

ENHANCEMENT OF iPSC-DERIVED EFFECTOR IMMUNE CELL USING SMALL COMPOUNDS

RELATED APPLICATION

[0001] This application claims priority to U.S. Provisional Application Serial No. 62/945,040, filed December 6, 2019, the disclosure of which is hereby incorporated by reference in its entirety.

FIELD OF THE INVENTION

[0002] The present disclosure is broadly concerned with the field of off-the-shelf immunocellular products. More particularly, the present disclosure is concerned with the strategies for developing multifunctional effector cells capable of delivering therapeutically relevant properties *in vivo*. The cell products developed under the present disclosure address critical limitations of patient-sourced cell therapies.

BACKGROUND OF THE INVENTION

[0003] The field of adoptive cell therapy is currently focused on using patient- and donor-sourced cells, which makes it particularly difficult to achieve consistent manufacturing of cancer immunotherapies and to deliver therapies to all patients who may benefit. There is also the need to improve the efficacy and persistence of adoptively transferred lymphocytes to promote favorable patient outcome. Lymphocytes, such as T cells and natural killer (NK) cells, are potent anti-tumor effectors that play an important role in innate and adaptive immunity. However, the use of these immune cells for adoptive cell therapies remains challenging and has unmet needs for improvement. Therefore, there remain significant opportunities to harness the full potential of T and NK cells, or other lymphocytes in adoptive immunotherapy.

SUMMARY OF THE INVENTION

[0004] There is a need for functionally improved effector cells that address issues ranging from response rate, cell exhaustion, loss of transfused cells (survival and/or persistence), tumor escape through target loss or lineage switch, tumor targeting precision, off-target toxicity, off-tumor effect, to efficacy against solid tumors, i.e., tumor microenvironment and related immune suppression, recruiting, trafficking and infiltration. Characterization of therapeutic cell populations in the context of their *in vitro* behavior is important, but assessing their *in vivo* function and performance (i.e., potency, efficacy, and safety profiles) using animal models and/or early clinical trials in many cases is even more important. In addition, use of effector

cells for cell therapeutics would preferably utilize a manufacturing process not only enabling scale-up but also preserving and/or promoting cell potency, cell efficacy, and patient safety. Among the many key aspects in cell therapy manufacturing processes, the present application identifies cell expansion and cryopreservation as critical areas of interest, where cell viability and functionality are profoundly impacted during the freeze-thaw cycle, and *in vivo* cell efficacy and persistency of effector cells derived from iPSC differentiation are intricately affected during effector cell expansion stage after iPSC differentiation. The present application provides that treating iPSC-derived effector cells during cell expansion with one or more selected compounds fine-tunes the effector cells, resulting in therapeutic effector cells that are sustainable through cryogenic freeze-thaw manufacturing processes while possessing enhanced *in vivo* potency and efficacy, including, but not limited to, persistency, tumor infiltration, tumor killing and tumor clearance, as compared to iPSC-derived effector cells without the compound treatment.

[0005] It is an object of the present invention to provide methods and compositions to generate derivative non-pluripotent cells differentiated from a single cell derived iPSC (induced pluripotent stem cell) clonal line, which iPSC line comprises one or several genetic modifications in its genome. Said one or several genetic modifications include DNA insertion, deletion, and substitution, and which modifications are retained and remain functional in subsequently derived cells after differentiation, expansion, passaging and/or transplantation.

[0006] The iPSC derived non-pluripotent cells of the present application include, but are not limited to, CD34 cells, hemogenic endothelium cells, HSCs (hematopoietic stem and progenitor cells), hematopoietic multipotent progenitor cells, T cell progenitors, NK cell progenitors, T cells, NKT cells, NK cells, and B cells. The iPSC derived non-pluripotent cells of the present application comprise one or several genetic modifications in their genome through differentiation from an iPSC comprising the same genetic modifications. The engineered clonal iPSC differentiation strategy for obtaining genetically engineered derivative cells requires that the developmental potential of the iPSC in a directed differentiation is not adversely impacted by the engineered modality in the iPSC, and also that the engineered modality functions as intended in the derivative cell. Further, this strategy overcomes the present barrier in engineering primary lymphocytes, such as T cells or NK cells obtained from peripheral blood, as such cells are difficult to engineer, with engineering of such cells often lacking reproducibility and uniformity, resulting in cells exhibiting poor cell persistence with high cell death and low cell expansion. Moreover, this strategy avoids production of a heterogenous effector cell population otherwise obtained using primary cell sources which are heterogenous to start with.

[0007] Some aspects of the present invention provide genome-engineered iPSCs obtained using a strategy of genomic engineering subsequently to, simultaneously with, or prior to the

reprogramming process. In one embodiment of the above method, the at least one targeted genomic editing at one or more selected sites comprises insertion of one or more exogenous polynucleotides encoding safety switch proteins, targeting modalities, receptors, signaling molecules, transcription factors, pharmaceutically active proteins and peptides, drug target candidates, or proteins promoting engraftment, trafficking, homing, viability, self-renewal, persistence, and/or survival of the genome-engineered iPSCs or derivative cells thereof. In one embodiment, the obtained genomically engineered iPSCs comprising at least one targeted genomic edit are functional, are differentiation potent, and are capable of differentiating into non-pluripotent cells comprising the same functional genomic editing.

[0008] Accordingly, in one aspect, the present invention also provides a method of manufacturing an immune cell or a population thereof, comprising subjecting the immune cell to a small compound treatment comprising at least one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analogue thereof, thereby obtaining an immune cell having enhanced post-thaw cytotoxicity as compared to a counterpart immune cell without the same small compound treatment. In some embodiments, the immune cell is a derivative effector immune cell differentiated from an induced pluripotent stem cell (iPSC), wherein the effector immune cell comprises: a derivative CD34 cell, a derivative hematopoietic stem and progenitor cell, a derivative hematopoietic multipotent progenitor cell, a derivative T cell progenitor, a derivative NK cell progenitor, a derivative T cell, a derivative NKT cell, a derivative NK cell, a derivative B cell, or a derivative effector cell having one or more functional features that are not present in a counterpart primary T, NK, NKT, and/or B cell. In some embodiments, the iPSC comprises at least one of the following edits: (i) a first chimeric antigen receptor (CAR) having a first targeting specificity; (ii) CD38 knockout; (iii) HLA-I deficiency and/or HLA-II deficiency, in comparison to its native counterpart cell; (iv) introduced expression of HLA-G or non-cleavable HLA-G, or knockout of one or both of CD58 and CD54; (v) CD16 or a variant thereof; (vi) a second CAR having a second targeting specificity; (vii) a signaling complex comprising a partial or full peptide of a cell surface expressed exogenous cytokine and/or a receptor thereof; (viii) at least one of the genotypes listed in Table 2; (ix) deletion or reduced expression in at least one of B2M, CIITA, TAP1, TAP2, Tapasin, NLRC5, CIITA, RFXANK, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD25, CD69, CD44, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, and TIGIT, in comparison to its native counterpart cell; or (x) introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD16, CD47, CD113, CD131, CD137, CD80, PDL1, A2AR, antigen-specific TCR, Fc receptor, an antibody or fragment thereof, a checkpoint inhibitor, an engager, and surface triggering receptor for coupling

with bi- or multi- specific or universal engagers; and wherein the effector immune cell differentiated from the iPSC comprises the same one or more edits as the iPSC.

[0009] In some embodiments, the small compound treatment: (i) comprises dexamethasone or a derivative or an analog thereof; (ii) is free or essentially free of cytokine IL7, optionally, wherein the immune cell under the treatment is a T cell; (iii) is free or essentially free of cytokine IL2 and/or cytokine IL15, optionally, wherein the immune cell under the treatment is an NK cell; (iv) comprises dexamethasone, but does not comprise cytokine IL7; (v) is free or essentially free of cytokines; (vi) is during cell culturing and/or prior to or subsequent to cryopreservation; (vii) is during immune cell expansion after differentiating the cell from iPSC; and/or (viii) lasts between about 1 to about 12 days, or between about 3 to about 6 days, prior to cryopreservation. In some embodiments, the dexamethasone is present at a concentration range between about 10nM to about 20μM.

[0010] In those embodiments, where the iPSC comprises a first chimeric antigen receptor (CAR) having a first targeting specificity, the first CAR may comprise: (i) an ectodomain comprising at least one antigen recognition region, a transmembrane domain, and an endodomain comprising at least one signaling domain; and wherein the at least one signaling domain is originated from a cytoplasmic domain of a signal transducing protein specific to T and/or NK cell activation or functioning; (ii) an antigen recognition domain that specifically binds an antigen associated with a disease, a pathogen, a liquid tumor, or a solid tumor; or (iii) an antigen recognition domain that is specific to: (a) any one of CD19, BCMA, CD20, CD22, CD38, CD123, HER2, CD52, EGFR, GD2, MICA/B, MSLN, VEGF-R2, PSMA and PDL1; or (b) any one of ADGRE2, carbonic anhydrase IX (CAIX), CCR1, CCR4, carcinoembryonic antigen (CEA), CD3, CD5, CD7, CD8, CD10, CD20, CD22, CD30, CD33, CD34, CD38, CD41, CD44, CD44V6, CD49f, CD56, CD70, CD74, CD99, CD123, CD133, CD138, CDS, CLEC12A, an antigen of a cytomegalovirus (CMV) infected cell, epithelial glycoprotein2 (EGP 2), epithelial glycoprotein-40 (EGP-40), epithelial cell adhesion molecule (EpCAM), EGFRvIII, receptor tyrosine-protein kinases erb- B2,3,4, EGFR, EGFR-VIII, ERBB folate-binding protein (FBP), fetal acetylcholine receptor (AChR), folate receptor-a, Ganglioside G2 (GD2), Ganglioside G3 (GD3), human Epidermal Growth Factor Receptor 2 (HER-2), human telomerase reverse transcriptase (hTERT), ICAM-1, Integrin B7, Interleukin-13 receptor subunit alpha-2 (IL-13Rα2), κ-light chain, kinase insert domain receptor (KDR), Lewis A (CA19.9), Lewis Y (LeY), L1 cell adhesion molecule (L1-CAM), LILRB2, melanoma antigen family A 1 (MAGE-A1), MICA/B, Mucin 1 (Muc-1), Mucin 16 (Muc-16), Mesothelin (MSLN), NKCSI, NKG2D ligands, c-Met, cancer-testis antigen NY-ESO-1, oncofetal antigen (h5T4), PRAME, prostate stem cell antigen (PSCA), PRAME prostate-specific membrane antigen (PSMA),

tumor- associated glycoprotein 72 (TAG-72), TIM-3, TRBC1, TRBC2, vascular endothelial growth factor R2 (VEGF- R2), and Wilms tumor protein (WT-1). In some embodiments, the first CAR is comprised in a bi-cistronic construct co-expressing: (1) a partial or full-length peptide of a cell surface expressed exogenous cytokine or a receptor thereof, wherein the exogenous cytokine or receptor thereof comprises: (a) at least one of IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL15, IL18, IL21, or its respective receptor; (b) at least one of: (i) co-expression of IL15 and IL15R α by using a self-cleaving peptide; (ii) a fusion protein of IL15 and IL15R α ; (iii) an IL15/IL15R α fusion protein with intracellular domain of IL15R α truncated or eliminated; (iv) a fusion protein of IL15 and membrane bound Sushi domain of IL15R α ; (v) a fusion protein of IL15 and IL15R β ; (vi) a fusion protein of IL15 and common receptor γ C, wherein the common receptor γ C is native or modified; and (vii) a homodimer of IL15R β ; (2) an antibody or fragment thereof; or (3) an engager; or (4) a checkpoint inhibitor.

[00011] In some embodiments, the small compound treatment of the immune cell is prior to or subsequent to cryopreservation of the immune cell. In some embodiments, the method further comprises cryopreserving the immune cell subjected to the small compound treatment. In particular embodiments, the cryopreservation is free or substantially free of the one or more small compounds of the treatment.

[00012] In some embodiments, the enhanced post-thaw cytotoxicity comprises enhanced *in vivo* efficacy of immune cells thawed after cryogenic preservation, and wherein the post-thaw immune cells having the small compound treatment comprise at least one of the following characteristics: (i) enhanced ability in tumor control, tumor clearance, and/or reducing tumor relapse; (ii) improved tumor penetration; or (iii) enhanced ability in migrating to bone marrow and/or to tumor sites, as compared to post-thaw counterpart immune cells without the same small compound treatment.

[00013] In another aspect, the invention provides a cell or a population thereof, wherein: (i) the cell is an immune cell that has been subjected to a small compound treatment comprising at least one of dexamethasone, lenalidomide, AQX-1125, and a derivative or an analogue thereof; and (ii) the immune cell comprises enhanced post-thaw cytotoxicity as compared to a counterpart immune cell without the same small compound treatment. In some embodiments, of the cell or a population thereof, (iii) the immune cell is a derivative effector immune cell differentiated from an induced pluripotent stem cell (iPSC); and (iv) the effector immune cell comprises: a derivative CD34 cell, a derivative hematopoietic stem and progenitor cell, a derivative hematopoietic multipotent progenitor cell, a derivative T cell progenitor, a derivative NK cell progenitor, a derivative T cell, a derivative NKT cell, a derivative NK cell, a derivative B cell, or a derivative effector cell having one or more functional features that are not present in

a counterpart primary T, NK, NKT, and/or B cell. In some embodiments, the iPSC comprises at least one of the following edits: (i) a first chimeric antigen receptor (CAR) having a first targeting specificity; (ii) CD38 knockout; (iii) HLA-I deficiency and/or HLA-II deficiency, in comparison to its native counterpart cell; (iv) introduced expression of HLA-G or non-cleavable HLA-G, or knockout of one or both of CD58 and CD54; (v) a CD16 or a variant thereof; (vi) a second CAR having a second targeting specificity; (vii) a signaling complex comprising a partial or full peptide of a cell surface expressed exogenous cytokine and/or a receptor thereof; (viii) at least one of the genotypes listed in Table 2; (ix) deletion or reduced expression in at least one of B2M, CIITA, TAP1, TAP2, Tapasin, NLRC5, CIITA, RFXANK, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD25, CD69, CD44, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, and TIGIT, in comparison to its native counterpart cell; or (x) introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD16, CD47, CD113, CD131, CD137, CD80, PDL1, A2AR, antigen-specific TCR, Fc receptor, an antibody or fragment thereof, a checkpoint inhibitor, an engager, and surface triggering receptor for coupling with bi- or multi- specific or universal engagers; and wherein the effector immune cell differentiated from the iPSC comprises the same one or more edits as the iPSC.

[00014] In some embodiments of the cell or the population thereof, the small compound treatment: (i) comprises dexamethasone; (ii) is free or essentially free of cytokine IL7, optionally, wherein the immune cell under the treatment is a T cell; (iii) is free or essentially free of cytokine IL2 and/or cytokine IL15, optionally, wherein the immune cell under the treatment is an NK cell; (iv) comprises dexamethasone, but does not comprise cytokine IL7; (v) is free or essentially free of cytokines; (vi) is during cell culturing and/or prior to or subsequent to cryopreservation; (vii) is during immune cell expansion after differentiating the cell from iPSC; and/or (viii) lasts between about 1 to about 12 days, or between about 3 to about 6 days, prior to cryopreservation. In some embodiments, the dexamethasone is present at a concentration range between about 10nM to about 20 μ M.

[00015] In some embodiments of the cell or the population thereof, the immune cell is comprised in a medium, wherein the medium: (i) comprises dexamethasone; (ii) comprises lenalidomide; (iii) comprises AQX-1125; (iv) comprises dexamethasone and lenalidomide; (v) comprises dexamethasone, but not cytokine IL7, and optionally, wherein the immune cell is a T cell; (vi) comprises dexamethasone, but not cytokine IL2 or cytokine IL15, and optionally, wherein the immune cell is an NK cell; (vii) comprises dexamethasone and is free or essentially free of cytokines.

[00016] In those embodiments, where the iPSC comprises a first chimeric antigen receptor (CAR) having a first targeting specificity, the first CAR may comprise: (i) an ectodomain

comprising at least one antigen recognition region, a transmembrane domain, and an endodomain comprising at least one signaling domain; and wherein the at least one signaling domain is originated from a cytoplasmic domain of a signal transducing protein specific to T and/or NK cell activation or functioning; (ii) an antigen recognition domain that specifically binds an antigen associated with a disease, a pathogen, a liquid tumor, or a solid tumor; or (iii) an antigen recognition domain that is specific to: (a) any one of CD19, BCMA, CD20, CD22, CD38, CD123, HER2, CD52, EGFR, GD2, MICA/B, MSLN, VEGF-R2, PSMA and PDL1; or (b) any one of ADGRE2, carbonic anhydrase IX (CAIX), CCR1, CCR4, carcinoembryonic antigen (CEA), CD3, CD5, CD7, CD8, CD10, CD20, CD22, CD30, CD33, CD34, CD38, CD41, CD44, CD44V6, CD49f, CD56, CD70, CD74, CD99, CD123, CD133, CD138, CDS, CLEC12A, an antigen of a cytomegalovirus (CMV) infected cell, epithelial glycoprotein2 (EGP 2), epithelial glycoprotein-40 (EGP-40), epithelial cell adhesion molecule (EpCAM), EGFRvIII, receptor tyrosine-protein kinases erb- B2,3,4, EGFR, EGFR-VIII, ERBB folate-binding protein (FBP), fetal acetylcholine receptor (AChR), folate receptor-a, Ganglioside G2 (GD2), Ganglioside G3 (GD3), human Epidermal Growth Factor Receptor 2 (HER-2), human telomerase reverse transcriptase (hTERT), ICAM-1, Integrin B7, Interleukin-13 receptor subunit alpha-2 (IL-13R α 2), κ -light chain, kinase insert domain receptor (KDR), Lewis A (CA19.9), Lewis Y (LeY), L1 cell adhesion molecule (L1-CAM), LILRB2, melanoma antigen family A 1 (MAGE-A1), MICA/B, Mucin 1 (Muc-1), Mucin 16 (Muc-16), Mesothelin (MSLN), NKCSI, NKG2D ligands, c-Met, cancer-testis antigen NY-ESO-1, oncofetal antigen (h5T4), PRAME, prostate stem cell antigen (PSCA), PRAME prostate-specific membrane antigen (PSMA), tumor-associated glycoprotein 72 (TAG-72), TIM-3, TRBC1, TRBC2, vascular endothelial growth factor R2 (VEGF-R2), and Wilms tumor protein (WT-1).

[00017] In some embodiments, the first CAR is comprised in a bi-cistronic construct co-expressing: (1) a partial or full-length peptide of a cell surface expressed exogenous cytokine or a receptor thereof, wherein the exogenous cytokine or receptor thereof comprises: (a) at least one of IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL15, IL18, IL21, or its respective receptor; (b) at least one of: (i) co-expression of IL15 and IL15R α by using a self-cleaving peptide; (ii) a fusion protein of IL15 and IL15R α ; (iii) an IL15/IL15R α fusion protein with intracellular domain of IL15R α truncated or eliminated; (iv) a fusion protein of IL15 and membrane bound Sushi domain of IL15R α ; (v) a fusion protein of IL15 and IL15R β ; (vi) a fusion protein of IL15 and common receptor γ C, wherein the common receptor γ C is native or modified; and (vii) a homodimer of IL15R β ; (2) an antibody or fragment thereof; or (3) a checkpoint inhibitor.

[00018] In some embodiments of the cell or population thereof, the small compound treatment of the immune cell is prior to cryopreservation of the immune cell. In some

embodiments, the small compound treated immune cell is: (i) comprised in a pre-cryopreservation medium; (ii) comprised in a cryopreservation medium; (iii) in cryopreservation; or (iv) post-thaw from cryopreservation. In some embodiments, the cryopreservation is free or substantially free of the one or more small compounds of the treatment. In some embodiments, the enhanced post-thaw cytotoxicity comprises enhanced *in vivo* efficacy of immune cells thawed after cryogenic preservation, and wherein the post-thaw immune cells having the small compound treatment prior to the cryogenic preservation comprise at least one of the following characteristics: (i) enhanced ability in tumor control, tumor clearance, and/or reducing tumor relapse; (ii) improved tumor penetration; or (iii) enhanced ability in migrating to bone marrow and/or to tumor sites, as compared to post-thaw counterpart immune cells without the same small compound treatment.

[00019] In some embodiments, the immune cell comprises one or more differentially expressed genes comprising at least one of: (i) SPOCK2, PTGDS, IL7R, LCNL1, RASGRP2, SMAP2, IL6ST, IL-7R, and IL2RA up-regulation; or (ii) JCHAIN, KLF3, KLRB1, IGFBP4, NUCB2, CSF2RB, and CXCR6 down-regulation, as compared to a counterpart immune cell without the same small compound treatment.

[00020] In yet another aspect, the invention provides a method of manufacturing an immune cell or a population thereof, wherein the method comprises: (a) differentiating a genetically engineered iPSC to obtain the immune cell, wherein the iPSC comprises at least one of the following edits: (i) a first chimeric antigen receptor (CAR) having a first targeting specificity; (ii) CD38 knockout; (iii) HLA-I deficiency and/or HLA-II deficiency, in comparison to its native counterpart cell; (iv) introduced expression of HLA-G or non-cleavable HLA-G, or knockout of one or both of CD58 and CD54; (v) a CD16 or a variant thereof; (vi) a second CAR having a second targeting specificity; (vii) a signaling complex comprising a partial or full peptide of a cell surface expressed exogenous cytokine and/or a receptor thereof; (viii) at least one of the genotypes listed in Table 2; (ix) deletion or reduced expression in at least one of B2M, CIITA, TAP1, TAP2, Tapasin, NLRC5, CIITA, RFXANK, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD25, CD69, CD44, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, and TIGIT, in comparison to its native counterpart cell; or (x) introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD16, CD47, CD113, CD131, CD137, CD80, PDL1, A2AR, antigen-specific TCR, Fc receptor, an antibody or fragment thereof, a checkpoint inhibitor, an engager, and surface triggering receptor for coupling with bi- or multi-specific or universal engagers; and wherein the immune cell differentiated from the iPSC comprises the same one or more edits as the iPSC; and (b) subjecting the immune cell to a small compound treatment comprising at least one of dexamethasone, lenalidomide,

AQX-1125, or a derivative or an analogue thereof, thereby obtaining an immune cell having enhanced post-thaw cytotoxicity as compared to a counterpart immune cell without the same small compound treatment. In some embodiments, the method further comprises: (c) cryopreserving the treated immune cell from step (b).

[00021] In some embodiments, the method further comprises genomically engineering a clonal iPSC to knock in a polynucleotide encoding the first CAR, and optionally: (i) to knock out CD38; (ii) to knock out B2M and CIITA; (iii) to knock out one or both CD58 and CD54; and/or (iv) to introduce expression of HLA-G or non-cleavable HLA-G, a CD16 or a variant thereof, a second CAR, and/or a partial or full peptide of a cell surface expressed exogenous cytokine or a receptor thereof. In some embodiments, the genomic engineering comprises targeted deletion, insertion, or in/del, and wherein the genomic engineering is carried out by CRISPR, ZFN, TALEN, homing nuclease, homology recombination, or any other functional variation of these methods. In some embodiments, the immune cell differentiated from the induced pluripotent stem cell (iPSC) comprises: a derivative CD34 cell, a derivative hematopoietic stem and progenitor cell, a derivative hematopoietic multipotent progenitor cell, a derivative T cell progenitor, a derivative NK cell progenitor, a derivative T cell, a derivative NKT cell, a derivative NK cell, a derivative B cell, or a derivative effector cell having one or more functional features that are not present in a counterpart primary T, NK, NKT, and/or B cell. In some embodiments, the method further comprises (d) thawing the cryopreserved immune cell from step (c).

[00022] In yet another aspect, the invention provides a composition for therapeutic use comprising the immune cell described herein, and one or more therapeutic agents. In some embodiments, the one or more therapeutic agents comprise a peptide, a cytokine, a checkpoint inhibitor, a mitogen, a growth factor, a small RNA, a dsRNA (double stranded RNA), mononuclear blood cells, feeder cells, feeder cell components or replacement factors thereof, a vector comprising one or more polynucleic acids of interest, an antibody, a chemotherapeutic agent or a radioactive moiety, or an immunomodulatory drug (IMiD). In those embodiments, where the therapeutic agent is a checkpoint inhibitor, the checkpoint inhibitor may comprise: (a) one or more antagonists to checkpoint molecules comprising PD-1, PDL-1, TIM-3, TIGIT, LAG-3, CTLA-4, 2B4, 4-1BB, 4-1BBL, A2aR, BATE, BTLA, CD39, CD47, CD73, CD94, CD96, CD160, CD200, CD200R, CD274, CEACAM1, CSF-1R, Foxp1, GARP, HVEM, IDO, EDO, TDO, LAIR-1, MICA/B, NR4A2, MAFB, OCT-2, Rara (retinoic acid receptor alpha), TLR3, VISTA, NKG2A/HLA-E, or inhibitory KIR; (b) one or more of atezolizumab, avelumab, durvalumab, ipilimumab, IPH4102, IPH43, IPH33, lirimumab, monalizumab, nivolumab, pembrolizumab, and their derivatives or functional equivalents; or (c) at least one of

atezolizumab, nivolumab, and pembrolizumab. In some embodiments, the therapeutic agent may comprise one or more of venetoclax, azacitidine, and pomalidomide. In those embodiments, where the therapeutic agent is an antibody, the antibody may comprise: (a) an anti-CD20, an anti-HER2, an anti-CD52, an anti-EGFR, an anti-CD123, an anti-GD2, an anti-PDL1, and/or an anti-CD38 antibody; (b) one or more of rituximab, velutuzumab, ofatumumab, ublituximab, ocaratuzumab, obinutuzumab, trastuzumab, pertuzumab, alemtuzumab, certuximab, dinutuximab, avelumab, daratumumab, isatuximab, MOR202, 7G3, CSL362, elotuzumab, and their humanized or Fc modified variants or fragments and their functional equivalents and biosimilars; or (c) daratumumab, and wherein the derivative hematopoietic cells comprise derivative NK cells or derivative T cells comprising a CD38 knockout, and optionally expression of CD16 or a variant thereof. Thus, in another aspect, the invention provides for therapeutic use of the composition provided herein by introducing the composition to a subject suitable for adoptive cell therapy, wherein the subject has an autoimmune disorder, a hematological malignancy, a solid tumor, cancer, or a virus infection.

[00023] In yet another aspect, the invention provides a method of treating a disease or a condition comprising: (i) thawing one or more units of cryopreserved immune cells manufactured according to a method disclosed herein, wherein the cryopreserved immune cells are treated with a small compound treatment described herein prior to cryopreservation; and (ii) administering to a subject a composition comprising the post-thaw immune cells of step (i). In some embodiments, the immune cells are iPSC derived NK cells, iPSC derived T cells, or iPSC derived effector cells having one or more functional features that are not present in counterpart primary T, NK, NKT, and/or B cells.

[00024] Various objects and advantages of the compositions and methods as provided herein will become apparent from the following description taken in conjunction with the accompanying drawings wherein are set forth, by way of illustration and example, certain embodiments of this invention.

BRIEF DESCRIPTION OF THE DRAWINGS

[00025] FIGs. 1A and 1B show that dexamethasone treatment decreases granzyme B protein levels in (FIG. 1A) iNK cells and (FIG. 1B) Primary NK cells. Granzyme B levels were determined by flow cytometry staining, and the geometric mean fluorescence intensity (GMFI) is shown.

[00026] FIGs. 2A and 2B show that small compound treatment of CAR-expressing iNK cells improves antigen specific recognition of (FIG. 2A) post-thaw iNK cells, and (FIG. 2B) overnight rested post-thaw iNK cells.

[00027] FIGs. 3A and 3B show a long-range killing assay using treated post-thaw CD19-CAR expressing iNK cells targeting CD19+ lymphoma target cells. The increased cytotoxicity of the treated post-thaw iNK is shown using (FIG. 3A) normalized number of target cells remaining at each timepoint (targets alone = 100); and (FIG. 3B) the area over the curve (AOC).

[00028] FIG. 4A shows the *in vivo* efficacy of post-thaw CAR expressing iNK cells that had prior small compound treatment in comparison to untreated counterpart cells using bioluminescent imaging of NSG mice transplanted with 1E5 Nalm6-luciferase cells; FIG. 4B shows the *in vivo* efficacy of post-thaw CAR/hnCD16 expressing iNK cells that had prior small compound treatment in combinational therapy with Rituximab; FIG. 4C shows *in vivo* efficacy of post-thaw CAR expressing iNK cells that had prior small compound treatment in comparison to untreated counterpart cells in a mouse model of solid tumor metastasis; FIG. 4D shows *in vivo* persistence of post-thaw CAR expressing iNK cells that had prior small compound treatment in comparison to untreated counterpart cells in the spleens of the mouse model; and FIG. 4E shows *in vivo* persistence of post-thaw CAR expressing iNK cells that had prior small compound treatment in comparison to untreated counterpart cells in peripheral blood of mice in the absence of tumor.

[00029] FIG. 5 shows the differential gene expression analysis of iNK cells treated with small compounds using RNAseq.

[00030] FIG. 6 shows the differentially expressed genes in iT cells treated with dexamethasone.

[00031] FIG. 7A shows that removal of IL7 during dexamethasone treatment of iT cells does not affect the cell expansion; FIGs. 7B and 7C show that IL7 removal during dexamethasone treatment of iT cells does not affect the cell phenotype.

[00032] FIGs. 8A and 8B show *in vivo* efficacy of CAR-iT cells without (FIG. 8A) or with (FIG. 8B) dexamethasone treatment, and the small compound treatment improves CAR-iT cell *in vivo* function.

[00033] FIGs. 9A and 9B show that dexamethasone treated CAR-iT cells control tumor growth in a systemic xenographic model of lymphoblastic leukemia in comparison to primary CAR-T cells. In FIG. 9B, the clusters of lines from highest group to lowest group are as follows: Tumor only, Primary CAR-T, CAR-iT + Dex, and IVIS.

[00034] FIGs. 10A and 10B show dexamethasone treated CAR-iT cells persist in mouse bone marrow tissue in a systemic xenographic model of lymphoblastic leukemia.

[00035] FIGs. 11A and 11B show T cell phenotype expression profiles of CAR-iT cells expanded with dexamethasone treatment alone and with IL7 supplementation; FIG. 11C shows that the dexamethasone treatment supplemented with IL7 resulted in improved CAR-iT cell

expansion, as compared to CAR-iT cell expansion with dexamethasone treatment in the absence of cytokines; and FIG. 11D shows that CAR-iT cells treated with dexamethasone alone and dexamethasone + IL7 have improved efficacy over untreated cells.

DETAILED DESCRIPTION OF THE INVENTION

[00036] Definitions

[00037] Unless otherwise defined herein, scientific and technical terms used in connection with the present application shall have the meanings that are commonly understood by those of ordinary skill in the art. Further, unless otherwise required by context, singular terms shall include pluralities and plural terms shall include the singular.

[00038] It should be understood that this invention is not limited to the particular methodology, protocols, and reagents, etc., described herein and as such may vary. The terminology used herein is for the purpose of describing particular embodiments only, and is not intended to limit the scope of the present invention, which is defined solely by the claims.

[00039] As used herein, the articles “a,” “an,” and “the” are used herein to refer to one or to more than one (i.e., to at least one) of the grammatical object of the article. By way of example, “an element” means one element or more than one element.

[00040] The use of the alternative (e.g., “or”) should be understood to mean either one, both, or any combination thereof of the alternatives.

[00041] The term “and/or” should be understood to mean either one, or both of the alternatives.

[00042] As used herein, the term “about” or “approximately” refers to a quantity, level, value, number, frequency, percentage, dimension, size, amount, weight or length that varies by as much as 15%, 10%, 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2% or 1% compared to a reference quantity, level, value, number, frequency, percentage, dimension, size, amount, weight or length. In one embodiment, the term “about” or “approximately” refers a range of quantity, level, value, number, frequency, percentage, dimension, size, amount, weight or length $\pm 15\%$, $\pm 10\%$, $\pm 9\%$, $\pm 8\%$, $\pm 7\%$, $\pm 6\%$, $\pm 5\%$, $\pm 4\%$, $\pm 3\%$, $\pm 2\%$, or $\pm 1\%$ about a reference quantity, level, value, number, frequency, percentage, dimension, size, amount, weight or length.

[00043] As used herein, the term “substantially” or “essentially” refers to a quantity, level, value, number, frequency, percentage, dimension, size, amount, weight or length that is about 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, or 99% or higher compared to a reference quantity, level, value, number, frequency, percentage, dimension, size, amount, weight or length. In one embodiment, the terms “essentially the same” or “substantially the same” refer a range of quantity, level, value, number, frequency, percentage, dimension, size, amount, weight or length

that is about the same as a reference quantity, level, value, number, frequency, percentage, dimension, size, amount, weight or length.

[00044] As used herein, the terms “substantially free of” and “essentially free of” are used interchangeably, and when used to describe a composition, such as a cell population or culture media, refer to a composition that is free of a specified substance or its source thereof, such as, 95% free, 96% free, 97% free, 98% free, 99% free of the specified substance or its source thereof, or is undetectable as measured by conventional means. The term “free of” or “essentially free of” a certain ingredient or substance in a composition also means that no such ingredient or substance is (1) included in the composition at any concentration, or (2) included in the composition functionally inert, but at a low concentration. Similar meaning can be applied to the term “absence of,” where referring to the absence of a particular substance or its source thereof of a composition.

[00045] Throughout this specification, unless the context requires otherwise, the words “comprise,” “comprises” and “comprising” will be understood to imply the inclusion of a stated step or element or group of steps or elements but not the exclusion of any other step or element or group of steps or elements. In particular embodiments, the terms “include,” “has,” “contains,” and “comprise” are used synonymously.

[00046] By “consisting of” is meant including, and limited to, whatever follows the phrase “consisting of.” Thus, the phrase “consisting of” indicates that the listed elements are required or mandatory, and that no other elements may be present.

[00047] By “consisting essentially of” is meant including any elements listed after the phrase, and limited to other elements that do not interfere with or contribute to the activity or action specified in the disclosure for the listed elements. Thus, the phrase “consisting essentially of” indicates that the listed elements are required or mandatory, but that no other elements are optional and may or may not be present depending upon whether or not they affect the activity or action of the listed elements.

[00048] Reference throughout this specification to “one embodiment,” “an embodiment,” “a particular embodiment,” “a related embodiment,” “a certain embodiment,” “an additional embodiment,” or “a further embodiment” or combinations thereof means that a particular feature, structure or characteristic described in connection with the embodiment is included in at least one embodiment of the present invention. Thus, the appearances of the foregoing phrases in various places throughout this specification are not necessarily all referring to the same embodiment. Furthermore, the particular features, structures, or characteristics may be combined in any suitable manner in one or more embodiments.

[00049] The term “*ex vivo*” refers generally to activities that take place outside an organism, such as experimentation or measurements done in or on living tissue in an artificial environment outside the organism, preferably with minimum alteration of the natural conditions. In particular embodiments, “*ex vivo*” procedures involve living cells or tissues taken from an organism and cultured in a laboratory apparatus, usually under sterile conditions, and typically for a few hours or up to about 24 hours, but including up to 48 or 72 hours or longer, depending on the circumstances. In certain embodiments, such tissues or cells can be collected and frozen, and later thawed for *ex vivo* treatment. Tissue culture experiments or procedures lasting longer than a few days using living cells or tissue are typically considered to be “*in vitro*,” though in certain embodiments, this term can be used interchangeably with *ex vivo*.

[00050] The term “*in vivo*” refers generally to activities that take place inside an organism.

[00051] As used herein, the terms “agent,” “compound,” and “small compound” are used interchangeably herein to refer to a compound or molecule capable of fine-tuning the gene expression profile or a biological property of a cell, including an immune cell derived from a pluripotent stem cell or progenitor cell differentiation. The agent can be a single compound or molecule, or a combination of more than one compound or molecule.

[00052] As used herein, the terms “contact,” “treat,” or “treatment,” when used in reference to manufacturing or producing an immune cell, are used interchangeably herein to refer to culturing, incubating or exposing an immune cell with one or more of the agents disclosed herein, such that the gene expression profile or one or more biological property of the cell is modulated, fine-tuned, or modified as a result.

