

What's Next for Cancer Immunotherapy:

Is the tumor microenvironment telling us something?
How can we listen better?

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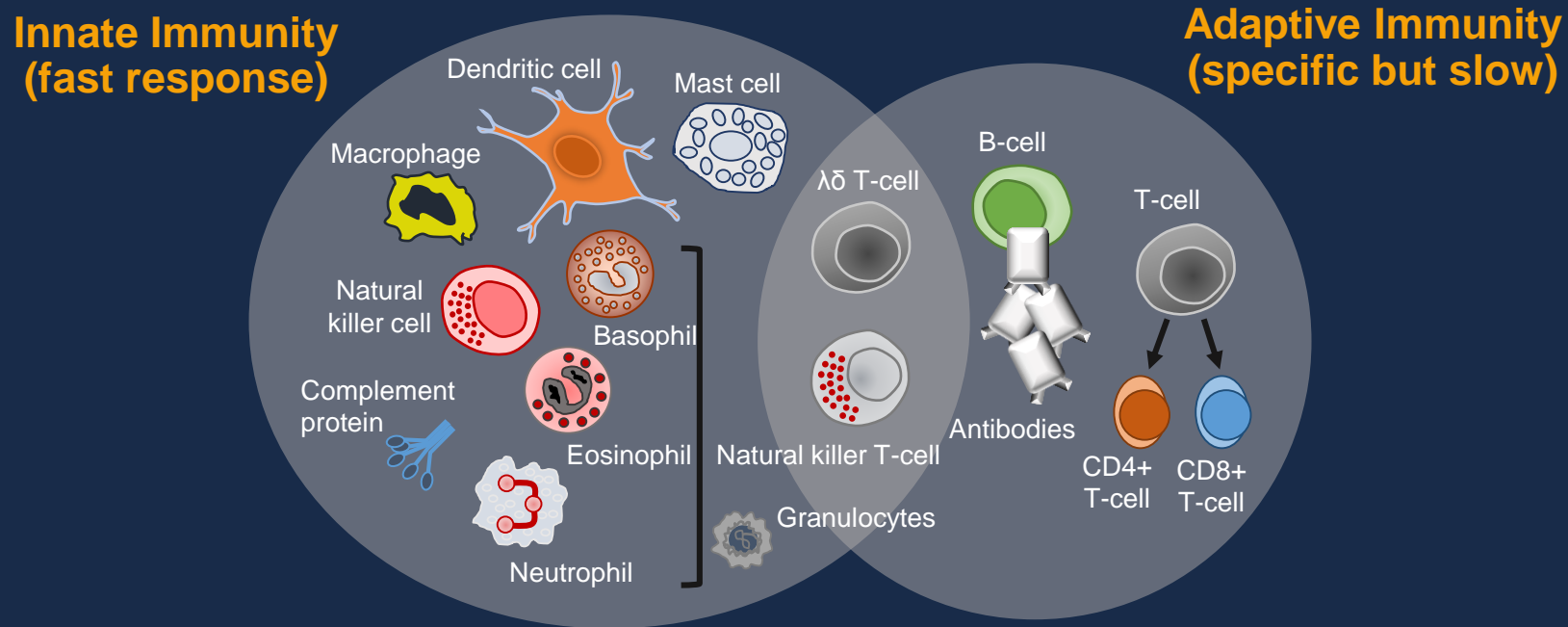
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Overview

- Immunobiology primer
- Biomarker development
- Next generation immunotherapy biomarkers
- A path forward

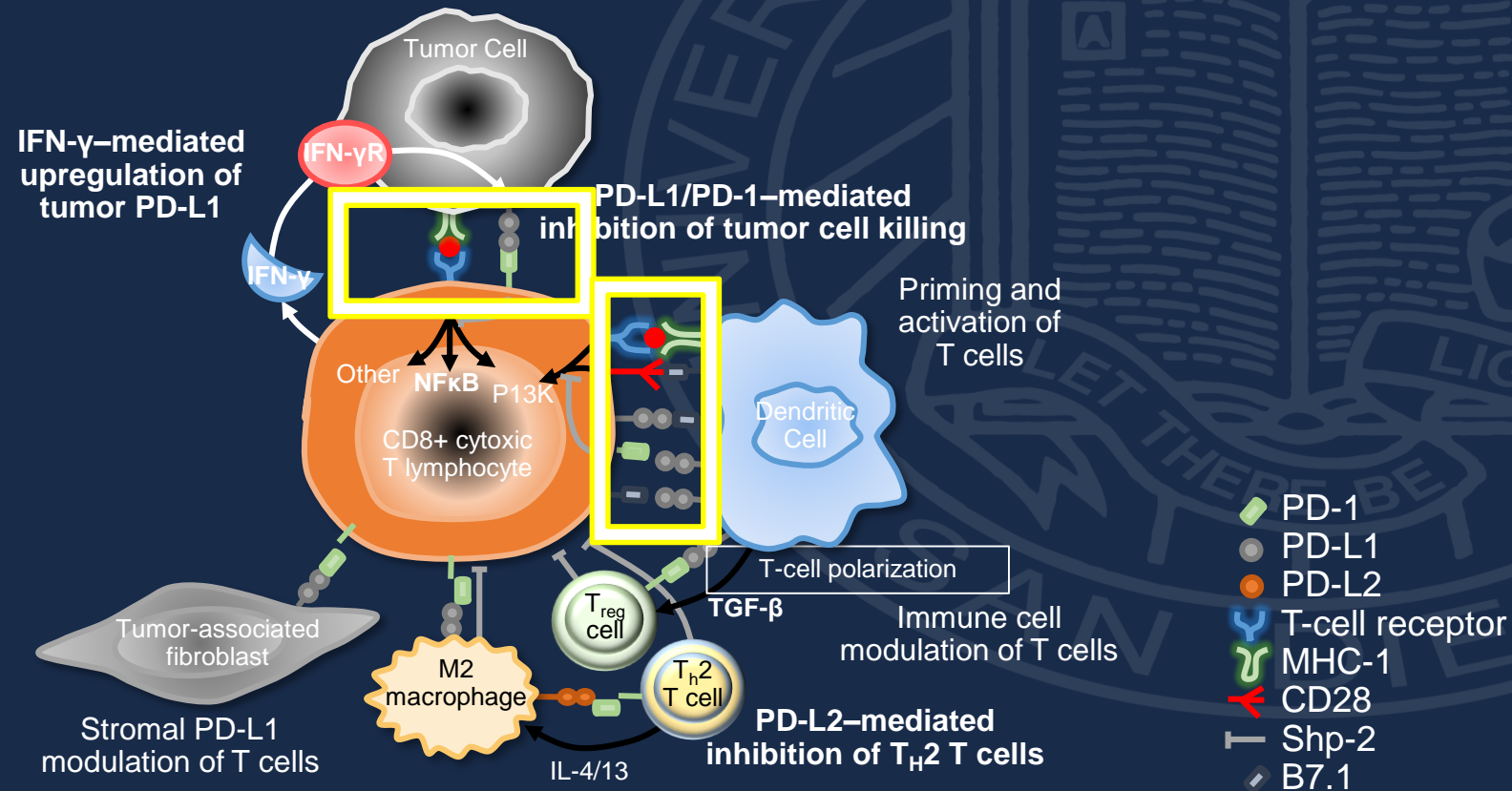
Immunobiology Overview

Immune System Function and Immune Response



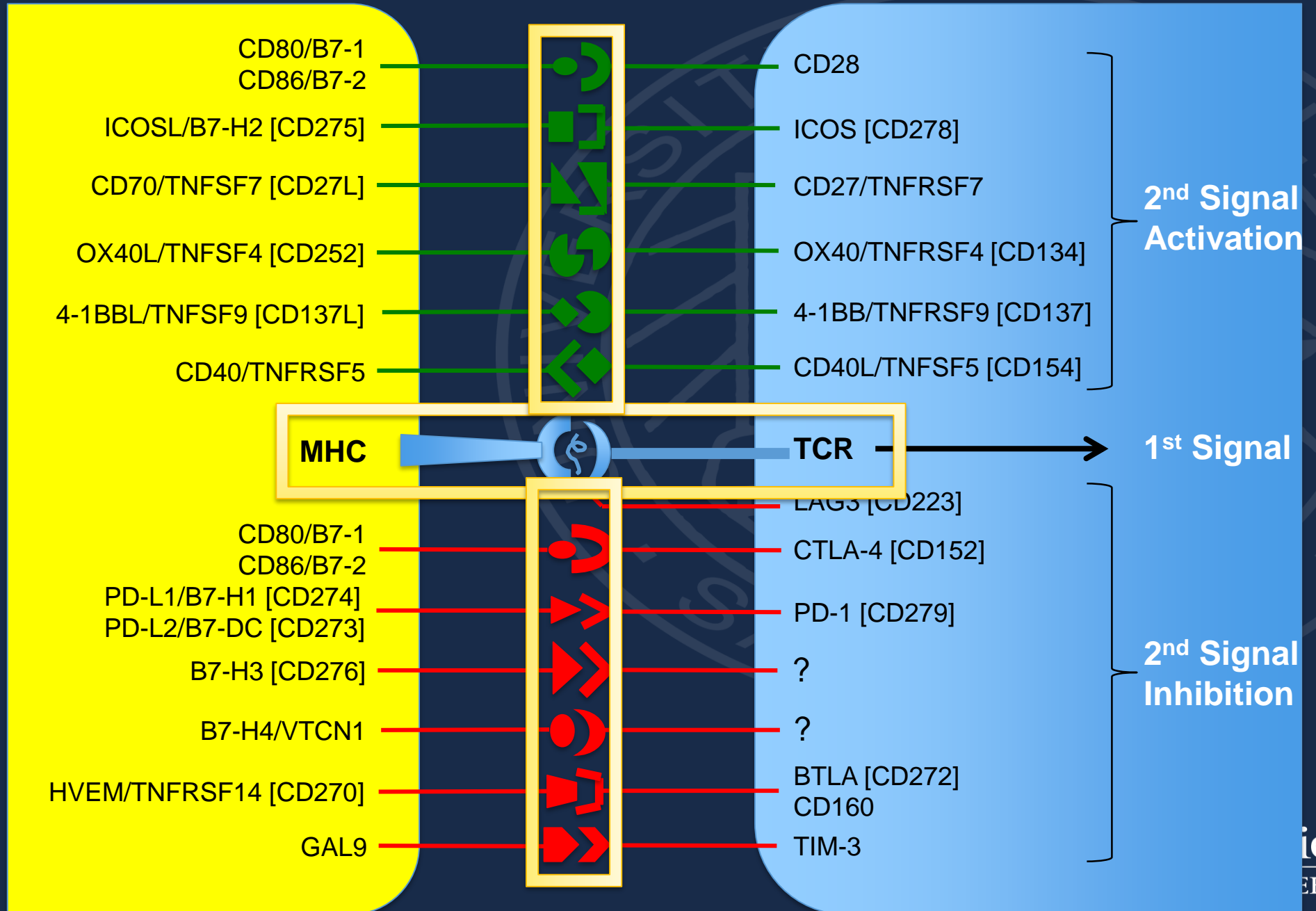
Janeway CA Jr, et al. Immunobiology: the immune system in health and disease. 2001.

