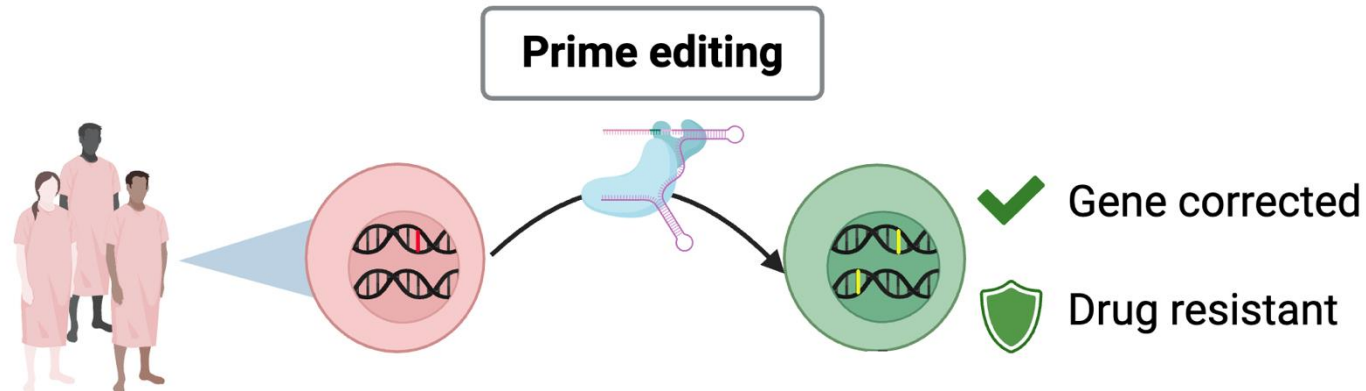


Multiplex prime editing enables safe, drug-controllable and immunosuppression-resistant T-cell therapies



Bandala-Sanchez E, Petley EV , Ramsay K, Hilton A, White C, Bediaga NG, Li Wai Suen CS, Naik SH, Davey AS, Call ME, Call MJ , van der Weyden C , Fox L, Ritchie D, Sutrave G, Micklethwaite K, Gottlieb D, Chan S , Roberts AW, Slade C, **Lew TE ***, **Horton MB***

Current immunosuppression is a blunt tool with major toxicity



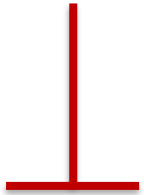
TAC



MTX



MMF



Suppress undesirable T cells



Inborn errors of immunity with dysregulation (e.g. HLH)

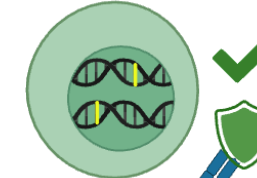
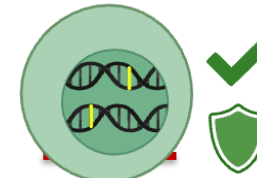
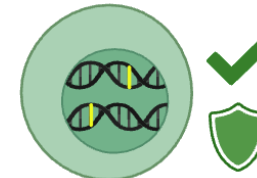


Autoreactive T cells (e.g. autoimmune)

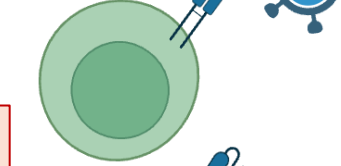


Alloreactive (e.g. transplant)

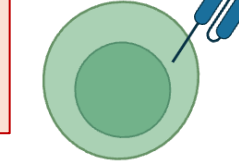
What if you could
correct and select?



