

# Immune cell-tumor cell interactions

Antoni Ribas, M.D., Ph.D.

Professor of Medicine

Professor of Surgery

Professor of Molecular and Medical Pharmacology

Director, Tumor Immunology Program,

Jonsson Comprehensive Cancer Center (JCCC)

University of California Los Angeles (UCLA)

Chair, Melanoma Committee at SWOG

# **Disclosure Information**

*AACR Tumor Immunology*

*Antoni Ribas*

**I have the following financial relationships to disclose:**

**Consultant for: Amgen, Astellas, Genentech, GSK, Merck, Novartis, Pierre-Favre**

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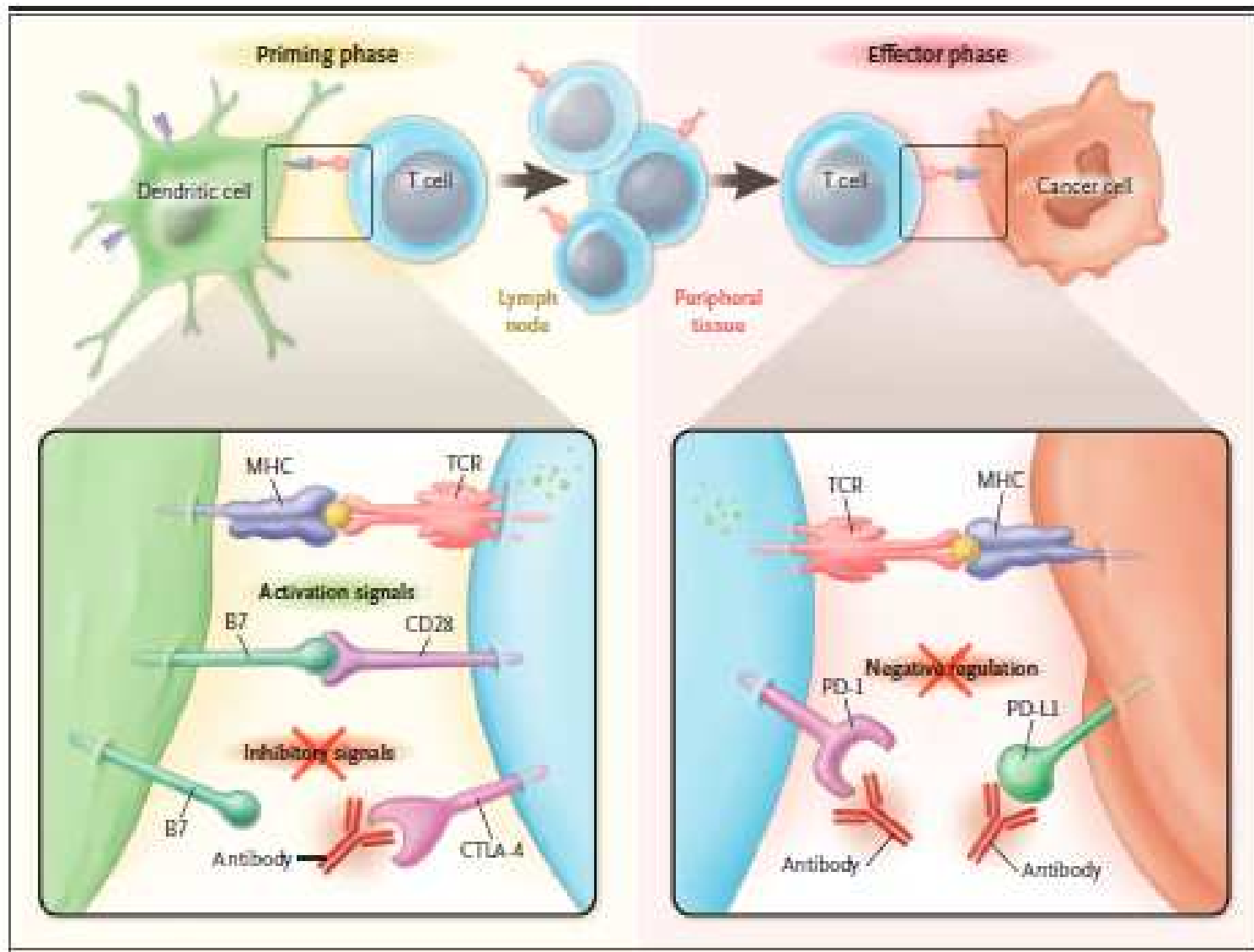
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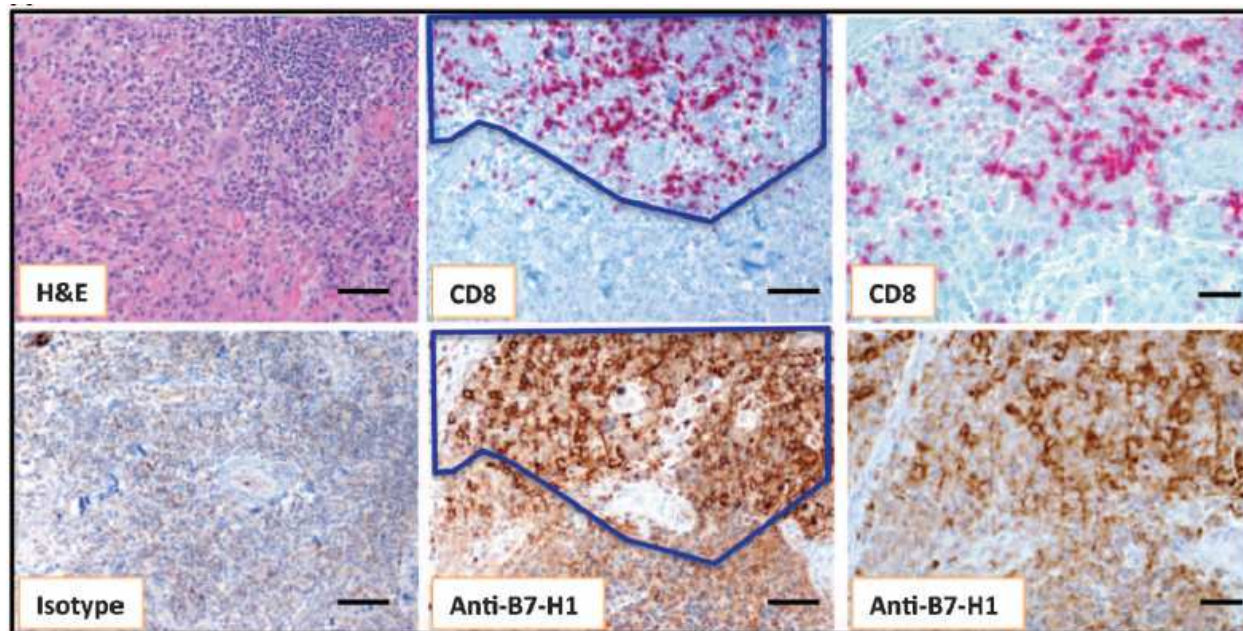
Ribas, NEJM 2012; Jun 28; 366 (26): 2517-9

