

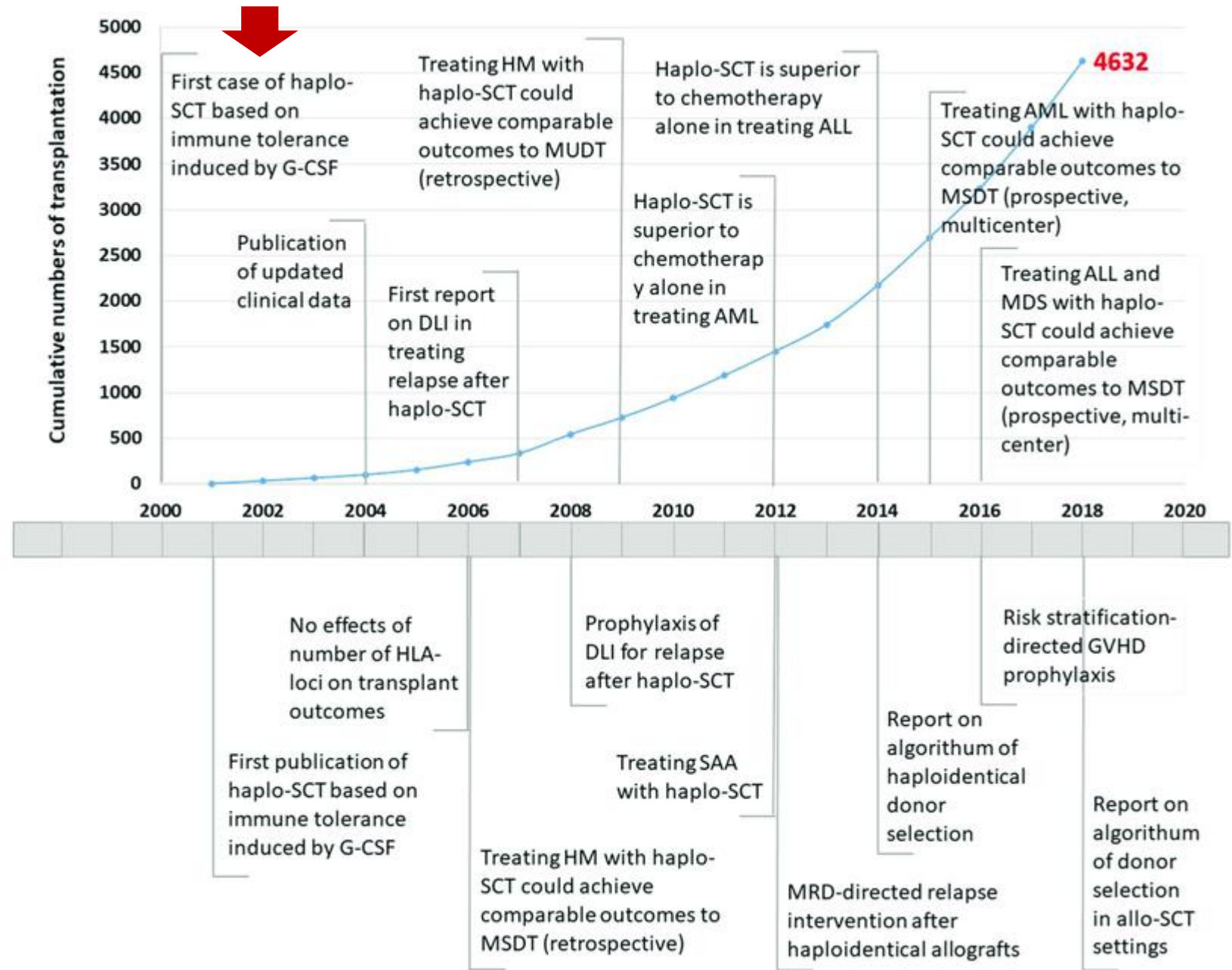
# Graft Manipulation in Haploidentical Hematopoietic Stem Cell Transplantation

