

SITC 2023 Abstract #1248



Myeloid cells' contribution is key in CRS pathophysiology induced by T-cell engagers in BRGSF-HIS model

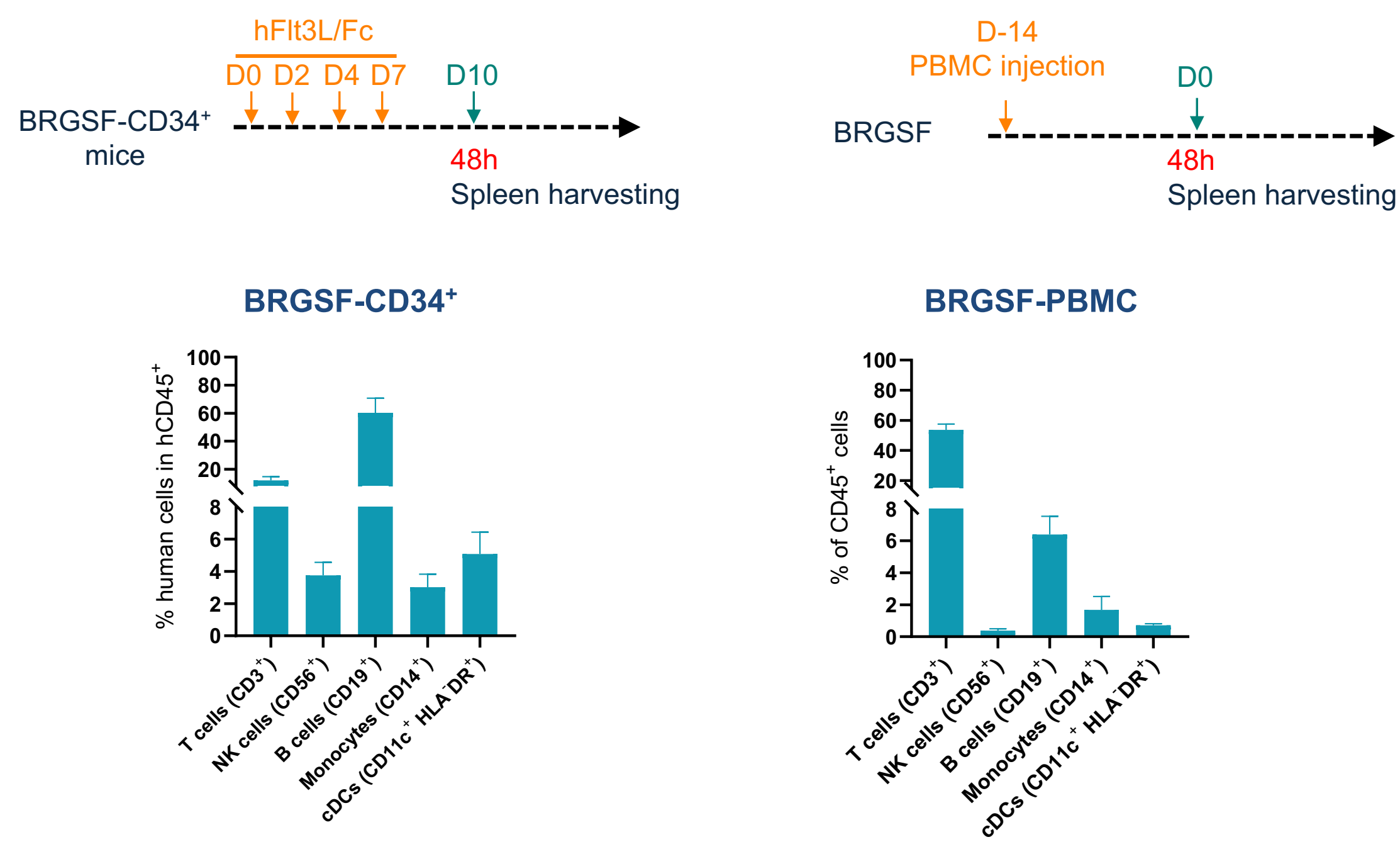
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Background: T-cell engagers show high efficacy in B cell malignancies. High risk of immune-related adverse events, including cytokine release syndrome (CRS), is reported in patients treated with T-cell engagers due to on-target offsite effects. Thus, reliable and translational mouse models are required to predict potential safety issues and investigate their rescue. PBMC-reconstituted models are the most currently used as preclinical models to investigate CRS induction while CD34⁺ reconstituted ones are more rarely described for this application.

