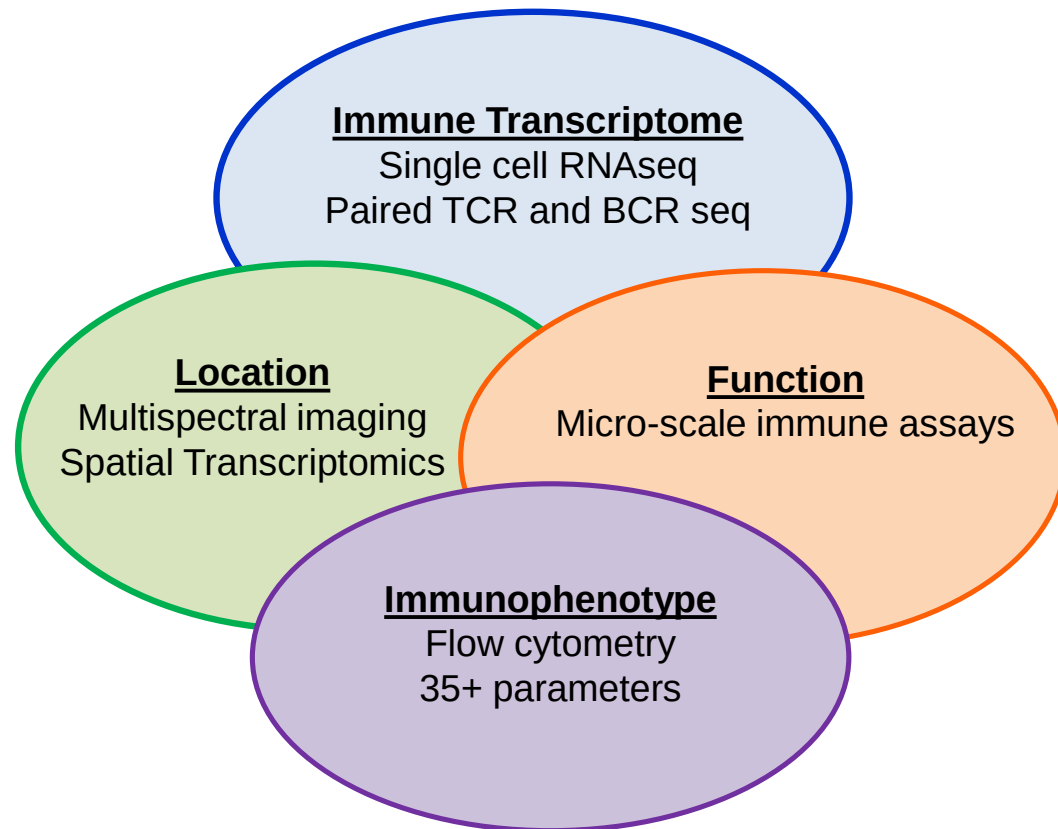


Targeting LAG3 in the human TME for improved anti-tumor immunity



Tullia C. Bruno, PhD
SITC Deep Dive Webinar
University of Pittsburgh
UPMC Hillman Cancer Center
Department of Immunology
June 13, 2021
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The Hopkins/Medarex (+ Dario) PD-1/LAG-3 team
in 2009 just before Medarex took over BMS



The Complete Team!

Bruno-Vignali Team

Anthony Cillo

Carly Cardello

Ashwin Somasundaram

Sheryl Kunning

Caleb Lampenfeld

Melanoma and Skin Cancer SPORE

John Kirkwood

Hassane Zarour

Lilit Karapetyan

Ryan Massa

Anjali Rohatgi

Yana Najjar

Diwakar Davar

Cindy Sander

Amy Rose

Center for Research Computing

University of Pittsburgh Genomics Core

HNSCC SPORE

Robert Ferris

Heath Skinner

Cardiothoracic Surgery

Jim Luketich

Arjun Pennathur

Julie Ward

Funding

Melanoma and Skin Cancer SPORE

HNSCC SPORE

BMS



Ashwin Somasundaram



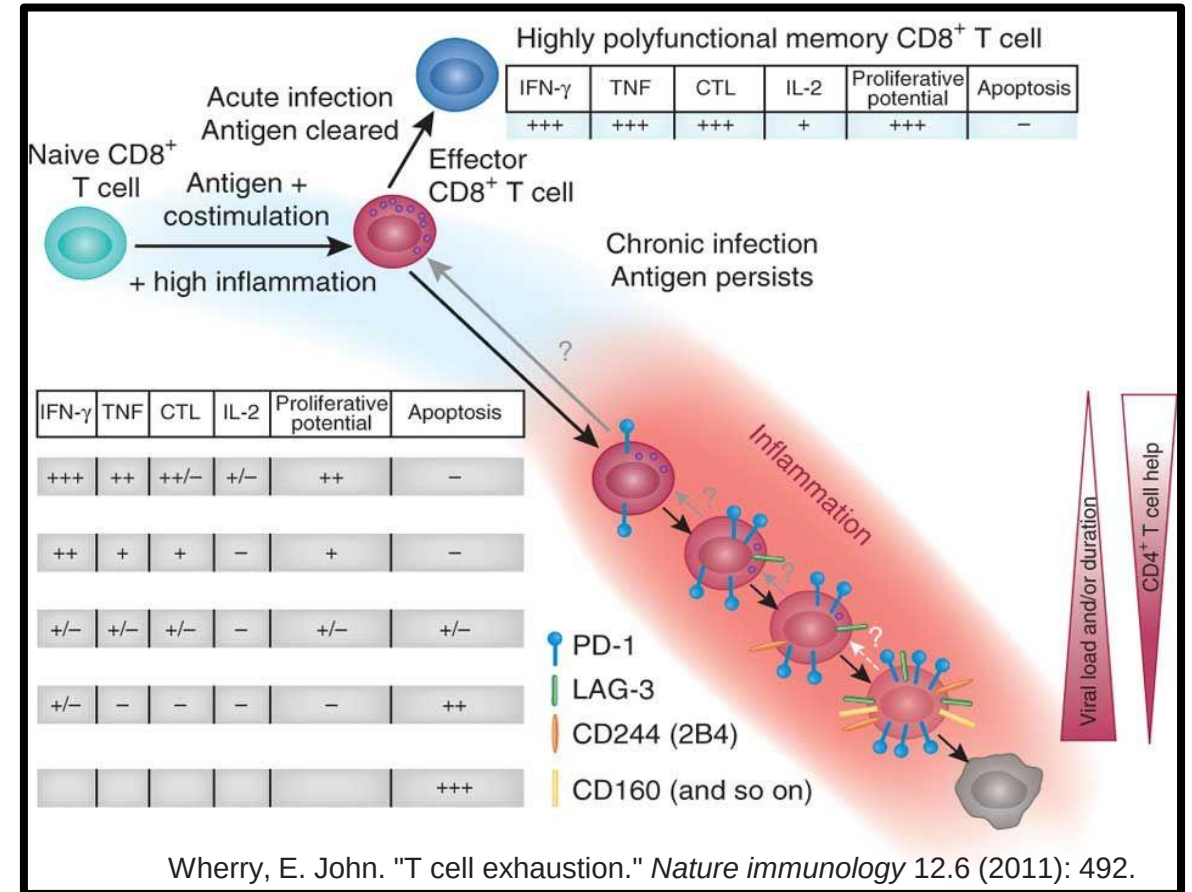
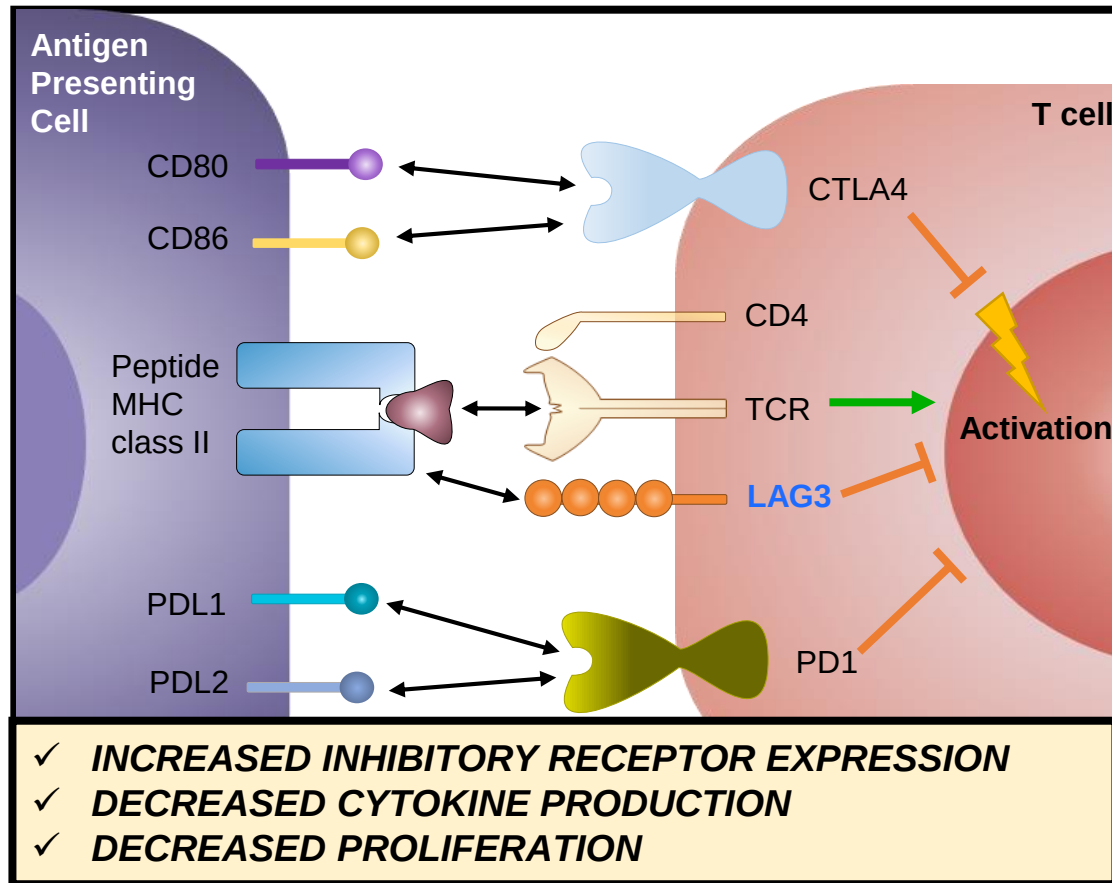
Carly Cardello