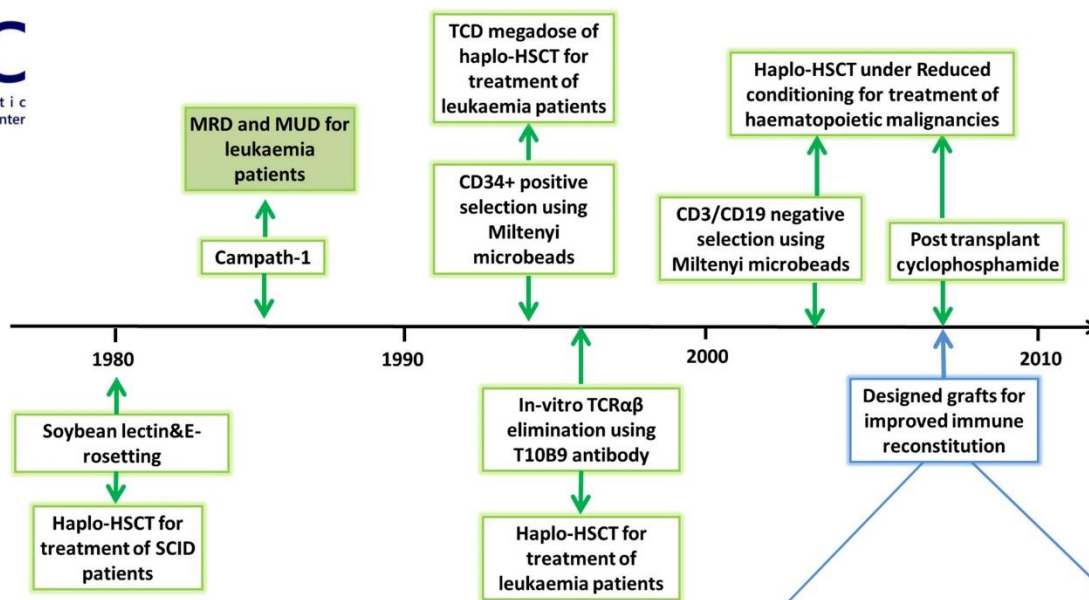
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Abbas Hajifathali, MD

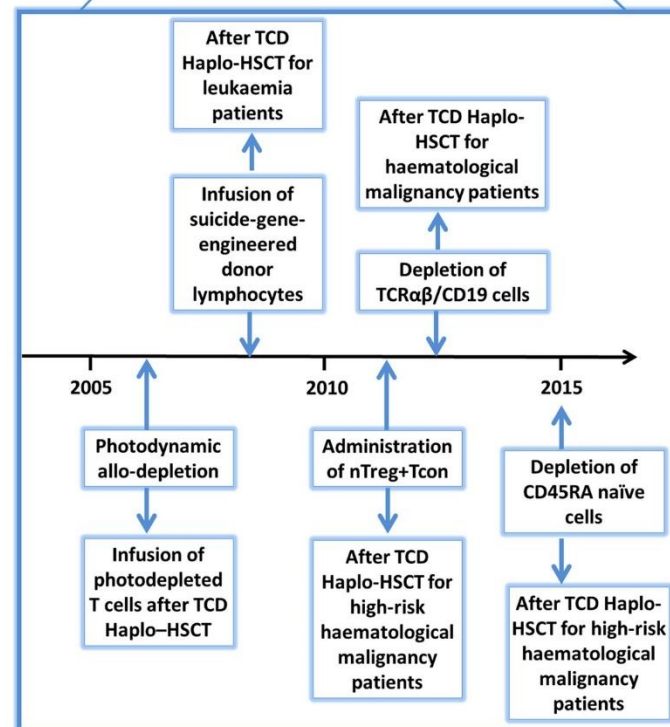
Hematopoietic Stem Cell Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

