



Durable Complete Response in a Patient with Metastatic Melanoma Following Adoptive Transfer of Autologous T cells Recognizing 10 Mutated Tumor Antigens

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Presenter Disclosure Information

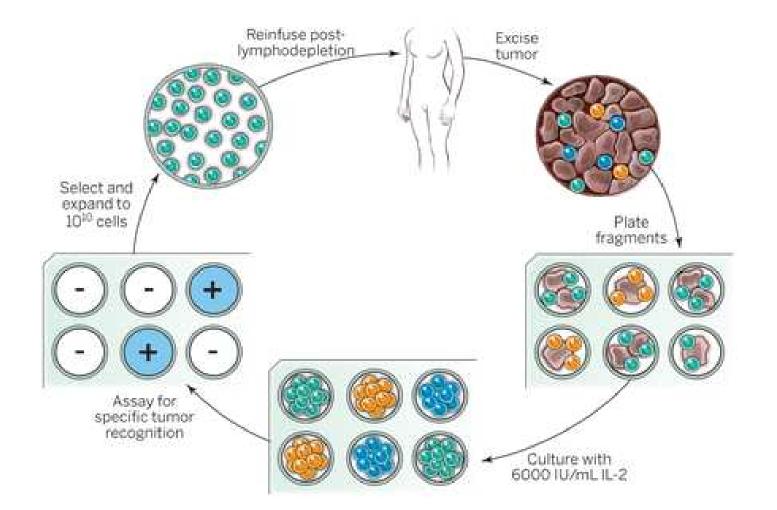
Society for Immunotherapy of Cancer (SITC)-2015 Todd D. Prickett, Ph.D.

I have no financial relationships to disclose.

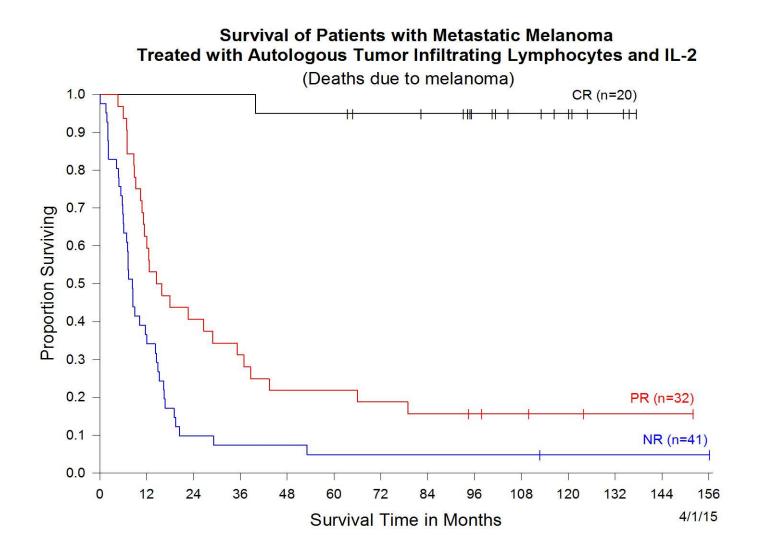
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I will not discuss off label use and/or investigational use in my presentation.

Adoptive Cell Therapy (ACT) for Treatment of Metastatic Melanoma: Schematic of Treatment



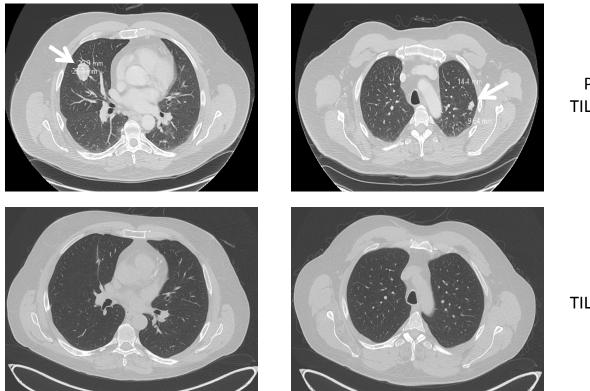
Adoptive Cell Transfer is an Effective Treatment for Patients with Metastatic Melanoma



