

Selection of PD-L1 escape variants in microsatellite stable metastatic colorectal cancer on avelumab treatment

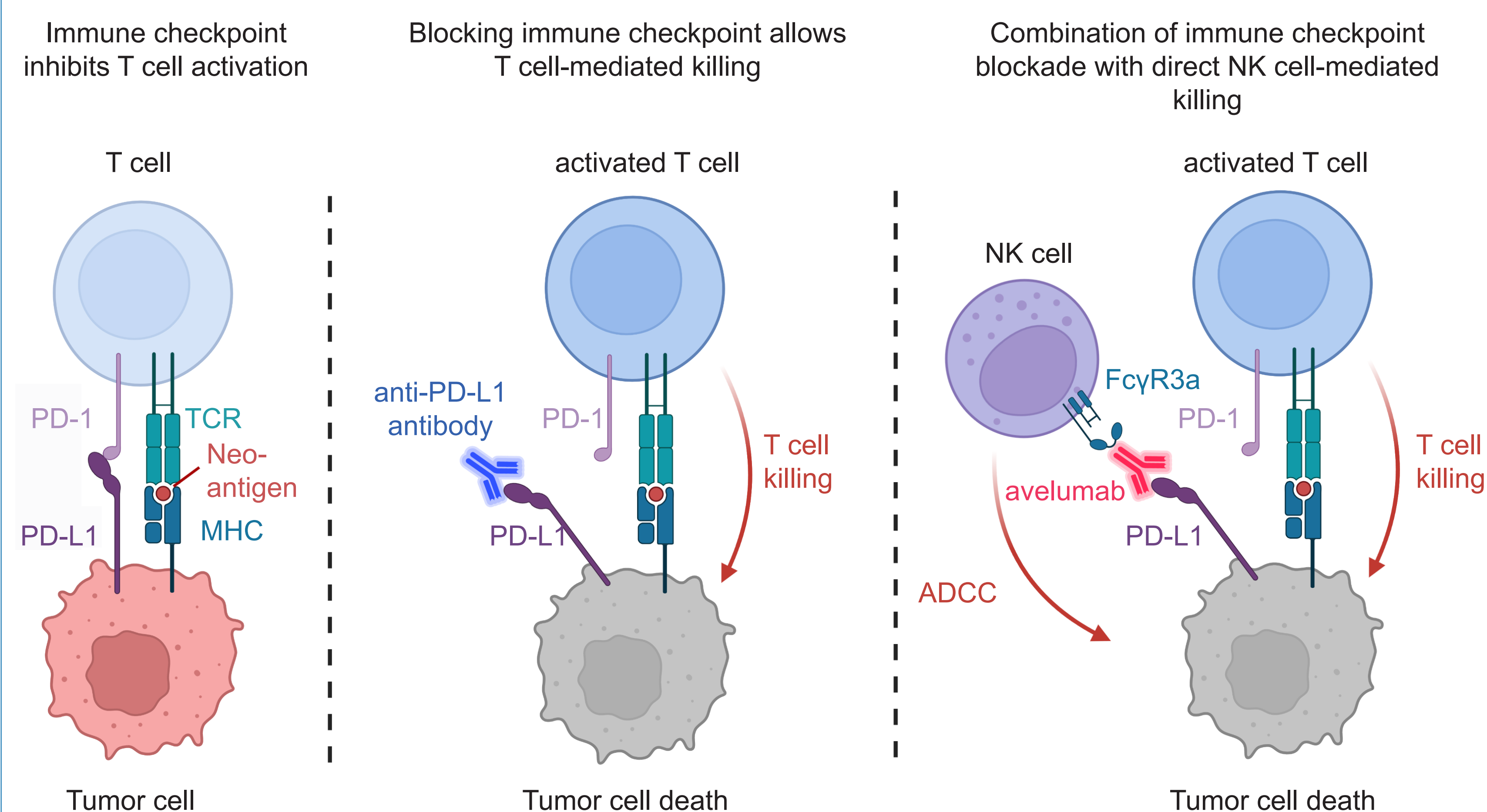
Christoph Schultheiß^{1*}, Luise Victoria Claaß^{1*}, Rebekka Scholz^{1*}, Lisa Paschold¹, Donjete Simnica¹, Volker Heinemann², Sebastian Stintzing³, Mascha Binder¹

