

## Presenter Disclosure Information

*Mary L. Disis*

The following relationships exist which may related to this presentation:

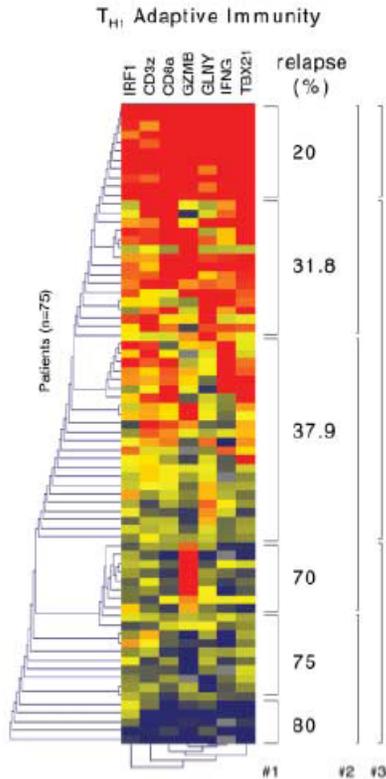
*VentiRx, Consultant*  
*Hemispherex, Grant Funding*  
*Glaxo Smith Kline, Grant Funding*  
*University of Washington, Patent Holder*  
*Epigenomics, Stockholder*

## Immunologic Biomarkers as Correlates for Clinical Response

- I. Population based studies of endogenous immunity
- II. Clinical trials of cancer immunotherapy
- III. Identifying unifying themes

# Effective anti-tumor immunity: T cell response

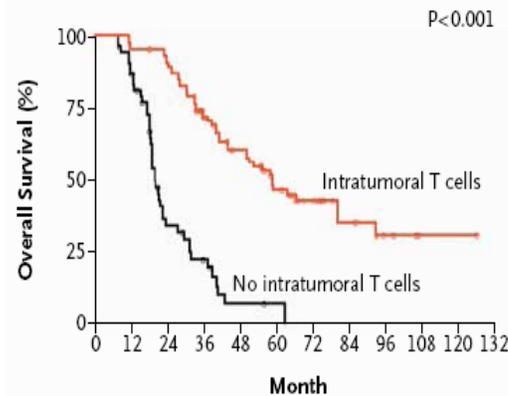
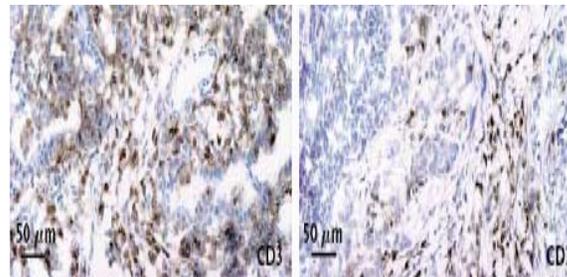
## Type I T cells



- Colorectal cancer
- Inverse correlation of gene expression and relapse

*Galon et al, Science, 2006*

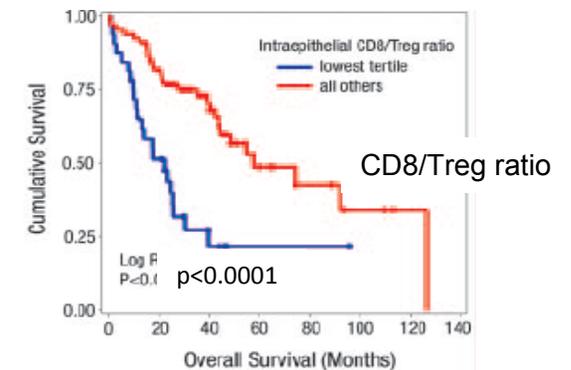
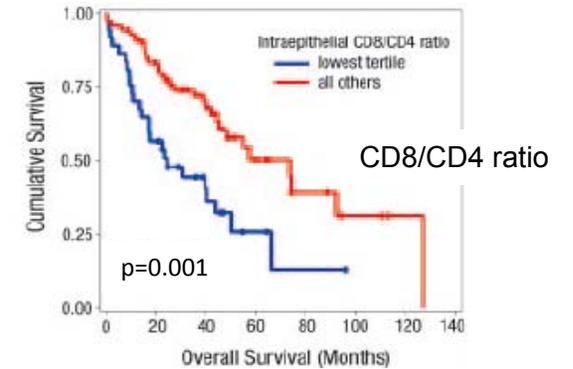
## High density of T-cells penetrating tumor



