

Reprogramming the Tumor Microenvironment to Improve Responses to Therapy



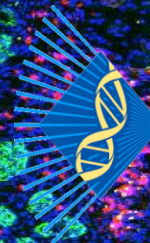
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Department of Medicine

Department of Pathology/Immunology

SITC-Workshop

April 17th, 2018



SITEMAN CANCER CENTER

BARNES-JEWISH HOSPITAL • WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

Disclosures

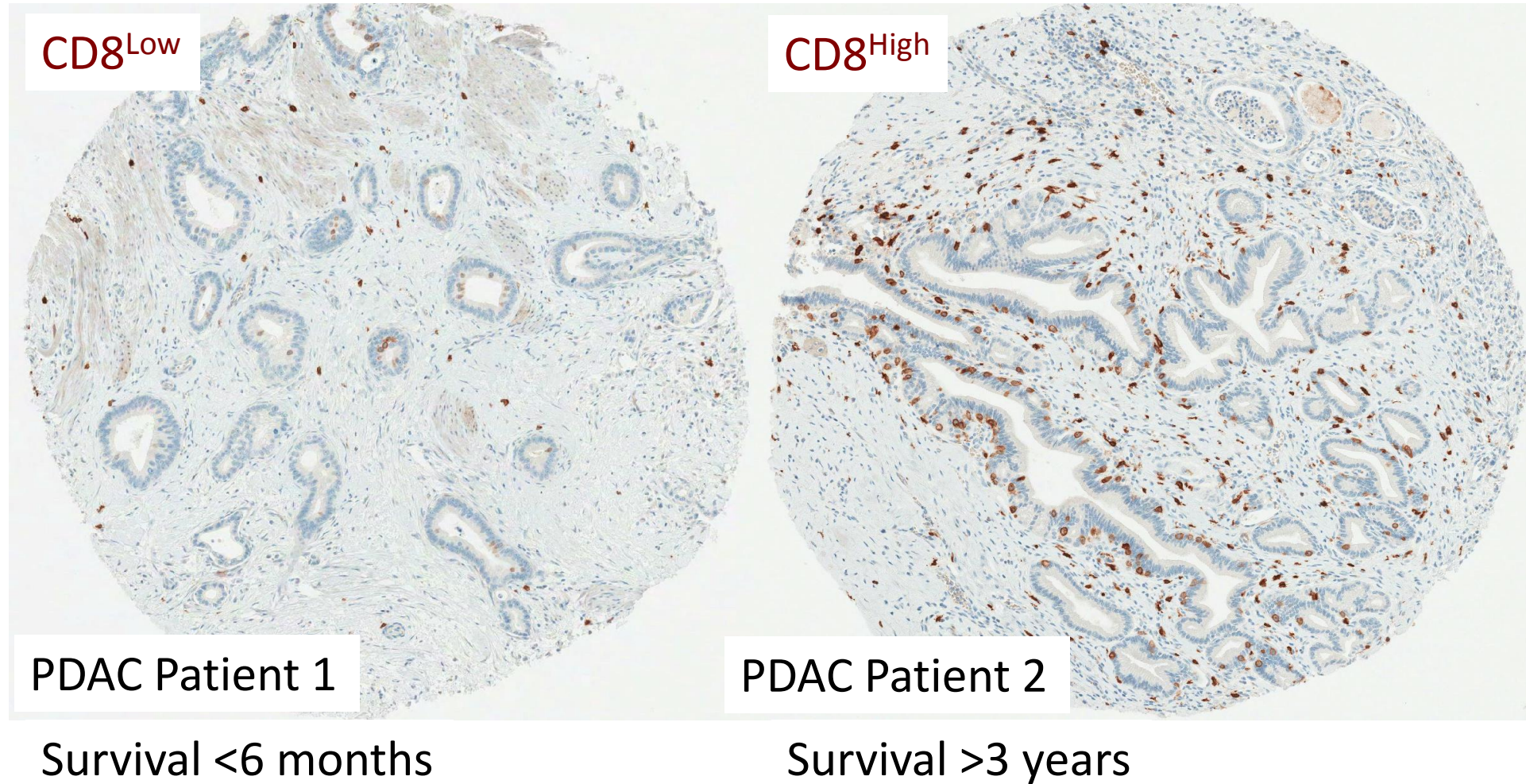
I have no financial disclosures relevant to this talk

Pancreas Cancer Outcomes

<u>Type</u>	<u>Deaths/year</u>	<u>% 5 year Survival</u>	
		<u>All</u>	<u>Local</u>
Lung	158,040	17%	45%
Colon	49,700	65%	90%
Breast	40,730	89%	99%
Pancreas	40,560	7%	26%
Prostate	27,540	99%	>99%

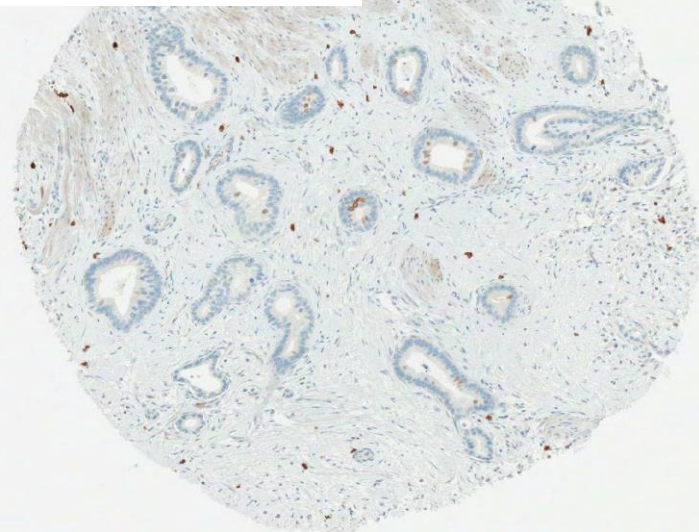
	<u>Immunotherapy</u>	<u>Response Rate (Stable Disease)</u>
Completed Trials	<i>Checkpoint Blockade</i>	
	• Anti-CTLA4 (Ipilimumab)	0%
	• Ipilimumab + Gemcitabine	0%
	• Ipilimumab + GVAX (vaccination strategy)	0%
	• Anti-PD-1 (Pembrolizumab)	0% (+ in MSI ^{High})
	• Pembro + Gemcitabine	0%
	• Anti-PD-L1 (BMS-936559)	0%
<p>Ma, Y. et al. <i>Cancer Res. Front.</i> (2016) Kunk, P. R., et al. <i>J. Immunother. Cancer</i> (2016) SEER.Cancer.Gov Report (2007-2013)</p>		

Diverse Immune Responses Impact Patient Outcomes

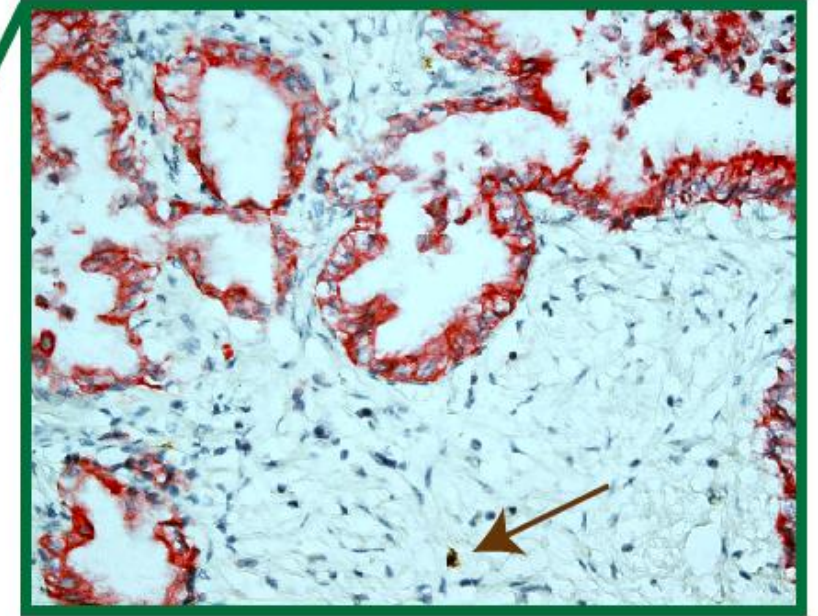
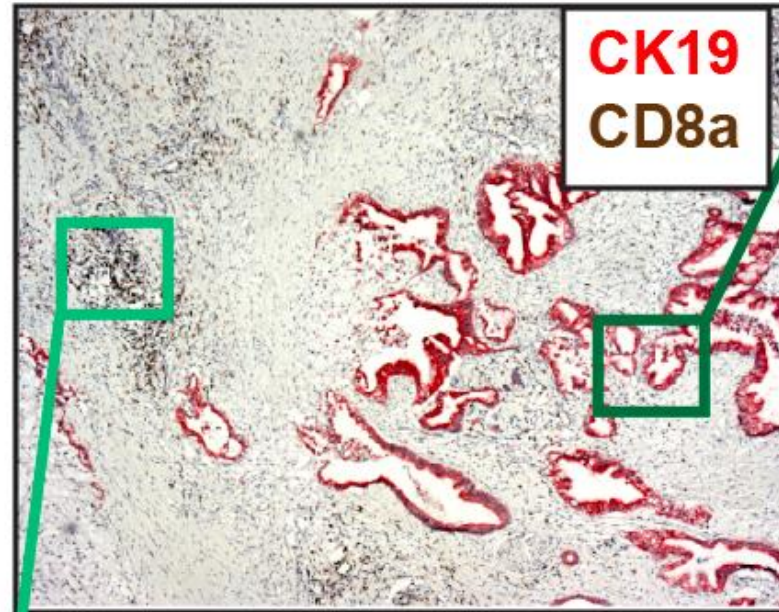
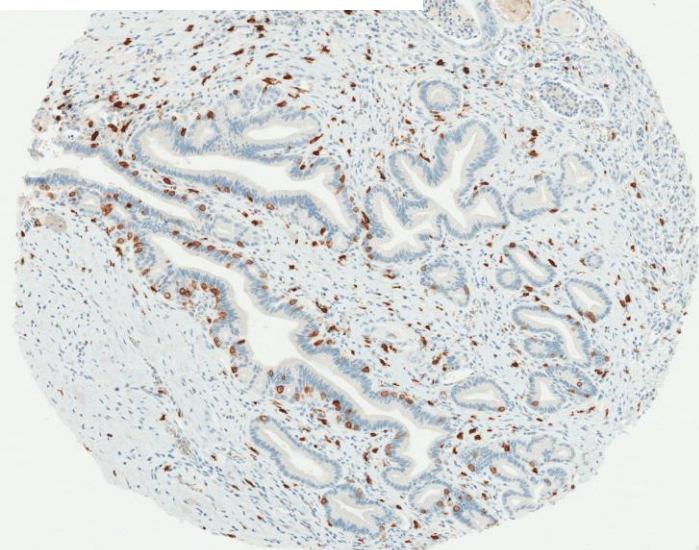


