



Penn Medicine
Center for Cellular Immunotherapies



The Role of Diet and Microbiota on CART Immunotherapy

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Associate Professor of Medicine

Scientific Director, Lymphoma Program

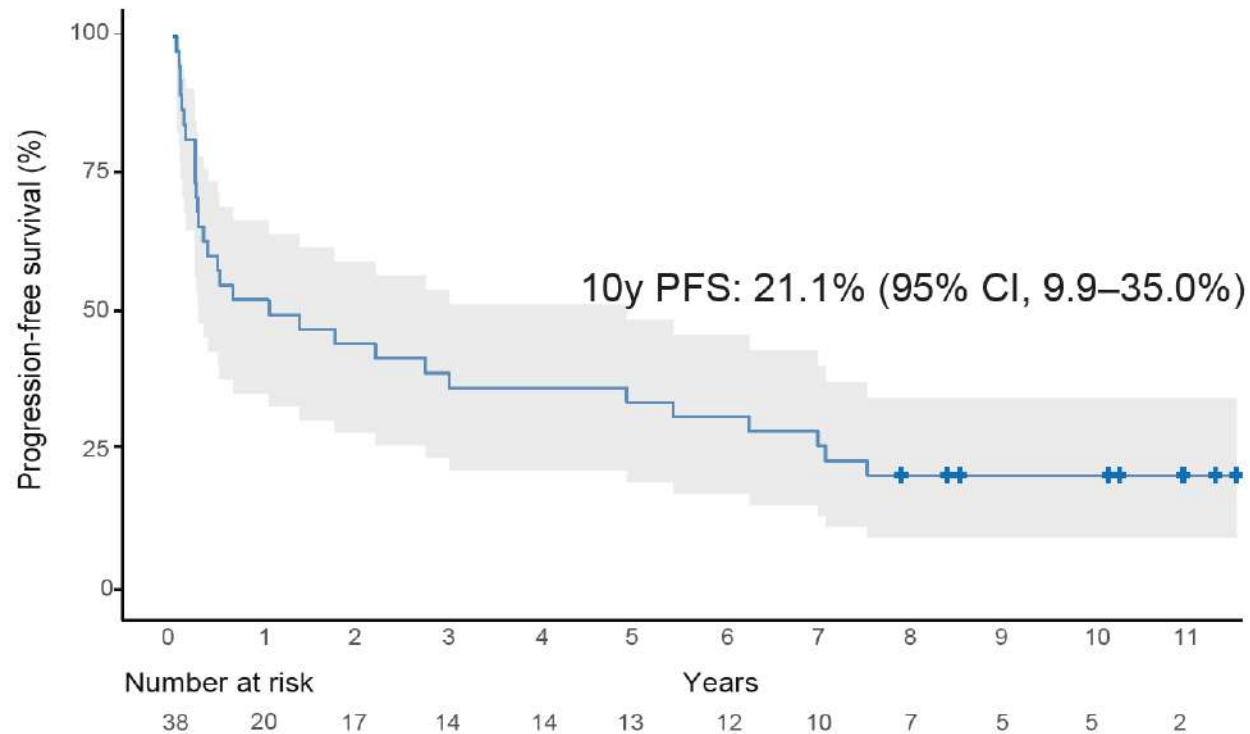


Presenter disclosure information

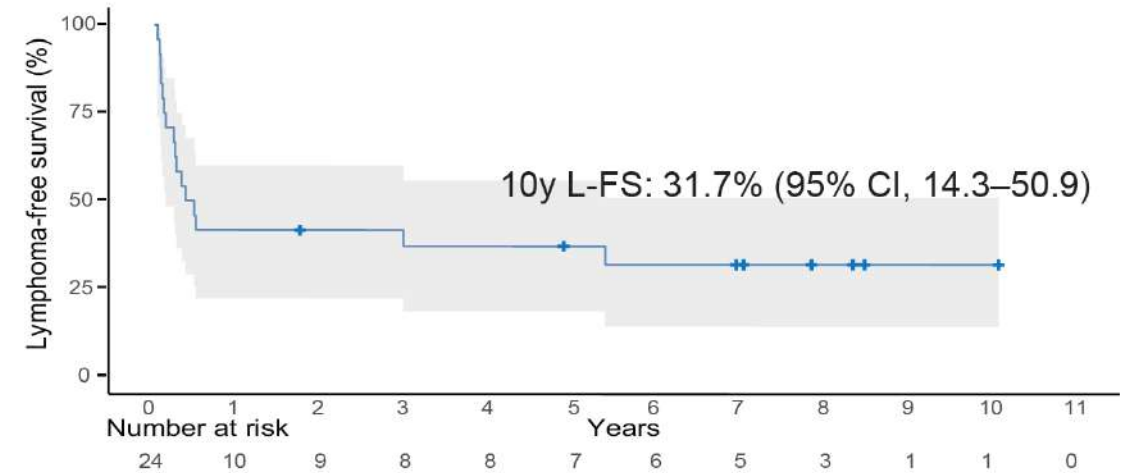
- ***Inventor:*** CART technologies, Univ. of Pennsylvania, partly licensed to Novartis, Tmunity (Kite), and viTToria biotherapeutics
- ***Research Funding:*** AbClon, Beckman-Coulter, ONI, Lumicks, viTToria bio, ORFLO, CURIOX
- ***DSMB:*** PeproMene
- ***Consultancy/Honoraria:*** GLG, Guidepoint
- ***Advisory Board:*** , AbClon, viTToria bio, BMS, Lumicks, ModeX, Acera tx, Biocartis
- ***Scientific Founder:*** viTToria biotherapeutics, Linfa therapeutics

CTL019 (now tisa-cel) at 10 years: PFS and LFS

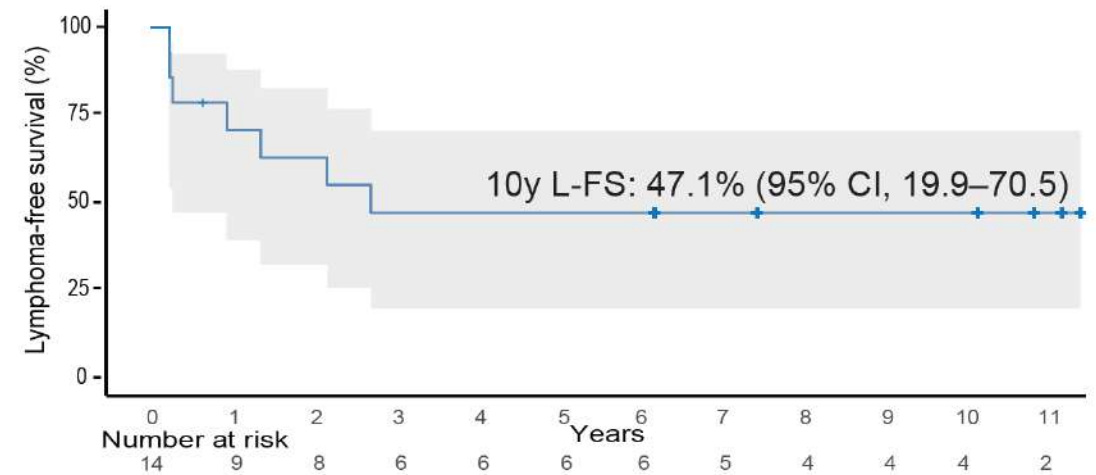
Progression-free Survival



Lymphoma-free Survival Large B-cell Lymphomas



Lymphoma free Survival Follicular Lymphoma



-- Mechanism of CART resistance --

Pre-infusion barriers-access

High Costs/Access

Progression pre/ during manufacturing

Manufacturing failure

Low lymphocytes

Lymphodepletion

Host factors

Tumor burden, stage, extra-nodal sites, previous therapies

Age, ECOG, comorbidities

Immunerejection

Diet, Microbiota

Inflammation (CRP, Ferritin, IL-6)

CART dysfunction

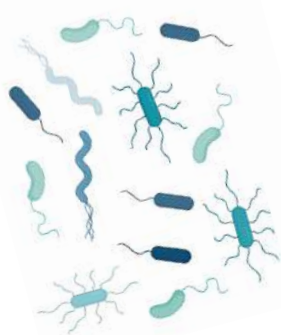
Terminally differentiated T cell

Exhausted/senescent T cell



Low cytotoxicity

Reduced persistence



Tumor cell

CART

Costim/inhibition (PD-L1 and others)

Apoptosis, TP53 mutations, double-hit

Antigen dim/loss

Tumor-intrinsic mechanisms

Tumor microenvironment

Physical barrier and stroma

High LDH, low glucose, low nutrients

Low oxygen

Low pH

TGF- β

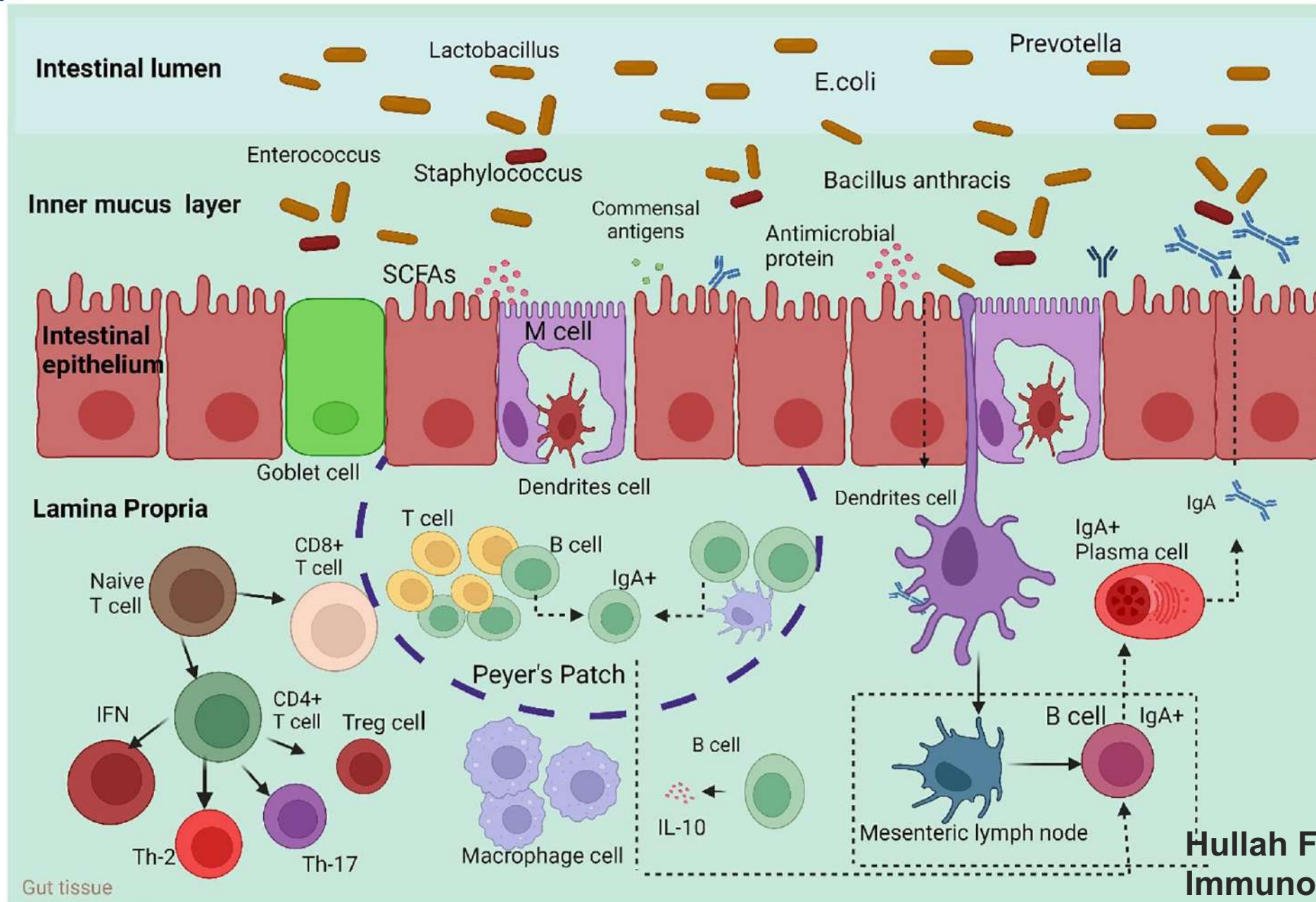
IL-10

MDSC

TAM

Treg

The Gut Microbiota and the Immune System



What is the role of the gut microbiota on CART immunotherapy?



