



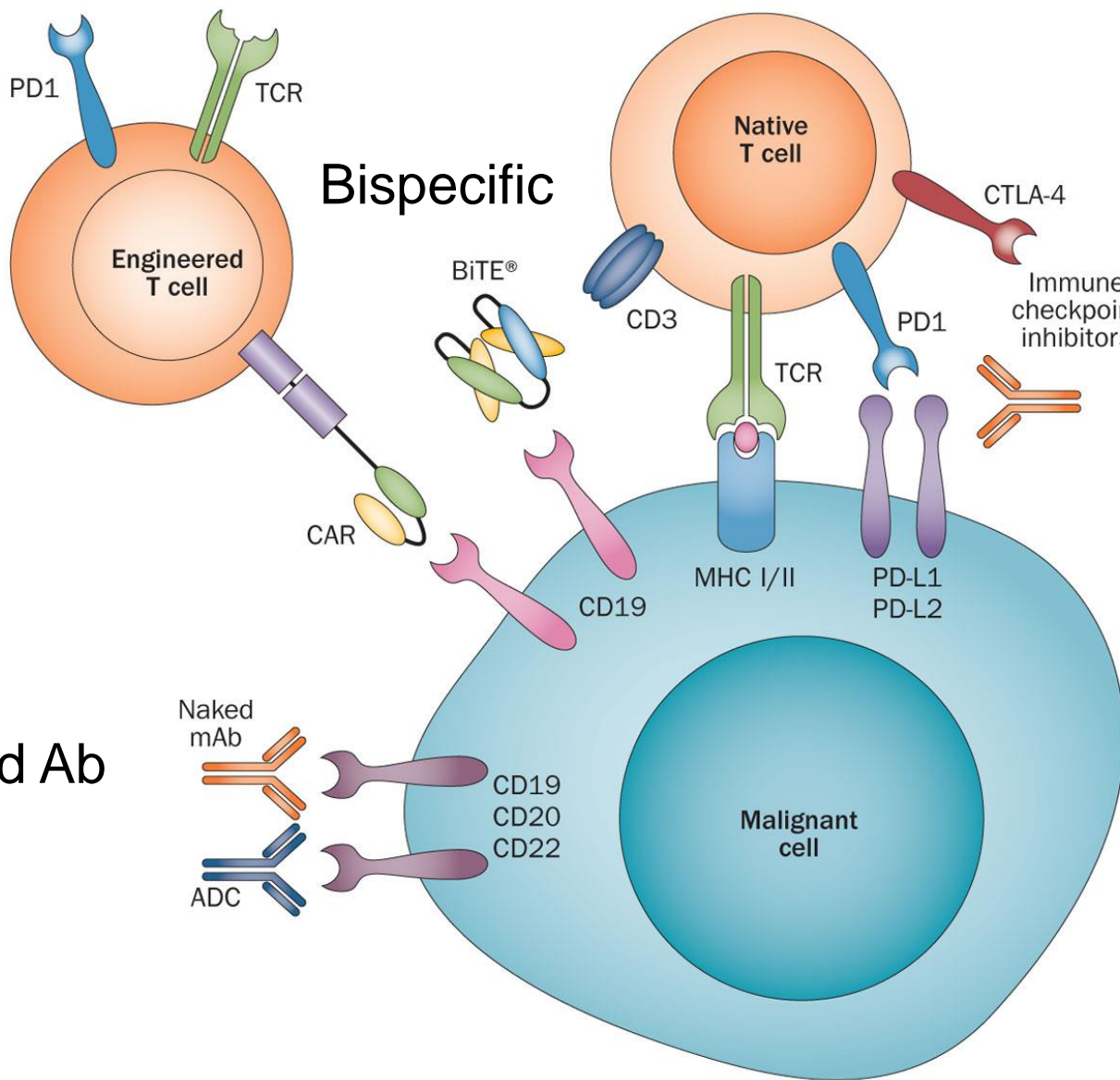
Charles University
1st Faculty of Medicine
General Hospital

Imunoterapie v léčbě lymfomů

Marek Trněný

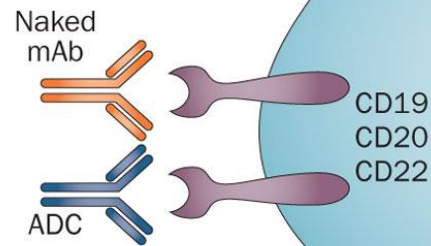
Charles University, General Hospital

CAR T Cells

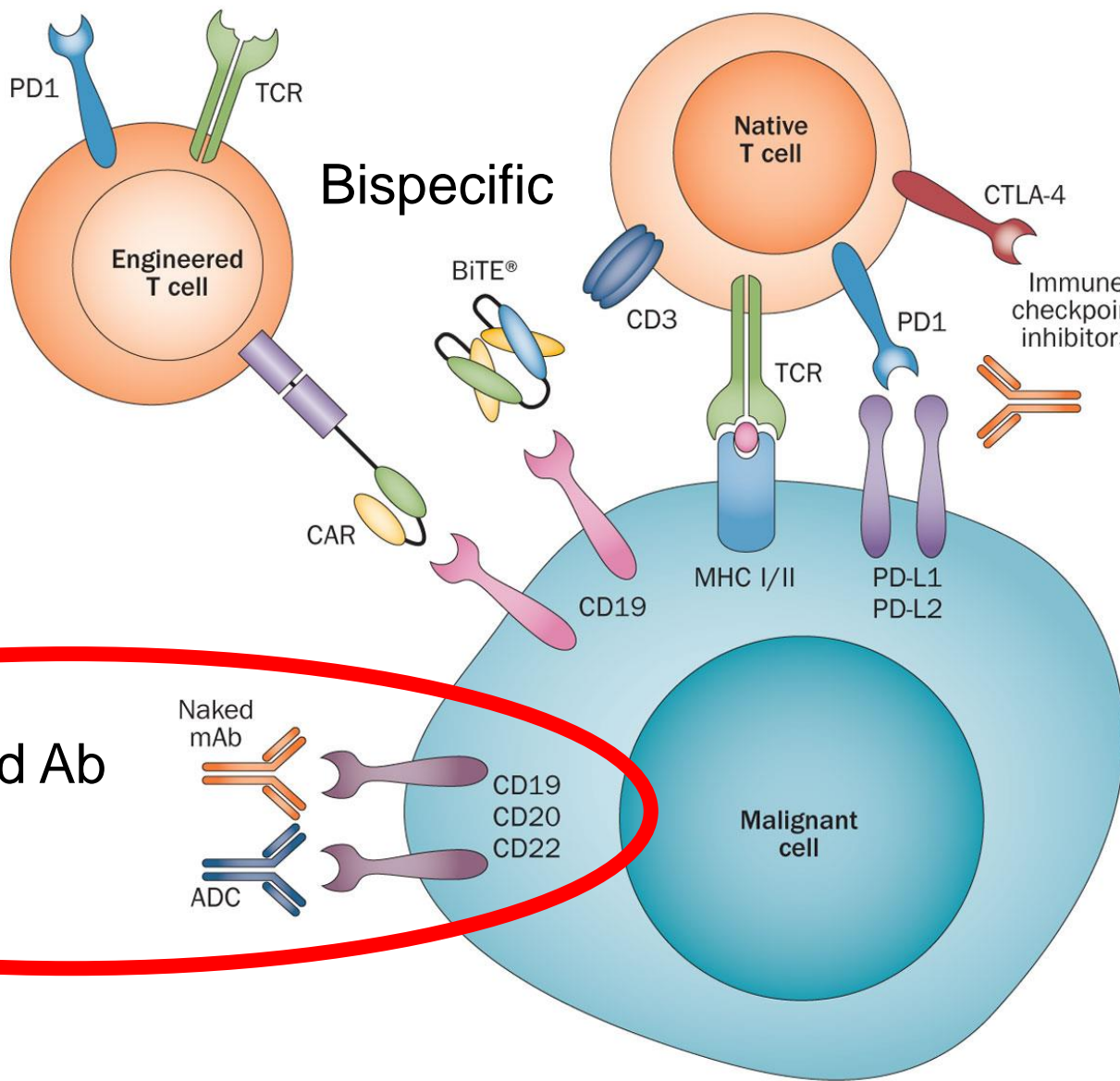


Immune Checkpoint

Ingeneered naked Ab



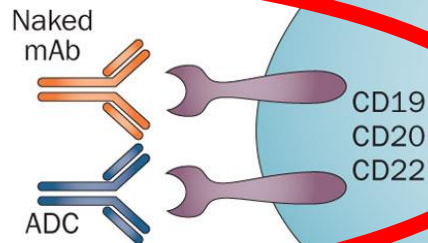
CAR T Cells



Bispecific

Immune Checkpoint

Ingeneered naked Ab





Antibodies +/- combination with other - lenalidomide

	Type	Glycoengineered
antiCD20		
• rituximab	I	NO
• rituximab s.c.		
• rituximab biosimilars		
• ofatumumab	I	NO
• obinutuzmab	II	YES
• ublituximab	I	YES
antiCD19		
• MOR208		YES



