

CHANGES IN THE INNATE IMMUNE SYSTEM AS EARLY EVENTS IN CANCER

Lymphoid cells, Myeloid cells, Tumor microenvironment

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Innate – Pharma

Aix Marseille Université – Assistance Publique Hôpitaux de Marseille

Special Symposium: Early detection of cancer using minimally invasive biomarkers

esmo.org

DISCLOSURE SLIDE

CSO Innate-Pharma

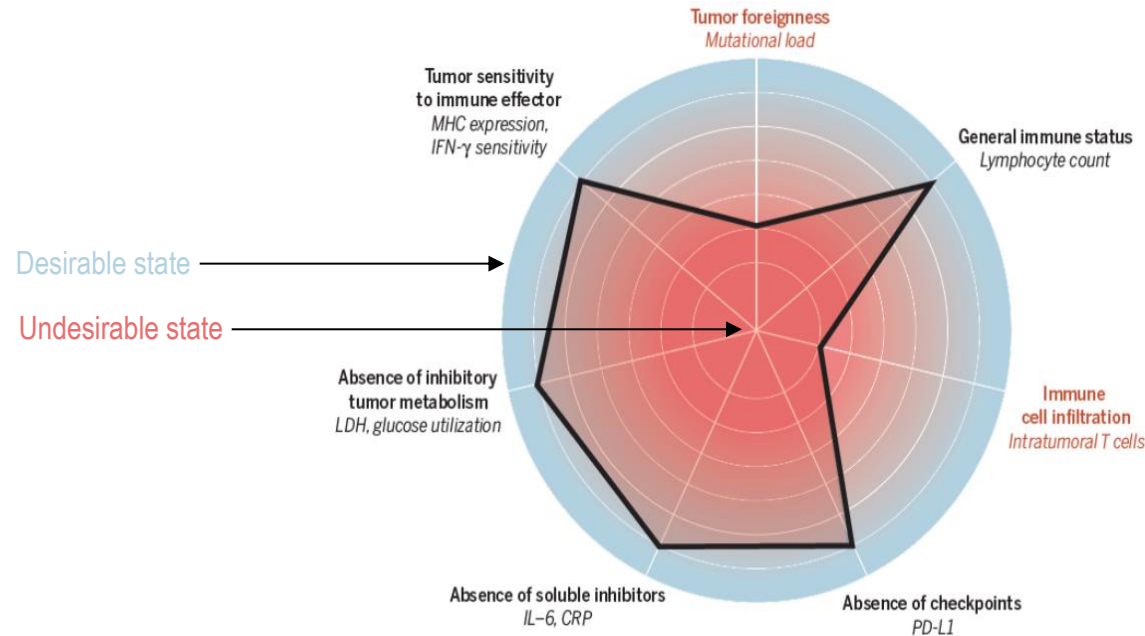


European Research Council



Changes in the immune system are key in cancer

The Immunogram concept



Changes in the immune system in cancer ?

Why is it important?

- Patient stratification
- Prognostic value
- Identification of therapeutic targets

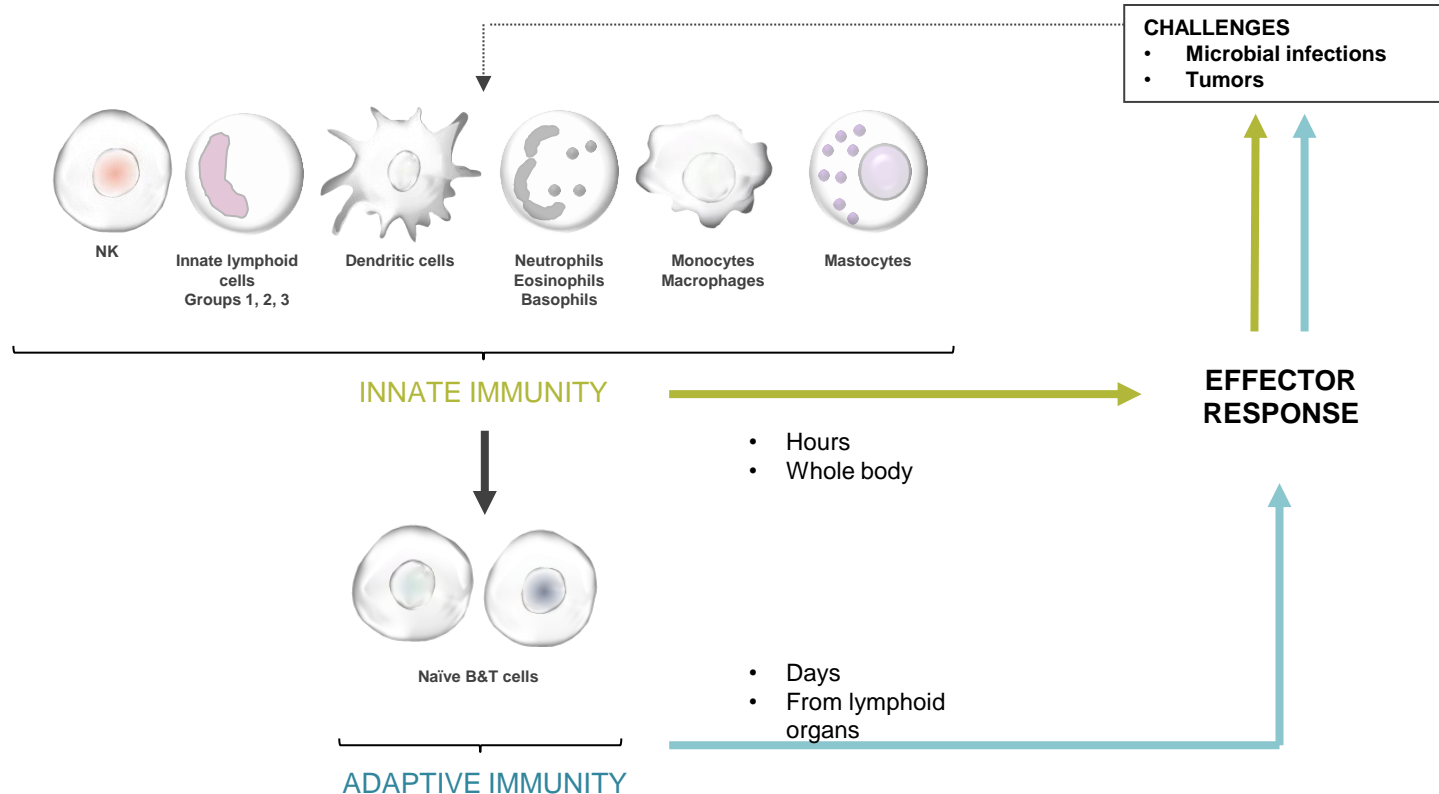
What kind of samples?

- At the tumor bed (solid tumors), and in blood

What kind of technology?

- Genome-wide approaches
- Gene candidate approaches

Changes in the innate immune system in cancer ?



Changes in the innate immune system in cancer ?

Why is it important?

