

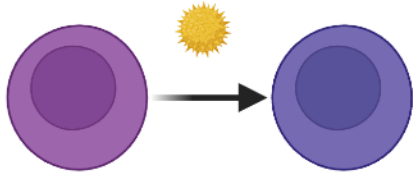
# Places des anti-plasmocytaires en transplantation rénale

**Juliette Leon**

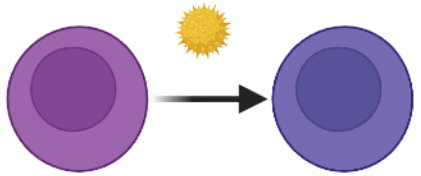
CCA en transplantation rénale, MD, PhD  
Hôpital Necker, Service du Pr Anglicheau  
Université Paris Descartes, Paris

**Naive  
B cells**

**Activated  
B cells**



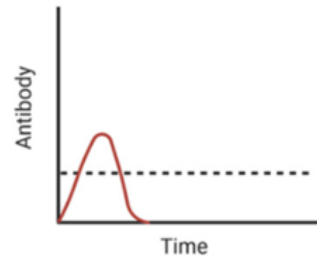
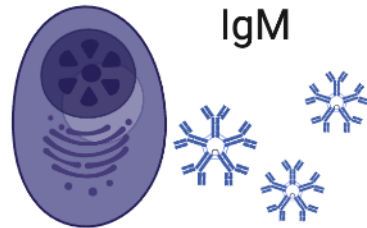
**Naive  
B cells**

