

# Overcoming T Cell Exhaustion

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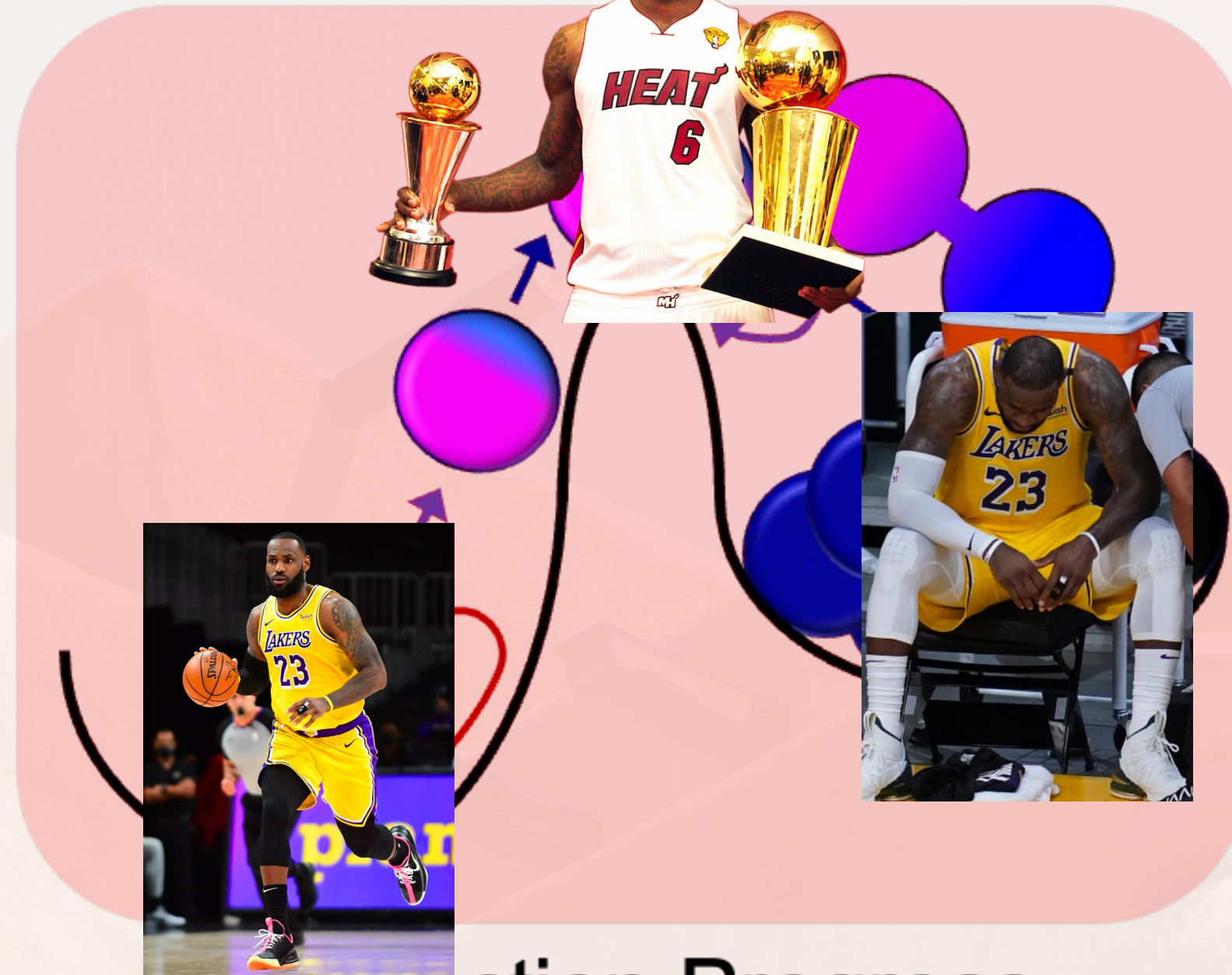
# What Is T-Cell Exhaustion?

## Immunologist's Perspective

- NP Restifo, RC Lynn: 'T cell exhaustion' is a basket term that describes various distinct epigenetic and metabolic states of post-thymic T cells
- A Kallies, D Zehn: effector T cells with a reduced capacity to secrete cytokines and increased expression of inhibitory receptors
- WN Haning, A Sharpe: T cell exhaustion does not involve the complete absence of function: exhausted T cells can proliferate in vivo, produce effector molecules, including inflammatory cytokines and granzymes, and exert some control over pathogens or tumours
- EJ Wherry: T cell exhaustion is an evolutionarily conserved adaptation to chronic antigen stimulation that is probably important to limit immunopathology or autoreactivity; thus, exhausted T cells are not inherently good or bad
- M Philip, A Schietinger: Exhausted T cells express inhibitory receptors but can retain some antipathogen effector function, resulting in a pathogen–host 'stalemate'

# Anti-Tumor T-Cells Must Balance Differentiation with Self-Renewal Capacity

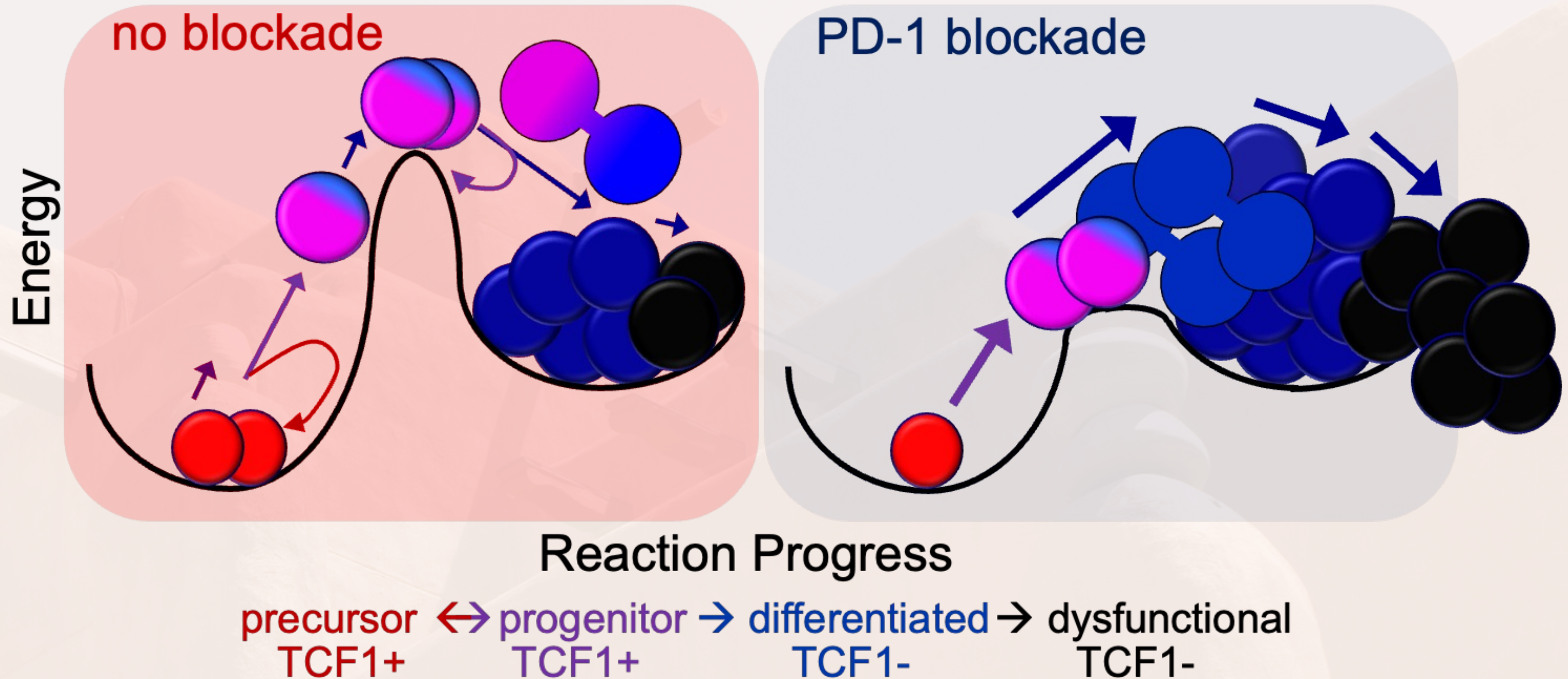
Energy



Reaction Progress

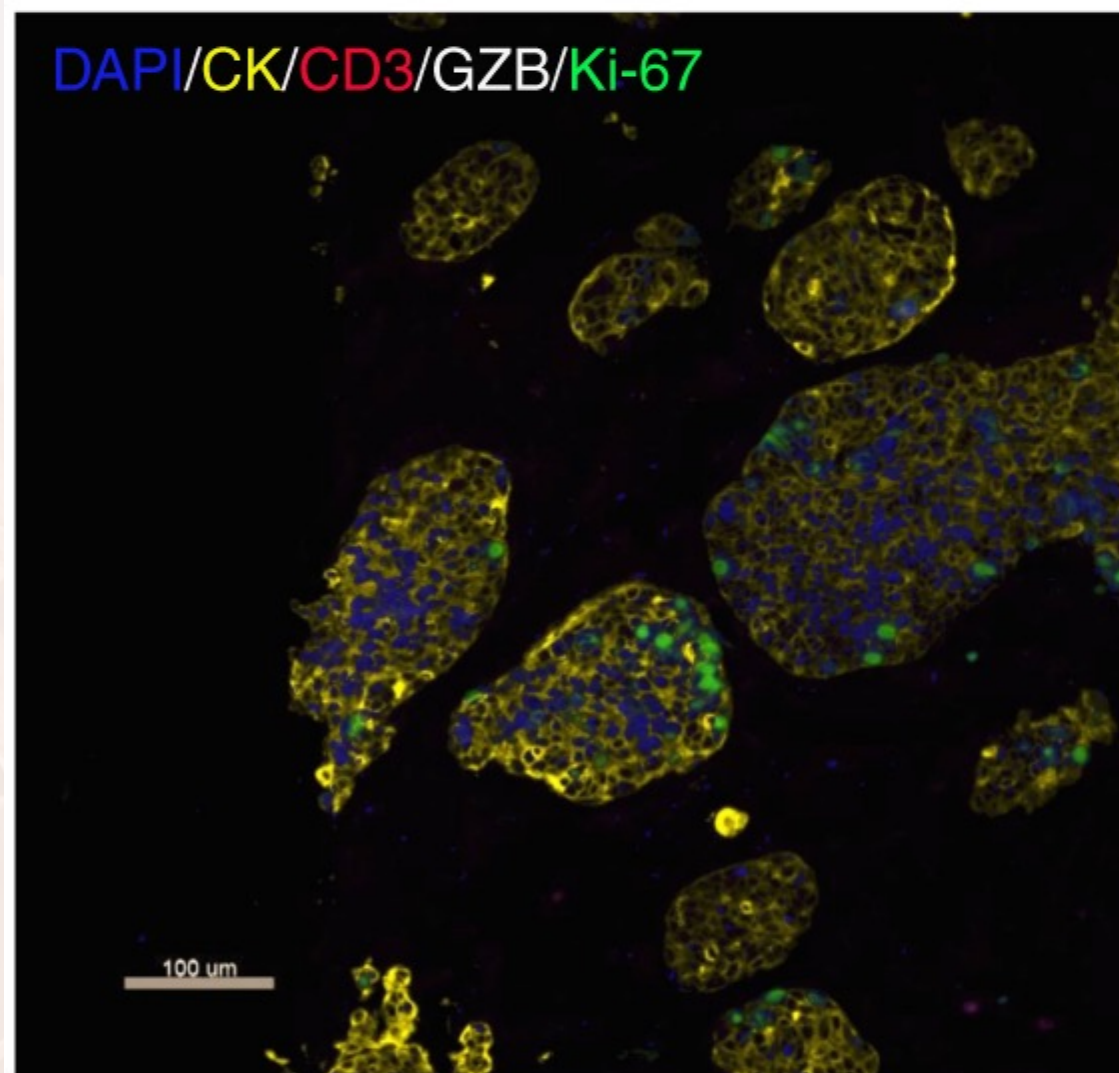
precursor  $>$  progenitor  $>$  differentiated  $>$  dysfunctional  
TCF1+ TCF1+ TCF1- TCF1-