CANCER

## Colocalization of Inflammatory Response with B7-H1 Expression in Human Melanocytic Lesions Supports an Adaptive Resistance Mechanism of Immune Escape

Janis M. Taube,<sup>1,2\*</sup> Robert A. Anders,<sup>2</sup> Geoffrey D. Young,<sup>3,4</sup> Haiying Xu,<sup>1</sup> Rajni Sharma,<sup>2</sup> Tracee L. McMiller,<sup>4</sup> Shuming Chen,<sup>4</sup> Alison P. Klein,<sup>2,5</sup> Drew M. Pardoll,<sup>5</sup> Suzanne L. Topalian,<sup>4\*</sup> Lieping Chen<sup>1,5,6\*</sup>

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Melanoma responds to T cell infiltration by expressing PD-L1 (adaptive immune resistance)

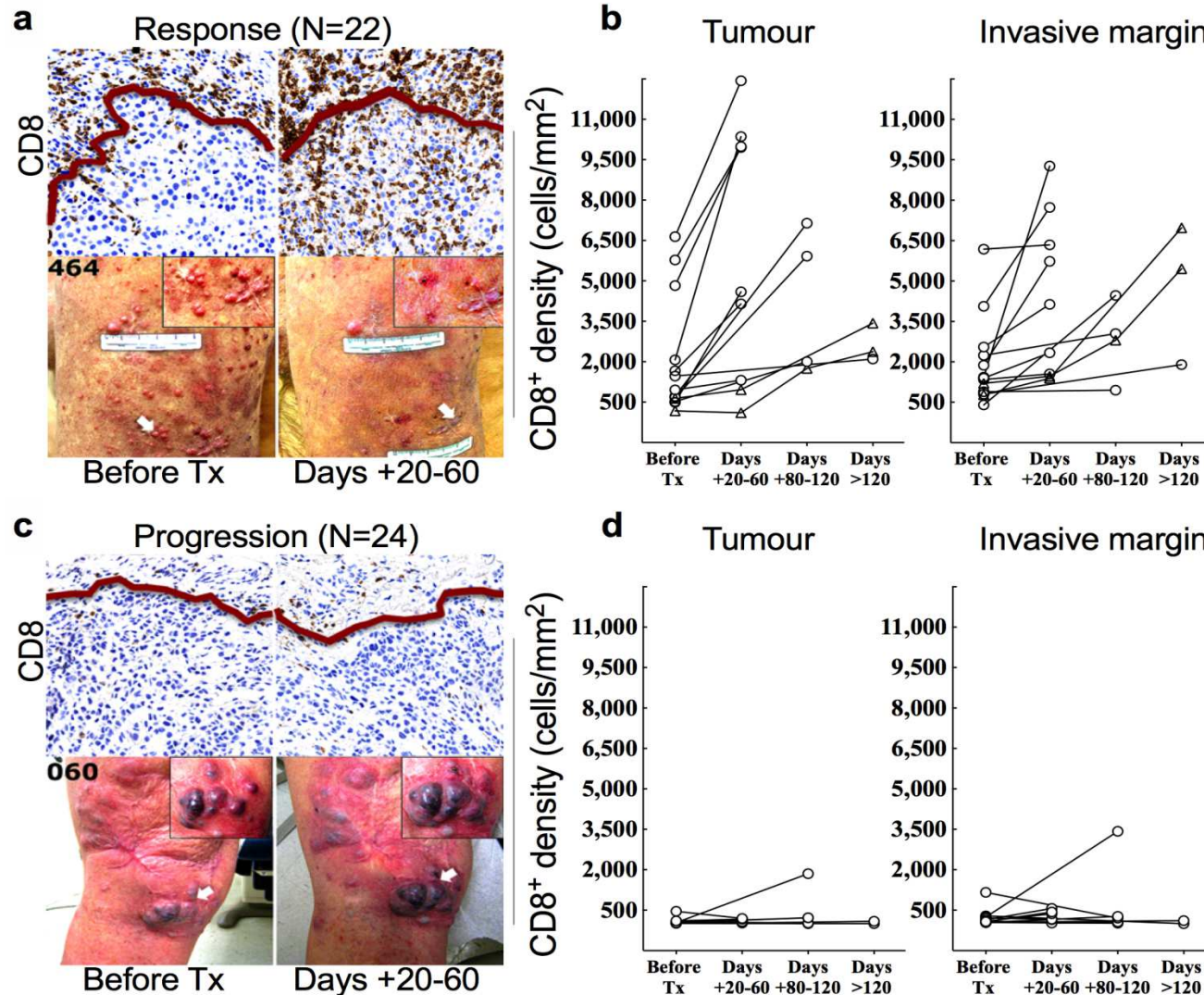
# Patient Characteristics of the UCLA Study Cohort

Variable	Response	Progression	p-value*
UCLA Patients (N = 46)	N = 22 <sup>§</sup>	N = 24	
Male (%)	17 (74%)	19 (79%)	>0.99
Median Age (range)	65 (45-90)	64 (36-86)	0.86 <sup>†</sup>
Median WBC Count (range)	6.9 (3.9-21.3)	7.1 (4.0-24.8)	0.52
Median Pre-TX Tumour Burden in cm (range) <sup>‡</sup>	8.7 (1.1-32.2)	7.9 (1.1-19.4)	0.9 <sup>†</sup>
Metastatic Status			
M0	3 (13%)	2 (8%)	0.13 <sup>†</sup>
M1a	4 (17%)	2 (8%)	
M1b	7 (30%)	6 (25%)	
M1c	8 (35%)	14 (58%)	
Dosing Regimen			
10Q2W	9 (39%)	5 (21%)	0.2
10Q3W	8 (35%)	8 (33%)	
2Q3W	5 (22%)	11 (46%)	
BRAF Mutation			
Mutant (# not WT)	7 (30%)	9 (38%)	0.76
Previous Treatment			
chemotherapy	3 (13%)	5 (21%)	0.7
BRAF or MEK inhibitor	3 (13%)	5 (21%)	0.7
immunotherapy			
ipilimumab	8 (35%)	13 (54%)	0.25
other	7 (30%)	9 (38%)	0.76
Pre TX Biopsy Location <sup>  </sup>			
Subcutaneous	14 (61%)	11 (46%)	0.02 <sup>†</sup>
Liver	0	8 (33%)	
Lung	5 (22%)	1 (4%)	
Other	3 (13%)	3 (13%)	