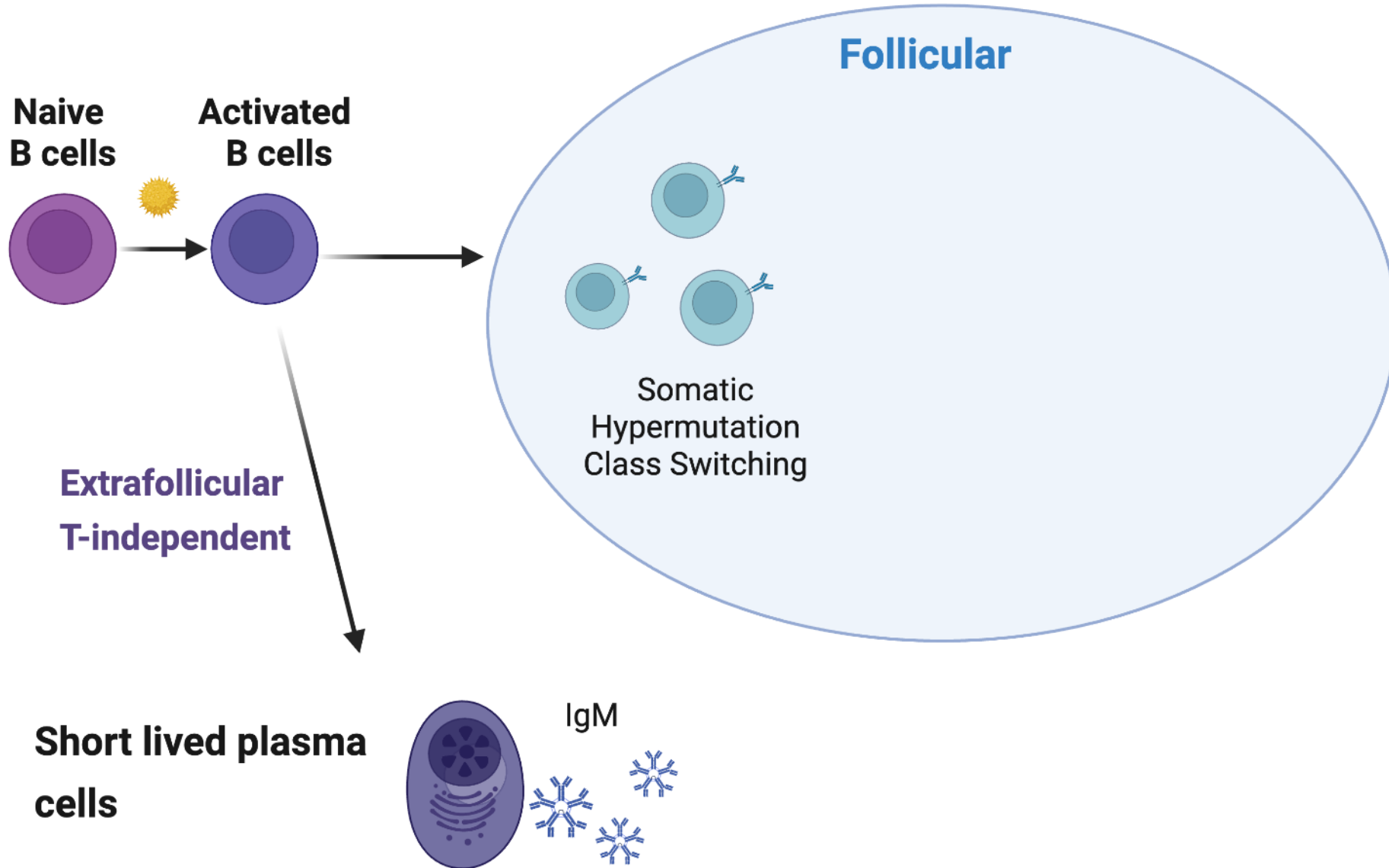


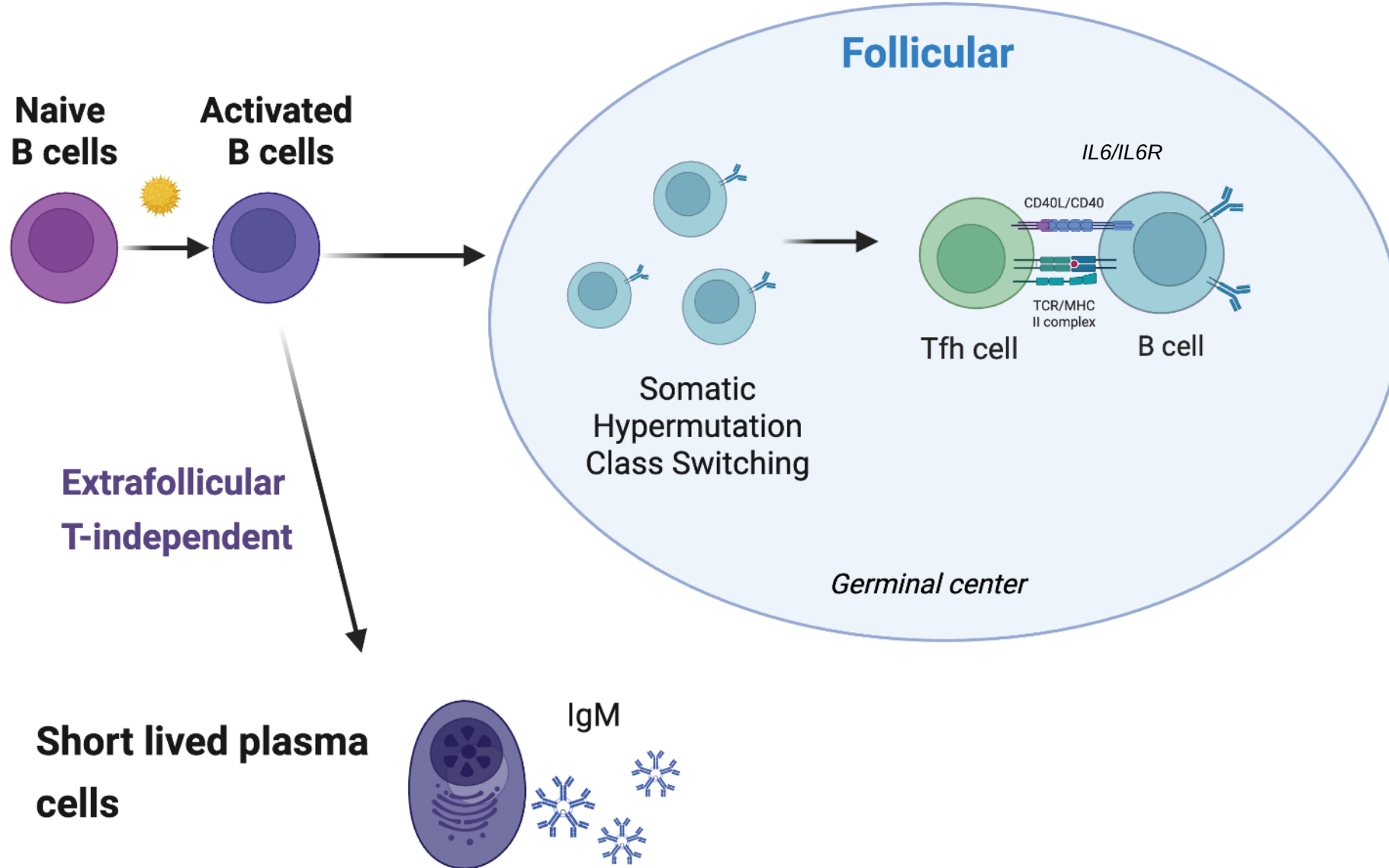
**Activated  
B cells**

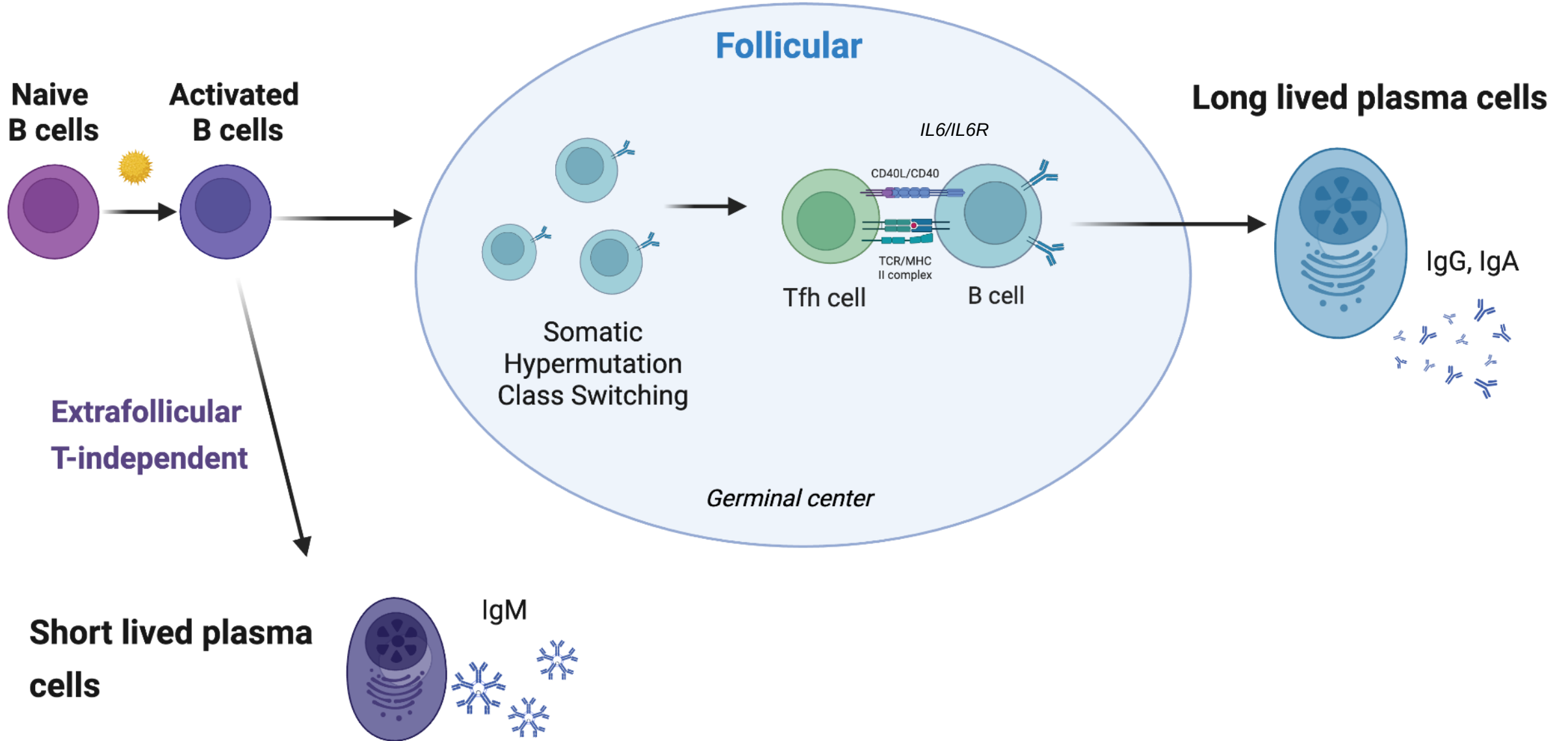
**Extrafollicular  
T-independent**

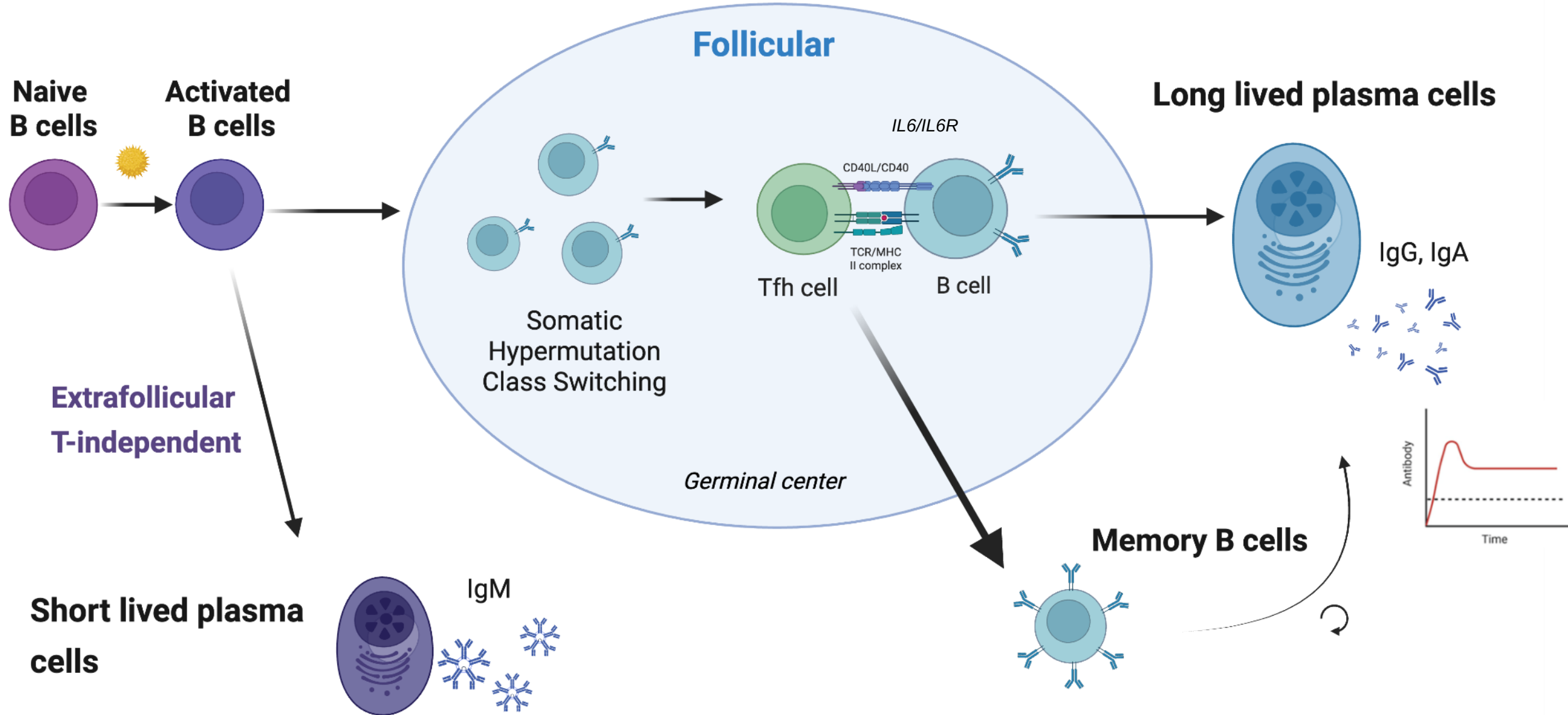
**Short lived plasma  
cells**

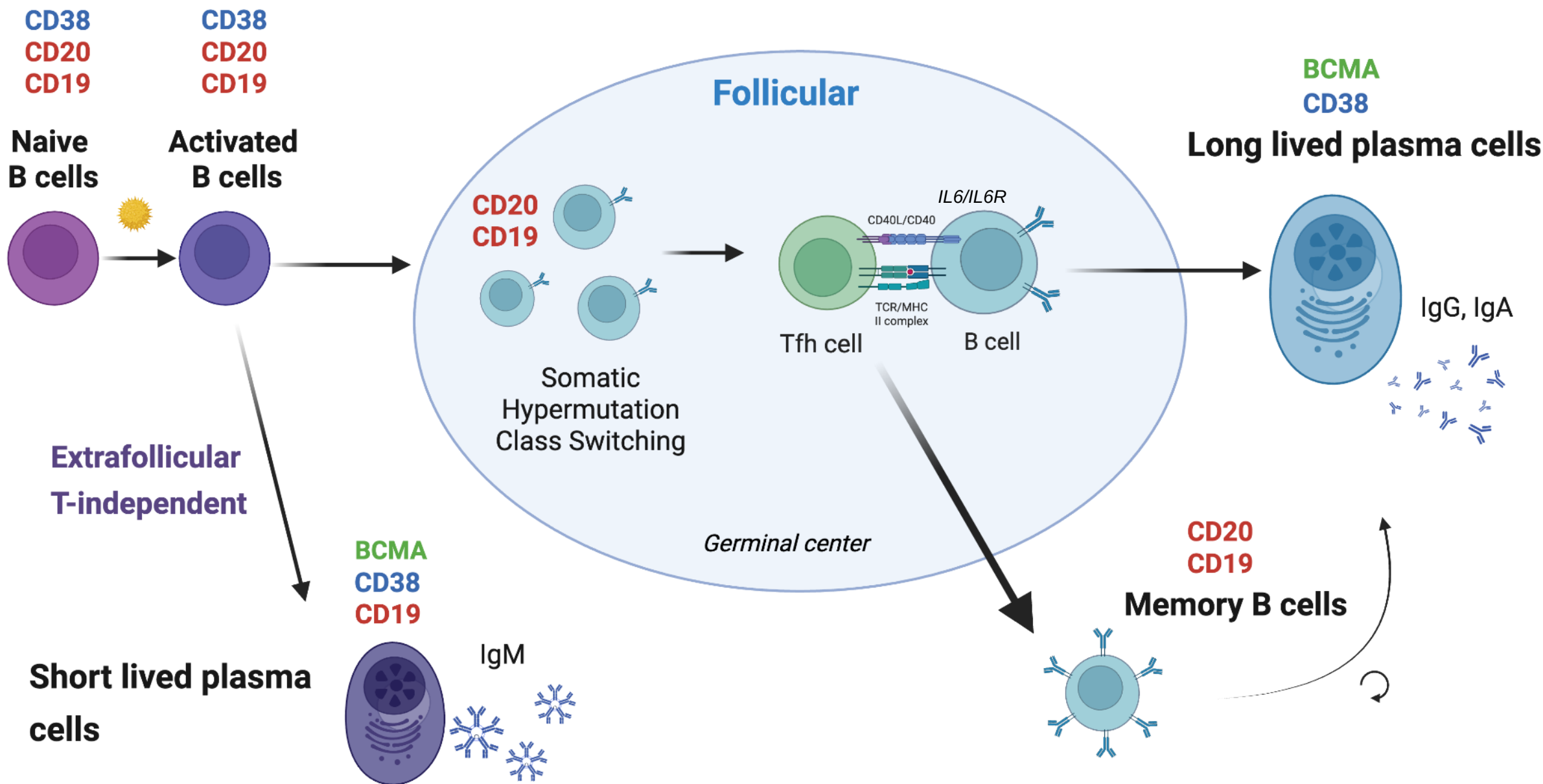








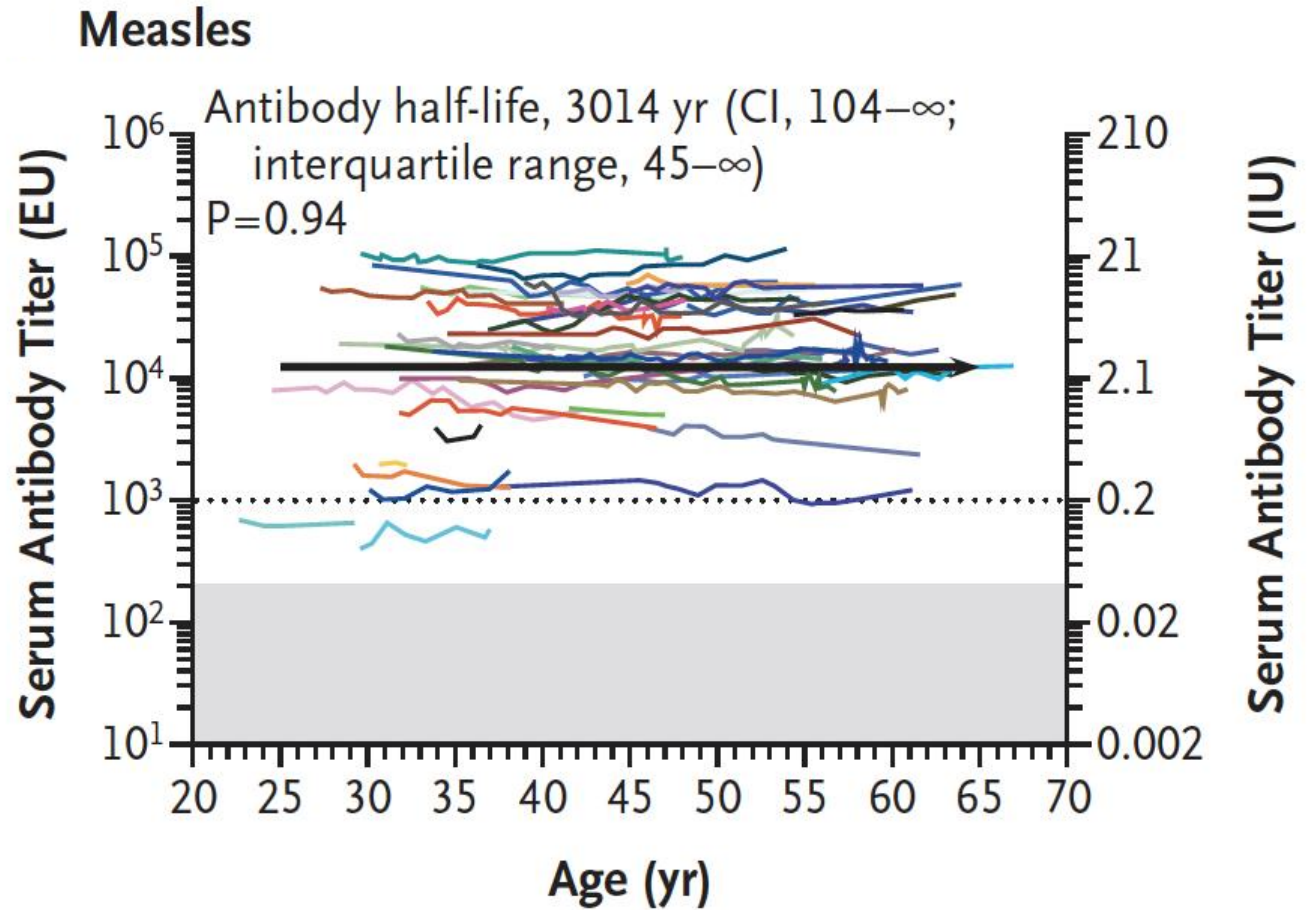
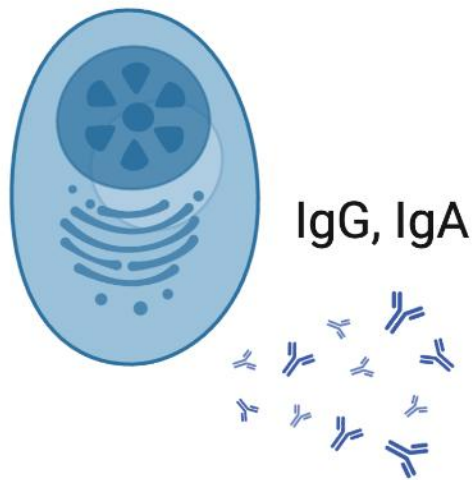






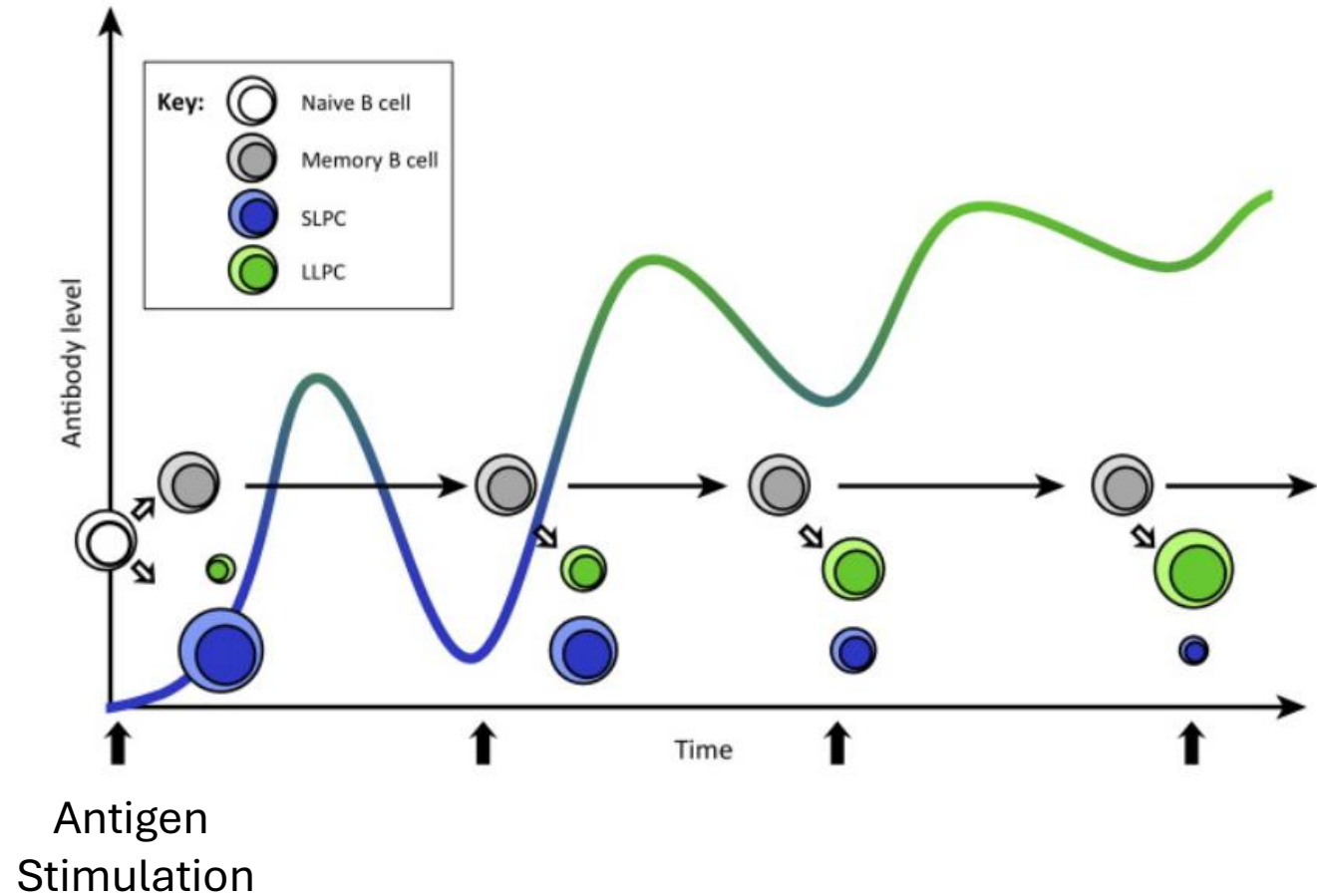
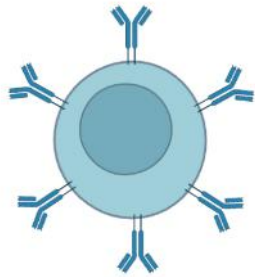
# Vaccine-induced antibody levels are stable overtime

## Long lived plasma cells

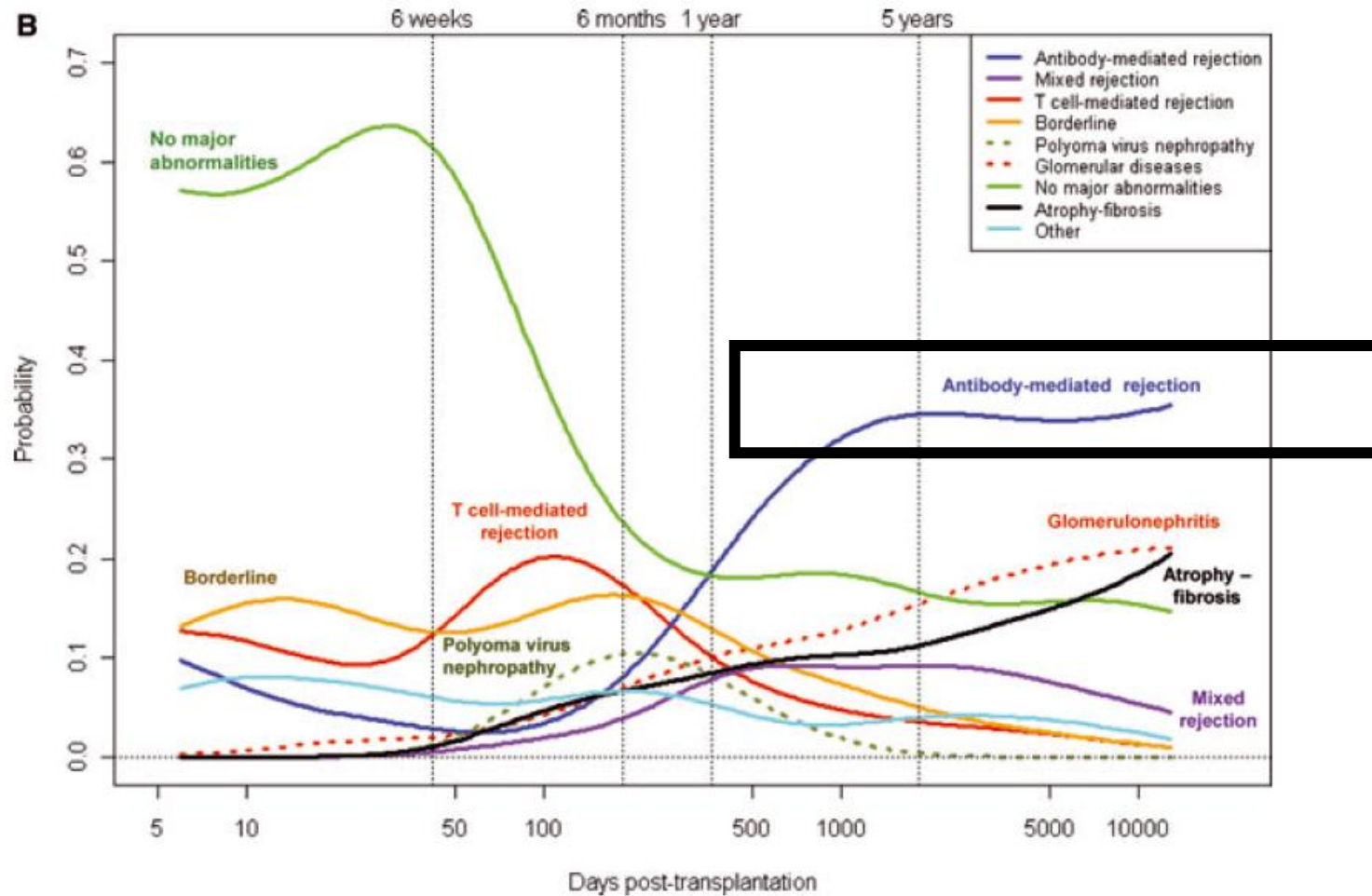


# Increasing antibody titers upon recall stimulation

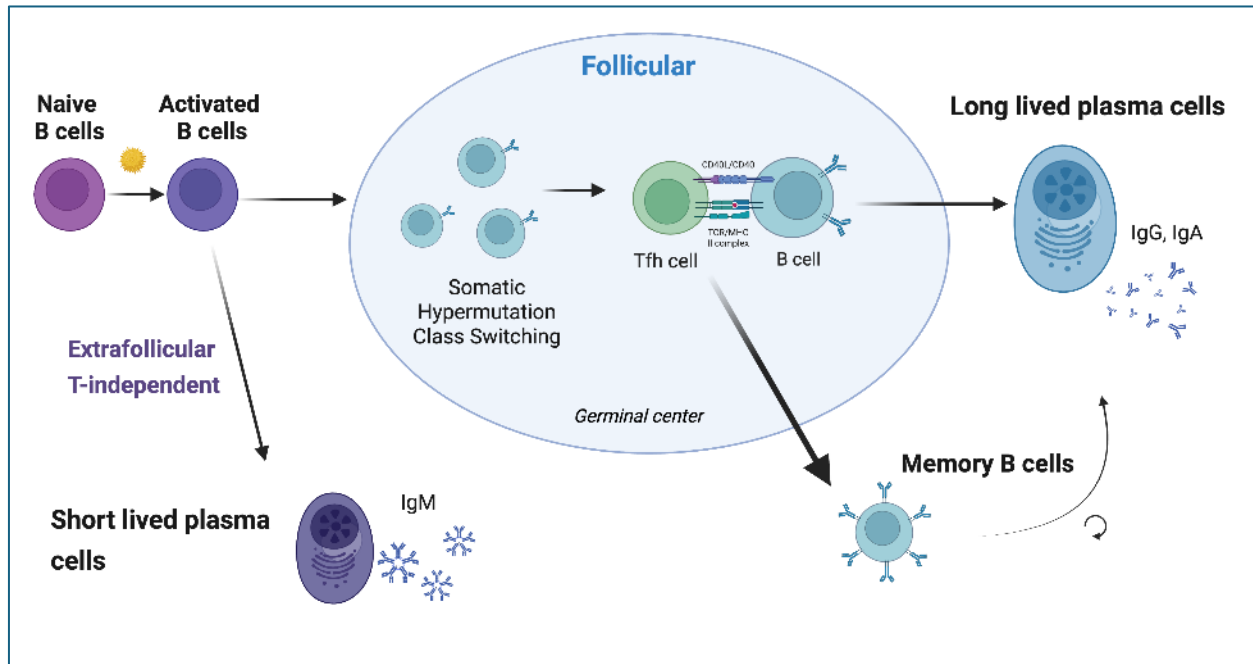
## Memory B cells



# Antibody-mediated rejection : main cause of late graft loss



# Plasma cell targeting in kidney transplantation



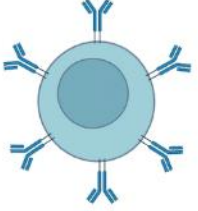
**HLA Desensitization**

**Antibody-mediated rejection**

**Antibody-mediated disease**

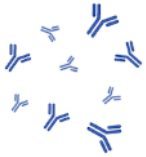
# HLA desensitization in transplantation: toolbox

B-cell



Ramos AJT 2007  
Vo NEJM 2008

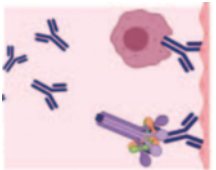
Plasma-cell



Montgomery  
Transplantation 2000  
Akalin CJASN 2008



Glitz AJT 2002  
Jordan JASN 2004



Complement

2000

2010

2020

2030

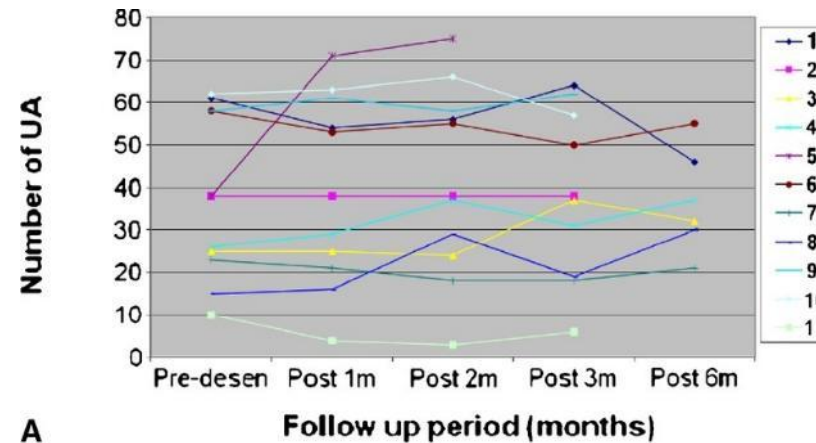


# Rituximab as a sole desensitization agent

IVIg: 2 g/kg at day 0 and 30

Rituximab: 375 mg/m<sup>2</sup> at day 15

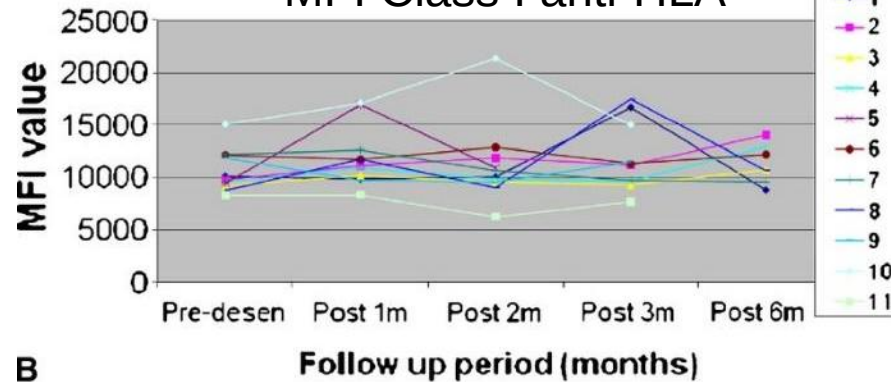
Unacceptable Antigens #



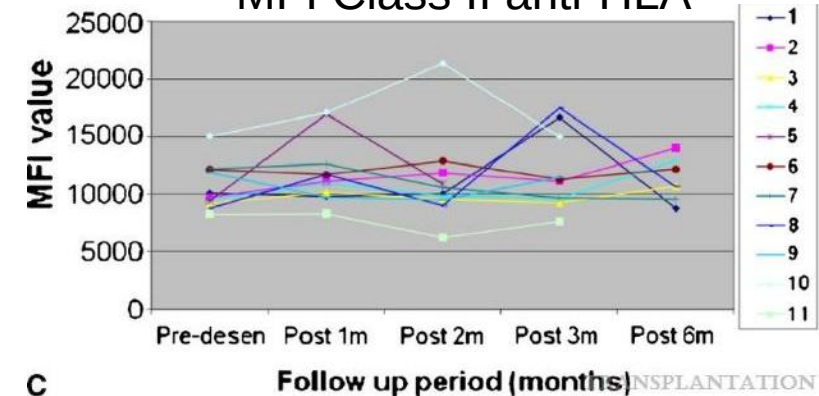
mean class I cPRA 97%  $\pm$  4% and  
class II cPRA of 86%  $\pm$  25%

