

Advances in Immunotherapy-NC

Cancer Vaccines

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Disclosures

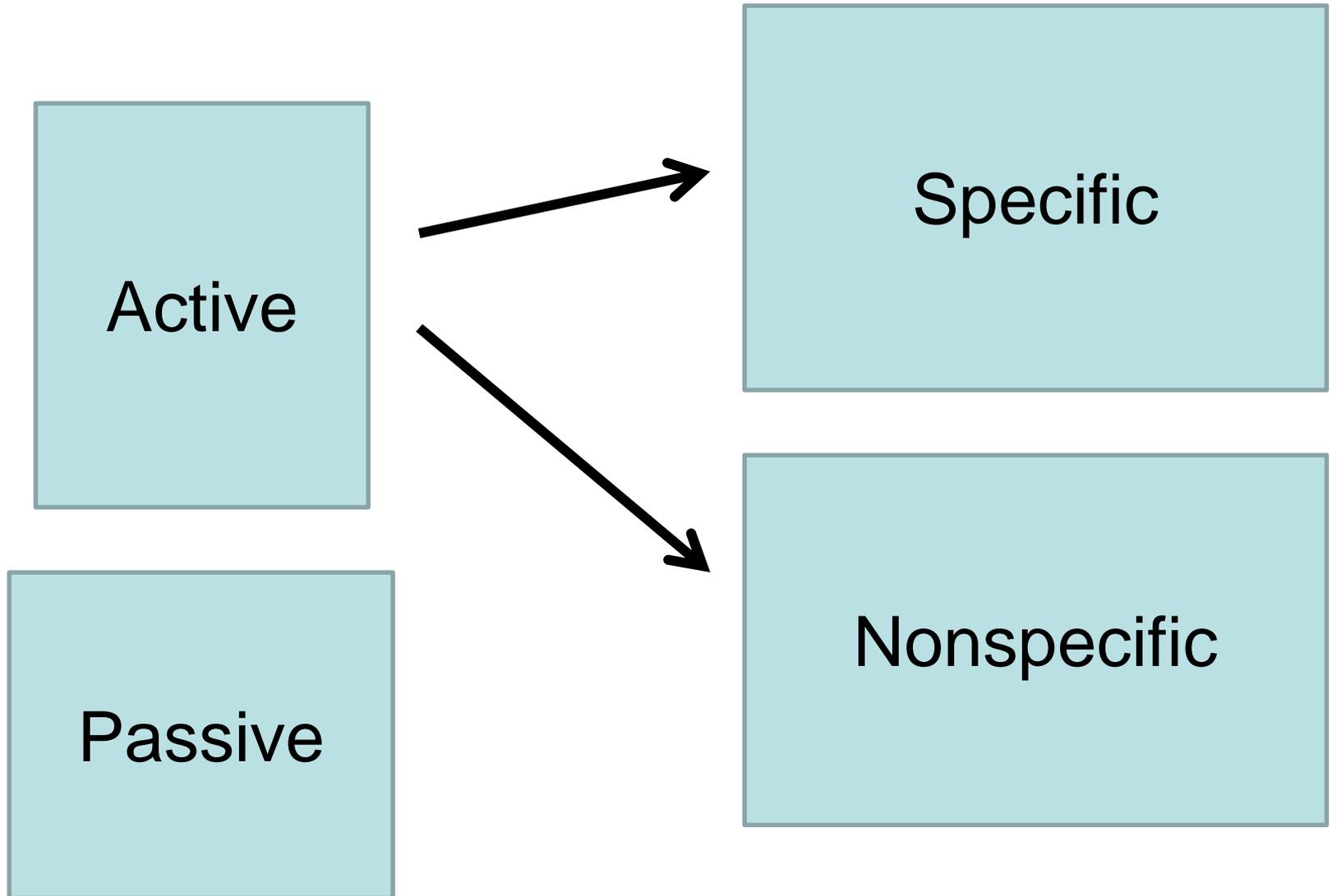
- Related Research support: Alphavax, Etubics, Aduro, Precision Biologics, Newlinks, BMS

Overview of lecture

- Background on rationale and biologic mechanism of cancer vaccines
- Tumor antigens
- Vaccine strategies
- Measuring immune responses to Vaccines
- Summary

**BACKGROUND ON
RATIONALE AND BIOLOGIC
MECHANISM OF CANCER
VACCINES**

Immunotherapy

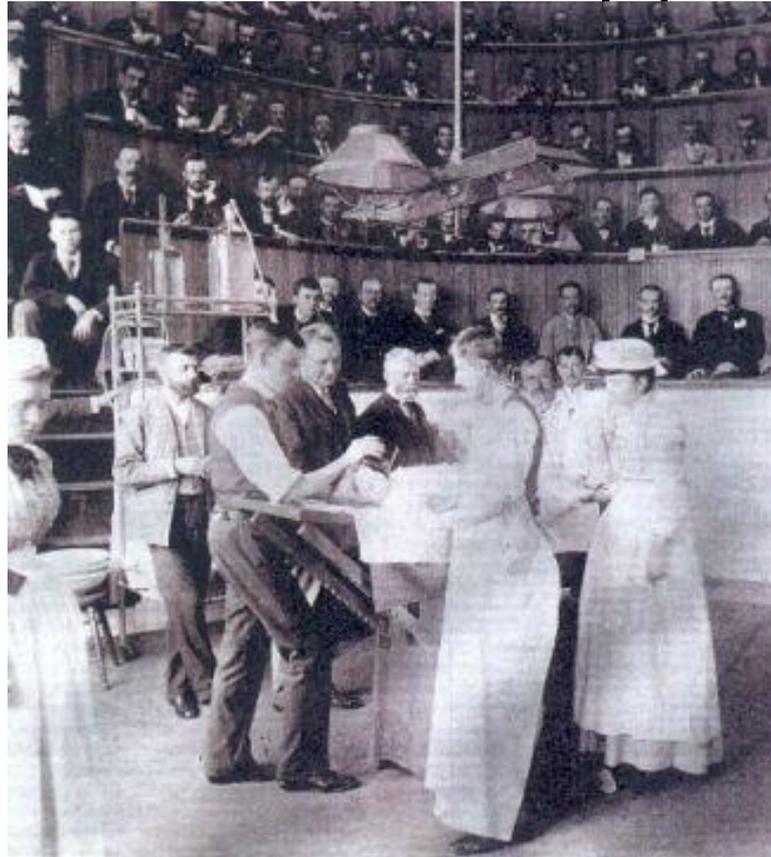


Vaccine

- (n): medical : a substance that is usually injected into a person or animal to protect against a particular disease

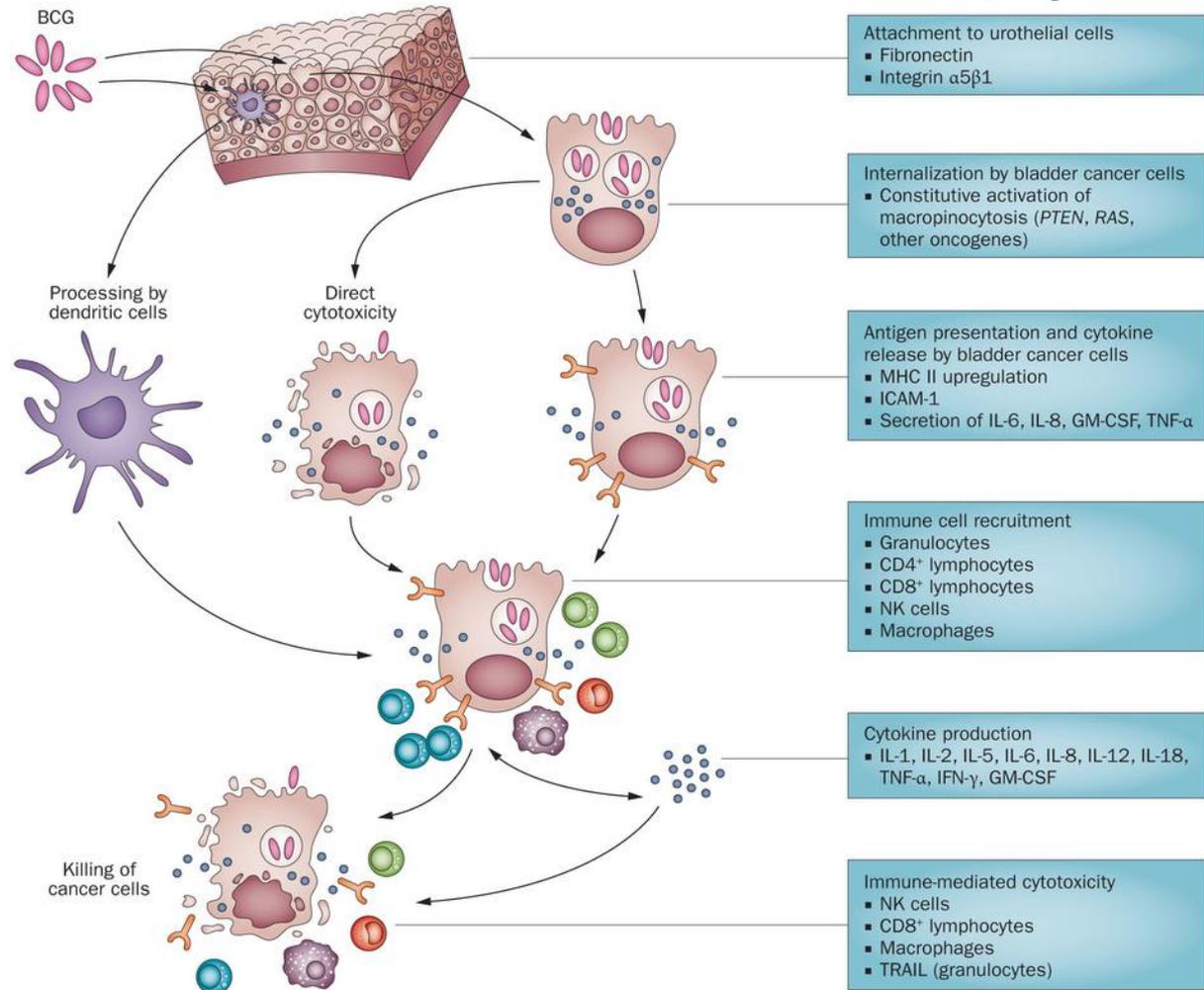
**Therapeutic vaccine:
Treat an existing
disease**

The first active (nonspecific) immunotherapy?

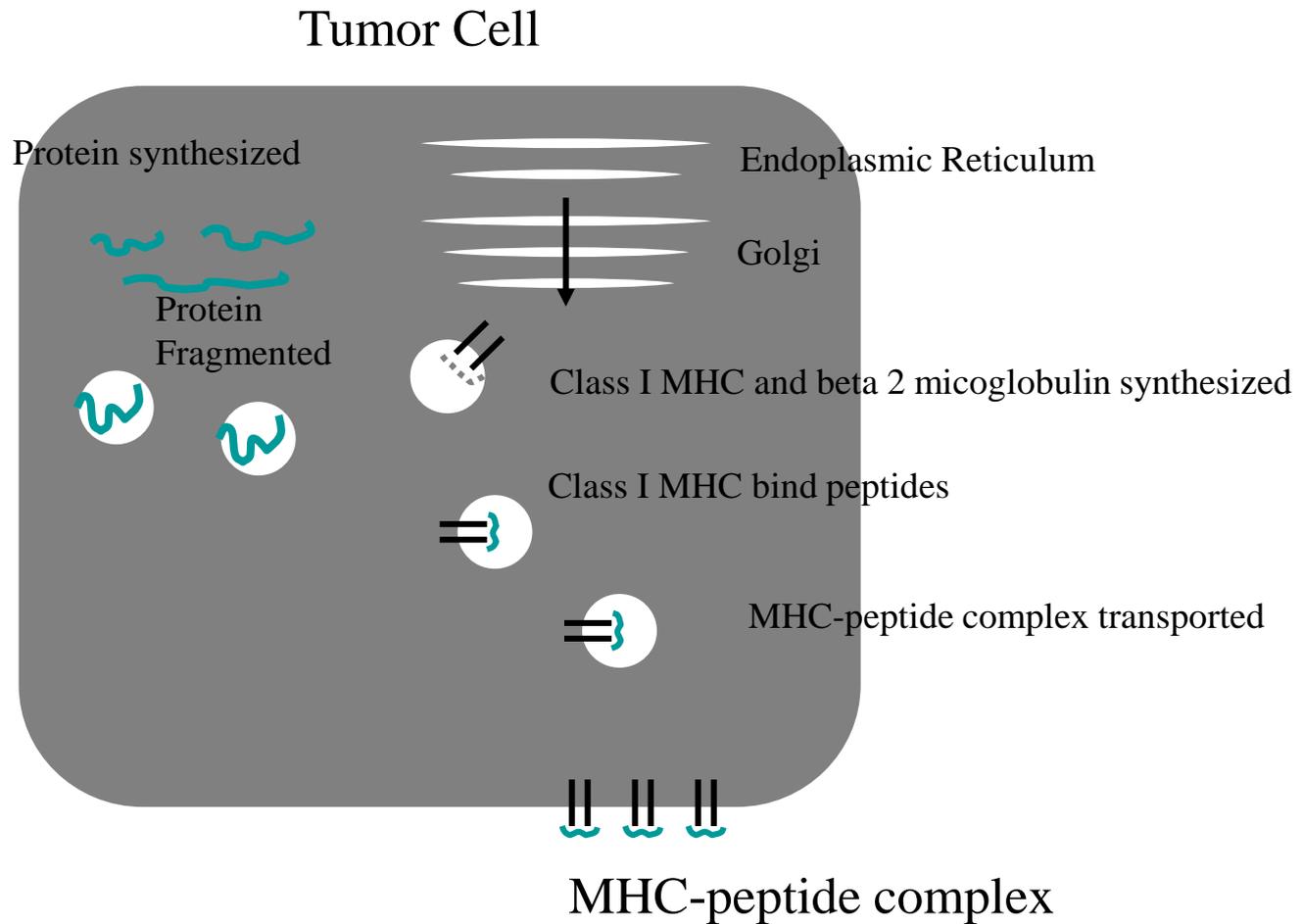


Coley, William B. "A Preliminary Note on the Treatment of Inoperable Sarcoma by the Toxic Product of Erysipelas." *Post-graduate* 8:278-86, 1893.

