

Basic Principles of Cancer Immunotherapy

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Society for Immunotherapy of Cancer

Disclosures

- Consultant: Agenus, Aptevo, ImmunOS, ImmunoMet, Innovio, OncoResponse, Pieris, Xencor
- Sponsored Research: Agenus, Ionis
- I will be discussing non-FDA approved indications during my presentation.

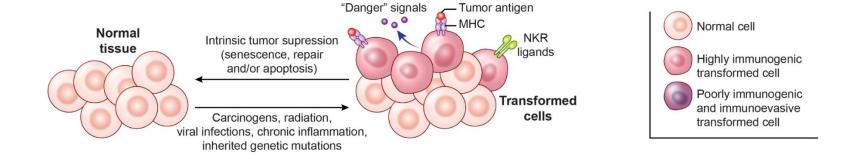


Why does the immune system fail to eliminate cancer?

Cancer cells grow progressively in immunocompetent hosts without evidence of <u>T cell exhaustion</u> or <u>systemic anergy</u>.





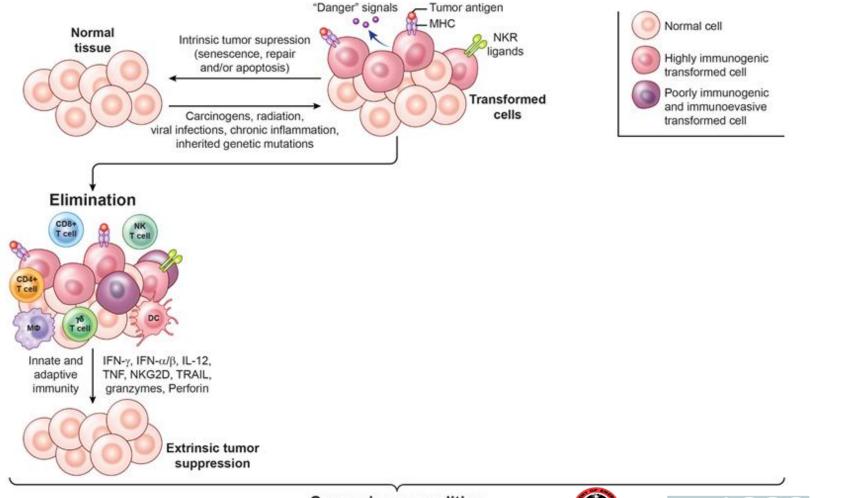












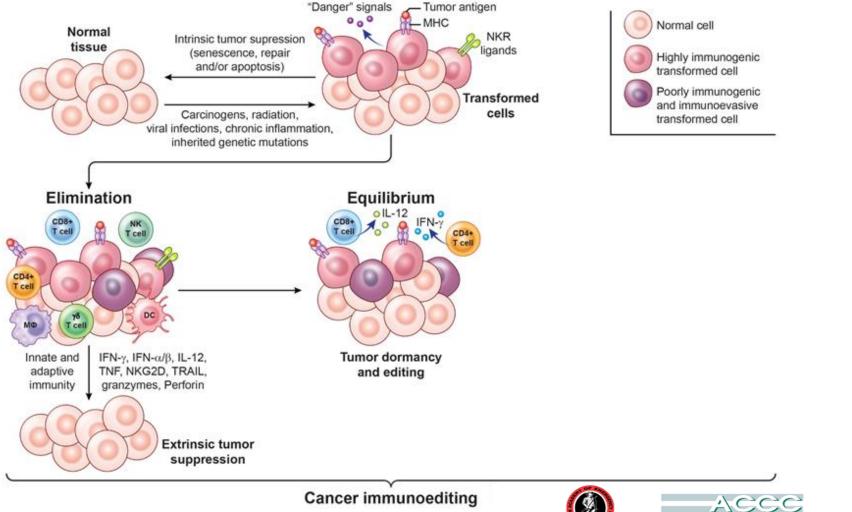
Cancer immunoediting







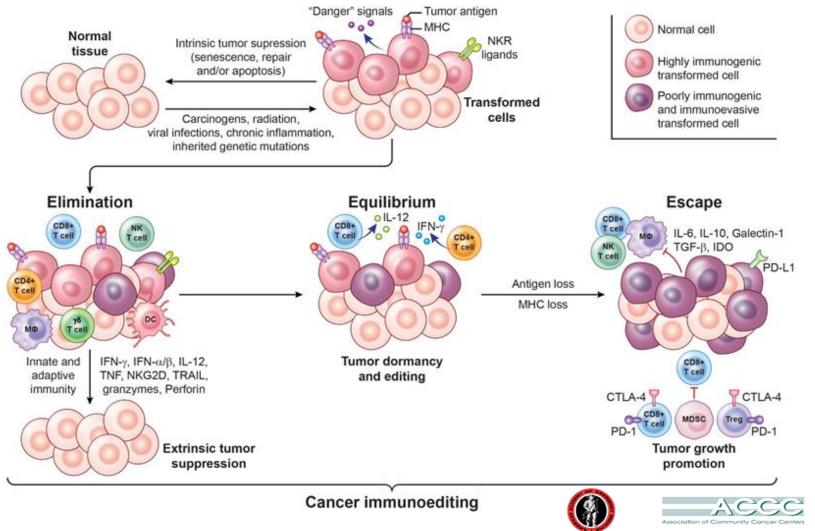




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Association of Community Cancer Centers





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To exist, tumors must evolve mechanisms to locally disable and/or evade the immune system.

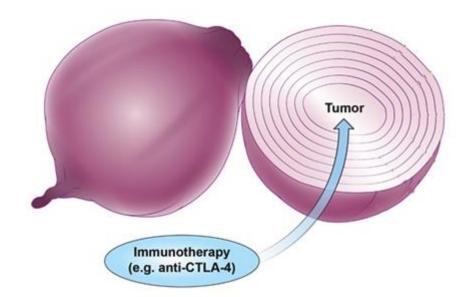
The goal of immunotherapy, then, is to restore the capacity of the immune system to recognize and reject cancer.





