

What's New in Cancer Immunotherapy?

Tyler Curiel, MD, MPH, FACP Daisy M. Skinner President's Chair in Cancer Immunology University of Texas Health San Antonio















- Consulting fees: Agenus, Dr. Reddy, Gilead, Xencor
- Stock or options: Agenus, Faron, ImVax, Mythic, Xencor
- Lab research support: Agenus
- I will be discussing non-FDA approved indications during my presentation.





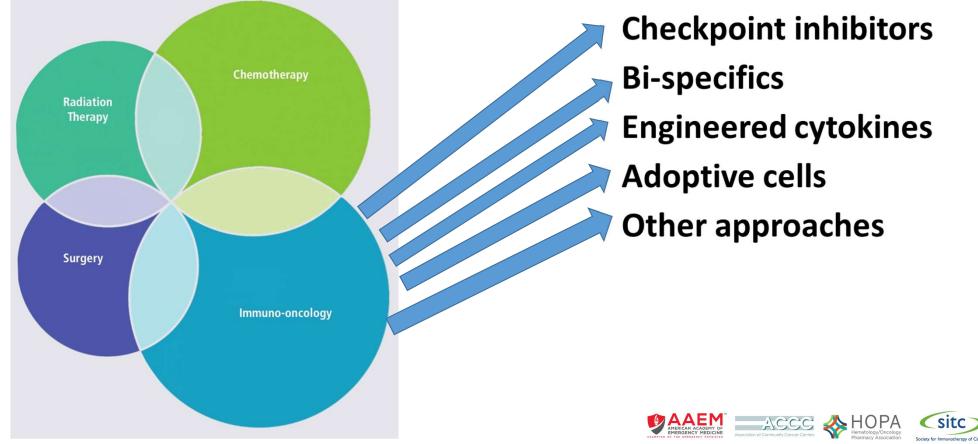
Educational Takeaways

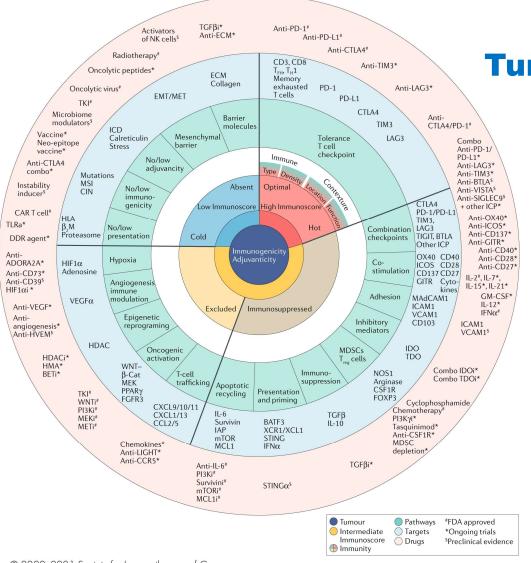
- Understand comprehensive immunotherapy approaches
- Understand rationale for new immune checkpoint targets
- Become familiar with new concepts such as bi-targeting molecules, engineered cytokines, metabolic targeting
- Become familiar with advances in adoptive cell strategies
- Understand major technological advances





ADVANCES IN ON Look for Multi-Multi Modal Approaches





Tumor-immune classification to direct anticancer therapy

Galon and Bruni, Nat Rev Drug Discovery 2019 18:197

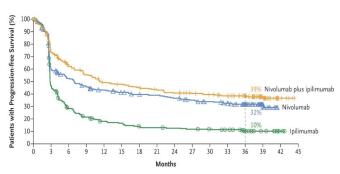
- TNM classification
- TNMI classification
- Help select patients in Phase I/II?





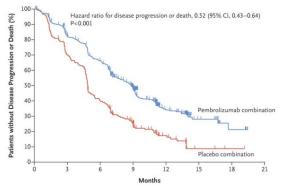
Combos with ICB and chemo are FDA approved, with more coming soon

