AAV variant enables human T cell engineering *in vivo*

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Abstract

Autologous chimeric antigen receptor T (CAR-T) cell therapy has demonstrated therapeutic effectiveness in hematologic malignancies and autoimmune diseases. However, the manufacturing complexity and the required lymphodepletion hindered its wide clinical application. Engineering human T cells *in vivo* holds promise to conquer these limitations but requires effective T cell-targeted CAR delivery with demonstrated

safety. Here, we show that an engineered AAV6 variant, AAV6-M2, can enable *in vivo* CAR expression in human T cells following systemic administration in a Humanized Immune System (HIS) mouse model. AAV6-M2-CD19CAR turned up to 85.2% of human $CD8^+$ T cells into CAR-T cells across multiple organs six weeks post-AAV injection. In HIS mice exhibiting systemic lupus erythematosus (SLE)-like symptoms, AAV6-M2-CD19CAR treatment effectively depleted B cells in both peripheral blood and tissues, accompanied by improved lupus pathologies. Importantly, systemic delivery of AAV6-M2 resulted in significant liver de-targeting, with viral genome levels in the liver reduced by over two orders of magnitude in both mice and cynomolgus macaque compared to the wild-type AAV. Through CRISPR screening, cryo-EM structural analysis, and molecular docking, we identified CD62L as a key mediator of AAV6-M2's enhanced transduction to human T cells, enabling CAR delivery without the need for prior T cell activation. These findings established that AAV-mediated CAR delivery can generate functional human CAR-T cells *in vivo*, with mechanistic insights into the selective targeting of T cells. This work highlights engineered AAV vectors as a promising platform for *in vivo* CAR-T therapy and expands the therapeutic landscape of AAV beyond inherited diseases.

Introduction

Ex vivo CAR-T cell therapy has shown remarkable success in treating both malignant and autoactivated B cells[1]. This therapy has led to high rates of long-lasting remission in patients with relapsed or refractory cancers or autoimmune diseases who previously had limited treatment options. Despite its success, challenges remain for the current FDA-approved autologous CAR-T therapy, which is personalized and requires the collection of a patient's T cells, genetic modifications to express CARs, and lymphodepletion prior to CAR-T cell infusion[2]. Off-the-shelf CAR-T therapy, also called allogeneic CAR-T, uses T cells from donors or derived from iPSC, providing immediate availability of the CAR-T cell product[1]. However, issues of allogeneic CAR-T include life-threatening graft-versus-host diseases (GvHD) and rapid elimination by the host immune system[3].

In vivo CAR-T cell therapy involves delivering the CAR sequence directly into the patient's T cells within their body. CAR sequence is packed by viral or non-viral delivery platforms,

which is also “off-the-shelf” while bypassing the GvHD of allogeneic CAR-T cell therapy. In this context, *in vivo* CAR-T is no longer a personalized cell therapy but a ready-to-use gene therapy. Thus, it faces the same challenge as gene therapy: efficiently and specifically delivering the CAR sequence to T cells. Several delivery platforms have been used to develop *in vivo* CAR-T therapy. Lipid nanoparticles (LNP) packing mRNA-encoding CAR sequence have been conjugated with antibodies, including anti-CD3, CD8, and CD5, to achieve redirection to T cells rather than the liver *in vivo*[4-9]. Although the COVID-19 vaccine has proved the safety and scalability of this platform, antibody-conjugated LNPs face challenges in large-scale manufacturing and unclear long-term clinical safety following intravenous administration. Lentivirus (LV) with an engineered envelope with single-chain variable fragments (scFv) against-CD3, CD4, CD7, CD8, or TCR could also be redirected to T cells *in vivo*[10-16]. LV integrates the CAR sequence into the host cell genome, allowing stable transgene expression through T-cell expansion while also raising safety concerns on sequence integration into the genome of bystander cells and insertional mutagenesis. Virus-like particles (VLPs) resemble viruses but lack viral genetic material, making them non-infectious[17,18]. VLP allows *in vivo* delivery of Ribonucleoprotein (RNP) instead of DNA. A recent study engineered VLP by pairing the display of a mutated VSVG anti-CD3, CD4, or CD28 scFv on Cas9-EDVs (enveloped delivery vehicles) to target T cells *in vivo* and deliver genome editor and CAR sequences[19]. Although a proven concept, the less efficient generation of CAR-T cells *in vivo* and the complicated manufacturing process hinder its applications in clinics.

Recombinant AAV vectors (AAVs) have been widely used in gene therapy due to their safety profile and ability to induce long-term expression of transgenes in non-dividing cells. Although wild-type AAVs naturally accumulate in the liver by systemic injection, engineering the variable regions of the capsid protein of AAV has proved to be effective in redirecting AAV to extrahepatic organs or tissues (*e.g.*, the central nervous system and muscles) or increasing transduction efficiencies to non-hepatic cells[20]. For example, DART-AAV inserted a designed ankyrin repeat protein (DARPin) targeting murine CD8 into the GH2-GH3 loop of AAV2 capsid protein VP1 and resulted in over 20-fold increase of transduction activity in murine T cells than AAV2[10]. Ark313 is an AAV6 variant targeting murine T cells, which was engineered from three rounds of directed evolution of a capsid

library with 7-mer random insertion in the variable region IV[21]. Infusion of Ark313-generated CAR-T cells demonstrated better efficacy in controlling tumor growth than retrovirus-generated CAR-T cells. In a follow-up study, intravenous Ark313 injection successfully transduced murine T cells in vivo[22]. However, the question of whether an engineered AAV variant could enable the *in vivo* targeting of human T cells, while staying away from the liver and other organs, through systemic delivery has yet to be explored.

Here, we demonstrated that an engineered AAV6 variant, AAV6-M2, can effectively engineer human T cells both *in vitro* and *in vivo*. *In vitro*, AAV6-M2 successfully delivers the CD19 CAR sequence into both activated and resting human T cells, leading to robust, antigen-dependent cytotoxicity. Further, evidence from whole-genome CRISPR screening, targeted gene knockout, cryo-EM structural analysis, and molecular docking collectively underscores the critical role of CD62L, a cell surface marker of less-differentiated T cells[23], in facilitating AAV6-M2 transduction into resting T cells without prior activation. Systemic administration of AAV6-M2-CAR into human immune system (HIS) mice resulted in the generation of up to 85.2% of CAR-T cells six weeks post AAV injection. In the HIS mice with systemic lupus erythematosus (SLE), this approach successfully ameliorated lupus pathologies, correlating with the depletion of both circulating and tissue-resident B cells. Notably, systemic injection of AAV6-M2 led to approximately two orders of magnitude lower liver accumulation compared to wild-type AAV, in both mouse and cynomolgus macaque, highlighting a favorable safety profile. Collectively, this study positions AAV6-M2 as a clinically translatable vector for *in vivo* CAR-T therapy and broadens the therapeutic scope of AAV-based gene delivery from inherited disorders to autoimmune diseases.

Results

AAV6 variants show superior transduction efficiencies in human primary T cells

To design a capsid library with an improved likelihood of identifying variants with specific tropism for human T cells, we collected functional peptides reported from publicly available databases and literature. For these peptide sequences, we randomly selected

fragments with 6-12 amino acids and inserted them between residues A581 and T593 of the AAV6 capsid protein VP3 (variable region VIII or VR VIII)[24], yielding a diverse library comprising approximately 480,000 AAV6 variants. Following capsid library screening in human primary T cells, we identified variants that exhibited enhanced transduction efficiencies relative to wild-type AAV6 (AAV6-WT). Among them, two top-performing candidates, designated AAV6-M1 and AAV6-M2, were selected based on their transduction efficiencies and low coefficient of variation in transduction performance across replicates **(Supplementary Figure 1A)**.

To validate the transduction efficiencies of the leading candidates in human primary T cells, we packaged self-complementary AAVs encoding EGFP using the AAV6-M1 and AAV6-M2 capsids and compared their performance to AAV6-WT **(Figure 1A)**. Transduction efficiency was quantified by measuring the percentage of $EGFP^+$ T cells. Across a range of multiplicities of infection (MOI; 1×10^2, 1×10^3, and 1×10^4), both AAV6-M variants outperformed AAV6-WT **(Figure 1B)**. This superiority was consistent when assessing both the percentage of $EGFP^+$ cells and the mean fluorescent intensity (MFI) **(Figure 1C-D)**. Notably, at an MOI of 1×10^3, the AAV6-M1 and AAV6-M2 achieved $EGFP^+$ rates of 91.8% and 80.2%, respectively − matching or exceeding the transduction efficiency observed with AAV6-WT at an MOI one order of magnitude higher (1×10^4). Moreover, the engineered AAV6-M2 exhibited packaging efficiency comparable to that of AAV6-WT, whereas AAV6-M1 showed a reduced packaging yield **(Supplementary Figure 1B)**. The manufacturability of AAV6-M2 was further verified in a scaled-up 3-liter bioreactor, demonstrating comparable packaging efficiency to AAV6-WT, a dominant full-particle peak, and uniform capsid morphology **(Supplementary Figure 1C-E)**.

CD62L mediates enhanced transduction of AAV6-M2 in human T cells

AAV6-M variants were assembled using engineered capsid proteins containing mutations between residues A581 and T593 of VP3, where the corresponding peptides are located in the 3-fold protrusion of AAV particles and are positioned to interact directly with host cells. We hypothesized that these variants utilized distinct cell-surface factors to enter human T cells, compared to AAV6-WT. To investigate this, we performed a whole-genome

CRISPR knockout screen in Jurkat cells to identify genes contributing to the enhanced transduction efficiencies of AAV6-M variants **(Figure 2A)**. In brief, Jurkat cells stably expressing SpCas9 (Jurkat-Cas9) were first transduced with the lentiviral CRISPR Brunello library at a low MOI to deliver one sgRNA per cell, followed by transduction with either AAV6-WT-EGFP, AAV6-M1-EGFP, or AAV6-M2-EGFP. We then sorted and collected the top and bottom 20% $EGFP^+$ Jurkat-Cas9 cells. Compared to the top 20%, sgRNAs enriched in the bottom 20% of cells represented gene knockouts that disrupted the AAV attachment, internalization, or intracellular trafficking in human T cells.

We analyzed the top 10 genes enriched in each of the three CRISPR screens. All screens identified genes that are known to be essential for AAV transduction and trafficking, including KIAA0319L (AAVR) and TM9SF2, validating the effectiveness of our screening approach. A few genes, such as *NOTCH1*, were specifically enriched in the screen using AAV6-M1 relative to AAV6-WT **(Supplementary Figure 2A)**. However, NOTCH1 is broadly expressed across multiple organs, including endocrine tissues, brain, and liver, which is less favorable for in vivo T cell targeting. Nevertheless, among the top 10 genes specifically enriched in the AAV6-M2 screen, *SELL* stood out **(Figure 2B-C)**. *SELL* encodes a cell surface protein and is almost exclusively expressed in immune cells. Also known as CD62L or L-selectin, SELL is essential for the binding and rolling of lymphocytes on endothelial cells, facilitating their migration into secondary lymphoid organs. Interestingly, a recent study engineered lentiviral envelopes with CD62L-specific scFv to enable CAR delivery into less differentiated human T cells[25].

Indeed, knocking out CD62L (SELL) from Jurkat cells significantly reduced the transduction efficiency of AAV6-M2 but not AAV6-WT **(Figure 2D)**. The reduction was comparable to that observed upon AAVR knockout, suggesting a critical and specific role of CD62L in mediating AAV6-M2 entry into T cells. Moreover, we used two independent sgRNAs to knock out CD62L in primary human T cells from three donors. Following CD62L knockout, the transduction efficiency of AAV6-M2 was markedly diminished, while AAV6-WT transduction remained largely unaffected **(Figure 2E, Supplementary Figure 2B)**. Collectively, both CRISPR screening and targeted gene knockout experiments

underscore the essential role of CD62L in AAV6-M2 transduction into human T cells − a mechanism that appears unique to this AAV variant and is not shared by wild-type AAV6.

To further investigate how the engineered loop may enhance the interaction between AAV6-M2 and CD62L, we resolved the cryo-EM structure of AAV6-M2 at 1.8 Å resolution **(Figure 2F, Supplementary Figure 2C)**. The VP protein monomer was accurately modeled, with both the backbone and side chains in the VR VIII loop clearly resolved **(Supplementary Figure 2D)**. Structural alignment showed that the backbone conformation of AAV6-M2 is nearly identical to that of wild-type AAV6 (PDB: 4V86) **(Supplementary Figure 2E)**; however, the side chain conformations within the VR VIII loop differ substantially **(Supplementary Figure 2F-G)**. To explore potential interactions with CD62L, we performed molecular docking between AAV6-M2 and human CD62L (PDB: 5VC1; lectin/EGF domains). The engineered loop was predicted to insert into the EGF domain of CD62L, where three negatively charged residues (E590, E591, and E592) within the VR VIII loop of AAV6-M2 engage a positively charged surface pocket through electrostatic interactions **(Figure 2G-H)**. These structural observations suggest that the engineered VR VIII loop appears to contribute to enhancing the engagement between AAV6-M2 and CD62L. The engineered loop, however, did not increase but slightly reduced neutralization by human serum compared to AAV6-WT **(Figure 2I, Supplementary Figure 2J)**.

AAV6-M2 transduces resting human T cells in vitro

Considering both the efficiencies of viral packaging and the specificity of the binding partner, we focused on AAV6-M2 in the subsequent studies. We first replaced the transgene with CD19 CAR to evaluate the expression kinetics and cytotoxicity of AAV6-M2-mediated CAR-T cells *in vitro* **(Supplementary Figure 3A)**. Following transduction of bead-activated human T cells (aT) with AAV6-M2-CAR, the proportion of CAR^+ T cells peaked at day 3 and gradually declined by day 10 **(Figure 3A)**. We observed comparable T cell viability and proliferation relative to the non-AAV control **(Figure 3B, Supplementary Figure 3B)**. When co-cultured with CD19-expressing NALM6 cells, AAV6-M2-transduced T cells exhibited robust cytotoxicity by 20 hours post-transduction

and achieved complete B cell killing by day 3 **(Figure 3C-D, Supplementary Figure 3C)**. In contrast, AAV6-WT-transduced T cells show minimal cytotoxicity. These results demonstrate that AAV6-M2 effectively delivers CD19 CAR to active human T cells, enabling antigen-specific cytotoxicity *in vitro*.

Next, we performed site-specific CD19 CAR insertion using two AAV6-M2 vectors to generate stable CAR-expressing T cells, a strategy expected to prolong CAR-T presence during T-cell proliferation. The AAV vector-1 provides the CD19 CAR expression cassette, which is integrated into the 1st exon of *TRAC*, where the AAV vector-2 generates a double-strand break by enAsCas12f-mediated cleavage **(Figure 3E)**. Following dual AAV transduction, transient CAR$^+$ T cells (TCR$^+$CAR$^+$) emerged rapidly but declined after day 3 **(Figure 3F)**, coinciding with the onset of robust T-cell expansion **(Figure 3G**). In contrast, stable CAR$^+$ T cells (TCR$^-$CAR$^+$) gradually increased over time, expanding in parallel with the proliferating T cell population and exhibiting sustained CAR expression. Together, these results demonstrate that AAV6-M2 enables efficient generation of stable CAR$^+$ T cells through precise genomic integration of the CAR cassette, thereby supporting prolonged CAR-T expression during T-cell proliferation.

