



**CENTRE DE RECHERCHE**  
DES CORDELIERS

**SITC – Biomarker session**

National Harbor, November 9<sup>th</sup> 2017

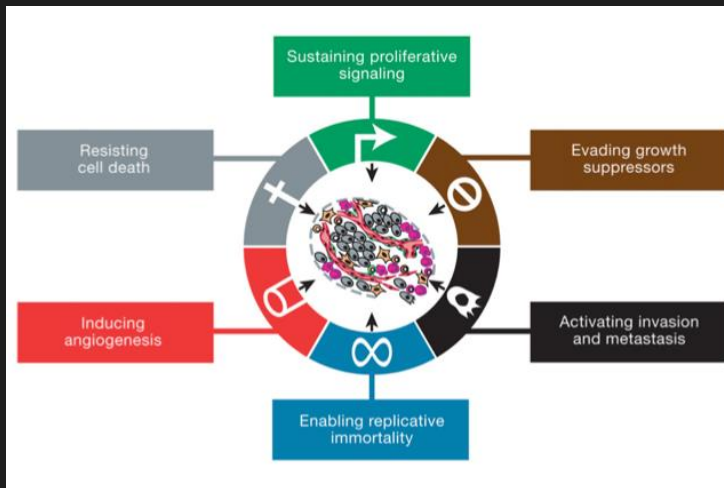


## **ROUND TABLE**

**Why immune biomarkers not yet  
really much used in the era of cancer immunotherapies ?**

Jérôme GALON

# Hallmarks of cancer



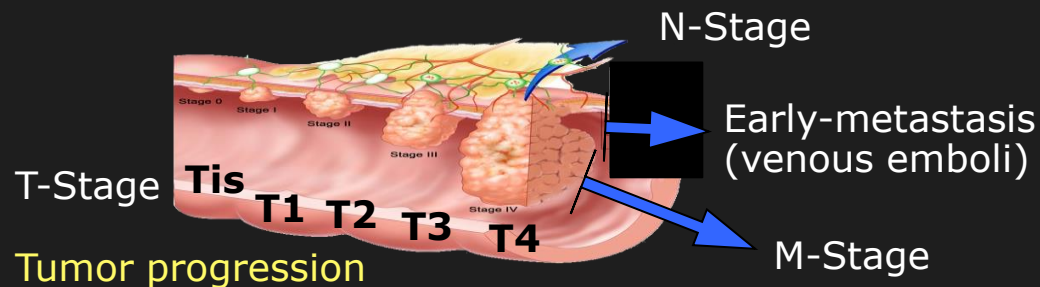
Hanahan & Weinberg, Cell 2000  
Revised in 2011: emerging hallmark immunity

# Cancer specialists

- Oncologists
- Geneticists
- Pathologists
- Surgeons
- Radiotherapists
- Cancer clinicians
- Organ specialists

TNM staging, Dukes 1932

Tumor invasion



Tumor progression

Tumor grade differentiation  
Tumor aggressiveness  
(driver mutations, CIN, MSI, CIMP...)

-> Tumor recurrence

# Why the need for risk immune biomarkers ?

## Today's cancer classifications – Routine biomarkers

|  |                        |                      |                   |                 |                   |  |
|--|------------------------|----------------------|-------------------|-----------------|-------------------|--|
| Tumor cell extension and invasion                  | T-STAGE                |                      | N-STAGE           |                 | M-STAGE           |  |
|  |                        |                      |                   |                 |                   |  |
| Ways to classify<br><br>Tumor cell characteristics | Morphology             | Cell of origin       | Molecular pathway | Mutation status | Gene expression   |  |
|  | Mucinous               | Enterocyte           | CIN               | BRAF            | CMS1              |  |
|  | Medullary              | Goblet-like          | MSI               | APC             | CMS2              |  |
|  | Adeno. NOS             | Transit-amplifying-R | CIMP              | KRAS            | CMS3              |  |
|  | Serrated               | Transit-amplifying-S |                   | TP53            | CMS4              |  |
|  | Signet ring cell       | Inflammatory         |                   | CTNNB1          |                   |  |
|  | Micropapillary         |                      |                   |                 |                   |  |
|  | Cribriform comedo-type | Stem-like            |                   |                 |                   |  |
|  |                        |                      |                   |                 |                   |  |
| Host immune response                               | Immunoscore            | CD3+ T cells         | CD8+ T cells      | Density         | Location (CT, IM) |  |