Melanoma: α PD-1 + α CTLA-4

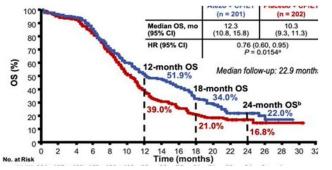


RCC: α PD-1 + α CTLA-4 Median No. of Patients (95% CI) mo 100-Nivolumab+Ipilimumab NR (28.2-NE) 425 Sunitinib 422 26.0 (22.1-NE) 90-Hazard ratio for death 0.63 (99.8% CL 0.44-0.89) 80. P<0.001 70 (%) Nivolumab+ipilimumat 60val 2np 50ma-a-o Sunitinih 12-Mo 18-Mo 40-Overall Overall Survival Survival ð 30-(95% CI) (95% CI) 20. Nivolumab+ 80 (76-84) 75 (70-78) 10-Ipilimumab 60 (55-65) Sunitinib 72 (67-76) 12 15 18 21 24 27 30 Month

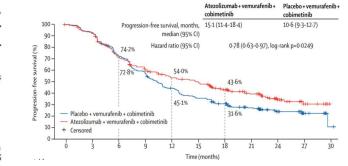
NSCLC: αPD-1 + chemo



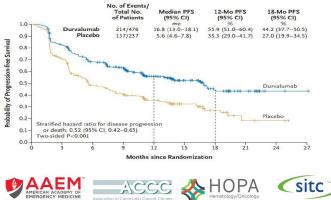
ES-SCLC αPD-L1 + chemo



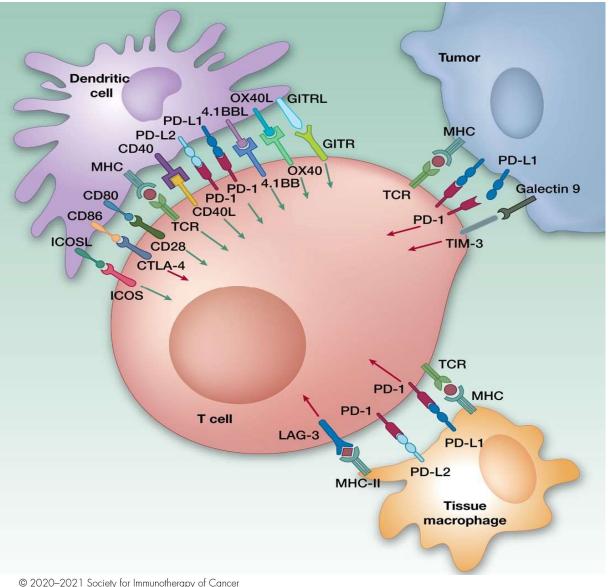
Melanoma: BRAFi+MEKi+αPD-L1



NSCLC: αPD-L1 after chemoRT



Wolchok *et al.* NEJM 2017; Horn, *et al., NEJM 2018;* Gutzmer *et al. Lancet.* 2020; Motzer *et al.* NEJM 2018; Rini *et al.* NEJM 2019; Ghandi *et al.* NEJM 2018; Antonia *et al.* NEJM 2017 © 2020–2021 Society for Immunotherapy of Cancer



Many new checkpoint blockade antibodies in the clinic now

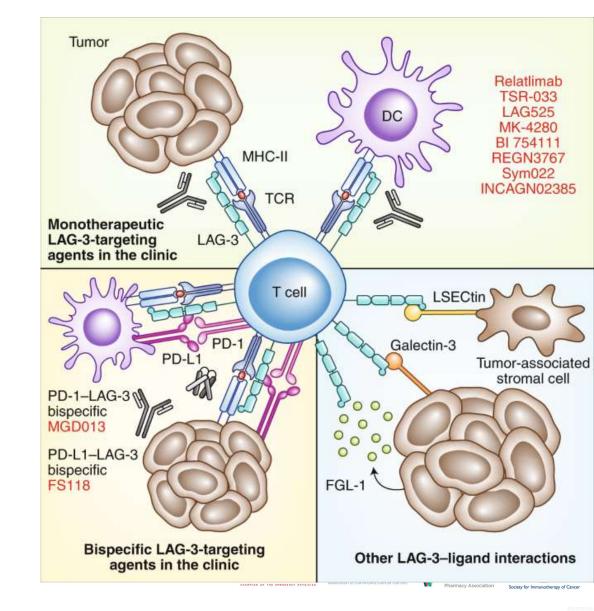






LAG3 actions and antagonists

Lawrence P. Andrews, Hiroshi Yano & Dario A. A. Vignali <u>Nature Immunology</u> 20, 1425–1434 (2019)





