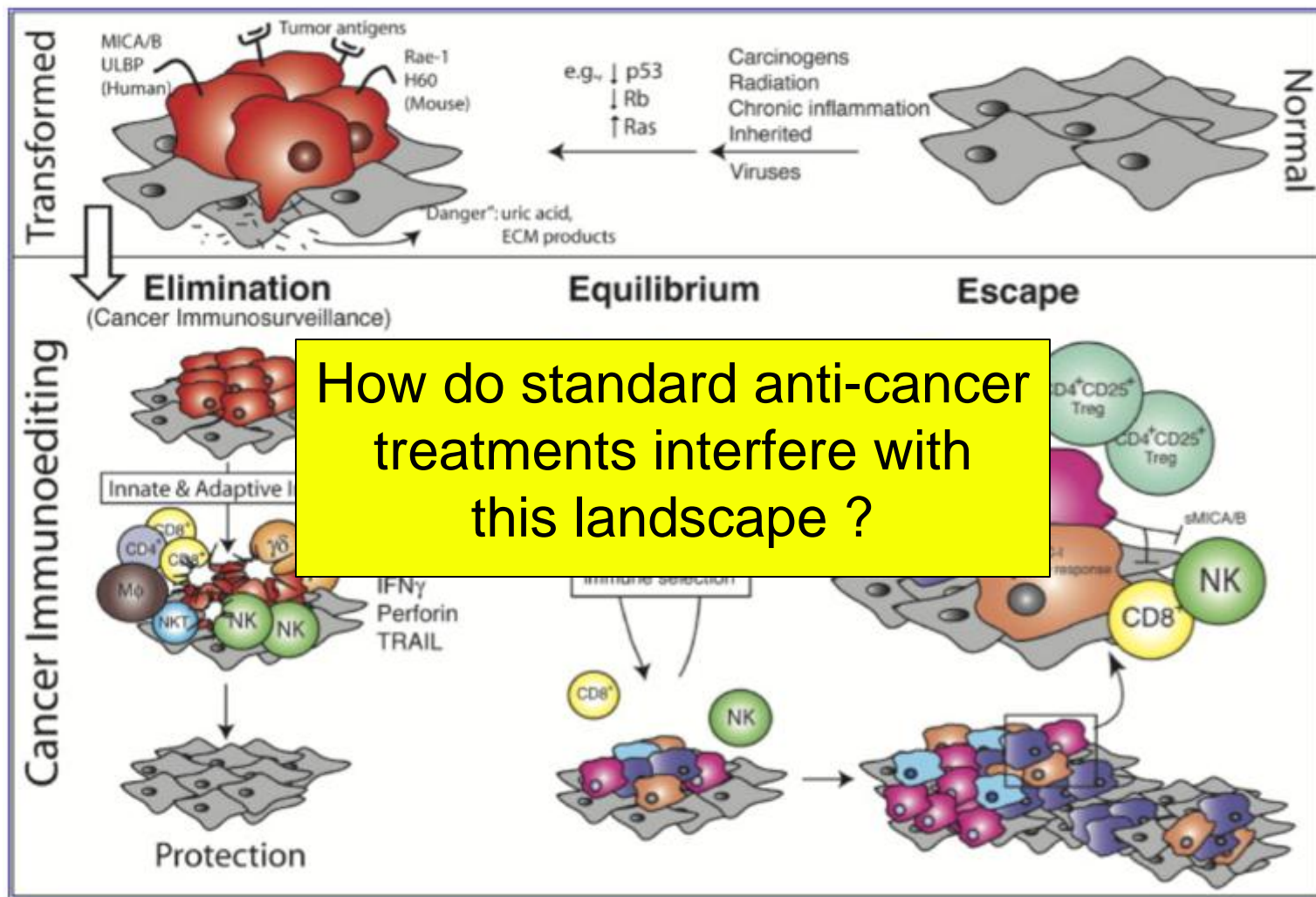


# **Radiation and Immunotherapy**

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Department of Radiation Oncology  
NYU School of Medicine



