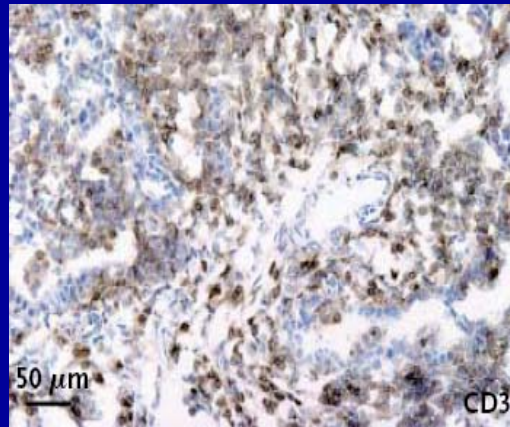


Cancer Immunotherapy with T Cells: Vaccines and Adoptive T Cell Therapy

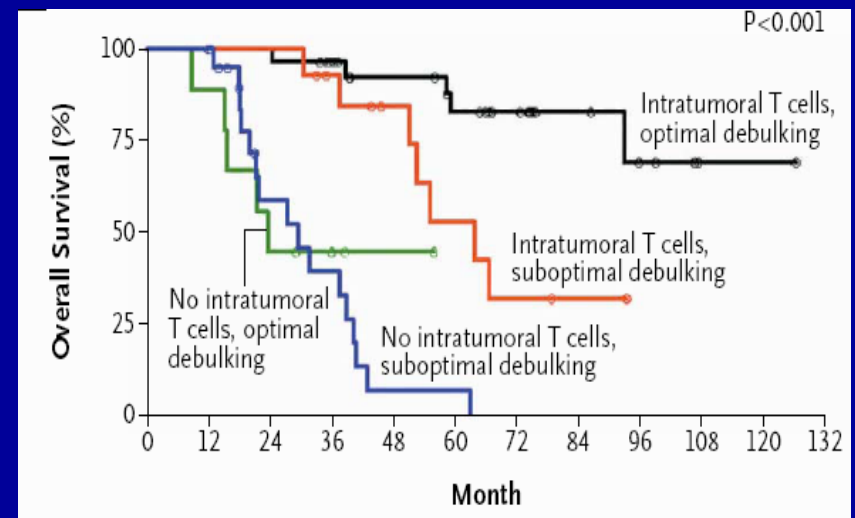
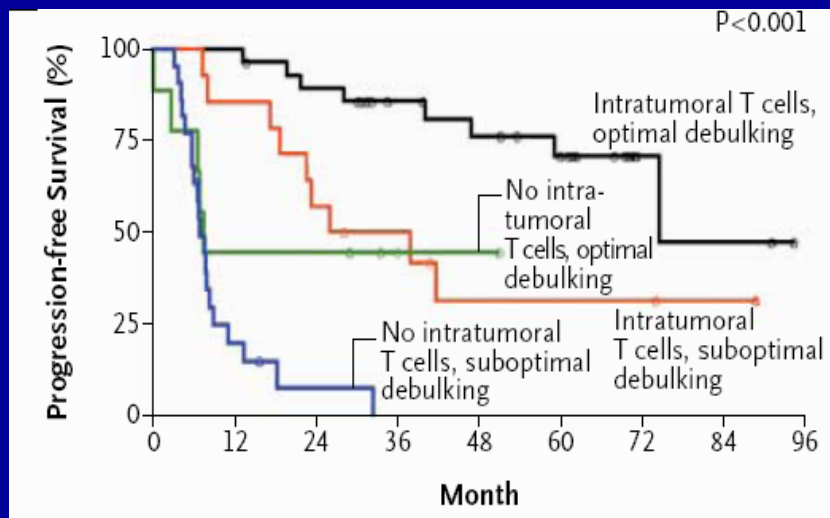
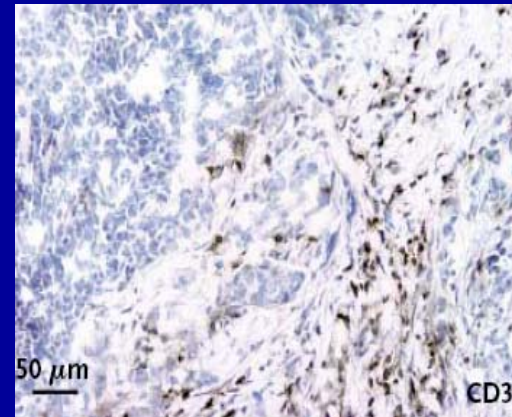
- I. T cells and tumor immunity
- II. Vaccines: generate T cell response
- III. T cell therapy: augment T cell response

T Cell Infiltration Predicts Survival in Ovarian Cancer

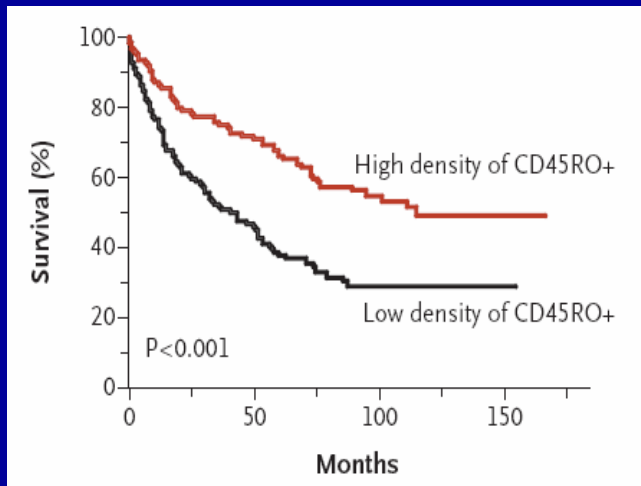
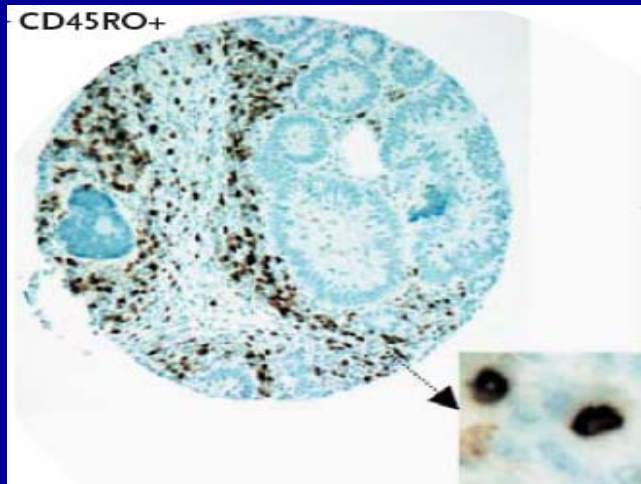
Intratumoral



Stromal



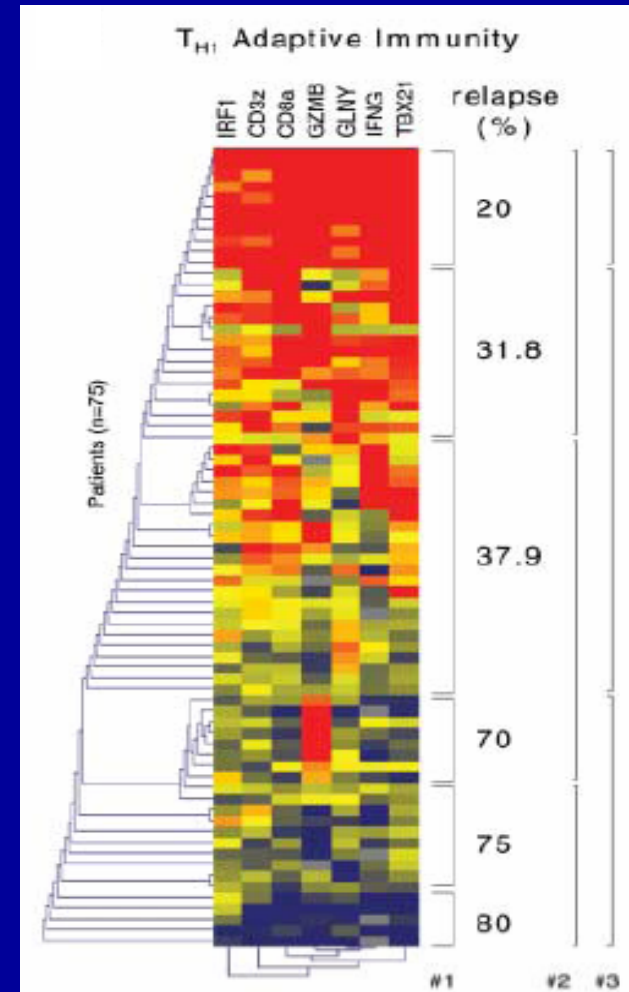
Infiltrating Memory T Cells Predict Outcome in Colorectal Cancer



>400 samples

Factors
Predicting
Outcome:

Th1
 T_{EM}
Central
Dense



75 samples

Cancer Antigens Recognized by the Immune System

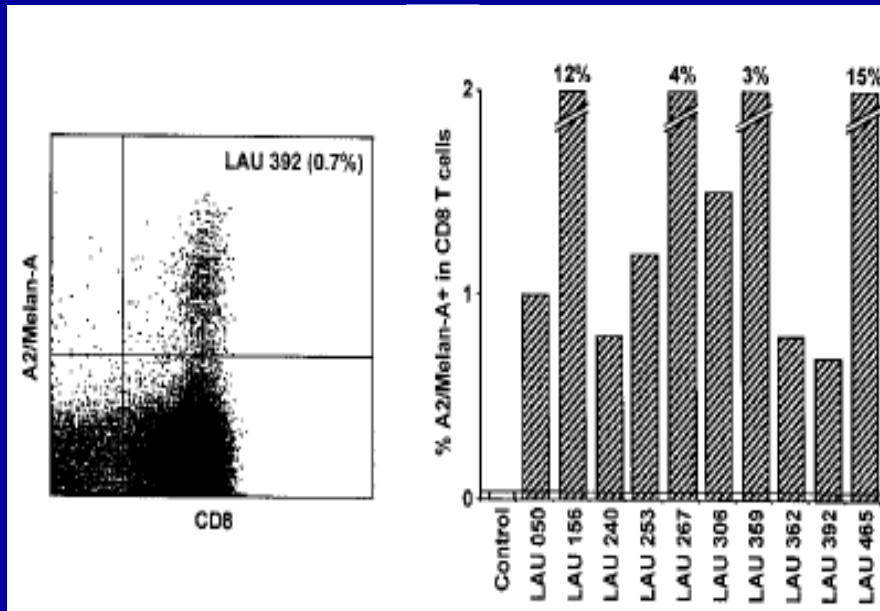
Self Antigens

Unique	Tumour-associated antigen	Tumour
	P53	Several carcinomas
	KRAS2	Several carcinomas
	APC	Colorectal carcinoma
	TGFβ receptor II	Colorectal carcinoma
	Caspase 8	Head and neck tumours
	β catenin	Melanoma
	CDK4	Melanoma
	GnTV	Melanoma
	SYT-SSX fusion protein	Soft-tissue sarcoma
	GP100	Melanoma
	MART1	Melanoma
	Tyrosinase	Melanoma
	TRP1	Melanoma
	TRP2	Melanoma
	PSA, PAP, PSMA	Prostate carcinoma
	Melanoma antigen family (MAGE)	Several types
	G antigen family (GAGE)	Several types
	B melanoma antigen (BAGE)	Several types
	SSX2	Several types
	SAGE1	Several types
	LAGE1	Several types
	Cancer/testis antigen NY-ESO1	Several types
	CEA	Several carcinomas
	ERBB2	Several carcinomas
	GA733-1	Several carcinomas
	Mucin 1	Several carcinomas
	Survivin	Several types
	Telomerase	Several types
	CD55	Several carcinomas
	PRAME	Several types
	Chorionic gonadotrophin β	Several types
	α fetoprotein	Hepatocellular carcinoma
	GloboH, transcription factor α, and sialyl-Tn	Several carcinomas
	Gangliosides	Melanoma
	SART1, SART2	Some carcinomas
	E6, E7 (human papillomavirus)	Cervical carcinoma
	LMP2, EBNA1 (Epstein-Barr virus)	Nasopharyngeal carcinoma
Foreign		

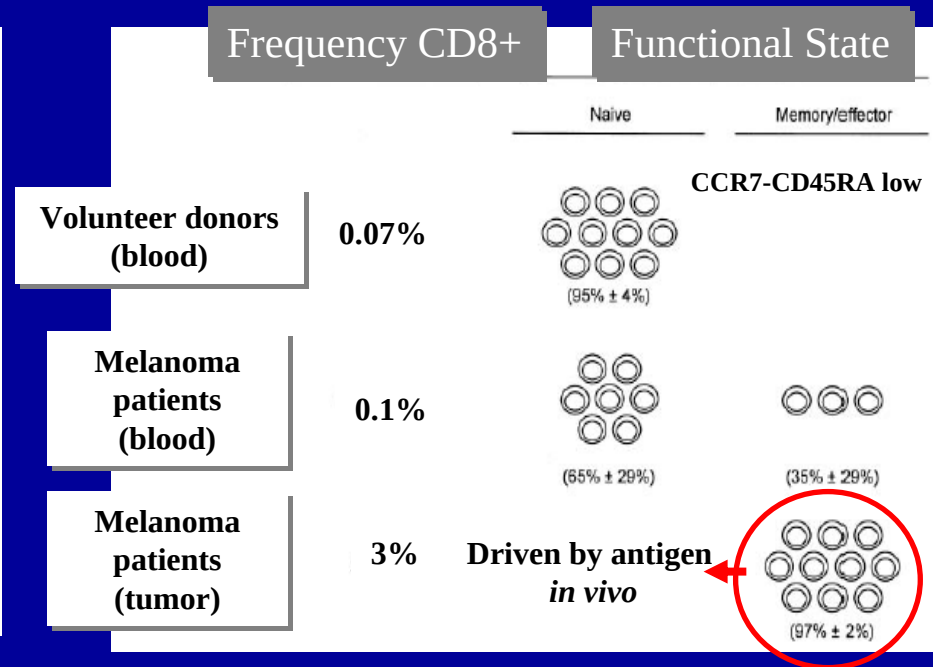
adapted from Mocellin S et al, Lancet Oncol, 2004