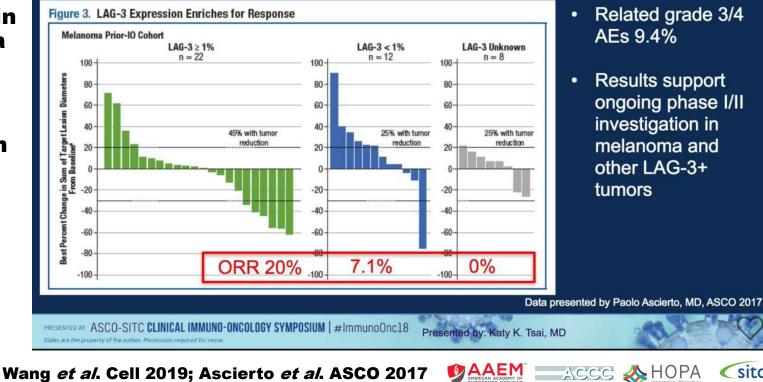
Phase 2/3 study of nivolumab +/relatlimab (αLAG3) in frontline melanoma

NCT03470922

Ends accrual in Jan 2021

α LAG3 alone and with α PD-1

Anti-Tumor Activity

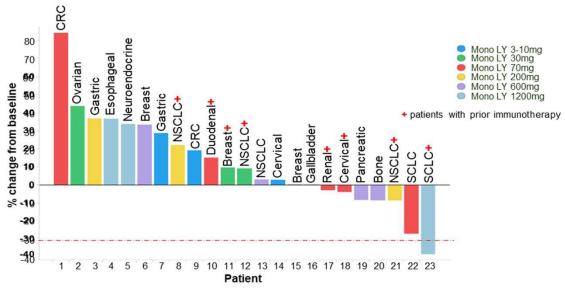


🙏 НОРА -ACCC





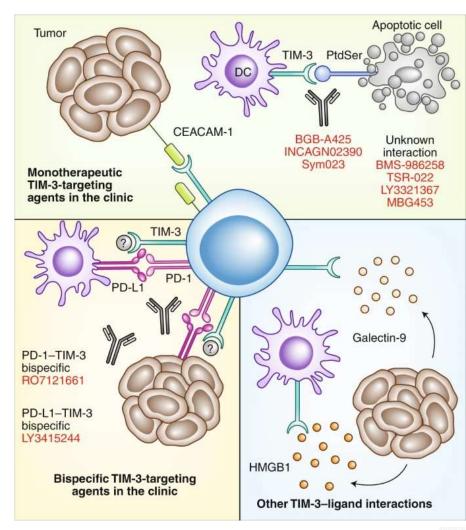
Tim3 actions and antagonists



Wolf *et al. Nat Rev Immuno* 2019 Davar *et al.,* SITC 2018 Harding *et al.*, ASCO-SITC 2019

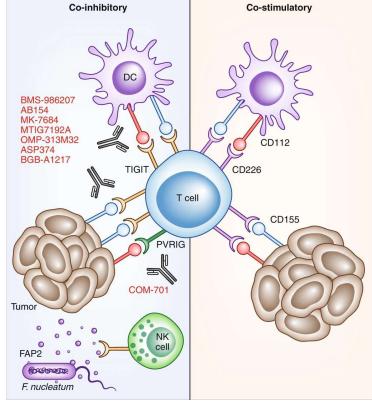
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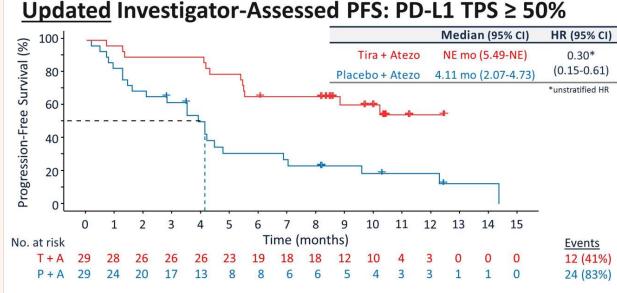
Andrews, Yano & Vignali <u>Nature Immunology</u> 20, 1425–1434 (2019)





TIGIT antagonists





Rodriguez-Abreu, *et al.* PD-L1-selected NSCLC (CITYSCAPE) ASCO Virtual Meeting, 29-31 May 2020, Abstract 9503

Andrews, Yano & Vignali <u>Nature Immunology</u> 20, 1425–1434 (2019)