Dunn et al, *Nature Immunology* 2002  
Koebel et al, *Nature* 2007

# Science

20 December 2013 | \$19

Breakthrough of the Year

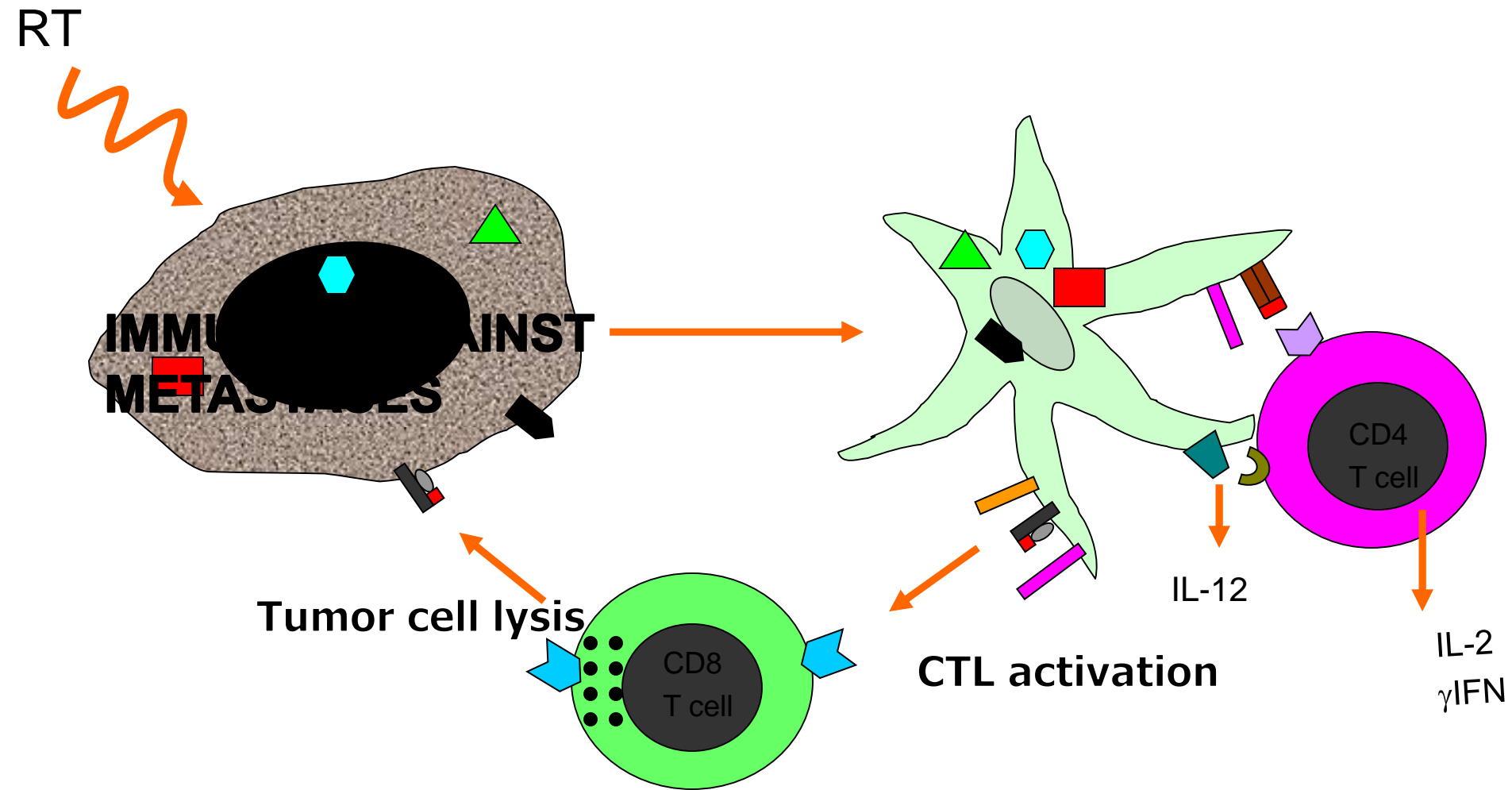
## Cancer Immunotherapy

T cells on the attack

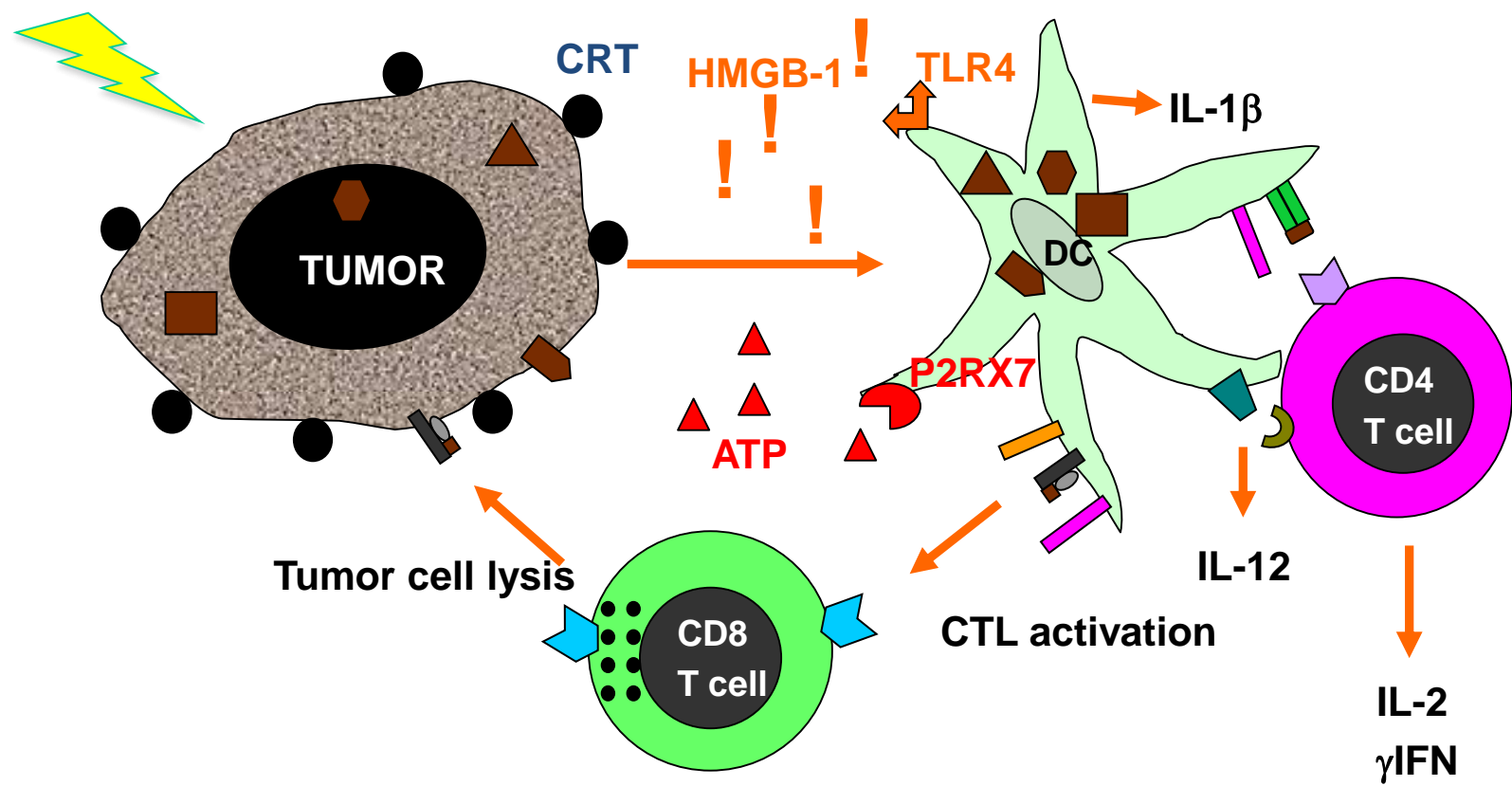


AAAS

# IN SITU VACCINATION HYPOTHESIS



# Cross-priming of anti-tumor T cells: immunogenic cell death

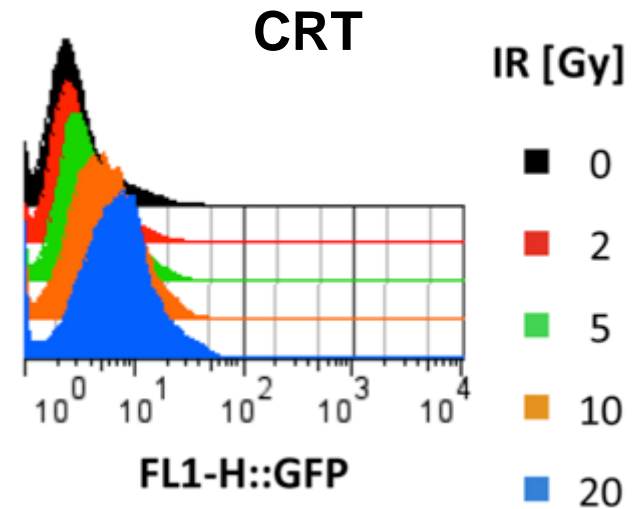
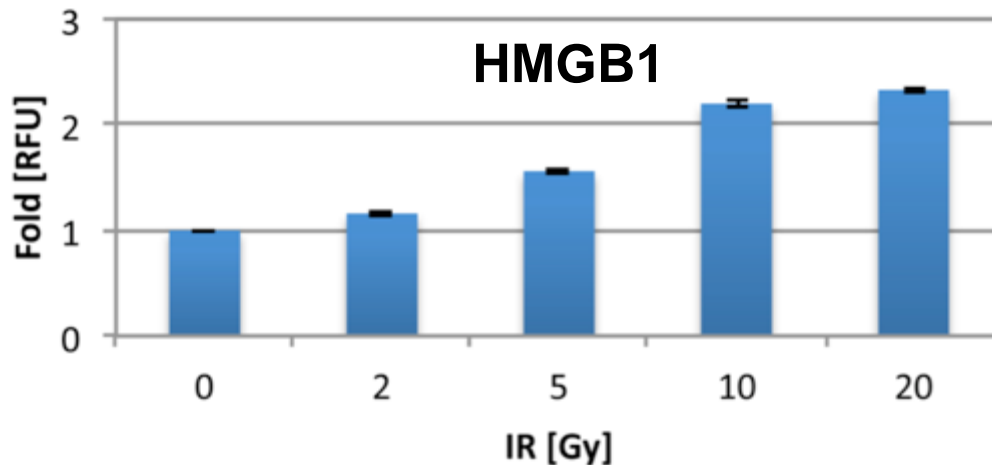
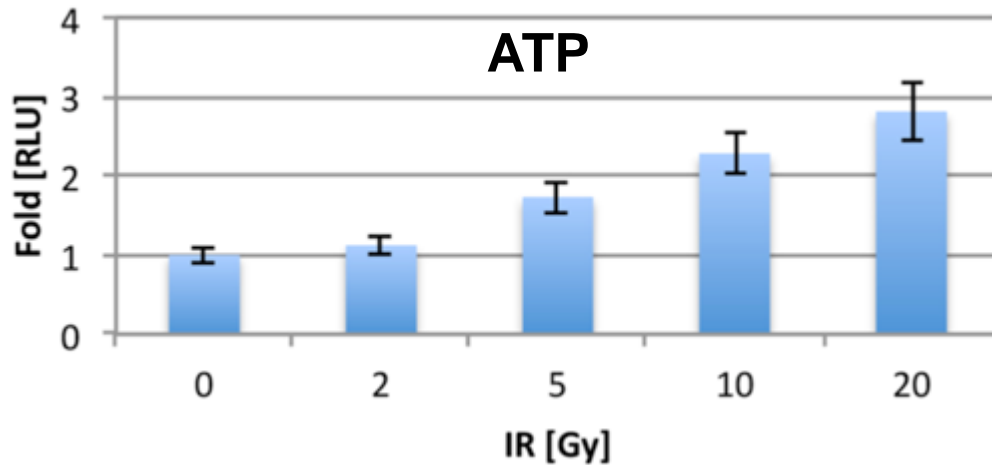


CRT, “eat me” signal, translocates to cell surface (Obeid et al., Nat Med 2007, 13:54-61)

HMGB-1, a damage associated molecular pattern (DAMP) binds to TLR4 to promote cross-presentation of tumor-derived antigens (Apetoh et al., Nat Med 2007, 13:1050)

ATP released by dying cells binds to P2RX7 purinergic receptor leading to inflammasome activation and IL-1 $\beta$  production (Ghiringhelli et al., Nat Med 2009, 15:1170)

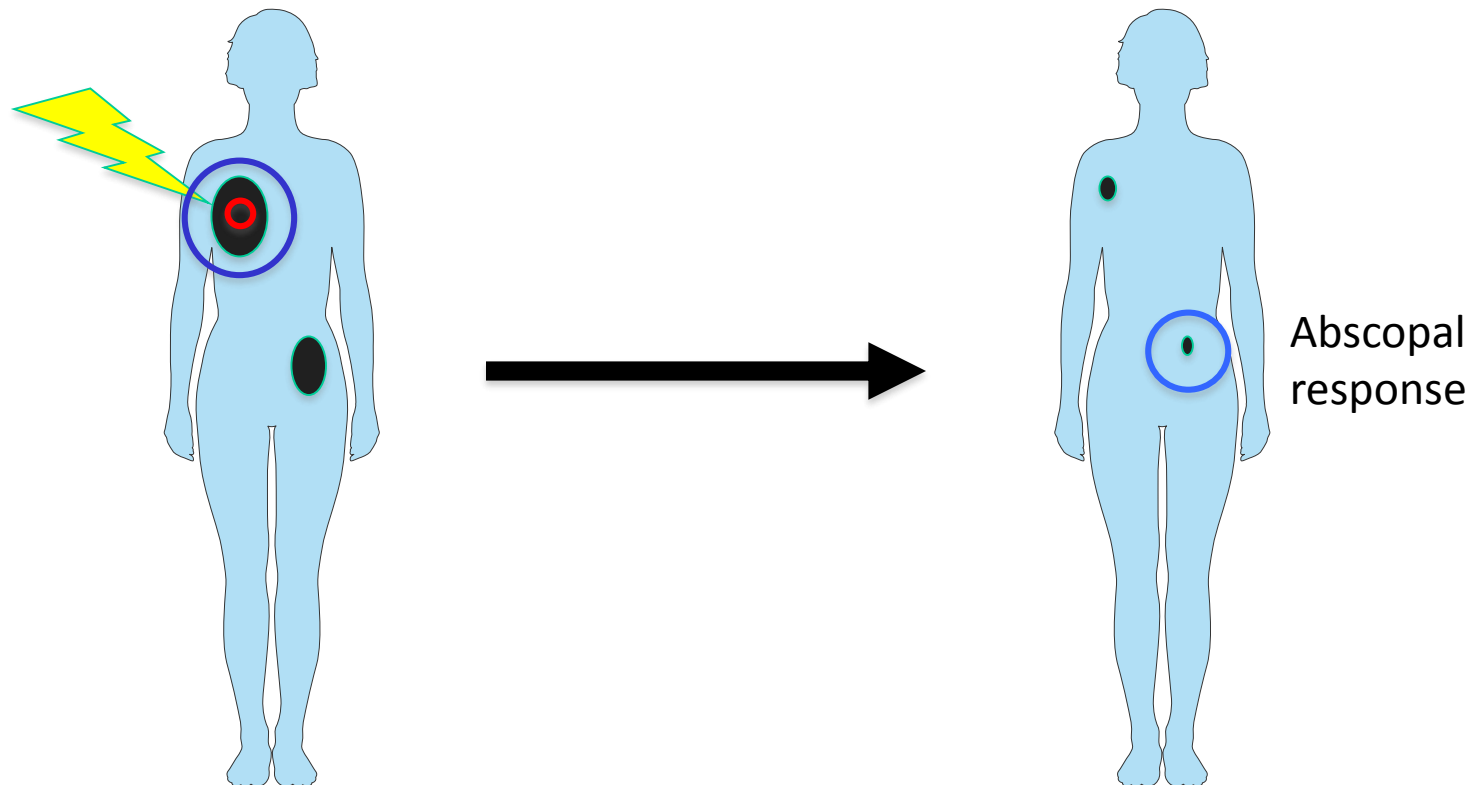
# Radiation induces Immunogenic cell death



# Abscopal Effect

Effect of ionizing radiation on cancer  
outside the radiation field

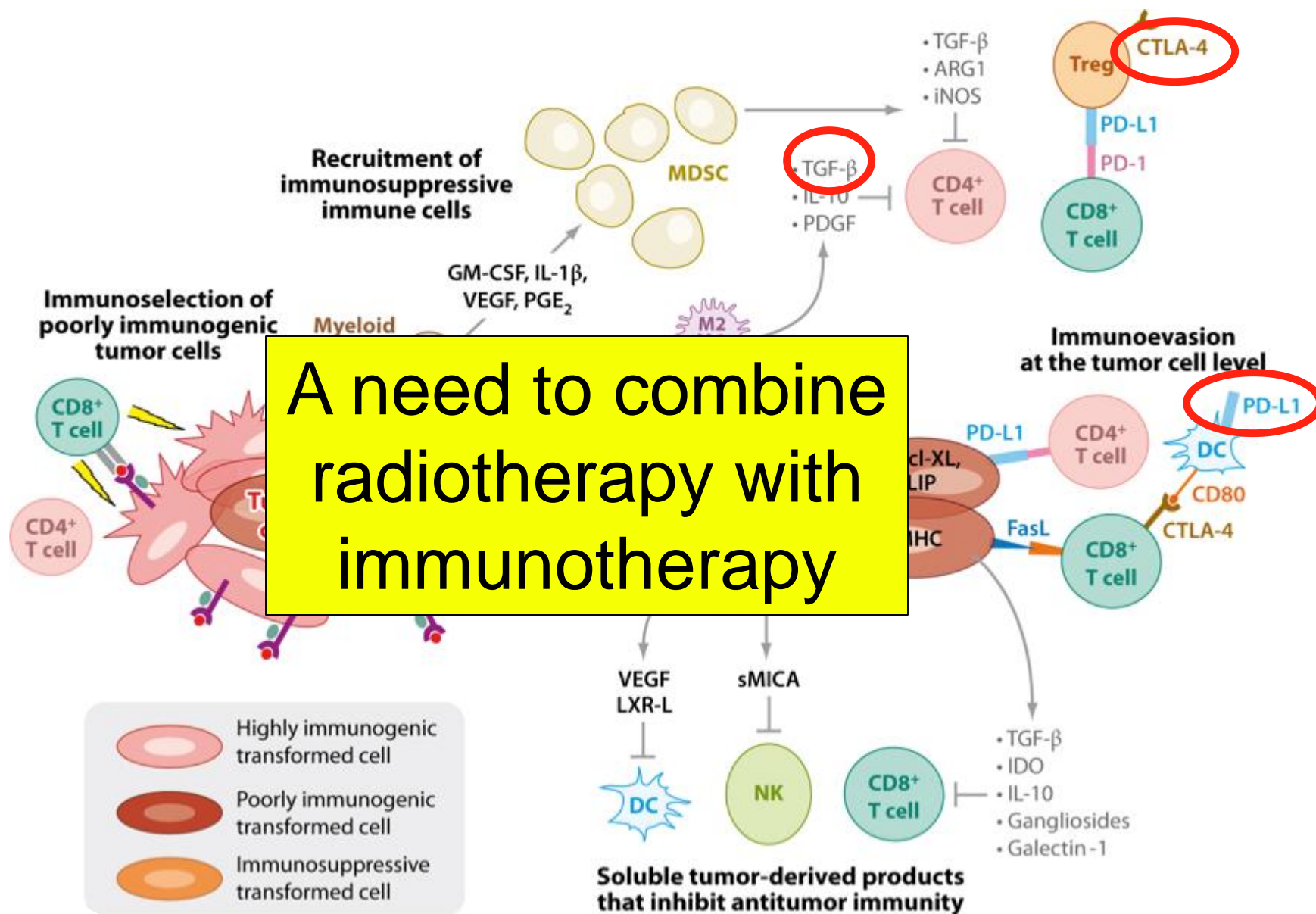
Latin *ab* (position away from) and *scopus* (mark or target)



