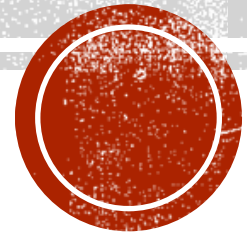


# IDEAL TIMING OF IMMUNOTHERAPY AND RADIATION IN MURINE TUMOR MODELS

Kristina Young MD PhD  
Oregon Health & Science University  
EACRI at Providence Portland Medical Center



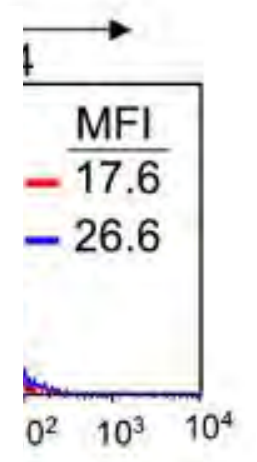
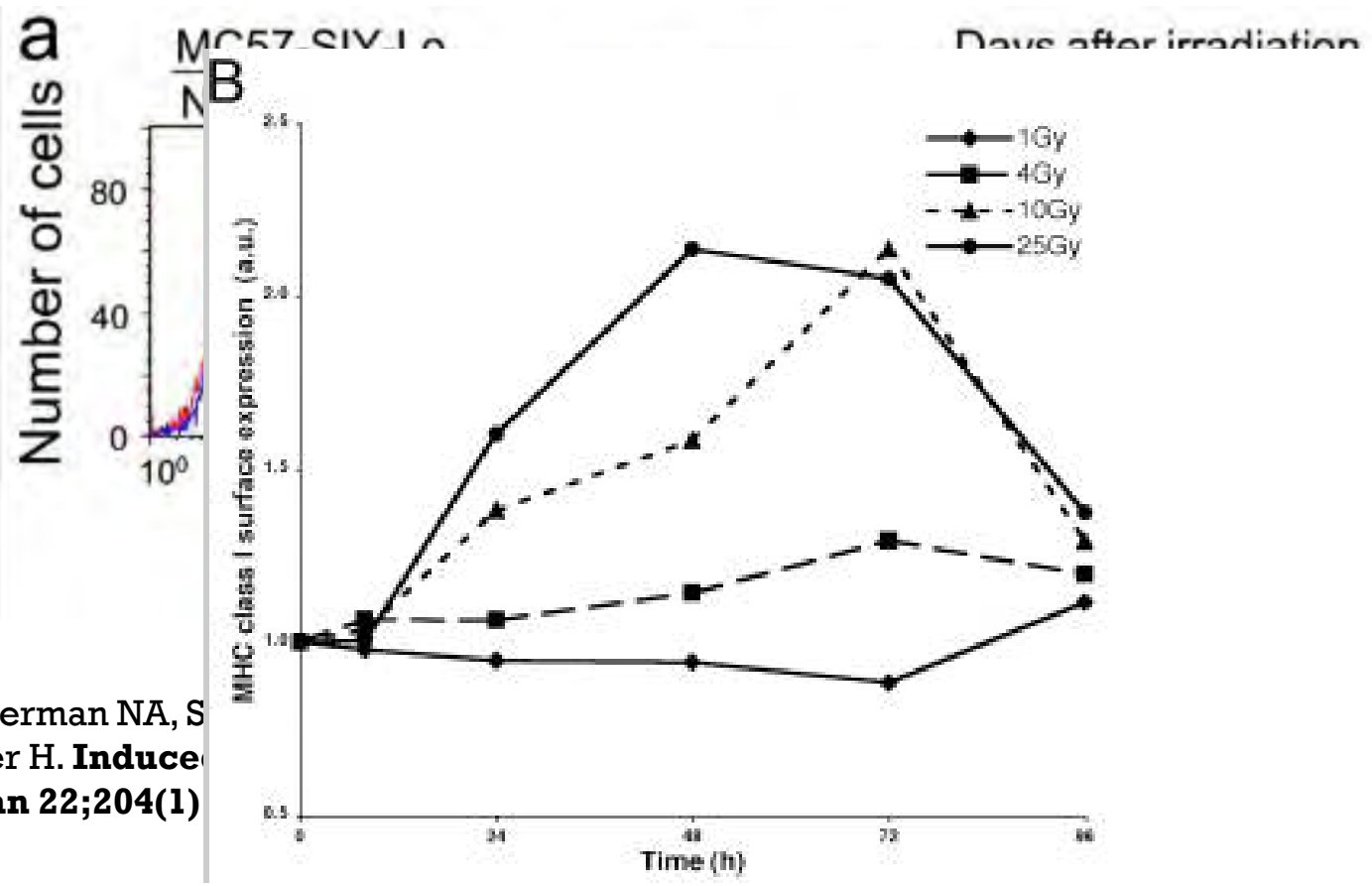
# DISCLOSURES

- None



# RATIONALE FOR POST-RADIATION IMMUNOTHERAPY

- RT inc
- RT inc
- Some follow

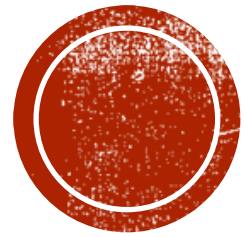


Kranz  
J Exp

Zhang B, Bowerman NA, S  
DM, Schreiber H. **Induce**  
**Med. 2007 Jan 22;204(1)**

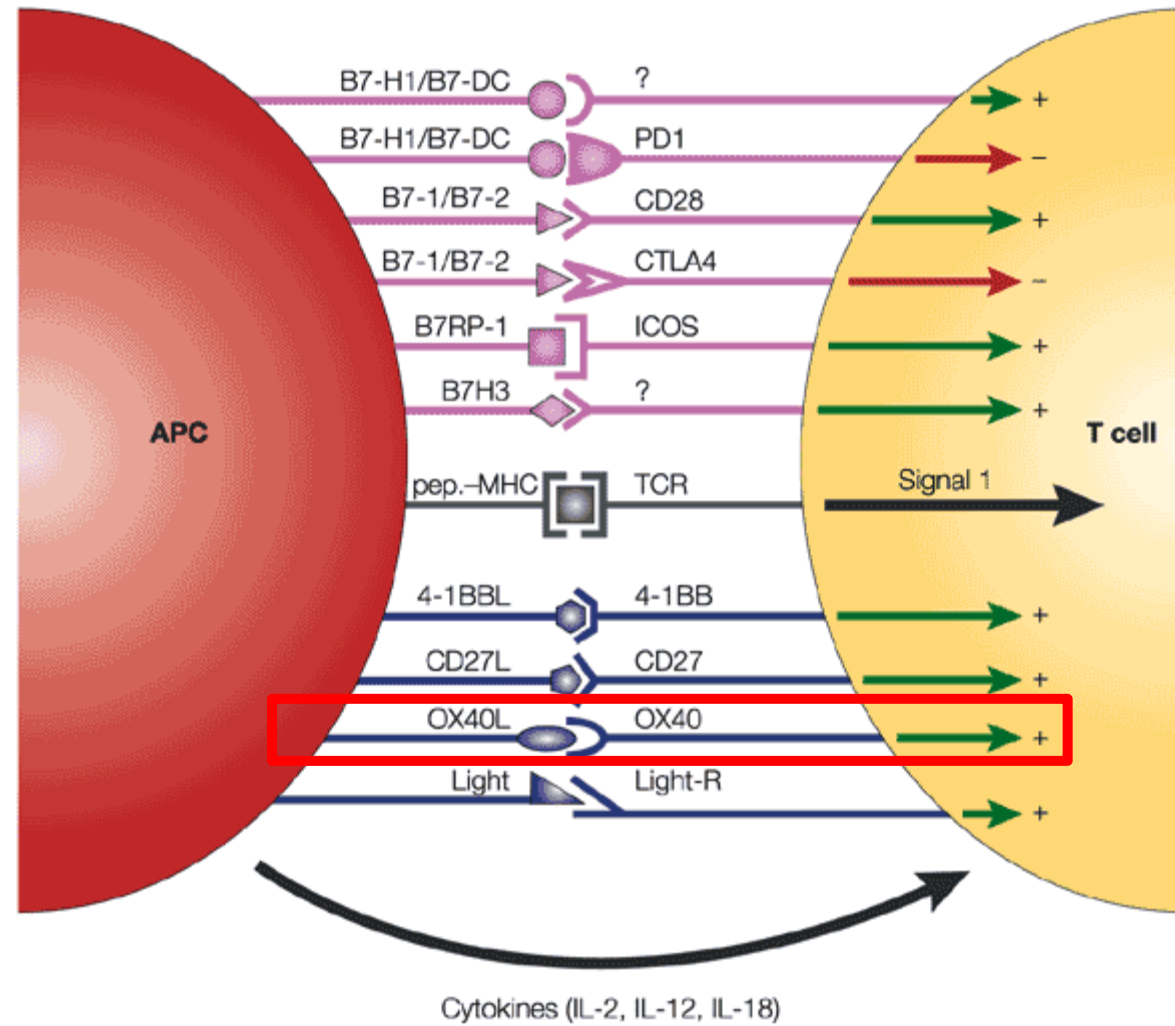
Reits EA, Hodge JW, Herberts CA, Groothuis TA, Chakraborty M, Wansley EK, Camphausen K, Luiten RM, de Ru AH, Neijssen J, Griekspoor A, Mesman E, Verreck FA, Spits H, Schlom J, van Veelen P, Neefjes JJ. **Radiation modulates the peptide repertoire, enhances MHC class I expression, and induces successful antitumor immunotherapy.** J Exp Med. 2006 May 15;203(5):1259-71. Epub 2006 Apr 24.