M. van den Brink

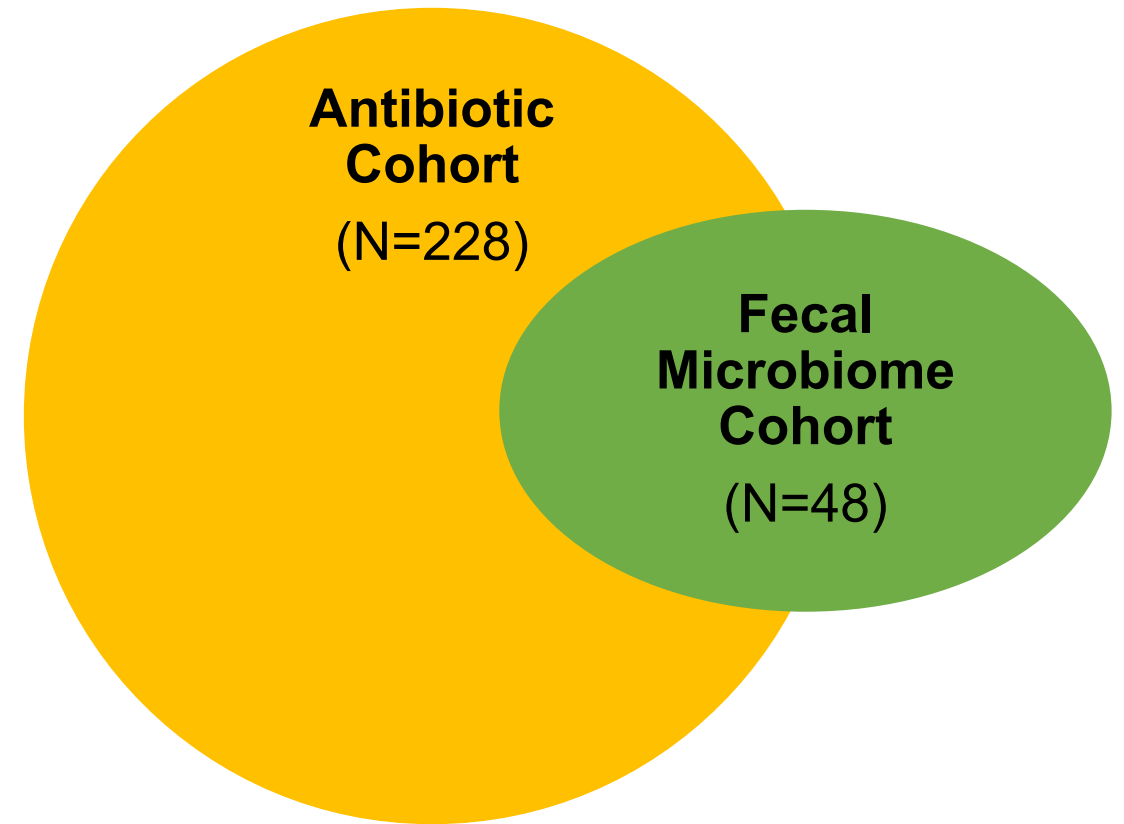


M. Smith

Collaboration between Memorial Sloan Kettering Cancer Center (MSK) and the University of Pennsylvania (Penn)

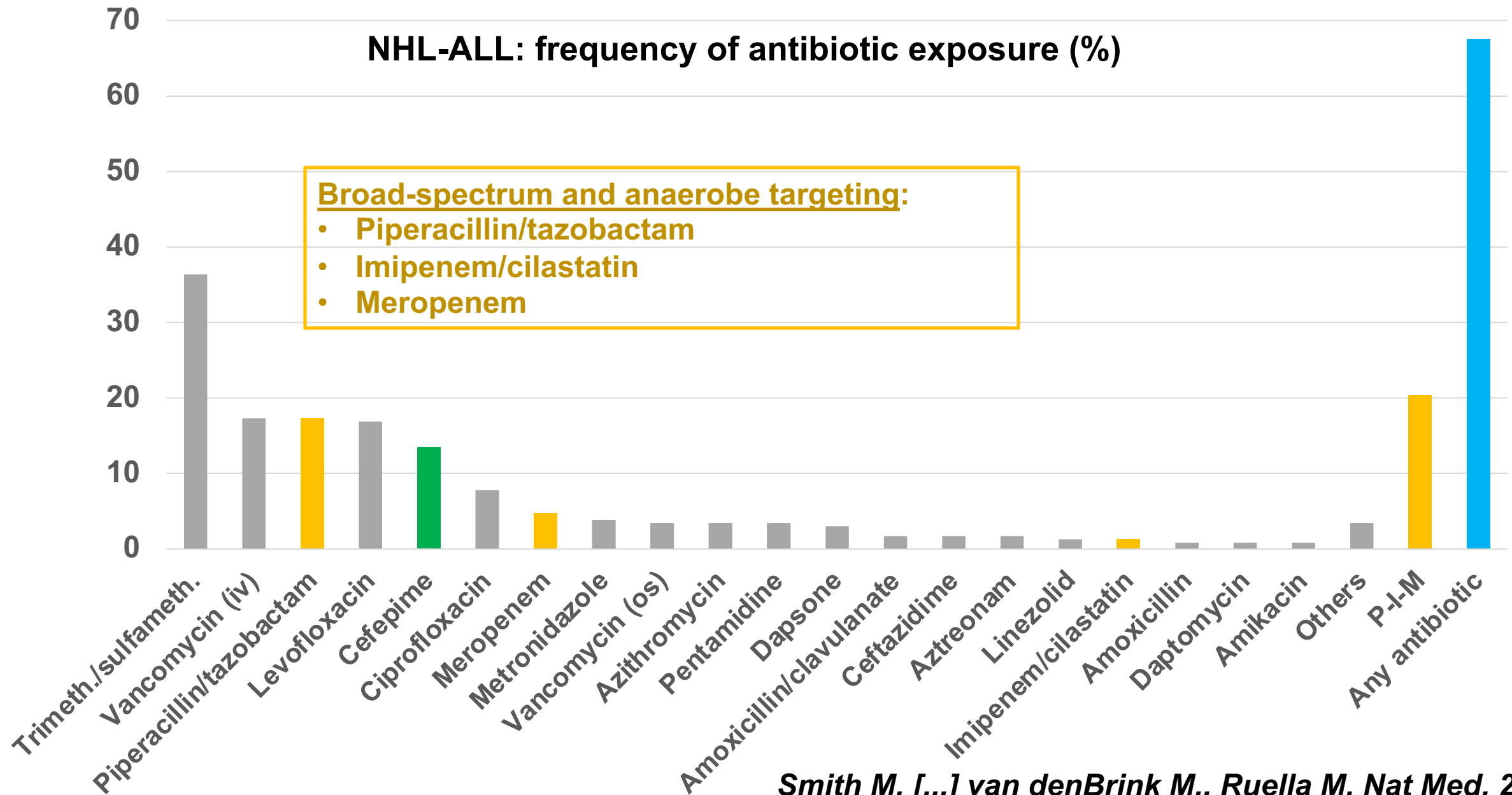
Hypothesis:

We hypothesize that the composition of the intestinal microbiome before CD19 CAR T cell infusion is associated with clinical outcomes in patients with **ALL and NHL**.



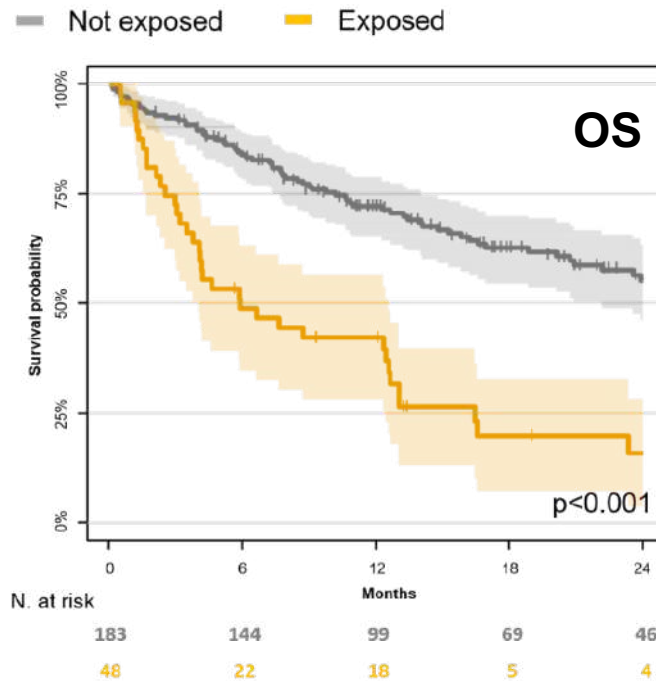
Smith M. et al, Nat Med, 2021

Heavy exposure to antibiotic: pre-CART



Impact of antibiotics on CART outcomes

NHL-ALL: exposure to P-I-M antibiotics



- Piperacillin/tazobactam
- Imipenem/cilastatin
- Meropenem

Overall Survival					
		Univariable*		Multivariable*	
Variable		HR (95% CI)	P-value	HR (95% CI)	p-value
Gender	Female	(reference)	0.157	(reference)	0.130
	Male	1.37 (0.89-2.11)			
Age	(Continuous)	1 (0.99-1.01)	0.669		
Disease	ALL	(reference)	0.097	(reference)	0.130
	NHL	0.72 (0.48-1.06)			
Performance status (ECOG)	0	(reference)	0.03	(reference)	0.033
	1	1.49 (0.98-2.27)			
	2-3	2.49 (1.21-5.15)			
Previous lines of therapy	≤4	(reference)	0.404	(reference)	0.033
	>4	0.85 (0.59-1.24)			
Costimulatory domain	4-1BB	(reference)	0.865	(reference)	0.033
	CD28	1.04 (0.63-1.73)			
LDH	(Continuous, per 100)	1.33 (1.18-1.5)	<0.001	1.34 (1.18-1.52)	<0.001
P-I-M antibiotic exposure	No	(reference)	<0.001	(reference)	<0.001
	Yes	2.71 (1.76-4.16)			