[00053] As used herein, a “noncontacted” or an “untreated” cell is a cell that has not been treated, e.g., cultured, contacted, or incubated with an agent other than a control agent. Cells contacted with a control agent, such as DMSO, or contacted with another vehicle are examples of noncontacted cells.

[00054] As used herein, the terms “reprogramming” or “dedifferentiation” or “increasing cell potency” or “increasing developmental potency” refers to a method of increasing the potency of a cell or dedifferentiating the cell to a less differentiated state. For example, a cell that has an increased cell potency has more developmental plasticity (i.e., can differentiate into more cell types) compared to the same cell in the non-reprogrammed state. In other words, a reprogrammed cell is one that is in a less differentiated state than the same cell in a non-reprogrammed state.

[00055] As used herein, the term “differentiation” is the process by which an unspecialized (“uncommitted”) or less specialized cell acquires the features of a specialized cell such as, for example, a blood cell or a muscle cell. A differentiated or differentiation-induced cell is one that

has taken on a more specialized ("committed") position within the lineage of a cell. The term "committed", when applied to the process of differentiation, refers to a cell that has proceeded in the differentiation pathway to a point where, under normal circumstances, it will continue to differentiate into a specific cell type or subset of cell types, and cannot, under normal circumstances, differentiate into a different cell type or revert to a less differentiated cell type. As used herein, the term "pluripotent" refers to the ability of a cell to form all lineages of the body or soma (i.e., the embryo proper). For example, embryonic stem cells are a type of pluripotent stem cells that are able to form cells from each of the three germ layers, the ectoderm, the mesoderm, and the endoderm. Pluripotency is a continuum of developmental potencies ranging from the incompletely or partially pluripotent cell (e.g., an epiblast stem cell or EpiSC), which is unable to give rise to a complete organism to the more primitive, more pluripotent cell, which is able to give rise to a complete organism (e.g., an embryonic stem cell).

[00056] As used herein, the term "induced pluripotent stem cells" or "iPSCs," means that the stem cells are produced from differentiated adult, neonatal or fetal cells that have been induced or changed, i.e., reprogrammed, into cells capable of differentiating into tissues of all three germ or dermal layers: mesoderm, endoderm, and ectoderm. The iPSCs produced do not refer to cells as they are found in nature.

[00057] As used herein, the term "embryonic stem cell" refers to naturally occurring pluripotent stem cells of the inner cell mass of the embryonic blastocyst. Embryonic stem cells are pluripotent and give rise during development to all derivatives of the three primary germ layers: ectoderm, endoderm and mesoderm. They do not contribute to the extra-embryonic membranes or the placenta, i.e., are not totipotent.

[00058] As used herein, the term "multipotent stem cell" refers to a cell that has the developmental potential to differentiate into cells of one or more germ layers (ectoderm, mesoderm and endoderm), but not all three. Thus, a multipotent cell can also be termed a "partially differentiated cell." Multipotent cells are well known in the art, and examples of multipotent cells include adult stem cells, such as for example, hematopoietic stem cells and neural stem cells. "Multipotent" indicates that a cell may form many types of cells in a given lineage, but not cells of other lineages. For example, a multipotent hematopoietic cell can form the many different types of blood cells (red, white, platelets, etc.), but it cannot form neurons. Accordingly, the term "multipotency" refers to a state of a cell with a degree of developmental potential that is less than totipotent and pluripotent.

[00059] Pluripotency can be determined, in part, by assessing pluripotency characteristics of the cells. Pluripotency characteristics include, but are not limited to: (i) pluripotent stem cell morphology; (ii) the potential for unlimited self-renewal; (iii) expression of pluripotent stem cell

markers including, but not limited to, SSEA1 (mouse only), SSEA3/4, SSEA5, TRA1-60/81, TRA1-85, TRA2-54, GCTM-2, TG343, TG30, CD9, CD29, CD133/prominin, CD140a, CD56, CD73, CD90, CD105, OCT4, NANOG, SOX2, CD30 and/or CD50; (iv) ability to differentiate to all three somatic lineages (ectoderm, mesoderm and endoderm); (v) teratoma formation consisting of the three somatic lineages; and (vi) formation of embryoid bodies consisting of cells from the three somatic lineages.

[00060] Two types of pluripotency have previously been described: the “primed” or “metastable” state of pluripotency akin to the epiblast stem cells (EpiSC) of the late blastocyst, and the “Naïve” or “Ground” state of pluripotency akin to the inner cell mass of the early/preimplantation blastocyst. While both pluripotent states exhibit the characteristics as described above, the naïve or ground state further exhibits: (i) pre-inactivation or reactivation of the X-chromosome in female cells; (ii) improved clonality and survival during single-cell culturing; (iii) global reduction in DNA methylation; (iv) reduction of H3K27me3 repressive chromatin mark deposition on developmental regulatory gene promoters; and (v) reduced expression of differentiation markers relative to primed state pluripotent cells. Standard methodologies of cellular reprogramming in which exogenous pluripotency genes are introduced to a somatic cell, expressed, and then either silenced or removed from the resulting pluripotent cells are generally seen to have characteristics of the primed-state of pluripotency. Under standard pluripotent cell culture conditions such cells remain in the primed state unless the exogenous transgene expression is maintained, wherein characteristics of the ground-state are observed.

[00061] As used herein, the term “pluripotent stem cell morphology” refers to the classical morphological features of an embryonic stem cell. Normal embryonic stem cell morphology is characterized by being round and small in shape, with a high nucleus-to-cytoplasm ratio, the notable presence of nucleoli, and typical inter-cell spacing.

[00062] As used herein, the term “subject” refers to any animal, preferably a human patient, livestock, or other domesticated animal.

[00063] A “pluripotency factor,” or “reprogramming factor,” refers to an agent capable of increasing the developmental potency of a cell, either alone or in combination with other agents. Pluripotency factors include, without limitation, polynucleotides, polypeptides, and small molecules capable of increasing the developmental potency of a cell. Exemplary pluripotency factors include, for example, transcription factors and small molecule reprogramming agents.

[00064] “Culture” or “cell culture” refers to the maintenance, growth and/or differentiation of cells in an *in vitro* environment. “Cell culture media,” “culture media” (singular “medium” in

each case), "supplement" and "media supplement" refer to nutritive compositions that cultivate cell cultures.

[00065] "Cultivate," or "maintain," refers to the sustaining, propagating (growing) and/or differentiating of cells outside of tissue or the body, for example in a sterile plastic (or coated plastic) cell culture dish or flask. "Cultivation," or "maintaining," may utilize a culture medium as a source of nutrients, hormones and/or other factors helpful to propagate and/or sustain the cells.

[00066] As used herein, the term "mesoderm" refers to one of the three germinal layers that appears during early embryogenesis and which gives rise to various specialized cell types including blood cells of the circulatory system, muscles, the heart, the dermis, skeleton, and other supportive and connective tissues.

[00067] As used herein, the term "definitive hemogenic endothelium" (HE) or "pluripotent stem cell-derived definitive hemogenic endothelium" (iHE) refers to a subset of endothelial cells that give rise to hematopoietic stem and progenitor cells in a process called endothelial-to-hematopoietic transition. The development of hematopoietic cells in the embryo proceeds sequentially from lateral plate mesoderm through the hemangioblast to the definitive hemogenic endothelium and hematopoietic progenitors.

[00068] The term "hematopoietic stem and progenitor cells," "hematopoietic stem cells," "hematopoietic progenitor cells," or "hematopoietic precursor cells" refers to cells which are committed to a hematopoietic lineage but are capable of further hematopoietic differentiation and include, multipotent hematopoietic stem cells (hematoblasts), myeloid progenitors, megakaryocyte progenitors, erythrocyte progenitors, and lymphoid progenitors. Hematopoietic stem and progenitor cells (HSCs) are multipotent stem cells that give rise to all the blood cell types including myeloid (monocytes and macrophages, neutrophils, basophils, eosinophils, erythrocytes, megakaryocytes/platelets, dendritic cells), and lymphoid lineages (T cells, B cells, NK cells). The term "definitive hematopoietic stem cell" as used herein, refers to CD34⁺ hematopoietic cells capable of giving rise to both mature myeloid and lymphoid cell types including T lineage cells, NK lineage cells and B lineage cells. Hematopoietic cells also include various subsets of primitive hematopoietic cells that give rise to primitive erythrocytes, megakarocytes and macrophages.

[00069] As used herein, the terms "T lymphocyte" and "T cell" are used interchangeably and refer to a principal type of white blood cell that completes maturation in the thymus and that has various roles in the immune system, including the identification of specific foreign antigens in the body and the activation and deactivation of other immune cells in an MHC class I-restricted manner. A T cell can be any T cell, such as a cultured T cell, e.g., a primary T cell, or

a T cell from a cultured T cell line, e.g., Jurkat, SupT1, etc., a T cell obtained from a mammal, or a T cell obtained from directed hematopoietic differentiation of a pluripotent stem cell or a progenitor cell. The T cell can be a CD3⁺ cell. The T cell can be any type of T cell and can be of any developmental stage, including but not limited to, CD4⁺/CD8⁺ double positive T cells, CD4⁺ helper T cells (e.g., Th1 and Th2 cells), CD8⁺ T cells (e.g., cytotoxic T cells), peripheral blood mononuclear cells (PBMCs), peripheral blood leukocytes (PBLs), tumor infiltrating lymphocytes (TILs), memory T cells, naïve T cells, regulator T cells, gamma delta T cells ($\gamma\delta$ T cells), and the like. Additional types of helper T cells include cells such as Th3 (Treg), Th17, Th9, or Tfh cells. Additional types of memory T cells include cells such as central memory T cells (Tcm cells), effector memory T cells (Tem cells and TEMRA cells). The T cell can also refer to a genetically engineered T cell, such as a T cell modified to express a T cell receptor (TCR) or a chimeric antigen receptor (CAR). A T cell, or a T cell like effector cell can also be differentiated from a stem cell or progenitor cell. A T cell like derivative effector cell may have a T cell lineage in some respects, but at the same time has one or more functional features that are not present in a primary T cell.

[00070] As used herein, “CD4⁺ T cells” refers to a subset of T cells that express CD4 on their surface and are associated with cell-mediated immune response. They are characterized by the secretion profiles following stimulation, which may include secretion of cytokines such as IFN-gamma, TNF-alpha, IL2, IL4 and IL10. “CD4” are 55-kD glycoproteins originally defined as differentiation antigens on T-lymphocytes, but also found on other cells including monocytes/macrophages. CD4 antigens are members of the immunoglobulin supergene family and are implicated as associative recognition elements in MHC (major histocompatibility complex) class II-restricted immune responses. On T-lymphocytes they define the helper/inducer subset.

[00071] As used herein, “CD8⁺ T cells” refers to a subset of T cells which express CD8 on their surface, are MHC class I-restricted, and function as cytotoxic T cells. “CD8” molecules are differentiation antigens found on thymocytes and on cytotoxic and suppressor T-lymphocytes. CD8 antigens are members of the immunoglobulin supergene family and are associative recognition elements in major histocompatibility complex class I-restricted interactions.

[00072] As used herein, the term “NK cell” or “Natural Killer cell” refer to a subset of peripheral blood lymphocytes defined by the expression of CD56 or CD16 and the absence of the T cell receptor (CD3). As used herein, the terms “adaptive NK cell” and “memory NK cell” are interchangeable and refer to a subset of NK cells that are phenotypically CD3⁻ and CD56⁺, expressing at least one of NKG2C and CD57, and optionally, CD16, but lack expression of one or more of the following: PLZF, SYK, FcεRγ, and EAT-2. In some embodiments, isolated

subpopulations of CD56⁺ NK cells comprise expression of CD16, NKG2C, CD57, NKG2D, NCR ligands, NKp30, NKp40, NKp46, activating and inhibitory KIRs, NKG2A and/or DNAM-1. CD56⁺ can be dim or bright expression. An NK cell, or an NK cell like effector cell may be differentiated from a stem cell or progenitor cell. An NK cell like derivative effector cell may have an NK cell lineage in some respects, but at the same time has one or more functional features that are not present in a primary NK cell.

[00073] As used herein, the term "NKT cells" or "natural killer T cells" refers to CD1d-restricted T cells, which express a T cell receptor (TCR). Unlike conventional T cells that detect peptide antigens presented by conventional major histocompatibility (MHC) molecules, NKT cells recognize lipid antigens presented by CD1d, a non-classical MHC molecule. Two types of NKT cells are recognized. Invariant or type I NKT cells express a very limited TCR repertoire - a canonical α -chain (V α 24-J α 18 in humans) associated with a limited spectrum of β chains (V β 11 in humans). The second population of NKT cells, called non-classical or non-invariant type II NKT cells, display a more heterogeneous TCR $\alpha\beta$ usage. Type I NKT cells are considered suitable for immunotherapy. Adaptive or invariant (type I) NKT cells can be identified with the expression of at least one or more of the following markers: TCR V α 24-J α 18, V β 11, CD1d, CD3, CD4, CD8, aGalCer, CD161 and CD56.

[00074] As used herein, the term "isolated" or the like refers to a cell, or a population of cells, which has been separated from its original environment, i.e., the environment of the isolated cells is substantially free of at least one component as found in the environment in which the "un-isolated" reference cells exist. The term includes a cell that is removed from some or all components as it is found in its natural environment, for example, isolated from a tissue or biopsy sample. The term also includes a cell that is removed from at least one, some or all components as the cell is found in non-naturally occurring environments, for example, isolated from a cell culture or cell suspension. Therefore, an isolated cell is partly or completely separated from at least one component, including other substances, cells or cell populations, as it is found in nature or as it is grown, stored or subsisted in non-naturally occurring environments. Specific examples of isolated cells include partially pure cell compositions, substantially pure cell compositions and cells cultured in a medium that is non-naturally occurring. Isolated cells may be obtained from separating the desired cells, or populations thereof, from other substances or cells in the environment, or from removing one or more other cell populations or subpopulations from the environment.

[00075] As used herein, the term "purify" or the like refers to increasing purity. For example, the purity can be increased to at least 50%, 60%, 70%, 80%, 90%, 95%, 99%, or 100%.

[00076] As used herein, the term “encoding” refers to the inherent property of specific sequences of nucleotides in a polynucleotide, such as a gene, a cDNA, or a mRNA, to serve as templates for synthesis of other polymers and macromolecules in biological processes having either a defined sequence of nucleotides (i.e., rRNA, tRNA and mRNA) or a defined sequence of amino acids and the biological properties resulting therefrom. Thus, a gene encodes a protein if transcription and translation of mRNA corresponding to that gene produces the protein in a cell or other biological system. Both the coding strand, the nucleotide sequence of which is identical to the mRNA sequence and is usually provided in sequence listings, and the non-coding strand, used as the template for transcription of a gene or cDNA, can be referred to as encoding the protein or other product of that gene or cDNA.

[00077] A “construct” refers to a macromolecule or complex of molecules comprising a polynucleotide to be delivered to a host cell, either *in vitro* or *in vivo*. A “vector,” as used herein refers to any nucleic acid construct capable of directing the delivery or transfer of a foreign genetic material to target cells, where it can be replicated and/or expressed. The term “vector” as used herein comprises the construct to be delivered. A vector can be a linear or a circular molecule. A vector can be integrating or non-integrating. The major types of vectors include, but are not limited to, plasmids, episomal vector, viral vectors, cosmids, and artificial chromosomes. Viral vectors include, but are not limited to, adenovirus vector, adeno-associated virus vector, retrovirus vector, lentivirus vector, Sendai virus vector, and the like.

[00078] By “integration” it is meant that one or more nucleotides of a construct is stably inserted into the cellular genome, i.e., covalently linked to the nucleic acid sequence within the cell's chromosomal DNA. By “targeted integration” it is meant that the nucleotide(s) of a construct is inserted into the cell's chromosomal or mitochondrial DNA at a pre-selected site or “integration site”. The term “integration” as used herein further refers to a process involving insertion of one or more exogenous sequences or nucleotides of the construct, with or without deletion of an endogenous sequence or nucleotide at the integration site. In the case, where there is a deletion at the insertion site, “integration” may further comprise replacement of the endogenous sequence or a nucleotide that is deleted with the one or more inserted nucleotides.

[00079] As used herein, the term “exogenous” is intended to mean that the referenced molecule or the referenced activity is introduced into, or non-native to, the host cell. The molecule can be introduced, for example, by introduction of an encoding nucleic acid into the host genetic material such as by integration into a host chromosome or as non-chromosomal genetic material such as a plasmid. Therefore, the term as it is used in reference to expression of an encoding nucleic acid refers to introduction of the encoding nucleic acid in an expressible form into the cell. The term “endogenous” refers to a referenced molecule or activity that is

present in the host cell. Similarly, the term when used in reference to expression of an encoding nucleic acid refers to expression of an encoding nucleic acid contained within the cell and not exogenously introduced.

[00080] As used herein, a “gene of interest” or “a polynucleotide sequence of interest” is a DNA sequence that is transcribed into RNA and in some instances translated into a polypeptide *in vivo* when placed under the control of appropriate regulatory sequences. A gene or polynucleotide of interest can include, but is not limited to, prokaryotic sequences, cDNA from eukaryotic mRNA, genomic DNA sequences from eukaryotic (e.g., mammalian) DNA, and synthetic DNA sequences. For example, a gene of interest may encode an miRNA, an shRNA, a native polypeptide (i.e., a polypeptide found in nature) or fragment thereof; a variant polypeptide (i.e., a mutant of the native polypeptide having less than 100% sequence identity with the native polypeptide) or fragment thereof; an engineered polypeptide or peptide fragment, a therapeutic peptide or polypeptide, an imaging marker, a selectable marker, and the like.

[00081] As used herein, the term “polynucleotide” refers to a polymeric form of nucleotides of any length, either deoxyribonucleotides or ribonucleotides or analogs thereof. The sequence of a polynucleotide is composed of four nucleotide bases: adenine (A); cytosine (C); guanine (G); thymine (T); and uracil (U) for thymine when the polynucleotide is RNA. A polynucleotide can include a gene or gene fragment (for example, a probe, primer, EST or SAGE tag), exons, introns, messenger RNA (mRNA), transfer RNA, ribosomal RNA, ribozymes, cDNA, recombinant polynucleotides, branched polynucleotides, plasmids, vectors, isolated DNA of any sequence, isolated RNA of any sequence, nucleic acid probes and primers. Polynucleotide also refers to both double- and single-stranded molecules.

[00082] As used herein, the term “peptide,” “polypeptide,” and “protein” are used interchangeably and refer to a molecule having amino acid residues covalently linked by peptide bonds. A polypeptide must contain at least two amino acids, and no limitation is placed on the maximum number of amino acids of a polypeptide. As used herein, the terms refer to both short chains, which are also commonly referred to in the art as peptides, oligopeptides and oligomers, for example, and to longer chains, which generally are referred to in the art as polypeptides or proteins. “Polypeptides” include, for example, biologically active fragments, substantially homologous polypeptides, oligopeptides, homodimers, heterodimers, variants of polypeptides, modified polypeptides, derivatives, analogs, and fusion proteins, among others. The polypeptides include natural polypeptides, recombinant polypeptides, synthetic polypeptides, or a combination thereof.

[00083] “Operably-linked” refers to the association of nucleic acid sequences on a single nucleic acid fragment so that the function of one is affected by the other. For example, a

promoter is operably-linked with a coding sequence or functional RNA when it is capable of affecting the expression of that coding sequence or functional RNA (i.e., the coding sequence or functional RNA is under the transcriptional control of the promoter). Coding sequences can be operably-linked to regulatory sequences in sense or antisense orientation.

[00084] As used herein, the term “genetic imprint” refers to genetic or epigenetic information that contributes to preferential therapeutic attributes in a source cell or an iPSC, and is retainable in the source cell derived iPSCs, and/or the iPSC-derived hematopoietic lineage cells. As used herein, “a source cell” is a non-pluripotent cell that may be used for generating iPSCs through reprogramming, and the source cell derived iPSCs may be further differentiated to specific cell types including any hematopoietic lineage cells. The source cell derived iPSCs, and differentiated cells therefrom are sometimes collectively called “derived” or “derivative” cells depending on the context. For example, derivative effector cells, derivative NK lineage cells or derivative T lineage cells, as used throughout this application are cells differentiated from an iPSC, as compared to their primary counterpart cells obtained from natural/native sources such as peripheral blood, umbilical cord blood, or other donor tissues. As used herein, the genetic imprint(s) conferring a preferential therapeutic attribute is incorporated into the iPSCs either through reprogramming a selected source cell that is donor-, disease-, or treatment response- specific, or through introducing genetically modified modalities to iPSCs using genomic editing. In the aspect of a source cell obtained from a specifically selected donor, disease or treatment context, the genetic imprint contributing to preferential therapeutic attributes may include any context specific genetic or epigenetic modifications which manifest a retainable phenotype, i.e., a preferential therapeutic attribute, that is passed on to derivative cells of the selected source cell, irrespective of the underlying molecular events being identified or not. Donor-, disease-, or treatment response- specific source cells may comprise genetic imprints that are retainable in iPSCs and derived hematopoietic lineage cells, which genetic imprints include, but are not limited to, prearranged monospecific TCR, for example, from a viral specific T cell or invariant natural killer T (iNKT) cell; trackable and desirable genetic polymorphisms, for example, homozygous for a point mutation that encodes for the high-affinity CD16 receptor in selected donors; and predetermined HLA requirements, i.e., selected HLA-matched donor cells exhibiting a haplotype with increased population. As used herein, preferential therapeutic attributes include improved engraftment, trafficking, homing, viability, self-renewal, persistence, immune response regulation, survival, and cytotoxicity of a derived cell. A preferential therapeutic attribute may also relate to antigen targeting receptor expression; HLA presentation or lack thereof; resistance to tumor microenvironment; induction of bystander immune cells and

immune regulation; improved on-target specificity with reduced off-tumor effect; and/or resistance to treatment such as chemotherapy.

[00085] The term “enhanced therapeutic property” as used herein, refers to a therapeutic property of a cell that is enhanced as compared to a typical immune cell of the same general cell type. For example, an NK cell with an “enhanced therapeutic property” will possess an enhanced, improved, and/or augmented therapeutic property as compared to a typical, unmodified, and/or naturally occurring NK cell. Therapeutic properties of an immune cell may include, but are not limited to, cell engraftment, trafficking, homing, viability, self-renewal, persistence, immune response regulation, survival, and cytotoxicity. Therapeutic properties of an immune cell are also manifested by antigen targeting receptor expression; HLA presentation or lack thereof; resistance to tumor microenvironment; induction of bystander immune cells and immune regulation; improved on-target specificity with reduced off-tumor effect; and/or resistance to treatment such as chemotherapy.

[00086] As used herein, the term “engager” refers to a molecule, e.g., a fusion polypeptide, which is capable of forming a link between an immune cell, e.g., a T cell, a NK cell, a NKT cell, a B cell, a macrophage, a neutrophil, and a tumor cell; and activating the immune cell. Examples of engagers include, but are not limited to, bi-specific T cell engagers (BiTEs), bi-specific killer cell engagers (BiKEs), tri-specific killer cell engagers, multi-specific killer cell engagers, or universal engagers compatible with multiple immune cell types.

[00087] As used herein, the term “surface triggering receptor” refers to a receptor capable of triggering or initiating an immune response, e.g., a cytotoxic response. Surface triggering receptors may be engineered, and may be expressed on effector cells, e.g., a T cell, a NK cell, a NKT cell, a B cell, a macrophage, or a neutrophil. In some embodiments, the surface triggering receptor facilitates bi- or multi-specific antibody engagement between the effector cells and a specific target cell, e.g., a tumor cell, independent of the effector cell’s natural receptors and cell types. Using this approach, one may generate iPSCs comprising a universal surface triggering receptor, and then differentiate such iPSCs into populations of various effector cell types that express the universal surface triggering receptor. By “universal”, it is meant that the surface triggering receptor can be expressed in, and activate, any effector cells irrespective of the cell type, and all effector cells expressing the universal receptor can be coupled or linked to the engagers having the same epitope recognizable by the surface triggering receptor, regardless of the engager’s tumor binding specificities. In some embodiments, engagers having the same tumor targeting specificity are used to couple with the universal surface triggering receptor. In some embodiments, engagers having different tumor targeting specificity are used to couple with the universal surface triggering receptor. As such, one or multiple effector cell types can be

engaged to kill one specific type of tumor cell in some cases, and to kill two or more types of tumors in some other cases. A surface triggering receptor generally comprises a co-stimulatory domain for effector cell activation and an epitope binding region that is specific to the epitope of an engager. A bi-specific engager is specific to the epitope binding region of a surface triggering receptor on one end, and is specific to a tumor antigen on the other end.

[00088] As used herein, the term “safety switch protein” refers to an engineered protein designed to prevent potential toxicity or otherwise adverse effects of a cell therapy. In some instances, the safety switch protein expression is conditionally controlled to address safety concerns for transplanted engineered cells that have permanently incorporated the gene encoding the safety switch protein into its genome. This conditional regulation could be variable and might include control through a small molecule-mediated post-translational activation and tissue-specific and/or temporal transcriptional regulation. The safety switch could mediate induction of apoptosis, inhibition of protein synthesis, DNA replication, growth arrest, transcriptional and post-transcriptional genetic regulation and/or antibody-mediated depletion. In some instances, the safety switch protein is activated by an exogenous molecule, e.g., a prodrug, that when activated, triggers apoptosis and/or cell death of a therapeutic cell. Examples of safety switch proteins, include, but are not limited to suicide genes such as caspase 9 (or caspase 3 or 7), thymidine kinase, cytosine deaminase, B-cell CD20, modified EGFR, and any combination thereof. In this strategy, a prodrug that is administered in the event of an adverse event is activated by the suicide-gene product and kills the transduced cell.

[00089] As used herein, the term “pharmaceutically active proteins or peptides” refer to proteins or peptides that are capable of achieving a biological and/or pharmaceutical effect on an organism. A pharmaceutically active protein has healing, curative or palliative properties against a disease and may be administered to ameliorate, relieve, alleviate, reverse or lessen the severity of a disease. A pharmaceutically active protein also has prophylactic properties and is used to prevent the onset of a disease or to lessen the severity of such disease or pathological condition when it does emerge. Pharmaceutically active proteins include an entire protein or peptide or pharmaceutically active fragments thereof. It also includes pharmaceutically active analogs of the protein or peptide or analogs of fragments of the protein or peptide. The term pharmaceutically active protein also refers to a plurality of proteins or peptides that act cooperatively or synergistically to provide a therapeutic benefit. Examples of pharmaceutically active proteins or peptides include, but are not limited to, receptors, binding proteins, transcription and translation factors, tumor growth suppressing proteins, antibodies or fragments thereof, growth factors, and/or cytokines.

[00090] As used herein, the term “signaling molecule” refers to any molecule that affects, participates in, inhibits, activates, reduces, or increases cellular signal transduction. “Signal transduction” refers to the transmission of a molecular signal in the form of chemical modification by recruitment of protein complexes along a pathway that ultimately triggers a biochemical event in the cell. Signal transduction pathways are well known in the art, and include, but are not limited to, G protein coupled receptor signaling, tyrosine kinase receptor signaling, integrin signaling, toll gate signaling, ligand-gated ion channel signaling, ERK/MAPK signaling pathway, Wnt signaling pathway, cAMP-dependent pathway, and IP3/DAG signaling pathway.

[00091] As used herein, the term “targeting modality” refers to a molecule, e.g., a polypeptide, that is genetically incorporated into a cell to promote antigen and/or epitope specificity that includes, but is not limited to, i) antigen specificity as it relates to a unique chimeric antigen receptor (CAR) or T cell receptor (TCR), ii) engager specificity as it relates to monoclonal antibodies or bispecific engagers, iii) targeting of transformed cells, iv) targeting of cancer stem cells, and v) other targeting strategies in the absence of a specific antigen or surface molecule.

[00092] As used herein, the term “specific” or “specificity” can be used to refer to the ability of a molecule, e.g., a receptor or an engager, to selectively bind to a target molecule, in contrast to non-specific or non-selective binding.

[00093] The term “adoptive cell therapy” refers to a cell-based immunotherapy that, as used herein, relates to the transfusion of autologous or allogenic lymphocytes, identified as T or B cells, genetically modified or not, that have been expanded *ex vivo* prior to said transfusion.

[00094] A “therapeutically sufficient amount”, as used herein, includes within its meaning a non-toxic but sufficient and/or effective amount of the particular therapeutic and/or pharmaceutical composition to which it is referring to provide a desired therapeutic effect. The exact amount required will vary from subject to subject depending on factors such as the patient's general health, the patient's age and the stage and severity of the condition. In particular embodiments, a therapeutically sufficient amount is sufficient and/or effective to ameliorate, reduce, and/or improve at least one symptom associated with a disease or condition of the subject being treated.

[00095] Differentiation of pluripotent stem cells requires a change in the culture system, such as changing the stimuli agents in the culture medium or the physical state of the cells. The most conventional strategy utilizes the formation of embryoid bodies (EBs) as a common and critical intermediate to initiate the lineage-specific differentiation. “Embryoid bodies” are three-dimensional clusters that have been shown to mimic embryo development as they give rise to

numerous lineages within their three-dimensional area. Through the differentiation process, typically a few hours to days, simple EBs (for example, aggregated pluripotent stem cells elicited to differentiate) continue maturation and develop into a cystic EB at which time, typically days to a few weeks, they are further processed to continue differentiation. EB formation is initiated by bringing pluripotent stem cells into close proximity with one another in three-dimensional multilayered clusters of cells, typically this is achieved by one of several methods including allowing pluripotent cells to sediment in liquid droplets, sedimenting cells into “U” bottomed well-plates or by mechanical agitation. To promote EB development, the pluripotent stem cell aggregates require further differentiation cues, as aggregates maintained in pluripotent culture maintenance medium do not form proper EBs. As such, the pluripotent stem cell aggregates need to be transferred to a differentiation medium that provides eliciting cues towards the lineage of choice. EB-based culture of pluripotent stem cells typically results in generation of differentiated cell populations (ectoderm, mesoderm and endoderm germ layers) with modest proliferation within the EB cell cluster. Although proven to facilitate cell differentiation, EBs, however, give rise to heterogeneous cells in variable differentiation states because of the inconsistent exposure of the cells in the three-dimensional structure to differentiation cues from the environment. In addition, EBs are laborious to create and maintain. Moreover, cell differentiation through EB is accompanied with modest cell expansion, which also contributes to low differentiation efficiency.

[00096] In comparison, “aggregate formation,” as distinct from “EB formation,” can be used to expand the populations of pluripotent stem cell derived cells. For example, during aggregate-based pluripotent stem cell expansion, culture media are selected to maintain proliferation and pluripotency. Cell proliferation generally increases the size of the aggregates forming larger aggregates, these aggregates can be routinely mechanically or enzymatically dissociated into smaller aggregates to maintain cell proliferation within the culture and increase numbers of cells. As distinct from EB culture, cells cultured within aggregates in maintenance culture maintain markers of pluripotency. The pluripotent stem cell aggregates require further differentiation cues to induce differentiation.

[00097] As used herein, “monolayer differentiation” is a term referring to a differentiation method distinct from differentiation through three-dimensional multilayered clusters of cells, i.e., “EB formation.” Monolayer differentiation, among other advantages disclosed herein, avoids the need for EB formation for differentiation initiation. Because monolayer culturing does not mimic embryo development such as EB formation, differentiation towards specific lineages are deemed as minimal as compared to all three germ layer differentiation in EB.

[00098] As used herein, a "dissociated" cell refers to a cell that has been substantially separated or purified away from other cells or from a surface (e.g., a culture plate surface). For example, cells can be dissociated from an animal or tissue by mechanical or enzymatic methods. Alternatively, cells that aggregate *in vitro* can be dissociated from each other, such as by dissociation into a suspension of clusters, single cells or a mixture of single cells and clusters, enzymatically or mechanically. In yet another alternative embodiment, adherent cells are dissociated from a culture plate or other surface. Dissociation thus can involve breaking cell interactions with extracellular matrix (ECM) and substrates (e.g., culture surfaces), or breaking the ECM between cells.

[00099] As used herein, "feeder cells" or "feeders" are terms describing cells of one type that are co-cultured with cells of a second type to provide an environment in which the cells of the second type can grow, expand, or differentiate, as the feeder cells provide stimulation, growth factors and nutrients for the support of the second cell type. The feeder cells are optionally from a different species as the cells they are supporting. For example, certain types of human cells, including stem cells, can be supported by primary cultures of mouse embryonic fibroblasts, or immortalized mouse embryonic fibroblasts. In another example, peripheral blood derived cells or transformed leukemia cells support the expansion and maturation of natural killer cells. The feeder cells may typically be inactivated when being co-cultured with other cells by irradiation or treatment with a mitotic agent antagonist such as mitomycin to prevent them from outgrowing the cells they are supporting. Feeder cells may include endothelial cells, stromal cells (for example, epithelial cells or fibroblasts), and leukemic cells. Without limiting the foregoing, one specific feeder cell type may be a human feeder, such as a human skin fibroblast. Another feeder cell type may be mouse embryonic fibroblasts (MEF). In general, various feeder cells can be used in part to maintain pluripotency, direct differentiation towards a certain lineage, enhance proliferation capacity and promote maturation to a specialized cell type, such as an effector cell.

[000100] As used herein, a "feeder-free" (FF) environment refers to an environment such as a culture condition, cell culture or culture media which is essentially free of feeder or stromal cells, and/or which has not been pre-conditioned by the cultivation of feeder cells. "Pre-conditioned" medium refers to a medium harvested after feeder cells have been cultivated within the medium for a period of time, such as for at least one day. Pre-conditioned medium contains many mediator substances, including growth factors and cytokines secreted by the feeder cells cultivated in the medium. In some embodiments, a feeder-free environment is free of both feeder or stromal cells and is also not pre-conditioned by the cultivation of feeder cells.

[000101] “Functional” as used in the context of genomic editing or modification of iPSC, and derived non-pluripotent cells differentiated therefrom, or genomic editing or modification of non-pluripotent cells and derived iPSCs reprogrammed therefrom, refers to (1) at the gene level—successful knocked-in, knocked-out, knocked-down gene expression, transgenic or controlled gene expression such as inducible or temporal expression at a desired cell development stage, which is achieved through direct genomic editing or modification, or through “passing-on” via differentiation from or reprogramming of a starting cell that is initially genomically engineered; or (2) at the cell level—successful removal, adding, or altering a cell function/characteristic(s) via (i) gene expression modification obtained in said cell through direct genomic editing, (ii) gene expression modification maintained in said cell through “passing-on” via differentiation from or reprogramming of a starting cell that is initially genomically engineered; (iii) downstream gene regulation in said cell as a result of gene expression modification that only appears in an earlier development stage of said cell, or only appears in the starting cell that gives rise to said cell via differentiation or reprogramming; or (iv) enhanced or newly attained cellular function or attribute displayed within the mature cellular product, initially derived from the genomic editing or modification conducted at the iPSC, progenitor or dedifferentiated cellular origin.

[000102] “HLA deficient”, including HLA-class I deficient, HLA-class II deficient, or both, refers to cells that either lack, or no longer maintain, or have a reduced level of surface expression of a complete MHC complex comprising a HLA class I protein heterodimer and/or a HLA class II heterodimer, such that the diminished or reduced level is less than the level naturally detectable by other cells or by synthetic methods.

[000103] “Modified HLA deficient iPSC,” as used herein, refers to an HLA deficient iPSC that is further modified by introducing genes expressing proteins related, but not limited to, improved differentiation potential, antigen targeting, antigen presentation, antibody recognition, persistence, immune evasion, resistance to suppression, proliferation, costimulation, cytokine stimulation, cytokine production (autocrine or paracrine), chemotaxis, and cellular cytotoxicity, such as non-classical HLA class I proteins (e.g., HLA-E and HLA-G), chimeric antigen receptor (CAR), T cell receptor (TCR), CD16 Fc Receptor, BCL11b, NOTCH, RUNX1, IL15, 41BB, DAP10, DAP12, CD24, CD3 ζ , 41BBL, CD47, CD113, and PDL1. The cells that are “modified HLA deficient” also include cells other than iPSCs.