Pre-Existent Tumor T Cell Immunity is Low Level

Minority of the inflammatory
infiltrate in tumors



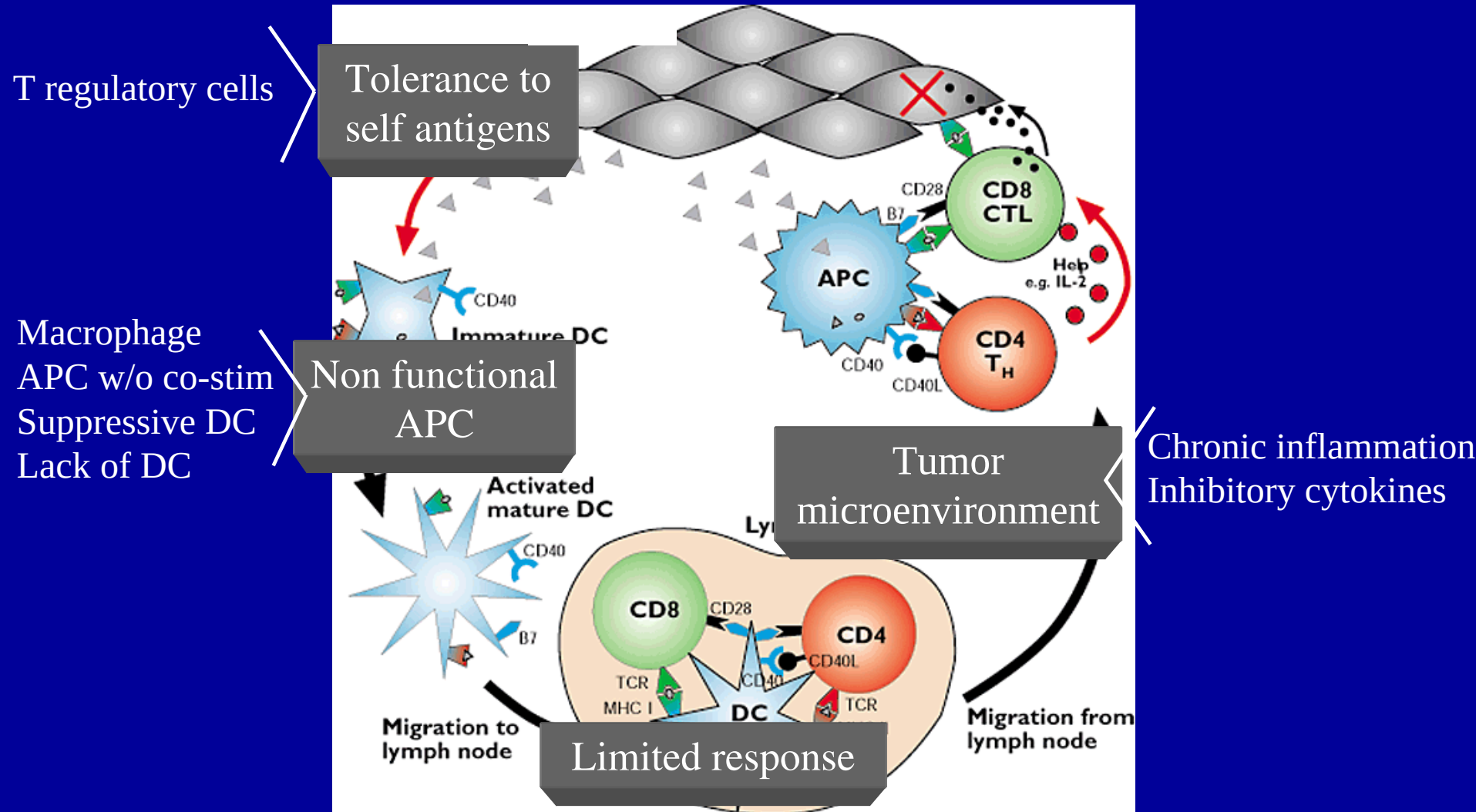
Effector cells at the
site of the tumor



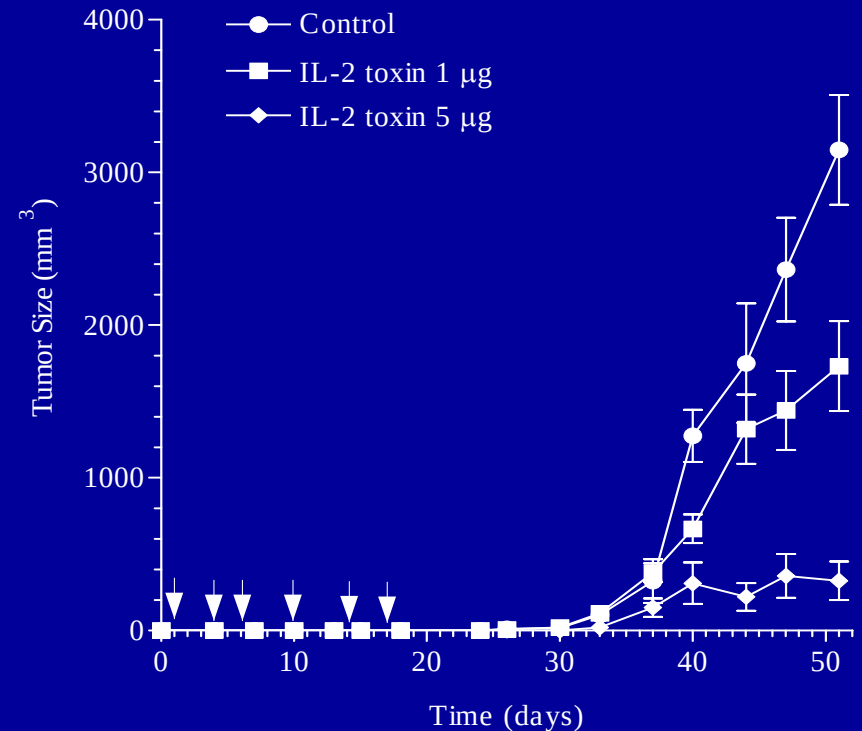
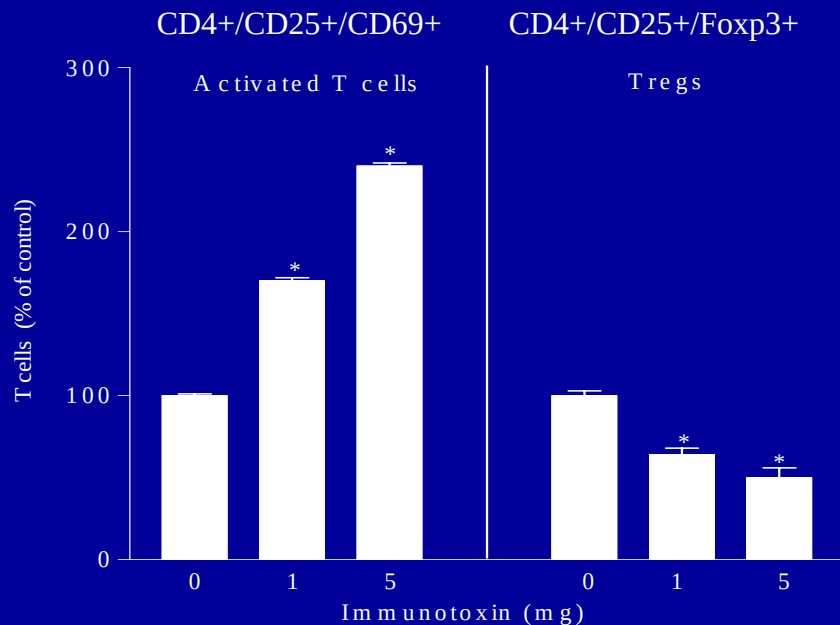
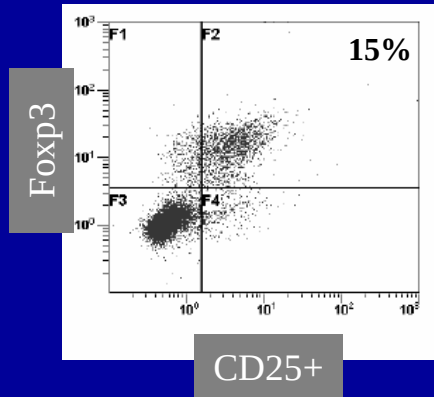
Cancer Immunotherapy with T Cells: Vaccines and Adoptive T Cell Therapy

- I. T cells and tumor immunity
- II. Vaccines: generate T cell response
- III. T cell therapy: augment T cell response

Mechanisms of Ineffective Tumor Immunity



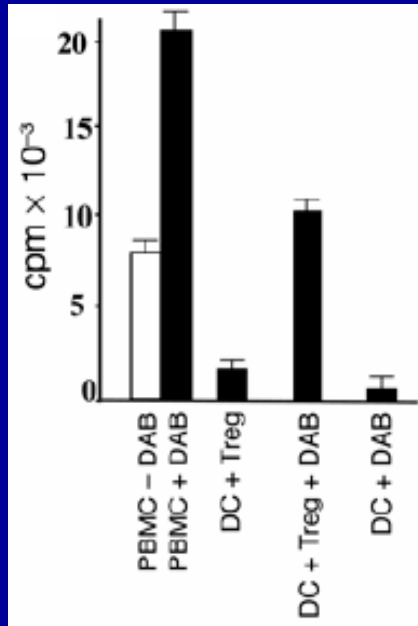
Circumventing Tolerance via Treg Depletion



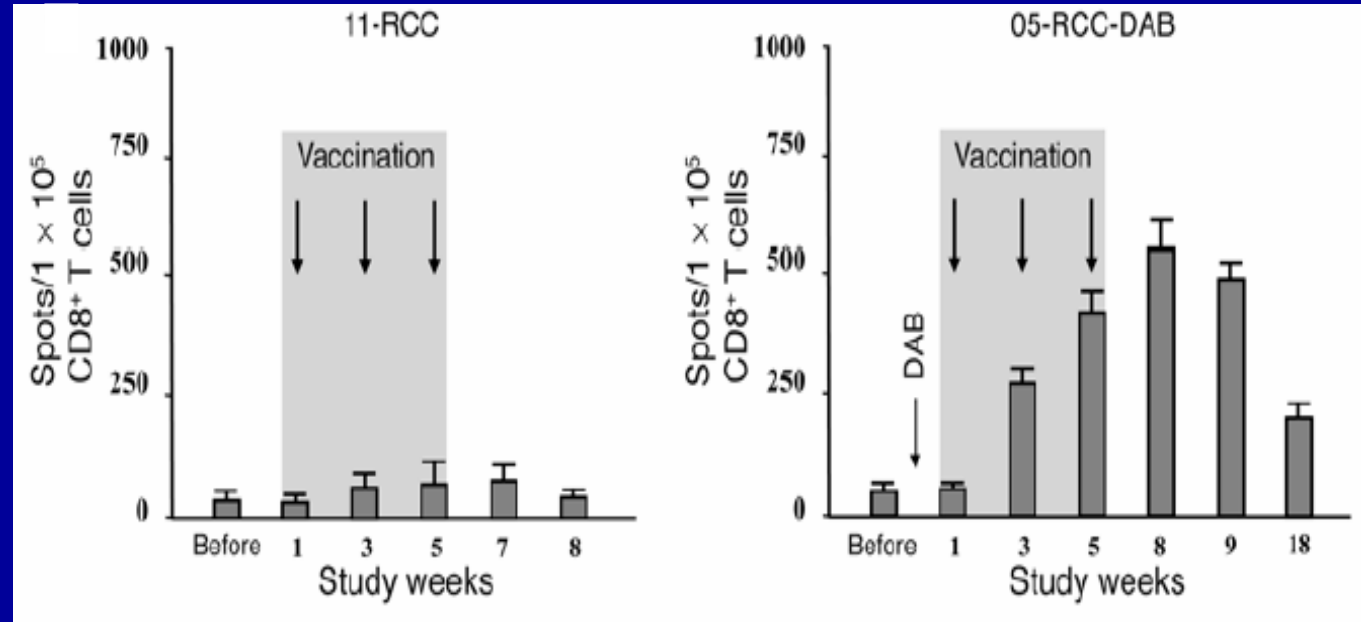
Increased tumor antigen specific immunity
T cell and antibodies

