

# What's Next for Cancer Immunotherapy?

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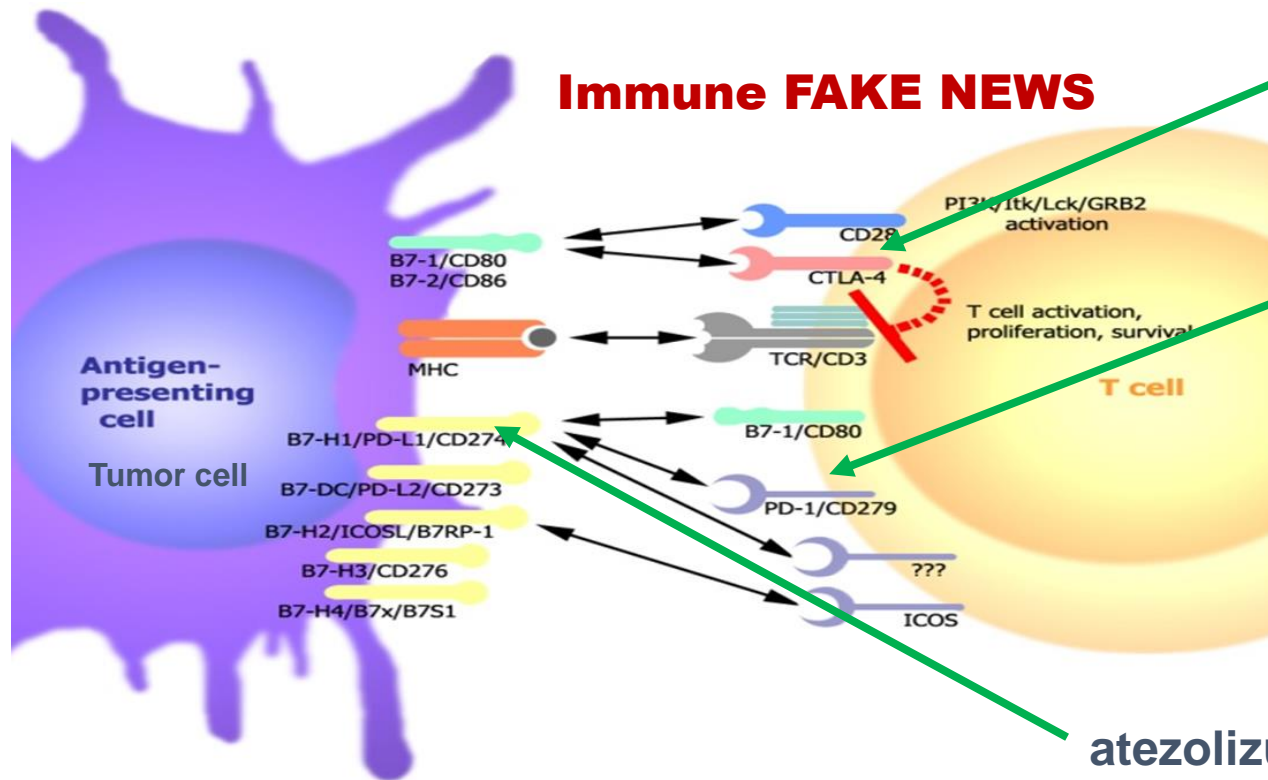
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- **Disclosures:** Consultant for Agenus, Xencor, Dr. Reddy, Merck, Astra-Zeneca
- I **will** be discussing non-FDA approved indications during my presentation.

# Learning Objectives

- Review the state-of-the-art in cancer immunotherapy
- Discuss the science behind new immunotherapy approaches
- Get updates on ongoing trials and selected promising new approaches

# Immune checkpoints and their inhibition



ipilimumab **2011**  
 (anti-CTLA-4) melanoma, renal

pembrolizumab **2014**

nivolumab **2014**

cemiplimab **2018**

(anti-PD-1)

melanoma, renal, lung

Hodgkin's disease,

head and neck, **MSI+**, **DDR+**

bladder, Merkel cell, pediatric,

colorectal, hepatocellular, **skin**

atezolizumab **2017** (anti-PD-L1)

avelumab **2017**

durvalumab **2017**

Merkel cell, bladder

breast, lung

**When was the first cancer immunotherapy FDA approved?**

# Coley's Toxins: the first FDA-approved cancer immunotherapy **1923**

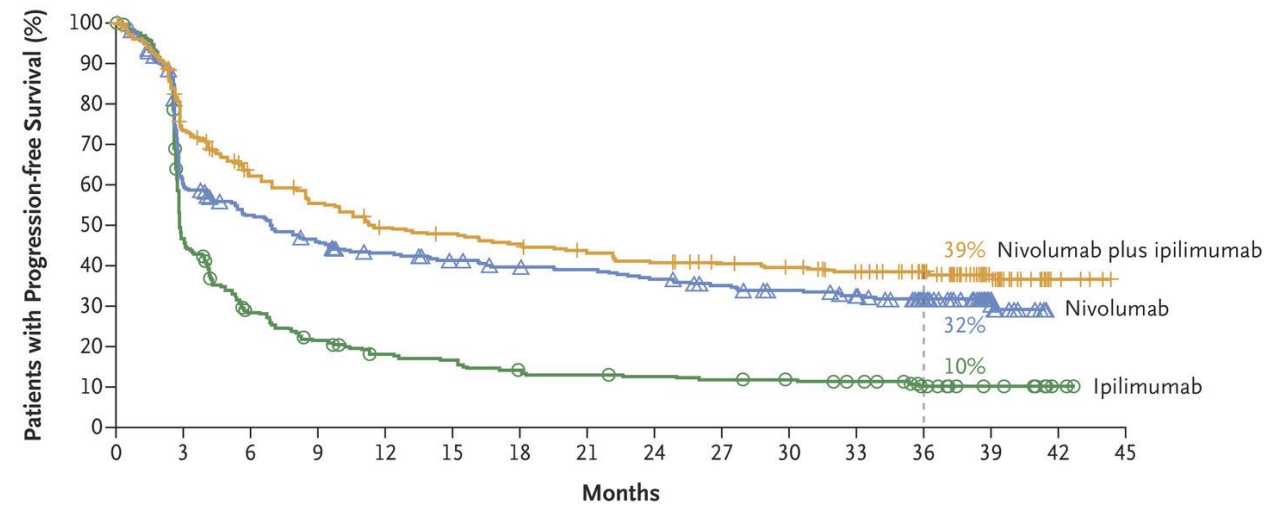


- Heat killed *Streptococcus pyogenes* and *Serratia marcescens*
- CpG motifs in bacterial DNA probably induced endogenous **TNF- $\alpha$**  and other cytokines
- CpGs in human cancer trials to date have not been successful

Coley's Toxins marketed by Parke-Davis  
from 1923-1962 to treat sarcoma

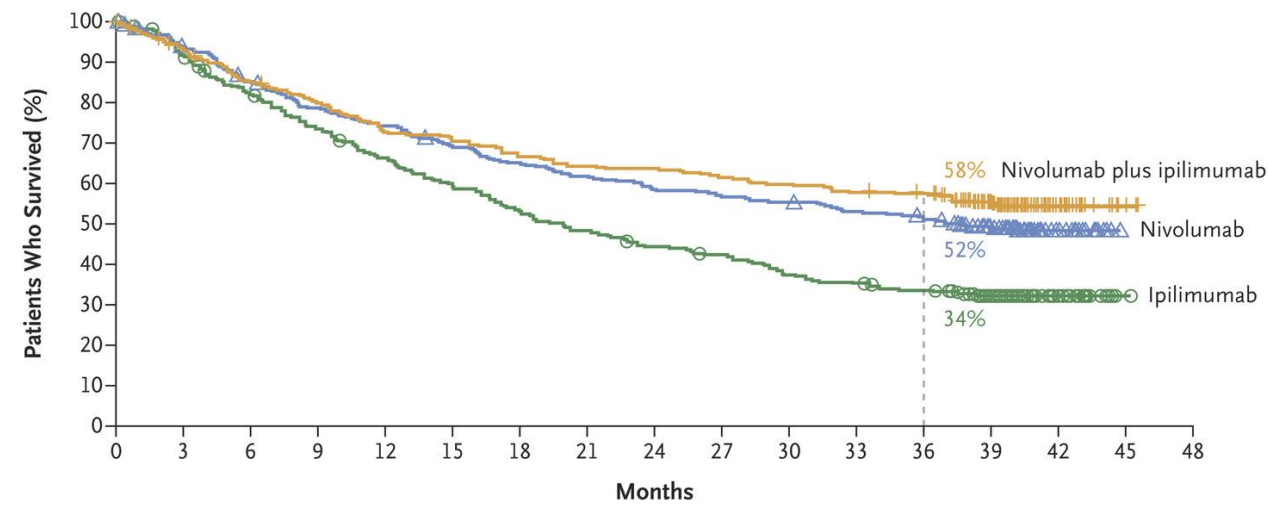


A Progression-free Survival



No. at Risk																
Nivolumab plus ipilimumab	314	218	175	155	136	131	124	117	110	104	100	92	75	29	5	0
Nivolumab	316	177	151	131	119	111	105	102	96	87	81	75	61	24	0	0
Ipilimumab	315	136	78	58	46	42	34	32	30	28	26	23	15	8	2	0