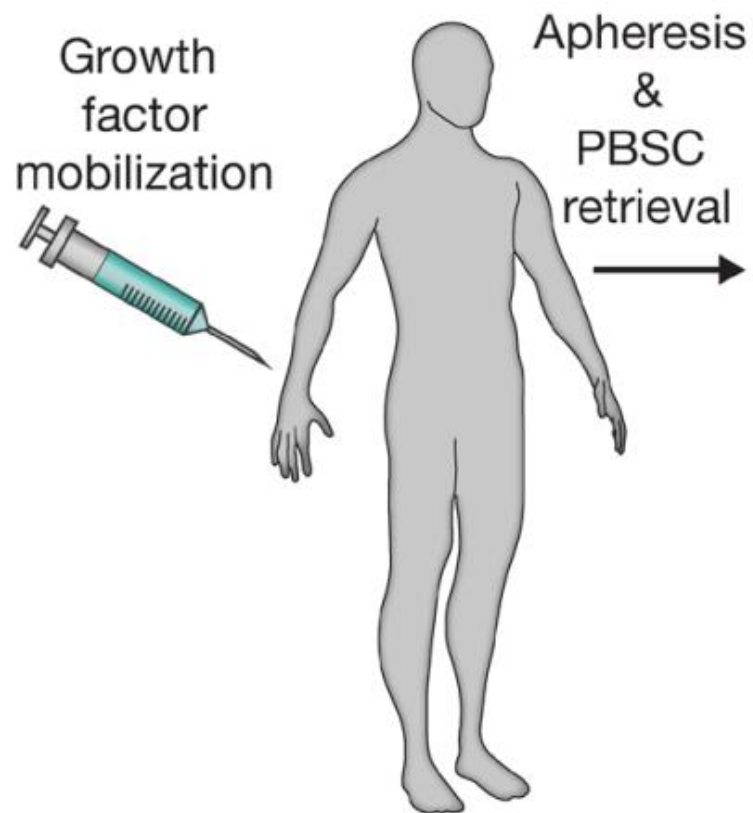
## Timeline showing the number of haploidentical stem cell transplantation



