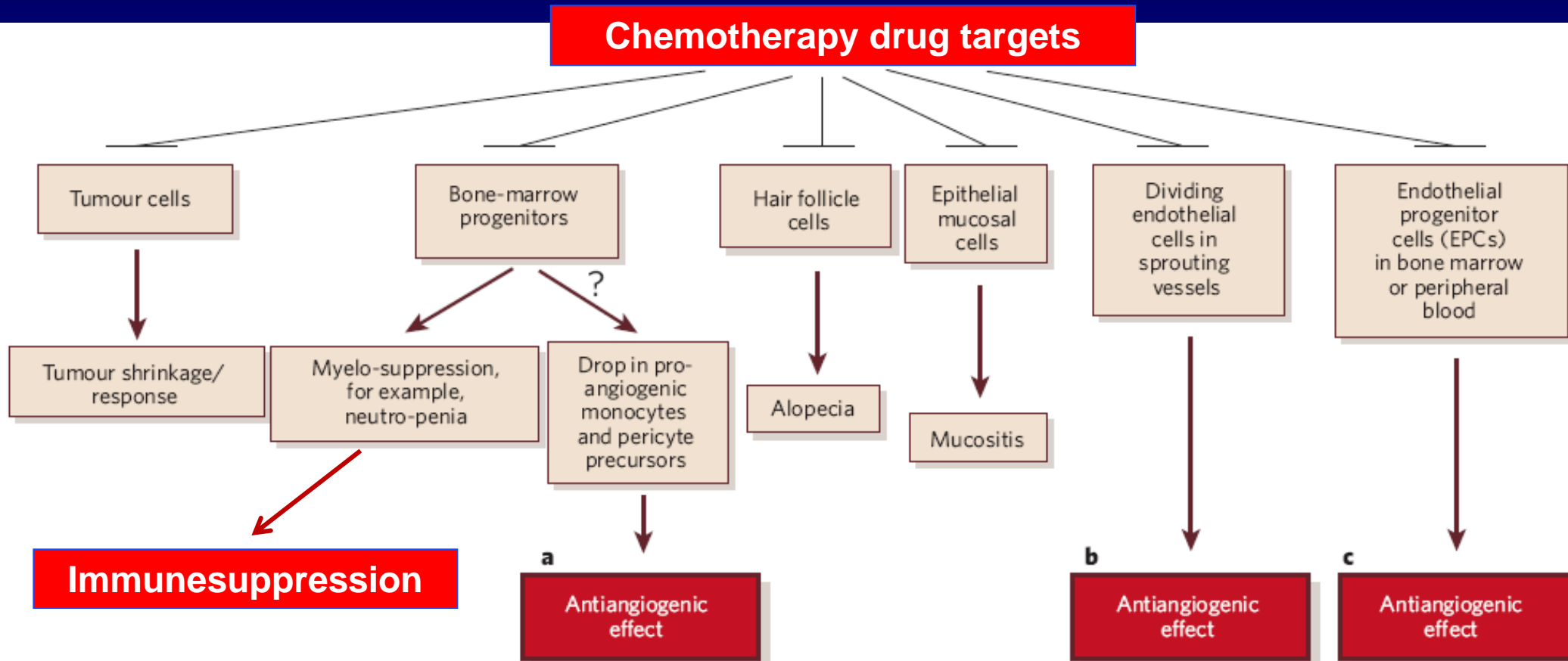


Chemotherapy may target angiogenesis



Effects of chemotherapy on ipilimumab-mediated increases in absolute lymphocyte count and activation of T cells

Scott D. Chasalow¹, Jedd D. Wolchok², Martin Reck³,
Sabine Maier¹, and Vafa Shahabi¹

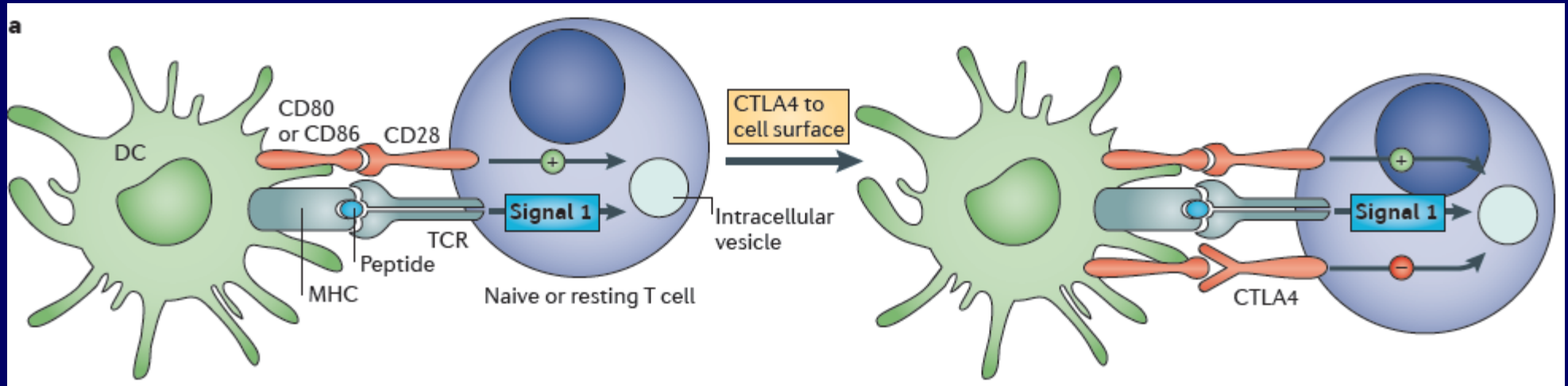
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Inhibition of CTLA-4



Antibodies anti-CTLA-4 block CTLA-4 and augments antitumor T-cell responses

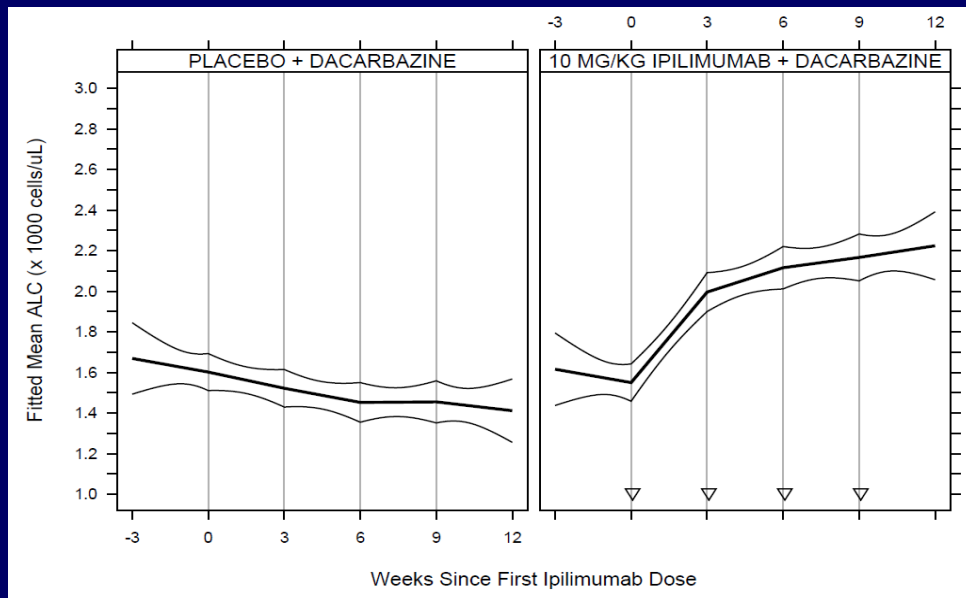
Target	Biological function	Antibody or Ig fusion protein	State of clinical development*
CTLA4	Inhibitory receptor	Ipilimumab	FDA approved for melanoma, Phase II and Phase III trials ongoing for multiple cancers
		Tremelimumab	Previously tested in a Phase III trial of patients with melanoma; not currently active

