

# An overview on immuno-oncology

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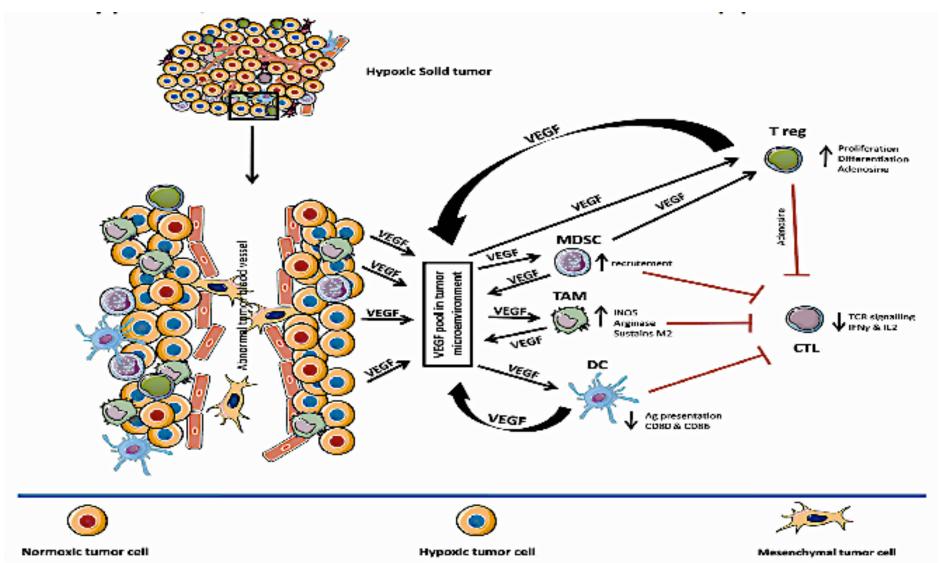


### **Tumor-derived immune suppression**

- Systematic studies have identified multiple mechanisms by which cancers defeat the immune response:
  - —Immunosuppressive cytokines: TGF-β, IL-4, -6, -10, VEGF
  - Immunosuppressive immune cells: T-regs, macrophages
  - Disruption of immune activation signaling: loss of MHC receptor, IDO (indoleamine-dioxygenase) production
- Goal: therapy strategies that "liberate" underlying anticancer immune responses
- Immune checkpoints not even in the picture in 2008!

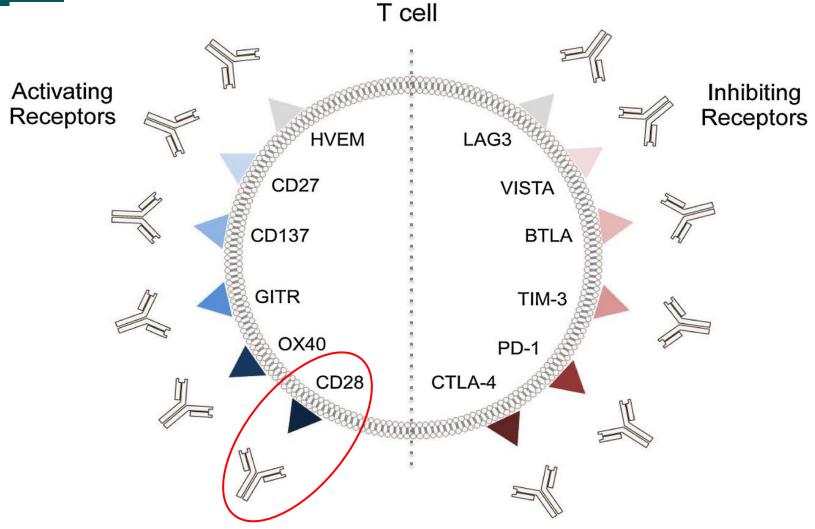


# Hypoxia, inflammation and immune suppression





### Immunotherapeutic targets



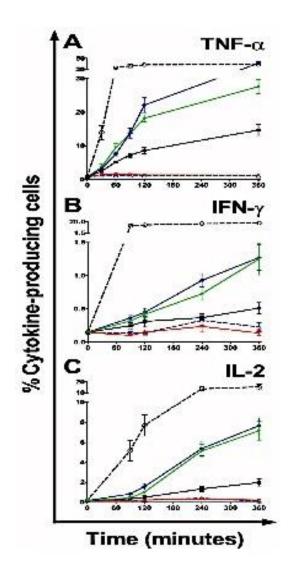
B. Merelli et al. Critical Reviews in Oncology/Hematology 89 (2014) 140–165