Diverse Immune Responses Impact Patient Outcomes

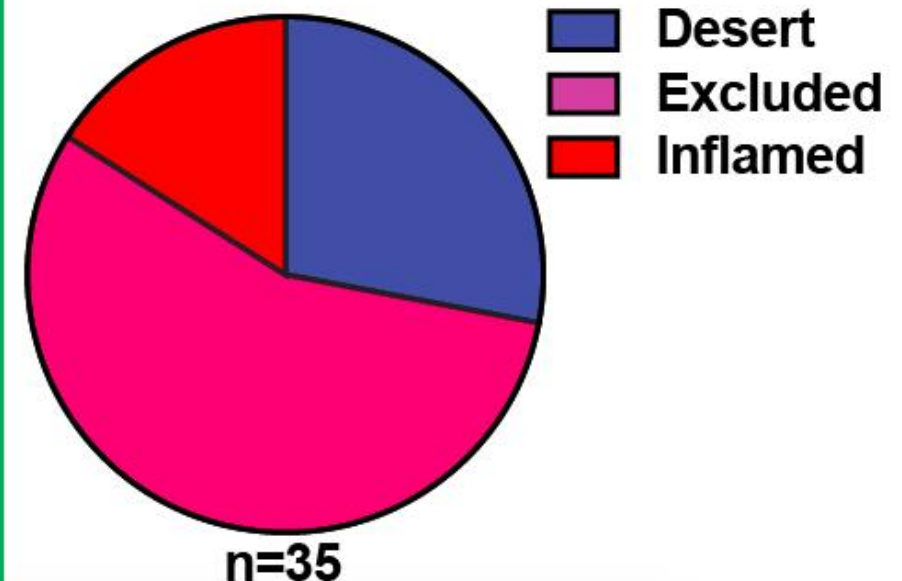
T cell Desert



T cell Inflamed

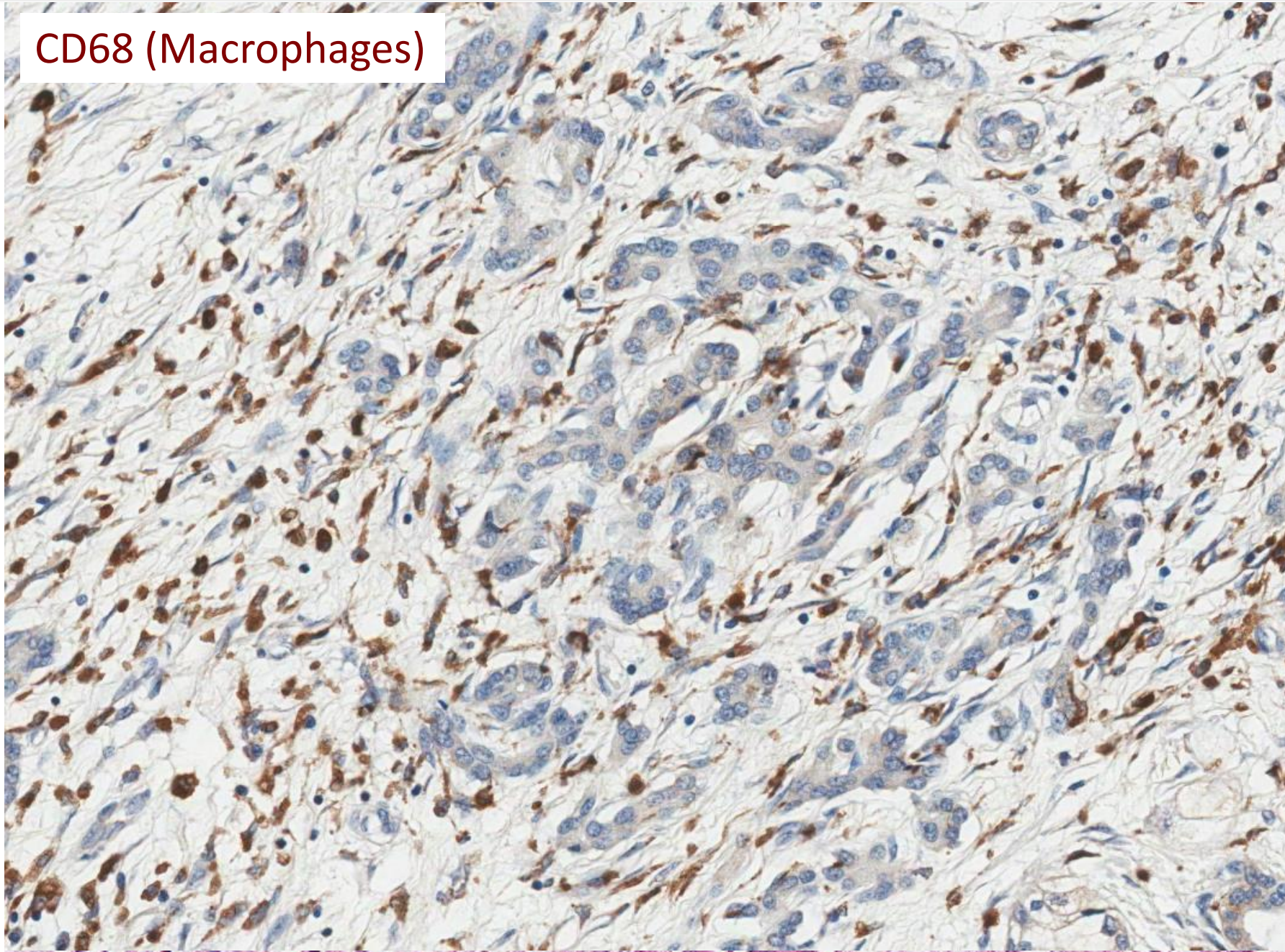


T Cell Phenotype

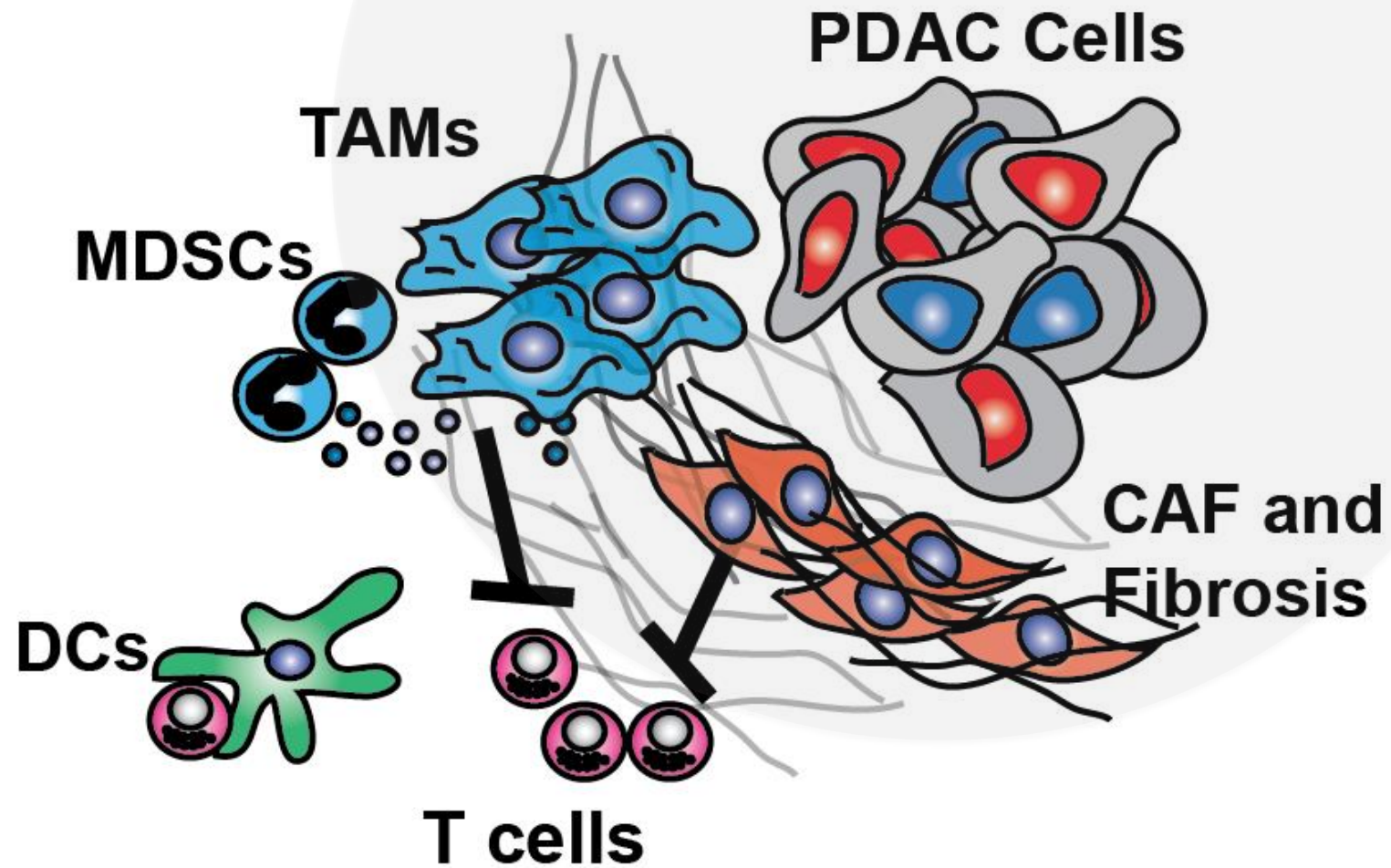


Pancreas Cancer Is Not Melanoma

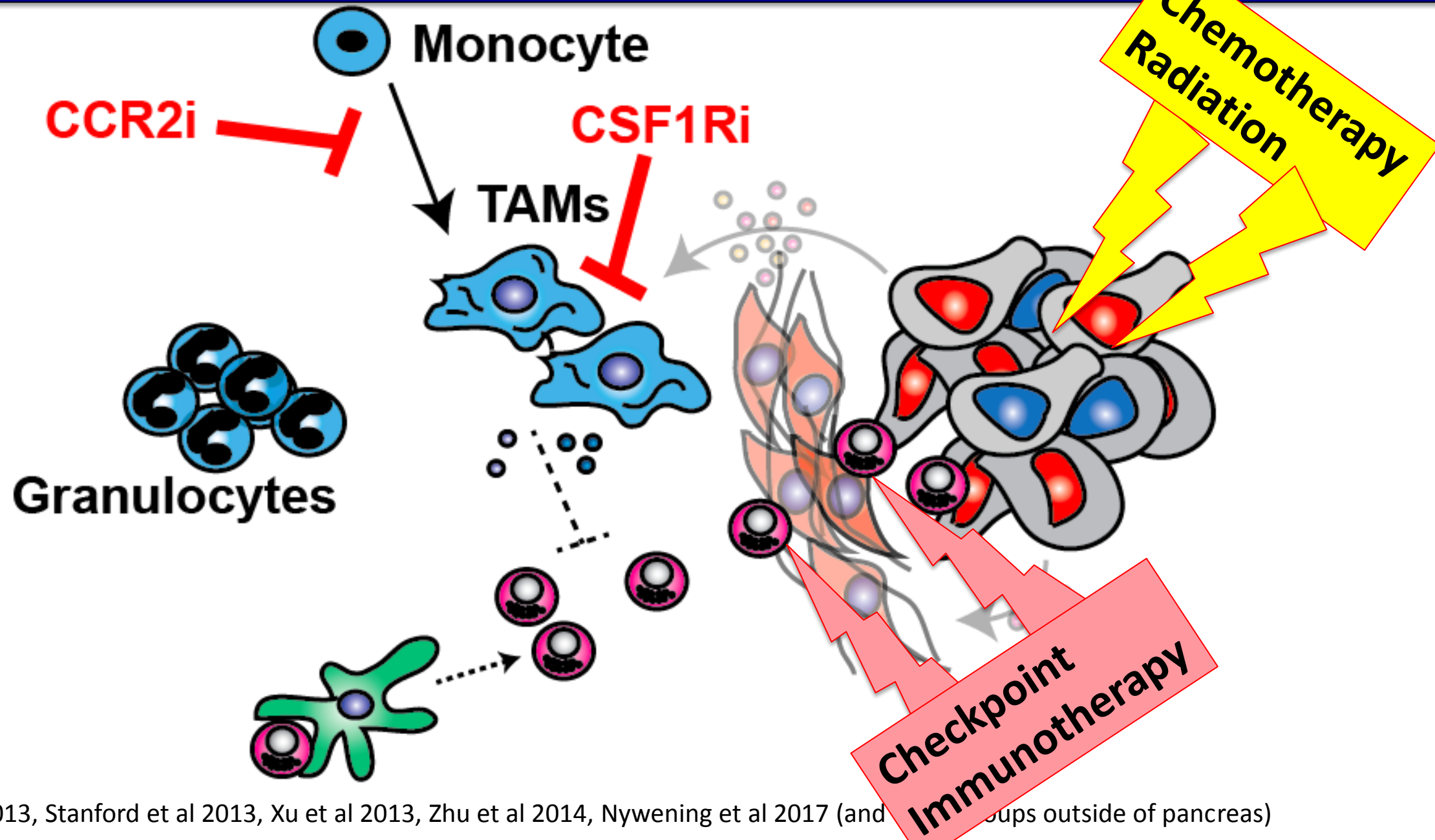
CD68 (Macrophages)



Targeting PDAC Microenvironment

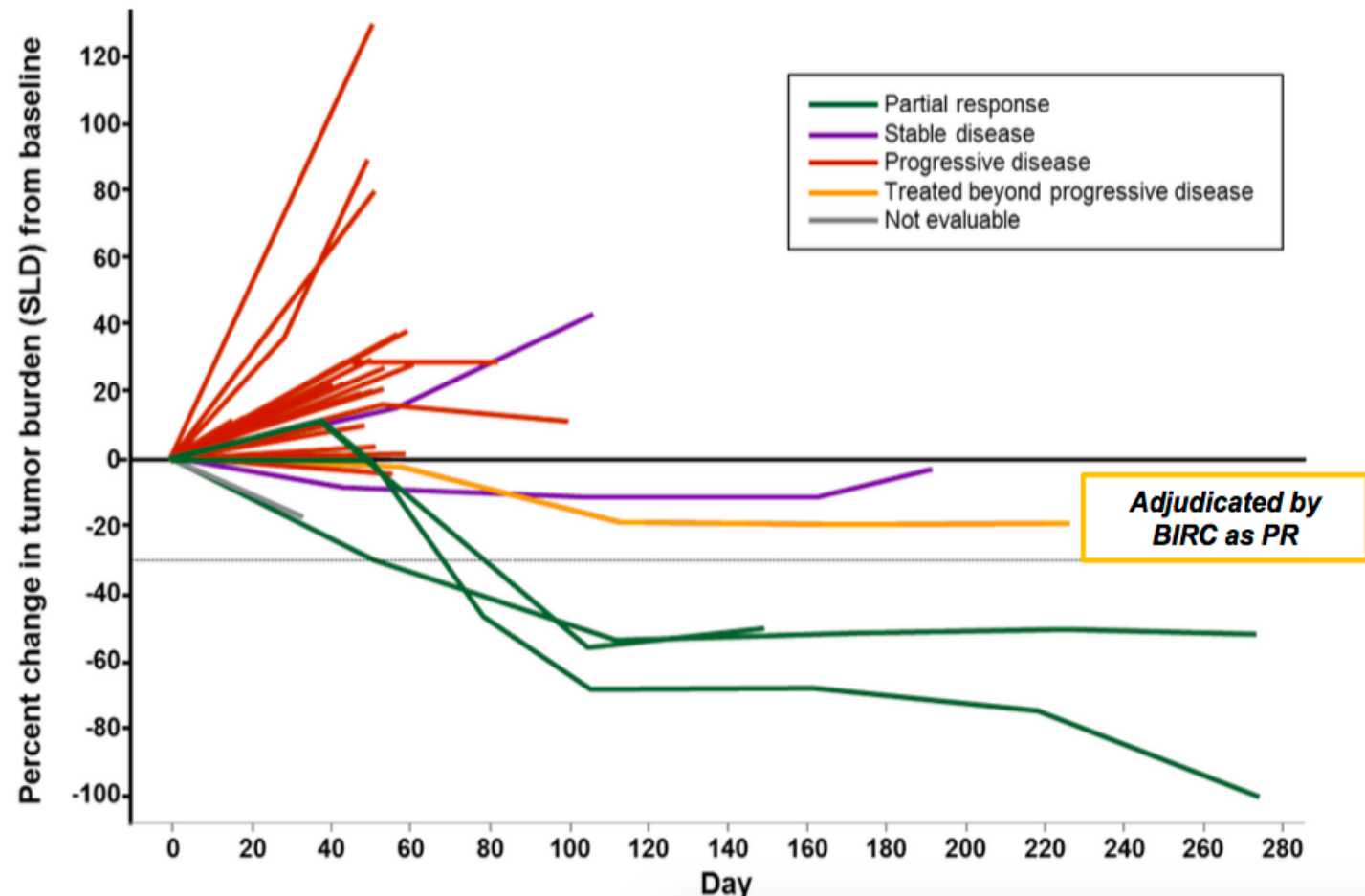


Targeting Macrophages To Improve Response to Therapy



CSF1R Inhibition in Combination with PD1 Checkpoint in PDAC

Best change in tumor burden over time in efficacy-evaluable patients treated with cabiralizumab 4 mg/kg + nivolumab 3 mg/kg (n = 31)^a



- In this heavily pretreated population, durable clinical benefit was observed in **5 patients (16%)**

Confirmed ORR = 10%
(Updated confirmed ORR = 13%)

Duration of treatment for responders = 275+, 168+, 258, and 247+ days

- All 4 confirmed responses were observed in patients with MSS disease, who historically have not shown benefit with anti-PD-1/L1 therapy^{1,2}
- Responses were accompanied by steep declines in levels of the pancreatic tumor marker CA19-9 over baseline

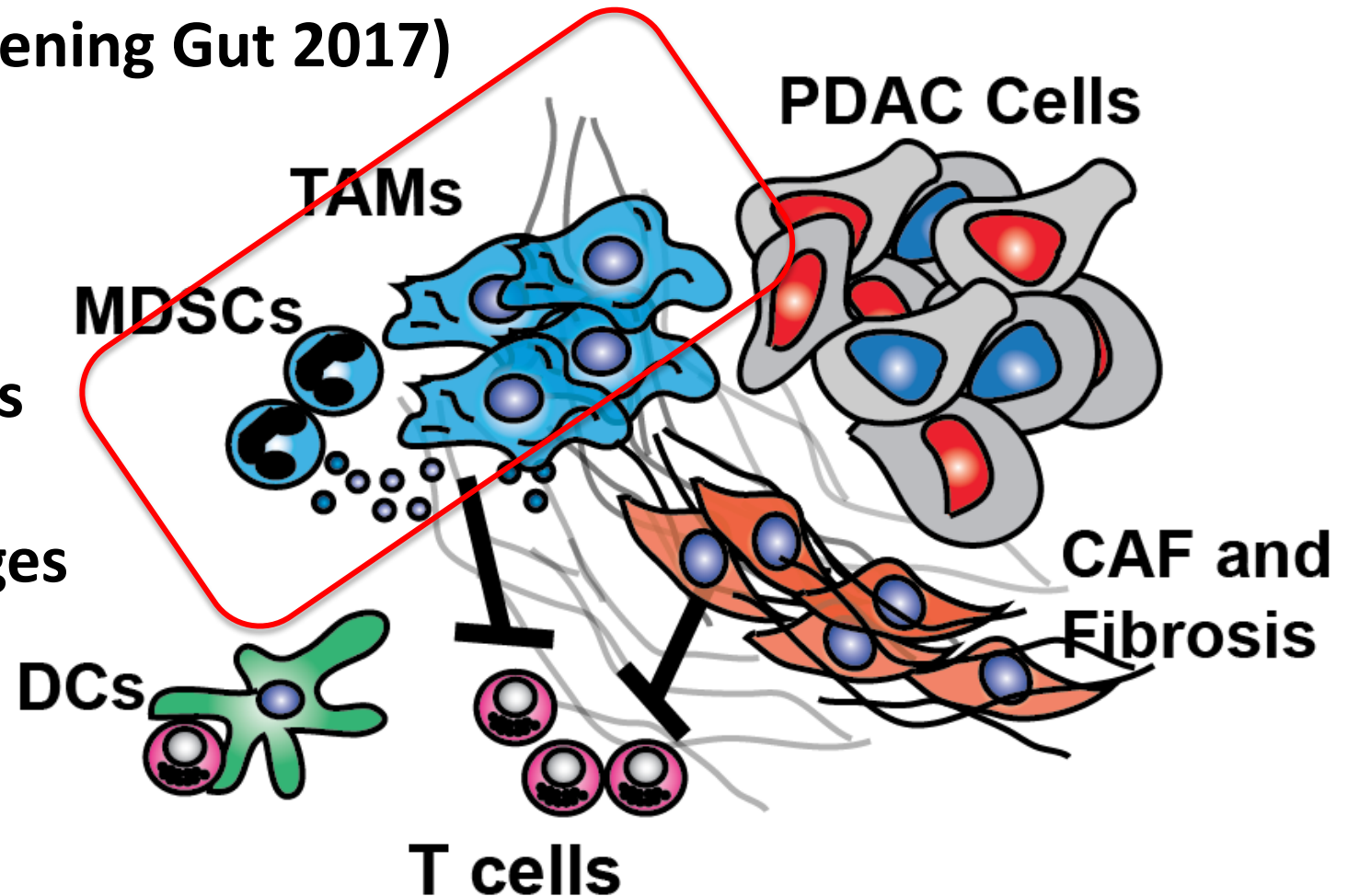
Targeting PDAC Microenvironment

Problem

- Myeloid Compensation
(Kumar Cancer Cell 2018, Nywening Gut 2017)

Hypothetical Goals

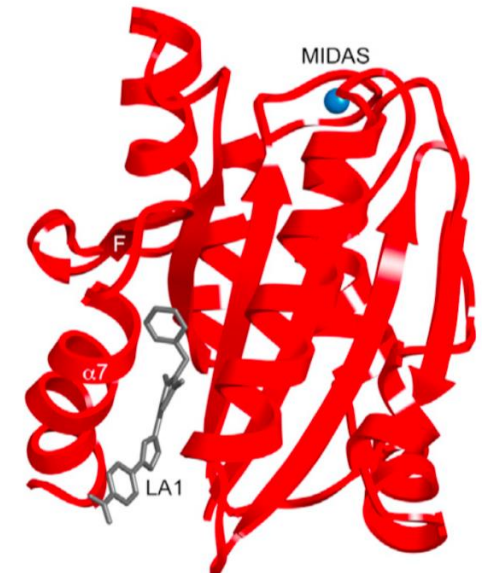
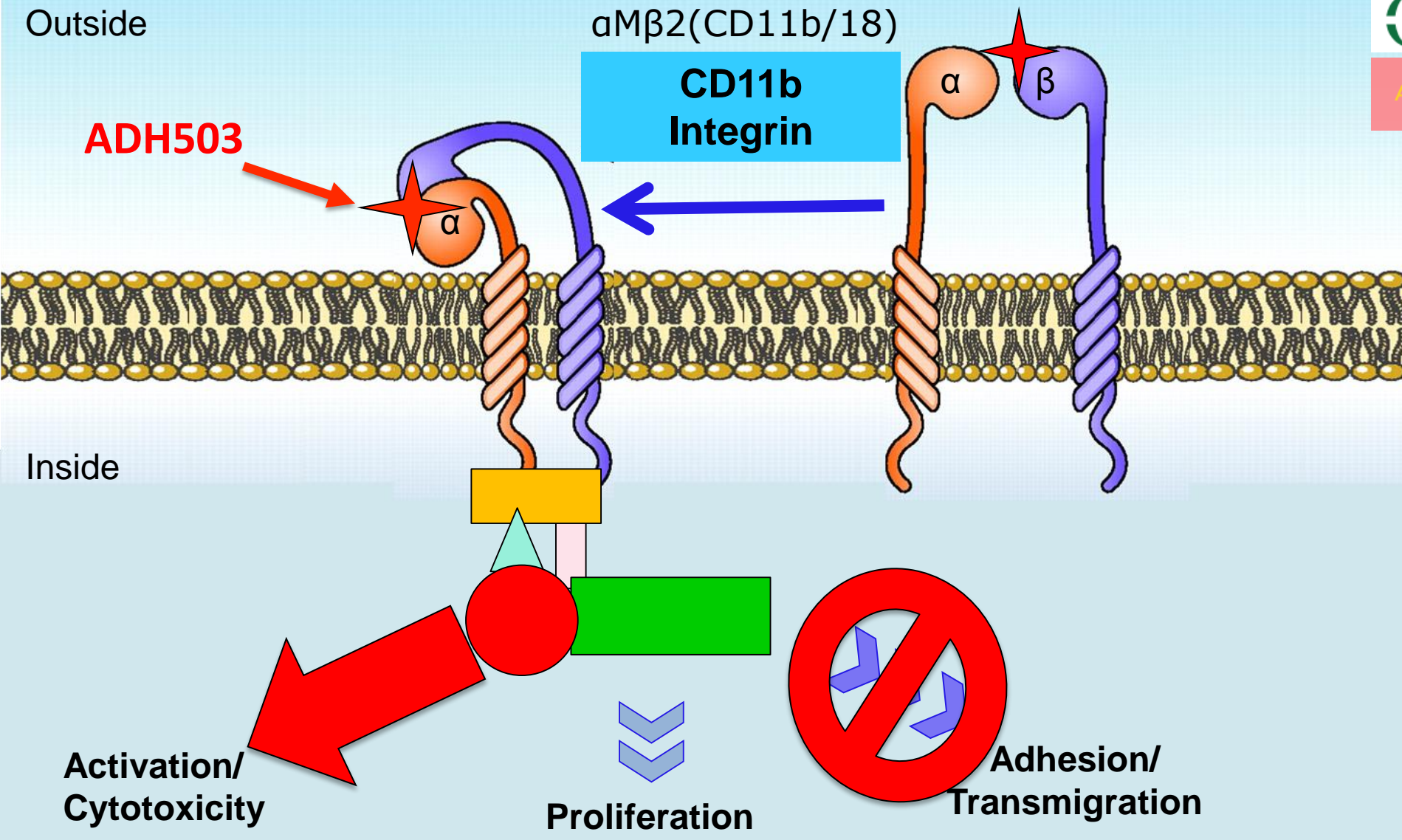
- Target Multiple Myeloid Subsets
- Repolarize Resident Macrophages
- Don't Impair T cell Priming



Teaching an Old Dog New Tricks (Targeting CD11b)

 RUSH UNIVERSITY

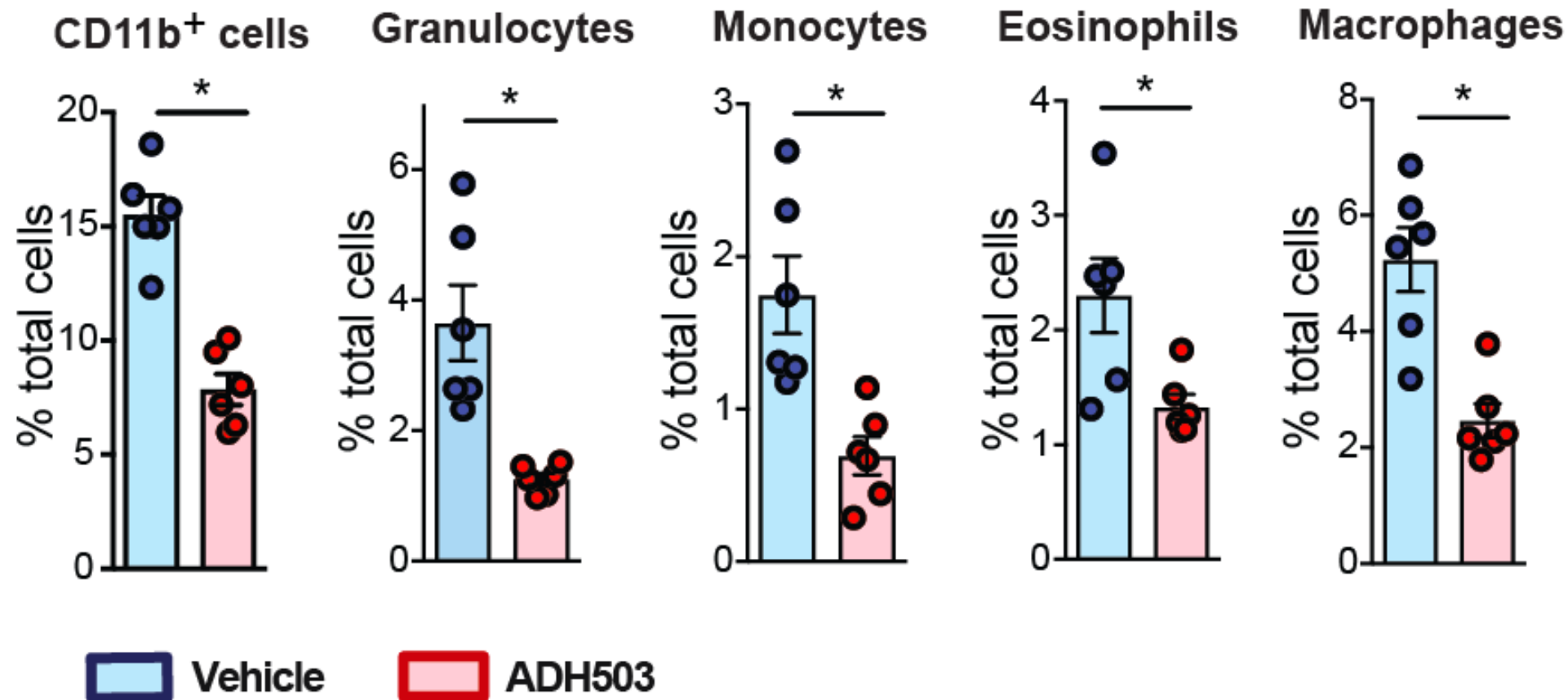
ADHAERE PHARMACEUTICALS, INC.



