Innovative Clinical Trial Design for Immune Monitoring

Society for Immunotherapy of Cancer (SITC)

Primer on Tumor Immunology and Cancer Immunotherapy™

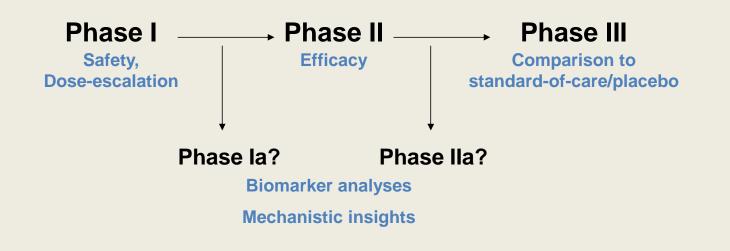
November 5, 2015

Sumit K. Subudhi, MD, PhD

Assistant Professor, Genitourinary Medical Oncology

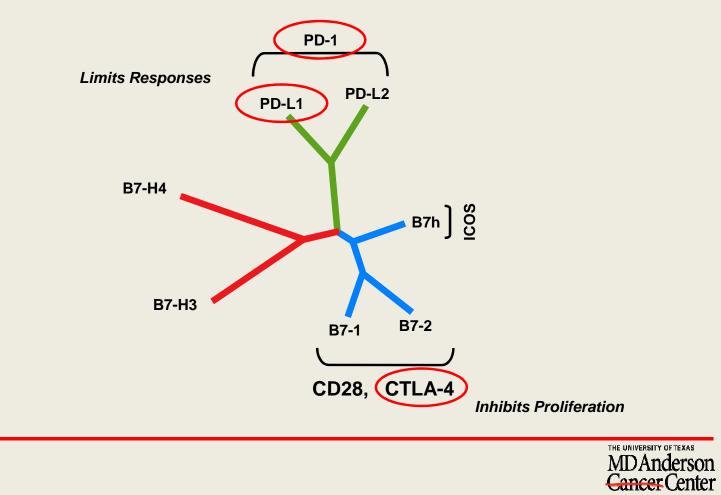


Re-thinking clinical trial design to obtain appropriate samples for biomarker studies





Targeting immune checkpoints



Challenges/Limitations

- Subset of patients benefit
- Toxicities
 - Immune-related adverse events (irAEs)
- Measuring disease burden / treatment response
 - Immune-related response criteria (irRC)



Delayed immune responses with ipilimumab

Screening



Week 12 Initial increase in total tumour burden (mWHO PD)



Week 16 Responding



Courtesy of K. Harmankaya

Week 72 Durable & ongoing response



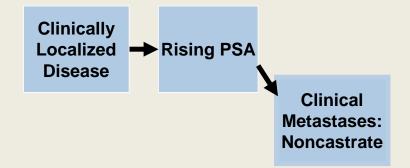
Non-castrate

Castration-resistant

Modified from Scher and Heller. Urology 2000.

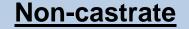
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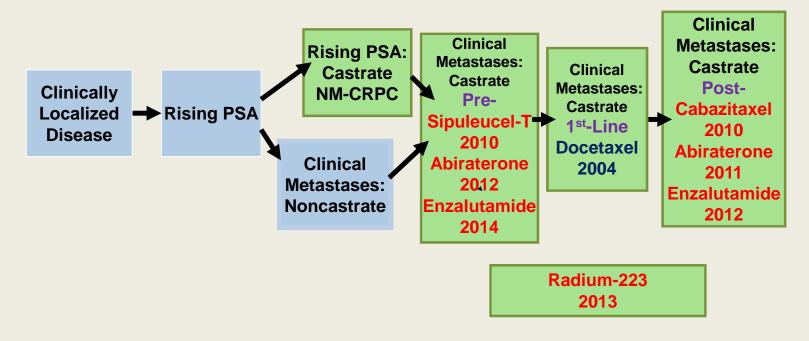


Modified from Scher and Heller. Urology 2000.

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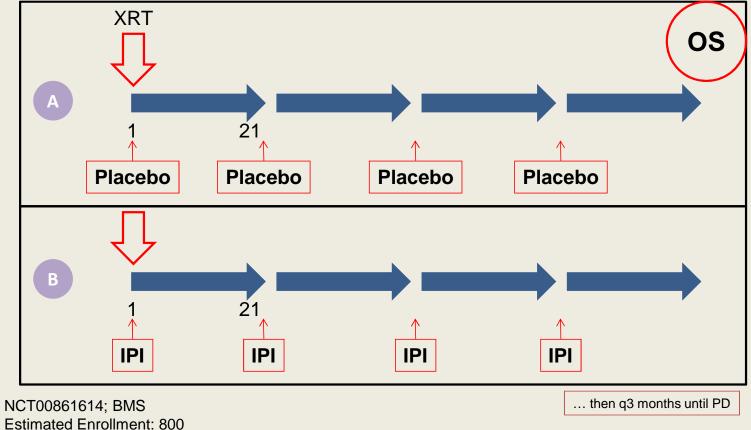


Castration-resistant



Modified from Scher and Heller. Urology 2000.

