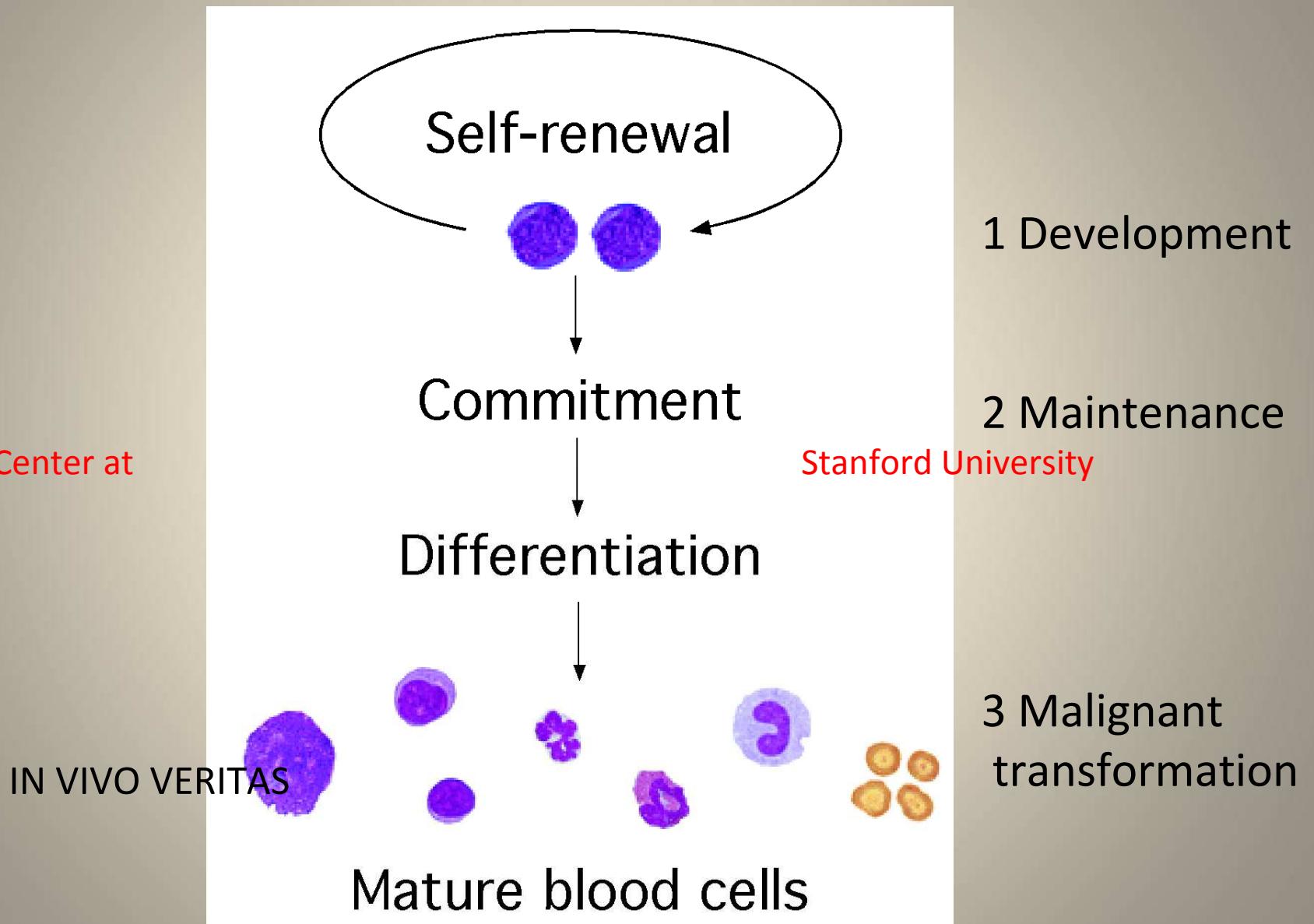


# Blood-Forming Stem Cells

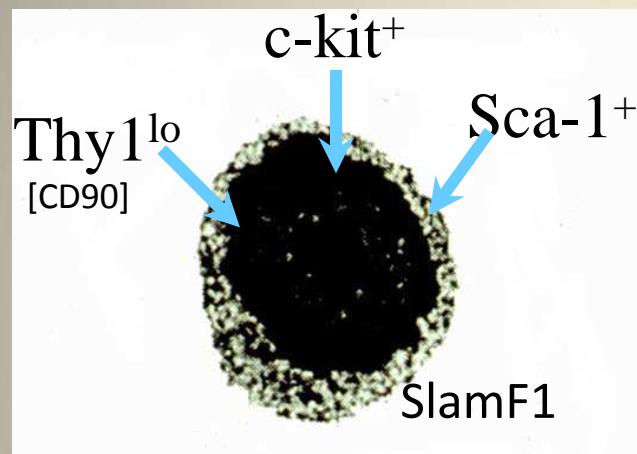


# Blood-Forming Stem Cells

STANFORD

SYSTEMIX/NOVARTIS/CELLERANT

## MOUSE



Stanford

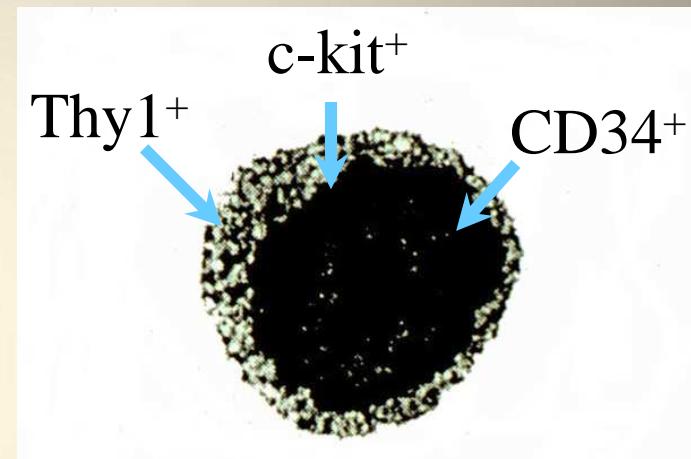
Negative for: <sup>[morrison]</sup>

B220  
Mac-1  
Gr-1  
CD3, 4, 8  
Ter119  
Flk2  
CD34 [nakuchi]

1988

Spangrude, Muller, Heimfeld, IW

## HUMAN



Novartis

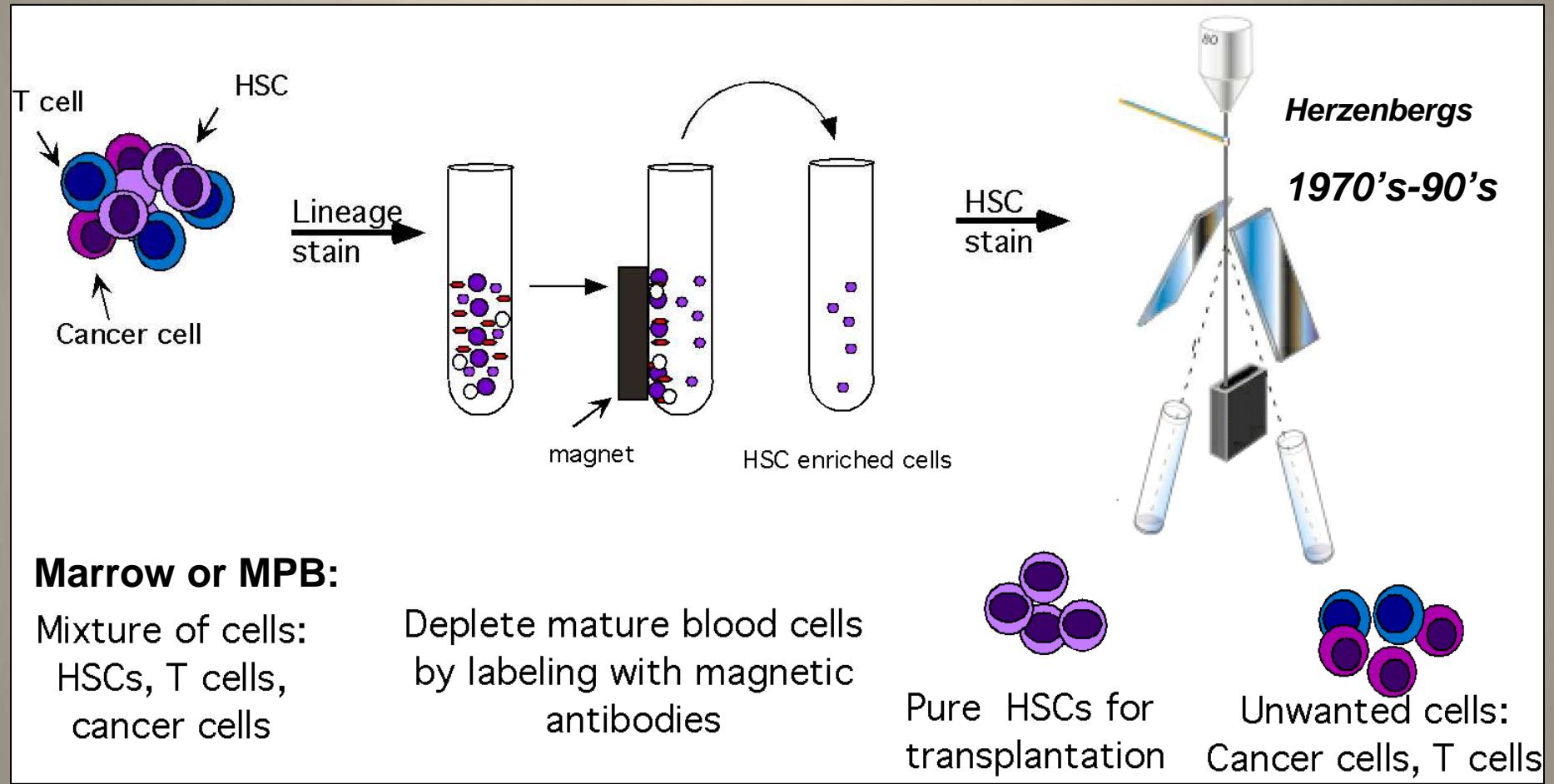
Negative for:

CD10	CD 3,4,8
CD14	Glycophorin A
CD15	
CD16	
CD19	
CD20	1992
CD 38	

1992

Baum, Buckle, Peault, Tsukamoto, IW

# Removal of Contaminating Cancer Cells and T cells from Stem Cell Grafts



## Marrow or MPB:

Mixture of cells:  
HSCs, T cells,  
cancer cells

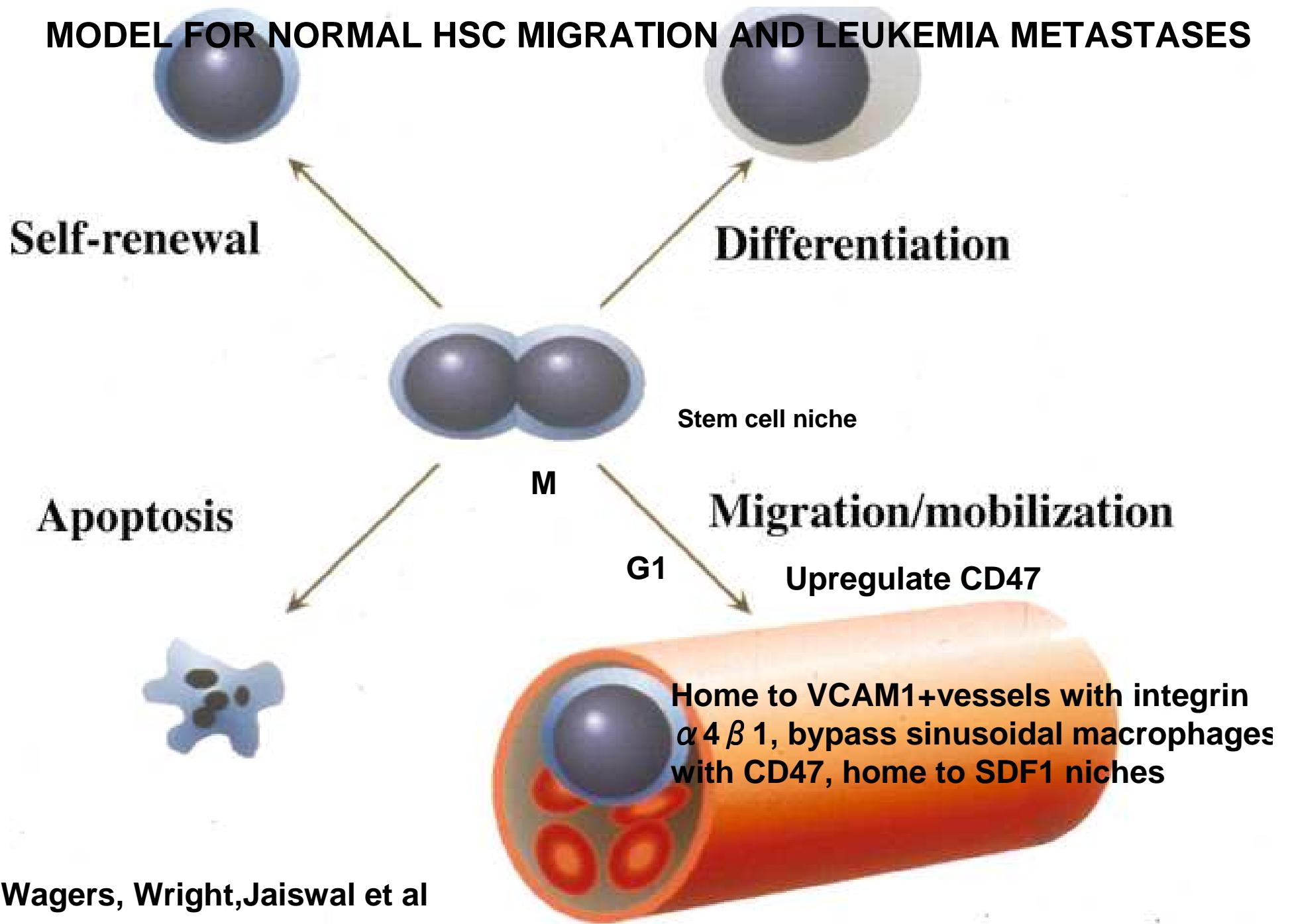
Deplete mature blood cells  
by labeling with magnetic  
antibodies

