



# Mechanisms of Resistance to Checkpoint Blockade

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Society for Immunotherapy of Cancer

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# Disclosures

## Personal financial interests

- Advisory board: AstraZeneca, Janssen, Syndax, Genentech, BMS, Merck, Eli Lilly, Celgene, Amgen
- Grant funding: BMS

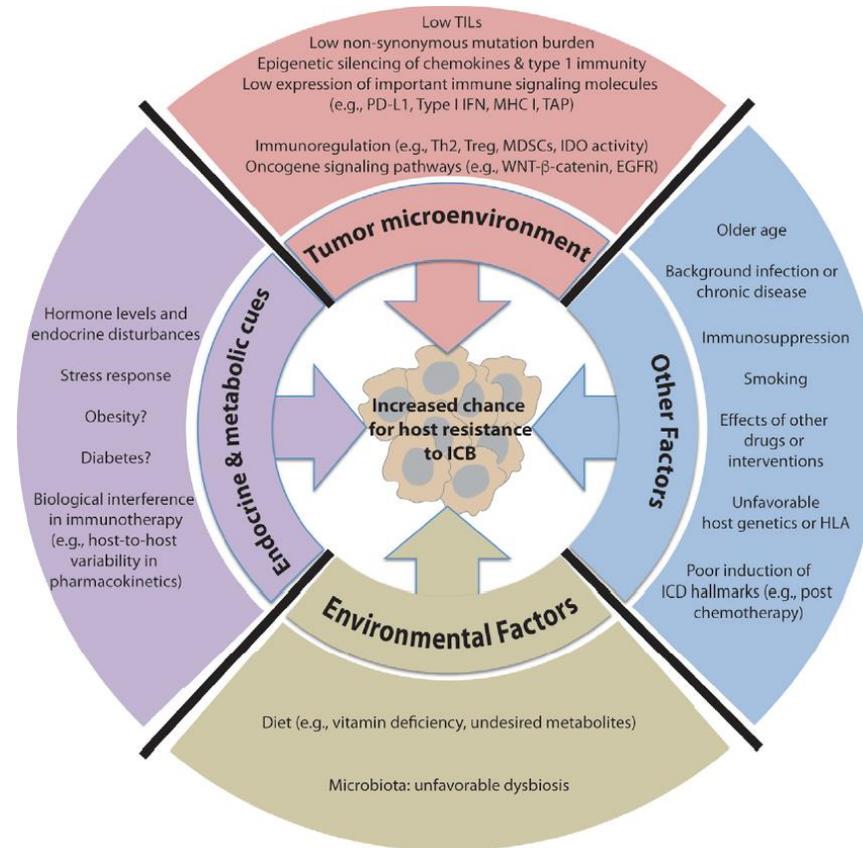
## Institutional financial interests

- Clinical trial: Incyte, BMS, MedImmune/AstraZeneca, Janssen, FLXBio

# Types of Resistance

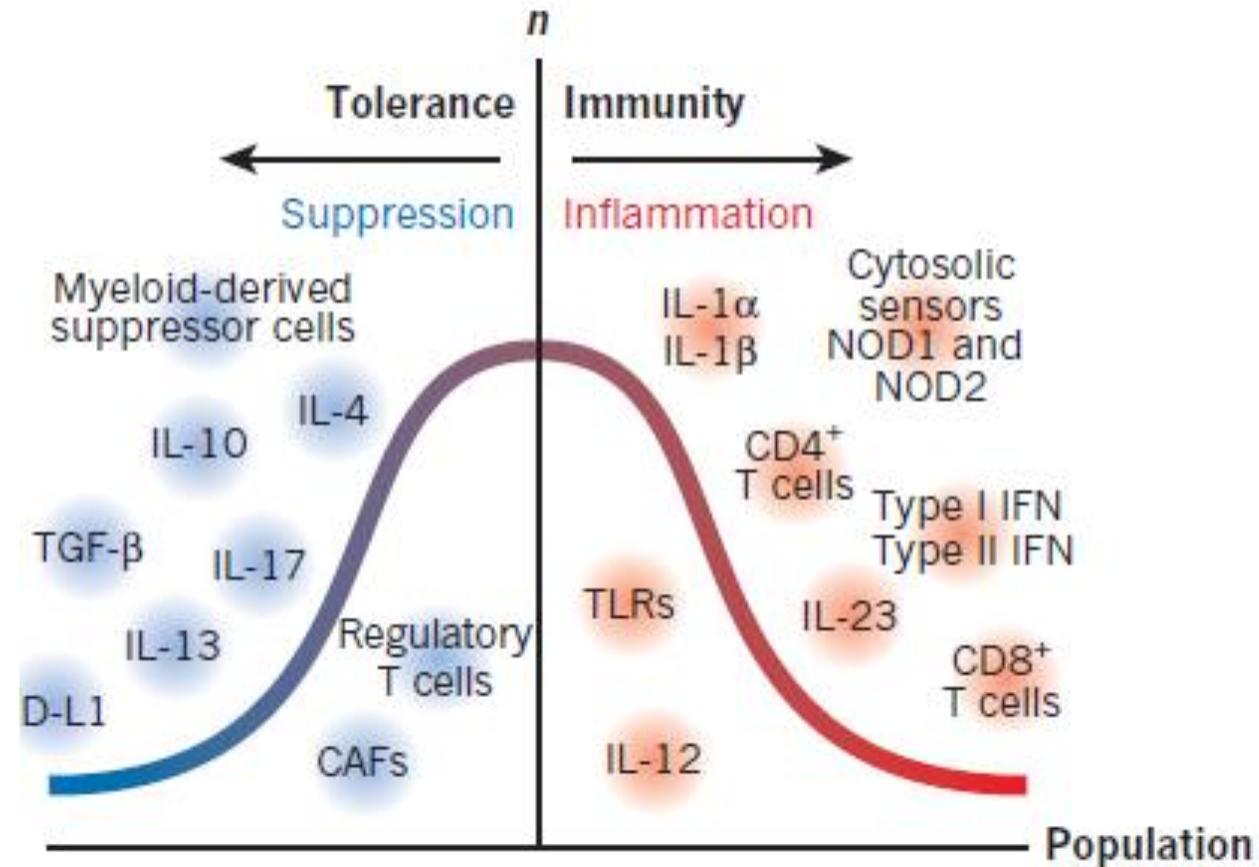
- Primary Resistance – No response
- Acquired Resistance – Progression of disease post response – typically defined as progression after 6 months of therapy

# Primary Resistance Mechanisms to Checkpoint Blockade



Adapted from Zitvogel L et al Immunity Review 2016

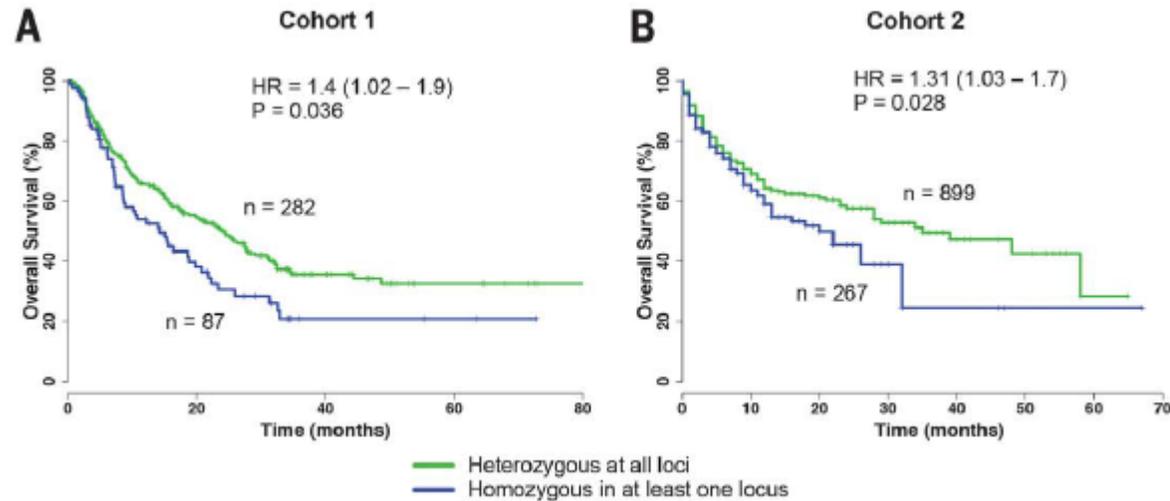
# Non-inflamed Tumors “COLD” versus Inflamed “HOT” Tumors



Chen D and Mellman I, Nature 2017

# Host Factors Influencing Response/Resistance HLA

- Homozygosity of HLA-B, HLA-A, HLA-DP, and HLA-DPB alleles are associated with poor OS



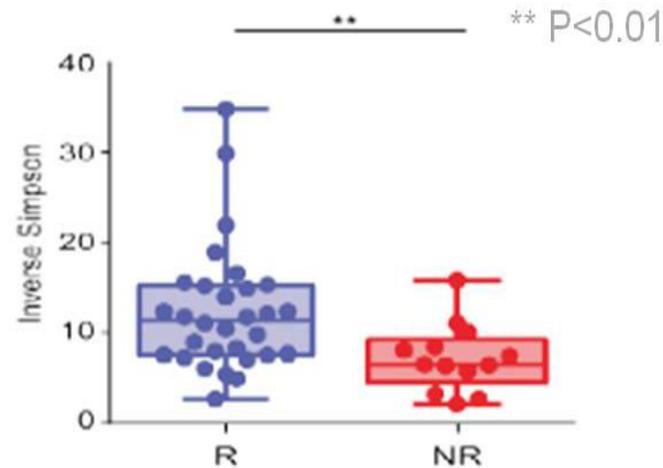
- HLA-B62 associated with poor OS

Chowell D et al Science 2018

# Host Factors: Microbiome and Immunotherapy for Cancer

- Host factors such as the human microbiome may augment responses to immune checkpoint agents for cancer

Responders to PD-1 had higher gut microbiota diversity than non-responders.



