

**2024 RACHMIEL LEVINE-ARTHUR RIGGS**

# Diabetes Research Symposium

## Debate: Cell Replacement Therapies as the Goal for Treating Type 1 Diabetes

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# Disclosures

- Grant/Research Support from Dompé farmaceutici SpA.
- Consultant for Sernova Corp., and Vertex Pharmaceuticals.

*This presentation and/or comments will be free of any bias toward or promotion of the above referenced companies or their product(s) and/or other business interests.*

*This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.*

*This presentation has been peer-reviewed and no conflicts were noted.*

**The off-label/investigational use of Stem Cell-Derived Islets will be addressed.**

# Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

## **STATE LAW:**

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

*The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.*

## **EXEMPTION:**

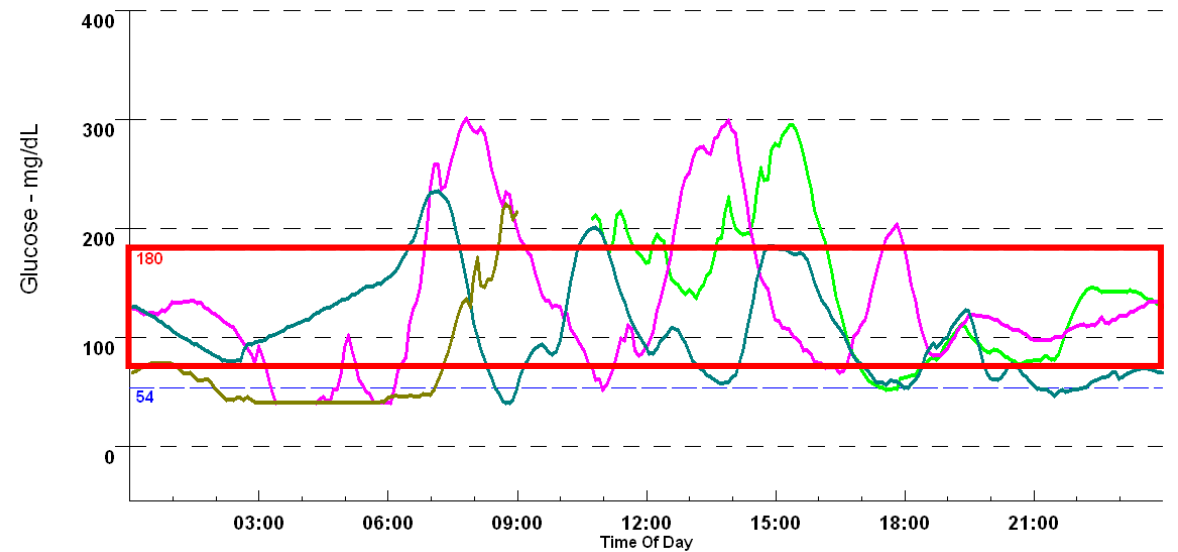
Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

## ***The following CLC & IB components will be addressed in this presentation:***

- *Impact of social determinants of health on diabetes self care and impaired awareness of hypoglycemia.*
- *Challenges with glycemic control would be solved if patients and their providers tried harder.*

# Case

- 35-year-old woman with type 1 diabetes for 16 years
- No microvascular complications
- Hypoglycemia unawareness
- 6 severe hypoglycemia episodes in the past year requiring glucagon or EMS
- Employs intensive insulin therapy with flexible insulin dosing by infusion pump

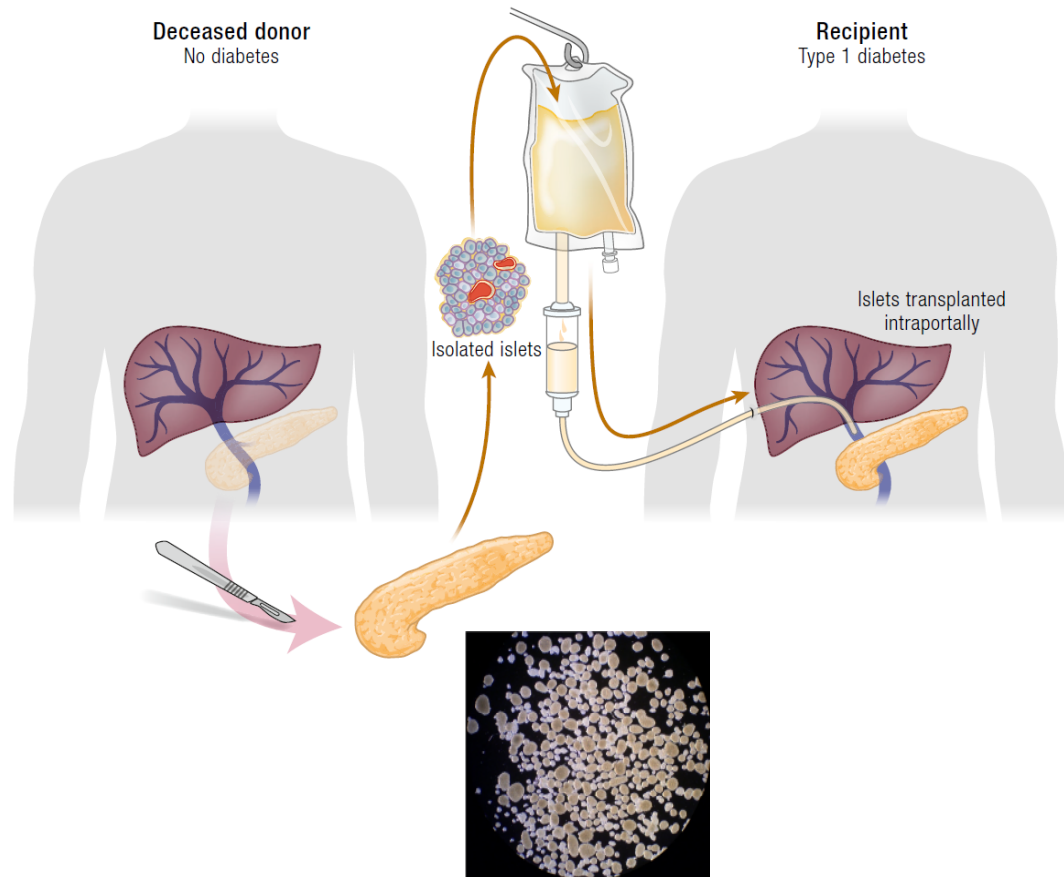


**Marked glucose variability**

**Significant hypoglycemia exposure**

# Current Standard of Cellular Therapy for Diabetes

## Procedure for Islet Transplantation

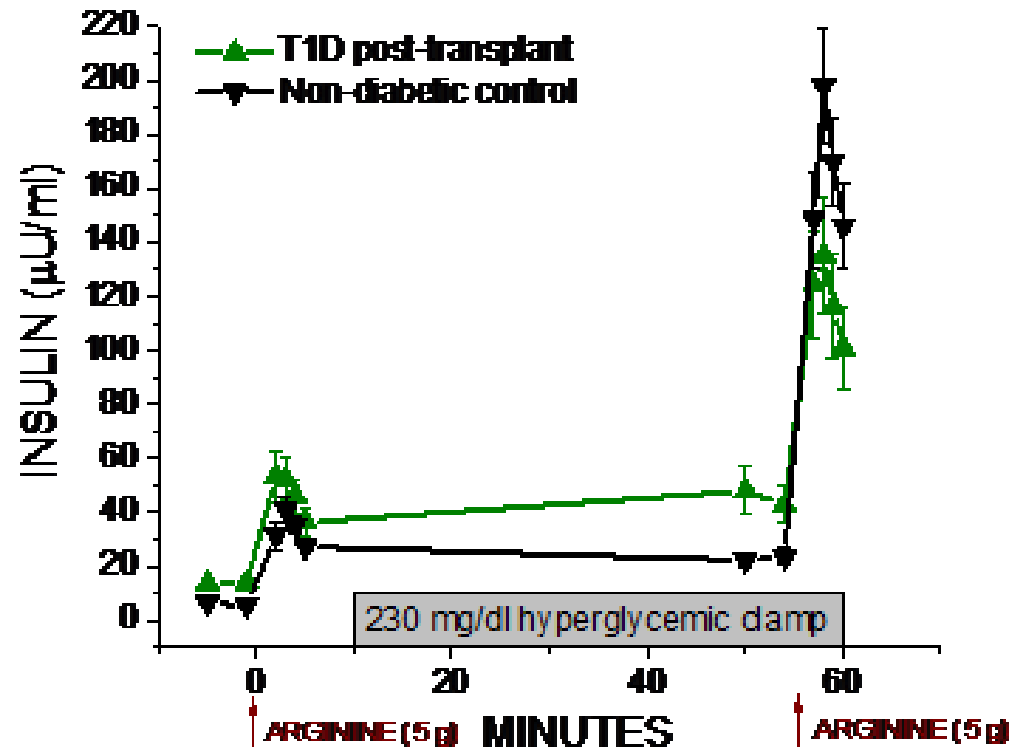


## Current Limitations

- **Regional cGMP Facility for Islet Isolation**
  - FDA requirements for biologic licensure has resulted in only one approved commercial facility (CellTrans; Chicago, IL) in the US
- **Immunosuppression**
  - Excludes those with modest impairment of kidney function (unless already requiring immunosuppression for a kidney transplant)

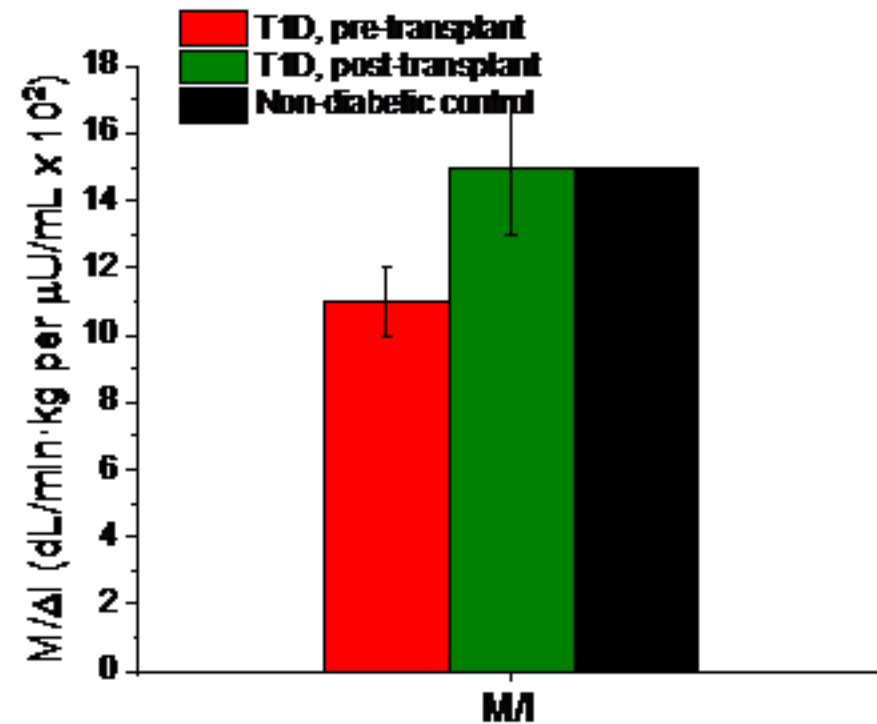
# Advantages of Physiologic Insulin Delivery with Islet Transplants

## Normal insulin secretory dynamics



Rickels et al. *Diabetes* 62: 2890, 2013

## Normal insulin sensitivity / action



Rickels et al. *J Clin Endocrinol Metab* 98: E1780, 2013

# First License-Enabling Trials of Islets and Artificial Pancreas in the US

|  | Purified Human Pancreatic Islets<br>(PHPI; N = 48) |        |         | Hybrid Closed Loop Insulin Delivery<br>(Medtronic 670G; N = 94) |          |
|--|--|--------|---------|---|----------|
| Baseline   | Median (IQR)                                       |        |         | Mean ± SD   |          |
| Female (%)   | 60   |        |         | 56  |          |
| Age (years)  | 48 (26 – 66)                                       |        |         | 45 ± 13   |          |
| Diabetes duration (years)                                  | 29 (11 – 57)                                       |        |         | 26 ± 12   |          |
| BMI (kg/m <sup>2</sup> )                                   | 25 (19 – 30)                                       |        |         | 27 ± 5  |          |
| Insulin requirement (U·kg <sup>-1</sup> ·d <sup>-1</sup> ) | 0.5 (0.2 – 0.8)                                    |        |         | 0.6 ± 0.2   |          |
| Follow-up  | Baseline   | 1 year | 2 years | Baseline  | 3 months |
| Severe hypoglycemia (%)                                    | 100  | 4      | 6.25*   | N.R.  | 0        |
| HbA1c (%)  | 7.2  | 5.6    | 5.6     | 7.2   | 6.7      |
| < 7.0% (%)   | 40   | 87.5   | 81.25   | 38  | 59       |

