

Emerging role of immune checkpoint inhibitors and ongoing clinical trials in malignant pleural mesothelioma (MPM)

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Professor of Medicine

Director of Thoracic Oncology and
Phase I Immunotherapeutics

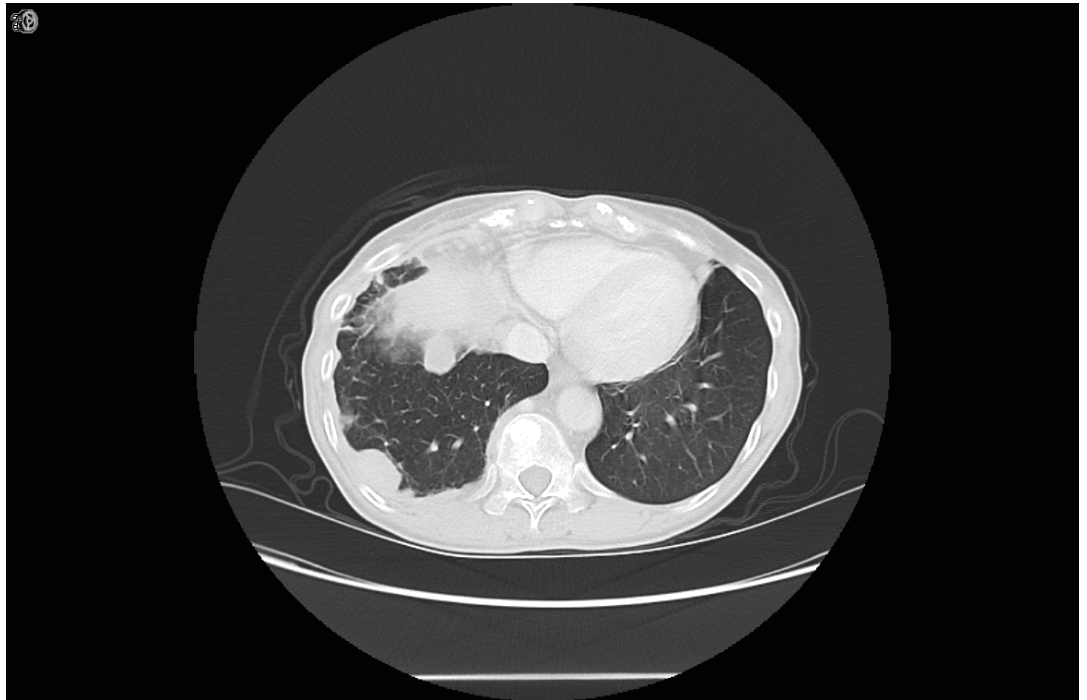
Price Chair in Clinical Translational Research

Columbia University Medical Center

New York, New York

Mesothelioma Case

- 67 yo woman, never-smoker, diagnosed with epithelioid mesothelioma. Presented with right chest wall pain, anorexia and weight loss. Imaging showed right lung and pleural masses with mets to bone and liver
- She received RT to the T4 and T12 vertebral bodies and had chemotherapy with 6 cycles of carboplatin/pemetrexed/bevacizumab completed (8/2016) then maintenance pemetrexed/bevacizumab
- Subsequent POD and referred for a clinical trial



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PD-L1 expression in malignant pleural mesothelioma

	Mansfield et al ¹	Cedr�s et al ²	Thapa et al ³	Combaz-Lair ⁴
N	106	77	311	58
Antibody used	5H1	E1L3N	E1L3N	E1L3N
Criteria of positivity	>5% membranous and/or cytoplasmic staining	≥ 1% membranous and/or cytoplasmic staining	>5% membranous staining	≥ 1% membranous and/or cytoplasmic staining
PD-L1 positivity All	40%	20.7%	41.7%	29%
Epitheloid	33%	20%	33%	23%
Non-epitheloid	38%	73%	42%*	37%

*Strong positivity predominantly in non-epitheloid tumors

*97% percent (58/60 cases) of the MPM showed a mixed infiltrate of lymphocytes, macrophages, and plasma cells (Combaz-Lair, Human Pathol 2016)

¹Mansfield, JTO 2014, ²Cedres, Plos One 2015, ³Thapa, ASCO 2016, ⁴Combaz-Lair, Human Pathol 2016

Correlation of PD-L1 expression with immune cell infiltrates, genome-wide copy number aberrations and survival in mesothelioma

