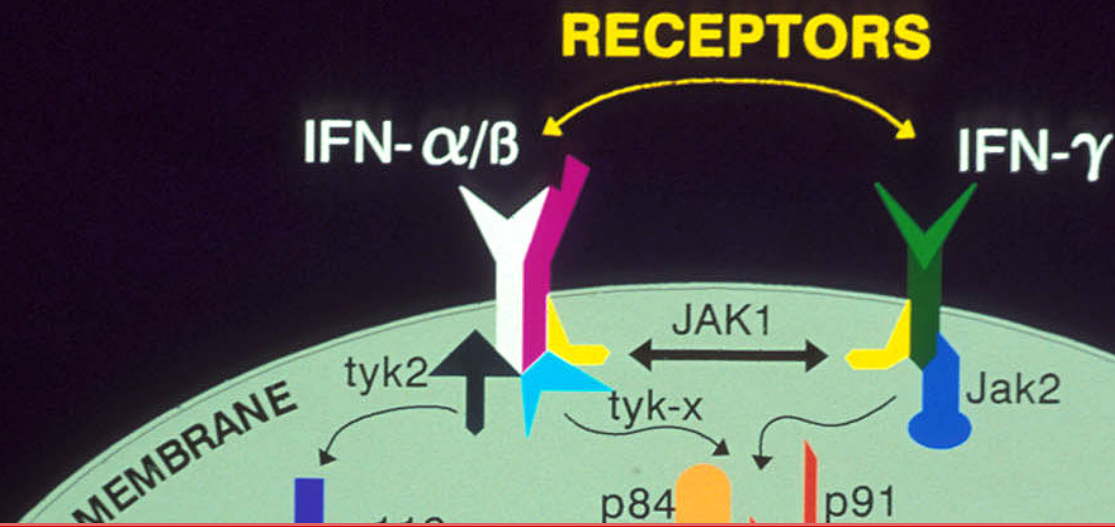




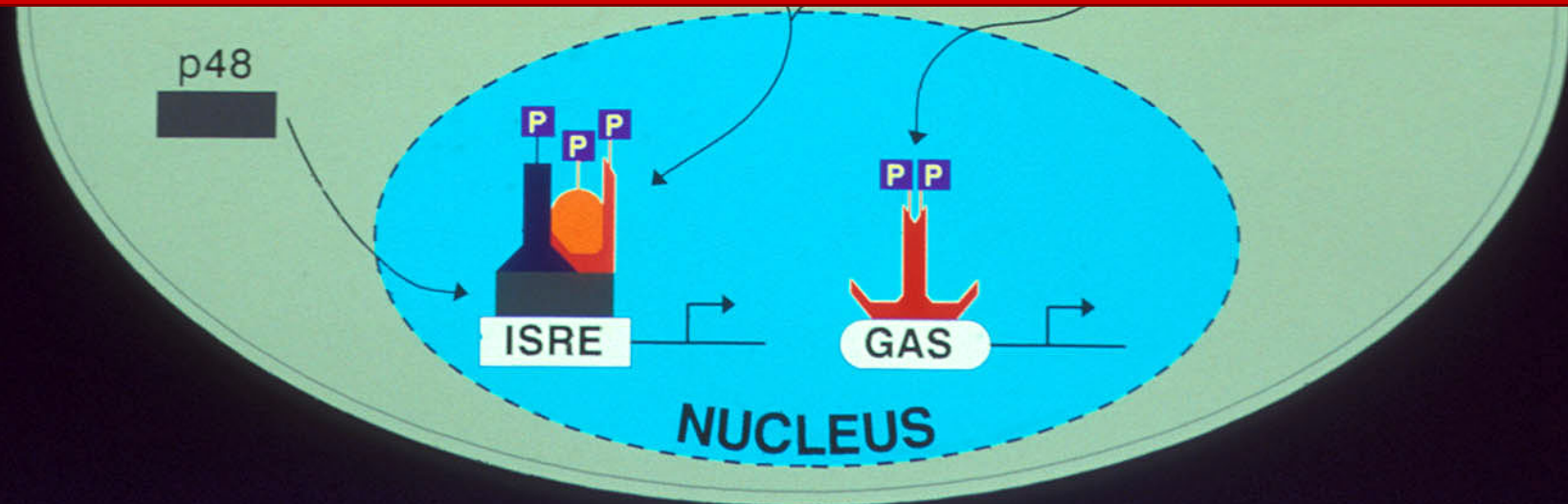
**Taussig Cancer Center
Lerner Research Inst
Cleveland Clinic
Foundation
Case Comprehensive
Cancer Center**



**NO PERCEIVED CONFLICTS OF INTEREST
RELATED TO PRODUCTS DISCUSSED**



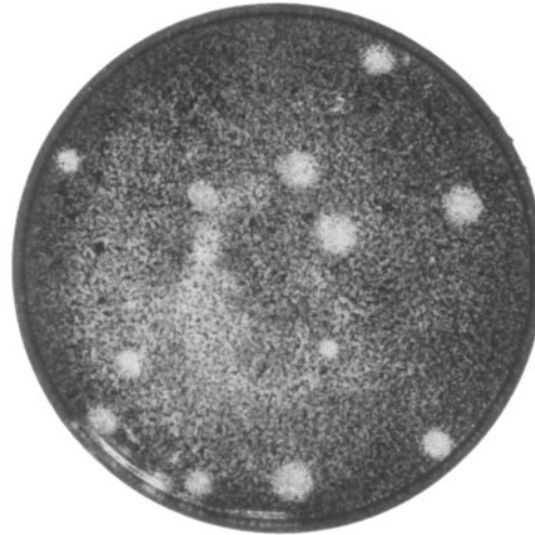
50 YEARS OF INTERFERONS: REACHING FULL THERAPEUTIC POTENTIAL IN CANCER



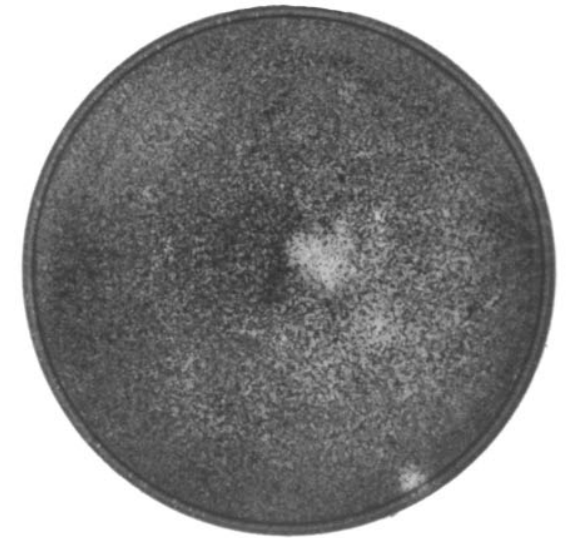
1957 A ISAACS AND J LINDENMANN ANTIVIRAL EFFECTS OF INTERFERONS



Cell Control



Virus Control



**Interferon-treated,
Virus-infected**

Heat inactivated influenza virus added to allantoic membrane for 24 hrs and fresh membrane incubated in supernate before live influenza virus challenge

INTERFERONS AND CANCER

- **1967-2007**

- **Antitumor effects**

- “...interferon preparations increased survival of mice inoculated with RC19 and EL4 tumor cells. Only 3.7% untreated mice survived >22d...whereas 98% of interferon...”
 - Gresser I et al, PNAS 63:51-57, 1969

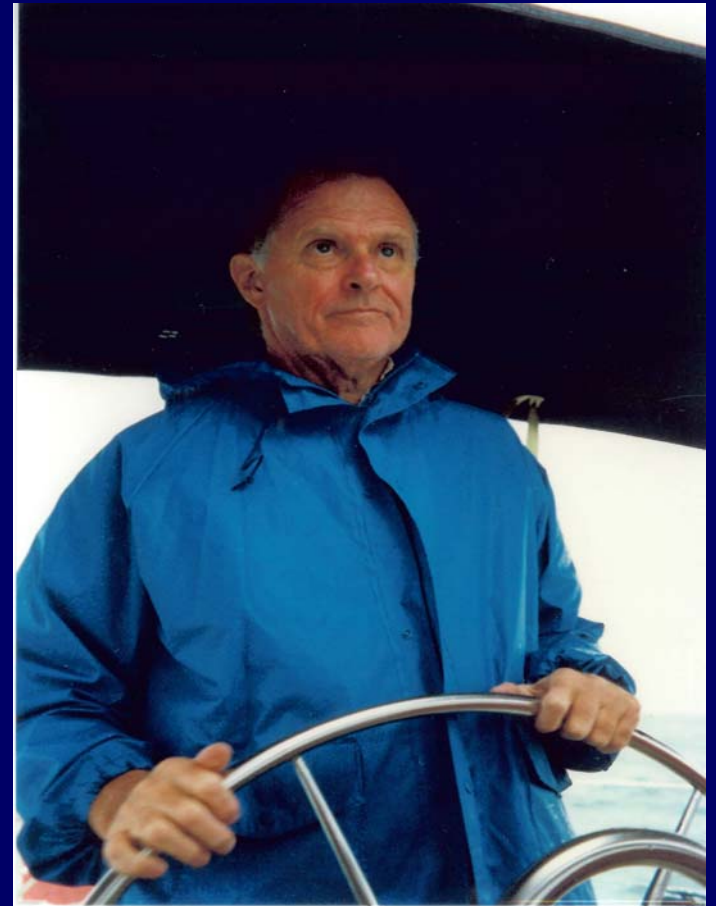
- **Decrease cancer morbidity and mortality**

- Hematologic malignancies
 - Solid tumors
 - Most broadly active cytokine for cancer treatment

- **How did it happen?**

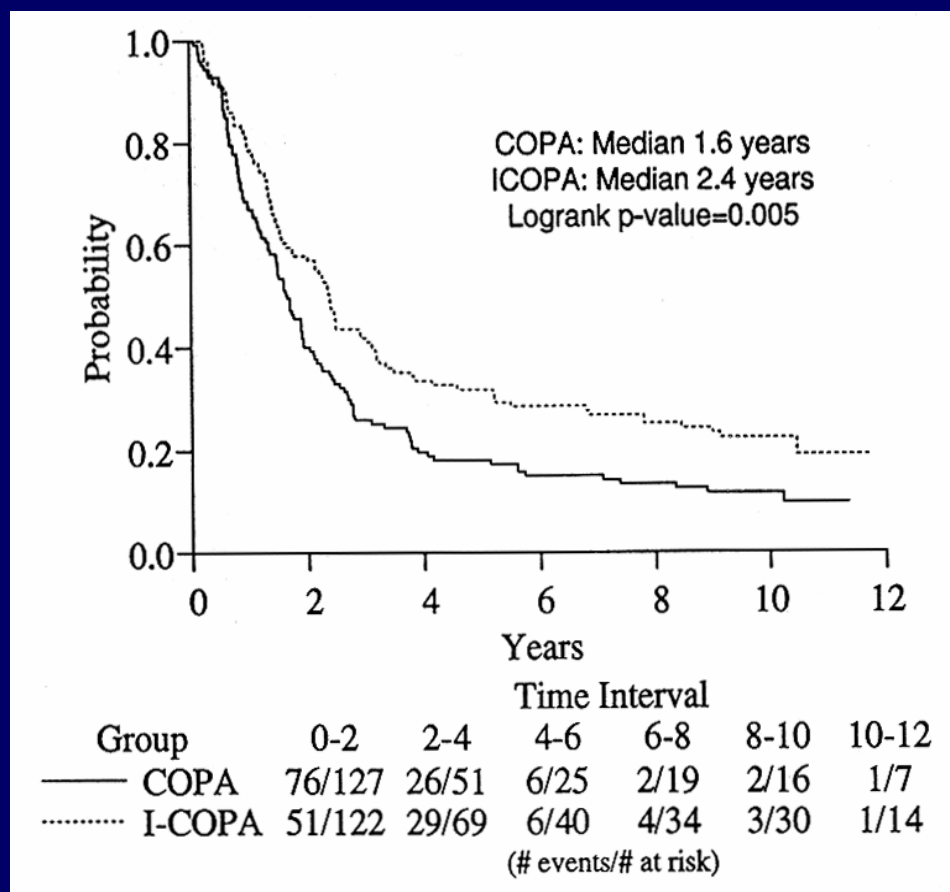
NCI BIOLOGICAL RESPONSE MODIFIERS PROGRAM

- Robert Oldham 1980 Director
BRMP, NIH
- Needed Firm Hand on Rudder
 - **Richard V. Smalley MD**
 - Professor of Medicine Temple
- University of Wisconsin
Comprehensive Cancer
Center 1984-1990