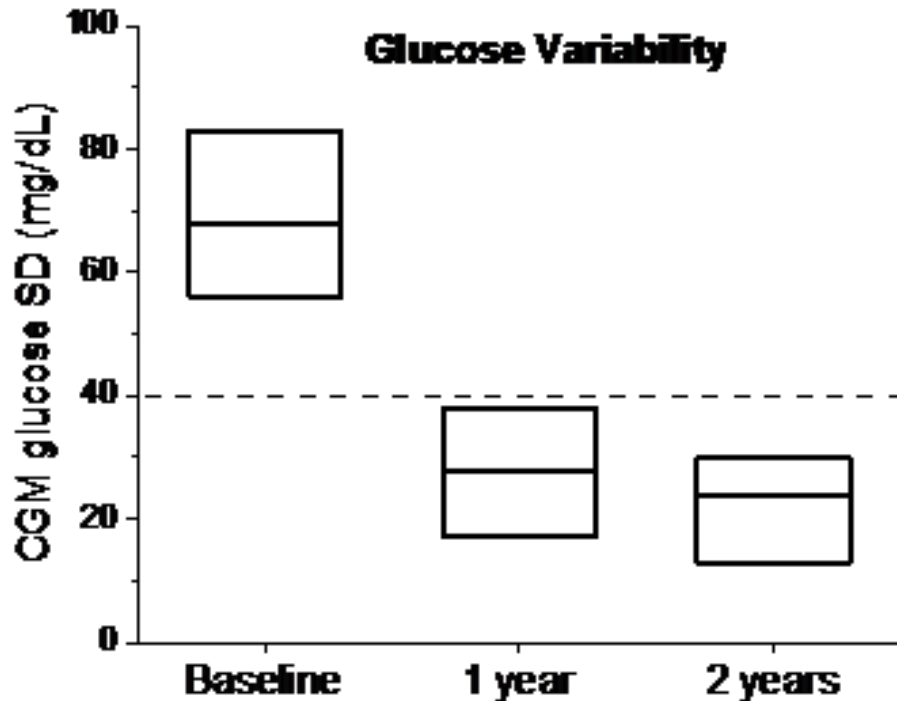
Hering et al. *Diabetes Care* 39: 1230, 2016

Bergenstal et al. *JAMA* 316: 1407, 2016

Garg et al. *Diabetes Technol Ther* 19: 155, 2017

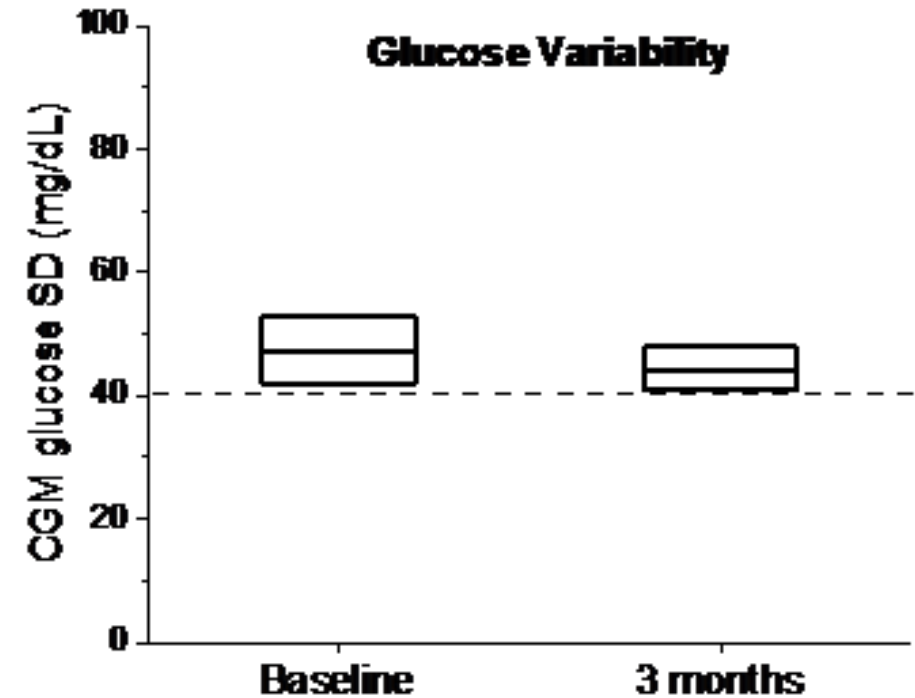
# Effect of Islets vs. Artificial Pancreas on Glucose Variability

## Islet Transplantation (PHPI)



Hering et al. *Diabetes Care* 39: 1230, 2016

## Hybrid Closed Loop (Medtronic 670G)



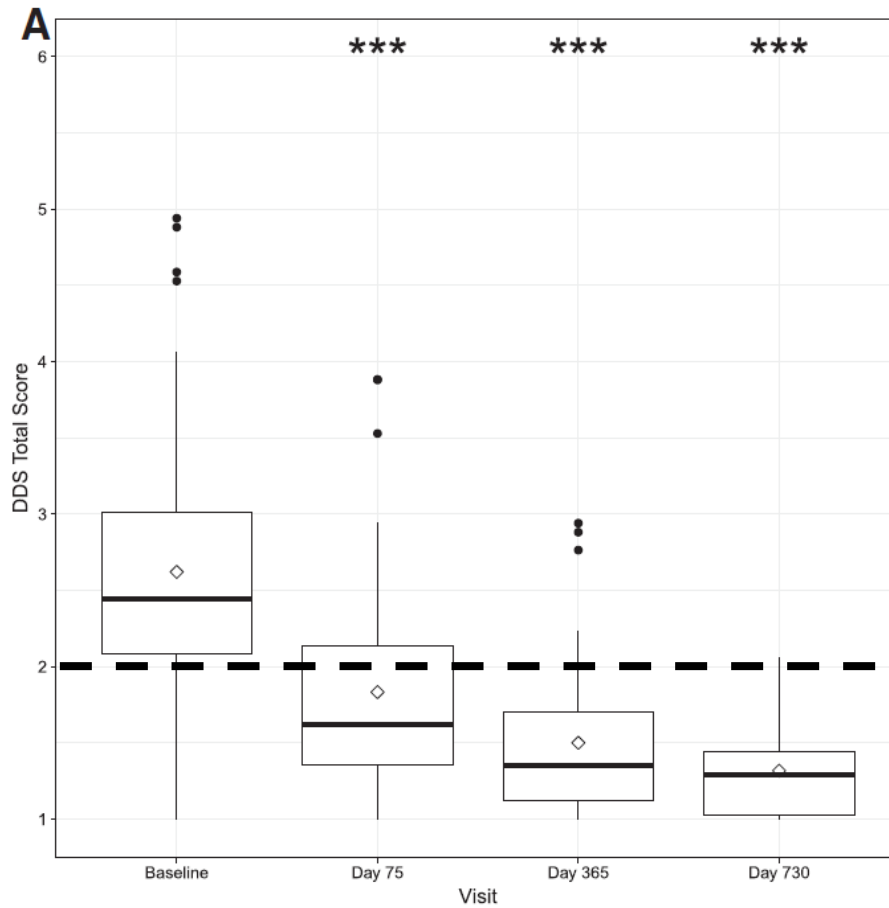
Bergenstal et al. *JAMA* 316: 1407, 2016

Garg et al. *Diabetes Technol Ther* 19: 155, 2017

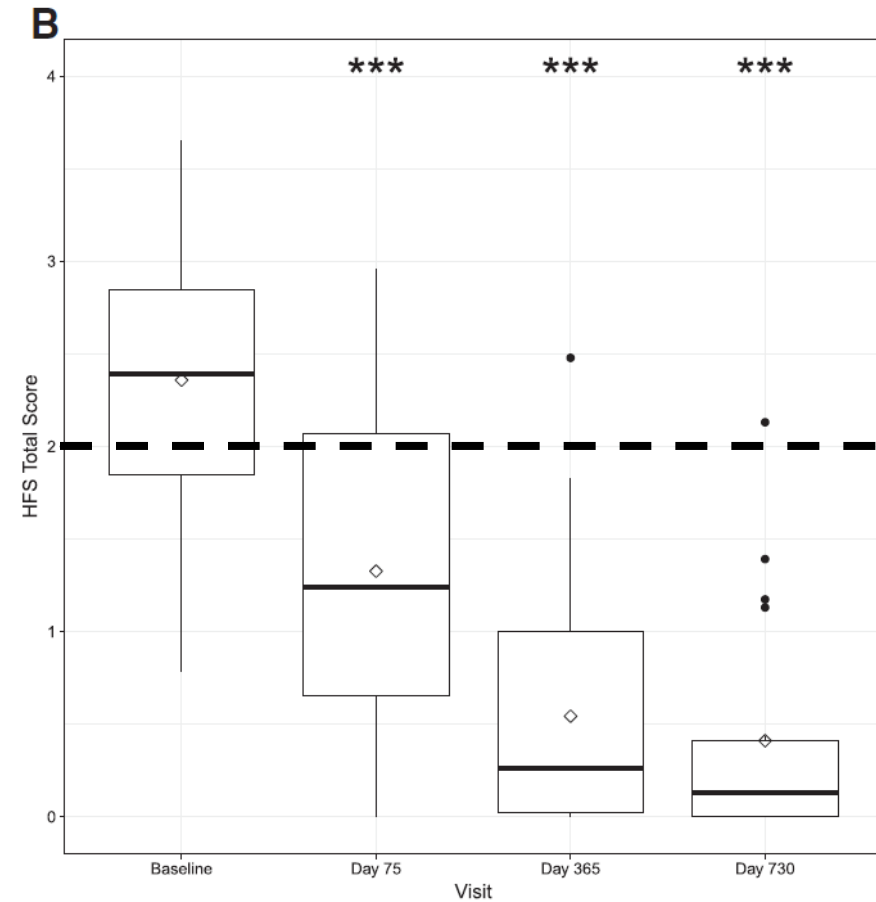


# Effect of Islet Transplantation (PHPI) on QoL in the Phase 3 Trial

## Diabetes Distress Scale



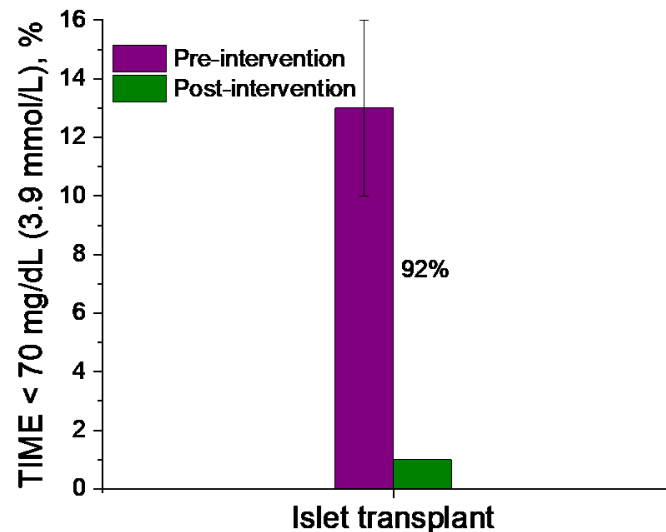
## Hypoglycemia Fear Survey



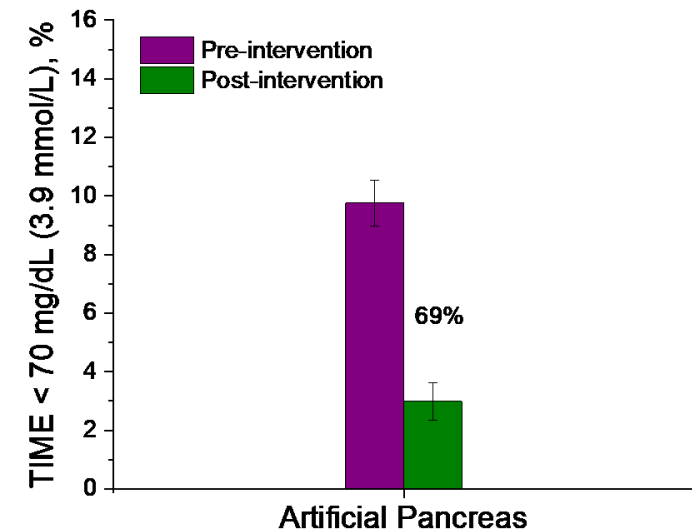
# Physiologic vs. Pharmacologic Insulin Replacement

| Baseline Characteristics                                   | Islet Transplantation (N = 10) | Automated Insulin Delivery (N = 10) |
|--|--------------------------------|-------------------------------------|
| Female (%)   | 70                             | 70                                  |
| Age (years)  | 43 ± 9                         | 49 ± 16                             |
| Diabetes duration (years)                                  | 27 ± 13                        | 34 ± 16                             |
| BMI (kg/m <sup>2</sup> )                                   | 25 ± 3                         | 24 ± 1                              |
| Insulin requirement (U·kg <sup>-1</sup> ·d <sup>-1</sup> ) | 0.5 ± 0.2                      | 0.5 ± 0.1                           |
| HbA1c (%)  | 7.3 ± 0.9                      | 6.8 ± 1.1                           |
| Severe hypoglycemia (%)                                    | 100                            | 100                                 |

