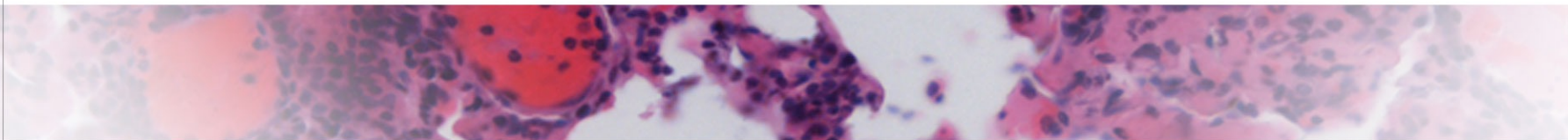




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Hematopoietic Stem Cell Transplantation (HSCT) With Omidubicel Is Associated With Robust Immune Reconstitution and Lower Rates of Severe Infection Compared to Standard Umbilical Cord Blood Transplantation

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Acknowledgments

- Patients and families who participated in this research
- Co-investigators and centers who participated in the substudy
 - **Isabel Badell**, Hospital Sant Pau, Spain
 - **Claudio Brunstein**, University of Minnesota, MN, USA
 - **Olga Frankfurt**, Northwestern University Hospital, IL, USA
 - **Nelson Hamerschlak**, Israelita Albert Einstein Hospital, Brazil
 - **Rabi Hanna**, Cleveland Clinic, OH, USA
 - **Mitchell Horwitz**, Duke University Medical Center, NC, USA
 - **Nicole Karras**, City of Hope Comprehensive Cancer Center, CA, USA
 - **Amy Keating**, Denver Children's Hospital, CO, USA
 - **Caroline Lindemans**, Prinses Maxima Children's Hospital, Netherlands
 - **Joseph McGuirk**, Kansas University Medical Center, KS, USA
 - **Andrew Rezvani**, Stanford University Cancer Institute, CA, USA
 - **Guillermo Sanz**, Hospital Universitario y Politecnico La Fe, Spain
 - **Patrick Stiff**, Loyola University, IL, USA
 - **David Valcárcel**, Hospital Vall d'Hebrón, Spain

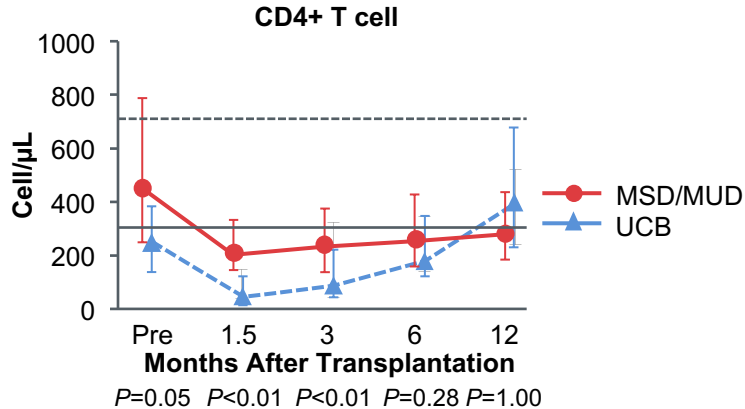


Limitations of Cord Blood Transplantation

- Delayed hematopoietic recovery
- Delayed immune recovery
- Increased transplant related mortality

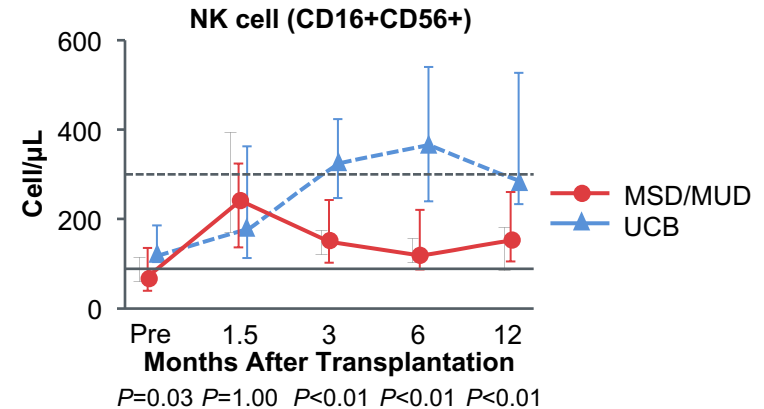
Potential solution: *ex vivo* manipulation of cord blood stem cells (omidubicel)

