

CORRESPONDENCE

Open Access



FECH, a novel metabolic target influencing CAR T-cell phenotype and function

Marsha Pellegrino¹, Simone Vespa², Illari Salvatori³, Giang Dang Mac², Cristiana Valle^{3,4}, Valerio Secli¹, Sara Cairolì⁵, Bianca Maria Goffredo⁵, Matteo Caforio¹, Valentina Folgiero¹, Lokossou William Sanvi^{2,6}, Elisabetta Vulpis⁷, Elena Ciampini⁸, Marco Scarsella⁹, Ezio Giorda⁹, Ferdinando Chiaradonna¹⁰, Manuela Giansanti¹¹, Francesca Nazio⁷, Alberto Ferri^{3,4}, Francesco Cecconi^{12,13}, Silvia Campello⁷, Enrico Velardi¹, Ignazio Caruana^{2,14*†} and Emmanuel de Billy^{1,8,13*†}

Abstract

Recent phase I/II clinical trials have demonstrated that chimeric antigen receptor (CAR) T cells targeting the disialoganglioside GD2 represent a promising therapeutic option for pediatric patients with relapsed or refractory high-risk neuroblastoma (NB). However, incomplete and heterogeneous clinical responses highlight the need to improve CAR T-cell efficacy and persistence. We previously demonstrated the therapeutic benefit of combining the dual insulin-like growth factor 1 receptor/insulin receptor (IGF1R/IR) inhibitor linsitinib (LIN) with third-generation GD2.CAR T cells in diffuse intrinsic pontine glioma, where LIN induced tumor cell death and modulated the CAR T-cell phenotype. Here, we extended these findings to NB and explored the mechanisms of LIN-mediated CAR T-cell modulation. LIN, in combination with CAR T cells, significantly enhanced antitumor activity in LIN-sensitive NB cell lines. Mechanistically, we investigated ferrochelatase (FECH), a mitochondrial enzyme involved in heme biosynthesis, and a known off-target of LIN. LIN treatment or selective FECH inhibition with N-methyl protoporphyrin IX reduced intracellular heme, attenuated activation and exhaustion marker expression and promoted central memory characteristics associated with improved in vivo CAR T-cell persistence and functionality. Both treatments similarly decreased ATP production by reducing glycolysis and mitochondrial respiration in chronic antigen-activated CAR T cells. Collectively, these data reveal a dual mechanism of action for LIN, combining direct tumor cell cytotoxicity with metabolic reprogramming of CAR T cells linked to heme biosynthesis. These findings identify heme metabolism as regulator of CAR T-cell phenotype and function and support further investigation of FECH to enhance therapeutic efficacy in NB and beyond.

Keywords GD2.CAR T cells, Heme biosynthesis, Ferrochelatase, Neuroblastoma

[†]Co-last authors: Ignazio Caruana and Emmanuel de Billy.

*Correspondence:

Ignazio Caruana

caruana_i@ukw.de

Emmanuel de Billy

emmanuel.debilly@unicatt.it; cresbil@icloud.com

Full list of author information is available at the end of the article



© The Author(s) 2026. **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

To the editor,

Neuroblastoma (NB) is the most common extracranial solid tumor in childhood and remains a leading cause of pediatric cancer-related mortality. The disease predominantly affects infants and young children and exhibits marked clinical heterogeneity, ranging from spontaneous regression to aggressive, therapy-refractory metastatic disease, underscoring the urgent need for innovative and durable therapeutic strategies [1, 2]. Chimeric antigen receptor (CAR) T cells targeting the disialoganglioside GD2 have shown encouraging antitumor activity in early-phase clinical trials for NB; however, durable responses remain uncommon [3–5]. Limited efficacy has been attributed to insufficient T-cell persistence, immunosuppressive tumor microenvironments, antigen heterogeneity and CAR T-cell exhaustion, highlighting the need for rational strategies to enhance CAR T-cell functionality and durability [6–9].

Based on our prior identification of the dual insulin-like growth factor 1 receptor/insulin receptor (IGF1R/IR) inhibitor linsitinib (LIN) as a small-molecule enhancer of CAR T-cell function in diffuse midline pontine glioma [10], we investigated whether LIN could similarly improve GD2.CAR T-cell efficacy in NB and explored the underlying mechanisms. LIN significantly enhanced CAR T-cell mediated cytotoxicity in LIN-sensitive NB cells, independently of GD2 expression levels (Fig. 1A; Fig. S1A–C). In contrast, the LIN-resistant NB cell ACN did not exhibit increased susceptibility to CAR T-cell killing (Fig. 1B), indicating that tumor-intrinsic sensitivity contributes to the observed synergy.

