

CARsgen Presents Allogeneic CAR-T Data for Blood Cancers at EHA 2026

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The early data support further development of CT0596 and CT1190B in relapsed or refractory haematologic malignancies.



CARsgen Therapeutics has presented new clinical data for two allogeneic CAR-T cell therapy candidates, CT0596 and CT1190B, at the 2026 Annual Congress of the European Hematology Association.

CT0596 is an allogeneic BCMA-targeted CAR-T product being evaluated in relapsed or refractory multiple myeloma and primary plasma cell leukaemia. CT1190B is an allogeneic CD19/CD20-targeted CAR-T product being evaluated in relapsed or refractory B-cell non-Hodgkin's lymphoma.

This is relevant because autologous CAR-T therapies have shown strong clinical value but remain limited by manufacturing complexity, waiting time, cost and patient-specific variability. Allogeneic CAR-T products aim to create more scalable off-the-shelf treatment options, although safety, persistence and immune compatibility remain key challenges.

For CT0596, eight heavily pretreated patients received the 4.5×10^6 , CAR-positive T cell dose level. Six of the eight patients achieved stringent complete response or very good partial response after the initial infusion, while all patients achieved minimal residual disease negativity at a sensitivity of 10^{-4} four weeks after the effective infusion.

Safety findings showed no Grade 3 or higher cytokine release syndrome, no immune effector cell-associated neurotoxicity syndrome and no graft-versus-host disease. No treatment-related deaths or discontinuations due to adverse events were reported.

For CT1190B, 12 patients were evaluable for efficacy. The objective response rate was 91.7 per cent, with a complete response rate of 66.7 per cent. Responses were observed even in patients previously exposed to CAR-T cell therapy or bispecific antibody therapy.

Both products are developed using CARsgen's THANK-u Plus platform. The company plans to initiate Phase Ib clinical trials for CT0596 in relapsed or refractory multiple myeloma and primary plasma cell leukaemia in 2026, and for CT1190B in relapsed or refractory B-cell non-Hodgkin's lymphoma in 2026.

The development reflects the next stage of cell therapy competition, where companies are moving from customised products toward more scalable platforms. If validated clinically, allogeneic CAR-T could widen access to cell therapy in haematologic cancers and potentially beyond oncology.