Historical data show that there is a delay in T-cell recovery following cord blood transplants



MSD/MUD	55	58	56	46	33
UCB	27	25	25	24	29

However, a robust recovery of NK cells is evident



MSD/MUD	58	60	59	47	33
UCB	26	26	26	24	19

MSD, matched sibling donor; MUD, matched unrelated donor; NK, natural killer; UCB, umbilical cord blood.
Kanda J, et al. *Biol Blood Marrow Transplant* 2012;18:1664-1676.



Omidubicel Using Nicotinamide Technology Delivers Full Complement of CD34+ Progenitors Cells and Immune Cells

- Using nicotinamide-based proprietary technology to expand UCB CD34+ cells preserves the multipotency of progenitor cells for long-term repopulation, while increasing cell quantity for transplantation
- Omidubicel is an advanced cell therapy for allogeneic HSCT that preserves stem cell function to optimize homing, engraftment, and differentiation

Graft characteristics of omidubicel compared with unmanipulated cord blood

	Omidubicel (n=52)	Unmanipulated UCB (n=56)
Total CD34+ cells/kg, median (range)	9.0×10^6 (2.1–47.6)	0.2×10^6 (0.0–0.08)
Total CD3+ cells/kg, median (range)	3.0×10^6 (1.1–12.4)	4.6×10^6 (0.0–14.8)*

*n=25.

HSCT, hematopoietic stem cell transplantation; UCB, umbilical cord blood.

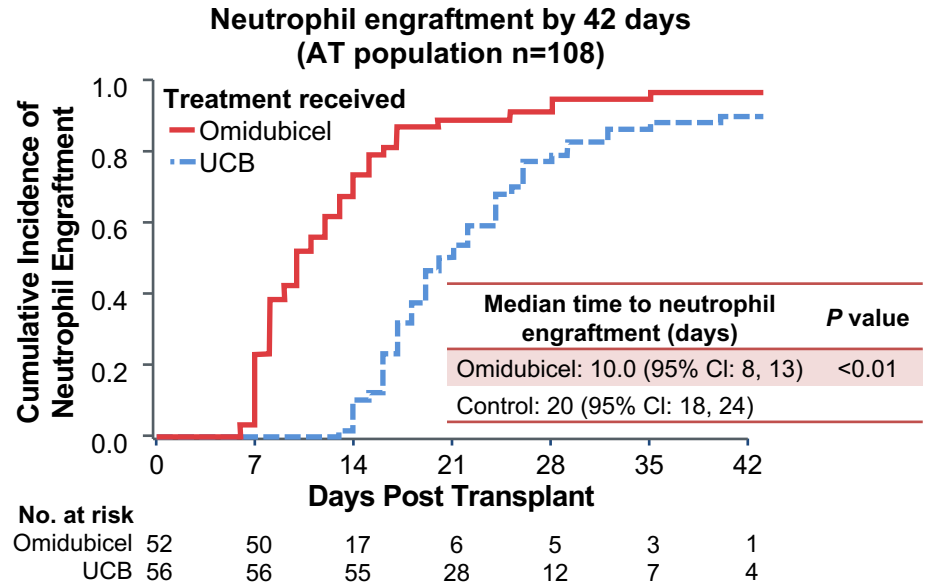
1. Lodie, T et al. *Blood* 2019;134(supp1):3718. 2. Horwitz ME, et al. *Blood* 2021;138:1429-1440.