# PD-1 Blockade Promotes T-Cell Differentiation

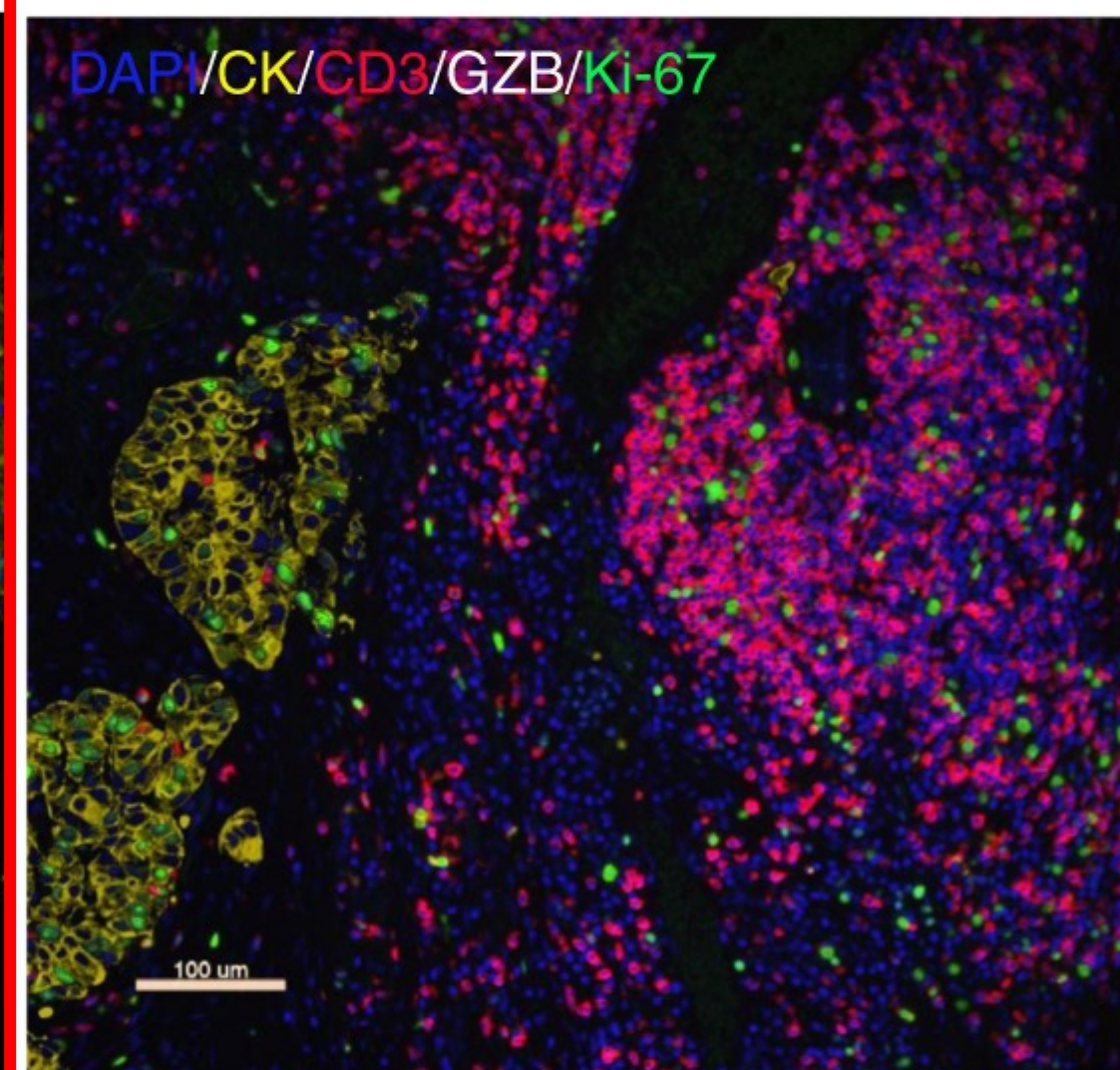


# Activated T Cells Are Measurable in NSCLC

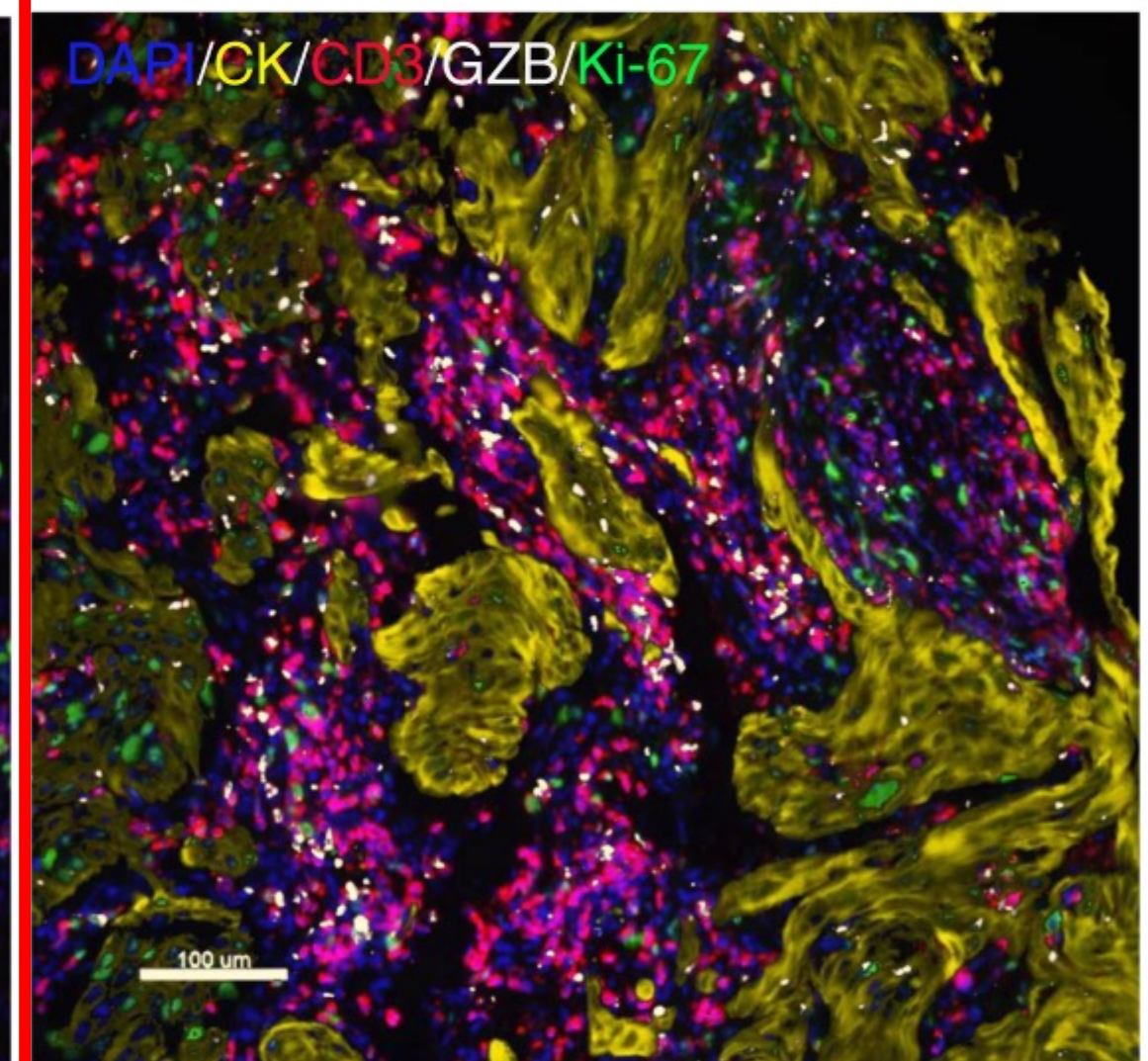
Type1: Low CD3



Type2: High CD3/low GZB and Ki-67



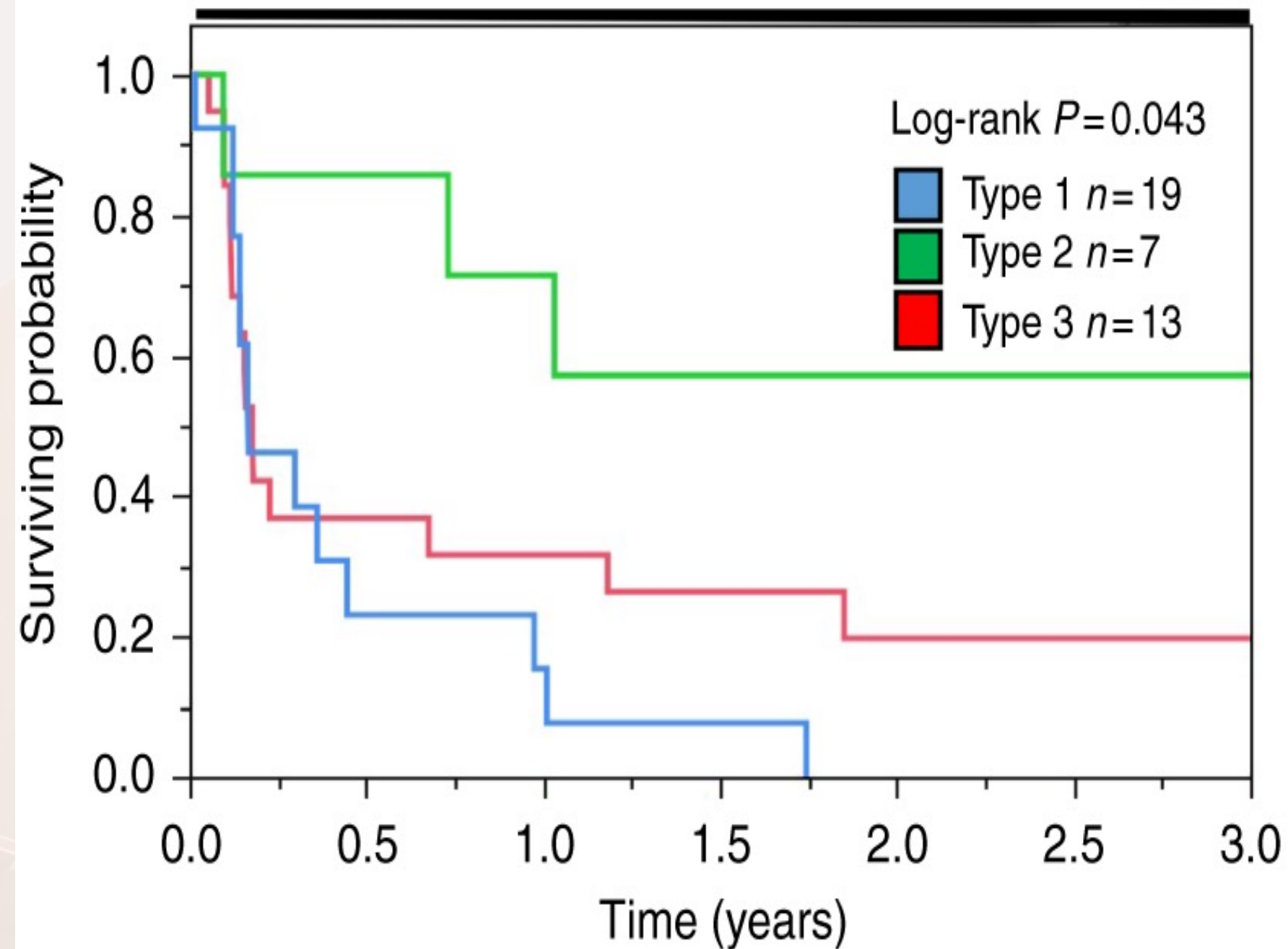
Type3: High CD3/high GZB or Ki-67



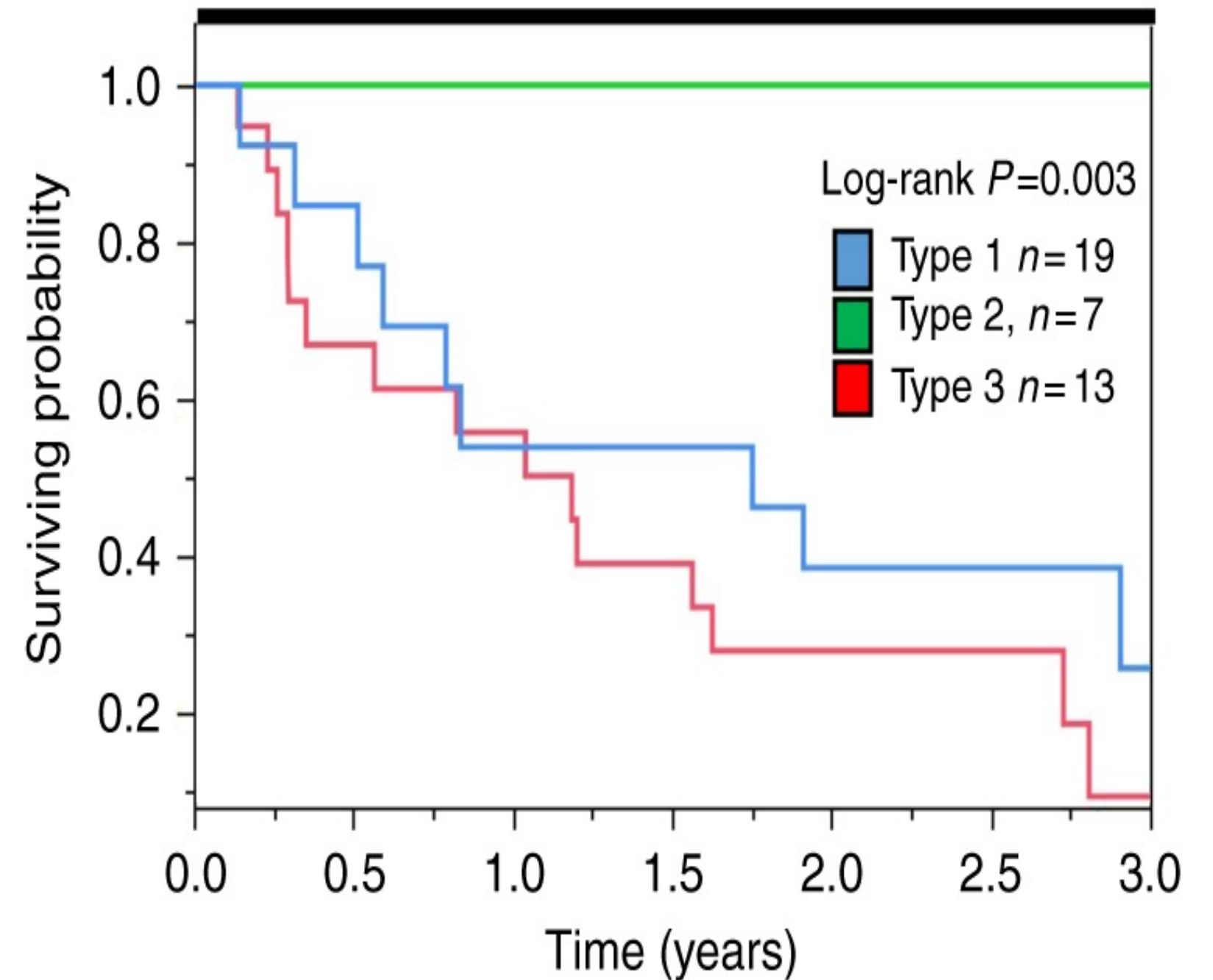


