

CAR T Cells in Autoimmune Disorders - an Update

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Dresden 03/06/2026

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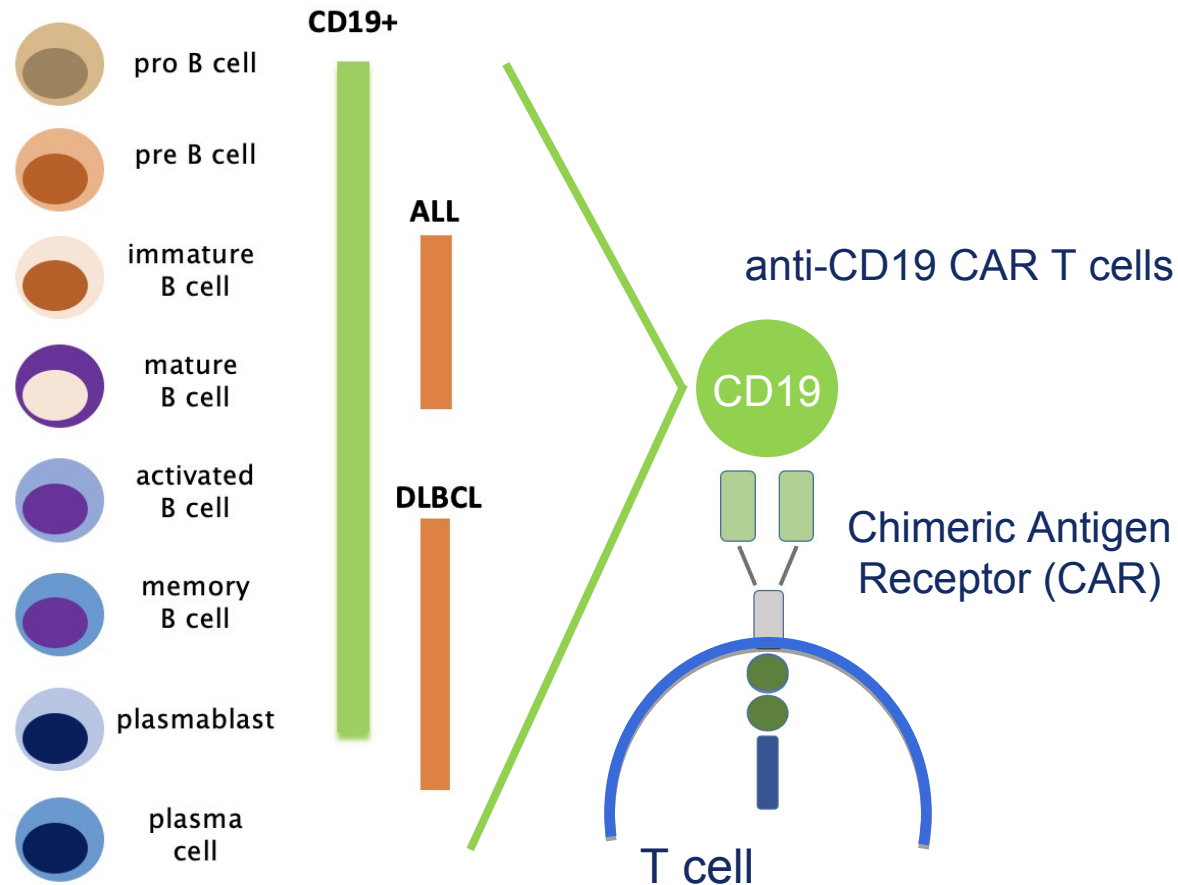
Disclosures

Grant/Research Support: AMGEN, Gilead Sciences

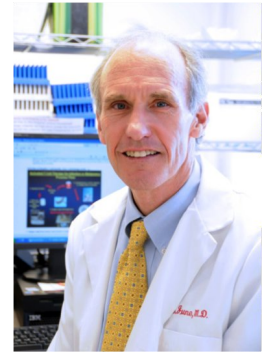
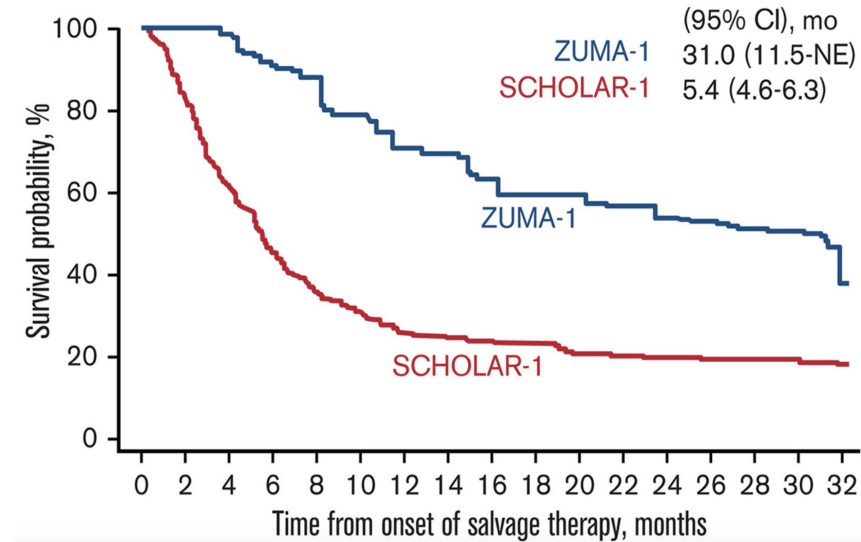
Consulting/Honoraria: Abbvie, AstraZeneca, AvenCell, Beigene, BMS, BMO Capital Markets, Gilead Sciences, Incyte Biosciences, Interius Bio Therapeutics, Kyverna Therapeutics, Miltenyi Biomedicine, Roche Pharma, Novartis, Takeda

The CAR T cell concept

Transformative potential for the treatment of B cell-derived malignancies



ALL, acute lymphatic leukimia; DLBCL, diffuse large B cell lymphoma; OS, overall survival



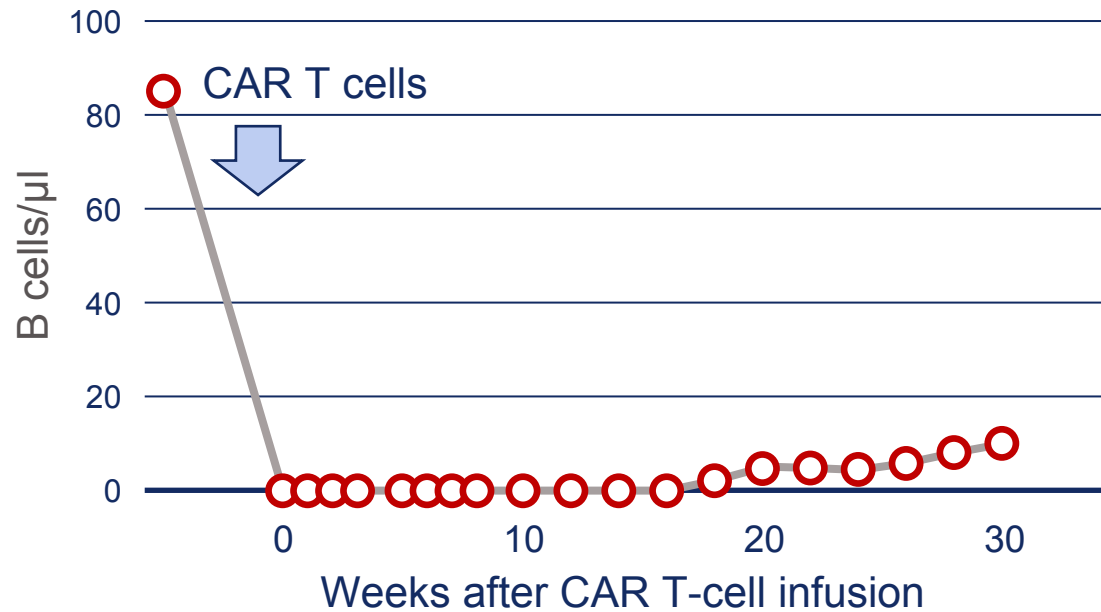
C. June, MD

- **effective**
e.g. r/r large B cell lymphoma (LBCL) following 1+ previous therapies
- **TRM ca. 5%**
cytokine release syndrome
neurotoxicity
hematotoxicity
infections
secondary malignancies

The Therapeutic Principle (in Cancer)

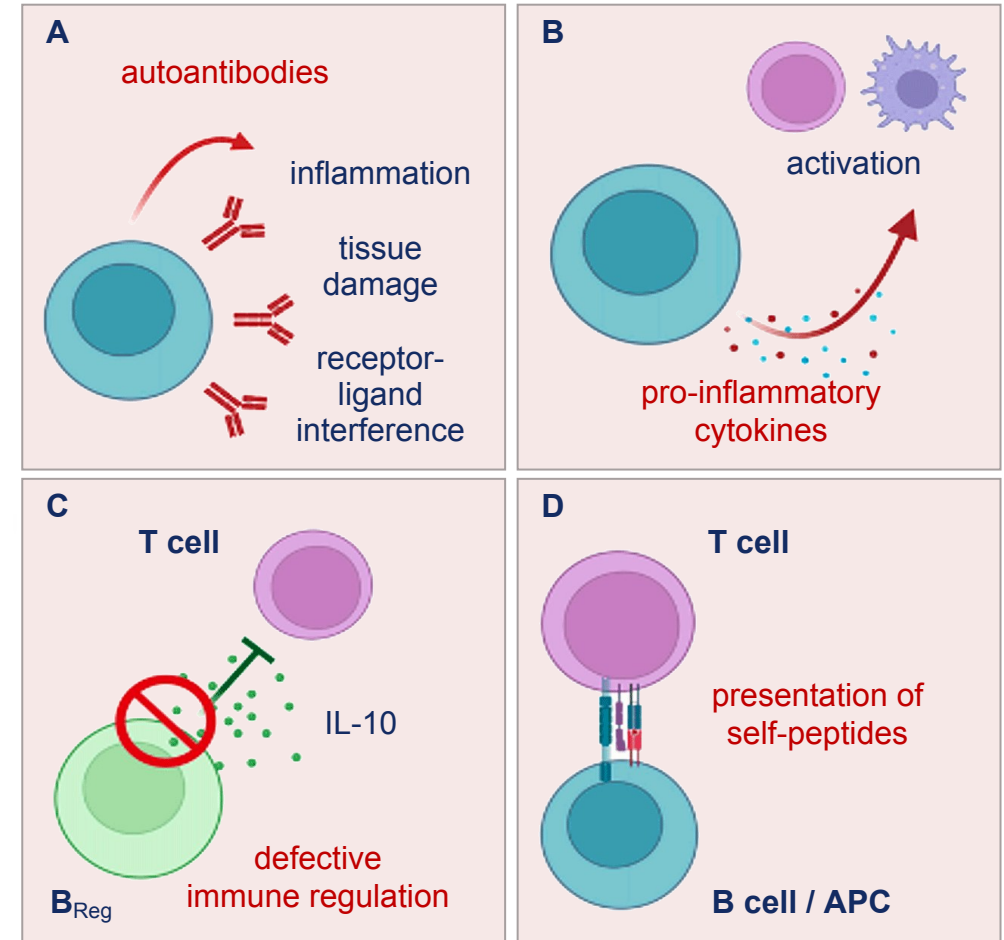
Lessons learnt from the treatment of cancer patients

Anti-CD19 CAR T cells lead to deep B cell depletion (on target, off tumor)



B cells play a central role in many autoimmune diseases

Is it possible to derive a therapeutic principle from a side effect?



