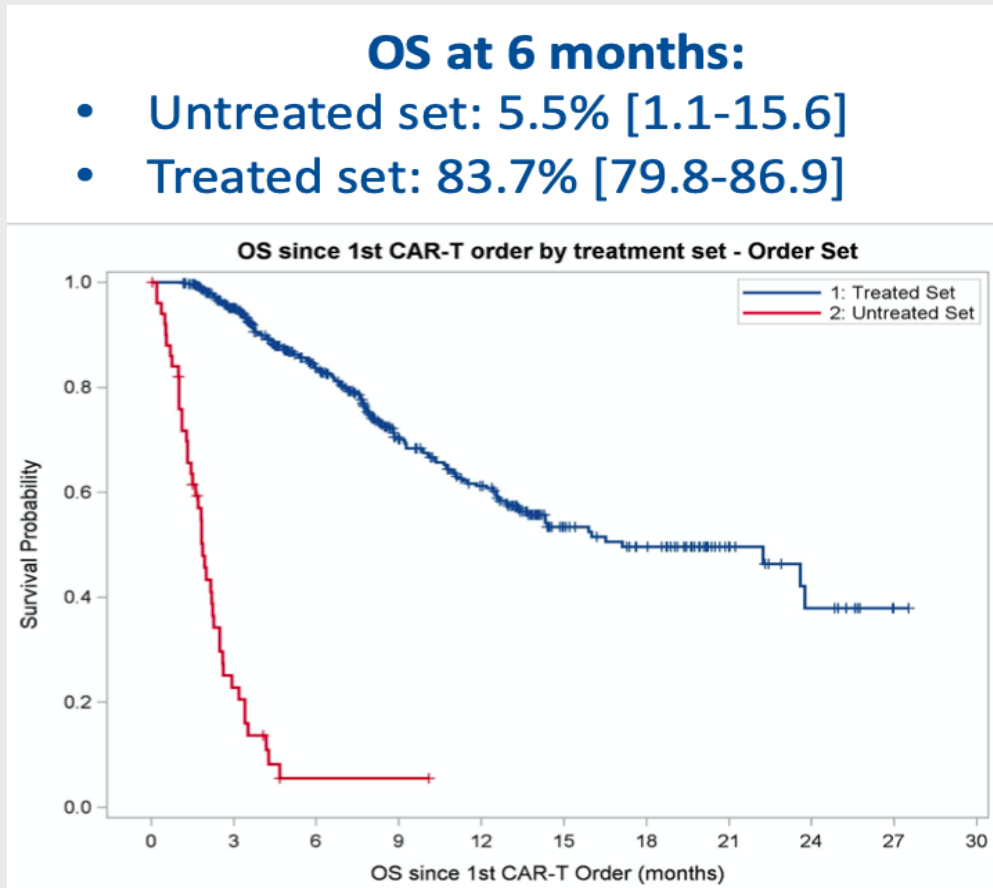
FIRST RESULTS OF DLBCL PATIENTS TREATED WITH CAR-T CELLS AND ENROLLED IN DESCAR-T REGISTRY, THE FRENCH REAL-LIFE DATABASE FOR CAR-T CELLS IN HEMATOLOGIC MALIGNANCIES

Steven Le Gouill¹, Emmanuel Bachy², Roberta Di Blasi³, Guillaume Cartron⁴, Favid Beauvais⁵, Fabien Le Bras⁶, François-Xavier Gros⁷, Sylvain Choquet⁸, Pierre Bories⁹, Marie-Thérèse Rubio¹⁰, René-Olivier Casasnovas¹¹, Jacques-Olivier Bay¹², Mohamad Mohty¹³, Jean-Pierre Marolleau¹⁴, Thomas Gastinne¹, Pierre Sesques², Jean-Jacques Tudesq⁴, Franck Morschhauser⁵, Elodie Gat¹⁵, Florence Broussais¹⁵, Catherine Thieblemont³, Roch Houot¹⁶

Affiliations: ¹CHU Nantes, Nantes, ²HCL, Lyon, ³APHP-Hopital Saint-Louis, Paris, ⁴CHU Montpellier, Montpellier, ⁵CHU Lille, Lille, ⁶APHP-Créteil, Créteil, ⁷Hematology and cell therapy department, Bordeaux, ⁸APHP- La Pitié, Paris, ⁹IUCT Oncopole, Toulouse, ¹⁰CHU Nancy, Nancy, ¹¹CHU Dijon, Dijon, ¹²Service de thérapie cellulaire et d'hématologie clinique adulte, CHU Clermont-Ferrand, site Estaing, Clermont-Ferrand, ¹³AP-HP Saint Antoine, Paris, ¹⁴CHU Amiens, Amiens, ¹⁵LYSARC, Lyon, ¹⁶CHU Rennes, Rennes, France

Program section: Aggressive lymphoma - CAR-T & transplant
Abstract S216

	Toxicities within 10d post CAR-T (data available in 515 pts)
CRS (all grades)	418 (81.2%)
grade 1-2	373
grade ≥ 3	44
missing	1
Neurotoxicity (all grades)	184 (35.7%)
grade 1-2	133
grade ≥ 3	50
missing	1
grade ≥ 3 opportunistic or medically significant infection	163 (31.7%)