## Why are abscopal effects so rare?

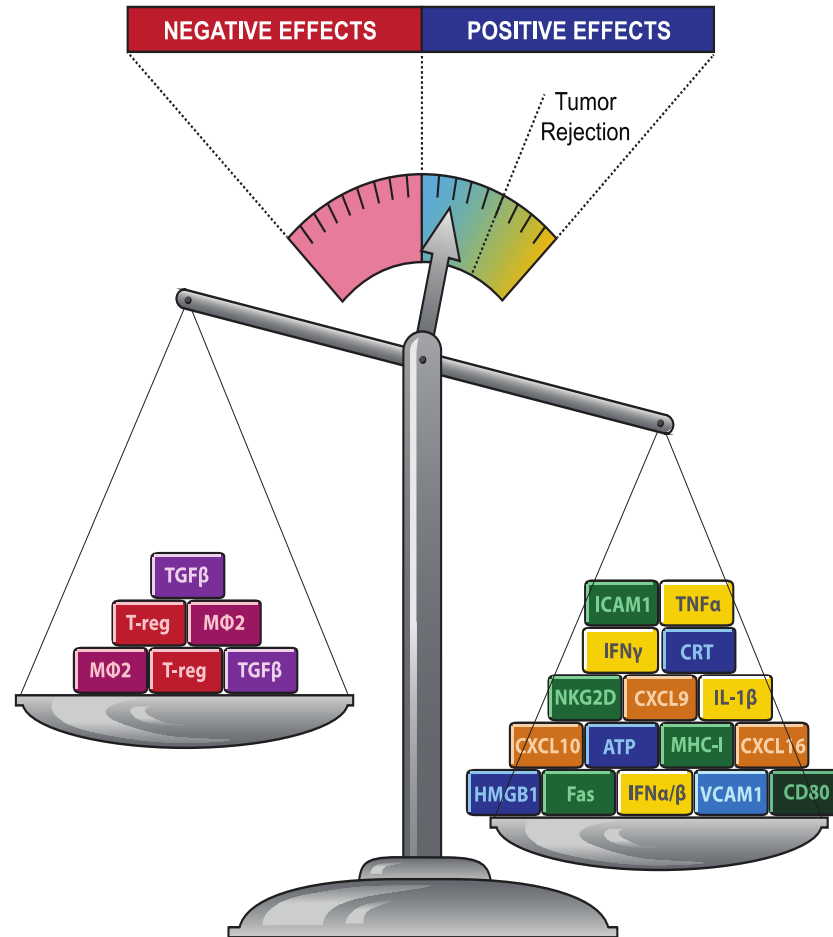


## IMMUNOSUPPRESSION DOMINATES IN ESTABLISHED TUMORS





# Why are abscopal effects of radiation rarely observed in the clinic?



# NYU experience in combining immunotherapy strategies with radiation

Priming phase :

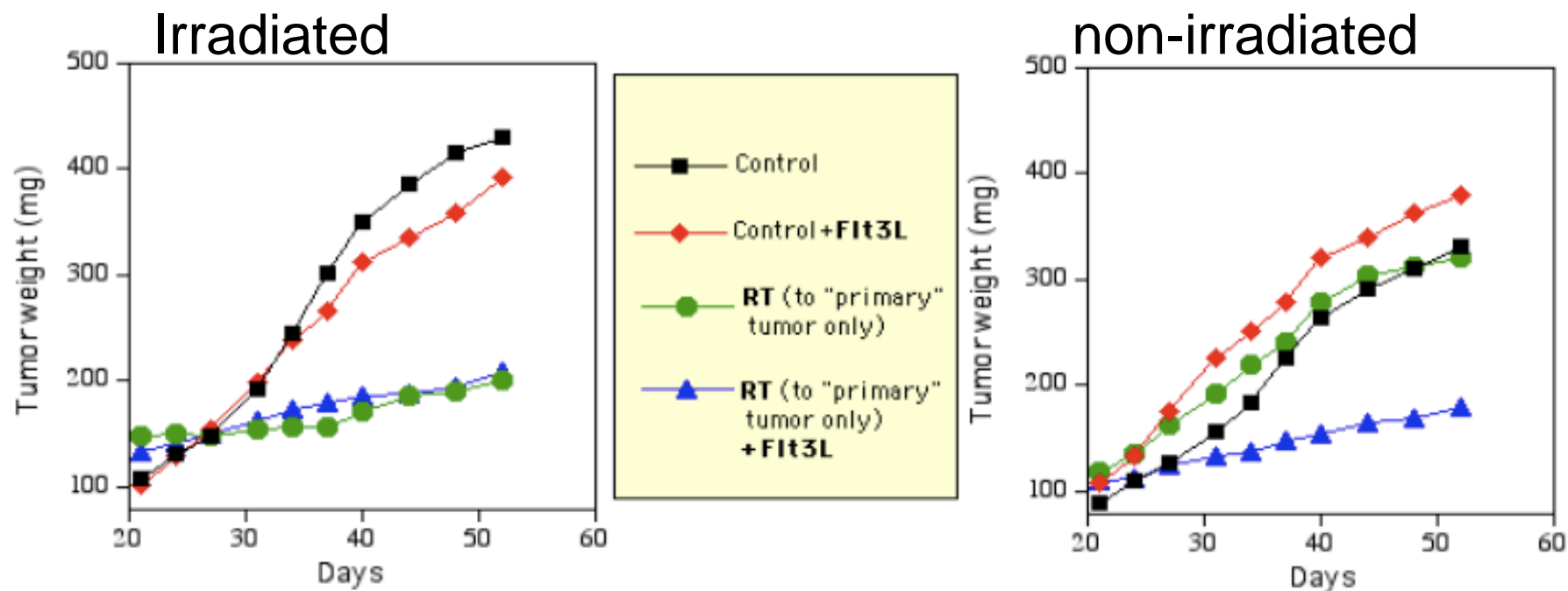
- FLT-3L/GM-CSF
- TLR agonists

Effector phase:

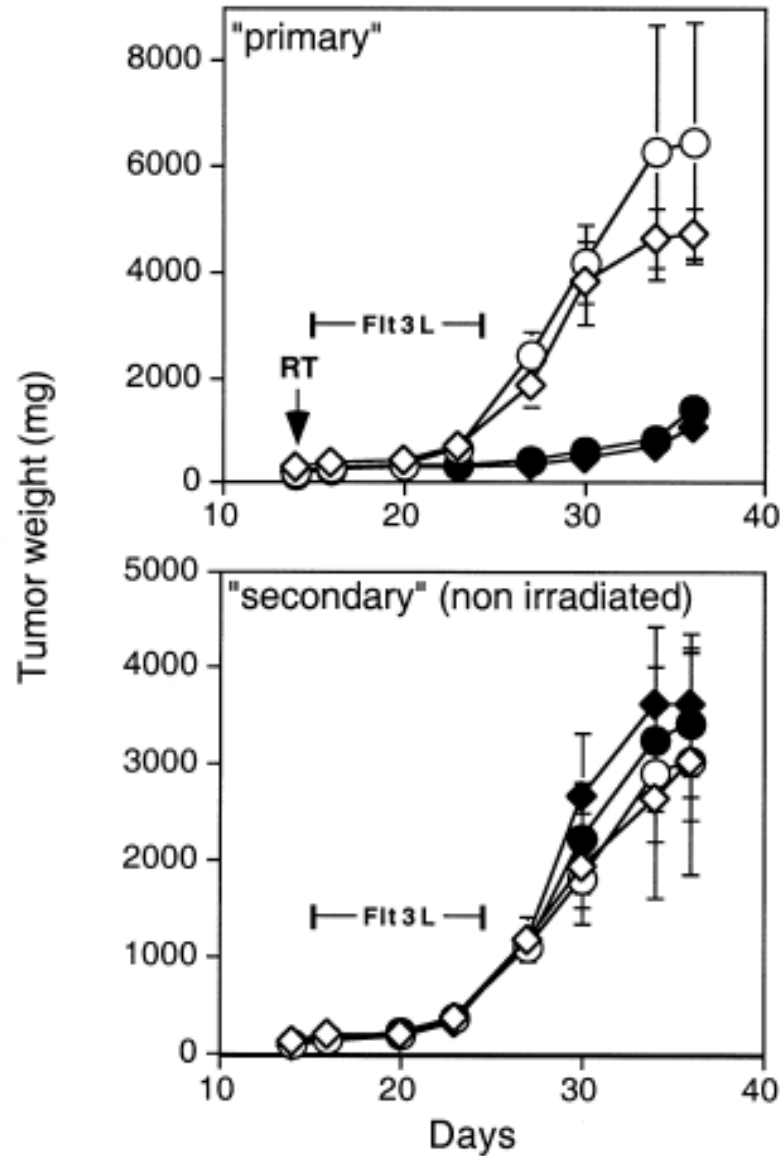
- Anti-CTLA4
- Anti-PD-1
- Anti-TGF $\beta$

BALB/C mice injected at two separate sites with the syngeneic mammary carcinoma 67NR cell line

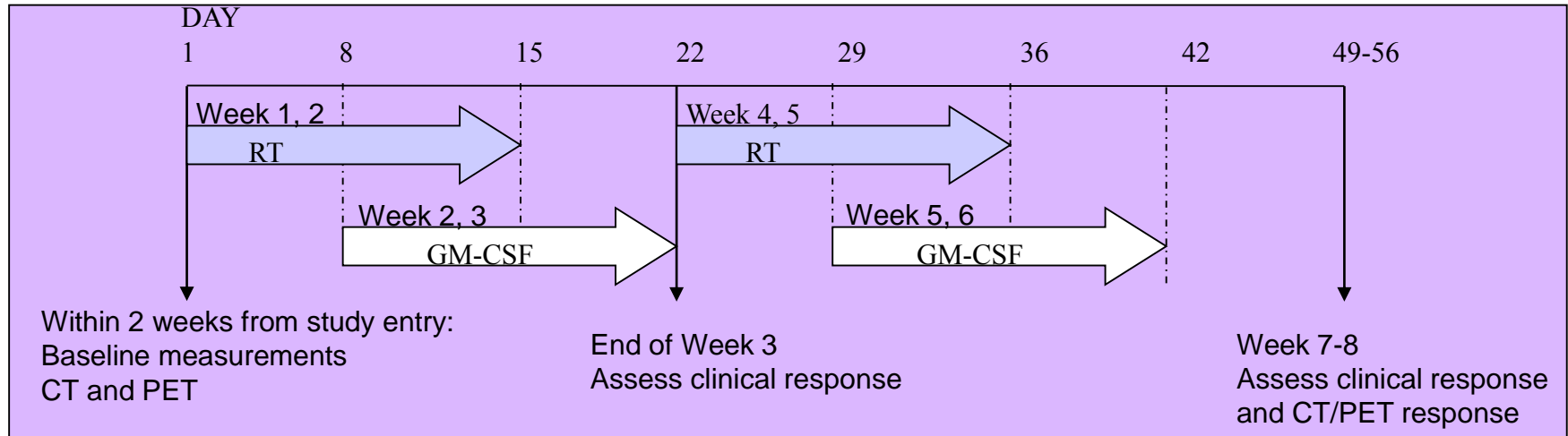
## RT+Flt3-L : systemic anti-cancer effects