Immunologic Synapses Within Tumor Microenvironment

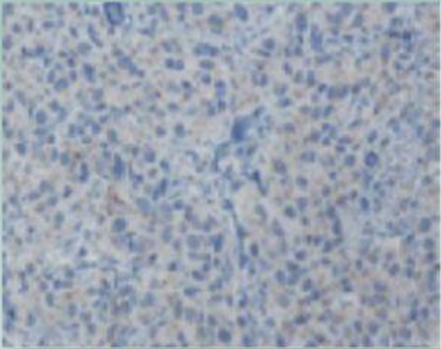
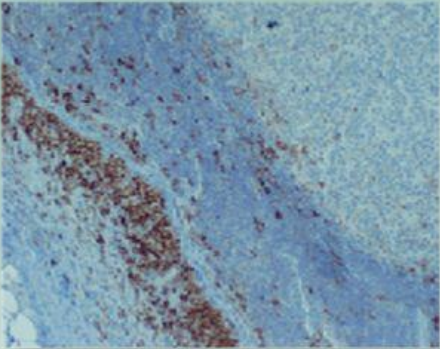
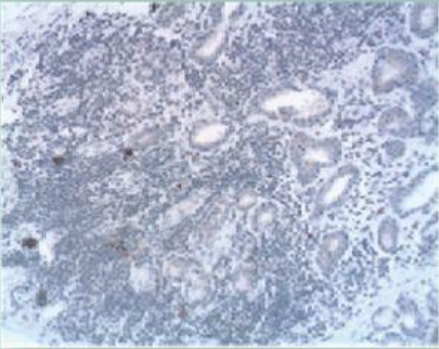




APC or Tumor

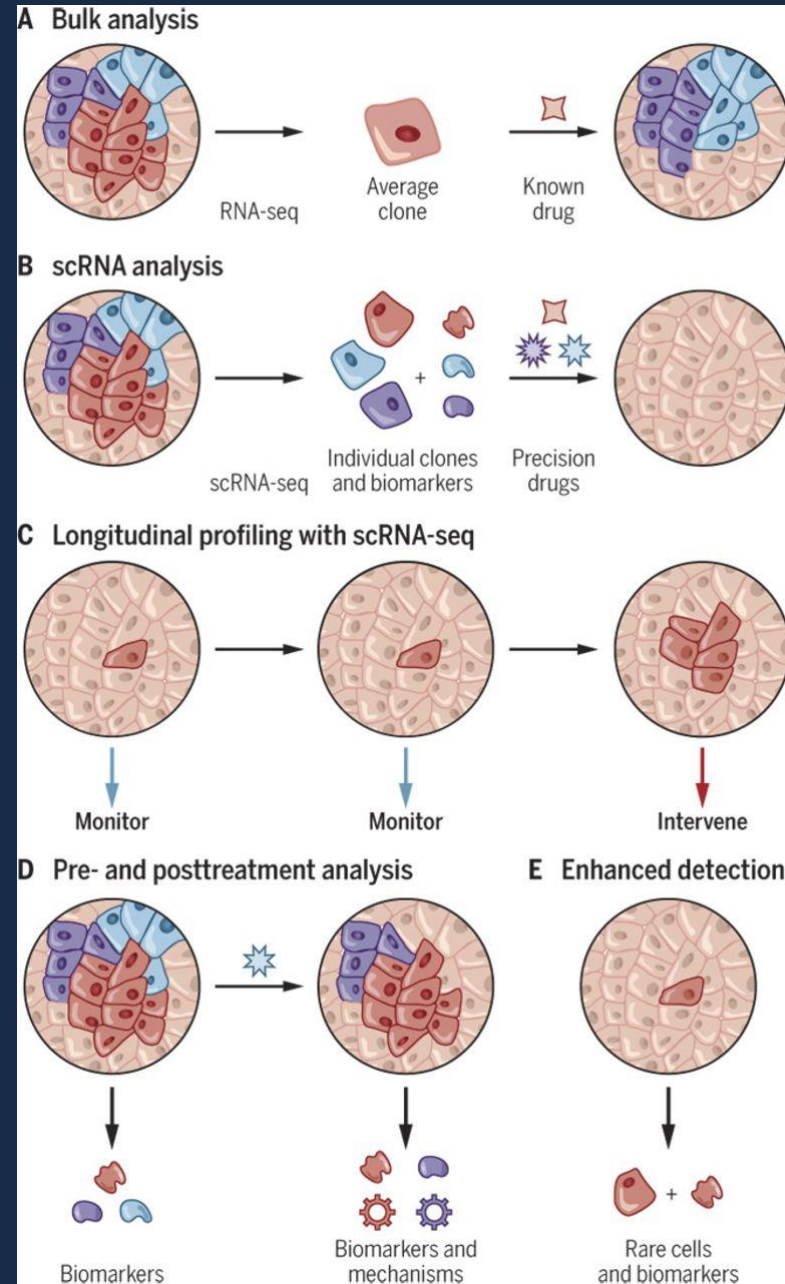
T Cell



PD-L1 (B7-H1) expression and T cell infiltrate: primary resistance

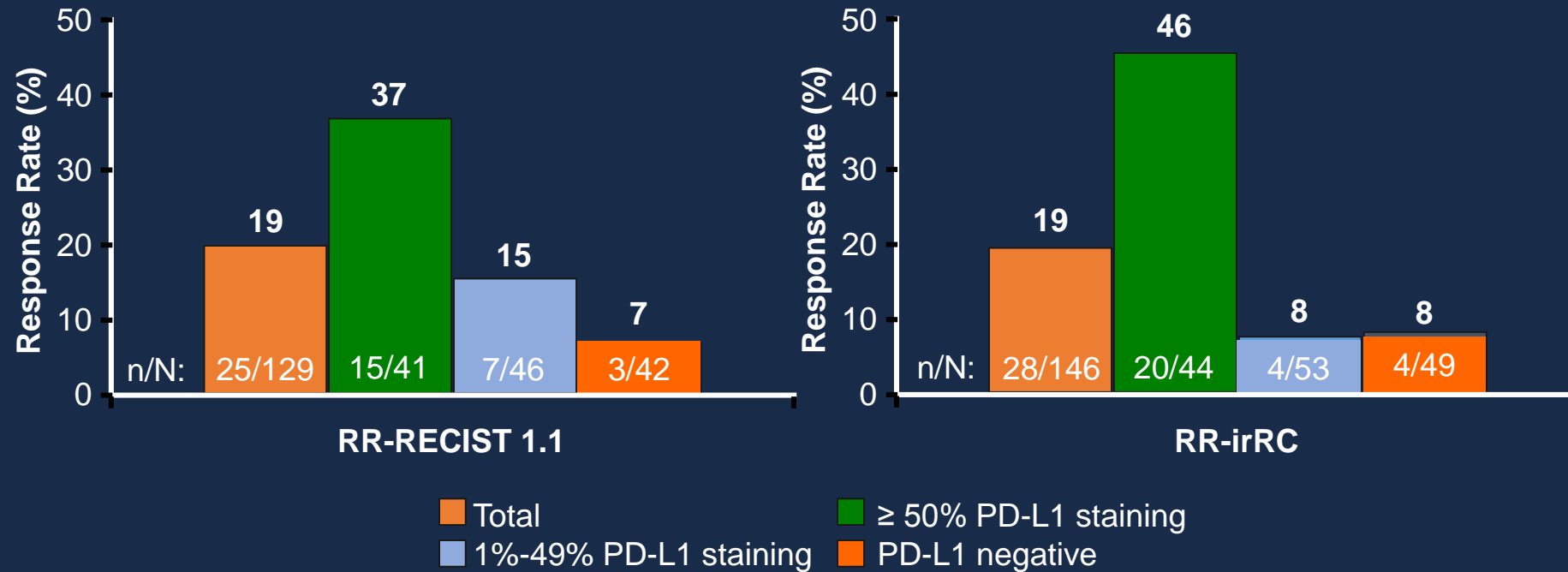
I	II	III	IV
			
B7-H1 ⁻ TIL ⁻	B7-H1 ⁺ TIL ⁺	B7-H1 ⁻ TIL ⁺	B7-H1 ⁺ TIL ⁻
Immunological ignorance	Adaptive resistance	Tolerance Other suppressors?	Intrinsic induction
Strategy: Vaccination, Cellular Therapy, anti-CTLA-4	Anti-PD-1/PD-L1 monotherapy or combinations	Other checkpoints or agonists, cytokines	? TKI+ anti-PD-1/PD-L1
CCR Focus			

scRNA-seq in cancer: Losing the Forest for the Trees?