Effect of intervention on hypoglycemia avoidance ->

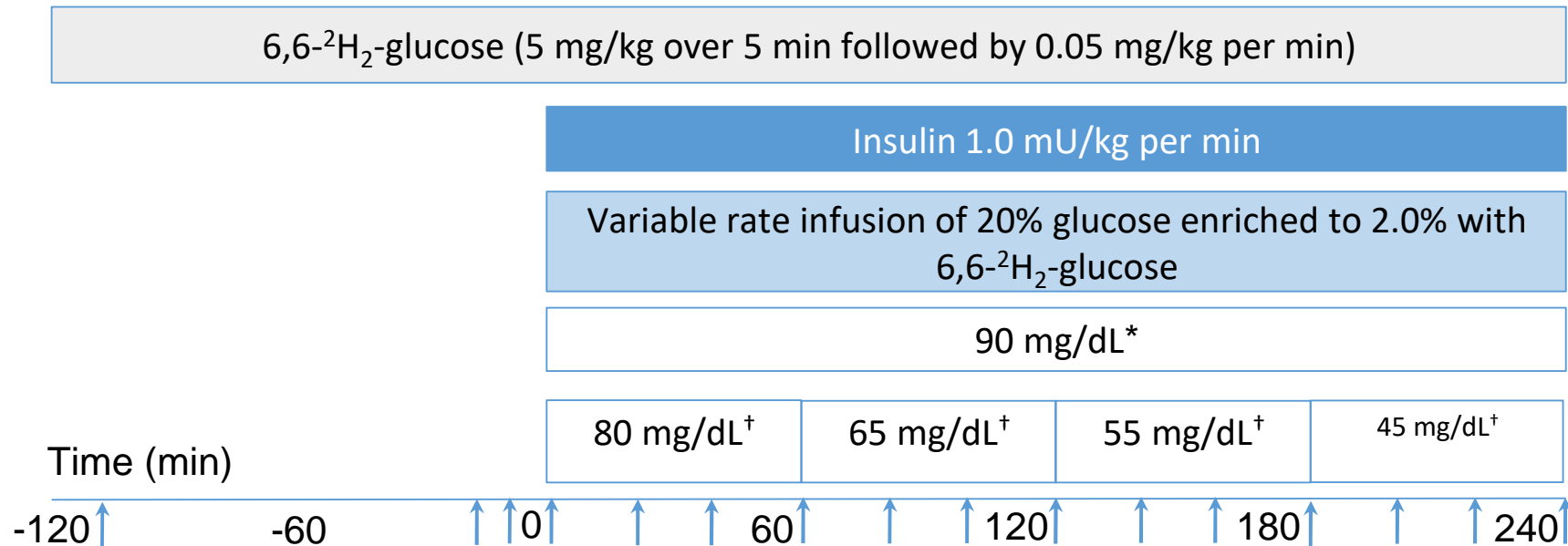


Rickels et al. *J Clin Endocrinol Metab* 101: 4421, 2016



Flatt et al. *Diabetes Technol Ther* 25: 302, 2023

# Assessment of Glucose Counterregulation: Hyperinsulinemic Paired Eu- and Hypoglycemic Clamps



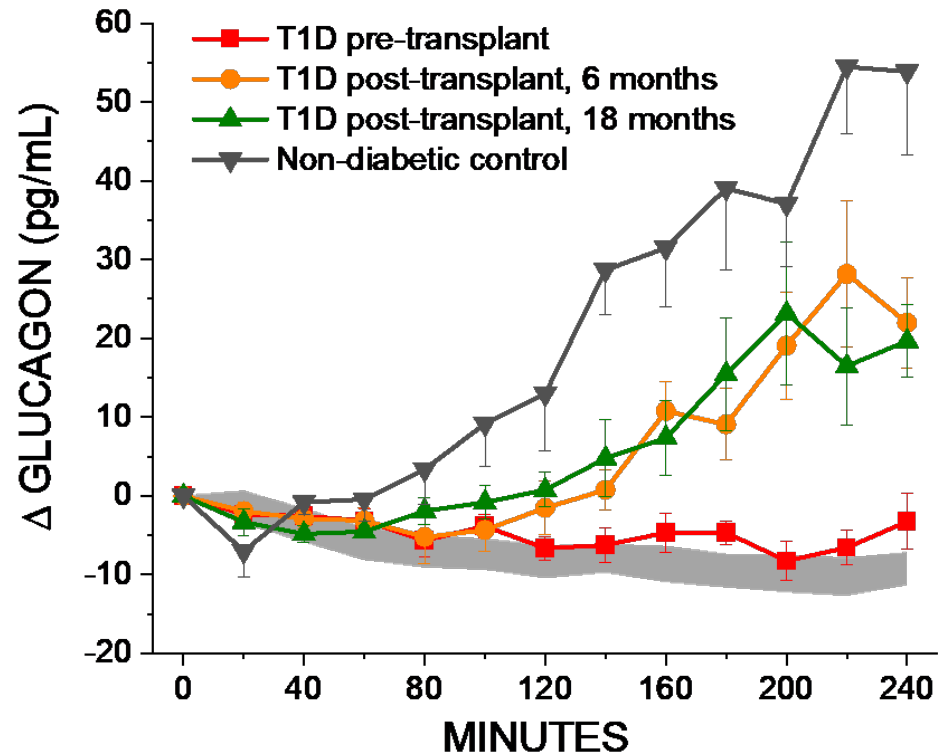
**\*Target glucose value euglycemic clamp; <sup>†</sup>Target glucose value hypoglycemic clamp; Arrow: plasma sampled**

Rickels et al. *J Clin Endocrinol Metab* 101: 4421, 2016

Flatt et al. *Diabetes Technol Ther* 25: 302, 2023

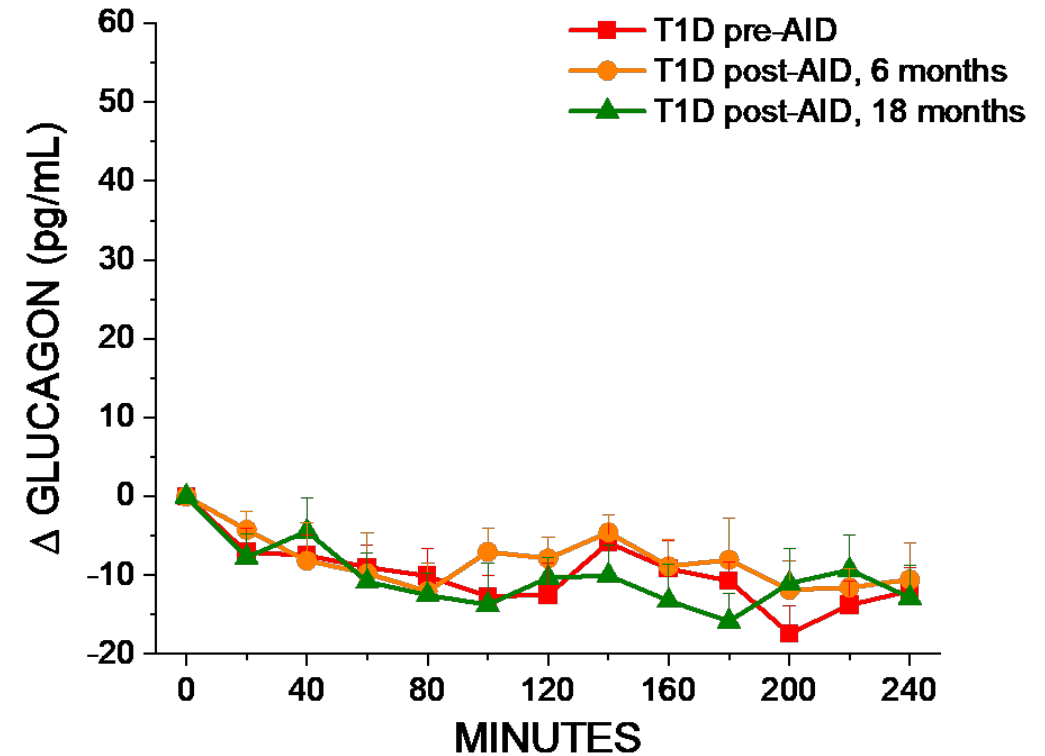
# Effect on Islet $\alpha$ -Cell Function to Defend against Hypoglycemia

## Islet Transplantation



Rickels et al. *J Clin Endocrinol Metab* 101: 4421, 2016

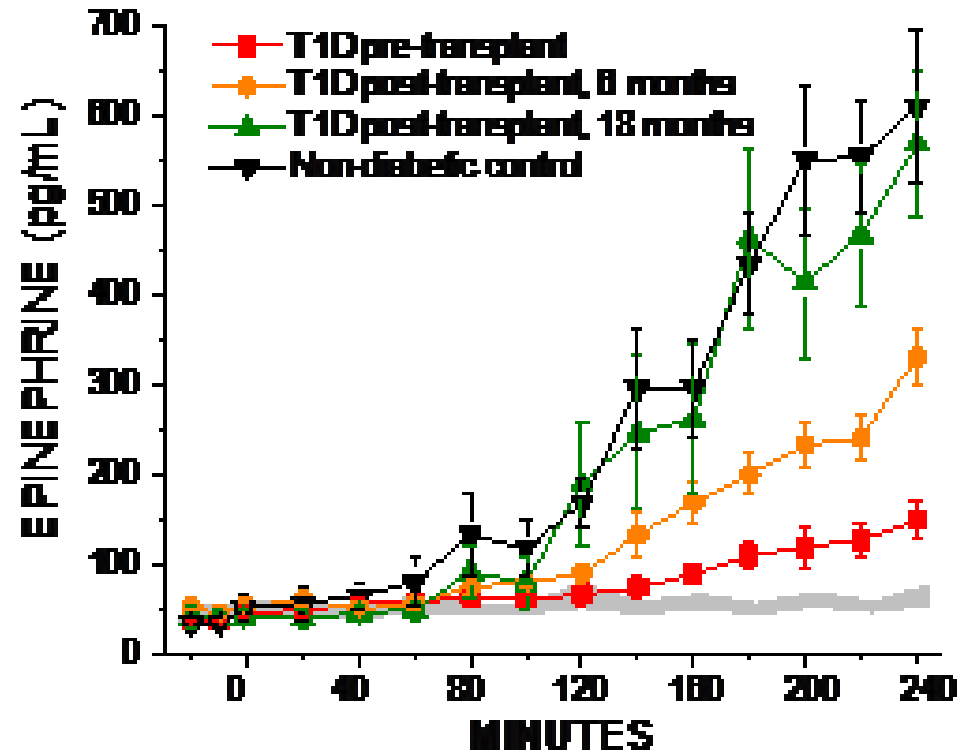
## Automated Insulin Delivery



Flatt et al. *Diabetes Technol Ther* 25: 302, 2023

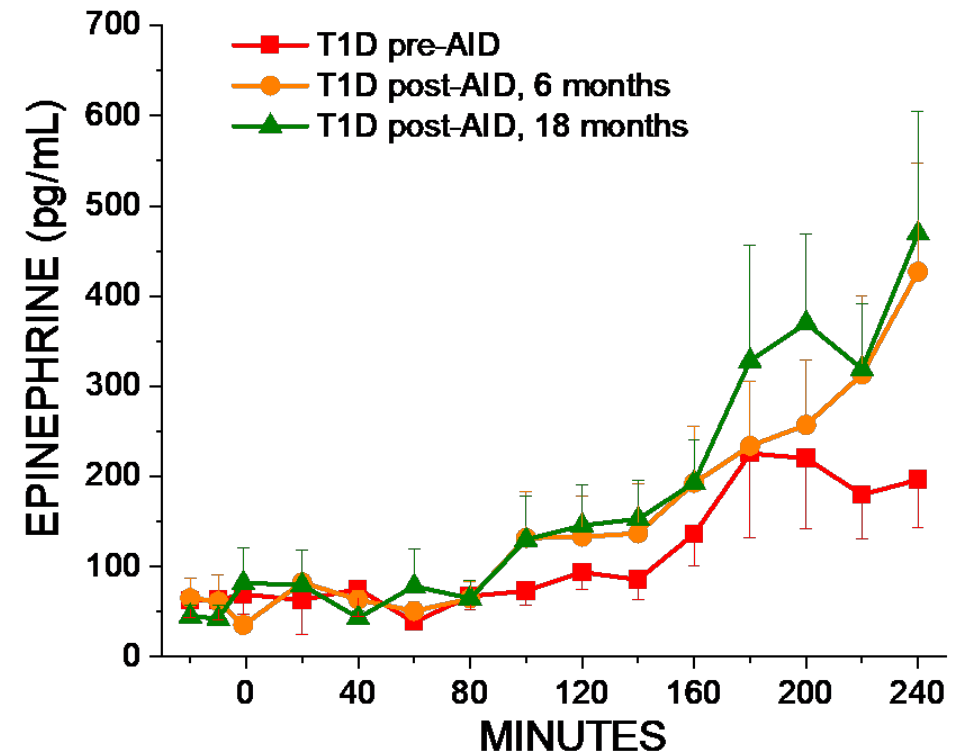
# Effect on Epinephrine Secretion to Defend against Hypoglycemia