Paul C. Tumeu, Christina L. Harview, Lidia Robert, Bartosz Chmielowski, Manuel Carmona, Christine Kivork, Elizabeth Seja, Grace Cherry, Antonio Gutierrez, John A. Glaspy

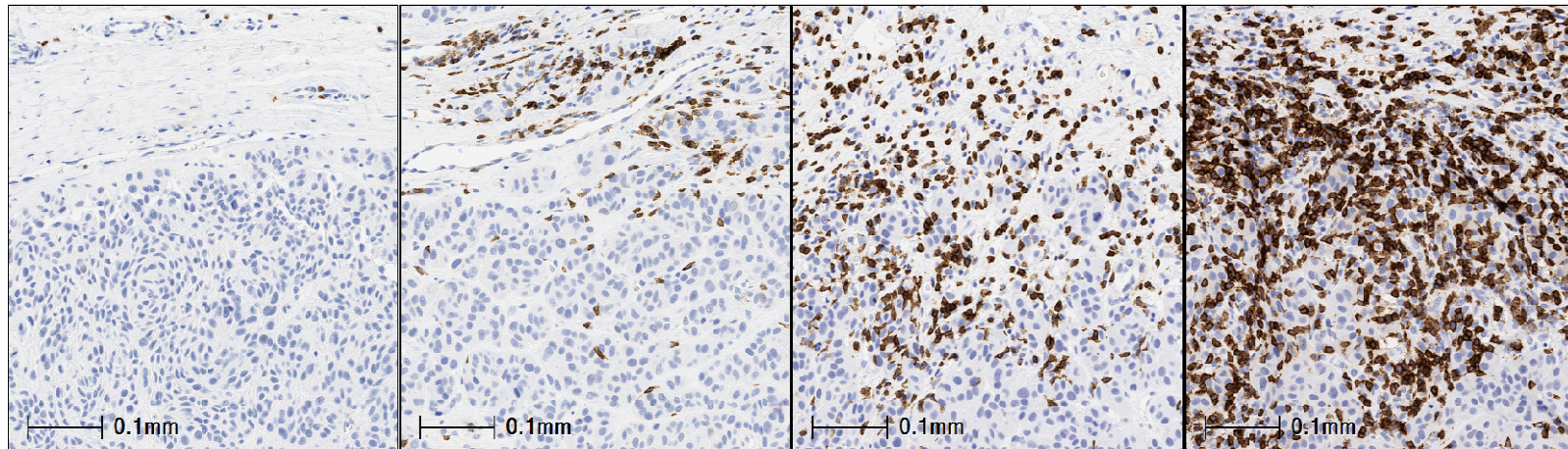


# Evolution of CD8+ T-cells, According to Treatment Outcome



IHC Analysis of CD8+ T-cells in samples obtained before and during anti-PD1 treatment

# Response to PD-1 blockade after transient progression



Baseline

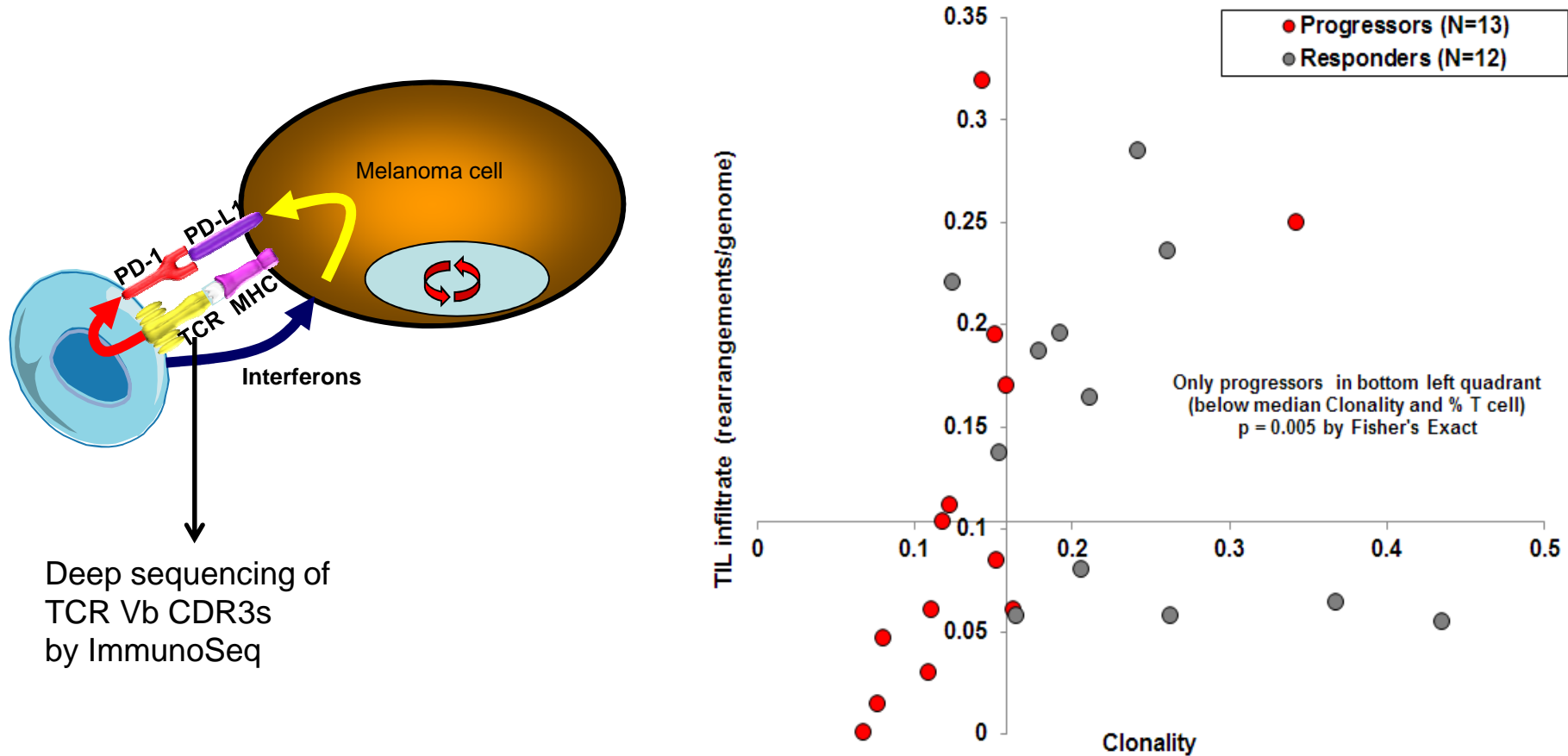
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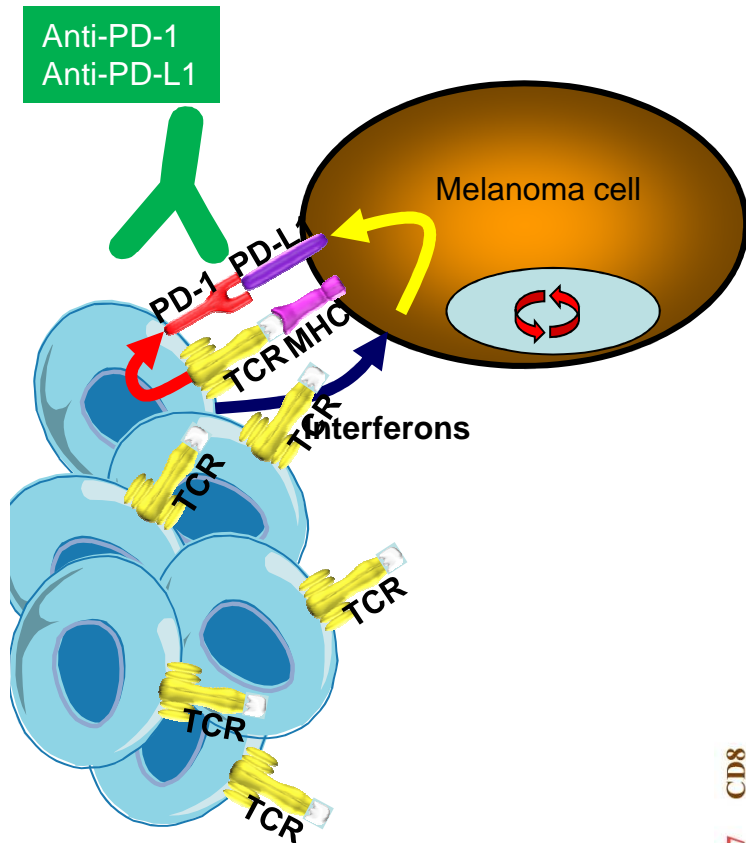