- Ovarian cancer
- MVA: Intratumoral T cells independent predictor survival

*Zhang et al, NEJM, 2003*

## Infiltrating CD8<sup>+</sup> T cells

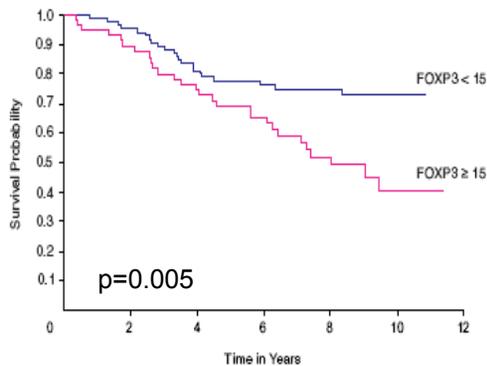
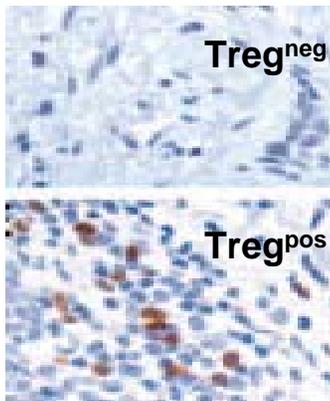


- Ovarian cancer
- MVA: CD8<sup>+</sup> and CD8<sup>+</sup>/CD4<sup>+</sup> ratio (FOXP3): independent predictor survival

*Sato et al, PNAS, 2005*

# Effective anti-tumor immunity: Tumor environment

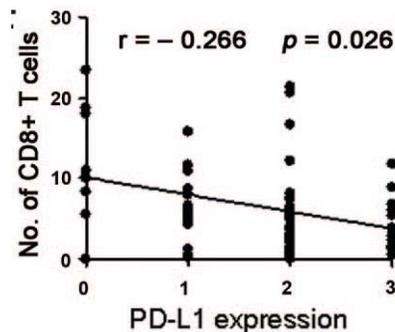
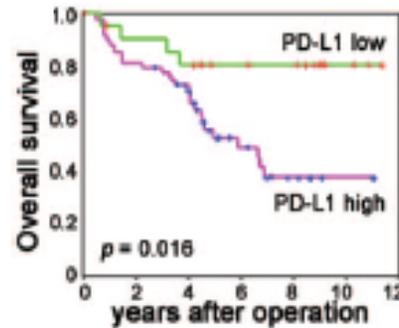
## Modulation of self-regulation



- Breast cancer
- MVA: Density of Treg<sup>+</sup> in ER<sup>+</sup> tumors predictor of survival

*Bates et al, JCO, 2006*

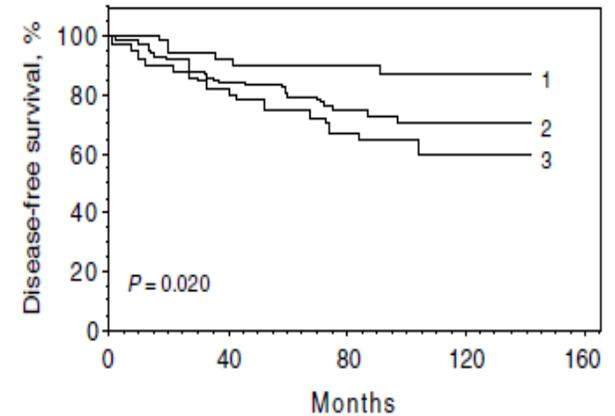
## Modulation of tumor specific immune evasion