Immunotherapy Biomarkers

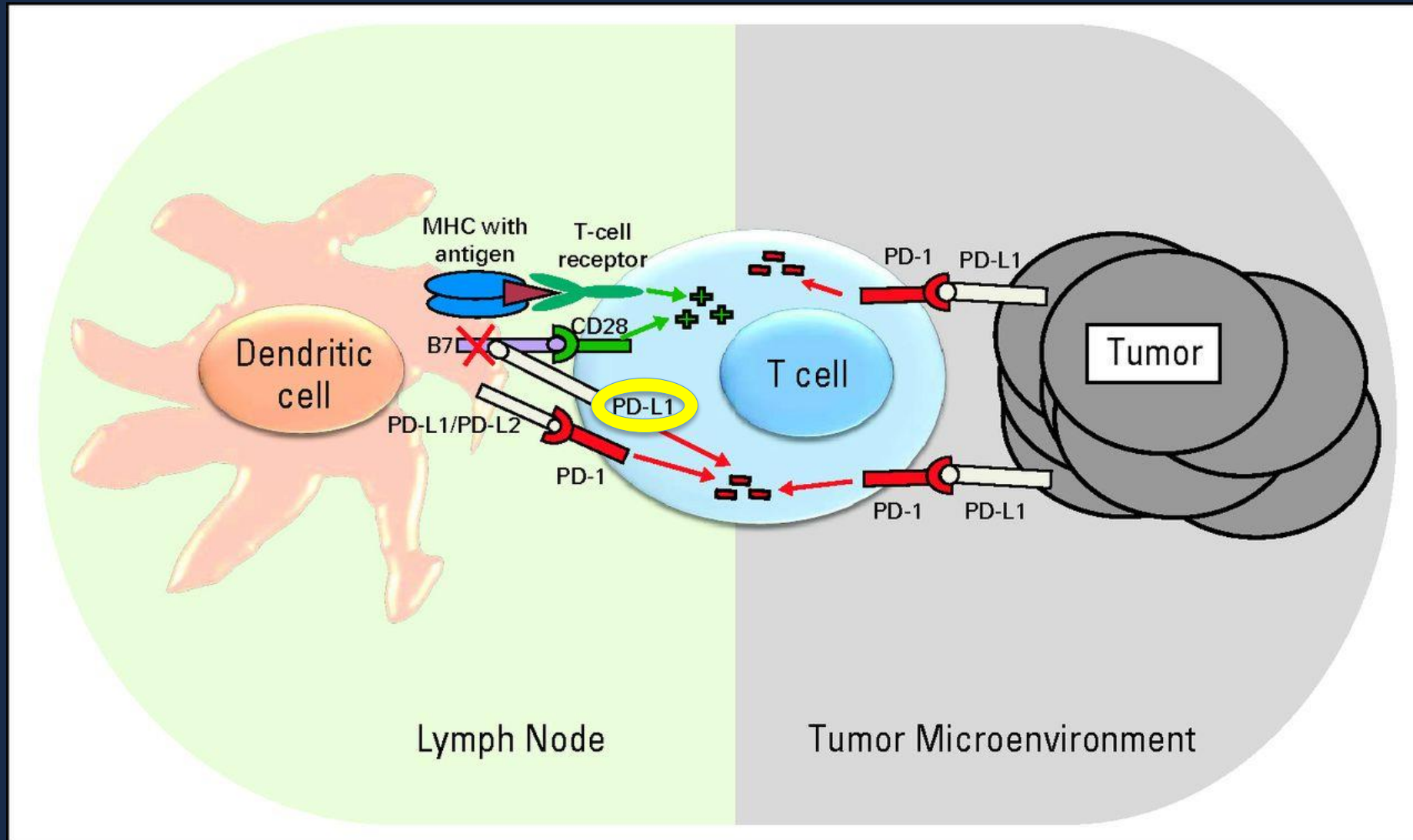
PD-L1 IHC in Clinic: Pembrolizumab response rate by PD-L1 IHC in NSCLC



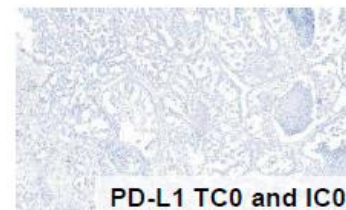
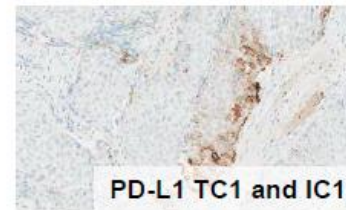
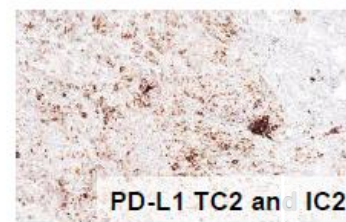
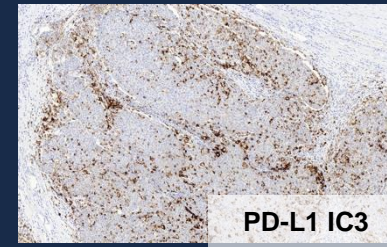
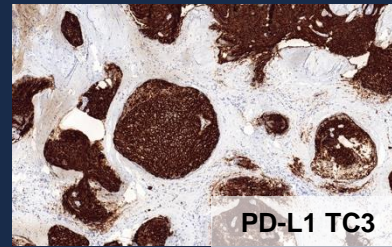
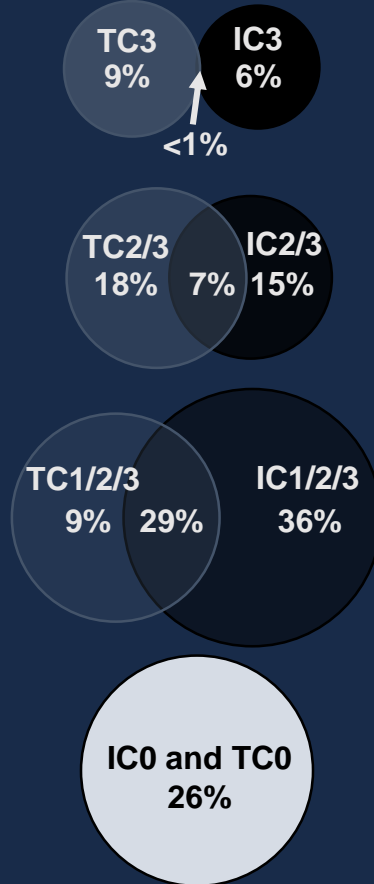
Response Rate by PD-L1 IHC Expression

Therapy	Histology	PD-L1 IHC strata	ORR
Nivolumab (anti-PD-1, BMS)	Melanoma	+	44%
		-	17%
	NSCLC	+	67%
		-	8%
	Multiple (melanoma, RCC, NSCLC, CRC, mCRPC)	+	36%
		-	0%
Pembrolizumab (anti-PD-1, Merck)	Melanoma	+	51%
		-	6%
	NSCLC	+	67%
		-	0%
MPDL3280A (anti-PD-L1, Roche)	Multiple (melanoma, RCC, NSCLC, CRC, gastric)	+	39%
		-	13%
	NSCLC	+	100%
		-	15%
	Bladder	+	52%
		-	11%

PD-L1 Expression– on Tumor and on Immune Cells



SP142 PD-L1 positive subsets in NSCLC



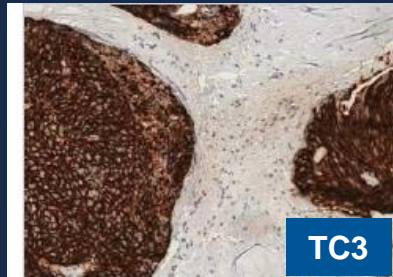
- In addition to subsets of tumors with PD-L1 expression on both TC and host-derived IC, NSCLC is further characterized by tumors that express PD-L1 exclusively on IC or TC
- TC3 and IC3 represent distinct populations with <1% overlap in NSCLC

IC=immune cells; TC=tumor cells

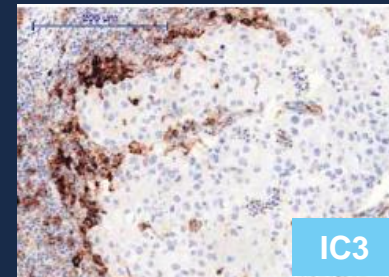
Summary of Characteristics for TC3 and IC3 NSCLC Tumors

Sclerotic
Desmoplastic
Associated with EMT
Regulated by methylation
Intrinsic PD-L1 regulation

PD-L1 TC3 tumors exhibit a desmoplastic and sclerotic TME with low intra-epithelial and stromal IC



PD-L1 TC3 vs IC3 NSCLC
tumors have distinct
tumor TME



PD-L1 IC3 tumors represent immune-rich/CD8 high tumors

Adaptive PD-L1 regulation
Intra-epithelial/stromal IC
Presence of T_{eff} cells
CD8 IHC

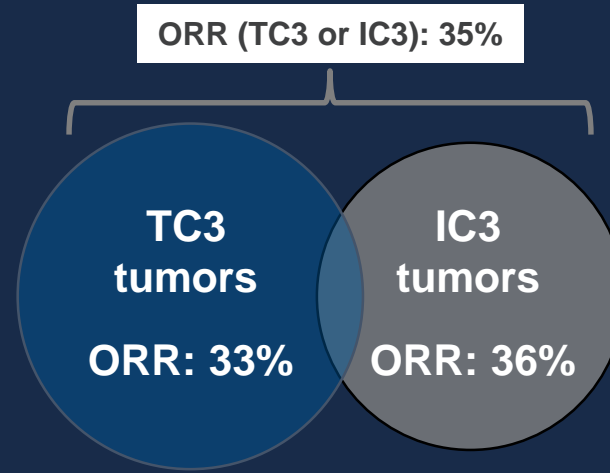
- Despite the differences in TME, both TC and IC predict for clinical benefit to atezolizumab

IC=immune cells; TC=tumor cells; TME=tumor microenvironment

*Roche
Sponsored
Study

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Either Patients With TC3 or IC3 Tumors Showed Enriched Response to Atezolizumab



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Study

PD-L1 Status	ORR (RECIST v1.1) Pooled Analysis From Phase I and II NSCLC Atezolizumab Trials ^a	
	n	% (95% CI)
TC3 (TC high)	45	33 (20-49)
IC3 (IC high)	42	36 (22-52)
TC3 or IC3	81	35 (24-56)
TC0 and IC0	69	9 (3-18)

^aData from pooled ORR analysis in second line+ NSCLC PCD4989g (data cutoff, Dec 2, 2014), FIR (cohort 2: data cutoff Jan 7, 2015) and POPLAR (data cutoff, Jan 30, 2015) trials

IC=immune cells; RECIST=Response Evaluation Criteria in Solid Tumors; TC=tumor cells

Schmid P, et al. Poster. ESMO. 2015 (abstr P269).