# $\alpha$ OX40 AND RADIATION

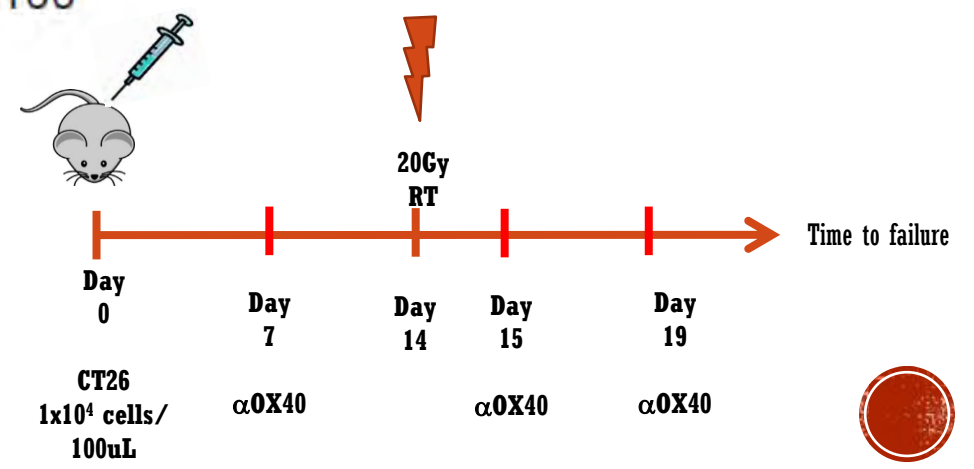
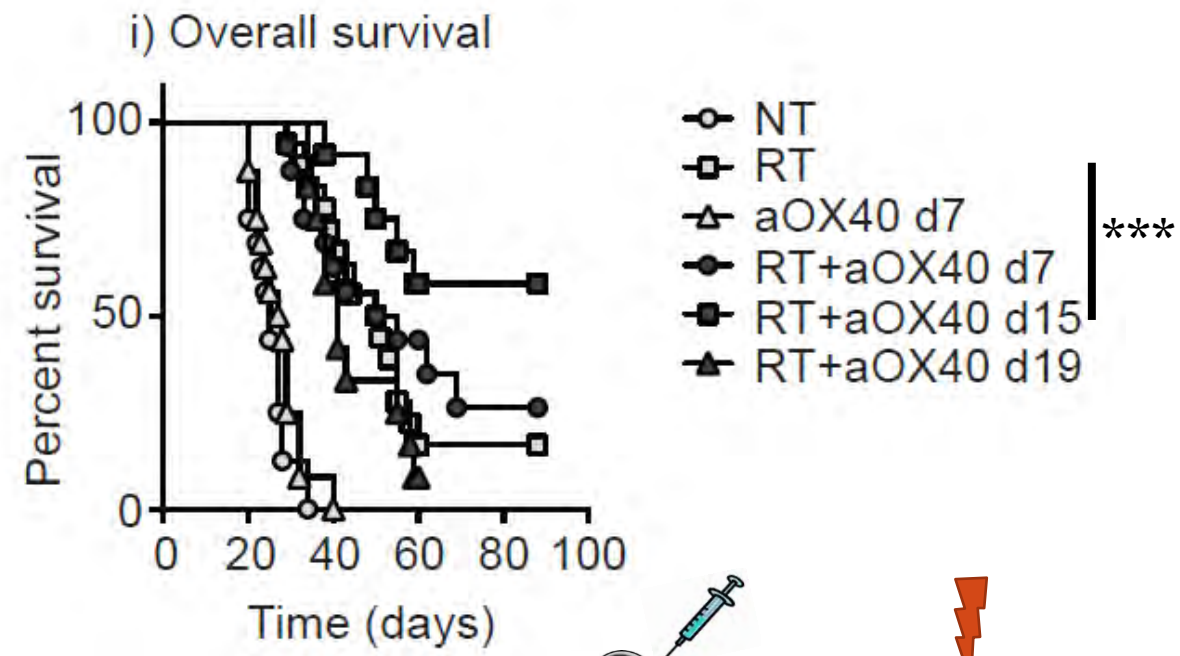
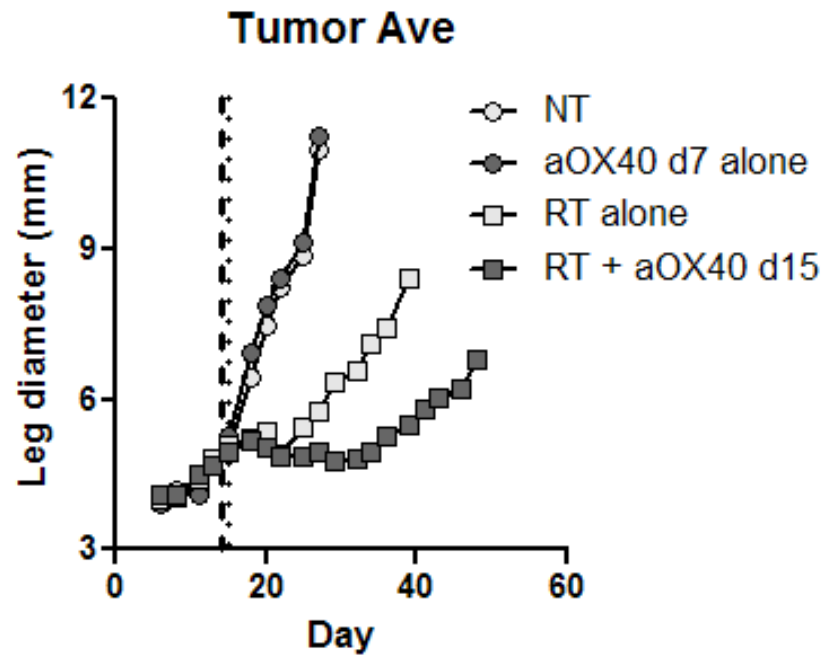
# POTENTIAL IMMUNE THERAPY TARGETS