CAR T cell Therapy: Antibiotic Exposure is Linked with Poor Outcomes

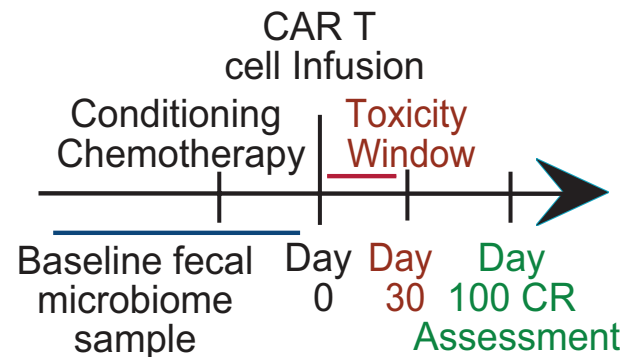
Study	CAR	Antibiotic timepoint	Antibiotics linked to worse survival	Toxicity
Smith 2022 ¹	Anti-CD19	4 weeks pre-CAR	Any, P-I-M	ICANS ↑
Stein-Thoeringer 2023 ²	Anti-CD19	3 weeks pre-CAR	Any, high-risk antibiotics	ICANS ↑
Prasad 2025 ³	Anti-CD19	6 weeks pre-CAR	Any, P-I-M, anaerobic antibiotics	
Yin 2025 ⁴	Anti-BCMA	4 weeks pre-CAR	Any, cephalosporin, fluoroquinolone	NS
Marcos-Kovandzic 2025 ⁵	Anti-CD19	4 weeks pre-CAR	No association	

(1) Smith, M et al. *Nat Med* 2022
(2) Stein-Thoeringer, C et al. *Nat Med* 2023
(3) Prasad, R et al. *Blood* 2025
(4) Yin, L et al. *Front Immunol* 2025
(5) Marcos-Kovandzic, L et al. *Cancer Discovery*, 2025

Fecal microbiome in CART patients

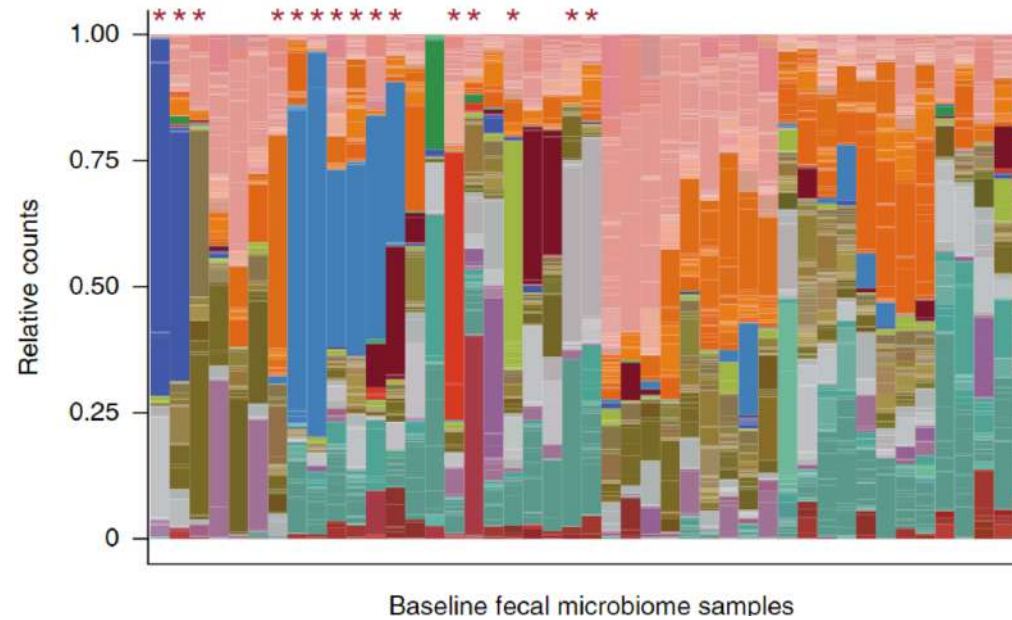
Fecal Microbiome Cohort (N=48) Prospective fecal collection

MSK (n=28)
Penn (n=20)



16S Sequencing

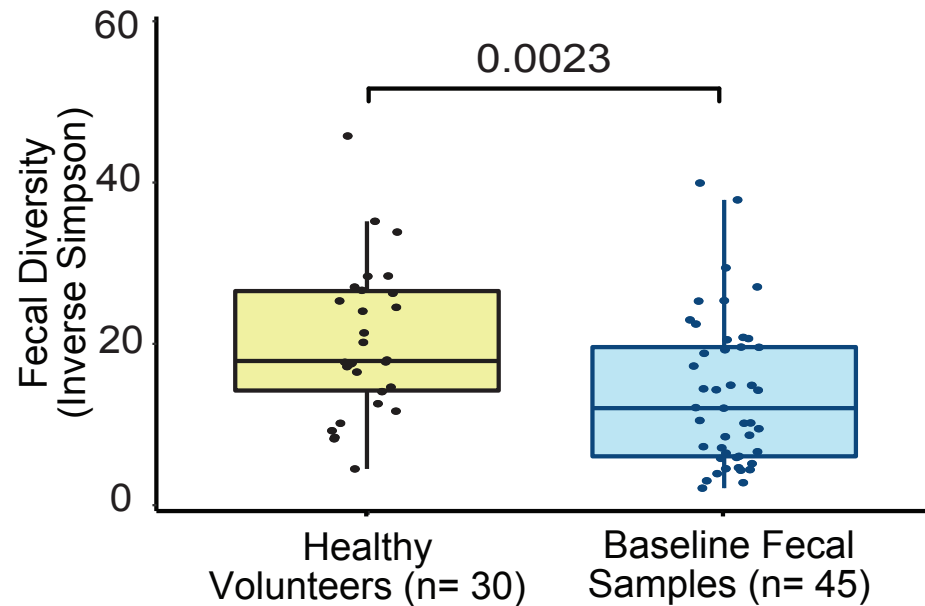
Metagenomic Shotgun
Sequencing



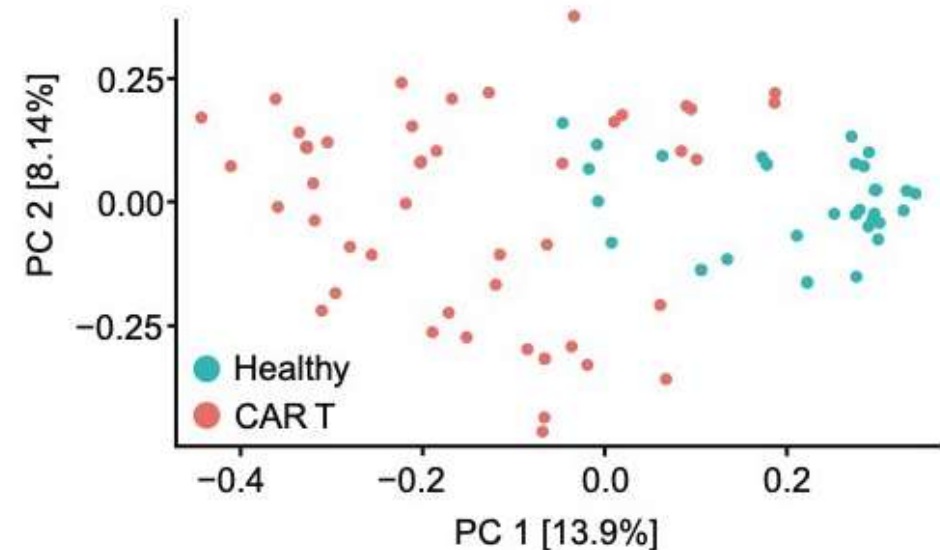
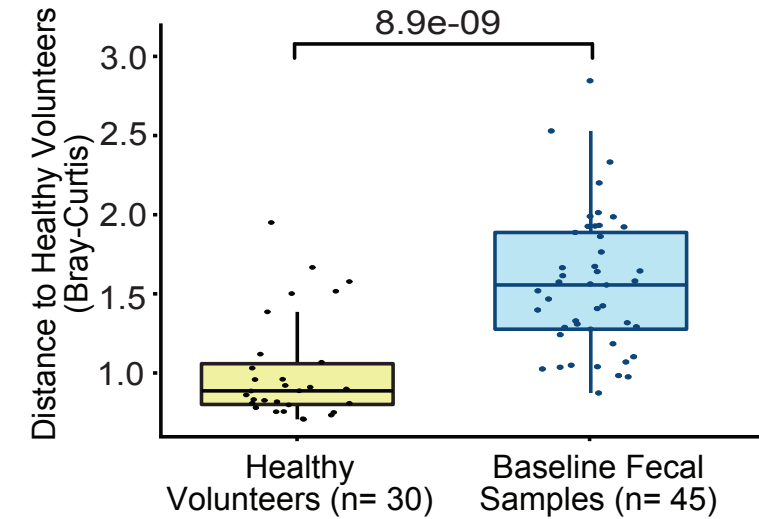
- Samples collected and aliquoted locally
- Sequenced at a central location at MSKCC

