

# iMSCs Derived from mRNA-Engineered B2M-KO iPSCs Exhibit Enhanced Immunosuppressive Activity and Stealthing Features

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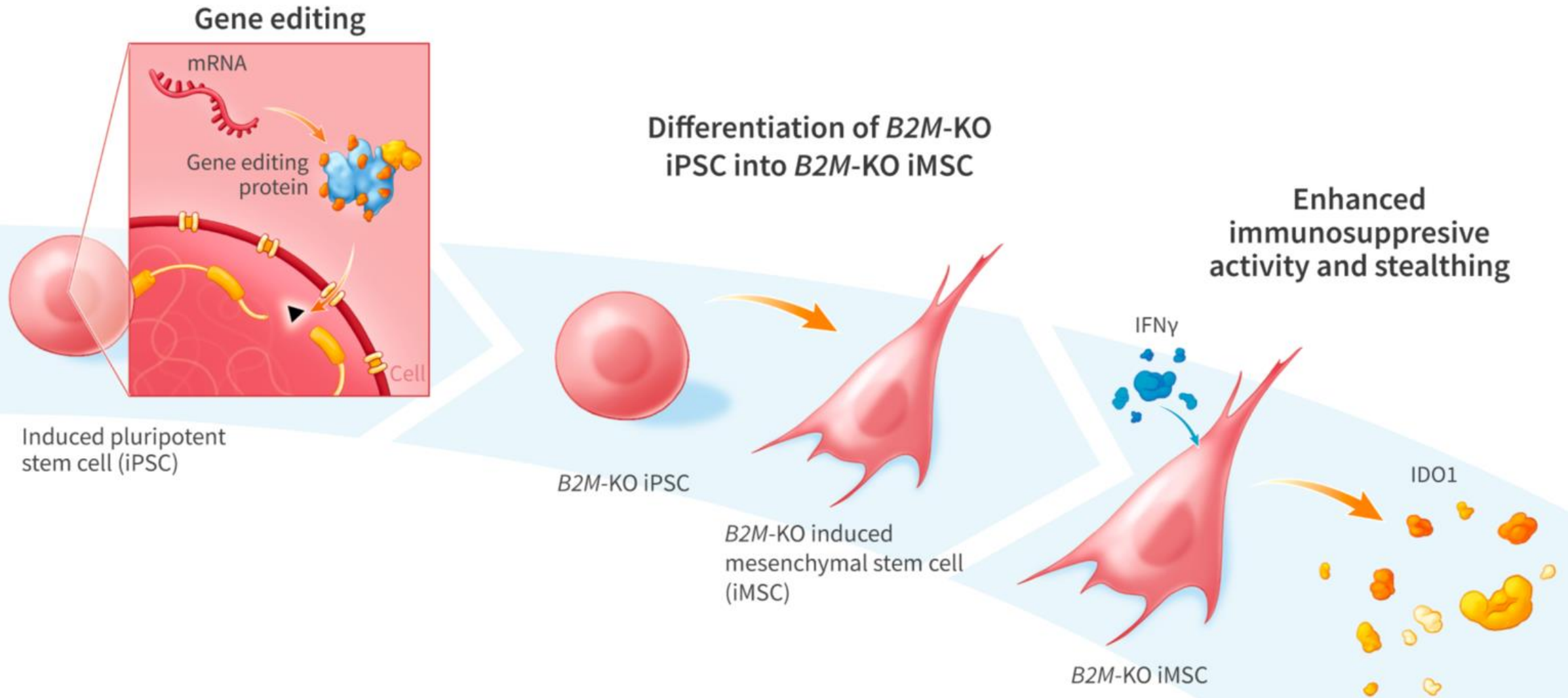


R.H., E.B., K.G., C.R., and M.A. are employees of Factor Bioscience Inc.

C.R. and M.A. are inventors on patents assigned to Factor Bioscience Inc.



# B2M-KO iMSCs Exhibit Immunosuppressive Activity & Stealthing Features





# MSCs Have Broad Clinical Relevance



Disease	Infusion Method	Cell Source	Study Phase	Serious Adverse Event	NCT Number
<b>Amyotrophic Lateral Sclerosis</b>	I.T	BM-MSC	I	No	NCT01363401
<b>Parkinson's Disease</b>	I.A	BM-MSC	I	No	NCT01824121
<b>Spinal Cord Injury</b>	Subarachnoid	BM-MSC	II	No	NCT0216590
<b>Stroke</b>	I.V	BM-MSC	I	No	NCT01297413
<b>Primary Biliary Cirrhosis</b>	I.V	UC-MSC	N/A	No	NCT01662973
<b>Ischemic-Type Biliary Lesions</b>	I.V	UC-MSC	I	No	NCT02223897
<b>Acute-on-Chronic Liver Failure</b>	I.V	BM-MSC	N/A	No	NCT01322906
<b>Arrhythmogenic Right Ventricular Dysplasia</b>	I.A	AD-MSC	Ia	No	NCT02266394
<b>Chronic Kidney Disease</b>	I.V	BM-MSC	I	No	NCT02195323
<b>Heart Failure</b>	I.V	UC-MSC	I/II	No	NCT01739777
<b>Refractory Angina</b>	Intramyocardial	AD-MSC	N/A	No	NCT01449032
<b>Osteoarthritis</b>	Intra-Articular	BM-MSC	I/II	No	NCT02351011
<b>Bone Fracture</b>	Percutaneous	BM-MSC	I/II	No	NCT02020590
<b>Diabetic Foot Ulcers</b>	N/A	AD-MSC	N/A	No	NCT02619877
<b>Uterine Injury</b>	Intrauterine	UC-MSC	I	No	NCT03386708
<b>Vocal Fold</b>	Local injection	BM-MSC	I/II	No	NCT01981330

\* Adapted From: Margiana, R., Markov, A., Zekiy, A.O. et al. Clinical application of mesenchymal stem cell in regenerative medicine: a narrative review. *Stem Cell Res Ther* **13**, 366 (2022)



# iPSC Derived MSCs Address the Shortcomings of Tissue Derived MSCs

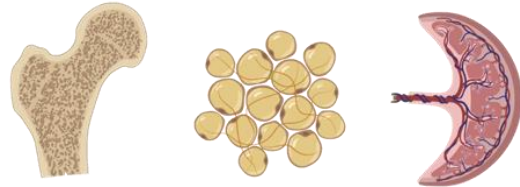


## Tissue-Derived MSCs

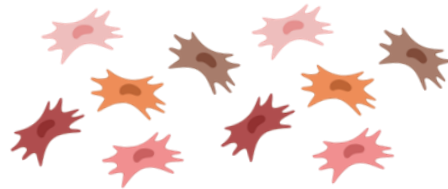
**Donor Variability**



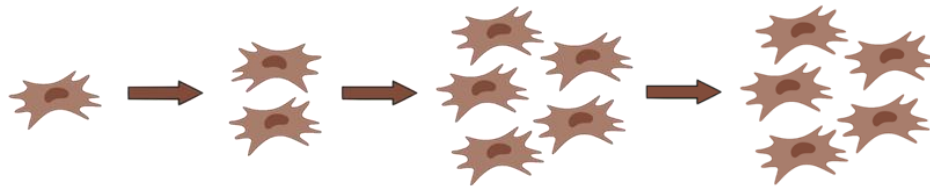
**Tissue Source Variability**



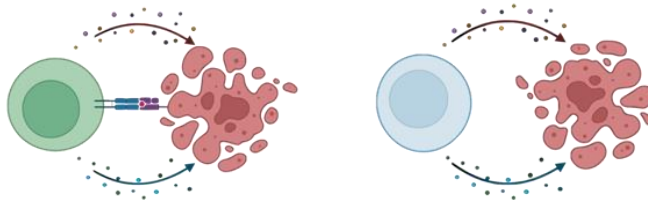
**Cellular Heterogeneity**



**Limited Cellular Expansion Potential**



**Premature Clearance via Host Immune Cells**





# iPSC Derived MSCs Address the Shortcomings of Tissue Derived MSCs



## Tissue-Derived MSCs

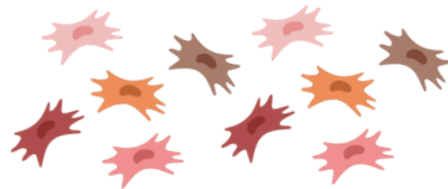
### Donor Variability



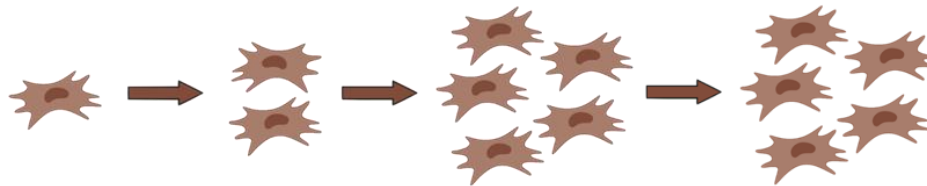
### Tissue Source Variability



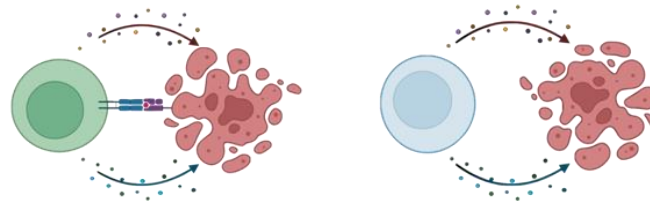
### Cellular Heterogeneity



### Limited Cellular Expansion Potential



### Premature Clearance via Host Immune Cells



## iPSC Derived MSCs

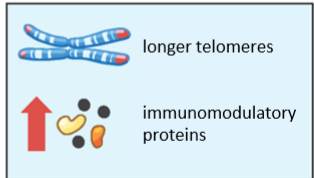
Gene editing

Pluripotent stem cell

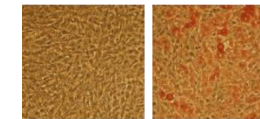


Mesenchymal stem cell

Therapeutic benefits



Adipocytes  
Oil Red O stain



iMSCs +25 days of diff.

Osteoblasts  
Alizarin Red S stain

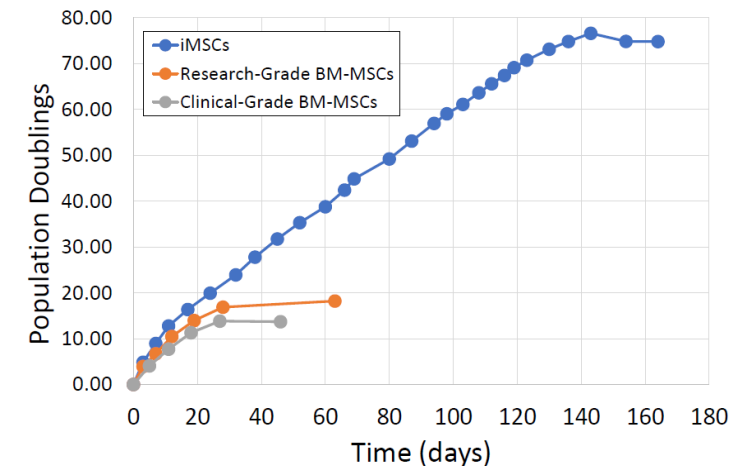


iMSCs +15 days of diff.