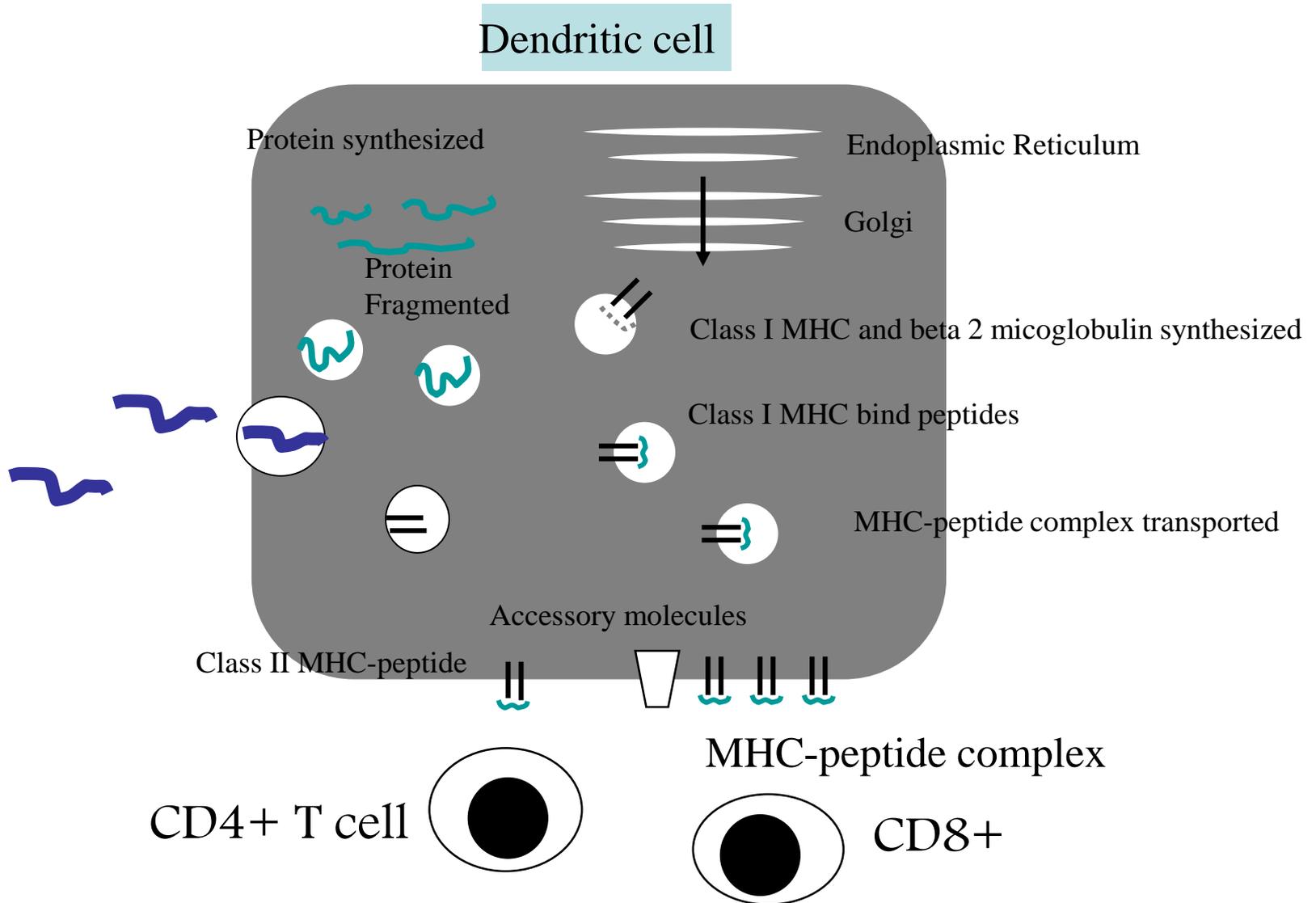
Bacillus Calmette–Guérin: Non-specific immunotherapy



Problem: Tumors do not have necessary machinery to activate immune system by themselves

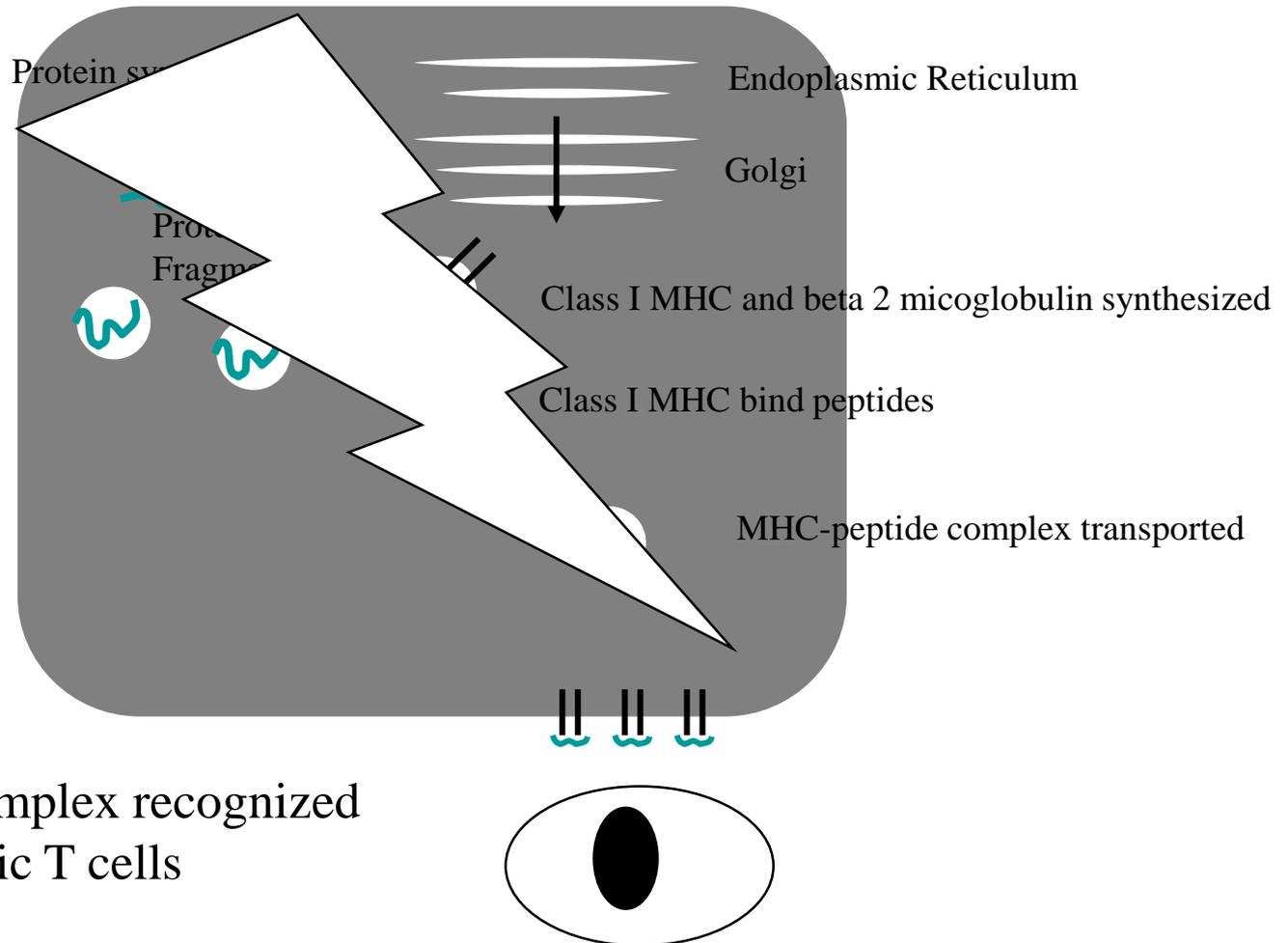


Cross presentation of antigen: Goal of vaccines is to direct antigen to dendritic cells



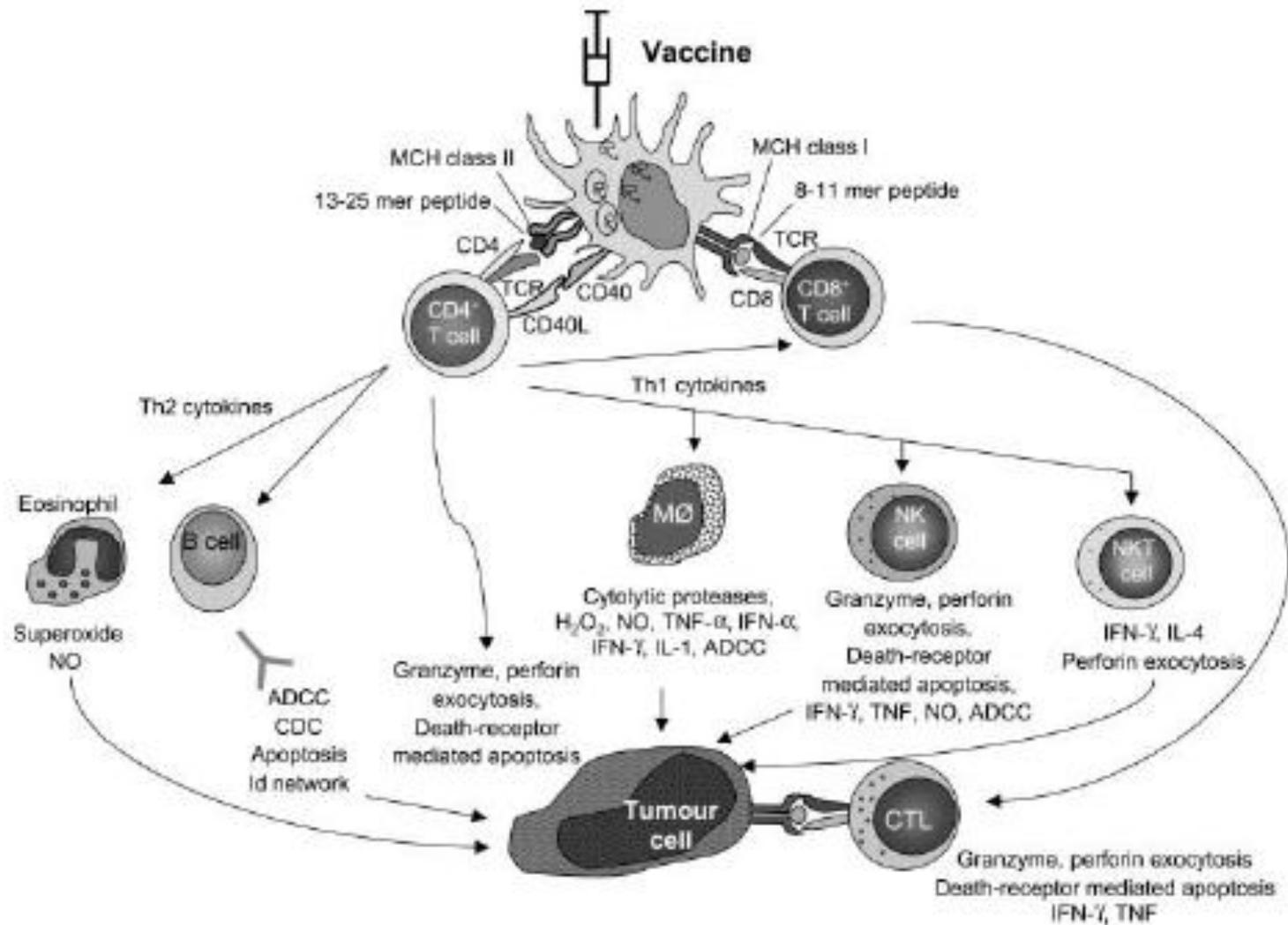
Once activated, T cells can destroy tumor targets without co-stimulatory signals

Tumor Cell



MHC-peptide complex recognized by antigen specific T cells

Mechanism of tumor vaccines



TUMOR ANTIGENS

Types of tumor antigens

- Tumor specific
 - Unique to tumor
 - essential for tumorigenesis/ cancer progression
 - caused by somatic mutation
 - not found on any normal adult somatic tissues
 - Personalized
- Tumor-associated
 - appear on various cancer and normal cells, though with different expression levels.

NCI prioritization of cancer antigens

- therapeutic function
- Immunogenicity
- specificity
- oncogenicity
- expression level
- percentage of positive cells
- stem cell expression,
- # of patients with antigen + cancers
- number of epitopes
- cellular location of expression

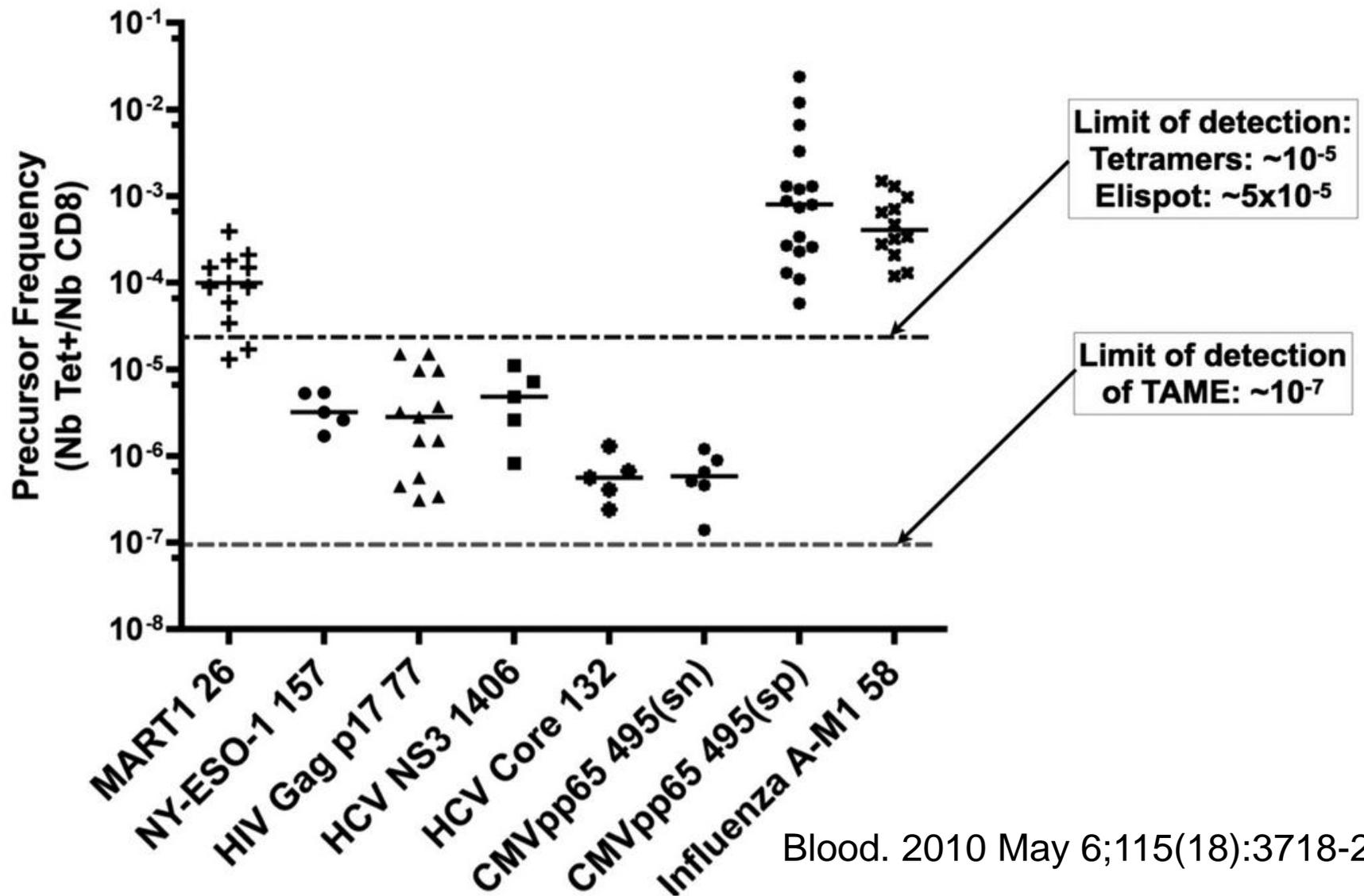
Examples of Tumor Antigens

- Lymphoma—Id protein
- Melanoma— MAGE antigens, Mart-1, gp 100, tyrosinase
- GI—CEA, *ras*, p53
- Breast—targeting CEA, Her-2/*neu*, p53
- Prostate — PSA, PSA-M
- Lung- CEA, MAGE
- Telomerase
- Endothelial antigens
- Proteins related to resistance mechanisms
- Autologous antigens