Gene corrected cells

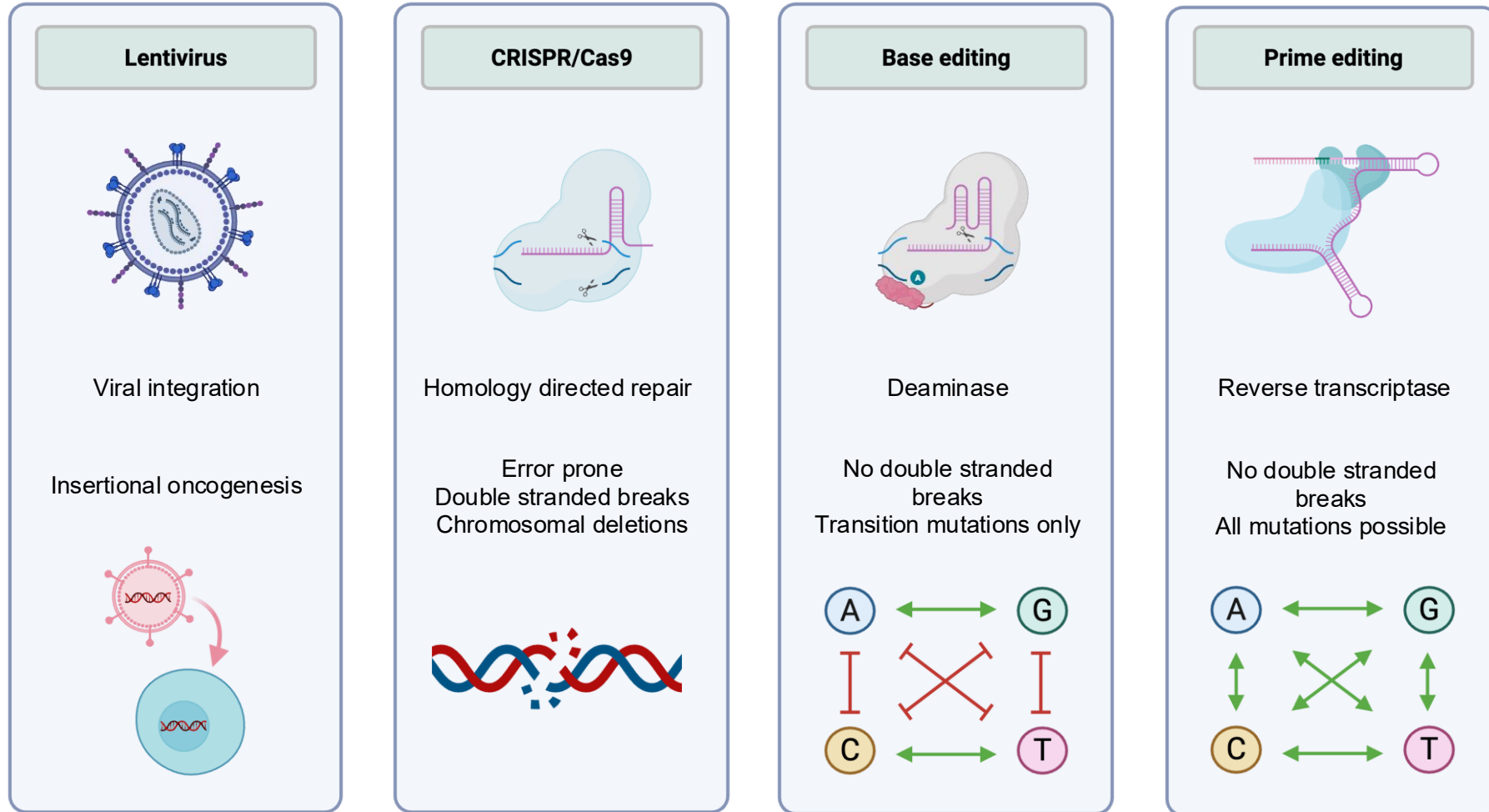


Anti-infective cells



CAR-T cells

Safe, versatile T cell engineering



Hacein-Bey-abina *Science* 2003
Eichler *NEJM* 2024

Wen *Genome Biol* 2021
Park *Sci Adv* 2022

Komor *Nature* 2016
Gaudelli *Nature* 2017

Anzalone *Nature* 2019

The challenge of immune dysregulation syndromes