Marfo K et al. Transplantation 2012

MFI Class I anti-HLA



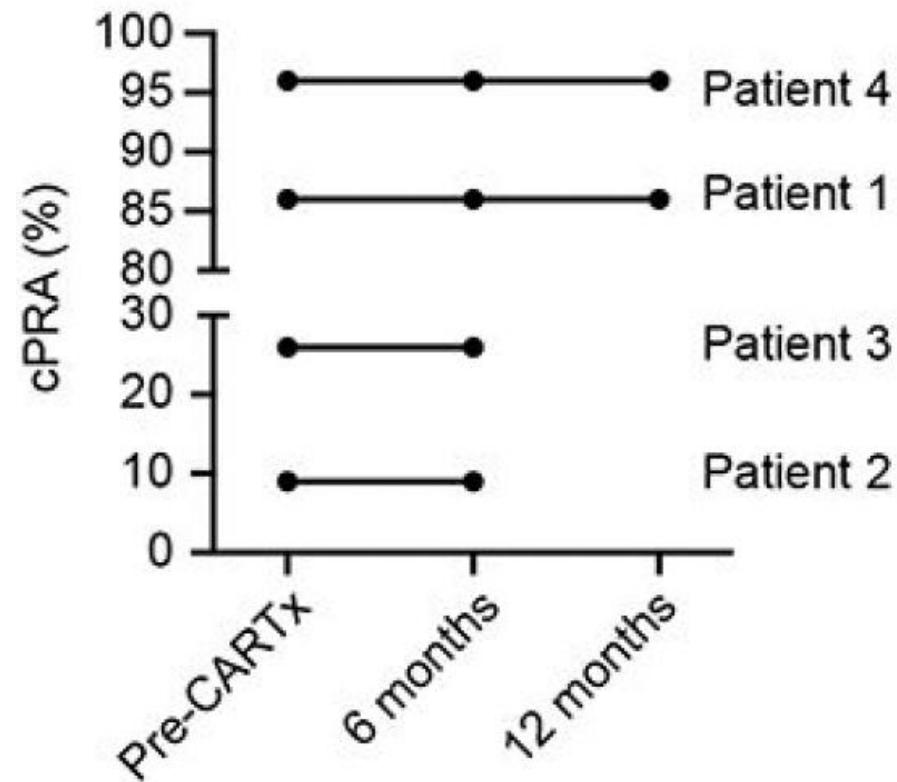
MFI Class II anti-HLA



Unmet need for HLA desensitization in highly sensitized patients

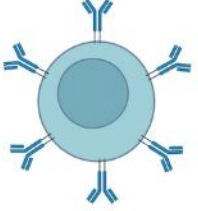


# CD19-targeted CAR T fails to decrease anti-HLA Ab levels



# HLA desensitization in transplantation: toolbox

B-cell



**Rituximab\***

Ramos AJT 2007  
Vo NEJM 2008

**Belimumab\***

Banham Lancet 2018  
Argawal Transp Immunol 2021

Plasma-cell



**Bortezomib\***

Perry AJT 2009  
Ejaz AJT 2013

**Tocilizumab\***

Vo Transplantation 2015

**Carfilzomib\***

Tremblay AJT 2020

**Plasma  
Exchange**

Montgomery  
Transplantation 2000  
Akalin CJASN 2008

**IVIG**

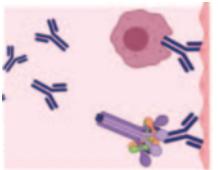
Glitz AJT 2002  
Jordan JASN 2004

**Eculizumab\***

Stegall AJT 2011  
Cornell AJT 2015

**C1-INH\***

Vo Transplantation 2015



Complement

2000

2010

2020

2030



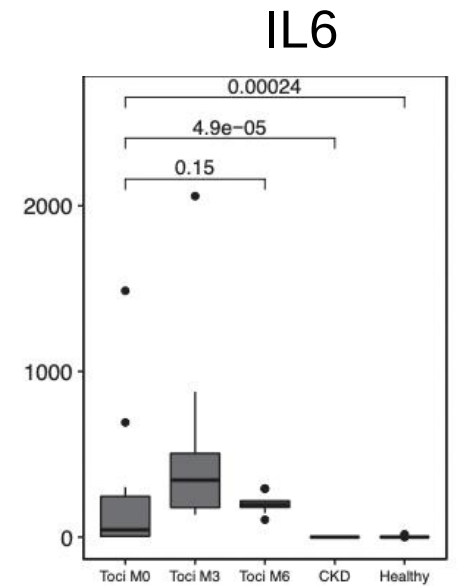
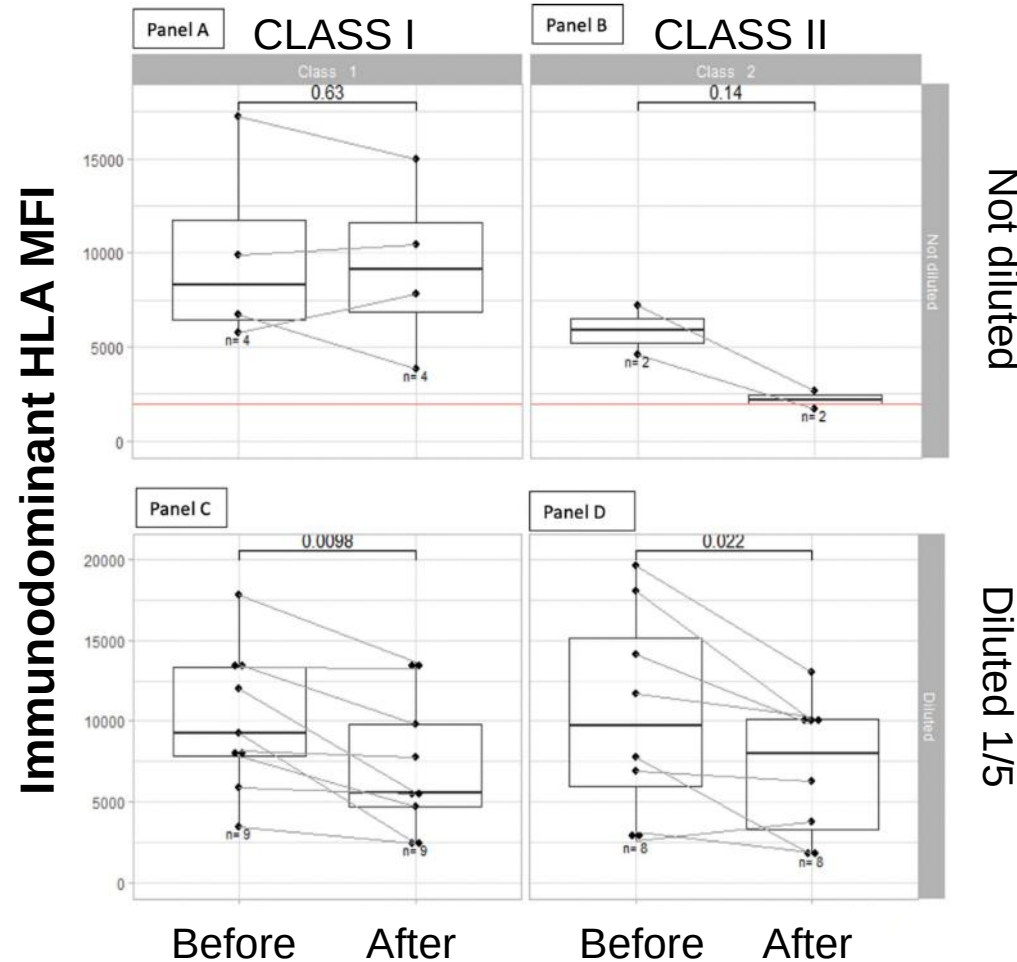


# IL6 pathway : disappointing results of anti-IL6R in monotherapy

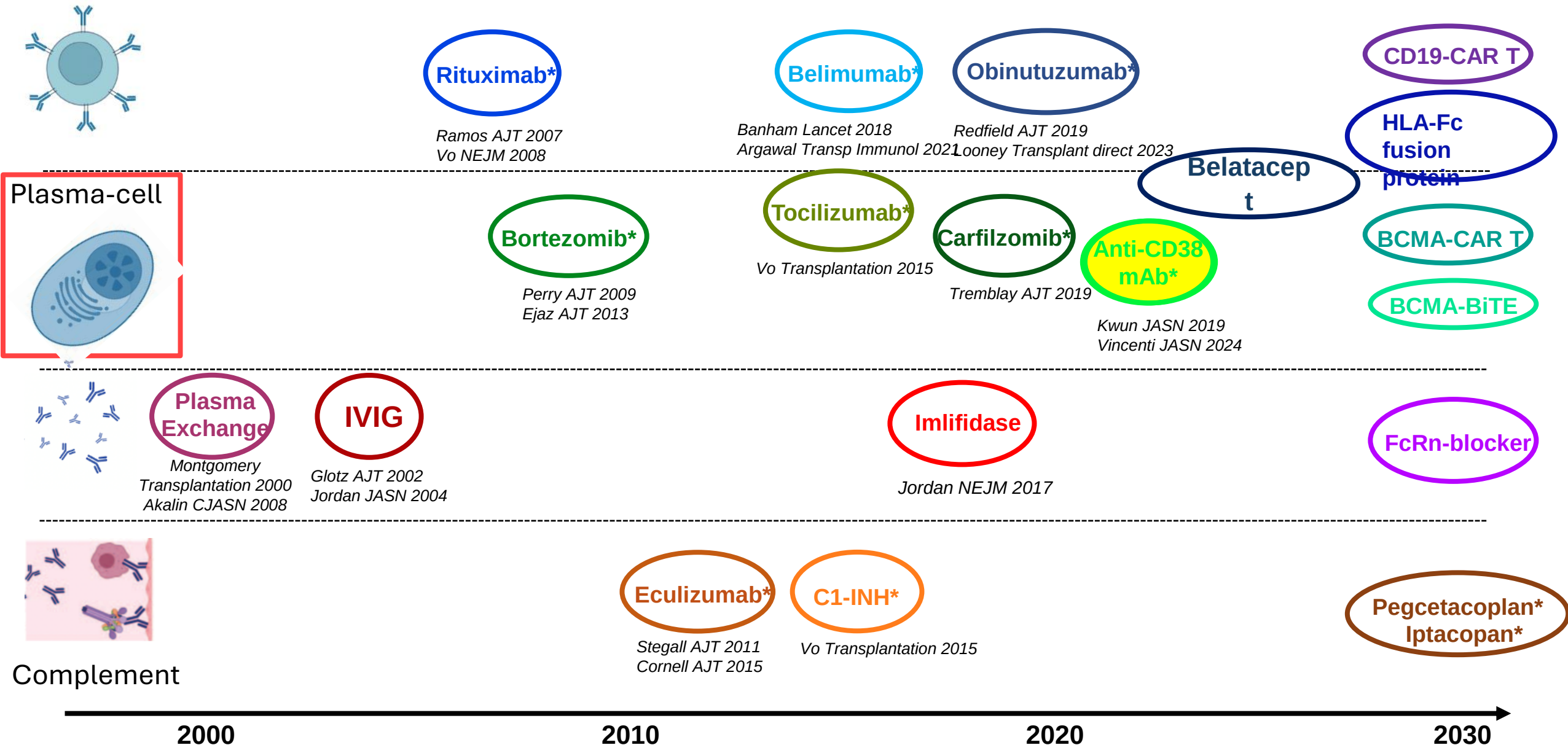
Tocilizumab 8 mg/kg IV monthly, N=13

Decrease of plasmablasts  
Increase of naive B cells

Marginal effect on anti-HLA MFI



# HLA desensitization in transplantation: toolbox



# Mechanisms of action of the anti-CD38 antibodies

CD38 : multifonctionnal receptor and enzyme

**Daratumumab** : IgG1 kappa

**Isatuximab** : IgG1 kappa

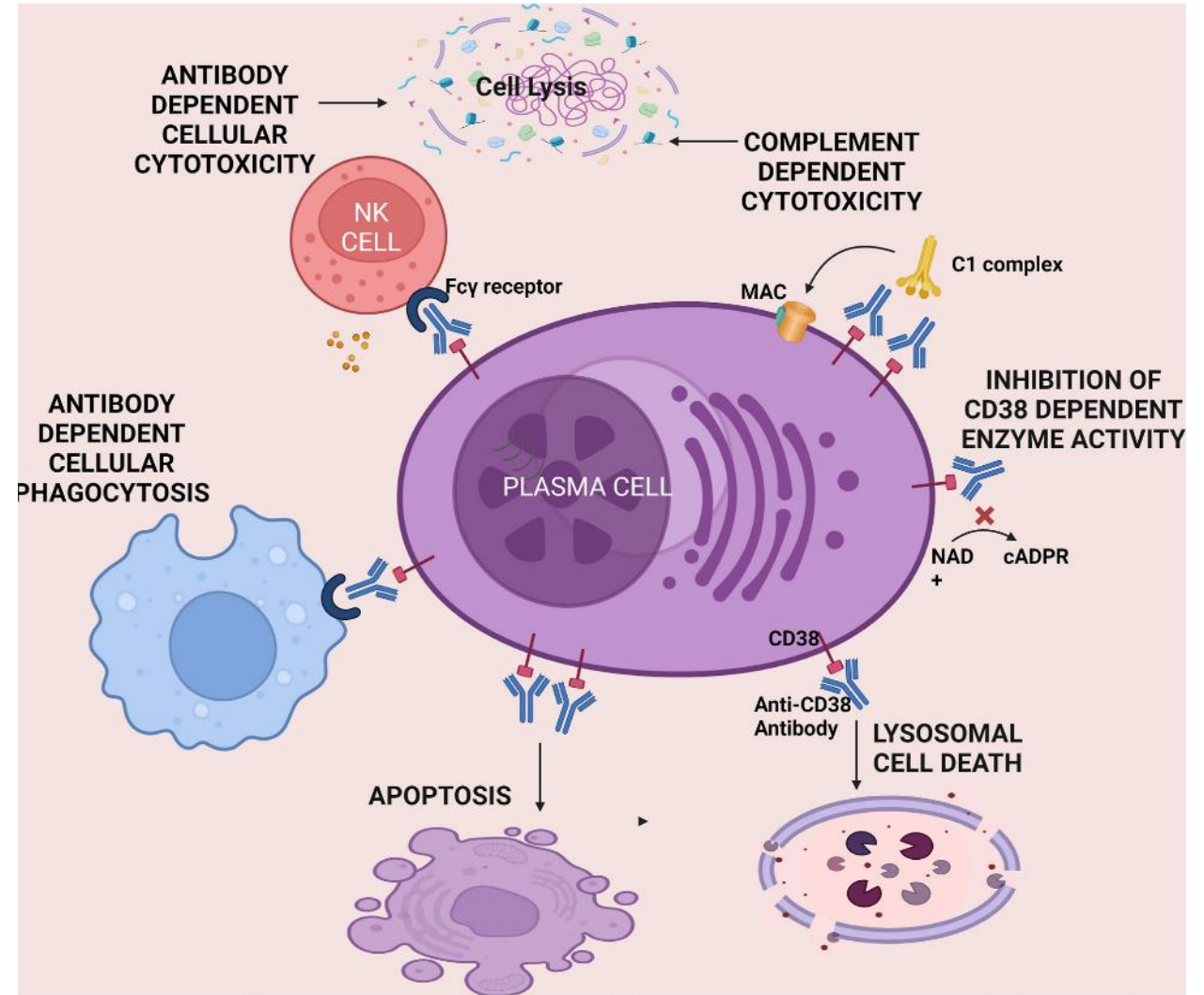
=> direct apoptosis

=> better inhibitor of CD38 activity

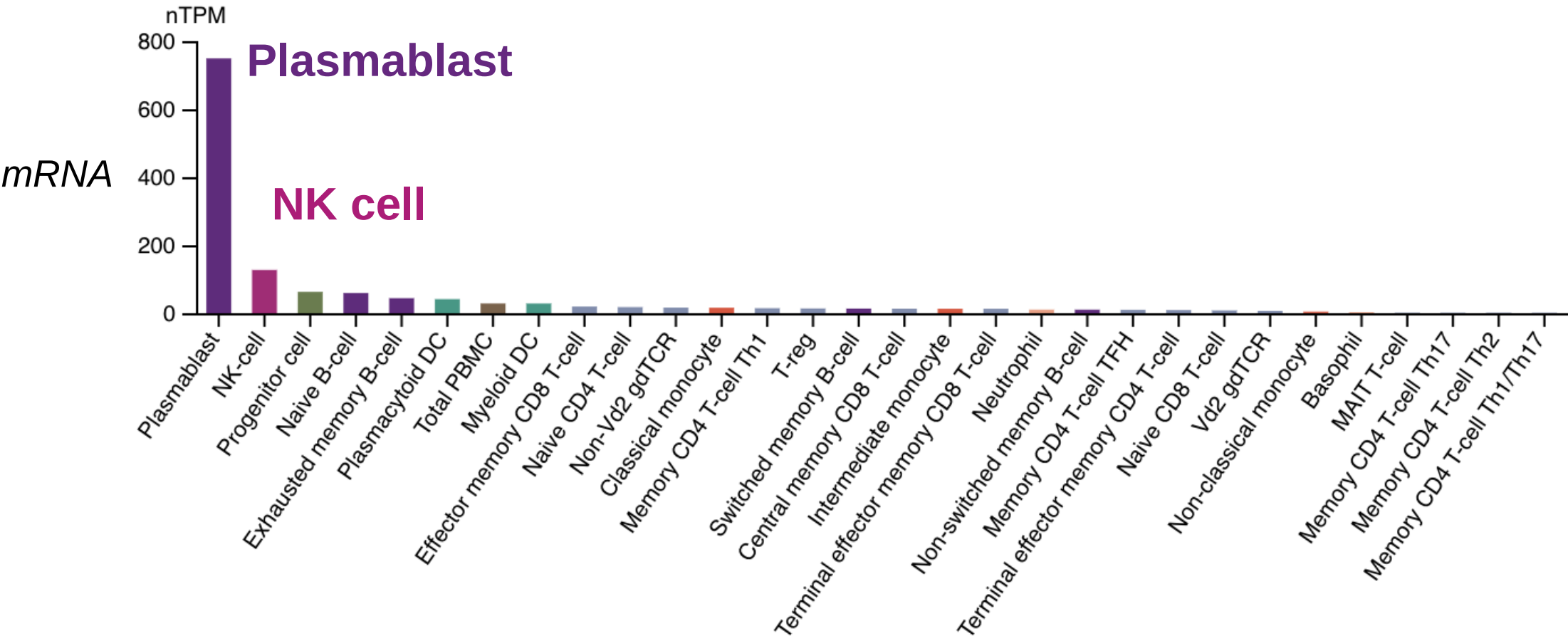
**Felzartamab** : IgG1 lambda

=> no complement dependent cytotoxicity

**Mezagitamab** : IgG1 lambda

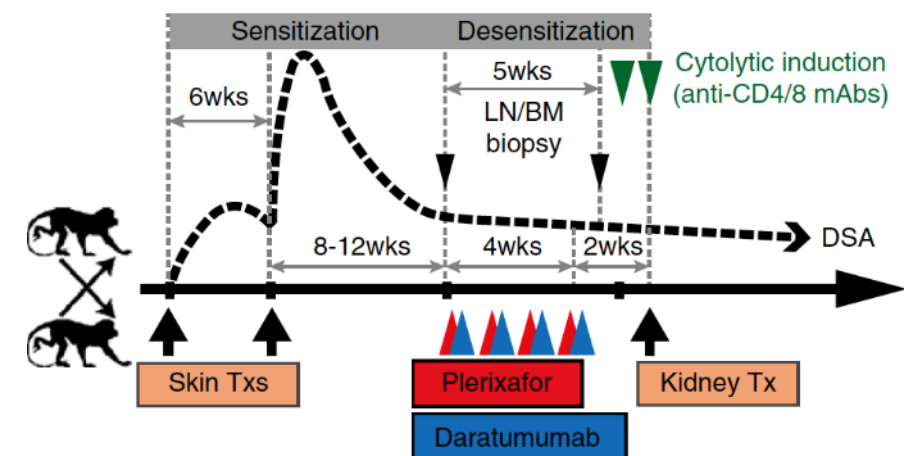


# CD38 expression



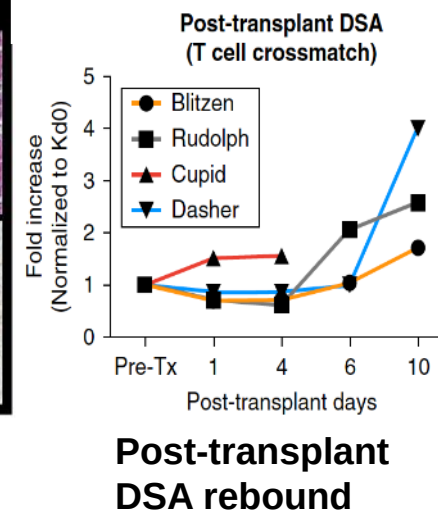
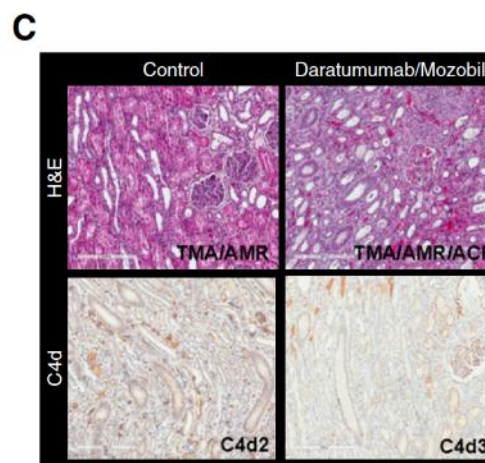
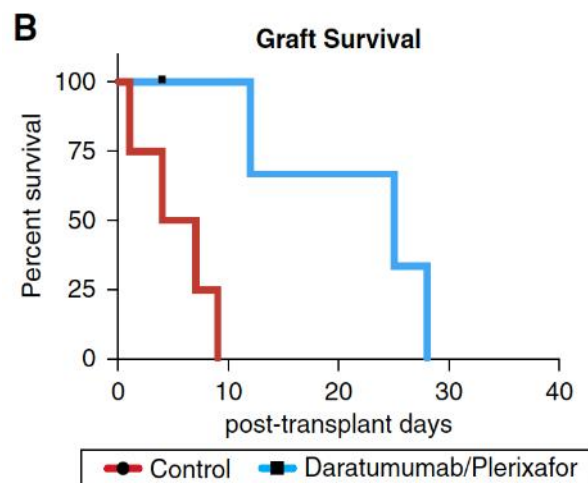
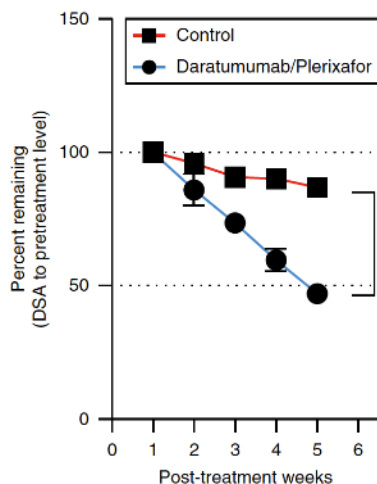
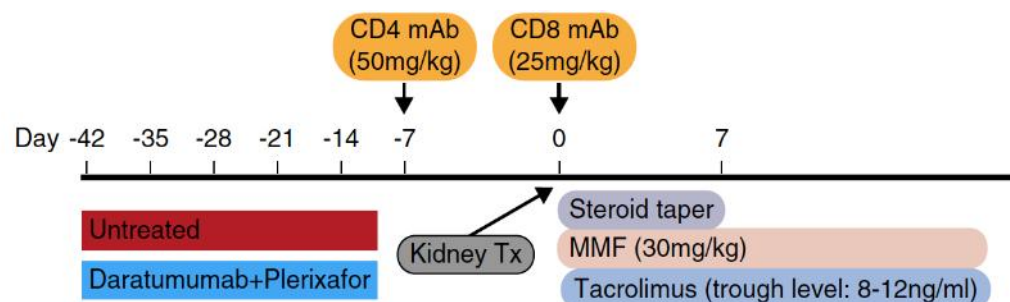


