



# MY THOUGHTS ABOUT B CELL DEPLETION FOR LUPUS NEPHRITIS ANNE DAVIDSON

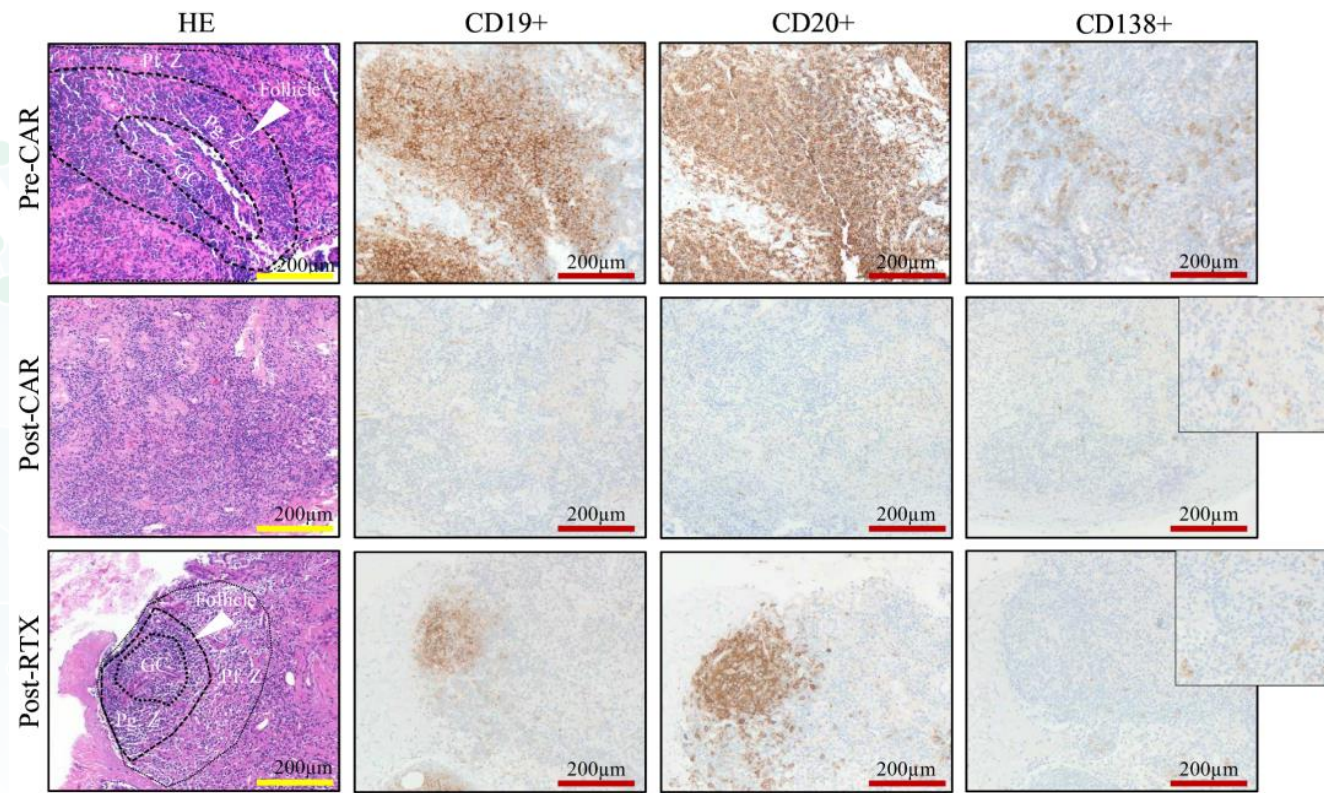
Lorem ipsum dolor sit amet, consectetur adipiscing elit