Trial schema



Estimated Enrollment: 800 Study Start Date: May 2009 Estimated Study Completion Date: September 2013 Estimated Primary Completion Date: September 2013 (Final data collection date for primary outcome measure)

Complete responder: prostate cancer

Screening

14 months



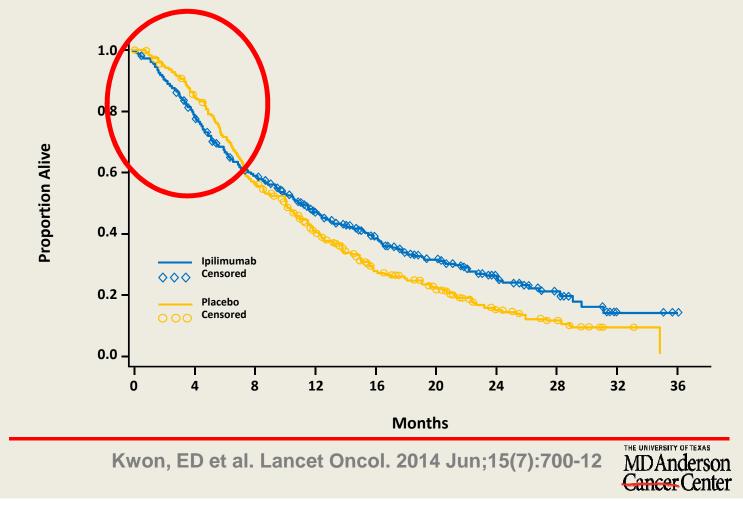


Phase III trial recently reported

BMS



Ant-CTLA-4 (ipilimumab) + radiation therapy in castration-resistant prostate cancer (CRPC)



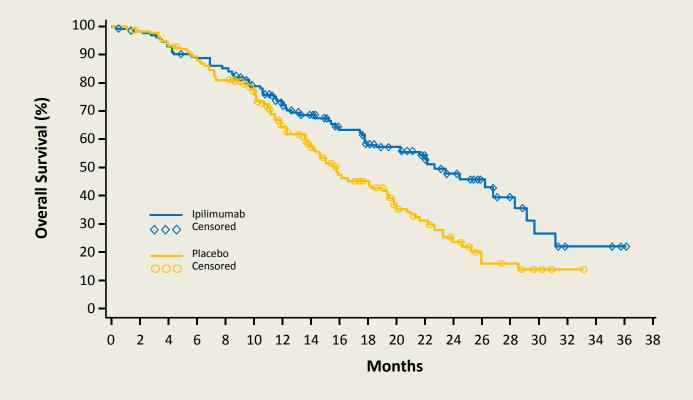
Overall survival: Pre-specified subgroups

Subgroup				# Death / # Randomized (Ipilimumab_vs Placebo)	Hazard Ratio (95% Cl)
Age	<70 ≥70		_	138/215 vs 172/234 131/184 vs 133/166	0.81 (0.64, 1.01) 0.88 (0.69, 1.13)
ECOG status	0 1		_	98/167 vs 123/168 171/232 vs 182/232	0.72 (0.55, 0.94) 0.94 (0.76, 1.16)
Alkaline phosphatase	<1.5 x ULN ≥1.5 x ULN			142/243 vs 166/243 127/156 vs 139/157	0.78 (0.62, 0.97) 0.95 (0.75, 1.21)
Gleason score	≤7 >7			111/174 vs 140/190 134/191 vs 149/186	0.86 (0.67, 1.11) 0.76 (0.60, 0.96)
LDH	Normal Elevated			205/326 vs 237/325 52/58 vs 50/53	0.82 (0.68, 0.99) 1.00 (0.68, 1.47)
Visceral metastases	Yes No		•	- 94/113 vs 93/114 173/280 vs 206/275	1.20 (0.90, 1.60) 0.73 (0.59, 0.89)
Hemoglobin	<11 g/dL ≥11 g/dL			98/111 vs 103/113 171/288 vs 202/287	0.98 (0.74, 1.29) 0.79 (0.64, 0.97)
Region	USA/Canada Non-USA/Canac			57/86 vs 65/93 212/313 vs 240/307	0.99 (0.69, 1.42) 0.79 (0.66, 0.96)
Average daily worst pain at baseline	<4 ≥4		-	88/152 vs 106/150 147/197 vs 152/186	0.81 (0.61, 1.07) 0.88 (0.70, 1.11)
	0	.5 1	1.5	5	
Favor Ipilimumab		95%	CI	Favor Placebo	
	.				
				THE UT	NIVERSITY OF TEXAS
				Ga	ncer Center