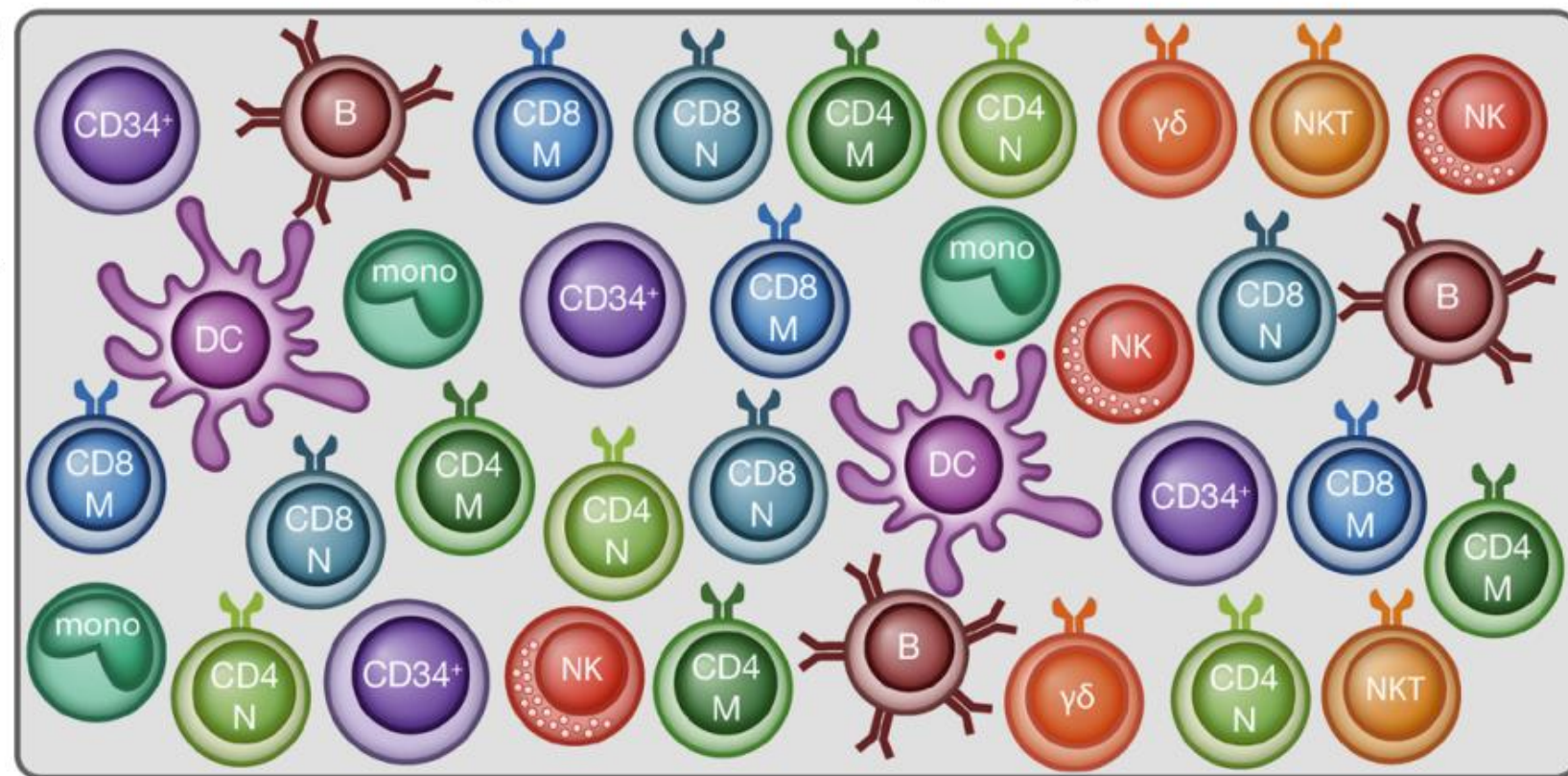


# The evolution of graft manipulation in haploidentical stem-cell transplantation





## Allogeneic donor hematopoietic graft



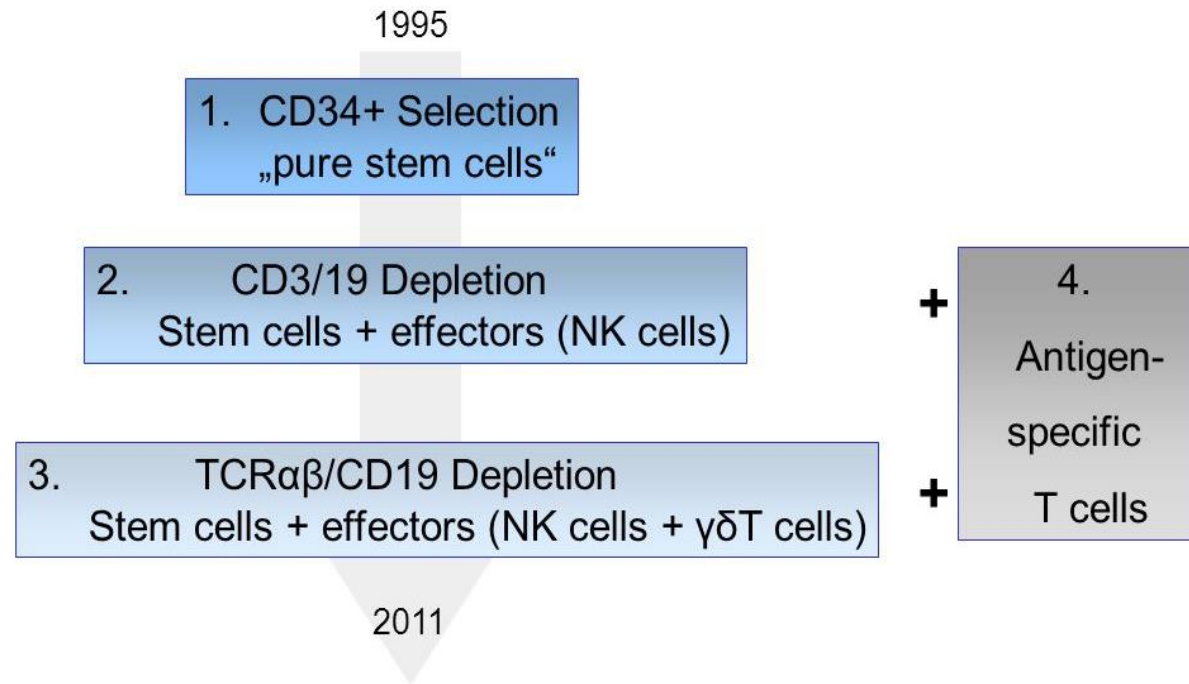
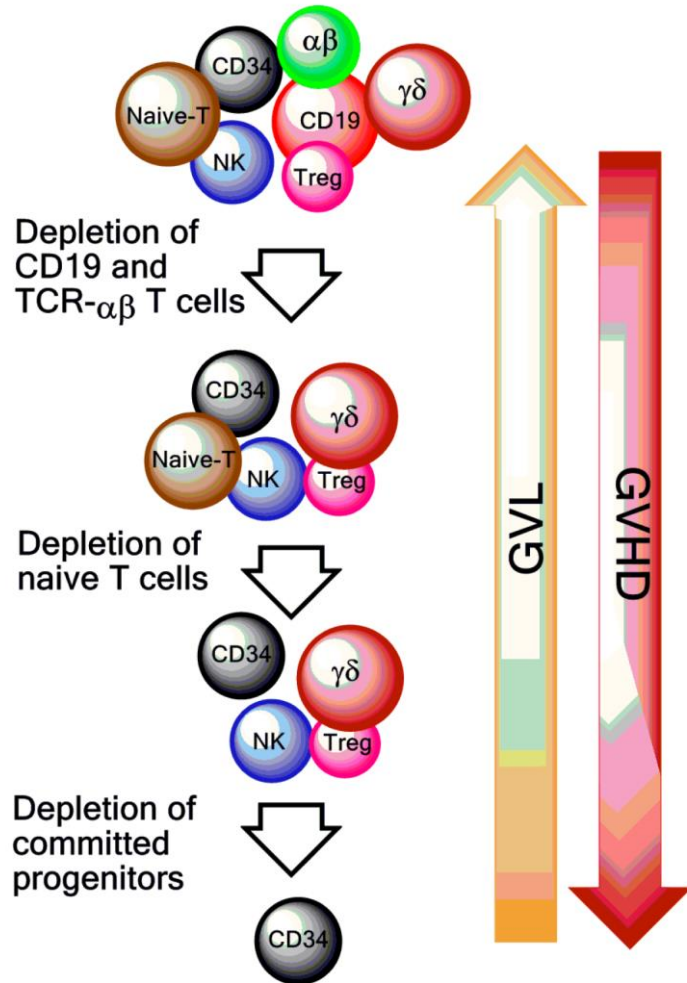


