

SAFETY AND EARLY CLINICAL OUTCOMES OF DUAL-TARGET CD19/CD22 CAR-T STRATEGIES IN RELAPSED/REFRACTORY B-ALL: A SYSTEMATIC REVIEW AND META-ANALYSIS

1. Medical Research Group of Egypt, Negida Academy, Arlington, MA, USA

2. Faculty of Pharmacy, Jordan University of Science and Technology, Irbid, Jordan.

3. Department of medical laboratory sciences, Jordan University of Science and Technology, Irbid, Jordan.

4. Faculty of Medicine, Minia University, Minia, Egypt.
5. Faculty of Medicine, Menoufia University, Menoufia, Egypt.

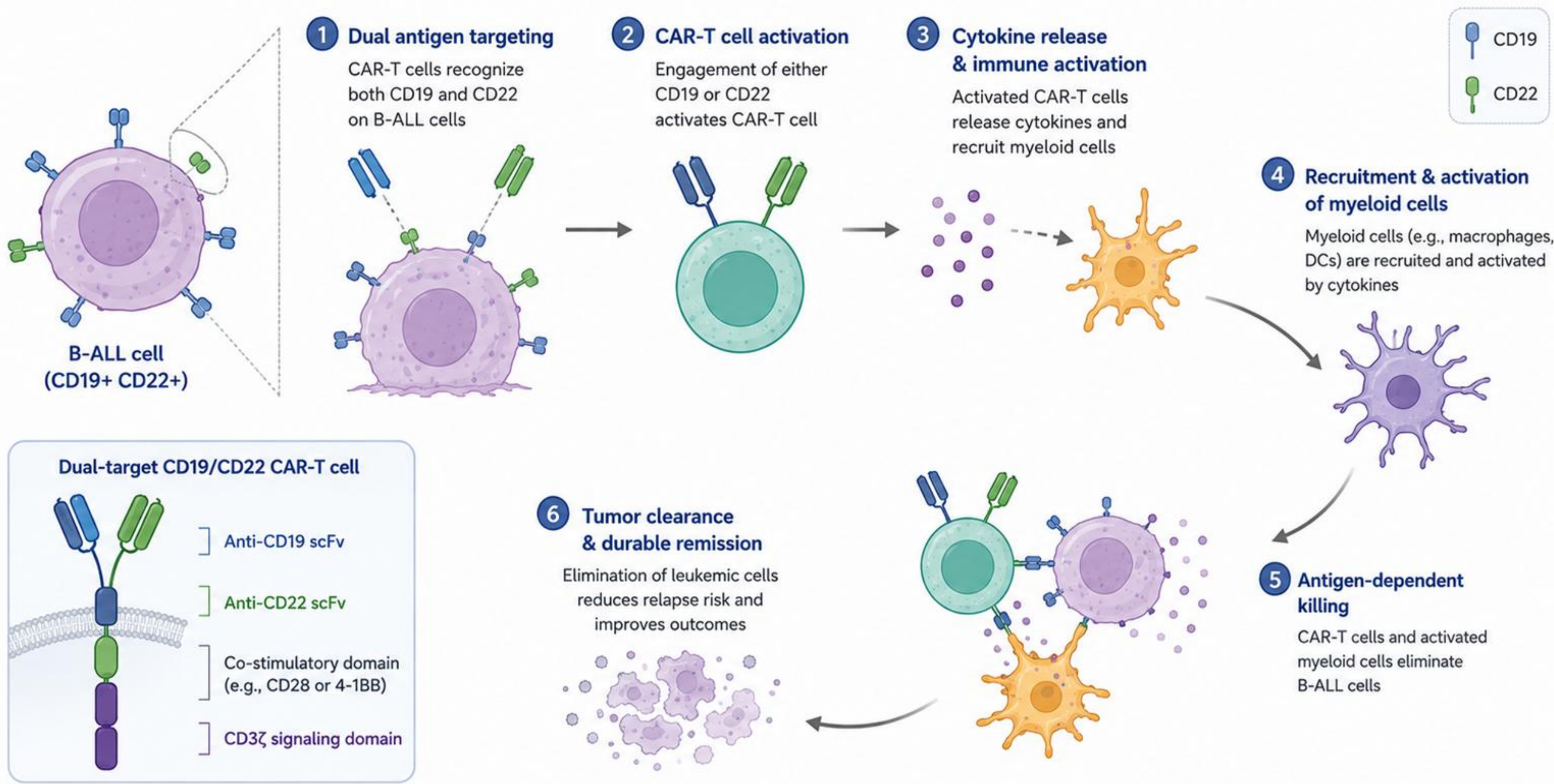
6. Faculty of Science, Al-Azhar University, 11884, Nasr City, Cairo, Egypt.