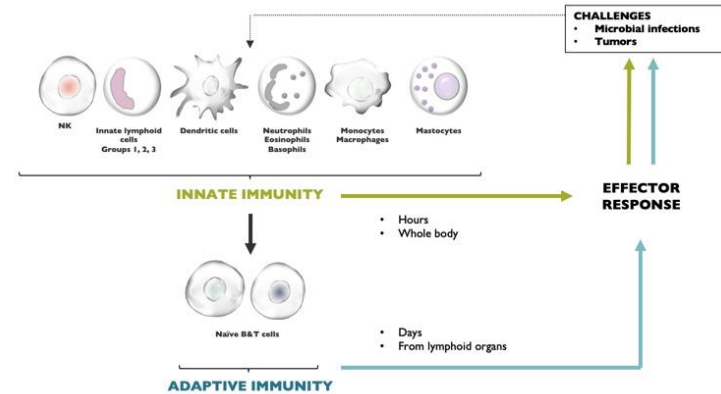
- Identification of therapeutic targets

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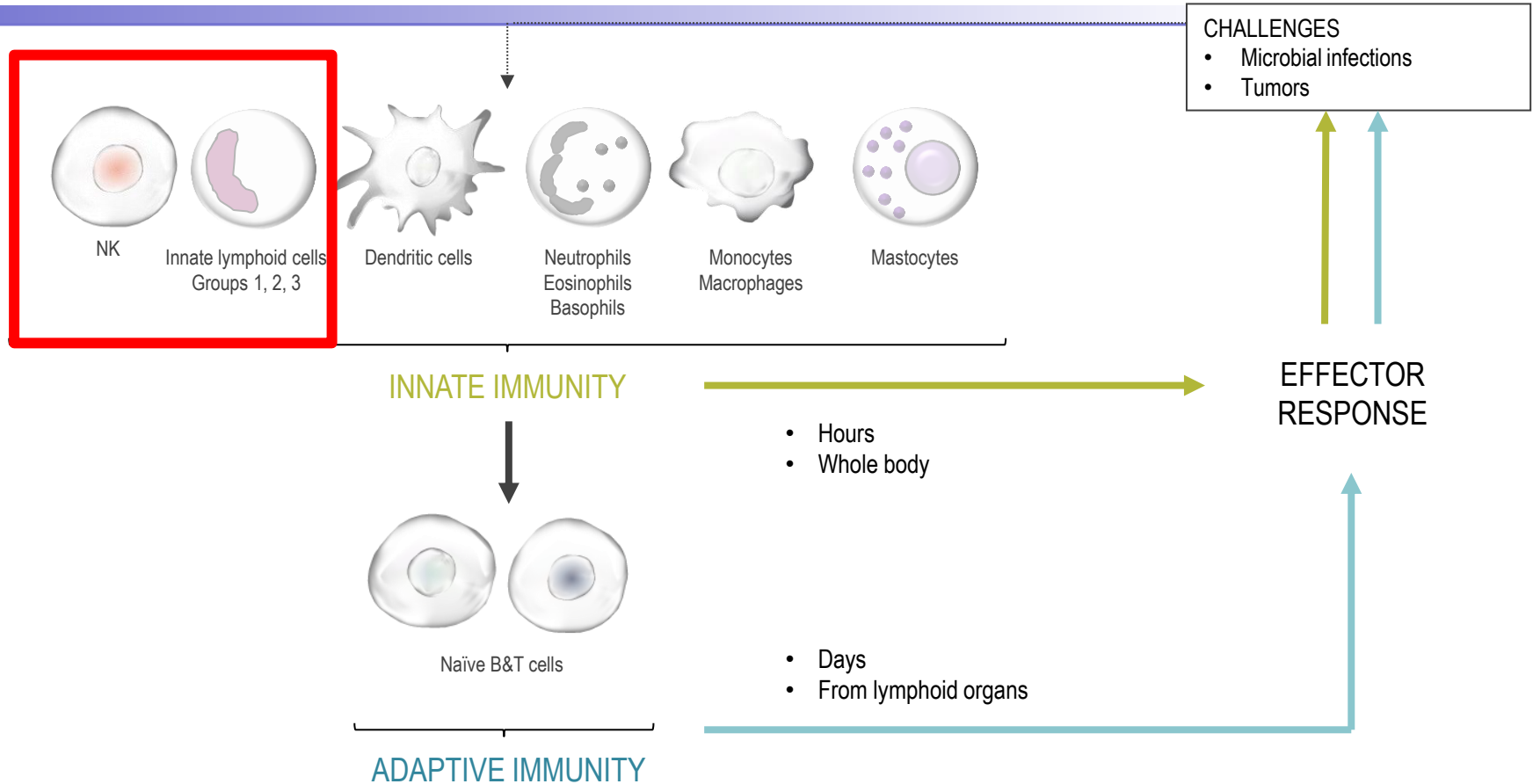
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What kind of technology?

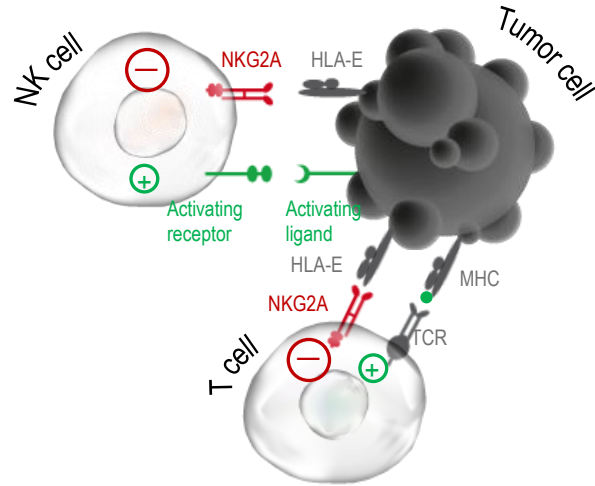
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The immune system