Depletion of Tregs Prior to Vaccination Enhances Immunity

XCD25-Immunotoxin enhances MR

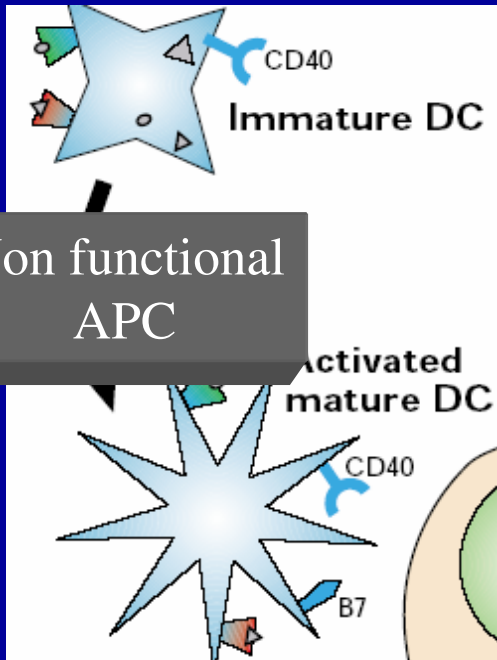


3 id injections of tumor RNA transfected DC +/- XCD25 Immunotoxin

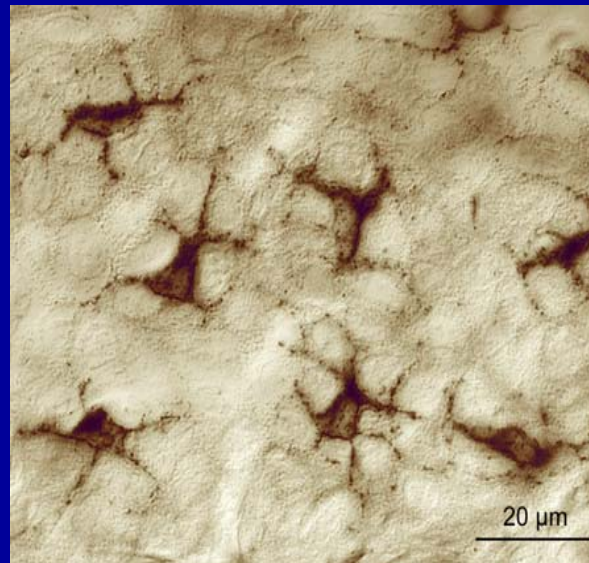


RENAL CELL CA

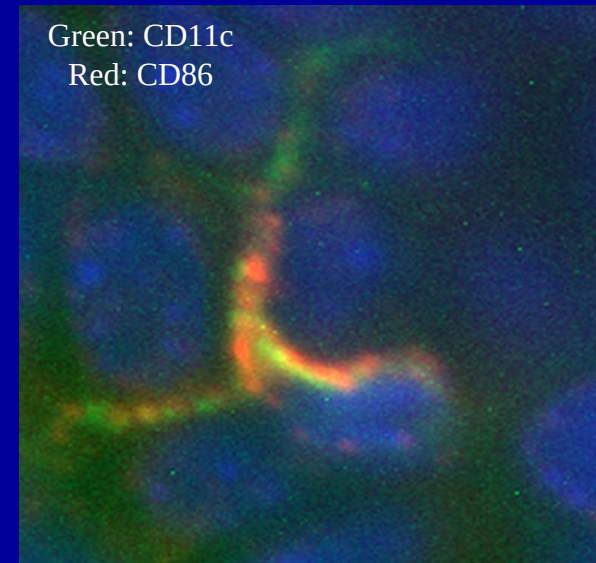
Activating APC for Vaccination



Resting

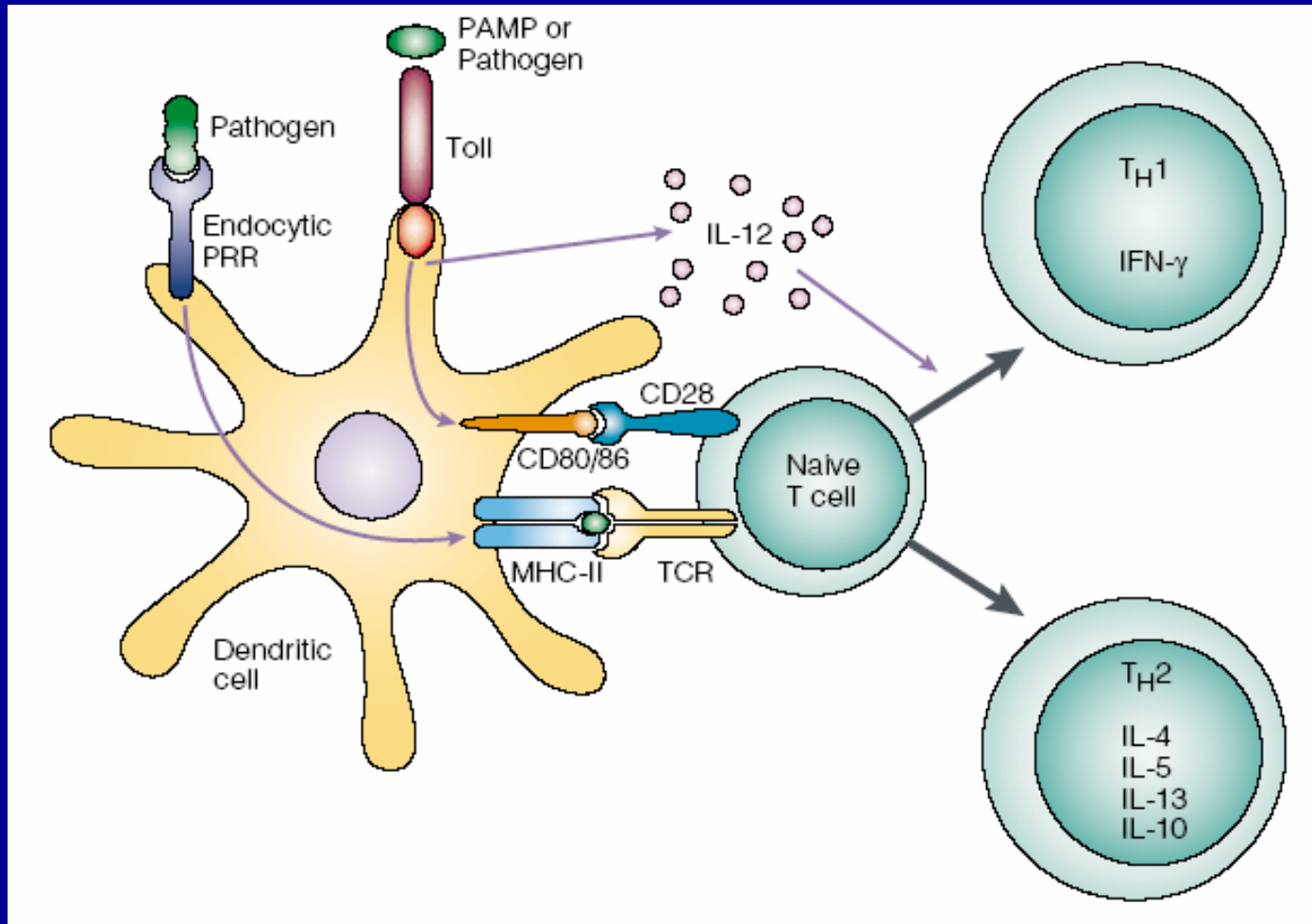


Activated

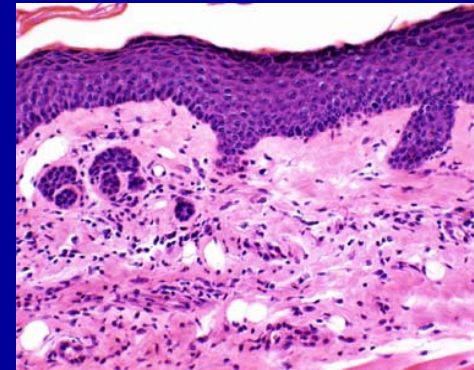
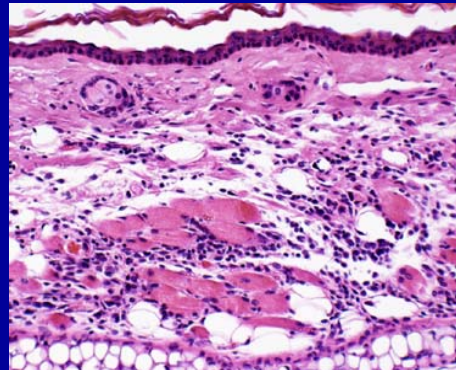
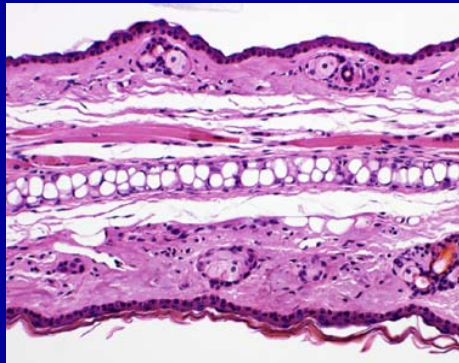


Intradermal injection of cytokines:
trafficking to dermis/activation

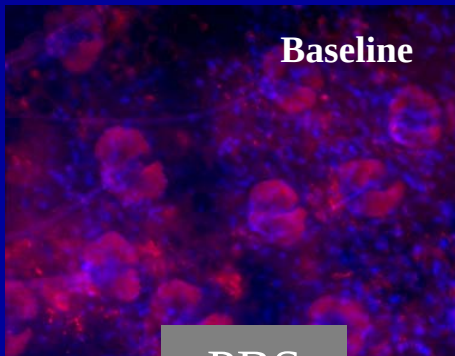
Toll-Like Receptor Ligands



Activation of Skin APC



H&E



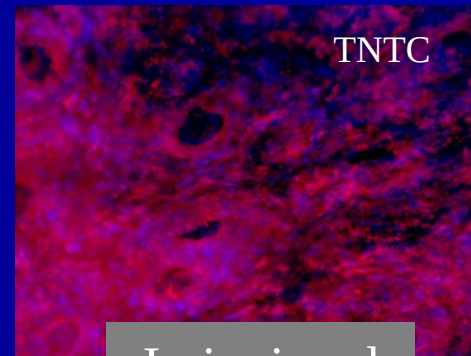
Baseline

PBS



10-fold

GM-CSF



TNTC

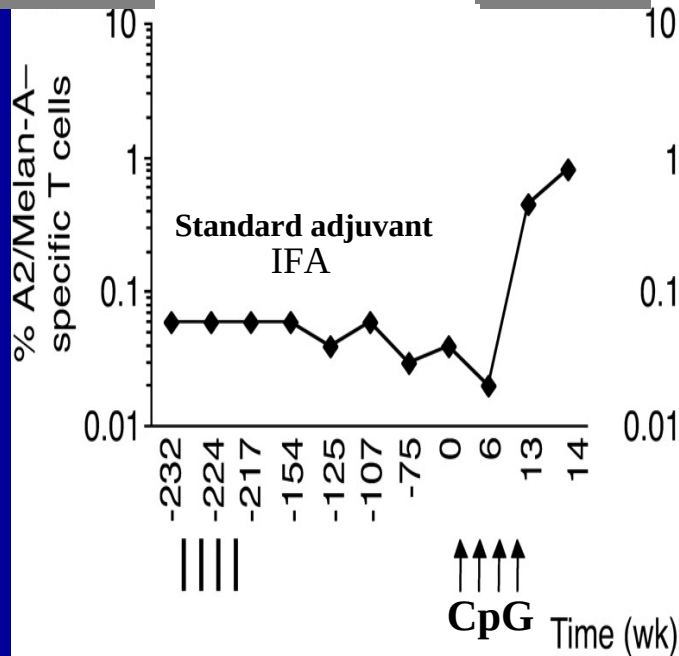
Imiquimod

TLR-7 Agonist

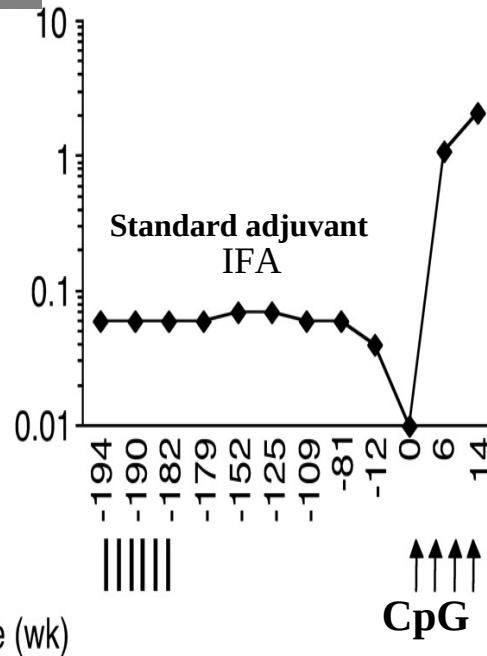
Dermis

Stimulating Dendritic Cells *in situ* with CpG via TLR-9

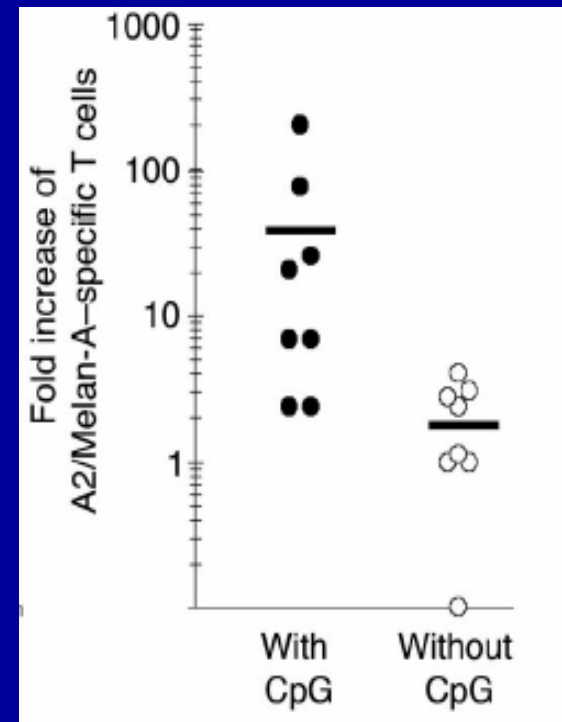
Patient 1



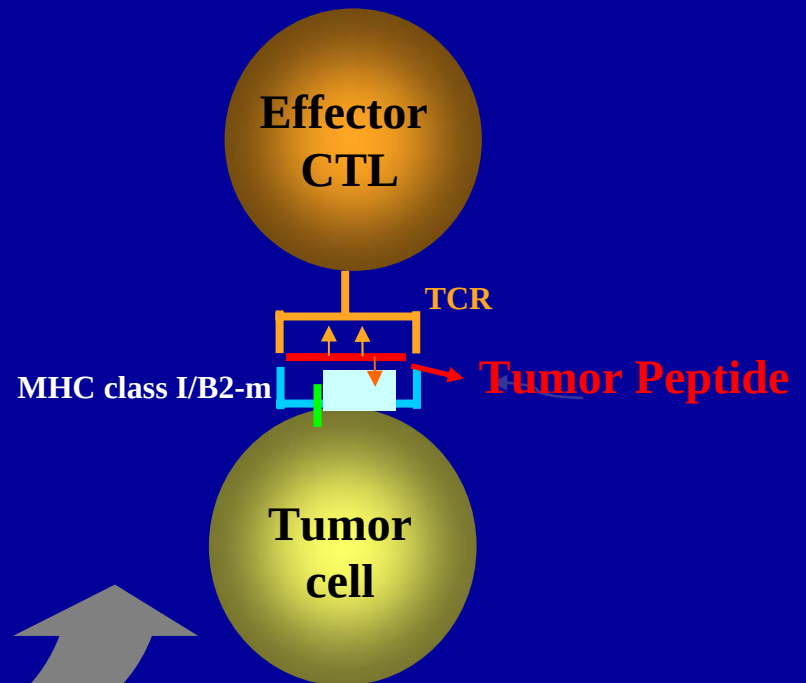
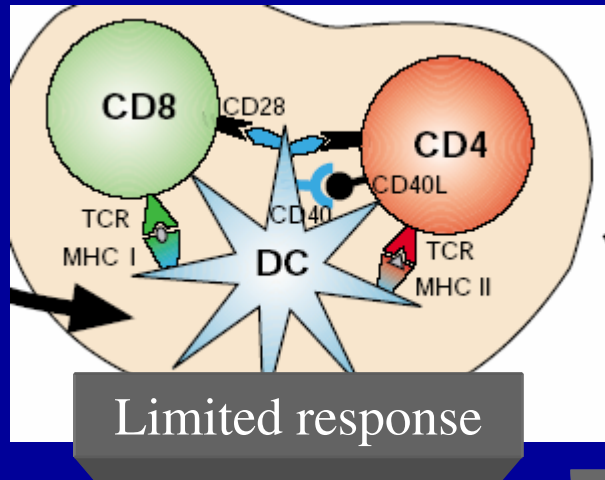
Patient 2