[000104] “Fc receptors,” abbreviated as “FcR,” are classified based on the type of antibody that they recognize. For example, those that bind the most common class of antibody, IgG, are called Fc-gamma receptors (Fc γ R); those that bind IgA are called Fc-alpha receptors (Fc α R); and those that bind IgE are called Fc-epsilon receptors (Fc ϵ R). The classes of FcR's are also

distinguished by the cells that express them (macrophages, granulocytes, natural killer cells, T and B cells) and the signaling properties of each receptor. Fc-gamma receptors (Fc γ R) include several members: Fc γ RI (CD64), Fc γ RIIA (CD32), Fc γ RIIB (CD32), Fc γ RIIIA (CD16a), and Fc γ RIIIB (CD16b), which differ in their antibody affinities due to their different molecular structure.

[000105] “Chimeric Fc Receptor,” abbreviated as “CFcR,” are terms used to describe engineered Fc receptors having their native transmembrane and/or intracellular signaling domains modified, or replaced with non-native transmembrane and/or intracellular signaling domains. In some embodiments of the chimeric Fc receptor, in addition to having one of, or both, transmembrane and signaling domains being non-native, one or more stimulatory domains can be introduced to the intracellular portion of the engineered Fc receptor to enhance cell activation, expansion and function upon triggering of the receptor. Unlike chimeric antigen receptor (CAR) which contains antigen binding domain to target antigen, the chimeric Fc receptor binds to an Fc fragment, or the Fc region of an antibody, or the Fc region comprised in an engager or a binding molecule and activating the cell function with or without bringing the targeted cell close in vicinity. For example, a Fc γ receptor can be engineered to comprise selected transmembrane, stimulatory, and/or signaling domains in the intracellular region that respond to the binding of IgG at the extracellular domain, thereby generating a CFcR. In one example, a CFcR is produced by engineering CD16, a Fc γ receptor, by replacing its transmembrane domain and/or intracellular domain. To further improve the binding affinity of the CD16 based CFcR, the extracellular domain of CD64 or the high-affinity variants of CD16 (F176V, for example) can be incorporated. In some embodiments of the CFcR where high affinity CD16 extracellular domain is involved, the proteolytic cleavage site comprising a serine at position 197 is eliminated or is replaced such that the extracellular domain of the receptor is non-cleavable, i.e., not subject to shedding, thereby obtaining a hnCD16 based CFcR.

[000106] CD16, a Fc γ R receptor, has been identified to have two isoforms, Fc receptors Fc γ RIIIa (CD16a) and Fc γ RIIIb (CD16b). CD16a is a transmembrane protein expressed by NK cells, which binds monomeric IgG attached to target cells to activate NK cells and facilitate antibody-dependent cell-mediated cytotoxicity (ADCC). “High affinity CD16,” “non-cleavable CD16,” or “high affinity non-cleavable CD16 (hnCD16),” as used herein, each refers to a natural or non-natural variant of CD16. The wildtype CD16 has low affinity and is subject to ectodomain shedding, a proteolytic cleavage process that regulates the cell’s surface density of various cell surface molecules on leukocytes upon NK cell activation. F176V and F158V (without signal peptide) are exemplary natural CD16 polymorphic variants having high affinity. A CD16 variant having the cleavage site (position 195-198) in the membrane-proximal region

(position 189-212) altered or eliminated is not subject to shedding. The cleavage site and the membrane-proximal region are described in detail in International Pub. No. WO 2015/148926, the complete disclosure of which is incorporated herein by reference. The CD16 S197P variant is an engineered non-cleavable version of CD16. A CD16 variant comprising both F158V and S197P has high affinity and is non-cleavable. Another exemplary high affinity and non-cleavable CD16 (hnCD16) variant is an engineered CD16 comprising an ectodomain originated from one or more of the 3 exons of the CD64 ectodomain.

I. Agents for Improving Effector Cell Manufacturing and *in vivo* Efficacy in Adoptive Immunotherapy

[000107] Cryopreservation is a process known to have a significant impact on cell viability, function and stability. In some embodiments, the present disclosure provides a composition comprising one or more agents in an amount sufficient for improving effector cell manufacturing and *in vivo* efficacy of cells suitable for adoptive cell-based therapies, especially when the effector cells need to be cryogenically preserved, and thawed before being used.

[000108] In various embodiments, the immune cells suitable for adoptive cell-based therapies are contacted or treated with one or more agents including, but not limited to, dexamethasone, lenalidomide, AQX-1125, and derivatives, analogues, or pharmaceutically acceptable salts thereof selected from the group consisting of salt, ester, ether, solvate, hydrate, stereoisomer, and prodrug of the agent(s). The treatment with the selected agent(s) can enhance the biological properties of the cells, or a subpopulation of the cells, including by modulating cell expansion, maintenance, survival, proliferation, cytotoxicity, persistence, and/or cell memory, and thus enhance the therapeutic potential of the cells. Dexamethasone is a glucocorticoid which binds to the cytosolic glucocorticoid receptor to form a ligand-receptor complex that then translocates into cell nucleus, where the complex binds to glucocorticoid response elements in the promoter region, resulting in the transcriptional activation of target genes related to anti-inflammatory and immunosuppressive effects. Dexamethasone, as an exemplary glucocorticoid receptor agonist, is known for its potent anti-inflammatory and immunosuppressive properties as well, is a synthetic glucocorticoid used in this application that unexpectedly tunes differentiated effector cells to achieve cryopreservation durability and enhanced *in vivo* efficacy.

[000109] Additional illustrative examples of glucocorticoids suitable for use in methods of the present disclosure include, but are not limited to, medrysone, alclometasone, alclometasone dipropionate, amcinonide, beclometasone, beclomethasone dipropionate, betamethasone, betamethasone benzoate, betamethasone valerate, budesonide, ciclesonide, clobetasol, clobetasol

butyrate, clobetasol propionate, clobetasone, clocortolone, cloprednol, cortisol, cortisone, cortivazol, deflazacort, desonide, desoximetasone, desoxycortone, desoxymetasone, diflorasone, diflorasone diacetate, diflucortolone, diflucortolone valerate, difluorocortolone, difluprednate, fluclorolone, fluclorolone acetonide, fludroxycortide, flumetasone, flumethasone, flumethasone pivalate, flunisolide, flunisolide hemihydrate, fluocinolone, fluocinolone acetonide, fluocinonide, fluocortin, fluocortin butyl, fluocortolone, fluorocortisone, fluorometholone, fluperolone, fluprednidene, fluprednidene acetate, fluprednisolone, fluticasone, fluticasone propionate, formocortol, halcinonide, halometasone, hydrocortisone, hydrocortisone acetate, hydrocortisone aceponate, hydrocortisone buteprate, hydrocortisone butyrate, loteprednol, meprednisone, 6a-methylprednisolone, methylprednisolone, methylprednisolone acetate, methylprednisolone aceponate, mometasone, mometasone furoate, mometasone furoate monohydrate, paramethasone, prednicarbate, prednisolone, prednisone, prednylidene, rimexolone, tixocortol, triamcinolone, triamcinolone acetonide and ulobetasol, as well as combinations thereof. In particular embodiments, the glucocorticoid comprises medrysone, hydrocortisone, triamcinolone, alclometasone, or dexamethasone. In more particular embodiments, the glucocorticoid is dexamethasone or its derivatives, analogues, or pharmaceutically acceptable salts thereof.

[000110] In some embodiments, the composition for improving therapeutic potential of immune cells suitable for adoptive cell-based therapies comprises at least one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analogue thereof. In one embodiment, the composition for improving therapeutic potential of immune cells comprises a combination of dexamethasone and lenalidomide, and/or derivatives and analogs thereof.

[000111] In one embodiment, the composition comprising at least one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analog thereof further comprises an organic solvent. In certain embodiments, the organic solvent is substantially free of methyl acetate. In certain embodiments, the organic solvent is selected from the group consisting of dimethyl sulfoxide (DMSO), N,N-dimethylformamide (DMF), dimethoxyethane (DME), dimethylacetamide, ethanol, and combinations thereof. In some embodiments, the organic solvent is DMSO. In some embodiments, the organic solvent is ethanol. In some other embodiments, the organic solvent is a mixture of DMSO and ethanol.

[000112] In some embodiments, the composition comprising one or more of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analogue thereof, further comprises one or more additional additives selected from the group consisting of peptides, cytokines, mitogens, growth factors, small RNAs, dsRNAs (double stranded RNA), mononuclear blood cells, feeder cells, feeder cell components or replacement factors, vectors comprising one or more polynucleic

acids of interest, antibodies and antibody fragments thereof. In some embodiments, the additional additive comprises an antibody, or an antibody fragment. In some of these embodiments, the antibody, or antibody fragment, specifically binds to a viral antigen. In other embodiments, the antibody, or antibody fragment, specifically binds to a tumor antigen.

[000113] In some embodiments, the cytokine and growth factor comprise one or more of the following cytokines or growth factors: epidermal growth factor (EGF), acidic fibroblast growth factor (aFGF), basic fibroblast growth factor (bFGF), leukemia inhibitory factor (LIF), hepatocyte growth factor (HGF), insulin-like growth factor 1 (IGF-1), insulin-like growth factor 2 (IGF-2), keratinocyte growth factor (KGF), nerve growth factor (NGF), platelet-derived growth factor (PDGF), transforming growth factor beta (TGF- β), vascular endothelial cell growth factor (VEGF) transferrin, various interleukins (such as IL-1 through IL-18), various colony-stimulating factors (such as granulocyte/macrophage colony-stimulating factor (GM-CSF)), various interferons (such as IFN- γ), stem cell factor (SCF) and erythropoietin (Epo). In some embodiments, the cytokine comprises at least interleukin-2 (IL-2 or IL2), interleukin 7 (IL-7 or IL7), interleukin-12 (IL-12 or IL12), interleukin-15 (IL-15 or IL15), interleukin 18 (IL-18 or IL18), interleukin 21 (IL-21 or IL21), or any combinations thereof. In some embodiments, the growth factor of the composition comprises fibroblast growth factor. These cytokines may be obtained commercially, for example from R&D Systems (Minneapolis, Minn.), and may be either natural or recombinant. In particular embodiments, growth factors and cytokines may be added at concentrations contemplated herein. In certain embodiments growth factors and cytokines may be added at concentrations that are determined empirically or as guided by the established cytokine art. In some other embodiments, the composition comprising one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analog thereof does not comprise IL7 for T cell treatment. In particular embodiments, the composition comprising one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analog thereof does not comprise any cytokines for T cell treatment. In yet some other embodiments, the composition comprising one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analog thereof does not comprise IL2 and/or IL15 for NK cell treatment. In yet some other embodiments, the composition comprising one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analog thereof does not comprise IL7 for NK cell treatment. In particular embodiments, the composition comprising one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analog thereof does not comprise any cytokines for NK cell treatment.

[000114] The cells suitable for treatment using the composition comprising one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analogue thereof include, but are not limited to, naturally existing cells obtained from peripheral blood, umbilical cord blood, or

any other donor tissues, such as T, NK, NKT, B cells or any subtypes thereof; or derivative cells obtained from differentiating induced pluripotent stem cells (iPSC). The derivative cell could be any one of a derivative CD34 cell, a derivative hematopoietic stem and progenitor cell, a derivative hematopoietic multipotent progenitor cell, a derivative T cell progenitor, a derivative NK cell progenitor, a derivative T cell, a derivative NKT cell, a derivative NK cell, or a derivative B cell. In some embodiments, the population of immune cells for treatment may be differentiated *in vitro* from stem cells, hematopoietic stem or progenitor cells, or progenitor cells; or trans-differentiated from a non-pluripotent cell of hematopoietic or non-hematopoietic lineage. In some embodiments, the stem cells, hematopoietic stem or progenitor cells, progenitor cells, or a non-pluripotent cell that derive the immune cells for modulation are genomically engineered and comprise an insertion, a deletion, and/or a nucleic acid replacement, such that the derived immune cells for treatment comprise the same genetic modalities introduced by genomic engineering in the source cells.

[000115] In one embodiment, the method of modulating a population or a subpopulation of immune cells suitable for adoptive cell-based therapies comprises contacting the immune cells with a composition comprising at least one small compound as provided herein wherein the contacted immune cells have enhanced post-thaw cytotoxicity, including enhanced *in vivo* efficacy characterized by enhanced ability in tumor control, tumor clearance, and/or reduced tumor relapse; improved tumor penetration, and/or enhanced ability in migrating to bone marrow and/or to tumor sites, as compared to post-thaw counterpart immune cells without the same small compound treatment.

[000116] In some embodiments, the method of treating a population or a subpopulation of immune cells suitable for adoptive cell-based therapies comprises contacting the immune cells with a composition comprising at least one small compound as provided herein in a sufficient amount for enhancing cell efficacy. In one embodiment, the small compound for immune cell treatment is present at a concentration of between about 10 nM to about 20 μ M. In one embodiment, the compound for immune cell treatment is present at a concentration of about 10 nM, 50 nM, 100 nM, 500 nM, 1 μ M, 3 μ M, 5 μ M, 10 μ M, 15 μ M, or 20 μ M, or any concentration in-between. In one embodiment, the concentration of the compound for immune cell treatment is between about 10 nM to about 100 nM, is between about 50 nM to about 250 nM, between about 100 nM to about 500 nM, between about 250 nM to about 1 μ M, between about 500 nM to about 5 μ M, between about 1 μ M to about 5 μ M between about 3 μ M to about 10 μ M, between about 5 μ M to about 15 μ M, between about 8 μ M to about 12 μ M, or between about 15 μ M to about 20 μ M.

[000117] In some embodiments, the method of modulating a population or a subpopulation of immune cells suitable for adoptive cell-based therapies comprises contacting the immune cells with a composition comprising at least one compound as provided herein for a sufficient length of time for increasing cell efficacy. In one embodiment, the immune cells are contacted with one or more provided compound for at least 18 hours, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days, 8 days, 9 days, 10 days, 11 days, 12 days, 14 days, or any length of period in between. In one embodiment, the immune cells are contacted with one or more provided compounds for between about 18 hours to about 2 days, between about 1 day to about 3 days, between about 2 days to about 5 days, between about 3 days to about 6 days, between about 5 days to about 8 days, between about 7 days to about 10 days, between about 8 days to about 12 days, between about 11 days to about 14 days. In some embodiments, the immune cells are contacted with one or more compounds as provided herein for no less than 2 days, 1 day, 18 hours, 14 hours, 12 hours, 10 hours, 8 hours, 6 hours, 4 hours, 2 hours, or any length of time in between. As such, said sufficient length of time, for example, is no less than 48, 24, 15, 13, 11, 9, 7, 5, 3, or 1 hour(s). In some other embodiments of the method, said sufficient length of time is no less than 5 days, 4 days, 3 days, 2 days, or any length of time in between. As such, said sufficient length of time is, for example, no less than 5, 4, 3, or 2 days.

[000118] The cells treated with the composition comprising one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analogue thereof could be in a static/maintenance culture, or a culture for cell expansion. In some embodiments, the treatment of a derivative cell obtained from iPSC differentiation with the small compound composition could be during the expansion stage after differentiation. In some embodiments, the cells are treated with the small compound composition prior to being cryopreserved. The treatment lasts for a sufficient amount of duration, which could span 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 or more days. In some embodiments, the treatment lasts for 2-7 days. In some embodiments, the treatment lasts for 5 days. In some embodiments, when the treated cells are cryopreserved, the medium is free or essentially free of the compound(s) used in the treatment prior to cryopreservation.

II. Adoptive Cells Suitable for Functional Modulation

[000119] Suitable adoptive cells for function modulation as provided herein include derivative effector cells obtained from differentiating genomically engineered iPSCs, wherein both the iPSCs and the derivative cells comprise one or more of: a CAR; CD38 knockout; CD16; exogenous cytokine and/or signaling components thereof; HLA-I and/or HLA-II deficiency; overexpression of HLA-G and knockout of one or both of CD58 and CD54; TCR

null; surface presented CD3; antigen-specific TCR; NKG2C; DAP10/12; NKG2C-IL15-CD33 (“2C1533”), and additional edits as further detailed in this specification or as known in the art.

1. Chimeric Antigen Receptors (CARs)

[000120] Applicable to the genetically engineered iPSC and derivative effector cell thereof may be any chimeric antigen receptor (CAR) design known in the art. CAR is a fusion protein generally including an ectodomain that comprises an antigen recognition region, a transmembrane domain, and an endodomain. In some embodiments, the ectodomain can further include a signal peptide or leader sequence and/or a spacer. In some embodiments, the endodomain can further comprise a signaling peptide that activates the effector cell expressing the CAR. In some embodiments, the CARs described herein are designed to be expressed and function in induced pluripotent stem cells (iPSCs), and derivative effector cells that are differentiated from the iPSCs engineered to comprise the CAR. In some embodiments, the CAR described herein is designed such that it does not disrupt iPSC differentiation, and/or it promotes differentiation of iPSC directed to a desired effector cell type. In some embodiments, the CAR enhances effector cell expansion, persistence, survival, cytotoxicity, resistance to allojection, tumor penetration, migration, ability in activating and/or recruiting bystander immune cells, and/or ability to overcome tumor suppression. In embodiments, the CARs provided herein can also be expressed directly in cell-line cells and cells from a primary source, i.e., natural/native sources such as peripheral blood, umbilical cord blood, or other donor tissues.

[000121] In some embodiments, the CAR is suitable to activate either T or NK lineage cells expressing said CAR. In some embodiments, the CAR is NK cell specific for comprising NK-specific signaling components. In certain embodiments, said T cells are derived from CAR-expressing iPSCs, and the derivative T cells may comprise T helper cells, cytotoxic T cells, memory T cells, regulatory T cells, natural killer T cells, $\alpha\beta$ T cells, $\gamma\delta$ T cells, or a combination thereof. In certain embodiments, said NK cells are derived from CAR-expressing iPSCs. In some embodiments, the CAR is NK cell specific for comprising NK cell-specific signaling components. In some embodiments, the CAR comprising NK cell-specific signaling components are also suitable for T cell, or other cell types. In some embodiments, the CAR is T cell specific for comprising T cell-specific signaling components. In some embodiments, the CAR comprising T cell-specific signaling components are also suitable for NK cell, or other cell types. In some embodiments, the CAR is NKT cell specific for comprising NKT cell-specific signaling components. In some embodiments, the CAR comprising NKT cell-specific signaling components is also suitable for NK or T cell, or other cell types.

[000122] In some embodiments, the CARs described herein include at least an ectodomain, a transmembrane domain, and an endodomain. The endodomain of a CAR impacts the

proliferation and function of the cell expressing the CAR, and comprises at least one signaling domain that activates the effector cell expressing the CAR upon antigen binding. In some embodiments of the CAR endodomain, one or more co-stimulation domains (oftentimes also called additional signaling domain(s)) is further included to impact longevity, memory differentiation, and metabolic characteristics of the cell. Here, signal transducing proteins specific to T and/or NK cells are used to supply building blocks of the CAR fusion protein, e.g., a transmembrane domain and one or more signaling domains comprised in the endodomain of the CAR. Exemplary signal transducing proteins suitable for a CAR design include, but are not limited to, 2B4, 4-1BB, CD16, CD2, CD28, CD28H, CD3 ζ , DAP10, DAP12, DNAM1, FcERI γ , IL21R, IL-2R β (IL-15R β), IL-2R γ , IL-7R, KIR2DS2, NKG2D, NKp30, NKp44, NKp46, CS1 and CD8. The description of the exemplary signal transducing proteins, including transmembrane and cytoplasmic sequences of the proteins are provided below.

[000123] In some embodiments of the CAR, the endodomain of the CAR comprises at least a first signaling domain having an amino acid sequence that has at least about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to the cytoplasmic domain or a portion thereof, of 2B4, 4-1BB, CD16, CD2, CD28, CD28H, CD3 ζ , DAP10, DAP12, DNAM1, FcERI γ , IL21R, IL-2R β (IL-15R β), IL-2R γ , IL-7R, KIR2DS2, NKG2D, NKp30, NKp44, NKp46, CD3 ζ 1XX, CS1, or CD8. In some embodiments, the signaling domain of a CAR disclosed herein comprises only a portion of the cytoplasmic domain of 2B4, 4-1BB, CD16, CD2, CD28, CD28H, CD3 ζ , DAP10, DAP12, DNAM1, FcERI γ , IL21R, IL-2R β (IL-15R β), IL-2R γ , IL-7R, KIR2DS2, NKG2D, NKp30, NKp44, NKp46, CD3 ζ 1XX, CS1, or CD8. In some embodiments, the portion of the cytoplasmic domain selected for CAR signaling domain is an amino acid sequence that has at least about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to, an ITAM (immunoreceptor tyrosine-based activation motif), a YxxM motif, a TxYxxV/I motif, FcR γ , hemi-ITAM, and /or an ITT-like motif.

[000124] In some embodiments of the CAR, the endodomain of the CAR comprising a first signaling domain further comprises a second signaling domain comprising an amino acid sequence that has at least about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to the cytoplasmic domain or a portion thereof, of 2B4, 4-1BB, CD16, CD2, CD28, CD28H, CD3 ζ , DAP10, DAP12, DNAM1, FcERI γ , IL21R, IL-2R β (IL-15R β), IL-2R γ , IL-7R, KIR2DS2, NKG2D, NKp30, NKp44, NKp46, CD3 ζ /1XX (i.e., CD3 ζ or CD3 ζ 1XX), CS1 or CD8, wherein the second signaling domain is different from the first signaling domain.

[000125] In some embodiments of the CAR, the endodomain of the CAR comprising a first and a second signaling domain further comprises a third signaling domain comprising an amino acid sequence that has at least about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to the cytoplasmic domain or a portion thereof, of 2B4, 4-1BB, CD16, CD2, CD28, CD28H, CD3 ζ , DAP10, DAP12, DNAM1, FcERI γ , IL21R, IL-2R β (IL-15R β), IL-2R γ , IL-7R, KIR2DS2, NKG2D, NKp30, NKp44, NKp46, CD3 ζ /1XX (i.e., CD3 ζ or CD3 ζ 1XX), CS1, or CD8, wherein the third signaling domain is different from the first and the second signaling domains.

[000126] In some exemplary embodiments of CAR having an endodomain comprised of only one signaling domain, said endodomain comprises an amino acid sequence that has at least about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to the cytoplasmic domain or a portion thereof, of a protein including, but not limited to, DNAM1, CD28H, KIR2DS2, DAP12 or DAP10.

[000127] In some exemplary embodiments of CAR having an endodomain comprised of two different signaling domains, said endodomain comprises fused cytoplasmic domains, or portions thereof, in a form including, but not limited to, 2B4-CD3 ζ /1XX, 2B4-DNAM1, 2B4-FcERI γ , 2B4-DAP10, CD16-DNAM1, CD16-DAP10, CD16-DAP12, CD2-CD3 ζ /1XX, CD2-DNAM1, CD2-FcERI γ , CD2-DAP10, CD28-DNAM1, CD28-FcERI γ , CD28-DAP10, CD28-DAP12, CD28H-CD3 ζ /1XX, DAP10-CD3 ζ /1XX, or DAP10-DAP12, DAP12-CD3 ζ /1XX, DAP12-DAP10, DNAM1-CD3 ζ /1XX, KIR2DS2-CD3 ζ /1XX, KIR2DS2-DAP10, KIR2DS2-2B4, or NKp46-2B4.

[000128] In some exemplary embodiments of CAR having an endodomain comprised of three different signaling domains, said endodomain comprises fused cytoplasmic domains, or portions thereof, in a form including, but not limited to, 2B4-DAP10-CD3 ζ /1XX, 2B4-IL21R-DAP10, 2B4-IL2RB-DAP10, 2B4-IL2RB-CD3 ζ /1XX, 2B4-41BB-DAP10, CD16-2B4-DAP10, or KIR2DS2-2B4-CD3 ζ /1XX.

[000129] In some embodiments, the transmembrane domain of a CAR comprises an amino acid sequence that has at least about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to a full length or a portion of the transmembrane region of CD2, CD3D, CD3E, CD3G, CD3 ζ , CD4, CD8, CD8a, CD8b, CD16, CD27, CD28, CD28H, CD40, CD84, CD166, 4-1BB, OX40, ICOS, ICAM-1, CTLA4, PD1, LAG3, 2B4, BTLA, DNAM1, DAP10, DAP12, FcERI γ , IL7, IL12, IL15, KIR2DL4, KIR2DS1, KIR2DS2, NKp30, NKp44, NKp46, NKG2C, NKG2D, CS1, or T cell receptor polypeptide. In some other embodiments, the transmembrane domain of a CAR comprises an amino acid sequence that has at least about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to a full

length or a portion of the transmembrane region of 2B4, CD2, CD16, CD28, CD28H, CD3ζ, DAP10, DAP12, DNAM1, FcERIγ, KIR2DS2, NKG2D, NKp30, NKp44, NKp46, CS1, or CD8. In some embodiments of the CAR, the transmembrane domain and its immediately linked signalling domain are from the same protein. In some other embodiments of the CAR, the transmembrane domain and the signalling domain that is immediately linked are from different proteins.

[000130] In general, the CAR construct comprises a transmembrane domain, and an endodomain comprising one or more signaling domains derived from the cytoplasmic region of one or more signal transducing proteins. In some embodiments, one or more signaling domains comprised in the CAR endodomain are derived from the same or different protein from which the TM is derived. As provided herein, the portion representing the transmembrane domain (TM) of the CAR is underlined, the domains comprised in the endodomain are in parentheses, “()”, with each of the TM and signaling domains designated by the name of the signal transducing protein from which the domain sequence is derived. In some embodiments, the amino acid sequence of each TM or signaling domains may be of about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to a full length or a portion of the corresponding transmembrane or cytoplasmic regions of the designated signal transducing protein. The exemplary CAR constructs comprising a transmembrane domain and an endodomain as provided herein include, but are not limited to: NKG2D-(2B4-IL2RB-CD3ζ), CD8-(41BB- CD3 ζ1XX), CD28-(CD28-2B4-CD3ζ), CD28H-(CD28H-CD3ζ), DNAM1-(DNAM1-CD3ζ), DAP10-(DAP10-CD3ζ), KIR2DS2-(KIR2DS2-CD3ζ), KIR2DS2-(KIR2DS2-DAP10), KIR2DS2-(KIR2DS2-2B4), CD16-(CD16-2B4-DAP10), CD16-(CD16-DNAM1), NKp46-(NKp46-2B4), NKp46-(NKp46-2B4-CD3ζ), NKp46-(NKp46-CD2-Dap10), CD2-(CD2-CD3ζ), 2B4-(2B4-CD3ζ), 2B4-(2B4-FcERIγ), and CS1-(CS1-CD3ζ).

[000131] The CAR comprising any of the TM-(endodomain) as provided above can be constructed to specifically target at least one antigen as determined by the antigen binding domain comprised in the ectodomain of the CAR. In some embodiments, the CAR can specifically target an antigen associated with a disease or pathogen. In some embodiments, the CAR can specifically target a tumor antigen, wherein the tumor may be a liquid or a solid tumor. The ectodomain of a CAR comprises one or more antigen recognition domains for antigen-specific binding. In some embodiments, the ectodomain can further include a signal peptide or leader sequence and/or a spacer.

[000132] In certain embodiments, the ectodomain of the provided CAR comprises an antigen recognition region comprising a murine antibody, a human antibody, a humanized antibody, a camel Ig, a shark heavy-chain-only antibody (VNAR), Ig NAR, a chimeric antibody,

a recombinant antibody, or antibody fragment thereof. Non-limiting examples of antibody fragments include Fab, Fab', F(ab)'₂, F(ab)'₃, Fv, antigen binding single chain variable fragment (scFv), (scFv)₂, disulfide stabilized Fv (dsFv), minibody, diabody, triabody, tetrabody, single-domain antigen binding fragments (sdAb, Nanobody), recombinant heavy-chain-only antibody (VHH), and other antibody fragments that maintain the binding specificity of the whole antibody. Non-limiting examples of antigens that may be targeted by the CAR(s) comprised in genetically engineered iPSCs and derivative effector cells include ADGRE2, carbonic anhydrase IX (CAIX), CCR1, CCR4, carcinoembryonic antigen (CEA), CD3, CD5, CD7, CD8, CD10, CD19, CD20, CD22, CD30, CD33, CD34, CD38, CD41, CD44, CD44V6, CD49f, CD56, CD70, CD74, CD99, CD123, CD133, CD138, CD269 (BCMA), CDS, CLEC12A, an antigen of a cytomegalovirus (CMV) infected cell (e.g., a cell surface antigen), epithelial glycoprotein2 (EGP 2), epithelial glycoprotein-40 (EGP-40), epithelial cell adhesion molecule (EpCAM), EGFRvIII, receptor tyrosine-protein kinases erb-B2,3,4, EGFR, EGFR-VIII, ERBB folate-binding protein (FBP), fetal acetylcholine receptor (AChR), folate receptor- α , Ganglioside G2 (GD2), Ganglioside G3 (GD3), human Epidermal Growth Factor Receptor 2 (HER-2), human telomerase reverse transcriptase (hTERT), ICAM-1, Integrin B7, Interleukin-13 receptor subunit α -2 (IL-13R α 2), κ -light chain, kinase insert domain receptor (KDR), Lewis A (CA19.9), Lewis Y (LeY), L1 cell adhesion molecule (L1-CAM), LILRB2, melanoma antigen family A 1 (MAGE-A1), Mucin 1 (Muc-1), Mucin 16 (Muc-16), Mesothelin (MSLN), NKCSI, NKG2D ligands, c-Met, cancer-testis antigen NY-ESO-1, oncofetal antigen (h5T4), PRAME, prostate stem cell antigen (PSCA), PRAME prostate-specific membrane antigen (PSMA), tumor-associated glycoprotein 72 (TAG-72), TIM-3, TRBC1, TRBC2, vascular endothelial growth factor R2 (VEGF-R2), Wilms tumor protein (WT-1), and various pathogen antigen known in the art. Non-limiting examples of pathogen includes virus, bacteria, fungi, parasite and protozoa capable of causing diseases.

[000133] In some embodiments, the ectodomain of the provided CARs further comprises a signal peptide. The signal peptide directs the CAR polypeptide in to the endoplasmic reticulum (ER) for proper glycosylation and plasma membrane anchoring. In general, any eukaryotic signal sequence targeting secretory protein to the ER pathway can be used. The exemplary suitable signal peptides include, but are not limited to, IL-2 signal sequence, the kappa leader sequence, the CD8 α leader sequence, the albumin signal sequence, the prolactin signal sequence, and IgG signal peptide, and a GM-CSF signal peptide.

[000134] In some embodiments, the ectodomain of the provided CARs may optionally comprise a hinge (also called spacer) region to offer flexibility between the antigen recognition domain and the transmembrane domain of the CAR. In some exemplary and non-limiting

embodiments, the hinge of the CAR comprises an amino acid sequence that has at least about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to a hinge region of a known polypeptide such as, CD8, CD28, CD3 ζ , CD40, 4-1BB, OX40, CD84, CD166, CD8 α , CD8 β , ICOS, ICAM-1, CTLA-4, CD27, CD40, NKGD2, IgG1, or the CH₂/CH₃ domain in immunoglobulin, or a combination thereof. In some embodiments, the hinge region of a CAR, comprises an amino acid sequence that has at least about 85%, about 90%, about 95%, about 96%, about 97%, about 98%, or about 99% identity to the CH₂/CH₃ domain of immunoglobulin.

[000135] In some embodiments, effector cells comprising one or more CARs as provided herein can be used to treat an autoimmune disorder; a hematological malignancy; a solid tumor; or an infection associated with HIV, RSV, EBV, CMV, adenovirus, or BK polyomavirus. Examples of hematological malignancies include, but are not limited to, acute and chronic leukemias (acute myelogenous leukemia (AML), acute lymphoblastic leukemia (ALL), chronic myelogenous leukemia (CML)), lymphomas, non-Hodgkin lymphoma (NHL), Hodgkin's disease, multiple myeloma, and myelodysplastic syndromes. Examples of solid cancers include, but are not limited to, cancer of the brain, prostate, breast, lung, colon, uterus, skin, liver, bone, pancreas, ovary, testes, bladder, kidney, head, neck, stomach, cervix, rectum, larynx, and esophagus. Examples of various autoimmune disorders include, but are not limited to, alopecia areata, autoimmune hemolytic anemia, autoimmune hepatitis, dermatomyositis, diabetes (type 1), some forms of juvenile idiopathic arthritis, glomerulonephritis, Graves' disease, Guillain-Barré syndrome, idiopathic thrombocytopenic purpura, myasthenia gravis, some forms of myocarditis, multiple sclerosis, pemphigus/pemphigoid, pernicious anemia, polyarteritis nodosa, polymyositis, primary biliary cirrhosis, psoriasis, rheumatoid arthritis, scleroderma/systemic sclerosis, Sjögren's syndrome, systemic lupus, erythematosus, some forms of thyroiditis, some forms of uveitis, vitiligo, granulomatosis with polyangiitis (Wegener's). Examples of viral infections include, but are not limited to, HIV- (human immunodeficiency virus), HSV- (herpes simplex virus), KSHV- (Kaposi's sarcoma-associated herpesvirus), RSV- (Respiratory Syncytial Virus), EBV- (Epstein-Barr virus), CMV- (cytomegalovirus), VZV (Varicella zoster virus), adenovirus-, a lentivirus-, a BK polyomavirus- associated disorders.

[000136] One aspect of the present invention provides iPSCs and derivative effector cells differentiated therefrom comprising a polynucleotide encoding a CAR comprising one of the endodomains as provided herein. In one embodiment of said CAR, the CAR is CD19 specific. In another embodiment, the CAR is MICA/B specific. In another embodiment, the CAR is BCMA specific. In yet another embodiment, the CAR is CD38 specific. In still another embodiment, the CAR is HER2 specific. In one other embodiment, the CAR is MSLN specific.

Still, in another embodiment, the CAR is PSMA specific. In yet another embodiment, the CAR is VEGF-R2 specific.

[000137] In another aspect of the present invention, the iPSCs and derivative effector cells differentiated therefrom comprising a polynucleotide encoding a first CAR comprising one of the endodomains as provided, may further comprise a second CAR with a different antigen specificity. The endodomain of the second CAR may or may not be the same as that of the first CAR. In some embodiments, the second CAR comprises an endodomain that is different from that of the first CAR, and is one of the endodomains as provided herein. In some other embodiments, the second CAR comprises an endodomain that is different from that of the first CAR, and is not one of the endodomains as provided herein.

[000138] Non-limiting CAR strategies further include heterodimeric, conditionally activated CAR through dimerization of a pair of intracellular domains (see for example, U.S. Pat. No. 9,587,020); split CAR, where homologous recombination of antigen binding, hinge, and endodomains to generate a CAR (see for example, U.S. Pub. No. 2017/0183407); multi-chain CAR that allows non-covalent link between two transmembrane domains connected to an antigen binding domain and a signaling domain, respectively (see for example, U.S. Pub. No. 2014/0134142); CARs having bispecific antigen binding domain (see for example, U.S. Pat. No. 9,447,194), or having a pair of antigen binding domains recognizing same or different antigens or epitopes (see for example, U.S. Pat. No. 8,409,577), or a tandem CAR (see for example, Hegde et al., *J Clin Invest.* 2016;126(8):3036-3052); inducible CAR (see for example, U.S. Pub. Nos. 2016/0046700, 2016/0058857, and 2017/0166877); switchable CAR (see for example, U.S. Pub. No. 2014/0219975); and any other designs known in the art.

[000139] The genomic loci suitable for inserting one or more CARs as provided herein include loci meeting the criteria of a genome safe harbor and/or gene loci where the knock-down or knockout of the gene in the selected locus as a result of the insertion is desired. In some embodiments, the genomic loci suitable for CAR insertion include, not are not limited to, AAVS1, CCR5, ROSA26, collagen, HTRP, H11, GAPDH, RUNX1, B2M, TAP1, TAP2, Tapasin, NLRC5, CIITA, RFXANK, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD38, CD58, CD54, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, and TIGIT.

