

The Microbiome in Cancer Immunotherapy

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November 29, 2017

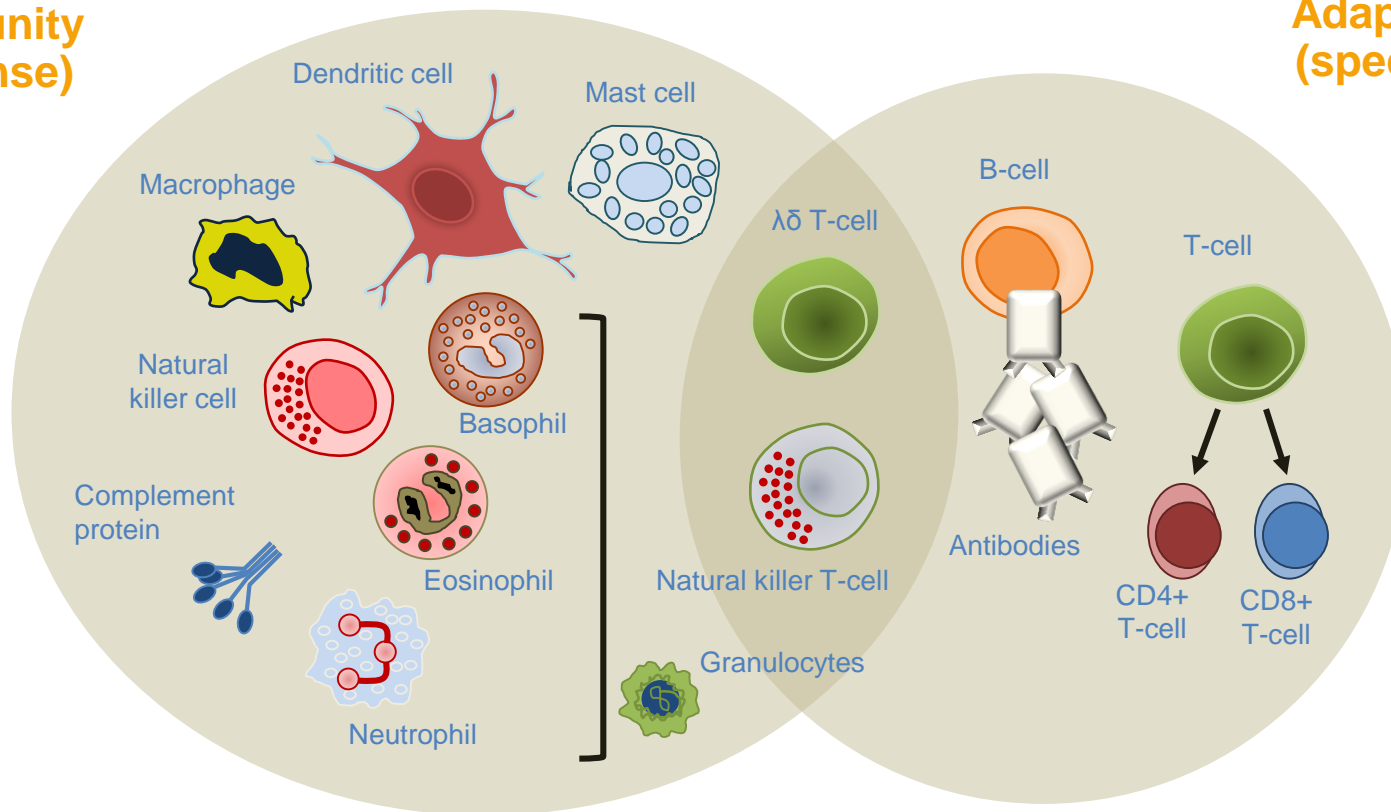
Immunobiology Overview

Common Types of Immunotherapy

- Vaccines
 - Peptide/Protein/Tumor cell lysates
 - Viral
 - Dendritic Cell
 - Oncolytics
- Small molecule agonists and inhibitors
 - IDO
 - TGF-beta
- Cytokines
 - IL-2
- Immune checkpoint blockade
 - CTLA-4
 - PD-1, PD-L1
- Cellular therapy
 - CARs, TCRs

Immune System Function and Immune Response

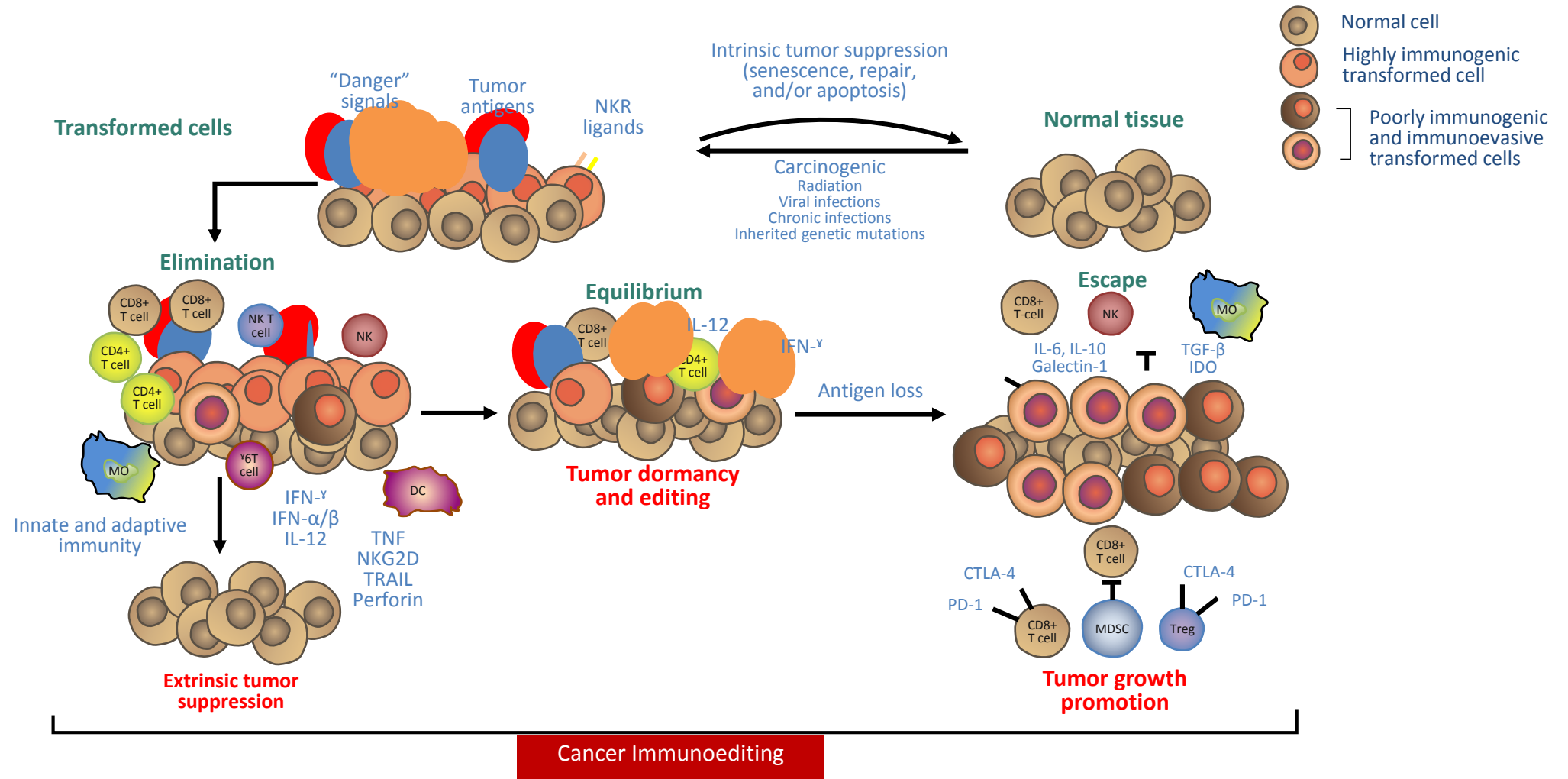
**Innate Immunity
(fast response)**



**Adaptive Immunity
(specific but slow)**

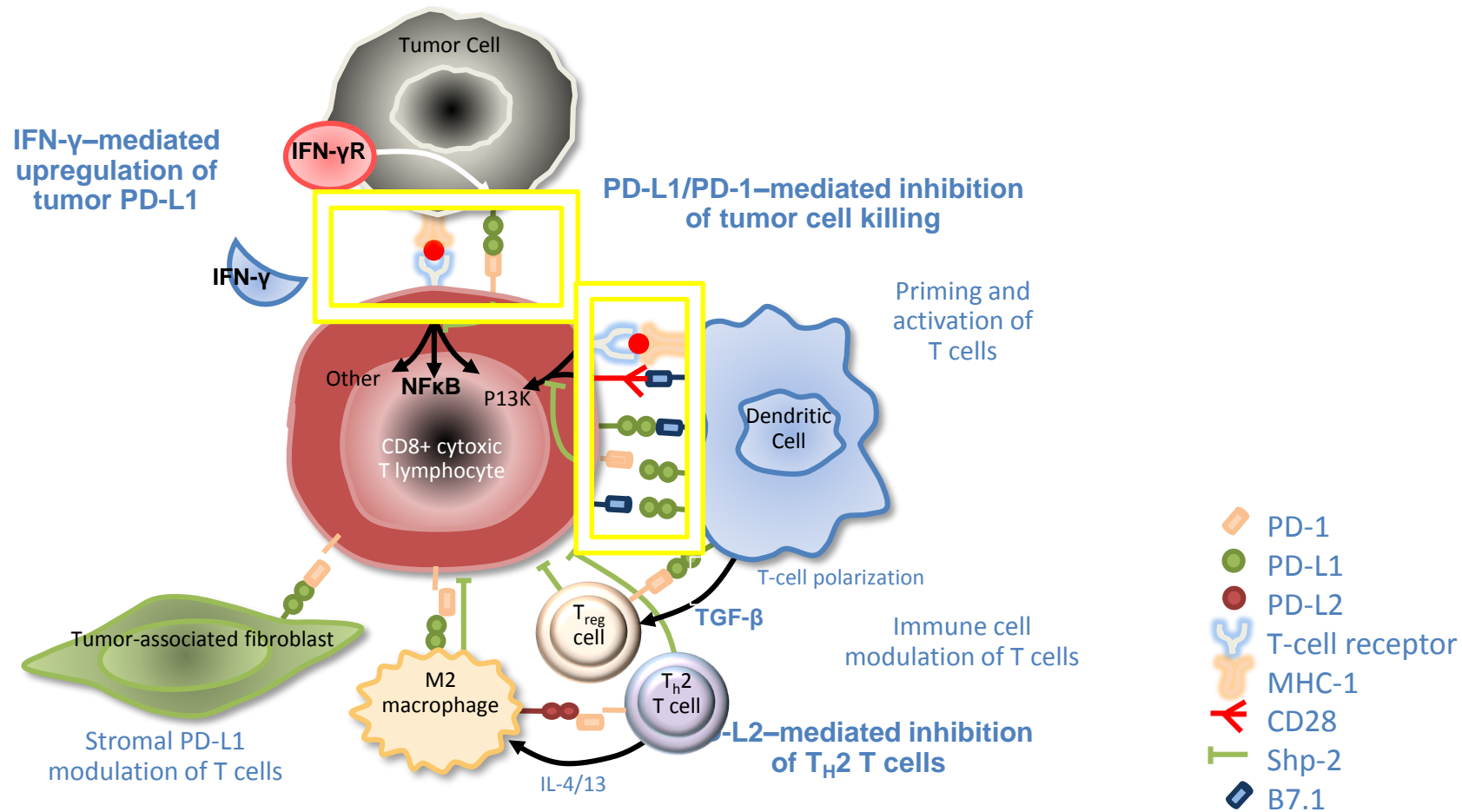
Janeway CA Jr, et al. Immunobiology: the immune system in health and disease. 2001.