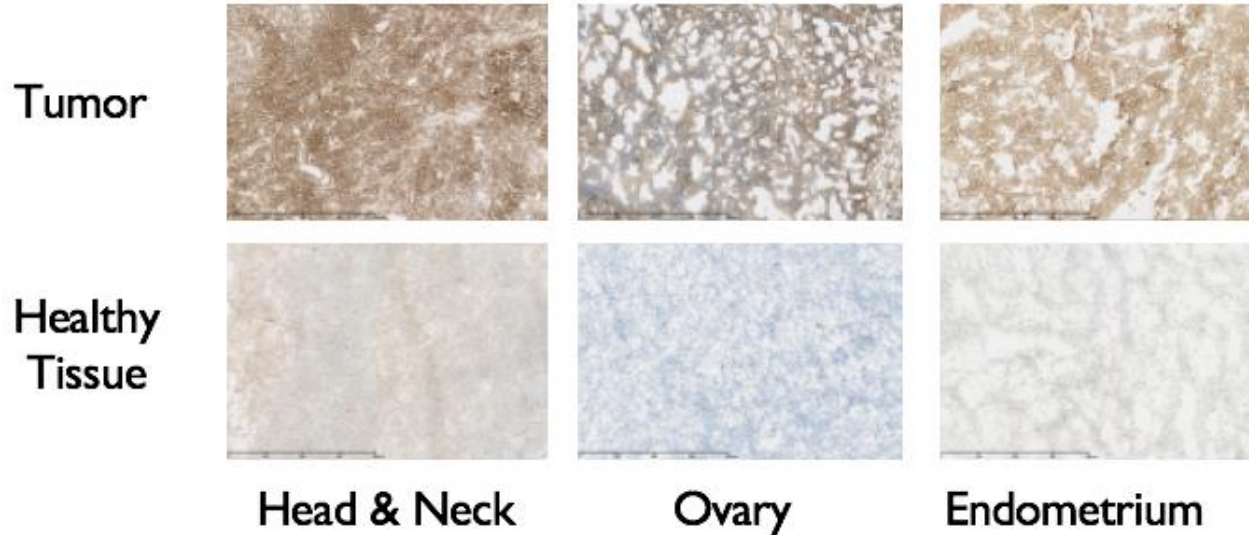


NKG2A – HLA-E: another inhibitory pathway in cancer



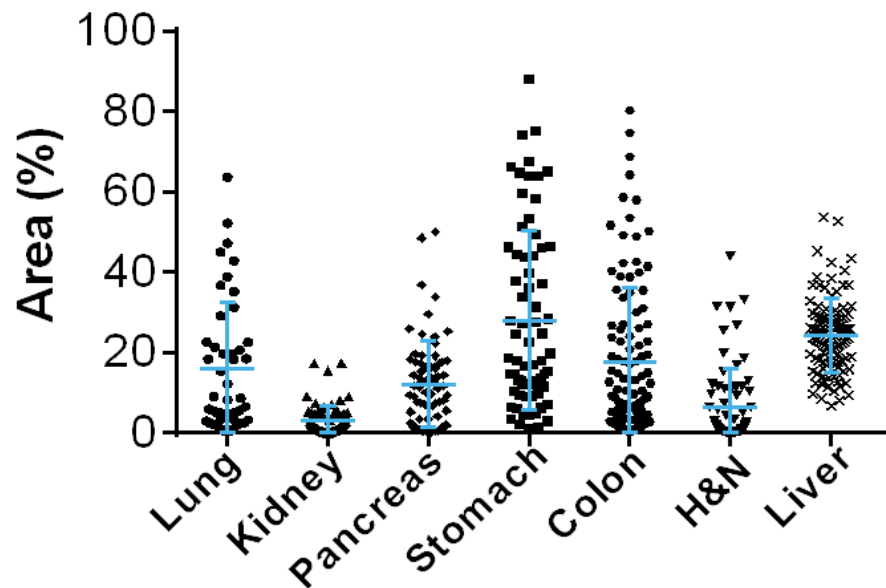
NK cell and T cell inhibition by NKG2A

HLA-E pathway is upregulated in tumors

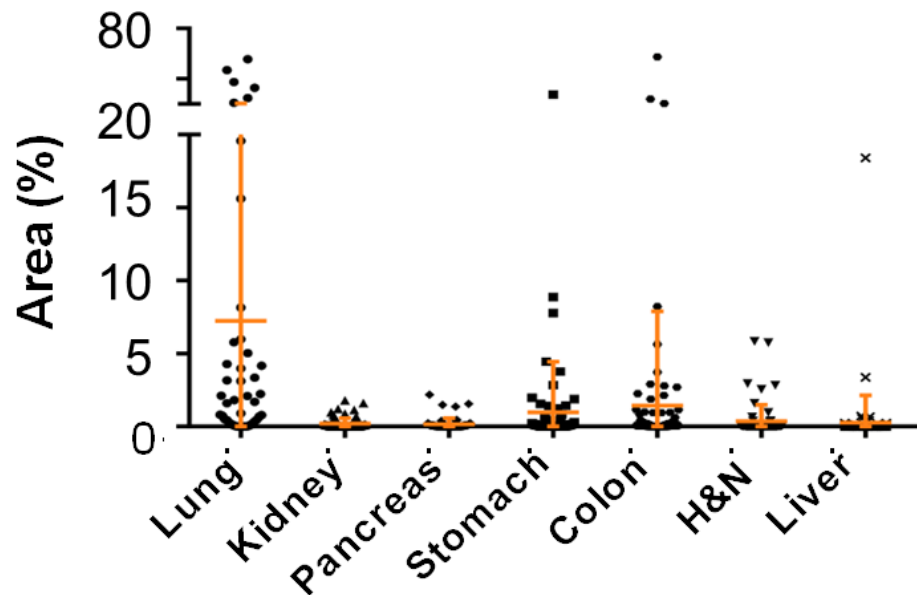


HLA-E pathway is upregulated in tumors

HLA-E

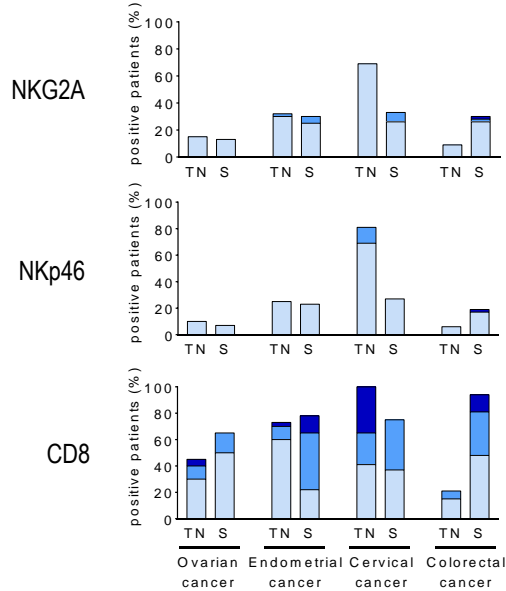


PD-L1

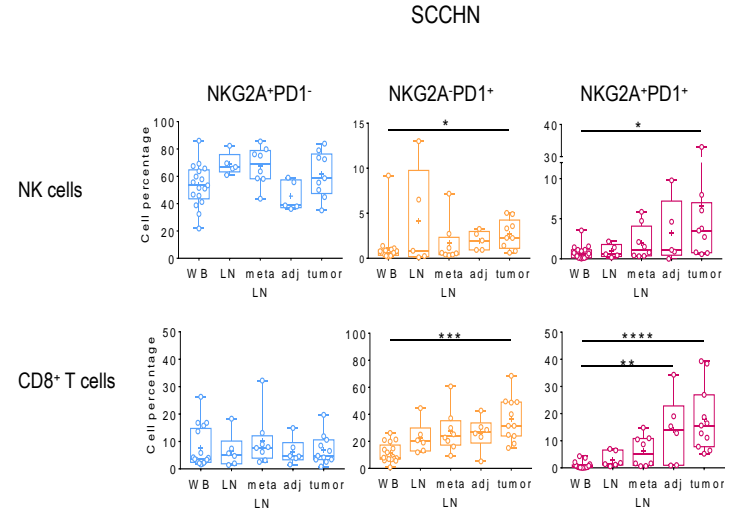


CD8⁺, NKp46⁺ or NKG2A⁺ immune cells are present in multiple types of HLA-E-expressing solid cancers