T_{EM} with lytic activity

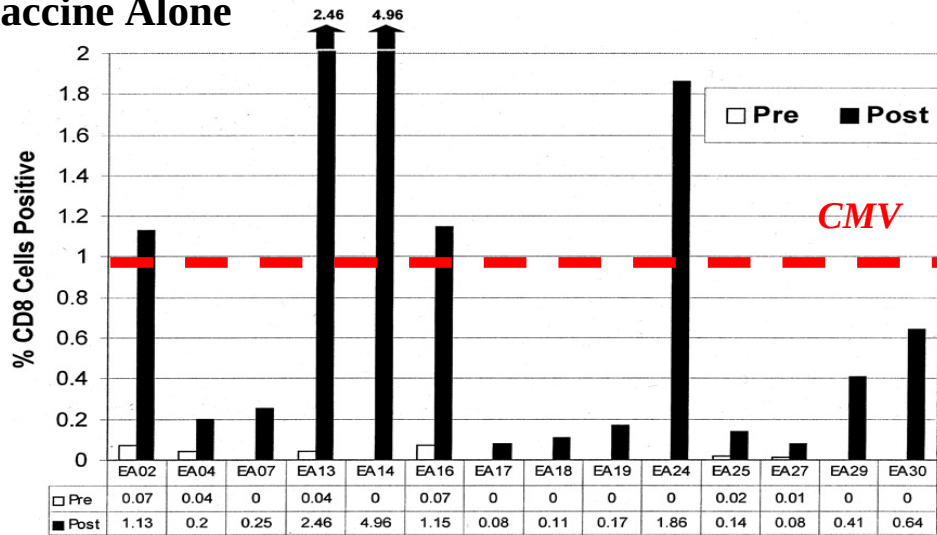


Manipulating the Antigen for Vaccination



Peptide Modified to Increase Class I Binding

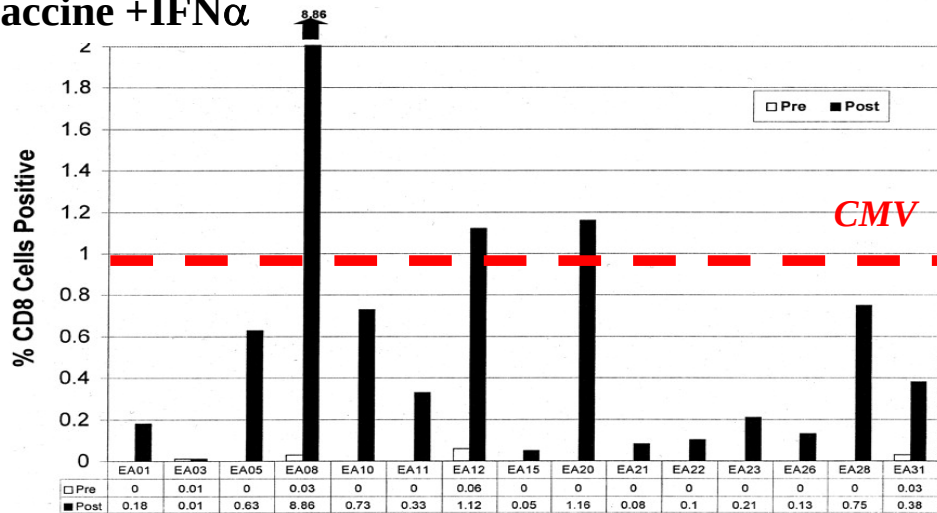
Vaccine Alone



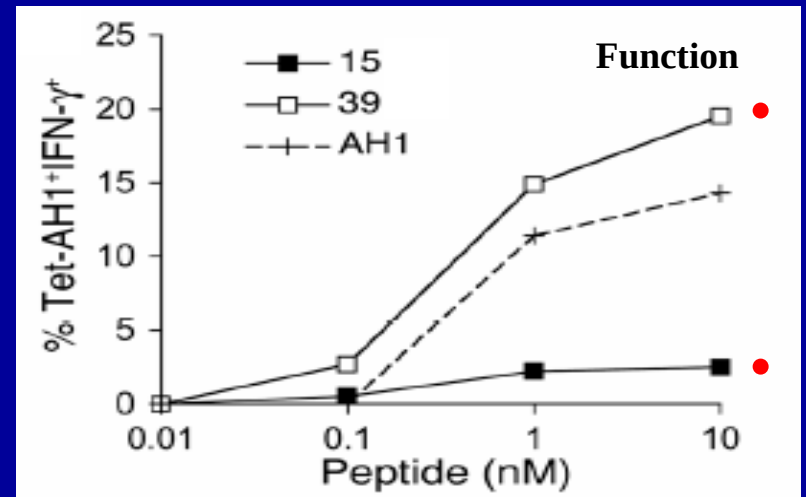
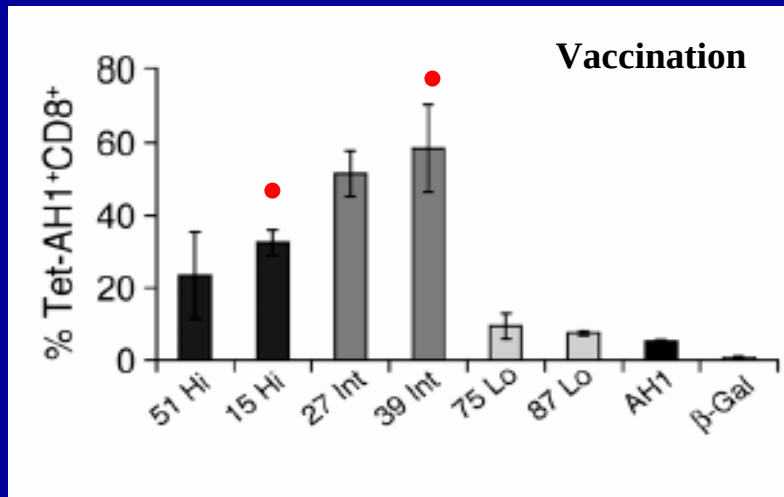
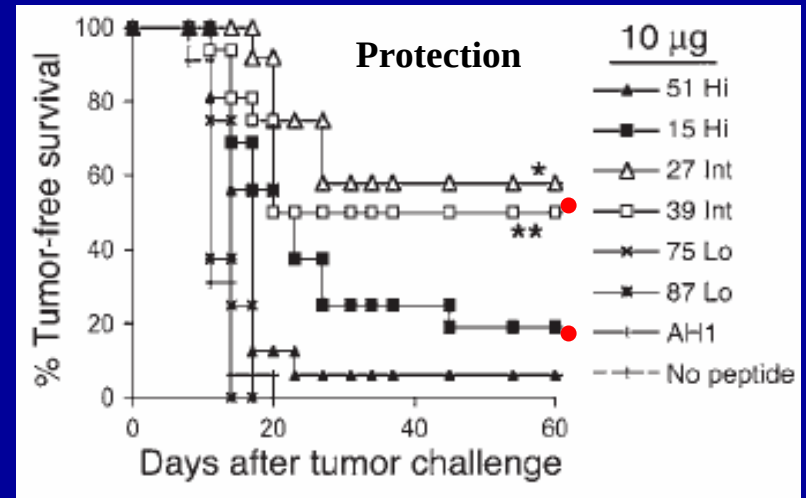
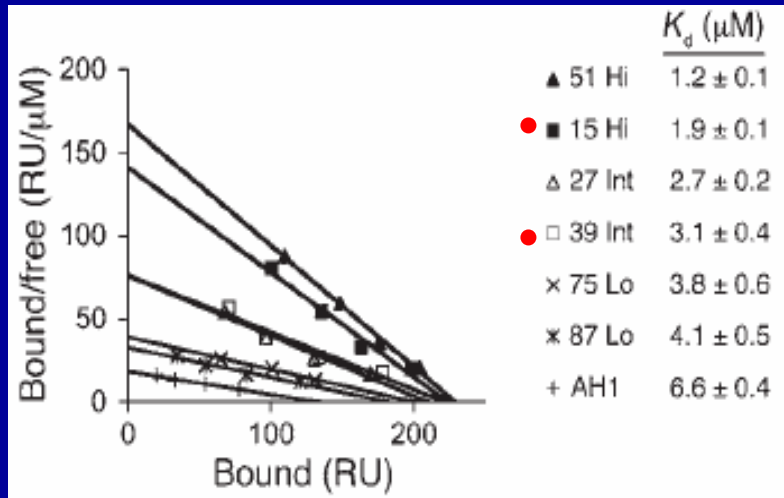
Modified gp100 Peptide

- Stage I-III melanoma: adjuvant setting
- Modified gp100 peptide
HLA-A2
p209-2M
- Given sq in IFA q 2 or 3 weeks
- HLA-tetramer to assess immunity
- Increased peptide specific CD8+ in 28/29
- 28% of patients >1%

Vaccine + IFN α

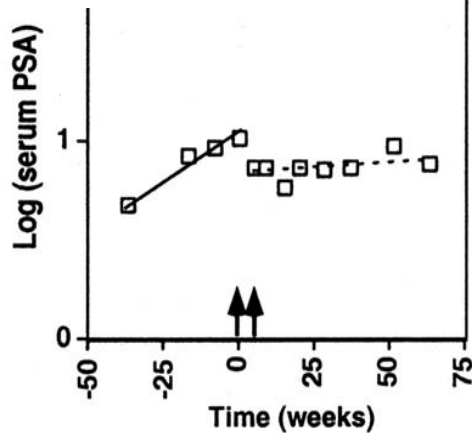


Intermediate Binding Altered Peptides are Optimal Vaccine Candidates

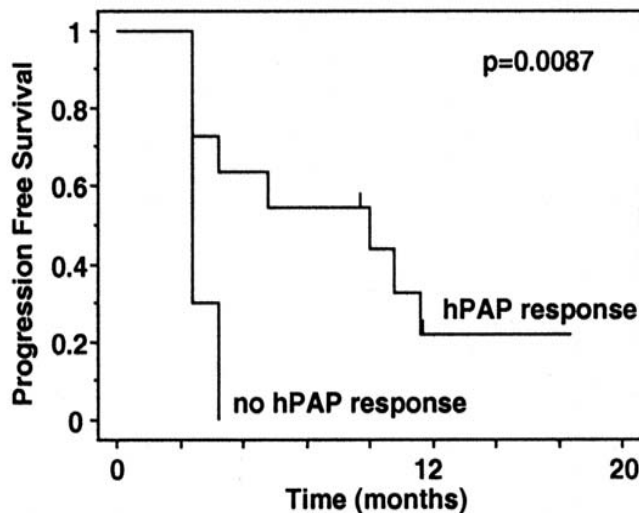
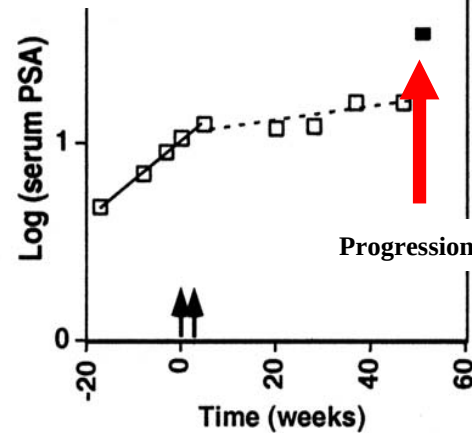


Xenoantigen Immunization

Patient 21: mPAP SI 22
hPAP SI 4



Patient 12: mPAP SI 7
hPAP SI *transient*



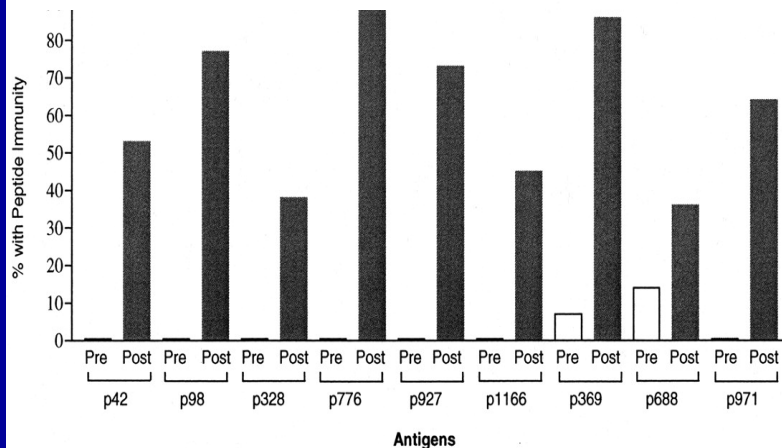
Development of a
hPAP T cell response
correlates with PFS

Mouse PAP in Man

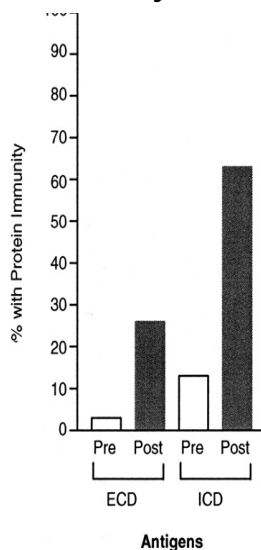
- DC pulsed with mouse PAP protein
- Highly homologous foreign protein
- 21 patients with metastatic prostate cancer
- 2 monthly vaccinations
- All patients=immunity to mouse PAP
- 50% immunity to human PAP
- 6/21 with clinical stabilization
- Stabilization associated with human PAP immunity