Kind gift from Dr. Rosenberg

Patient with Metastatic Melanoma Exhibited a Durable Complete Regression upon Treatment with Bulk TIL Therapy

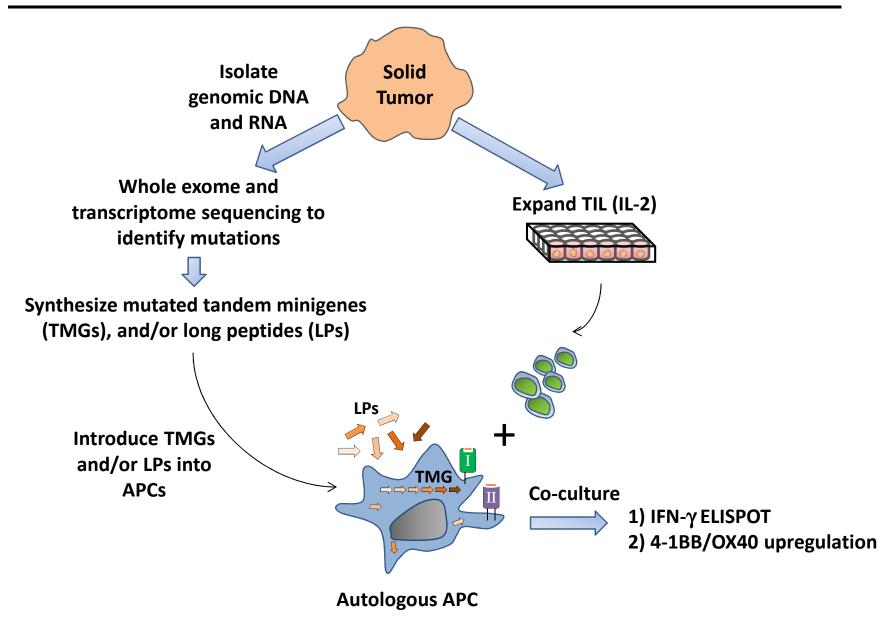
- Pt.3713 contained >4,000 somatic non-synonymous mutations upon whole-exome and RNA-Seq sequencing of fresh tumor
- Using this approach we focused on 720 gene products to test in the TMG screening.