# Anti-CD38 Ab: daratumumab



16 mg/kg daratumumab  
0.24 mg/kg plerixafor

8-12 weeks after the second skin transplantation,  
Once a week for 1 month

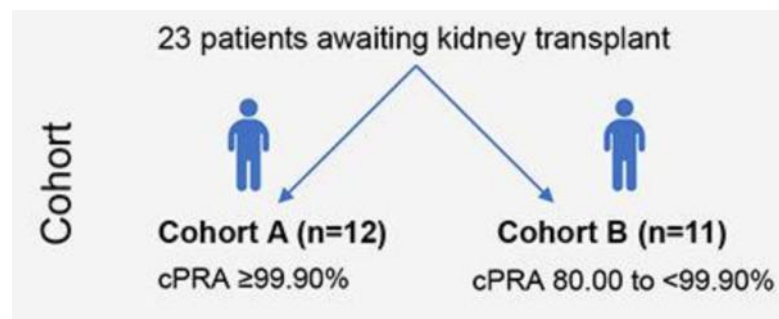


**Daratumumab depletes efficiently plasmablasts,  
reduces pre-Tx DSA, and delays rejection**

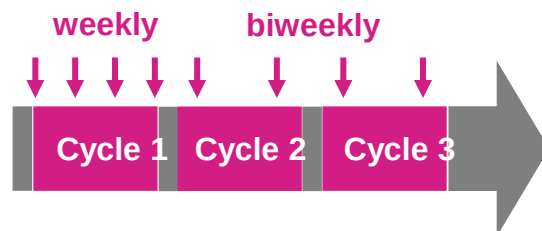




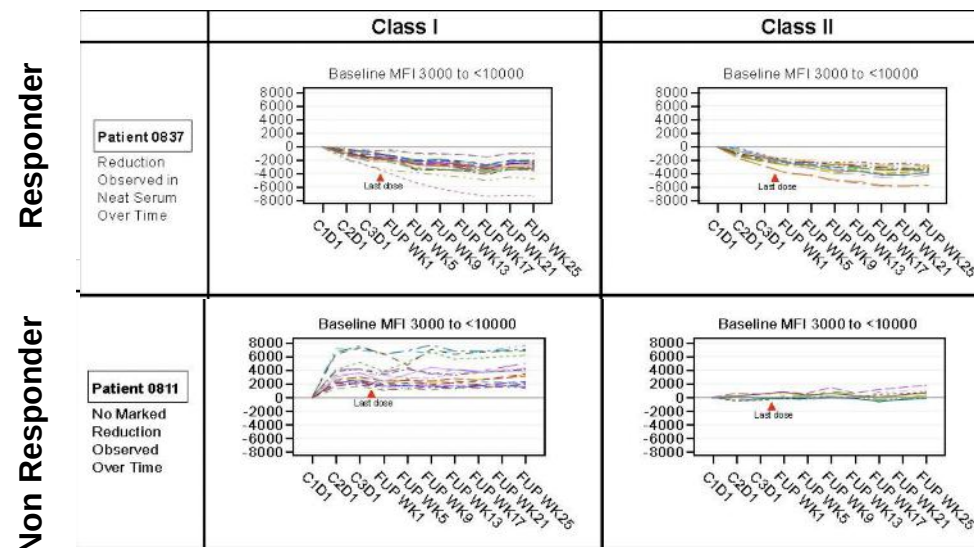
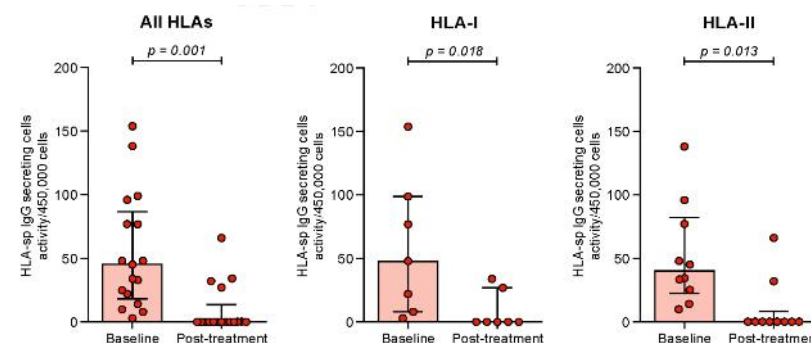
# Anti-CD38 Ab: isatuximab (Phase I/II CT)



**Isatuximab (10 mg/kg)  
schedule**



## Bone-marrow HLA-sp plasma cells



**Only 39% of patients had reached target cPRA (i.e. resulting in at least doubling the theoretical likelihood of finding a compatible donor).**

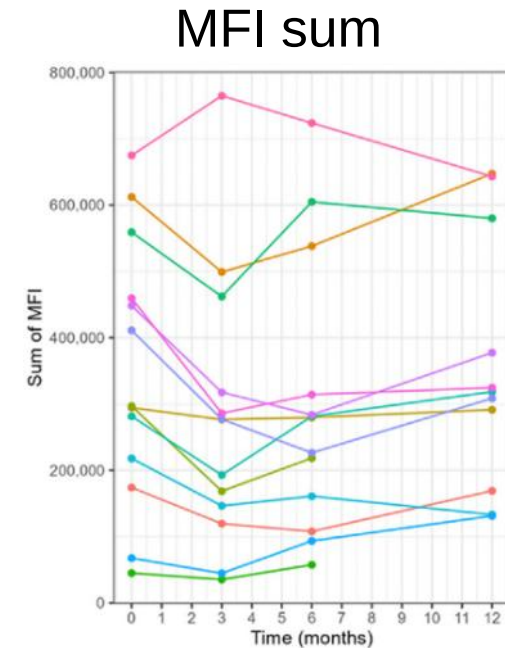
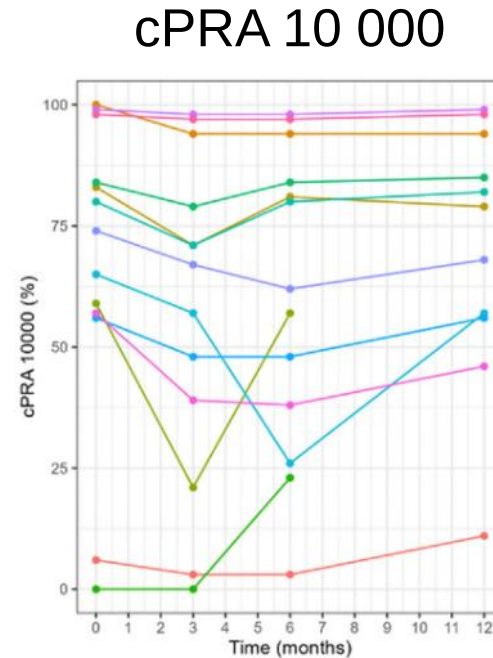


# Anti-CD38 Ab: daratumumab (Phase I/II CT)

## DARDAR study

14 Patients with cPRA >95%

8 weekly infusions of  
16 mg/kg of daratumumab

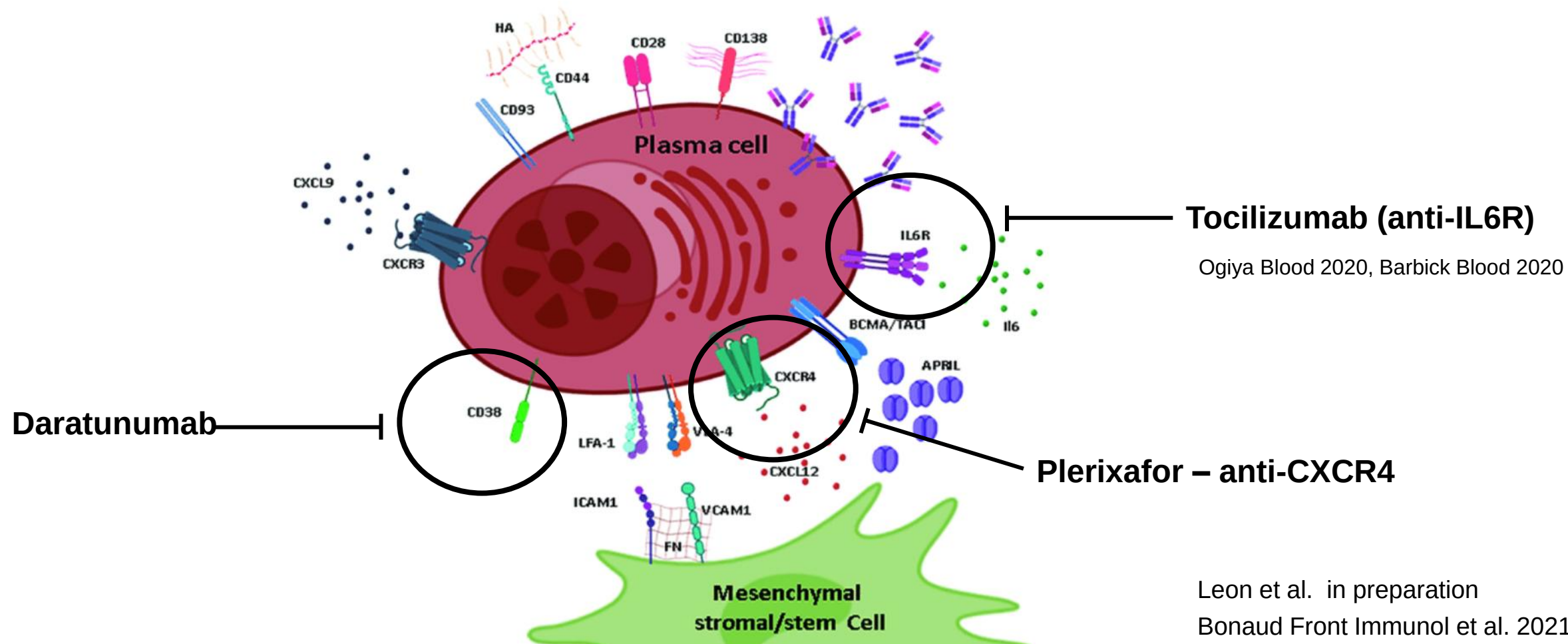


**Rapid but transient and mild reduction in anti-HLA**



# Multi-hit plasma cell-targeted therapy

2 cycles of daratumumab-based regimen (a total of 8 doses)

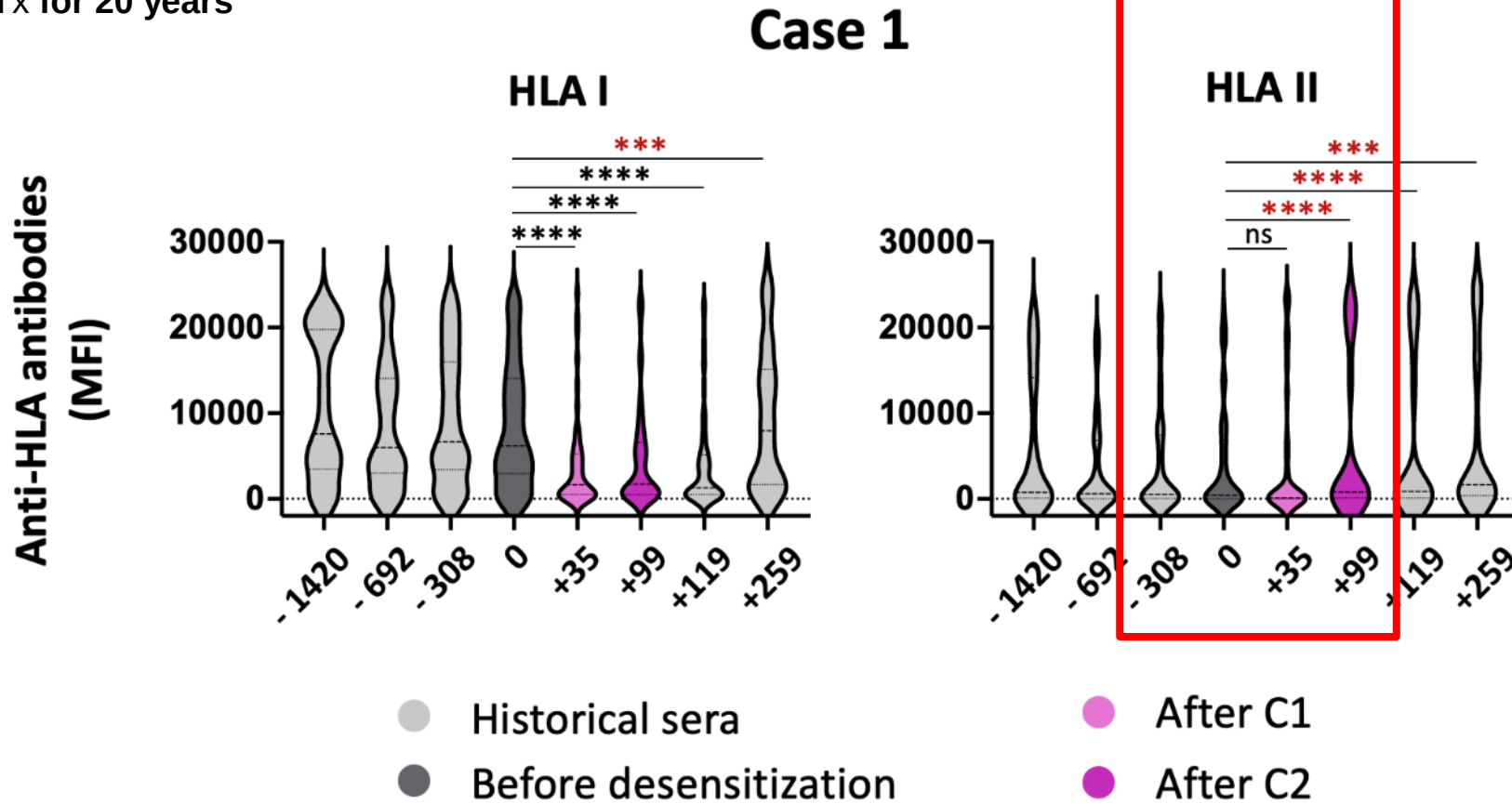






# Multi-hit plasma cell-targeted therapy

37 years old  
Blood type O, cPRA: 99.7%  
Awaiting a 2<sup>st</sup> KTx for 20 years

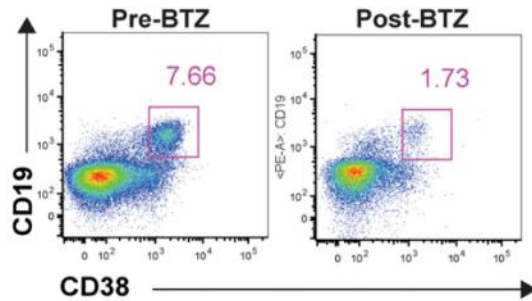
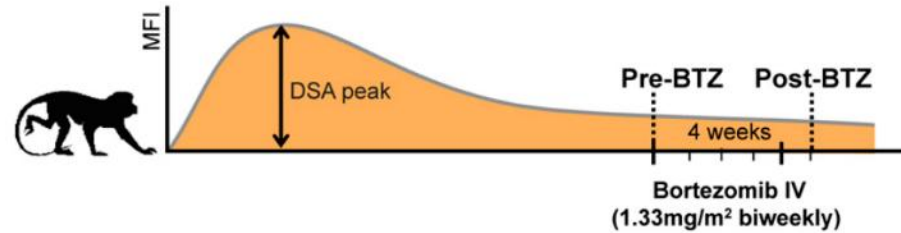


**How to explain the rebound and how to face it ?**

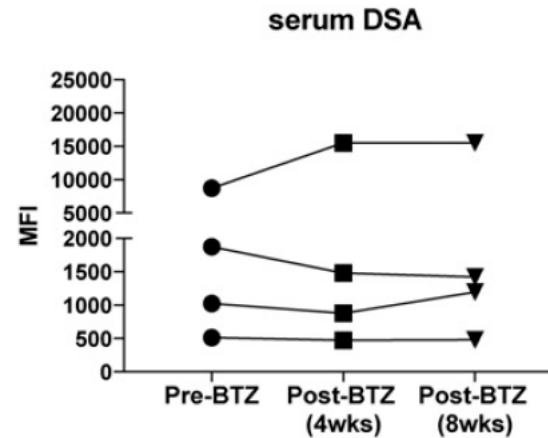
# Memory B cells can promptly refuel PC compartment following depletion



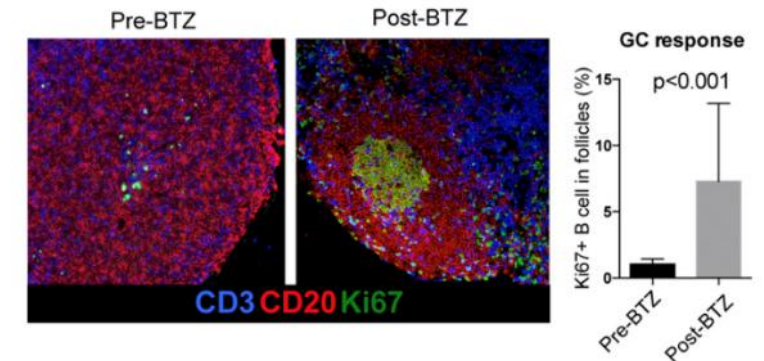
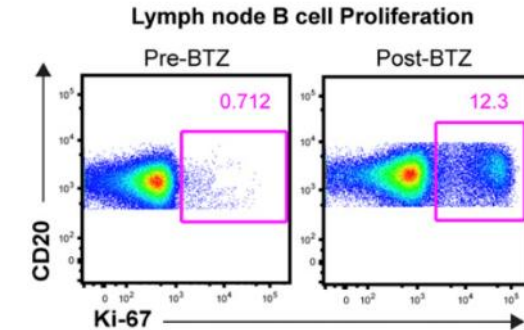
Bortezomib



Bone marrow CD20- IgD- CD19+ CD38+ and IgG-secreting cells were significantly reduced after bortezomib



However, DSA levels did not decrease

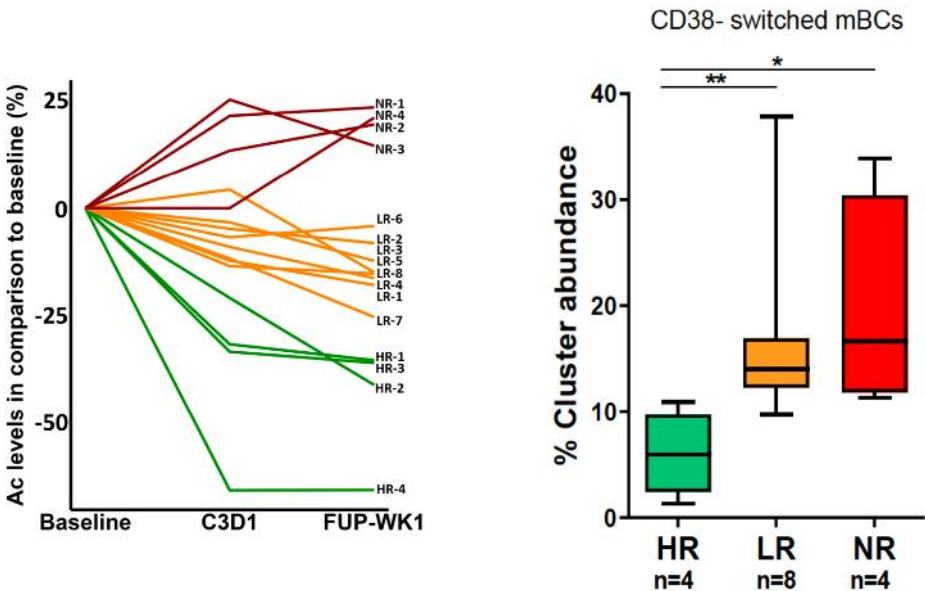


Increased B cell activation and GC response following PC depletion.