Metastatic melanoma, PD-1 (n=45)

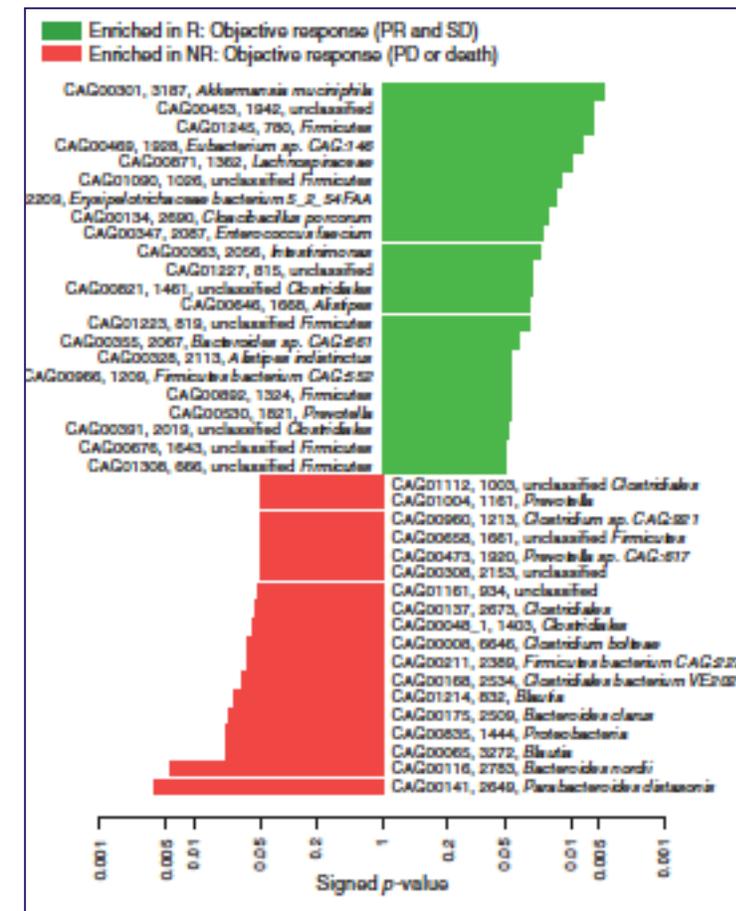
Gopalakrishnan et al, *Science* 2017

# Host Factors: Microbiome and Immunotherapy In NSCLC

- Microbiota implicated in response may differ by tumor type
- Response may be modulated by prior antibiotic use

• NSCLC (n=60), RCC (n=40)  
validation cohort NSCLC (n=27), RCC (n=26)

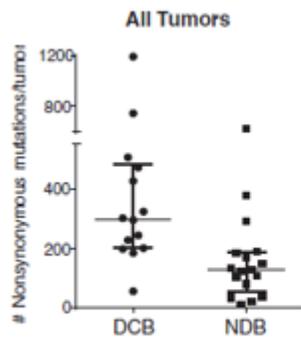
- **Beneficial (PFS at 3 months)**
  - Richness
  - s\_Akkermansia mucinophila
  - s\_Enterococcus hirae
- **Detrimental (PFS at 3 months)**
  - Antibiotics



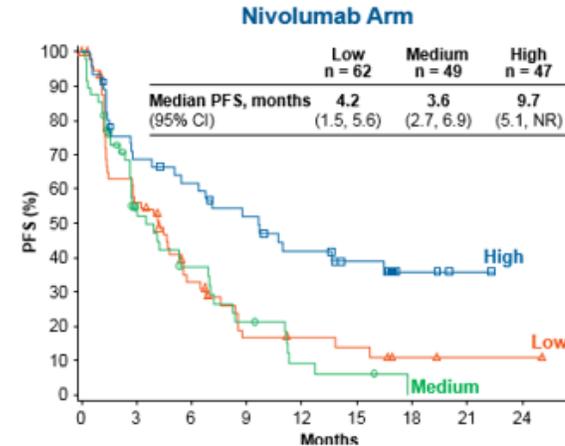
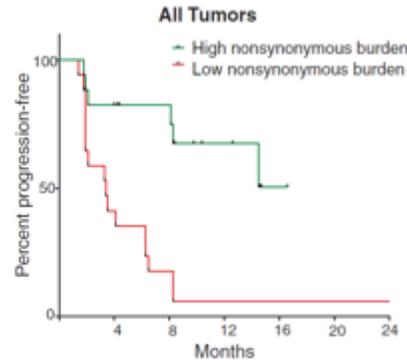
Routy et al, Science 2017

# Tumor-Intrinsic Factors Influencing Response to Checkpoint Blockade

- Tumor Mutation Load



DCB – Durable clinical benefit (PR or SD lasting > 6 mo)  
NDB – No durable benefit

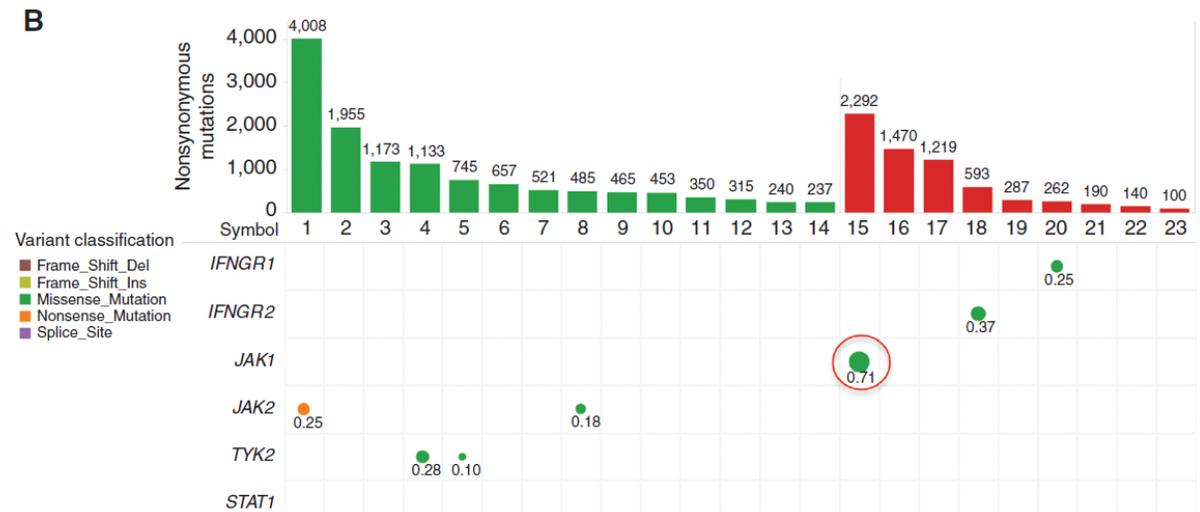
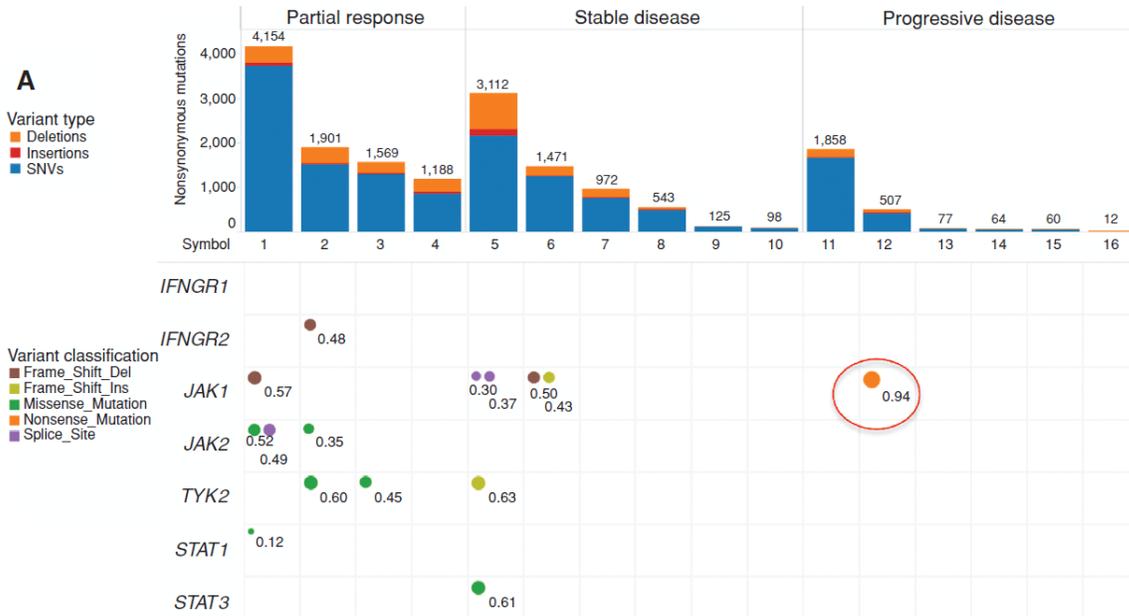