Basic Concepts in Tumor Immunology: Immunoediting

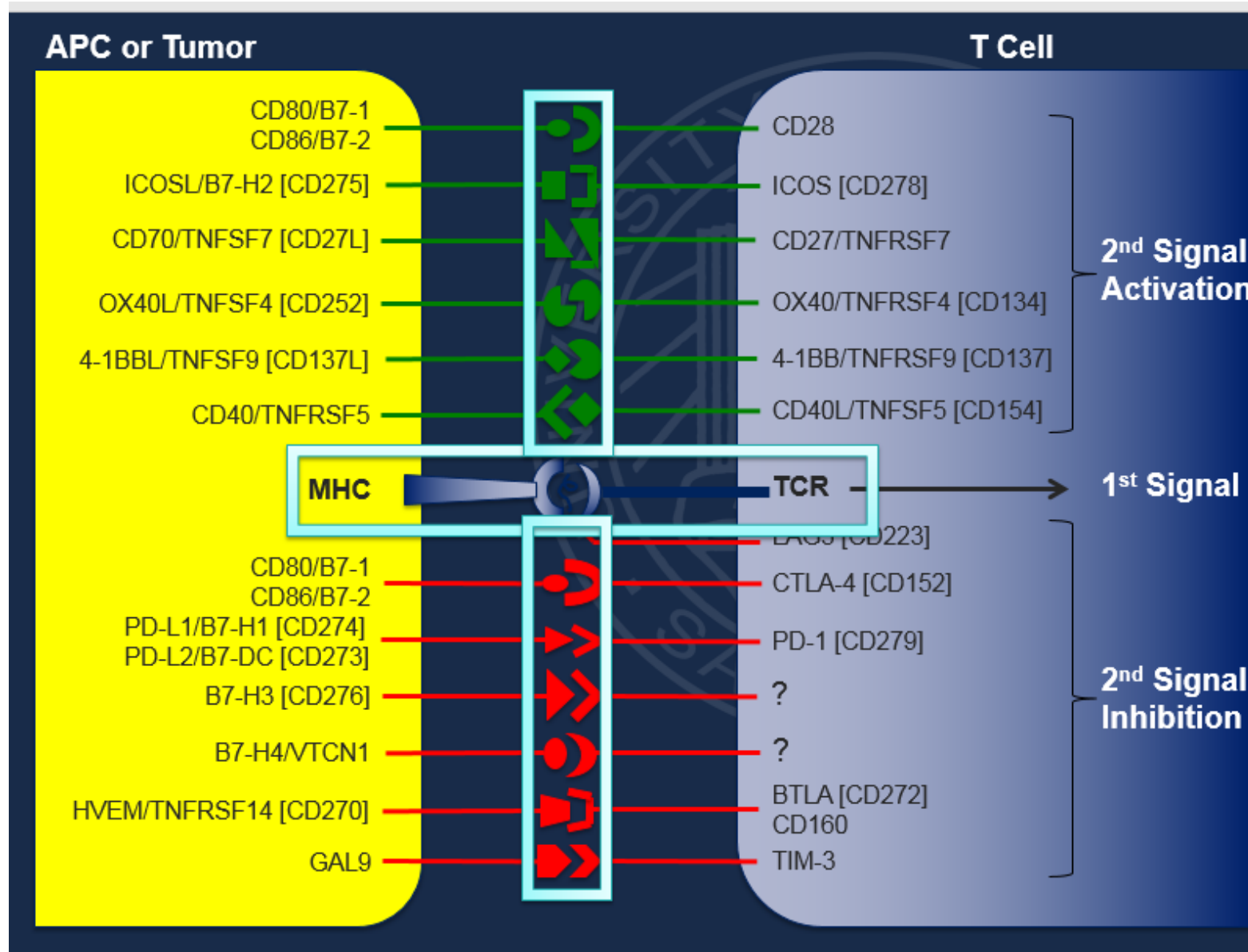


Schreiber RD, et al. Science. 2011;331:1565-1570.

Immunologic Synapses Within Tumor Microenvironment

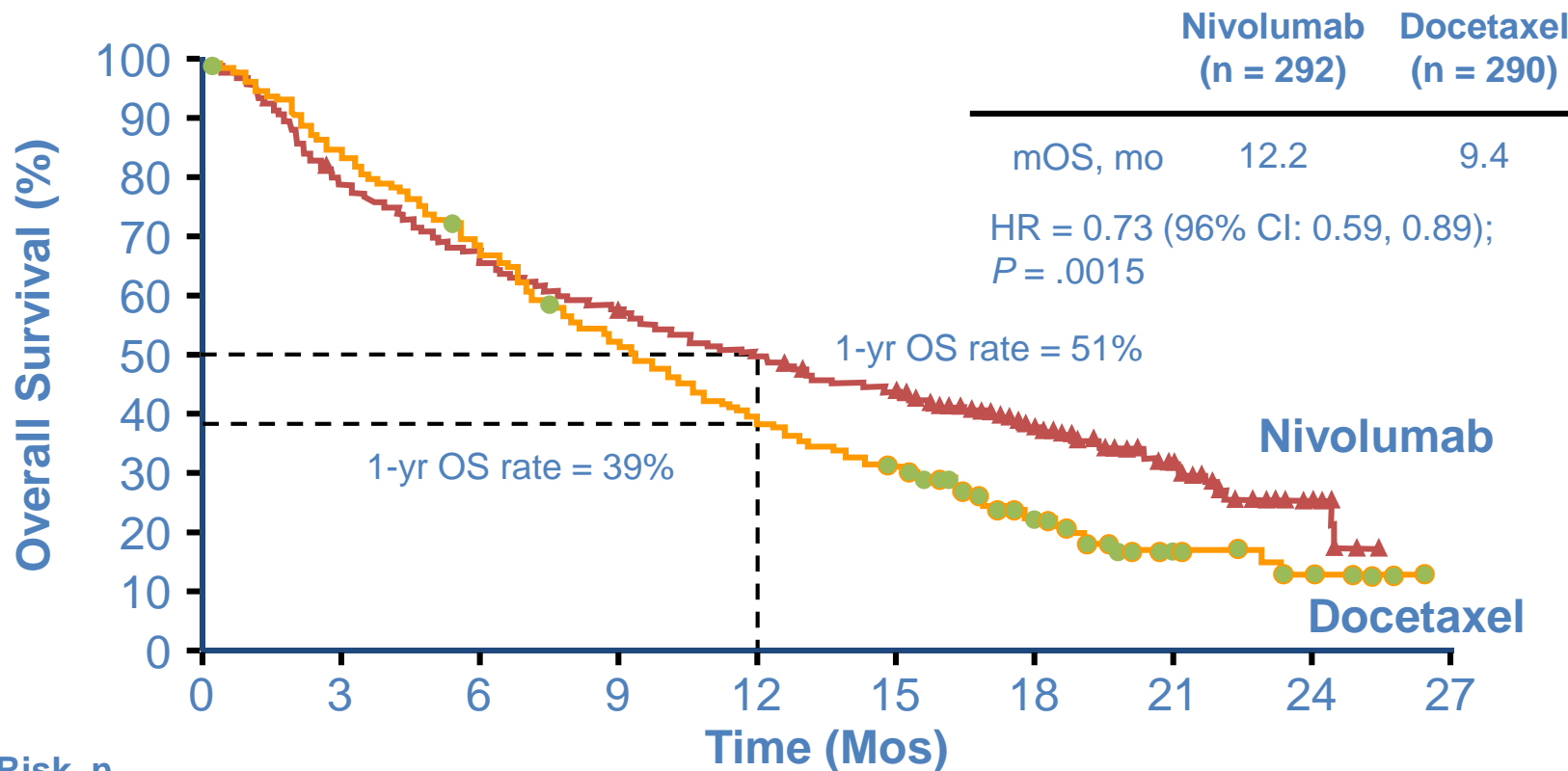


Sznol M, et al. Clin Cancer Res. 2013;19:1021-1034.



Clinical Biomarkers

CheckMate 057: OS in NSCLC-nonsquamous



At Risk, n	0	3	6	9	12	15	18	21	24	27
Nivolumab	292	232	194	169	146	123	62	32	9	0
Docetaxel	290	244	194	150	111	88	34	10	5	0

Paz-Ares L, et al. ASCO 2015. Abstract LBA109

PD-L1 IHC

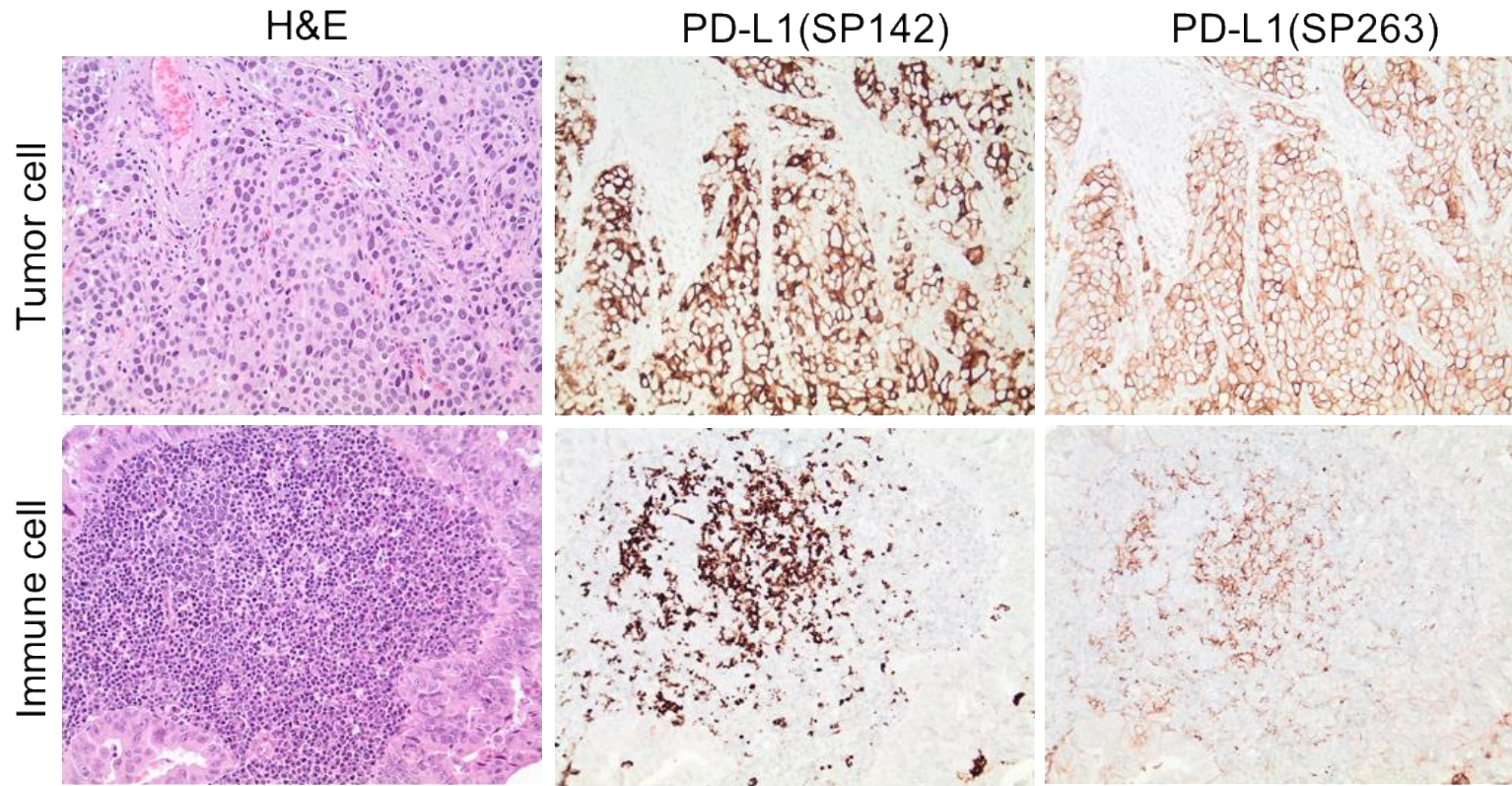
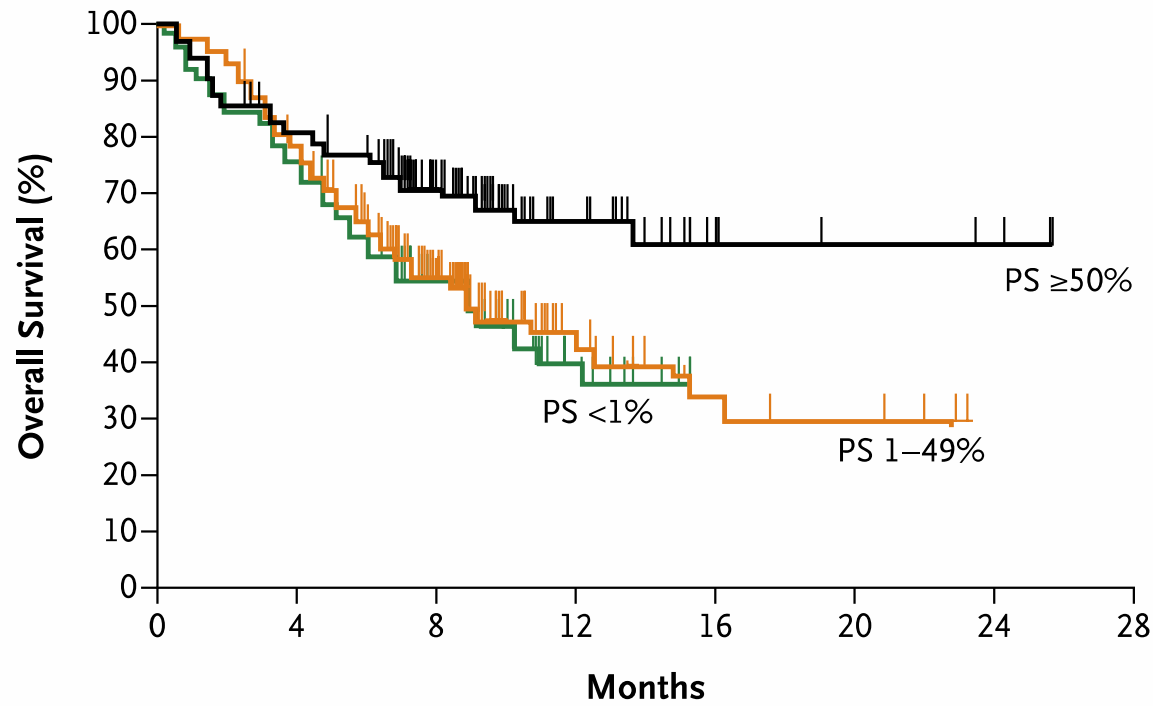