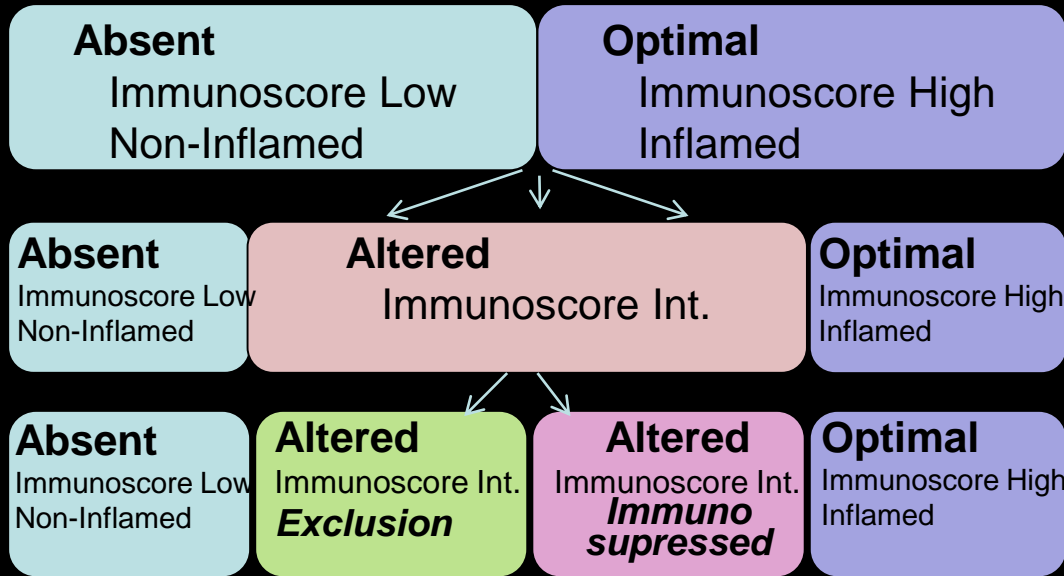
## Definition of cancer

Two quite opposite qualities equally bias our minds:  
habits and novelty.

*Jean de la Bruyère, French philosopher (1645-1696)*

# Example of Immunoscore

## Basic science



Galon et al. *Science* 2006  
Galon et al. *Cancer Res* 2007



**Definition of the Immune contexture**  
**Hot/Cold tumors**  
**Immunoscore > TNM**

Camus & Galon *Cancer Res* 2009

**Absent, altered, optimal immunity**

Camus & Galon *Cancer Res* 2009

## Translational research



**"TNM: T is T-cells, M is Memory"**

Pages F et al. *JCO* 2009

Mlecnik B et al. *JCO* 2011

Mlecnik B et al. *Science Transl Med* 2016

Galon et al. *J Pathol* 2014

Mlecnik B et al. *Immunity* 2016

Mlecnik B et al. *JNCI* 2016



**Worldwide Immunoscore consortium (2012), ASCO 2016**



**Prospective Immunoscore study (2014)**



**European Immunoscore consortium (2015)**

**Immuno-oncology diagnostic company (2015)**



Immunoscore approved EMA as CE-IVD (12/2016)  
Immunoscore available in CLIA lab (USA) (10/2017)

# Characteristics of good biomarkers

Ways to routinely classify cancer based on:

## Tumor cell characteristics

**T-STAGE**

**N-STAGE**

**M-STAGE**

**Morphology**

Mucinous, Serrated, Signet ring,  
...

