



Biomarker für Immunonkologika beim Melanom

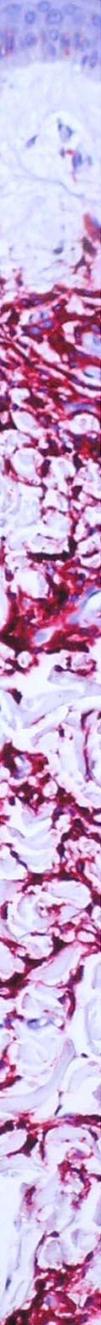
Claus Garbe
Zentrum für Dermatoonkologie,
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Disclosures

Honoraries and Grants

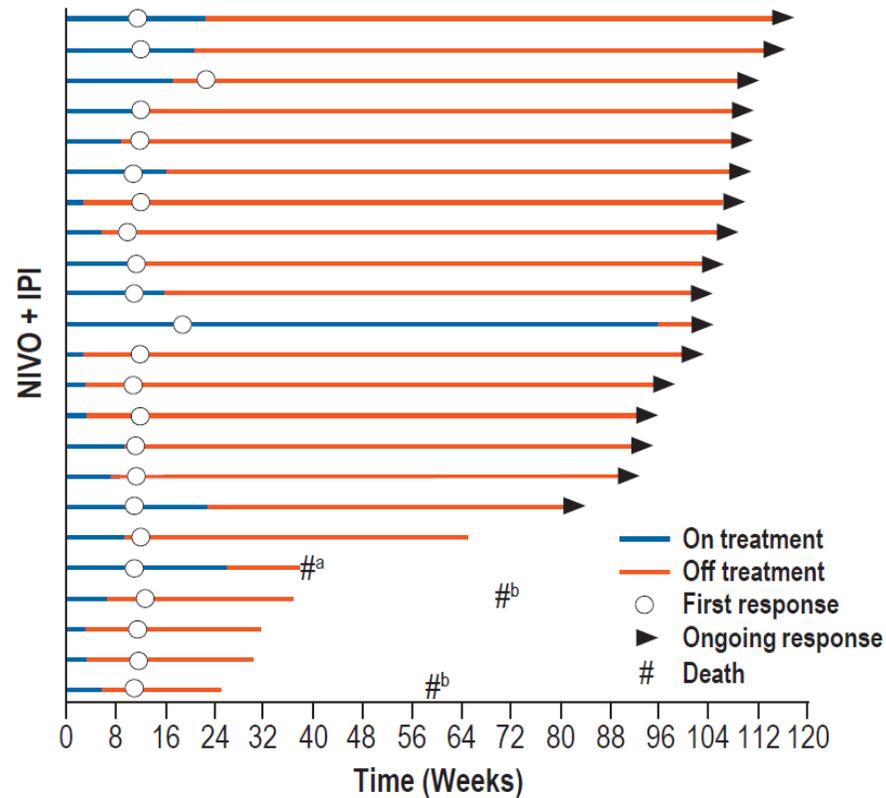
- Amgen
- BMS
- GSK
- LEO
- MerckSerono
- MSD
- Novartis
- Philogen
- Roche





Frühes Ansprechen - The First Shot Theory

Figure 3. Time to response and durability of response at 2 years of follow-up in patients who discontinued NIVO+IPI due to AEs

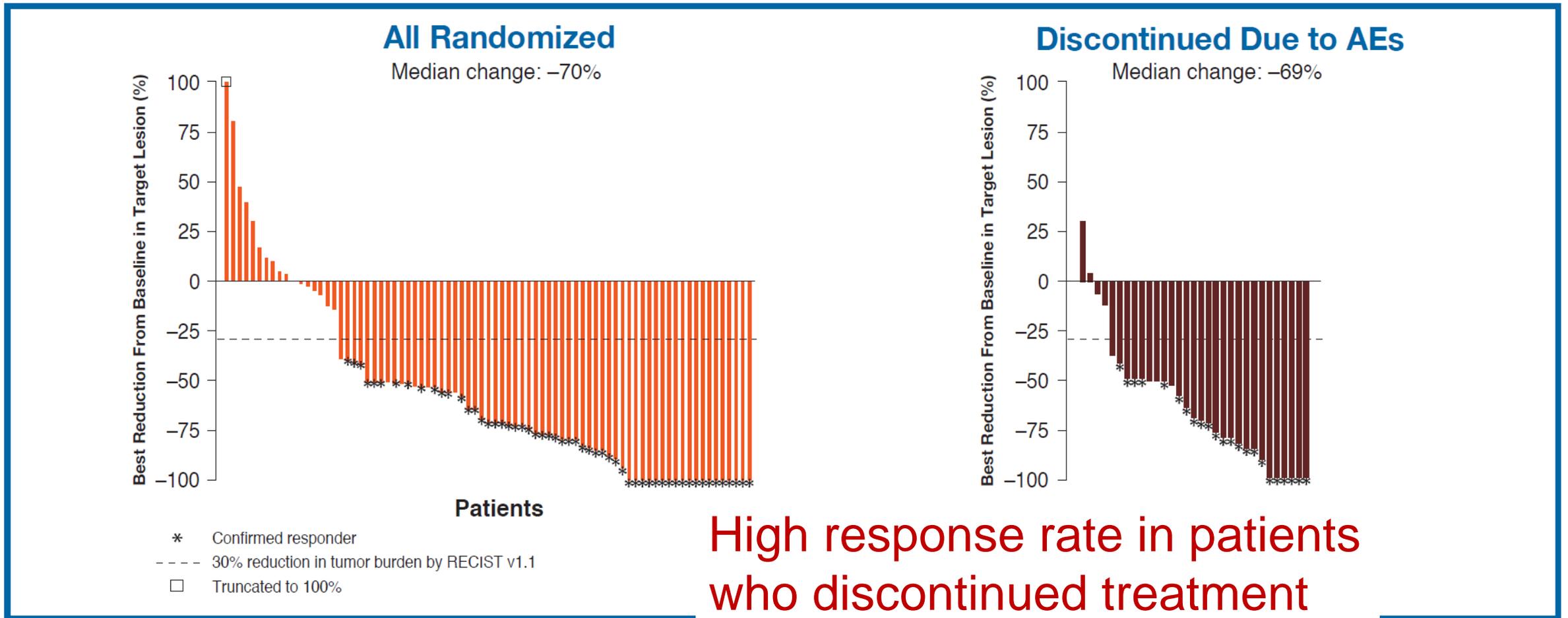


	NIVO+IPI	
	All randomized (N = 95)	Discontinued due to AEs (n = 35)
Median time to response, months (range)	2.8 (2.3-17.1)	2.6 (2.3-5.3)
Median duration of response, months (range)	NR	NR
Ongoing response among responders, n (%)	45/65 (80)	17/23 (74)

Durable responses in patients who discontinued treatment

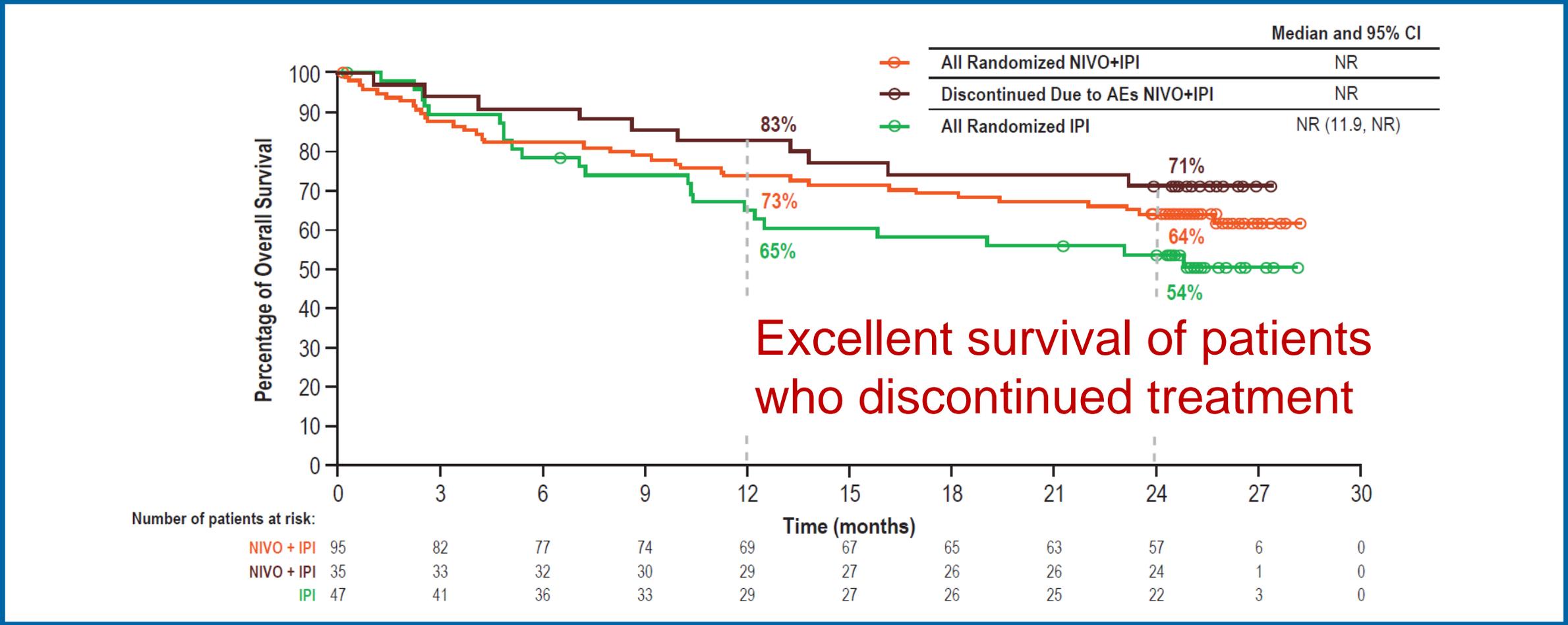
Steve Hodi et al.: Overall Survival in Patients With Advanced Melanoma (MEL) Who Discontinued Treatment With Nivolumab (NIVO) Plus Ipilimumab (IPI) Due to Toxicity in a Phase II Trial (CheckMate 069), ASCO 2016

Figure 2. Tumor burden reduction (NIVO+IPI patients)

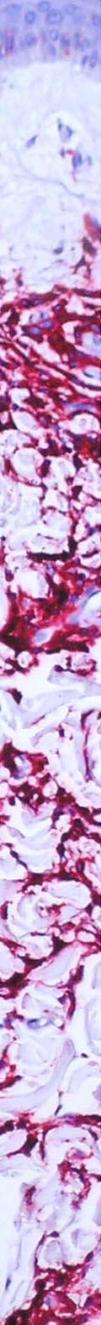


Steve Hodi et al.: Overall Survival in Patients With Advanced Melanoma (MEL) Who Discontinued Treatment With Nivolumab (NIVO) Plus Ipilimumab (IPI) Due to Toxicity in a Phase II Trial (CheckMate 069), ASCO 2016

Figure 4A. Overall survival at 2 years of follow-up



Steve Hodi et al.: Overall Survival in Patients With Advanced Melanoma (MEL) Who Discontinued Treatment With Nivolumab (NIVO) Plus Ipilimumab (IPI) Due to Toxicity in a Phase II Trial (CheckMate 069), ASCO 2016



First shot theory

- ❖ **Response after a period of ~3 months is an excellent marker of efficacy of checkpoint inhibition.**
- ❖ **The first shot counts!**



PD-L1 expression



Candidate: PD-L1 expression in tumor

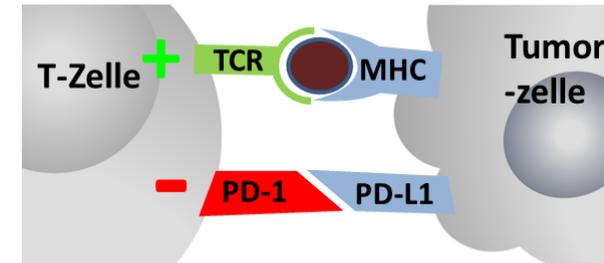


Table 1 Selected immune-checkpoint companion diagnostics in clinical development for NSCLC

Diagnostic company	PD-L1 IHC assay	Cutoff for PD-L1 positivity	Companion immunotherapy	Combination status
Dako (Agilent)	22C3 PharmDx	50% of tumor cells	Keytruda (pembrolizumab)	Approved
Dako (Agilent)	28-8 PharmDx	1%, 5% or 10% of tumor cells	Opdivo (nivolumab)(BMS)	Approved (as complementary assay)
Ventana (Roche)	SP142	Highest threshold: 5% of tumor cells, 50% of immune cells	Atezolizumab (RG7155) (Genentech/Roche)	In development
Ventana (Roche)	SP263	25% of tumor cells	Durvalumab (MEDI4736) (Medimmune/Amgen)	In development

Response by PD-L1 Expression Level (5%) in Checkmate067

		NIVO	NIVO + IPI	IPI
PD-L1- positive	ORR, % (95% CI)	57.5 (45.9, 68.5)	72.1 (59.9, 82.3)	21.3 (12.7, 32.3)
PD-L1- negative	ORR, % (95% CI)	41.3 (34.6, 48.4)	54.8 (47.8, 61.6)	17.8 (12.8, 23.8)

Wolchok et al., ASCO 2015

Objective response rate with
Nivo + Ipi vs Nivo alone
15% higher in PD-L1+ and
13% higher in PD-L1-

