

### Basic Principles of Cancer Immunotherapy

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#### Disclosures

- No disclosures
- I will not be discussing non-FDA approved indications during my presentation.









# The Premise of Cancer Immunotherapy

- Normally, the immune system eliminates mutated and/or damaged cells
- To exist, tumors must evolve mechanisms to locally disable and/or evade the immune system.

# The goal of immunotherapy is to restore the capacity of the immune system to recognize and reject cancer.





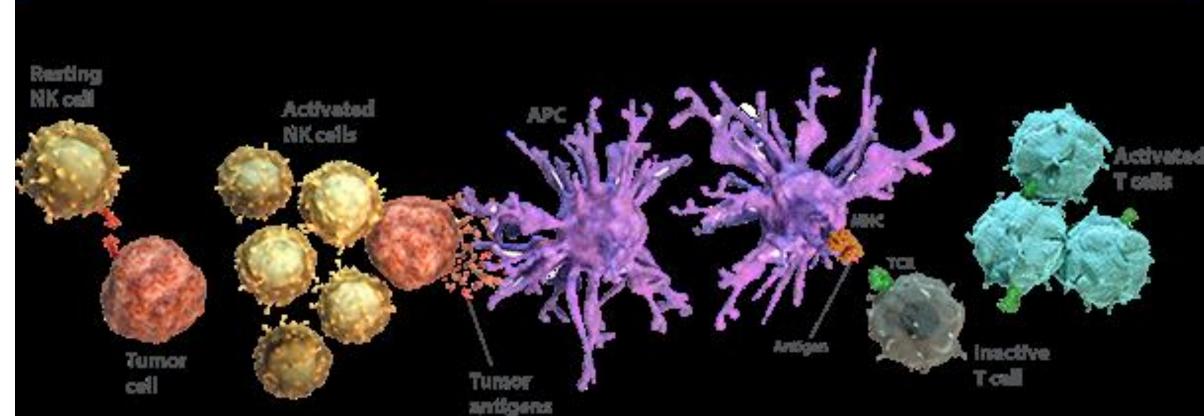




IMMUNOTHERAPY™

#### Innate Immune Response

#### **Adaptive Immune Response**











## Why Does the Immune System Fail to Eliminate Cancer?

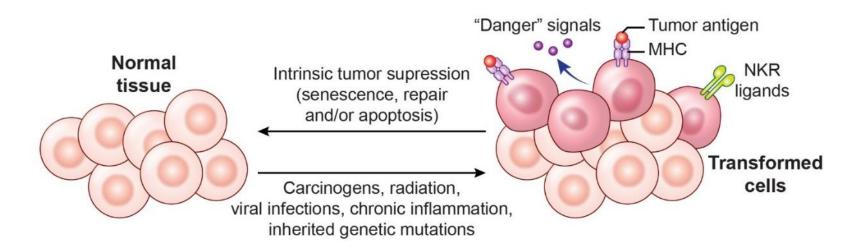
- Cancer cells grow progressively in immunocompetent hosts without evidence of <u>T cell exhaustion</u> or <u>systemic anergy</u>
  - T cell Exhaustion: CD8+ T cells often become dysfunctional, entering a state known as exhaustion, during certain chronic infections or when they enter a suppressive tumor microenvironment
  - Systemic Anergy: A state of immune unresponsiveness. Induced when the T cell's antigen receptor is stimulated, effectively freezing T cell responses pending a "second signal" from the antigen-presenting cell