# Memory B cells CD38<sup>-</sup> pool is increased in anti-CD38 non-responders

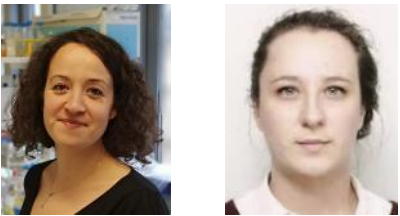
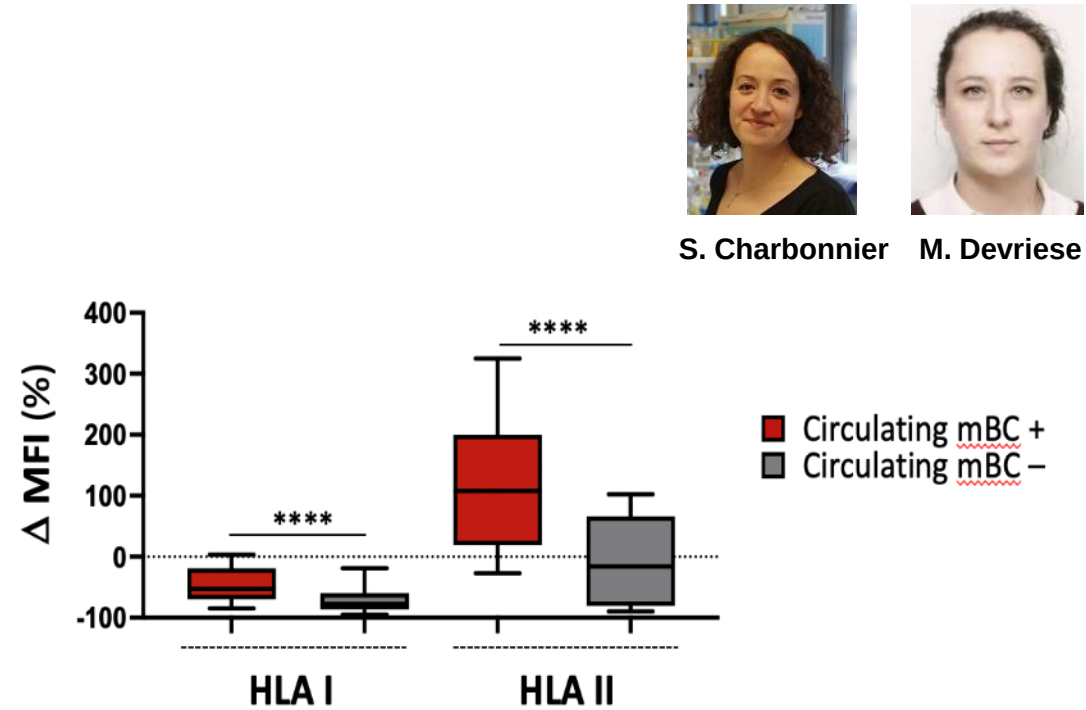


Anti-CD38 Ab: Isatuximab



Pretreatment abundance of circulating mBC phenotypes, especially CD38<sup>neg</sup> class-switch mBCs, distinguished between high and low responders

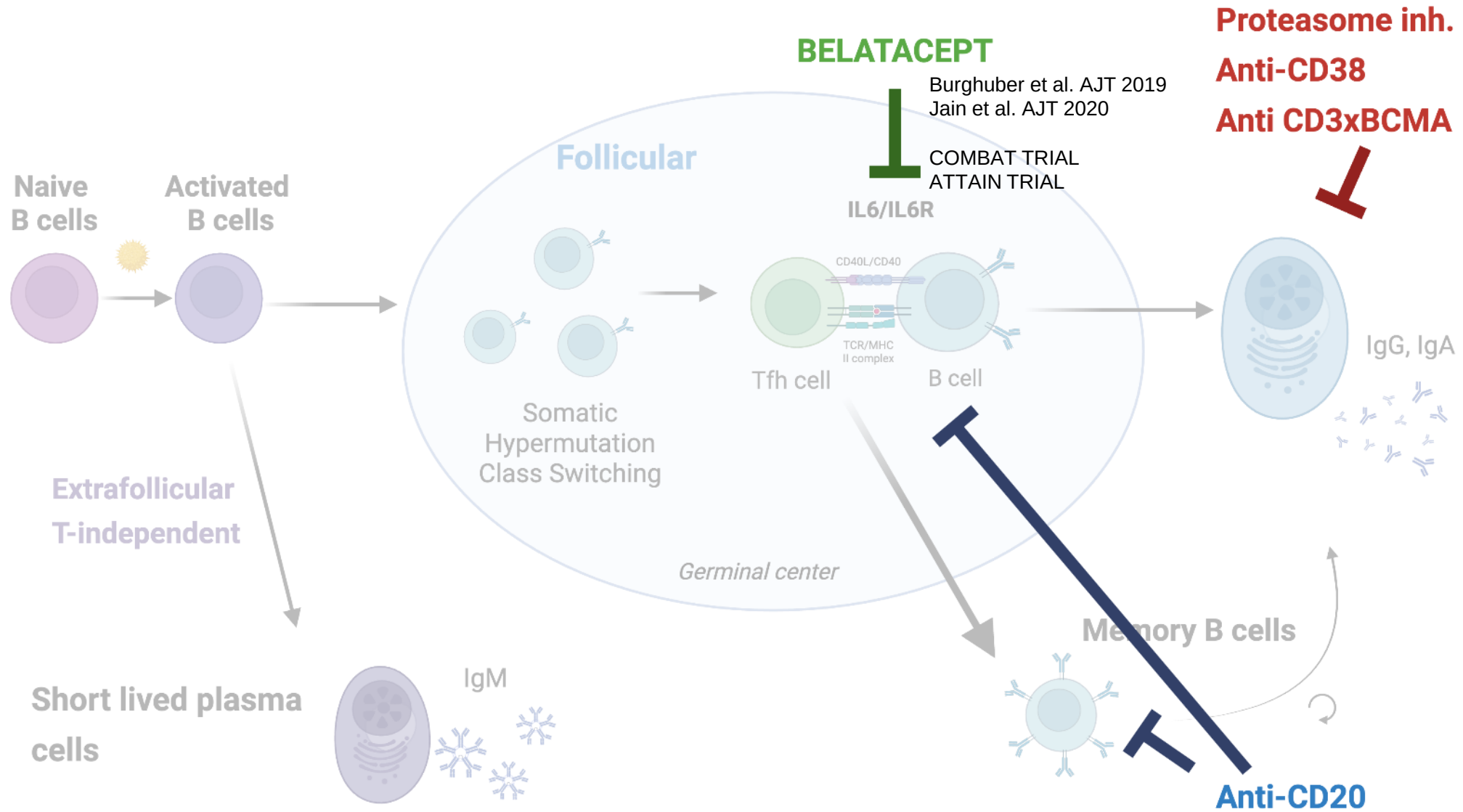
Anti-CD38 Ab: Daratumumab



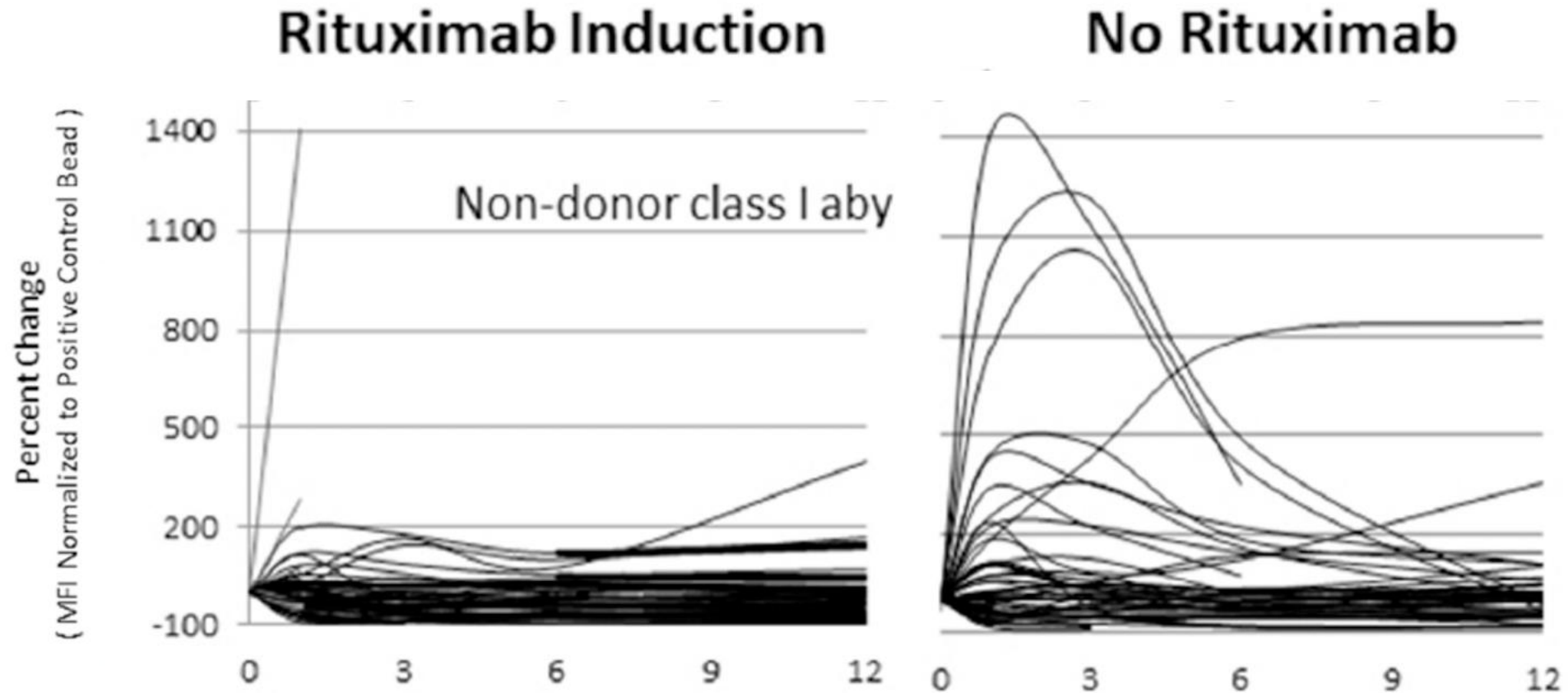
S. Charbonnier M. Devriese

The presence of memory B cells is associated with a resistance to desensitization

# Combination of plasma cell and B cell targeted therapies



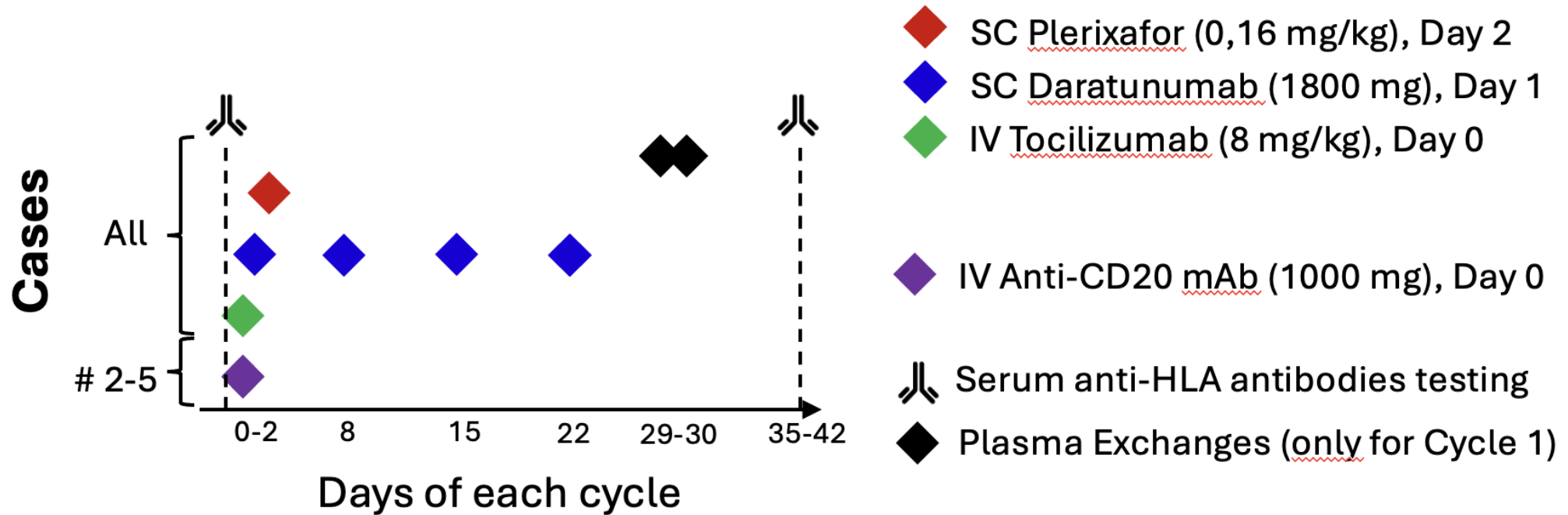
# Rituximab induction and HLA Ab rebound



Rituximab induction reduced the incidence and magnitude of HLA Ab rebound, but did not impact DSA elimination

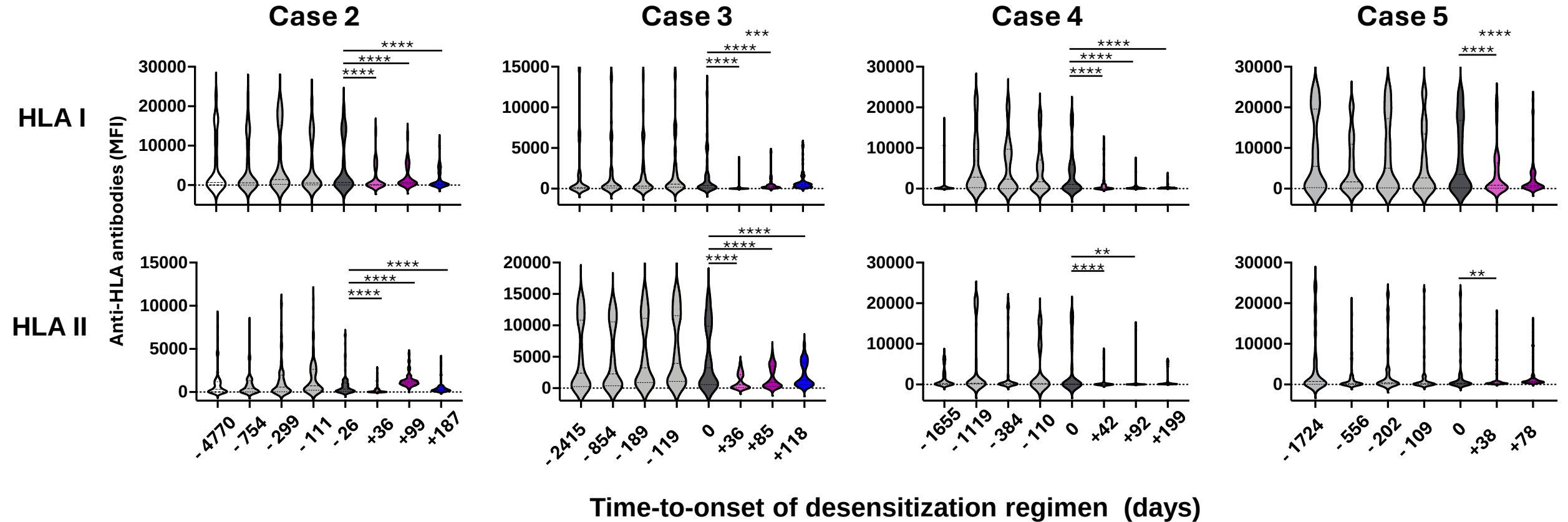
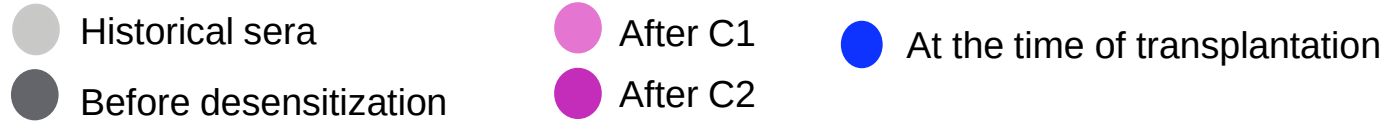
# Dual targeting of B and plasma cells : desensitization protocol

2 cycles of daratumumab-based regimen (a total of 8 doses)  
x 2 injections d'anti-CD20



