

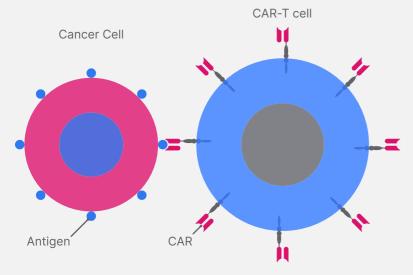
# **Leukaemia: CAR-T Cell Therapy Innovations**

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# **Mechanism of CAR-T Cell Therapy**

#### Introduction:1



T cells have protein receptors, that bind to protein fragments, known as antigens, on the surface of pathogenic invading cells. If recognised by the T cell as abnormal, the T cell will secrete toxic chemicals that degrade the target cell.

Unfortunately, cancer cells can evade detection, so CAR-T therapy has been developed as an immunotherapy approach, boosting the patient's immune system to better kill the cancer cells.

**Apheresis** 

Reprogrammed

## **Recent Innovations in CAR-T Cell Therapy**

### Case Study:2

In recent years, CAR-T therapy has been promising in treating leukaemia, namely R/R B-ALL.

In May 2022, in a collaboration between GOSH for Children and UCL, a 13-yearold was the first person in the world to receive base-edited CAR-T cells for the treatment of resistant leukaemia.

She was diagnosed with T-ALL in 2021 and received a bone marrow transplant and chemotherapy, but the disease persisted.

Within 4 weeks of treatment, her leukaemia was undetectable.



#### **Selected Clinical Trials:**

Study at the Mayo Clinic to assess the therapeutic efficacy of BAFFR CAR-T cells in BAFFR-expressing B cell haematological malignancies, such as large B cell, mantle cell, and follicular lymphoma CLL and B-ALL.3

Phase I clinical trial at Memorial Sloan Kettering Cancer Center, New York, USA, led by Jae Park, a haematologistoncologist, this trial is assessing CAR-T research for the treatment of AML.4

Study at Mayo Clinic testing IC19/1563, a CD19-targeted CAR-T therapy for R/R B cell malignancies.5

### Steps:





Comparison Group



Researcher

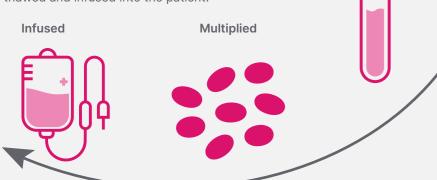


#### Mechanism of CAR-T:1

A sample of blood cells is taken from the patient, and T cells are separated out in a process known as apheresis.

In the lab, the T cells are then genetically engineered to be able to produce CAR. These are proteins that are complimentary and responsive to the antigen on targeted tumour cells.

After a few weeks, the cells are multiplied, and the CAR-T cells are then thawed and infused into the patient.



# Benefits and Potential Side Effects<sup>6</sup>

### Benefits:

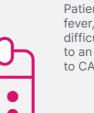
Targeted action: the therapy specifically targets and kills cancerous cells, minimising damage to healthy cells.

Personalised treatment: CAR-T therapy is tailored to the individual, enhancing its effectiveness.

Potential for long-term remission: some patients achieve long-term remission, reducing the likelihood of relapse.



Reduced need for conventional therapies such as chemotherapy and radiotherapy, improving patient's quality of life.



Side Effects:

Patients might experience fever, chills, nausea, and difficulty breathing due to an allergic reaction to CAR-T cells.

Symptoms of CRS like fever,

low blood pressure, and

difficulty breathing

can occur as the

immune system

releases large

amounts of cytokines.



CAR T-cells can cause neurotoxicity, leading to headaches, altered consciousness, confusion, speech changes, and seizures.



Rapid breakdown of cancer cells can elevate uric acid levels in the blood, potentially overloading the kidneys.



AML: acute myeloid leukaemia: B-ALL: B-cell acute lymphoblastic leukaemia; BAFFR: B cell activating factor receptor; CAR: chimeric antigen receptors; CLL: chronic lymphocytic leukaemia; CRS: cytokine release syndrome; GOSH: Great Ormond Street Hospital; R/R: relapsed or refractory; T-ALL: T cell acute lymphoblastic leukaemia; UCL: University College London.

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