

# The New Role of the Microbiome in Lung Cancer Immunotherapy

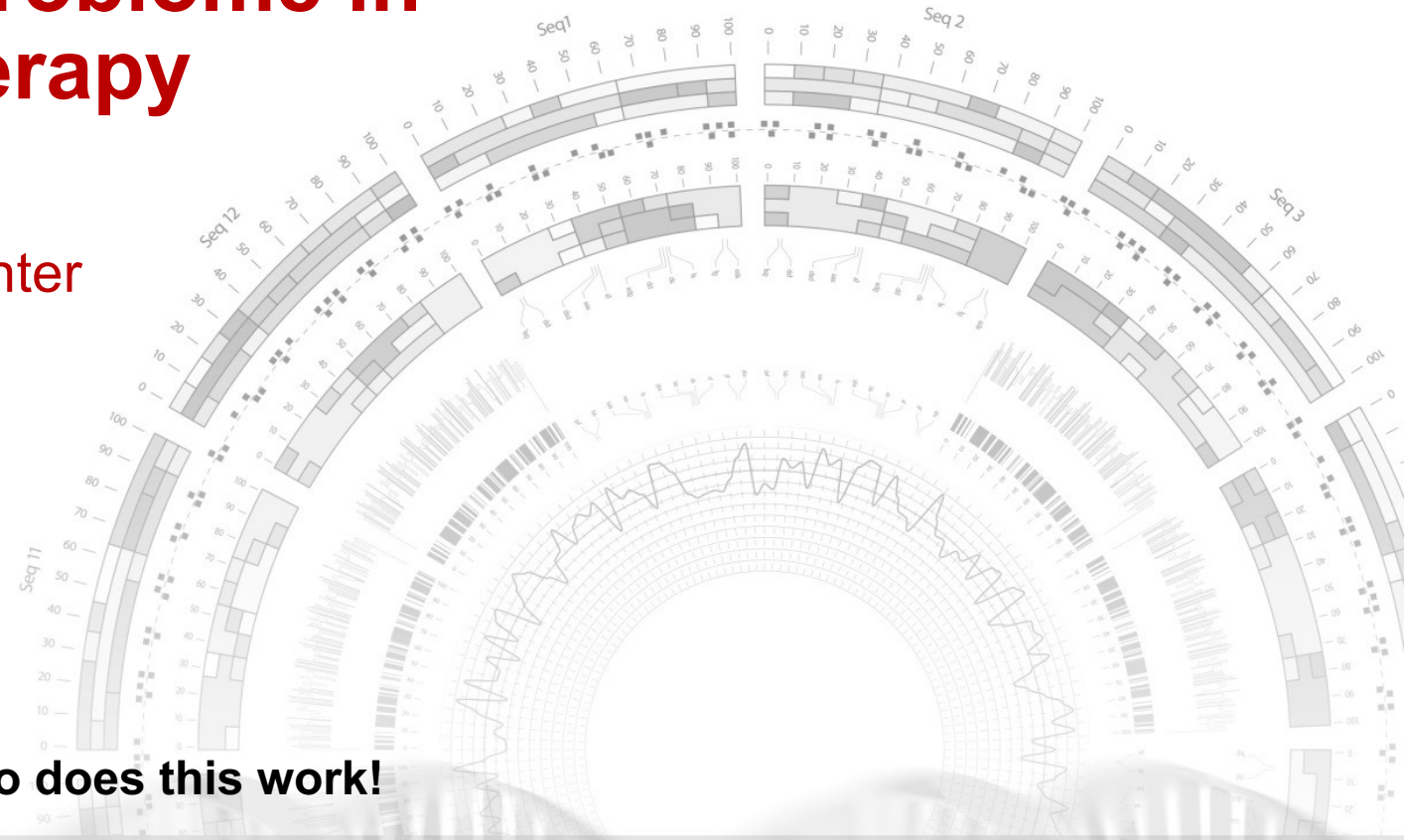
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Director, James Thoracic Oncology Center  
Ohio State University  
Columbus, OH USA

## The James



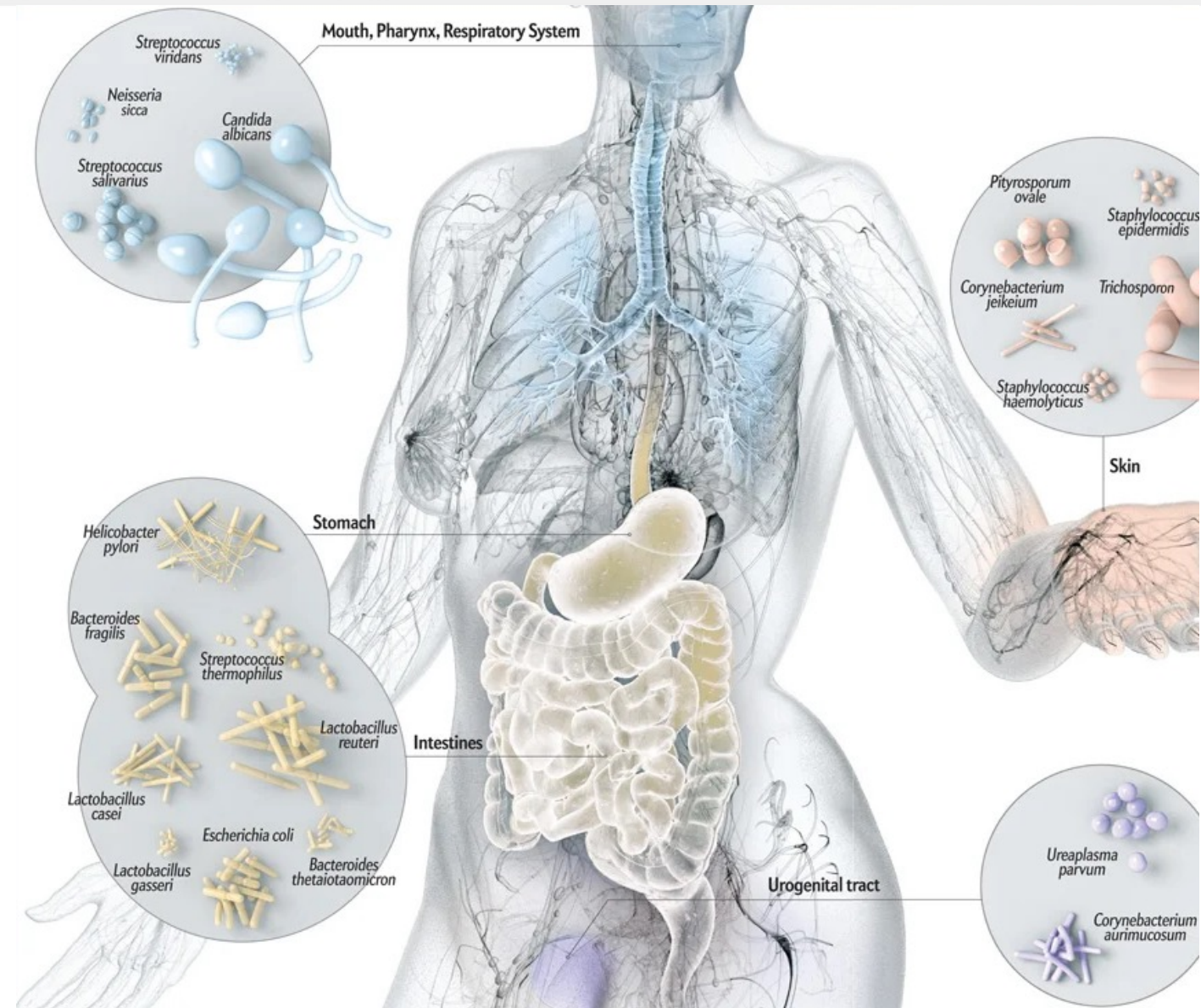
**THE OHIO STATE UNIVERSITY**  
COMPREHENSIVE CANCER CENTER