1 Department of Internal Medicine IV, Oncology/Hematology, Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany;
2 Department of Hematology/Oncology, LMU Klinikum, University of Munich and Comprehensive Cancer Center Munich, Germany;
3 Department of Hematology, Oncology, and Cancer Immunology (CCM) Charité - Universitätsmedizin Berlin, Germany



Universitätsklinikum
Halle (Saale)

Avelumab combines immune checkpoint blockade (ICB) with direct tumor cell killing



ICB in microsatellite stable (MSS) metastatic colorectal cancer

Current state

ICB is considered ineffective in metastatic MSS colorectal cancer and combinatorial approaches enhancing immunogenicity need exploration.

Rationale

Combination of immunomodulatory chemotherapy (e.g. 5-FU and oxaliplatin), immunogenic cell death inducing targeted therapy (e.g. cetuximab) and ICB may be synergistic.

Methods

Investigate feasibility and safety in single arm multicenter phase-II trials AVETUX and FIRE6:

AVETUX

mFOLFOX6/cetuximab + avelumab from the second cycle onwards.

FIRE-6

4 cycles FOLFIRI/cetuximab + avelumab
4 cycles FOLFIRI/cetuximab + avelumab
avelumab maintenance for 10 weeks until EOT

Funding statement, conflict of interest and references

Study drugs were provided by Merck Healthcare Germany GmbH, Weiterstadt, Germany, an affiliate of Merck KGaA (CrossRef Funder ID: 10.13039/100009945), as part of an alliance between Merck and Pfizer.

