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HEMATOPOIETIC STEM CELLS EXPRESSING ENGINEERED CD45 ENABLE A NEAR UNIVERSAL TARGETED THERAPY FOR HEMATOLOGIC DISEASES

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Background

- Untargeted cytotoxic conditioning regimens for hematopoietic stem cell transplantation are associated with transplant related morbidity and mortality.
- The pan-hematopoietic marker CD45 is exclusively expressed on all nucleated hematopoietic cells, could enable targeted depletion of the entire hematopoietic system including HSCs.



Aim

 Identify and characterize CD45 variants that shield from a novel, concurrently developed, highly potent CD45-antibody drug conjugate (CIM053-ADC) while preserving CD45 function.



• In vivo selective tumor ablation with preserved hematopoiesis.



Identification of base editable CD45 extracellular domain regions to achieve shielding from targeted therapies



Identification of base editable CD45 extracellular domain regions to achieve shielding from targeted therapies



Base editing in CD34+ hematopoietic stem and progenitor cells (HSPCs) in vitro





VARIANT 3

Base editing in CD34+ hematopoietic stem and progenitor cells (HSPCs) in vitro





Base editing in CD34+ hematopoietic stem and progenitor cells (HSPCs) in vitro





Variant 3 shields hematopoietic cells from CIM053-ADC killing in vivo









In vivo CIM053-ADC mediated selective tumor eradication with preserved hematopoiesis





Conclusions

- Identified CD45 variants with favorable biophysical properties.
- Generation of a novel, potent anti-CD45 antibody drug conjugate (CIM053-ADC) which depletes tumor cells and HSPCs. CD45 variant 3-expressing HSPCs are shielded from CIM053-ADC while maintaining intact protein properties.
- Edited HSPCs engraft, differentiate in vivo and are shielded from CIM053-ADC.
- Selective tumor and unedited human cell depletion in vivo with preservation of edited human hematopoietic cells.
- We envision that CIM053-ADC can be used for a targeted and less toxic conditioning protocols for HSC transplantation. Furthermore, CD45 shielded HSPCs could enable higher, longer and/or repetitive antibody dosing, potentially allowing for post-transplant adjustment of donor chimerism and targeted treatment of minimal residual disease in CD45⁺ malignancies.

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