- MSI
- Mutations in DNA repair genes-  
MLH1, MSH2, BRCA2, POLD1, POLE

Rizvi NA, et al. *Science*. 2015;348:124-128  
Peters S et al AACR 2017  
Le D et al *Science* 2017  
Borcherding N et al *J Mol Biol* 2018

# Primary Resistance: Mutations

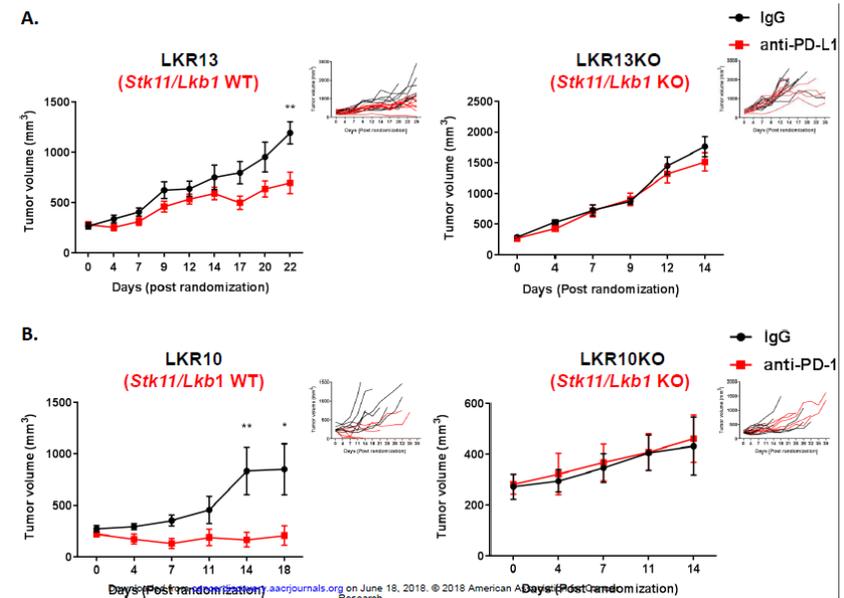
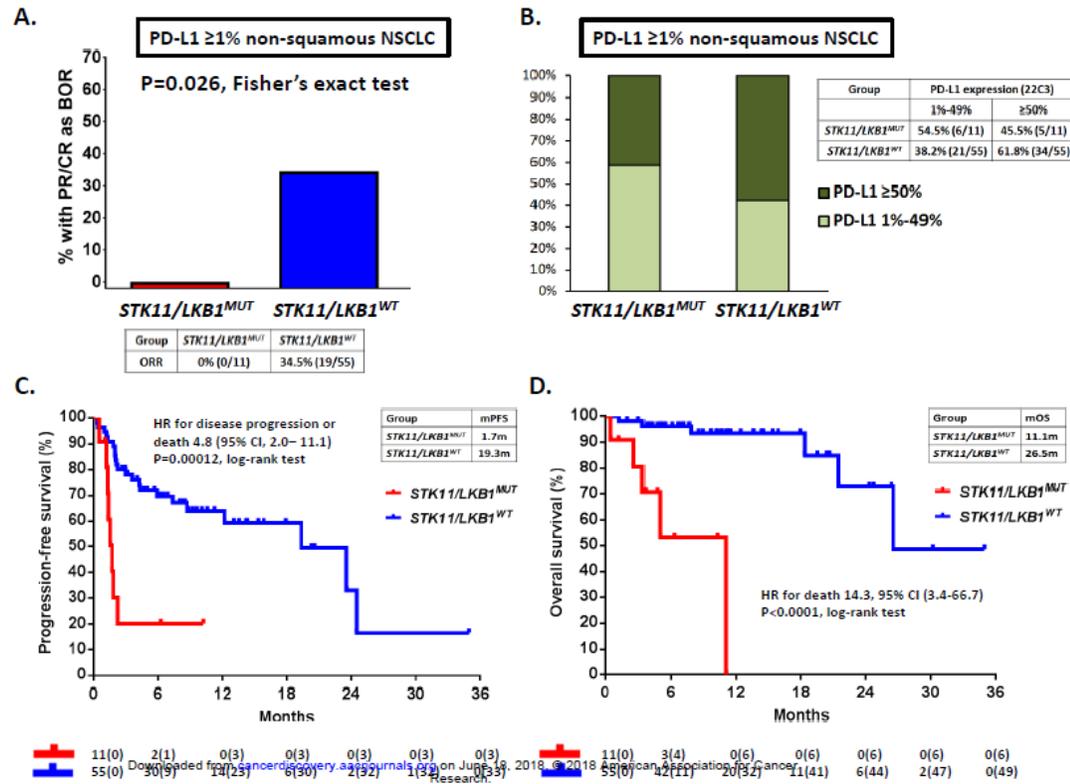
- Jak 1 and 2 mutations – Examples from melanoma, colon cancer, NSCLC
- Major relays in INF- $\gamma$  signaling
- PD-L1 expression is mediated via activation of JAK/STAT



Shin DS et al Cancer Discovery 2016  
 Riaz N et al Nat Genet 2016  
 Zaretsky JM, et al NEJM 2016

# Primary Resistance: Mutations

- STK11 in KRAS mutated lung cancers

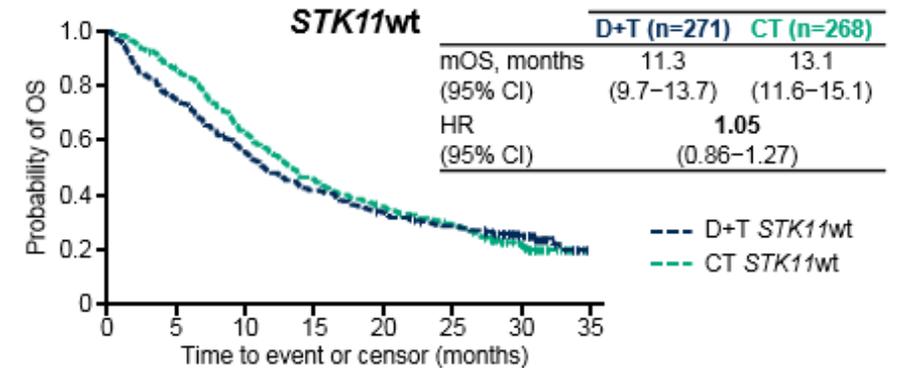
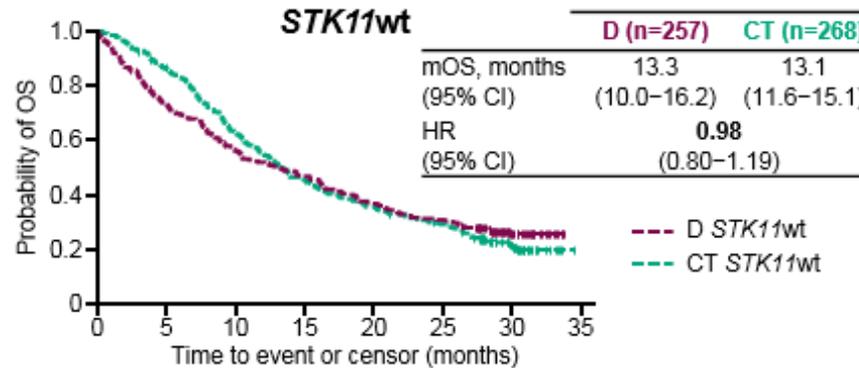
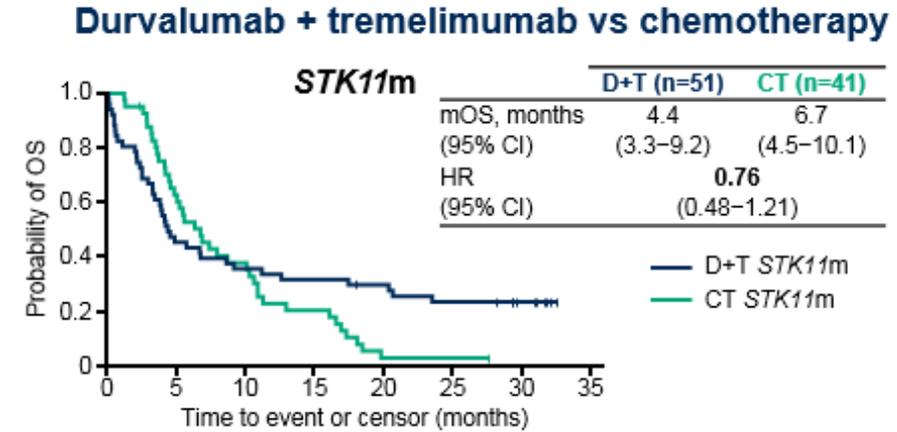
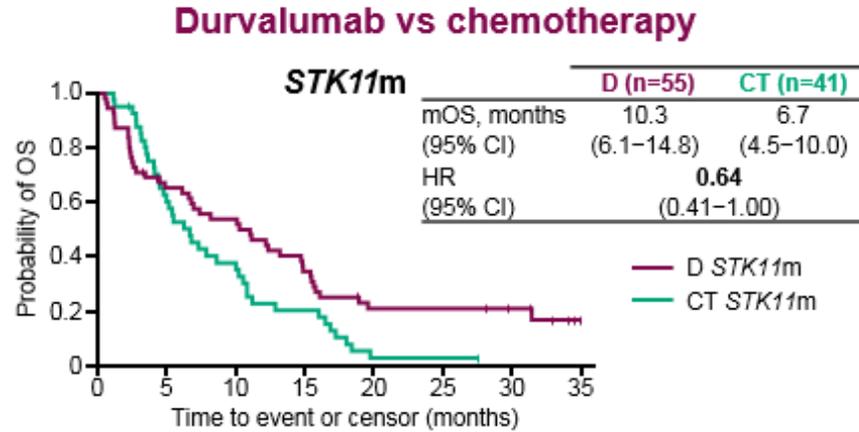