# DISCLOSURES

- None

# B CELL TARGETING

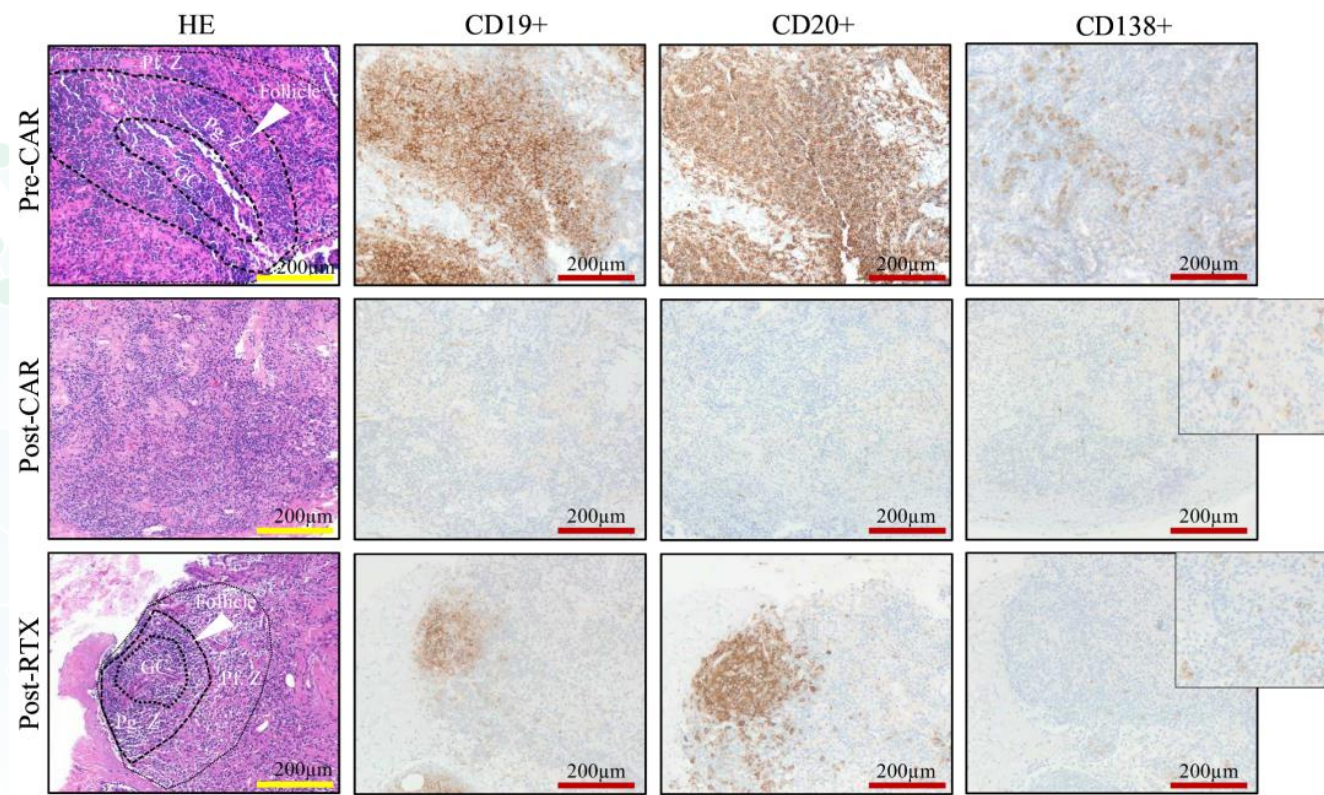
- Which B cells?
  - Do we need to include plasma cells?
- How best to target them?
  - Penetrating tissue with drugs
  - CD19, CD20, BAFF/APRIL, BCMA/CD38
    - BAFF inhibition targets B cell number and function
- Is there a reset and how long does it last?
- What are the consequences for other immune cells?
- Do the benefits outweigh the toxicities?
- Theoretical adverse immune consequences
  - Reconstitution of autoimmune repertoire in a high BAFF environment
  - Do we need to worry about a priming effect of cell death in affected tissues?