Background

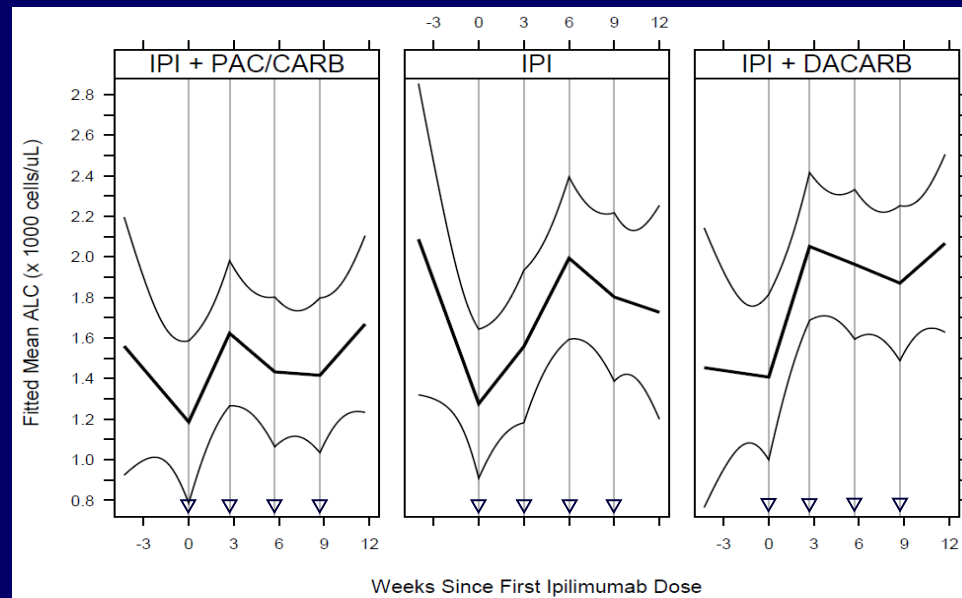
- Increases in absolute lymphocyte count (ALC) and activation of peripheral-blood T cells have been observed in patients treated with IPI as monotherapy.
 - Pharmacodynamic marker of IPI activity
 - Consistent with an immune-stimulating effect
 - Associated with clinical benefit in some melanoma studies
- Goals: To assess IPI pharmacodynamic markers in the presence of chemotherapy
- Methods: Analysis of ALC and T cell activation
 - 3 IPI clinical trials (n = 887)
 - IPI combined with chemotherapy (paclitaxel/carboplatin or DTIC)
 - Patients with metastatic melanoma, advanced NSCLC, or extensive-stage SCLC

Metastatic melanoma: fitted mean ALC vs. weeks since first IPI dose (results for NSCLC and SCLC were similar)

Study CA184024 (N = 497)



Study CA184078 (N = 59)



Hypothesis Tests

Overall time effect: $P < 0.0001$
Time x treatment interaction: $P < 0.0001$

Hypothesis Tests

Overall time effect: $P = 0.027$
Time x treatment interaction: $P = 0.500$

- Thick curves represent fitted means
- Thin curves represent point-wise 2-sided 95% CIs for the means
- Gray vertical lines represent nominal dosing days; triangles indicate dosing with active IPI

Conclusions

- Addition of chemotherapy did not eliminate increases in ALC and activated T-cell frequencies.
 - Results were consistent between paclitaxel/carboplatin and DTIC, and across tumor types (melanoma, NSCLC, SCLC).
 - Mean increases in ALC and frequency of activated T cells were similar to those seen with IPI monotherapy.
- These findings suggest that IPI maintains biological activity when administered with chemotherapy, thus supporting continued clinical evaluation of IPI-chemotherapy combinations.
 - Consistent with IPI efficacy observed with IPI + chemotherapy
- Potential associations between efficacy measures and ALC or T cell frequency changes remain to be explored.

Antibody-dependent cell-mediated cytotoxicity (ADCC) evolution under treatment by cetuximab and links with treatment outcome in locally advanced Head and Neck (LAHNSCC) and in metastatic colorectal cancer (mCRC) patients

Cristiana Lo Nigro^{1a}, Martino Monteverde^{1a}, Giuliana Strola², Monica Maffi^{1a}, Emanuela Miraglio^{1b}, Laura Lattanzio^{1a}, Daniela Vivenza^{1a}, Francesca Messa^{1a}, Gérard Milano³

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1a Laboratory of Cancer Genetics and Translational Oncology and 1b Medical Oncology, Oncology Department, S. Croce General Hospital, Cuneo, Italy

2 Laboratory Department, S. Croce General Hospital, Cuneo, Italy

3 Oncopharmacology Unit EA 3836 UNS, Centre Antoine Lacassagne, Nice, France

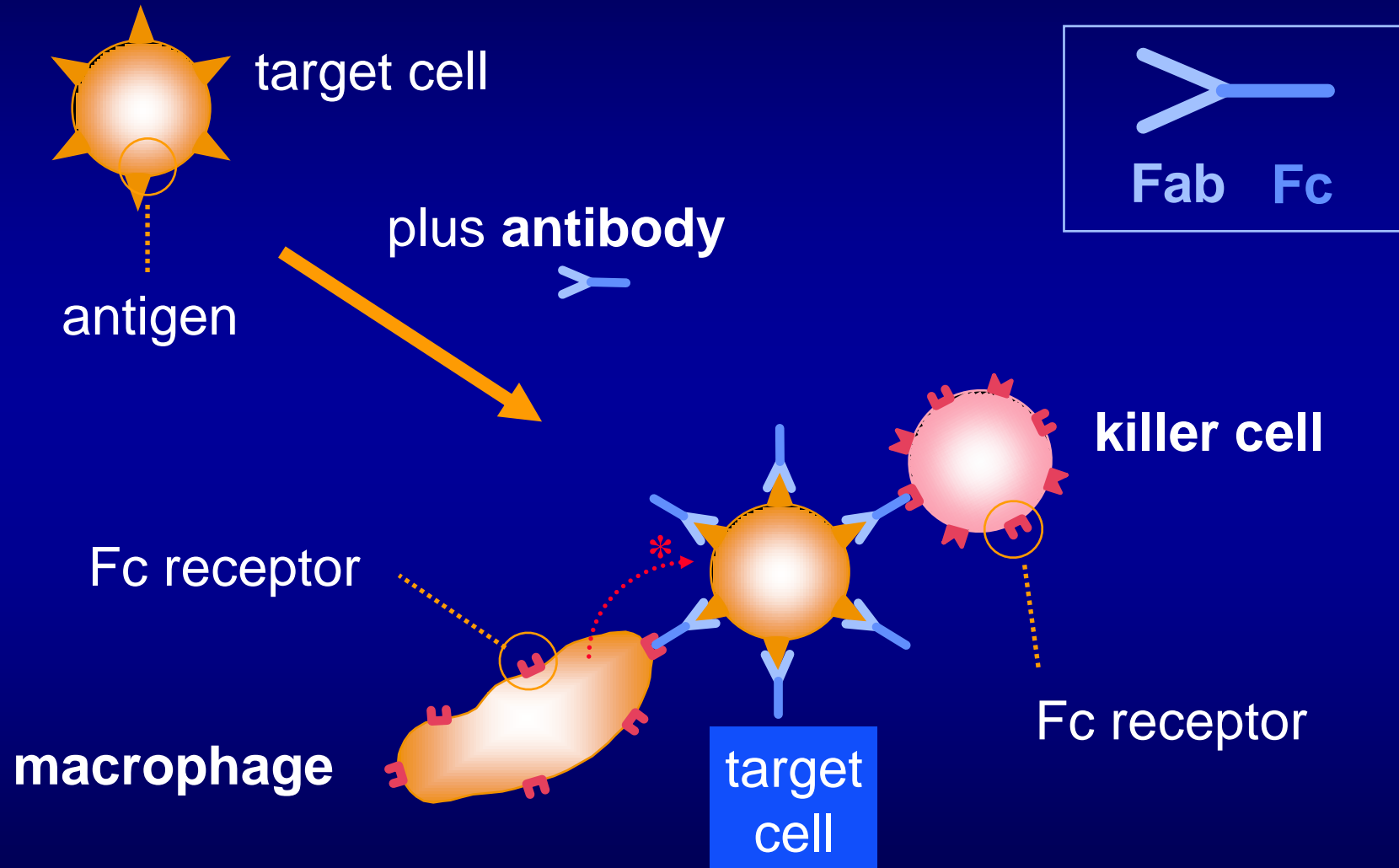
Low Levels of Circulating Invariant Natural Killer T Cells Predict Poor Clinical Outcome in Patients With Head and Neck Squamous Cell Carcinoma

