

# Combination immunotherapy to tackle immune-desert cancers

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김찬

# Today's Topic

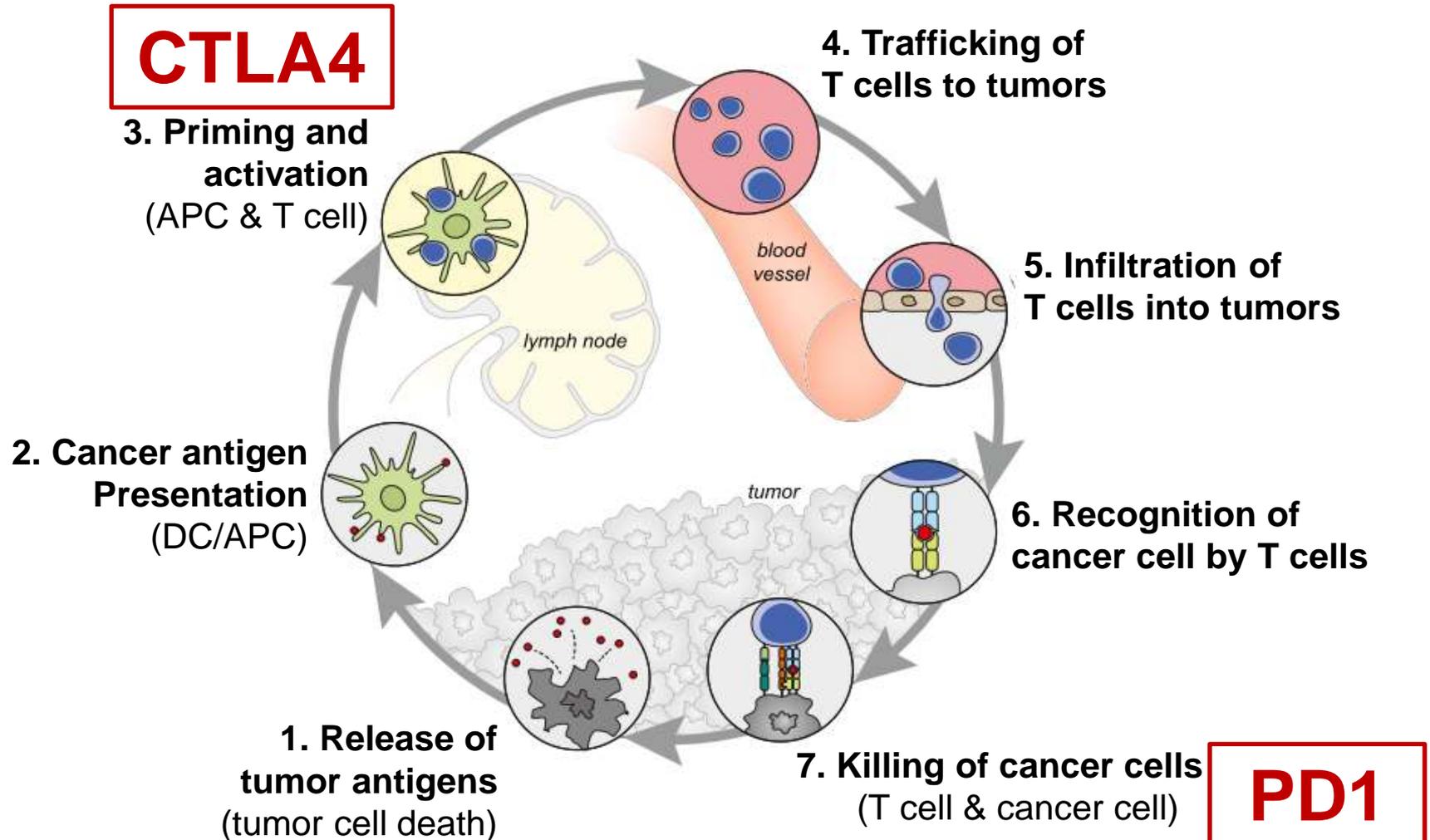
- **Current status of cancer immunotherapy**
- Overcoming resistance with combination strategies
- STING-based immunotherapy to tackle immune-desert microenvironment of peritoneal carcinomatosis

# Era of cancer immunotherapy



**Immune checkpoint blockade in cancer !!**

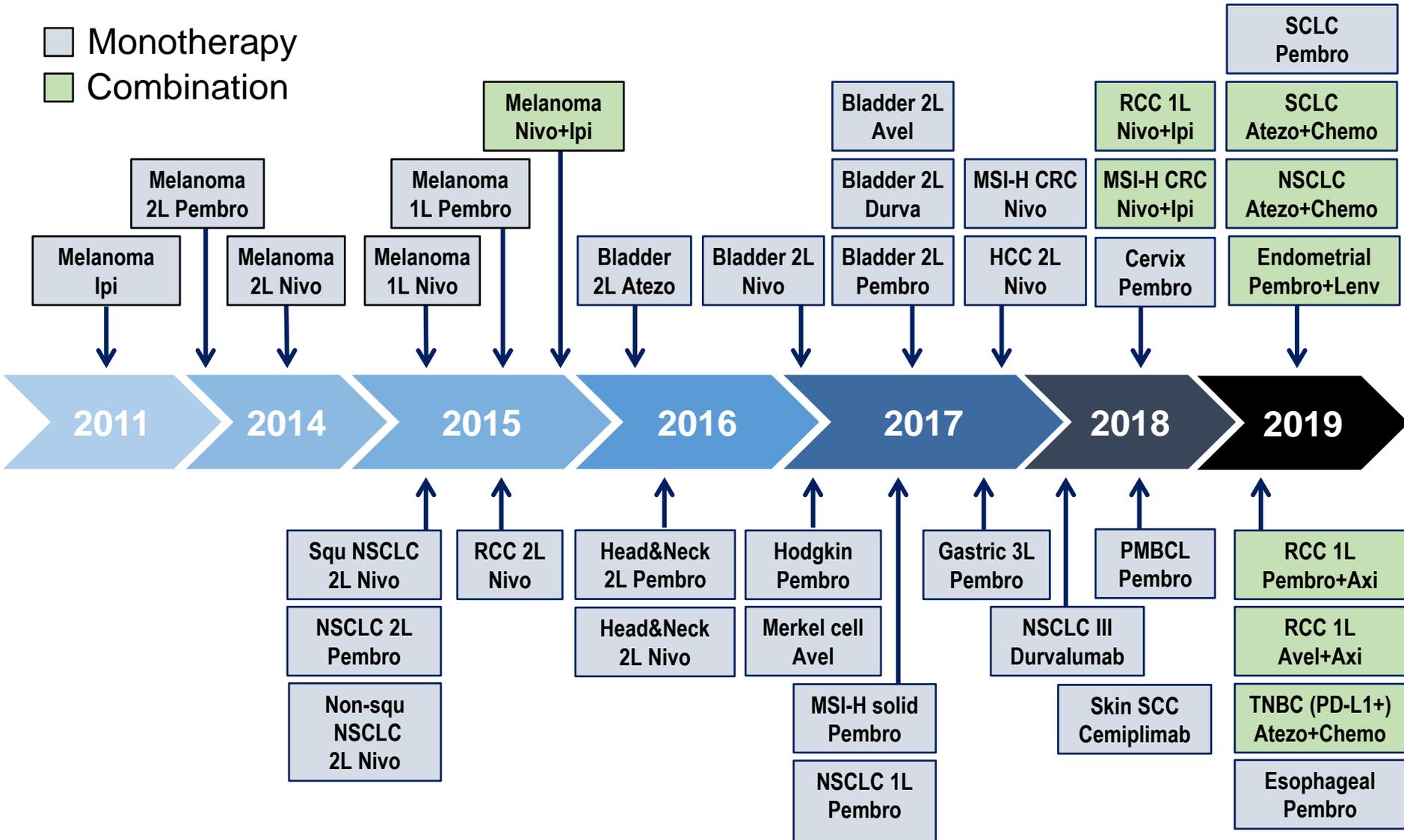
# PD1 and CTLA-4: critical regulators of cancer-immunity