Lack of PD-L1 expression  
Upregulation of MYC = decreased T cell infiltrate

Skoulidis F et al Cancer Discov 2018

# Primary Resistance: Mutations

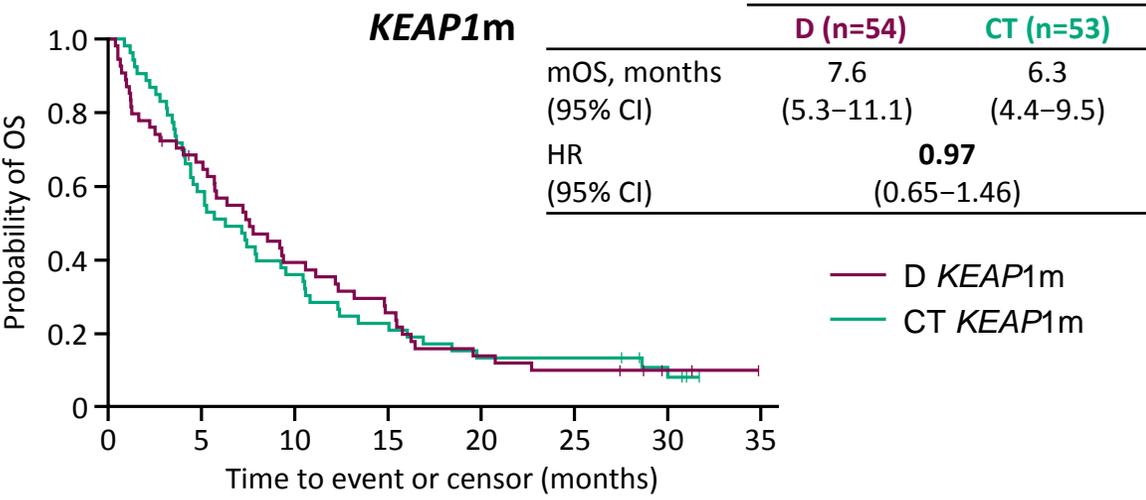
- STK11 mutated lung cancers – lessons from PD-L1 and PD-L1 and CTLA-4 combination



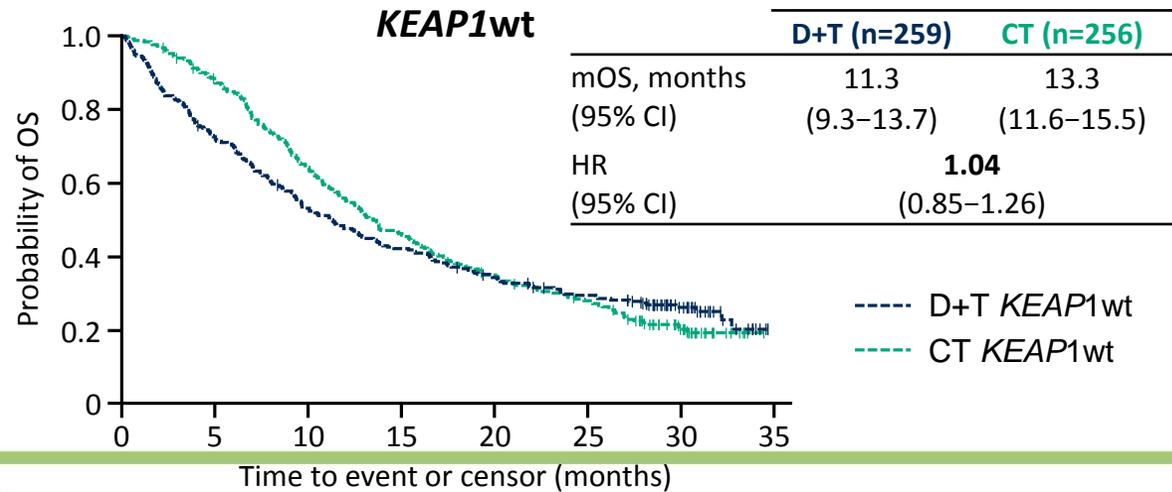
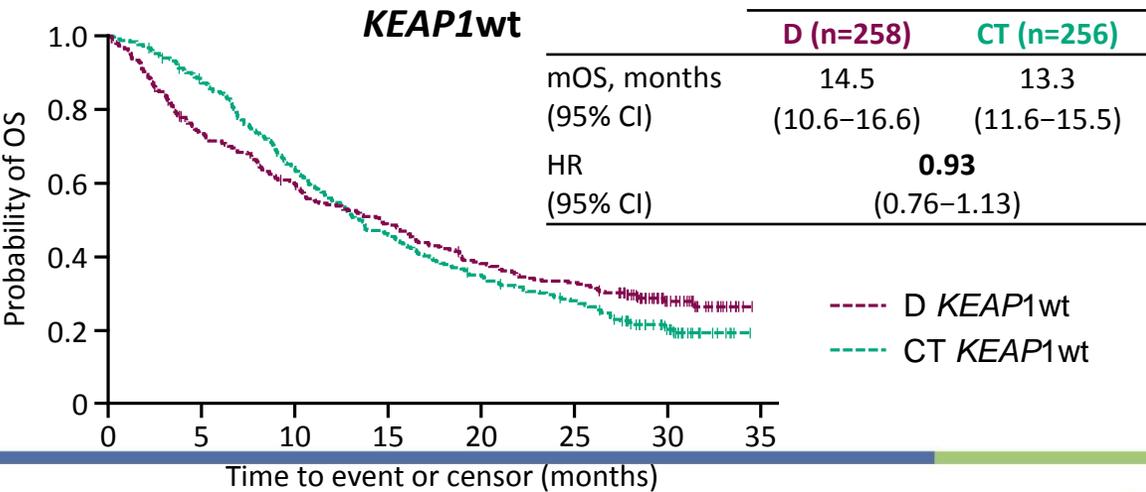
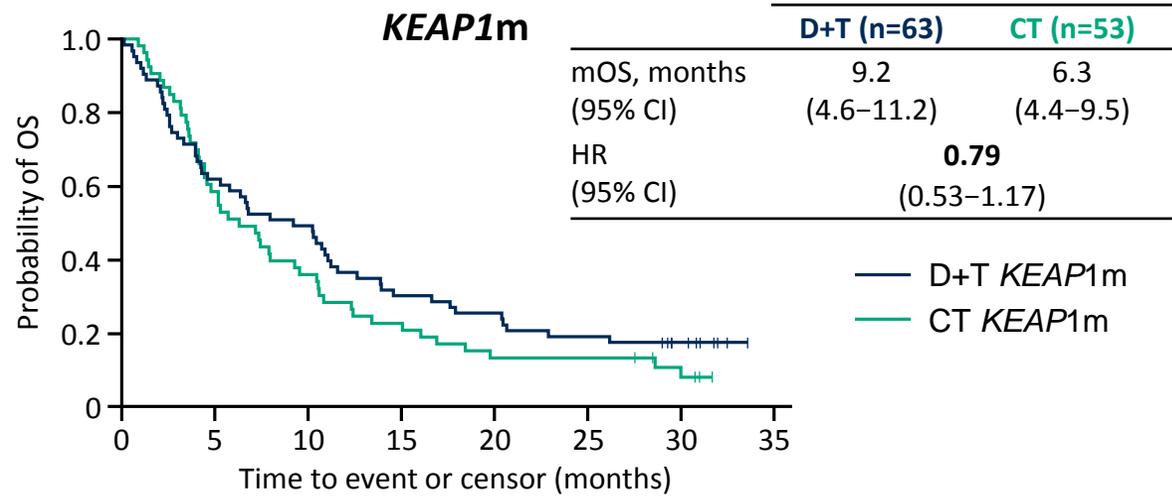
# Primary Resistance: Mutations