# Activated T Cells Are **Prognostic** in NSCLC

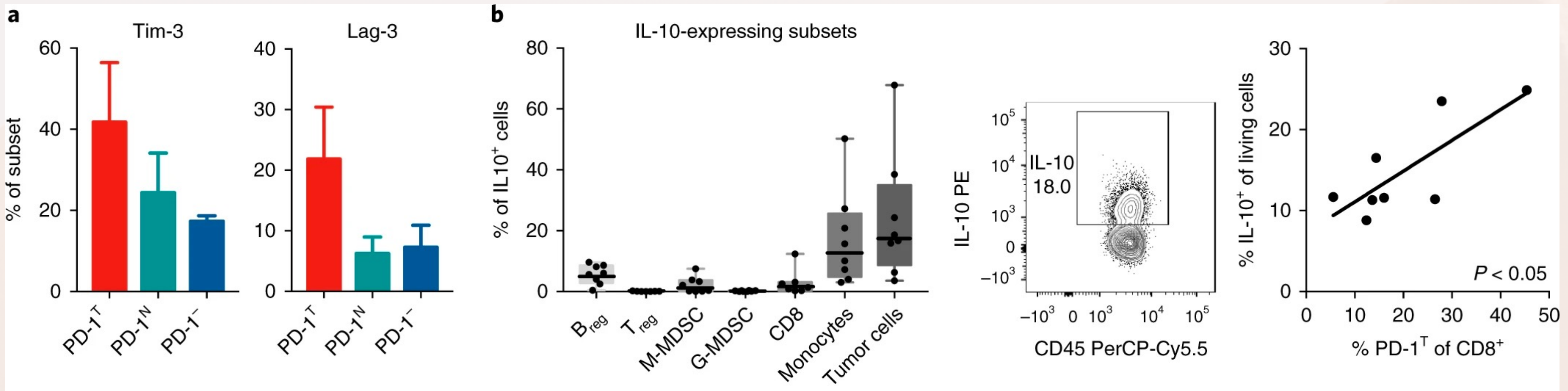
Progression-free survival



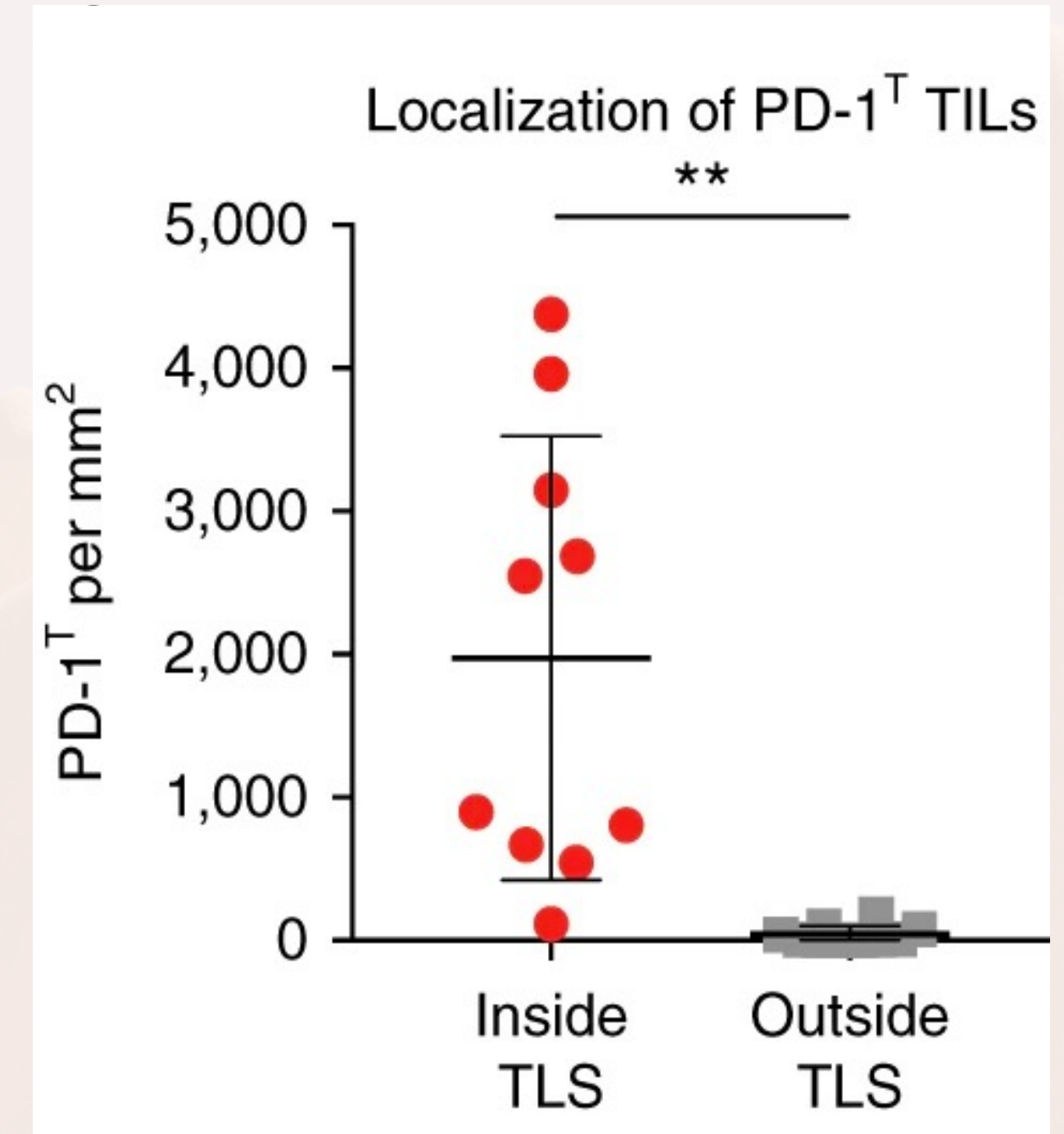
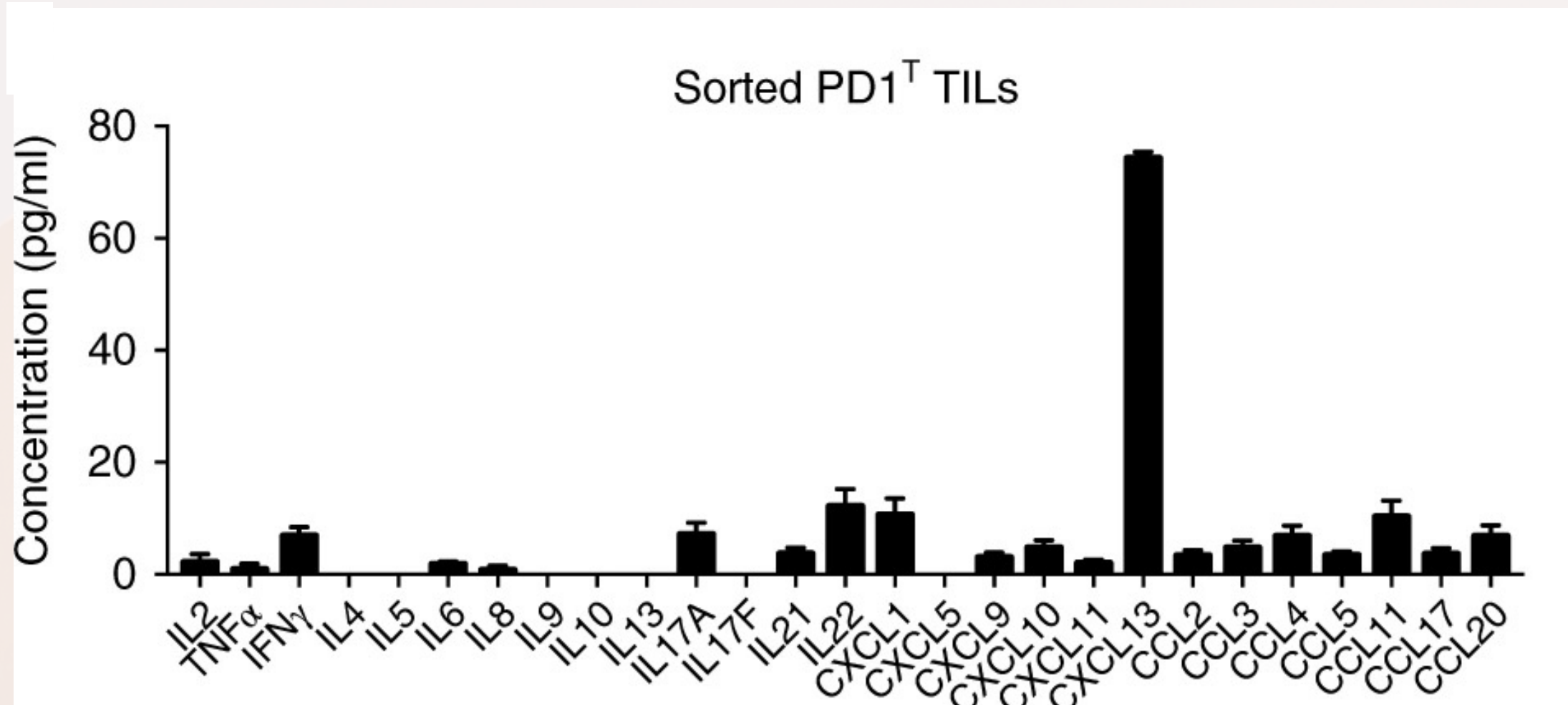
Overall survival



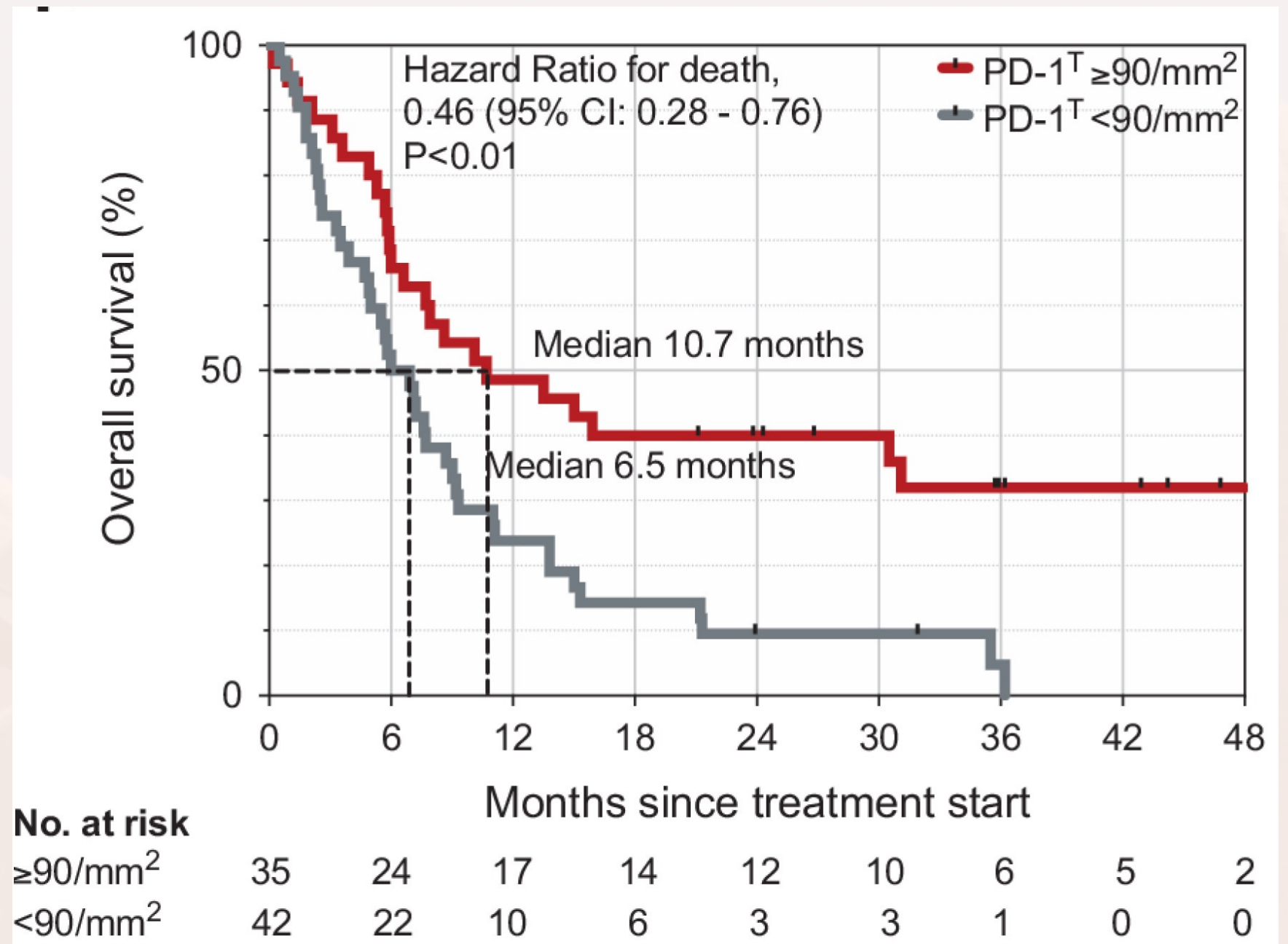
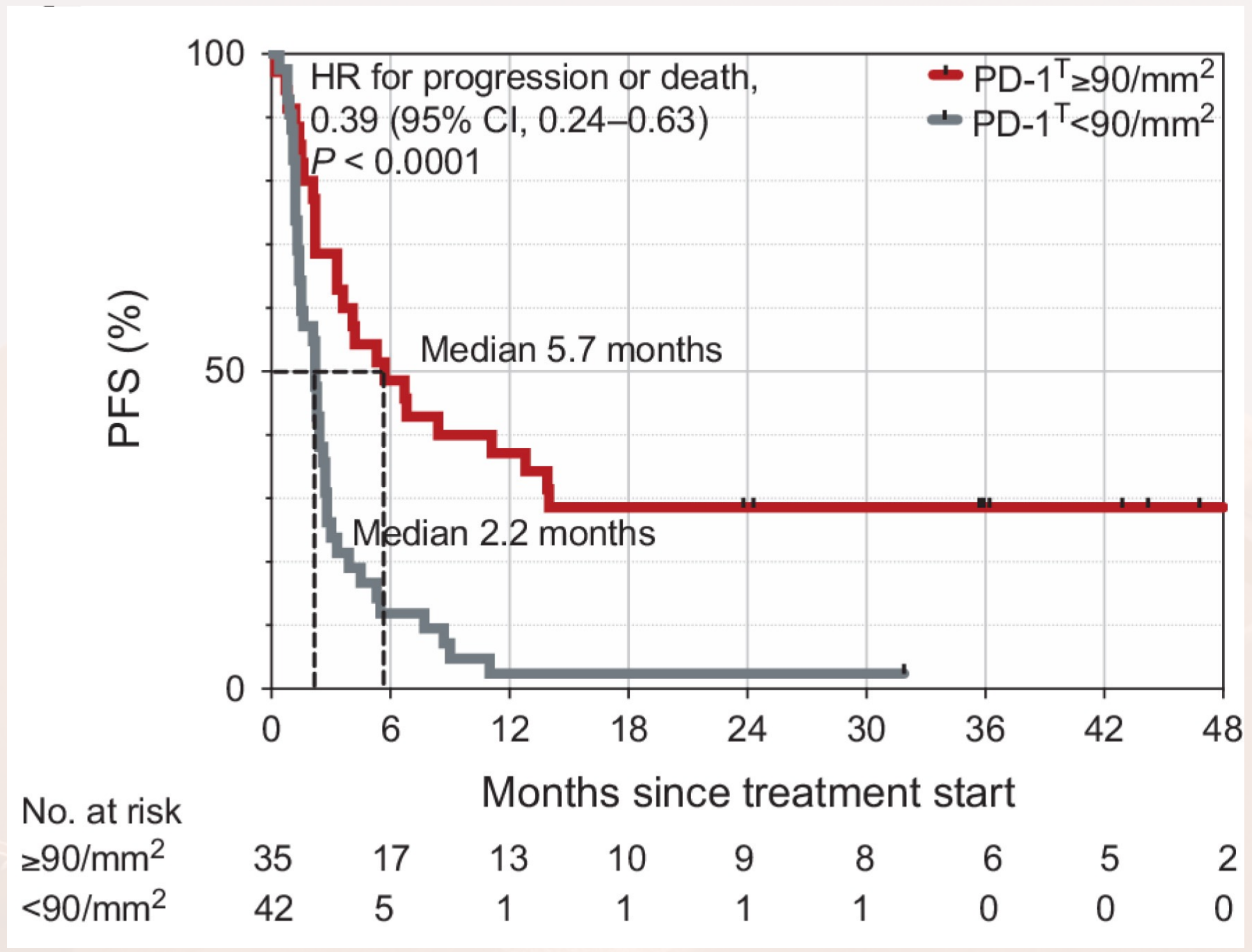
# PD-1<sup>T</sup> TILs in Lung Cancer Express Inhibitory Markers Suggestive of Dysfunction