# Significant decrease in anti-HLA antibody levels

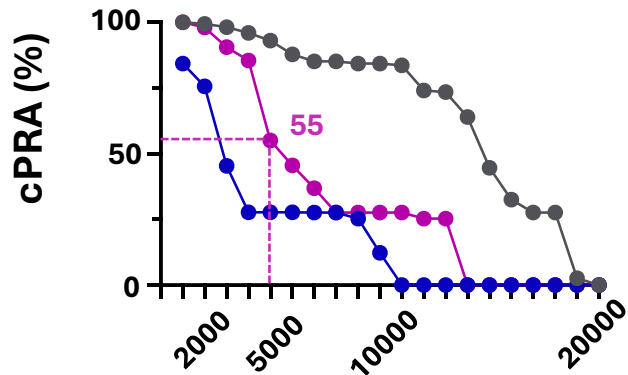
cPRA > 98%



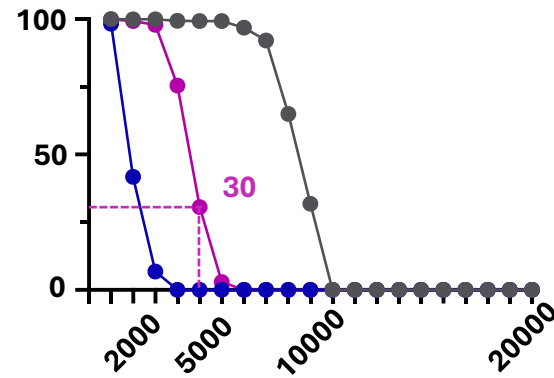


# Increased access to kidney transplantation

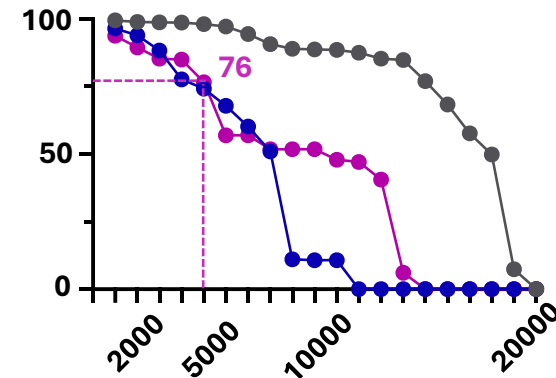
Case 2



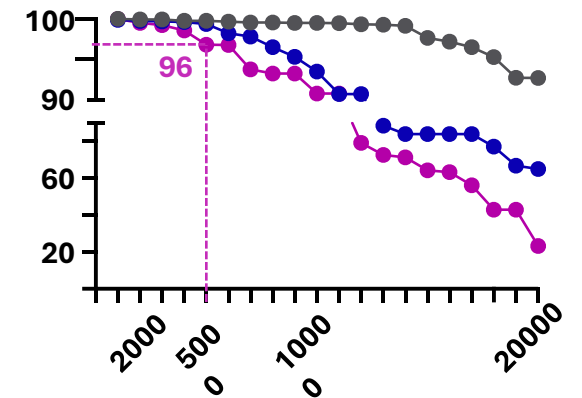
Case 3



Case 4



Case 5



● Baseline, neat    ● Baseline, x10 diluted    ● Post-tt, neat

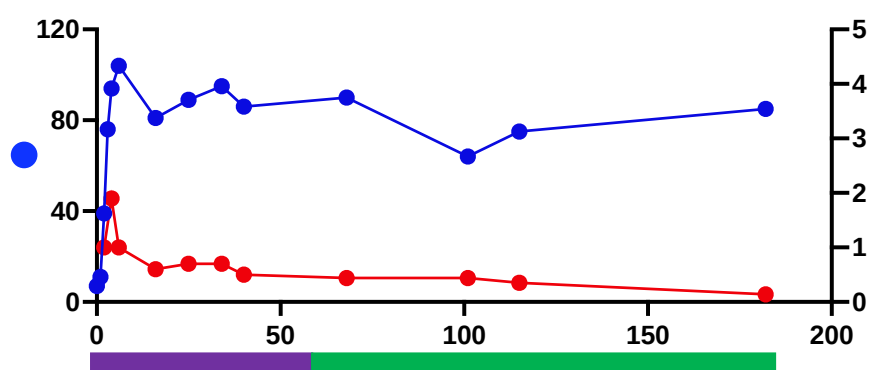
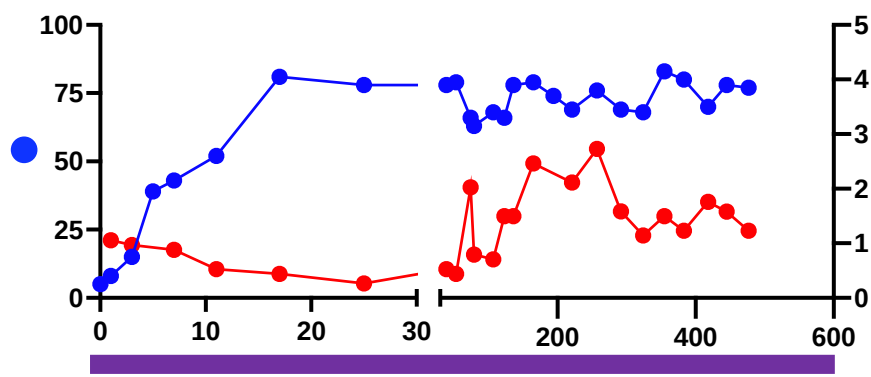
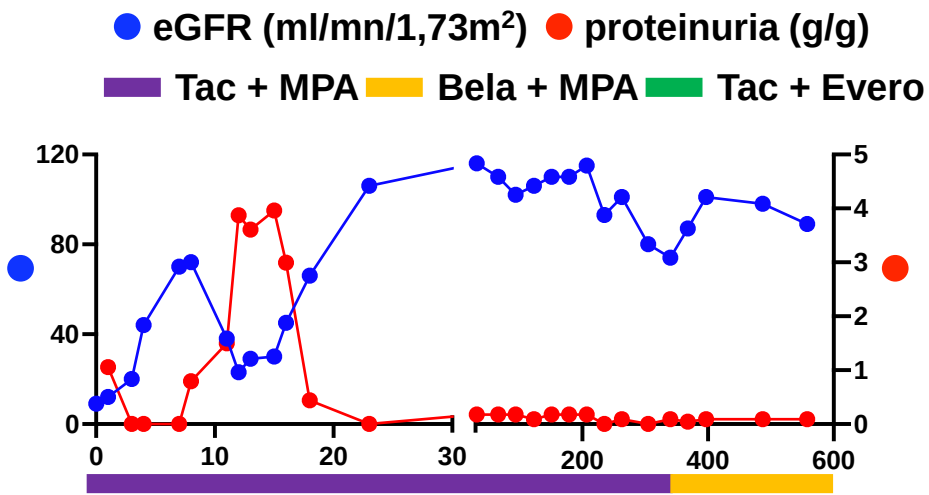
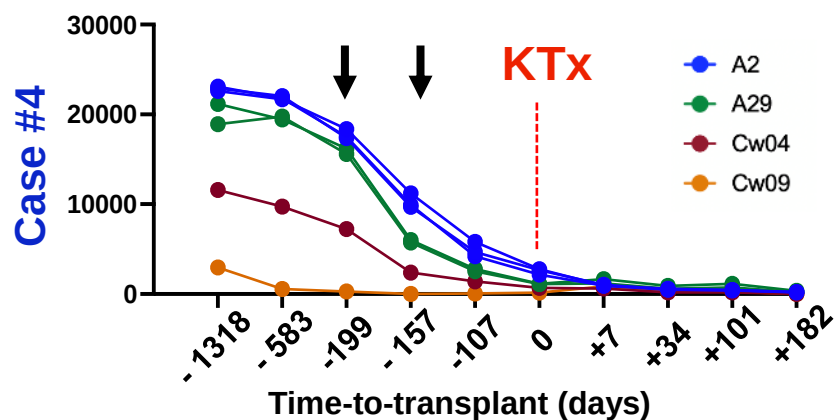
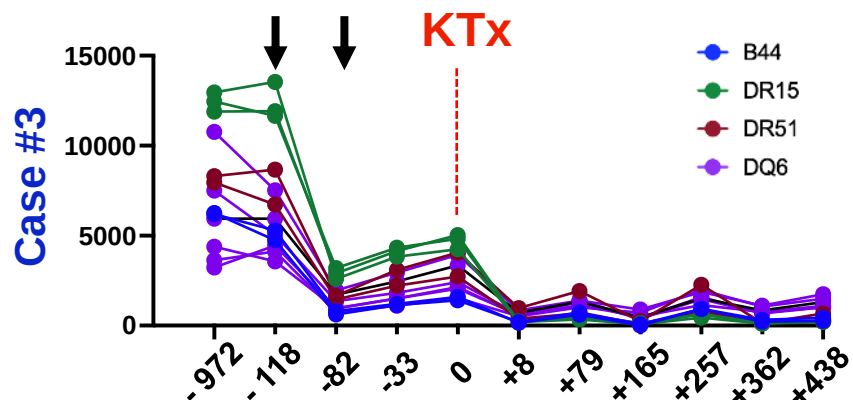
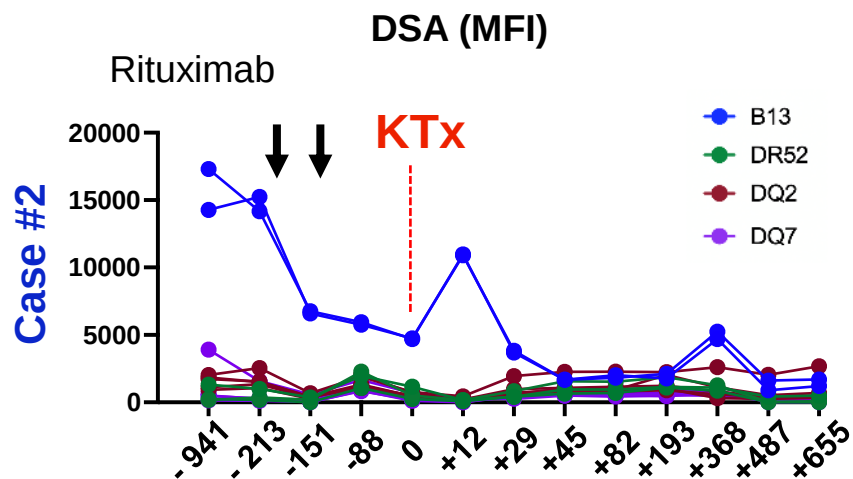
This protocol allows a decrease of  $\text{cPRA}_{5000}$  similar to a 1:10 dilution



17 years

12 years

8 years

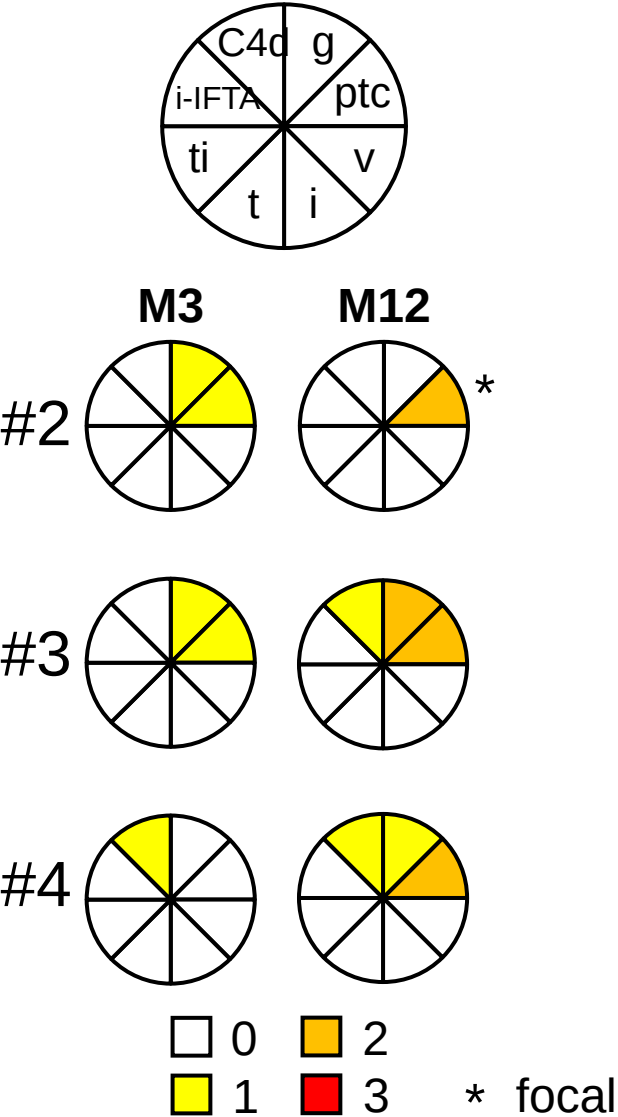


3 months

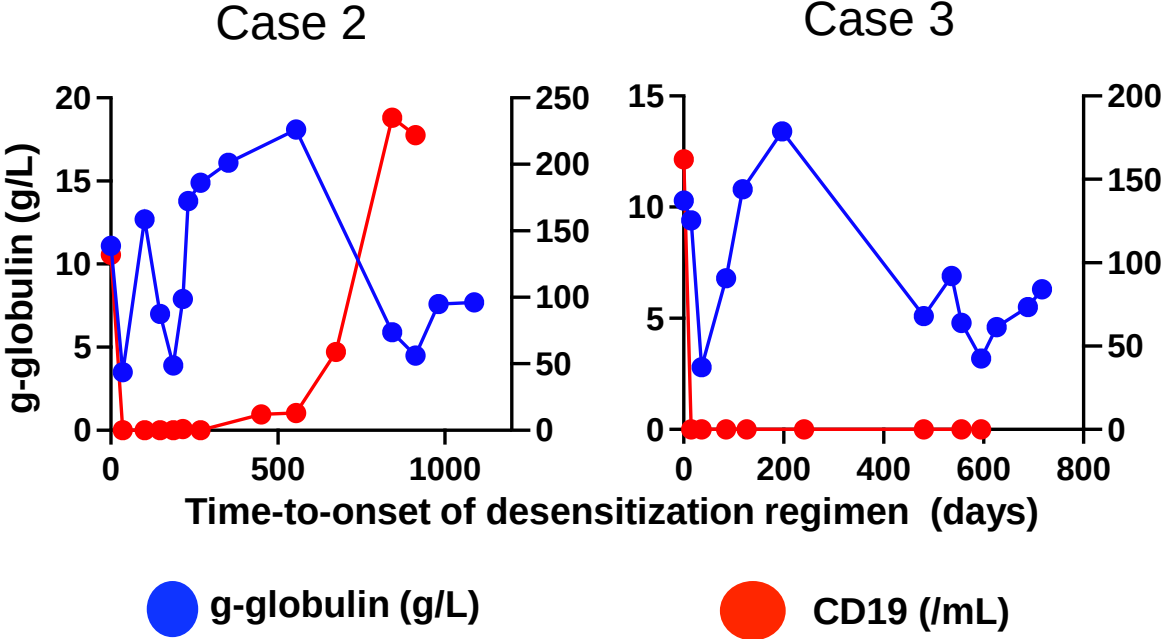
1 month

3 months

# Follow-up



Presence of humoral lesions at M12

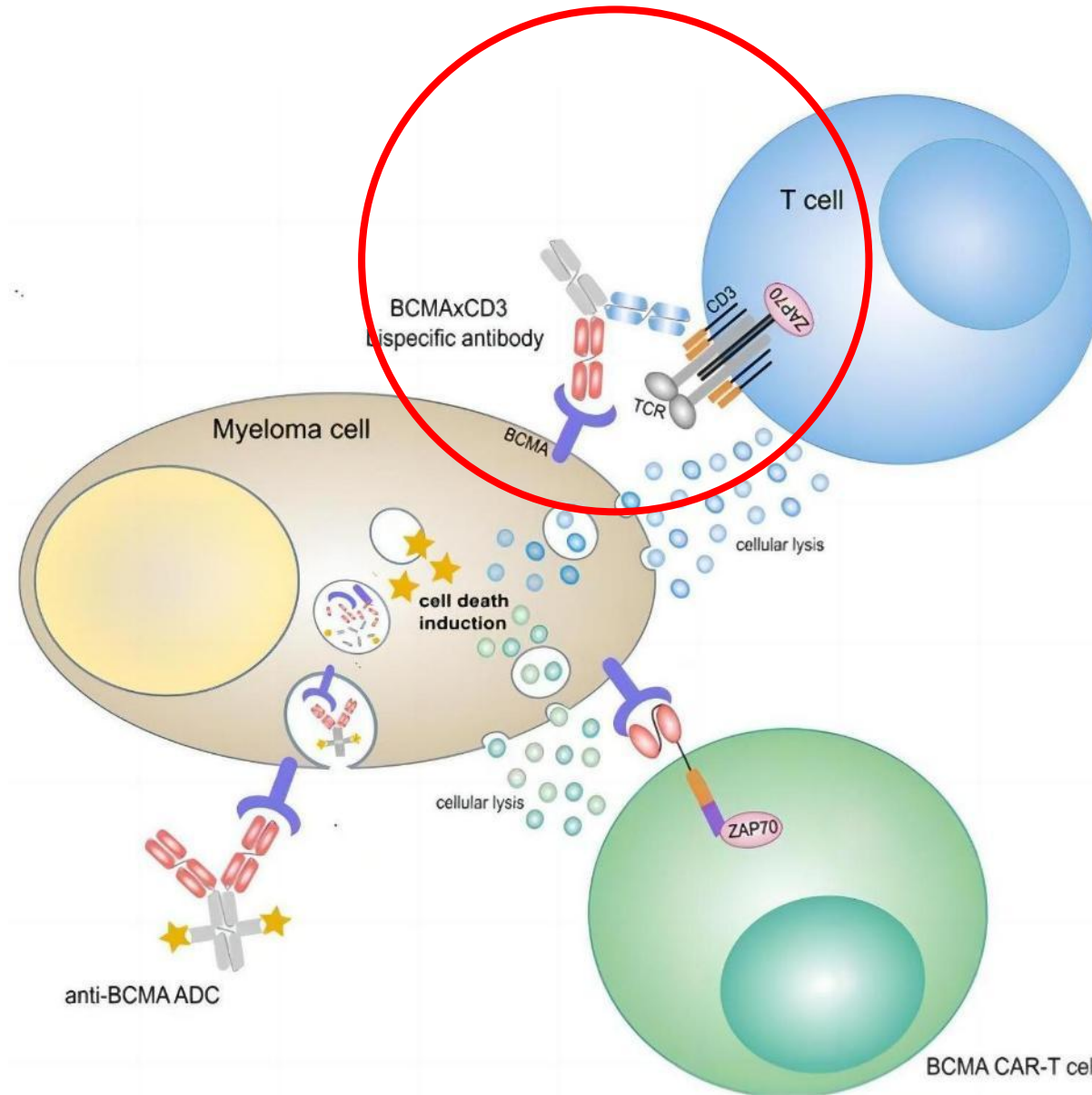


Persistant hypogammaglobulinemia

# **Combination of plasma cell and B cell targeted therapies**

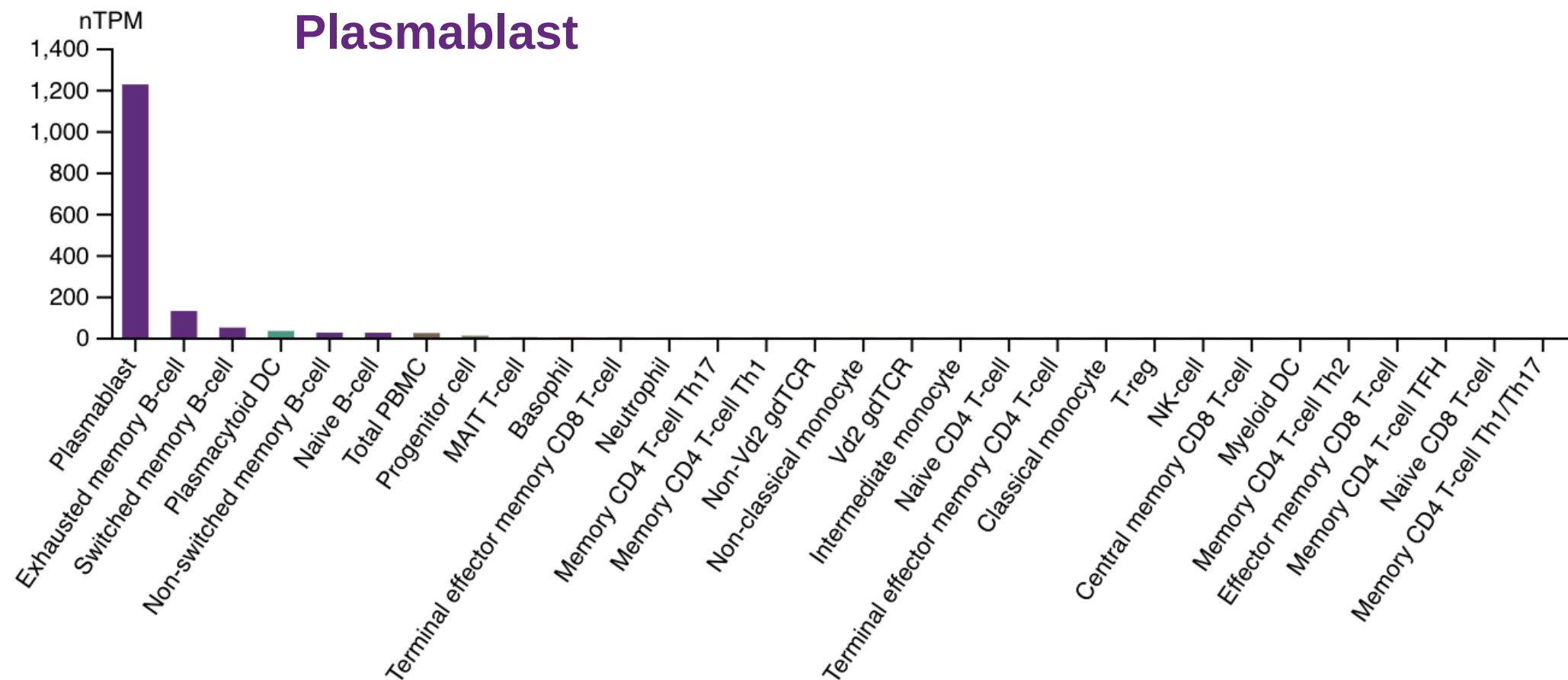
**Future directions**

# BCMA-targeted therapy



Elranatamab

# BCMA expression



# Dual strategy combining CD3/BCMA bispecific and obinutuzumab



37 years old  
Blood type O, **cPRA: 99.7%**  
Awaiting a 2<sup>st</sup> KTx for 20 years