## KEAP1 mutated lung cancers – lessons from PD-L1 and PD-L1 and CTLA-4 combination

### Durvalumab vs chemotherapy



### Durvalumab + tremelimumab vs chemotherapy



# Primary Resistance: Tumor Intrinsic

- PTEN deletion – upregulation of immune suppressive cytokines - associated with reduced T-cell infiltration and increased immune suppressive cells in the TME.
- WNT- $\beta$ -catenin signaling upregulation – decreased recruitment of T cells via downregulation of CCL4
- Epithelial-mesenchymal transition (EMT) – gene expression signatures associated with innate resistance to PD-1 blockade

Liu D et al Amer J Clin Derm 2019

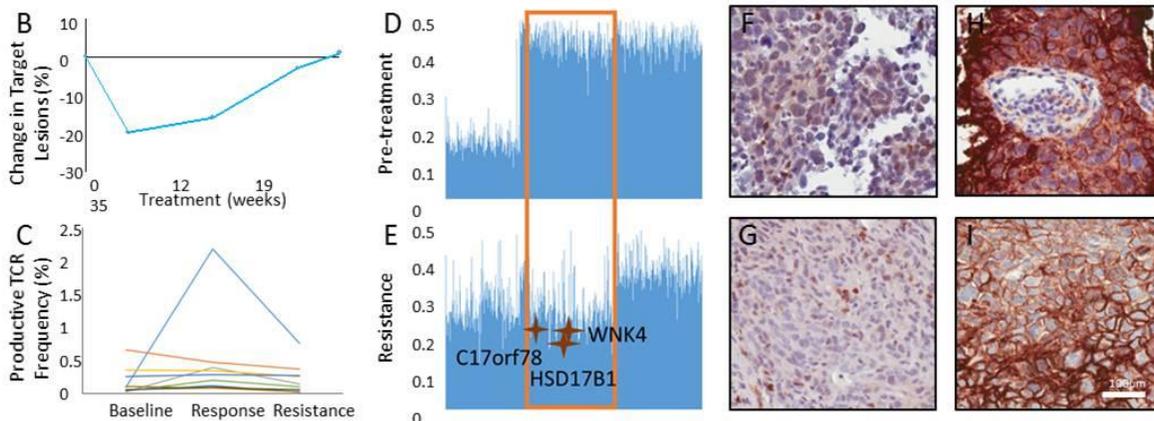
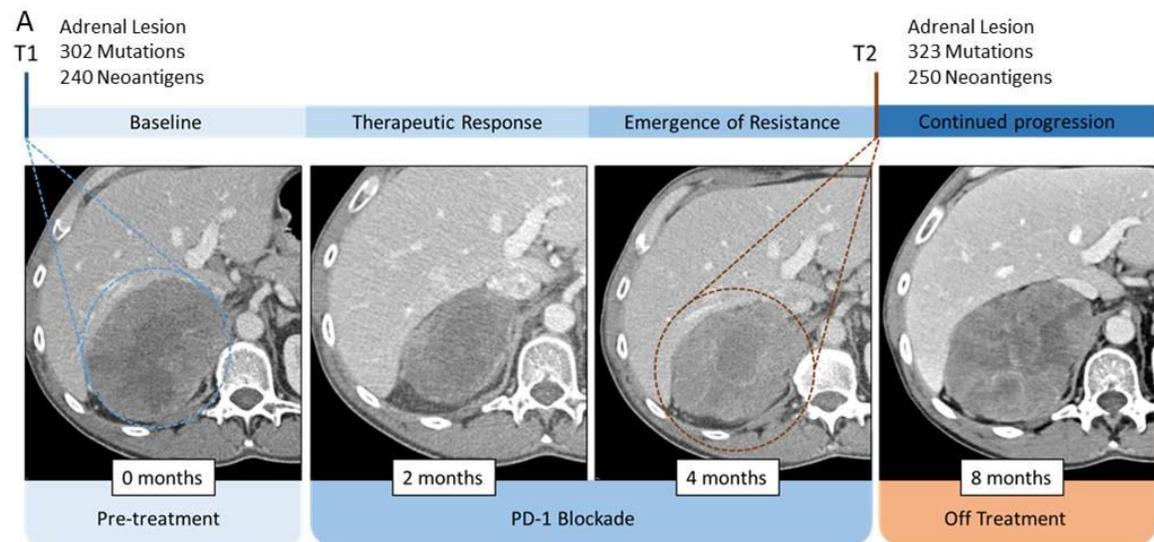
# Acquired Resistance

- Selection pressure to reduce mutational load
- Mutations of copy number alterations in Type 1 and Type 2 INF limiting immune activation in the TME
- Other checkpoint upregulation – TIM-3

Riaz N et al Cell 2017, Zaretsky JM NEJM 2016, Gao J et al Cell 2016, Koyama S et al Nat Commun 2016

# Acquired Resistance:

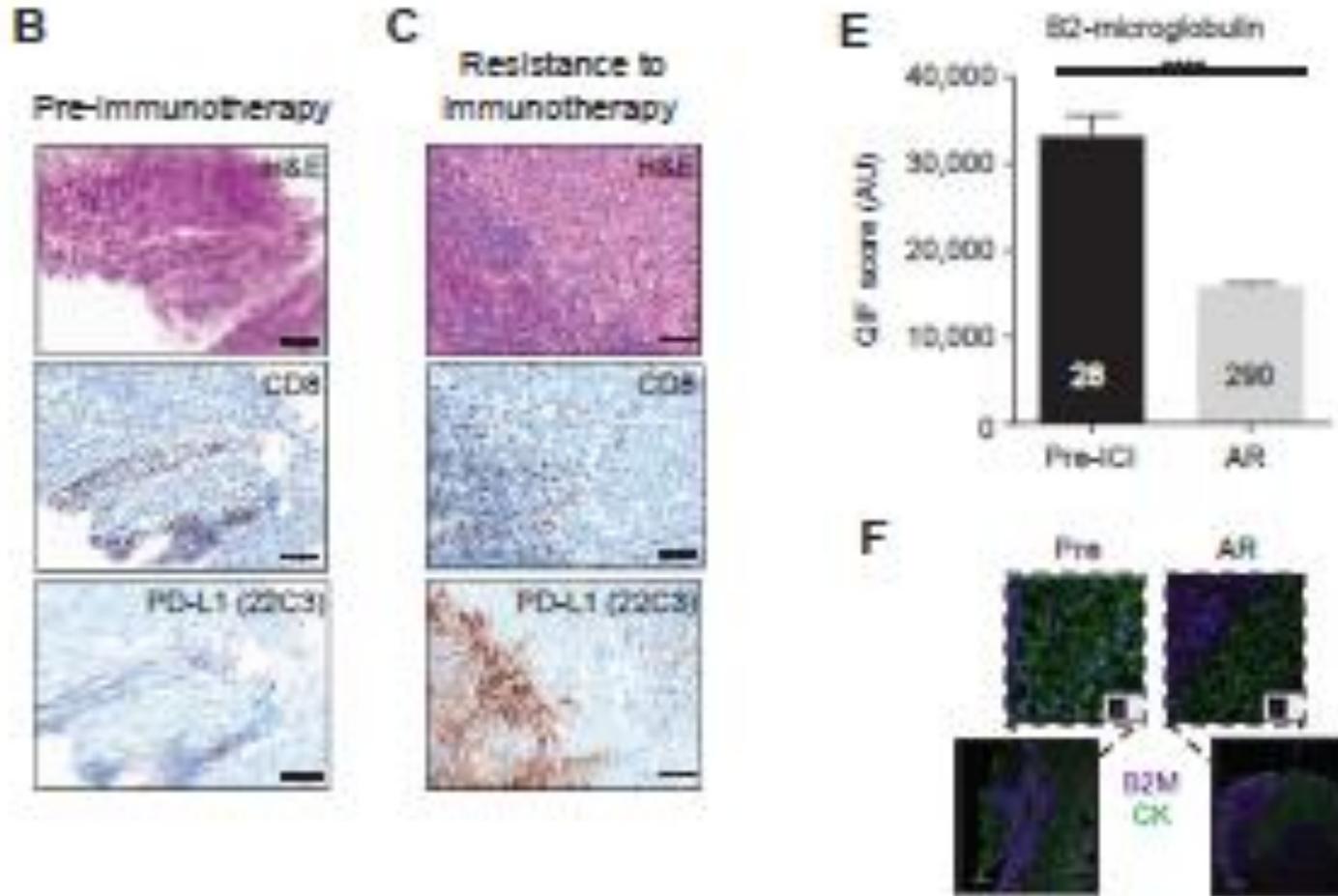
## Mechanisms of Neoantigen Loss in Resistant Tumors