<https://ard.bmj.com/content/annrheumdis/early/2024/09/11/ard-2024-226142.full.pdf>

# B CELL TARGETING

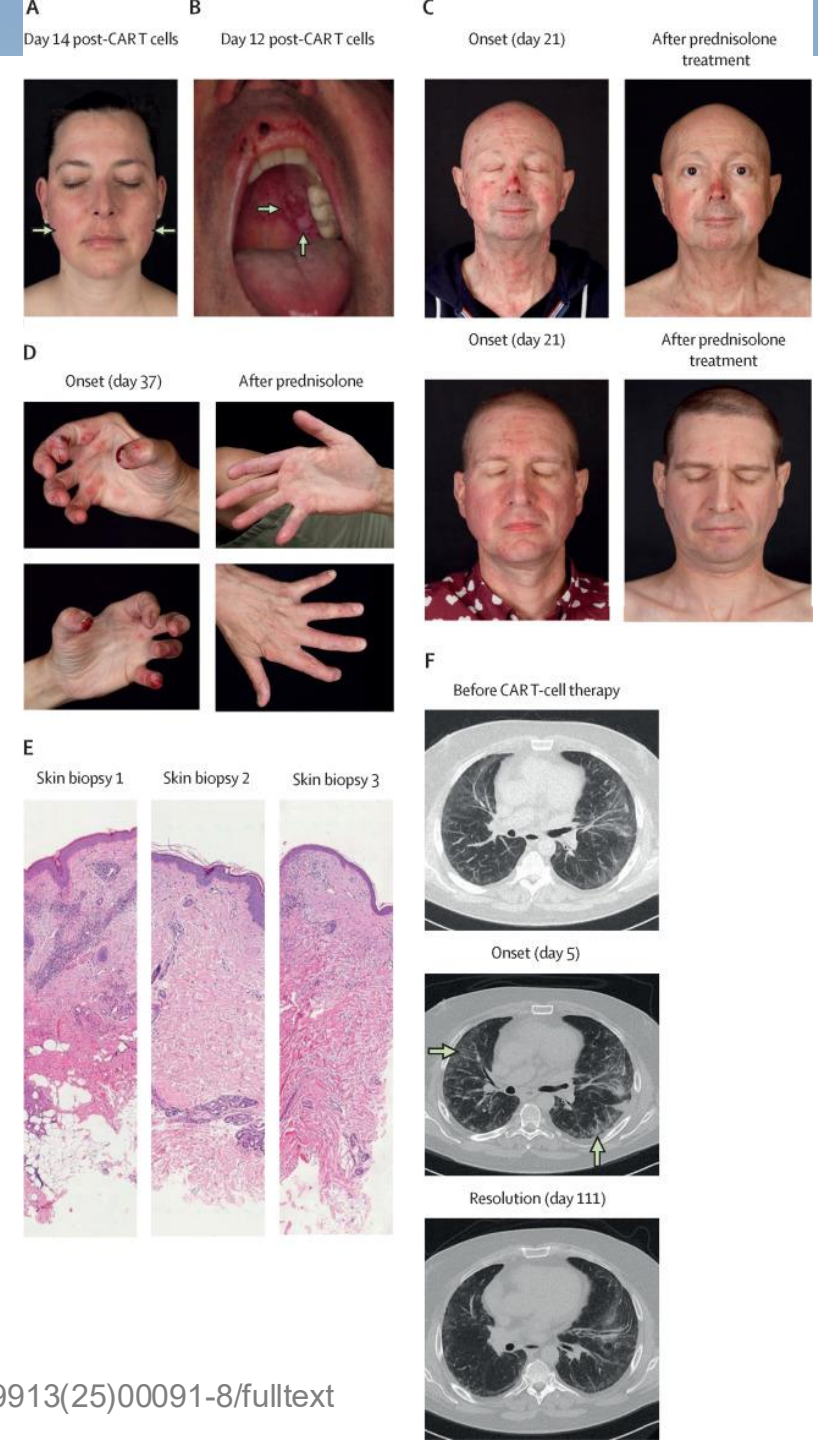
- Which B cells?
  - **Do we need to include plasma cells?**
- How best to target them?
  - **Penetrating tissue with drugs**
  - CD19, CD20, BAFF/APRIL, BCMA/CD38
    - BAFF inhibition targets B cell number and function
- Is there a reset and how long does it last?
- What are the consequences for other immune cells?
- Do the benefits outweigh the toxicities?
- Theoretical adverse immune consequences
  - Reconstitution of autoimmune repertoire in a high BAFF environment
  - Do we need to worry about a priming effect of cell death in affected tissues?