Chondrocytes  
Alcian Blue stain



iMSCs +21 days of diff.





# iPSC Derived MSCs Address the Shortcomings of Tissue Derived MSCs



## Tissue-Derived MSCs

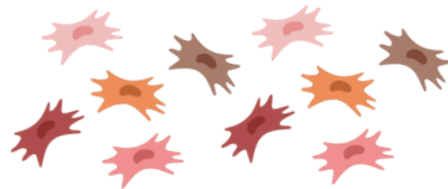
### Donor Variability



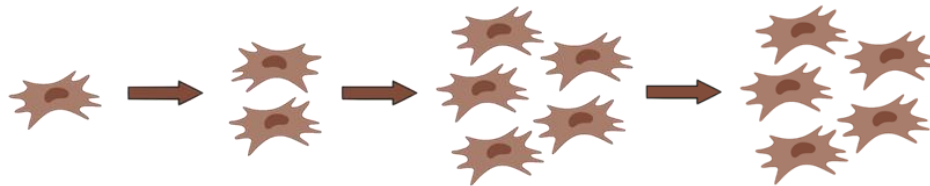
### Tissue Source Variability



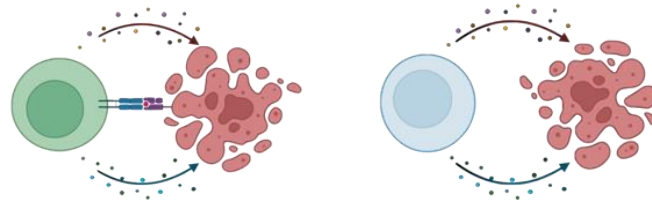
### Cellular Heterogeneity



### Limited Cellular Expansion Potential



### Premature Clearance via Host Immune Cells



## iPSC Derived MSCs

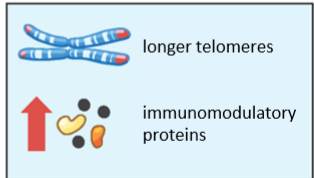
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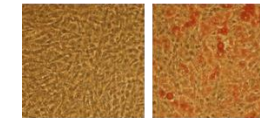


Mesenchymal stem cell

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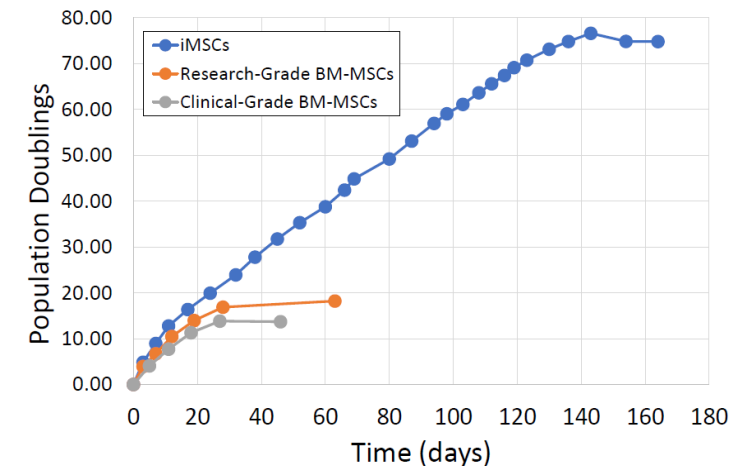


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Chondrocytes  
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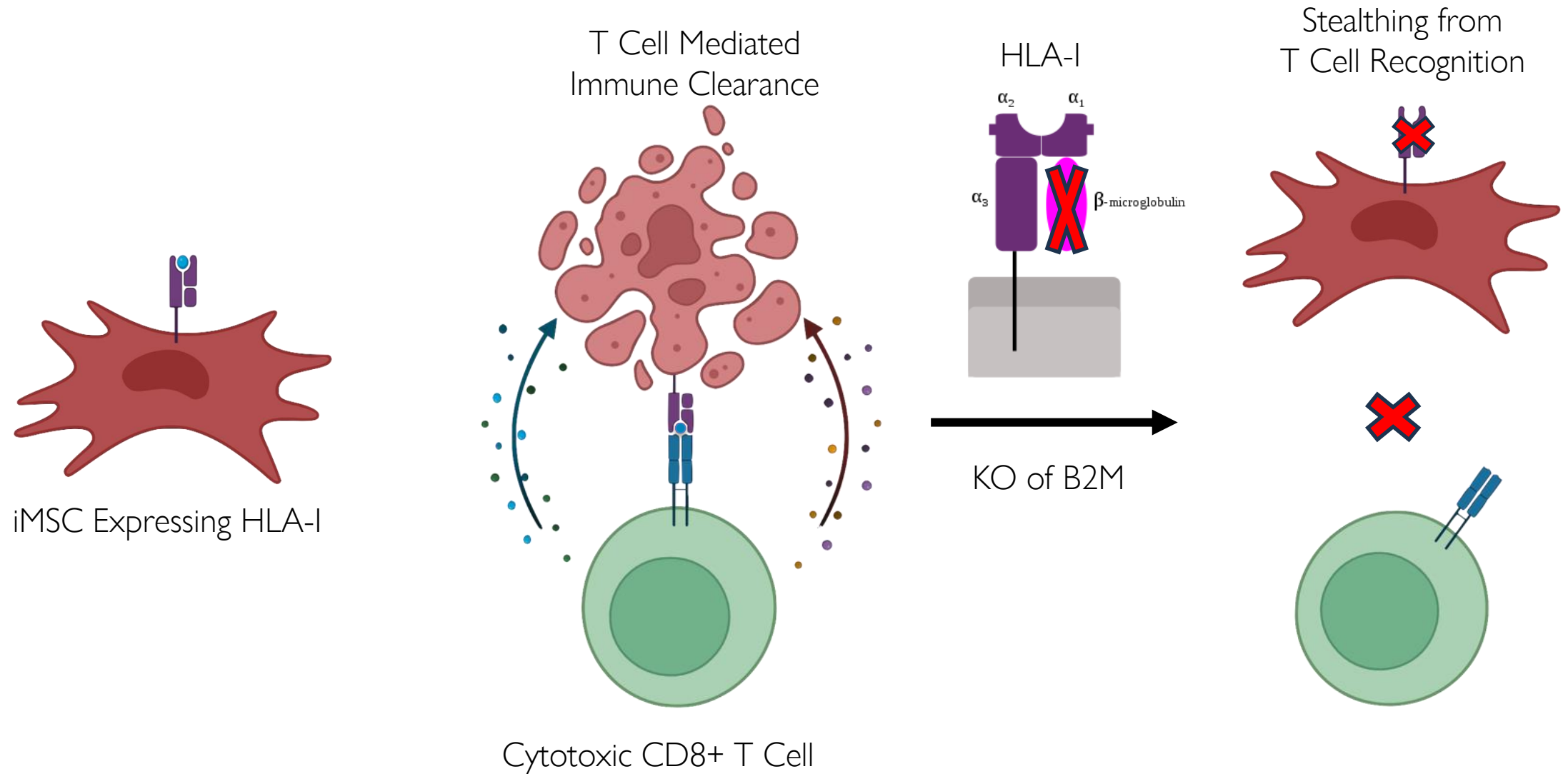


iMSCs +21 days of diff.



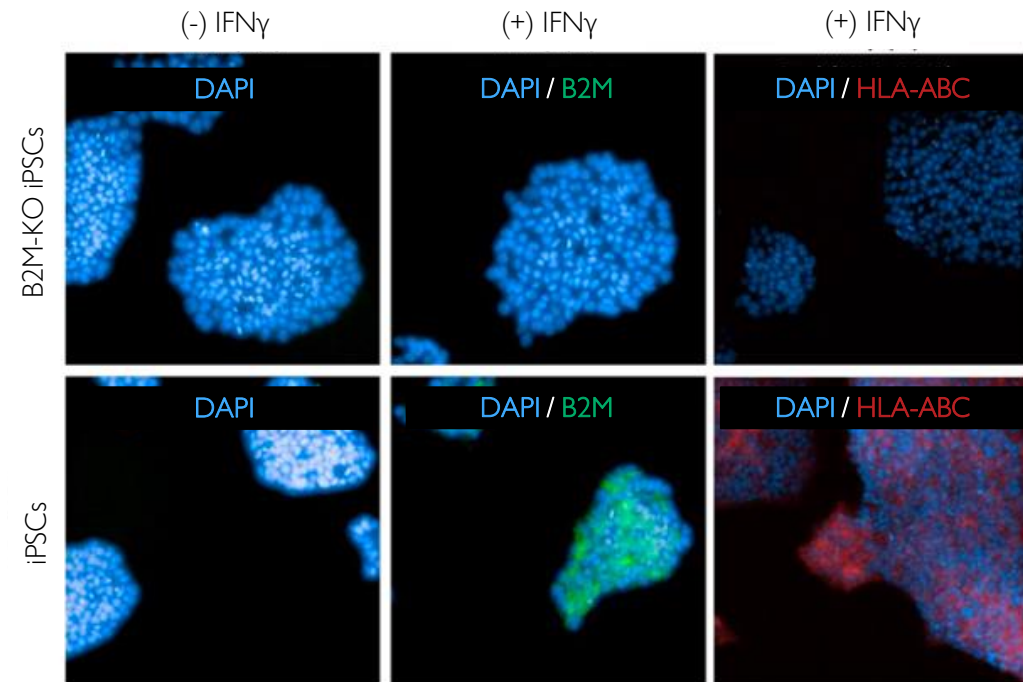
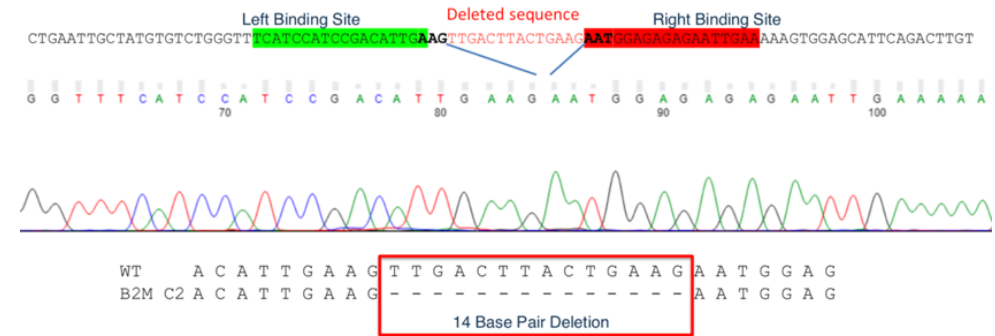