**Subcutaneous
panniculitis-like T
cell lymphoma**

HAVCR2

CD40L deficiency

CD40L

CTLA-4 haploinsufficiency

CTLA4

Familial HLH

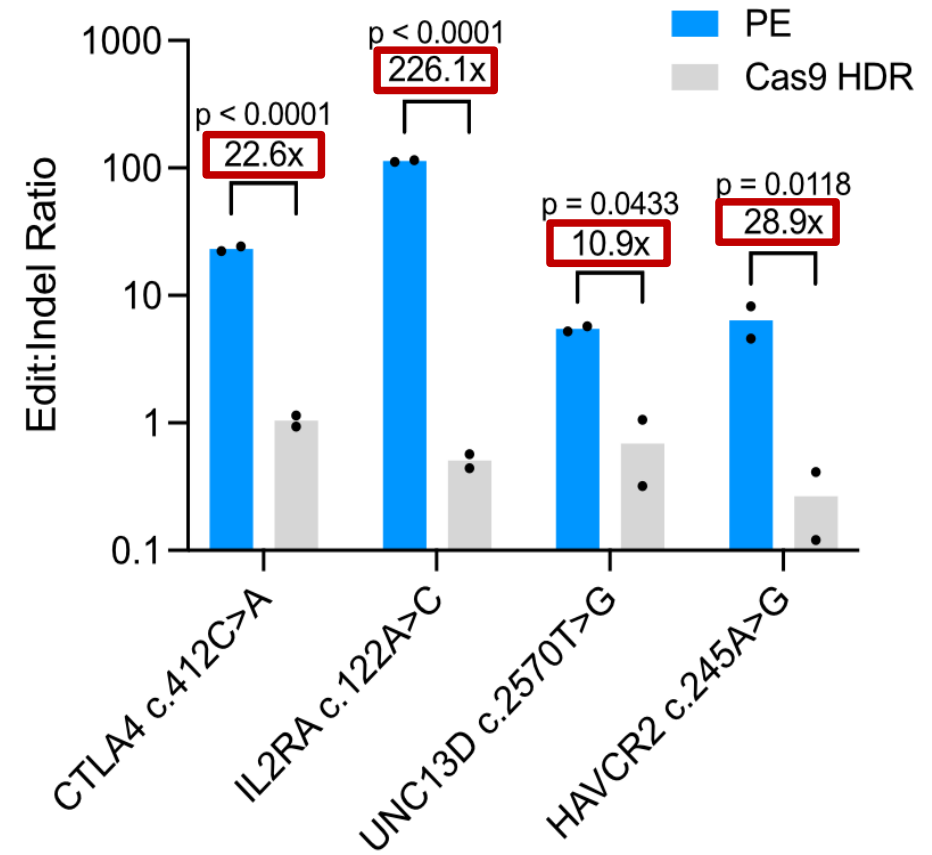
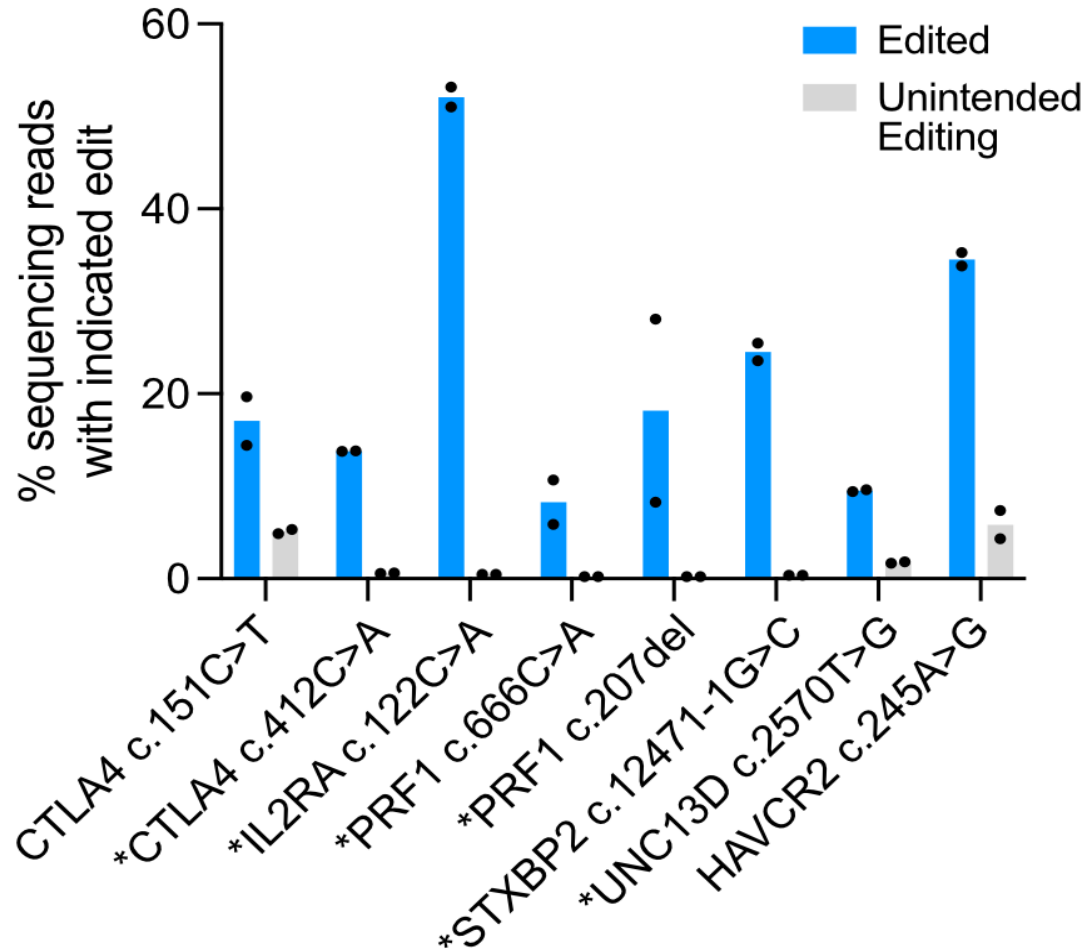
*PRF1
STXBP2
UNC13D*

T cell gene therapy
Monogenic & severe
Exclusively T cell driven
Major role for immunosuppression
Curable by alloSCT