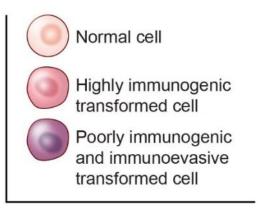










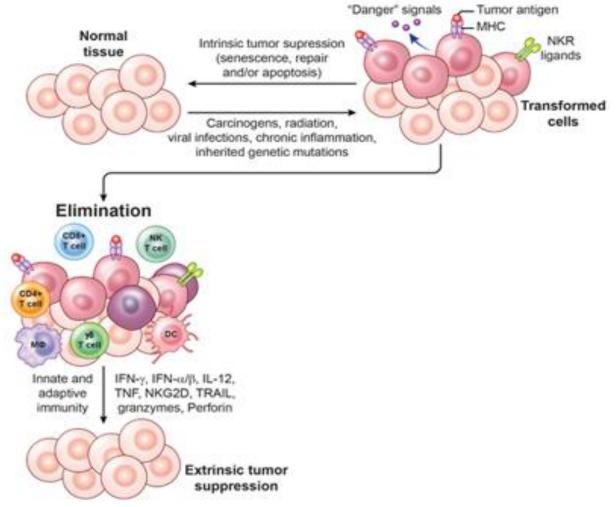


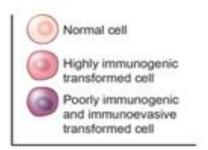








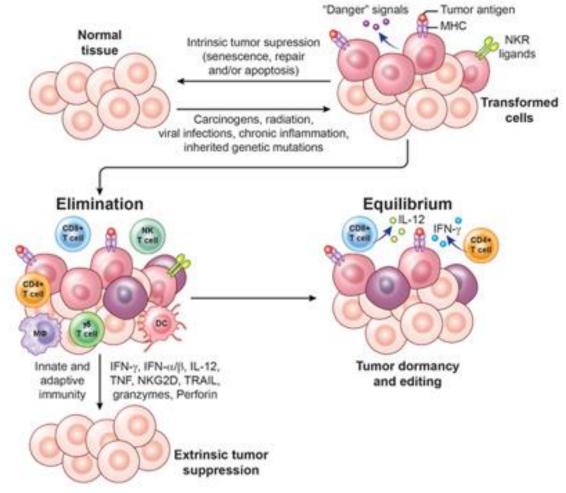


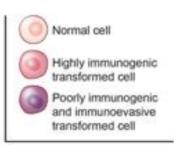










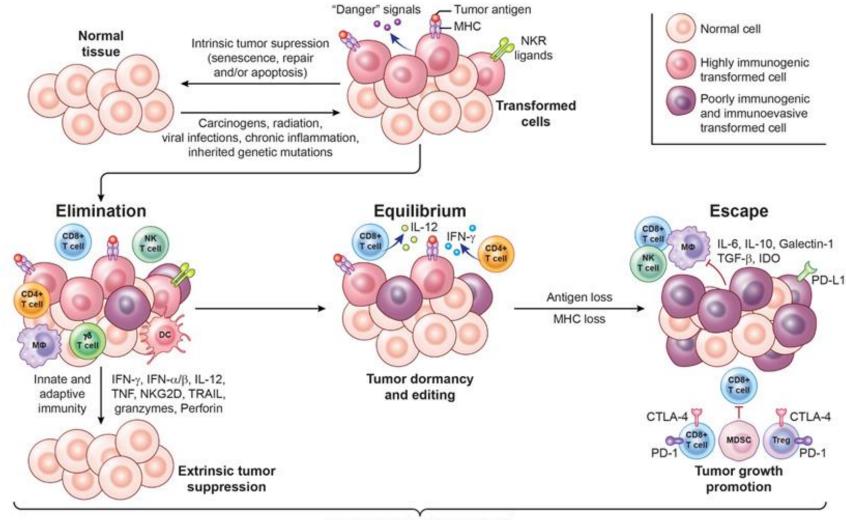


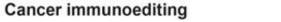














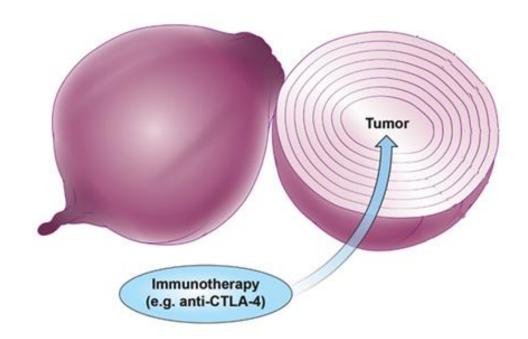






### Multi-layered Immunosuppression

- Tumors insulate themselves with dense layers of immunosuppressive stroma
- Overcoming the many layers of interconnected and often functionally redundant immune suppressive mechanisms represents a daunting challenge for tumor-specific T cells
- Immunotherapy can "peel back" the layers of local immune suppression, thereby restoring the capacity of T cells to eradicate the tumor