Vaccinating to Induce CD4⁺ T Cell Immunity

HER2 Peptide Immunity



HER2 Protein Immunity

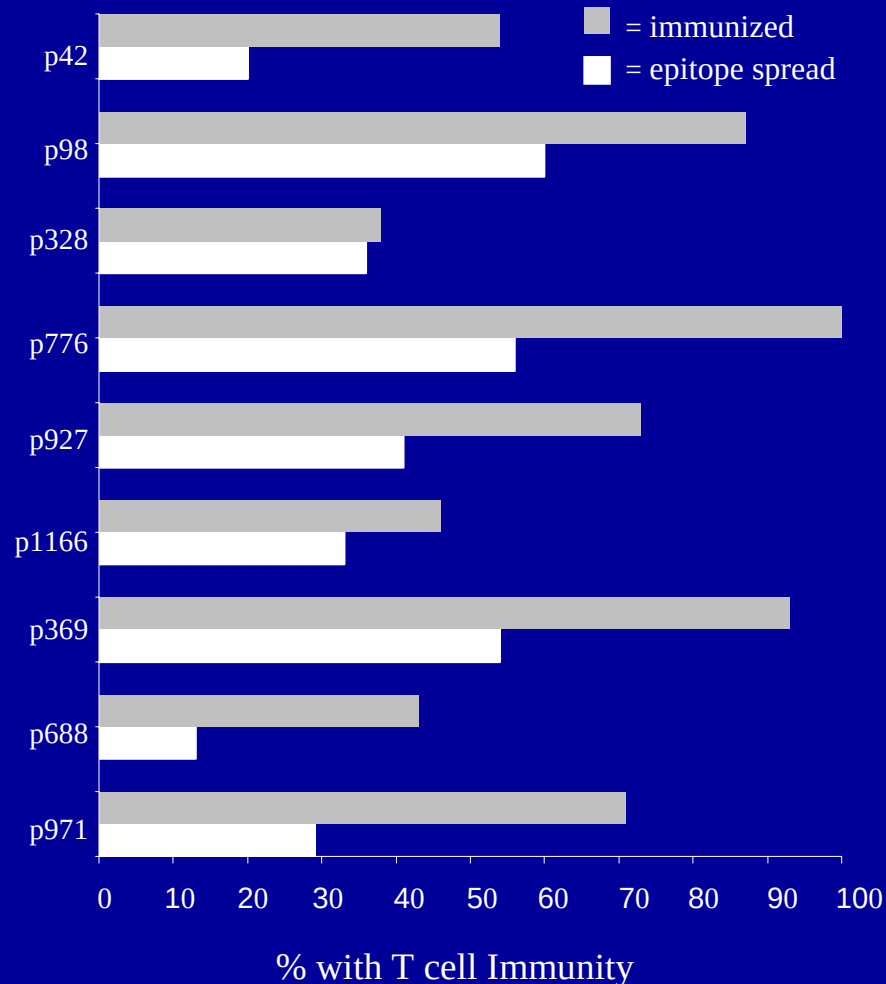


Definition of Class II Epitopes

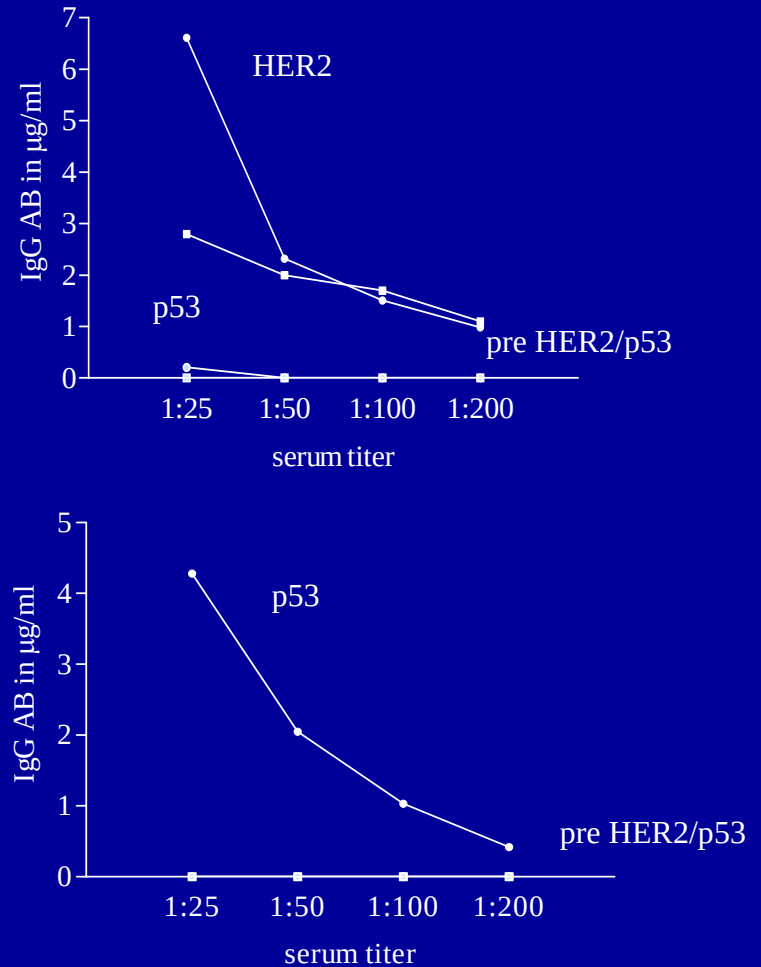
- HER2 Th peptides in GM-CSF given i.d.
- 3 peptides/vaccine
- Stage III/IV breast, ovarian, or NSCLC
- 38 patients completed all 6 immunizations
- >90% developed immunity to HER2 peptides
- >60% developed immunity to HER2 protein
- Immunity could persist >1 year
- Epitope spreading in majority=protein response

Evolving Immunity with Immunization

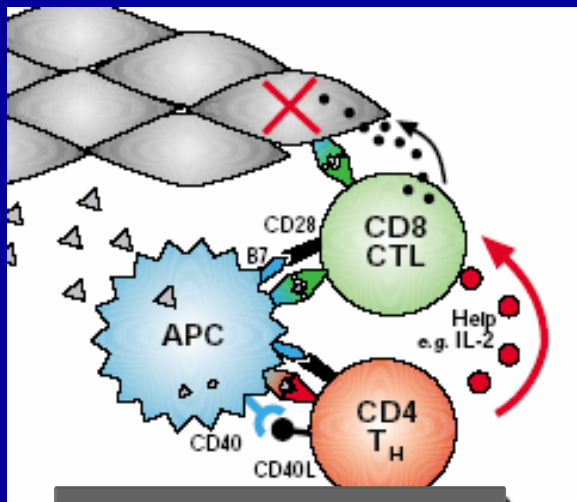
Intramolecular epitope spreading



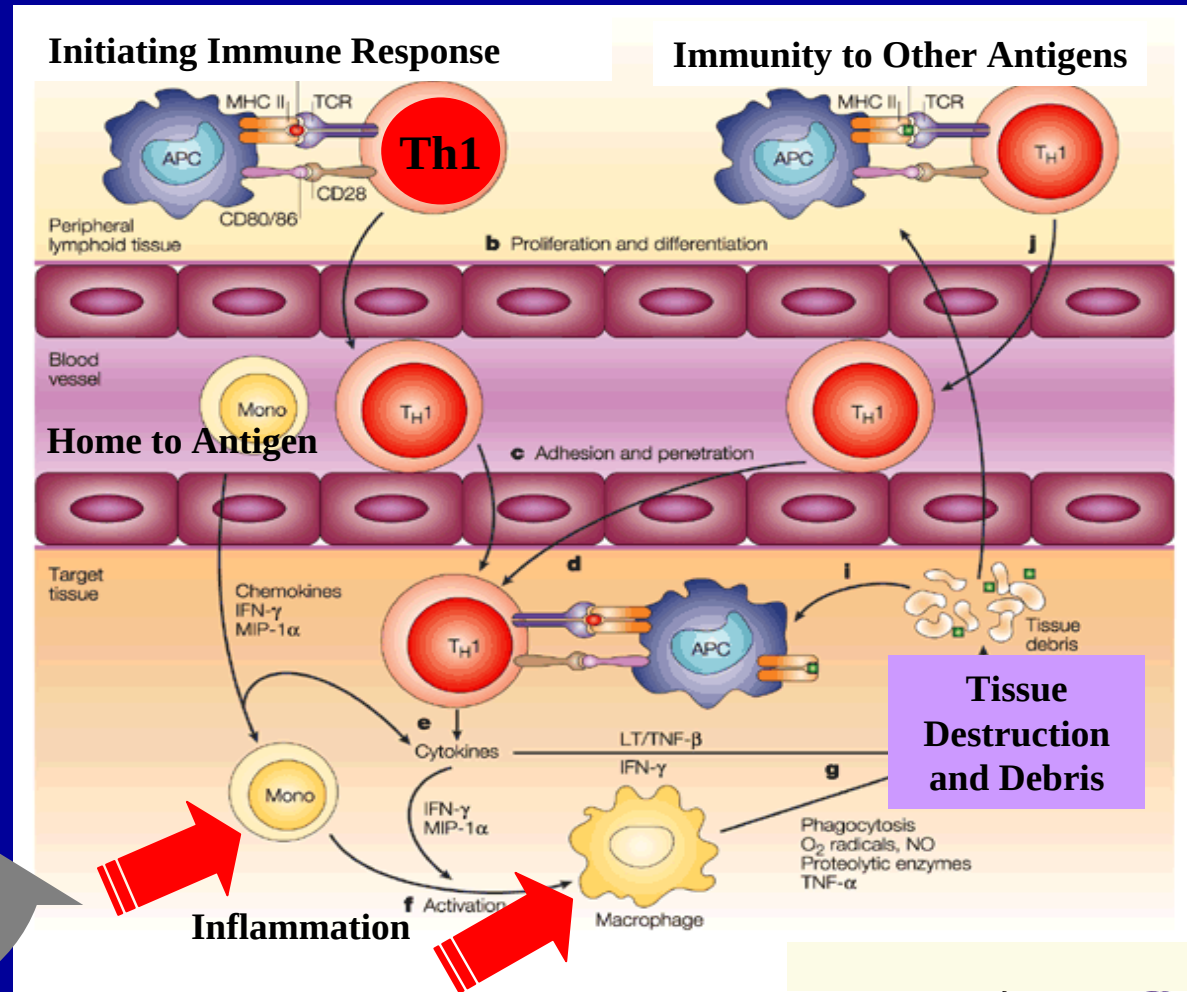
Intermolecular epitope spreading



Productive Immunity Modulating the Microenvironment

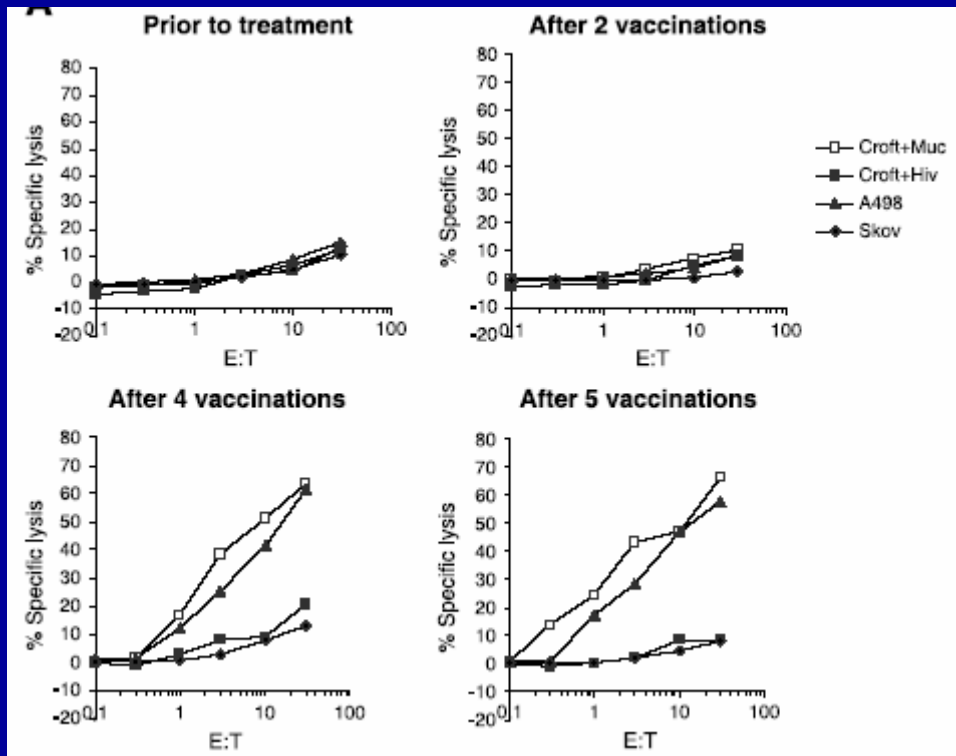


Tumor
microenvironment

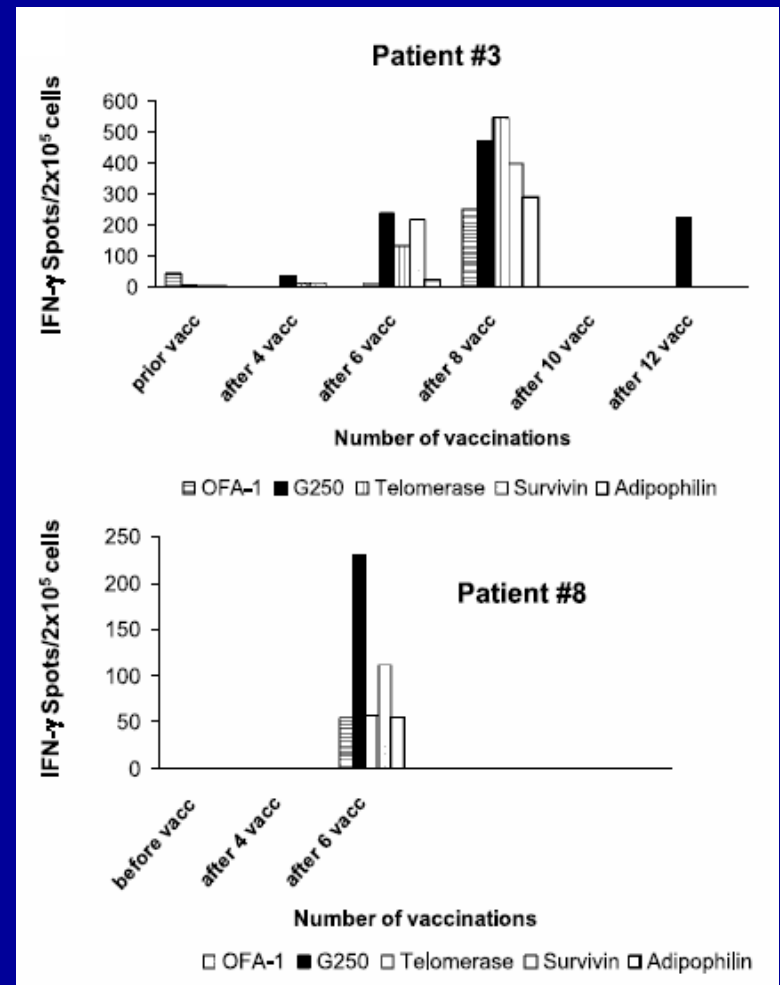


DC-MUC-1 Vaccine + LD IL-2 in RCC

Elicits Epitope Spreading



15% RR (PR+CR), 1 CR
Induced immunity associated
with response ($r=0.79$)
($n=20$)