Pure HSCs for  
transplantation

Unwanted cells:  
Cancer cells, T cells

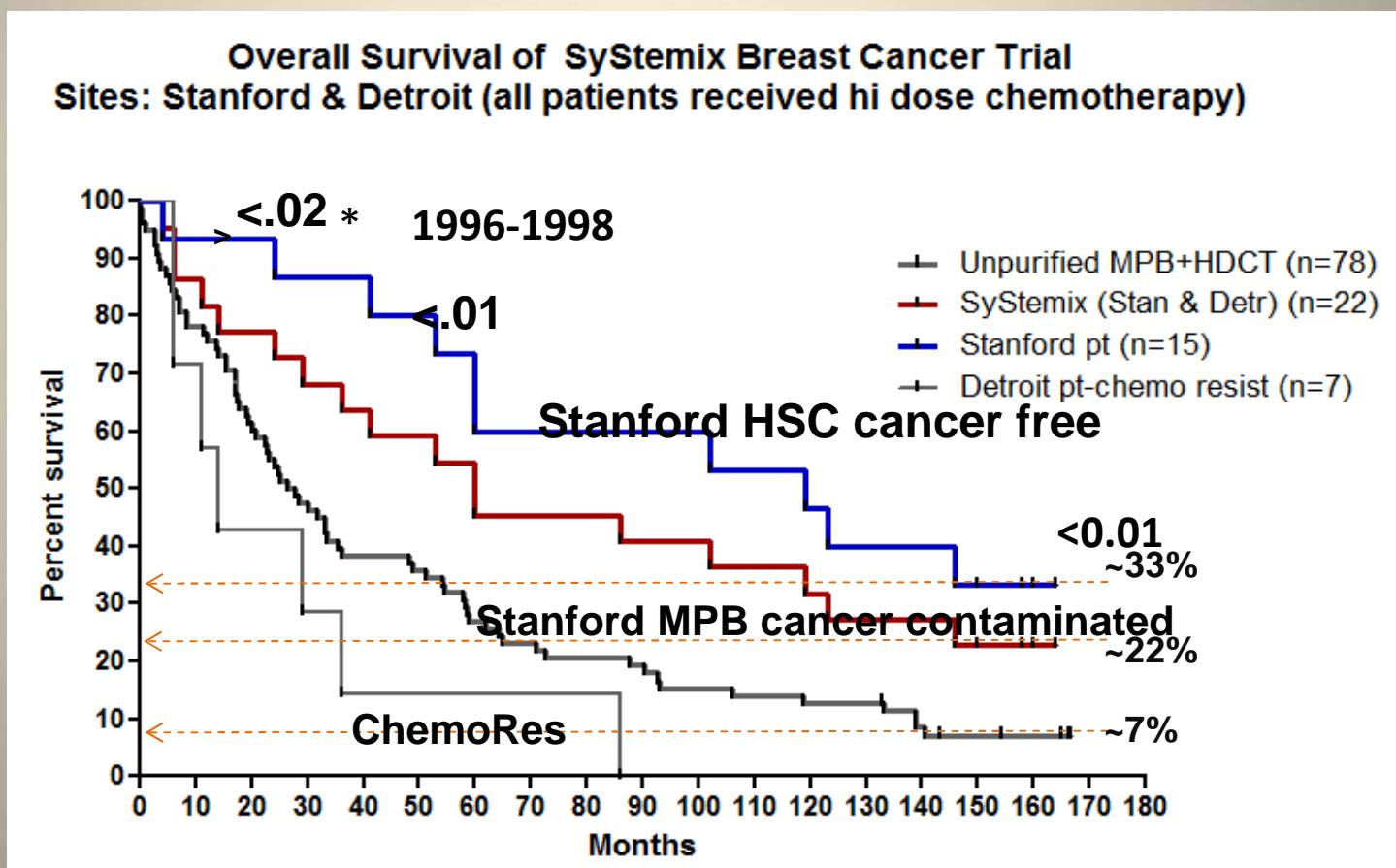
**250,000 fold depletion**

# MODEL FOR NORMAL HSC MIGRATION AND LEUKEMIA METASTASES



# Cancer Free Stem Cell Grafts Improves Survival

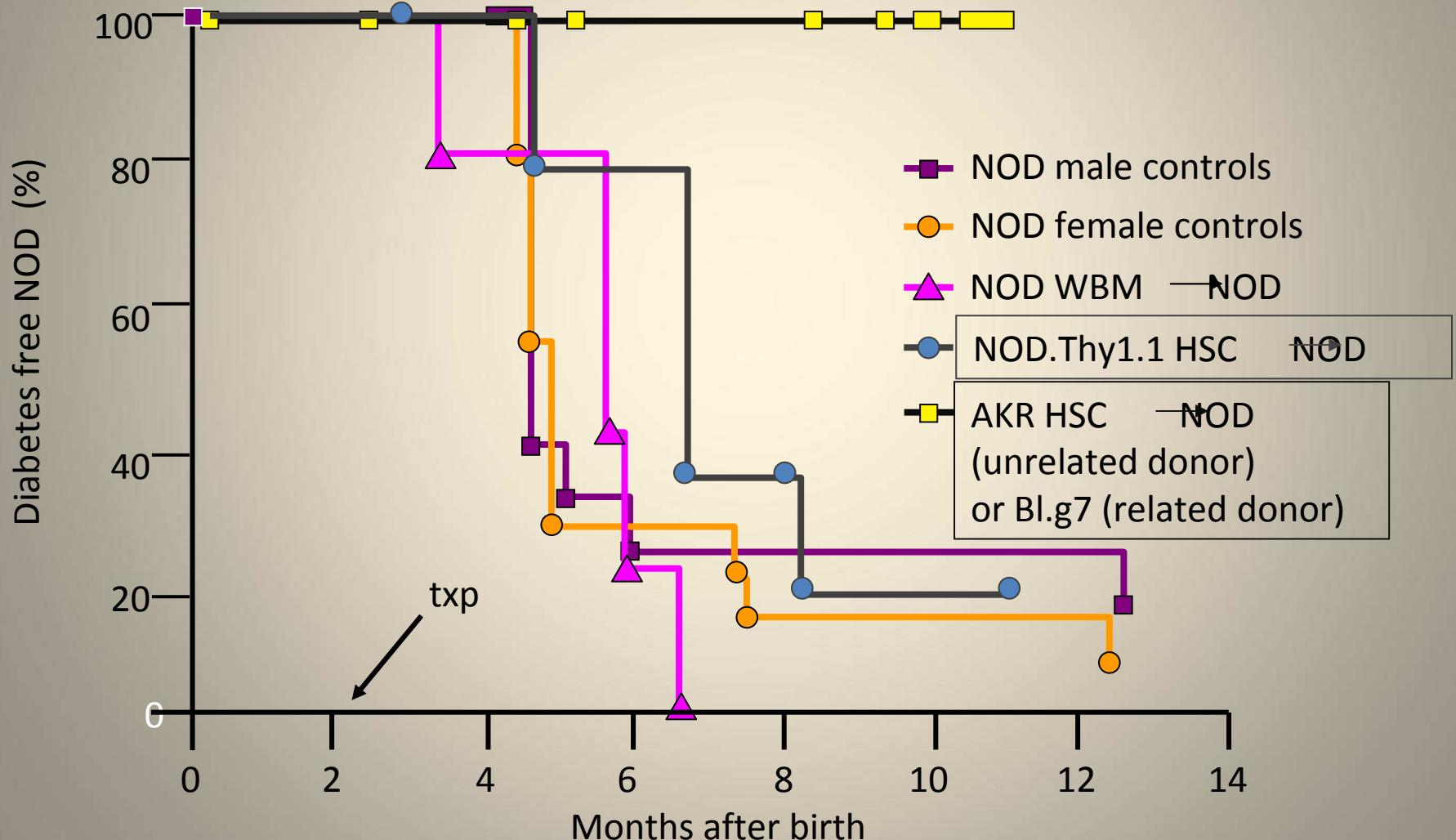
- Purified HSC show 3-fold higher survival vs non-purified MPB
  - Stage 4 metastatic patients – failed all other therapies



\* Chi square 2 x 2 exact probability of HSC vs MPB

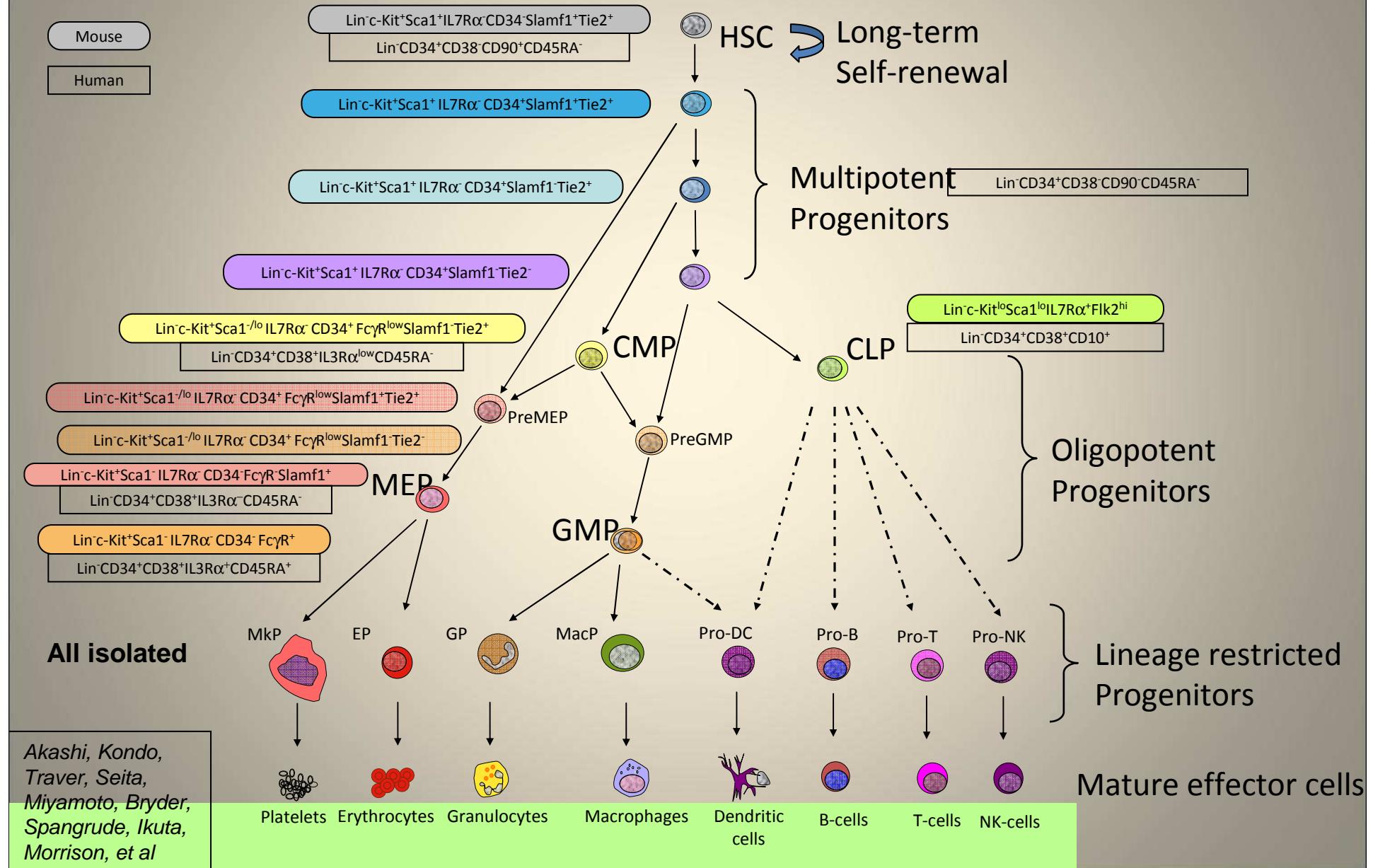
A. Mueller, I. Weissman, R. Negrin, and J. Shizuru, 2011

# Rescue of Diabetic Mice with HSCs



Shizuru, Weissman, and Beilhack

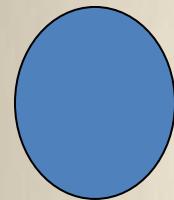
# Hematopoietic Hierarchy



# Leukemic cells in AML patients

LT STEM CELLS

**CD34<sup>+</sup>CD38<sup>-</sup>Thy<sup>+</sup>Lin<sup>-</sup>**



5-40%  
AML-1/ETO<sup>+</sup>

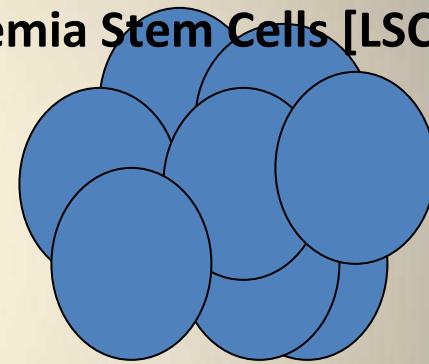


Normal colonies

MPP

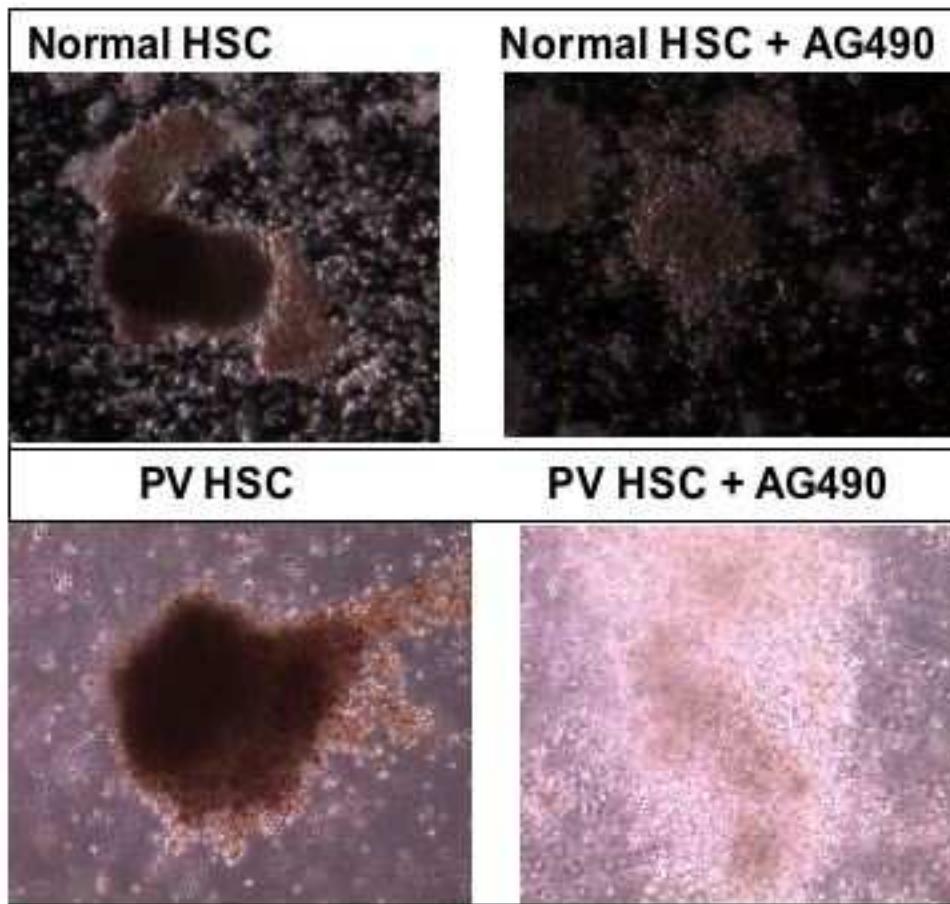
**CD34<sup>+</sup>CD38<sup>-</sup>Thy<sup>-</sup>Lin<sup>-</sup>**

Leukemia Stem Cells [LSC]



Leukemic blast colonies

Miyamoto, Akashi, Weissman  
PNAS 2000: 97: 6924



**Figure 3C.** Effect of JAK2 inhibition with AG490 on normal versus polycythemia vera (PV) hematopoietic stem cell (HSC) differentiation potential *in vitro*. Representative photomicrographs obtained with a Zeiss Axiovert microscope (10x objective) and SPOT software. Normal cord blood or PV peripheral blood HSCs were FACS sorted onto methylcellulose supplemented with or without AG490 in addition to cytokines.

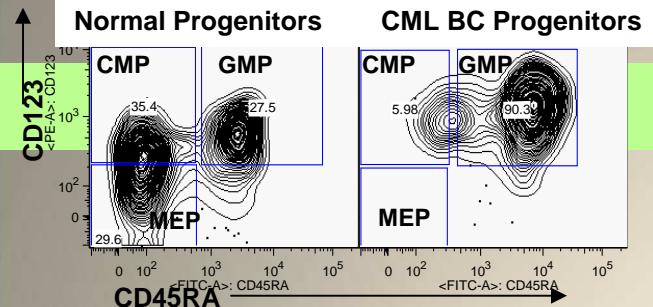
# CML

- Fialkow: clonal disorder in G,M,E,B cells; Rowley/Nowell bcr-abl translocation; fusion protein in chronic, myeloproliferative phase; LSC proposed to be HSC or MPP; Jamieson and Weissman HSC.
- Myeloid blast crisis is at the stage of GMP, and overexpress activated  $\beta$ -catenin; axin inhibits them.
- 4/7 pts overexpress  $\beta$ -catenin by mis-splicing GSK3 the other inhibitor of  $\beta$ -catenin