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



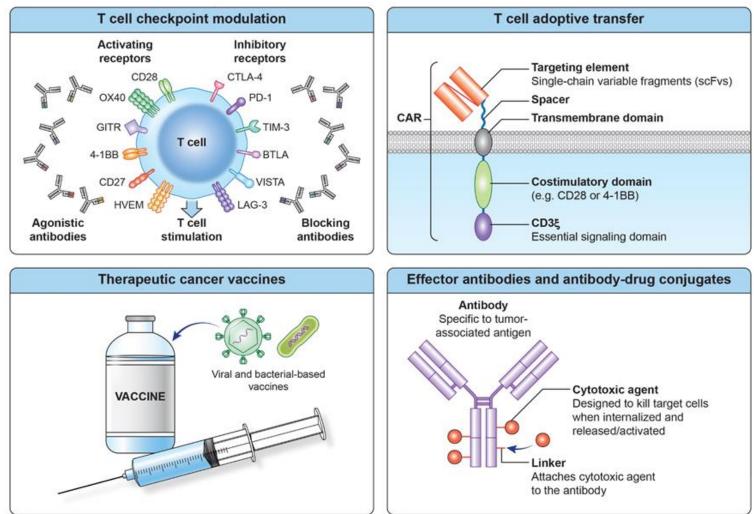








Types of immunotherapy



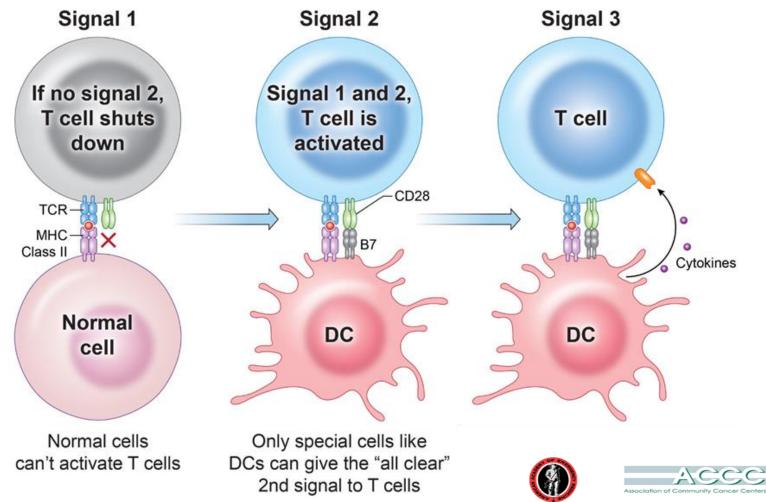








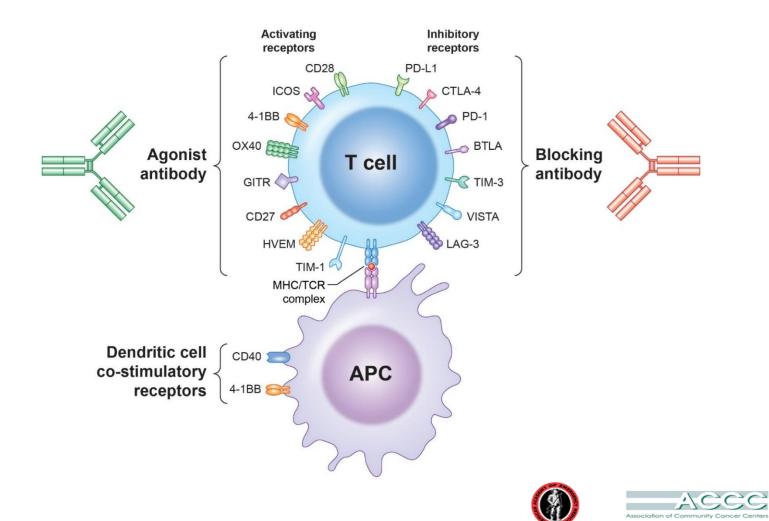
Three signals for antigen-specific T cell activation







T cell checkpoint modulation



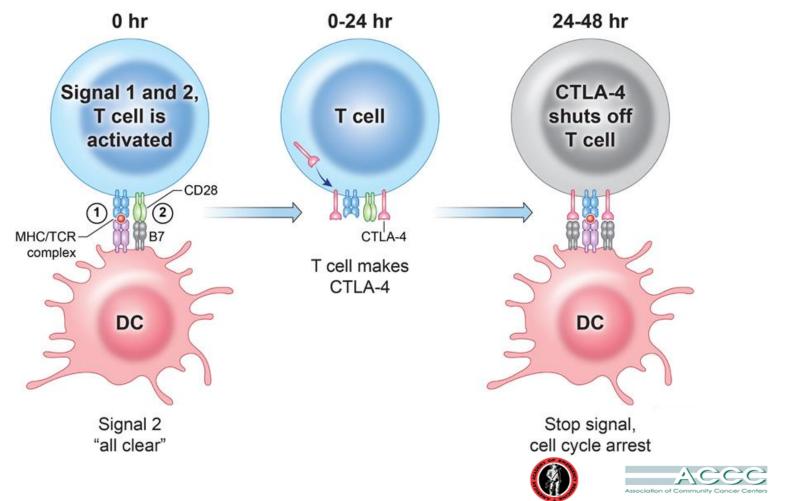




CTLA-4, a negative regulator of T cell activity limits the responsiveness of activated T cells

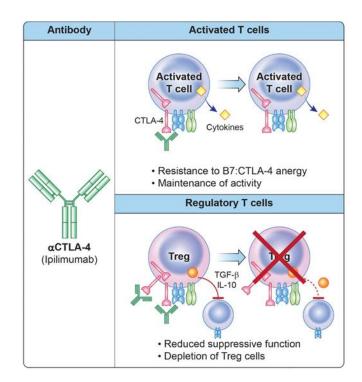
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Which T cells are affected by ipilimumab (α CTLA-4)?