# Knockout of B2M Address Premature Immune Clearance of MSCs





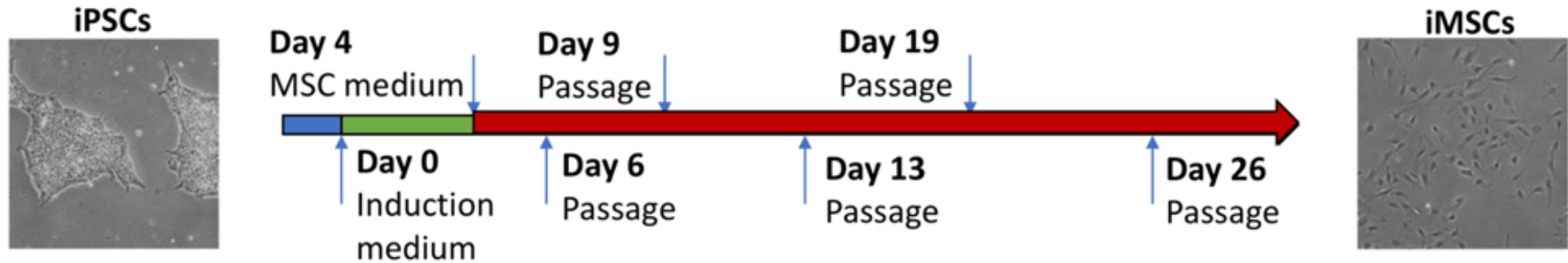
# Generation of B2M-KO iPSCs



Kopacz, M. et al., Mol Ther Vol 29, 2021



# Differentiation of B2M-KO iPSCs → iMSCs



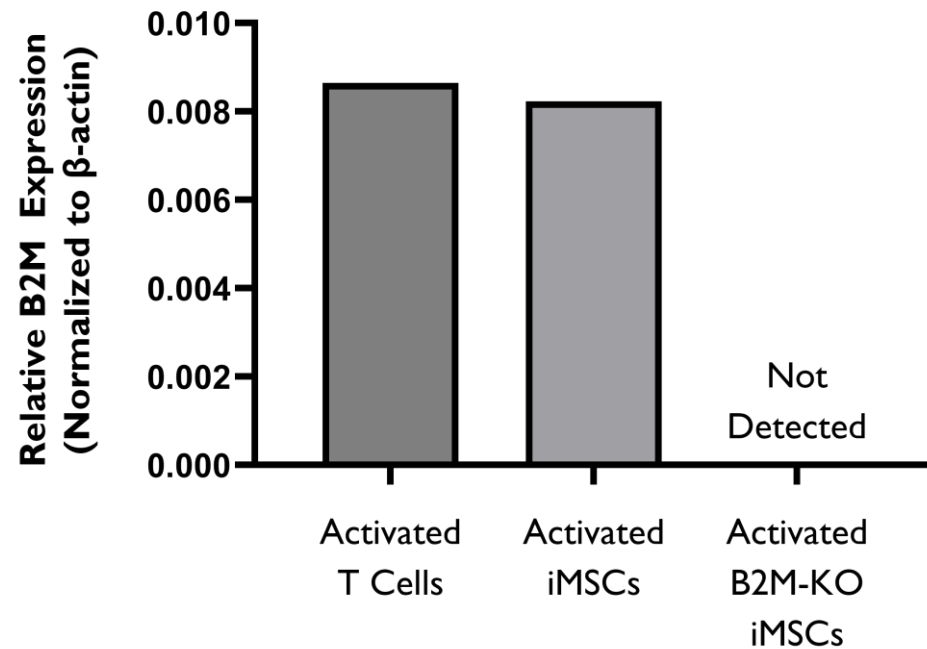
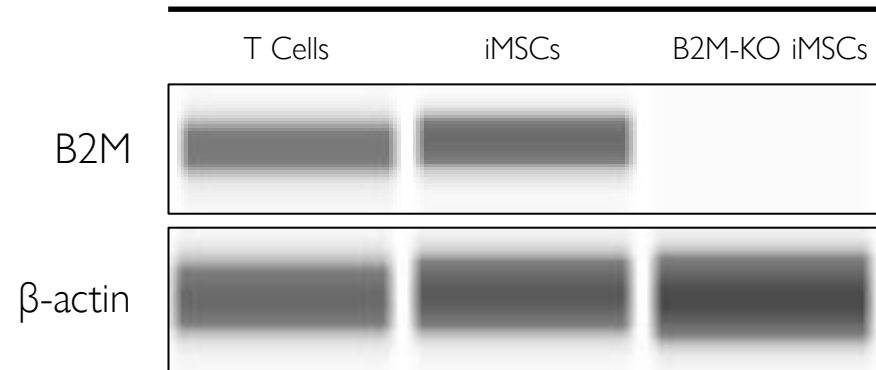
	ISCT-Defined MSC Markers			iPSC Marker	HSC Marker
	CD73	CD105	CD90	TRA-1-81	CD34
B2M-KO iMSCs	99%	99%	99%	<1%	<1%
Control Cells	<1%	<1%	<5%	99%	90%
	<i>iPSCs</i>	<i>iPSCs</i>	<i>PBMCs</i>	<i>iPSCs</i>	<i>iPSC-Derived HSCs</i>



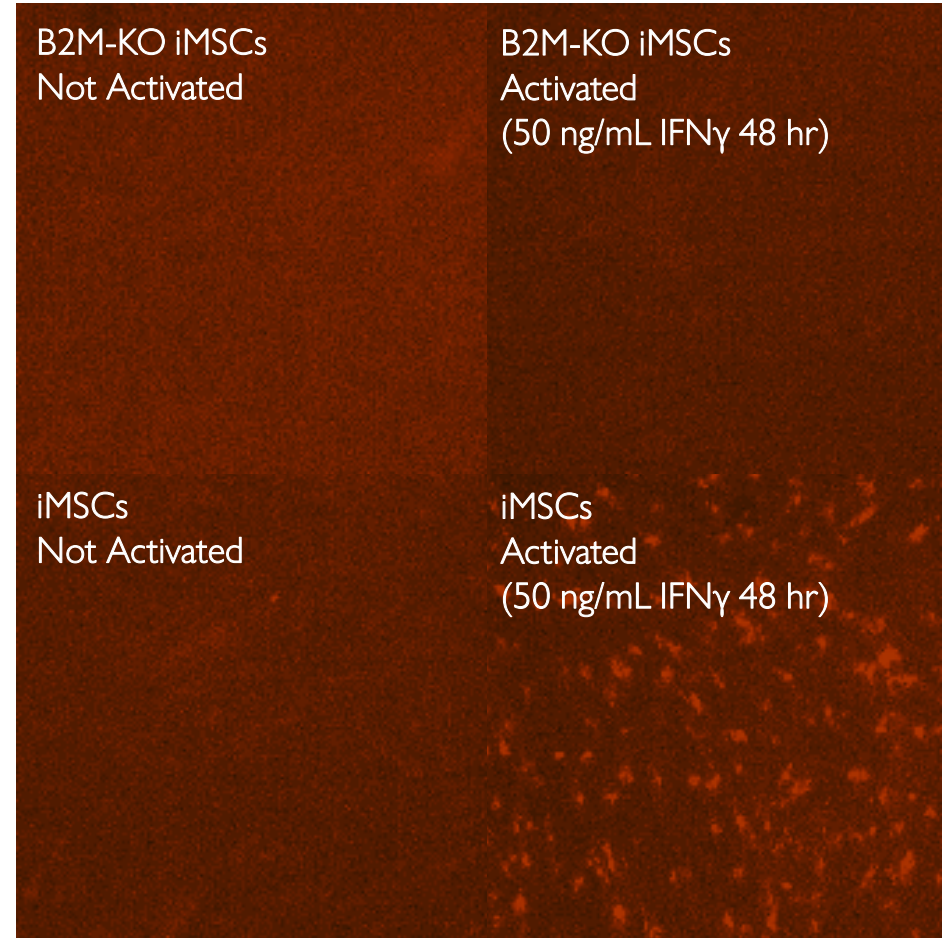
# B2M-KO iMSCs Do Not Express B2M



+50 ng/mL IFN $\gamma$ , 48hr

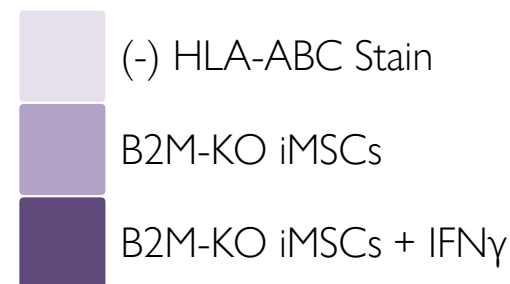
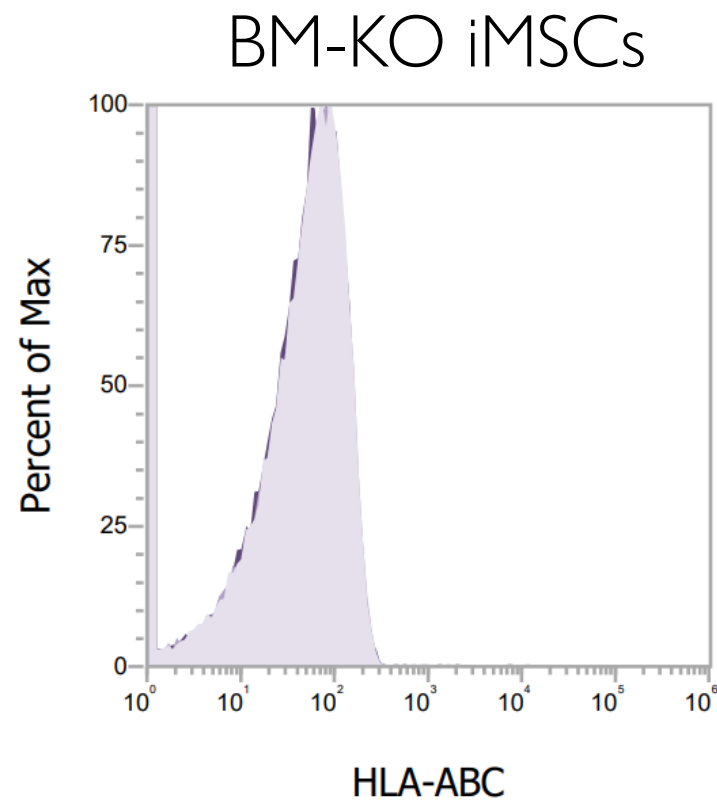
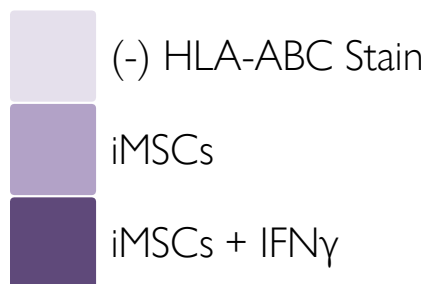
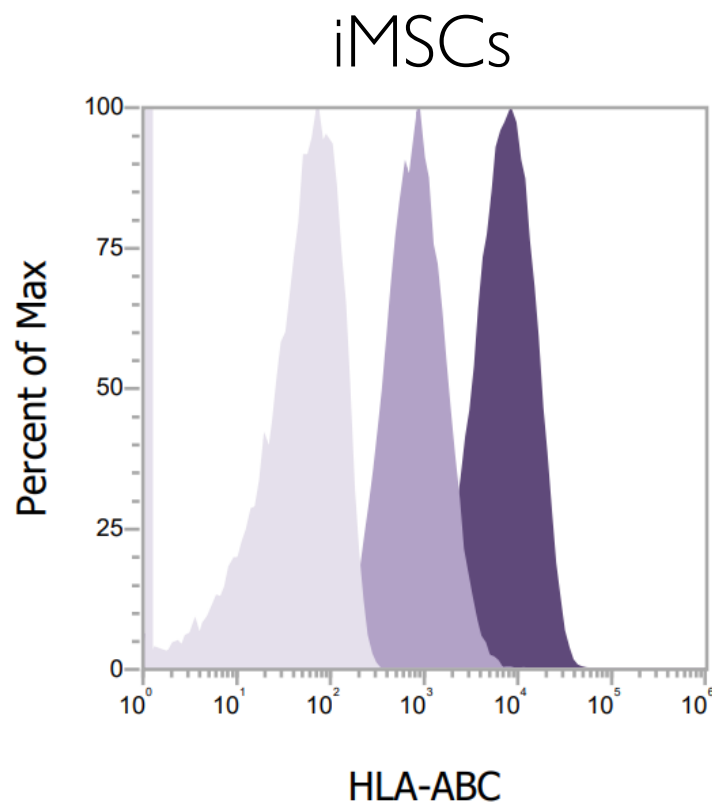