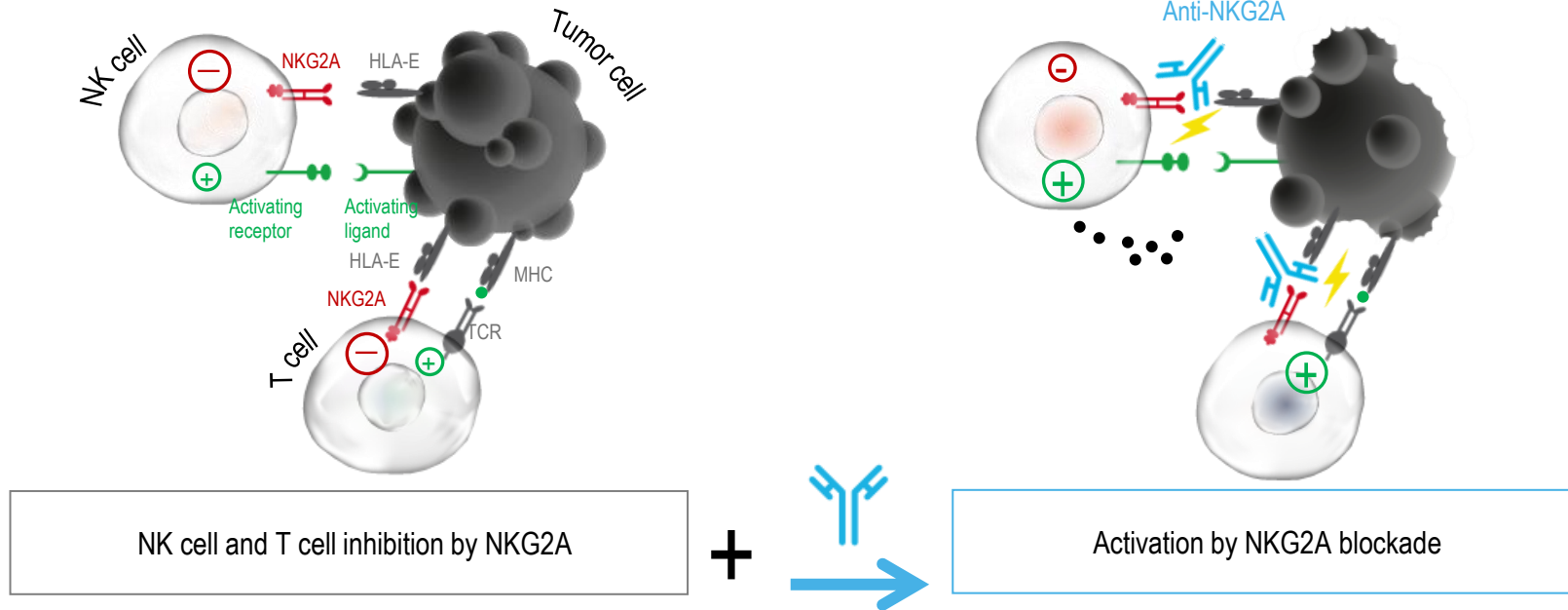
A



B



Anti-NKG2A is a novel immune checkpoint inhibitor in cancer



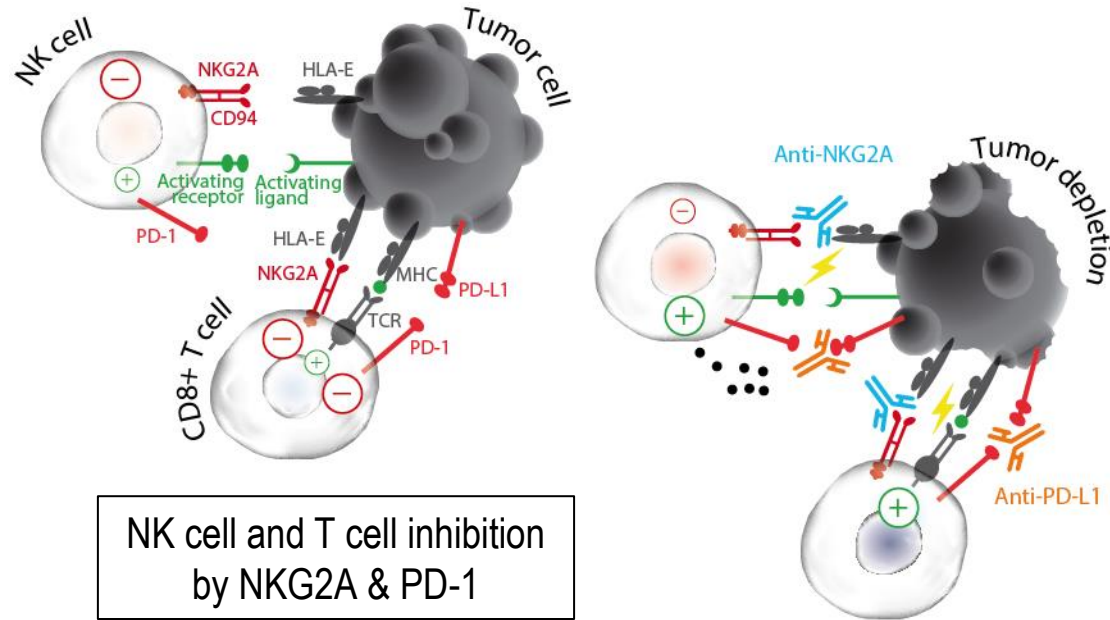
- **Monalizumab:**

- first-in-class humanized IgG₄ targeting NKG2A on NK and tumor infiltrating CD8⁺ T cells.
- blocks binding of CD94/NKG2A to HLA-E reducing inhibitory signaling and thereby unleashing NK and T cell responses.

Rationale for combination therapy of monalizumab and durvalumab

- Tumor infiltrating NK and CD8⁺ T cells expressing NKG2A and/or PD-1 are present in several cancer types
- HLA-E is expressed by tumor cells in the large majority of solid tumors
- Blocking both NKG2A/HLA-E and PD-1/PD-L1 pathways can enhance responses of NK and CD8⁺ T cells

Anti-NKG2A as a novel immune checkpoint inhibitor in cancer



Monalizumab
(anti-NKG2A)

Durvalumab
(anti-PD-L1)



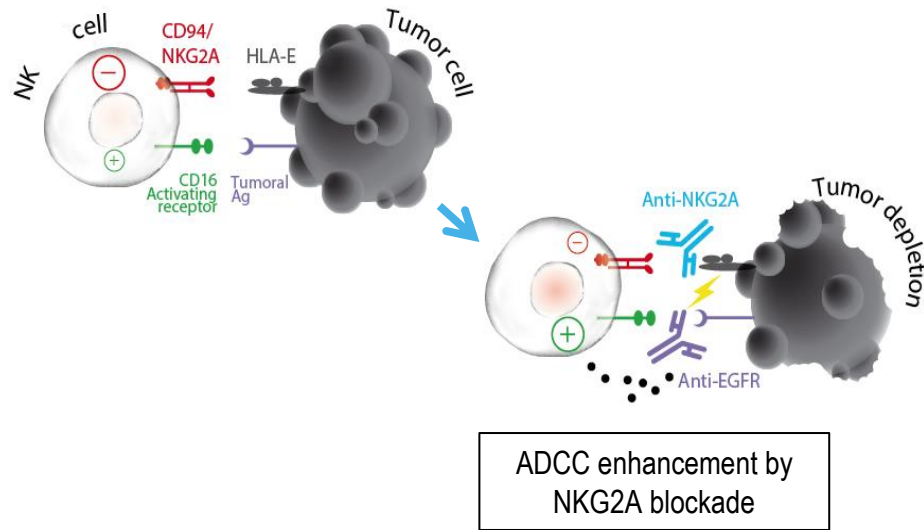
Activation by NKG2A &
PD-L1 blockade

In vitro data support the rationale for ongoing clinical trial investigating the combination monalizumab/durvalumab: in metastatic Microsatellite-Stable Colorectal Cancer (MSS-CRC) (*J. Diamond, 1194-P*)



MedImmune

NKG2A immune checkpoint blockade potentiates cetuximab-induced ADCC in head and neck cancer



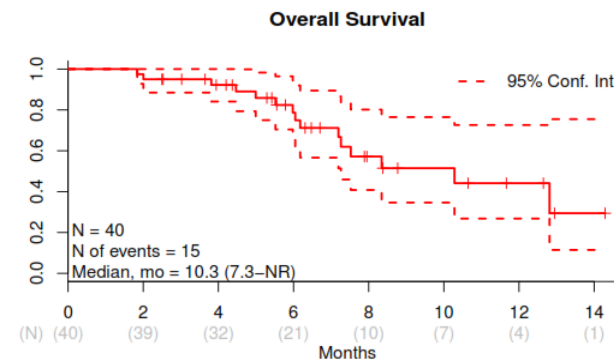
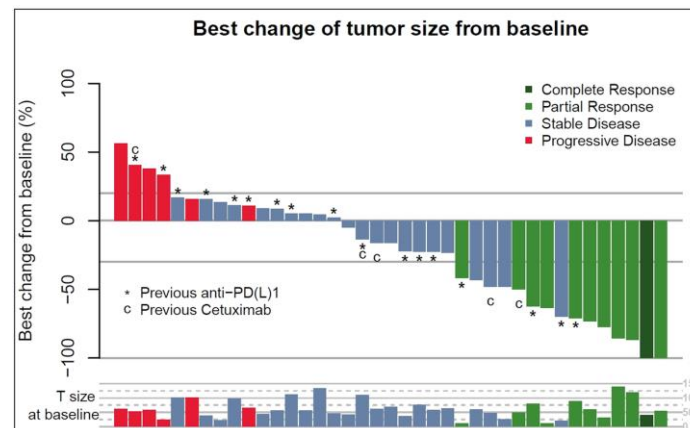
- SCCHN are infiltrated by NK and CD8⁺ T cells expressing CD94/NKG2A
- HN tumor cells express HLA-E
- NKG2A blockade enhances cetuximab-mediated ADCC towards HN tumor cell lines
- These data support the rationale for investigating monalizumab in SCCHN patients and in combination with cetuximab in clinical trials (NCT02643550)

KEY RESULTS of MONALIZUMAB + CETUXIMAB

KEY RESULTS	n (%) CI
Complete Response (CR)	1 (2.5%)
Partial response (PR)*	10 (25%)
Stable disease	22 (55%)
Overall Response Rate (ORR)	27.5% [16.1-42.8]
Median PFS	5.0 months [3.7-6.9]
Median OS	10.3 months [7.3.-NR]

Safety data:

- Good safety profile of the combination
- No potentiation of the cetuximab related AEs by monalizumab



NKG2A targeting with monalizumab

Monalizumab is a novel checkpoint inhibitor promoting anti-tumor immunity by enhancing the activity of both T and NK cells, which may complement the activity of the first generation of active immunotherapies against cancer

Changes in the innate immune system in cancer ?

Why is it important?