Figure 1: Staining with PD-L1 monoclonal antibodies in tumor and immune cells. Histology of urothelial carcinoma (upper panels) and metastatic lung adenocarcinoma (lower panels). Tissues were stained with hematoxylin-eosin and PD-L1 monoclonal antibodies (SP142 and SP263, respectively).

Nakasaki, Jacobs, Fadare, Patel, Hansel (pending)

Biomarker Enrichment - OS in NSCLC with Pembrolizumab

A All Patients



- PD-L1 expression on tumor membrane
- 50% cutoff point

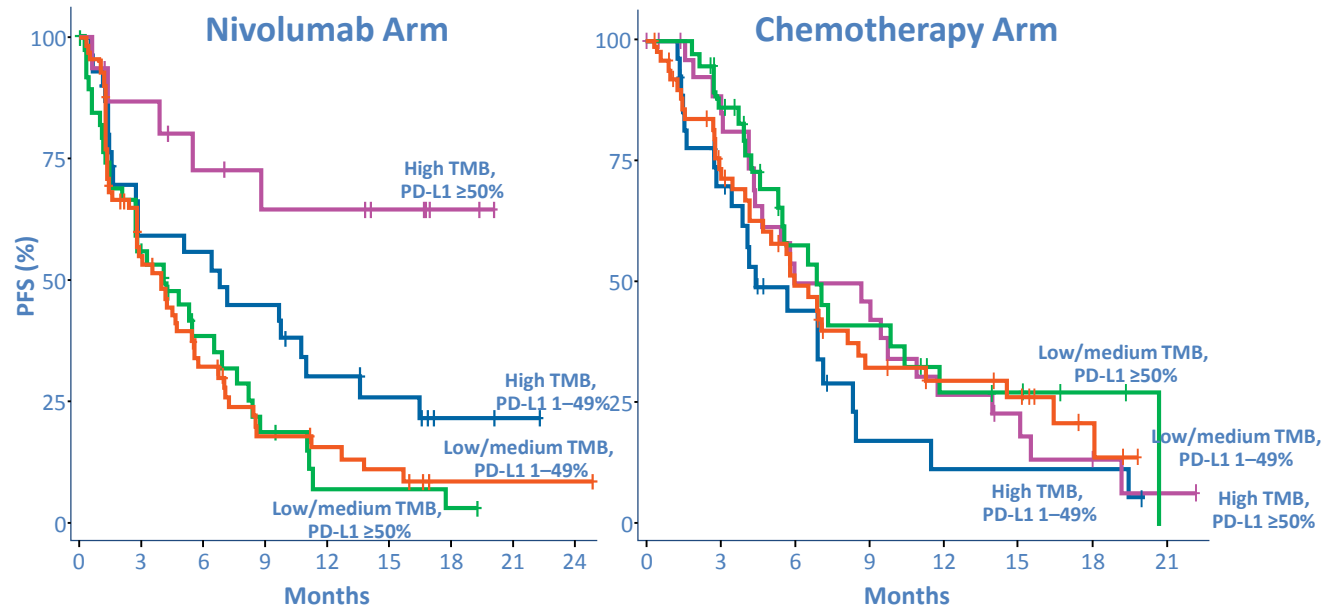
No. at Risk

PS ≥50%	119	92	56	22	5	4	3	0
PS 1-49%	161	119	58	15	6	4	0	0
PS <1%	76	55	33	8	0	0	0	0

Garon et al. NEJM 2015

PFS by TMB Subgroup & PD-L1 Expression

CheckMate-026 TMB Analysis: Nivolumab in First-line NSCLC



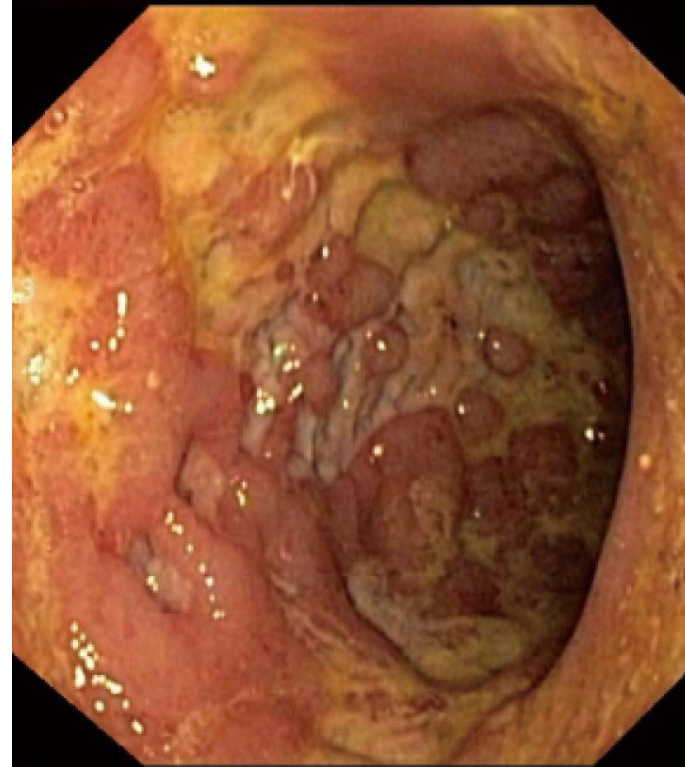
No. at Risk	Nivolumab Arm									Chemotherapy Arm								
	0	3	6	9	12	15	18	21	24	0	3	6	9	12	15	18	21	
High TMB, PD-L1 ≥50%	16	13	10	8	8	6	2	0	0	32	24	13	12	7	5	2	1	
High TMB, PD-L1 1-49%	31	17	16	13	8	6	2	1	0	28	18	9	3	2	2	2	0	
Low/medium TMB, PD-L1 ≥50%	41	21	12	6	2	2	1	0	0	41	30	14	10	5	4	2	0	
Low/medium TMB, PD-L1 1-49%	70	33	18	9	7	5	1	1	1	53	35	23	13	10	8	3	0	

Peters S, et al. AACR. 2017. Abstract CT082.

The Intersection of the Gut and the Immune System

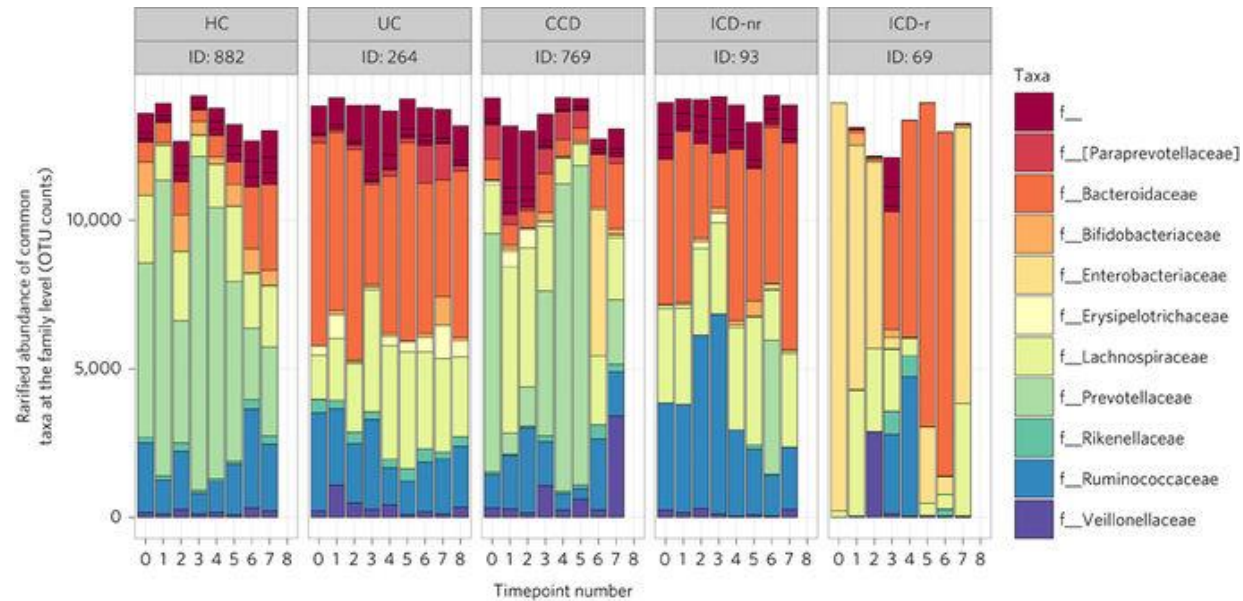
Immune Checkpoint Inhibitor Colitis

- Ipilimumab-induced ileocolitis with deep ulcerations in the colon



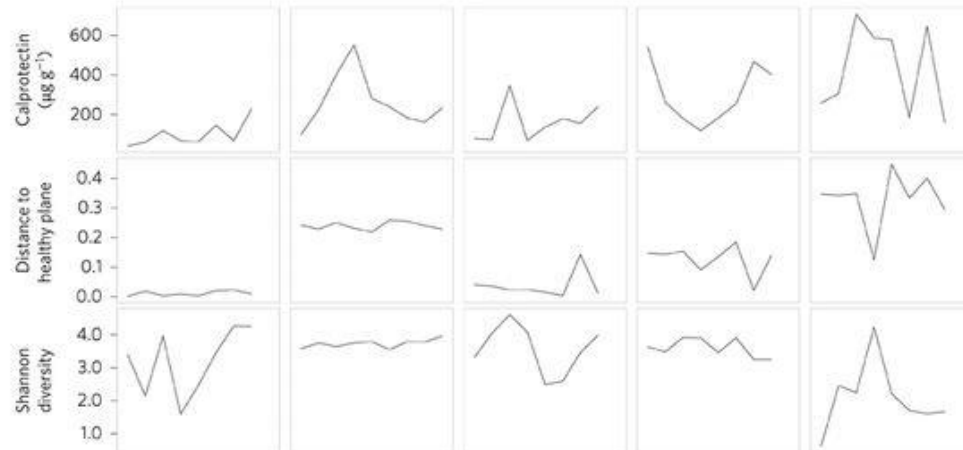
Slangen RM, et al. World J Gastrointest Pharmacol Ther. 2013;4:80-82.