# FDA approved immunotherapies

## 6 drugs in >15 tumor types

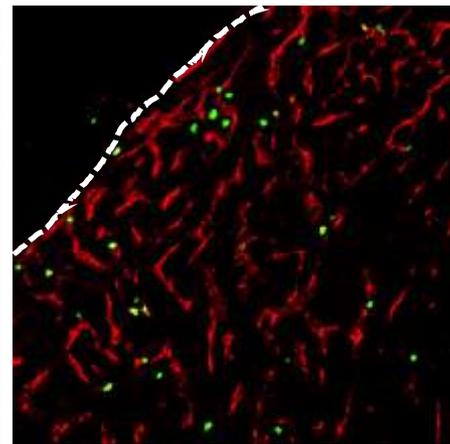
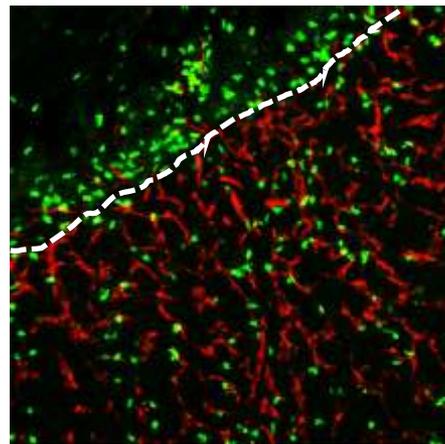
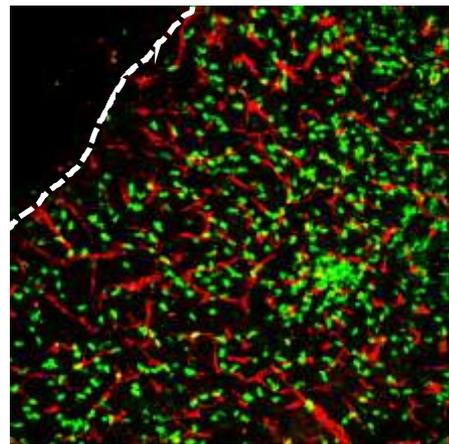
Monotherapy  
 Combination



# Hot vs. Cold tumors

Hot tumor  
(Inflamed)

Cold tumor  
(non-Inflamed)



종양내 면역세포 침윤

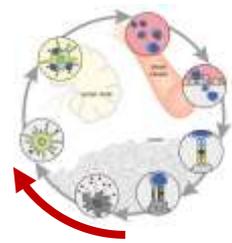
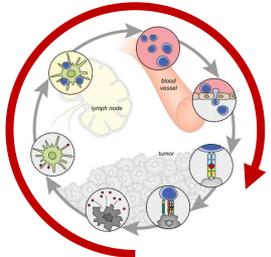
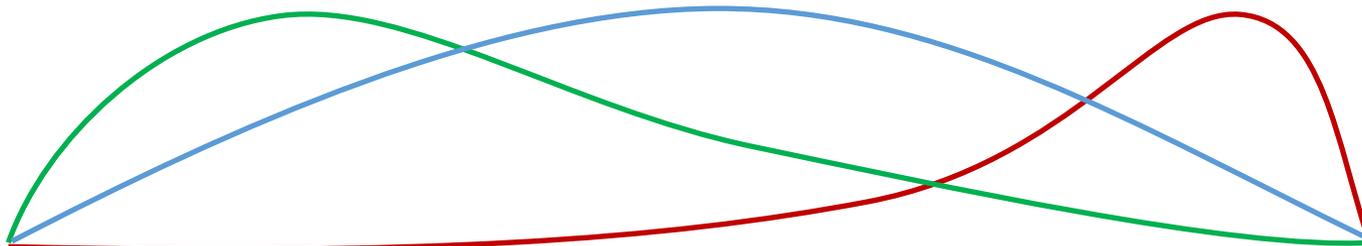
종양 경계에 면역세포 존재