B Overall Survival



No. at Risk																
Nivolumab plus ipilimumab	314	292	265	247	226	221	209	200	198	192	186	180	177	131	27	3
Nivolumab	316	292	265	244	230	213	201	191	181	175	171	163	156	120	28	0
Ipilimumab	315	285	253	227	203	181	163	148	135	128	117	107	100	68	20	0

**Ipilimumab plus Nivolumab combo beats single agents (but not by much)**

**Response durability good**

Wolchok, J. D., (2017) Overall Survival with Combined Nivolumab and Ipilimumab in Advanced Melanoma. *N Engl J Med* **377**, 1345-1356

# Chemotherapy and anti-PD-1 a great new combination:

**KEYNOTE-189 trial**

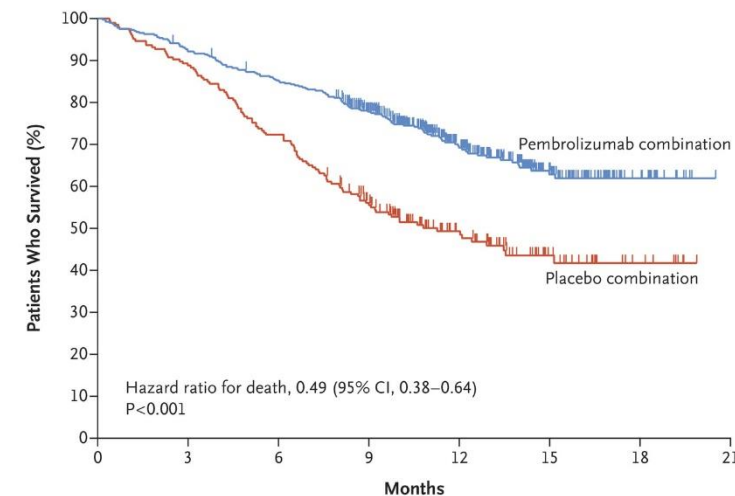
**1 year OS in metastatic non-squamous NSCLC  
 69.2% pembro vs. 49.4% placebo**

**August 20, 2018 non-squamous 1L  
 October 30, 2018 squamous 1L**

Gandhi, L., (2018) Pembrolizumab plus  
 Chemotherapy in Metastatic Non-Small-Cell  
 Lung Cancer. *N Engl J Med* **378**, 2078-2092

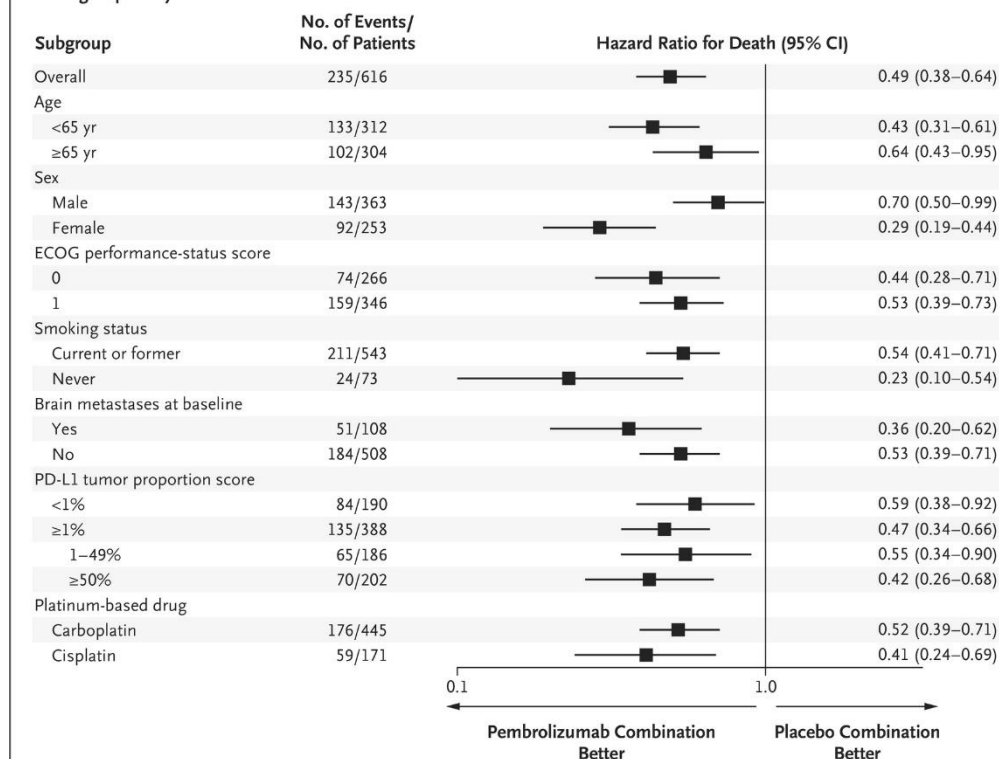
**Similar improvements in breast cancer,  
 bladder cancer, others**

**A Overall Survival**



No. at Risk	0	3	6	9	12	15	18	21
Pembrolizumab combination	410	377	347	278	163	71	18	0
Placebo combination	206	183	149	104	59	25	8	0

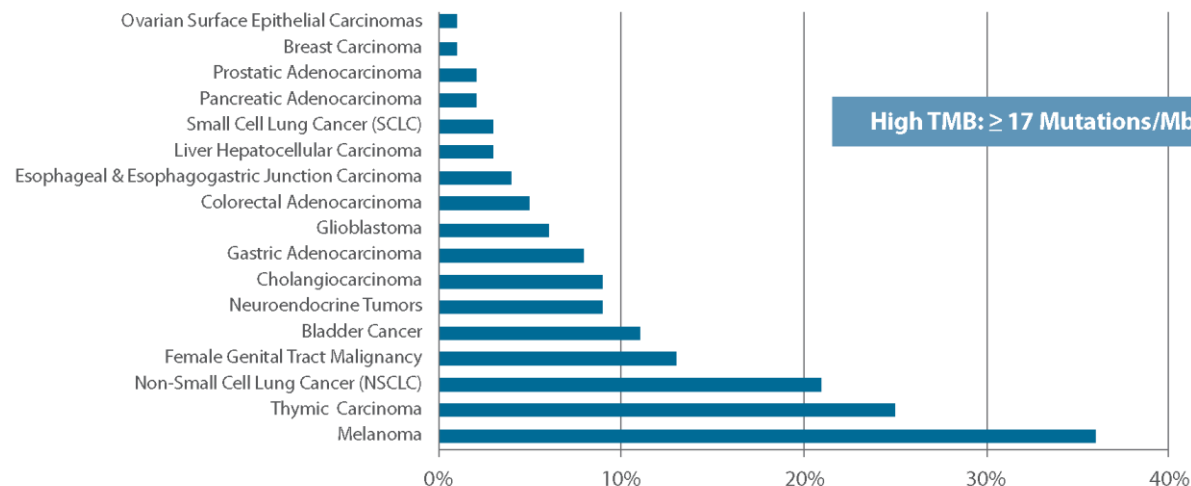
**B Subgroup Analysis of Overall Survival**