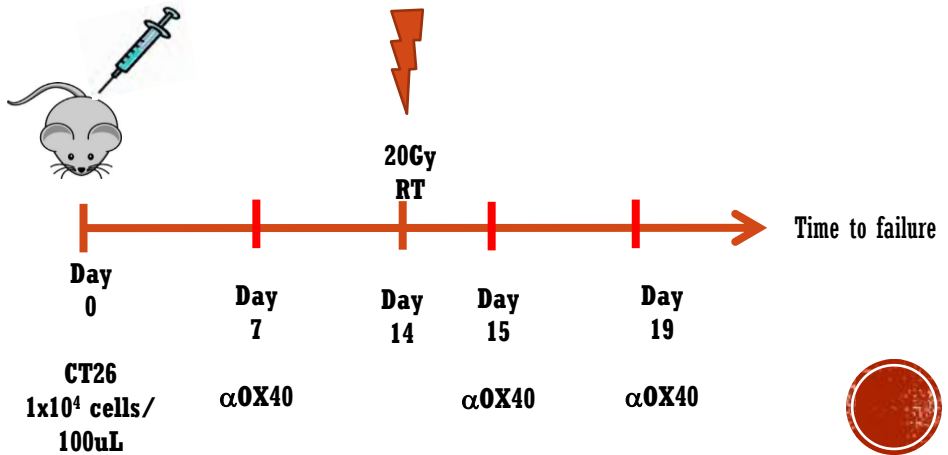
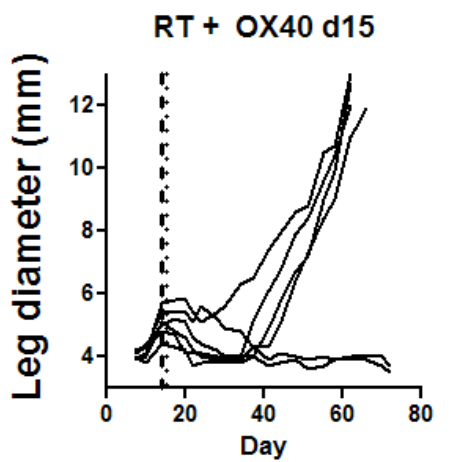
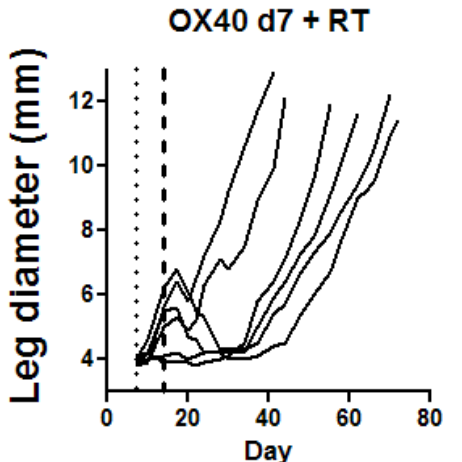
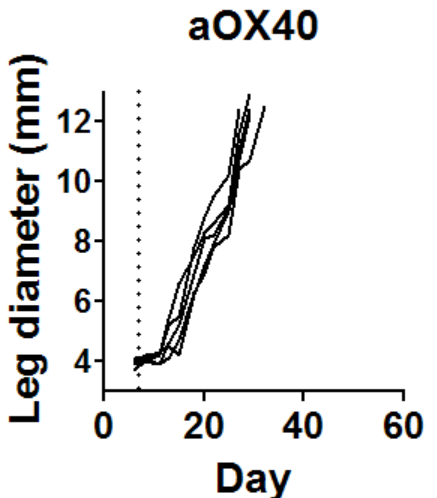
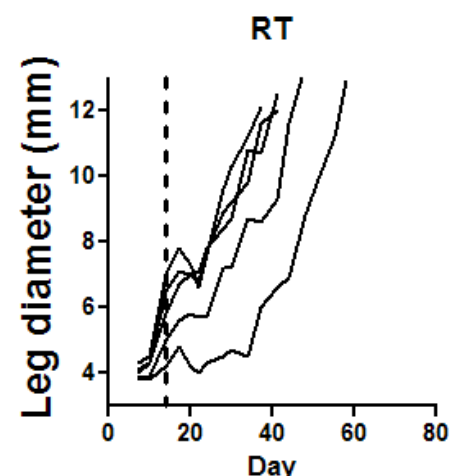
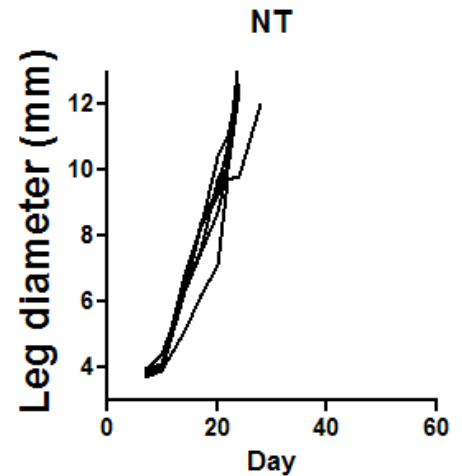
Nature Reviews | Immunology



# $\alpha$ OX40 AGONIST SHORTLY AFTER RADIATION PROMOTES TUMOR CLEARANCE

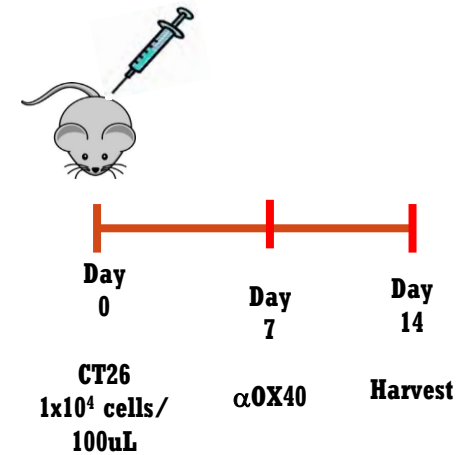
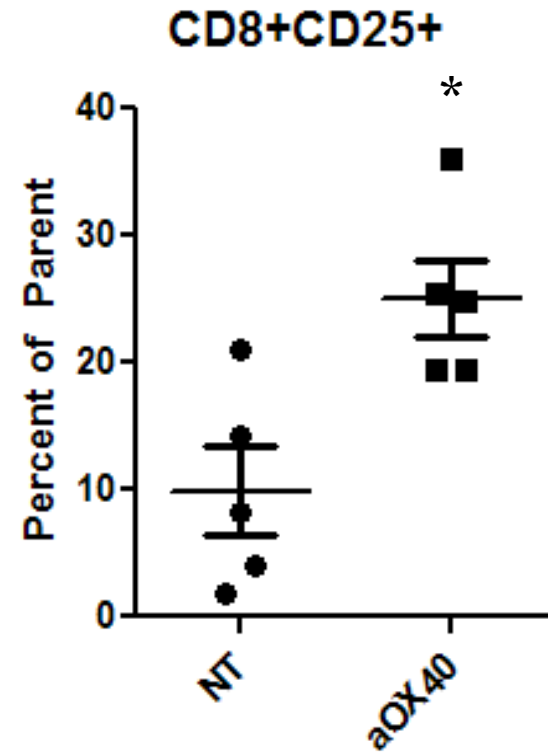