**Cell of origin**

Enterocyte, Gobelet, Stem-like,  
...

**Molecular pathway**

CIN, MSI, CIMP, ...

**Mutation status**

BRAF, KRAS, TP53, ...

**Gene expression**

CMS1, CMS2, CMS3,  
...

## Host-immune characteristics

-> Currently none

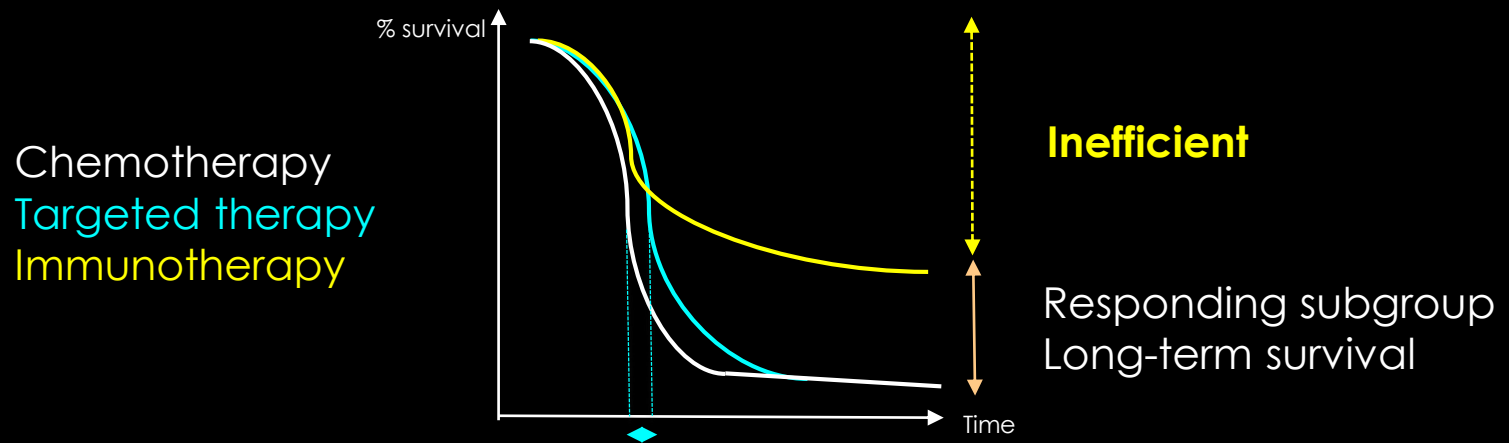
| Hurdles for biomarker | TILs evaluation                     | Immunoscore quantification          |
|-----------------------|-------------------------------------|-------------------------------------|
| • Routine             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Feasible            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Simple              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Rapid               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Robust              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Objective           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Specific            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Reproducible        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Quantitative        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Standardized        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Powerful            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Pathology-based     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

# Why the need for predictive biomarkers ?

- ✓ Only a subgroup of patients responding to treatment
- ✓ Delayed responders
- ✓ Tumor 'progression' before evident regression
- ✓ Toxicity, irAE
- ✓ Combinatorial regimens
- ✓ Costly therapies

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- ✓ **Combinatorial regimens**
- ✓ Costly therapies

## **Combinations**

- ✓ 25 targets
- ✓ Sequential / concomitant = x2
- ✓ 3 doses: x3
- ✓ 20 cancer types: x20
- ✓ 3 stages (IV, NeoAdj, Adj): x3
- ✓ **= 4.97 Million clinical trials**