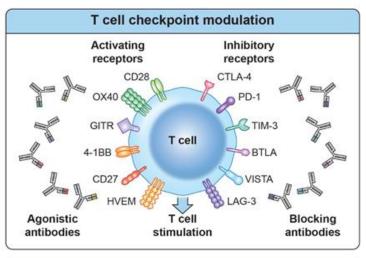


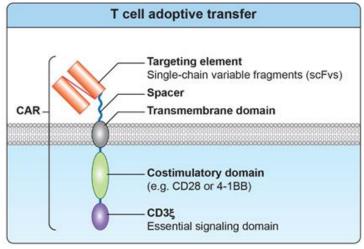


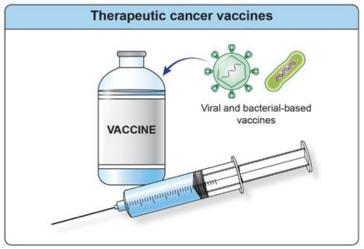


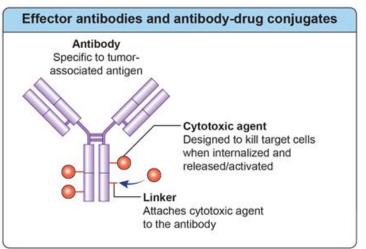


### Types of Immunotherapy









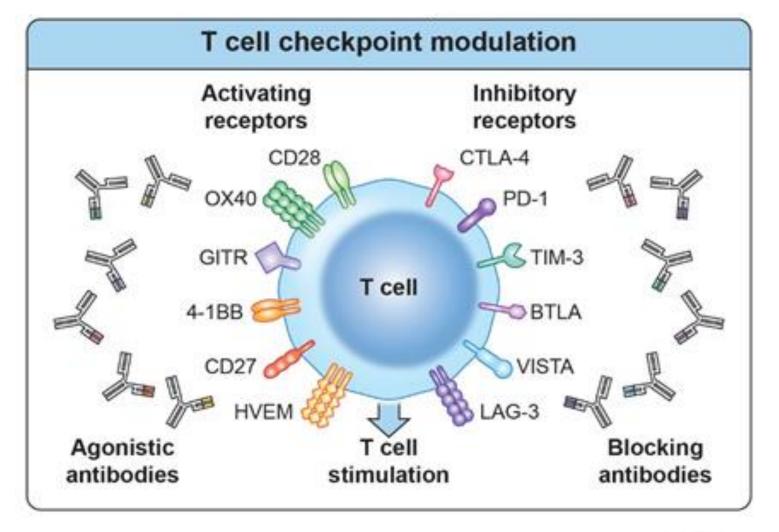








### T cell Checkpoint Modulation



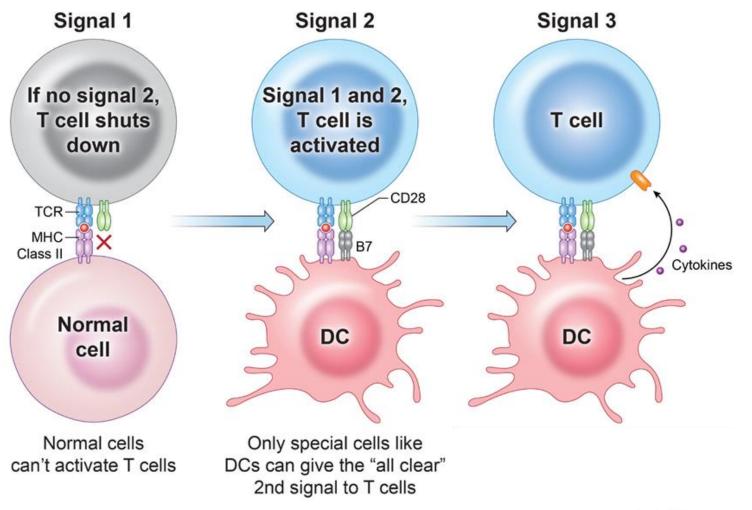








### Antigen-specific T cell Activation





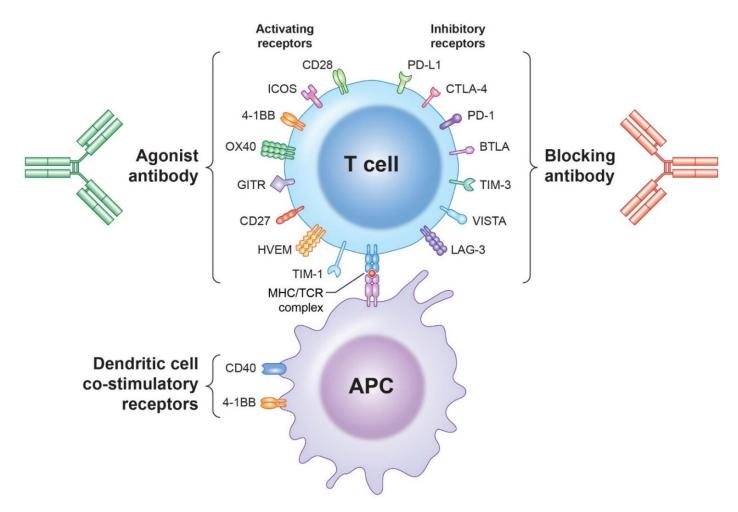






### T Cell Checkpoint Modulation

- To exist, tumors must evolve mechanisms to locally disable and/or evade the immune system.
- The goal of T cell checkpoint blockade is to make T cell "off-switches" inaccessible to tumor cells, thus restoring tumor-specific immunity.





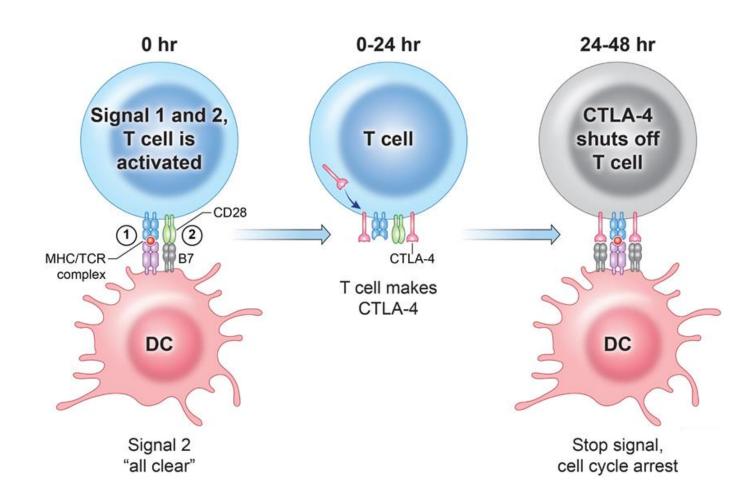






### The CTLA-4 Checkpoint

- <u>C</u>ytotoxic <u>T</u>-<u>L</u>ymphocyte
  <u>A</u>ssociated Protein <u>4</u>
- Also known as CD152
- Negative regulator of T cell activation