Debates regarding tumor antigen

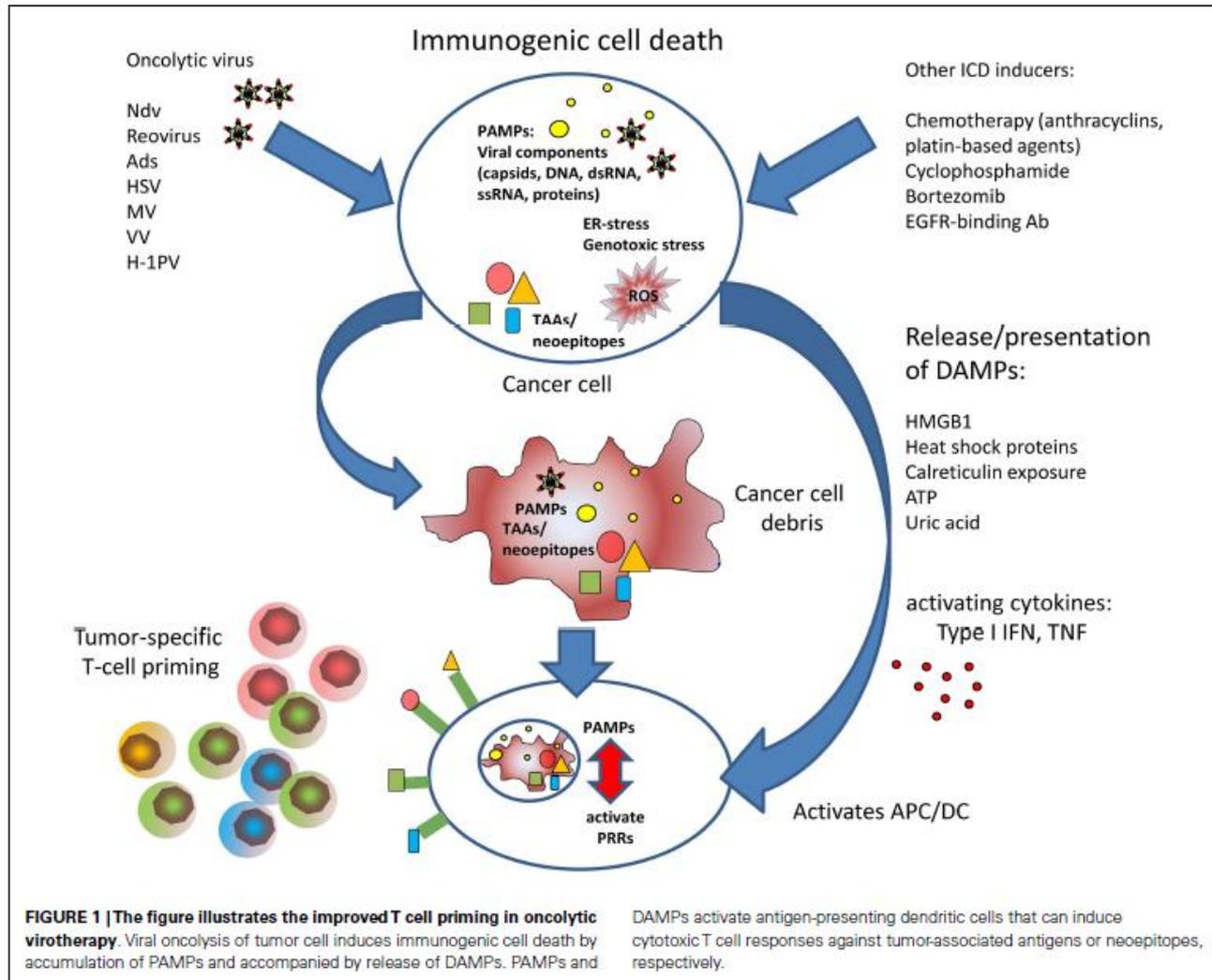
- Defined or undefined antigen
 - Well characterized tumor antigens or use “extracts” from tumor
- If defined: one or multiple antigens
 - Role of epitope spreading
- If defined: Class I alone or class I and class II
- If defined: HLA restricted or unrestricted

Challenge to specific immunotherapy: Precursor frequencies are low

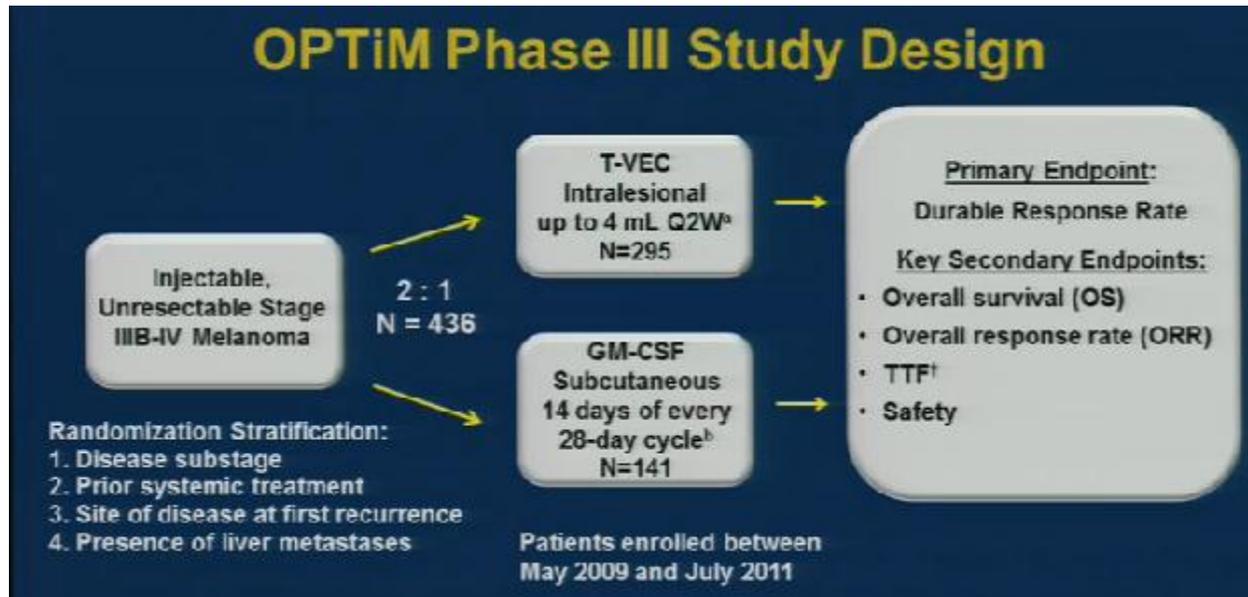


VACCINE STRATEGIES

Direct tumor injection: Oncolytic viruses



OPTiM Phase III Study Design



Overall Response Rate

ITT Set	GM-CSF (N=141)	T-VEC (N= 295)	Treatment Difference (T-VEC – GM-CSF)
Overall Response Rate (95% CI)	5.7% (1.9, 9.5)	26.4% (21.4, 31.5)	20.8% (14.4, 27.1) <i>P</i> < 0.0001 ^a descriptive
CR	0.7%	10.8%	
PR	5.0%	15.6%	

Durable Response Rate (Primary Endpoint)

ITT Set	GM-CSF (N=141)	T-VEC (N= 295)	Treatment Difference (T-VEC – GM-CSF)
Durable Response Rate	2.1%	16.3%	14.1% 95% CI: (8.2, 19.2) <i>P</i> < 0.0001 ^a

All responses presented are per independent EAC. Overall responses were not required to be confirmed.

^aUnadjusted Fisher's exact test

Andrbacka et al. ASCO 2013; LBA5008



Kaufman
 ASCO2014;
 Abst 9008a

Table 1. Clinical trials recently launched to evaluate the safety and efficacy of oncolytic virotherapy in cancer patients*

Virus	Indication(s)	Phase	Status	Route	Notes	Ref.
CG0070	Bladder carcinoma	I	n.a.	Intravesical	As a single agent	NCT00109655
ColoAd1	Colorectal carcinoma	I	Recruiting	i.t. or i.v.	As a single agent	NCT02053220
	Ovarian carcinoma	I/II	Not yet recruiting	i.p.	As a single agent	NCT02028117
	Solid tumors	I/II	Recruiting	i.v.	As a single agent	NCT02028442
CVA21	Solid tumors	I	Not yet recruiting	i.v.	As a single agent	NCT02043665
DNX2401	Glioblastoma	I	Recruiting	i.t.	Combined with temozolomide and/or surgery	NCT01956734
HSV-1716	Glioma	I	Recruiting	Into the tumor resection cavity	Combined with dexamethasone and surgery	NCT02031965
ICOVIR-5	Melanoma	I	Recruiting	i.v.	As a single agent	NCT01864759
	Solid tumors	I/II	Recruiting	i.p. (via MSCs)	As a single agent	NCT01844661
MV-NIS	HNSCC	I	Recruiting	i.t.	As a single agent	NCT01846091
	Ovarian carcinoma	I/II	Not yet recruiting	i.p. (via MSCs)	As a single agent	NCT02068794
Pexa-Vec	Ovarian carcinoma	II	Not recruiting	i.v.	As a single agent	NCT02017678
T-vec	Melanoma	II	Not yet recruiting	i.t.	As a single agent	NCT02014441
Toca 511	Brain tumors	I	Recruiting	i.v.	Combined with 5-FC	NCT01985256
VCN-01	Pancreatic cancer	I	Recruiting	i.t.	Combined with gemcitabine	NCT02045589
	Solid tumors	I	Recruiting	i.v.	Combined with gemcitabine	NCT02045602

Intratumoral injection of immunostimulatory genes

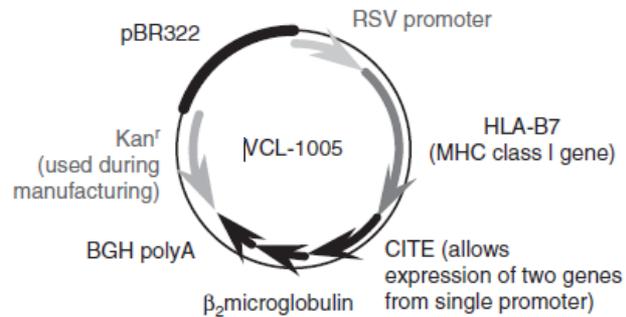
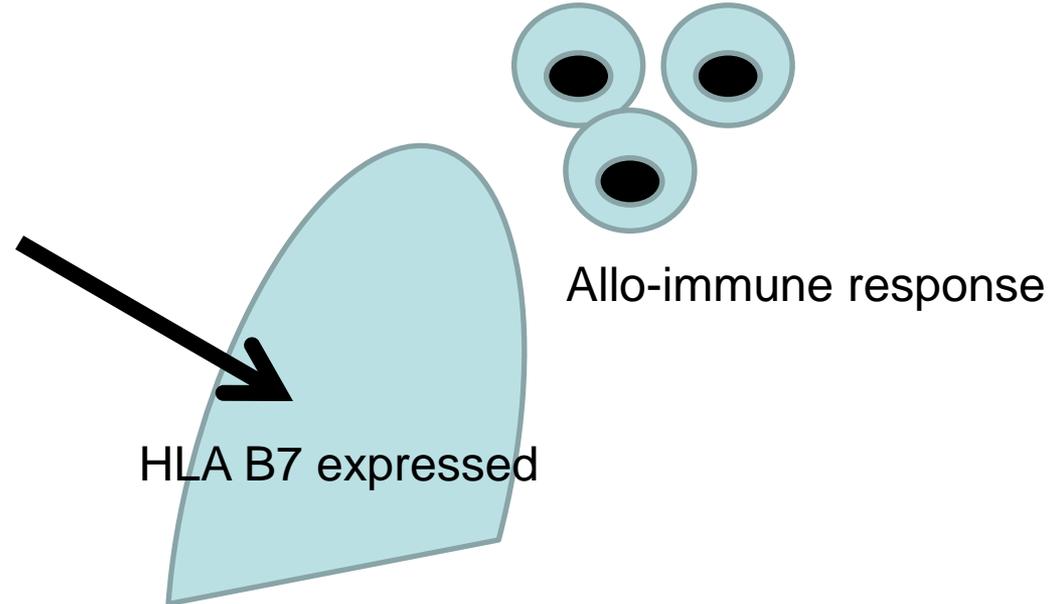
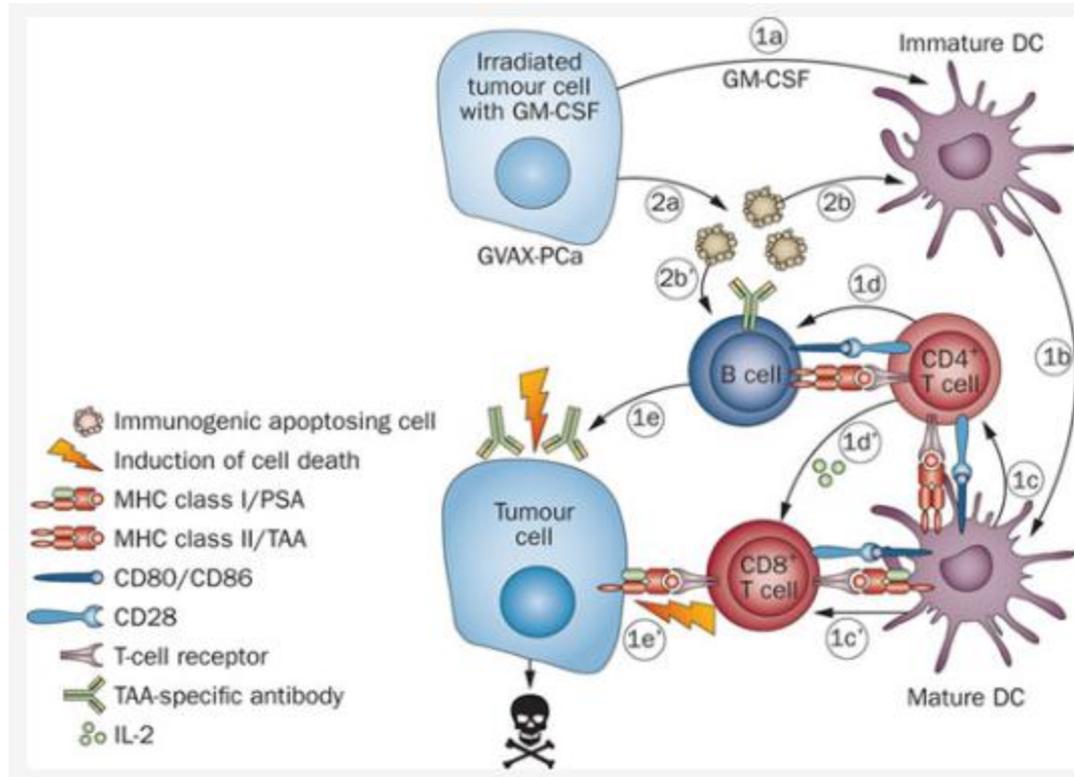


Figure 1. Velimogene aliplasmid: diagram of the plasmid map.