- Identification of therapeutic targets

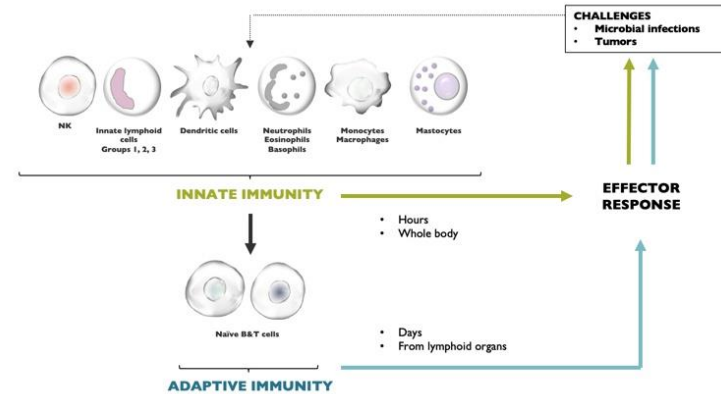
NKG2A – HLA-E

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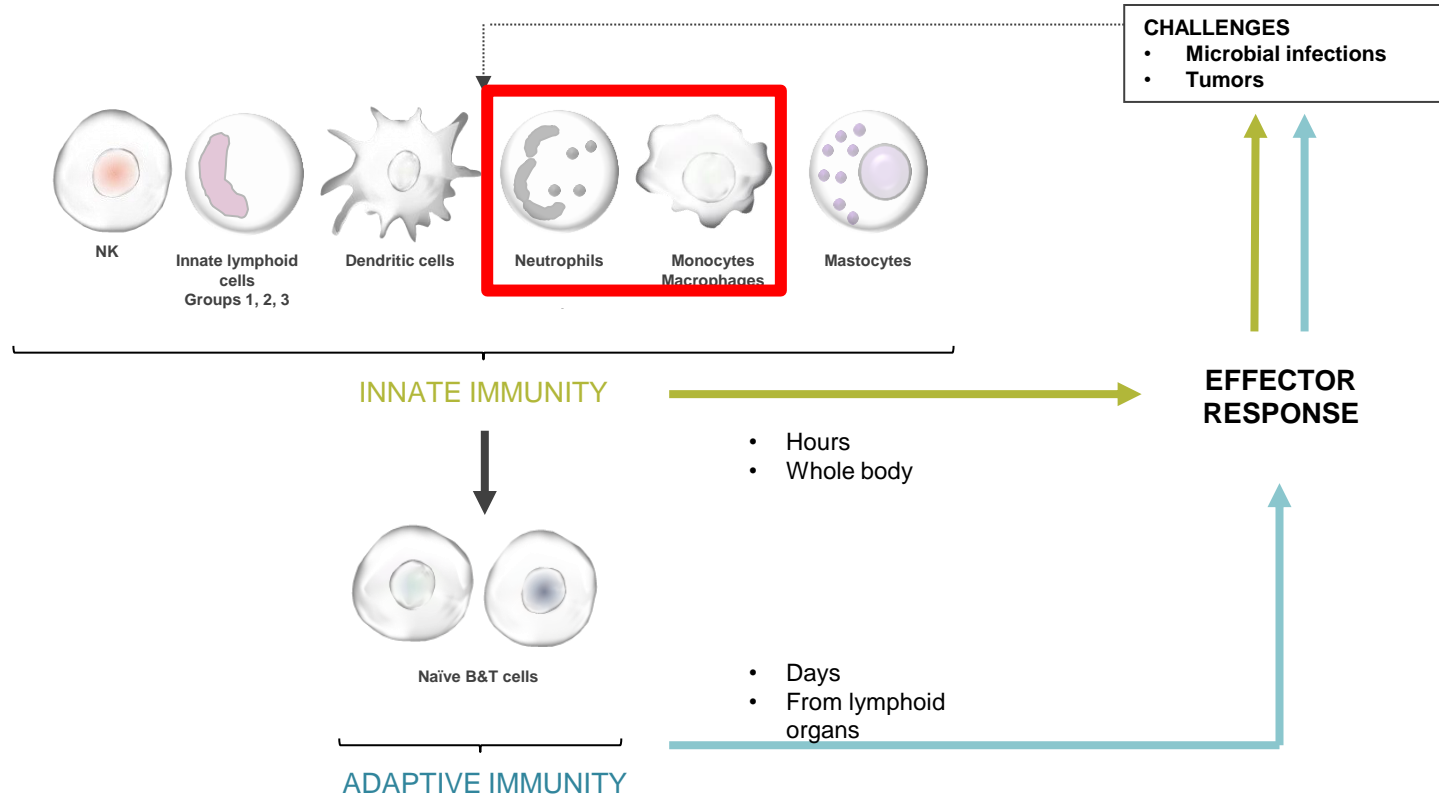
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The immune system

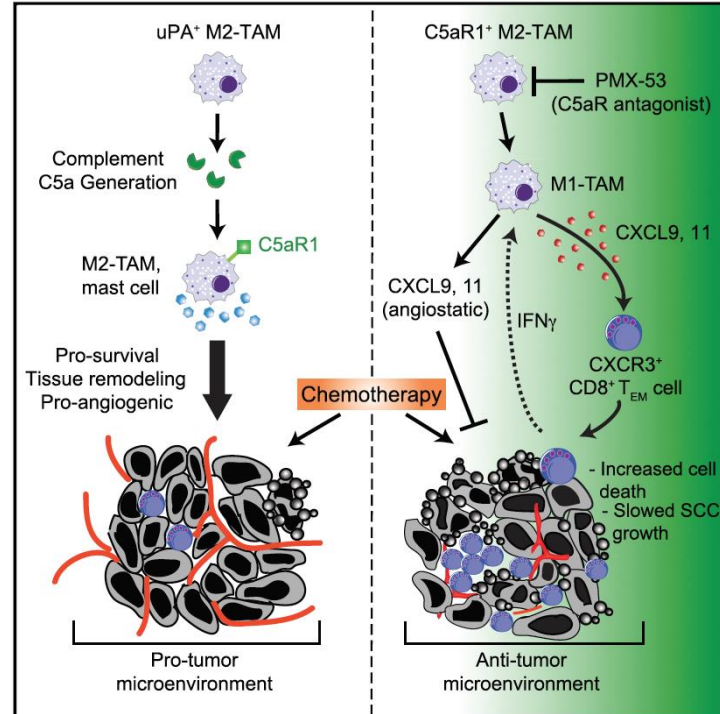


The C5a – C5aR pathway participate to the immunosuppressive tumor microenvironment

Cancer Cell
Article

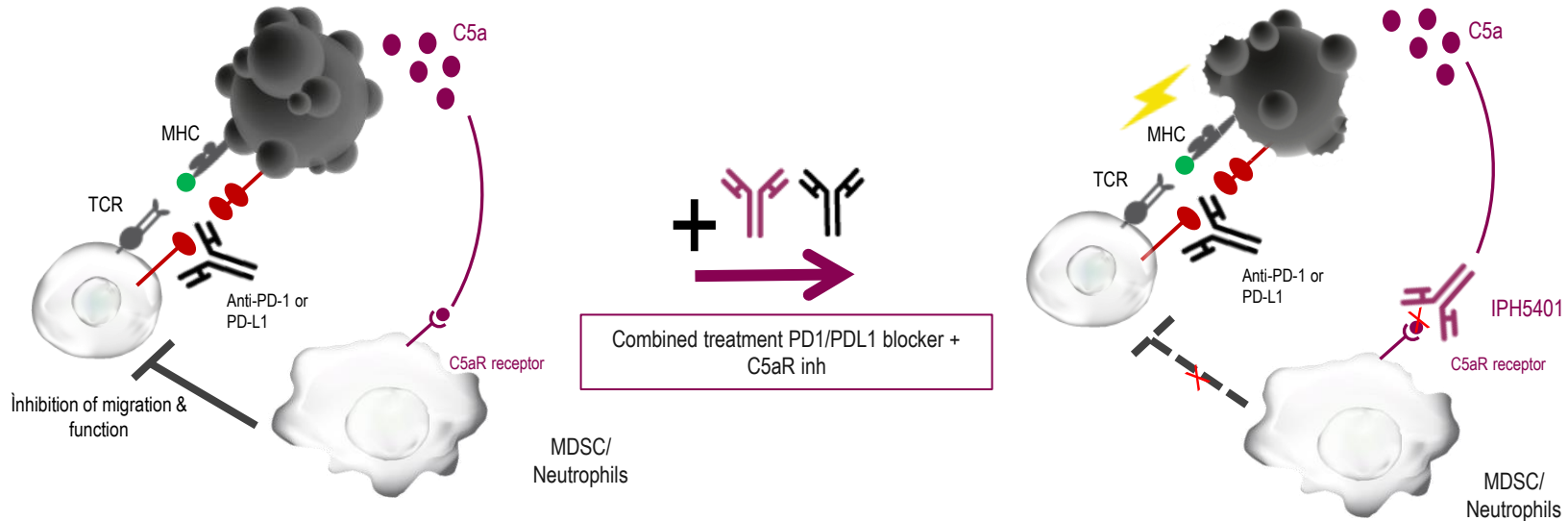
Complement C5a Fosters Squamous Carcinogenesis and Limits T Cell Response to Chemotherapy

Terry R. Medler,¹ Dhaarini Murugan,¹ Wesley Horton,² Sushil Kumar,¹ Tiziana Cotechini,¹ Alexandra M. Forsyth,¹ Patrick Leyshock,² Justin J. Leitenberger,³ Molly Kulesz-Martin,^{1,3,4} Adam A. Margolin,^{2,4} Zena Werb,⁵ and Lisa M. Coussens^{1,4,6,*}