Importantly, LIN also exerted tumor-independent effects on CAR T cells. Phenotypic analyses revealed selective attenuation of activation and exhaustion marker expression and enrichment of a central memory

phenotype in CAR⁺ T cells activated either by GD2 antigen (Fig. 1C) or by NB cells (Fig. S1D). As CAR T cells lacked IGF1R and IR expression irrespective of activation status (Fig. S1E), these findings suggested an off-target mechanism underlying LIN-mediated T-cell modulation.

Mechanistically, we investigated ferrochelatase (FECH), a mitochondrial enzyme that catalyzes the final step of heme biosynthesis and a reported off-target of LIN [11]. We confirmed FECH engagement by LIN in NB cells and CAR T cells using cellular thermal shift assays at concentrations that were non-cytotoxic to CAR T cells (Fig. 1D; Fig. S1F). LIN treatment reduced intracellular heme levels and induced accumulation of protoporphyrin IX (PpIX) (Fig. 1E–F). Pharmacologic inhibition of FECH with N-methyl protoporphyrin IX (NMPP) recapitulated the heme-depleting effects of LIN, validating FECH as a functionally relevant LIN target.

Although LIN reduced NB cell proliferation as expected (Fig. 1G), neither LIN nor NMPP impaired CAR T-cell viability, expansion or cytotoxic capacity (Fig. 1G–J). GD2.CAR T-cell mediated tumor killing was enhanced by LIN whether CAR T cells were pre-treated or exposed concomitantly during co-culture, whereas NMPP did not enhance antitumor activity. Interferon- γ production trended toward attenuation, while granzyme B and TGF- β secretion were significantly decreased (Fig. 1K), consistent with a lower inflammatory response in CAR T cells recently associated with better response and less toxicity [12].

Comprehensive phenotypic profiling demonstrated that LIN and NMPP similarly modulated CAR T-cell differentiation programs. Both treatments reduced expression and/or the frequency of activation and exhaustion markers, including CD69, CD38, CD95, PD-1, LAG-3 and TIM-3, in both CD4⁺ and CD8⁺ CAR T-cell subsets

