

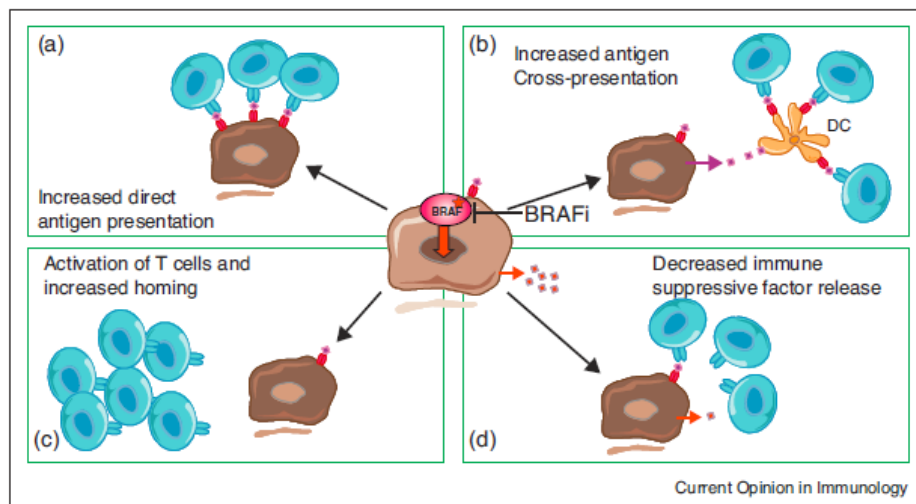
The science behind combinations with immunotherapy in melanoma
Saturday, 27 September 2014, 16:00-17:30 ; 20 min

Which systemic therapies should be combined to immunotherapy?

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Professor of Surgery
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Chair, Melanoma Committee at SWOG

BRAF inhibitors as immune sensitizing agents

- BRAF inhibitors could sensitize the immune system by:
 - Increase tumor antigen and MHC expression
 - Increase tumor infiltrating lymphocytes
 - Improve immune effector cell function by inducing paradoxical MAPK activation on T cells
 - Improve the tumor microenvironment by decreasing expression of immune suppressive cytokines and immune regulatory ligands



1.Kono M. Mol Cancer Res 2006 2. Sapkota B. Oncoimmunology 2013. 3. Boni A. Cancer Res 2010. 4. Frederick DT. Clin Cancer Res 2013. 5. Long GV. Pigment Cell Melanoma Res 2013. 6. Wilmott JS. Clin Cancer Res 2012. 7. Cooper ZA. Oncoimmunology 2013. 8. Comin-Anduix B. Clin Cancer Res 2010. 9. Koya Cancer Research 2012. 10. Sumimoto H. J Exp Med 2006. 11. Khalili JS. Clin Cancer Res 2012. 12. Yamamoto R. Cancer Sci 2009. 13. Berthon C. Cancer Immunol Immunother 2010. 14. Knight DA. J Clin Invest 2013. 15. Liu CCR 2013. 16. Gray-Schopfer VC. Cancer Res 2007. 17. Landsberg, Nature 2012.

Ribas & Wolchok, Curr Opin Immunol 2013
Hu-Lieskovan, Robert, Homet & Ribas JCO 2014

Tumor infiltration by CD8 cells with BRAF inhibitors

Cancer Therapy: Clinical

See commentary by Bajor and Vonderheide, p. 1192

Clinical Cancer Research

Selective BRAF Inhibitors Induce Marked T-cell Infiltration into Human Metastatic Melanoma

James S. Wilmott^{1,2}, Georgina V. Long^{1,2,6,7,8}, Julie R. Howle^{1,2,8}, Lauren E. Haydu^{1,2}, Raghwa N. Sharma^{2,4,8}, John F. Thompson^{1,2,3}, Richard F. Kefford^{1,2,6,7,8}, Peter Hersey^{1,2,5}, and Richard A. Scolyer^{1,2,3}

Early post-dosing dense
intra-tumor infiltrates
with CD8+ CTLs

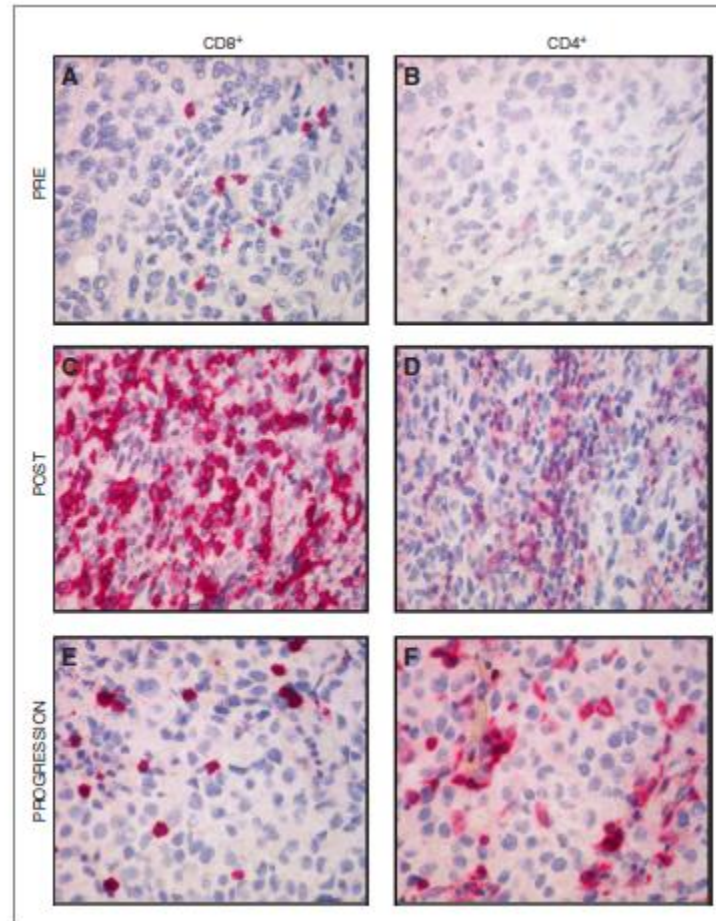


Figure 1. Immunohistochemical staining for CD8⁺ and CD4⁺ lymphocytes in biopsies taken from patient 4 at different treatment stages ($\times 20$ magnification). A, PRE biopsy showing low density of CD8⁺ lymphocytes. B, PRE biopsy negative for CD4⁺ lymphocytes. C, POST biopsy showing high density of CD8⁺ infiltration. D, POST biopsy showing a high density of CD4⁺ lymphocytes. E, PROGRESSION biopsy showing low levels of CD8⁺ infiltration. F, PROGRESSION biopsy showing low levels of CD4⁺ infiltration.

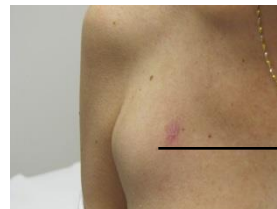
RNASeq analysis of baseline, on BRAFi therapy and progressive melanoma metastases



