

LUNG CANCER **UPDATES**

AACR HIGHLIGHTS

29 MARZO - 3 ABRIL 2019



ATLANTA

Iniciativa científica de:



Grupo Español de Cáncer de Pulmón
Spanish Lung Cancer Group



LUNG CANCER
UPDATES
AACR HIGHLIGHTS
29 MARZO - 3 ABRIL 2019



ATLANTA

NSCLC: Biomarcadores en Inmuno-Oncología

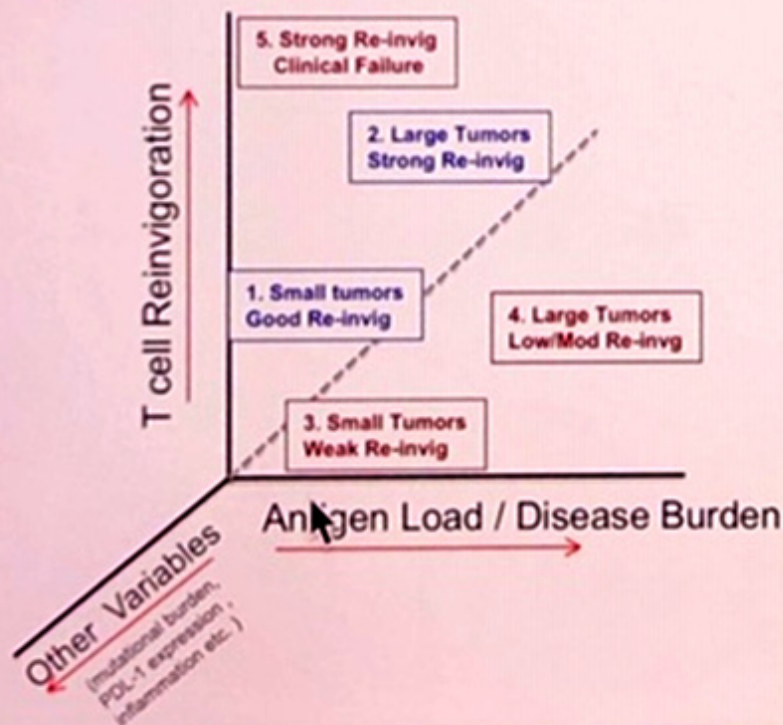
Dr. Santiago Ponce

Iniciativa científica de:



Grupo Español de Cáncer de Pulmón
Spanish Lung Cancer Group

Disease burden and response to immunotherapy



1. Less Severe Exhaustion
Small Tumors
2. Robust re-invigoration
Dominant PD-1 regulation
3. Poor Priming, "cold" tumors
Poor Immunogenicity
4. Dominant immunosuppression
Severe exhaustion
Poor re-invigoration
Secondary checkpoints
5. Tumor Escape

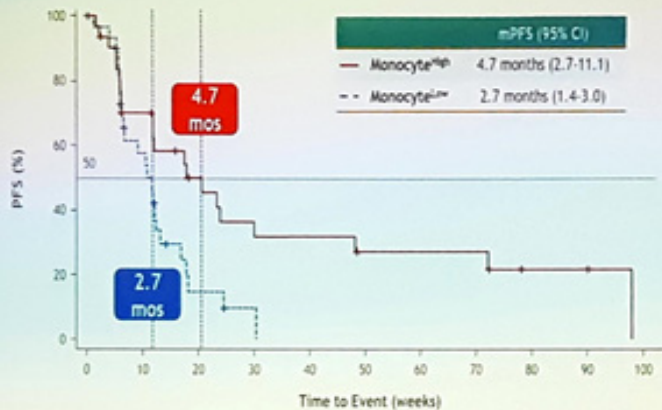


Iniciativa científica de:



Grupo Español de Cáncer de Pulmón
Spanish Lung Cancer Group

Baseline Peripheral Classical Monocytes May Predict Clinical Benefit in NSCLC Cohort



Patients with high levels of monocyte at baseline experienced a significantly longer PFS benefit from ENT + PEMBRO

	0	10	20	30	40	50	60	70	80	90	100
High*	33	19	11	7	7	5	5	5	2	2	0
Low*	32	15	3	1	0						

* High / low defined by the median (95% of live PBMCs/ml) of peripheral monocyte value from available samples (n = 85).
CI, confidence interval; PBMCs, peripheral blood mononuclear cells; mPFS, median progression-free survival.