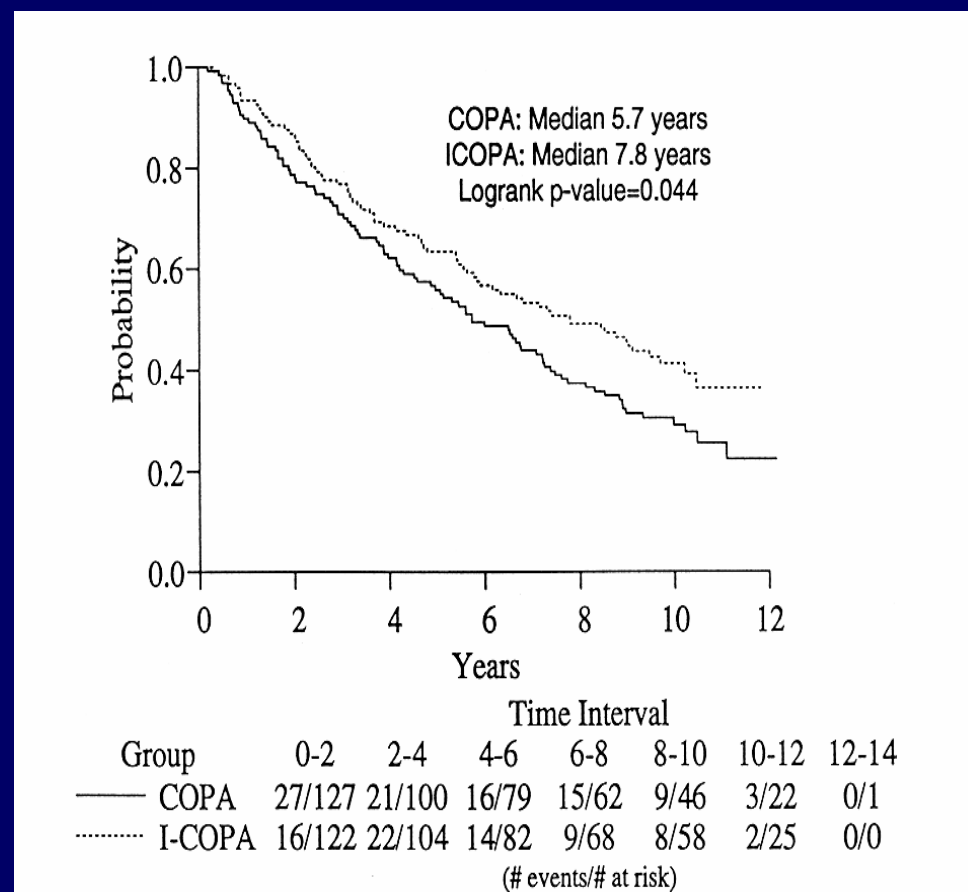
DISEASE FREE AND OVERALL SURVIVAL OF I-COPA OR COPA INTERMEDIATE PROGNOSIS (NPDL, NM, NH, DPDL) LYMPHOMAS

PFS



Smalley RV et al. N Engl J Med. 1992;327:1336

OVERALL



Smalley RV et al Leukemia 2001

INTERFERONS AND CANCER

WHAT HAVE WE LEARNED 1977-2007

- **CAN CAUSE REGRESSIONS AND PROLONG SURVIVAL**
- ***IN VITRO* EFFECTS ALSO OCCUR IN PATIENTS**
 - Signaling \Rightarrow Gene induction
 - Immunomodulation
 - Antiproliferative/Apoptosis
 - Anti-angiogenic
- **ENHANCE EFFECTS OF OTHER TREATMENTS**
 - Surgery
 - Chemotherapy

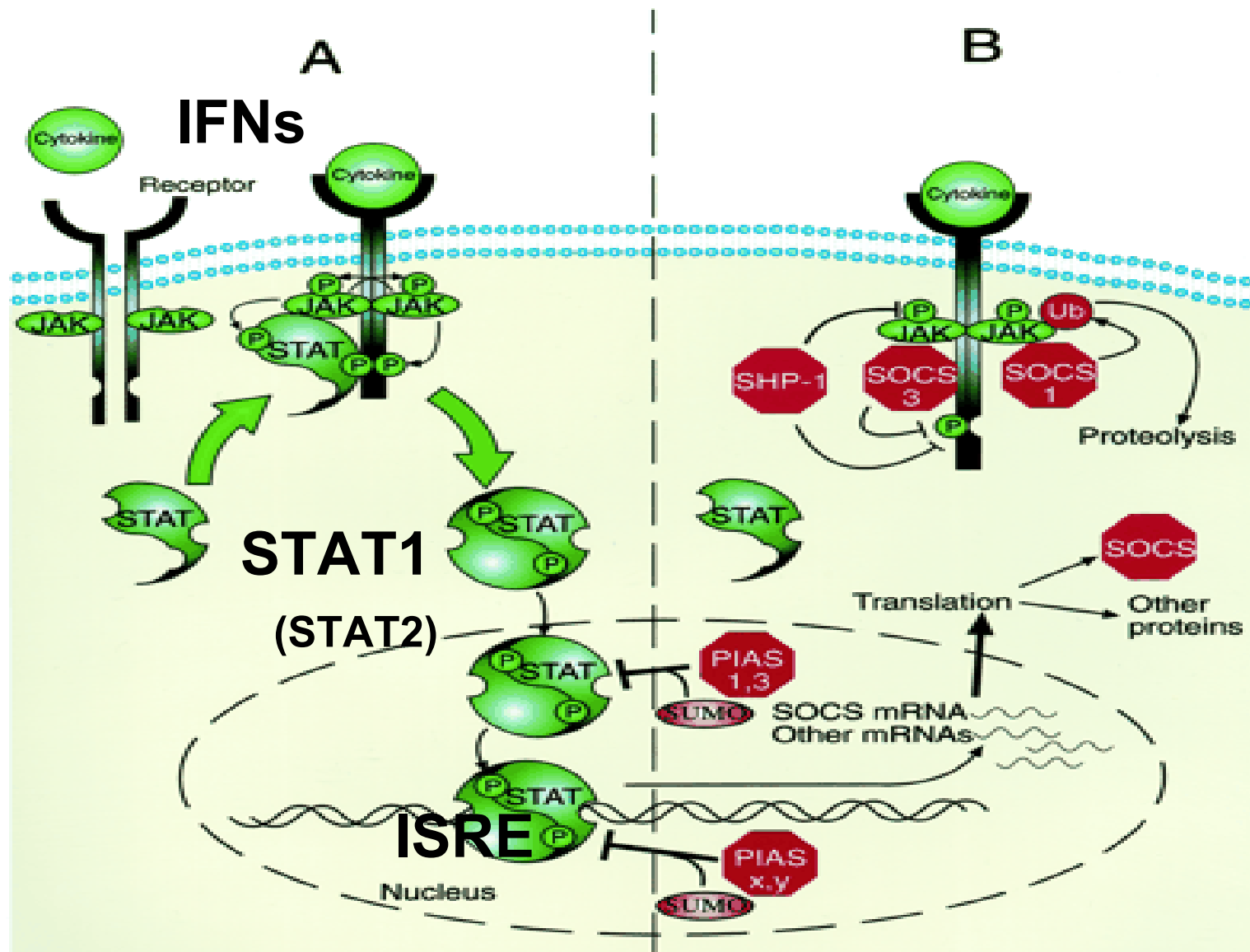
WHERE FROM HERE?

WHERE FROM HERE?

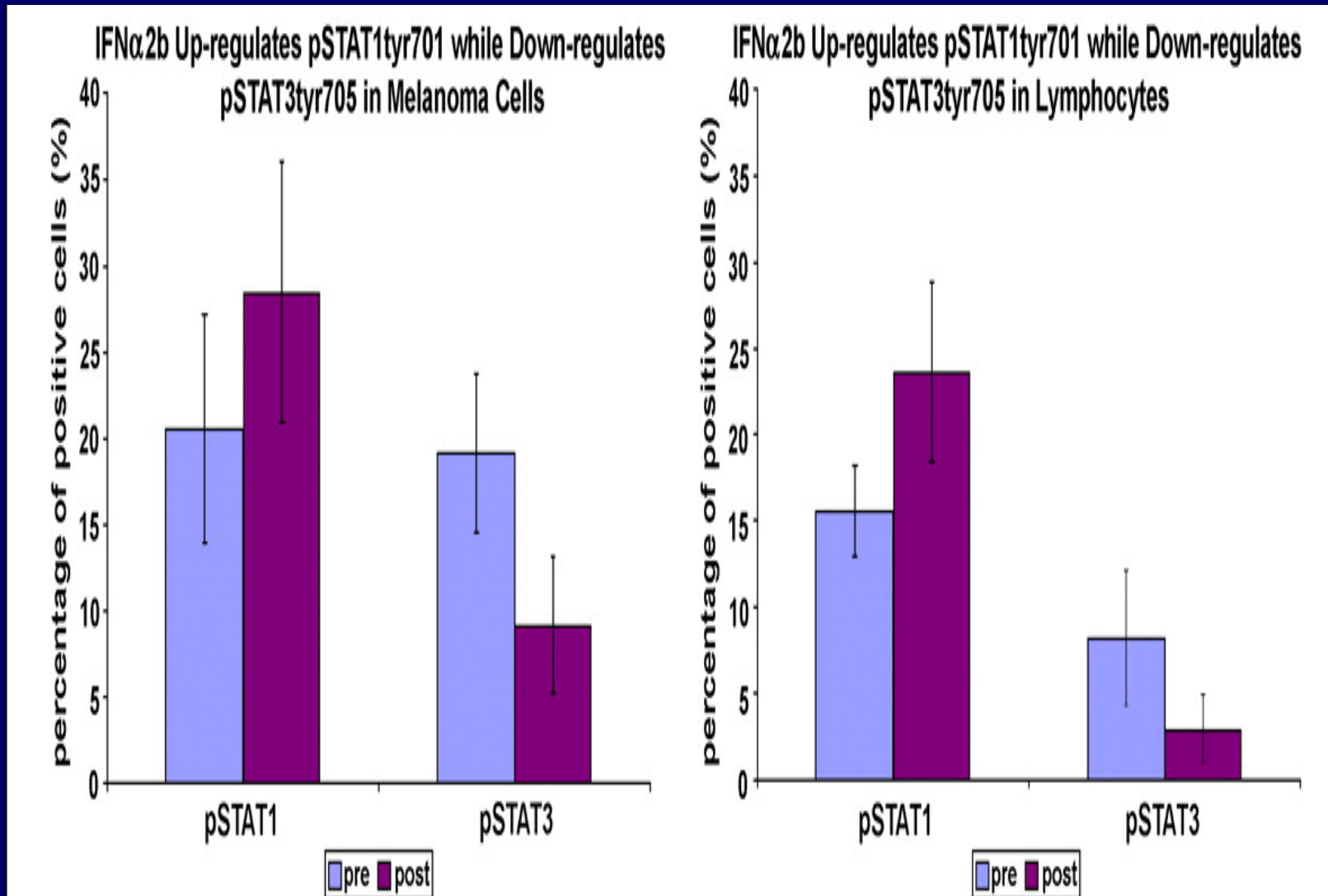
- **REGULATION AND FUNCTION OF >300 INDUCED GENES IN PATHOGENESIS AND RESPONSE**
 - Apoptosis Immune Modulating Angiogenesis Inhibition
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 - Phase I/II/III Clinical Trials

REVIEW: PUB MED ► BOOKSHELF ► SEARCH: INTERFERONS BORDEN

IFN SIGNALING



STAT1/STAT3 RATIO FROM IFN- α 2



Basal
hi v. lo ratio

OS p<0.05 MEL
OS p= NS PBL

CLEVELAND CLINIC CYTOKINES AND INTERFERONS

Taolin Yi, Thomas Hamilton, Andrew Lerner, Xiaoxia Li, Richard Ransohoff, Ganes Sen, Robert Silverman, George Stark, Daniel Lindner, Doug Leaman (UTol), Pierre Triozzi, James Finke, Ronald Bukowski, Bryan Williams (Monash U), Paul Elson,