Our/the first patient with systemic lupus erythematosus (SLE)

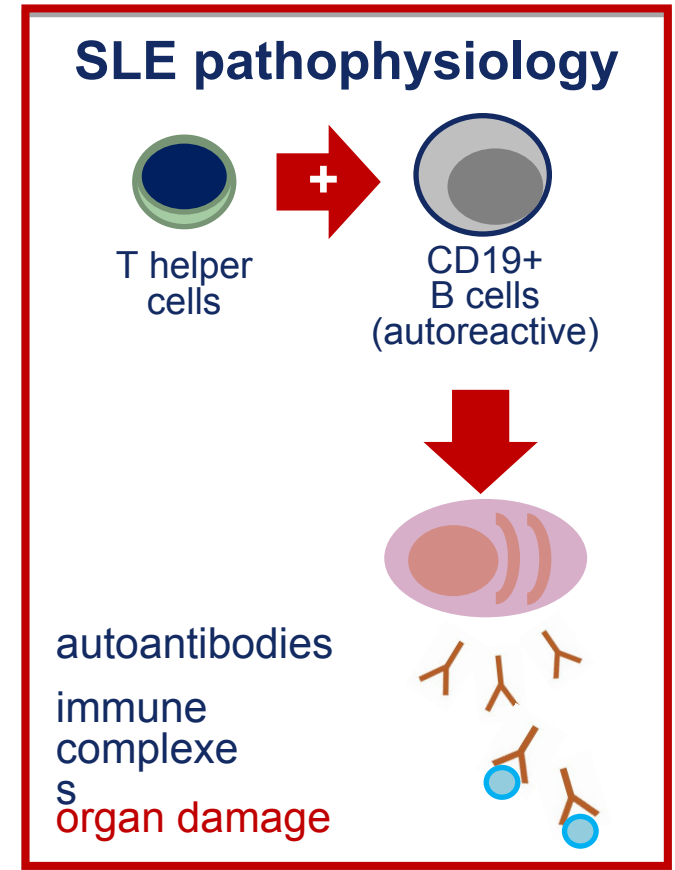
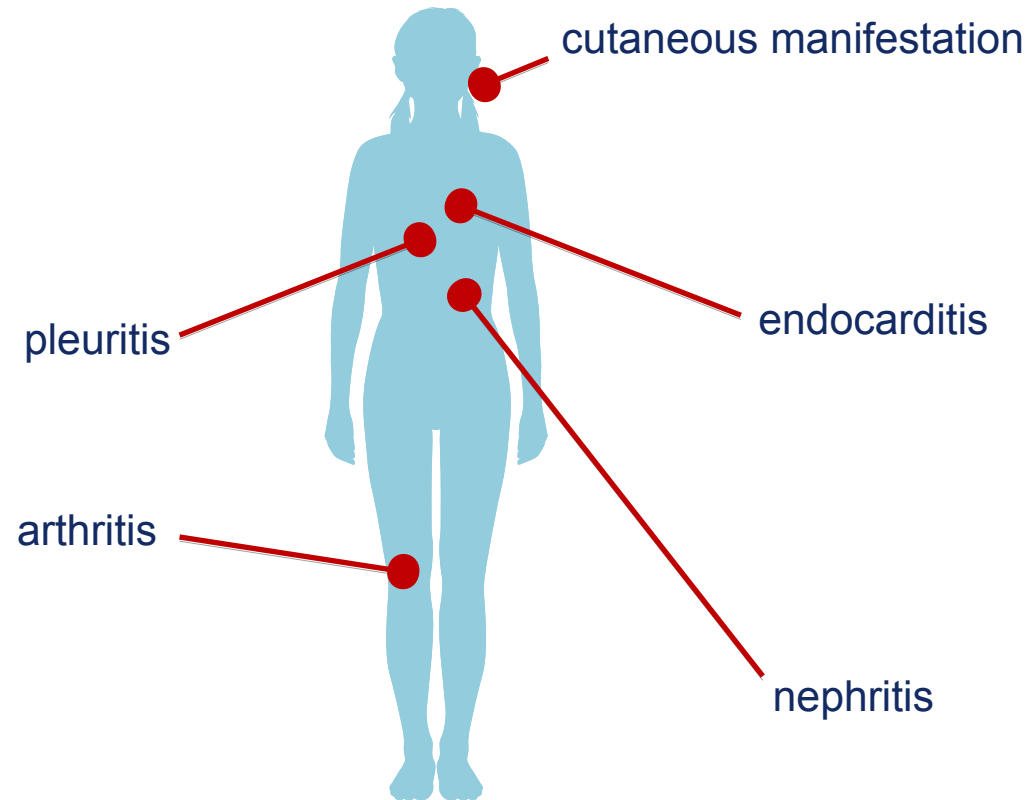


20-year old patient

systemic lupus erythematosus (SLE)

therapy at presentation:
hydroxychloroquin, MMF,
steroids, belimumab

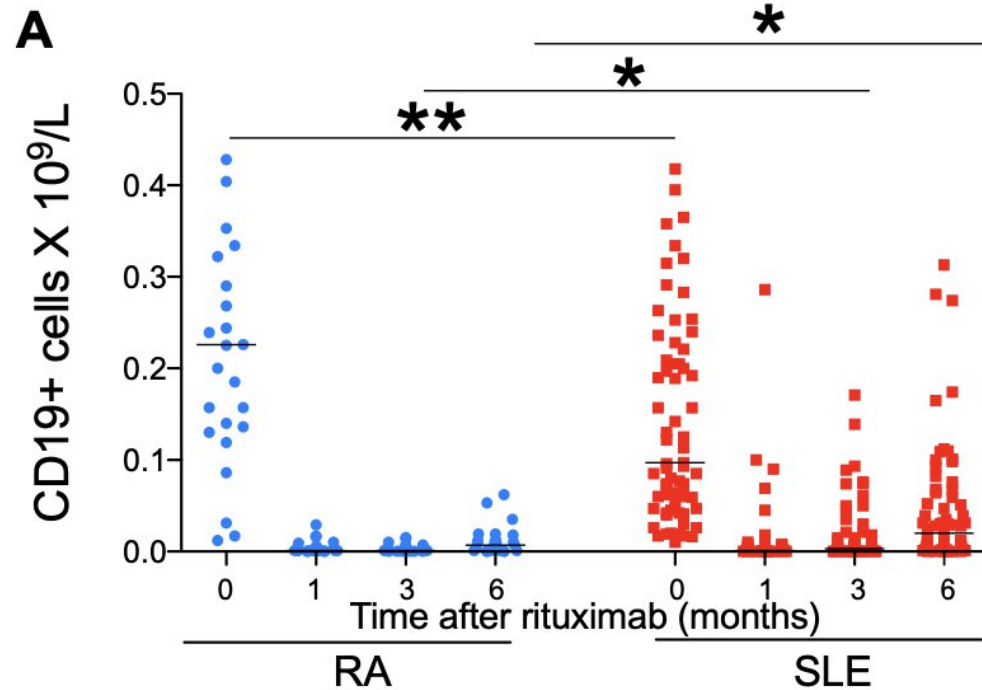
previous therapy: high dose steroids, rituximab,
tacrolimus, cyclophosphamide



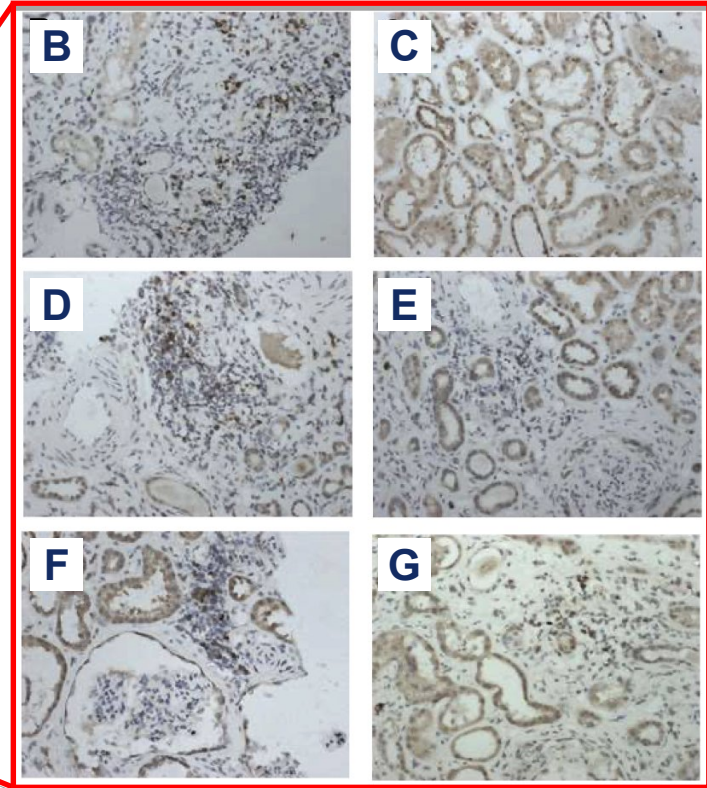
Clinical studies in SLE (and rheumatoid arthritis/RA)

Incomplete antibody-mediated depletion of B cells in tissue

- discrepancy between circulating and tissue-resident B cells



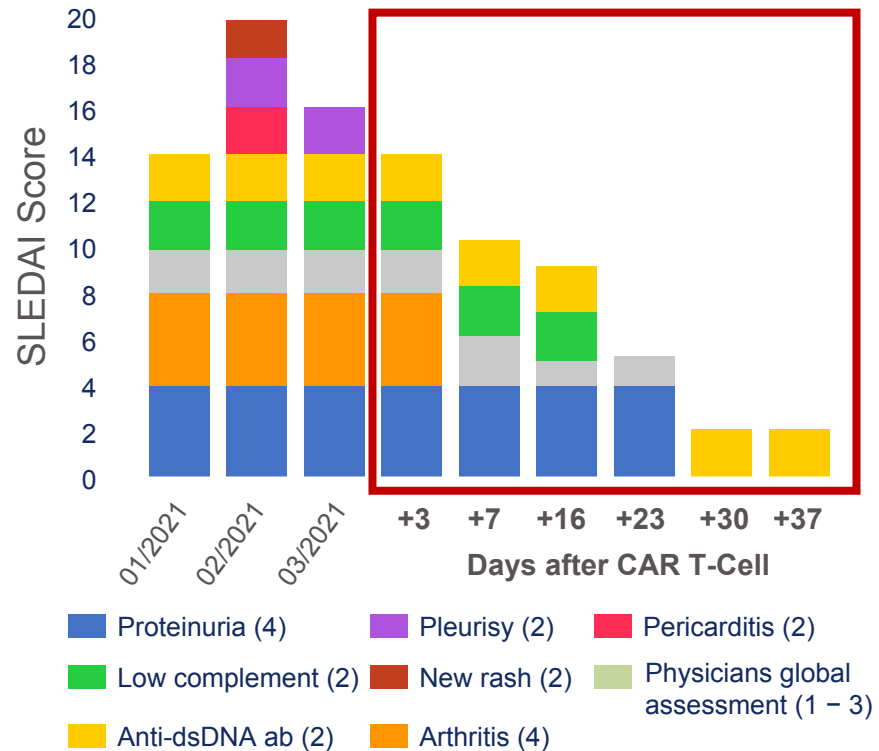
peripheral blood



kidneys

Course of laboratory chemical parameters after infusion of CAR T cells

Sustained therapeutic success without severe toxicity

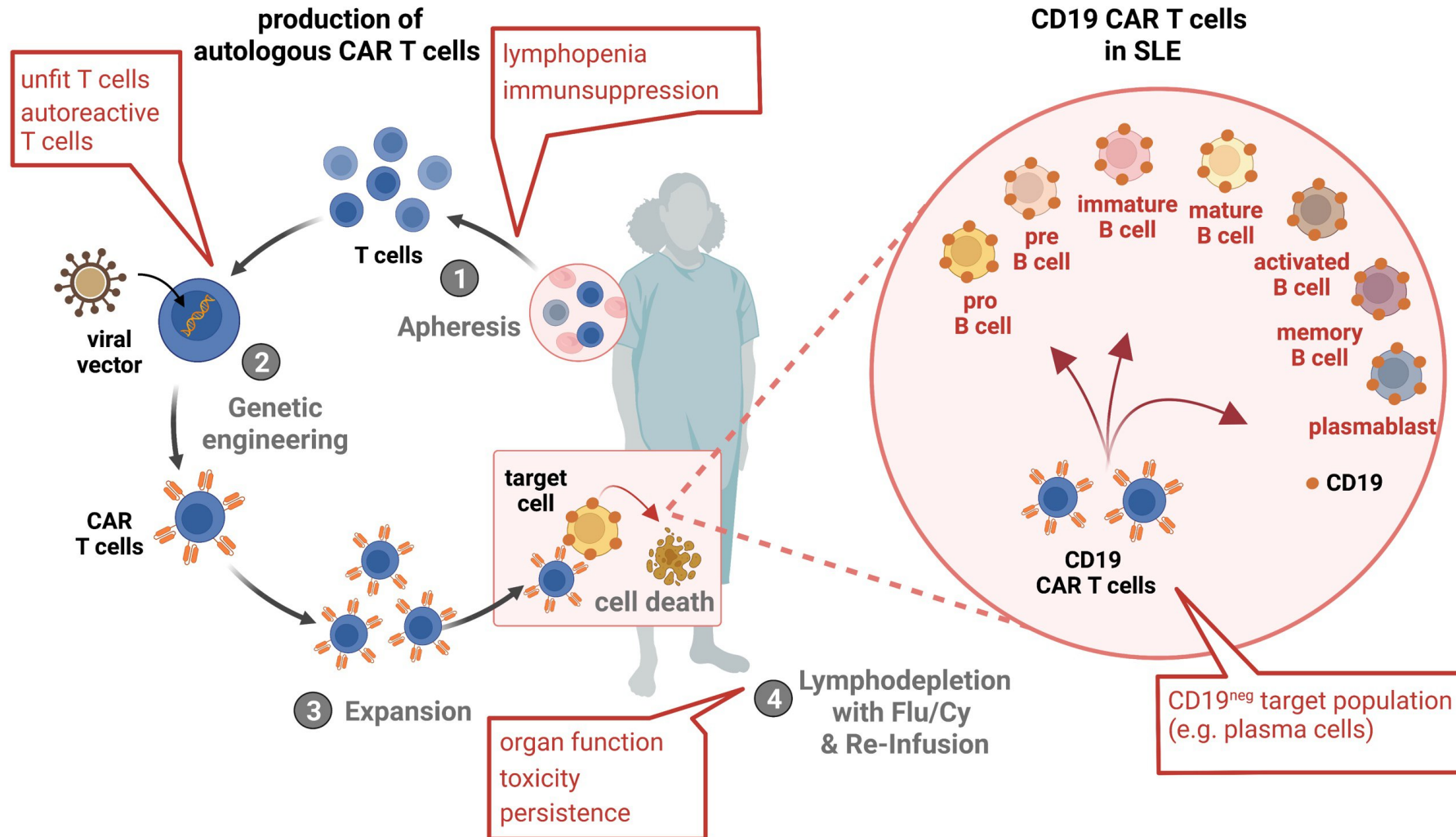


>5 years after treatment:

- no medication
- SLEDAI score = 0
- C3, C4 and anti-dsDNA antibody levels normalized
- CAR T-cells not detectable
- B-cell reconstitution

anti-CD19 CAR T-cells in 8 SLE patients **100% remission** without any signs of severe toxicity

The therapeutic principle of anti-CD19 CAR T cells in autoimmune diseases



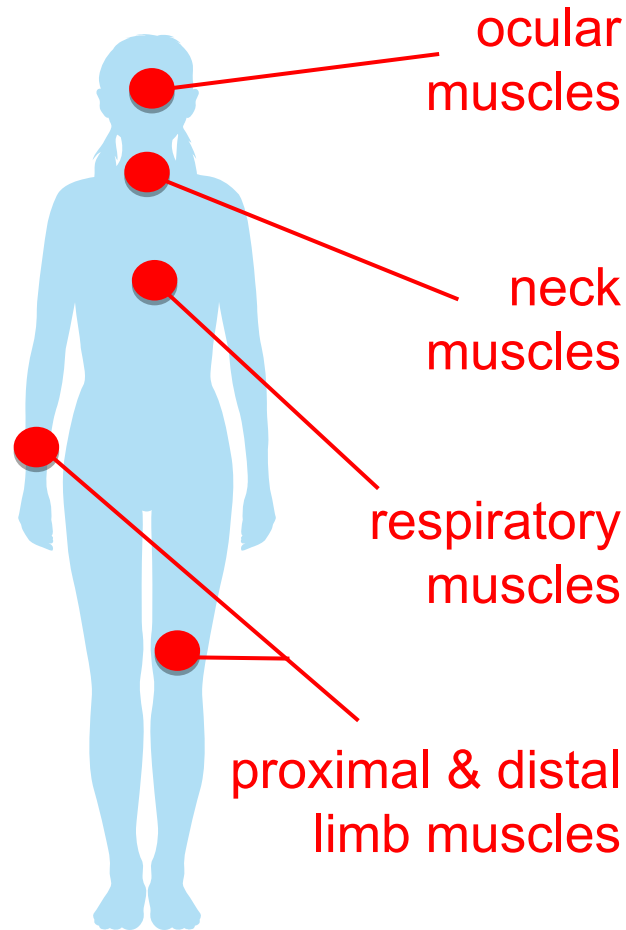
Can This Principle Work For Neuroimmunological Diseases?

Our (first) patient

Refractory severe myasthenia gravis (MG) with recurrent myasthenic crises



34 years old



- active (refractory) disease
- current medication: bortezomib, steroids, and AchE-I
- previous treatment: HD steroids, azathioprine, rituximab MMF, plasma separation, thymectomy

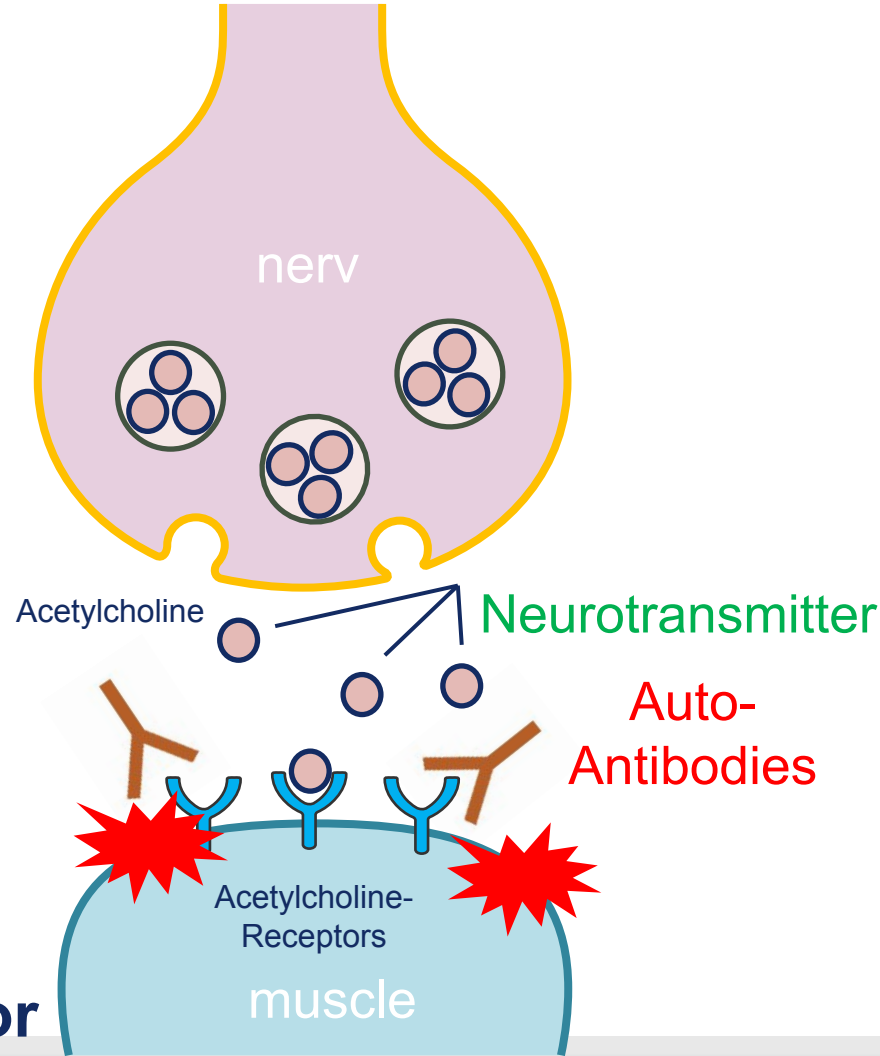
Patient with severe, therapy refractory myasthenia gravis

Myasthenia gravis

Prototypical B cell-mediated autoimmune disorder

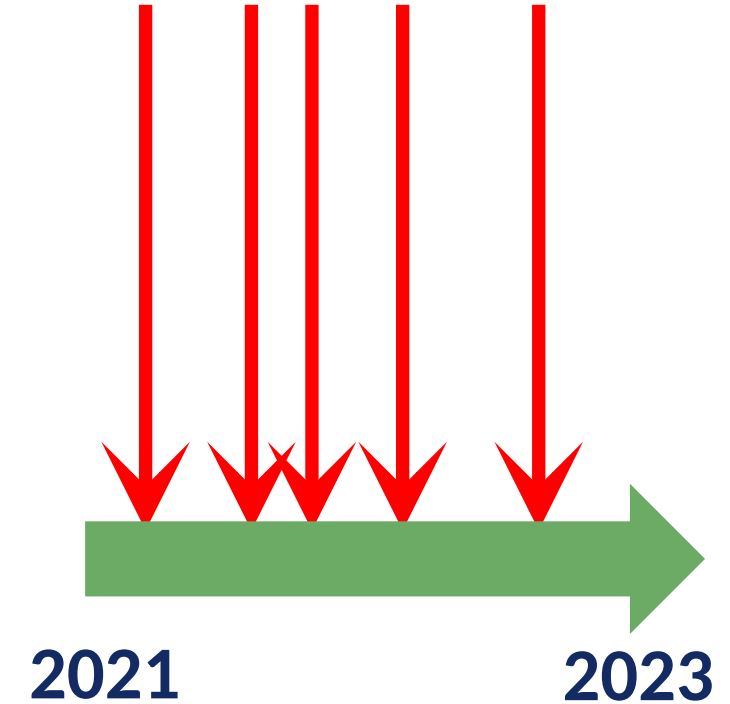


in 80% of the cases
presence of
autoantibodies
against the
acetylcholine-receptor