# $\alpha$ OX40 AGONIST AFTER RADIATION YIELDS TUMOR CLEARANCE

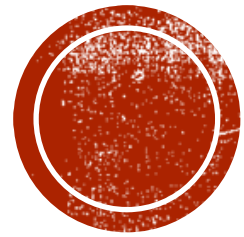




# $\alpha$ OX40 INCREASES ACTIVATED CD8 T CELLS



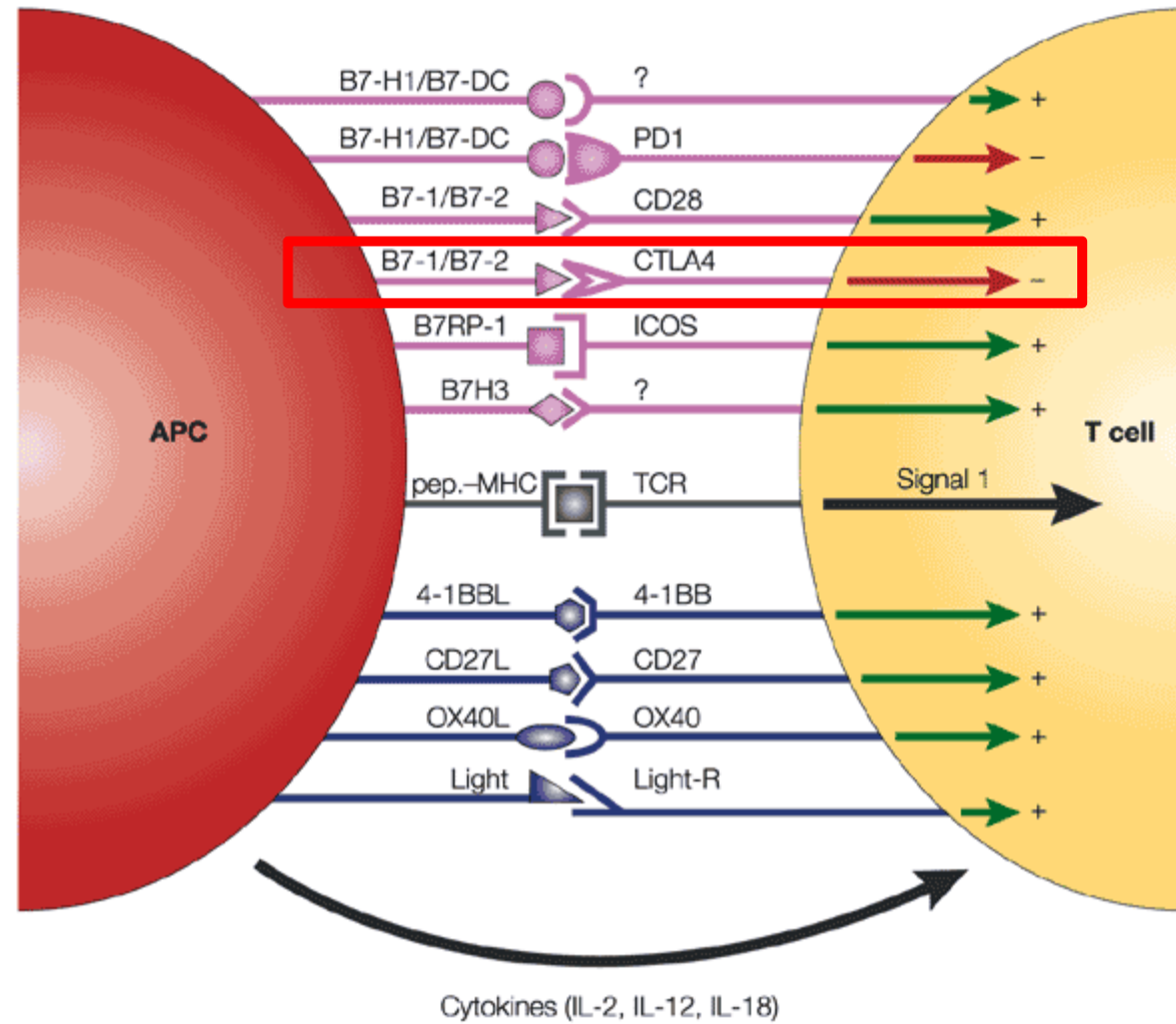




# $\alpha$ CTLA4 AND RADIATION



# POTENTIAL IMMUNE THERAPY TARGETS

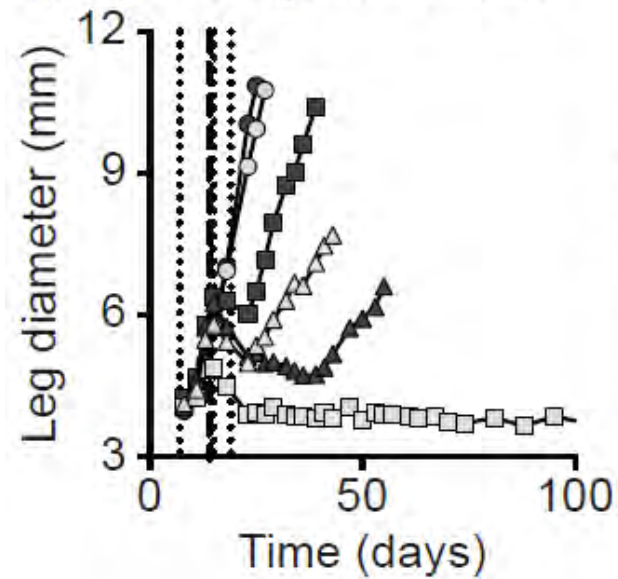


Nature Reviews | Immunology

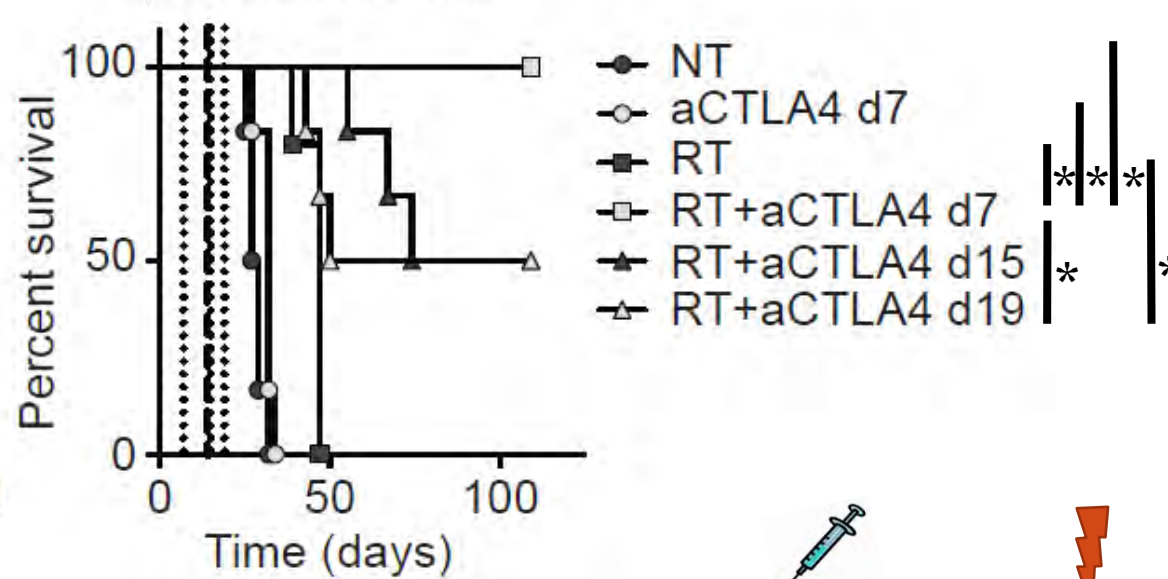