Antibodies +/- combination with other - lenalidomide

antiCD20

- rituximab
 - rituximab s.c.
 - rituximab biosimilars

- ofatumumab
- obinutuzmab
- ublituximab

antiCD19

- MOR208

Type

Glycoengineered

I

NO

I

NO

II

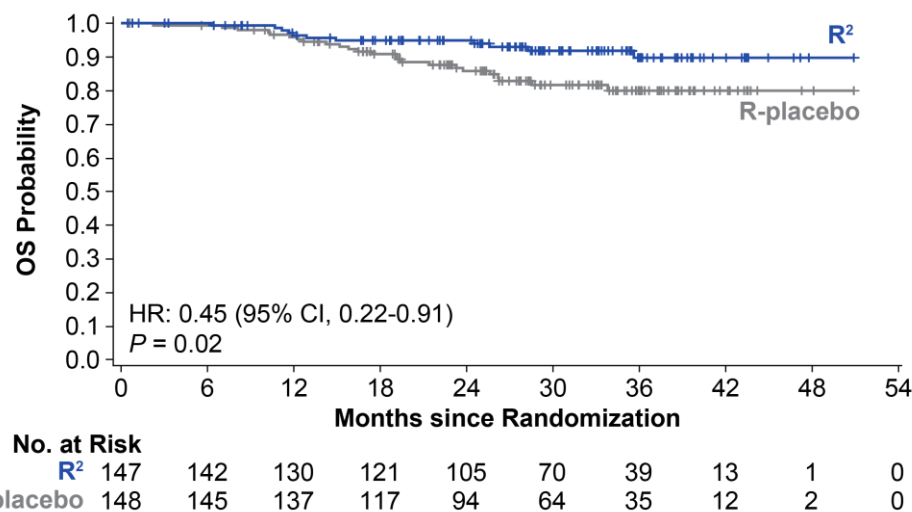
YES

I

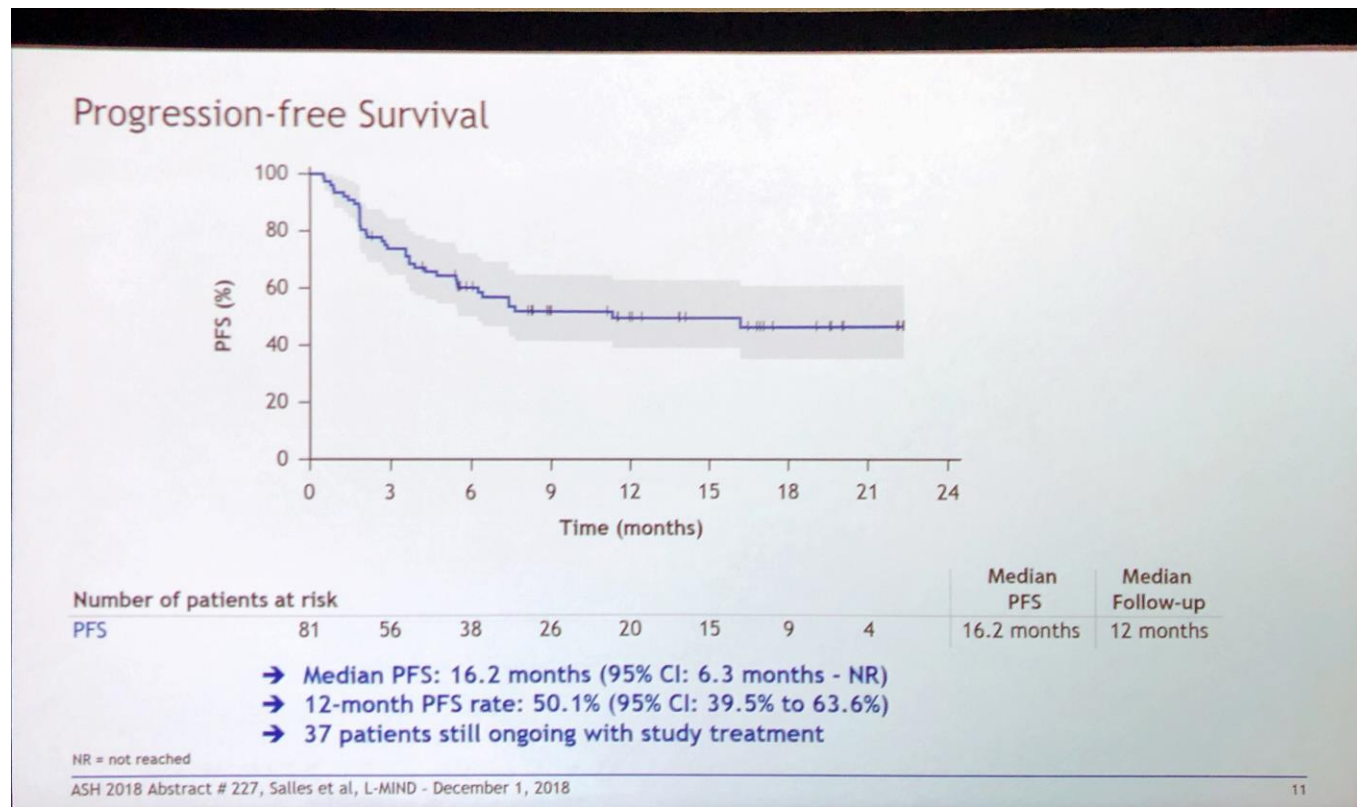
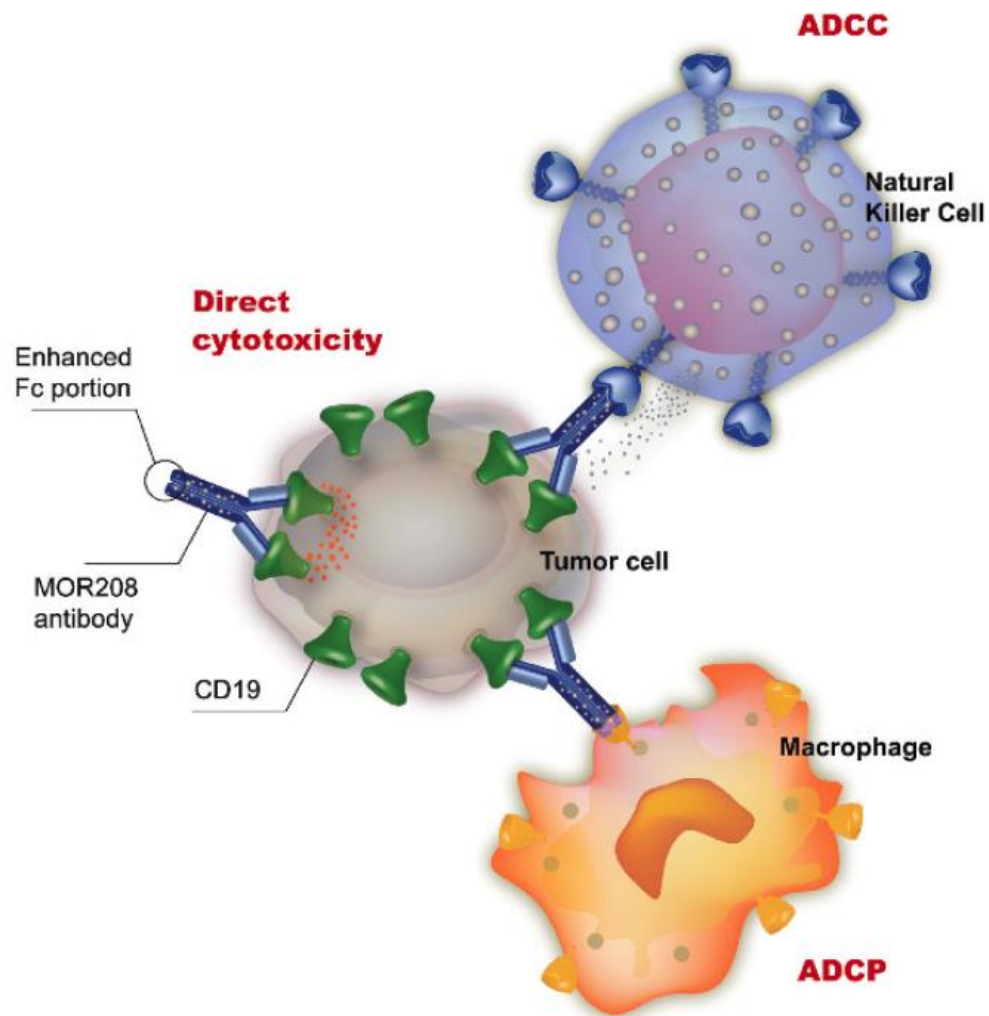
YES

YES

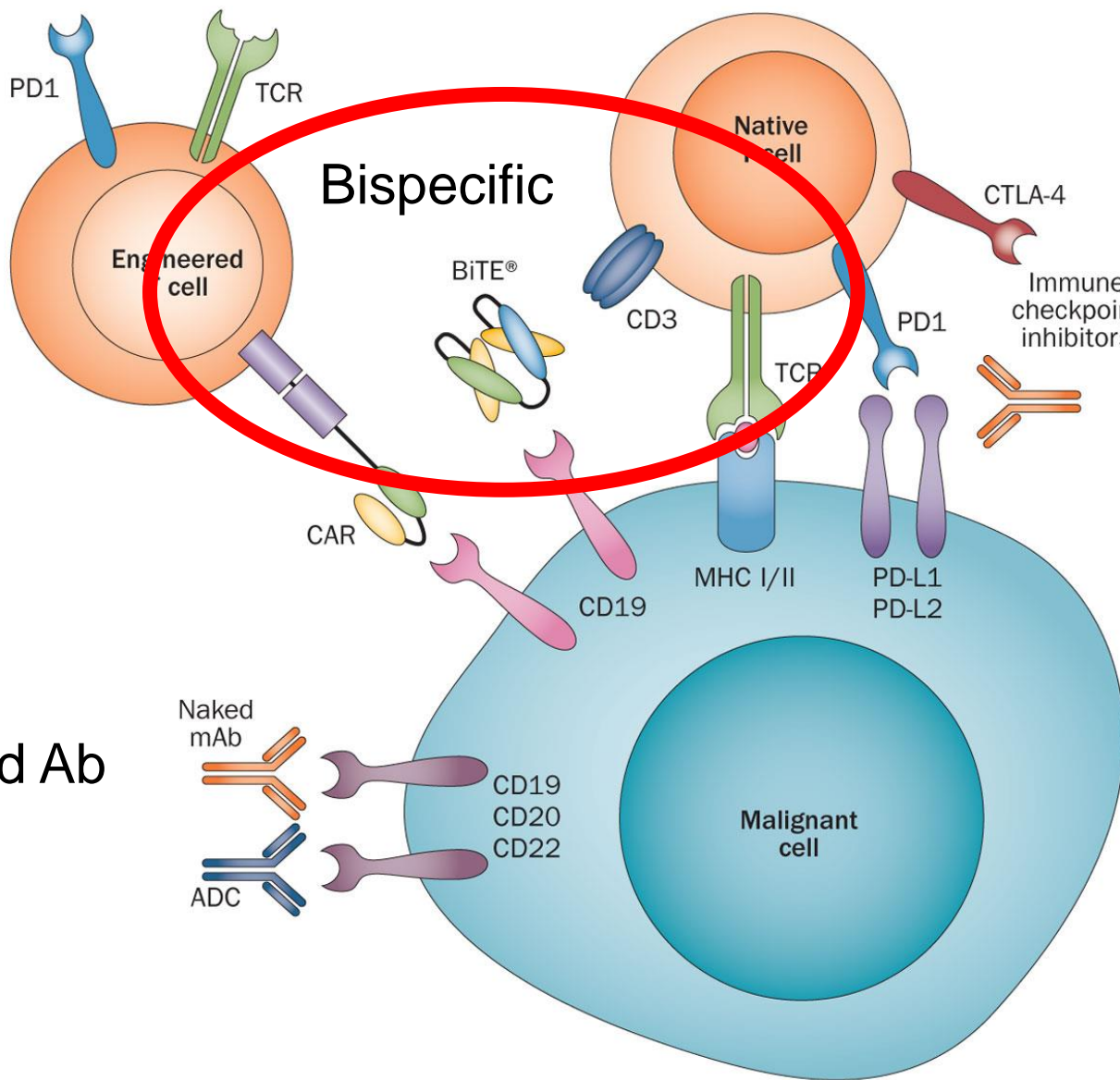
R² – lenalidomide (Revlimid) + Rituximab



L-MIND study combination: lenalidomide + MOR208



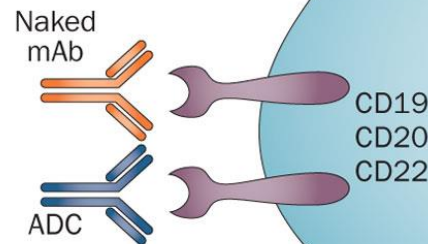
CAR T Cells



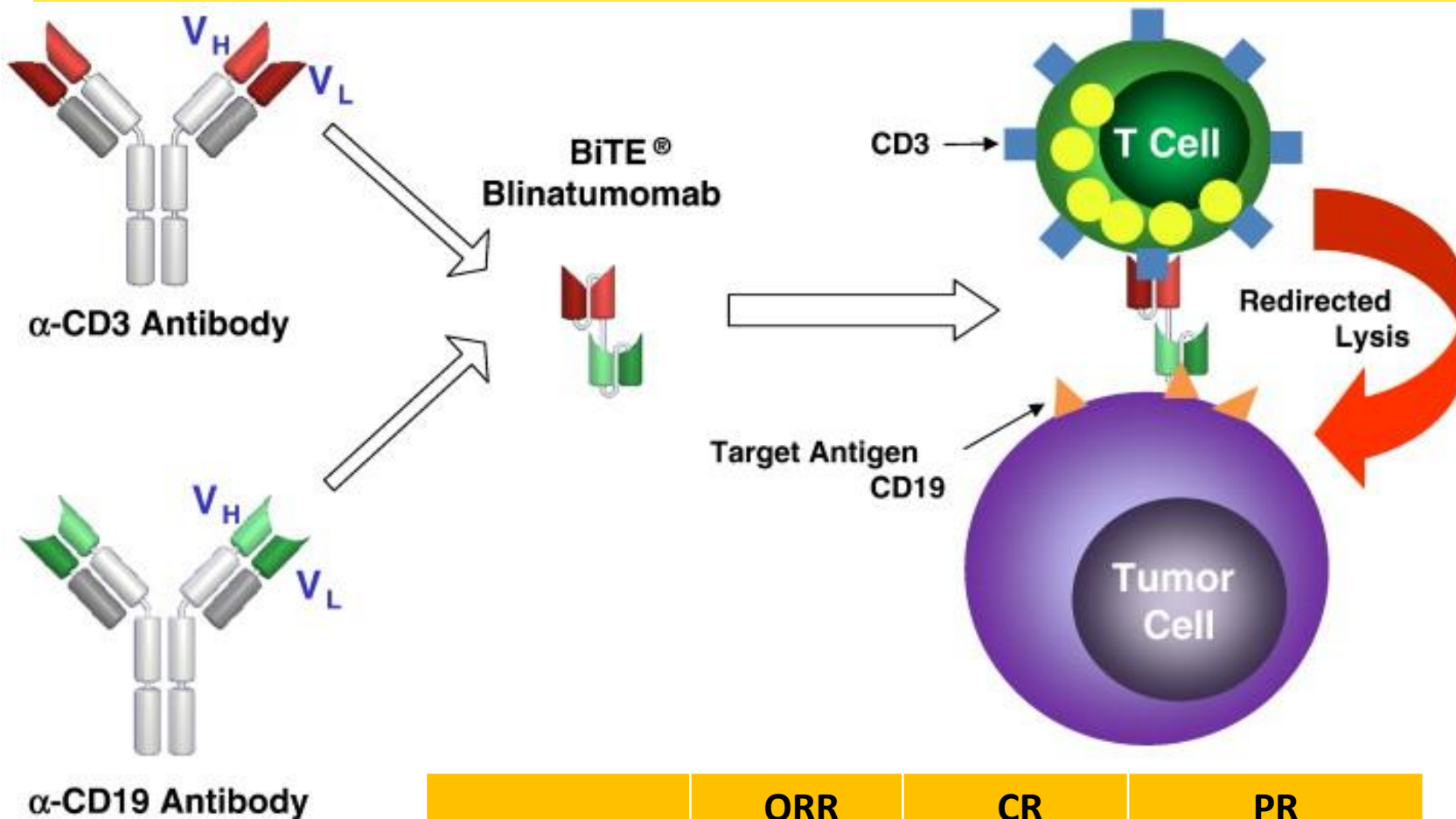
Bispecific

Immune Checkpoint

Engineered naked Ab



Bispecific antibodies BiTe - blinatumomab



- Problems:**
- mode of administration
 - toxicity
 - response durability

	ORR	CR	PR
DLBCL (n 11)	6 (55%)	4 (18%)	2 (18%)
FL (n 15)	12 (80%)	6 (40%)	6 (40%)
MCL (n 7)	5 (71%)	3 (43%)	2 (28%)
DLBCL (21)	9 (43%)	4 (19%)	5 (24%)

CD19 \times CD3

Blinatumomab

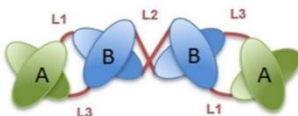


Bispecific
Bivalent

Size 54 kDA
Half-life 2 h

Amgen

AFM11

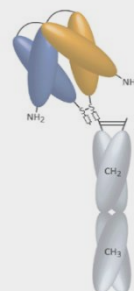


Bispecific
Tetravalent

Size 105 kDA
Half-life 20 h
CD3 affinity \uparrow

Affimed

MGD011



Bispecific
Bivalent *

Size 110 kDA
Half-life
340-460h

Macrogenics

AMG562

bispecific
Bivalent

Half-life
extended

Amgen

CD20 \times CD3

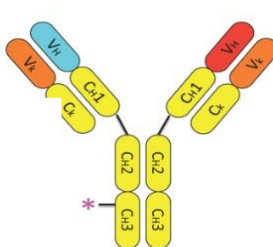
FBTA05 β
(Lymphomun)



ended IgG >150 k
DVD-IgG*
200 kDa

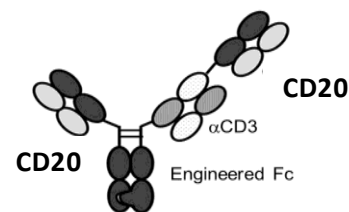
Trion/Fresenius

RGN1979



Regeneron

RG6026 β , TCB"