**Barbara
Jacobs**



**Venu
Cheriyath**



**Soolin
Bae**



**Fred
Reu**



**Emese
Hollovary**



**Rebecca
Haney**

**Taussig Cancer Center Laboratories
and Lerner Research Institute**

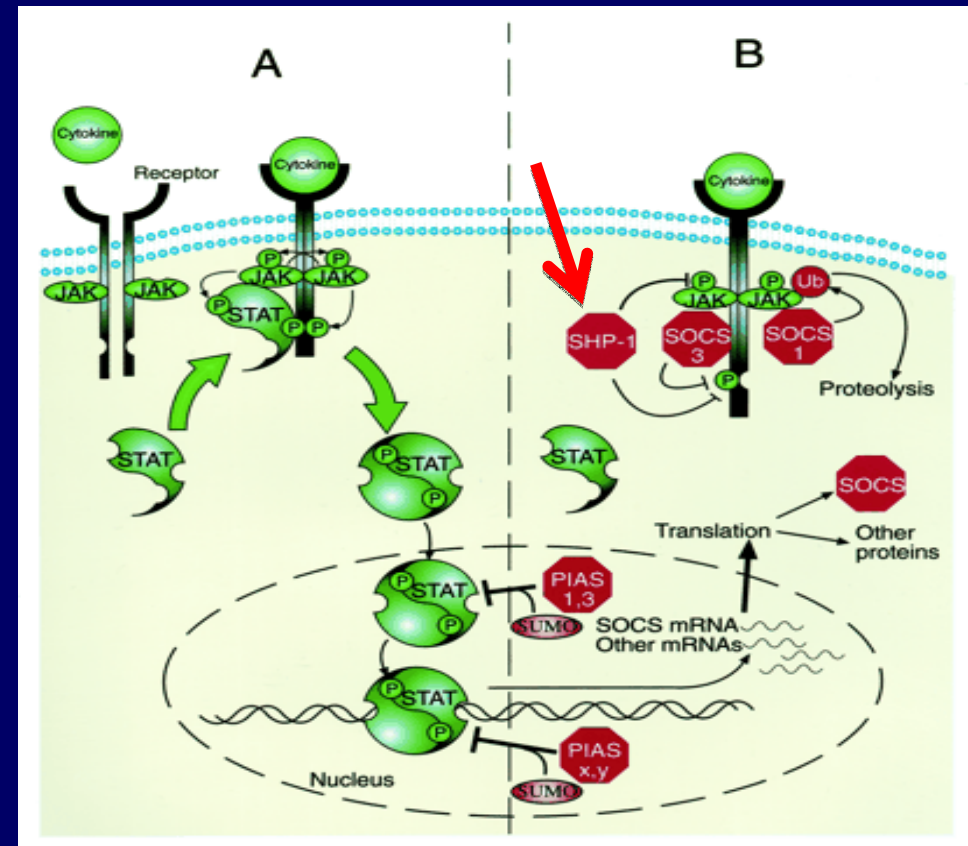
A NEW PARADIGM FOR TARGETED MODIFICATION OF SIGNALING

- **INHIBITORS OF PHOSPHATASES**

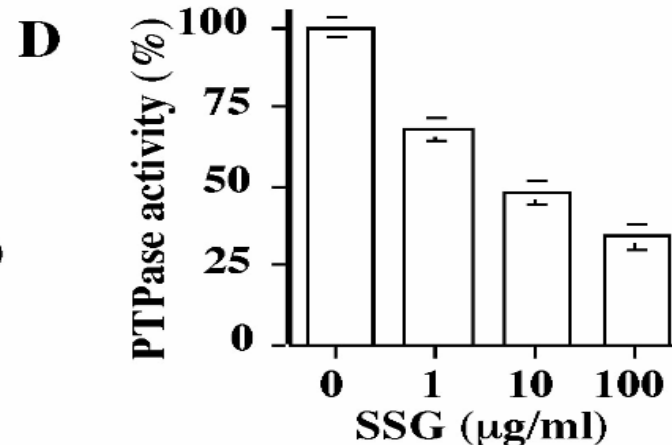
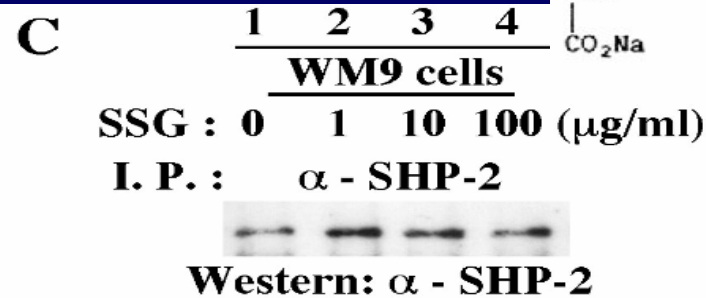
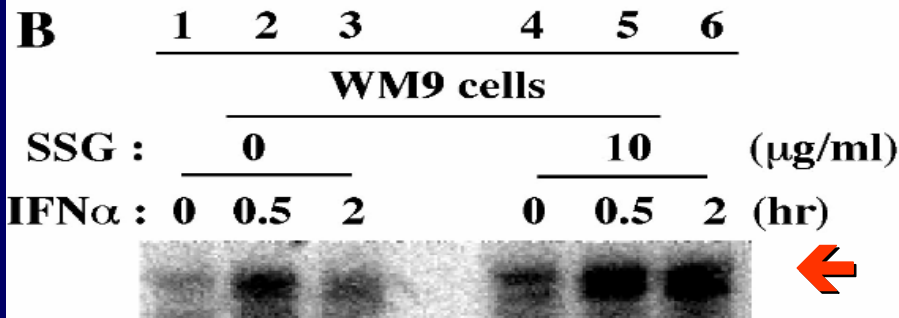
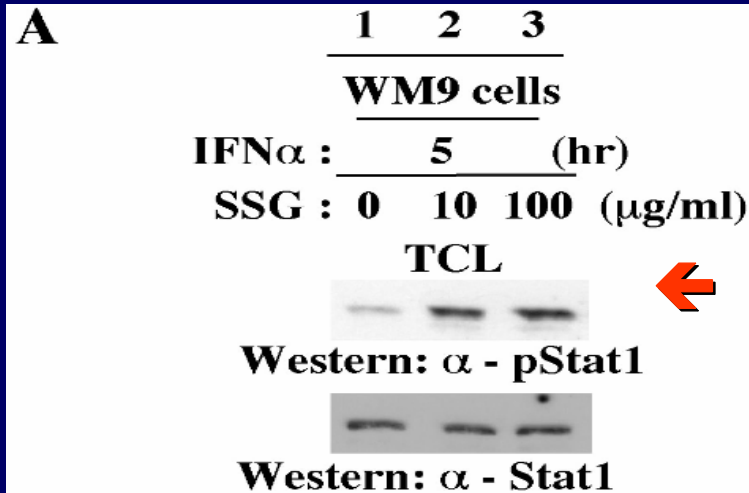
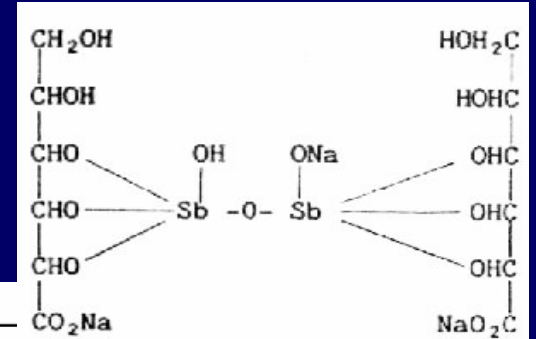
- Substrates: Phosphatases for tyrosine kinases
- Stibogluconate (SSG) prototype: other low MW by library screening

- **SHP-1 AND SHP-2**

- SHP-1 mostly in hematopoietic cells; SHP-2 all cell types
 - SHP-1: ↓ activated T cell signaling
- ≈SHP-1 negative regulator of signaling; ≈SHP-2 positive role



STIBOGLUCONATE AUGMENTATION OF STAT 1 PHOSPHORYLATION



Total cell lysates
after SSG IFN- α 2

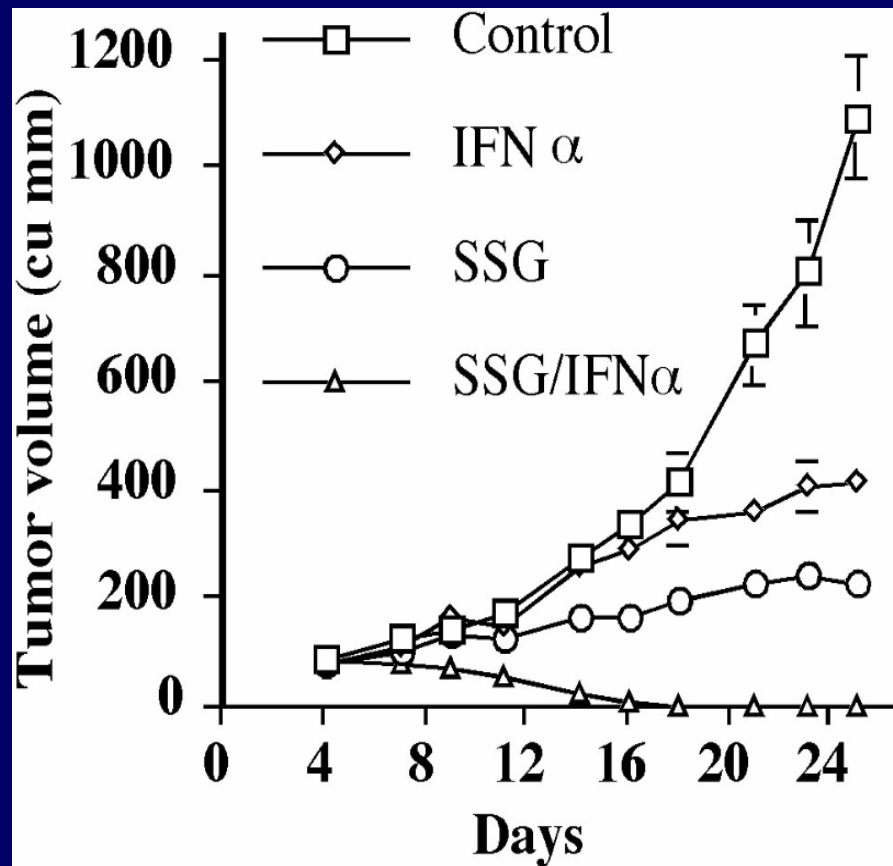
A: persistence
pSTAT1

B. Augmentation
ISGF3: EMSA
561ISRE

C. Stable SHP-2

D. Inhibition SHP-2

PHASE I CLINICAL TRIAL OF STIBOGLUCONATE AND IFN- α 2



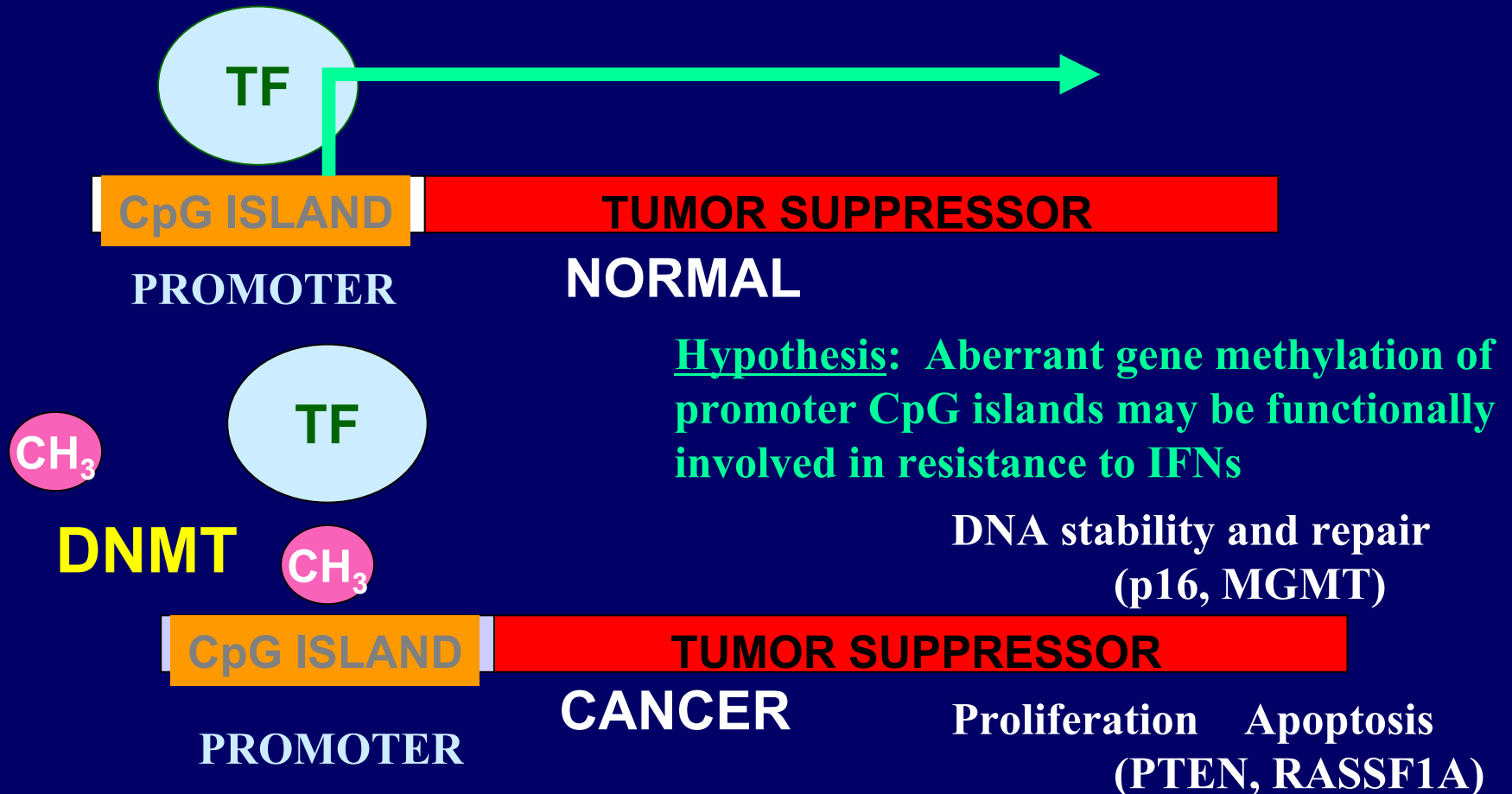
Proof of concept

- SHP-1 inhibition in PBMC
- ISG augmentation
- Safety of combination
- Design with constant IFN- α 2 (3×10^6 U/m² qd) and escalating SSG (400 mg/m² iv, Albert David, Calcutta)
- US IND #68881