## Islet Transplantation



Rickels et al. *J Clin Endocrinol Metab* 101: 4421, 2016

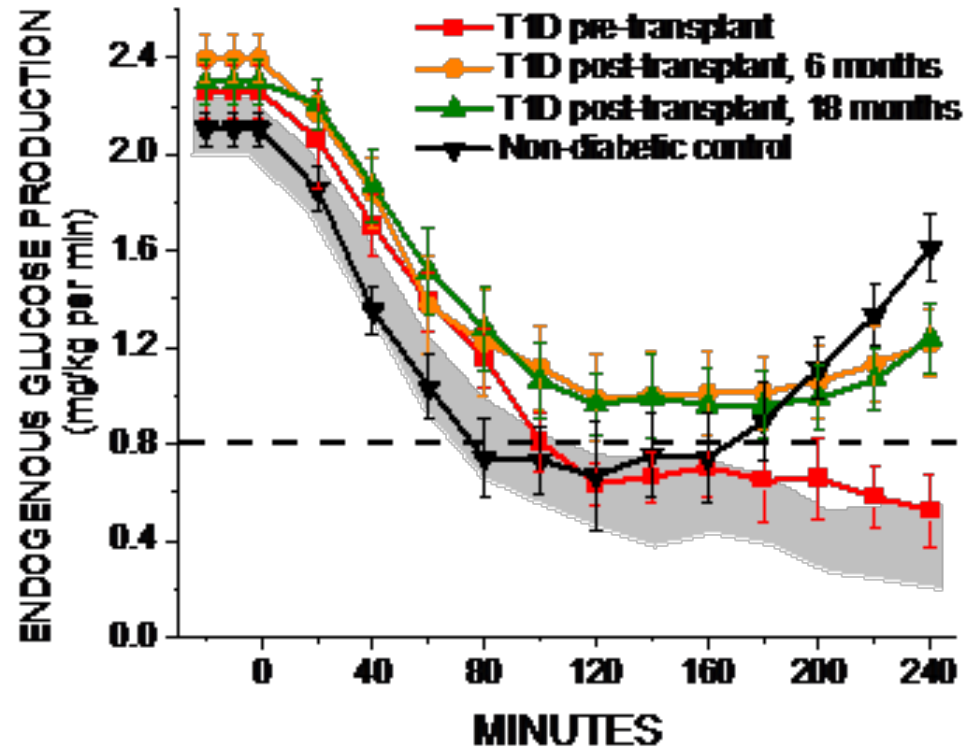
## Automated Insulin Delivery



Flatt et al. *Diabetes Technol Ther* 25: 302, 2023

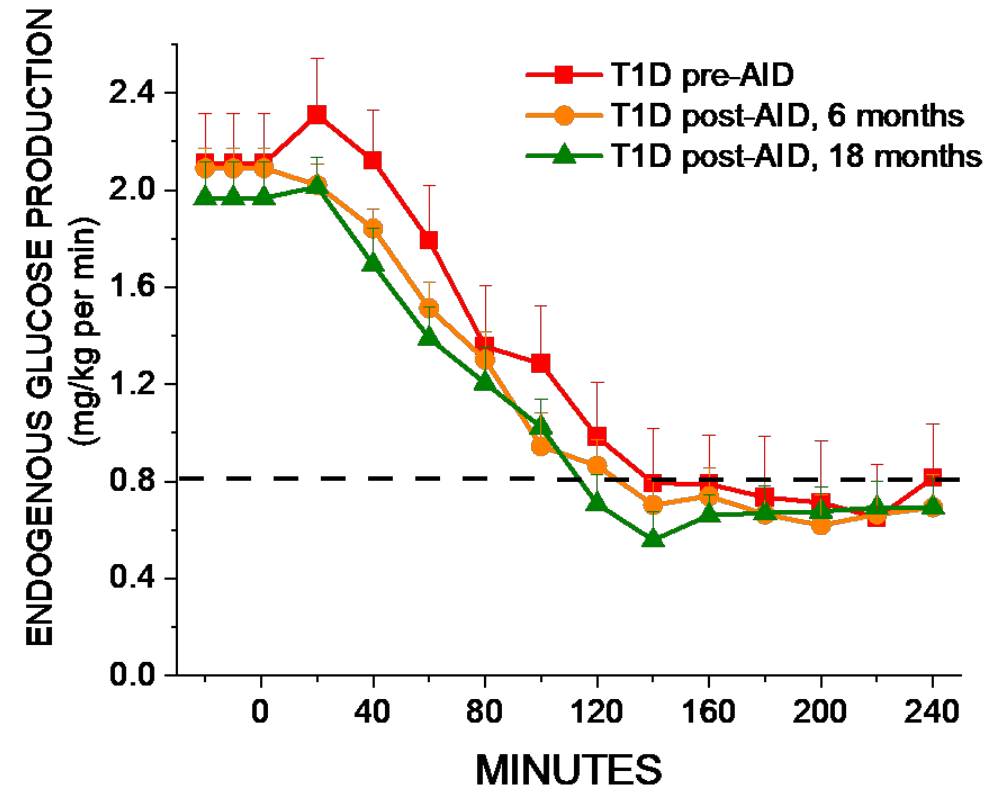
# Effect on Hepatic Glucose Production to Defend against Hypoglycemia

## Islet Transplantation



Rickels et al. *J Clin Endocrinol Metab* 101: 4421, 2016

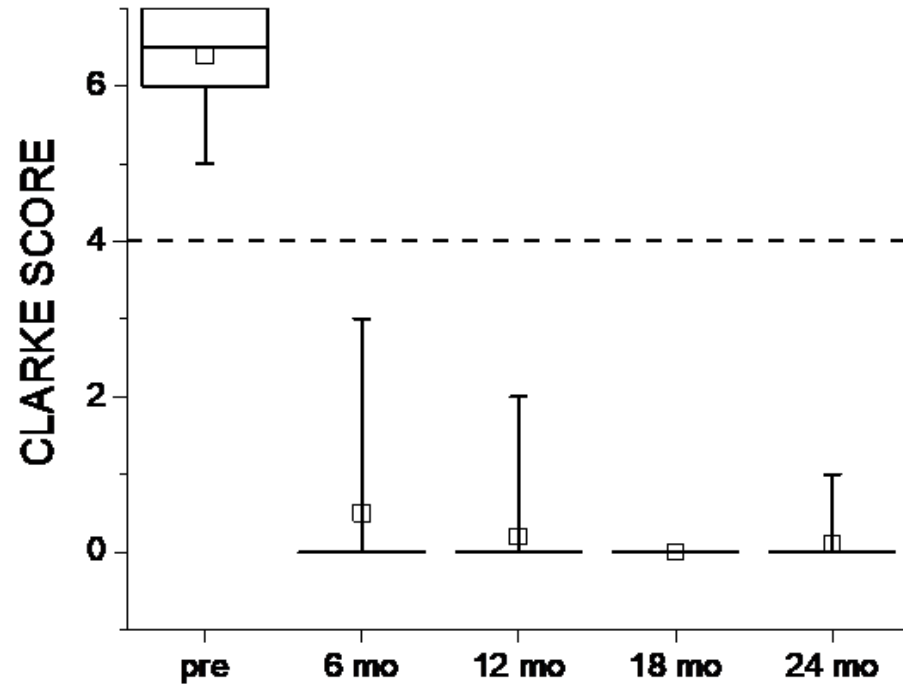
## Automated Insulin Delivery



Flatt et al. *Diabetes Technol Ther* 25: 302, 2023

# Effect on Impaired Awareness of Hypoglycemia and SHEs

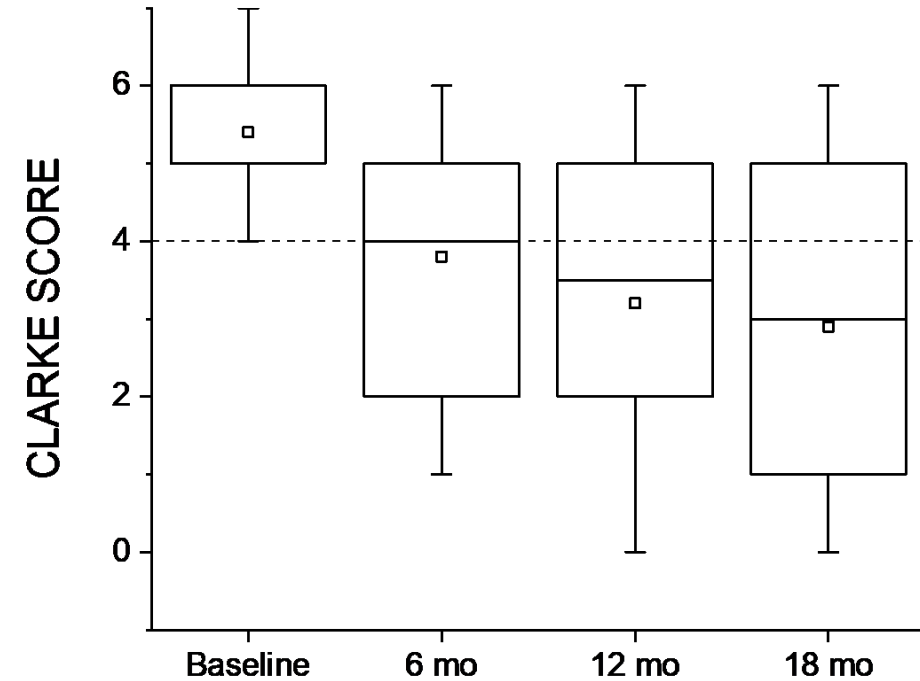
## Islet Transplantation



None with recurrence of severe hypoglycemia events (SHEs)

Rickels et al. *J Clin Endocrinol Metab* 101: 4421, 2016

## Automated Insulin Delivery

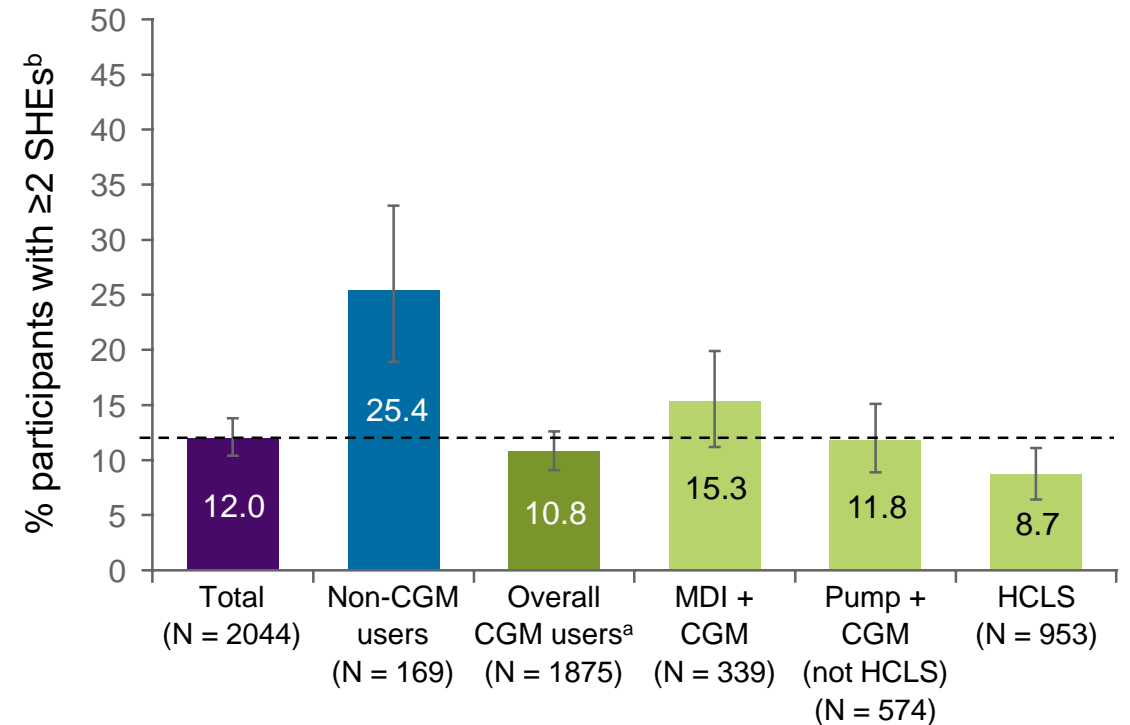
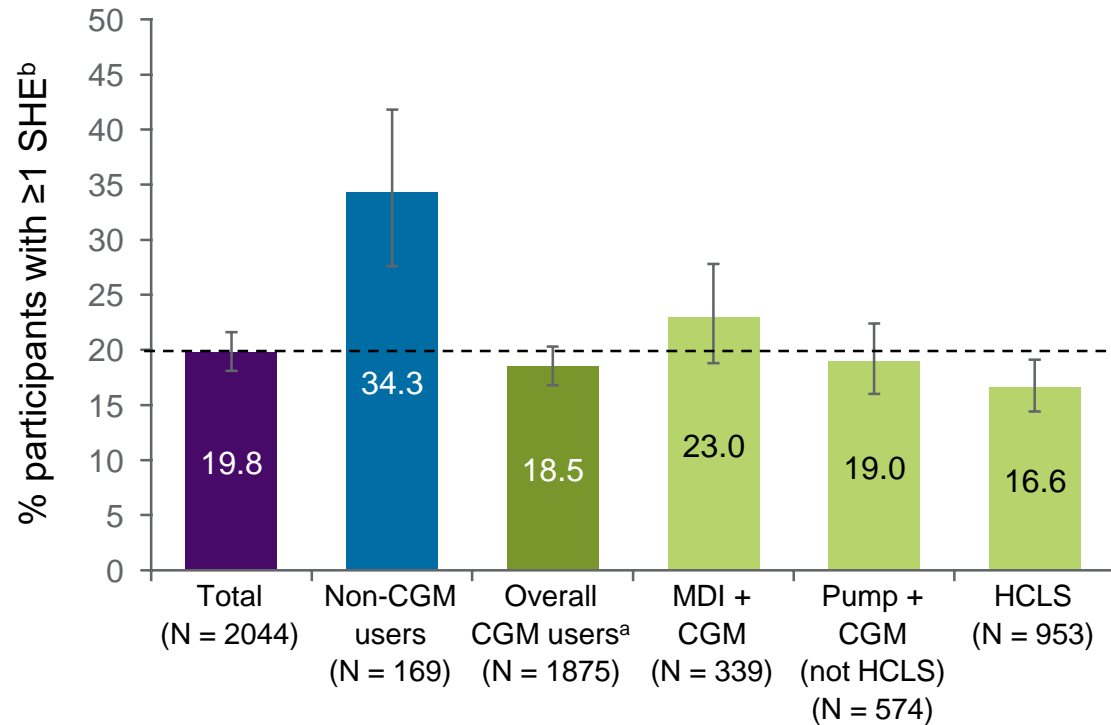


