



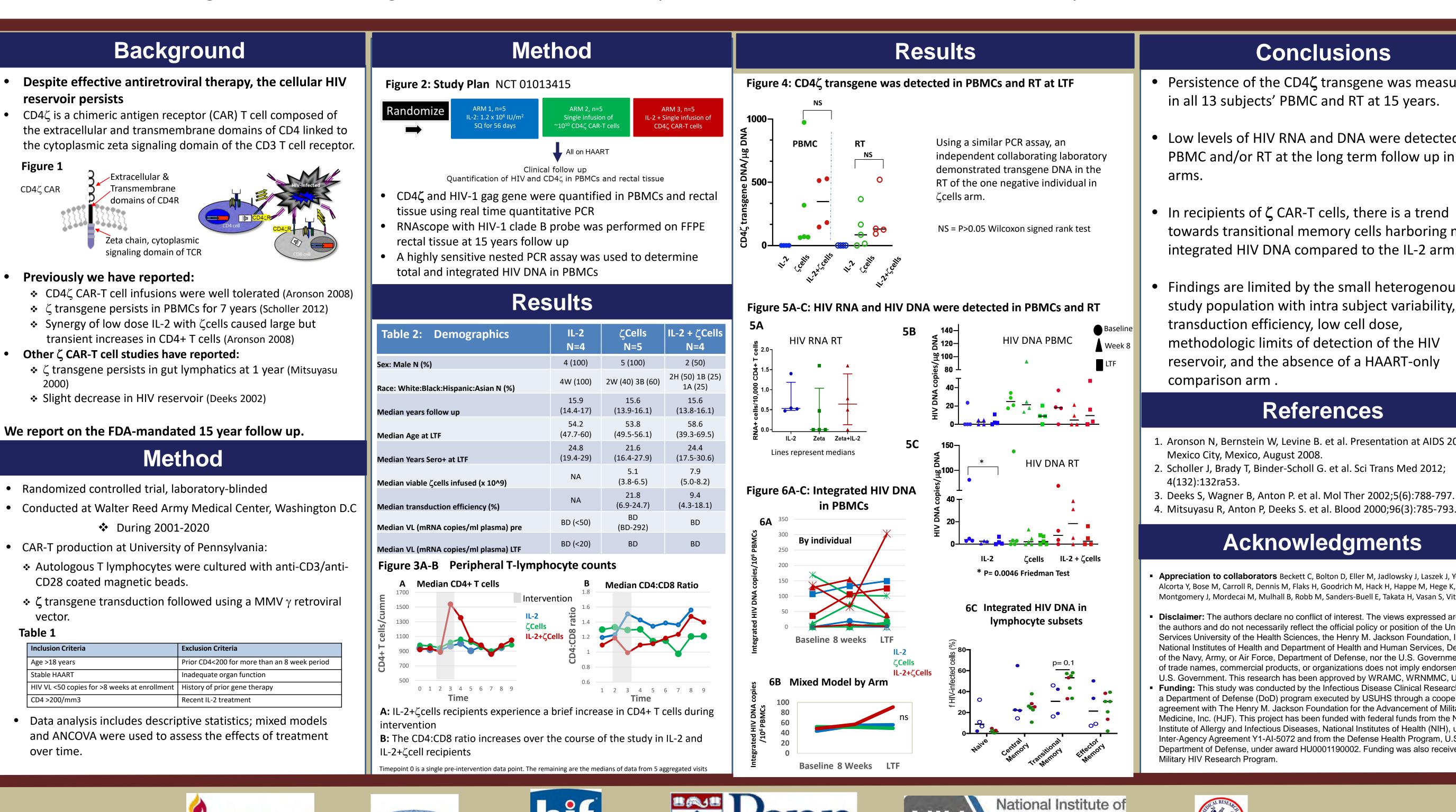
Naomi Aronson MD

(301) 295-3621

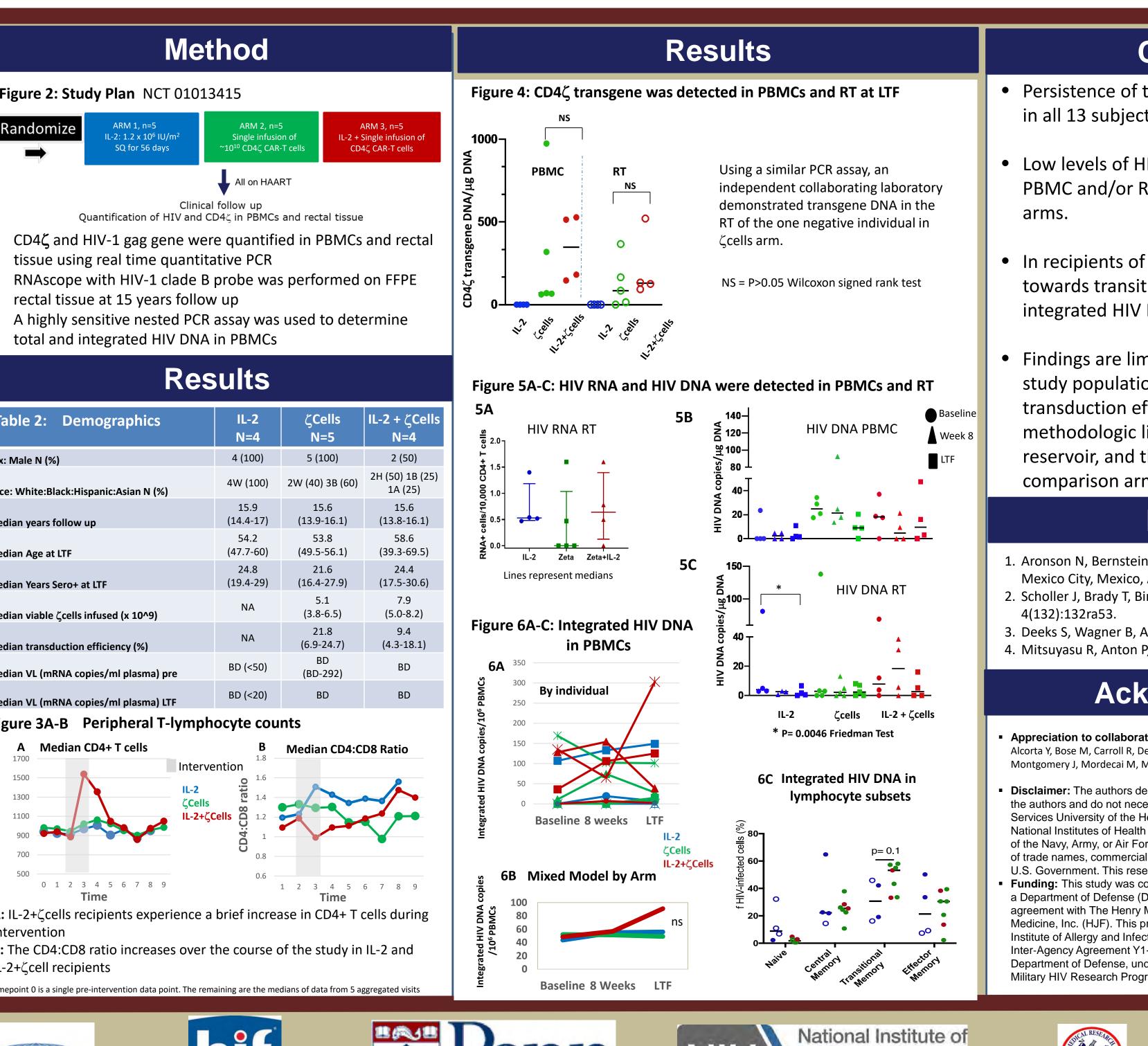
naomi.aronson@usuhs.edu

Contact:

¹ Uniformed Services University, Bethesda MD, ² University of Pennsylvania, Philadelphia PA, ³ Walter Reed Army Institute of Research, Silver Spring MD, ⁴ Henry Jackson Foundation, Bethesda MD, ⁵ Armed Forces Research Institute of Medical Sciences, Bangkok Thailand, ⁶ Oregon Health Sciences University, Portland OR, ⁷ Walter Reed National Military Medical Center, Bethesda MD



Inclusion Criteria	Exclusion Criteria
Age >18 years	Prior CD4<200 for more than an 8 week period
Stable HAART	Inadequate organ function
HIV VL <50 copies for >8 weeks at enrollment	History of prior gene therapy
CD4 >200/mm3	Recent IL-2 treatment









\underline{IDCRP} CAR-T Cells at 15 years: Persistence of the CD4-zeta Transgene and Potential Effect on HIV Reservoir

Aronson NE¹, Riley JL², Jagodzinski LL³, Tovanabutra S^{3,4}, Hsu D^{4,5}, Trautman L^{3,4,6}, Ahmed AE^{1,4}, Wallace D³, Lacey SF², Levine BL², June CH², Ake JA³, Bernstein WB⁷



Allergy and

Infectious Diseases



Poster# 00337

Conclusions

• Persistence of the CD4 ζ transgene was measured in all 13 subjects' PBMC and RT at 15 years.

Low levels of HIV RNA and DNA were detected in PBMC and/or RT at the long term follow up in all

In recipients of ζ CAR-T cells, there is a trend towards transitional memory cells harboring more integrated HIV DNA compared to the IL-2 arm.

Findings are limited by the small heterogenous study population with intra subject variability, low transduction efficiency, low cell dose, methodologic limits of detection of the HIV reservoir, and the absence of a HAART-only