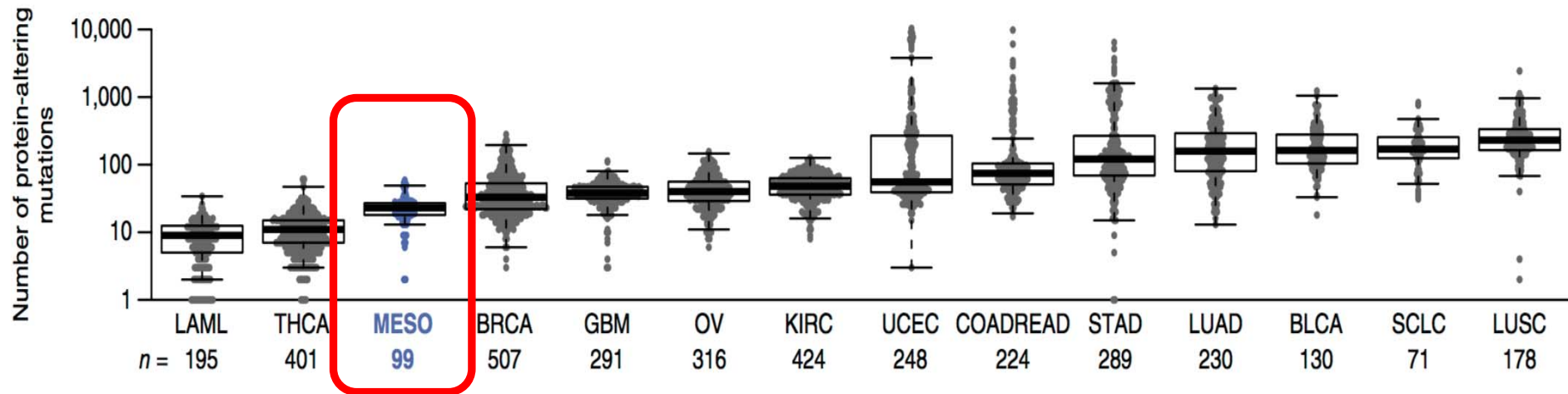
- **Methods**

- Tissue microarray constructed from 329 patients with MPM
- Immunohistochemistry performed for CD8, CD4, FoxP3 and PD-L1

- **Key results**

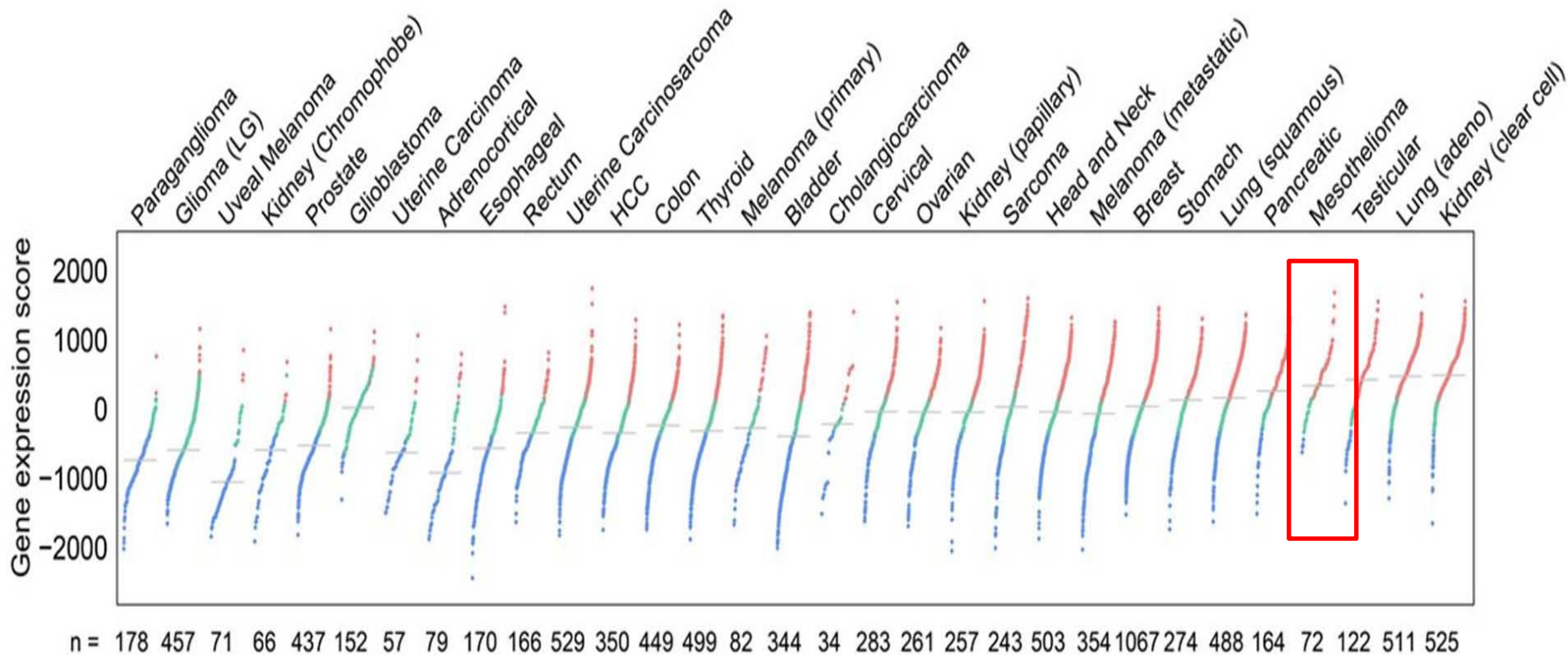
- PD-L1+ in 41.7% of patients with **high expression in only 9.6%** (defined as >50% of tumour having $\geq 2+$ intensity membranous staining)
- **PD-L1+ correlated with non-epithelioid histology and increased infiltration with CD4, CD8 and FoxP3 lymphocytes**
- **High PD-L1 expression correlated with worse prognosis (5.3 months vs. 13.5 months for PD-L1 negative and 11.3 months for weak PD-L1 expression; $p=0.0001$)**
- Increased genomic alterations did not correlate with PD-L1 expression, but was associated with poorer survival