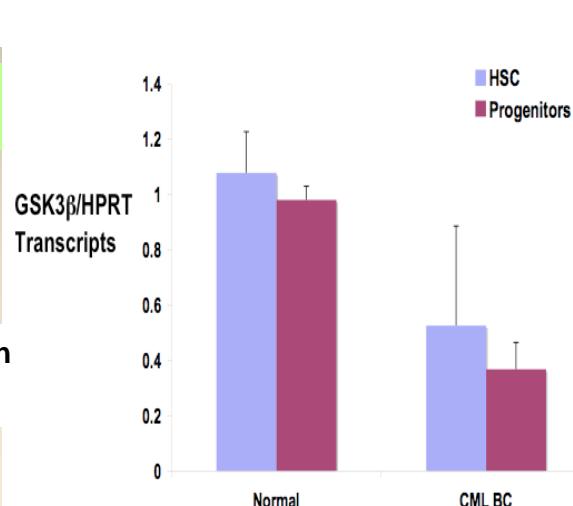
*Jamieson and Weissman, 2004, 2009*

**Figure 3. Aberrant GSK3 $\beta$  Expression by Blast Crisis CML Progenitors**

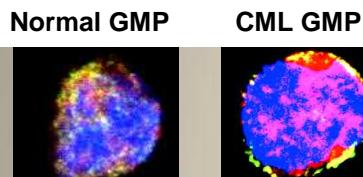
**A. Progenitor FACS Analysis**



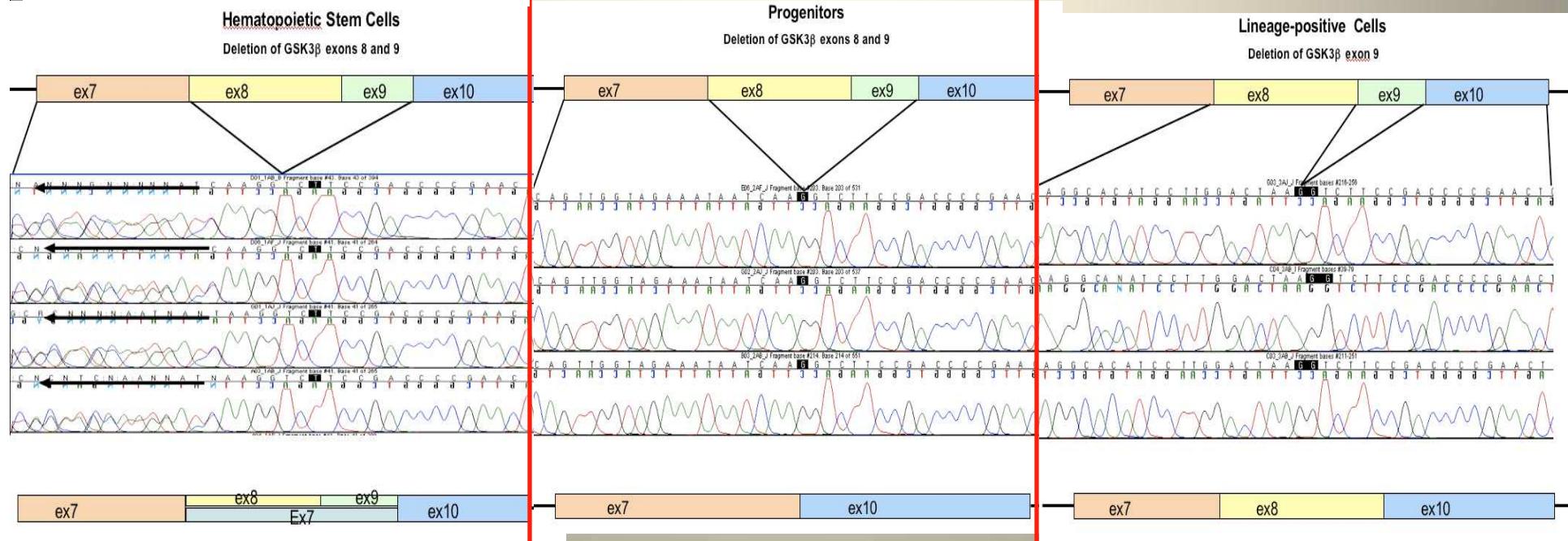
**B. Q-PCR of GSK3 $\beta$  Expression**



**D. Confocal Analysis of  $\beta$ -catenin Expression**



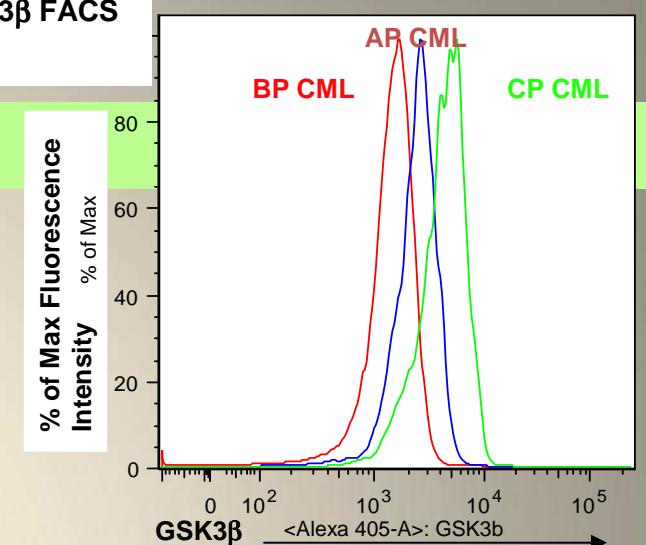
**E. GSK3 $\beta$  cDNA Sequencing Analysis**



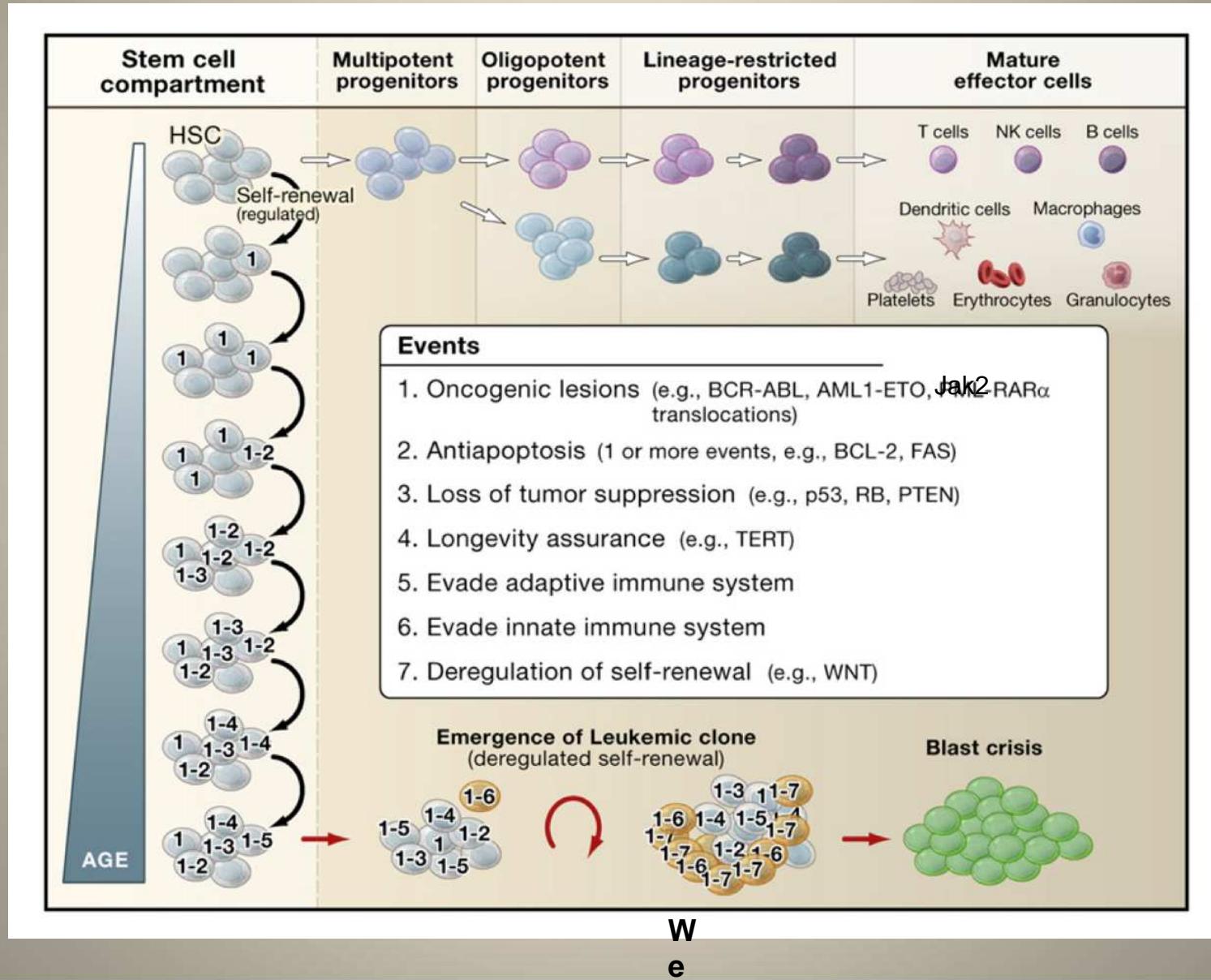
AP CML

BP CML

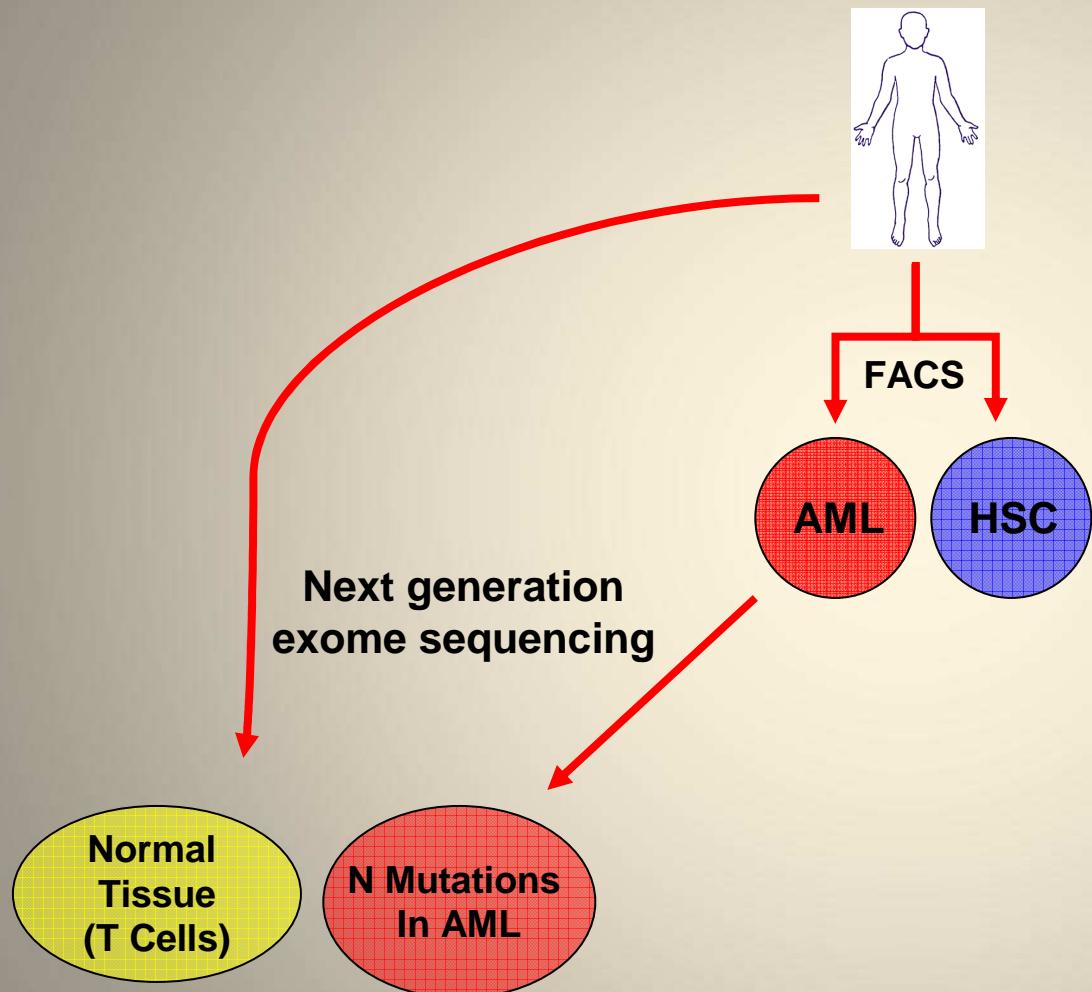
CP CML



# Cell of origin – progression to leukemia



# Identification of Somatic Mutations by Exome Sequencing

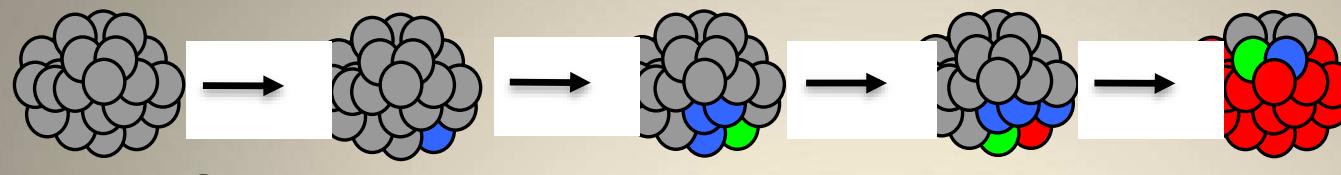


AML	Gene	Annotation
SU070	PXDN	V616I
	KALRN	S44P
TET2		<b>Y1649stop</b>
TET2		<b>T1884A</b>
TMEM8B		nt G471A
NCRNA00200		nt G354A
TMEM20		A143T
ZRANB1		nt G4659A
SCN4B		H227N
GABARAPL1		nt C1583T
DOCK9		A1475V
PLAG2G4D		P246A
CACNA1H		R1069stop
CTCF		<b>R339Q</b>
GZF1		nt G3835C
PRPF6		R527H
CXorf36		I225L
CXorf66		G321S
FLT3		<b>599-610 ITD</b>

Max Jan  
Thomas Snyder  
Ryan Corces-  
Zimmerman

Steve Quake  
Ravi Majeti  
Irv Weissman

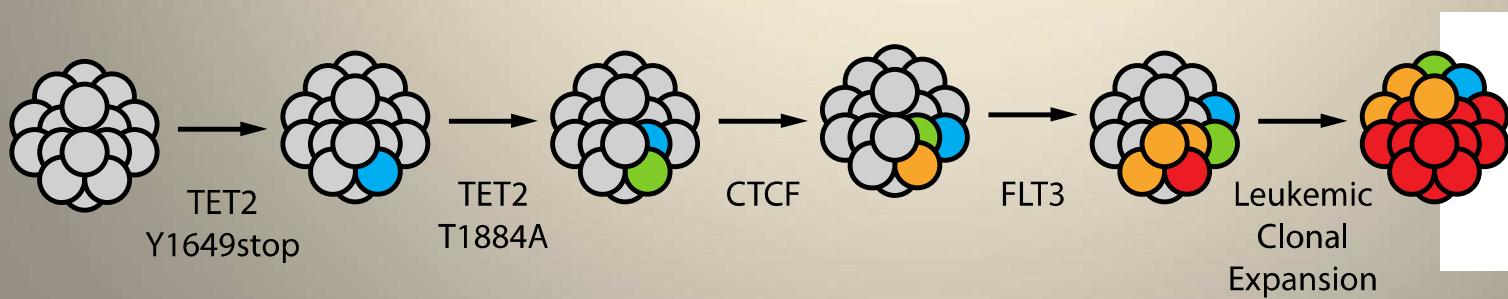
## Analysis of Single HSC to Identify Pre-Leukemic Clones



SKP2  
ELP2  
PDZD3  
FLT3  
Leukemic  
Clonal  
Expansion



TET2  
E1357stop  
TET2  
D1384V,  
SMC1A  
FLT3,  
NPM1  
Leukemic  
Clonal  
Expansion



TET2  
Y1649stop  
TET2  
T1884A  
CTCF  
FLT3  
Leukemic  
Clonal  
Expansion

Max Jan  
Thomas Snyder  
Ryan Corces-  
Zimmerman  
Steve Quake  
Ravi Majeti

# **Cell surface markers on LSC but not HSC**

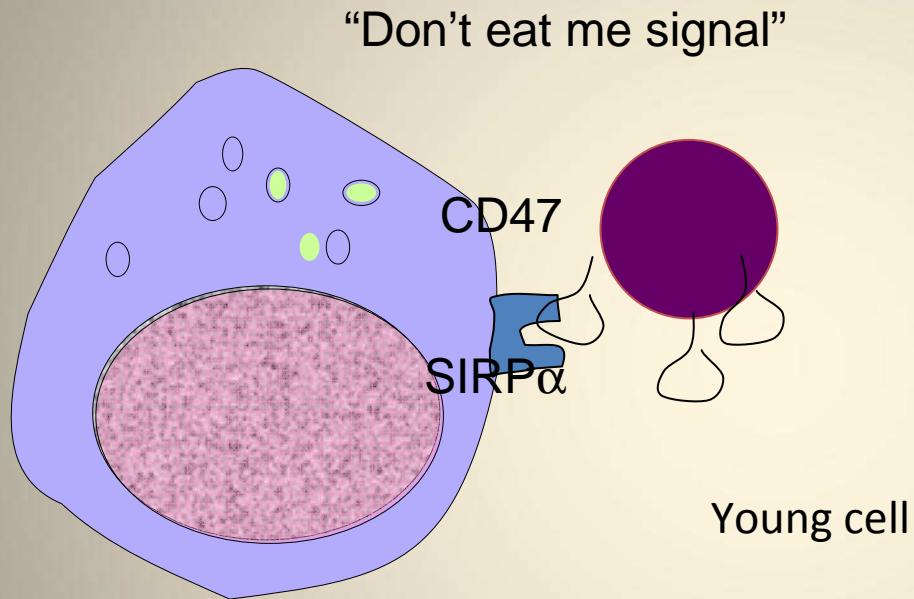
**CD 96 > 40 fold in ~ 50% of AML samples**