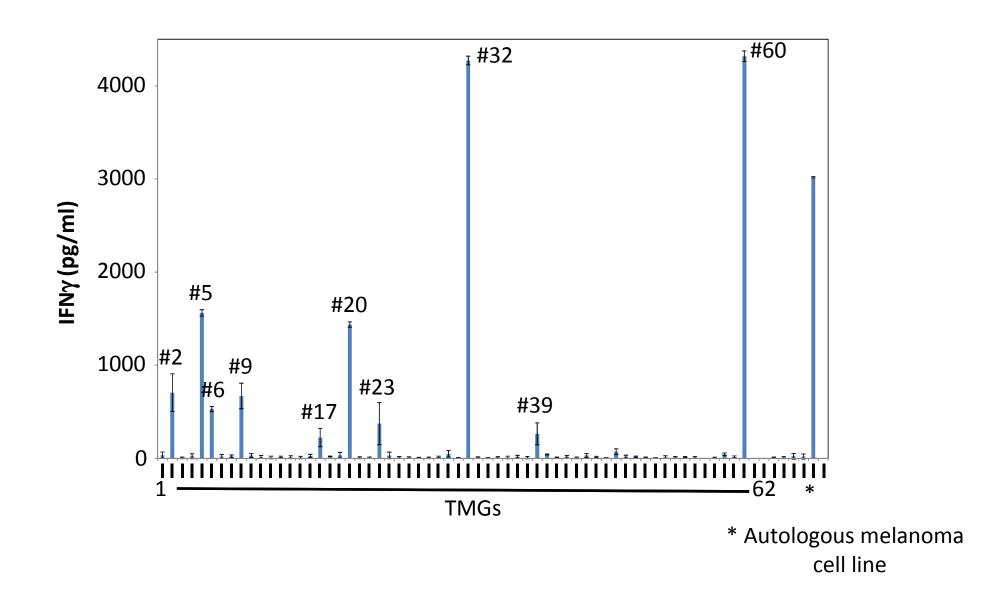
Prior to TIL therapy

Post-TIL therapy

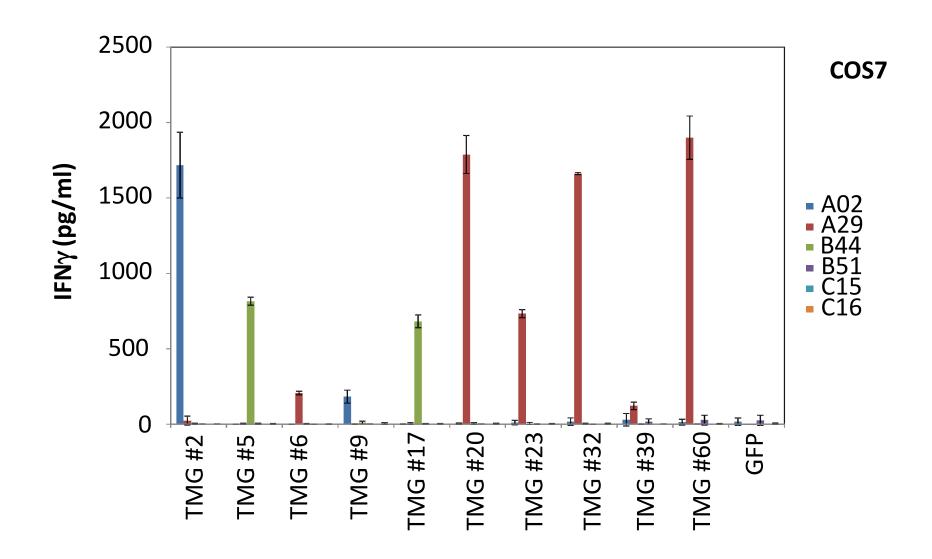
Assessing T-cell Reactivity against Mutated Antigens



Tandem Minigene (TMG) Screening of 62 TMGs Reveals 10 Independent TMGs Recognized by Autologous Tumor Infiltrating Lymphocytes (TIL)



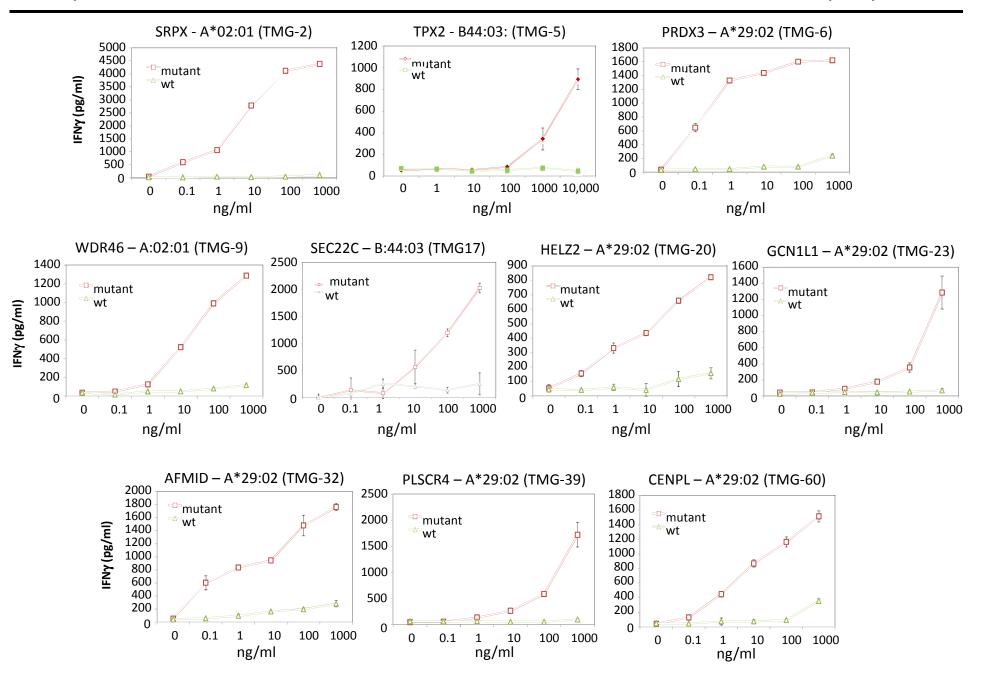
Mutated Novel Antigens Presented to pt.3713 TIL using Three Different Class I HLA Molecules