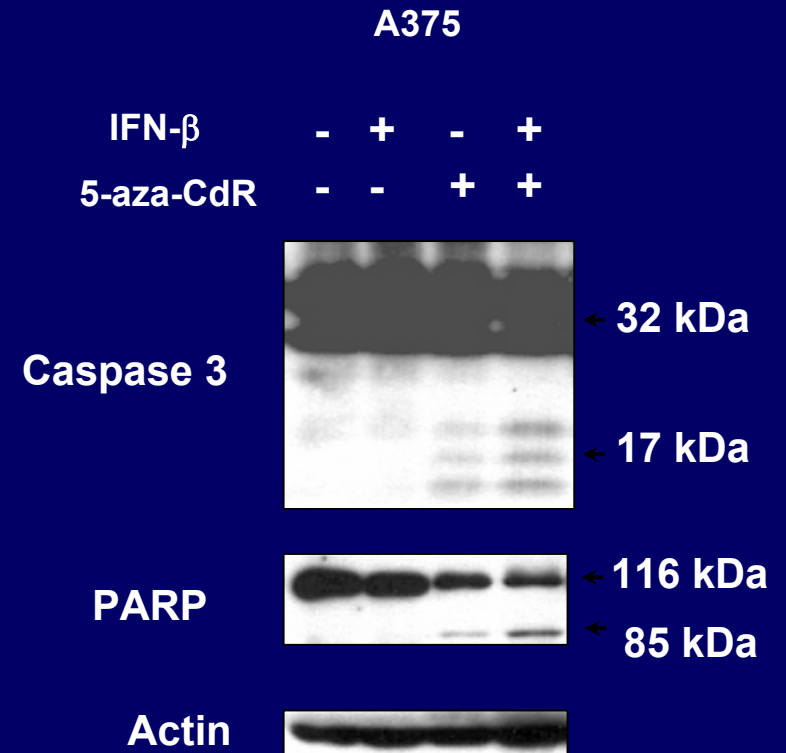
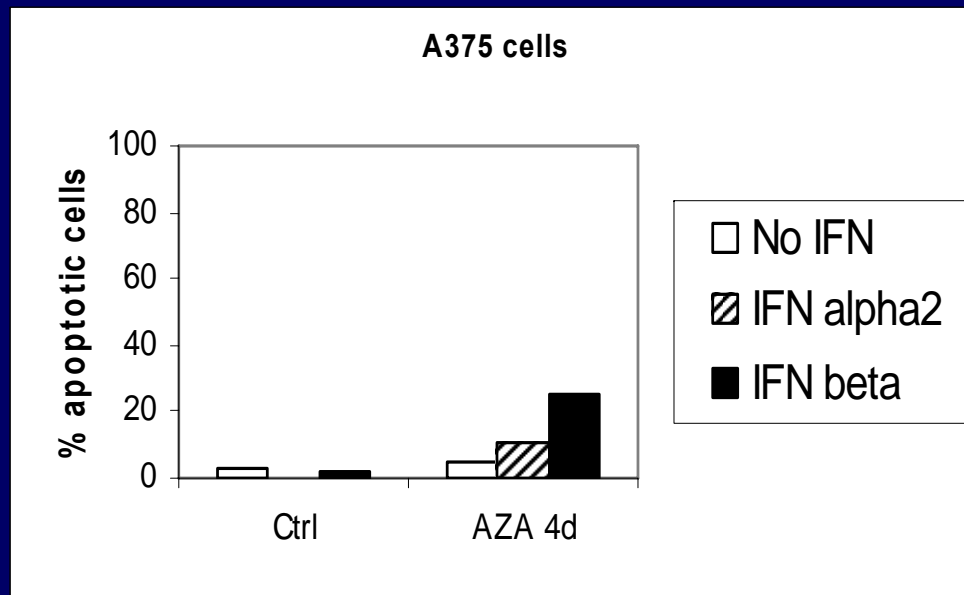
WM9 human melanoma; IFN- α 2: 5×10^5 U and SSG 12 mg/kg; n=8

EPIGENETIC

Heritable DNA Hypermethylation



SENSITIVITY TO IFN-INDUCED APOPTOSIS IN DNMT1 DEPLETED A375 MELANOMA CELLS

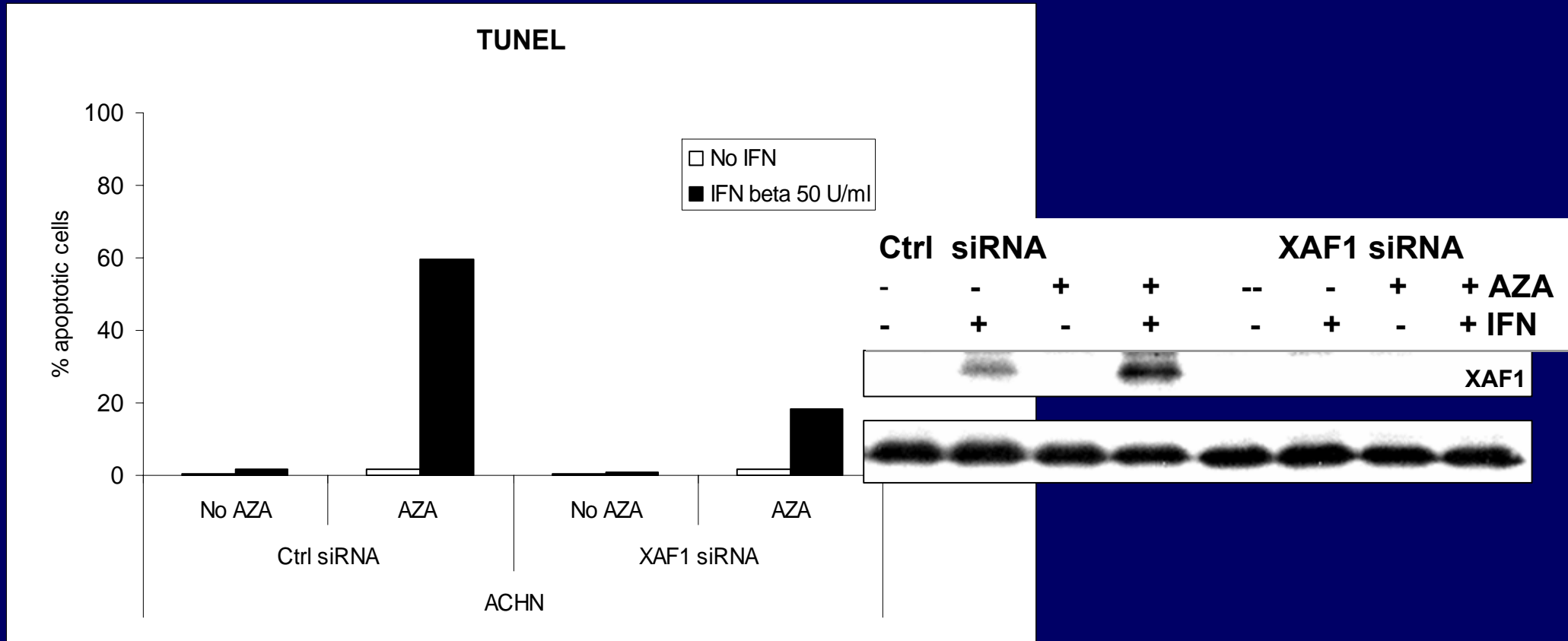


All cells resistant to apoptosis up to 1500 U/ml of IFN- α 2 or IFN- β (50 to 100 U/ml IFN- α 2 or IFN- β over 4-5d).
 Pretreatment with 200 nM 5-Aza-dC daily over 2 or 6 d before IFNs.
 5-Aza-dC markedly decreased DNMT1 protein in A375 cells.

PRO-APOPTOTIC ISGs

- **TRAIL and XAF1 both required for apoptosis**
 - Chawla-Sarkar M et al Clin Cancer Res 2001
- **XAF1 identified as XIAP binding protein**
 - Blocked XIAP inhibition of apoptosis
 - Implicated as tumor suppressor gene
 - Byun et al Can Res 2003
- **Induced by IFNs 50x in cells sensitive to apoptosis**
 - Induced 5x in apoptosis resistant cell line
 - Presence necessary for IFN-induced apoptosis
 - Leaman et al JBC 2002 Leaman et al JICR 2003
- **Increased by 5-Aza-dC in 5/9 melanoma cell lines**
 - 25-150x augmented by qRT-PCR
 - Reu et al JCO 2006

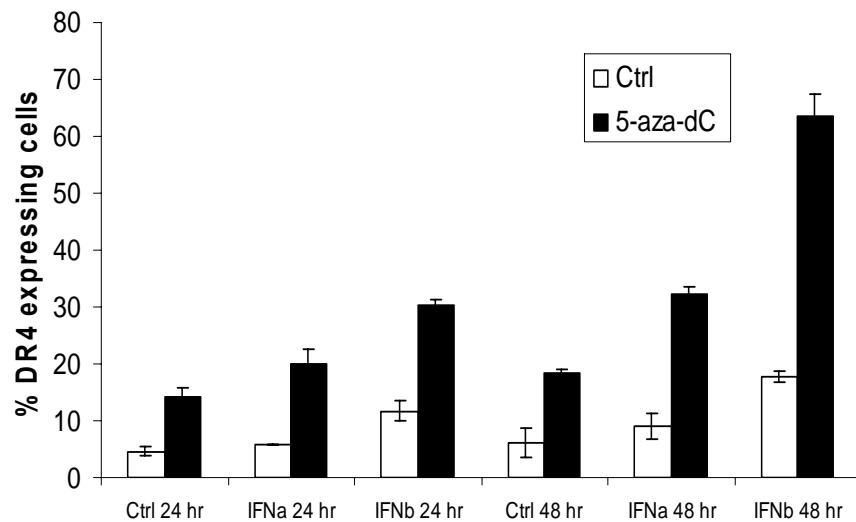
SENSITIVITY TO IFN-INDUCED APOPTOSIS IN DNMT1 DEPLETED CELLS REDUCED BY XAF1 siRNA



Cotreatment of ACHN cells with XAF1 si RNA (40 nM daily over 2 days, lipofectamine) and 5-AZA-dC (200 nM, 2 days). IFN- β (50 U/ml +24h).