### TGN1412 SADRs due to species differences in CD28 expression on CD4+ effector memory T-cells

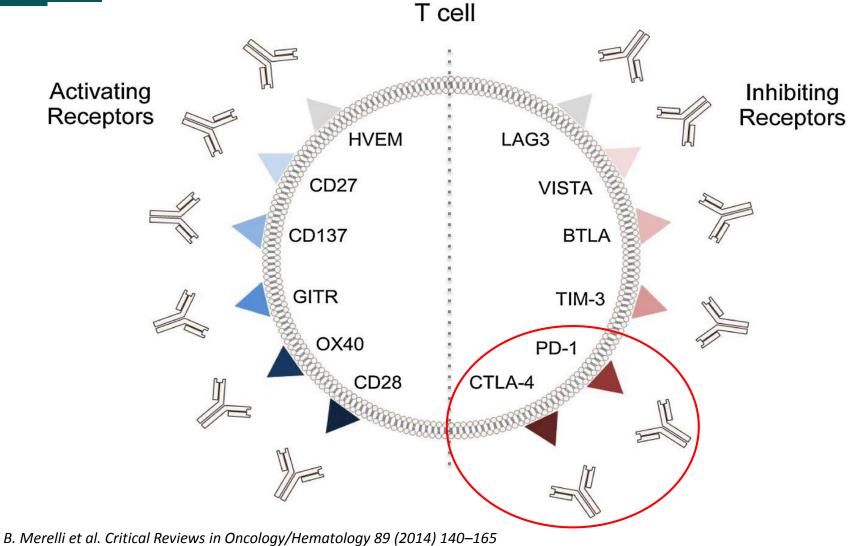








### Immunotherapeutic targets



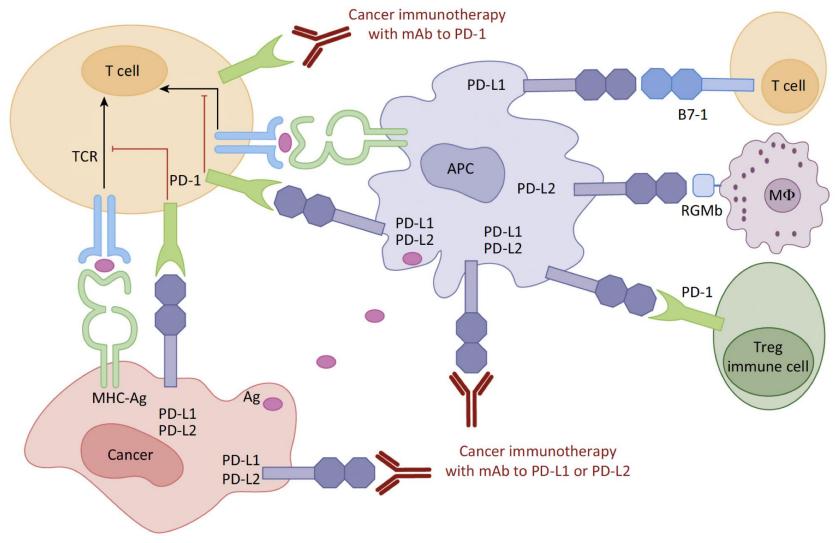


#### **Comparisons between CTLA-4 and PD-1**

	PD-1	CTLA-4
Biological function	Inhibitory receptor	Inhibitory receptor
Expression on	Activated T cells, activated B cells, activated NK cells, TILs in different tumor types	T cells at the time of their initial response to antigen (activated CD8+ effector T cells)
Major role	<ul> <li>Limitation of T cells activity in peripheral tissues following inflammatory responses</li> <li>Limitation of autoimmunity</li> </ul>	Regulation of the early stage of T cells activation
Ligands	<ul><li>PD-L1 (B7-H1/CD274)</li><li>PD-L2 (B7-CD/CD273)</li></ul>	<ul><li>CD80 (B7.1)</li><li>CD86 (B7.2)</li></ul>
Mechanism of action	<ul> <li>PD-1 binds to the ligand</li> <li>↓</li> <li>Recruitment of phosphatase SHP-2</li> </ul>	<ul> <li>◆ CTLA-4 interacts with the ligand</li> <li>↓</li> <li>◆ Binding with PI3K, phosphatases SHP-2 and PP2A</li> </ul>
	• Decreased expression of the cell survival protein Bcl-xL	• Blockade of lipid-raft expression
	<ul> <li>PD-1 inhibits kinases (PI3K/AKT) that are involved in T cells activation</li> </ul>	Blockade of microcluster formation