Diversity in CART patients at baseline compared to healthy people

Alpha-diversity at baseline

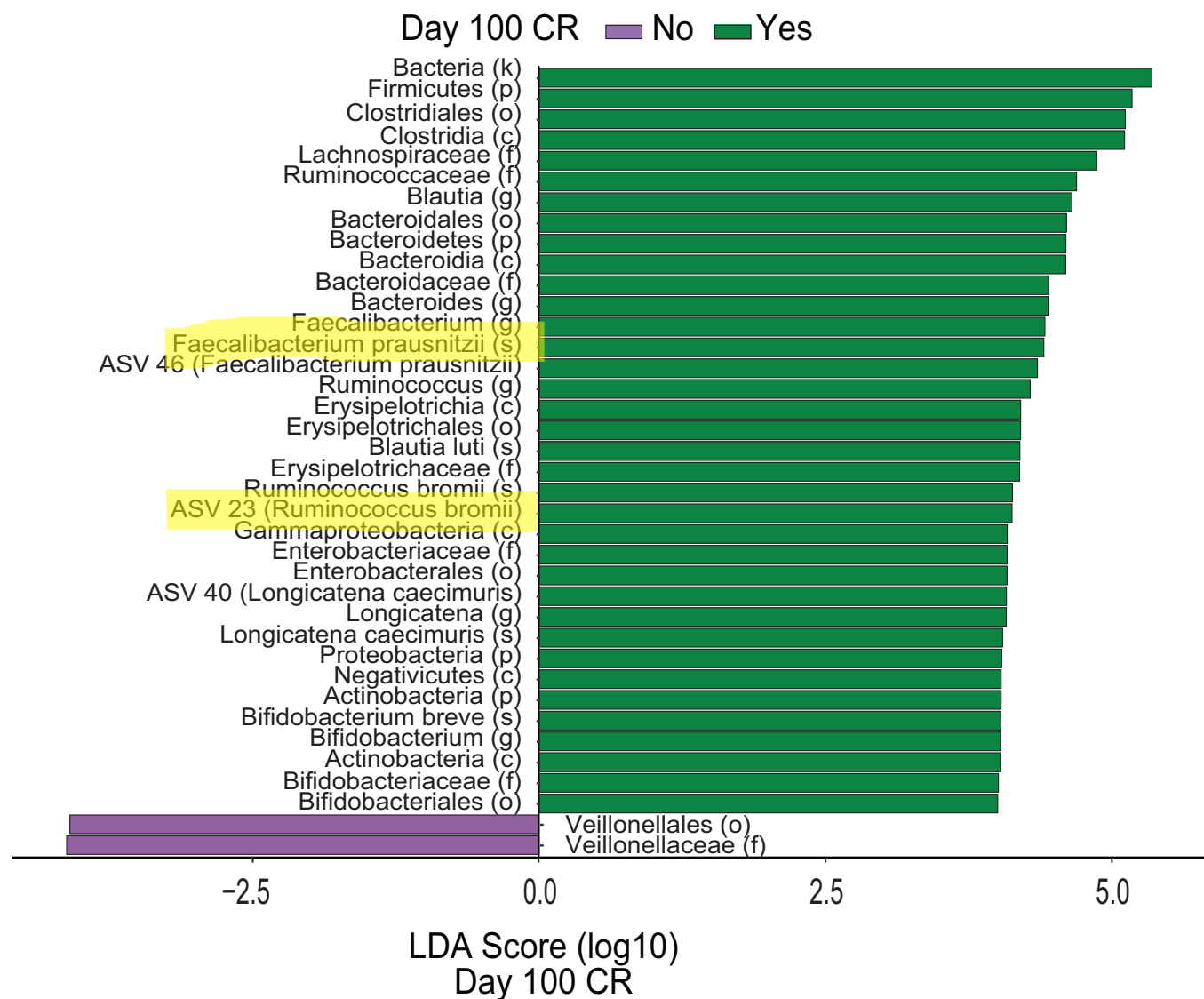


Beta-diversity at baseline



16S sequencing
Wilcoxon rank, PCOA

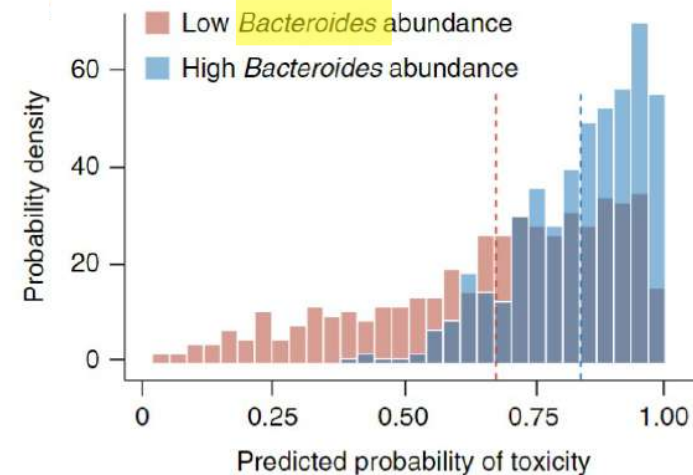
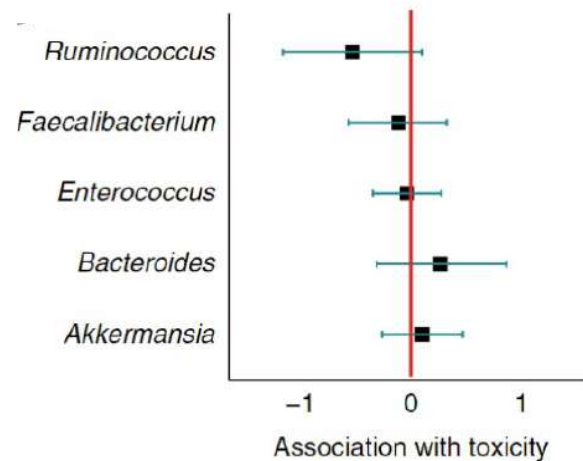
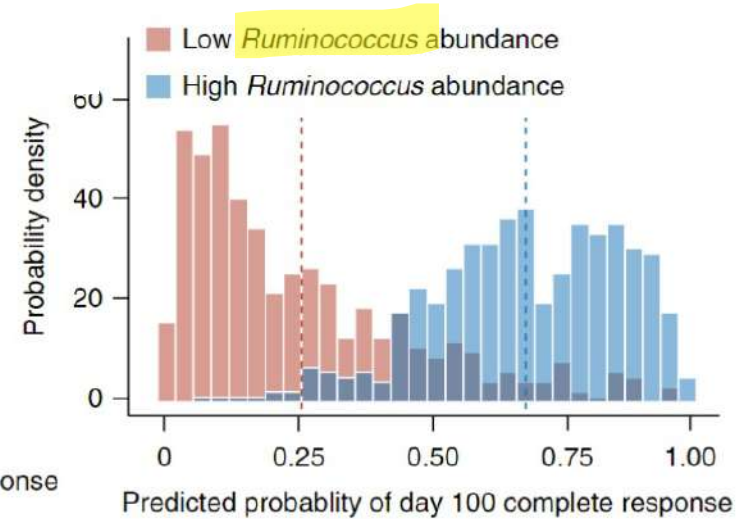
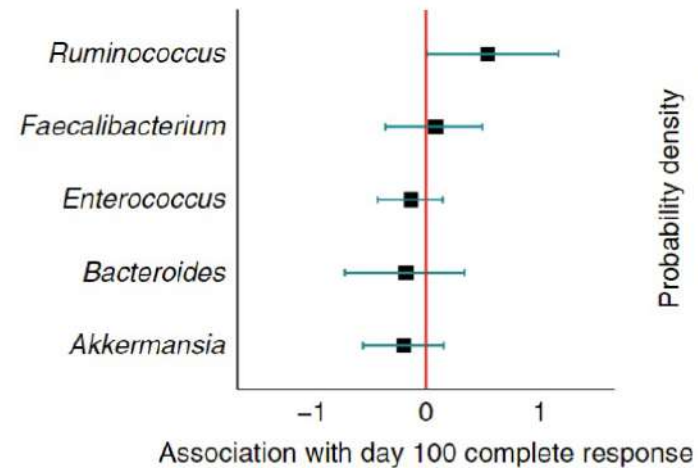
Linear discriminant analysis (LDA) scores computed for differentially abundant bacterial taxa of Day 100 CR



Enrichment of microbial taxa within the class Clostridia, including the genera *Ruminococcus* and *Faecalibacterium*, as well as the species *Faecalibacterium prausnitzii* were associated with Day 100 CR

16S sequencing
Linear discriminant analysis of
effect size (LEfSe)

Bayesian analysis of relevant genera



Gopalakrishnan, V., et al. *Science* (2018).
Matson, V., et al. *Science* (2018).
Routy, B., et al. *Science* (2018).
Schluter, J., et al. *Nature* (2020).
Dubin, K., et al. *Nat Commun* (2016).

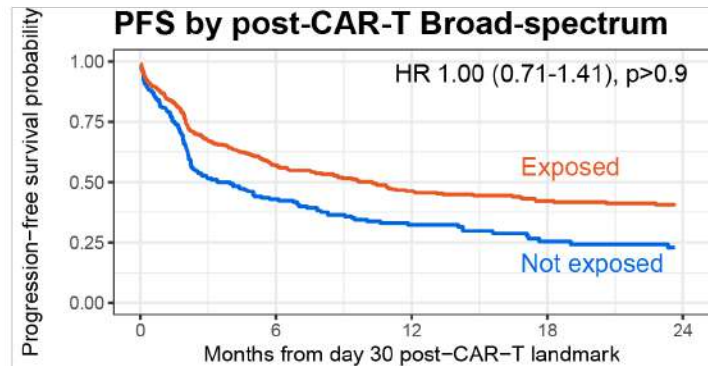
Microbiota composition and CART outcomes

DISEASE/CART	STUDY	N	ENRICHED IN CR	ENRICHED IN CRS
ALL/NHL/CART19	Smith M, Nat Med, 2022	48	<u>PRE:</u> <i>Ruminococcus</i> <i>Faecalibacterium</i> <i>Bacteroidetes</i>	<i>Bacteroides</i>
MM/CARTBCMA ALL/CART9 NHL/CART19	Hu Y, Nat Comm, 2022	43+38	<u>MM PRE and POST:</u> <i>Prevotella</i> , <i>Collinsella</i> , <i>Bifidobacterium</i> , and <i>Sutterella</i> <u>NHL PRE and POST:</u> <i>Faecalibacterium</i> , <i>Bifidobacterium</i> , and <i>Ruminococcus</i>	<i>Bifidobacterium</i> , and <i>Leuconostoc</i>
NHL/CART19	Stein-Thoeringer CK, Nat Med, 2023	79*-95	<u>PRE:</u> <i>Bacteroides</i> , <i>Ruminococcus</i> , <i>Eubacterium</i> and <i>Akkermansia</i>	na
NHL(B-ALL)CART19	Marcos-Kovandzic, L et al. Cancer Discov 2025	58	<i>B. Uniformis</i> <i>B. intestinalis</i> , <i>A.</i> <i>muciniphila</i> <i>R. Lactaris</i> <i>R.</i> <i>torques</i>	na

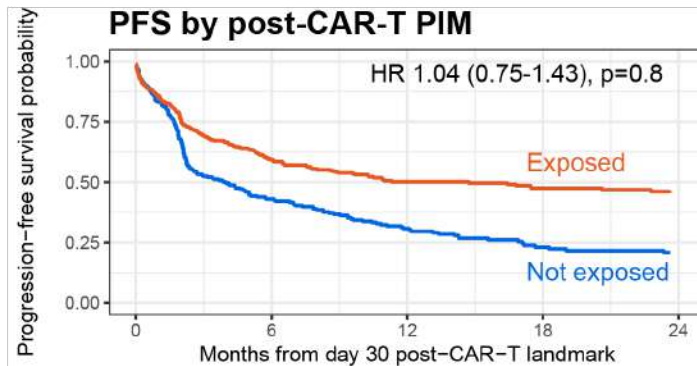
Also baseline a-diversity not associated with outcomes