Minimal Epitopes of the 10 TMGs Recognized by pt.3713 TIL

	Mutated amino	Wild type amino	HLA restriction	
Gene	acid sequence	acid sequence	element	RPKM
SRPX	T <u>L</u> WCSPIKV	T <u>P</u> WCSPIKV	A*02:01	133
WDR46	FL <u>I</u> YLDVSV	FL <u>T</u> YLDVSV	A*02:01	40
PRDX3	FFY <u>L</u> LDFTF	FFY <u>P</u> LDFTF	A*29:02	49
HELZ2	QT <u>N</u> PVTLQY	QT <u>D</u> PVTLQY	A*29:02	20
GCN1L1	IMQT <u>L</u> AGELY	IMQT <u>P</u> AGELY	A*29:02	18
AFMID	E <u>V</u> LPFFLFF	E <u>A</u> LPFFLFF	A*29:02	11
PLSCR4	RV <u>C</u> GPCSTY	RV <u>R</u> GPCSTY	A*29:02	9
CENPL	TLYSLT <u>L</u> LY	TLYSLT <u>P</u> LY	A*29:02	4
TPX2	TEDEHFEF <u>Y</u>	TEDEHFEF <u>H</u>	B*44:03	55
SEC22C	AEHSLQVA <u>Y</u>	AEHSLQVA <u>H</u>	B*44:03	23

Using the consensus IEDB peptide/MHC binding algorithm minimal mutated peptide epitopes were identified and tested via peptide pulsing on either EBV B cells or dendritic cells and co-cultured with infusion TIL-3713.