The efficacy and selectivity of anti-CTLA-4 therapy increase in patients who have higher percentages of activated tumor-specific T cells at the time of treatment



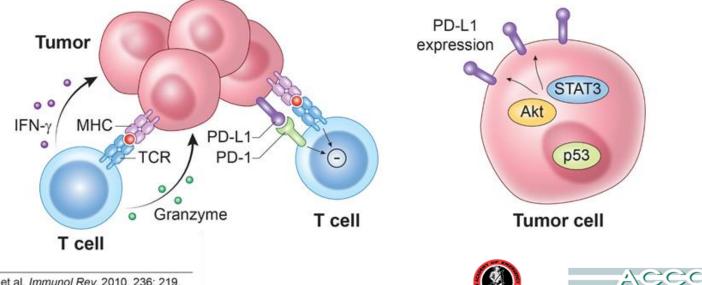






PD-1: PD-L1 inhibitory pathway

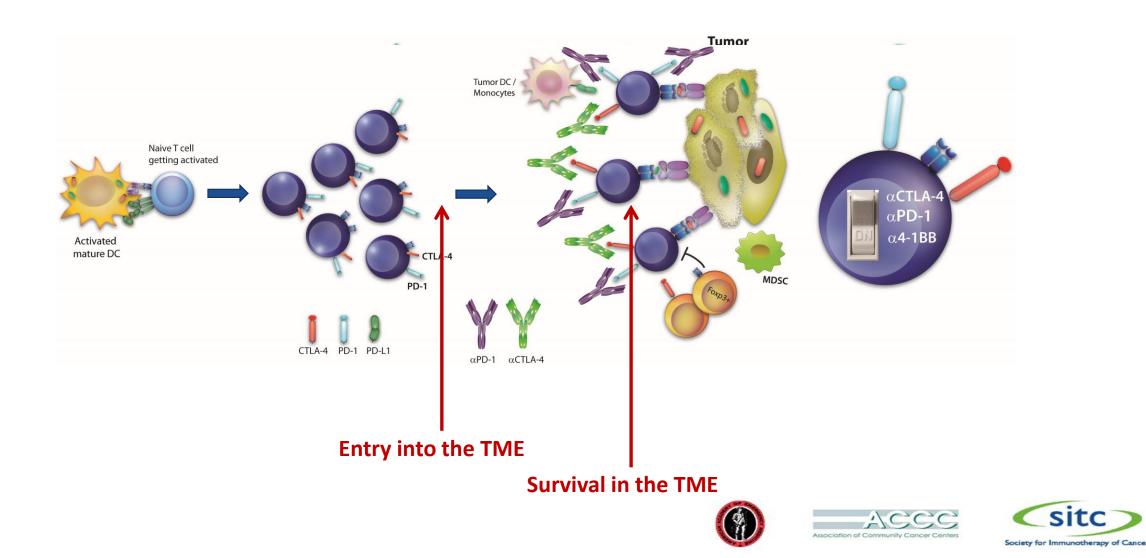
- PD-1 signaling promotes T cell tolerization by inhibiting downstream activation signals
- PD-1 expression is upregulated by activated and exhausted T cell populations
- T cell surface PD-1 receptor binds to and is activated by PD-L1 and PD-L2
- Many cells within the tumor microenvironment express PD-L1/PD-L2 allowing for the suppression of T cell activation
- Tumor PD-L1 expression is regulated via two general mechanisms:
- 1. TIL production of IFN-γ
- 2. Oncogenic signaling pathways





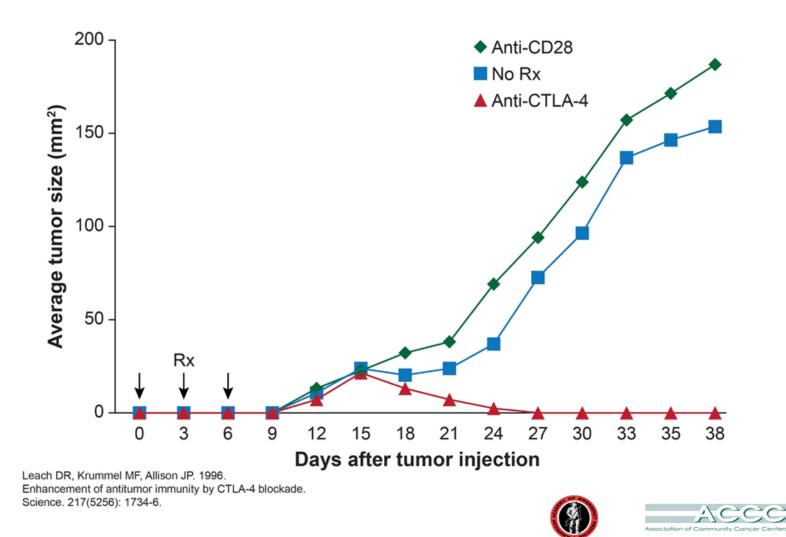


How do "immune checkpoint" antibodies like α CTLA-4 and α PD-1treat cancer?