# Nivolumab approved for 3L in metastatic small cell lung cancer

## August 17, 2018

### High TMB Across Caris Molecular Intelligence Cases





# First-Line Atezolizumab (anti-PD-L1) plus Chemotherapy Effective in Extensive-Stage Small-Cell Lung Cancer

Horn, L., Mansfield, (2018) *N Engl J Med* 379, 2220-2229

**1L + chemo in extended stage SCLC**

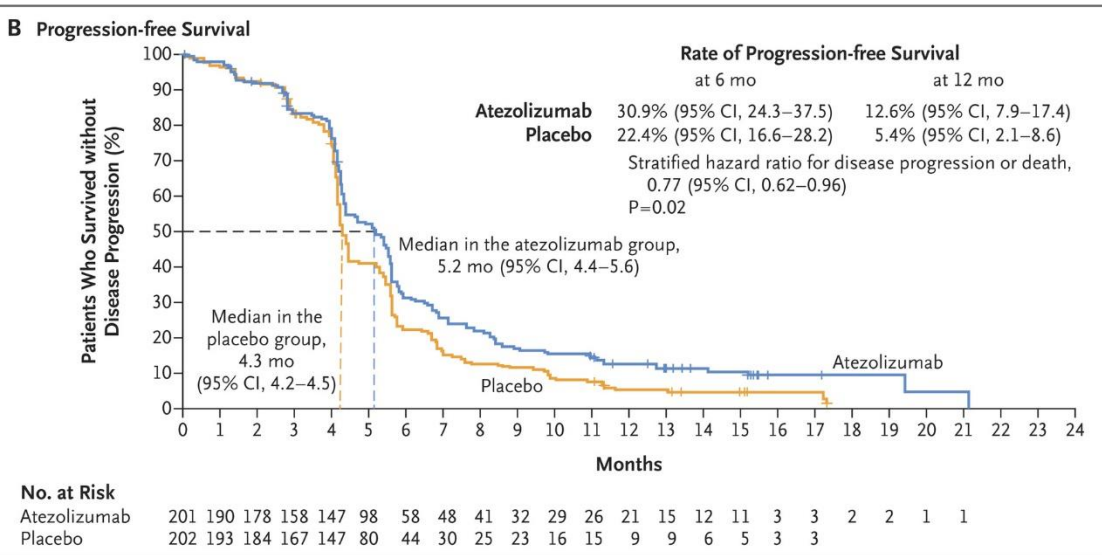
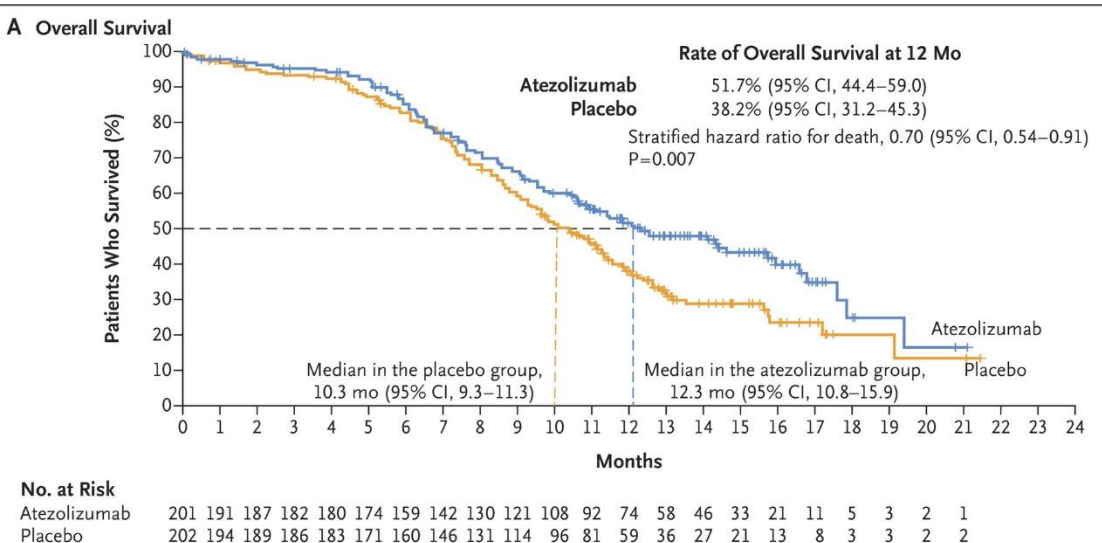
**March 19, 2019**

**1L + chemo + bevacizumab in metastatic non-squamous NSCLC**

**December 6, 2018**

**1L + chemo PD-L1+ in unresectable, metastatic or locally advanced triple-negative breast cancer**

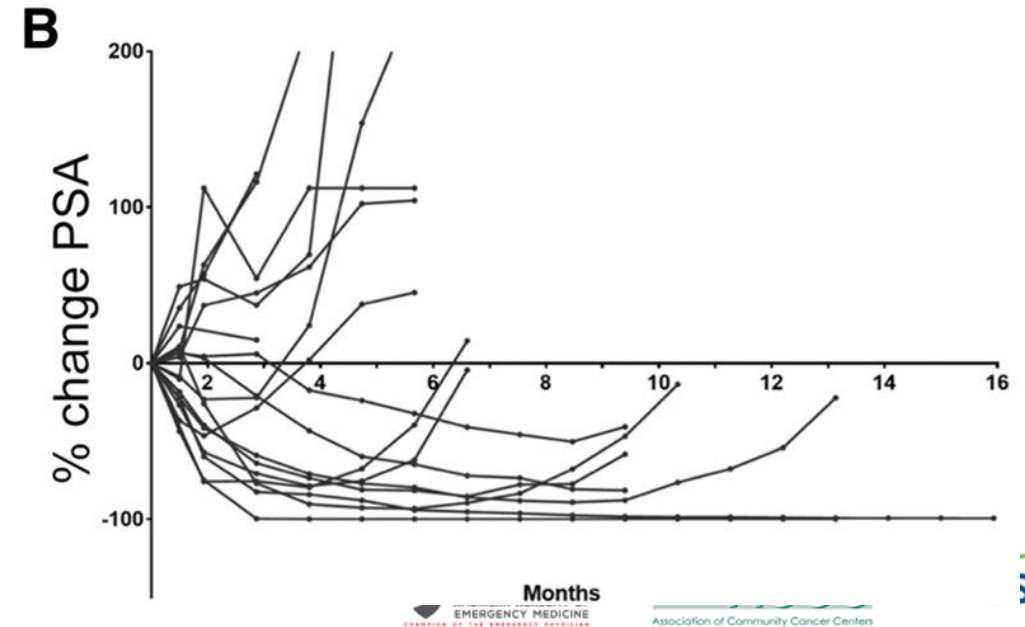
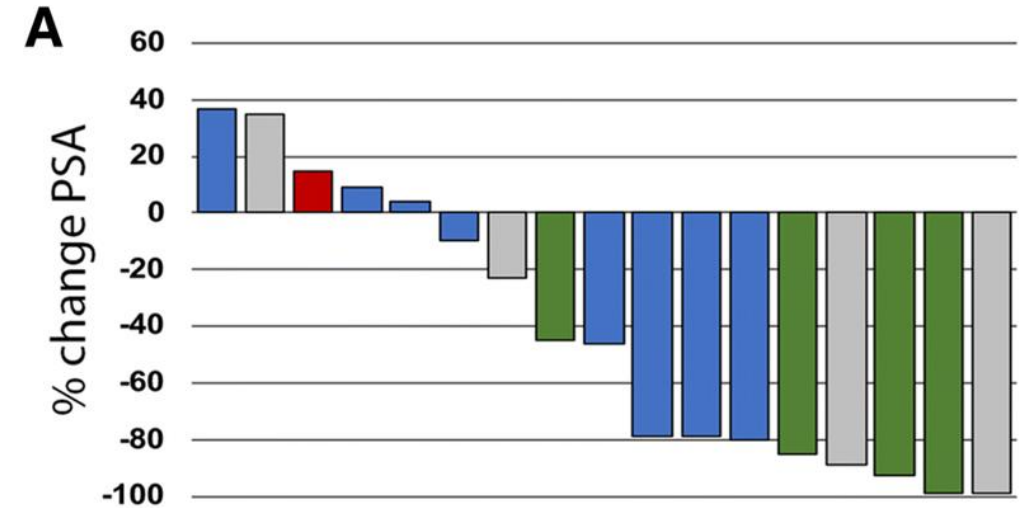
**March 8, 2019**