Overall survival: Pre-specified subgroups

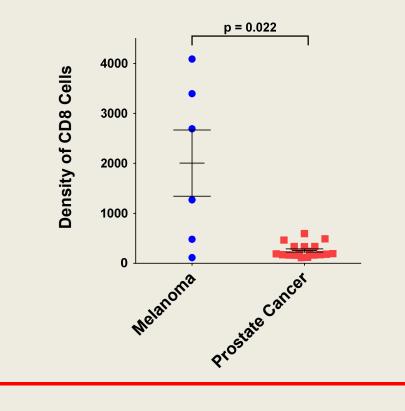
<70 ≥70 0 1 <1.5 x ULN			138/215 vs 1 131/184 vs 1 98/167 vs 12	33/166	0.81 (0.64, 1.01) 0.88 (0.69, 1.13)
1 <1.5 x ULN			98/167 vs 12		
			171/232 vs 1		0.72 (0.55, 0.94) 0.94 (0.76, 1.16)
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0	.5	1	1.5		
Favor Ipilimumab		95% CI	Fave	Favor Placebo	
				\rightarrow	
				MI	iversity of texas DAnderson ncer Center
	≥1.5 x ULN ≤7 >7 Normal Elevated Yes No <11 g/dL ≥11 g/dL USA/Canada Non-USA/Canada <4 ≥4	≥1.5 x ULN ≤7 >7 Normal Elevated Yes No <11 g/dL ≥11 g/dL USA/Canada Non-USA/Canada <4 ≥4	 ≥1.5 x ULN ≤7 >7 Normal Elevated Yes No <11 g/dL ≥11 g/dL USA/Canada Non-USA/Canada <4 ≥4 0.5 1 	$ \begin{array}{c} \geq 1.5 \times \text{ULN} \\ \leq 7 \\ >7 \\ \text{Normal} \\ \text{Elevated} \\ \text{Yes} \\ \text{No} \\ <11 \text{ g/dL} \\ \geq 11 \text{ g/dL} \\ \text{USA/Canada} \\ <4 \\ \geq 4 \end{array} $ $ \begin{array}{c} 127/156 \text{ vs 1} \\ 111/174 \text{ vs 1} \\ 134/191 \text{ vs 1} \\ 205/326 \text{ vs 2} \\ 52/58 \text{ vs 50/5} \\ 94/113 \text{ vs 93} \\ 173/280 \text{ vs 2} \\ 98/111 \text{ vs 10} \\ 171/288 \text{ vs 2} \\ 57/86 \text{ vs 65/5} \\ 212/313 \text{ vs 2} \\ 88/152 \text{ vs 10} \\ 147/197 \text{ vs 1} \end{array} $	 ≥1.5 x ULN ≤7 >7 Normal Elevated Yes No <11 g/dL ≥11 g/dL USA/Canada Non-USA/Canada 0.5 1 15 15 15 15 15 16

Exploratory subgroup analysis of OS in CRPC patients treated with ipilimumab





Lower frequency of CD8 T cells in prostate cancer (non-immunogenic) versus melanoma (immunogenic)





T cell infiltration of the prostate induced by androgen withdrawal in patients with prostate cancer

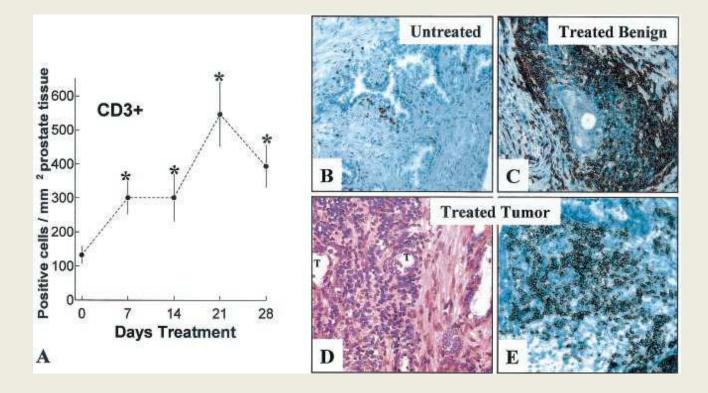
Maria Mercader^{*†}, Barbara K. Bodner^{*†}, Micheal T. Moser^{*†}, Pamela S. Kwon[†], Eugene S. Y. Park^{*†}, Ryan G. Manecke[†], Thomas M. Ellis^{*}, Eva M. Wojcik[‡], Damu Yang^{*}, Robert C. Flanigan[†], W. Bedford Waters[†], W. Martin Kast^{*}, and Eugene D. Kwon^{*†§}

Departments of [†]Urology and [‡]Pathology, and the *Cancer Immunology Program of the Cardinal Bernardin Cancer Center, Loyola University of Chicago, Maywood, IL

Edited by James P. Allison, University of California, Berkeley, CA, and approved October 8, 2001 (received for review March 22, 2001)