종양내 면역세포 부재

T세포 침윤, IFN $\gamma$ ,  
PD-L1, checkpoint

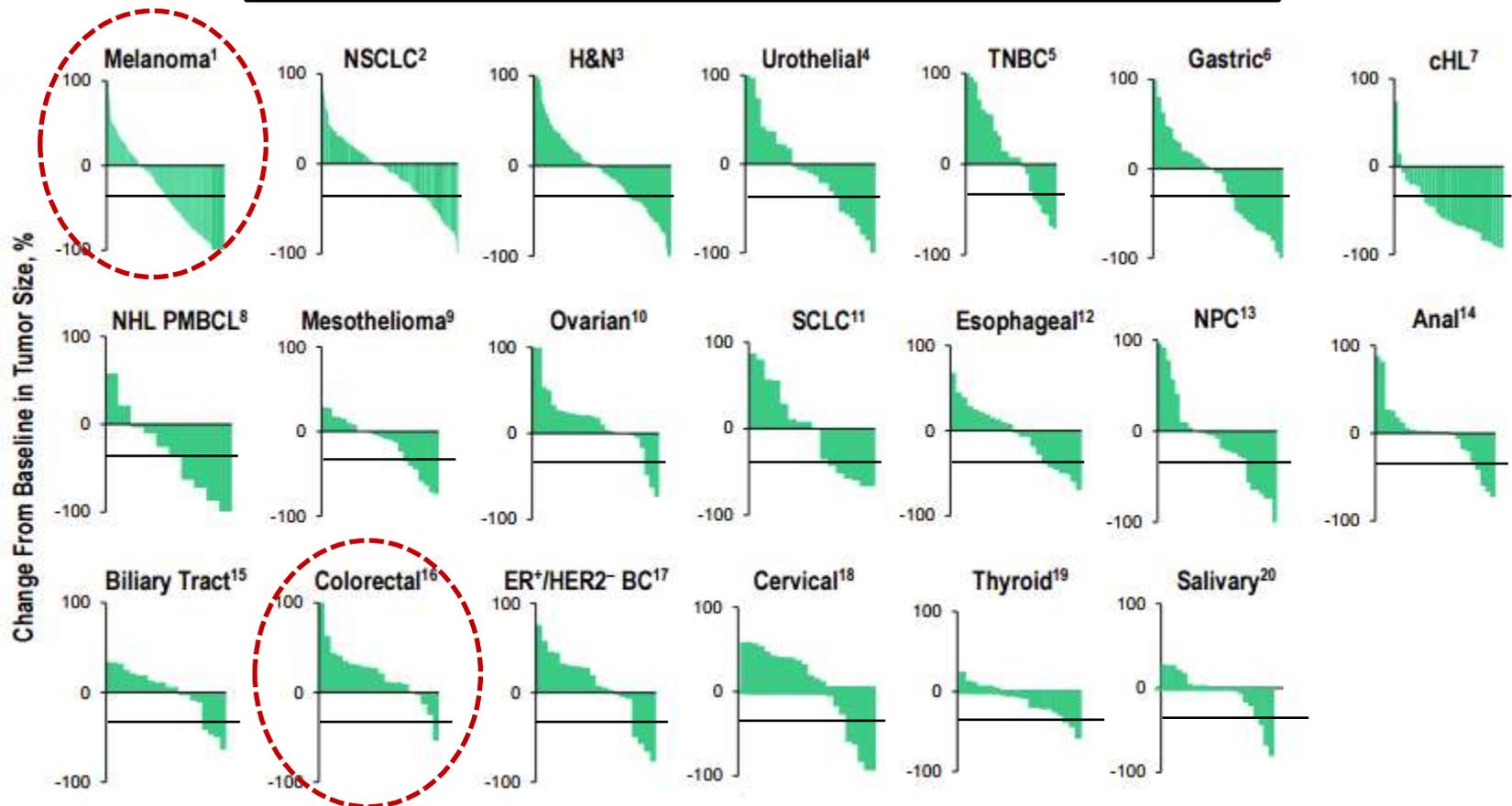
비정상 암혈관,  
미세환경TAM, MDSCs

낮은 MHC 발현  
빠른 종양증식 속도



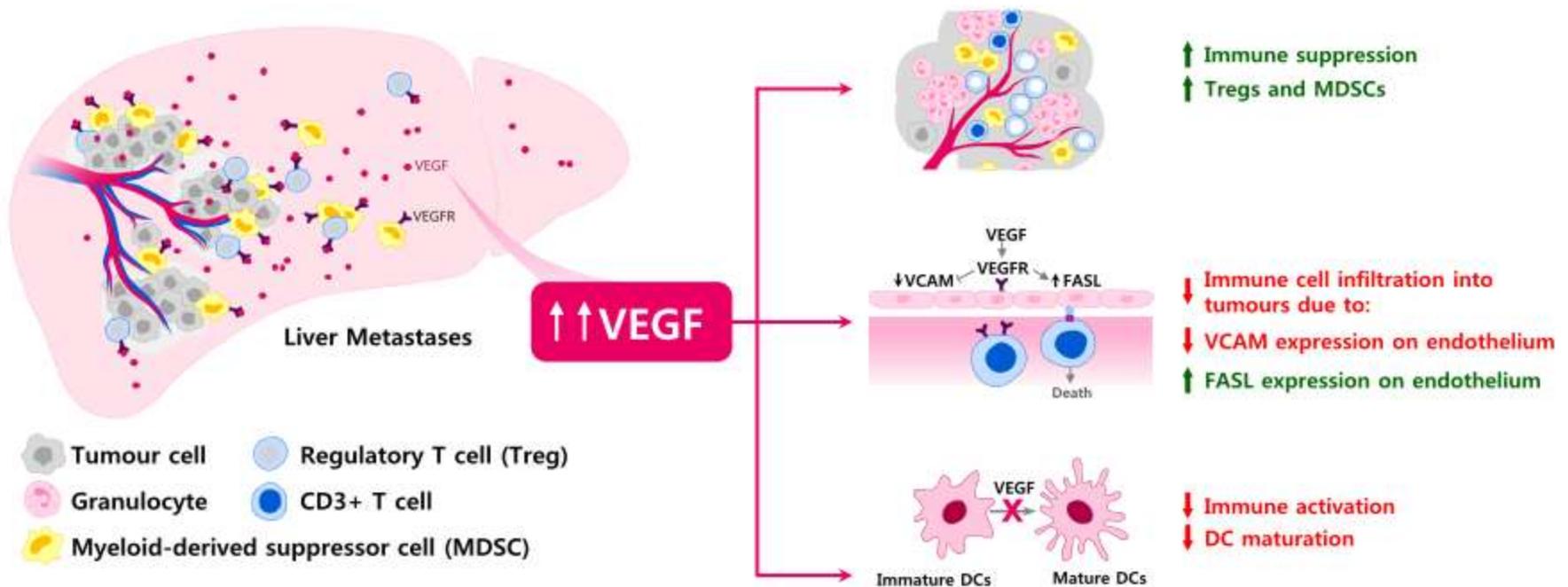
# ICI monotherapy showed a limited efficacy

Only 20~30% response rate for solid cancers

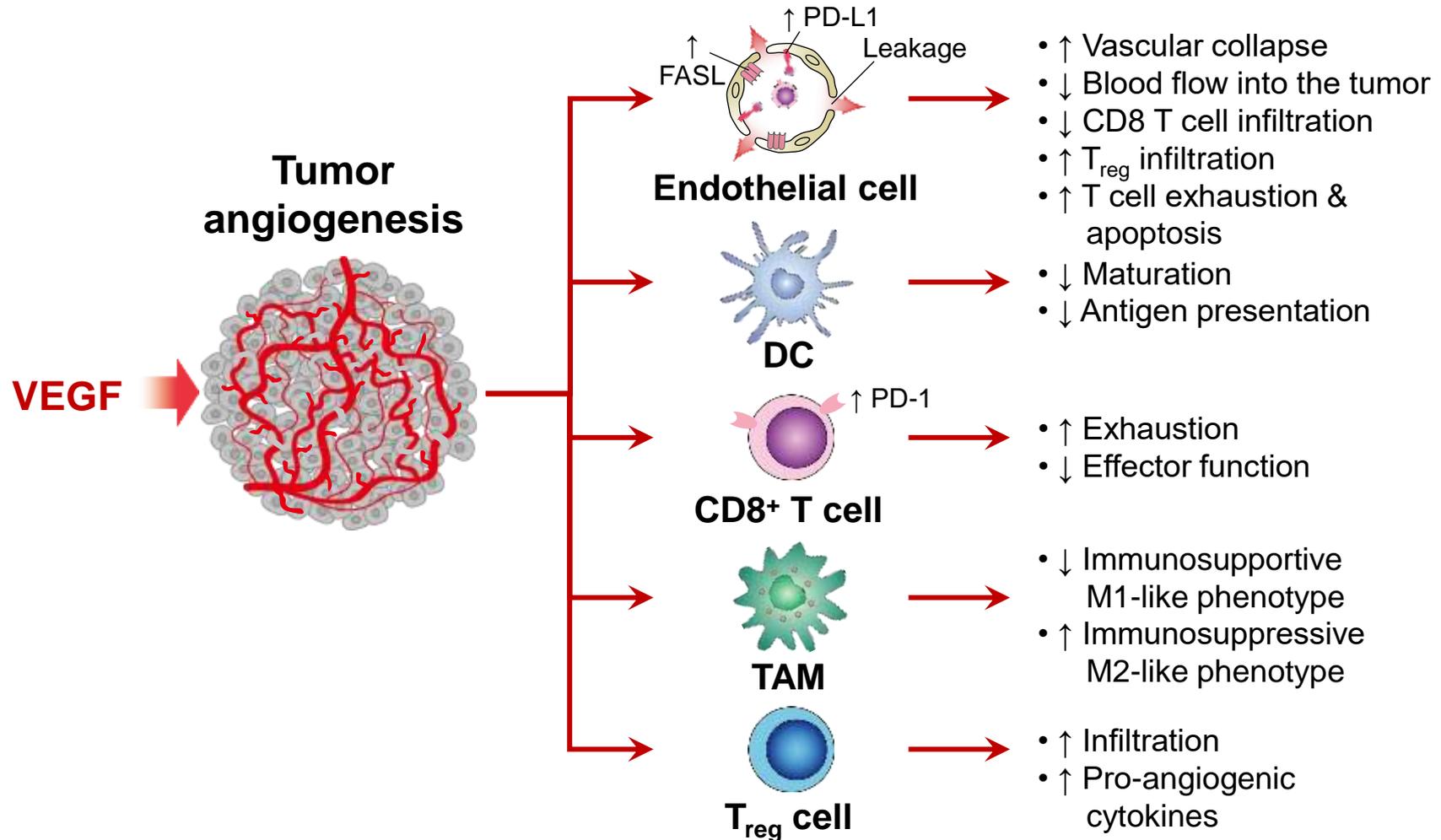


# Tissue-specific immunoregulation

- **High levels of VEGF in the liver** support the hypothesis of VEGF-dependent modulation of **liver-specific mechanisms of immune tolerance**