# Anti-PD-L1 is active metastatic castration-resistant prostate cancer

**Activity of durvalumab plus olaparib in metastatic castration-resistant prostate cancer in men with and without DNA damage repair mutations.**

**F. Karzai, et al., *J Immunother Cancer* 6, 141 2018**



# **DNA damage repair plus immune checkpoint inhibition**

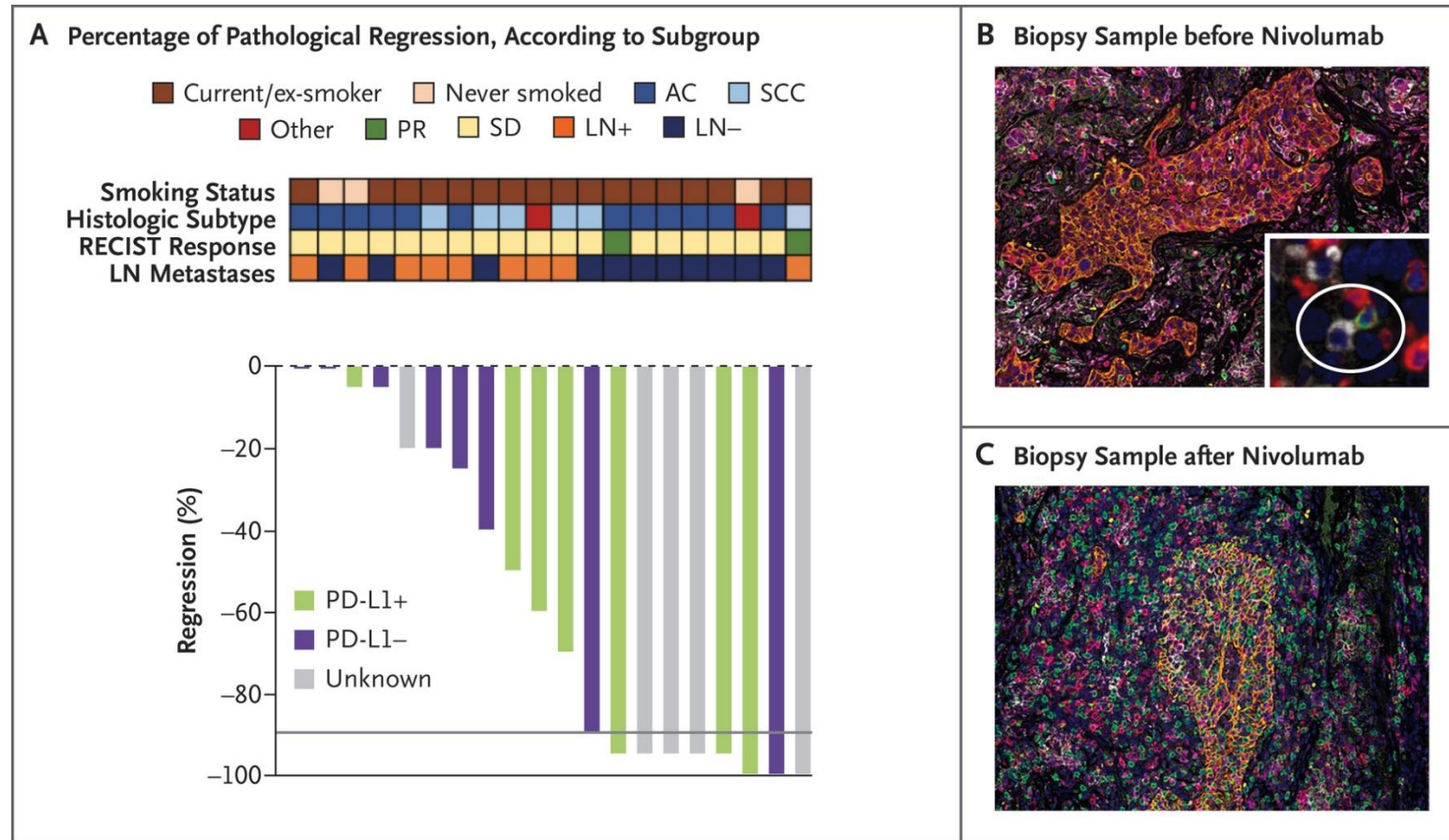
- **PARP inhibitors upregulate tumor PD-L1**
- **PARP inhibitors inhibit DNA damage repair, and thus can increase tumor mutational burden to make tumors more immunogenic**
  - **Breast cancer**
  - **Ovarian cancer**
  - **NSCLC**
  - **Anti-PD-1 and anti-PD-L1**

# Neoadjuvant immunotherapy is effective

- Major pathological response in 9 of 20 resected tumors (45%)
- Responses in both PD-L1–positive and PD-L1–negative
- Significant correlation between path response and tumor mutational burden mutation-associated, neoantigen-specific T-cells from a primary tumor with CR on path rapidly expand in blood 2 to 4 weeks after treatment
- Some T cells not detected before nivolumab treatment

## Neoadjuvant chemo + checkpoint block

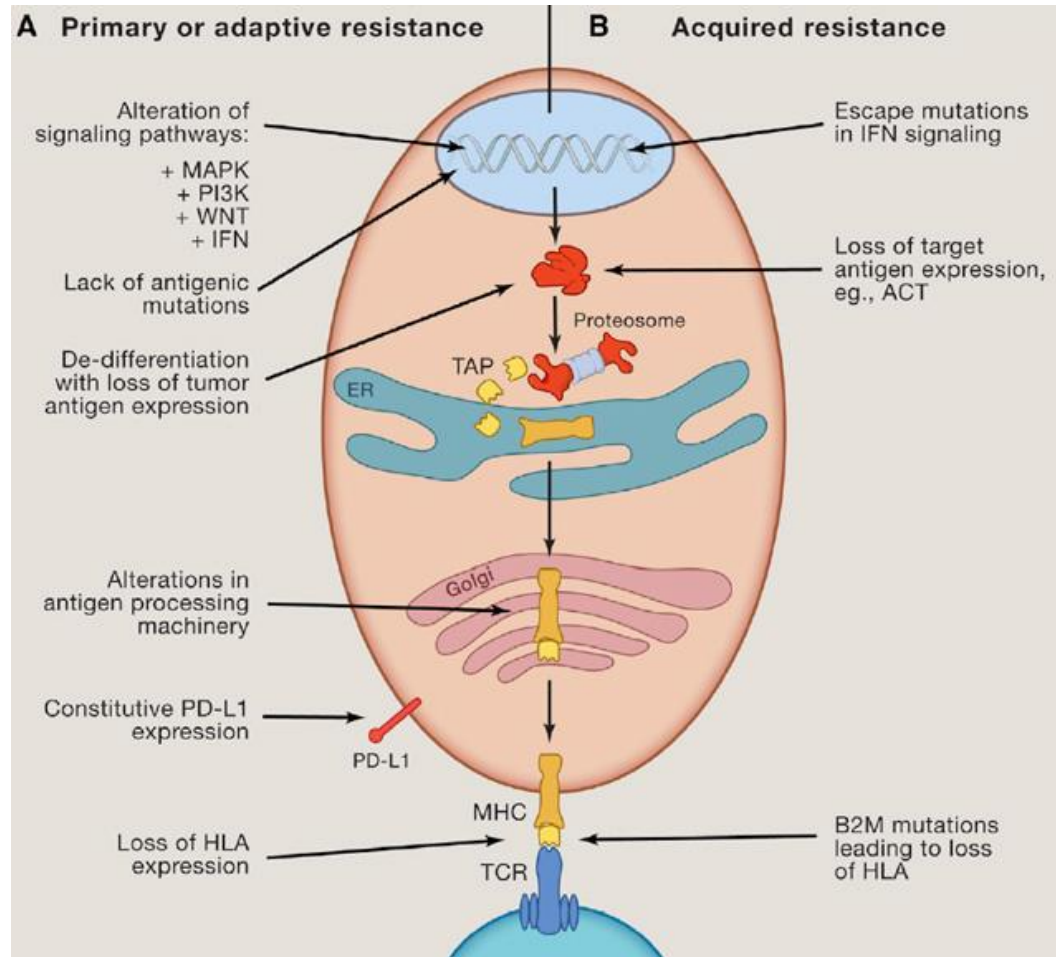
- Invasive bladder cancer



Forde, P. M., *et al.* (2018) Neoadjuvant PD-1 Blockade in Resectable Lung Cancer. *N Engl J Med* 378, 1976-1986