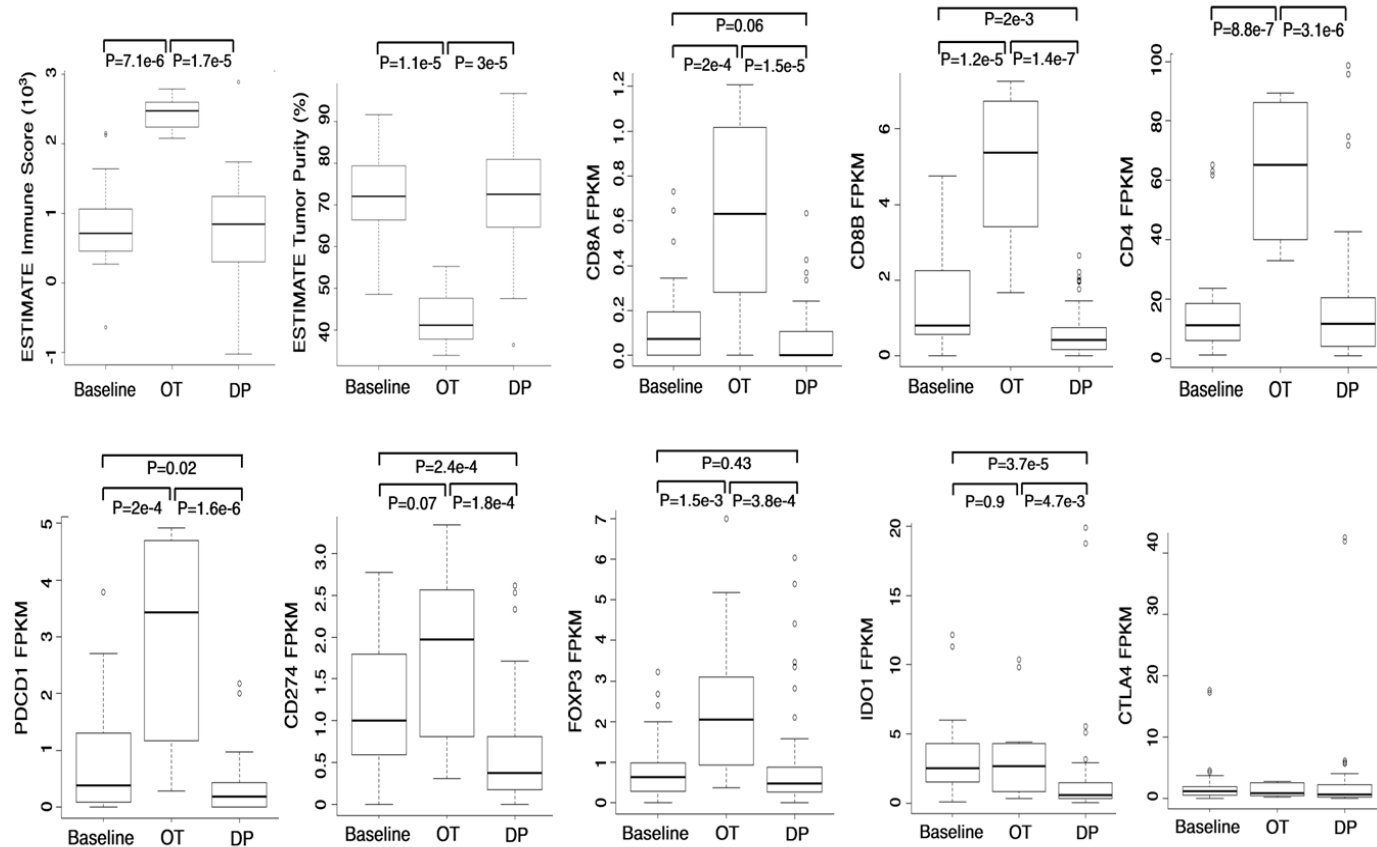
Baseline biopsy



On treatment biopsy (OT)



Disease progression (DP)



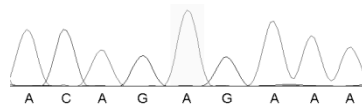
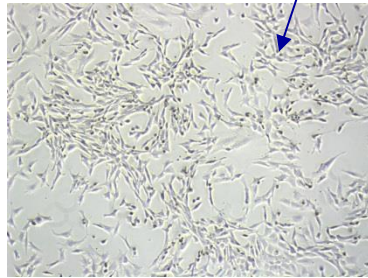
RNASeq analysis of 31 baseline biopsies, 15 on-treatment biopsies, and 57 disease progression (DP) biopsies.

Roger S. Lo, MD, PhD
Willy Hugo, PhD
Sun Lu
Xiangju Kong



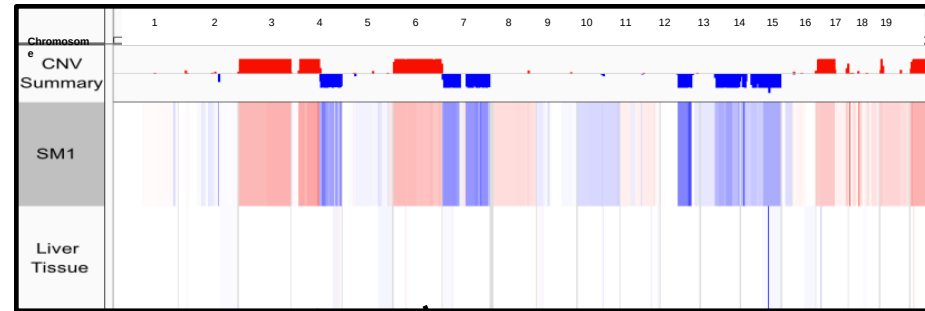
SM1: A BRAF^{V600E}-driven melanoma syngeneic to immunocompetent C57BL/6 mice

Goel, Haluska *et al.* Oncogene. 2009

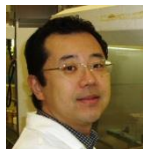
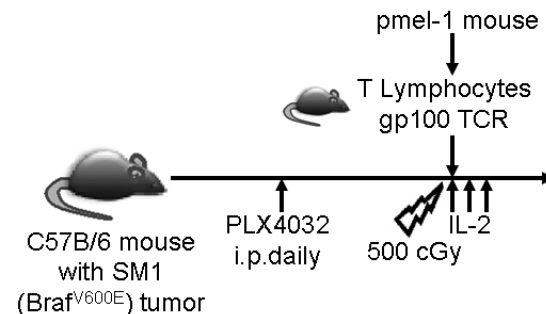
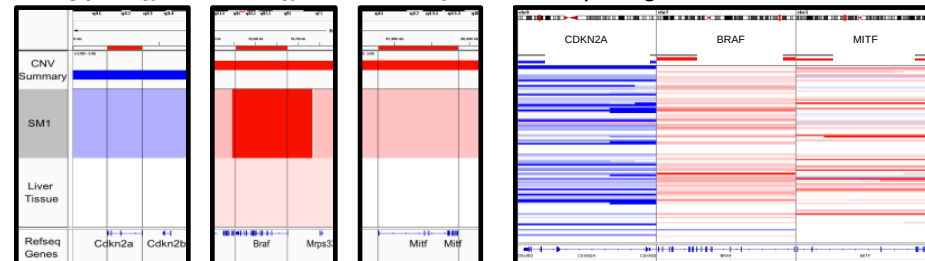


BRAF^{V600E} mutation

SM1 has genomic alterations similar to human melanoma



Cdkn2a Braf Mitf CNV comparing SM1 with 108 human melanomas

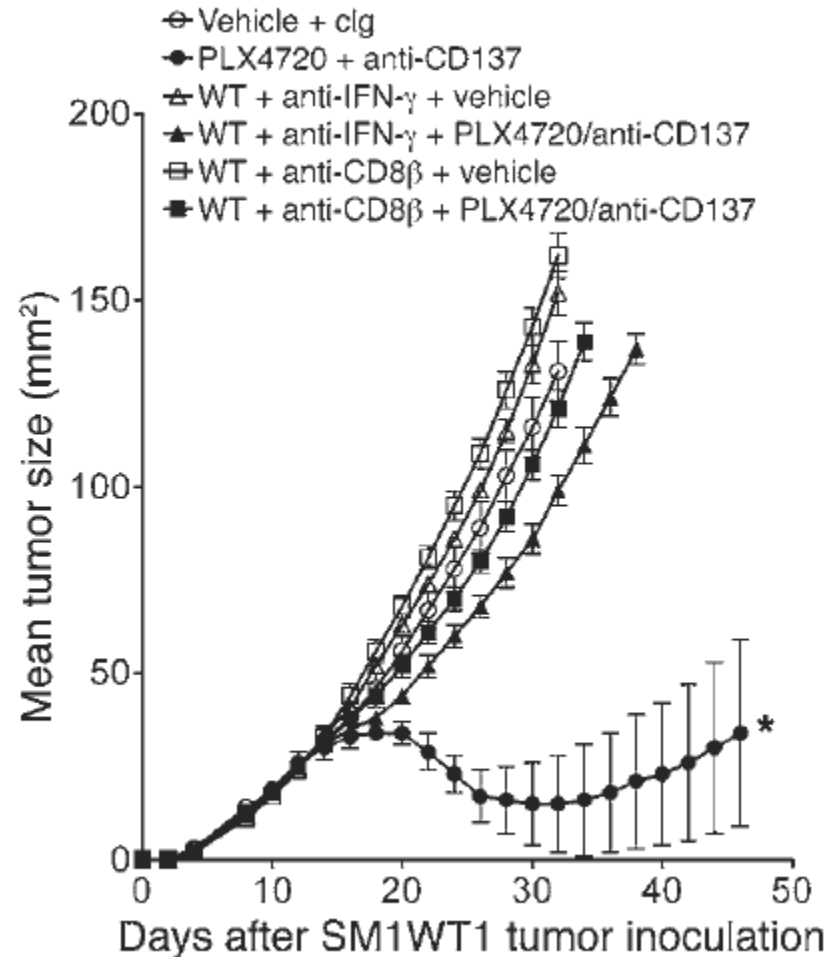
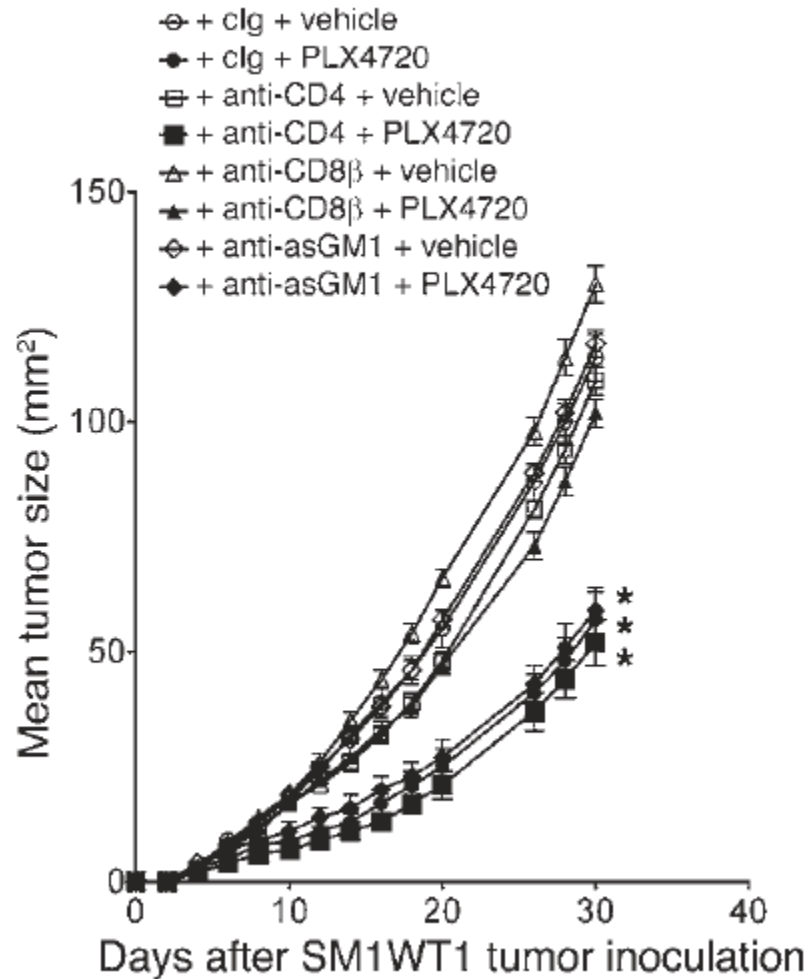