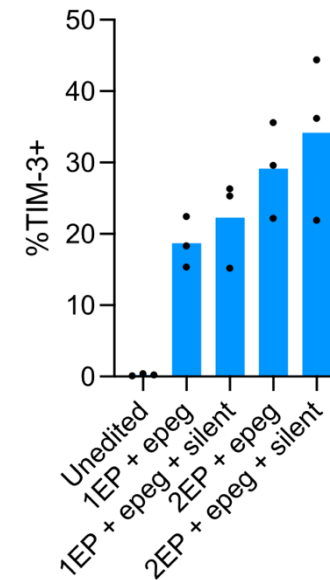
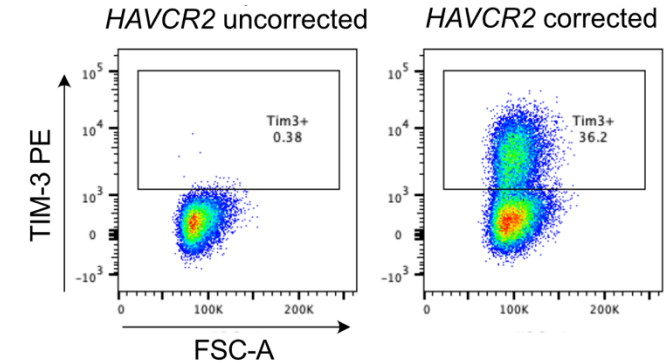
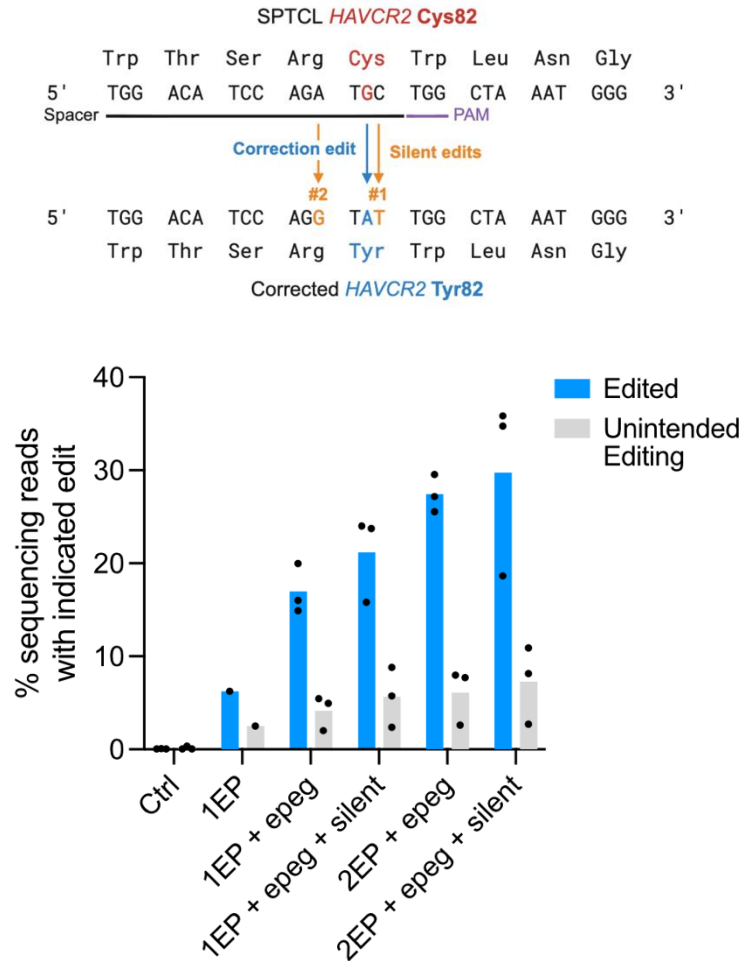
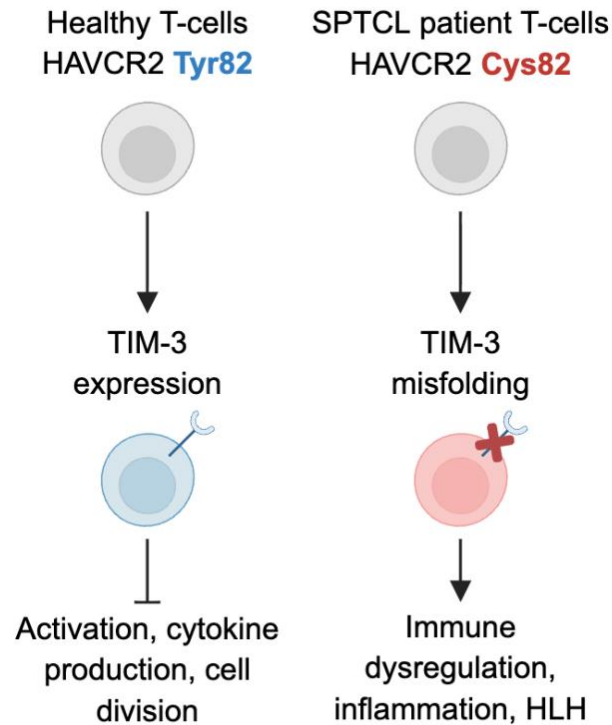
CD25 deficiency