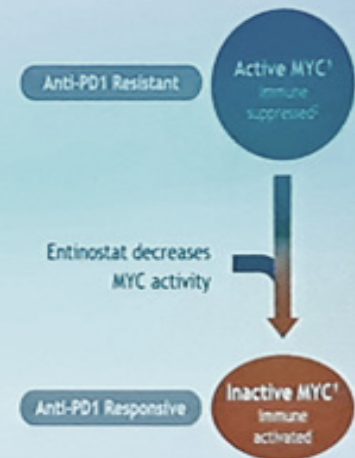
Gene Expression Analysis on Tumor Biopsies Identified High Baseline MYC Activity in ENCORE-601 Responders

High MYC activity leads to PD-(L)1 resistance and immune suppressed TME through:^{1,2}

- Increased PD-L1 expression
- Decreased Type I IFN
- Exclusion of lymphocytes

Entinostat known to decrease MYC activity³⁻⁶

ENCORE-601 responders found to have high MYC activity prior to treatment⁷



IFN, interferon; TME, tumor microenvironment.

1. Tapper AL, et al. *Cell*. 2017;171(6):1324-1336. 2. Rantavaara K, et al. *Cell*. 2017;171(6):1301-1315. 3. Simmons JK, et al. *Mol Cancer Ther*. 2017;16(9):2008-2021. 4. Redburn A, et al. *Clin Cancer Res*. 2017;23(16):2540-2555. 5. Harino M, et al. *Breast Cancer Res*. 2018;20(1):145. 6. Tanaka et al. *Cancer Med*. 2018;10(1):86. 7. Syndax Pharmaceuticals, Inc. Unpublished results.

APX005M

Anti CD40 + Nivo

Iniciativa científica de:



Grupo Español de Cáncer de Pulmón
Spanish Lung Cancer Group

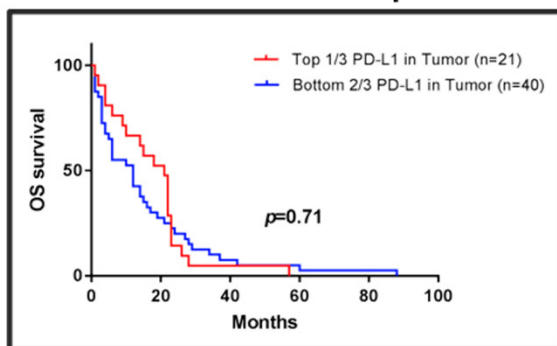
Characteristic	N (%)
Total	81
Gender	
Male	43 (53.1)
Female	38 (46.9)
Age	
< 70 yo	42 (51.9)
>= 70 yo	39 (48.1)
ECOG performance status	
0	7 (8.6)
1	63 (77.8)
2	10 (12.3)
3	1 (1.2)
Smoking history	
Never smoker	14 (17.3)
Current smoker	18 (22.2)
Former smoker	48 (59.3)
*Missing	1
Histology	
Adenocarcinoma	61 (75.3)
Squamous-cell carcinoma	15 (18.5)
Large-cell carcinoma	4 (4.9)
Adeno-squamous carcinoma	1 (1.2)
Stage	
III	2 (2.5)
IV (M1a)	21 (25.9)
IV (M1b)	11 (13.6)
IV (M1c)	47 (58)
Recurrent disease	
Yes	32 (39.5)
No	49 (60.5)

IT regimen	N (%)
Total	81
Nivolumab	57 (70.4)
Pembrolizumab	5 (6.2)
Atezolizumab	5 (6.2)
Nivolumab + Ipilimumab	5 (6.2)
Durvalumab + Tremelimumab	5 (6.2)
Carboplatin + Paclitaxel + Atezolizumab	2 (2.5)
Atezolizumab + Epacadostat	1 (1.2)