Mesothelioma - mutational load



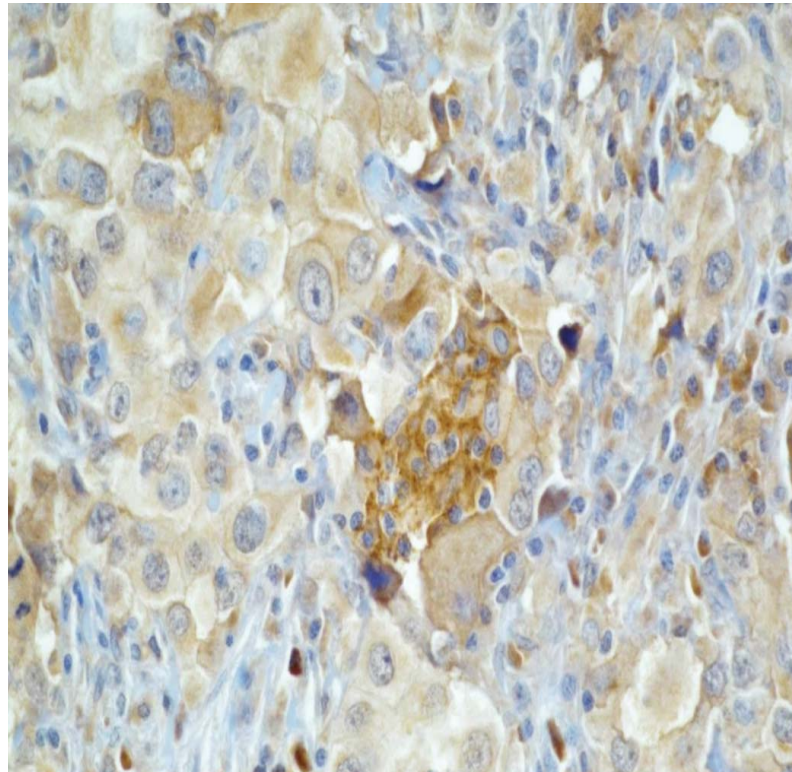
- Whole-exome sequencing on DNA from 22 MPMs and matched blood samples. Identification of 517 somatic mutations across 490 mutated genes
- Mesothelioma contain an average of 24 protein coding alteration per sample, a rate considerably lower than other types malignancies