Comparison of SP263 and SP142 at UCSD

PD-L1 (SP142)			
PD-L1 (SP263)	Positive	Negative	Total
Positive	7% (6)	(7%) 6	12
Negative	15% (13)	71% (62)	75
Total	22% (19)	78% (68)	87

Positive for Tumor or Immune Cell

SP142: TC2-TC3, IC2-IC3 scoring

SP263: 25% tumor or immune cell staining

- SP142 stained more tumors positive than SP263 in serial sections
- Why is this different than Blueprint?
 - Different tumor types (not just lung)
 - Different scoring for positivity (TC/IC2 vs TC/IC1)
 - And differential immune staining

Nakasaki, Jacobs,
Fadare, Patel,
Hansel (pending)

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Comparison of SP263 and SP142 at UCSD

	Total			
	N = 87 (%)	TC positive	IC positive	TC-IC dual positive
PD-L1 (SP142)				
Negative	68 (78.1)	-	-	-
Positive	19 (21.8)	10 (11.5)	11 (12.6)	2 (2.3)
PD-L1 (SP263)				
Negative	75 (86.2)	-	-	-
Positive	12 (13.8)	12 (13.8)	0 (0)	0 (0)

- SP263 appears to stain tumor cell PD-L1 better
- SP142 appears to stain immune cell PD-L1 better
- Another reason testing for both on serial sections may be superior strategy

Nakasaki, Jacobs,
Fadare, Patel,
Hansel (pending)

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Under the Scope

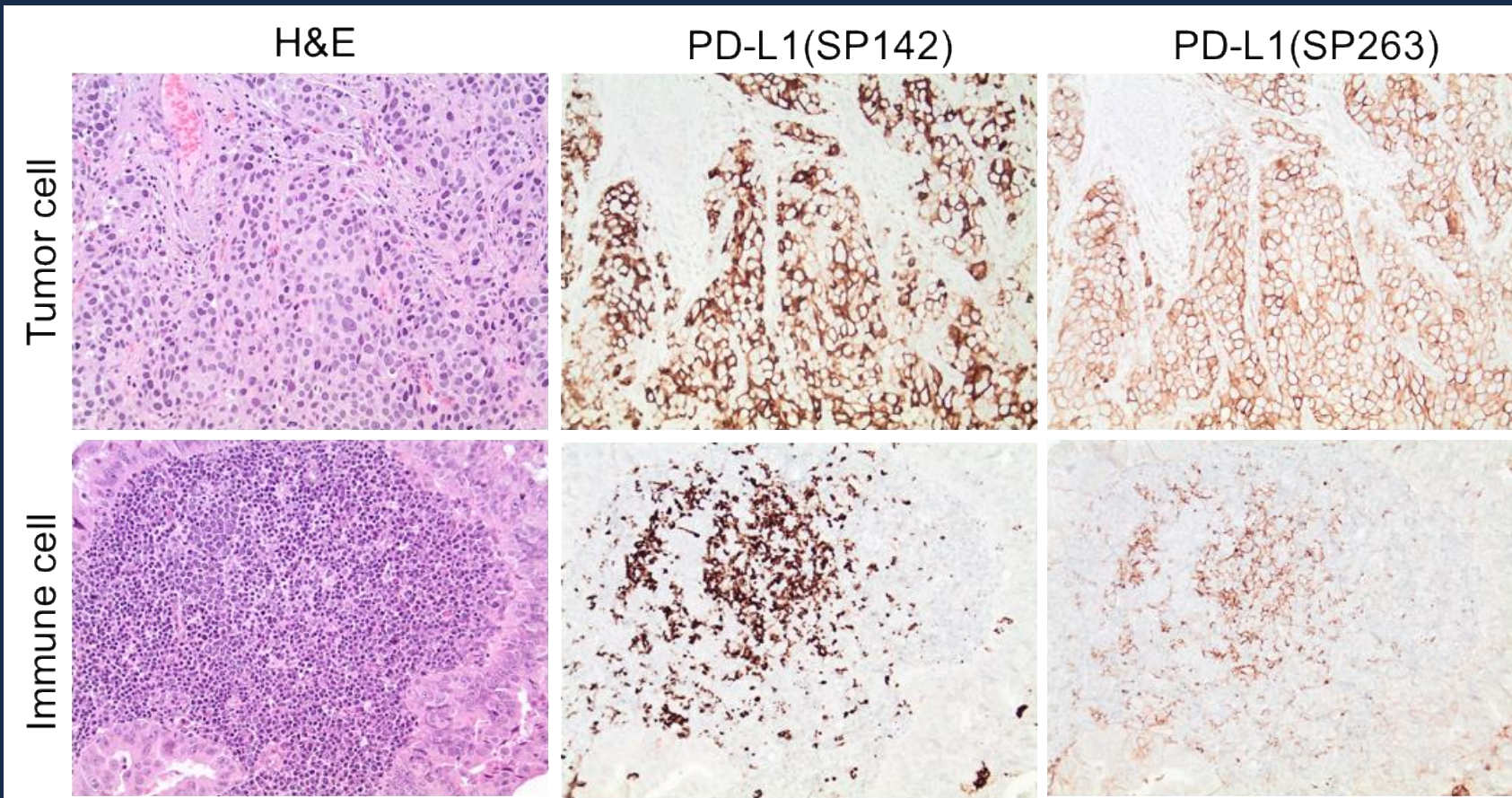
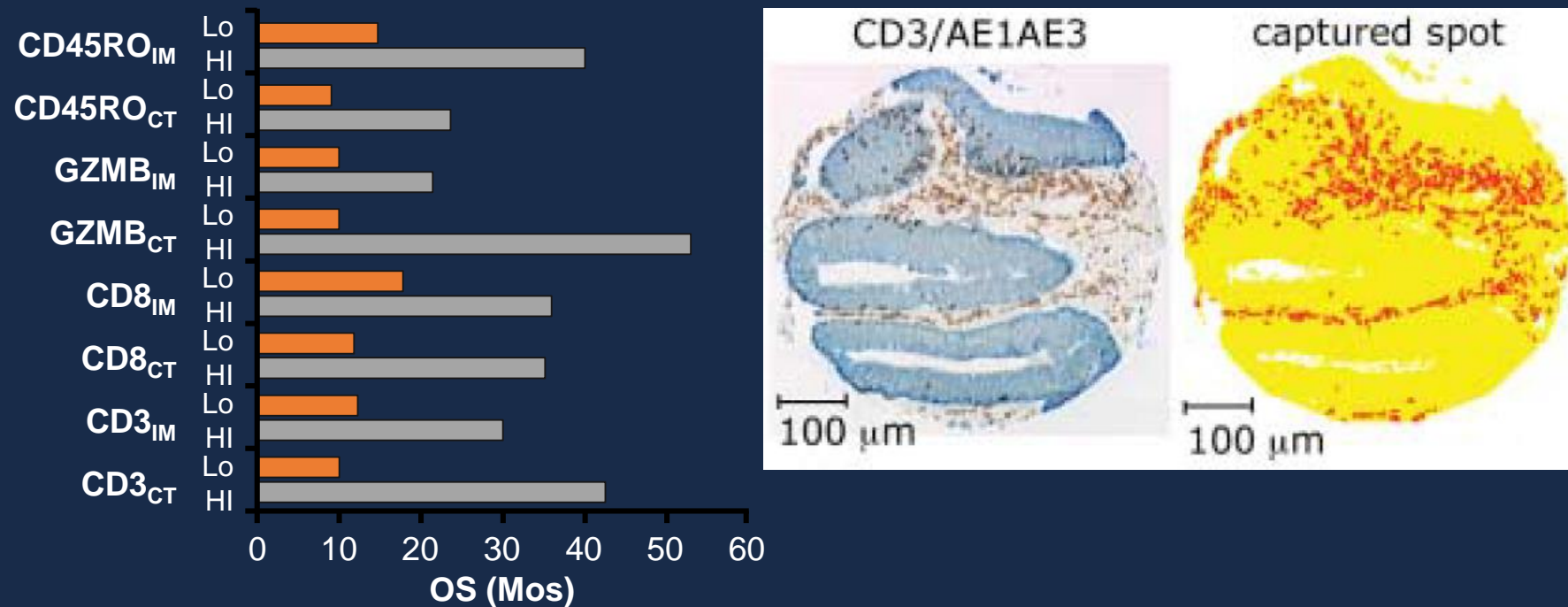


Figure 1: Staining with PD-L1 monoclonal antibodies in tumor and immune cells. Histology of urothelial carcinoma (upper panels) and metastatic lung adenocarcinoma (lower panels). Tissues were stained with hematoxylin-eosin and PD-L1 monoclonal antibodies (SP142 and SP263, respectively).

Nakasaki, Jacobs, Fadare, Patel, Hansel
(pending)

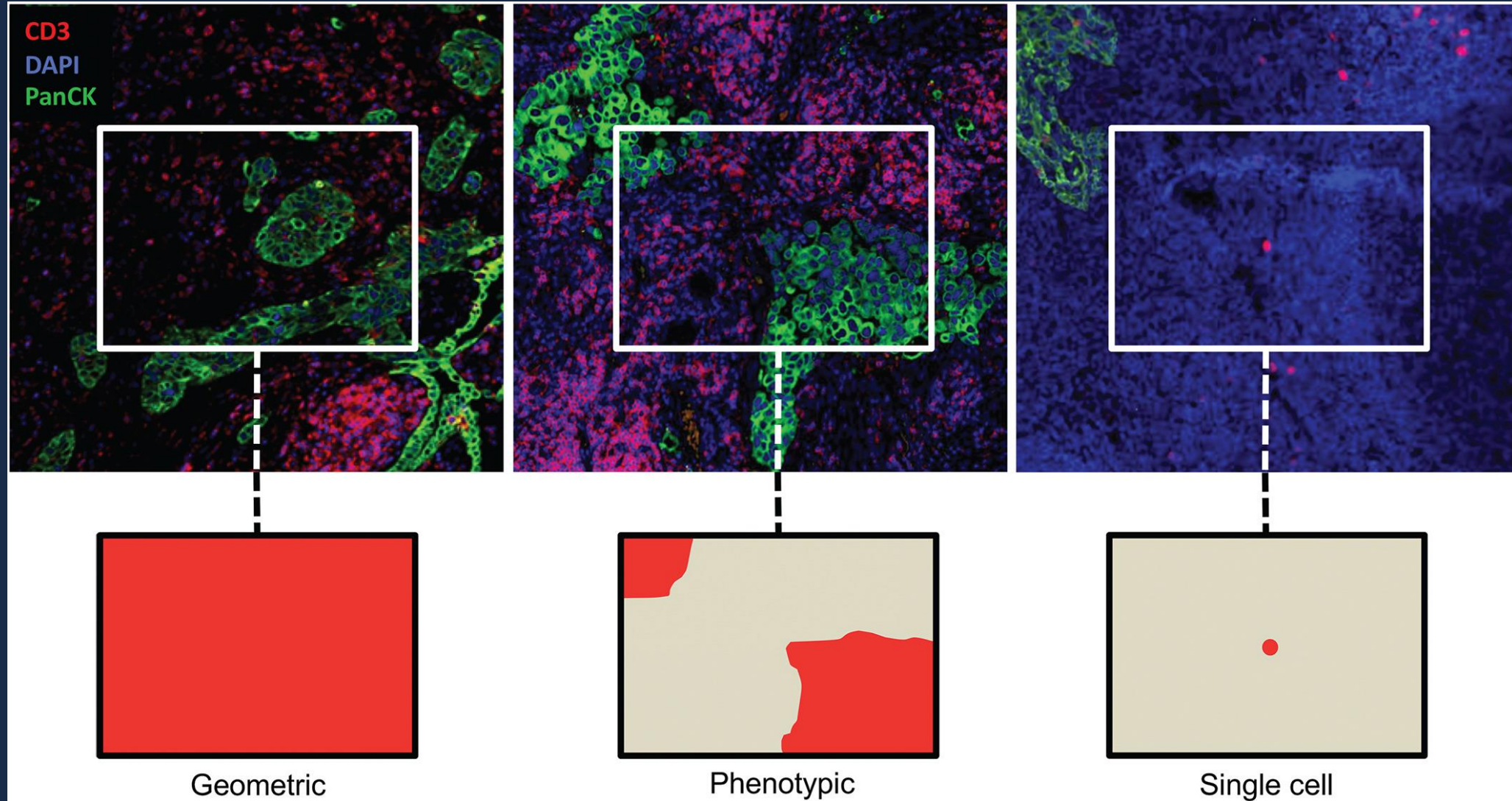
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ImmunoScore in colorectal cancer