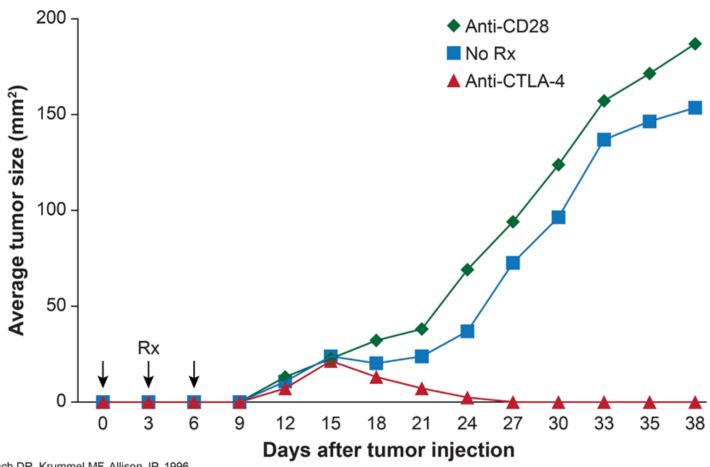








### Anti-CTLA-4 induces regression of transplantable colon carcinoma



Leach DR, Krummel MF, Allison JP. 1996. Enhancement of antitumor immunity by CTLA-4 blockade. Science. 217(5256): 1734-6.



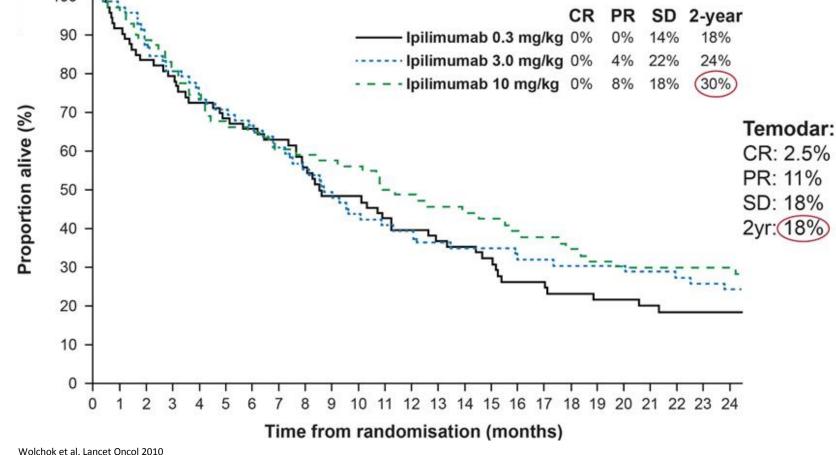






### Ipilimumab (human anti CTLA-4)

 Granted FDA approval for treatment of patients with metastatic melanoma in 2010



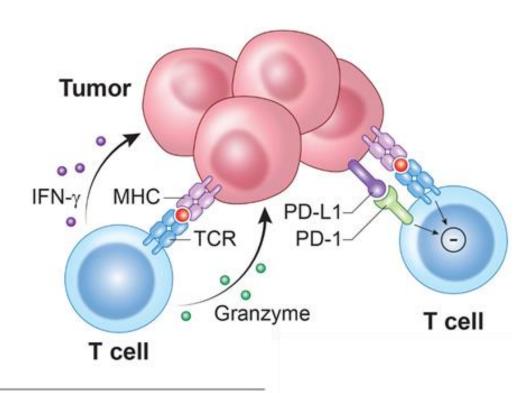






### The PD-1/PD-L1 Checkpoint

- Promotes T cell tolerization through inhibiting activation signaling
- T cell PD-1 interacts with PD-L1 and PD-L2
- Many cells express PD-L1/PD-L2 and can suppress T cell activation
- Tumors express PD-L1 through two primary mechanisms
  - TIL production of IFN-y
  - Oncogenic signaling pathways



Francisco, L. et al. *Immunol Rev.* 2010. 236: 219. Pardoll, D.M. *Nat Rev Cancer*. 2012. 12: 252.



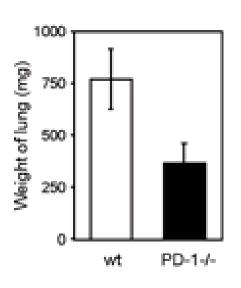




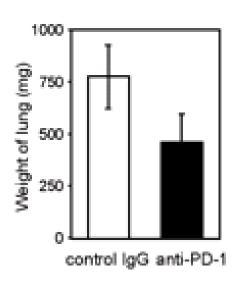


### Anti-PD-1 Slows Tumor Growth in Pre-clinical Models

• PD-1 deletion or inhibition reduced CT26 colon cancer cell growth in BALB/c mice









Iwai et al. Internat. Immunol 2004



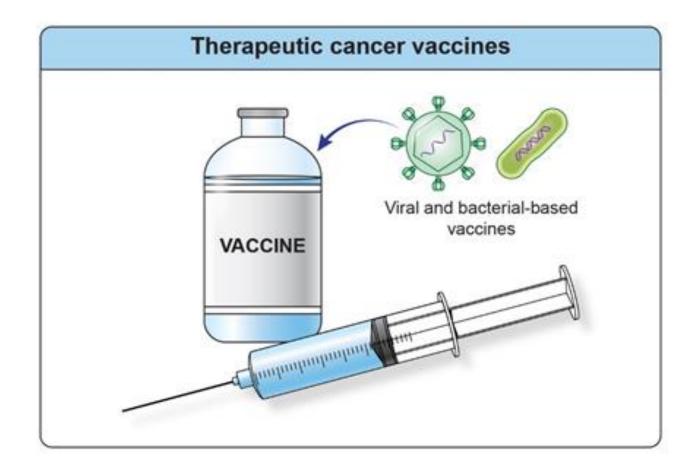






### Therapeutic Cancer Vaccines

 The goal of therapeutic cancer vaccination is to increase the immunogenicity of tumor antigens in order to generate a high frequency of tumorspecific T cells.