However, since the majority of human T cells are in a resting state *in vivo*, we sought to evaluate the delivery capability of AAV6-M2 in non-activated T cells. In two parallel experiments, non-activated human T cells were transduced with AAV6-M2-EGFP and subsequently either activated or left unstimulated **(Supplementary Figure 3D-E)**. We then monitored the EGFP expression over time. Interestingly, in the absence of activation, the percentage of EGFP$^+$ cells gradually increased, reaching approximately 40% by day 15 **(Figure 3H)**. In contrast, post-transduction activation rapidly elevated the percentage of EGFP$^+$ cells to ~80% within three days, followed by a decline to levels similar to those observed in non-activated cells by the endpoint of the experiment **(Figure 3I)**. These results indicate that AAV6-M2 is capable of delivering a transgene into human T cells without the need for prior or subsequent activation.

To investigate the antigen-specific cytotoxic potential of core circulating T cell subsets following AAV6-M2-CAR transduction, we co-cultured naïve (Tn), central memory (TCM), and effector memory (TEM) T cells with NALM6 cells **(Figure 3J)**. In the absence of bead-

based activation, Tn cells effectively eliminated NALM6 cells between days 6 and 9 post-co-culture, with some variability observed among donors **(Figure 3K)**. The cytotoxic activities of TCM and TEM were more variable, with two donors exhibiting complete NALM6 clearance between days 6 and 14 **(Supplementary Figure 3F-G)**. Upon antigen stimulation, both Tn and TCM underwent phenotypic conversion into TEM **(Supplementary Figure 3H-J)**. Collectively, AAV6-M2 enables effective CAR delivery to multiple resting T cell subsets and supports their differentiation into functional effectors capable of eliminating target cells in an antigen-dependent manner.

AAV6-M2 mediates *in vivo* CAR-T cell generation and B cell depletion

The AAV-mediated CAR-T cell generation encouraged us to explore the *in vivo* application of AAV6-M2. We are curious whether the superior transduction efficiency of AAV6-M2 to human T cells could enable the generation of CAR-T cells *in vivo* through systemic administration to bypass the *ex vivo* manufacturing process of the conventional CAR-T cell therapy. We employed an optimized Human Immune System (HIS) mouse model (NCG-X-hIL15), in which human hematopoietic stem cells (hHSCs) were engrafted into immunodeficient mice and various human immune subsets were developed **(Figure 4A)**. Following engraftment, HIS mice with comparable levels of human T and B cells were randomly grouped **(Supplementary Figure 4A-B)** and systemically injected with AAV6-WT (n = 6) or AAV6-M2 (n = 8) at a dose of 3×10^{13} vg/kg and sacrificed after 28 or 42 days. The same CD19 CAR-EGFP construct used in the *in vitro* assay was applied in the *in vivo* experiment.

In peripheral blood, CAR^+ T cells emerged by week 2 following AAV6-M2-CAR injection, whereas very few CAR^+ T cells were detected in the AAV6-WT-CAR group **(Figure 4B)**. These CAR^+ cells were predominantly $CD8^+$, with minimal $CD4^+$ CAR^+ T cells detected **(Figure 4C)**. Concurrently, human B cells, the targeted cells of these CAR^+ T cells, decreased over time. The AAV6-M2-CAR group showed a notable decline from baseline to week 4, with B cell counts in most mice approaching the detection threshold **(Supplementary Figure 4C-D)**. While B cell levels were variable at baseline and across

individual mice, the overall trend indicated a greater extent of reduction in the AAV6-M2-CAR group by the study endpoint, compared to the AAV6-WT-CAR group.

In bone marrow, spleen, liver, and lung, the human B cells were largely undetectable in AAV6-M2-treated mice, whereas significantly more B cells remained in mice treated with AAV6-WT **(Figure 4D)**. Correspondingly, CAR^+ T cells were readily detected in these organs in the AAV6-M2-CAR group, but were largely absent in the AAV6-WT-CAR group **(Figure 4E)**. Mirroring the observation from the peripheral blood, CAR^+ T cells were predominantly $CD8^+$, with up to 85.2% CAR^+ $CD8^+$ present in the bone marrow at week 6 **(Figure 4F, Supplementary Figure 4E)**. Collectively, AAV6-M2 successfully delivered CD19 CAR into the human T cells *in vivo*, which can be detected in the peripheral blood two weeks post-AAV injection, and effectively depleted both circulating and tissue-resident B cells.

To assess the differentiation state within CAR^+ $CD8^+$ T cells *in vivo*, we analyzed Tn, TCM, TEM, and terminally differentiated effector memory re-expressing CD45RA (TEMRA) subsets across tissues. CAR^+ $CD8^+$ T cells were predominantly of TEM phenotype, while Tn and TCM subsets were minimally detected in these tissues **(Figure 4G, Supplementary Figure 4F-I)**. Given our *in vitro* data showing that Tn and TCM cells adopt a TEM phenotype following AAV-CAR transduction and antigen encounter **(Supplementary Figure 3H-J)**, the tissue-resident TEM cells observed *in vivo* are likely derived from these early-stage subsets and reflect the active killing of human B cells. Together, these findings suggest that the effective B cell depletion in the AAV6-M2-CAR group is accompanied by a dominant presence of CAR^+ $CD8^+$ TEM cells.

Next, we examined the transduction specificity of AAV-M2 *in vivo*. Among various immune cell types in tissues and blood, $CD8^+$ T cells were preferentially converted to CAR-T cells compared to $CD4^+$ T cells. CAR^+ cells were barely found in B cells, monocytes, and NK cells **(Figure 4H)**. As systemically injected AAV tends to accumulate in the liver, we also examined the biodistribution of the AAV vector. Compared to the wild-type AAV6, the engineered AAV6-M2 shows significant de-targeting from the liver and reduced viral accumulation across all organs **(Figure 4I)**. Furthermore, in cynomolgus macaque, AAV6-M2 showed minimal biodistribution to peripheral tissues, with very low levels of viral

297 genomes detected, including in the liver **(Figure 4J)**. Together, these findings
298 demonstrate that AAV6-M2 selectively targets human T cells while minimizing off-target
299 liver transduction in both humanized mice and non-human primates, supporting its
300 favorable safety profile for in vivo T cell engineering.

301

302 **AAV6-M2 ameliorated lupus pathologies in SLE HIS mice via B cell depletion**

303 To further evaluate the efficacy of *in vivo* generated CAR-T cells in a disease context, we
304 employed a systemic lupus erythematosus (SLE) HIS mouse model induced by topical
305 application of R848, a TLR7/8 agonist **(Figure 5A)**. SLE HIS mice were randomly
306 assigned to SLE and SLE+AAV groups, with comparable levels of human CD45 cells,
307 human B cells, IgG, and anti-dsDNA antibody **(Supplementary Figure 5A-D)**. Following
308 systemic administration of AAV6-M2-CAR at week 0, we monitored the B cell levels in
309 peripheral blood from week 2 to week 8. A rapid and sustained decline in circulating B
310 cells was observed in the SLE+AAV group beginning at week 2, with significantly lower B
311 cell levels compared to the untreated SLE group **(Figure 5B)**.

312 To evaluate the tissue-wide impact of CAR-T activity beyond peripheral blood, we
313 quantified human B cells across multiple organs at the study endpoint. Flow cytometry
314 revealed a significant reduction in the percentages of human B cells in the spleen, bone
315 marrow, liver, lung, and kidney of the SLE+AAV group compared to the untreated SLE
316 group **(Supplementary Figure 5E)**. Although the percentages of B cell reduction in the
317 bone marrow did not reach statistical significance due to an outlier, a clear downward
318 trend was observed, with significantly lower B cell counts detected in the AAV6-M2-
319 treated animals **(Figure 5C)**. Subtype analysis further demonstrated that the depletion
320 encompassed all major B cell subsets, including transitional, naïve, memory B cells, and
321 plasmablast cells **(Supplementary Figure 5F)**. Notably, transitional B cells, which
322 represent the majority of developing human B cells in bone marrow, were nearly
323 undetectable following AAV6-M2-CAR administration **(Supplementary Figure 5G)**.
324 Naïve and memory B cells and plasmablast cells were also significantly reduced in the
325 bone marrow (**Supplementary Figure 5H-I**). In the spleen, we found a similar B cell count
326 depletion (**Figure 5D)** and a marked reduction of splenic plasmablast and plasma cells

(PB&PC), as evidenced by a significant drop in $CD38^+$ $CD138^+$ populations **(Supplementary Figure 5K-L**), which are the primary source of autoantibody production in SLE and contribute directly to immune complex deposition and tissue inflammation. Together, bone marrow and spleen analysis inform the direct on-target activity of CAR-T therapy, indicating systemic suppression of B cell development and differentiation.

Lupus nephritis (LN) is a major SLE complication associated with progression to renal failure and an overall worse prognosis. In the kidney, the reduction of glomerular IgG deposition in the SLE+AAV group indicated a marked alleviation of immune complex-mediated damage and served as a critical readout for therapeutic efficacy **(Figure 5E, Supplementary Figure 5M)**. Consistent with this, circulating levels of anti-dsDNA and anti-Smith (Sm) antibodies significantly declined following AAV treatment **(Figure 5F-G)**, and serum blood urea nitrogen (BUN) and creatinine (CREA) levels also significantly reduced, indicating improved renal function (**Figure 5H-I**). In the lung, histological analysis by H&E staining showed preserved alveolar architecture and reduced inflammatory infiltration in the SLE+AAV group, in contrast to the mild to moderate perivascular and interstitial inflammatory infiltrates observed in the SLE group **(Figure 5J, Supplementary Figure 5O)**. Flow cytometry confirmed the depletion of human B cells in the lung, consistent with the observed histological improvement **(Supplementary Figure 5N)**. In the liver, mild immune cell infiltration was present in the SLE group but completely absent in the SLE+AAV group, aligning with the efficient clearance of tissue-resident B cells (**Supplementary Figure 5P-Q**). Together, these data demonstrate that administering AAV6-M2-CAR not only eliminates systemic and tissue-resident B cells but also alleviates multi-organ inflammation and protects organ function in a humanized SLE model.

Discussion

This study demonstrates that a clinically validated delivery platform, the recombinant AAV vector, can be engineered to efficiently and specifically deliver transgenes into human T both *in vitro* and *in vivo*. We showed that AAV6-M2, an engineered AAV6 variant, successfully generates both transient and stable CAR-expressing T cells *in vitro*. Through

a combination of CRISPR screening, cryo-EM, and molecular docking, we identified CD62L, a surface marker expressed on less-differentiated T cells, as a key facilitator of AAV6-M2, but not AAV6-WT, entry into human T cells. This unique tropism enables AAV6-M2 to deliver CD19 CAR into resting human T cells and trigger antigen-dependent cytotoxicity upon encountering $CD19^+$ NALM6 cells. *In vivo*, systemic administration of AAV6-M2-CAR into HIS mice resulted in up to 85.2% of CAR^+ $CD8^+$ T cells six weeks post-injection. In HIS SLE mice, human B cells were effectively depleted in both the peripheral blood and organs, accompanied by improvements in lupus-associated pathologies. Notably, AAV6-M2 exhibited striking liver detargeting, with viral genome accumulation in the liver reduced by more than two orders of magnitude in both mouse and cynomolgus macaque, compared to the wild-type AAV6 and AAV9.

While lentivirus, LNP, and VLP have been explored for *in vivo* T cell engineering, this study is, to our knowledge, the first to demonstrate that systemic injection of a single AAV vector can generate persistent and functional human CAR-T cells *in vivo*. Given that AAV is used in eight FDA-approved gene therapies, this finding marks an advance in the application of AAV vector for *in vivo* T cell engineering. Natural AAVs are known to accumulate in the liver following intravenous injection. Therefore, achieving both liver detargeting and T cell specificity is critical to bringing AAV into the realm of *in vivo* CAR-T therapy. By changing amino acids in the VR VIII loop, which protrudes to the surface of the AAV viral particle, AAV6-M2 exhibited strong tropism to human T cells while largely escaping from the liver. CRISPR-based receptor screening and validation confirmed that CD62L is required for AAV6-M2 transducing T cells, even without prior activation. The CD62L surface marker decorated naïve and early-memory T cells with higher plasticity and greater ability to proliferate, which are favored by CAR-T cell therapy.

Similar to the LNP, lentivirus (LV), and virus-like particle (VLP) platforms, our AAV-based *in vivo* CAR-T system demonstrates proof-of-concept but still requires further optimization through future biotechnological advancements. First, CAR sequences delivered as episomal DNA are subject to dilution as T cells proliferate. Although robust CAR-T cell signals were detected six weeks after AAV injection, site-specific CAR integration into the T cell genome using CRISPR may further extend CAR expression and provide more

durable immune surveillance against target cells. Dual-AAV delivery represents a potential strategy to balance the need for stable CAR expression with the risks associated with random integration from lentiviral vectors. The differing kinetics of CAR-T cells generated via LNP, AAV, or lentiviral approaches warrant detailed investigation, as they likely dictate the most appropriate therapeutic indications for each platform. For example, a single dose of our current AAV-based *in vivo* CAR-T was sufficient to clear human B cells and ameliorate lupus-like pathology in HIS mice, whereas more persistent CAR-T cells may be required to control tumor progression. Second, leveraging AAV as a delivery platform to treat non-rare diseases, particularly tumors prone to relapse, offers exciting opportunities while also revisiting the long-standing challenge of redosing. LNP has been dosed repeatedly within a short interval (e.g., one week), boosting peripheral CAR-T cell levels[9]. Encouragingly, anti-CD40-mAb and CD20×CD3 bispecific antibodies have been used in non-human primates to suppress anti-AAV antibody response and enable repeat administration[26]. IgG degrading enzymes (e.g., Imlifidase) have also been actively investigated in preclinical and clinical studies for prophylactic immunomodulation in *in vivo* gene therapy, enabling AAV administration in the presence of pre-existing antibodies or allowing for readministration in non-human primates[27]. Whether such strategies can similarly enhance the antigen-dependent cytotoxicity of AAV-delivered CAR-T cells remains a promising direction for future investigation. Finally, the use of T-cell-specific, compact, and potent promoters and enhancers may further enhance selective and robust CAR expression in the desired cell types, thereby increasing the safety margin.

We demonstrate that an engineered AAV6 variant, exhibiting superior transduction efficiency in human T cells and markedly reduced liver targeting, can deliver CAR sequences via systematic administration and generate functional CAR-T cells *in vivo*. This study establishes a novel *in vivo* CAR-T platform built upon a clinically validated and widely used delivery vector. Moreover, it broadens the therapeutic potential of AAV-mediated gene transfer beyond inherited disorders, extending into the treatment of acquired and immune-related diseases.