[000140] In one embodiment, the iPSC and its derivative cells comprise a CAR inserted in a TCR constant region (TRAC or TRBC), leading to TCR knock out, and optionally placing CAR expression under the control of an endogenous TCR promoter. In one particular embodiment of the iPSC derivative cell comprising TCR null and a CAR comprising one of the endodomains as provided, said derivative cell is a T cell. In another embodiment, the iPSC and its derivative

cells comprising a CAR have the CAR inserted in the NKG2A locus or NKG2D locus, leading to NKG2A or NKG2D knock out, and optionally placing CAR expression under the control of the endogenous NKG2A or NKG2D promoter. In one particular embodiment of the iPSC derivative cell comprising NKG2A or NKG2D null and a CAR, said derivative cell is an NK cell. In yet another embodiment, the iPSC and its derivative cells comprising a CAR have the CAR inserted in CD38 coding region, leading to CD38 knockout, and optionally placing CAR expression under the control of the endogenous CD38 promoter. In one embodiment of the cells comprising CD38 null and a CAR comprising one of the endodomains as provided, the CAR is specific to CD38. In one embodiment, the iPSC and its derivative cells comprising a CAR comprising one of the endodomains as provided have the CAR inserted in CD58 coding region, leading to CD58 knockout. In one embodiment, the iPSC and its derivative cells comprising a CAR comprising one of the endodomains have the CAR inserted in CD54 coding region, leading to CD54 knockout. In one embodiment, the iPSC and its derivative cells comprising a CAR comprising one of the endodomains have the CAR inserted in CIS (Cytokine-Inducible SH2-containing protein) coding region, leading to CIS knockout. In one embodiment, the iPSC and its derivative cells comprising a CAR comprising one of the endodomains have the CAR inserted in CBL-B (E3 ubiquitin-protein ligase CBL-B) coding region, leading to CBL-B knockout. In one embodiment, the iPSC and its derivative cells comprising a CAR as provided have the CAR inserted in SOCS2 coding region, leading to SOCS2 knockout. In one embodiment, the iPSC and its derivative cells comprising a CAR as provided have the CAR inserted in CD56 (NCAM1) coding region. In another embodiment, the iPSC and its derivative cells comprising a CAR as provided have the CAR inserted in a coding region of any one of PD1, CTLA4, LAG3 and TIM3, leading to knockout or knockdown of a checkpoint receptor at the insertion site. In a further embodiment, the iPSC and its derivative cells comprising a CAR as provided have the CAR inserted in a coding region of TIGIT, leading to TIGIT knockout.

[000141] Further provided embodiments include derivative effector cells obtained from differentiating genomically engineered iPSCs, wherein both the iPSCs and the derivative cells comprise a CAR as described herein, wherein the iPSCs and the derivative cells further comprise one or more additional modified modalities, including, but not limited to, CD38 knockout; a CD38-CAR; CD16 or variant thereof; a signaling complex comprising a partial or full peptide of a cell surface expressed exogenous cytokine and/or a receptor thereof; HLA-I and/or HLA-II deficiency; overexpression of HLA-G and knockout of one or both of CD58 and CD54; TCR null; surface presented CD3; antigen-specific TCR; NKG2C; DAP10/12; NKG2C-IL15-CD33 ("2C1533"), as further detailed in this specification.

2. *CD38 knockout*

[000142] The cell surface molecule CD38 is highly upregulated in multiple hematologic malignancies derived from both lymphoid and myeloid lineages, including multiple myeloma and a CD20 negative B-cell malignancy, which makes it an attractive target for antibody therapeutics to deplete cancer cells. Antibody mediated cancer cell depletion is usually attributable to a combination of direct cell apoptosis induction and activation of immune effector mechanisms such as ADCC (antibody-dependent cell-mediated cytotoxicity). In addition to ADCC, the immune effector mechanisms in concert with the therapeutic antibody may also include phagocytosis (ADCP) and/or complement-dependent cytotoxicity (CDC).

[000143] Other than being highly expressed on malignant cells, CD38 is also expressed on plasma cells as well as on NK cells, and activated T and B cells. During hematopoiesis, CD38 is expressed on CD34⁺ stem cells and lineage-committed progenitors of lymphoid, erythroid, and myeloid, and during the final stages of maturation which continues through the plasma cell stage. As a type II transmembrane glycoprotein, CD38 carries out cell functions as both a receptor and a multifunctional enzyme involved in the production of nucleotide-metabolites. As an enzyme, CD38 catalyzes the synthesis and hydrolysis of the reaction from NAD⁺ to ADP-ribose, thereby producing secondary messengers CADPR and NAADP which stimulate release of calcium from the endoplasmic reticulum and lysosomes, critical for the process of cell adhesion which process is calcium dependent. As a receptor, CD38 recognizes CD31 and regulates cytokine release and cytotoxicity in activated NK cells. CD38 is also reported to associate with cell surface proteins in lipid rafts, to regulate cytoplasmic Ca²⁺ flux, and to mediate signal transduction in lymphoid and myeloid cells.

[000144] In malignancy treatment, systemic use of CD38 antigen binding receptor transduced T cells have been shown to lyse the CD38⁺ fractions of CD34⁺ hematopoietic progenitor cells, monocytes, NK cells, T cells and B cells, leading to incomplete treatment responses and reduced or eliminated efficacy because of the impaired recipient immune effector cell function. In addition, in multiple myeloma patients treated with daratumumab, a CD38 specific antibody, NK cell reduction in both bone marrow and peripheral blood was observed, although other immune cell types, such as T cells and B cells, were unaffected despite their CD38 expression (Casneuf et al., Blood Advances. 2017; 1(23):2105-2114). Without being limited by theories, the present application provides a strategy to leverage the full potential of CD38 targeted cancer treatment by overcoming CD38 specific antibody and/or CD38 antigen binding domain induced effector cell depletion or reduction through fratricide. In addition, since CD38 is upregulated on activated lymphocytes such as T or B cells, suppressing activation of these recipient lymphocytes using a CD38 specific antibody, such as daratumumab, can be used

to eliminate activated lymphocytes or suppress activation of these lymphocytes in the recipient of allogeneic effector cells, the allojection against these effector cells would be reduced and/or prevented, thereby increasing effector cell survival and persistency.

[000145] As such, the present application also provides a strategy to enhance effector cell persistency and/or survival through reducing or preventing allojection by using CD38 specific antibody, a secreted CD38 specific engager or a CD38 CAR (chimeric antigen receptor) against activation of recipient T and B cells and/or eliminating activated recipient T and B cells, i.e., lymphodepletion of activated T and B cells, often prior to adoptive cell transferring. Specifically, the strategies as provided herein include, in some embodiments, generating a CD38 knockout iPSC line, a master cell bank comprising single cell sorted and expanded clonal CD38 negative iPSCs, and obtaining CD38 negative (CD38^{neg}) derivative effector cells through directed differentiation of the engineered iPSC line, wherein the derivative effector cells are protected against fratricide and allojection among other advantages when CD38 targeted therapeutic moieties are employed with the effector cells. In addition, anti-CD38 monoclonal antibody therapy significantly depletes a patient's activated immune system without adversely affecting the patient's hematopoietic stem cell compartment. A CD38 negative derivative cell has the ability to resist CD38 antibody mediated depletion, and may be effectively administered in combination with anti-CD38 or CD38-CAR without the use of toxic conditioning agents and thus reduce and/or replace chemotherapy based lymphodepletion.

[000146] In one embodiment as provided herein, the CD38 knockout in an iPSC line is a bi-allelic knockout. As disclosed herein, the provided CD38 null iPSC line is capable of directed differentiation to produce functional derivative hematopoietic cells including, but not limited to, mesodermal cells with definitive hemogenic endothelium (HE) potential, definitive HE, CD34 hematopoietic cells, hematopoietic stem and progenitor cells, hematopoietic multipotent progenitors (MPP), T cell progenitors, NK cell progenitors, myeloid cells, neutrophil progenitors, T cells, NKT cells, NK cells, B cells, neutrophils, dendritic cells, macrophages, and a derivative immune effector cell having one or more functional features not present in primary NK, T and/or NKT cells. In some embodiments, when an anti-CD38 antibody is used to induce ADCC or an anti-CD38 CAR is used for targeted cell killing, the CD38^{-/-} iPSC and/or derivative effector cells thereof are not eliminated by the anti-CD38 antibody, the anti-CD38 CAR, or recipient activated T or B cells, thereby increasing the iPSC and its effector cell persistence and/or survival in the presence of, and/or after exposure to, such therapeutic agents. In some embodiments, the effector cell has increased persistence and/or survival *in vivo* in the presence of, and/or after exposure to, such therapeutic agents. In some embodiments, the CD38 null effector cells are NK cells derived from iPSCs. In some embodiments, the CD38 null effector

cells are T cells derived from iPSCs. In some embodiments, the CD38 null iPSC and derivative cells comprise one or more additional genomic editing as described herein, including but not limited to, CD16 or a variant thereof, CAR expression, a signaling complex comprising a partial or full peptide of a cell surface expressed exogenous cytokine and/or a receptor thereof, HLA I and/or HLAII knock out, and additional modalities as provided herein.

[000147] In another embodiment, knocking out CD38 at the same time as inserting one or more transgenes as provided herein at a selected position in CD38 can be achieved, for example, by a CD38-targeted knock-in/knockout (CD38-KI/KO) construct. In some embodiments of said construct, the construct comprises a pair of CD38 targeting homology arms for position-selective insertion within the CD38 locus. In some embodiments, the preselected targeting site is within an exon of CD38. The CD38-KI/KO constructs provided herein allow the transgene(s) to express either under CD38 endogenous promoter or under an exogenous promoter comprised in the construct. When two or more transgenes are to be inserted at a selected location in CD38 locus, a linker sequence, for example, a 2A linker or IRES, is placed between any two transgenes. The 2A linker encodes a self-cleaving peptide derived from FMDV, ERAV, PTV-I, and TaV (referred to as "F2A", "E2A", "P2A", and "T2A", respectively), allowing for separate proteins to be produced from a single translation. In some embodiments, insulators are included in the construct to reduce the risk of transgene and/or exogenous promoter silencing. The exogenous promoter comprised in a CD38-KI/KO construct may be CAG, or other constitutive, inducible, temporal-, tissue-, or cell type- specific promoters including, but not limited to CMV, EF1 α , PGK, and UBC.

3. *CD16 knock-in*

[000148] CD16 has been identified as two isoforms, Fc receptors Fc γ RIIIa (CD16a; NM_000569.6) and Fc γ RIIIb (CD16b; NM_000570.4). CD16a is a transmembrane protein expressed by NK cells, which binds monomeric IgG attached to target cells to activate NK cells and facilitate antibody-dependent cell-mediated cytotoxicity (ADCC). CD16b is exclusively expressed by human neutrophils. "High affinity CD16," "non-cleavable CD16," "high affinity non-cleavable CD16," or "hnCD16," as used herein, refers to various CD16 variants. The wildtype CD16 has low affinity and is subject to ectodomain shedding, a proteolytic cleavage process that regulates the cells surface density of various cell surface molecules on leukocytes upon NK cell activation. F176V (also called F158V in some publications) is an exemplary CD16 polymorphic variant having high affinity; whereas S197P variant is an example of genetically engineered non-cleavable version of CD16. An engineered CD16 variant comprising both F176V and S197P has high affinity and is non-cleavable, which was described in greater detail in WO2015/148926, the complete disclosure of which is incorporated herein by reference.

In addition, a chimeric CD16 receptor with the ectodomain of CD16 essentially replaced with at least a portion of CD64 ectodomain can also achieve the desired high affinity and non-cleavable features of a CD16 receptor capable of carrying out ADCC. In some embodiments, the replacement ectodomain of a chimeric CD16 comprises one or more of EC1, EC2, and EC3 exons of CD64 (UniProtKB_P12314 or its isoform or polymorphic variant).

As such, various embodiments of an exogenous CD16 introduced to a cell include functional CD16 variants and chimeric receptors thereof. In some embodiments, the functional CD16 variant is a high-affinity non-cleavable CD16 receptor (hnCD16). An hnCD16, in some embodiments, comprises both F176V and S197P; and in some embodiments, comprises F176V and with the cleavage region eliminated.

[000149] Accordingly, provided herein are clonal iPSCs genetically engineered to comprise, among other editing as contemplated and described herein, a high-affinity non-cleavable CD16 receptor (hnCD16), wherein the genetically engineered iPSCs are capable of differentiating into effector cells comprising the hnCD16 introduced to the iPSCs. In some embodiments, the derived effector cells comprising hnCD16 are NK cells. In some embodiments, the derived effector cells comprising hnCD16 are T cells. The exogenous hnCD16 or functional variants thereof comprised in iPSC or derivative cells thereof has high affinity in binding to not only ADCC antibodies or fragments thereof, but also to bi-, tri-, or multi- specific engagers or binders that recognize the CD16 or CD64 extracellular binding domains of said hnCD16. The bi-, tri-, or multi- specific engagers or binders are further described below in this application. As such, the present application provides a derivative effector cell or a cell population thereof, preloaded with one or more pre-selected ADCC antibodies through an exogenous CD16 expressed on the derivative effector cell, in an amount sufficient for therapeutic use in a treatment of a condition, a disease, or an infection as further detailed in section below, wherein said hnCD16 comprises an extracellular binding domain of CD64, or of CD16 having F176V and S197P.

[000150] In some other embodiments, an exogenous CD16 comprises a CD16-, or variants thereof, based CFcR. A chimeric Fc receptor (CFcR) is produced to comprise a non-native transmembrane domain, a non-native stimulatory domain and/or a non-native signaling domain by modifying or replacing the native CD16 transmembrane- and/or the intracellular-domain. The term “non-native” used herein means that the transmembrane, stimulatory or signaling domain are derived from a different receptor other than the receptor which provides the extracellular domain. In the illustration here, the CFcR based on CD16 or variants thereof does not have a transmembrane, stimulatory or signaling domain that is derived from CD16. In some embodiments, the exogenous hnCD16 based CFcR comprises a non-native transmembrane domain derived from CD3D, CD3E, CD3G, CD3ζ, CD4, CD8, CD8a, CD8b, CD27, CD28,

CD40, CD84, CD166, 4-1BB, OX40, ICOS, ICAM-1, CTLA4, PD1, LAG3, 2B4, BTLA, CD16, IL7, IL12, IL15, KIR2DL4, KIR2DS1, NKp30, NKp44, NKp46, NKG2C, NKG2D, T cell receptor polypeptide. In some embodiments, the exogenous hnCD16 based CFcR comprises a non-native stimulatory/inhibitory domain derived from CD27, CD28, 4-1BB, OX40, ICOS, PD1, LAG3, 2B4, BTLA, DAP10, DAP12, CTLA4, or NKG2D polypeptide. In some embodiments, the exogenous hnCD16 based CFcR comprises a non-native signaling domain derived from CD3 ζ , 2B4, DAP10, DAP12, DNAM1, CD137 (41BB), IL21, IL7, IL12, IL15, NKp30, NKp44, NKp46, NKG2C, or NKG2D polypeptide. In one embodiment of the CD16-based CFcR, the provided chimeric Fc receptor comprises a transmembrane domain and a signaling domain both derived from one of IL7, IL12, IL15, NKp30, NKp44, NKp46, NKG2C, and NKG2D polypeptide. One particular embodiment of the CD16-based chimeric Fc receptor comprises a transmembrane domain of NKG2D, a stimulatory domain of 2B4, and a signaling domain of CD3 ζ ; wherein the extracellular domain of the CFcR is derived from a full length or partial sequence of the extracellular domain of CD64 or CD16, and wherein the extracellular domain of CD16 comprises F176V and S197P. Another embodiment of the CD16 based chimeric Fc receptor comprises a transmembrane domain and a signaling domain of CD3 ζ ; wherein the extracellular domain of the CFcR is derived from a full length or partial sequence of the extracellular domain of CD64 or CD16, and wherein the extracellular domain of CD16 comprises F176V and S197P.

[000151] The various embodiments of CD16 based chimeric Fc receptor as described above are capable of binding, with high affinity, to the Fc region of an antibody or fragment thereof; or to a bi-, tri-, or multi- specific engager or binder. Upon binding, the stimulatory and/or signaling domains of the chimeric receptor enable the activation and cytokine secretion of the effector cells, and the killing of the tumor cells targeted by the antibody, or said bi-, tri-, or multi-specific engager or binder having a tumor antigen binding component as well as the Fc region. Without being limited by theory, through the non-native transmembrane, stimulatory and/or signaling domains, or through an engager binding to the ectodomain, of the CD16 based chimeric Fc receptor, the CFcR could contribute to effector cells' killing ability while increasing the effector cells' proliferation and/or expansion potential. The antibody and the engager can bring tumor cells expressing the antigen and the effector cells expressing the CFcR into a close proximity, which also contributes to the enhanced killing of the tumor cells. Exemplary tumor antigens for bi-, tri-, multi- specific engagers or binders include, but are not limited to, B7H3, BCMA, CD10, CD19, CD20, CD22, CD24, CD30, CD33, CD34, CD38, CD44, CD79a, CD79b, CD123, CD138, CD179b, CEA, CLEC12A, CS-1, DLL3, EGFR, EGFRvIII, EPCAM, FLT-3, FOLR1, FOLR3, GD2, gpA33, HER2, HM1.24, LGR5, MSLN, MCSP, MICA/B, PSMA,

PAMA, P-cadherin, and ROR1. Some non-limiting exemplary bi-, tri-, multi- specific engagers or binders suitable for engaging effector cells expressing the CD16-based CFcR in attacking tumor cells include CD16 (or CD64)-CD30, CD16 (or CD64)-BCMA, CD16 (or CD64)-IL15-EPCAM, and CD16 (or CD64)-IL15-CD33.

[000152] Unlike the endogenous CD16 expressed by primary NK cells which gets cleaved from the cellular surface following NK cell activation, the various non-cleavable versions of CD16 in derivative NK cells avoid CD16 shedding and maintain constant expression. In derivative NK cells, non-cleavable CD16 increases expression of TNF α and CD107a indicative of improved cell functionality. Non-cleavable CD16 also enhances the antibody-dependent cell-mediated cytotoxicity (ADCC), and the engagement of bi-, tri-, or multi- specific engagers. ADCC is a mechanism of NK cell mediated lysis through the binding of CD16 to antibody-coated target cells. The additional high affinity characteristics of the introduced hnCD16 in derived NK cell also enables *in vitro* loading of ADCC antibody to the NK cell through hnCD16 before administering the cell to a subject in need of a cell therapy. As provided herein, the hnCD16 may comprise F176V and S197P in some embodiments, or may further comprise at least one of non-native transmembrane domain, stimulatory domain and signaling domain. As disclosed, the present application also provides a derivative NK cell or a cell population thereof, preloaded with one or more pre-selected ADCC antibodies in an amount sufficient for therapeutic use in a treatment of a condition, a disease, or an infection as further detailed below.

[000153] Unlike primary NK cells, mature T cells from a primary source (i.e., natural/native sources such as peripheral blood, umbilical cord blood, or other donor tissues) do not express CD16. It was unexpected that iPSC comprising an expressed exogenous non-cleavable CD16 did not impair the T cell developmental biology and was able to differentiate into functional derivative T cells. Unlike primary NK cells, mature T cells from a primary source (i.e., natural/native sources such as peripheral blood, umbilical cord blood, or other donor tissues) do not express CD16. It was unexpected that iPSC comprising an expressed exogenous non-cleavable CD16 did not impair the T cell developmental biology and was able to differentiate into functional derivative T lineage cells that not only express the exogenous CD16, but also are capable of carrying out function through an acquired ADCC mechanism. This acquired ADCC in the derivative T lineage cell can additionally be used as an approach for dual targeting and/or to rescue antigen escape often occurred with CAR-T cell therapy, where the tumor relapses with reduced or lost CAR-T targeted antigen expression or expression of a mutated antigen to avoid recognition by the CAR. When said derivative T lineage cell comprises acquired ADCC through exogenous CD16, including functional variants and CD16 based CFcR, expression, and when an antibody targets a different tumor antigen from the one targeted by the CAR, the antibody can be

used to rescue CAR-T antigen escape and reduce or prevent relapse or recurrence of the targeted tumor often seen in CAR-T treatment. Such a strategy to reduce and/or prevent antigen escape while achieving dual targeting is equally applicable to NK cells expressing one or more CARs. The various CARs that can be used in this antigen escape reduction and prevention strategy is further delineated below.

[000154] As such, embodiments of the present invention provide a derivative T lineage cell comprising an exogenous CD16 in addition to a signaling complex and a CAR as provided herein. In some embodiments, the CD16 comprised in the derivative T lineage cell is an hnCD16 that comprises the CD16 ectodomain comprising F176V and S197P. In some other embodiments, the hnCD16 comprised in the derivative T cell comprises a full or partial ectodomain originated from CD64; or may further comprises at least one of non-native transmembrane domain, stimulatory domain and signaling domain. As explained, such derivative T cells have an acquired mechanism to target tumors with a monoclonal antibody mediated by ADCC to enhance the therapeutic effect of the antibody. As disclosed, the present application also provides a derivative T lineage cell, or a cell population thereof, preloaded with one or more pre-selected ADCC antibody in an amount sufficient for therapeutic use in a treatment of a condition, a disease, or an infection as further detailed below.

[000155] Additionally provided in this application is a master cell bank comprising single cell sorted and expanded clonal engineered iPSCs having at least one phenotype as provided herein, including but not limited to, an exogenous CD16 or variant thereof, wherein the cell bank provides a platform for additional iPSC engineering and a renewable source for manufacturing off-the-shelf, engineered, homogeneous cell therapy products, including but not limited to derivative NK and T cells, which are well-defined and uniform in composition, and can be mass produced at significant scale in a cost-effective manner.

4. Exogenously introduced cytokine and/or cytokine signaling

[000156] By avoiding systemic high-dose administration of clinically relevant cytokines, the risk of dose-limiting toxicities due to such a practice is reduced while cytokine mediated cell autonomy being established. To achieve lymphocyte autonomy without the need to additionally administer soluble cytokines, a signaling complex comprising a partial or full peptide of one or more of IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL15, IL18, IL21, and/or their respective receptor is introduced to the cell to enable cytokine signaling with or without the expression of the cytokine itself, thereby maintaining or improving cell growth, proliferation, expansion, and/or effector function with reduced risk of cytokine toxicities. In some embodiments, the introduced cytokine and/or its respective native or modified receptor for cytokine signaling (signaling complex) are expressed on the cell surface. In some embodiments, the cytokine

signaling is constitutively activated. In some embodiments, the activation of the cytokine signaling is inducible. In some embodiments, the activation of the cytokine signaling is transient and/or temporal.

[000157] Various construct designs for introducing a protein complex for signaling of cytokines including, but not limited to, IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL15, IL18 and IL21, into the cell are provided herein. The following illustrative examples are provided where the signaling complex is for IL15.

[000158] Design 1: IL15 and IL15R α are co-expressed by using a self-cleaving peptide, mimicking trans-presentation of IL15, without eliminating cis-presentation of IL15.

[000159] Design 2: IL15R α is fused to IL15 at the C-terminus through a linker, mimicking trans-presentation without eliminating cis-presentation of IL15 as well as ensuring IL15 membrane-bound.

[000160] Design 3: IL15R α with truncated intracellular domain is fused to IL15 at the C-terminus through a linker, mimicking trans-presentation of IL15, maintaining IL15 membrane-bound, and additionally eliminating cis-presentation and/or any other potential signal transduction pathways mediated by a normal IL15R through its intracellular domain. The intracellular domain of IL15R α has been deemed as critical for the receptor to express in the IL15 responding cells, and for the responding cells to expand and function. Design 4 is a construct providing another working alternative of Design 3, from which essentially the entire IL15R α is removed except for the Sushi domain fused with IL15 at one end and a transmembrane domain on the other (mb-Sushi), optionally with a linker between the Sushi domain and the trans-membrane domain. The fused IL15/mb-Sushi is expressed at cell surface through the transmembrane domain of any membrane bound protein. With a construct such as Design 4, unnecessary signaling through IL15R α , including cis-presentation, is eliminated when only the desirable trans-presentation of IL15 is retained.

[000161] Design 5: A native or modified IL15R β is fused to IL15 at the C-terminus through a linker, enabling constitutive signaling and maintaining IL15 membrane-bound and trans-representation.

[000162] Design 6: A native or modified common receptor γ C is fused to IL15 at the C-terminus through a linker for constitutive signaling and membrane bound trans-presentation of the cytokine. The common receptor γ C is also called the common gamma chain or CD132, also known as IL2 receptor subunit gamma or IL2RG. γ C is a cytokine receptor sub-unit that is common to the receptor complexes for many interleukin receptors, including, but not limited to, IL2, IL4, IL7, IL9, IL15 and IL21 receptor.

[000163] Design 7: Engineered IL15R β that forms homodimer in absence of IL15 is useful for producing constitutive signaling of the cytokine.

[000164] In some embodiments, one or more of cytokines IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL15, IL18 and IL21, and/or receptors thereof, may be introduced to iPSC using one or more of the designs as provided, and to its derivative cells upon iPSC differentiation. In some embodiments, IL2 or IL15 cell surface expression and signaling is through the construct illustrated in any one of Designs 1-7. In some embodiments, IL4, IL7, IL9, or IL21 cell surface expression and signaling is through the construct illustrated in Design 5, 6, or 7, by using either a common receptor or a cytokine specific receptor. In some embodiments, IL7 surface expression and signaling is through the construct illustrated in Design 5, 6, or 7, by using either a common receptor or a cytokine specific receptor, such as an IL4 receptor. The transmembrane (TM) domain of any of the above designs can be native to respective cytokine receptor, or may be modified or replaced with transmembrane domain of any other membrane bound proteins.

[000165] In iPSCs and derivative cells therefrom comprising both CAR and exogenous cytokine and/or cytokine receptor signaling (signaling complex, or "IL"), the CAR and IL may be expressed in separate constructs, or may be co-expressed in a bi-cistronic construct comprising both CAR and IL. In some further embodiments, the signaling complex can be linked to either the 5' or the 3' end of a CAR expression construct through a self-cleaving 2A coding sequence, illustrated as, for example, CAR-2A-IL15 or IL15-2A-CAR. As such, the IL15 and CAR are in a single open reading frame (ORF). The CAR-2A-IL15 or IL15-2A-CAR bi-cistronic design allows for coordinated CAR and IL15 signaling complex expression both in timing and quantity, and under the same control mechanism that may be chosen to incorporate, for example, an inducible promoter for the expression of the single ORF. Self-cleaving peptides are found in members of the Picornaviridae virus family, including aphthoviruses such as foot-and-mouth disease virus (FMDV), equine rhinitis A virus (ERAV), Thosa asigna virus (TaV) and porcine tescho virus- 1 (PTV-I) (Donnelly, ML, et al, J. Gen. Virol, 82, 1027-101 (2001); Ryan, MD, et al., J. Gen. Virol., 72, 2727-2732 (2001)), and cardioviruses such as Theilovirus (e.g., Theiler's murine encephalomyelitis) and encephalomyocarditis viruses. The 2 A peptides derived from FMDV, ERAV, PTV-I, and TaV are sometimes also referred to as "F2A", "E2A", "P2A", and "T2A", respectively.

[000166] The bi-cistronic CAR-2A-IL15 or IL15-2A-CAR embodiment as disclosed herein for IL15 is also contemplated for expression of any other cytokine or cytokine signaling complex provided herein, for example, IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL18, and IL21. In some embodiments, IL2 cell surface expression and signaling is through the construct illustrated in any of the Designs 1-7. In some other embodiments, IL4, IL7, IL9, or IL21 cell

surface expression and signaling is through the construct illustrated in Design 5, 6, or 7, either using a common receptor and/or a cytokine specific receptor.

5. *HLA-I- and HLA-II- deficiency*

[000167] Often, multiple HLA class I and class II proteins must be matched for histocompatibility in allogeneic recipients to avoid allogeneic rejection problems. Provided herein is an iPSC cell line and its derivative cells differentiated therefrom with eliminated or substantially reduced expression of both HLA class I and HLA class II proteins. HLA class I deficiency can be achieved by functional deletion of any region of the HLA class I locus (chromosome 6p21), or deletion or reducing the expression level of HLA class-I associated genes including, not being limited to, beta-2 microglobulin (B2M) gene, TAP1 gene, TAP2 gene and Tapasin. For example, the B2M gene encodes a common subunit essential for cell surface expression of all HLA class I heterodimers. B2M null cells are HLA-I deficient. HLA class II deficiency can be achieved by functional deletion or reduction of HLA-II associated genes including, not being limited to, RFXANK, CIITA, RFX5 and RFXAP. CIITA is a transcriptional coactivator, functioning through activation of the transcription factor RFX5 required for class II protein expression. CIITA null cells are HLA-II deficient. Provided herein is an iPSC line and its derivative cells with both HLA-I and HLA-II deficiency, for example for lacking both B2M and CIITA expression, wherein the obtained derivative effector cells enable allogeneic cell therapies by eliminating the need for MHC (major histocompatibility complex) matching, and avoid recognition and killing by host (allogeneic) T cells.

[000168] For some cell types, however, a lack of class I expression leads to lysis by NK cells. To overcome this “missing self” response, HLA-G may be optionally knocked in to avoid NK cell recognition and killing of the HLA-I deficient effector cells derived from an engineered iPSC. In one embodiment, the provided HLA-I deficient iPSC and its derivative cells further comprise HLA-G knock-in. Alternatively, in one embodiment, the provided HLA-I deficient iPSC and its derivative cells further comprise one or both of CD58 knockout and CD54 knockout. CD58 (or LFA-3) and CD54 (or ICAM-1) are adhesion proteins initiating signal-dependent cell interactions, and facilitating cell, including immune cell, migration. It was previously unknown whether and how CD58 and/or CD54 disruption in an iPSC would impact the pluripotent cell and development biology in directed iPSC differentiation to functional immune effector cells, including T and NK cells. It was also previously unknown whether the CD58 and/or CD54 knockout can effectively and/or sufficiently reduce the susceptibility of HLA-I deficient iPSC derived effect cells to allogeneic NK cell killing. Here it was shown that CD58 knockout has a higher efficiency in reducing allogeneic NK cell activation than CD54 knockout; while double knockout of both CD58 and CD54 has the most enhanced reduction of

NK cell activation. In some observations, the CD58 and CD54 double knockout is even more effective than HLA-G overexpression for HLA-I deficient cells in overcoming “missing-self” effect.

[000169] As provided above, in some embodiments, the HLA-I and HLA-II deficient iPSC and its derivative cells have an exogenous polynucleotide encoding HLA-G. In some embodiments, the HLA-I and HLA-II deficient iPSC and its derivative cells are CD58 null. In some other embodiments, the HLA-I and HLA-II deficient iPSC and its derivative cells are CD54 null. In yet some other embodiments, the HLA-I and HLA-II deficient iPSC and its derivative cells are CD58 null and CD54 null.

[000170] In some embodiments, the engineering for HLA-I and/or HLA-II deficiency may be bypassed, or kept intact, by expressing an inactivation CAR targeting an upregulated surface protein in activated recipient immune cells to avoid allojection. In some embodiments, said upregulated surface protein in the activated recipient immune cells includes, but is not limited to, CD38, CD25, CD69 or CD44. When the cell expresses such an inactivation CAR, it is preferable that the cell does not express, or has knockout of, the same surface protein targeted by CAR.

6. Genetically engineered iPSC line and derivative cells provided herein

[000171] In light of the above, the present application provides an iPSC, an iPS cell line cell, or a population thereof, and a derivative functional cell obtained from differentiating said iPSC, wherein each cell comprises at least a CAR having an endodomain as described herein. In some embodiments, the derivative effector cells, include, but are not limited to, mesodermal cells with definitive hemogenic endothelium (HE) potential, definitive HE, CD34 hematopoietic cells, hematopoietic stem and progenitor cells, hematopoietic multipotent progenitors (MPP), T cell progenitors, NK cell progenitors, common myeloid progenitor cells, common lymphoid progenitor cells, erythrocytes, myeloid cells, neutrophil progenitors, T cells, NKT cells, NK cells, B cells, neutrophils, dendritic cells, macrophages, and a derivative immune effector cell having one or more functional features not present in primary NK, T and/or NKT cells.

[000172] As such, the present application provides iPSCs and its functional derivative hematopoietic cells, which comprise any one of the following genotypes in Table 2. “CAR^(2nd)”, as provided in Table 2 of this application stands for a CAR having a targeting specificity different from a first CAR, and non-limiting examples include a CAR targeting at least one of CD19, BCMA, CD20, CD22, CD123, HER2, CD52, EGFR, GD2, MSLN, VEGF-R2, PSMA and PDL1. “IL”, as provided in Table 2 stands for one of IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL15, IL18, and IL21, depending on which specific cytokine/receptor expression is

selected. Further, “IL” also encompass the IL15Δ embodiment, which is detailed above as a truncated fusion protein of IL15 and IL15Rα but without an intracellular domain. Further, when iPSCs and their functional derivative hematopoietic cells have a genotype comprising both CAR (a first CAR or a second CAR) and IL, in one embodiment of said cells, the CAR and IL are comprised in a bi-cistronic expression cassette comprising a 2A sequence. As comparison, in some other embodiments, CAR and IL are in separate expression cassettes comprised in iPSCs and its functional derivative hematopoietic cells. In one particular embodiment, comprised in the iPSCs and its functional derivative effector cells expressing both CAR and IL, is IL15 in a design 3 or 4 as described, wherein the IL15 construct is comprised in an expression cassette with, or separate from, the CAR.