## Abscopal Effect is abrogated in nude mice

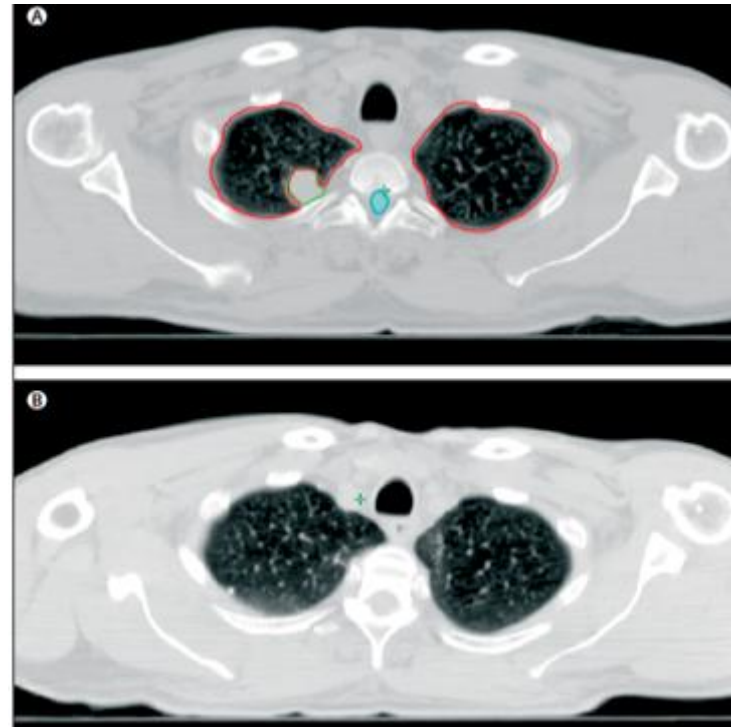
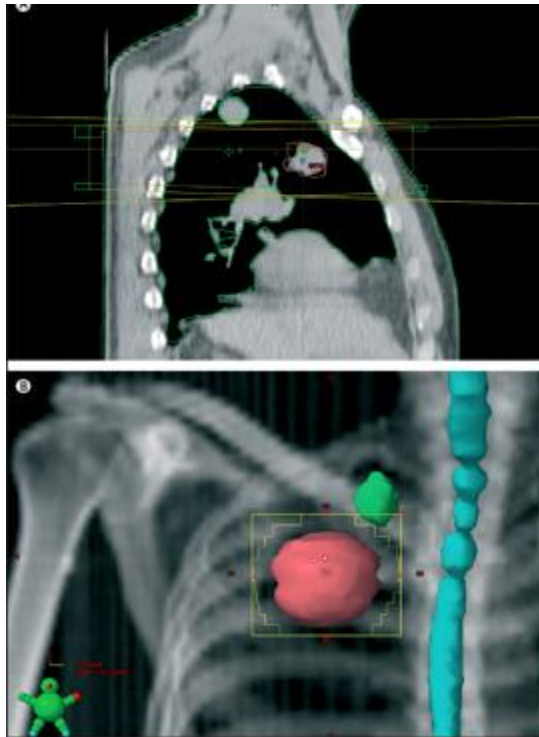


# Abscopal trial RT+GM-CSF in metastatic solid tumors



RT  
3.5GyX10

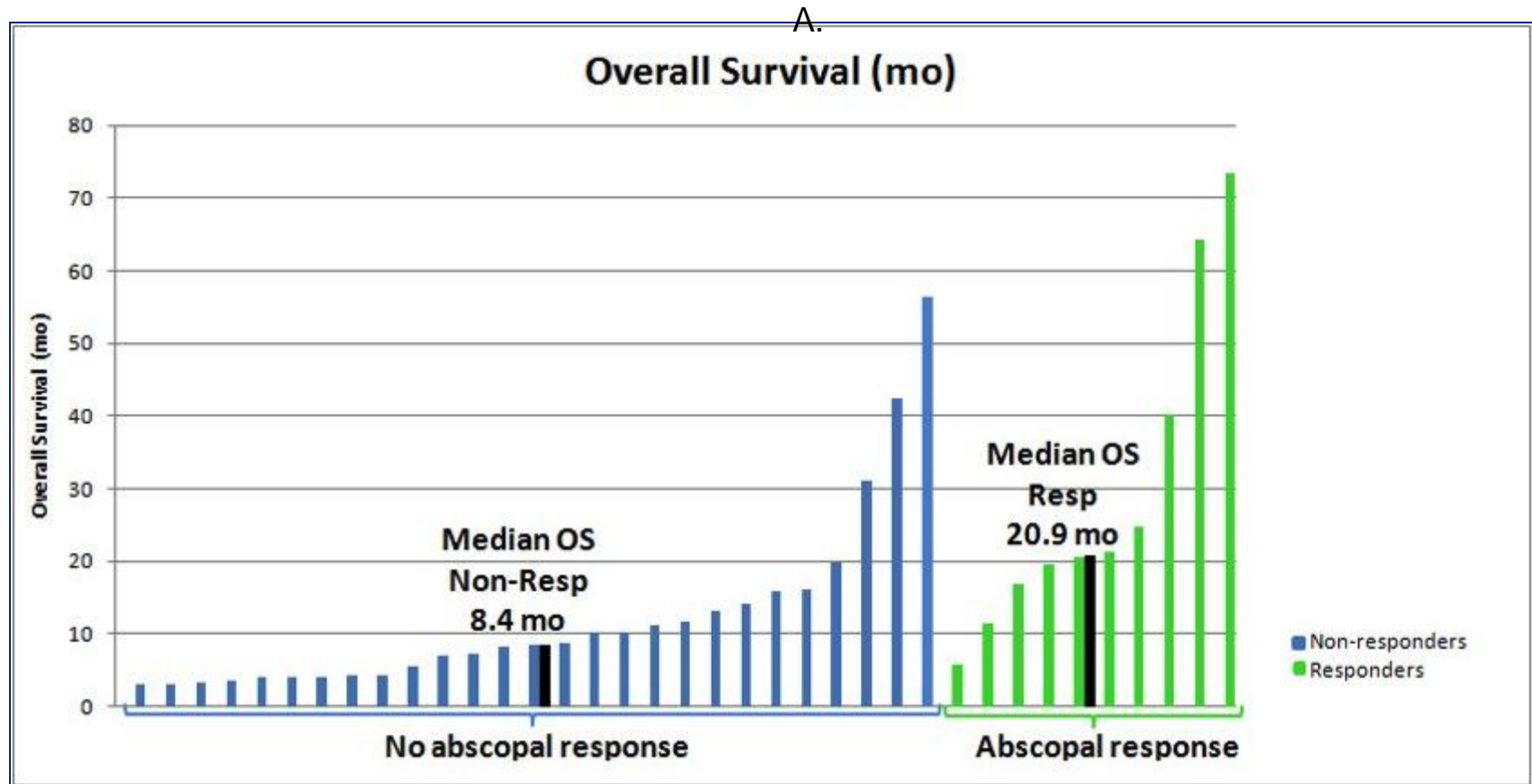
GM-CSF  
125  $\mu\text{g}/\text{m}^2$





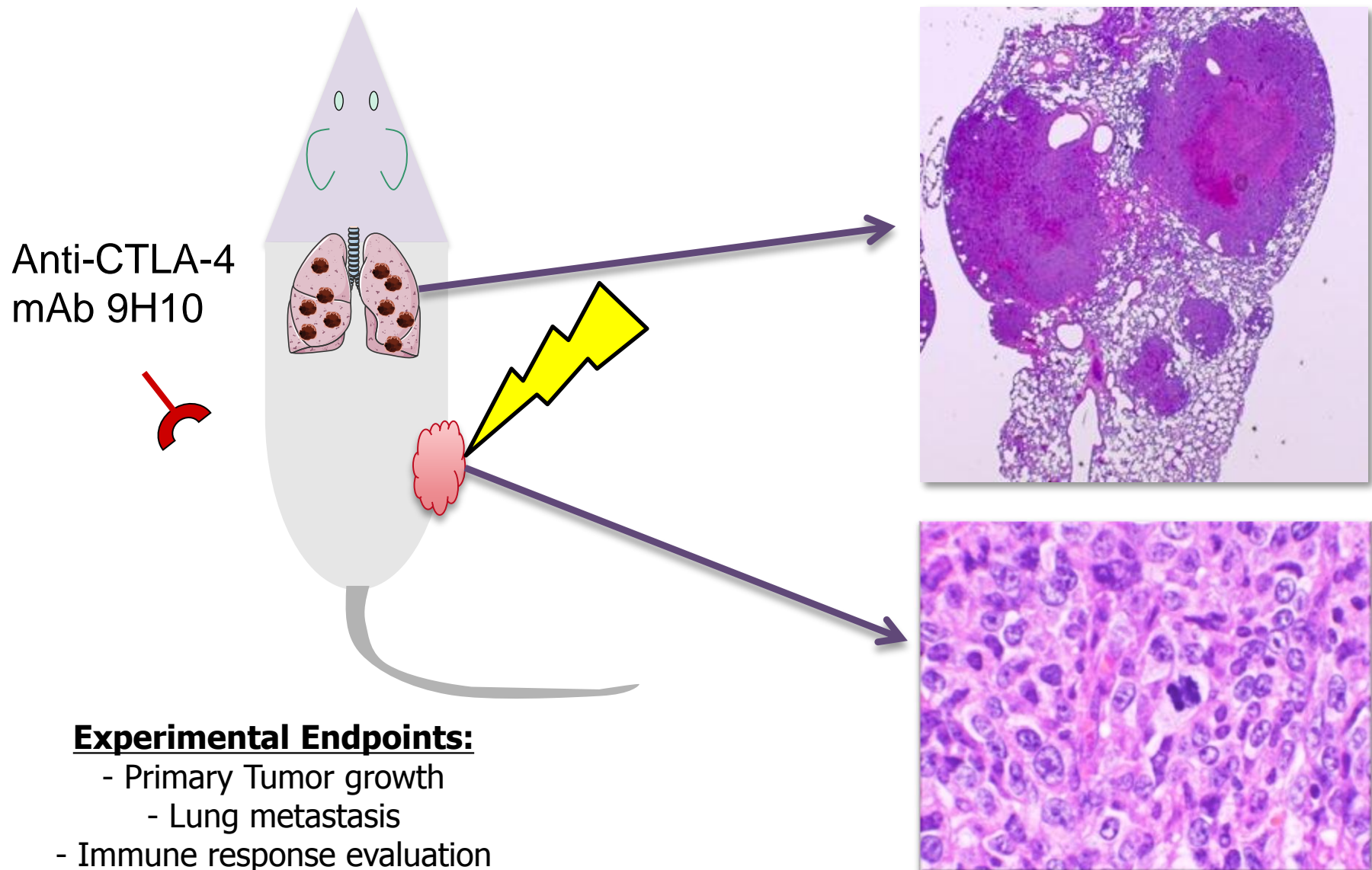
# Abscopal effect 10/37 (27%)