Methods

AAV packaging

ITR-containing GOI plasmid was utilized for packaging with different AAV capsid plasmids and adenovirus helper plasmid using polyethyleneimine (24765-1, Polysciences). To pack AAV, HEK 293T cells were seeded in 150 mm plates; The GOI, capsid, and helper plasmids were added at a ratio = 1:1:1 **(Supplementary Table 1)**. After 72 hours, the transfected HEK 293T cells were collected in SAN digestion buffer and lysed by three rounds of rapid freeze/thawing, followed by a 1 h incubation at 37℃ with 100 units/ml Benzonase (20156ES60, Yeasen). AAV was further purified following cell harvest and PEG precipitation using iodixanol (OptiPrep, #07820, StemCell Technologies) gradient ultracentrifugation. The purified AAV was treated with DNaseI (AM2238, Invitrogen) and Proteinase K (W0013, Qiagen). The titer of AAV was determined by qPCR with ChamQ Universal SYBR qPCR Master Mix (Q711, Vazyme) via LightCycler®96 (Roche). Relative quantity was estimated compared to a serial dilution of a plasmid standard of known concentration. Primers for AAV titration were listed in **Supplementary Table 2**.

For large-scale AAV preparation, AAV particles were produced in a 3-liter bioreactor (Duoning) using WayneLVPro™ HEK293 cells (QUACELL) transfected with a three-plasmid system at a 1:1:1 ratio (GOI: capsid: helper plasmid). At 72 hours post-transfection, cells were harvested, and the AAV particles were purified by iodixanol gradient ultracentrifugation, followed by concentration and buffer exchange using tangential flow filtration (TFF). Final AAV products were resuspended in DPBS and stored at 4 or -80 ºC.

The quality of purified AAV was assessed through: (1) Purity analysis by SDS-PAGE (SurePAGE, 4-20%, GenScript) with Coomassie Blue staining (GenScript); (2) Genomic titer quantification via absolute qPCR using ChamQ Universal SYBR qPCR Master Mix (Vazyme Q711) on a LightCycler® 96 System (Roche). Titers were calculated from a standard curve generated by serial dilutions of linearized plasmid DNA containing the transgene expression cassette (concentration verified by Nanodrop™). (3) Ratio of full/empty capsid was determined by analytical ultracentrifugation (Beckman Optima AUC A/I, An-50 Ti rotor, 20°C, 16,000 rpm).

Three GOIs were used in this study:

scAAV-EGFP: CAG-EGFP (in vitro experiments)

ssAAV-CD19CAR-EGFP: EF-1α-CD19CAR-EGFP (in vitro and mouse experiments)[28]

scAAV-EGFP-Barcode: CAG-EGFP-barcode (non-human primates experiments)

<u>In vitro culture and transduction of primary cells and cell lines</u>

- Human peripheral blood mononuclear cells (PBMCs) and primary T cells

Peripheral blood from healthy donors was obtained with informed consent and institutional ethical approval from Liquan Hospital (Shanghai, China), Boren Hospital (Beijing, China), and the Affiliated People's Hospital of Ningbo University (Ningbo, China).

PBMCs were isolated by density gradient centrifugation using Ficoll-Paque. Human primary T cells were subsequently purified from PBMCs using the Pan T Cell Isolation Kit (Miltenyi Biotec, 130-096-535) according to the manufacturer's instructions.

To conduct transduction in activated T cells, human T cells were activated using Enceed™ T cell Activation reagent (L00899, Genescript) for 24h in RPMI 1640 supplemented with 10% FBS and IL-2 at 100U/mL (Jiangsu Kingsley Pharmaceutical Co., Ltd.). AAV vectors were then added at the indicated MOIs. Cells were maintained in IL-2-containing medium (100 U/ml) throughout the culture period.

To conduct transduction in cells without activation, human PBMCs and resting T cells were cultured in RPMI 1640 medium supplemented with 10% fetal bovine serum (FBS), human IL-7 (5 ng/mL), and IL-15 (100 U/mL). Throughout the culture period, the medium was half changed every three days. To assess transduction efficiency in post-transduction activated T cells, activated human T cells were cultured in RPMI 1640 with 10% FBS and human IL-2 (100 U/mL) following activation. Cells were washed three times thoroughly at designated time points to remove residual AAV.

EGFP and CAR expression was assessed by flow cytometry at designated time points following AAV transduction. CAR expression were detected by Biotin-SP–Goat Anti-

Mouse IgG, $F(ab')_2$ fragment-specific antibody (#115-065-006, Jackson ImmunoResearch), followed by PE-conjugated anti-biotin antibody (#409003, BioLegend).

- Jurkat cells

The Jurkat cells were purchased from ATCC (TIB-152) and cultured in RPMI1640 medium with 10% FBS. To generate Jurkat-SpCas9 cells, parental Jurkat cells were transduced with the LentiCas9-Blast vector (Addgene, 52962) and selected with 2 μg/mL blasticidin. Monoclonal SpCas9-expressing lines were established by limited dilution and expanded under continuous 0.5 μg/mL blasticidin selection.

- NALM6 cells

The NALM6 cell line was kindly provided by Dr. Xv Li's laboratory at Westlake University and maintained in RPMI 1640 medium with 10% FBS. To generate luciferase-expressing cells, NALM6 cells were transduced by a lentiviral vector encoding luciferase and a hygromycin resistance gene. Stable luciferase-expressing clones were selected and expanded in the presence of 50 μg/mL hygromycin.

Cytotoxicity assay of CAR-T cells

To evaluate CAR-T cytotoxicity, activated human T cells were transduced with AAV6-WT-CAR or AAV6-M2-CAR at an MOI of 1×10^4. At day 2 post-transduction, NALM6 cells were co-cultured with transduced T cells at a 1:1 ratio (T cell:B cell, T:B). After 24 hours of co-culture, cells were harvested and stained with anti-human CD45 and anti-human CD19 antibodies to distinguish NALM6 cells from human T cells. Cytotoxicity was calculated using the following formula:

Cytotoxicity (%) = 100 × ($CD19^+$% in non-AAV control − $CD19^+$% in AAV-transduced cells) / $CD19^+$% in non-AAV control.

To evaluate CAR-T cytotoxicity in resting human T cell subtypes, Central memory T cells (TCM; $CCR7^+CD45RO^+$), effector memory T cells (TEM; $CCR7^-CD45RO^+$), and naïve T cells (TN; $CCR7^+CD45RO^-$) were isolated from pre-cultured human T cells using

fluorescence-activated cell sortor (BD FACSAria Fusion) and maintained in RPMI 1640 medium supplemented with 10% FBS, IL-7 (5 ng/mL), and IL-15 (100 U/mL). Each subset was transduced with recombinant AAV (AAV) at a MOI of 1×10^5. At 24 hours post-transduction, cells were washed three times with RPMI 1640 and co-cultured with NALM6 cells at a T:B ratio of 1:1. From that point forward, the percentages of NALM6 cells ($CD45^-CD19^+$), TCM, TEM, Tn, and TEMRA ($CCR7^-CD45RO^-$) populations in each well were assessed by flow cytometry every three days.

Serum blocking assay

Serum samples were collected from 36 healthy donors at Zhejiang Cancer Hospital. All procedures, including serum collection and experimental assays, were conducted under ethical approval from both Zhejiang Cancer Hospital and Westlake University. PBMC from four donors were used in this experiment.

To assess the inhibition of AAV transduction by pre-existing neutralizing antibodies, serial 10-fold dilutions of human serum (prepared in RPMI 1640 supplemented with 2% FBS, starting at 1:2.5) were prepared in an 8-tube strip and mixed with equal volumes of AAV6-M2-EGFP or AAV6-WT-EGFP (diluted in RPMI 1640 + 2% FBS) in a U-bottom 96-well plate. The virus-serum mixtures were incubated at 37°C with 5% CO_2 for 1 hour, resulting in final serum dilutions ranging from 1:5 to 1:5000 across four serial dilution steps.

After incubation, 5×10^4 human PBMCs (Shanghai Maishun Biotechnology Co., Ltd.), pre-activated via Enceed™ T cell Activation reagent (L00899, Genescript) and human IL-2 for 24 hours, were added to each well. Each well contained a final volume of 200 µL RPMI 1640 with 2% FBS and 100 U/mL IL-2. AAVs were added at an MOI of 5×10^3. Positive control wells contained AAV without serum, and negative control wells contained neither AAV nor serum.

At 48 hours post-transduction, cells were stained with anti-human CD45 (BioLegend, #304012) and anti-human CD3 (BioLegend, #317308), and EGFP expression in $CD3^+CD45^+$ T cells was analyzed by flow cytometry. The $EGFP^+$ percentage was normalized using the formula:

(Sample EGFP% − Negative Control EGFP%) / (Positive Control EGFP% − Negative Control EGFP%) × 100%.

Donors were grouped based on the highest dilution factor at which the $EGFP^+$ percentage dropped below 50%, and the number of donors in each group was plotted for AAV6-WT and AAV6-M2, respectively.

Site-specific CAR insertion

The first AAV vector packaged sequences that encode CD19 CAR linked to tagBFP, with the two expression cassettes connected by a self-cleaving T2A sequence. The CD19 CAR cassette was flanked by two 400-bp homology arms corresponding to the insertion sites generated by a CRISPR system delivered by the second AAV. The second AAV vector packaged sequences encoding an engineered AsCas12f-HKRA (enAsCas12f-HKRA), a nuclear localization signal (NLS), EGFP, T2A, and an sgRNA targeting the first exon of *TRAC*.

The dual AAV vectors were co-transduced into activated human T cells at an MOI 1×10^5. Transduced cells were cultured in RPMI 1640 medium supplemented with 10% FBS and 100 U/mL IL-2. The percentages of GFP^+ and BFP^+ cells were monitored by flow cytometry post-transduction. Cells were also stained with anti-TCR α/β (#306727, Biolegend) to assess TCR knockout, and the CAR expression was evalued by Biotin-SP–Goat Anti-Mouse IgG, $F(ab')_2$ fragment-specific antibody (#115-065-006, Jackson ImmunoResearch), followed by PE-conjugated anti-biotin antibody (#409003, BioLegend). Stable CAR^+ T cells were defined as TCR^- CAR^+ cells.

Genomic insertion of the CAR sequence was verified by PCR amplifying the flanking regions surrounding the insertion sites.

Genome-wide CRISPR/Cas9 screening

- Prepare lentivirus Brunello library

The transfer plasmid (LentiGuide-Brunello-mKate2), the pMD2.G (Addgene, 12259) envelope plasmid, and the psPAX2 (Addgene, 12260) packaging plasmid were mixed at the mass ratio 5:2:3 and incubated for 15 mins at room temperature. The mixture was dropped to HEK293T cells at 80% confluency. Lentiviral supernatant was collected at 48 and 72 h post-transfection, filtered through a 0.45 μm filter (Millipore, SLHV033RB), and then concentrated by ultracentrifuging at 70,000g at 4°C for 2 h. Finally, the concentrated lentivirus was aliquoted and stored at -80^{o}C.

- CRISPR/Cas9 screening in Jurkat-Cas9 cells

LentiGuide-Brunello-mKate2 was transduced in Jurkat with stable Cas9 expression (Jurkat-Cas9). The screening was performed in two Jurkat-Cas9 mono clones. For each replicate, 7 × 10^7 Cas9-expressing Jurkat cells (~300X coverage) were transduced with the lentiviral library at MOI ≤ 0.3 by infection and incubated overnight. Flow cytometry confirmed transduction efficiencies at around 30% in each replicate for mKate2+% expression at 72h after lentivirus transduction. Cas9-expressing Jurkat cells (Jurkat-Cas9) were selected and expanded in a culture medium with puromycin. When mKate2+% achieved above 95%, 10 × 10^7 cells per replicate were transduced with AAV6-WT-EGFP or AAV-M-EGFP at the indicated MOI to allow the percentage of EGFP+ cells reached ≥ 80%. At 72 h after AAV transduction, cells collected for the top 20% and bottom 20% were sorted via Flow Cytometer. BD FACSAria™ Fusion and SONY MA900 were used for cell sorting.

After sorting, genomic DNA was extracted by TIANamp Genomic DNA Kit (TIANGEN, DP304-03). Then, sgRNA sequences were amplified using Q5 master mix (2×) (NEB #M0544S) and purified using SPRI beads (Beckman #A63882) for NGS. PCR primers with P5 and P7 adapters (NGS-Lib-KO-F and NGS-Lib-KO-R) were listed in **Supplementary Table 2**. sgRNA sequences used in validation were listed in **Supplementary Table 4**.

- Screening data analysis

The CRISPR screening was analyzed using MAGeCK[29]. The difference in genes between the bottom 20% of cells and the top 20% of cells was evaluated by the reads count of

585 corresponding gRNAs. In addition, the negative gRNAs were input as background with
586 parameter (--control-sgrna). The MAGeCK score and $\log_2$ fold change were used to rank
587 genes from the CRISPR screening. The $\log_2$ fold change was calculated as the $\log_2$
588 transformed ratio between the normalized read counts in the bottom 20% sample and the
589 top 20% sample. Normalization was based on the sequencing depth of each sample.

590 • Validating candidate genes in Jurkat cells

591 Candidate gene-knockout cell lines were generated using Jurkat-Cas9 cells transduced
592 with lentivirus encoding the indicated sgRNA under the U6 promoter. SgRNAs were
593 synthesized by GenScript **(Supplementary Table 4)**. From day 2 after lentivirus
594 transduction, Jurkat cells were selected with puromycin (2 μg/mL) for 7-10 days. Then,
595 the genomic DNA of the Jurkat cells was extracted for PCR amplification of the target
596 gene sequence. The indel% of the target gene was assessed via SYNTEGO analysis
597 based on Sanger sequencing of PCR products. Primers used in Sanger sequencing for
598 KO validation were listed in **Supplementary Table 2**. A total of 1×10^5 Jurkat-Cas9 cells
599 were transduced with AAV6-WT-EGFP or AAV6-M2-EGFP. Seventy-two hours after AAV
600 transduction, cells were collected and tested for EGFP expression via flow cytometry.

601 • Validating candidate genes in human T cells

602 Following 24 hours of activation, human T cells were nucleofected using the P3 Primary
603 Cell 4D-Nucleofector™ X Kit (Lonza, #V4XP-3032) and a 4D-Nucleofector™ X Unit
604 (Lonza, #AAF-1003X). Ribonucleoprotein (RNP) complexes were prepared by incubating
605 30 pmol of recombinant Cas9 protein (Takara, #632641) with 75 pmol of sgRNA at 25 °C
606 for 10 minutes. A total of 1×10^6 activated T cells were electroporated with RNPs per well
607 using the EO-115 program. After nucleofection, cells were resuspended in fresh culture
608 medium supplemented with cytokines. Three days post-knockout, AAV6-WT-EGFP or
609 AAV6-M2-EGFP were added to the culture at an MOI of 1×10^4. Another three days later
610 (day 6 post-nucleofection), cells were collected and stained with anti-CD62L antibody.
611 EGFP expression was analyzed by flow cytometry in both $CD62L^+$ and $CD62L^-$ T cell
612 populations.