IPH5401 - mode of action

Inhibition of C5aR restores the efficacy of PD-1/PD-L1 blockers



- IPH5401: monoclonal antibody targeting the C5a receptor (C5aR)
- C5a stimulates the recruitment and activation of suppressor cells and leads to the inhibition of immune effector cells
- Inhibition of C5aR signaling was shown to increase CD8 T cell infiltration and function
- C5a/C5aR blockade works in synergy with anti-PD-1/PD-L1 antibodies in a poorly infiltrated tumor model in vivo

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NKG2A – HLA-E

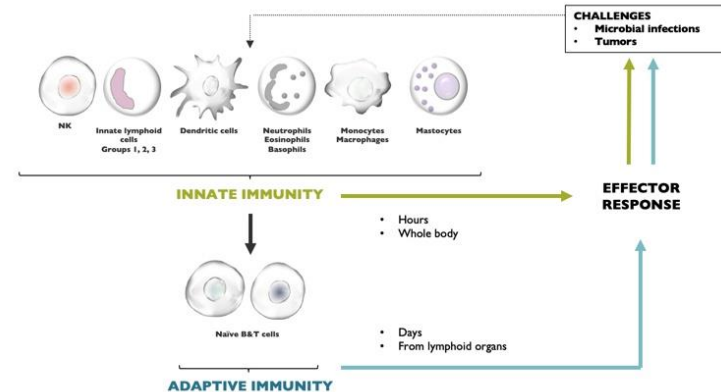
C5aR – C5a

What kind of samples?

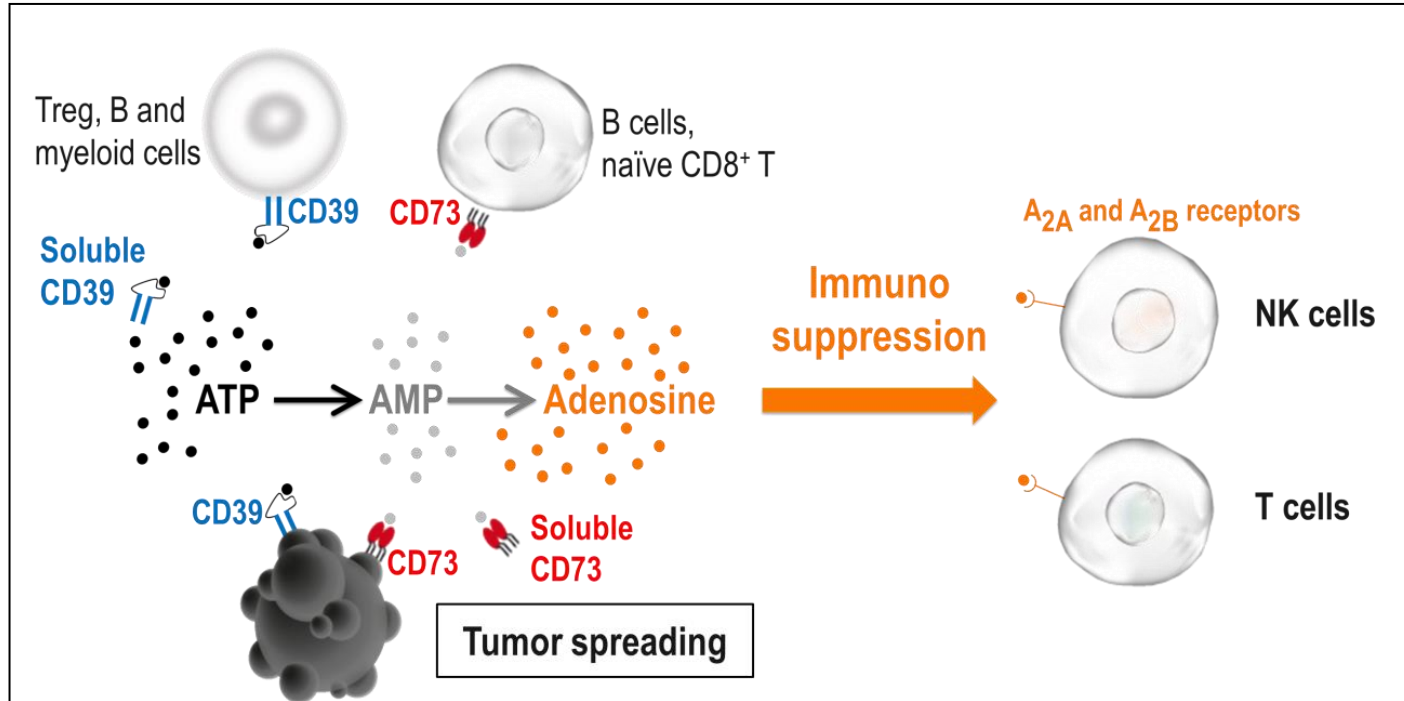
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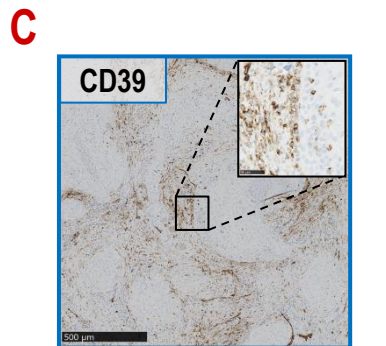
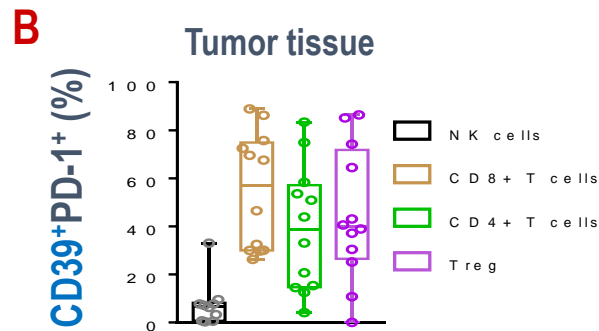
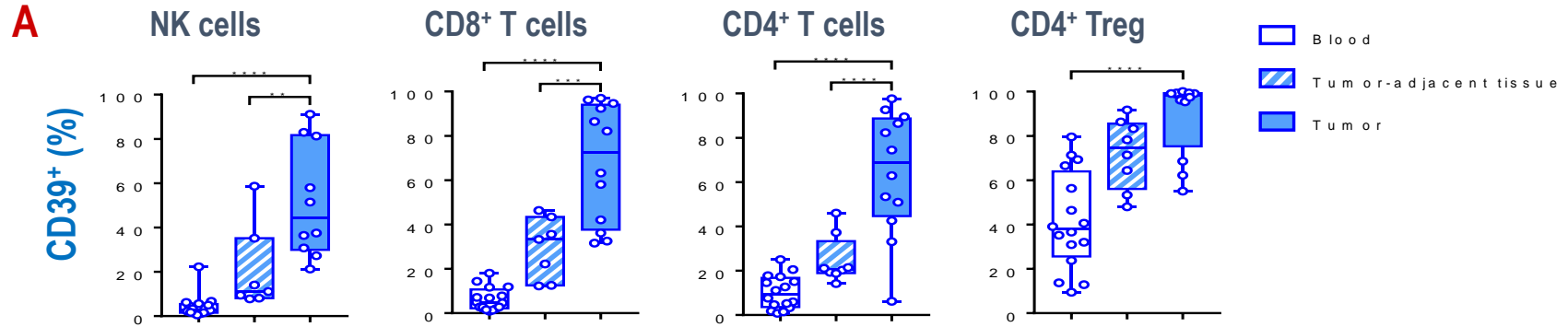
- Genome-wide approaches
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The adenosine pathway is immunosuppressive