## Abscopal effect and survival, 37 patients (NYU 02-58)

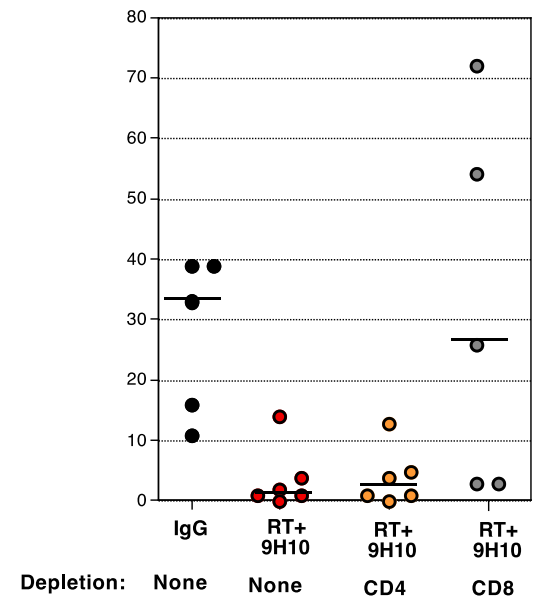
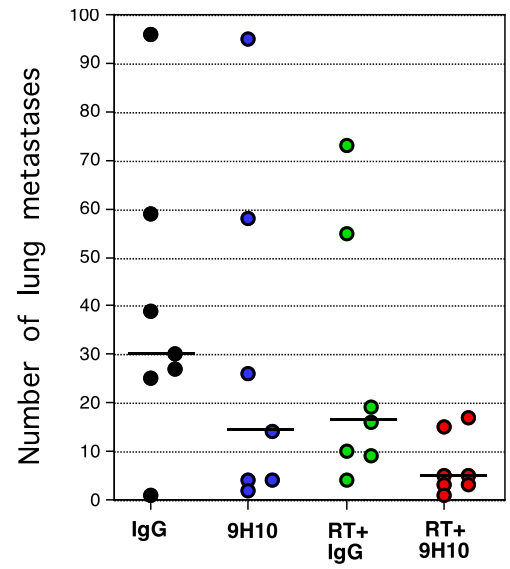
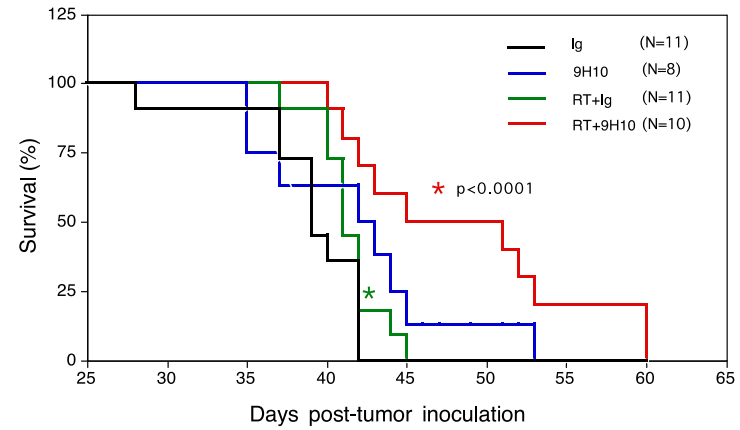
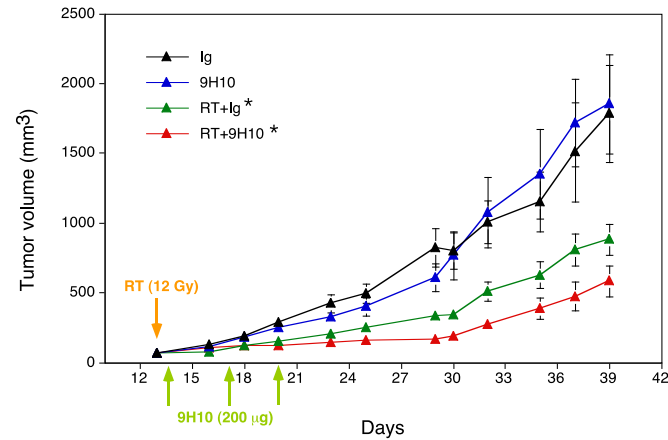


Abscopal responders likely to be patients already more immunocompetent

# 4T1 mouse model of metastatic breast cancer

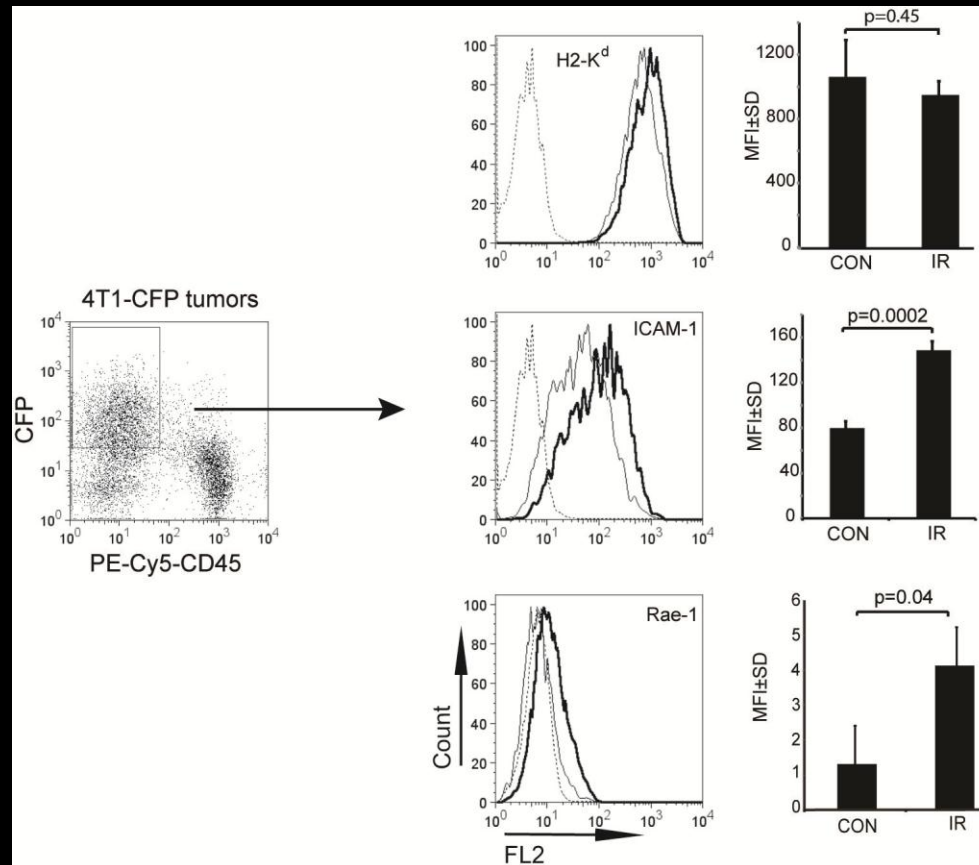


# **Immune-Mediated Inhibition of Metastases after Treatment with Local Radiation and CTLA-4 Blockade in a Mouse Model of Breast Cancer**