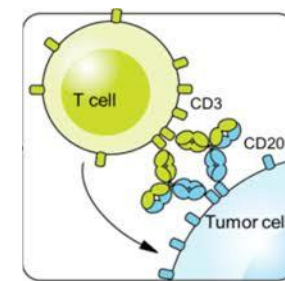
Roche/Genentech

RG7828 β , TDB" Mosunetuzumab

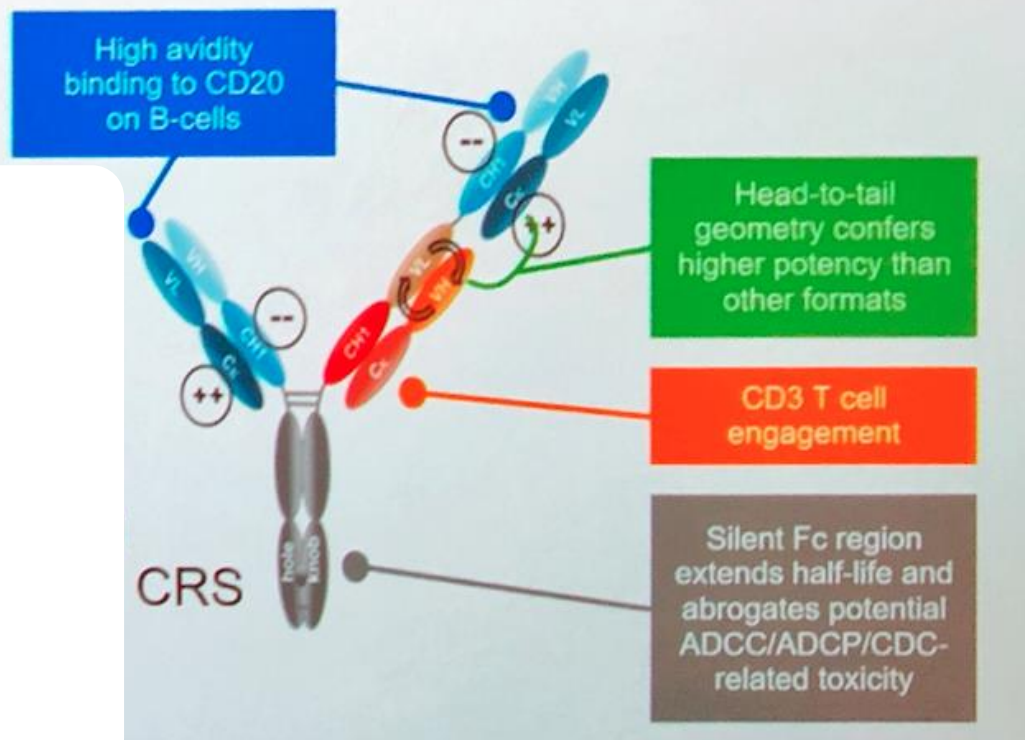


Genentech/Roche

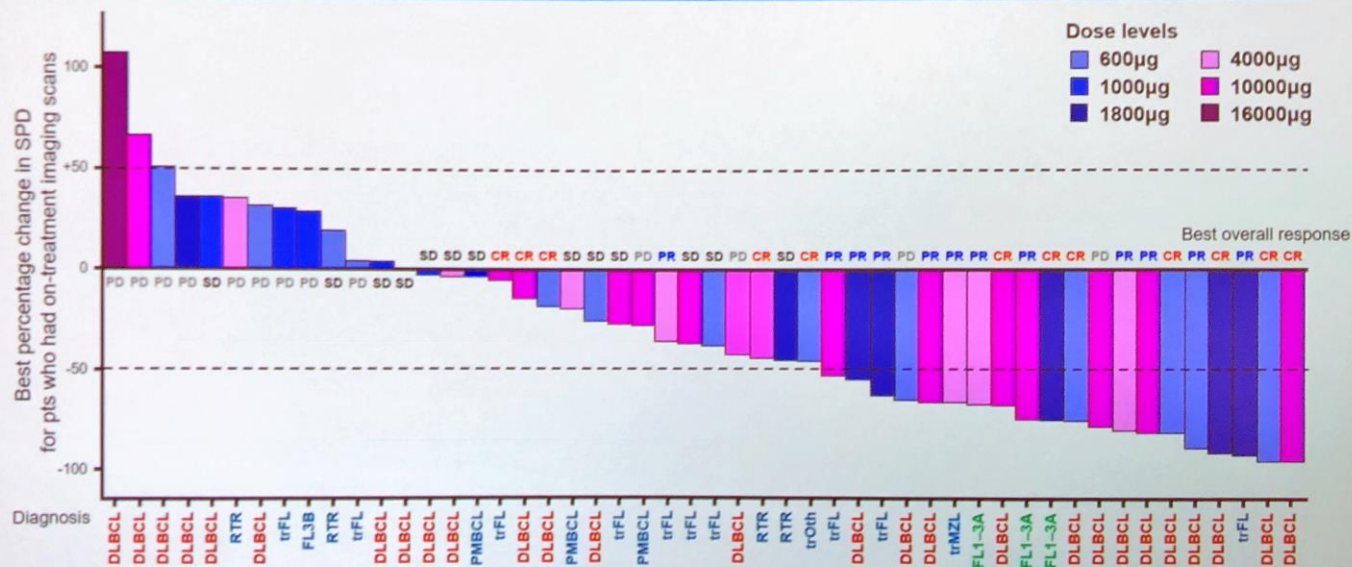
GEN3013



Genmab

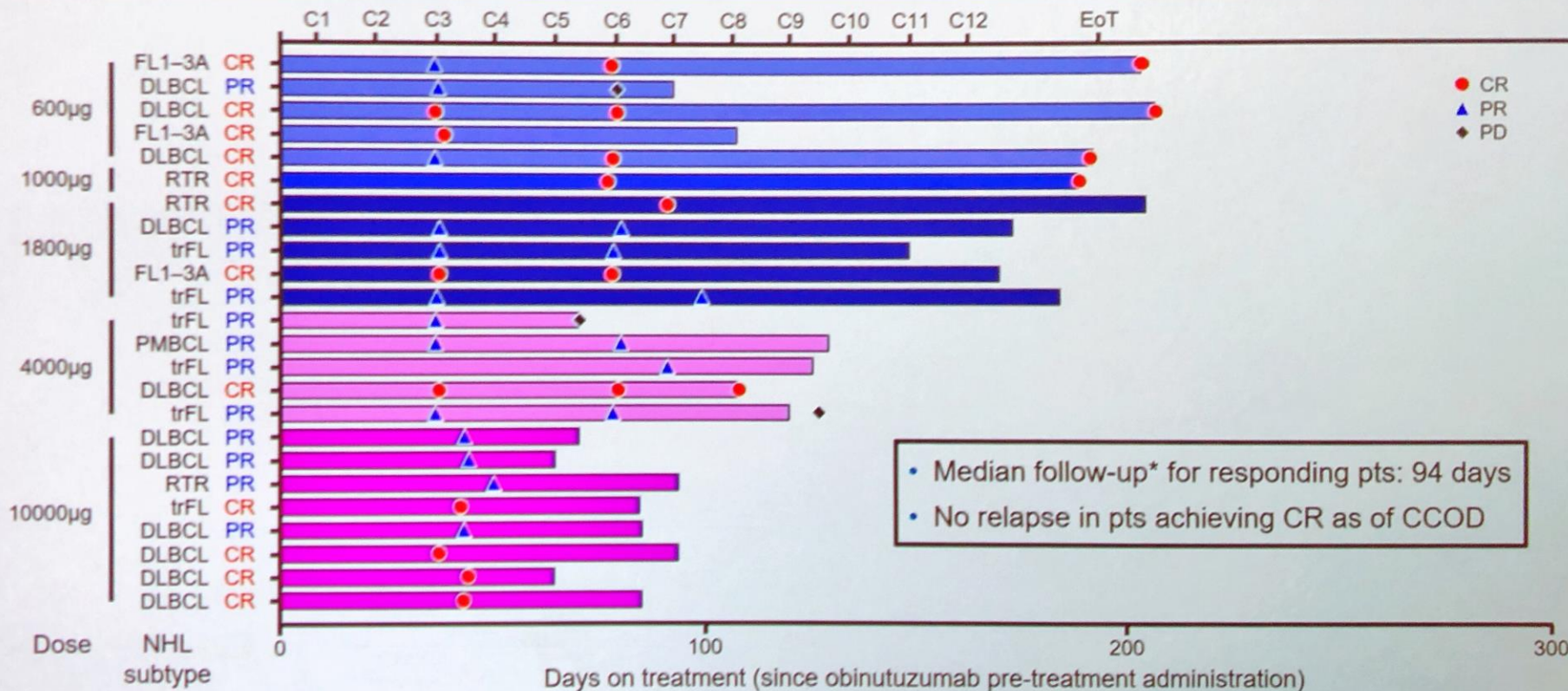


Anti-tumor activity (600µg–16000µg) (N=50)*



*Population: pts with available tumor measurements; CCOD: 26 October 2018

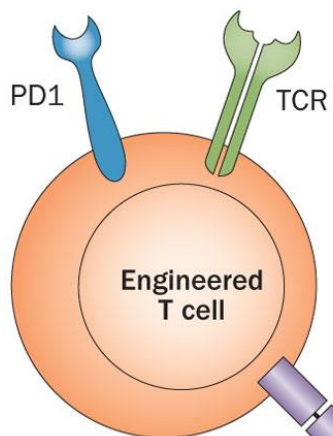
Duration of response (N=24)



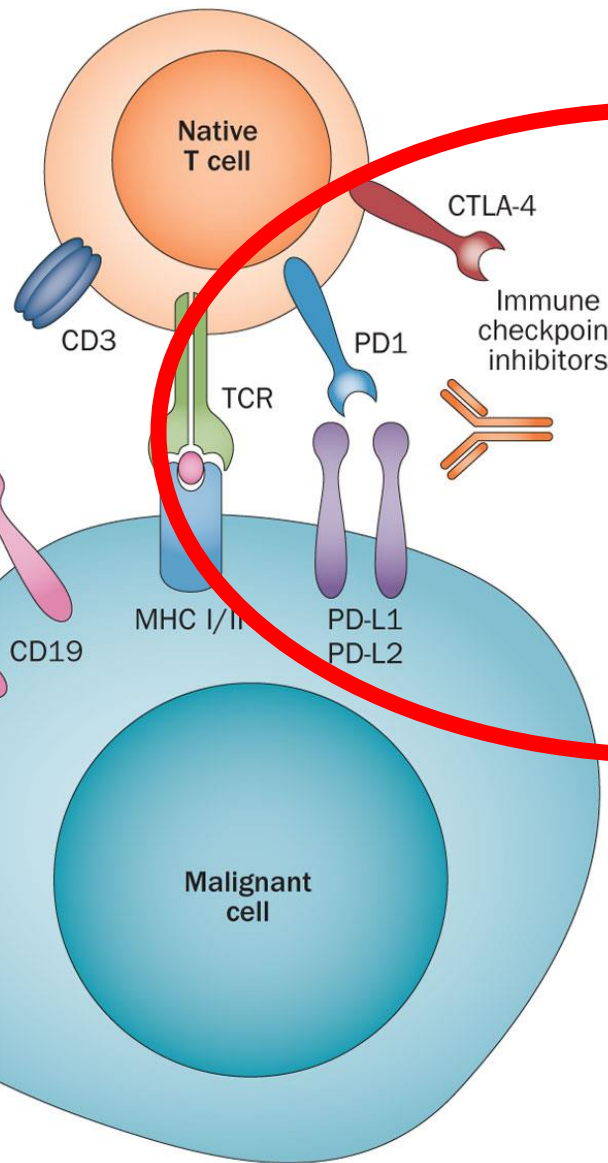
*Time from first response to the last contact with the pt; CCOD: 26 October 2018