PD-L1 expression is no valid
selection criterion

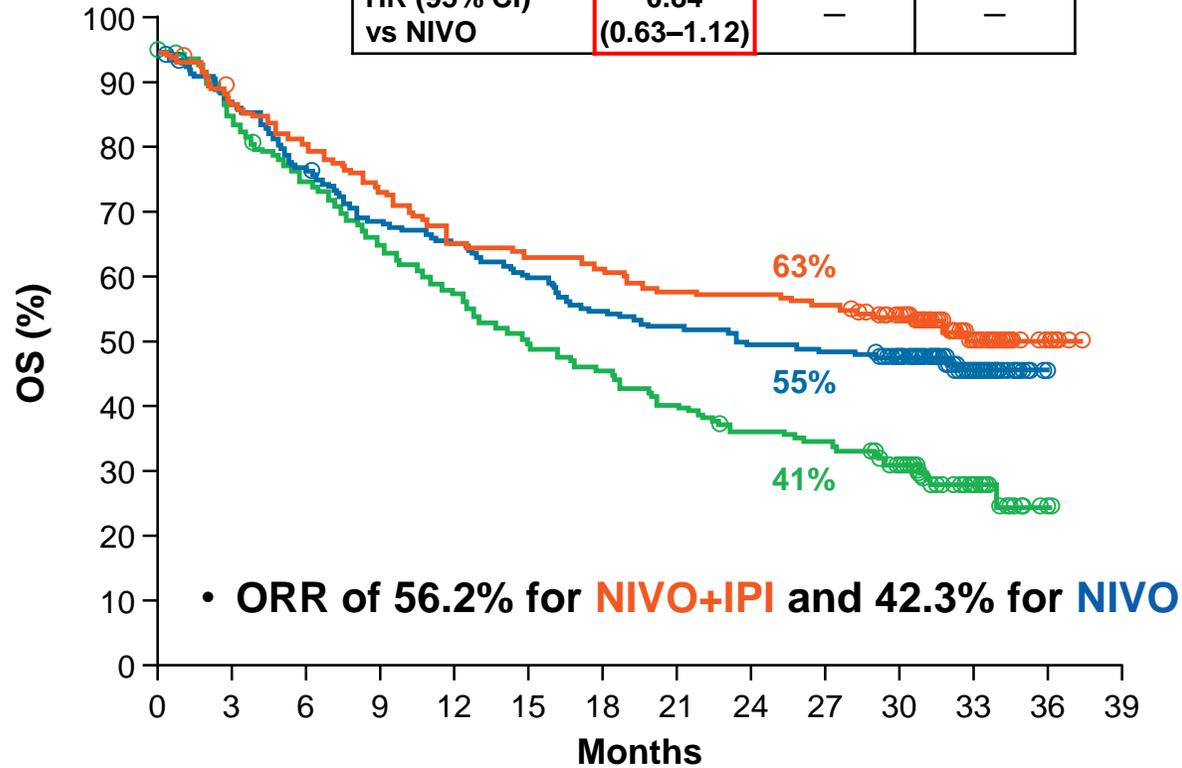
OS by Tumor PD-L1 Expression, 5% Cutoff

PD-L1 Expression Level <5%

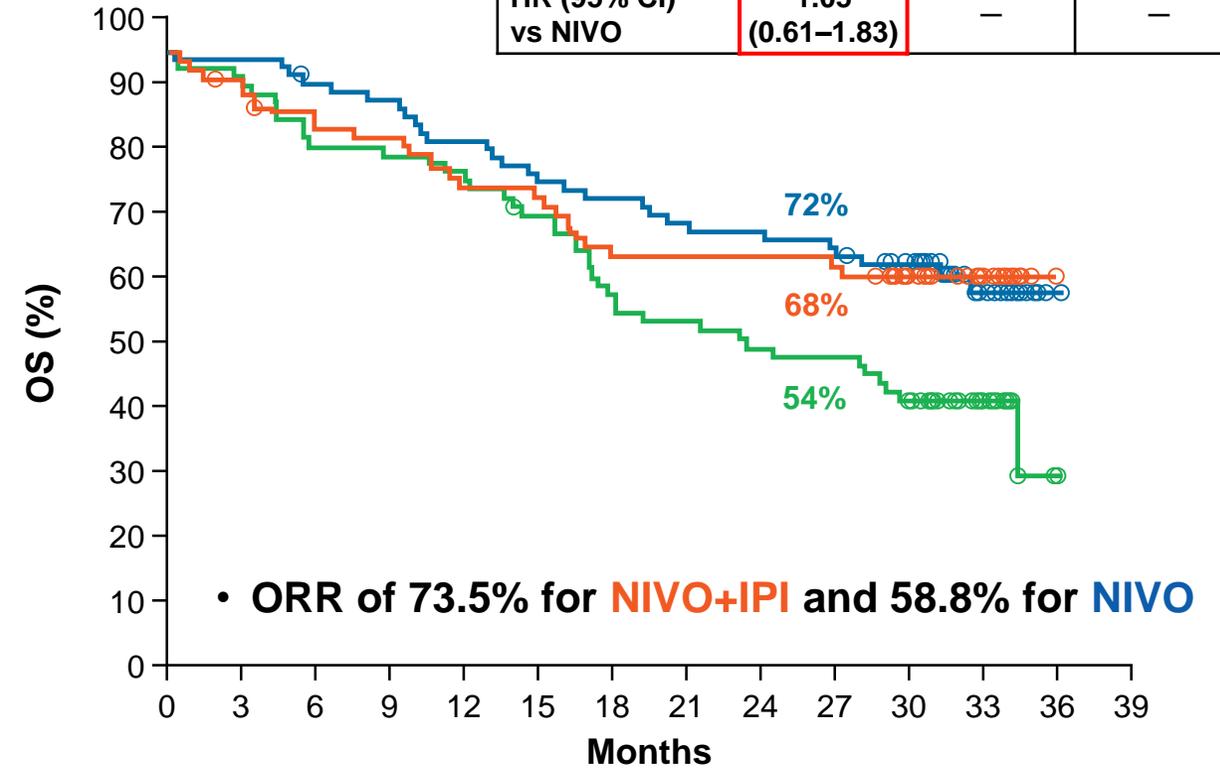
PD-L1 Expression Level ≥5%

	NIVO+IPI	NIVO	IPI
Median OS, mo (95% CI)	NR (31.8–NR)	NR (23.1–NR)	18.5 (13.7–22.5)
HR (95% CI) vs NIVO	0.84 (0.63–1.12)	–	–

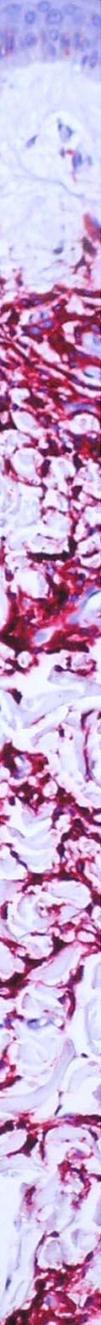
	NIVO+IPI	NIVO	IPI
Median OS, mo (95% CI)	NR	NR	28.9 (18.1–NR)
HR (95% CI) vs NIVO	1.05 (0.61–1.83)	–	–



Patients at risk:	0	3	6	9	12	15	18	21	24	27	30	33	36	39
NIVO+IPI	210	194	178	163	146	144	139	131	130	127	116	34	7	0
NIVO	208	189	169	151	144	133	123	118	112	110	99	34	2	0
IPI	202	179	158	140	125	108	100	90	81	78	63	18	2	0



Patients at risk:	0	3	6	9	12	15	18	21	24	27	30	33	36	39
NIVO+IPI	68	63	56	55	52	50	45	45	45	44	35	11	0	0
NIVO	80	79	75	73	68	63	61	58	57	54	49	18	1	0
IPI	75	72	67	65	61	55	46	43	40	39	33	13	1	0



PD-L1 expression

- ❖ **Survival and response of PD-1 antibodies is increased in melanomas with PD-L1 expression**
- ❖ **However, PD-1 antibodies are still effective in melanomas without PD-L1 expression**



Blood biomarkers



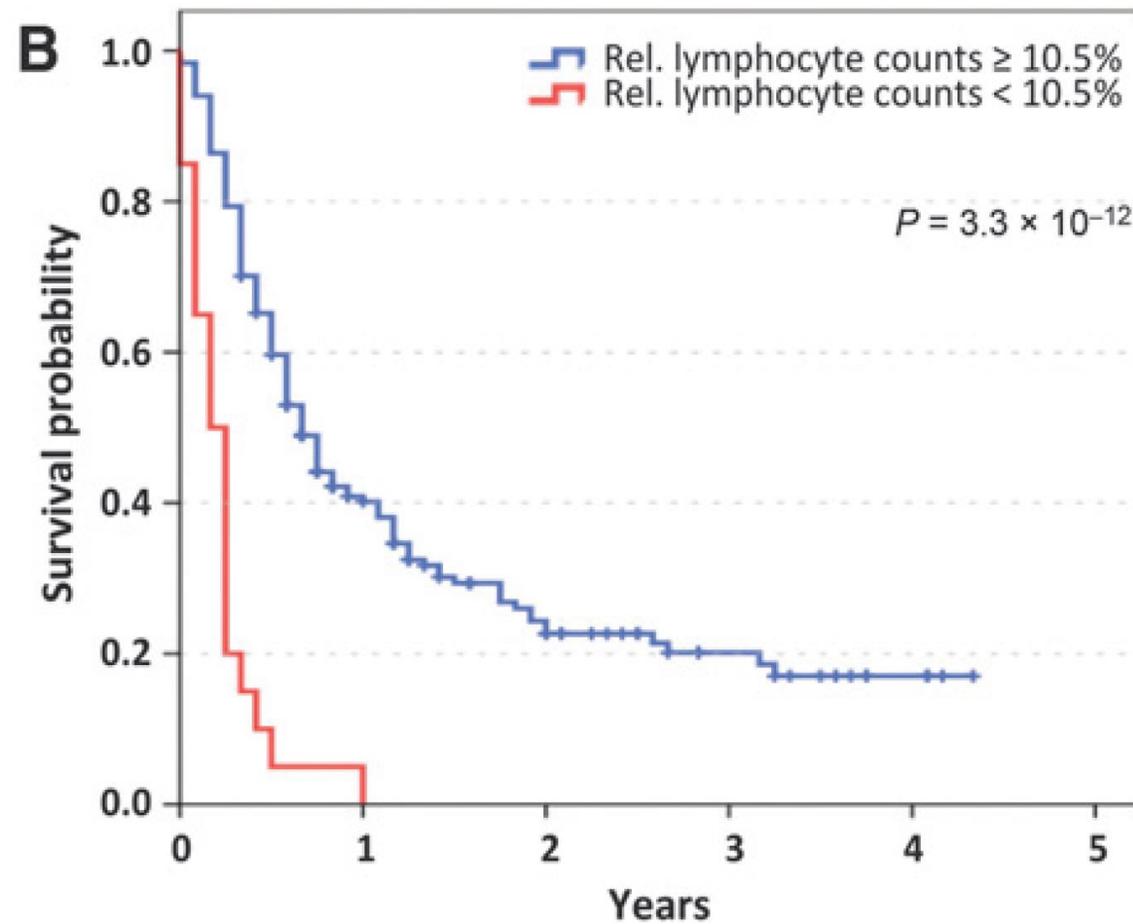
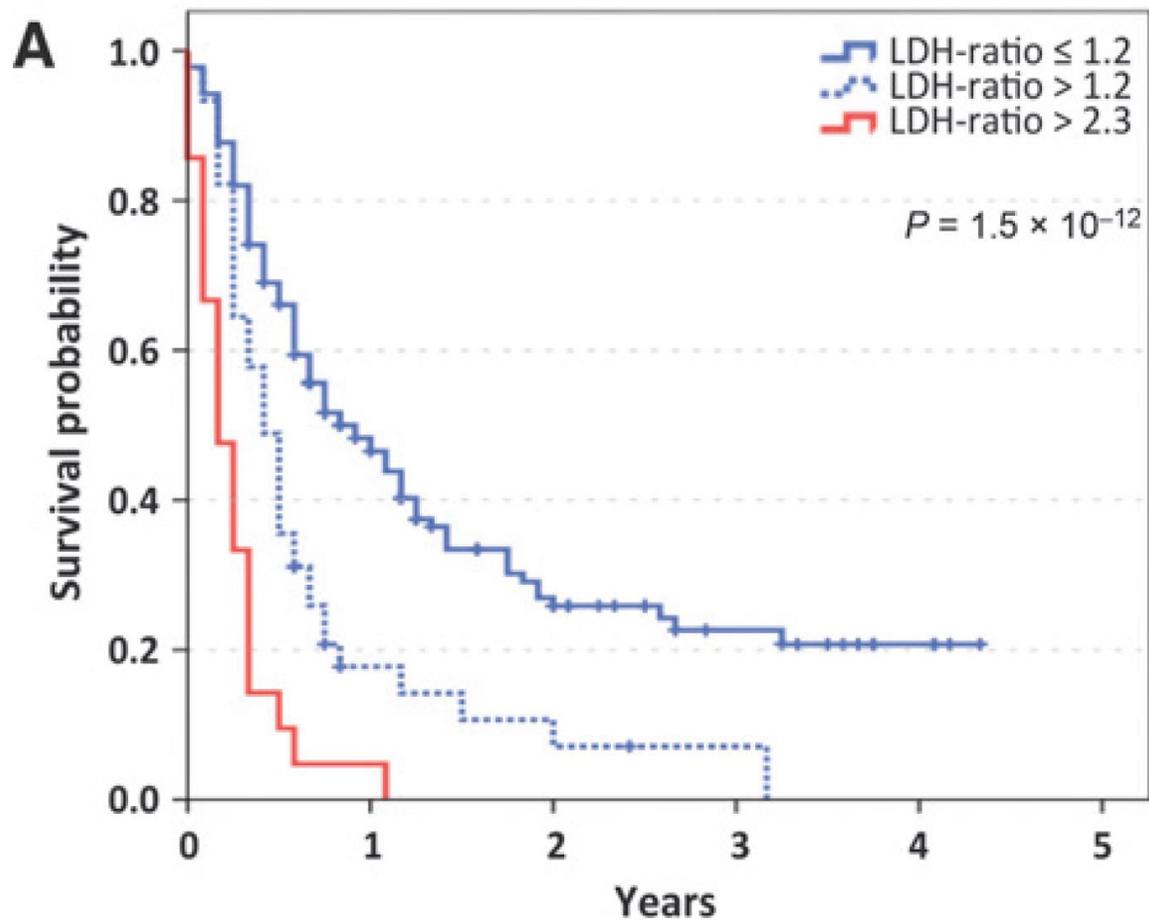
Baseline Peripheral Blood Biomarkers Associated with Clinical Outcome of Advanced Melanoma Patients Treated with Ipilimumab

Alexander Martens^{1,2}, Kilian Wistuba-Hamprecht^{1,2}, Marnix Geukes Foppen³, Jianda Yuan⁴, Michael A. Postow^{4,5}, Phillip Wong⁴, Emanuela Romano⁶, Amir Khammari⁷, Brigitte Dreno⁷, Mariaelena Capone⁸, Paolo A. Ascierto⁸, Anna Maria Di Giacomo⁹, Michele Maio⁹, Bastian Schilling^{10,11}, Antje Sucker^{10,11}, Dirk Schadendorf^{10,11}, Jessica C. Hassel^{11,12}, Thomas K. Eigentler¹, Peter Martus¹³, Jedd D. Wolchok^{4,5}, Christian Blank³, Graham Pawelec², Claus Garbe¹, and Benjamin Weide^{1,14}