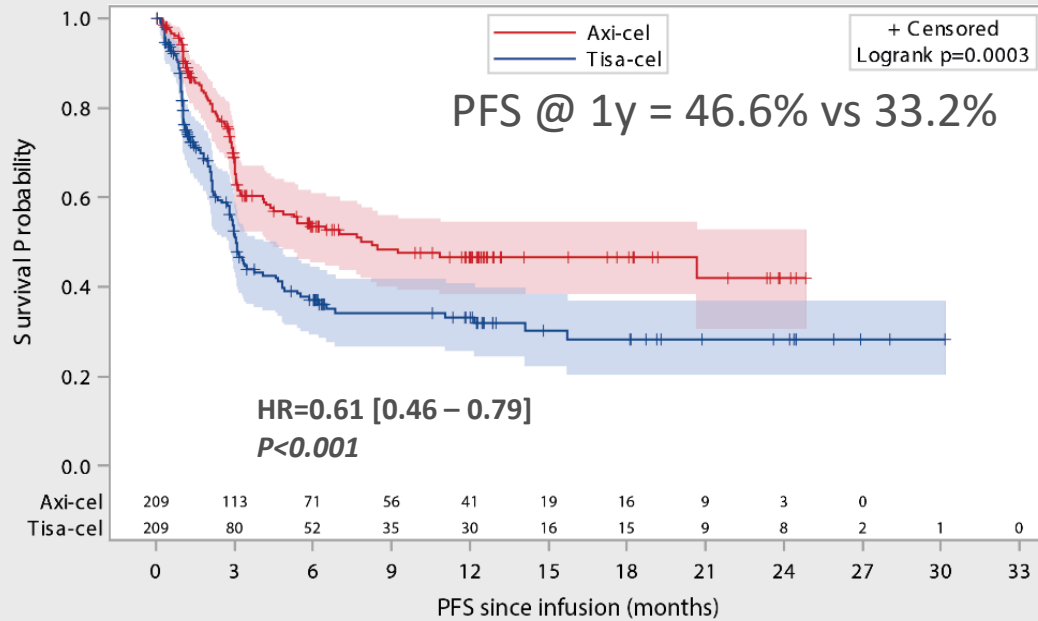


OPEN

A real-world comparison of tisagenlecleucel and axicabtagene ciloleucel CAR T cells in relapsed or refractory diffuse large B cell lymphoma

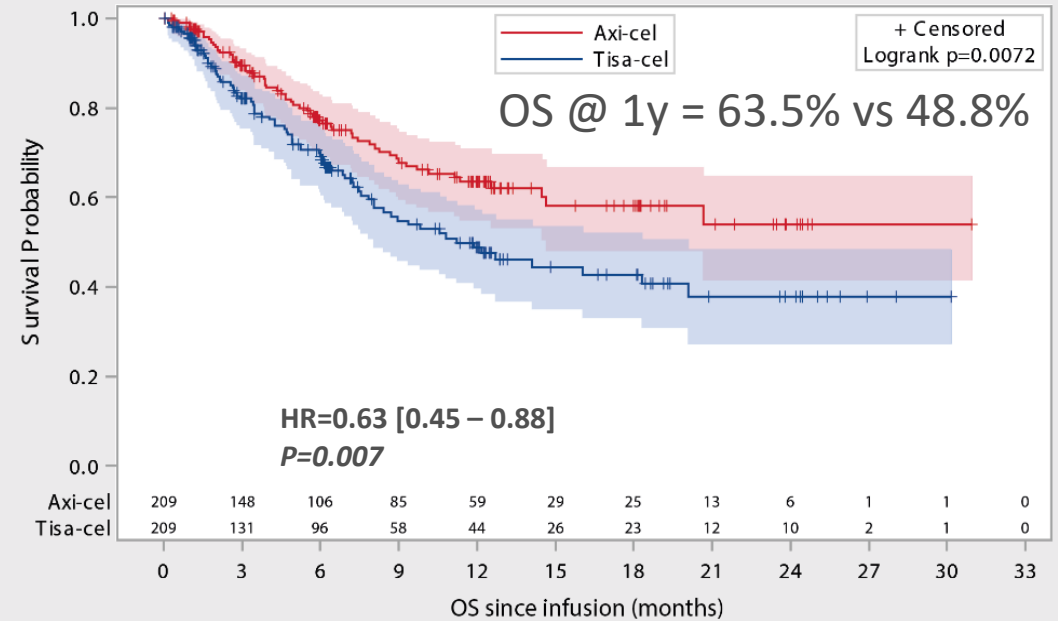
Emmanuel Bachy ^{1,2} ✉, Steven Le Gouill³, Roberta Di Blasi⁴, Pierre Sesques¹, Guillaume Manson⁵, Guillaume Cartron⁶, David Beauvais ⁷, Louise Roulin⁸, François Xavier Gros⁹, Marie Thérèse Rubio¹⁰, Pierre Bories¹¹, Jacques Olivier Bay¹², Cristina Castilla Llorente¹³, Sylvain Choquet ¹⁴, René-Olivier Casasnovas¹⁵, Mohamad Mohty¹⁶, Stéphanie Guidez¹⁷, Magalie Joris¹⁸, Michaël Loschi ¹⁹, Sylvain Carras²⁰, Julie Abraham²¹, Adrien Chauchet²², Laurianne Drieu La Rochelle²³, Bénédicte Deau-Fischer²⁴, Olivier Hermine²⁵, Thomas Gastinne²⁶, Jean Jacques Tudesq ⁶, Elodie Gat²⁷, Florence Broussais²⁸, Catherine Thieblemont ⁴, Roch Houot⁵ and Franck Morschhauser^{7,29}