ADH503 Disrupts Multiple Myeloid Cell Populations

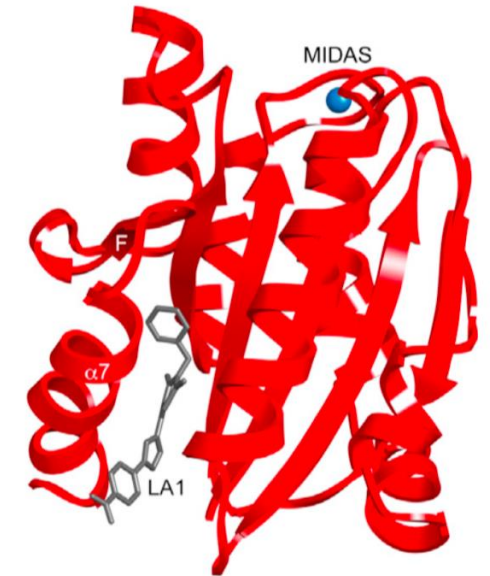
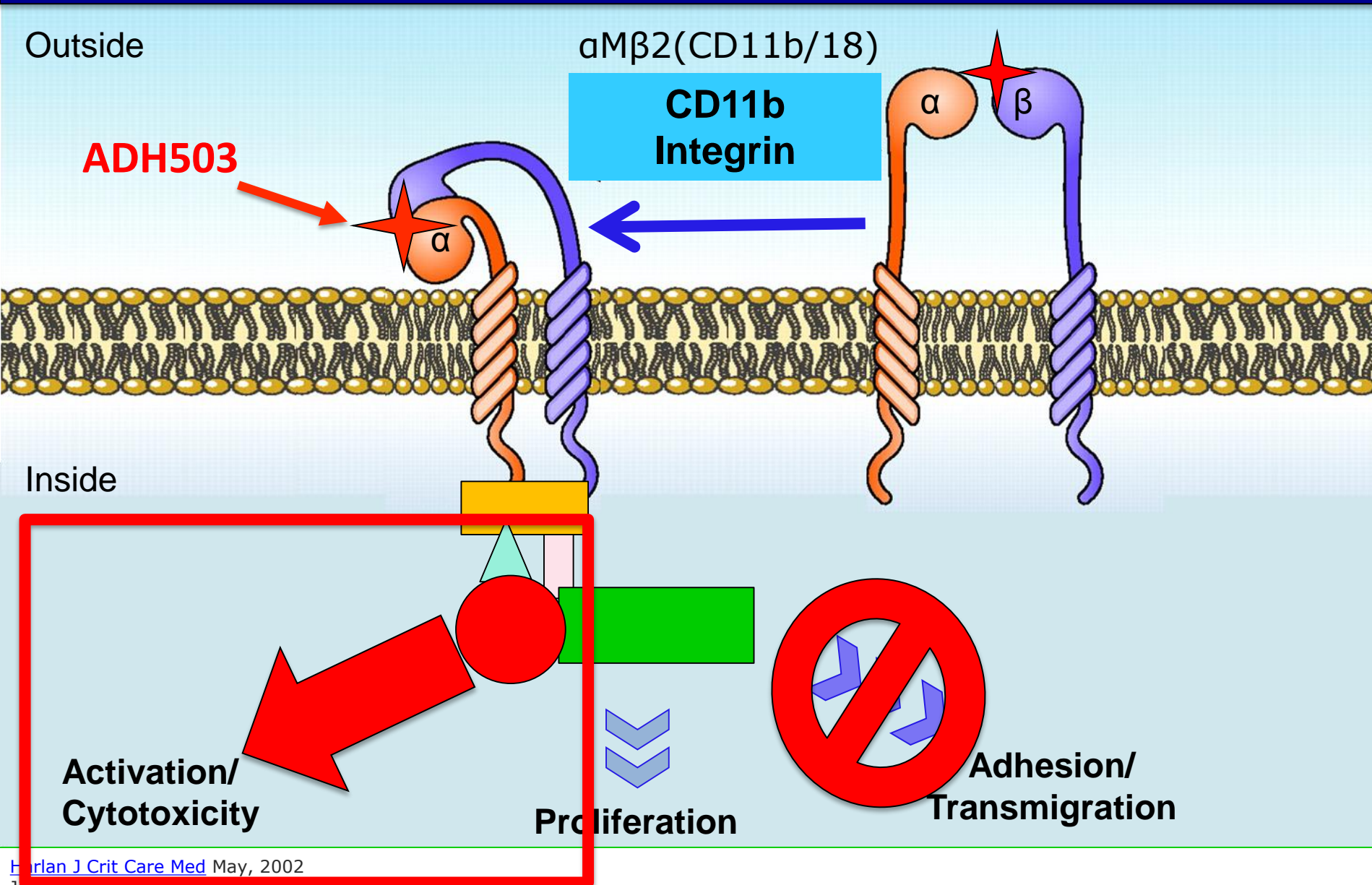
Orthotopic PDAC (KP2)

Tumor Myeloid Infiltrate (Orthotopic KPC-2.0)



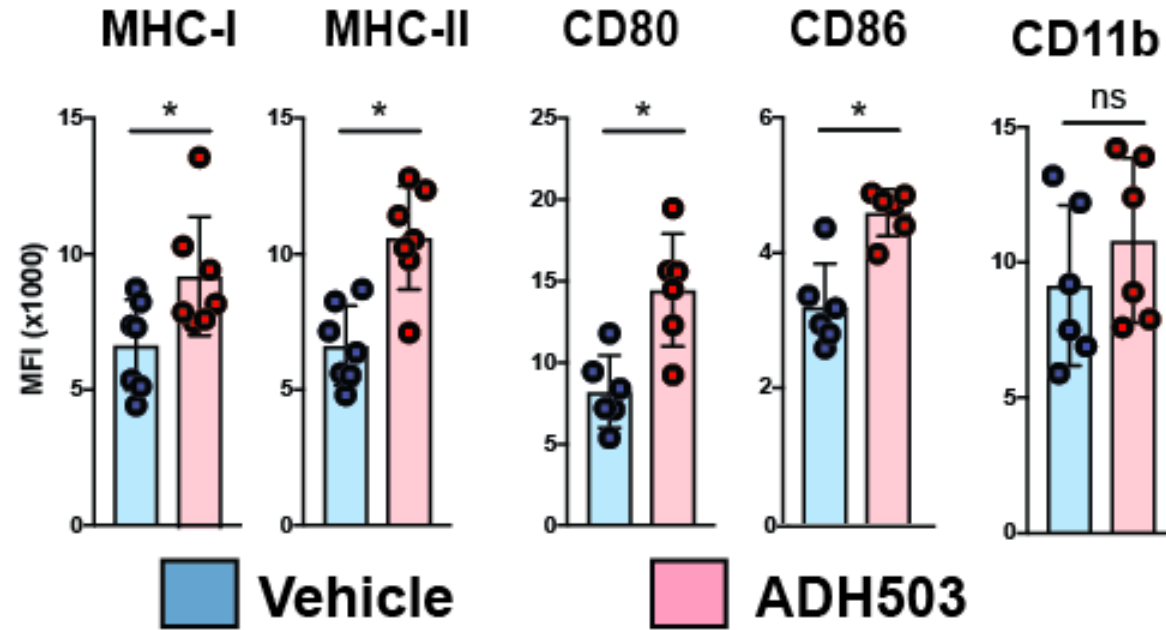
Consistent Across Three PDAC Models

Teaching an Old Dog New Tricks (Targeting CD11b)

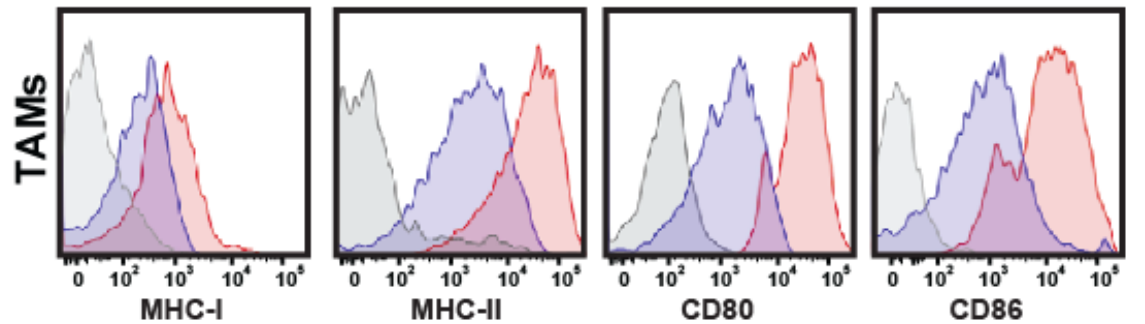


CD11-Agonists Re-polarize Macrophages

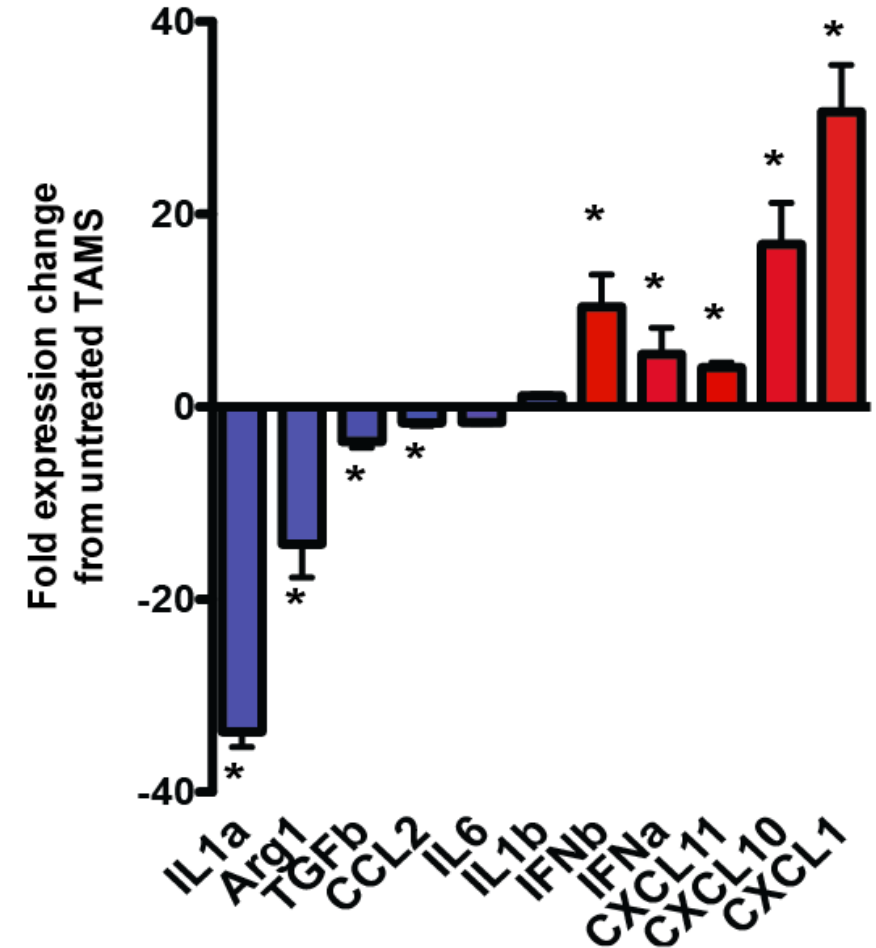
Orthotopic PDAC (KP2)



Gated on CD45⁺CD3⁻CD19⁻CD11b⁺Ly6G⁻Ly6C^{Low}/F4/80⁺MHCII⁺

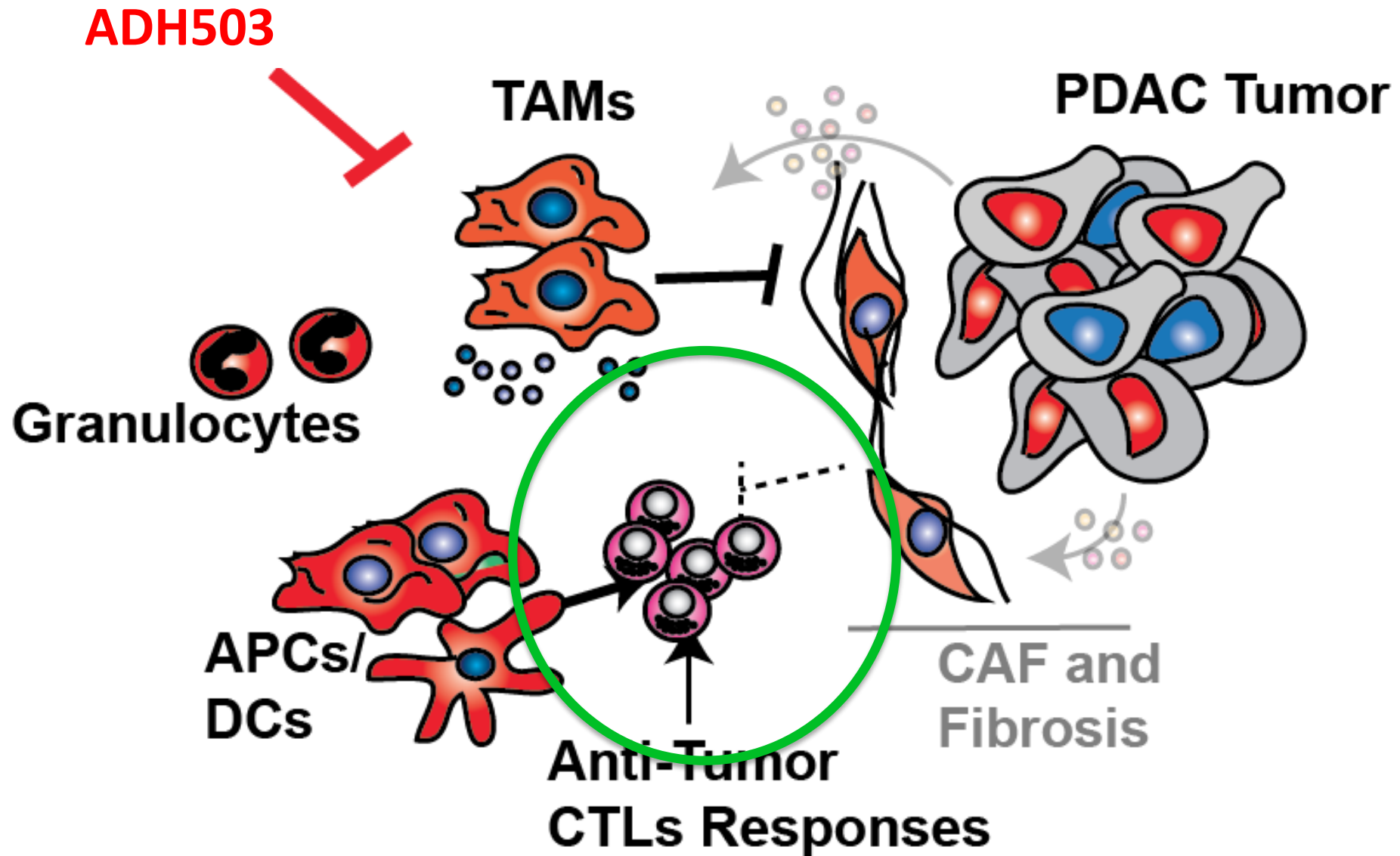


In-Vivo TAM Profiling

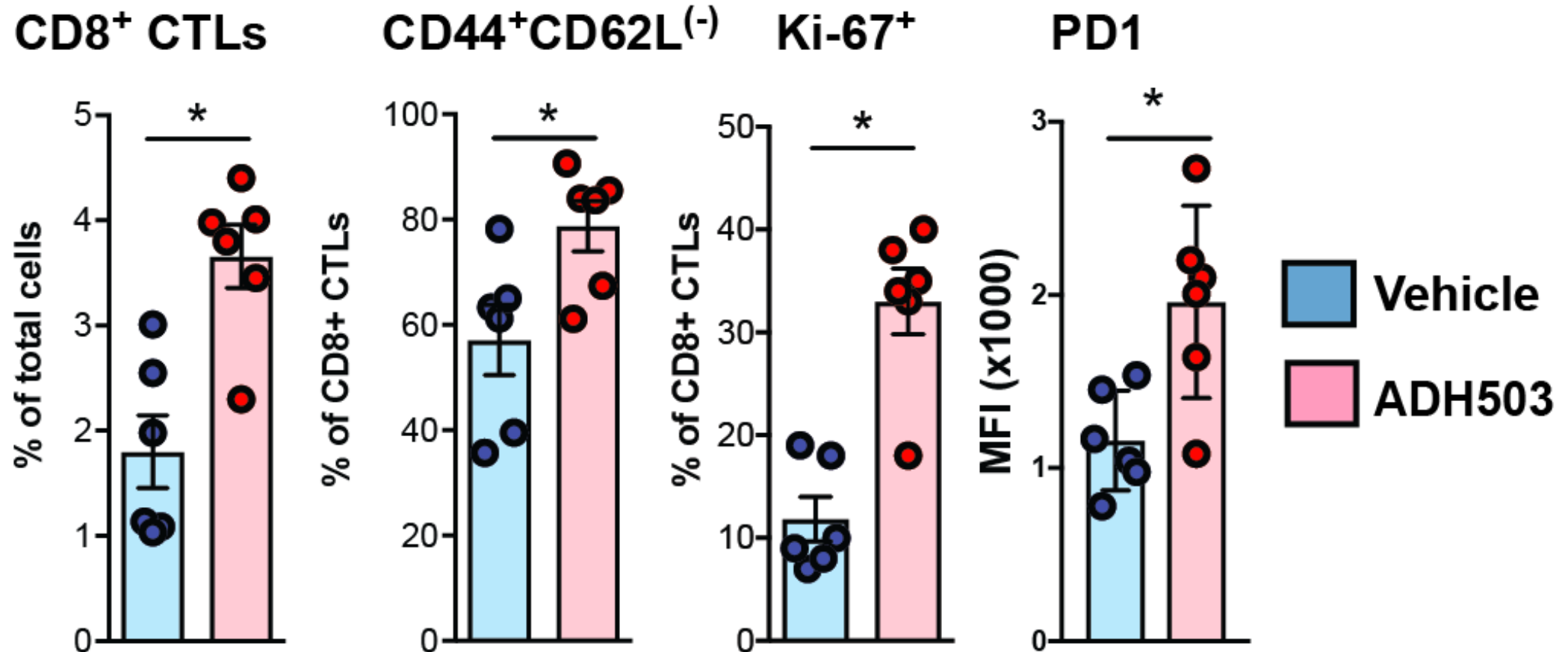


Consistent Across Two PDAC Models

Targeting Myeloid Cells



CD11B-Agonists Invigorate T cell Responses

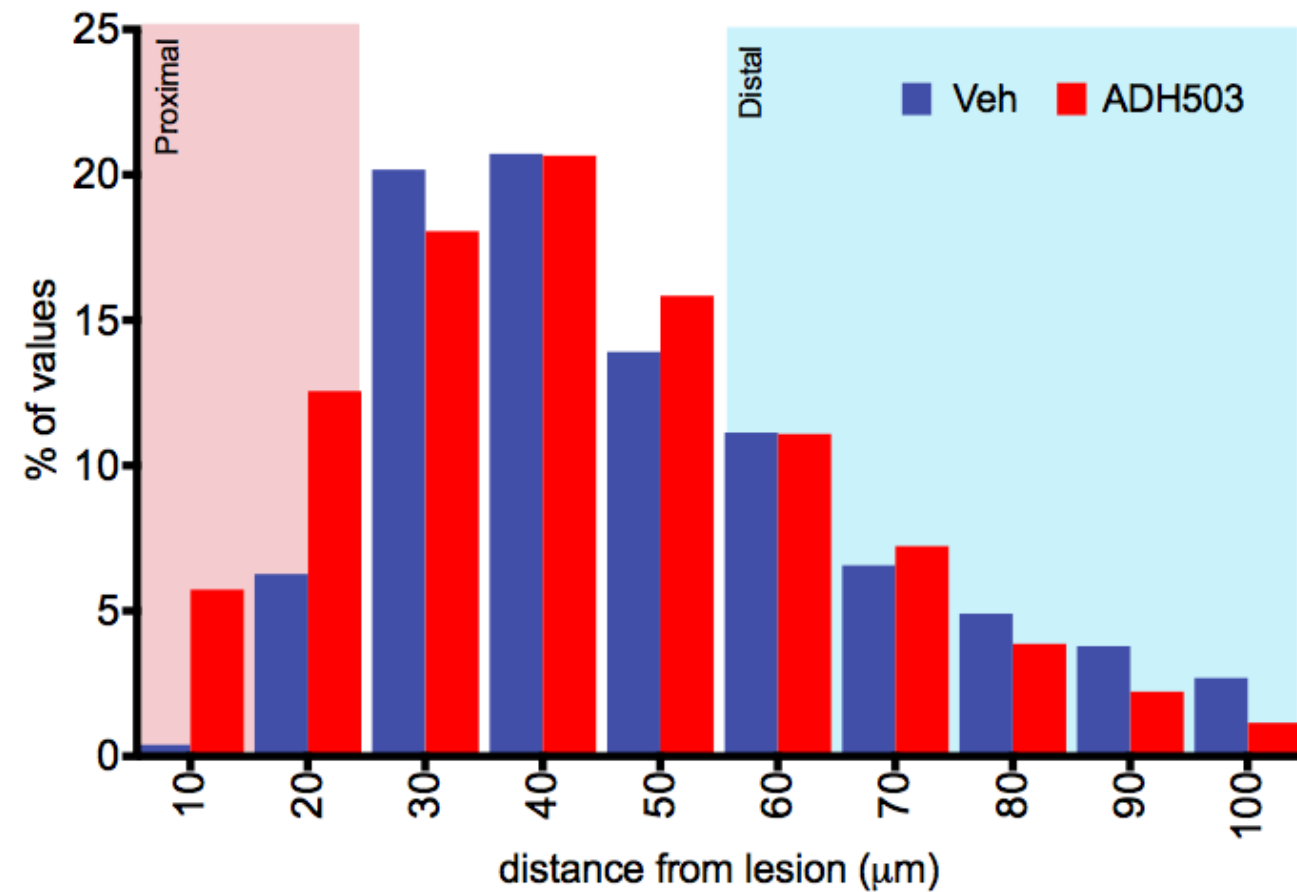
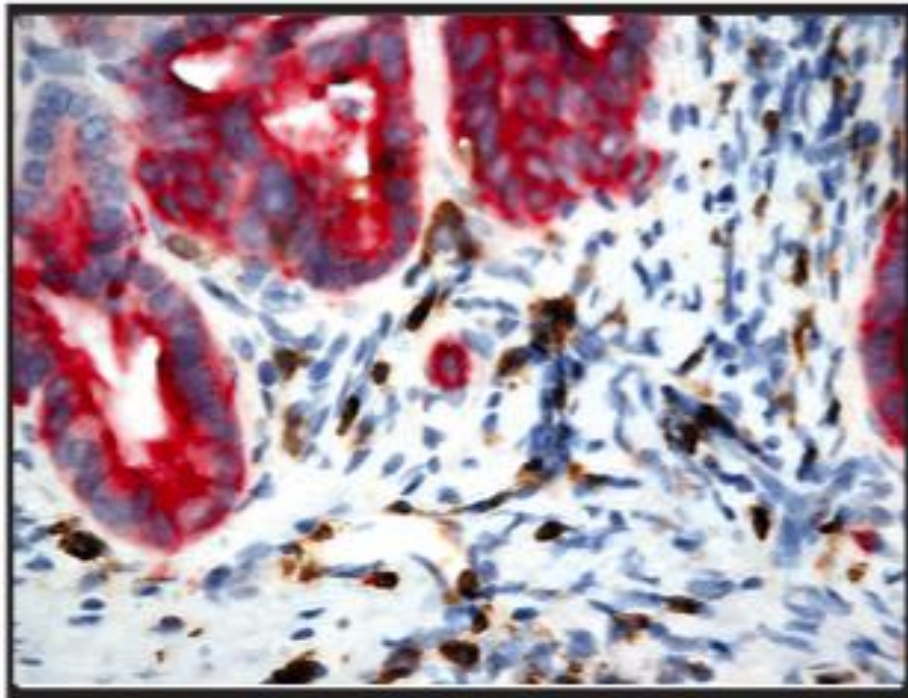