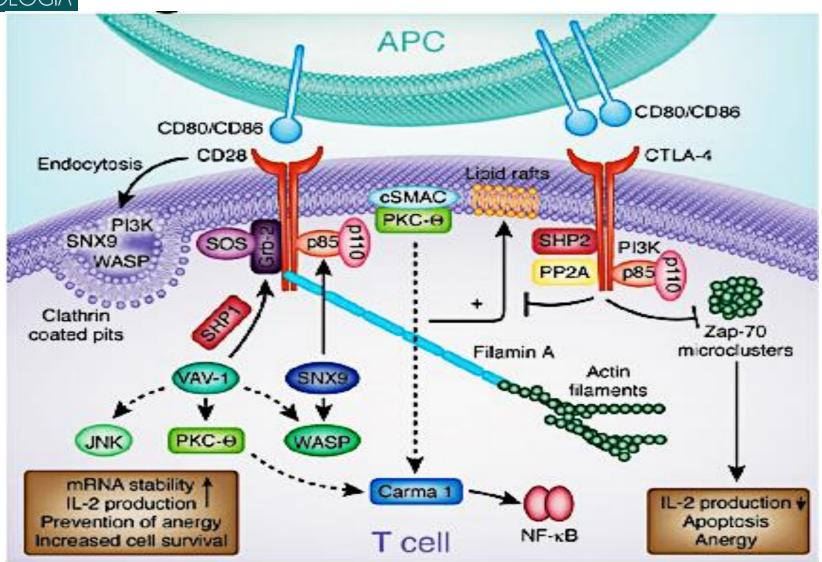


# Cancer immunotherapy with anti-PD-1 and anti-PD-L1/L2 antibodies



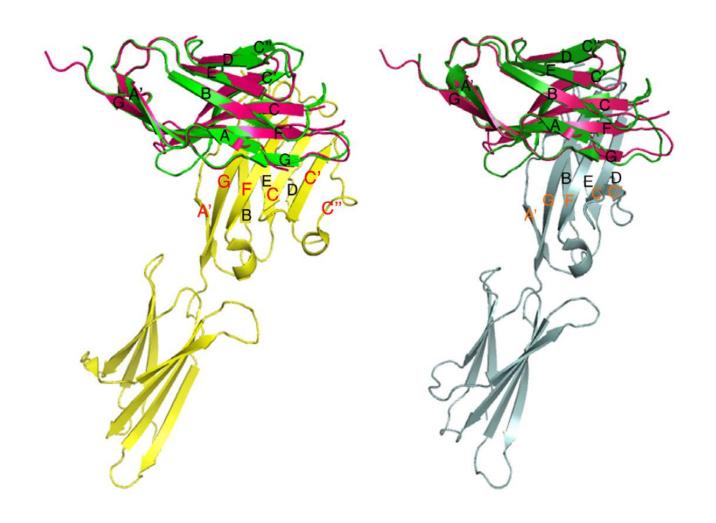


#### CTLA-4 signal transduction





# Crystal structures of PD-1/PD-L1 (left) and PD-1/PD-L2 complexes (right)





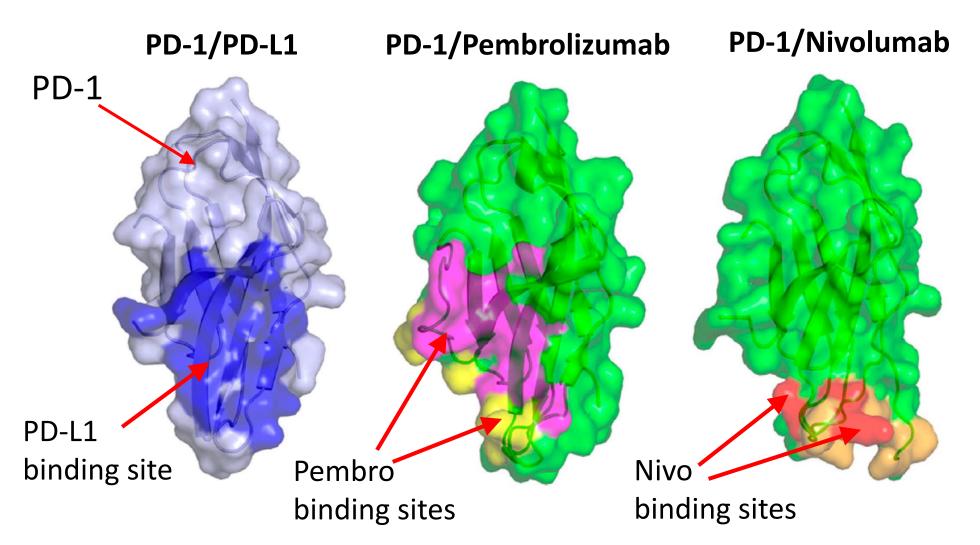
### Kd of PD-L1 and PD-L2 for PD-1

```
PD-1
   PD-1:PD-L1
     270-526 nM Youngnak et al<sup>49</sup> (Scatchard plots analysis)
                        Butte et al<sup>48</sup> (Scatchard plots analysis)
     590-770 nM
                        Butte et al<sup>48</sup> (equilibrium binding<sup>†</sup>)
     770 nM
   PD-1:PD-L2
                        Youngnak et al<sup>49</sup> (Scatchard plots analysis)
     89-106 nM
                        Butte et al<sup>48</sup> (equilibrium binding<sup>†</sup>)
     590 nM
```