# Checkpoint blockade resistance

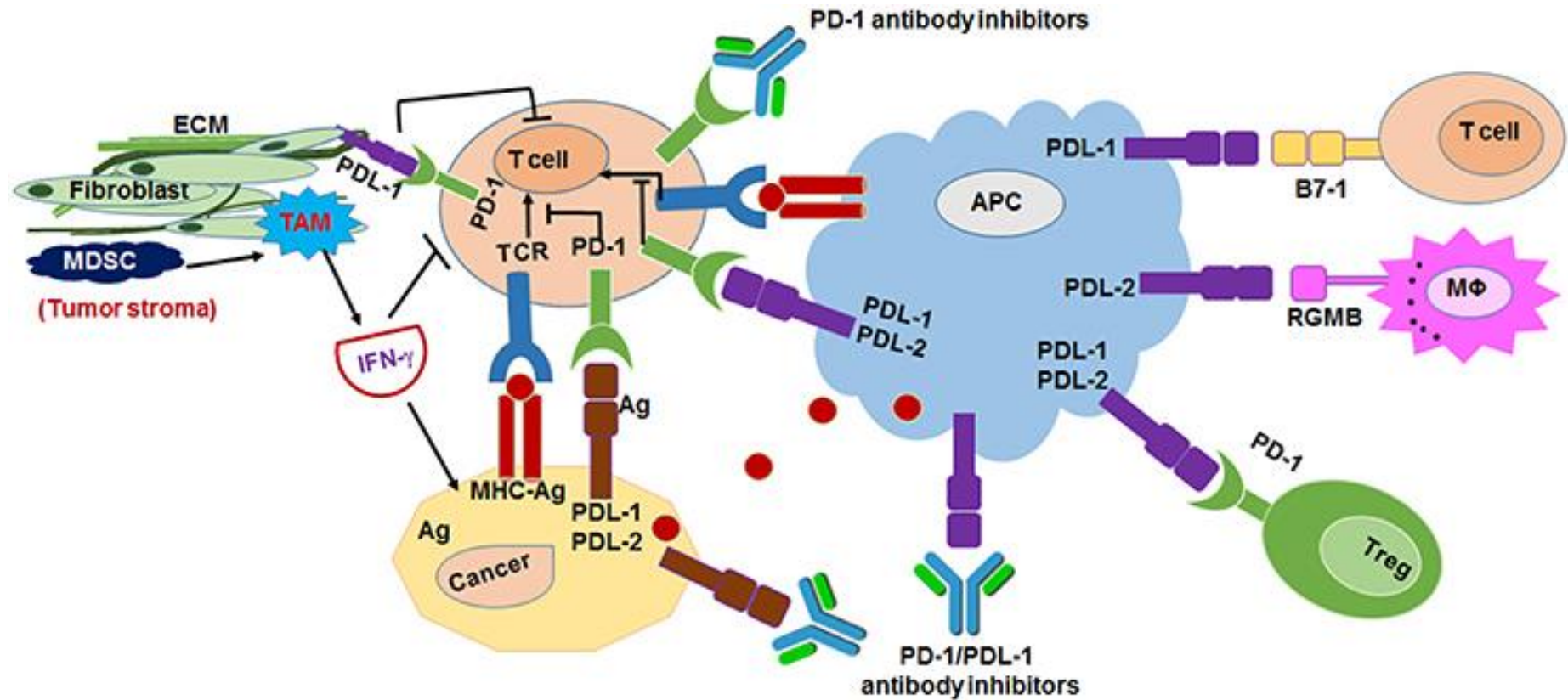


**Sharma, P., *et al.***  
*Cell* 168, 707-723

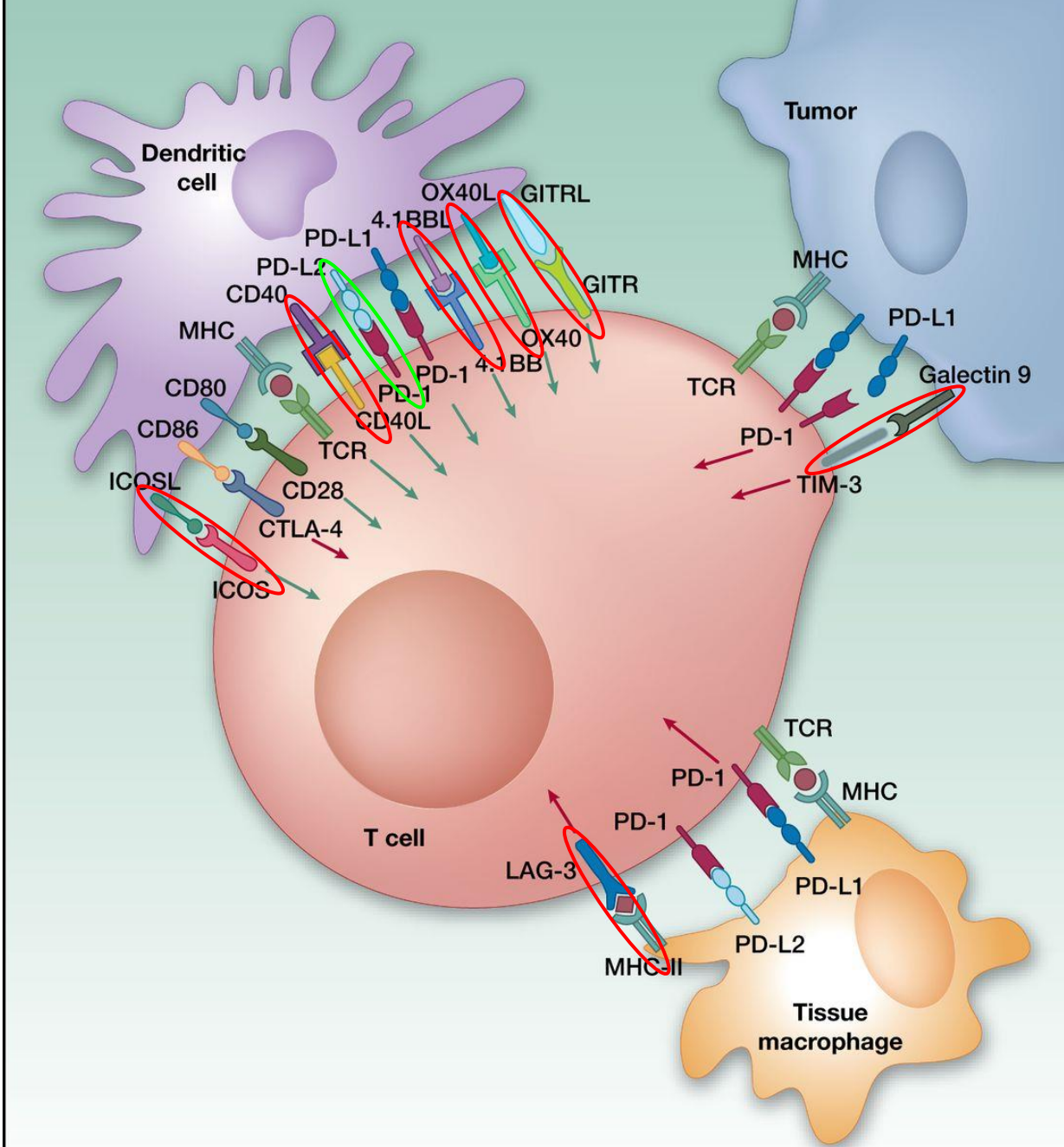
**Mariathasan, S. *et al.*** TGFβ attenuates  
 tumour response to PD-L1 blockade  
 by contributing to exclusion of T cells.  
*Nature* 554, 544-548