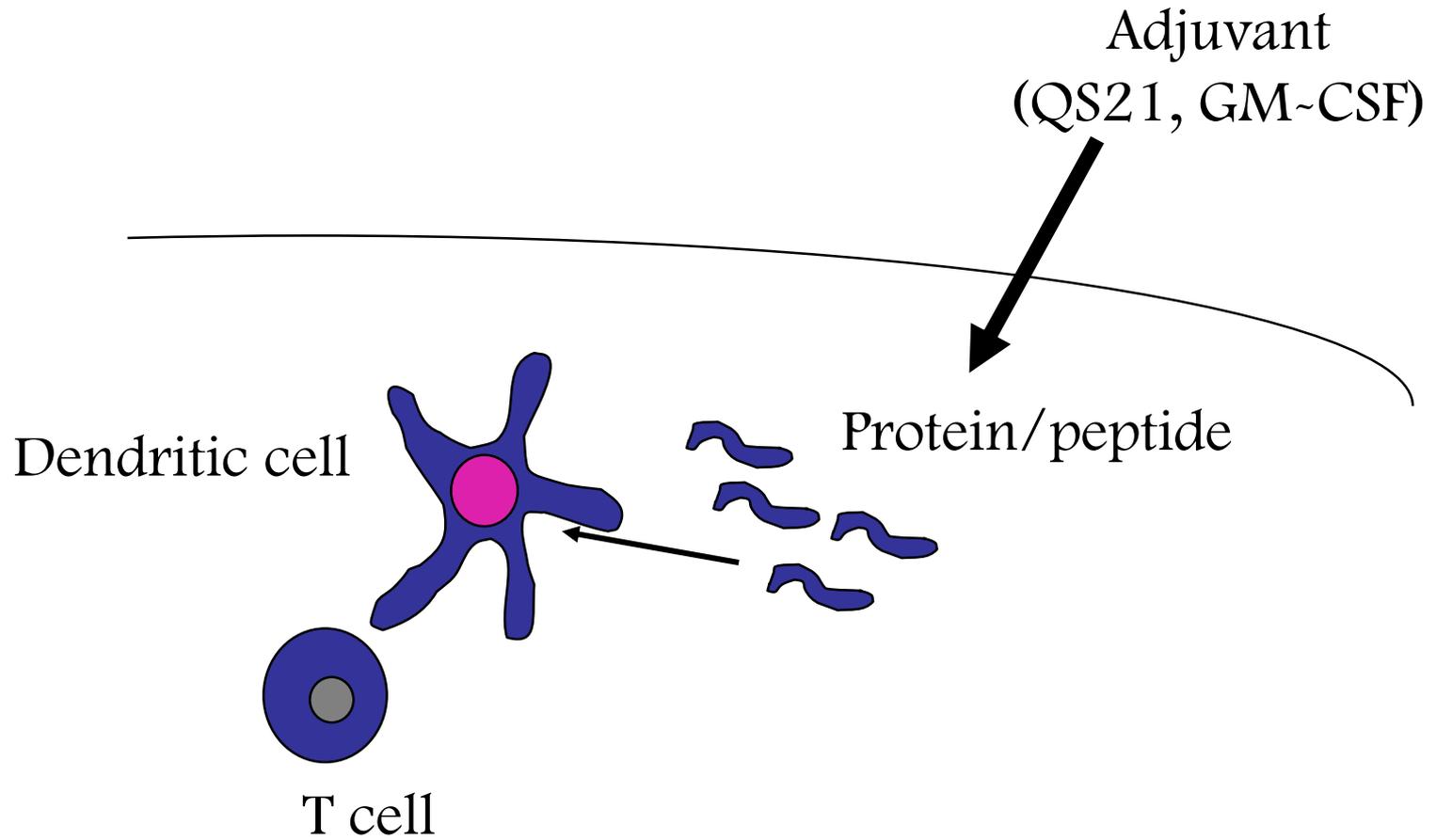


Tumor cell vaccines: GVAX

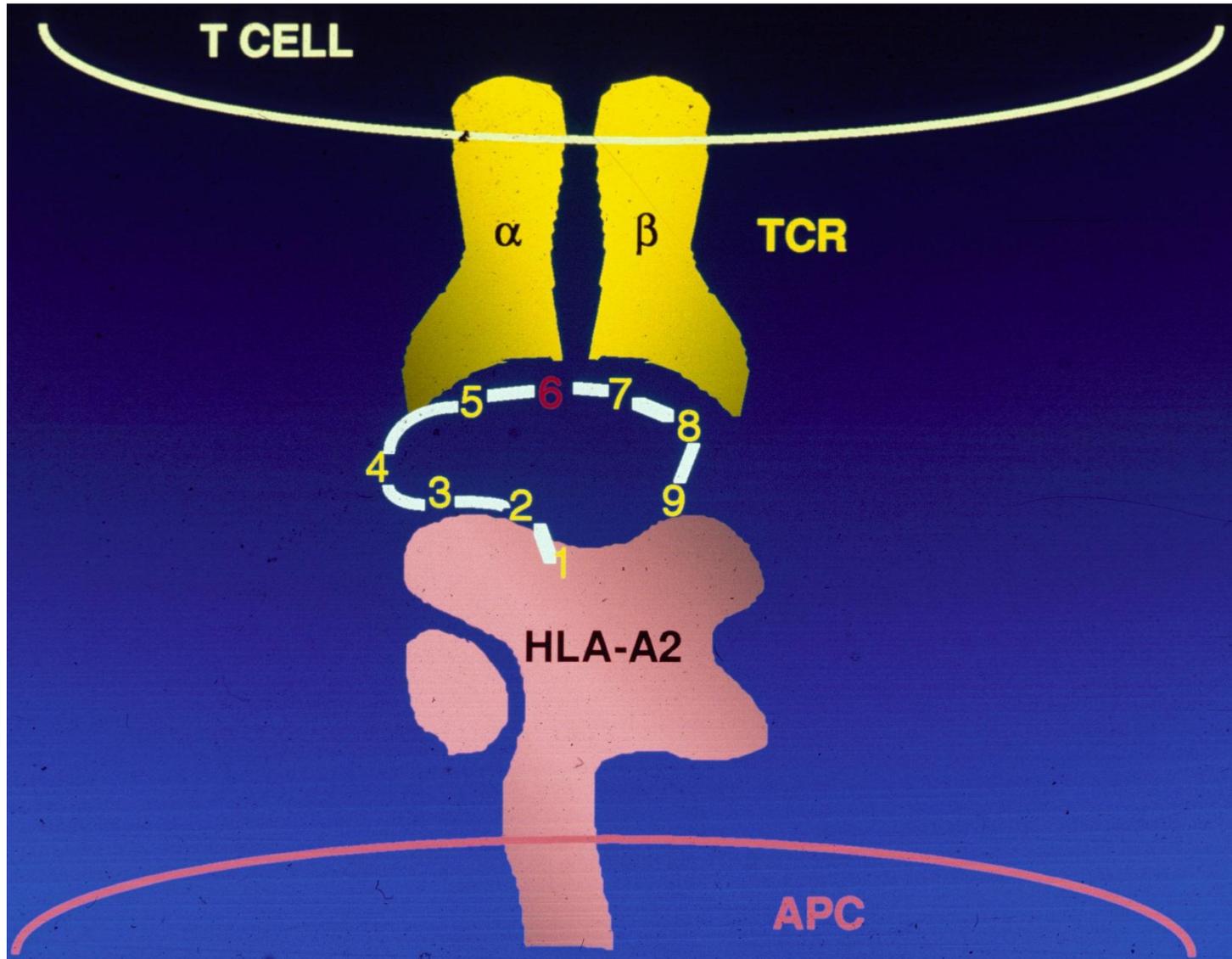


Nature Reviews Urology 10, 149-160 (March 2013)

Peptide & Protein Vaccines



Peptide presented by dendritic cell (APC)



Randomized, single-blinded phase II trial of AE37 vaccine versus GM-CSF alone administered in the adjuvant setting to high-risk breast cancer patients (ASCO 2014;#638)

- Disease-free, node+ or high-risk node- pts; any level of HER2 +; completed adjuvant tx
- AE37 + GM-CSF vs GM-CSF alone
- RRR 12 % in ITT group (19/153 v 20/145 events; HR(CI) 0.89 (0.47, 1.66), p=0.70)
- RRR 40% in HER2 nOE pts (10/76 v 14/78 events; HR(CI) 0.60 (0.26, 1.35), p=0.21)
- RRR 60% in TNBC pts (4/25 v 9/25; HR(CI) 0.40 (0.12, 1.32), p=0.12).

Peptide vaccine development

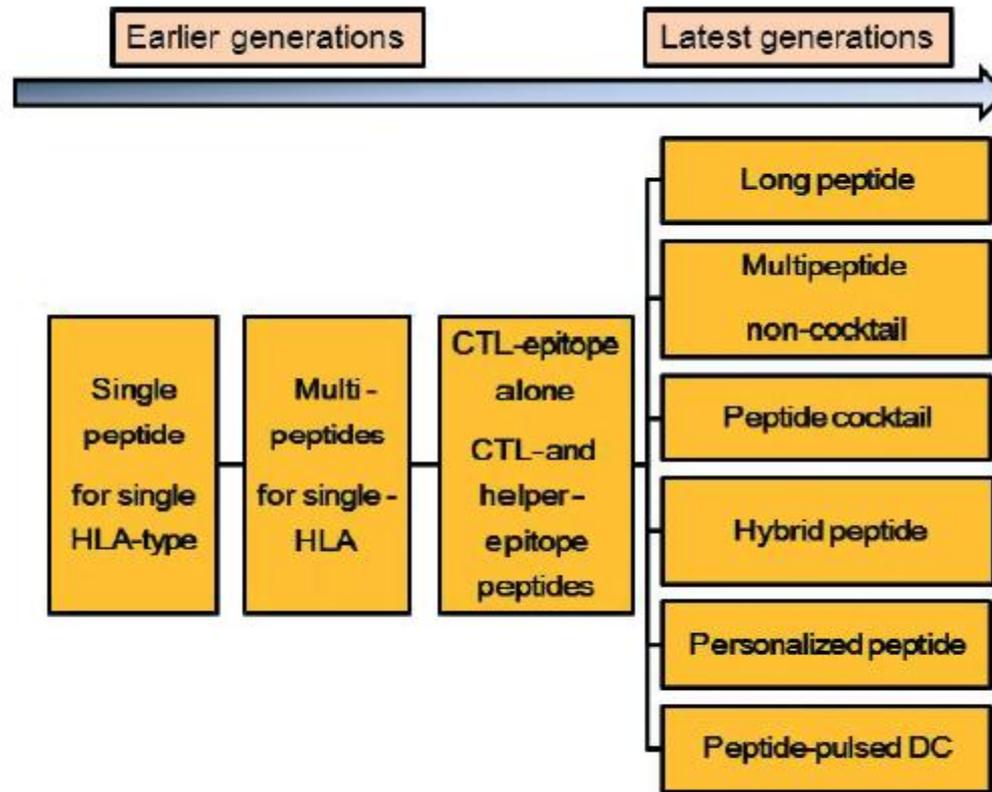
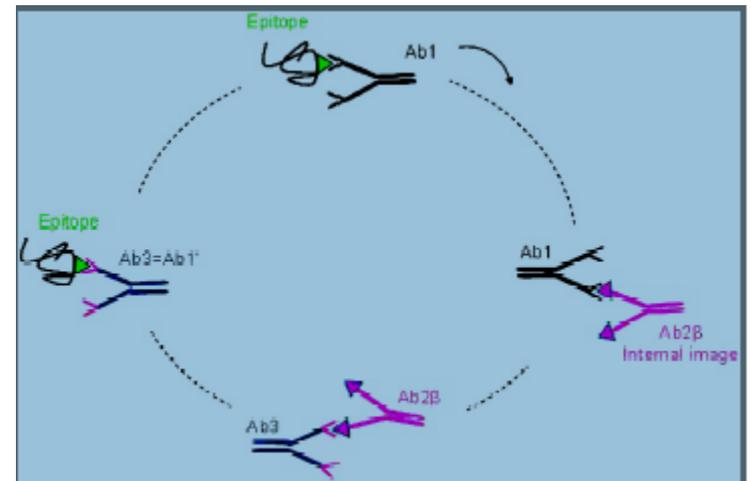
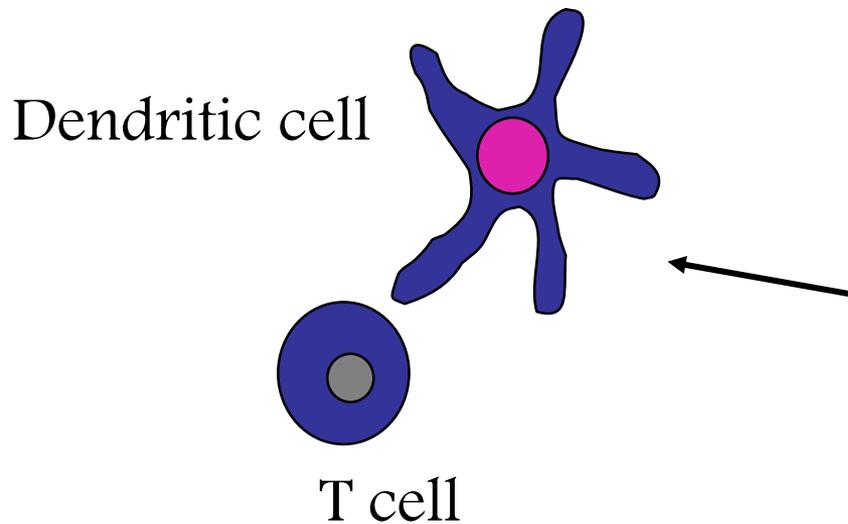