## Methods of T-cell depletion

| Ex vivo methods                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | In vivo methods                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Negative selection of T cells</p> <ul style="list-style-type: none"> <li>• Soybean lectin agglutination with E-rosette depletion.</li> <li>• Antibody-mediated <ul style="list-style-type: none"> <li>– Monoclonal antibody with complement or immunotoxin.</li> <li>– Monoclonal antibody with immunomagnetic beads.</li> </ul> </li> </ul> <p>Positive selection of CD34+ cells</p> <ul style="list-style-type: none"> <li>• Monoclonal antibody with immunomagnetic beads</li> </ul> | <p>Polyclonal ATG</p> <ul style="list-style-type: none"> <li>• Atgam (horse)</li> <li>• Thymoglobulin (rabbit)</li> <li>• ATG-Fresenius (rabbit)</li> </ul> <p>Monoclonal antibody</p> <ul style="list-style-type: none"> <li>• Alemtuzumab (anti-CD52)</li> </ul> <p>post-transplant cyclophosphamide (PTCy)</p> |

- Recently, the use of **high-dose post-transplant cyclophosphamide** following infusion of a T-cell replete graft is revolutionizing haplo HSCT.
- However, there remain several unmet needs to improve haplo HSCT outcome such as improving post-transplant immune reconstitution, which may also decrease relapse rate (in particular with the use of reduced intensity conditioning regimens).

### Current immune cell depletion strategies



The rationale of the initial combined depletion of donor CD3+ T-cell and CD19+ B cells is to eliminate the T cells that mediate GVHD, and B cells that are implicated in EBV-driven post-transplantation lymphoproliferative disorders and possibly decreasing risk of cGVHD as well.

### **Haploidentical allogeneic hematopoietic cell transplantation in adults using CD3/CD19 depletion and reduced intensity conditioning: a phase II study**