TRAIL R1 METHYLATION: PROTEIN INCREASE AND APOPTOSIS

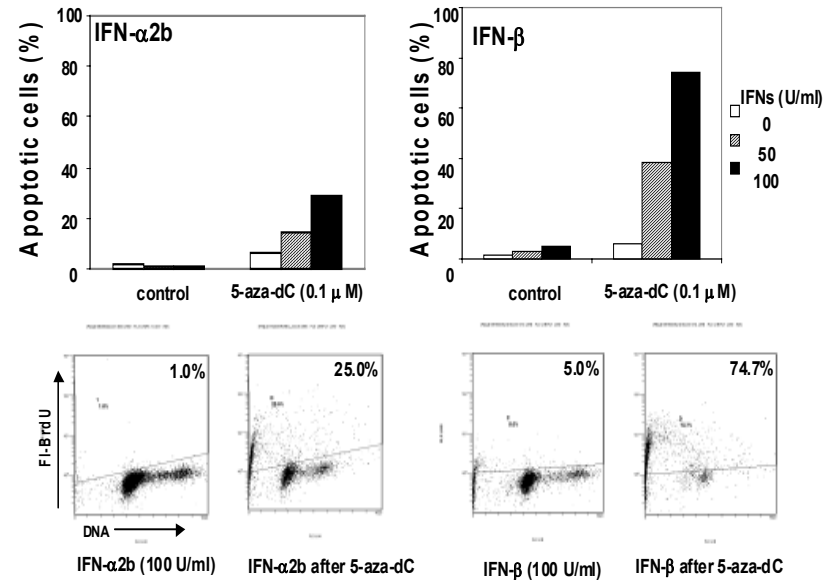
DR4 expression by flow-cytometry on SK MEL 28



0.1 μ M of 5-aza-dC (96 h). IFNs (100 U/ml) over 24 or 48 hrs.
mRNA increased 30x at 96 hrs by 5-Aza-dC by qRT-PCR

Bae et al Oncogene 2007

SK MEL 28



NEUTRALIZATION BY TRAIL MAb

Cells treated with 50 or 100 U/ml of IFN-α2b or IFN-β for 96 h after 5-aza-dC treatment (0.1 μ M) for 96 h. Apoptosis positive cells were assessed by TUNEL assay.

METHYLATION SILENCING OF IFN ACTIONS

- **Constitutive ISGs suppressed in malignant cells**
 - compared to normal
 - (↑ in PBMCs by 5-Aza-dC: Gollob et al, Clin Cancer Res 2006)
- **DNMT1 inhibitors increase silent pro-death genes**
 - XAF1, RASSF1A, and TRAIL R1 with functional effects
 - Gene re-expression of many other ISGs--functional effects?
- **5-Aza-dC synergistic with IFN- α 2 and IFN- β**
 - apoptosis *in vitro* antitumor effects *in vivo*
- **5-Aza-dC can induce apoptosis in resistant melanomas**
 - TRAIL CDDP Borden Cytokine Growth Factor Revs 2007

VARIABILITY IN PATIENT RESPONSE

✕ “If it were not for the great variability among individuals, medicine might as well be a science and not an art.”

✕ Sir William Osler 1892
The Practice of Medicine

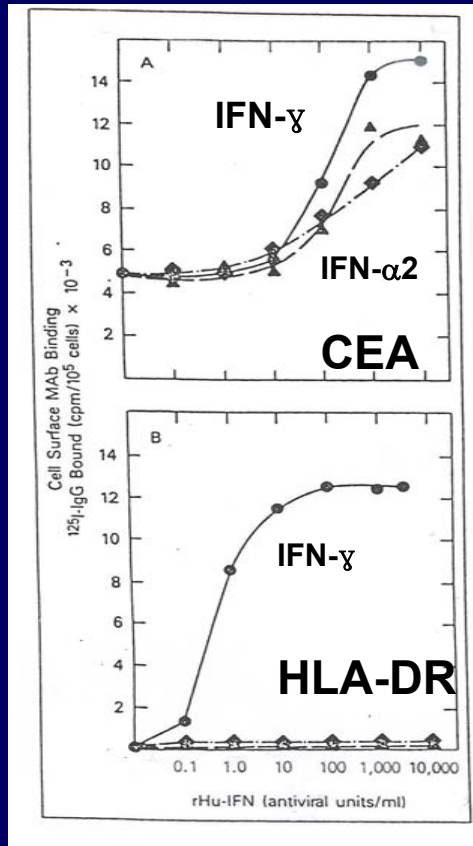


WHERE FROM HERE?

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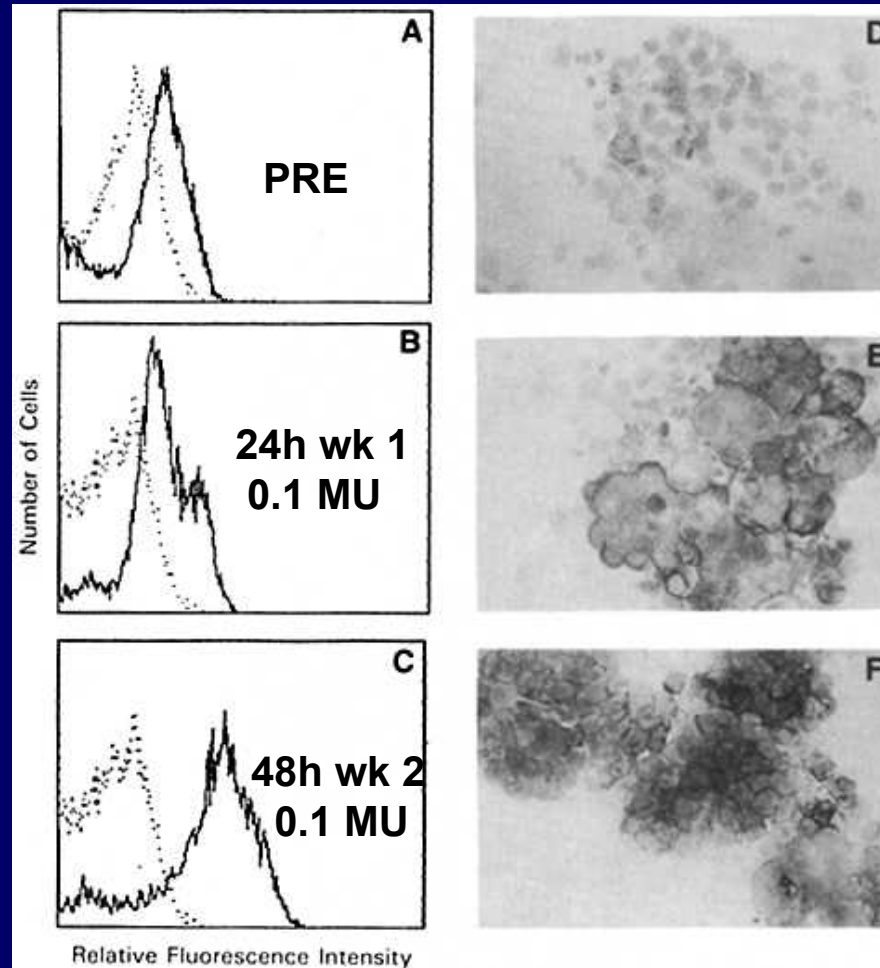
INCREASE IN CELL TAA BY IFNs

In Vitro



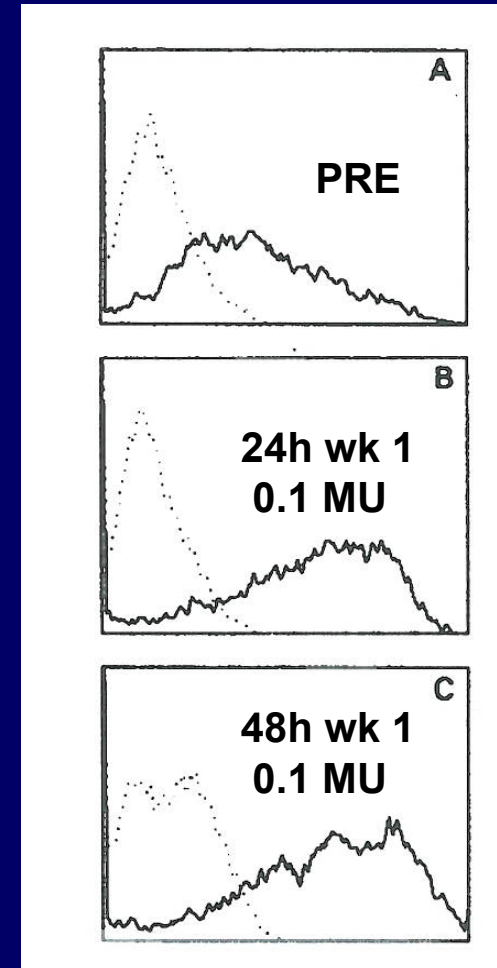
IFNs \uparrow RIA > 50%
CEA 13/22 (59%)
TAG72 27/35 (77%)

In Vivo TAG72



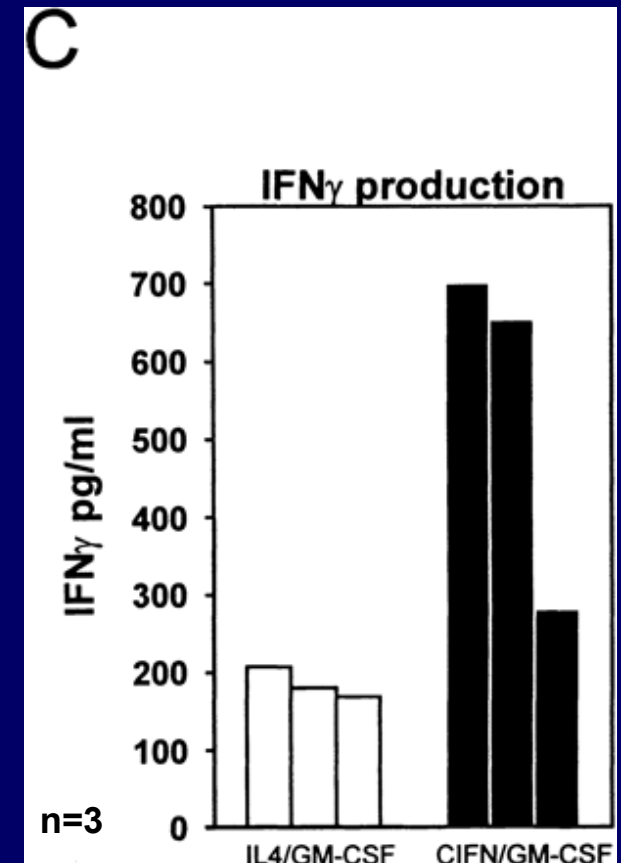
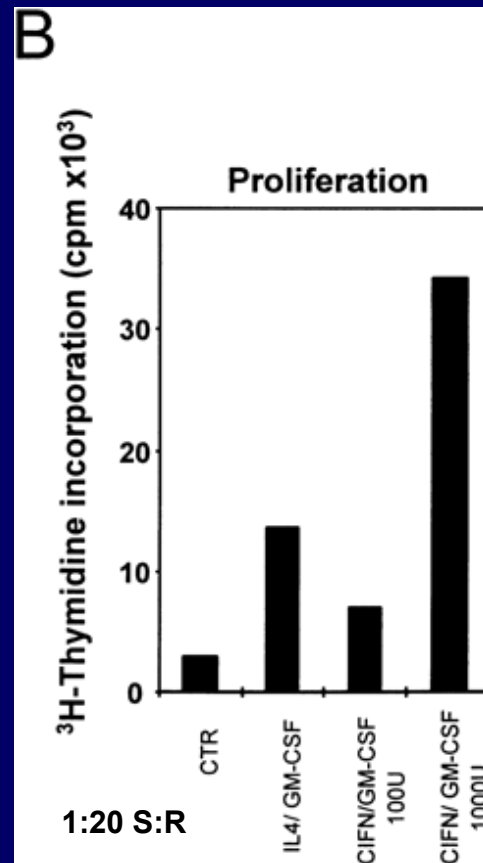
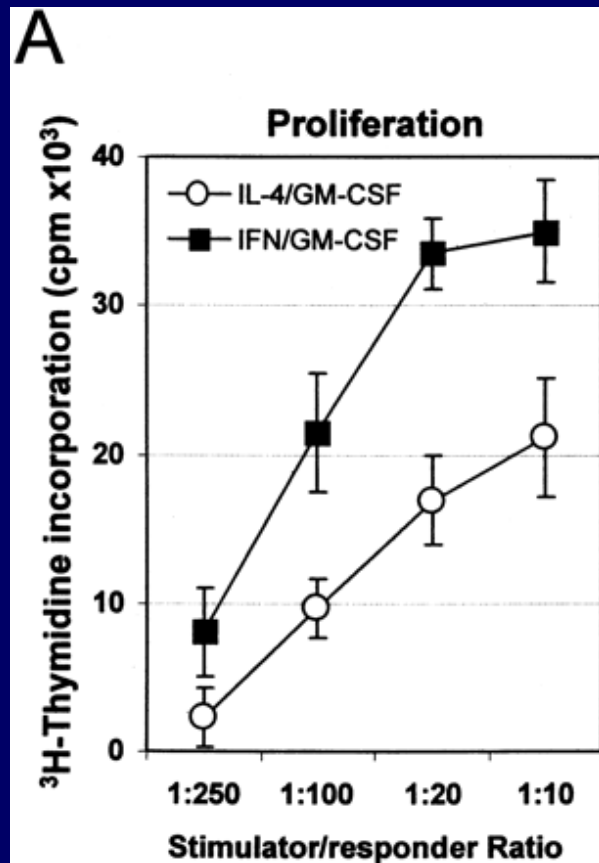
IFN- γ ip wkly 0.1-100MU
Peak *in vitro* \approx 48h
Ascites 24h \approx 5U at 0.1MU

In Vivo CEA



Guadagni, Schlom, Smalley et al JNCI 1989
 Greiner, Smalley, Schlom et al JCO 1992

IFN- α _{CON} GENERATION OF EFFECTIVE ALLOANTIGEN PRESENTATION BY DENDRITIC CELLS



DCs incubated with 1000U IL-4 or IFN and GM-CSF (500U)x3d. Monocyte depleted alloPBLs added

Four ISGs \uparrow >10 x in DCs: IFIT1, ISG15 (G1P2), IP10, MxA: Schlaak J et al, JBC 2002

TRAIL mediated cytotoxicity of Jurkat cells also after IFN.