Consistent Across Three PDAC Models

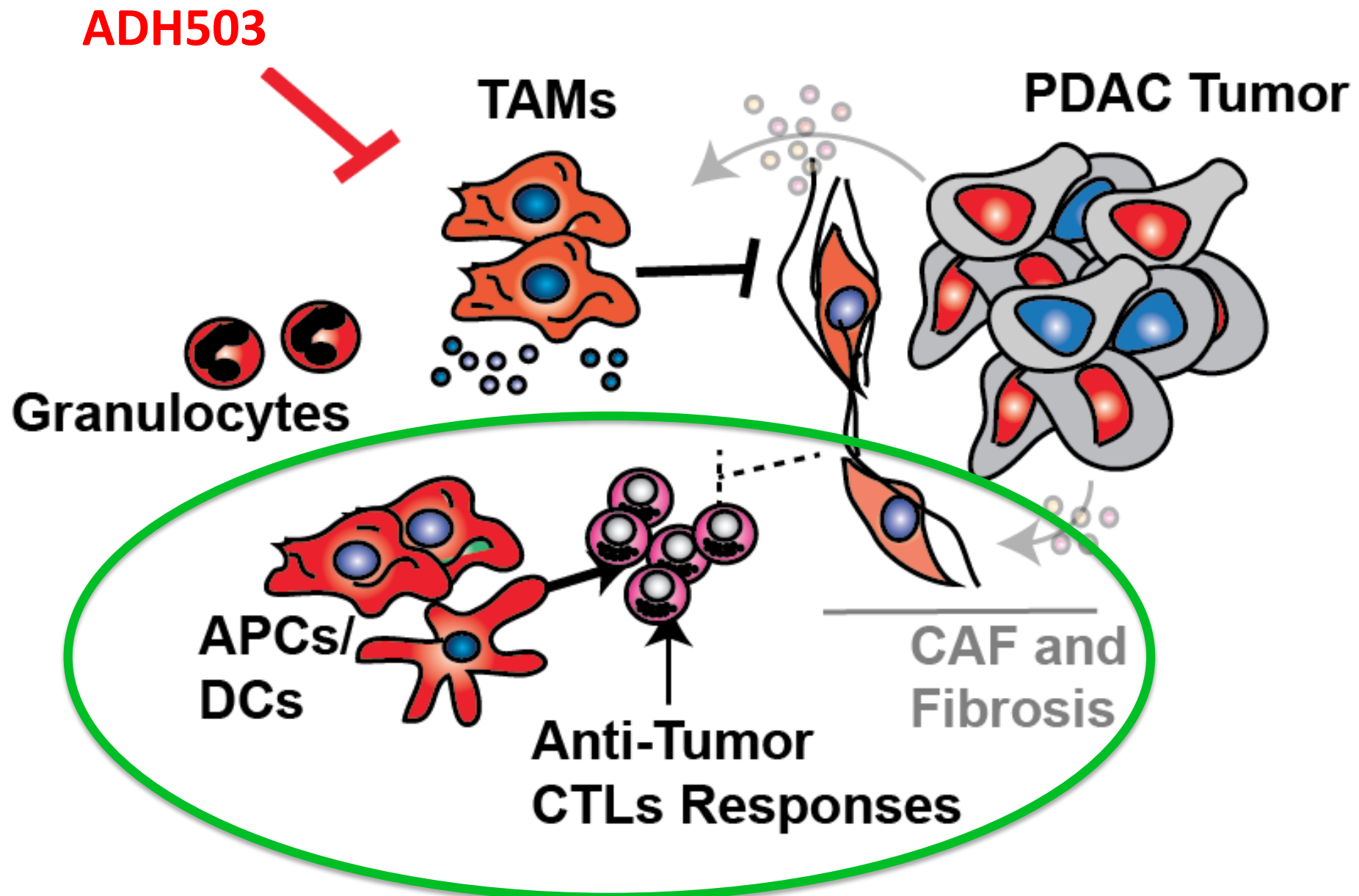
ADH503 Restrains Tumor Progression

KPC GEMM

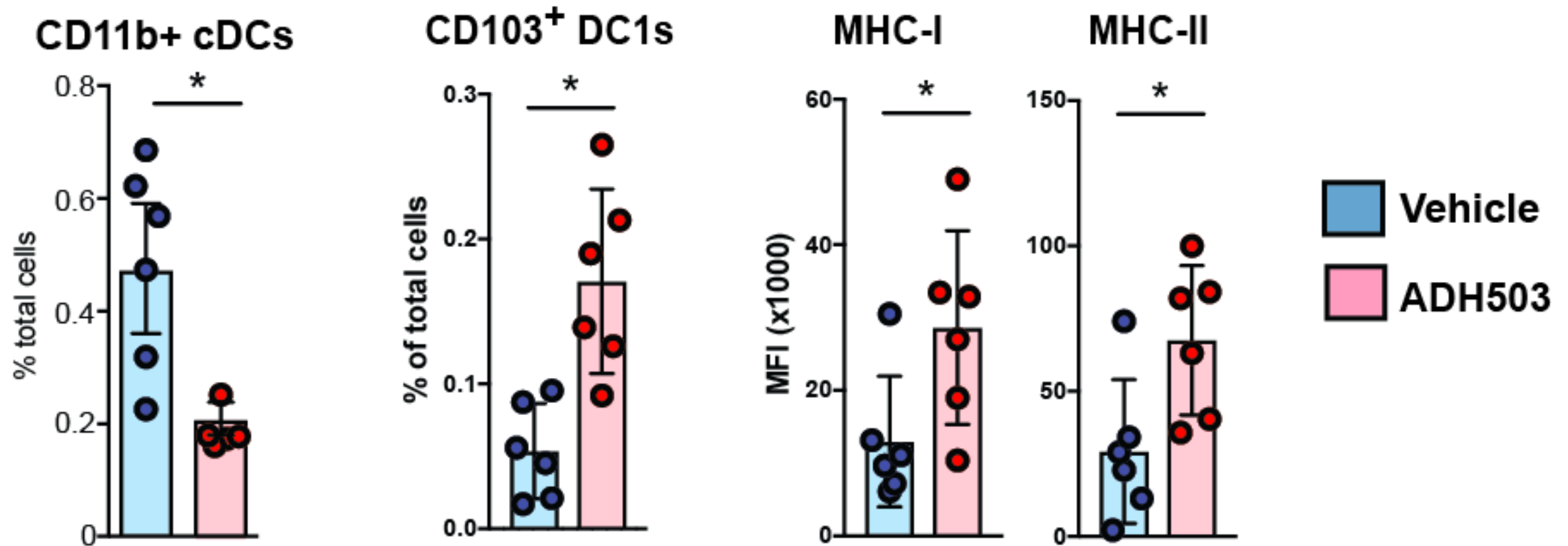
CD8a CK19



Targeting Myeloid Cells



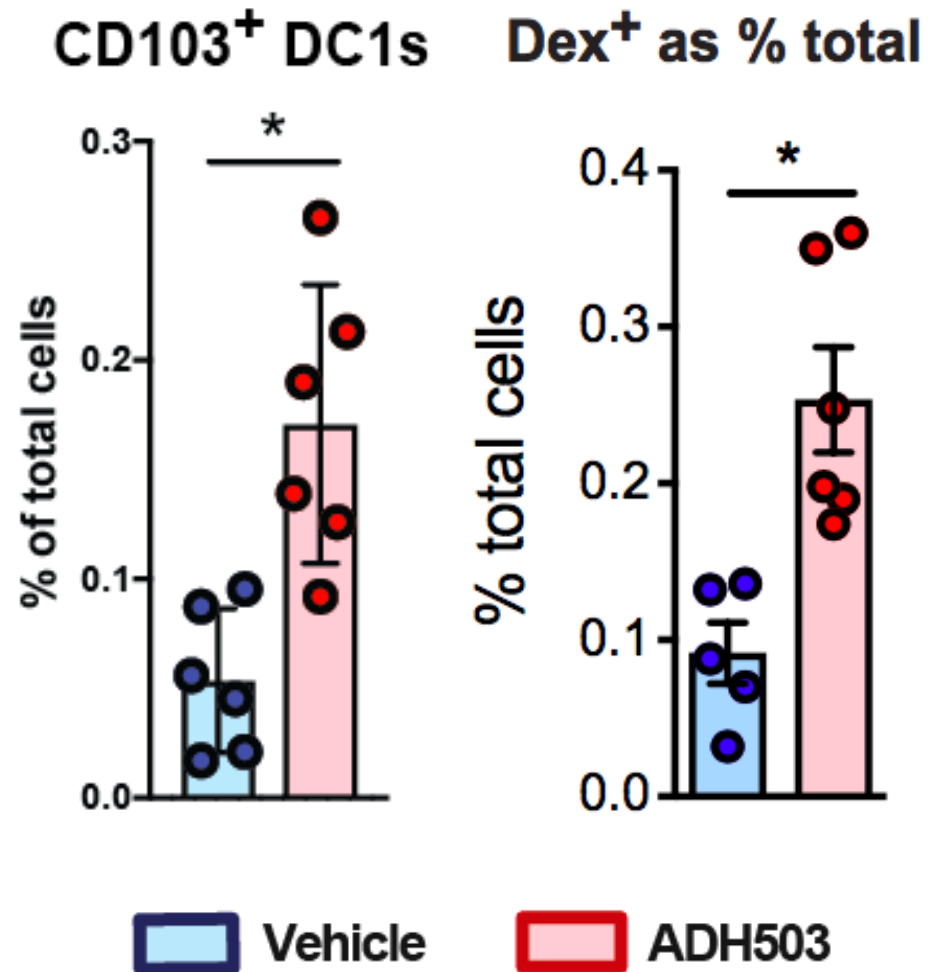
What about Dendritic Cells?



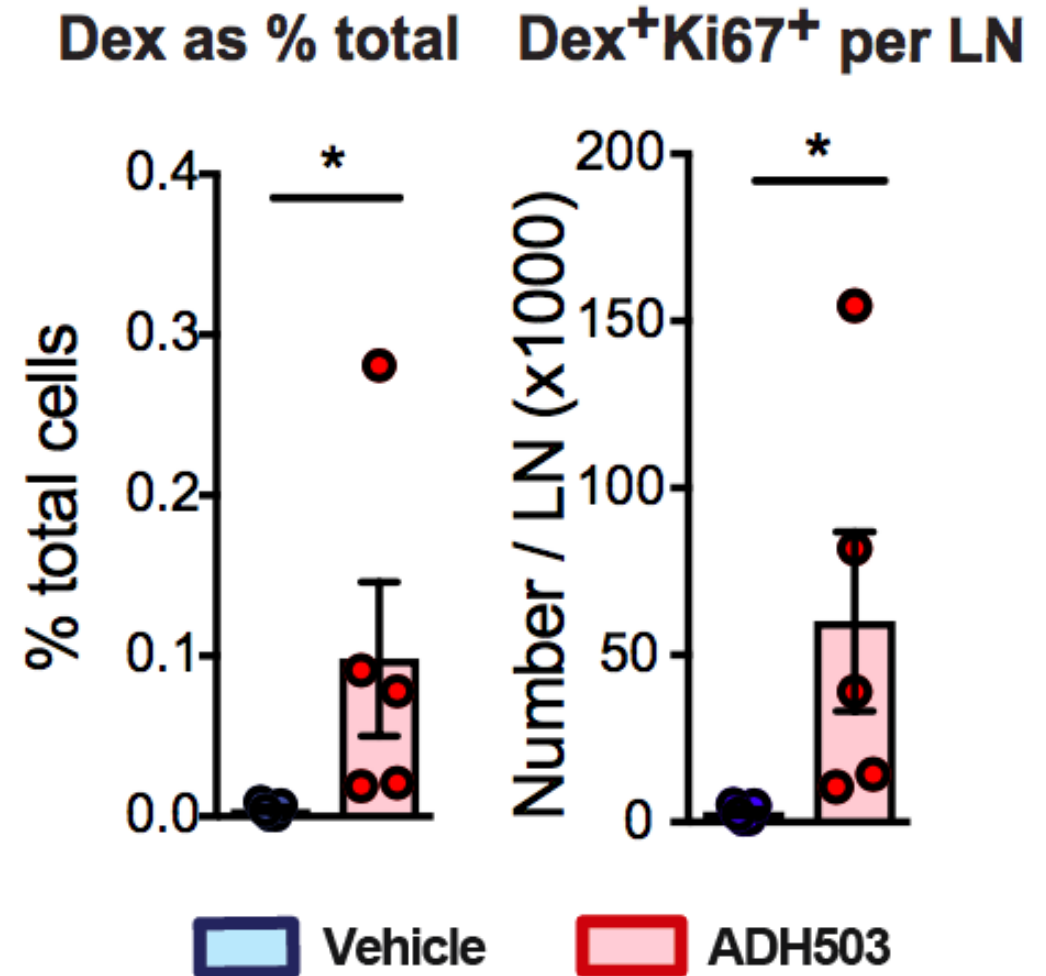
Consistent Across Three PDAC Models

What about Dendritic Cells?

Tumor Tissue



Tumor Draining Lymph-node

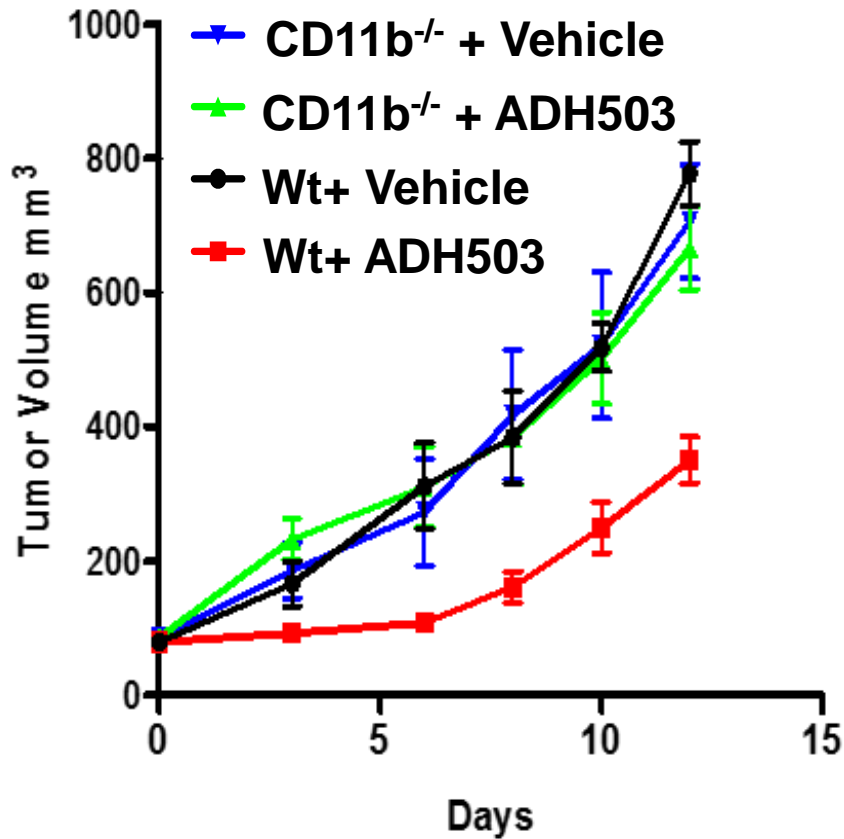


Consistent Across Three PDAC Models

ADH503 Restrains Tumor Progression

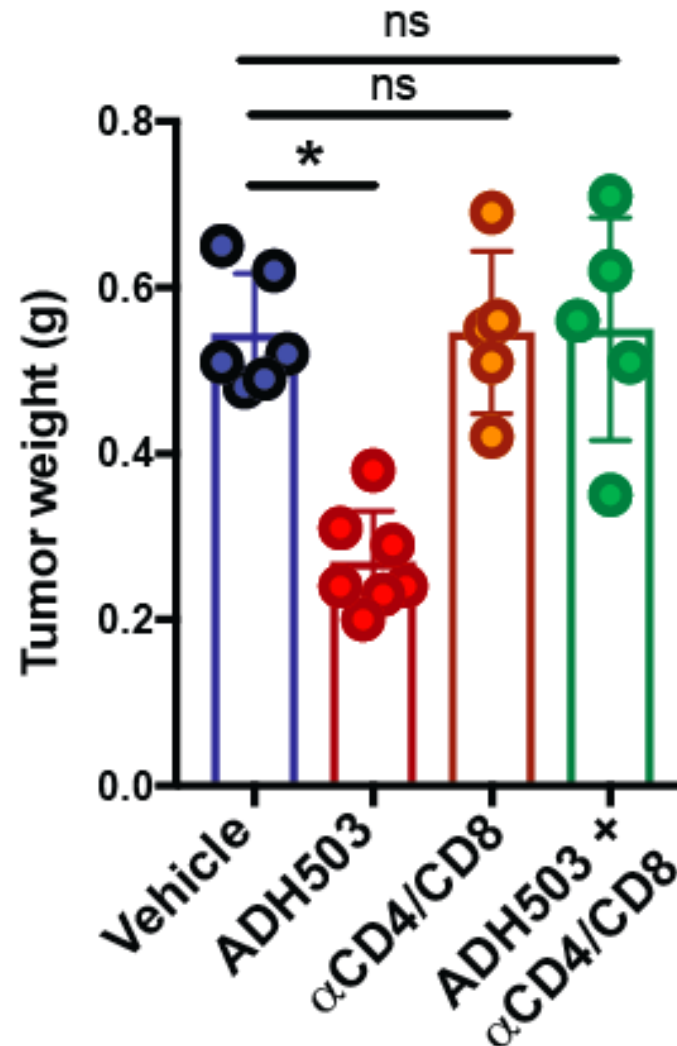
CD11B-DEPENDENT

SubQ PDAC (KP2)



