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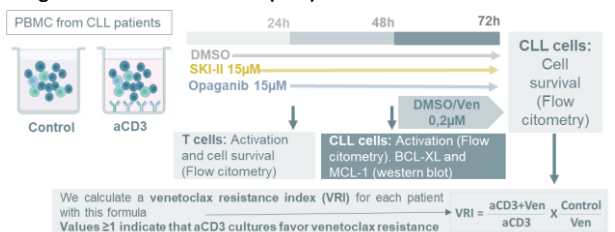
BACKGROUND

The treatment of CLL patients with venetoclax-based regimens has demonstrated efficacy and a safety profile (Roberts et al. 2016; Mato et al. 2018), but the emergence of resistant cells and disease progression is a current complication (Leverson and Cojocar 2018; Jayappa et al. 2021). We previously reported that the sphingosine kinase 1 and 2 (SPHK1/2) inhibitor, SKI-II enhanced the in vitro cell death triggered by fludarabine, bendamustine or ibrutinib and reduced the activation and proliferation of CLL cells (Almejún et al. 2017). Since we previously showed that autologous activated T cells (aaT) from CLL patients favor the generation of venetoclax resistance (Eliás et al. 2022; Eliás et al. 2018), we aimed to determine whether SPHK inhibitors could overcome this negative effect.

METHODS

Peripheral blood mononuclear cells (PBMC) were obtained from twenty-eight unrelated CLL patients that were free from clinically relevant infectious complications and were treatment naïve or without treatment for ≥3 months before the investigation began.

Model for the evaluation of SPHKs inhibitors on the generation of venetoclax (Ven) resistance



Model for the evaluation of SPHKs inhibitors on already venetoclax resistant cells

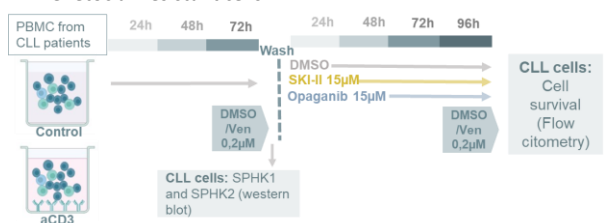


Fig. 1: SKI-II and opaganib reduced the upregulation of the activation markers CD86, PD-1 and PDL-1 on CLL cells induced by aaT cells.

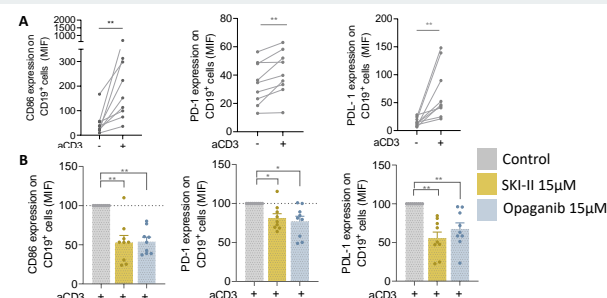


Fig. 1: A) Wilcoxon paired test. B) Wilcoxon Signed Rank Test, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, $n = 9$.

Fig. 2: SKI-II and opaganib reduced the upregulation of proliferation marker Ki67 on CLL cells induced by aaT cells.

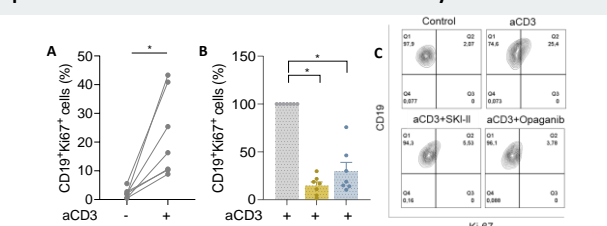


Fig. 2: A) Wilcoxon paired test. B) Wilcoxon Signed Rank Test, * $p < 0.05$, $n = 7$. C) Results obtained with one representative CLL sample.

Fig. 3: SPHK inhibitors reduced the expression of CD40L induced on CD4+ cells upon CD3 crosslinking without affecting their survival.

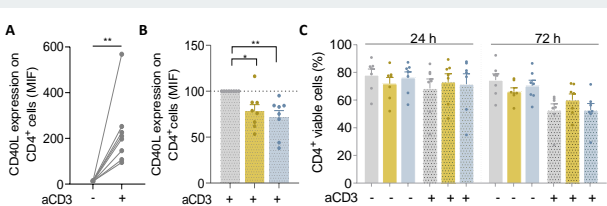


Fig. 3: A) Wilcoxon paired test. B) Wilcoxon Signed Rank Test, * $p < 0.05$, ** $p < 0.01$, $n = 8$.