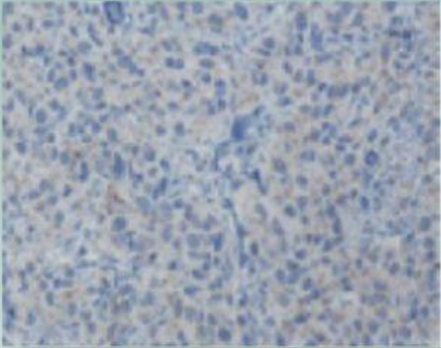
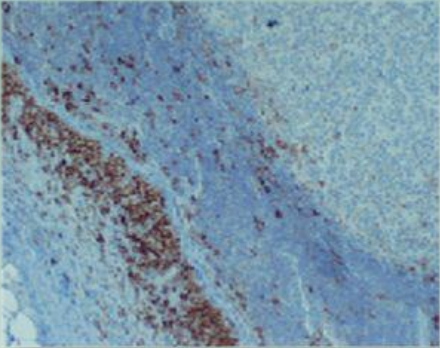
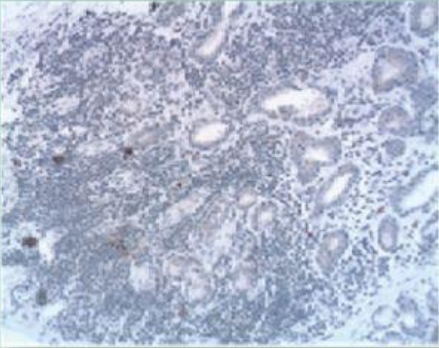




- Has prognostic value on par with classical TNM staging

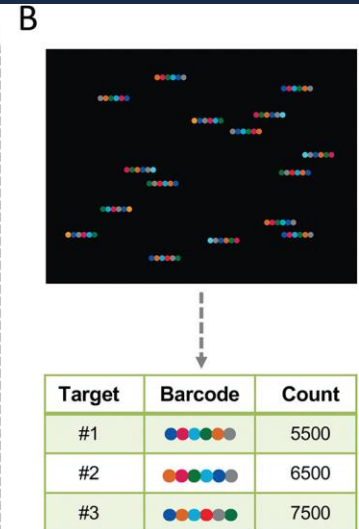
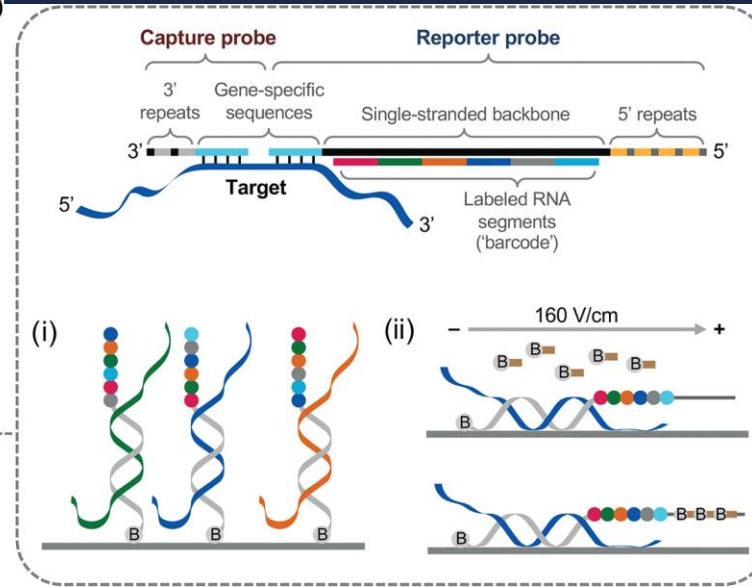
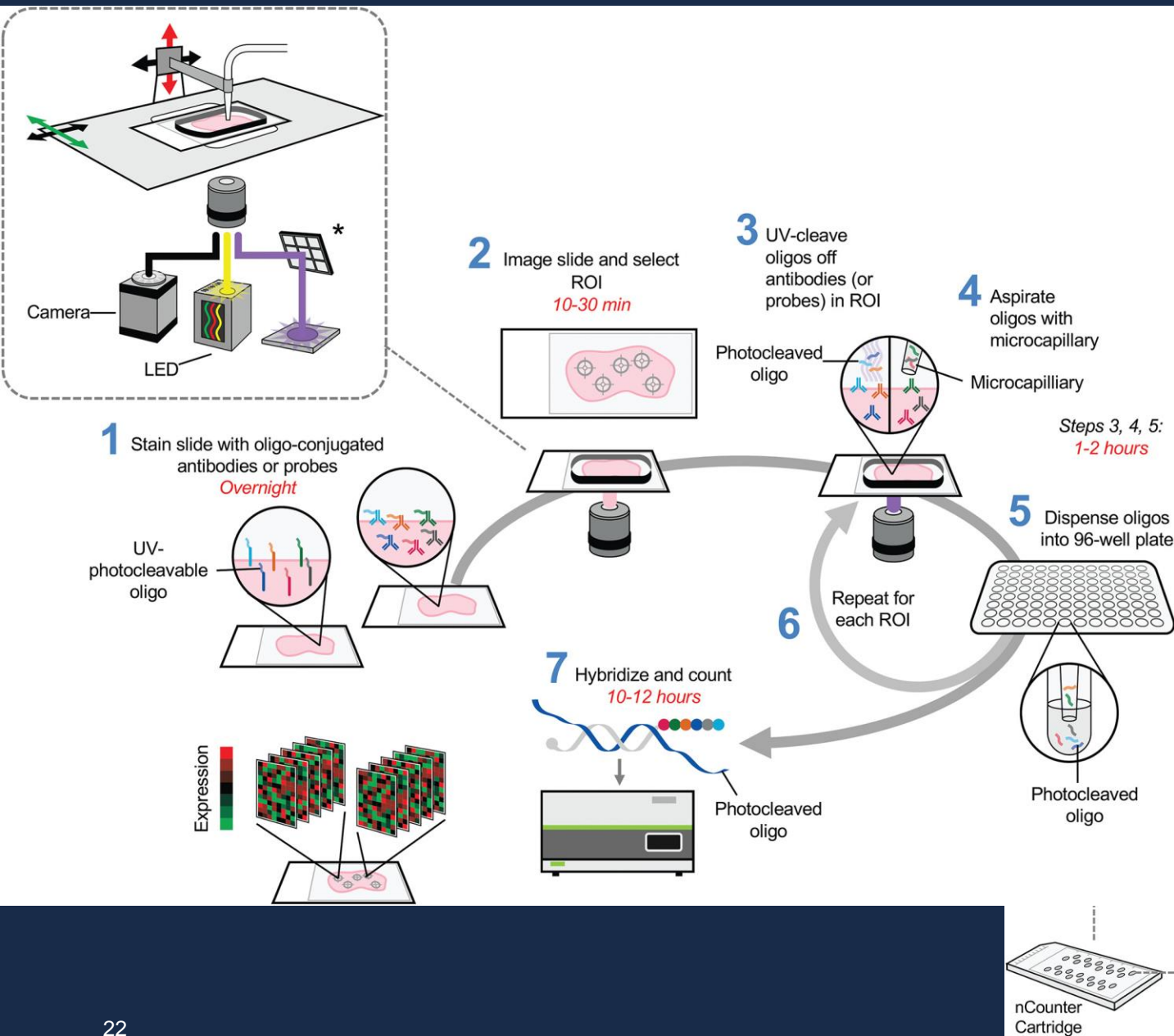
Selection of Region of Interest Within Tumor Microenvironment



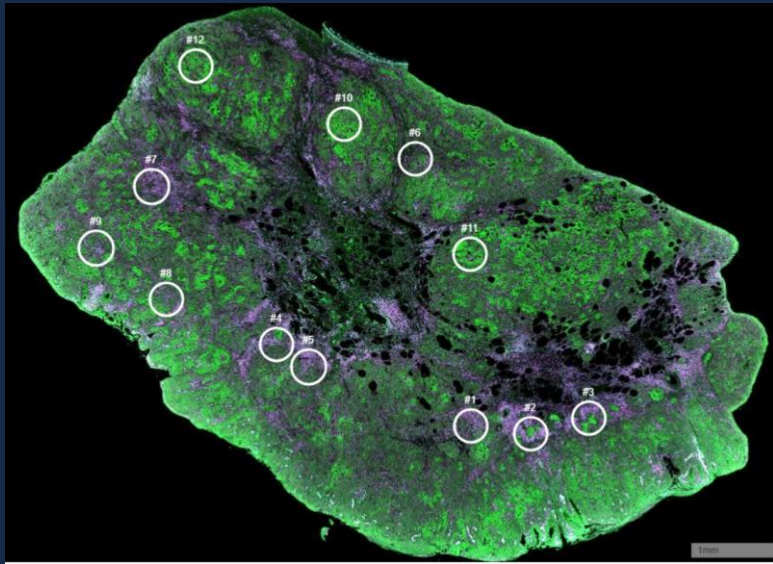
PD-L1 (B7-H1) expression and T cell infiltrate: primary resistance

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Immunological ignorance	Adaptive resistance	Tolerance Other suppressors?	Intrinsic induction
Strategy: Vaccination, Cellular Therapy, anti-CTLA-4	Anti-PD-1/PD-L1 monotherapy or combinations	Other checkpoints or agonists, cytokines	? TKI+ anti-PD-1/PD-L1
CCR Focus			

Workflow for Spatial Interrogation (nanoSting GeoMX/DSP)



Assessment of Immune Stroma in MSI-H vs MSS Colon Cancer: Effect of Spatial Context