*no exposure to PIM

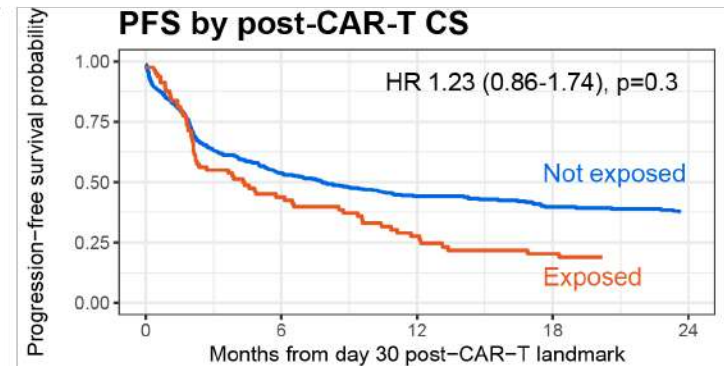
Larger Study on Antibiotic Exposure Pre and Post CART



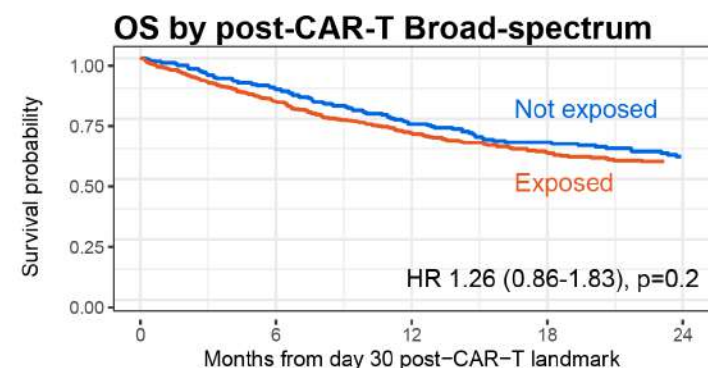
Not exposed					
At Risk	223	76	42	22	17
Events	5	118	135	142	144
Post-infusion					
At Risk	445	192	125	94	73
Events	5	175	207	217	221



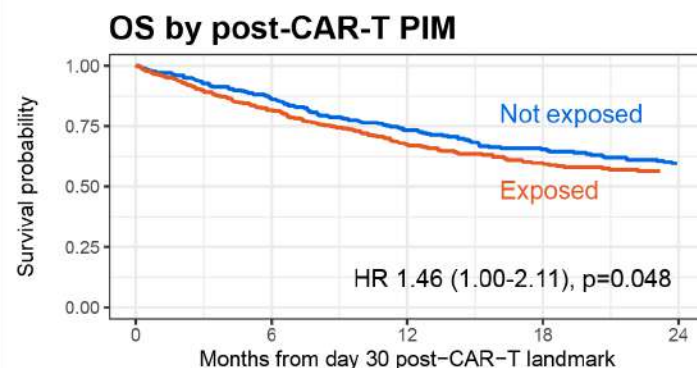
Not exposed					
At Risk	280	100	56	31	25
Events	5	150	176	188	191
Post-infusion					
At Risk	388	168	111	85	65
Events	5	143	166	171	174



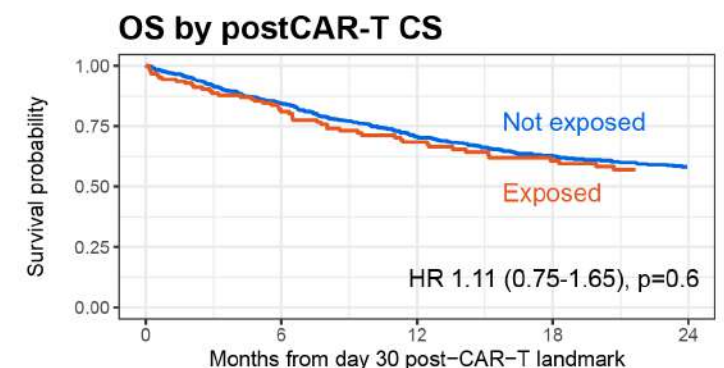
Not exposed					
At Risk	588	234	147	102	78
Events	8	248	285	297	302
Post-infusion					
At Risk	80	34	20	14	12
Events	2	45	57	62	63



Not exposed					
At Risk	300	223	146	108	85
Events	0	36	69	83	92
Post-infusion					
At Risk	520	354	245	173	140
Events	0	87	139	164	174



Not exposed					
At Risk	392	293	202	145	118
Events	0	51	91	111	123
Post-infusion					
At Risk	428	284	189	136	107
Events	0	72	117	136	143



Not exposed					
At Risk	695	484	321	233	182
Events	0	100	171	203	219
Post-infusion					
At Risk	125	93	70	48	43
Events	0	23	37	44	47

Landmarked hazard ratios (95%CI) for **exposed** vs. **non-exposed** derived from multivariable adjusted for age, bridging, baseline LDH, CAR-T product, and CRS

Heavy exposure to antibiotic: post-CART

Characteristic		Overall N = 956	MSKCC n = 319	UPENN n = 259	Sheba n = 237	LMU n = 88	Rambam n = 53
Pre-CAR	Age ¹	63 (52, 70)	66 (56, 73)	62 (52, 70)	59 (45, 69)	64 (57, 68)	64 (55, 72)
	CAR-T Product						
	Axi-cel	379 (40%)	170 (53%)	58 (22%)	66 (28%)	47 (53%)	38 (72%)
	Tisa-cel	338 (35%)	73 (23%)	173 (67%)	44 (19%)	33 (38%)	15 (28%)
	Liso-cel	112 (12%)	76 (24%)	28 (11%)	0 (0%)	8 (9.1%)	0 (0%)
	Academic CD19-CAR-T	127 (13%)	0 (0%)	0 (0%)	127 (54%)	0 (0%)	0 (0%)
	CRS	714 (75%)	235 (74%)	144 (56%)	208 (88%)	77 (88%)	50 (94%)
	PIM exposure < d0	97 (10%)	45 (14%)	4 (1.5%)	10 (4.2%)	30 (34%)	8 (15%)
	CS ^{4th} exposure < d0	24 (2.5%)	8 (2.5%)	16 (6.2%)	0 (0%)	0 (0%)	0 (0%)
	PIM exposure ≥ d0	536 (56%)	216 (68%)	27 (10%)	171 (72%)	79 (90%)	43 (81%)
Post-CAR ²	PIM median days of exposure ¹	9 (6, 12)	12 (9, 16)	7 (5, 11)	7 (4, 9)	8 (7, 9)	10 (8, 12)
	CS ^{4th} exposure ≥ d0	151 (16%)	43 (13%)	105 (41%)	0 (0%)	3 (3.4%)	0 (0%)
	CS ^{4th} days of exposure ¹	5 (3, 8)	8 (4, 10)	4 (3, 6)	6 (3, 8)	-	-

1 - Median (IQR); 2. 67% of patients were exposed to broad-spectrum antibiotics post-CAR-T

PIM - piperacillin-tazobactam, imipenem, and meropenem; CS - 4th generation cephalosporins

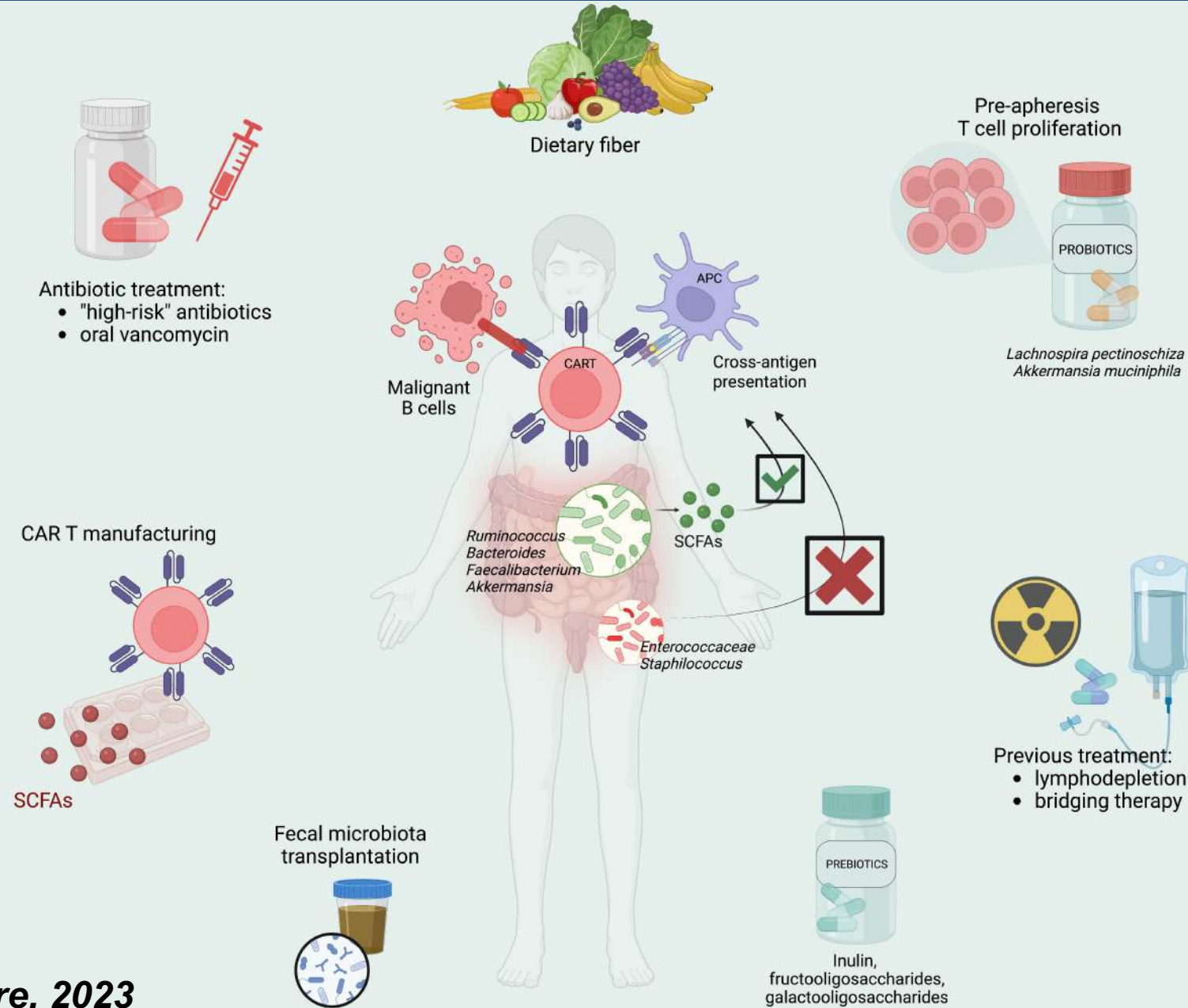
Shouval R., ASH, 2024



Memorial Sloan Kettering
Cancer Center



Modulation of the Gut Microbiota to improve CART



Ongoing Trials

☐ **NCT06218602** **Recruiting**

Pilot Trial of Fecal **Microbiota** Transplantation for Lymphoma Patients Receiving Axicabtagene Ciloleucel Therapy.