RESULTS

Fig. 4: SKI-II and opaganib prevented the generation of venetoclax-resistance induced by aaT cells

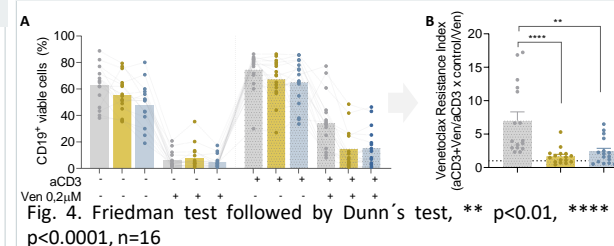


Fig. 4. Friedman test followed by Dunn's test, ** $p < 0.01$, **** $p < 0.0001$, $n = 16$

Fig. 5: Both inhibitors reduced the upregulation of BCL-XL on malignant cells induced by aaT cells while MCL-1 expression was only reduced by SKI-II under these culture conditions.

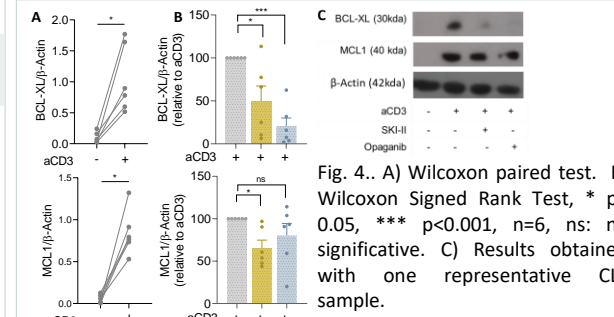


Fig. 5: A) Wilcoxon paired test. B) Wilcoxon Signed Rank Test, * $p < 0.05$, *** $p < 0.001$, $n = 6$, ns: no significant. C) Results obtained with one representative CLL sample.

Fig. 6: The presence of aaT cells enhanced SPHK2 expression in CLL cells, which was higher in those resistant to venetoclax.

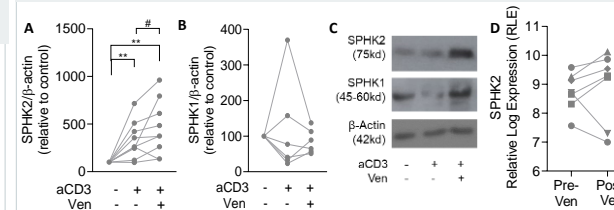


Fig. 6: A) Wilcoxon Signed Rank Test, ** $p < 0.01$. Wilcoxon matched-pairs signed rank test, # $p < 0.05$ ($n = 9$) D) SPHK2 expression on CLL cells of 7 CLL patients at progression on venetoclax therapy compared to prior-treatment (public data set RNA-Seq GSE192685)

Fig. 7: SPHK inhibitors were able to re-sensitize resistant CLL cells to a second venetoclax treatment

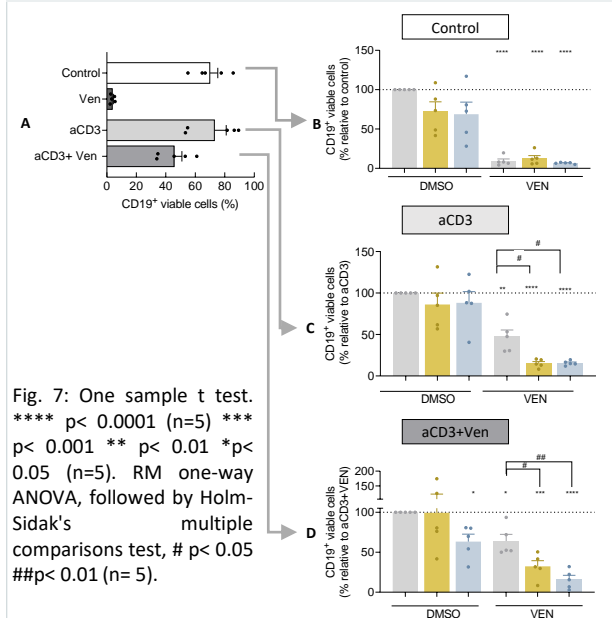


Fig. 7: One sample t test. **** $p < 0.0001$ ($n = 5$) *** $p < 0.001$ ** $p < 0.01$ * $p < 0.05$ ($n = 5$). RM one-way ANOVA, followed by Holm-Sidak's multiple comparisons test, # $p < 0.05$ ## $p < 0.01$ ($n = 5$).

CONCLUSIONS

- Venetoclax-resistant CLL cells express high levels of SPHK2.
- Both SPHK inhibitors reduce the activation and the expression of BCL-XL induced by aaT cells on CLL cells.
- SKI-II and opaganib diminish the generation of venetoclax-resistance and re-sensitize already venetoclax-resistant CLL cells to the drug, suggesting that the inhibition of SPHK2 may be involved in this process.
- Our results highlight the therapeutic potential of SPHK inhibitors in combination with venetoclax as a promising treatment option for the patients.

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