Obinutuzumab  
1000 mg



Elranatamab



12 mg



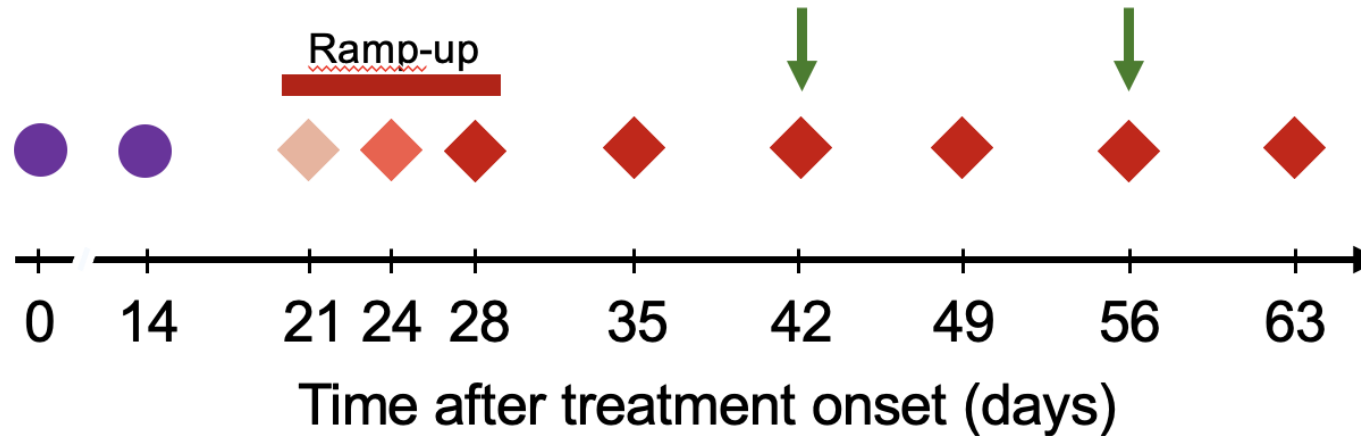
32 mg



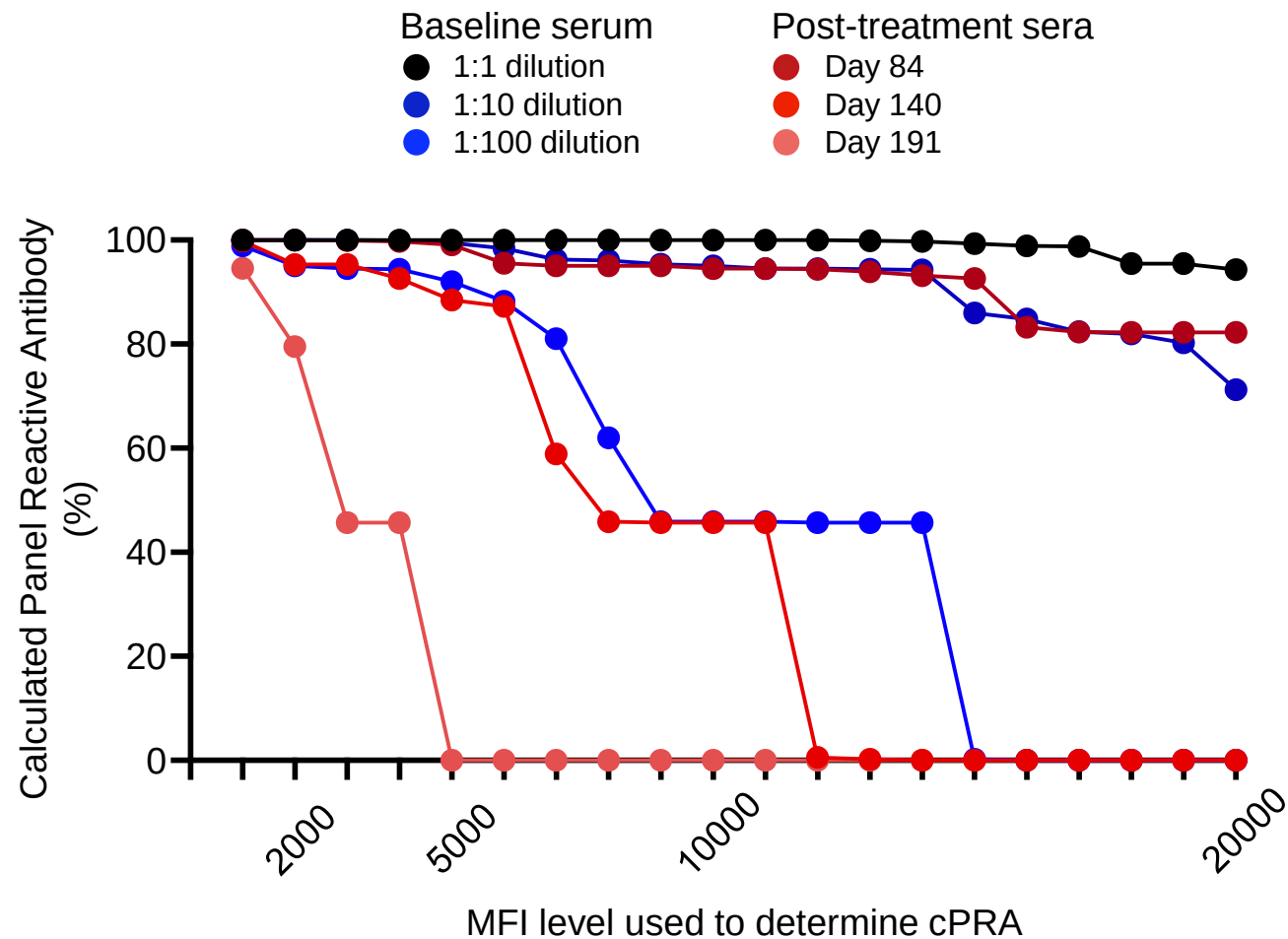
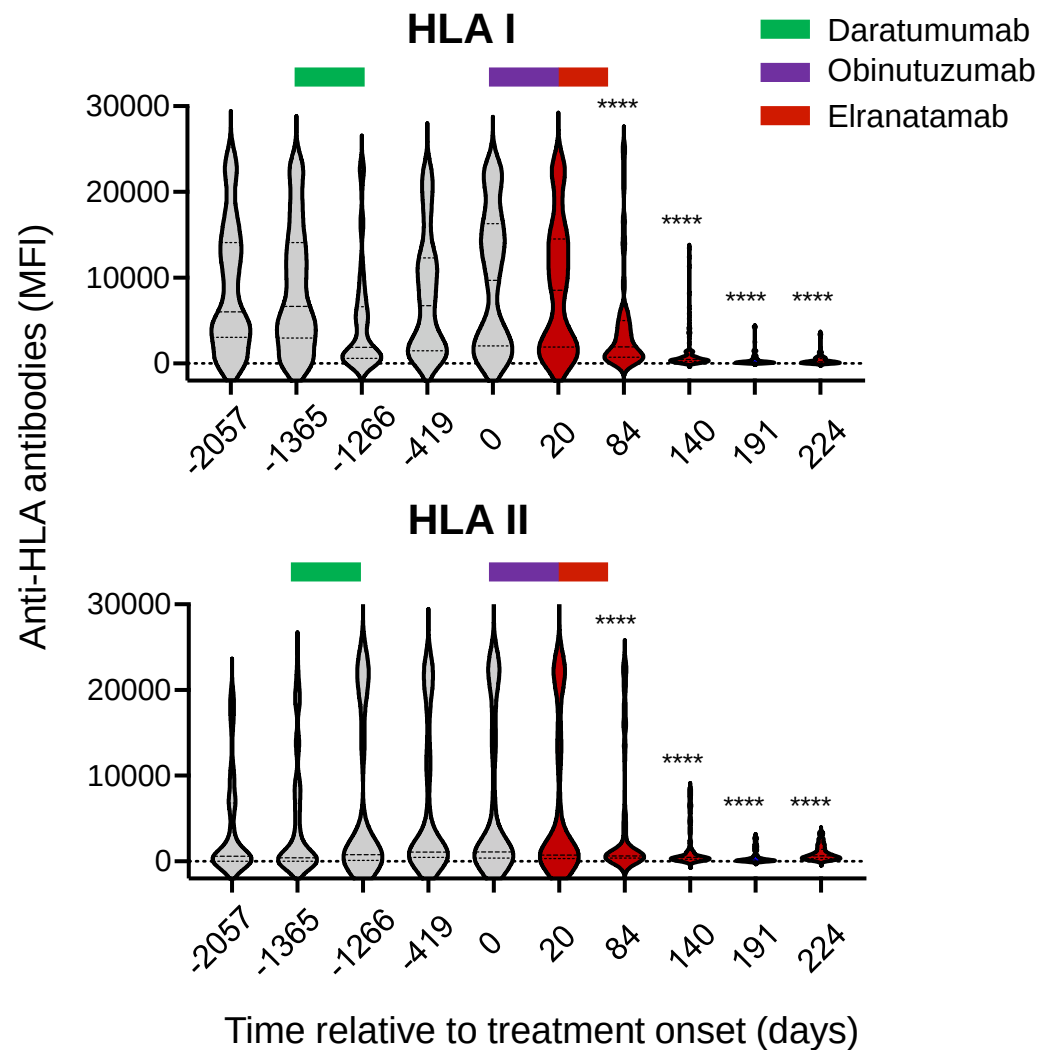
76 mg



Substitutive IgIV

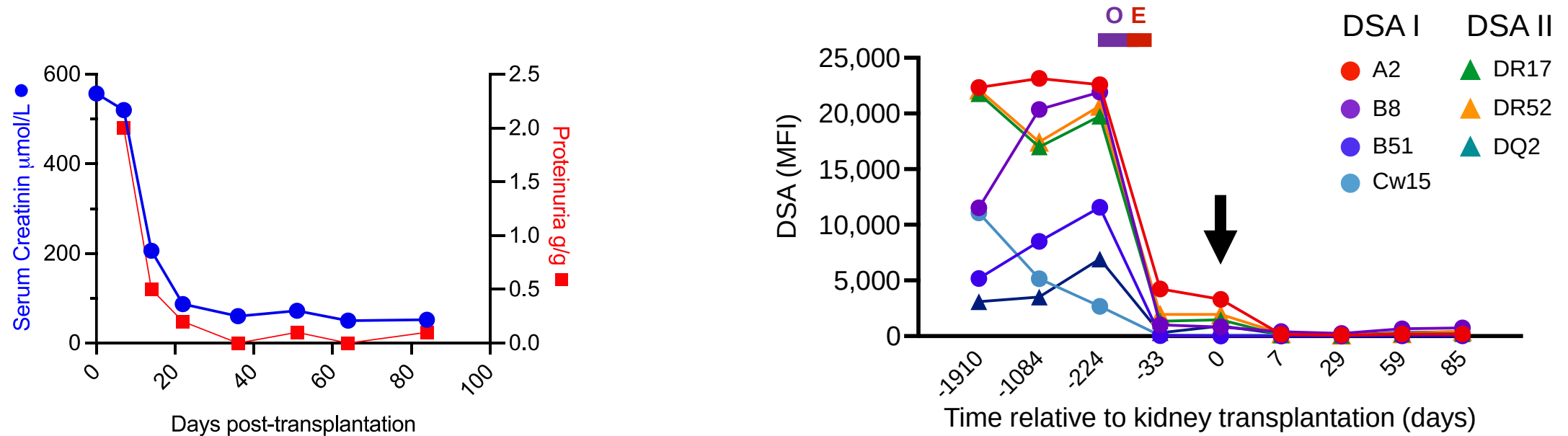


# Elranatamab + Obinutuzumab induced a strong and durable antibody depletion

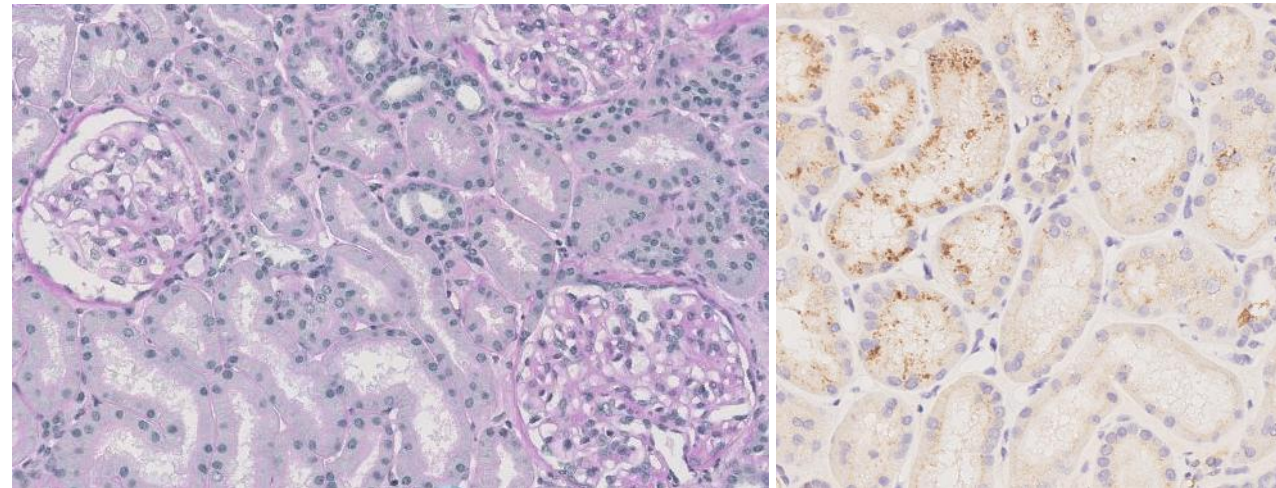




... and allowed a successful re-transplantation

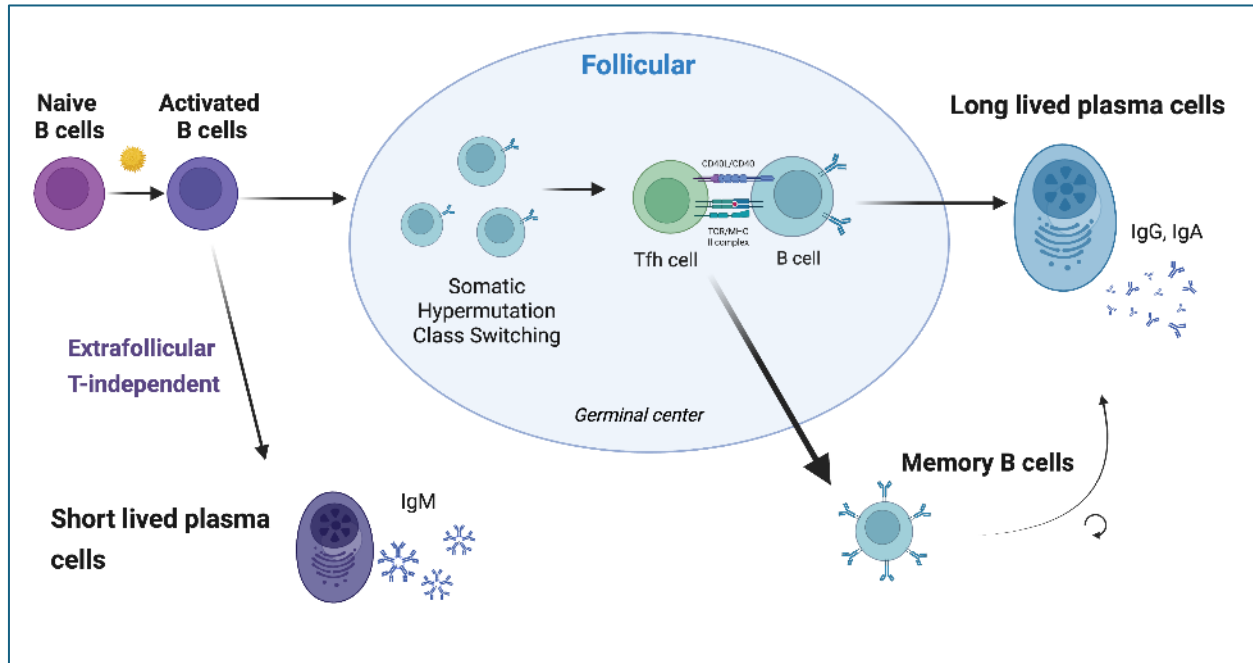


### 3-month biopsy



BANFF 0

# Plasma cell targeting in kidney transplantation



## HLA Desensitization

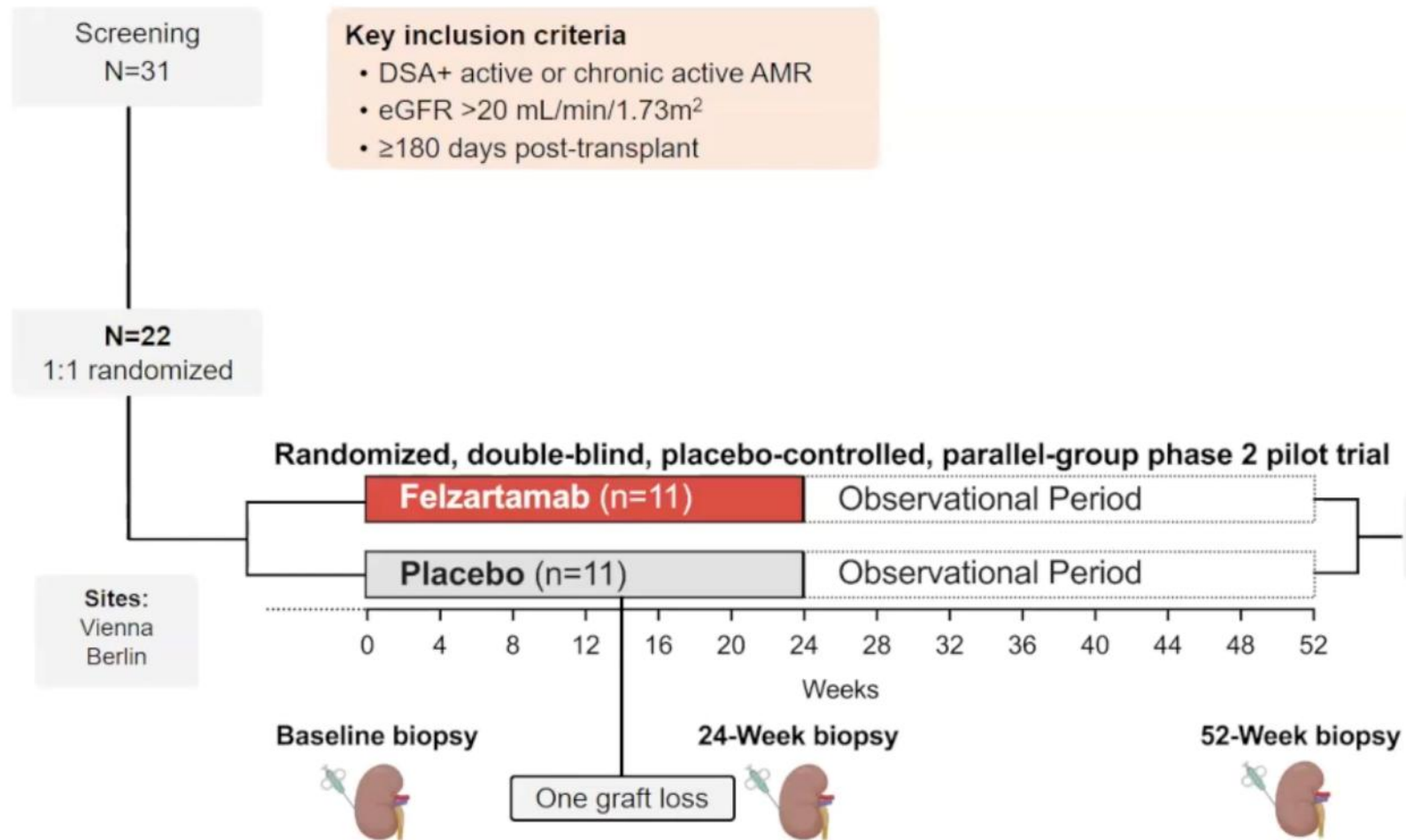
**Antibody-mediated rejection**

**Antibody-mediated disease**

# Targeting CD38 in AMR

| Author, year       | Treatment schedule         | Timing AMR     | Patient, N | Associated treatment                      | Results                                     | Follow-up          |
|--------------------|----------------------------|----------------|------------|-------------------------------------------|---------------------------------------------|--------------------|
| Kwun, 2019         | Daratumumab, 8 doses       | late           | 1          | EP + IgIV + CS<br>Anti-CD20<br>eculizumab | AMR resolution<br>DSA-MFI reduction         | AMR recurrence     |
| Spica, 2019        | Daratumumab, 6 doses       | early, 7 days  | 1          | EP + IgIV + CS<br>Anti-CD20<br>Eculizumab | ABOi AMR resolution<br>ABO Ab reduction     |                    |
| Doberer, 2021      | Daratumumab, 9 months      | late           | 1          | 0                                         | Decrease AMR activity<br>DSA-MFI reduction  | Borderline lesions |
| Susal, 2023        | Daratumumab, 4 doses       | early, 5 days  | 1          | EP + IgIV + CS<br>Anti-CD20               | AMR resolution<br>ABO Ab & HLA Ab reduction |                    |
| Zhu, 2023          | Daratumumab, 12 months     | late           | 2          | EP + IgIV + CS<br>Anti-CD20               | Decrease AMR activity<br>DSA-MFI reduction  | TCMR<br>Rebound    |
| <b>Lemal, 2024</b> | <b>Daratumumab, 1 dose</b> | early          | 3          | EP + IgIV + CS                            | AMR resolution<br>DSA-MFI reduction         |                    |
| Osmanodja, 2024    | Daratumumab, 9 months      | early and late | 2          | EP + IgIV + CS<br>Anti-CD20               | Decrease AMR activity<br>DSA-MFI reduction  |                    |