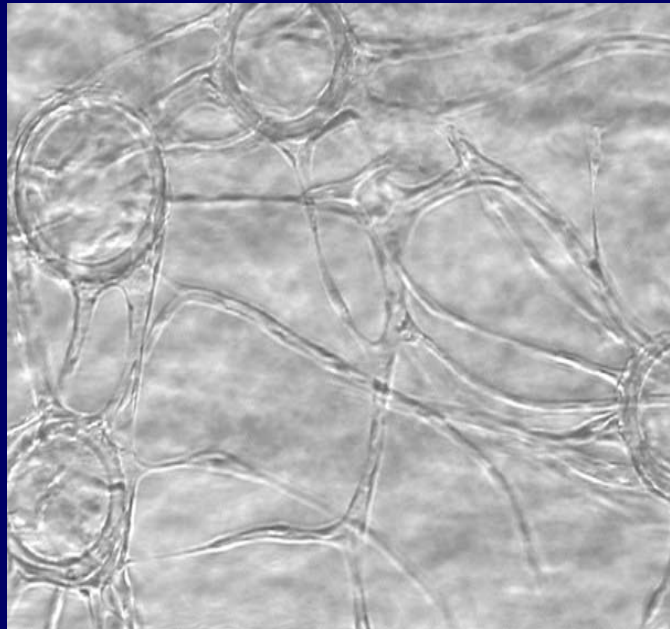
Santini et al JEM 2000

ANTI-DIFFERENTIATIVE EFFECT OF IFN FOR CAPILLARY NETWORK FORMATION

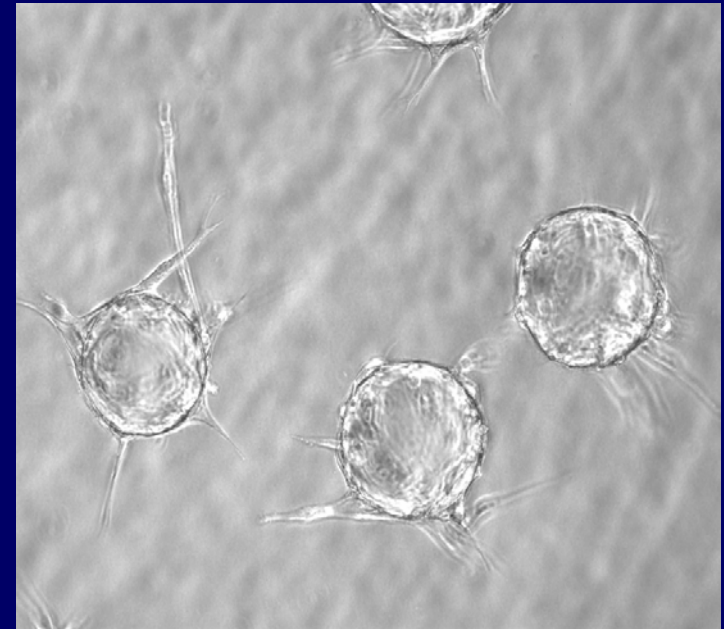
- **IFN- α 2 INDUCED GENES**

– CIG5	1361x
– IFIT 1	722x
– CXCL11	459x
– CXCL10	373x
– IFI44L	298x
– OAS1	204x
– MX2	269x
– MX1	198x
– IFIT4	193x
– IFIT2	173x

- HUVEC
- Affy U133
- 1000 U/ml 5hr
 - Indraccolo
 - JImmun 2007



CONTROL



IFN- β

Microcarrier beads (cytodex 3) with HUVECs embedded in fibrin gel co-cultured with normal human fibroblasts in EGM2 growth factor enriched media with 1000 units IFN- β

--Lindner Taylor Borden, unpublished 2006

LIFE-THREATENING HEMANGIOMA TREATED WITH WITH IFN- α 2



Ezekowitz, Folkman NEJM 1994

PHASE III TRIAL OF IFN- α 2 OR IFN- α 2 AND BEVACIZUMAB FOR METASTATIC RENAL CARCINOMA (RCC)

<u>Response</u>	<u>IFN/BEV n=306*</u>	<u>IFN(n=289)*</u>
CR/PR	31%	13%**
PFS (med)	10m	5m**

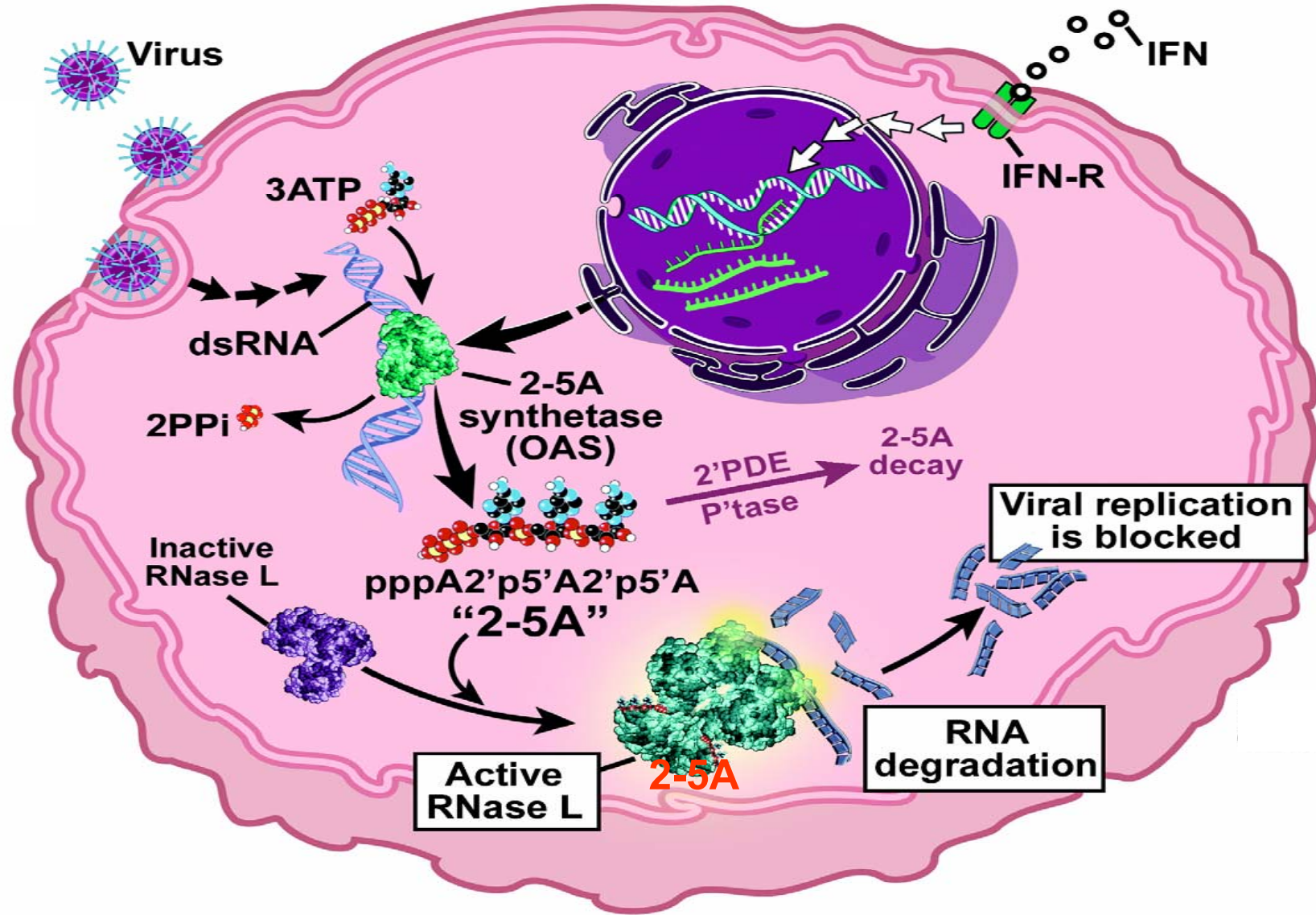
*IFN- α 2 9 million units 3x/wk sub Q; BEV 10mg/kg q2w; No prior Rx

**p<0.0001

Bev alone CR/PR=13%; PFS=8 m

Bukowski et al Proc ASCO, 2006

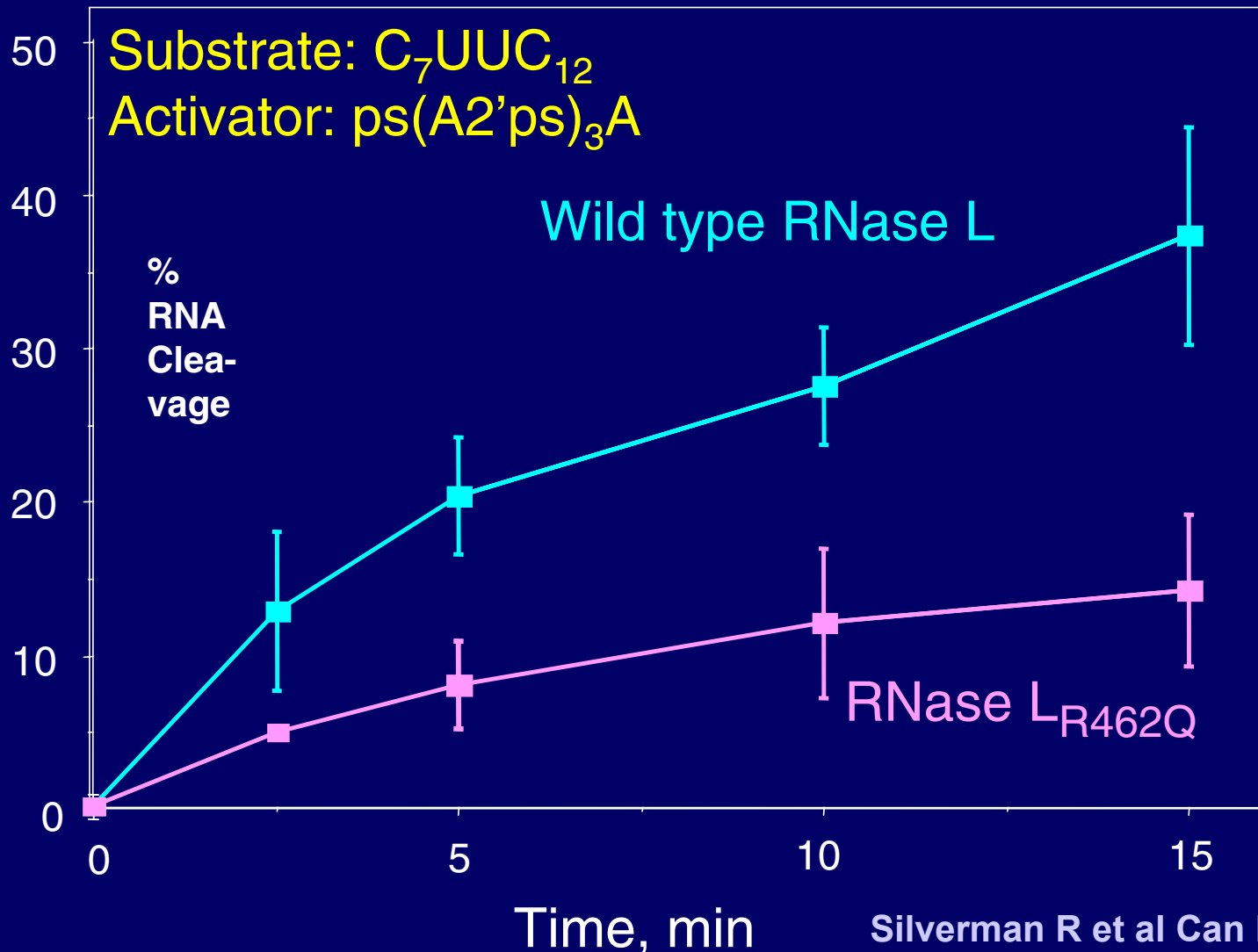
RNase L Activation Pathway



R462Q VARIANT OF RNase L WITH DECREASED ACTIVITY AND HEREDITARY PROSTATE CARCINOMA (HPC)