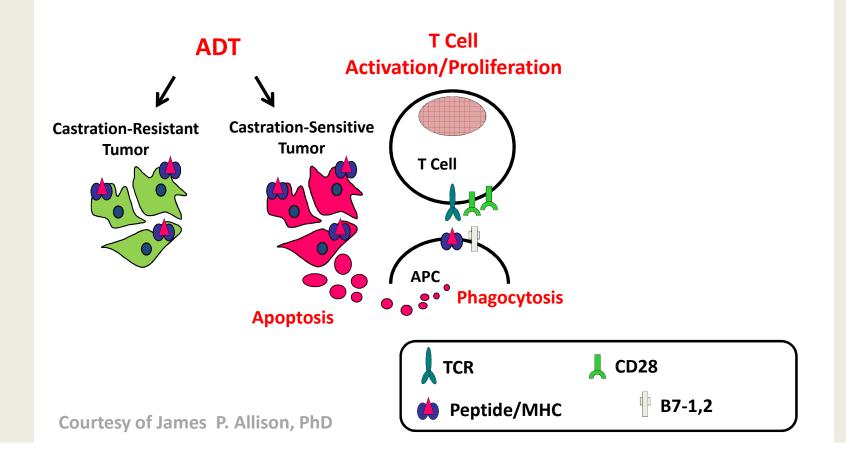
Androgen Blockade Increases TILs



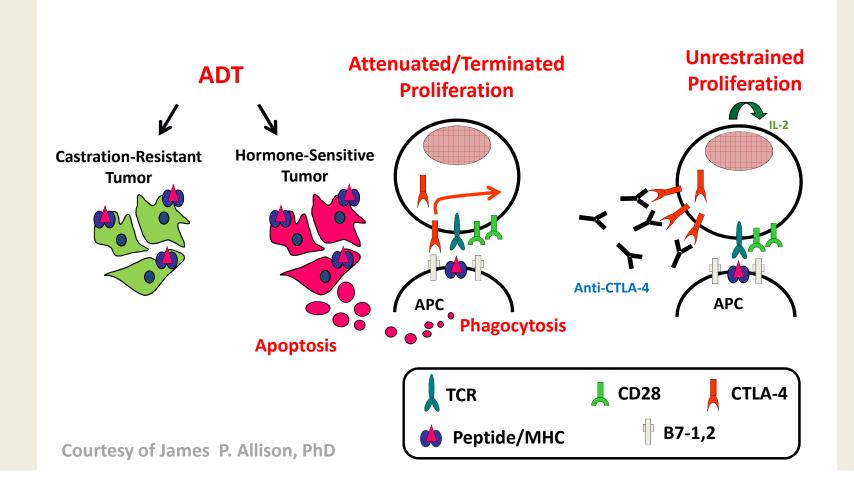
Mercader M et al. PNAS 2001; 98:14565-14570



The Effects of Androgen Deprivation Therapy (ADT) on Tumor Cells and the Immune System

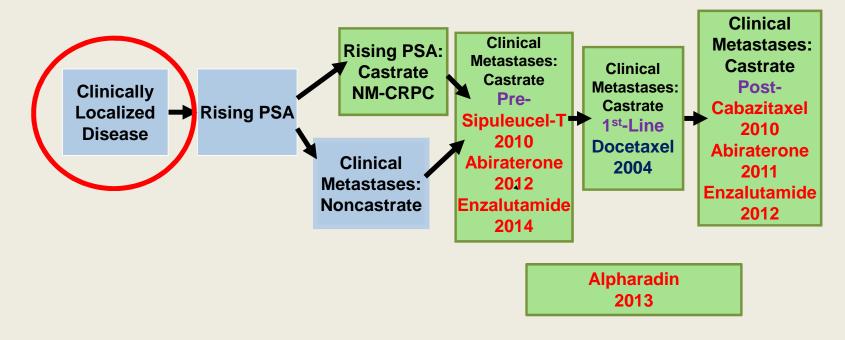


Enhancing the Anti-Tumor Effects of Anti-CTLA-4



Non-castrate

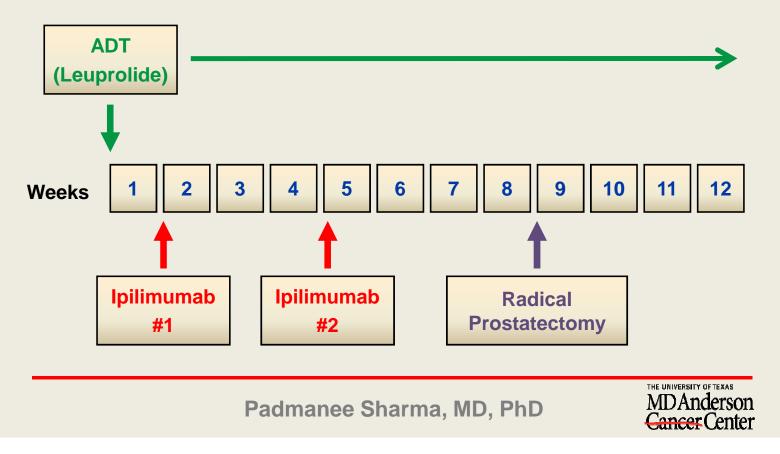
Castration-resistant



Modified from Scher and Heller. Urology 2000.

MD Anderson Protocol 2009-0135:

A Neoadjuvant Phase IIa Study of Ipilimumab Plus Hormone Ablation in Men with Prostate Cancer Followed by Radical Prostatectomy

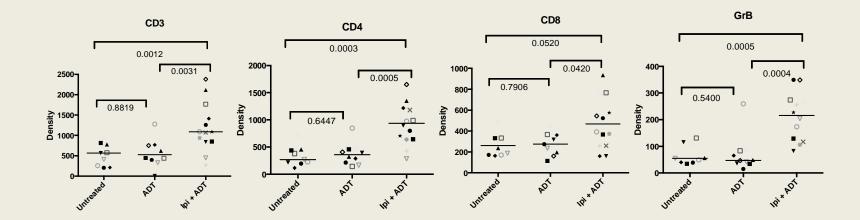


CD3 T-cells within the tumor microenvironment



THE UNIVERSITY OF TEXAS MDAnderson Cancer Center

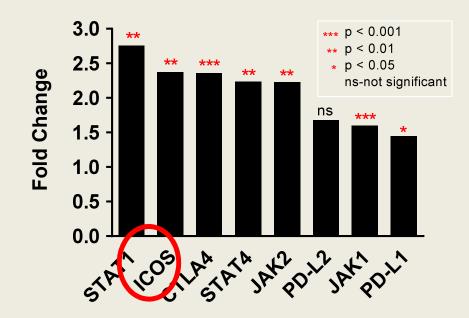
Targeting AR signaling plus CTLA-4 increases CD3, CD4, CD8 and GrB cells within the tumor microenvironment