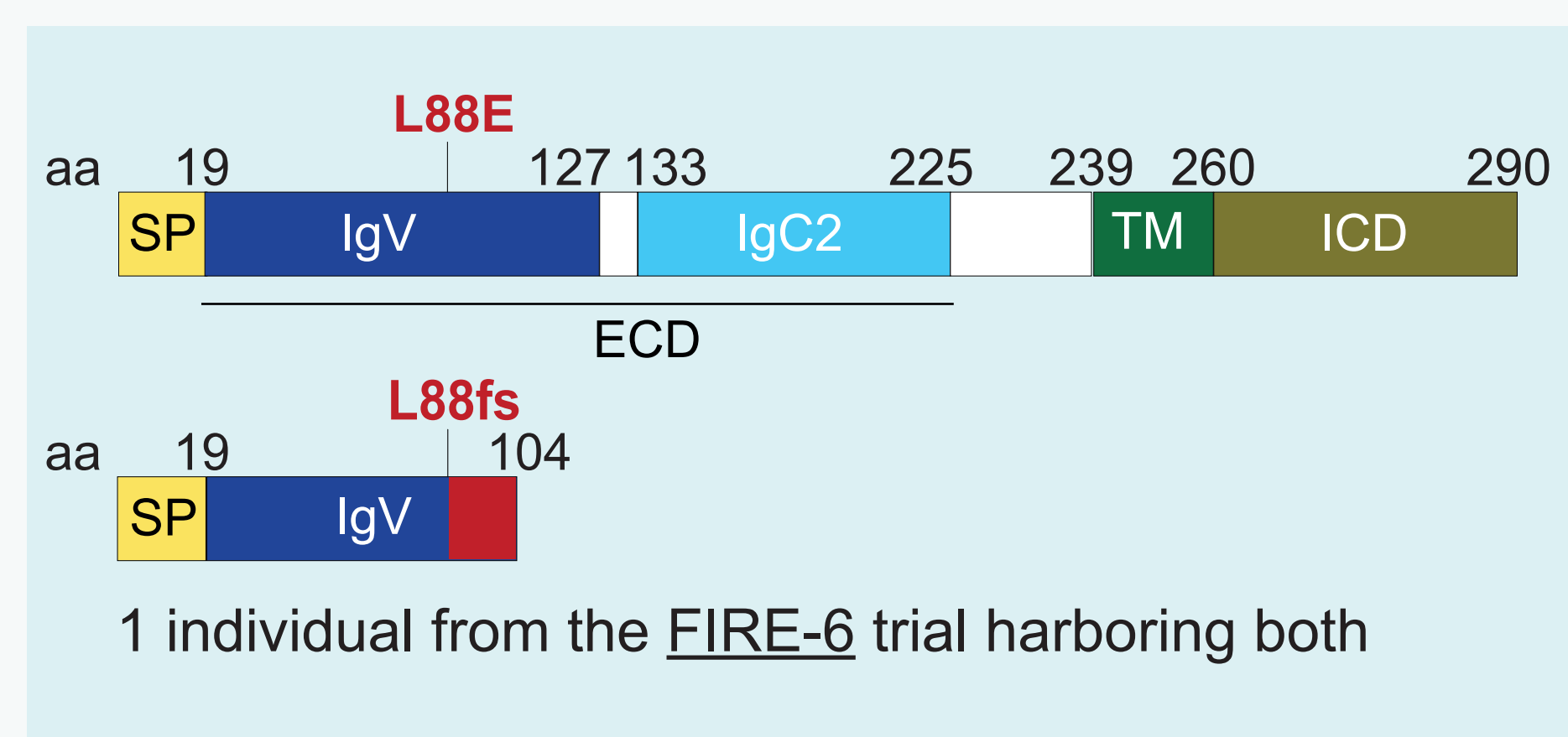
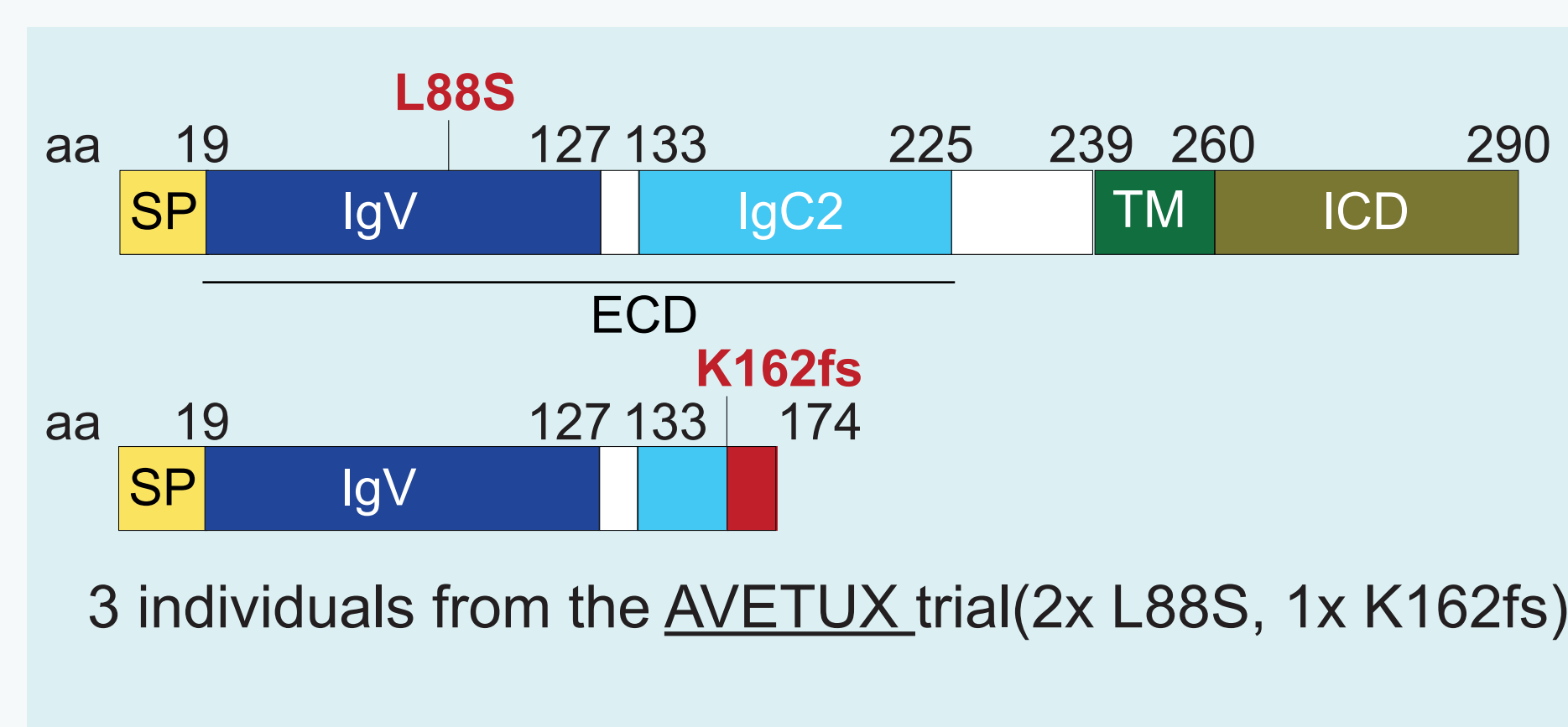
SS and VH received honoraria for talks and advisory board role as well as research funding from Merck KGaA. The remaining authors declare no conflict of interest.