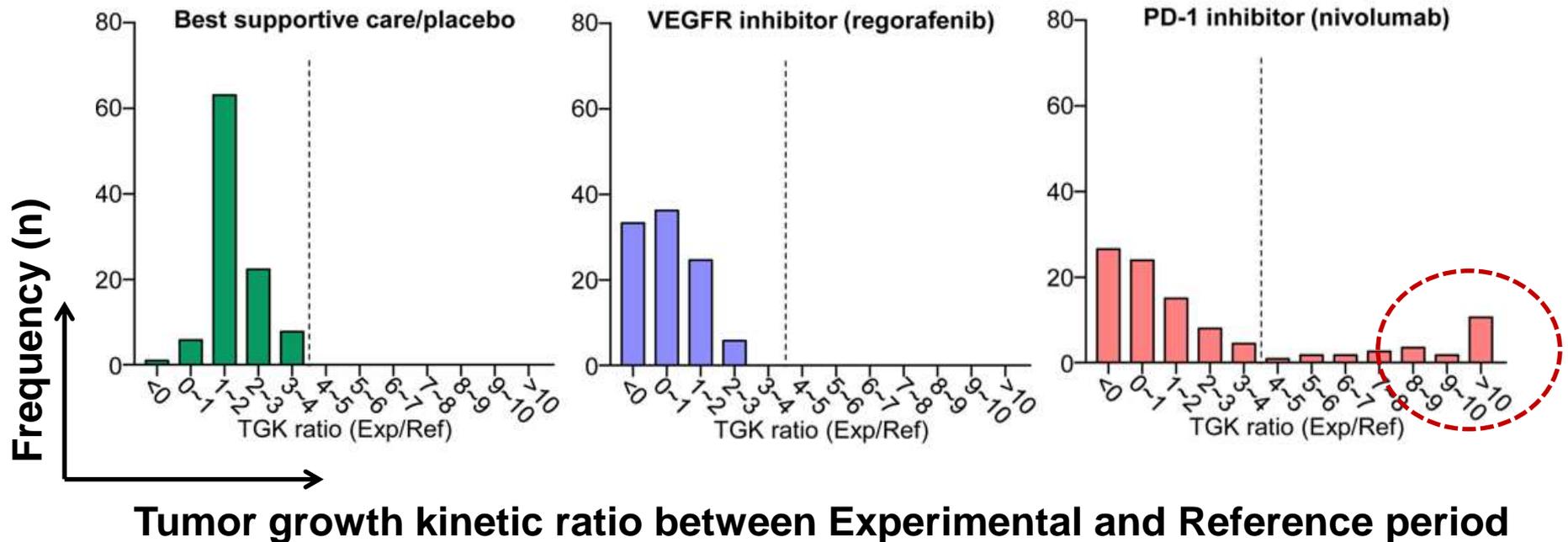


# VEGF negatively impacts cancer immunity at multiple steps

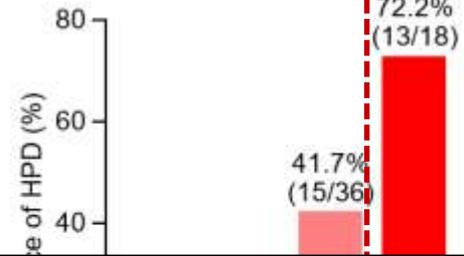
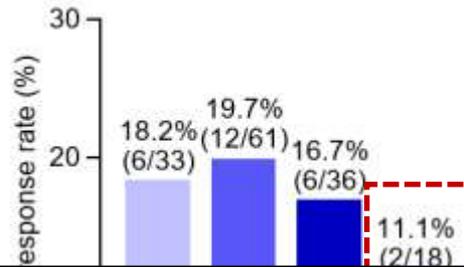
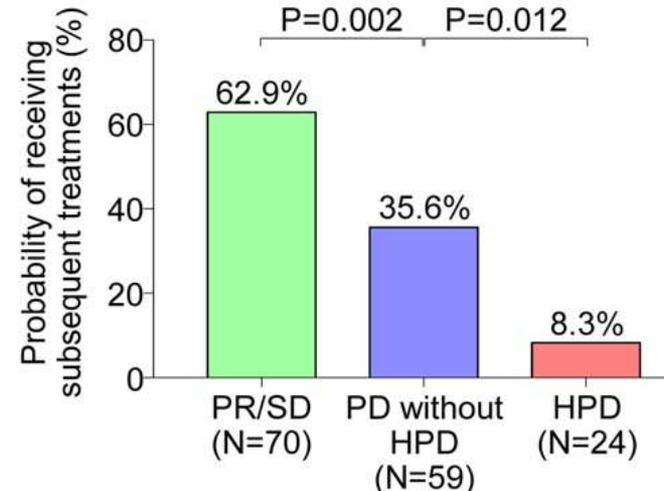
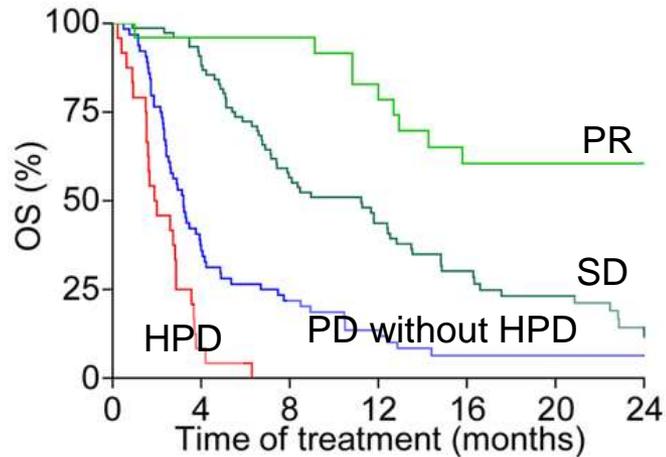