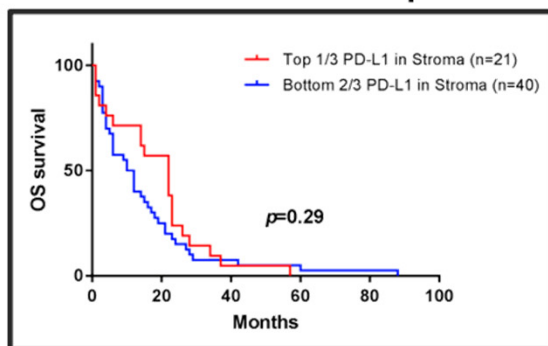
Moment of collection	N (%)
Total	81
Pre immunotherapy	73 (90.1)
Post immunotherapy	8 (9.9)
- Acquired resistant specimen	- 4 (4.9)
- Primary resistant specimen	- 4 (4.9)

67 patients with mono-therapy including 62 with pre-treatment biopsy available for study

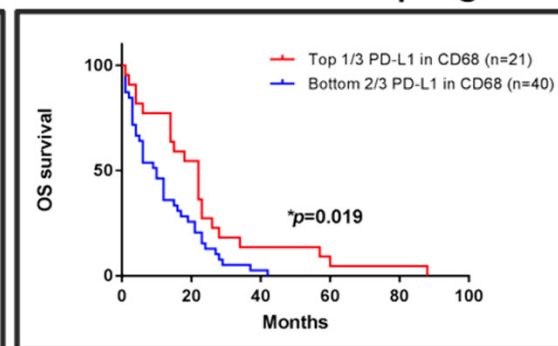
PD-L1 in tumor compartment



PD-L1 in stromal compartment



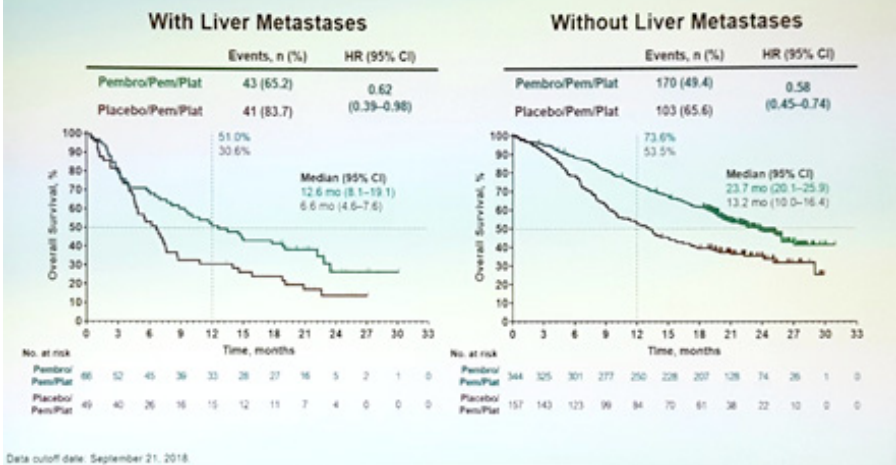
PD-L1 in macrophages



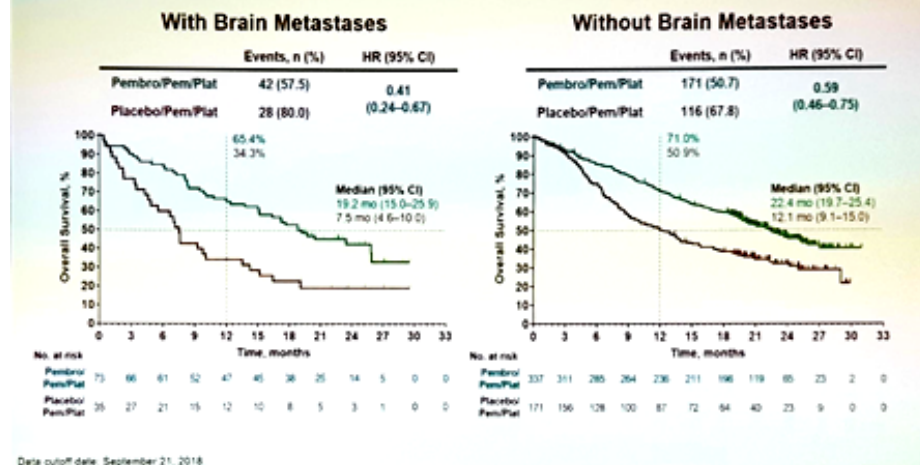
Iniciativa científica de:



Overall Survival: Liver Metastases



Overall Survival: Brain Metastases

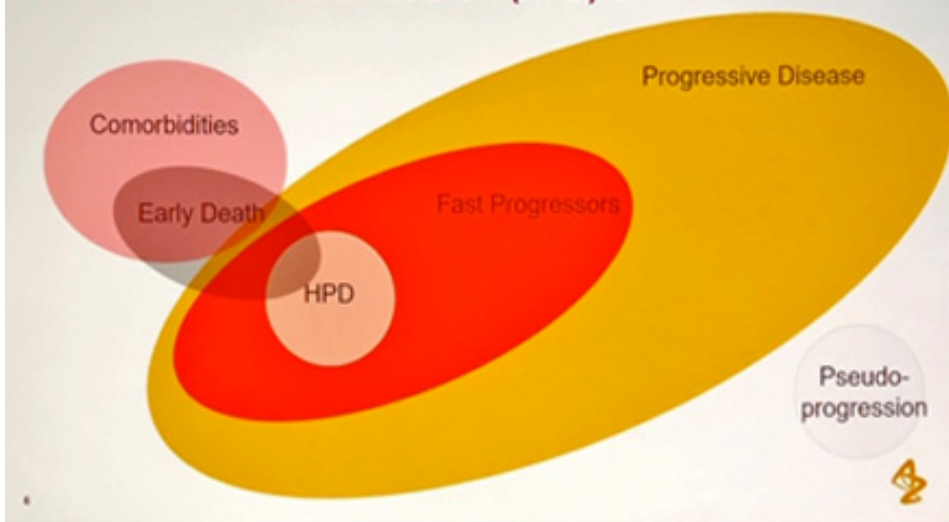


Iniciativa científica de:



Grupo Español de Cáncer de Pulmón
Spanish Lung Cancer Group

What is HYPERPROGRESSION (HPD) ?



Papers with different Criteria

	Chamlet et al. Clin. Cancer Research 2016	Kato et al. Clin. Cancer Research 2017	Sabido-Boussid et al. Annals of Oncology 2017	Ferrera et al. Jama Onc 2018	Lo Russo Clin. Cancer Research 2018	Gandara D LBA ESMO IO 2018
Population	N = 131 Metastatic cancers phase 1 trials PD1 or PD-L1 inhibitors monotherapy	N = 155 Metastatic cancers with molecular profiling with CTLA-4, PD-1/PD-L1 inhibitors or other investigational agents	N = 34 Recurrent and/or Metastatic head and neck squamous cell carcinoma PD-1/PD-L1 inhibitors	N = 406 Advanced NSCLC PD-1/PD-L1 inhibitors + IO combo	N = 187 Advanced NSCLC PD-1/PD-L1 inhibitors + IO combo	N = 850 Advanced NSCLC Atez vs Docetaxel
Criteria	RISQST PD at first evaluation & TOR EOP/TOR Ratio ≥ 2	TTP < 2 months > 97% increase in tumor burden > 2-fold increase in "progression pace"	Acceleration of tumor growth kinetics (TOK) TOK ratio (TOK ₀) ≥ 1	RISQST PD at first evaluation & TOR IO-TOR pre-IO > 98%	$\geq 80\%$ increase in SLD ≤ 6 weeks TTP < 2 months + New lesions + ≥ 8008 Pg deburdenment	$\geq 80\%$ increase in SLD ≤ 6 weeks Early deaths
HPD rate	9% (12/131)	6% (6/102)	29% (10/34)	14% (56/406)	25.7% (39/187)	10% (44/425)
Associated factors	Age (86 vs 55, $p = 0.007$)	All analysis were performed for TTP < 2 months only, no clinical correlation MDM2/MDM4 EGFR	Regional recurrence (T0R02: 98% vs T0R+2: 17%, $p = 0.008$)	Metastatic sites > 2 (74 vs 19%, $p = 0.002$)	No clinical association CD33 CD163 PD- L1 MDM2/MDM4, EGFR	NO FP