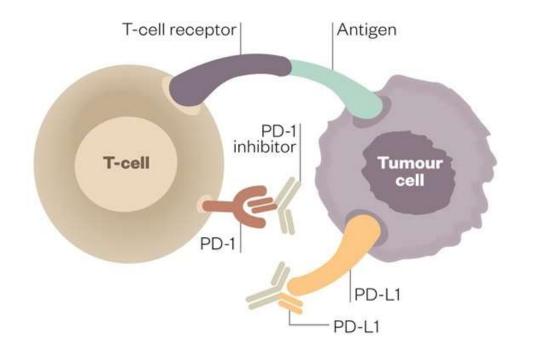
@jasofflukeffiel viety for Immunotherapy of Cancer



Manieri et al. Trends in Immuno 2017; Rodriguez-Abreu et al. ASCO 2020



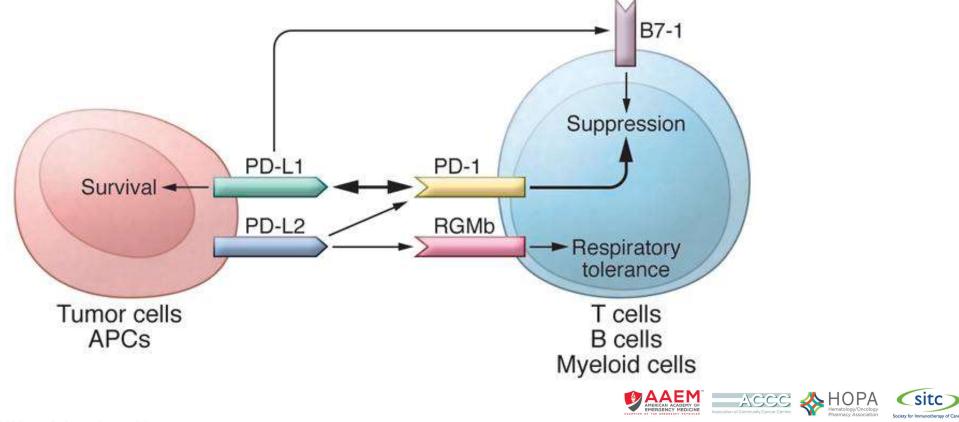
Blocking PD-L1 versus PD-1 looks symmetrical...



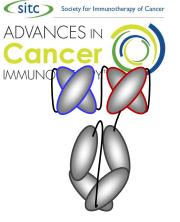




Biotech/Pharma missed αPD-L2 but they are racing now



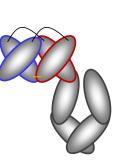
Many platforms for dual-targeting



HLE-BITE

Amgen

Blinatumomab (CD3 x CD19)

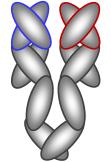


Fc-DART Macrogenics

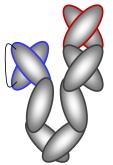
Common light chain (Both Fabs use same light chain)

Common heavy chain Regeneron, Merus, Novimmune

OR

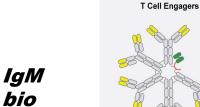


Crossmab Roche or Duobody Genmab



scFv-Fab-Fc Xencor **Zymeworks**

Csitc



There are many others!