IL2RA

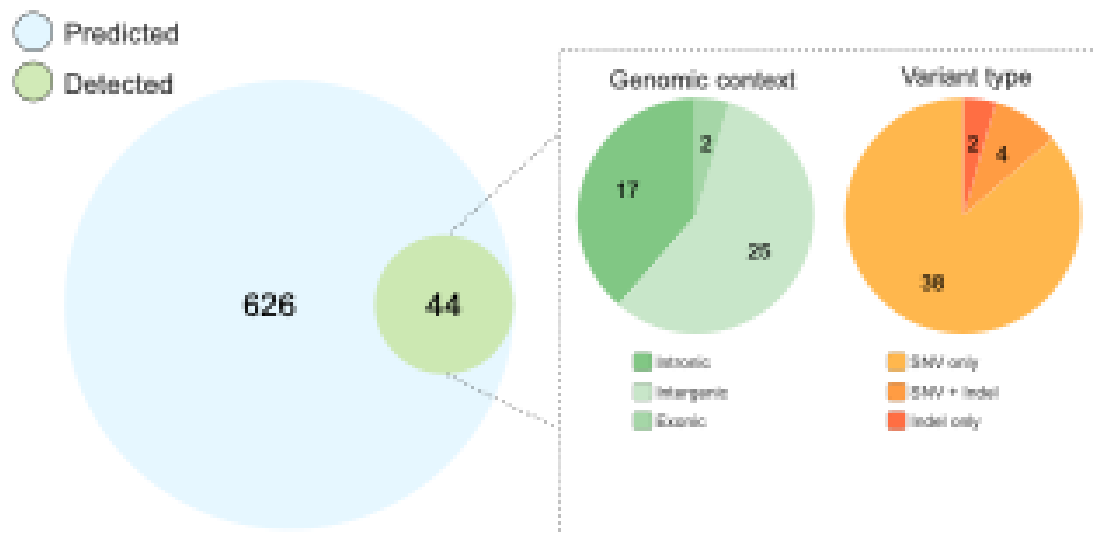
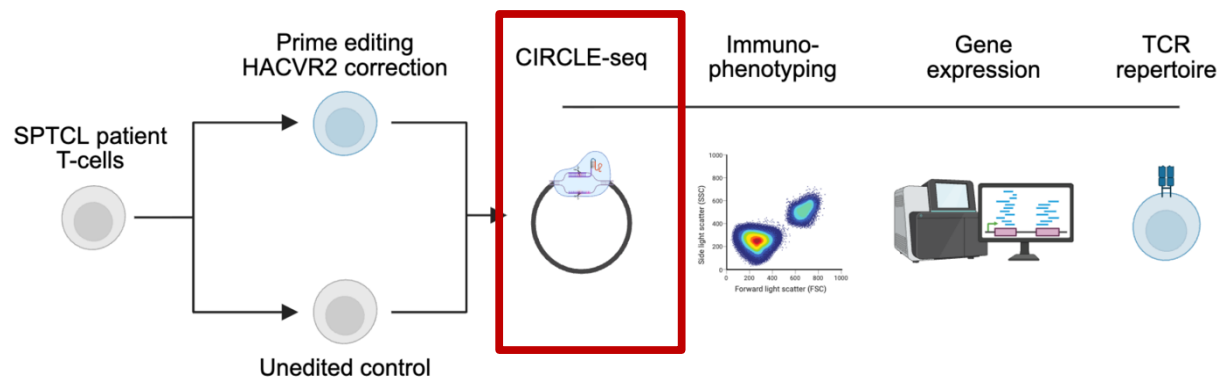
The challenge of immune dysregulation syndromes



Efficient correction of patient T cells

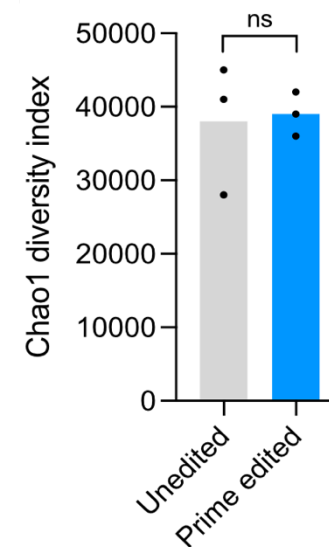
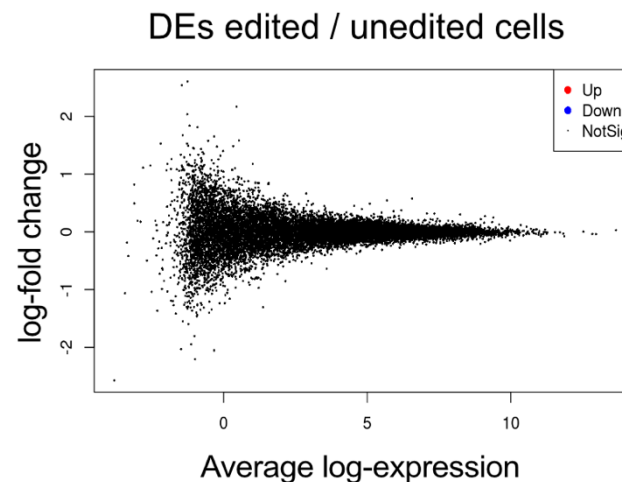
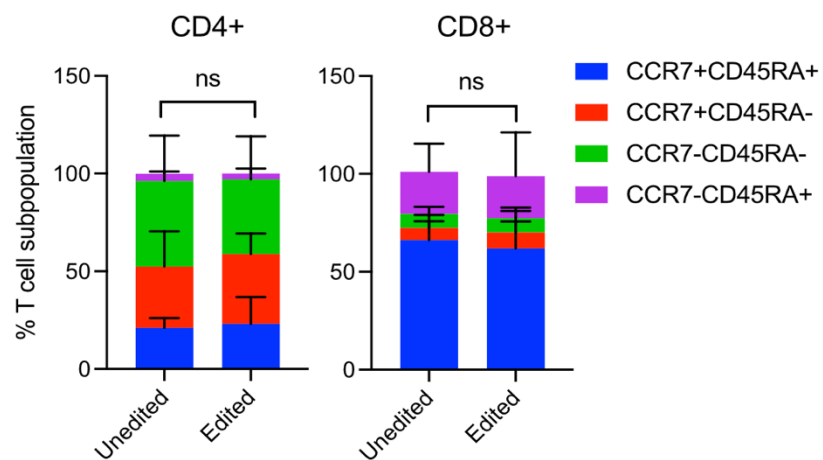
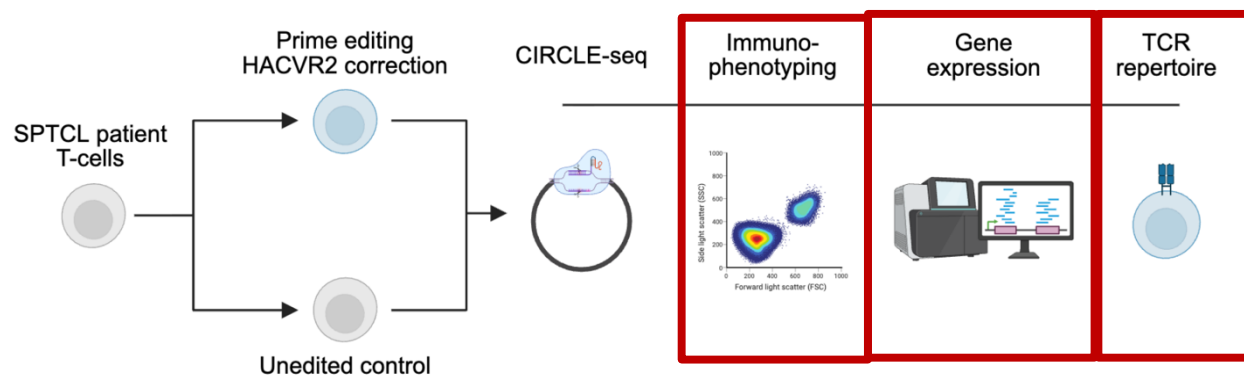