<https://ard.bmj.com/content/annrheumdis/early/2024/09/11/ard-2024-226142.full.pdf>

# CLINICAL QUESTIONS

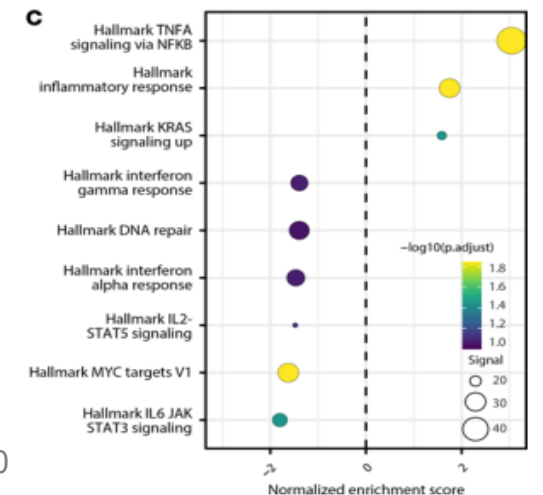
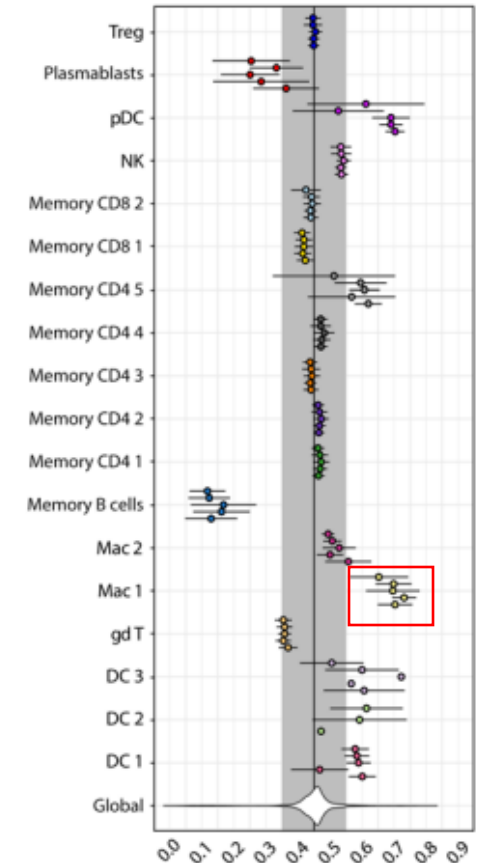
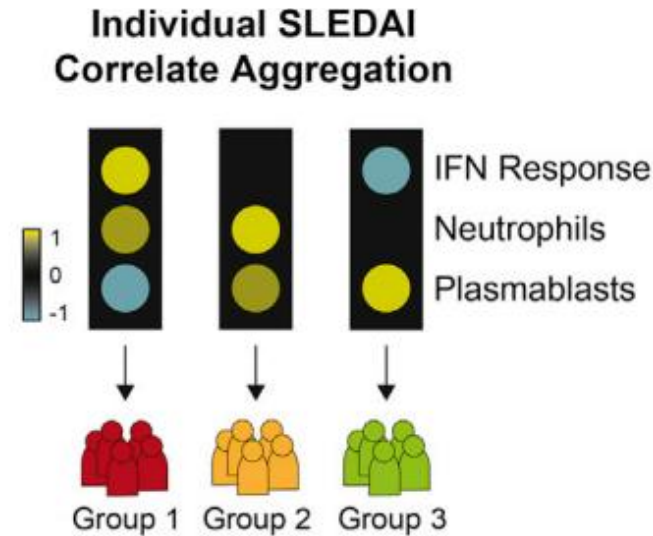
- Is conditioning needed?
- Why are some autoantibodies susceptible and others resistant?
  - Where are the plasma cell niches and how do we look for them?
- Can the CAR-T dose be repeated?
  - Are they more immunogenic in SLE?
- What causes LICATS and do we need to worry about priming effector cells?
- What is the advantage of BCMA-CAR? –
  - Do we need to specifically target plasma cells?
- How much damage is reversible?
- Is replacement Ig needed to prevent viral reactivation?
- What are the revaccination needs?