**With thanks to Dan Spakowicz in our group who does this work!**



# The Microbiome

- On you and in you are as many microbe cells as human (~10 trillion of each)
  - 100X more microbe genes
- Associated with health and disease
- Interacts with the immune system
- Can be changed



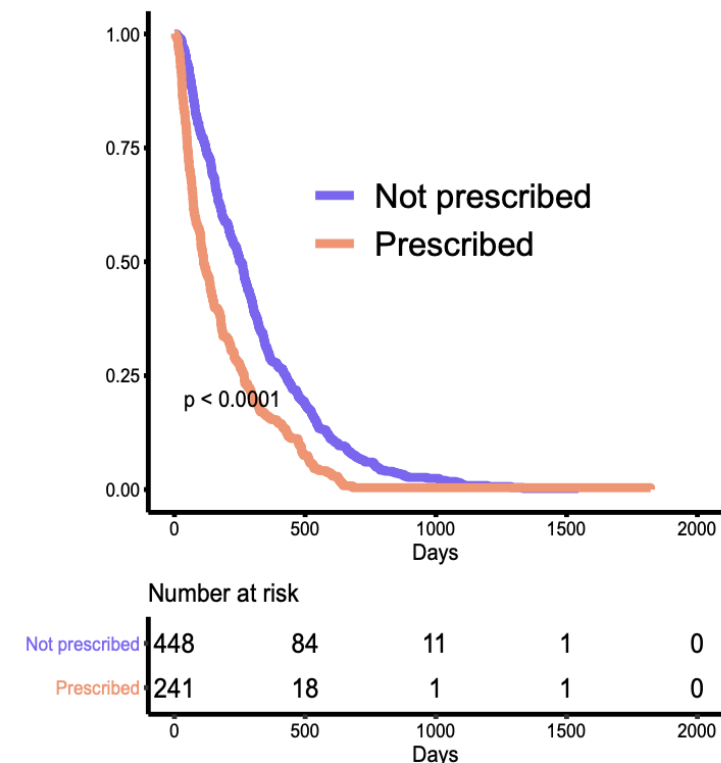
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# Shorter overall survival in patients who received antibiotics at the time of immunotherapy start

**Table 1.** Cohort characteristics

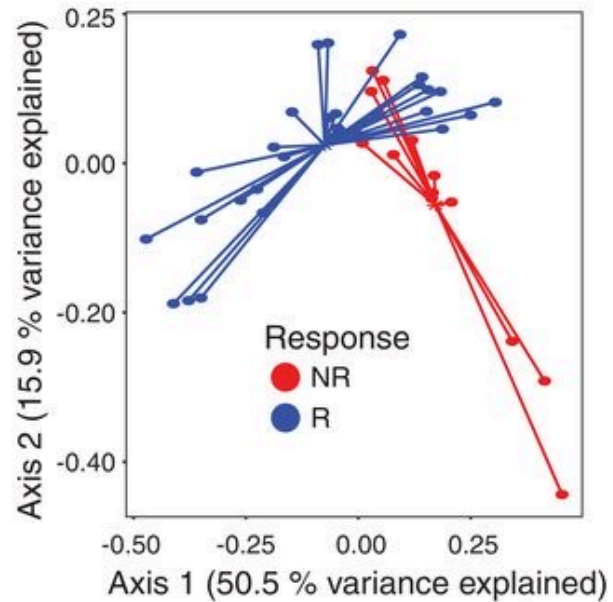
Overall n	689
BMI (mean (sd))	27.76 (6.62)
Age (mean (sd))	62.27 (13.21)
Sex = Male (%)	402 (58.3)
ECOG (%)	
0	185 (31.0)
1	272 (45.6)
2	113 (19.0)
>2	26 (4.4)
CCI = 0-1 (%)	458 (66.7)
Cancer (%)	
Bladder Cancer	32 (4.9)
Head and Neck Carcinoma	42 (6.5)
Melanoma	184 (28.4)
Non-Small Cell Lung Cancer	152 (23.5)
Renal Cell Carcinoma	65 (10.0)
Sarcoma	21 (3.2)
Other	152 (23.5)
Staging (%)	
1	1 (0.2)
2	4 (0.7)
3	44 (7.2)
4	547 (90.0)
Unknown	12 (2.0)