613

Cryo-EM structure

For cryo-EM sample preparation, 3.5 µL of the AAV sample (1.3×10^{14} vg/mL) was applied to a glow-discharged Quantifoil R1.2/1.3 Cu 300 mesh grid. Grids were blotted for 4 s with a blot force of 10 following a 6 s waiting time using a Vitrobot Mark IV (Thermo Fisher Scientific) under 100% humidity at 4 °C. The grids were then plunge-frozen in liquid ethane cooled by liquid nitrogen.

Data collection was performed on a Titan Krios transmission electron microscope (Thermo Fisher Scientific) operating at 300 kV, equipped with a Gatan K3 Summit direct electron detector and a GIF Quantum energy filter (20 eV slit width). Movie stacks were recorded in super-resolution mode at a nominal magnification of 130,000× using EPU software, with a preset defocus range of −1.4 to −2.0 µm in Aberration-Free Image Shift (AFIS) mode. Each stack was exposed for 0.85 s (32 frames, 0.0266 s per frame), with a total electron dose of ~50 $e^-/Å^2$.

A total of 11,707 movie stacks were collected. Of these, 9,621 micrographs were manually selected and processed using CryoSPARC v4.6.2. Patch motion correction and Patch CTF estimation were applied. An initial round of auto-picking yielded ~157,235 particles with a box size of 640 pixels. After iterative rounds of template-based particle picking and 2D classification, 156,281 particles were selected for ab initio reconstruction (C1 symmetry). Homogeneous refinement, followed by local CTF refinement and non-uniform refinement, produced a final 3D reconstruction at an overall resolution of 1.8 Å.

A structural model of AAV6-M2 was initially generated using the AlphaFold3 prediction[30]. Manual model adjustment and refinement were performed in COOT[31], followed by atomic-level refinement using Phenix[32]. Structural figures were prepared using ChimeraX[33].

Receptor docking

Flexible docking between AAV6-M2 and the transmembrane receptor L-selectin was performed using the HADDOCK2.4 web server[34]. The input structures included the AAV6-M2 trimer and the lectin/EGF domains of L-selectin (PDB: 5VC1). All small molecules

were removed from the L-selectin structure, except for the calcium ion. The engineered loop region of one AAV6-M2 monomer and the EGF domain of L-selectin were defined as active residues for docking. The top-ranked docking model was visualized using ChimeraX[35].

Mouse experiments

- HIS mice generation

NOD/ShiLtJGpt-Prkdc^{em26Cd52}Il2rg^{em26Cd22}kit$^{em1Cin(V831M)}$ Il15$^{em1Cin(hIL15)}$/Gpt (NCG-X-hIL15) mice (Strain NO. T037155) and NOD/ShiLtJGpt-Prkdc^{em26Cd52} Il2rg^{em26Cd22} Rosa26$^{em1Cin(hCSF2\&IL3\&KITLG)}$/Gpt (NCG-M) mice (Strain NO. T036669) were purchased from GemPharmatech Co., Nanjing, China. These mice were housed under specific pathogen-free (SPF) conditions at the Model Animal Research Center, Medical School of Nanjing University, with all experiments conducted in compliance with institutional guidelines under an approved animal protocol (LY-02). HIS mice were generated as previously described[36]. Briefly, human hematopoietic stem and progenitor cells (HSPCs) were purified from fetal liver using the human CD34 MicroBead Kit (Miltenyi Biotec, 130-046-702) following ethical approval (Drum Tower Hospital, protocol #2021-488-01/02). Newborn NCG-M mice received 80 cGy sublethal irradiation followed by intrahepatic injection of 5×10^4 $CD34^+CD38^-$ HSCs within 4-6 days after birth, whereas non-irradiated NCG-X-hIL15 mice underwent the same HSC transplantation procedure. Successful immune reconstitution was confirmed at 10 weeks post-engraftment by flow cytometry detection of human immune cells ($CD45^+$, $CD3^+$, $CD19^+$, $CD14^+$, $CD56^+$) in peripheral blood, with engraftment defined as $>1\times10^5$ human $CD45^+$ cells/mL.

- In vivo CAR-T generation in HIS mice

Humanized NCG-X-hIL15 mice demonstrating sufficient T cell engraftment (≥15% human $CD3^+$ T cells in peripheral blood human $CD45^+$ cells) were randomly assigned to two experimental groups. These groups received intravenous administration of either AAV-M2-CAR19-EGFP or AAV6-CAR19-EGFP at a dose of 3×10^{13} vg/kg. Peripheral blood CART signal and B cell dynamics were monitored at bi-weekly intervals via flow cytometry.

Mice were sacrificed 4 weeks and 6 weeks post-AAV injection for comparative immune cells profiling in indicated tissues, including CAR-T cell transduction efficiency ($EGFP^+$ in human $CD3^+$ T, $CD4^+$ T, $CD8^+$ T, Tn, TCM, TEM, TEMRA) and B cell depletion. Flow cytometry (Agilent NovoCyte Penteon, Santa Clara, USA) was used for cell population detection. Antibodies were listed in **Supplementary Table 3**. Gating strategies were summarized in **Supplementary Figure 6A**.

- Evaluation of lupus pathologies in AAV6-M2-CD19CAR-treated HIS SLE mice

Humanized SLE (HIS-SLE) mouse model was generated as previously described (In submission). Briefly, we topically administered the TLR7/8 agonist R848 to NCG-M humanized immune system (HIS) mice for eight consecutive weeks to induce systemic lupus-like manifestations. Following five weeks of R848 treatment, mice demonstrated comparable levels of human immune reconstitution (quantified by peripheral blood human $CD45^+$ cell counts) and elevated serum autoantibody titers (quantified by anti-dsDNA antibody) were randomly allocated to receive either AAV6-M2-CD19CAR (3×10^{13} vg/kg, i.v.) or PBS control. Mice were euthanized at 8 weeks post-AAV administration for endpoint analysis. Then, serum autoantibody levels were measured by ELISA: anti-dsDNA antibody (COIBO BIO, CB13357-Hu) and anti-Sm antibody (COIBO BIO, CB19966-Hu) following the manufacturer's instructions. Serum biochemical profiling was quantified using an automated clinical analyzer (HITACHI 3500, Tokyo, Japan) following manufacturer-recommended protocols. Subsequently, B cell subsets (Transitional B, Naïve B, Plasmablast, Memory B) in indicated tissues were further analyzed by flow cytometry. All antibodies used were listed in **Supplementary Table 3**. Gating strategies were summarized in **Supplementary Figure 6B**.

- Quantification of AAV accumulation in the liver of HIS mice

Various organs from HIS mice were collected at the endpoint of the experiment. For each organ, a 50-80 mg minced tissue sample was homogenized, and genomic DNA was extracted using the TIANamp Genomic DNA Kit (TIANGEN, DP304-03). Absolute quantification of AAV-delivered CAR copies was performed via qPCR using 100 ng of gDNA per reaction. Primers (QCAR-F, QCAR-R) and probes (QCAR-Probe) targeting the

CAR transgene were designed as listed in **Supplementary Table 2**. PCR amplification was conducted using Hot Start Taq 2× Master Mix (NEB #M0496S) with the following thermocycling conditions: 95 °C for 30s, followed by 40 cycles of 95 °C for 15s, 52 °C for 30s, and 68 °C for 20s. Ct values were converted to AAV vector genome copies (Vg) based on a standard curve.

- Quantification of AAV accumulation in the liver of B6 mice

C57BL/6J mice were purchased from the Animal Center of Westlake University and housed under standard, individually ventilated, pathogen-free conditions at the Laboratory Animal Resource Center of Westlake University. All animal experiments were conducted in accordance with the Institutional Animal Care and Use Committee (IACUC) guidelines approved by Westlake University. Six-week-old mice were administered AAV6-WT-scEGFP, AAV6-M2-scEGFP, AAV6-Ark312-scEGFP, or AAV6-Ark315-scEGFP via intravenous injection at a dose of 5×10^{12} vg/kg. Phosphate-buffered saline (PBS) was injected intravenously as a negative control. At day 10 post-injection, mice were euthanized, and livers were harvested for EGFP expression analysis using the PHOTON IMAGER™ OPTIMA system, and EGFP signals from individual livers were quantified. The AAV viral copies in the liver were also quantified by qPCR using a similar approach as described in the HIS mice section. The capsid sequences of Ark312 and Ark315 were obtained from published patents[37,38].

<u>H&E staining</u>

Liver and lung tissues were fixed in 4% paraformaldehyde (Beyotime Biotechnology, P0099) at room temperature for 24 hours, dehydrated through a graded ethanol series, cleared in xylene, and embedded in paraffin. Tissue sections were cut using a microtome, mounted on glass slides, and dried overnight. For hematoxylin and eosin (H&E) staining, sections were deparaffinized in xylene, rehydrated through a descending ethanol series (100% to 70%), stained with Harris' hematoxylin for 3 minutes, and counterstained with eosin Y for 1 minute. Slides were then dehydrated through an ascending ethanol series,

cleared in xylene, and coverslipped. Stained sections were examined using an Olympus microscope (VS200, Olympus, Tokyo, Japan).

Cynomolgus macaque experiments

The non-human primate (NHP) experiments were conducted at the NHP facility of Innostar Biotechnology and approved by Innostar's Institutional Animal Care and Use Committee (IACUC). A 2-year-old cynomolgus macaque was used in this study. Four weeks after intravenous administration of AAV (1×10^{12} vg/kg), the animal was euthanized with 10 mg/kg ketamine hydrochloride and 5 mg/kg xylazine hydrochloride, followed by PBS perfusion. To quantify viral genome copies, 50–100 mg of tissue samples were homogenized in Buffer ATL (QIAGEN) using a tissue grinder. Genomic DNA and viral DNA were extracted using the DNeasy Blood & Tissue Kit (QIAGEN) according to the manufacturer's instructions. Vector genomes were amplified from the extracted DNA using primers flanking the transgene and the Q5 High-Fidelity Master Mix (NEB #M0544S). Amplicons containing Illumina adapter sequences were quantified using Qubit, pooled at equal mass, and sequenced on an Illumina NovaSeq X Plus platform.

Flow cytometry data collection and analysis

Flow cytometry (Agilent NovoCyte Penteon and CytoFLEX) was used to analyze cells. Flow cytometry data were analyzed via FlowJo.

Statistical analysis

Statistical analysis was performed using GraphPad Prism v8, and the specific tests were indicated in the figure legend.

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Author contributions

L.M., Y.L., and Z.L. conceived the project and designed the experiments. L.M. and Z.L. designed the capsid library. Y.L. designed the Human Immune System mouse model. Q.S. and J.W. (Jing Wang) conducted AAV library preparation and screening with the help of J.W. (Jiamei Wu) and Y. X.. K.N. and W.L. conducted CAR-T experiments *in vitro* and *in vivo*, receptor CRISPR screening and validation with help from M.W., L.W., W.C., Y.C., R.Z., S.D., C.C. B.K., S.W., and X.Q.. Y.Z. and X.W. conducted cryo-EM

873 experiments with guidance from Y.W.. R.D. prepared AAV with help from the Westlake
874 Genetech CMC team. Z.L., R.Z., and H.C. conducted computational analysis and
875 molecular docking analysis with the help of Q.Z.. L.M., L.Z., K.N., Y.L., and W.L. wrote
876 the manuscript with input from all co-authors.

877

878 **Competing interests**

879 Westlake Genetech and Westlake University share intellectual property based on the
880 AAV variants of this study. Z.L. and L.M. are co-founders of Westlake Genetech. K.N.
881 was a postdoc in Lijia Ma's Lab at Westlake University when this project started. K.N.,
882 M.W., L.W., Q.Z., J.W., B.K., Y. X., S.W., G.W., M.D., and H.C. are currently full-time
883 employees of Westlake Genetech. Y.L. is currently consulting for GemPharmatech Co.

Figure 1 AAV6 variants show superior transduction efficiencies in human primary T cells

(A) A schema of AAV6-EGFP transduction in human primary T cells.

(B-D) The transduction efficiency was illustrated in a fluorescence histogram (B), percentage of EGFP+ cells (C), and mean fluorescence intensity (MFI) (D).

Figure 2 CD62L mediates enhanced transduction of AAV6-M2 in human T cells

(A) Schematic of the CRISPR screening strategy.

(B-C) Volcano plots of genome-wide CRISPR screen hits for AAV6-M2 (B) and AAV6-WT (C), showing MAGeCK score versus log-fold change (LFC). Top-ranked candidates, including *SELL* (CD62L), are highlighted.

(D) EGFP expression in Jurkat cells transduced with AAV6-M2 or AAV6-WT following AAVR knockout, CD62L knockout (two independent sgRNAs), or AAVR+CD62L double knockout. CD62L-negative cells were sorted in the analysis of CD62L knockout and AAVR+CD62L double knockout groups.

(E) Flow cytometry analysis of MFI of EGFP in $CD62L^+$ and $CD62L^-$ human primary T cells transduced with AAV6-M2 and AAV6-WT. Data collected from T cells of three donors and CD62L-knockout by two independent sgRNAs.

(F) Surface representation of the AAV6-M2 capsid resolved at 1.8 Å resolution by cryo-EM. The engineered VR IV loops are highlighted in yellow.

(G) Electrostatic surface potential map of the CD62L EGF domain (PDB: 5VC1), with the engineered VR IV loop of AAV6-M2 (yellow) docked into the binding pocket.

(H) Detailed view of the docking interface between the engineered VR VIII loop (yellow) and CD62L EGF domain (pink), showing residue-level interactions, including hydrogen bonds (dotted lines).

(I) Bar graph showing the distribution of the highest serum dilution titer against AAV6-WT and AAV6-M2 in human serum from 36 donors. Serum susceptibility is grouped by the highest dilution factor at which EGFP expression dropped below 50%.

Data shown as mean ± SEM.; P values (D) were calculated by two-way ANOVA;

**** p≤0.0001; ns: not significant.

Figure 3 Efficient transduction and cytotoxicity of AAV6-M2-mediated CAR delivery in human T cells

(A) Time course of CAR expression in activated T cells (aT) from two donors after AAV6-M2-CAR transduction (MOI=5E4), measured by flow cytometry.

(B) Viability of aT cells after AAV6-M2-CAR transduction, compared to non-AAV controls.

(C) Schematic of the cytotoxicity assay setup, showing transduction, co-culture with NALM6 cells, and flow cytometry-based quantification of target cell killing.

(D) Cytotoxicity assay of AAV-CAR-transduced aT cells (MOI=1E4) co-cultured with NALM6 cells (T:B = 1:1). Cytotoxicity was assessed at multiple time points post co-culture.

(E) Construct design of the dual-AAV knock-in strategy targeting the *TRAC* locus: AAV vector 1 delivers the CAR-tagBFP cassette flanked by homology arms, and AAV vector 2 expresses sgRNA, enAsCAs12f, and EGFP.

