

TCR Engineered T-Cell Therapy Status Report A Must Have Study for Academia and Pharma/Biotech Companies

The new report covers global companies like Adaptimmune, Bellicum Pharmaceuticals, Cell Medica, GlaxoSmithKline and 30+ companies.

LEWES, DELAWARE, DELAWARE, UNITED STATES, August 21, 2018 /EINPresswire.com/ -- T-Cell Receptors (TCR) and Chimeric Antigen Receptors (CAR) are the cutting edge of adoptive T-cell therapy. Both receptors deploy T-cells to target the tumor, but CAR T-cells (CAR-T) are limited to binding to cell surface antigens, while TCR T-cells (TCR-T) recognize peptides (derived from intracellular proteins) presented on the cell surface by the major histocompatibility complex (MHC) class I.

Adoptive T-cell therapy has come of age with the recent approvals of two CAR-T therapeutics targeting CD19 (Kymriah and Yescarta) demonstrating feasibility of clinical development with impressive results and of personalized manufacturing & logistics. It remains to be seen whether these autologous CAR-Ts will live up commercial expectations, as first quarter 2018 sales of Kymriah were far below expectations (only US\$ 12 mln). The final prices of US\$ 475,000 (Kymriah) and US\$ 373,000 (Yescarta) are challenging the commercial viability of autologous CAR-T therapy. Allogeneic cell therapy might be one technological solution for the pricing problem.

While CAR-Ts performed very well for hematologic malignancies, they did less for solid tumors. Furthermore, CAR-T therapy is restricted to cell surface proteins which constitute about 20-25% of all available targets on a solid tumors, leaving nearly 80% of intracellular targets untapped by CAR-T therapy or by conventional antibody therapy.

The concept of TCR T-cell therapy actually predates CAR-Ts, but suffered a series of setbacks due to toxicity caused by cross-reactivity with related and unrelated peptides prompting the development of much more sophisticated specificity screening systems. But TCR-Ts are catching up as evidenced by ten different company-related TCR-Ts entering clinical development in the last two years and further nine in preparation of clinical trials. Significant deals between TCR-T companies and major Pharma/Biotech further underline the promise of TCR-T technologies.

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Table 29: Financing Sources of Selected Diversified Companies with TCR-T Activities

Company	Technologies	Source / Year	Amount (US\$)
Adicet Bio	TCR-like antibodies $\gamma\delta$ T-cells for CAR & TCR	Series A / 2016	51
		Partnering / 2016	25
Cell Medica	CTLs, TCR-T, NKTs	2007/2009	13 mln
		CPRIT grant / 2012	26.5 mln
		Series B / 2014	69.7 mln
		Series C / 2017	83.7 mln
Eureka Therapeutics	CAR- and TCRL-T ARTEMIS technology	Series B / 2008	8 mln
		Series C / 2014	21 mln
		Series D / 2018	60 mln
Medigene	Target & TCR discovery, TCR-T, vaccines	PO / 2015	54.6 mln
		Sale of stock / 2016	7 mln
		Divestment / 2016	3.4 mln
		Partnering / 2016	15 + 8 mln
		DO / 2017	24.4 mln
Tmunity Therapeutics	Next gen CAR-T, TCR-T, allogeneic, Treg	Equity / 2016	10 mln
		Series A / 2018	135 mln

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Cell Medica has entered into an exclusive license and option agreement with UCL Business, the technology commercialisation company of UCL, for the dominant TCR platform patent and two target antigens."

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In this new report "TCR Engineered T-Cell Therapy 2018: an industry analysis of technologies, pipelines, stakeholders & deals" brings you up-to-date and gives you answers to key questions about

- >target discovery & selection,
- >technologies for generation of TCRs,
- >neoantigen-specific TCRs,
- >off-the-shelf TCR-Ts,
- >the TCR-T pipeline,
- >manufacturing strategies,
- >next generation TCR-Ts,
- >key players,

- >competition,
- >corporate strategy,
- >deals and acquisitions and
- >financing.

The report can be acquired at MarketResearchReports.com at (<https://www.marketresearchreports.com/la-merie-publishing/tcr-engineered-t-cell-therapy-2018-industry-analysis-technologies-pipelines>). There you will find samples pages, a detailed Table of Contents, a list of Tables and of companies discussed in the report.

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