PFS



	No. of Subjects	Event	Censored	Median Survival (95%CL)
Axi-cel	209	43.1 % (90)	56.9 % (119)	8.2 (4.4 ; NA)
Tisa-cel	209	55.5 % (116)	44.5 % (93)	3.1 (2.8 ; 4.1)

OS



	No. of Subjects	Event	Censored	Median Survival (95%CL)
Axi-cel	209	28.2 % (59)	71.8 % (150)	Not reached (14.7 ; NA)
Tisa-cel	209	37.8 % (79)	62.2 % (130)	11.2 (8 ; 20.1)

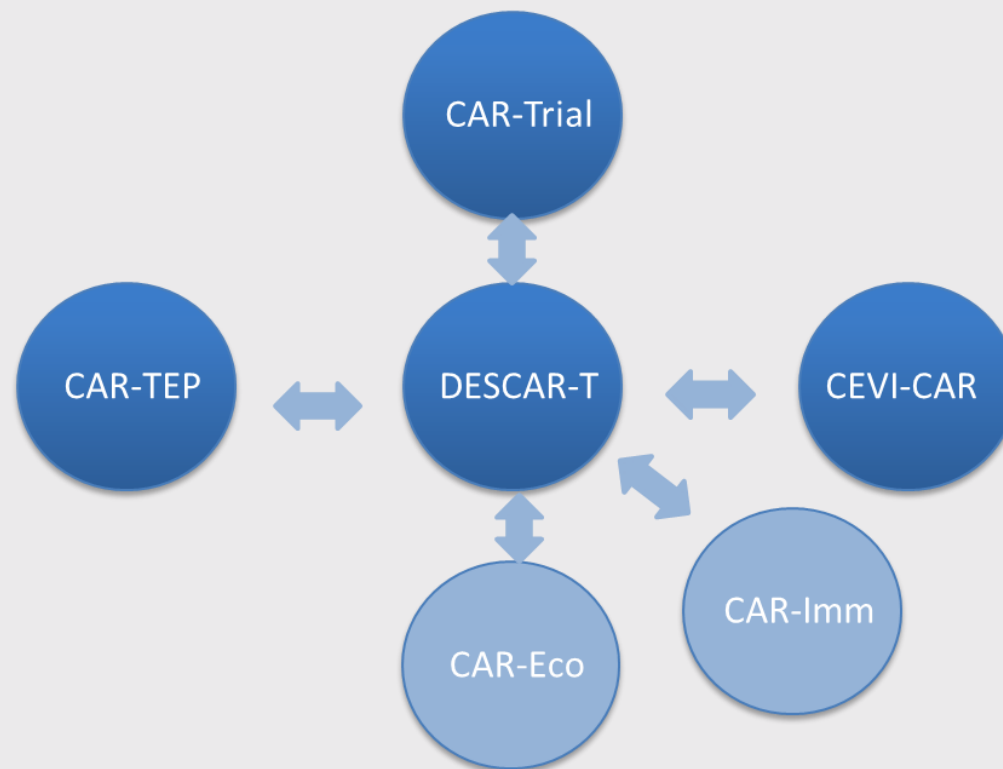
Median follow-up = 11.7 months

Bachy et al., Nature Medicine 2022

DESCAR-T Registry :

- Provides real-life data to clinicians, health authorities and all stakeholders
- One of the largest national CAR T-cell registry ($\approx 2,000$ pts in 3 years, >50 pts/month)
- Multi-tumor and multi-group registry (therapy-based)
- Collaboration between academic groups, health authorities, pharmaceutical companies
- Addresses several purposes:
 - CAR T-cells reimbursement
 - Real-life evaluation
 - Research

Backbone to build multi-modal network expertise (including immuno-monitoring, biobanking, imaging, health economy) in CAR T-cells (work in progress)



CONCLUSIONS

- CAR-T cells have confirmed their efficacy in real life in hematological malignancies (DLBCL ALL, myeloma, MCL, FL ..)
- CAR-T cells have opened the door to a large new therapeutic era: the cellular therapy era
- Major improvement in CARs design are on the tracks to enhance efficacy while reducing toxicities

QUESTIONS:

- Efficacy CAR-T in solid tumors ?
- Are CAR-T cells superior to bi- or tri- specific ?
- How to customize easy to use CARs in real life ?
- Are CARs therapies affordable ? Cost toxicities ?

Immunotherapy drugs

Anti-tumor cell toxicities