**Small molecule TGF-β  
 inhibitor or anti-TGF- β  
 antibody improves anti-PD-L1  
 in mouse bladder cancer  
 model**

# Blocking PD-L1 versus PD-1 is not symmetrical







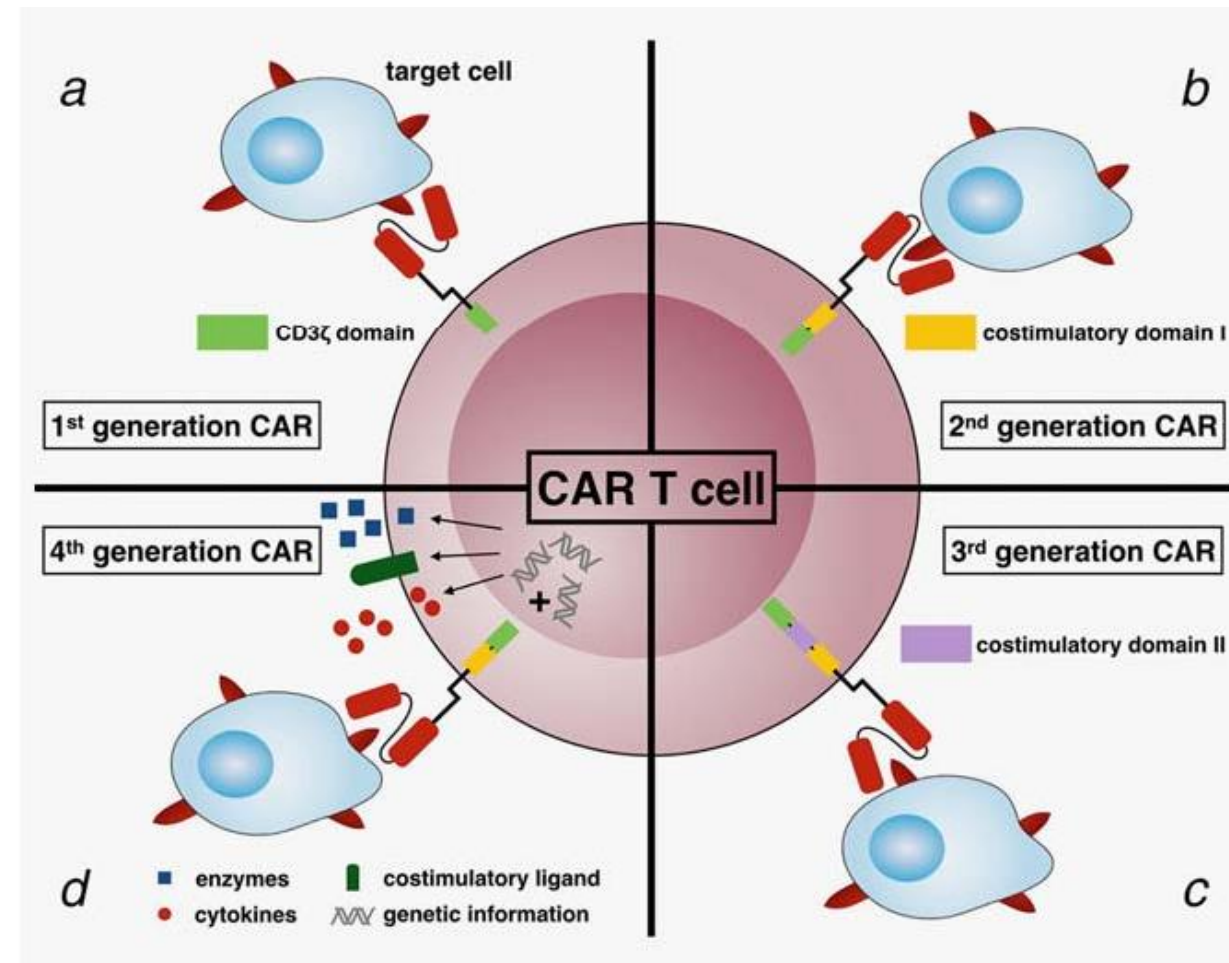
**Newer checkpoint blockade antibodies in the clinic now**

# Representative new immune checkpoint/related antibodies in trials

- **Anti-CD40 APX005M(agonist)**
  - **In a pivotal Phase III trial with chemo ± anti-PD-1 in 1L metastatic pancreatic cancer**
- **Anti-Tim-3 (plus anti-PD-1)**
  - **Salvaged an anti-PD-1 failure**
- **Anti-KIR lirilumab (promotes NK cell functions)**
- **Anti-PD-1 could degrade anti-OX40 effects**
  - **Shrimali, R. K. *et al. Cancer Immunol Res* 5, 755-766 (2017).**
  - **Messenheimer, D. J. *et al.. Clin Cancer Res* 23, 6165-6177 (2017).**
- **Anti-ICOS**
  - **Unimpressive in Phase I**
- **Anti-CD137 (4-1BB)**
  - **Early molecules failed from liver toxicity**

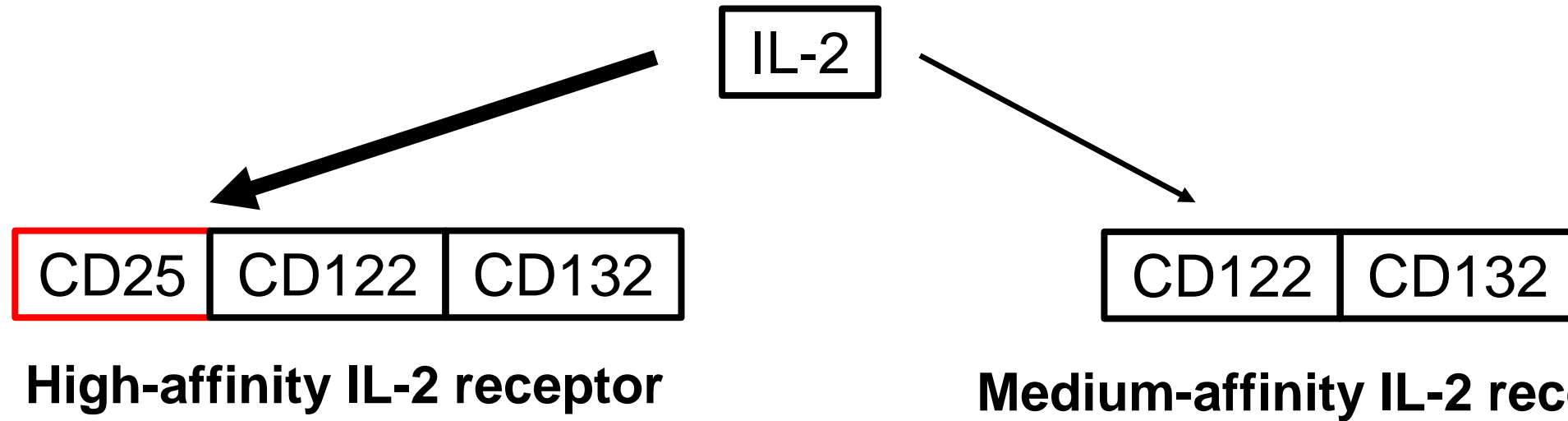
# Fourth generation CAR immune cells: T cells, NK cells, NK T cells and $\gamma\delta$ T cells

- Some responses in carcinomas
  - Mesothelin CAR T inducing remission in metastatic pancreatic cancer
- CD19 CAR NK cells inducing remission in refractory lymphoma
- Next generation CARs with better safety, harder to suppress, off-the-shelf engineering, armored CAR, new targets



# Engineered cytokines

# IL-2 promotes immunity and tolerance



- Highly expressed on Tregs and essential for suppressive function

Chinen et al., *Nat Immunol* (2016)

- Transiently expressed on CD8<sup>+</sup> T cells after activation and sustains antitumor activity