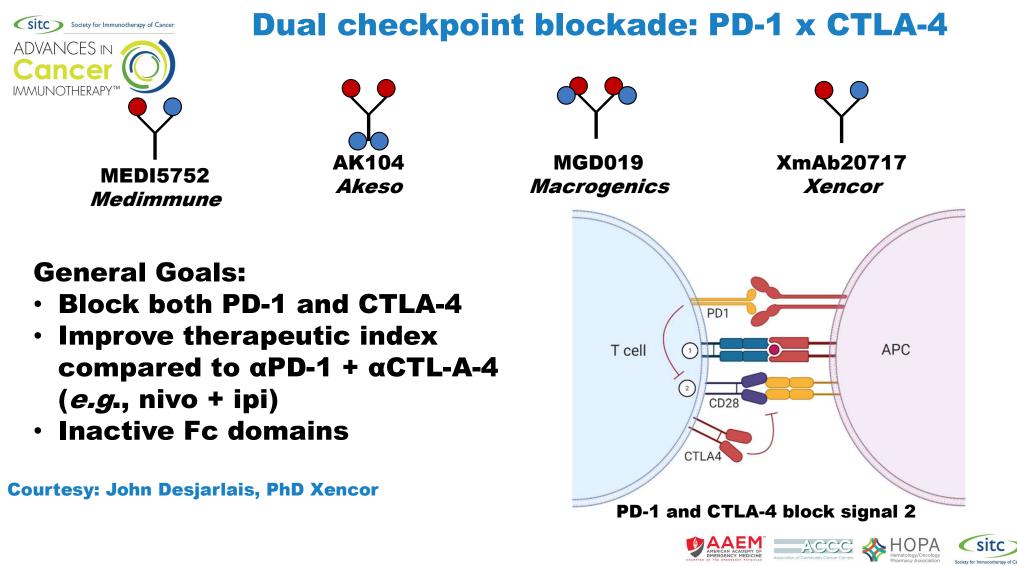
Courtesy: John Desjarlais, PhD Xencor



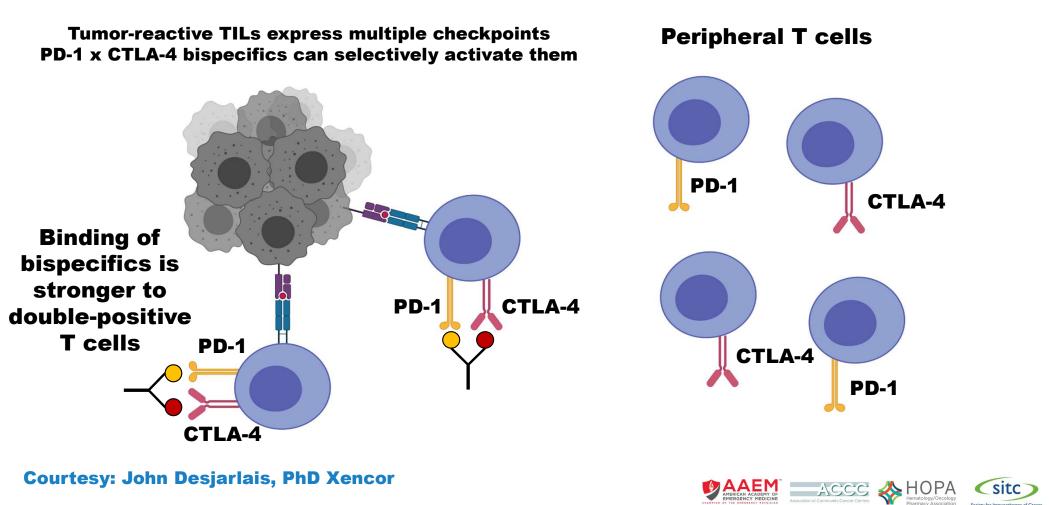
ACCC 🙏 HOPA

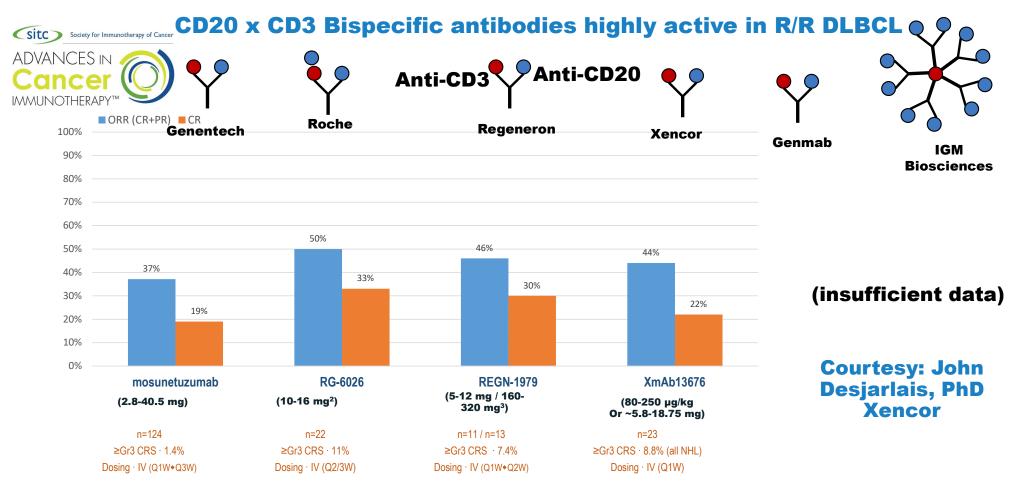
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T cell cancer cell engagement for hematologic and solid malignancies