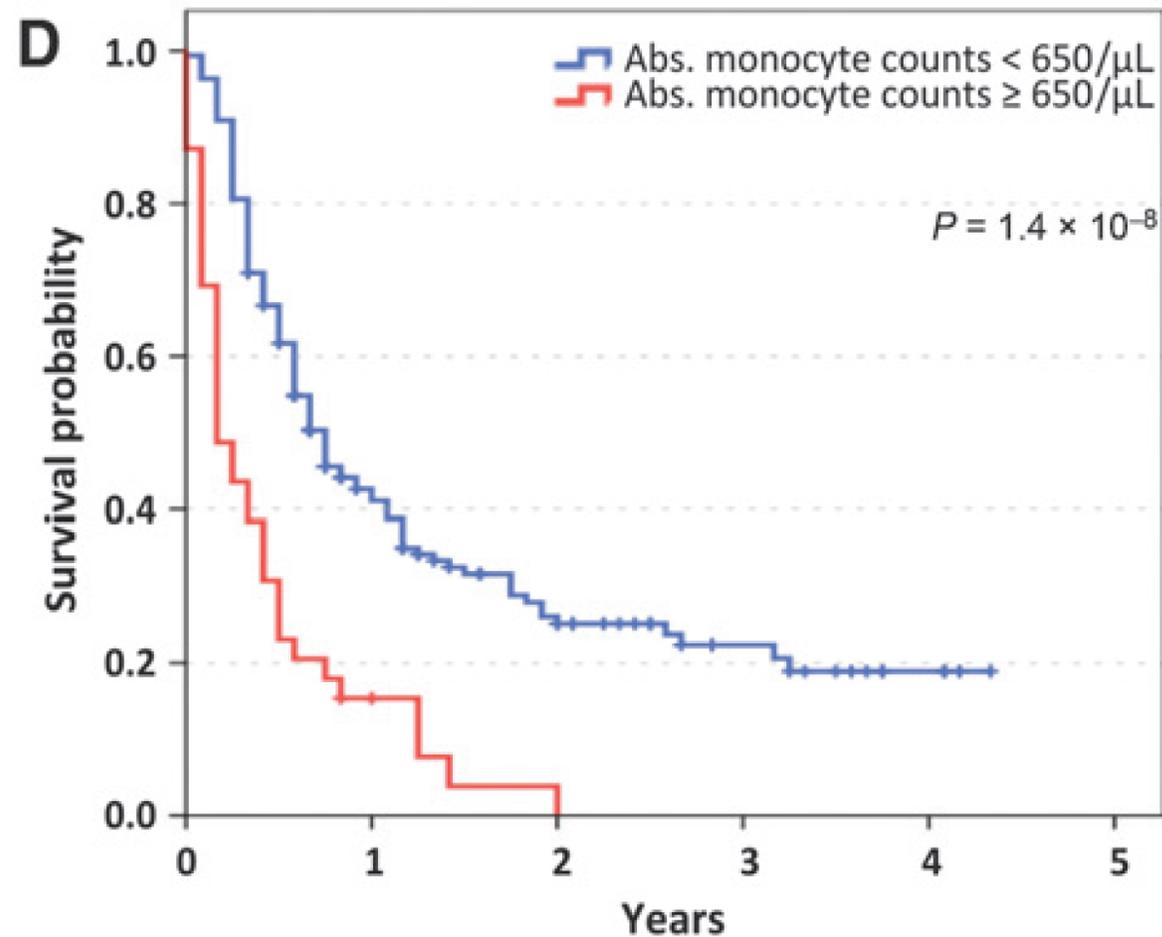
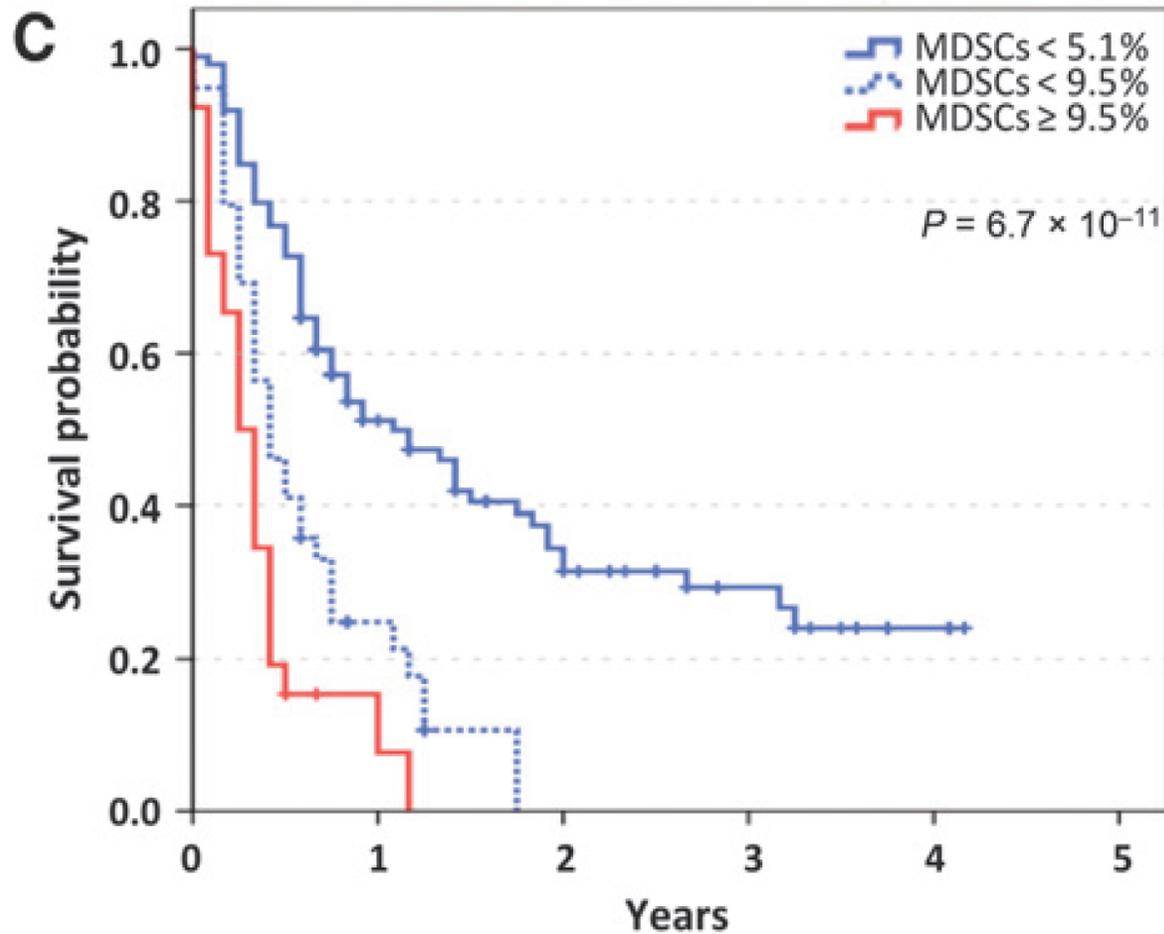
209 patients with baseline PBMC myeloid-derived suppressor cells (MDSC), regulatory T cells (Treg), serum lactate dehydrogenase (LDH), routine blood counts, and clinical characteristics

Endpoints were overall survival (OS) and best overall response.

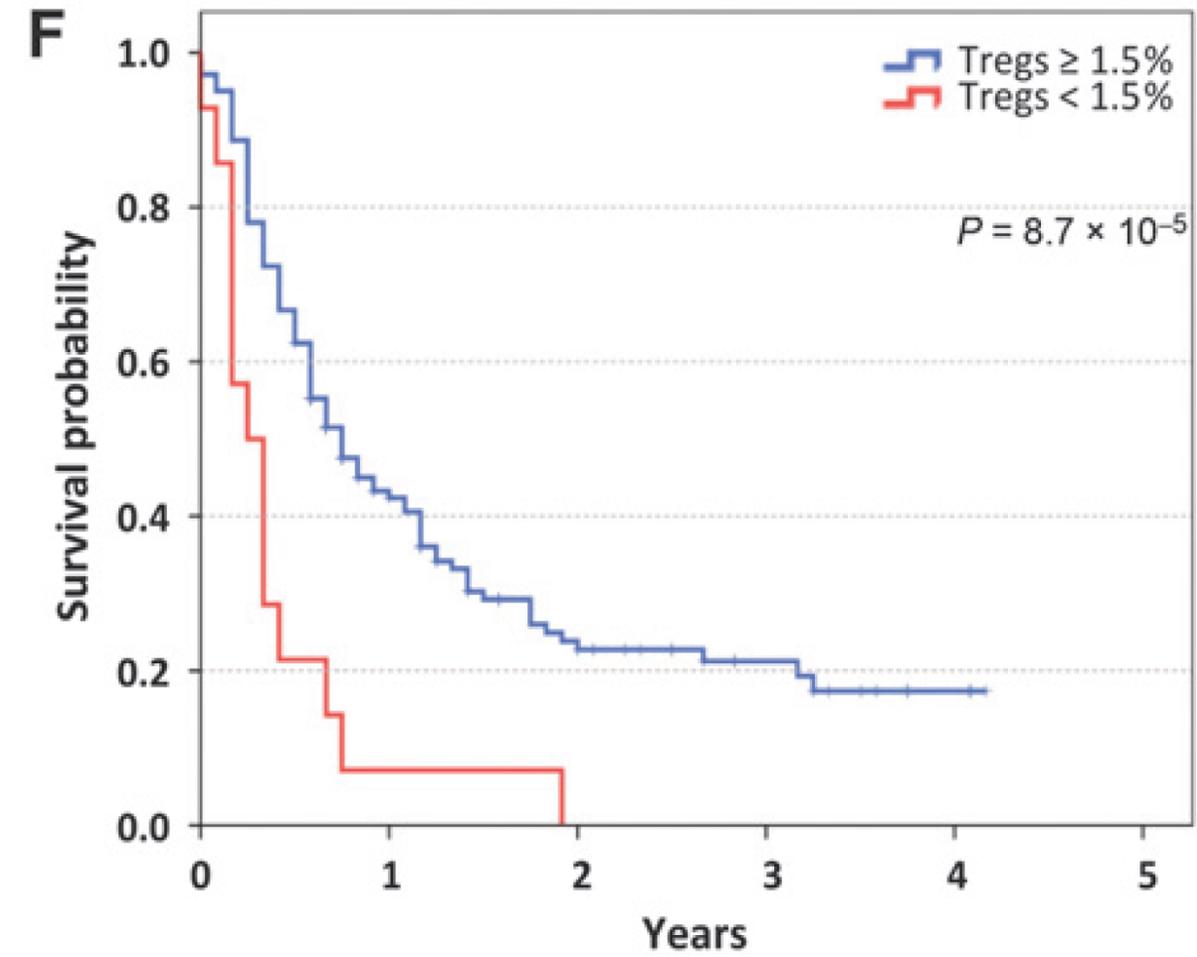
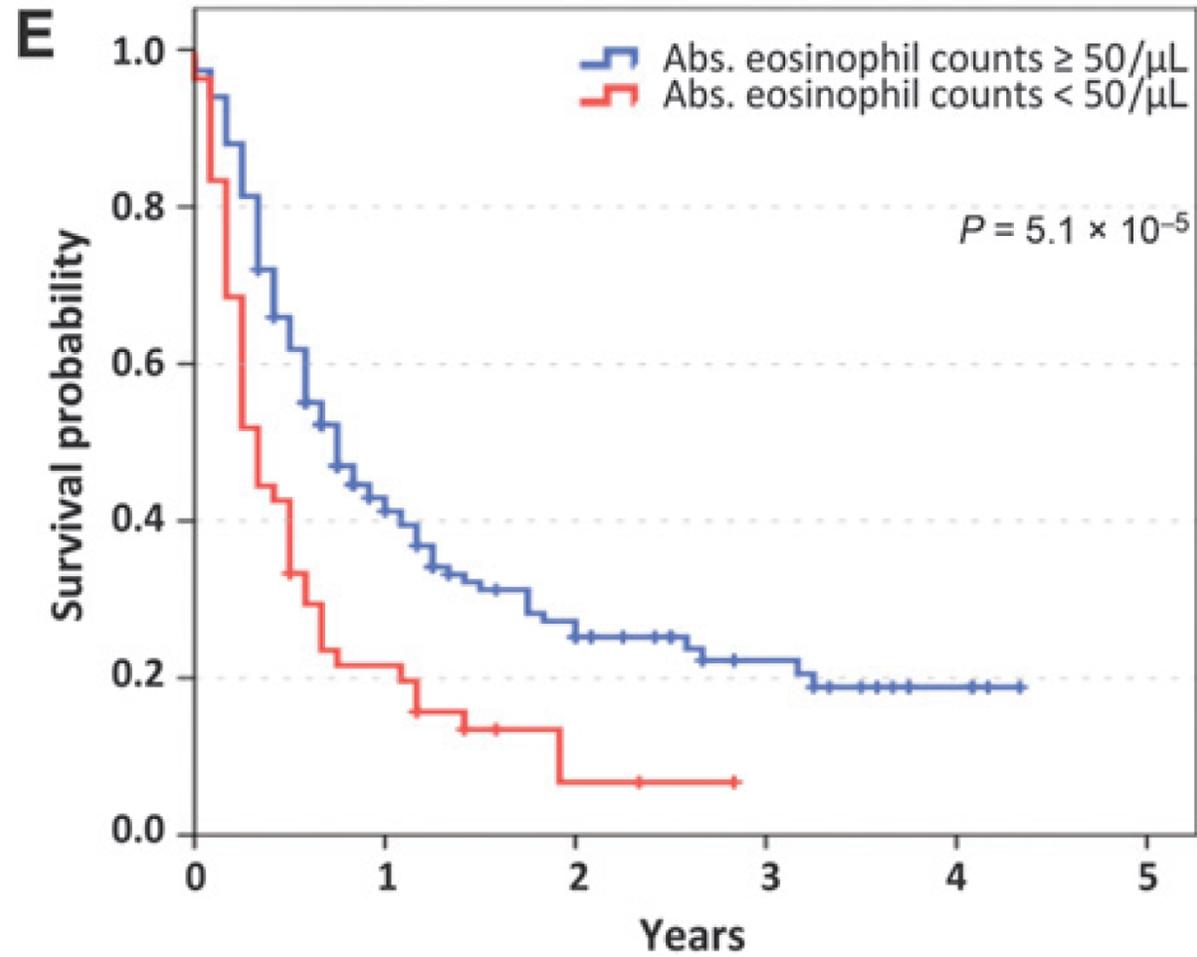
Peripheral blood biomarkers for ipilimumab