# Radiation up-regulates ICAM-1 and Rae1 on 4T1 cancer cells *in vivo*

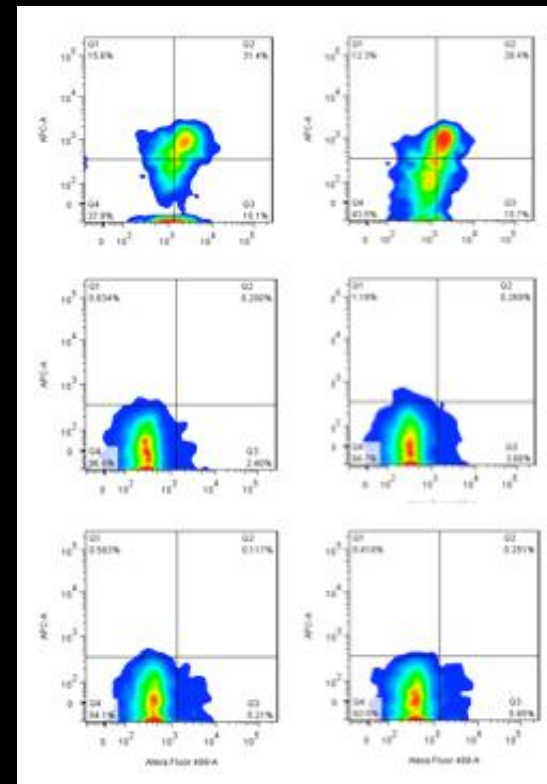
## TUMOR CELLS



## CD8 T CELLS

NONE

RT+9H10



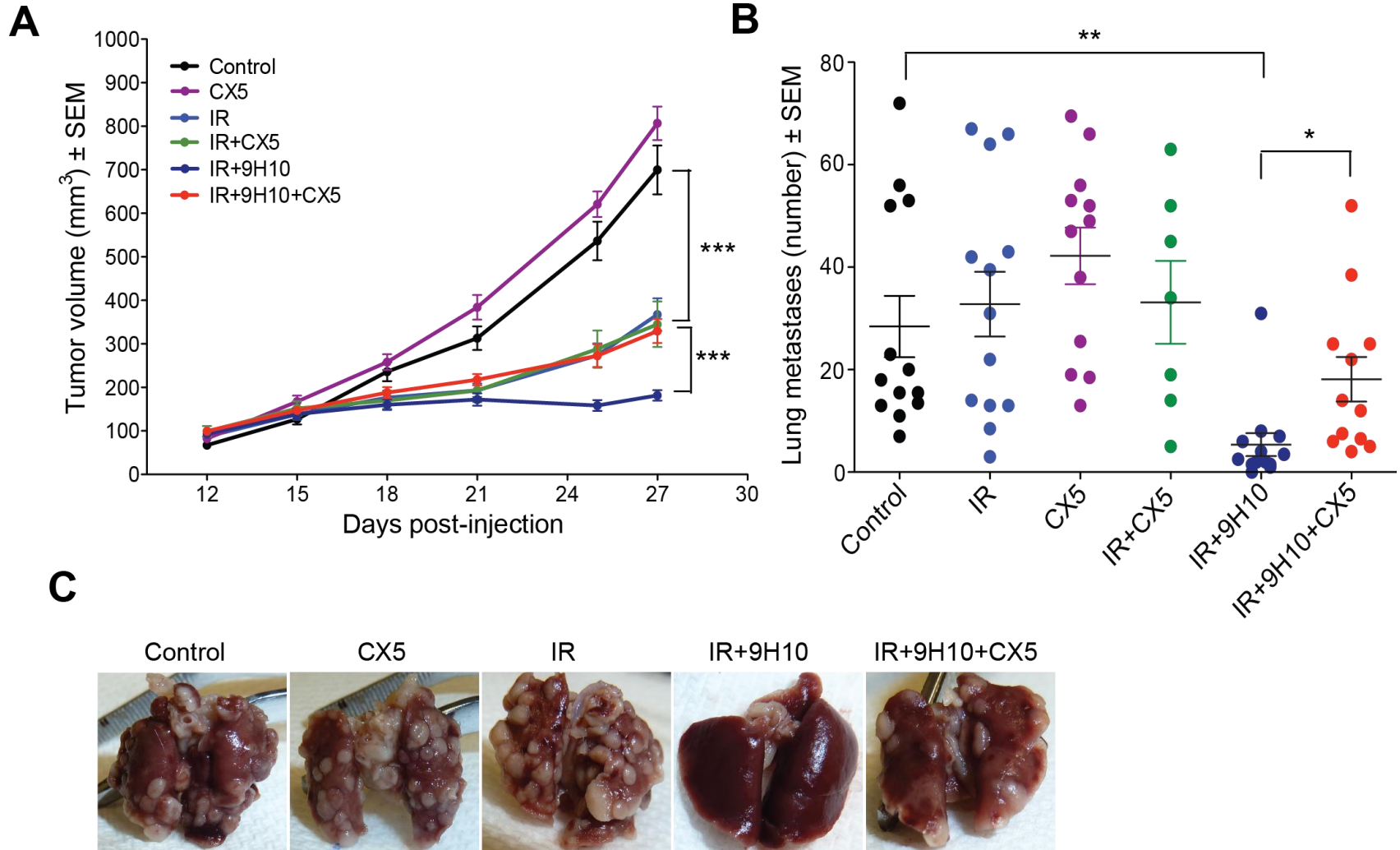
TUMOR

SPLEEN

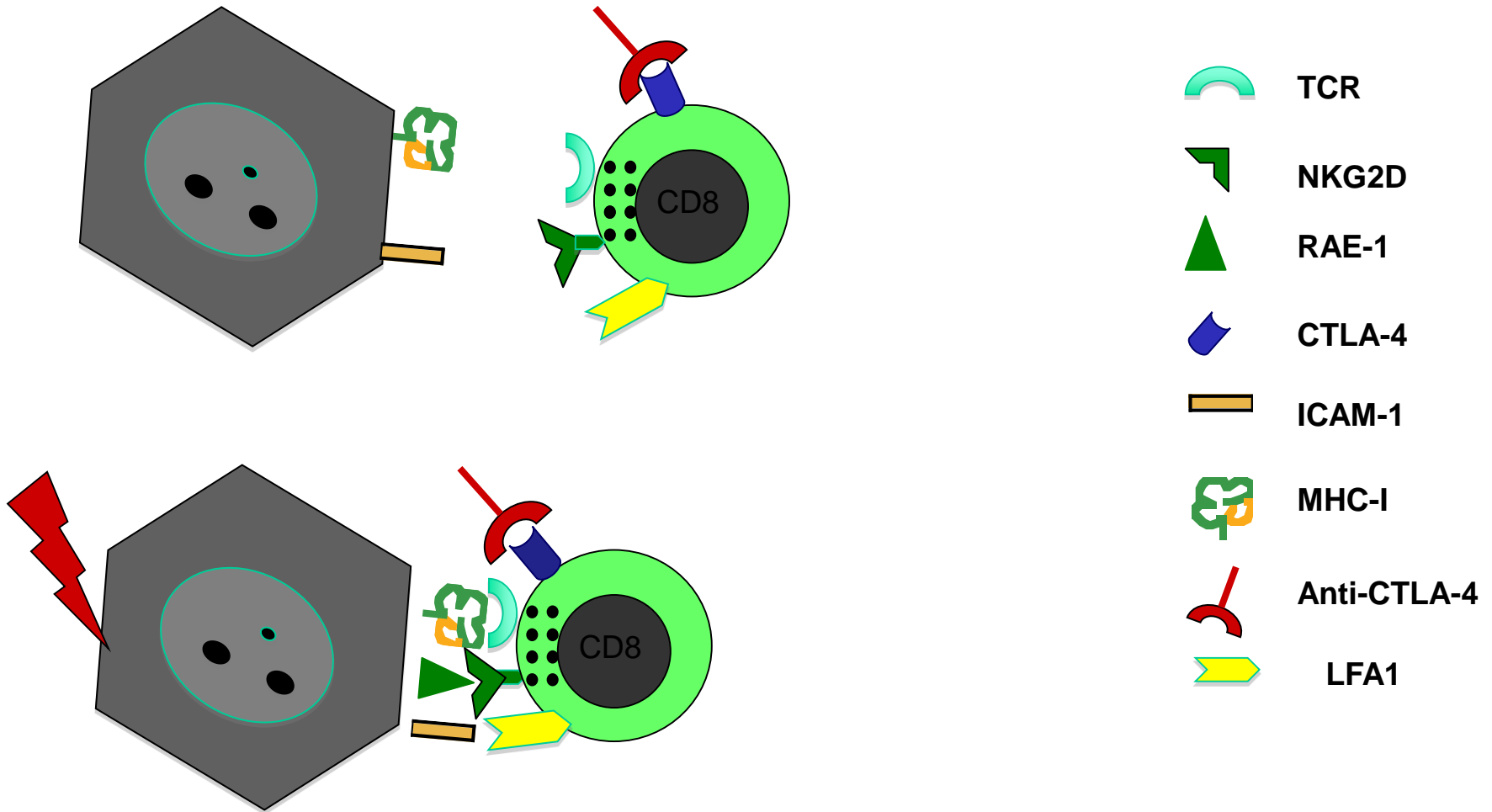
TDLN

CD69

# Blocking NKG2D abolishes immune-mediated tumor inhibition by combination of RT+anti-CTLA-4



# Radiation-induced Rae-1/NKG2D interaction is required for stable immunological synapse of tumor and T cells



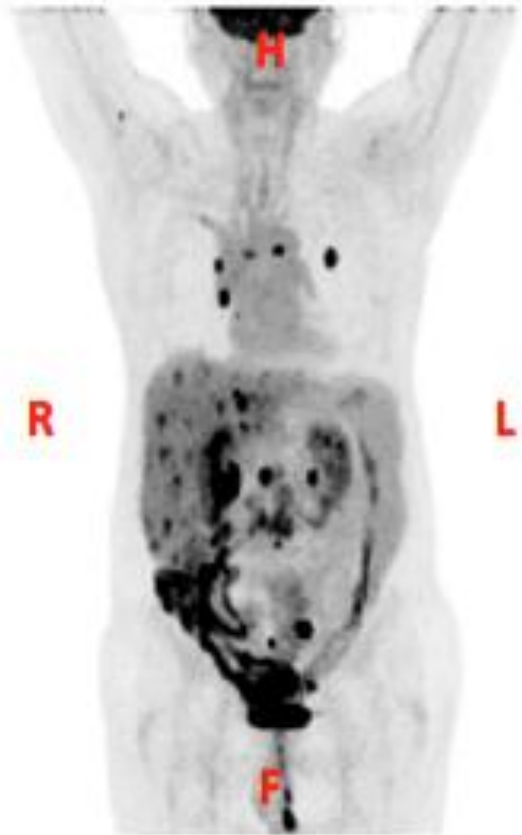
Clinical translation:  
NKG2D and its ligand MHC class I chain-related protein A (MICA)



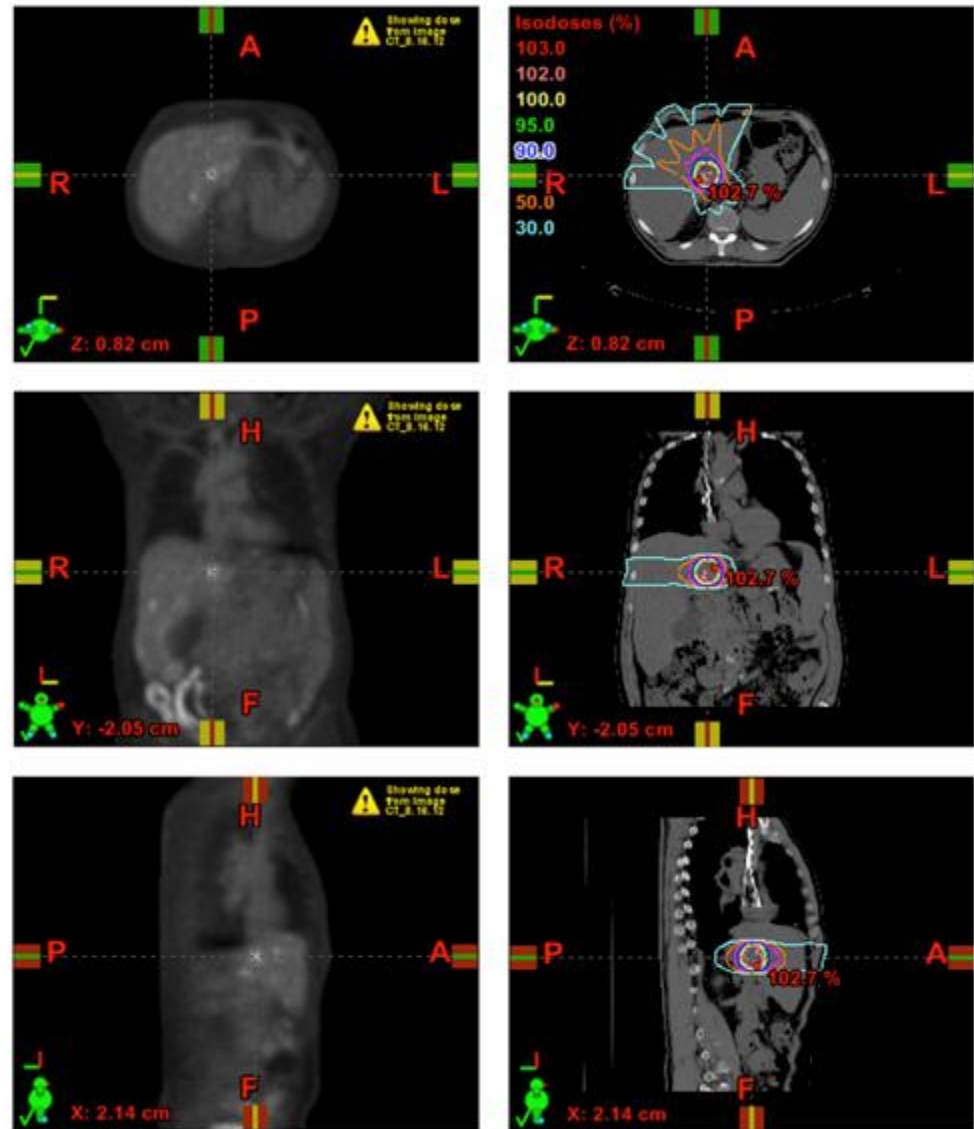
**Does this translate to the  
clinic?**

# Patient with Metastatic NSCLC

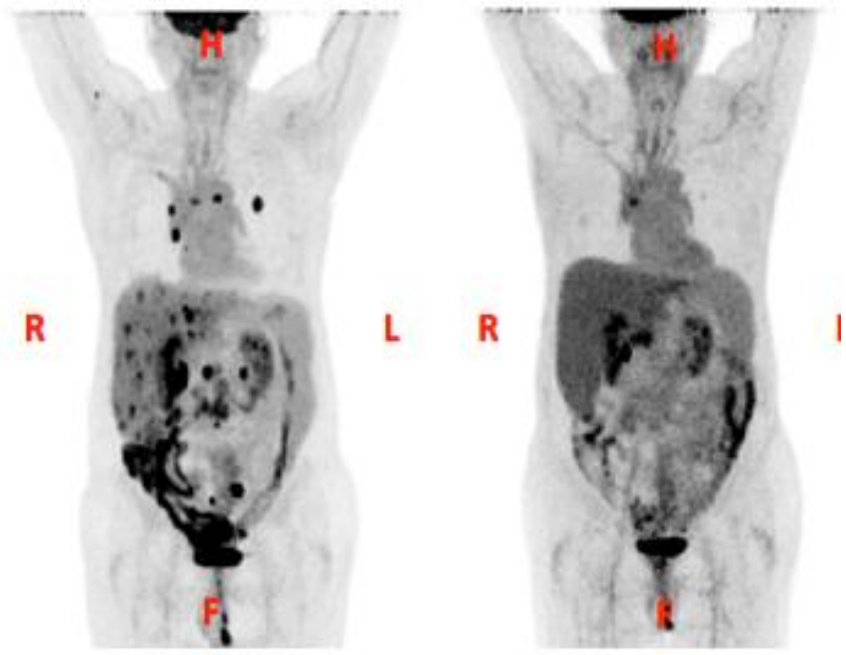
Progressing after 3 lines of chemo  
and chest RT: Multiple lung, bone  
and liver metastasis