Kathleen M. Mahoney et al. Clin Ther. 2015;37:764–782



### Interactions between PD-1 and anti-PD-1 drugs





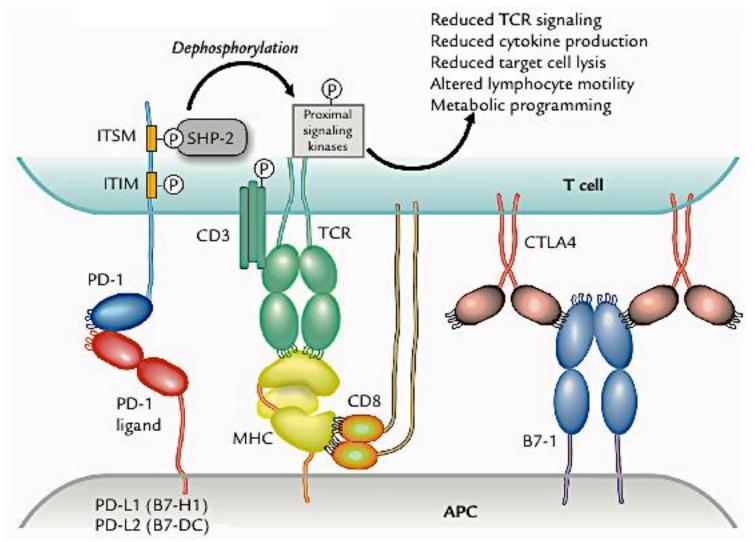
### PD-1 polymorphisms

 -606A>G, 7146G>A, 7625G>A, 7785C>T, 7786G>C, 8669A>G, and 8737G>A

- Liu C et al., Int J Genomics 2014;2014:247637
- Dong W et al., PLoS One 2016;11(3):e0152448



### PD1/PD-L1 signal transduction





### Biological agents targeting PD-1 or PD-L1 in cancer clinical trials

Biological agent	Class	Target
CT-011 (pidilizumab)	Humanized IgG1	PD-1
MK-3475 (lambrolizumab, pembrolizumab)	Humanized IgG4	PD-1
BMS-936558 (nivolumab)	Human IgG4	PD-1
AMP-224 (B7-DC-Fc fusion protein)	PD-L2 IgG2a fusion protein	PD-1
BMS-936559	Human IgG4	PD-L1
MEDI4736 (durvalumab)	Humanized IgG	PD-L1
MPDL3280A (atezolizumab)	Human IgG	PD-L1
MSB0010718C (avelumab)	Human IgG1	PD-L1



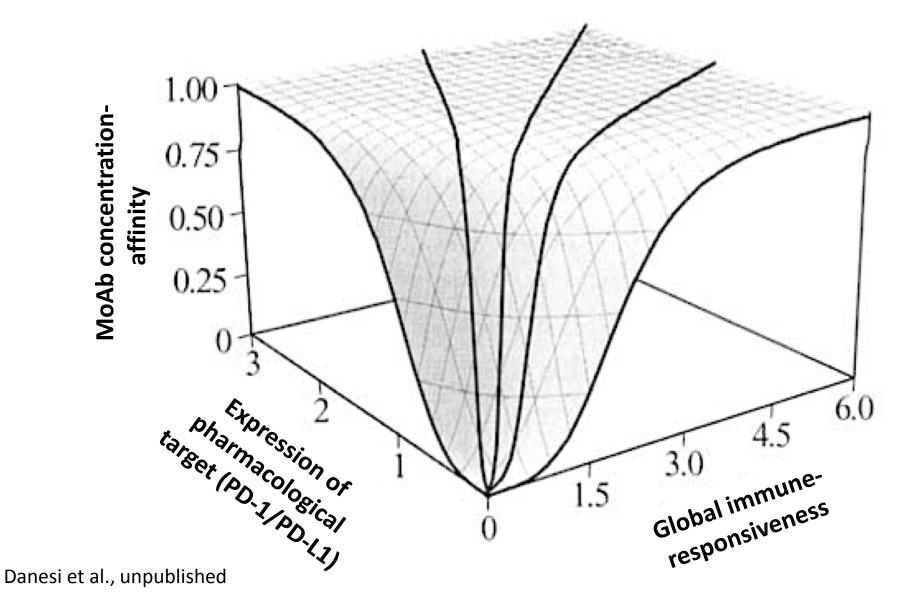
#### Activation of ADCC/CDC by immunecheckpoint inhibitors