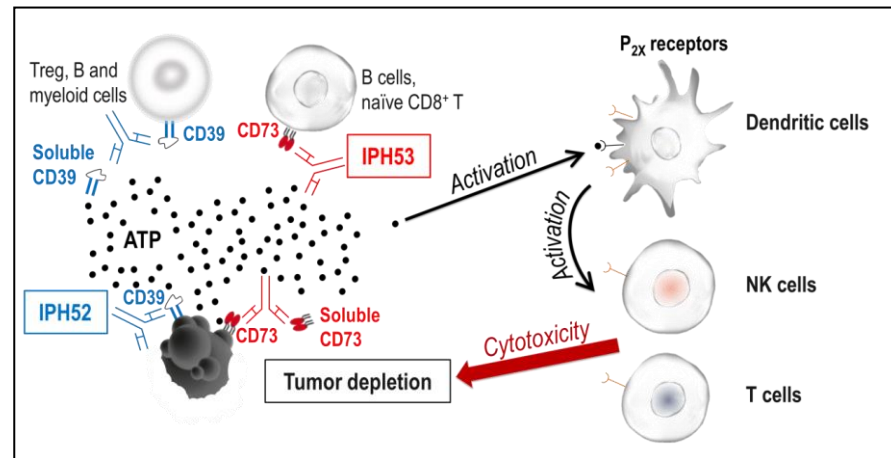
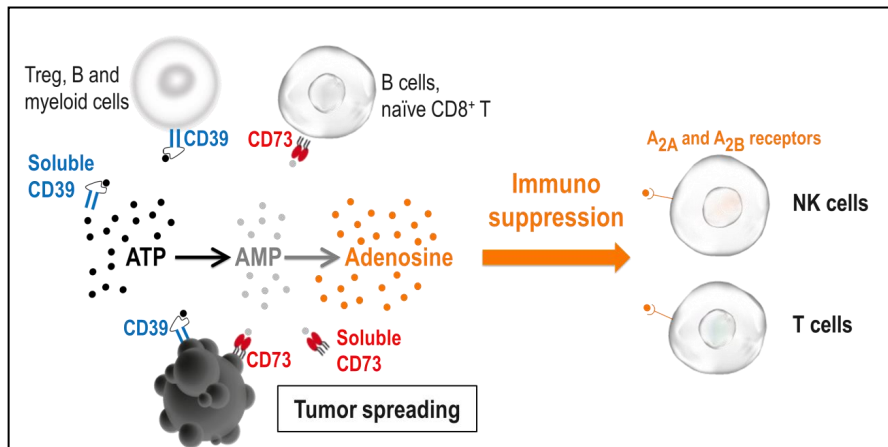


In human cancers, CD39 is upregulated on tumor infiltrated lymphocytes



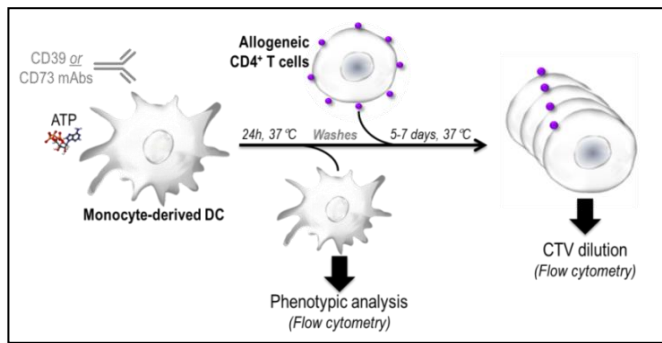
Expression on vascular endothelial cells and immune cells

Counteracting the immunosuppressive adenosine pathway

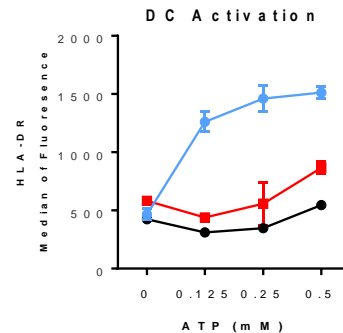


ATP: Adenosine Triphosphate
AMP: Adenosine Monophosphate

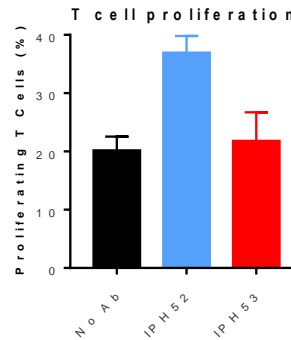
IPH52 (CD39) enhances ATP-mediated DC activation and T cell proliferation



