

Chimeric receptor molecules with innate receptors for immunotherapy.

KEYWORDS

- CAR
- CHIMERIC ANTIGEN RECEPTORS
- Fc γ -CR
- IMMUNOTHERAPY
- SOLID TUMORS
- HEMATOLOGIC MALIGNANCIES
- ANTITUMOR ACTIVITY

AREA

- CHEMISTRY & BIOTECHNOLOGY

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Patent Type

Patent for invention.

Co-Ownership

Sapienza University of Rome 50%,
National Research Council (CNR) 50%.

Inventors

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Industrial & Commercial Reference

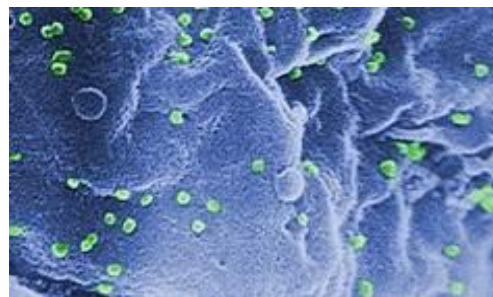
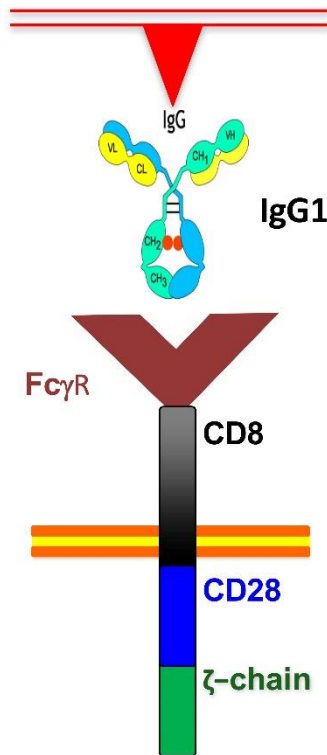
Pharmaceutical and Biotechnology
Industries. Industries involved in the
development of immunological therapies
and mAbs.

Time to Market

18 months.

Availability

Cession, Licensing, Research, Develop-
ment, Experimentation, Collaboration,
Start-up and Spin-off.



Abstract

The Fc γ -CRs are designed to redirect T cells functions against opsonized target cells.

This is made possible by the presence of an extracellular module of the Fc γ Rs capable of binding monoclonal antibodies, and by the presence of signal transduction elements (CD28/ ζ -chain) in the intracellular portion.

These "universal Fc γ -CRs" implement the activity of the immune system by recruiting a T-dependent ADCC-like response, while maintaining the clinically relevant effects of the therapeutic antibodies available for the treatment of tumors that can be administered differently to patients during therapy.

Publications

- ❖ Fc γ Chimeric Receptor-Engineered T Cells: Methodology, Advantages, Limitations and Clinical Relevance. <https://doi.org/10.3389/fimmu.2017.00457>
- ❖ T lymphocytes engineered to express a CD16-chimeric antigen receptor re-direct T-cell immune responses against immunoglobulin G-opsonized target cells. doi:10.1016/j.fob.2015.08.012
- ❖ http://www.promab.com/index.php?main_page=page&id=57



Chimeric receptor molecules with innate receptors for immunotherapy.

Technical Description

The Fc γ -CRs code for transmembrane chimeric molecules with dual functions:

a) Binding to the Fc fragment of IgG via the extracellular portion of the Fc γ III fragment of CD16 (CD16-CR); Fc γ R1R1 CD64 (CD32-CR Fc γ R1Ib CD32 (CD32-CR).

b) Activation of the lithic machinery in the immune effector cells, via the intracellular portions of CD28 and ζ -chain embedded in the Fc γ -CR.

The mechanism of activation involves the formation of a bridge between the "target cell" and the "reprogrammed T lymphocyte" mediated by monoclonal antibodies directed against the antigens present on the surface of the target cell.

Technologies & Advantages

The Fc γ -CRs are "Universal CR" specifically designed to wider the immunotherapeutic options through the use of mAbs and to overcome resistance due to the selection of antigen-negative tumor cells.

T lymphocytes expressing the Fc γ -CRs improve the efficacy of the therapeutic Abs normally used in cancer therapy.

The Fc γ -CRs may limit the "off-target toxicity" because of the possibility to choose the monoclonal antibodies with the suitable affinity for any antigen.

Fc γ -CR T cell therapies can be optimized based on administrations of monoclonal antibodies targeting different antigens, simultaneously or in different moments of the therapy.

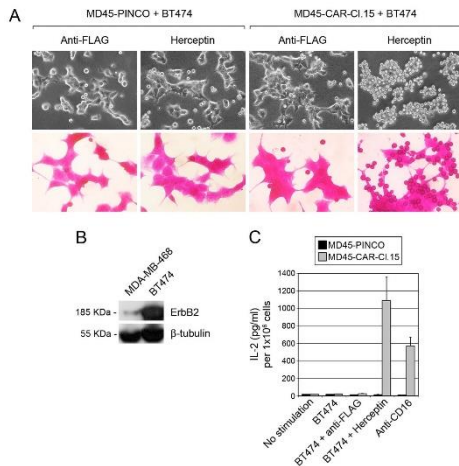
The natural half-life of the antibodies in the blood stream (about three weeks) provides an additional level of control of the CR-T cell responses and adverse immune reactions, by modulating frequencies and doses of the antibody administration

Applications

The adoptive therapy with Fc γ -CR lymphocytes can be utilized in several fields. The areas of application are tumor immunotherapy, infectious diseases and autoimmune diseases.

Oncology is the main area of application for these immunotherapeutic strategies. T lymphocytes expressing Fc γ -CRs can be used in the treatment of solid or hematological tumors, for which a monoclonal antibody of proven therapeutic efficacy is available.

Fc γ -CR T lymphocytes can be used to eliminate virally-infected cells (eg EBV, CMV, HPV, HSV1 and HSV-2 and HIV) opsonized by a specific antibody, or to redirect an immune response to autoreactive lymphocytes in autoimmune diseases (e.g. type I diabetes, systemic lupus erythematosus, myelodysplastic syndromes).



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