Tony Cillo

Patients and their families!

There is clear evidence to move beyond the PD1:PDL1 axis in solid tumors



Does LAG3 only affect local, tumor infiltrating CD8⁺ T cells?
Does LAG3 have a differential biological effect on CD8⁺ T cells in the TME?
Why is the combination of anti-LAG3 and anti-PD1 important?

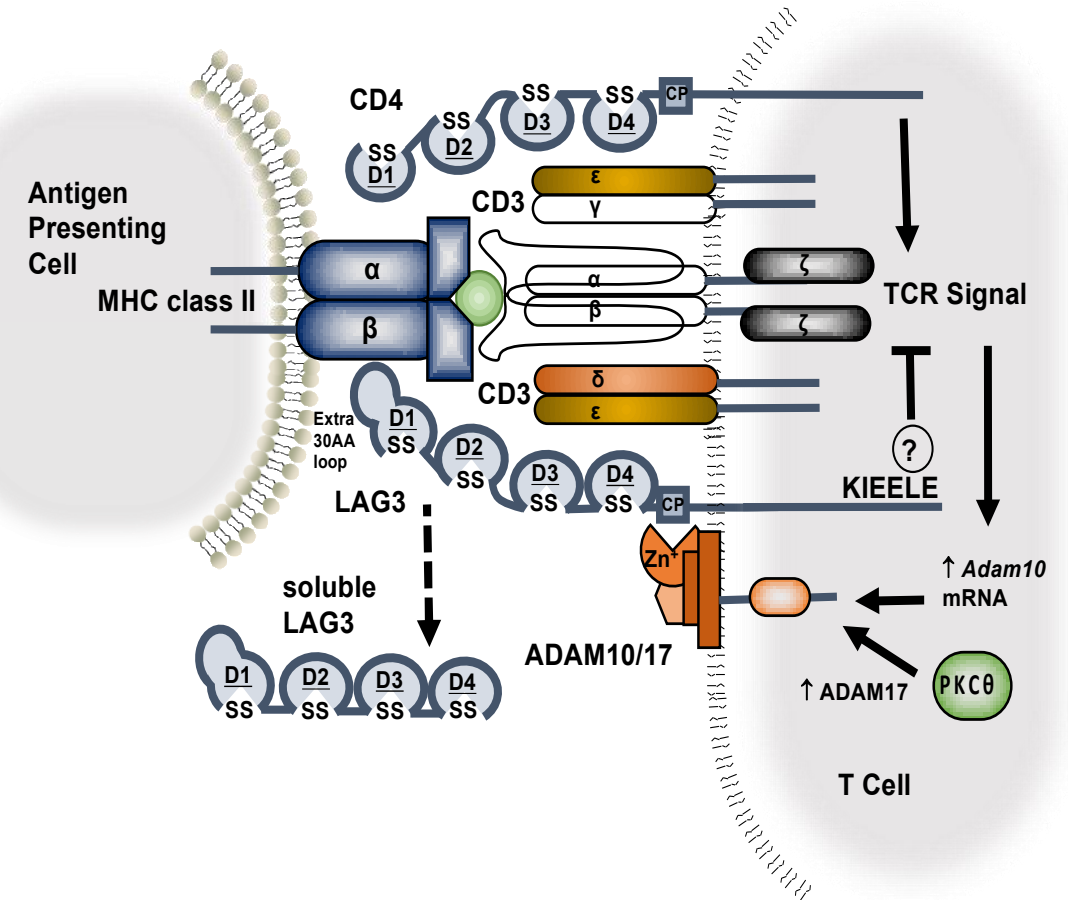
LAG3: A third generation checkpoint molecule

- **Preclinical evidence has led to successful clinical trials**
 - Relo + Nivo in IO-unresponsive MEL patients – OOR 13% (20% LAG3 >1%; *Ascierto, 2017, ASCO*)
 - REALTIVITY-047: Relo + Nivo phase 3 trial in treatment-naive patients with metastatic melanoma met primary endpoint of progression-free survival (*Lipson, 2021, ASCO*)

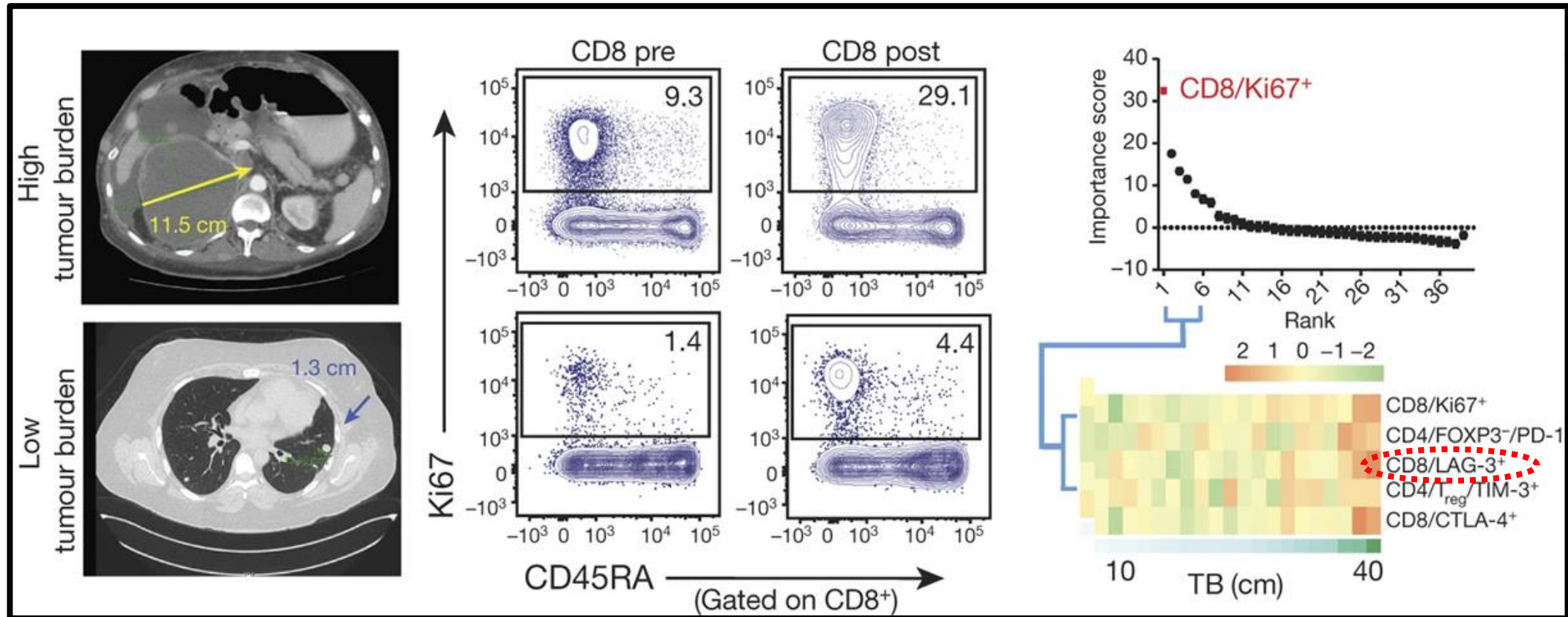
Biological considerations for this complex molecule

- LAG3 binds to MHC class II but may have other ligands
- LAG3 can be expressed on other immune cell types
- Reports of low LAG3 expression in cancer patients
- LAG3 can be stored intracellularly
- LAG3 is rapidly shed by ADAM10/17; high sLAG3 in plasma
- **There could be local and systemic effects of this molecule**