4/10 experienced 5 episodes of severe hypoglycemia

Flatt et al. *Diabetes Technol Ther* 25: 302, 2023

# Substantial Proportion on Closed-Loop Continue to Experience SHEs

- Real-world data from the T1D Exchange registry and on-line community (N = 2044 survey respondents)
- Majority of these events occurred in those with IAHH that affected 30% of cohort regardless of tech use

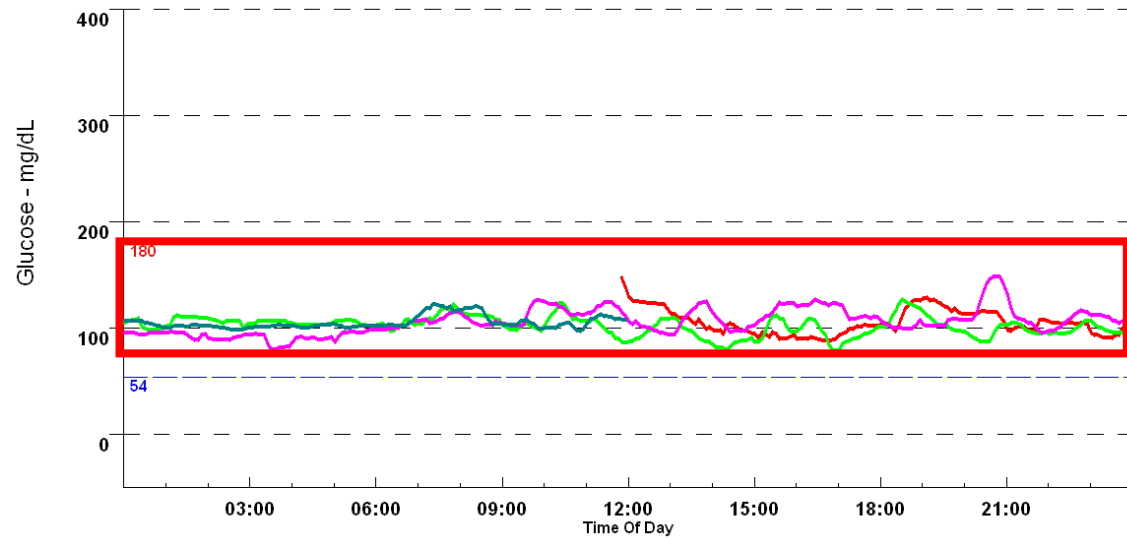


CGM, continuous glucose monitor; HCLS, hybrid closed-loop system; MDI, multiple daily injections; SHE, severe hypoglycemic event



# Case

## Islet Transplantation - PHPI



No hypoglycemia exposure  
Normal glucose variability

Rickels et al. *J Clin Endocrinol Metab* 101: 4421, 2016

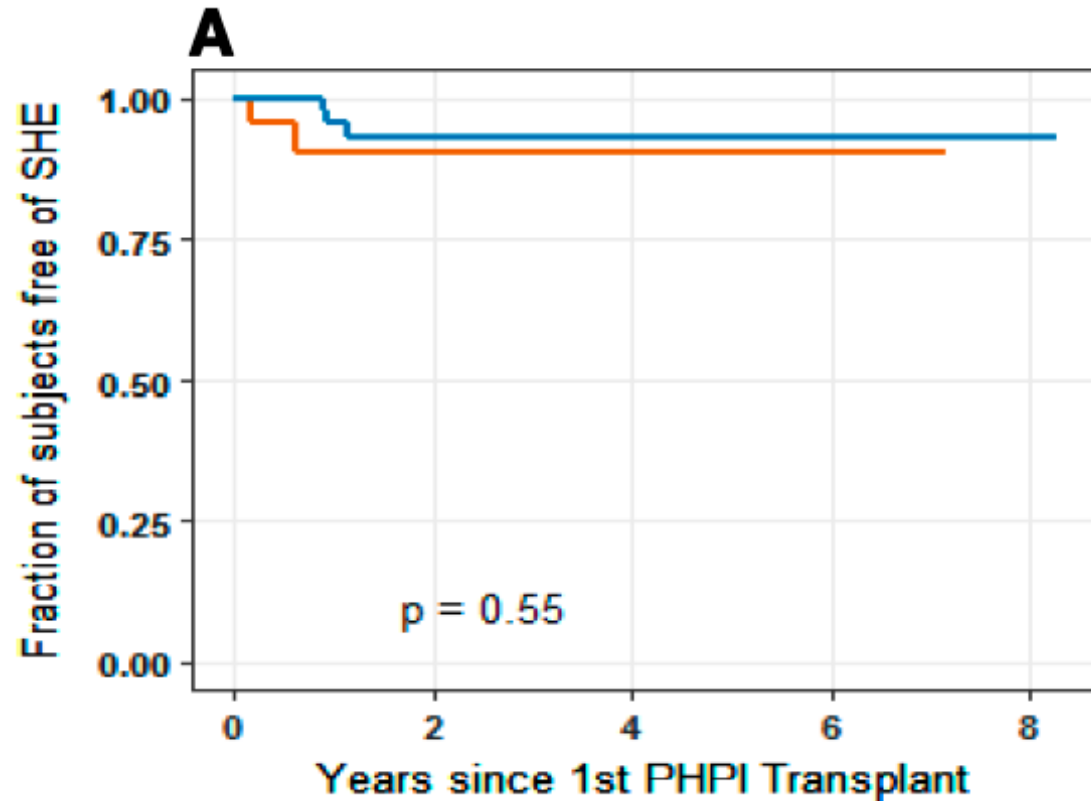
## Automated Insulin Delivery - CIQ



On-going hypoglycemia exposure  
Excessive glucose variability

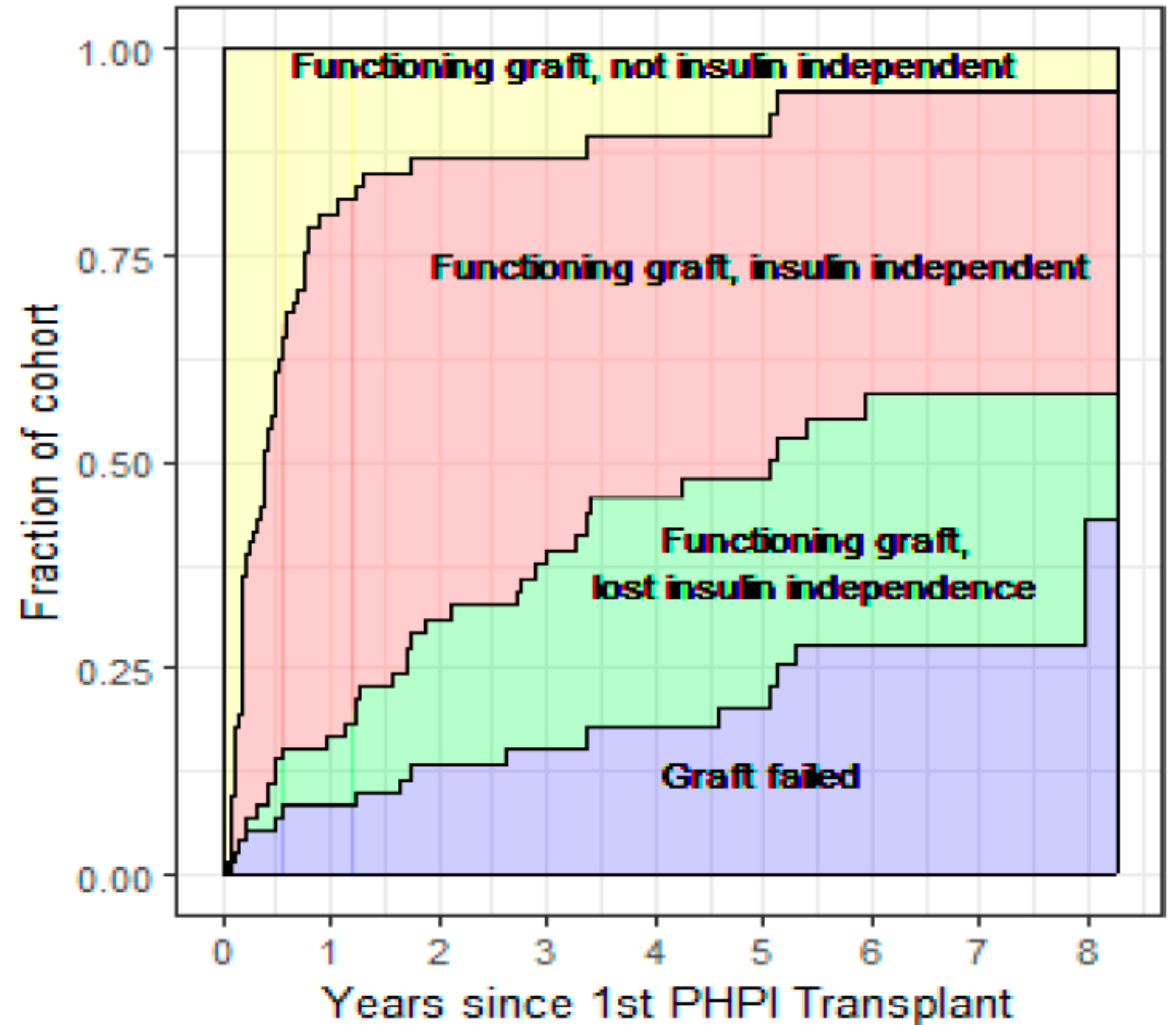
Flatt et al. *Diabetes Technol Ther* 25: 302, 2023