## B2M Immunofluorescence



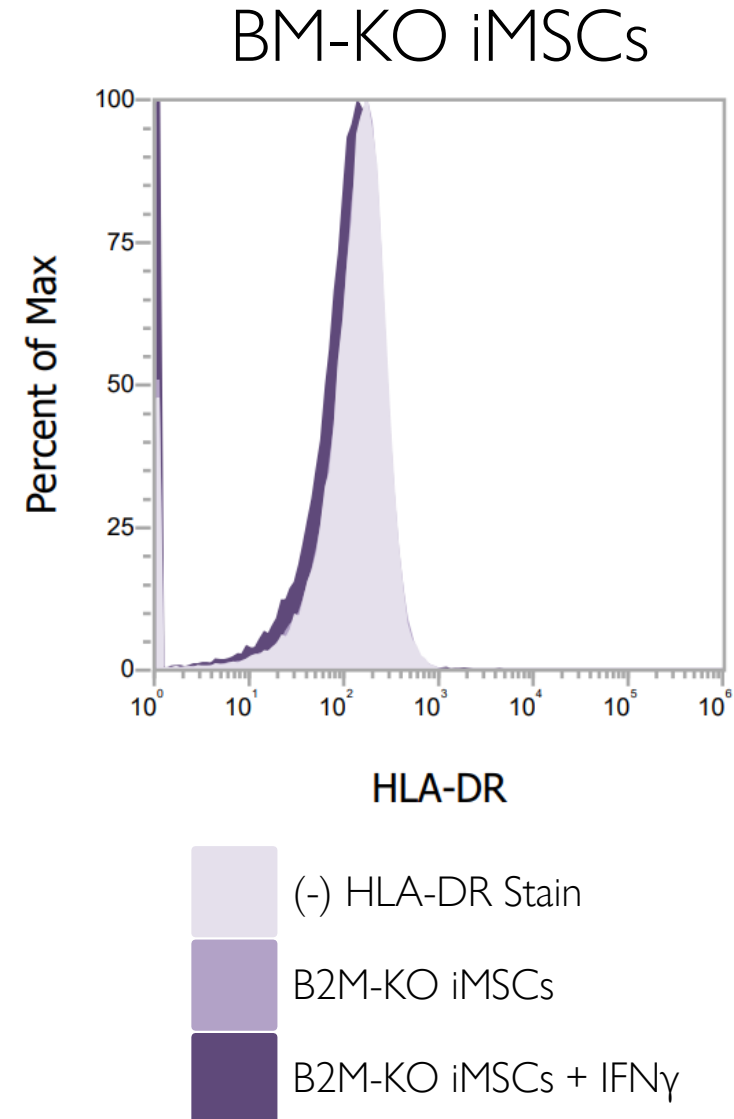
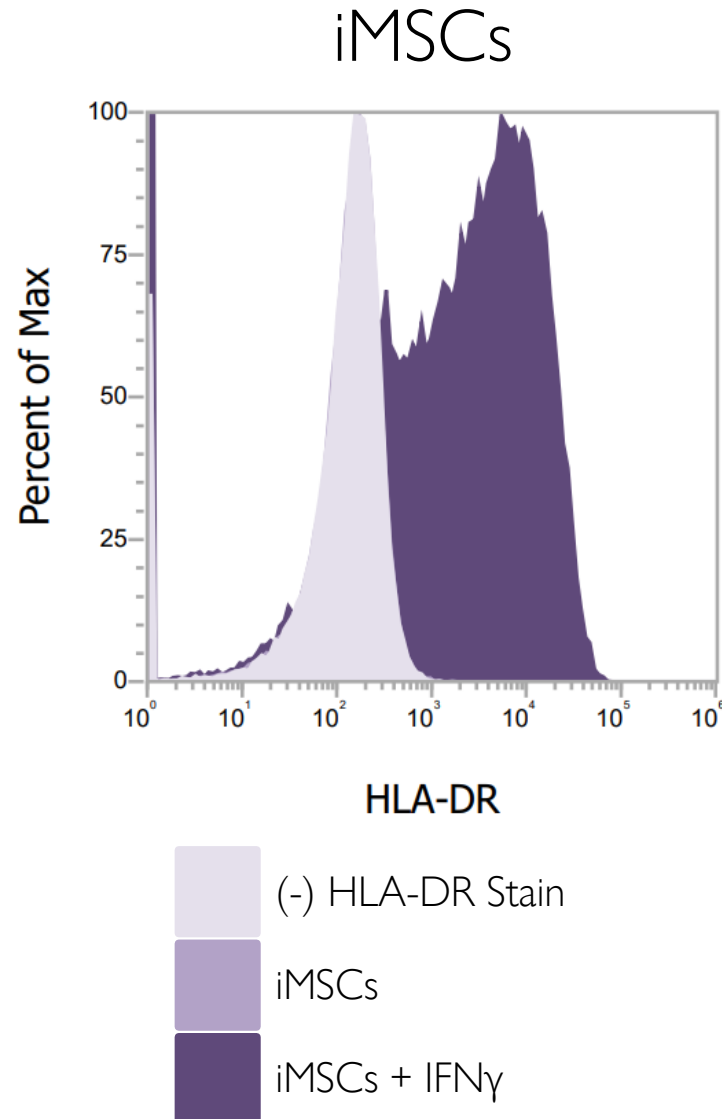


# B2M-KO iMSCs Do Not Express HLA-I



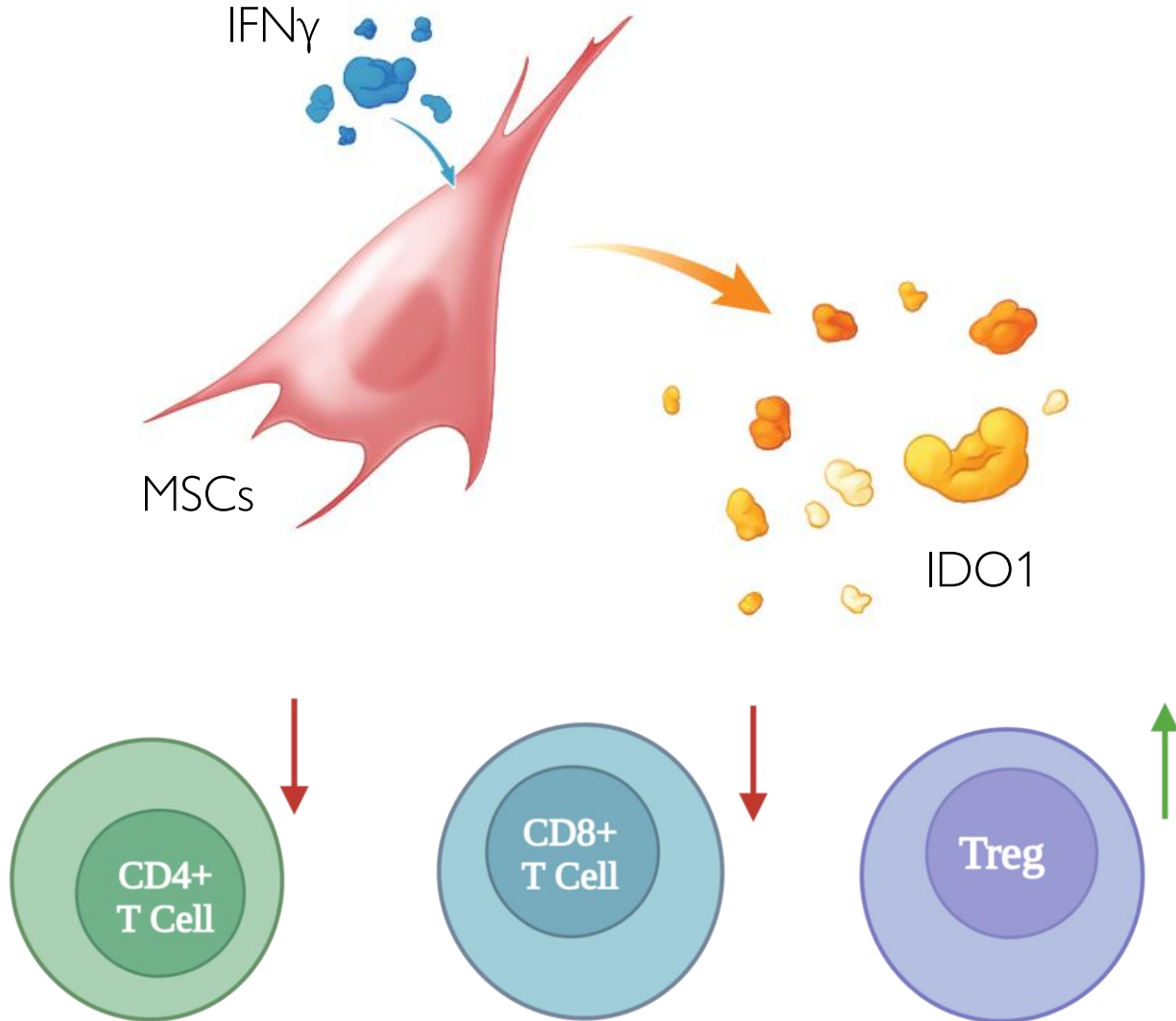
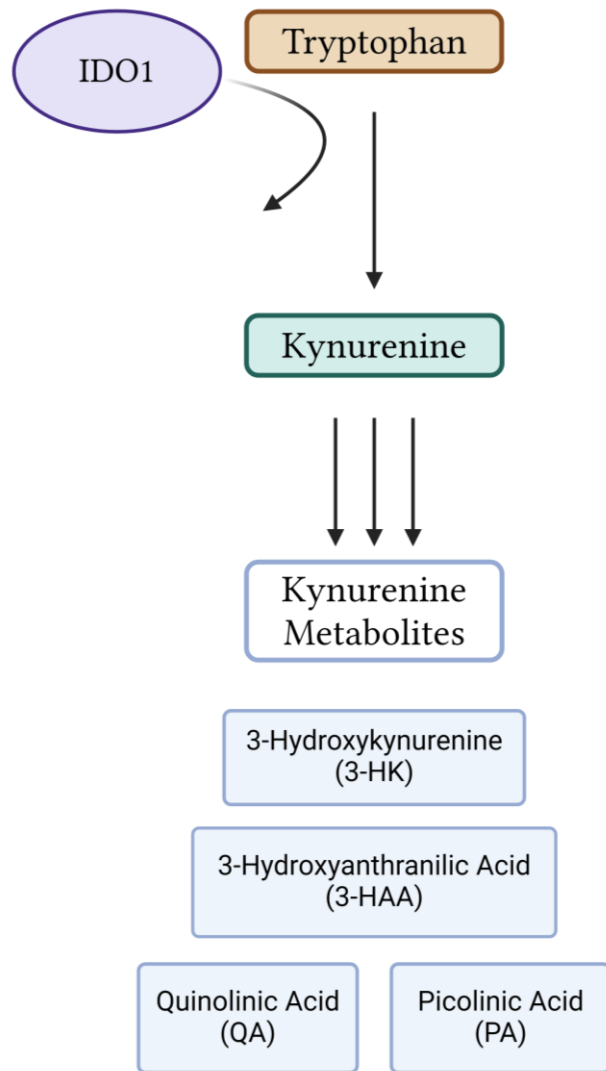