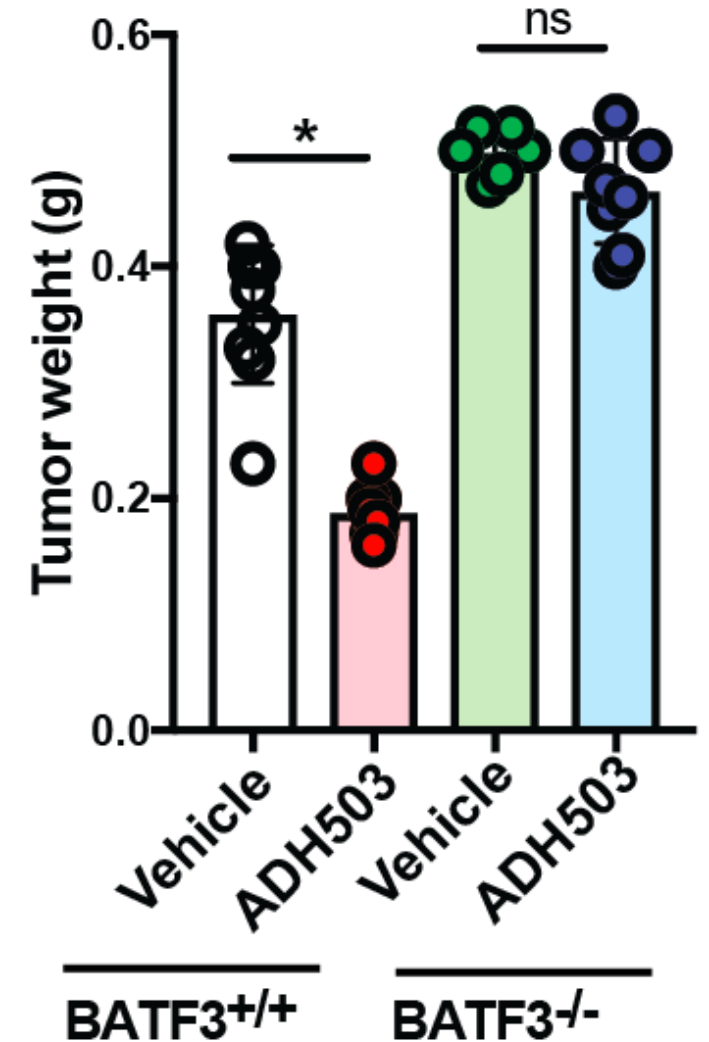
T-CELL-DEPENDENT

Orthotopic PDAC (KP2)



cDC1-DEPENDENT

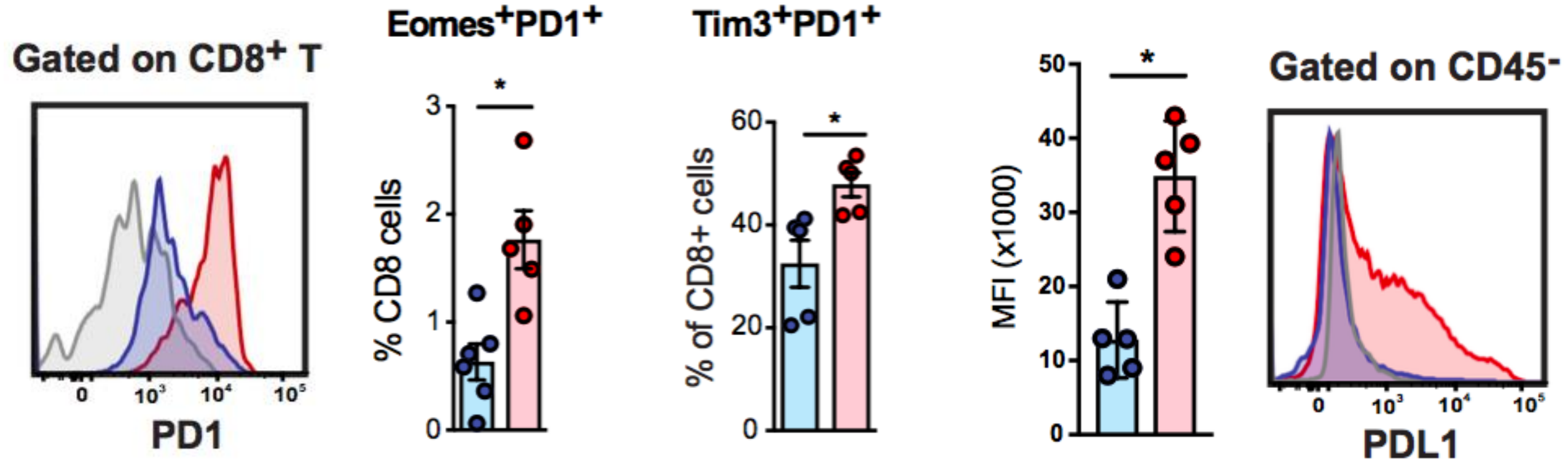
Orthotopic PDAC (KP2)



ADH503 Results in Checkpoint Engadgement

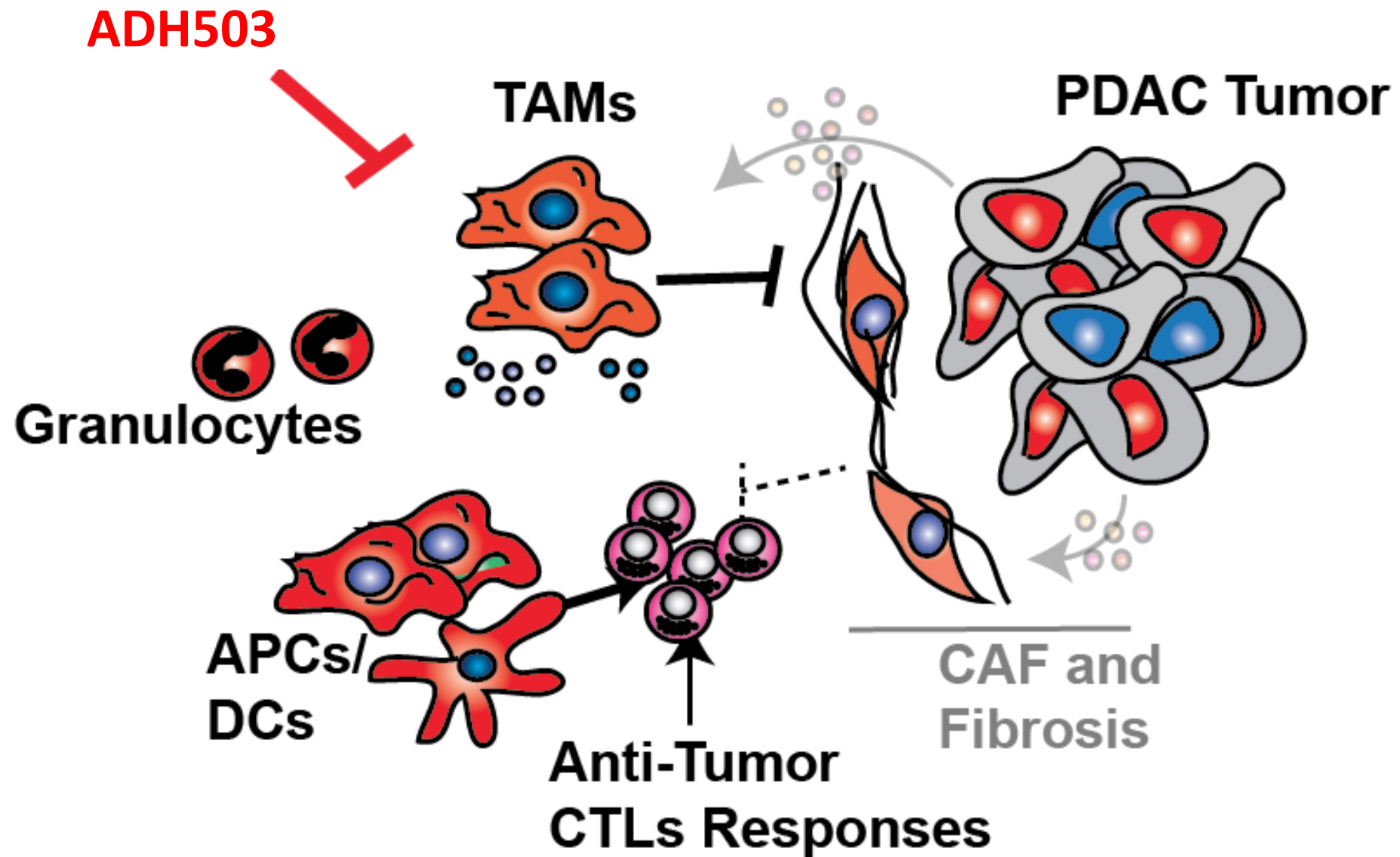
T cells

PDAC Cells

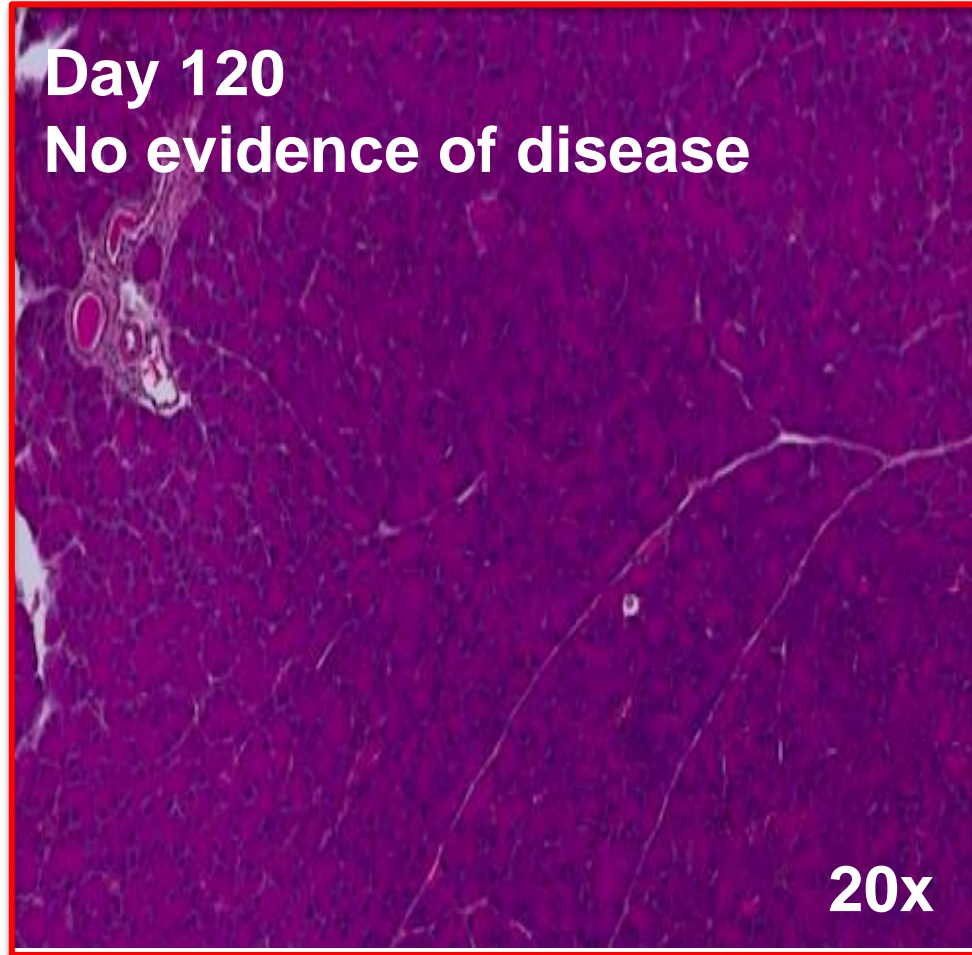


Consistent Across Two PDAC Models

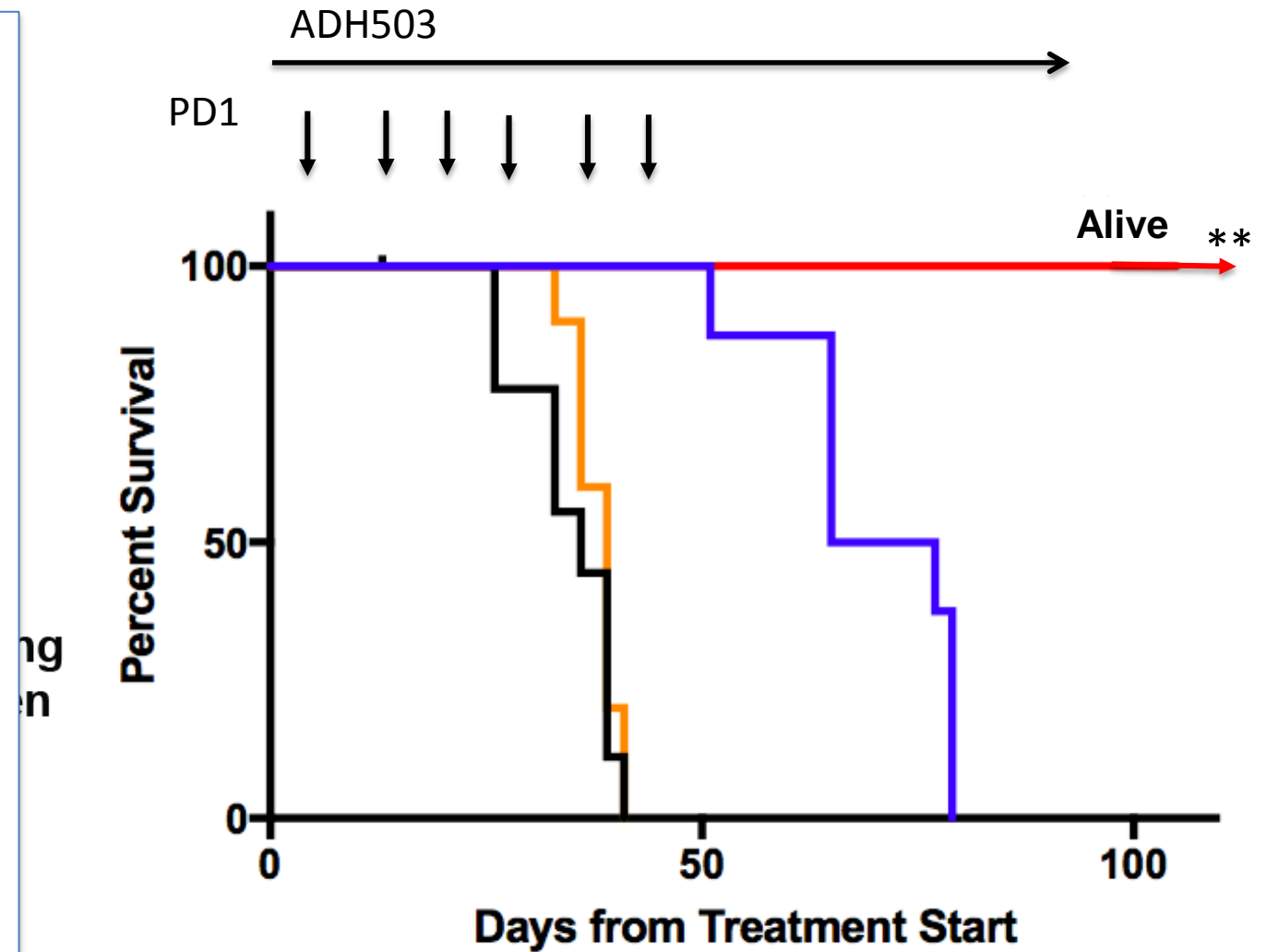
Targeting Myeloid Cells



ADH503 improves checkpoint immunotherapy

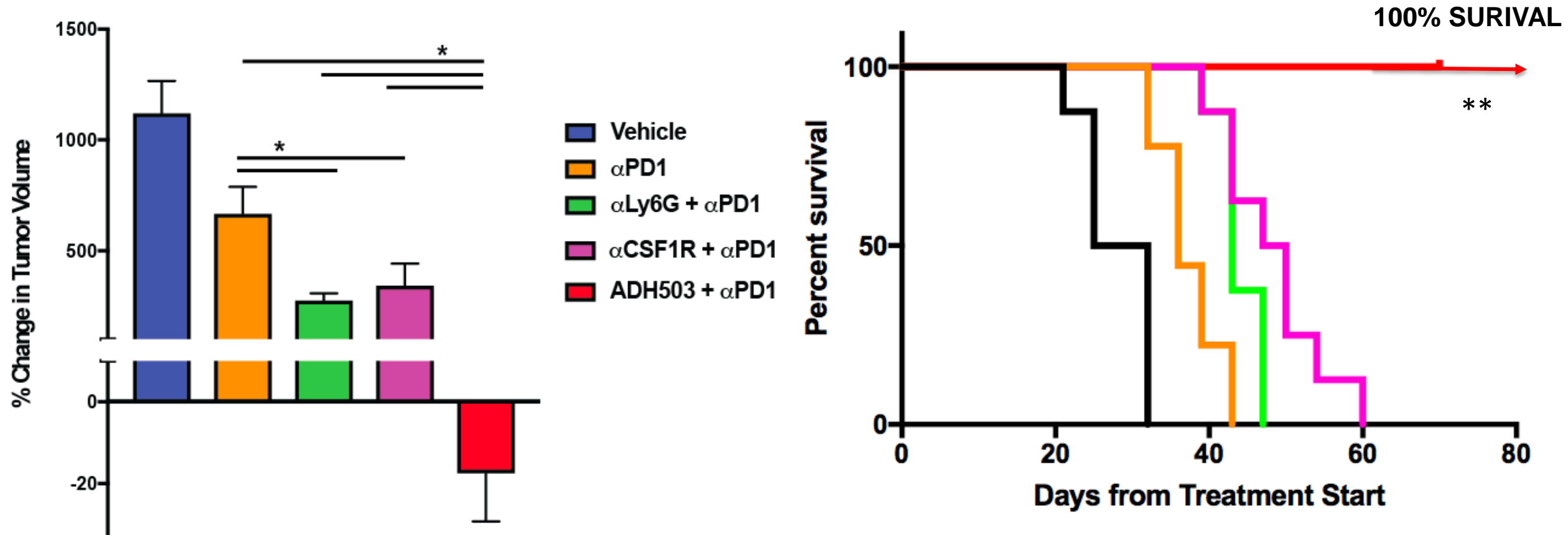


Sub-Q Re-challenge 0/5



Head to Head vs. Other Approaches

Orthotopic PDAC (KP2)



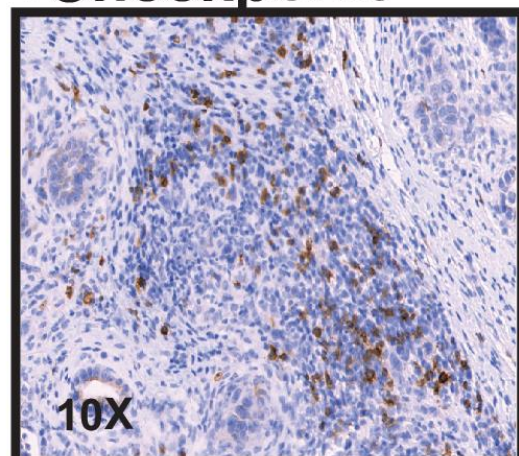
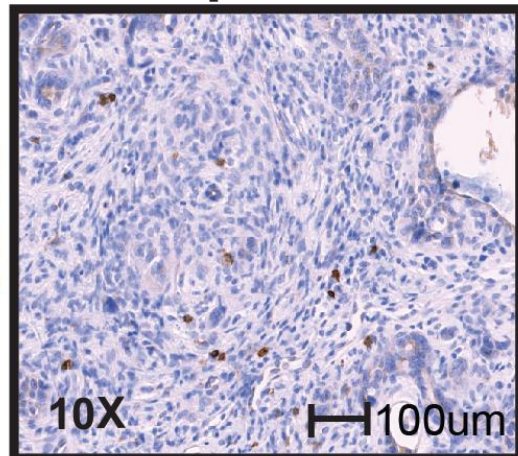
ADH503 improves immunotherapy