Peripheral blood biomarkers for ipilimumab



Peripheral blood biomarkers for ipilimumab

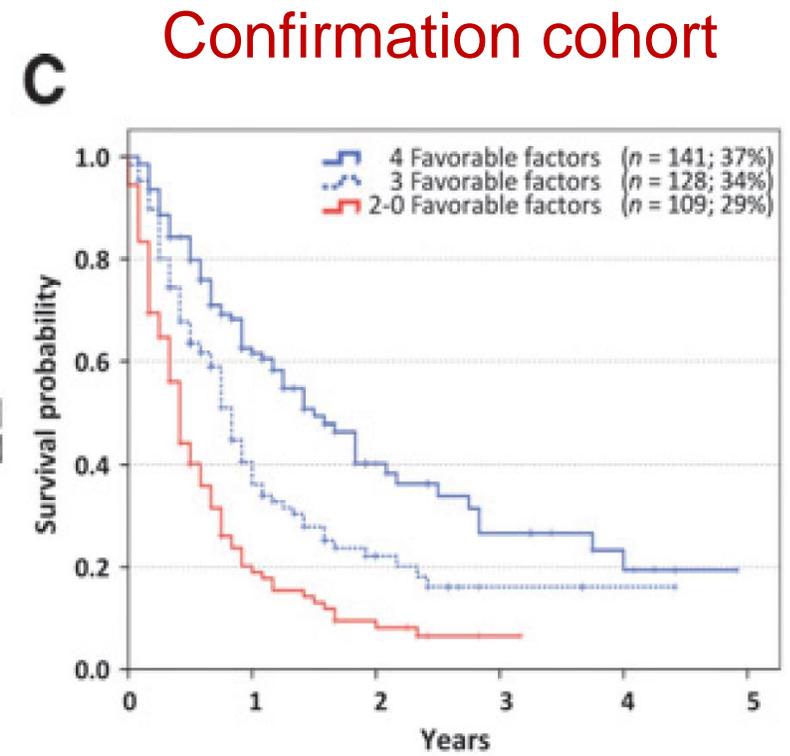
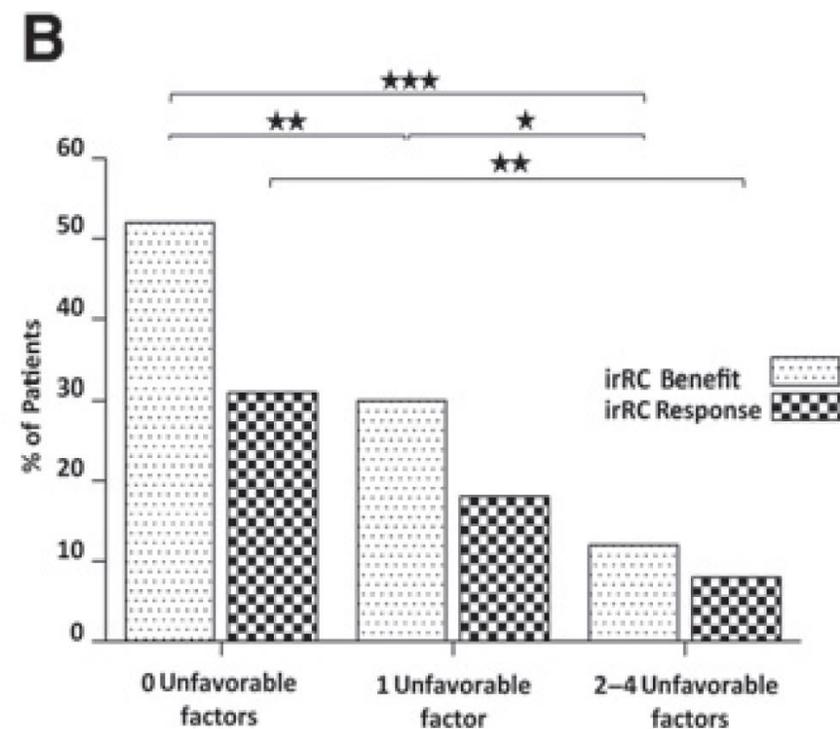
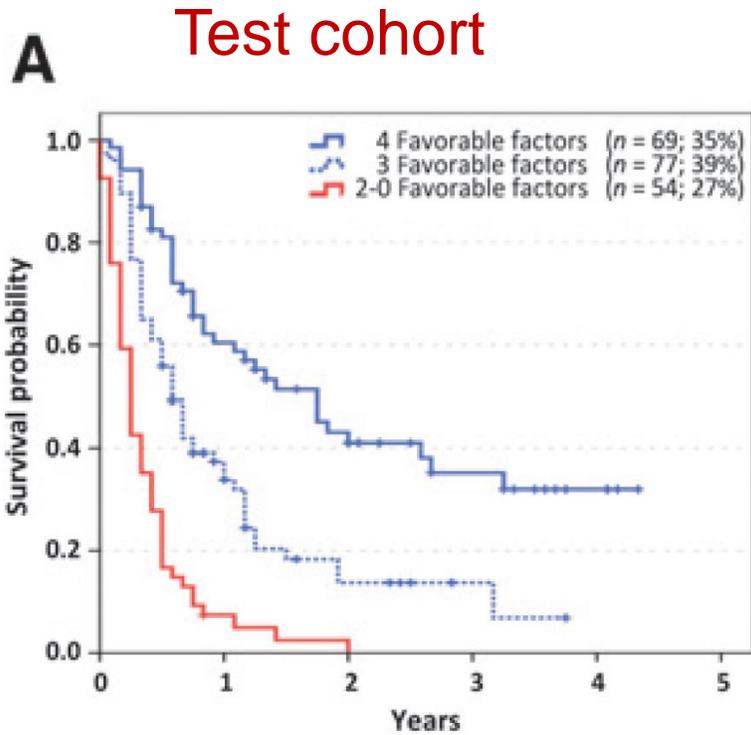


Peripheral blood biomarkers for ipilimumab

Multivariate model with Cox regression analysis for overall survival

- ❖ Lactate dehydrogenase
- ❖ Relative lymphocyte counts;
- ❖ Absolute eosinophil counts;
- ❖ Absolute monocyte counts;

Peripheral blood biomarkers for ipilimumab



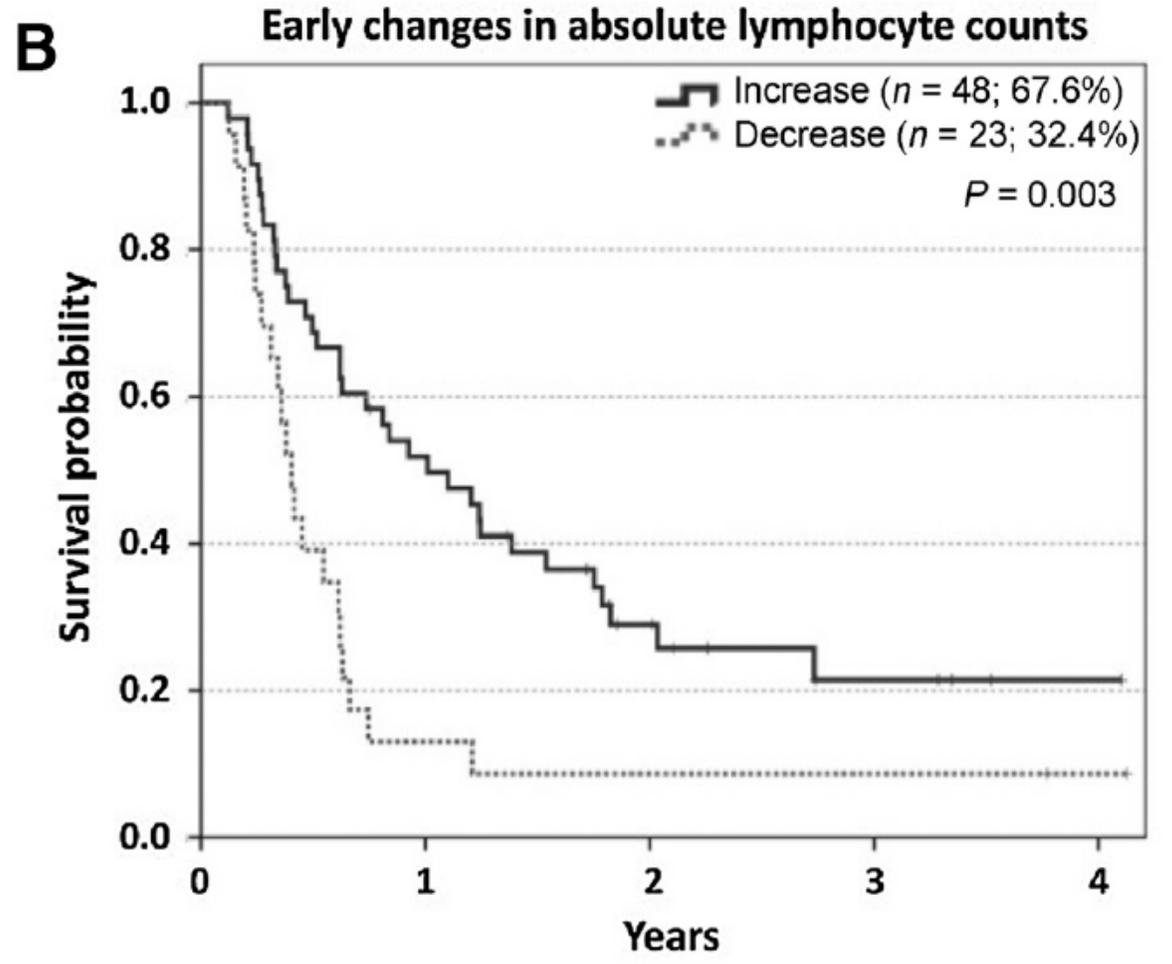
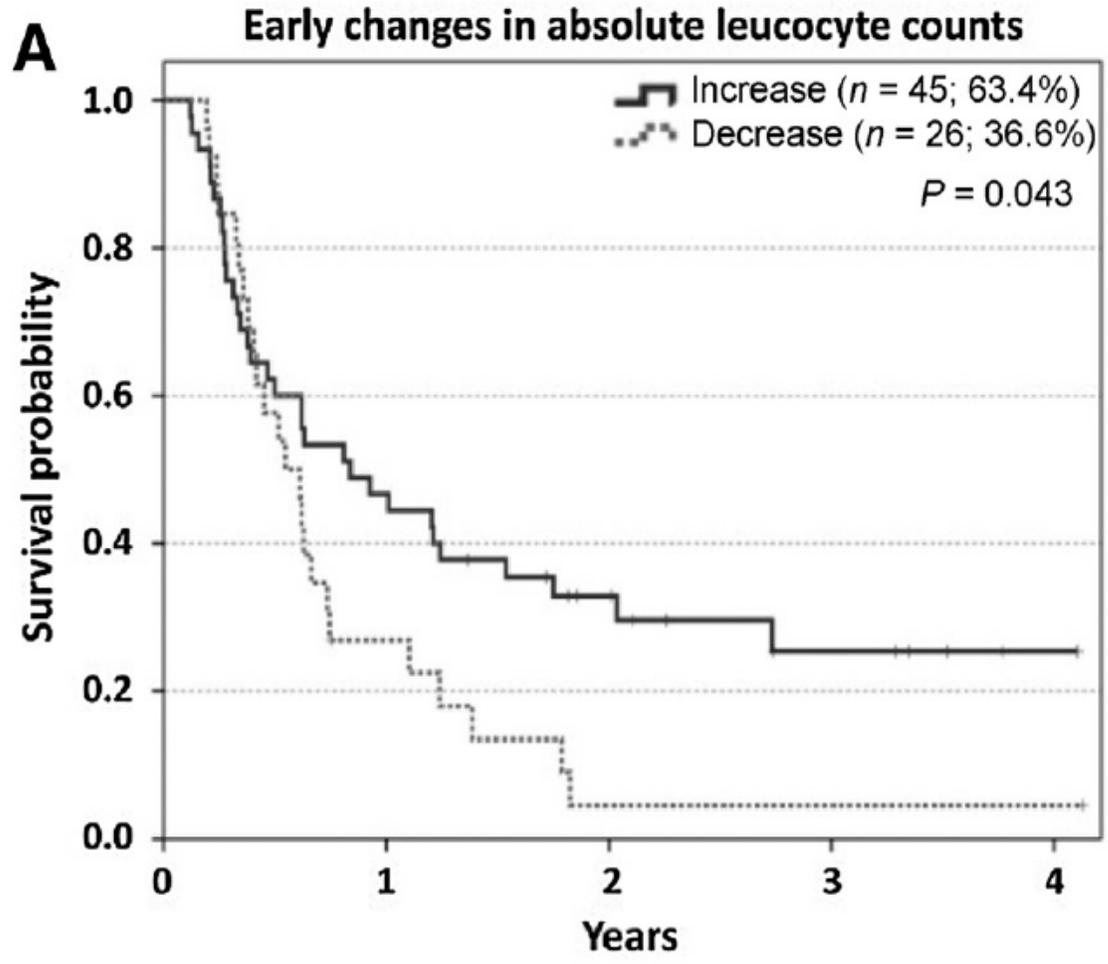
Prognostic score consisting of:
Absolute eosinophil and monocyte counts,
the relative lymphocyte counts and LDH (categorized as elevated vs. normal)

Increases in Absolute Lymphocytes and Circulating CD4⁺ and CD8⁺ T Cells Are Associated with Positive Clinical Outcome of Melanoma Patients Treated with Ipilimumab