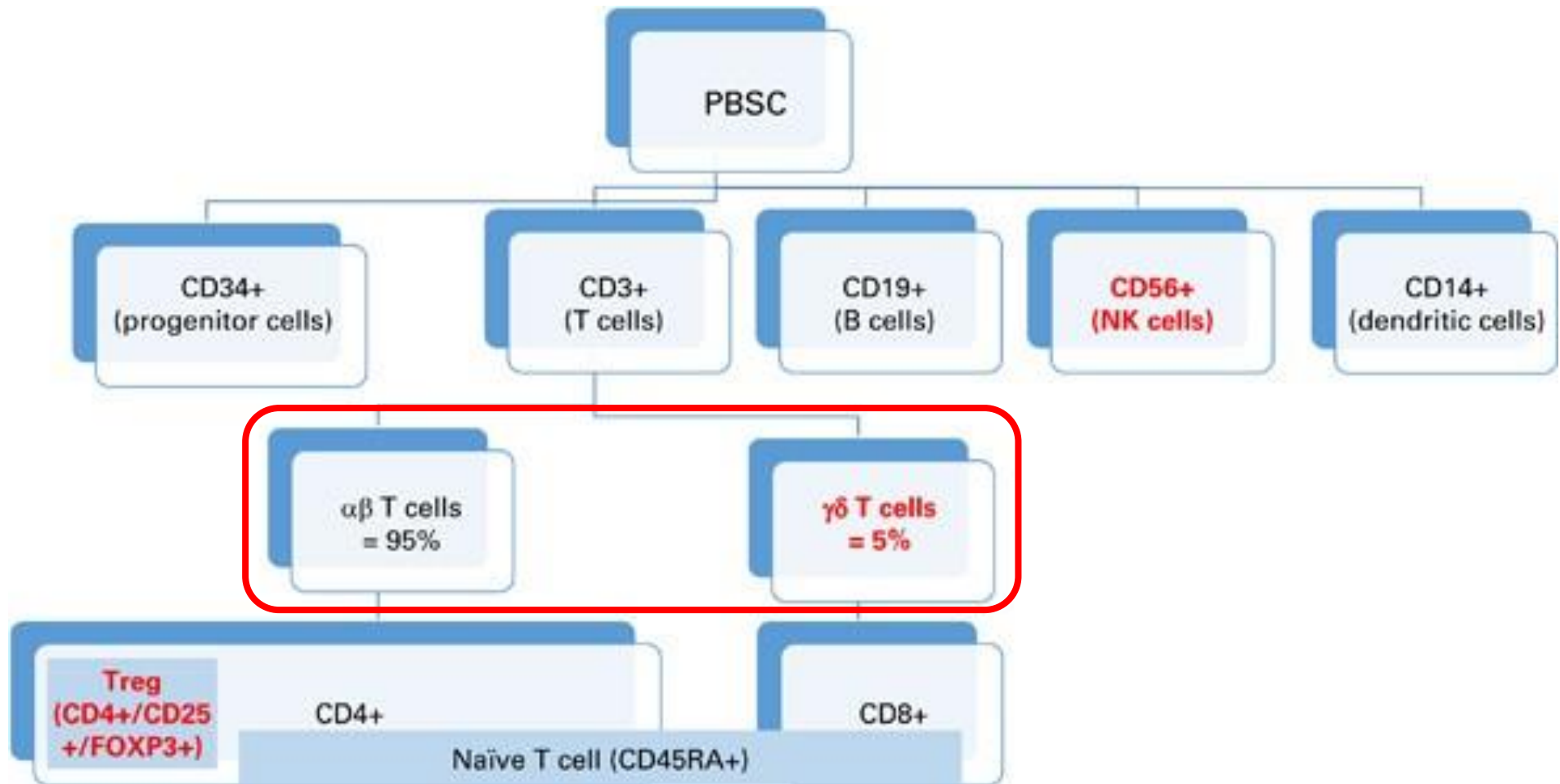
Birgit Federmann,<sup>1</sup> Martin Bornhauser,<sup>2</sup> Christoph Meisner,<sup>3</sup> Lambros Kordelas,<sup>4</sup> Dietrich W. Beelen,<sup>4</sup> Gernot Stuhler,<sup>5</sup> Matthias Stelljes,<sup>6</sup> Rainer Schwerdtfeger,<sup>7</sup> Maximilian Christopeit,<sup>8</sup> Gerhard Behre,<sup>8\*</sup> Christoph Faul,<sup>1</sup> Wichard Vogel,<sup>1</sup> Michael Schumm,<sup>9</sup> Rupert Handgretinger,<sup>9</sup> Lothar Kanz,<sup>1</sup> and Wolfgang A. Bethge<sup>1</sup>