T-cell inflamed microenvironment by tumor entity across TCGA solid tumors

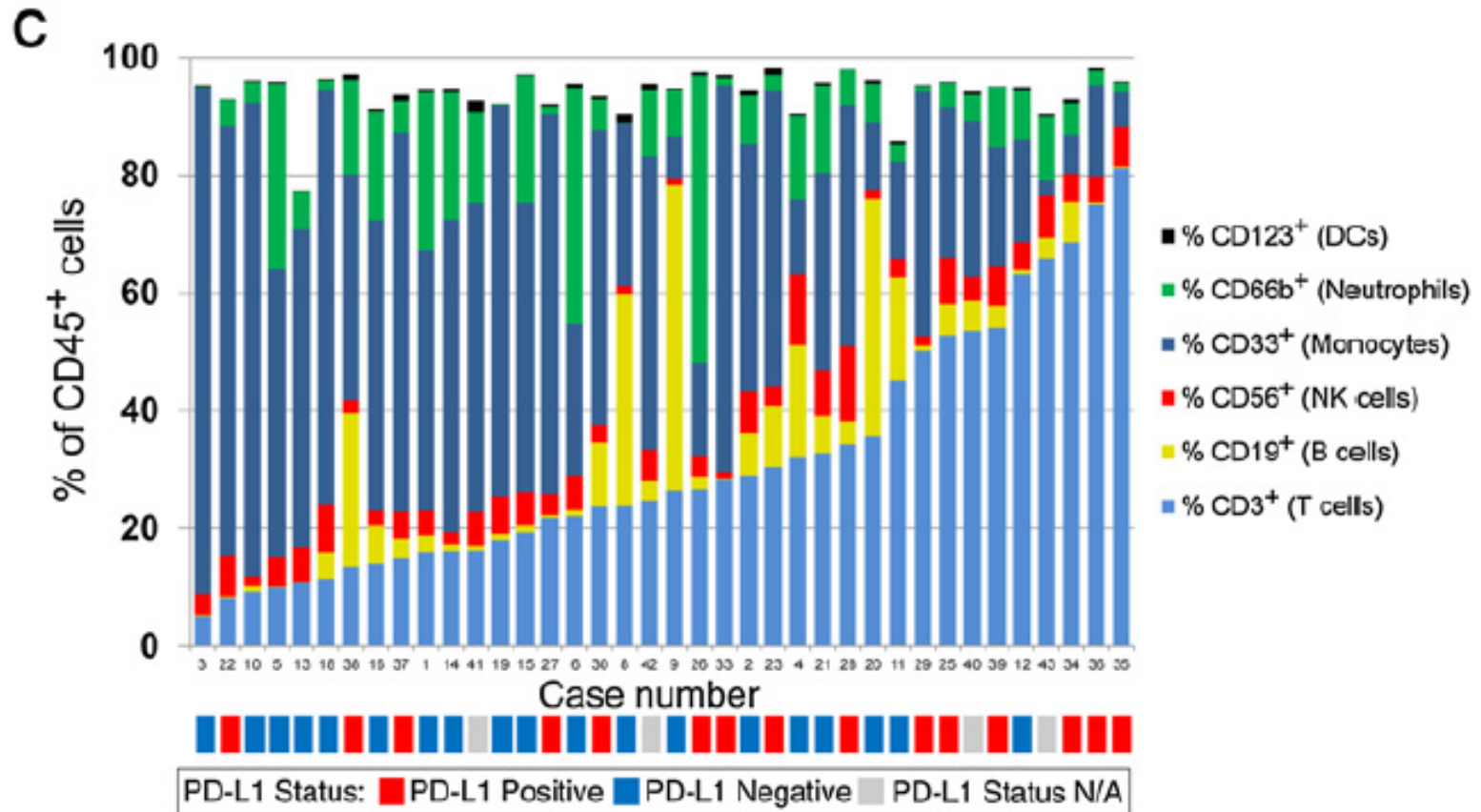


TILs

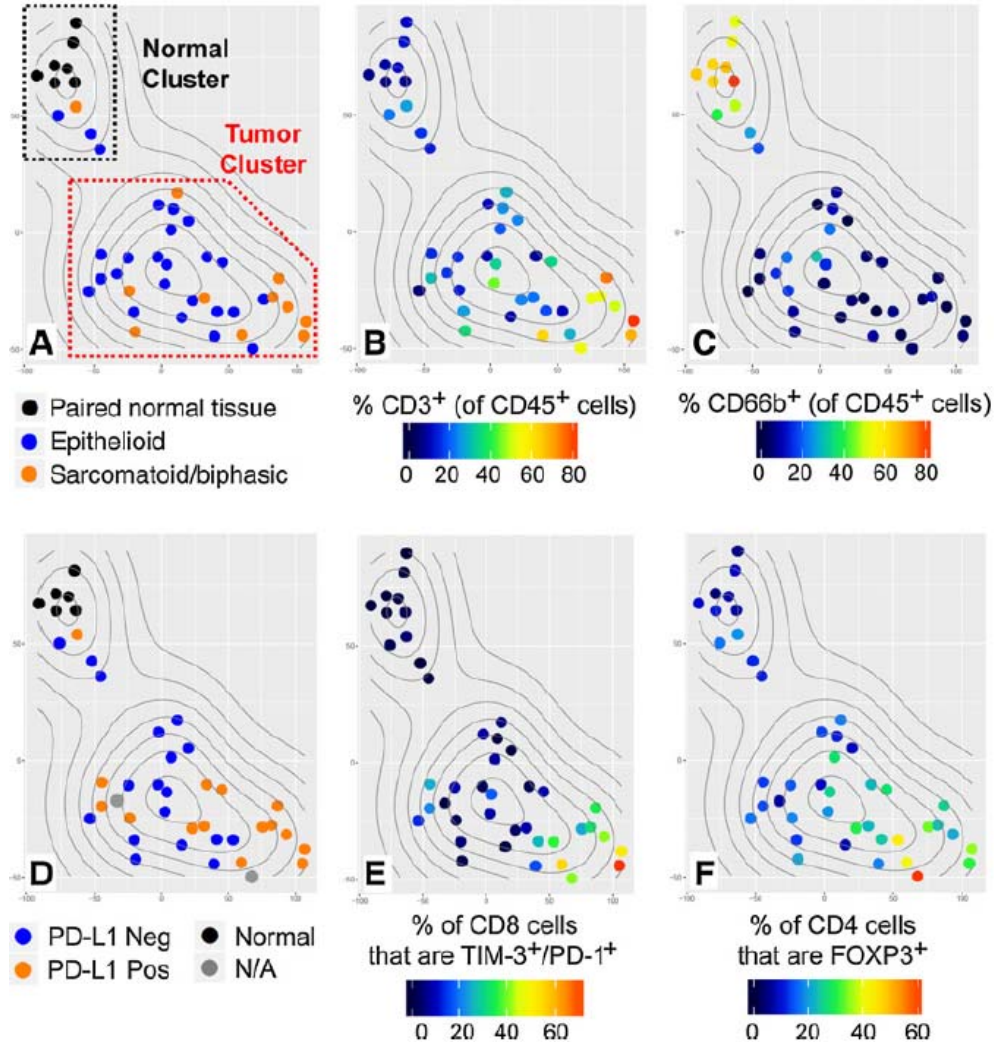
- 97% percent (58/60 cases) of the MPM showed a mixed infiltrate of lymphocytes, macrophages, and plasma cells.



Immune profiling of MPM



Immune profiling of MPM



Tremelimumab

MESOT-TREM-2008 and -2012 (IIS)

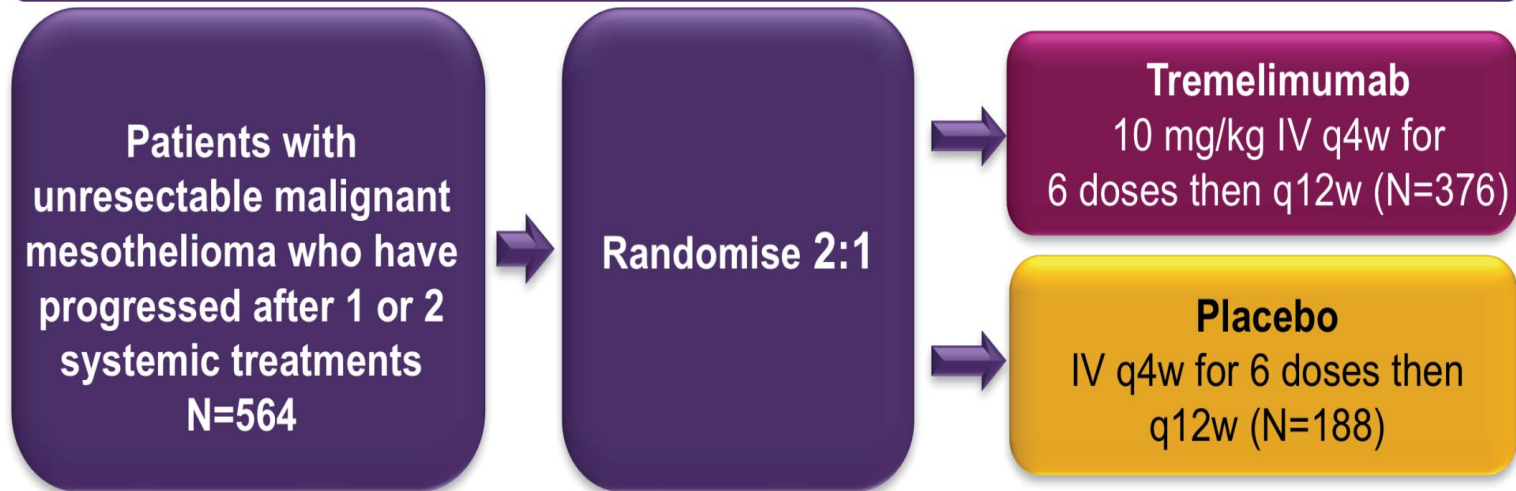
Best tumour response	MESOT-TREM-2008* 15 mg/kg q12w, N=29 ¹	MESOT-TREM-2012 [†] 10 mg/kg q4w/q12w, N=29 ²
ORR, % (95% CI)	6.9 (0.0–16.1)	13.8 (3.9–31.7)
CR	0	0
PR	6.9 (0.0–16.1)	13.8 (3.9–31.7)
SD, % (95% CI)	24.1 (8.6–39.7)	38 (20.7–57.7)
DCR, % (95% CI)	31.0 (14.2–47.9)	51.7 (32.5–70.6)
1-year survival, % (95% CI)	48.3 (30.1–66.5)	48.3 (30.1–66.5)
2-year survival, % (95% CI)	36.7 (18.7–54.7)	—
Median OS, months (95% CI)	10.7 (0.0–21.9)	11.3 (3.4–19.2)
Median PFS, months (95% CI)	6.2 (1.3–11.1)	6.2 (5.7–6.7)