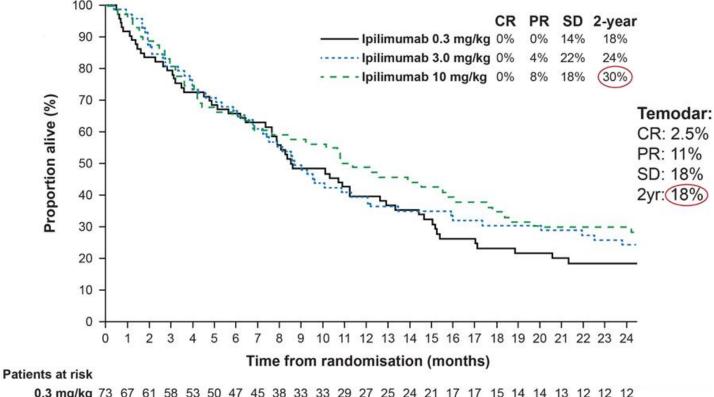
Anti-CTLA-4 induces regression of transplantable colon carcinoma





Ipilimumab (human anti-CTLA-4) was approved for the treatment of metastatic melanoma by FDA in 2010





 0.3 mg/kg
 73
 67
 61
 58
 53
 50
 47
 45
 38
 33
 29
 27
 25
 24
 21
 17
 15
 14
 14
 13
 12
 12
 12

 3.0 mg/kg
 72
 70
 64
 58
 54
 50
 47
 43
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 10 mg/kg
 72
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Wolchok et al. 2010. Lancet Oncol.









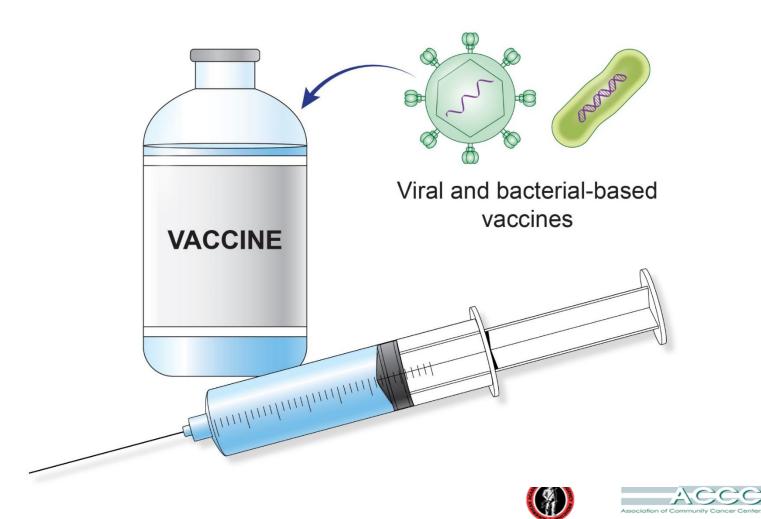
To exist, tumors must evolve mechanisms to locally disable and/or evade the immune system.

The goal of T cell checkpoint blockade is to make T cell "off-switches" inaccessible to tumor cells, thus restoring tumor-specific immunity.