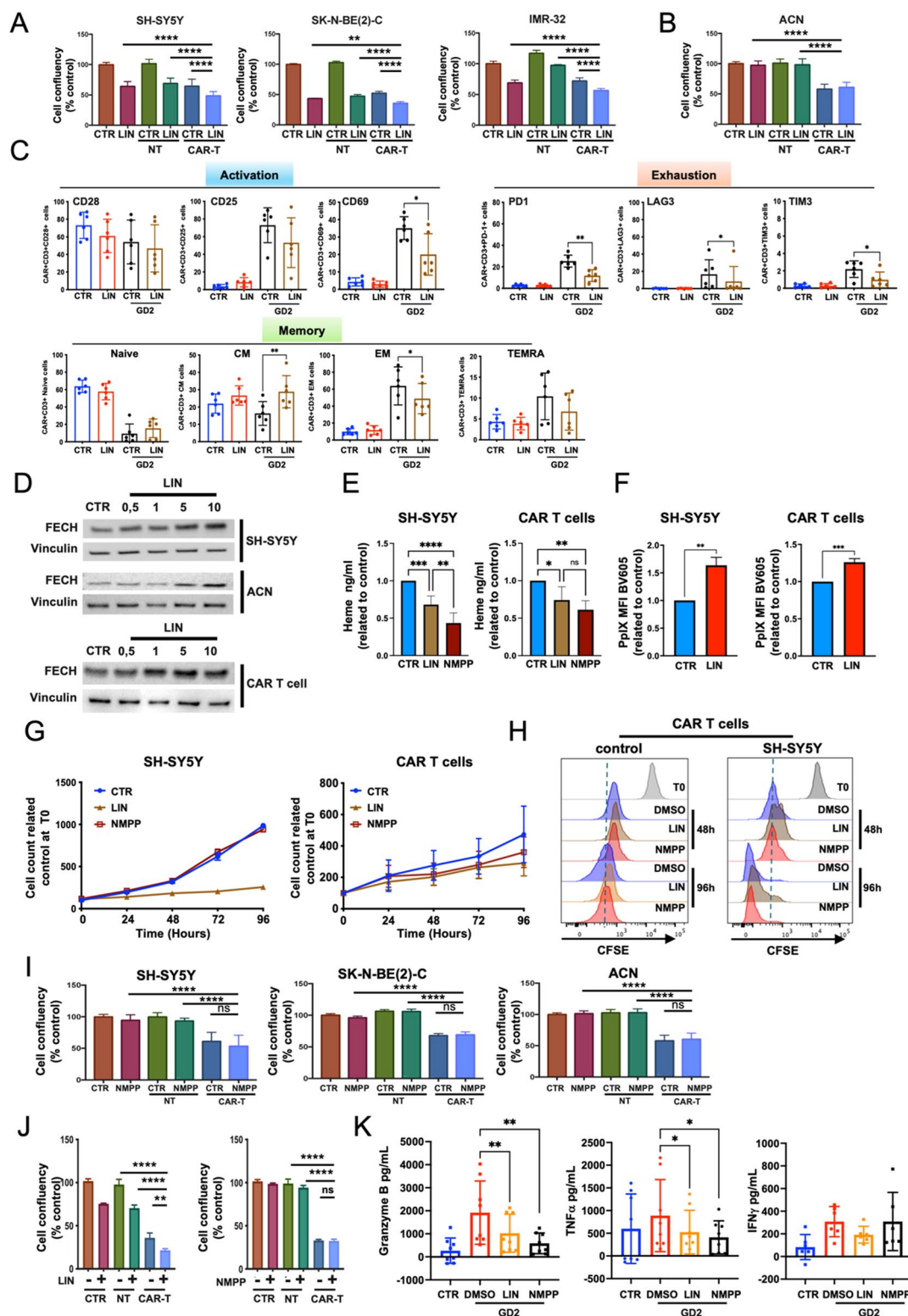


Fig. 1 (See legend on next page.)

(See figure on previous page.)

Fig. 1 Linsitinib targets ferrochelatase to modulate heme metabolism without impairing CAR T-cell antitumor activity. **(A–B)** Bar graphs showing CAR T-cell cytotoxicity in the presence of LIN or DMSO (CTR) in **(A)** LIN-sensitive and **(B)** LIN-resistant neuroblastoma (NB) cell lines. NT: non-transduced T cells. Data are shown as mean $\pm$ SD of $n=3$, representative on 3 technical repeats. Statistical significance was determined using Ordinary one-way ANOVA and Turkey's multiple comparison test. $^{**}P < 0.01$, $^{****}P < 0.0001$; **(C)** Bar graphs representing the phenotypic profiling of CAR T cells activated by GD2 in the presence or absence of LIN and DMSO (CTR). Data are shown as mean $\pm$ SD of 6 donors and values reported in supplementary Table 1. Statistical significance was determined using paired t test. $^{*}P < 0.05$, $^{**}P < 0.01$; **(D)** Westernblot analysis of the cellular thermal shift assay at 52.3°C demonstrating direct engagement of ferrochelatase (FECH) by LIN in NB cells and CAR T cells. **(E,F)** Bar graphs illustrating the quantification of **(E)** heme levels in NB cells and CAR T cells following treatment with LIN or NMPP, and **(F)** protoporphyrin IX levels following LIN treatment. Data are shown as mean $\pm$ SD of $n=3$. Statistical significance was determined using **(E)** Ordinary one-way ANOVA and Turkey's multiple comparison test and **(F)** Unpaired t-test. $^{*}P < 0.05$, $^{**}P < 0.01$, $^{***}P < 0.001$, $^{****}P < 0.0001$, ns: non significant; **(G,H)** Growth curves **(G)** and cell proliferation **(H)** assays for SH-SY5Y and CAR T cells incubated with LIN, NMPP or DMSO (CTR). **(G)** Data are shown as mean $\pm$ SD of $n=3$. **(H)** Data are representative of $n \geq 3$ technical repeats. **(I,J)** Bar graphs showing CAR T-cell cytotoxicity in the presence of **(I)** NMPP added simultaneously with CAR T cells, and **(J)** CAR T cells pre-incubated with NMPP and LIN for 24 hours before co-culture with SH-SY5Y cells. Data are shown as mean $\pm$ SD of $n=3$, representative on 3 technical repeats. Statistical significance was determined using Ordinary one-way ANOVA and Turkey's multiple comparison test. $^{**}P < 0.01$, $^{****}P < 0.0001$; ns: non significant. **(K)** Bar graphs illustrating the quantification of granzyme B, TNF- α , and IFN- γ released by GD2-activated CAR T cells in presence of LIN, NMPP or DMSO as vehicle control. Basal levels of the cytokines in non activated CAR T cells is indicated as CTR. Data are shown as mean $\pm$ SD of 8 donors. Statistical significance was determined using Wilcoxon matched-pairs signed rank test. $^{*}P < 0.05$, $^{**}P < 0.01$