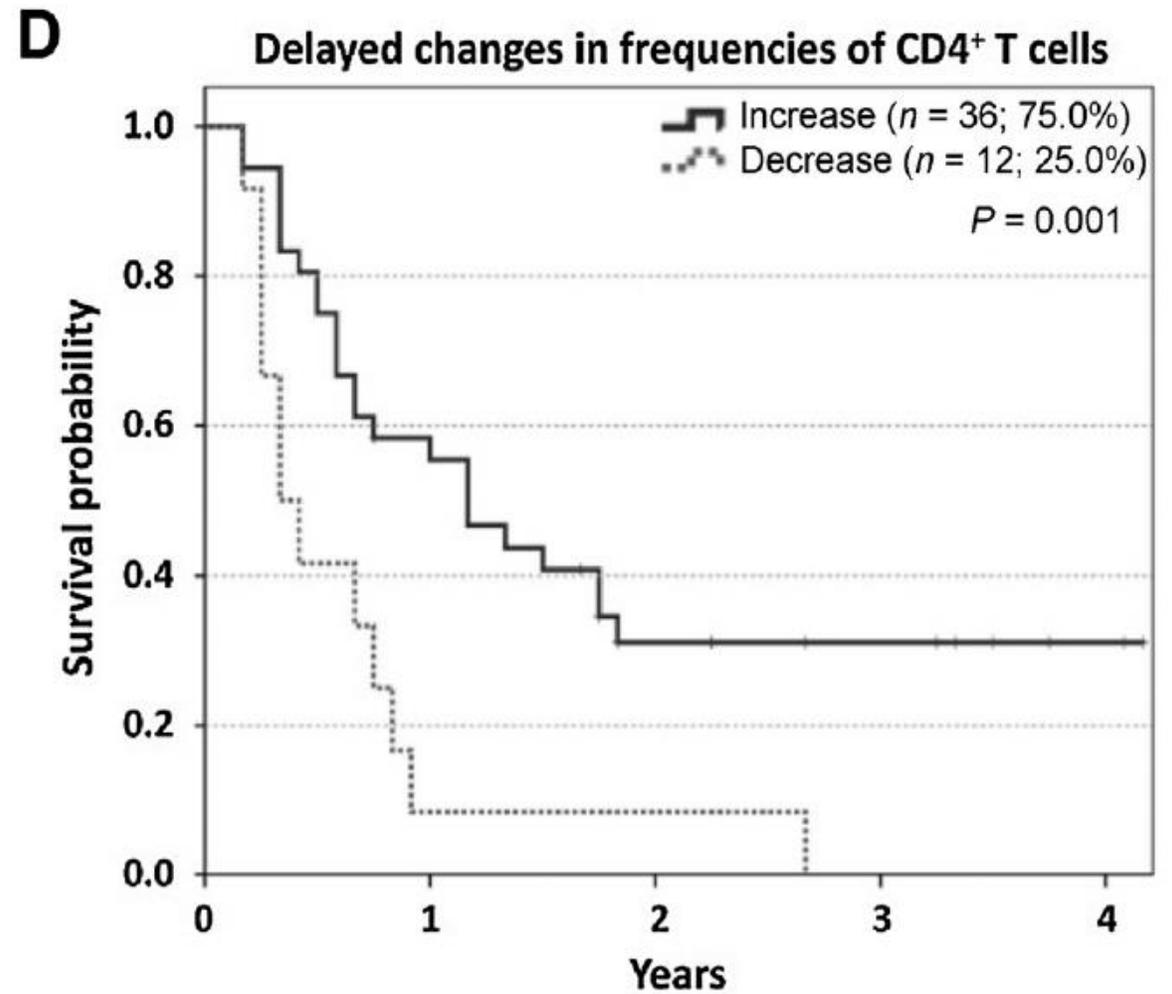
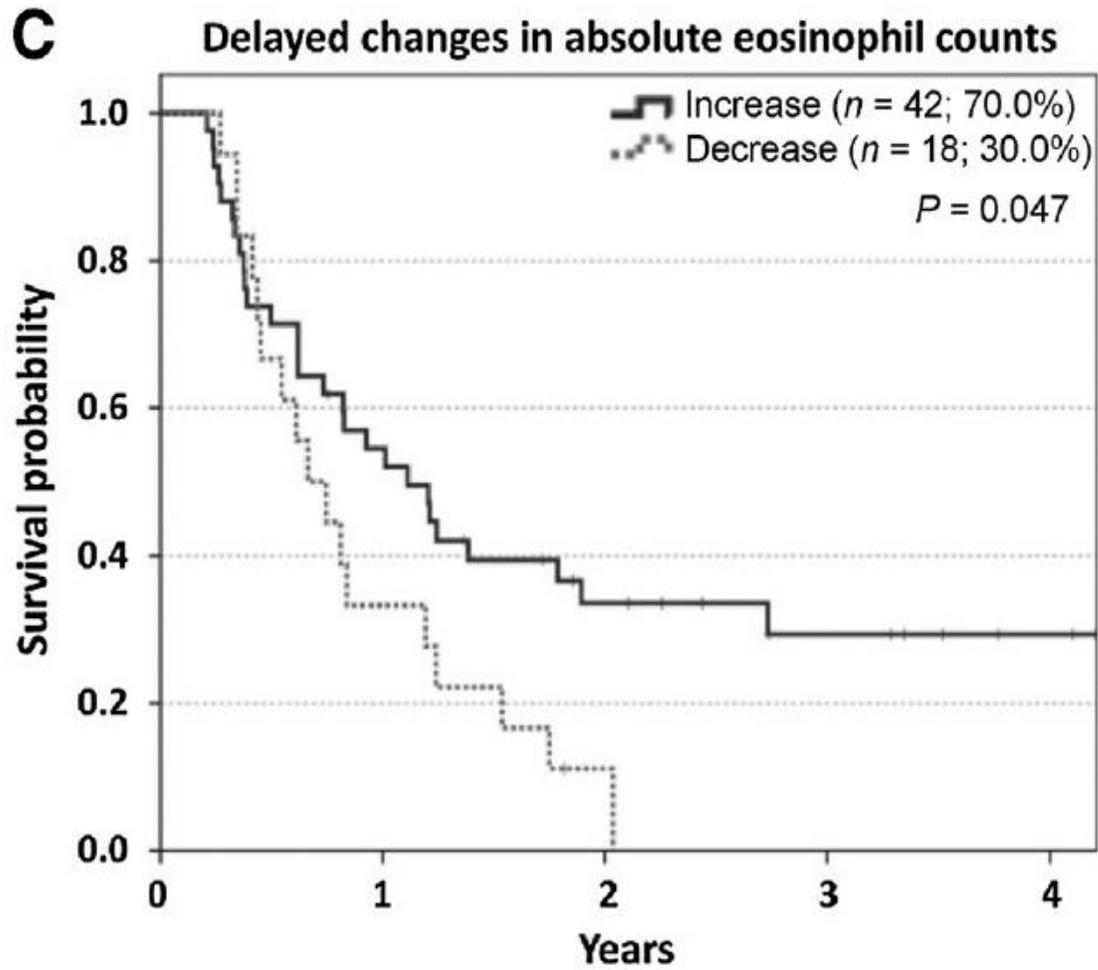
Alexander Martens^{1,2}, Kilian Wistuba-Hamprecht^{1,2}, Jianda Yuan³, Michael A. Postow^{3,4}, Phillip Wong³, Mariaelena Capone⁵, Gabriele Madonna⁵, Amir Khammari⁶, Bastian Schilling^{7,8}, Antje Sucker^{7,8}, Dirk Schadendorf^{7,8}, Peter Martus⁹, Brigitte Dreno⁶, Paolo A. Ascierto⁵, Jedd D. Wolchok^{3,4}, Graham Pawelec^{2,10}, Claus Garbe¹, and Benjamin Weide¹

Changes in blood counts and the frequency of circulating immune cell populations analyzed by flow cytometry were investigated in 82 patients to compare baseline values with different time-points after starting ipilimumab. Endpoints were overall survival (OS) and best clinical response.

Increase in peripheral blood cells under ipilimumab treatment



Increase in peripheral blood cells under ipilimumab treatment



Baseline Biomarkers for Outcome of Melanoma Patients Treated with Pembrolizumab

Benjamin Weide^{1,2}, Alexander Martens¹, Jessica C. Hassel^{3,4}, Carola Berking^{4,5}, Michael A. Postow^{6,7}, Kees Bisschop⁸, Ester Simeone⁹, Johanna Mangana¹⁰, Bastian Schilling^{4,11}, Anna Maria Di Giacomo¹², Nicole Brenner¹³, Katharina Kähler¹⁴, Lucie Heinzerling¹⁵, Ralf Gutzmer¹⁶, Armin Bender¹⁷, Christoffer Gebhardt^{4,18,19}, Emanuela Romano²⁰, Friedegund Meier^{4,21}, Peter Martus²², Michele Maio¹², Christian Blank²³, Dirk Schadendorf^{4,11}, Reinhard Dummer¹⁰, Paolo A. Ascierto⁹, Geke Hospers⁸, Claus Garbe^{1,4}, and Jedd D. Wolchok^{6,7}

Serum lactate dehydrogenase (LDH), routine blood count parameters, and clinical characteristics were investigated in 616 patients.

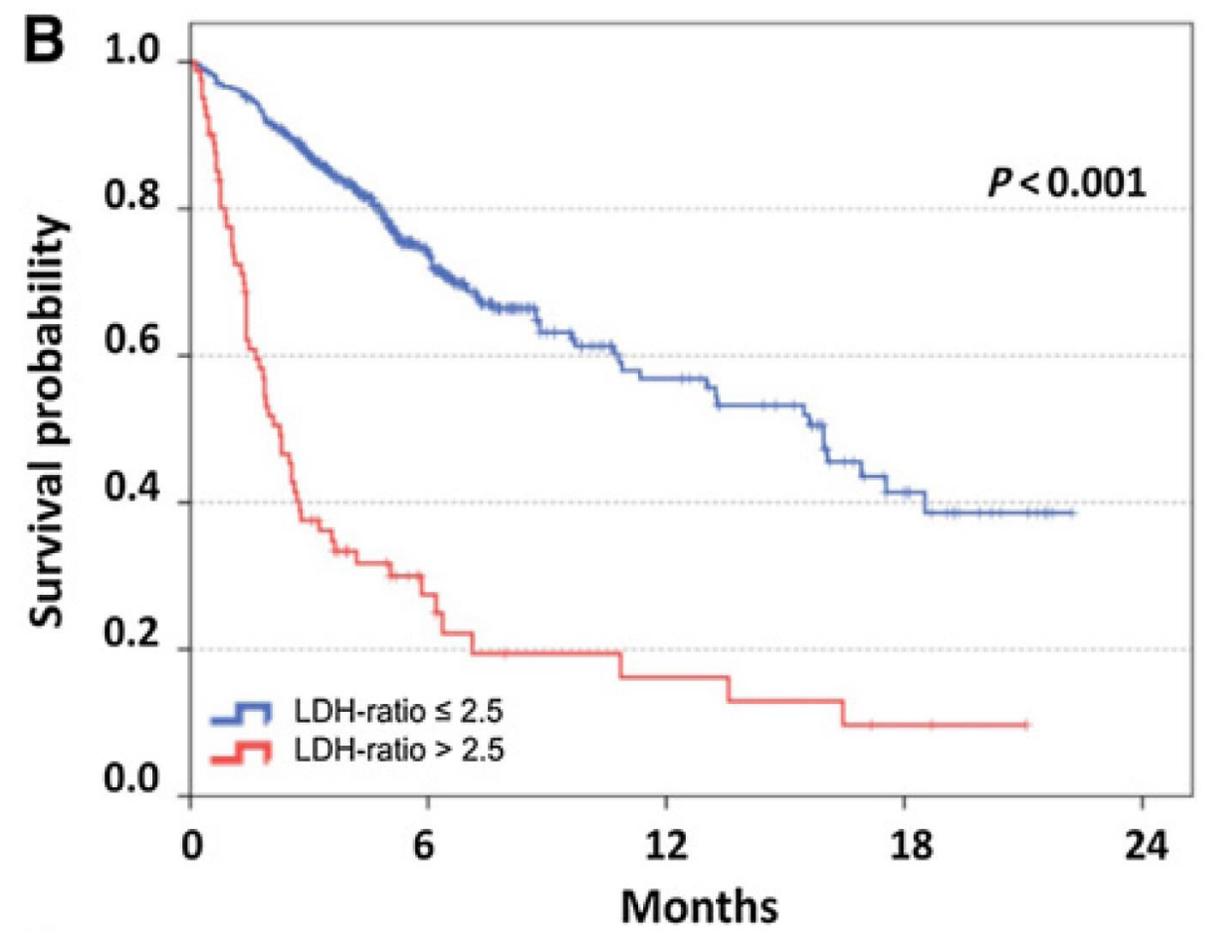
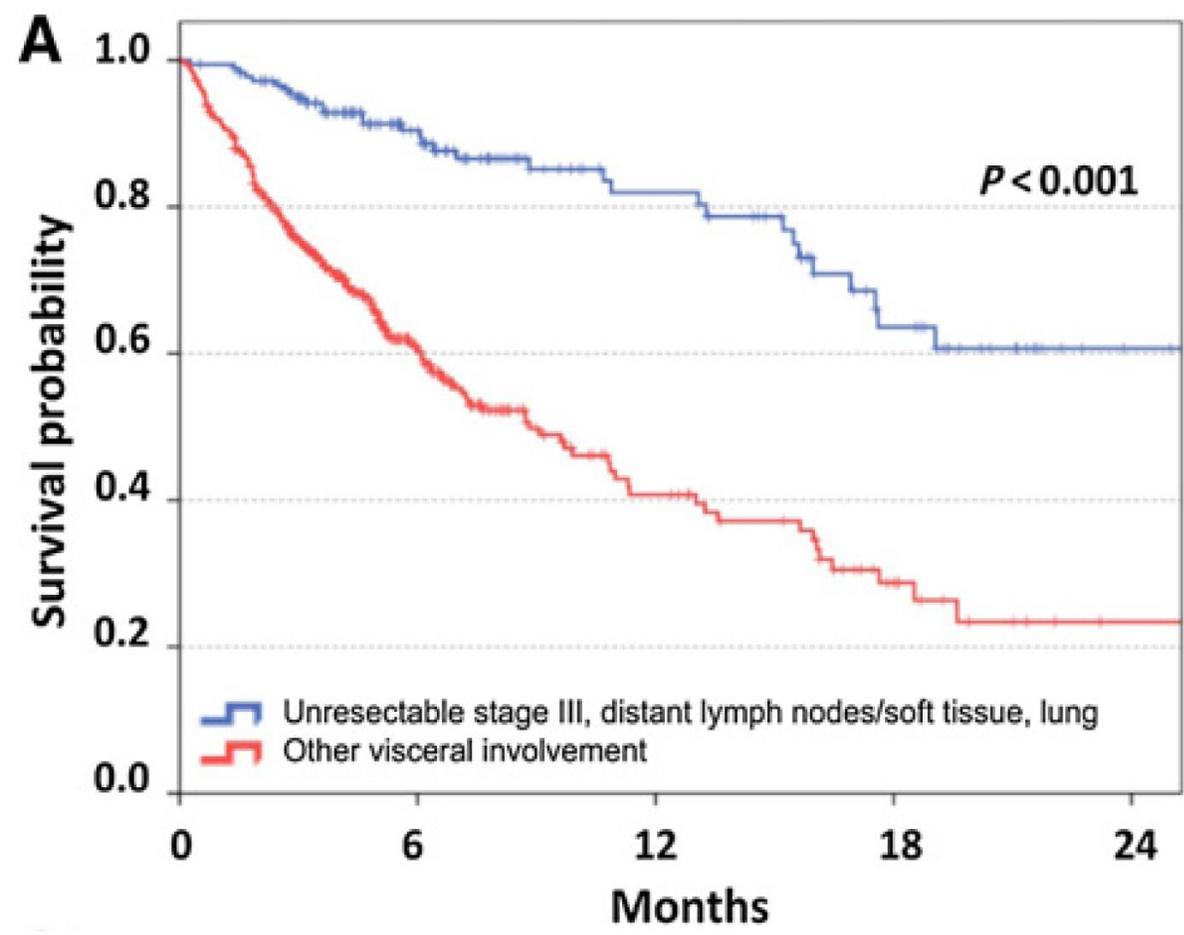
Endpoints were OS and best overall response following pembrolizumab treatment