Disturbed Muscle Innervation

mechanical
ventilation required



Clinical efficacy



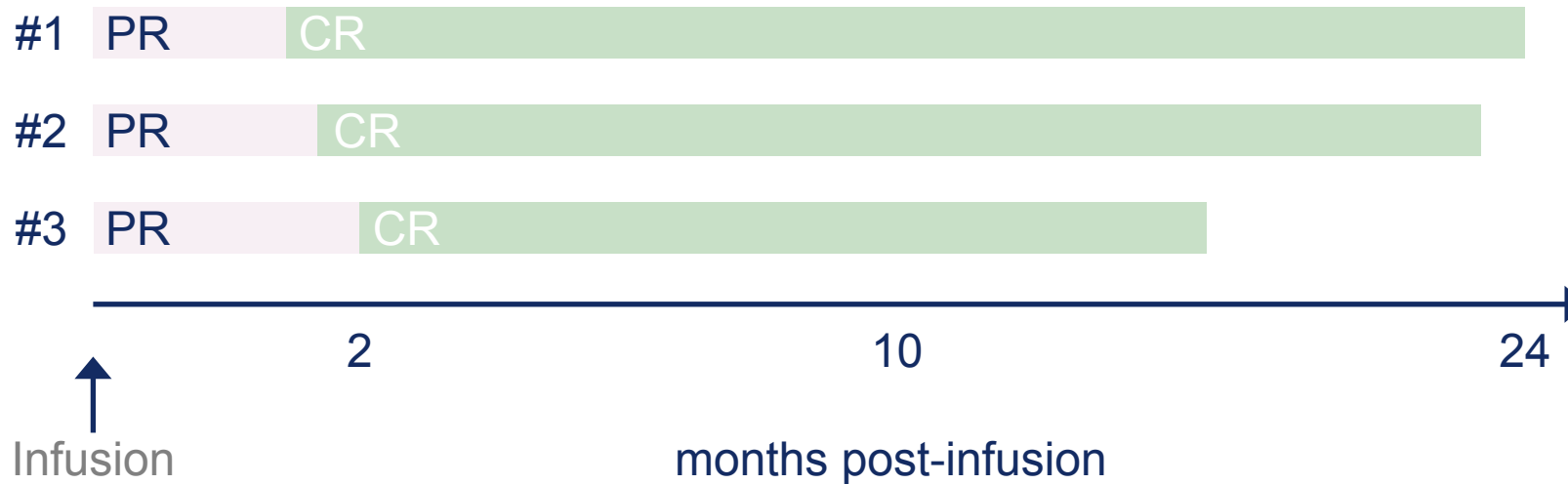
before infusion



two weeks after infusion

➤ clinical remission despite presence of AchR-antibodies

...and long lasting

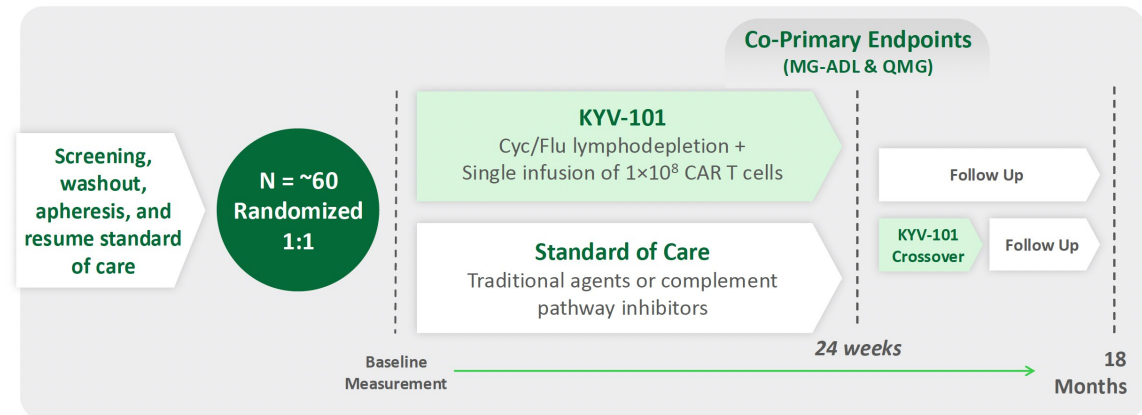


3 patients with
autoantibody positive
severe and refractory
myasthenia gravis

CR, complete remission = disease and therapy free

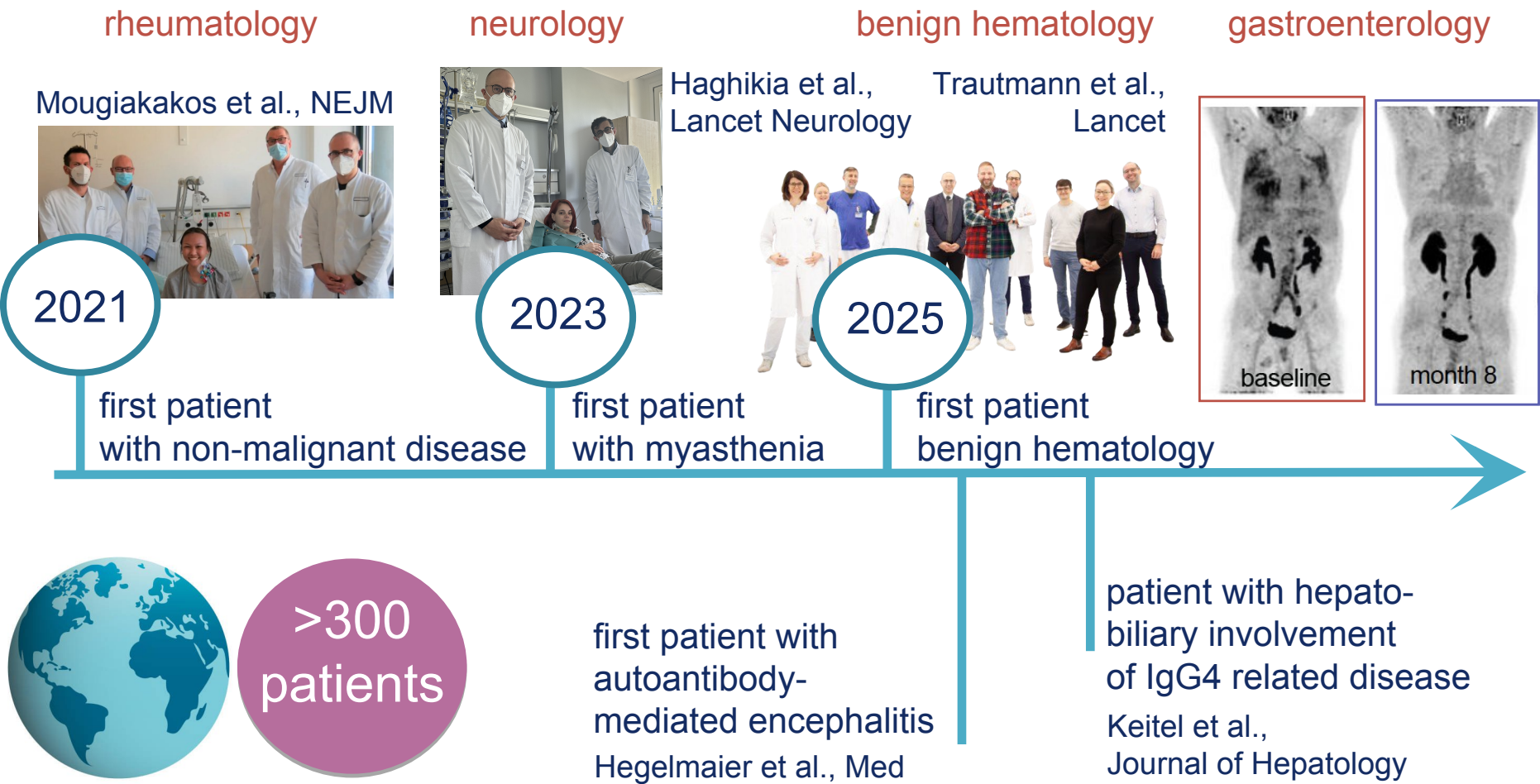


KYSA-6, Phase 3 trial
for patients
with refractory
Myasthenia Gravis



What Have We Learnt
So Far?

CAR T cell-mediated deep B cell depletion as a biology-driven therapeutic strategy...



... with evident therapeutic potential



>300
patients

Search Details: Viewing 1-10 out of 180 studies for: Autoimmune Diseases | CAR T cells

Condition/disease ⓘ

Autoimmune Diseases

Other terms ⓘ

Intervention/treatment ⓘ

CAR T cells

ITP encephalitis NMOSD
rheumatoid arthritis myasthenia
hemophilia
SLE myositis SPS

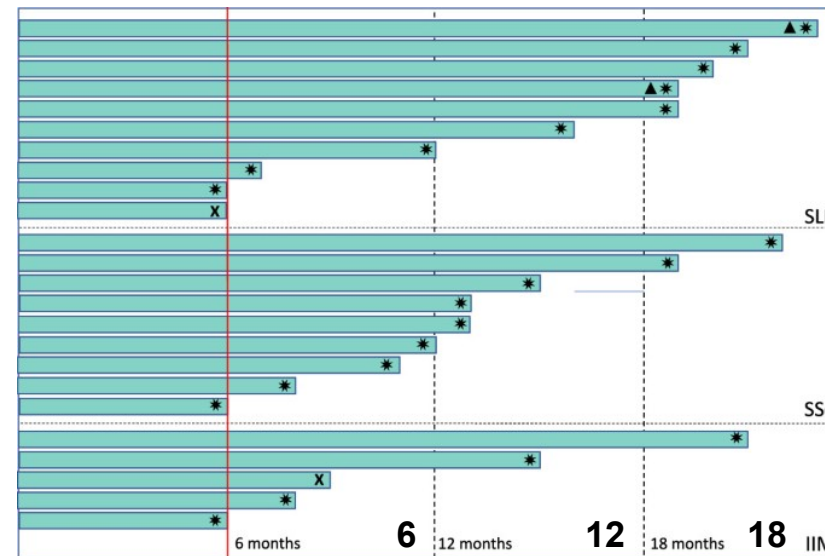
B cell-mediated
autoimmune disorders

Case Reports

Case Series

Clinical Trials

CASTLE trial: drug free remission



systemic lupus
erythematosus (SLE)
n=10

systemic sclerosis (SSc)
n=9

idiopathic inflammatory
myopathies (IIM)
n=5

New patient populations and randomized trials

hit early, hit hard?

nature medicine

Article

<https://doi.org/10.1038/s41591-025-04191-8>

Anti-CD19 CAR T cells for pediatric patients with treatment-refractory autoimmune diseases

systemic lupus
erythematosus (SLE)
n=4
systemic sclerosis (SSc)
n=1
juvenile dermatomyositis
(JDM)
n=3

100%
treatment free
remission
[ø16.5 m follow up]

important benchmarking against alternative B cell-depleting strategies

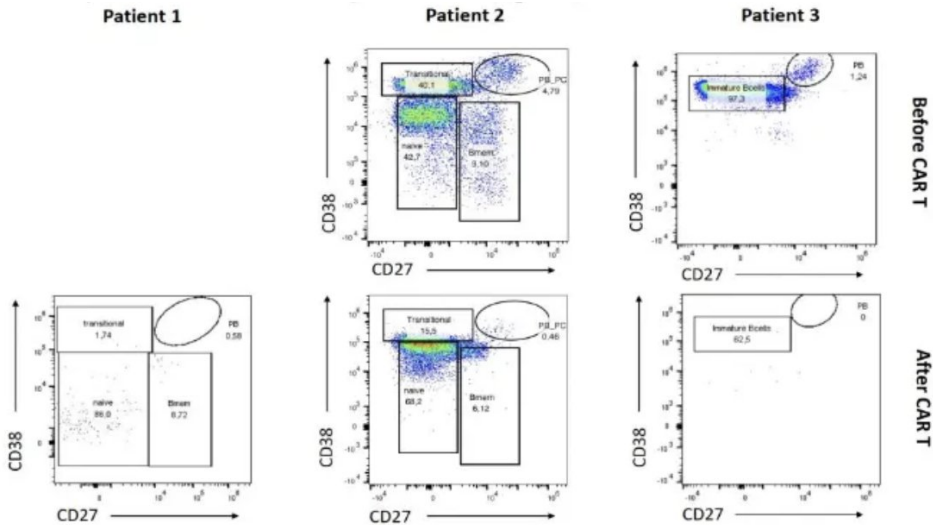
Comparison of B-cell Depletion by Rituximab and Anti-CD 19 CAR-T Therapy in Patients With Rheumatoid Arthritis (COMPARE)

ClinicalTrials.gov ID ⓘ NCT06475495

Sponsor ⓘ Charite University, Berlin, Germany

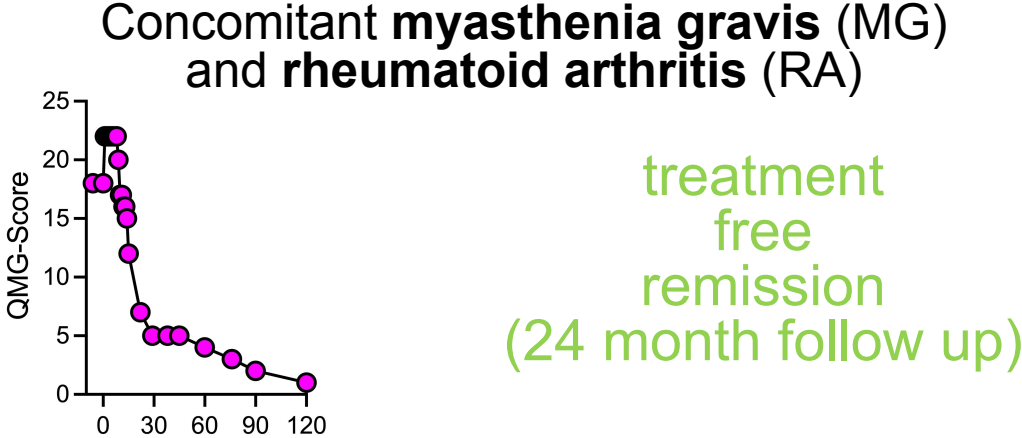
Information provided by ⓘ David Simon, Charite University, Berlin, Germany (Responsible Party)

Last Update Posted ⓘ 2024-06-26

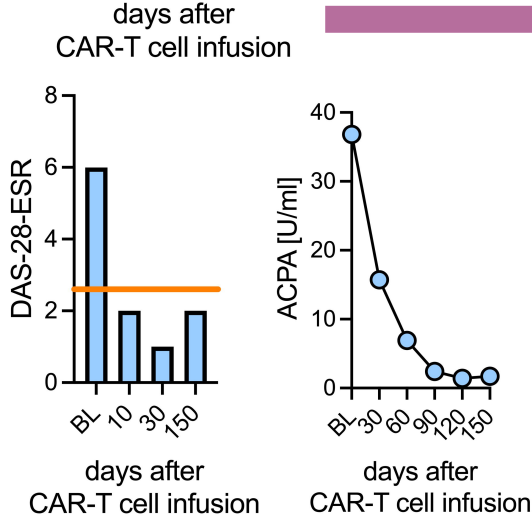


Resistance and relapse(s) occur
One size might not fit all & inflammation ≠ degeneration