Table 2: Applicable Exemplary Genotypes of the Cells Provided

CAR	CD38 ^{-/-}	hnCD16	CAR ^(2nd)	IL	B2M ^{-/-} CIITA ^{-/-}	HLA-G or (CD58 ^{-/-} w/or w/o CD54 ^{-/-})	Genotype
✓							1. CAR
✓	✓						2. CAR CD38 ^{-/-}
✓		✓					3. CAR hnCD16
✓			✓				4. CAR CAR ^(2nd)
✓				✓			5. CAR IL
✓					✓		6. CAR B2M ^{-/-} CIITA ^{-/-}
✓					✓	✓	7. CAR B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 8. CAR B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 9. CAR B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 10. CAR B2M ^{-/-} CIITA ^{-/-} HLA-G
✓	✓	✓					11. CAR CD38 ^{-/-} hnCD16
✓	✓		✓				12. CAR CD38 ^{-/-} CAR ^(2nd)
✓	✓			✓			13. CAR CD38 ^{-/-} IL
✓	✓				✓		14. CAR CD38 ^{-/-} B2M ^{-/-} CIITA ^{-/-}
✓	✓				✓	✓	15. CAR CD38 ^{-/-} B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 16. CAR CD38 ^{-/-} B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 17. CAR CD38 ^{-/-} B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 18. CAR CD38 ^{-/-} B2M ^{-/-} CIITA ^{-/-} HLA-G
✓		✓	✓				19. CAR hnCD16 CAR ^(2nd)
✓		✓		✓			20. CAR hnCD16 IL
✓		✓			✓		21. CAR hnCD16 B2M ^{-/-} CIITA ^{-/-}
✓		✓			✓	✓	22. CAR hnCD16 B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 23. CAR hnCD16 B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 24. CAR hnCD16 B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 25. CAR hnCD16 B2M ^{-/-} CIITA ^{-/-} HLA-G
✓			✓	✓			26. CAR CAR ^(2nd) IL
✓			✓		✓		27. CAR CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-}

✓			✓		✓	✓	28. CAR CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 29. CAR CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 30. CAR CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 31. CAR CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} HLA-G
✓				✓	✓		32. CAR IL B2M ^{-/-} CIITA ^{-/-}
✓				✓	✓	✓	33. CAR IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 34. CAR IL B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 35. CAR IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 36. CAR IL B2M ^{-/-} CIITA ^{-/-} HLA-G
✓	✓	✓	✓				37. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd)
✓	✓	✓		✓			38. CAR CD38 ^{-/-} hnCD16 IL
✓	✓	✓			✓		39. CAR hnCD16 B2M ^{-/-} CIITA ^{-/-}
✓	✓	✓			✓	✓	40. CAR CD38 ^{-/-} hnCD16 B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 41. CAR CD38 ^{-/-} hnCD16 B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 42. CAR CD38 ^{-/-} hnCD16 B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 43. CAR CD38 ^{-/-} hnCD16 B2M ^{-/-} CIITA ^{-/-} HLA-G
✓	✓		✓	✓			44. CAR CD38 ^{-/-} CAR ^(2nd) IL
✓	✓		✓		✓		45. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-}
✓	✓		✓		✓	✓	46. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 47. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 48. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 49. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} HLA-G
✓	✓			✓	✓		50. CAR CD38 ^{-/-} IL B2M ^{-/-} CIITA ^{-/-}
✓	✓			✓	✓	✓	51. CAR CD38 ^{-/-} IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 52. CAR CD38 ^{-/-} IL B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 53. CAR CD38 ^{-/-} IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 54. CAR CD38 ^{-/-} IL B2M ^{-/-} CIITA ^{-/-} HLA-G
✓		✓	✓	✓			55. CAR hnCD16 CAR ^(2nd) IL
✓		✓	✓		✓		56. CAR hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-}
✓		✓	✓		✓	✓	57. CAR hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 58. CAR hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 59. CAR hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 60. CAR hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} HLA-G
✓		✓		✓	✓		61. CAR hnCD16 IL B2M ^{-/-} CIITA ^{-/-}
✓		✓		✓	✓	✓	62. CAR hnCD16 IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 63. CAR hnCD16 IL B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 64. CAR hnCD16 IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 65. CAR hnCD16 IL B2M ^{-/-} CIITA ^{-/-} HLA-G

✓			✓	✓	✓		66. CAR CAR ^(2nd) hnCD16 IL B2M ^{-/-} CIITA ^{-/-}
✓			✓	✓	✓	✓	67. CAR CAR ^(2nd) hnCD16 IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 68. CAR CAR ^(2nd) hnCD16 IL B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 69. CAR CAR ^(2nd) hnCD16 IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 70. CAR CAR ^(2nd) hnCD16 IL B2M ^{-/-} CIITA ^{-/-} HLA-G
✓	✓	✓	✓	✓			71. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) IL
✓	✓	✓	✓		✓		72. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-}
✓	✓	✓	✓		✓	✓	73. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 74. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 75. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 76. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) B2M ^{-/-} CIITA ^{-/-} HLA-G
✓	✓	✓		✓	✓		77. CAR CD38 ^{-/-} hnCD16 IL B2M ^{-/-} CIITA ^{-/-}
✓	✓	✓		✓	✓	✓	78. CAR CD38 ^{-/-} hnCD16 IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 79. CAR CD38 ^{-/-} hnCD16 IL B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 80. CAR CD38 ^{-/-} hnCD16 IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 81. CAR CD38 ^{-/-} hnCD16 IL B2M ^{-/-} CIITA ^{-/-} HLA-G
✓	✓		✓	✓	✓		82. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-}
✓	✓		✓	✓	✓	✓	83. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 84. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 85. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 86. CAR CD38 ^{-/-} CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} HLA-G
✓		✓	✓	✓	✓		87. CAR hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-}
✓		✓	✓	✓	✓	✓	88. CAR hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 89. CAR hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-} 90. CAR hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-} 91. CAR hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} HLA-G
✓	✓	✓	✓	✓	✓		92. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-}
✓	✓	✓	✓	✓	✓	✓	93. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} 94. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD54 ^{-/-}

							95. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} CD58 ^{-/-} CD54 ^{-/-}
							96. CAR CD38 ^{-/-} hnCD16 CAR ^(2nd) IL B2M ^{-/-} CIITA ^{-/-} HLA-G

7. *Additional modifications*

[000173] In some embodiments, the iPSC, and its derivative effector cells comprising any one of the genotypes in Table 2 may additionally comprise deletion or reduced expression in at least one of TAP1, TAP2, Tapasin, NLRC5, PD1, LAG3, TIM3, RFXANK, RFX5, RFXAP, and any gene in the chromosome 6p21 region; or introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD47, CD113, CD131, CD137, CD80, PDL1, A_{2A}R, antigen-specific TCR, an Fc receptor, an engager, and a surface triggering receptor for coupling with bi-, multi- specific or universal engagers.

[000174] Bi- or multi- specific engagers are fusion proteins consisting of two or more single-chain variable fragments (scFvs) of different antibodies, with at least one scFv binds to an effector cell surface molecule, and at least another to a tumor cell via a tumor specific surface molecule. The exemplary effector cell surface molecules, or surface triggering receptor, that can be used for bi- or multi- specific engager recognition, or coupling, include, but are not limited to, CD3, CD28, CD5, CD16, NKG2D, CD64, CD32, CD89, NKG2C, and a chimeric Fc receptor as disclosed herein. In some embodiments, the CD16 expressed on the surface of effector cells for engager recognition is a hnCD16, comprising CD16 (containing F176V and optionally S197P) or CD64 extracellular domain, and native or non-native transmembrane, stimulatory and/or signaling domains as described in section I.2. In some embodiments, the CD16 expressed on the surface of effector cells for engager recognition is a hnCD16 based chimeric Fc receptor (CFcR). In some embodiments, the hnCD16 based CFcR comprises a transmembrane domain of NKG2D, a stimulatory domain of 2B4, and a signaling domain of CD3 ζ ; wherein the extracellular domain of the hnCD16 is derived from a full length or partial sequence of the extracellular domain of CD64 or CD16; and wherein the extracellular domain of CD16 comprises F176V and optionally S197P. The exemplary tumor cell surface molecules for bi- or multi- specific engager recognition include, but are not limited to, B7H3, BCMA, CD10, CD19, CD20, CD22, CD24, CD30, CD33, CD34, CD38, CD44, CD79a, CD79b, CD123, CD138, CD179b, CEA, CLEC12A, CS-1, DLL3, EGFR, EGFRvIII, EPCAM, FLT-3, FOLR1, FOLR3, GD2, gpA33, HER2, HM1.24, LGR5, MSLN, MCSP, MICA/B, PSMA, PAMA, P-cadherin, ROR1. In one embodiment, the bispecific antibody is CD3-CD19. In another embodiment, the bispecific antibody is CD16-CD30 or CD64-CD30. In another embodiment, the bispecific antibody is CD16-BCMA or CD64-BCMA. In still another embodiment, the

bispecific antibody is CD3-CD33. In yet another embodiment, the bispecific antibody further comprises a linker between the effector cell and tumor cell antigen binding domains, for example, a modified IL15 as a linker for effector NK cells to facilitate effector cell expansion (called TriKE, or Trispecific Killer Engager, in some publications). In one embodiment, the TriKE is CD16-IL15-EPCAM or CD64-IL15-EPCAM. In another embodiment, the TriKE is CD16-IL15-CD33 or CD64-IL15-CD33. In yet another embodiment, the TriKE is NKG2C-IL15-CD33 (“2C1533”).

[000175] In some embodiments, the surface triggering receptor for bi- or multi- specific engager could be endogenous to the effector cells, sometimes depending on the cell types. In some other embodiments, one or more exogenous surface triggering receptors could be introduced to the effector cells using the methods and compositions provided herein, i.e., through additional engineering of an iPSC comprising a genotype listed in Table 2, then directing the differentiation of the iPSC to T, NK or any other effector cells comprising the same genotype and the surface triggering receptor as the source iPSC.

8. *Antibodies for immunotherapy*

[000176] In some embodiments, in addition to the genomically engineered effector cells as provided herein, an additional therapeutic agent comprising an antibody, or an antibody fragment that targets an antigen associated with a condition, a disease, or an indication may be expressed by, or used with these effector cells, in a combinational therapy. In some embodiments, the antibody is a monoclonal antibody. In some embodiments, the antibody is a humanized antibody, a humanized monoclonal antibody, or a chimeric antibody. In some embodiments, the antibody, or antibody fragment, specifically binds to a viral antigen. In other embodiments, the antibody, or antibody fragment, specifically binds to a tumor antigen. In some embodiments, the tumor or viral specific antigen activates the administered iPSC derived effector cells to enhance their killing ability. In some embodiments, the antibodies suitable for combinational treatment as an additional therapeutic agent to the administered iPSC derived effector cells include, but are not limited to, CD20 antibodies (rituximab, velutuzumab, ofatumumab, ublituximab, ocaratuzumab, obinutuzumab), HER2 antibodies (trastuzumab, pertuzumab), CD52 antibodies (alemtuzumab), EGFR antibodies (certuximab), GD2 antibodies (dinutuximab), PDL1 antibodies (avelumab), CD38 antibodies (daratumumab, isatuximab, MOR202), CD123 antibodies (7G3, CSL362), SLAMF7 antibodies (elotuzumab), MICA/B antibody (7C6, 6F11, 1C2) and their humanized or Fc modified variants or fragments or their functional equivalents and biosimilars. In some embodiments, the iPSC derived effector cells comprise hematopoietic lineage cells comprising a genotype listed in Table 2. In some embodiments, the iPSC derived effector cells comprise NK lineage cells comprising a genotype

listed in Table 2. In some embodiments, the iPSC derived effector cells comprise T lineage cells comprising a genotype listed in Table 2.

[000177] In some embodiments of a combination useful for treating liquid or solid tumors, the combination comprises a preselected monoclonal antibody and iPSC derived NK or T cells comprising at least a CAR comprising an endodomain as provided. In some other embodiments of a combination useful for treating liquid or solid tumors, the combination comprises a preselected monoclonal antibody and iPSC derived NK or T cells comprising at least a hnCD16 and a CAR comprising an endodomain as provided. In some embodiments of a combination useful for treating liquid or solid tumors, the combination comprises a monoclonal antibody and iPSC derived NK or T cells comprising at least a hnCD16 and a CAR comprising an endodomain as provided. Without being limited by the theory, hnCD16 provides enhanced ADCC of the monoclonal antibody, whereas the CAR not only targets a specific tumor antigen but also prevents tumor antigen escape using a dual targeting strategy in combination with a monoclonal antibody targeting a different tumor antigen. In some embodiments of a combination useful for treating liquid or solid tumors, the combination comprises iPSC derived NK or T cells comprising at least a CD38-CAR comprising an endodomain provided herein, CD38 null, and a CD38 antibody. In one embodiment, the combination comprises iPSC derived NK cells comprising a CD38-CAR comprising an endodomain provided herein, CD38 null and hnCD16; and one of the CD38 antibodies, daratumumab, isatuximab, and MOR202. In one embodiment, the combination comprises iPSC derived NK cells comprising a CD38-CAR comprising an endodomain provided herein, CD38 null and hnCD16, and daratumumab. In some further embodiments, the iPSC derived NK cells comprised in the combination with daratumumab comprise a CD38-CAR, CD38 null, hnCD16, IL15, and a CAR targeting MICA/B or one of CD19, BCMA, CD20, CD22, CD123, HER2, CD52, EGFR, GD2, MSLN, VEGF-R2, PSMA and PDL1; wherein the IL15 signaling complex is co- or separately expressed with the CAR; and IL15 is in any one of the forms presented in designs 1 to 7 as described herein. In some particular embodiments, IL15 is in a form of construct 3, 4, or 7 when the signaling complex is co- or separately expressed with the CAR.

9. Checkpoint inhibitors

[000178] Checkpoints are cell molecules, often cell surface molecules, capable of suppressing or downregulating immune responses when not inhibited. It is now clear that tumors co-opt certain immune-checkpoint pathways as a major mechanism of immune resistance, particularly against T cells that are specific for tumor antigens. Checkpoint inhibitors (CI) are antagonists capable of reducing checkpoint gene expression or gene products, or decreasing activity of checkpoint molecules, thereby block inhibitory checkpoints, restoring

immune system function. The development of checkpoint inhibitors targeting PD1/PDL1 or CTLA4 has transformed the oncology landscape, with these agents providing long term remissions in multiple indications. However, many tumor subtypes are resistant to checkpoint blockade therapy, and relapse remains a significant concern. One aspect of the present application provides a therapeutic approach to overcome CI resistance by including genomically-engineered functional derivative cells as provided in a combination therapy with CI, which can be expressed by the cells or used with the cells. In one embodiment of the combination therapy, the derivative cells are NK cells. In another embodiment of the combination therapy, the derivative cells are T cells. In addition to exhibiting direct antitumor capacity, the derivative NK cells provided herein have been shown to resist PDL1-PD1 mediated inhibition, and to have the ability to enhance T cell migration, to recruit T cells to the tumor microenvironment, and to augment T cell activation at the tumor site. Therefore, the tumor infiltration of T cell facilitated by the functionally potent genomically-engineered derivative NK cells indicate that said NK cells are capable of synergizing with T cell targeted immunotherapies, including the checkpoint inhibitors, to relieve local immunosuppression and to reduce tumor burden.

[000179] In one embodiment, the derived NK cell for checkpoint inhibitor combination therapy comprises a CAR comprising an endodomain provided herein, and optionally one, two, three or more of: CD38 knockout, hnCD16 expression, B2M/CIITA knockout, a second CAR, and an exogenous cell surface cytokine and/or receptor expression; wherein when B2M is knocked out, a polynucleotide encoding HLA-G or at least one of CD58 or CD54 knockout is optionally included. In some embodiments, the derivative NK cell comprises any one of the genotypes listed in Table 2. In some embodiments, the above derivative NK cell additionally comprises deletion or reduced expression in at least one of TAP1, TAP2, Tapasin, NLRC5, PD1, LAG3, TIM3, RFXANK, RFX5, RFXAP, and any gene in the chromosome 6p21 region; or introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD47, CD113, CD131, CD137, CD80, PDL1, A_{2A}R, antigen-specific TCR, Fc receptor, an antibody or fragment thereof, a checkpoint inhibitor, an engager, and surface triggering receptor for coupling with bi-, multi- specific or universal engagers.

[000180] In another embodiment, the derived T cell for checkpoint inhibitor combination therapy comprises a CAR comprising an endodomain provided herein, and optionally one, two, three or more of: CD38 knockout, hnCD16 expression, B2M/CIITA knockout, a second CAR, and an exogenous cell surface cytokine and/or receptor expression; wherein when B2M is knocked out, a polynucleotide encoding HLA-G or one of CD58 or CD54 knockout is optionally included. In some embodiments, the derivative T cell comprises any one of the genotypes listed

in Table 2. In some embodiments, the above derivative T cell additionally comprises deletion or reduced expression in at least one of TAP1, TAP2, Tapasin, NLRC5, PD1, LAG3, TIM3, RFXANK, RFX5, RFXAP, and any gene in the chromosome 6p21 region; or introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD47, CD113, CD131, CD137, CD80, PDL1, A₂A_R, antigen-specific TCR, Fc receptor, an antibody or fragment thereof, a checkpoint inhibitor, an engager, and surface triggering receptor for coupling with bi-, multi- specific or universal engagers.

[000181] The above derivative NK or T cell may be obtained from differentiating an iPSC clonal line comprising a CAR comprising an endodomain provided herein, and optionally one, two, three or all four of: CD38 knockout, hnCD16 expression, B2M/CIITA knockout, a second CAR, and an exogenous cell surface cytokine expression; wherein when B2M is knocked out, a polynucleotide encoding HLA-G or at least one of CD58 and CD54 knockout is optionally introduced. In some embodiments, the iPSC clonal line further comprises deletion or reduced expression in at least one of TAP1, TAP2, Tapasin, NLRC5, PD1, LAG3, TIM3, RFXANK, RFX5, RFXAP, and any gene in the chromosome 6p21 region; or introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD47, CD113, CD131, CD137, CD80, PDL1, A₂A_R, antigen-specific TCR, Fc receptor, an antibody or fragment thereof, a checkpoint inhibitor, an engager, and surface triggering receptor for coupling with bi-, multi-specific or universal engagers.

[000182] Suitable checkpoint inhibitors for combination therapy with the derivative NK or T cells as provided herein include, but are not limited to, antagonists of PD1 (Pcdcl, CD279), PDL-1 (CD274), TIM3 (Havcr2), TIGIT (WUCAM and Vstm3), LAG3 (Lag3, CD223), CTLA4 (Ctla4, CD152), 2B4 (CD244), 4-1BB (CD137), 4-1BBL (CD137L), A₂a_R, BATE, BTLA, CD39 (Entpd1), CD47, CD73 (NT5E), CD94, CD96, CD160, CD200, CD200R, CD274, CEACAM1, CSF-1R, Foxp1, GARP, HVEM, IDO, EDO, TDO, LAIR-1, MICA/B, NR4A2, MAFB, OCT-2 (Pou2f2), retinoic acid receptor alpha (Rara), TLR3, VISTA, NKG2A/HLA-E, and inhibitory KIR (for example, 2DL1, 2DL2, 2DL3, 3DL1, and 3DL2).

[000183] In some embodiments, the antagonist inhibiting any of the above checkpoint molecules is an antibody. In some embodiments, the checkpoint inhibitory antibodies may be murine antibodies, human antibodies, humanized antibodies, a camel Ig, a shark heavy-chain-only antibody (VNAR), Ig NAR, chimeric antibodies, recombinant antibodies, or antibody fragments thereof. Non-limiting examples of antibody fragments include Fab, Fab', F(ab)'₂, F(ab)'₃, Fv, single chain antigen binding fragments (scFv), (scFv)₂, disulfide stabilized Fv (dsFv), minibody, diabody, triabody, tetrabody, single-domain antigen binding fragments (sdAb, Nanobody), recombinant heavy-chain-only antibody (VHH), and other antibody fragments that

maintain the binding specificity of the whole antibody, which may be more cost-effective to produce, more easily used, or more sensitive than the whole antibody. In some embodiments, the one, or two, or three, or more checkpoint inhibitors comprise at least one of atezolizumab (PDL1 mAb), avelumab (PDL1 mAb), durvalumab (PDL1 mAb), tremelimumab (CTLA4 mAb), ipilimumab (CTLA4 mAb), IPH4102 (KIR antibody), IPH43 (MICA antibody), IPH33 (TLR3 antibody), lirimumab (KIR antibody), monalizumab (NKG2A antibody), nivolumab (PD1 mAb), pembrolizumab (PD1 mAb), and any derivatives, functional equivalents, or biosimilars thereof.

[000184] In some embodiments, the antagonist inhibiting any of the above checkpoint molecules is microRNA-based, as many miRNAs are found as regulators that control the expression of immune checkpoints (Dragomir et al., *Cancer Biol Med.* 2018, 15(2):103-115). In some embodiments, the checkpoint antagonistic miRNAs include, but are not limited to, miR-28, miR-15/16, miR-138, miR-342, miR-20b, miR-21, miR-130b, miR-34a, miR-197, miR-200c, miR-200, miR-17-5p, miR-570, miR-424, miR-155, miR-574-3p, miR-513, and miR-29c.

[000185] Some embodiments of the combination therapy with the provided derivative NK or T cells comprise at least one checkpoint inhibitor to target at least one checkpoint molecule; wherein the derivative cells have a genotype listed in Table 2. Some other embodiments of the combination therapy with the provided derivative NK or T cells comprise two, three or more checkpoint inhibitors such that two, three, or more checkpoint molecules are targeted. In some embodiments of the combination therapy comprising at least one checkpoint inhibitor and the derivative cells having a genotype listed in Table 2, said checkpoint inhibitor is an antibody, or a humanized or Fc modified variant or fragment, or a functional equivalent or biosimilar thereof, and said checkpoint inhibitor is produced by the derivative cells by expressing an exogenous polynucleotide sequence encoding said antibody, or a fragment or variant thereof. In some embodiments, the exogenous polynucleotide sequence encoding the antibody, or a fragment or a variant thereof that inhibits a checkpoint is co-expressed with a CAR, either in separate constructs or in a bi-cistronic construct comprising both CAR and the sequence encoding the antibody, or the fragment thereof. In some further embodiments, the sequence encoding the antibody or the fragment thereof can be linked to either the 5' or the 3' end of a CAR expression construct through a self-cleaving 2A coding sequence, illustrated as, for example, CAR-2A-CI or CI-2A-CAR. As such, the coding sequences of the checkpoint inhibitor and the CAR are in a single open reading frame (ORF). When the checkpoint inhibitor is delivered, expressed and secreted as a payload by the derivative effector cells capable of infiltrating the tumor microenvironment (TME), it counteracts the inhibitory checkpoint molecule upon engaging the TME, allowing activation of the effector cells by activating modalities such as CAR or

activating receptors. In some embodiments, the checkpoint inhibitor co-expressed with CAR inhibits at least one of the checkpoint molecules: PD1, PDL-1, TIM3, TIGIT, LAG3, CTLA4, 2B4, 4-1BB, 4-1BBL, A2aR, BATE, BTLA, CD39 (Entpd1), CD47, CD73 (NT5E), CD94, CD96, CD160, CD200, CD200R, CD274, CEACAM1, CSF-1R, Foxp1, GARP, HVEM, IDO, EDO, TDO, LAIR-1, MICA/B, NR4A2, MAFB, OCT-2 (Pou2f2), retinoic acid receptor alpha (Rara), TLR3, VISTA, NKG2A/HLA-E, and inhibitory KIR. In some embodiments, the checkpoint inhibitor co-expressed with CAR in a derivative cell having a genotype listed in Table 2 is selected from a group comprising atezolizumab, avelumab, durvalumab, tremelimumab, ipilimumab, IPH4102, IPH43, IPH33, lirimumab, monalizumab, nivolumab, pembrolizumab, and their humanized, or Fc modified variants, fragments and their functional equivalents or biosimilars. In some embodiments, the checkpoint inhibitor co-expressed with CAR is atezolizumab, or its humanized, or Fc modified variants, fragments or their functional equivalents or biosimilars. In some other embodiments, the checkpoint inhibitor co-expressed with CAR is nivolumab, or its humanized, or Fc modified variants, fragments or their functional equivalents or biosimilars. In some other embodiments, the checkpoint inhibitor co-expressed with CAR is pembrolizumab, or its humanized, or Fc modified variants, fragments or their functional equivalents or biosimilars.

[000186] In some other embodiments of the combination therapy comprising the derivative cells provided herein and at least one antibody inhibiting a checkpoint molecule, said antibody is not produced by, or in, the derivative cells and is additionally administered before, with, or after the administering of the derivative cells having a genotype listed in Table 2. In some embodiments, the administering of one, two, three or more checkpoint inhibitors in a combination therapy with the provided derivative NK or T cells are simultaneous or sequential. In one embodiment of the combination treatment comprising derived NK cells or T cells having a genotype listed in Table 2, the checkpoint inhibitor included in the treatment is one or more of atezolizumab, avelumab, durvalumab, tremelimumab, ipilimumab, IPH4102, IPH43, IPH33, lirimumab, monalizumab, nivolumab, pembrolizumab, and their humanized or Fc modified variants, fragments and their functional equivalents or biosimilars. In some embodiments of the combination treatment comprising derived NK cells or T cells having a genotype listed in Table 2, the checkpoint inhibitor included in the treatment is atezolizumab, or its humanized or Fc modified variant, fragment and its functional equivalent or biosimilar. In some embodiments of the combination treatment comprising derived NK cells or T cells having a genotype listed in Table 2, the checkpoint inhibitor included in the treatment is nivolumab, or its humanized or Fc modified variant, fragment or its functional equivalent or biosimilar. In some embodiments of the combination treatment comprising derived NK cells or T cells having a genotype listed in

Table 2, the checkpoint inhibitor included in the treatment is pembrolizumab, or its humanized or Fc modified variant, fragment or its functional equivalent or biosimilar.

III. Methods for Targeted Genome Editing at Selected Locus in iPSCs

[000187] Genome editing, or genomic editing, or genetic editing, as used interchangeably herein, is a type of genetic engineering in which DNA is inserted, deleted, and/or replaced in the genome of a targeted cell. Targeted genome editing (interchangeable with “targeted genomic editing” or “targeted genetic editing”) enables insertion, deletion, and/or substitution at pre-selected sites in the genome. When an endogenous sequence is deleted at the insertion site during targeted editing, an endogenous gene comprising the affected sequence may be knocked-out or knocked-down due to the sequence deletion. Therefore, targeted editing may also be used to disrupt endogenous gene expression with precision. Similarly used herein is the term “targeted integration,” referring to a process involving insertion of one or more exogenous sequences, with or without deletion of an endogenous sequence at the insertion site. In comparison, randomly integrated genes are subject to position effects and silencing, making their expression unreliable and unpredictable. For example, centromeres and sub-telomeric regions are particularly prone to transgene silencing. Reciprocally, newly integrated genes may affect the surrounding endogenous genes and chromatin, potentially altering cell behavior or favoring cellular transformation. Therefore, inserting exogenous DNA in a pre-selected locus such as a safe harbor locus, or genomic safe harbor (GSH) is important for safety, efficiency, copy number control, and for reliable gene response control. Alternatively, the exogenous DNA may be inserted in a pre-selected locus where disruption of the gene expression, including knock-down and knockout, at the locus is intended.

[000188] Targeted editing can be achieved either through a nuclease-independent approach, or through a nuclease-dependent approach. In the nuclease-independent targeted editing approach, homologous recombination is guided by homologous sequences flanking an exogenous polynucleotide to be inserted, through the enzymatic machinery of the host cell.

[000189] Alternatively, targeted editing could be achieved with higher frequency through specific introduction of double strand breaks (DSBs) by specific rare-cutting endonucleases. Such nuclease-dependent targeted editing utilizes DNA repair mechanisms including non-homologous end joining (NHEJ), which occurs in response to DSBs. Without a donor vector containing exogenous genetic material, the NHEJ often leads to random insertions or deletions (in/dels) of a small number of endogenous nucleotides. In comparison, when a donor vector containing exogenous genetic material flanked by a pair of homology arms is present, the exogenous genetic material can be introduced into the genome during homology

directed repair (HDR) by homologous recombination, resulting in a “targeted integration.” In some situation, the targeted integration site is intended to be within a coding region of a selected gene, and thus the targeted integration could disrupt the gene expression, resulting in simultaneous knock-in and knockout (KI/KO) in one single editing step.

[000190] Inserting one or more transgenes at a selected position in a gene locus of interest (GOI) to knock out the gene at the same time can be achieved. Gene loci suitable for simultaneous knock-in and knockout (KI/KO) include, but are not limited to, B2M, TAP1, TAP2, tapasin, NLRC5, CIITA, RFXANK, CIITA, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD38, CD25, CD69, CD44, CD58, CD54, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, and TIGIT. With respective site-specific targeting homology arms for position-selective insertion, it allows the transgene(s) to express either under an endogenous promoter at the site or under an exogenous promoter comprised in the construct. When two or more transgenes are to be inserted at a selected location in CD38 locus, a linker sequence, for example, a 2A linker or IRES, is placed between any two transgenes. The 2A linker encodes a self-cleaving peptide derived from FMDV, ERAV, PTV-I, and TaV (referred to as "F2A", "E2A", "P2A", and "T2A", respectively), allowing for separate proteins to be produced from a single translation. In some embodiments, insulators are included in the construct to reduce the risk of transgene and/or exogenous promoter silencing. The exogenous promoter may be CAG, or other constitutive, inducible, temporal-, tissue-, or cell type- specific promoters including, but not limited to CMV, EF1 α , PGK, and UBC.

[000191] Available endonucleases capable of introducing specific and targeted DSBs include, but not limited to, zinc-finger nucleases (ZFN), transcription activator-like effector nucleases (TALEN), RNA-guided CRISPR (Clustered Regular Interspaced Short Palindromic Repeats) systems. Additionally, DICE (dual integrase cassette exchange) system utilizing phiC31 and Bxb1 integrases is also a promising tool for targeted integration.

[000192] ZFNs are targeted nucleases comprising a nuclease fused to a zinc finger DNA binding domain. By a “zinc finger DNA binding domain” or “ZFBD” it is meant a polypeptide domain that binds DNA in a sequence-specific manner through one or more zinc fingers. A zinc finger is a domain of about 30 amino acids within the zinc finger binding domain whose structure is stabilized through coordination of a zinc ion. Examples of zinc fingers include, but not limited to, C₂H₂ zinc fingers, C₃H zinc fingers, and C₄ zinc fingers. A “designed” zinc finger domain is a domain not occurring in nature whose design/composition results principally from rational criteria, e.g., application of substitution rules and computerized algorithms for processing information in a database storing information of existing ZFP designs and binding data. See, for example, U.S. Pat. Nos. 6,140,081; 6,453,242; and 6,534,261; see also

International Pub. Nos. WO 98/53058; WO 98/53059; WO 98/53060; WO 02/016536 and WO 03/016496. A “selected” zinc finger domain is a domain not found in nature whose production results primarily from an empirical process such as phage display, interaction trap or hybrid selection. ZFNs are described in greater detail in U.S. Pat. No. 7,888,121 and U.S. Pat. No. 7,972,854, the complete disclosures of which are incorporated herein by reference. The most recognized example of a ZFN in the art is a fusion of the FokI nuclease with a zinc finger DNA binding domain.

[000193] A TALEN is a targeted nuclease comprising a nuclease fused to a TAL effector DNA binding domain. By “transcription activator-like effector DNA binding domain”, “TAL effector DNA binding domain”, or “TALE DNA binding domain” it is meant the polypeptide domain of TAL effector proteins that is responsible for binding of the TAL effector protein to DNA. TAL effector proteins are secreted by plant pathogens of the genus *Xanthomonas* during infection. These proteins enter the nucleus of the plant cell, bind effector-specific DNA sequences via their DNA binding domain, and activate gene transcription at these sequences via their transactivation domains. TAL effector DNA binding domain specificity depends on an effector-variable number of imperfect 34 amino acid repeats, which comprise polymorphisms at select repeat positions called repeat variable-diresidues (RVD). TALENs are described in greater detail in US Pub. No. 2011/0145940, which is herein incorporated by reference. The most recognized example of a TALEN in the art is a fusion polypeptide of the FokI nuclease to a TAL effector DNA binding domain.

[000194] Another example of a targeted nuclease that finds use in the subject methods is a targeted Spo11 nuclease, a polypeptide comprising a Spo11 polypeptide having nuclease activity fused to a DNA binding domain, e.g., a zinc finger DNA binding domain, a TAL effector DNA binding domain, etc. that has specificity for a DNA sequence of interest.

[000195] Additional examples of targeted nucleases suitable for the present invention include, but not limited to Bxb1, phiC31, R4, PhiBT1, and Wβ/SPBc/TP901-1, whether used individually or in combination.

[000196] Other non-limiting examples of targeted nucleases include naturally occurring and recombinant nucleases; CRISPR related nucleases from families including cas, cpf, cse, csy, csn, csd, cst, csh, csa, csm, and cmr; restriction endonucleases; meganucleases; homing endonucleases, and the like.

[000197] Using Cas9 as an example, CRISPR/Cas9 requires two major components: (1) a Cas9 endonuclease and (2) the crRNA-tracrRNA complex. When co-expressed, the two components form a complex that is recruited to a target DNA sequence comprising PAM and a seeding region near PAM. The crRNA and tracrRNA can be combined to form a chimeric guide

RNA (gRNA) to guide Cas9 to target selected sequences. These two components can then be delivered to mammalian cells via transfection or transduction.

[000198] DICE mediated insertion uses a pair of recombinases, for example, phiC31 and Bxb1, to provide unidirectional integration of an exogenous DNA that is tightly restricted to each enzymes' own small attB and attP recognition sites. Because these target att sites are not naturally present in mammalian genomes, they must be first introduced into the genome, at the desired integration site. See, for example, U.S. Pub. No. 2015/0140665, the disclosure of which is incorporated herein by reference.

[000199] One aspect of the present invention provides a construct comprising one or more exogenous polynucleotides for targeted genome integration. In one embodiment, the construct further comprises a pair of homologous arms specific to a desired integration site, and the method of targeted integration comprises introducing the construct to cells to enable site specific homologous recombination by the cell host enzymatic machinery. In another embodiment, the method of targeted integration in a cell comprises introducing a construct comprising one or more exogenous polynucleotides to the cell and introducing a ZFN expression cassette comprising a DNA-binding domain specific to a desired integration site to the cell to enable a ZFN-mediated insertion. In yet another embodiment, the method of targeted integration in a cell comprises introducing a construct comprising one or more exogenous polynucleotides to the cell and introducing a TALEN expression cassette comprising a DNA-binding domain specific to a desired integration site to the cell to enable a TALEN-mediated insertion. In another embodiment, the method of targeted integration in a cell comprises introducing a construct comprising one or more exogenous polynucleotides to the cell, introducing a Cas9 expression cassette, and a gRNA comprising a guide sequence specific to a desired integration site to the cell to enable a Cas9-mediated insertion. In still another embodiment, the method of targeted integration in a cell comprises introducing a construct comprising one or more att sites of a pair of DICE recombinases to a desired integration site in the cell, introducing a construct comprising one or more exogenous polynucleotides to the cell, and introducing an expression cassette for DICE recombinases, to enable DICE-mediated targeted integration.

[000200] Promising sites for targeted integration include, but are not limited to, safe harbor loci, or genomic safe harbor (GSH), which are intragenic or extragenic regions of the human genome that, theoretically, are able to accommodate predictable expression of newly integrated DNA without adverse effects on the host cell or organism. A useful safe harbor must permit sufficient transgene expression to yield desired levels of the vector-encoded protein or non-coding RNA. A safe harbor also must not predispose cells to malignant transformation nor alter cellular functions. For an integration site to be a potential safe harbor locus, it ideally needs to

meet criteria including, but not limited to: absence of disruption of regulatory elements or genes, as judged by sequence annotation; is an intergenic region in a gene dense area, or a location at the convergence between two genes transcribed in opposite directions; keep distance to minimize the possibility of long-range interactions between vector-encoded transcriptional activators and the promoters of adjacent genes, particularly cancer-related and microRNA genes; and has apparently ubiquitous transcriptional activity, as reflected by broad spatial and temporal expressed sequence tag (EST) expression patterns, indicating ubiquitous transcriptional activity. This latter feature is especially important in stem cells, where during differentiation, chromatin remodeling typically leads to silencing of some loci and potential activation of others. Within the region suitable for exogenous insertion, a precise locus chosen for insertion should be devoid of repetitive elements and conserved sequences and to which primers for amplification of homology arms could easily be designed.

[000201] Suitable sites for human genome editing, or specifically, targeted integration, include, but are not limited to the adeno-associated virus site 1 (AAVS1), the chemokine (CC motif) receptor 5 (*CCR5*) gene locus and the human orthologue of the mouse ROSA26 locus. Additionally, the human orthologue of the mouse H11 locus may also be a suitable site for insertion using the composition and method of targeted integration disclosed herein. Further, collagen and HTRP gene loci may also be used as safe harbor for targeted integration. However, validation of each selected site has been shown to be necessary especially in stem cells for specific integration events, and optimization of insertion strategy including promoter election, exogenous gene sequence and arrangement, and construct design is often needed.

[000202] For targeted in/dels, the editing site is often comprised in an endogenous gene whose expression and/or function is intended to be disrupted. In one embodiment, the endogenous gene comprising a targeted in/del is associated with immune response regulation and modulation. In some other embodiments, the endogenous gene comprising a targeted in/del is associated with targeting modality, receptors, signaling molecules, transcription factors, drug target candidates, immune response regulation and modulation, or proteins suppressing engraftment, trafficking, homing, viability, self-renewal, persistence, and/or survival of stem cells and/or progenitor cells, and the derived cells therefrom.

[000203] As such, one aspect of the present invention provides a method of targeted integration in a selected locus including genome safe harbor or a preselected locus known or proven to be safe and well-regulated for continuous or temporal gene expression such as AAVS1, *CCR5*, ROSA26, collagen, HTRP, H11, GAPDH, or RUNX1, or other locus meeting the criteria of a genome safe harbor. In some embodiments, the targeted integration is in one of gene loci where the knock-down or knockout of the gene as a result of the integration is desired,

wherein such gene loci include, but are not limited to, B2M, TAP1, TAP2, tapasin, NLRC5, CIITA, RFXANK, CIITA, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD38, CD25, CD69, CD44, CD58, CD54, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, and TIGIT.

[000204] In one embodiment, the method of targeted integration in a cell comprising introducing a construct comprising one or more exogenous polynucleotides to the cell, and introducing a construct comprising a pair of homologous arms specific to a desired integration site and one or more exogenous sequence, to enable site specific homologous recombination by the cell host enzymatic machinery, wherein the desired integration site comprises AAVS1, CCR5, ROSA26, collagen, HTRP, H11, GAPDH, RUNX1, B2M, TAP1, TAP2, tapasin, NLRC5, CIITA, RFXANK, CIITA, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD38, CD38, CD25, CD69, CD44, CD58, CD54, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, or TIGIT .