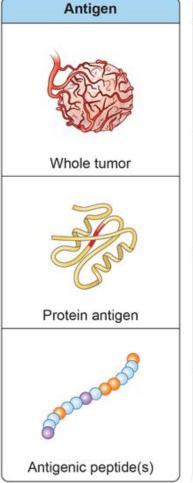


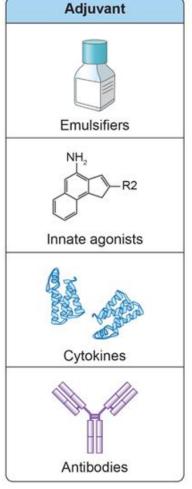


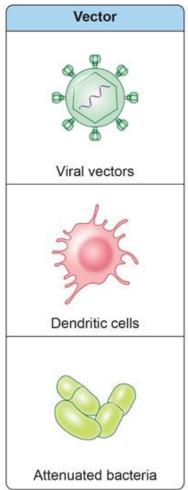


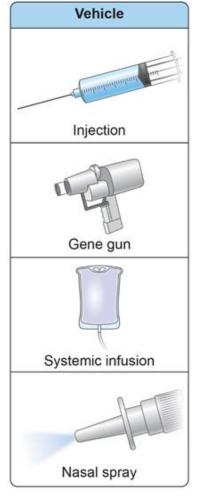


### Components of a Cancer Vaccine









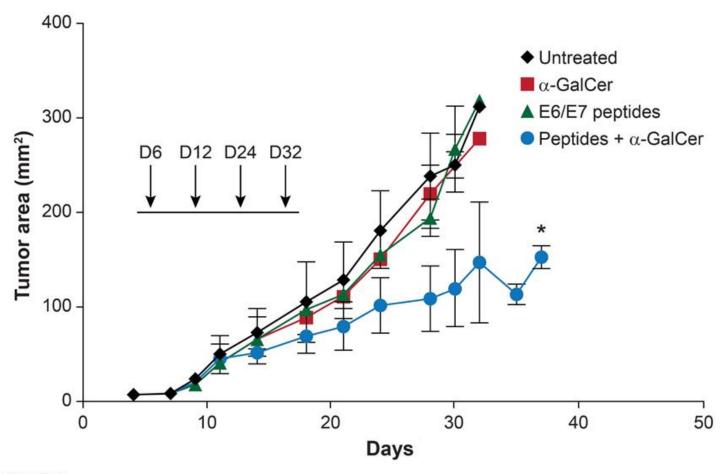








### An intra-nasal HPV E6/E7: $\alpha$ -GalCer vaccine slows growth of TC-1 tumors



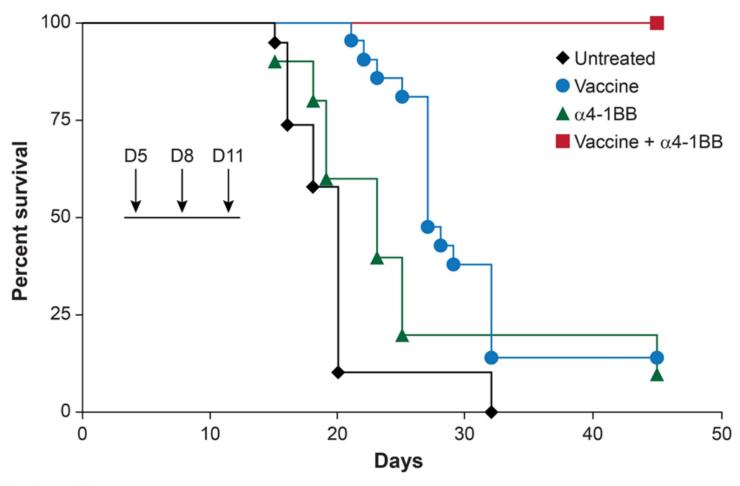








### 4-1BB agonist antibody and HPV E6/E7 vaccine synergize in curing TC-1 Tumors



Todd Bartkowiak, M.S.