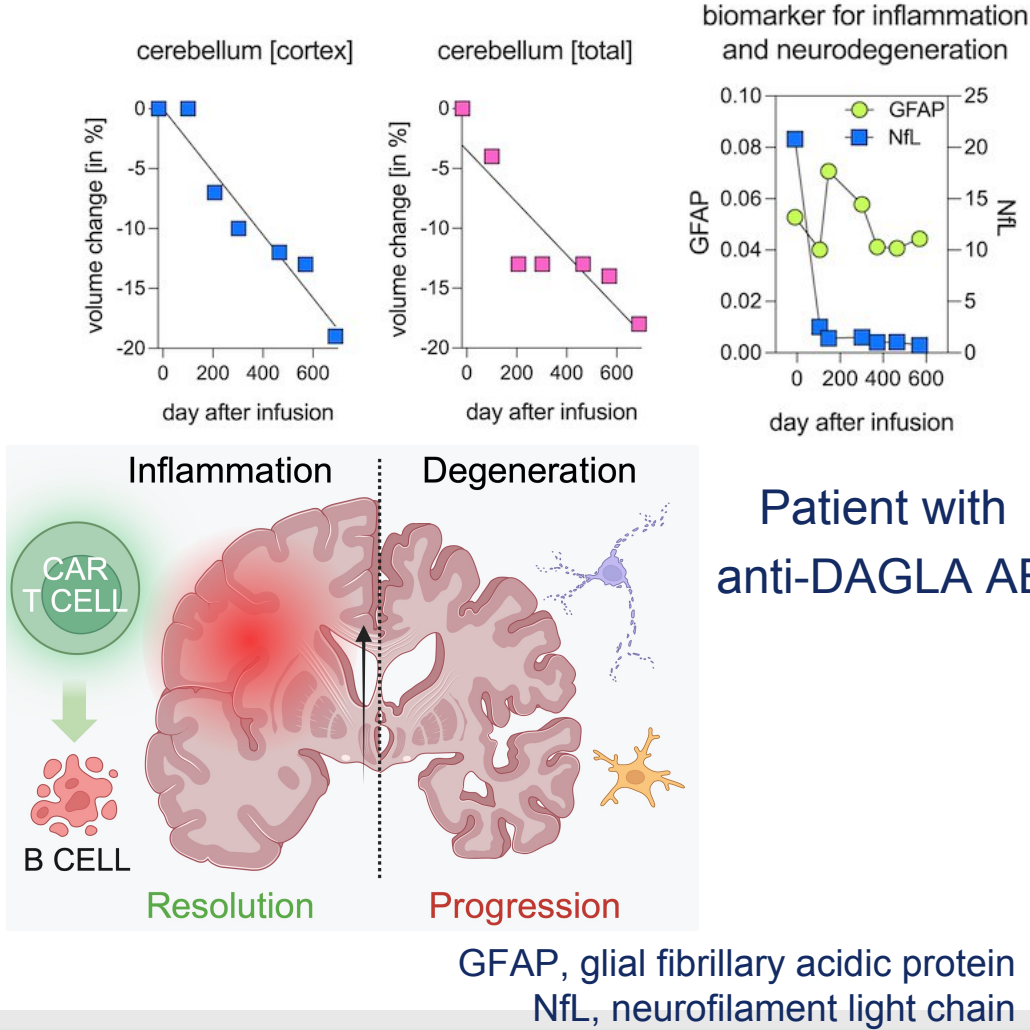
MG



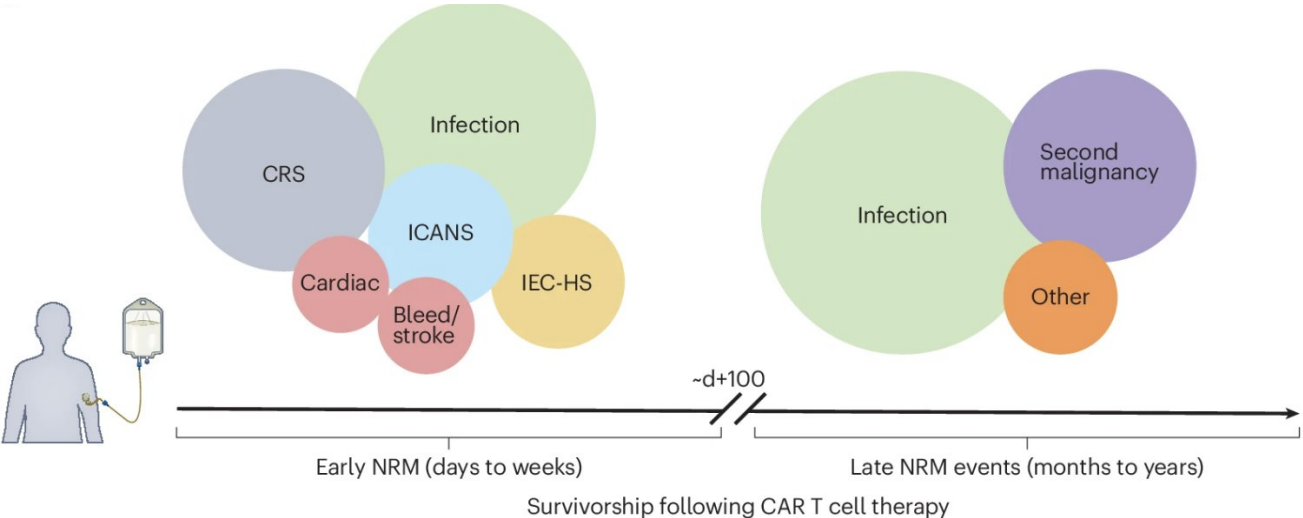
RA



seropositive
relapse
at 15 months



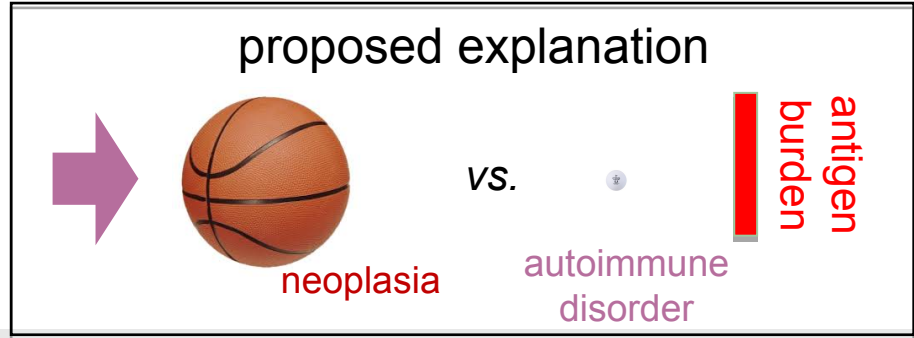
Favorable safety profile as compared to their use in malignancies



CAR T cell-associated toxicities

Treatment-related mortality ca. 5% (in malignant diseases)

Infections are the most common cause for non-relapse mortality



Context of Research

- In contrast to B-cell lymphoma, questions remain about the safety and toxicity of CD19-directed CAR T-cell therapy in patients with refractory SLE

Patients and Methods

- Comparison of the occurrence and severity of toxicities and the cellular dynamics in B-cell lymphoma and patients with SLE undergoing CAR T-cell therapy

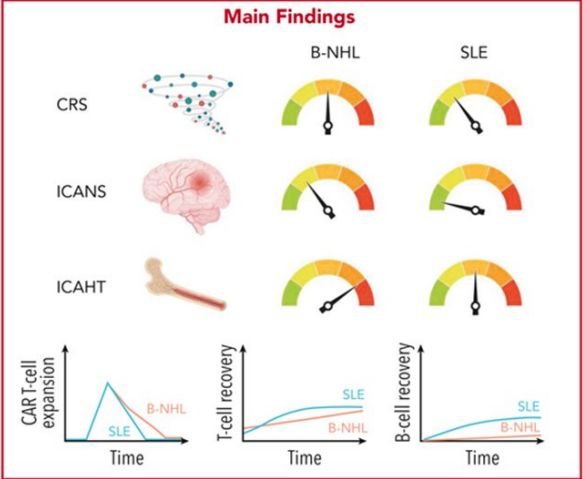
B-NHL
n = 48

Cancerous lymph node

CAR T-cell therapy

SLE
n = 18

Systemic inflammation and tissue damage



CAR T cell-associated toxicities: **yes**

Grade of toxicities: **lower**

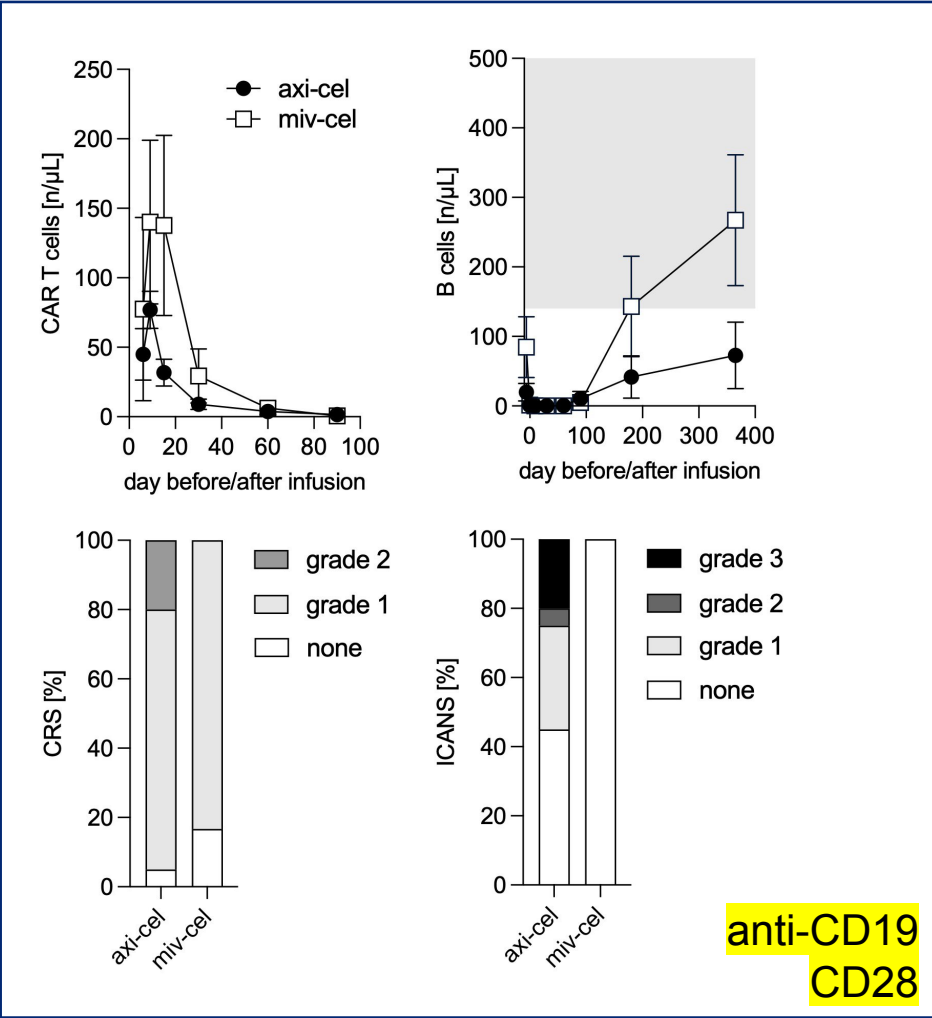
Incidence of toxicities: **lower**

TRM: **0%**

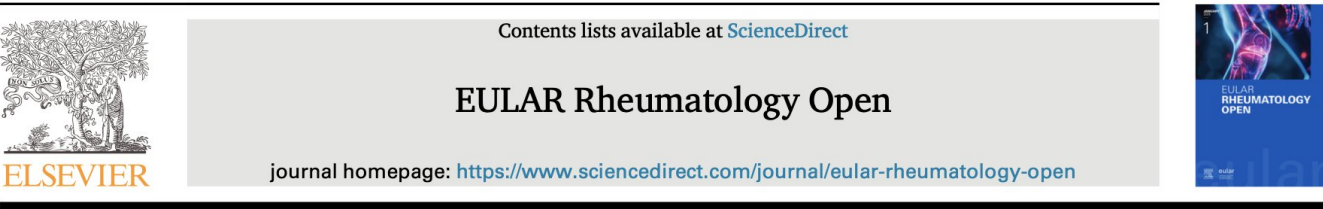
anti-CD19
4-1BB

In B cell-derived malignancies high tumor (=antigenic) burden prior CAR T cell infusion is associated with higher risk for (severe) toxicity

Favorable safety profile but...