Effect of ABx within 28 days of start of IO

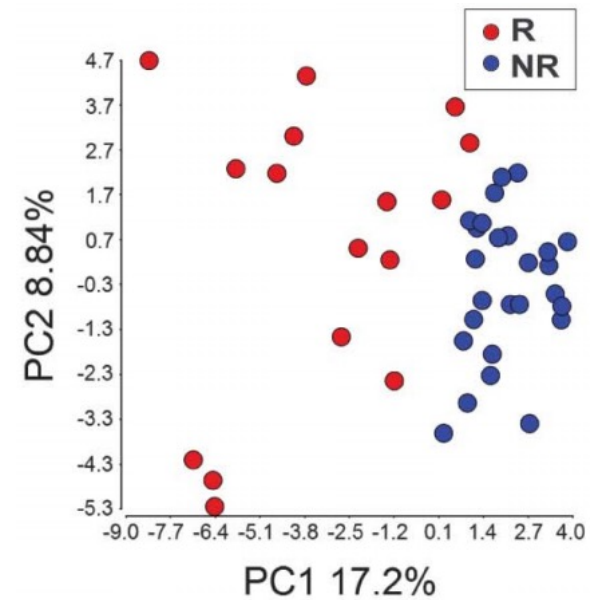


# Microbiome as a Biomarker

- Response to immune checkpoint inhibitors predictable from pre-treatment stool



Gopalakrishnan et al Science 2018

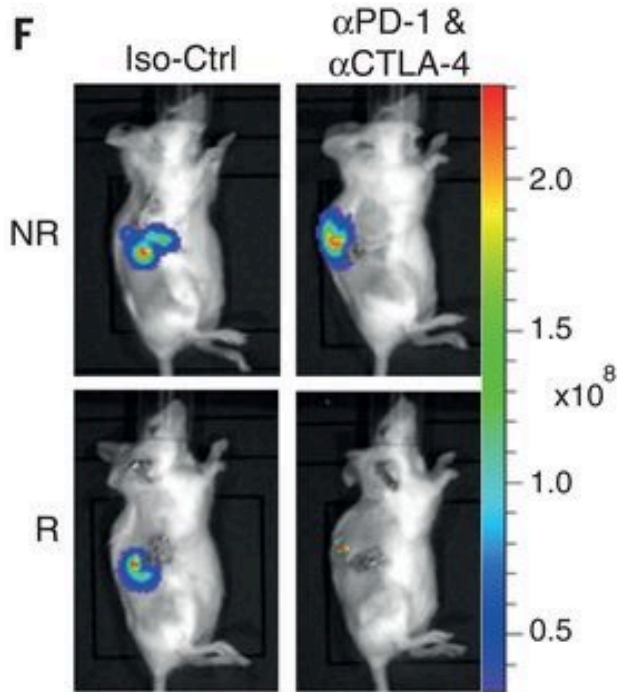


Matson et al Science 2018

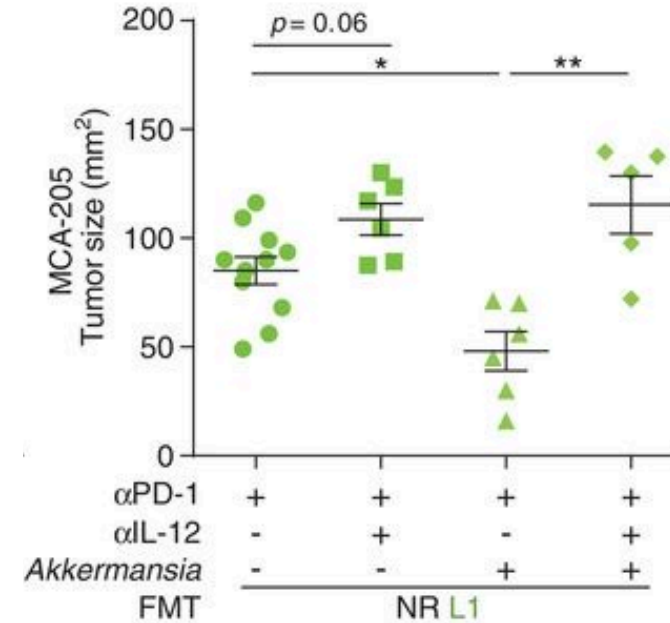
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# Akkermansia modifies IO response

Response to immune checkpoint inhibitors is transferred to mice via patients' pre-treatment stool



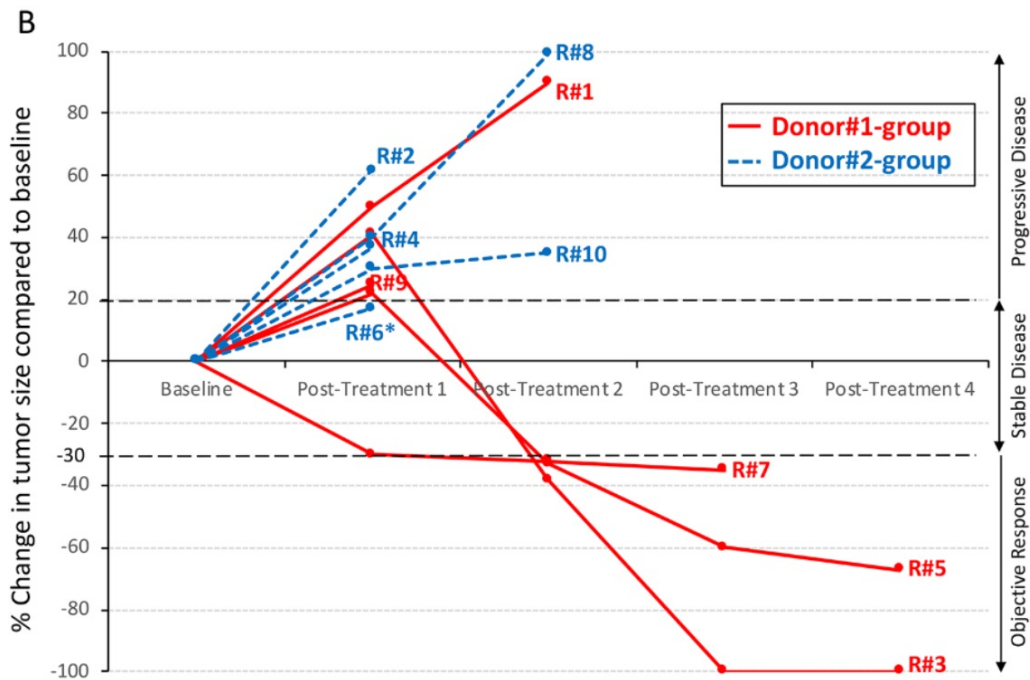
*A. muciniphila* alters response to immune checkpoint inhibitors in an IL-12 dependent manner



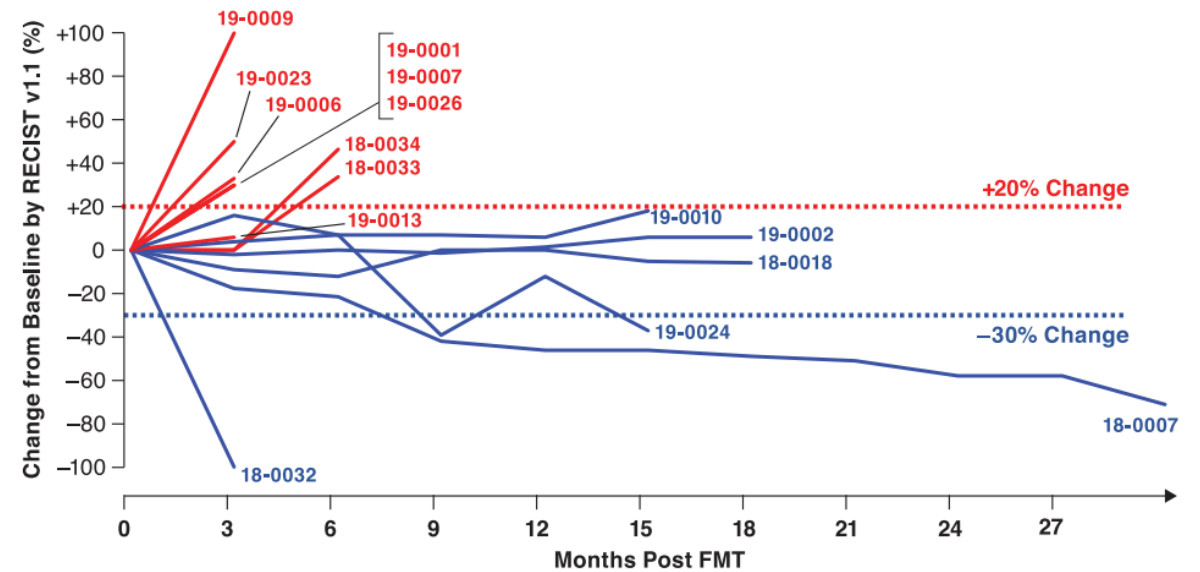
Routy *et al. Science* (2018) The James

# Fecal microbiota transplant overcomes resistance to anti-PD-1 therapy in melanoma patients

Treated with ICI -> Progression -> FMT -> Treated with ICI



[Baruch et al ('20) Science]