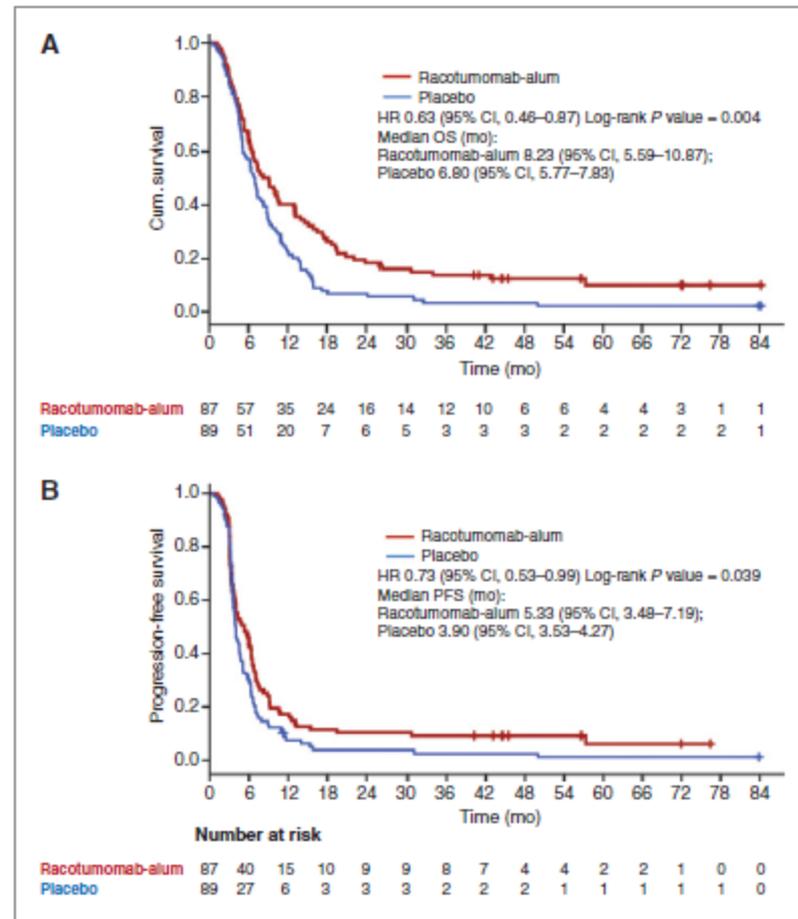
Fig. 1. Transition of peptide vaccine development for advanced cancer. DC, dendritic cells.

Anti-Idiotypic Vaccines: Inducing antibody and T cell responses

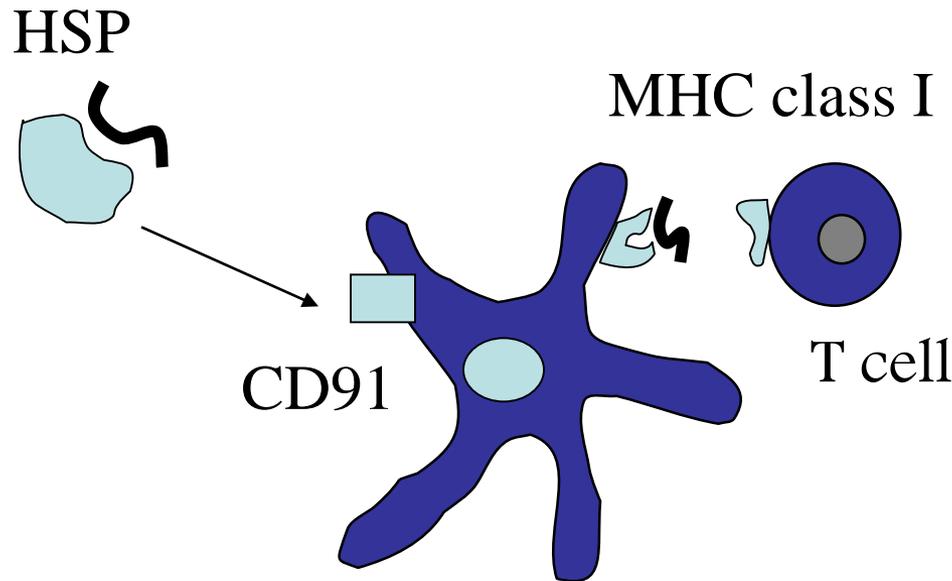


Racotumomab-alum: an anti-idiotypic vaccine targeting the NeuGcGM3 tumor-associated ganglioside

A Randomized, Multicenter, Placebo-Controlled Clinical Trial of Racotumomab-Alum Vaccine as Switch Maintenance Therapy in Advanced Non-Small Cell Lung Cancer Patients



Heat Shock Proteins



HSP are chaperone proteins

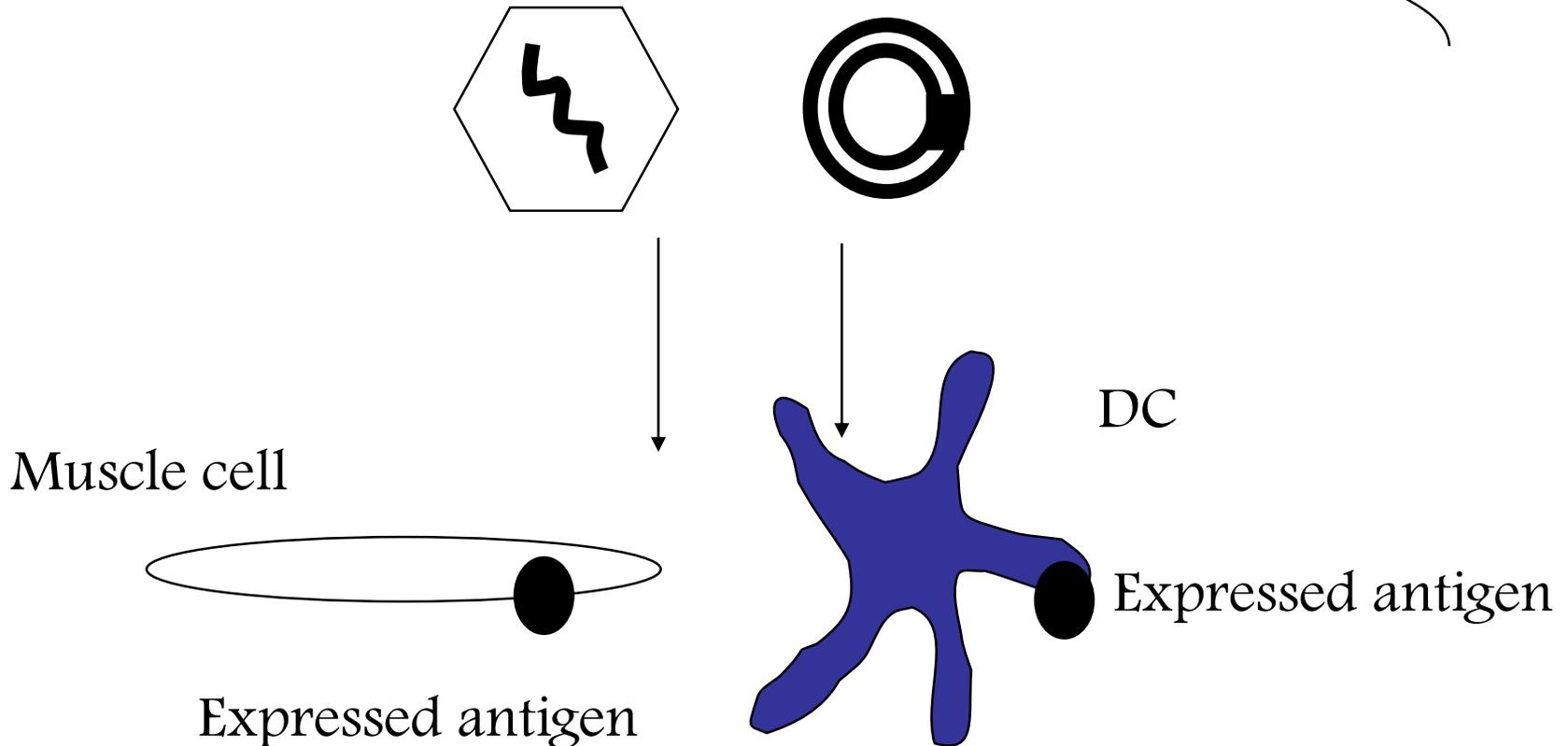
Preps. of HSP (gp96, HSP-70, HSP 90) are noncovalent complex of HSP + peptides

Peptides include normal self and antigenic peptides

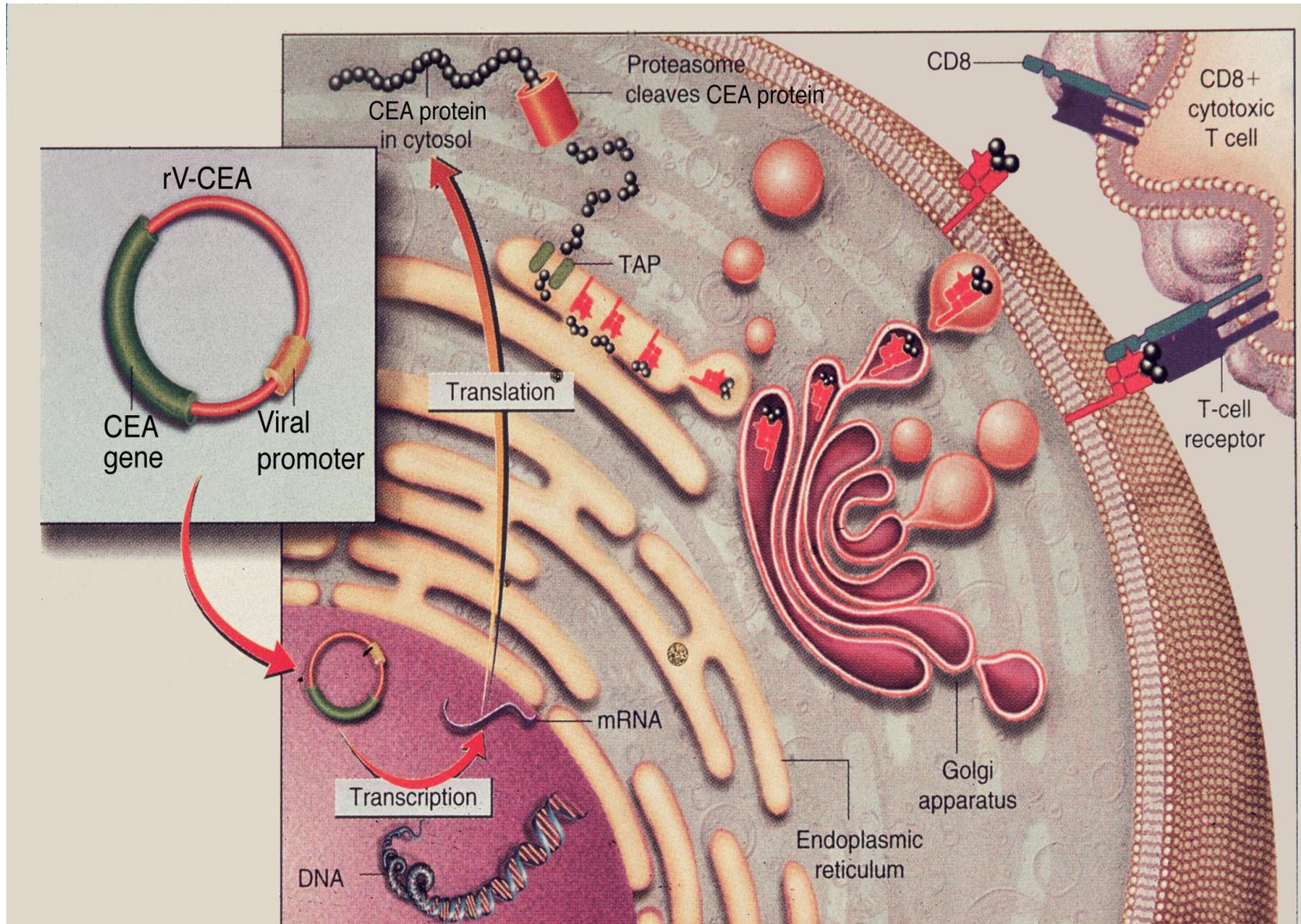
HSP bind to CD91 of APCs such as DC and peptide is processed and presented to T cells by MHC class I

Immune resp is individually tumor-specific (i.e. against non-shared Ag)