# PRETREATMENT WITH $\alpha$ CTLA4 RESULTED IN TUMOR CLEARANCE

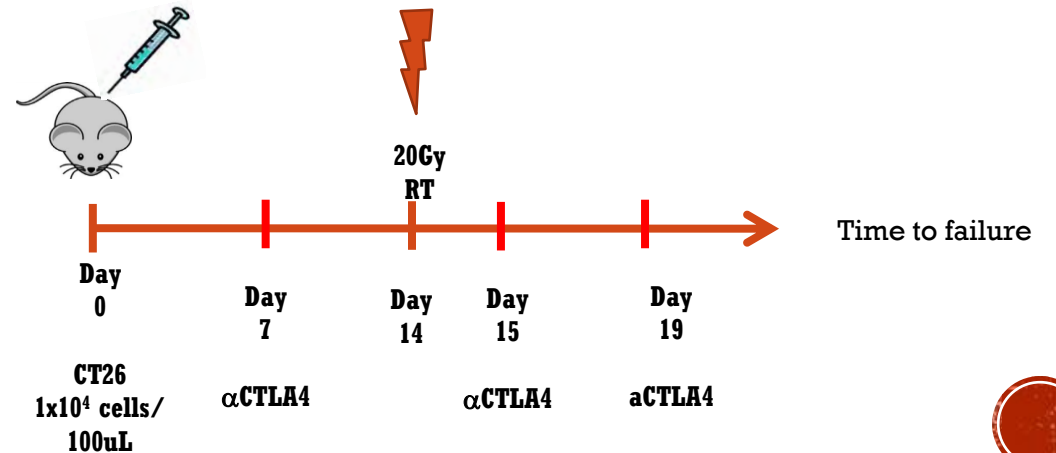
a) i) Average tumor size



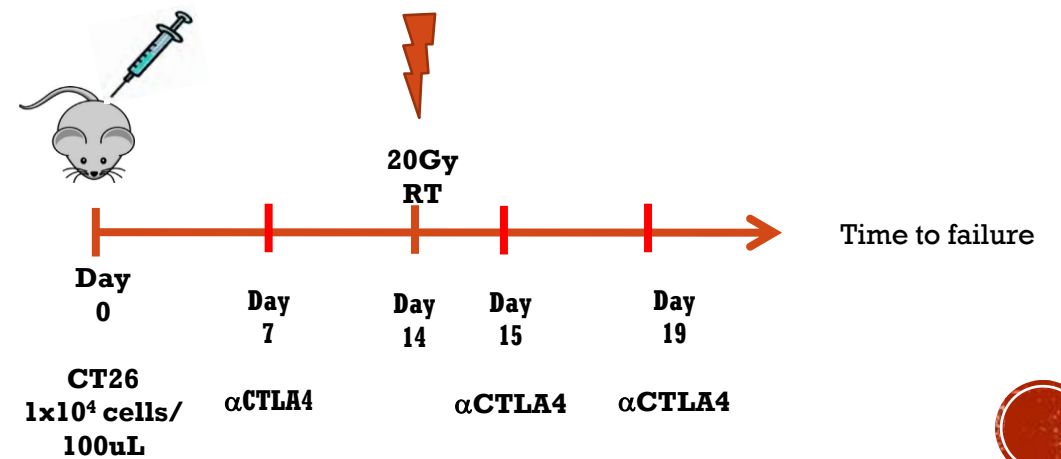
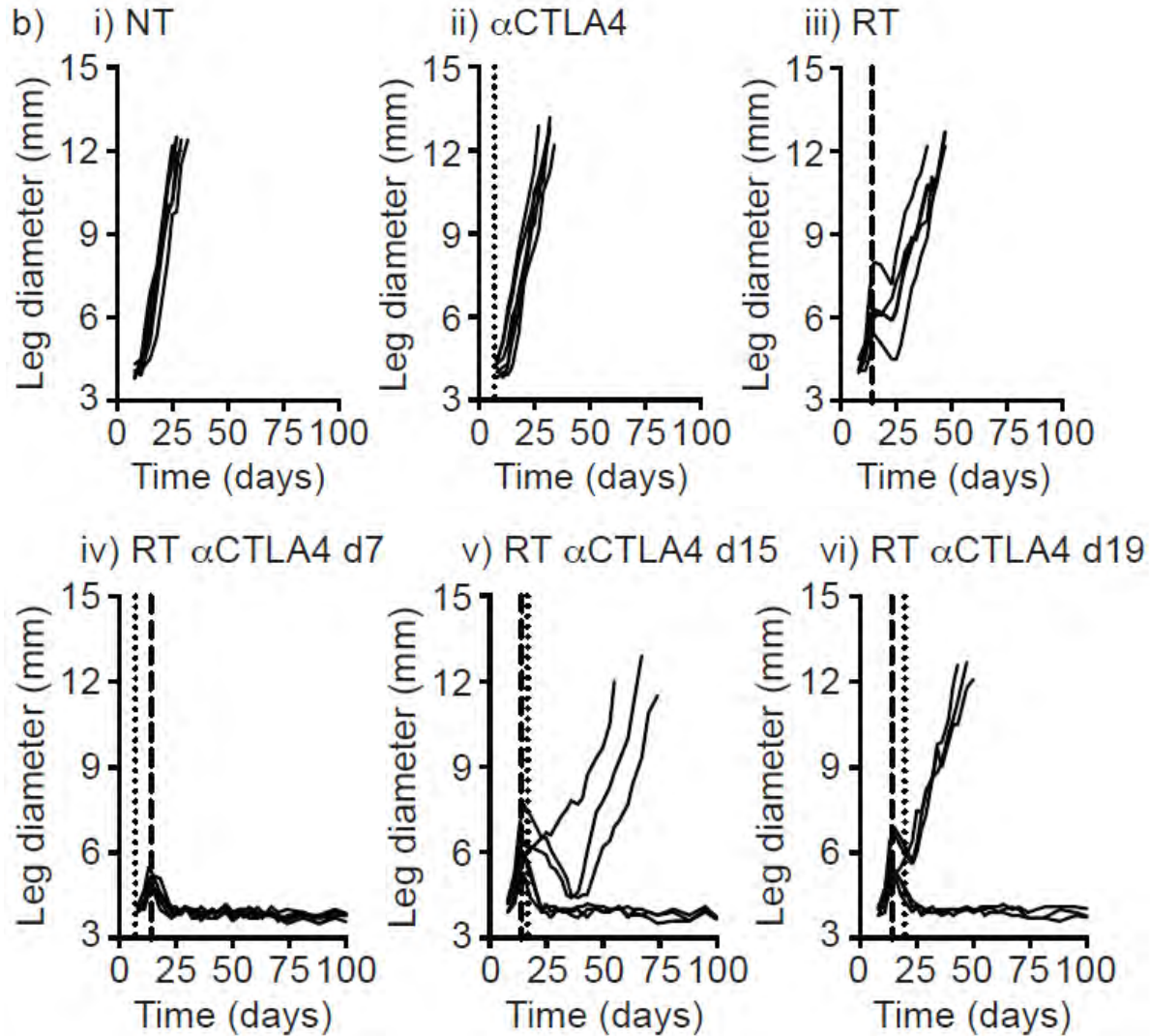
ii) Overall survival



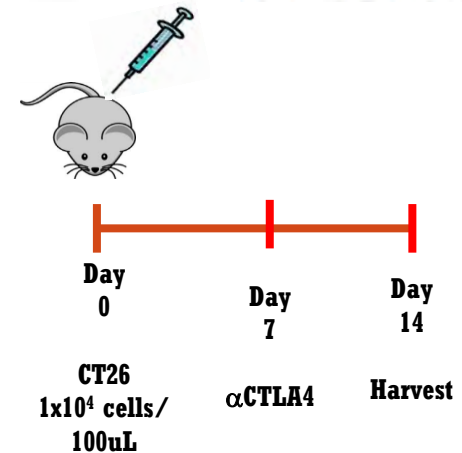
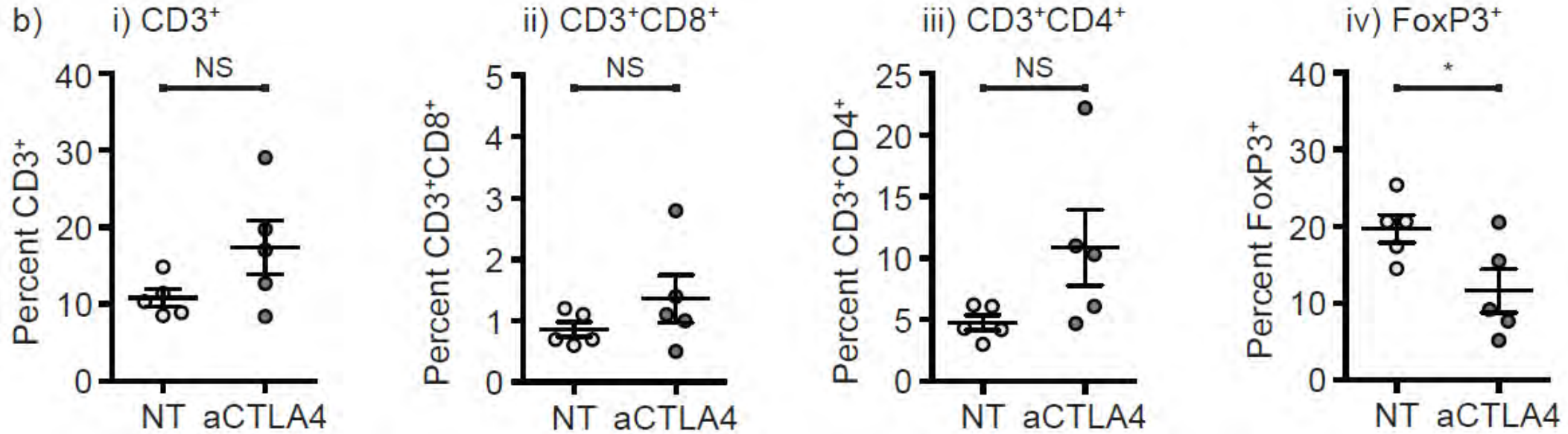
- NT
- aCTLA4 d7
- RT
- RT+aCTLA4 d7
- ▲ RT+aCTLA4 d15
- △ RT+aCTLA4 d19