Checkpoint Inhibitor	Killer Isotype	Nonkiller Isotype
Anti-CTLA-4	lpilimumab (IgG1)	Tremelimumab (IgG2)
Anti-PD-1	Pidilizumab (IgG1)	Nivolumab (IgG4), pembrolizumab (IgG4)
Anti-PD-L1	_	BMS-936559 (IgG4), MPDL-3280A
		(mutated IgG1 that eliminates ADCC and CDC)

ADCC = antibody-dependent cell-mediated cytotoxicity; CDC = complement dependent cytotoxicity; CTLA = cytotoxic T-lymphocyte antigen; Ig = immunoglobulin; PD = programmed cell death protein.

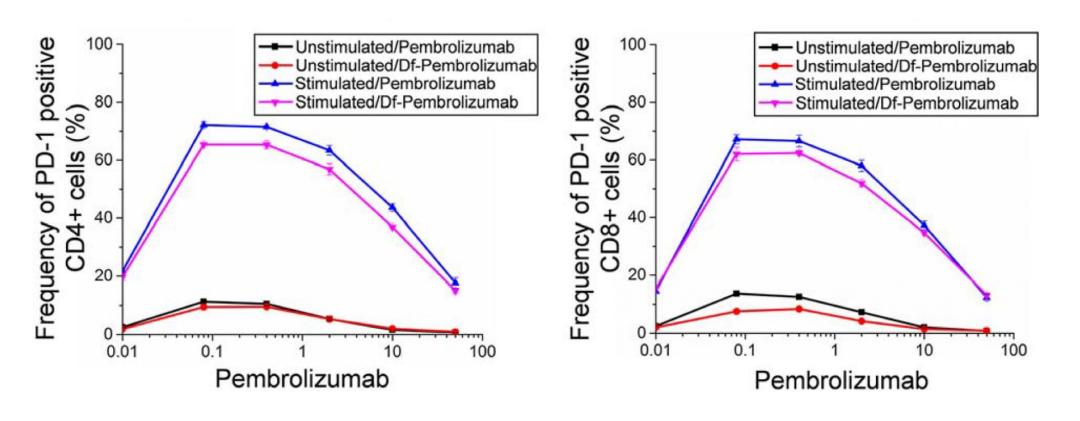