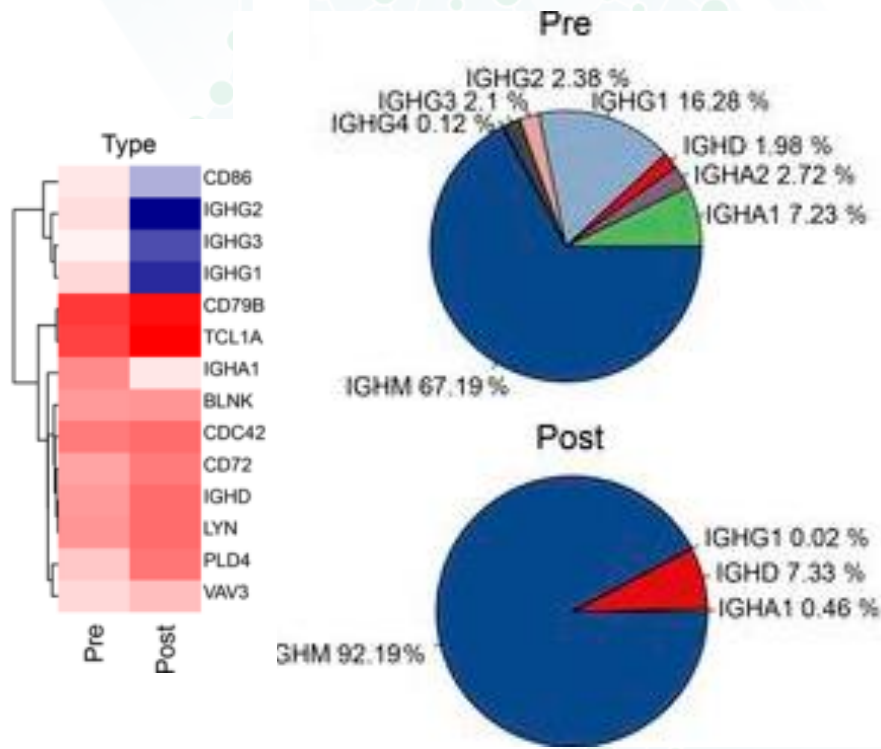
# BIOLOGIC QUESTIONS

- Is every case of SLE B cell driven?
- Is there actually a reset?
  - Type 1 IFN signature
  - Reversal of epigenetic changes
  - Memory
  - Repertoire/autoreactivity of reconstituted cells
  - Genetic load unchanged
  - Microbiome
- What is the effect of B cell depletion on other cell types?
  - Increased (anti-inflammatory) CD16+ Macs
  - Decreased Tcm-Tfh, and Tem-Tph
  - Increased effector Tregs ?via TNF
  - Decreased memory CD8+CD20+ and central memory CD8+ T cells (but increased CD8 response to SARS-CoV2 vaccine)