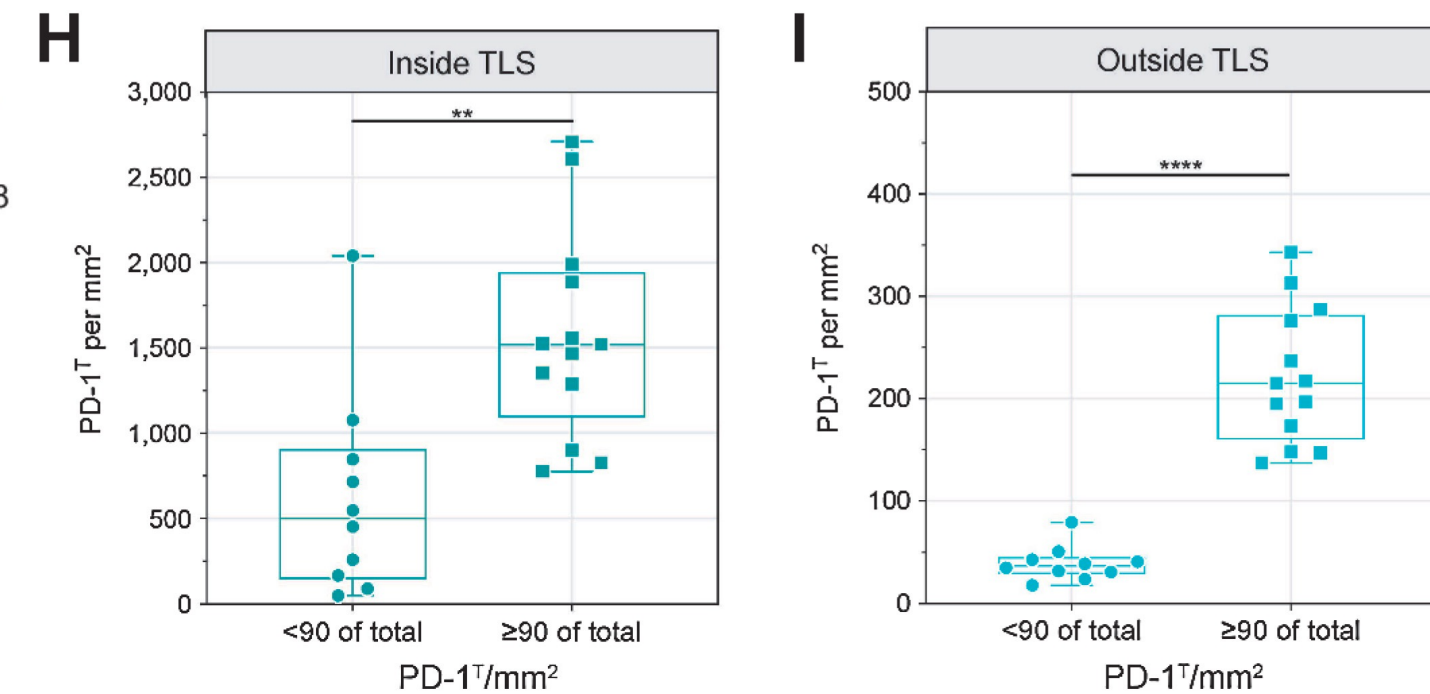
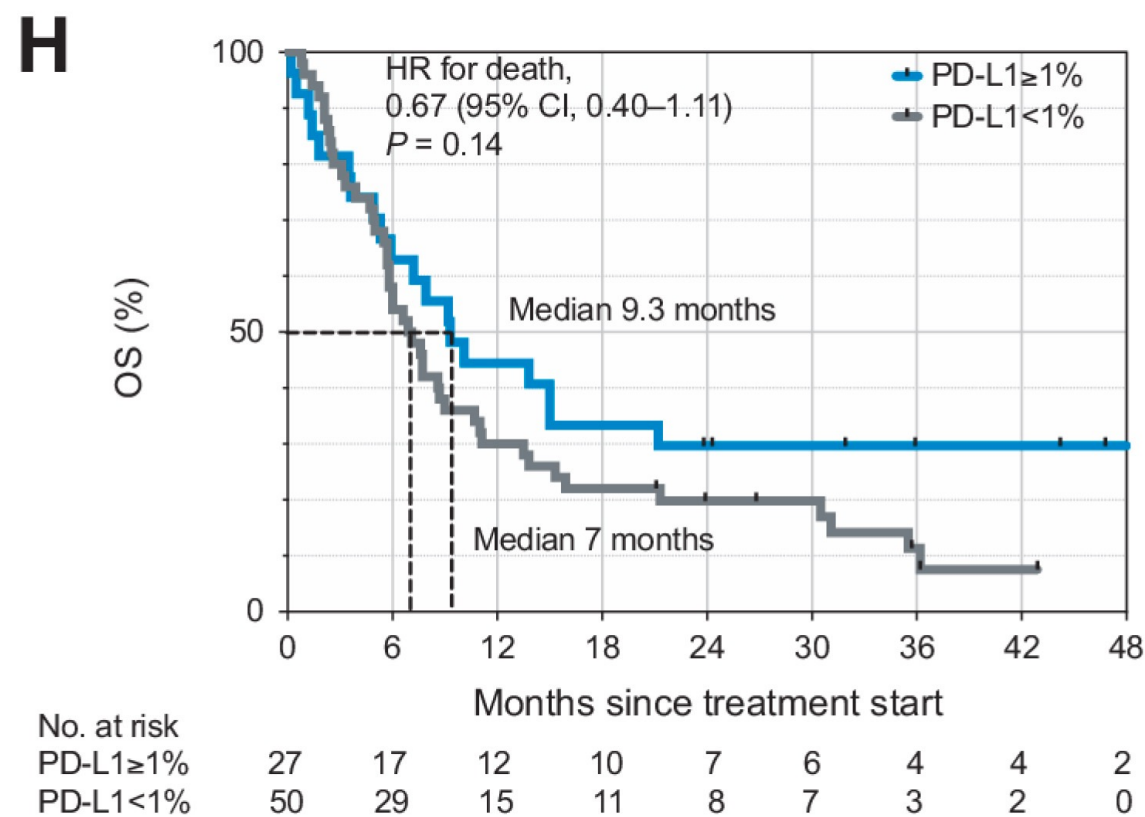
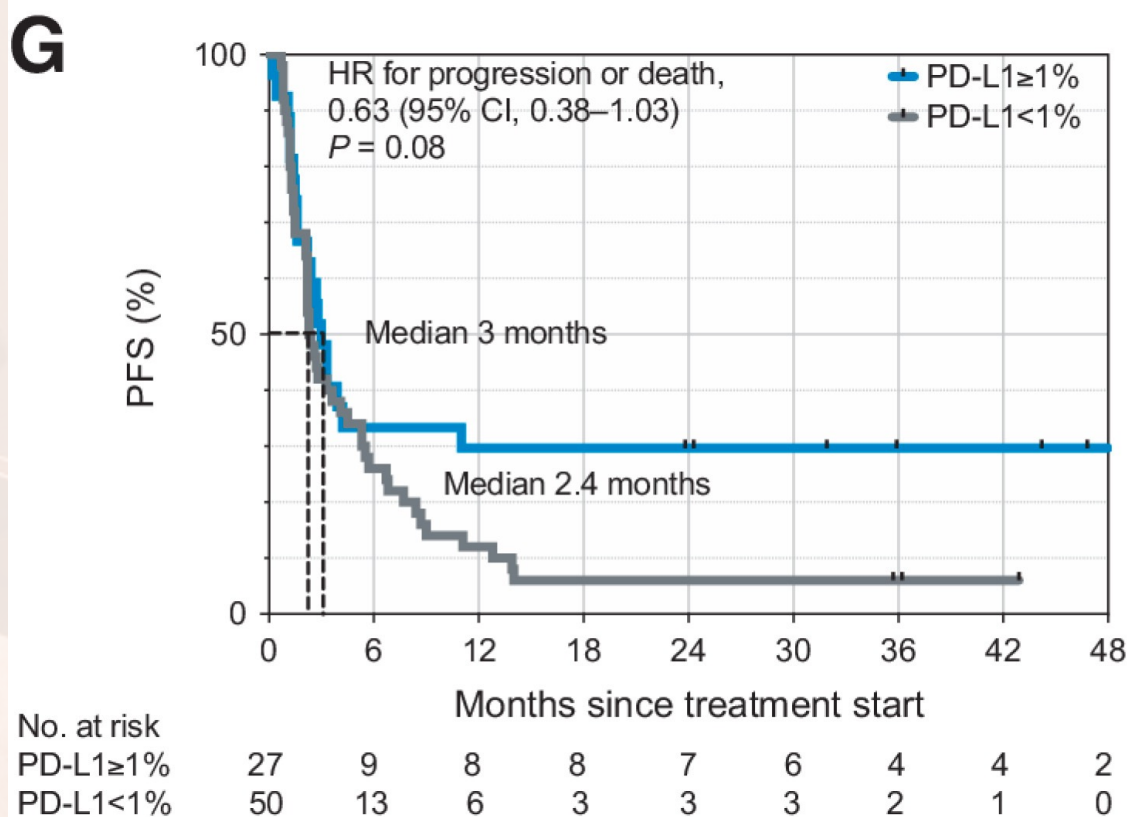
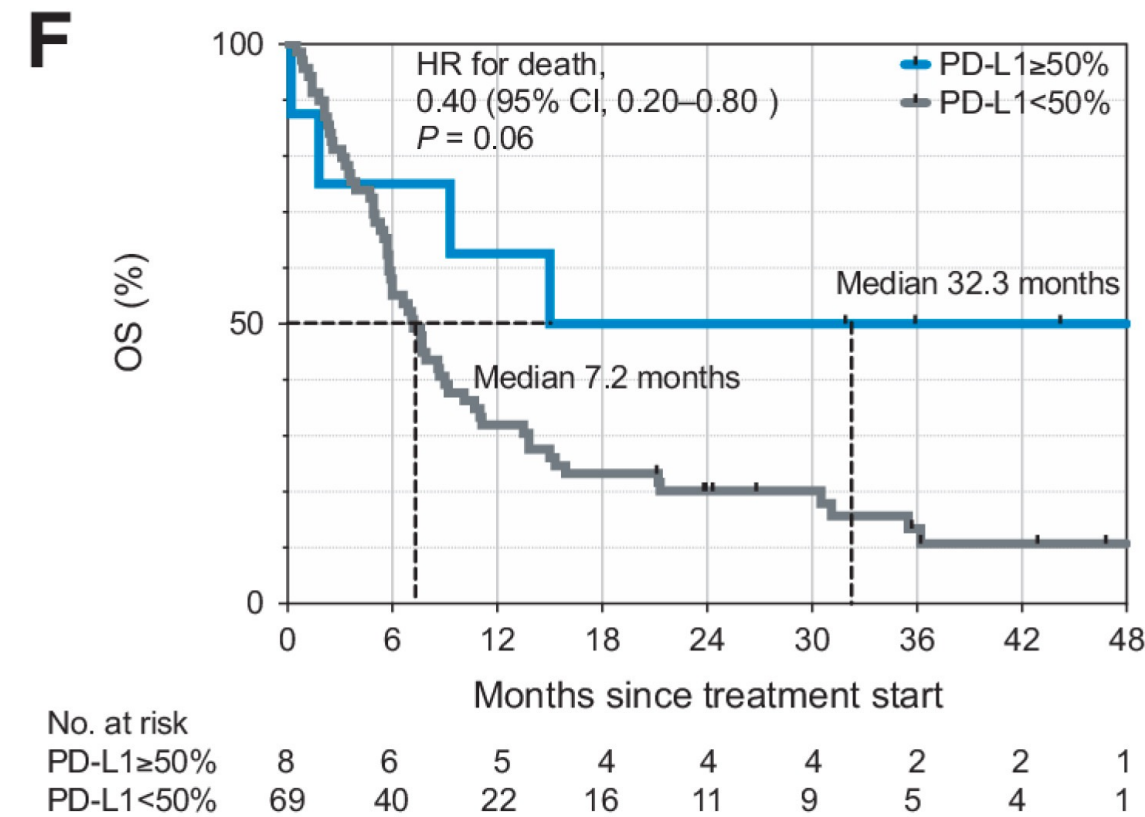
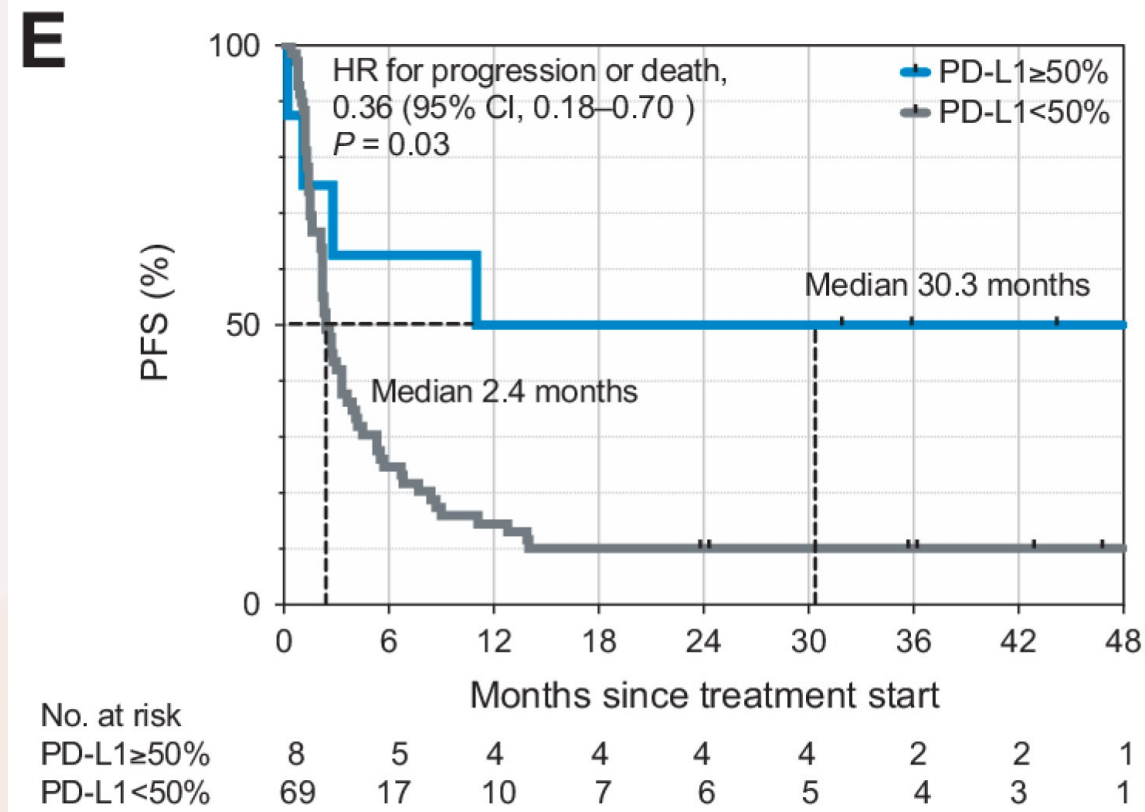
# ...But Can Promote CXCL13-Mediated Organization of Tertiary Lymphoid Structures...