Microbiota in Inflammatory Bowel Disease



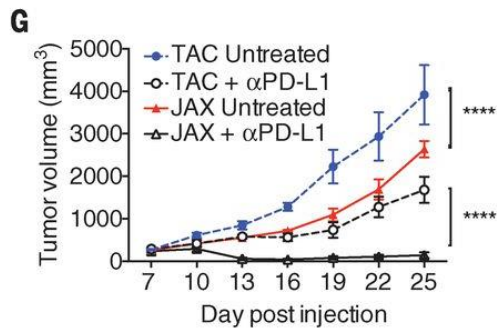
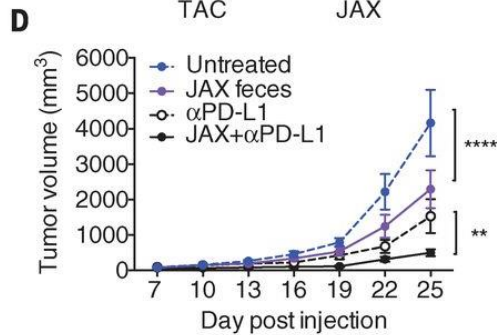
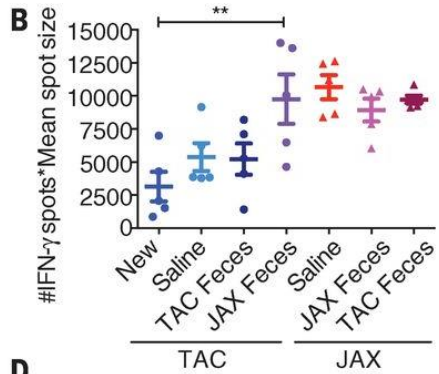
Major differences in microbiome profile between HC (healthy control) and:

- Ulcerative colitis (UC)
- Collagenous colitis (CC)
- Colonic Crohn's Dz (CCD)
- Ileal Crohn's Dz-not resected (ICD-nr)
- Ileal Crohn's Dz-resected (ICD-r)



Halfvarson, Knight, Jansson. Nat Micro 2017

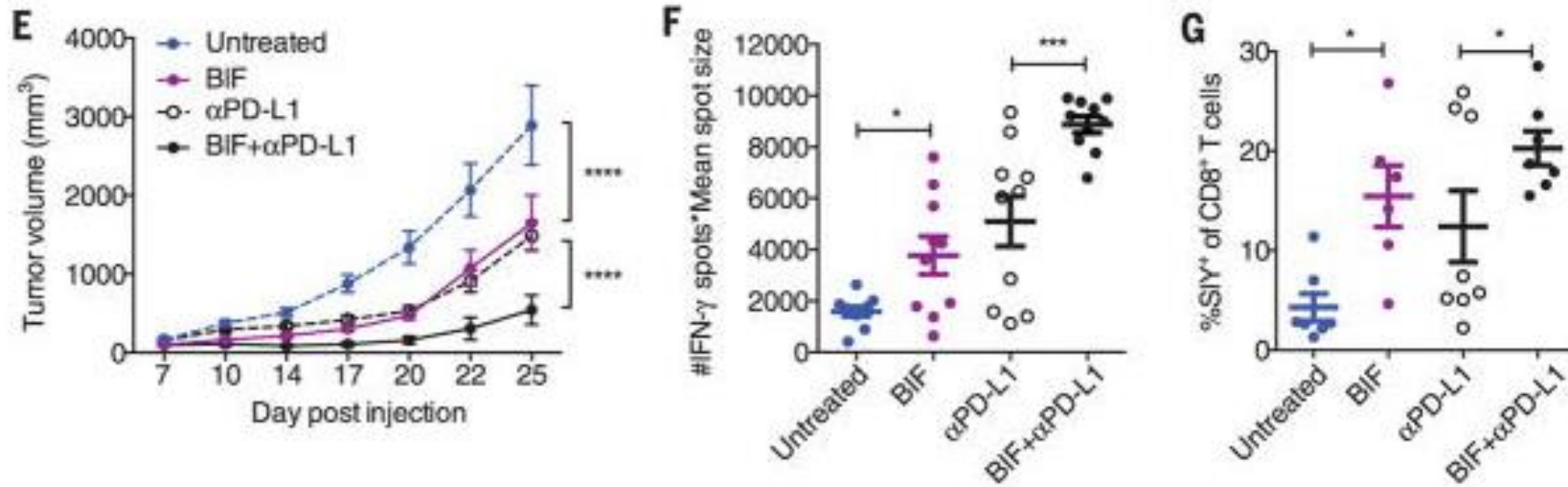
Microbiome Modulates Response to Immunotherapy



- Where a mouse was ordered seemed to determine response to anti-PD-L1 (JAX vs TAC).
- This difference was driven by gut microbiota.
- The commensal microbial composition can influence spontaneous antitumor immunity, as well as a response to immunotherapy with α PD-L1 mAb.
 - Combination treatment with both JAX fecal transfer and α PD-L1 mAb improved tumor control (Fig. D)
 - α PD-L1 alone was significantly more efficacious in JAX mice compared with TAC mice (Fig. G).

Sivan et al. Science 2015;350:1084-1089

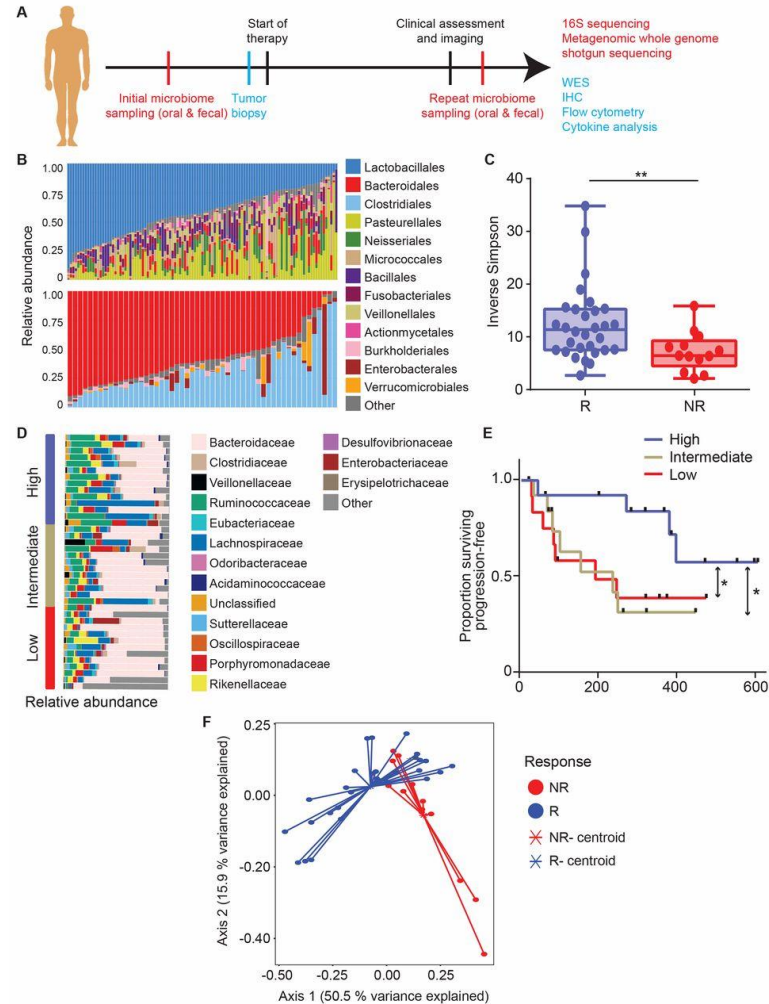
Which bacterial species?



- Bifidobacterium (BIF) seemed to be the sensitizing bacterial strain
- Transfer of BIF into deficient mice led to improved anti-tumor responses with anti-PD-L1

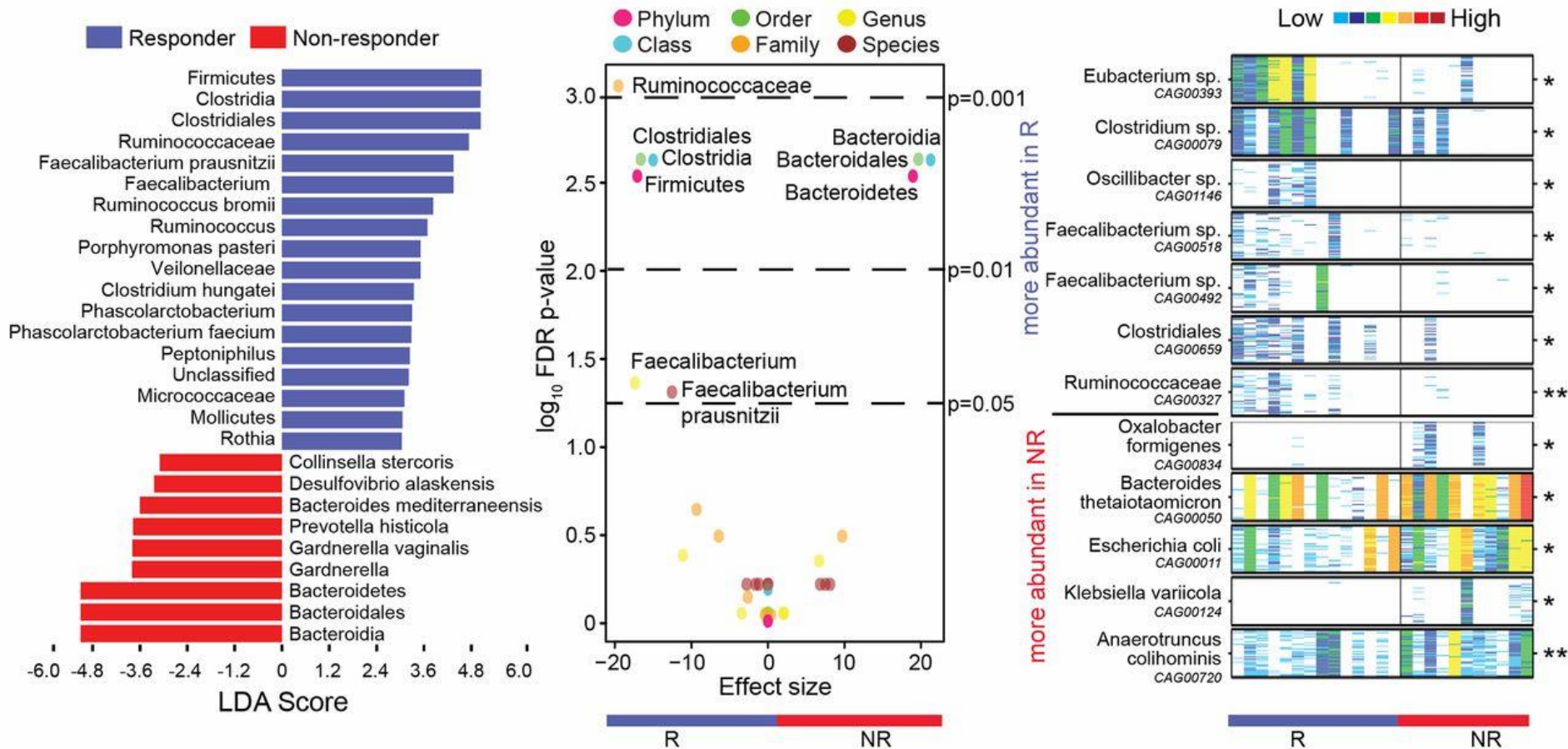
Sivan et al. Science 2015;350:1084-1089

Melanoma patients with more gut microbiome diversity response better to anti-PD-1