Johan W. Molling, Jacqueline A.E. Langius, Johannes A. Langendijk, C. René Leemans, Hetty J. Bontkes, Hans J.J. van der Vliet, B. Mary E. von Blomberg, Rik J. Scheper, and Alfons J.M. van den Eertwegh

- Invariant CD1d-restricted natural killer T (iNKT) play a pivotal role in transactivation of immune effector cells. It has been reported that iNKT cells are reduced in peripheral blood of cancer patients compared with healthy controls.
- A prospective study, measured circulating iNKT cell numbers in 47 patients before radiotherapy. Follow-up period of 31 months.
- A small (vs. medium or high) circulating iNKT cell fraction was significantly associated with decreased 3-year overall survival rate (39% v 75% and 92%, respectively), Disease-specific survival rate (43% v 87% and 92%, respectively), and locoregional control rate (31% v 74% and 92%, respectively) in HNSCC patients.
- Cox regression revealed that the iNKT cell level, as well as clinical T stage, was an independent prognostic parameter even after correction or the confounding effect of age.
- Screening for iNKT cell levels may be useful for determining which patients can benefit from immunotherapeutic adjuvant therapies aimed at reconstitution of the circulating iNKT cell pool.

ADCC

(Antibody-Dependent-Cell mediated Cytotoxicity)



* lytic factors

Impact of Fc γ RIIa-Fc γ RIIIa polymorphisms and KRAS mutations on the clinical outcome of patients with metastatic colorectal cancer treated with cetuximab plus irinotecan.

Bibeau F, et al. J Clin Oncol. 2009 Mar 1;27(7):1122-9

ADCC is influenced by Fc γ RIIa-H131R and Fc γ RIIIa-V158F polymorphisms
Tumor and normal tissues from 69 patients were screened for KRAS mutations and genotyped for Fc γ RIIa and Fc γ RIIIa polymorphisms .
Combined Fc γ RIIa/Fc γ RIIIa polymorphisms are prognostic factors for disease progression in mCRC patients treated with cetuximab plus irinotecan. They are also clinically relevant in mutated-KRAS mCRC

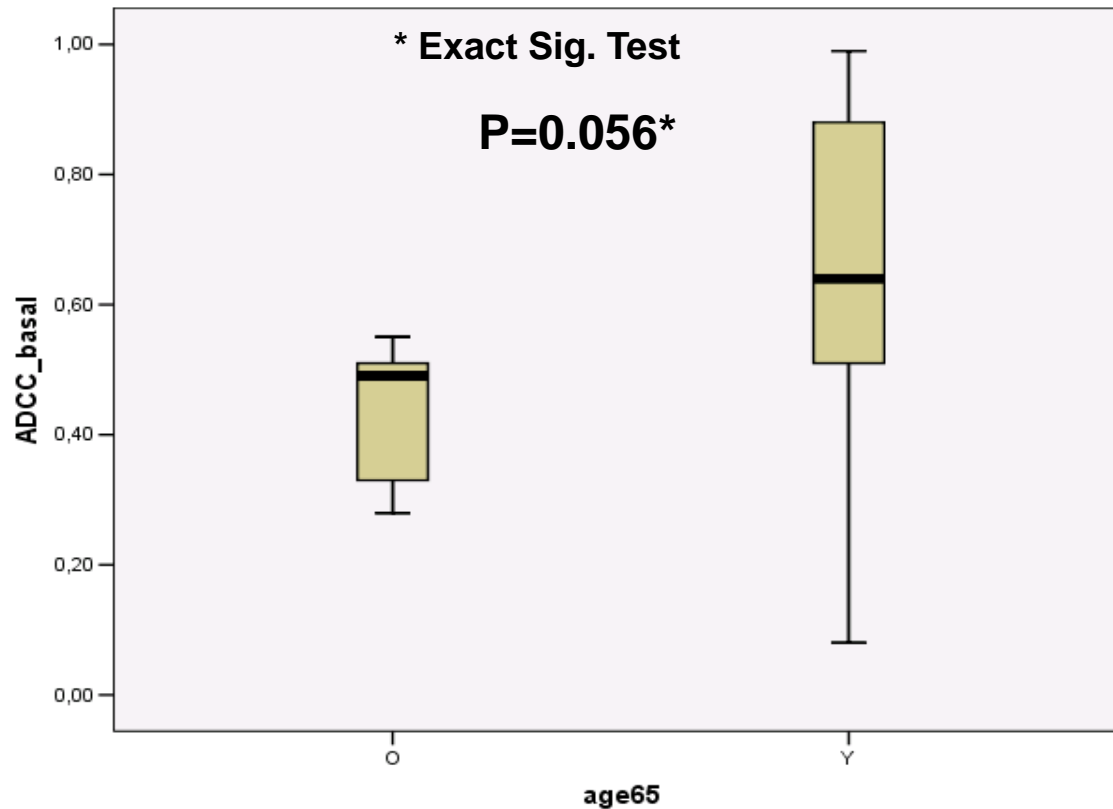
Role of polymorphic Fc γ Receptor IIIa and EGFR expression level in cetuximab mediated, NK cell dependent in vitro cytotoxicity of head and neck squamous cell carcinoma cells.

López-Albaitero A, et al. *Cancer Immunol Immunother*. 2009 Nov;58(11):1853-64.