**Why immune biomarkers not yet  
really much used in the era of cancer immunotherapies ?**

# Why immune biomarkers not yet really much used in the era of cancer immunotherapies ?

## Non-scientific issues

- ✓ Cancer field is dominated by oncologists, geneticists, tumor cell specialists,...
- ✓ Cancer was defined as a genetic disease: driver mutation mutation, mutation
- ✓ Pathologists were trained and focus on any tumor cell abnormality
- ✓ New biomarkers have to stand the test of time
- ✓ Immune > TNM is a new paradigm
- ✓ Digital pathology is the tool of the 21<sup>st</sup> century for pathologists, but conservatism ...
- ✓ Drug are very expensive but biomarkers are very poorly valued and reimbursed
- ✓ Pharma preferred not to use biomarkers unless they have to, or if it is becoming a leverage

# Why immune biomarkers not yet really much used in the era of cancer immunotherapies ?

## Scientific issues

- ✓ Relevant Immune markers are often prognostic, predictive and mechanistic <sup>1</sup>
- ✓ Immune cells are plastic
- ✓ Immune markers are dynamic (feedback loop mechanisms, ...)
- ✓ Intratumoral markers are more relevant, stronger, more specific
- ✓ Peripheral markers are more convenient,
- ✓ Tumors are heterogeneous (primary and metastases)
- ✓ Intra-tumoral and Inter-tumoral immune heterogeneity (multiple meta = multiple disease)
- ✓ Assays should be consensus, robust, reproducible, quantitative