1. BRGSF model features

- BRGSF (Balb/C Rag2^{-/-} IL2Rγ^{-/-}, SIRPα^{NOD} and Flt3^{-/-}):
- Highly immunodeficient with reduced murine myeloid cells
- Normal life span (no anemia, no weight loss, normal fur texture & integrity, normal activity & posture)

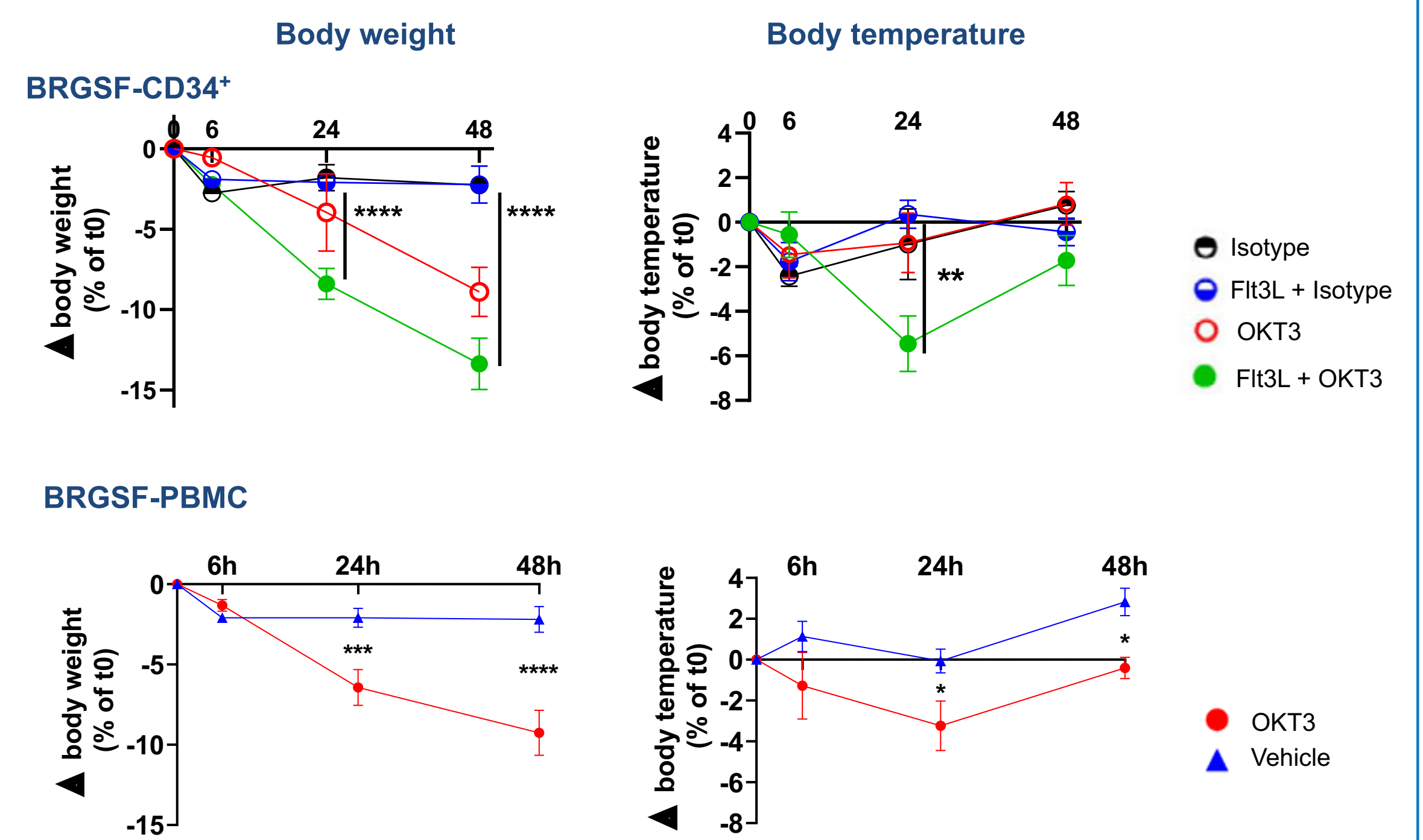
2. Immune cells developed in BRGSF-CD34⁺ and BRGSF-PBMC mice