Immune Checkpoint Inhibition

CAR T Cells



Bispecific

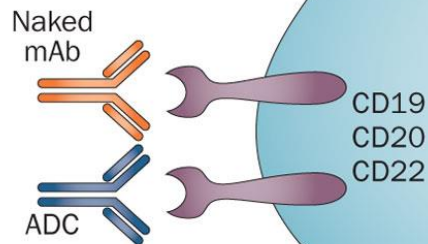


CTLA-4

Immune checkpoint inhibitors

Immune Checkpoint

Engineered naked Ab



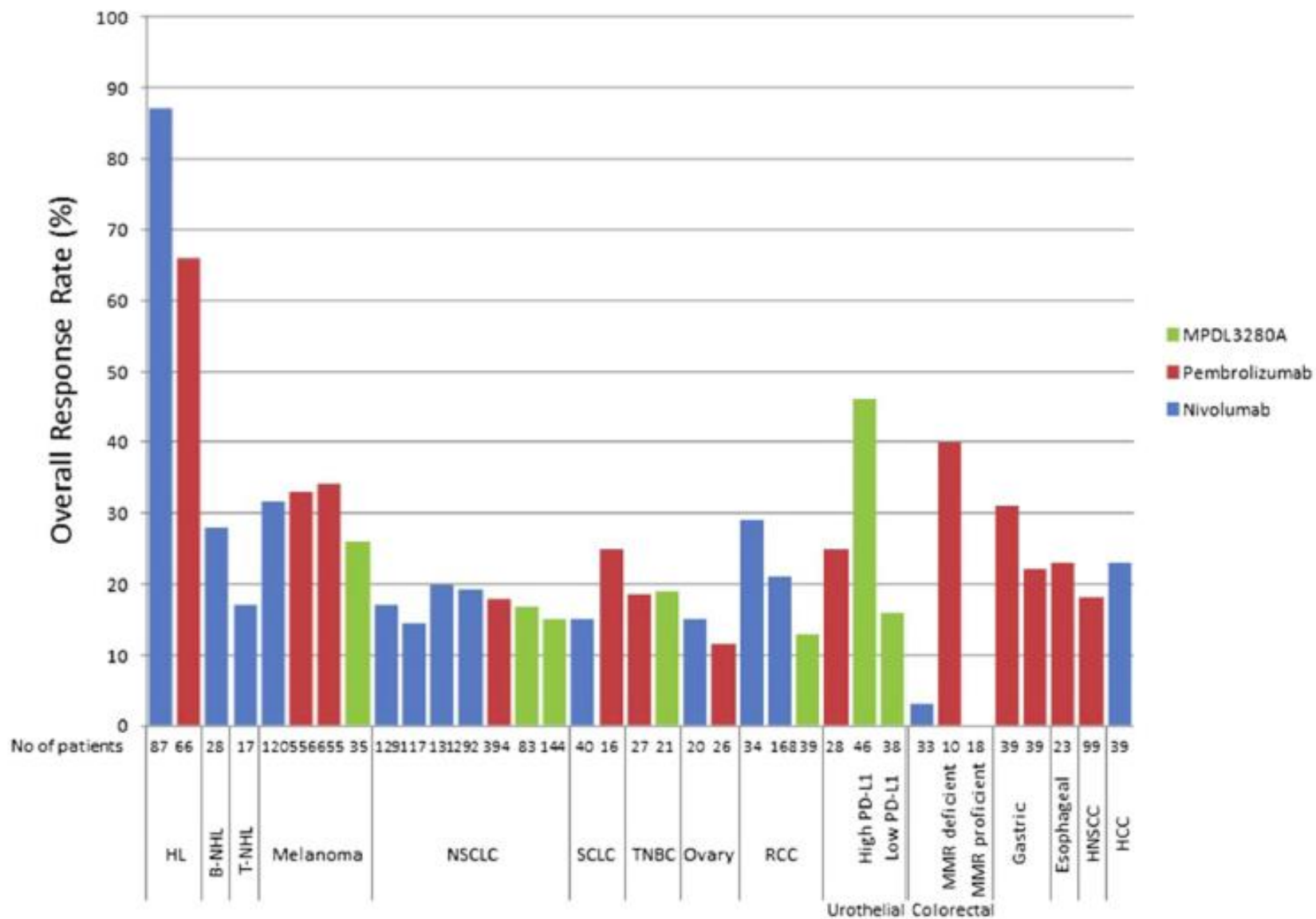
Naked mAb

ADC

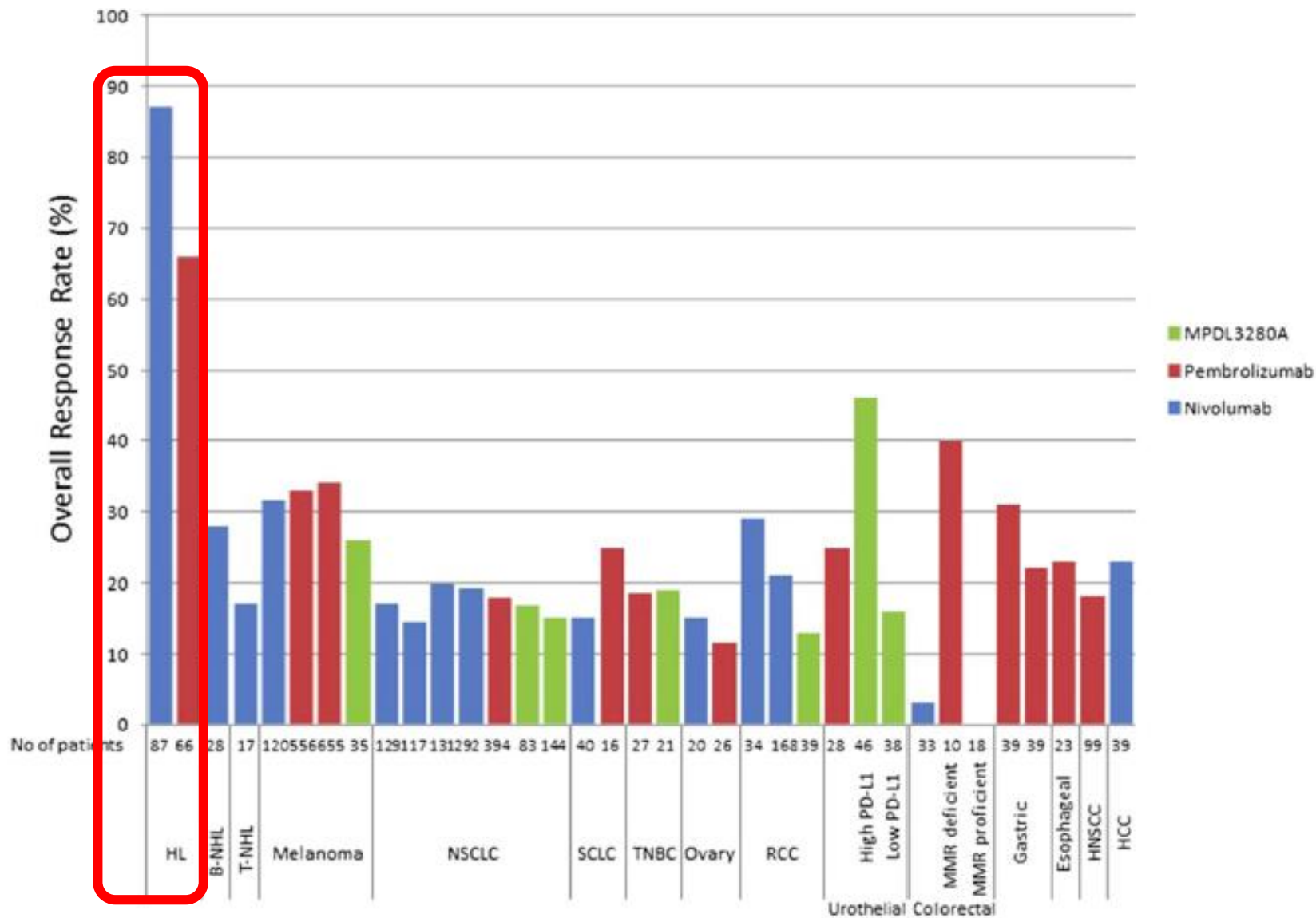
CD19
CD20
CD22

Malignant cell

Odpověď nádorů na “immune checkpoint” inhibici



Odpověď nádorů na “immune checkpoint” inhibici



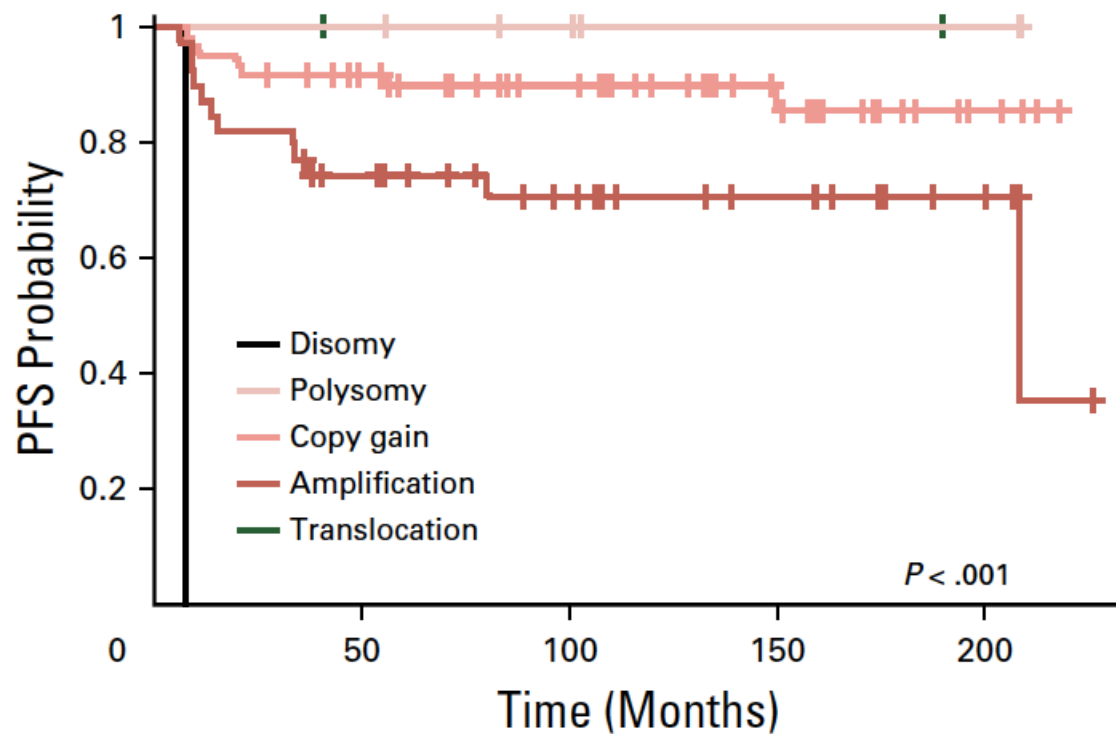
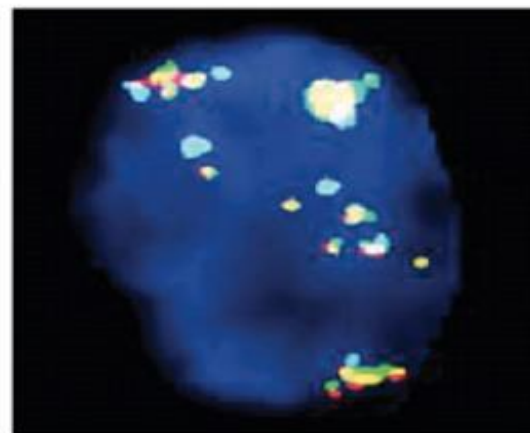
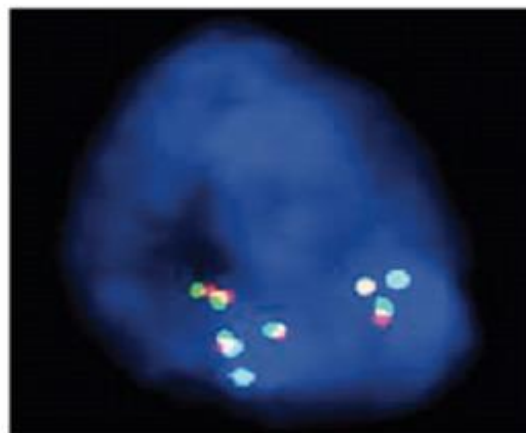
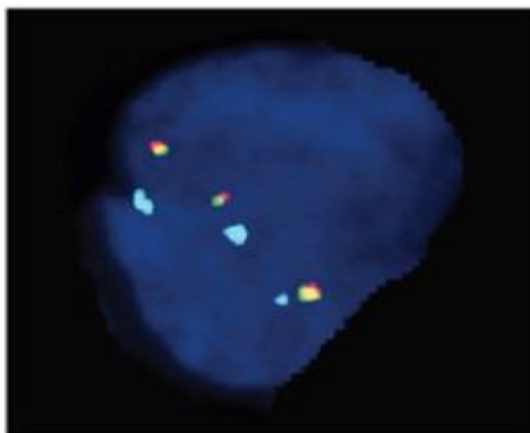
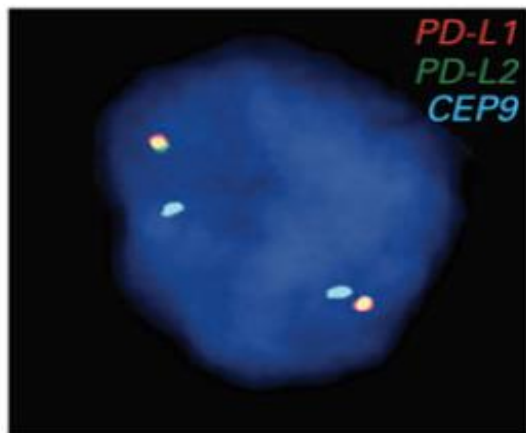
9p24.1 Alterations and PD-1 Ligand Expression