Richard Koya,
MD, PhD

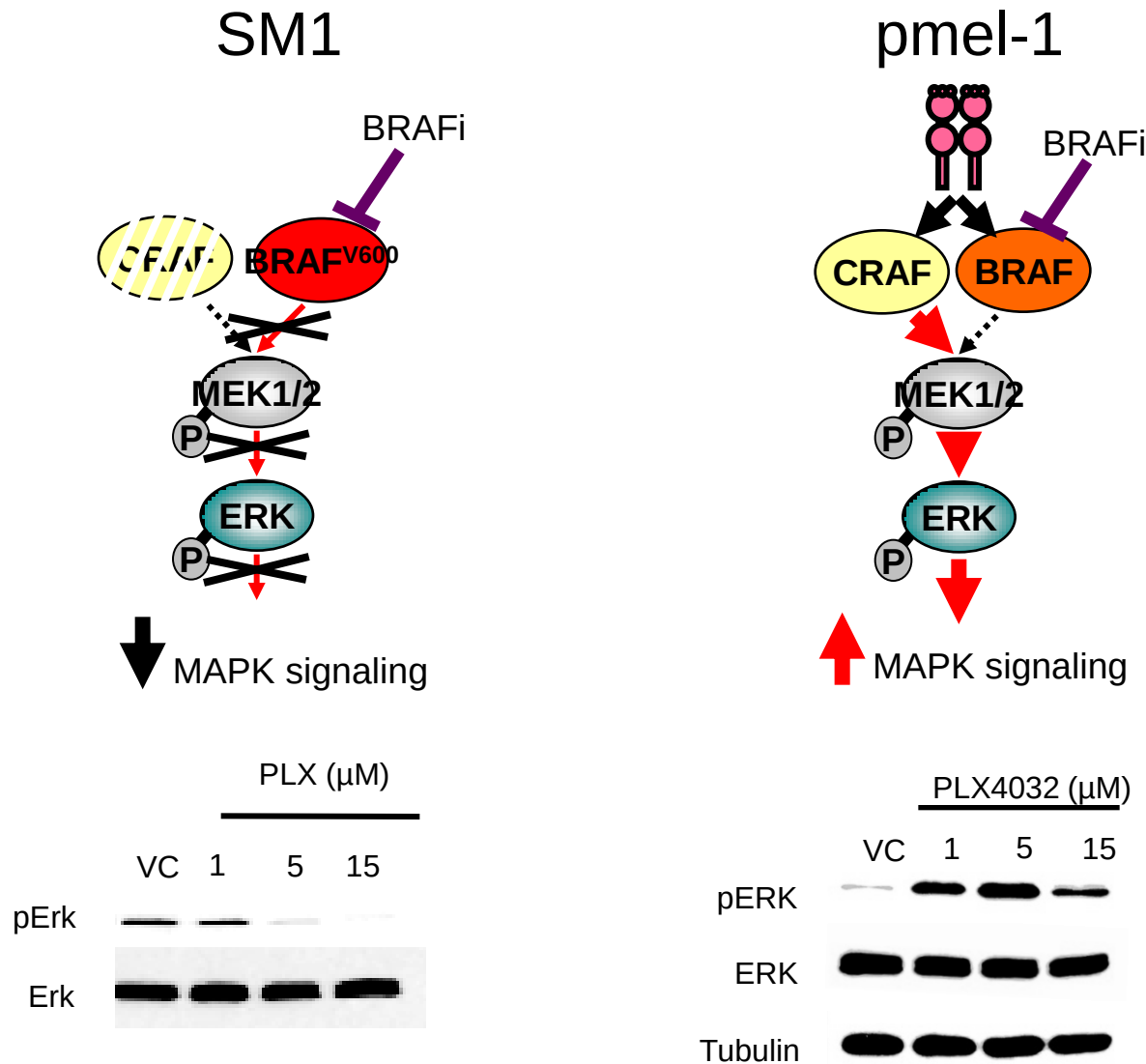


Stephen Mok

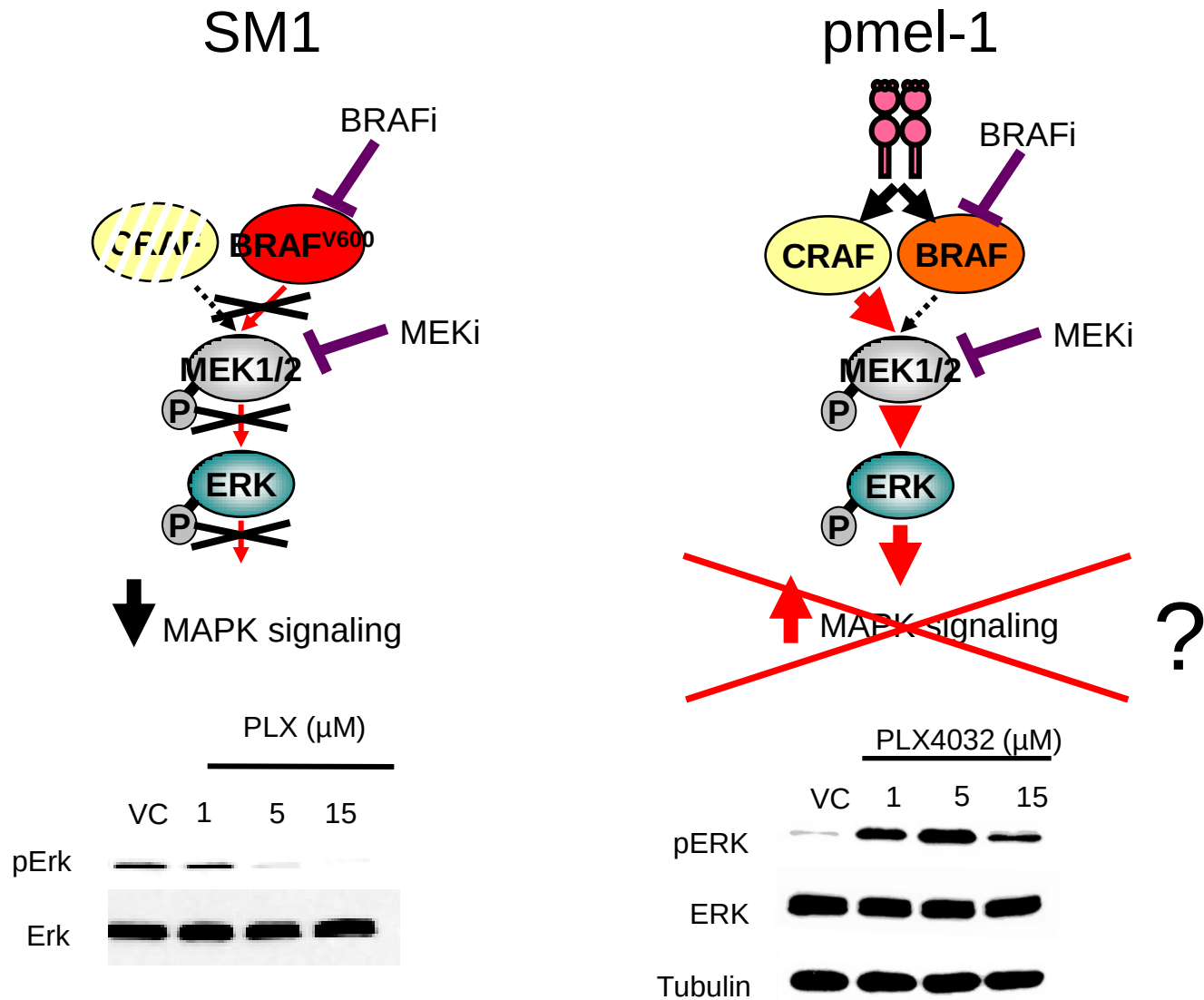
Role of CD8 on BRAFi responses alone or in combination with anti-CD137