- Myeloid cells are better represented in BRGSF-CD34⁺ mice than in BRGSF-PBMC mice

3. OKT3-induced clinical signs in BRGSF-CD34⁺ and BRGSF-PBMC mice

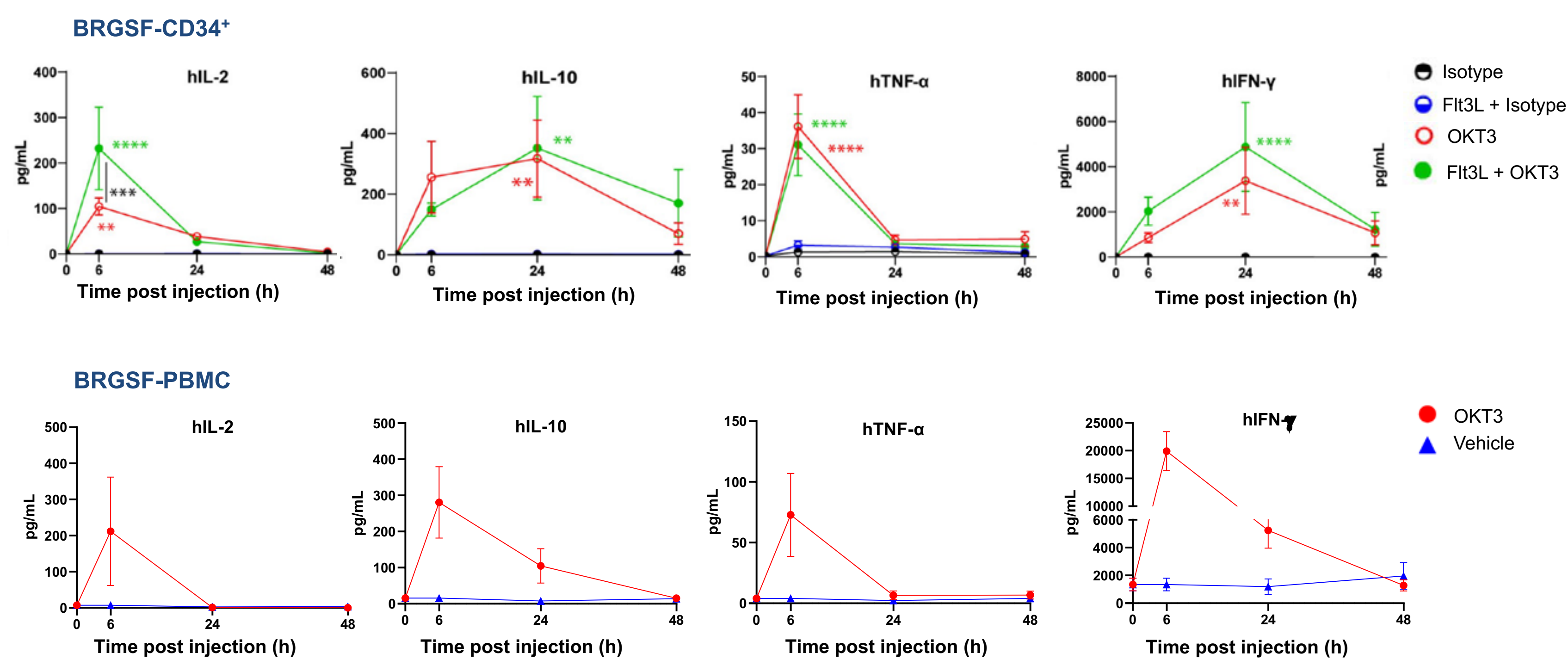
- OKT3 treatment (2mg/kg, i.v.) at D8 for BRGSF-CD34⁺ mice and at D0 for BRGSF-PBMC. Body weight and temperature measurement 6h, 24h and 48h post OKT3 treatment.