Conditions

Lymphoma

Locations

 Houston, Texas, United States

☐ **NCT07042438** **Not yet recruiting**

Fecal Microbiome Transplant to Remodel Intestinal **Microbiota** for Patients With Relapsed or Refractory Lymphoma With Exposure to High-Risk Antibiotics Who Are Receiving **Chimeric Antigen Receptor T** Cells

Conditions

Recurrent Diffuse Large B-Cell Lymphoma Recurrent High Grade B-Cell Lymphoma With MYC and BCL2 or BCL6 Rearrangements

Recurrent Transformed Follicular Lymphoma to Diffuse Large B-Cell Lymphoma Refractory Diffuse Large B-Cell Lymphoma

[Show 2 more conditions](#)

Locations

 Duarte, California, United States

☐ **NCT06734624** **Not yet recruiting** **New**

The Microbiome in Blood Cancer and HLH

Conditions

Diffuse Large B Cell Lymphoma (DLBCL) Follicular Lymphoma (FL) Haemophagocytic Lymphohistiocytosis

Locations

 Nottingham, Nottinghamshire, United Kingdom

☐ **NCT04203459** **Unknown status ***

The Mechanism of Enhancing the Anti-tumor Effects of CAR-T on PC by Gut **Microbiota** Regulation

Conditions

CAR-T **Gut Microbiota** Pancreatic Cancer

Locations

 Harbin, Heilongjiang, China

☐ **NCT06041815** **Recruiting**

Correlation Between Gut **Microbiota** and Clinical Response to CAR-T Treatment for Hematological Malignancies

Conditions

Chimeric Antigen Receptor T-cell Therapy Hematological Malignancies

Locations

 Suzhou, Jiangsu, China

Effect of Diet on CART Immunotherapy

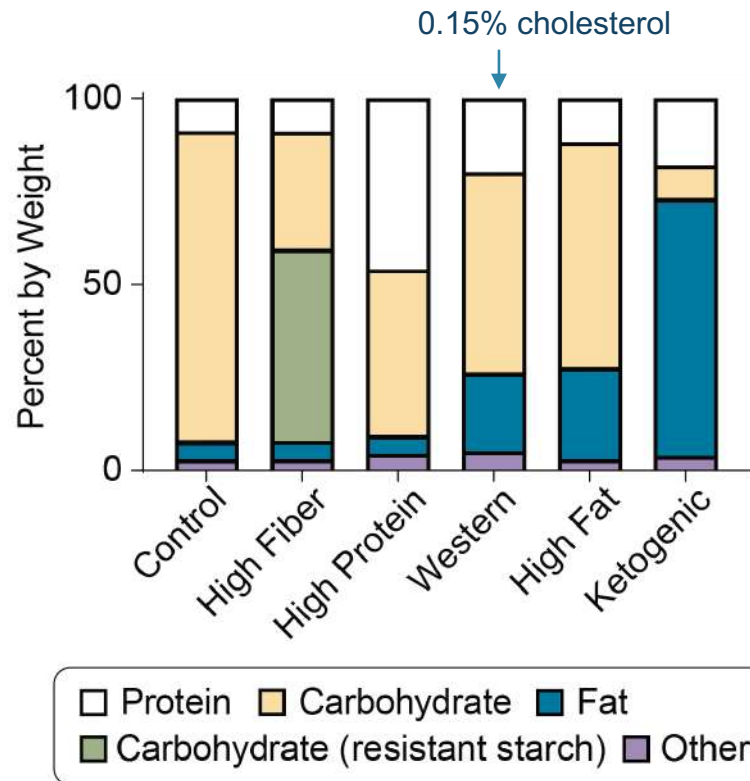


Shan Liu, PhD

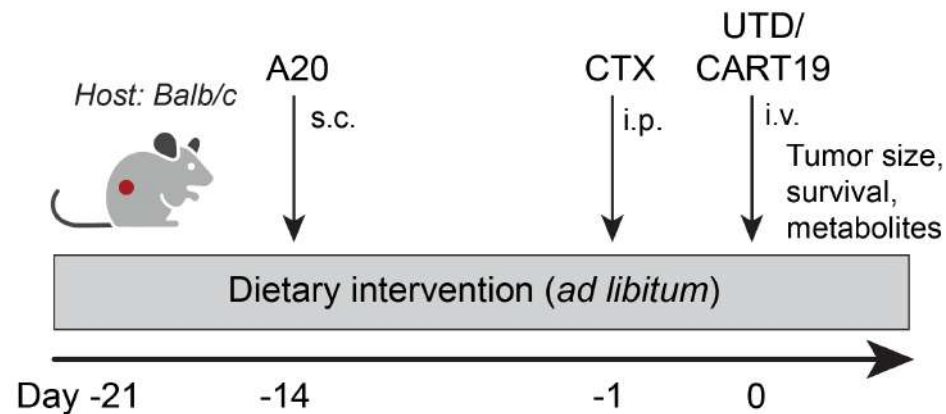


Puneeth Guruprasad, PhD

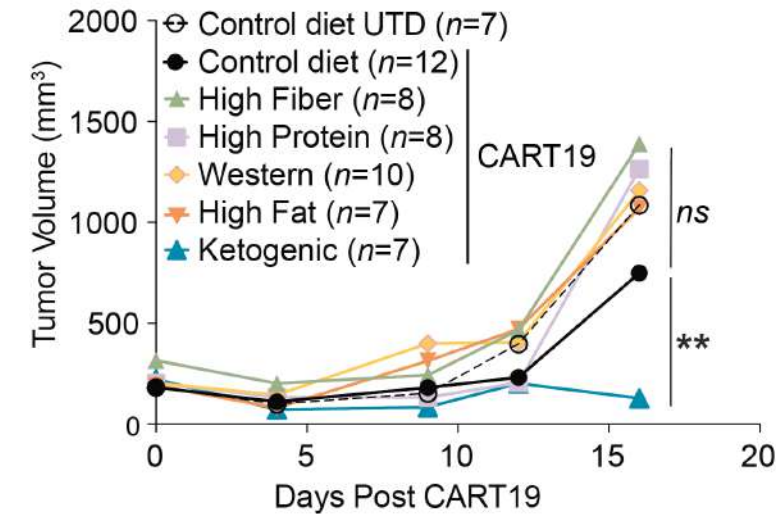
Diet composition



Diet and CART screening



Tumor burden



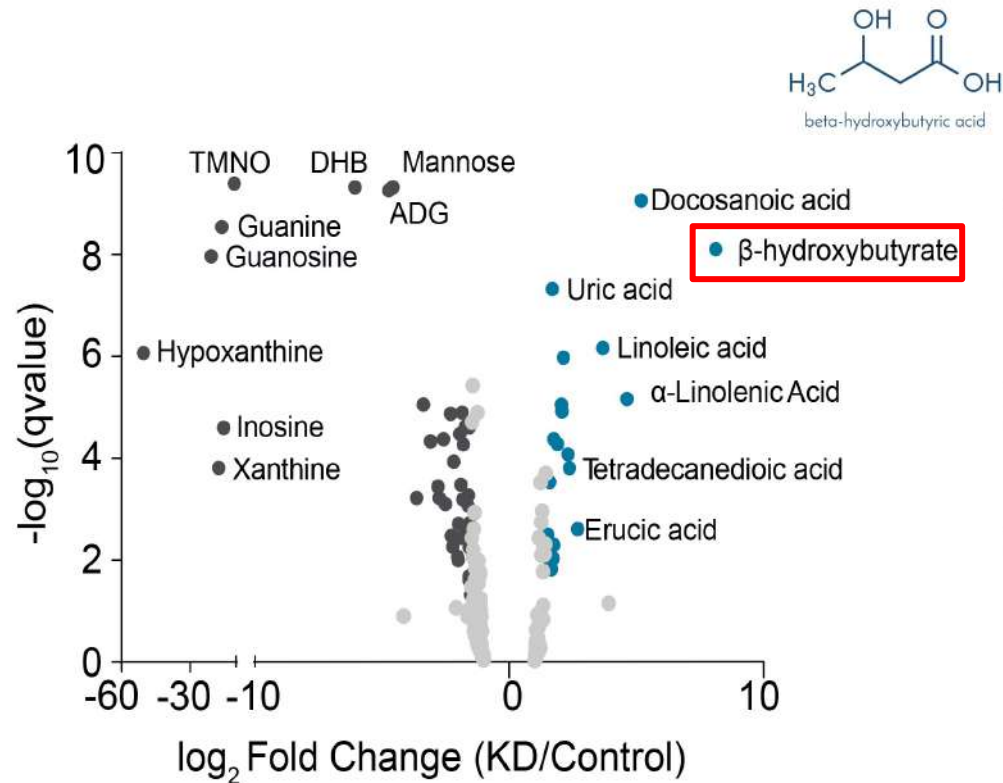
ASH Plenary Talk #4, 2024

UTD: untransduced T cells
CTX: cyclophosphamide

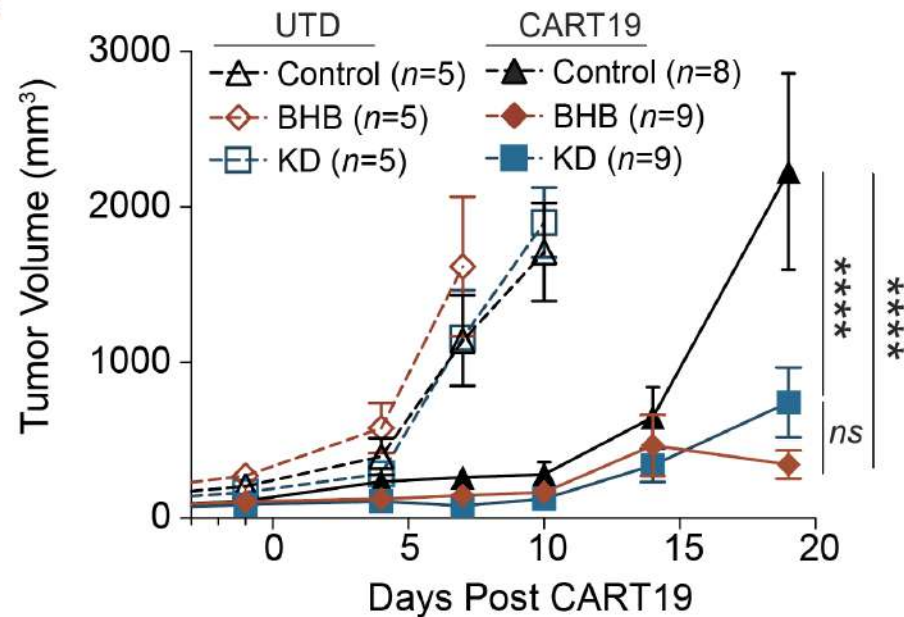
Liu S., Guruprasad P., Cell, in press

Ketogenic diet enhances CART proliferation via β -hydroxybutyrate (BHB)