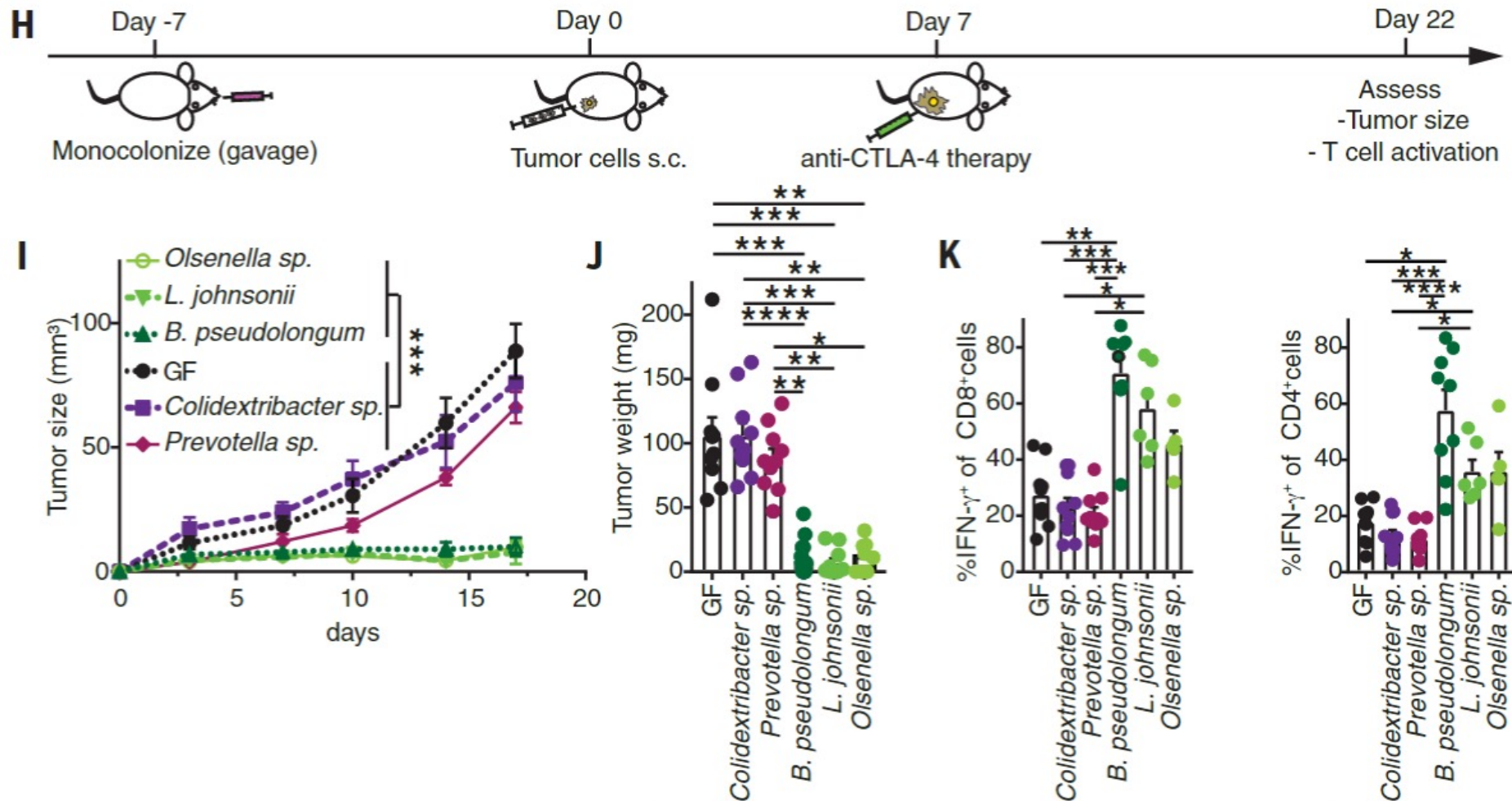


[Davar et al ('21) Science]

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# Microbiome-derived inosine modulates response to checkpoint inhibitor immunotherapy