KPC GEMM

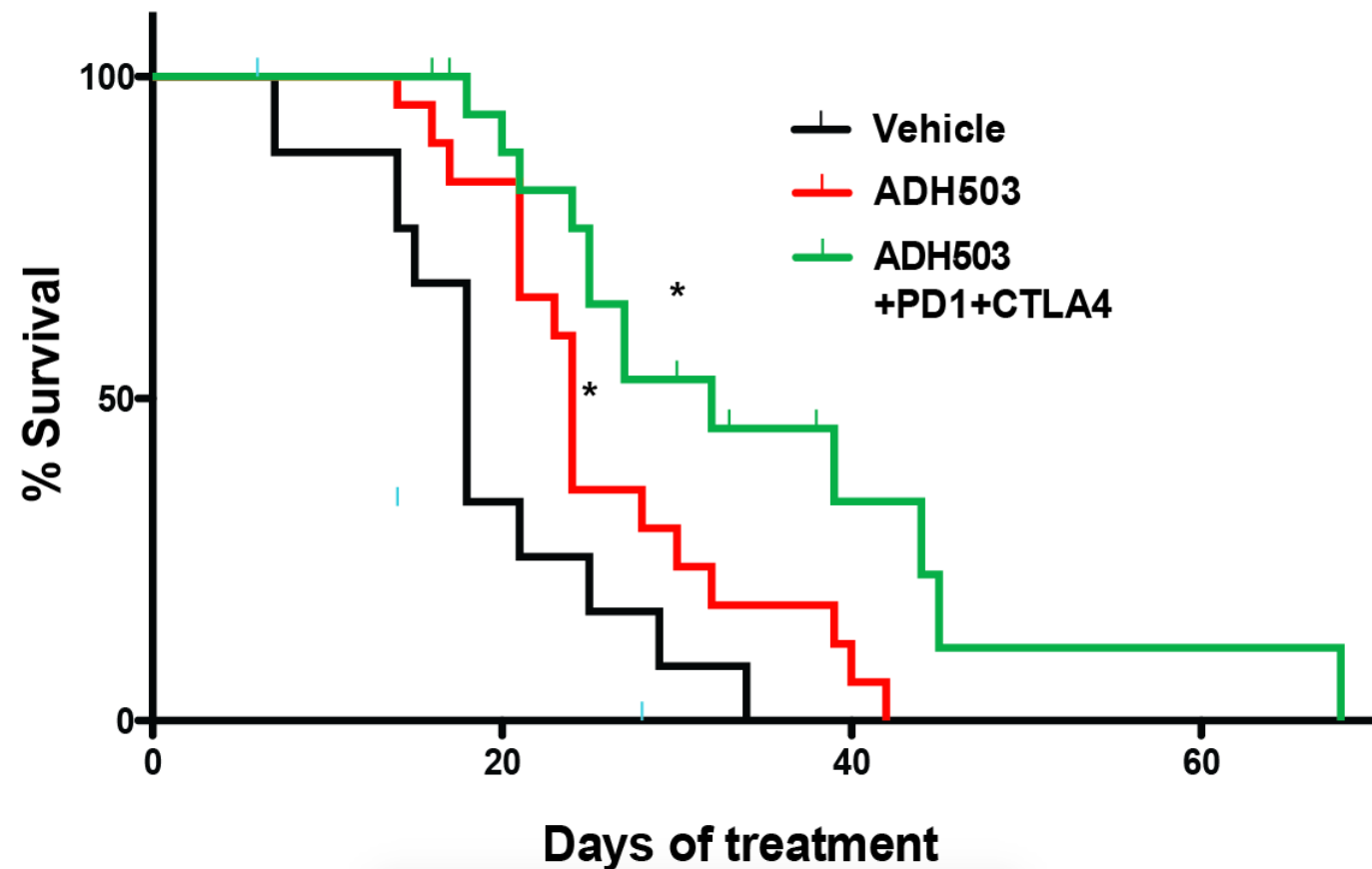
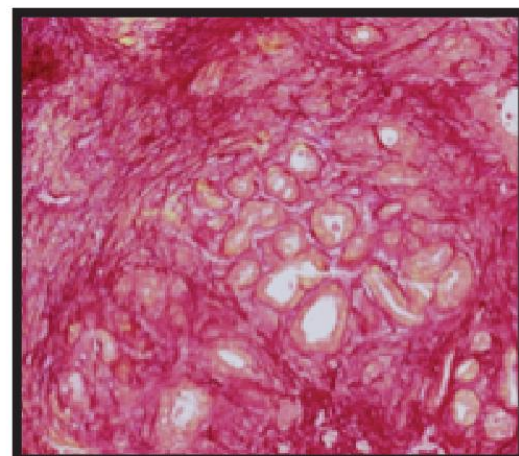
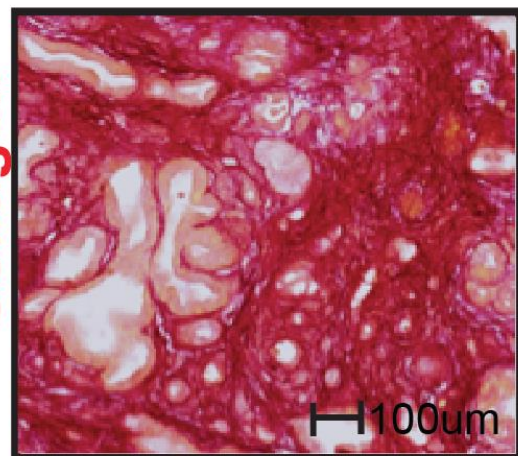
**ADH503
+Checkpoint**

Checkpoint

CD8a



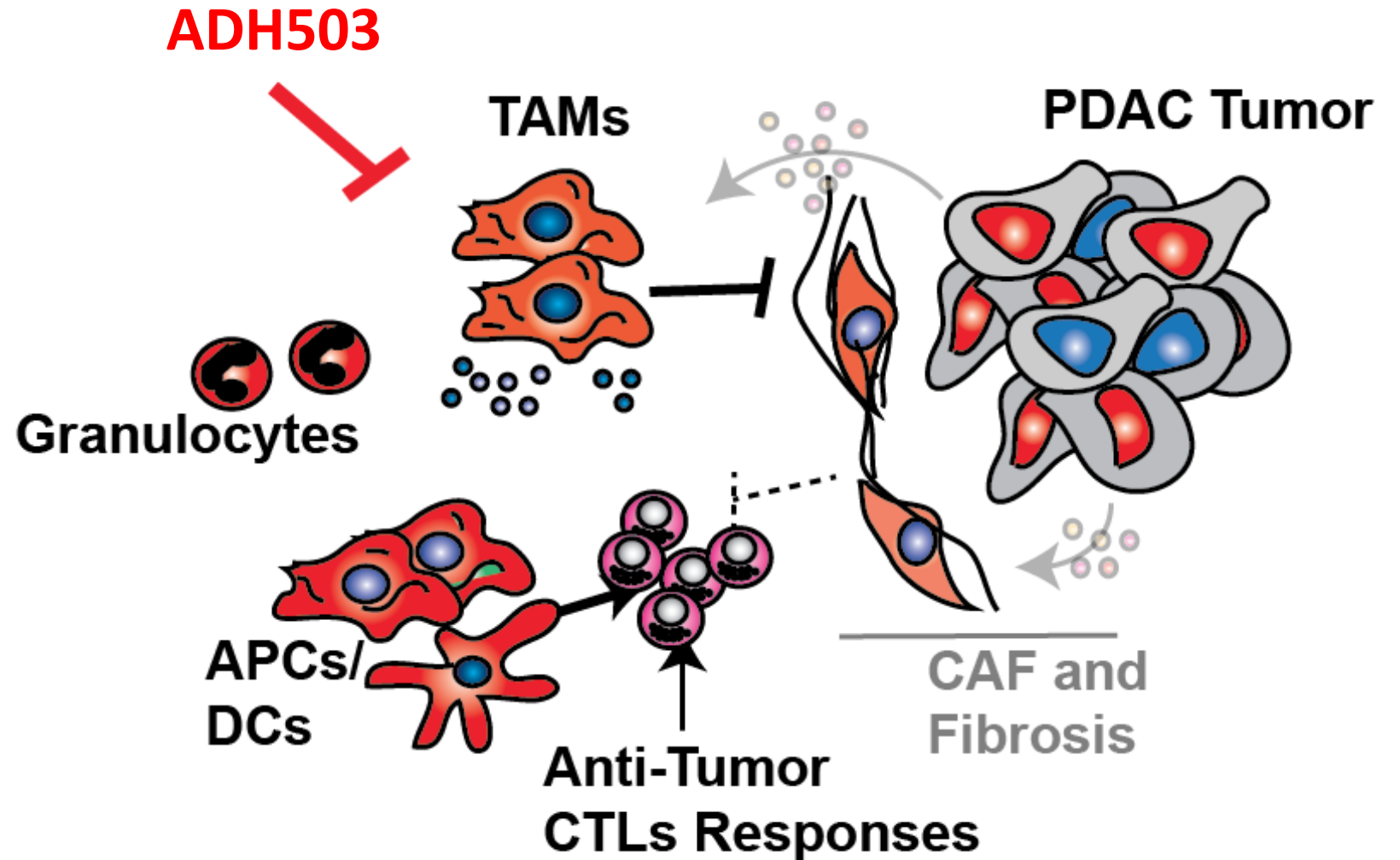
Collagen



Therapeutic Model

Take homes

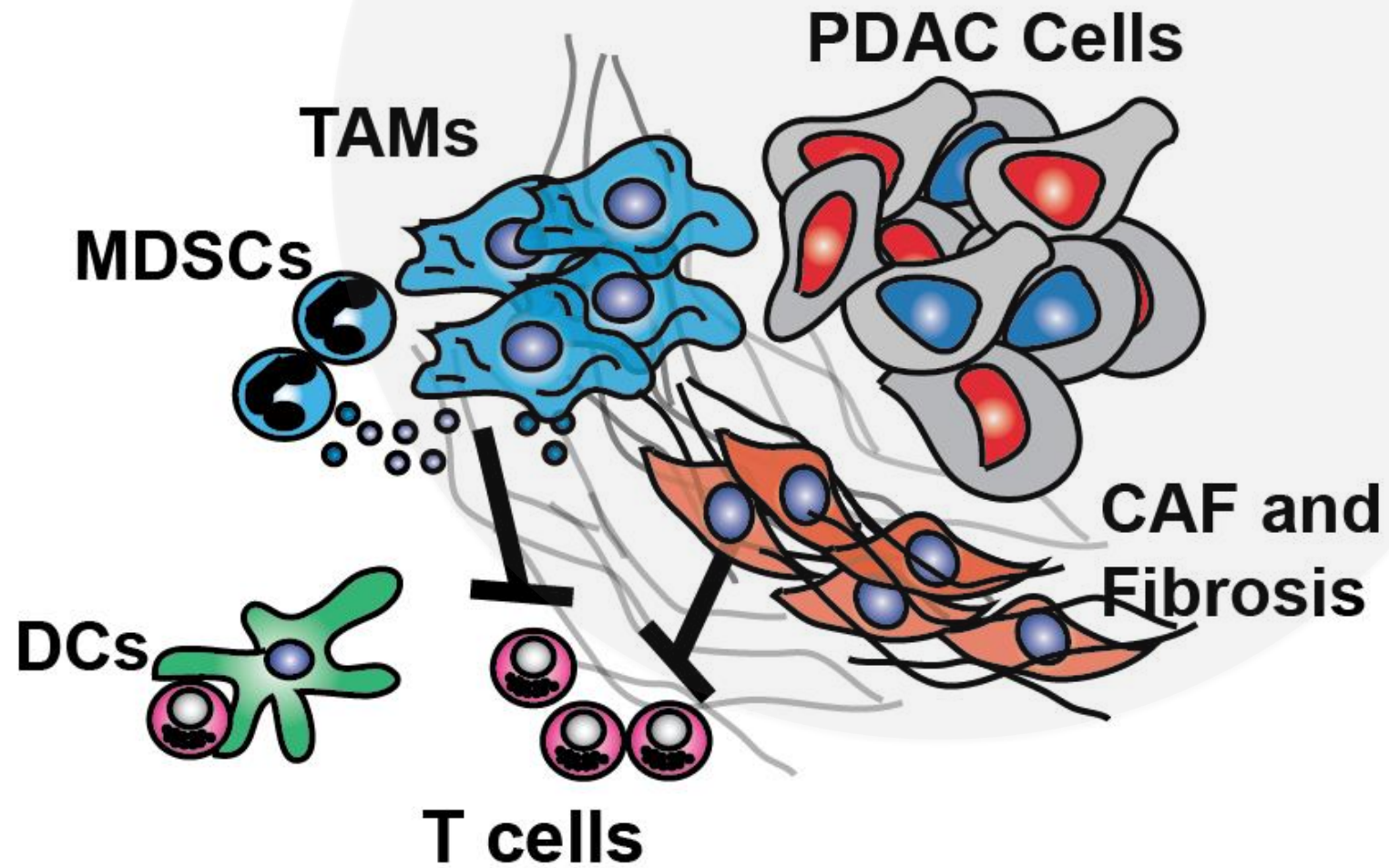
- Target Integrins
- Myeloid/DC Interface





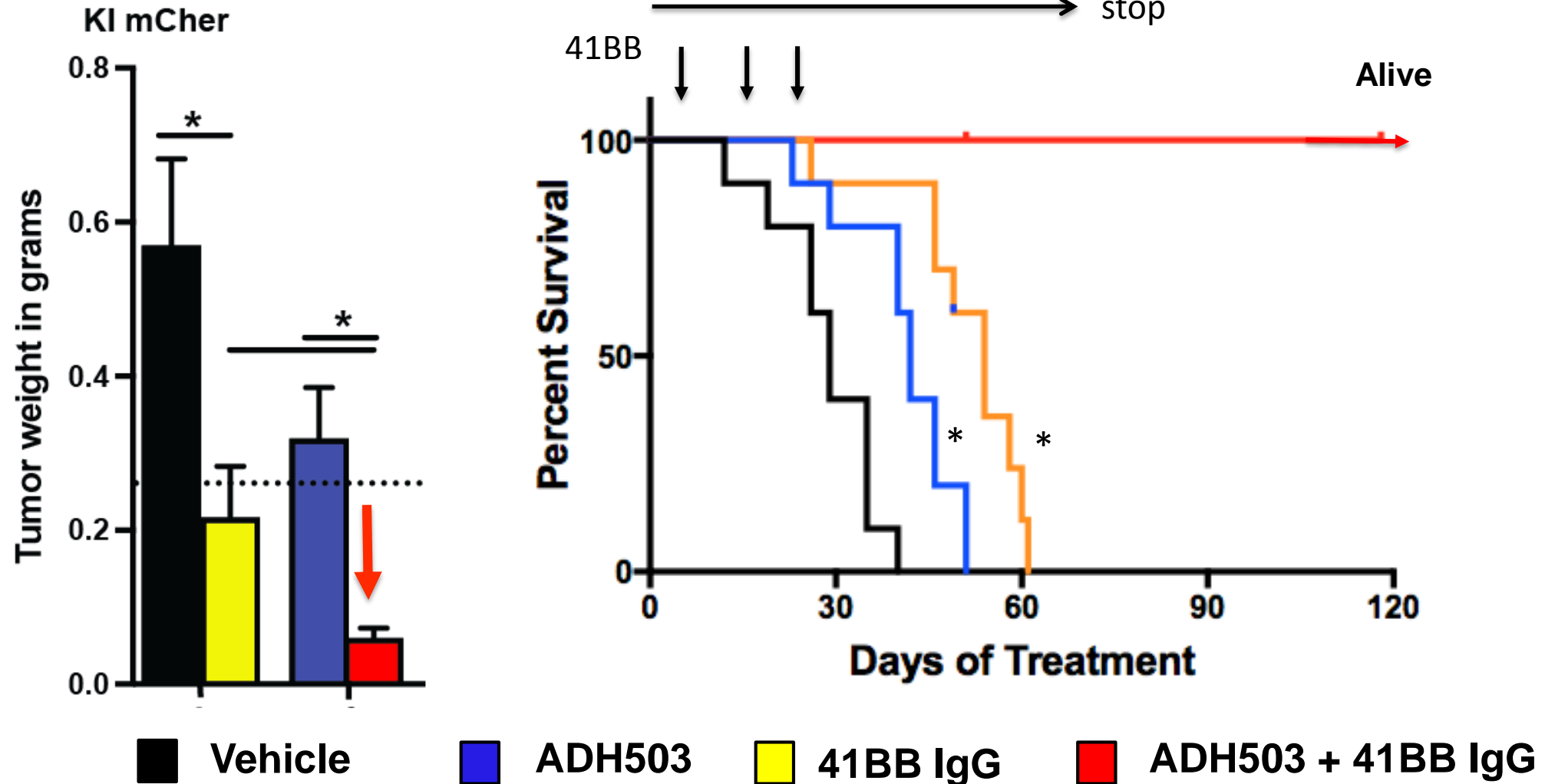
“QUESTIONS?”