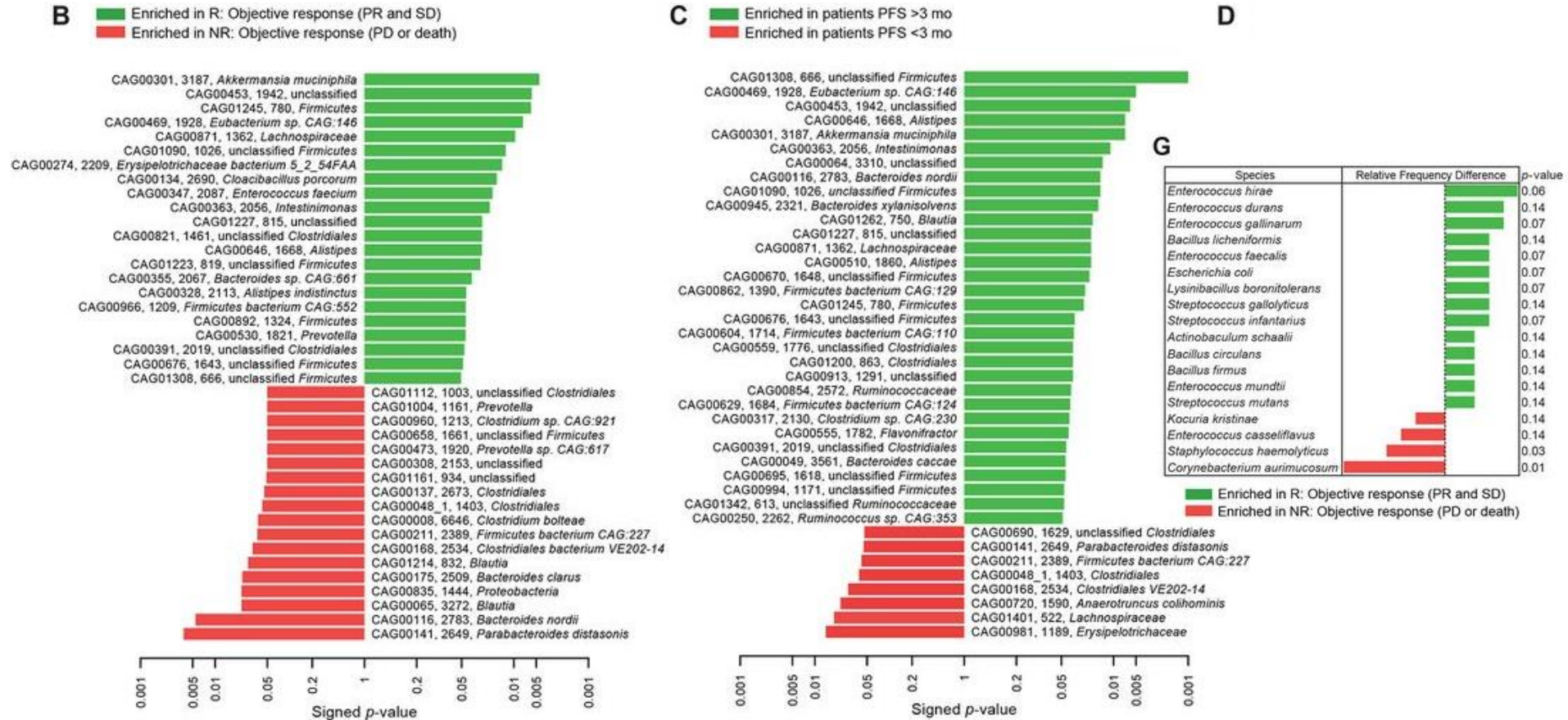
V. Gopalakrishnan et al. Science 2017;science.aan4236

Different Bacteria Portend Response or Resistance to Anti-PD-1 in Melanoma



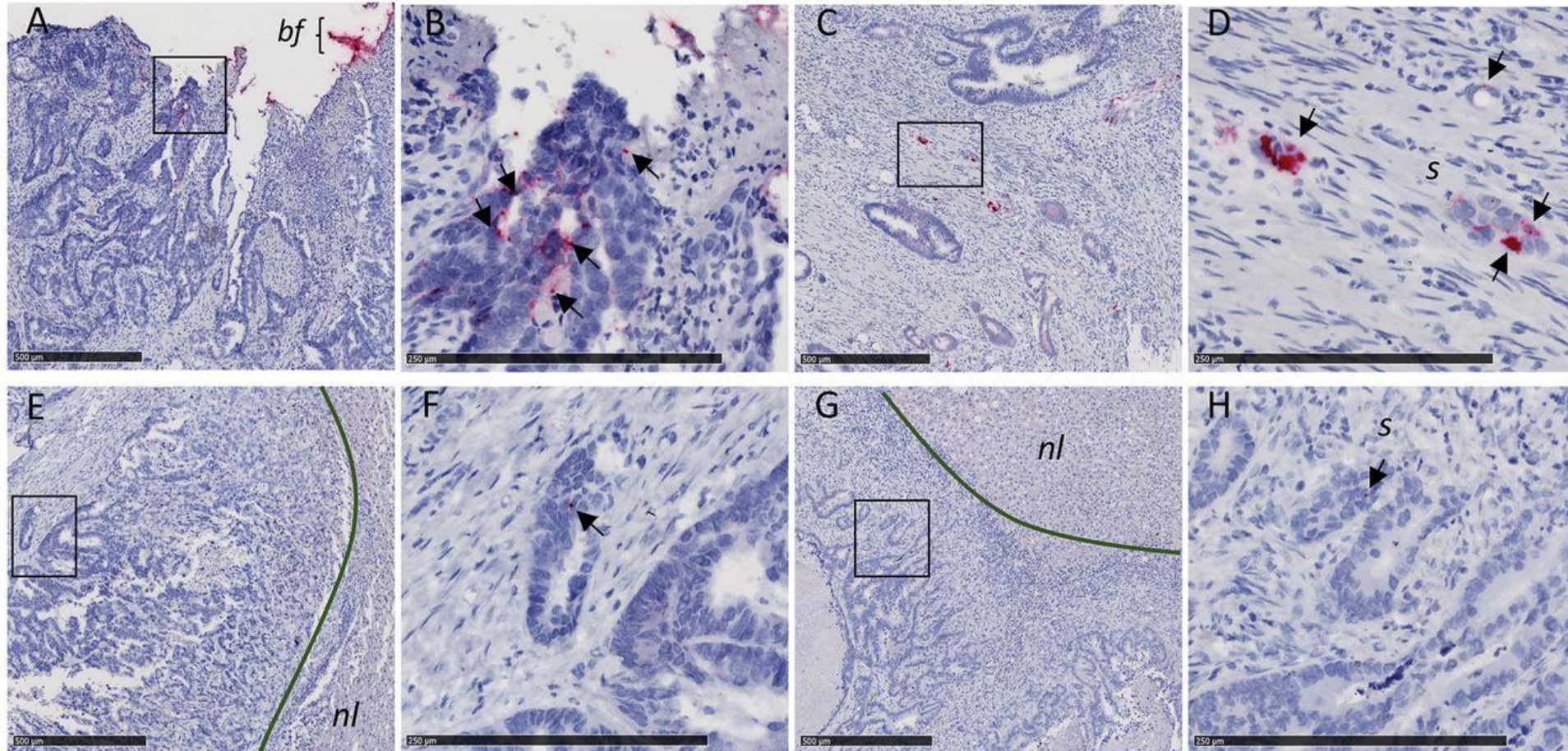
V. Gopalakrishnan et al. Science 2017;science.aan4236

Gut bacteria influence response to anti-PD-1



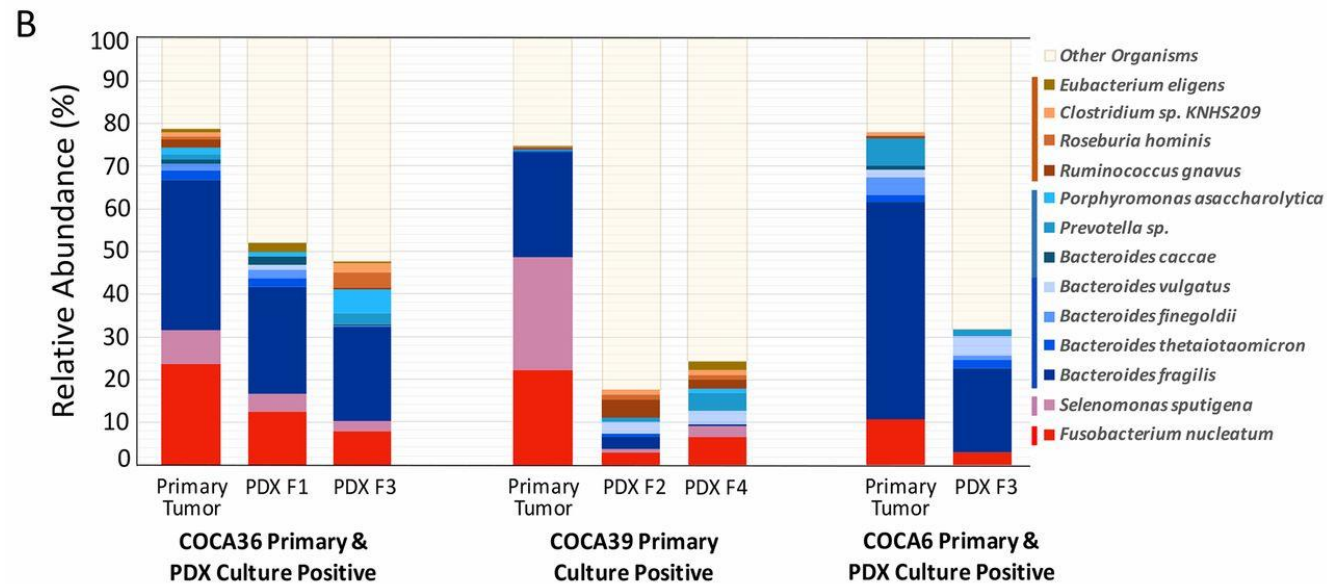
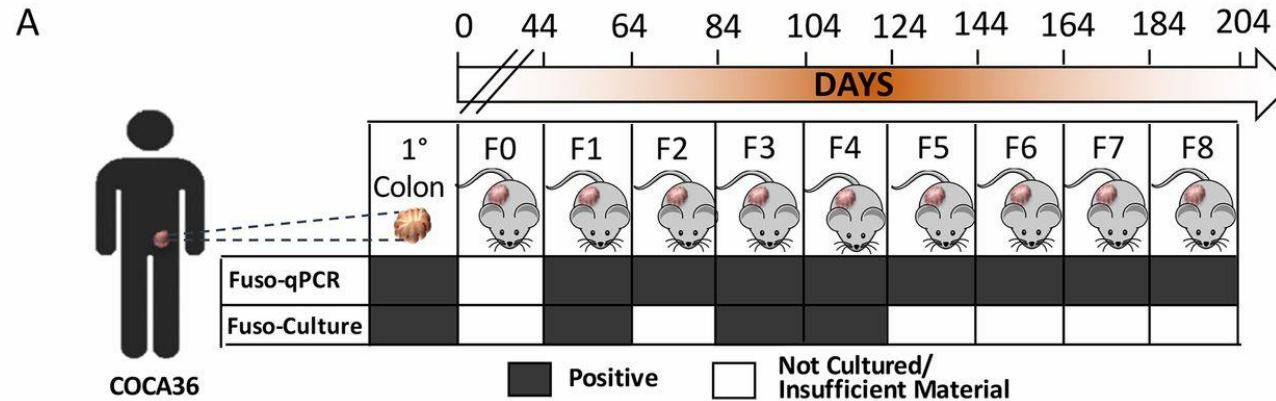
Bertrand Routy et al. Science 2017;science.aan3706