# Usage of TCR sequences to analyze T cell clonal distribution at baseline

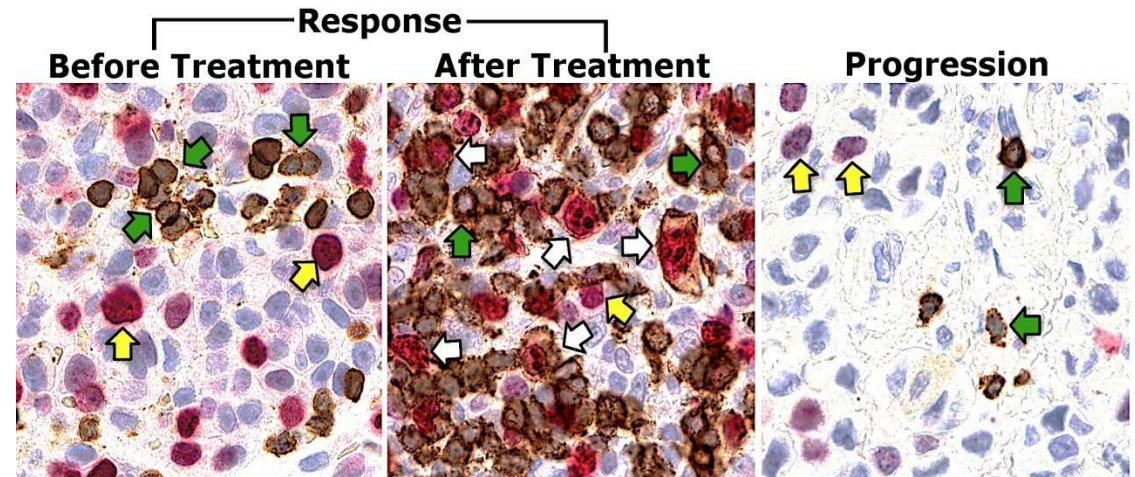




# Intratumoral T cell replication upon PD-1 blockade



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I. Peter Shintaku, Emma J. M. Taylor