LAG3 signaling and regulation

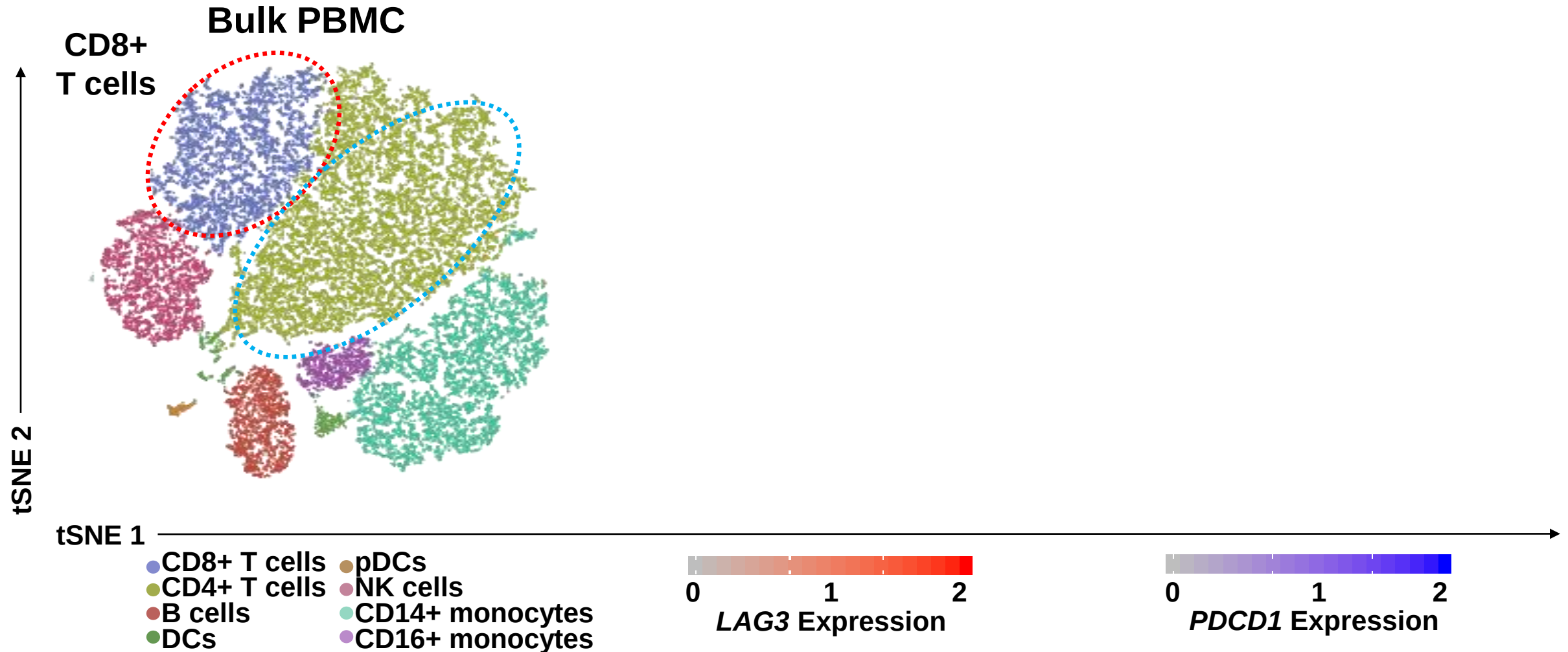


Peripheral T cell signatures are associated with differences in tumor burden and ICB response

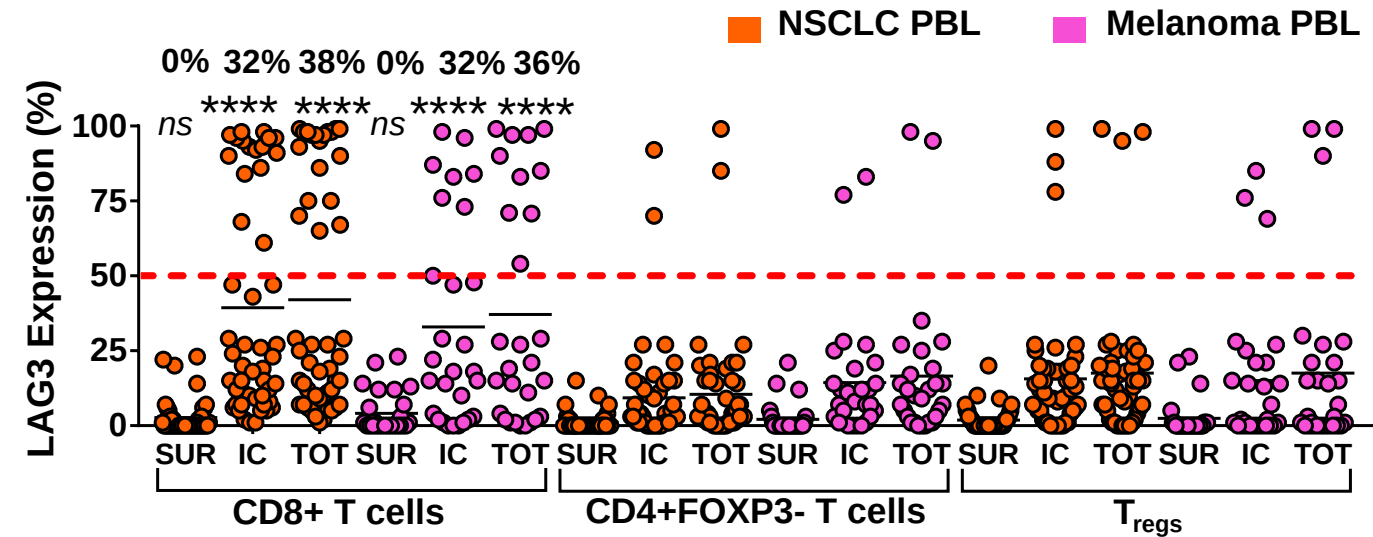
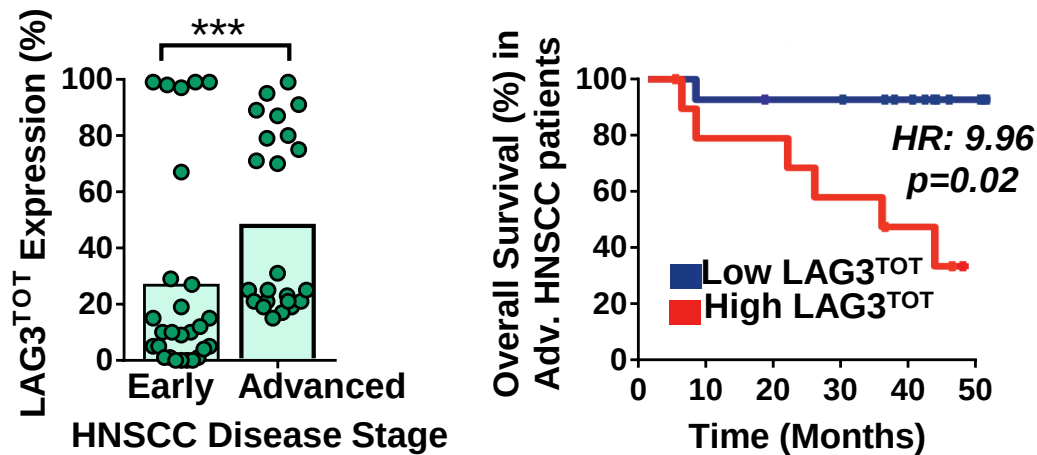
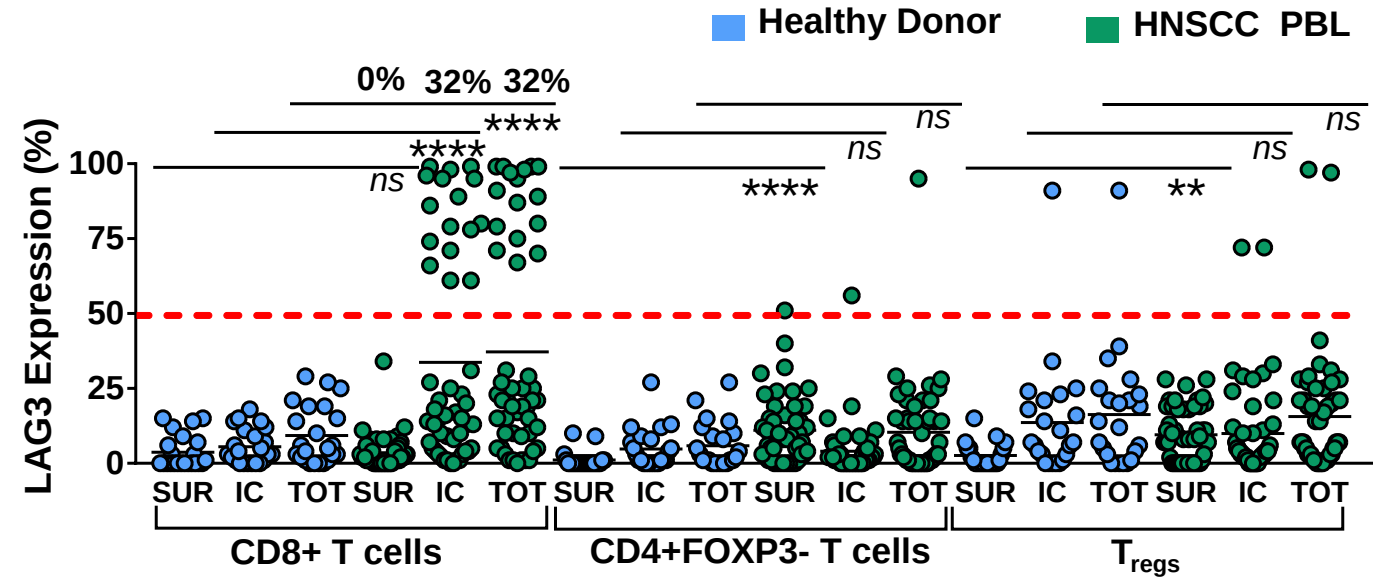
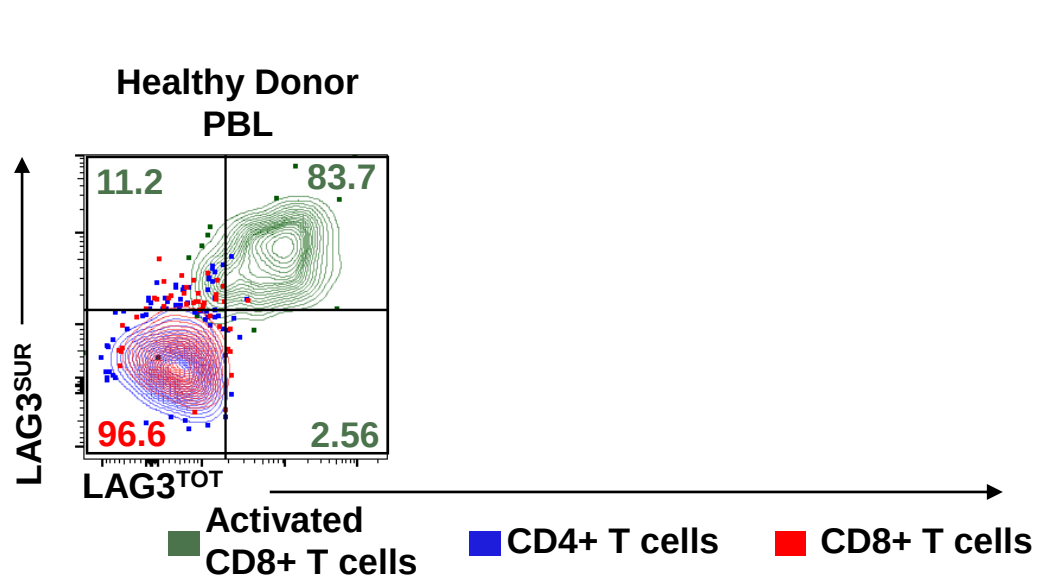