Biomarkers for pembrolizumab

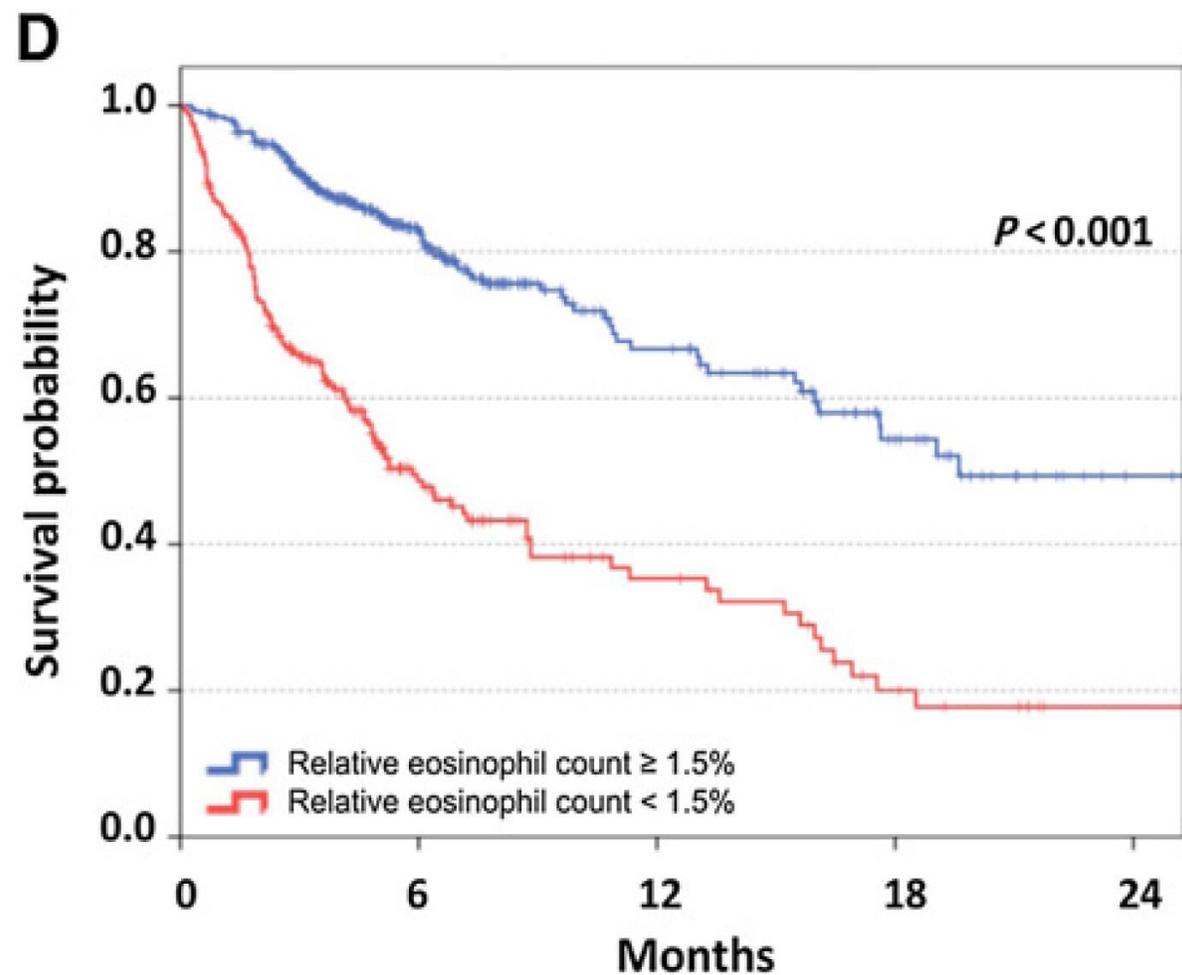
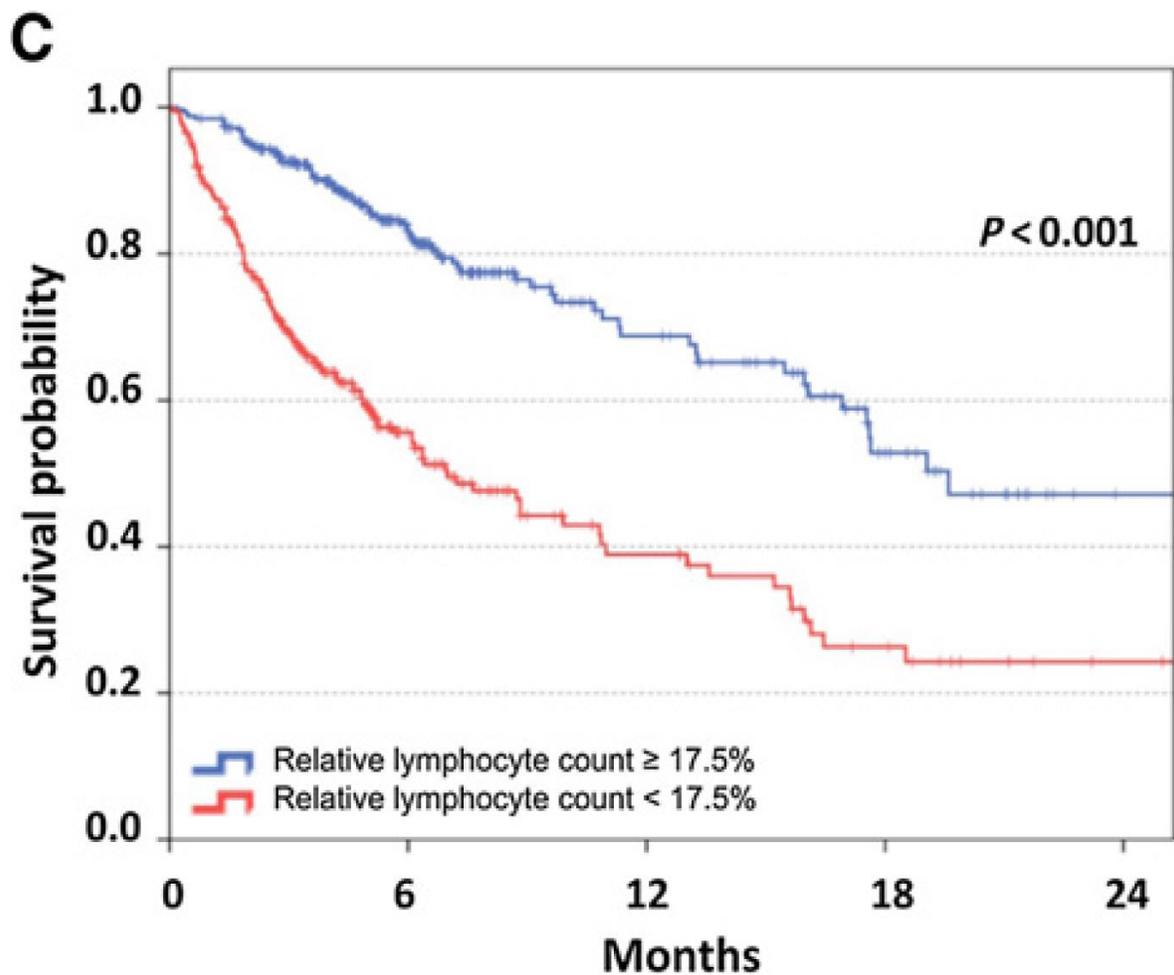
Multivariate model with Cox regression analysis for overall survival

- ❖ Stage III-IVB/IVC
- ❖ Lactate dehydrogenase
- ❖ Relative lymphocyte counts;
- ❖ Relative eosinophil counts;

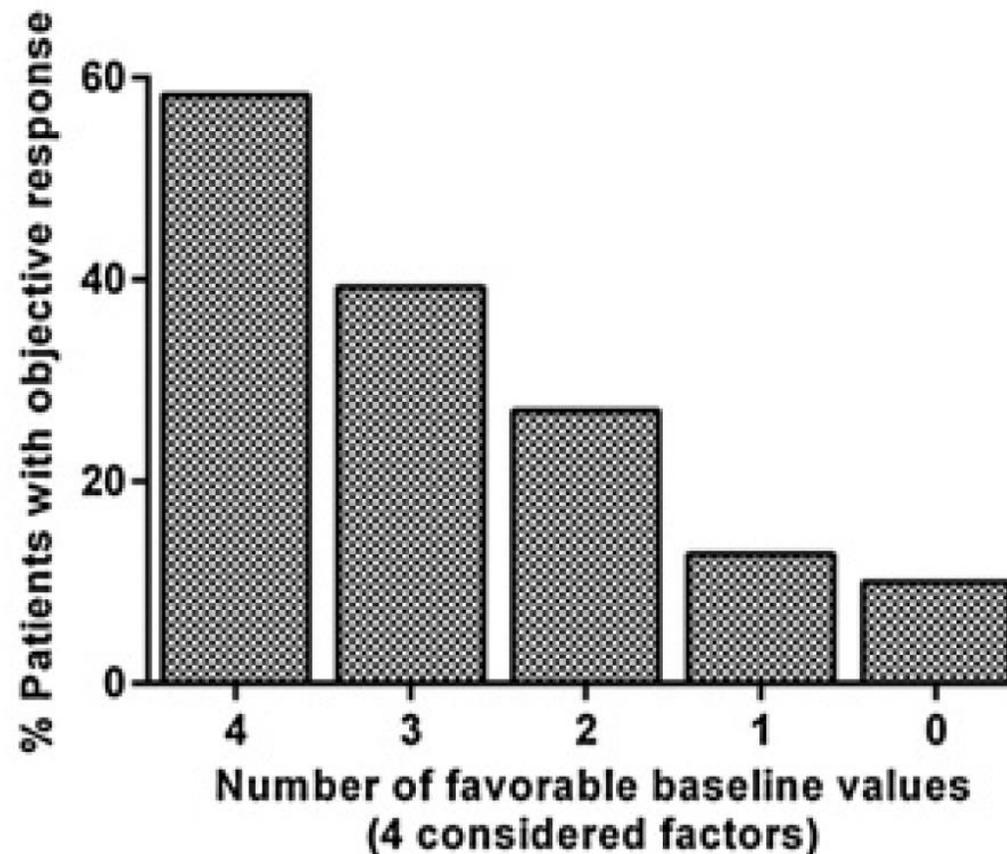
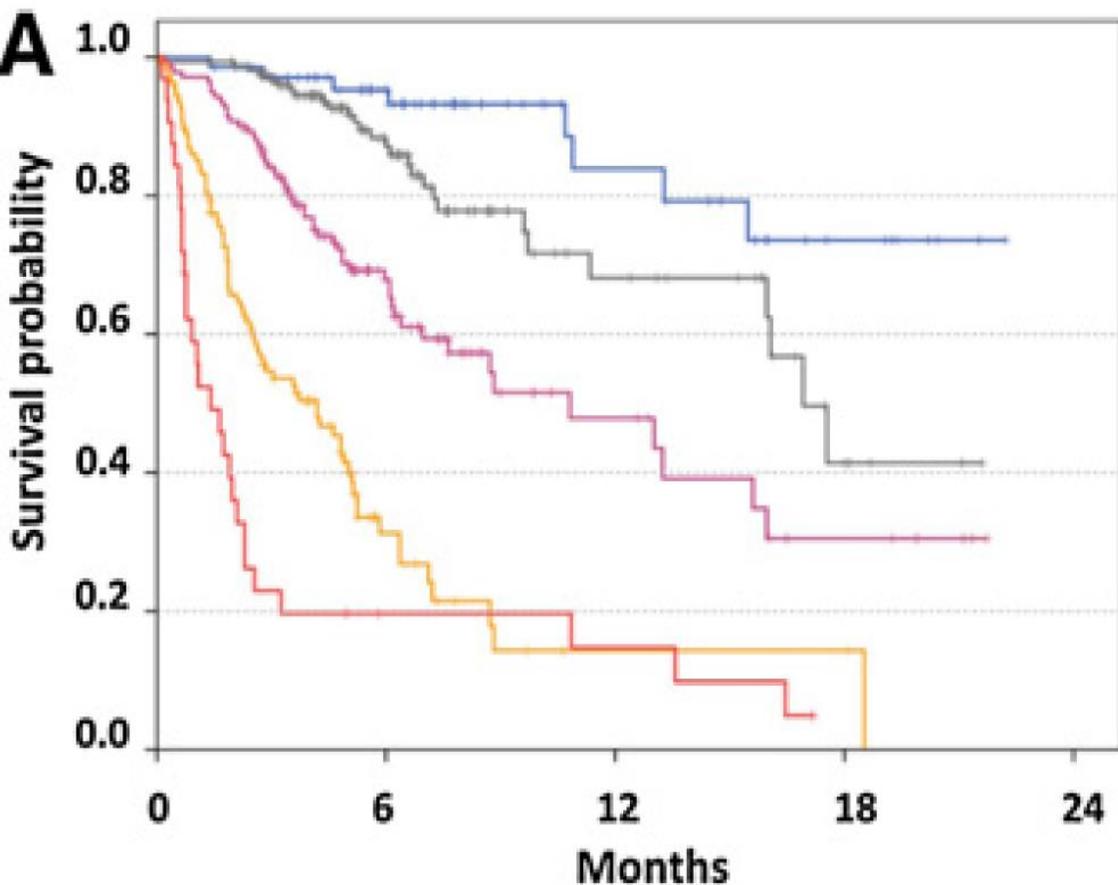
Biomarkers for pembrolizumab