B-NHL = B non-Hodgkin lymphoma
AD = autoimmune disease

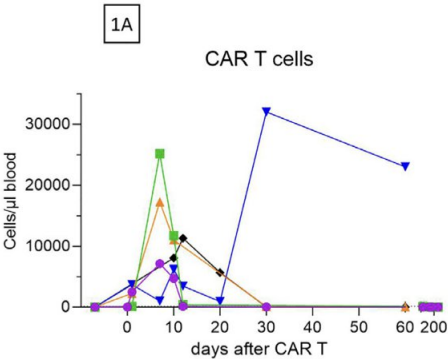


CD19-targeting CAR T cell therapy in five patients with systemic sclerosis unsuitable for autologous stem cell transplantation

Ann-Christin Pecher^{ID}, Luca Hensen^{ID}, Rebekka Schairer, Reinhild Klein, Wolfgang Bethge^{ID}, Claudia Lengerke, Jörg Henes^{ID*}

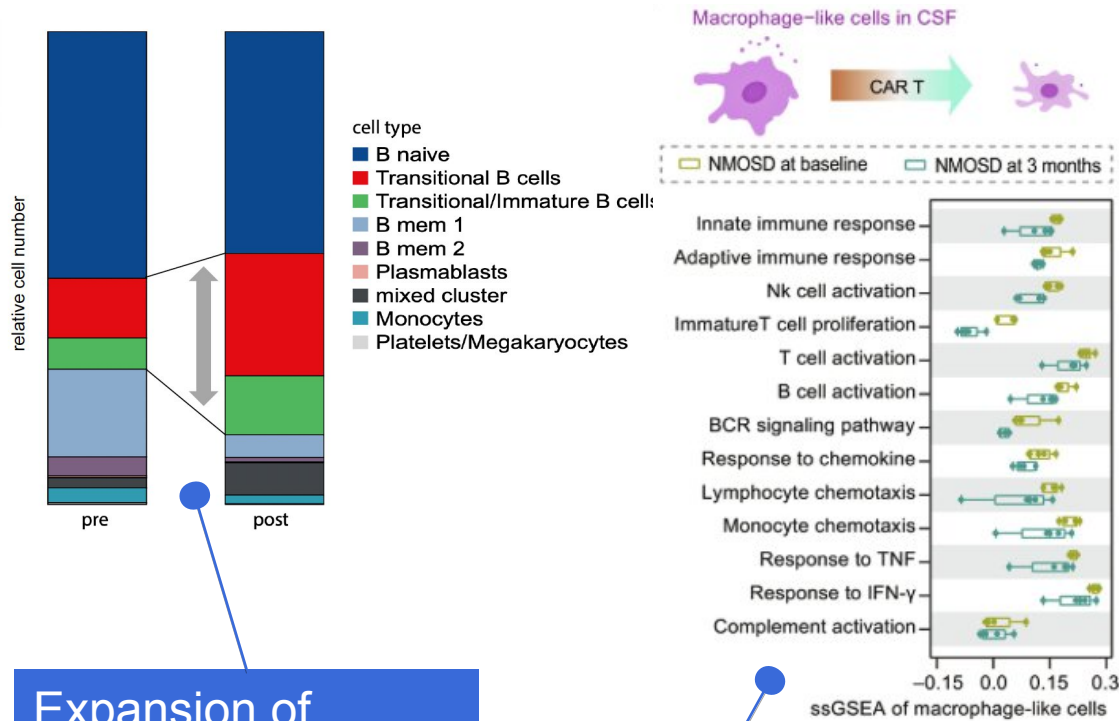
Department for Internal Medicine II (Haematology, Oncology, Rheumatology and Clinical Immunology), University Hospital Tuebingen, Tuebingen, Germany

- pt. with terminal renal insufficiency
- HSV and CMV reactivation
- secondary CAR T cell expansion
- severe HLH
- fatal course (day +74)
- TET2 loss of function mutation



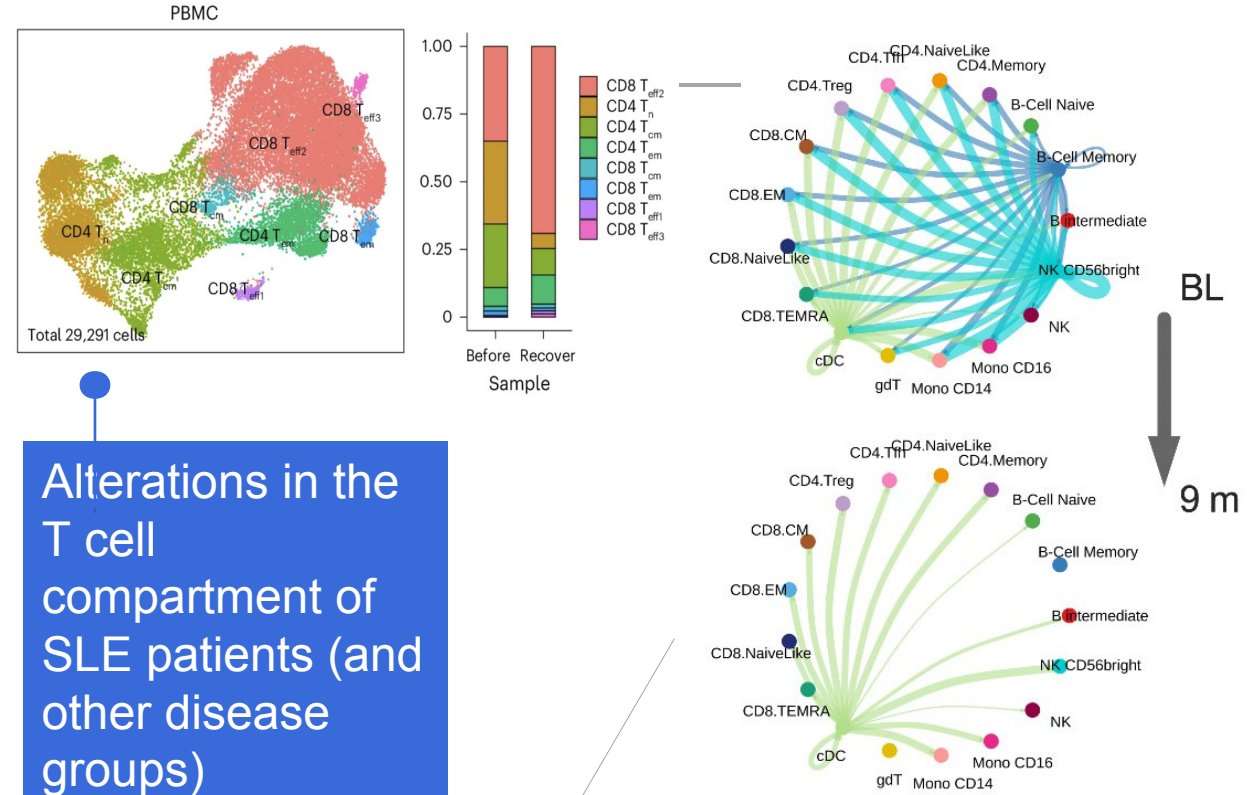
...not without risk

Evidence of an immune reset?



Expansion of immature and transitional B cells in SLE (and other entities)

Macrophage repolarization in the CSF of NMOSD patients

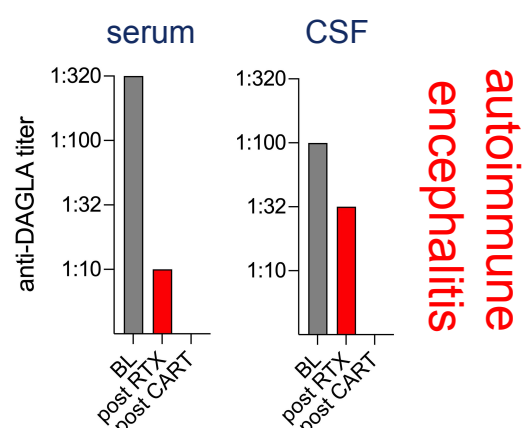
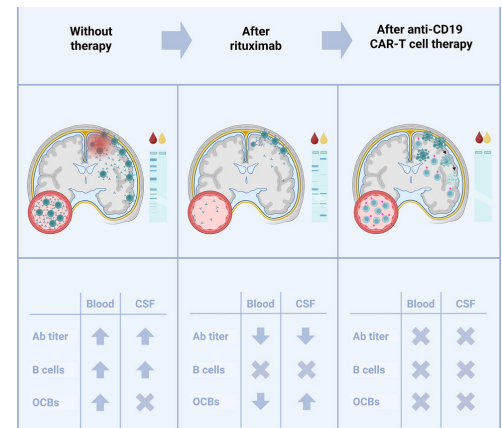
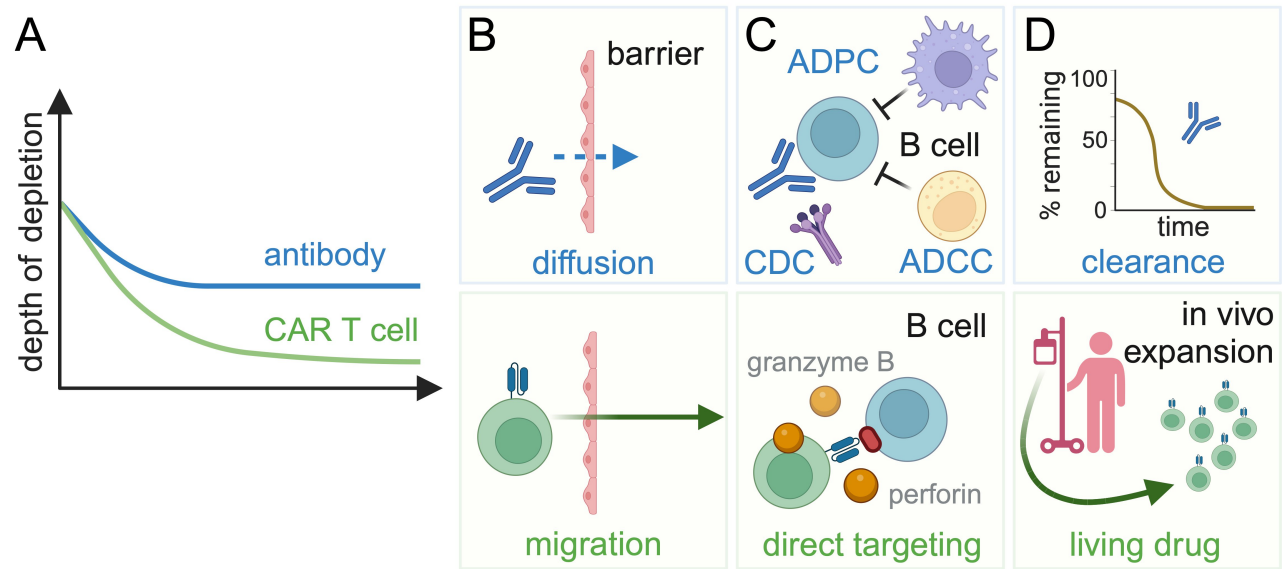


Alterations in the T cell compartment of SLE patients (and other disease groups)

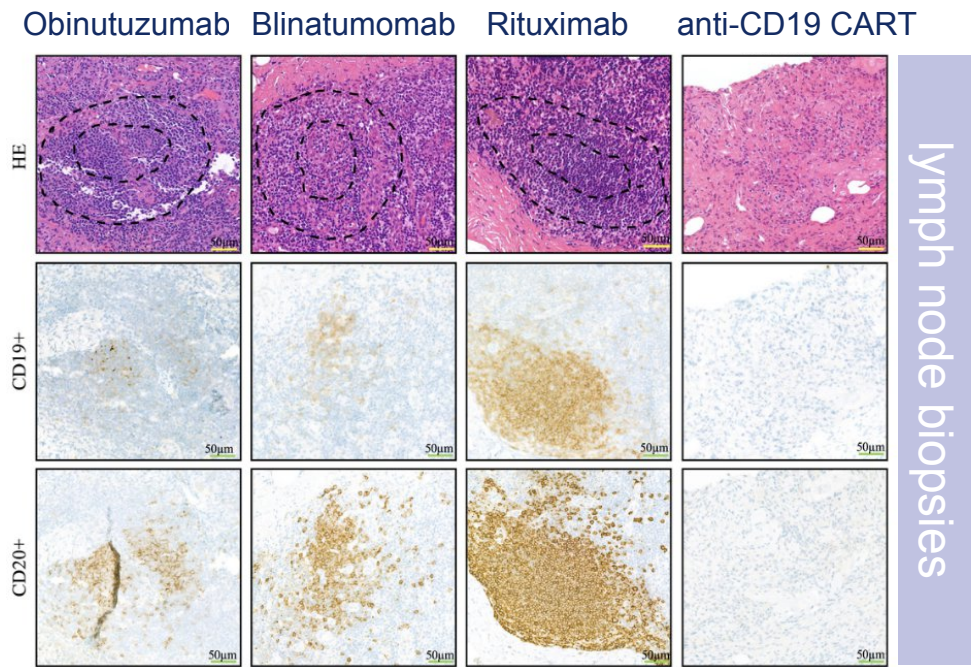
Changes in the cell-to-cell communication in systemic IgG4-related disease