References:

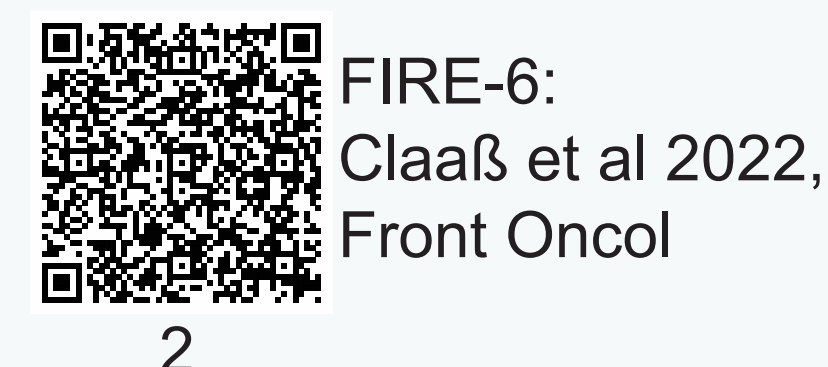
- Stein A*, Simnica D*, Schultheiß C*, Scholz R, Tintelnot J, et al. PD-L1 targeting and subclonal immune escape mediated by PD-L1 mutations in metastatic colorectal cancer. *Journal for Immunotherapy of Cancer*. 2021 Jul;9(7):e002844. doi: 10.1136/jitc-2021-002844.
- Claaß LV*, Schultheiß C*, Scholz R*, Paschold L, Simnica D, Heinemann V, Stintzing S, Binder M. PD-L1 amino acid position 88 represents a hotspot for PD-L1 stability with relevance for PD-L1 inhibition. *Frontiers in Oncology*. 2022 Jul 22;12:941666. doi: 10.3389/fonc.2022.941666.

Liquid biopsy (ddPCR/NGS) identifies PD-L1 escape variants under avelumab treatment in individuals with high affinity SNP of FcγR3a (rs396991)

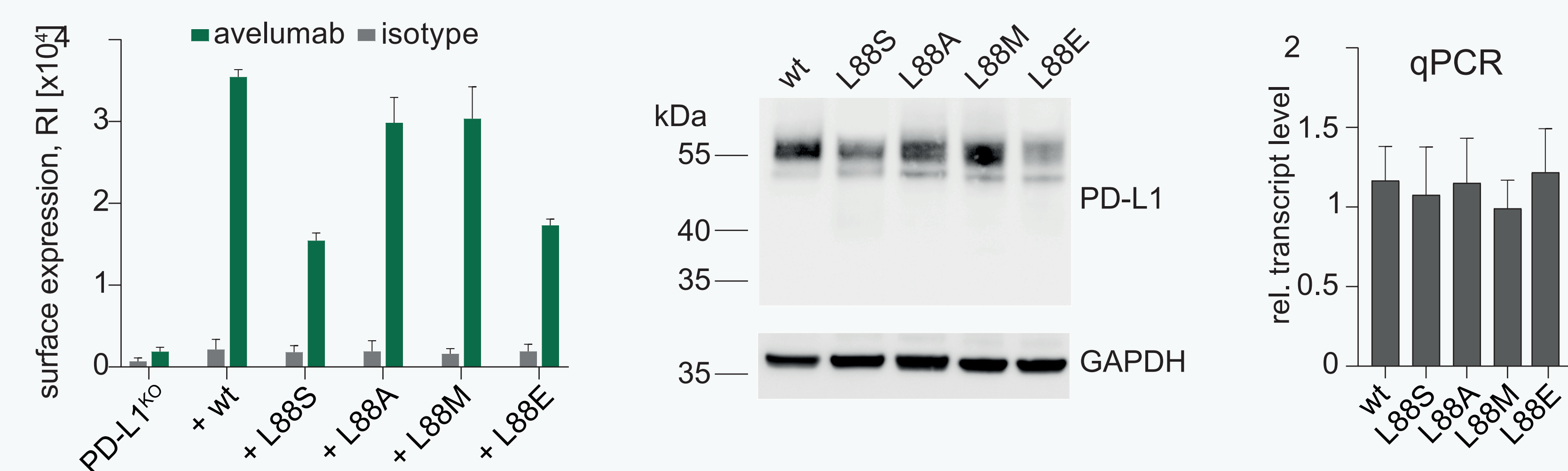
A Schematic representation of PD-L1 mutations