Disomy 1%

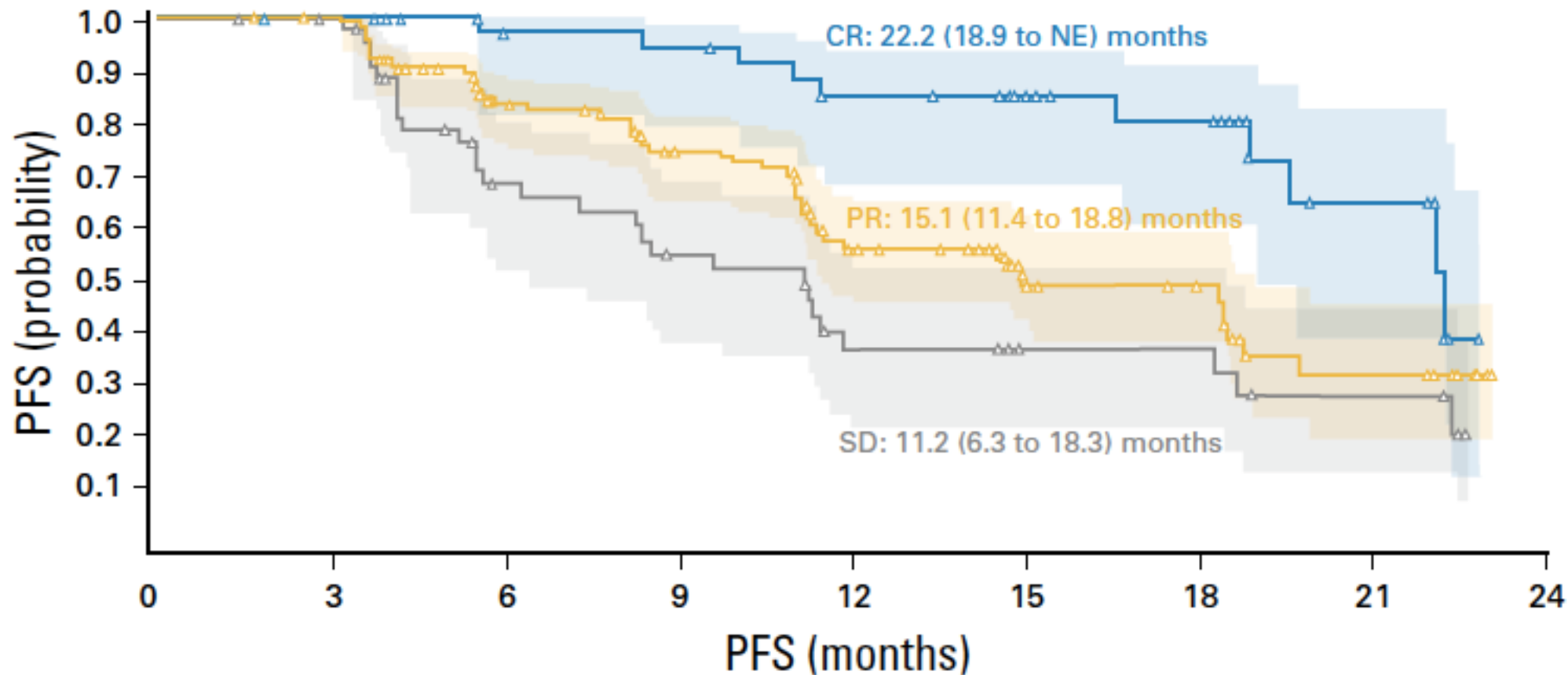
Polysomy 5%

Copy Gain 56%

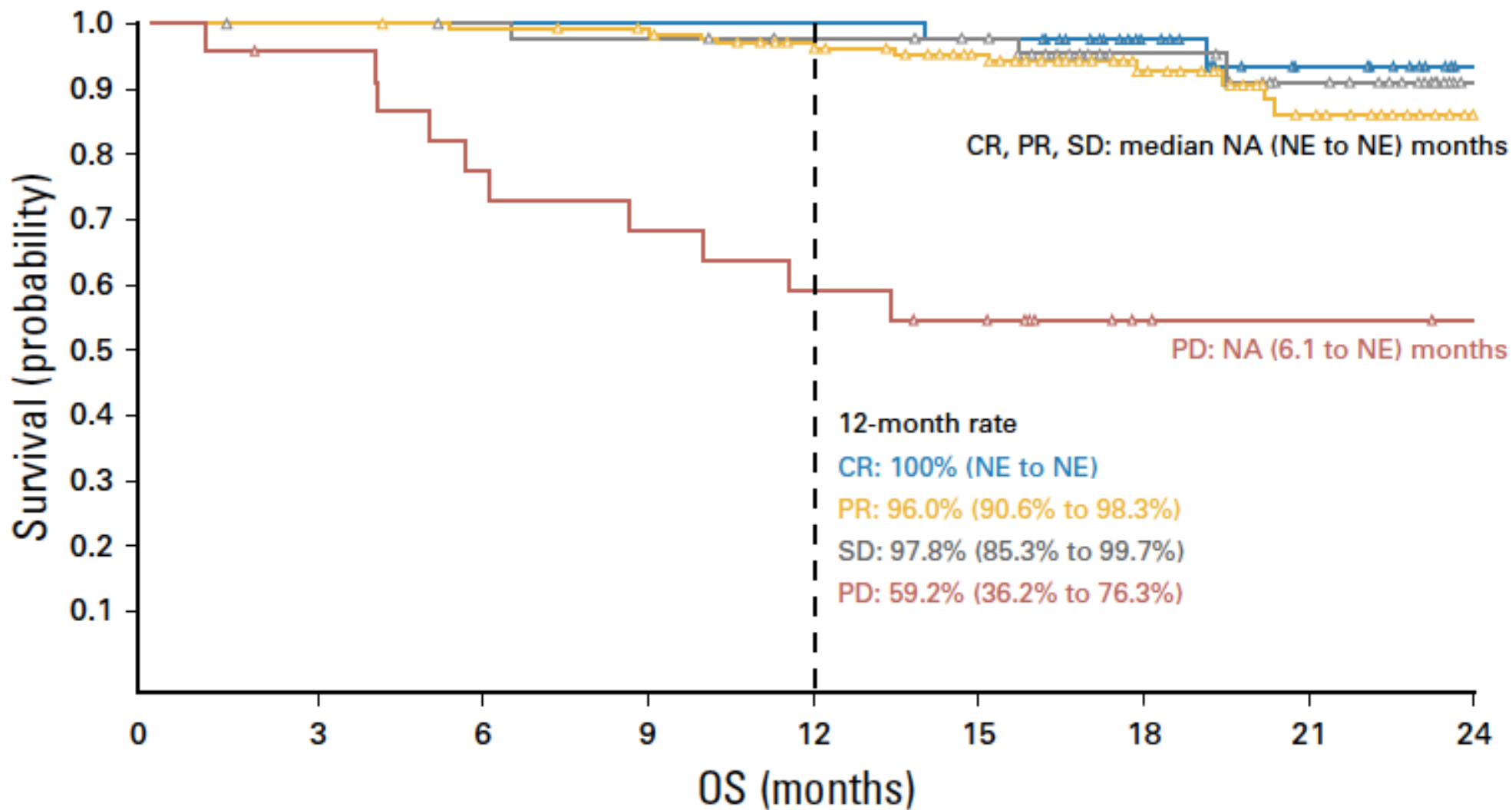
Amplification 36%



Checkmate 205: PFS according to response

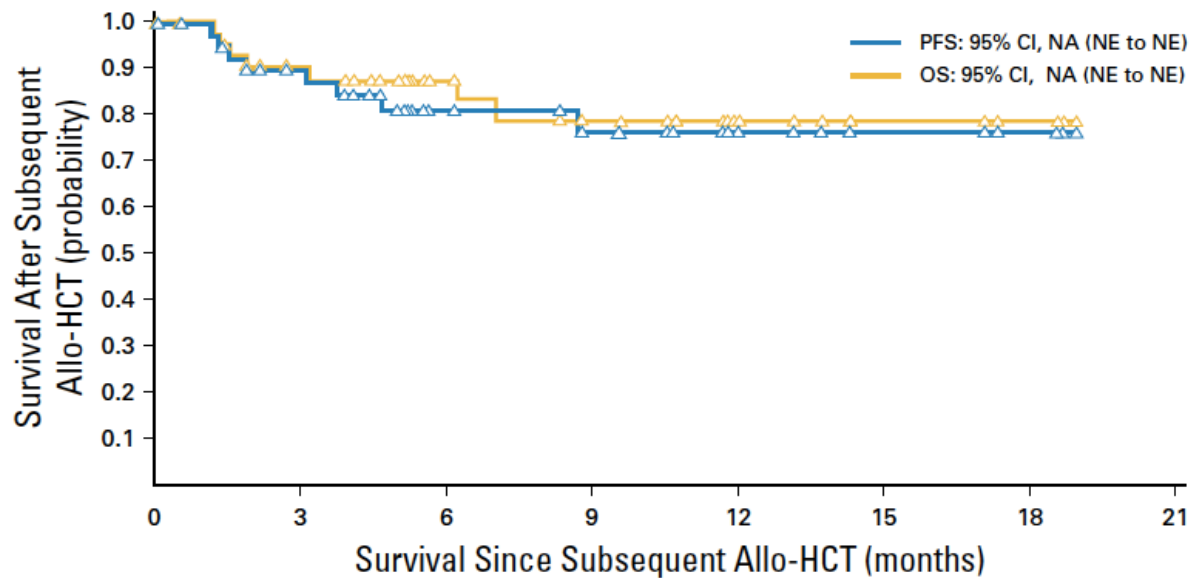
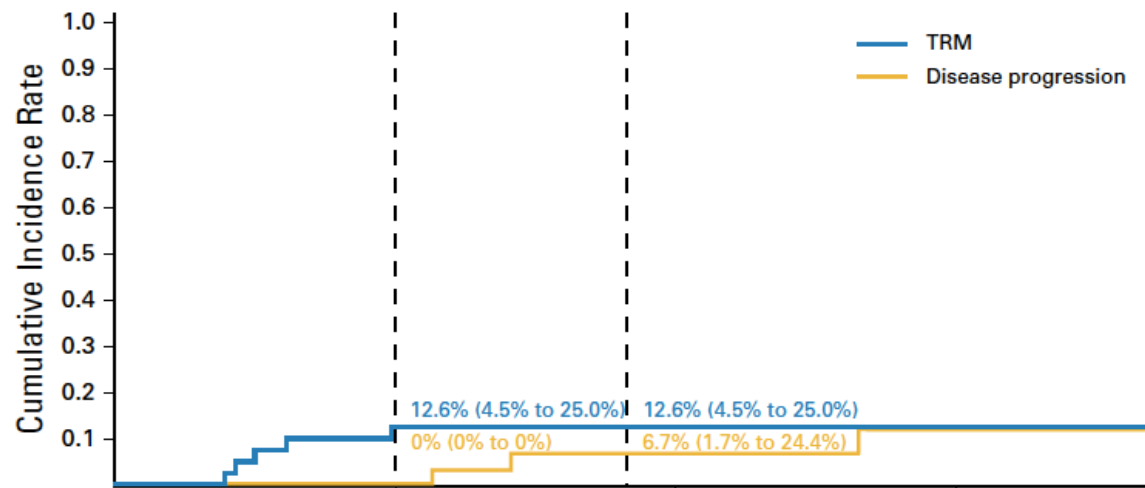


Checkmate 205: OS according to response





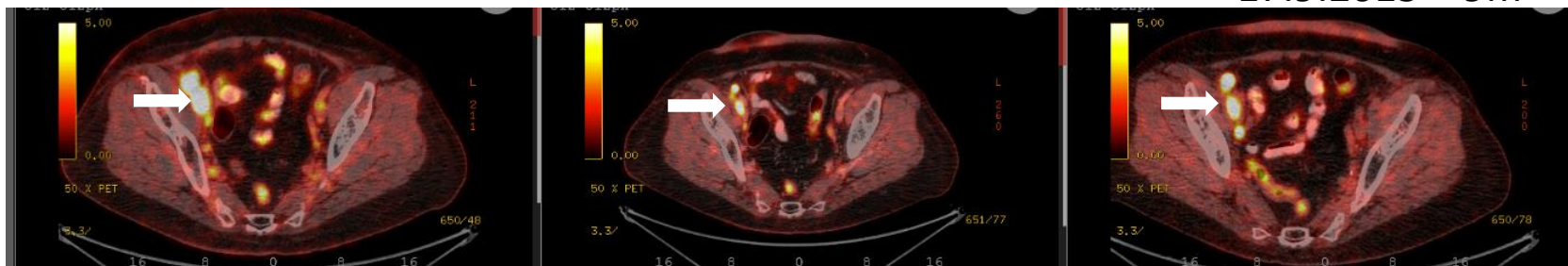
Allogeneic Stem Cell Transplantation



17.12.2014

27.4.2015 – 3m

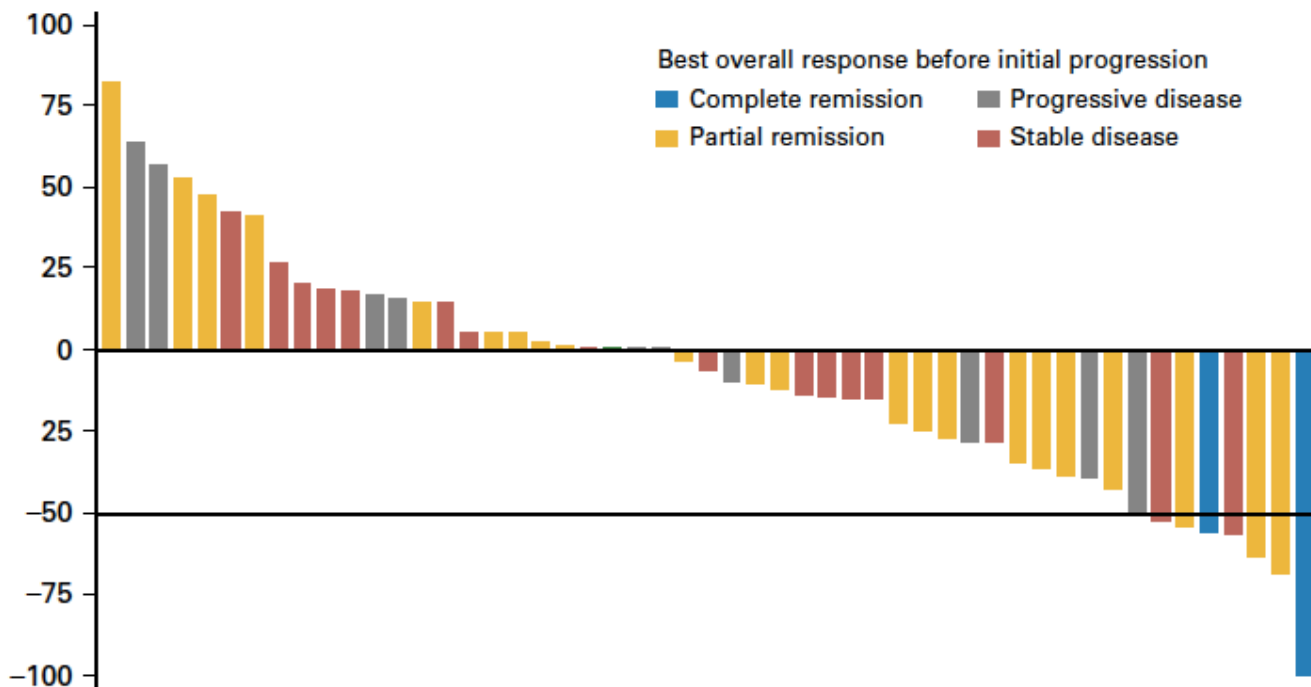
17.9.2015 – 9m



????

