## 2018 ACS-IRG Pilot Grant



NISARG SHAH, PHD, ASSISTANT PROFESSOR, NANOENGINEERING
PROJECT TITLE: ENHANCED T-CELL REGENERATION USING CELL INSTRUCTIVE SCAFFOLDS

## ABSTRACT:

DEFICIENCY OF T-CELL NUMBER AND DISORDER OF FUNCTION ARE THE BASIS FOR A RANGE OF DISEASES RANGING FROM CONGENITAL IMMUNODEFICIENCY TO THE AUTOIMMUNE AND IMPAIRED IMMUNE SURVEILLANCE DISORDERS THAT ACCUMULATE WITH AGE. IN ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION (HSCT), THERE IS A MARKED DEFICIENCY IN POST-TRANSPLANT DONOR T-CELL GENERATION, WHICH RENDERS PATIENTS SUSCEPTIBLE TO INFECTIOUS AGENTS SUCH AS CYTOMEGALOVIRUS, AND MAY CONTRIBUTE TO GRAFT-VERSUS-HOST DISEASE (GVHD) (>80% OF RECIPIENTS). THESE COMPLICATIONS MAY BE FATAL AND LIMIT THE USE OF HSCT IN SETTINGS WHERE IT CAN BE CURATIVE FOR MULTIPLE TYPES OF CANCERS. THE TIMELY REGENERATION OF T-CELLS POST-HSCT, ALONG WITH THE RESTORATION OF THE T-CELL REPERTOIRE REMAINS A SIGNIFICANT UNMET CLINICAL NEED.

THE APPLICANT HAS PREVIOUSLY DEVELOPED A SYNTHETIC CELL-FREE SCAFFOLD FOR PROMOTING T-CELL NEOGENESIS. THE SCAFFOLD IS REFERRED TO AS A BONE MARROW CRYOGEL (BMC), AND FACILITATES T-CELL LINEAGE SPECIFICATION OF HEMATOPOIETIC PROGENITOR CELLS. BMCS SUBCUTANEOUSLY INJECTED AT THE TIME OF HSCT RAPIDLY INTERFACED WITH THE HOST VASCULATURE. BMCS PRESENTED LINEAGE-INSTRUCTIVE CUES TO DONOR RECRUITED PROGENITOR CELLS IN VIVO, WITH THE EFFECT OF ENHANCED T-CELL PROGENITOR SEEDING OF THE THYMUS, T-CELL NEOGENESIS, EXPANDED THE T-CELL RECEPTOR REPERTOIRE AND ENHANCED PERIPHERAL T-CELL RECONSTITUTION ~SIXFOLD IN MICE. IN POST-HSCT MICE, BMC TREATMENT INCREASED DONOR CHIMERISM, INDUCED A ROBUST ANTIGEN SPECIFIC GENERATION OF CD8<sup>+</sup> T-CELLS AFTER VACCINATION AND ENHANCED T-CELL ACTIVATION AFTER STIMULATION.

THE REGENERATION OF FUNCTIONAL T-CELLS MEDIATED BY THE BMC SUGGESTED THAT THERE IS LIKELY IMMUNOLOGIC BENEFIT BEYOND THAT OF REPLENISHING CELL NUMBERS. IT IS HYPOTHESIZED THAT ENHANCED IN VIVO DONOR T-CELL NEOGENESIS CAN PROMOTE ADAPTIVE IMMUNITY AND FACILITATE THE ALLEVIATION OF POST-HSCT IMMUNOLOGICAL COMPLICATIONS.