#### Tri-dimensional model of drug-target-immuneactivation for immune checkpoint inhibitors



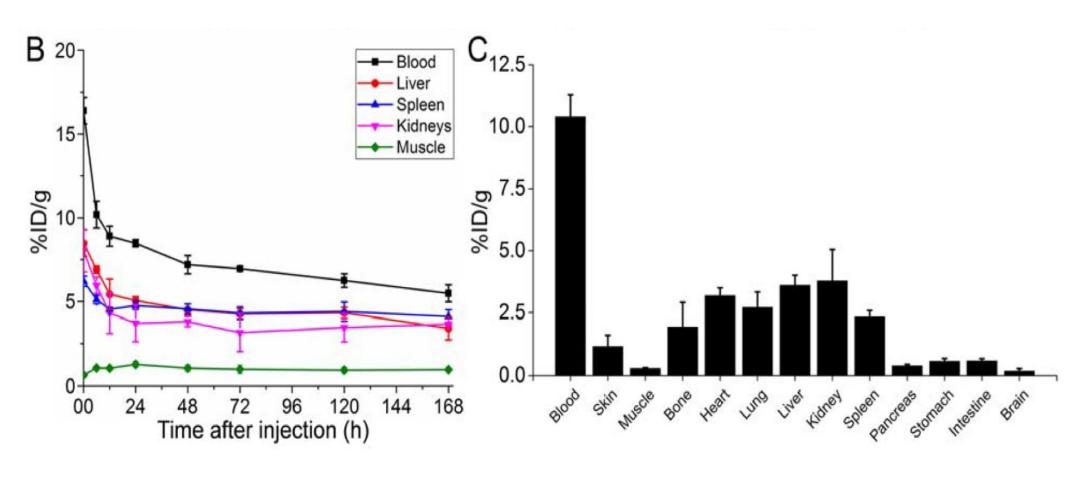


### Pembrolizumab displays higher binding to stimulated T-cells





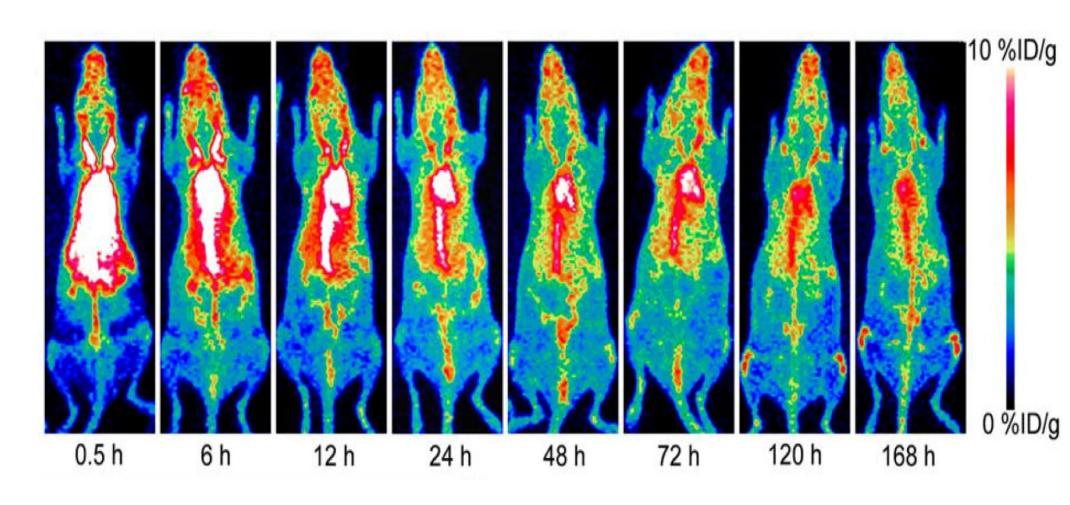
### Biodistribution of [89Zr]-Df-pembrolizumab in ICR mice



Christopher G. England et al J Nucl Med Doi: 10.2967/jnumed.116.177857

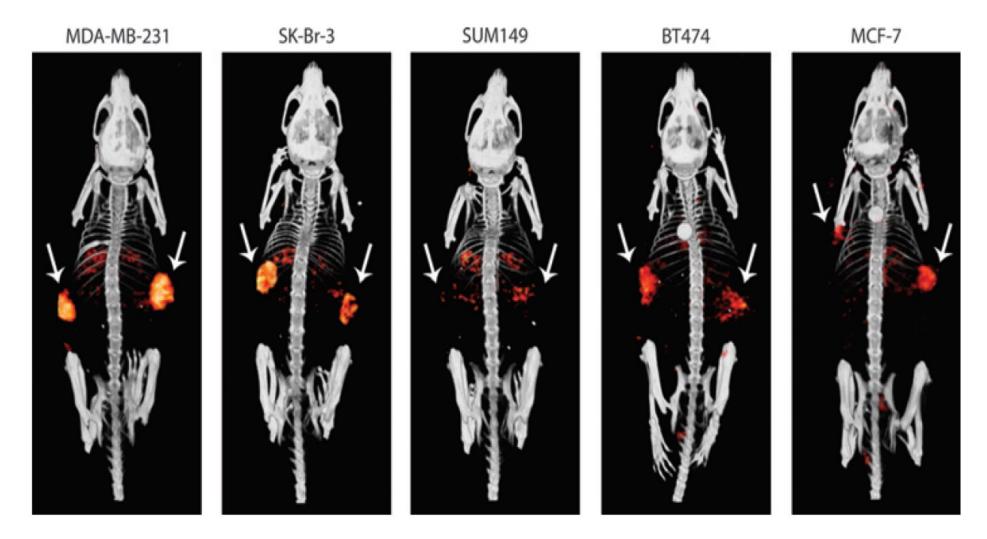


### Biodistribution of [89Zr]-Df-pembrolizumab in ICR mice





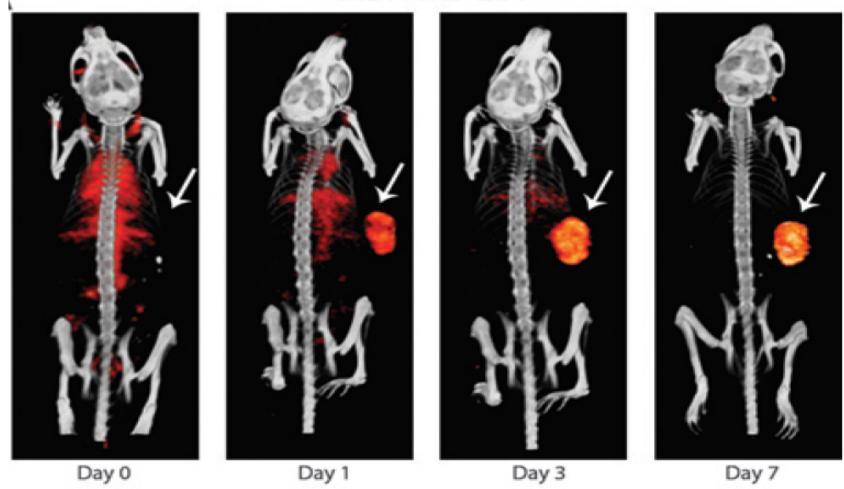
# Imaging of tumor PD-L1 expression using radiolabeled anti-PD-L1 antibody