# Cancer immunotherapy: Hyperprogressive disease

## Advanced HCC patients



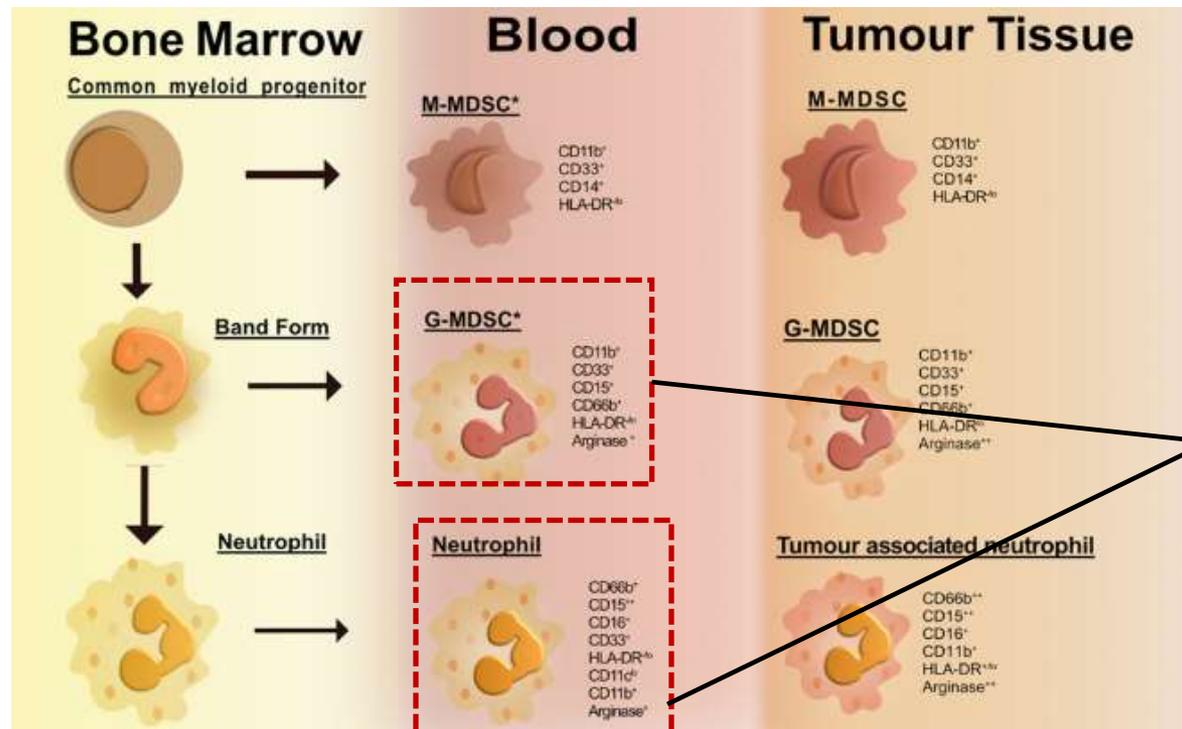
# Cancer immunotherapy: Hyperprogressive disease



- Occurs in a fraction of patients
- **Dismal prognosis**
- **Deprivation of chances for subsequent treatment**
- Associated with high NLR

# Immunosuppressive myeloid cells

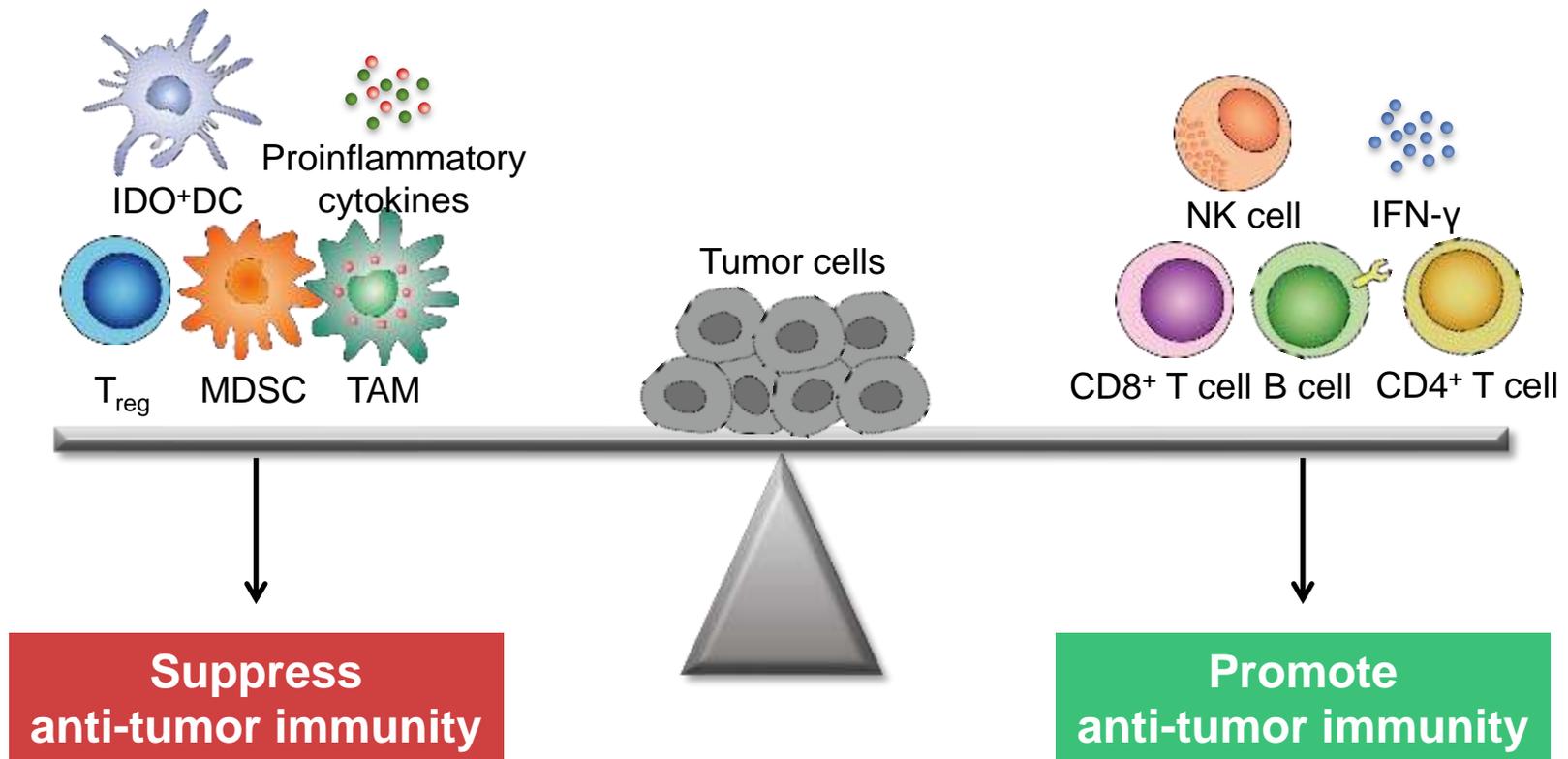
- High neutrophil in RCC → Poor prognosis ! (IMDC risk factor)
- **Neutrophil in CBC = Neutrophil + PMN-MDSC**
- MDSC: immunosuppressive myeloid cells



Hard to distinguish

# Immune effectors vs. suppressors

Neutrophil to Lymphocyte ratio  
 $\approx$  Suppressor to Effector ratio



# Summary of Part I

- **Dramatic and durable responses**
- **Limited efficacy (20~30% Response rate)**
- **Stroma-dependent variable responses**
- **Hyperprogression in a fraction of patients**

# Today's Topic

- Current status of cancer immunotherapy
- **Overcoming resistance with combination strategies**
- STING-based immunotherapy to tackle immune-desert microenvironment of peritoneal carcinomatosis