# $\alpha$ CTLA4 PRETREATMENT YIELDED BEST RESULTS

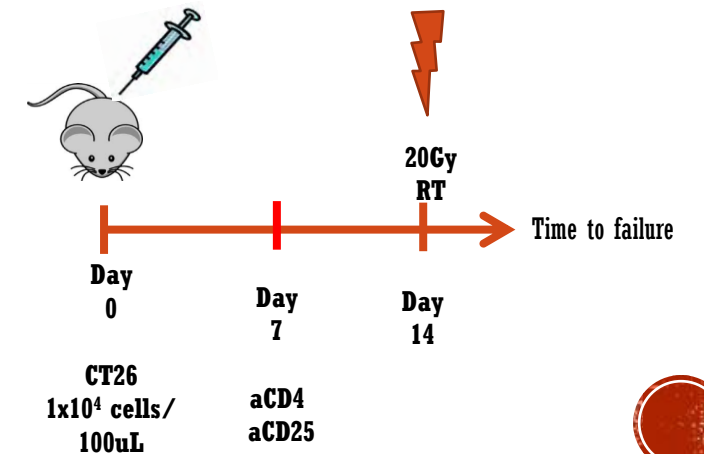
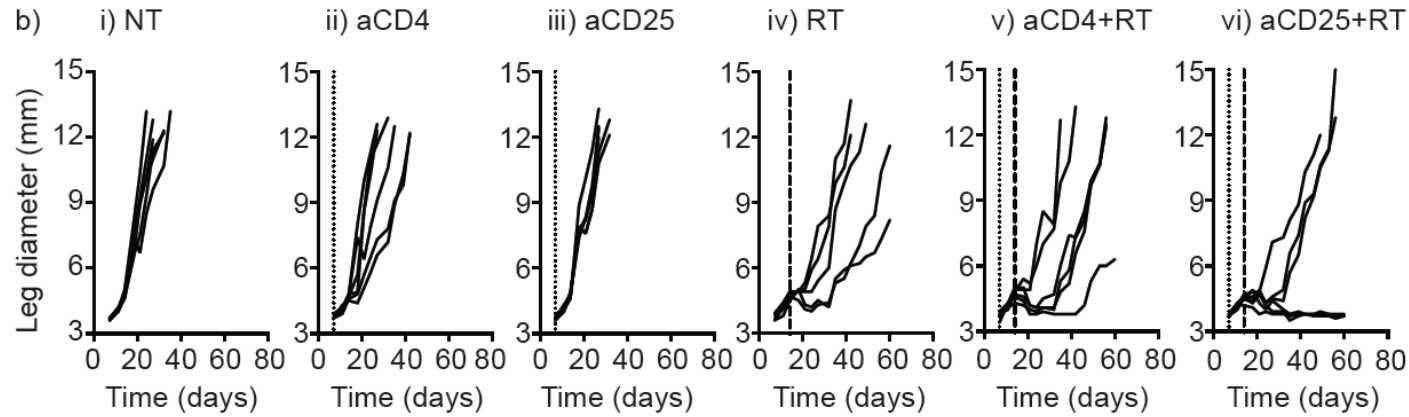
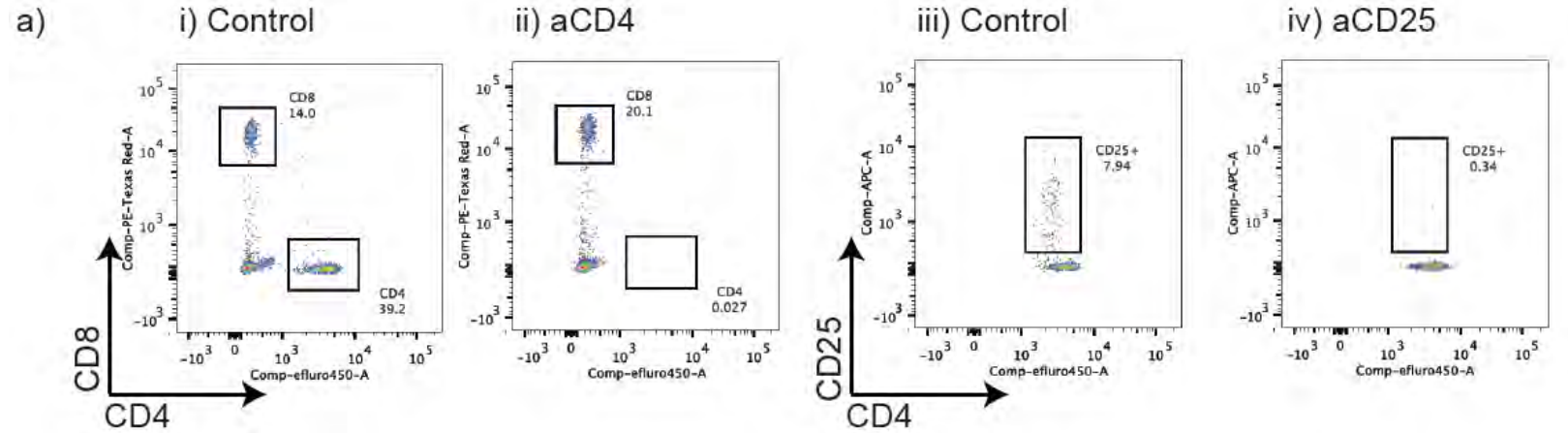
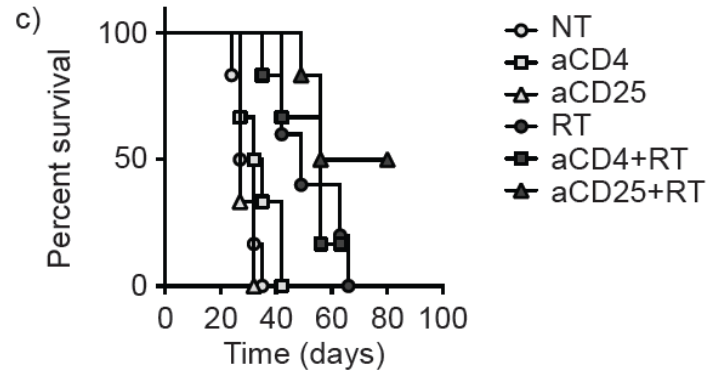