# ...And Can Predict Benefit from Immunotherapy in NSCLC...

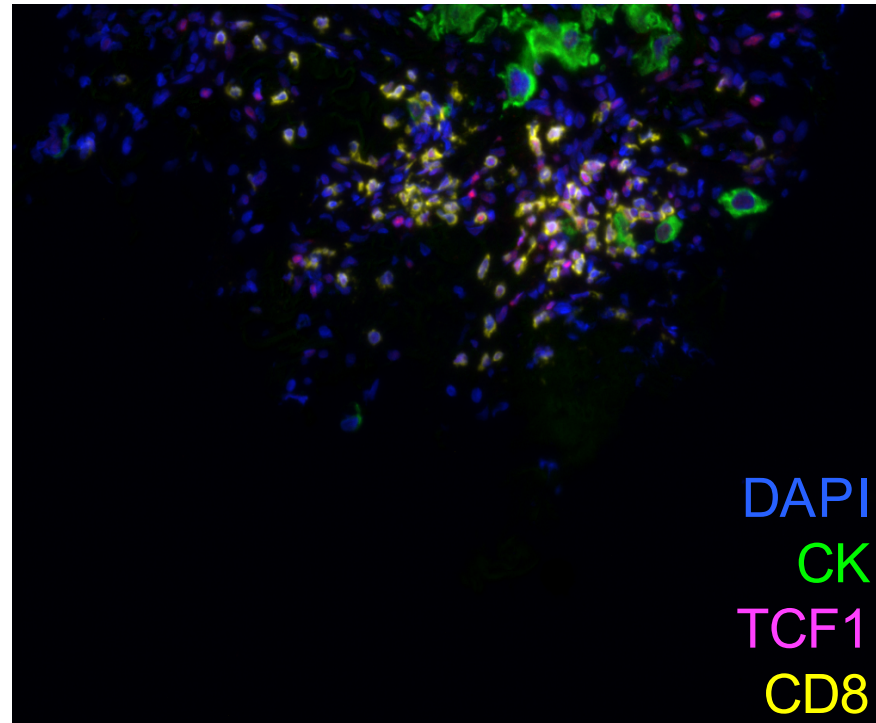


# ...Independent of PD-L1 TPS Level and TLS...



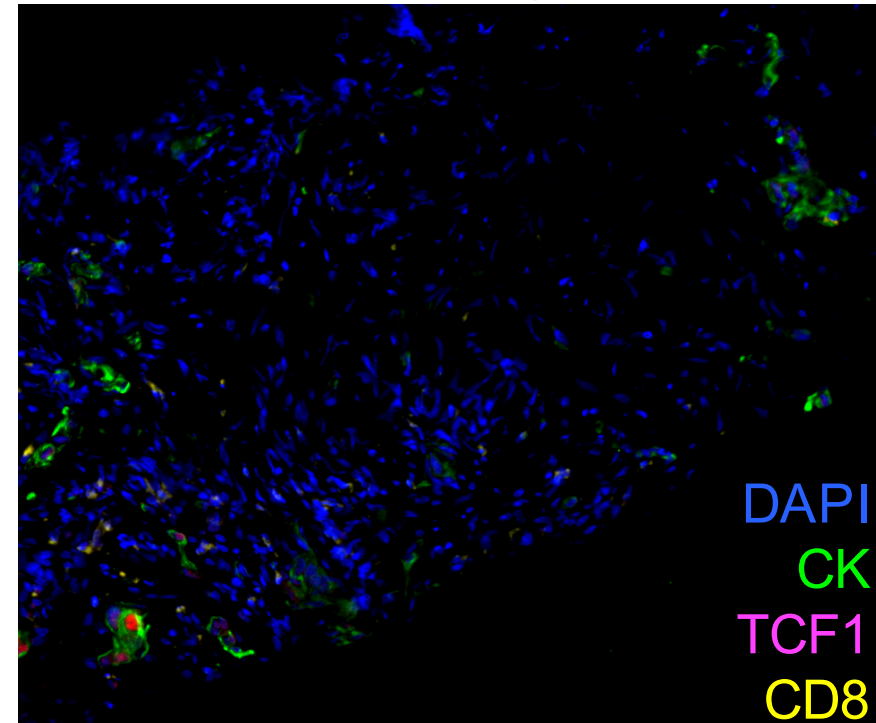
# T-Cells Driving IO-Response Can Be Measured by TCF1 Expression in the Tumor