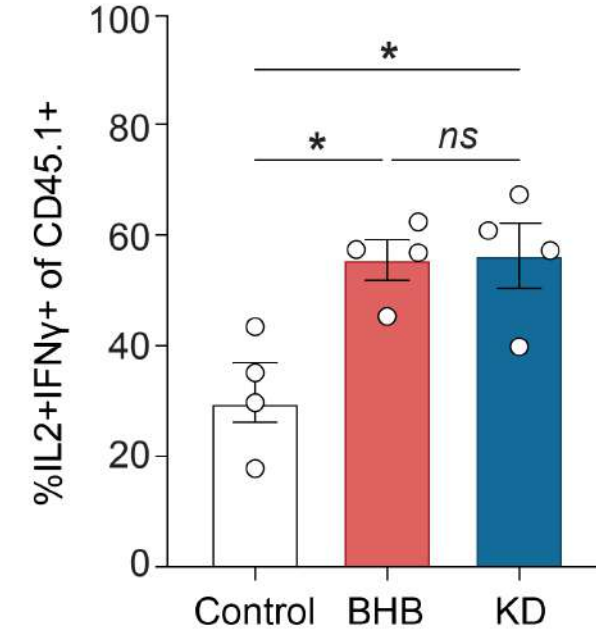
KD-enriched metabolites



Tumor burden

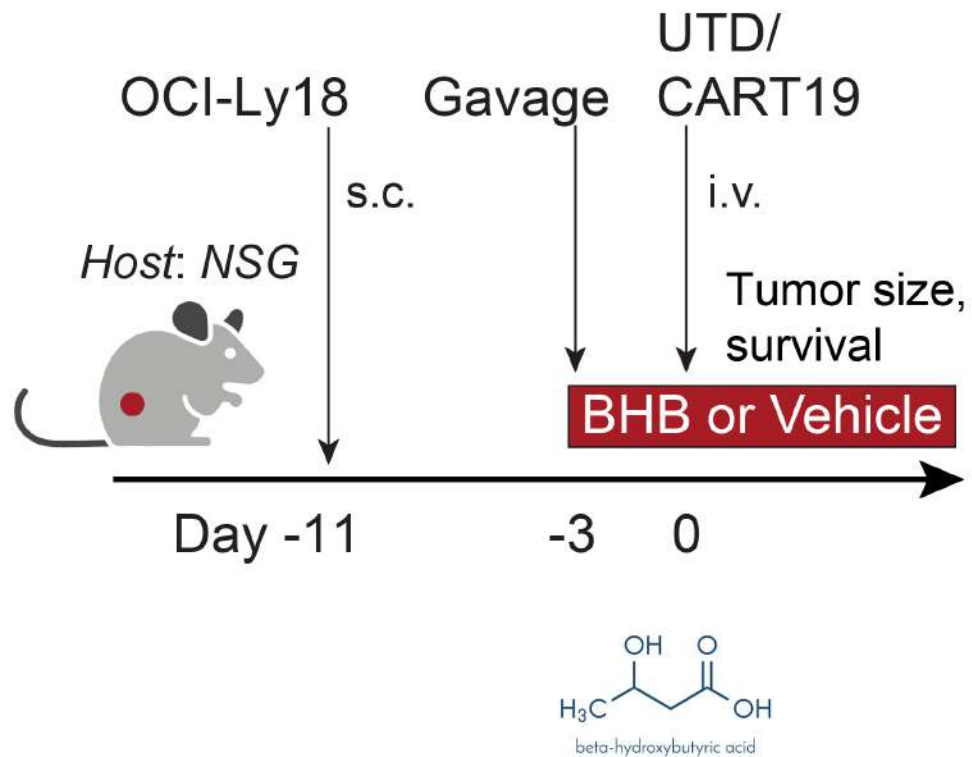


IL2⁺IFN γ ⁺ tumor infiltrating CAR T cells (day 7)