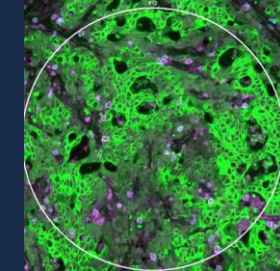
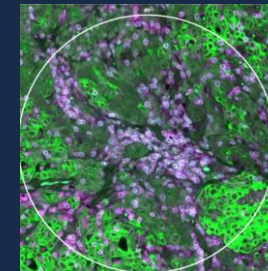
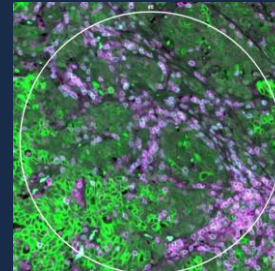
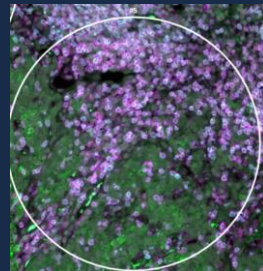
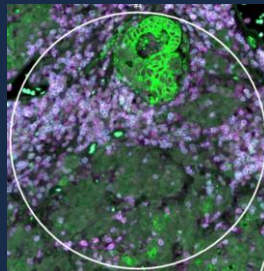
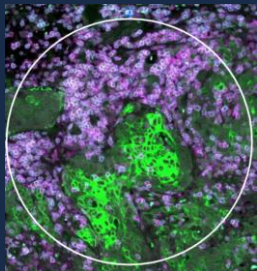
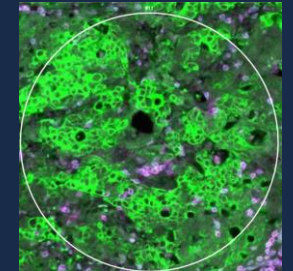
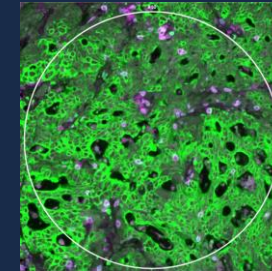
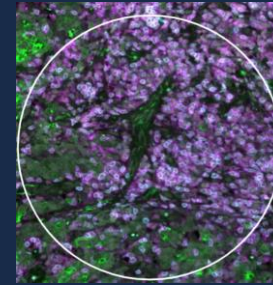
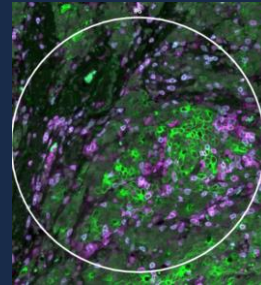
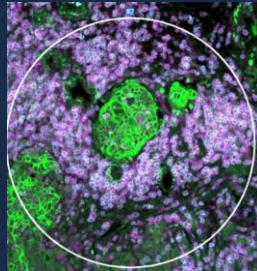
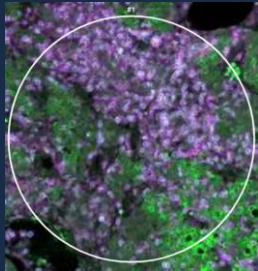


CD45-enriched hotspots

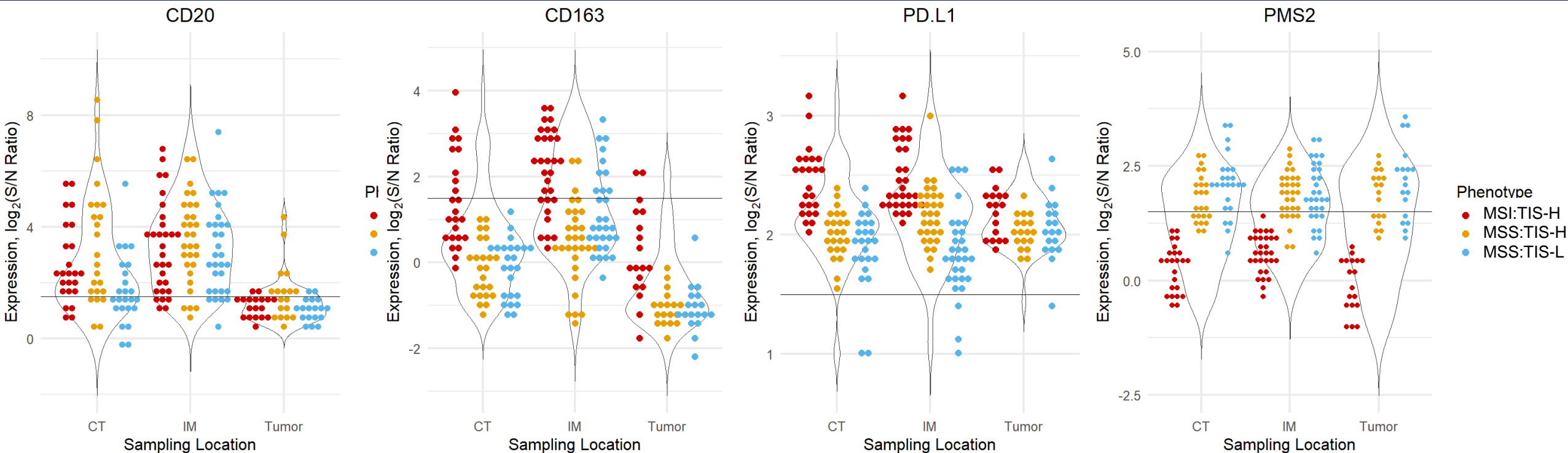
Invasive Margin (IM)

Tumor Center (CT)

Cytokeratin-enriched (Tumor)



Differences in B cell and macrophage populations by sampling location



Tumor



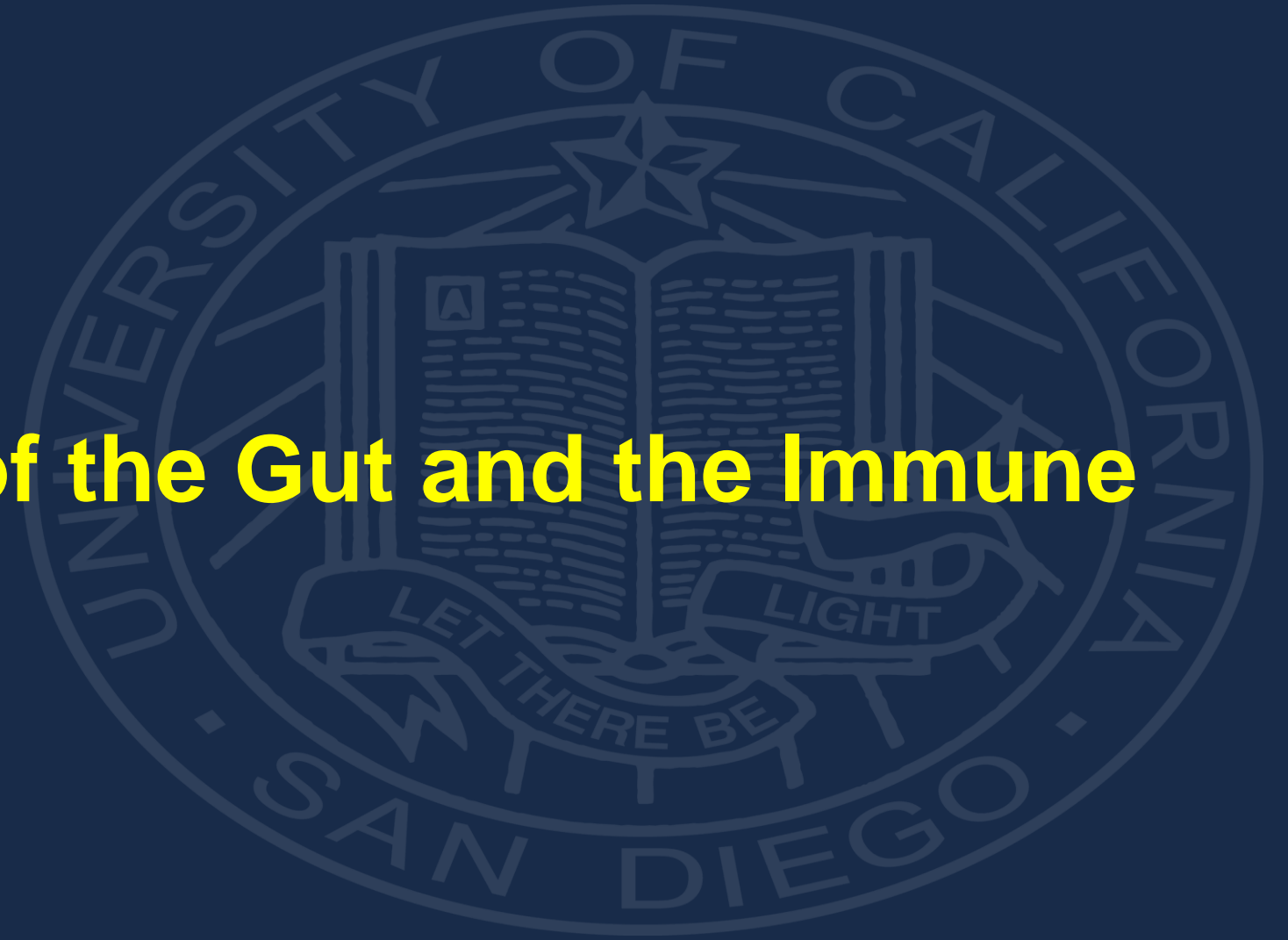
Stromal PD1 vs Tumor CD8

CD8A Tumor (log2 counts)

PD1 Stromal (log2 counts)