Paradoxical activation of pERK with exposure of lymphocytes to vemurafenib



Paradoxical activation of pERK with exposure of lymphocytes to vemurafenib



Selective BRAF^{V600E} Inhibition Enhances T-Cell Recognition of Melanoma without Affecting Lymphocyte Function

Andrea Boni, Alexandria P. Cogdill, Ping Dang, Durga Udayakumar, Ching-Ni Jenny Njauw, Callum M. Sloss, Cristina R. Ferrone, Keith T. Flaherty, Donald P. Lawrence, David E. Fisher, Hensin Tsao, and Jennifer A. Wargo

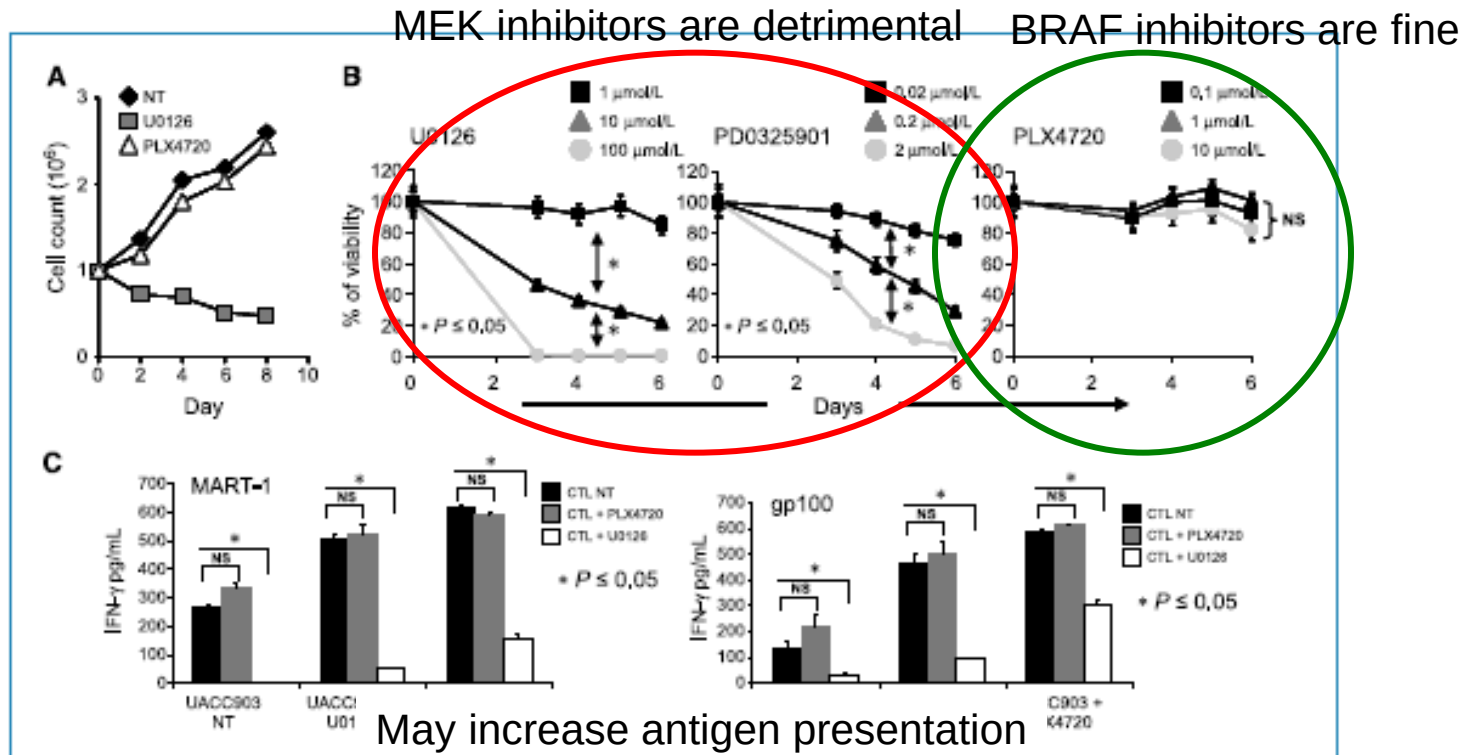
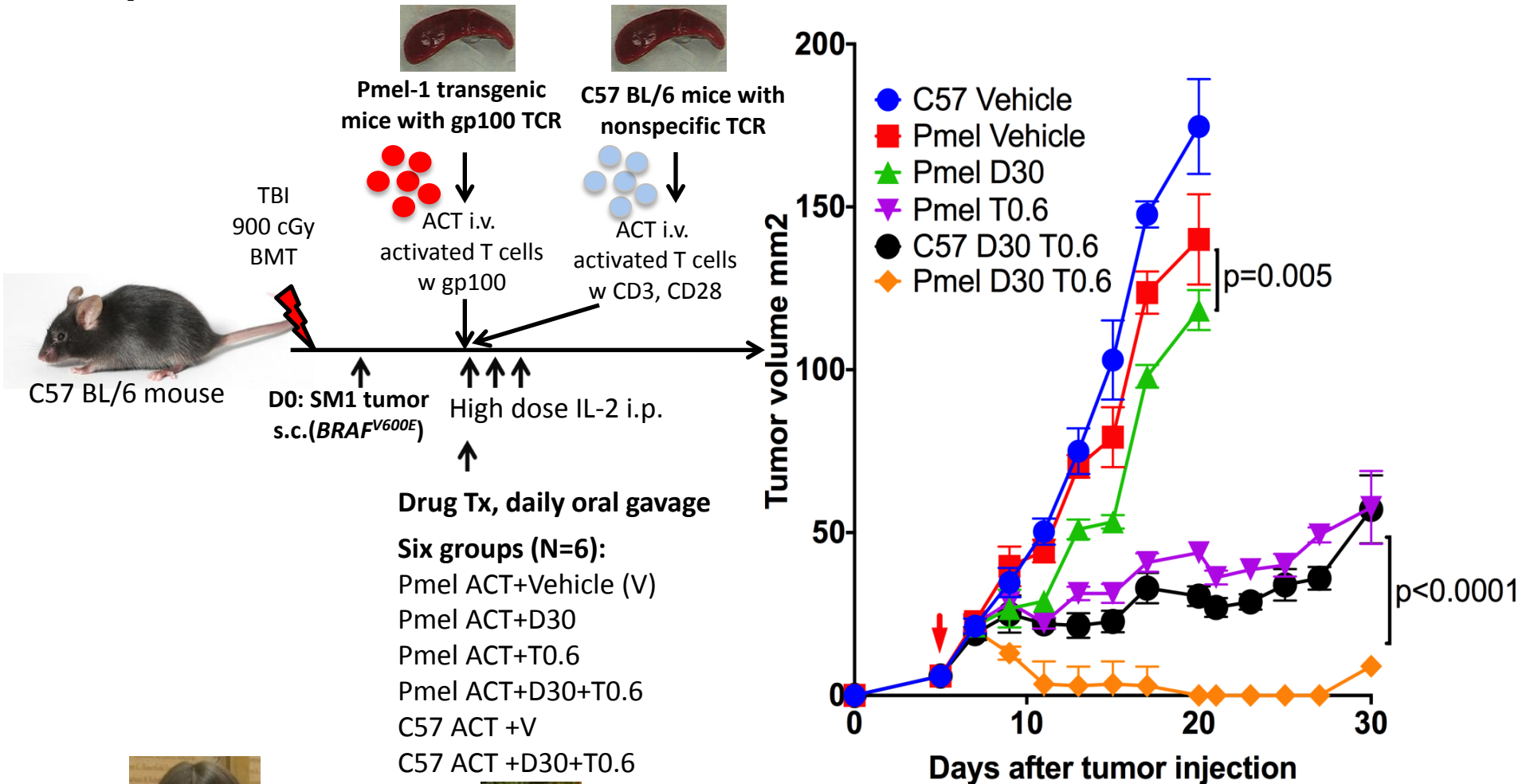


Figure 4. MEK inhibition (but not selective BRAF^{V600E} inhibition) impairs T-cell function. **A**, PBLs were stimulated alone (control; NT) or with U0126 or PLX4720. Absolute number of live cells was calculated using trypan blue exclusion following incubation at standard drug concentrations (U0126, 10 $\mu\text{mol/L}$; PLX4720, 1 $\mu\text{mol/L}$). **B**, cell viability was assessed by CellTiter-Glo viability assay after treatment at three separate drug concentrations of U0126 (1, 10, and 100 $\mu\text{mol/L}$), PD0325901 (0.02, 0.2, and 2 $\mu\text{mol/L}$), and PLX4720 (0.1, 1, and 10 $\mu\text{mol/L}$). **C**, treated and untreated UACC903 melanoma cells (treatment group = X axis) were cultured with CTL specific for either MART-1 (left) or gp100 (right) that had been cultured with U0126 (10 $\mu\text{mol/L}$; white columns), PLX4720 (1 $\mu\text{mol/L}$; gray columns), or media alone (NT; black columns). Experiments were repeated at least three times with similar results.