while consistently enriching central memory populations and reducing effector memory subsets in tumor-activated CAR T cells (Fig. 2A–C; Fig. S1G). Metabolic flux analyses further revealed that LIN and FECH inhibition by NMPP reshaped CAR T-cell bioenergetics, reducing ATP production, oxygen consumption and extracellular acidification rates, reflecting a slight attenuation of mitochondrial respiration and reduced glycolysis in antigen-activated CAR T cells (Fig. 2D–F). Such metabolic remodeling has been associated with enhanced memory differentiation and improved in vivo CAR T-cell persistence [13].

In summary, we confirm the therapeutic benefit of combining LIN with CAR T-cell therapy and show that heme metabolism contributes to CAR T-cell functional

states. In NB, LIN enhances GD2.CAR T-cell activity through both direct tumor targeting and modulation of CAR T-cell metabolic and phenotypic programs. LIN and NMPP promote the enrichment of memory CAR T cells with reduced exhaustion and a less inflammatory phenotype, supporting the involvement of the FECH-associated heme biosynthesis pathway. However, potential additional off-target effects of compounds preclude definitive attribution solely to FECH inhibition alone. Further studies, including genetic approaches, are required to clarify the role of FECH and the underlying mechanisms. Overall, our findings identify heme metabolism as a candidate pathway influencing CAR T-cell fitness and function in NB, warranting further investigation in adoptive cell therapy.