Prime editing of primary patient T cells is highly precise & safe



5/44 detected variants were statistically significant compared to unedited cells
0/5 variants reproduced across donors
0/5 variants in exons or oncogenes

Prime editing of primary patient T cells is highly precise & safe

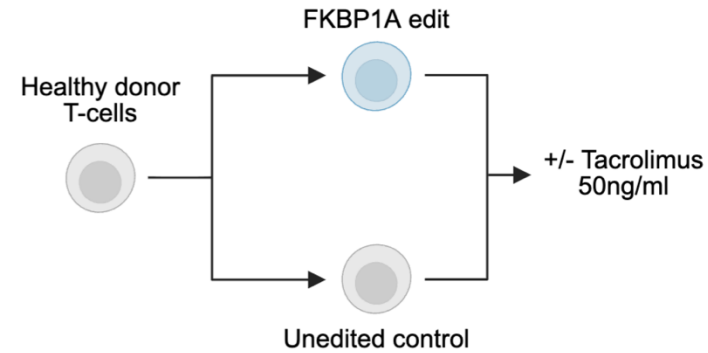
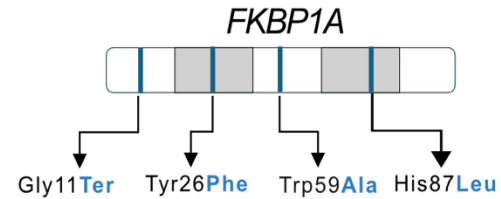


Prime editing can safely correct pathogenic variants in primary human T cells

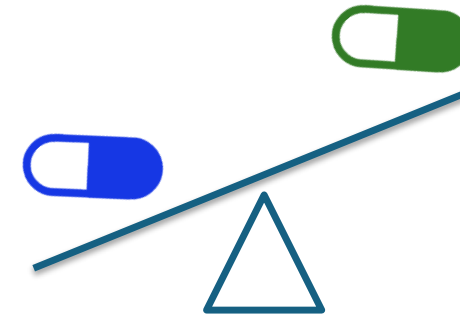
Prime editing to induce TAC resistance



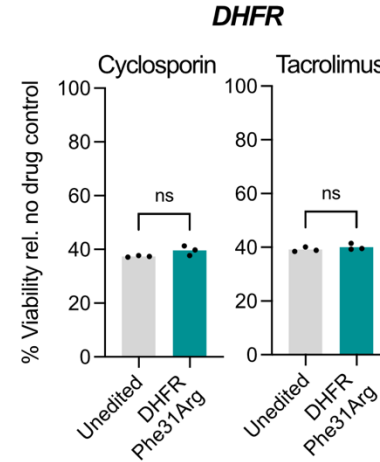
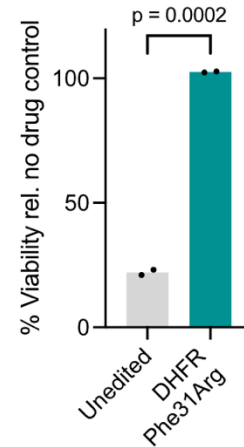
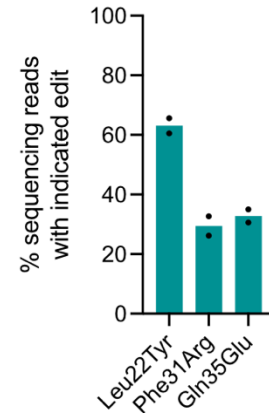
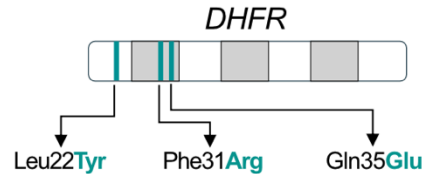
TAC