MSI
MSS

The Intersection of the Gut and the Immune System

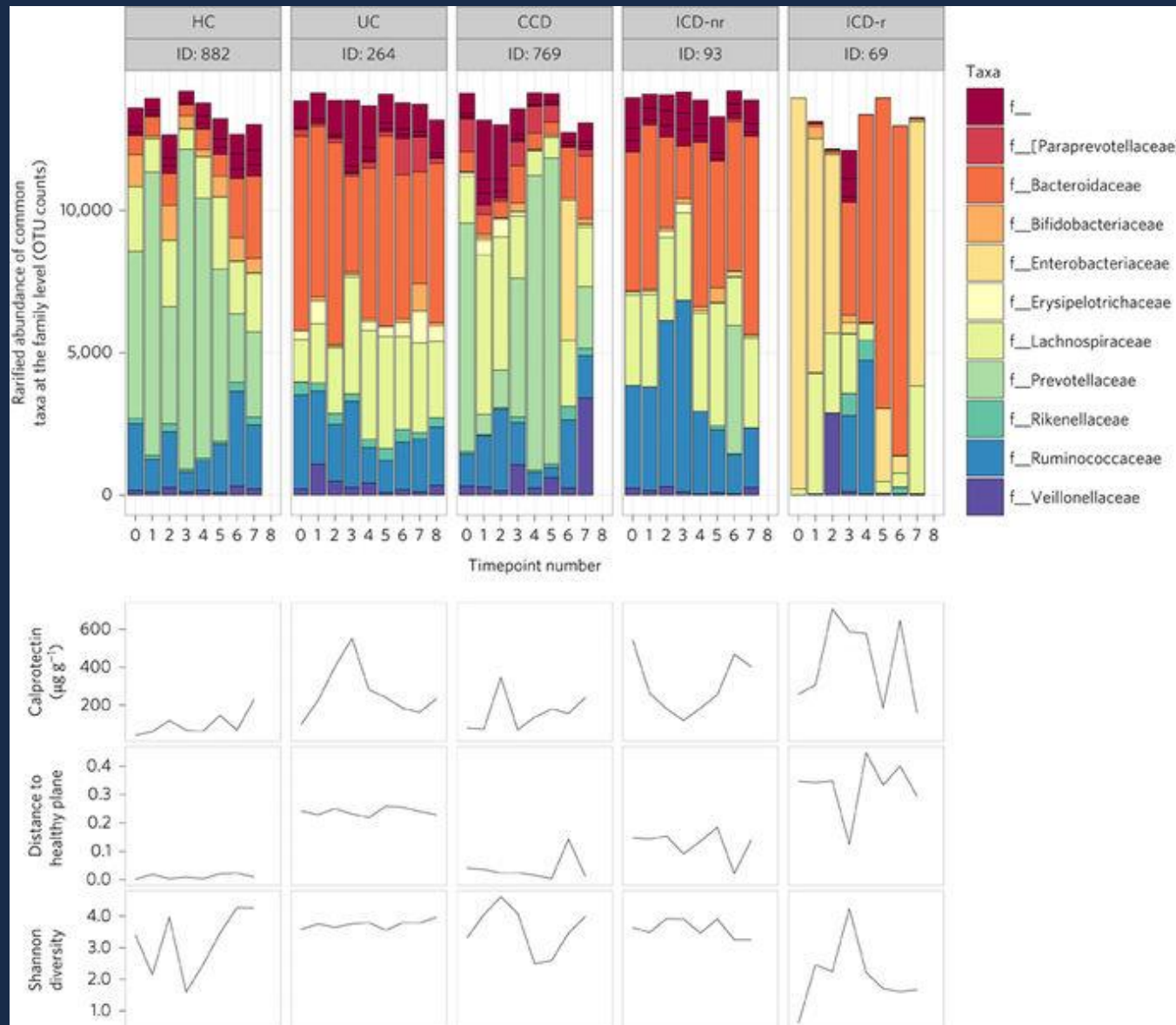


Immune Checkpoint Inhibitor Colitis

- Ipilimumab-induced ileocolitis with deep ulcerations in the colon



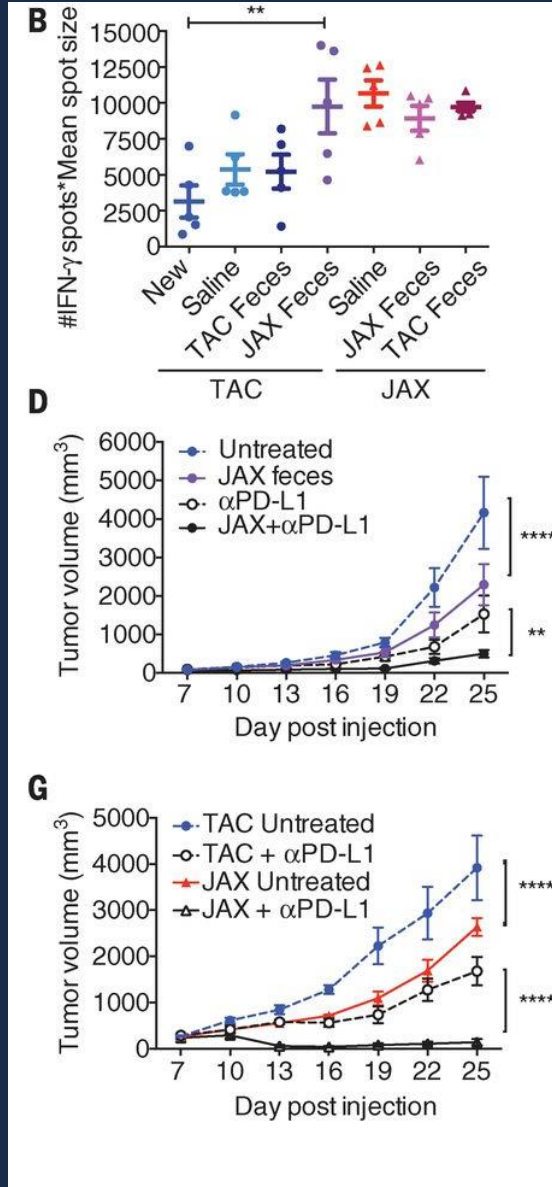
Microbiota in Inflammatory Bowel Disease



Major differences in microbiome profile between HC (healthy control) and:

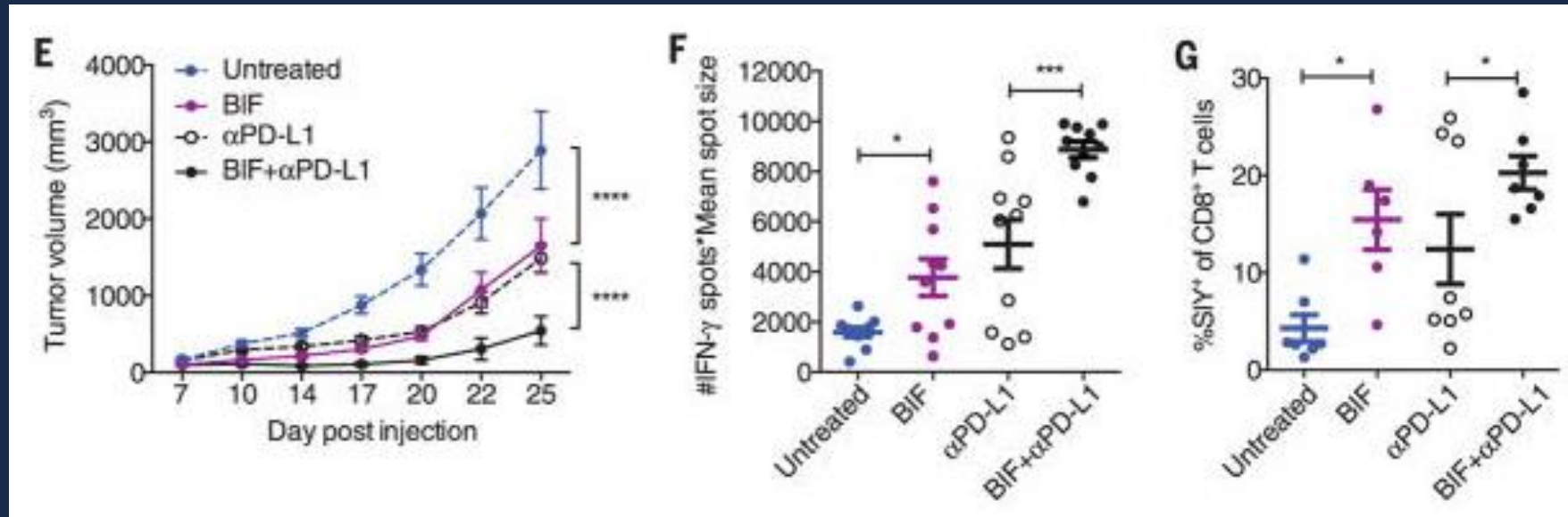
- Ulcerative colitis (UC)
- Collagenous colitis (CC)
- Colonic Crohn's Dz (CCD)
- Ileal Crohn's Dz-not resected (ICD-nr)
- Ileal Crohn's Dz-resected (ICD-r)

Microbiome Modulates Response to Immunotherapy



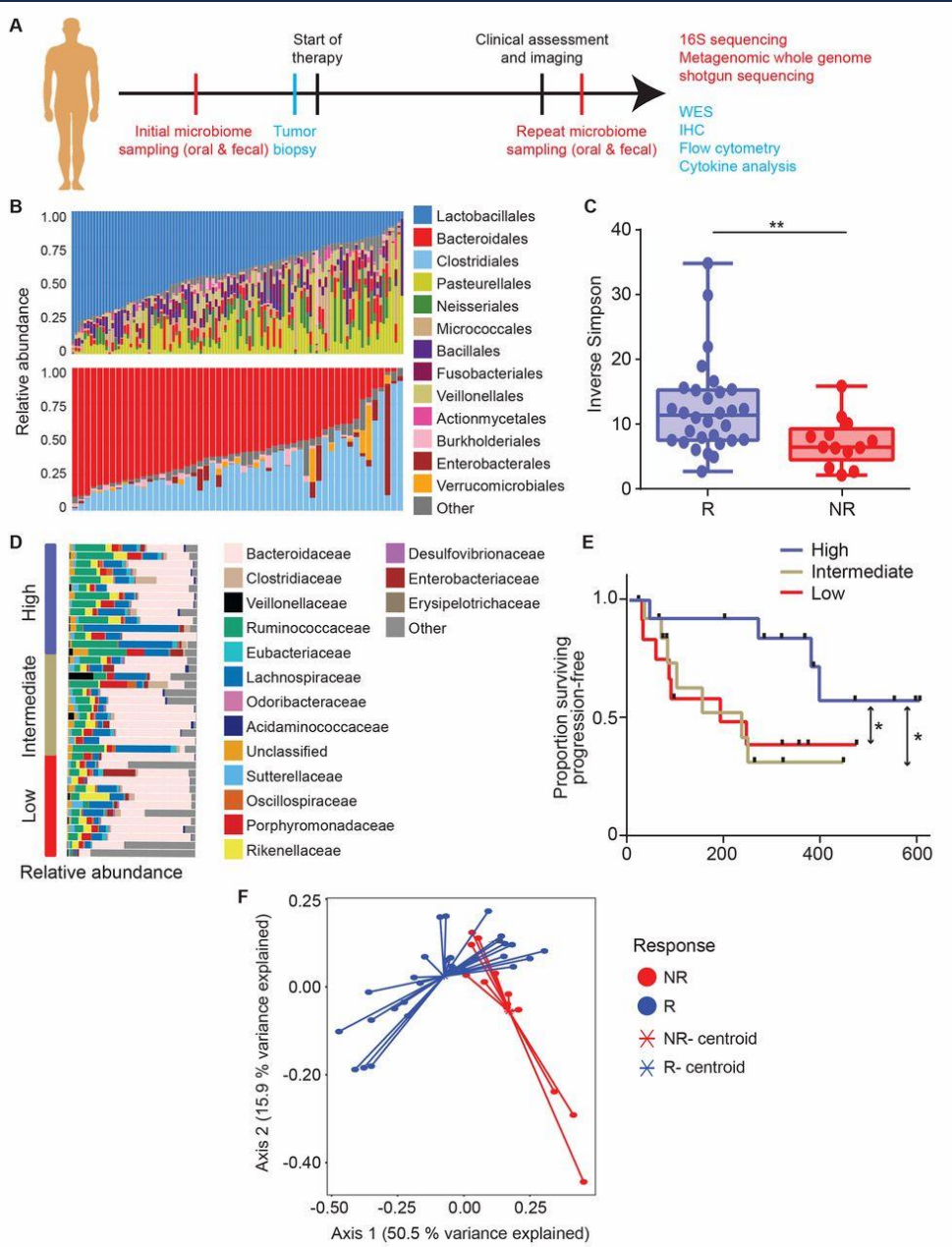
- Where a mouse was ordered seemed to determine response to anti-PD-L1 (JAX vs TAC)
- This difference was driven by gut microbiota
- The commensal microbial composition can influence spontaneous antitumor immunity, as well as a response to immunotherapy with α PD-L1 mAb.
 - Combination treatment with both JAX fecal transfer and α PD-L1 mAb improved tumor control (Fig. D)
 - α PD-L1 alone was significantly more efficacious in JAX mice compared with TAC mice (Fig. G).