PD-1 x CTLA-4 bispecifics preferentially activate PD-1*CTLA-4* T cells



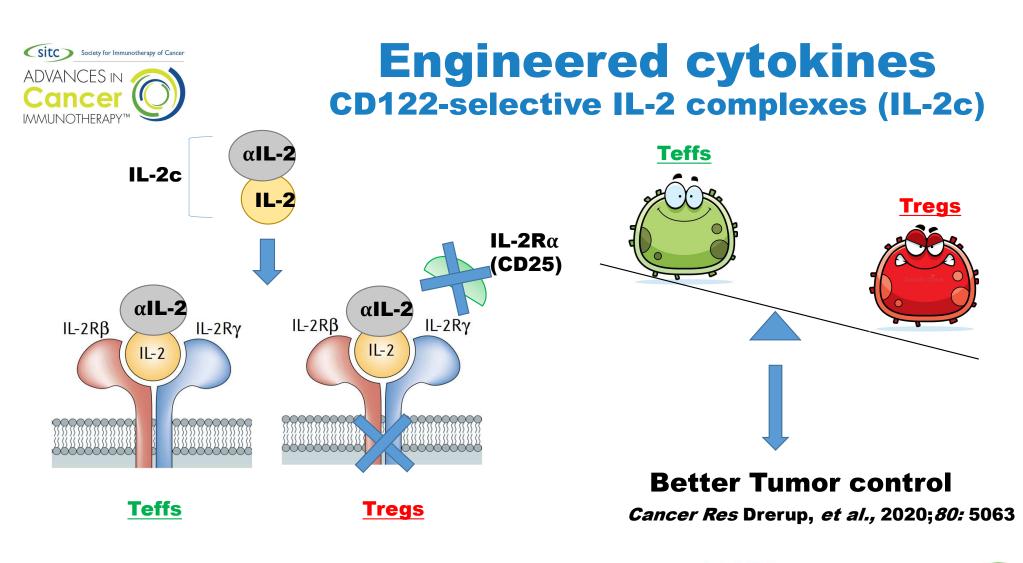


¹ Data Source: | mosunetuzumab · ASH Dec'19 | RG-6026 · ICML Jun'19 | REGN-1979 · ASH Dec'19 | XmAb13676 · Jun 24, 2020

² | 25 mg RG-6026 monotherapy cohort terminated due to DLT; pursuing combinations w/ obinutuzumab and atezolizumab

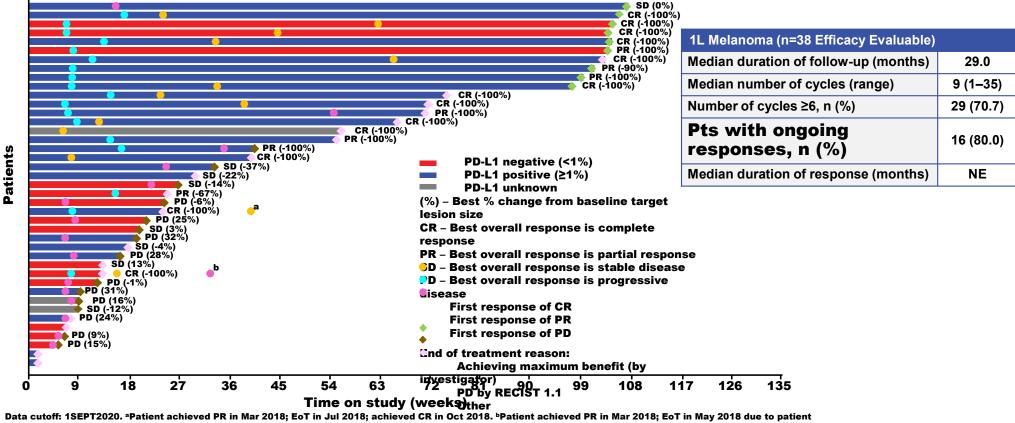
³ 160mg is their selected dose for Ph 2 study

ORR: Overall Response Rate | CR: Complete Response | DoR: Duration of Response | NR: Not Reached | NA: Not Available | CRS: Cytokine Release Syndrome | TEAE: Treatment-emergent adverse events | Tx: Therapy | BR: Bendamustine + Rituximab © 2020–2021 Society for Immunotherapy of Cancer





Responses durable with bempegaldesleukin + nivolumab Deepened over time: Stage IV 1L melanoma: ORR 53% CR 34%