In vitro study: The extent of lysis of SCCHN cells is influenced by the EGFR expression level, cetuximab concentration, and Fc γ R polymorphism. Effector cells expressing the Fc γ R IIIa-158 VV allele were significantly ($P < 0.0001$) more effective than those expressing Fc γ R IIIa VF and FF

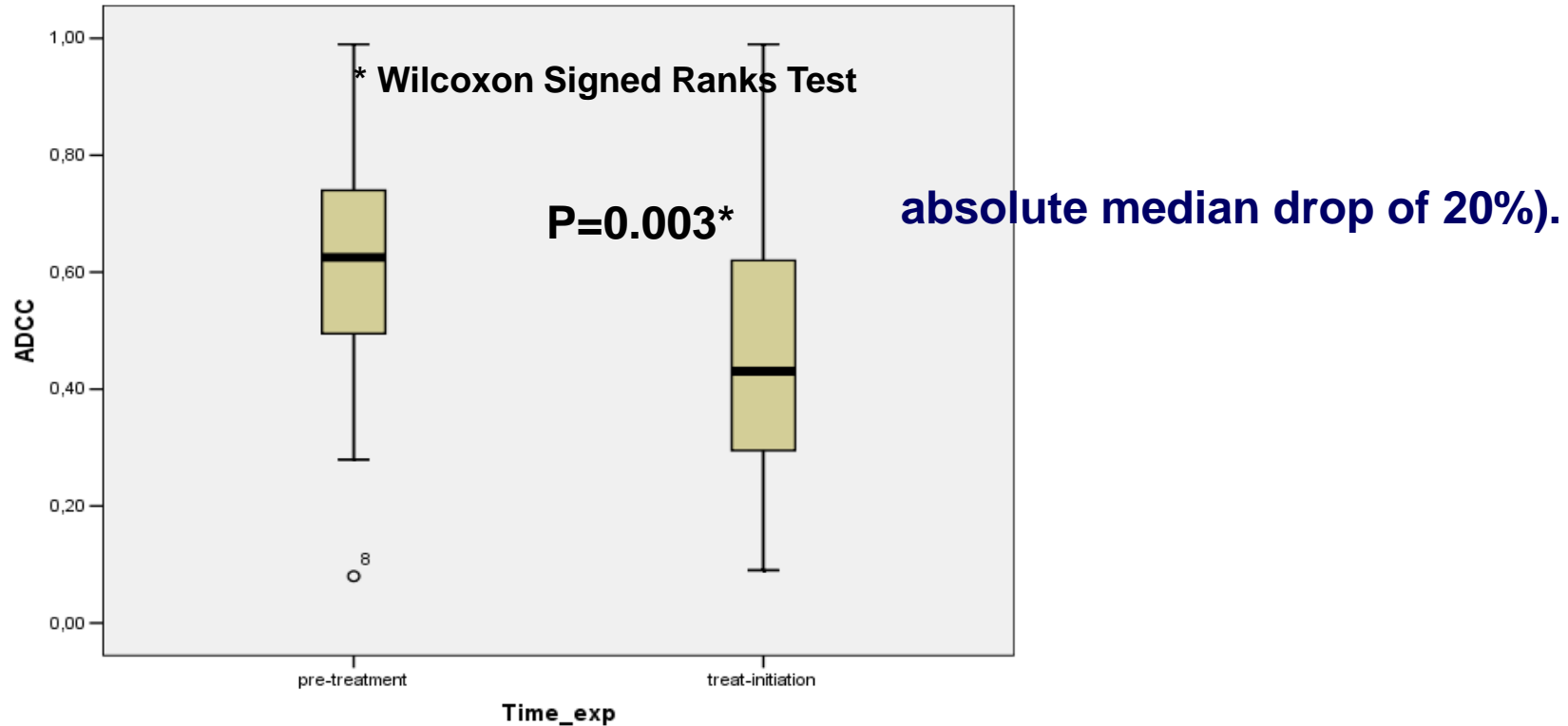
Clinical characteristics	
Number of patients: N° and (Median Age; range)	82 (64.3; 87-39)
LAHNSCC: N° and (Median Age; range)	39 (58; 38.6-87.1)
mCRC: N° and (Median Age; range)	43 (67.6; 48.4-83)
Male/Female	60 (%)/22 (%)
Rash	
0	6 (21%)
1	8 (28%)
2	7 (24%)
3	3 (10%)
n.a.	5 (17%)
EGFR grading (IHC)	
0	11 (%)
1	8 (%)
2	22 (%)
3	17 (%)
Na	24(%)
FcGr3A polymorphism	
V/V	14 (17%)
Other	67 (82%)
n.a.	1 (1%)
Median Basal ADCC %	62.5% (-99%)
Median NKT%	6% (2%-30%)
Median basal Inv NK (cells/microl.)	0.41 (0.02-2.25)

ADCC basal comparison between younger (<65) and older (>=65) LAHNSCC patients



A trend for an increased basal ADCC was observed in younger patients: median was 66% in the 22 patients < 65 vs 56% in the 22 patients 65 years (p = 0.084),

ADCC response evolution: Comparison between pre-treatment and after 2 months of treatment