¹Calabro L, et al. Lancet Oncol 2013;14:1104–11;

²Calabro L, et al. Lancet Resp Med 2015;3:301–9

DETERMINE: study design

Phase 2b global, randomised, double-blind, placebo-controlled study



- Primary endpoint:
 - OS
- Secondary endpoints:
 - 18-month OS
 - Durable DCR
 - Duration of response
 - PFS
 - ORR
 - QoL
 - Safety and tolerability
 - Immunogenicity
 - PK

Tremelimumab in second or third line versus placebo in malignant mesothelioma

DETERMINE Study Design

Global, Randomized, Double-Blind, Placebo-Controlled, Phase 2b Trial

N=571

- Pleural/peritoneal MM
- ECOG PS 0–1
- 1–2 prior regimens (including a platinum)
- Measurable disease

2:1 randomization

Stratification:

- Pleural vs. peritoneal
- 2nd vs. 3rd line
- EORTC low vs. high risk

Tremelimumab i.v.

10 mg/kg q4w x 7 doses, then q12w
n=382

Placebo i.v.

n=189

Primary endpoint: Overall survival (OS)

Key secondary endpoints: 18-month OS, PFS, overall response rate and duration, disease control rate (DCR), durable DCR, safety

Statistics: 90% power to detect an overall HR of 0.71 (increase in median OS from 7 to 9.3 mo) using a 2-sided 0.05 level test

DETERMINE: Overall Survival (ITT Population)

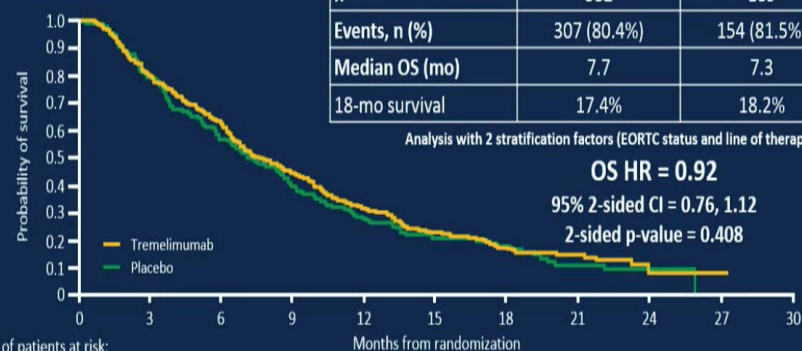
	Tremelimumab	Placebo
n	382	189
Events, n (%)	307 (80.4%)	154 (81.5%)
Median OS (mo)	7.7	7.3
18-mo survival	17.4%	18.2%

Analysis with 2 stratification factors (EORTC status and line of therapy)^a

OS HR = 0.92

95% 2-sided CI = 0.76, 1.12

2-sided p-value = 0.408



Number of patients at risk:

	0	3	6	9	12	15	18	21	24	27	30
Tremelimumab	382	300	232	163	116	69	36	16	3	1	0
Placebo	189	147	103	70	48	32	17	8	2	0	0

^ap-value for OS derived from stratified Log-rank test; HR and its CI derived from stratified Cox regression. HR<1 implies a lower risk of death with tremelimumab.