# B2M-KO iMSCs Do Not Express HLA-DR



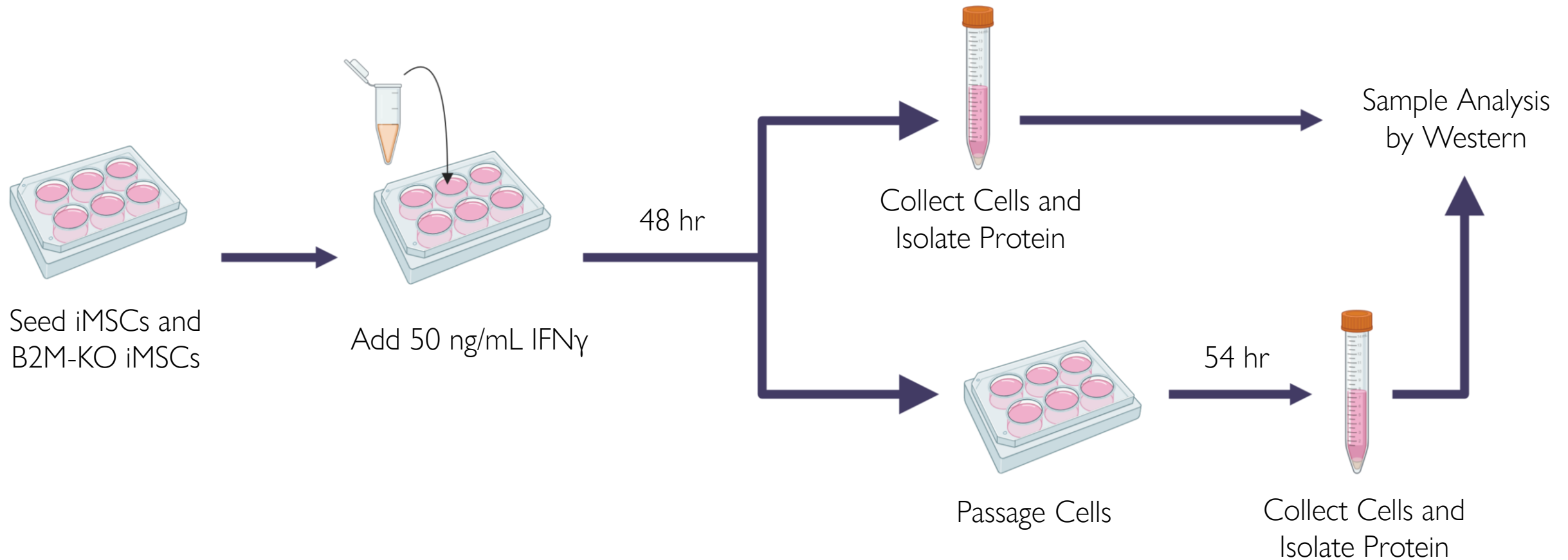


# IDO1 is A Key Modulator of MSC Immunosuppression



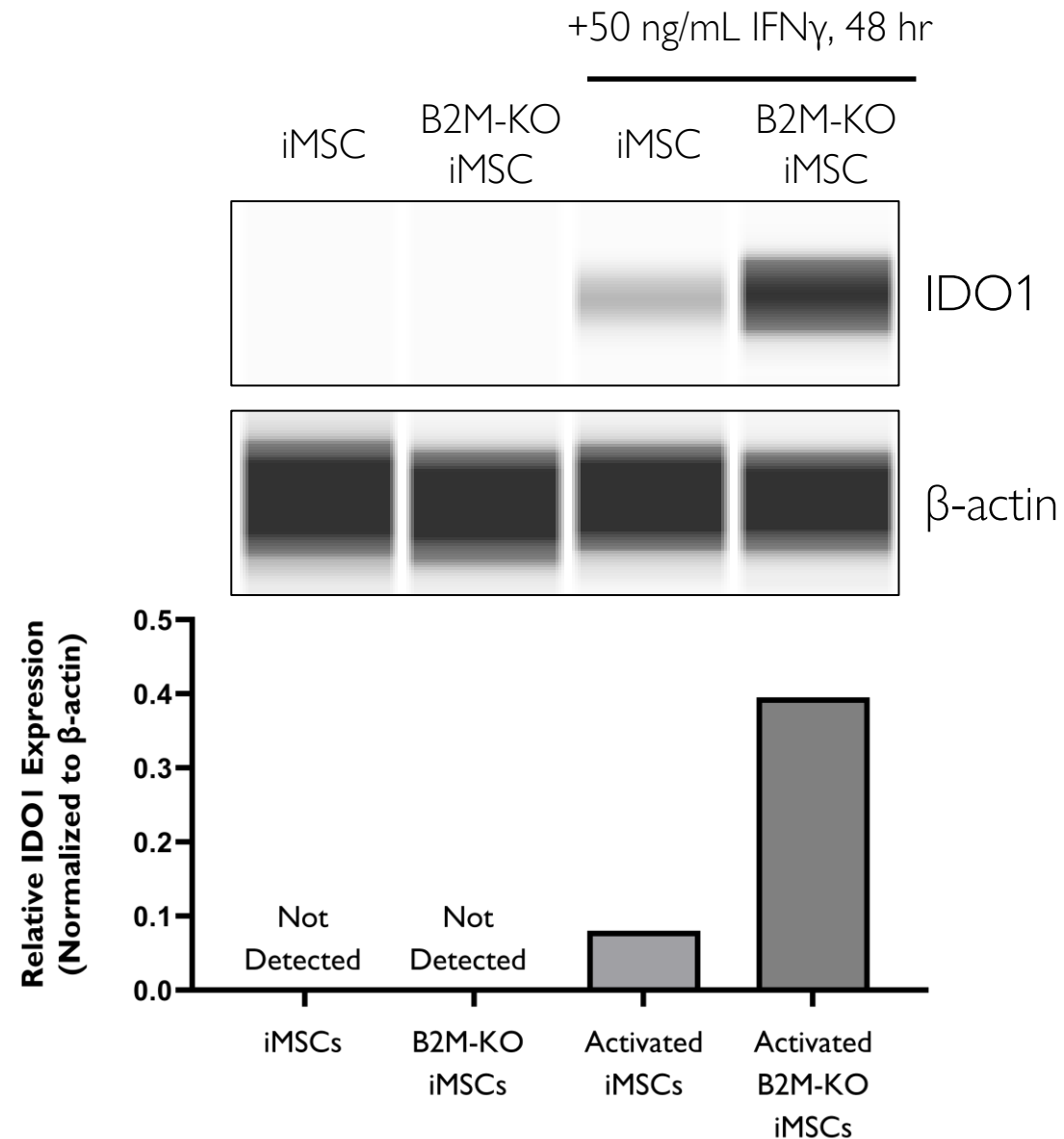


# Assay Setup: IDO1 Western





# B2M-KO iMSCs Express More IDO1 than Native iMSCs

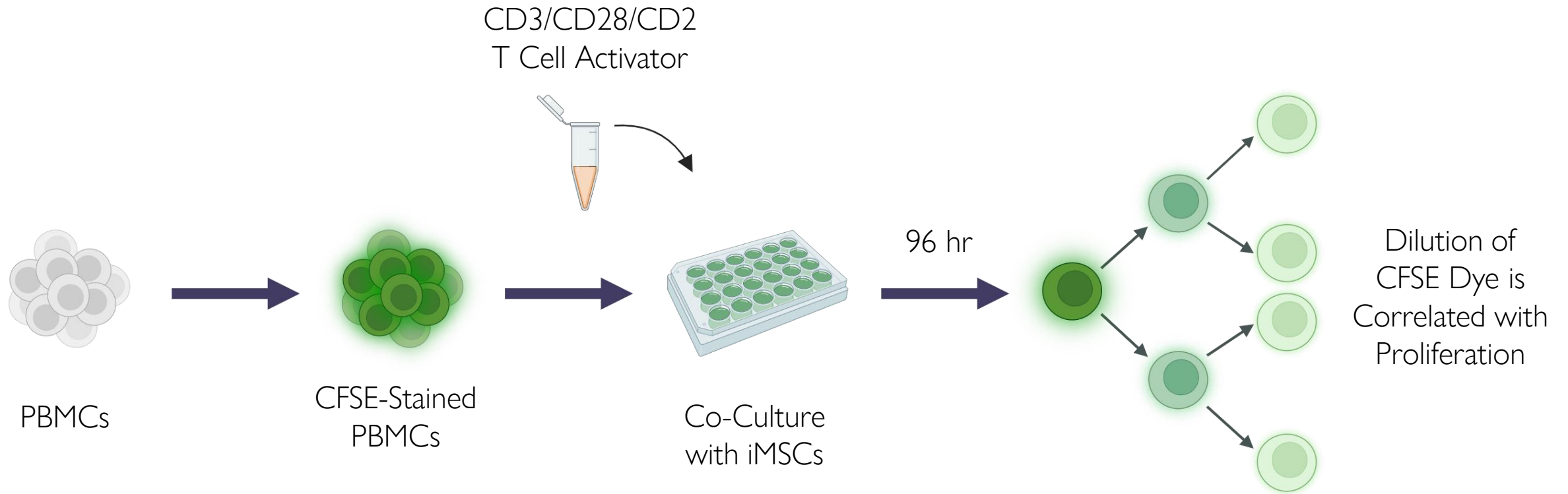