The depth of B-cell depletion and tissue accessibility matter

CAR T cells' unique biological properties



rheumatologic diseases
multiple sclerosis

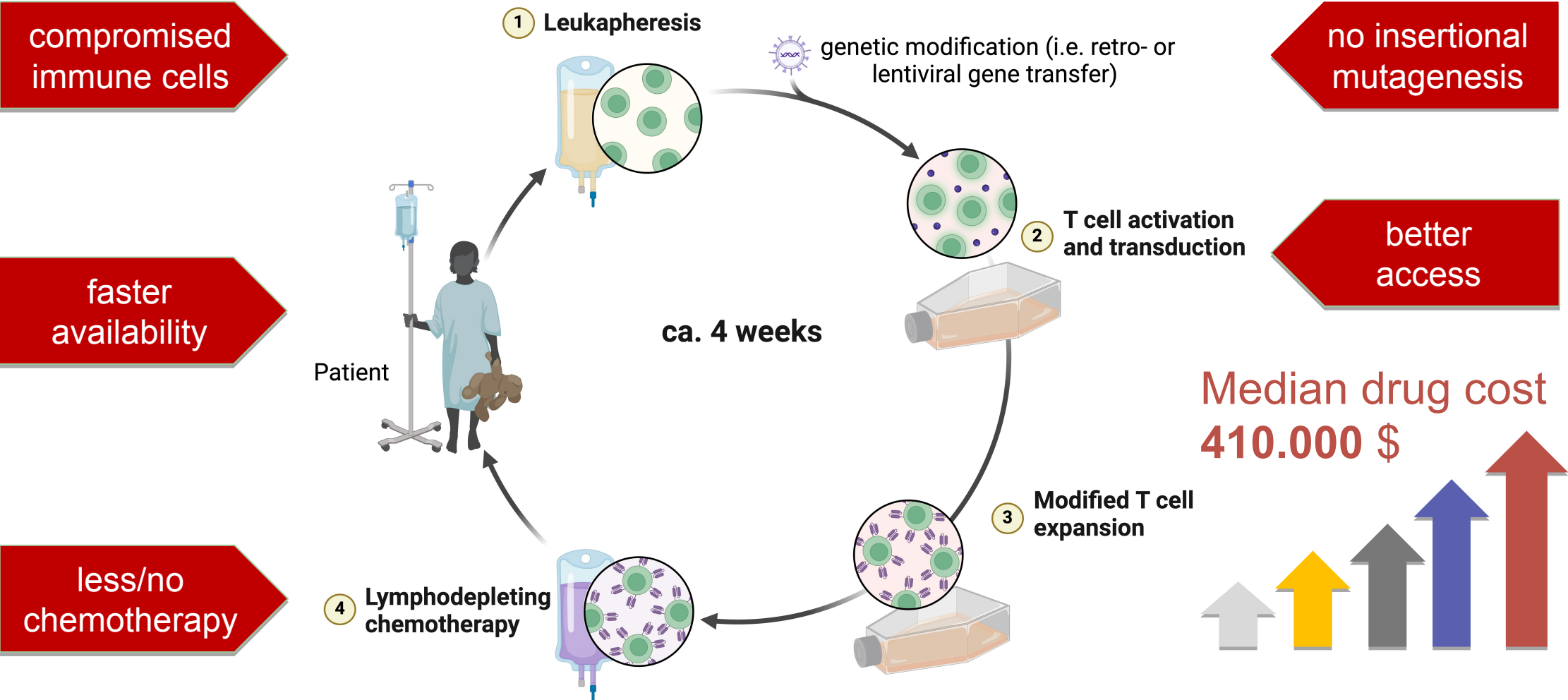


Excellent CAR-T Expansion in Blood and CSF								
	1		2		3		4	
	Total Counts (cells)	Fold Increase	Total Counts (cells)	Fold Increase	Total Counts (cells)	Fold Increase	Total Counts (cells)	Fold Increase
Peak CAR-T in Circulation (Blood)	475 M	14.5	254 M	7.7	1.3 B	40	124 M	1.24
CAR-T in CSF on D+14	300 K		3.78 M		1.65 M		1.33 M	

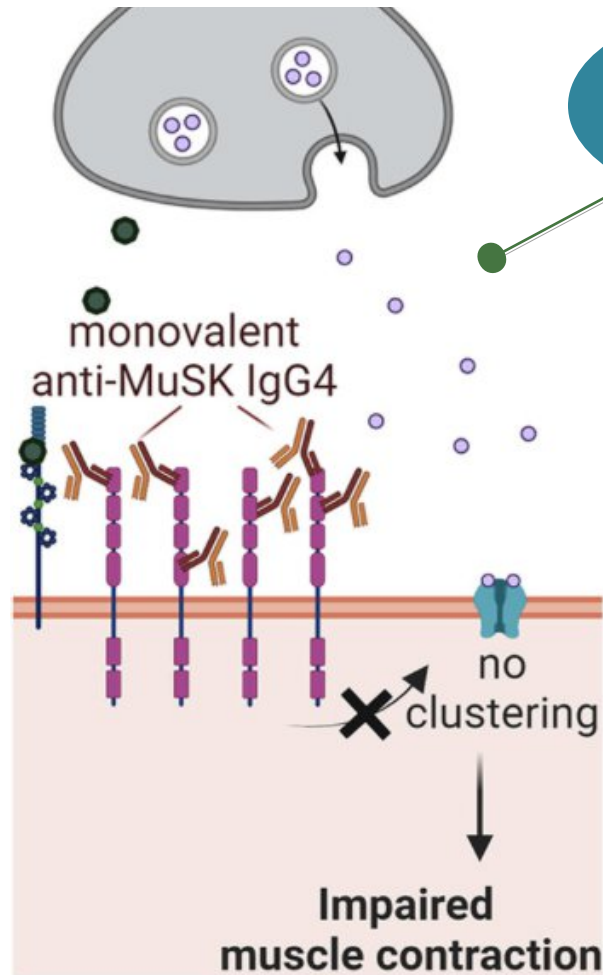
BL, baseline; RTX, rituximab; CART, CAR T cells; CSF, cerebrospinal fluid

What Can/Should We Improve?

Key areas for optimization



Trading the hammer for a scalpel: selective targeting in autoimmune disease with CAAR-T Therapy



5-8% of the MG patients

Chimeric Auto-Antibody Receptor T Cells
[4-1BB co-stimulation & CD3z chain]

Recruiting

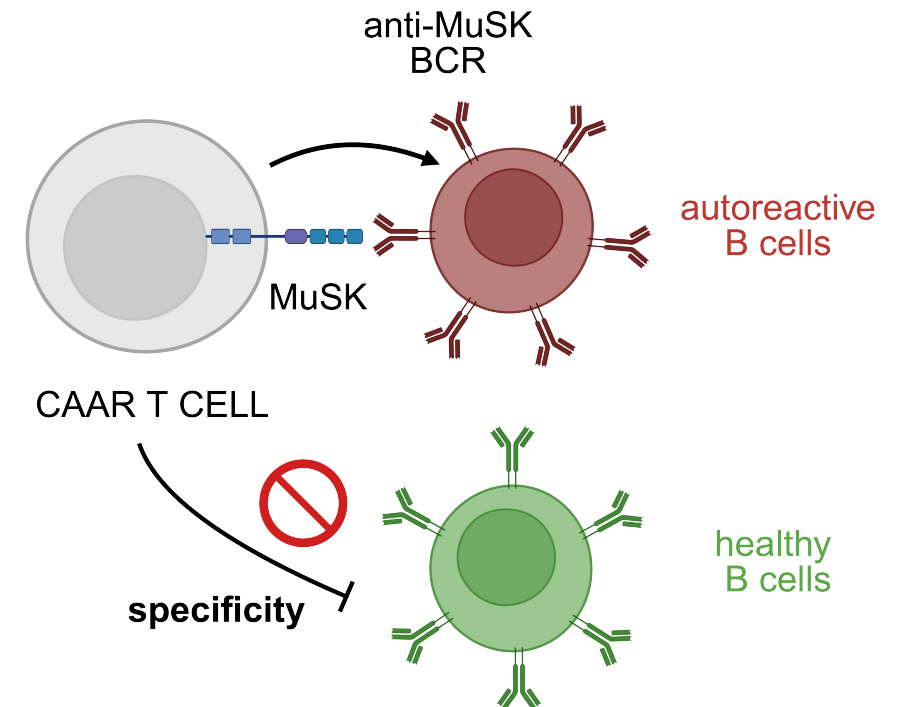
Open-label Study to Evaluate the Safety of Various Dosing Regimens of MuSK-CAART for MuSK Myasthenia Gravis

ClinicalTrials.gov ID NCT05451212

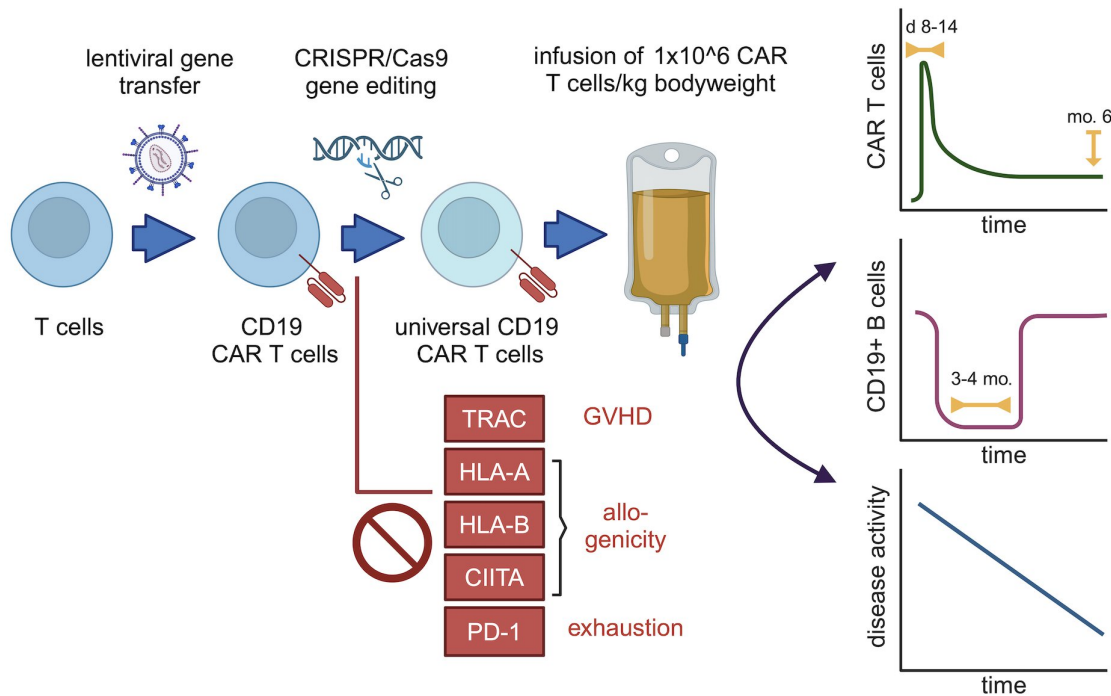
Sponsor Cabaletta Bio

Information provided by Cabaletta Bio (Responsible Party)

Last Update Posted 2024-10-29



Allogeneic solutions gaining momentum



Modern bioengineering enables third-party cell therapies

Letter to the Editor | [Open access](#) | Published: 08 May 2025

Allogeneic anti-CD19 CAR-T cells induce remission in refractory systemic lupus erythematosus

[Chunmei Yang](#), [Chuanyin Sun](#), [Binghe Tan](#), [Chao Hu](#), [Liyan Wan](#), [Chris Wang](#), [Xiujuan Shi](#), [Juliang Qin](#), [Na Zhang](#), [Biao Zheng](#), [Mingyao Liu](#) , [Jin Lin](#) , [Bing Du](#)  & [Hongyan Tong](#) 

[Cell Research](#) **35**, 607–609 (2025) | [Cite this article](#)

Cell



Volume 188, Issue 16, 7 August 2025, Pages 4225–4238.e12

Short article

An iPSC-derived CD19/BCMA CAR-NK therapy in a patient with systemic sclerosis

[Xiaobing Wang](#) ^{1,16}, [Yi Zhang](#) ^{1,16}, [Yi Jin](#) ^{2,16}, [Lie Dai](#) ^{3,16}, [Yanan Yue](#) ⁴, [Jiapan Hu](#) ⁴, [Xin Liu](#) ¹, [Kun Pang](#) ⁵, [Songying Ye](#) ¹, [Yue Chen](#) ⁶, [Wenjing Ye](#) ⁷, [Xiaofei Shi](#) ⁸, [Xin Ma](#) ⁸, [Lehang Guo](#) ⁹, [Yanfeng Liu](#) ¹⁰, [Na Ta](#) ¹⁰, [Xiaofang Zhu](#) ¹¹, [Li Lin](#) ¹, [Jiazheng Wang](#) ¹, [Ran Yan](#) ¹... [Huji Xu](#) ^{1,14,15,17} 

ARTICLE · Volume 187, Issue 18, P4890–4904.E9, September 05, 2024

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Allogeneic CD19-targeted CAR-T therapy in patients with severe myositis and systemic sclerosis