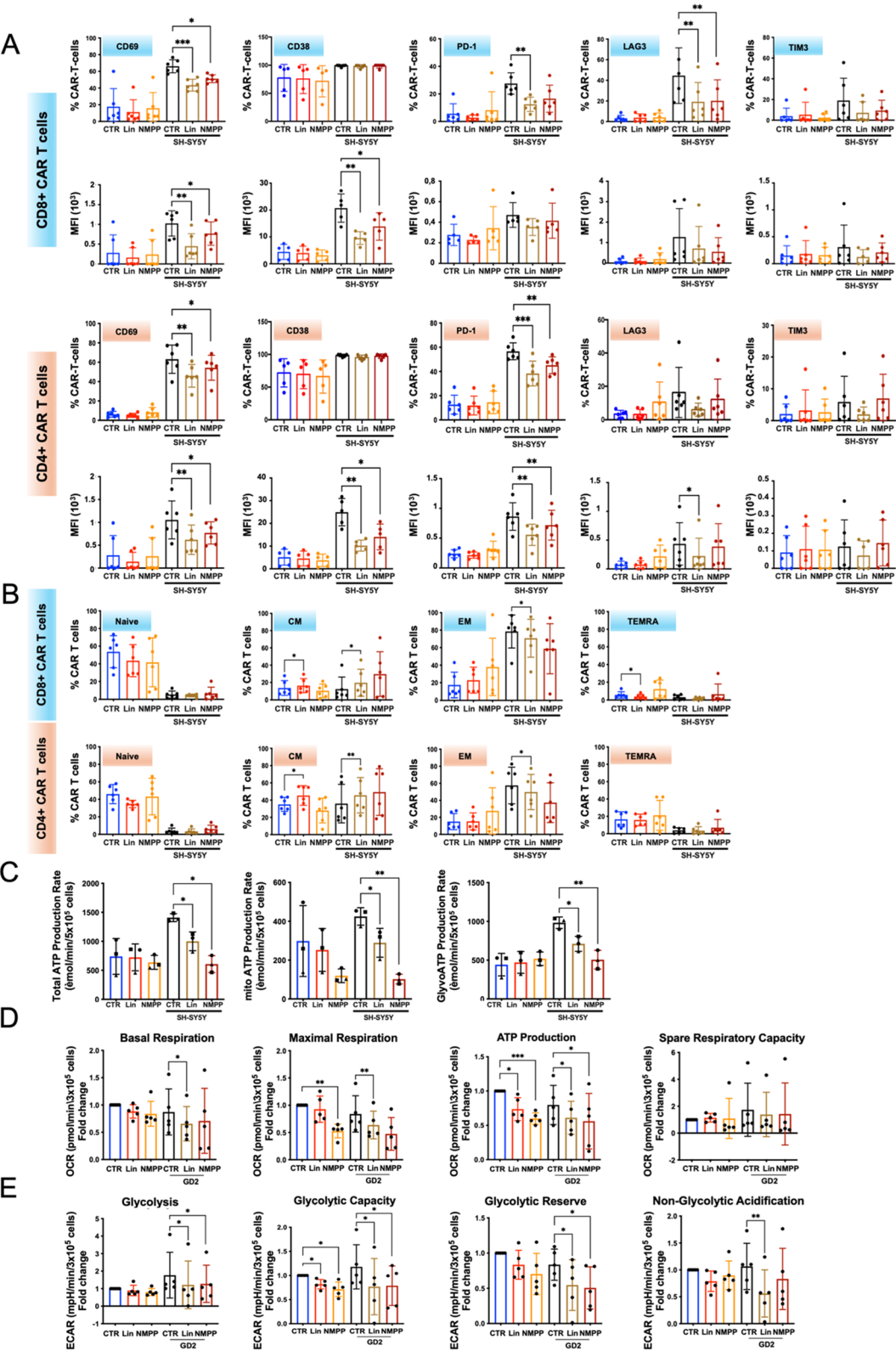


Fig. 2 (See legend on next page.)

(See figure on previous page.)

Fig. 2 FECH inhibition remodels CAR T-cell phenotype and metabolism. **(A–B)** Bar graphs representing phenotypic profiling of CD8+ and CD4+ CAR T cells with or without LIN, NMPP or DMSO (CTR) and in co-culture with SH-SY5Y NB cells for the markers associated to **(A)** activation and exhaustion and **(B)** T cell memory. Data are shown as mean $\pm$ SD of 6 donors and values reported in supplementary Tables 2 and 3. Statistical significance was determined using paired t test. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$. **(C–E)** Bar graphs depicting the metabolic flux analysis, quantifying **(C)** the mitochondrial and glycolytic ATP production, **(D)** oxygen consumption (OCR) and **(E)** extracellular acidification rate (ECAR) in GD2-activated and non-activated CAR T cells and in the presence of DMSO (CTR), LIN and NMPP. Data are shown as mean $\pm$ SD of **(C)** 3 donors and **(D–E)** 5 donors. Statistical significance was determined using either t test, ordinary or 2ndway ANOVA and Turkey's multiple comparison test. * $P < 0.05$, ** $P < 0.01$

Abbreviations

IGF1R	Insulin-like growth factor 1 receptor
IR	Insulin receptor
LIN	Linsitinib
NMPP	N-methyl protoporphyrin IX
PpIX	Protoporphyrin IX
FECH	Ferrochelatase
CAR	Chimeric antigen receptor
PD-1	Programmed cell death protein 1
LAG3	Lymphocyte-activation gene 3
CD	Cluster of differentiation
TIM3	T-cell immunoglobulin and mucin-domain containing-3
NB	Neuroblastoma

³Santa Lucia Foundation, IRCCS, Rome, Italy

⁴National Research Council (CNR), Institute of Translational Pharmacology (IFT), Rome, Italy

⁵Bambino Gesù Children's Hospital, Division of Metabolic Diseases and Drug Biology, IRCCS, Rome, Italy

⁶Department of Experimental Medicine (DIME), University of Genova, Genova, Italy

⁷Department of Biology, University of Rome Tor Vergata, Rome, Italy

⁸Department of Basic Biotechnological Sciences, Intensive Care and Perioperative Clinics Research, Catholic University of the Sacred Heart, Largo Francesco Vito, 1 Rome, 00168 Rome, Italy

⁹Bambino Gesù Children's Hospital, IRCCS, Rome, Italy

¹⁰Department of Biotechnology and Biosciences, University of Milano-Bicocca, Milan, Italy

¹¹Innate Lymphoid Cells Unit, Immunology Research Area, Bambino Gesù Children's Hospital IRCCS, Rome, Italy

¹²Catholic University of the Sacred Heart, Rome, Italy

¹³Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy

¹⁴Department of Pediatrics - Hematology, Oncology, Stem Cell Transplantation and Cell Therapy, University Hospital Würzburg, Josef-Schneider-Straße 2, 97080 Würzburg, Germany

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s40364-026-00979-z>.