Enhanced *in vivo* antitumor activity pmel-1 ACT + dabrafenib and/or trametinib

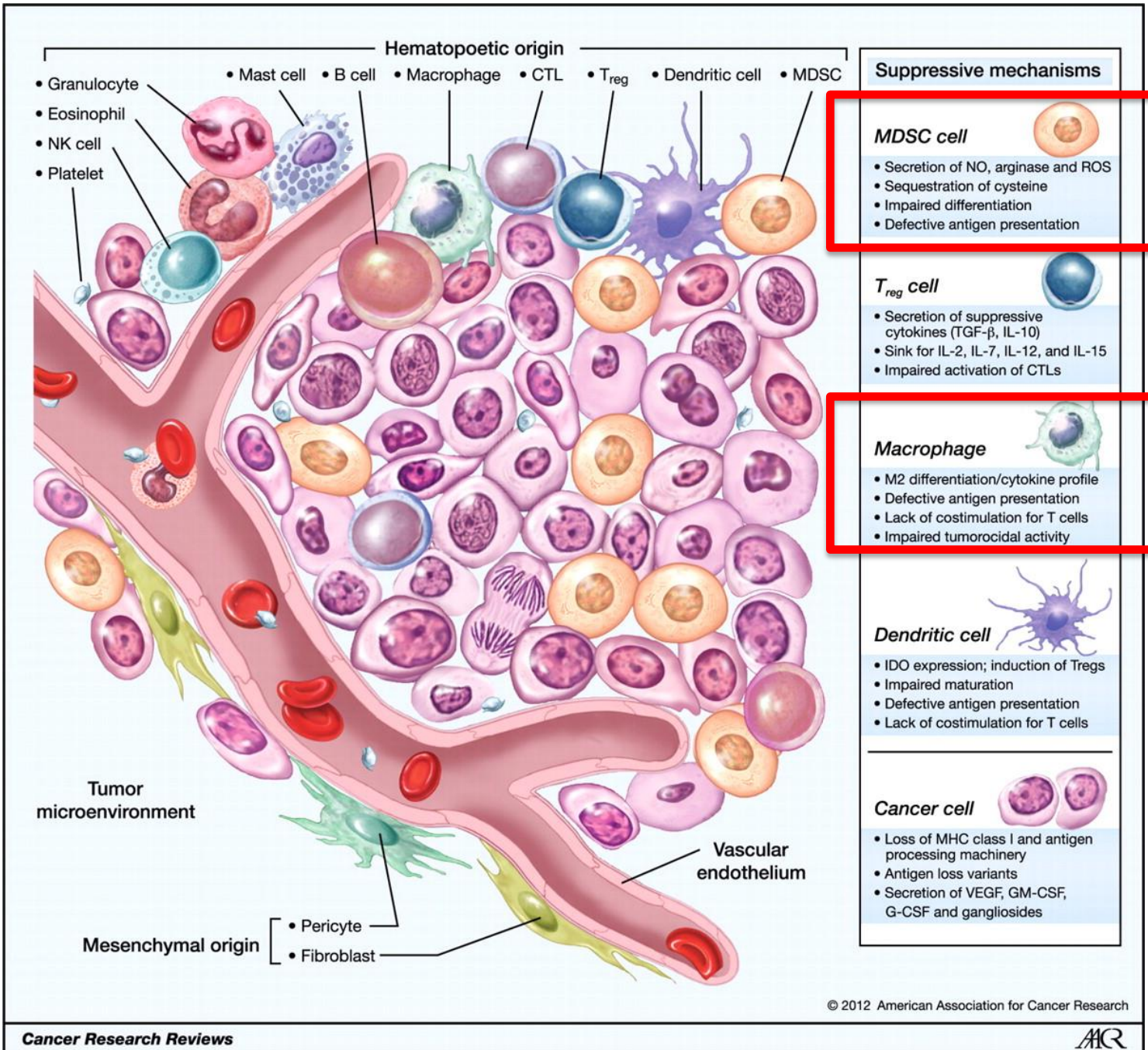


Dabrafenib and trametinib were kindly provided by Drs. Tona Gilmer, Li Liu and Jeff Legos through an MTA with GSK