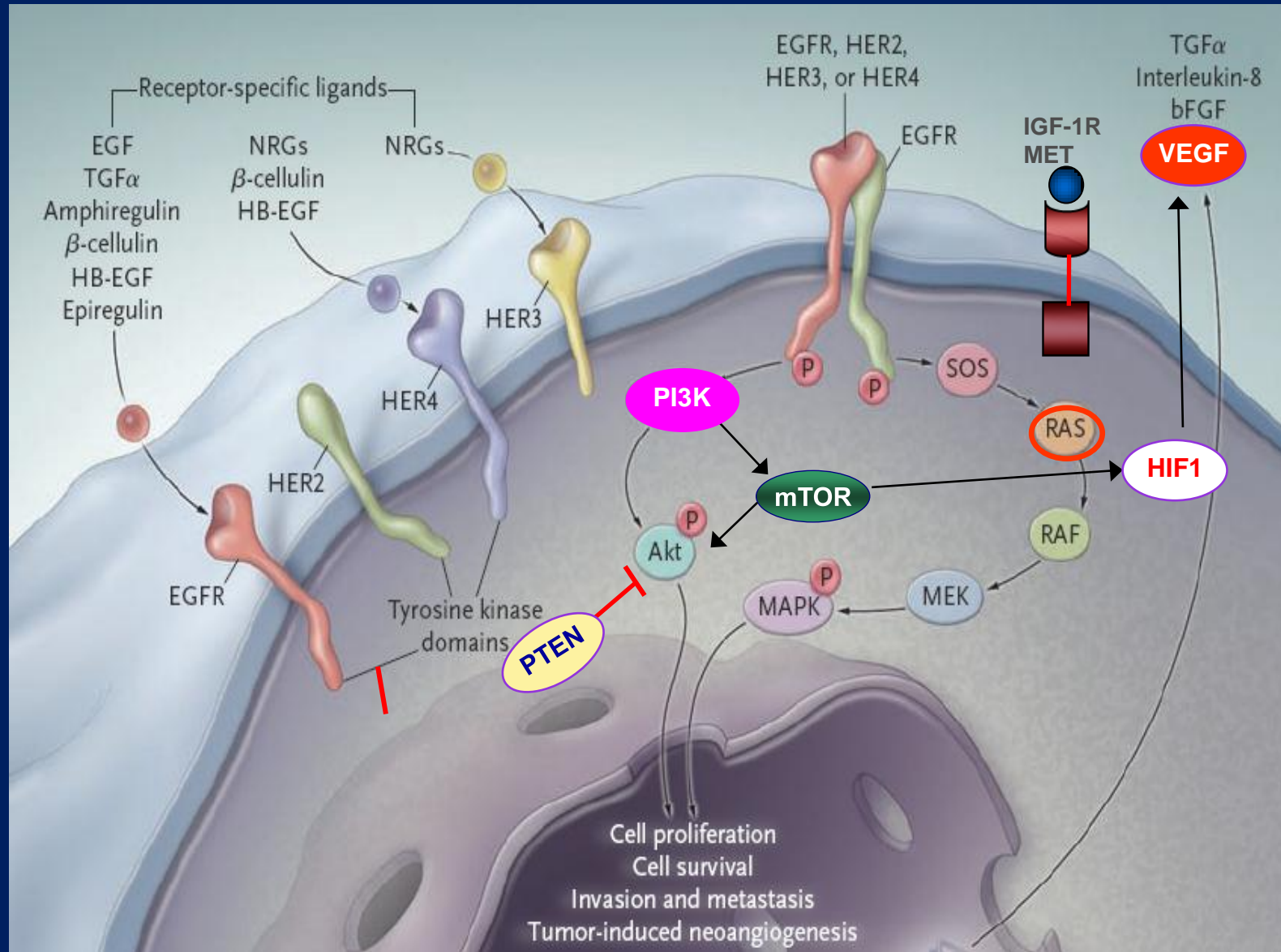


- FcγR2a and FcγR3a gene polymorphisms were not linked to basal ADCC.
- In the 82 patients assessable for survival (median follow up=10.3 month) cutaneous rash, but not basal ADCC, was related to survival (p=0.043).
- No correlation between ADCC evolution vs EGFR status nor vs cutaneous rash.

initial drop in ADCC under treatment may reflect the variable chemotherapy-induced impact on host immunity.

HER-dependent signalling pathways

Ciardiello F & Tortora G, *New England Journal of Medicine*, March 2008



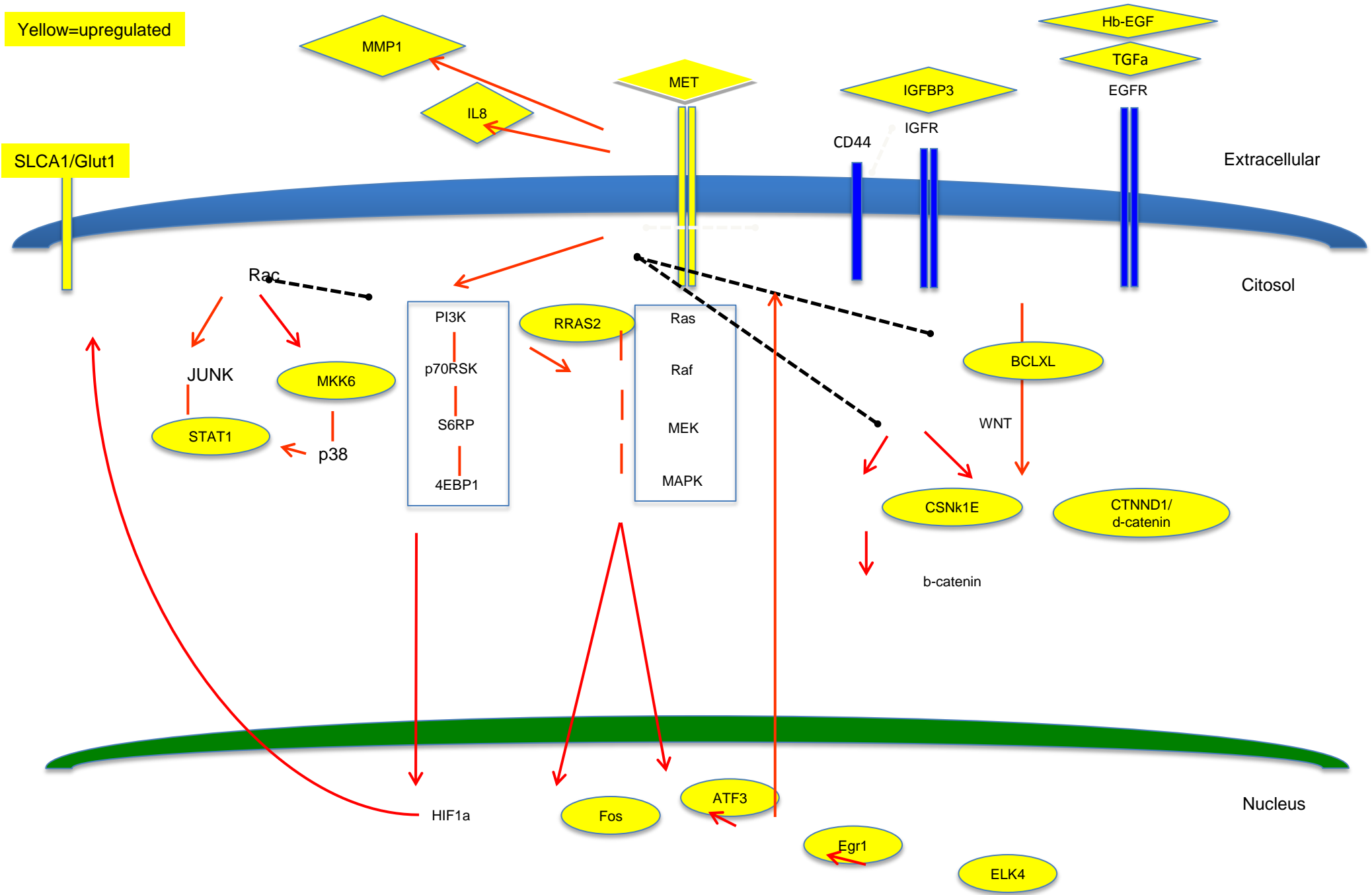
MET activation rescues colon cancer cells from sensitivity to EGFR inhibition

Abstract ID: 143PD

T. Troiani, D. Vitagliano, S. Napolitano, F. Morgillo, A. Capasso, V.
Sforza, A. Nappi, L. Berrino, F. Ciardiello, E. Martinelli