- Ovarian cancer
- MVA: High PD-L1= poor prognosis and DFS
- Inverse association CD8&PDL-1

*Hamanishi et al PNAS, 2007*

## Modulation of the tumor microenvironment



### Patients at risk

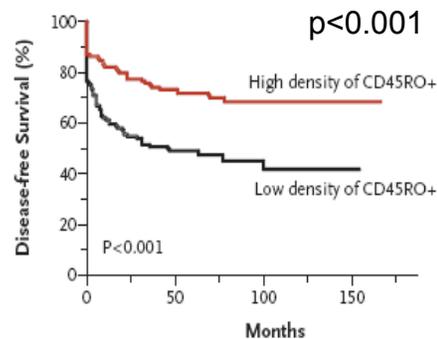
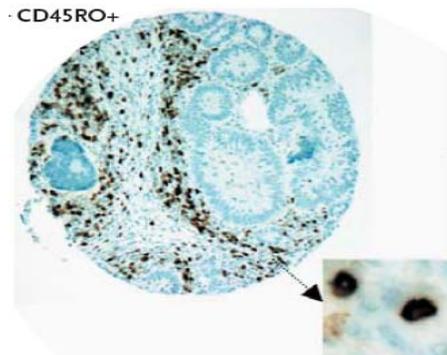
- < 42 pg TGFβ1 mg<sup>-1</sup> protein
- 42-148 pg TGFβ1 mg<sup>-1</sup> protein
- ≥ 148 pg TGFβ1 mg<sup>-1</sup> protein

- Breast cancer
- TGFβ-1 protein level in tumors
- MVA: TGFβ-1 was an independent predictor of survival

*Desruisseau et al, Br J Ca, 2006*

# Effective anti-tumor immunity: Functional persistence

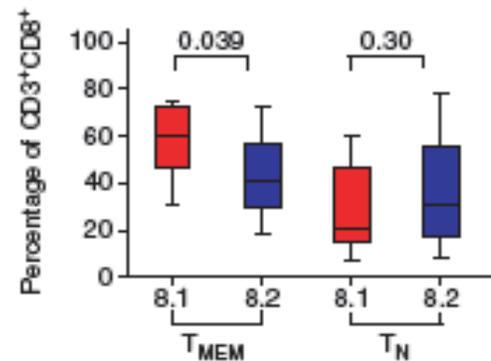
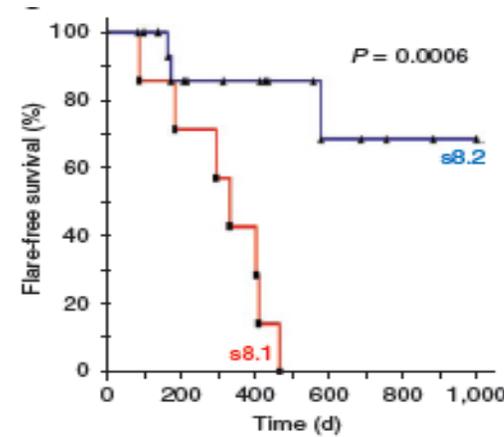
## Maintenance of memory



- Colorectal cancer
- MVA: Memory T cells CD45RO<sup>+</sup> independent predictor survival

*Pages et al, NEJM, 2005*

## Tissue destructive function



- Autoimmune disease
- Peripheral blood signature of CD8<sup>+</sup> memory (common to 3 diseases)
- Predicts disease flairs, poor survival