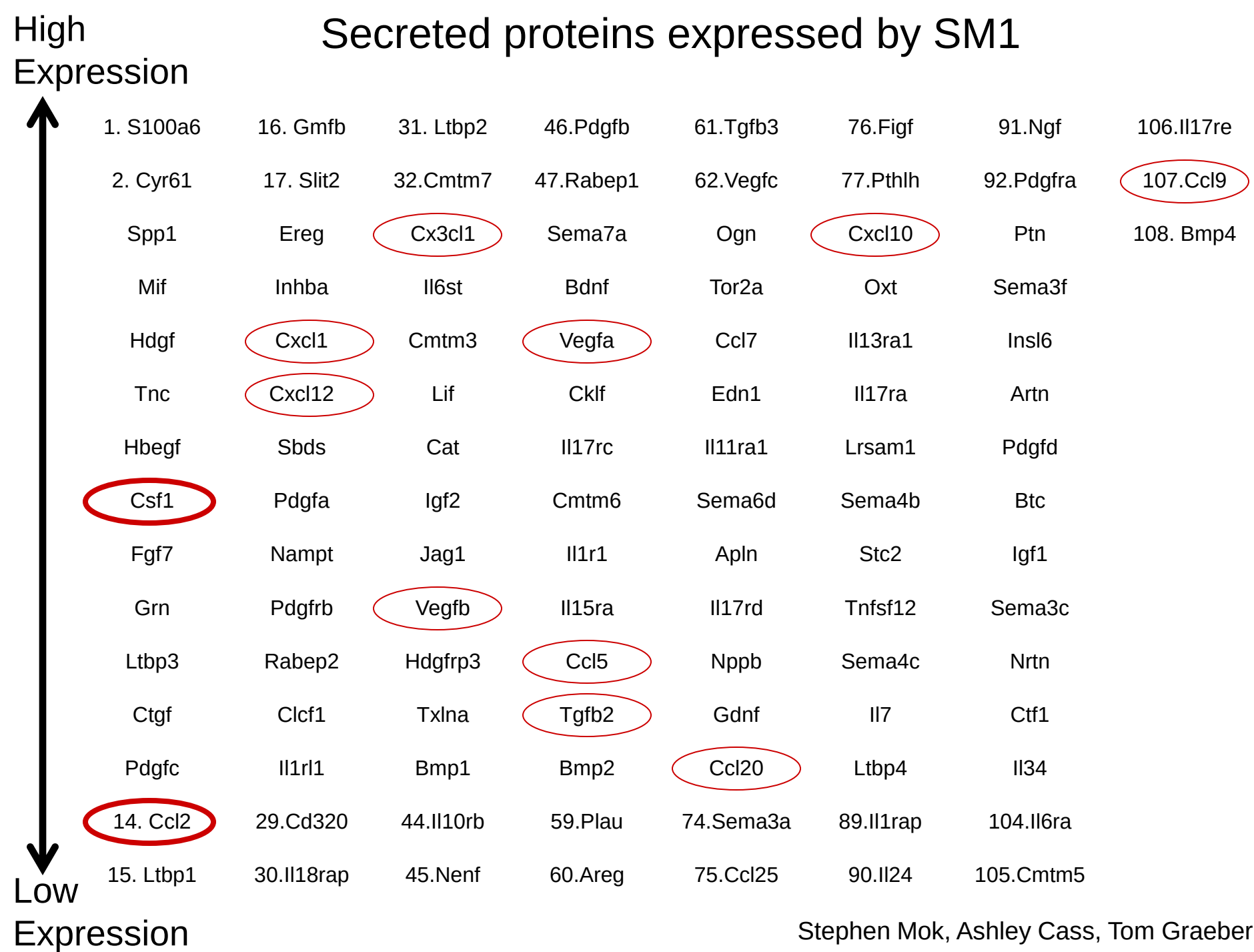


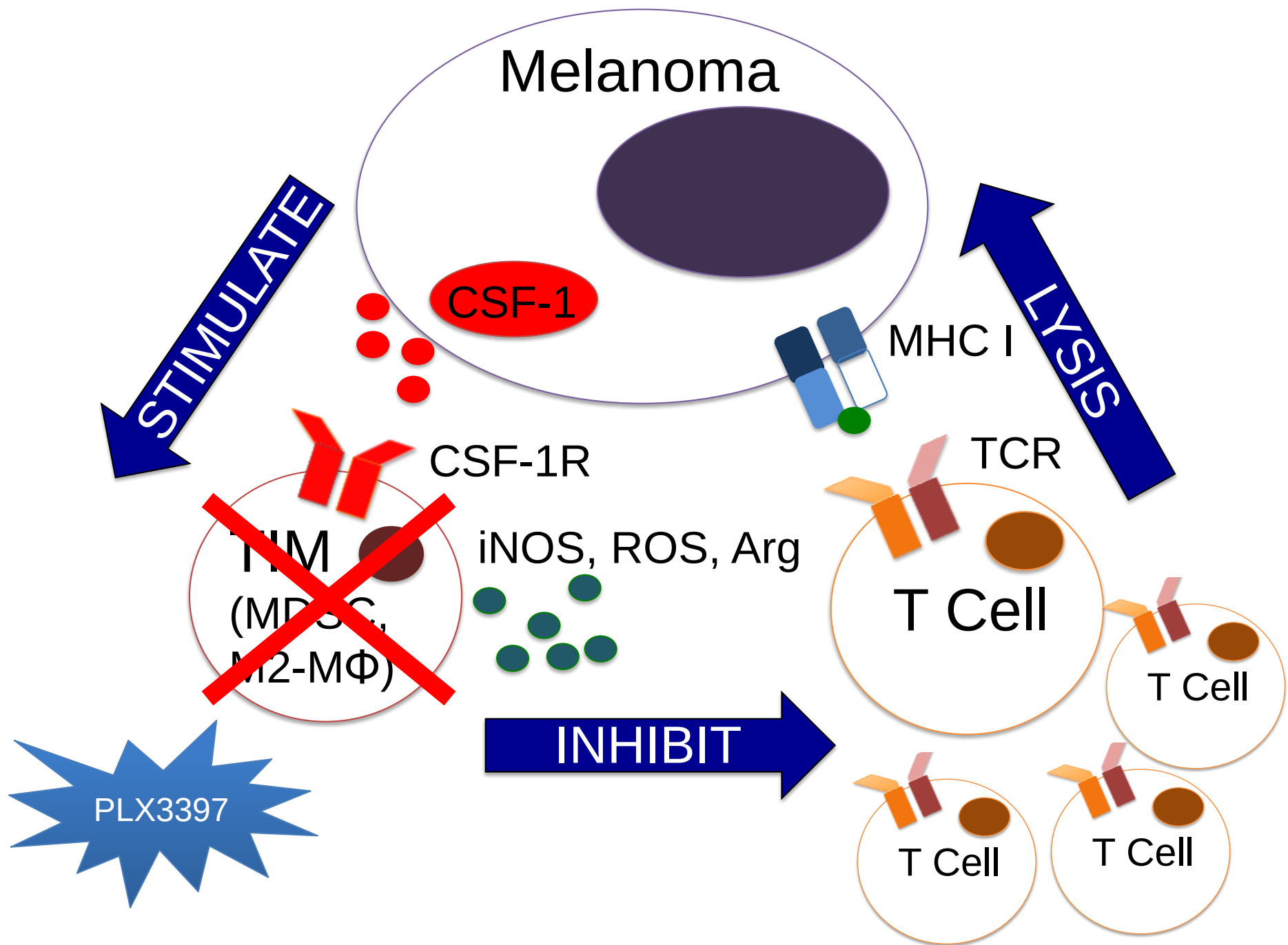
Ongoing clinical trials combining targeted therapy + immunotherapy for melanoma

Clinical Trial	NCT number	Status	Phase	Intervention
Systemic Therapy With Interferon, Interleukin-2 and BRAF Inhibitor	NCT01603212	Recruiting	Phase I/II	Vemurafenib + IL-2 + Interferon Alpha-2b
Safety and Efficacy Study of Vemurafenib and High-dose Interferon Alfa-2b in Melanoma	NCT01943422	Active	Phase I/II	Vemurafenib + High-dose Interferon alfa-2b
Vemurafenib With Lymphodepletion Plus Adoptive Cell Transfer & High Dose IL-2 Metastatic Melanoma	NCT01659151	Recruiting	Phase II	Vemurafenib + Lymphodepletion + ACT with TIL Infusion + High Dose Interleukin-2 (IL-2)
Ph I/II Ipilimumab Vemurafenib Combo	NCT01400451	Active	Phase I	Vemurafenib + Ipilimumab (BMS-734016)
Combined BRAF-Targeted Therapy & Immunotherapy for Melanoma	NCT01754376	Recruiting	Phase II	Vemurafenib + Aldesleukin
Ipilimumab With or Without Dabrafenib, and/or Trametinib in Treating Patients With Melanoma That is Metastatic or Cannot Be Removed By Surgery	NCT01940809	Recruiting	Phase I	ARM1- Ipilimumab ARM2 - Ipilimumab +Dabrafenib ARM3 - Ipilimumab + Trametinib ARM 4 - Ipilimumab+ Dabrafenib + Trametinib
Vemurafenib and White Blood Cell Therapy for Advanced Melanoma	NCT01585415	Recruiting	Phase I	Vemurafenib + Lymphodepletion + Drug: Young TIL + Aldesleukin
Ipilimumab and Imatinib Mesylate in Advanced Cancer	NCT01738139	Recruiting	Phase I	Imatinib mesylate + Ipilimumab
A Phase 1b Open Label, Dose Escalation Study of PLX3397 in Combination With Vemurafenib in V600-mutated BRAF Melanoma	NCT01826448	Recruiting	Phase I	Vemurafenib + PLX3397
A Study of The Safety and Pharmacology of MPDL3280A Administered in Combination With Vemurafenib (Zelboraf®) in Patients With Previously Untreated BRAFV600-Mutation Positive Metastatic Melanoma	NCT01656642	Recruiting	Phase I	Vemurafenib + MPDL3280A
Phase II Safety Study of Vemurafenib Followed by Ipilimumab in Subjects With V600 BRAF Mutated Advanced Melanoma	NCT01673854	Recruiting	Phase II	Vemurafenib 6 weeks followed by switch to Ipilimumab (sequential)