Mann Whitney test, unpaired, two tailed

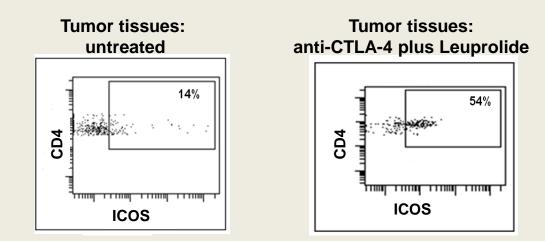


Select immune DEGs in prostate tumor tissues after treatment with ipilimumab plus ADT



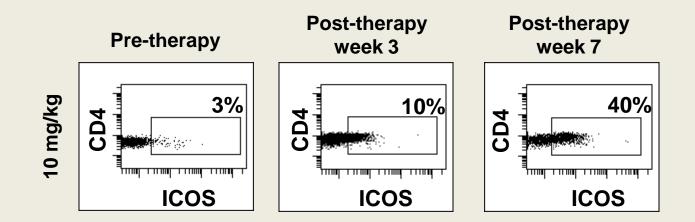


Increased Frequency of ICOS+CD4 T Cells in Tumors from Anti-CTLA-4 Treated Patients



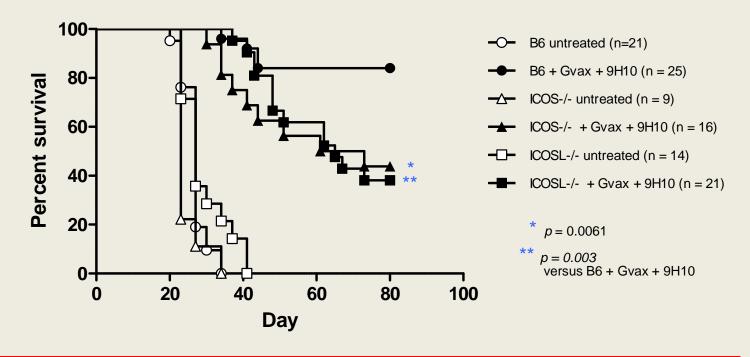


Frequency of ICOS+CD4 T cells increase in peripheral blood after treatment with anti-CTLA-4 antibody





ICOS/ICOSL pathway is necessary for optimal anti-tumor responses in the setting of CTLA-4 blockade

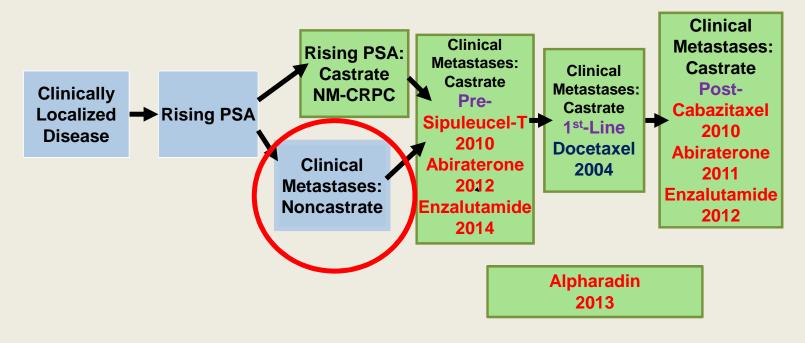


Fu et al., Cancer Research, 2011



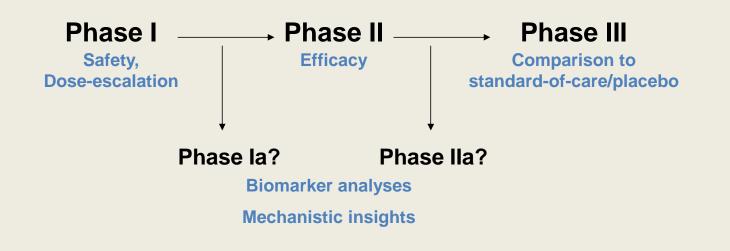
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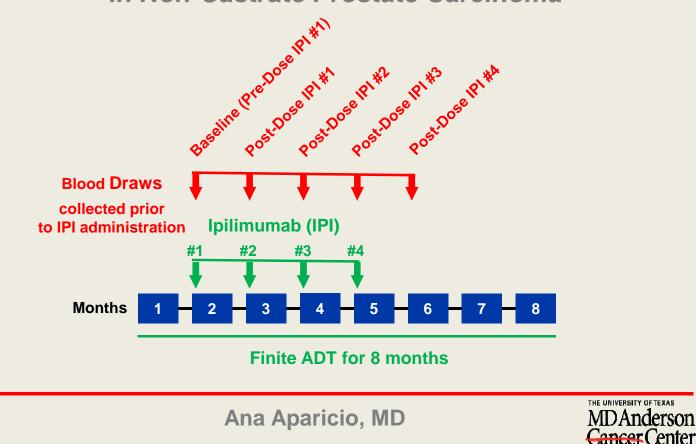
Re-thinking clinical trial design to obtain appropriate samples for biomarker studies





MD Anderson Protocol 2009-0378:

A Phase II Study of Ipilimumab plus ADT in Non-Castrate Prostate Carcinoma



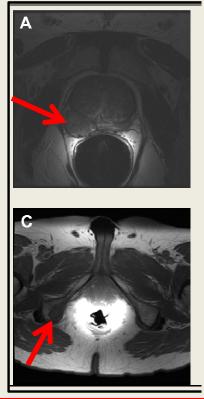
Endpoints

- Primary:
 - To estimate rate of PSA ≤ 0.2 ng/ml at 7 months (Maha Hussain, MB, ChB)
- Secondary:
 - To assess the time to testosterone recovery (\geq 50 ng/dl)
 - To assess time to progression of disease off ADT
 - To characterize safety and drug-related adverse events of ipilimumab combined with ADT
 - To determine overall survival
 - To profile immunological changes



Radiographic Responses: Patient #1

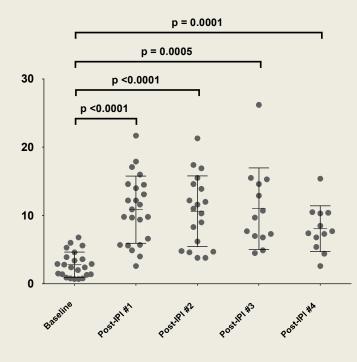
Baseline 07/15/2011



2 of 24 (7%) patients (Patients #1 and #4) achieved complete radiographic responses based on RECIST criteria.