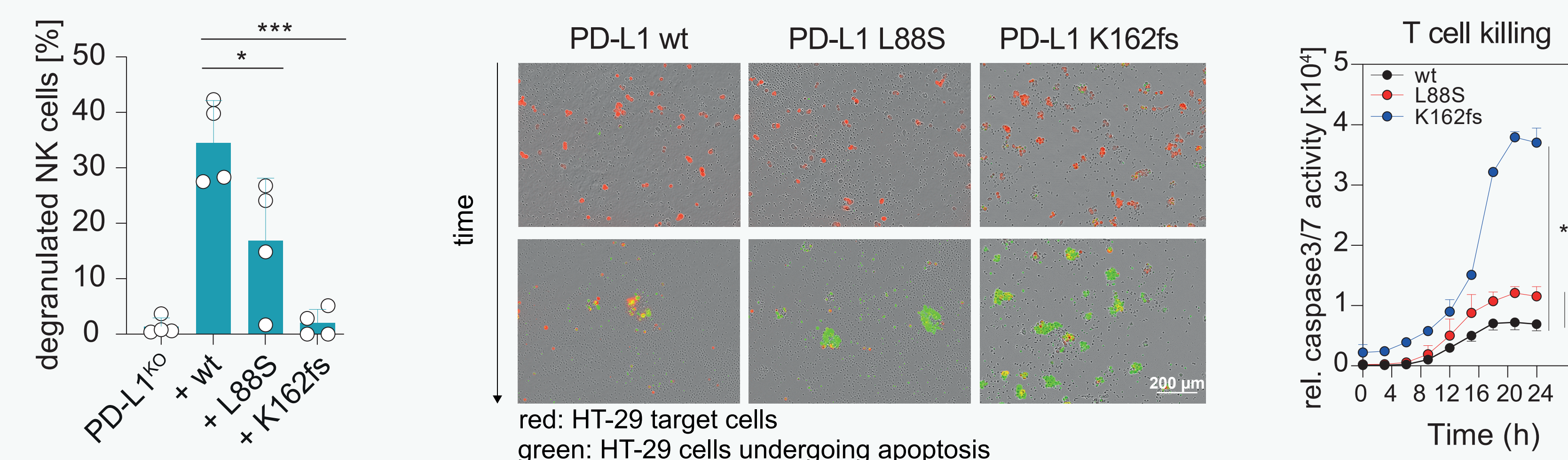
Published in:



B PD-L1 mutations result in reduced surface expression and total protein abundance independent of transcription in cell models