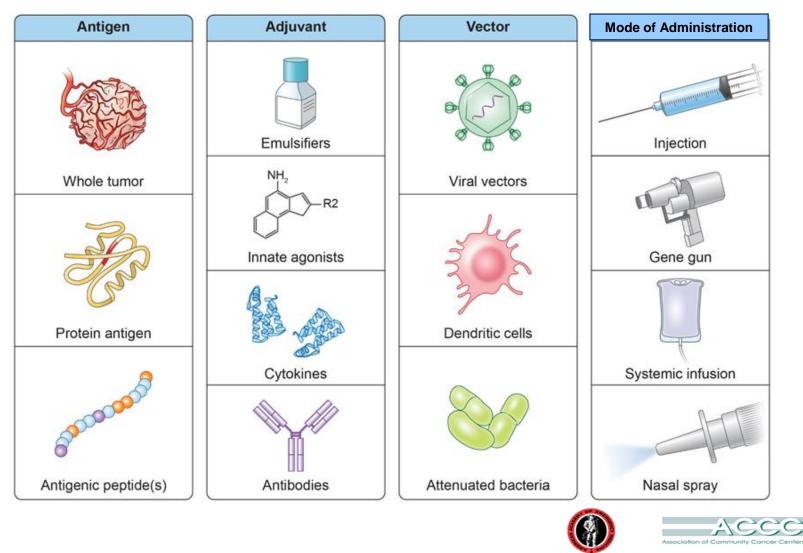
Therapeutic cancer vaccines







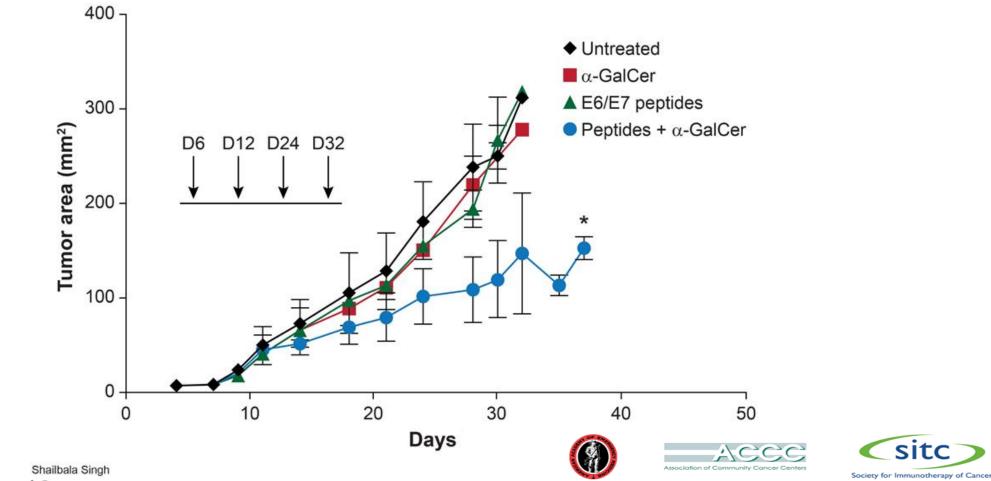
Components of a cancer vaccine





An intra-nasal HPV E6/E7: α -GalCer vaccine slows growth of TC-1 tumors

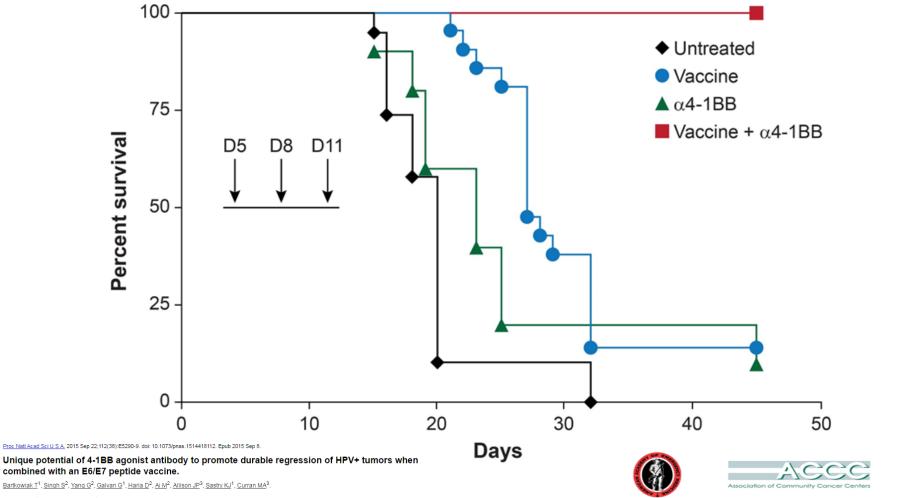
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4-1BB agonist antibody and HPV E6/E7 vaccine synergize in curing TC-1 tumors