### Two mechanisms of neoantigen loss

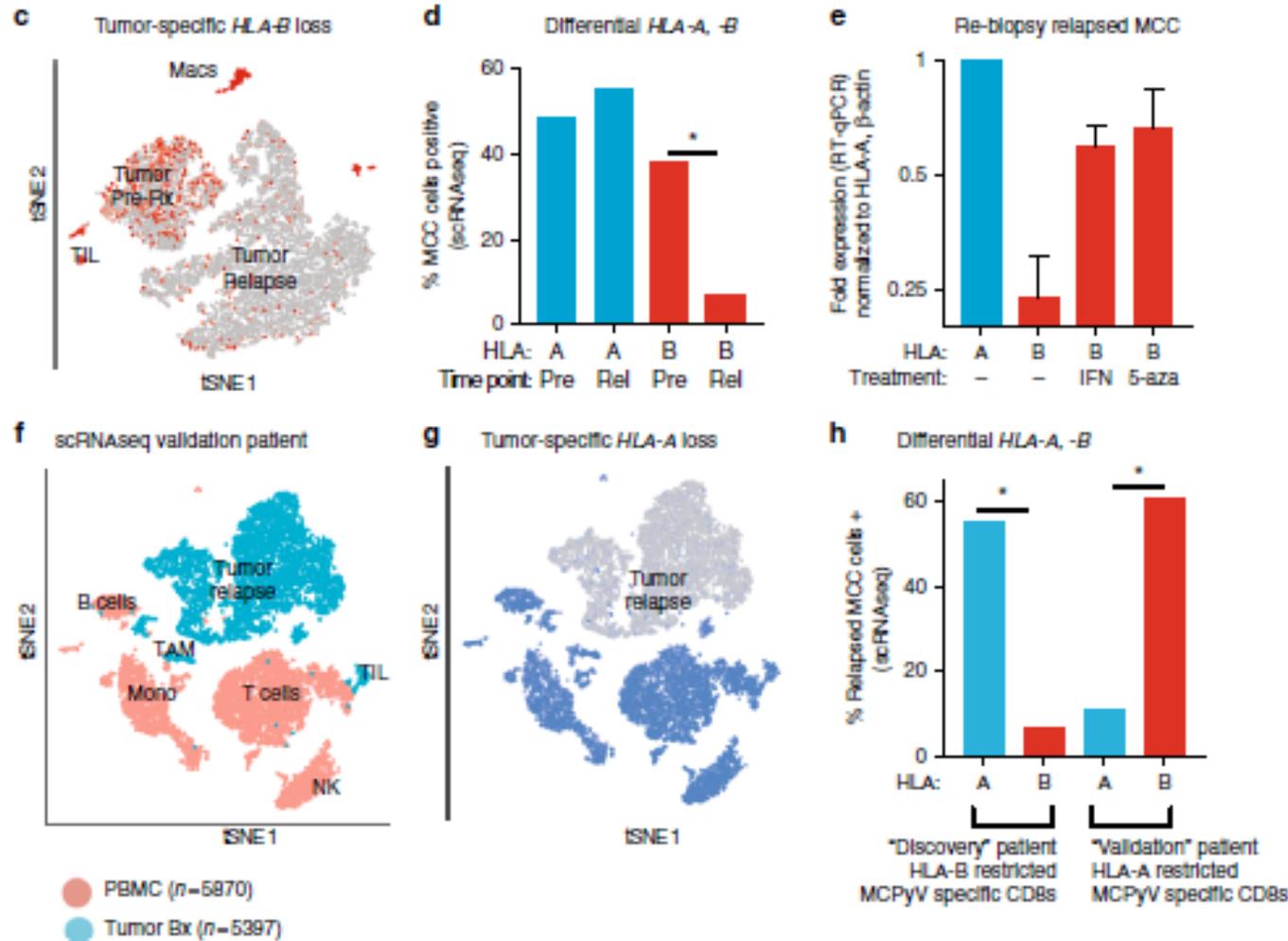
- The first is through the **immune elimination** of neoantigen-containing tumor cells that represent a **subset** of the tumor cell population, followed by subsequent outgrowth of the remaining cells.
- The second is through the **acquisition** of one or more **genetic events** in a tumor cell that results in neoantigen loss, followed by selection and expansion of the resistant clone.

# Acquired Resistance: B2-microglobulin loss/HLA Class 1 Antigen Processing



Gettinger S Cancer Discovery 2017

# Acquired Resistance: Class 1 HLA Loss

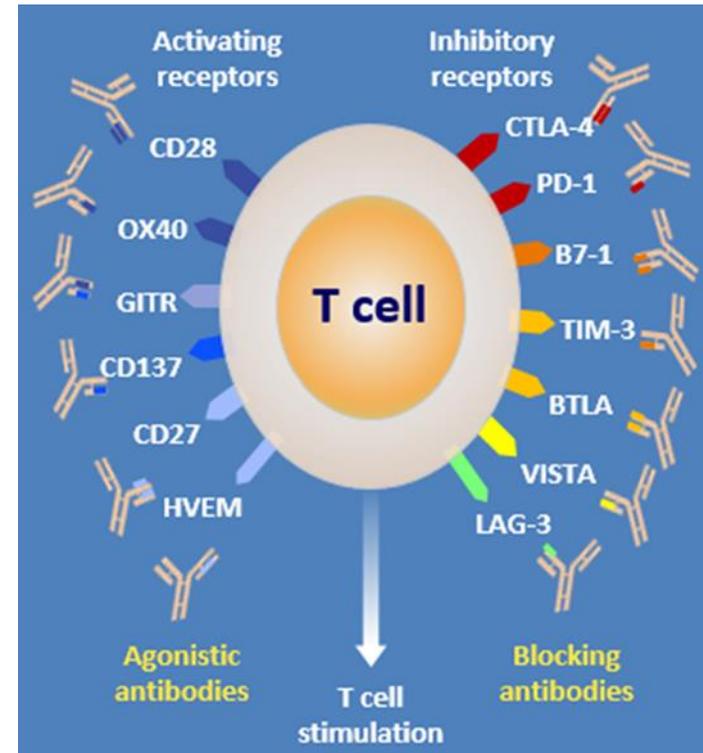


If transcriptional loss, then hypomethylating agents may upregulate Class 1 HLA again.