Yellow=upregulated

SLCA1/Glut1



MET

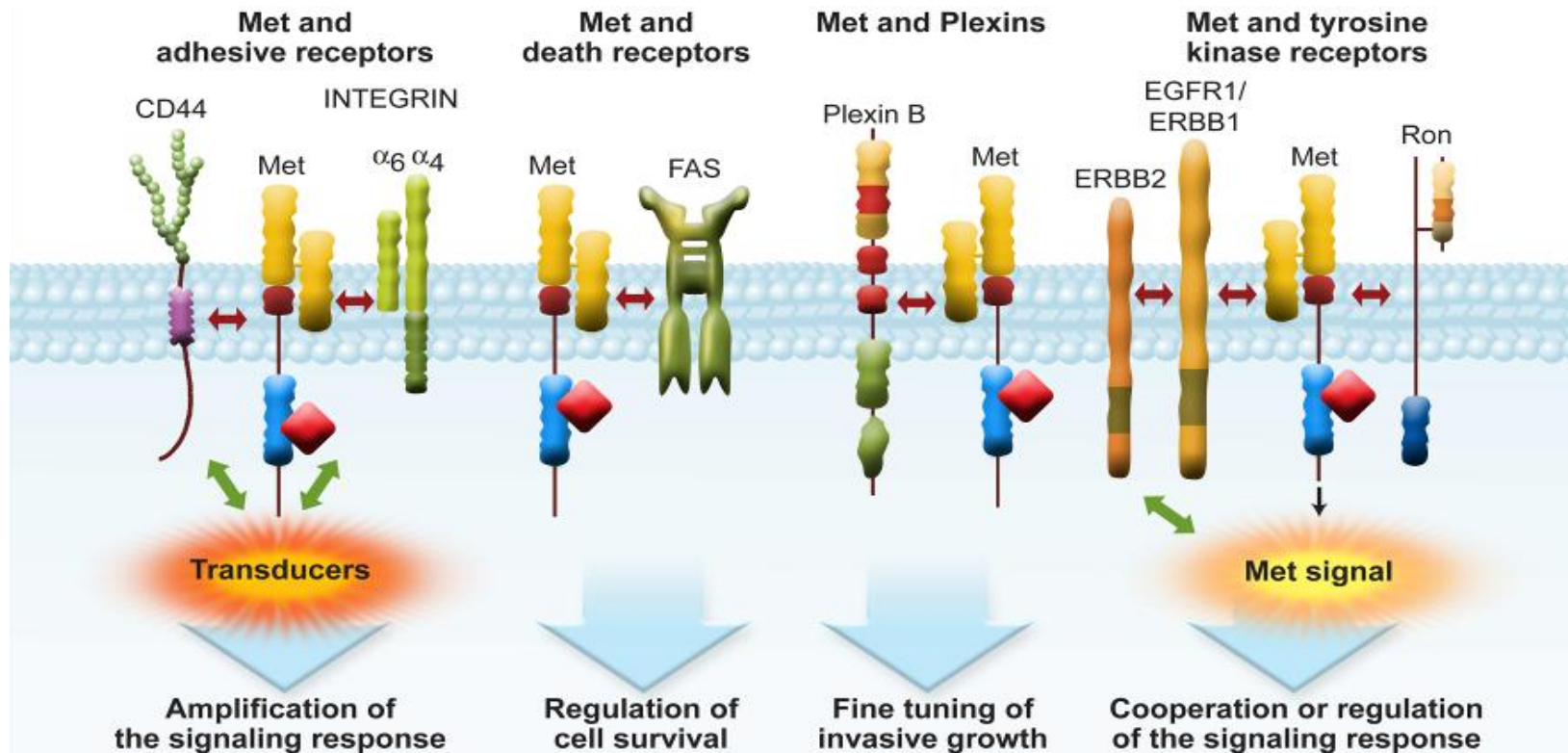
One of the most frequently genetically altered RTKs in human cancers (including colorectal, gastric, NSCLC, breast, prostate and others) with activating mutations and amplifications

- ♦ **Activating mutations**

- Hereditary papillary RCC: 100%, sporadic papillary RCC (13%)
- HNSCC: 10%
- NSCLC (8%) and SCLC (13%) Activating mutations

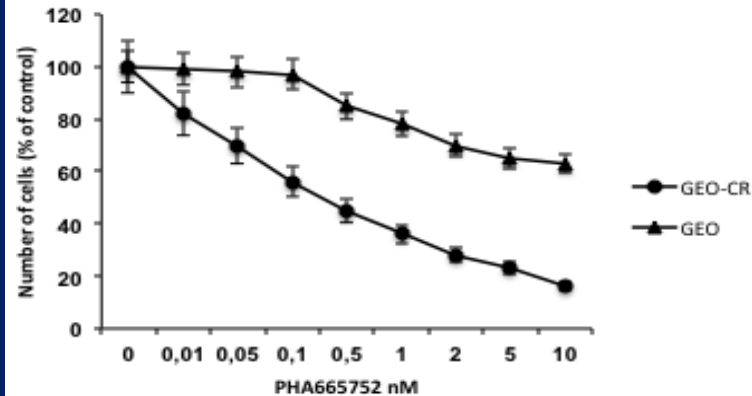
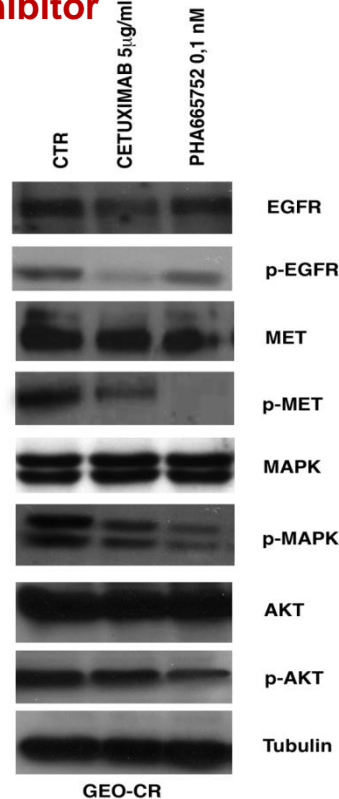
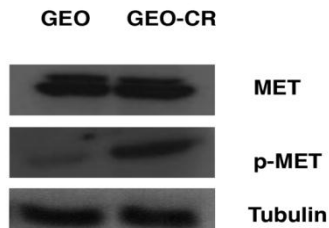
- **Gene amplification**

- Gastric carcinoma: 5-10%
- Colorectal carcinoma: 4% primary tumors, 20% liver metastases
- Esophageal adenocarcinoma: 5-10%

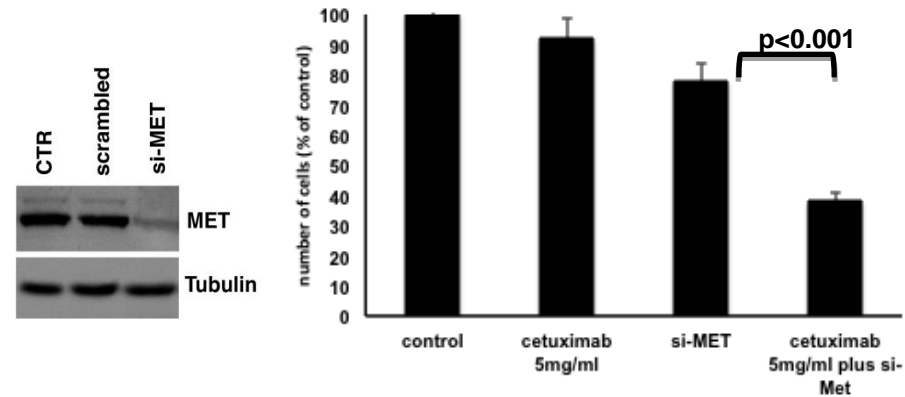


MET activation is important in cetuximab resistance

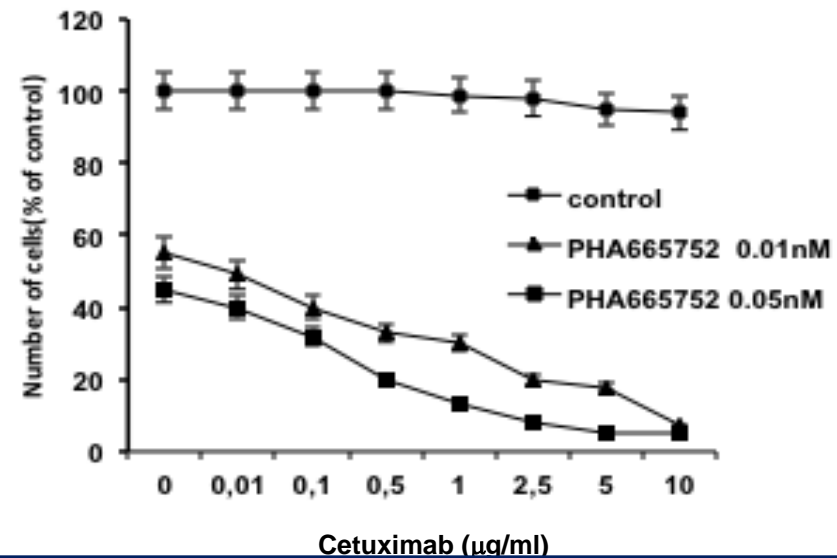
GEO CR overexpress pMET and are more sensitive than GEO to a selective MET inhibitor