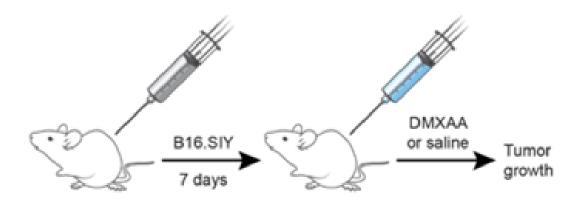


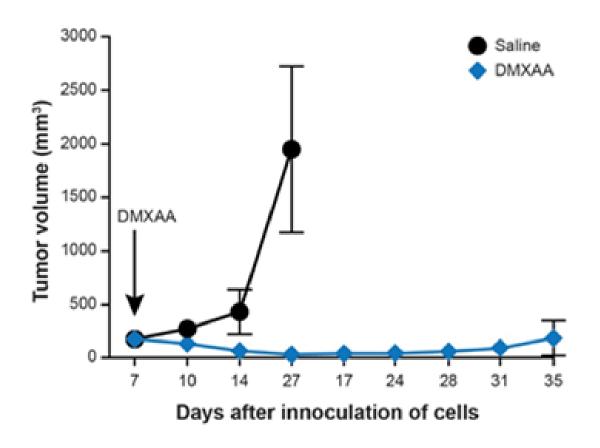




#### Intratumoral Injection of Innate Immune Agonists: Direct Vaccination Approach

 Intratumoral DMXAA (mouse STING agonist) triggers rejection of B16 melanoma







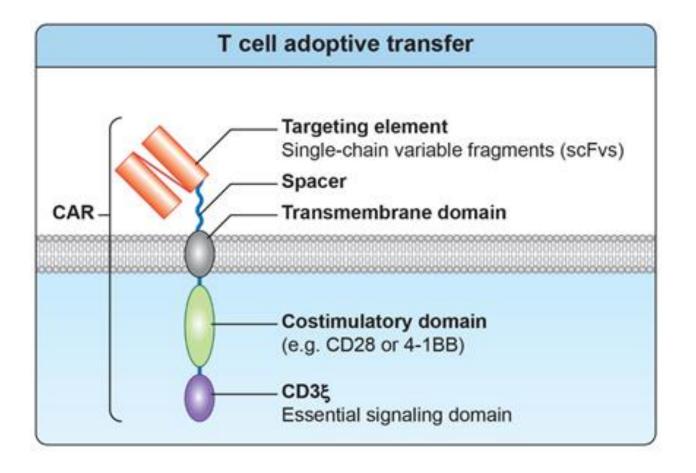






### Adoptive Cell Transfer

 The goal of adoptive cell transfer is to overwhelm the tumor with a higher frequency of tumorspecific immune cells and/or engineer immune cells to target cancer



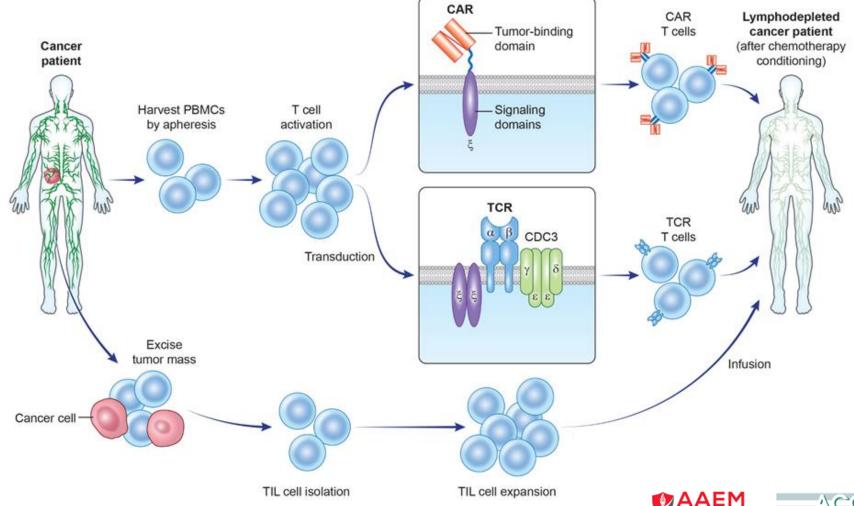






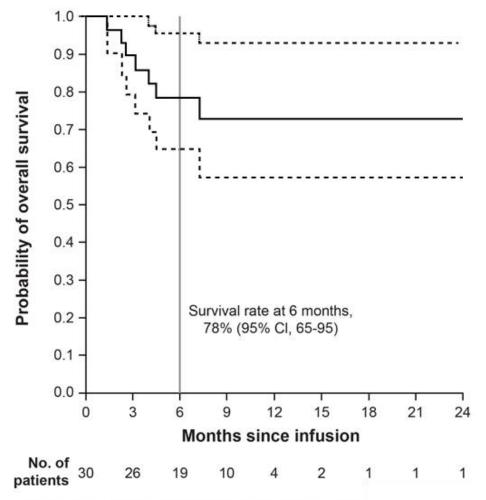


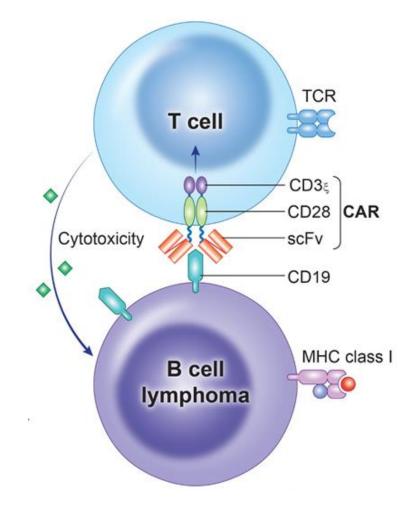
### **Adoptive Cell Therapy Process**





### CD19 CAR T Cell Therapy for Relapsed B Cell ALL







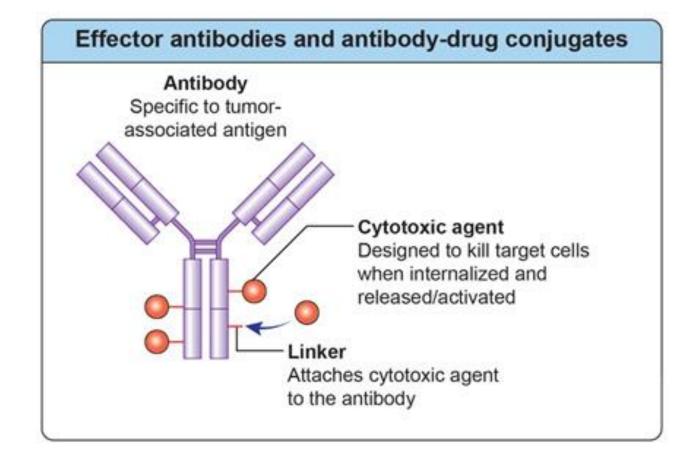






### Effector Antibodies and Antibodydrug Conjugates (ADCs)

 The goal of effector antibodies is to specifically target and kill tumor cells using innate mechanisms which are difficult to evade of suppress and/or through delivery of cytotoxic agents