Fusobacterium nucleatum RNA present in colon primary tumors and metastasis



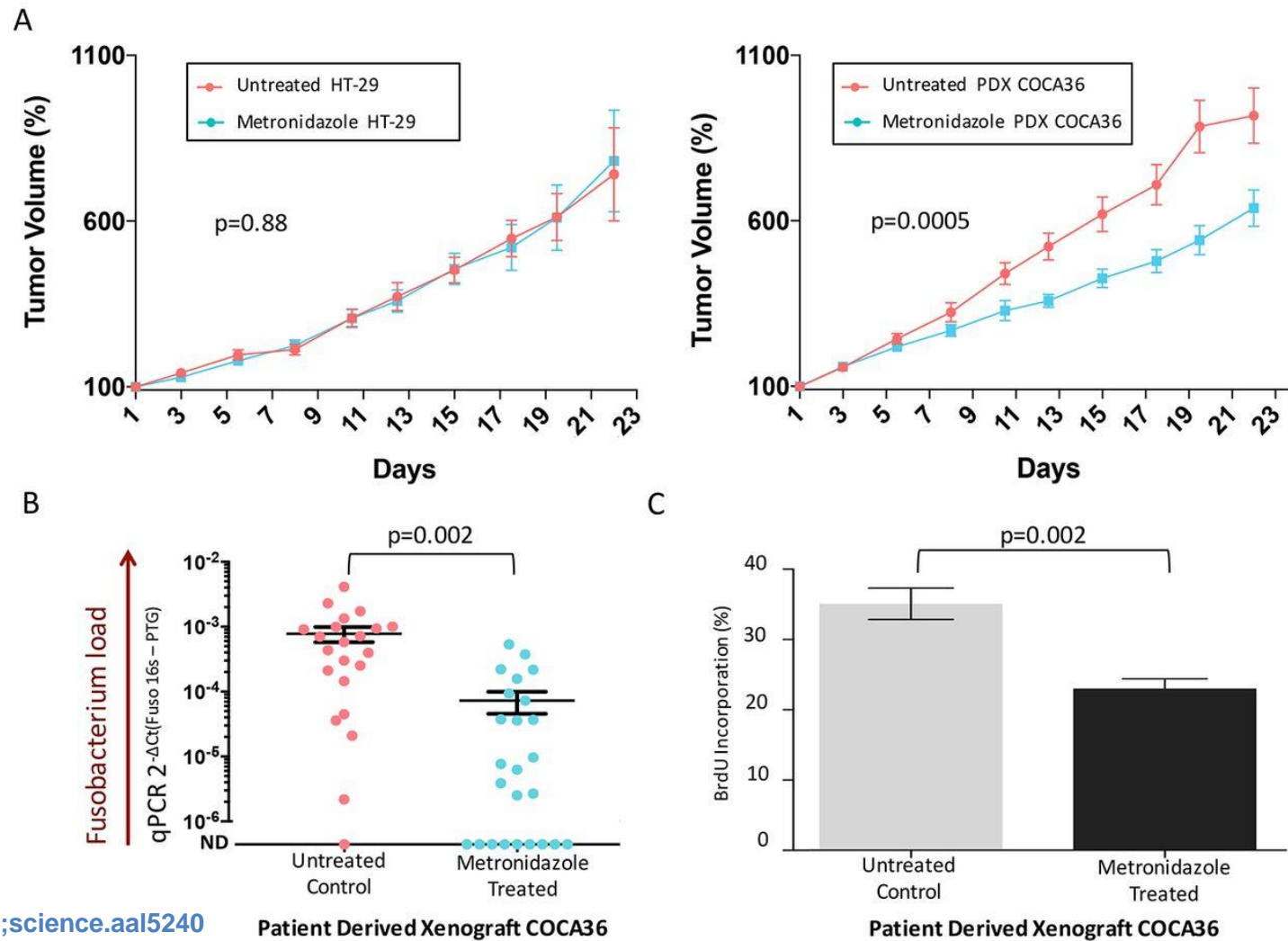
Susan Bullman et al. Science 2017;science.aal5240

Fusobacterium persist in patient-derived xenografts



Susan Bullman et al. Science 2017;science.aal5240

Treatment of Fusobacterium colonized PDX with metronidazole reduces tumor growth in mice

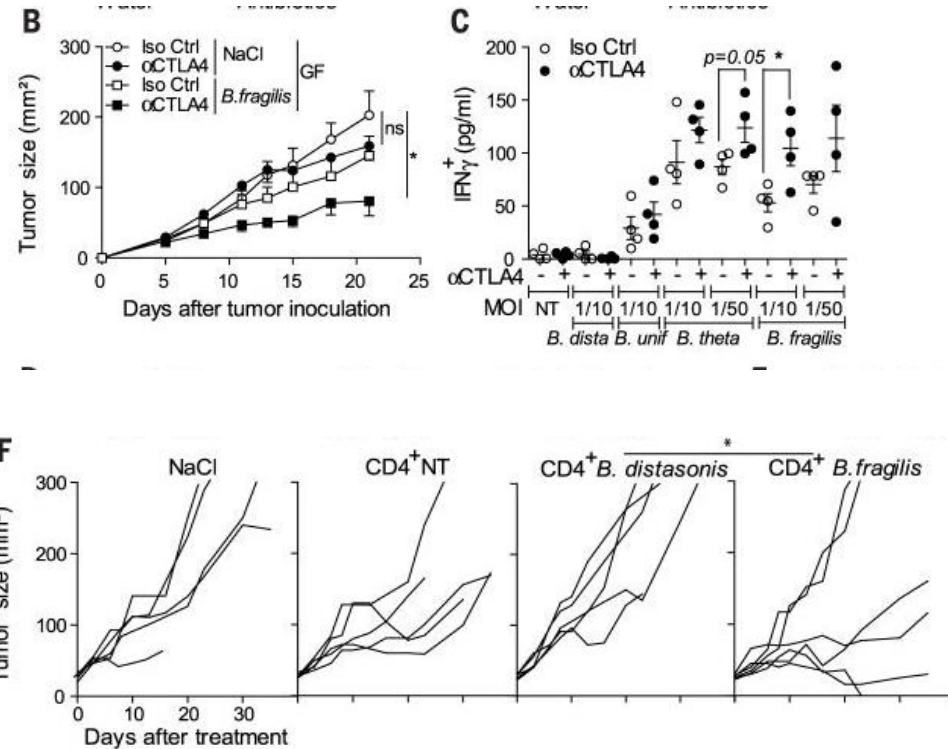


Susan Bullman et al. Science 2017;science.aal5240

Patient Derived Xenograft COCA36

Patient Derived Xenograft COCA36

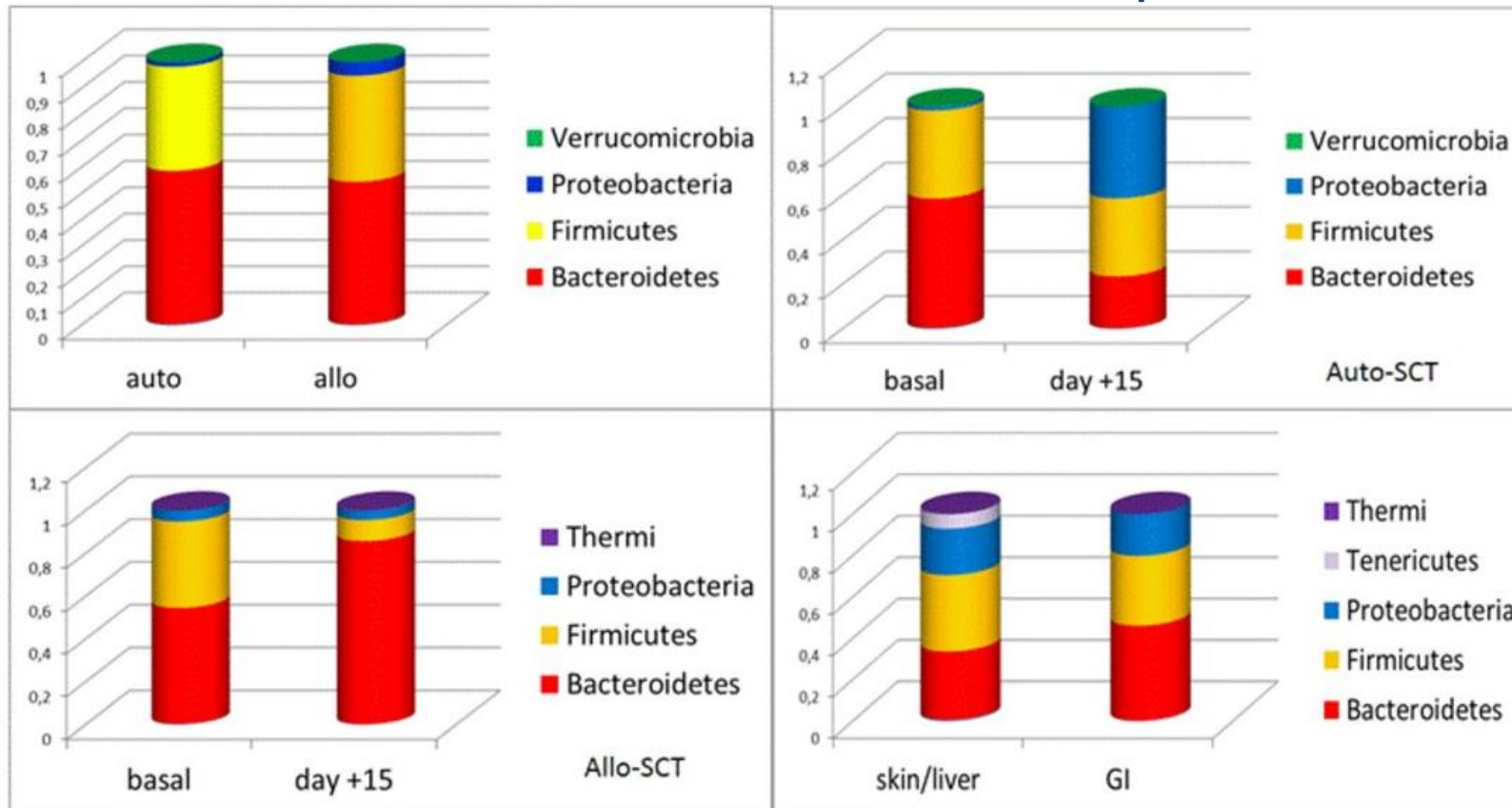
What about other immune checkpoints? Anti-CTLA-4



In mice, anti-CTLA-4 seems to work best with *Bacteroides fragilis*.

T cell (CD4) responses to *B. fragilis* specifically were associated with reductions in tumor size.

What about bone marrow transplant?