[000205] In another embodiment, the method of targeted integration in a cell comprises introducing a construct comprising one or more exogenous polynucleotides to the cell, and introducing a ZFN expression cassette comprising a DNA-binding domain specific to a desired integration site to the cell to enable a ZFN-mediated insertion, wherein the desired integration site comprises AAVS1, CCR5, ROSA26, collagen, HTRP, H11, GAPDH, RUNX1, B2M, TAP1, TAP2, tapasin, NLRC5, CIITA, RFXANK, CIITA, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD38, CD25, CD69, CD44, CD58, CD54, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, or TIGIT. In yet another embodiment, the method of targeted integration in a cell comprises introducing a construct comprising one or more exogenous polynucleotides to the cell, and introducing a TALEN expression cassette comprising a DNA-binding domain specific to a desired integration site to the cell to enable a TALEN-mediated insertion, wherein the desired integration site comprises AAVS1, CCR5, ROSA26, collagen, HTRP, H11, GAPDH, RUNX1, B2M, TAP1, TAP2, tapasin, NLRC5, CIITA, RFXANK, CIITA, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD38, CD25, CD69, CD44, CD58, CD54, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, or TIGIT. In another embodiment, the method of targeted integration in a cell comprises introducing a construct comprising one or more exogenous polynucleotides to the cell, introducing a CRISPR nuclease expression cassette, and a gRNA comprising a guide sequence specific to a desired integration site to the cell to enable a CRISPR nuclease-mediated insertion, wherein the desired integration site comprises AAVS1, CCR5, ROSA26, collagen, HTRP, H11, GAPDH, RUNX1, B2M, TAP1, TAP2, tapasin, NLRC5, CIITA, RFXANK, CIITA, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD38, CD25, CD69, CD44, CD58, CD54, CD56, CIS, CBL-B, SOCS2,

PD1, CTLA4, LAG3, TIM3, or TIGIT. In still another embodiment, the method of targeted integration in a cell comprises introducing a construct comprising one or more att sites of a pair of DICE recombinases to a desired integration site in the cell, introducing a construct comprising one or more exogenous polynucleotides to the cell, and introducing an expression cassette for DICE recombinases, to enable DICE-mediated targeted integration, wherein the desired integration site comprises AAVS1, CCR5, ROSA26, collagen, HTRP, H11, GAPDH, RUNX1, B2M, TAP1, TAP2, tapasin, NLRC5, CIITA, RFXANK, CIITA, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD38, CD25, CD69, CD44, CD58, CD54, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, or TIGIT.

[000206] Further, as provided herein, the above method for targeted integration in a safe harbor is used to insert any polynucleotide of interest, for example, polynucleotides encoding safety switch proteins, targeting modality, receptors, signaling molecules, transcription factors, pharmaceutically active proteins and peptides, drug target candidates, and proteins promoting engraftment, trafficking, homing, viability, self-renewal, persistence, and/or survival of stem cells and/or progenitor cells. In some other embodiments, the construct comprising one or more exogenous polynucleotides further comprises one or more marker genes. In one embodiment, the exogenous polynucleotide in a construct of the invention is a suicide gene encoding safety switch protein. Suitable suicide gene systems for induced cell death include, but not limited to Caspase 9 (or caspase 3 or 7) and AP1903; thymidine kinase (TK) and ganciclovir (GCV); cytosine deaminase (CD) and 5-fluorocytosine (5-FC). Additionally, some suicide gene systems are cell type specific, for example, the genetic modification of T lymphocytes with the B-cell molecule CD20 allows their elimination upon administration of mAb Rituximab. Further, modified EGFR containing epitope recognized by cetuximab can be used to deplete genetically engineered cells when the cells are exposed to cetuximab. As such, one aspect of the invention provides a method of targeted integration of one or more suicide genes encoding safety switch proteins selected from caspase 9 (caspase 3 or 7), thymidine kinase, cytosine deaminase, modified EGFR, and B-cell CD20.

[000207] In some embodiments, one or more exogenous polynucleotides integrated by the method herein are driven by operatively linked exogenous promoters comprised in the construct for targeted integration. The promoters may be inducible, or constitutive, and may be temporal-, tissue- or cell type- specific. Suitable constitutive promoters for methods of the invention include, but not limited to, cytomegalovirus (CMV), elongation factor 1 α (EF1 α), phosphoglycerate kinase (PGK), hybrid CMV enhancer/chicken β -actin (CAG) and ubiquitin C (UBC) promoters. In one embodiment, the exogenous promoter is CAG.

[000208] The exogenous polynucleotides integrated by methods herein may be driven by endogenous promoters in the host genome, at the integration site. In one embodiment, the method comprises targeted integration of one or more exogenous polynucleotides at AAVS1 locus in the genome of a cell. In one embodiment, at least one integrated polynucleotide is driven by the endogenous AAVS1 promoter. In another embodiment, the method comprises targeted integration at ROSA26 locus in the genome of a cell. In one embodiment, at least one integrated polynucleotide is driven by the endogenous ROSA26 promoter. In still another embodiment, the method comprises targeted integration at H11 locus in the genome of a cell. In one embodiment, at least one integrated polynucleotide is driven by the endogenous H11 promoter. In another embodiment, the method comprises targeted integration at collagen locus in the genome of a cell. In one embodiment, at least one integrated polynucleotide is driven by the endogenous collagen promoter. In still another embodiment, the method comprises targeted integration at HTRP locus in the genome of a cell. In one embodiment, at least one integrated polynucleotide is driven by the endogenous HTRP promoter. Theoretically, only correct insertions at the desired location would enable gene expression of an exogenous gene driven by an endogenous promoter.

[000209] In some embodiments, the one or more exogenous polynucleotides comprised in the construct for the methods of targeted integration are driven by one promoter. In some embodiments, the construct comprises one or more linker sequences between two adjacent polynucleotides driven by the same promoter to provide greater physical separation between the moieties and maximize the accessibility to enzymatic machinery. The linker peptide of the linker sequences may consist of amino acids selected to make the physical separation between the moieties (exogenous polynucleotides, and/or the protein or peptide encoded therefrom) more flexible or more rigid depending on the relevant function. The linker sequence may be cleavable by a protease or cleavable chemically to yield separate moieties. Examples of enzymatic cleavage sites in the linker include sites for cleavage by a proteolytic enzyme, such as enterokinase, Factor Xa, trypsin, collagenase, and thrombin. In some embodiments, the protease is one which is produced naturally by the host or it is exogenously introduced. Alternatively, the cleavage site in the linker may be a site capable of being cleaved upon exposure to a selected chemical, e.g., cyanogen bromide, hydroxylamine, or low pH. The optional linker sequence may serve a purpose other than the provision of a cleavage site. The linker sequence should allow effective positioning of the moiety with respect to another adjacent moiety for the moieties to function properly. The linker may also be a simple amino acid sequence of a sufficient length to prevent any steric hindrance between the moieties. In addition, the linker sequence may provide for post-translational modification including, but not limited to, e.g., phosphorylation sites,

biotinylation sites, sulfation sites, γ -carboxylation sites, and the like. In some embodiments, the linker sequence is flexible so as not hold the biologically active peptide in a single undesired conformation. The linker may be predominantly comprised of amino acids with small side chains, such as glycine, alanine, and serine, to provide for flexibility. In some embodiments about 80 or 90 percent or greater of the linker sequence comprises glycine, alanine, or serine residues, particularly glycine and serine residues. In several embodiments, a G4S linker peptide separates the end-processing and endonuclease domains of the fusion protein. In other embodiments, a 2A linker sequence allows for two separate proteins to be produced from a single translation. Suitable linker sequences can be readily identified empirically. Additionally, suitable size and sequences of linker sequences also can be determined by conventional computer modeling techniques. In one embodiment, the linker sequence encodes a self-cleaving peptide. In one embodiment, the self-cleaving peptide is 2A. In some other embodiments, the linker sequence provides an Internal Ribosome Entry Sequence (IRES). In some embodiments, any two consecutive linker sequences are different.

[000210] The method of introducing into cells a construct comprising exogenous polynucleotides for targeted integration can be achieved using a method of gene transfer to cells known per se. In one embodiment, the construct comprises backbones of viral vectors such as adenovirus vector, adeno-associated virus vector, retrovirus vector, lentivirus vector, Sendai virus vector. In some embodiments, the plasmid vectors are used for delivering and/or expressing the exogenous polynucleotides to target cells (e.g., pAI- 11, pXTI, pRc/CMV, pRc/RSV, pcDNAI/Neo) and the like. In some other embodiments, the episomal vector is used to deliver the exogenous polynucleotide to target cells. In some embodiments, recombinant adeno-associated viruses (rAAV) can be used for genetic engineering to introduce insertions, deletions or substitutions through homologous recombination. Unlike lentiviruses, rAAVs do not integrate into the host genome. In addition, episomal rAAV vectors mediate homology-directed gene targeting at much higher rates compared to transfection of conventional targeting plasmids. In some embodiments, an AAV6 or AAV2 vector is used to introduce insertions, deletions or substitutions in a target site in the genome of iPSCs. In some embodiments, the genomically modified iPSCs and its derivative cells obtained using the methods and composition herein comprise at least one genotype listed in Table 2.

IV. Method of Obtaining and Maintaining Genome-engineered iPSCs

[000211] The present invention provides a method of obtaining and maintaining genome-engineered iPSCs comprising one or more targeted editing at one or more desired sites, wherein the targeted editing remains intact and functional in expanded genome-engineered iPSCs or the

iPSCs derived non-pluripotent cells at the respective selected editing site. The targeted editing introduces into the genome iPSC, and derivative cells therefrom, insertions, deletions, and/or substitutions, i.e., targeted integration and/or in/dels at selected sites. In comparison to direct engineering patient-sourced, peripheral blood originated primary effector cells, the many benefits of obtaining genomically engineered derivative cells through editing and differentiating iPSC as provided herein include, but are not limited to: unlimited source for engineered effector cells; no need for repeated manipulation of the effector cells especially when multiple engineered modalities are involved; the obtained effector cells are rejuvenated for having elongated telomere and experiencing less exhaustion; the effector cell population is homogeneous in terms of editing site, copy number, and void of allelic variation, random mutations and expression variegation, largely due to the enabled clonal selection in engineered iPSCs as provided herein.

[000212] In particular embodiments, the genome-engineered iPSCs comprising one or more targeted editing at one or more selected sites are maintained, passaged and expanded as single cells for an extended period in the cell culture medium shown in Table 3 as Fate Maintenance Medium (FMM), wherein the iPSCs retain the targeted editing and functional modification at the selected site(s). The components of the medium may be present in the medium in amounts within an optimal range shown in Table 3. The iPSCs cultured in FMM have been shown to continue to maintain their undifferentiated, and ground or naïve, profile; genomic stability without the need for culture cleaning or selection; and are readily to give rise to all three somatic lineages, *in vitro* differentiation via embryoid bodies or monolayer (without formation of embryoid bodies); and *in vivo* differentiation by teratoma formation. See, for example, International Pub. No. WO 2015/134652, the disclosure of which is incorporated herein by reference.

Table 3: Exemplary Media for iPSC Reprogramming and Maintenance

Conventional hESC Medium (Conv.)	Fate Reprogramming Medium (FRM)	Fate Maintenance Medium (FMM)
DMEM/F12	DMEM/F12	DMEM/F12
Knockout Serum Replacement (20%)	Knockout Serum Replacement (20%)	Knockout Serum Replacement (20%)
	N2	
	B27	
Glutamine	Glutamine	Glutamine (1x)

Non-Essential Amino Acids (1x)	Non-Essential Amino Acids (1x)	Non-Essential Amino Acids (1x)
β -mercaptoethanol (100 μ M)	β -mercaptoethanol (100 μ M)	β -mercaptoethanol (100 μ M)
bFGF (0.2-50 ng/mL)	bFGF (2-500 ng/mL)	bFGF (2-500 ng/mL)
	LIF (0.2-50 ng/mL)	LIF (0.2-50 ng/mL)
	Thiazovivin (0.1-25 μ M)	Thiazovivin (0.1-25 μ M)
	PD0325901 (0.005-2 μ M)	PD0325901 (0.005-2 μ M)
	CHIR99021 (0.02-5 μ M)	CHIR99021 (0.02-5 μ M)
	SB431542 (0.04-10 μ M)	
In combination with MEF feeder cells	Feeder-free, in combination with Matrigel™ or Vitronectin	

[000213] In some embodiments, the genome-engineered iPSCs comprising one or more targeted integration and/or in/dels are maintained, passaged and expanded in a medium comprising a MEK inhibitor, a GSK3 inhibitor, and a ROCK inhibitor, and free of, or essentially free of, TGF β receptor/ALK5 inhibitors, wherein the iPSCs retain the intact and functional targeted editing at the selected sites.

[000214] Another aspect of the invention provides a method of generating genome-engineered iPSCs through targeted editing of iPSCs; or through first generating genome-engineered non-pluripotent cells by targeted editing, and then reprogramming the selected/isolated genome-engineered non-pluripotent cells to obtain iPSCs comprising the same targeted editing as the non-pluripotent cells. A further aspect of the invention provides genome-engineering non-pluripotent cells which are concurrently undergoing reprogramming by introducing targeted integration and/or targeted in/dels to the cells, wherein the contacted non-pluripotent cells are under sufficient conditions for reprogramming, and wherein the conditions for reprogramming comprise contacting non-pluripotent cells with one or more reprogramming factors and small molecules. In various embodiments of the method for concurrent genome-engineering and reprogramming, the targeted integration and/or targeted in/dels may be introduced to the non-pluripotent cells prior to, or essentially concomitantly with, initiating reprogramming by contacting the non-pluripotent cells with one or more reprogramming factors and optionally small molecules.

[000215] In some embodiments, to concurrently genome-engineer and reprogram non-pluripotent cells, the targeted integration and/or in/dels may also be introduced to the non-pluripotent cells after the multi-day process of reprogramming is initiated by contacting the non-

pluripotent cells with one or more reprogramming factors and small molecules, and wherein the vectors carrying the constructs are introduced before the reprogramming cells present stable expression of one or more endogenous pluripotent genes including but not limited to SSEA4, Tra181 and CD30.

[000216] In some embodiments, the reprogramming is initiated by contacting the non-pluripotent cells with at least one reprogramming factor, and optionally a combination of a TGF β receptor/ALK inhibitor, a MEK inhibitor, a GSK3 inhibitor and a ROCK inhibitor (FRM; Table 3). In some embodiments, the genome-engineered iPSCs through any methods above are further maintained and expanded using a mixture of comprising a combination of a MEK inhibitor, a GSK3 inhibitor and a ROCK inhibitor (FMM; Table 3).

[000217] In some embodiments of the method of generating genome-engineered iPSCs, the method comprises: genomic engineering an iPSC by introducing one or more targeted integration and/or in/dels into iPSCs to obtain genome-engineered iPSCs having at least one genotype listed in Table 2. Alternatively, the method of generating genome-engineered iPSCs comprises: (a) introducing one or more targeted editing into non-pluripotent cells to obtain genome-engineered non-pluripotent cells comprising targeted integration and/or in/dels at selected sites, and (b) contacting the genome-engineered non-pluripotent cells with one or more reprogramming factors, and optionally a small molecule composition comprising a TGF β receptor/ALK inhibitor, a MEK inhibitor, a GSK3 inhibitor and/or a ROCK inhibitor, to obtain genome-engineered iPSCs comprising targeted integration and/or in/dels at selected sites. Alternatively, the method of generating genome-engineered iPSCs comprises: (a) contacting non-pluripotent cells with one or more reprogramming factors, and optionally a small molecule composition comprising a TGF β receptor/ALK inhibitor, a MEK inhibitor, a GSK3 inhibitor and/or a ROCK inhibitor to initiate the reprogramming of the non-pluripotent cells; (b) introducing one or more targeted integration and/or in/dels into the reprogramming non-pluripotent cells for genome-engineering; and (c) obtaining clonal genome-engineered iPSCs comprising targeted integration and/or in/dels at selected sites.

[000218] The reprogramming factors are selected from the group consisting of OCT4, SOX2, NANOG, KLF4, LIN28, C-MYC, ECAT1, UTF1, ESRRB, SV40LT, HESRG, CDH1, TDGF1, DPPA4, DNMT3B, ZIC3, L1TD1, and any combinations thereof as disclosed in PCT/US2015/018801 and PCT/US16/57136, the disclosure of which are incorporated herein by reference. The one or more reprogramming factors may be in a form of polypeptide. The reprogramming factors may also be in a form of polynucleotides, and thus are introduced to the non-pluripotent cells by vectors such as, a retrovirus, a Sendai virus, an adenovirus, an episome, a plasmid, and a mini-circle. In particular embodiments, the one or more polynucleotides

encoding at least one reprogramming factor are introduced by a lentiviral vector. In some embodiments, the one or more polynucleotides introduced by an episomal vector. In various other embodiments, the one or more polynucleotides are introduced by a Sendai viral vector. In some embodiments, the one or more polynucleotides are introduced by a combination of plasmids with stoichiometry of various reprogramming factors in consideration. See, for example, International Pub. No. WO 2019/075057, the disclosure of which is incorporated herein by reference.

[000219] In some embodiments, the non-pluripotent cells are transferred with multiple constructs comprising different exogenous polynucleotides and/or different promoters by multiple vectors for targeted integration at the same or different selected sites. These exogenous polynucleotides may comprise a suicide gene, or a gene encoding targeting modality, receptors, signaling molecules, transcription factors, pharmaceutically active proteins and peptides, drug target candidates, or a gene encoding a protein promoting engraftment, trafficking, homing, viability, self-renewal, persistence, and/or survival of the iPSCs or derivative cells thereof. In some embodiments, the exogenous polynucleotides encode RNA, including but not limited to siRNA, shRNA, miRNA and antisense nucleic acids. These exogenous polynucleotides may be driven by one or more promoters selected from the group consisting of constitutive promoters, inducible promoters, temporal-specific promoters, and tissue or cell type specific promoters. Accordingly, the polynucleotides are expressible when under conditions that activate the promoter, for example, in the presence of an inducing agent or in a particular differentiated cell type. In some embodiments, the polynucleotides are expressed in iPSCs and/or in cells differentiated from the iPSCs. In one embodiment, one or more suicide gene is driven by a constitutive promoter, for example Caspase-9 driven by CAG. These constructs comprising different exogenous polynucleotides and/or different promoters can be transferred to non-pluripotent cells either simultaneously or consecutively. The non-pluripotent cells subjected to targeted integration of multiple constructs can simultaneously contact the one or more reprogramming factors to initiate the reprogramming concurrently with the genomic engineering, thereby obtaining genome-engineered iPSCs comprising multiple targeted integration in the same pool of cells. As such, this robust method enables a concurrent reprogramming and engineering strategy to derive a clonal genomically engineered hiPSC with multiple modalities integrated to one or more selected target sites. In some embodiments, the genomically modified iPSCs and its derivative cells obtained using the methods and composition herein comprise at least one genotype listed in Table 2.

V. Method of Obtaining Genetically-Engineered Effector Cells by Differentiating Genome-engineered iPSC and *CAR Endodomain Screening Using iPSC Differentiation Platform*

[000220] A further aspect of the present invention provides a method of *in vivo* differentiation of genome-engineered iPSC by teratoma formation, wherein the differentiated cells derived *in vivo* from the genome-engineered iPSCs retain the intact and functional targeted editing including targeted integration and/or in/dels at the desired site(s). In some embodiments, the differentiated cells derived *in vivo* from the genome-engineered iPSCs via teratoma comprise one or more inducible suicide genes integrated at one or more desired site comprising AAVS1, CCR5, ROSA26, collagen, HTRP, H11, beta-2 microglobulin, GAPDH, TCR or RUNX1, or other loci meeting the criteria of a genome safe harbor. In some other embodiments, the differentiated cells derived *in vivo* from the genome-engineered iPSCs via teratoma comprise polynucleotides encoding targeting modality, or encoding proteins promoting trafficking, homing, viability, self-renewal, persistence, and/or survival of stem cells and/or progenitor cells. In some embodiments, the differentiated cells derived *in vivo* from the genome-engineered iPSCs via teratoma comprising one or more inducible suicide genes further comprises one or more in/dels in endogenous genes associated with immune response regulation and mediation. In some embodiments, the in/del is comprised in one or more endogenous check point genes. In some embodiments, the in/del is comprised in one or more endogenous T cell receptor genes. In some embodiments, the in/del is comprised in one or more endogenous MHC class I suppressor genes. In some embodiments, the in/del is comprised in one or more endogenous genes associated with the major histocompatibility complex. In some embodiments, the in/del is comprised in one or more endogenous genes including, but not limited to, B2M, PD1, TAP1, TAP2, Tapasin, TCR genes. In one embodiment, the genome-engineered iPSC comprising one or more exogenous polynucleotides at selected site(s) further comprises a targeted editing in B2M (beta-2-microglobulin) encoding gene.

[000221] In particular embodiments, the genome-engineered iPSCs comprising one or more genetic modifications as provided herein are used to derive hematopoietic cell lineages or any other specific cell types *in vitro*, wherein the derived non-pluripotent cells retain the functional genetic modifications including targeted editing at the selected site(s). In one embodiment, the genome-engineered iPSC-derived cells include, but are not limited to, mesodermal cells with definitive hemogenic endothelium (HE) potential, definitive HE, CD34 hematopoietic cells, hematopoietic stem and progenitor cells, hematopoietic multipotent progenitors (MPP), T cell progenitors, NK cell progenitors, myeloid cells, neutrophil progenitors, T cells, NKT cells, NK cells, B cells, neutrophils, dendritic cells, and macrophages, wherein these cells derived from the

genome-engineered iPSCs retain the functional genetic modifications including targeted editing at the desired site(s).

[000222] Applicable differentiation methods and compositions for obtaining iPSC-derived hematopoietic cell lineages include those depicted in, for example, International Pub. No. WO 2017/078807, the disclosure of which is incorporated herein by reference. As provided, the methods and compositions for generating hematopoietic cell lineages are through definitive hemogenic endothelium (HE) derived from pluripotent stem cells, including hiPSCs, under serum-free, feeder-free, and/or stromal-free conditions and in a scalable and monolayer culturing platform without the need of EB formation. Cells that may be differentiated according to the provided methods range from pluripotent stem cells, to progenitor cells that are committed to particular terminally differentiated cells and transdifferentiated cells, and to cells of various lineages directly transitioned to hematopoietic fate without going through a pluripotent intermediate. Similarly, the cells that are produced by differentiating stem cells range from multipotent stem or progenitor cells, to terminally differentiated cells, and to all intervening hematopoietic cell lineages.

[000223] The methods for differentiating and expanding cells of the hematopoietic lineage from pluripotent stem cells in monolayer culturing comprise contacting the pluripotent stem cells with a BMP pathway activator, and optionally, bFGF. As provided, the pluripotent stem cell-derived mesodermal cells are obtained and expanded without forming embryoid bodies from pluripotent stem cells. The mesodermal cells are then subjected to contact with a BMP pathway activator, bFGF, and a WNT pathway activator to obtain expanded mesodermal cells having definitive hemogenic endothelium (HE) potential without forming embryoid bodies from the pluripotent stem cells. By subsequent contact with bFGF, and optionally, a ROCK inhibitor, and/or a WNT pathway activator, the mesodermal cells having definitive HE potential are differentiated to definitive HE cells, which are also expanded during differentiation.

[000224] The methods provided herein for obtaining cells of the hematopoietic lineage are superior to EB-mediated pluripotent stem cell differentiation, because EB formation leads to modest to minimal cell expansion, does not allow monolayer culturing which is important for many applications requiring homogeneous expansion, and homogeneous differentiation of the cells in a population, and is laborious and low efficiency.

[000225] The provided monolayer differentiation platform facilitates differentiation towards definitive hemogenic endothelium resulting in the derivation of hematopoietic stem cells and differentiated progeny such as T, B, NKT and NK cells. The monolayer differentiation strategy combines enhanced differentiation efficiency with large-scale expansion enables the delivery of therapeutically relevant number of pluripotent stem cell-derived hematopoietic cells for various

therapeutic applications. Further, the monolayer culturing using the methods provided herein leads to functional hematopoietic lineage cells that enable full range of *in vitro* differentiation, *ex vivo* modulation, and *in vivo* long term hematopoietic self-renewal, reconstitution and engraftment. As provided, the iPSC derived hematopoietic lineage cells include, but not limited to, definitive hemogenic endothelium, hematopoietic multipotent progenitor cells, hematopoietic stem and progenitor cells, T cell progenitors, NK cell progenitors, T cells, NK cells, NKT cells, B cells, macrophages, and neutrophils.

[000226] The method for directing differentiation of pluripotent stem cells into cells of a definitive hematopoietic lineage, wherein the method comprises: (i) contacting pluripotent stem cells with a composition comprising a BMP activator, and optionally bFGF, to initiate differentiation and expansion of mesodermal cells from the pluripotent stem cells; (ii) contacting the mesodermal cells with a composition comprising a BMP activator, bFGF, and a GSK3 inhibitor, wherein the composition is optionally free of TGF β receptor/ALK inhibitor, to initiate differentiation and expansion of mesodermal cells having definitive HE potential from the mesodermal cells; (iii) contacting the mesodermal cells having definitive HE potential with a composition comprising a ROCK inhibitor; one or more growth factors and cytokines selected from the group consisting of bFGF, VEGF, SCF, IGF, EPO, IL6, and IL11; and optionally, a Wnt pathway activator, wherein the composition is optionally free of TGF β receptor/ALK inhibitor, to initiate differentiation and expansion of definitive hemogenic endothelium from pluripotent stem cell-derived mesodermal cells having definitive hemogenic endothelium potential.

[000227] In some embodiments, the method further comprises contacting pluripotent stem cells with a composition comprising a MEK inhibitor, a GSK3 inhibitor, and a ROCK inhibitor, wherein the composition is free of TGF β receptor/ALK inhibitors, to seed and expand the pluripotent stem cells. In some embodiments, the pluripotent stem cells are iPSCs, or naïve iPSCs, or iPSCs comprising one or more genetic imprints; and the one or more genetic imprints comprised in the iPSC are retained in the hematopoietic cells differentiated therefrom. In some embodiments of the method for directing differentiation of pluripotent stem cells into cells of a hematopoietic lineage, the differentiation of the pluripotent stem cells into cells of hematopoietic lineage is void of generation of embryoid bodies and is in a monolayer culturing form.

[000228] In some embodiments of the above method, the obtained pluripotent stem cell-derived definitive hemogenic endothelium cells are CD34⁺. In some embodiments, the obtained definitive hemogenic endothelium cells are CD34⁺CD43⁻. In some embodiments, the definitive hemogenic endothelium cells are CD34⁺CD43⁻CXCR4⁻CD73⁻. In some embodiments, the definitive hemogenic endothelium cells are CD34⁺CXCR4⁻CD73⁻. In some embodiments, the

definitive hemogenic endothelium cells are $CD34^+CD43^-CD93^-$. In some embodiments, the definitive hemogenic endothelium cells are $CD34^+CD93^-$.

[000229] In some embodiments of the above method, the method further comprises (i) contacting pluripotent stem cell-derived definitive hemogenic endothelium with a composition comprising a ROCK inhibitor; one or more growth factors and cytokines selected from the group consisting of VEGF, bFGF, SCF, Flt3L, TPO, and IL7; and optionally a BMP activator; to initiate the differentiation of the definitive hemogenic endothelium to pre-T cell progenitors; and optionally, (ii) contacting the pre-T cell progenitors with a composition comprising one or more growth factors and cytokines selected from the group consisting of SCF, Flt3L, and IL7, but free of one or more of VEGF, bFGF, TPO, BMP activators and ROCK inhibitors, to initiate the differentiation of the pre-T cell progenitors to T cell progenitors or T cells. In some embodiments of the method, the pluripotent stem cell-derived T cell progenitors are $CD34^+CD45^+CD7^+$. In some embodiments of the method, the pluripotent stem cell-derived T cell progenitors are $CD45^+CD7^+$.

[000230] In yet some embodiments of the above method for directing differentiation of pluripotent stem cells into cells of a hematopoietic lineage, the method further comprises: (i) contacting pluripotent stem cell-derived definitive hemogenic endothelium with a composition comprising a ROCK inhibitor; one or more growth factors and cytokines selected from the group consisting of VEGF, bFGF, SCF, Flt3L, TPO, IL3, IL7, and IL15, to initiate differentiation of the definitive hemogenic endothelium to pre-NK cell progenitor; and optionally, (ii) contacting pluripotent stem cells-derived pre-NK cell progenitors with a composition comprising one or more growth factors and cytokines selected from the group consisting of SCF, Flt3L, IL3, IL7, and IL15, wherein the medium is free of one or more of VEGF, bFGF, TPO, BMP activators and ROCK inhibitors, to initiate differentiation of the pre-NK cell progenitors to NK cell progenitors or NK cells. In some embodiments, the pluripotent stem cell-derived NK progenitors are $CD3^-CD45^+CD56^+CD7^+$. In some embodiments, the pluripotent stem cell-derived NK cells are $CD3^-CD45^+CD56^+$, and optionally further defined by NKp46⁺, CD57⁺ and CD16⁺.

[000231] Therefore, using the above differentiation methods, one may obtain one or more population of iPSC derived hematopoietic cells (i) $CD34^+$ HE cells (iCD34), using one or more culture medium selected from iMPP-A, iTC-A2, iTC-B2, iNK-A2, and iNK-B2; (ii) definitive hemogenic endothelium (iHE), using one or more culture medium selected from iMPP-A, iTC-A2, iTC-B2, iNK-A2, and iNK-B2; (iii) definitive HSCs, using one or more culture medium selected from iMPP-A, iTC-A2, iTC-B2, iNK-A2, and iNK-B2; (iv) multipotent progenitor cells (iMPP), using iMPP-A; (v) T lineage cell progenitors (ipro-T), using one or more culture

medium selected from iTC-A2, and iTC-B2; (vi) T lineage cells (iTC), using iTC-B2; (vii) NK lineage cell progenitors (ipro-NK), using one or more culture medium selected from iNK-A2, and iNK-B2; and/or (viii) NK lineage cells (iNK), and iNK-B2. In some embodiments, the medium:

- a. iCD34-C comprises a ROCK inhibitor, one or more growth factors and cytokines selected from the group consisting of bFGF, VEGF, SCF, IL6, IL11, IGF, and EPO, and optionally, a Wnt pathway activator; and is free of TGF β receptor/ALK inhibitor;
- b. iMPP-A comprises a BMP activator, a ROCK inhibitor, and one or more growth factors and cytokines selected from the group consisting of TPO, IL3, GMCSF, EPO, bFGF, VEGF, SCF, IL6, Flt3L and IL11;
- c. iTC-A2 comprises a ROCK inhibitor; one or more growth factors and cytokines selected from the group consisting of SCF, Flt3L, TPO, and IL7; and optionally, a BMP activator;
- d. iTC-B2 comprises one or more growth factors and cytokines selected from the group consisting of SCF, Flt3L, and IL7;
- e. iNK-A2 comprises a ROCK inhibitor, and one or more growth factors and cytokines selected from the group consisting of SCF, Flt3L, TPO, IL3, IL7, and IL15; and
- f. iNK-B2 comprises one or more growth factors and cytokines selected from the group consisting of SCF, Flt3L, IL7 and IL15.

[000232] In some embodiments, the genome-engineered iPSC-derived cells obtained from the above methods comprise one or more inducible suicide gene integrated at one or more desired integration sites comprising AAVS1, CCR5, ROSA26, collagen, HTRP, H11, GAPDH, RUNX1, B2M, TAP1, TAP2, tapasin, NLRC5, CIITA, RFXANK, CIITA, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD38, CD25, CD69, CD44, CD58, CD54, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, or TIGIT. In some other embodiments, the genome-engineered iPSC-derived cells comprise polynucleotides encoding safety switch proteins, targeting modality, receptors, signaling molecules, transcription factors, pharmaceutically active proteins and peptides, drug target candidates, or proteins promoting trafficking, homing, viability, self-renewal, persistence, and/or survival of stem cells and/or progenitor cells. In some embodiments, the genome-engineered iPSC-derived cells comprising one or more suicide genes further comprise one or more in/del comprised in one or more endogenous genes associated with immune response regulation and mediation, including, but not limited to, check point genes, endogenous T cell receptor genes, and MHC class I suppressor

genes. In one embodiment, the genome-engineered iPSC-derived cells comprising one or more suicide genes further comprise an in/del in B2M gene, wherein the B2M is knocked out.

[000233] Additionally, applicable dedifferentiation methods and compositions for obtaining genomic-engineered hematopoietic cells of a first fate to genomic-engineered hematopoietic cells of a second fate include those depicted in, for example, International Pub. No. WO2011/159726, the disclosure of which is incorporated herein by reference. The method and composition provided therein allows partially reprogramming a starting non-pluripotent cell to a non-pluripotent intermediate cell by limiting the expression of endogenous Nanog gene during reprogramming; and subjecting the non-pluripotent intermediate cell to conditions for differentiating the intermediate cell into a desired cell type. In some embodiments, the genomically modified iPSCs and its derivative cells obtained using the methods and composition herein comprise at least one genotype listed in Table 2.

VI. Therapeutic Use of Derivative Immune Cells with Exogenous Functional Modalities Differentiated from Genetically Engineered iPSCs

[000234] The present invention provides, in some embodiments, a composition comprising an isolated population or subpopulation functionally enhanced derivative immune cells that have been differentiated from genomically engineered iPSCs using the methods and compositions as disclosed. In some embodiments, the iPSCs comprise one or more targeted genetic editing which are retainable in the iPSC-derived immune cells, wherein the genetically engineered iPSCs and derivative cells thereof are suitable for cell based adoptive therapies. In one embodiment, the isolated population or subpopulation of genetically engineered immune cell comprises iPSC derived CD34 cells. In one embodiment, the isolated population or subpopulation of genetically engineered immune cell comprises iPSC derived HSC cells. In one embodiment, the isolated population or subpopulation of genetically engineered immune cell comprises iPSC derived proT or T lineage cells. In one embodiment, the isolated population or subpopulation of genetically engineered immune cell comprises iPSC derived proNK or NK lineage cells. In one embodiment, the isolated population or subpopulation of genetically engineered immune cell comprises iPSC derived immune regulatory cells or myeloid derived suppressor cells (MDSCs). In some embodiments, the iPSC derived genetically engineered immune cells are further modulated *ex vivo* for improved therapeutic potential. In one embodiment, an isolated population or subpopulation of genetically engineered immune cells that have been derived from iPSC comprises an increased number or ratio of naïve T cells, stem cell memory T cells, and/or central memory T cells. In one embodiment, the isolated population or subpopulation of genetically engineered immune cell that have been derived from iPSC

comprises an increased number or ratio of type I NKT cells. In another embodiment, the isolated population or subpopulation of genetically engineered immune cell that have been derived from iPSC comprises an increased number or ratio of adaptive NK cells. In some embodiments, the isolated population or subpopulation of genetically engineered CD34 cells, HSC cells, T lineage cells, NK lineage cells, or myeloid derived suppressor cells derived from iPSC are allogeneic. In some other embodiments, the isolated population or subpopulation of genetically engineered CD34 cells, HSC cells, T cells, NK cells, NKT cells, or MDSC derived from iPSC are autogenic.

[000235] In some embodiments, the iPSC for differentiation comprises genetic imprints selected to convey desirable therapeutic attributes in effector cells, provided that cell development biology during differentiation is not disrupted, and provided that the genetic imprints are retained and functional in the differentiated effector cells derived from said iPSC.

[000236] In some embodiments, the genetic imprints of the pluripotent stem cells comprise (i) one or more genetically modified modalities obtained through genomic insertion, deletion or substitution in the genome of the pluripotent cells during or after reprogramming a non-pluripotent cell to iPSC; or (ii) one or more retainable therapeutic attributes of a source specific immune cell that is donor-, disease-, or treatment response- specific, and wherein the pluripotent cells are reprogrammed from the source specific immune cell, wherein the iPSC retain the source therapeutic attributes, which are also comprised in the iPSC derived hematopoietic lineage cells.