### Key ADC/Antibody Principles

• **Specificity:** The more tumor specific the target antigen is, the higher the agent can be dosed without limiting toxicity

• Internalization: The target tumor surface protein must internalize to deliver the toxin – it should do so frequently and to a suitable endosomal compartment

• **Stability:** The toxin must remain inert and tethered to the antibody until it is delivered to its target cell



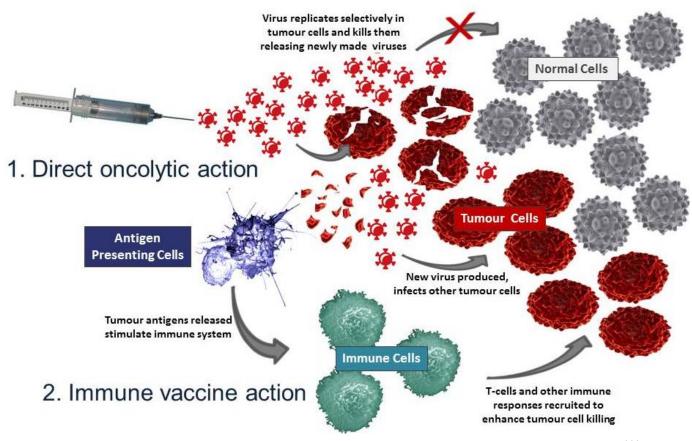






### **Oncolytic Viruses**

 The goal of an oncolytic virus is to specifically target and kill tumor cells through viral replication



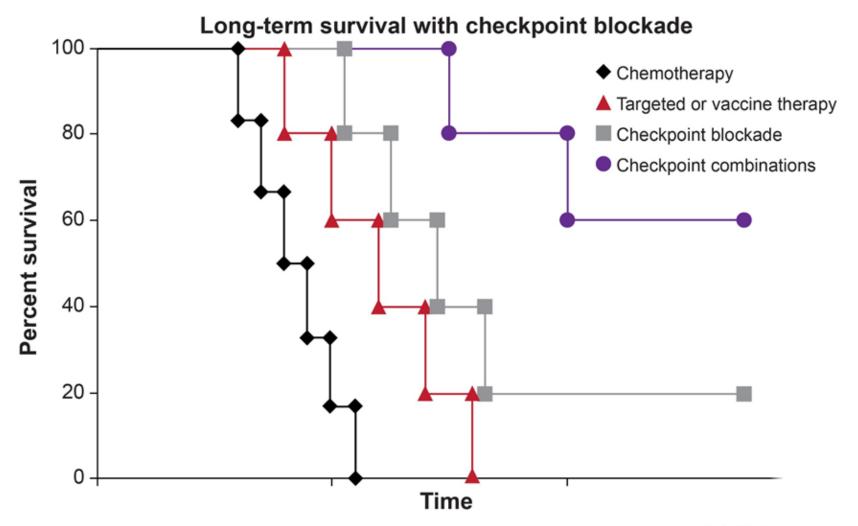
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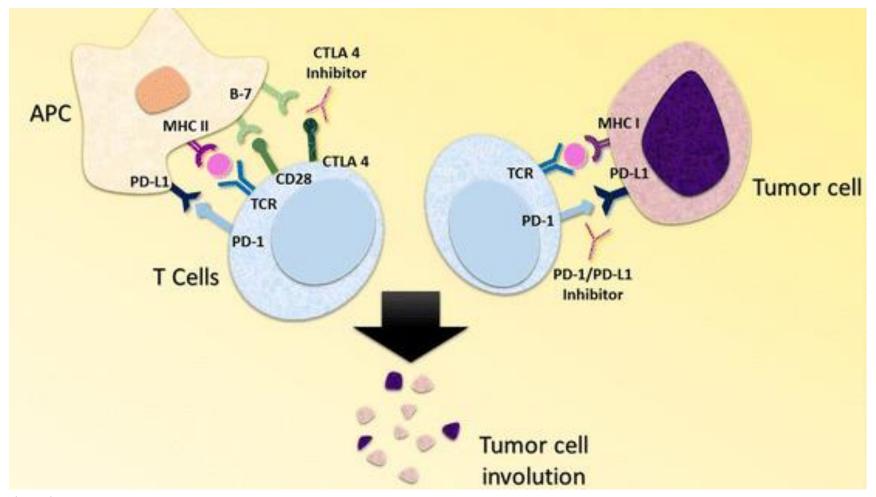