<sup>1</sup>Medical Center, Department of Hematology & Oncology, University of Tuebingen; <sup>2</sup>Medical Center, University of Dresden;

<sup>3</sup>Department of Medical Biometrics, University of Tuebingen; <sup>4</sup>Department of Bone Marrow Transplantation, West German Cancer Centre, University Hospital Essen, University of Duisburg-Essen; <sup>5</sup>Medical Center, University of Wuerzburg; <sup>6</sup>Medical Center, University of Muenster; <sup>7</sup>Medical Center, Deutsche Klinik für Diagnostik, Wiesbaden; <sup>8</sup>Medical Center, University of Halle; and

<sup>9</sup>Children's Hospital, University of Tuebingen, Germany





- Immune reconstitution studies revealed that NK cell recovery was significantly greater in patients that received  $\alpha\beta$  TCD grafts than those who received unmanipulated grafts through the first year post transplant.
- Sparing of  $\gamma\delta$  T cells allowed transplantation of a partially T-cell depleted marrow graft, which resulted in favorable homeostatic reconstitution of  $\gamma\delta$  T cells in a significant subset of patients compared with that observed with patients receiving OKT3-depleted grafts.



## Influence of T cell depletion method on circulating $\gamma\delta$ T cell reconstitution and potential role in the graft-versus-leukemia effect

LS Lamb Jr<sup>1</sup>, AP Gee<sup>1,2</sup>, LJ Hazlett<sup>1,3</sup>, P Musk<sup>1</sup>, RS Parrish<sup>1,3</sup>, TP O'Hanlon<sup>4</sup>,  
SS Geier<sup>1</sup>, RS Folk<sup>1</sup>, WG Harris<sup>1</sup>, K McPherson<sup>1</sup>, C Lee<sup>1</sup> and PJ Henslee-Downey<sup>1</sup>

<sup>1</sup>*Division of Transplantation Medicine, Palmetto Richland Memorial Hospital, Center for Cancer Treatment and Research,  
University of South Carolina School of Medicine, Columbia, South Carolina, USA*

<sup>2</sup>*Center for Gene Therapy, Baylor College of Medicine, Houston, Texas, USA*

<sup>3</sup>*South Carolina Cancer Center, Division of Biometry and Research Computing, 15 Richland Medical Park,  
Columbia, South Carolina, USA*

<sup>4</sup>*United States Food and Drug Administration, Bethesda, Maryland, USA*

- Decreased relapse rate was noted among haplo HSCT using  $\alpha\beta$  TCD compared with haplo CD3+ pan TCD.
- A subset of patients that received haplo  $\alpha\beta$ TCD transplant showed homeostatic reconstitution of increased peripheral blood  $\gamma\delta$  T-cell counts that correlated with showed a significant improvement in relapse-free survival.



## ORIGINAL ARTICLE

### Long term disease-free survival in acute leukemia patients recovering with increased $\gamma\delta$ T cells after partially mismatched related donor bone marrow transplantation

KT Godder<sup>1,2</sup>, PJ Henslee-Downey<sup>1</sup>, J Mehta<sup>1,3</sup>, BS Park<sup>4</sup>, K-Y Chiang<sup>1,5</sup>, S Abhyankar<sup>1,6</sup> and LS Lamb<sup>1,7</sup>

<sup>1</sup>South Carolina Cancer Center, Columbia, SC, USA; <sup>2</sup>Pediatric Hematology/Oncology, Children's Medical Center, VCU Health Systems/MCV Hospitals and Physicians, Richmond, VA, USA; <sup>3</sup>The Robert H Lurie Comprehensive Cancer Center, North Western University, Chicago, IL, USA; <sup>4</sup>Biostatistics Shared Resource, Cancer Institute, Oregon Health and Science University, Portland, OR, USA; <sup>5</sup>Aflac Cancer Center, Children's HealthCare of Atlanta at Emory University, Atlanta, GA, USA; <sup>6</sup>Kansas City BMT Program, Kansas City, KS, USA and <sup>7</sup>University of Alabama at Birmingham, Birmingham, AL, USA

- The survival advantage associated with high circulating numbers of  $\gamma\delta$  T cells was found to be durable over seven years following HSCT.
- Preservation of  $\gamma\delta$  T cells can also potentially protect against infections