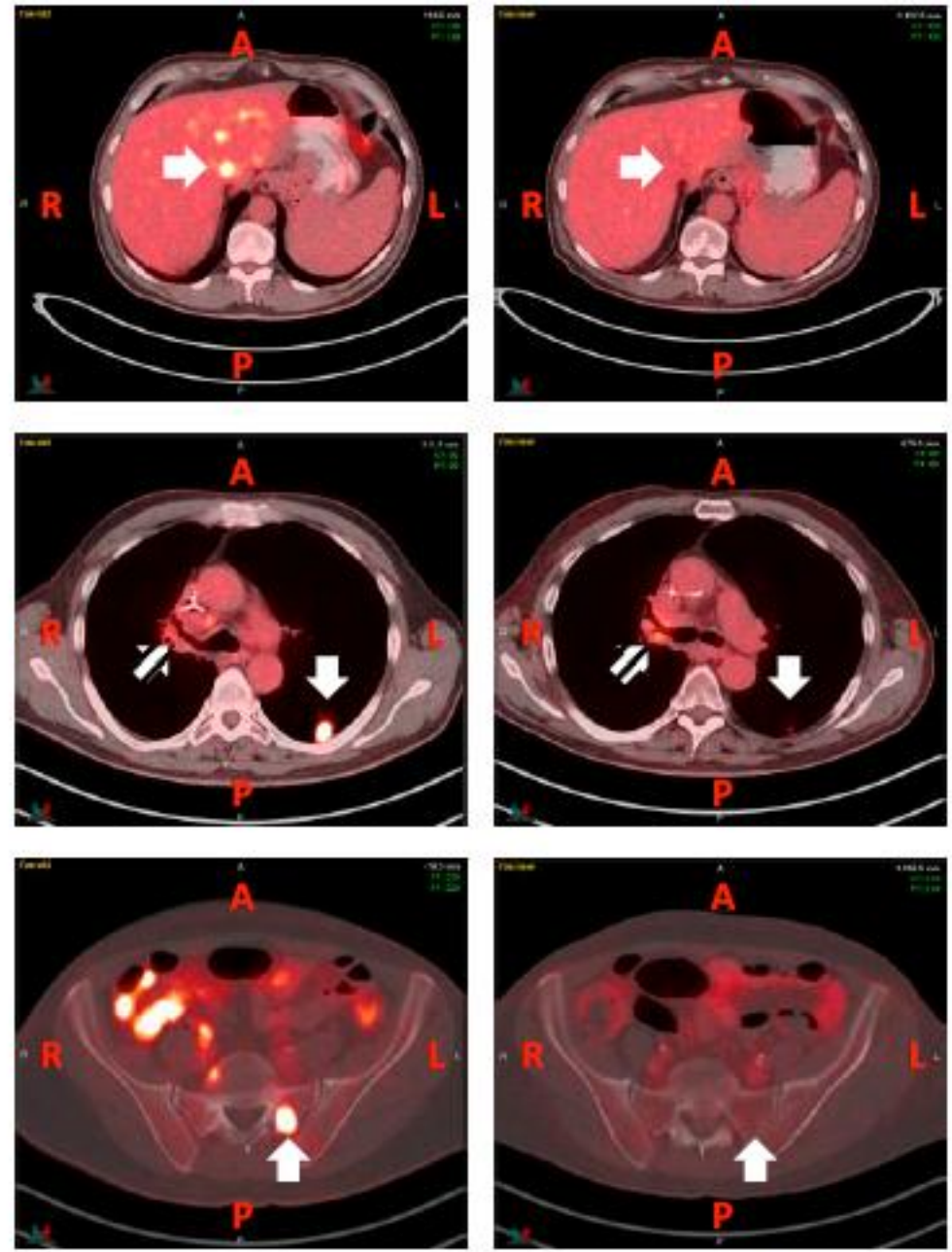
RT to one liver met6 Gy X 5 ( TD 30 GY)  
Ipilimumab, 3 mg/Kg, after first RT  
q3 weeks, X 4 cycles



Metastatic NSCLC:  
Response to RT+ipilimumab



August 2012 PET/CT      January 2013 PET/CT



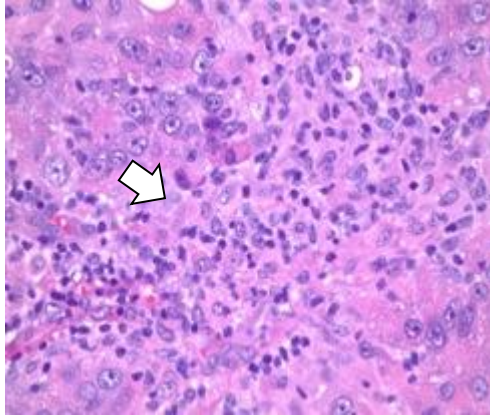
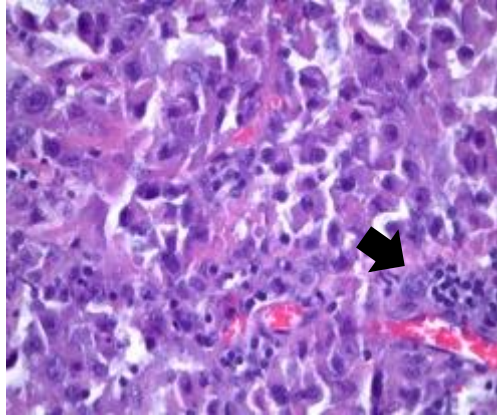
August 2012 PET/CT      January 2013 PET/CT



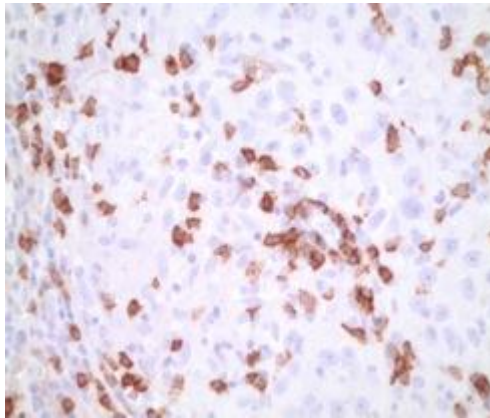
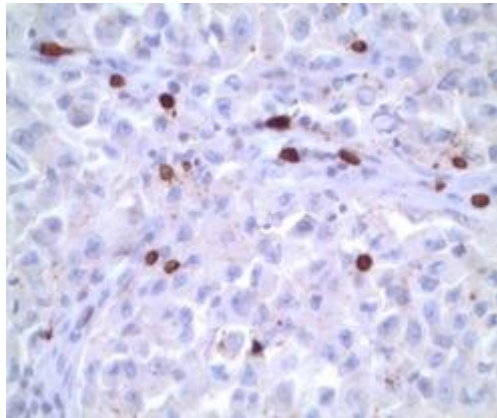
2010

2013

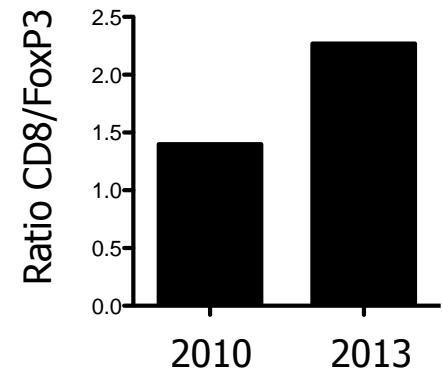
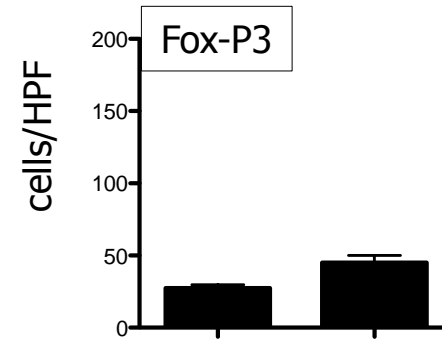
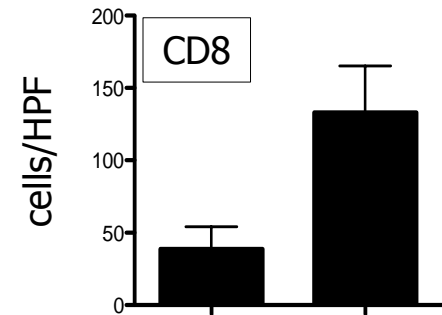
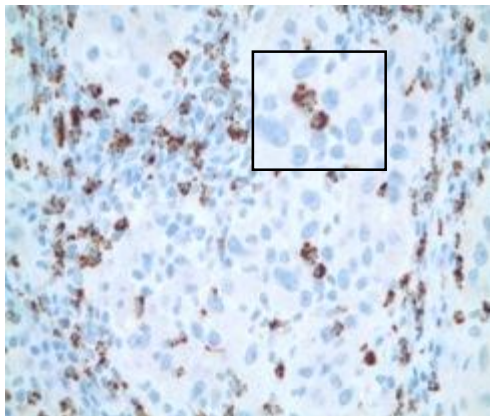
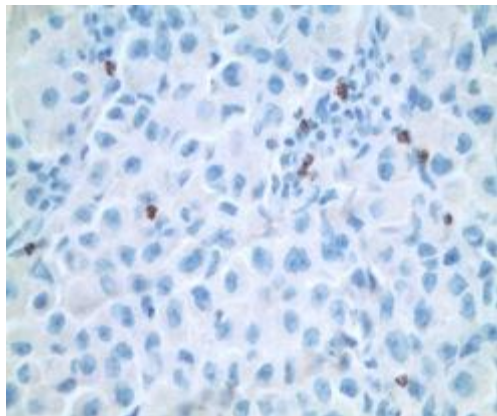
H&E



CD8



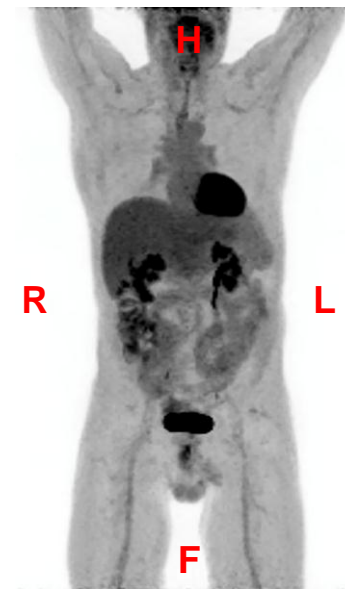
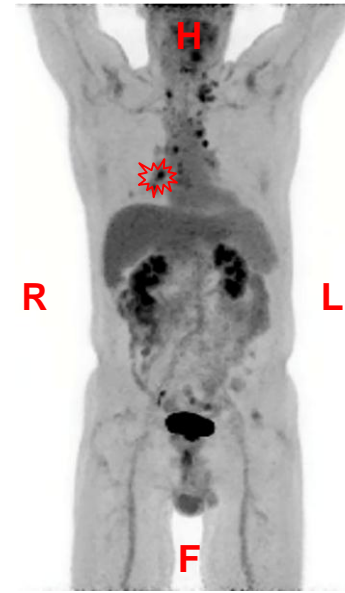
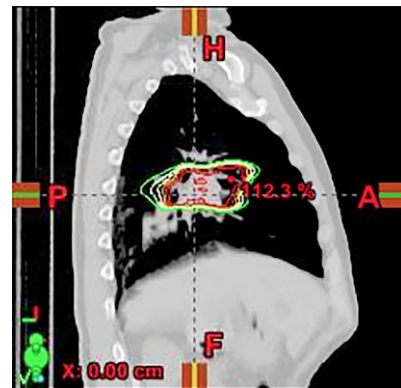
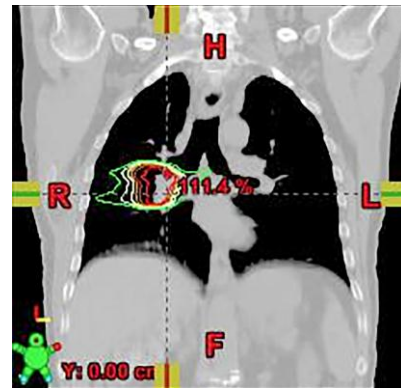
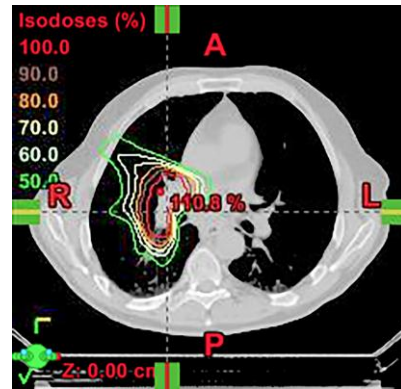
TIA-1