# Long-Term Outcomes with Islet Alone and After Kidney Transplantation

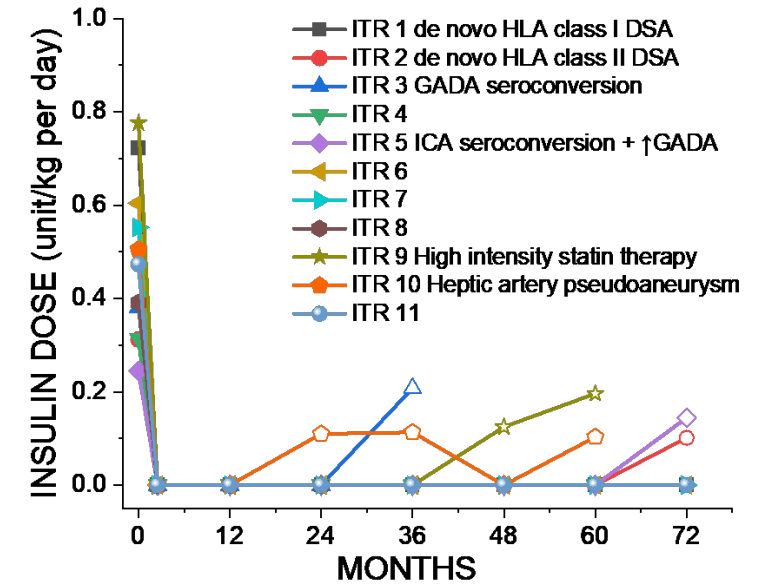
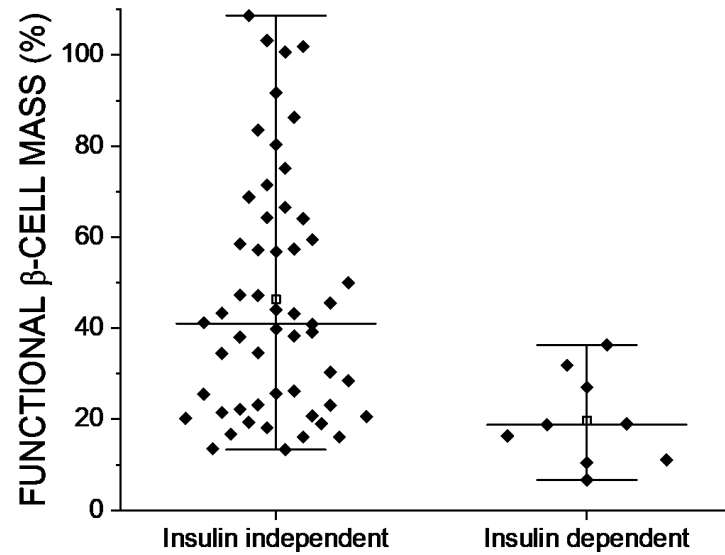
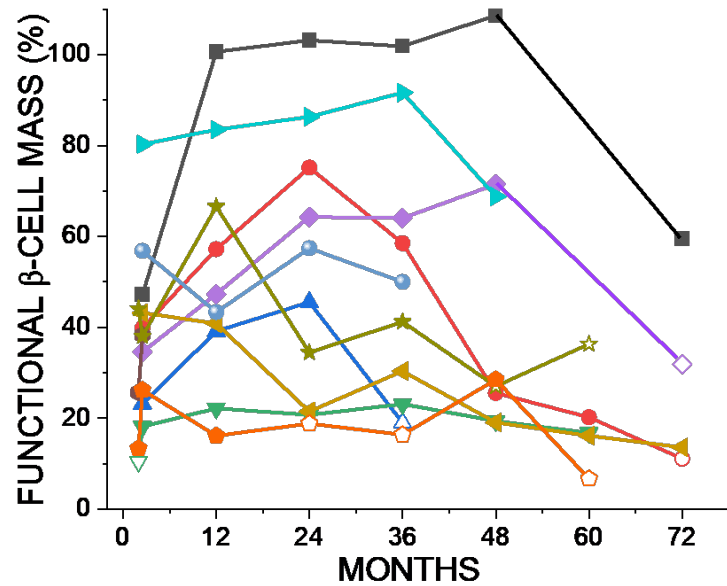


“Islet transplantation results in durable islet graft survival permitting achievement of glycemic targets in the absence of severe hypoglycemia for most appropriately indicated recipients having impaired awareness of hypoglycemia, with acceptable safety of added immunosuppression.”

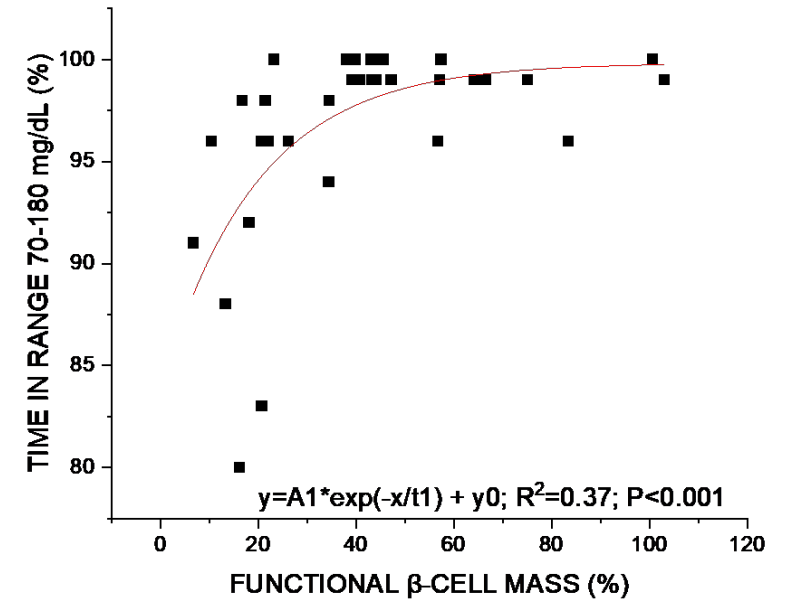
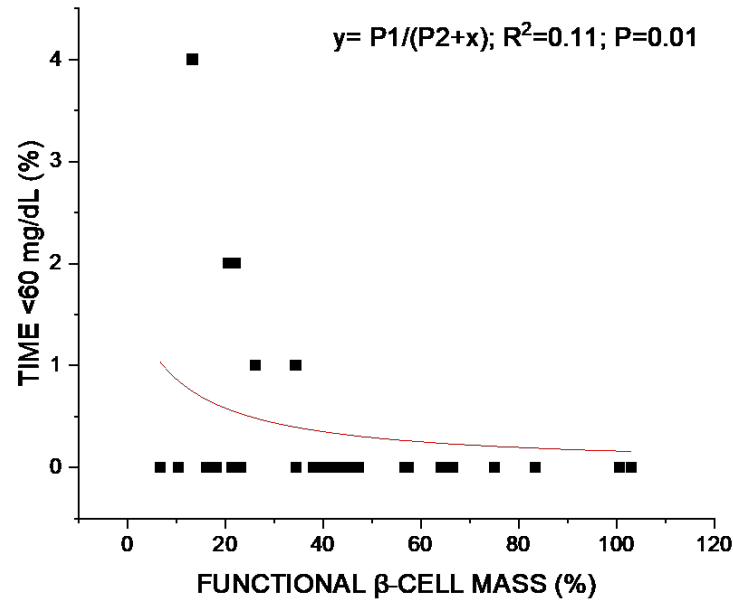
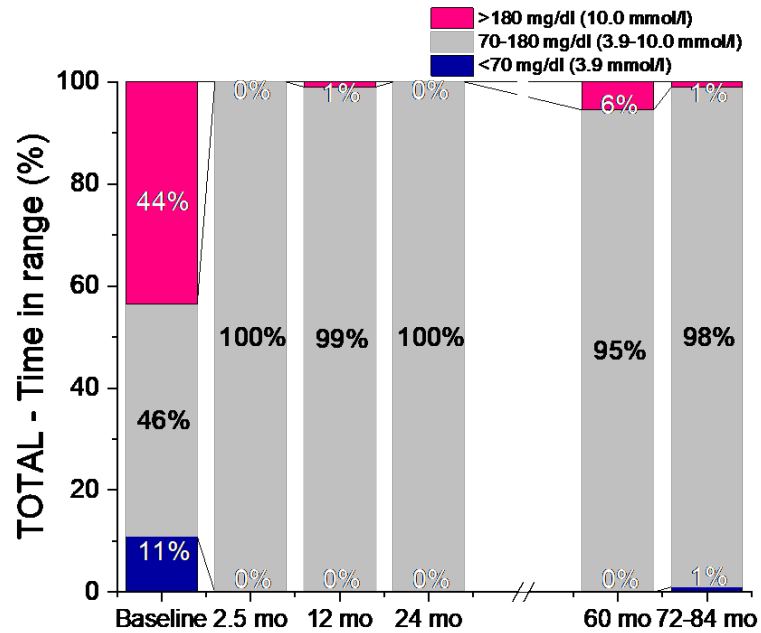
Rickels et al. *Diabetes Care* 45: 2967, 2022



# Heterogeneity of Islet Engraftment and Long-Term Survival



# Relationship of Functional $\beta$ -Cell Mass to Glycemic Control

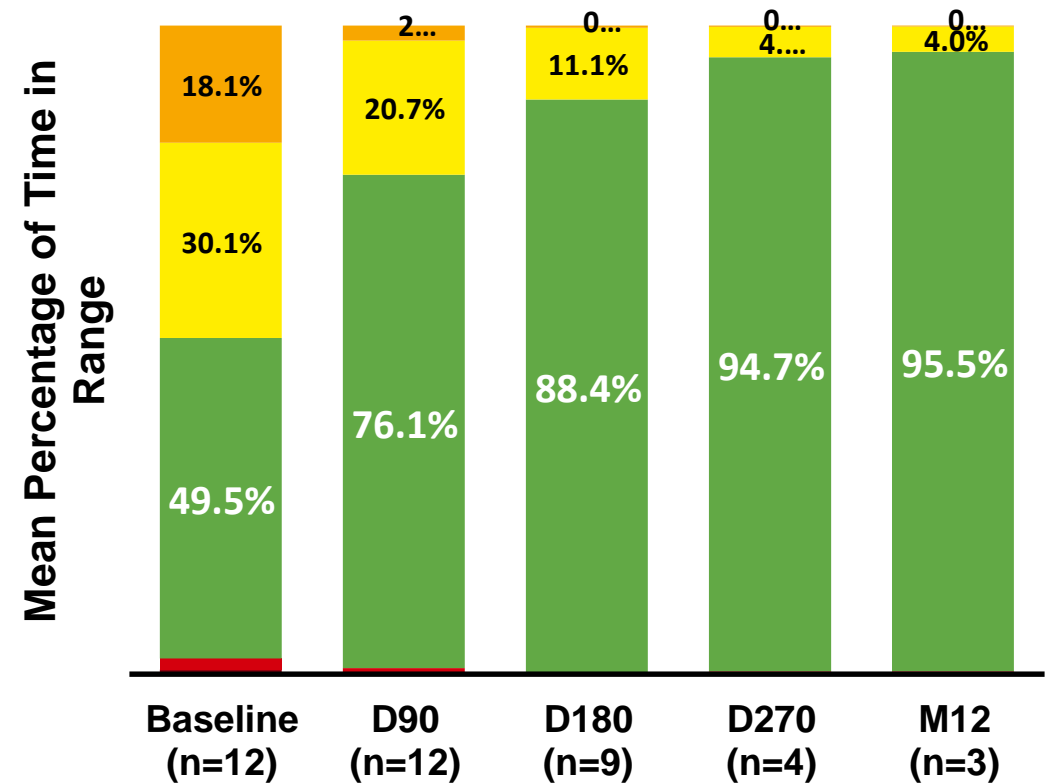
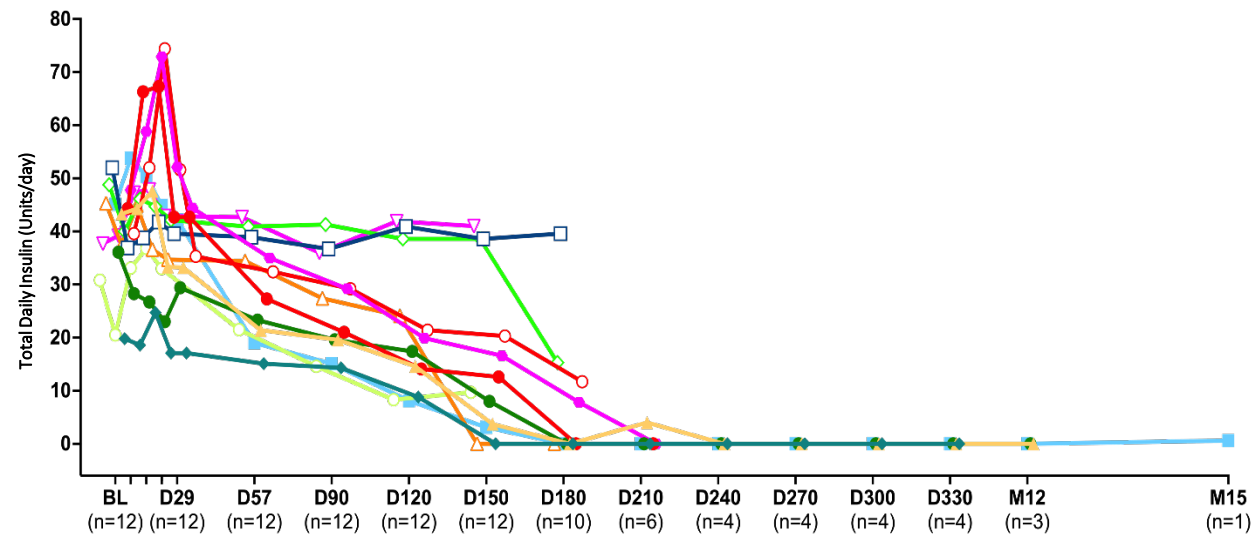
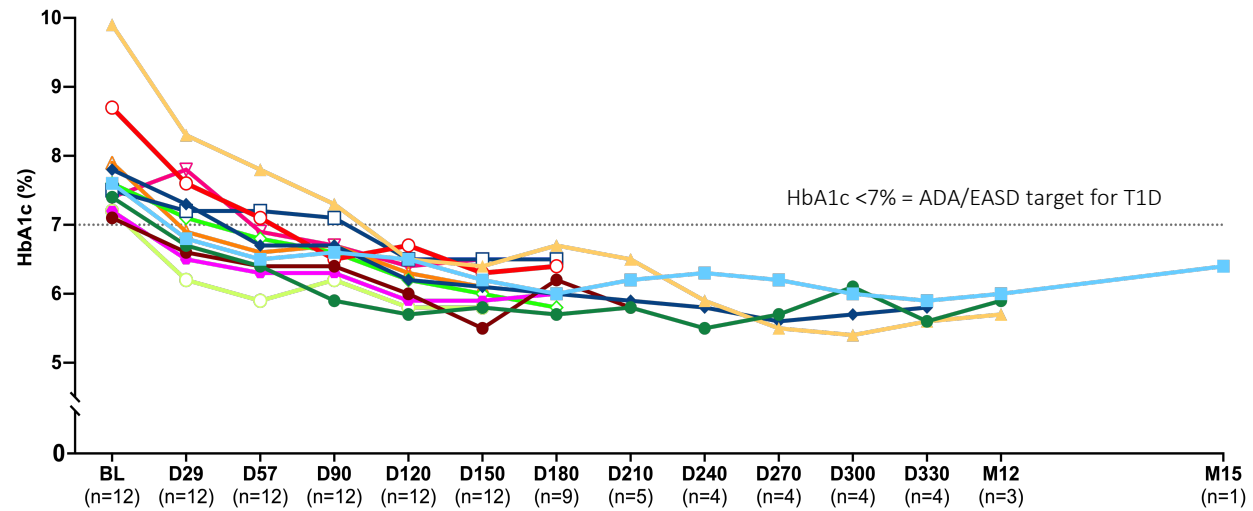