[Xiaobing Wang](#) ^{1,2,22}, [Xin Wu](#) ^{1,2,22}, [Binghe Tan](#) ^{3,4,22}, [Liang Zhu](#) ^{5,22}, [Yi Zhang](#) ¹, [Li Lin](#) ^{1,2}, [Yi Xiao](#) ⁶, [An Sun](#) ⁶, [Xinyi Wan](#) ⁶, [Shiyuan Liu](#) ⁶, [Yanfeng Liu](#) ^{2,7}, [Na Ta](#) ⁷, [Hang Zhang](#) ⁸, [Jialin Song](#) ⁸, [Ting Li](#) ¹, [Ling Zhou](#) ¹, [Jian Yin](#) ¹, [Lingying Ye](#) ¹, [Hongjuan Lu](#) ¹, [Jinwei Hong](#) ⁹, [Hui Cheng](#) ⁹, [Ping Wang](#) ⁹, [Weiqing Li](#) ¹⁰, [Jianfeng Chen](#) ³, [Jin Zhang](#) ¹¹, [Jing Luo](#) ¹², [Miaozhen Huang](#) ¹², [Lehang Guo](#) ¹³, [Xiaoming Pan](#) ¹⁴, [Yi Jin](#) ¹⁵, [Wenjing Ye](#) ¹⁶, [Lie Dai](#) ¹⁷, [Jian Zhu](#) ¹⁸, [Lingyun Sun](#) ¹⁹, [Biao Zheng](#) ⁴, [Dali Li](#) ^{3,4}, [Yanran He](#) ²⁰, [Mingyao Liu](#) ^{3,4} , [Huaxiang Wu](#) ^{3,4} , [Bing Du](#) ^{3,4} , [Huji Xu](#) ^{1,2,12,21,23}  [Show less](#)

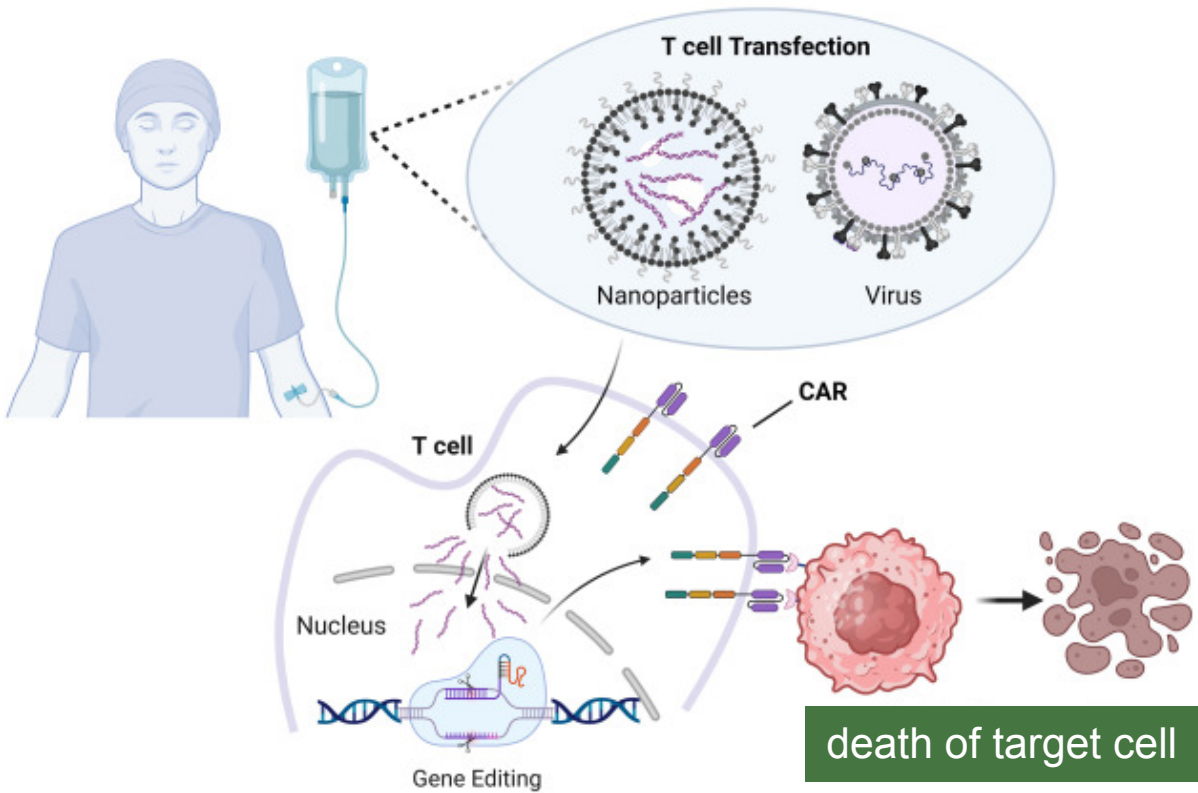
fit/competent
immune cells

faster
availability

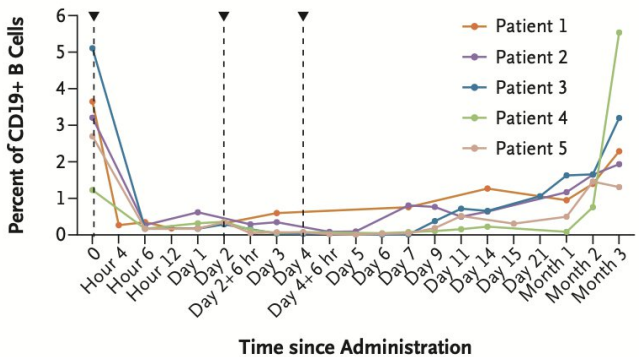
better
access

The next big „in vivo“ step

In vivo CAR-T Therapy



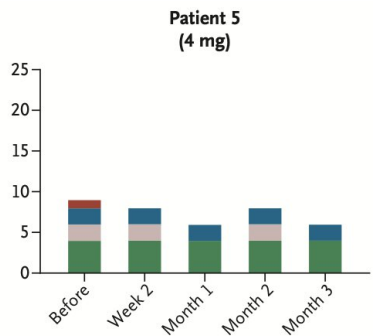
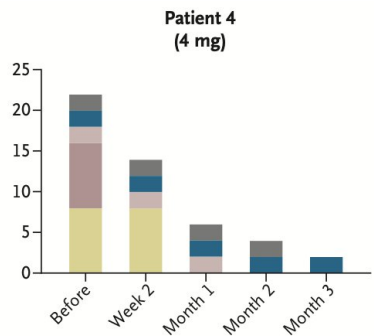
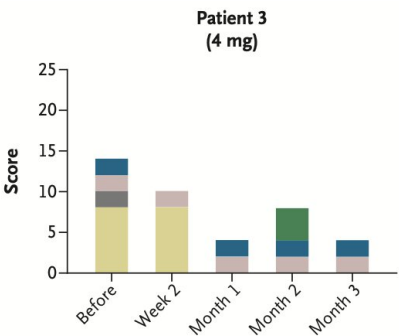
Patients with SLE treated with in vivo anti-CD19 CAR T cells



no chemo-
therapy

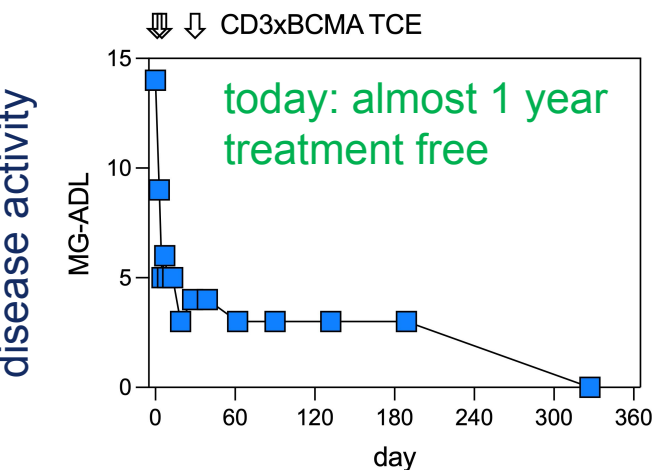
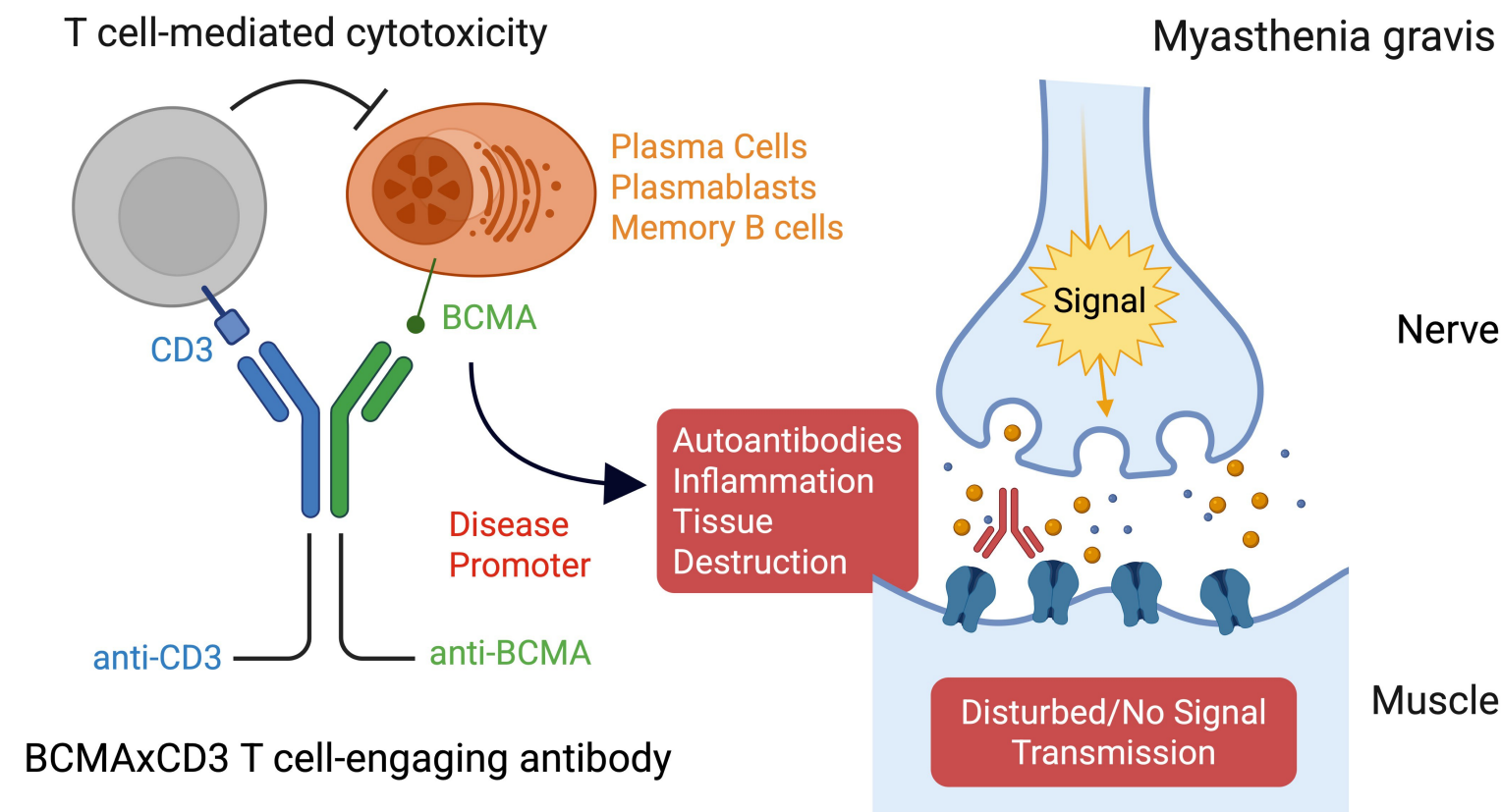
faster
availability

better
access



feasible, no dose limiting toxicity

Redirecting polyclonal T cells against specific antigens without genetic engineering



Conclusion and Outlook



- CAR T cell therapy is well established in hemato-oncology
- data regarding its use in autoimmune diseases shows:
 - feasibility** and **good tolerability** ✓
 - B cell **reconstitution** without relapse ✓
 - temporary but **deep depletion** of B cells could induce an ✓
 - immunological restart** ✓
- results of first registration-enabling trials expected in 2026-2027
- most extensive experience to date among T cell-based therapies for autoimmunity
- **dual-track strategy**: use of established CAR T cell concepts and development of innovative next-gen platforms in parallel

SAVE THE DATE!

Immune RESET 2026



17–18 September 2026



University Hospital Magdeburg, Germany



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Thank You

Mougiakakos Lab



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A. Mackensen
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