LAG3 is predominantly expressed in peripheral CD8+ T cells from head and neck cancer patients

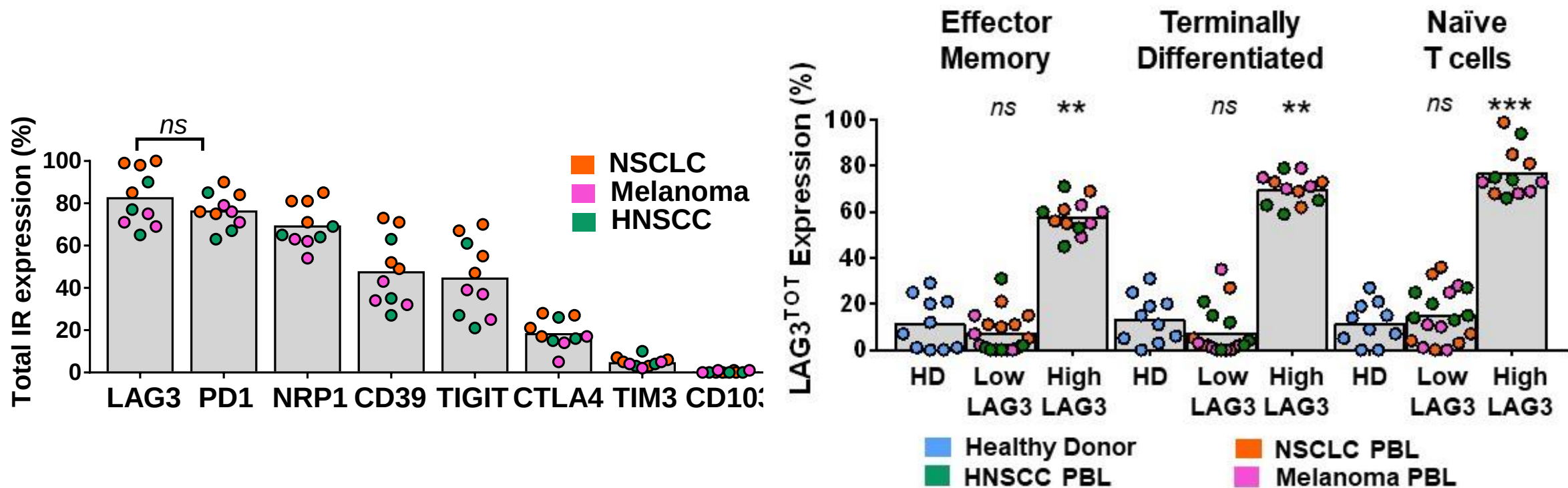
HNSCC PBL (n=11) & HD PBL (n4) – single cell RNAseq



Protein validation of scRNAseq demonstrates that LAG3 is intracellularly expressed in peripheral CD8+ T cells