# Complexity of cancer-immunity cycle

## CTLA4

3. Priming and activation  
(APC & T cell)

CD28/B7-1  
CD137/CD137L  
OX40/OX40L  
CTLA-4/B7-1  
PD-L1/PD-1  
PD-L1/B7-1

2. Cancer antigen  
Presentation  
(DC/APC)

TNF- $\alpha$ , IL-1, IFN- $\alpha$   
CD40/CD40L  
IL-4,10,13, VEGF

4. Trafficking of  
T cells to tumors

CX3CL1, CXCL9  
CXCL10, CCL5  
VEGF

## VEGF

5. Infiltration of  
T cells into tumors

LFA1/ICAM1  
Selectins  
VEGF

6. Recognition of  
cancer cell by T cells

TCR  
reduced MHC

1. Release of  
tumor antigens  
(tumor cell death)

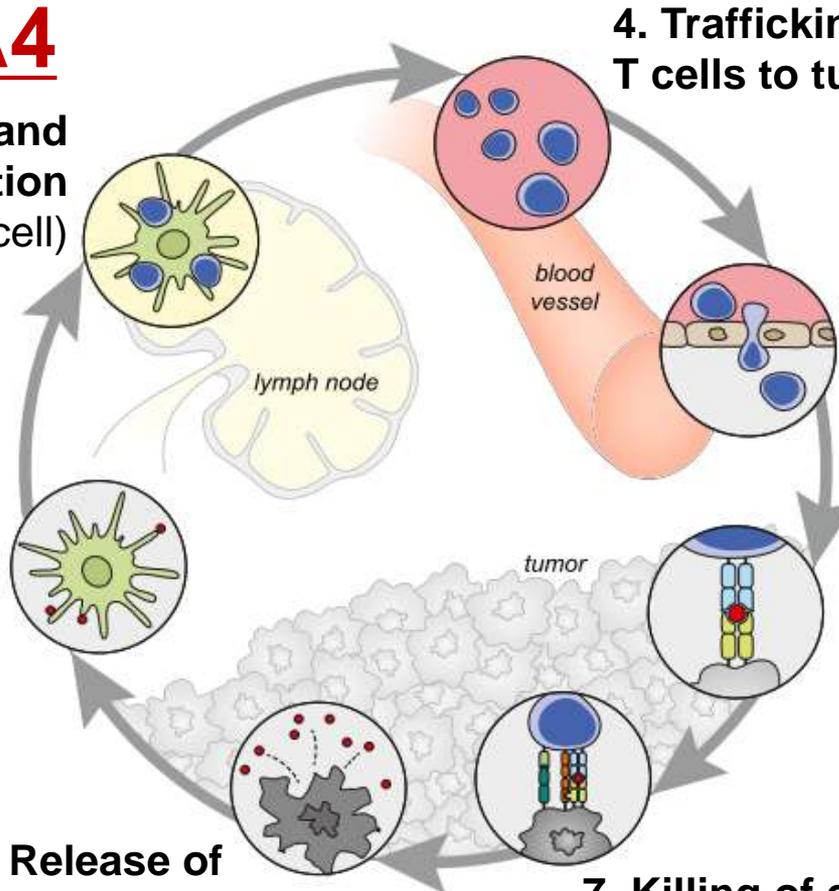
7. Killing of cancer cells  
(T cell & cancer cell)

IFN $\gamma$   
PD-L1/PD1  
PD-L1/B7-1  
IDO, TGF $\beta$ , LAG3  
BTLA, VISTA,  
Arginase

## VEGF

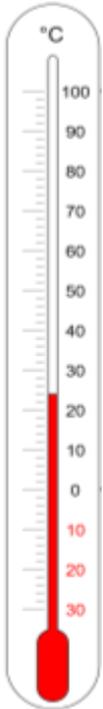
## PD1

■ Stimulatory factors  
■ Inhibitors



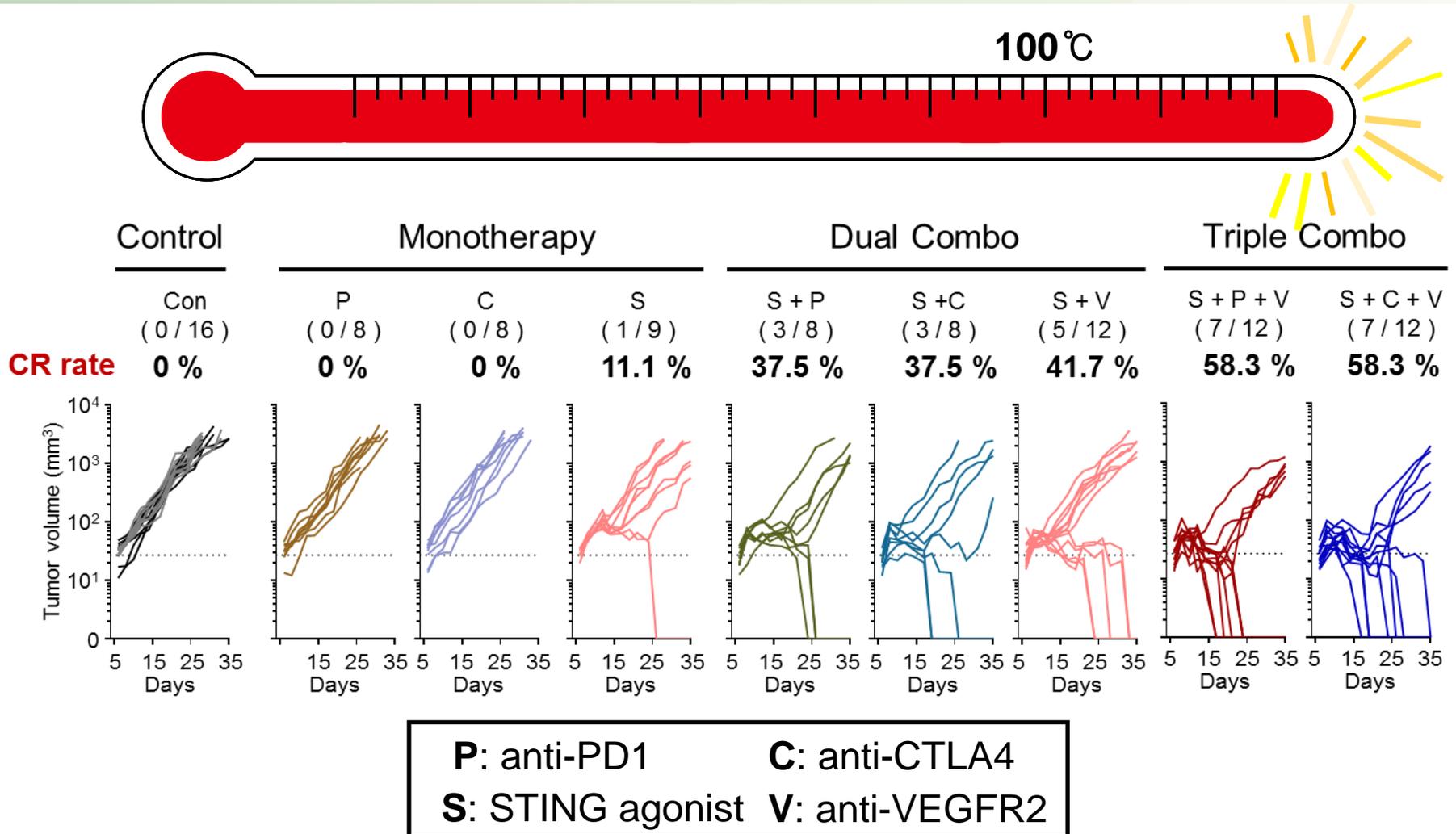
# Optimal Combination Immunotherapy: Beyond Immunologic Boiling Point