Paulson KG et al Nature Comm 2018

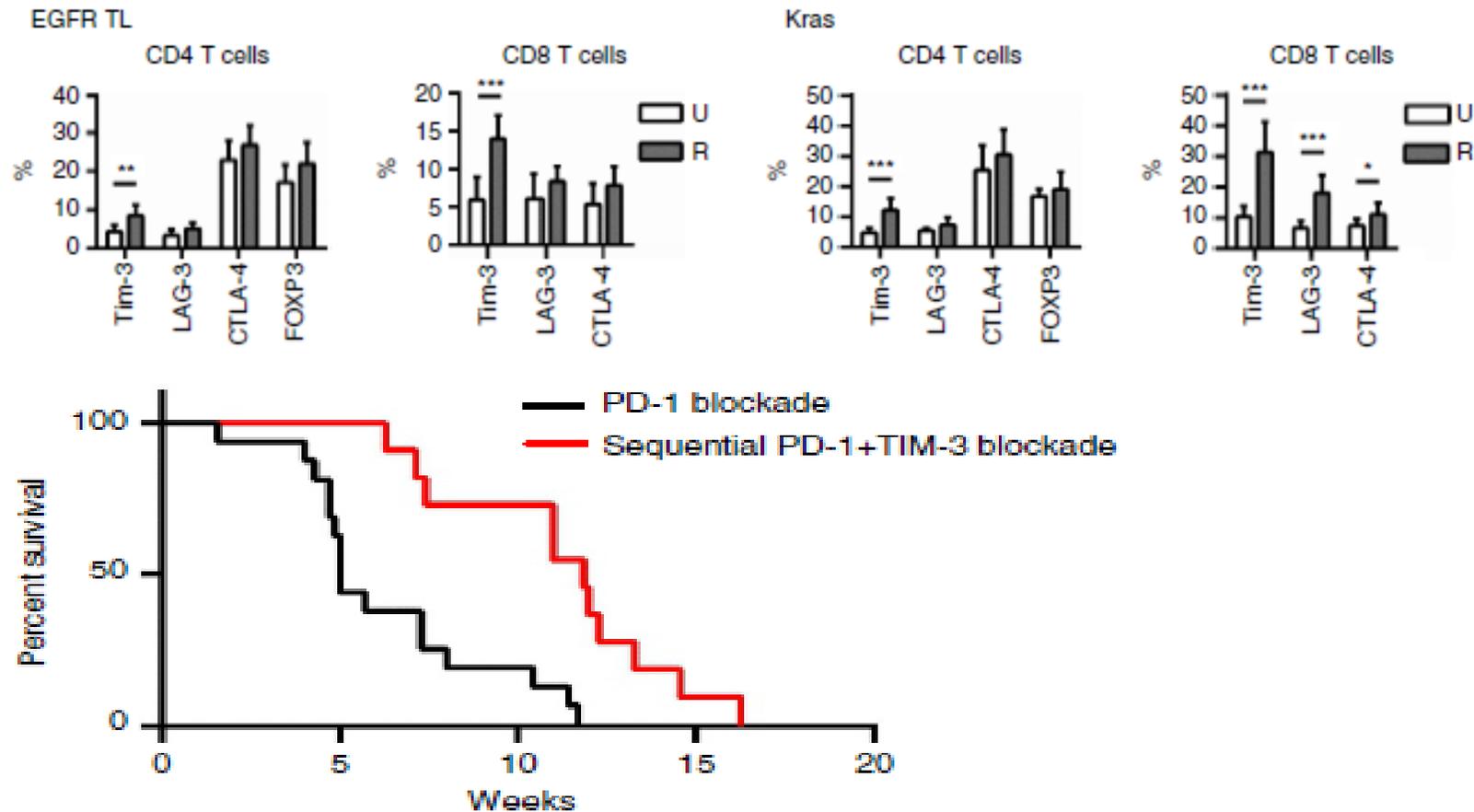
# Acquired Resistance: Upregulation of Checkpoint Pathways

- LAG3
- TIGIT
- PD-L2
- CTLA4
- VISTA
- TIM-3



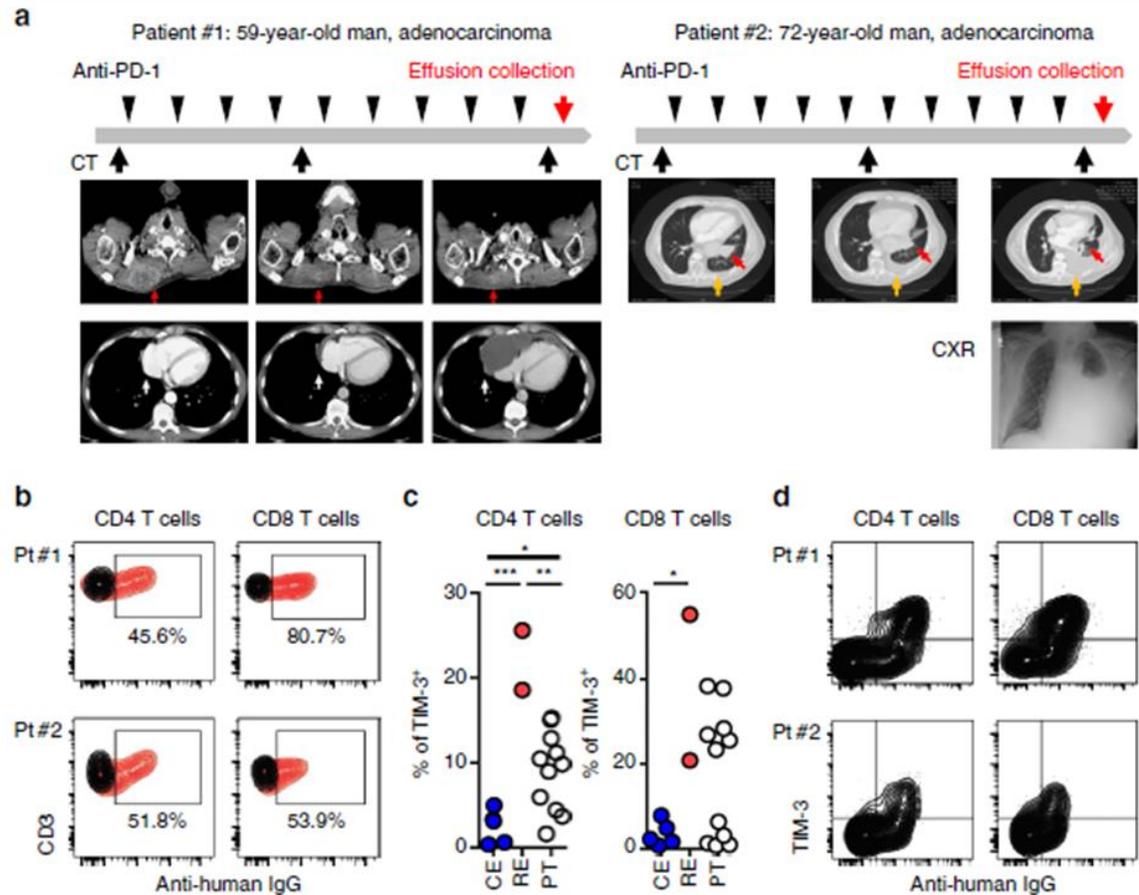
Gettiner S Cancer Discovery 2017

# Acquired Resistance: Upregulation of Checkpoint Pathways – TIM-3



Koyama S et al Nat Com 2015

# Acquired Resistance: Upregulation of Checkpoint Pathways – TIM-3



Koyama S et al Nat Com 2015

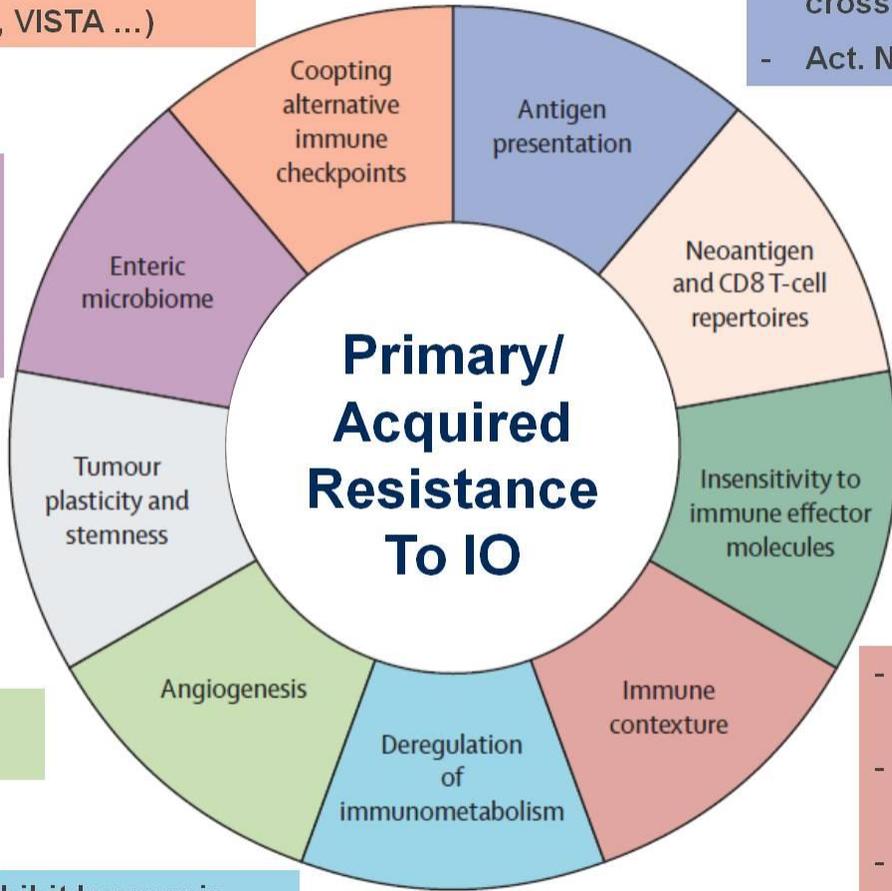
Blockade of multiple T cell inhibitory molecules (e.g anti-LAG3, TIM3, VISTA ...)

