

### Comprehensive Biomarkers on Immunotherapy Clinical Trials: A Longitudinal Approach

SITC Immuno-Oncology Biomarkers: State-of-the-Art San Francisco, CA May 16<sup>th</sup>, 2018



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### **Disclosures**

 Advisory Board/Speaker: Genentech/Roche, Bristol-Myers Squibb, Bayer, Boehringer Ingelheim, Medscape, Astra Zeneca/Medimmune, Pfizer, Ariad, HTG Molecular, Asuragen, Merck.

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## Immune Profiling and Monitoring Clinical Trials Settings

#### Advanced Tumors:

- Target analysis
- Biological mechanism
- Biomarkers of response and toxicity

#### Surgically Resectable Tumors:

Neo-adjuvant and adjuvant approaches

#### Premalignant Lesions:

Immune-chemoprevention on high-risk lesions

### **Developing Markers for Immunotherapy**

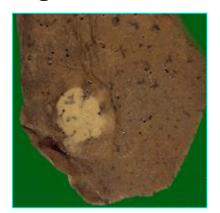
Category	Assay	Specimen
Immune cells characterization	Immunohistochemistry*/** (image analysis) Immunofluorescence (multiplex; image analysis)**	Tissue Tissue
	Flow cytometry** (panels) MIBI and CyTOF (panels)	Tissue and blood Tissue and blood
Functional assessments	Flow cytometry detection of T cell activation** ELISPOT	Tissue and blood Blood
	Neo-antigen prediction (from WES and RNA-seq)	Tissue
	TCR** and BCR** sequencing	Tissue and blood
Host factors	Cytokine analyses (MSD**, Luminex**, ELISA**)	Blood
	Microbiome (16S deep sequencing)	Stool (others)
Tumor and malignant cells genomics	Next generation sequencing (WES, RNA-seq, targeted*/**)	Tissue
	Low-input gene expression signatures (Nanostring**, HTG-Edge Seq**, Affymetrix arrays)	Tissue (FFPE)
	Liquid biopsy (cfDNA*/**, exosomes, CTC)	Blood

<sup>\*</sup>Assays/platforms available at CLIA-certified laboratories

<sup>\*\*</sup> Analytical validation (non-CLIA).

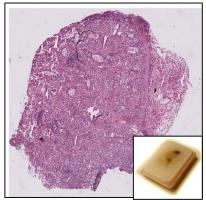
#### Types of Tumor Specimens In Lung Cancer

#### **Surgical Resection**

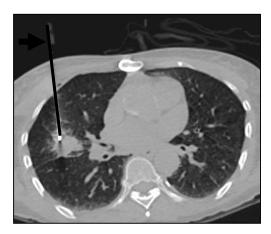




**Histology** 



#### **Advanced Tumor**

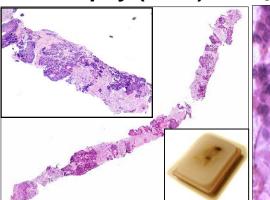


Endobronchial Ultrasound (EBUS) or Pleural Fluid

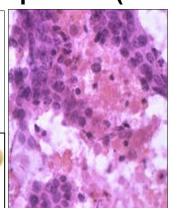




Core Needle Fine Needle Biopsy (CNB) Aspiration (FNA)



Formalin-fixed and Paraffin-embedded (FFPE)