(F-G) Quantification of cell populations over time by percentage (F) or cell numbers (G) after dual-AAV delivery in aT cells.

(H) Time course of EGFP expression in resting T cells (rT) transduced with AAV6-M2-EGFP, measured by flow cytometry.

(I) EGFP expression in rT cells post AAV6-M2 transduction followed by activation (Day 6).

(J) Experimental design for subtype-specific cytotoxicity assays. Human T cells were sorted into T naïve (Tn), central memory (TCM), and effector memory (TEM) subsets, transduced with AAV6-M2-CAR, and co-cultured with NALM6 cells.

(K) NALM6 cell abundance measured by flow cytometry over time following co-culture with Tn cells transduced with AAV6-M2-CAR.

Figure 4 In vivo CAR-T cell generation and B cell depletion by AAV6-M2 in humanized mice

(A) Schematic of the experimental timeline: HIS-NCGX-IL15 mice were intravenously injected with AAV6-WT-CAR or AAV6-M2-CAR (3×10^{13} vg/kg) and analyzed at 2 and 4 weeks post-injection.

(B-C) Flow cytometry analysis of CAR^+CD3^+ (B) and CAR^+CD8^+ (C) T cells in peripheral blood.

(D) Percentage of human B cells in various tissues following the administration of AAV6-WT-CAR or AAV6-M2-CAR.

(E-G) Tissue distribution of CAR^+ cells in $CD3^+$ (E), $CD8^+$ (F), and $CD8^+$ TEM (G) cells.

(H) Cellular phenotyping of CAR^+ immune cells across tissues in AAV6-M2-CAR-treated mice.

(I) Biodistribution of vector genome copies in mouse organs quantified by qPCR.

(J) Relative vector genome copies in cynomolgus macaque organs quantified by NGS.

Each dot represents an animal. Data shown as mean ± SEM.; P values (B-I) were calculated by Multiple unpaired t tests; ∗ p≤0.05; ∗∗ p≤0.01; ∗∗∗ p≤0.001; ∗∗∗∗ p≤0.0001; ns: not significant.

Figure 5 AAV6-M2 in vivo CAR-T therapy eliminates B cells and ameliorates SLE symptoms in a humanized lupus model

(A) Experimental design. Humanized HIS-HCG-M mice were treated with R848 to induce SLE-like symptoms and injected with AAV6-M2-CAR. Tissues were collected at 8 weeks post-injection.

(B) Quantification of human B cells in peripheral blood over time.

(C–D) Total B cell counts in bone marrow (C) and spleen (D).

(E) Representative kidney immunofluorescence images showing human IgG deposition (pink) in the SLE group. Lower panels provide magnified views of the regions outlined by yellow rectangles in the corresponding upper panels.

(F–G) Serum levels of anti-dsDNA (F) and anti-Smith (Sm) autoantibodies (G).

(H–I) Levels of kidney injury markers BUN (H) and CREA (I).

(J) Representative lung histology showing alveolar inflammation in SLE and its reduction upon AAV6-M2 treatment.

Each dot represents an animal. Data shown as mean ± SEM.; P values (B-D) were calculated by Mann-Whitney test; P values (F-I) were calculated by unpaired T tests.

$*$ $p \leq 0.05$; $**$ $p \leq 0.01$; $***$ $p \leq 0.001$; $****$ $p \leq 0.0001$; ns: not significant.

Supplementary Figure 1 AAV6 variants show superior transduction efficiencies in human primary T cells

(A) An overview of the top AAV6 variants and wild-type AAV6 in the results of capsid screening.

(B) The packing efficiencies of AAV6-WT, AAV6-M1, and AAV6-M2 using adherent HEK 293T cells in a 15 cm plate.

(C) The packing efficiencies of AAV6-WT and AAV6-M2 using suspension HEK293 cells in a 3-liter bioreactor.

(D) AAV6-M2 capsid content determined by analytic ultracentrifugation (AUC) at wavelength 280 nm.

(E) Cropped view of a representative cryo-EM micrograph for AAV6-M2 sample.

Supplementary Figure 2 CD62L mediates enhanced transduction of AAV6-M2 in human T cells

(A) Volcano plots of genome-wide CRISPR screen hits for AAV6-M1, showing MAGeCK score versus log-fold change (LFC). Top-ranked candidates, including *SELL* (CD62L), are highlighted.

(B) Flow cytometry analysis of $EGFP^+$ in $CD62L^+$ and $CD62L^-$ human primary T cells transduced with AAV6-M2 and AAV6-WT. Data collected from T cells of three donors and CD62L-knockout by two independent sgRNAs.

(C) Cryo-EM data processing workflow for AAV6-M2 capsid reconstruction.

(D) Cryo-EM structure of the AAV6-M2 monomer shown in two orientations rotated 180°, highlighting the engineered VRVIII loop in orange.

(E) Structural alignment of AAV6-WT (purple, PDB: 4V86) and AAV6-M2 (orange) VP3 monomers.

(F-G) Cryo-EM density maps (grey mesh) of the VRVIII loop fitted with atomic models from AAV6-M2 (F, yellow sticks) and AAV6-WT (G, purple sticks).

(H-I) Surface charges are displayed for AAV6-WT (H) and AAV6-M2 (I). blue: positive; red: negative.

(J) Schematic of serum susceptibility experiment.

Supplementary Figure 3 Efficient transduction and cytotoxicity of AAV6-M2-mediated CAR delivery in human T cells

(A) Schematic of AAV6-M2-CAR vector and experimental timeline for transducing activated human primary T cells (aT), followed by flow cytometry analysis.

(B) Expansion of aT cells from two donors after transduction with AAV6-M2-CAR or no-AAV control.

(C) Time course of NALM6 cell elimination in cytotoxicity assays using AAV6-M2-CAR or AAV6-WT-CAR transduced aT cells (T:B = 1:1).

(D) Schematic of AAV6-M2-EGFP transduction in resting human T cells (rT), followed by flow cytometry analysis.

(E) Schematic of AAV6-M2-EGFP transduction in resting human T cells (rT) then CD3/CD28 beads activation, followed by flow cytometry analysis.

(F-G) Cytotoxicity in TCM (F) and TEM (G) cells over time following AAV6-M2-CAR transduction and NALM6 co-culture.

(H-J) Composition of T cell subsets over time in Tn (H), TCM (I), and TEM (J) populations post co-culture with NALM6 cells.

Supplementary Figure 4 In vivo CAR-T cell generation and B cell depletion by AAV6-M2 in humanized mice

(A-B) Frequencies of B cells and T cells in peripheral blood prior to AAV injection show no differences between treatment groups.

(C-D) Longitudinal dynamics of B cells in peripheral blood over 4 weeks.

(E) CAR^+ $CD4^+$ T cell frequencies in mouse tissues following AAV6-M2-CAR and AAV6-WT-CAR administration.

(F-I) Subset analysis of CAR^+ T cells across bone marrow (F), spleen (G), liver (H), and lung (I).

Each dot represents an animal. Data shown as mean ± SEM; P values (A-B) were calculated by unpaired T tests; P values (C-I) were calculated by Multiple unpaired T tests.

$*$ $p \leq 0.05$; $**$ $p \leq 0.01$; $***$ $p \leq 0.001$; $****$ $p \leq 0.0001$; ns: not significant.

Supplementary Figure 5 AAV6-M2 in vivo CAR-T therapy eliminates B cells and ameliorates SLE symptoms in a humanized lupus model

(A-D) $hCD45^+$ cells (A), total IgG (B), B cell counts (C), and anti-dsDNA levels (D) in peripheral blood prior to AAV injection.

(E) Percentage of B cells among $hCD45^+$ cells in multiple tissues.

(F) Composition of B cell subsets in bone marrow from one representative mouse.

(G–J) Quantification of transitional (G), naïve (H), memory (I), and plasmablast B cells (J) in bone marrow.

(K–L) Plasmablast and plasma cell (PB & PC) abundance in the spleen quantified by flow cytometry (L) and flow cytometry density plot (K).

(M) Representative kidney immunofluorescence images showing reduced human IgG deposition in AAV-treated mice. This plot is associated with Figure 5E.

(N–O) Quantification of B cells (N) and histological analysis (O) in the lung. This plot is associated with Figure 5J.

(P–Q) Quantification of B cells (P) and histological analysis (Q) in the liver. Yellow arrows indicate immune cells infiltrated into the liver.

Each dot represents an animal. Data shown as mean ± s.d.; P values (A-D) were calculated by unpaired T tests; P values (E, G-J, N, and P) were calculated by Mann-Whitney tests.

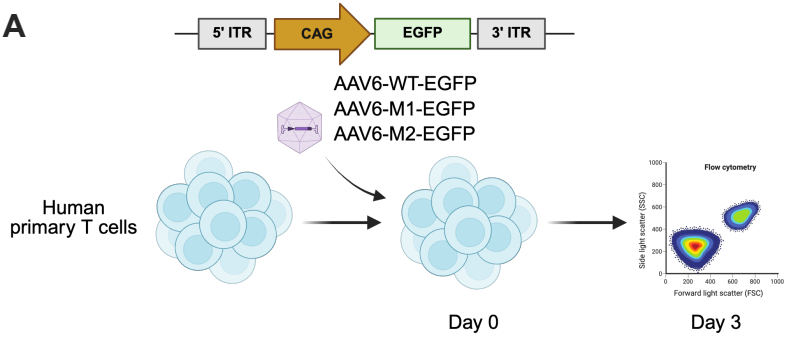
∗ p≤0.05; ∗∗ p≤0.01; ∗∗∗ p≤0.001; ∗∗∗∗ p≤0.0001; ns: not significant.

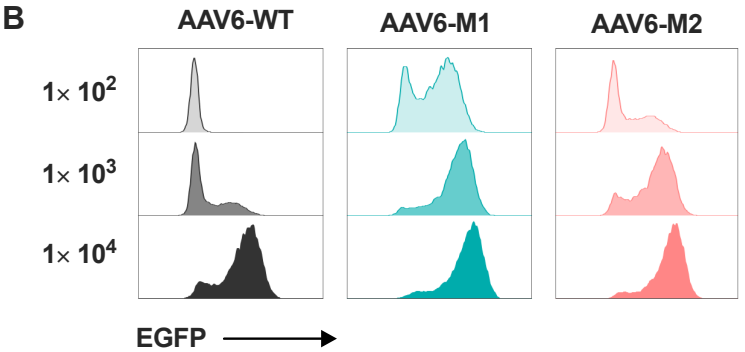
Supplementary Figure 6 Gating strategies

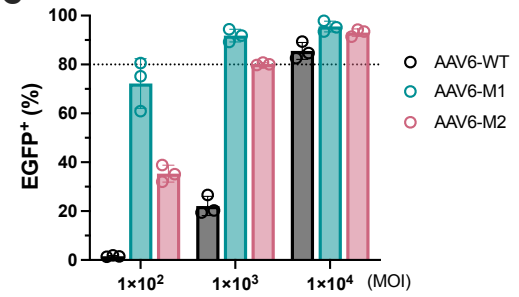
(A) Gating strategy of the HIS mouse model.

(B) Gating strategy of the HIS SLE mouse model.

Figure 1


A
5' ITR
CAG
EGFP
3' ITR
AAV6-WT-EGFP
AAV6-M1-EGFP
AAV6-M2-EGFP
Human primary T cells
Day 0
Flow cytometry
Side light scatter (SSC)
Forward light scatter (FSC)
Day 3


B
AAV6-WT
AAV6-M1
AAV6-M2
1× 10²
1× 10³
1× 10⁴
EGFP


C
EGFP⁺ (%)
100
80
60
40
20
0
1×10²
1×10³
1×10⁴
(MOI)
AAV6-WT
AAV6-M1
AAV6-M2

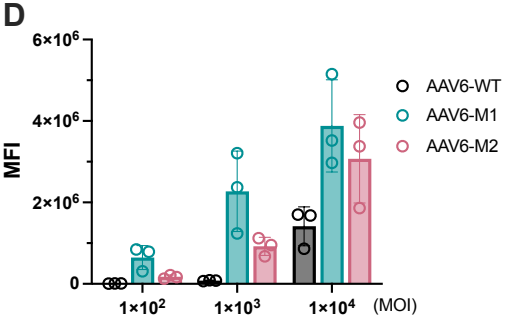
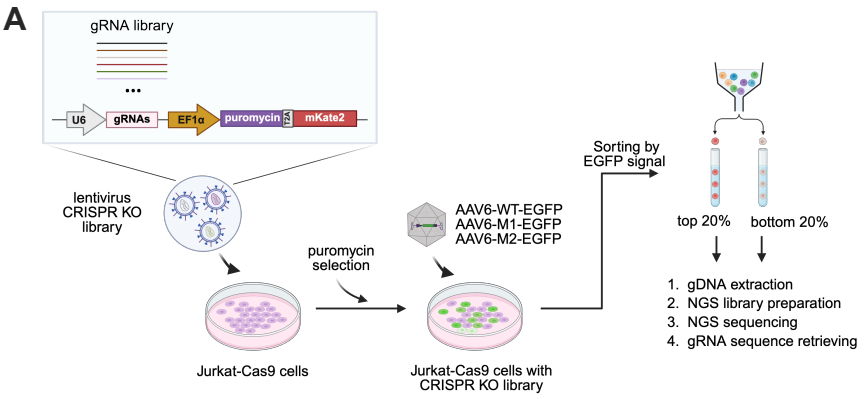
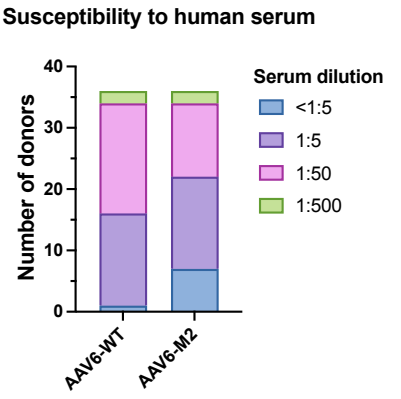
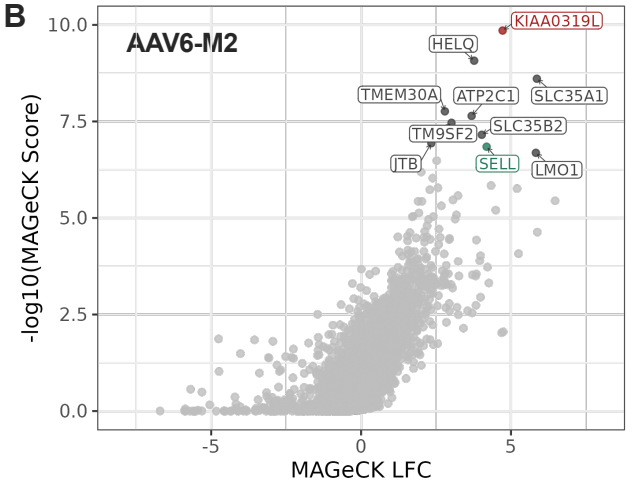
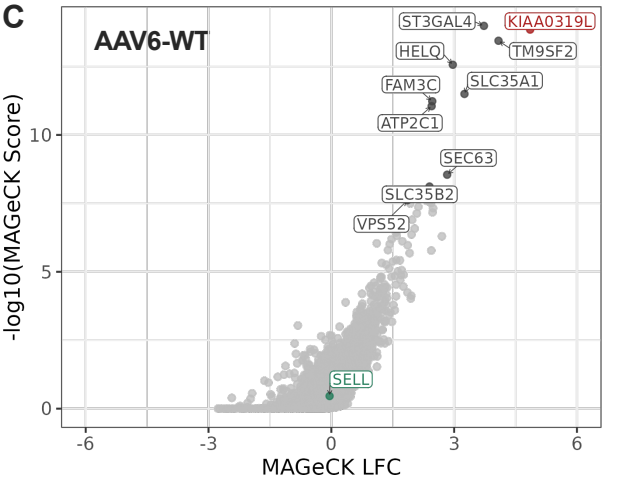