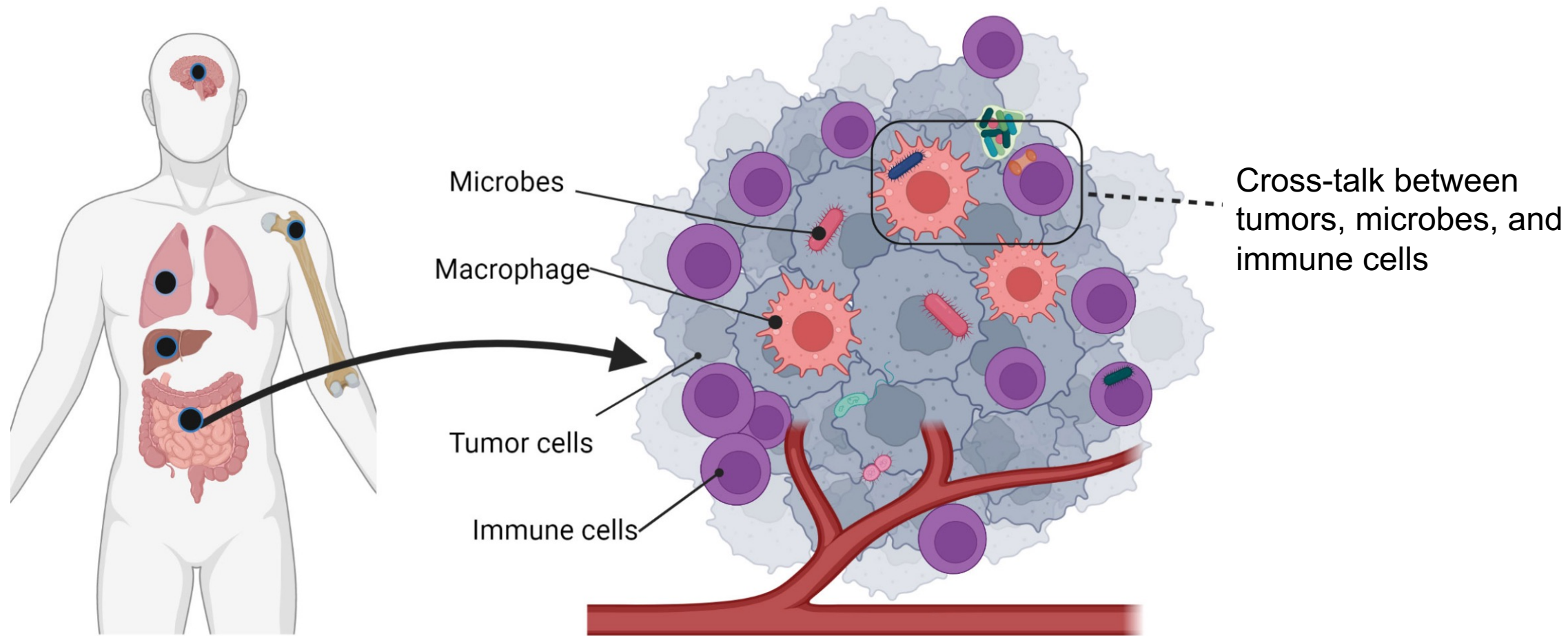
Mager et al, Science, 2020



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# The tumor microbiome



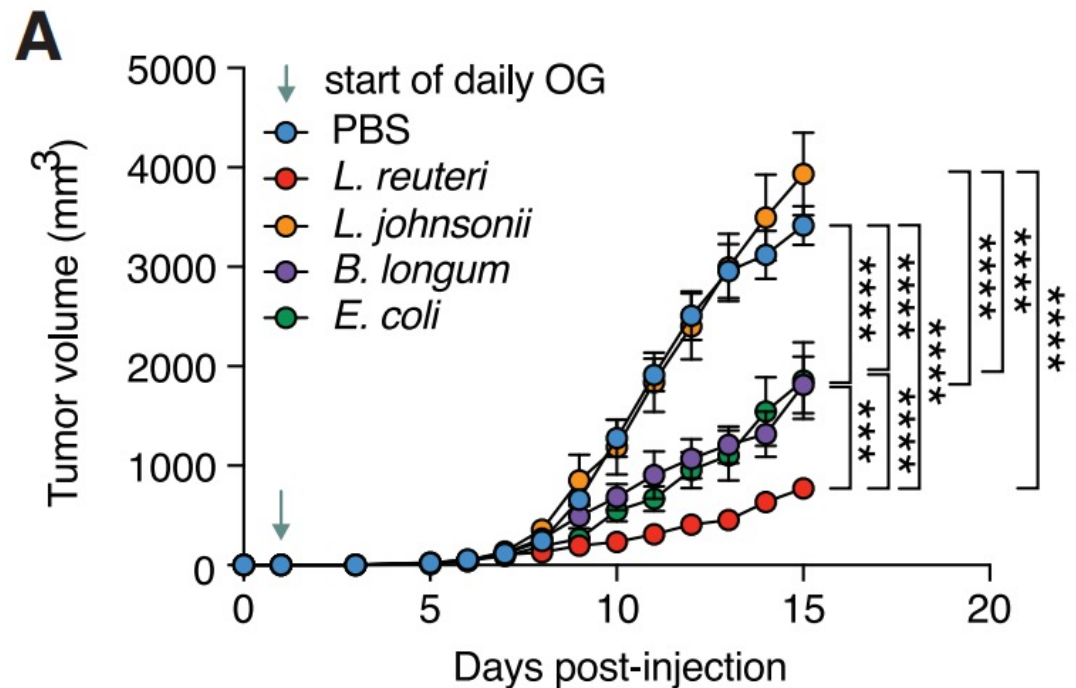
Zhou et al *Frontiers Onc* (2022)

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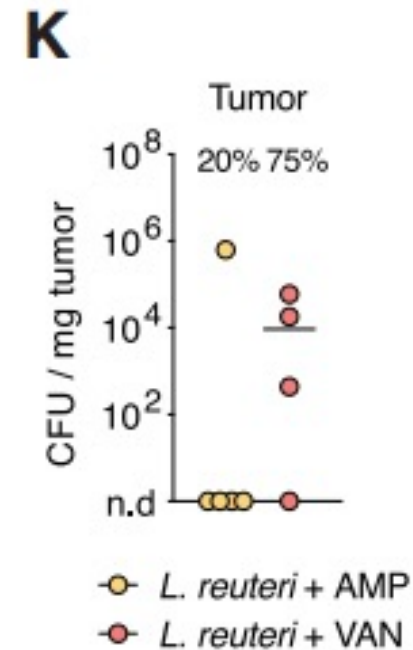
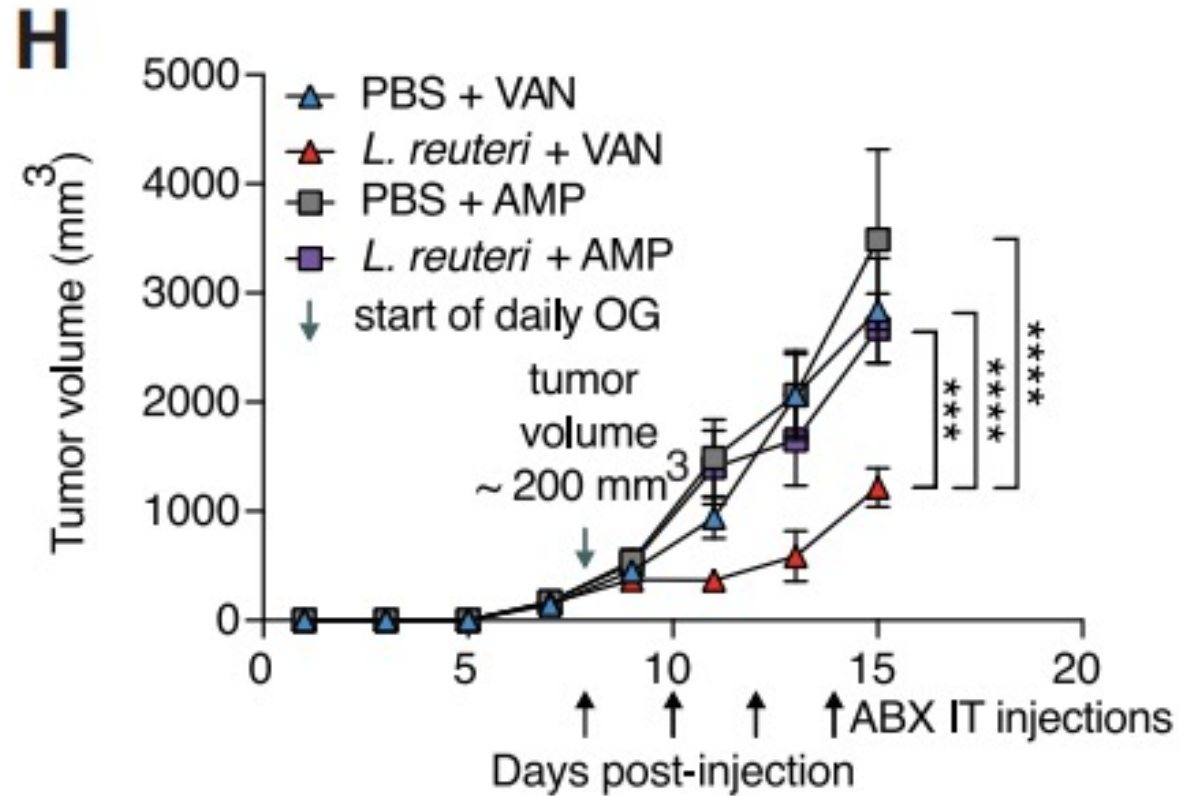
# Dietary tryptophan metabolite released by intratumoral *Lactobacillus reuteri* facilitates immune checkpoint inhibitor treatment

- Some immune-modulating effects may derive from the tumor microbiome
  - Bender et al Cell 2023