A Responding Lesion

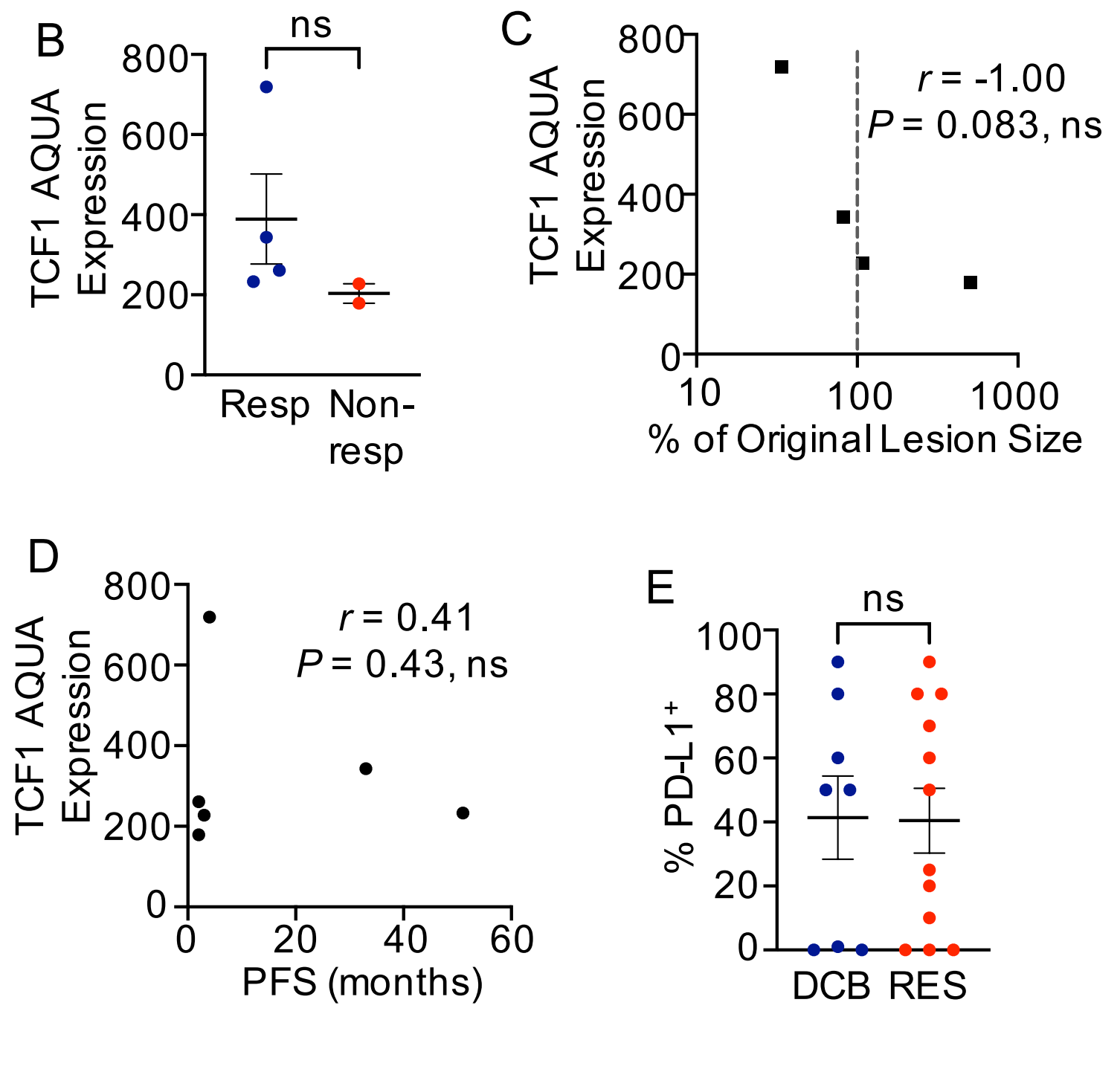


DAPI  
CK  
TCF1  
CD8

Non-responding Lesion

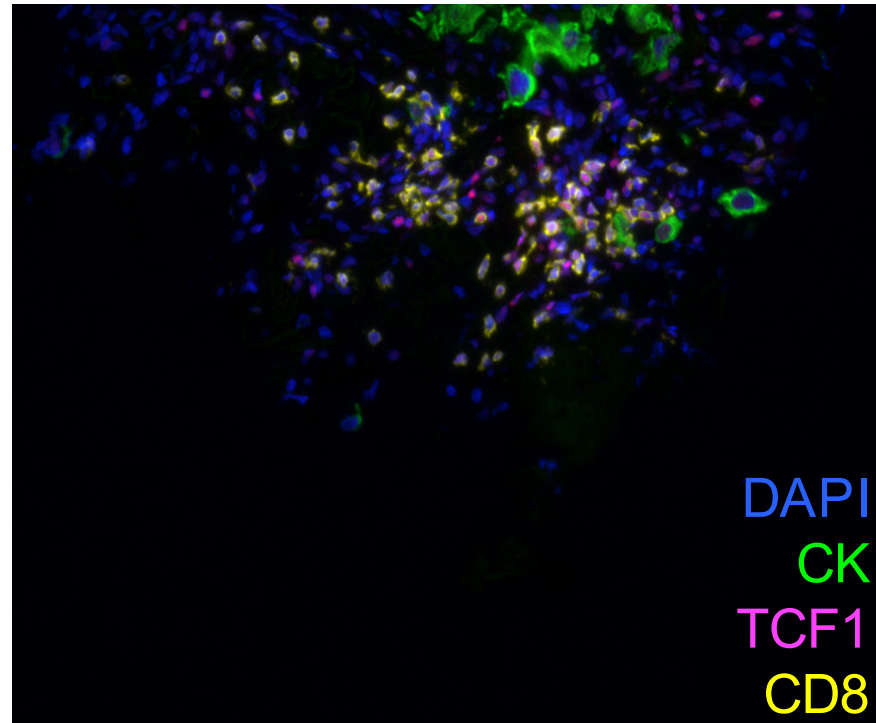


DAPI  
CK  
TCF1  
CD8

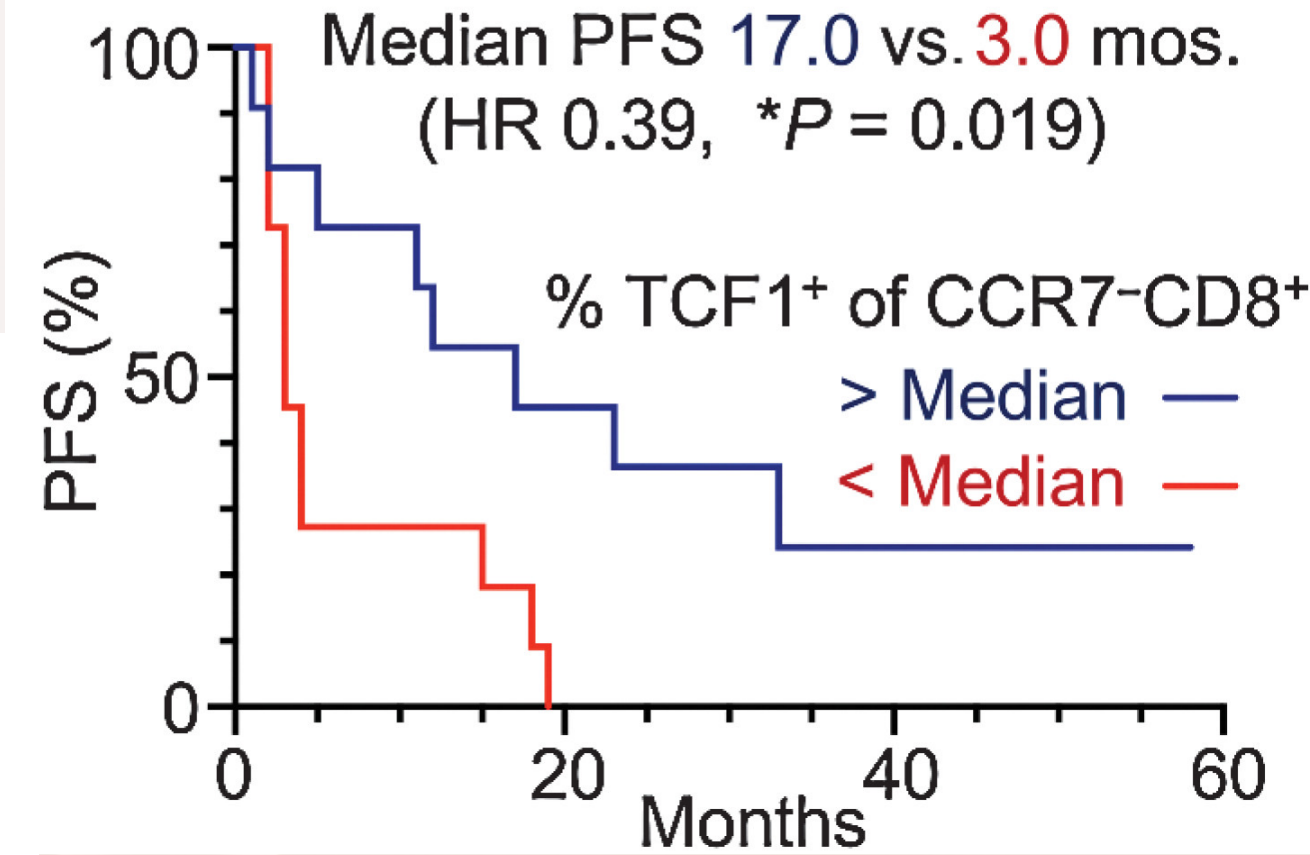
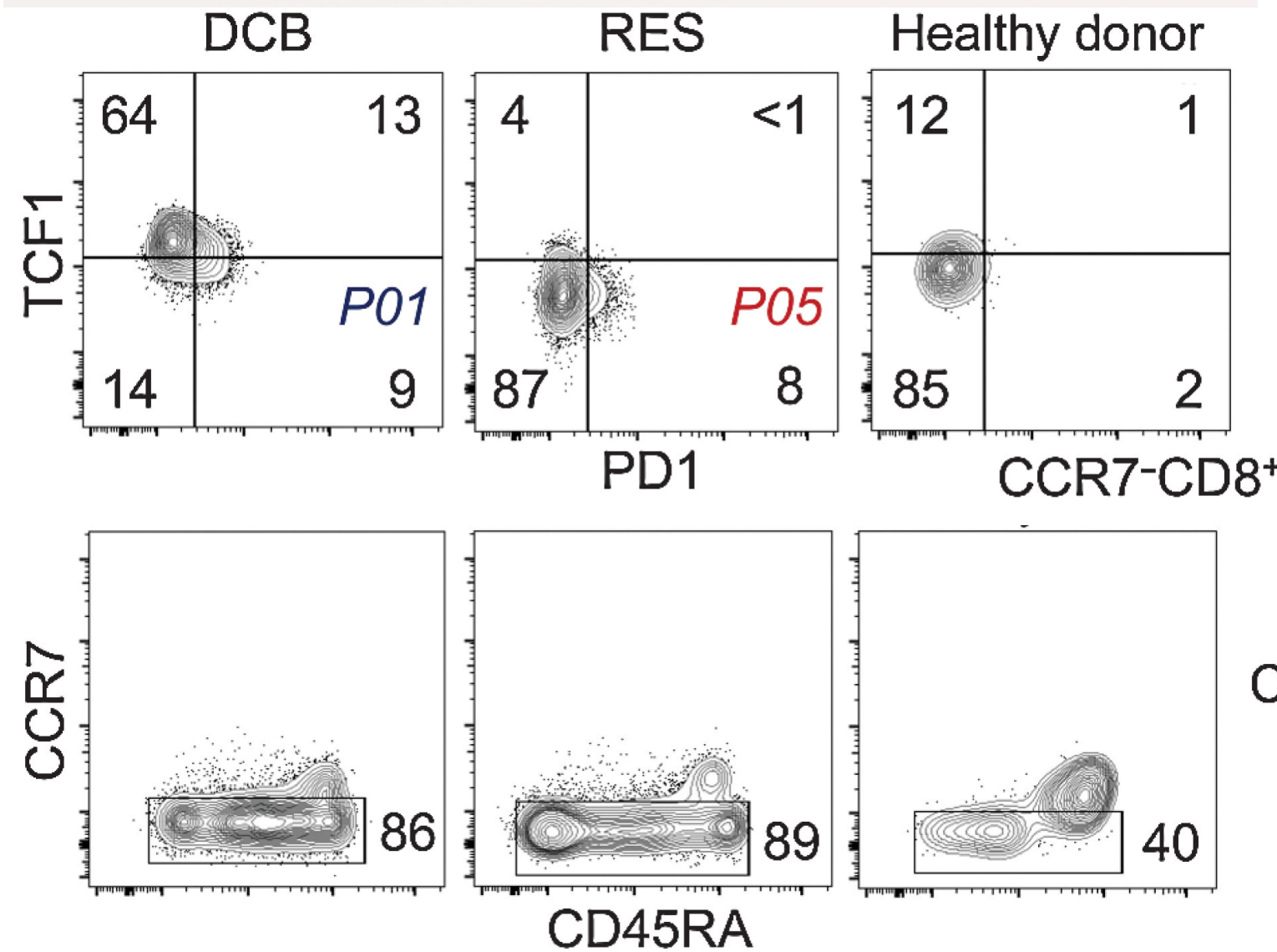
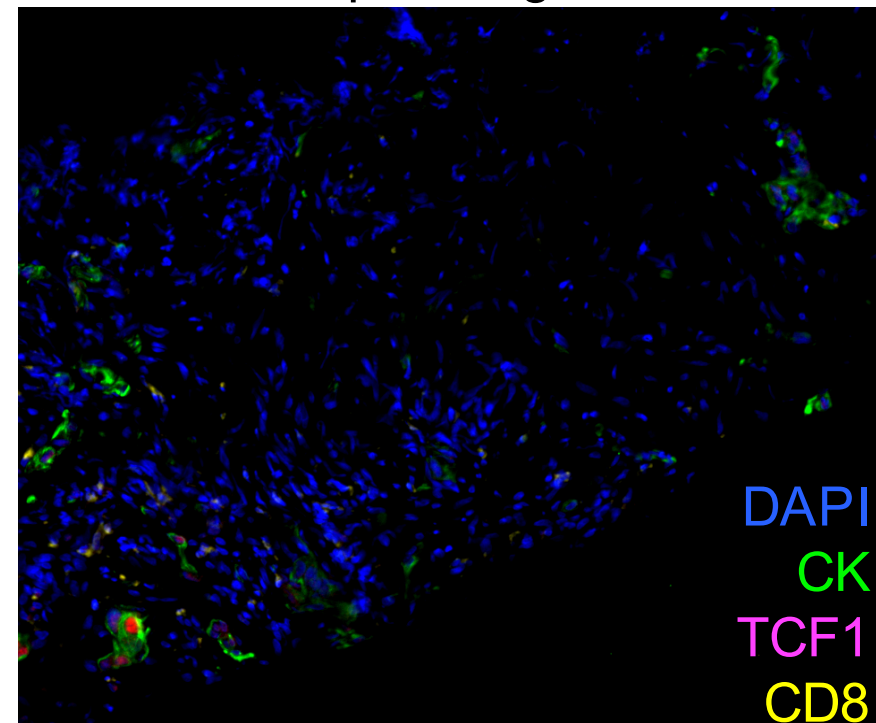


# T-Cells Driving IO-Response Can Be Measured by TCF1 Expression in the Tumor and Periphery

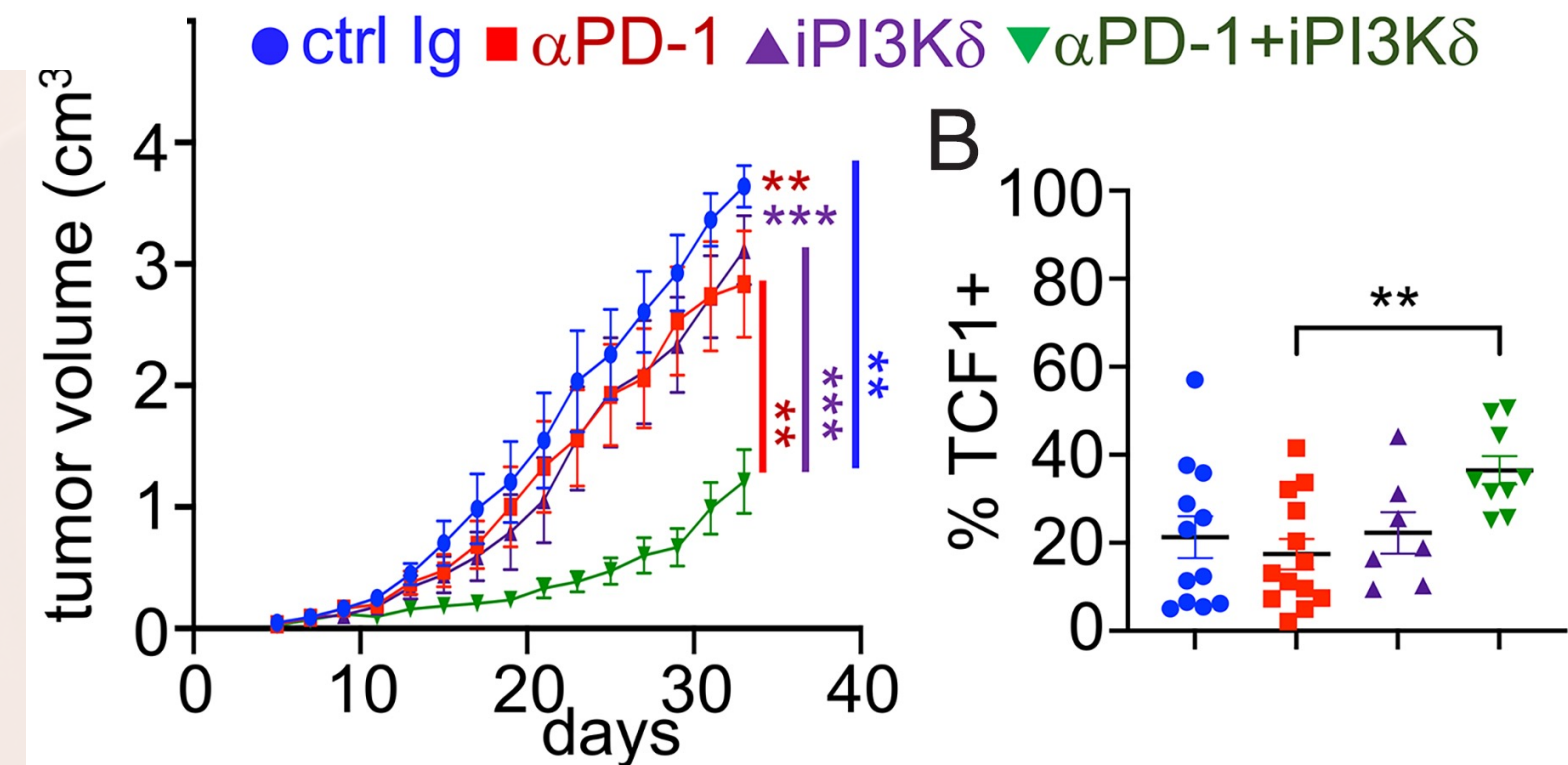
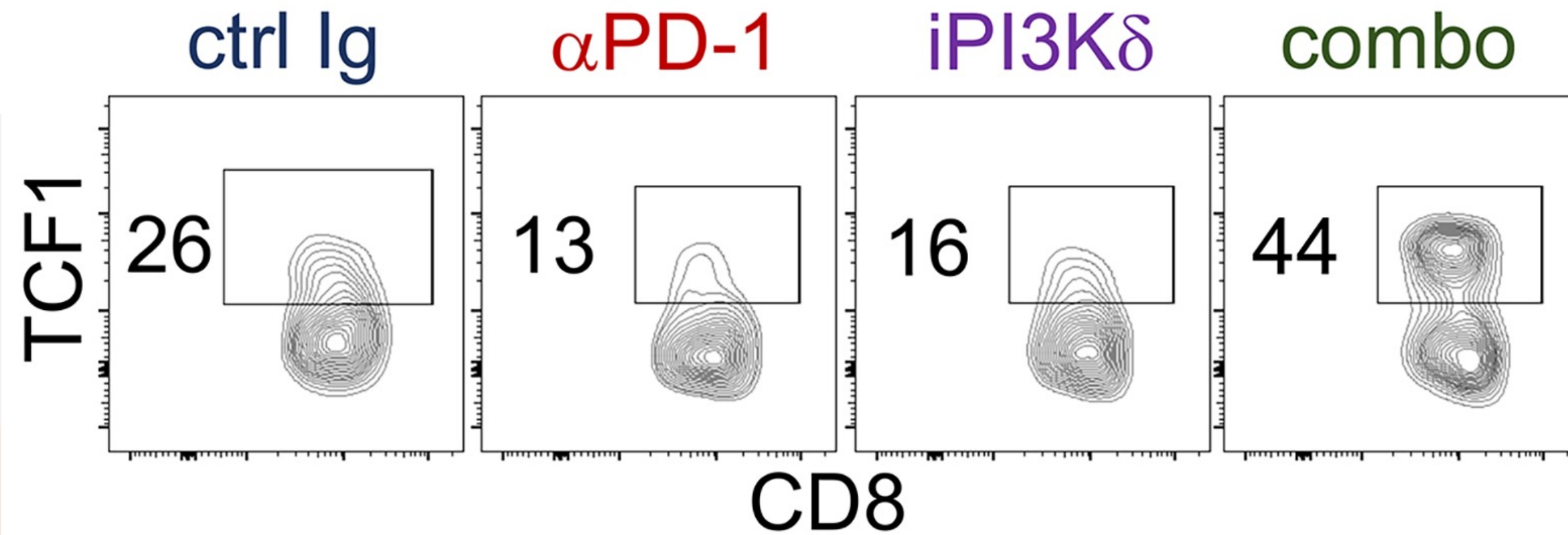
A Responding Lesion