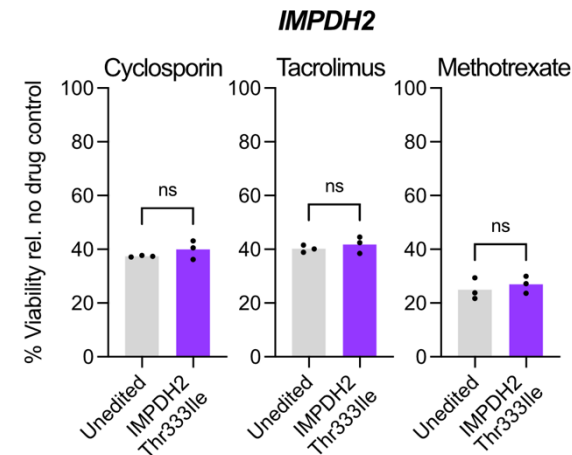
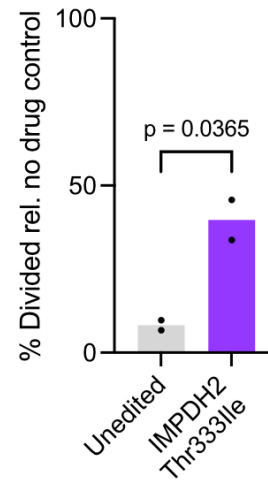
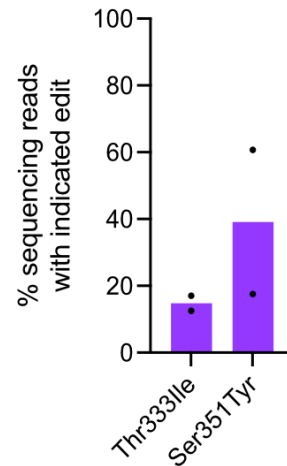
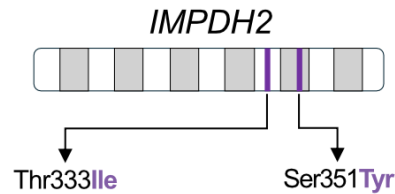
No cross resistance
Select with one
Suppress with another