Viral Vector & Plasmid Vaccines



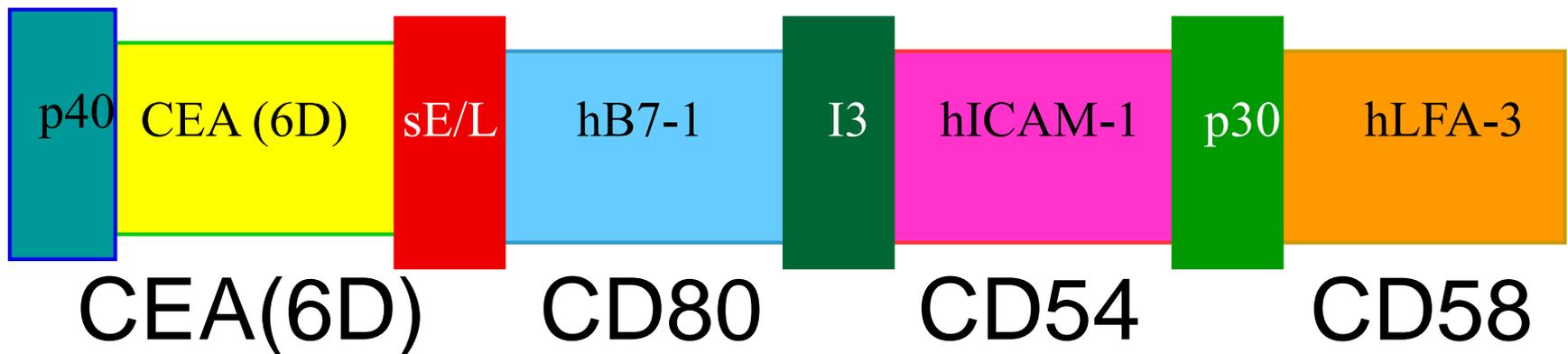
Viral vector based vaccines



Courtesy Jeff Schlom, NCI

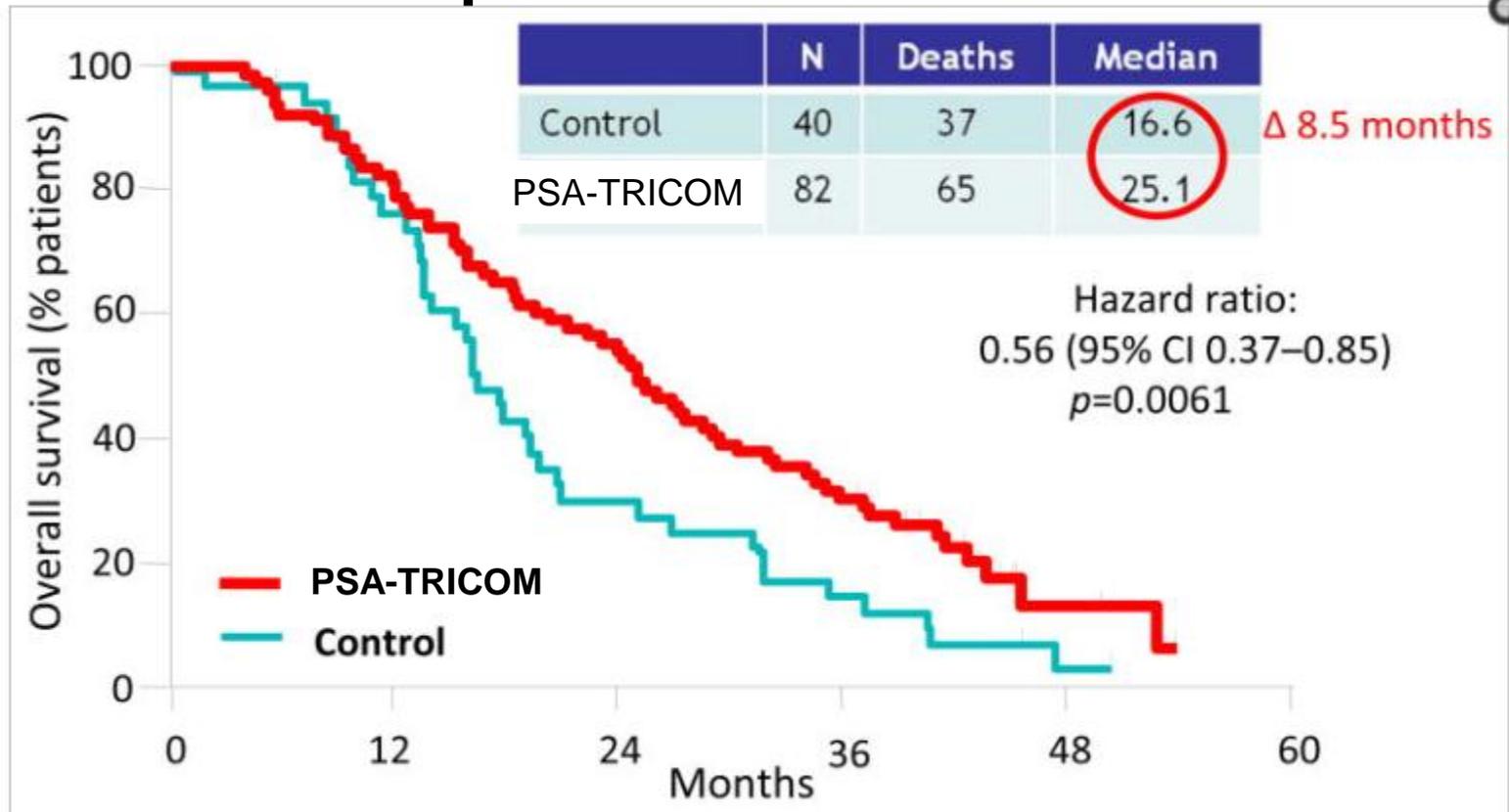
Fowlpox vector (rF-CEA(6D)-TRICOM) vaccine

- Fowlpox infect human cells but cannot replicate
- Do not integrate into the host DNA
- Large capacity; express multiple genes
- Induce minimal anti-vector immune response
- Activate CEA(+) T cells (Marshall, ASCO 2003)



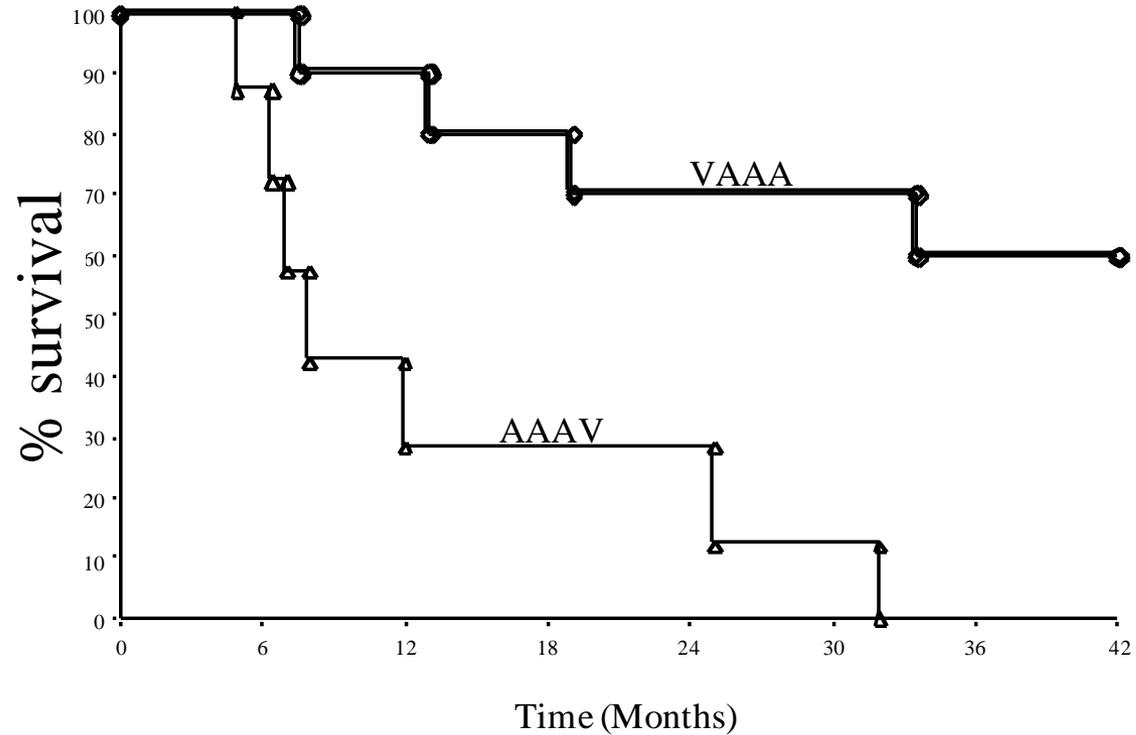
Viral Vector	Advantages	Disadvantages
Mammalian Poxviruses <ul style="list-style-type: none"> • Vaccinia Virus (VV) • Modified virus Ankara (MVA) 	<ul style="list-style-type: none"> • Easily manipulated in laboratory setting • Accepts large gene inserts • Naturally immunogenic • Cellular and humoral immune response to transgene • Expresses transgenes in target cells, including DC • No risk of insertional mutagenesis • MVA strain is replication-incompetent 	<ul style="list-style-type: none"> • Neutralizing antibodies develop with subsequent vaccinations; recipients of vaccinia (smallpox) vaccine have pre-existing immunity to vector • Replication-competent virus (VV), not appropriate for use in immunocompromised patients
Avian Poxvirus <ul style="list-style-type: none"> • Fowlpox • Canarypox (ALVAC) 	<ul style="list-style-type: none"> • Incomplete lifecycle in mammalian cells, no infectious viral particles can form • Multiple vaccinations possible, no neutralizing antibodies develop 	<ul style="list-style-type: none"> • Immune response is not as robust as vaccinia virus
Adenovirus (Ad)	<ul style="list-style-type: none"> • Easily manipulated in laboratory setting • Cellular and humoral immune response to transgene • High expression of transgene • Broad tropism, including DC • No risk of insertional mutagenesis • Many strains available • Replication-deficient strains used, limiting pathogenicity 	<ul style="list-style-type: none"> • Infection of target cells dependant on express of Ad receptor (e.g. CAR), which is not expressed on all cancer cells • Pre-existing host neutralizing antibodies to several Ad serotypes • Limited capacity for gene inserts
Alphavirus	<ul style="list-style-type: none"> • Naturally immunogenic • High expression of transgene • Replicon-competent vector • No neutralizing antibodies develop against non- propagating vector • Broad tropism • Multiple vaccinations possible, no neutralizing antibodies develop 	<ul style="list-style-type: none"> • Limited capacity for gene inserts • Limited duration of expression of transgene due to induction of apoptosis in infected target cell

Randomized trial of PSA-TRICOM in prostate cancer

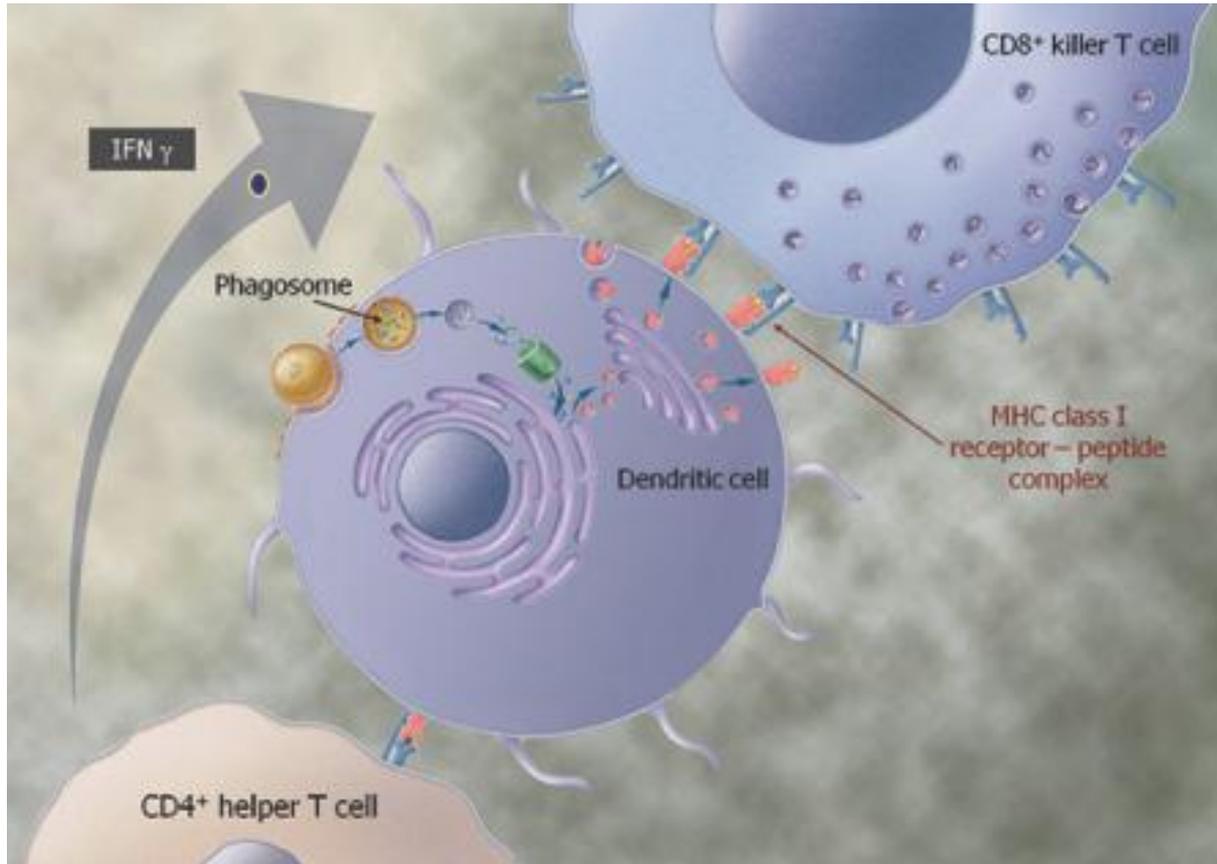


Schlom, Adapted from Kantoff P, J Clin Oncol. 2010;28:1099–1105.