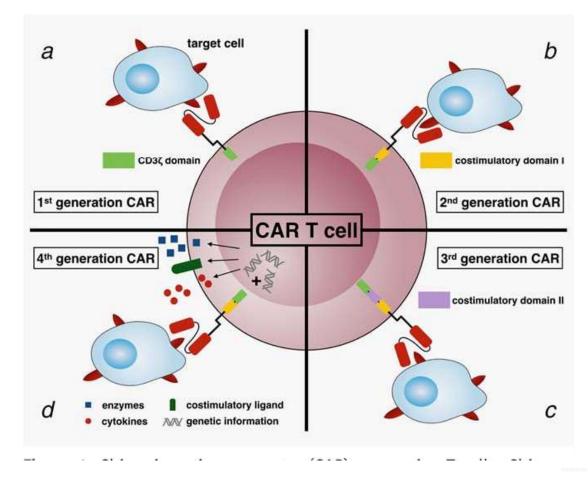


decision (QoL issues); achieved CR in

May 2018; disease relapse in Sept 2018 due to new lesion (brain). EoT, end of treatment; NE, not estimable; PD-L1, programmed death-ligand 1.

Fourth generation CAR immune cells: T cells, NK cells, NK T cells and $\gamma\delta$ T cells

- Mesothelin CAR T inducing remission in metastatic pancreatic cancer
- Next generation CARs with better safety, harder to suppress, offthe-shelf engineering, armored CAR, new targets





Advantages of NK cells over T cells for CAR therapy

CAR-T

- Autologous Product
 - Production time
 - Cost
 - 1 patient, 1 product
- If allogeneic: GVHD Risk
- Toxicity: cytokine release syndrome; neurotoxicity (50% need ICU care)
- CAR-mediated killing



- Allogeneic Product
 - "Off the shelf"
 - Potential low cost
 - 1 cord, > 100 doses
- Low/absent GVHD
- CAR + NK Receptor mediated





The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Use of CAR-Transduced Natural Killer Cells in CD19-Positive Lymphoid Tumors

Enli Liu, M.D., David Marin, M.D., Pinaki Banerjee, Ph.D., Homer A. Macapinlac, M.D., Philip Thompson, M.B., B.S., Rafet Basar, M.D., Lucila Nassif Kerbauy, M.D., Bethany Overman, B.S.N., Peter Thall, Ph.D., Mecit Kaplan, M.S., Vandana Nandivada, M.S., Indresh Kaur, Ph.D., Ana Nunez Cortes, M.D., Kai Cao, M.D., May Daher, M.D., Chitra Hosing, M.D., Evan N. Cohen, Ph.D., Partow Kebriaei, M.D., Rohtesh Mehta, M.D., Sattva Neelapu, M.D., Yago Nieto, M.D., Ph.D., Michael Wang, M.D., William Wierda, M.D., Ph.D., Michael Keating, M.D., Richard Champlin, M.D., Elizabeth J. Shpall, M.D., and Katayoun Rezvani, M.D., Ph.D.

N Engl J Med 2020;382:545-53 2020



Patient 5 Achieved Complete Response in Richter's (1 x 10⁶/kg)