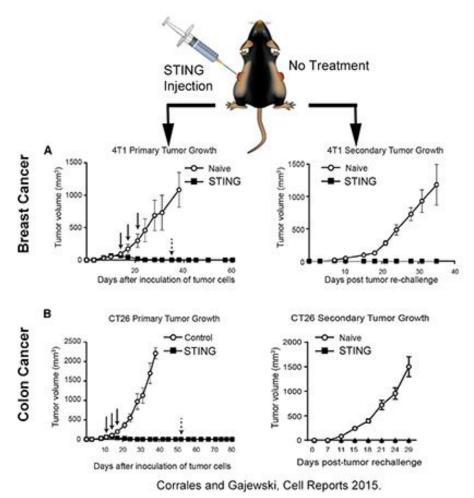




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Intratumoral injection of innate immune agonists: The direct vaccination approach



The injected tumor becomes an "*in situ*" vaccine. T cells mobilized there migrate to distal lesions to mediate "abscopal" responses.

Most effective in combination with checkpoint blockade.









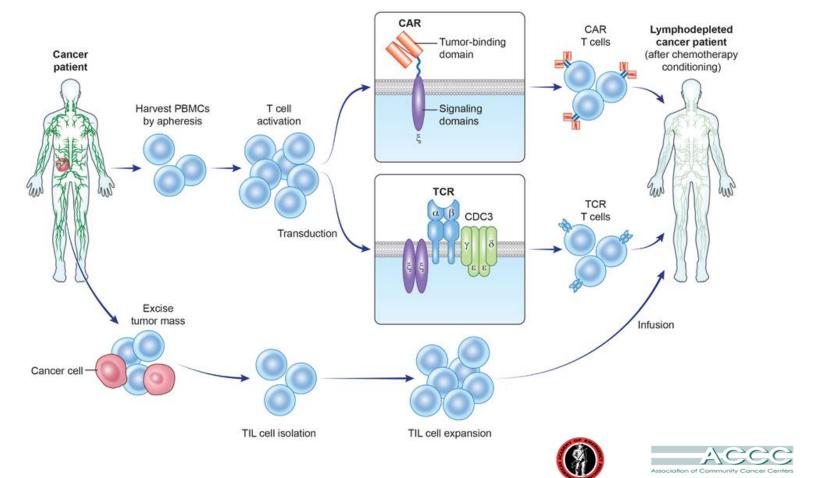
To exist, tumors must evolve mechanisms to locally disable and/or evade the immune system.

The goal of therapeutic cancer vaccination is to increase the immunogenicity of tumor antigens which are poorly presented by the tumor in order to generate a high frequency of tumor-specific T cells.





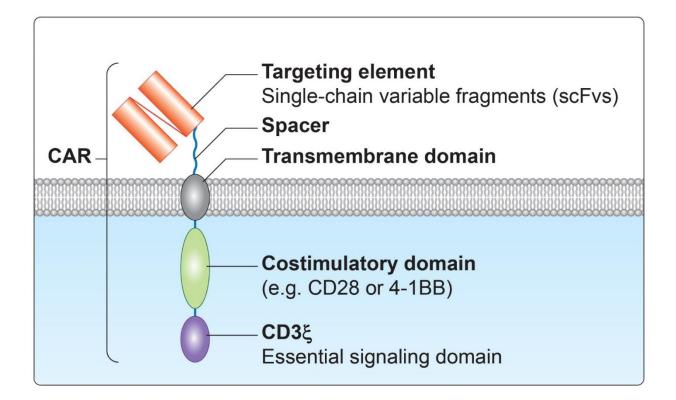
Adoptive T cell therapy can involve engineered (CAR, TCAR) or patient-derived (TIL, PBMC) T cells