Clinical and radiological CR at one year: currently NED at 25 m

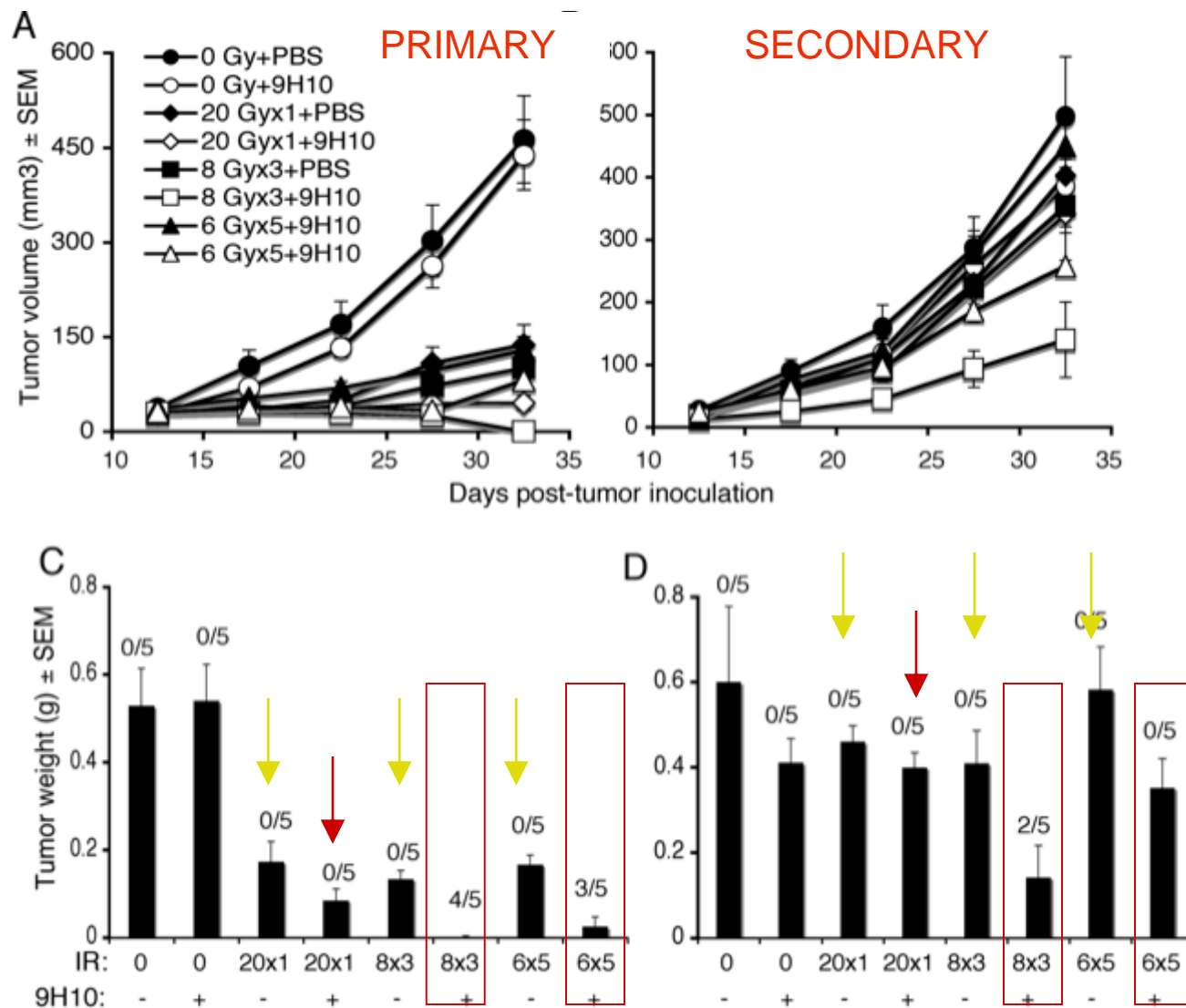


# NYU S14-00208 Ipilimumab + RT for NSCLC



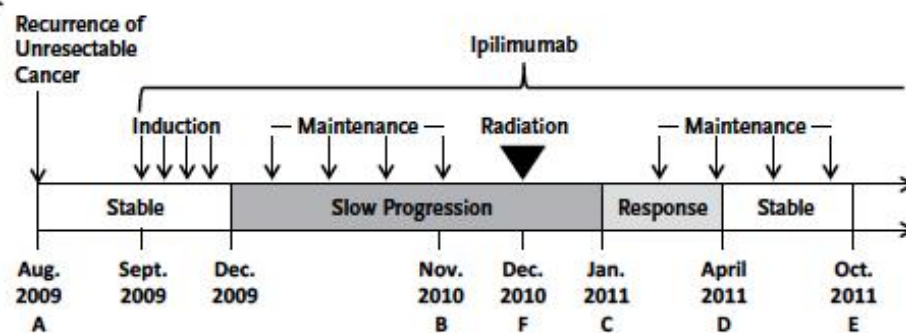
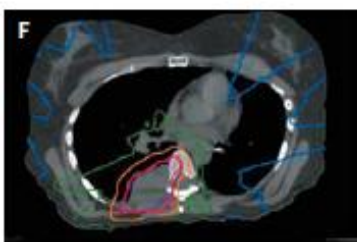
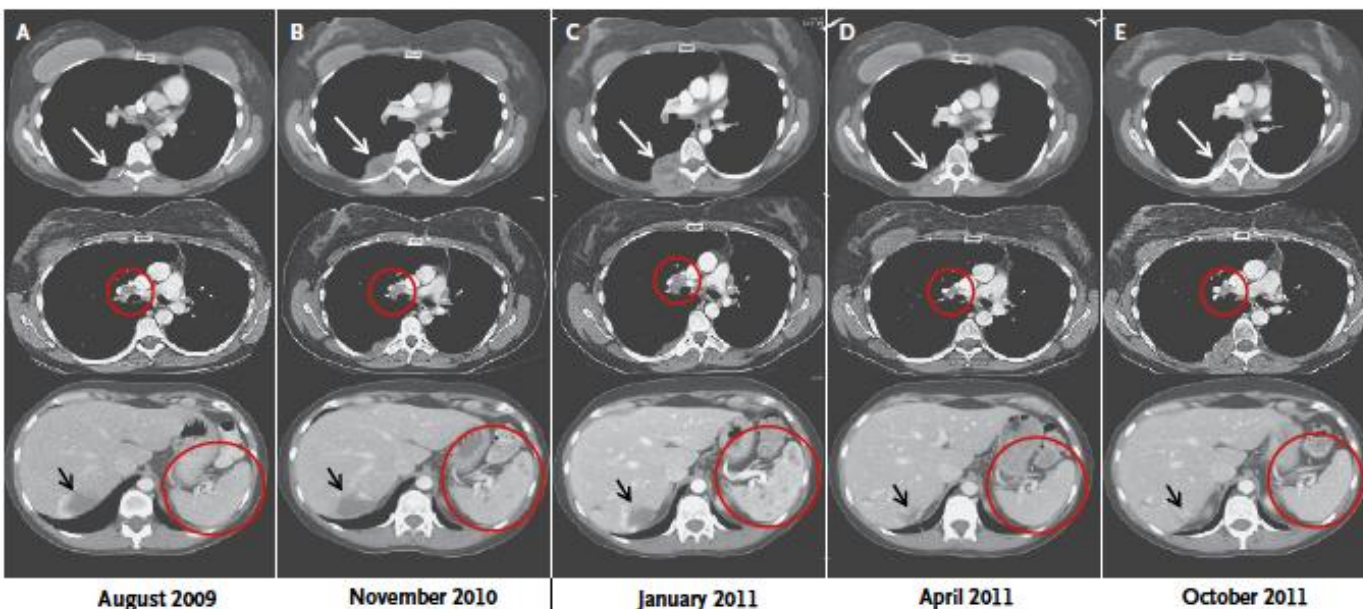


# Induction of the abscopal effect by fractionated RT and anti-CTLA-4 mAb



## BRIEF REPORT

## Immunologic Correlates of the Abscopal Effect in a Patient with Melanoma



>20 ongoing trials testing combinations of RT and Ipilimumab:

At NYU:  
NCT01689974

2012

# Clinical translation

| RT combination with:  | Trial/ tumor site   | accrual            |
|---|---|--------------------|
| <b>Flt3L</b><br><i>(Demaria et al., Int J Radiat Oncol Biol Phys, 2004)</i>   | Proof of principle abscopal trial<br>(met disease all sites)<br>NYU 02-58 | 37/37              |
| <b>anti-CTLA-4</b> <i>(Demaria et al., Clin Cancer Res 2005; Matsumura et al., J Immunol 2008; Pilonis et al., Clin Cancer Res 2009; Dewan et al., Clin Cancer Res 2009; Ruocco et al., J Clin Invest 2012)</i> | Met melanoma R trial<br>NCT01689974<br><br>Met NSCLC trial<br>NCT02221739 | 12/48<br><br>20/29 |
| <b>TLR7-agonist</b> <i>(Dewan et al. Clin Cancer Res 2012)</i>  | Metastatic breast cancer<br>NCT01421017                                   | 14/29              |
| <b>anti-TGFβ</b><br><i>(Bouquet et al Clin Cancer Res 2012)</i>   | Metastatic breast cancer R trial<br>NCT01421017                           | 24/29              |

# Take Home Message

Preclinical and clinical evidence suggests that local radiotherapy can contribute to the efficacy of cancer immunotherapy, by rendering the irradiated tumor more immunogenic

Radiotherapy can be harnessed as an adjuvant to immunotherapy as it may convert non-responding patients to responders to the same immunotherapy

Dose/fractionation and sequencing of radiotherapy need to be explored in combination with each immunotherapeutic strategy, in prospective PHASE I-II clinical trials

Non-invasive response monitoring tools are warranted: current imaging may be misleading



# Seminars in RADIATION ONCOLOGY

Volume 25 / Number 1 / January 2015

## Contributing Authors

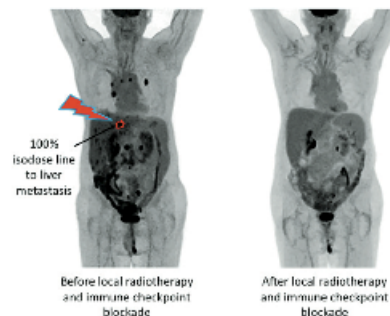
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## Radiation and the Immune Response

*Guest Editor*  
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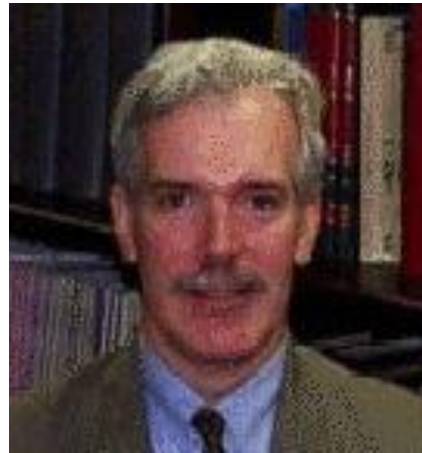
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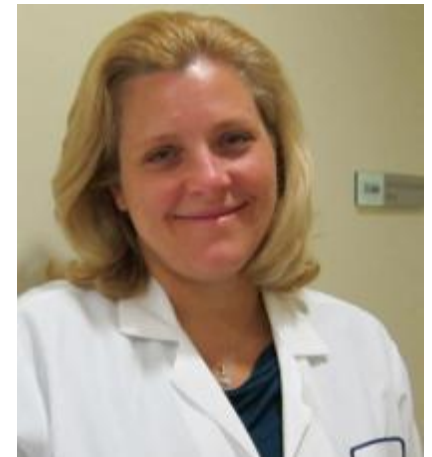
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Our patients