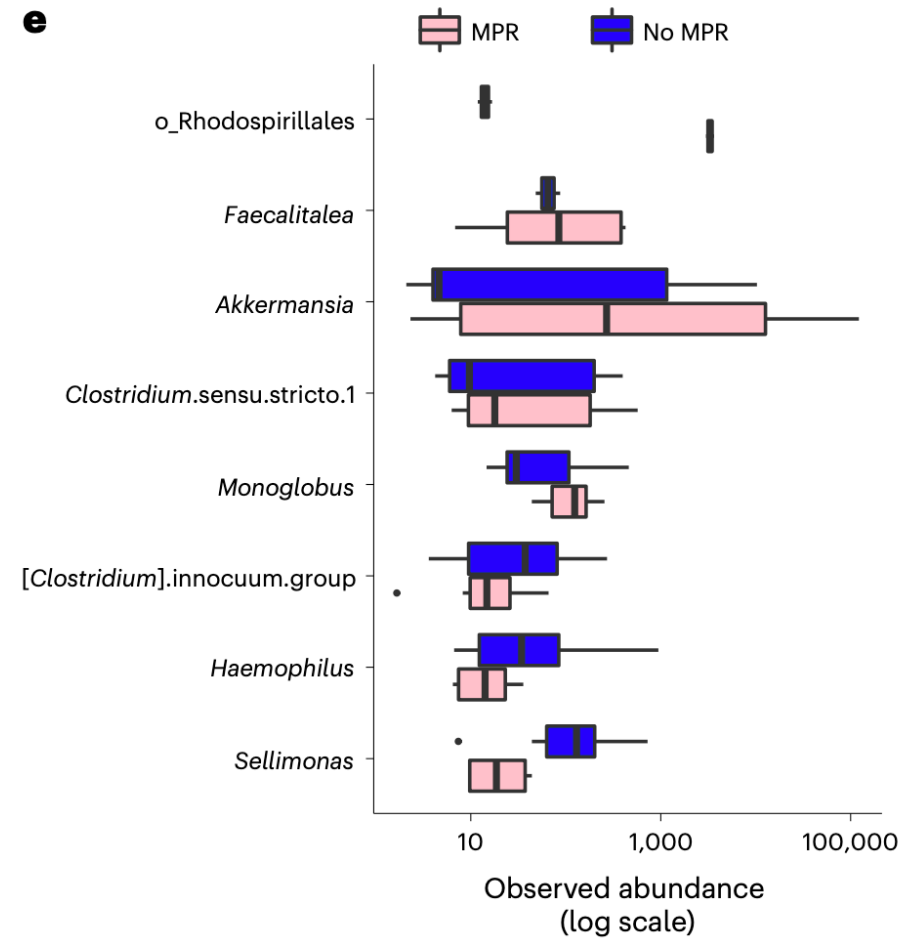
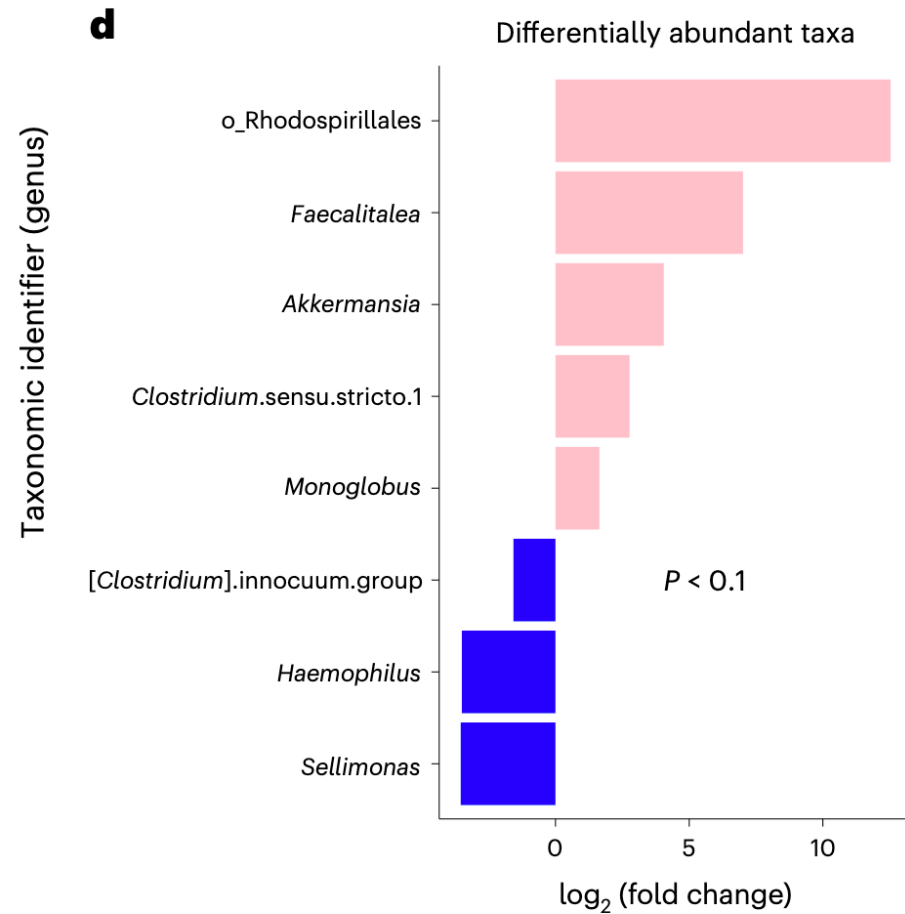
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# Depleting Lr in the tumor, but not the gut, affects tumor volume