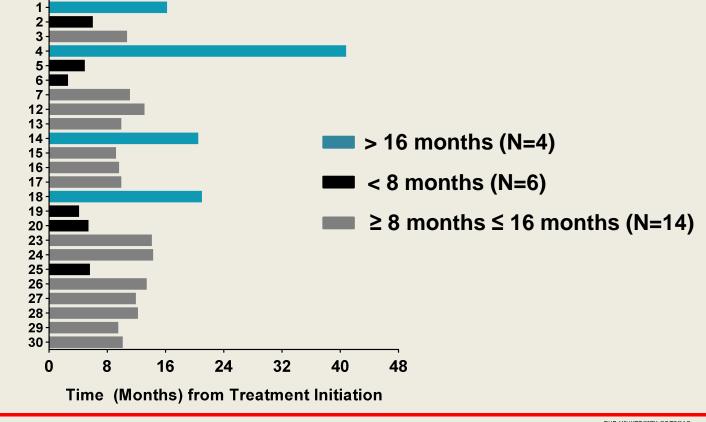


ICOS+CD4 T cells is a pharmacodynamic marker for ipilimumab



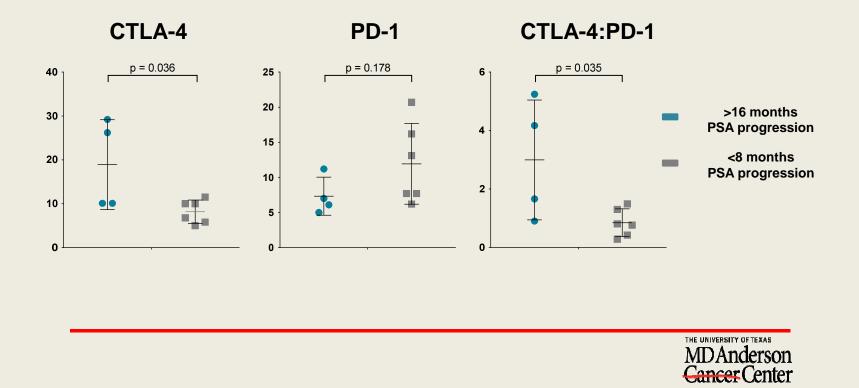


Time to PSA progression



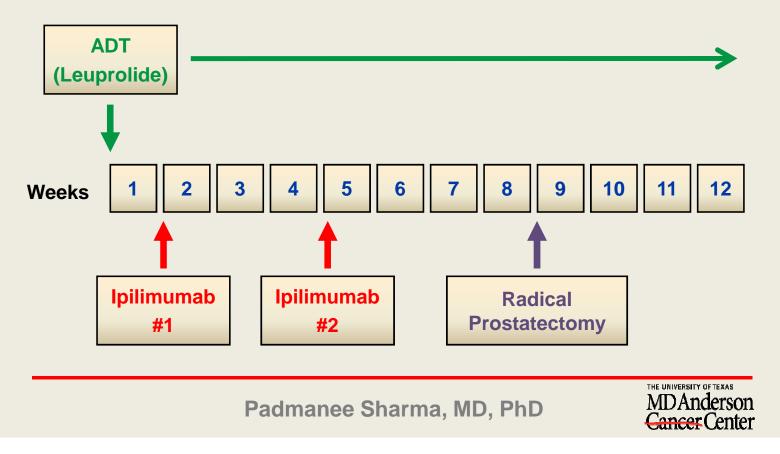


Baseline CD3 T cell biomarkers potentially predictive of clinical benefit

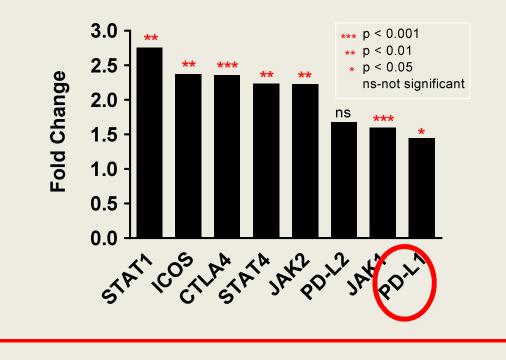


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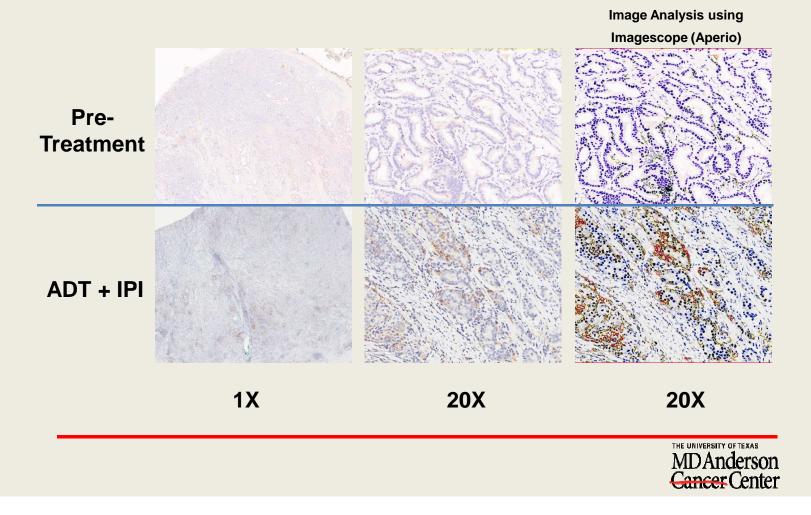


Select immune DEGs in prostate tumor tissues after treatment with ipilimumab plus ADT

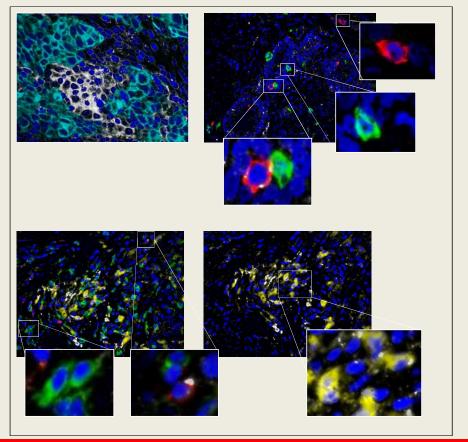




PD-L1 IHC staining



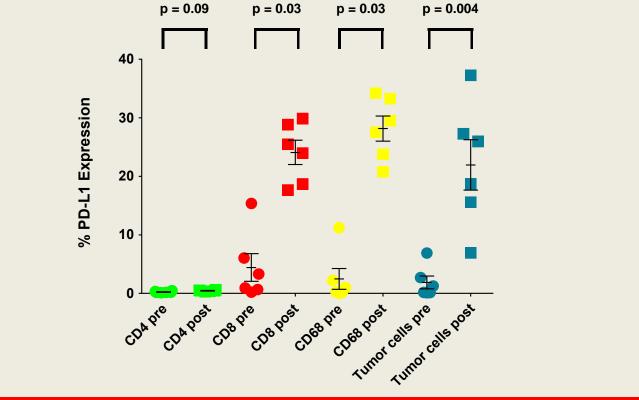
Multiplex analysis of PD-L1 expression status on selected cell subsets



DAPI Tumor/Epithelial cells PD-L1 CD4 CD8 CD68

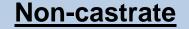


Multiplex analysis of PD-L1 expression status on selected cell subsets

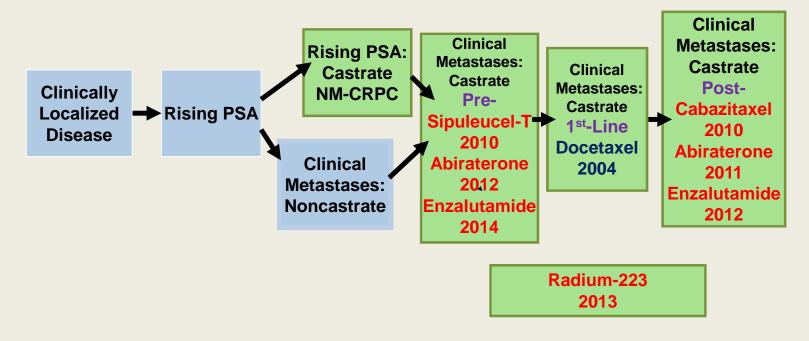




Clinical states model of prostate cancer

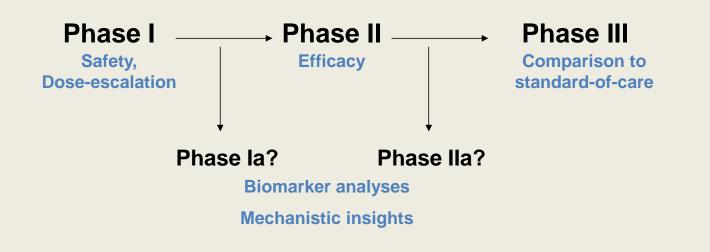


Castration-resistant



Modified from Scher and Heller. Urology 2000.