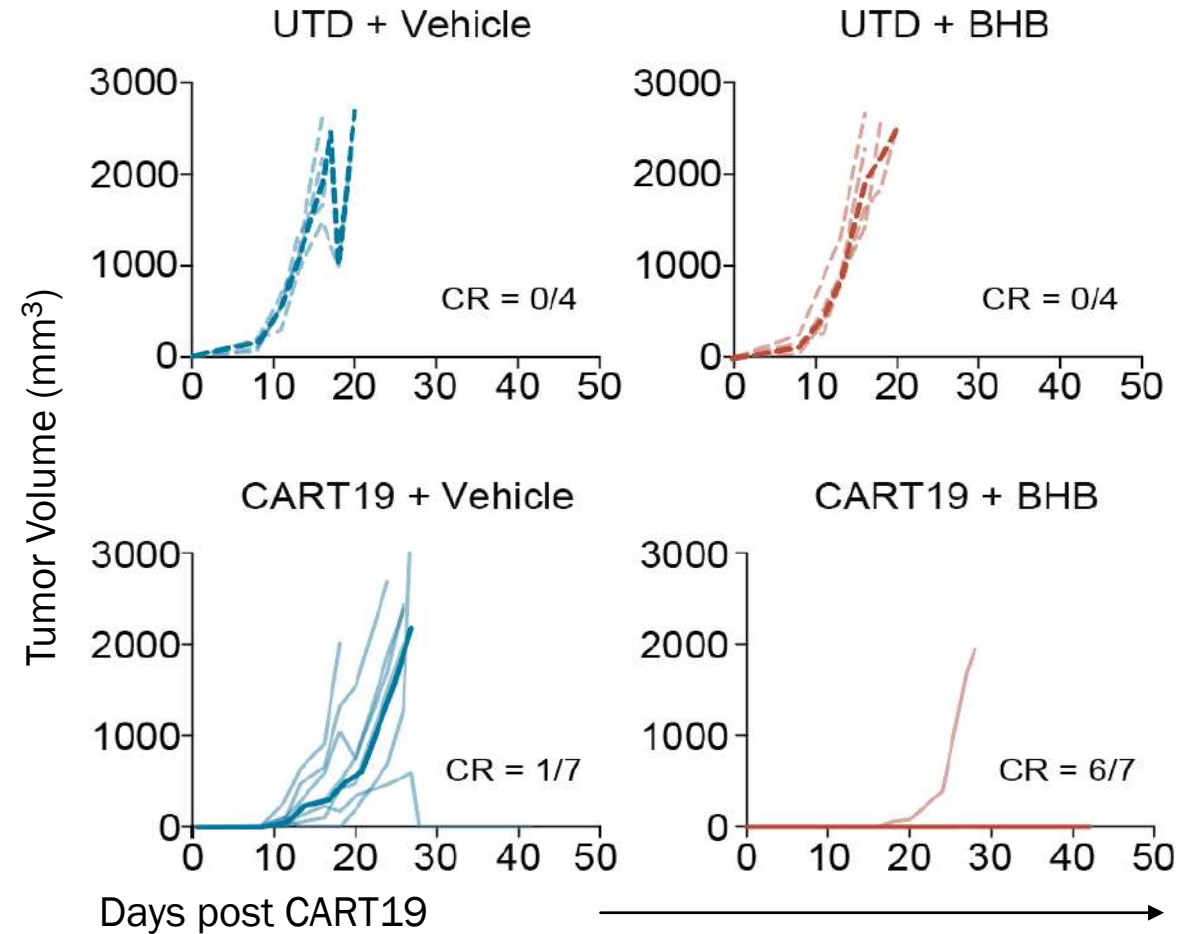


BHB improves human CART function in a human xenograft model of lymphoma

Human lymphoma (DLBCL) model

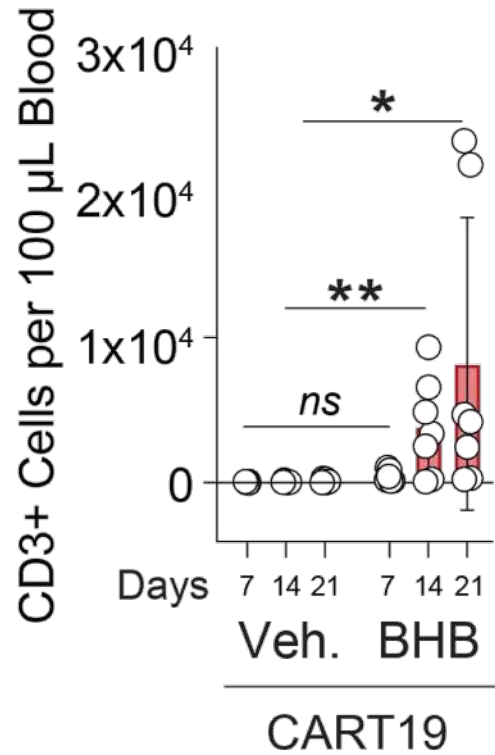


Tumor burden

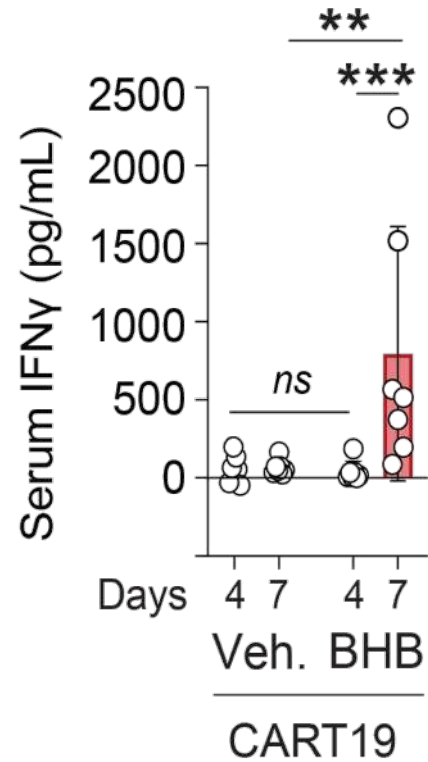


BHB increases peripheral T cell expansion and IFN γ release

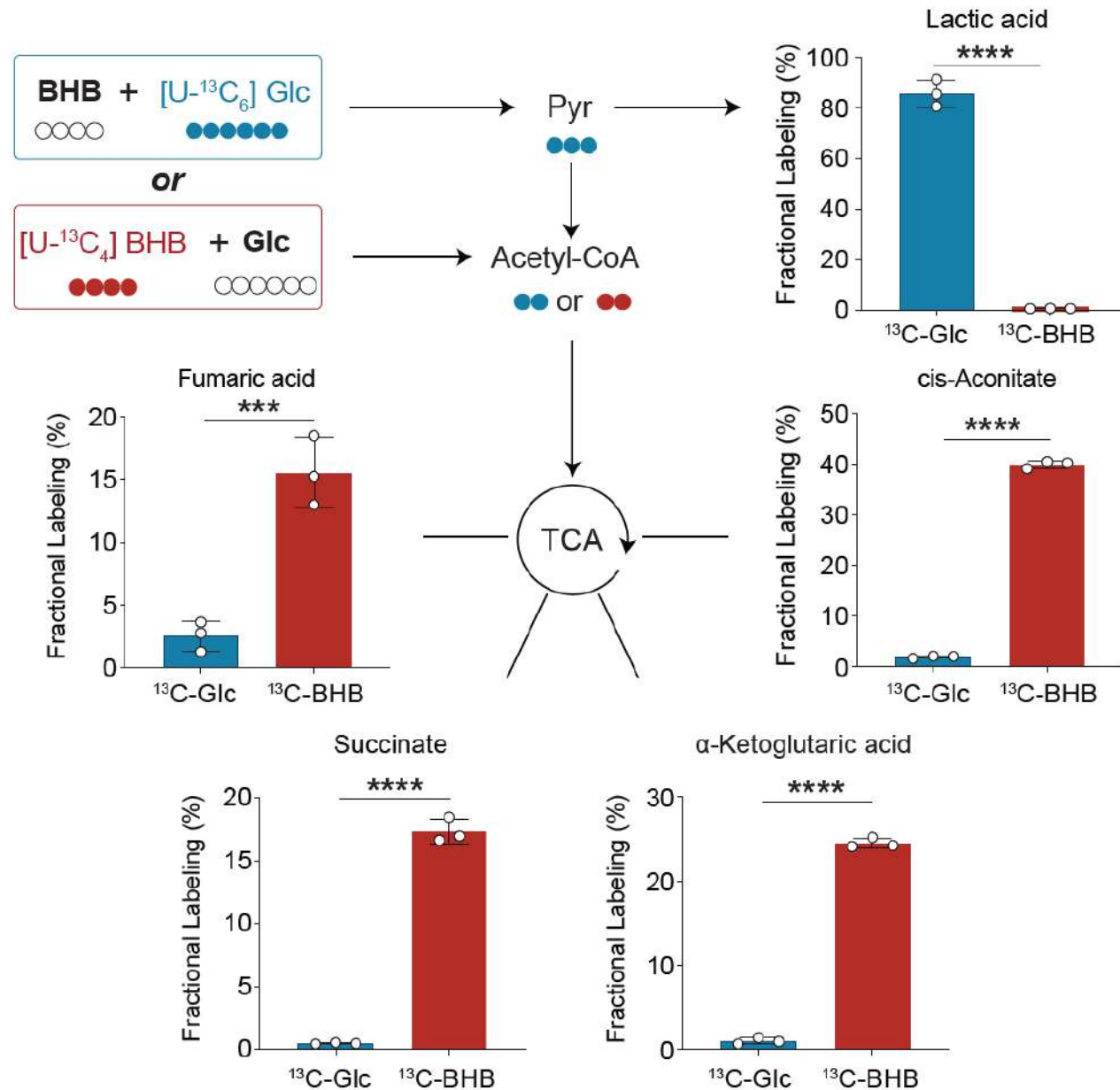
T cell *in vivo* expansion



In vivo IFN γ release

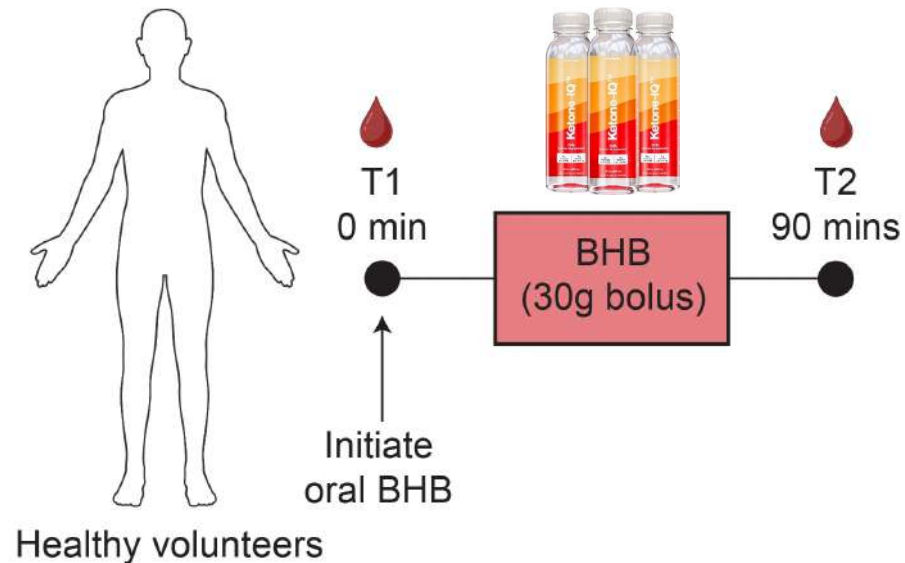


BHB enhances the TCA cycle and OxPhos

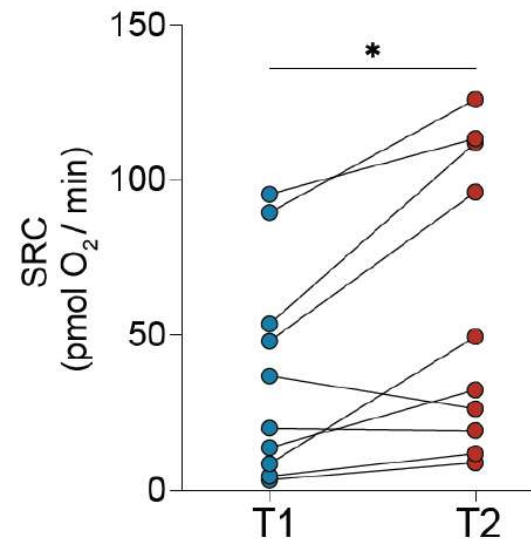


BHB enhances OXPHOS in peripheral T cells of healthy volunteers

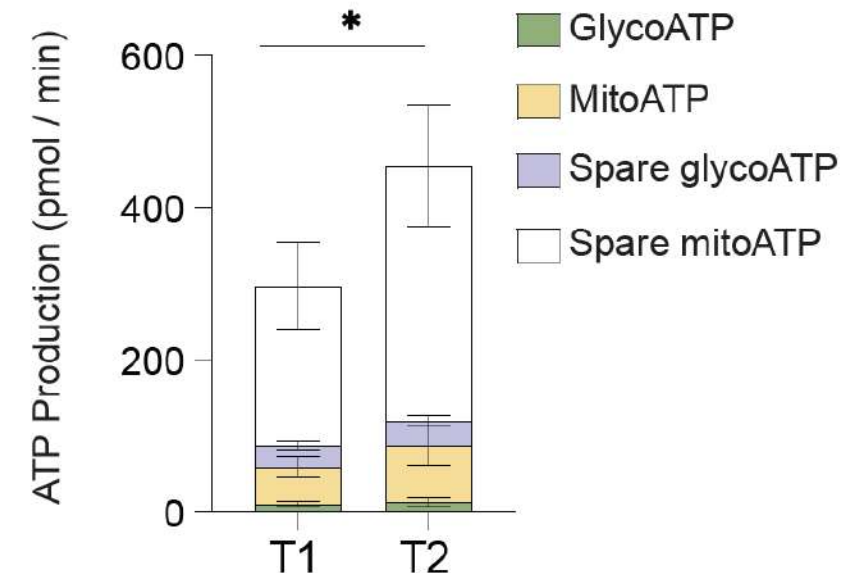
BHB administration to volunteers (n=10)



Maximum O₂ consumption



Total bioenergetic capacity



BHB supplementation during CART19 therapy for Lymphoma

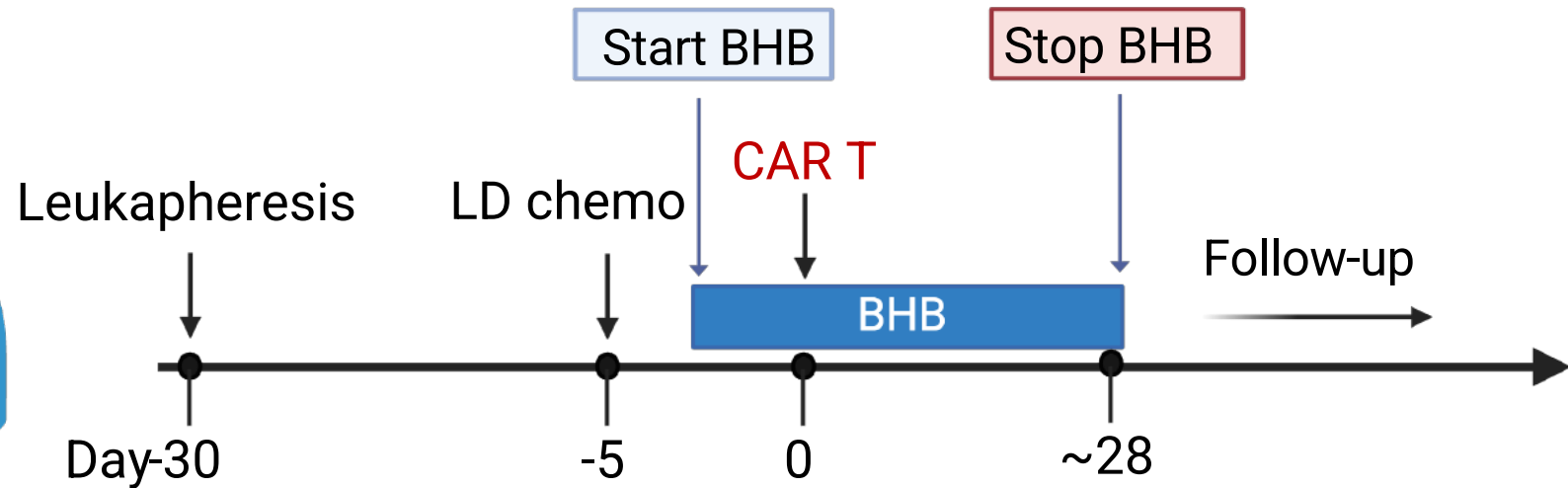


PI: Elise Chong, MD



r/r NHL
Commercial
CART19

NCT06610344 (Proof-of-concept trial)



Key correlative studies:

- Serum metabolites
- CART expansion and phenotype
- Microbiome

CONCLUSIONS AND PERSPECTIVES

- We demonstrated associations *between fecal microbiome composition and clinical outcomes* of patients treated with CD19 CAR T cell therapy. Other studies have now confirmed and added to our study.
- Exposure to specific broad-spectrum (*P-I-M*) antibiotics prior to cell infusion is associated with *worse survival and increased toxicity*.
- ALL and NHL patients have gut microbiota dysbiosis before treatment with CAR T cells.
- Taxonomic analyses of the fecal microbiome revealed *interesting candidate taxa* (Ruminococcus, Faecalibacterium) to study in preclinical models of CAR T cell function.
- In preclinical models, the *modulation of the gut microbiota with vancomycin* enhances CART activity via antigen-presentation

- Ketogenic diet enhances CART function in multiple murine and human cancer models → *Effect in solid cancers and complex TME? Direct effect on cancer cells?*
- Beta-Hydroxy Butyrate is the main mediator for this effect and works as a single agent in multiple cancer models to boost CART
- BHB drives increased TCA cycle and OxPhos of CART cells within the tumor microenvironment → *Additional mechanisms, such as microbiota, epigenetics*
- Safety under evaluation in a pilot clinical trial



Patrizia Porazzi
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Alison Loren
Noelle Frey
Al Garfall
Adam Cohen
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PATIENTS AND THEIR
FAMILIES

Sponsors and Supporters



**Blood Cancer
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