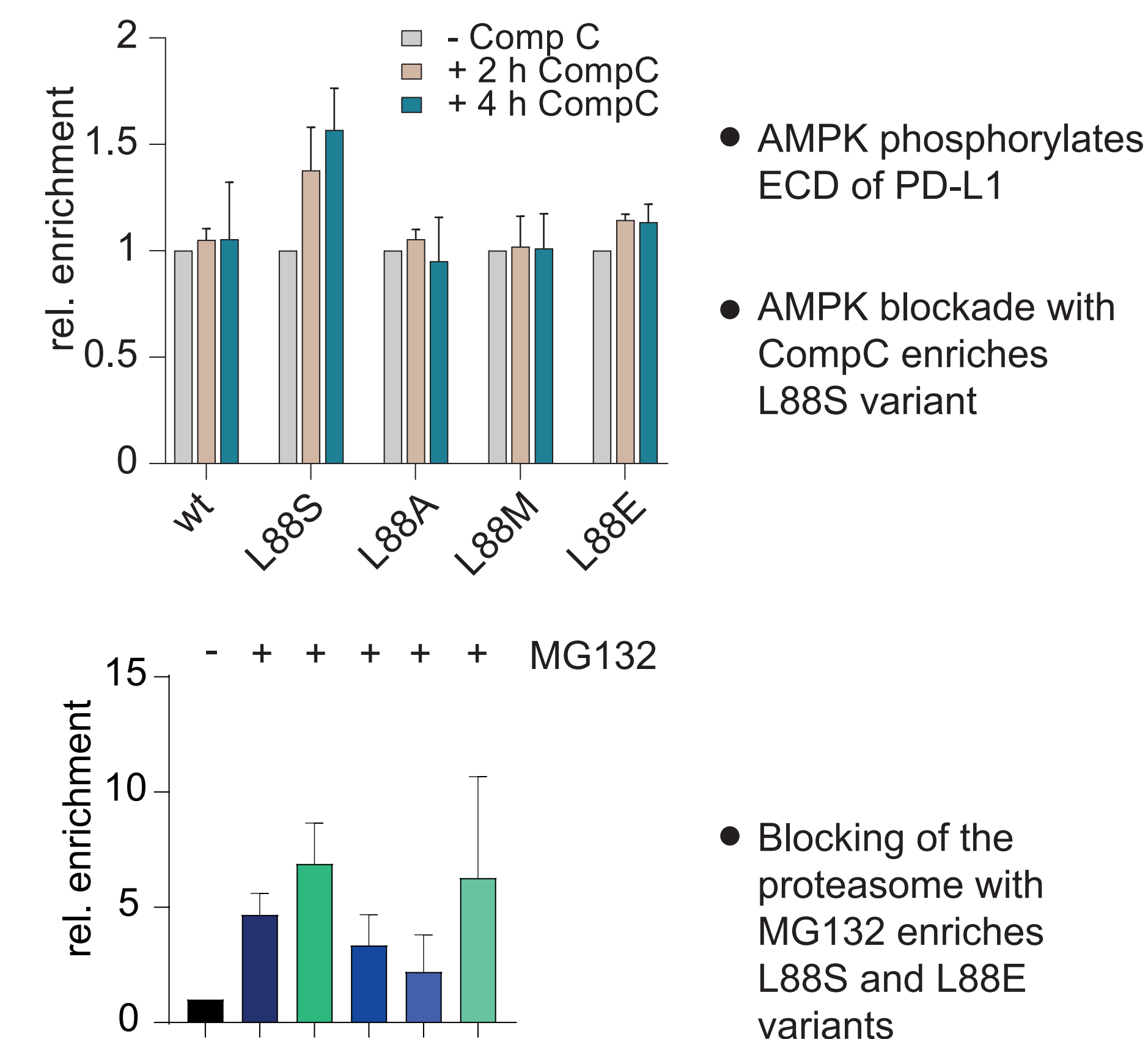
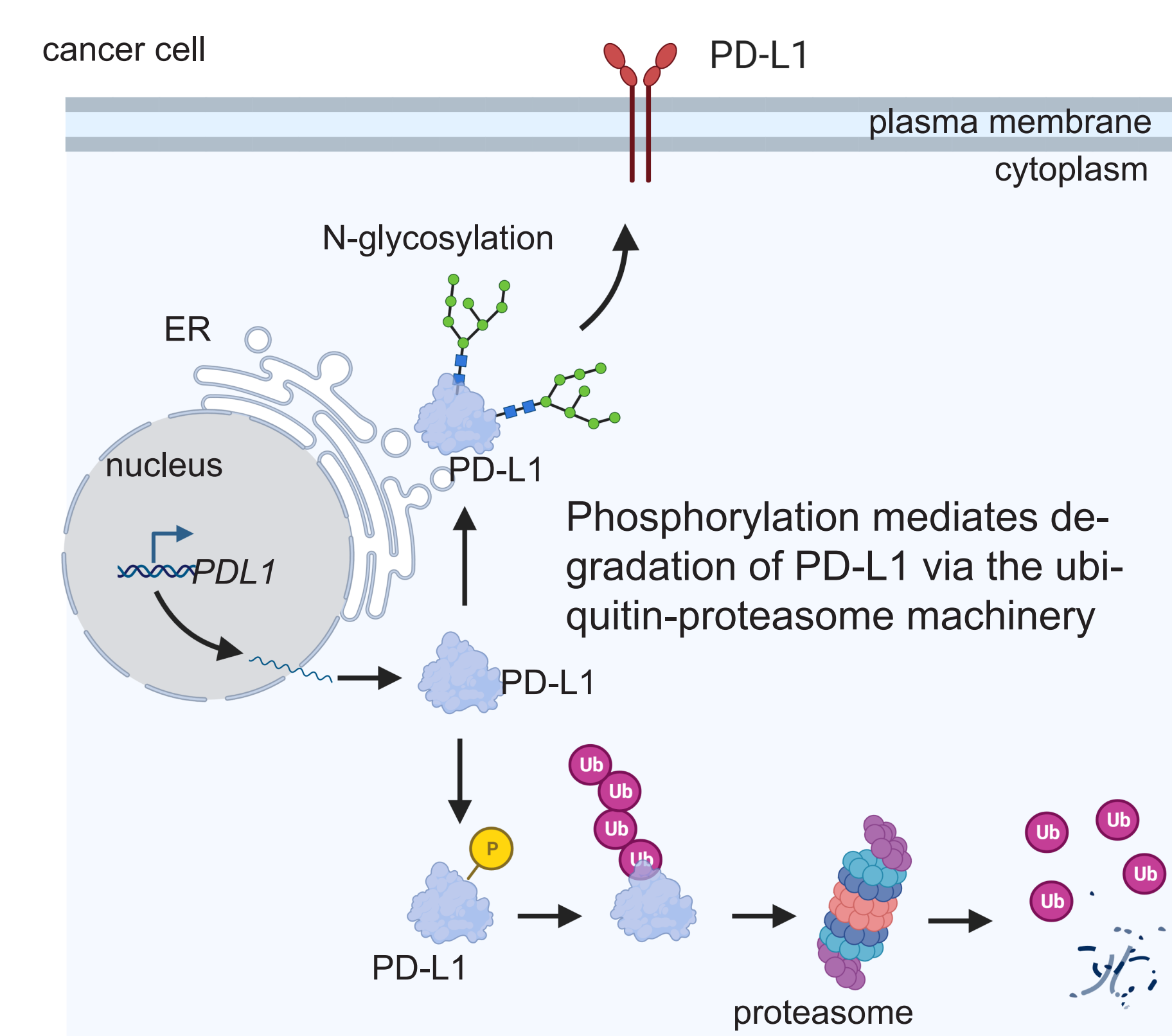


C Loss of surface PD-L1 reduces ADCC and enhances T cell mediated tumor cell killing



Generation of a new phospho (or phosphomimetic) site enhances proteasomal degradation

PD-L1 stability after synthesis is mediated by N-glycosylation



Conclusion

- The addition of avelumab to cetuximab and chemotherapy is feasible and safe
- PD-L1 mutations at position 88 mediate subclonal immune escape to avelumab in some patients with expressing high-affinity FcγR3a (SNP rs396991)
- Together with the emergence of truncated PD-L1 variants, regulation of PD-L1 availability but not epitope disruption appears to be the key mechanistic principle towards PD-L1 escape
- Patients with MSS metastatic colorectal cancer expressing high affinity FcγR3a may represent a subgroup that benefits from avelumab

Presenter: Christoph Schultheiß
christoph.schultheiss@uk-halle.de
@lab_binder
<https://www.binderlaboratory.com/>