Re-thinking clinical trial design to obtain appropriate samples for biomarker studies



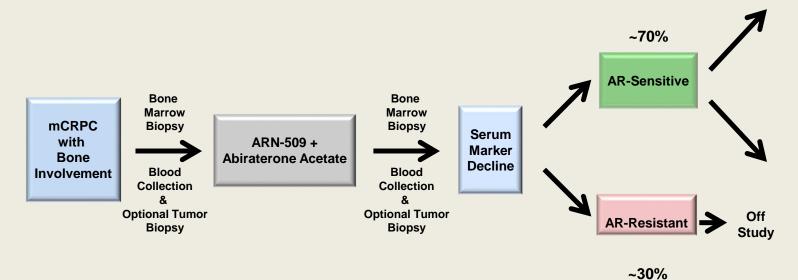


Hypothesis

 Patients identified based on initial responses to optimal targeting of the AR signaling pathway will derive further benefit with ipilimumab.



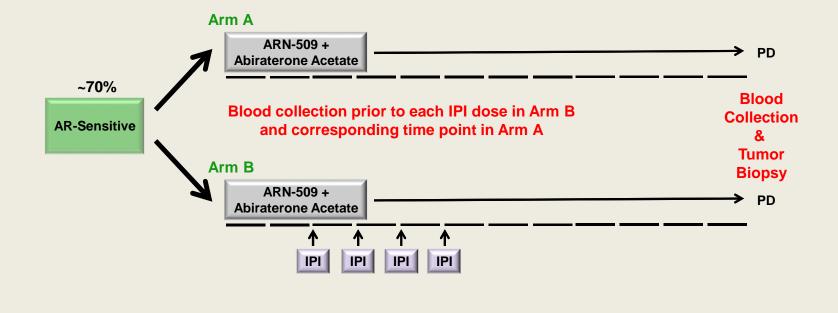
Dichotomization of CRPC



PI: Ana Aparicio, MD



Elucidating the link between targeting the AR signaling pathway and the immune system



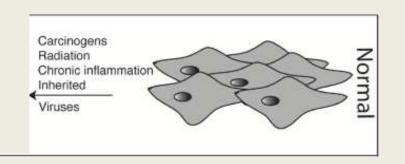


Additional biomarker analyses

• Hypothesis

 Induction of effective anti-tumor responses by ipilimumab is mediated by lymphocyte responses to tumor neoantigens.

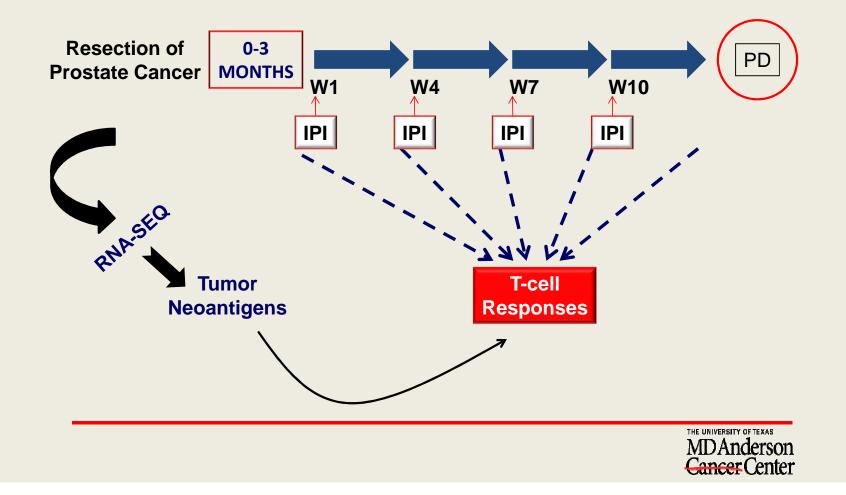




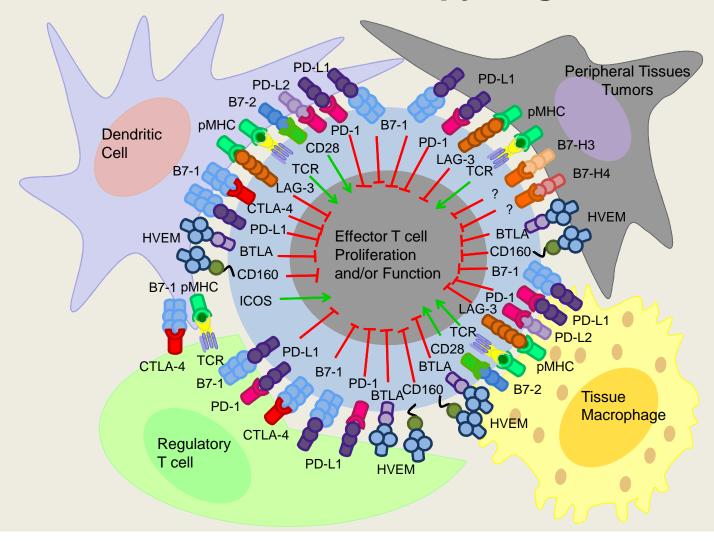
The Immunobiology of Cancer Immunosurveillance and Immunoediting

Gavin P. Dunn , Lloyd J. Old , Robert D. Schreiber Immunity, Volume 21, Issue 2, 2004, 137 - 148

Identifying neoantigens



Novel immunotherapy targets





Acknowledgements



PATIENTS

Immunotherapy (IMT) Platform

James Allison Jorge Blando Padmanee Sharma Luis Vence Ignacio Wistuba

<u>Urology</u>

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Pathology

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