Dual CTLA-4 and PD-1 inhibition



Chae et al. JITC 2018

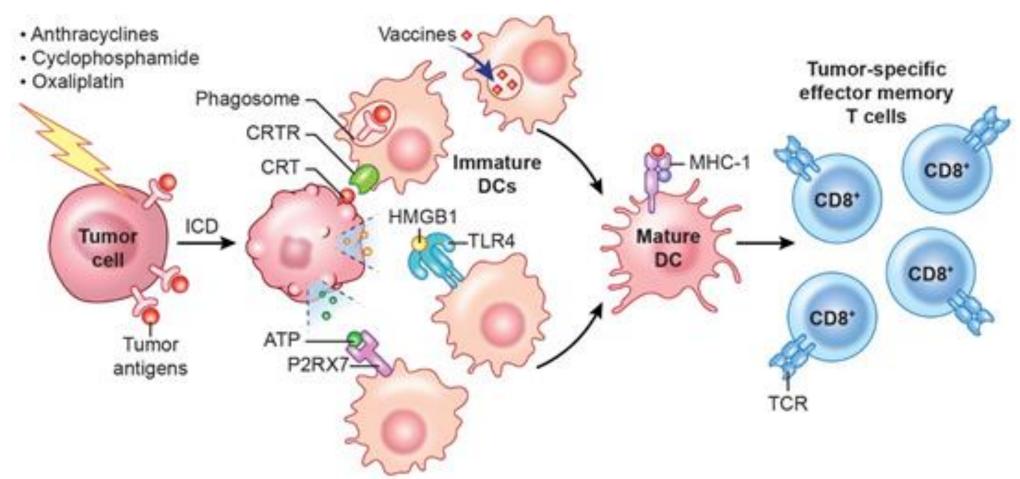








Chemotherapy can induce an immune response



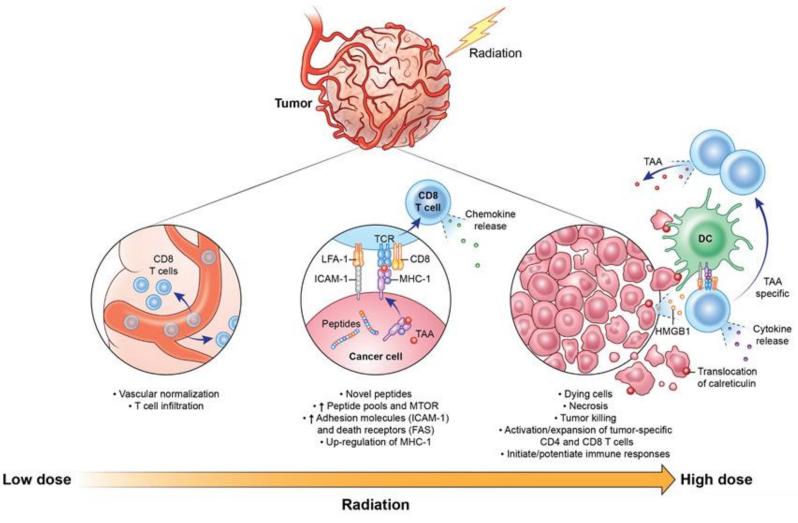








Radiotherapy can induce an immune response



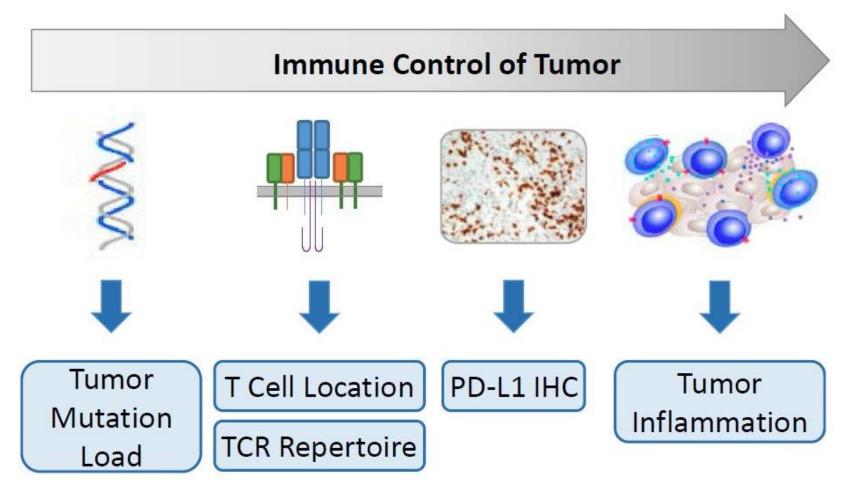








### Immunotherapy Biomarkers



Cesano et al. Biomedicines 2018

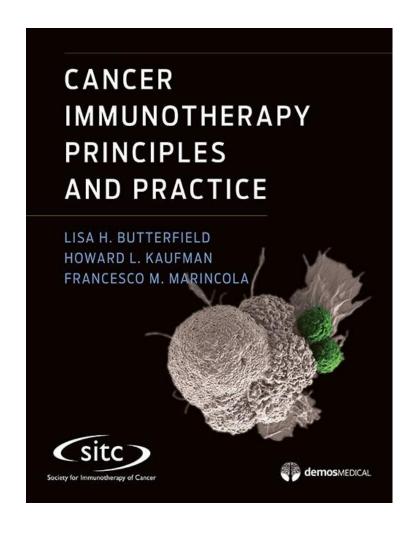








#### **Further Resources**



#### **SOCIETY FOR IMMUNOTHERAPY OF CANCER**