Targeting PDAC Microenvironment



ADH503 improves immunotherapy

Orthotopic Tumors



UNTREATED

PDAC Draining LN

DC1

T

PDAC Tumor Tissue

PDAC Cells

Gran

T

M0

M0

M0

Gran

T

M0

M0

Gran

M0

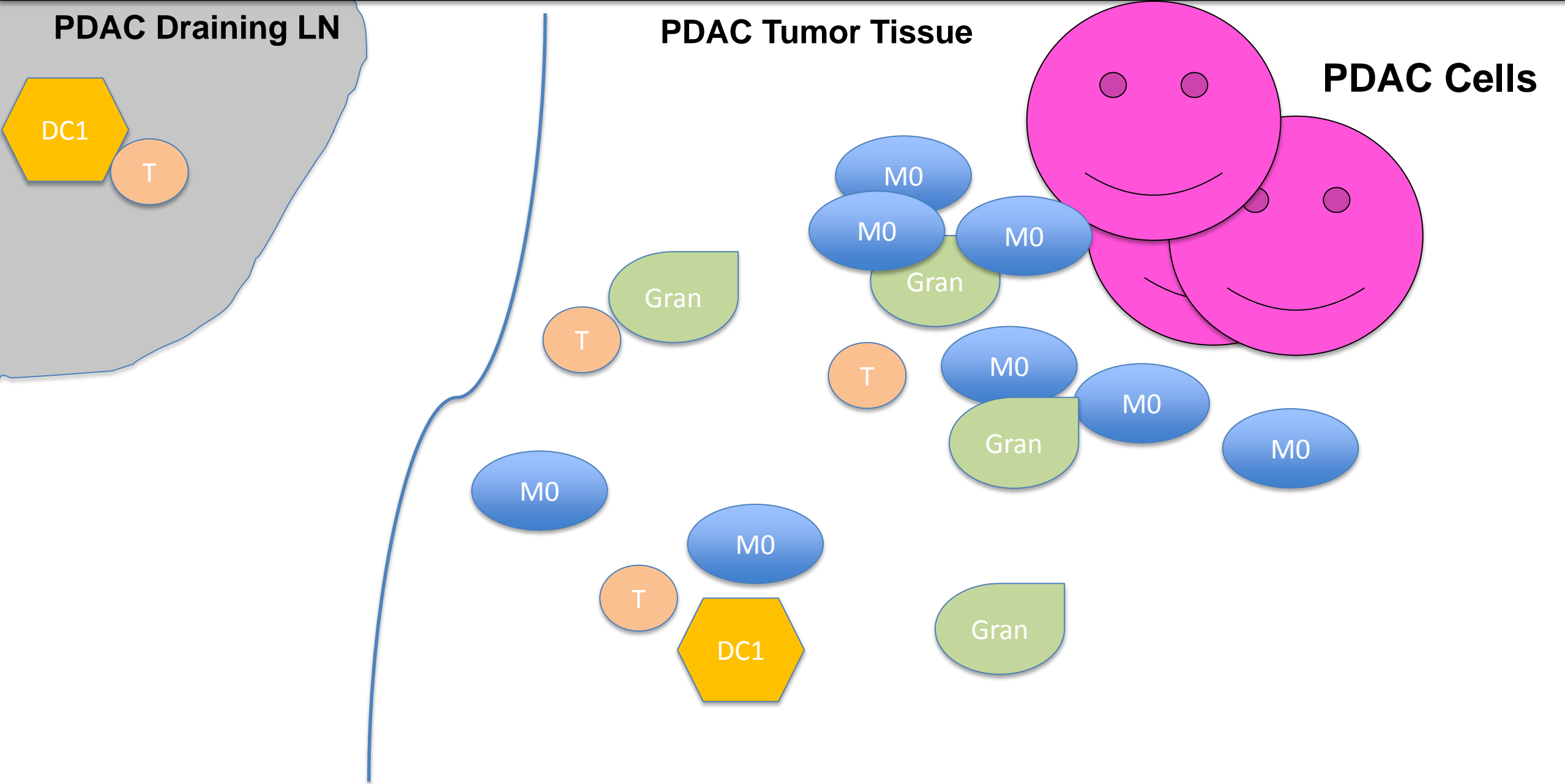
M0

M0

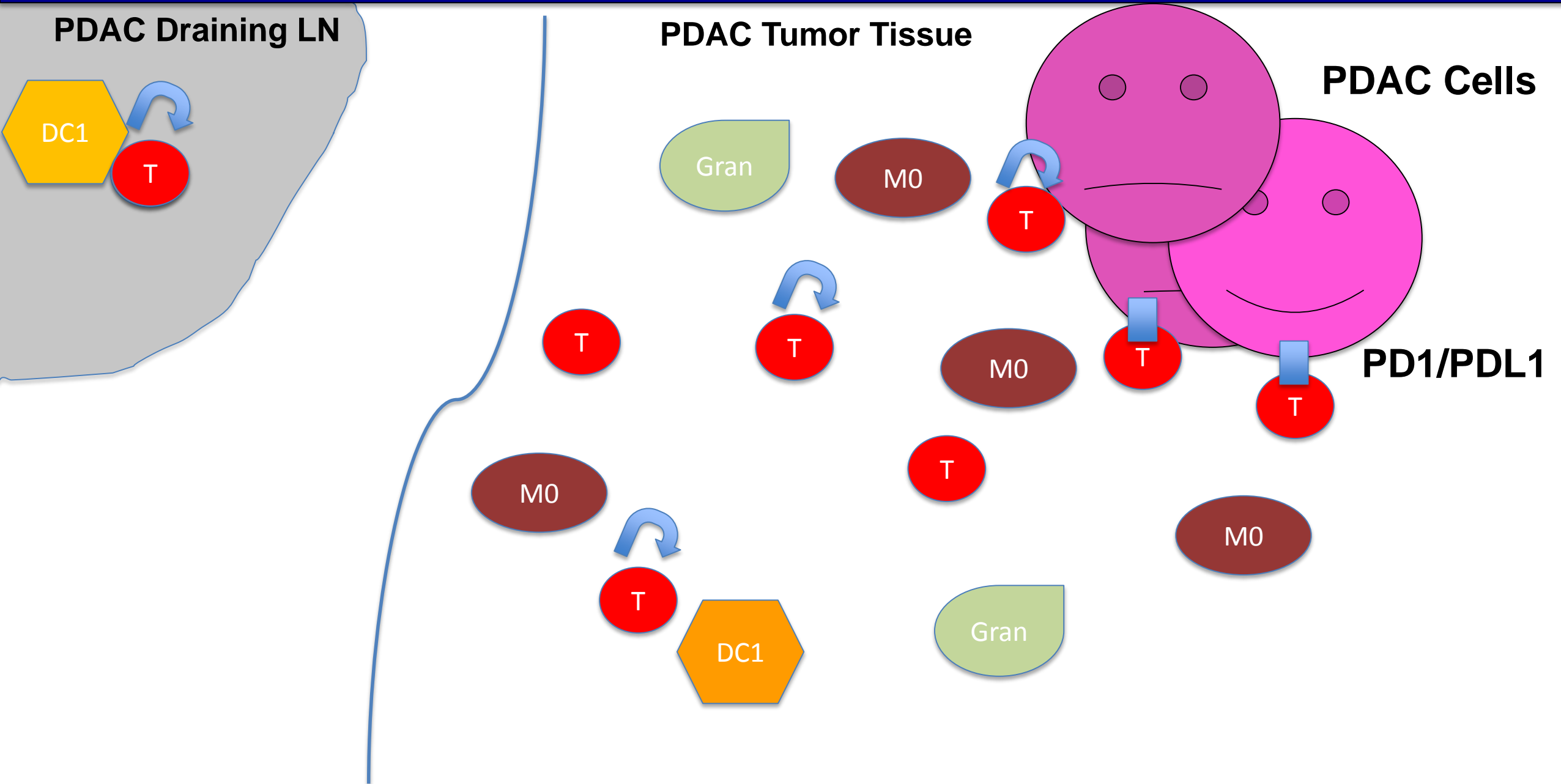
T

DC1

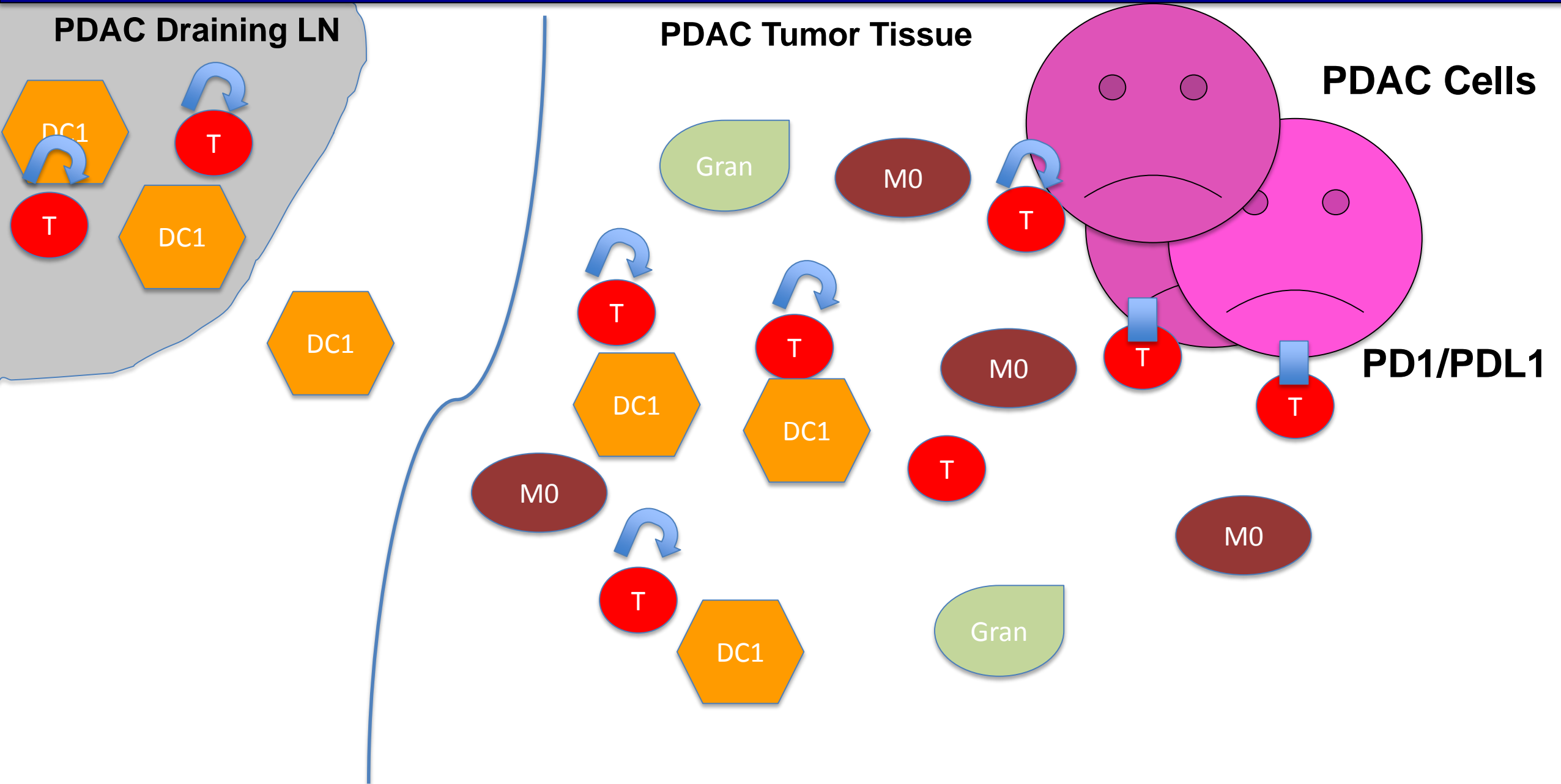
Gran



DAY 6-8 Of ADH503



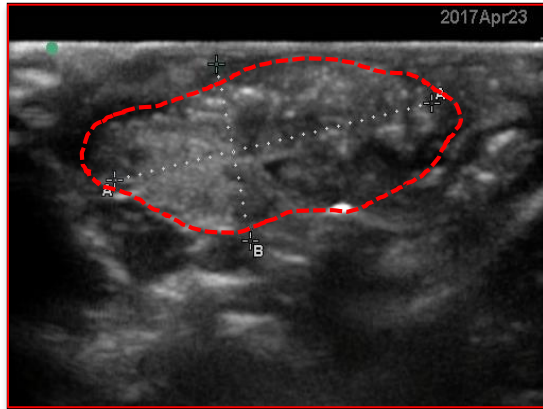
DAY 10-12 Of Treatment



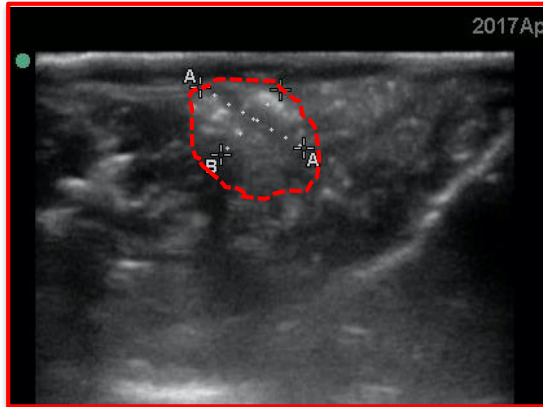
ADH503 Restrains Tumor Progression

Orthotopic PDAC (KP2)

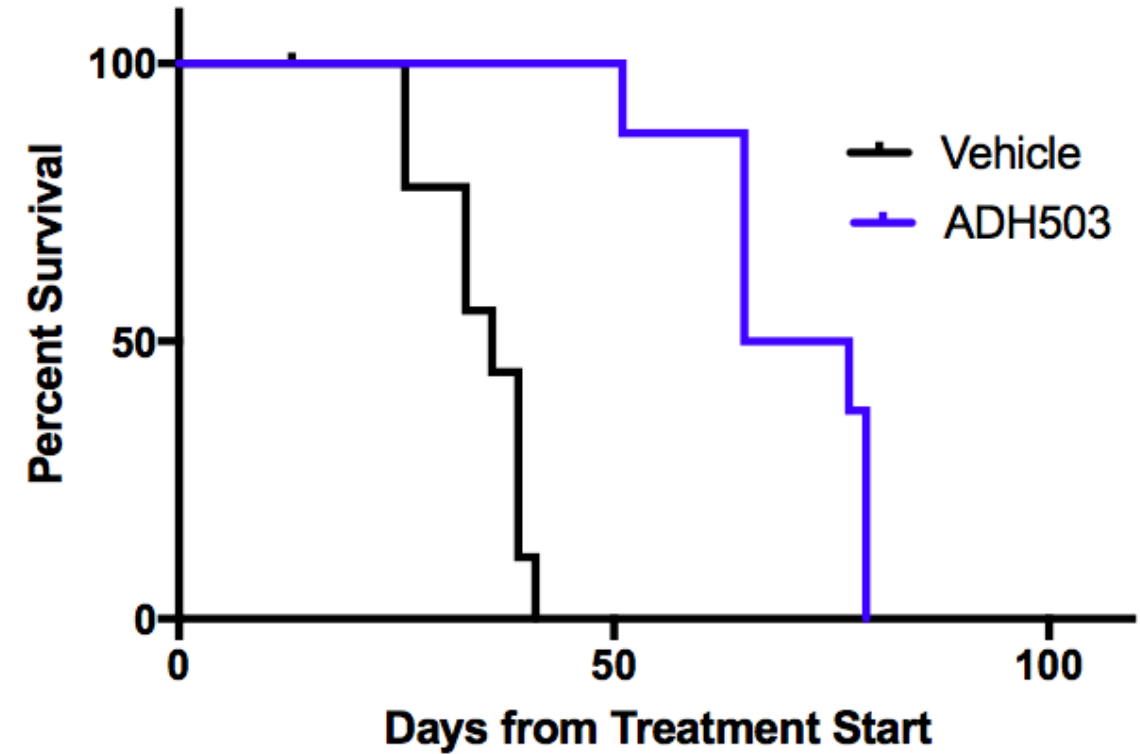
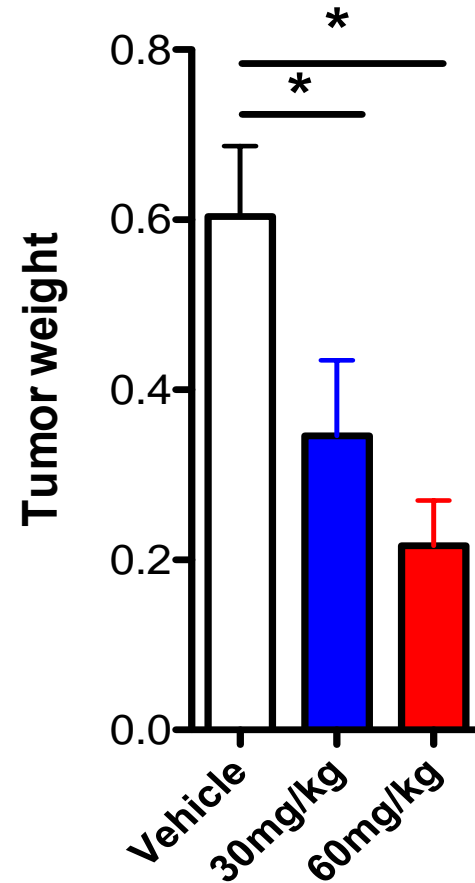
Vehicle



ADH503 60mg/kg



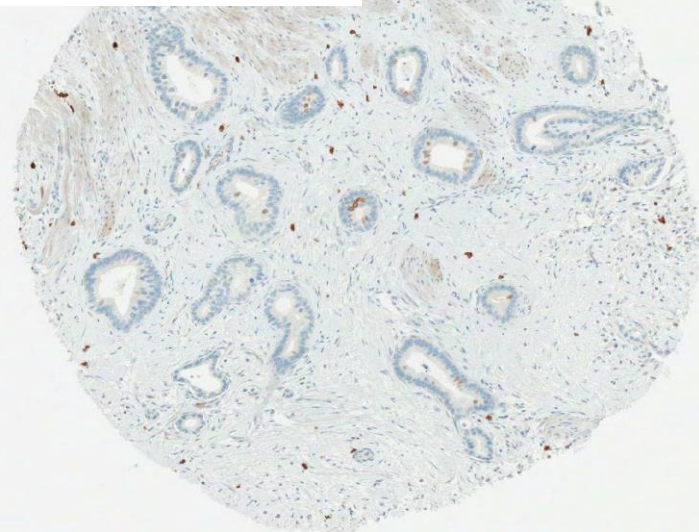
ADH503



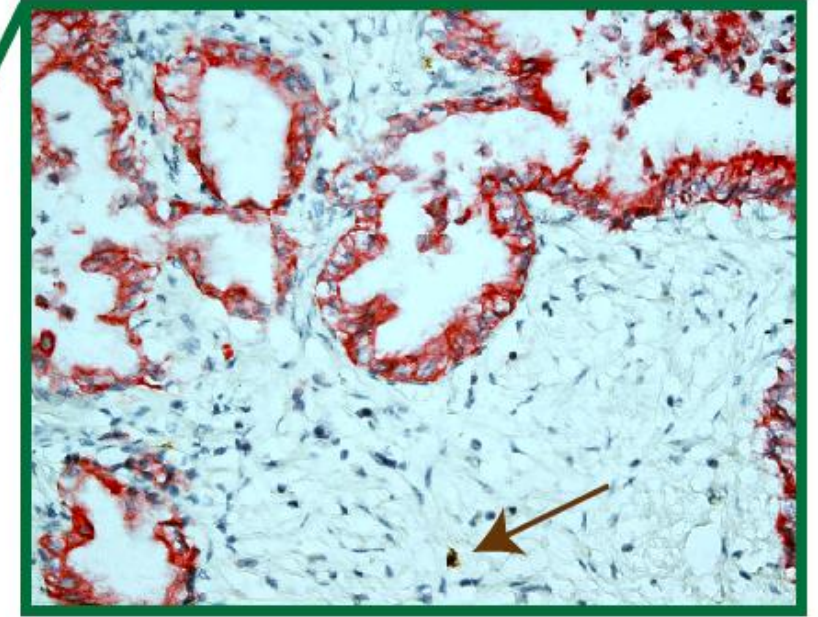
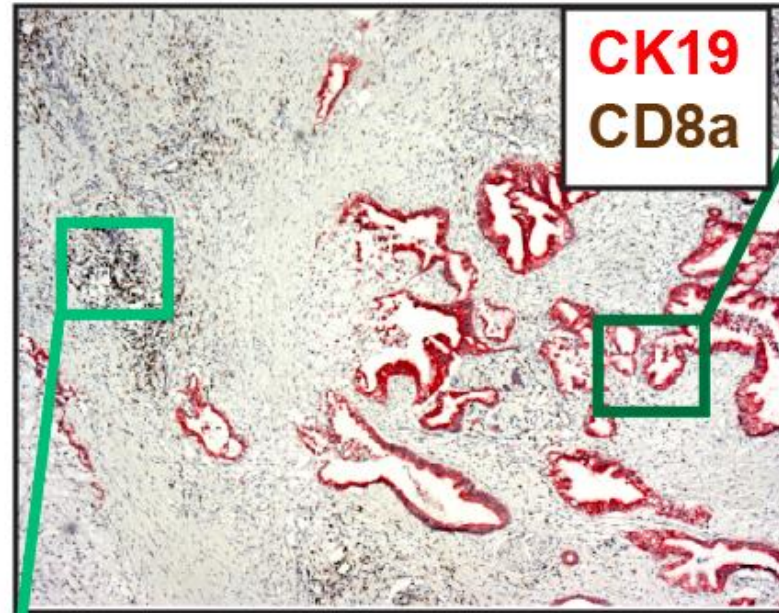
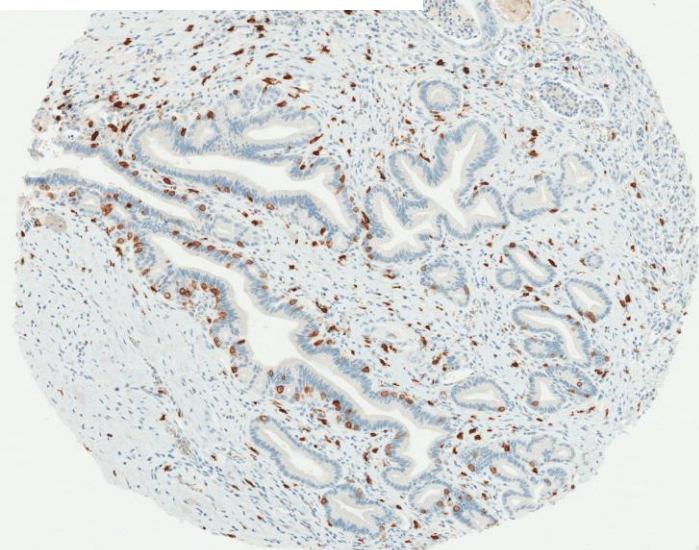
**Repeated in 3 independent PDAC models and 5 other cancer models*