# PDL-1 companion diagnostic



Dynalic

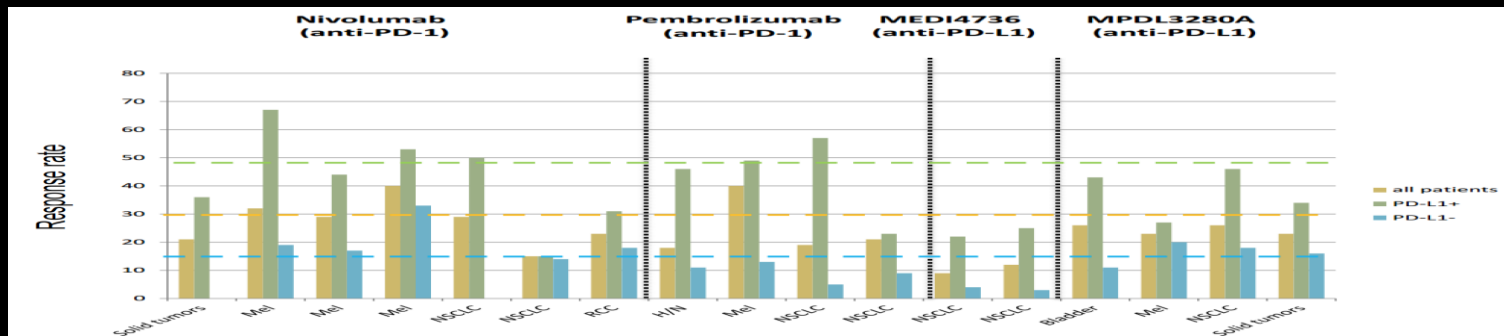
Different antibodies

Scoring Methods

Thresholds

subjective

Increased response rate to anti-PD1/L1 in PD-L1+ tumors <sup>4</sup>



# Predictive markers to immunotherapies: the cancer Immunogram

## Peripheral

Peripheral immune status ----->  
*Lymphocyte count*

Absence of inhibitory  
tumor metabolism ----->  
*LDH, glucose*

Absence of soluble  
inhibitors ----->  
*IL-6, CRP*

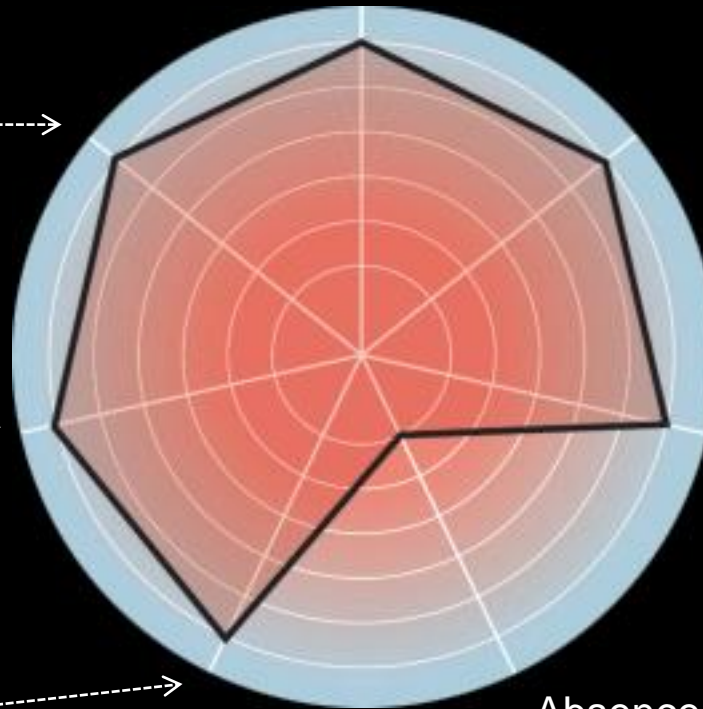
## Intra-tumoral

Tumor foreignness  
*Mutational load, MSI \**

Tumor sensitivity to immune  
effectors  
*IFNG, MHC, cytokines,  
chemokines,*

Immune cell infiltration  
*Immunoscore*

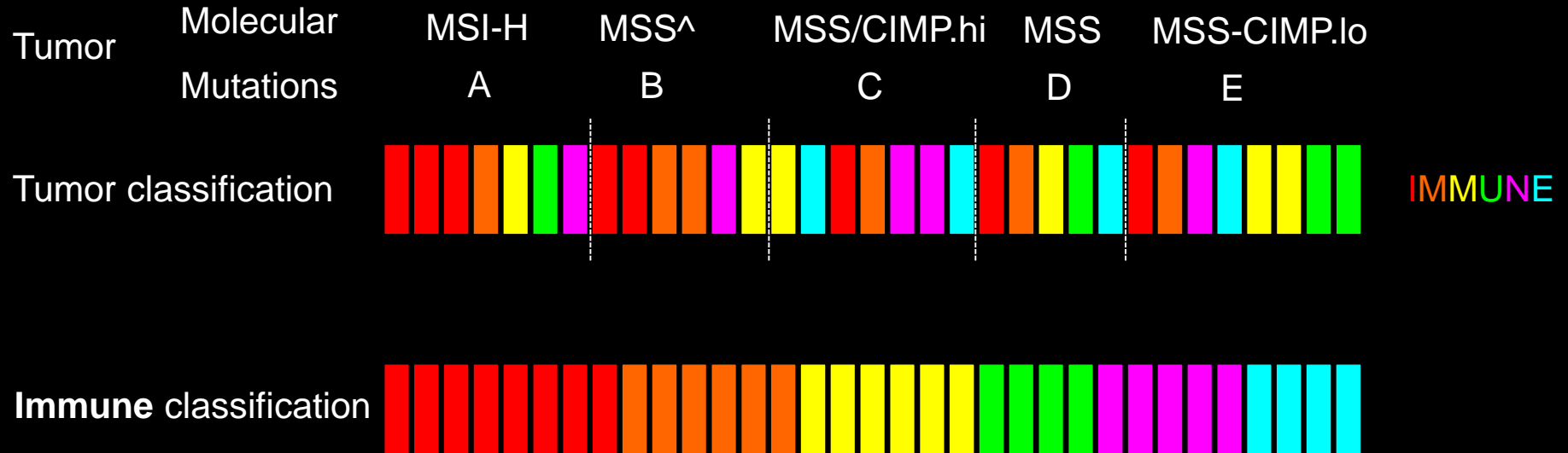
Absence of checkpoint  
*PD-L1 \**



\* FDA approved

Adapted from Blank C et al. "The cancer immunogram" Science 2016

# Stratification of cancer based on the immune status



-> Importance of having standardized immune Assays