Prime-boost with poxvectors is clinically active



Yeast vectors

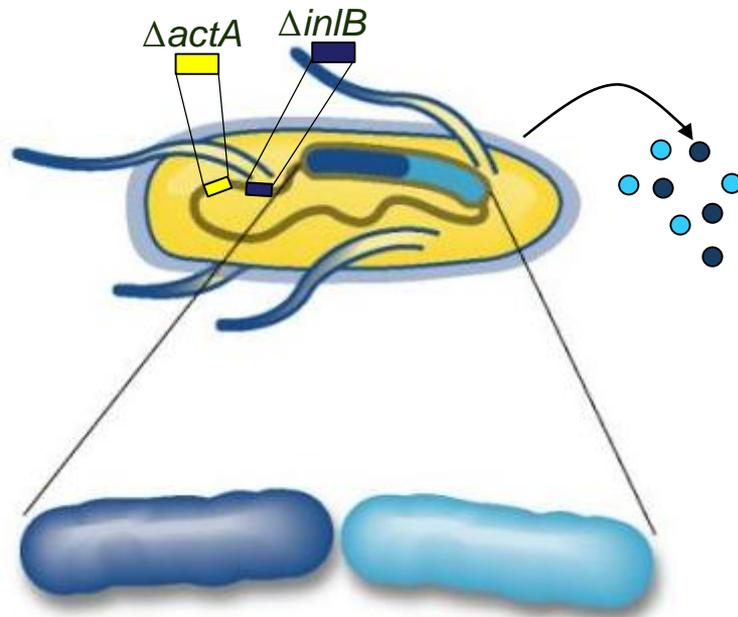


Bacterial vector: CRS-207 (Listeria-mesothelin)

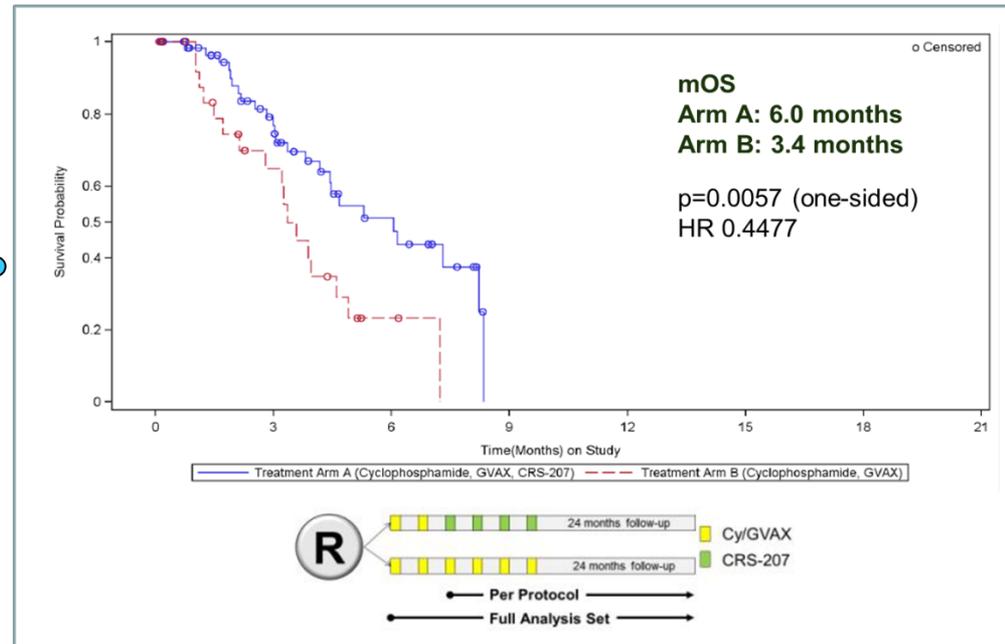
LADD Listeria

Live-attenuated *Listeria monocytogenes*

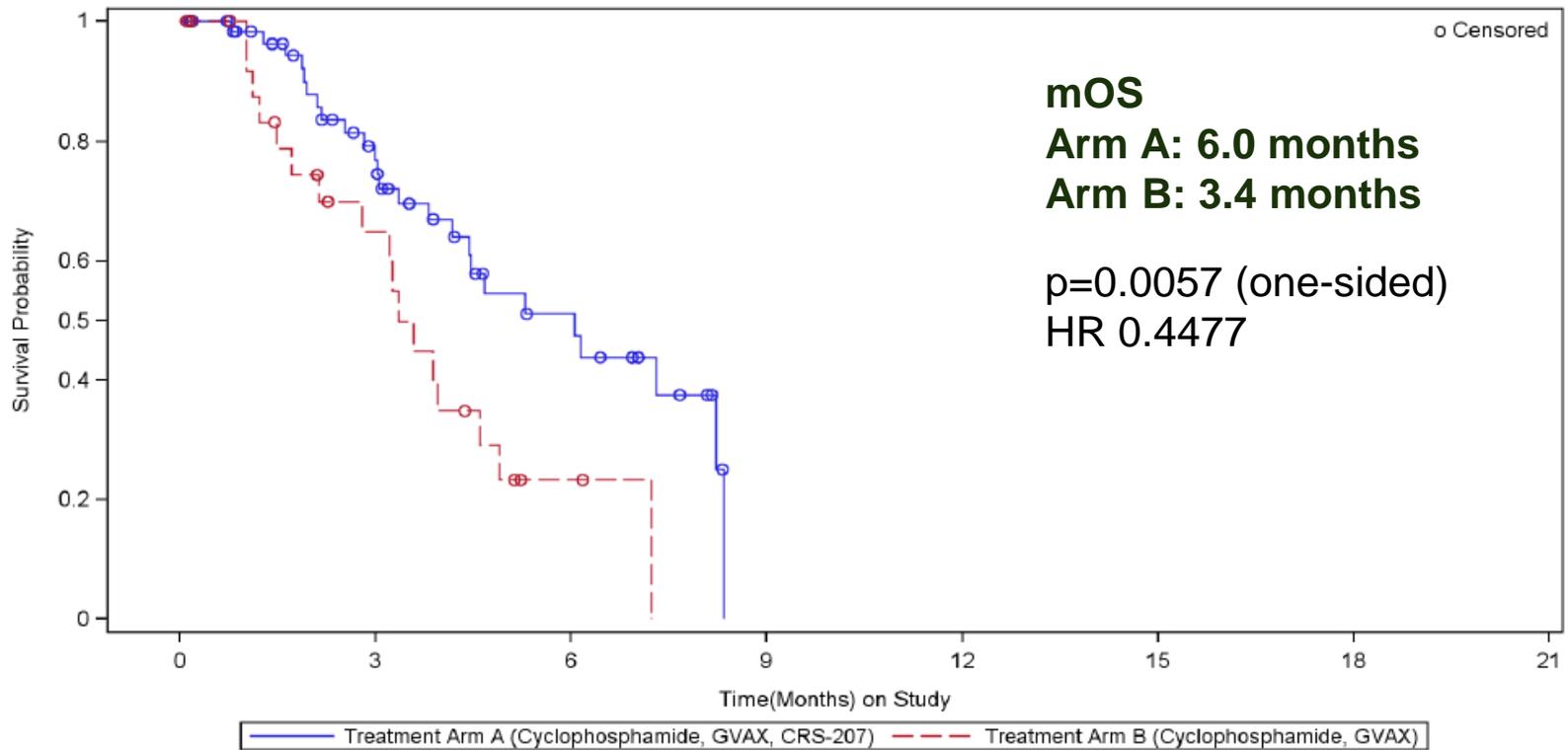
- Potent activation of innate and antigen-specific immune response



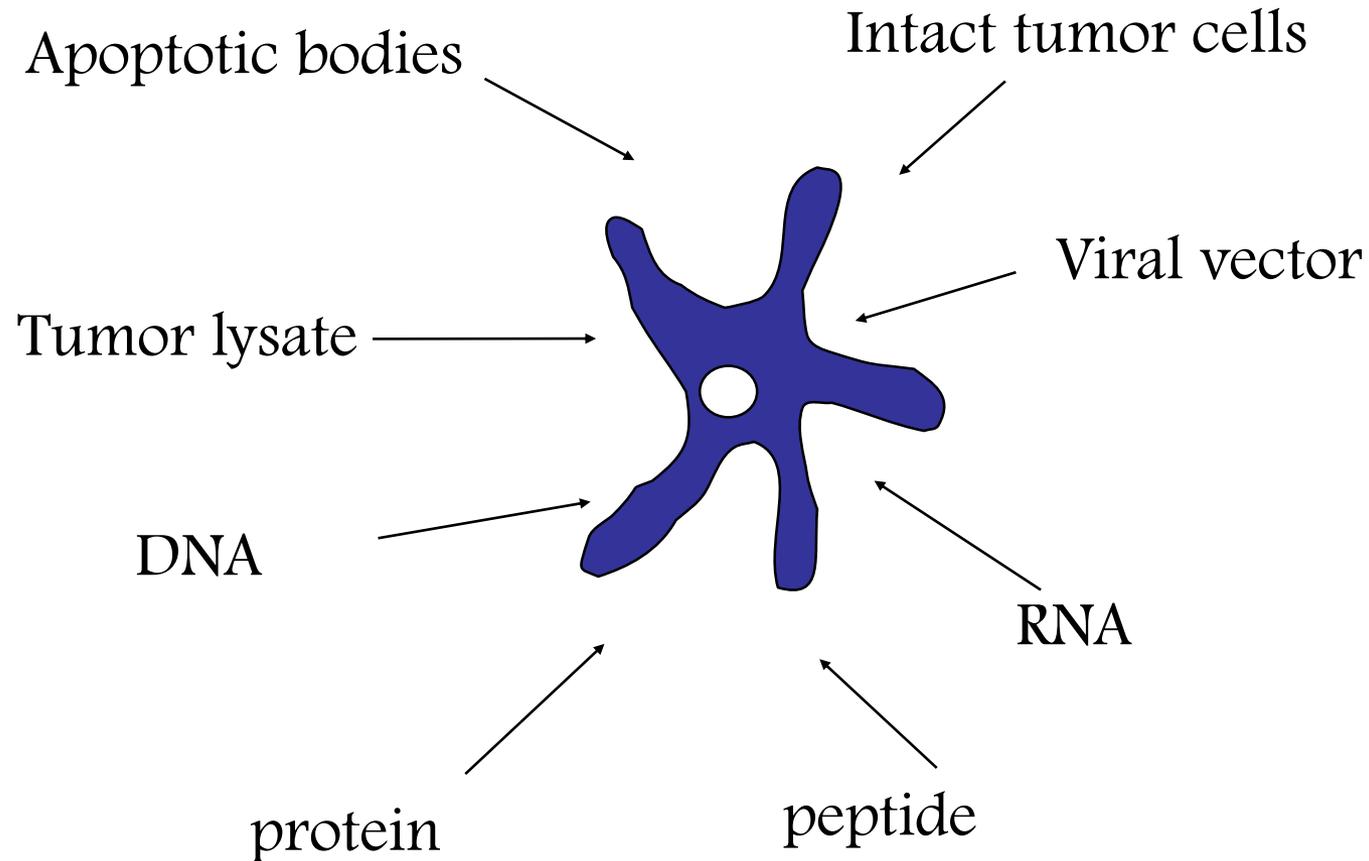
Mesothelin



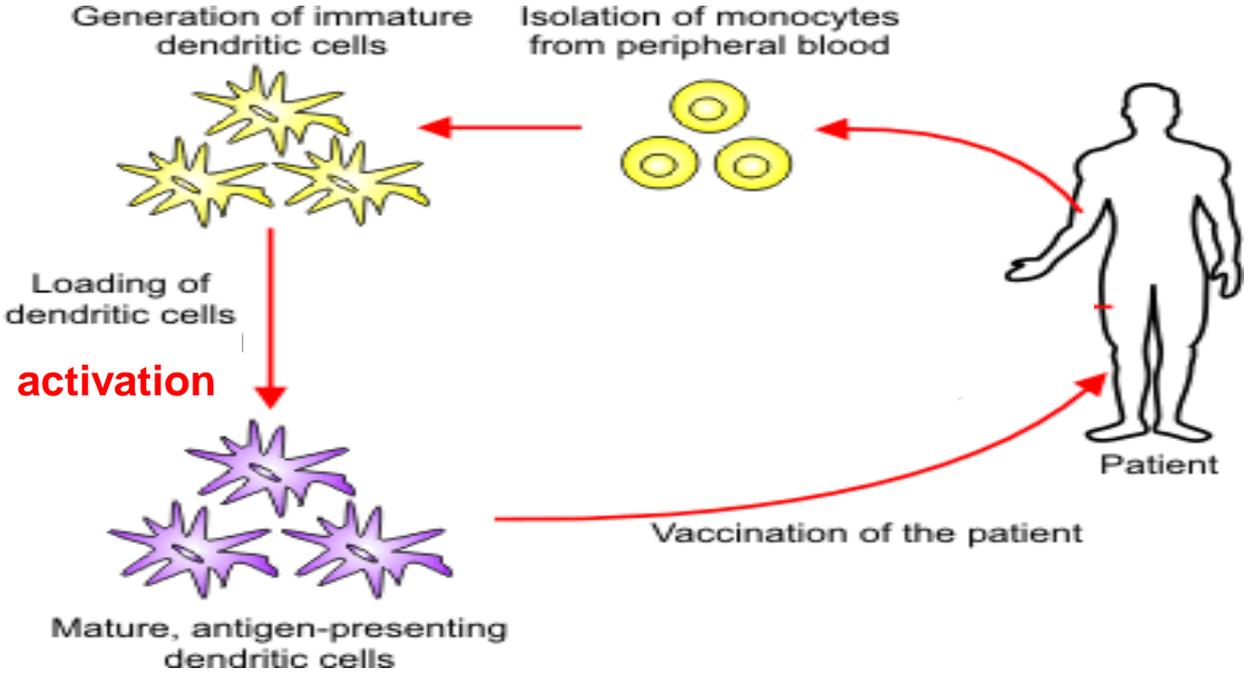
Overall Survival – Full Analysis Set (Planned Interim Analysis, Jan 2013)



Dendritic cell vaccines



Autologous antigen presenting cell for cancer immunotherapy



Dendritic cell vaccine: Sipuleucel-T

Phase III RCT of APC8015 for androgen-independent prostate Ca (*J Clin Oncol* 2006;24:3089-3094)