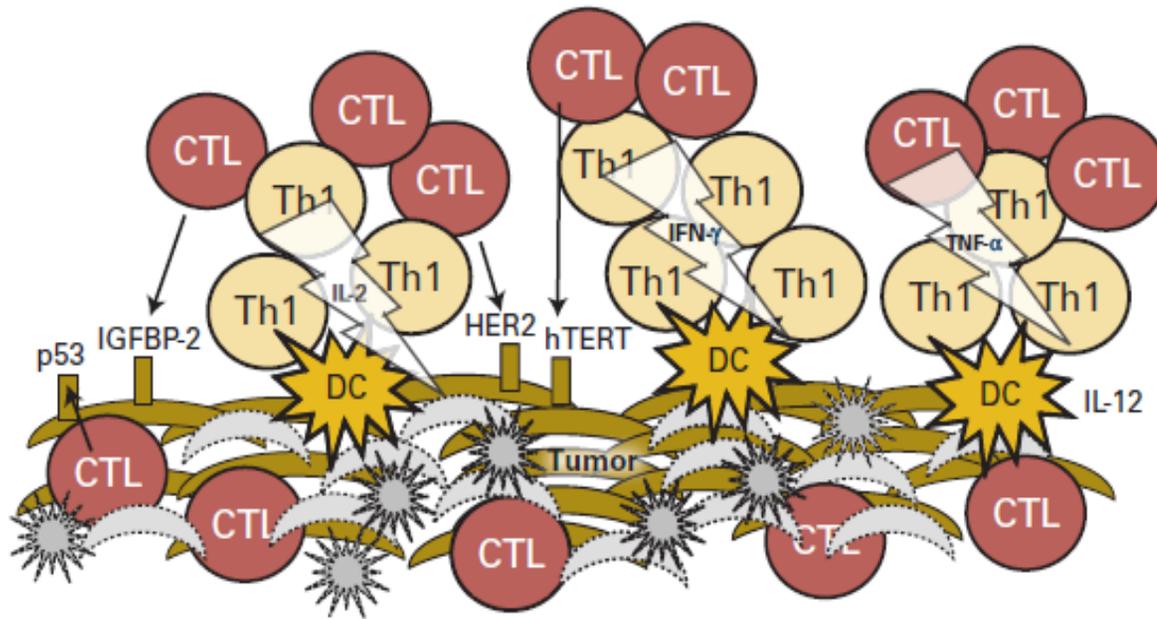
*McKinney et al, Nat Med, 2010*

## Immunologic biomarkers of clinical response after vaccine and T cell therapy

- Ag specific Th1 (HPV) correlates to VIN resolution,  $p=0.02$ , after HPV peptide vaccine, *Kenter et al NEJM 2009*  
HPV specific T cells/FOXP3 ratio, *Welters et al PNAS, 2010*
- Ag specific T1 correlates with survival,  $p=0.05$ , after peptide vaccine for melanoma, *Kirkwood et al, Clin Ca Res, 2009*
- Ag specific T1 (PSA) trended to survival benefit,  $p=0.06$ , after poxviral vaccine for prostate Ca, *Gulley et al CII, 2010*
- Ag specific Th1 (HER2) trended to survival benefit,  $p=0.08$ , in breast Ca, *Disis et al JCO, 2009*
- DTH response correlates to survival,  $p=0.001$  ( $\downarrow$  FOXP3) after allogeneic lysate DC vaccine for melanoma, *Lopez et al, JCO, 2009*
- T cell persistence after adoptive T cell therapy, *Zhou, J Immunother, 2005*