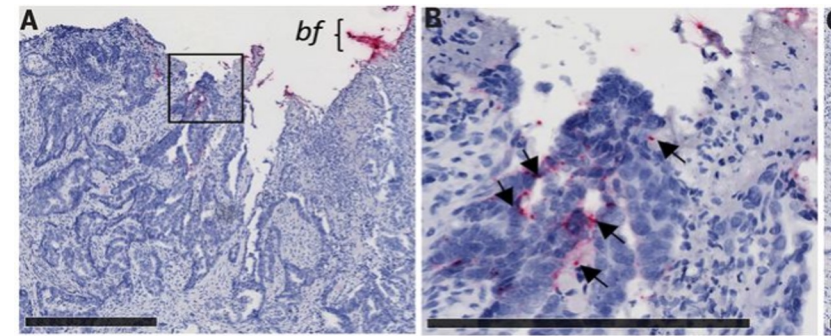
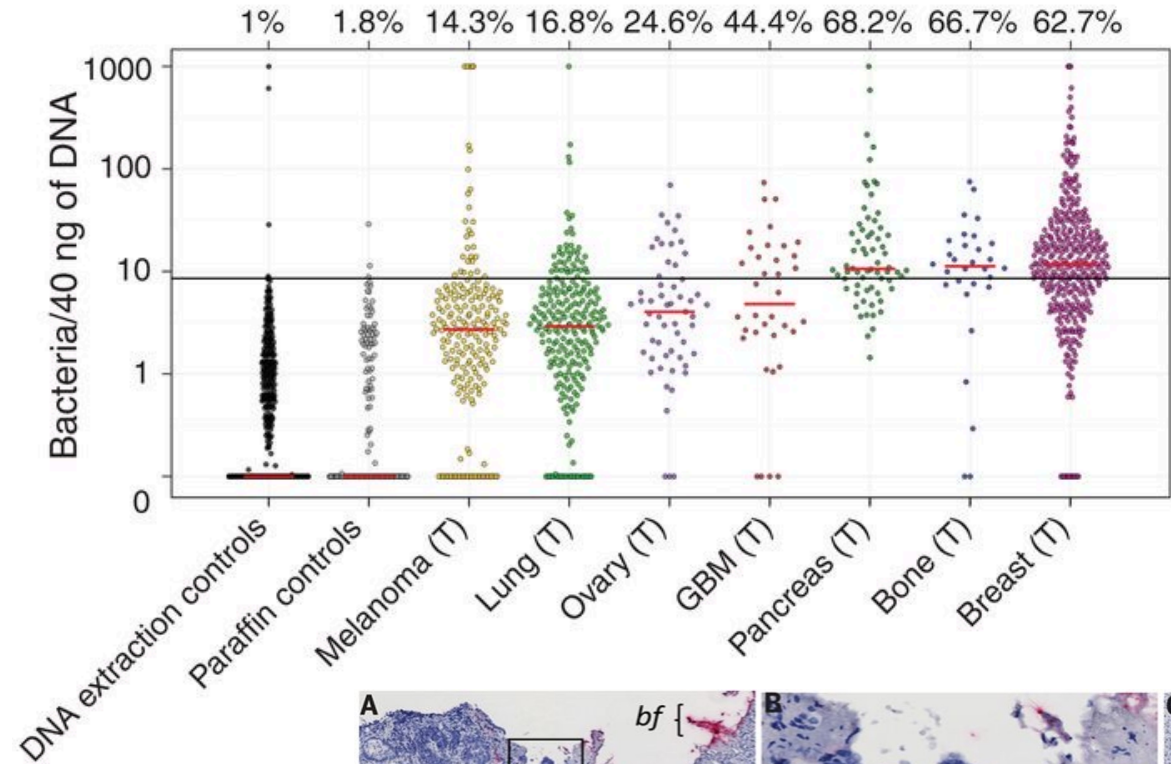
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# Fecal microbiome and pathR in NEOSTAR



# Intra-tumor microbes affect cancer

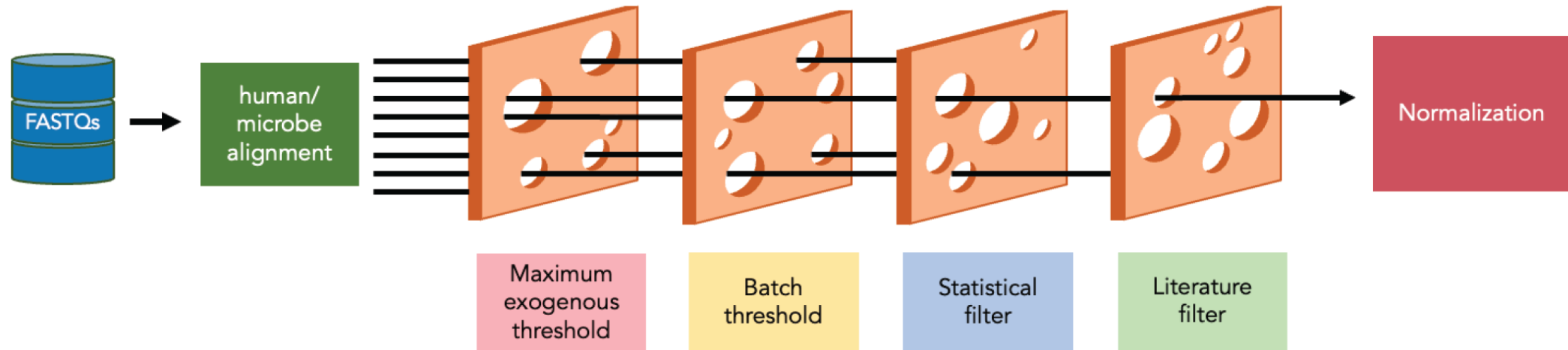
- *Fusobacterium nucleum* found in tumors, liver metastases & persist in pdx models CRC (Bullman et al Science 2017)
- *Gammaproteobacteria* degrade gemcitabine (Geller et al Science 2018)
- *Malassezia* drives PDA tumor growth (Aykut et al Nature 2019)



Nejman et al Science (2020)

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# Exploring the microbiome in tumor RNAseq data



- {exotic} (exogenous sequences in tumors and immune cells) Hoyd *et al. CRC* (2023)
- A high false positive rate requires stringent, conservative filters
- Sparse, heterogeneous microbe abundances require many samples to observe a signal
- Validation is critical

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# Next Step: Apply to larger dataset

- Oncology Research Information Exchange Network (ORIEN) inter-member project
  - ORIEN = 19 cancer centers that share a protocol for the collection, processing, and sharing of biospecimens and clinical data
    - Tumor goes to Aster Insights for sequencing
    - Researchers have access to RNAseq & WES through HBOC
    - Large clinical dataset, harmonized across institutions
- Goals:
  - Test a hypothesis about the determinants of the tumor microbiome
    - *Hypothesis: microbes' presence in tumors is a function of the **(1) tumor microenvironment** and **(2) immune system activity** more so than the tumor primary site/histology*
  - Provide a resource to the community



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# The ex**RIEN** Consortium



# Processed ORIEN and TCGA datasets

## ORIEN

N = 2892

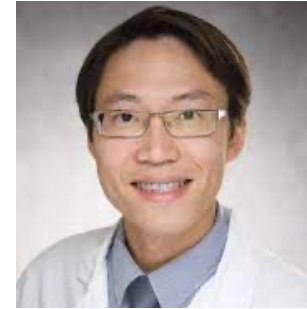
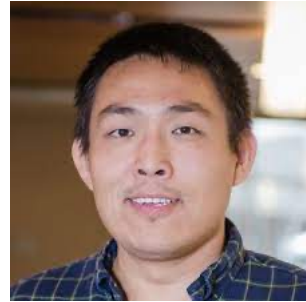
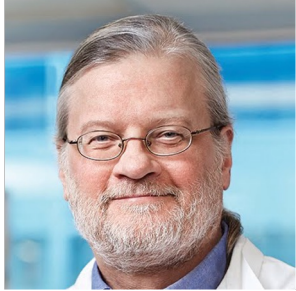
Cancer (Primary Location)		Cancer (Primary Location) cont.	
COAD	500 (17.3)	SKCM	138 (4.8)
Cecum	38 (7.6)	Rectum	1 (0.72)
Colon	428 (85.6)	Skin	121 (87.7)
Rectum	34 (6.8)	Soft Tissue	1 (0.72)
LUAD	261 (9.0)	Other	15 (10.9)
Lung	260 (99.6)	THCA	539 (18.6)
Other	1 (0.38)	Thyroid	539 (100)
LUSC	127 (4.4)	Other CR	39 (1.3)
Lung	126 (99.2)	Cecum	8 (20.5)
Other	1 (0.79)	Colon	27 (69.2)
PAAD	156 (5.4)	Rectum	4 (10.3)
Pancreas	156 (100)	Other Lung	104 (3.6)
READ	95 (3.3)	Lung	103 (99.0)
Rectum	95 (100)	Other	1 (0.96)
SARC	691 (23.9)	Other Pancreatic	216 (7.5)
Abdomen	17 (2.46)	Pancreas	216 (100)
Bone	45 (6.51)	<b>Sex (%)</b>	
Colon	4 (0.58)	Male	1418 (49.0)
Intestine	25 (3.62)	Female	1474 (51.0)
Lung	7 (1.01)	<b>Age (%)</b>	
Pancreas	2 (0.29)	10-19	15 (0.5)
Rectum	2 (0.29)	20-29	120 (4.1)
Retroperitoneum	95 (13.7)	30-39	207 (7.2)
Skin	2 (0.29)	40-49	397 (13.7)
Soft Tissue	316 (45.7)	50-59	691 (23.9)
Stomach	56 (8.10)	60-69	794 (27.5)
Uterus	28 (4.05)	70-79	530 (18.3)
Other	92 (13.3)	80-89	128 (4.4)
SCLC	26 (0.9)	90+	10 (0.3)
Lung	25 (96.2)		
Other	1 (3.84)		