Banchereau et al., 2016, Cell 165, 551–565

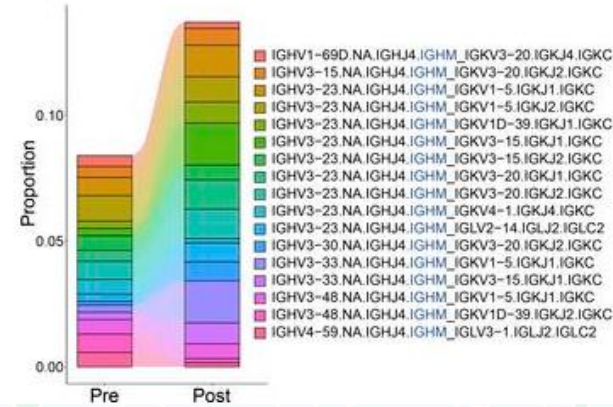


# B CELL REPERTOIRE

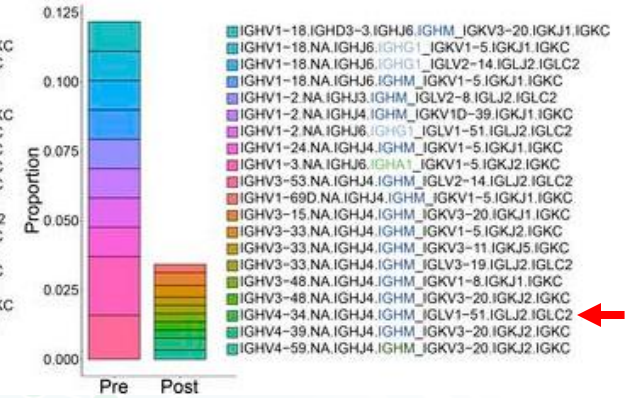


<https://insight.jci.org/articles/view/179433>

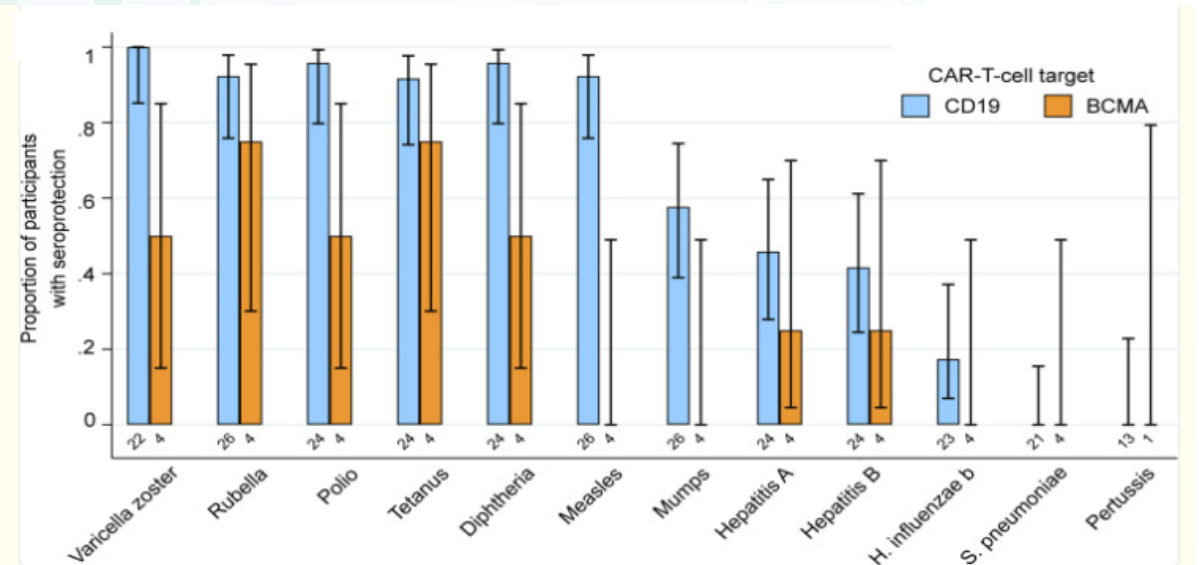
## IgM Expanded



## IgG Contracted



<https://insight.jci.org/articles/view/179433>



<https://pmc.ncbi.nlm.nih.gov/articles/PMC8262349/>

# Biomarkers

## Current markers of B cell depletion

B cell numbers and subsets during recovery

Antibody and autoantibody titers

Organ B cell depletion (lymph node, tonsil)

Can this be done non-invasively? eg CD19 PET

## Experimental validation of “reset”

IFN signature

ANA flow cytometry

Altered T cell and macrophage function

Reversal of B cell epigenetic changes

Normalization of B cell repertoire

Reversal of microbiome abnormalities

Ruminococcus species and antibodies

Genetic correlates of good response

Testing for immunogenicity