Non-responding Lesion

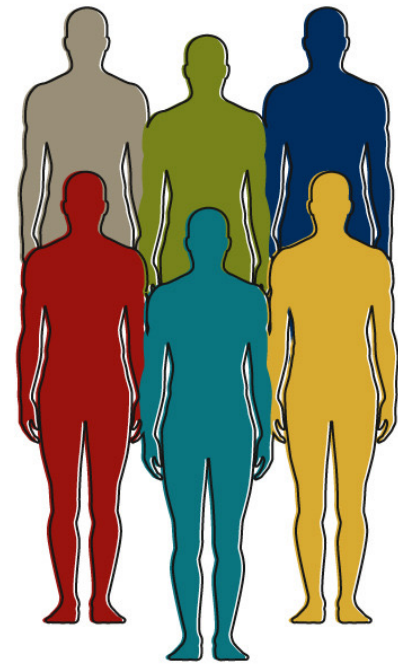


# ...and Could Be Repopulated with Metabolic Manipulation

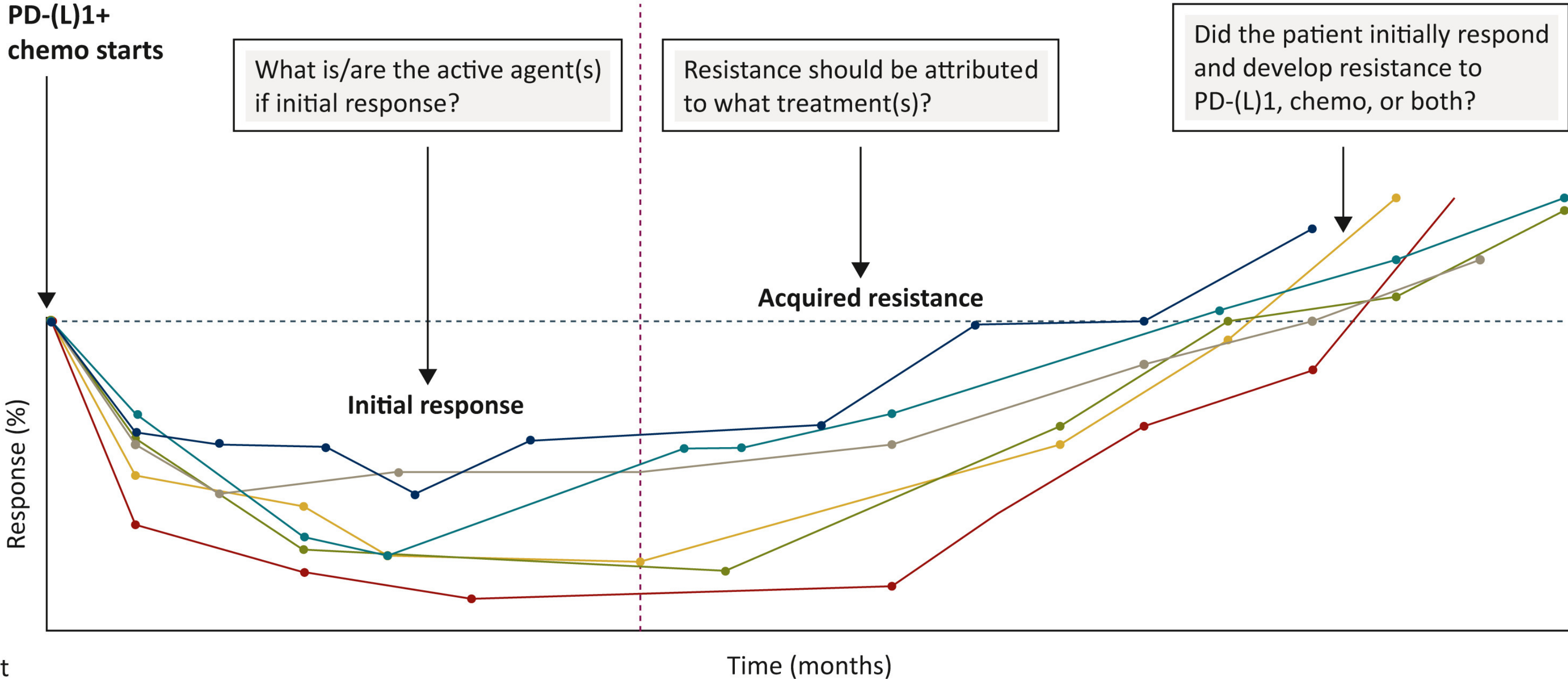




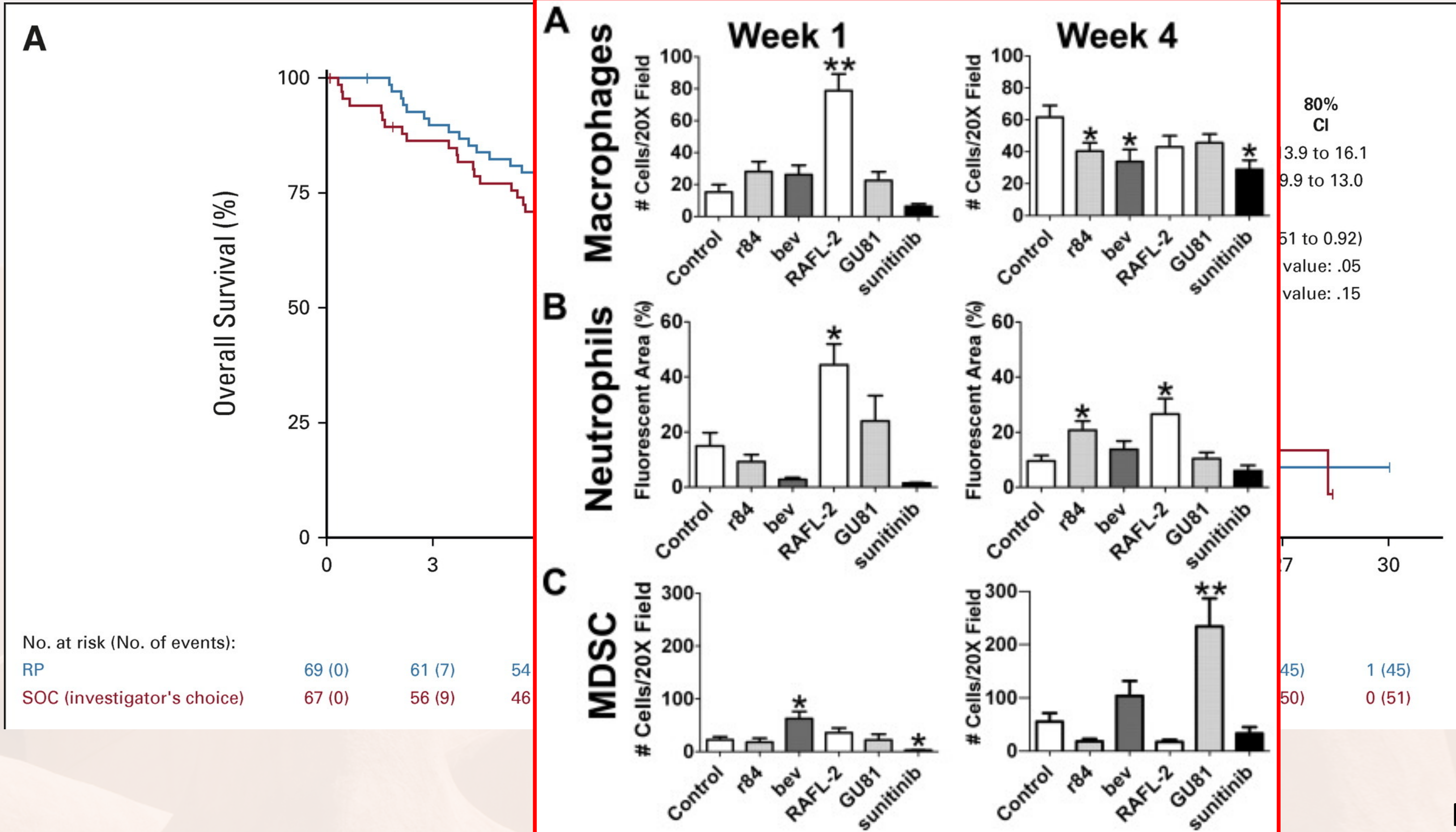
# What Else Is Impacting T Cell Exhaustion States?



Heterogeneous patient population



# Clinical Hints: VEGF?



# Clinical Hints: CTLA4?

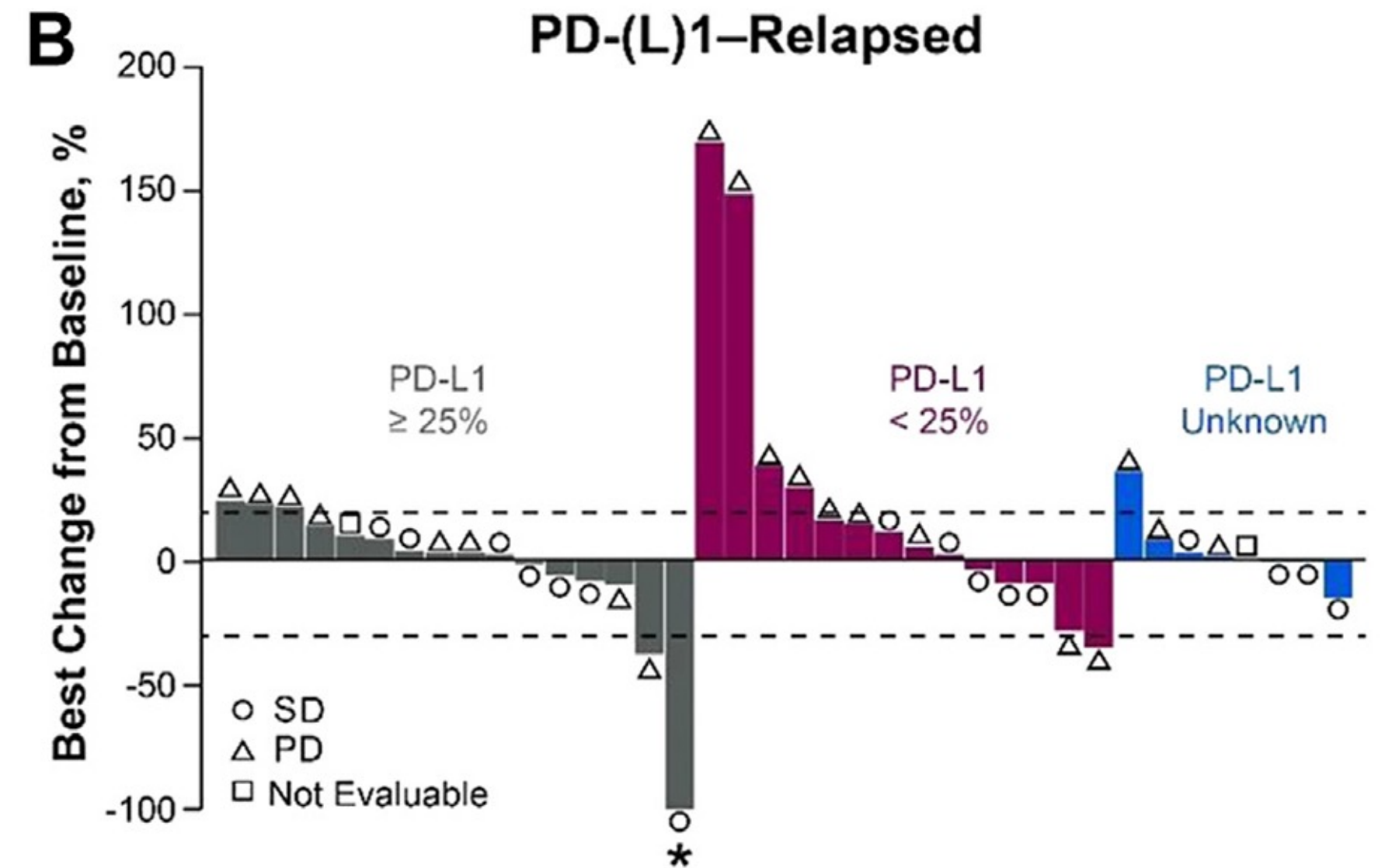
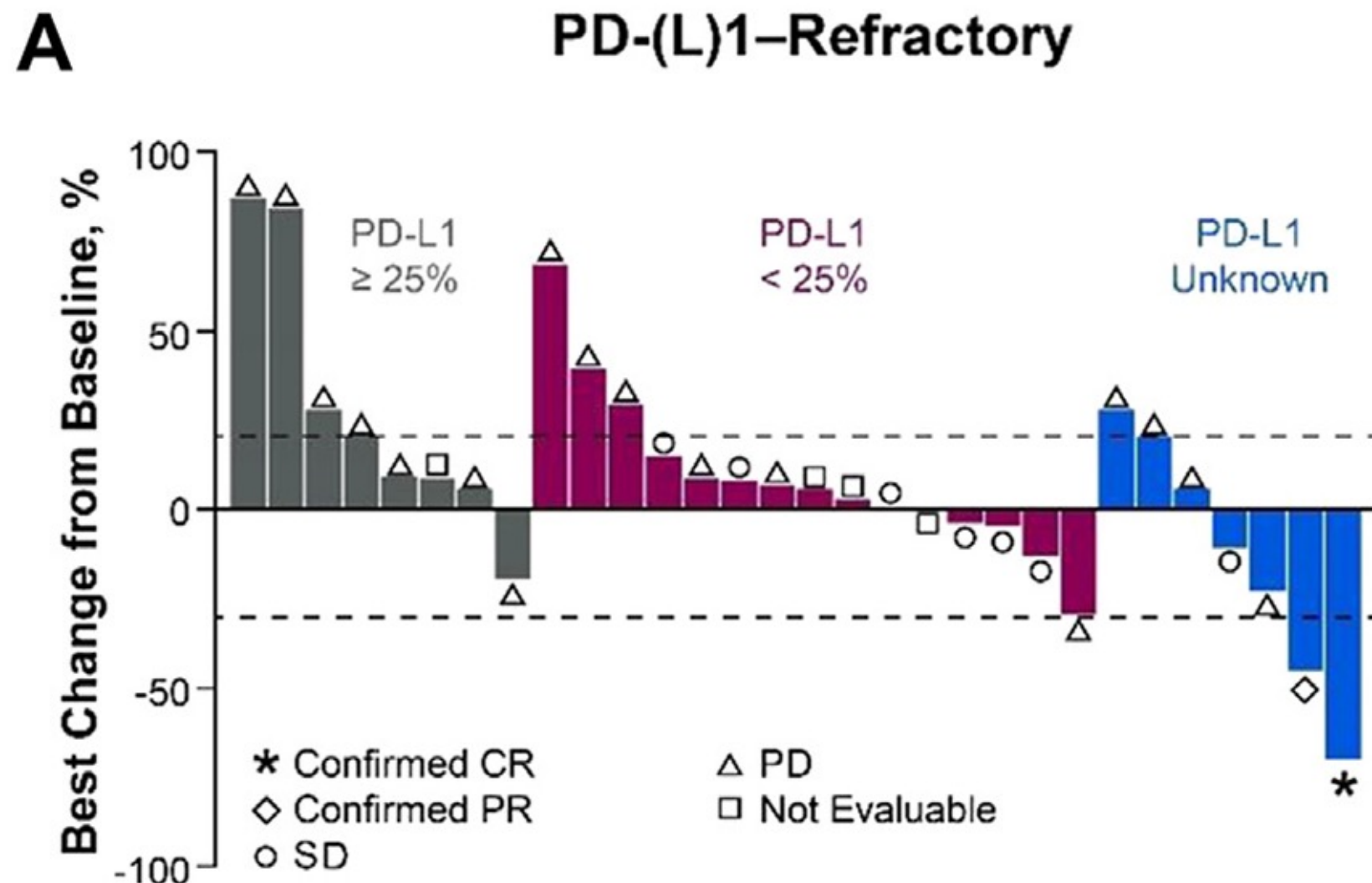
Patients with Acquired Resistance to Prior IO (Cohort 2) and Durable Clinical Benefit (DCB) with Nivolumab/ Ipilimumab