HPC <55
HPC1=RNaseL
60%allelic freq
in germline
R462Q 13%
unselected
Hetero 50%↑
Homo 200%↑

Casey G et al
Nature Gen 2002
Silverman R
Biochem 2003



Silverman R et al Can Res 2003

IDENTIFICATION OF A NOVEL GAMMARETROVIRUS IN PROSTATE TUMORS HOMOZYGOUS FOR R462Q *RNASEL* MUTATION

- **VIRAL DETECTION**

- DNA OLIGO ARRAY OF ALL KNOWN VIRUSES
- GAMMA RETROVIRUS 8/20 QQ PATIENTS
 - 1.5% RQ OR RR (n=66)
 - NEW XENOTROPIC MURINE RETROVIRUS:XMRV
 - FULL LENGTH GENOME FROM 3 PATIENTS
 - FISH AND IHC IN 1% STROMAL CELLS

» Urisman Klein Silverman DeRisi et al PLOS Pathol 2006

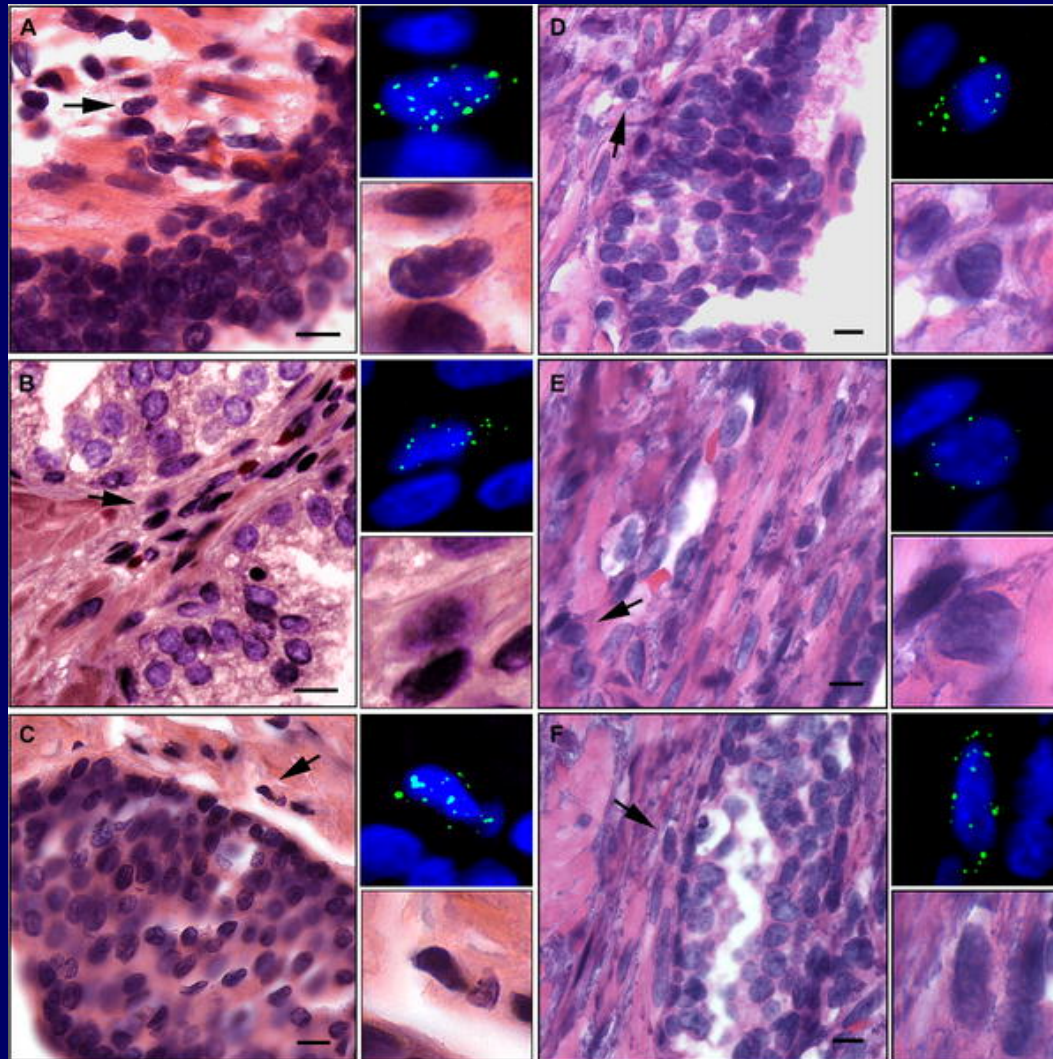
- **MOLECULAR CLONAL VIRUS REPLICATES**

- INHIBITED BY IFN- β IN DU145 CELLS
 - NOT IN RNaseL siRNA DEFICIENT OR LNCaP
- PROVIRUS INTEGRATION SITES
 - TRANSCRIPTION FACTORS NFATc3 AND CREB5
 - ANDROGEN RECEPTOR TRANSACTIVATOR SUPPRESSOR

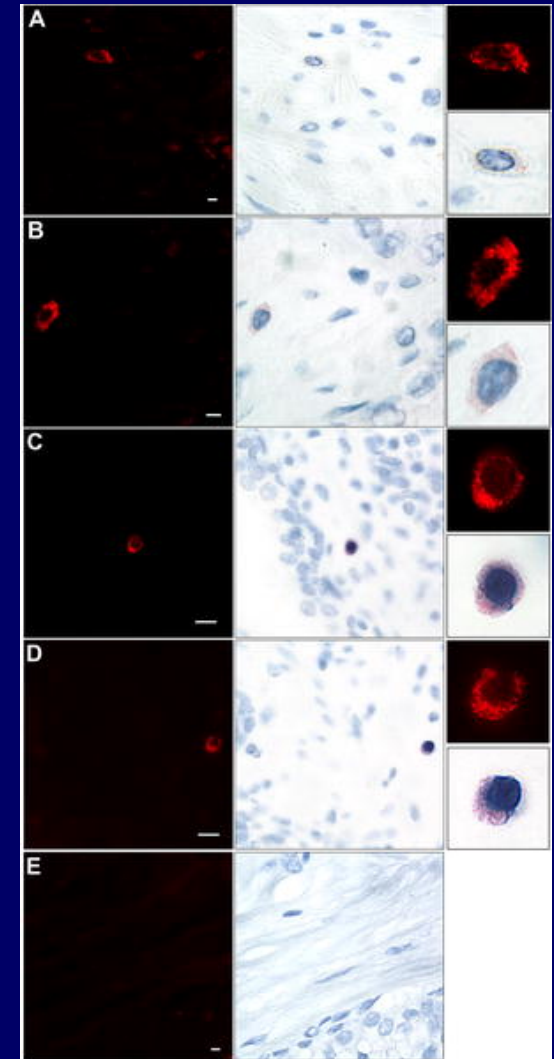
» Dong Klein DeRisi Silverman et al PNAS 2007

IDENTIFICATION OF A NOVEL GAMMARETROVIRUS IN PROSTATE TUMORS HOMOZYGOUS FOR R462Q *RNASEL* MUTATION

FISH



IHC



INTERFERON SYSTEM IN MALIGNANT PATHOGENESIS

- **ISGs in melanoma and other tumor cell lines**
 - **decrease in constitutive expression**
 - **increase correlates with improved prognosis**
 - **RNase L (HPC1) mutation increases prostate cancer risk**
- **Murine tumor development**
 - **Ab to murine IFN hastens tumor emergence**
 - **IFNs decrease carcinogen-induced tumors**
- **Role in T cell and dendritic cell maturation**
- **Methylation silencing of genes critical for IFN actions**
 - **ISGs (XAF1)**
 - **RASSF1A MAGE1 TRAIL R1**

WHERE FROM HERE?

- **REGULATION AND FUNCTION OF >300 INDUCED GENES IN PATHOGENESIS AND RESPONSE**
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SYMPTOMS AFTER IFN- α 1a AND IFN- α 2a

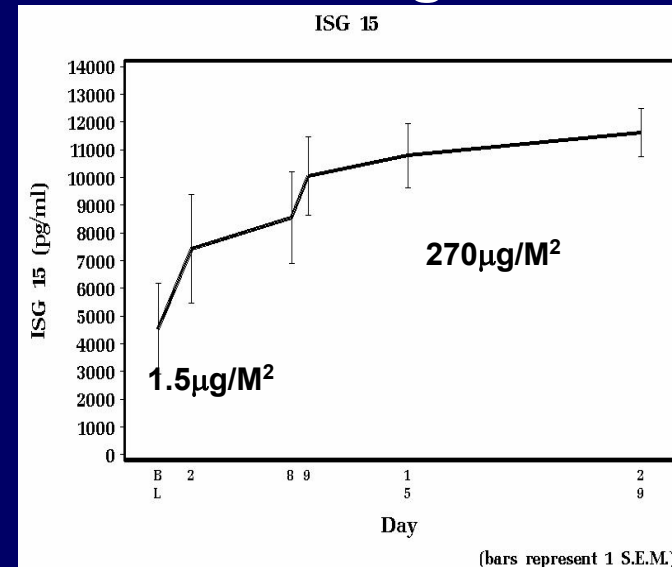
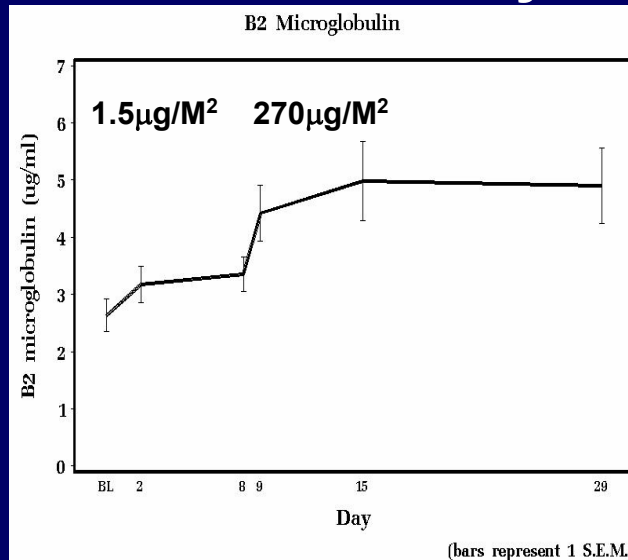
15 μg		45 μg	
<u>IFN-α1</u>	<u>IFN- α 2</u>	<u>IFN- α1</u>	<u>IFN- α2</u>
Total number of side effects in each patient compared by paired <i>t</i> test.			
9	21	11	24
p < 0.01		p < 0.01	
Peak Temperature			
37.4 ± 0.2 °C	37.6 ± 0.2 °C	38.4 ± 0.2 °C	38.8 ± 0.2 °C
p<0.05		p<0.001	