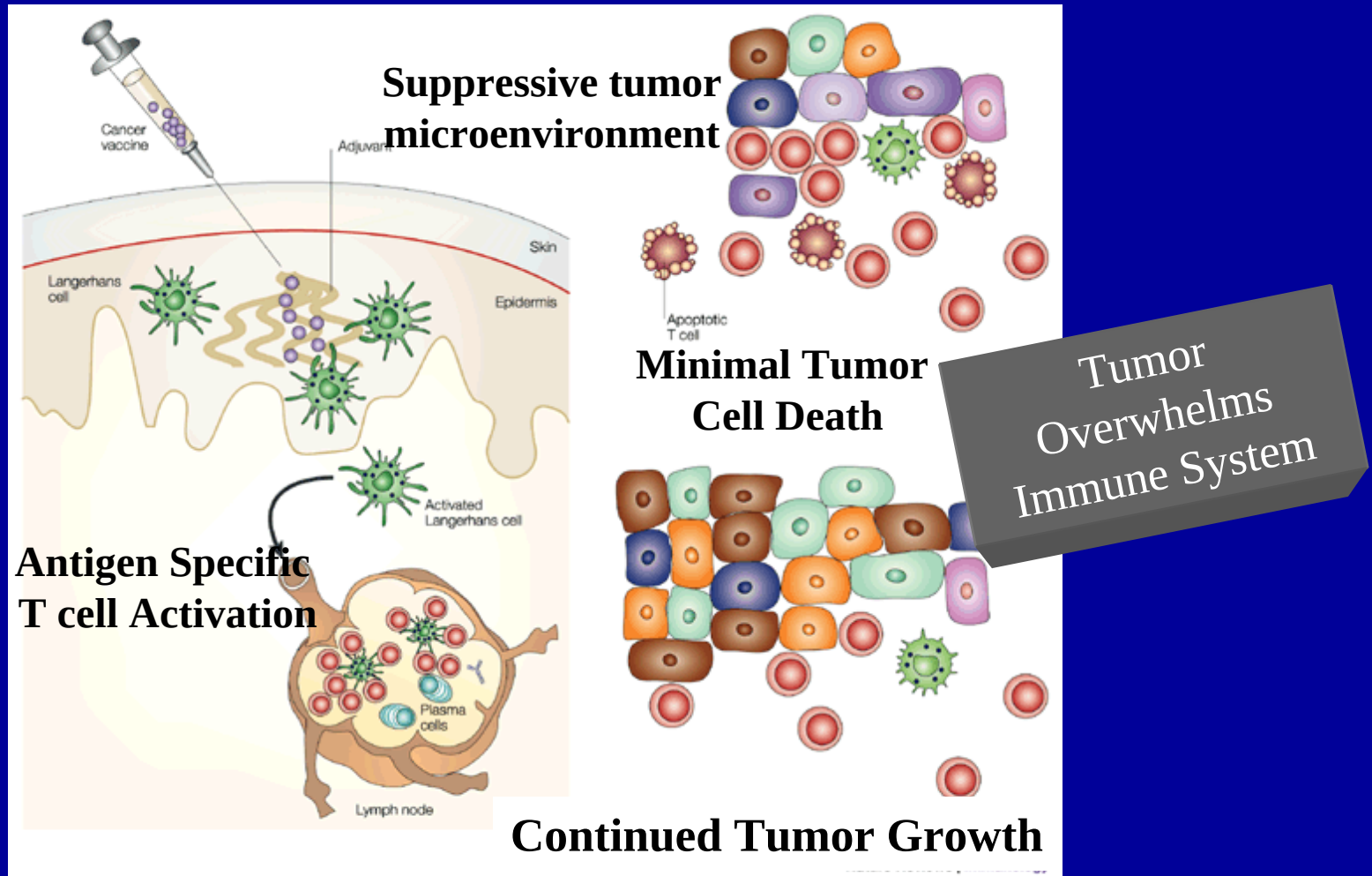


Vaccinating Established Disease

Clinical Outcomes: Cancer Vaccines in Melanoma Patients

Vaccine	Total Patients	Responding Patients	RR%
Peptide	410	11	2.7
Viral Vector	160	3	1.9
Tumor Cells	43	2	4.6
Dendritic Cells	116	11	9.5

Therapeutic Immunization



Cancer Vaccines in the Adjuvant Setting

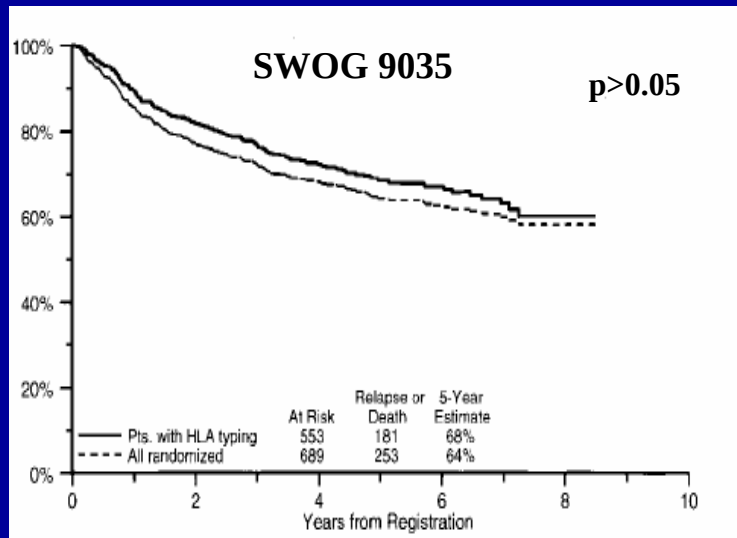
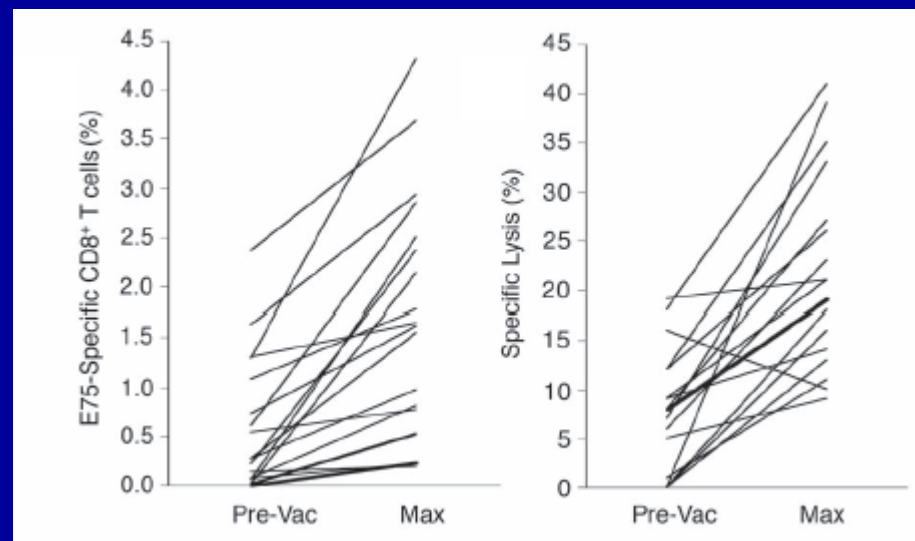
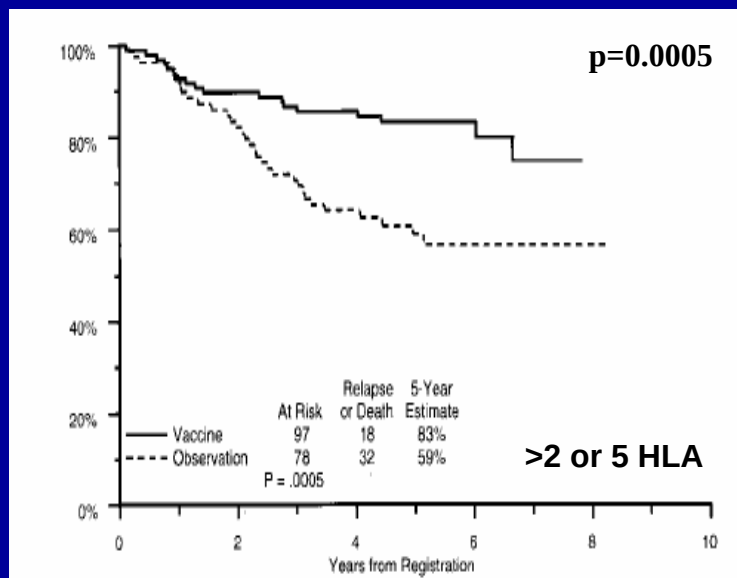


Table 4. Survival and Recurrence Rates for the Vaccinated and Prospectively Observed Control Groups of Patients With Node-Positive Breast Cancer

Median Follow-Up*	Vaccinated, HLA-A2 ⁺ (n = 24) (%)	Observed, HLA-A2 ⁻ (n = 29) (%)
Overall survival	100	93
Disease-free survival	85.7	59.5
Recurrence rate	8.3	20.7

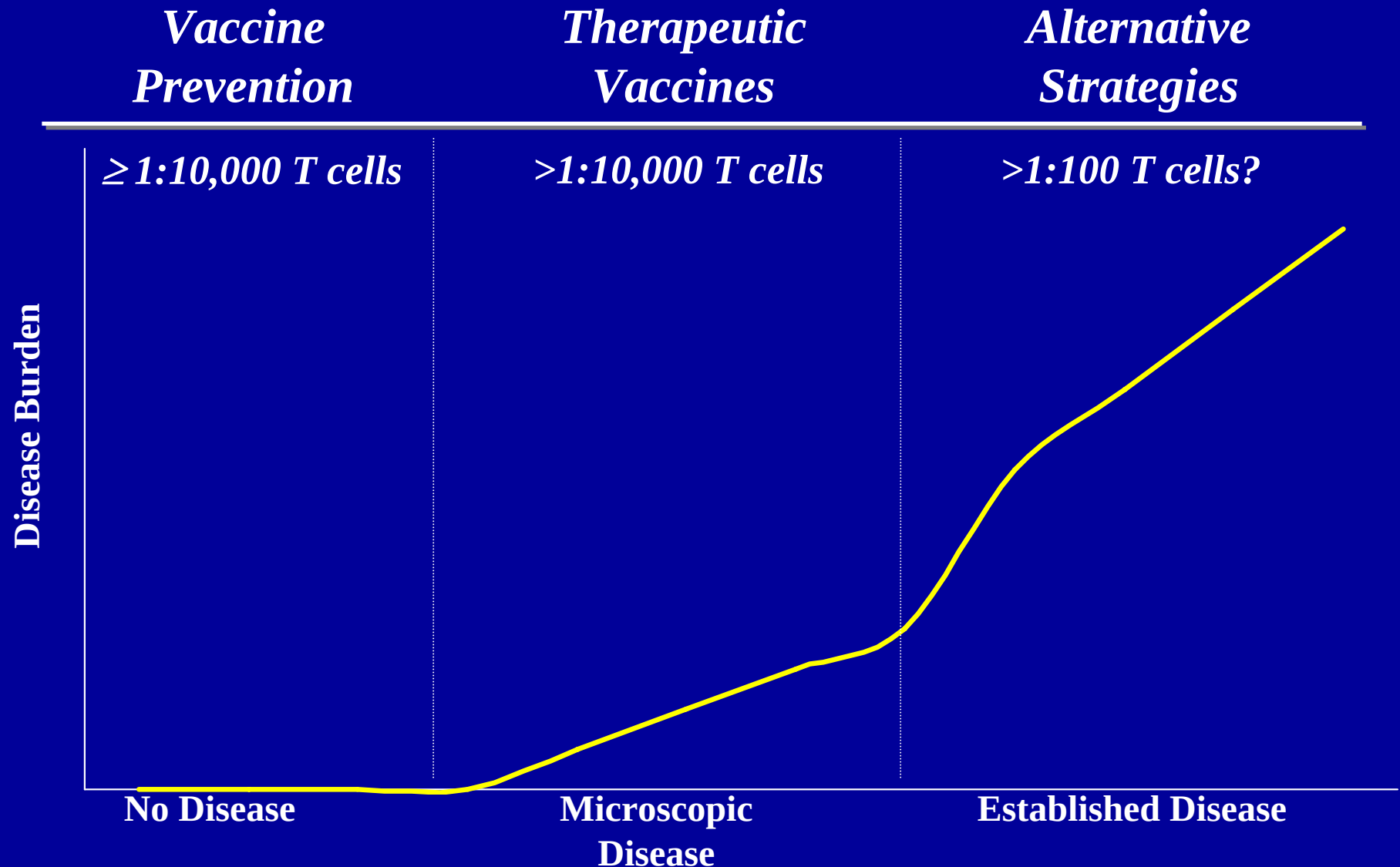
* Median follow-up was 22 months (range, 6 to 48 months).