Pt	Histo	Mutation	Prior Lines	<sup>1</sup> Prior IO, PFS (months, m)	Prior IO to 1 <sup>st</sup> Trial Tx	<sup>2</sup> Trial Best Response- $\Delta$ Target Lesion, PFS	Time from 1 <sup>st</sup> to last Tx	Reason for Tx d/c	OS
01	Adeno	KRAS G12F	2	Atezolizumab, 41.5	*12.5 m	CR, 27.9 m <sup>3</sup>	1.8 m (40.5 m) <sup>3</sup>	Diabetes <sup>3</sup>	50.9+ m

Schema

Adv. NSCLC with

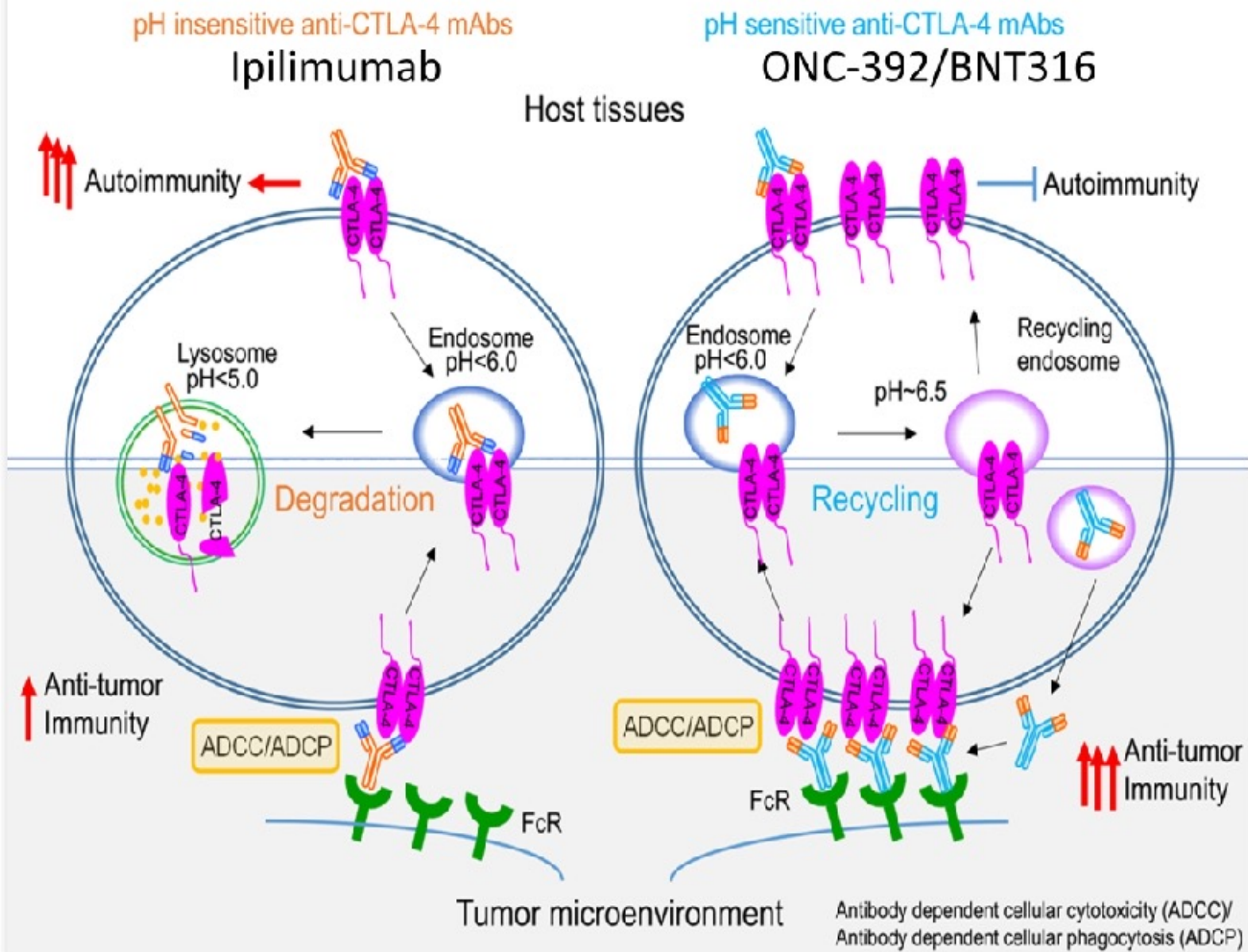
SY



6+ m  
8 m  
5 m  
9 m

# Novel CTLA4i?

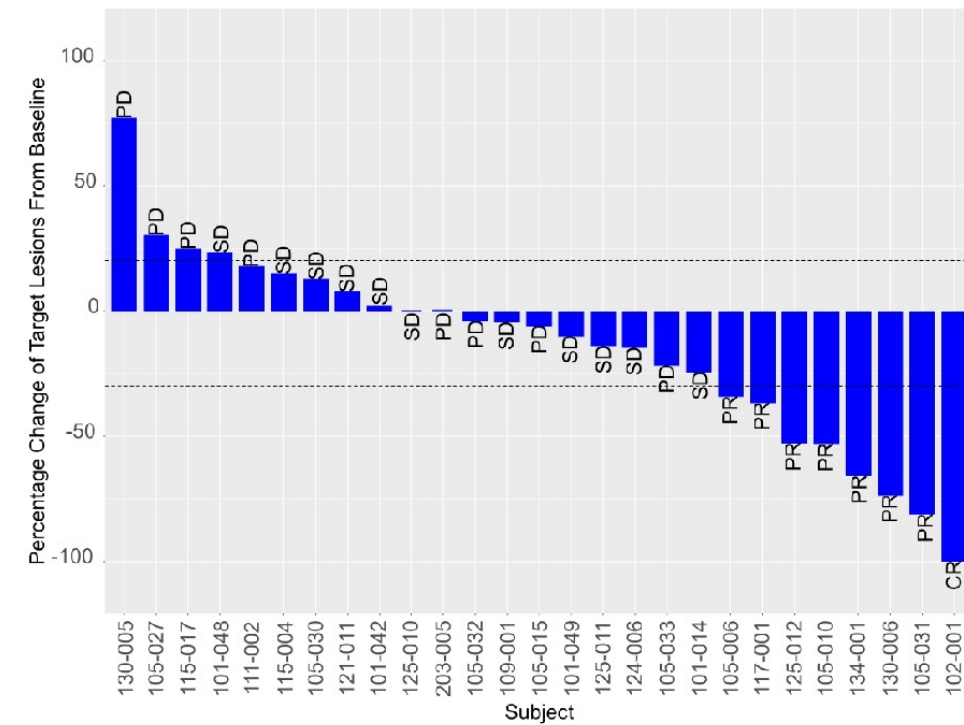
Avoiding lysosomal degradation of CTLA-4 in regulatory T cells for safer and more effective immunotherapy



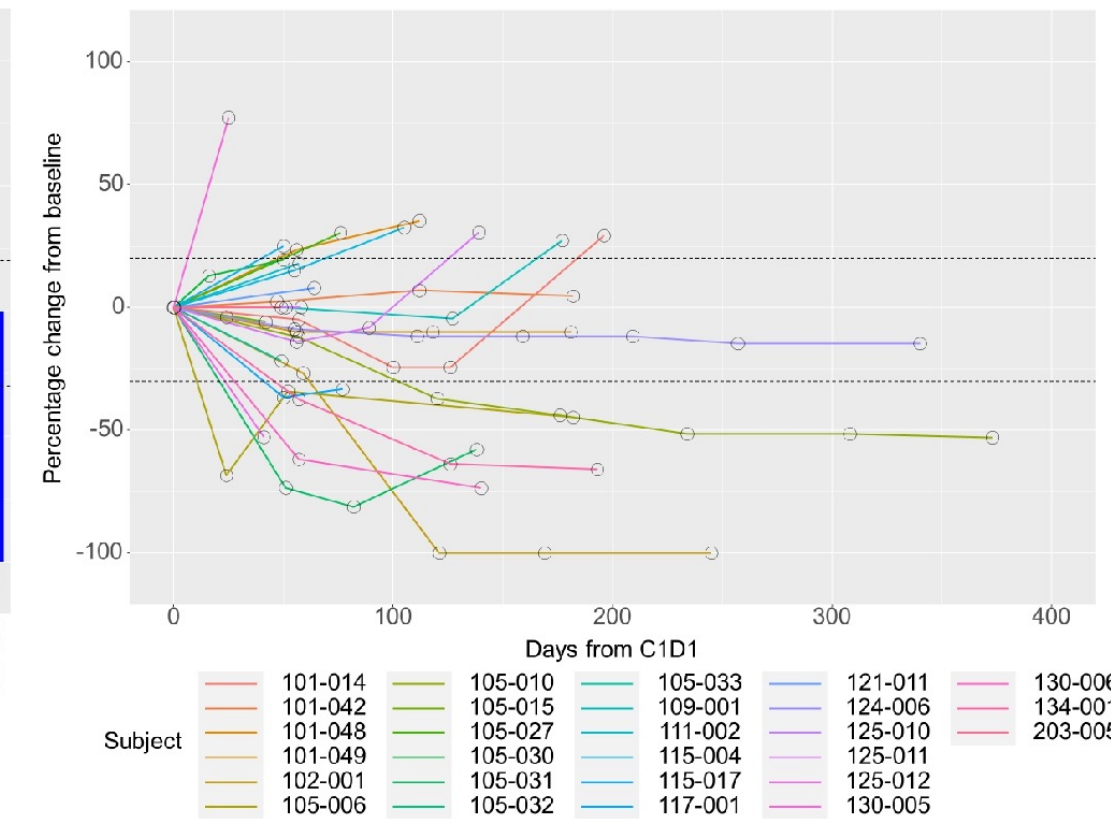
Liu Y, Zheng P. Preserving the CTLA-4 Checkpoint for Safer and More Effective Cancer Immunotherapy. *Trends Pharmacol Sci.* 2020;41(1):4-12. doi:10.1016/j.tips.2019.11.003

## Clinical Activity in PD-(L)1 Inhibitor Resistant NSCLC

% Change in Target Lesions and Best Overall Response (N=27 Evaluable)  
ONC-392, 10 mg/kg x 2, then 6 mg/kg, q3w  
(101-014 and 102-001: 10 mg/kg x 4, q3w)



Target Lesion Percentage Change Over Time (N=27 Evaluable)  
ONC-392, 10 mg/kg x 2, then 6 mg/kg, q3w  
(101-014 and 102-001: 10 mg/kg x 4, q3w)



# Key Remaining Questions

- How and when should we optimally measure T cell exhaustion to predict for ICI benefit or resistance?
- What manipulation strategies are best for what patients?
  - Metabolic?
  - Other checkpoints?
  - Perturb other immune cell populations?
  - Which patients need this the most – ICI resistant or refractory?
- Do we need novel antigen-specific T cell products that are “evergreen”?