n=8

Randomized double blind crossover

CONCLUSIONS

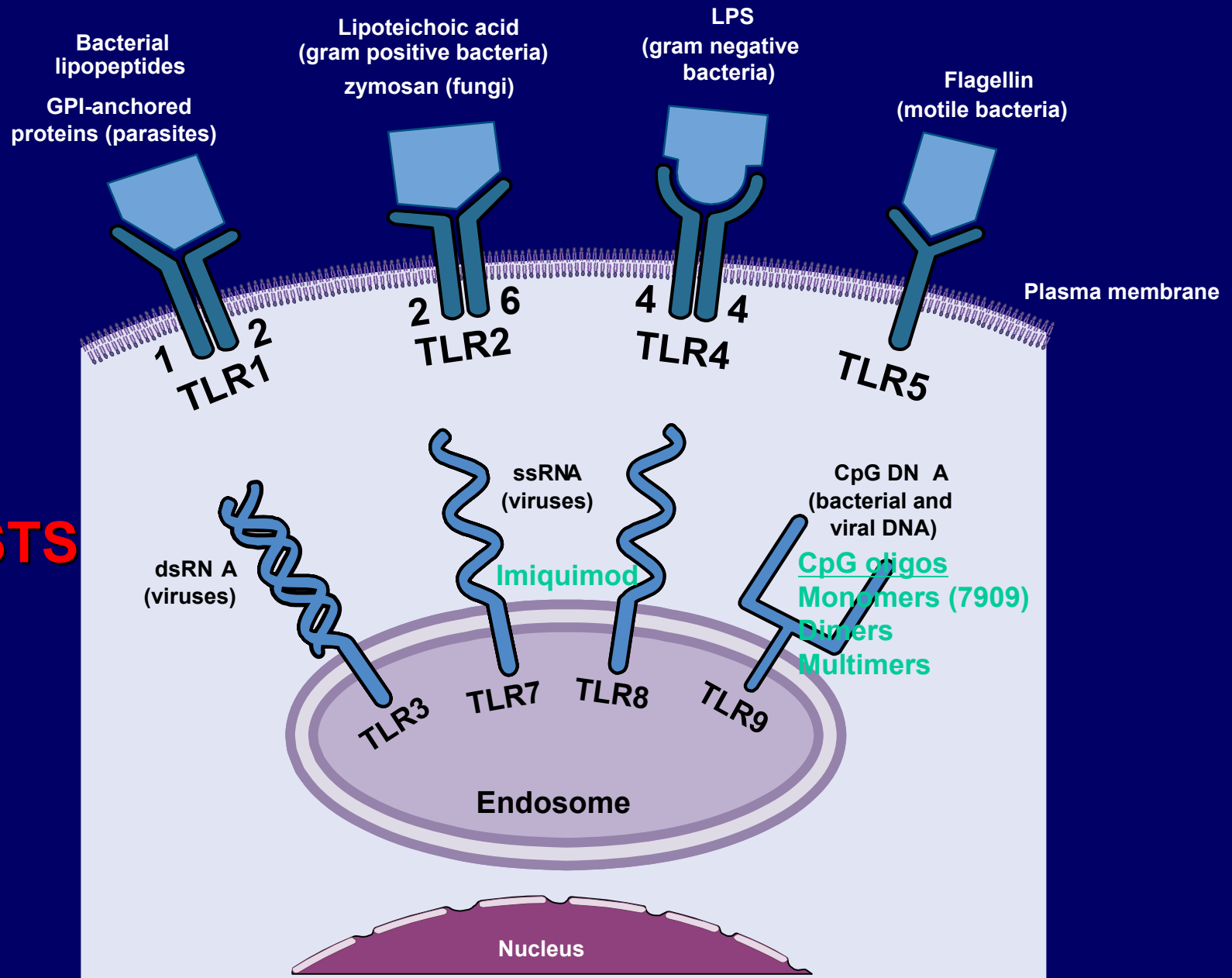
- Clinical side effects of two recombinant interferons, IFN- α 2a and IFN- α 1a differed significantly
- Pharmacokinetics same but biological potency of IFN α 2a and IFN α 1a was equivalent: ISG 2-5 AS and NK cell activity
 - » J Clin Oncol 2: 221-6 1984
- \Rightarrow IFN- α 1b from Ministry Public Health Shanghai: IND#8790



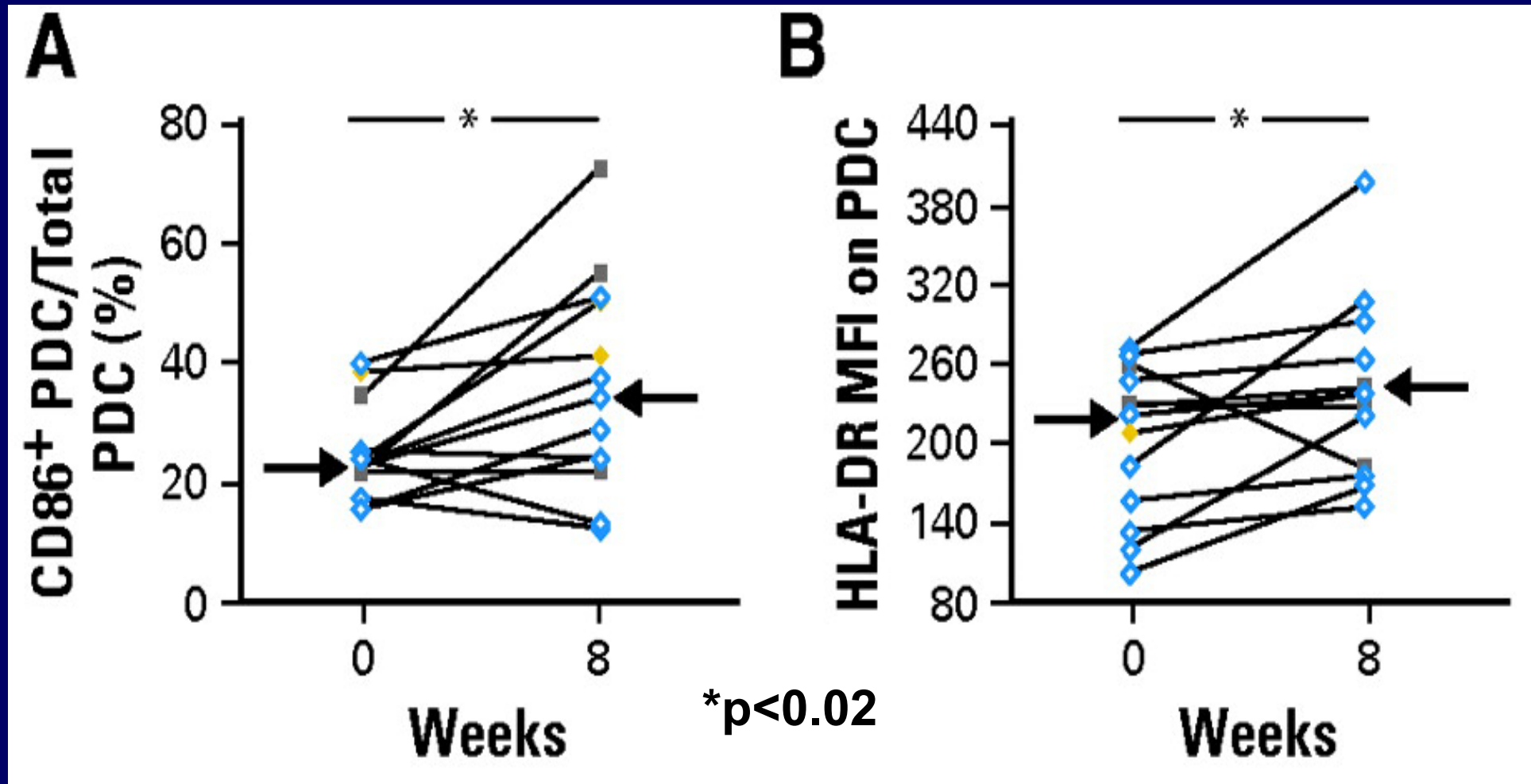
Conclusions IFN- α 1b

- **Biologically and clinically active IFN- α isoform**
 - 18x range
 - \uparrow ISGs and new ISGs not previously induced in patients
 - ISG54 GEM GTPase CIG5
 - \uparrow ISGs and \downarrow PMN at 15,000 Hu antiviral units
 - Two patients on IFN- α 1b for >12 mos and two RCC PRs
 -
- **Safe to develop phase II studies**
 - Only limiting III toxicity—fever and rigors d1 at highest dose No Grade IV toxicity
 - Probably less fatigue and anorexia than IFN- α 2

TLR AGONISTS (Pathogen- Associated Molecular Patterns)



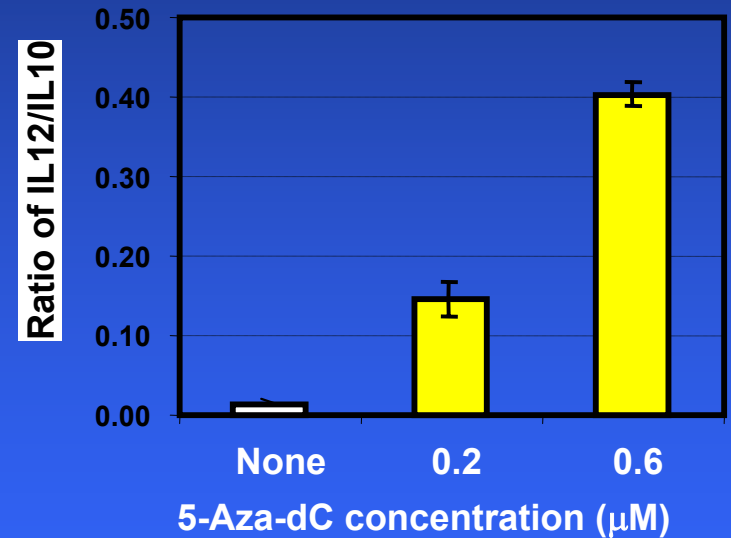
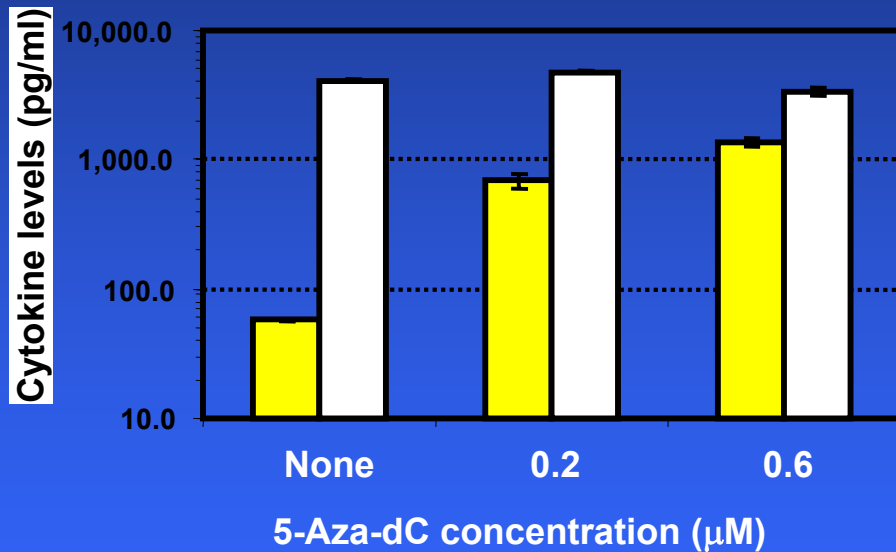
CPG7909 TLR9 AGONIST EFFECTS ON pDENDRITIC CELLS IN MELANOMA PATIENTS



6 mg sq wkly; %CD86+/BDCA2

Pashenkov et al J Clin Oncol 36: 2006

AUGMENTATION OF EFFECTS OF TLR3 ACTIVATION BY METHYLATION INHIBITOR



Human myeloid DCs were matured from peripheral blood with CSF-GM and IL-4, treated with 5-Aza-dC (0.1 μ M) for 4d, and then poly I:poly C (10 μ g/ml), as a representative ligand for TLR3.

WHY IFNs WILL NOT PREMATURELY AGE: REACHING FULL POTENTIAL FOR CANCER

- **Mechanism(s) of Action**
 - Regulation and effects of >300 induced genes
 - Which ISG(s) are most important?
 - Define and overcome resistance mechanisms
 - How can effects be enhanced through modification of signaling?
- **Second Generation IFNs and TLR inducers**
 - TLRs, IFNARs, ISGs
 - What more (and oral) inducers and activators?
 - Side effects: What genes and protein products?

WHERE FROM HERE?

“More shall come after...than have gone before; the world [of interferon] is only middle-aged.”

--Herman Melville 1850.

TOP 10 REASONS iSBT HAS BECOME AN IMPORTANT SCIENTIFIC FORCE

10. OLDHAM VISION

9. SMALLEY ATTENTION TO DETAIL

8. OTHER FOUNDING MEMBERS

Herberman Fidler Bast Borden Griffin Koprowski Krim Krown Lister Whisnant
Mastrangelo Oettgen Ritz Royston Sarna Abrams Gutterman Foon Hersh

7. SECOND GENERATION LEADERSHIP

Parkinson, Lotze, Dillman, Atkins, Keilholz...Withingham.....

6. MOLECULAR TUMOR IMMUNOLOGY

5. PROMISE OF ANTIGEN-SPECIFIC THERAPIES

4. IFNs WORK

4. IL-2 WORKS

4. RITUXIMAB WORKS

1. EXCELLENT RESEARCH OF MEMBERS