T cell adoptive transfer



CARs, TIL, TCR, PBMCs





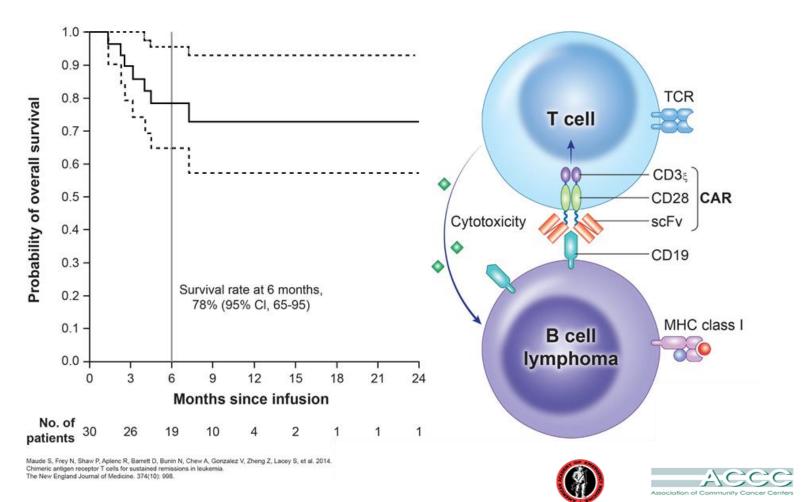




Effective treatment of relapsed B cell ALL with CD19 CAR T cell therapy

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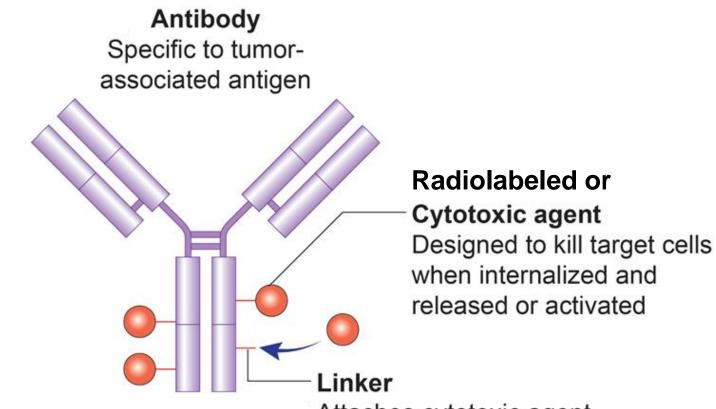
To exist, tumors must evolve mechanisms to locally disable and/or evade the immune system.

The goal of T cell adoptive transfer is to win the numbers game and overwhelm the tumor with a higher frequency of tumor-specific T cells than it is capable of suppressing.





Effector antibodies and antibody-drug conjugates (ADCs)



Attaches cytotoxic agent

to the antibody









- **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.

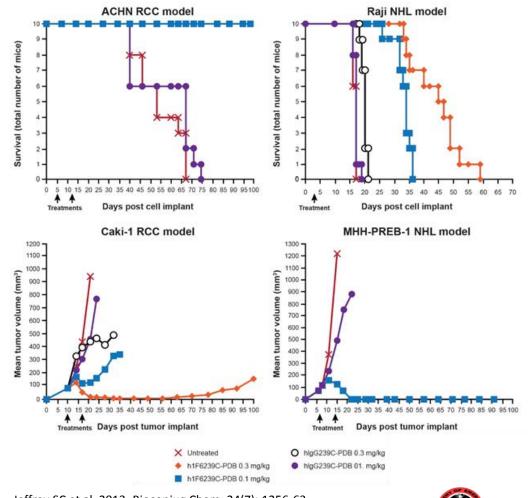








SGN-70A in the clinic for NHL and RCC



Jeffrey SC et al. 2013. Bioconjug Chem. 24(7): 1256-63









To exist, tumors must evolve mechanisms to locally disable and/or evade the immune system.

The goal of effector antibodies is to utilize the exquisite sensitivity of antibodies to specifically target and kill tumor cells using mechanisms which are difficult to evade or suppress.





Three essential components for IO combination therapy









Three essential components for IO combination therapy