**CD 44 ~ 3 fold in all tested AML**

**CD47 > 5 fold in all mouse AML LSC [1998]  
and all tested human AML LSC[2008]**

**Traver and Weissman; Hosen, Majeti, Alizadeh and Weissma**

# Young cells overexpress CD47 to evade phagocytosis



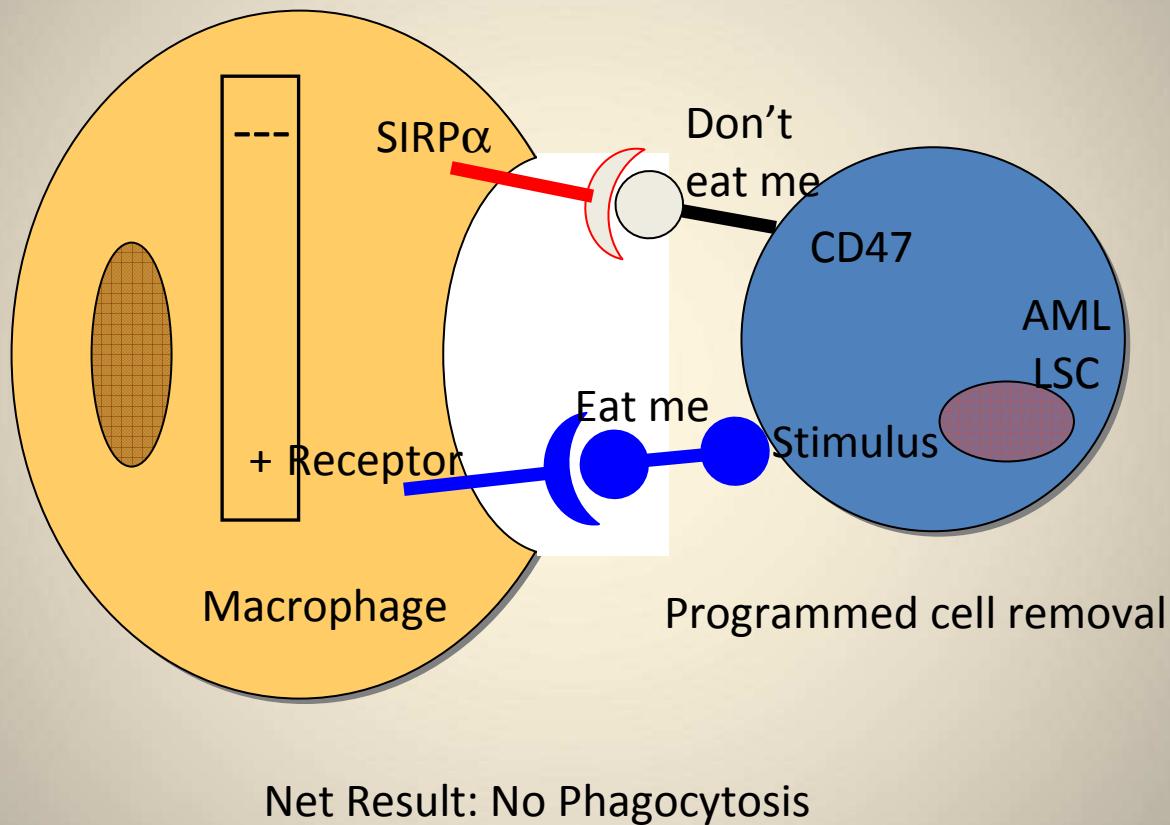
Oldenberg et al, 2000-2006

..and AML stem cells also overexpress CD47 [1998 mice; 2009 human]

*Jaiswal, Jamieson, Traver, and IW*

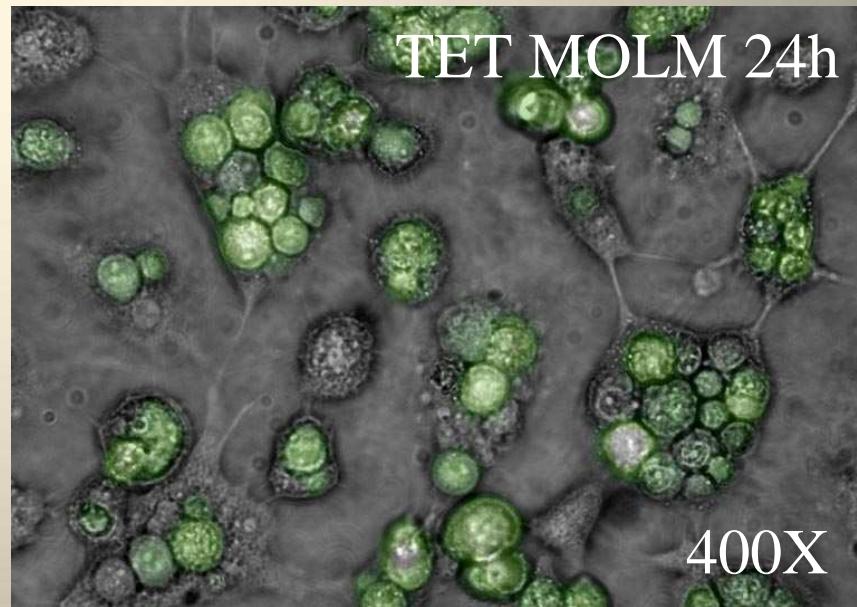
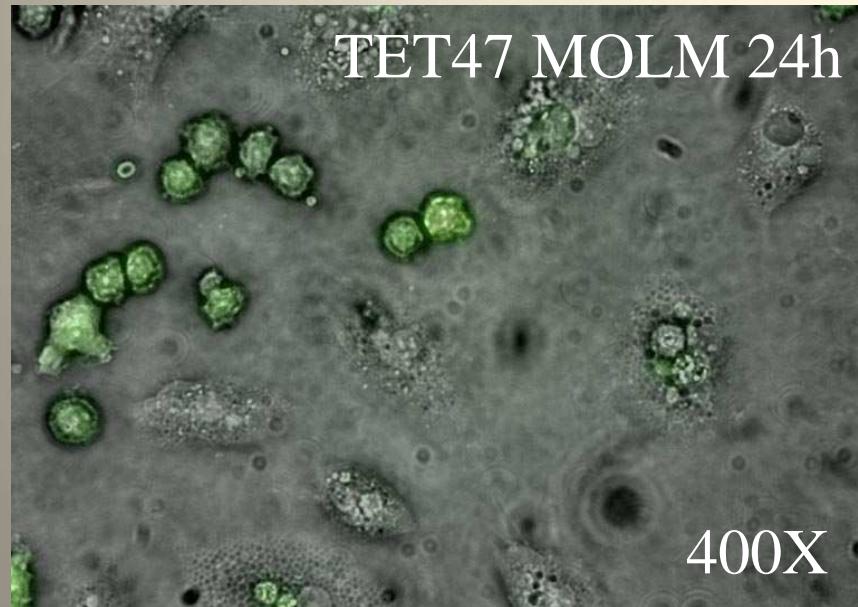
CD47 was discovered as a marker of aging RBC by Oldenborg. We found it on m/h AML LSC

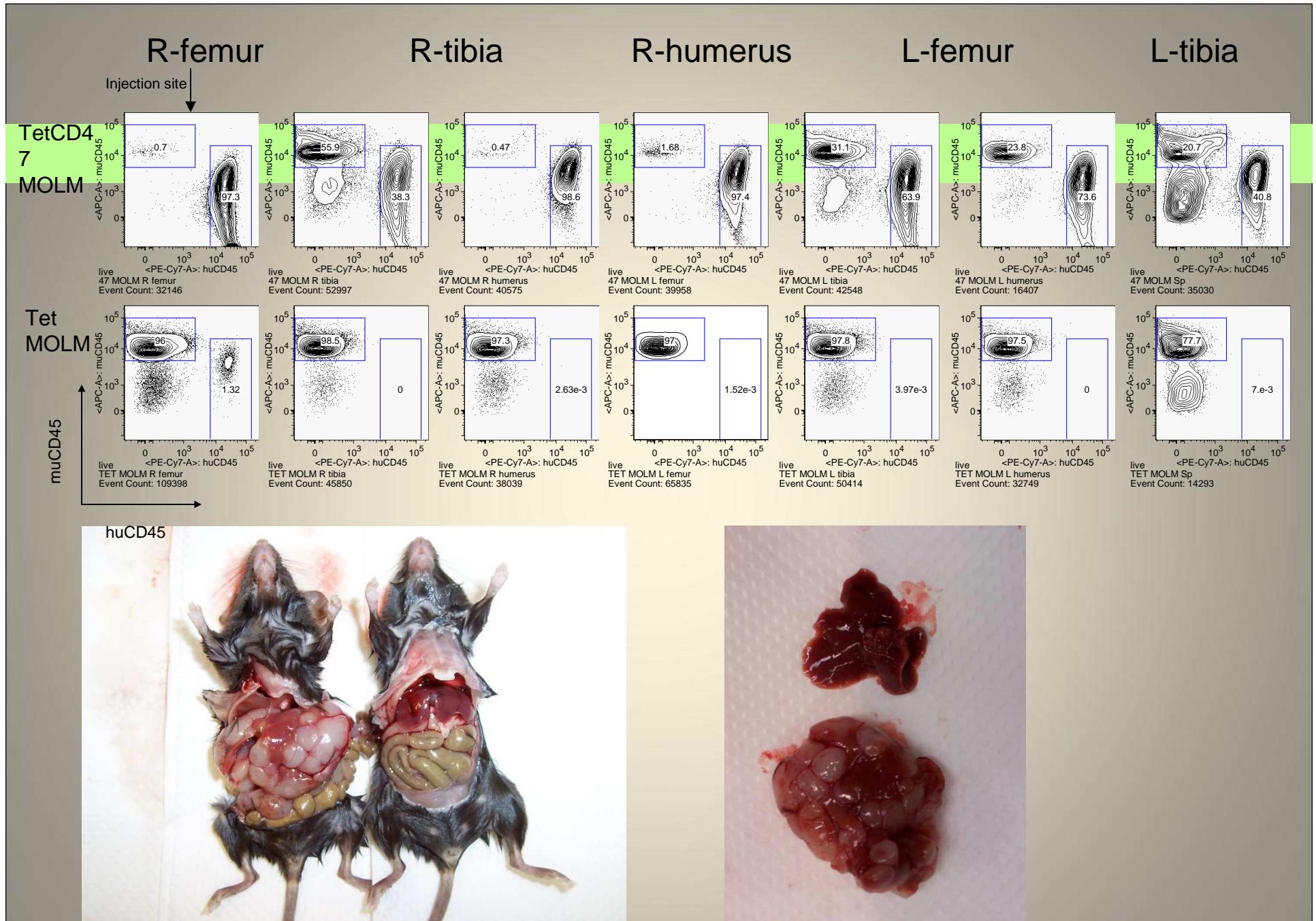
Hypothesis: Increased expression of CD47 on myeloid leukemia cells contributes to pathogenesis by facilitating evasion of phagocytosis



Prediction: Increased expression of CD47 on human AML is associated with a worse clinical outcome

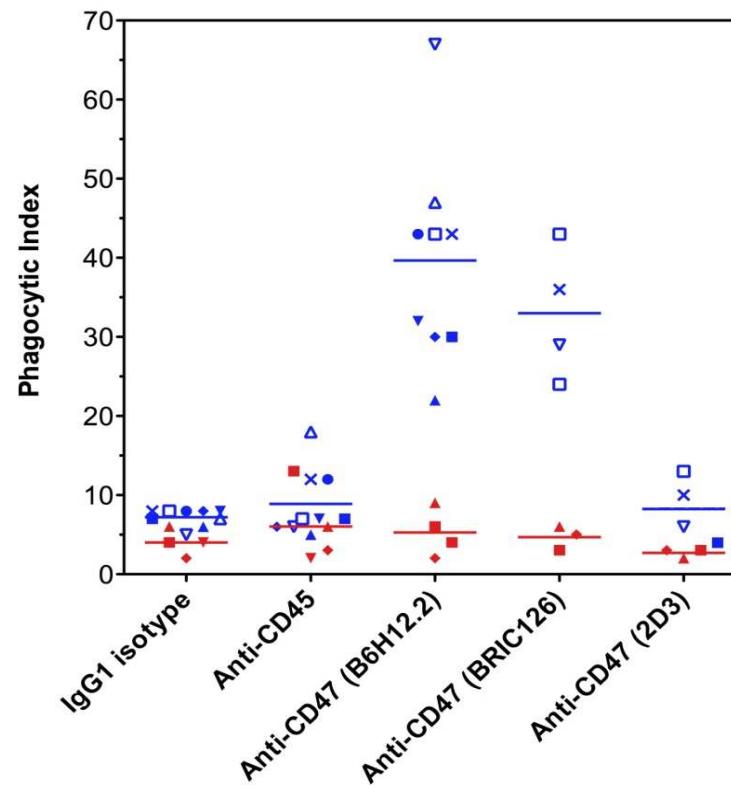
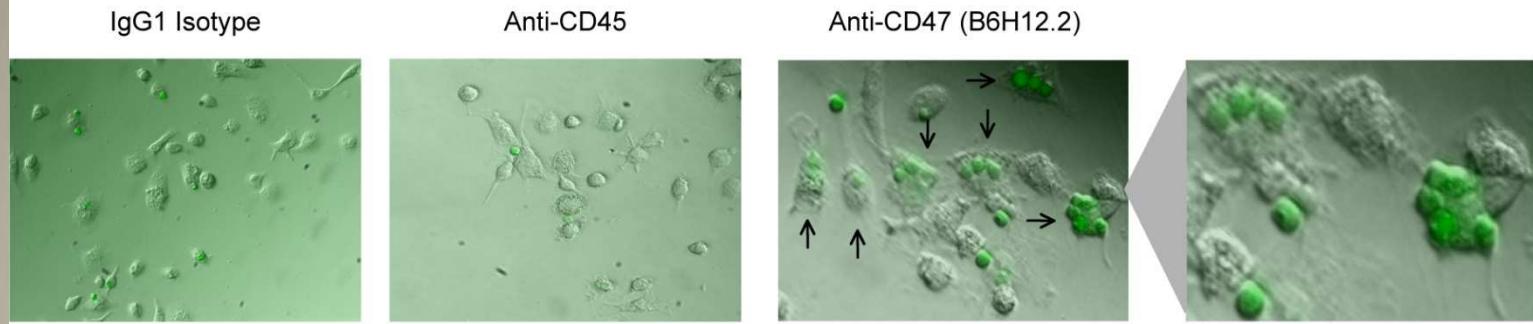
Traver and IW 1998; Jaiswal, Majeti, Chao, and IW 2008.