# $\alpha$ CTLA4 ADMINISTRATION DECREASED T<sub>REG</sub> INFILTRATE

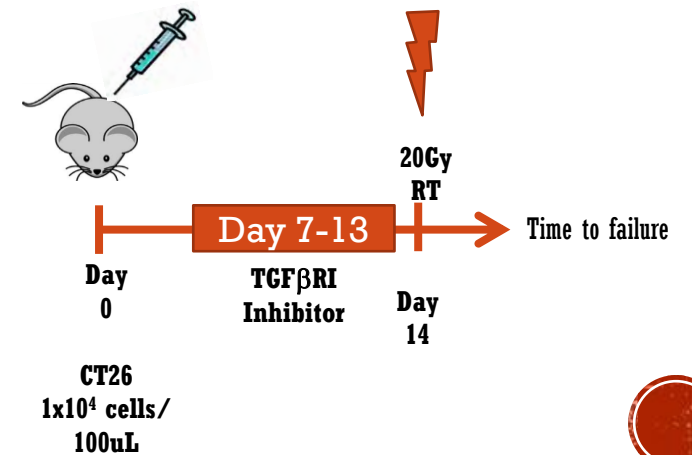
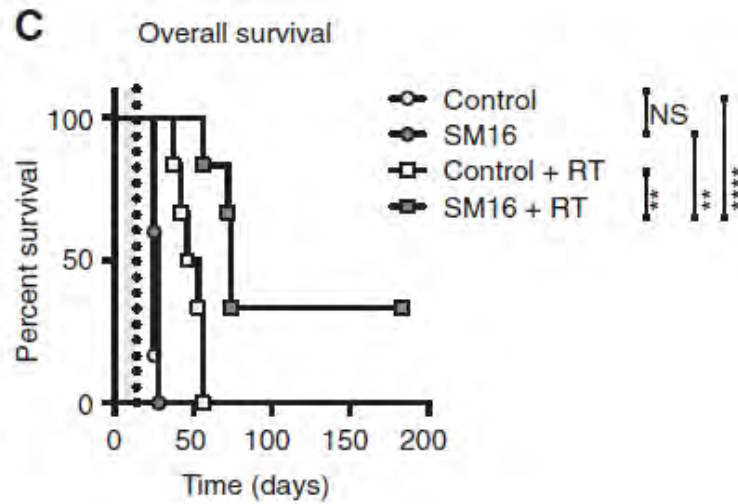
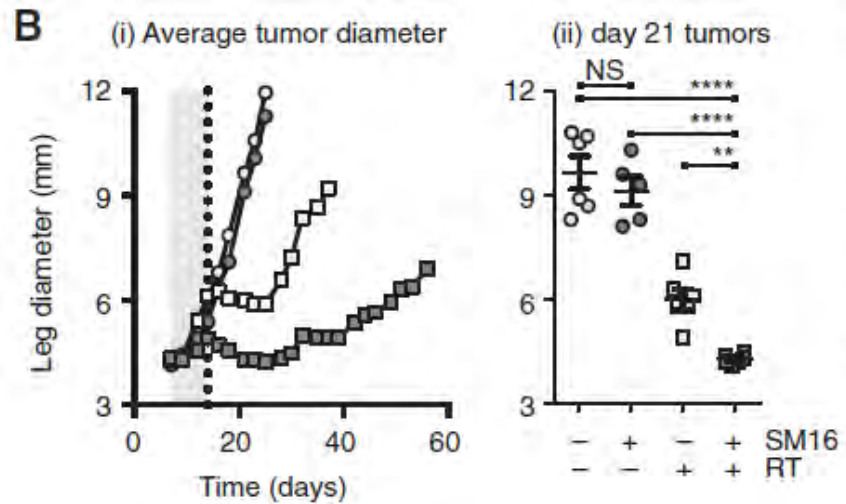
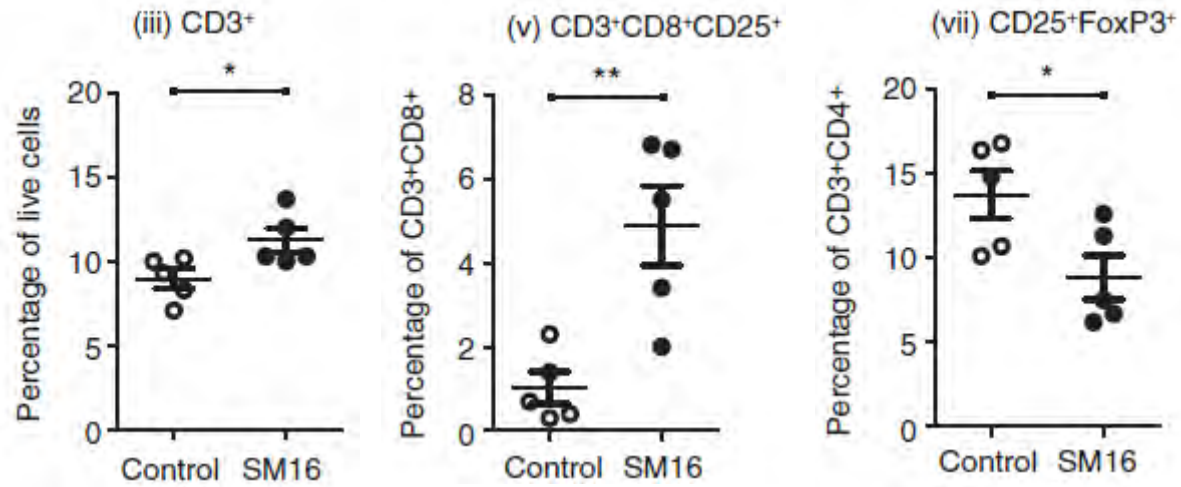




# TARGETED T CELL DEPLETION PARTIALLY RECAPITULATES CTLA4 PRETREATMENT PHENOTYPE

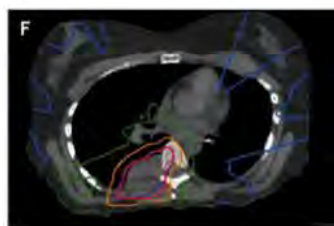
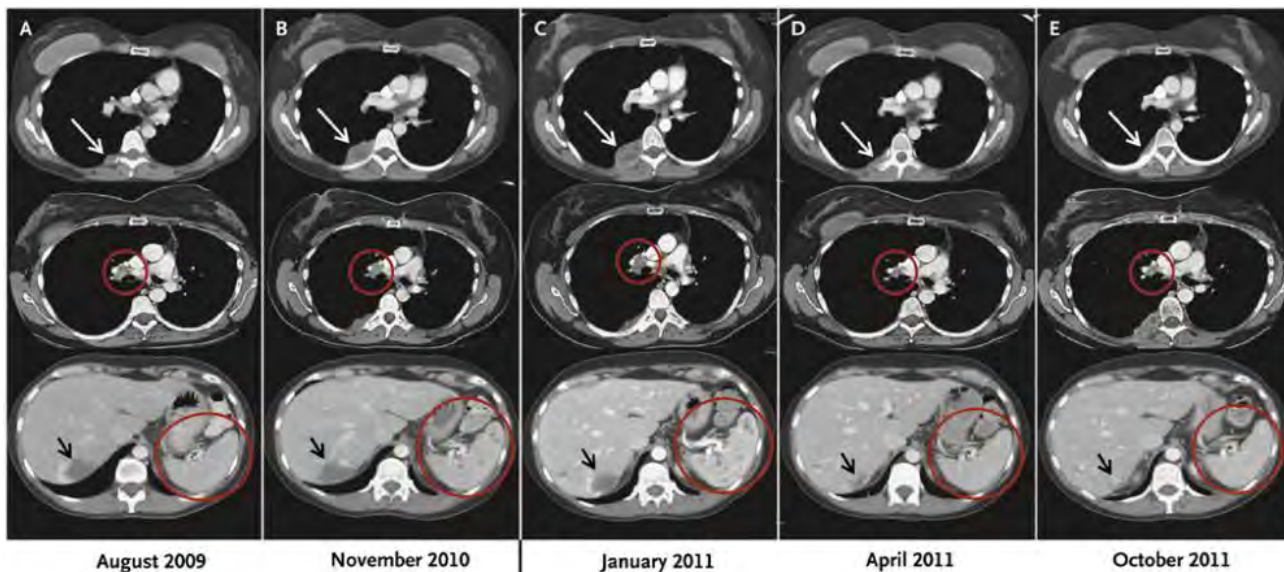


# PRETREATMENT WITH TGF $\beta$ RI INHIBITOR ALSO DEPLETES T<sub>REGS</sub> AND RESULTS IN TUMOR CLEARANCE

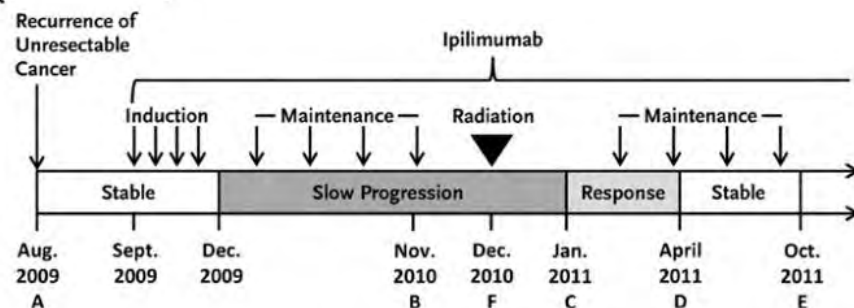




# ANECDOTAL EVIDENCE FOR PRETREATMENT IPIILUMIMAB



December 2010



The NEW ENGLAND JOURNAL of MEDICINE

## BRIEF REPORT


### Immunologic Correlates of the Abscopal Effect in a Patient with Melanoma

Michael A. Postow, M.D., Margaret K. Callahan, M.D., Ph.D., Christopher A. Barker, M.D., Yoshiya Yamada, M.D., Jianda Yuan, M.D., Ph.D., Shigehisa Kitano, M.D., Ph.D., Zhenyu Mu, M.D., Teresa Rasalan, B.S., Matthew Adamow, B.S., Erika Ritter, B.S., Christine Sedrak, B.S., Achim A. Jungbluth, M.D., Ramon Chua, B.S., Arvin S. Yang, M.D., Ph.D., Ruth-Ann Roman, R.N., Samuel Rosner, Brenna Benson, James P. Allison, Ph.D., Alexander M. Lesokhin, M.D., Sacha Gnjatic, Ph.D., and Jedd D. Wolchok, M.D., Ph.D.