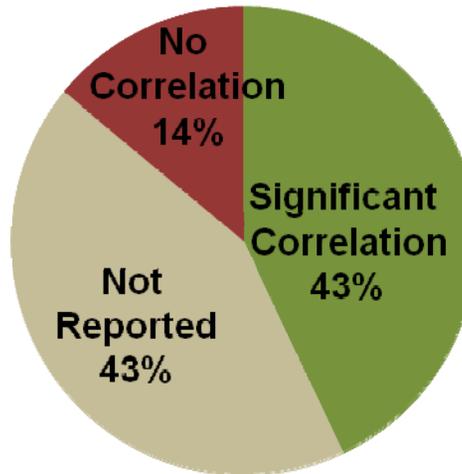
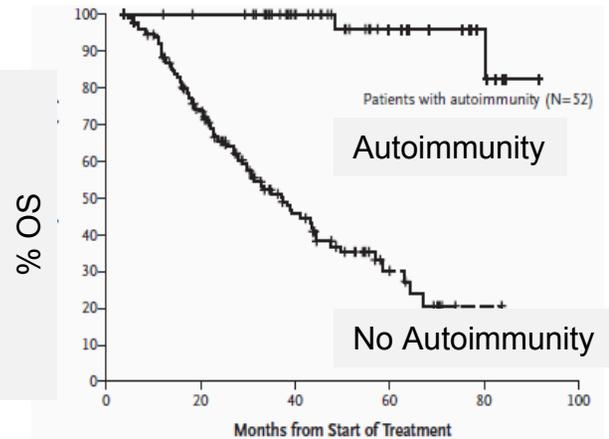
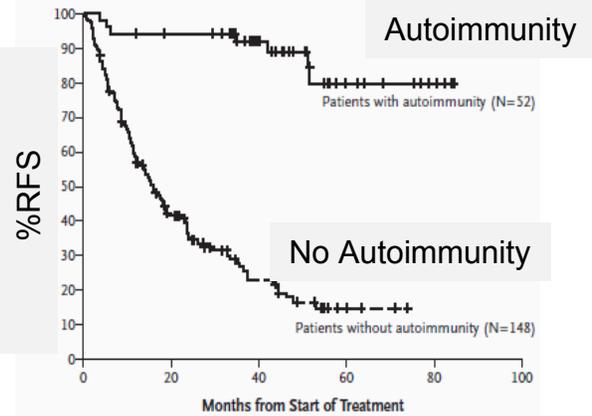
Small studies, no independent predictors

## Unifying theme: Type I immunity facilitates cross-priming



- Determinant or epitope spreading correlates with clinical response/survival, *Butterfield et al, Clin Ca Res, 2003, Salazar et al ASCO, 2009*

# Autoimmunity is the ultimate endpoint of effective cross-priming



## Autoimmune parameters

|               | 95% CI    | P <sub>2</sub>     |
|---------------|-----------|--------------------|
| TSH           |           |                    |
| Normal        | 1.16-4.54 | .01                |
| Abnormal      |           |                    |
| FT4           |           |                    |
| Normal        | 1.24-4.60 | .0049              |
| Abnormal      |           |                    |
| Vitiligo      |           |                    |
| Present       | 2.29-8.14 | < 10 <sup>-6</sup> |
| Absent        |           |                    |
|               | Vitiligo  |                    |
|               | No.       | %                  |
| Responders    | 28/58     | 48.3               |
| Nonresponders | 56/316    | 17.7               |

- Melanoma treated with IFN- $\alpha$ 2b
- Autoimmunity: serologic+clinical
- MVA: independent predictor of RFS and OS,  $p < 0.001$

Gogas et al, NEJM, 2006

- Phase I and II of ipilimumab (n=7, >750 pts)
- Clinical autoimmunity
- Enterocolitis predictive in MM ( $p=0.007$ ) or RC ( $p=0.016$ ), Beck et al, JCO, 2006

Weber, CII, 2009

- 374 patients with MM
- HD IL-2
- Abn. Thyroid fxn,  $p < 0.01$ /vitiligo,  $p < 0.0001$  associated with response

Phan et al, JCO, 2001

## Immunologic Biomarkers as Correlates for Clinical Response

- Candidate immunologic biomarkers have been identified that show correlation to clinical outcome
- Larger studies are needed to demonstrate stronger associations
- Current common candidates focus only on treatment induced immune response
- Impact of therapy on tumor microenvironment may best predict maintenance of the induced immune response
- Newer approaches which integrate measurement of effectors and environmental impact need to be fully assessed