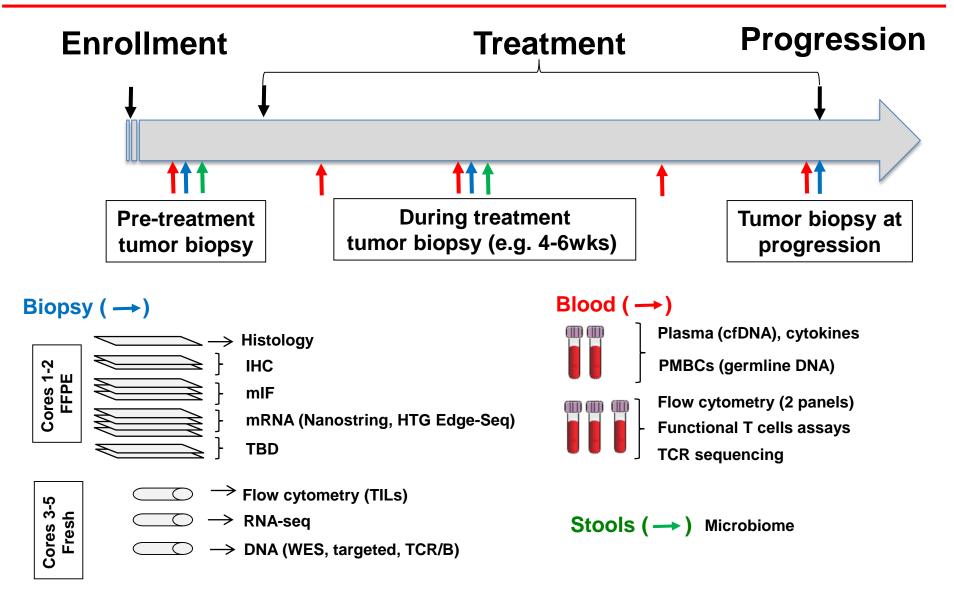
Alcohol-fixed – Cell Block



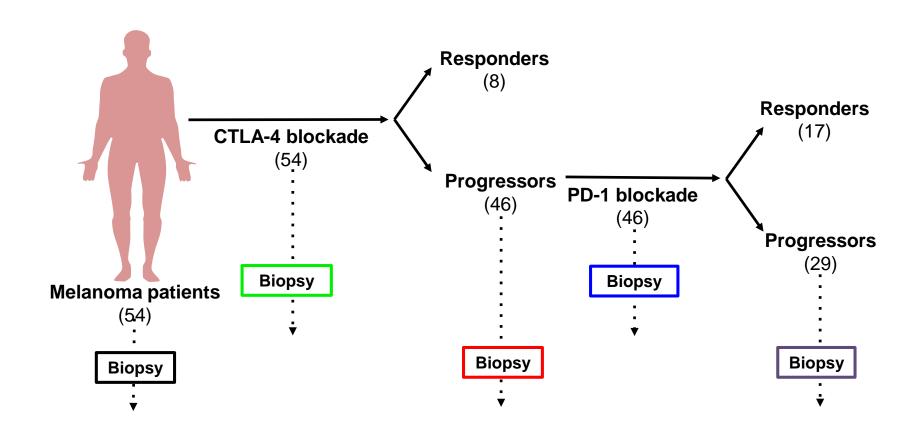
Alcohol-fixed

### **Biomarker Discovery Strategy**

Immunotherapy Trials/APOLLO Platform MD Anderson Cancer Center

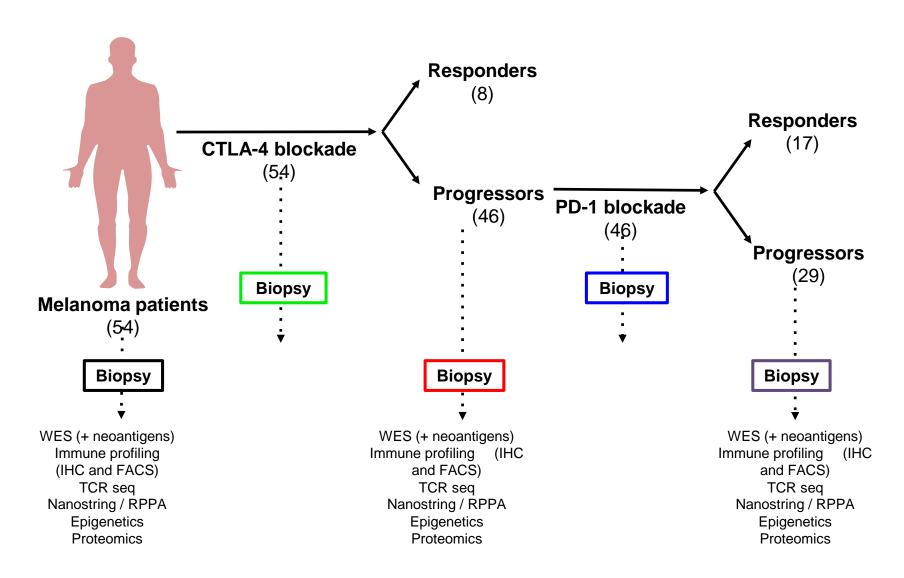


## MD Anderson APOLLO Platform - Melanoma Understanding Evolving Responses to Therapy



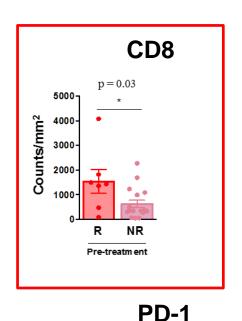
Rather than a snapshot view with endpoint data, we can interrogate the system in molecular detail as it evolves

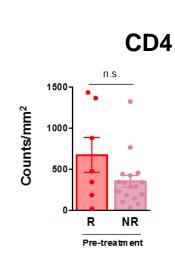
## MD Anderson APOLLO Platform - Melanoma Understanding Evolving Responses to Therapy

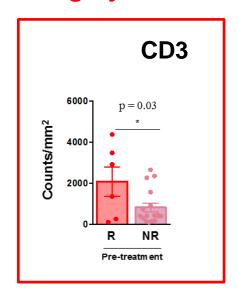


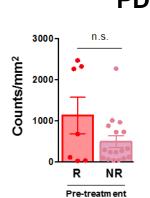
### Immune Signatures in Pre-Treatment Tumor Biopsies Largely Fail to Predict Response to PD-1 Blockade