7. Faculty of medicine, university of Jordan, Jordan.

8. Affiliate Faculty Member, Center for Advancing Population Science (CAPS), Medical College of Wisconsin (MCW)

INTRODUCTION

CAR T-cell therapy employs HLA-independent receptors with tumor-targeting scFv and CD3ζ/FcRγ signaling, activating both CD4⁺ and CD8⁺ T cells for enhanced anti-tumor effects. Although CD19-directed CARs (Axi-cel, Tisa-cel, Liso-cel) are clinically approved for lymphoma, they carry significant acute toxicities and late risks like secondary malignancies. Since single-agent CAR-T often fails due to antigen escape and evidence on dual-targeting is scarce, our study evaluates the safety and early efficacy of dual-agent CAR-T in ALL..



METHODS

This systematic review and meta-analysis followed PRISMA guidelines. A comprehensive search of PubMed, Scopus, Web of Science, and Cochrane was performed using predefined keywords for dual-targeted (CD19/CD22) CAR-T therapy in relapsed/refractory B-cell acute lymphoblastic leukemia (ALL) across pediatric and young adult populations. After screening 699 initial records and removing duplicates, two independent reviewers selected **14 studies** that met the inclusion criteria (clinical trials enrolling R/R B-ALL patients receiving CD19/CD22 CAR-T, excluding reviews, case reports, preclinical work, and single-target studies). Data extraction covered baseline characteristics, intervention details, and primary/secondary outcomes, while risk of bias was assessed using the MINORS tool. A meta-analysis was conducted using RevMan 5.4, with sensitivity analyses (leave-one-out and subgroup analyses) to assess robustness.

RESULTS

Efficacy

Efficacy Outcomes - Bispecific CAR-T-Cell Studies

Outcome	N studies	Event proportion	95% CI	I2 (%)	P het
Best overall response within 3 months	12	0.94	0.87 - 0.97	0.0	0.711
Best response by day 28	13	0.92	0.84 - 0.96	24.2	0.199
Bone marrow remission by flow cytometry	13	0.91	0.85 - 0.95	0.0	0.843
Bridging to HSCT	13	0.16	0.07 - 0.32	55.2	0.008
CR/CRi rate	14	0.92	0.86 - 0.96	23.0	0.205
MRD-negative CR rate	13	0.90	0.84 - 0.94	0.0	0.834
Overall remission rate	12	0.95	0.87 - 0.98	30.1	0.152
Overall response rate (ORR)	13	0.94	0.87 - 0.97	0.0	0.761

Adverse Event

Remaining AE - Grouped by Clinical Relatedness

Outcome	N studies	Event proportion	95% CI	I2 (%)	P het
HEMATOLOGIC CYTOPENIAS					
Grade 3-4 anemia	5	0.66	0.46 - 0.81	65.6	0.020
Grade 3-4 cytopenia	3	0.95	0.60 - 1.00	0.0	1.000
Grade 3-4 neutropenia	6	0.86	0.44 - 0.98	62.8	0.020
Grade 3-4 thrombocytopenia	7	0.50	0.31 - 0.69	62.4	0.014
OVERALL SEVERE TOXICITY					
Overall grade 3-4 toxicity	5	0.64	0.14 - 0.95	76.4	0.002
ORGAN-SPECIFIC AE					
Cardiac AE	6	0.15	0.06 - 0.31	54.4	0.052
Gastrointestinal AE	5	0.05	0.00 - 0.53	83.7	<0.001
Hepatic AE	4	0.13	0.04 - 0.33	74.3	0.008
Respiratory AE	4	0.16	0.08 - 0.29	45.6	0.138
SYSTEMIC AND SYMPTOM AE					
Headache	5	0.11	0.02 - 0.41	89.5	<0.001
Temperature ≥38 °C (fever)	7	0.90	0.65 - 0.98	80.6	<0.001

CONTACT INFORMATION

Mohamed Mostafa Ibrahim
✉ Mohamedmi.Md@gmail.com
☎ +1 (304 421 7593)

REFERENCES