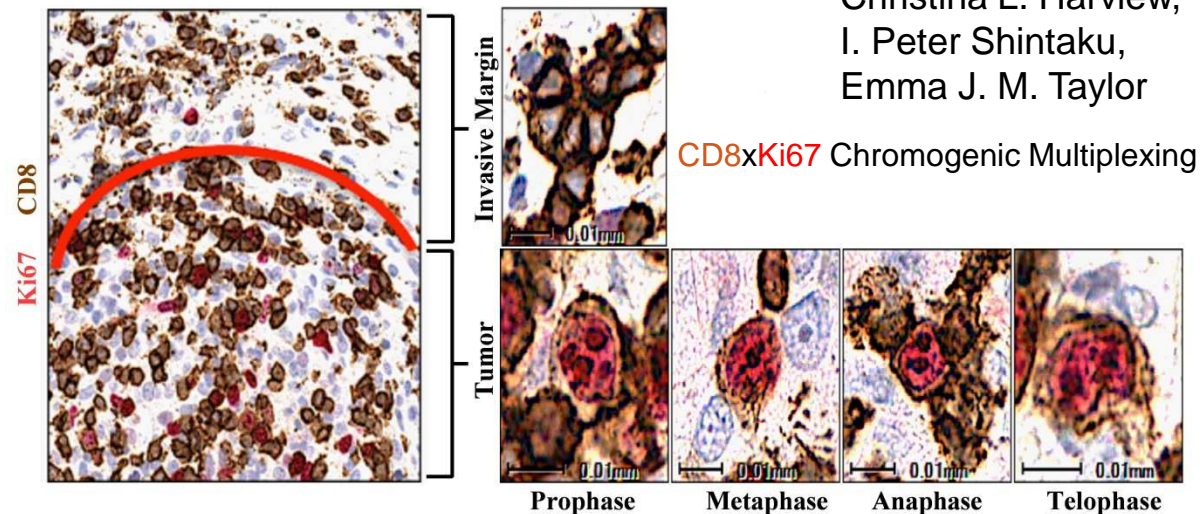


Yellow arrows: Ki67+ melanoma cells

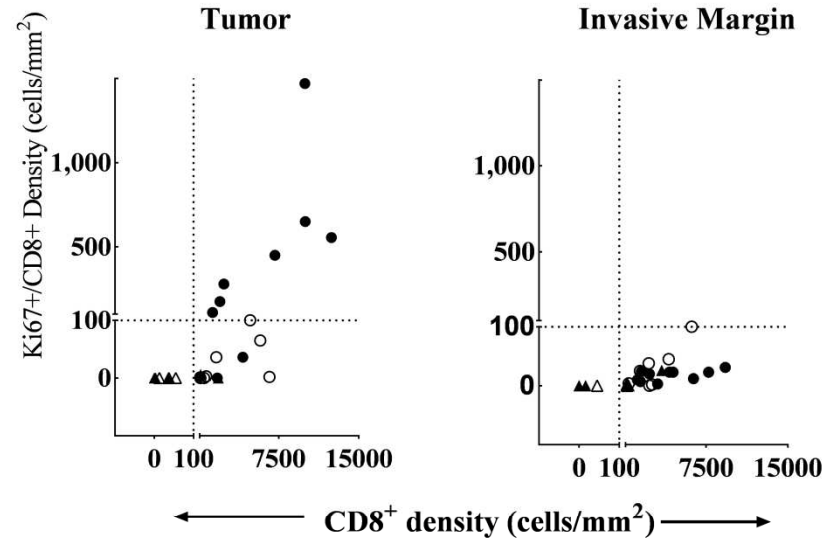
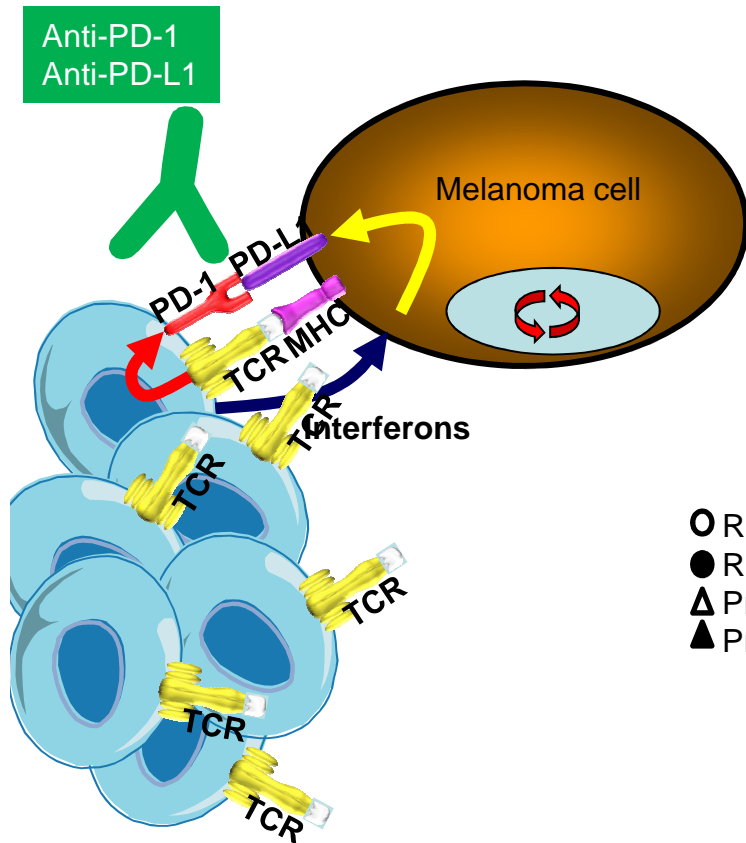
Green arrows: CD8+ T-cells

White arrows: CD8+/Ki67+ T-cells

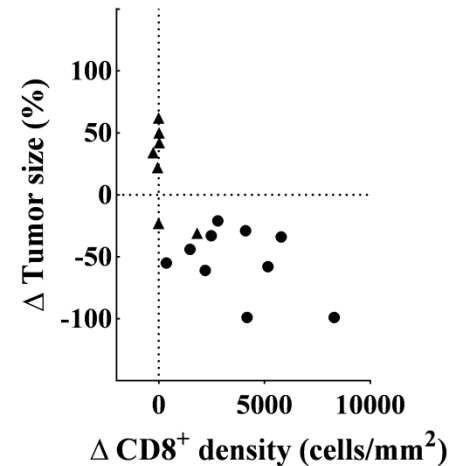
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Emma J. M. Taylor



# Intratumoral T cell replication upon PD-1 blockade

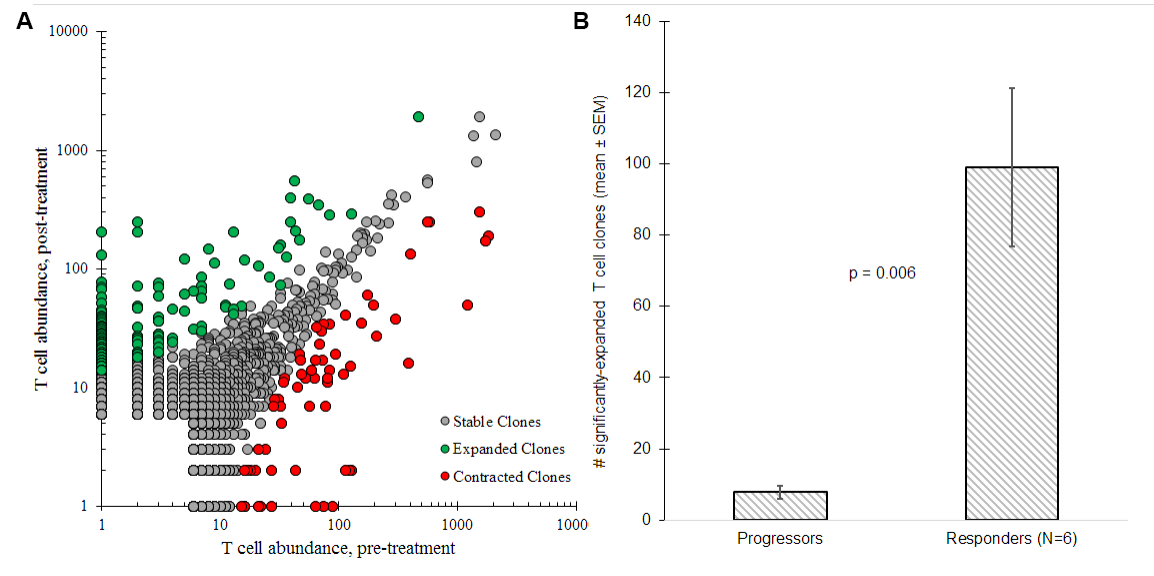
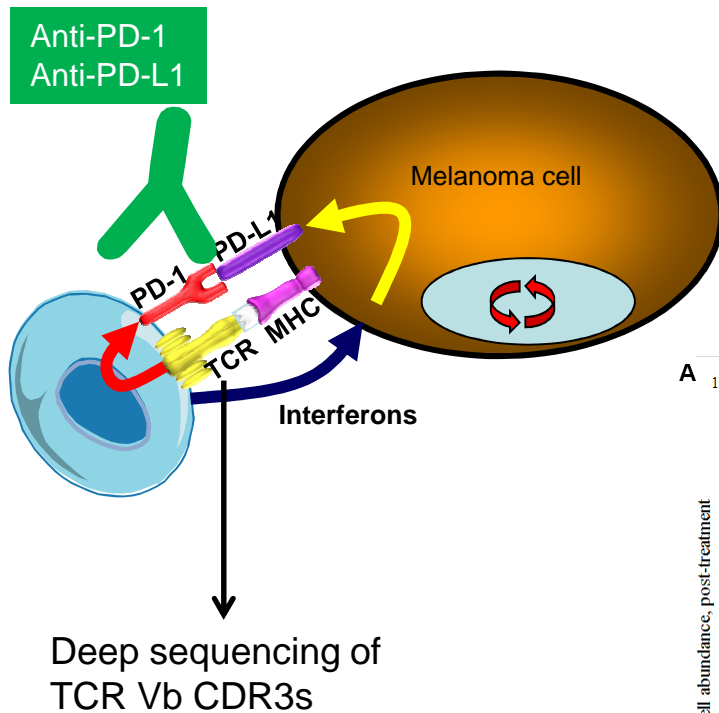