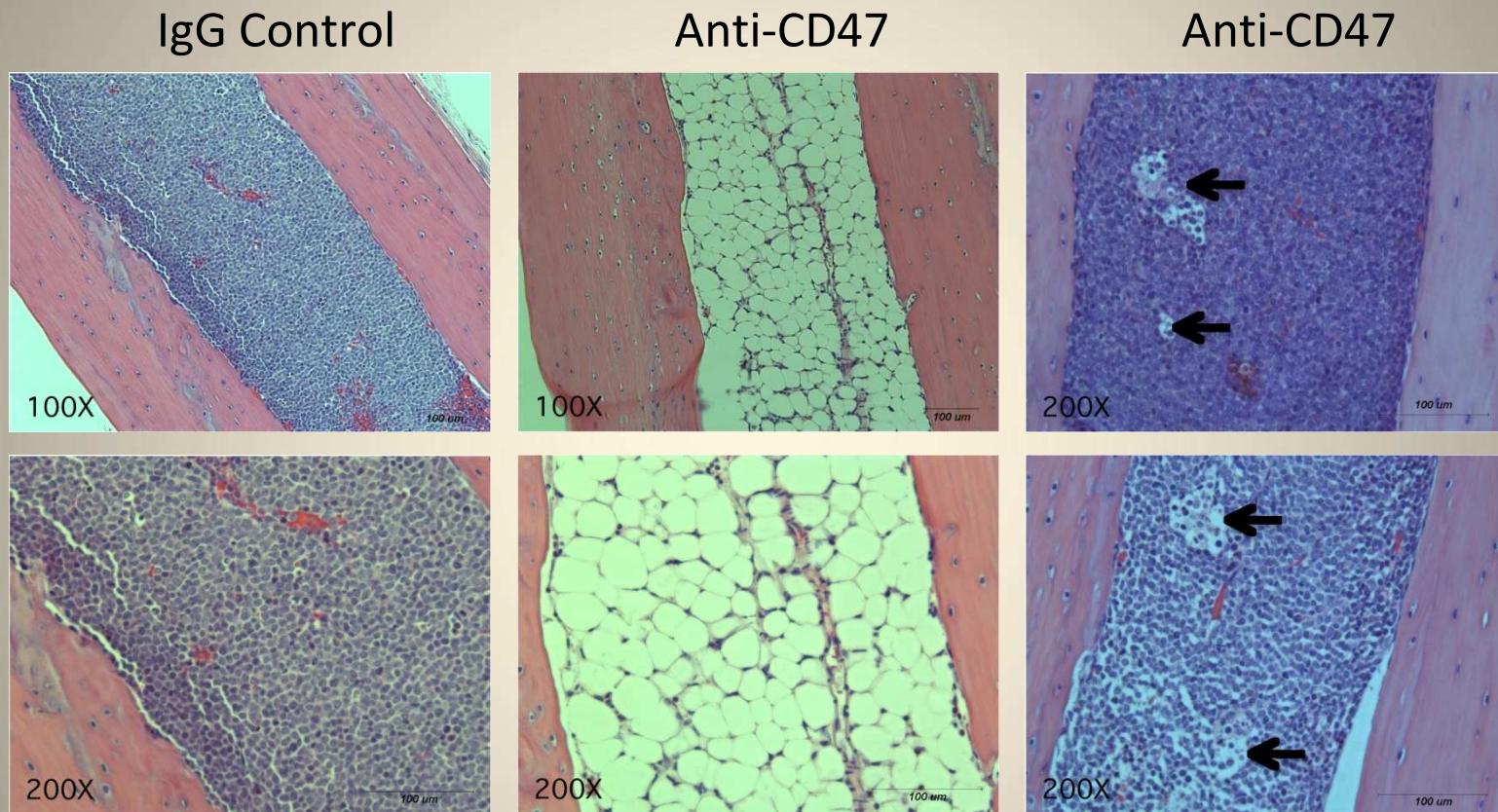
# Anti-CD47 Antibodies Enable Phagocytosis of AML LSC

## Human Macrophages



- ▲ NBM1
- NBM2
- ▼ NBM3
- ◆ NBM4
- △ SU001
- SU008
- ▼ SU009
- △ SU014
- ◆ SU016
- SU018
- × SU028
- △ SU032
- SU035

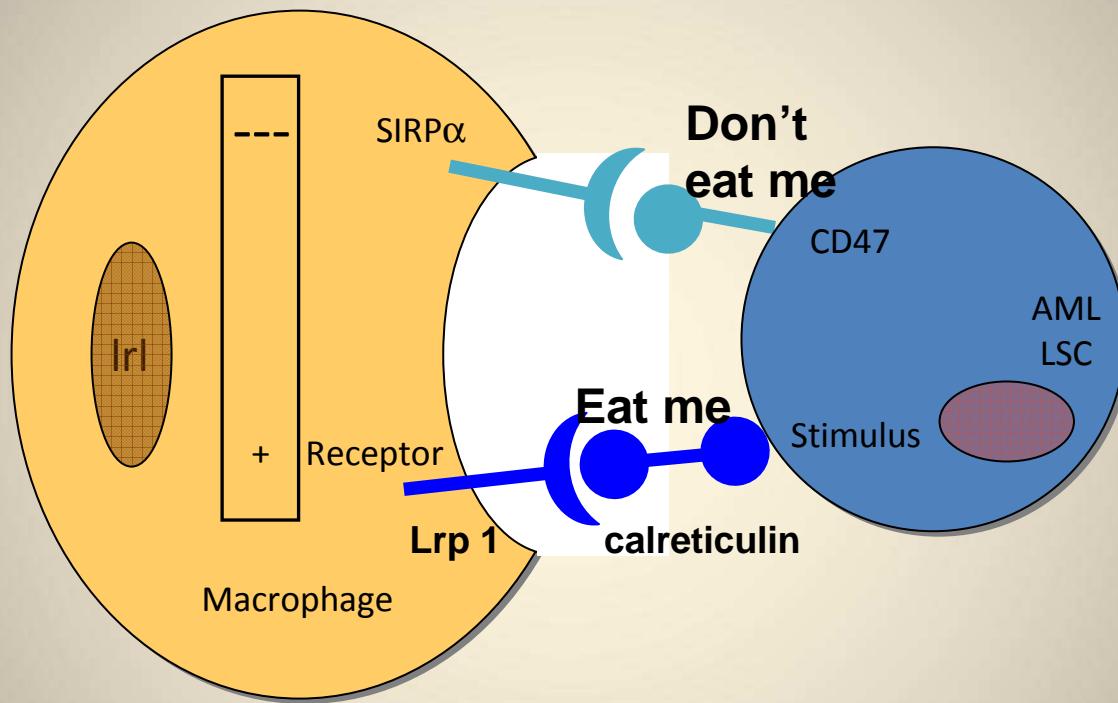
# Anti-CD47 Antibody Depletes AML in the Bone Marrow



Mark Chao, Majeti et al

# Precancer cells express calreticulin, and emergent cancer clones overcome this with CD47

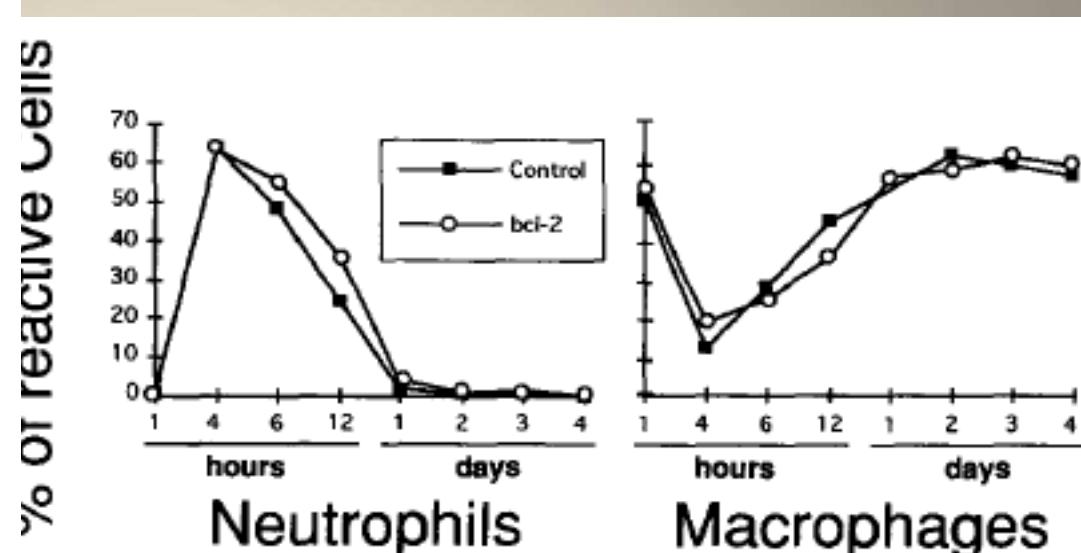
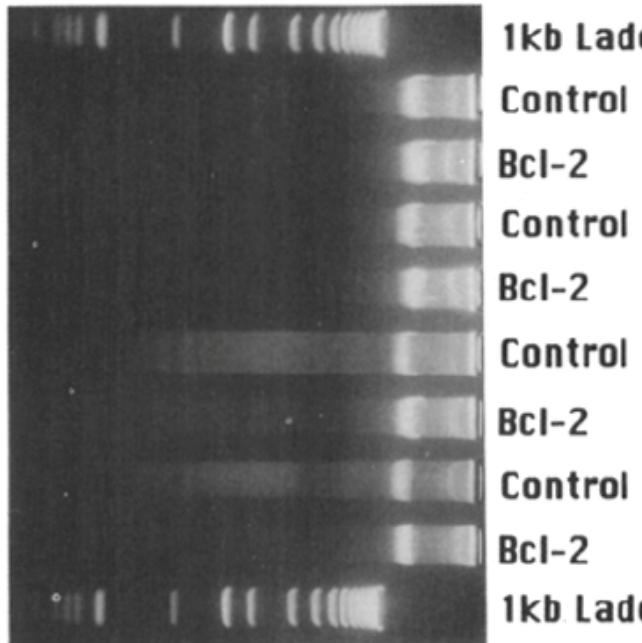
Increased expression of CD47 on myeloid leukemia cells contributes to pathogenesis by facilitating evasion of phagocytosis



Net Result: No Phagocytosis

**Chao, Jaiswal, Weissman-Tsukamoto, Majeti, and IW**

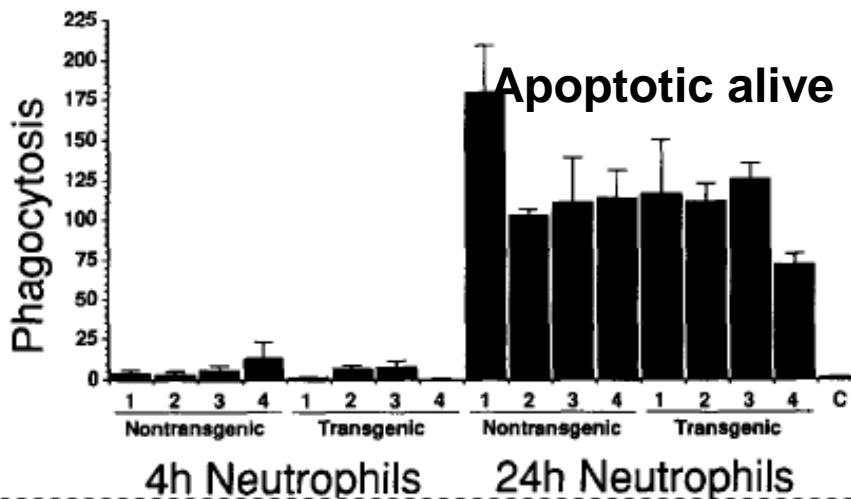
# BCL2 blocks apoptosis, but not programmed cell removal of neutrophiles: Lagasse and Weissman JEM 1994



**Table 1.** Neutrophil Content in the Bone Marrow, Blood and Spleen of Control and Transgenic Mice

Mice	Bone marrow	Blood	Spleen
Nontransgenic	30.4 ± 4.0	5.8 ± 2.8	1.8 ± 0.4
Transgenic	30.3 ± 8.3	12.6 ± 3.8	2.2 ± 0.4

Neutrophils were counted by flow cytometric analysis of cells bearing Mac-1 and Gr-1 using two-color immunofluorescence. The results are expressed as arithmetic means (three mice) ± SD.

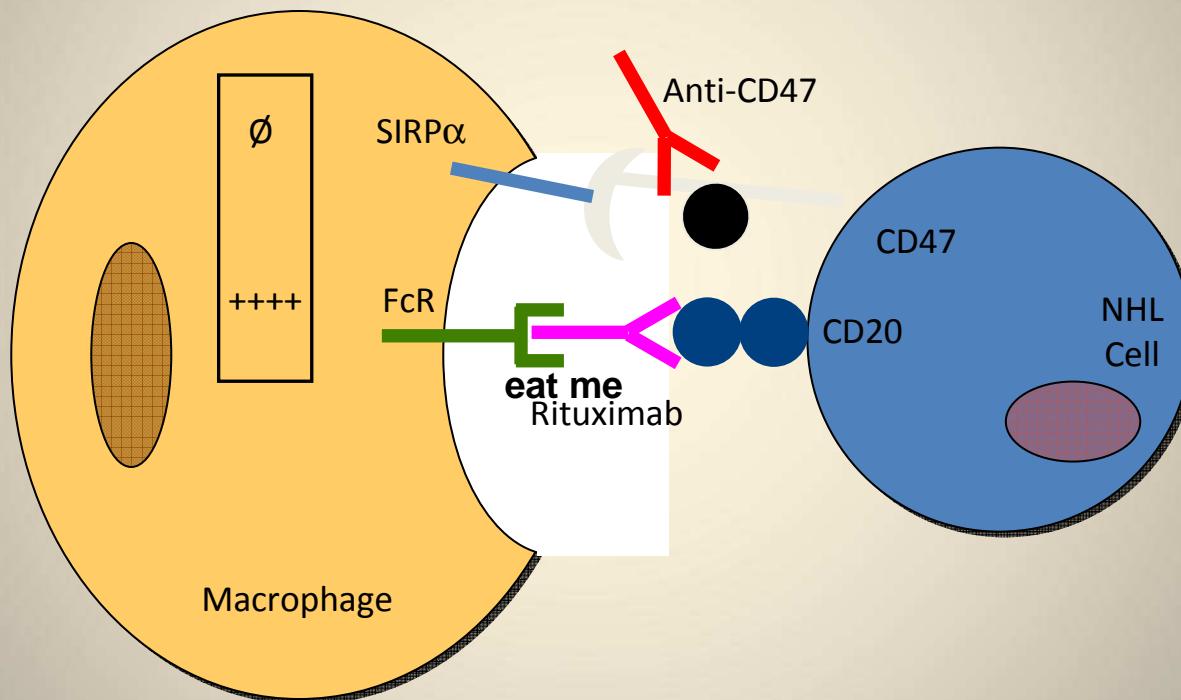


# PCDeath and PCRemoval

- PCD is accompanied by PCR; blocking PCD with bcl2 does NOT block PCR [Lagasse and Weissman 1994, JEM]. PCR prevents inflammation.
- All cancers defeat PCD: p53, bcl2, bax, etc
- All cancers defeat PCR: calreticulin, Ph-serine, asialoglycoprotein ‘eat me’ and CD47 ‘don’t eat me’
- Stimuli that induce PCD and/or PCR develop cell competition/selection in pre-cancer lineages that can result in cancer clones

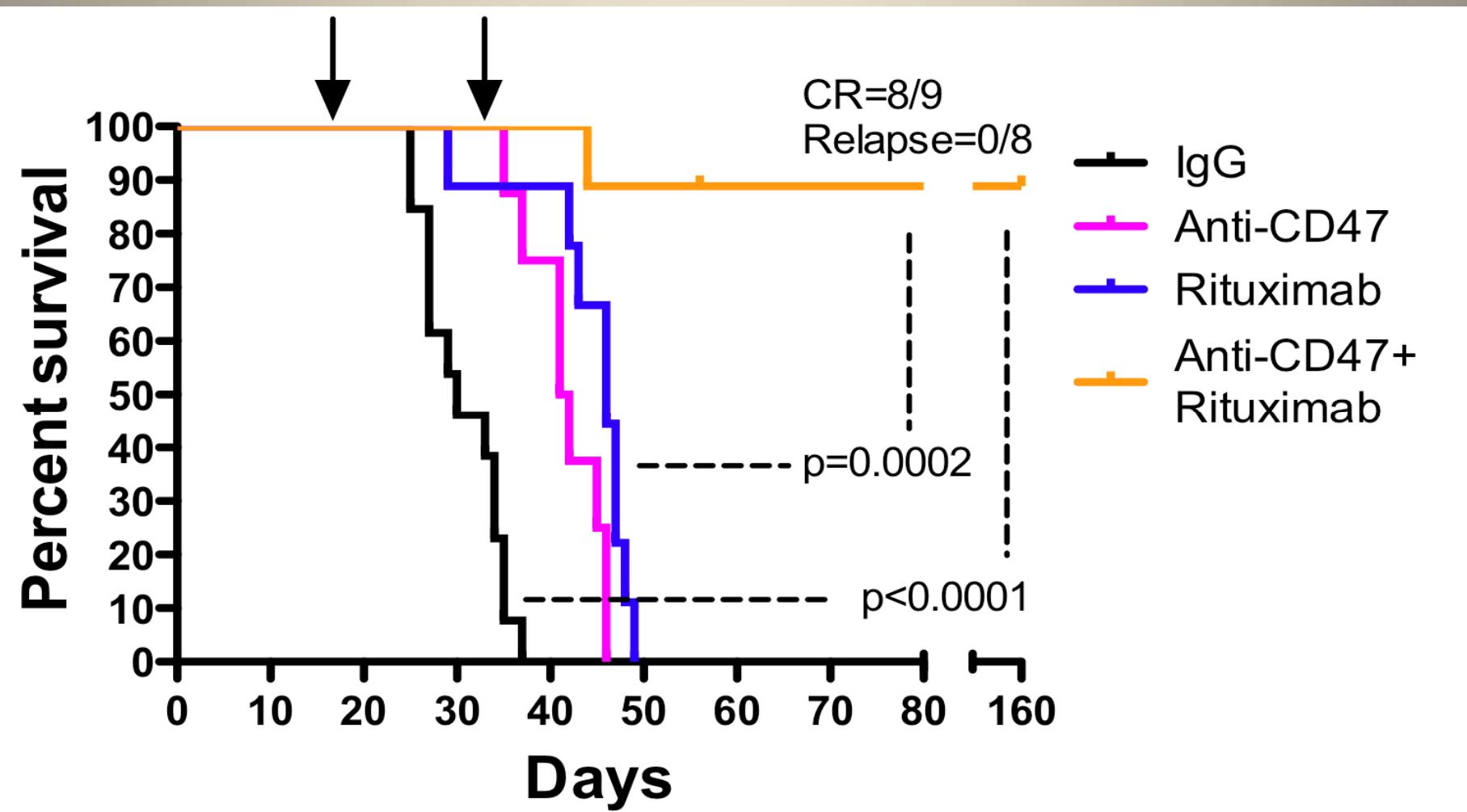
# Model for Synergy of Anti-CD47 with Rituximab

Investigate the combination of anti-CD47 antibody with rituximab for synergy in eradicating NHL.