Biomarkers for pembrolizumab

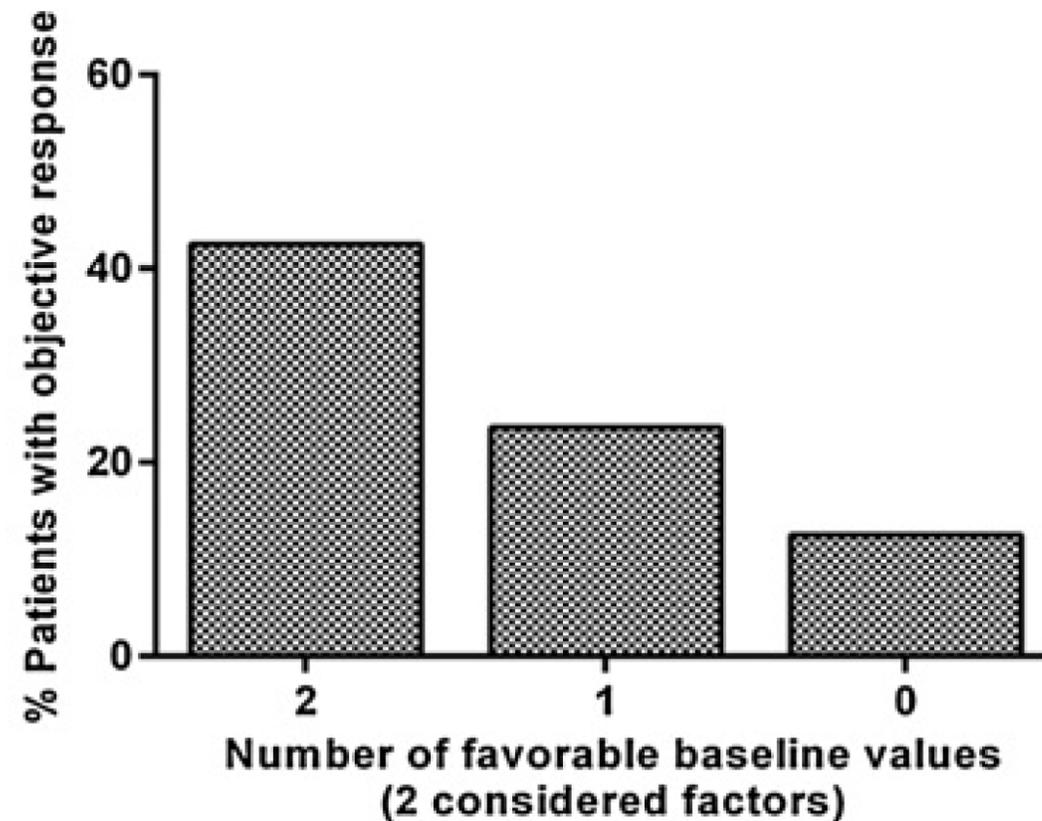
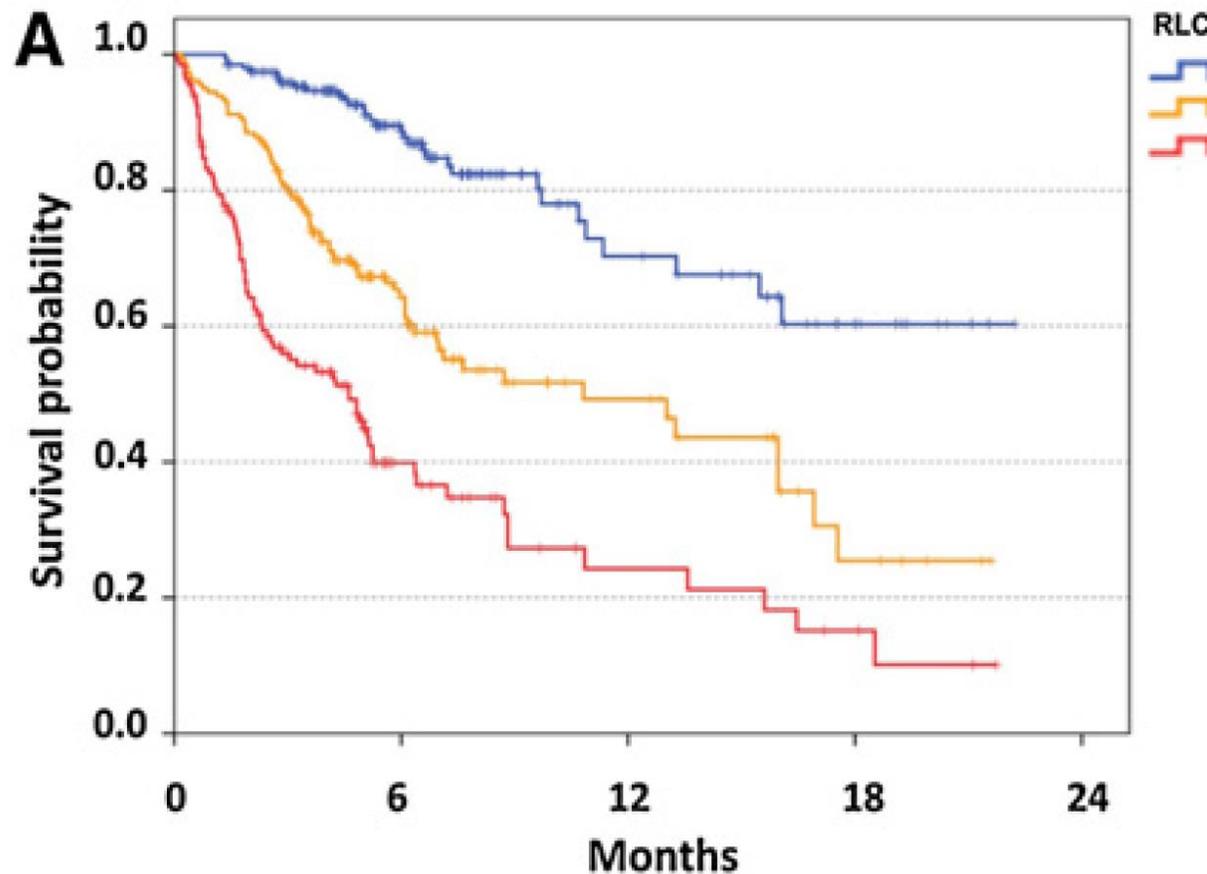


Biomarkers for pembrolizumab



Prognostic score based on:
Stage III-IVB/IVC, lactate dehydrogenase
Relative lymphocyte counts, relative eosinophil counts

Biomarkers for pembrolizumab



Prognostic score based only on:
Relative lymphocyte counts, relative eosinophil counts

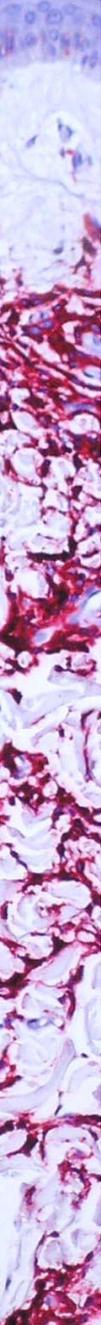
Biomarkers for checkpoint inhibitors

Ipilimumab

- ❖ Lactate dehydrogenase
- ❖ Relative lymphocyte counts;
- ❖ Absolute eosinophil counts;
- ❖ Absolute monocyte counts;
- ~~❖ Tregs~~
- ~~❖ MDSC~~
- ❖ $\gamma\delta$ T-cells?
- ❖ Increase CD4+ CD8+ T cells?

Pembrolizumab

- ❖ Stage III-IVB/IVC
- ❖ Lactate dehydrogenase
- ❖ Relative lymphocyte counts;
- ❖ Relative eosinophil counts;



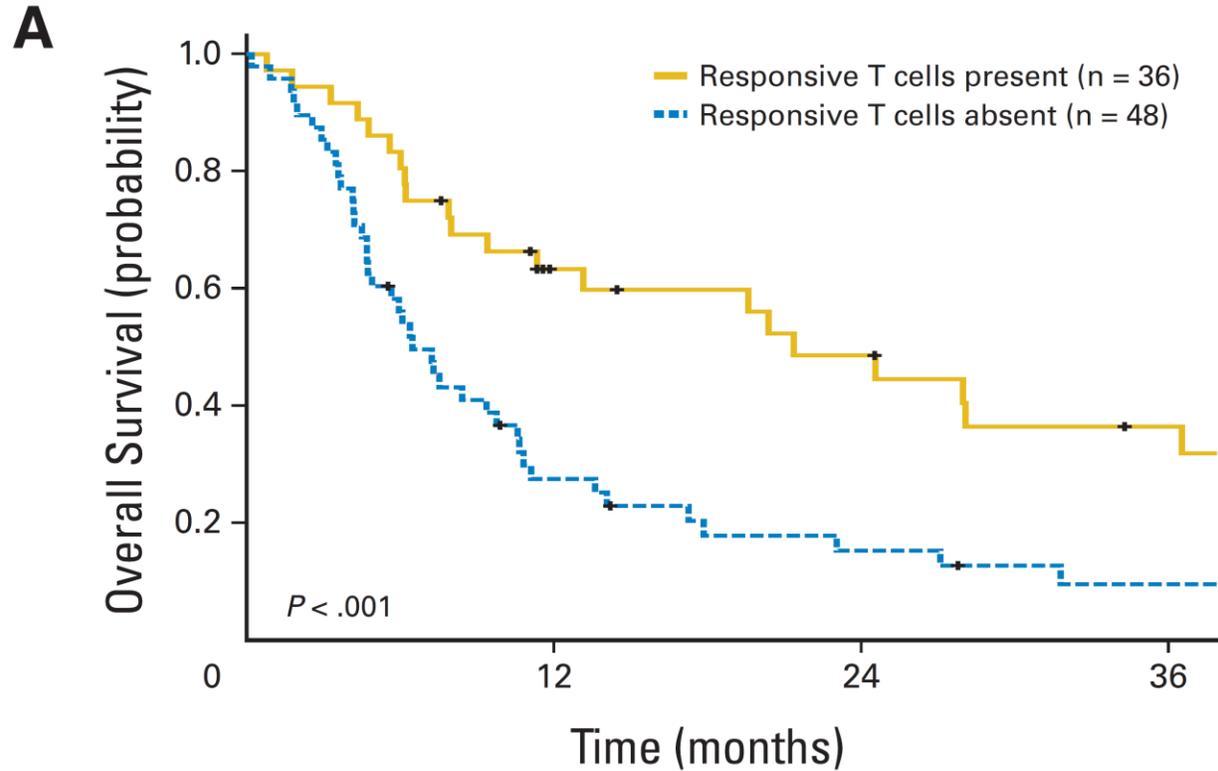
Functional T cell responses

**Study before
checkpoint
inhibition****Functional T Cells Targeting NY-ESO-1 or Melan-A Are Predictive for Survival of Patients With Distant Melanoma Metastasis**

Benjamin Weide, Henning Zelba, Evelyn Derhovanessian, Annette Pflugfelder, Thomas K. Eigentler, Anna Maria Di Giacomo, Michele Maio, Erik H.J.G. Aarntzen, I. Jolanda M. de Vries, Antje Sucker, Dirk Schadendorf, Petra Büttner, Claus Garbe, and Graham Pawelec

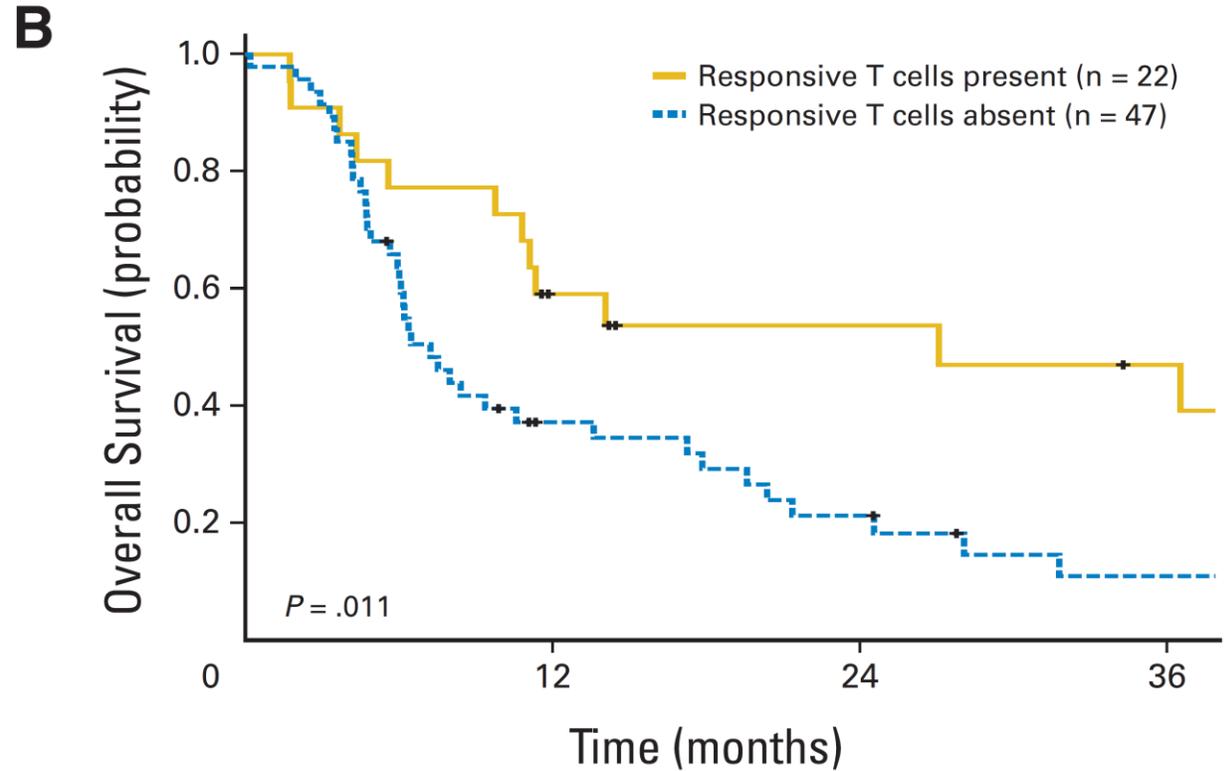
We examined 84 patients with follow-up after analysis (cohort A), 18 long-term survivors with an extraordinarily favorable course of disease before analysis (24 months survival after first occurrence of distant metastases; cohort B), and 14 healthy controls. Circulating antigen-reactive T cells were characterized by intracellular cytokine staining after in vitro stimulation