- Response, baseline
- Response, post-dosing
- △ Progression, baseline
- ▲ Progression, post-dosing



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I. Peter Shintaku, Emma J. M. Taylor

# Usage of TCR sequences to analyze T cell clonal expansion after PD-1 blockade



Lidia Robert, Ryan O. Emerson, Harlan Robins



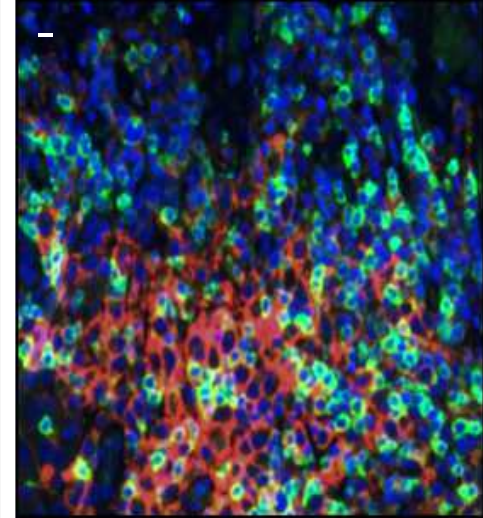
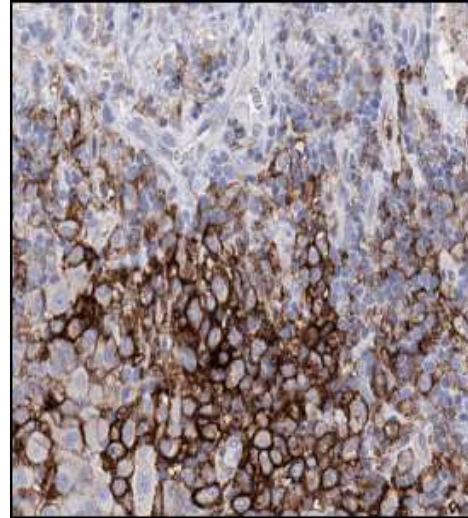
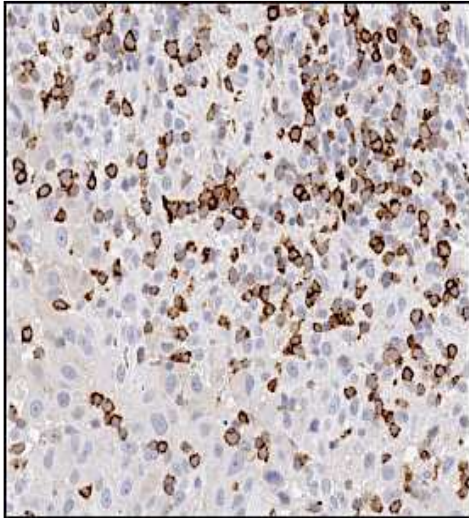
# Immunophenotypic characterization of the T cell to tumor cell interaction (invasive margin)

PD-1 IHC

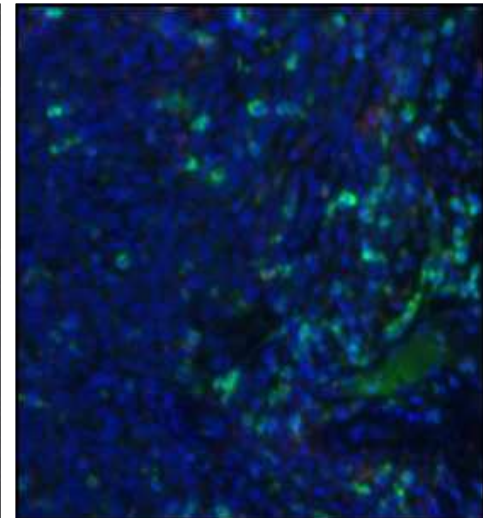
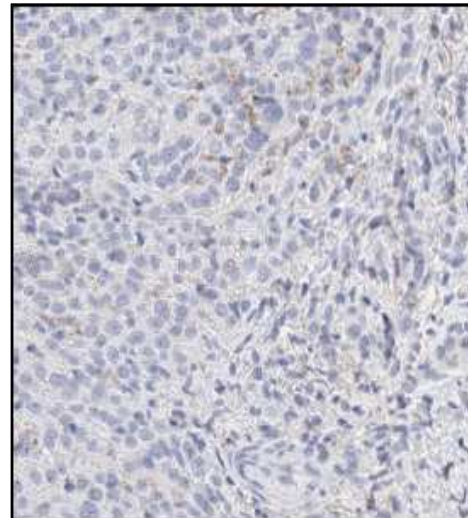
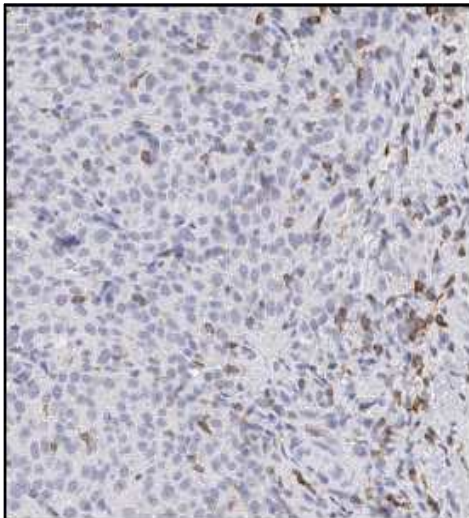
PD-L1 IHC