Anti-PD-1 antibody results

Study	Keynote-028 PD-L1+	NivoMes Unselected	Avelumab Unselected
Patient Number	25	18	53
PR	7 (28%)	5 (27%)	5 (9.4%)
SD	12 (48%)	4 (22%)	27 (47.2%)
PD	4 (16%)	9 (50%)	18 (34%)
Not assessed	2 (8%)		

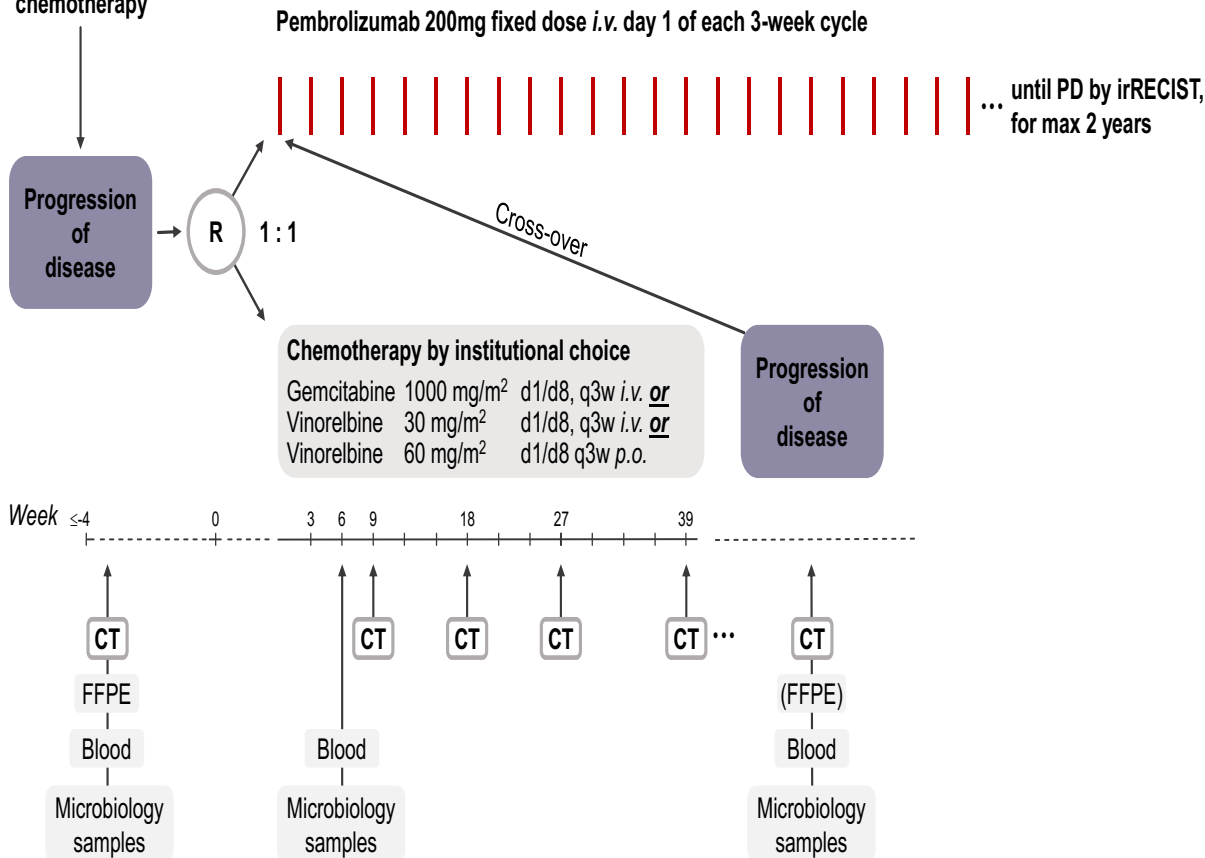
Level of PD-L1 expression in Keynote-028 did not correlate with response

Both PD-L1 positive and negative patients responded to Avelumab

Response to Avelumab was not associated with TIL or tumour PD-L1 staining

PROMISE-meso: Pembrolizumab in advanced pretreated malignant pleural mesothelioma

Malignant pleural mesothelioma after/on one previous line of chemotherapy



Study design:

- Multicentre, randomised, phase III trial, ETOP sponsored

Primary objectives:

- To assess safety and efficacy of pembrolizumab versus standard chemotherapy in MPM

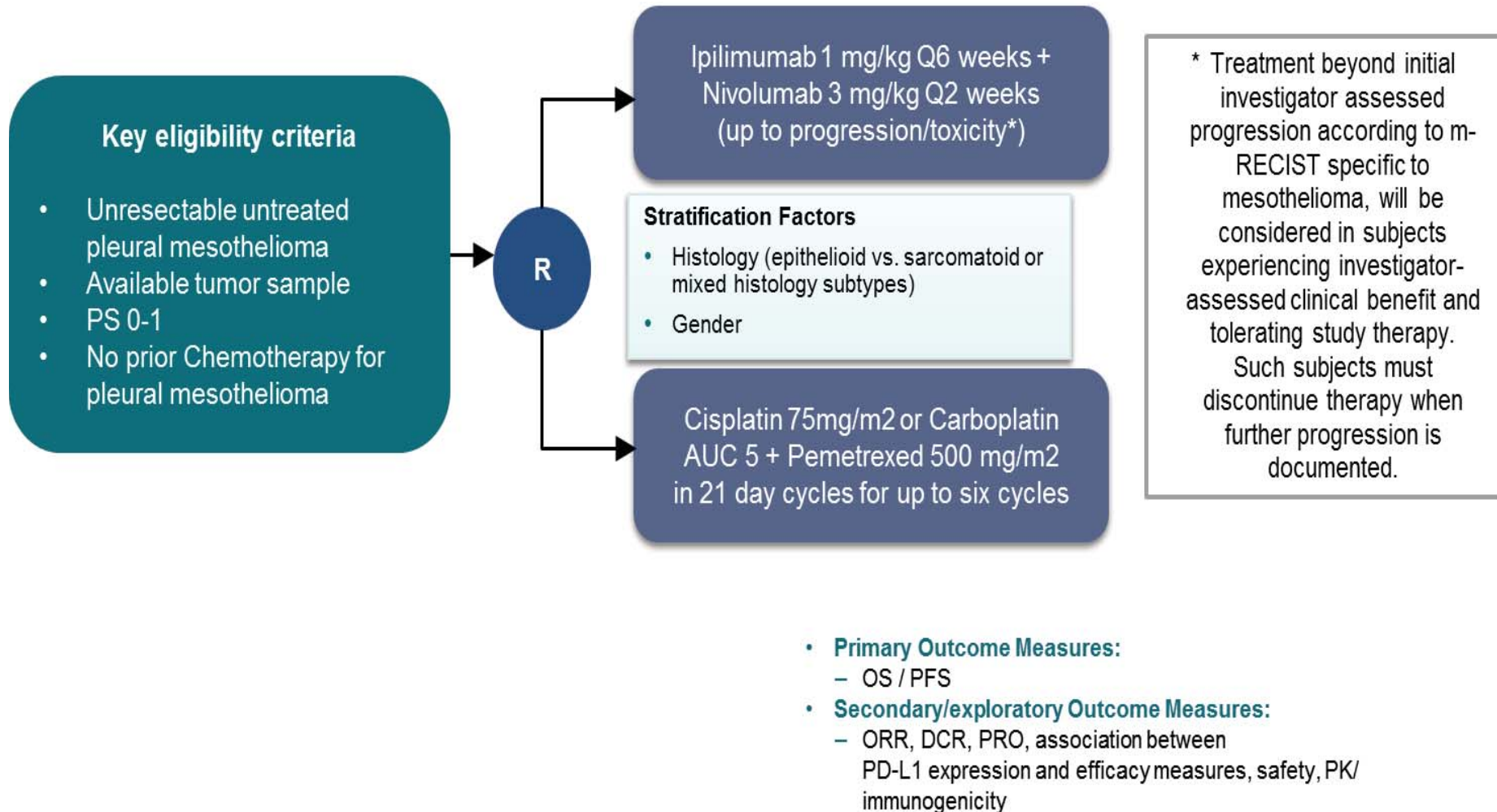
Primary endpoint:

- Progression-free survival (based on independent radiological review)

Sample size:

- 142 randomized patients

CA209-743: A phase III NIVO/IPI vs. chemotherapy first line trial in mesothelioma



Summary

- CTLA-4 blockade phase 3 trial in MPM with tremelimumab: negative trial
- Complex TME in MPM
- Single agent activity of anti-PD-1 Ab does not correlate well with PD-L1 expression
- Phase 3 trials with immune checkpoint blockade are ongoing

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