Pre-admission



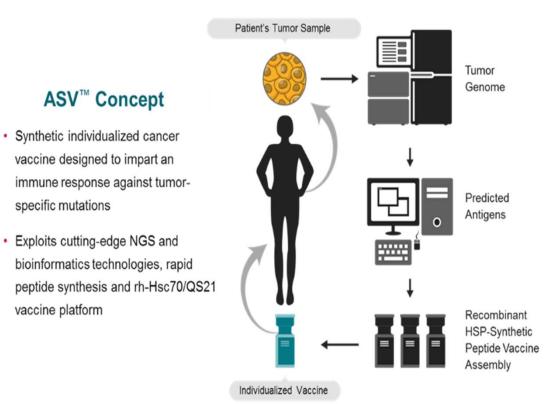
Courtesy Katy Rezvani, MD, PhD MDACC

Day 30 post CAR NK





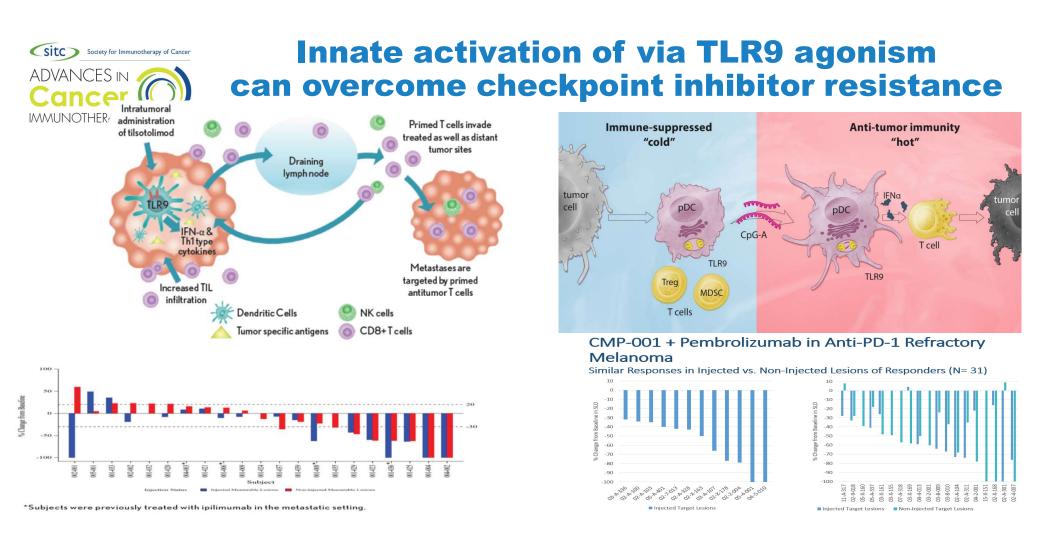
Personalized cancer vaccines



Three companies have personalized cancer vaccines in trials







2020 SITC update: ORR of 23.5% median response duration 19.9 mos in α PD-1 failure



@jasonlikenal viety for Immunotherapy of Cancer

Diab et al. ESMO 2018; Kirkwood et al. SITC. 2020



Ο

Metabolic disruption

IMMUNOTHERAPY

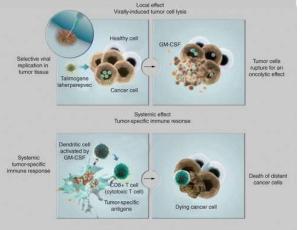
•

- Devimistat (lipid metabolism) gets FDA Fast Track designation, in Phase 3 for pancreatic cancer
- Altering the metabolome
 - Specific gut microbes alter ICB outcomes
 - McQuade JL: 2020 ASCO-SITC Clinical Immuno-Oncology Symposium.





- **Nanoparticles** •
- **Re-directed drugs** •
 - **PARP** inhibitors





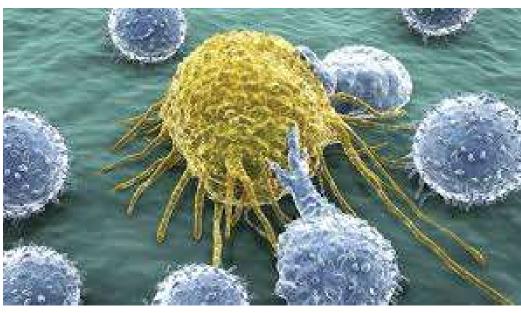






Summary of What's New Cancer Immunotherapy in 2020

- A world beyond just immune checkpoint blockade and CAR-T cells
- Many new agents coming very soon
- Lots of combinations, especially with chemo and each other
- As the pace of basic discovery quickens, expect many new insights
- Consider clinical trials





Curiel Team

- Vincent Hurez, PhD, DVM
- Rob Svatek, MD, MSc
- Álvaro Padrón, PhD
- Curtis Clark, PhD
- Harshita Gupta, PhD
- Ryan Reyes
- Yilun Deng, PhD
- Suresh Kari, PhD
- Hailian Shen, PhD

Acknowledgements

UTHSCSA Ratna Vadlamudi, Raj Tekmal, Rong Li, Jon Gelfond

Yale Leiping Chen, Richard Flavell

Harvard Larry Turka, Arlene Sharpe

Dartmouth MJ Turk

Moffitt José Conejo-Garcia

International Christophe Caux (Lyon, FR), Kathrin Thedieck (U. Groningen, Nederlands), Sirpa Halonen (U. Turku, Finland), many others

SLIDES

Katy Rezvani MDACC John Desjarlais Xencor Jason Luke Univ. Pittsburgh Funding National Cancer Institute Lupus Research Institute Hayes, Voelcker, Owens, Barker and Hogg Foundations, Rippel Foundation, OCRFA Skinner endowment Mays Family Cancer Center

Clayton Foundation



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