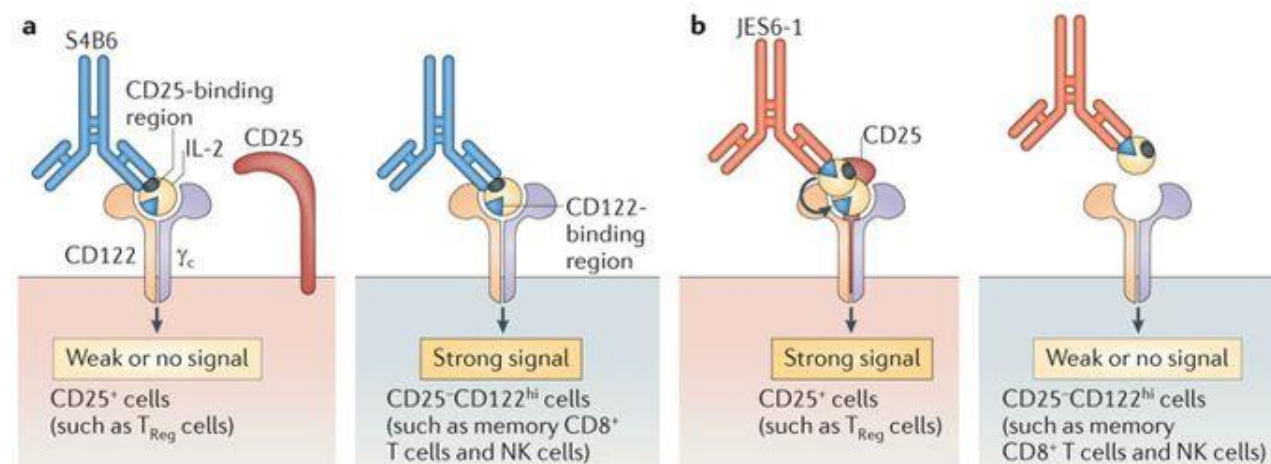
Su et al., *Sci Transl Med* (2015)

- Highly expressed on memory-phenotype antitumor CD8<sup>+</sup> T cells and NK cells

Malek, *Annu Rev Immunol* (2008)

# Pegylated IL-2 (NKTR0214)

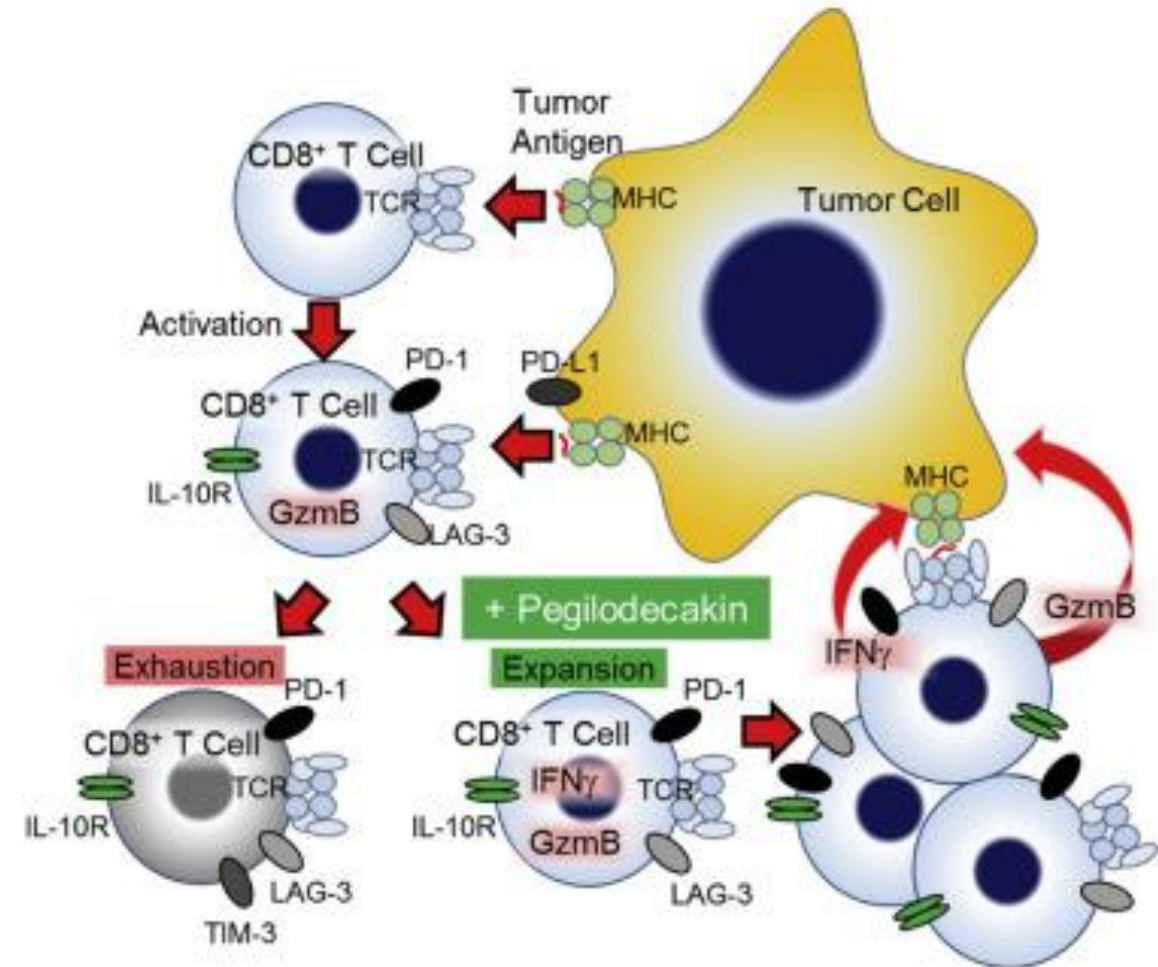
- **At least 4 strategies to direct IL-2 to CD122 and/or away from CD25**
  - **Pegylated IL-2**
  - **Engineer CD25 binding out of IL-2**
  - **Bind CD25 to IL-2**
  - **Use antibody to block IL-2 CD25 binding site**
- **Phase I/II PIVOT trial of pegylated IL-2 (NKTR0214) met the criteria needed to advance anti-PD-1 inhibitor (nivolumab) and CD122-biased agonist NKTR0214 into pivotal trials in melanoma, renal cell carcinoma and urothelial cancer.**
- **Some say the response rates are not impressive.**





# Pegylated IL-10 (AM0010, pegilodecakin)

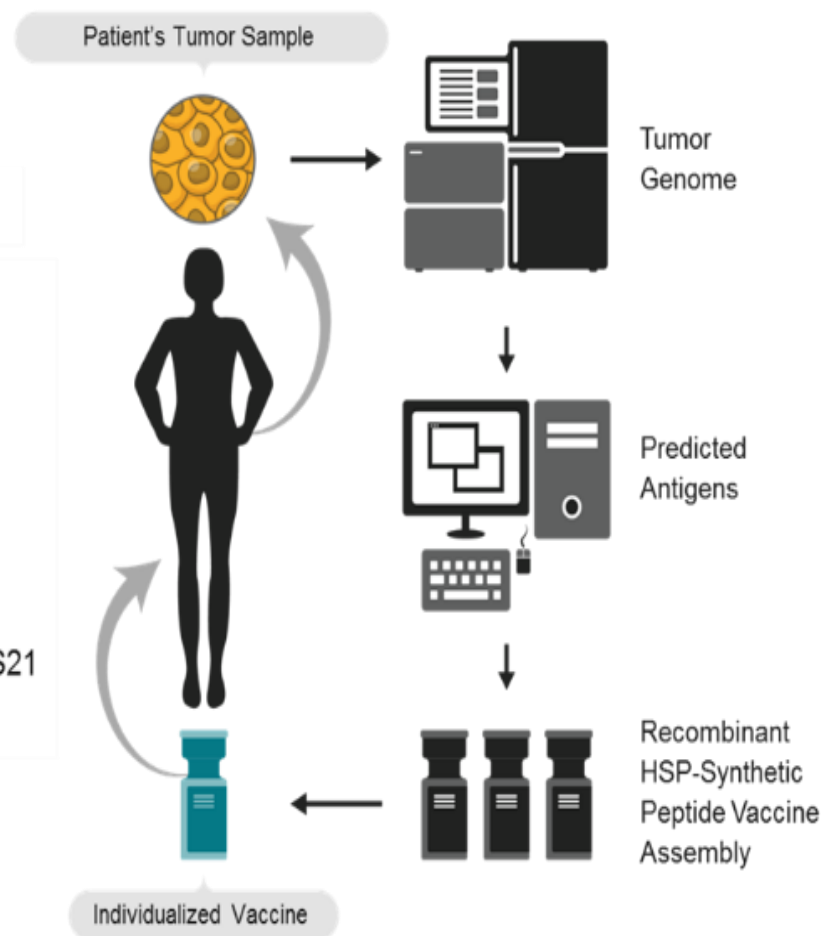
- **IL-10 receptors are expressed on activated and exhausted CD8<sup>+</sup> T cells.**
- **IL-10 stimulates the cytotoxicity and proliferation of CD8<sup>+</sup> T cells.**
- **Activity in metastatic renal cell carcinoma and lung cancer**
- **Now in a pivotal Phase III trial in pancreatic cancer**