A

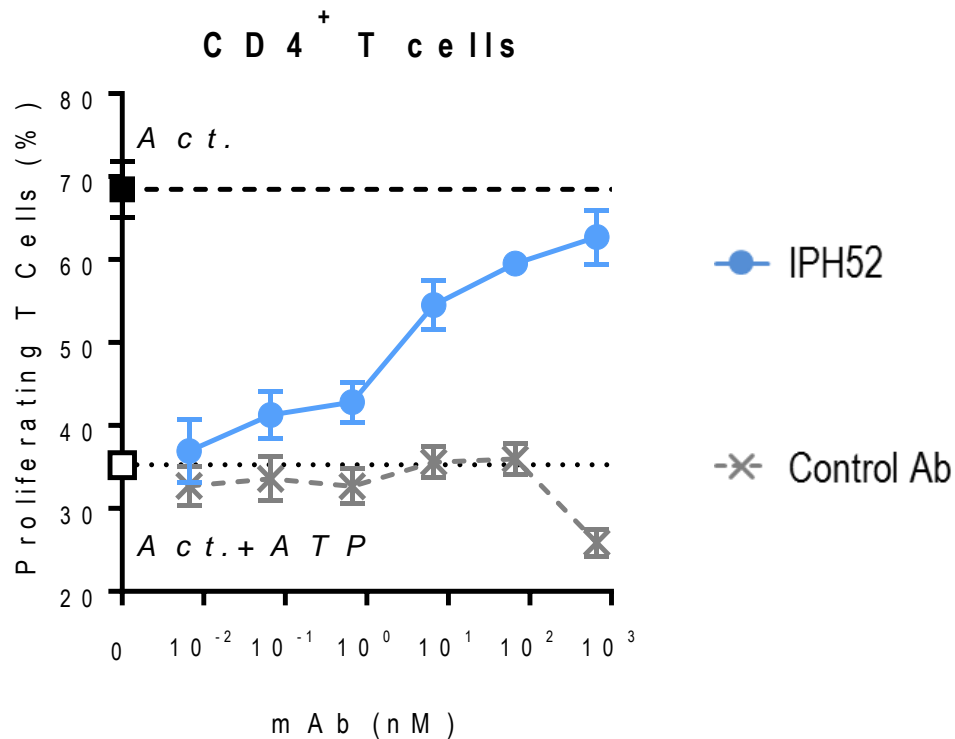


B



● IPH52
● IPH53
● No Ab

IPH5201 (anti-CD39) restores T cell proliferation



Changes in the innate immune system are key in cancer

It is important for

- Identification of therapeutic targets

NKG2A – HLA-E

C5aR – C5a

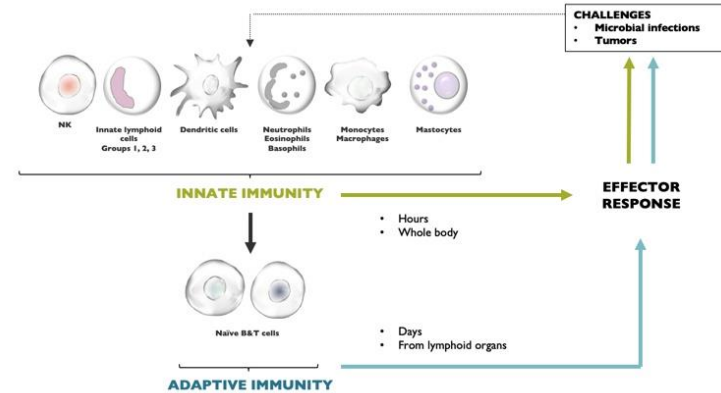
CD39

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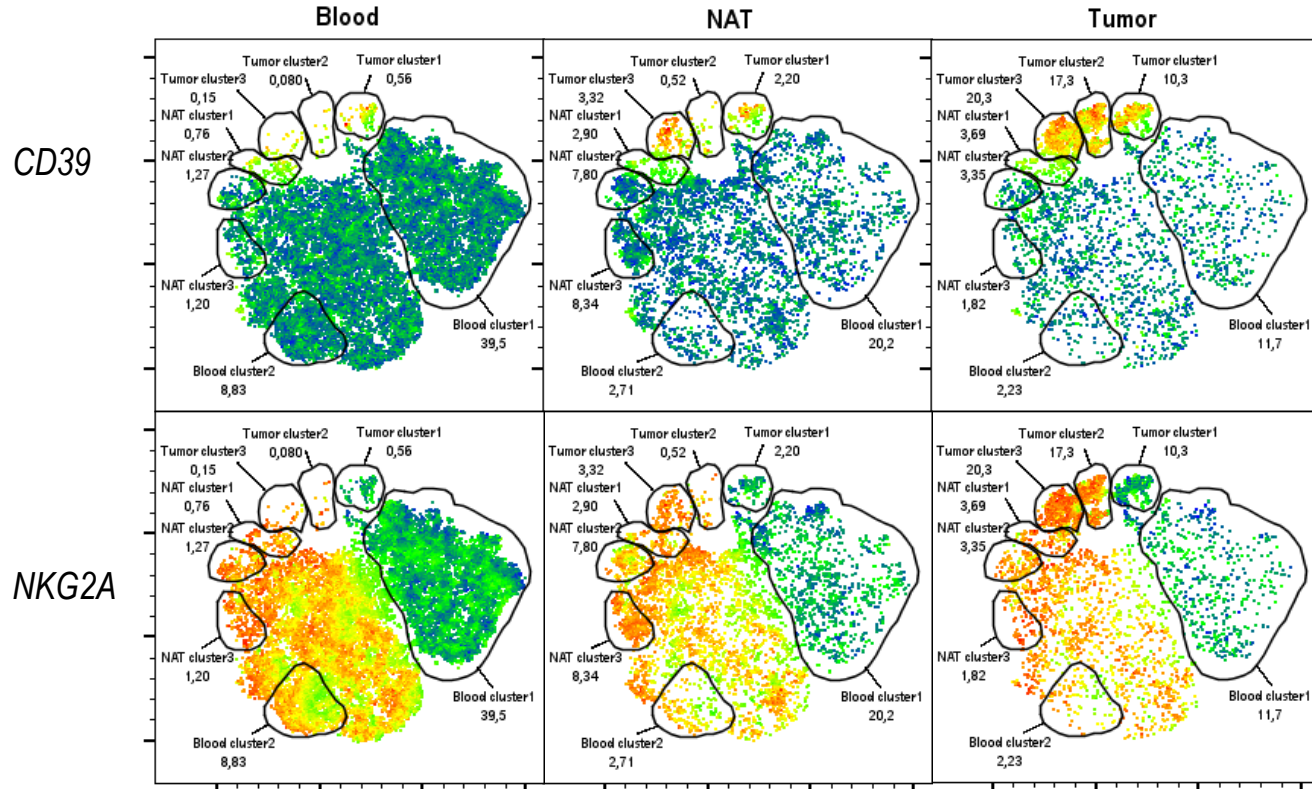
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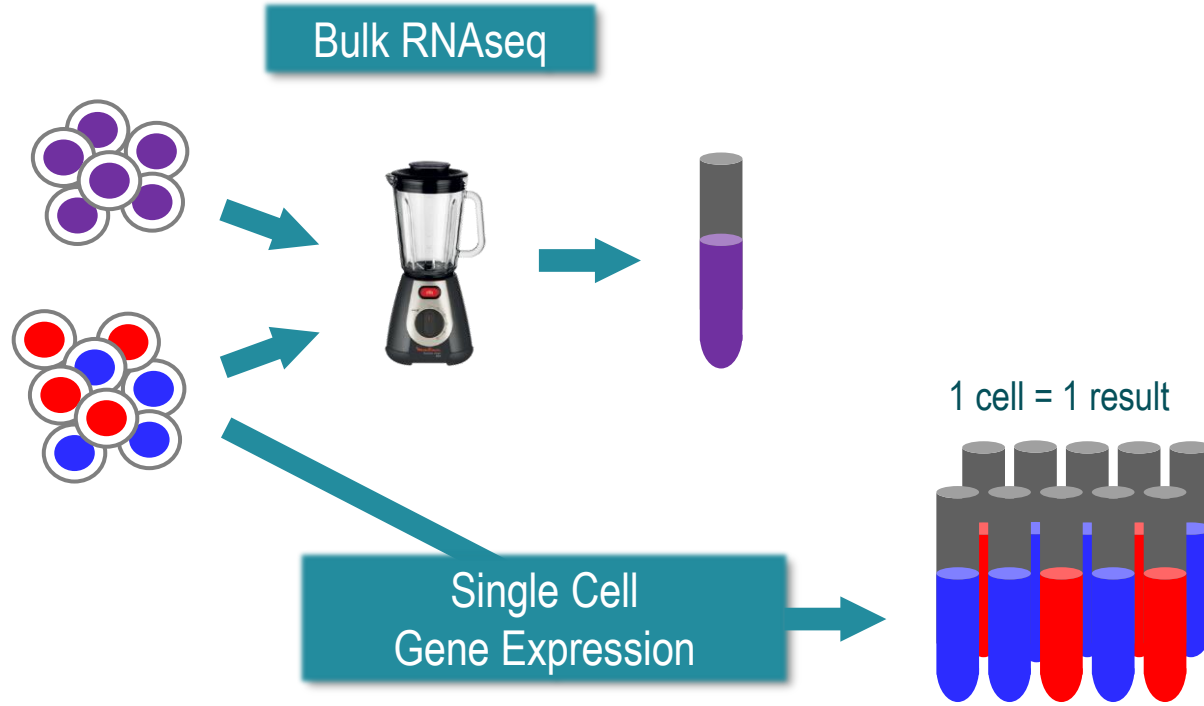
- Genome-wide approaches - scRNAseq
- Gene candidate approaches



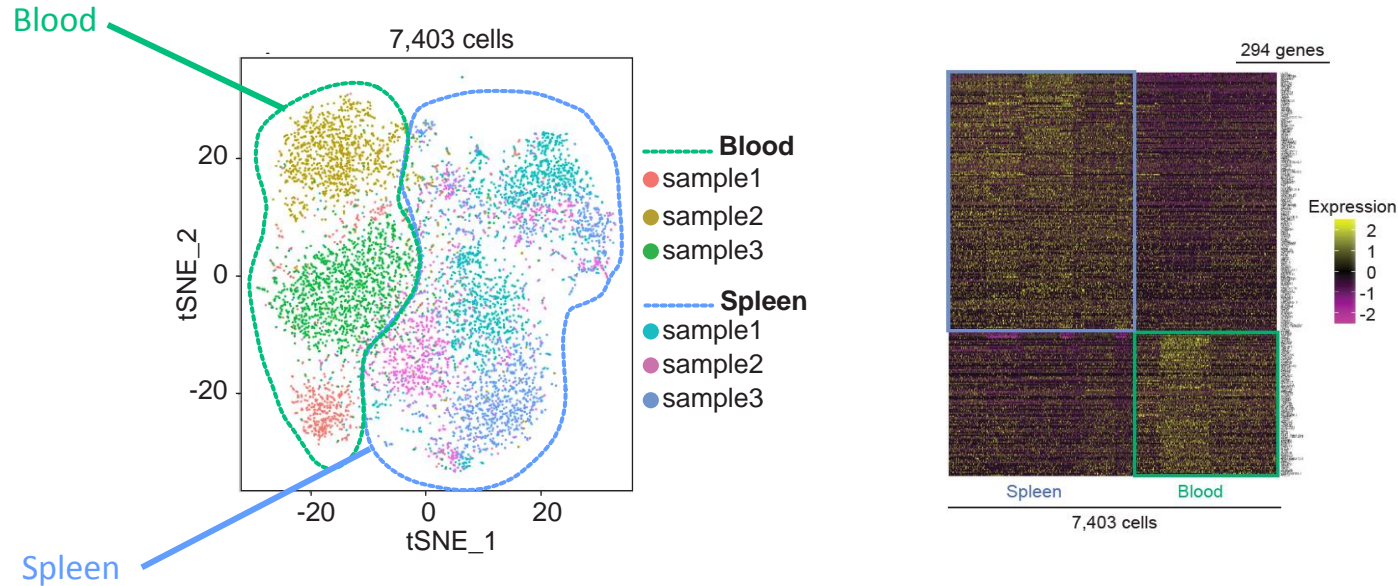
Using high-dimensional multi-parametric analysis



Using single-cell RNAseq



NK cells exhibit an tissue-specific transcriptomic profile



Pascale ANDRE
 Agnès BOYER-CHAMMARD
 Mathieu BLERY et al.
 Cécile BONNAFOUS et al.
 Caroline DENIS et al.
 Pierre DODION
 Laurent GAUTHIER et al.
 Ariane MOREL et al.
 Yannis MOREL
 Romain REMARK et al.
 Caroline SOULAS et al.
 Robert ZERBIB



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 Olivier LANTZ et al., Institut Curie, Paris
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 Bernard MALISSEN et al., CIPHE, Marseille
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Sophie UGOLINI



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 and their FAMILIES**