Net Result: Potent Phagocytosis

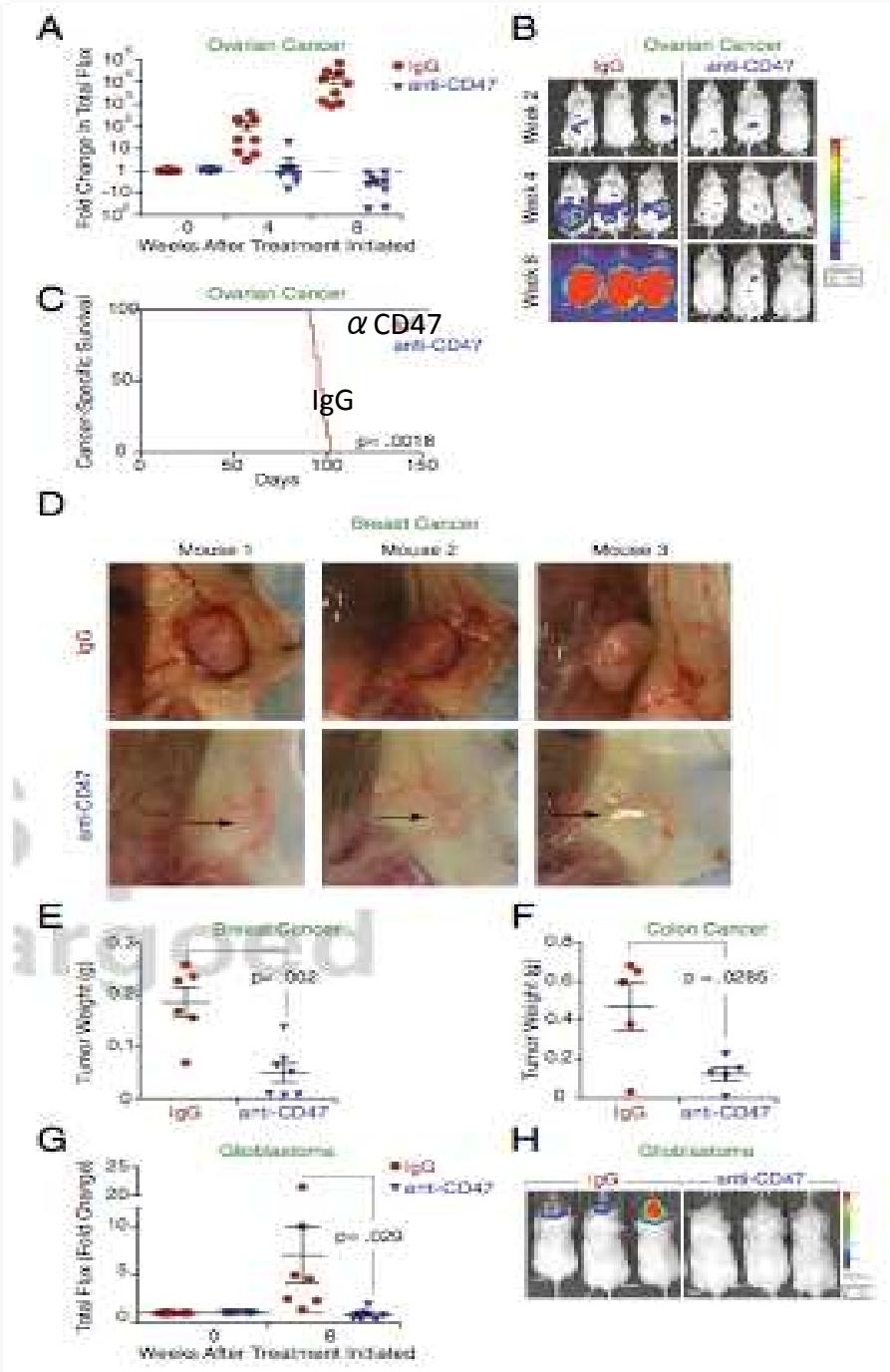
# Combination antibodies eliminate a primary human lymphoma from immune deficient mice



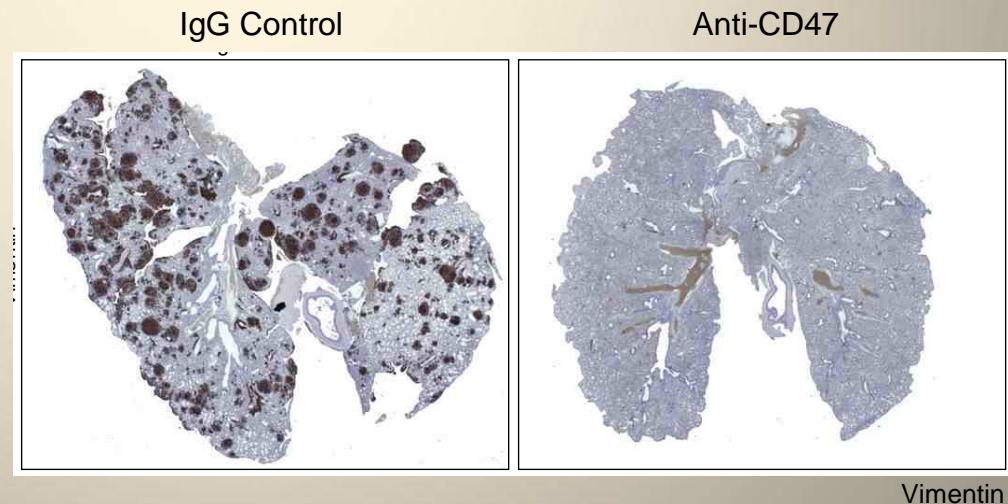
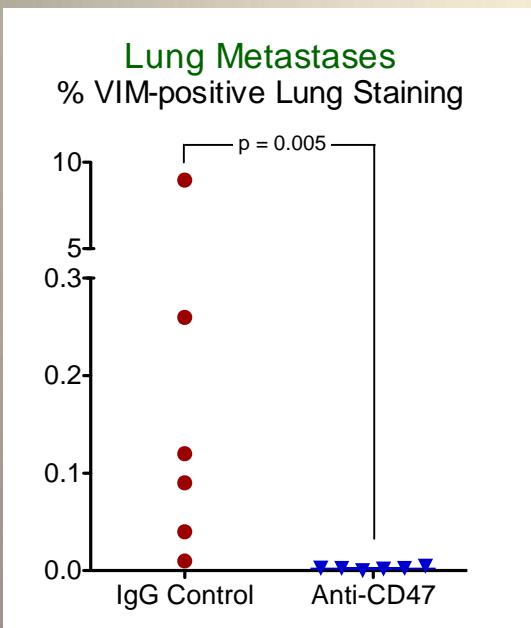
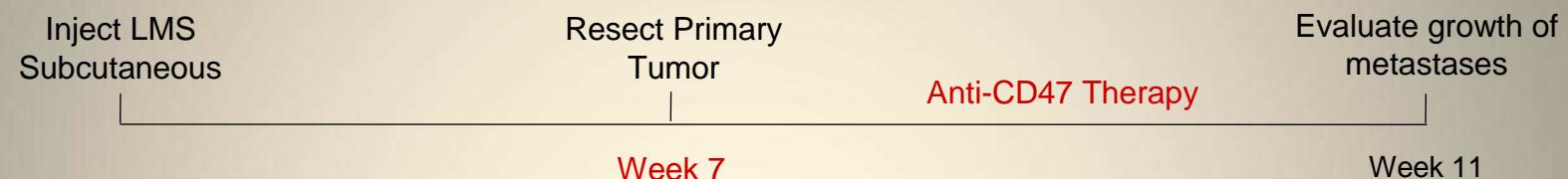
*Chao, Majeti, Alizadeh, and Weissman, 2010*

Human primary solid  
tumor xenografts  
treated with anti-CD47  
mabs beginning 2-4  
weeks after  
transplantation.

Jens Volkmer, Stephen  
Willingham, Sidd Mitra,  
Matt van de Rijn, Sam Chehshier  
Robert Chin, Ferenc  
Scheeren, Mike Clarke  
and IW



# ANTI-CD47 ANTIBODIES CAN ELIMINATE ESTABLISHED METASTASIZED TUMORS



# Investigation and Targeting of CD47 in Human Cancers

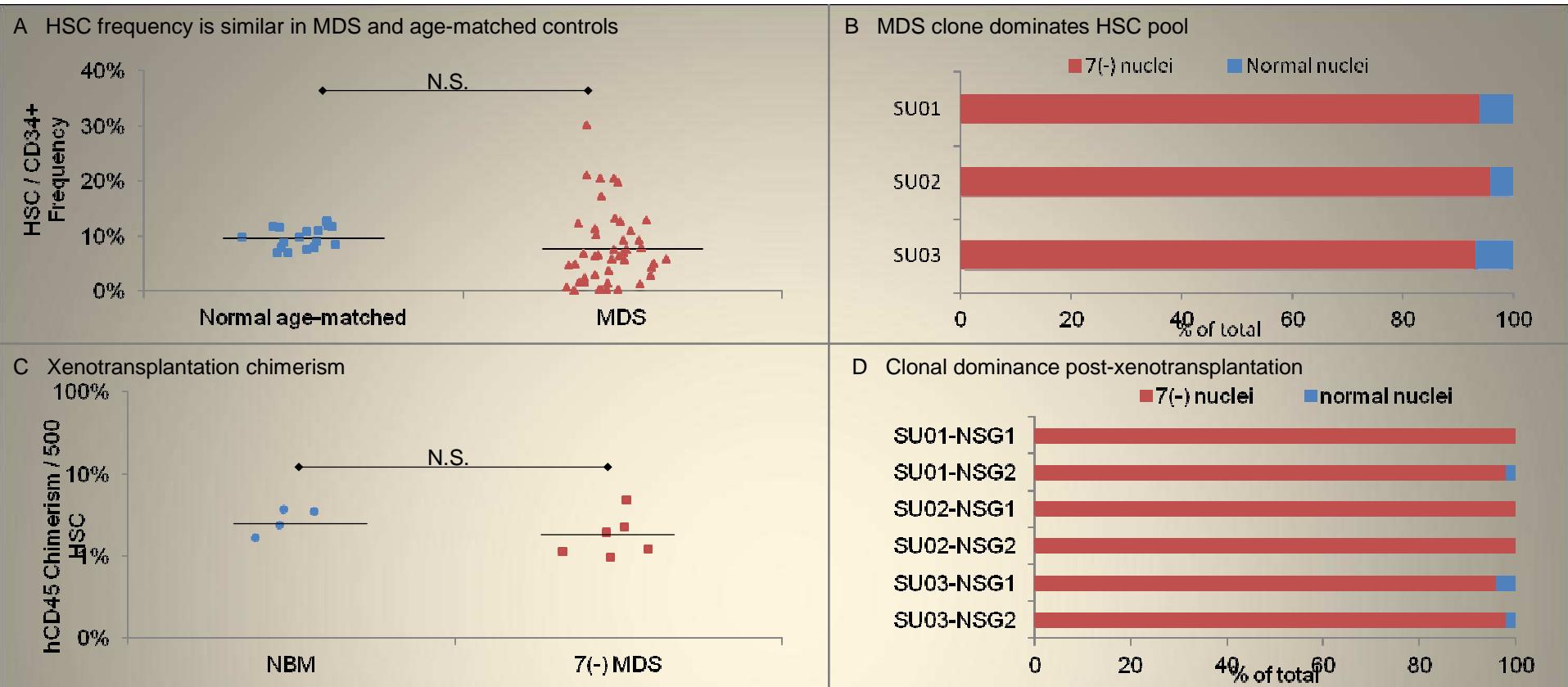
---

Breast  
Ovarian  
Bladder  
Pancreatic  
Colon  
Prostate  
Lung  
Kidney  
**Leiomyosarcoma**  
Head & Neck  
Melanoma

Glioblastoma  
Medulloblastoma  
Oligodendrogioma  
Hepatocellular Carcinoma  
Gastric Cancer  
Multiple Myeloma  
Chronic Myeloid Leukemia  
Acute Myeloid Leukemia  
Non-Hodgkin's Lymphoma  
T-Acute Lymphoblastic Leukemia  
B-Acute Lymphoblastic Leukemia

What stage of stem cell vs progenitors carry cancer stem cells ?

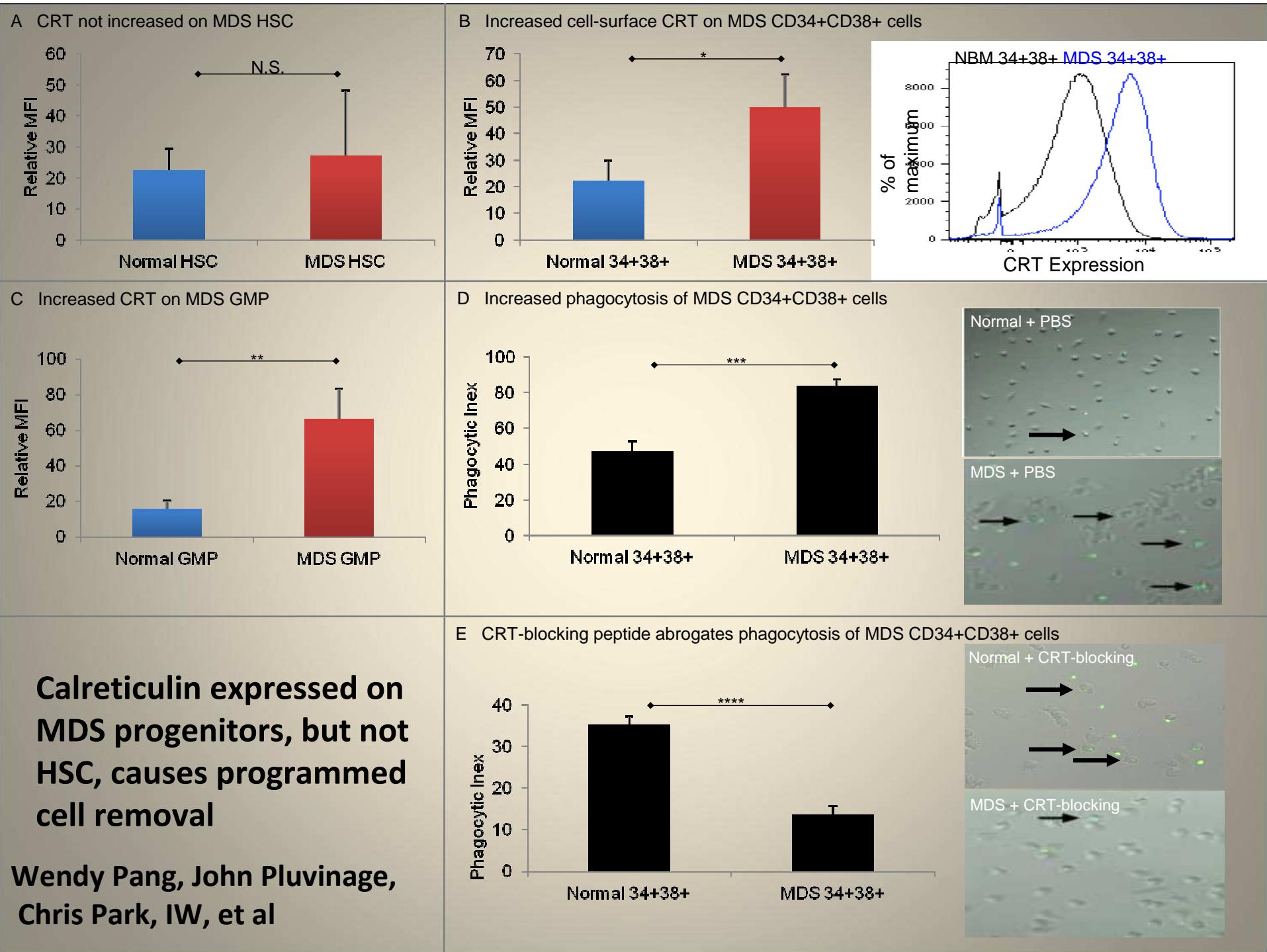
Patient Tumor Xenotransplantation Model  
Treatment Data Available



MDS is a pre-AML disease of older patients in which a cytopenia Precedes leukemia.