Functional T cell responses in patients with distant melanoma metastasis



NY-ESO-1

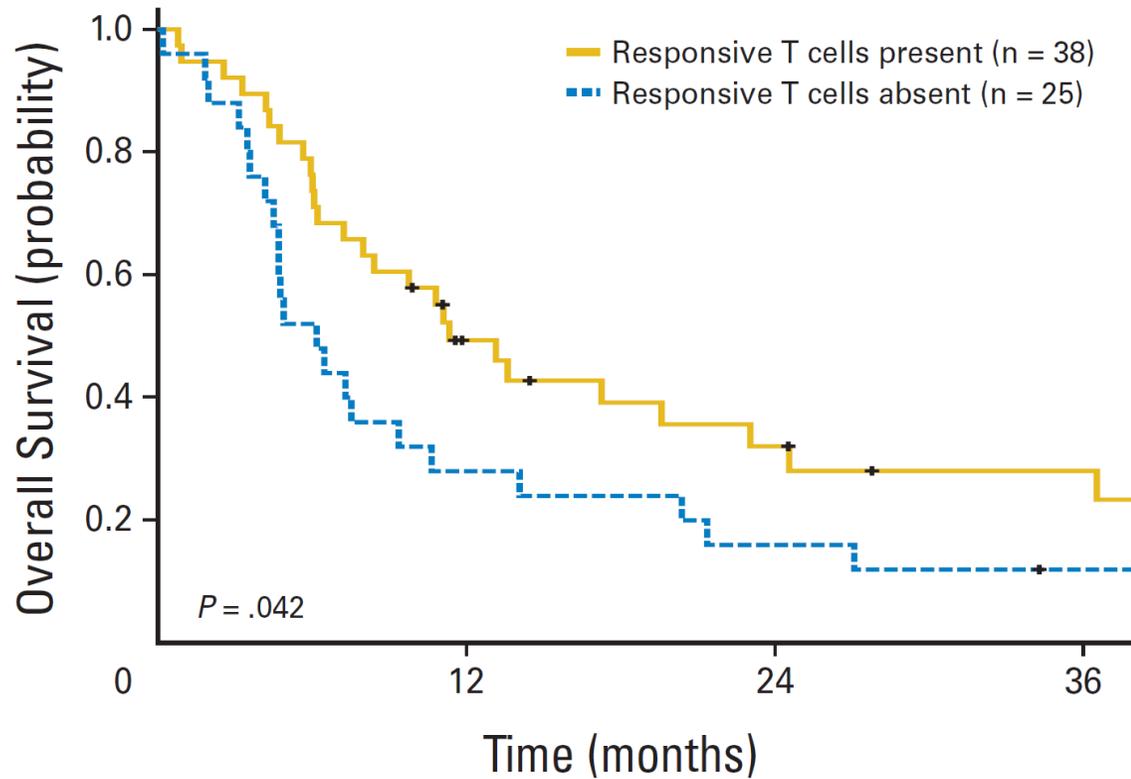
Strong prognostic markers independently
of kind of treatment



Melan-A

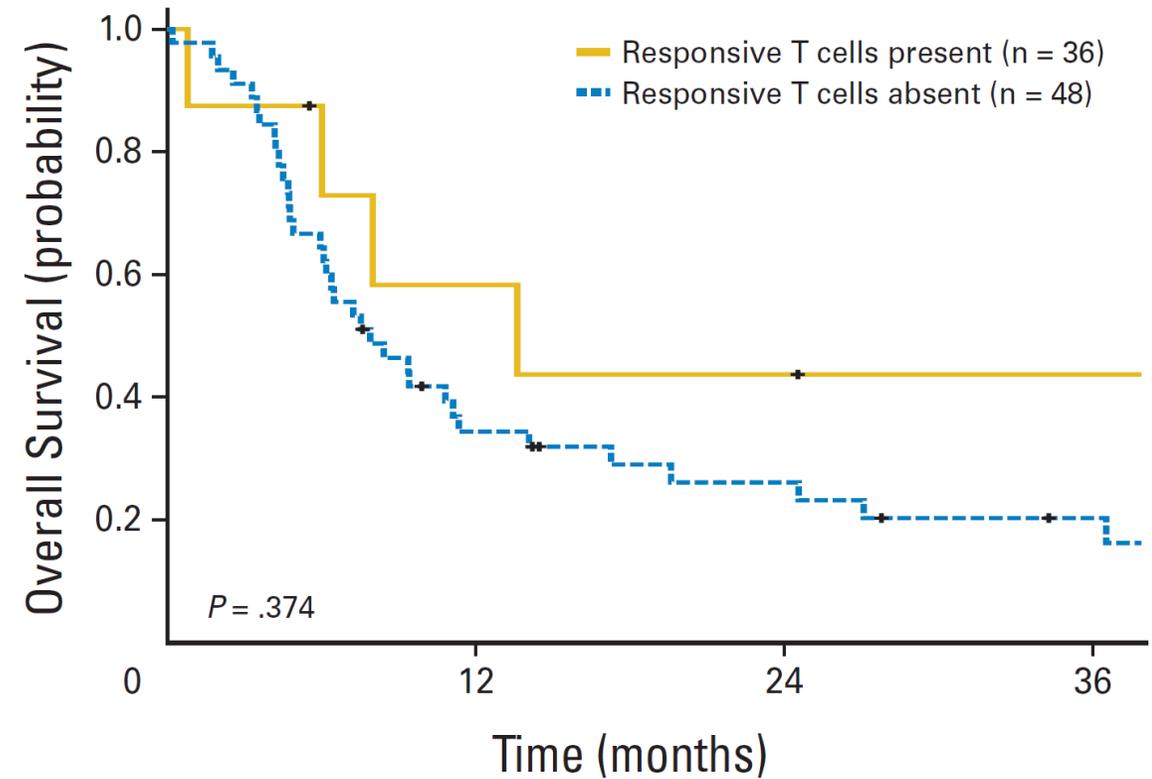
Functional T cell responses in patients with distant melanoma metastasis

C



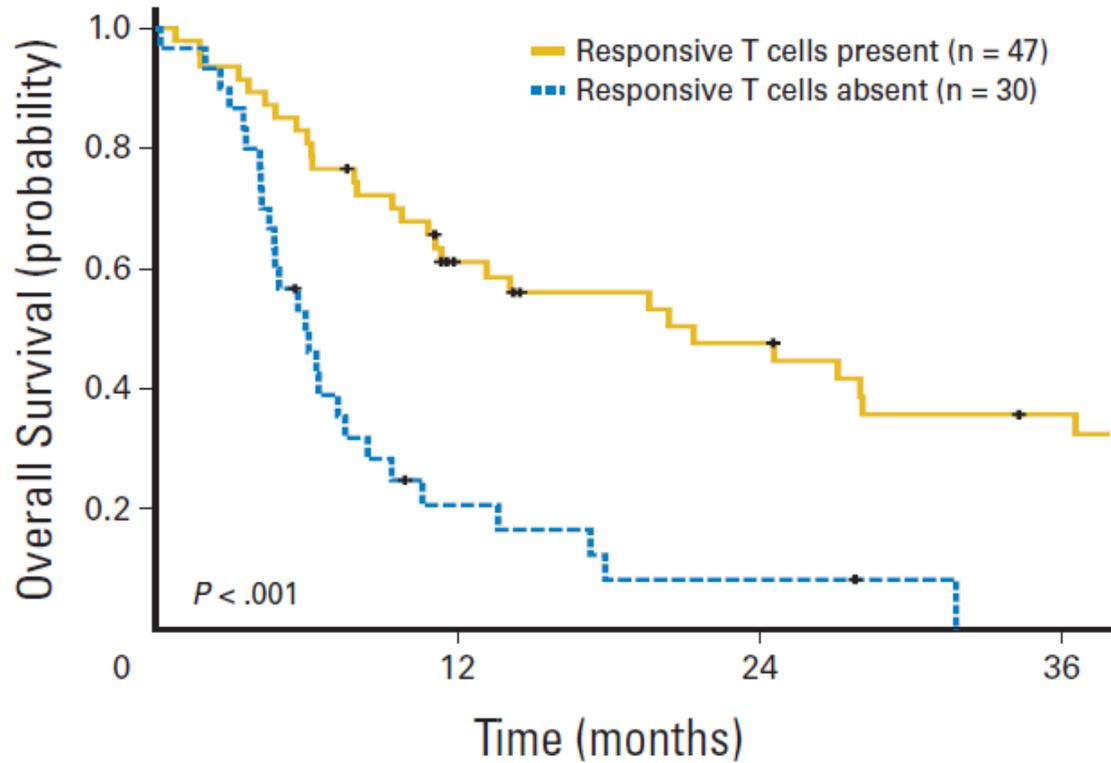
MAGE-3

D

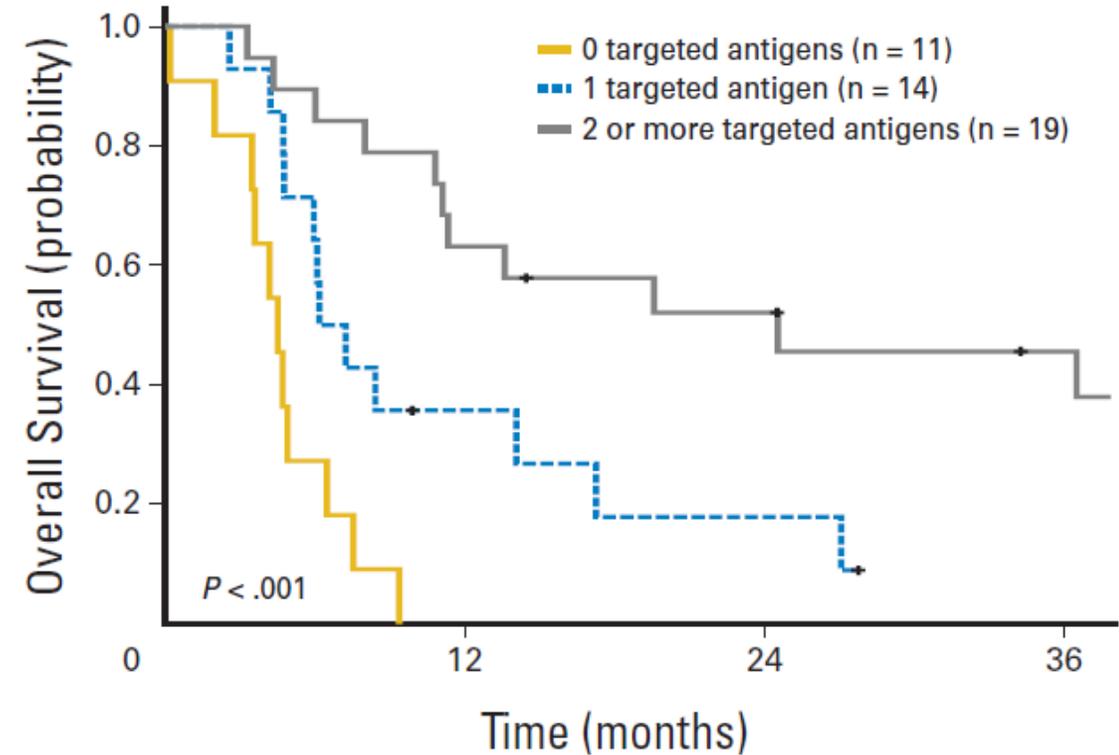


Survivin

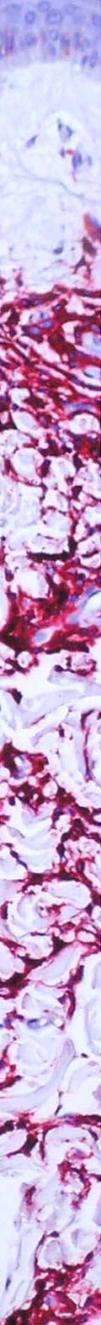
Functional T cell responses in patients with distant melanoma metastasis



Responsive/non-resp.



Number of responses



**Functional T cell responses:
>100 tumor antigens
in patients with HLA-A0201**

Prognostic and predictive markers for patients treated with CTLA-4 and PD-1 inhibitors

- Outcome of first shot may be the most relevant biomarker
- Established prognostic markers like tumor-stage and LDH are valid in checkpoint inhibitor therapy
- Lymphocyte and eosinophil counts may have predictive value
- Preexisting functional antitumor T cell responses should be better analyzed



Co-workers and collaborations

Center of Dermatooncology Tübingen

Thomas Eigentler, Ulrike Leiter, Benjamin Weide, Andrea Forschner, Ioanna Tampouri, Ioannis Thomas, Diana Lomberg, Julia-Alexandra Wilhelmi, Iris Spänkuch, Noura Nouri, Teresa Amaral, Katrin Schmidt, Seema Noor, Gabi Blank, Mirco Degen, Daniel Soffel,

Laboratory Team Tübingen

Birgit Schittek, Tobias Sinnberg, Heike Niesner, Corinna Kosnopfel, Elena Machino, Alexander Martens, Kilian Wistuba-Hamprecht,

Immunology Department Tübingen

Hans-Georg Rammensee, Stefan Stevanovic, Gundram Jung

Collaborations

Amsterdam: Christian Blank, Marnix Geukes

Essen: Dirk Schadendorf, Bastian Schilling, Antje Sucker

Frankfurt: Michel Mittelbronn, Patrick Harter

Heidelberg: Jessica Hassel

Mannheim: Christoffer Gebhardt

Nantes: Brigitte Dreno, Amir Khammari

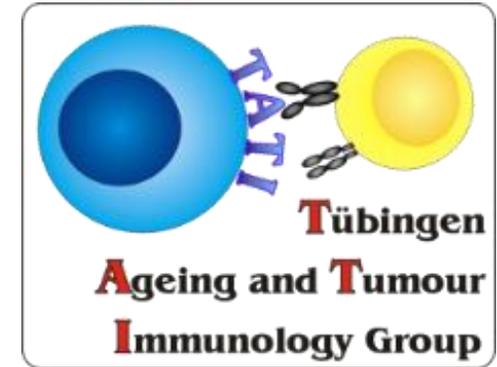
Neapel: Paolo Ascierto, Marielena Capone, Ester Simeone

New York: Jedd Wolchok, Jianda Yuan, Mike Postow

Paris: Laurance Zitvogel, Emanuela Romano

Siena: Michele Maio, Anna-Maria Di Giacomo

Würzburg: Jörg Wischhusen



Thank you for your attention!