Supplementary Material 1

Supplementary Material 2

Supplementary Material 3

Author contributions

Data collection: MP, SV, IS, GDM, VS, SaC, MC, VF, LWS, EIV, EC, MS, EG, MG. Data analysis & interpretation: MP, CV, BMG, FeC, FN, AF, FrC, SiC, EnV, IC, EdB. Statistics: MP, IC, EdB. Manuscript drafting: IC, EdB. Manuscript revising: MP, IS, BMG, MC, VF, EG, FeC, FN, AF, FrC, SiC, EnV, IC, EdB. Study concept & design: IC, EdB.

Funding

This study was supported by Mia Neri Foundation to EdB and by Deutsche Forschungsgemeinschaft (Ref. 470198222), "Elterninitiative Leukämie-und tumorkranke Kinder Würzburg e.V.", "Aktion Regenbogen für Leukämie-und tumorkranke Kinder Main-Tauber e.V.", A Collaborative Pediatric Cancer Research Awards Program (Ref. 23YIN41, 24IN25), Tour der Hoffnung, Vogel-Stiftung, Universitätsbund Würzburg (AZ 26-KindOnk) and Amici del Sorriso Association to IC.

Data availability

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

Ethical approval 250/20, AU-740.134-01/21.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

Author details

¹Department of Onco-Hematology, Bambino Gesù Children's Hospital, IRCCS, Rome, Italy

²Laboratory for Cell and Gene Therapy, Department of Paediatrics, Stem Cell Transplantation and Cell Therapy, University Hospital Würzburg, 97080 Würzburg, Germany

References

- Brodeur GM. Neuroblastoma: biological insights into a clinical enigma. *Nat Rev Cancer*. 2003;3(3):203–16.
- Maris JM. Recent advances in neuroblastoma. *N Engl J Med*. 2010;362(23):2202–11.
- Locatelli F, Pagliara D, De Ioris MA, Becilli M, Del Baldo G, Serra A, et al. GD2-targeting CAR T cells in high-risk neuroblastoma: a phase 1/2 trial. *Nat Med*. 2025;31(11):3689–99.
- Monje M, Mahdi J, Majzner R, Yeom KW, Schultz LM, Richards RM, et al. Intravenous and intracranial GD2-CAR T cells for H3K27M(+) diffuse midline gliomas. *Nature*. 2025;637(8046):708–15.
- Li CH, Sharma S, Heczey AA, Woods ML, Steffin DHM, Louis CU, et al. Long-term outcomes of GD2-directed CAR-T cell therapy in patients with neuroblastoma. *Nat Med*. 2025;31(4):1125–9.
- Escobar G, Berger TR, Maus MV. CAR-T cells in solid tumors: Challenges and breakthroughs. *Cell Rep Med*. 2025;6(11):102353.
- Caforio M, Sorino C, Caruana I, Weber G, Camera A, Cifaldi L, et al. GD2 redirected CAR T and activated NK-cell-mediated secretion of IFN- γ overcomes MYCN-dependent IDO1 inhibition, contributing to neuroblastoma cell immune escape. *J Immunother Cancer*. 2021;9(3). <https://doi.org/10.1136/jitc-2020-001502>.
- Ai K, Liu B, Chen X, Huang C, Yang L, Zhang W, et al. Optimizing CAR-T cell therapy for solid tumors: current challenges and potential strategies. *J Hematol Oncol*. 2024;17(1):105.
- Tumino N, Weber G, Besi F, Del Bufalo F, Bertaina V, Paci P, et al. Polymorphonuclear myeloid-derived suppressor cells impair the anti-tumor efficacy of GD2-CAR-T-cells in patients with neuroblastoma. *J Hematol Oncol*. 2021;14(1):191.
- de Billy E, Pellegrino M, Orlando D, Pericoli G, Ferretti R, Businaro P, et al. Dual IGF1R/IR inhibitors in combination with GD2-CAR T-cells display a potent anti-tumor activity in diffuse midline glioma H3K27M-mutant. *Neuro Oncol*. 2022;24(7):1150–63.
- Klaeger S, Gohlke B, Perrin J, Gupta V, Heinzlmeier S, Helm D, et al. Chemical Proteomics Reveals Ferrochelatase as a Common Off-target of Kinase Inhibitors. *ACS Chem Biol*. 2016;11(5):1245–54.

12. Bailey SR, Maus MV. Fanning the flames: IFN-gamma fuels CAR-T inflammation and cytopenia. *J Clin Invest.* 2026;136(1). <https://doi.org/10.1172/JCI201161>.
13. McKinney EF, Smith KGC. Metabolic exhaustion in infection, cancer and autoimmunity. *Nat Immunol.* 2018;19(3):213–21.

Publisher's note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.