# Novel Cell Source for Islet Cell Therapy in Clinical Development for Type 1 Diabetes Complicated by Severe Hypoglycemia



**The cellular delivery protocol and immunosuppression regimen have been established for deceased donor islet cell therapy (PHPI)**

# Consistent Transplant Results with Stem Cell-Derived Islet Product



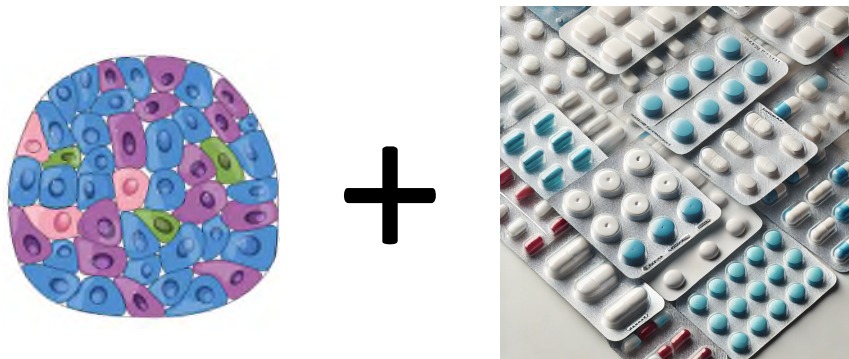
# Type 1 Diabetes Patient Heterogeneity for Islet Cell Therapy



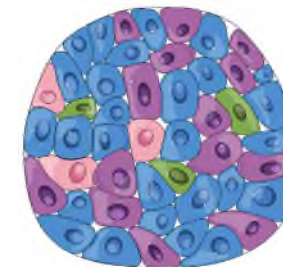
Very few T1D patients



Many T1D patients



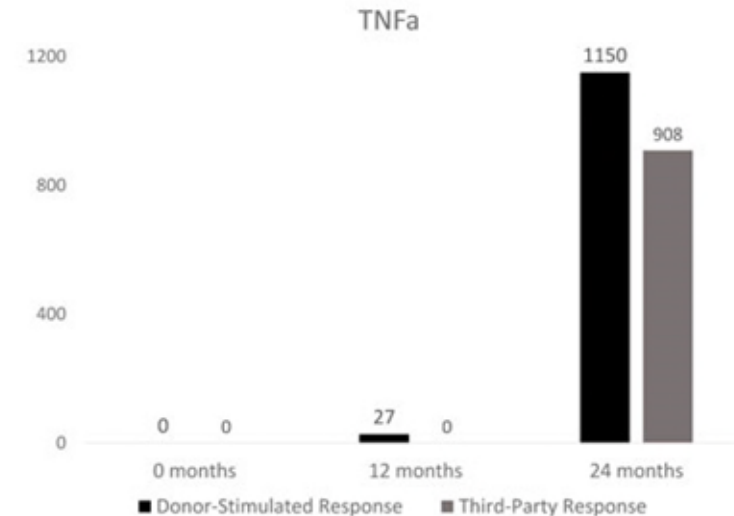
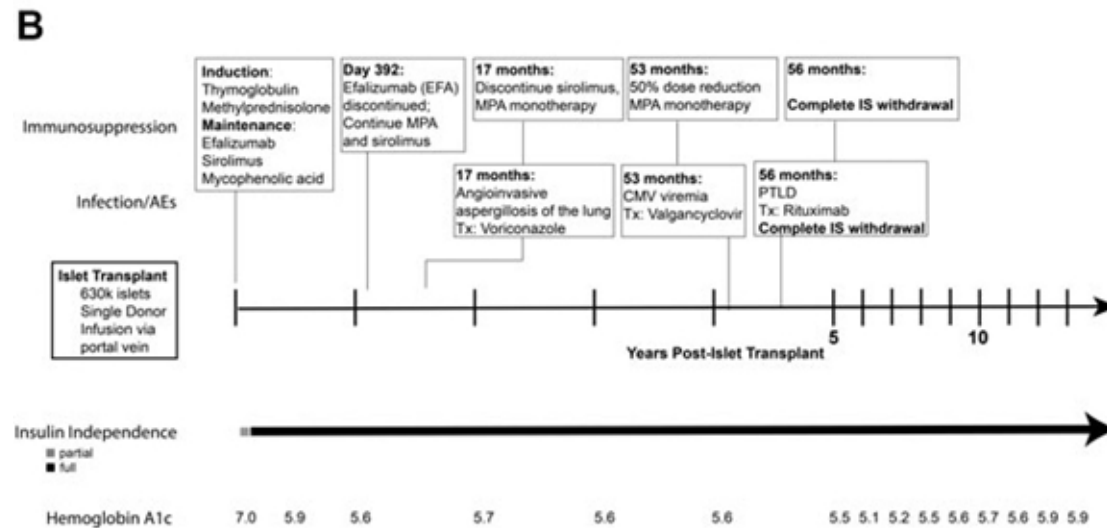
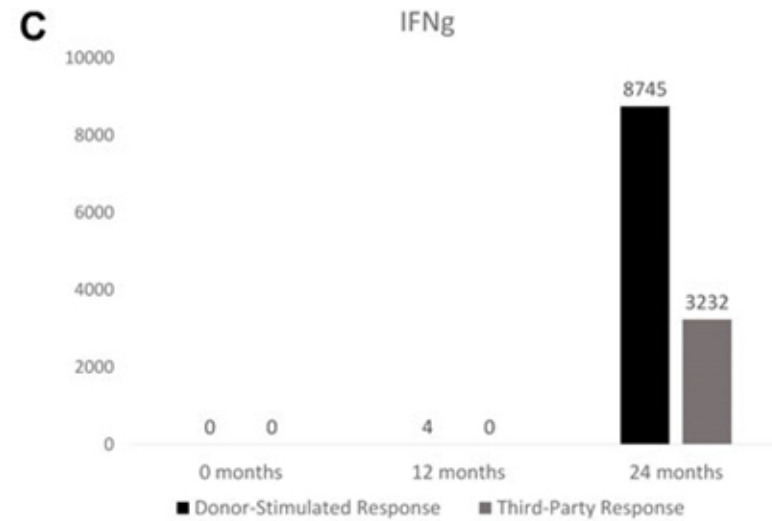
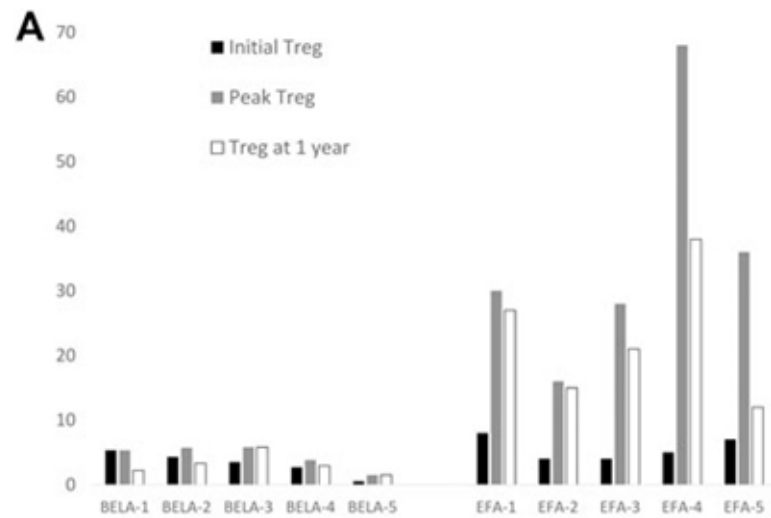
Islets + Immunosuppression



- Operational Tolerance
- Hypoimmune Islets

Immunoprotected Islets

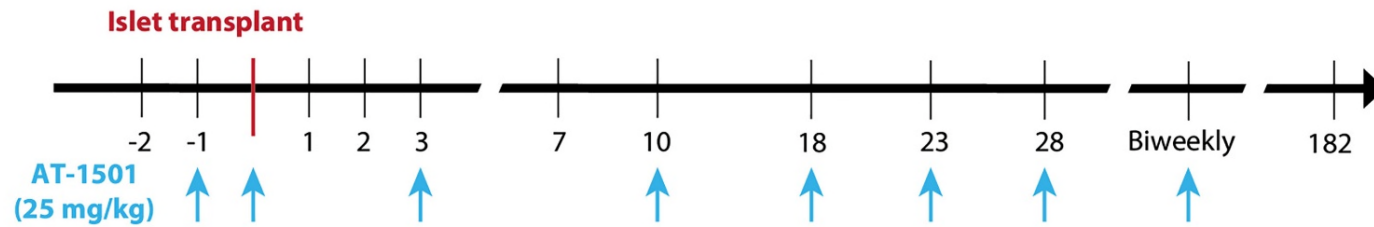
# Operational Tolerance in an Islet Transplant Recipient



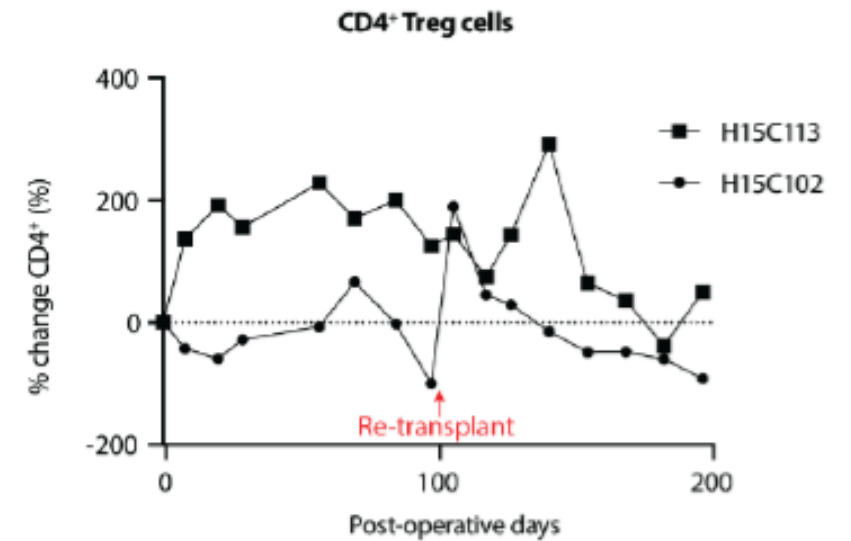
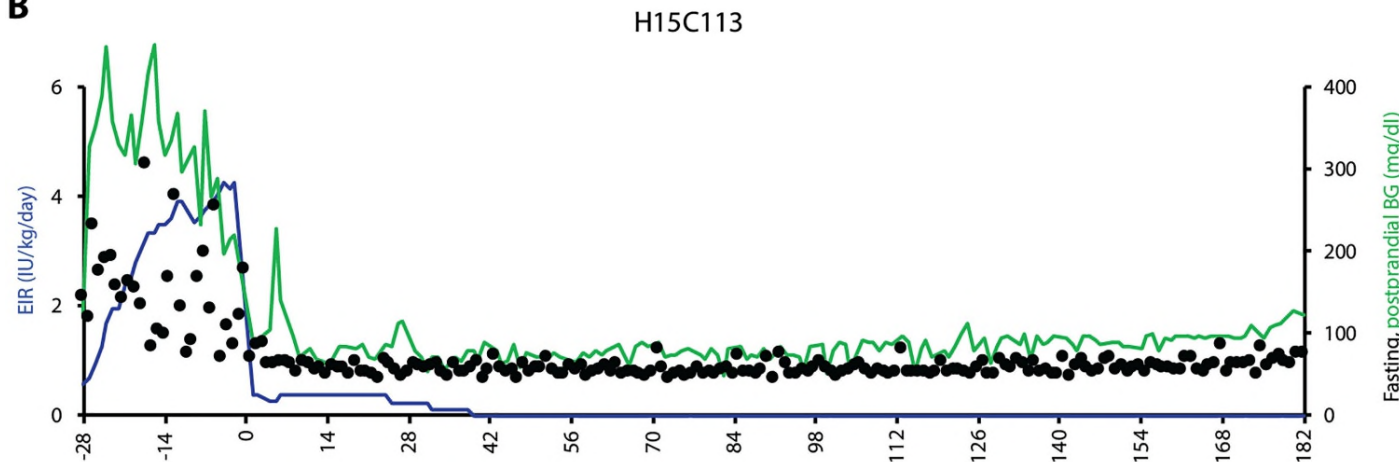