### Imaging of tumor PD-L1 expression using radiolabeled anti-PD-L1 antibody

#### MDA-MB-231

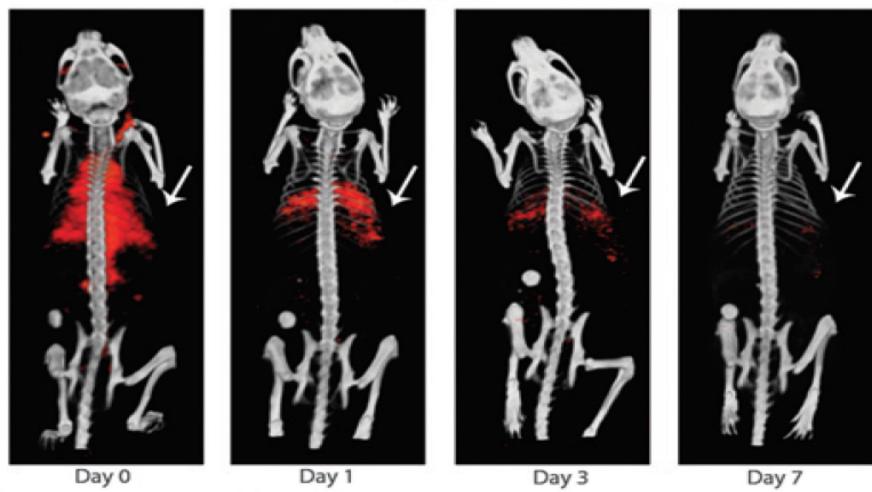


Sandra Heskamp et al. Cancer Res 2015;75:2928-2936



### Imaging of tumor PD-L1 expression using radiolabeled anti-PD-L1 antibodies

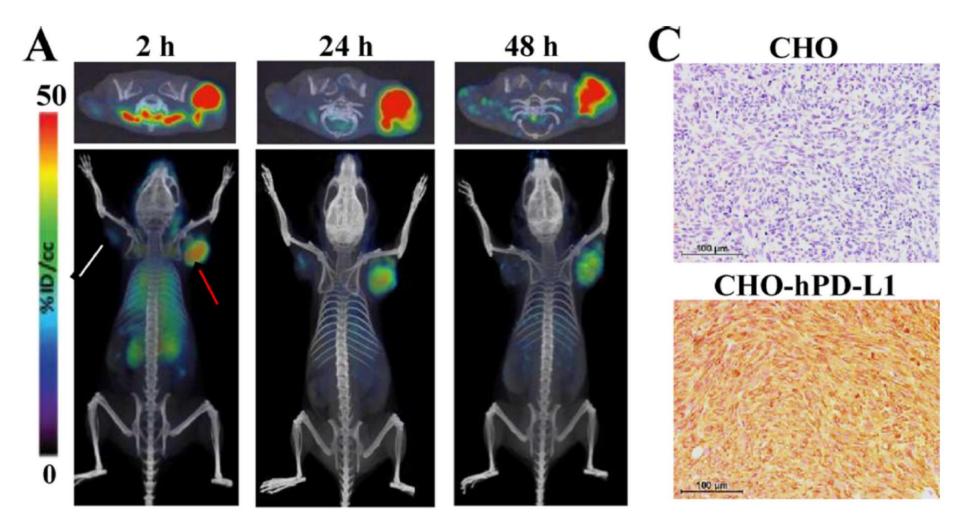
MCF-7



Sandra Heskamp et al. Cancer Res 2015;75:2928-2936



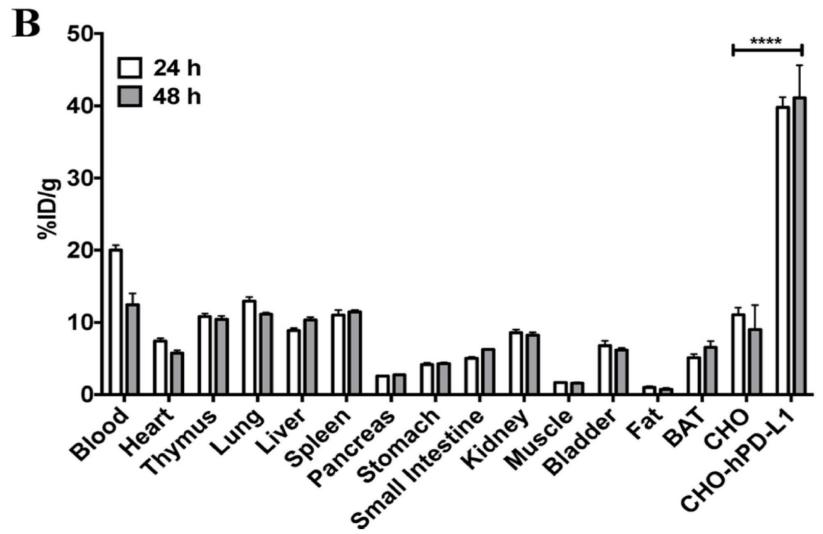
# PD-L1 Detection in Tumors Using [64Cu]atezolizumab with PET