D
MFI
6×10⁶
4×10⁶
2×10⁶
0
1×10²
1×10³
1×10⁴
(MOI)
AAV6-WT
AAV6-M1
AAV6-M2

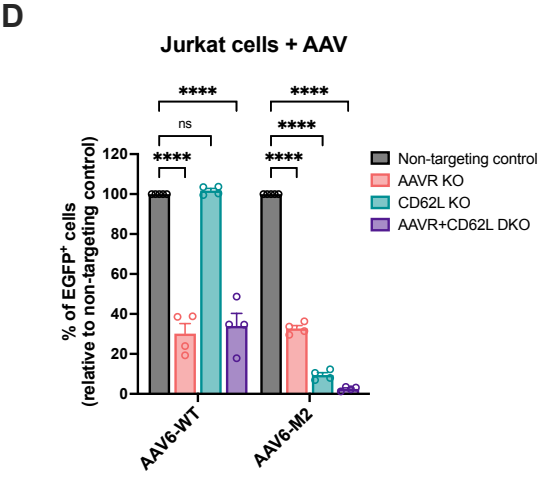
Figure 2

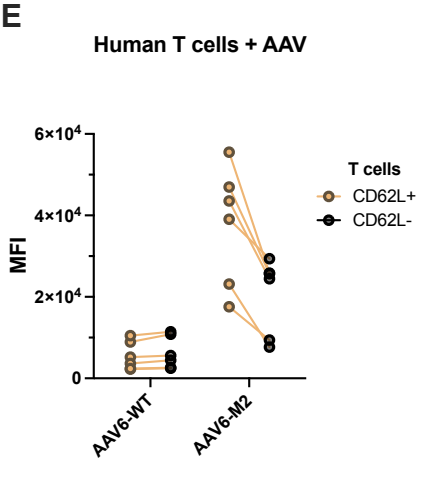

A
gRNA library
U6
gRNAs
EF1α
puromycin
mKate2
lentivirus CRISPR KO library
puromycin selection
AAV6-WT-EGFP
AAV6-M1-EGFP
AAV6-M2-EGFP
Sorting by EGFP signal
top 20%
bottom 20%
1. gDNA extraction
2. NGS library preparation
3. NGS sequencing
4. gRNA sequence retrieving
Jurkat-Cas9 cells
Jurkat-Cas9 cells with CRISPR KO library

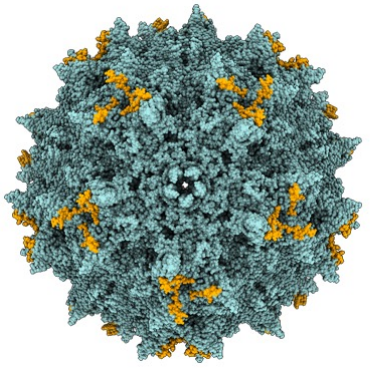

I
Susceptibility to human serum
Number of donors
Serum dilution
<1:5
1:5
1:50
1:500
AAV6-WT
AAV6-M2

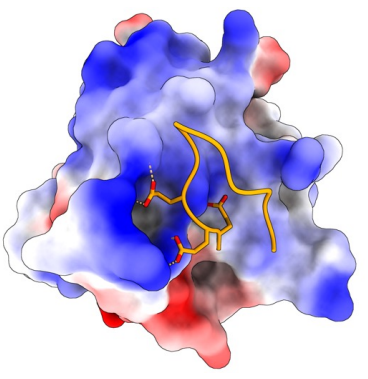

B
AAV6-M2
-log10(MAGeCK Score)
MAGeCK LFC
KIAA0319L
HELQ
TMEM30A
ATP2C1
SLC35A1
SLC35B2
TM9SF2
JTB
SELL
LMO1


C
AAV6-WT
-log10(MAGeCK Score)
MAGeCK LFC
ST3GAL4
KIAA0319L
HELQ
TM9SF2
FAM3C
SLC35A1
ATP2C1
SEC63
SLC35B2
VPS52
SELL


D
Jurkat cells + AAV
% of EGFP+ cells (relative to non-targeting control)
Non-targeting control
AAVR KO
CD62L KO
AAVR+CD62L DKO
ns
****
AAV6-WT
AAV6-M2


E
Human T cells + AAV
MFI
T cells
CD62L+
CD62L-
AAV6-WT
AAV6-M2


F


G

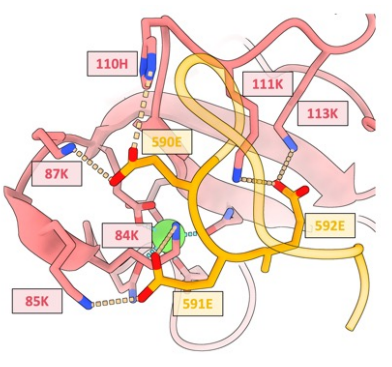

H
110H
111K
113K
590E
87K
84K
592E
85K
591E

Figure 3

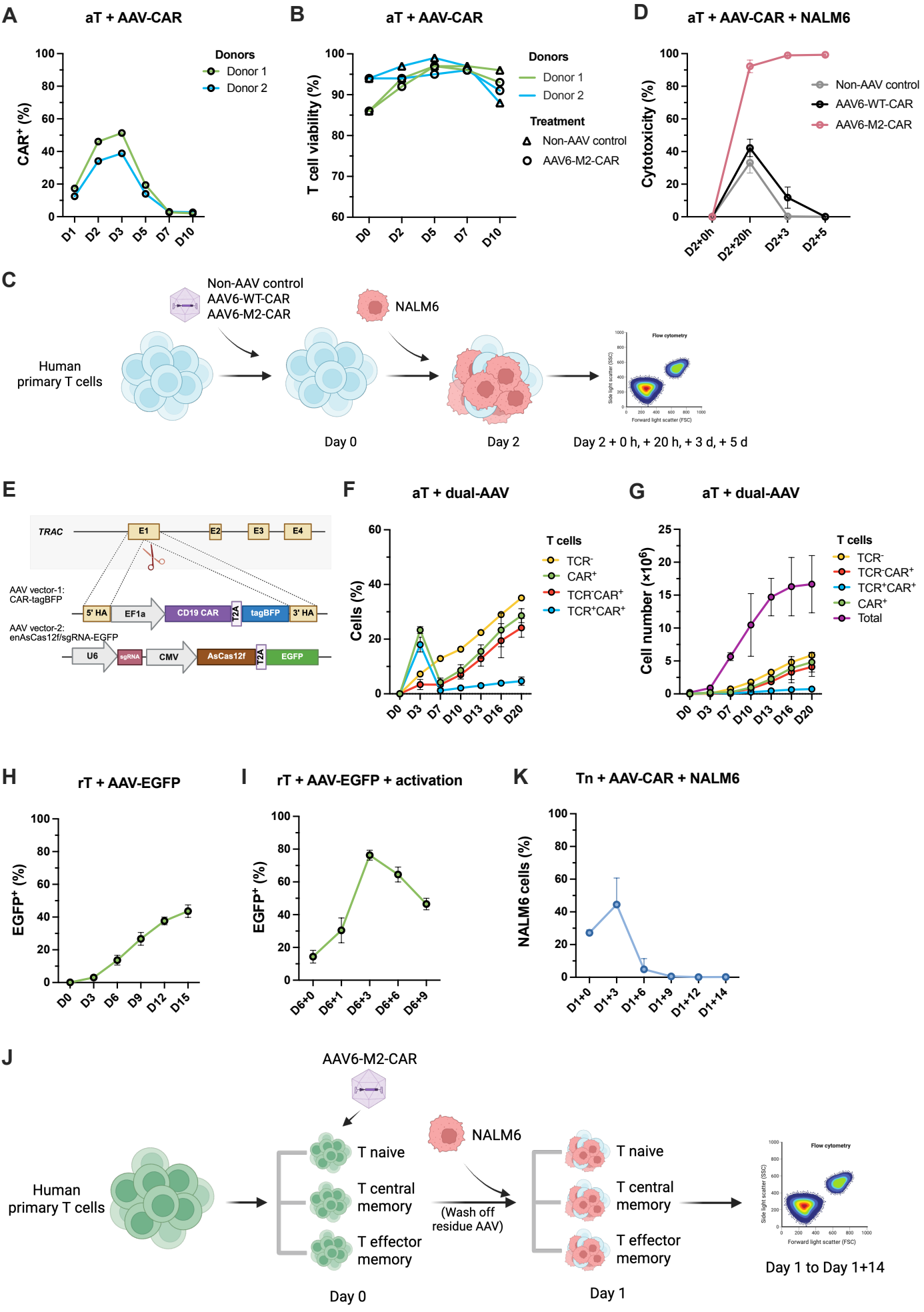

A
aT + AAV-CAR
CAR+ (%)
Donors
Donor 1
Donor 2
D1
D2
D3
D5
D7
D10
B
aT + AAV-CAR
T cell viability (%)
Donors
Donor 1
Donor 2
Treatment
Non-AAV control
AAV6-M2-CAR
D0
D2
D5
D7
D10
D
aT + AAV-CAR + NALM6
Cytotoxicity (%)
Non-AAV control
AAV6-WT-CAR
AAV6-M2-CAR
D2+0h
D2+20h
D2+3
D2+5
C
Non-AAV control
AAV6-WT-CAR
AAV6-M2-CAR
NALM6
Human
primary T cells
Flow cytometry
Day 0
Day 2
Day 2 + 0 h, + 20 h, + 3 d, + 5 d
E
TRAC
E1
E2
E3
E4
AAV vector-1:
CAR-tagBFP
5' HA
EF1a
CD19 CAR
T2A
tagBFP
3' HA
AAV vector-2:
enAsCas12f/sgRNA-EGFP
U6
sgRNA
CMV
AsCas12f
T2A
EGFP
F
aT + dual-AAV
Cells (%)
T cells
TCR-
CAR+
TCR-CAR+
TCR+CAR+
D0
D3
D7
D10
D13
D16
D20
G
aT + dual-AAV
Cell number (×10^6)
T cells
TCR-
TCR-CAR+
TCR+CAR+
CAR+
Total
H
rT + AAV-EGFP
EGFP+ (%)
D0
D3
D6
D9
D12
D15
I
rT + AAV-EGFP + activation
EGFP+ (%)
D6+0
D6+1
D6+3
D6+6
D6+9
K
Tn + AAV-CAR + NALM6
NALM6 cells (%)
D1+0
D1+3
D1+6
D1+9
D1+12
D1+14
J
AAV6-M2-CAR
NALM6
Human
primary T cells
T naive
T central
memory
T effector
memory
(Wash off
residue AAV)
Day 0
Day 1
Flow cytometry
Day 1 to Day 1+14