# Anti-CD40L Promotes CNI-free Immunosuppression in Macaques

A



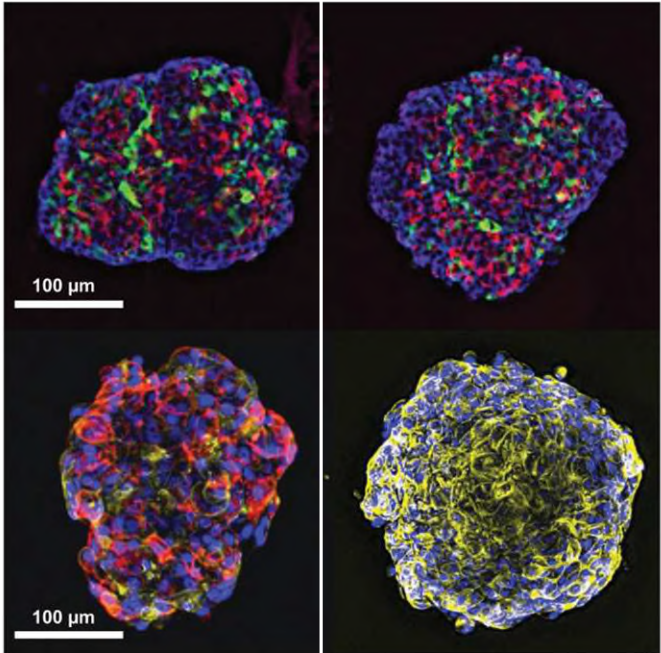
B



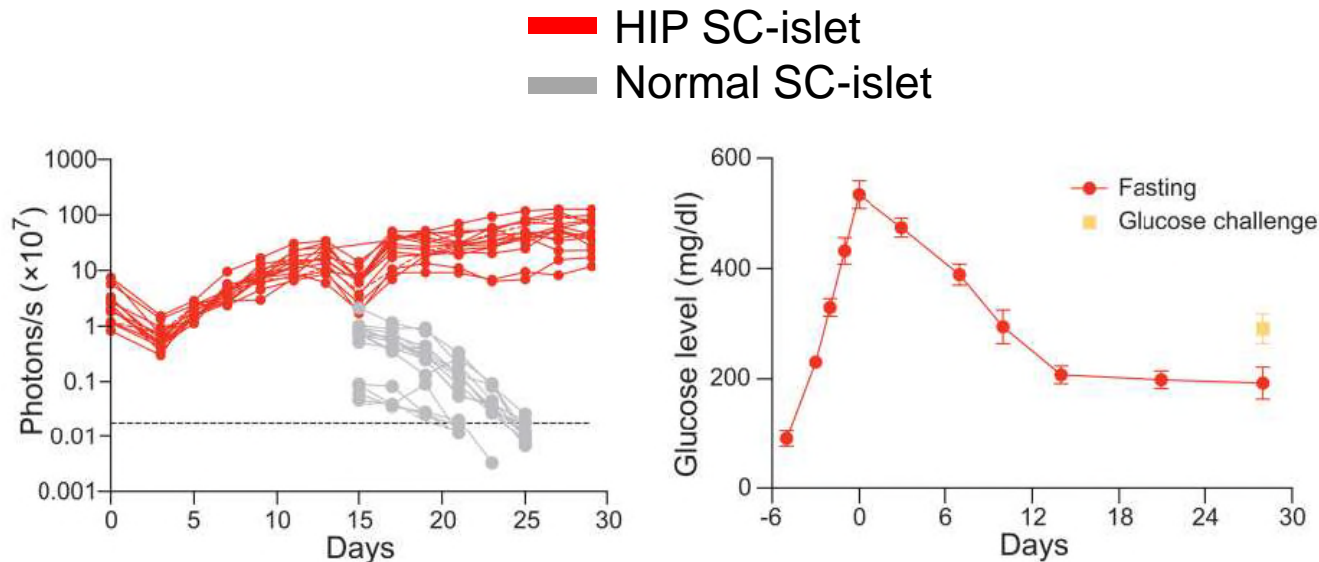
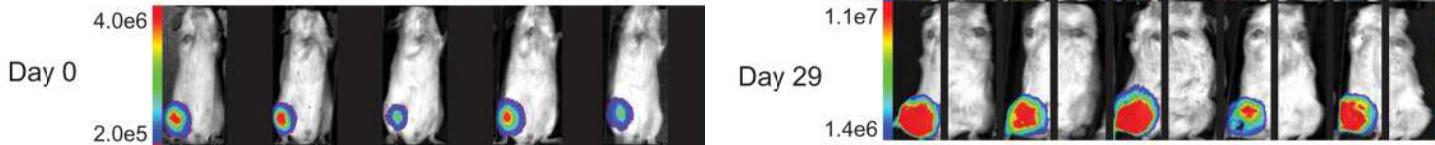
# Genome Editing for Hypoimmunity of Islets

## HIP SC-islet Transplantation

Normal SC-islet    HIP SC-islet



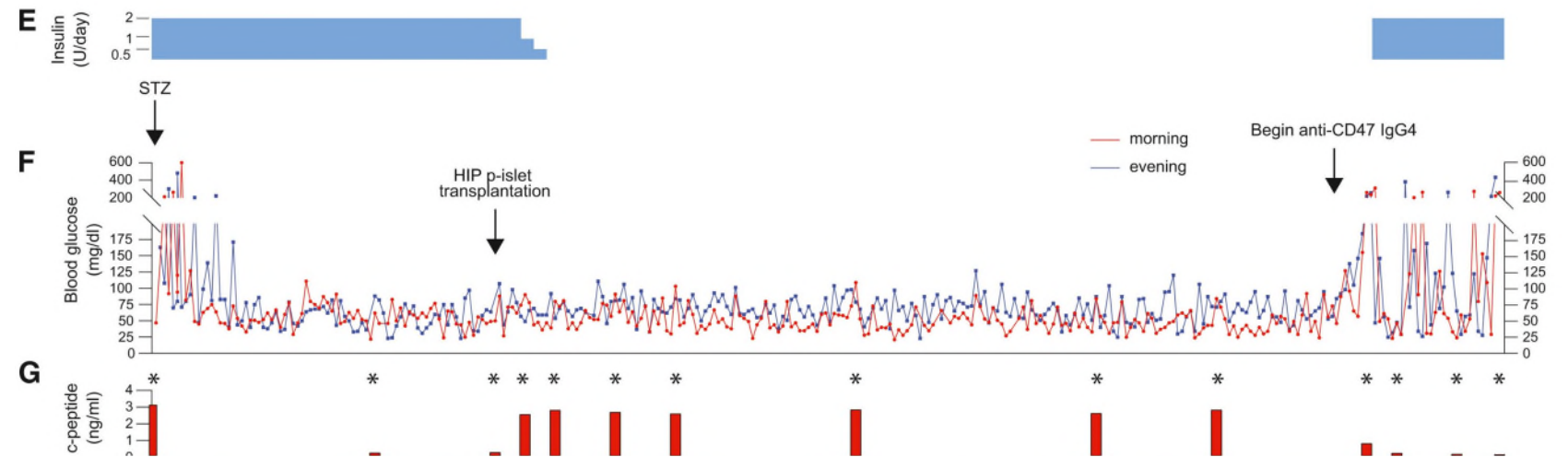
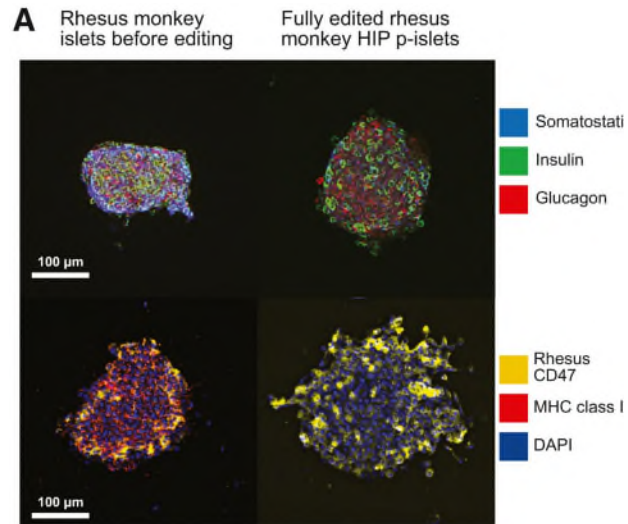
- Somatostatin
- Insulin
- Glucagon
  
- CD47
- HLA class I
- DAPI



Hypoimmune (HIP) SC-islets with HLA knockout and CD47 overexpression

Hu et al. *Sci Transl Med* 15: eadg5794, 2023

# Hypoimmune Islets without Immunosuppression in Macaques



# Current and Future Approaches to Islet Cell Replacement

**KEY:** **Current**   **Proof-of-Concept**   **Future**

| <b>β-cell source</b>   | <b>Transplant site</b>   | <b>Protection from the immune system</b>                                       |
|--|--|--|
| Allogeneic islets isolated from a deceased donor                               | Intrahepatic, via portal vein infusion   | Induction and maintenance immunosuppression                                    |
| Allogeneic islets derived from a human pluripotent stem cell line <sup>1</sup> | Intra-omental, via thrombin bio-scaffold <sup>2</sup>                          | Induction immunomodulation with operational tolerance <sup>3</sup>             |
| Xenogeneic islets isolated from a pathogen-free porcine herd                   | Intramuscular  | Immune evasion via genetic engineering <sup>4</sup> or local immunosuppression |
| Autologous islets derived from an inducible pluripotent stem (iPS) cell line   | Subcutaneous, via a device-less space or cell-permeable or -impermeable device | Immune protection via macroencapsulation device                                |

1. Witkowski et al. *ADA IBC-SY05*, 2024

3. Wisel et al. *Transplant Int* 36: 1, 2023

2. Baidal et al. *N Eng J Med* 376: 1887, 2017

4. Hu et al. *Sci Transl Med* 15: eadg5794, 2023

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## Rickels Lab

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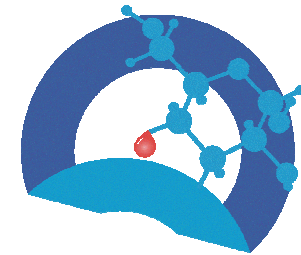
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James Weimer, PhD

Sooyong Jang, MS

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Namni Goel, PhD (now at Rush)



**I**nstitute for  
**D**iabetes,  
**O**besity, and  
**M**etabolism

# Updated Data from the Phase 1/2 FORWARD Study of VX-880 Stem Cell-Derived, Fully Differentiated Islets in Participants with Type 1 Diabetes, Impaired Awareness of Hypoglycemia and Severe Hypoglycemia

**Piotr Witkowski, MD on behalf of the VX-880 authors**

*Piotr Witkowski, Trevor Reichman, James Markmann, John Fung, Jon Odorico, Martin Wijkstrom, Fouad Kandeel, Leslie Kean, Chantal Mathieu, **Anne Peters**, Bote Bruinsma, Chenkun Wang, Janet Hong, Bastiano Sanna, Gautham Marigowda, Felicia Pagliuca, Doug Melton, Camillo Ricordi, Michael Rickels*