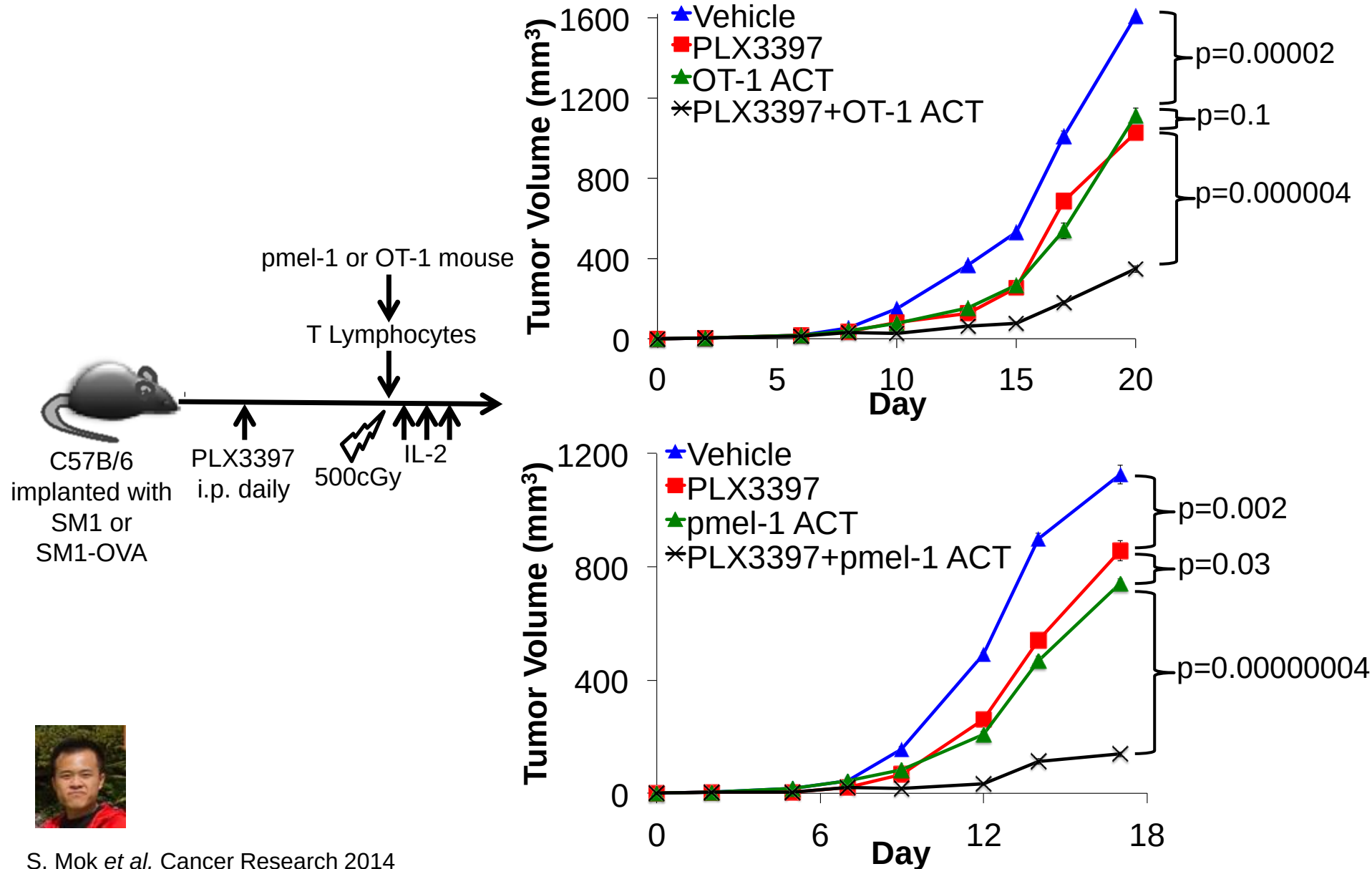


Secreted proteins expressed by SM1

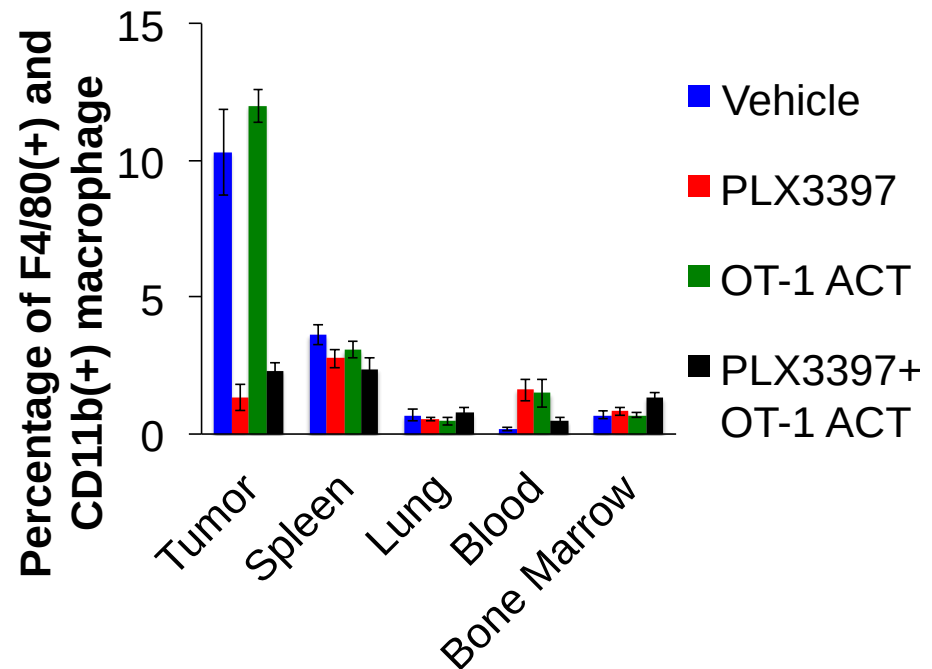
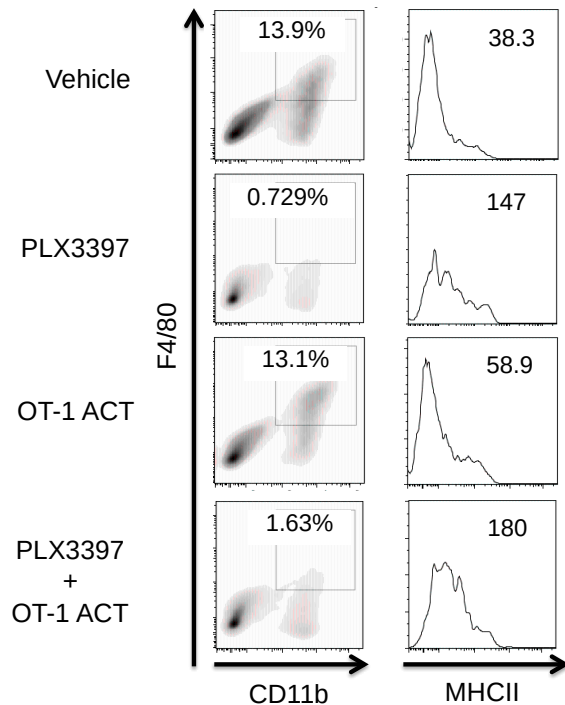
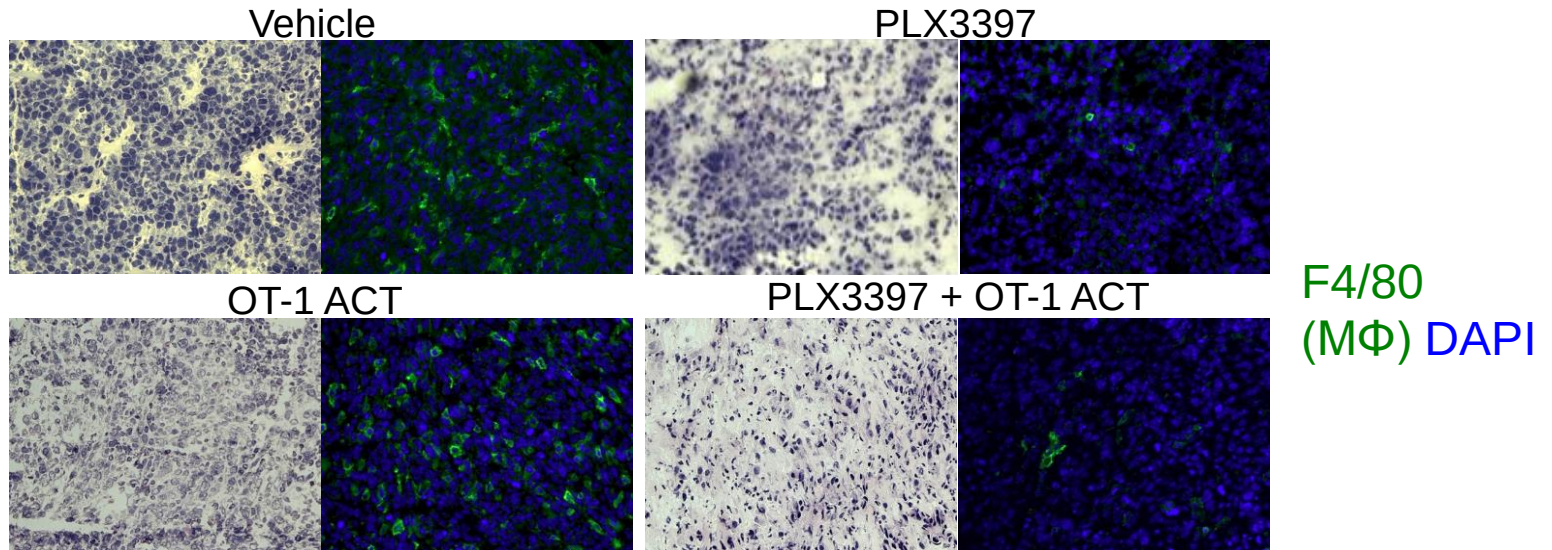




Combined anti-tumor activity of adoptive cell transfer (ACT) immunotherapy and PLX3397



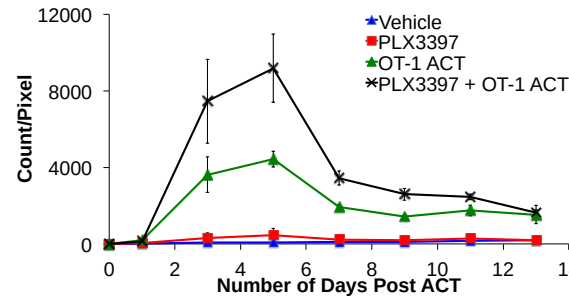
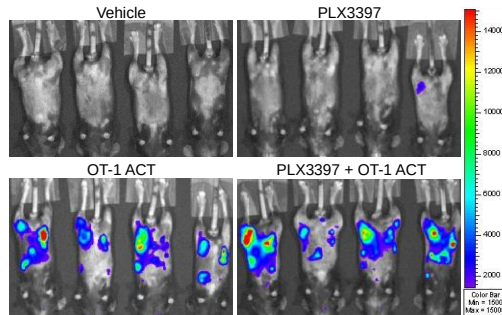
Changes in intratumoral macrophages in responses to PLX3397