Diverse Immune Responses Impact Patient Outcomes

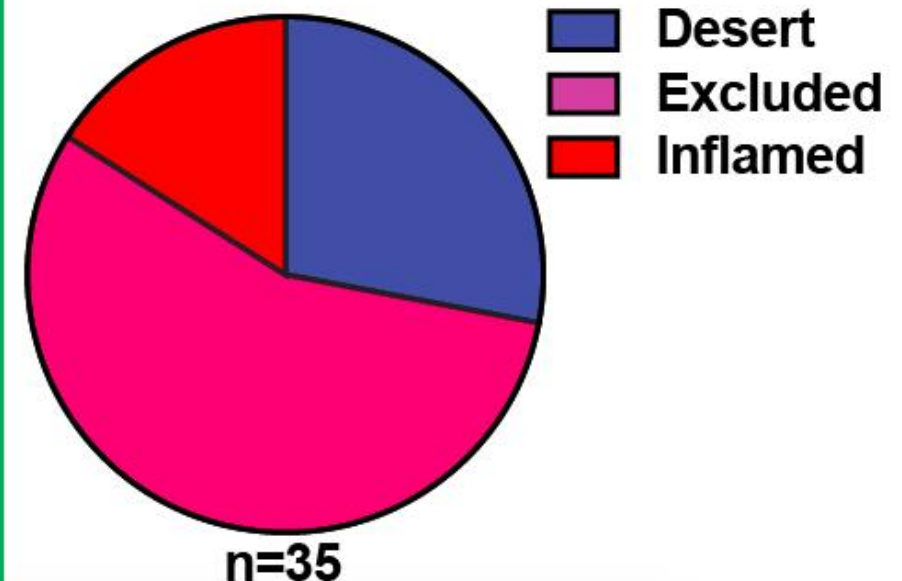
T cell Desert



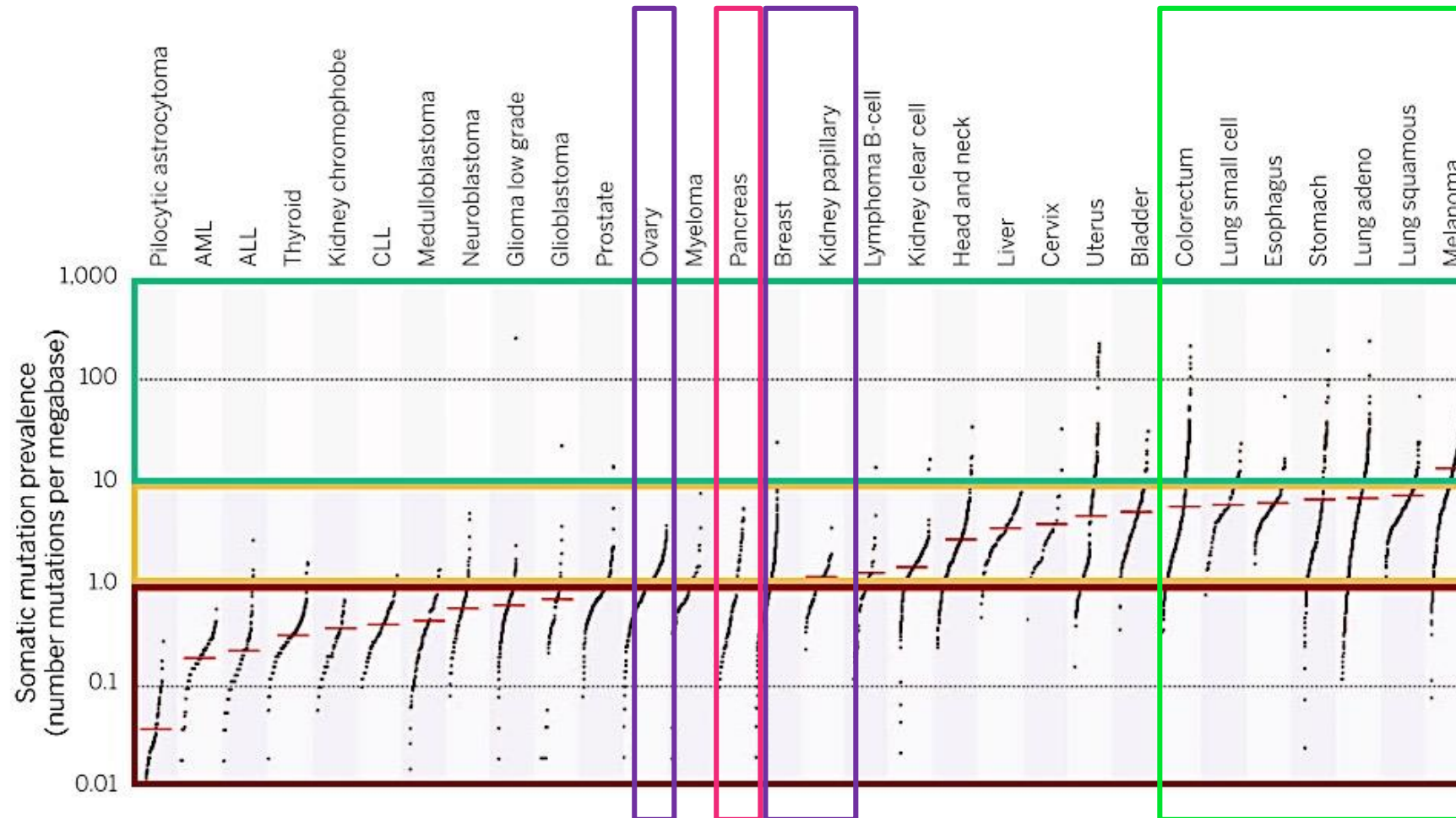
T cell Inflamed



T Cell Phenotype



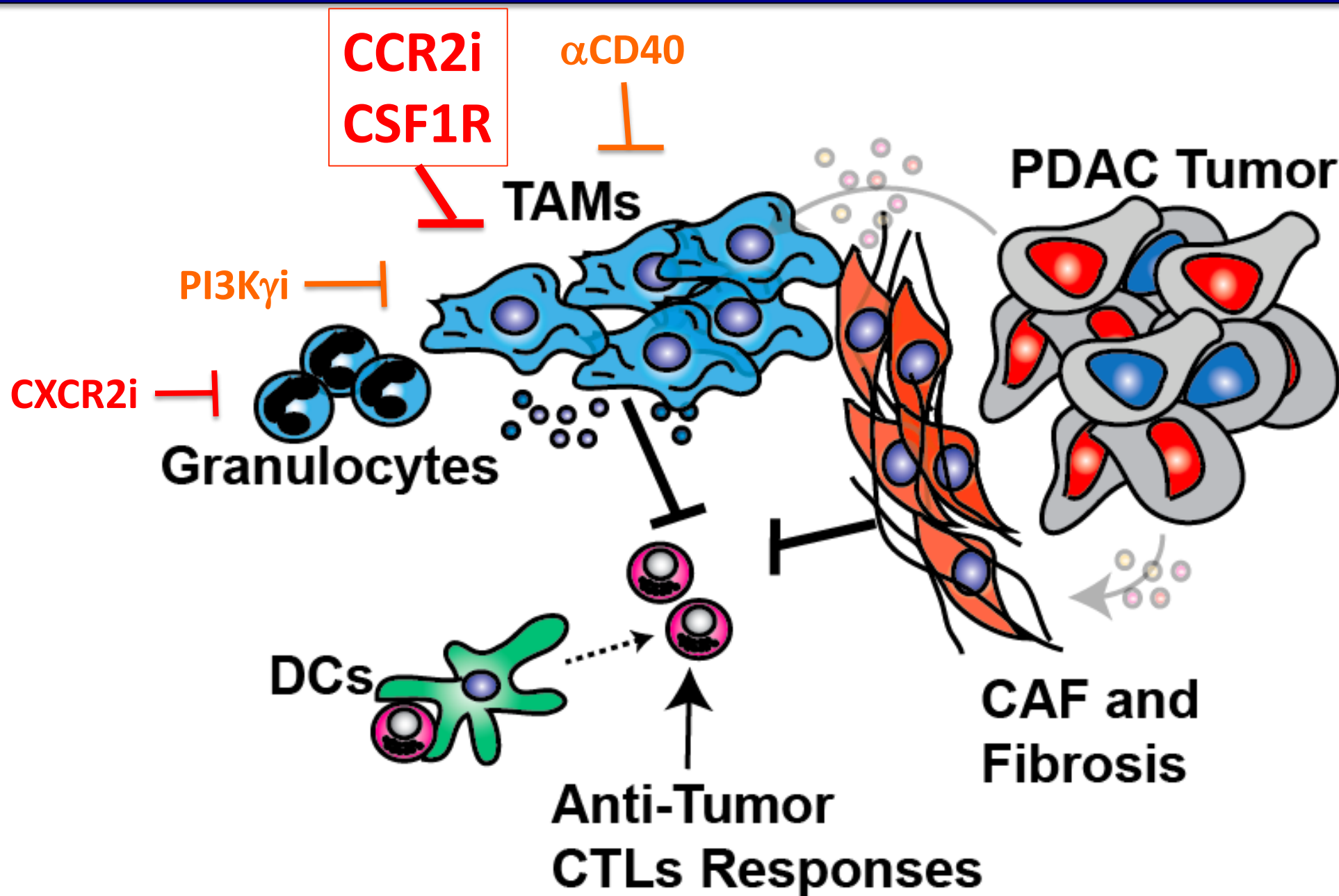
Pancreatic cancer is poorly responsive to T cell-directed immunotherapy for reasons not completely understood



Responsive to T cell immunotherapy

Have some response to T cell immunotherapy

Targeting PDAC Microenvironment



Challenges to Current Approaches

CSF1R

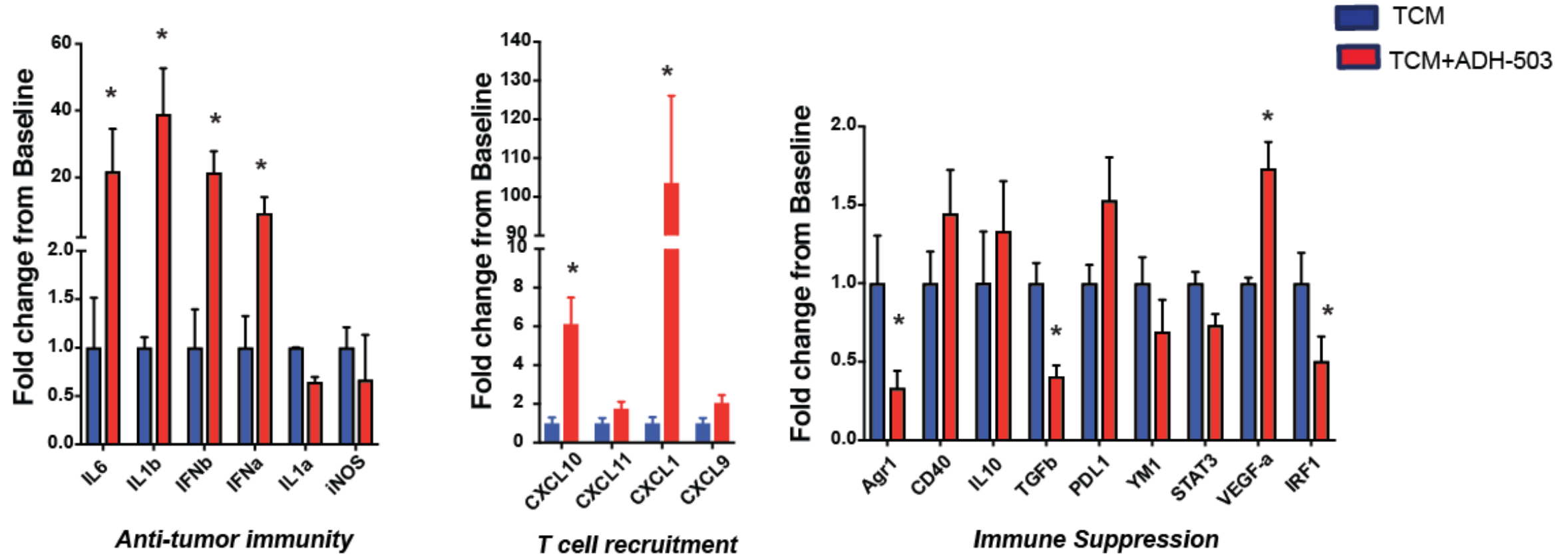
- Compensated for by granulocyte/G-MDCS expansion
- Targets macrophages in normal tissues leading to added toxicity in combination.
- Blocks maturation of macrophages

CCR2

- Compensated for by granulocyte/G-MDCS expansion
- Does not impact resident macrophages

ADH503 Disrupts Multiple Myeloid Cell Populations

C Macrophage Gene Expression In vitro (KP2.0/B6)



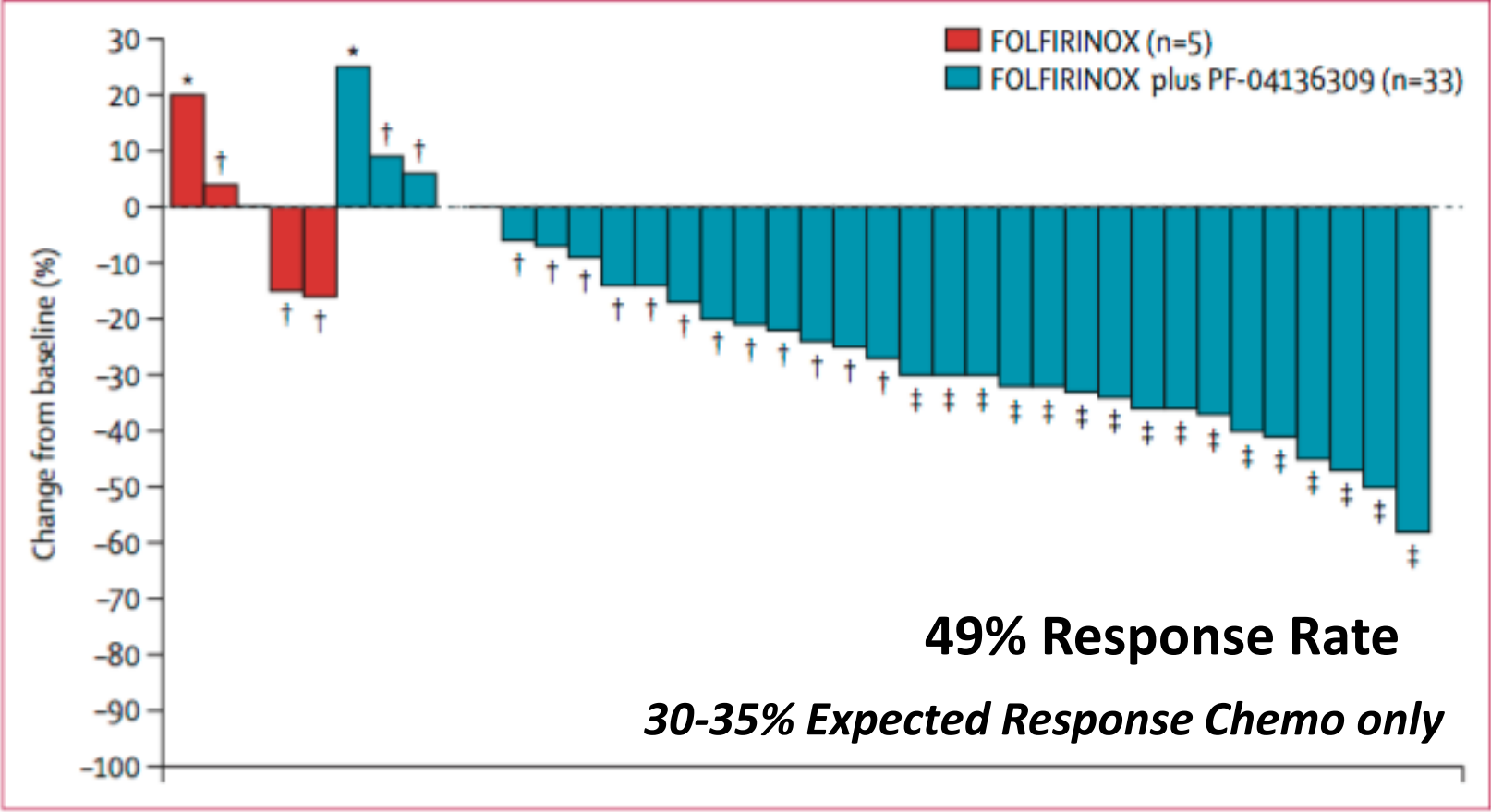
Consistent Across Three PDAC Models

CCR2 Inhibition in Combination with Chemotherapy Has Shown Some Activity in PDAC Patients

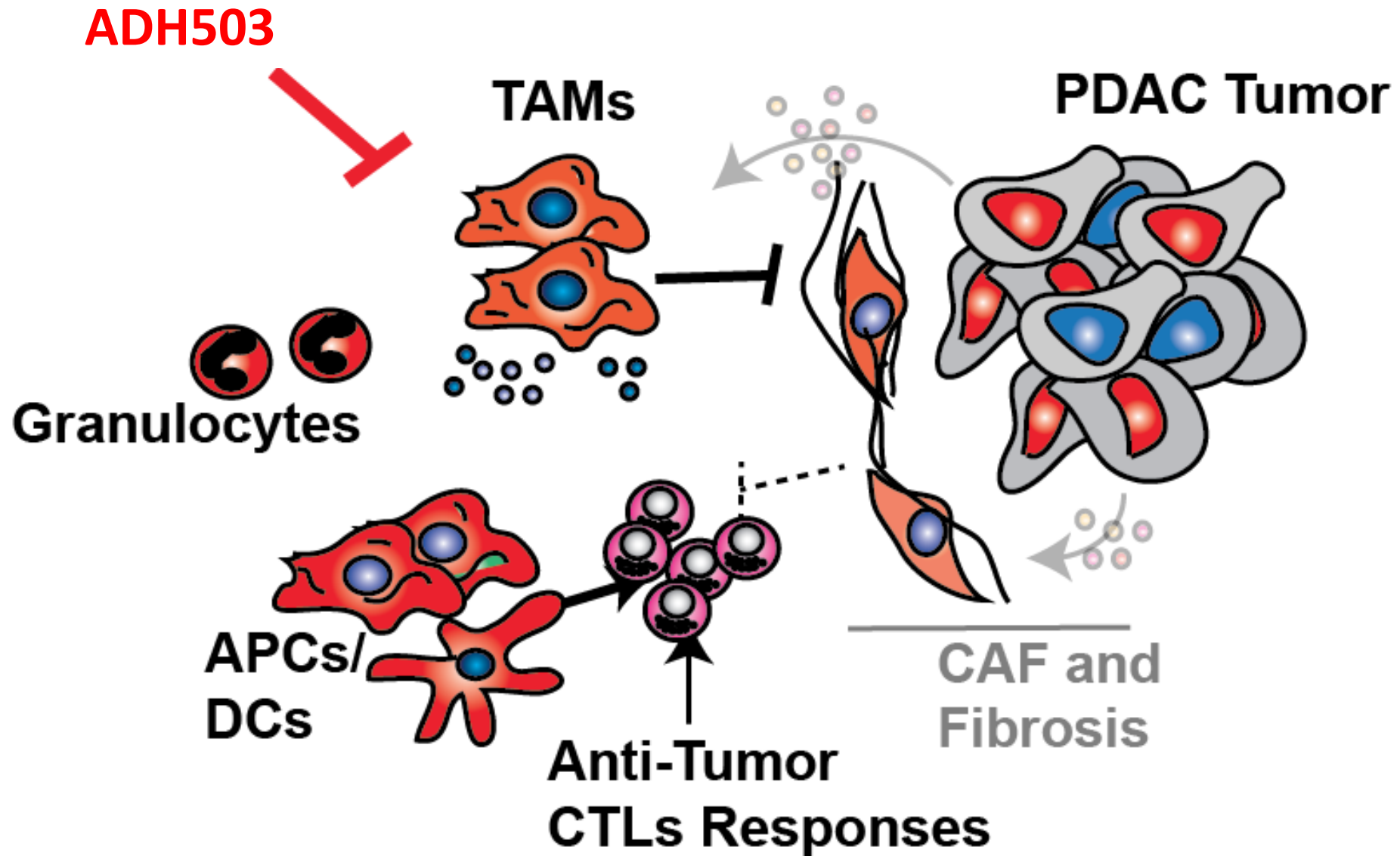
Targeting tumour-associated macrophages with CCR2 inhibition in combination with FOLFIRINOX in patients with borderline resectable and locally advanced pancreatic cancer: a single-centre, open-label, dose-finding, non-randomised, phase 1b trial

THE LANCET Oncology

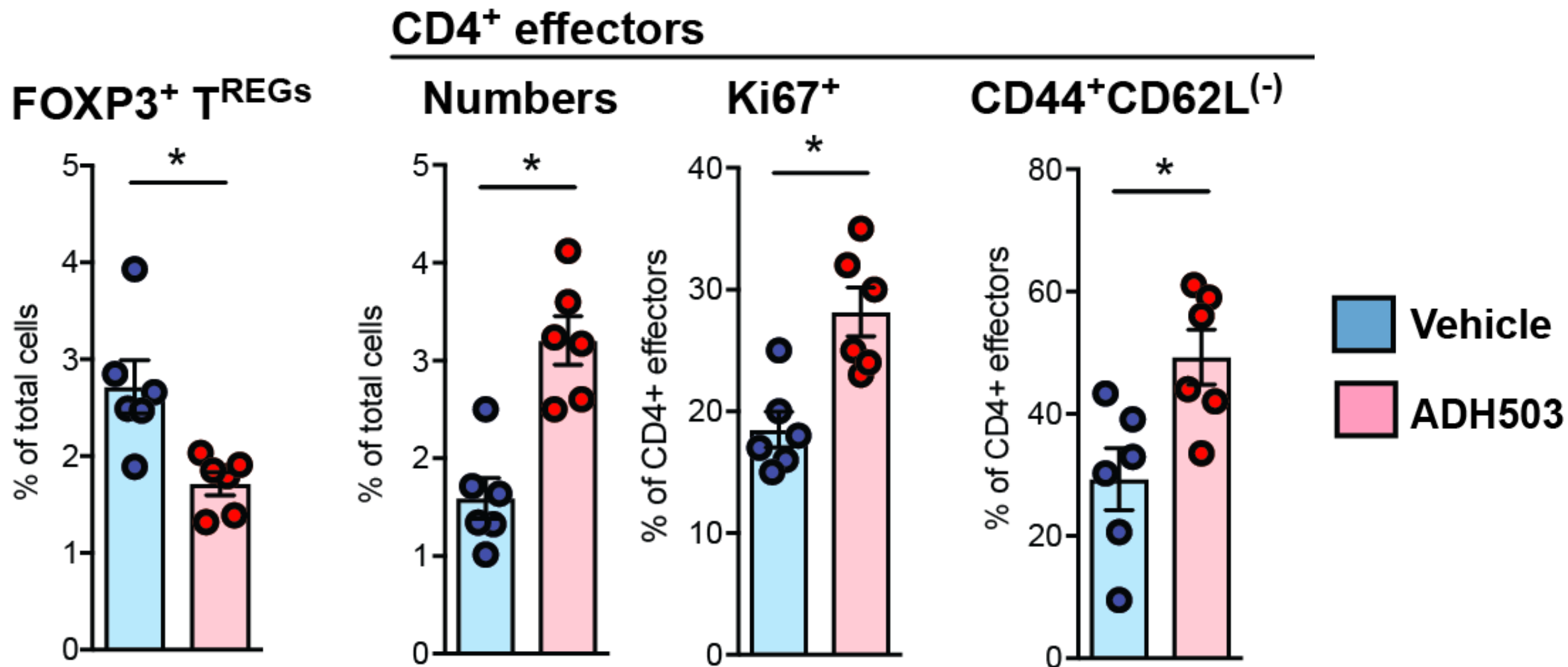
Volume 17, Issue 5, May 2016, Pages 651–662



If we were dreaming of agents



CD11-Agonists Invigorate T cell Responses



Consistent Across Three PDAC Models

ADH503 Restrains Tumor Progression

KPC GEMM