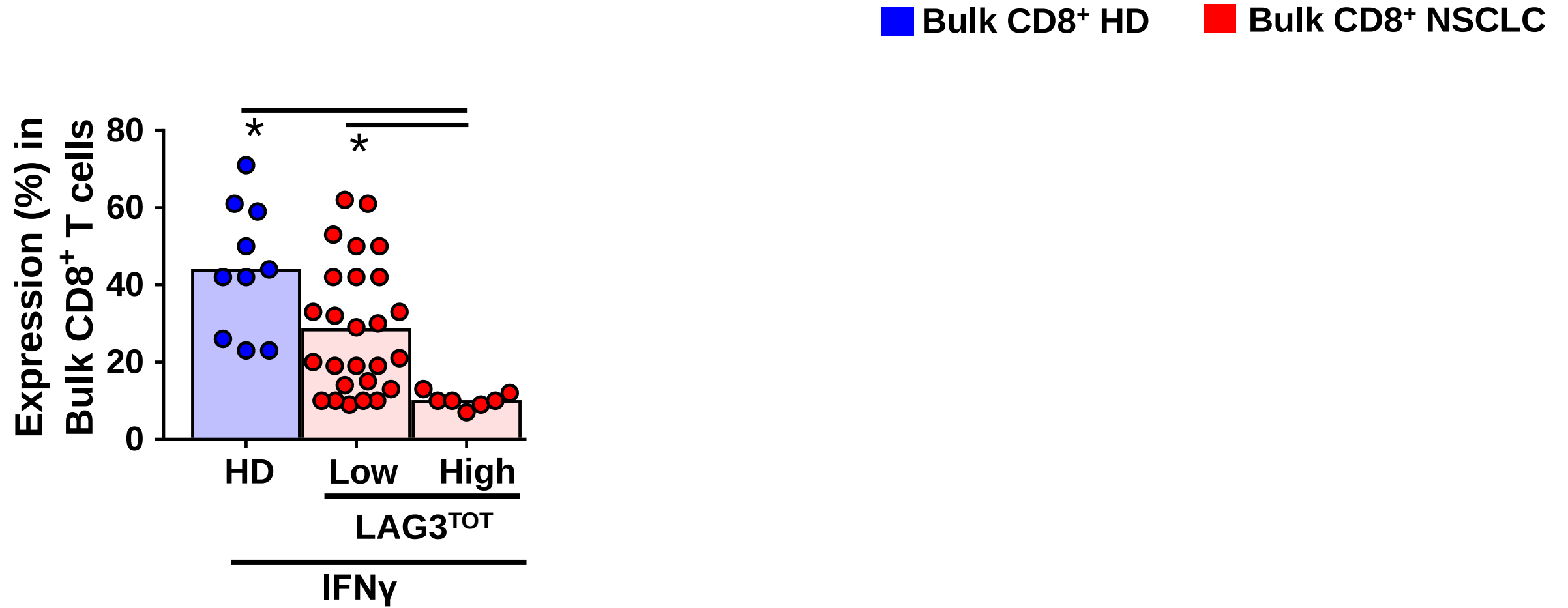


LAG3 is the dominant inhibitory receptor on all peripheral CD8+ T cell subsets

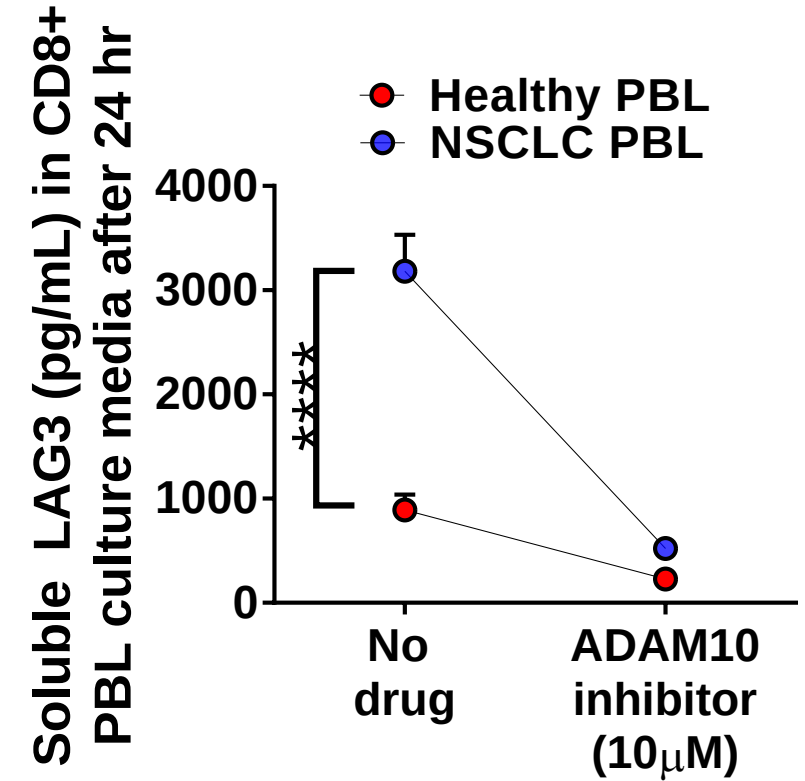
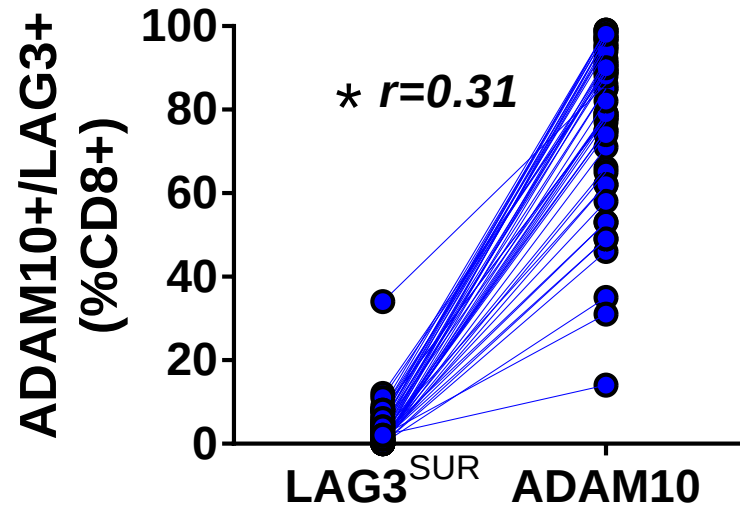
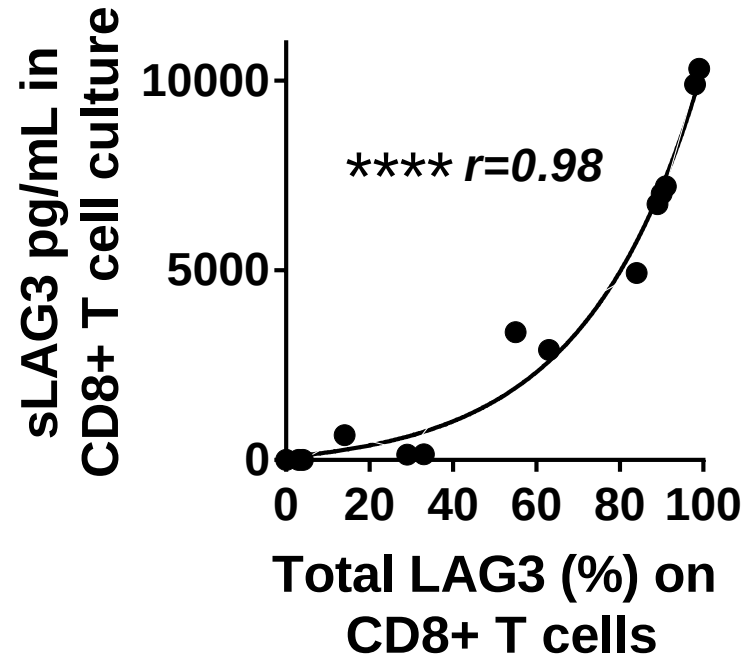


What is the functional consequence of LAG3^{TOT}?
How is LAG3^{TOT} regulated?

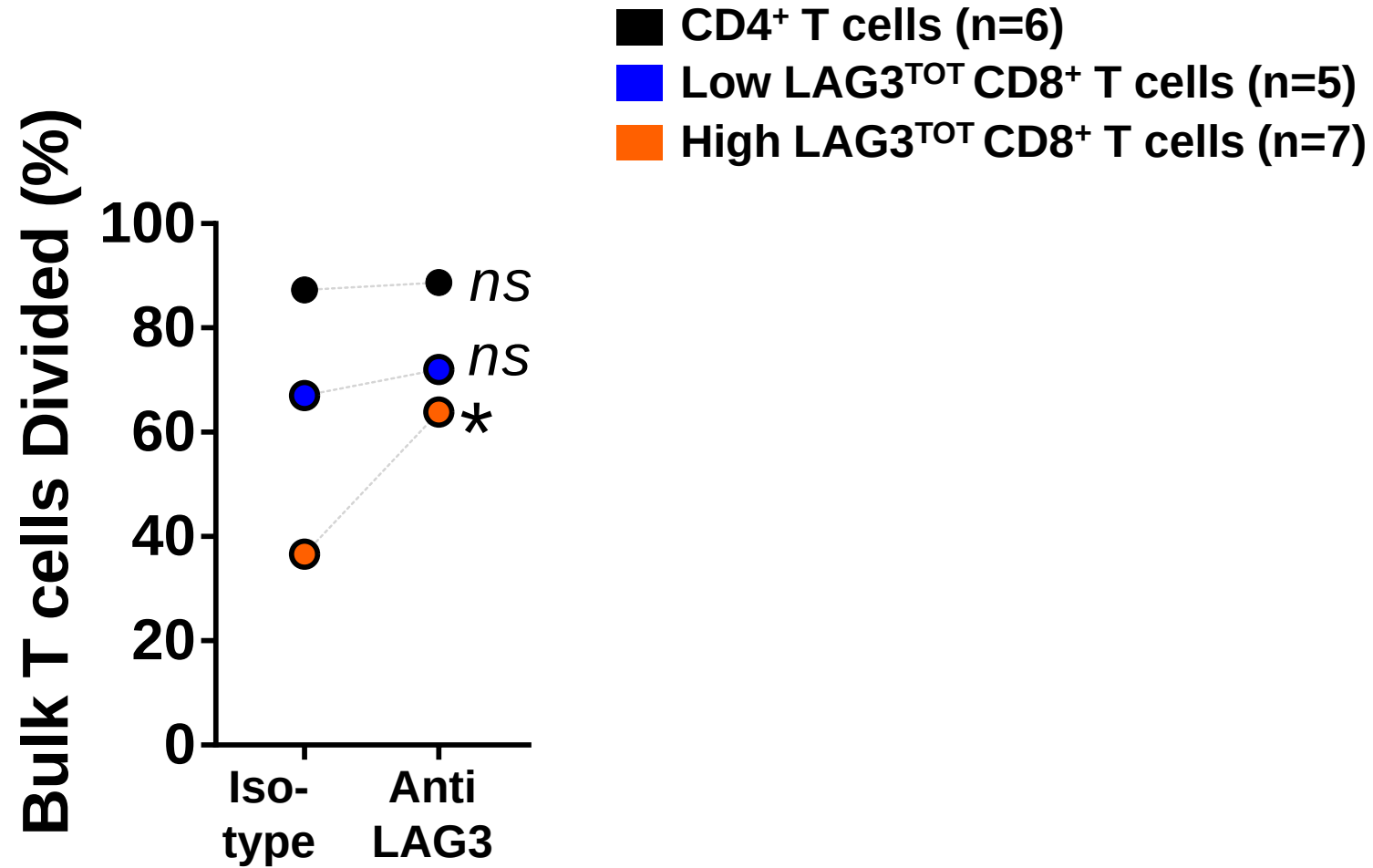
Peripheral CD8⁺ T cells with high LAG3^{TOT} have reduced function