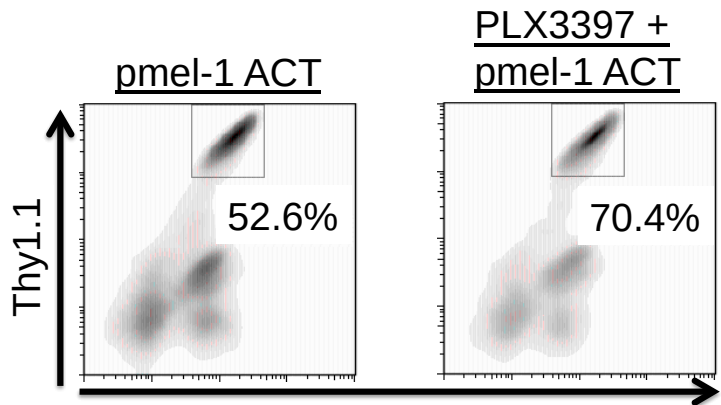
Effects of PLX3397 on expansion, distribution and cytokine production by adoptively transferred lymphocytes

T cell expansion and distribution

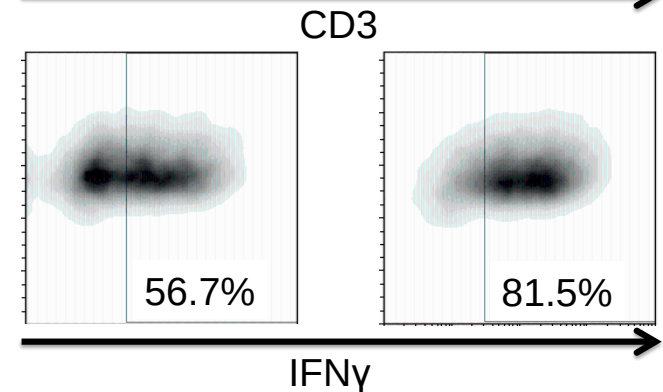
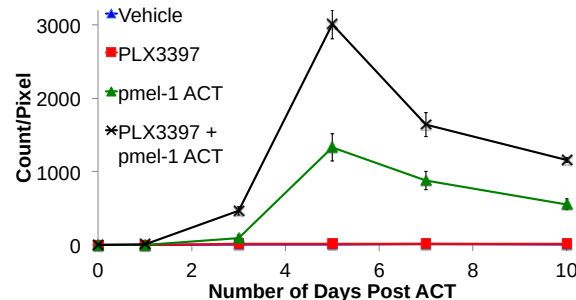
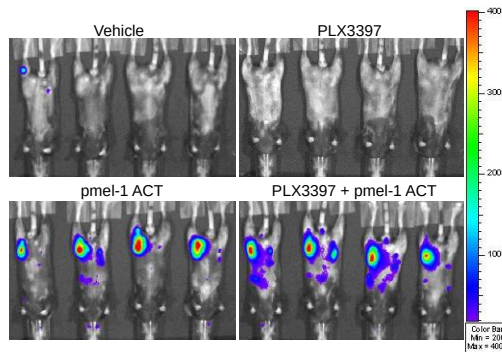
OT-1 ACT model



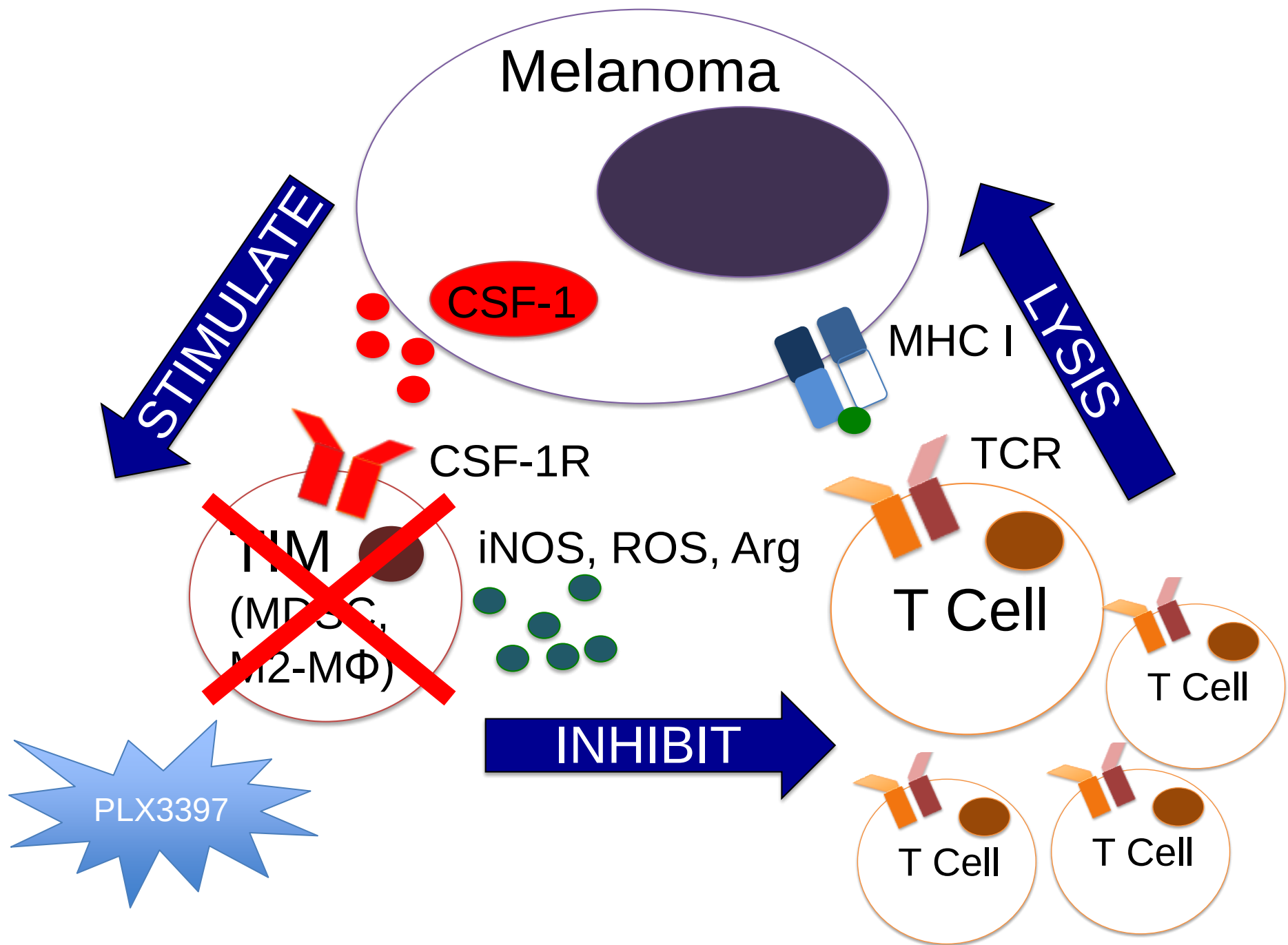
T cell cytokine production by TIL



pmel-1 ACT model



By depleting macrophages in tumors, PLX3397 increases the expansion and function of T cells



Conclusions

- There is a strong scientific rationale for combining oncogenic BRAF^{V600E} blockade and immunotherapy:
 - Improving direct antigen presentation by tumor cells
 - Sensitizing cancer cells to apoptotic death resulting in antigen cross-presentation
 - Inhibiting suppressive factors in the tumor
 - Improving lymphocyte function
- Paradoxical MAPK activation needs to be considered with these combinations to interpret combined efficacy and toxicities
- MEK inhibitors may block paradoxical MAPK activation by BRAF inhibitors, their effects on immune cells *in vivo* need to be further explored
- Inhibiting intratumoral macrophages with CSF-1R inhibitors improves the antitumor activity of tumor-specific T cells



P01 CA168585-01A1 (Ribas)
P01 CA132681 (Baltimore)
P50 CA086306 (Herschman)



Melanoma
Research Alliance

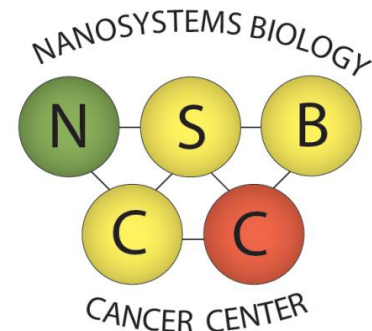
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REGENERATIVE MEDICINE & STEM CELL RESEARCH



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