[000237] In some embodiments, the genetically modified modalities comprise one or more of: safety switch proteins, targeting modalities, receptors, signaling molecules, transcription factors, pharmaceutically active proteins and peptides, drug target candidates; or proteins promoting engraftment, trafficking, homing, viability, self-renewal, persistence, immune response regulation and modulation, and/or survival of the iPSCs or derivative cells thereof. In some embodiments, the genetically modified iPSC and the derivative cells thereof comprise a genotype listed in Table 2. In some other embodiments, the genetically modified iPSC and the derivative cells thereof comprising a genotype listed in Table 2 further comprise additional genetically modified modalities comprising (1) one or more of deletion or reduced expression of TAP1, TAP2, Tapasin, NLRC5, PD1, LAG3, TIM3, RFXANK, CIITA, RFX5, or RFXAP, and any gene in the chromosome 6p21 region; and (2) introduced or increased expression of HLA-E, 41BBL, CD3, CD4, CD8, CD47, CD113, CD131, CD137, CD80, PDL1, A2AR, CAR, antigen-specific TCR, Fc receptor, or surface triggering receptors for coupling with bi- or multi- specific or universal engagers.

[000238] In still some other embodiments, the hematopoietic lineage cells comprise the therapeutic attributes of the source specific immune cell relating to a combination of at least two

of the following: (i) one or more antigen targeting receptor expression; (ii) modified HLA; (iii) resistance to tumor microenvironment; (iv) recruitment of bystander immune cells and immune modulations; (v) improved on-target specificity with reduced off-tumor effect; and (vi) improved homing, persistence, cytotoxicity, or antigen escape rescue.

[000239] In some embodiments, the iPSC derivative hematopoietic cells comprising a genotype listed in Table 2, and said cells express at least one cytokine and/or its receptor comprising IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL15, IL18, or IL21, or any modified protein thereof, and express at least a CAR. In some embodiments, the engineered expression of the cytokine(s) and the CAR(s) is NK cell specific. In some other embodiments, the engineered expression of the cytokine(s) and the CAR(s) is T cell specific. In one embodiment, the CAR comprises a MICA/B binding domain. In some embodiments, the iPSC derivative hematopoietic effector cells are antigen specific. In some embodiments, the antigen specific derivative effector cells target a liquid tumor. In some embodiments, the antigen specific derivative effector cells target a solid tumor. In some embodiments, the antigen specific iPSC derivative hematopoietic effector cells are capable of rescuing tumor antigen escape.

[000240] A variety of diseases may be ameliorated by introducing the immune cells of the invention to a subject suitable for adoptive cell therapy. In some embodiments, the iPSC derivative hematopoietic cells as provided is for allogeneic adoptive cell therapies. Additionally, the present invention provides, in some embodiments, therapeutic use of the above therapeutic compositions by introducing the composition to a subject suitable for adoptive cell therapy, wherein the subject has an autoimmune disorder; a hematological malignancy; a solid tumor; or an infection associated with HIV, RSV, EBV, CMV, adenovirus, or BK polyomavirus. Examples of hematological malignancies include, but are not limited to, acute and chronic leukemias (acute myelogenous leukemia (AML), acute lymphoblastic leukemia (ALL), chronic myelogenous leukemia (CML), lymphomas, non-Hodgkin lymphoma (NHL), Hodgkin's disease, multiple myeloma, and myelodysplastic syndromes. Examples of solid cancers include, but are not limited to, cancer of the brain, prostate, breast, lung, colon, uterus, skin, liver, bone, pancreas, ovary, testes, bladder, kidney, head, neck, stomach, cervix, rectum, larynx, and esophagus. Examples of various autoimmune disorders include, but are not limited to, alopecia areata, autoimmune hemolytic anemia, autoimmune hepatitis, dermatomyositis, diabetes (type 1), some forms of juvenile idiopathic arthritis, glomerulonephritis, Graves' disease, Guillain-Barré syndrome, idiopathic thrombocytopenic purpura, myasthenia gravis, some forms of myocarditis, multiple sclerosis, pemphigus/pemphigoid, pernicious anemia, polyarteritis nodosa, polymyositis, primary biliary cirrhosis, psoriasis, rheumatoid arthritis, scleroderma/systemic sclerosis, Sjögren's syndrome, systemic lupus, erythematosus, some forms of thyroiditis, some

forms of uveitis, vitiligo, granulomatosis with polyangiitis (Wegener's). Examples of viral infections include, but are not limited to, HIV- (human immunodeficiency virus), HSV- (herpes simplex virus), KSHV- (Kaposi's sarcoma-associated herpesvirus), RSV- (Respiratory Syncytial Virus), EBV- (Epstein-Barr virus), CMV- (cytomegalovirus), VZV (Varicella zoster virus), adenovirus-, a lentivirus-, a BK polyomavirus- associated disorders.

[000241] The treatment using the derived hematopoietic lineage cells of embodiments disclosed herein could be carried out upon symptom, or for relapse prevention. The terms "treating," "treatment," and the like are used herein to generally mean obtaining a desired pharmacologic and/or physiologic effect. The effect may be prophylactic in terms of completely or partially preventing a disease and/or may be therapeutic in terms of a partial or complete cure for a disease and/or adverse effect attributable to the disease. "Treatment" as used herein covers any intervention of a disease in a subject and includes: preventing the disease from occurring in a subject which may be predisposed to the disease but has not yet been diagnosed as having it; inhibiting the disease, i.e., arresting its development; or relieving the disease, i.e., causing regression of the disease. The therapeutic agent or composition may be administered before, during or after the onset of a disease or an injury. The treatment of ongoing disease, where the treatment stabilizes or reduces the undesirable clinical symptoms of the patient, is also of particular interest. In particular embodiments, the subject in need of a treatment has a disease, a condition, and/or an injury that can be contained, ameliorated, and/or improved in at least one associated symptom by a cell therapy. Certain embodiments contemplate that a subject in need of cell therapy, includes, but is not limited to, a candidate for bone marrow or stem cell transplantation, a subject who has received chemotherapy or irradiation therapy, a subject who has or is at risk of having a hyperproliferative disorder or a cancer, e.g., a hyperproliferative disorder or a cancer of hematopoietic system, a subject having or at risk of developing a tumor, e.g., a solid tumor, a subject who has or is at risk of having a viral infection or a disease associated with a viral infection.

[000242] When evaluating responsiveness to the treatment comprising the derived hematopoietic lineage cells of embodiments disclosed herein, the response can be measured by criteria comprising at least one of: clinical benefit rate, survival until mortality, pathological complete response, semi-quantitative measures of pathologic response, clinical complete remission, clinical partial remission, clinical stable disease, recurrence-free survival, metastasis free survival, disease free survival, circulating tumor cell decrease, circulating marker response, and RECIST (Response Evaluation Criteria In Solid Tumors) criteria.

[000243] The therapeutic composition comprising derived hematopoietic lineage cells as disclosed can be administered in a subject before, during, and/or after other treatments. As such

the method of a combinational therapy can involve the administration or preparation of iPSC derived immune cells before, during, and/or after the use of an additional therapeutic agent. As provided above, the one or more additional therapeutic agents comprise a peptide, a cytokine, a checkpoint inhibitor, a mitogen, a growth factor, a small RNA, a dsRNA (double stranded RNA), mononuclear blood cells, feeder cells, feeder cell components or replacement factors thereof, a vector comprising one or more polynucleic acids of interest, an antibody, a chemotherapeutic agent or a radioactive moiety, or an immunomodulatory drug (IMiD). The administration of the iPSC derived immune cells can be separated in time from the administration of an additional therapeutic agent by hours, days, or even weeks. Additionally, or alternatively, the administration can be combined with other biologically active agents or modalities such as, but not limited to, an antineoplastic agent, a non-drug therapy, such as, surgery.

[000244] In some embodiments of a combinational cell therapy, the therapeutic combination comprises the iPSC derived hematopoietic lineage cells provided herein and an additional therapeutic agent that is an antibody, or an antibody fragment. In some embodiments, the antibody is a monoclonal antibody. In some embodiments, the antibody may be a humanized antibody, a humanized monoclonal antibody, or a chimeric antibody. In some embodiments, the antibody, or antibody fragment, specifically binds to a viral antigen. In other embodiments, the antibody, or antibody fragment, specifically binds to a tumor antigen. In some embodiments, the tumor or viral specific antigen activates the administered iPSC derived hematopoietic lineage cells to enhance their killing ability. In some embodiments, the antibodies suitable for combinational treatment as an additional therapeutic agent to the administered iPSC derived hematopoietic lineage cells include, but are not limited to, CD20 antibodies (e.g., rituximab, velutuzumab, ofatumumab, ublituximab, ocaratuzumab, obinutuzumab), HER2 antibodies (e.g., trastuzumab, pertuzumab), CD52 antibodies (e.g., alemtuzumab), EGFR antibodies (e.g., certuximab), GD2 antibodies (e.g., dinutuximab), PDL1 antibodies (e.g., avelumab), CD38 antibodies (e.g., daratumumab, isatuximab, MOR202), CD123 antibodies (e.g., 7G3, CSL362), SLAMF7 antibodies (e.g., elotuzumab), MICA/B antibodies (e.g., 7C6, 6F11, 1C2), and their humanized or Fc modified variants or fragments or their functional equivalents or biosimilars.

[000245] In some embodiments, the additional therapeutic agent comprises one or more checkpoint inhibitors. Checkpoints are referred to cell molecules, often cell surface molecules, capable of suppressing or downregulating immune responses when not inhibited. Checkpoint inhibitors are antagonists capable of reducing checkpoint gene expression or gene products, or decreasing activity of checkpoint molecules. Suitable checkpoint inhibitors for combination therapy with the derivative effector cells, including NK or T cells, as provided herein include,

but are not limited to, antagonists of PD1 (Pdcd1, CD279), PDL-1 (CD274), TIM3 (Havcr2), TIGIT (WUCAM and Vstm3), LAG3 (Lag3, CD223), CTLA4 (Ctla4, CD152), 2B4 (CD244), 4-1BB (CD137), 4-1BBL (CD137L), A2aR, BATE, BTLA, CD39 (Entpd1), CD47, CD73 (NT5E), CD94, CD96, CD160, CD200, CD200R, CD274, CEACAM1, CSF-1R, Foxp1, GARP, HVEM, IDO, EDO, TDO, LAIR-1, MICA/B, NR4A2, MAFB, OCT-2 (Pou2f2), retinoic acid receptor alpha (Rara), TLR3, VISTA, NKG2A/HLA-E, and inhibitory KIR (for example, 2DL1, 2DL2, 2DL3, 3DL1, and 3DL2).

[000246] Some embodiments of the combination therapy comprising the provided derivative effector cells further comprise at least one inhibitor targeting a checkpoint molecule. Some other embodiments of the combination therapy with the provided derivative effector cells comprise two, three or more inhibitors such that two, three, or more checkpoint molecules are targeted. In some embodiments, the effector cells for combination therapy as described herein are derivative NK cells as provided. In some embodiments, the effector cells for combination therapy as described herein are derivative T cells. In some embodiments, the derivative NK or T cells for combination therapies are functionally enhanced as provided herein. In some embodiments, the two, three or more checkpoint inhibitors may be administered in a combination therapy with, before, or after the administering of the derivative effector cells. In some embodiments, the two or more checkpoint inhibitors are administered at the same time, or one at a time (sequential).

[000247] In some embodiments, the antagonist inhibiting any of the above checkpoint molecules is an antibody. In some embodiments, the checkpoint inhibitory antibodies may be murine antibodies, human antibodies, humanized antibodies, a camel Ig, a shark heavy-chain-only antibody (VNAR), Ig NAR, chimeric antibodies, recombinant antibodies, or antibody fragments thereof. Non-limiting examples of antibody fragments include Fab, Fab', F(ab)'₂, F(ab)'₃, Fv, single chain antigen binding fragments (scFv), (scFv)₂, disulfide stabilized Fv (dsFv), minibody, diabody, triabody, tetrabody, single-domain antigen binding fragments (sdAb, Nanobody), recombinant heavy-chain-only antibody (VHH), and other antibody fragments that maintain the binding specificity of the whole antibody, which may be more cost-effective to produce, more easily used, or more sensitive than the whole antibody. In some embodiments, the one, or two, or three, or more checkpoint inhibitors comprise at least one of atezolizumab, avelumab, durvalumab, ipilimumab, IPH4102, IPH43, IPH33, lirimumab, monalizumab, nivolumab, pembrolizumab, and their derivatives or functional equivalents.

[000248] The combination therapies comprising the derivative effector cells and one or more check inhibitors are applicable to treatment of liquid and solid cancers, including but not limited to cutaneous T-cell lymphoma, non-Hodgkin lymphoma (NHL), Mycosis fungoides, Pagetoid

reticulosis, Sezary syndrome, Granulomatous slack skin, Lymphomatoid papulosis, Pityriasis lichenoides chronica, Pityriasis lichenoides et varioliformis acuta, CD30⁺ cutaneous T-cell lymphoma, Secondary cutaneous CD30⁺ large cell lymphoma, non- mycosis fungoides CD30 cutaneous large T-cell lymphoma, Pleomorphic T-cell lymphoma, Lennert lymphoma, subcutaneous T-cell lymphoma, angiocentric lymphoma, blastic NK-cell lymphoma, B-cell Lymphomas, hodgkins lymphoma (HL), Head and neck tumor; Squamous cell carcinoma, rhabdomyosarcoma, Lewis lung carcinoma (LLC), non-small cell lung cancer, esophageal squamous cell carcinoma, esophageal adenocarcinoma, renal cell carcinoma (RCC), colorectal cancer (CRC), acute myeloid leukemia (AML), breast cancer, gastric cancer, prostatic small cell neuroendocrine carcinoma (SCNC), liver cancer, glioblastoma, liver cancer, oral squamous cell carcinoma, pancreatic cancer, thyroid papillary cancer, intrahepatic cholangiocellular carcinoma, hepatocellular carcinoma, bone cancer, metastasis, and nasopharyngeal carcinoma.

[000249] In some embodiments, other than the derivative effector cells as provided herein, a combination for therapeutic use comprises one or more additional therapeutic agents comprising a chemotherapeutic agent or a radioactive moiety. Chemotherapeutic agent refers to cytotoxic antineoplastic agents, that is, chemical agents which preferentially kill neoplastic cells or disrupt the cell cycle of rapidly-proliferating cells, or which are found to eradicate stem cancer cells, and which are used therapeutically to prevent or reduce the growth of neoplastic cells. Chemotherapeutic agents are also sometimes referred to as antineoplastic or cytotoxic drugs or agents, and are well known in the art.

[000250] In some embodiments, the chemotherapeutic agent comprises an anthracycline, an alkylating agent, an alkyl sulfonate, an aziridine, an ethylenimine, a methylmelamine, a nitrogen mustard, a nitrosourea, an antibiotic, an antimetabolite, a folic acid analog, a purine analog, a pyrimidine analog, an enzyme, a podophyllotoxin, a platinum-containing agent, an interferon, and an interleukin. Exemplary chemotherapeutic agents include, but are not limited to, alkylating agents (cyclophosphamide, mechlorethamine, mephalin, chlorambucil, heamethylmelamine, thiotepa, busulfan, carmustine, lomustine, semustine), antimetabolites (methotrexate, fluorouracil, floxuridine, cytarabine, 6-mercaptopurine, thioguanine, pentostatin), vinca alkaloids (vincristine, vinblastine, vindesine), epipodophyllotoxins (etoposide, etoposide orthoquinone, and teniposide), antibiotics (daunorubicin, doxorubicin, mitoxantrone, bisanthrene, actinomycin D, plicamycin, puromycin, and gramicidine D), paclitaxel, colchicine, cytochalasin B, emetine, maytansine, and amsacrine. Additional agents include aminoglutethimide, cisplatin, carboplatin, mitomycin, altretamine, cyclophosphamide, lomustine (CCNU), carmustine (BCNU), irinotecan (CPT-11), alemtuzumab, altretamine, anastrozole, L-asparaginase, azacitidine, bevacizumab, bexarotene, bleomycin, bortezomib, busulfan,

calusterone, capecitabine, celecoxib, cetuximab, cladribine, clofurabine, cytarabine, dacarbazine, denileukin diftitox, diethylstilbestrol, docetaxel, dromostanolone, epirubicin, erlotinib, estramustine, etoposide, ethinyl estradiol, exemestane, floxuridine, 5-fluorouracil, fludarabine, flutamide, fulvestrant, gefitinib, gemcitabine, goserelin, hydroxyurea, ibritumomab, idarubicin, ifosfamide, imatinib, interferon alpha (2a, 2b), irinotecan, letrozole, leucovorin, leuprolide, levamisole, meclorothamine, megestrol, melphalin, mercaptopurine, methotrexate, methoxsalen, mitomycin C, mitotane, mitoxantrone, nandrolone, nofetumomab, oxaliplatin, paclitaxel, pamidronate, pemetrexed, pegademase, pegaspargase, pentostatin, pipobroman, plicamycin, polifeprosan, porfimer, procarbazine, quinacrine, rituximab, sargramostim, streptozocin, tamoxifen, temozolomide, teniposide, testolactone, thioguanine, thiotepa, topotecan, toremifene, tositumomab, trastuzumab, tretinoin, uracil mustard, valrubicin, vinorelbine, and zoledronate. Other suitable agents are those that are approved for human use, including those that will be approved, as chemotherapeutics or radiotherapeutics, and known in the art. Such agents can be referenced through any of a number of standard physicians' and oncologists' references (e.g., Goodman & Gilman's The Pharmacological Basis of Therapeutics, Ninth Edition, McGraw-Hill, N.Y., 1995) or through the National Cancer Institute website (fda.gov/cder/cancer/druglistframe.htm), both as updated from time to time.

[000251] Immunomodulatory drugs (IMiDs) such as thalidomide, lenalidomide, and pomalidomide stimulate both NK cells and T cells. As provided herein, IMiDs may be used with the iPSC derived therapeutic immune cells for cancer treatments.

[000252] Other than an isolated population of iPSC derived hematopoietic lineage cells included in the therapeutic compositions, the compositions suitable for administration to a patient can further include one or more pharmaceutically acceptable carriers (additives) and/or diluents (e.g., pharmaceutically acceptable medium, for example, cell culture medium), or other pharmaceutically acceptable components. Pharmaceutically acceptable carriers and/or diluents are determined in part by the particular composition being administered, as well as by the particular method used to administer the therapeutic composition. Accordingly, there is a wide variety of suitable formulations of therapeutic compositions of the present invention (see, e.g., Remington's Pharmaceutical Sciences, 17th ed. 1985, the disclosure of which is hereby incorporated by reference in its entirety).

[000253] In one embodiment, the therapeutic composition comprises the pluripotent cell derived T cells made by the methods and composition disclosed herein. In one embodiment, the therapeutic composition comprises the pluripotent cell derived NK cells made by the methods and composition disclosed herein. In one embodiment, the therapeutic composition comprises the pluripotent cell derived CD34⁺ HE cells made by the methods and composition disclosed

herein. In one embodiment, the therapeutic composition comprises the pluripotent cell derived HSCs made by the methods and composition disclosed herein. In one embodiment, the therapeutic composition comprises the pluripotent cell derived MDSC made by the methods and composition disclosed herein. A therapeutic composition comprising a population of iPSC derived hematopoietic lineage cells as disclosed herein can be administered separately by intravenous, intraperitoneal, enteral, or tracheal administration methods or in combination with other suitable compounds to affect the desired treatment goals.

[000254] These pharmaceutically acceptable carriers and/or diluents can be present in amounts sufficient to maintain a pH of the therapeutic composition of between about 3 and about 10. As such, the buffering agent can be as much as about 5% on a weight to weight basis of the total composition. Electrolytes such as, but not limited to, sodium chloride and potassium chloride can also be included in the therapeutic composition. In one aspect, the pH of the therapeutic composition is in the range from about 4 to about 10. Alternatively, the pH of the therapeutic composition is in the range from about 5 to about 9, from about 6 to about 9, or from about 6.5 to about 8. In another embodiment, the therapeutic composition includes a buffer having a pH in one of said pH ranges. In another embodiment, the therapeutic composition has a pH of about 7. Alternatively, the therapeutic composition has a pH in a range from about 6.8 to about 7.4. In still another embodiment, the therapeutic composition has a pH of about 7.4.

[000255] The invention also provides, in part, the use of a pharmaceutically acceptable cell culture medium in particular compositions and/or cultures of the present invention. Such compositions are suitable for administration to human subjects. Generally speaking, any medium that supports the maintenance, growth, and/or health of the iPSC derived immune cells in accordance with embodiments of the invention are suitable for use as a pharmaceutical cell culture medium. In particular embodiments, the pharmaceutically acceptable cell culture medium is a serum free, and/or feeder-free medium. In various embodiments, the serum-free medium is animal-free, and can optionally be protein-free. Optionally, the medium can contain biopharmaceutically acceptable recombinant proteins. Animal-free medium refers to medium wherein the components are derived from non-animal sources. Recombinant proteins replace native animal proteins in animal-free medium and the nutrients are obtained from synthetic, plant or microbial sources. Protein-free medium, in contrast, is defined as substantially free of protein. One having ordinary skill in the art would appreciate that the above examples of media are illustrative and in no way limit the formulation of media suitable for use in the present invention and that there are many suitable media known and available to those in the art.

[000256] The isolated pluripotent stem cell derived hematopoietic lineage cells can have at least 50%, 60%, 70%, 80%, 90%, 95%, 98%, or 99% T cells, NK cells, NKT cells, proT cells,

proNK cells, CD34+ HE cells, HSCs, B cells, myeloid-derived suppressor cells (MDSCs), regulatory macrophages, regulatory dendritic cells, or mesenchymal stromal cells. In some embodiments, the isolated pluripotent stem cell derived hematopoietic lineage cells has about 95% to about 100% T cells, NK cells, proT cells, proNK cells, CD34+ HE cells, or myeloid-derived suppressor cells (MDSCs). In some embodiments, the present invention provides therapeutic compositions having purified T cells or NK cells, such as a composition having an isolated population of about 95% T cells, NK cells, proT cells, proNK cells, CD34+ HE cells, or myeloid-derived suppressor cells (MDSCs) to treat a subject in need of the cell therapy.

[000257] In one embodiment, the combinational cell therapy comprises a therapeutic protein or peptide and a population of NK cells derived from genomically engineered iPSCs, and the derivative NK cells are modulated with one or more small compound treatment described herein. In still some additional embodiments, the combinational cell therapy comprises daratumumab, isatuximab, or MOR202, and a population of NK or T cells derived from genomically engineered iPSCs comprising a genotype listed in Table 2, wherein the derived NK or T cells comprise a first CAR having an endodomain as provided, CD38 null, hnCD16, a second CAR and one or more exogenous cytokine.

[000258] As a person of ordinary skill in the art would understand, both autologous and allogeneic hematopoietic lineage cells derived from iPSC based on the methods and composition herein can be used in cell therapies as described above. For autologous transplantation, the isolated population of derived hematopoietic lineage cells are either complete or partial HLA-match with the patient. In another embodiment, the derived hematopoietic lineage cells are not HLA-matched to the subject, wherein the derived hematopoietic lineage cells are NK cells or T cell with HLA-I and HLA-II null.

[000259] In some embodiments, the number of derived hematopoietic lineage cells in the therapeutic composition is at least 0.1×10^5 cells, at least 1×10^5 cells, at least 5×10^5 cells, at least 1×10^6 cells, at least 5×10^6 cells, at least 1×10^7 cells, at least 5×10^7 cells, at least 1×10^8 cells, at least 5×10^8 cells, at least 1×10^9 cells, or at least 5×10^9 cells, per dose. In some embodiments, the number of derived hematopoietic lineage cells in the therapeutic composition is about 0.1×10^5 cells to about 1×10^6 cells, per dose; about 0.5×10^6 cells to about 1×10^7 cells, per dose; about 0.5×10^7 cells to about 1×10^8 cells, per dose; about 0.5×10^8 cells to about 1×10^9 cells, per dose; about 1×10^9 cells to about 5×10^9 cells, per dose; about 0.5×10^9 cells to about 8×10^9 cells, per dose; about 3×10^9 cells to about 3×10^{10} cells, per dose, or any range in-between. Generally, 1×10^8 cells/dose translates to 1.67×10^6 cells/kg for a 60 kg patient.

[000260] In one embodiment, the number of derived hematopoietic lineage cells in the therapeutic composition is the number of immune cells in a partial or single cord of blood, or is at least 0.1×10^5 cells/kg of bodyweight, at least 0.5×10^5 cells/kg of bodyweight, at least 1×10^5 cells/kg of bodyweight, at least 5×10^5 cells/kg of bodyweight, at least 10×10^5 cells/kg of bodyweight, at least 0.75×10^6 cells/kg of bodyweight, at least 1.25×10^6 cells/kg of bodyweight, at least 1.5×10^6 cells/kg of bodyweight, at least 1.75×10^6 cells/kg of bodyweight, at least 2×10^6 cells/kg of bodyweight, at least 2.5×10^6 cells/kg of bodyweight, at least 3×10^6 cells/kg of bodyweight, at least 4×10^6 cells/kg of bodyweight, at least 5×10^6 cells/kg of bodyweight, at least 10×10^6 cells/kg of bodyweight, at least 15×10^6 cells/kg of bodyweight, at least 20×10^6 cells/kg of bodyweight, at least 25×10^6 cells/kg of bodyweight, at least 30×10^6 cells/kg of bodyweight, 1×10^8 cells/kg of bodyweight, 5×10^8 cells/kg of bodyweight, or 1×10^9 cells/kg of bodyweight.

[000261] In one embodiment, a dose of derived hematopoietic lineage cells is delivered to a subject. In one illustrative embodiment, the effective amount of cells provided to a subject is at least 2×10^6 cells/kg, at least 3×10^6 cells/kg, at least 4×10^6 cells/kg, at least 5×10^6 cells/kg, at least 6×10^6 cells/kg, at least 7×10^6 cells/kg, at least 8×10^6 cells/kg, at least 9×10^6 cells/kg, or at least 10×10^6 cells/kg, or more cells/kg, including all intervening doses of cells.

[000262] In another illustrative embodiment, the effective amount of cells provided to a subject is about 2×10^6 cells/kg, about 3×10^6 cells/kg, about 4×10^6 cells/kg, about 5×10^6 cells/kg, about 6×10^6 cells/kg, about 7×10^6 cells/kg, about 8×10^6 cells/kg, about 9×10^6 cells/kg, or about 10×10^6 cells/kg, or more cells/kg, including all intervening doses of cells.

[000263] In another illustrative embodiment, the effective amount of cells provided to a subject is from about 2×10^6 cells/kg to about 10×10^6 cells/kg, about 3×10^6 cells/kg to about 10×10^6 cells/kg, about 4×10^6 cells/kg to about 10×10^6 cells/kg, about 5×10^6 cells/kg to about 10×10^6 cells/kg, 2×10^6 cells/kg to about 6×10^6 cells/kg, 2×10^6 cells/kg to about 7×10^6 cells/kg, 2×10^6 cells/kg to about 8×10^6 cells/kg, 3×10^6 cells/kg to about 6×10^6 cells/kg, 3×10^6 cells/kg to about 7×10^6 cells/kg, 3×10^6 cells/kg to about 8×10^6 cells/kg, 4×10^6 cells/kg to about 6×10^6 cells/kg, 4×10^6 cells/kg to about 7×10^6 cells/kg, 4×10^6 cells/kg to about 8×10^6 cells/kg, 5×10^6 cells/kg to about 6×10^6 cells/kg, 5×10^6 cells/kg to about 7×10^6 cells/kg, 5×10^6 cells/kg to about 8×10^6 cells/kg, or 6×10^6 cells/kg to about 8×10^6 cells/kg, including all intervening doses of cells.

[000264] In some embodiments, the therapeutic use of derived hematopoietic lineage cells is a single-dose treatment. In some embodiments, the therapeutic use of derived hematopoietic lineage cells is a multi-dose treatment. In some embodiments, the multi-dose treatment is one dose every day, every 3 days, every 7 days, every 10 days, every 15 days, every 20 days, every

25 days, every 30 days, every 35 days, every 40 days, every 45 days, or every 50 days, or any number of days in-between.

[000265] The compositions comprising a population of derived hematopoietic lineage cells of the invention can be sterile, and can be suitable and ready for administration (i.e., can be administered without any further processing) to human patients. A cell based composition that is ready for administration means that the composition does not require any further processing or manipulation prior to transplant or administration to a subject. In other embodiments, the invention provides an isolated population of derived hematopoietic lineage cells that are expanded and/or modulated prior to administration with one or more agents. For derived hematopoietic lineage cells that are genetically engineered to express recombinant TCR or CAR, the cells can be activated and expanded using methods as described, for example, in U.S. Patents 6,352,694.

[000266] In certain embodiments, the primary stimulatory signal and the co- stimulatory signal for the derived hematopoietic lineage cells can be provided by different protocols. For example, the agents providing each signal can be in solution or coupled to a surface. When coupled to a surface, the agents can be coupled to the same surface (i.e., in "cis" formation) or to separate surfaces (i.e., in "trans" formation). Alternatively, one agent can be coupled to a surface and the other agent in solution. In one embodiment, the agent providing the co-stimulatory signal can be bound to a cell surface and the agent providing the primary activation signal is in solution or coupled to a surface. In certain embodiments, both agents can be in solution. In another embodiment, the agents can be in soluble form, and then cross-linked to a surface, such as a cell expressing Fc receptors or an antibody or other binding agent which will bind to the agents such as disclosed in U.S. Patent Application Publication Nos. 20040101519 and 20060034810 for artificial antigen presenting cells (aAPCs) that are contemplated for use in activating and expanding T lymphocytes in embodiments of the present invention.

[000267] Some variation in dosage, frequency, and protocol will necessarily occur depending on the condition of the subject being treated. The person responsible for administration will, in any event, determine the appropriate dose, frequency and protocol for the individual subject.

EXAMPLES

[000268] The following examples are offered by way of illustration and not by way of limitation.

EXAMPLE 1 – Materials and Methods

[000269] To effectively select and test suicide systems under the control of various promoters in combination with different safe harbor loci integration strategies, a proprietary hiPSC platform of the applicant was used, which enables single cell passaging and high-throughput, 96-well plate-based flow cytometry sorting, to allow for the derivation of clonal hiPSCs with single or multiple genetic modulations.

[000270] ***hiPSC Maintenance in Small Molecule Culture:*** hiPSCs were routinely passaged as single cells once confluency of the culture reached 75%–90%. For single-cell dissociation, hiPSCs were washed once with PBS (Mediatech) and treated with Accutase (Millipore) for 3–5 min at 37°C followed with pipetting to ensure single-cell dissociation. The single-cell suspension was then mixed in equal volume with conventional medium, centrifuged at $225 \times g$ for 4 min, resuspended in FMM, and plated on Matrigel-coated surface. Passages were typically 1:6–1:8, transferred tissue culture plates previously coated with Matrigel for 2–4 hr in 37°C and fed every 2–3 days with FMM. Cell cultures were maintained in a humidified incubator set at 37°C and 5% CO₂.

[000271] ***Human iPSC engineering with ZFN, CRISPR for targeted editing of modalities of interest:*** Using ROSA26 targeted insertion as an example, for ZFN mediated genome editing, 2 million iPSCs were transfected with a mixture of 2.5ug ZFN-L (FTV893), 2.5ug ZFN-R (FTV894) and 5ug donor construct, for AAVS1 targeted insertion. For CRISPR mediated genome editing, 2 million iPSCs were transfected with a mixture of 5ug ROSA26-gRNA/Cas9 (FTV922) and 5ug donor construct, for ROSA26 targeted insertion. Transfection was done using Neon transfection system (Life Technologies) using the parameters 1500V, 10ms, 3 pulses. On day 2 or 3 after transfection, transfection efficiency was measured using flow cytometry if the plasmids contain artificial promoter-driver GFP and/or RFP expression cassette. On day 4 after transfection, puromycin was added to the medium at a concentration of 0.1ug/ml for the first 7 days and 0.2ug/ml after 7 days to select the targeted cells. During the puromycin selection, the cells were passaged onto fresh matrigel-coated wells on day 10. On day 16 or later of puromycin selection, the surviving cells were analyzed by flow cytometry for GFP⁺ iPS cell percentage.

[000272] ***Bulk sort and clonal sort of genome-edited iPSCs:*** iPSCs with genomic targeted editing using ZFN or CRISPR-Cas9 were bulk sorted and clonal sorted of GFP⁺SSEA4⁺TRA181⁺ iPSCs after 20 days of puromycin selection. Single cell dissociated targeted iPSC pools were resuspended in chilled staining buffer containing Hanks' Balanced Salt Solution (MediaTech), 4% fetal bovine serum (Invitrogen), 1x penicillin/streptomycin (Mediatech) and 10 mM Hepes (Mediatech); made fresh for optimal performance. Conjugated primary antibodies, including SSEA4-PE, TRA181-Alexa Fluor-647 (BD Biosciences), were

added to the cell solution and incubated on ice for 15 minutes. All antibodies were used at 7 μ L in 100 μ L staining buffer per million cells. The solution was washed once in staining buffer, spun down at 225 g for 4 minutes and resuspended in staining buffer containing 10 μ M Thiazovivn and maintained on ice for flow cytometry sorting. Flow cytometry sorting was performed on FACS Aria II (BD Biosciences). For the bulk sort, GFP⁺SSEA4⁺TRA181⁺ cells were gated and sorted into 15 ml canonical tubes filled with 7 ml FMM. For the clonal sort, the sorted cells were directly ejected into 96-well plates using the 100 μ M nozzle, at concentrations of 3 events per well. Each well was prefilled with 200 μ L FMM supplemented with 5 μ g/mL fibronectin and 1x penicillin/streptomycin (Mediatech) and previously coated overnight with 5x Matrigel. 5x Matrigel precoating includes adding one aliquot of Matrigel into 5 mL of DMEM/F12, then incubated overnight at 4°C to allow for proper resuspension and finally added to 96-well plates at 50 μ L per well followed by overnight incubation at 37°C. The 5x Matrigel is aspirated immediately before the addition of media to each well. Upon completion of the sort, 96-well plates were centrifuged for 1-2 min at 225 g prior to incubation. The plates were left undisturbed for seven days. On the seventh day, 150 μ L of medium was removed from each well and replaced with 100 μ L FMM. Wells were refed with an additional 100 μ L FMM on day 10 post sort. Colony formation was detected as early as day 2 and most colonies were expanded between days 7-10 post sort. In the first passage, wells were washed with PBS and dissociated with 30 μ L Accutase for approximately 10 min at 37°C. The need for extended Accutase treatment reflects the compactness of colonies that have sat idle in culture for a prolonged duration. After cells are seen to be dissociating, 200 μ L of FMM is added to each well and pipetted several times to break up the colony. The dissociated colony is transferred to another well of a 96-well plate previously coated with 5x Matrigel and then centrifuged for 2 min at 225 g prior to incubation. This 1:1 passage is conducted to spread out the early colony prior to expansion. Subsequent passages were done routinely with Accutase treatment for 3-5 min and expansion of 1:4-1:8 upon 75-90% confluency into larger wells previously coated with 1x Matrigel in FMM. Each clonal cell line was analyzed for GFP fluorescence level and TRA1-81 expression level. Clonal lines with near 100% GFP⁺ and TRA181⁺ were selected for further PCR screening and analysis. Flow cytometry analysis was performed on Guava EasyCyte 8 HT (Millipore) and analyzed using Flowjo (FlowJo, LLC).

EXAMPLE 2 – *In vitro* and *in vivo* Function Profiling of Small Compound Treated iPSC-derived NK cells

[000273] iNK cells expressing a chimeric antigen receptor specific for CD19 were treated with dexamethasone or dexamethasone and IL7 for the last 5 days of expansion after

differentiation, without either IL15 or IL2 supplemented in the expansion medium. Granzyme B levels were then compared to control, untreated iNK cells by flow cytometry staining. The geometric mean fluorescence intensity (GMFI) in FIG. 1A shows that granzyme B protein levels in dexamethasone or dexamethasone and IL7 treated iNK cells are decreased in comparison to untreated control. Similar function suppression reflected by reduced granzyme B expression was observed using primary NK cells treated with dexamethasone. As shown in FIG. 1B, peripheral blood NK cells were treated with either IL15, which is known to upregulate granzyme levels, or with dexamethasone at either 1 or 10 uM. Additional concentration levels of dexamethasone have been tested showing the effect is not particularly concentration dependent. Granzyme B levels were determined by flow cytometry staining, and the geometric mean fluorescence intensity (GMFI) shown in FIG. 1B also indicates reduced granzyme B expression, and thus suppressed cell function of the treated primary NK cells.