# Personalized cancer vaccines

## ASV™ Concept

- Synthetic individualized cancer vaccine designed to impart an immune response against tumor-specific mutations
- Exploits cutting-edge NGS and bioinformatics technologies, rapid peptide synthesis and rh-Hsc70/QS21 vaccine platform



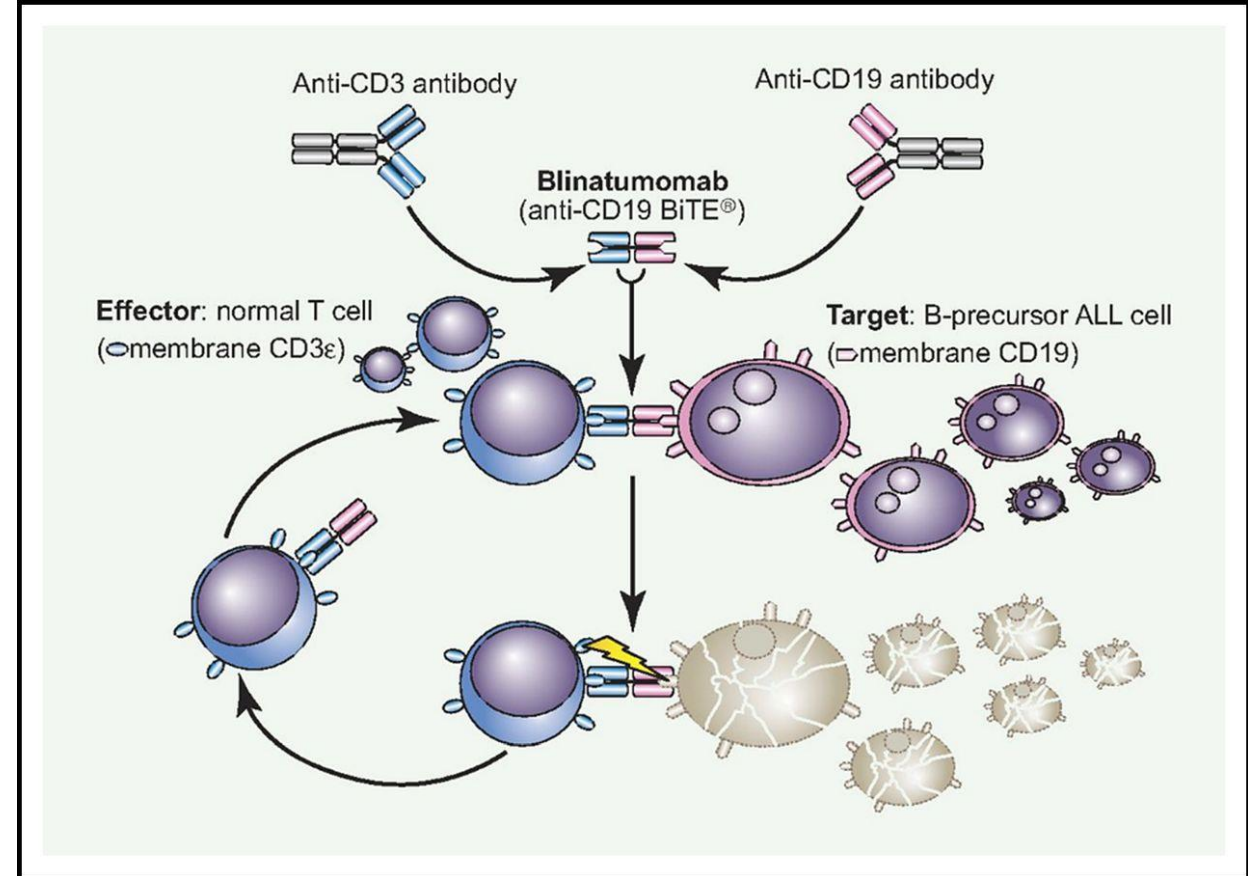
**Three companies have personalized cancer vaccines in trials**

# Regulatory T cell depletion strategies

- **Anti-CD25**
- **Anti-CCR4**
- **Fc-competent anti-CTLA-4**
- **Denileukin diftitox**
- **Cyclophosphamide?**
- **Novel classes entering trials**

# Dual targeting agents

- **Blincyto approved July 12, 2017** some patients with ALL and **March 29, 2018** for adults and children with B-cell precursor ALL First FDA-approved treatment for MRD-positive ALL
- **Anti-PD-L1/TGF- $\beta$  trap in phase I**
- **A multitude of agents entering trials in 2019/2020**



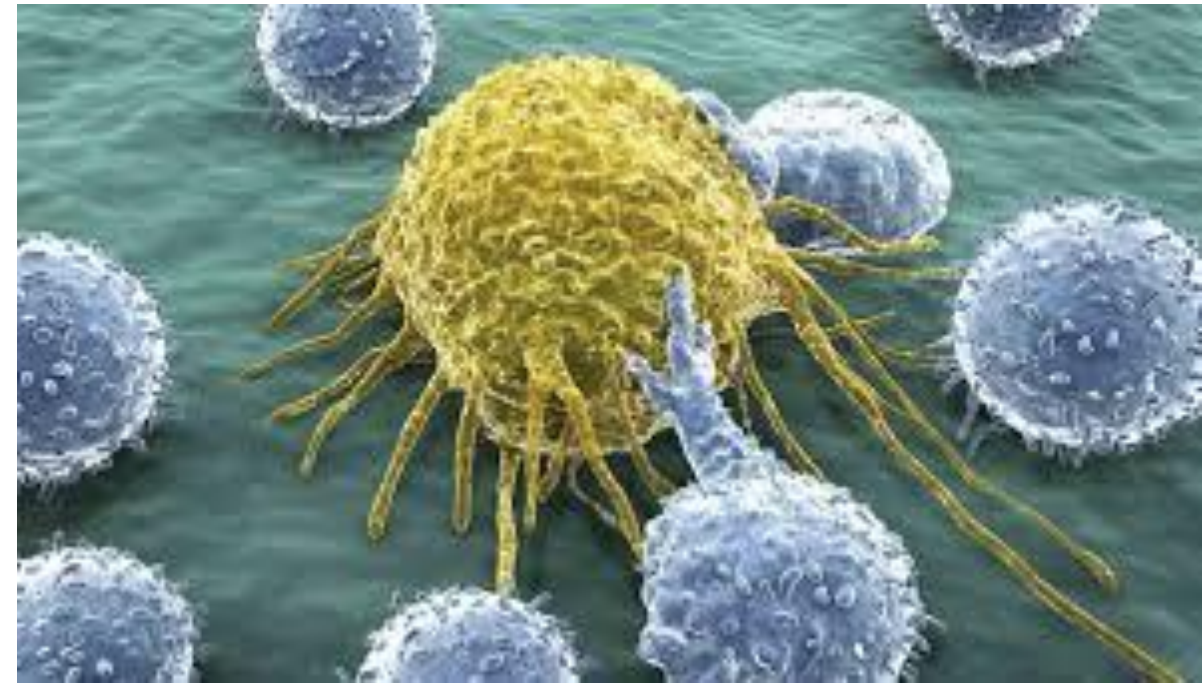
# Many other concepts are in trials

- **Dual targeting agents**
- **Gut microbiome manipulations**
- **Radiation and immunotherapy**
- **Metabolic inhibitors to alter immunity or tumor susceptibility to immune attack**
- **Novel immune modulating agents**
- **New viral vectors**
- **New vaccine adjuvants**
- **Epigenetic modifiers to improve immunotherapy**
- **Response biomarkers**



# Summary of Cancer Immunotherapy in 2019

- Immune checkpoint antibodies are the most successful class of cancer drugs ever developed
- Use with chemotherapy and in neoadjuvant setting established
- Moving to the front line in many cancers
- However, most patients still do not respond well enough
- Treatment response biomarkers a challenge
- **Consider clinical trials**





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