54 hr Post IFN $\gamma$  Activation



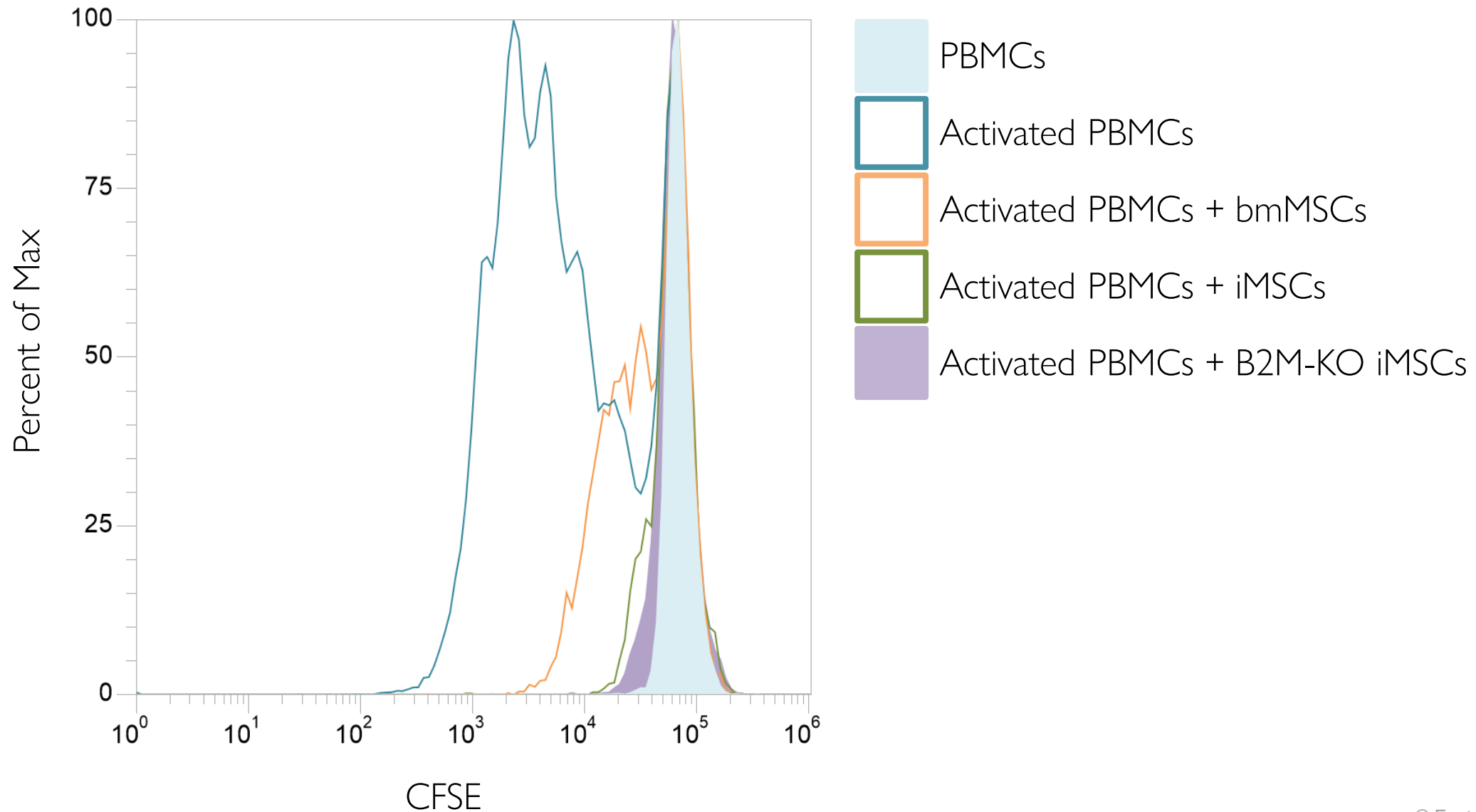


# Assay Step Up: PBMC Suppression



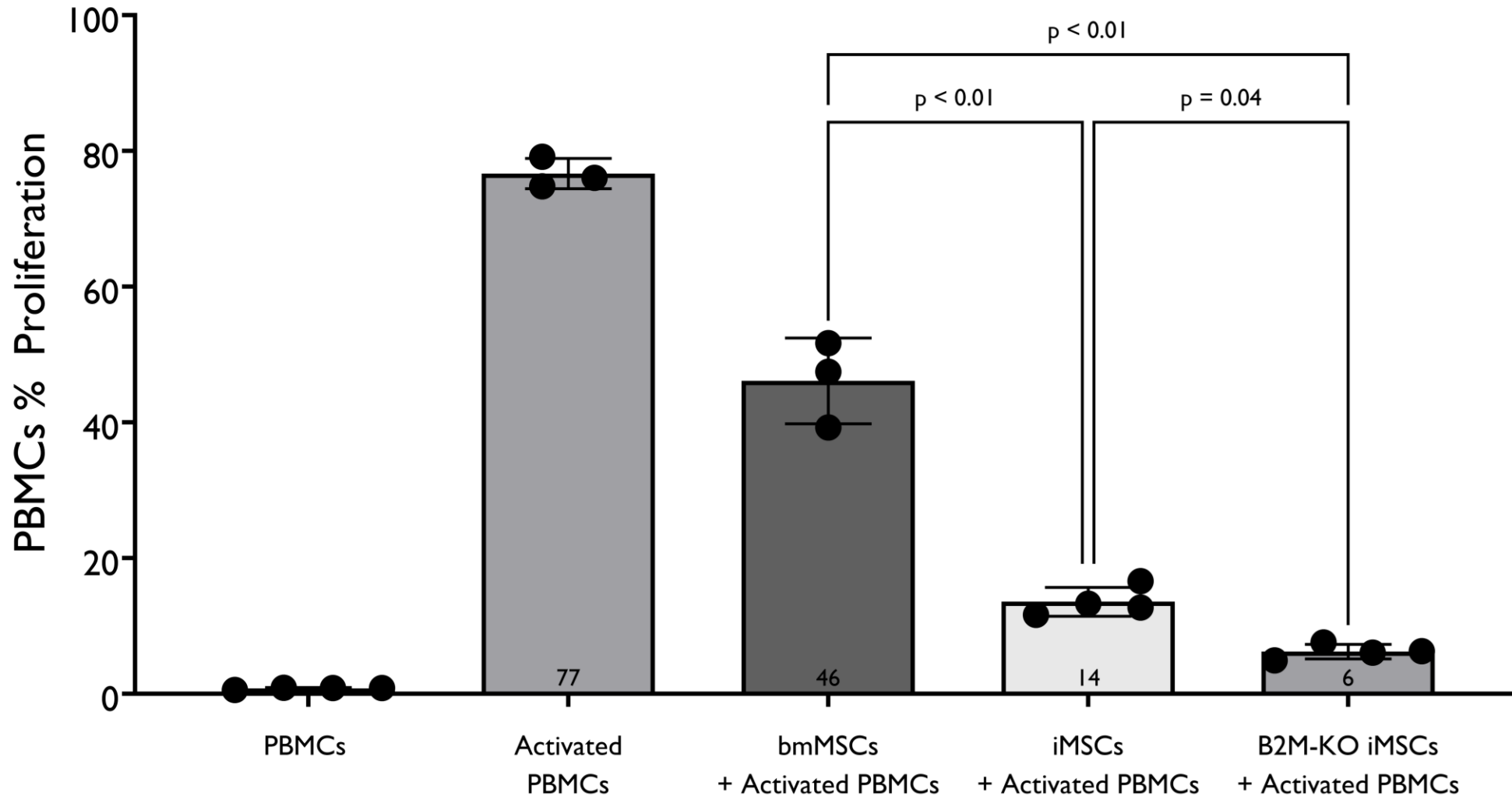


# B2M-KO iMSCs Better Suppress PBMC Proliferation





# B2M-KO iMSCs Better Suppress PBMC Proliferation



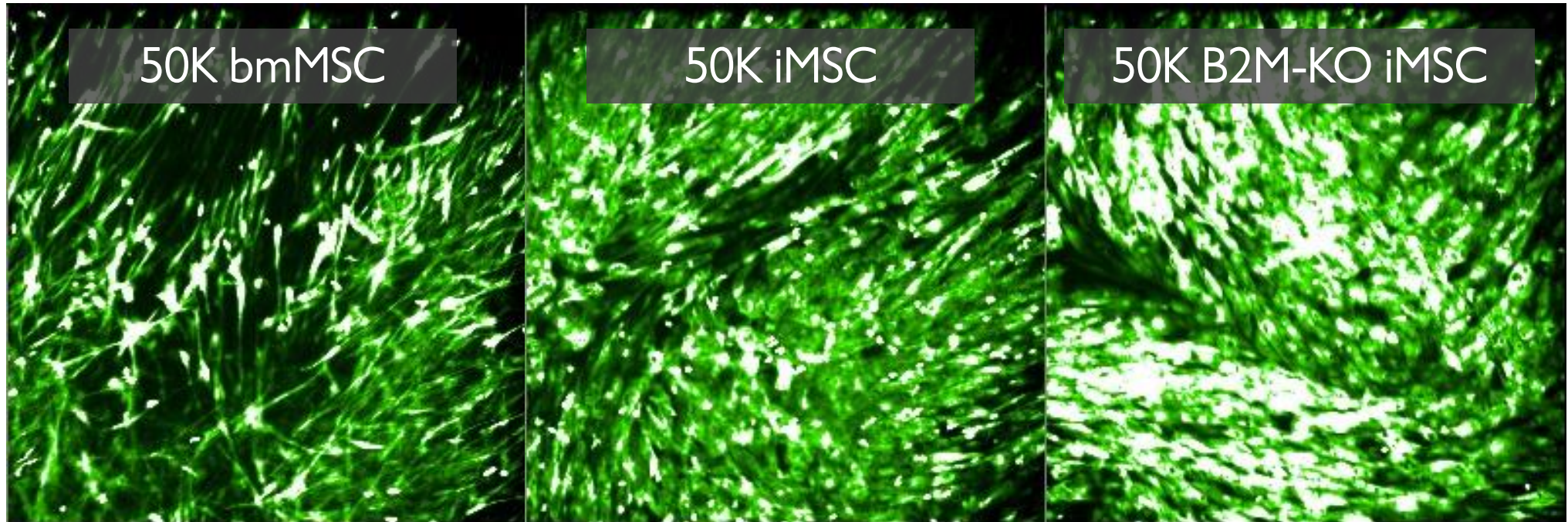