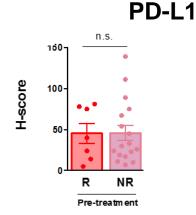
#### But Signatures in On-treatment Biopsies Were Highly Predictive

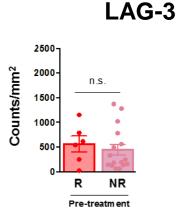












#### **APOLLO Platform at MD Anderson Cancer Center**

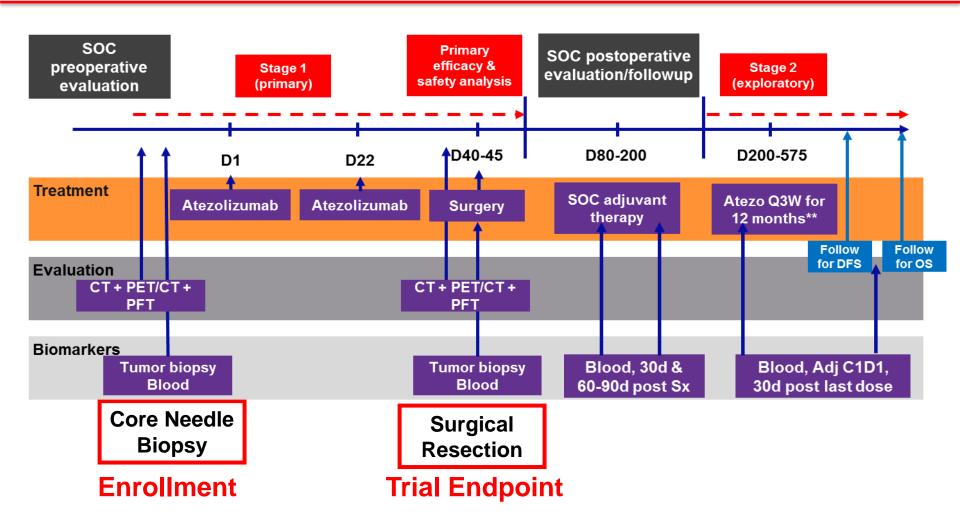
# Longitudinal Collection of Tumor Tissue in Immunotherapy Trials\* Total Biopsies (05/2018) = 448 (383 QC'ed)

Time-points	Collection of 5 Tissue Cores	Biopsies with <u>&gt;</u> 30% Tumor w/Viable Malignant Cells	
		FFPE	Fresh Frozen
Pre-Treatment	221 (92%)	207 (80%)	198 (76%)
Post-Treatment	162 (94%)	149 (78%)	148 (78%)

<sup>\* 20</sup> open phase I/II clinical trials

Overall Goal: 2,700 patients, >5,000 biopsies

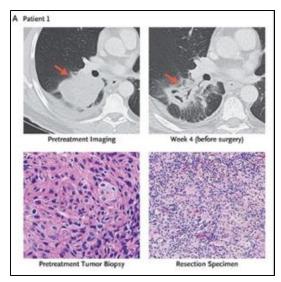
## NSCLC Neoadjuvant Anti-PD-L1 LCMC-3 Trial Scheme

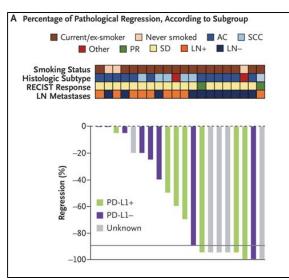


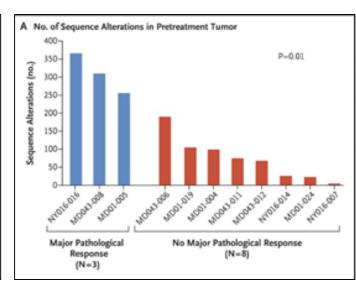
 Phase II, open-Label, multicenter, single-arm study to investigate the efficacy and safety of <u>atezolizumab</u> as neoadjuvant and adjuvant therapy in patients with stage IB, II, IIIA resectable and untreated NSCLC - <u>Primary endpoint</u>, <u>pathological response</u>.

## Neoadjuvant PD-1 Blockade in Resectable NSCLC (n=21 Cases)

- MPR (≤10 malignant cells) in 9/20 (45%)
- No associated to PD-L1 IHC expression
- WES-based on 11 cases, MPR associated to tumor mutational burden
- TC receptor sequencing showed T-cell clones expansion in tumor and blood in 8/9 patients







**MPR** - Histology

**PD-L1 IHC Expression** 

**Tumor Mutational Burden** 

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