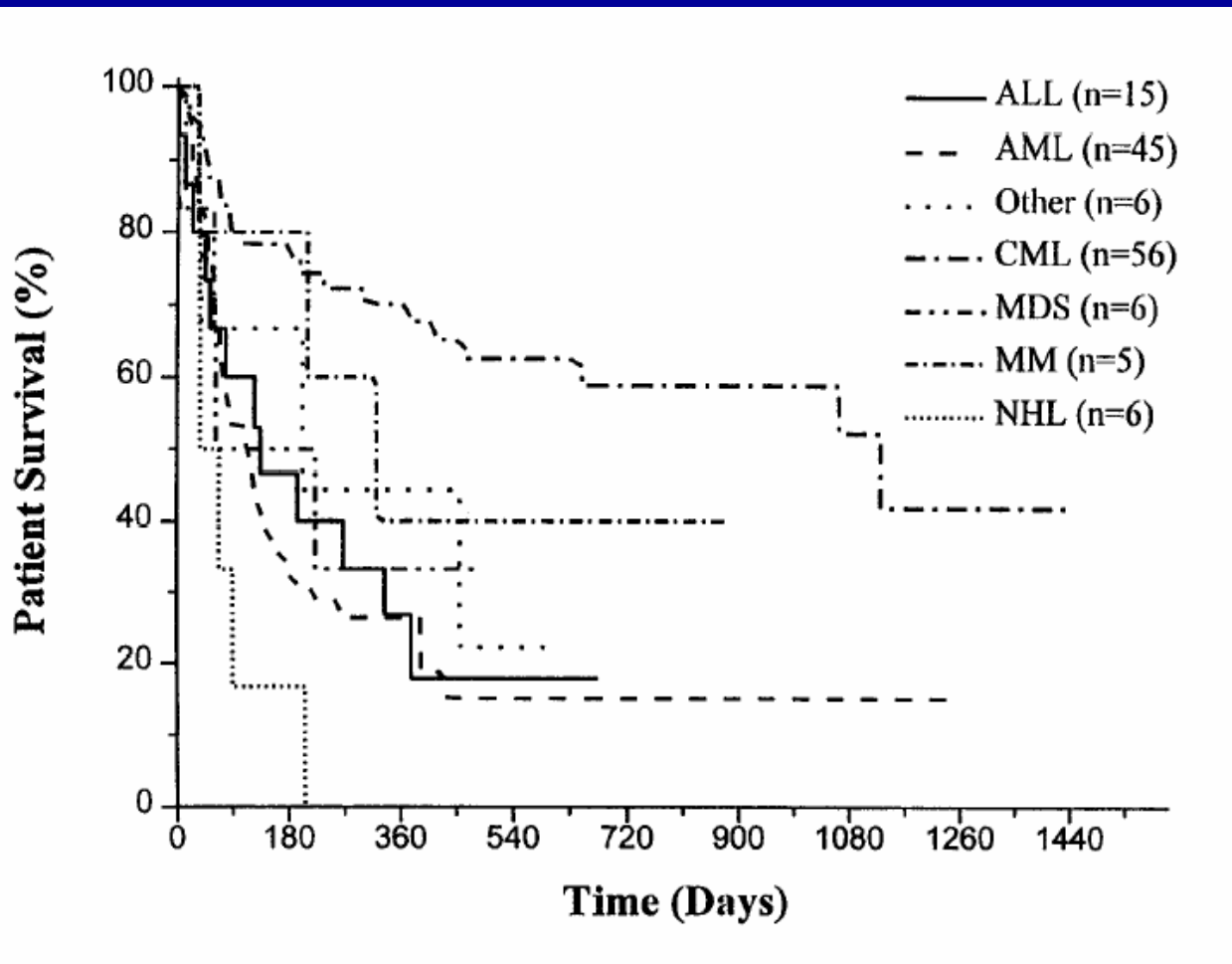
Cancer Immunotherapy with T Cells: Vaccines and Adoptive T Cell Therapy

- I. T cells and tumor immunity
- II. Vaccines: generate T cell response
- III. T cell therapy: augment T cell response

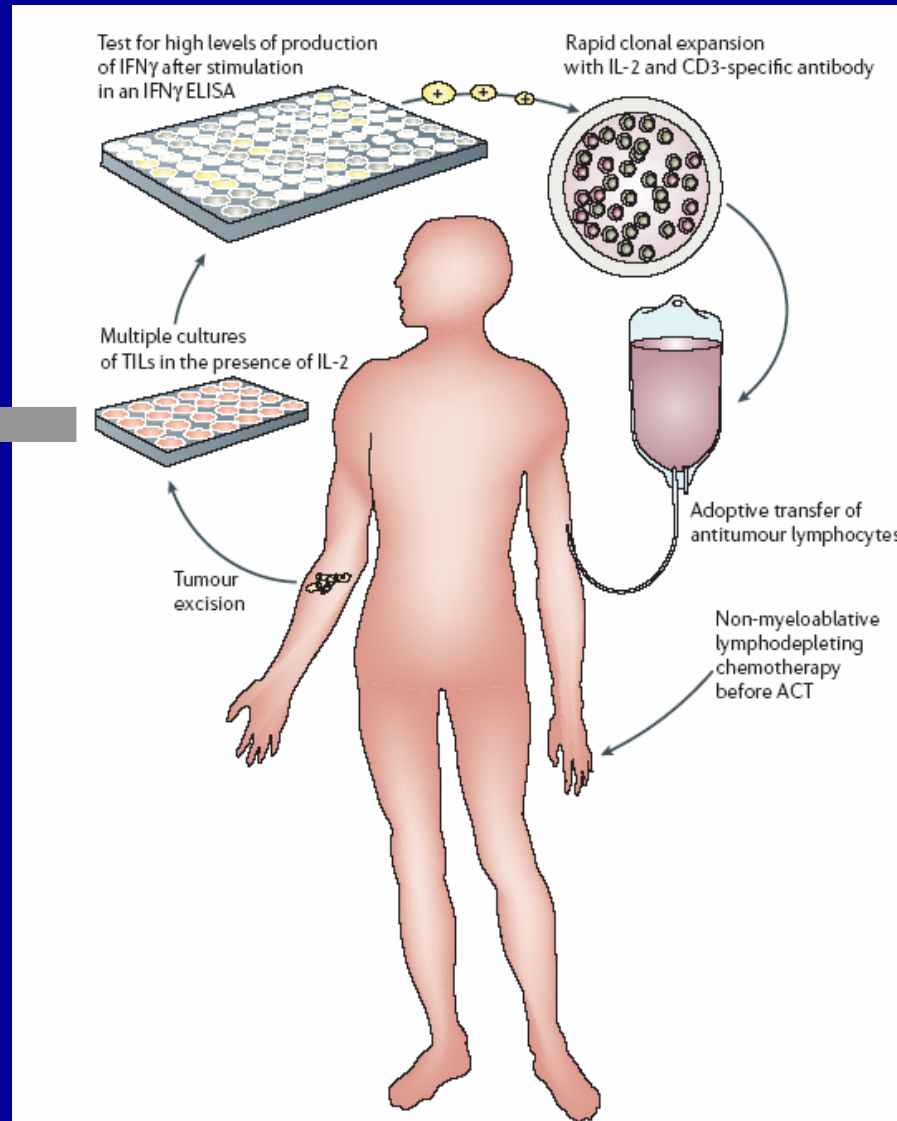
Intervention Based on Tumor Burden



Long Term Survival after Transplant Relapse with DLI

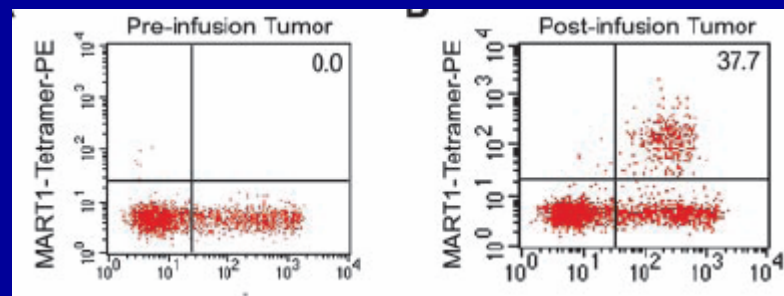
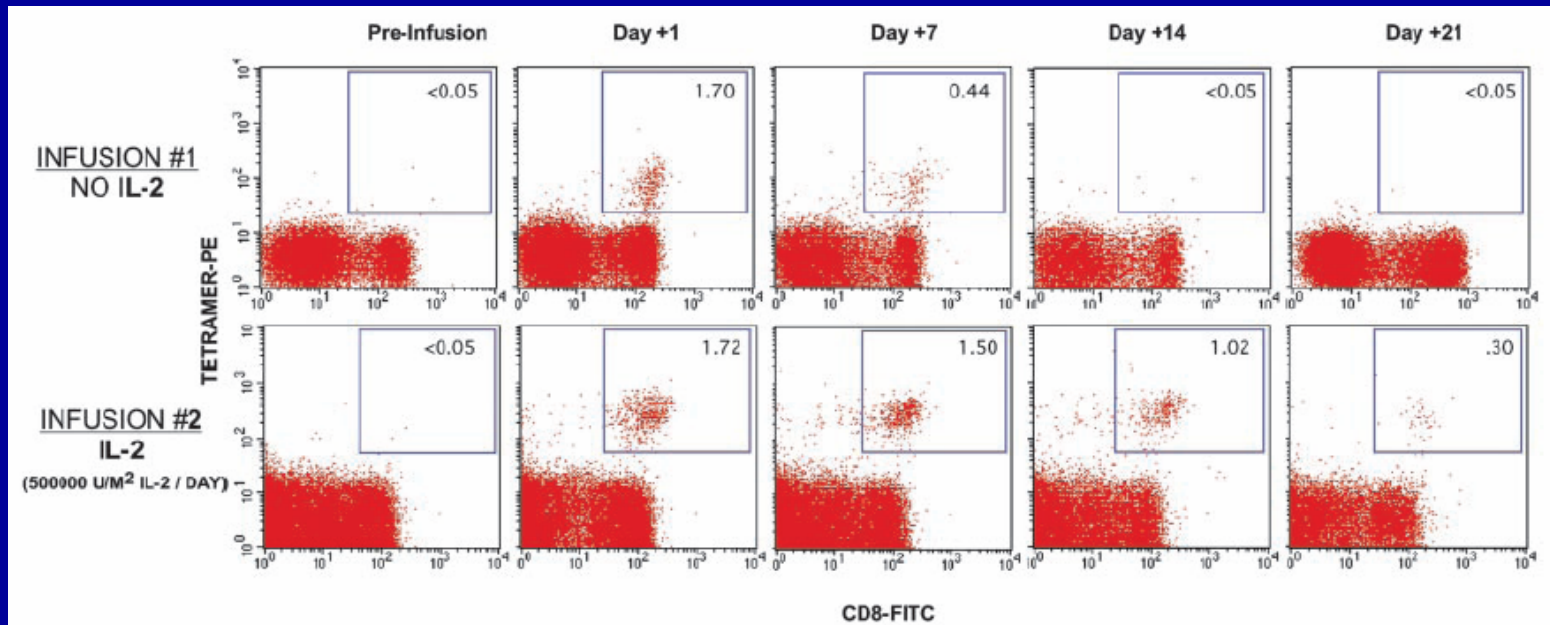


Transfer of Tumor Competent T Cells



Clones
Enriched PBMC
TIL
Gene Modified Cells

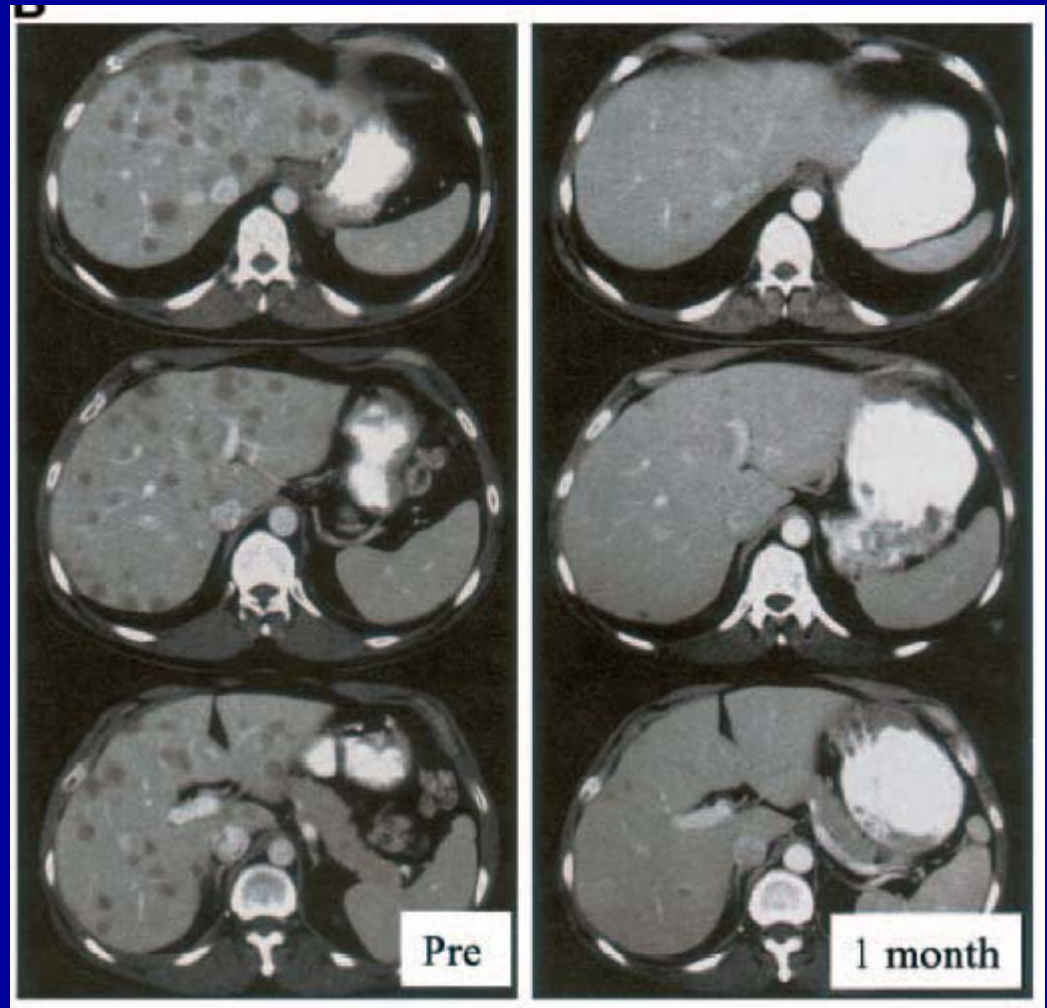
Adoptive T Cell Therapy with CD8+ T Cell Clones