# B2M-KO iMSCs Better Suppress PBMC Proliferation



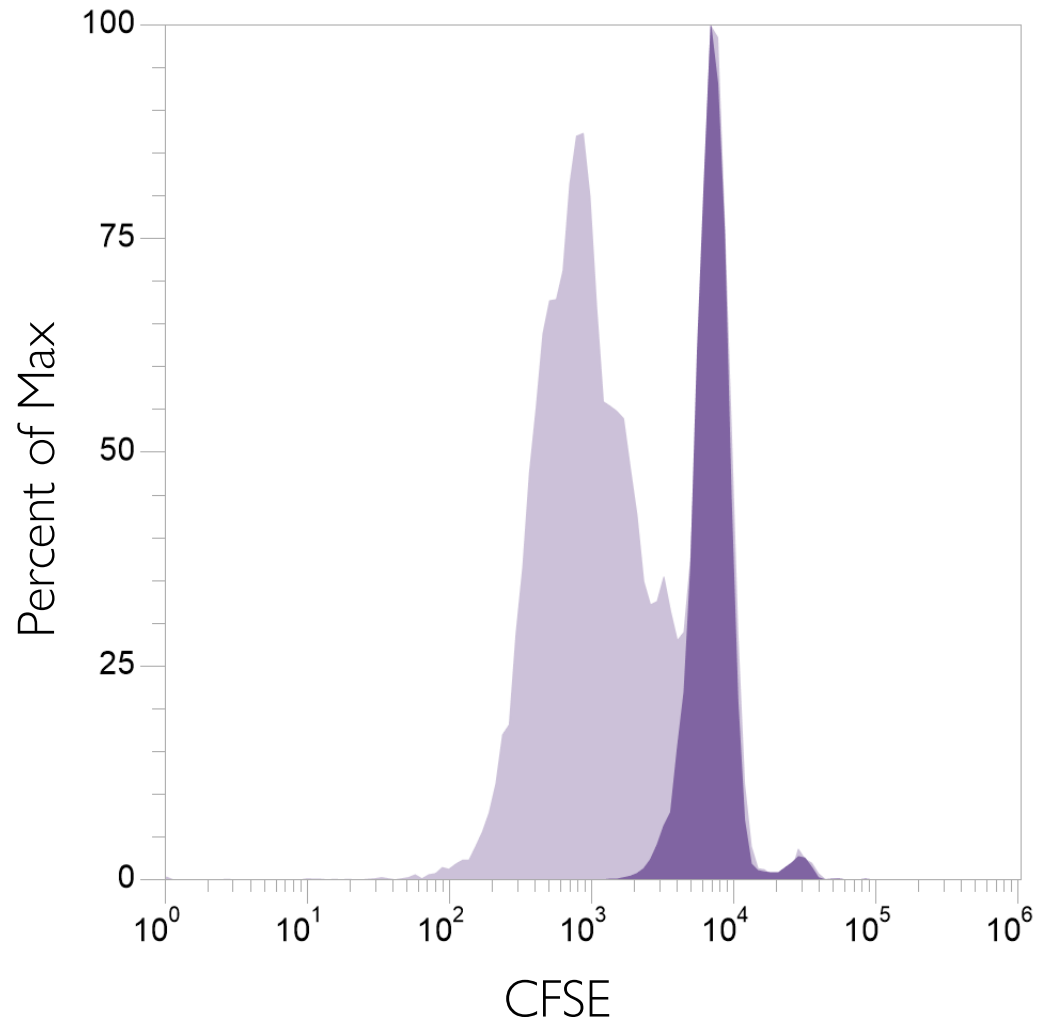
+Activated PBMCs, 4 days

IDO1 (AF488)





# IDO1 is Critical for the Suppression of PBMCs



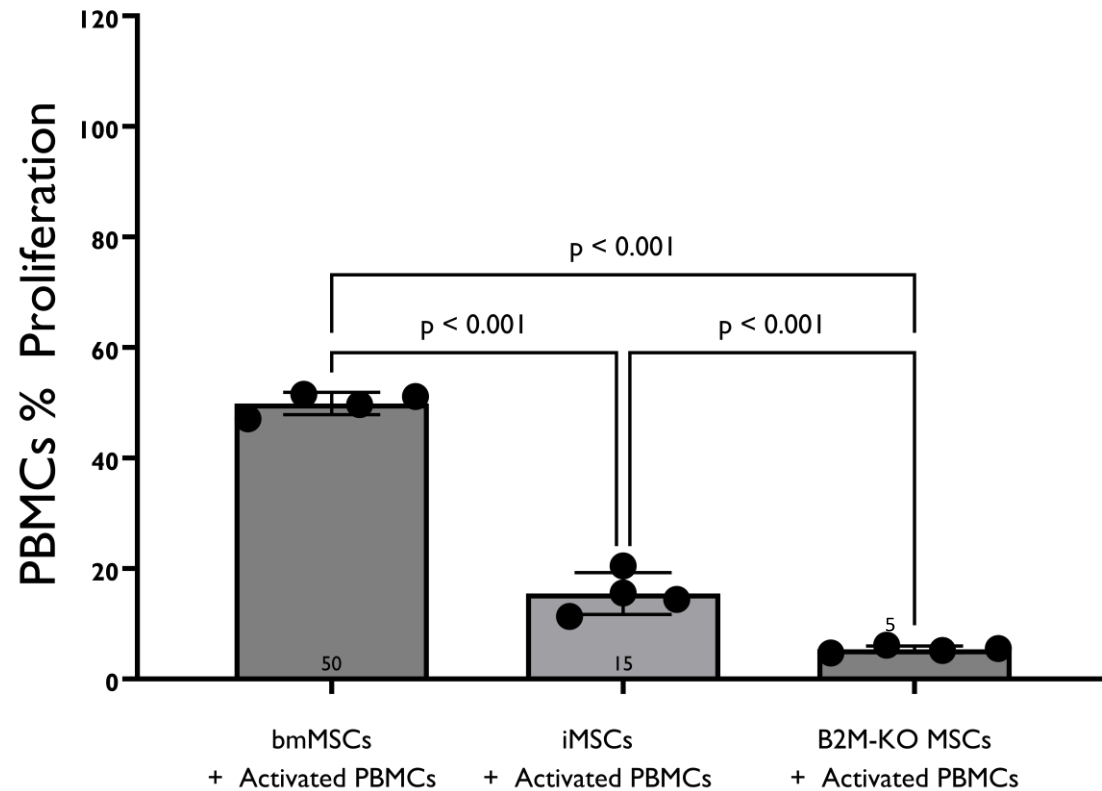
- Activated PBMCs + B2M-KO iMSCs
- Activated PBMCs + B2M-KO iMSCs + IDO1 Inhibitor