[000274] iNK cells expressing CD19-CAR were treated with dexamethasone, lenalidomide, rapamycin, or dexamethasone and lenalidomide in combination for 5 days and cryopreserved. Cells were thawed and were used as effectors immediately in a 4 hr cytotoxicity assay against Nalm6 (CD19⁺) or Nalm6 CD19 knockout (19ko) cells to assess cytotoxicity. The EC50 was determined by non-linear regression, where EC50 = the E:T ratio needed to achieve 50% specific cytotoxicity, such that a lower EC50 indicates greater cytotoxicity. As shown in FIG. 2A, the small molecule treatment of CAR-expressing iNK cells improves antigen specific recognition, with dexamethasone demonstrating the best discrimination between the antigen positive and negative targets. It remains to be seen whether the less non-specific interaction *in vitro* may promote better biodistribution of effector cells *in vivo*, which is beneficial to cell efficacy.

[000275] Additional assessment of iNK cell cytotoxicity was conducted using iNK cells expressing CD19-CAR that were treated with dexamethasone, lenalidomide, rapamycin, or dexamethasone and lenalidomide in combination for 5 days, cryopreserved, thawed, and then rested overnight prior to starting the cytotoxicity assay. Similarly, the EC50 was determined by non-linear regression, where EC50 = the E:T ratio needed to achieve 50% specific cytotoxicity, such that a lower EC50 indicates greater cytotoxicity. As shown in FIG. 2B, small compound treatment during iNK cell expansion after differentiation results in better functional recovery over time, with dexamethasone being superior to rapamycin treatment, and dexamethasone/lenalidomide combo treatment, out-performing the control cells that were not treated prior to cryopreservation.

[000276] To conduct a long-range killing assay, the CAR-iNK cells were treated with the indicated compounds, cryopreserved, then thawed and used as effectors in a 24-hr cytotoxicity

assay against the Raji B cell lymphoma line. The results are shown in FIG. 3A as the normalized number of target cells remaining at each timepoint, where targets alone = 100, and the lower the target number the better the cytotoxicity. The area over the curve (AOC) was also calculated for cytotoxicity against Raji and Raji CD19 knockout (CD19KO) cells (FIG. 3B). Greater AOC corresponds to increased cytotoxicity. As shown in FIGs. 3A and 3B, dexamethasone alone, or in combination with lenalidomide conveys the best tumor killing performance in the CAR-iNK cells, followed by lenalidomide-treated and AQX-treated cells. Consistent with the cytotoxicity assay in FIGs. 2A and 2B, dexamethasone treatment results in better discrimination between antigen positive and negative targets (see FIG. 3B). In comparison, the cryopreserved and thawed CAR-iNK cells without prior treatment do not control tumor cell growth as effectively.

[000277] To assess the impact of compound treatment to the cells' *in vivo* efficacy, CAR-iNK cells were treated with the indicated compounds for the final 5 days of culture prior to cryopreservation. Then the cryopreserved control cells or compound-treated CD19-CAR iNK cells were thawed from frozen stock and were used to treat NSG mice that had been transplanted one-day prior with 1E5 Nalm6-luciferase cells. Tumor progression was monitored at days 7 and 14 by bioluminescent imaging. As shown in FIG. 4A, the compound-treatment of iNK cultures using dexamethasone alone or the dexamethasone and lenalidomide combo improves *in vivo* efficacy.

[000278] CD19-CAR hnCD16 iNK cells treated with dexamethasone for the final 5 days of culture prior to cryopreservation were tested in an *in vivo* model of B cell lymphoma using NSG mice transplanted one day prior with 1E5 Raji-luciferase cells. Cryopreserved CD19-CAR hnCD16 iNK cells treated with dexamethasone during culture and prior to freezing, were thawed and infused into Raji-luciferase inoculated mice at 1, 4 and 7 day(s) post inoculation in combination with Rituximab (0.3ug/mouse) at 1 day post inoculation. Tumor progression was monitored at days 2, 7, and 15 by bioluminescent imaging. As shown in FIG. 4B, the combination of Rituximab with CD19-CAR hnCD16 iNK cells treated with dexamethasone provided improved control of tumor growth over treatment with Rituximab alone without said iNK cells.

[000279] MICA/B-CAR iNK cells treated with dexamethasone for the final 5 days of culture prior to cryopreservation were tested in an *in vivo* model of solid tumor metastasis using NSG mice transplanted IV one day prior with B16 melanoma cells engineered to express MICA. Cryopreserved MICA/B-CAR iNK cells treated with dexamethasone during culture and prior to freezing, were thawed and infused into the tumor-transplanted mice. 14 days after tumor transplant, the number of tumor nodules in the lungs (FIG. 4C) and the number of iNK cells present in the spleen (FIG. 4D) were quantified. As shown in FIGs. 4C and 4D, the compound-

treatment of iNK cultures using dexamethasone alone improved tumor growth control and iNK persistence, as compared to iNK cells that were not treated prior to cryopreservation.

[000280] To further demonstrate *in vivo* iNK cell persistence, *in vitro* expanded peripheral blood NK cells, iNK cells cultured without dexamethasone, or iNK cells cultured with dexamethasone were injected in three weekly injections of about 1.2E7 cells into NSG mice in the absence of tumor (study days 1, 8, and 15). Persistence of the injected cells in the peripheral blood was assessed by flow cytometry on days 8, 15, 16, 22, 29, 36, and 43. As shown in FIG. 4E, the compound-treatment of iNK cultures using dexamethasone alone improved iNK cell persistence throughout the duration of the study.

[000281] Differential gene analysis was carried out using RNAseq™ to compare the gene expression profile between un-treated control iNK cells and iNK cells treated with dexamethasone or dexamethasone/lenolidamide combo during expansion after differentiation. As shown in FIG. 5, treatment of iNK cells with dexamethasone or dexamethasone and lenolidamide drives unique gene expression profiles. For dexamethasone treated iNK cells, the most differentially expressed genes when compared to untreated iNK cells include at least up-regulated genes such as SPOCK2, PTGDS, IL7R, LCNL1, RASGRP2, SMAP2; and down-regulated genes such as JCHAIN, KLF3, KLRB1, IGFBP4 and NUCB2. Known information about these genes is briefly described in Table 4:

Table 4: Examples of Differentially Expressed Genes in Dexamethasone Treated iNK Cells:

Gene Name	UniProtKB No.	Protein Name	Function Annotation
SPOCK2	Q92563	Testican-2	extracellular matrix binding; positive regulation of cell motility; regulation of cell differentiation
PTGDS	P41222	Prostaglandin-H2 D-isomerase	catalyzes the conversion of PGH2 to prostaglandin, PGD2
IL7R	P16871	Interleukin-7 receptor subunit alpha	immune response, cell surface receptor signaling pathway
LCNL1	Q6ZST4	Lipocalin-like 1 protein	small molecule binding
RASGRP2	Q7LDG7	RAS guanyl-releasing protein 2	signal transduction, regulation of cell growth
SMAP2	Q9H3U7	SPARC-related modular calcium-binding protein 2	positive regulation of cell adhesion
JCHAIN	P01591	Immunoglobulin J chain	innate immune response
KLF3	P57682	Krueppel-like factor 3	negative regulation of transcription by RNA polymerase II
KLRB1	Q12918	Killer cell lectin-like receptor subfamily B	plays an inhibitory role on natural killer (NK) cells cytotoxicity

		member 1	
IGFBP4	P22692	Insulin-like growth factor-binding protein 4	IGF-binding proteins prolong the half-life of the IGFs to either inhibit or stimulate the growth promoting effects of the IGFs on cell culture
NUCB2	P80303	Nucleobindin-2	calcium-binding protein, signal transduction

EXAMPLE 3 – *In vitro* and *in vivo* Function Profiling of Small Compound Treated iPSC-derived T cells

[000282] iT cells expressing a chimeric antigen receptor specific for CD19 were treated with dexamethasone (with or without IL7 combination) for the last 5 days of expansion using feeder cells expressing 41BBL and IL21 or CD19^{low} after differentiation from iPSC. Cultures of control CAR-iT cells or CAR-iT cells cultured with dexamethasone were assessed by RNAseq, and differential gene set enrichment analysis was performed. Treatment of iT cells with dexamethasone drives unique gene expression profiles. As shown in FIG. 6, IL6ST, IL-7R and IL2RA were highly induced by dexamethasone treatment, whereas CXCR6 and CSF2RB are highly expressed in iT cells without dexamethasone treatment. The dexamethasone treatment with (control) or without IL7 had no significant difference in CAR-iT cell fold expansion (FIG. 7A). Various cell surface markers were then evaluated by flow cytometry. Phenotype was not affected by the absence of IL7 during dexamethasone treatment (FIGs. 7B-7C), further indicating that supplementing IL7 with dexamethasone is not required during CAR-iT cell expansion.

[000283] CAR-iT cells were expanded with or without dexamethasone treatment for the final 5 days of culture prior to cryopreservation. Cryopreserved control or dexamethasone-treated CD19-CAR iT cells were thawed from frozen stock and were i.v. administered on day 3, 6, and 9 to NSG female mice (N=5 in each group) that had been i.v. injected three-days prior at day 0 with 1E5 Nalm6-luciferase cells. Tumor progression was monitored at days 7, 14 and 20 post tumor injection by bioluminescent imaging. CAR-iT cells treated with dexamethasone (FIG. 8B) were compared with control cells without dexamethasone treatment (FIG. 8A) in cultures for iv/iv *in vivo* efficacy. As shown, dexamethasone treatment has improved iT *in vivo* efficacy. FIGs. 9A-9B show that CAR-iT cells with dexamethasone treatment perform superior to primary CAR-T cells in *in vivo* tumor control and clearance. The mice used in generating FIGs. 9A-9B data were sacrificed on day 24, 31, 35 post tumor injection to analyze human and tumor cells by flow cytometry, and as shown in FIGs. 10A-10B, the dexamethasone treated CAR-iT cells persist in mouse bone marrow tissue in the systemic xenographic mouse model of

lymphoblastic leukemia and has a prolonged survival rate when compared to primary CAR-T cells (days of survival >80days, $p>0.1$), further confirming the dexamethasone treatment's impact in *in vivo* efficacy of iPSC derived effector cells.

[000284] In a further cytokine withdrawal study, the CAR-iT cells were cultured with dexamethasone only (without cytokines), with dexamethasone and cytokine IL7 only (no IL2 or IL15), or with various cytokine combinations of IL2, IL7 and IL15 (data not shown). After 7 day culturing, the cell proliferation and expansion were evaluated. As shown in FIGs. 11A-11B, the dexamethasone treated CAR-iT cells showed cell phenotypes similar to those of the CAR-iT cells treated with dexamethasone + IL7. As shown in FIG. 11C, the dexamethasone treatment in the absence of cytokines had much lower CAR-iT cell expansion in comparison to dexamethasone treatment with various combinations of IL2, IL7 and IL15. The CAR-iT cells treated with dexamethasone alone and dexamethasone + IL7 were i.v. administered on days 3, 6, and 9 post tumor transplant to NSG female mice (N=5 in each group) that had been i.v. injected three-days prior at day 0 with $1E5$ Nalm6-luciferase cells. Tumor progression was monitored at days 2, 7, 14, 21, 28 and 35 post tumor injection by bioluminescent imaging. As shown in FIG. 11D, CAR-iT cells treated with dexamethasone alone (no cytokines) and dexamethasone + IL7 were compared with control cells without dexamethasone treatment in cultures for iv/iv *in vivo* efficacy. Despite having a lower *in vitro* expansion rate, the CAR-iT cells treated with dexamethasone only surprisingly had an *in vivo* efficacy at least as well as CAR-iT cells treated with dexamethasone + IL7, and both of the treated CAR-iT cells showed improved efficacy over untreated cells (no dex or cytokines).

[000285] One skilled in the art would readily appreciate that the methods, compositions, and products described herein are representative of exemplary embodiments, and not intended as limitations on the scope of the invention. It will be readily apparent to one skilled in the art that varying substitutions and modifications may be made to the present disclosure disclosed herein without departing from the scope and spirit of the invention.

[000286] All patents and publications mentioned in the specification are indicative of the levels of those skilled in the art to which the present disclosure pertains. All patents and publications are herein incorporated by reference to the same extent as if each individual publication was specifically and individually indicated as incorporated by reference.

[000287] The present disclosure illustratively described herein suitably may be practiced in the absence of any element or elements, limitation or limitations that are not specifically disclosed herein. Thus, for example, in each instance herein any of the terms "comprising," "consisting essentially of," and "consisting of" may be replaced with either of the other two

terms. The terms and expressions which have been employed are used as terms of description and not of limitation, and there is no intention that in the use of such terms and expressions of excluding any equivalents of the features shown and described or portions thereof, but it is recognized that various modifications are possible within the scope of the present disclosure claimed. Thus, it should be understood that although the present disclosure has been specifically disclosed by preferred embodiments and optional features, modification and variation of the concepts herein disclosed may be resorted to by those skilled in the art, and that such modifications and variations are considered to be within the scope of this invention as defined by the appended claims.

CLAIMS

What is claimed is:

1. A method of manufacturing an immune cell or a population thereof, comprising subjecting the immune cell to a small compound treatment comprising at least one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analogue thereof, thereby obtaining an immune cell having enhanced post-thaw cytotoxicity as compared to a counterpart immune cell without the same small compound treatment.
2. The method of claim 1, wherein the immune cell is a derivative effector immune cell differentiated from an induced pluripotent stem cell (iPSC), wherein the effector immune cell comprises: a derivative CD34 cell, a derivative hematopoietic stem and progenitor cell, a derivative hematopoietic multipotent progenitor cell, a derivative T cell progenitor, a derivative NK cell progenitor, a derivative T cell, a derivative NKT cell, a derivative NK cell, a derivative B cell, or a derivative effector cell having one or more functional features that are not present in a counterpart primary T, NK, NKT, and/or B cell.
3. The method of claim 2, wherein the iPSC comprises at least one of the following edits:
 - (i) a first chimeric antigen receptor (CAR) having a first targeting specificity;
 - (ii) CD38 knockout;
 - (iii) HLA-I deficiency and/or HLA-II deficiency, in comparison to its native counterpart cell;
 - (iv) introduced expression of HLA-G or non-cleavable HLA-G, or knockout of one or both of CD58 and CD54;
 - (v) a CD16 or a variant thereof;
 - (vi) a second CAR having a second targeting specificity;
 - (vii) a signaling complex comprising a partial or full peptide of a cell surface expressed exogenous cytokine and/or a receptor thereof;
 - (viii) at least one of the genotypes listed in Table 2;
 - (ix) deletion or reduced expression in at least one of B2M, CIITA, TAP1, TAP2, Tapasin, NLRC5, CIITA, RFXANK, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD25, CD69, CD44, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, and TIGIT, in comparison to its native counterpart cell; or

- (x) introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD16, CD47, CD113, CD131, CD137, CD80, PDL1, A_{2A}R, antigen-specific TCR, Fc receptor, an antibody or fragment thereof, a checkpoint inhibitor, an engager, and surface triggering receptor for coupling with bi- or multi-specific or universal engagers; and wherein the effector immune cell differentiated from the iPSC comprises the same one or more edits as the iPSC.
4. The method of claim 3, wherein the first CAR comprises:
- (i) an ectodomain comprising at least one antigen recognition region, a transmembrane domain, and an endodomain comprising at least one signaling domain; and wherein the at least one signaling domain is originated from a cytoplasmic domain of a signal transducing protein specific to T and/or NK cell activation or functioning;
 - (ii) an antigen recognition domain that specifically binds an antigen associated with a disease, a pathogen, a liquid tumor, or a solid tumor; or
 - (iii) an antigen recognition domain that is specific to:
 - (a) any one of CD19, BCMA, CD20, CD22, CD38, CD123, HER2, CD52, EGFR, GD2, MICA/B, MSLN, VEGF-R2, PSMA and PDL1; or
 - (b) any one of ADGRE2, carbonic anhydrase IX (CAIX), CCR1, CCR4, carcinoembryonic antigen (CEA), CD3, CD5, CD7, CD8, CD10, CD20, CD22, CD30, CD33, CD34, CD38, CD41, CD44, CD44V6, CD49f, CD56, CD70, CD74, CD99, CD123, CD133, CD138, CDS, CLEC12A, an antigen of a cytomegalovirus (CMV) infected cell, epithelial glycoprotein2 (EGP 2), epithelial glycoprotein-40 (EGP-40), epithelial cell adhesion molecule (EpCAM), EGFRvIII, receptor tyrosine-protein kinases erb- B2,3,4, EGFR, EGFR-VIII, ERBB folate-binding protein (FBP), fetal acetylcholine receptor (AChR), folate receptor-a, Ganglioside G2 (GD2), Ganglioside G3 (GD3), human Epidermal Growth Factor Receptor 2 (HER-2), human telomerase reverse transcriptase (hTERT), ICAM-1, Integrin B7, Interleukin-13 receptor subunit alpha-2 (IL-13R α 2), κ -light chain, kinase insert domain receptor (KDR), Lewis A (CA19.9), Lewis Y (LeY), L1 cell adhesion molecule (L1-CAM), LILRB2, melanoma antigen family A 1 (MAGE-A1), MICA/B, Mucin 1 (Muc-1), Mucin 16 (Muc-16), Mesothelin (MSLN), NKCSI, NKG2D ligands, c-Met, cancer-testis antigen NY-ESO-1, oncofetal antigen

(h5T4), PRAME, prostate stem cell antigen (PSCA), PRAME prostate-specific membrane antigen (PSMA), tumor-associated glycoprotein 72 (TAG-72), TIM-3, TRBC1, TRBC2, vascular endothelial growth factor R2 (VEGF- R2), and Wilms tumor protein (WT-1).

5. The method of claim 3, wherein the first CAR is comprised in a bi-cistronic construct co-expressing:

- (1) a partial or full-length peptide of a cell surface expressed exogenous cytokine or a receptor thereof, wherein the exogenous cytokine or receptor thereof comprises:
 - (a) at least one of IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL15, IL18, IL21, or its respective receptor;
 - (b) at least one of:
 - (i) co-expression of IL15 and IL15R α by using a self-cleaving peptide;
 - (ii) a fusion protein of IL15 and IL15R α ;
 - (iii) an IL15/IL15R α fusion protein with intracellular domain of IL15R α truncated or eliminated;
 - (iv) a fusion protein of IL15 and membrane bound Sushi domain of IL15R α ;
 - (v) a fusion protein of IL15 and IL15R β ;
 - (vi) a fusion protein of IL15 and common receptor γ C, wherein the common receptor γ C is native or modified; and
 - (vii) a homodimer of IL15R β ;
- (2) an antibody or fragment thereof;
- (3) an engager; or
- (4) a checkpoint inhibitor.

6. The method of claim 1, wherein the small compound treatment of the immune cell is prior to or subsequent to cryopreservation of the immune cell.

7. The method of claim 1, wherein the method further comprises cryopreserving the immune cell subjected to the small compound treatment.

8. The method of claim 7, wherein the cryopreservation is free or substantially free of one or more small compounds of the treatment.

9. The method of claim 1, wherein the enhanced post-thaw cytotoxicity comprises enhanced *in vivo* efficacy of immune cells thawed after cryogenic preservation, and wherein the post-thaw immune cells having the small compound treatment comprise at least one of the following characteristics:
- (i) enhanced ability in tumor control, tumor clearance, and/or reducing tumor relapse;
 - (ii) improved tumor penetration; or
 - (iii) enhanced ability in migrating to bone marrow and/or to tumor sites,
- as compared to post-thaw counterpart immune cells without the same small compound treatment.
10. The method of claim 1, wherein the small compound treatment:
- (i) comprises dexamethasone, or a derivative or an analog thereof;
 - (ii) is free or essentially free of cytokine IL7, optionally, wherein the immune cell under the treatment is a T cell;
 - (iii) is free or essentially free of cytokine IL2 and/or cytokine IL15, optionally, wherein the immune cell under the treatment is an NK cell;
 - (iv) comprises dexamethasone, but does not comprise cytokine IL7;
 - (v) is free or essentially free of cytokines;
 - (vi) is during cell culturing and/or prior to or subsequent to cryopreservation;
 - (vii) is during immune cell expansion after differentiating the cell from iPSC; and/or
 - (viii) lasts between about 1 to about 12 days, or between about 3 to about 6 days, prior to cryopreservation.
11. The method of claim 10, wherein the dexamethasone is present at a concentration range between about 10nM to about 20μM.
12. A cell or a population thereof, wherein:
- (i) the cell is an immune cell that has been subjected to a small compound treatment comprising at least one of dexamethasone, lenalidomide, AQX-1125, and a derivative or an analogue thereof; and
 - (ii) the immune cell comprises enhanced post-thaw cytotoxicity as compared to a counterpart immune cell without the same small compound treatment.
13. The cell or the population thereof of claim 12, wherein:

- (iii) the immune cell is a derivative effector immune cell differentiated from an induced pluripotent stem cell (iPSC); and
- (iv) the effector immune cell comprises: a derivative CD34 cell, a derivative hematopoietic stem and progenitor cell, a derivative hematopoietic multipotent progenitor cell, a derivative T cell progenitor, a derivative NK cell progenitor, a derivative T cell, a derivative NKT cell, a derivative NK cell, a derivative B cell, or a derivative effector cell having one or more functional features that are not present in a counterpart primary T, NK, NKT, and/or B cell.

14. The cell or the population thereof of claim 13, wherein the iPSC comprises at least one of the following edits:

- (i) a first chimeric antigen receptor (CAR) having a first targeting specificity;
- (ii) CD38 knockout;
- (iii) HLA-I deficiency and/or HLA-II deficiency, in comparison to its native counterpart cell;
- (iv) introduced expression of HLA-G or non-cleavable HLA-G, or knockout of one or both of CD58 and CD54;
- (v) a CD16 or a variant thereof;
- (vi) a second CAR having a second targeting specificity;
- (vii) a signaling complex comprising a partial or full peptide of a cell surface expressed exogenous cytokine and/or a receptor thereof;
- (viii) at least one of the genotypes listed in Table 2;
- (ix) deletion or reduced expression in at least one of B2M, CIITA, TAP1, TAP2, Tapasin, NLRC5, CIITA, RFXANK, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD25, CD69, CD44, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, and TIGIT, in comparison to its native counterpart cell; or
- (x) introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD16, CD47, CD113, CD131, CD137, CD80, PDL1, A_{2A}R, antigen-specific TCR, Fc receptor, an antibody or fragment thereof, a checkpoint inhibitor, an engager, and surface triggering receptor for coupling with bi- or multi-specific or universal engagers; and wherein the effector immune cell differentiated from the iPSC comprises the same one or more edits as the iPSC.

15. The cell or the population thereof of claim 14, wherein the first and second CARs independently comprise:

- (i) an ectodomain comprising at least one antigen recognition region, a transmembrane domain, and an endodomain comprising at least one signaling domain; and wherein the at least one signaling domain is originated from a cytoplasmic domain of a signal transducing protein specific to T and/or NK cell activation or functioning;
- (ii) an antigen recognition domain that specifically binds an antigen associated with a disease, a pathogen, a liquid tumor, or a solid tumor; or
- (iii) an antigen recognition domain that is specific to:
 - (a) any one of CD19, BCMA, CD20, CD22, CD38, CD123, HER2, CD52, EGFR, GD2, MICA/B, MSLN, VEGF-R2, PSMA and PDL1; or
 - (b) any one of ADGRE2, carbonic anhydrase IX (CAIX), CCR1, CCR4, carcinoembryonic antigen (CEA), CD3, CD5, CD7, CD8, CD10, CD20, CD22, CD30, CD33, CD34, CD38, CD41, CD44, CD44V6, CD49f, CD56, CD70, CD74, CD99, CD123, CD133, CD138, CDS, CLEC12A, an antigen of a cytomegalovirus (CMV) infected cell, epithelial glycoprotein2 (EGP 2), epithelial glycoprotein-40 (EGP-40), epithelial cell adhesion molecule (EpCAM), EGFRvIII, receptor tyrosine-protein kinases erb- B2,3,4, EGFR, EGFR-VIII, ERBB folate-binding protein (FBP), fetal acetylcholine receptor (AChR), folate receptor-a, Ganglioside G2 (GD2), Ganglioside G3 (GD3), human Epidermal Growth Factor Receptor 2 (HER-2), human telomerase reverse transcriptase (hTERT), ICAM-1, Integrin B7, Interleukin-13 receptor subunit alpha-2 (IL-13R α 2), κ -light chain, kinase insert domain receptor (KDR), Lewis A (CA19.9), Lewis Y (LeY), L1 cell adhesion molecule (L1-CAM), LILRB2, melanoma antigen family A 1 (MAGE-A1), MICA/B, Mucin 1 (Muc-1), Mucin 16 (Muc-16), Mesothelin (MSLN), NKCSI, NKG2D ligands, c-Met, cancer-testis antigen NY-ESO-1, oncofetal antigen (h5T4), PRAME, prostate stem cell antigen (PSCA), PRAME prostate-specific membrane antigen (PSMA), tumor-associated glycoprotein 72 (TAG-72), TIM-3, TRBC1, TRBC2, vascular endothelial growth factor R2 (VEGF-R2), and Wilms tumor protein (WT-1).

16. The cell or the population thereof of claim 14, wherein the first CAR is comprised in a bi-cistronic construct co-expressing:

- (1) a partial or full-length peptide of a cell surface expressed exogenous cytokine or a receptor thereof, wherein the exogenous cytokine or receptor thereof comprises:
 - (a) at least one of IL2, IL4, IL6, IL7, IL9, IL10, IL11, IL12, IL15, IL18, IL21, or its respective receptor;
 - (b) at least one of:
 - (i) co-expression of IL15 and IL15R α by using a self-cleaving peptide;
 - (ii) a fusion protein of IL15 and IL15R α ;
 - (iii) an IL15/IL15R α fusion protein with intracellular domain of IL15R α truncated or eliminated;
 - (iv) a fusion protein of IL15 and membrane bound Sushi domain of IL15R α ;
 - (v) a fusion protein of IL15 and IL15R β ;
 - (vi) a fusion protein of IL15 and common receptor γ C, wherein the common receptor γ C is native or modified; and
 - (vii) a homodimer of IL15R β ;
- (2) an antibody or fragment thereof; or
- (3) a checkpoint inhibitor.

17. The cell or the population thereof of claim 12, wherein the small compound treatment of the immune cell is prior to cryopreservation of the immune cell.

18. The cell or the population thereof of claim 12, wherein the small compound treated immune cell is:

- (i) comprised in a pre-cryopreservation medium;
- (ii) comprised in a cryopreservation medium;
- (iii) in cryopreservation; or
- (iv) post-thaw from cryopreservation.

19. The cell or the population thereof of claim 12, wherein the cryopreservation is free or substantially free of one or more small compounds of the treatment.

20. The cell or the population thereof of claim 12, wherein the enhanced post-thaw cytotoxicity comprises enhanced *in vivo* efficacy of immune cells thawed after cryogenic

preservation, and wherein the post-thaw immune cells having the small compound treatment prior to the cryogenic preservation comprise at least one of the following characteristics:

- (i) enhanced ability in tumor control, tumor clearance, and/or reducing tumor relapse;
- (ii) improved tumor penetration; or
- (iii) enhanced ability in migrating to bone marrow and/or to tumor sites,

as compared to post-thaw counterpart immune cells without the same small compound treatment.

21. The cell or the population thereof of claim 12, wherein the small compound treatment:

- (i) comprises dexamethasone;
- (ii) is free or essentially free of cytokine IL7, optionally, wherein the immune cell under the treatment is a T cell;
- (iii) is free or essentially free of cytokine IL2 and/or cytokine IL15, optionally, wherein the immune cell under the treatment is an NK cell;
- (iv) comprises dexamethasone, but does not comprise cytokine IL7;
- (v) is free or essentially free of cytokines;
- (vi) is during cell culturing and/or prior to or subsequent to cryopreservation;
- (vii) is during immune cell expansion after differentiating the cell from iPSC; and/or
- (viii) lasts between about 1 to about 12 days, or between about 3 to about 6 days, prior to cryopreservation.

22. The cell or the population thereof of claim 21, wherein the dexamethasone is present at a concentration range between about 10nM to about 20μM.

23. The cell or the population thereof of claim 12, wherein the immune cell comprises one or more differentially expressed genes comprising at least one of:

- (i) SPOCK2, PTGDS, IL7R, LCNL1, RASGRP2, SMAP2, IL6ST, IL-7R, and IL2RA up-regulation; or
- (ii) JCHAIN, KLF3, KLRB1, IGFBP4, NUCB2, CSF2RB, and CXCR6 down-regulation,

as compared to a counterpart immune cell without the same small compound treatment.

24. The cell or the population thereof of claim 12, wherein the immune cell is comprised in a medium, wherein the medium:

- (i) comprises dexamethasone;
- (ii) comprises lenalidomide;

- (iii) comprises AQX-1125;
- (iv) comprises dexamethasone and lenalidomide;
- (v) comprises dexamethasone, but not cytokine IL7, and optionally, wherein the immune cell is a T cell;
- (vi) comprises dexamethasone, but not cytokine IL2 or cytokine IL15, and optionally, wherein the immune cell is an NK cell; or
- (vii) comprises dexamethasone and is free or essentially free of cytokines.

25. A method of manufacturing an immune cell or a population thereof, wherein the method comprises:

- (a) differentiating a genetically engineered iPSC to obtain the immune cell, wherein the iPSC comprises at least one of the following edits:
 - (i) a first chimeric antigen receptor (CAR) having a first targeting specificity;
 - (ii) CD38 knockout;
 - (iii) HLA-I deficiency and/or HLA-II deficiency, in comparison to its native counterpart cell;
 - (iv) introduced expression of HLA-G or non-cleavable HLA-G, or knockout of one or both of CD58 and CD54;
 - (v) a CD16 or a variant thereof;
 - (vi) a second CAR having a second targeting specificity;
 - (vii) a signaling complex comprising a partial or full peptide of a cell surface expressed exogenous cytokine and/or a receptor thereof;
 - (viii) at least one of the genotypes listed in Table 2;
 - (ix) deletion or reduced expression in at least one of B2M, CIITA, TAP1, TAP2, Tapasin, NLRC5, CIITA, RFXANK, RFX5, RFXAP, TCR α or β constant region, NKG2A, NKG2D, CD25, CD69, CD44, CD56, CIS, CBL-B, SOCS2, PD1, CTLA4, LAG3, TIM3, and TIGIT, in comparison to its native counterpart cell; or
 - (x) introduced or increased expression in at least one of HLA-E, 41BBL, CD3, CD4, CD8, CD16, CD47, CD113, CD131, CD137, CD80, PDL1, A_{2A}R, antigen-specific TCR, Fc receptor, an antibody or fragment thereof, a checkpoint inhibitor, an engager, and surface triggering receptor for coupling with bi- or multi- specific or universal engagers; and
- wherein the immune cell differentiated from the iPSC comprises the same one or more edits as the iPSC; and

- (b) subjecting the immune cell to a small compound treatment comprising at least one of dexamethasone, lenalidomide, AQX-1125, or a derivative or an analogue thereof,

thereby obtaining an immune cell having enhanced post-thaw cytotoxicity as compared to a counterpart immune cell without the same small compound treatment.

26. The method of claim 25, wherein the method further comprises: (c) cryopreserving the treated immune cell from step (b).

27. The method of claim 25, further comprising genomically engineering a clonal iPSC to knock in a polynucleotide encoding the first CAR, and optionally:

- (i) to knock out CD38;
- (ii) to knock out B2M and CIITA;
- (iii) to knock out one or both CD58 and CD54; and/or
- (iv) to introduce expression of HLA-G or non-cleavable HLA-G, a CD16 or a variant thereof, a second CAR, and/or a partial or full peptide of a cell surface expressed exogenous cytokine or a receptor thereof.

28. The method of claim 27, wherein the genomic engineering comprises targeted deletion, insertion, or in/del, and wherein the genomic engineering is carried out by CRISPR, ZFN, TALEN, homing nuclease, homology recombination, or any other functional variation of these methods.

29. The method of claim 25, wherein the immune cell differentiated from the induced pluripotent stem cell (iPSC) comprises: a derivative CD34 cell, a derivative hematopoietic stem and progenitor cell, a derivative hematopoietic multipotent progenitor cell, a derivative T cell progenitor, a derivative NK cell progenitor, a derivative T cell, a derivative NKT cell, a derivative NK cell, a derivative B cell, or a derivative effector cell having one or more functional features that are not present in a counterpart primary T, NK, NKT, and/or B cell.

30. The method of claim 26, wherein the method further comprises (d) thawing the cryopreserved immune cell from step (c).

31. A composition for therapeutic use comprising the immune cell of any one of claims 12-23, and one or more therapeutic agents.

32. The composition of claim 31, wherein the one or more therapeutic agents comprise a peptide, a cytokine, a checkpoint inhibitor, a mitogen, a growth factor, a small RNA, a dsRNA (double stranded RNA), mononuclear blood cells, feeder cells, feeder cell components or replacement factors thereof, a vector comprising one or more polynucleic acids of interest, an antibody, a chemotherapeutic agent or a radioactive moiety, or an immunomodulatory drug (IMiD).
33. The composition of claim 32, wherein;
- (i) the checkpoint inhibitor comprises:
 - (a) one or more antagonists to checkpoint molecules comprising PD-1, PDL-1, TIM-3, TIGIT, LAG-3, CTLA-4, 2B4, 4-1BB, 4-1BBL, A2aR, BATE, BTLA, CD39, CD47, CD73, CD94, CD96, CD160, CD200, CD200R, CD274, CEACAM1, CSF-1R, Foxp1, GARP, HVEM, IDO, EDO, TDO, LAIR-1, MICA/B, NR4A2, MAFB, OCT-2, Rara (retinoic acid receptor alpha), TLR3, VISTA, NKG2A/HLA-E, or inhibitory KIR;
 - (b) one or more of atezolizumab, avelumab, durvalumab, ipilimumab, IPH4102, IPH43, IPH33, lirimumab, monalizumab, nivolumab, pembrolizumab, and their derivatives or functional equivalents; or
 - (c) at least one of atezolizumab, nivolumab, and pembrolizumab; or
 - (ii) the therapeutic agents comprise one or more of venetoclax, azacitidine, and pomalidomide.
34. The composition of claim 32, wherein the antibody comprises:
- (a) an anti-CD20, an anti-HER2, an anti-CD52, an anti-EGFR, an anti-CD123, an anti-GD2, an anti-PDL1, and/or an anti-CD38 antibody;
 - (b) one or more of rituximab, veltuzumab, ofatumumab, ublituximab, ocaratuzumab, obinutuzumab, trastuzumab, pertuzumab, alemtuzumab, certuximab, dinutuximab, avelumab, daratumumab, isatuximab, MOR202, 7G3, CSL362, elotuzumab, and their humanized or Fc modified variants or fragments and their functional equivalents and biosimilars; or
 - (c) daratumumab, and wherein the derivative hematopoietic cells comprise derivative NK cells or derivative T cells comprising a CD38 knockout, and optionally expression of CD16 or a variant thereof.

35. Therapeutic use of the composition of any one of the claims 31-34 by introducing the composition to a subject suitable for adoptive cell therapy, wherein the subject has an autoimmune disorder, a hematological malignancy, a solid tumor, cancer, or a virus infection.
36. A method of treating a disease or a condition comprising:
- (i) thawing one or more units of cryopreserved immune cells manufactured according to any one of claims 26-29; and
 - (ii) administering to a subject a composition comprising the post-thaw immune cells of step (i).
37. The method of claim 36, wherein the immune cells are iPSC derived NK cells, iPSC derived T cells, or iPSC derived effector cells having one or more functional features that are not present in counterpart primary T, NK, NKT, and/or B cells.