- Abx that dec gram+, but not gram – Bacteroidales and urkholderiales (Vancomycin)
- Probiotics (Bifidobactrium spp)

- TNF signaling Inhibitors
- EMT Inhibitors

Target Neovasculature- e.g VEGF/R antagonists

Modulation of glycolysis, inhibit kynurenin (IDO1 blockade) and adenosinergic pathways



- Target TME myeloid cells (bystander elimination of myeloid cells that cross present tumor epitopes)
- Act. NK cells Harness MHC class II

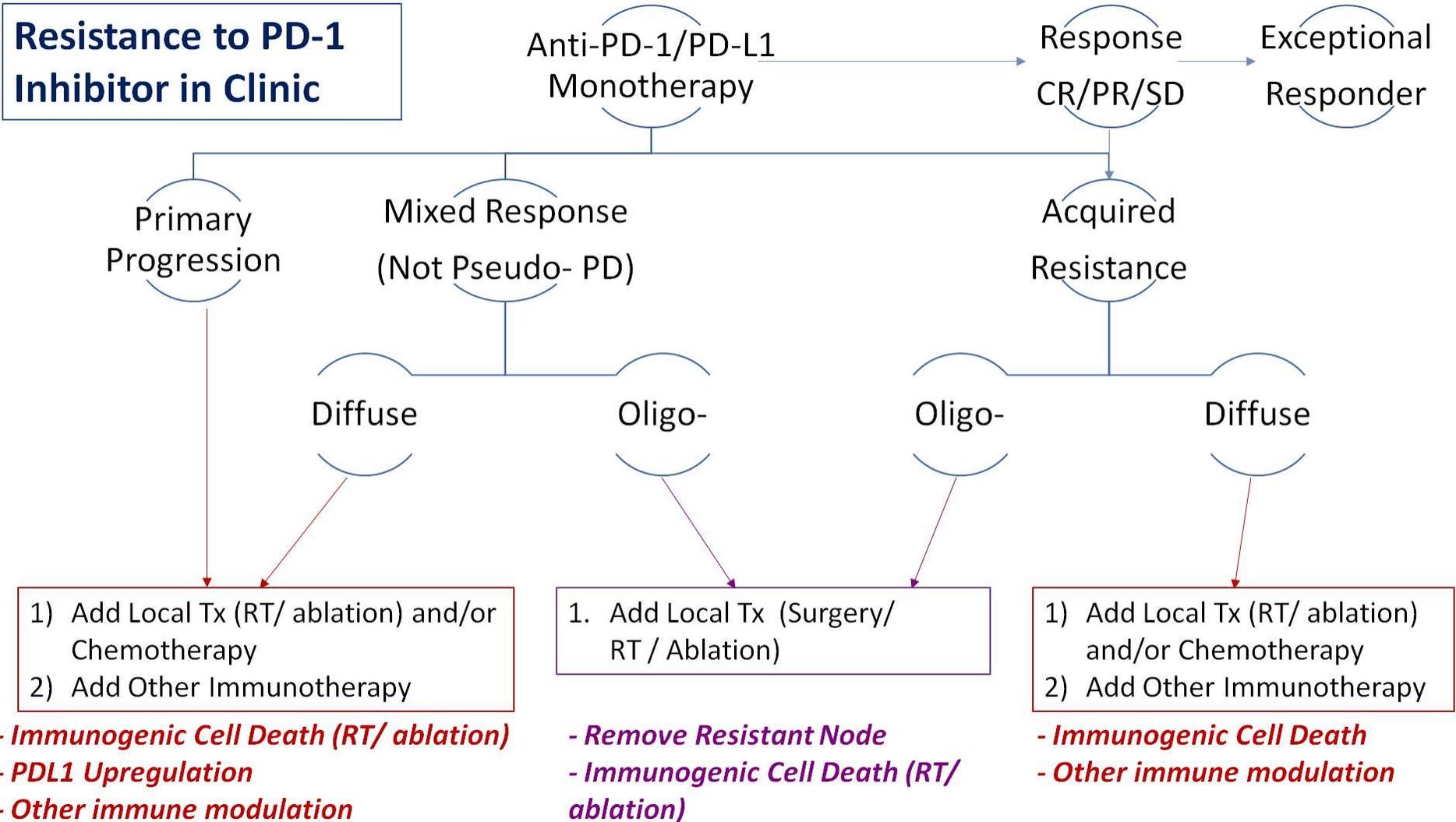
- Vaccine/ Radiation/ Cytotoxic Chemotherapy
- Epigenetic Tx to induce NeoAg Re-expression

- Stimulator of interferon genes agonists
- Oncolytic viruses that replicate in cells with defective IFN signalling

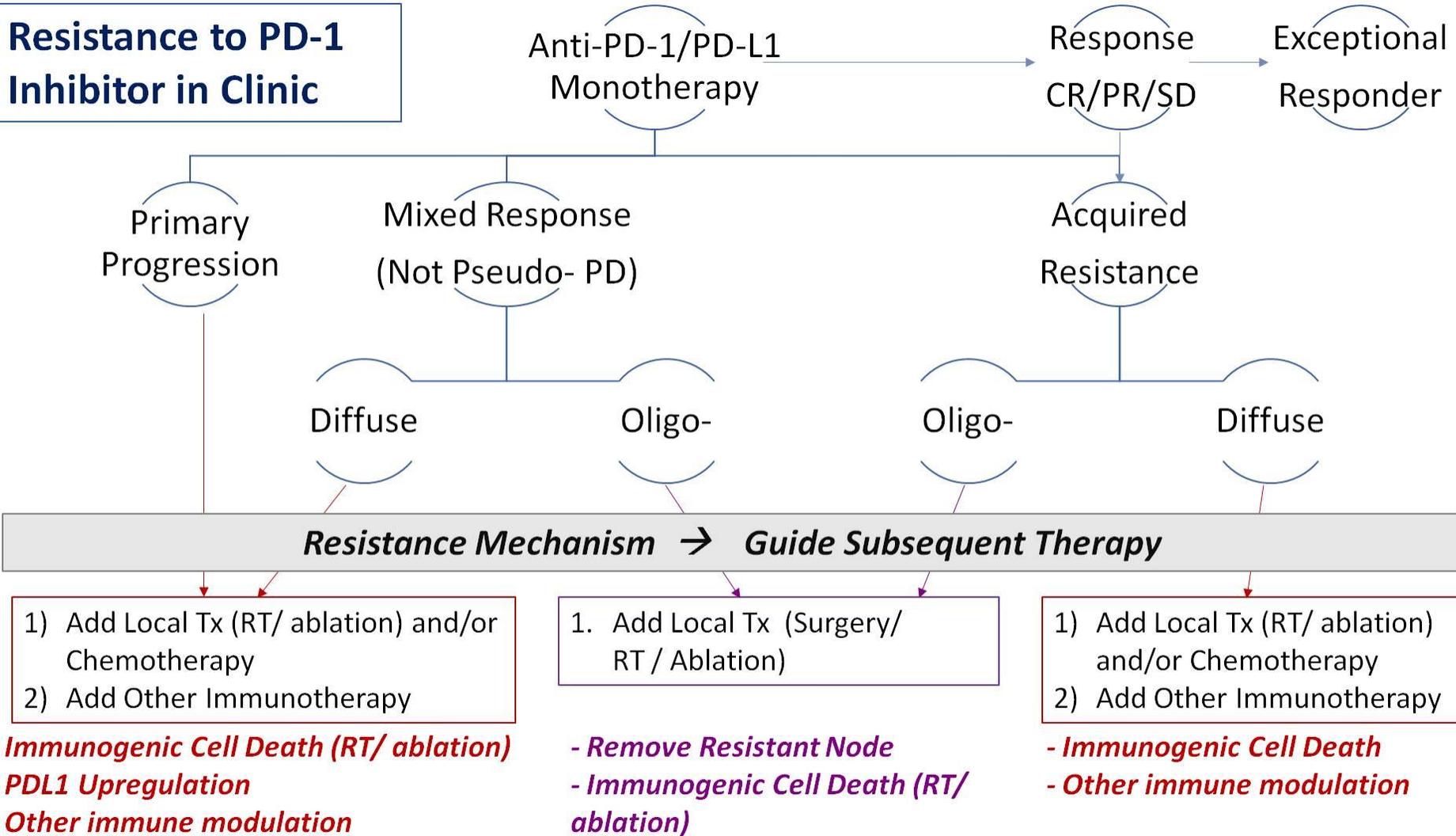
- Prime intratumoral T cell infiltration (e.g Cytosan)
- Epigenetic Tx (reverse T cell exhaustion/ memory)
- Inhibit immunosuppressive cells (e.g cabozantin-MDSC, also Treg, TAM)

Adapted from Syn et al Lancet Oncol 2016

Slide adapted from Scott Gettinger ASCO-SITC 2018



Slide adapted from Scott Gettinger ASCO-SITC 2018



Slide adapted from Scott Gettinger ASCO-SITC 2018

# Just the tip of the iceberg.....



# Johns Hopkins Bloomberg-Kimbel Institute For Cancer Immunotherapy