Infusion of MART-1 CD8+ T Cell Clones

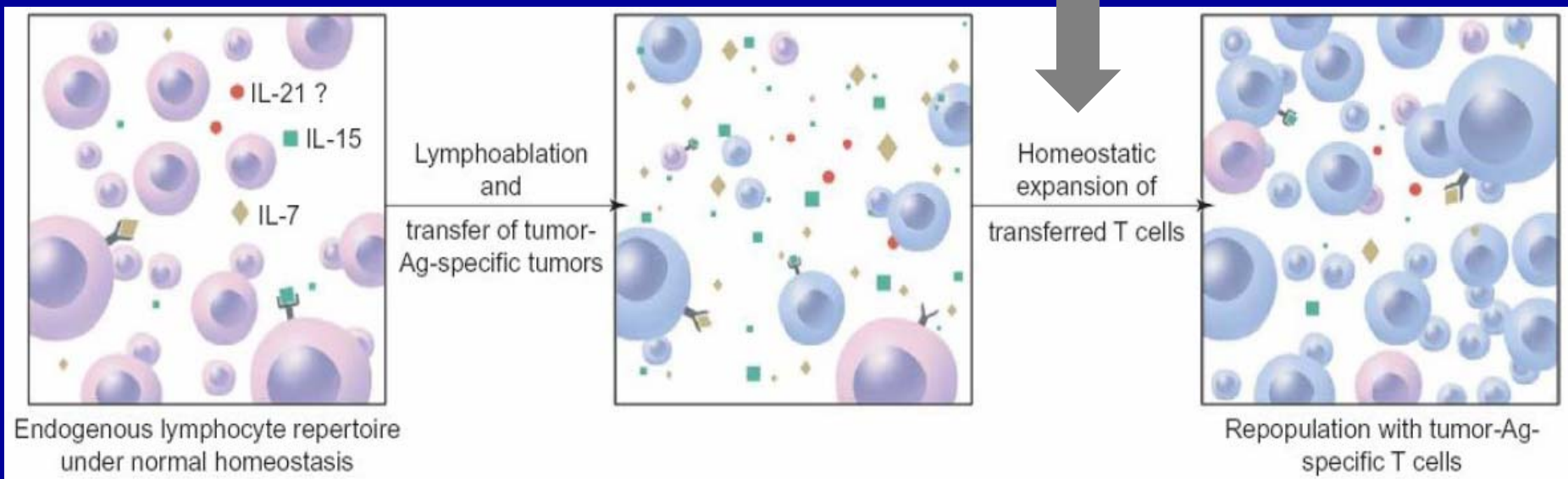
Adoptive Transfer of Expanded TIL After Induction of Lymphopenia

- 35 patients with MM
- Cytoxan/Fludarabine
- TIL + HD IL-2
- 18/35 (51%) had objective clinical response
 - 3 CR
 - 15 PR
- 1 patient: EBV lymphoma



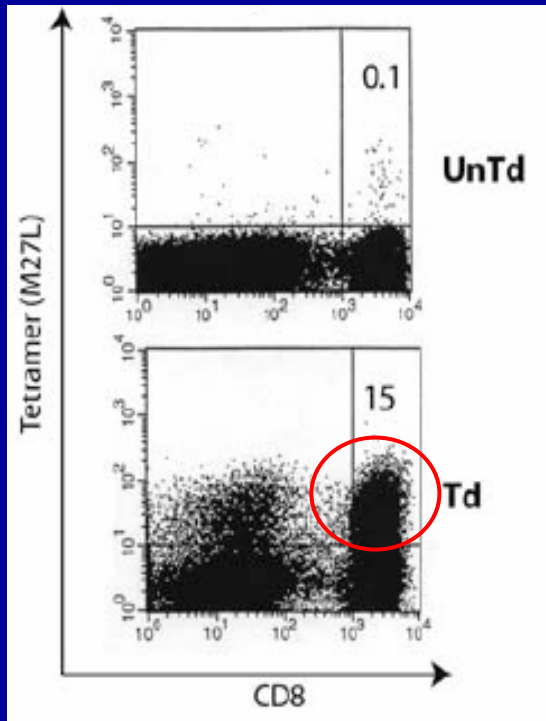
Lymphodepletion Will Enhance T Cell Expansion *in vivo*

- Removal of cells (e.g. NK) that consume critical cytokines, IL-7, IL-15
- Preferential depletion of T regulatory cells
- Homeostatic proliferation

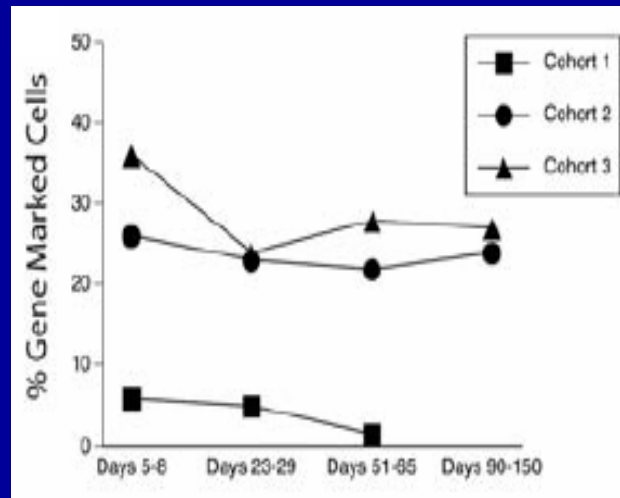


T Cells Genetically Engineered to Express Functional MART-1 TCR

MART-1 TCR from CR TIL

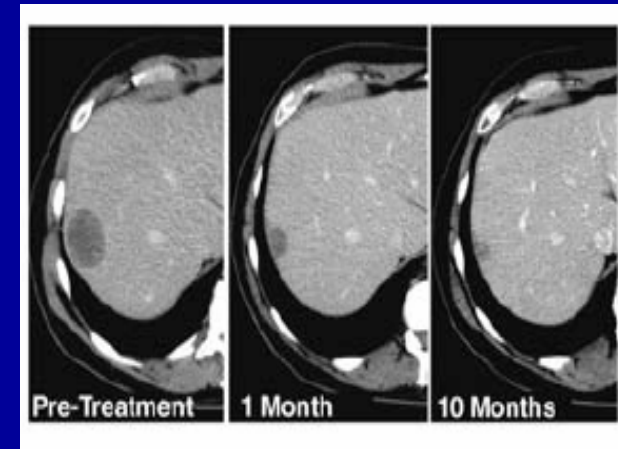


Transduced PBMC



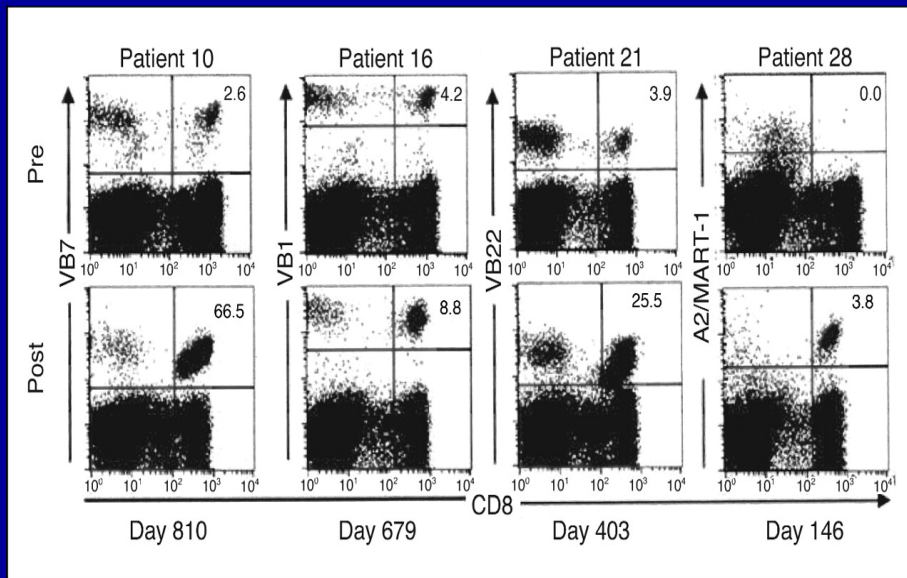
Cohorts based on cell doubling time
Infused when actively dividing

12% Partial Response Rate

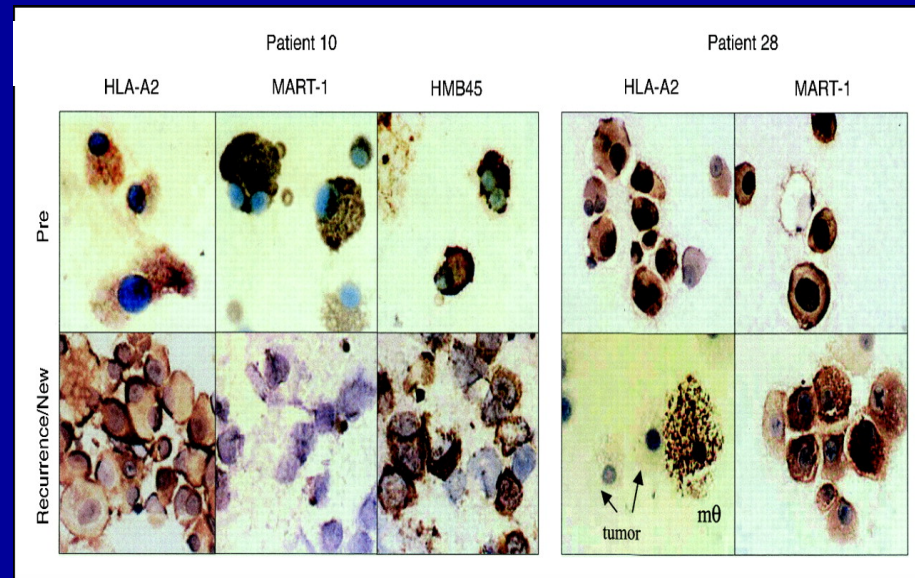


Tumor regression

Effect of Adoptively Transferred T Cells *in vivo*

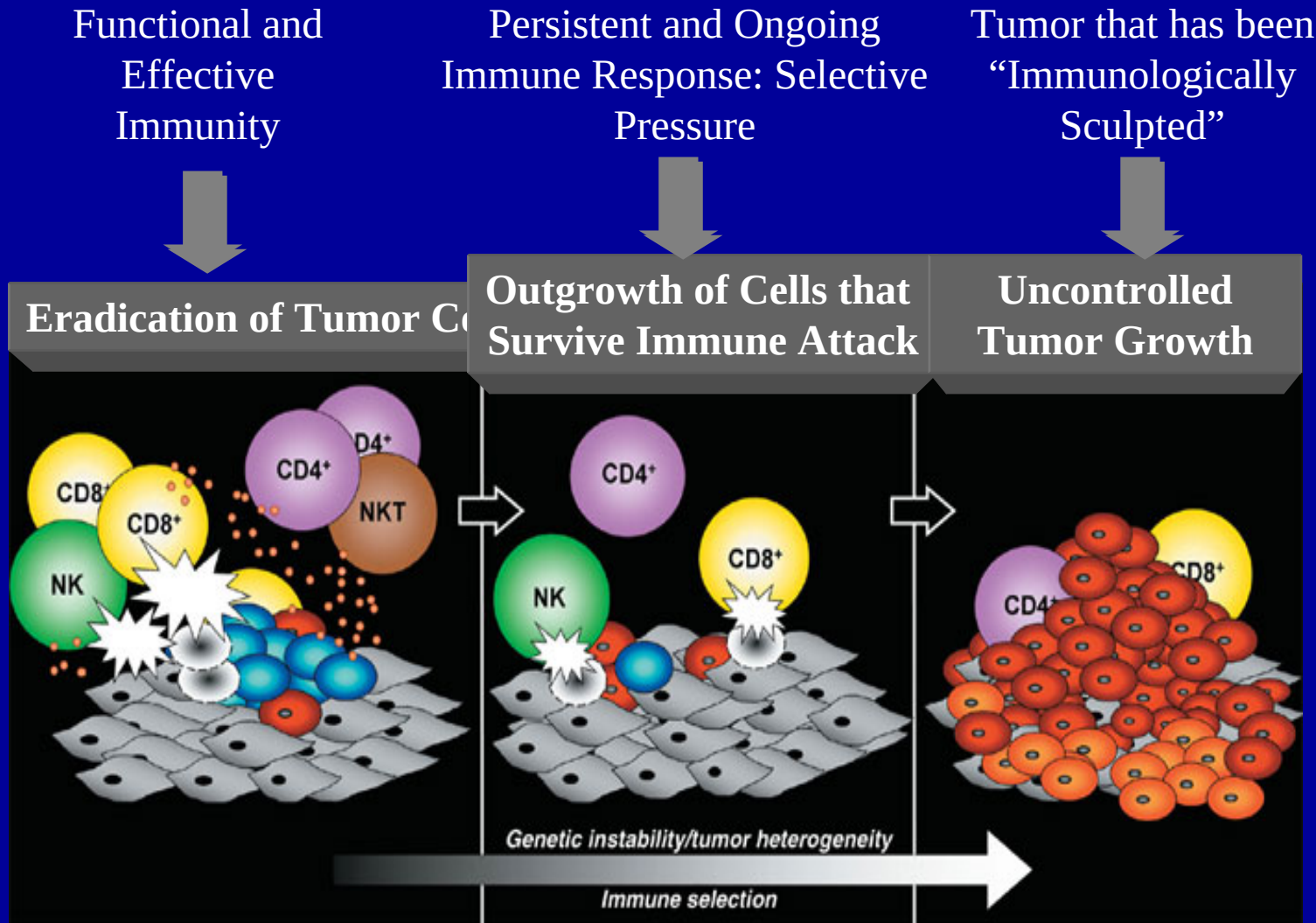


Persistence



Immune Escape

Successful Immunity Leads to Immunoediting



Generating Anti-Tumor T Cell Immunity: Effectors and the Environment