PD1/PDL1

Response

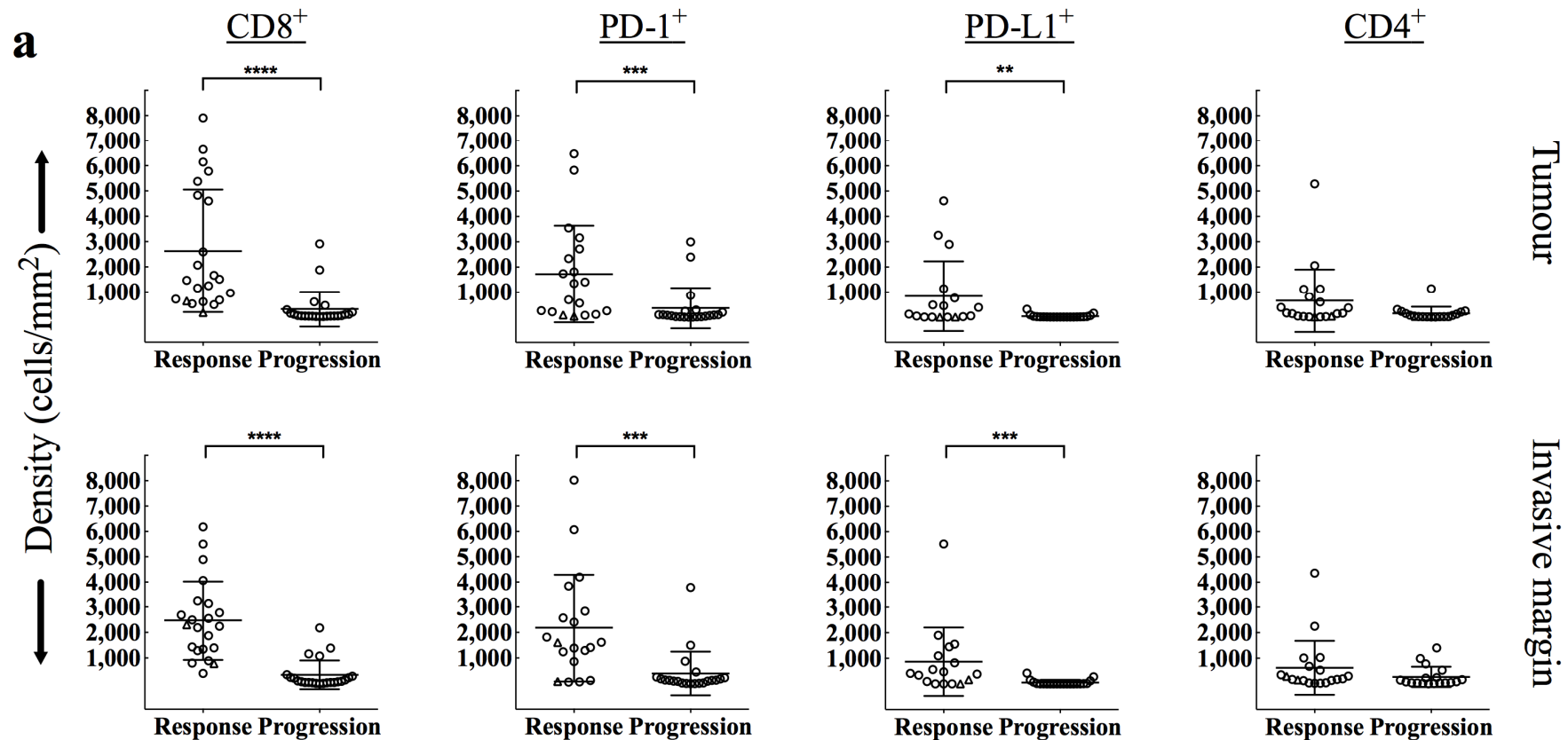


Progression



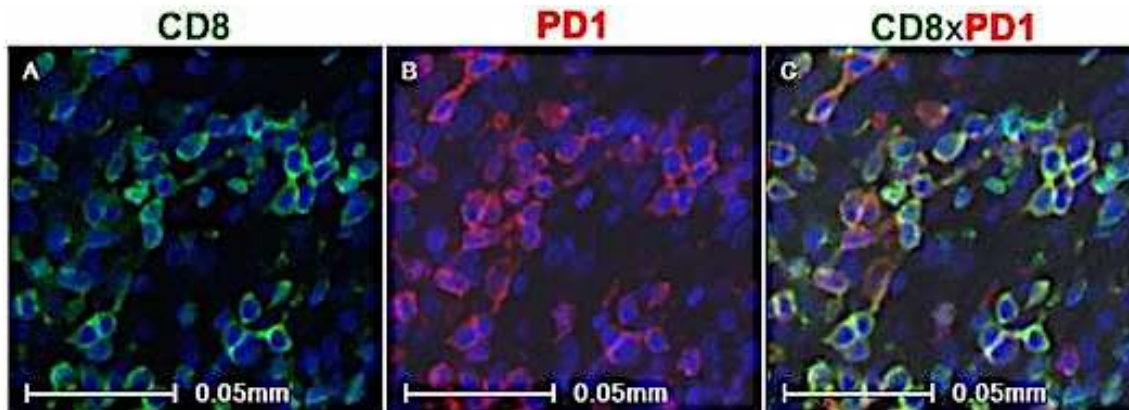
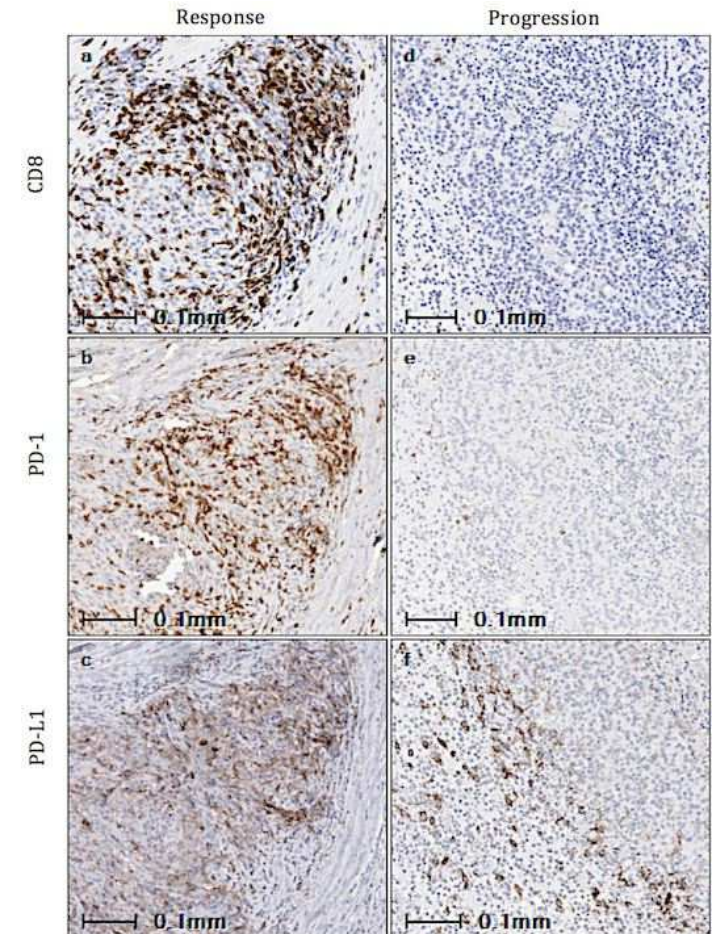
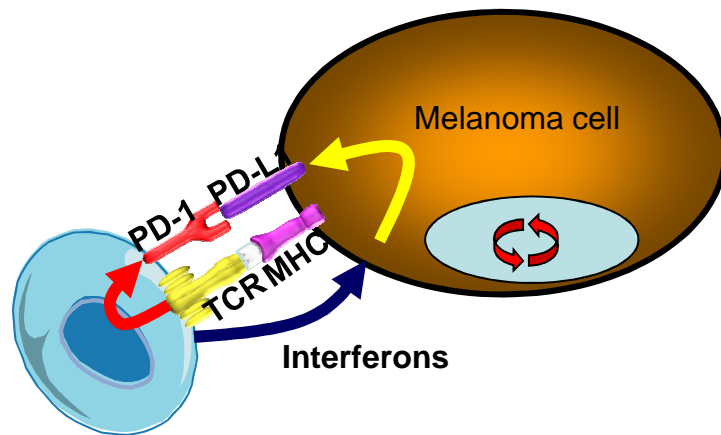