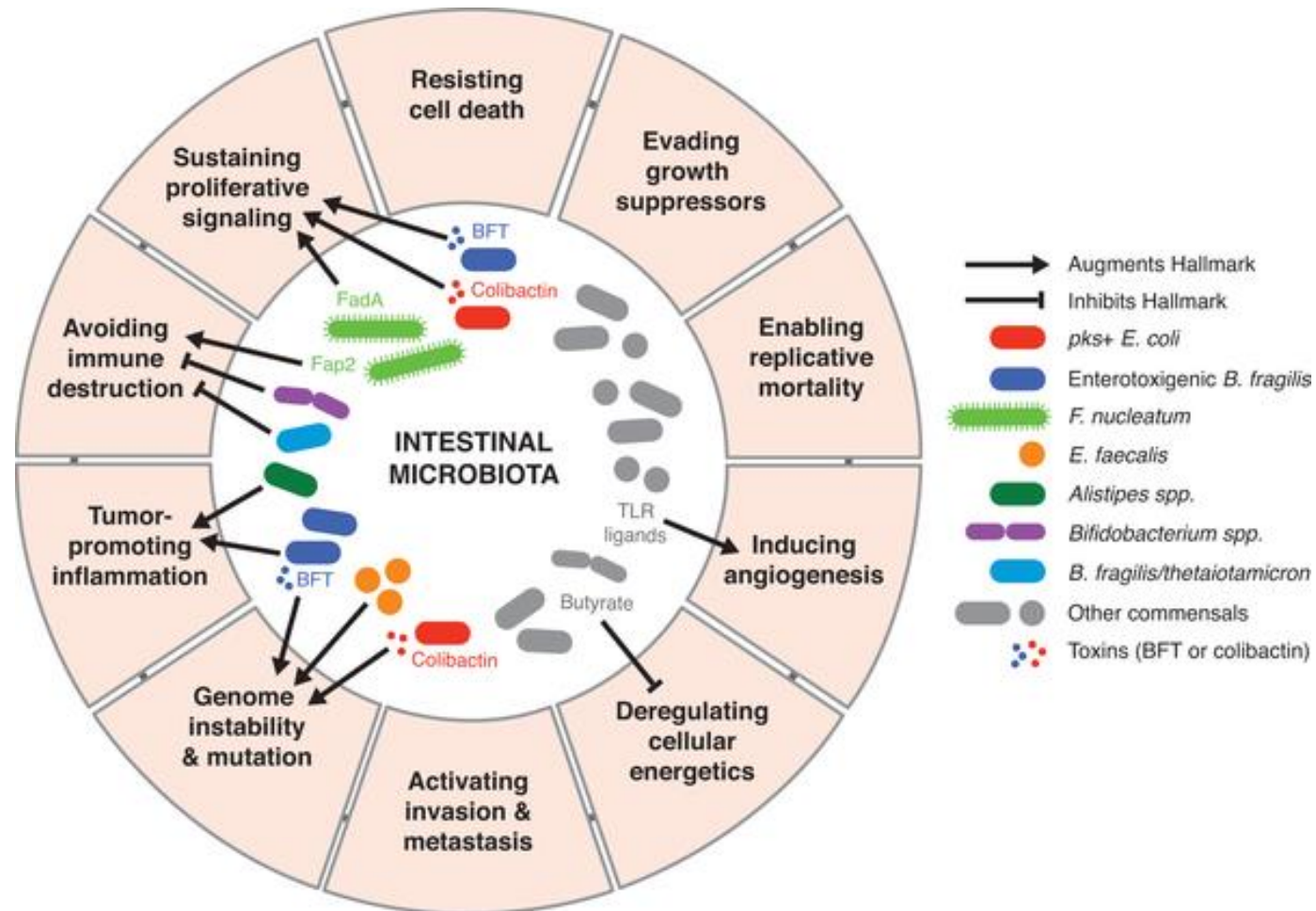


- After auto-SCT there was an increase of Proteobacteria and a reduction of Bacteroidetes
- After allo-SCT there was an increase of Bacteroidetes and a reduction of Firmicutes
- Patients who developed graft versus host disease (GvHD) harbored more Firmicutes and Proteobacteria and less Bacteroidetes

Chiusolo et al. Blood 2015;126:1953

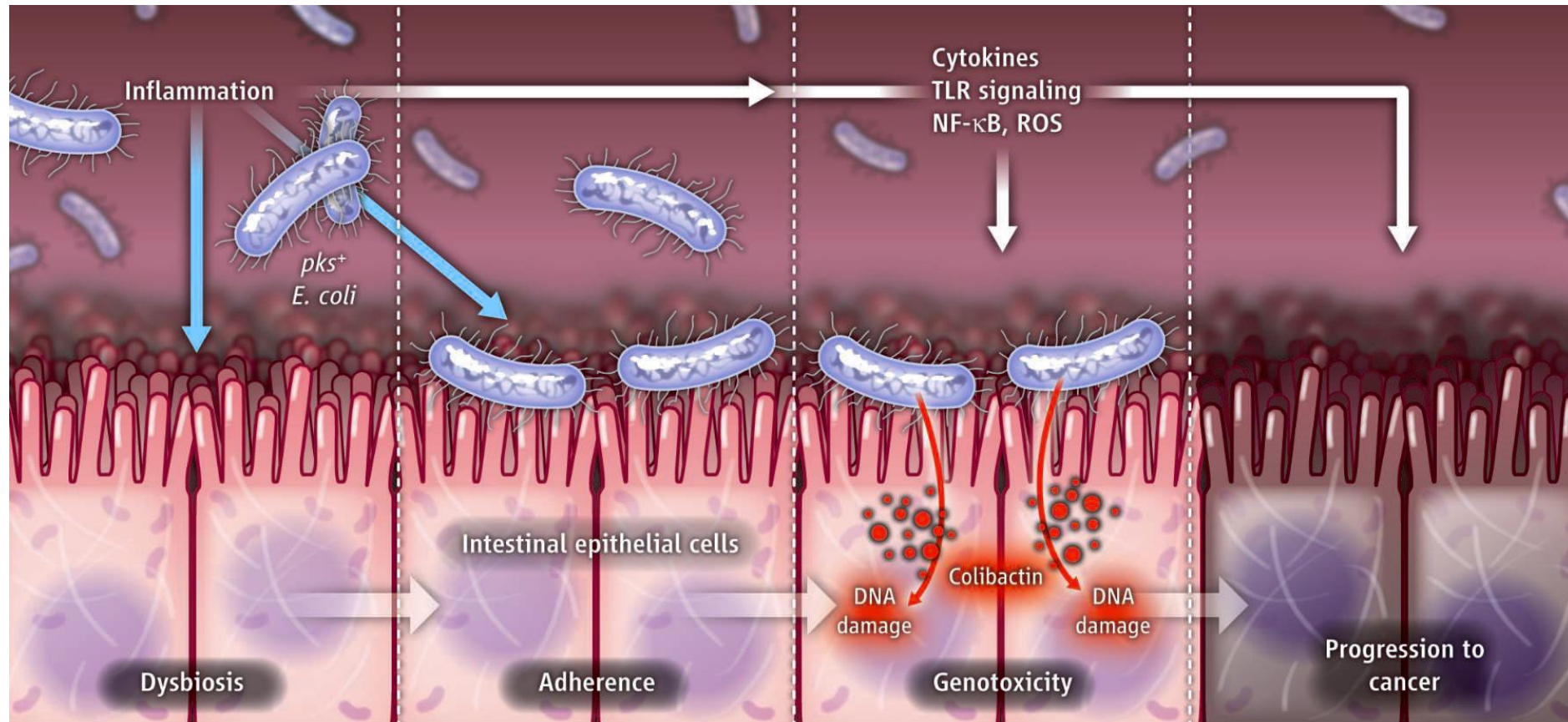
Potential Mechanisms

How Different Bacterial–induced Mechanisms can Lead to Cancer



Fulbright LE, Ellermann M, Arthur JC (2017) The microbiome and the hallmarks of cancer. PLOS Pathogens 13(9): e1006480.
<https://doi.org/10.1371/journal.ppat.1006480>
<http://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1006480>

Bacteria can stimulate inflammation, and vice versa



Schwabe Science 2012

Specific bacterial mechanisms of oncogenesis

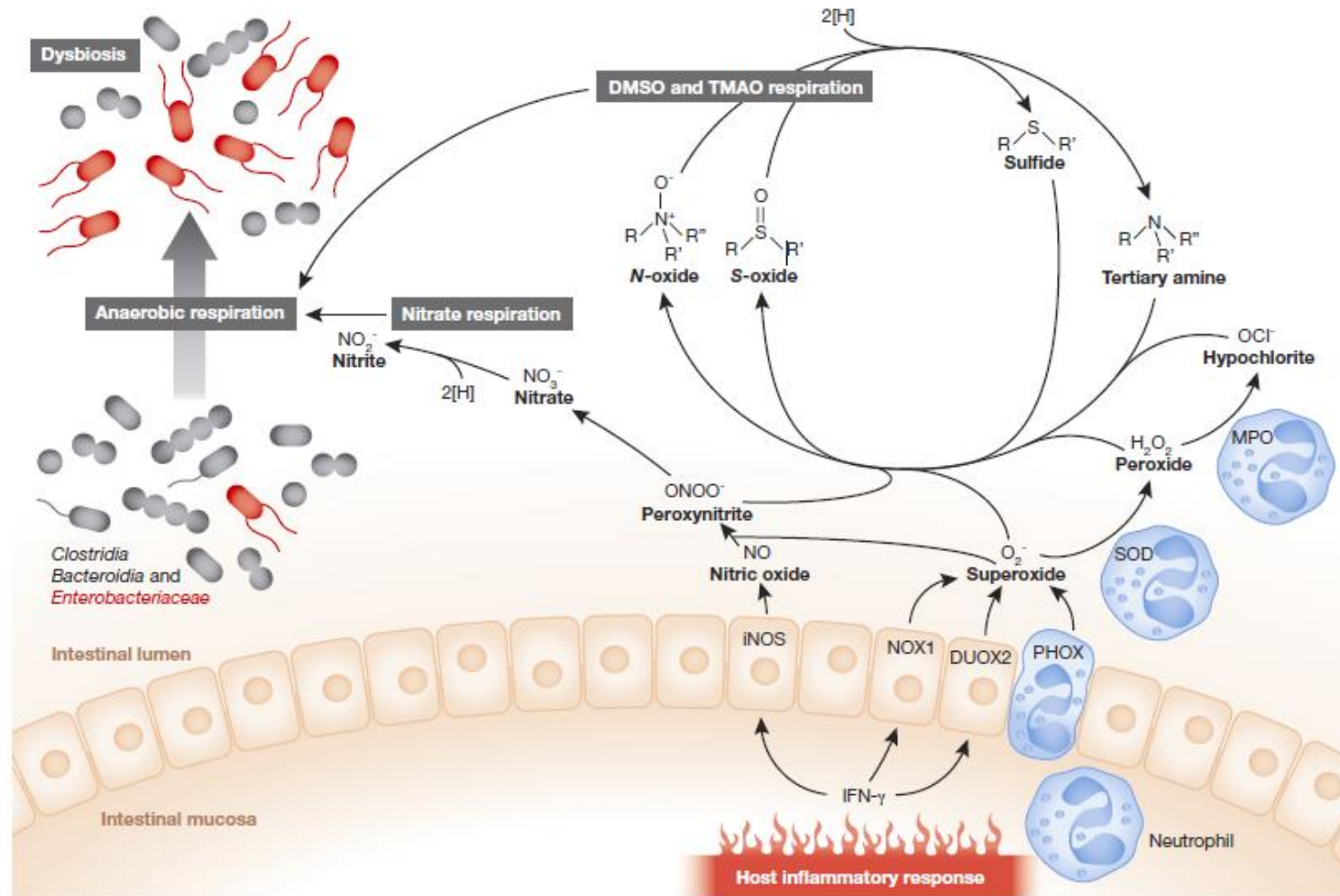
Intestinal bacteria	Bacterial mechanism	Hallmark affected	Mouse models	References
enterotoxigenic <i>Bacteroides fragilis</i> (ETBF)	<i>B. fragilis</i> toxin (BFT)	sustaining proliferative signaling	WT mice	[3]
		genome instability and mutations	<i>Apc^{Min/+}</i>	[21]
	unknown mechanism	tumor-promoting inflammation	<i>Apc^{Min/+}</i>	[10]
<i>Fusobacterium nucleatum</i>	FadA adhesin	sustaining proliferative signaling	xenograft model	[4]
	Fap2 adhesin	avoiding immune destruction	<i>Apc^{Min/+}</i>	[14] [13]
<i>pks+</i> <i>Escherichia coli</i>	colibactin	genome instability and mutations	in vitro cellular assays <i>AOM//I10^{-/-}</i>	[19] [20]
		sustaining proliferative signaling	AOM/DSS xenograft model	[5]
<i>Enterococcus faecalis</i>	unknown mechanism	genome instability and mutations	allograft model	[22]
<i>Alistipes</i> spp.	unknown mechanism	tumor-promoting inflammation	<i>I10^{-/-} Lcn2^{-/-}</i>	[12]
<i>Bifidobacterium</i> spp.	unknown mechanism	inhibits avoiding immune destruction	subcutaneous B16.SIY melanoma	[15]
<i>Bacteroides thetaiotaomicron</i> and <i>B. fragilis</i>	unknown mechanism	inhibits avoiding immune destruction	MCA205 sarcoma, Ret melanoma, and MC38 CRC xenograft	[16]