**All or None Responses**

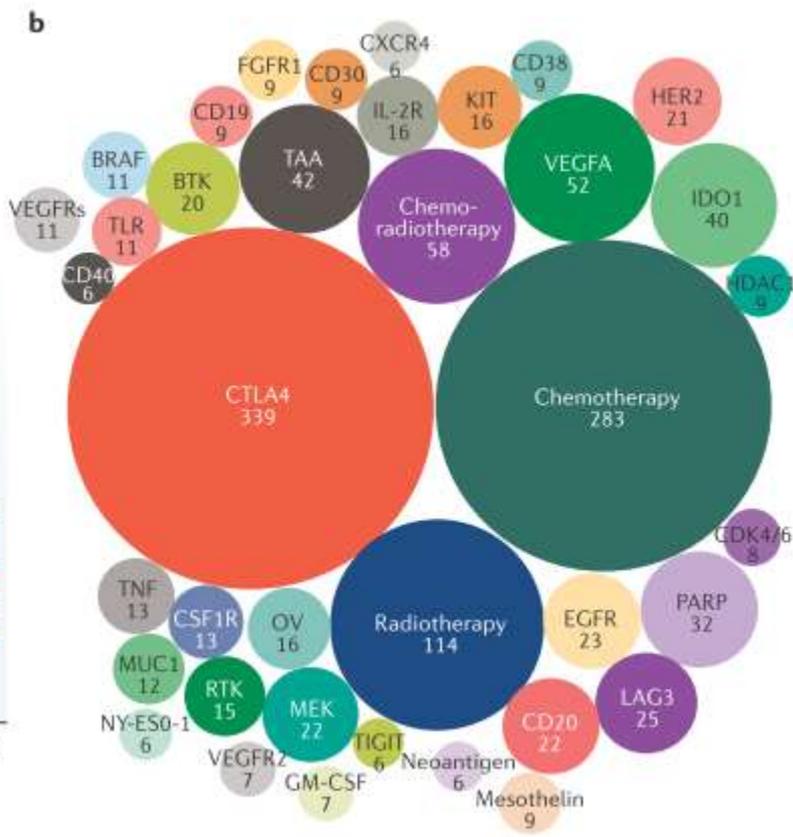
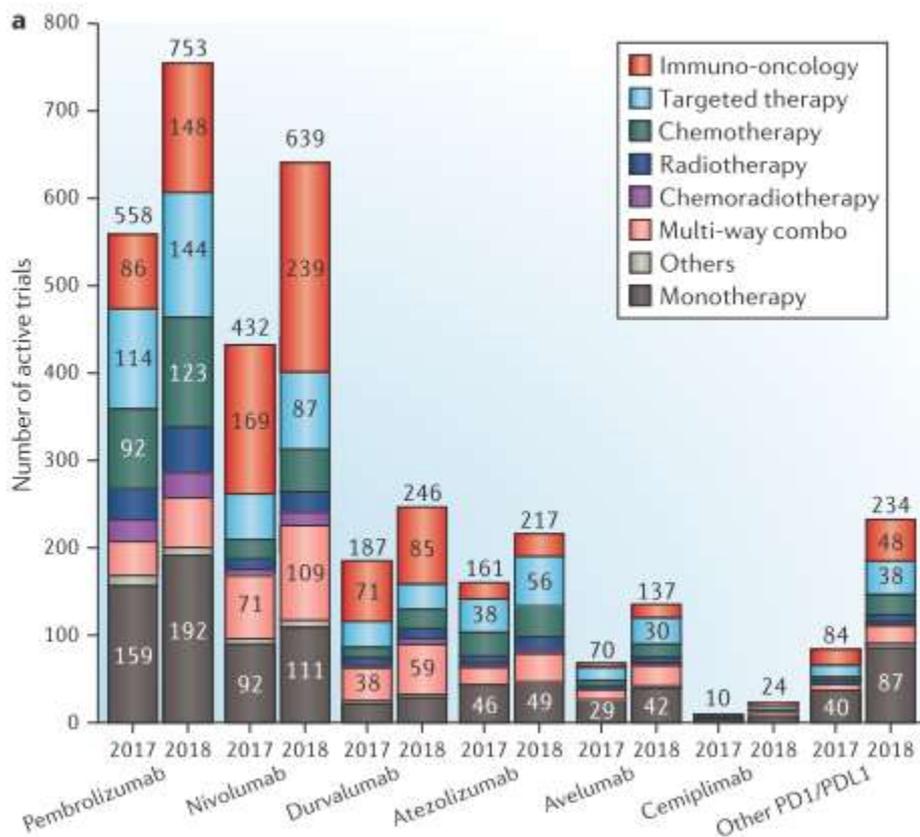


**We have to inflame tumors beyond  
immunological boiling point !**

# Optimal Combination Immunotherapy: Beyond Immunologic Boiling Point



# Landscape of ongoing cancer immunotherapy clinical trials



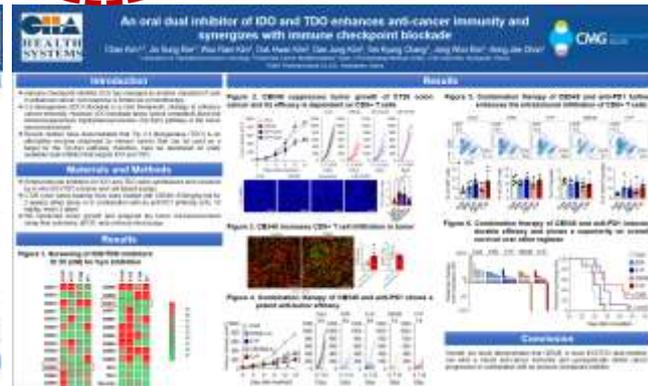
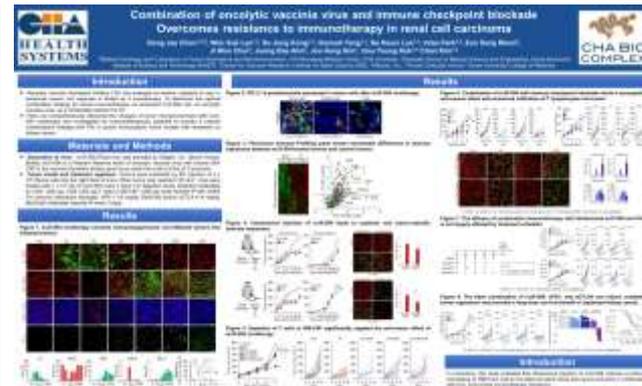
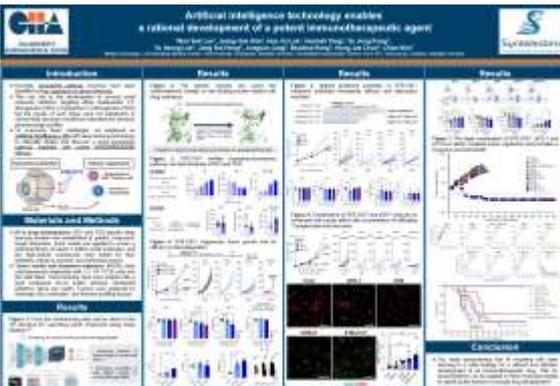
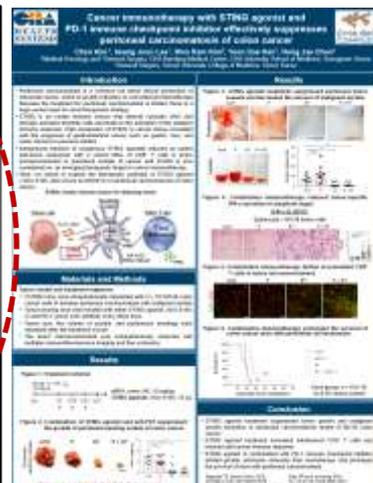
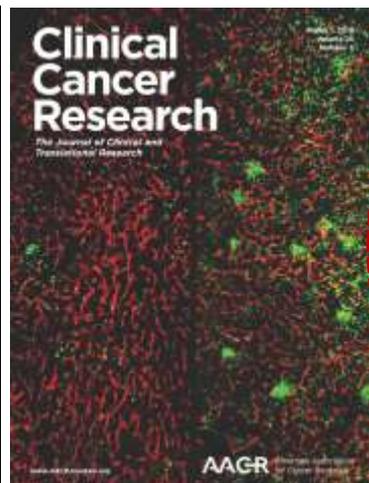
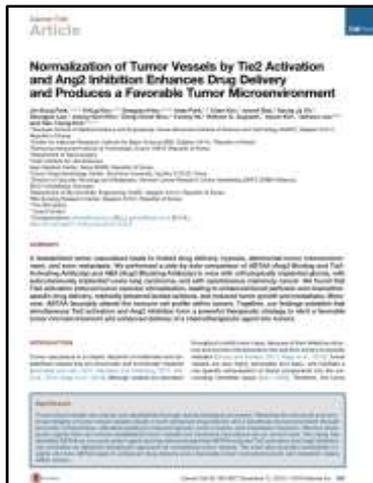
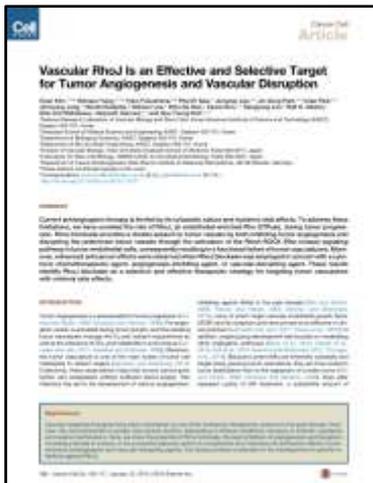
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- 병용 임상연구 총 수: 1,716
  - 240개의 서로 다른 표적