References

1. Aronson N, Bernstein W, Levine B. et al. Presentation at AIDS 2008,

4. Mitsuyasu R, Anton P, Deeks S. et al. Blood 2000;96(3):785-793.

Acknowledgments

 Appreciation to collaborators Beckett C, Bolton D, Eller M, Jadlowsky J, Laszek J, Young P, Alcorta Y, Bose M, Carroll R, Dennis M, Flaks H, Goodrich M, Hack H, Happe M, Hege K, Kim D, Montgomery J, Mordecai M, Mulhall B, Robb M, Sanders-Buell E, Takata H, Vasan S, Vita J

• **Disclaimer:** The authors declare no conflict of interest. The views expressed are those of the authors and do not necessarily reflect the official policy or position of the Uniformed Services University of the Health Sciences, the Henry M. Jackson Foundation, Inc., National Institutes of Health and Department of Health and Human Services, Departments of the Navy, Army, or Air Force, Department of Defense, nor the U.S. Government. Mention of trade names, commercial products, or organizations does not imply endorsement by the U.S. Government. This research has been approved by WRAMC, WRNMMC, USU IRB. • Funding: This study was conducted by the Infectious Disease Clinical Research Program, a Department of Defense (DoD) program executed by USUHS through a cooperative agreement with The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. (HJF). This project has been funded with federal funds from the National Institute of Allergy and Infectious Diseases, National Institutes of Health (NIH), under Inter-Agency Agreement Y1-AI-5072 and from the Defense Health Program, U.S. Department of Defense, under award HU0001190002. Funding was also received from the