A

Best Reduction From First Progression in Target Lesion Tumor Burden (%)



Patients (n = 51)

LYRIC kritéria



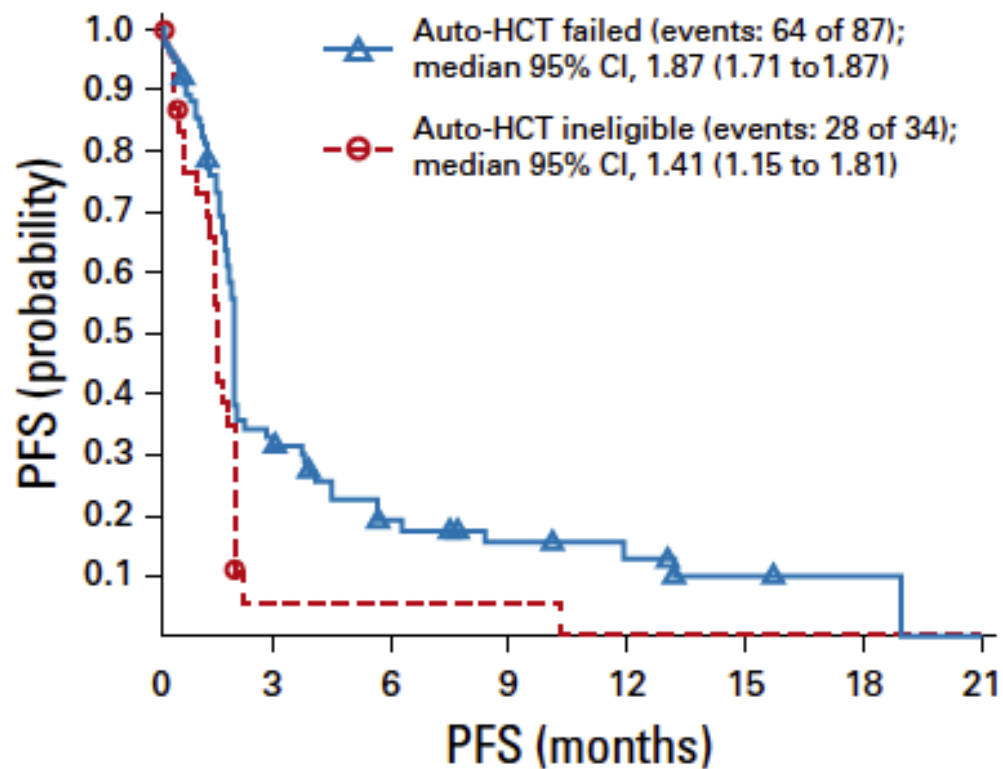
Immune check-point inhibitors in othe B-cell lymphomas

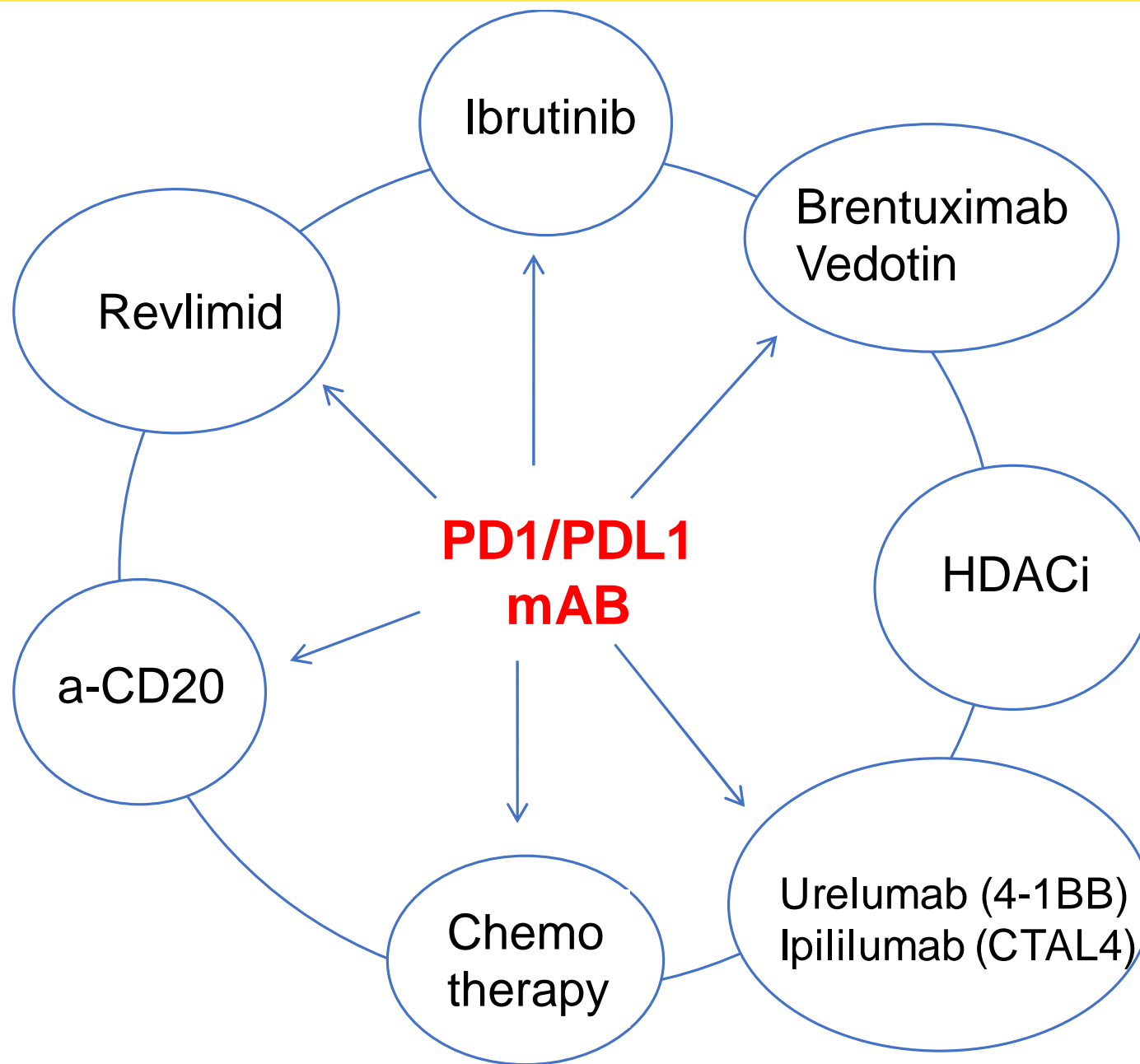
	DLBCL	PTL	EBV ⁻ PCNSL	PMBL	
PD-1 Ligand Deregulation					
9p24.1/ <i>PD-L1</i> ^{gain} and/or <i>PD-L2</i> ^{gain}	6% (11/180) ^a	7% (4/55) ^a	54% (26/50) ^h	52% (33/63) ^p	55% (6/11)
<i>PD-L1</i> or <i>PDL-2</i> translocation	NA	NA	4% (2/50) ^j	6% (4/66) ^q	20% (25/125) ^f

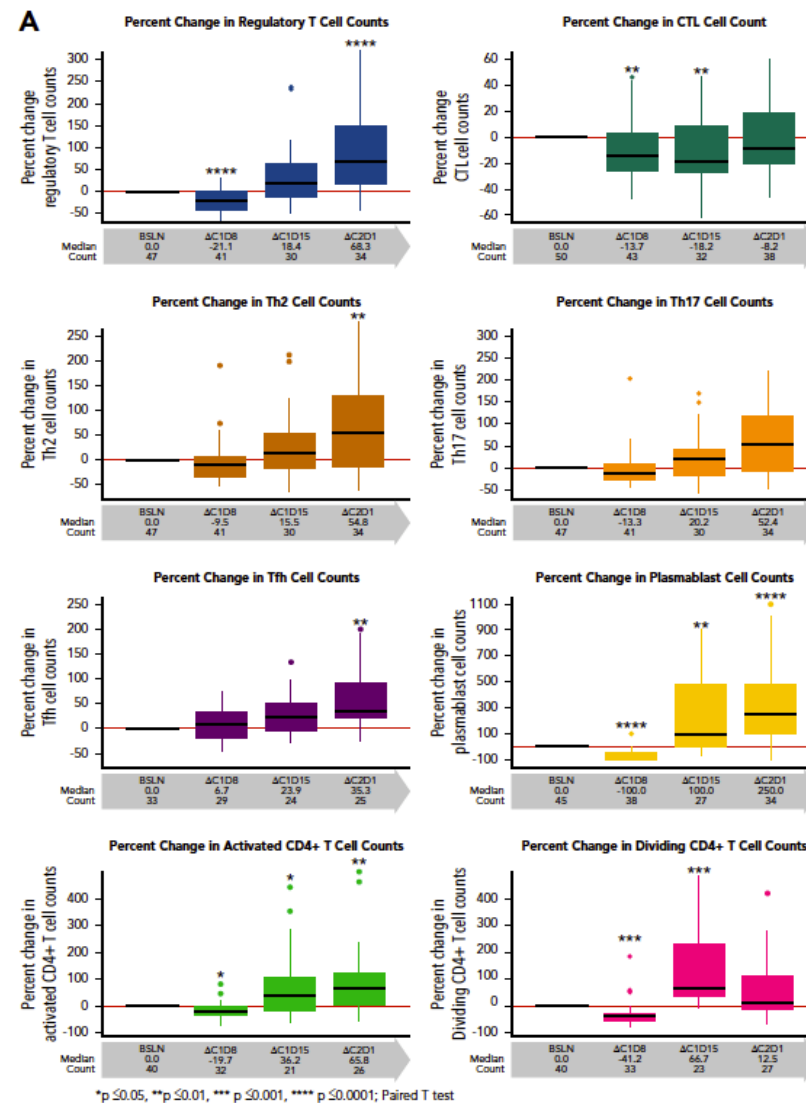
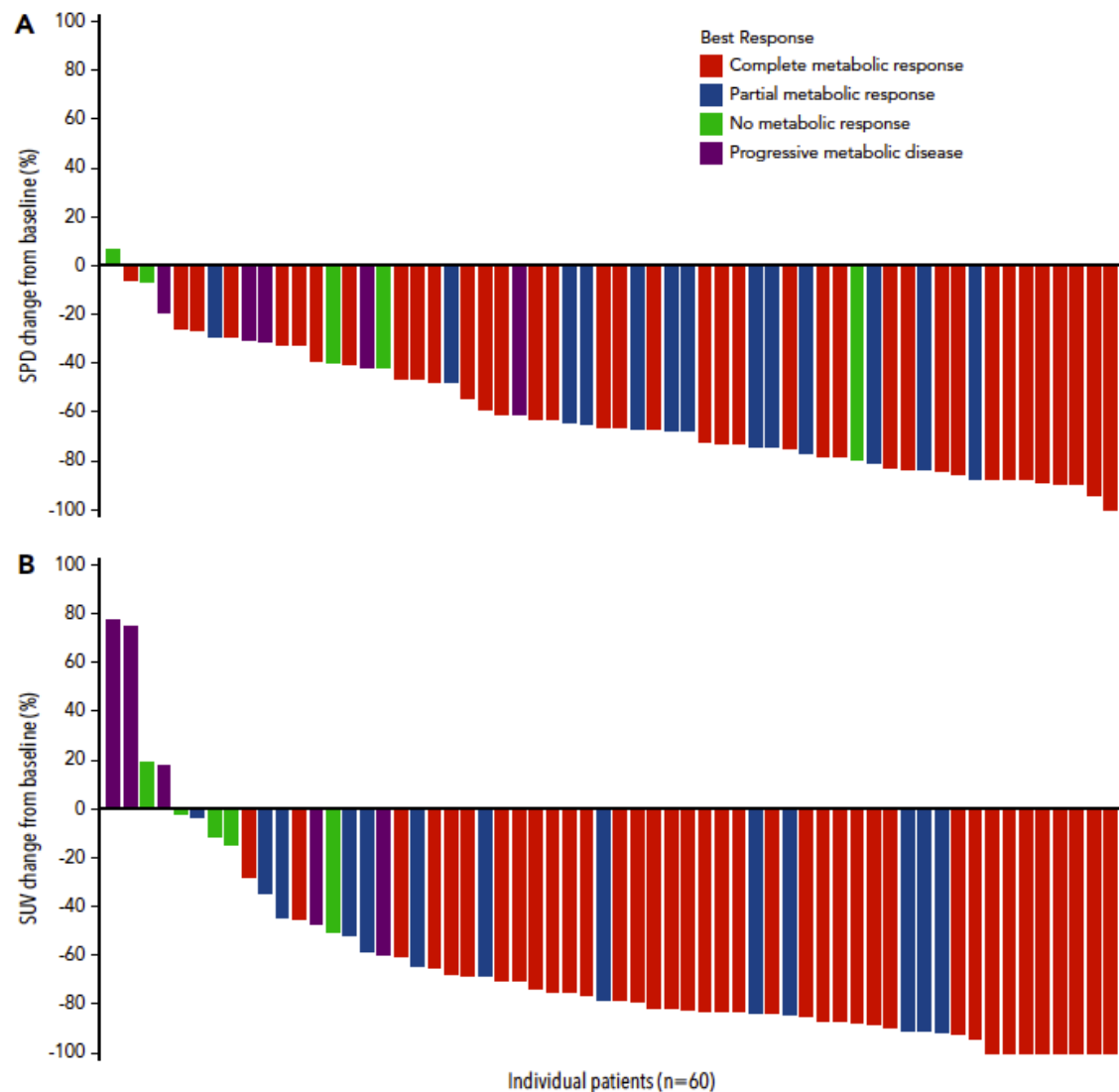


Immune check-point inhibitors in othe B-cell lymphomas

	DLBCL	PTL	EBV ⁻ PCNSL	PMBL	
PD-1 Ligand Deregulation					
9p24.1/ <i>PD-L1</i> ^{gain} and/or <i>PD-L2</i> ^{gain}	6% (11/180) ^a	7% (4/55) ^a	54% (26/50) ^h	52% (33/63) ^p	55% (6/11)
<i>PD-L1</i> or <i>PDL-2</i> translocation	NA	NA	4% (2/50) ^j	6% (4/66) ^q	20% (25/125) ^f









Rapid Progression of Adult T-Cell Leukemia–Lymphoma after PD-1 Inhibitor Therapy

N ENGL J MED 378;20 NEJM.ORG MAY 17, 2018

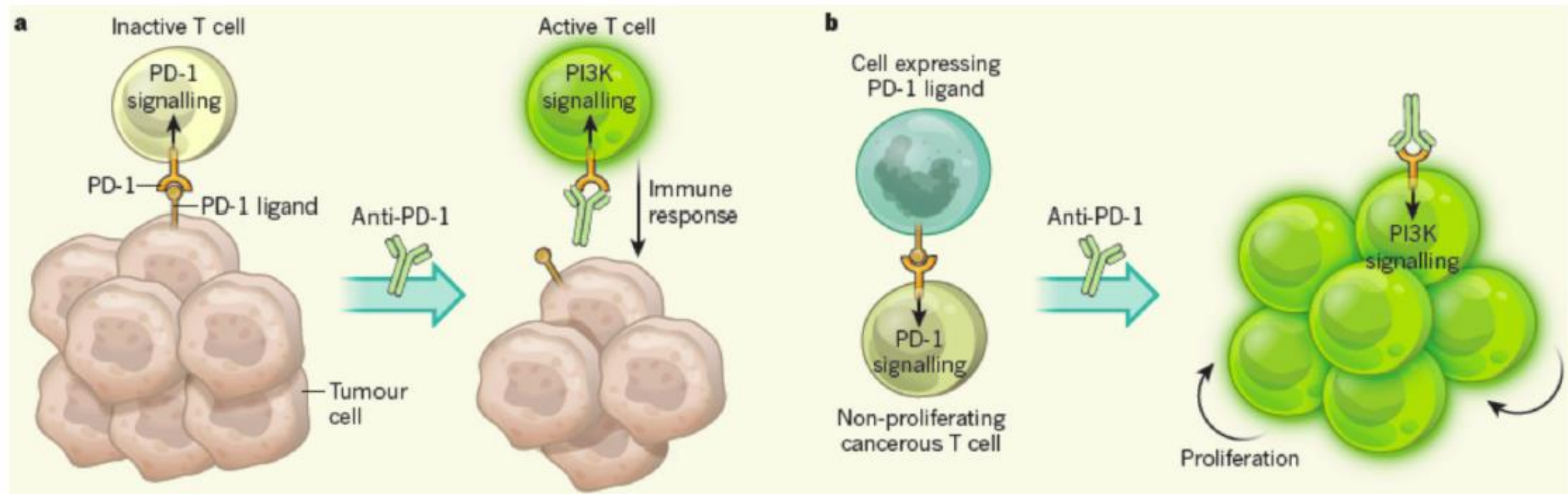
Lee Ratner, M.D., Ph.D.