Wojciech G. Lesniak et al. Bioconjug Chem 2016; 27(9): 2103–2110

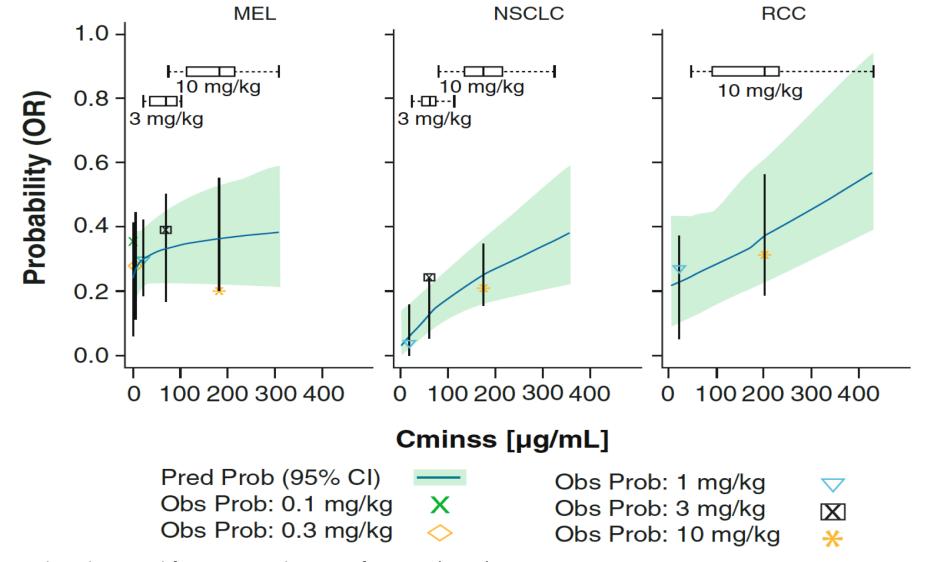


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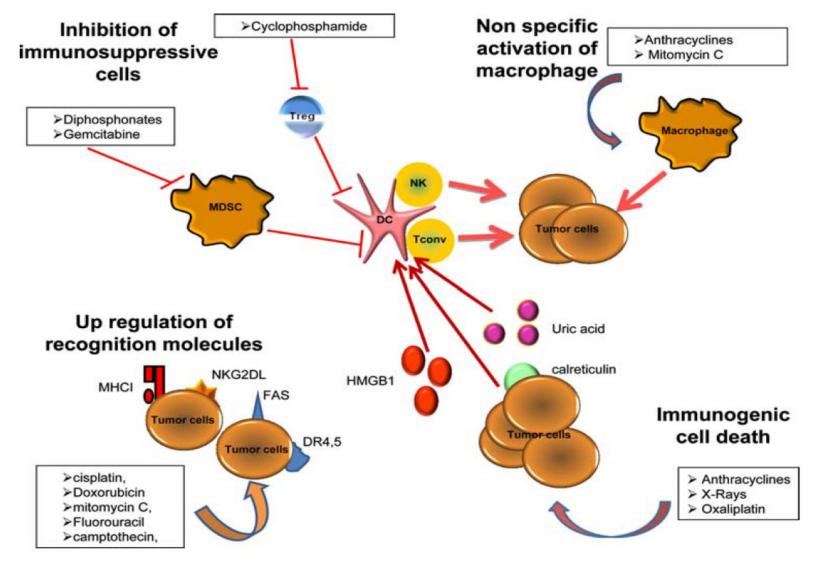


# Exposure-response efficacy analysis of nivolumab by tumor type





# Chemotherapy: not only a cytotoxic effect, but also an adjuvant for antitumor immunity





### Open questions

- •Why are the response rates of anti-PD-1 and anti-PD-L1 variable among different cancers?
- Can response biomarkers be identified and how can these be integrated into clinical practice?
- •How can anti-PD-1 and anti-PD-L1 antibodies be integrated into current treatment regimens in upfront and relapsed settings?
- Does PD-1 expressed on immune cells other than T cells play a role in anti-PD-1/PD-L1 therapy?