Transplant With Omidubice: Significantly Faster Time to Engraftment

Completed global phase III trial (n=125); 108 patients with hematologic malignancies treated with omidubice vs standard UCB transplantation following myeloablative conditioning and with no serotherapy

Faster neutrophil engraftment by 42 days
(AT population, n=108)

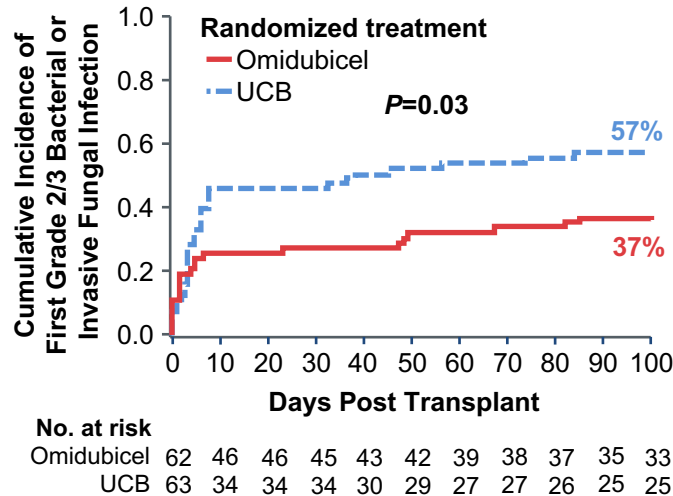


AT, as-treated; CI, confidence interval; UCB, umbilical cord blood.
Horwitz ME, et al. *Blood* 2021;138:1429-1440.

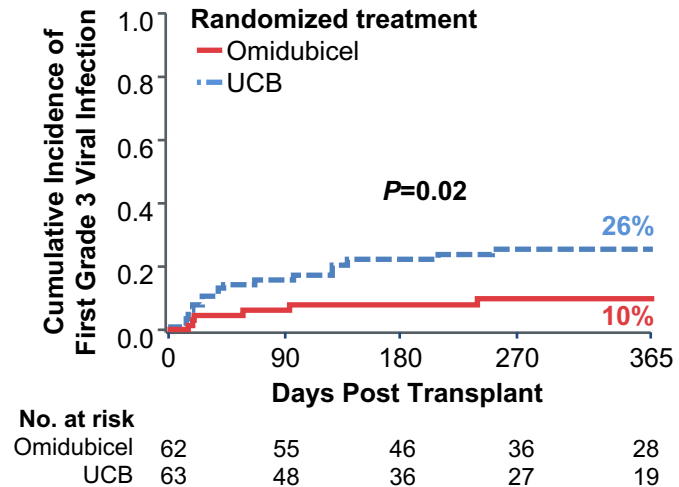


Transplant With Omidubicel: Reduced Risk of Bacterial, Fungal, and Viral Infections

Incidence of first grade 2/3 bacterial or invasive fungal infections (ITT; N=125)



Incidence of first grade 3 viral infection (ITT; N=125)



Rates of acute and chronic GvHD were similar in both groups

GvHD, graft-versus-host disease; ITT, intent-to-treat; UCB, umbilical cord blood.
 Horwitz ME, et al. *Blood* 2021;138:1429-1440.

Immune Reconstitution Substudy Following Omidubiceil Transplantation

Research questions:

1. Is rapid neutrophil engraftment followed by rapid recovery of other cell lineages?
2. What is driving the reduced risk of infections?

Methods

- Optional substudy
 - 14 participating clinical centers
- 37 patients
 - 17 omidubiceil and 20 UCB
- Samples collected at intervals from Day 7 through Day 365
- Immunophenotyping analysis at central laboratory
- T-cell (CD4+, CD8+), NK cells, B-cell, monocyte, and DC subsets
- Summary statistics by treatment and *P*-values based on Wilcoxon rank-sum test (without multiplicity adjustment)

DC, dendritic cell; NK, natural killer; UCB, umbilical cord blood.



Substudy: Baseline Patient and Graft Characteristics

	Omidubicel (n=17)	UCB (n=20)
Median age (range), years	30 (13–62)	43 (19–55)
Male, n (%)	10 (59)	12 (60)
Primary diagnosis, n (%)		
Acute leukemia (ALL, AML)	14 (82)	18 (90)
Other (CML, MDS, lymphoma)	3 (18)	2 (10)
Disease risk, n (%)		
Medium – high/very high	12 (70)	15 (75)
Myeloablative conditioning, n (%)		
TBI-based	8 (47)	14 (70)
CMV status, n (%)		
Positive	10 (59)	13 (65)
CD3+ cell dose/kg, × 10⁶	1.8 (1.2–7.6)	6.0 (1.7–10.2)*

*n=9.

ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; CML, chronic myeloid leukemia; CMV, cytomegalovirus; MDS, myelodysplastic syndrome; TBI, total body irradiation; UCB, umbilical cord blood.



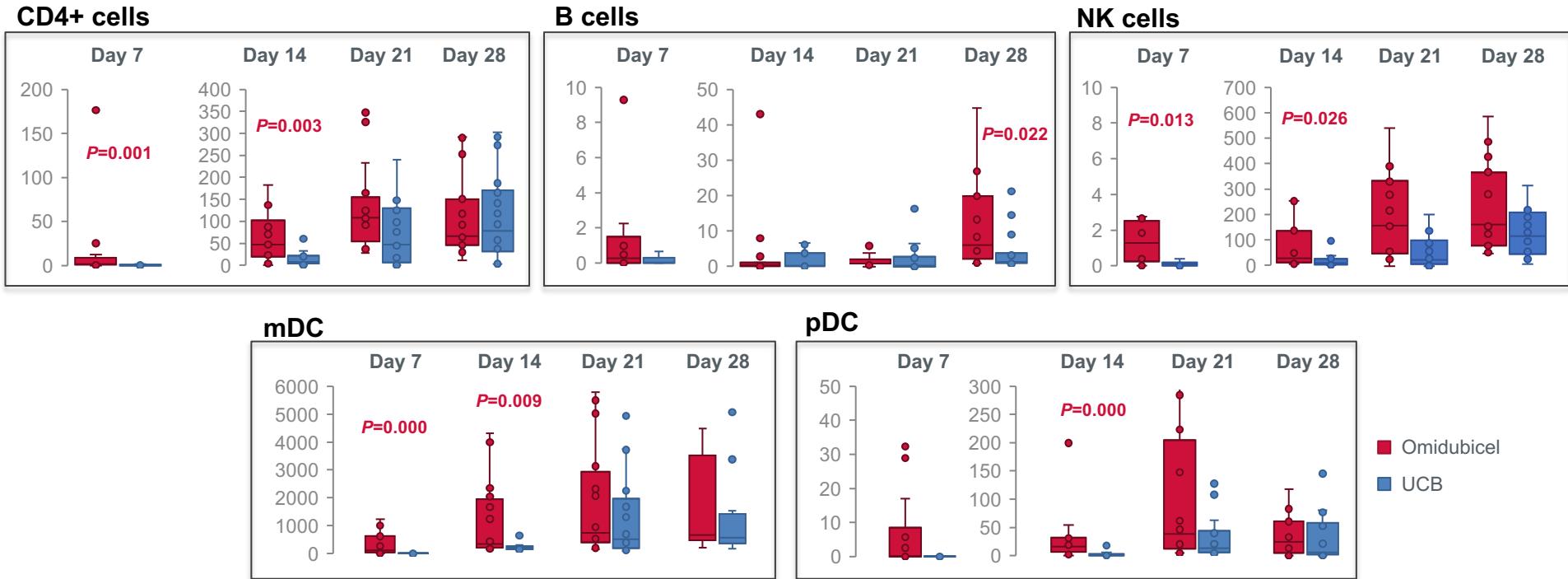
Substudy: Patient Outcomes

	Omidubicel (n=17)	UCB (n=20)	P-value
Median time to neutrophil engraftment (range), days	10 (6–28)	18.5 (14–40)	<0.001
Grade 2/3 infections over 365 days, n (%)			
Bacterial Infections	7 (41)	14 (70)	=0.037
Viral Infections	1 (6)	9 (45)	=0.010
Patients with steroid use in first month, n (%)	3 (18)	5 (25)	–
Median (range) number of days of steroid use in first month	13 (11–20)	13 (3–16)	–

UCB, umbilical cord blood.