Which bacterial species?

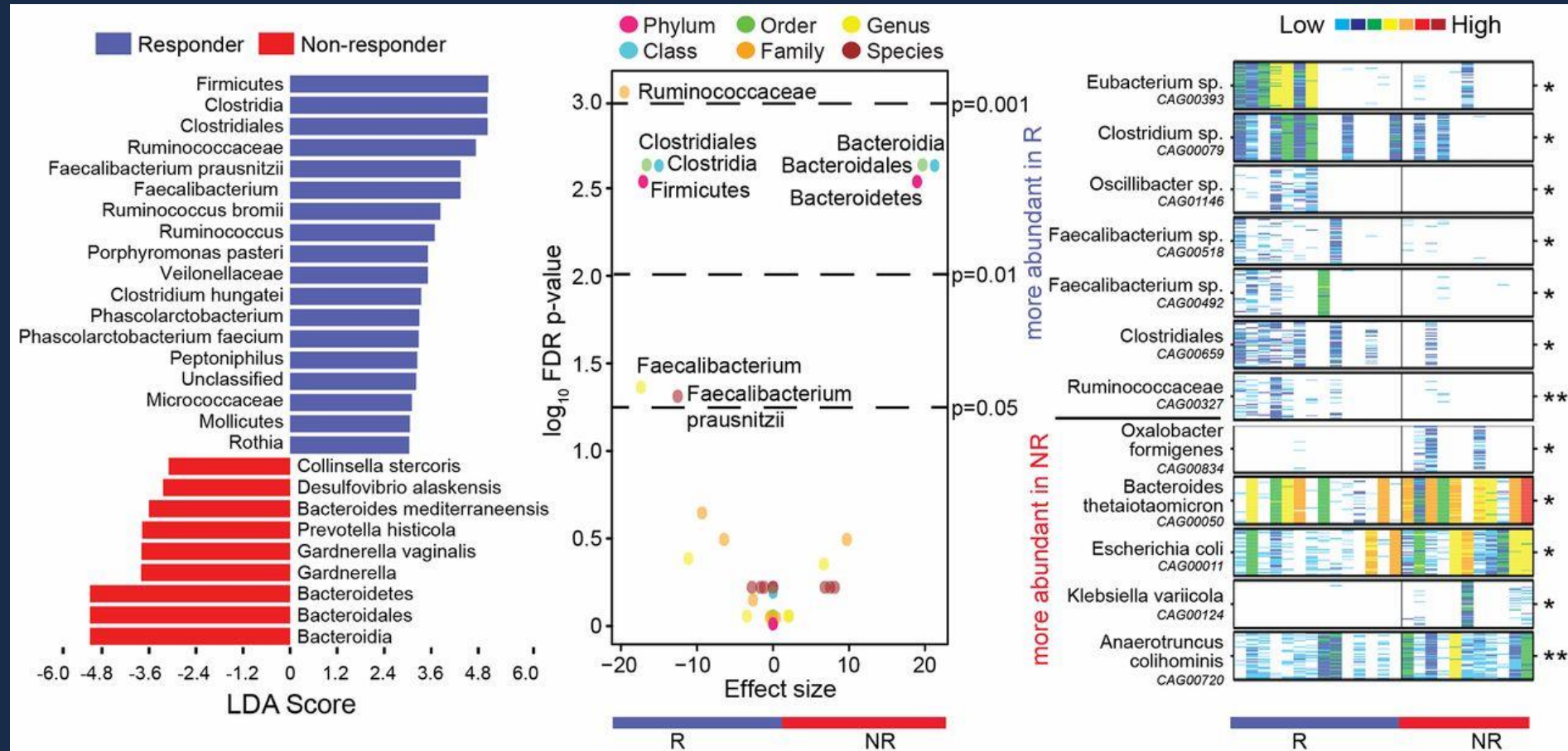


- Bifidobacterium (BIF) seemed to be the sensitizing bacterial strain
- Transfer of BIF into deficient mice led to improved anti-tumor responses with anti-PD-L1

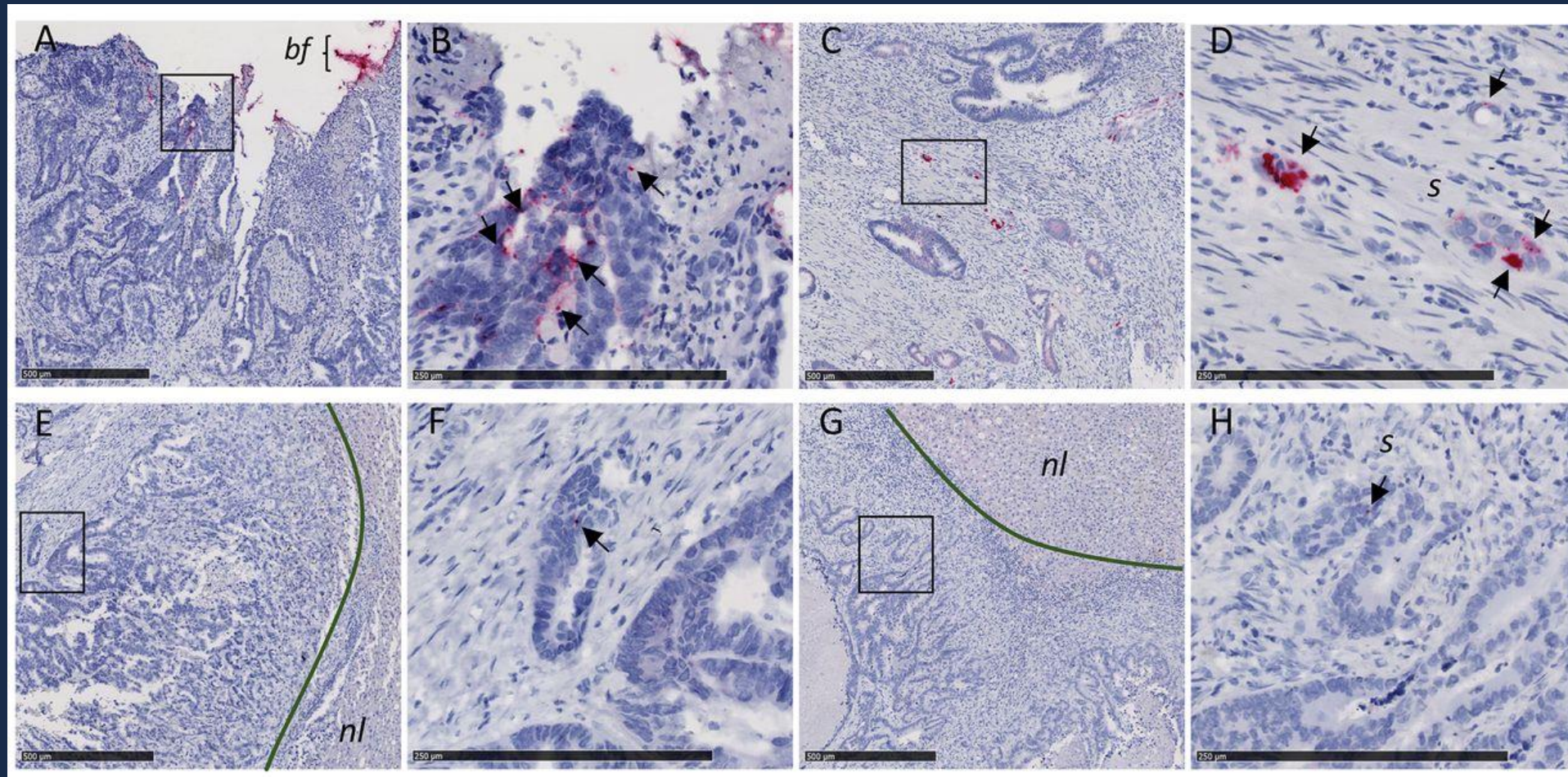
Melanoma patients with more gut microbiome diversity response better to anti-PD-1



Different Bacteria Portend Response or Resistance to Anti-PD-1 in Melanoma



Fusobacterium nucleatum RNA present in colon primary tumors and metastasis



Susan Bullman et al. Science 2017;science.aal5240

Summary

- Cancer immunotherapy has revolutionized cancer treatment, with melanoma as the forerunner but now a multitude of tumor types
- PD-L1 is an imperfect biomarker in the clinic, and newer biomarkers such as TMB have not informed clinic practice
 - PD-L1 negative melanoma patients respond to anti-PD-1
- Spatial context of immune infiltrate can provide unique information about relevant immunosuppressive pathways at key tumor-immune synapses
- The microbiome can influence response to immunotherapy
 - Metabolomics may be central to this effect
 - Intratumoral microbiome and fungome may affect oncogenesis

Questions?

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