Figure 4

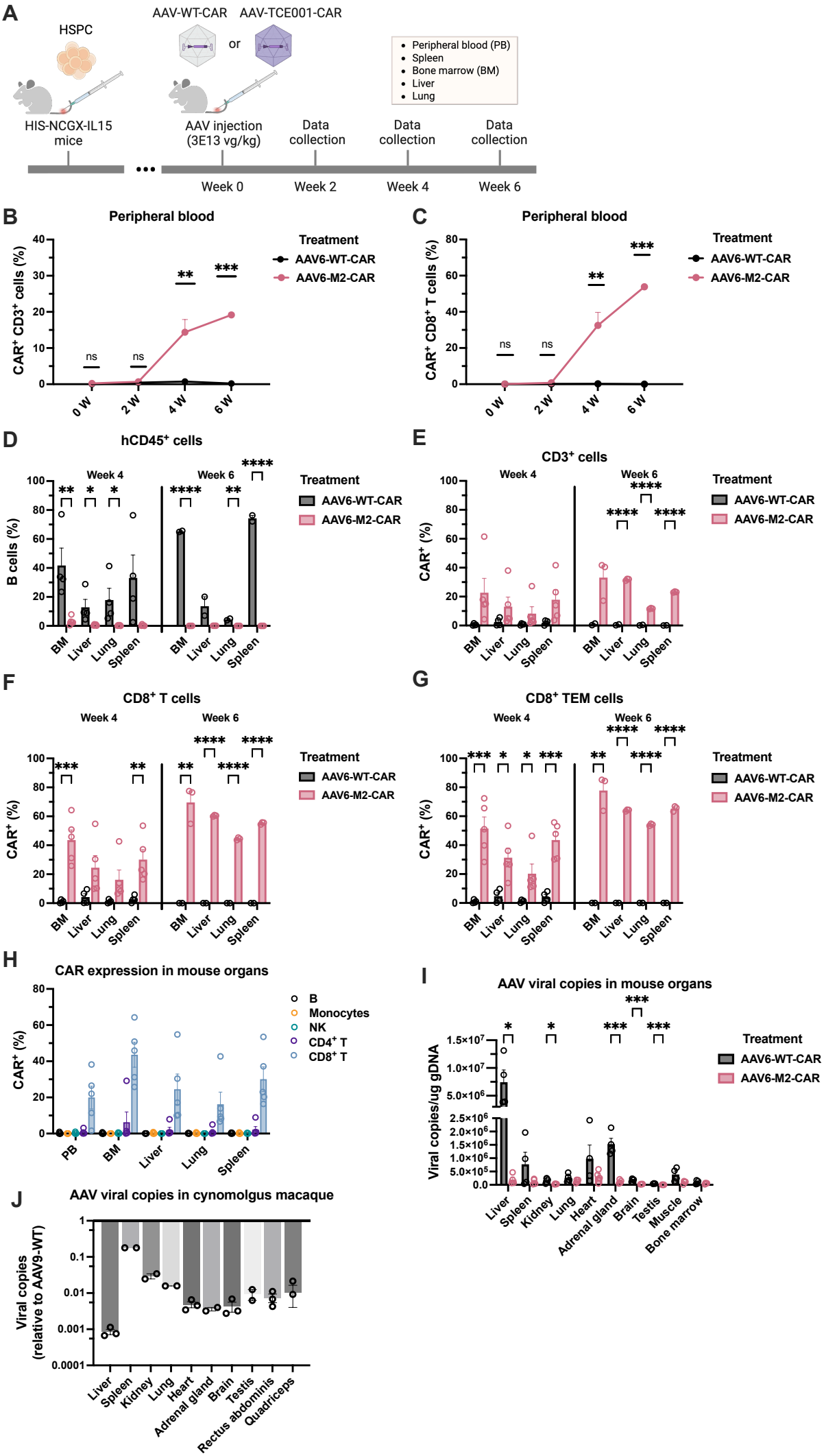
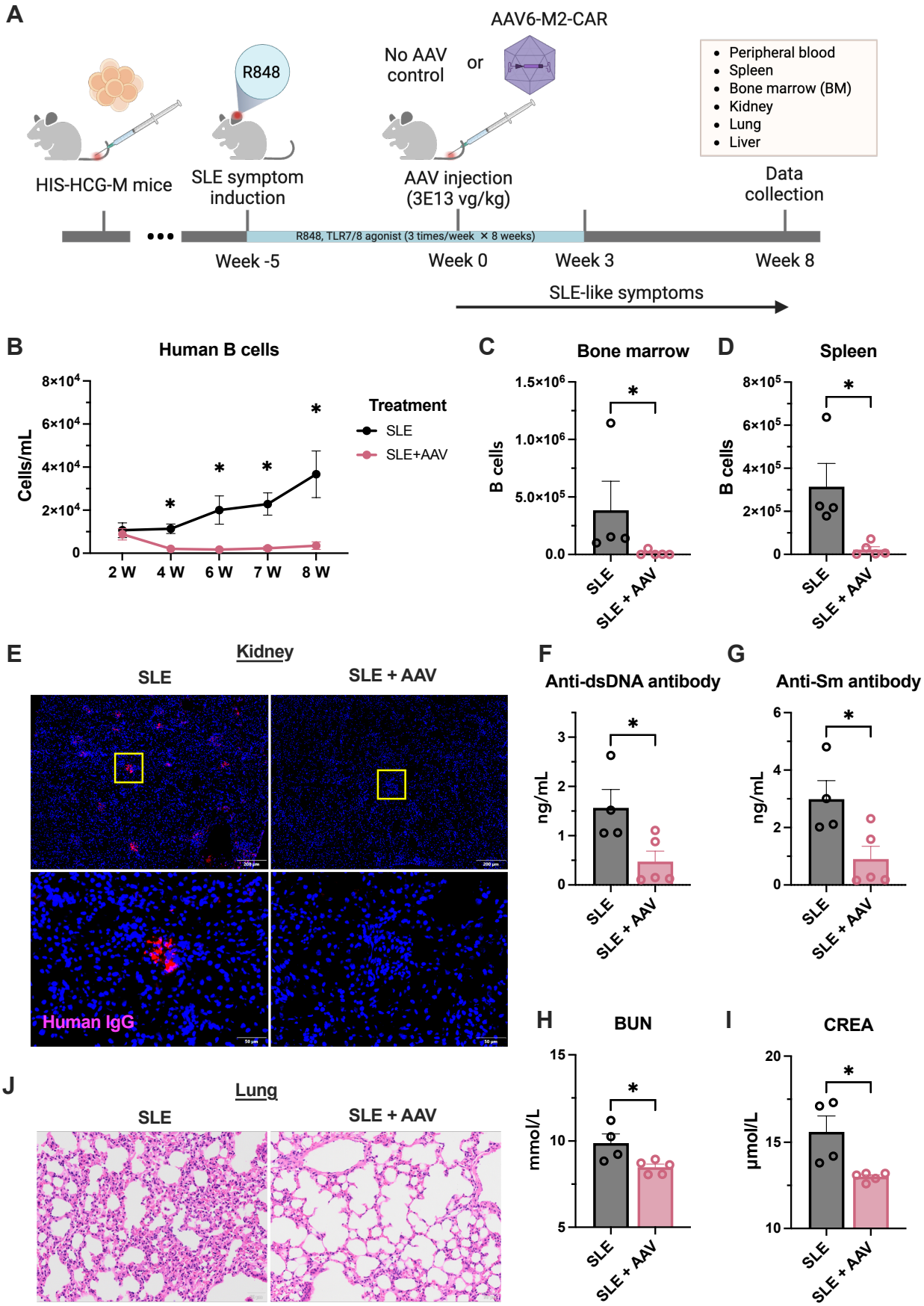
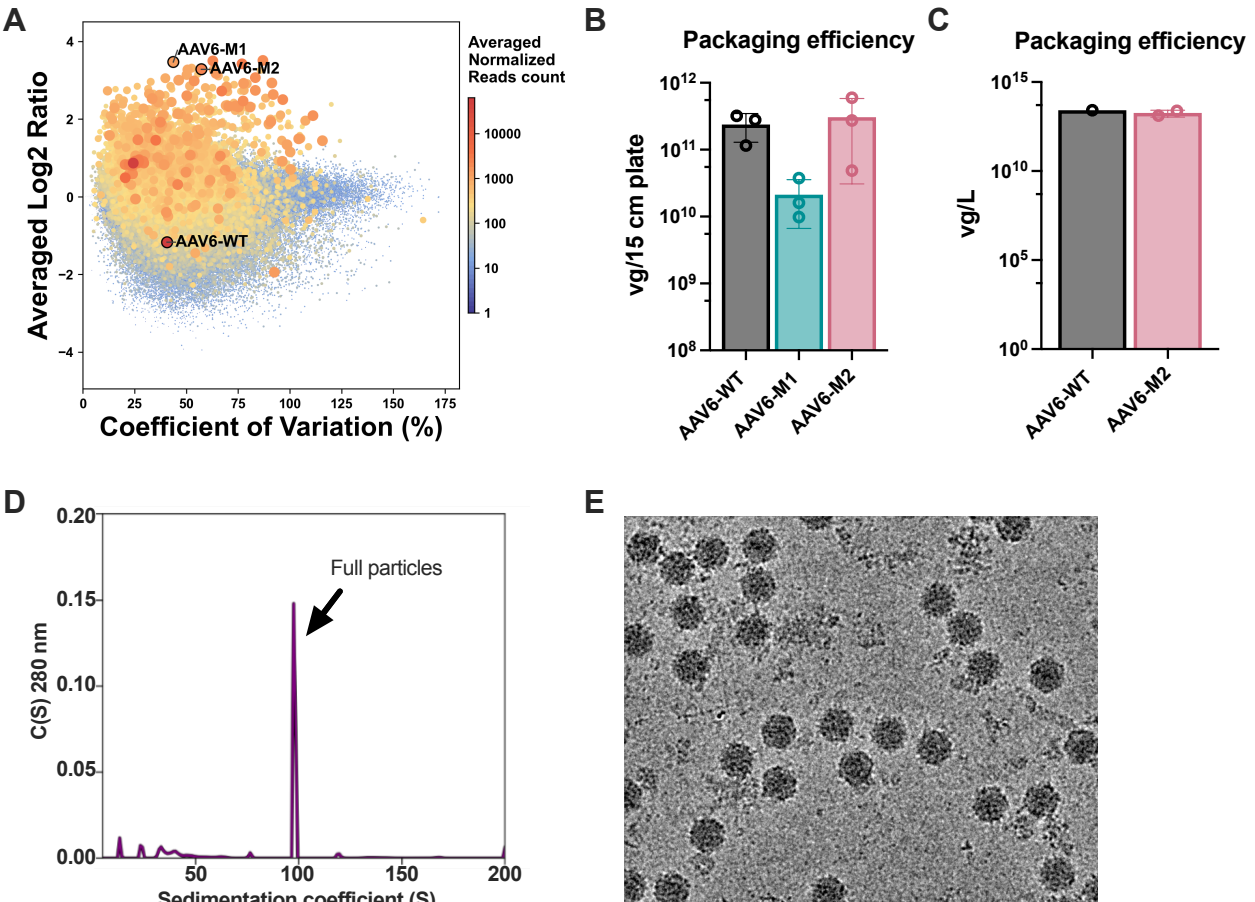

A
HSPC
AAV-WT-CAR
AAV-TCE001-CAR
or
HIS-NCGX-IL15 mice
AAV injection (3E13 vg/kg)
Peripheral blood (PB)
Spleen
Bone marrow (BM)
Liver
Lung
Data collection
Data collection
Data collection
Week 0
Week 2
Week 4
Week 6
B
Peripheral blood
CAR+ CD3+ cells (%)
Treatment
AAV6-WT-CAR
AAV6-M2-CAR
ns
ns
**
***
0 W
2 W
4 W
6 W
C
Peripheral blood
CAR+ CD8+ T cells (%)
Treatment
AAV6-WT-CAR
AAV6-M2-CAR
ns
ns
**
***
0 W
2 W
4 W
6 W
D
hCD45+ cells
B cells (%)
Week 4
Week 6
Treatment
AAV6-WT-CAR
AAV6-M2-CAR
BM
Liver
Lung
Spleen
E
CD3+ cells
CAR+ (%)
Week 4
Week 6
Treatment
AAV6-WT-CAR
AAV6-M2-CAR
BM
Liver
Lung
Spleen
F
CD8+ T cells
CAR+ (%)
Week 4
Week 6
Treatment
AAV6-WT-CAR
AAV6-M2-CAR
BM
Liver
Lung
Spleen
G
CD8+ TEM cells
CAR+ (%)
Week 4
Week 6
Treatment
AAV6-WT-CAR
AAV6-M2-CAR
BM
Liver
Lung
Spleen
H
CAR expression in mouse organs
CAR+ (%)
B
Monocytes
NK
CD4+ T
CD8+ T
PB
BM
Liver
Lung
Spleen
I
AAV viral copies in mouse organs
Viral copies/ug gDNA
Treatment
AAV6-WT-CAR
AAV6-M2-CAR
Liver
Spleen
Kidney
Lung
Heart
Adrenal gland
Brain
Testis
Muscle
Bone marrow
J
AAV viral copies in cynomolgus macaque
Viral copies (relative to AAV9-WT)
Liver
Spleen
Kidney
Lung
Heart
Adrenal gland
Brain
Testis
Rectus abdominis
Quadriceps

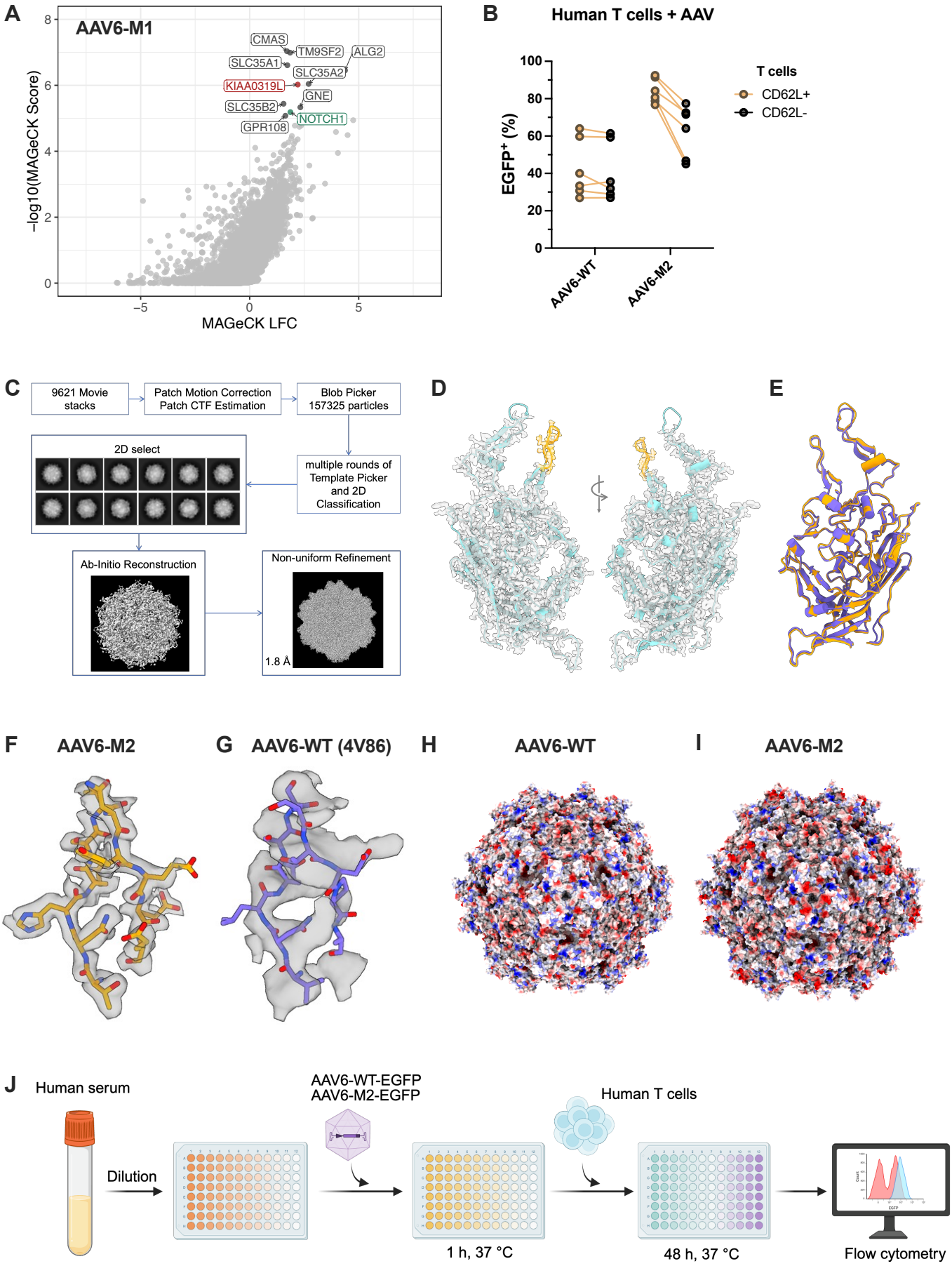
Figure 5


A
AAV6-M2-CAR
No AAV control
or
R848
HIS-HCG-M mice
SLE symptom induction
AAV injection (3E13 vg/kg)
Data collection
Peripheral blood
Spleen
Bone marrow (BM)
Kidney
Lung
Liver
R848, TLR7/8 agonist (3 times/week × 8 weeks)
Week -5
Week 0
Week 3
Week 8
SLE-like symptoms
B
Human B cells
Cells/mL
Treatment
SLE
SLE+AAV
2 W
4 W
6 W
7 W
8 W
C
Bone marrow
B cells
D
Spleen
B cells
SLE
SLE + AAV
E
Kidney
SLE
SLE + AAV
Human IgG
F
Anti-dsDNA antibody
ng/mL
G
Anti-Sm antibody
ng/mL
H
BUN
mmol/L
I
CREA
μmol/L
J
Lung
SLE
SLE + AAV