Silencing of MET recovers sensitivity to cetuximab



MET inhibitor cooperates with cetuximab in GEO-CR



Inhibition of MET and recovery of sensitivity to cetuximab

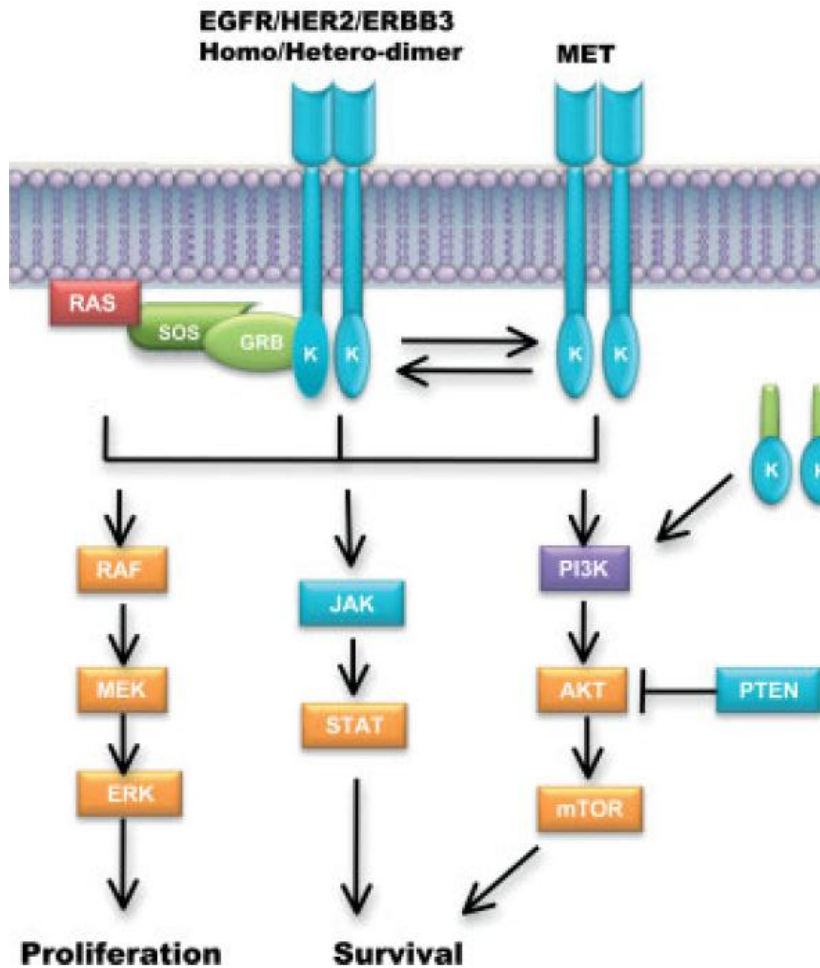
Krumbach R, Schüler J, Hofmann M, Giesemann T, Fiebig HH, Beckers T.
Primary resistance to cetuximab in a panel of patient-derived tumour xenograft models: activation of MET as one mechanism for drug resistance.

Eur J Cancer. 2011 May;47(8):1231-43.

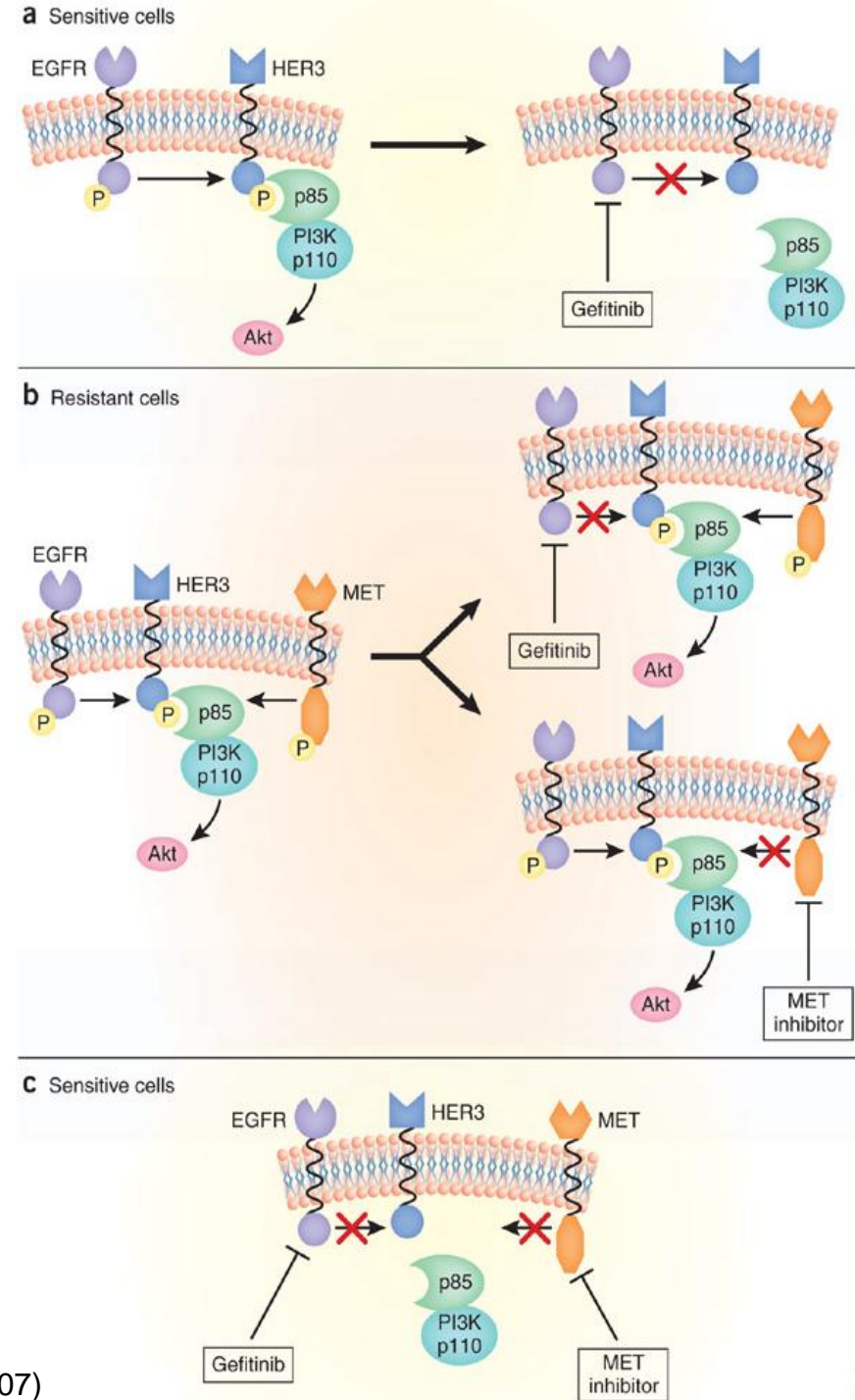
79 human patient-derived xenografts originating from five tumour histotypes.

- In cetuximab resistant NSCL adenocarcinoma LXFA 526 and LXFA 1647 overexpression of MET was identified.
- Knock-down of MET by siRNA in the corresponding cell lines showed that anchorage-independent growth and migration are dependent on MET.
- MET knock down sensitized LXFA 526L and LXFA 1647L to EGF.
- Combined treatments of a MET inhibitor and cetuximab were additive.