## SUMMARY



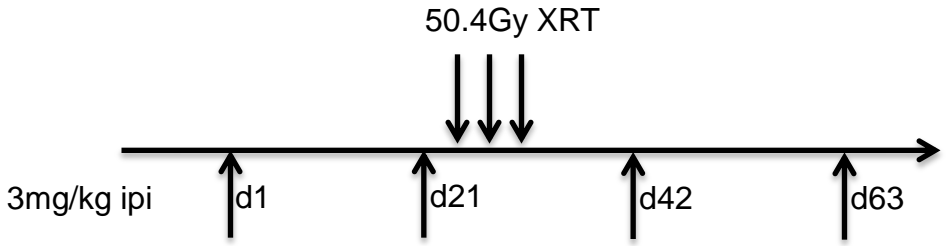
# ANECDOTAL EVIDENCE FOR PRETREATMENT IPIILUMIMAB

Translational Oncology  Volume 5 Number 6 December 2012 pp. 404-407 404  
www.transonc.com

**A Systemic Complete Response of Metastatic Melanoma to Local Radiation and Immunotherapy**

Susan M. Hiniker\*, Daniel S. Chen<sup>†</sup>, Sunil Reddy<sup>†</sup>, Daniel T. Chang\*, Jennifer C. Jones\*, Joseph A. Mollick<sup>†</sup>, Susan M. Swetter<sup>‡</sup> and Susan J. Knox\*

\*Department of Radiation Oncology, Stanford University School of Medicine, Stanford, CA; <sup>†</sup>Department of Medical Oncology, Stanford University School of Medicine, Stanford, CA; <sup>‡</sup>Department of Dermatology, Stanford University School of Medicine, Stanford, CA



3mg/kg ipi ↑ d1      50.4Gy XRT ↓ ↓ ↓ d21      ↑ d42      ↑ d63

International Journal of Radiation Oncology  
biology • physics  
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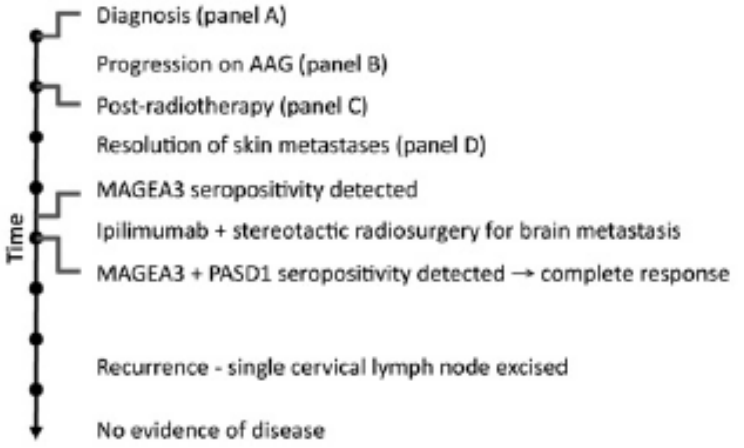
Brief Report

**The Abscopal Effect Associated With a Systemic Anti-melanoma Immune Response**

Emily F. Stamell, MD,\* Jedd D. Wolchok, MD, PhD,<sup>†,‡,§,||</sup> Sacha Gnjatic, PhD,<sup>‡,§</sup> Nancy Y. Lee, MD,<sup>¶</sup> and Isaac Brownell, MD, PhD<sup>\*\*,\*††</sup>

\*Division of Dermatology, Department of Medicine, Albert Einstein College of Medicine, Bronx, New York; <sup>†</sup>Melanoma and Sarcoma Service, Department of Medicine, <sup>‡</sup>Ludwig Institute for Cancer Research, and <sup>§</sup>Ludwig Center for Cancer Immunotherapy, Memorial Sloan-Kettering Cancer Center, New York, New York; <sup>||</sup>Weill-Cornell Medical College, New York, New York; <sup>¶</sup>Department of Radiation Oncology and <sup>\*\*</sup>Dermatology Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, New York; and the <sup>††</sup>Dermatology Branch, National Cancer Institute, Bethesda, Maryland

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Time ↓

- Diagnosis (panel A)
- Progression on AAG (panel B)
- Post-radiotherapy (panel C)
- Resolution of skin metastases (panel D)
- MAGEA3 seropositivity detected
- Ipilimumab + stereotactic radiosurgery for brain metastasis
- MAGEA3 + PASD1 seropositivity detected → complete response
- Recurrence - single cervical lymph node excised
- No evidence of disease



# ONGOING IPILUMIMAB + RT TRIALS

Clinical trial	Site	Start date	Pre-RT	Concurrent/ post-RT	Cancer	RT dosing	Additional therapy
NCT00861614	Bristol-Myers Squibb	May-09		x	Prostate	Not specified	
NCT01557114	Gustave Roussy, Paris	Mar-11		x	Melanoma	5Gyx3, 6Gyx3, 8Gyx3	
NCT01449279	Stanford University	Oct-11		x	Melanoma	Palliative	
NCT01565837	Comprehensive Cancer Centers of Nevada	Aug-12	x		Melanoma	SART	
NCT01711515	NCI	Oct-12		x	Cervical	Fractionated	Cisplatin
NCT01703507	Thomas Jefferson University	Nov-12		x	Melanoma	Whole brain/SRS	
NCT01689974	New York University	Jan-13		x	Melanoma	6Gyx5	
NCT01935921	NCI	Apr-13		x	H&N	Fractionated	Cetuximab
NCT01860430	University of Pittsburgh	Apr-13		x	H&N	Fractionated	Cetuximab
NCT01996202	Duke University	Nov-13			Melanoma	Not specified	
NCT01970527	University of Washington	Mar-14		x	Melanoma	SBRTx3	
NCT02115139	Grupo Español Multidisciplinar de Melanoma	Apr-14	x		Melanoma	Whole brain 3Gyx10	
NCT02107755	Ohio State University	Apr-14	x		Melanoma	SABR	
NCT02097732	University of Michigan	Apr-14	x		Melanoma	SRS	



# CONCLUSIONS

- $\alpha$ OX40
  - Ideal timing shortly after RT
  - Proposed mechanism
    - Increases activated CD8 T cells
    - Provides co-stimulatory agonist in window of radiation-induced increased antigen presentation
- $\alpha$ CTLA4
  - Pre-treatment provides the best environment for enhanced radiation efficacy
    - Still some enhanced efficacy following RT
  - Decreased Tregs may be responsible
- Together, indicates ideal timing may differ by immunotherapy and mechanism of action



# ACKNOWLEDGEMENTS

- Earle A. Chiles Research Institute at Providence Portland Medical Center
  - Gough/Crittenden Lab
    - Marka Crittenden, MD, PhD
    - Michael Gough, PhD
    - Jay Baird, PhD
    - Ben Cottam
    - David Friedman
    - Talicia Savage
  - Akporiaye Lab
  - Redmond Lab
  - Bahjat Lab
  - Dan Haley
- OHSU Radiation Medicine
- ABR: B. Leonard Holman Research Pathway
- RSNA R&E Foundation Research Resident Award