MDS HSC outcompete normal HSC in MDS patients and in transplanted NSG mice

**Wendy Pang, John Pluvineage, Chris Park, IW, et al**



# Conclusions

MDS HSC outcompete normal HSC in patient and xenotransplant

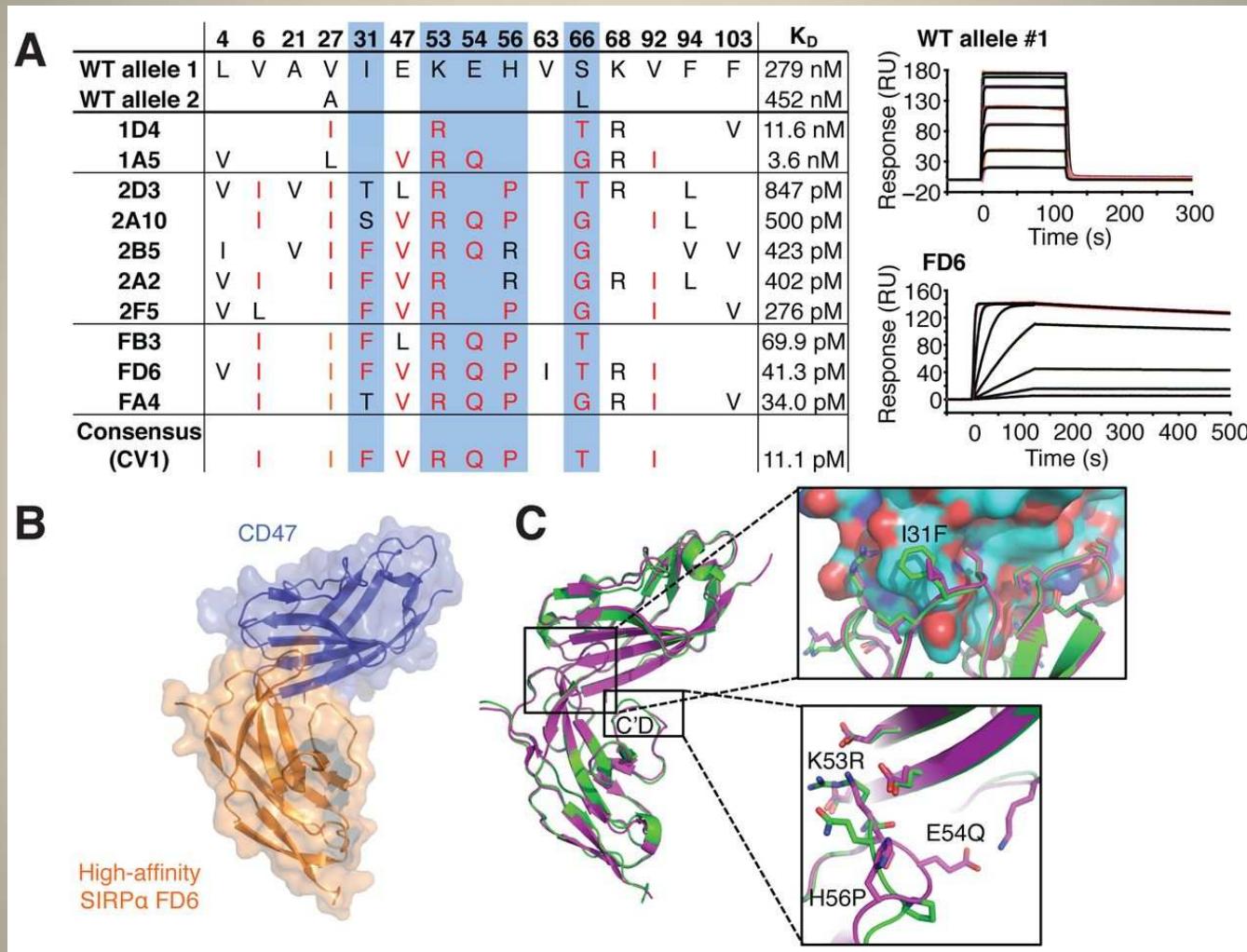
The MDS-initiating cell resides in HSC compartment

High CRT predisposes MDS myeloid progenitors for programmed cell removal

Increased CD47 expression is a crucial step in the progression from MDS to AML

- Calreticulin is a potential therapeutic target

**Fig. 1 Directed evolution of high-affinity SIRP $\alpha$  variants.(A) Summary of sequences and SPR affinity measurements of engineered SIRP $\alpha$  variants.**

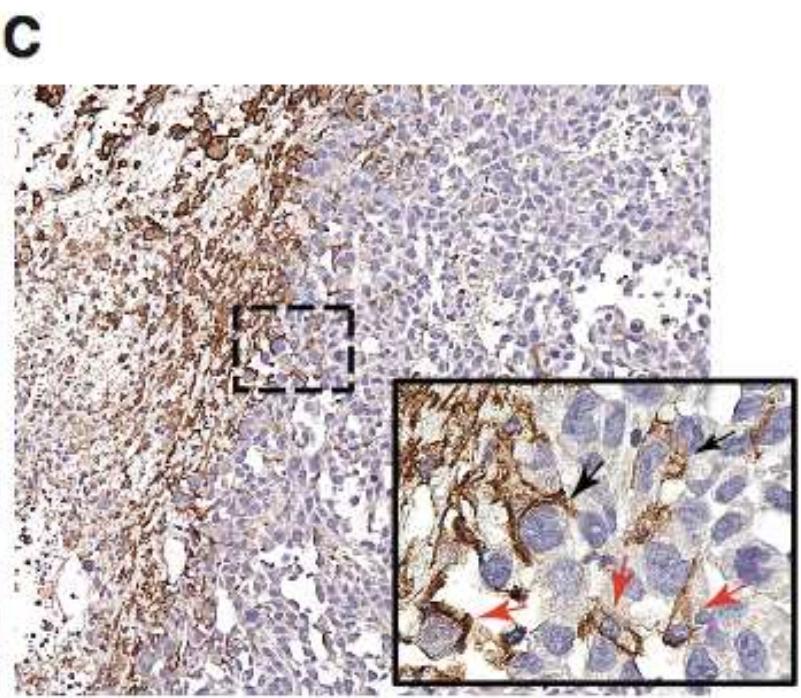
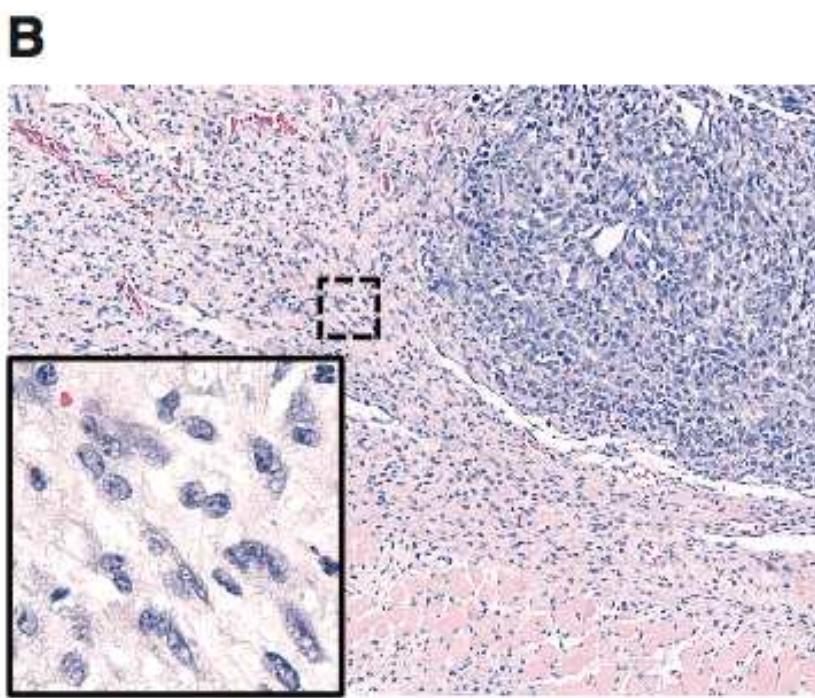
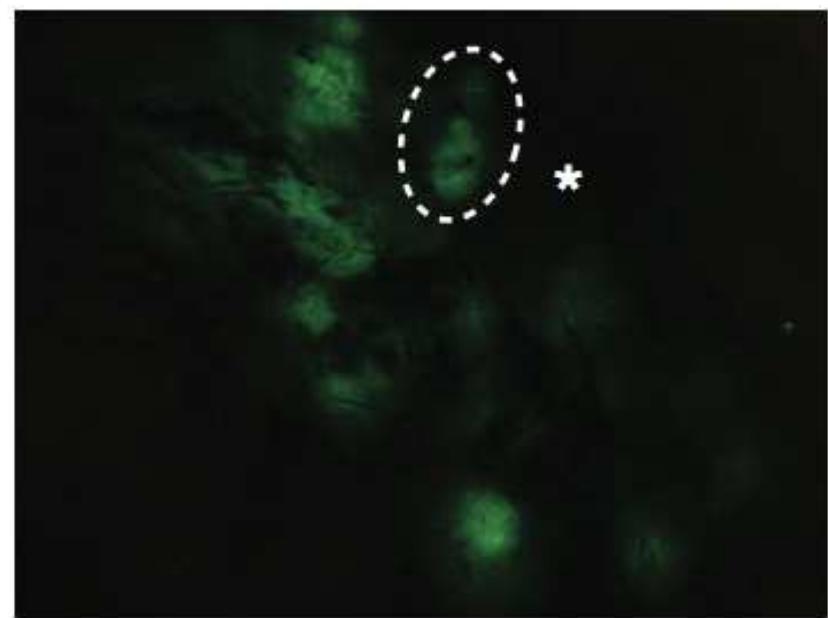
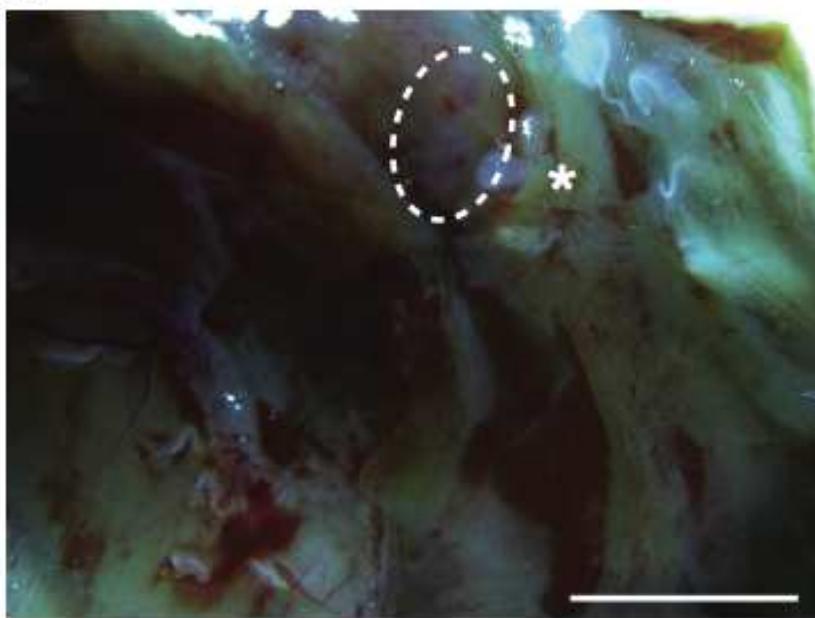


K Weiskopf et al. Science 2013;science.1238856

Weiskopf, Ring, Volkmer, IW and Garcia

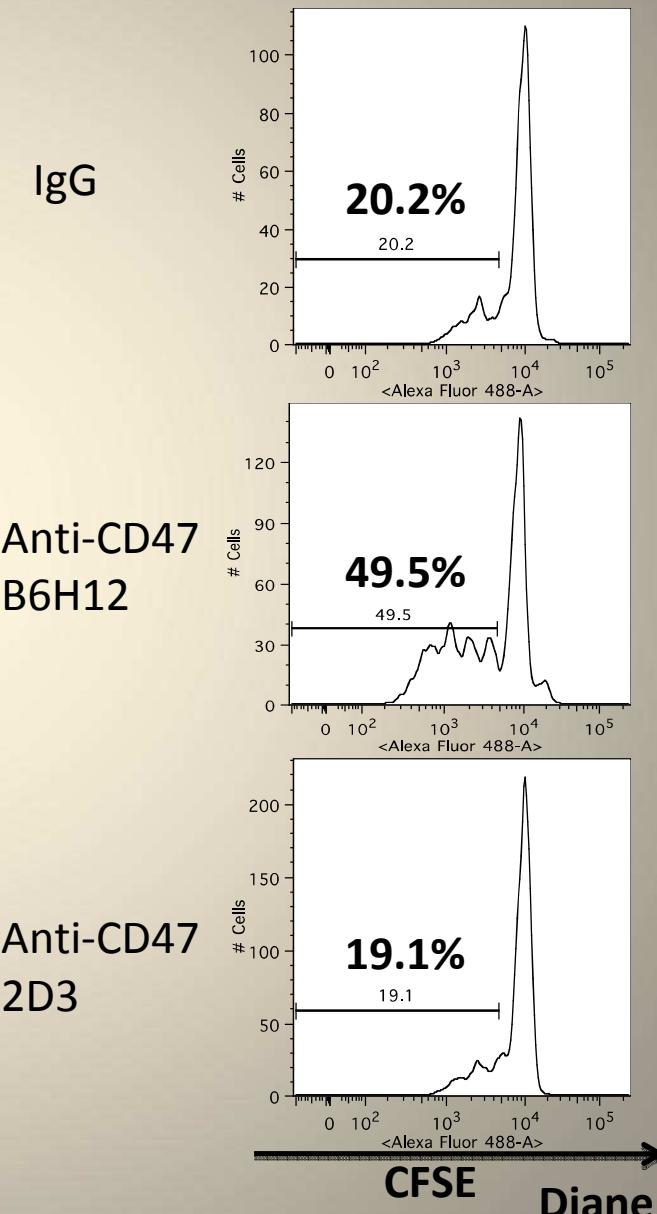
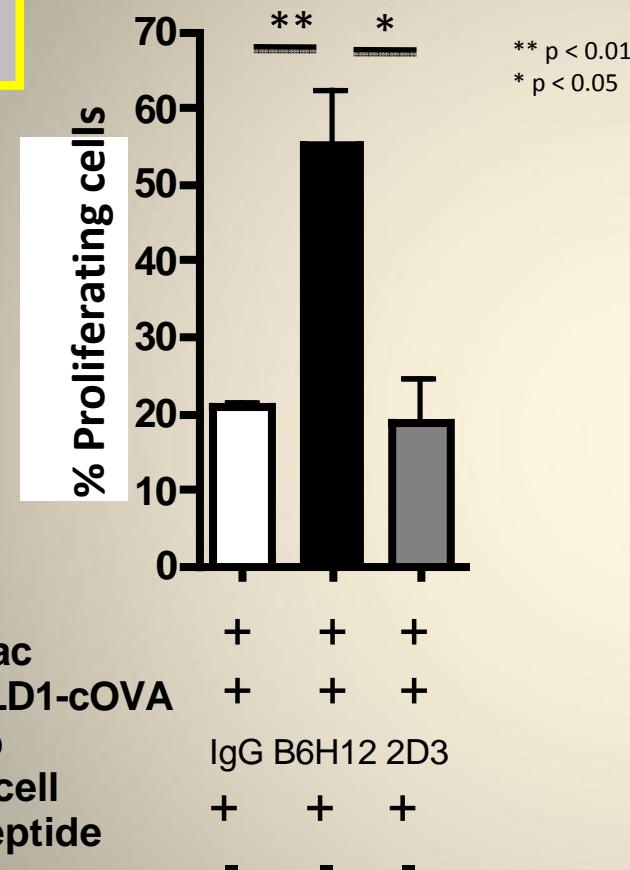
Published by AAAS

**Science**  
AAAS



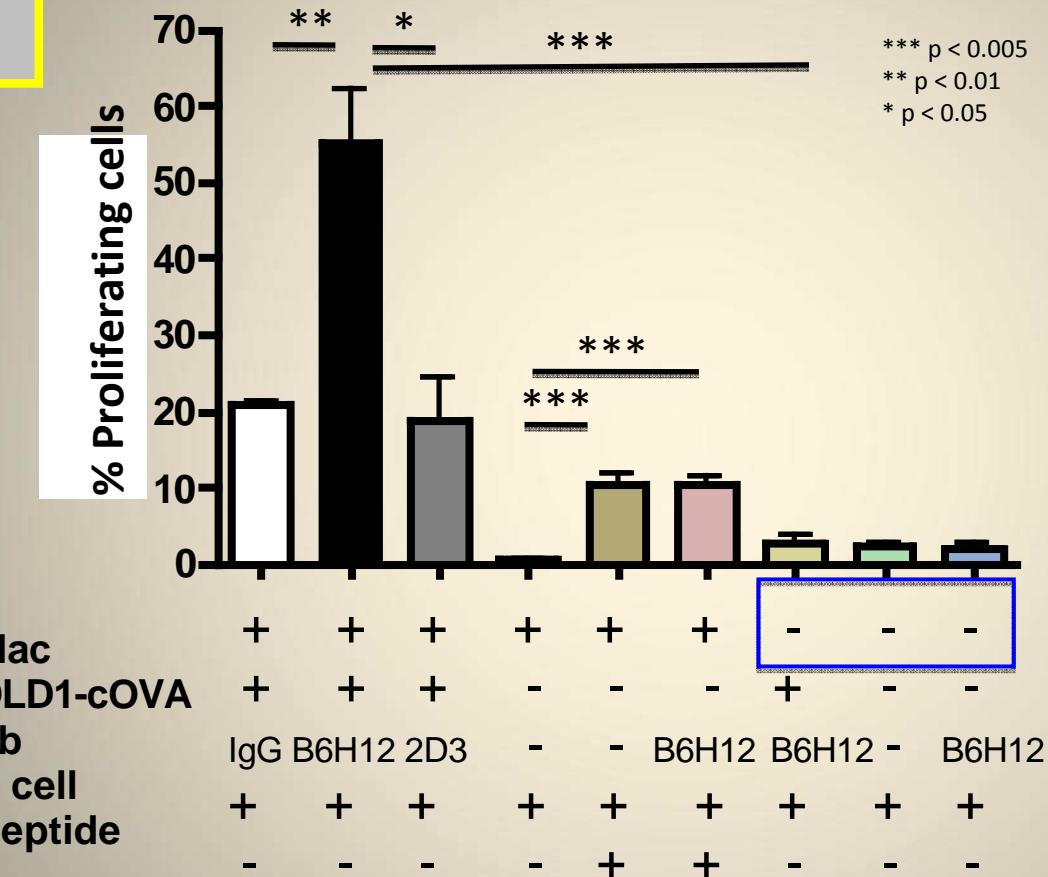
# Anti-CD47-mediated phagocytosis of tumors by macrophages leads to increased MHC I antigen presentation

