therapy infusion, and Proleukin (IL-2) administration

# Multimodal single-cell sequencing analysis reveals putative tumor-reactive population in lifileucel TIL products

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## Background

- Lifileucel is an FDA-approved autologous TIL cell therapy for the treatment of advanced melanoma<sup>1</sup>
- We previously presented assessment of TIL drug product (DP) at a single-cell (sc) level from 20 patients

## **Figure 1.** Lifileucel Tumor-infiltrating Lymphocyte (TIL) Cell Therapy



## **Objectives**

- To further characterize lifileucel at a sc level using TIL DP from 34 patients and analyze baseline tumor digest T cells from a subset of these patients using high-dimension multimodal sequencing
- To characterize and compare putative tumor-reactive T cells in baseline tumor and TIL DP

## Methods

- Cell barcode-matched scRNA-sequencing and scTCR-sequencing – 10x genomics 5' immune profiling
- C-144-01 metastatic melanoma dataset (NCT02360579) – Lifileucel, N=27
  - Matched tumor digest (CD45 enriched) and lifileucel, N=7
- Baseline tumor digest single-cell analysis
- After data quality check and subsetting on T cells, sctransform<sup>2,3</sup> was used for normalization and feature selection, followed by PCA and Harmony<sup>4</sup> integration, clustering, and PaCMAP<sup>5</sup> dimensionality reduction visualization
- Clusters were annotated manually based on marker genes, cell-type–specific gene signatures using VISION,<sup>6</sup> and automated annotation using scATOMIC<sup>7</sup>
- Putative tumor-reactive T-cell clusters were identified based on expression level of the NeoTCR8 gene signature<sup>8</sup>
- Lifileucel single-cell analysis
- To aid with cell-type annotation,
- CITE-Seq was performed on a subset of 4 patients (2 R, 1 SD, 1 PD)
- Multimodal weighted-nearest neighbor analysis and manual cluster annotation were used to develop a single-cell TIL reference map
- Gene set quantification was performed after sample level pseudo-bulking of NeoTCR8 clusters using GSVA<sup>11</sup>
- GraphPad Prism was used for summary data visualizations and statistics

manufacturing process + quality (via surgical resection of a lesion) assessment and release criteria testing

• What are the potential cellular determinants of response to TIL cell therapy?

- scTCR-Seq visualizations were generated using scRepertoire<sup>9</sup> and ggalluvial<sup>10</sup>

## Results

## Figure 2. Profiles of Tumor T-Cell Subsets

• Putative tumor-reactive T-cell proportion in tumor appears to be associated with response (Figure 2 and Figure 3)



- Figure 5. Single-cell Characterization of Lifileucel Identifies Specific CD8+ TIL Subsets Associated with Response
- The proportion and number of CD8  $T_{FM}$ -like cells in lifection is significantly higher in responders in this limited data set (**Figure 5**)
- While generalized associations are observed, the heterogeneity of cell subsets within treatment response groups is clear



### Full sc Lifileucel Dataset Clusters by Response





## **Figure 4.** NeoTCR T-Cell Proportion in Lifileucel Appears to be Associated with Response

- The TIL DP received by the patient with best overall response of PD lacks this putative tumor-reactive T-cell population (**Figure 4**)
- NeoTCR8 T cells map to CD8 effector memory T-cell (T<sub>EM</sub>)-like cluster in TIL DP



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## Conclusions

- The capture, reinvigoration, and expansion of CD8+ TIL-expressing tumor-reactive TCR clones appear to be important for clinical response to TIL cell therapy
- Preliminary results suggest the tumor immune infiltrate from patients with stable disease and progressive disease contains more naive CD4 T cells, while responders have more putative tumor-reactive TIL
- The lifileucel manufacturing process shifts the phenotype of putative tumor-reactive TIL from exhausted to proliferating T cells
- Putative tumor-reactive TIL, post rapid expansion, map to the CD8 T<sub>FM</sub>-like cluster in the final DP
- The proportion and total number of cells in the CD8 T<sub>FM</sub>-like cluster appears to be associated with response to TIL cell therapy

### References

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### Association of NeoTCR8 T Cells in Lifileucel With Treatment Response

SD

N=3

N=3

PD

N=1

## **NeoTCR8 T Cells in Lifileucel**

SD

N=3

N=3

PD

N=1

20 -

15

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109)



CD8\_c12\_

terminal Tex

Zheng\_PanCancer 3 Exh

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Feldman

• The lifileucel manufacturing process shifts phenotype of NeoTCR8 T cells

– Upon expansion, NeoTCR8 T cells downregulate exhaustion and upregulate proliferation

– NeoTCR8 T cells expand into the billions in lifileucel

 $T_{RM}$ , tissue resident memory T cell. **Acknowledgments** • This study is sponsored by Iovance Biotherapeutics, Inc. (San Carlos, CA, USA) • Medical writing and editorial support was provided by Peloton Advantage, LLC, an OPEN Health company, and funded by Iovance • Special thank you to the C-144-01 study patients and their families

Sade

Feldman\_1\_

Exh.cell\_cycle

Baseline Tumor

CD8

Proliferating\_

Caushi

Lifileucel

TProl

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### Disclosures

Theresa Medina: BioAtla, Bristol Myers Squibb, Checkmate, Day One Pharmaceutical, Exicure, Iovance Biotherapeutics, Merck, Moderna, Nektar, Pfizer, Regeneron, Replimune, Taiga, Xencor; Amod Sarnaik: Blueprint Oncology Concepts, Gerson Lehrman Group, Guidepoint, Iovance Biotherapeutics, Provectus Biopharmaceuticals, Second City Science, Turnstone Biologics; Jason Chesney: Amgen, Iovance Biotherapeutics, Obsidian, Replimune; Mike Cusnir: None to disclose; Joe Dean, Joe Yglesias, Behzad Damirchi, Mark Ozeck, Kranthi Kunkalla, Brian Gastman, Rana Fiaz, Giri Sulur, Hegun Yin, Rongsu Qi: lovance Biotherapeutics.

CITE-seq, cellular indexing of transcriptomes and epitopes by sequencing; DP, drug product; FDA, Food and Drug Administration; GMP, Good Manufacturing

T<sub>CM</sub>, central memory T cell; TCR, T-cell receptor; T<sub>EM</sub>, effector memory T cell; Tex, exhausted T cell; TIL, tumor-infiltrating lymphocyte; Treg, regulatory T cell;

Practice; IL-2, interleukin-2; PD, progressive disease; R, responder; scRNA, single-cell RNA; scTCR, single-cell T-cell receptor; SD, stable disease;



## **Abbreviations**

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