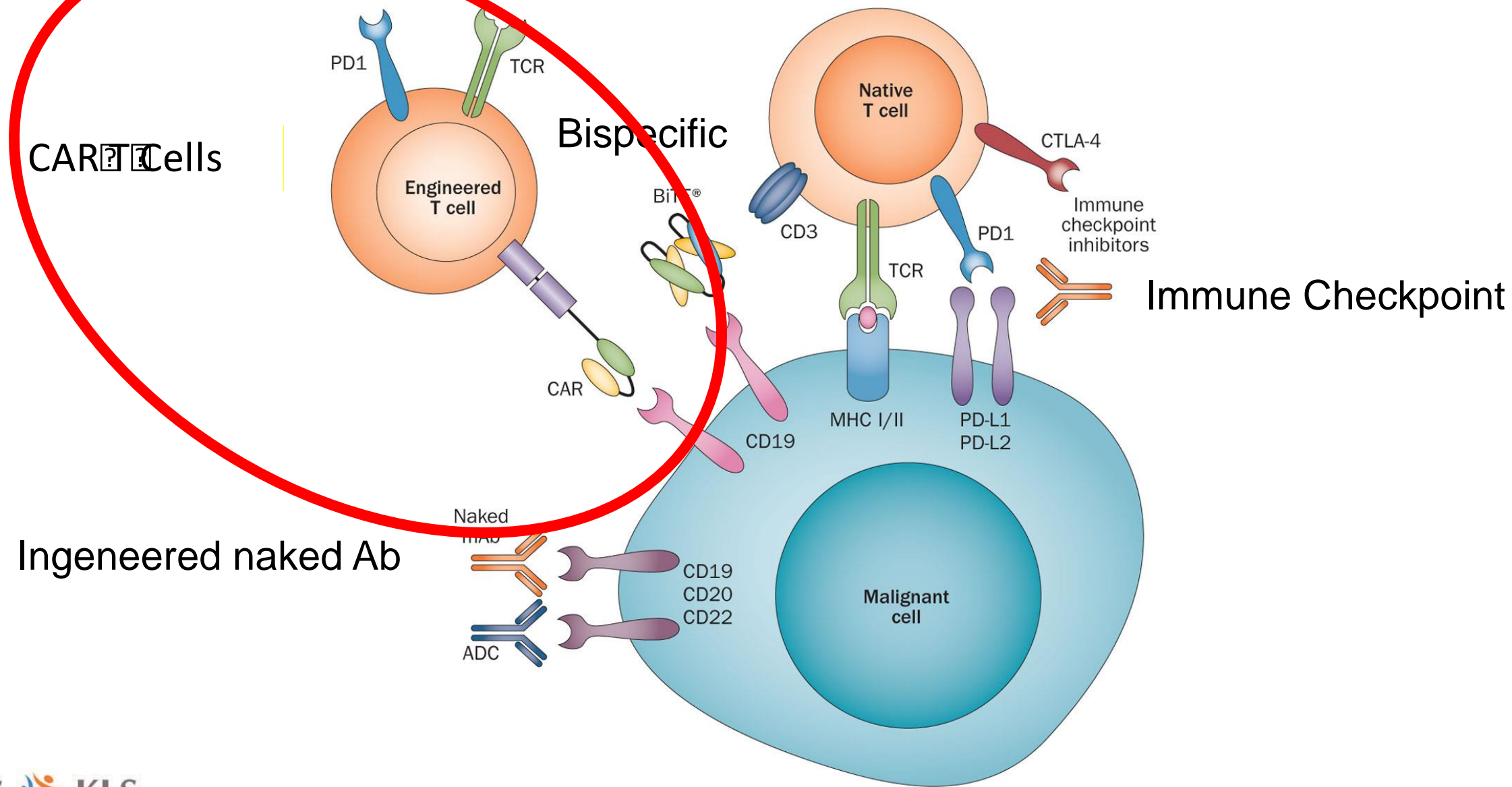
Washington University School of Medicine
St. Louis, MO
lratner@wustl.edu

We initiated a phase 2 trial of nivolumab (ClinicalTrials.gov number, NCT02631746) in patients with ATLL who had an increased mutational load and overexpression of PD-L1. Here, we describe treatment of the first three patients, which resulted in rapid progression of disease in all three after a single dose of nivolumab.

Our patients had the chronic, smoldering, and acute subtypes of ATLL (Table 1). The first

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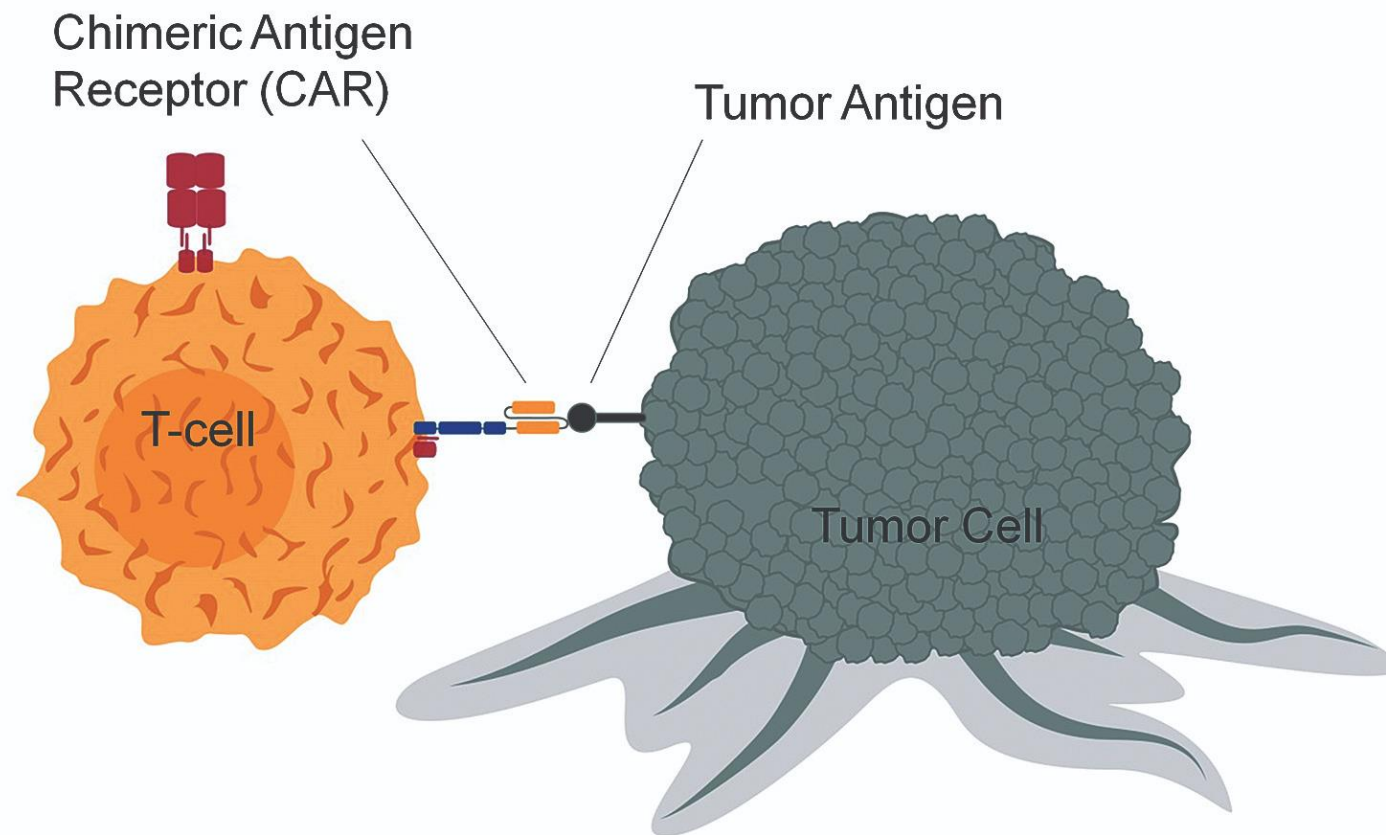
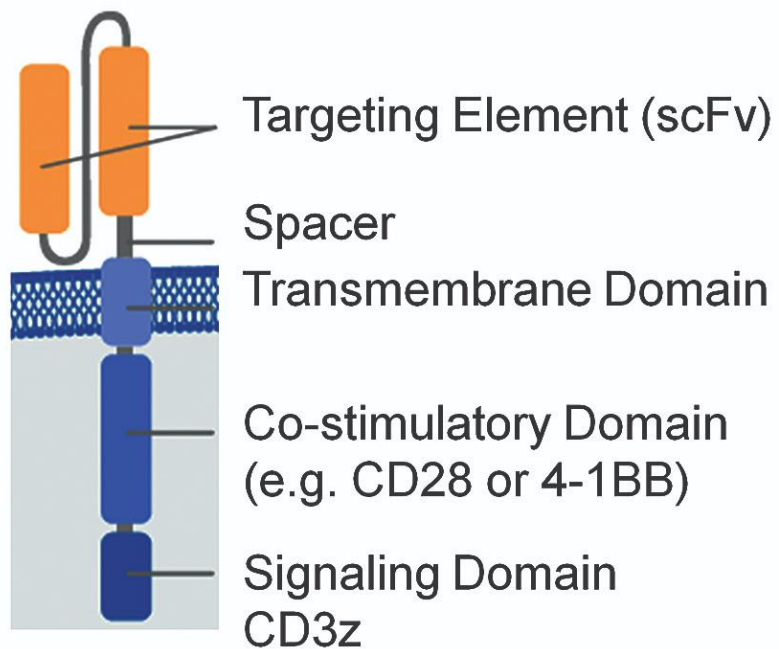