Abbreviations: AOM, azoxymethane; Apc, adenomatous polyposis coli; CRC, colorectal cancer; DSS, dextran sodium sulfate; *I10*, interleukin 10; *Lcn2*, lipocalin2; Min, multiple intestinal neoplasia

<https://doi.org/10.1371/journal.ppat.1006480.t001>

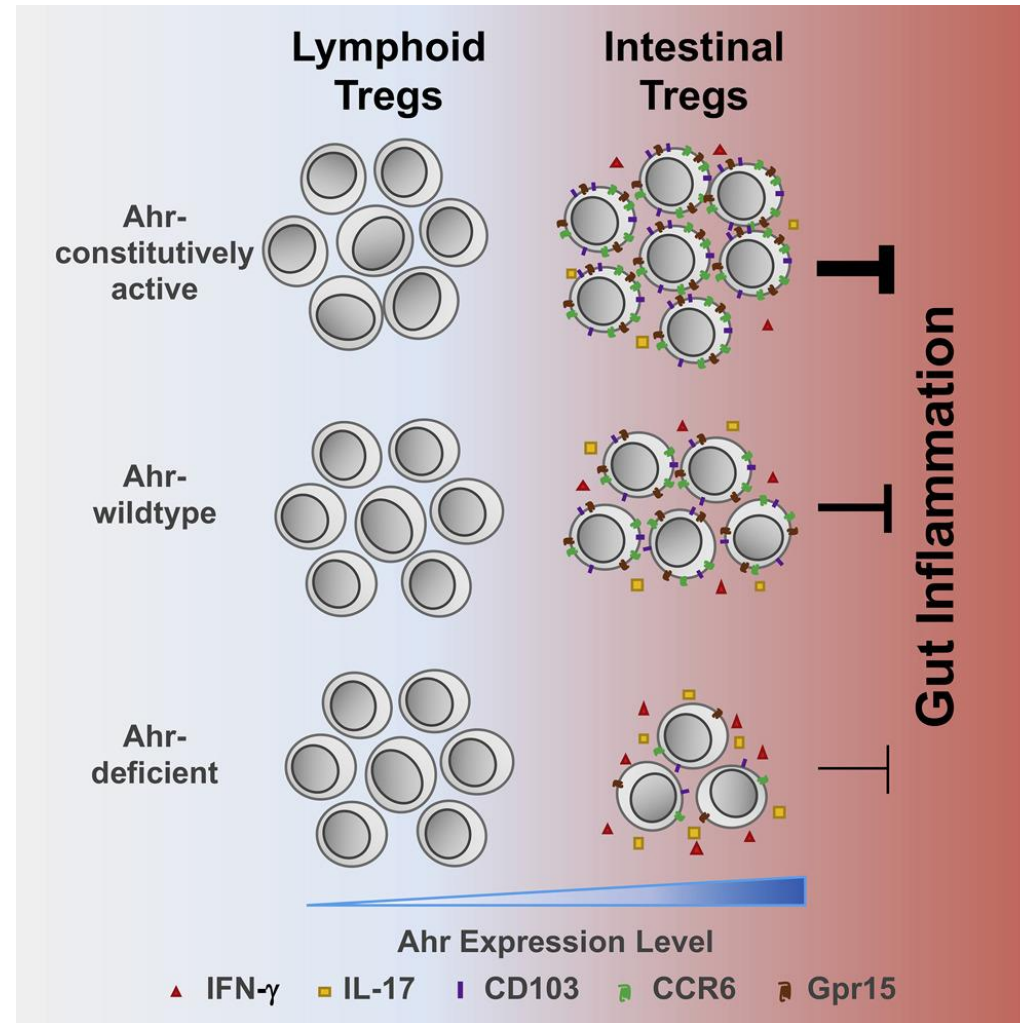
Fulbright LE, Ellermann M, Arthur JC (2017) The microbiome and the hallmarks of cancer. PLOS Pathogens 13(9): e1006480. <https://doi.org/10.1371/journal.ppat.1006480>
<http://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1006480>

Microbiome and Metabolome are Connected



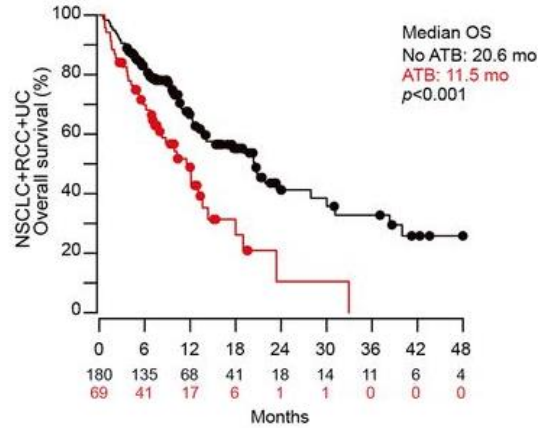
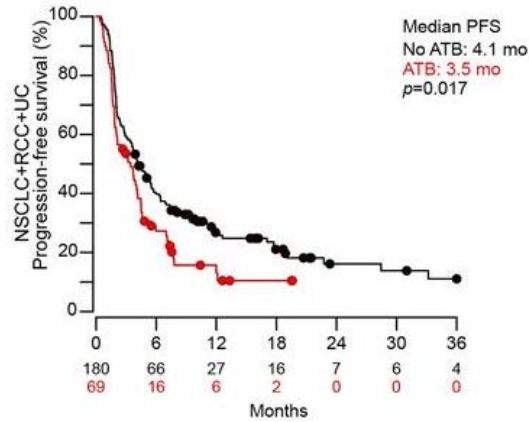
Sebastian E. Winter, Christopher A. Lopez & Andreas J. Bäumlér,
EMBO reports VOL 14, p. 319-327 (2013)

Metabolic receptors (aryl hydrocarbon) promote Tregs

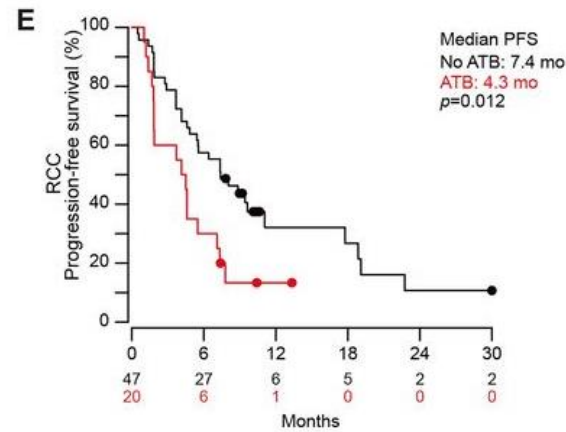
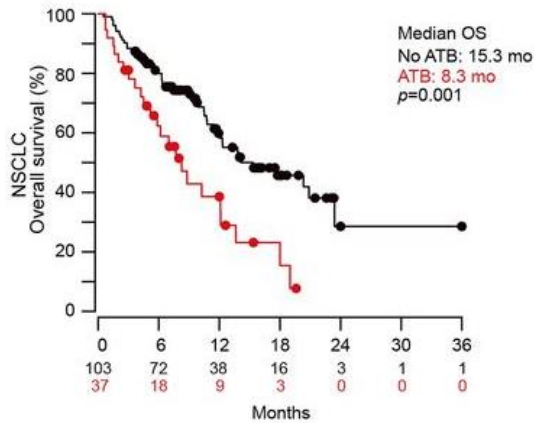


Ye et al. *Cell Reports* 2017 21, 2277-2290 DOI: (10.1016/j.celrep.2017.10.114)
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Antibiotics compromise the efficacy of PD-1 blockade in cancer patients?

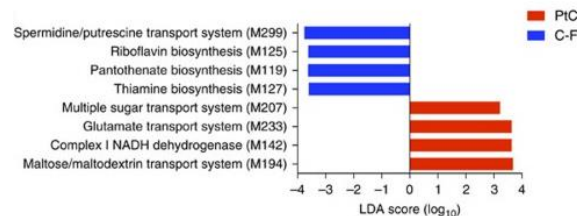
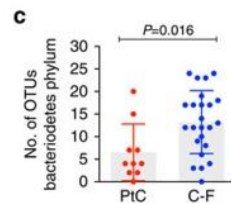
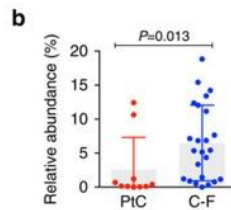
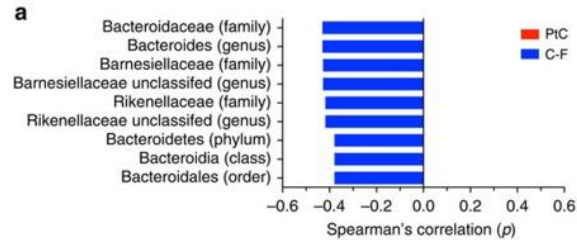


- Antibiotic effect or patient population effect?
- Judicious use of antibiotics is important regardless



Bertrand Routy et al. Science 2017;science.aan3706

Microbiome protection from immune-related colitis



- Patients with melanoma receiving ipilimumab had less immune-related colitis if they had higher bacteroides spp
- Increase in Thiamine and Riboflavin protective from colitis
 - Levels decreased in Crohn's

Dubin et al. Nat Comm 2017

Translational Research Directions

- Stool microbiota are important in oncogenesis
 - Whether direct modulation of bacteria (probiotics/antibiotics) OR
 - Understanding and modifying their downstream immune effects is more important is unknown
- At a population level, most patients with these microbiota signatures do not develop cancer
 - Understanding host factors key
- Bacteria modify tumor-promoting inflammation, and the tumor microenvironment modifies bacteria
 - What is the inciting event?
 - What is the most important to modify?
- Many bacterial species in these studies are on both responder and nonresponder lists – need larger, prospectively defined datasets
 - Increased clarity with shotgun sequencing in prospective cohorts

Clinical Questions

- Should we be giving probiotics to cancer patients receiving immunotherapy?
 - Not yet
 - Bifidobacterium?
 - Non-toxic bacteroides?
- Should we be giving antibiotics to cancer patients receiving immunotherapy?
 - Judiciously
 - For antibiotics resistance and for microbiome interaction with immunotherapy
- Can microbiome influence cancer development
 - Personalized probiotics as prevention
 - May be a key public health intervention going forward

Questions?

Thank you for participating in the webinar. Presentation slides and archived recording will be available at acc-iclio.org