Multiple immunosuppressants are amenable

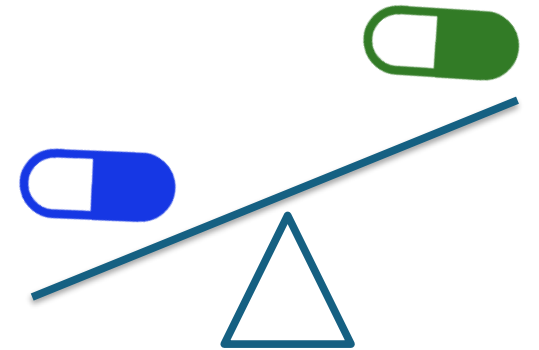


**No cross resistance
Select with one
Suppress with another**

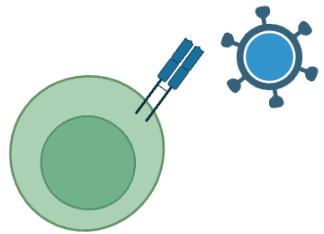
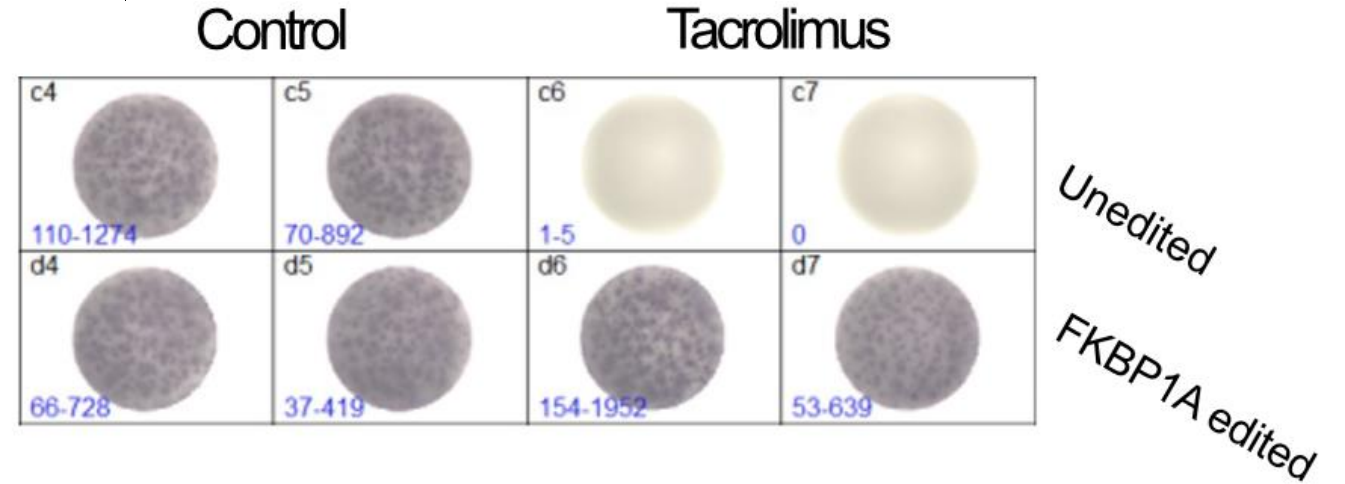
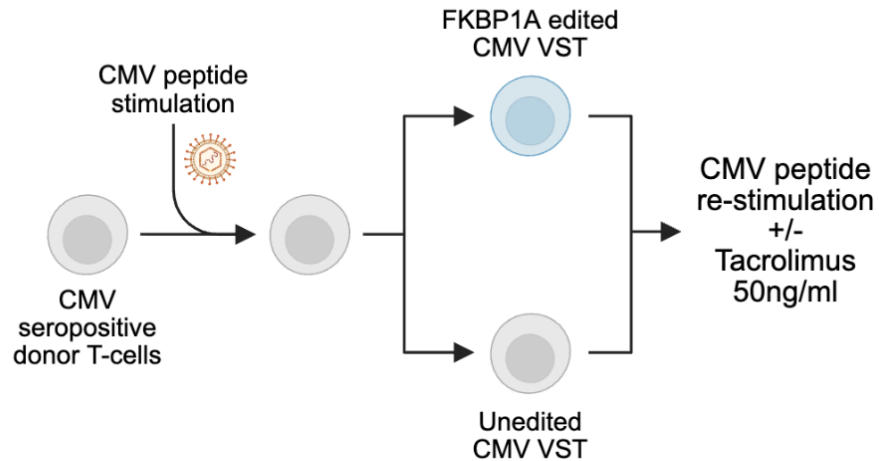


Volpato *J Mol Biol* 2007
Jonnalagadda *PLoS One* 2013

In vivo drug control of T cell gene therapy



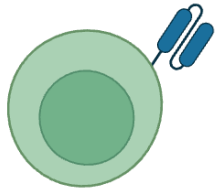
Drug controllable cell therapies with prime editing



Anti-infective cells

Application
Preserved immunity in organ transplants

Drug controllable cell therapies with prime editing

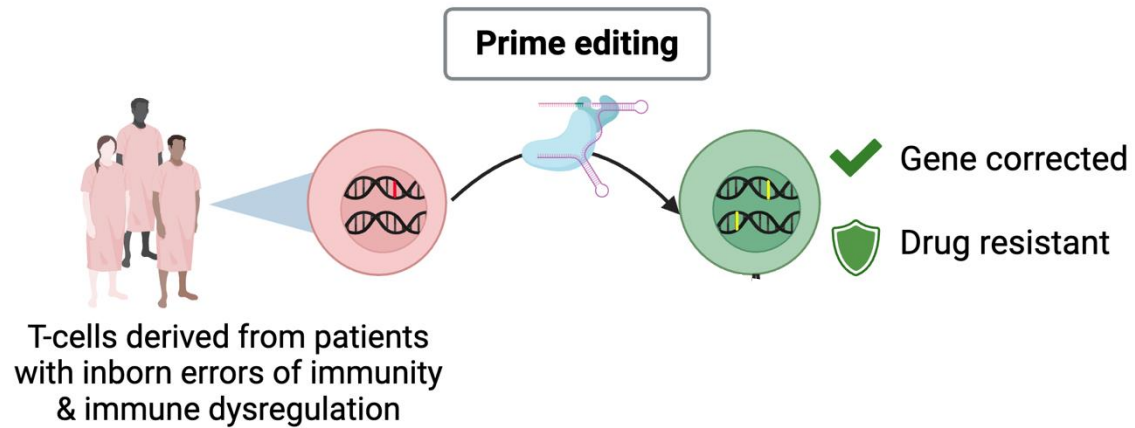


CAR-T cells

Application

CAR-T for immunosuppressed patients (PTLD)
Prevent rejection of alloCAR-T

Prime editing enables drug-controllable T cell therapies



What next?

Acknowledgements

Lab members

Tom Lew
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Ken Micklethwaite
David Gottlieb
Samantha Chan
Theresa Cole

WEHI consumers
Maddie Riedwolt's vision
Our patients & their families

NHMRC
MRFF
Watt Mirisklavos
Foundation
Jack Brockhoff Foundation
Ramacciotti Foundation