- 1) CD4 T cells
- 2) CD8 T cells
- 3) Tumor control



# Anti-CD47-mediated phagocytosis of tumors by macrophages leads to increased antigen presentation of CD8+ T cells

- 1) CD4 T cells
- 2) CD8 T cells
- 3) Tumor control

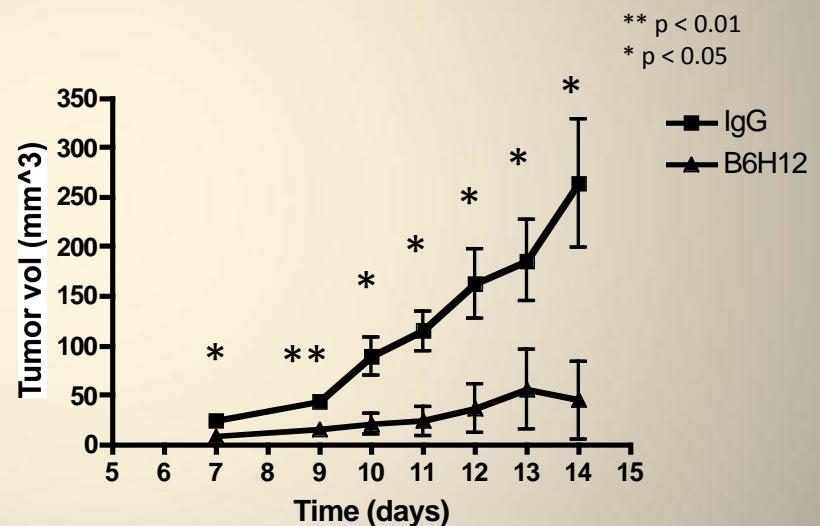
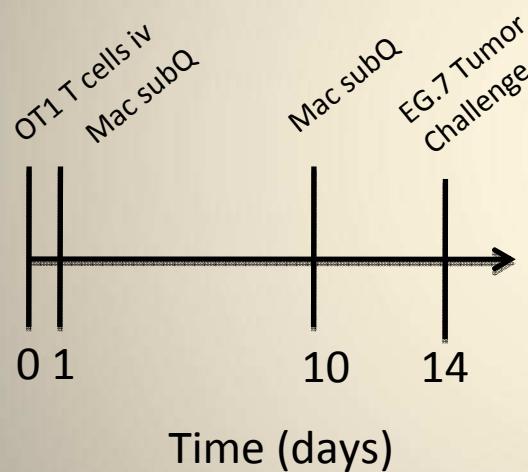


Conclusion: Following anti-CD47-mediated phagocytosis, macrophages activate the CD8+ T cell response

Diane Tseng

# Following anti-CD47-mediated phagocytosis of cancer, macrophages prime an effective anti-tumor CD8 T cell response *in vivo*

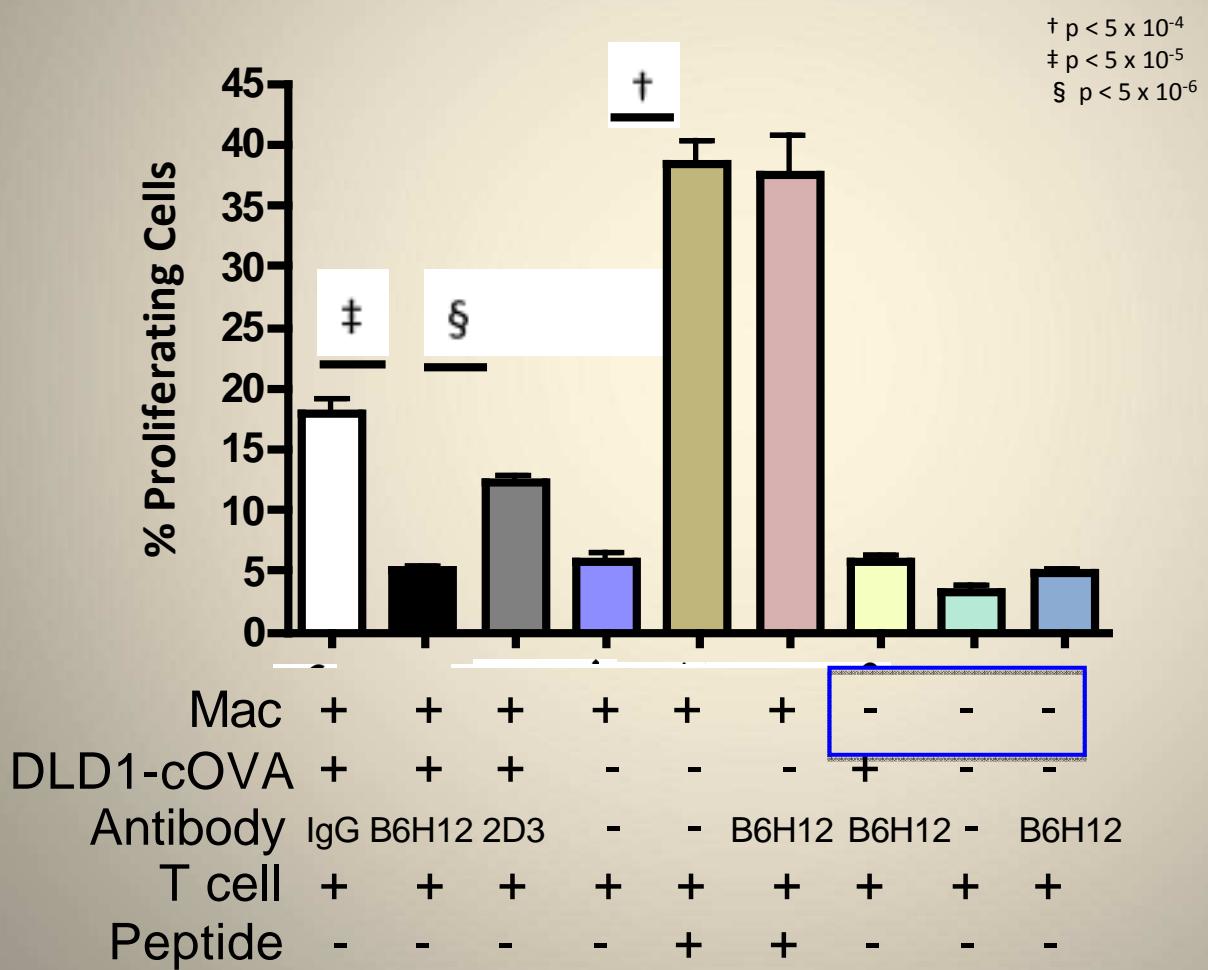
- 1) CD4 T cells
- 2) CD8 T cells
- 3) Tumor control



Conclusion: Following anti-CD47-mediated phagocytosis, macrophages prime an effective T cell response that protects against tumor challenge

Diane Tseng

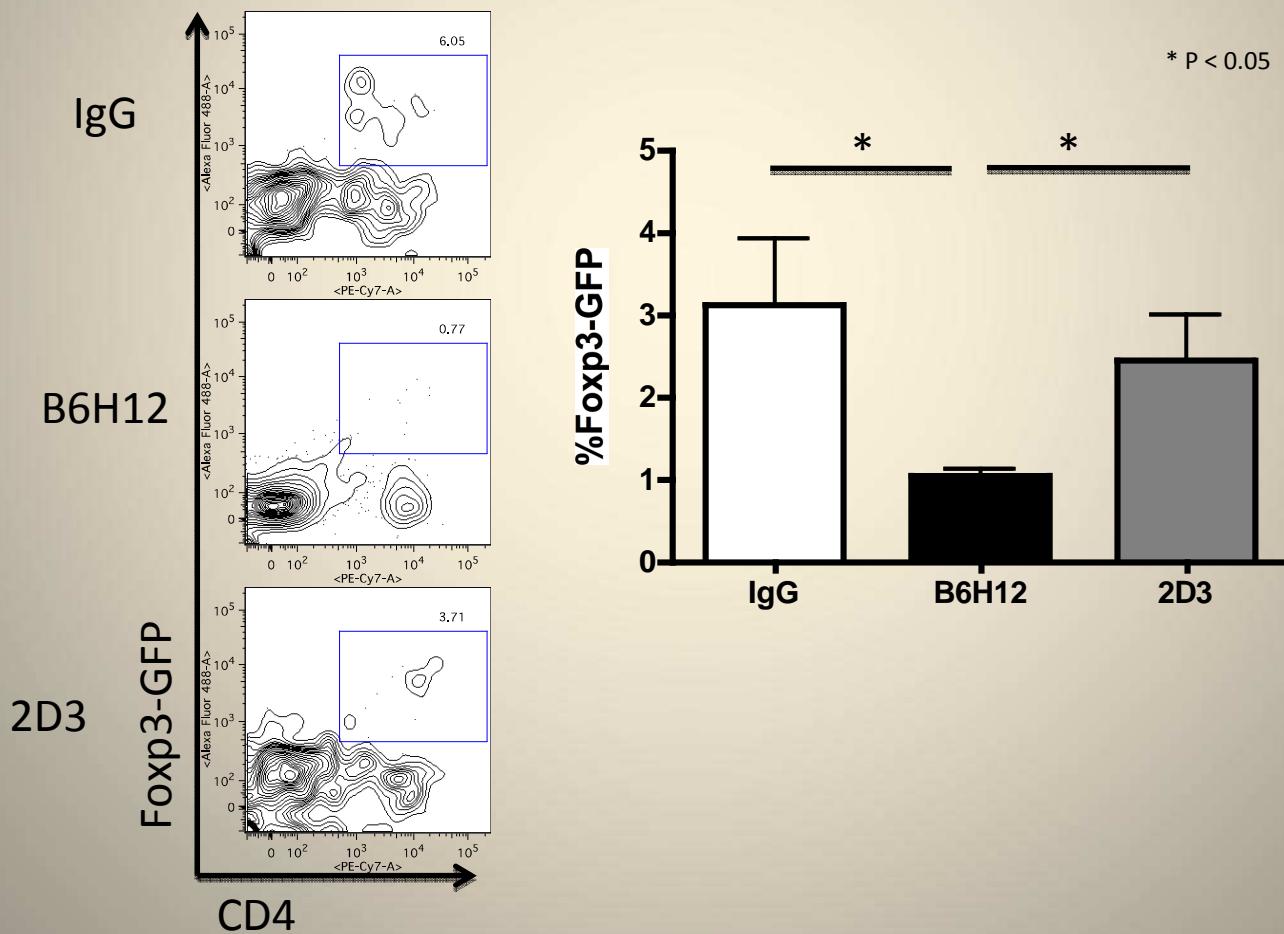
# Anti-CD47-mediated phagocytosis of cancer by macrophages do not present antigen to OTII (CD4) T cells



Diane Tseng and  
Jens Volkmer

Conclusion: Following anti-CD47 mediated phagocytosis of cancer, antigen presentation to CD4+ T cells is reduced below baseline levels

# Anti-CD4+ antibody leads to less efficient regulatory CD4+ T cell generation



Diane Tseng

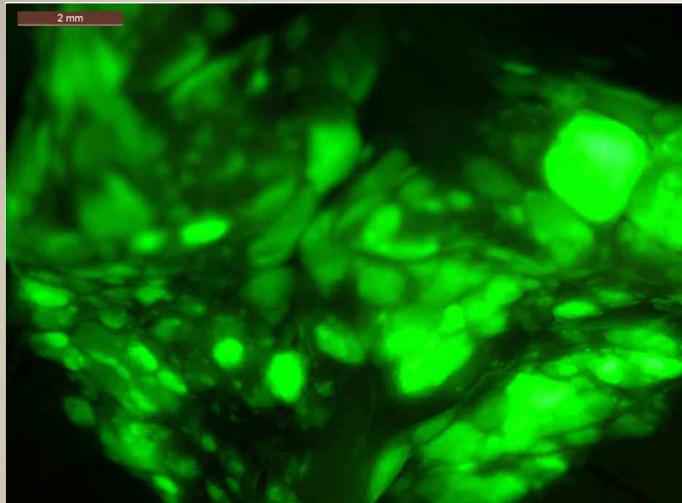
The 5F9g4 antibody is humanized and headed to an AML trial and an all comers solid tumors in California and the UK.

- Paresh Vyas and Alan Burnett have an MRC grant to do part of the trial: single payer.
- IW and Ravi Majeti have a California Institute of Regenerative Medicine grant of \$20 M to take the antibody through phase 1/2 trials. Disease Team of Maureen Howard, Susan Prohaska, Jens Volkmer, Jie Liu, students, MD/PhD trainees to do it.

## Hu5F9-G4 inhibits Tumor Growth & eliminates Metastases

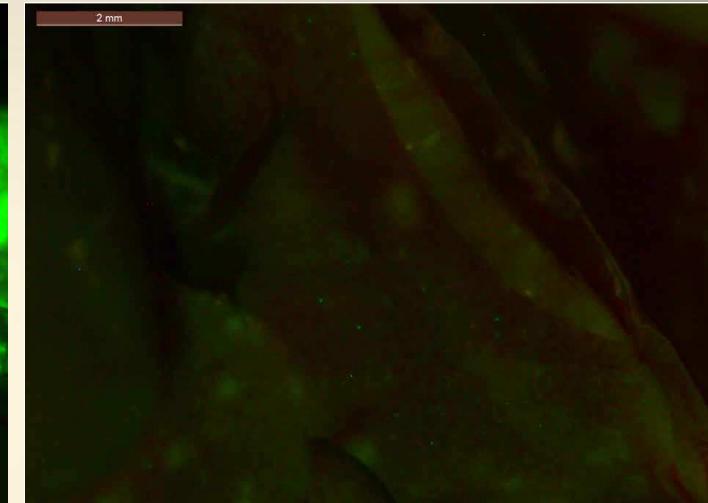
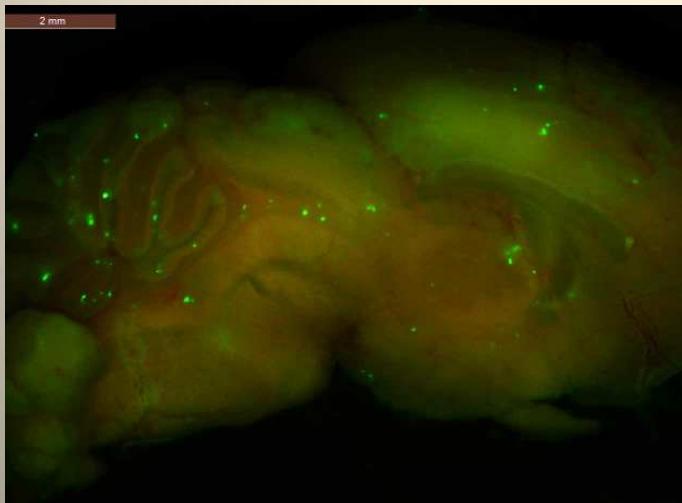
Lung

PBS

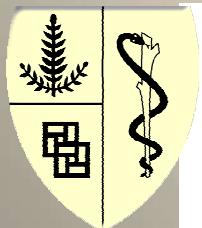


Brain

hu5F9-G4



# Lokey Stem Cell Institute at Stanford



Institute for Stem Cell Biology and Regenerative Medicine

Ludwig Center at Stanford



Supported grants from NCI. NHLBI. Calif Inst Reg Medicine. Lacob Foundation. Siebel SCI