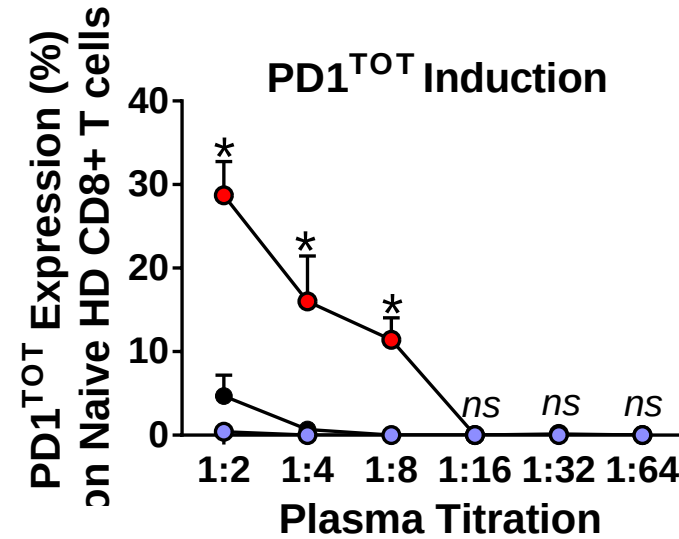
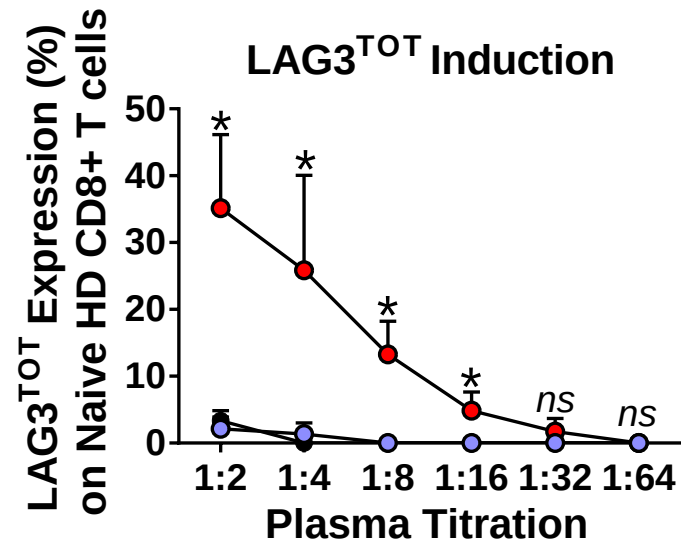
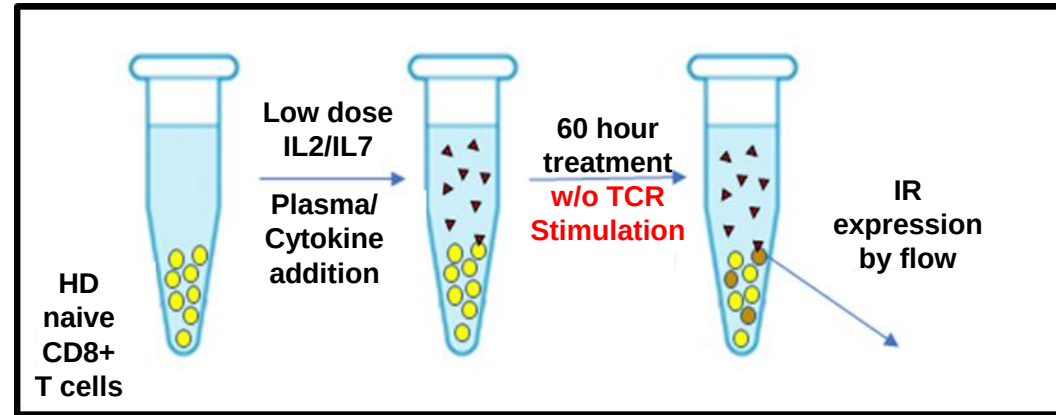
Surface expression of LAG3 is limited by ADAM10-mediated shedding



Peripheral CD8⁺ T cells with high LAG3^{TOT} expression have reduced proliferation



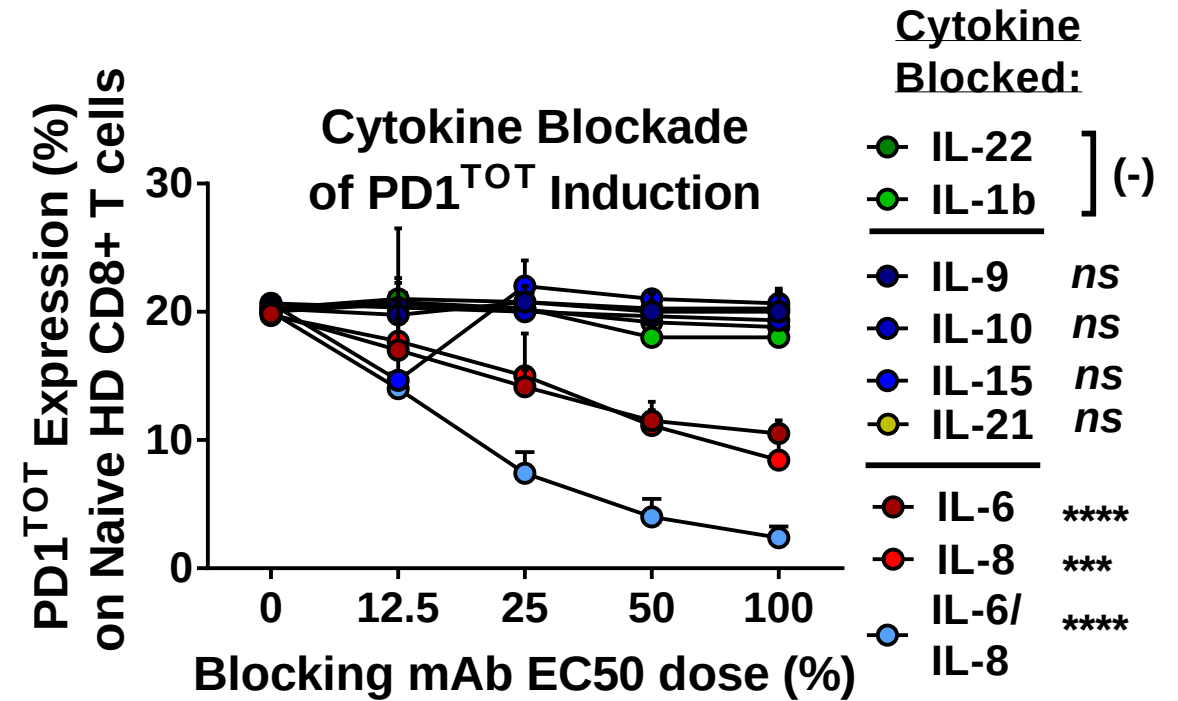
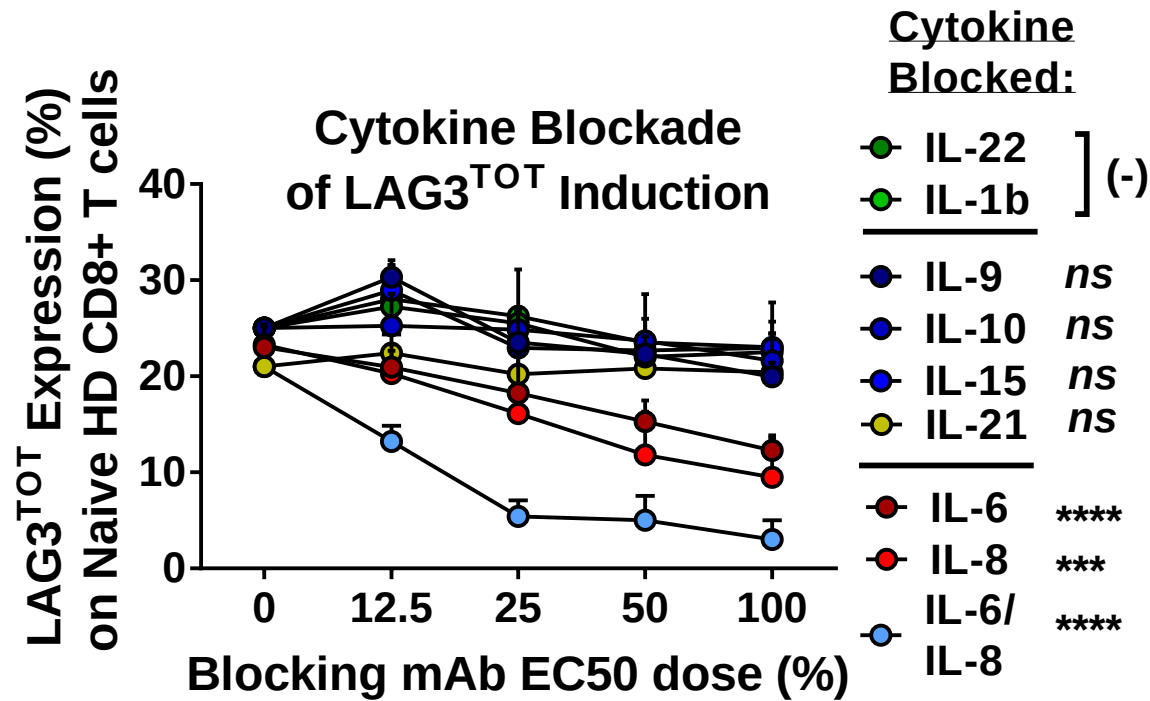
Understanding the induction of LAG3^{TOT} on peripheral CD8+ T cells



Plasma from:

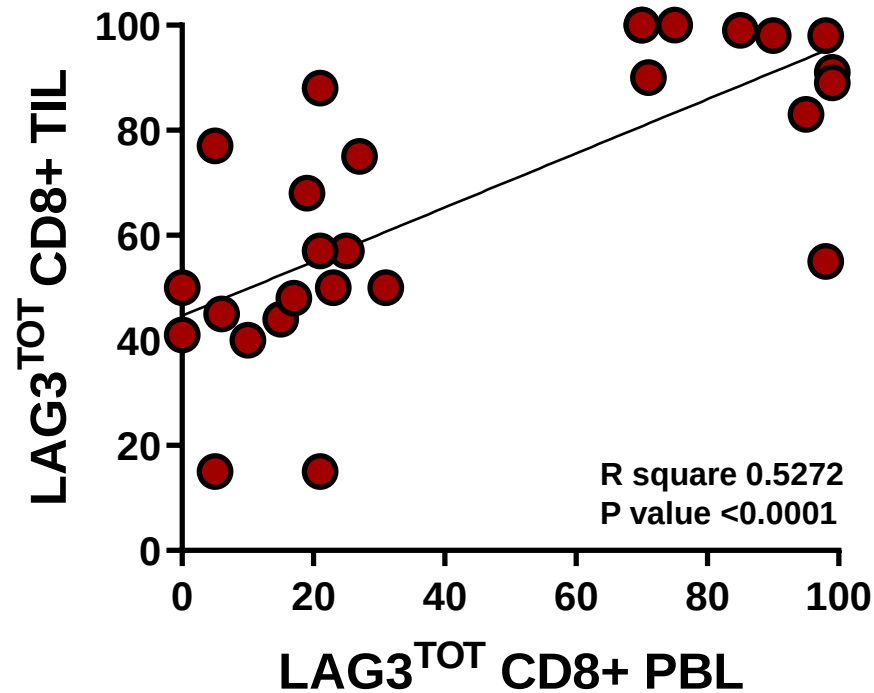
- HD (n=7)
- Low LAG3 NSCLC (n=3)
- High LAG3 NSCLC (n=7)

IL6 and IL8 drive LAG3^{TOT} in peripheral CD8+ T cells



Systemic immune dysfunction in cancer patients is driven by IL-6 and IL-8 induction of an inhibitory receptor module

LAG3 expression in the periphery is linked to the tumor microenvironment



Can we design a clinical trial that assesses:

- What immunological and transcriptional pathways are uniquely modified by initial lead in treatment with Relatlimab?
- If the initial Relatlimab, Nivolumab or the Relatlimab/Nivolumab combination lead-in impact subsequently immunological and transcriptional parameters that might predict the most responsive patients?
- Identifies valid biomarkers to predict responsiveness to Relatlimab, Nivolumab or the Relatlimab/Nivolumab combination?
- Comprehensive impact on the periphery AND tumor microenvironment?

Our Team



Tullia C. Bruno, PhD
Basic Co-Leader

Expertise:

Translational research
Human tumor immunology
Cellular and spatial analysis of the TME
10+ years in tumor immunology



Dario AA. Vignali, PhD
Basic Co-Leader

Expertise:

Basic and translational research
LAG3 biology - 20+ years experience
Transcriptional evaluation of the human TME
15+ years in tumor immunology



John Kirkwood, MD
Clinical Leader

Expertise:

Clinical and translational research
Melanoma biology
IO clinical trial design and execution
40+ years in melanoma

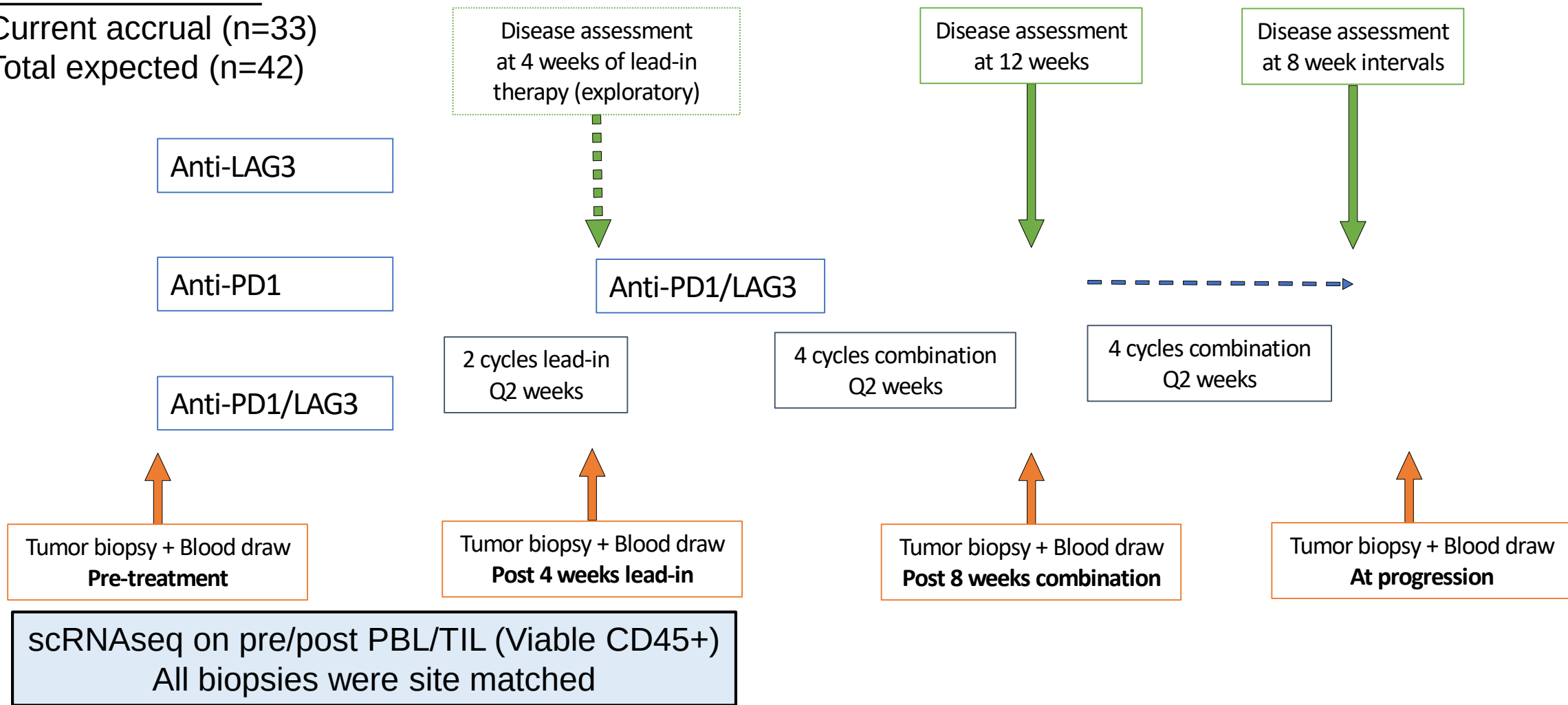
A HUGE THANKS TO THE NEWLY FUNDED MELANOMA AND SKIN CANCER SPORE

HCC 18-071: A phase II clinical trial to assess biological impact of LAG3 alone

Clinical trial status:

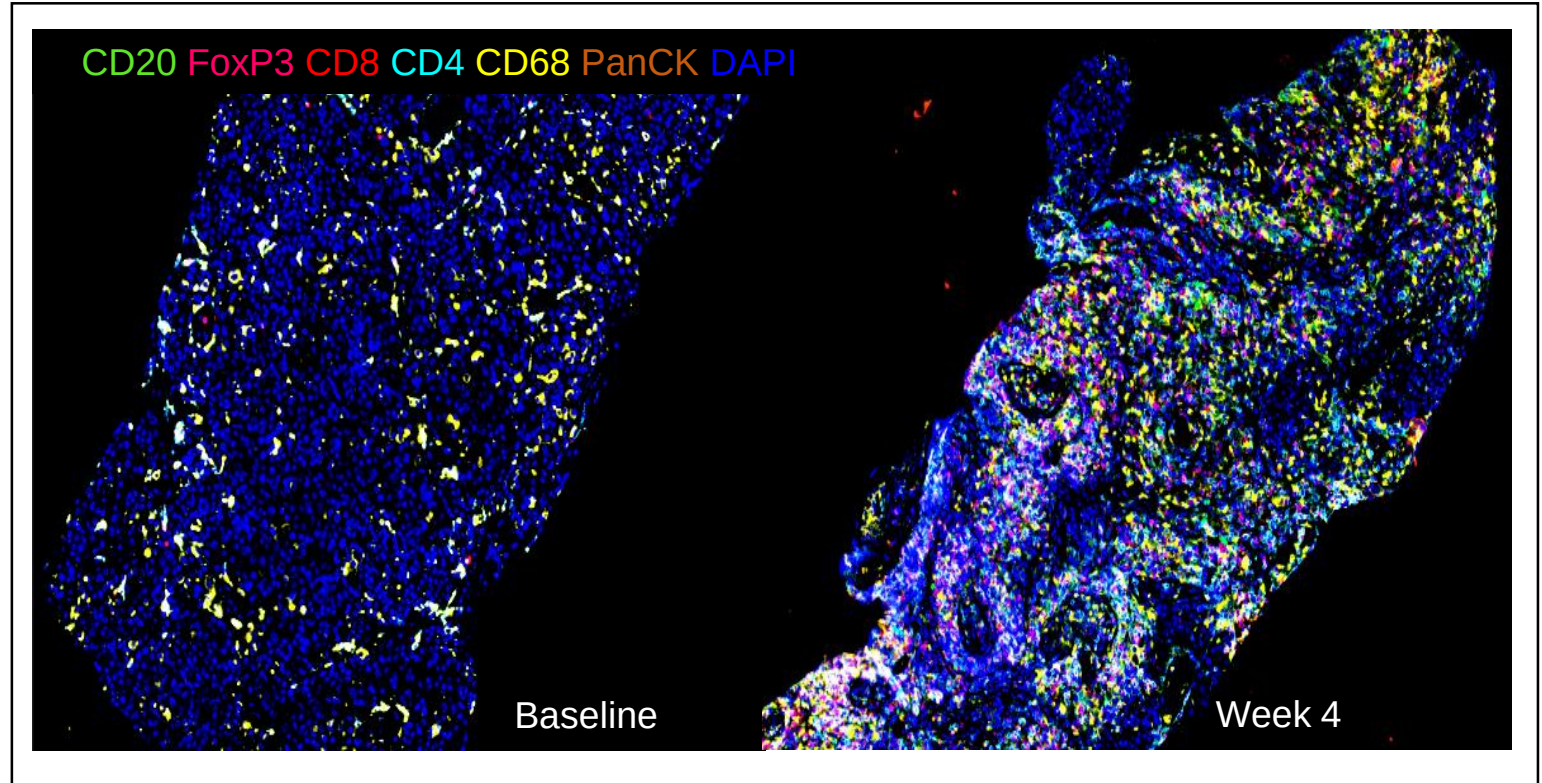
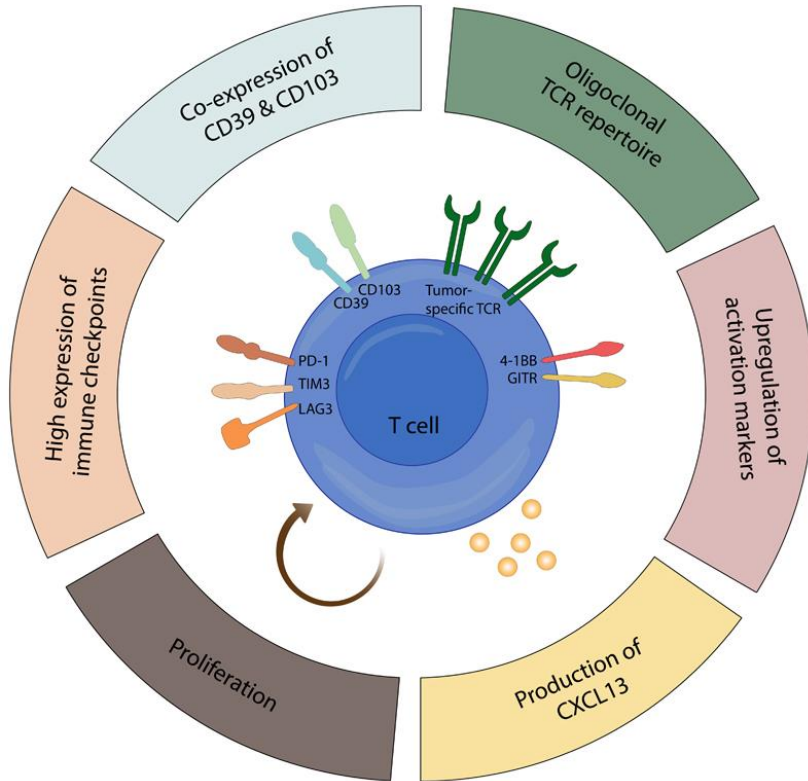
Current accrual (n=33)

Total expected (n=42)



*BMS funded

Spatial validation of these transcriptomic signatures is necessary



Immune cell influx in a melanoma patient treated with rela/nivo combination at baseline and 4 weeks post tx. Patient had stable disease at week 4.

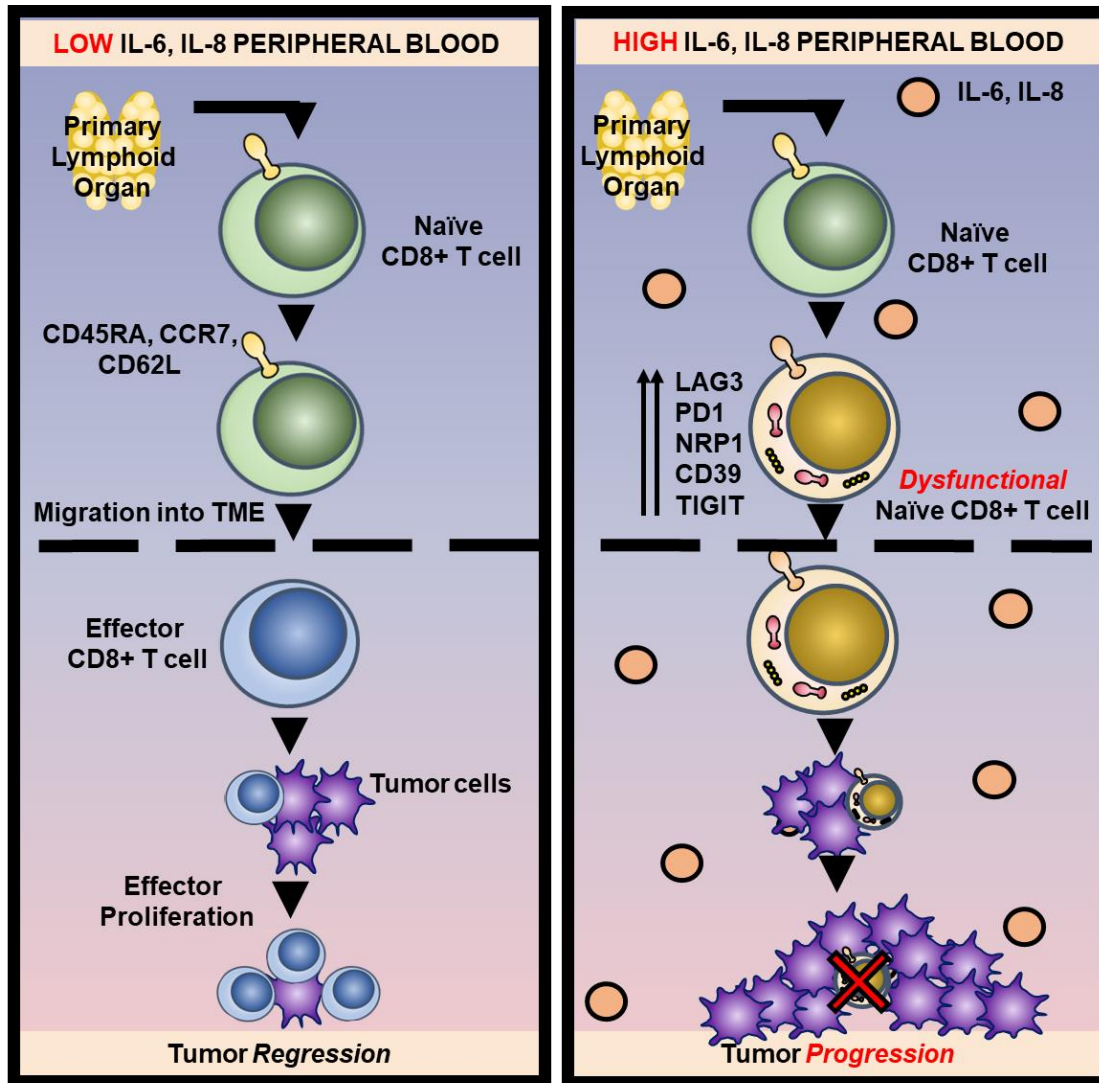
CD8⁺ T cell states in human cancer: insights from single-cell analysis

[Anne M van der Leun¹](#), [Daniela S Thommen¹](#), [Ton N](#)

[Gohm et al. 2020](#)

Conclusions and Future Directions

INTRACELLULAR STORES OF LAG3 HAVE FUNCTIONAL CONSEQUENCE



18-071 Trial

- ❑ Trial offers a robust platform for transcriptomic interrogation of systemic and local responses
- ❑ Bioinformatic analyses that enrich conditions by distinct cellular neighborhoods are important for a granular view of immune cells via scRNAseq
- ❑ Targeting LAG3 and PD1 lead to distinct gene signatures that correlate with improved survival
- ❑ TCR and IFN γ signaling are increased in peripheral and local CD8+ T cells with combination therapy
- ❑ Relate immune signatures to clinical outcomes
- ❑ Link transcriptional profiles to spatial patterning in the tumor microenvironment
- ❑ Interrogation of other immune subsets that could be affected differentially by LAG3 and PD1 targeting

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