- BRGSF-CD34⁺ mice show more pronounced clinical signs than BRGSF-PBMC mice

4. Cytokine release in BRGSF-CD34⁺ and BRGSF-PBMC mice

- OKT3 treatment (2mg/kg, i.v.) at D8 for BRGSF-CD34⁺ mice and at D0 for BRGSF-PBMC. Cytokine release measurement 6h, 24h and 48h post OKT3 treatment.

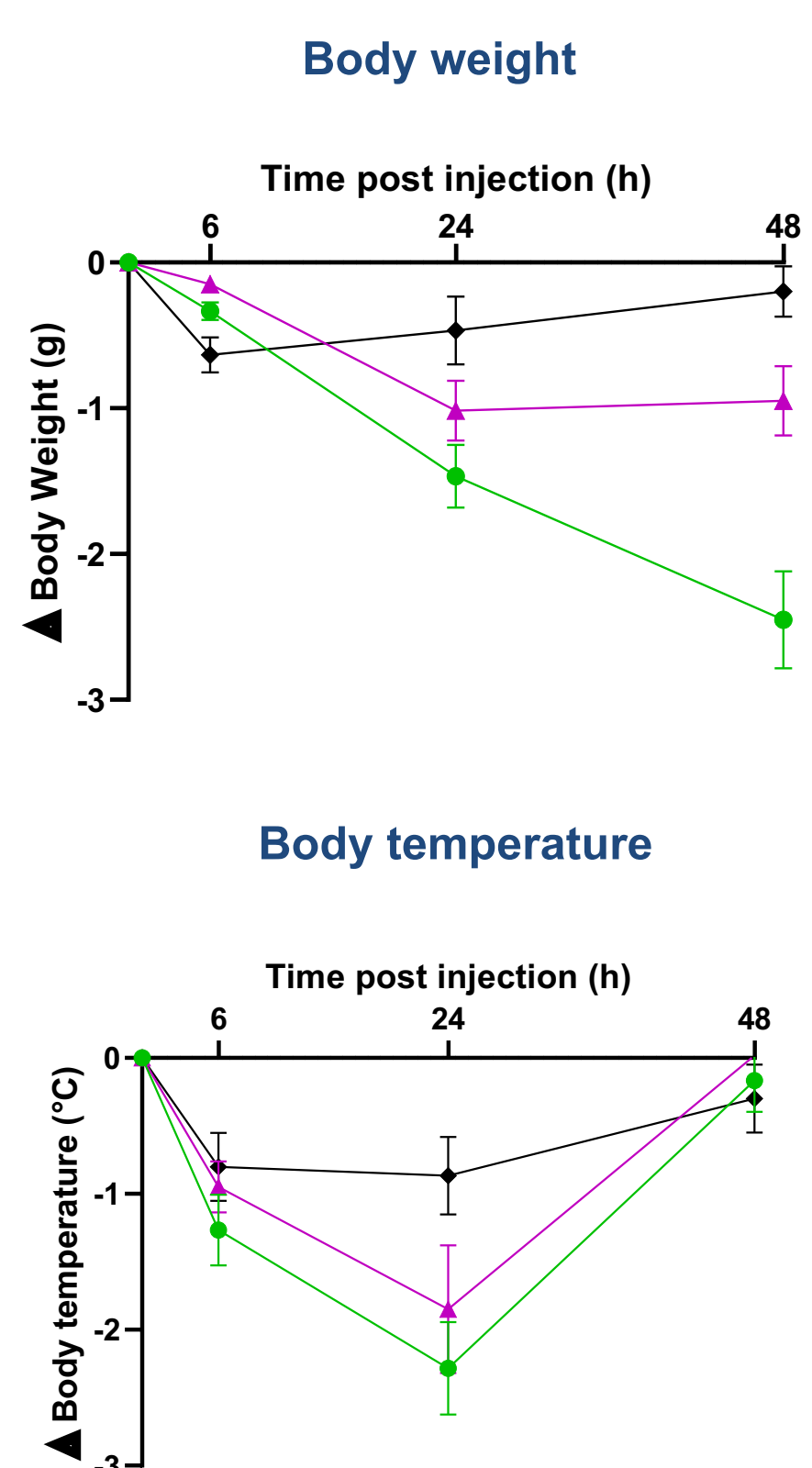
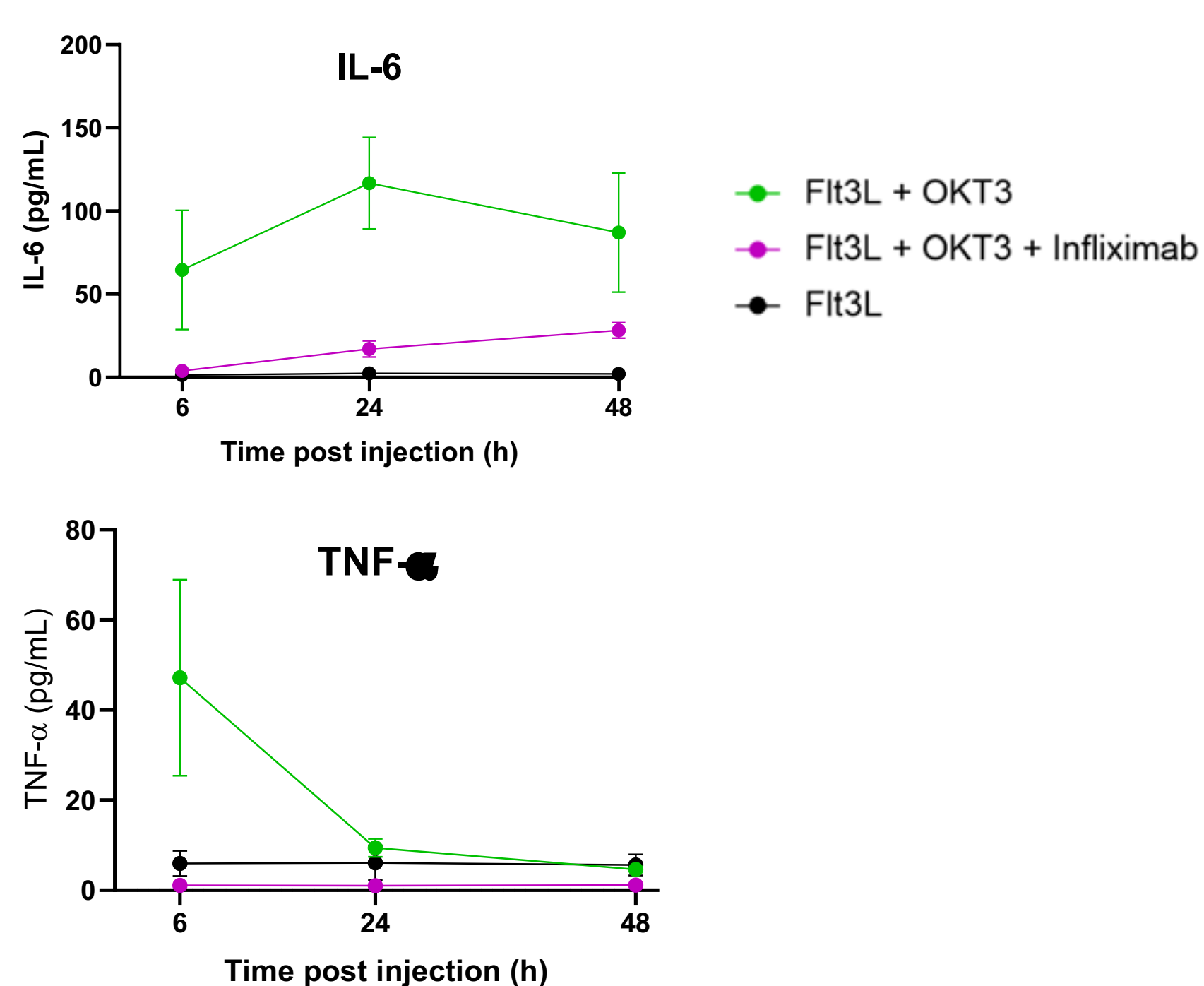
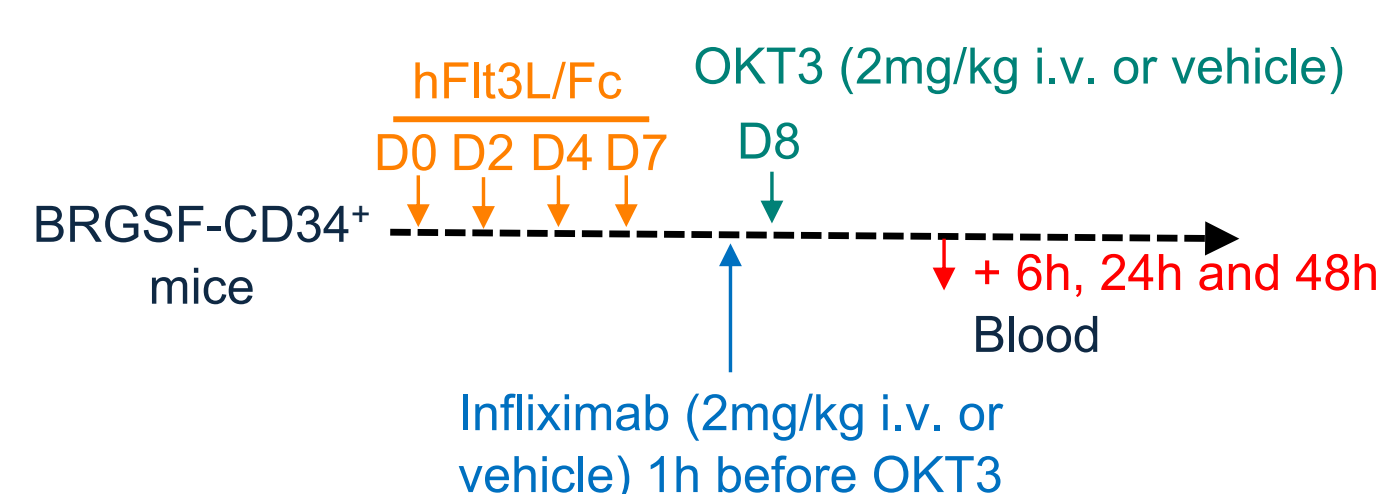