Peptide Dose Curves Show Several Different Avidities for Mutated Neo-epitopes

Sequence and Reactivity of Dominant T Cell Clonotypes in 3713 TIL

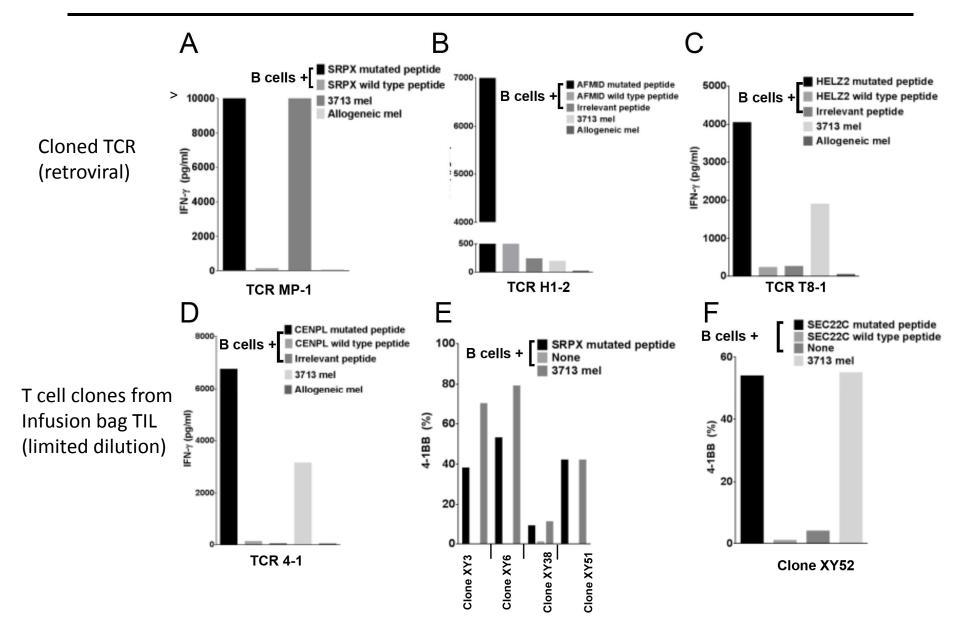
Infus	ed TIL			Pre-PBMC		Post 1 month		Post	1 year
Rank‡	Freq.(%)	TR-BV	Antigen reactivity	Rank	Freq.(%)	Rank	Freq.(%)	Rank	Freq.(%)
1	4.5	15-1	CENPL	52466	0.0005	7	2.8	8	1.2
2	3.9	6-1	SRPX	ND [†]	<0.0001	1	4.5	4	1.9
4	2.8	11-1	SRPX	49395	0.0005	2	4.5	ND	<0.0003
5	2.6	5-6	SRPX	ND	<0.0001	3	4.3	6	1.6
6	2.6	10-2	SRPX	27655	0.0012	4	4.1	7	1.4
7	2.5	10-2	SRPX	ND	<0.0001	5	4.1	14	1
10	1.8	27-1	HELZ2	15120	0.0017	9	2.2	12	1
13	1.6	29-1	SEC22C	ND	<0.0001	17	1.3	28	0.5
18	1.4	7-9	AFMID	ND	<0.0001	41	0.5	56	0.3

Among the top 20 T cell clonotypes in the infused TIL, 5 recognized the mutated SRPX epitope, and single clonotypes recognized the mutated CENPL,HELZ2, SEC22C and AFMID mutated epitopes.

None of the Somatically Mutated Genes are Known to be Involved in Oncogenesis

- SRPX (Sushi-repeat containing protein, X-linked) gene is abundantly expressed in retina and contains domains that resemble those found in selectins and complement proteins (Meindl et al. 1995).
- **CENPL** Targets CENPA to centromeres and is required for proper kinetochore function and mitotic progression (Okada et al. 2006).
- HELZ2 (also known Peroxisomal proliferator-activated receptor alphainteracting cofactor complex, 285 kDa subunit) is a nuclear transcriptional coactivator for PPAR-α and PPAR-γ (Tomaru et al. 2006).
- SEC22C Secretion deficient 22 (SEC22C) gene overexpression causes disruption of SNARE-dependent vesicle transport from the ER to the Golgi apparatus
- **AMFID** converts N-formyl-L-kynurenine into formate.

Recognition of mutated novel antigens by dominant T cell clonotypes (Clones and TCRs) in Infused TIL



- Bulk TIL that mediated a durable complete regression recognize 10 different mutated neo-epitopes
- Deep sequence analysis of Bulk TIL revealed multiple clonotypes
 - 9 of 20 top clonotypes recognized mutated epitopes as well as autologous 3713 TC cells
 - 5 of the top 10 clonotypes recognize mutated SRPX epitope

Future Directions

- Study additional patients to evaluate the diversity of neoepitopes
- Identify mutation-reactive TCRs for adoptive immunotherapy
- Evaluate recognition of mutated and previously described non-mutated antigens in an attempt to identify the targets of effective TIL
- Evaluate TIL and fresh tumors in an attempt to identify shared signaling pathways and/or genetic aberrations that may distinguish complete responders from non-responders to adoptive immunotherapy

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Also being presented on **Poster 48** this evening and tomorrow!