## A Randomized Phase 2 Trial of Felzartamab in Antibody-Mediated Rejection



## A Randomized Phase 2 Trial of Felzartamab in Antibody-Mediated Rejection

### PLACEBO

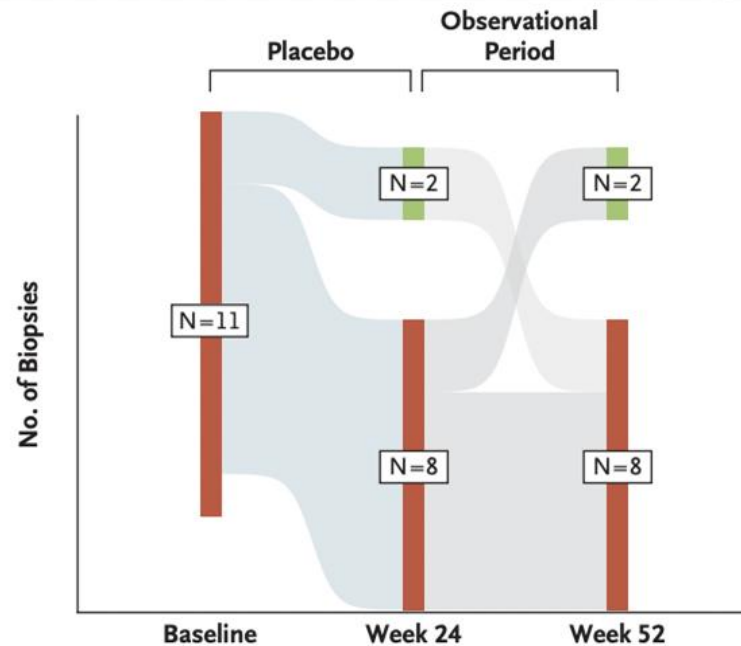
Blind, versus placebo

Population:

N= 22

ABMR with DSA+, acute or chronic  
> 20 mL/min

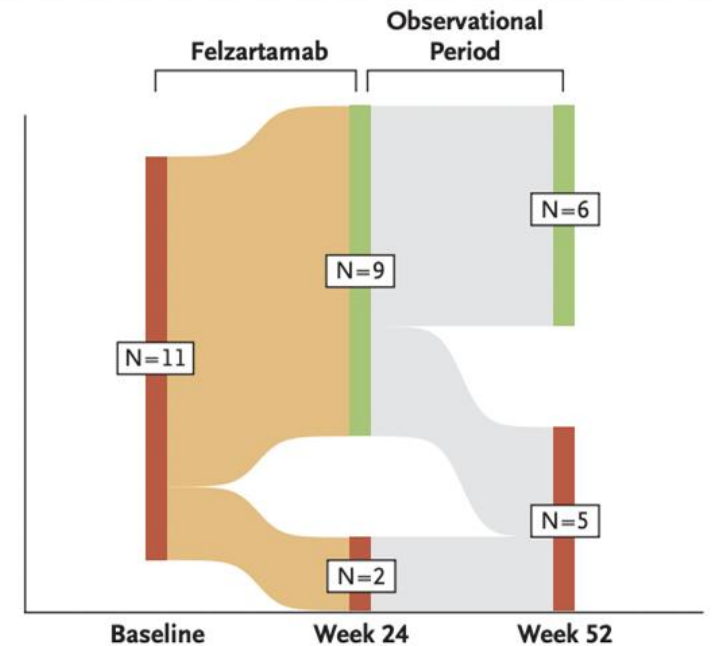
> 6 months post-transplantation



Resolution AMR at 24 weeks

20.0%

### FELZARTAMAB



81.8%

**Active**

**Non active** : absence of AMR or chronic AMR without activity

# A Randomized Phase 2 Trial of Felzartamab in Antibody-Mediated Rejection

PLACEBO

FELZARTAMAB

Change in DSA

CD16<sup>hi</sup> NK cell

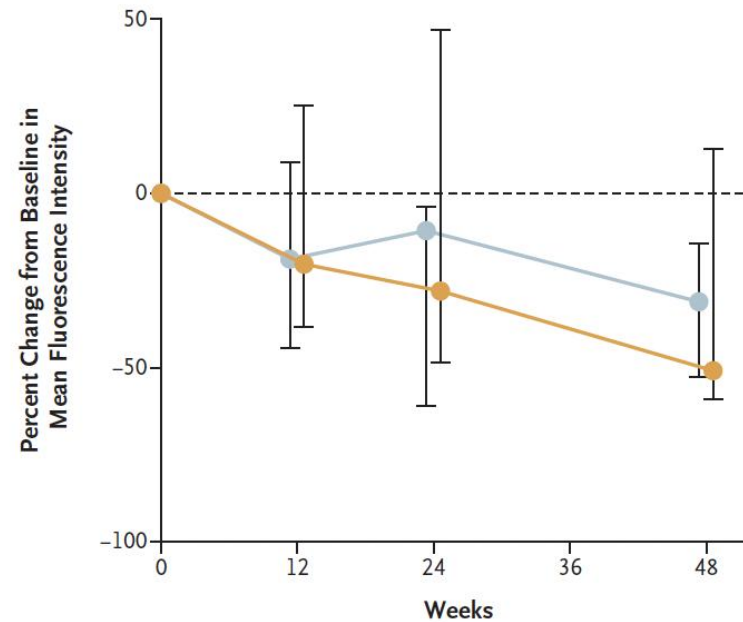
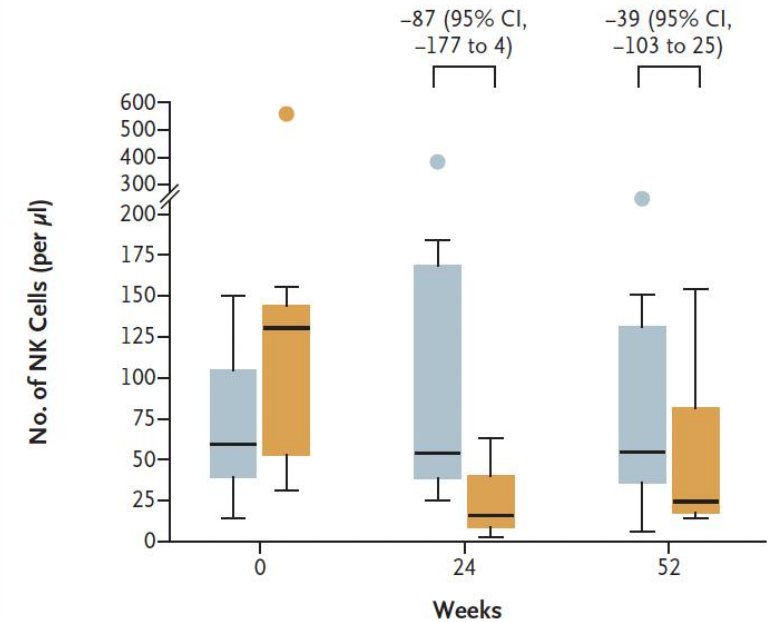
Blind, versus placebo

Population:

N= 22

ABMR with DSA+, acute or chronic  
> 20 mL/min

&gt; 6 months post-transplantation

**A** Change in Donor-Specific Antibody Level**B** CD16<sup>bright</sup> NK-Cell Count in Peripheral Blood

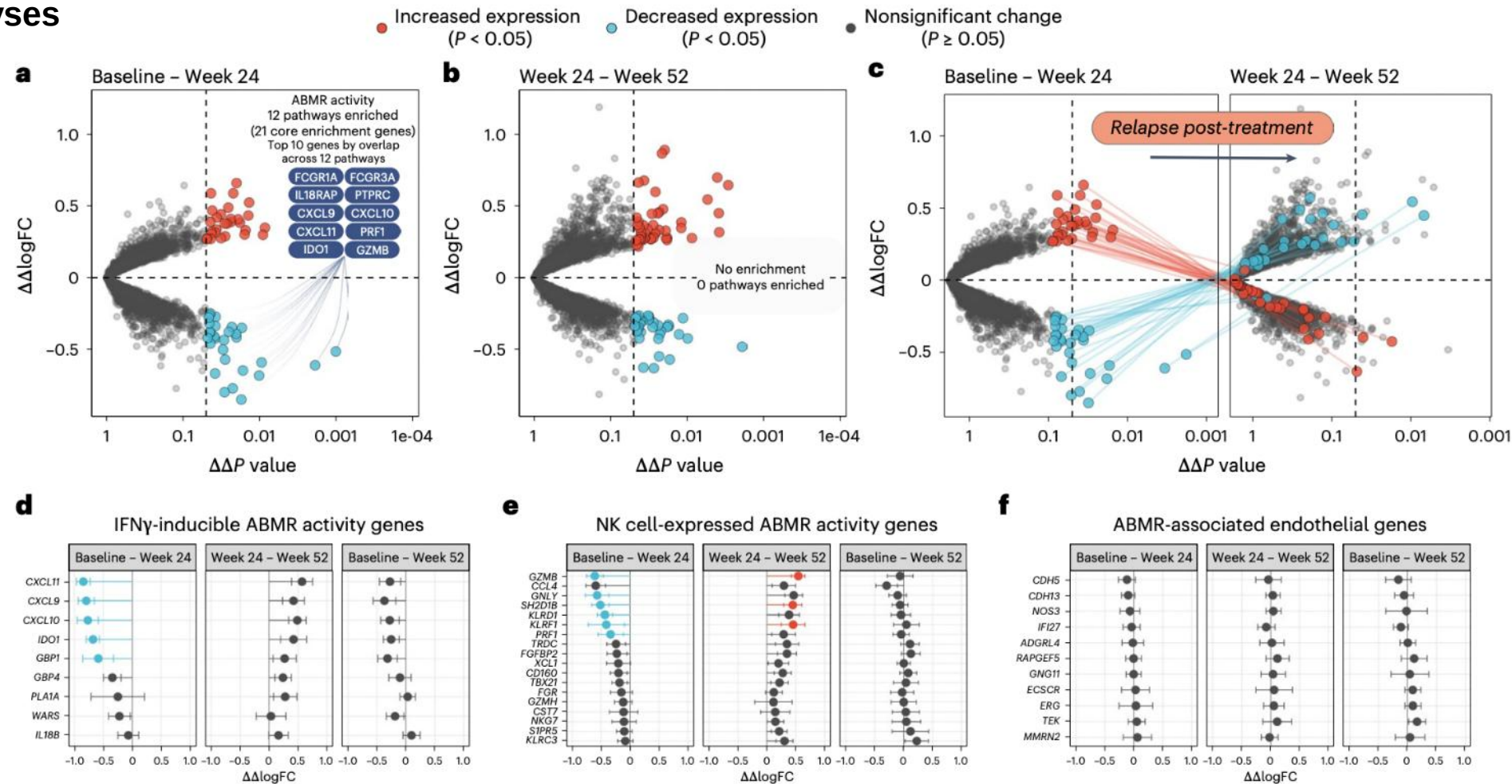


# Felzartamab reduced molecular ABMR activity scores, selectively suppressing interferon gamma-inducible and NK cell transcripts

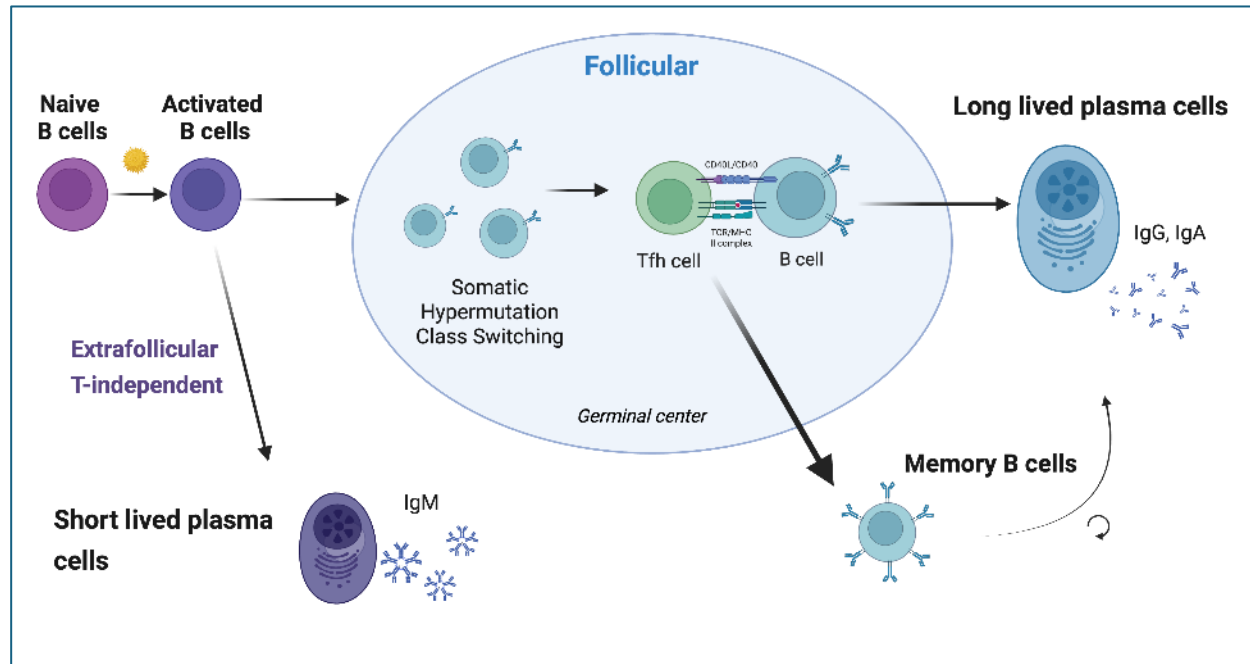
## Bulk transcriptomic analyses



Week 24  
vs  
Week 52



# Plasma cell targeting in kidney transplantation



## HLA Desensitization

## Antibody-mediated rejection

Antibody-mediated disease ??



# 70 year-old, FSGS

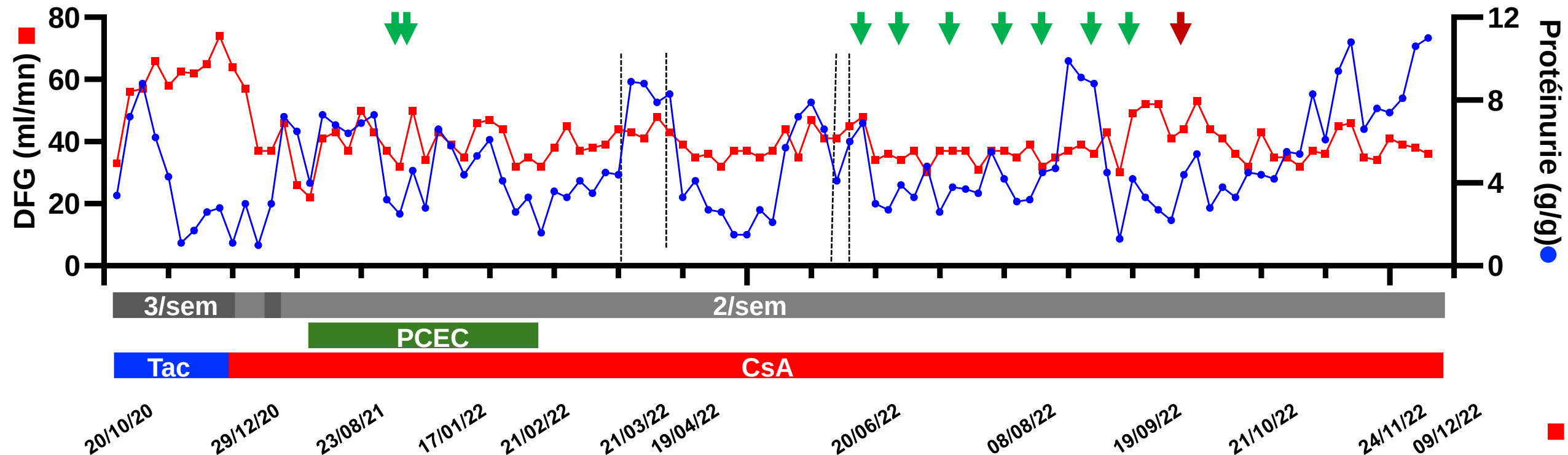
J0

27 G 5 PAC  
g1cpt2v1  
FIAT I cv2 ah2

IV Rituximab

SC Rituximab

IV Obinutuzumab



Recurrence at day 15 post-transplant, incomplete response to Rituximab/PEX

# Combined anti-CD20/anti-CD38 in FSGS recurrence

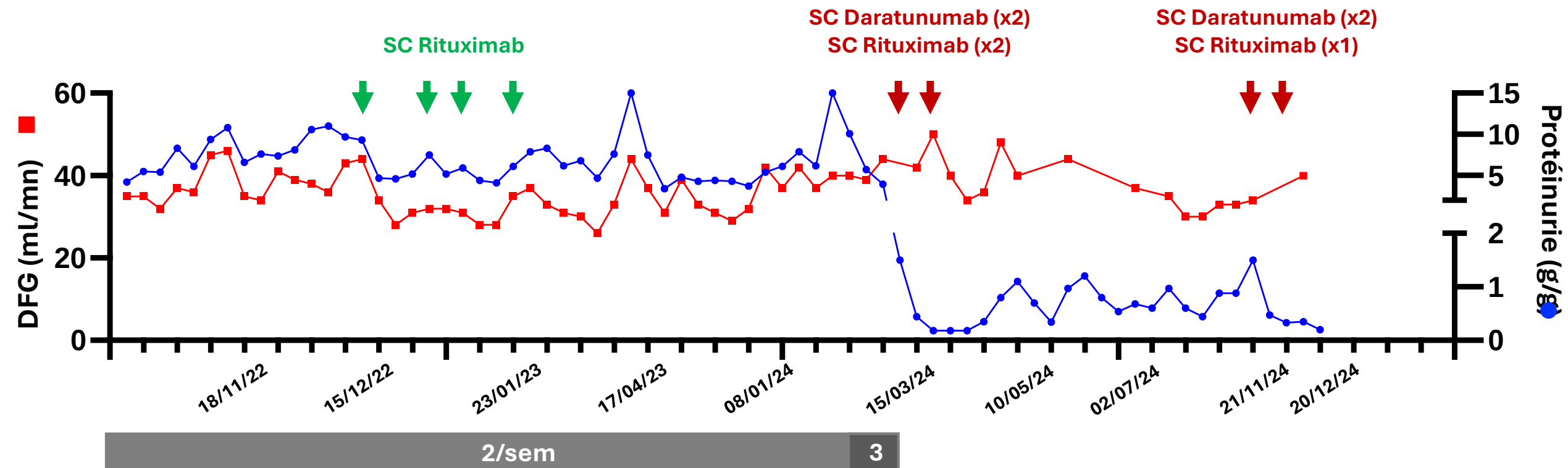
CASE REPORT · Volume 24, Issue 4, P688-692, April 2024

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Efficacy of combined rituximab and daratumumab treatment in posttransplant recurrent focal segmental glomerulosclerosis

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# Limits of plasma-cell therapy

- Anti-CD38 : other targets and immunomodulatory effects
  - depletion of Breg, Treg = > Increase of activated cytotoxic CD8+ Tcell and reverse T cell exhaustion
  - Sur-risk of TCMR ?
- Dual therapy : increase infectious risk
  - Sustained agammaglobulinemia



# Conclusions

- 1- New anti-plasma cells are changing the landscape of HLA antibody treatment
- 2- The most efficient protocols would combine several therapeutics targeting B and plasma cells
- 3- New anti-plasma cell agents look very promising : bispecific Ab /Car-T cells
- 4- Unanswered questions :
  - how long their effect last ?
  - what is the best therapeutic scheme ?
  - Infectious risk management especially in dual B & plasma cells targeting
5. Missing data from larger, well-controlled trials

# Remerciements

## Transplantation rénale

Dany Anglicheau  
Julien Zuber

Olivier Aubert  
Lynda Bererhi  
Carole Burger  
Marie Bénédicte Le Stang  
Christophe Legendre  
Franck Martinez  
Marie Noelle Peraldi  
Camille Roger  
Rebecca Sberro Soussan

Antoine Troger  
Charlotte Debiais  
Alice Chimon

## INSERM UMR 1151

Soeli Charbonnier  
Tifanie Blein

## Anatomo-pathologie

Marion Rabant  
Jean Paul Duong

## Immunologie (st Louis)

Magali Devriese  
Cédric Ursureau  
Jean Luc Taupin

## Urologie (HEGP)

Florence Alameda  
Marc-Olivier Timsit

## Hématologie

Felipe Suarez  
Alexis Talbot

Camille cotteret  
Stéphanie Chhun