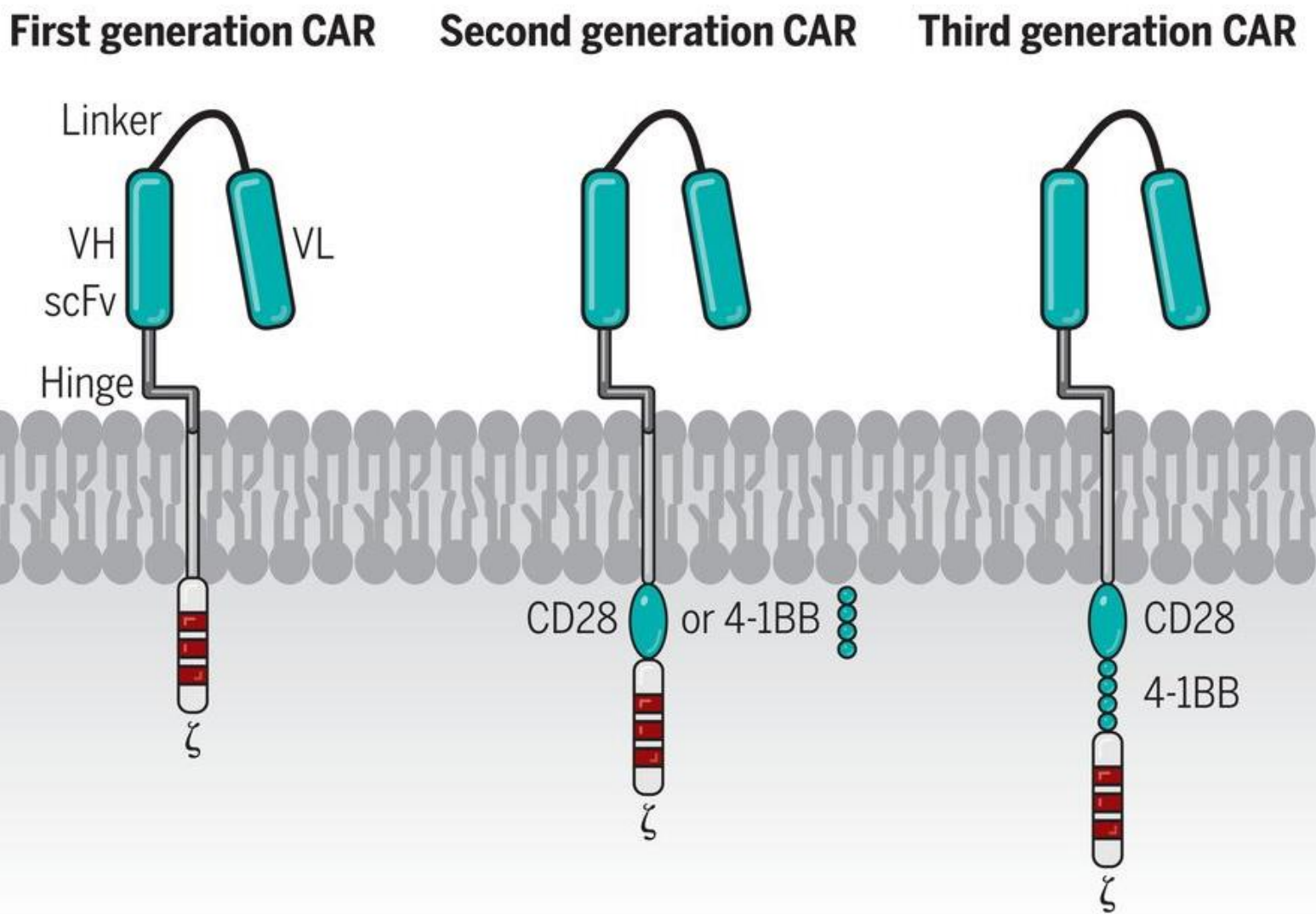


CAR T Cells

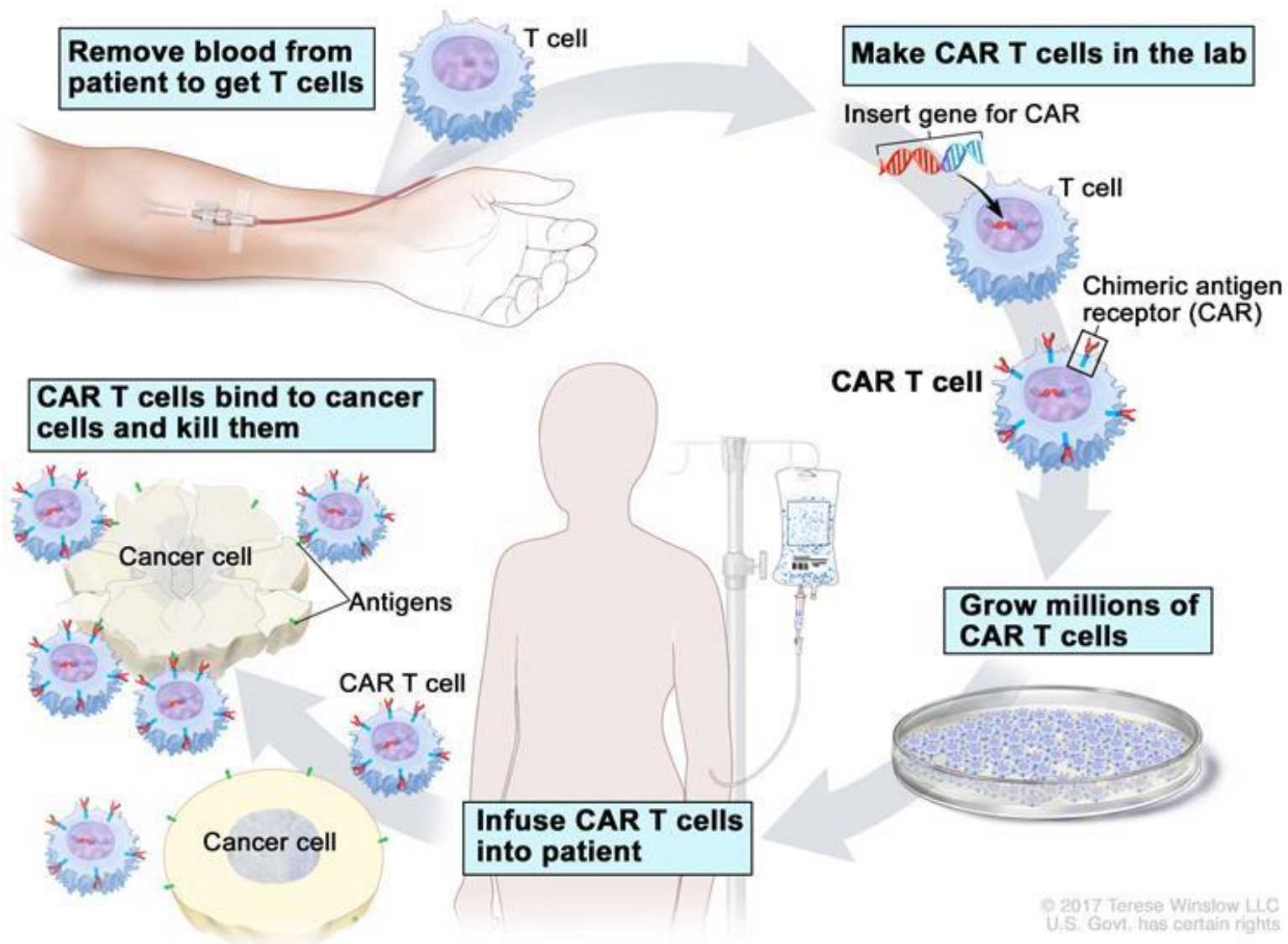
Engineered naked Ab

CAR: Modular Design



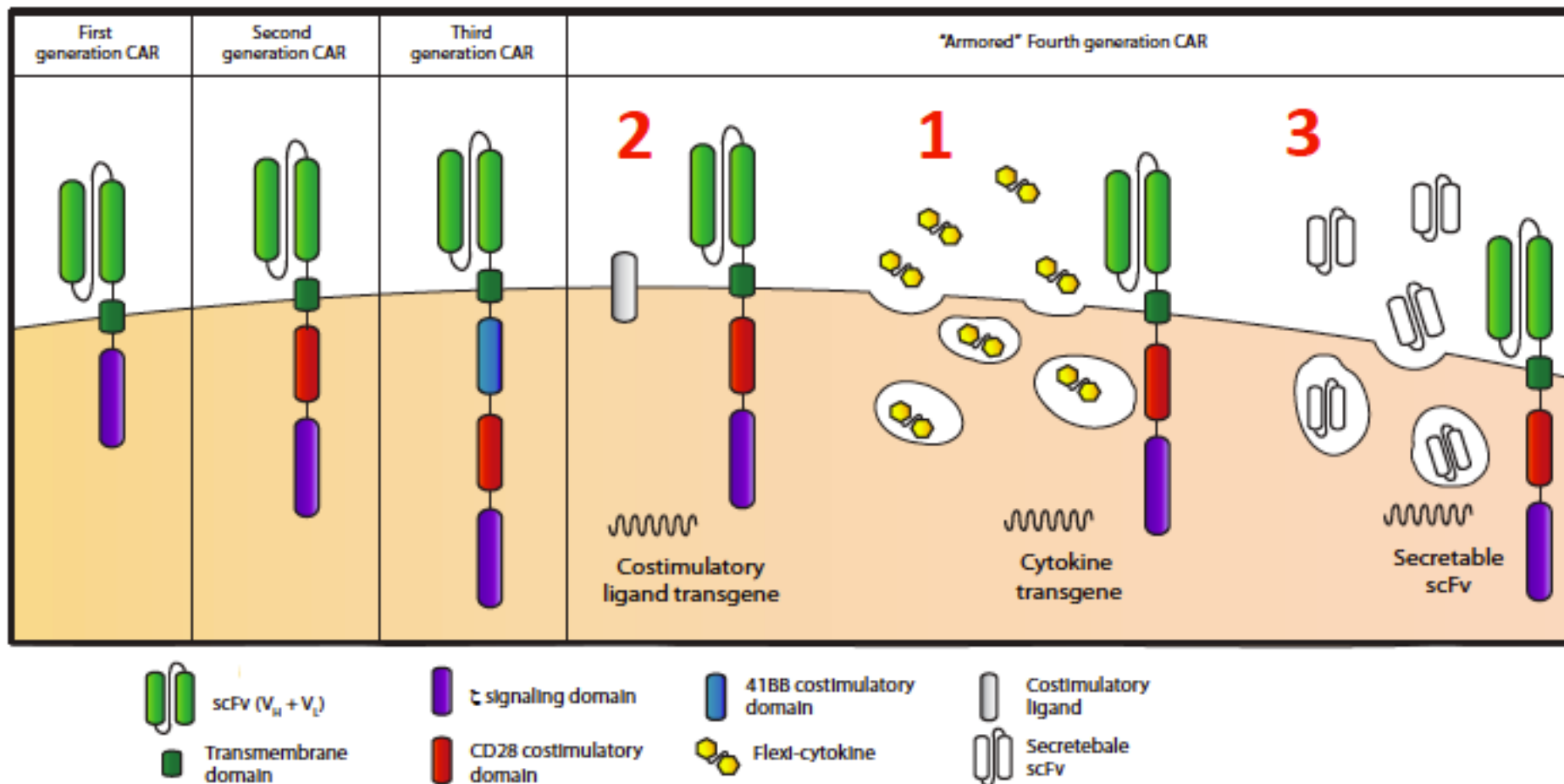


CAR T-cell Therapy

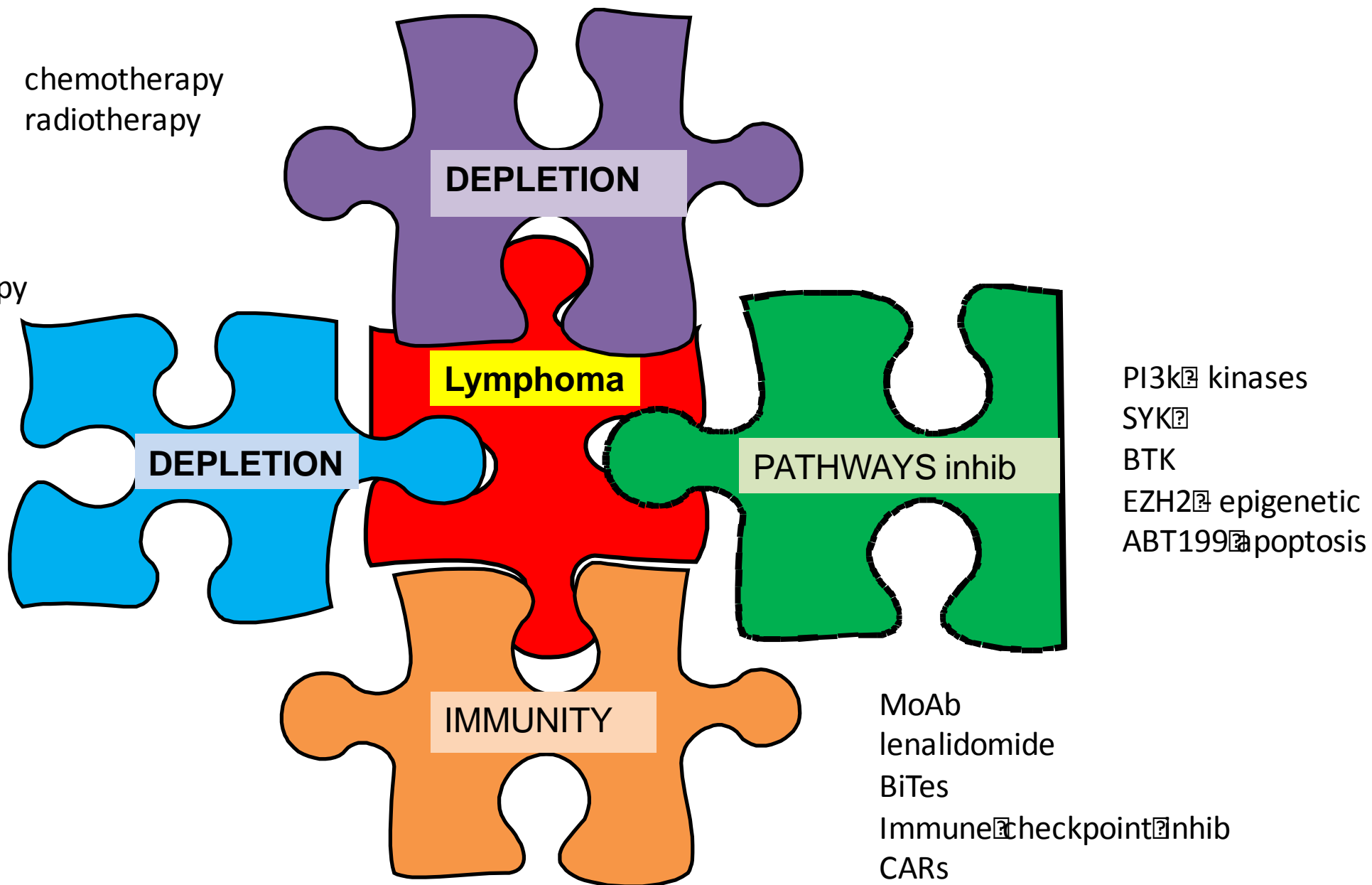




Study	ZUMA-1 (Neelapu, 2017)	JULIET (Schuster, 2017)	TRANSCEND (Abramson, 2017)
No of patients enrolled (treated)	111 (101)	141 (99)	NR (91) 67 in CORE
Median age, range	58 (23–76)	56 (24–75)	61 (29–82)
Median follow-up	15.4 months	5.6 months	6.3 months
Costimulatory domain	CD28	4-1BB	4-1BB
Bridging chemotherapy	Not allowed	Allowed	Allowed
CART dose	2.0×10^6 cells/kg	Median, 3.1×10^8	DL1 5.0×10^7 cells ^a DL2 1.0×10^8 cells
Conditioning regimen	Flu 30 mg/m ² x3d Cy 500 mg/m ² x3d	Flu 25/m ² x 3d Cy 250 mg/m ² x3d or B 90 mg/m ² x 2d	Flu 30 mg/m ² x3d Cy 300 mg/m ² x3d
Efficacy			
%ORR (%CR)	82 (54)	59 (43)	84 (61)
3-mo %ORR (%CR)	44 (39)	45 (37)	65 (53)
mDOR	11.1 months	NR	9.2 months



Conclusion: Rational approach - combinations





Charles University
1st Faculty of Medicine
General Hospital

Thank you



Charles University General Hospital