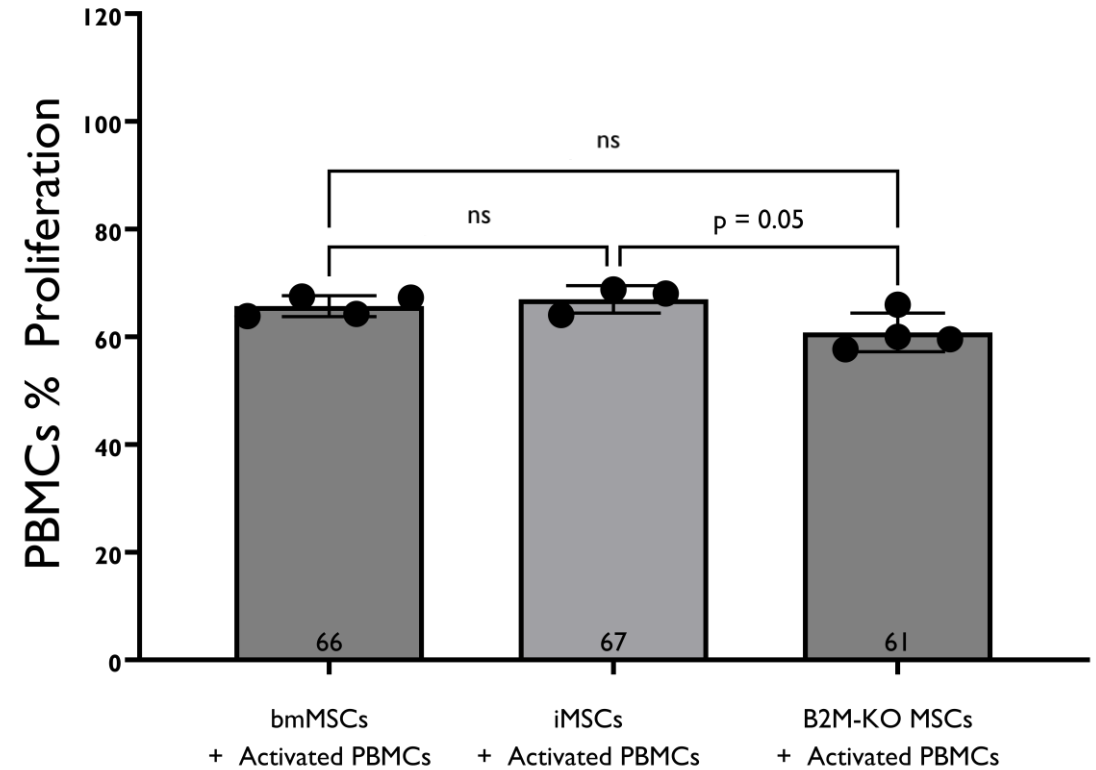


## PBMCs

Without IDO1 Inhibitor



With IDO1 Inhibitor

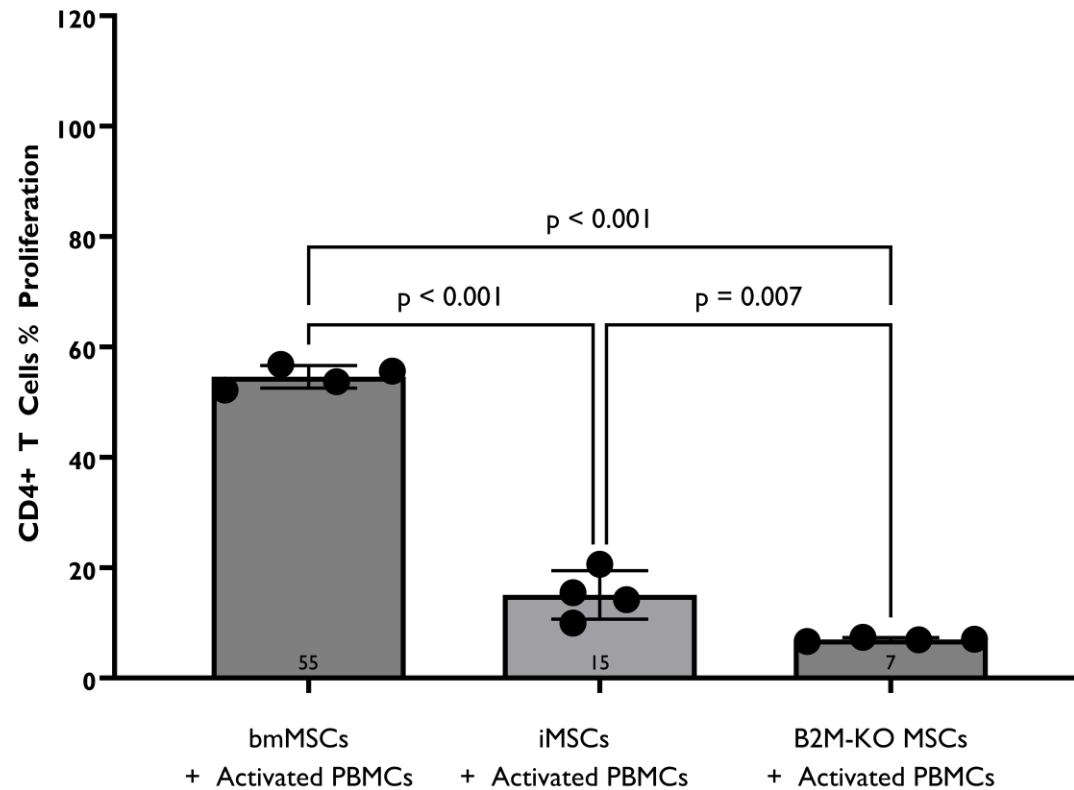




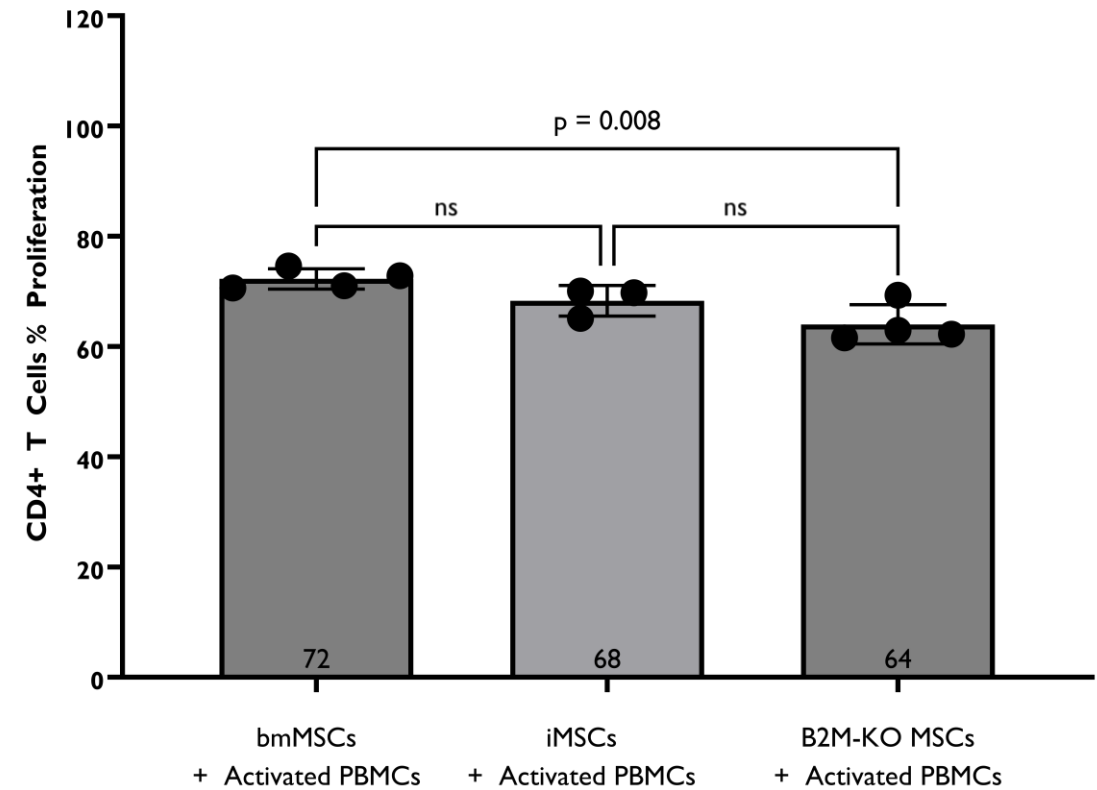


## CD4+ T Cells

Without IDO1 Inhibitor



With IDO1 Inhibitor

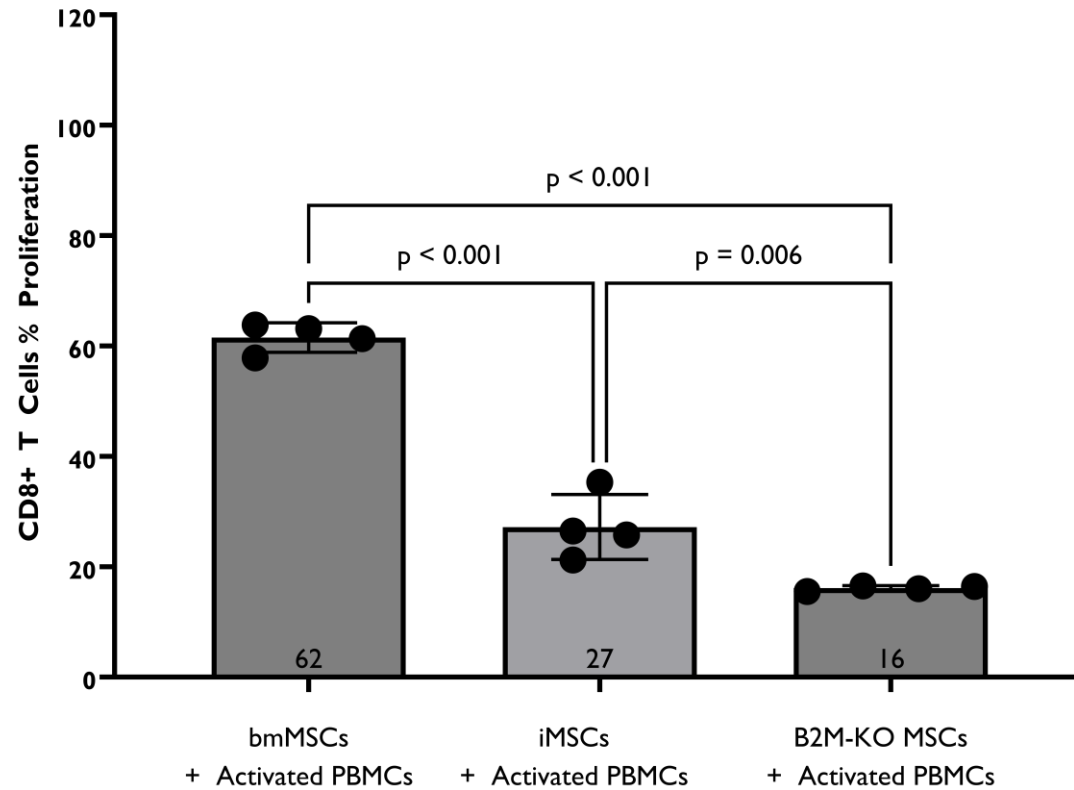




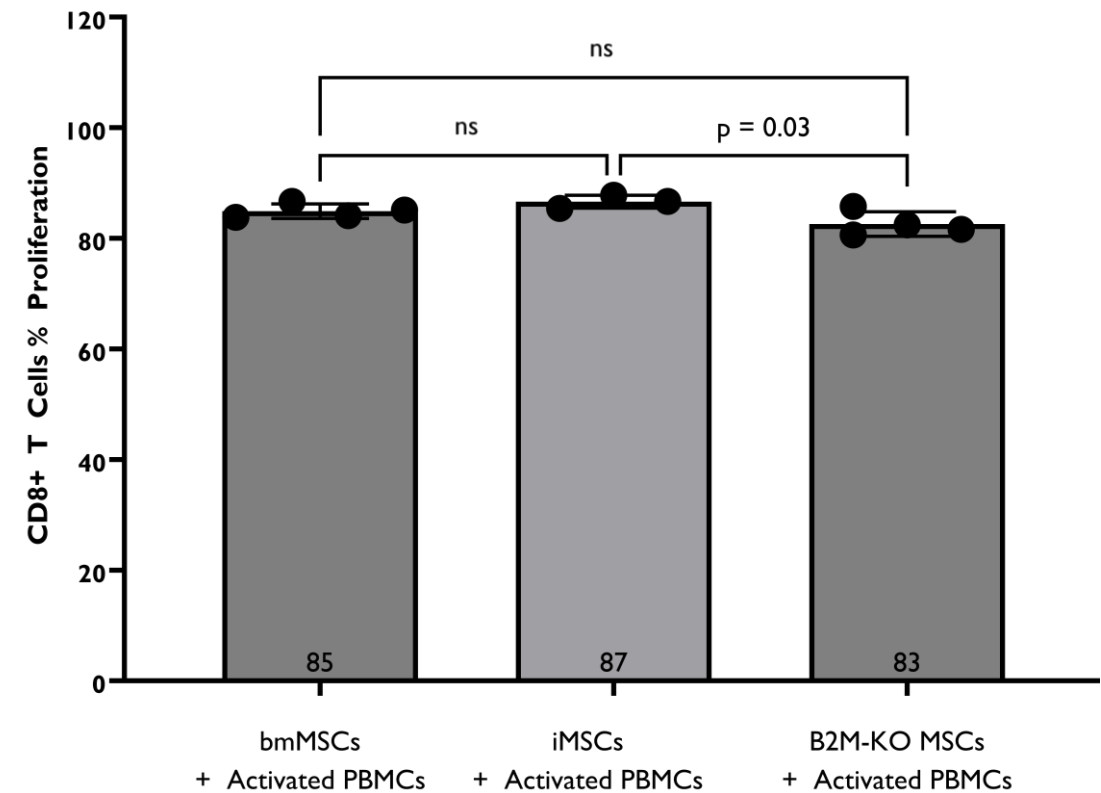


## CD8+ T Cells

Without IDO1 Inhibitor



With IDO1 Inhibitor







## B2M-KO iMSCs

- ✓ Do not express HLA-I or the HLA-II molecule, HLA-DR
- ✓ More likely to evade immune clearance by CD8+ T Cells
- ✓ Express higher levels of IDO1 following IFN $\gamma$  stimulation
- ✓ Improved ability to inhibit CD4+ and CD8+ T Cell proliferation



# Acknowledgements







# Questions?