# Overcoming Resistance to Immunotherapy

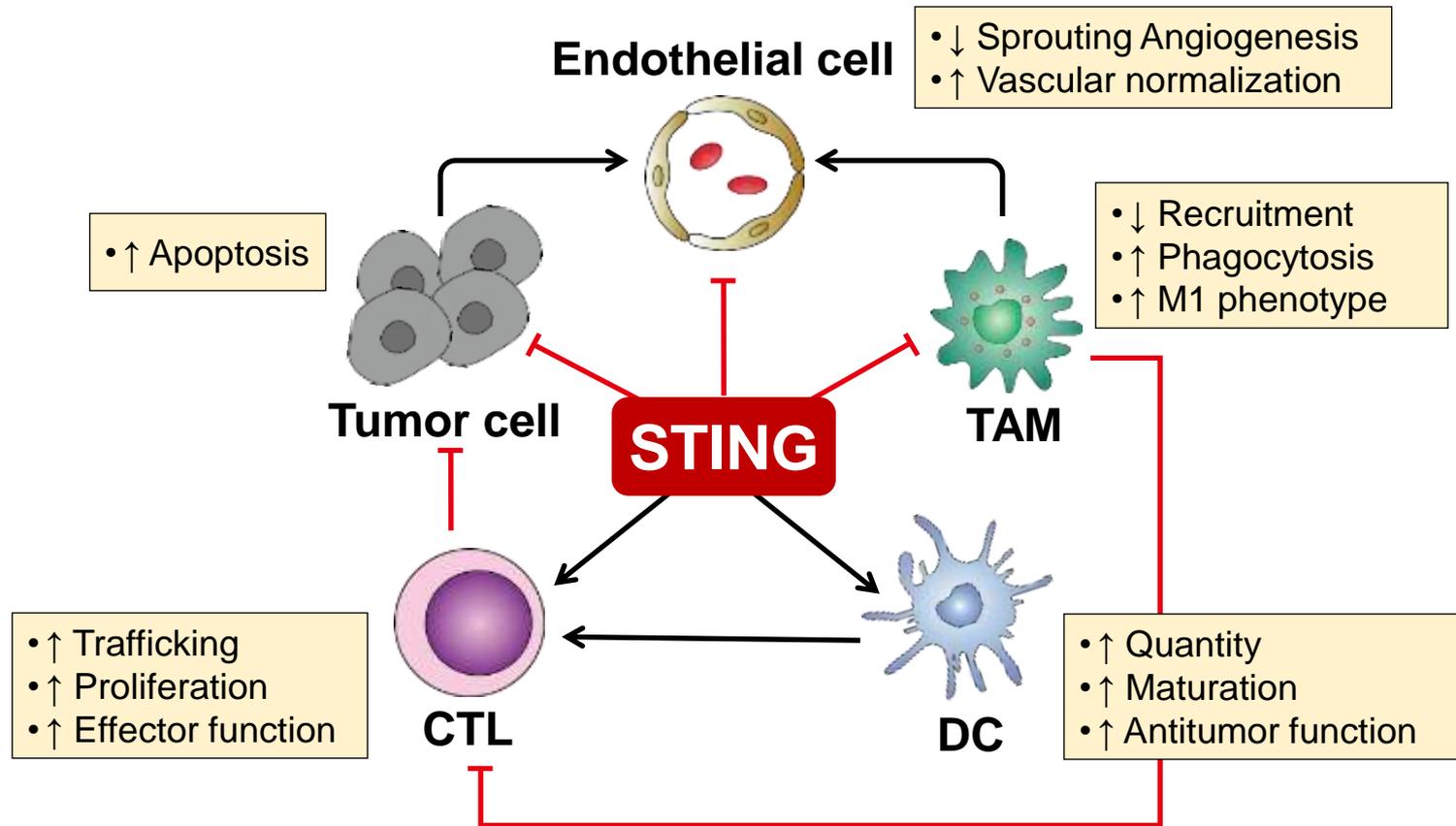
| <b>Goal</b>   | <b>Candidate Intervention</b>   |
|---|---|
| <b>1. Promote innate immunity</b>                     | <ul style="list-style-type: none"><li>• Local Radiation</li><li>• TLR agonist</li><li>• STING agonist</li><li>• Targeted IFN<math>\alpha/\beta</math></li><li>• Oncolytic Virus<ul style="list-style-type: none"><li>• Vaccinia virus, Reovirus, Herpesvirus</li></ul></li><li>• Oncolytic bacteria</li></ul> |
| <b>2. Induce tertiary lymphoid structure</b>          | <ul style="list-style-type: none"><li>• Intratumoral LIGHT</li><li>• Lymphotoxin</li></ul>  |
| <b>3. Stromal modulation</b>                          | <ul style="list-style-type: none"><li>• Anti-angiogenic agent<ul style="list-style-type: none"><li>• Lenvatinib, Cabozantinib, Regorafenib</li><li>• ABTAA (Ang2-binding/Tie2-activating Ab)</li></ul></li><li>• Anti-CDXXX</li><li>• EtB receptor inhibitor</li></ul>  |
| <b>4. Inhibit immunosuppressive oncogene pathways</b> | <ul style="list-style-type: none"><li>• MerTK inhibitor</li><li>• JAK inhibitors</li><li>• IDO or TDO inhibitor</li><li>• Anti-TIGIT antibody</li><li>• Anti-GITR antibody</li><li>• AhR inhibitor</li></ul>  |
| <b>5. Microbiome modulation</b>                       | <ul style="list-style-type: none"><li>• Probiotics</li><li>• Prebiotics</li></ul>   |

# Overcoming Resistance to Immunotherapy

## Our experiences since 2015



# STING regulates both angiogenesis and immunity



**Thank you for listening !**