Patients with response to PD-1 blockade have higher initial intratumoral and in the invasive margin CD8, PD-1 and PD-L1



Baseline density and location of CD8<sup>+</sup>, PD-1<sup>+</sup>, PD-L1<sup>+</sup>, and CD4<sup>+</sup> cells by IHC, according to treatment outcome

# PD-1 and PD-L1 expression in response to CD8 infiltration and adaptive immune resistance

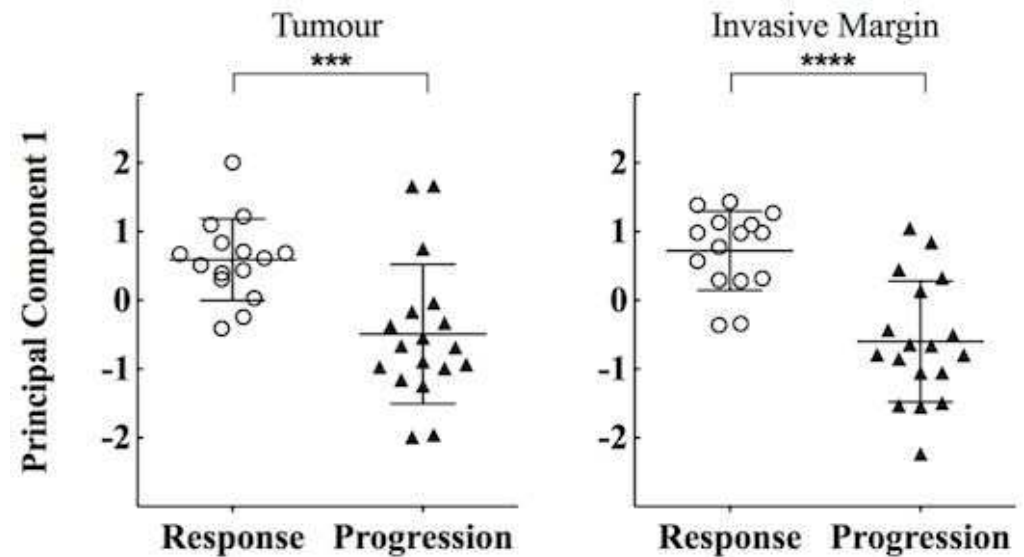


# A Logistic Regression Model Analysis: Predicting Response

Variable	AUC (95% CI)*	P-value**
<b>Tumour</b>		
CD8+ Density	.91 (0.81, 1.00)	<0.001
PD-1+ Density	.80 (0.67, 0.94)	0.001
PD-L1+ Density	.71 (0.54, 0.88)	0.026
CD4+ Density	.66 (0.48, 0.84)	0.095
<b>Invasive Margin</b>		
CD8+ Density	.94 (0.88, 1.00)	<0.001
PD-1+ Density	.80 (0.66, 0.94)	0.001
PD-L1+ Density	.79 (0.64, 0.95)	0.002
CD4+ Density	.66 (0.48, 0.84)	0.095

\*The area under the ROC curve (AUC) was used to measure response prediction performance for pre-treatment CD8+, PD-1+, PD-L1+, and CD4+ cell densities (cells/mm<sup>2</sup>).

\*\*P-values were computed on the basis of the Wilcoxon rank sum statistic.



# Predicting responses in a validation set from Gustave Roussy

Patient ID	Multi-Protein Score (Before Treatment)	Predicted Probability of Response (Logistic Model)	Blinded Prediction
IGR - A	58	0.35	Progression
IGR - B	159	0.37	Progression
IGR - C	329	0.40	Progression
IGR - D	341	0.41	Progression
IGR - E	366	0.41	Progression
IGR - F	2120	0.75	Response
IGR - G	5466	0.98	Response
IGR - H	6320	0.99	Response
IGR - I	2211	0.76	Response
IGR - J	3810	0.92	Response
IGR - K	4294	0.95	Response
IGR - L	4948	0.97	Response
IGR - M	5565	0.98	Response
IGR - N	6004	0.99	Response
IGR - O	5951	0.99	Response
IGR - P	7230	0.99	Response

Paul C. Tumeu, UCLA,  
Christine Mateus, Gorana Tomasic, Caroline Robert, Gustave Roussy



# Conclusions

- PD-1 blockade induces responses by inhibiting adaptive immune resistance
- PD-1+ expressing CD8+ T cells co-localize with PD-L1 expressing tumor cells at the invasive margin in responding patients
- PD-L1 alone cannot be used as a biomarker for response to PD-1 blockade, as it requires having information about CD8 T cell infiltration
- Patients with a tumor response to PD-1 blockade have a higher frequency of clonal TCRs at baseline
- Blockade of PD-1 results in CD8 T cell proliferation inside tumors, expansion of TCR clones and increased effector functions (granzyme B)
- The presence of CD8s in the tumor margin can be used to predict likelihood of response to PD-1 blockade



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Gustave Roussy: 114, rue Edouard-Vaillant  
94606 Villejuif Cedex - France  
Caroline Robert, MD, PhD  
Christine Mateus, MD  
Gorana Tomasic



Lidia Robert, MD

I. Peter Shintaku, PhD



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Grace Cherry, NP



Ryan Emerson, PhD  
Harlan Robins, PhD