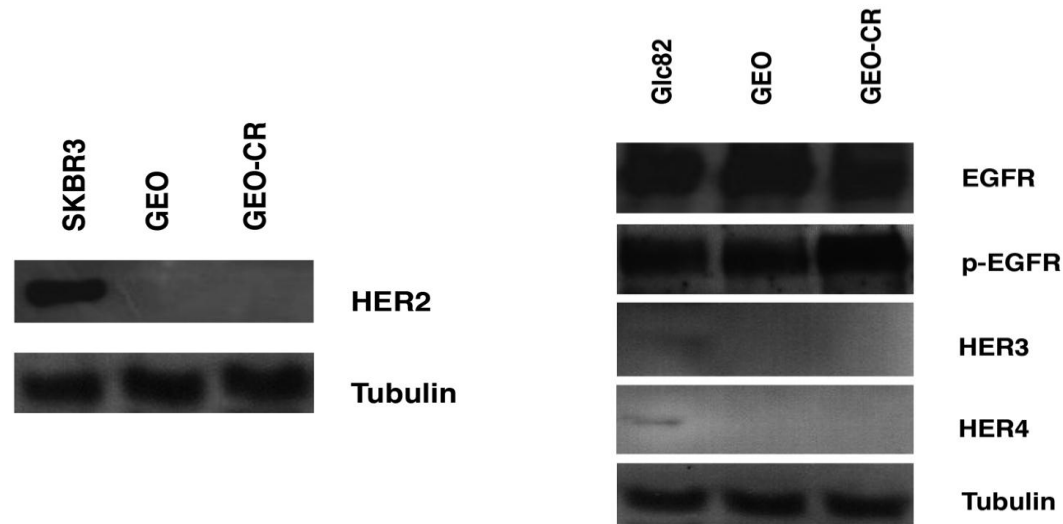
EGFR and HER meet MET



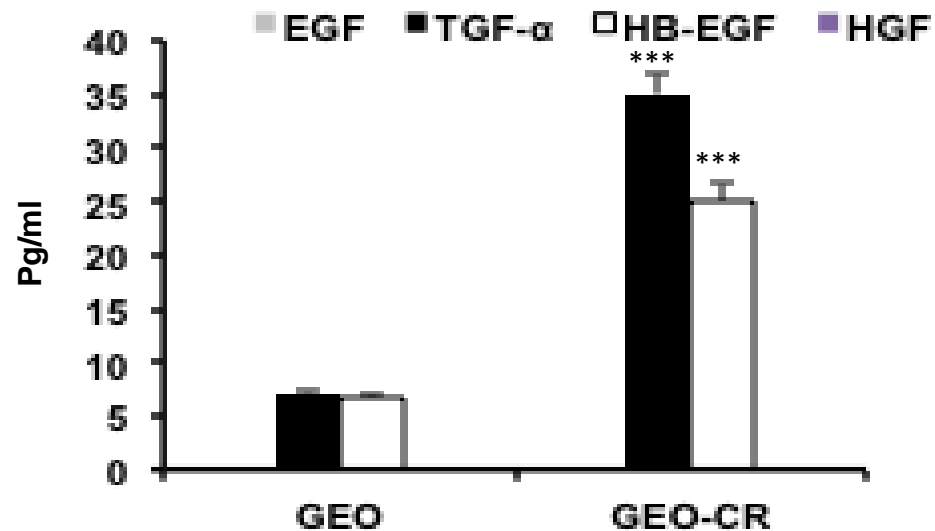
Engelman et al. *Science* 2007;
Arteaga C, *Nature Medicine* 13, 675 - 677 (2007)



Possible mechanisms of MET activation in GEO-CR cells

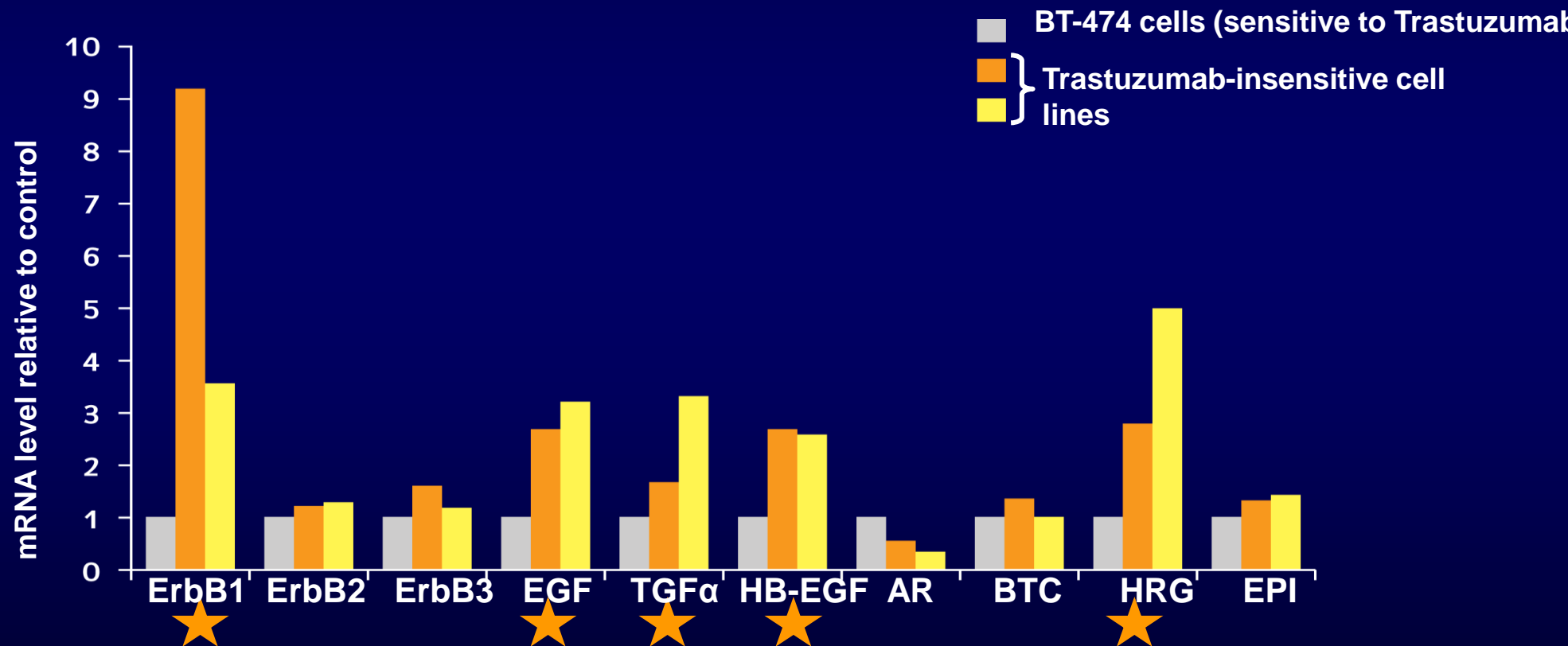


Up-regulation of EGFR ligands such as TGF α and Heparin Binding- EGF could be involved in the mechanism of MET activation in GEO-CR cells



Upregulation of other ErbB receptors can overcome trastuzumab inhibition of ErbB2

ErbB1/ErbB3 ligands are upregulated in trastuzumab-resistant cells



AR=amphiregulin; BTC=betacellulin; EPI=epiregulin; HB-EGF=Heparin-binding EGF; HRG=heregulin; TGF=transforming growth factor

1. Leitzel et al. *J Clin Oncol ASCO Annual Meeting Proceedings* 2008;26:Abstract 1002; 2. Ritter et al. *Clin Cancer Res* 2007;13:4909-