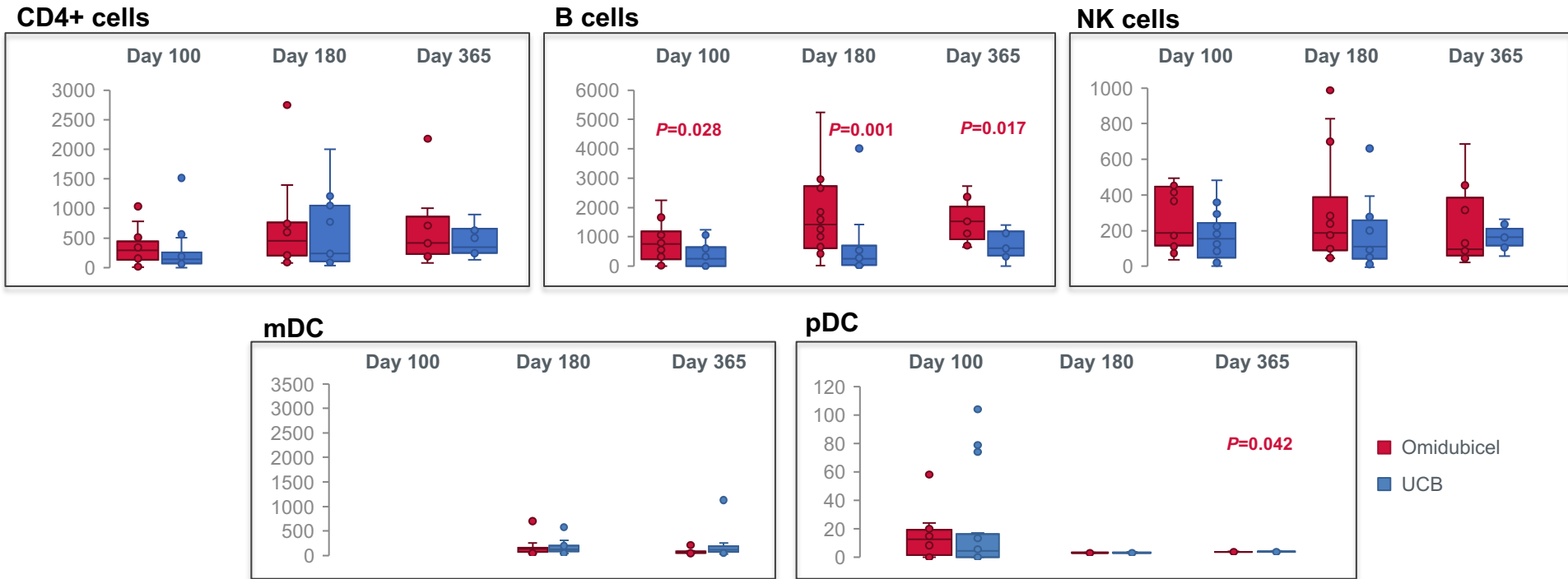


Robust Early Recovery Observed for T cell, B cell, NK Cell and Dendritic Cell Subsets (Day 0 to Day 28)



mDC, myeloid dendritic cell; NK, natural killer; pDC, plasmacytoid dendritic cell; UCB, umbilical cord blood.

Durability of Recovery Observed for up to 1 Year Post-transplant (Day 100 to Day 365)



mDC, myeloid dendritic cell; NK, natural killer; pDC, plasmacytoid dendritic cell; UCB, umbilical cord blood.

Conclusions

- HSCT with omidubicel results in rapid hematopoietic recovery, reduced rates of infections, and no increase in GvHD rates compared with standard UCB
- In the immediate post-transplant period (up to Day 28), immune cell recovery was significantly faster with omidubicel compared with standard UCB transplantation despite receiving a lower number of T cells at transplant
- Enhanced recovery of circulatory mDC, pDC, NK, and CD4+ T cells within the first 28 days, and sustained B-cell recovery from Day 28 through the first year were observed
- Additional analysis on thymic reconstitution is ongoing
- These results demonstrate rapid and functional reconstitution of T and B cell subsets following transplant with omidubicel, which provides mechanistic support for the lower rates of severe infection observed in the omidubicel-treated patients

GvHD, graft versus host disease; HSCT, hematopoietic stem cell transplantation; mDC, myeloid dendritic cell; NK, natural killer; pDC, plasmacytoid dendritic cell; UCB, umbilical cord blood.