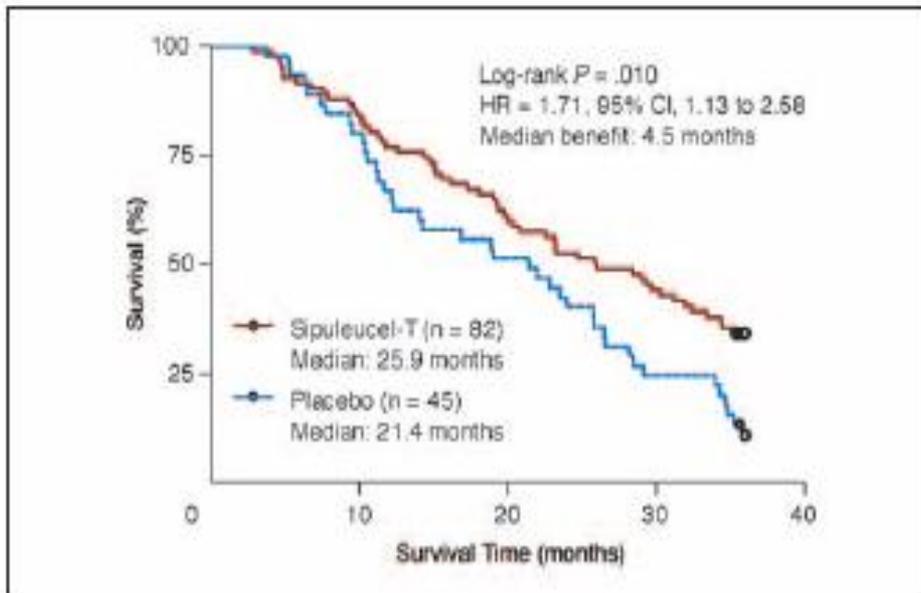


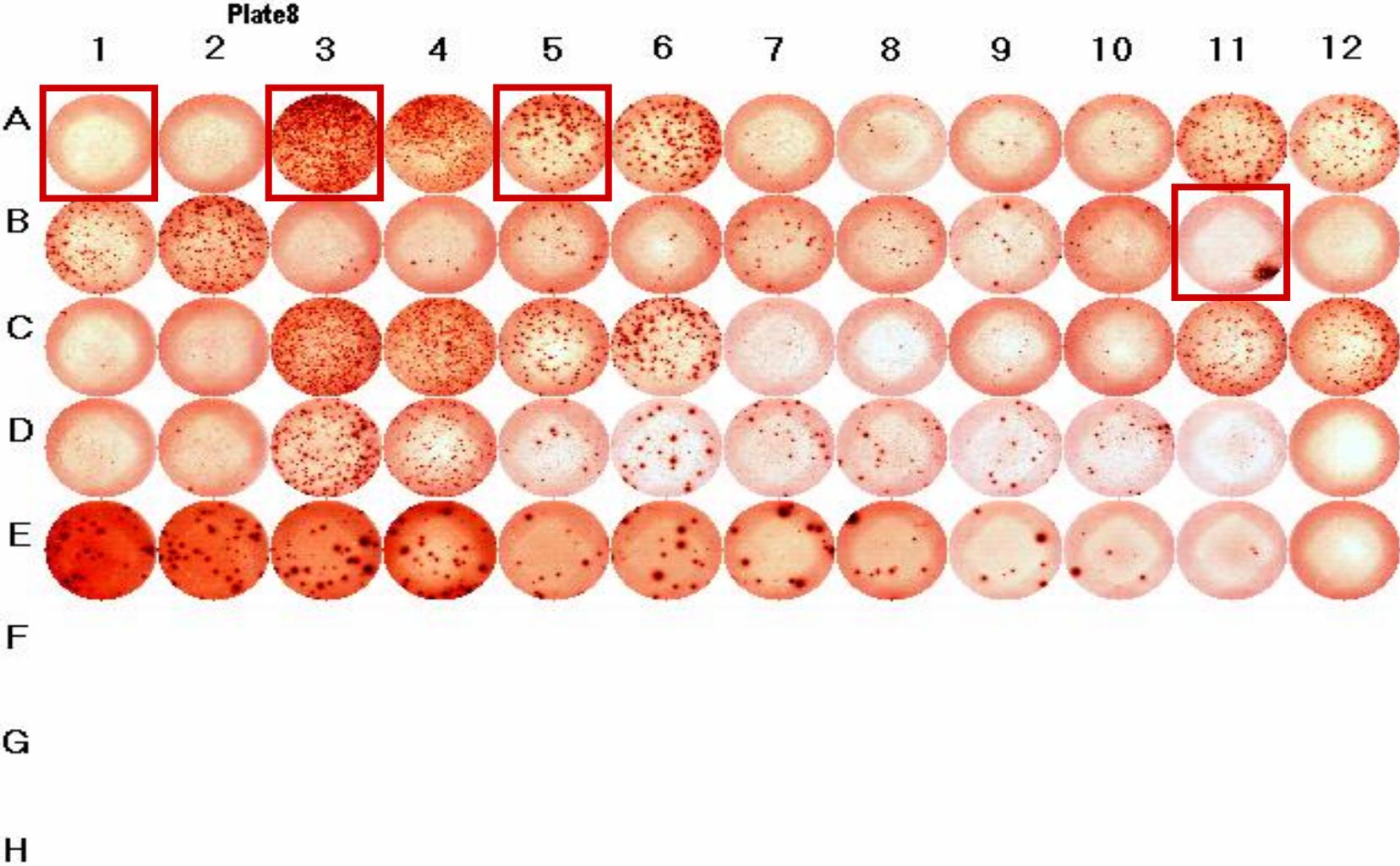
Fig 3. Final overall survival (intent-to-treat population). HR, hazard ratio.

Most common AE:
chills (in 51.2%),
fever (22.5%),
fatigue (16.0%),
nausea (14.2%),
headache (10.7%).

OS significantly improved

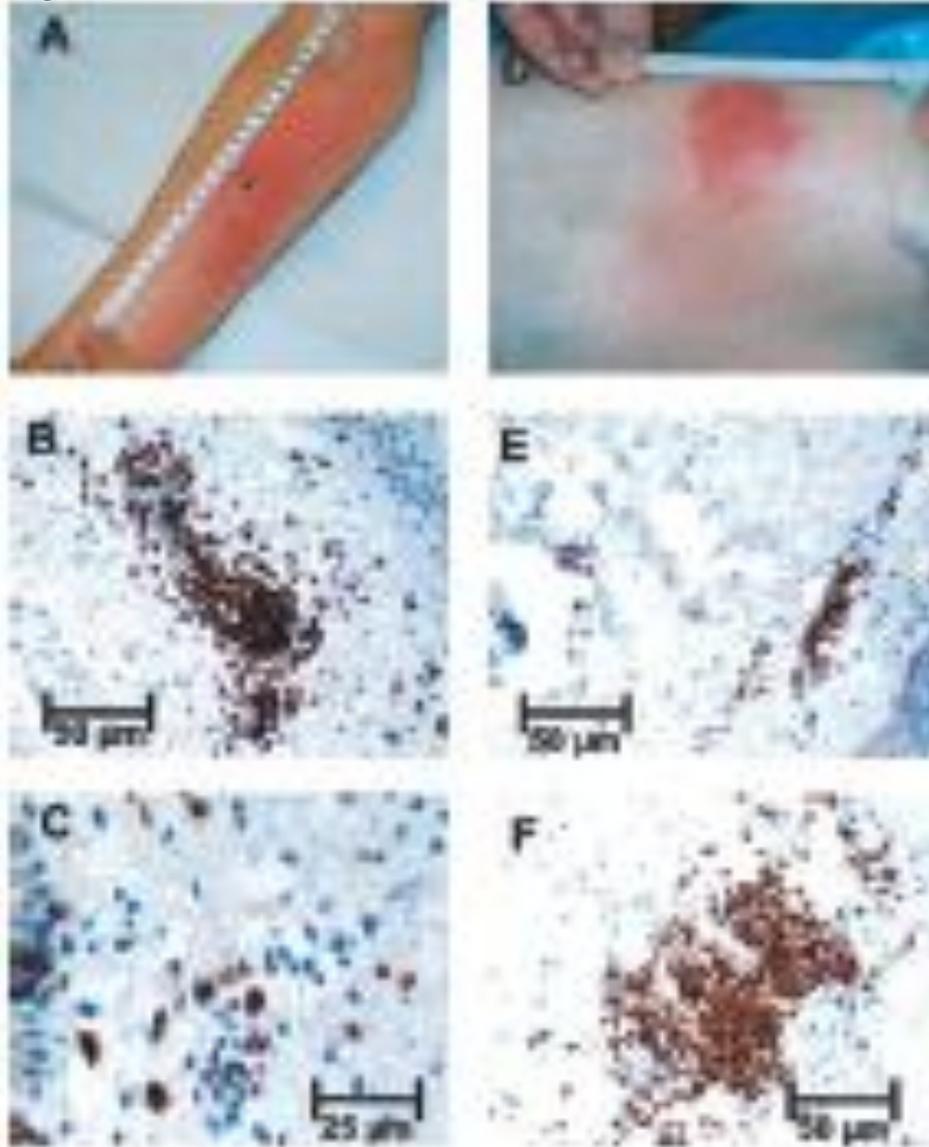
MEASURING IMMUNE RESPONSES TO VACCINES

Detecting immune response by ELISPOT After Vaccination



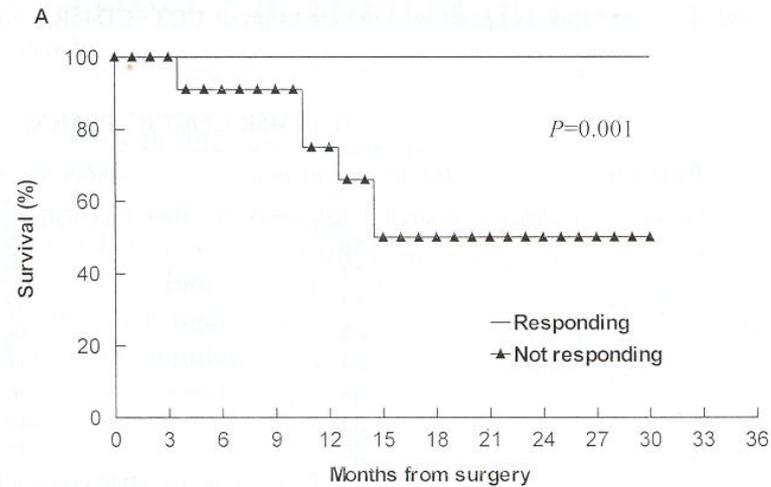
Measures of immune response to vaccines

Injection site and DTH reactions



Immune response Correlates with

OS



DFS

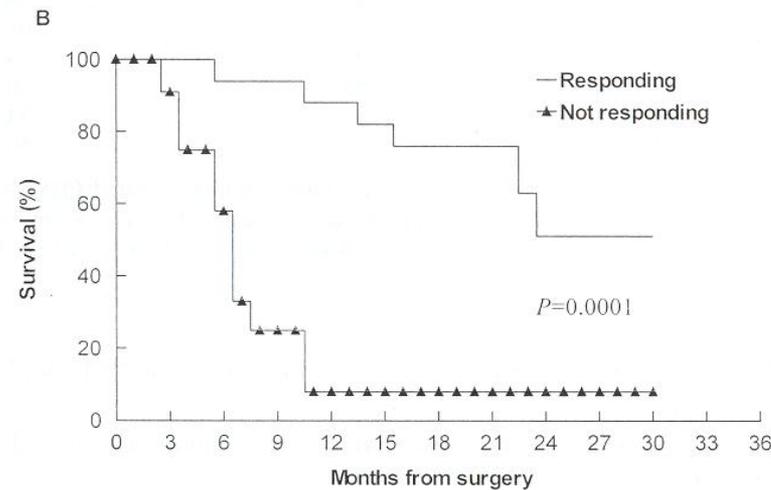
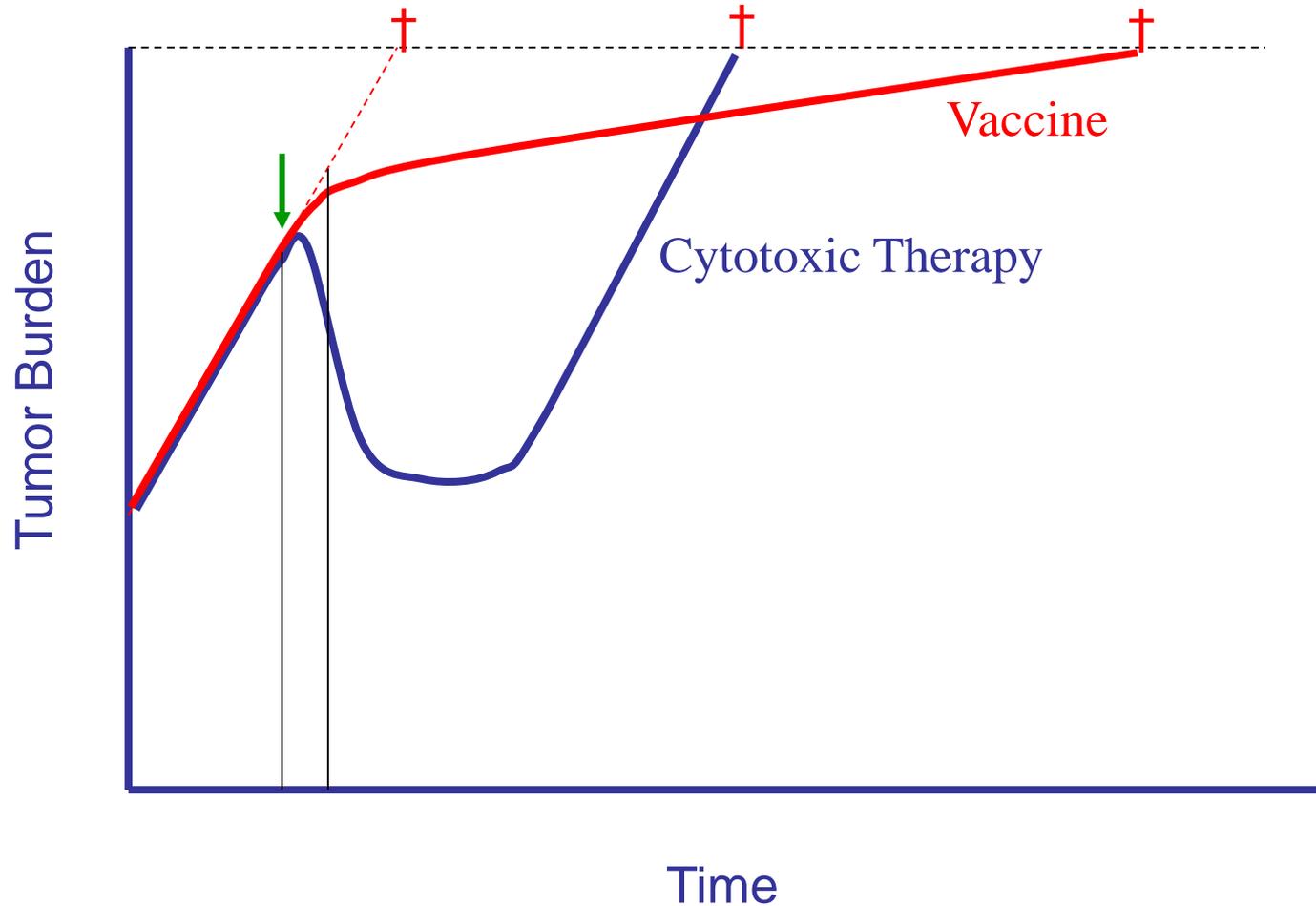


Fig. 4 Different clinical outcome between immune responders and nonresponders vaccinated with HSPPC-96 after complete liver resection of metastatic CRC. Patients with a postvaccination immune response (17 cases) had a significant survival advantage at 24 months compared with that of nonresponding patients (12 cases) both on OS (A; 100 versus 50% at 2 years) and on DFS (B; 51 versus 8% at 2 years).

Tumor Growth Rate



For a therapeutic vaccine to induce an immune response, the following are required except

- A. Cross presentation of antigen by dendritic cells
- B. Antigen unique to tumor
- C. T cells that can recognize the antigen

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Antigens used in vaccines are often normal proteins not unique to tumor, but may be overexpressed or aberrantly expressed

The following statements about viral vector vaccines are true except

- A. Prime-boost vaccination may give stronger immune responses
- B. Viral vectors must directly infect DC to be effective
- C. Viral vectors may contain multiple genes including those to provide multiple activation signals to T cells

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Due to cross presentation, viral vectors can infect other tissues and still induce immune responses