- Summary of cytokine release

Cytokine	Flt3L-treated BRGSF-CD34 ⁺	BRGSF-PBMC
IFN-γ	+++ (24h)	++++ (6h)
CXCL-10	+++ (6h)	-
IL-2	++ (6h)	++ (6h)
IL-10	++ (24h)	++ (6h)
IL-1RA	++ (6h)	-
CCL2	++ (6h)	-
CCL5	++ (6h)	-
CXCL8	+	-
IL-6	+	+
CCL3	-	-
IFN-α	-	-
G-CSF	-	-
IL-7	-	-

- High number of cytokines in CD34⁺-reconstituted BRGSF mice, mainly produced by myeloid cells
- No cytokine from myeloid origin produced in BRGSF-PBMC mice
- High basal level of circulating IFN-γ in BRGSF-PBMC mice despite no obvious clinical signs of GvHD

5. Rescue of CRS induction by Infliximab in BRGSF-CD34⁺ mice



- Cytokine release induced by OKT3 treatment is rescued by Infliximab
- Infliximab reduces OKT3-induced body weight loss and temperature drop

Conclusion: These data suggest that BRGSF-CD34⁺ enable a more translatable assessment of CRS induction by T-cell engagers than BRGSF-PBMC, mainly due to the presence of myeloid cells, which contribute to the pathophysiology of CRS.