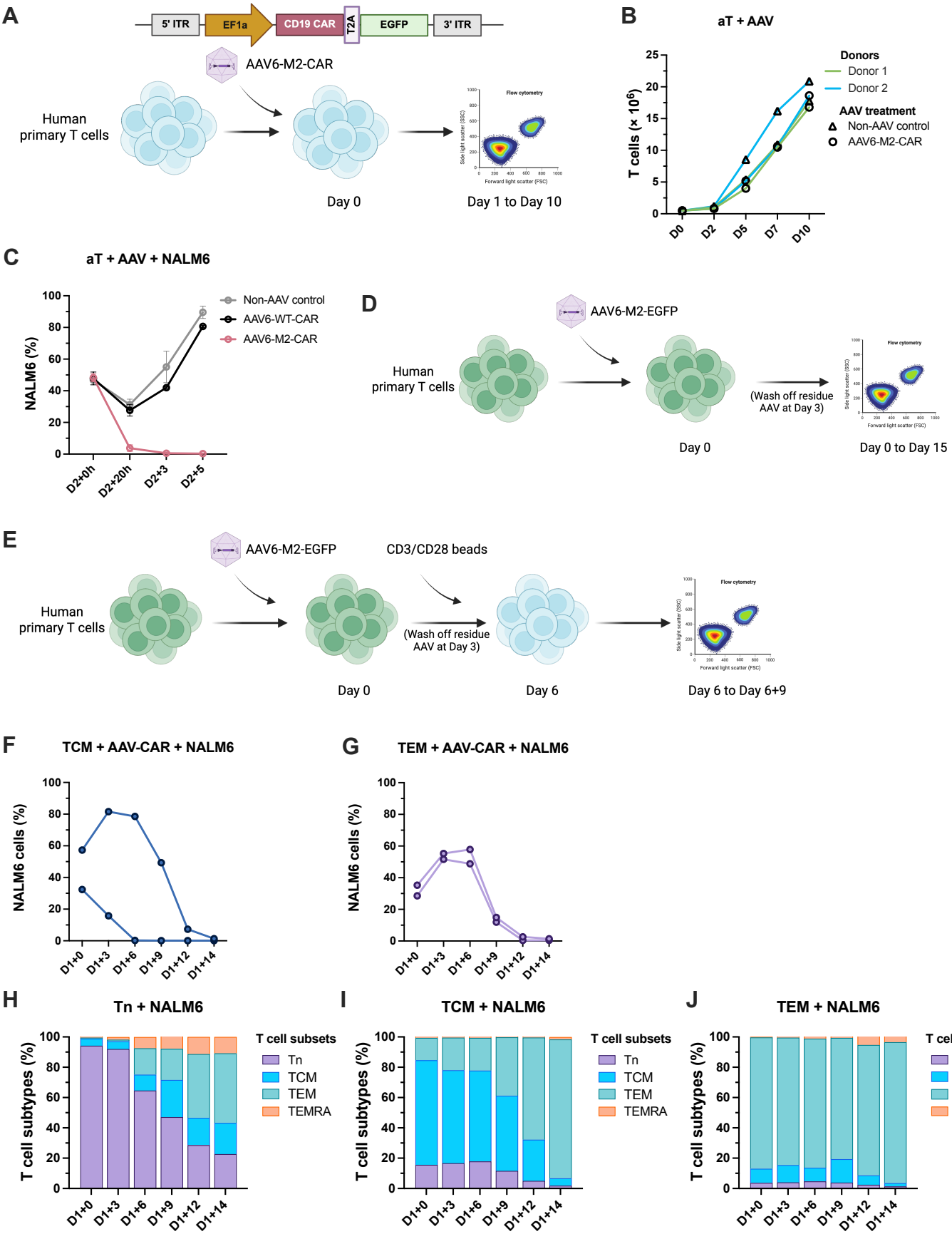
Supplementary Figure 1



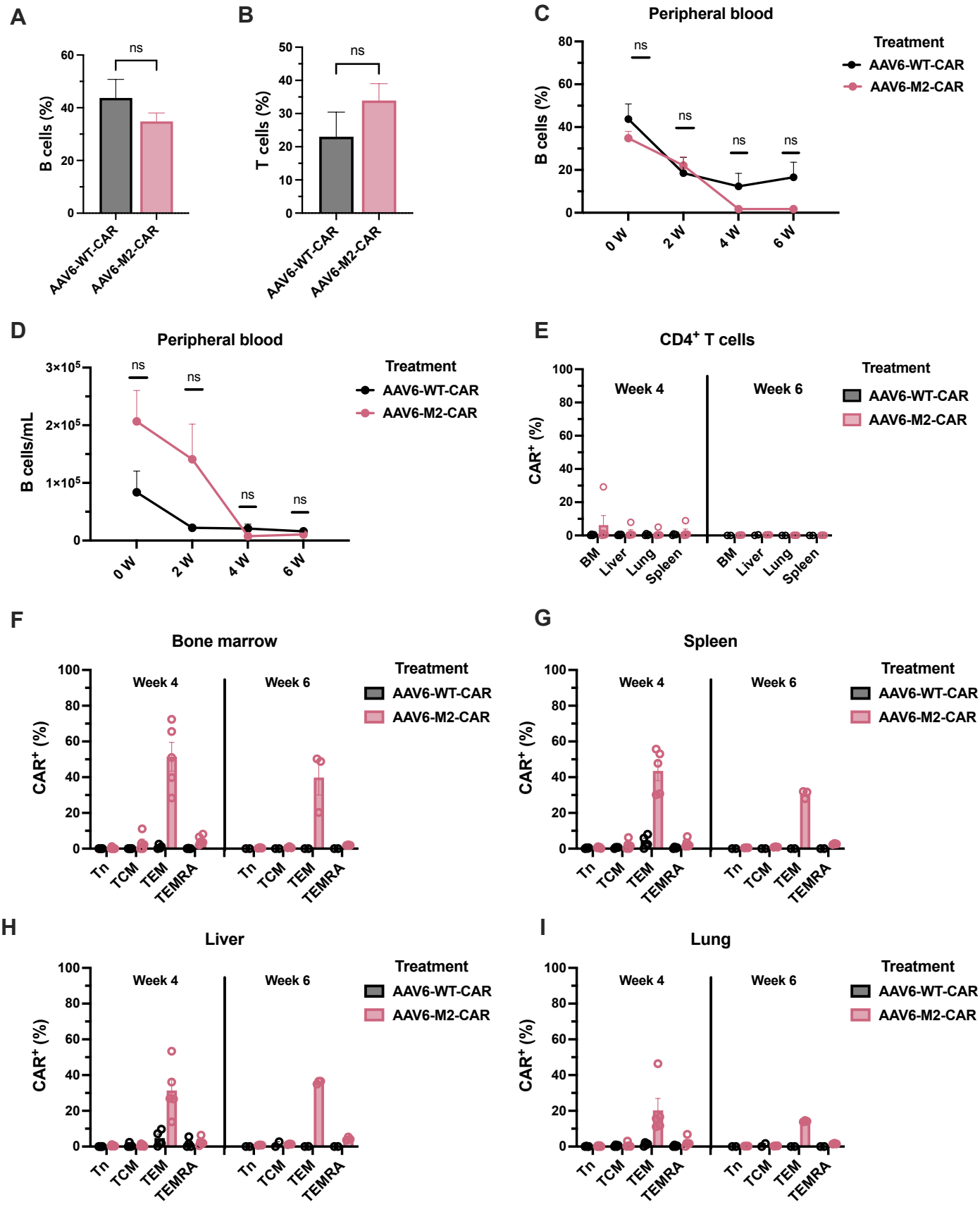
Supplementary Figure 2



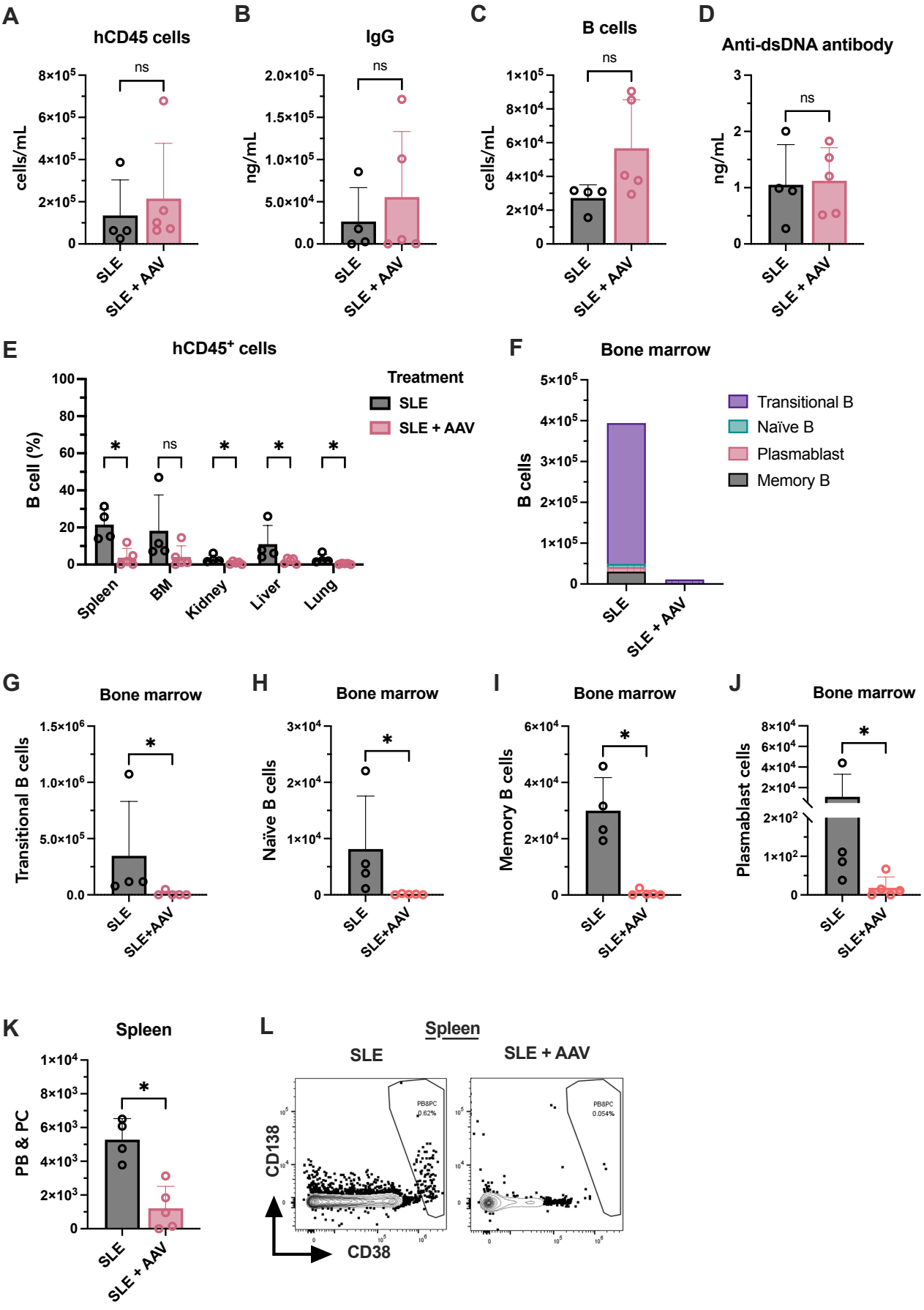
Supplementary Figure 3



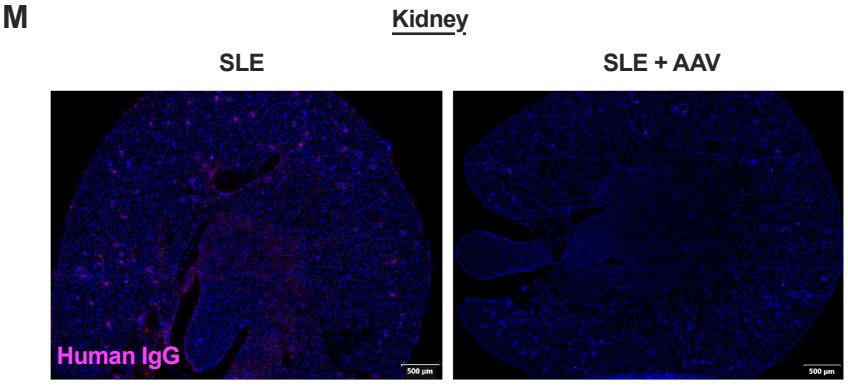
Supplementary Figure 4

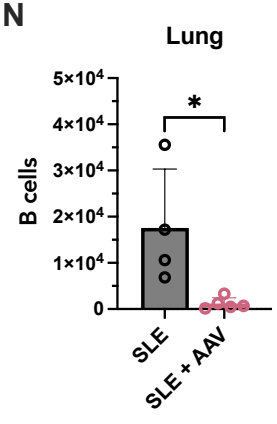


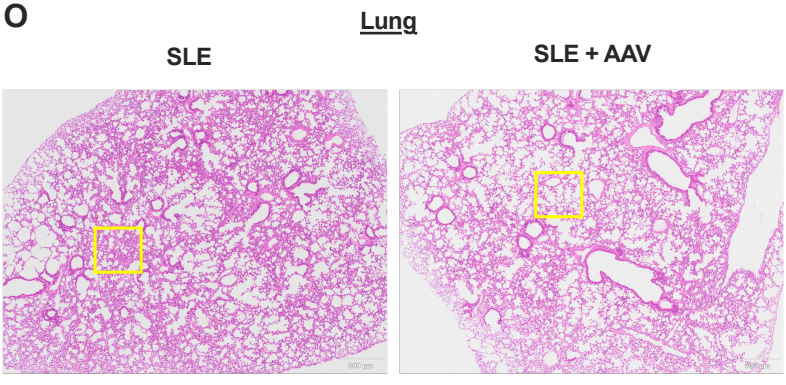
Supplementary Figure 5

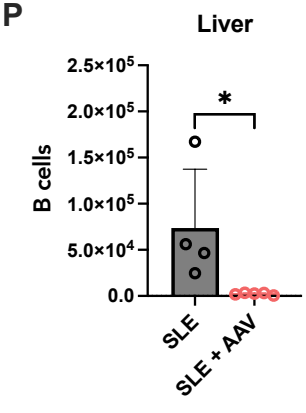


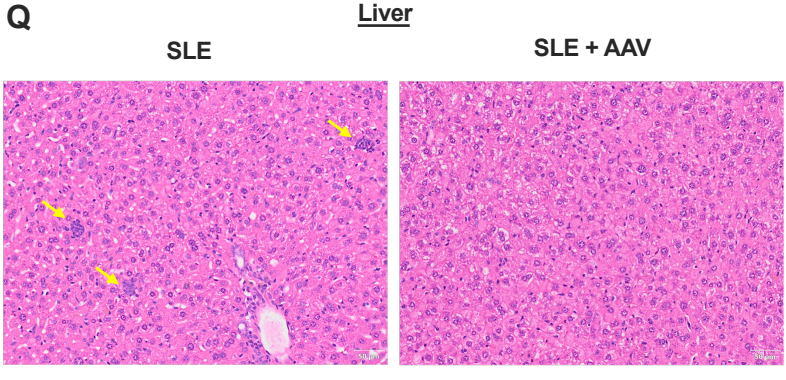
Supplementary Figure 5 (continued)











Supplementary Figure 6