Lessons and Take Home Messages

Key points:

•WES and RNA-Seq sequencing coverage (150-200X)

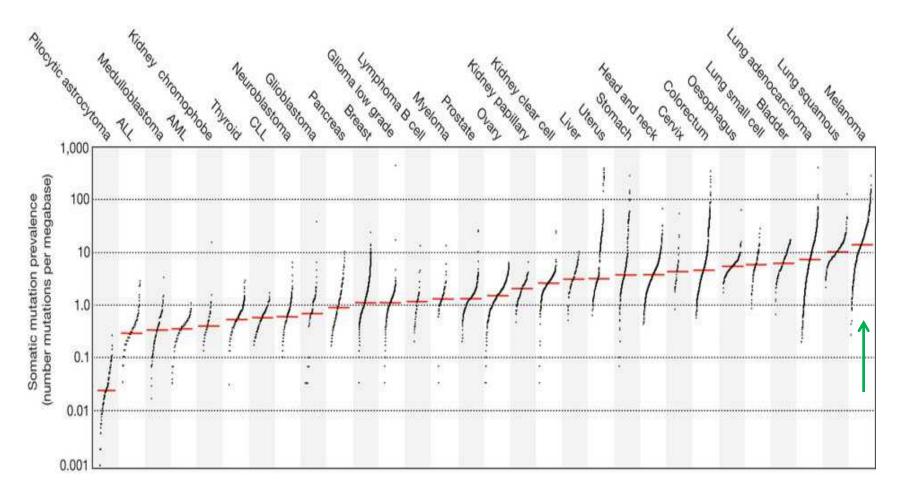
- •Screening using both TMGs and long peptides helps find class I and class II restricted neo-epitopes
- •TCR α/β testing for proper neo-epitope recognition

Potential impact on the field: A screening approach that can be used to determine the best subset of tumor-specific TIL via neo-epitope(s) recognition for rapid expansion and infusion back into patients. Truly a personalized medicine approach.

Lessons learned: Next generation sequencing and bioinformatic pipeline needs to be fine tuned.

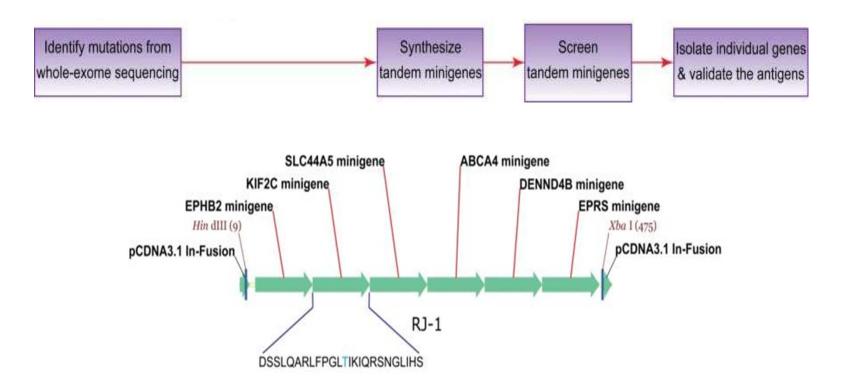
- It's okay to screen more genes (potentially high false positive rate) compared to not screening enough genes (potentially high negative rate).

Somatic Mutation Prevalence Among Different Cancer Histologies



Every dot represents a sample whereas the red horizontal lines are the median numbers of mutations in the respective cancer types.

Exome Sequencing-based Antigen Discovery: Minigene Based Approach



Utilizing Invitrogen or IDT DNA to generate 1kbp genestrings for direct cloning into mammalian expression and IVT RNA plasmid for studies in antigen presenting cells including EBVs, DCs, and TC lines.