## TCGA

N = 2720

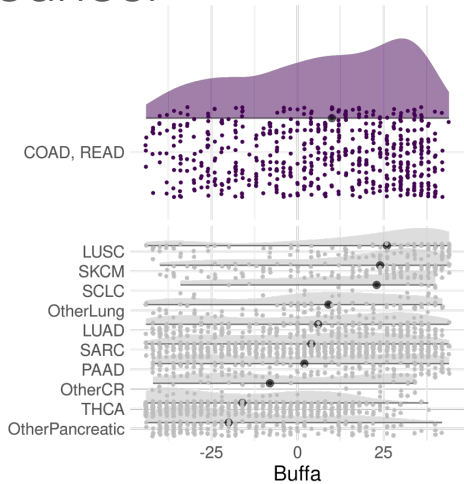
Cancer (Primary Location)		Cancer (Primary Location) cont.	
COAD	478 (17.6)	SARC	259 (9.5)
Cecum	87 (18.2)	Bone	2 (0.8)
Colon	382 (79.9)	Colon	1 (0.4)
Rectum	7 (1.5)	Retroperitoneum	98 (37.8)
Other	2 (0.4)	Soft Tissue	117 (45.2)
LUAD	533 (19.6)	Stomach	2 (0.8)
Lung	531 (99.6)	Uterus	29 (11.2)
Other	2 (0.4)	Other	10 (3.9)
LUSC	502 (18.5)	SKCM	
Lung	495 (98.6)	Skin	103 (100)
Other	7 (1.4)	THCA	502 (18.5)
PAAD	177 (6.5)	Thyroid	502 (100)
Pancreas	177 (100)	<b>Age (%)</b>	
READ	166 (6.1)	10-19	12 (0.4)
Colon	6 (3.6)	20-29	62 (2.3)
Rectum	156 (94.0)	30-39	157 (5.9)
Other	2 (1.2)	40-49	262 (9.8)
<b>Sex (%)</b>		50-59	510 (19.1)
Male	1371 (50.5)	60-69	762 (28.5)
Female	1349 (49.5)	70-79	695 (26.0)
		80-89	210 (7.9)





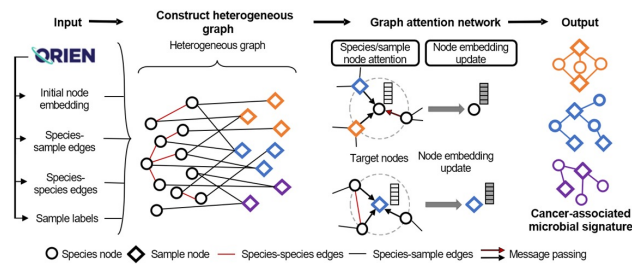
### Nic Denko (OSU)

- Hypoxia and response to radiation in rectal cancer



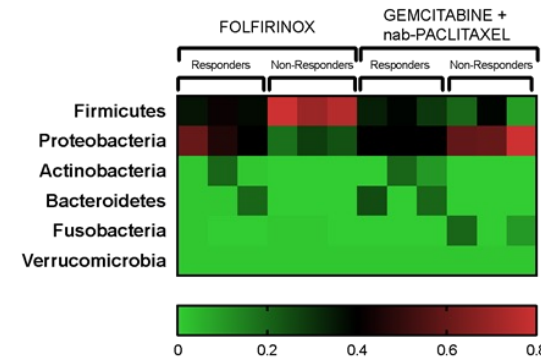
### Qin Ma (OSU)

- pyMEGA: a deep learning package for identifying cancer-associated tissue-resident microbes



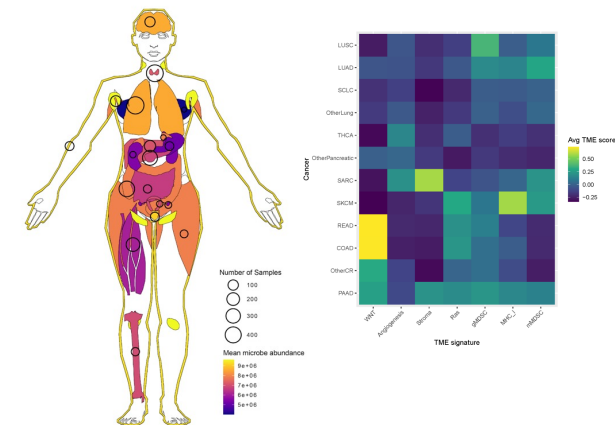
### Carlos Chan (Ulowa)

- Chemotherapy outcomes in pancreatic cancer

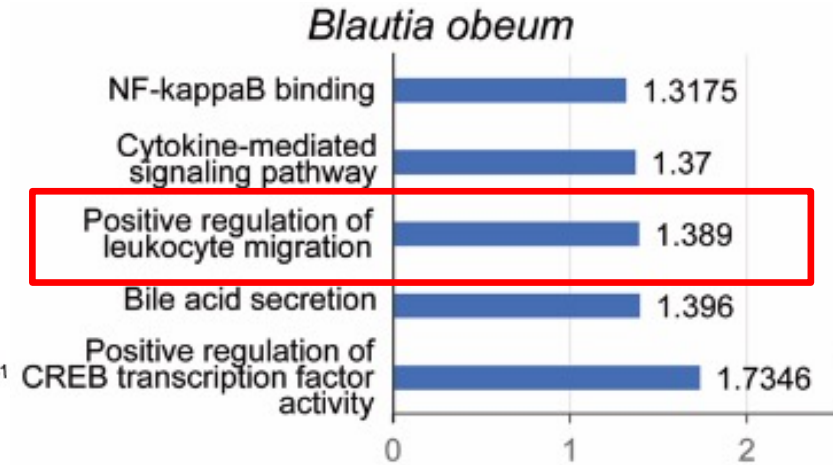
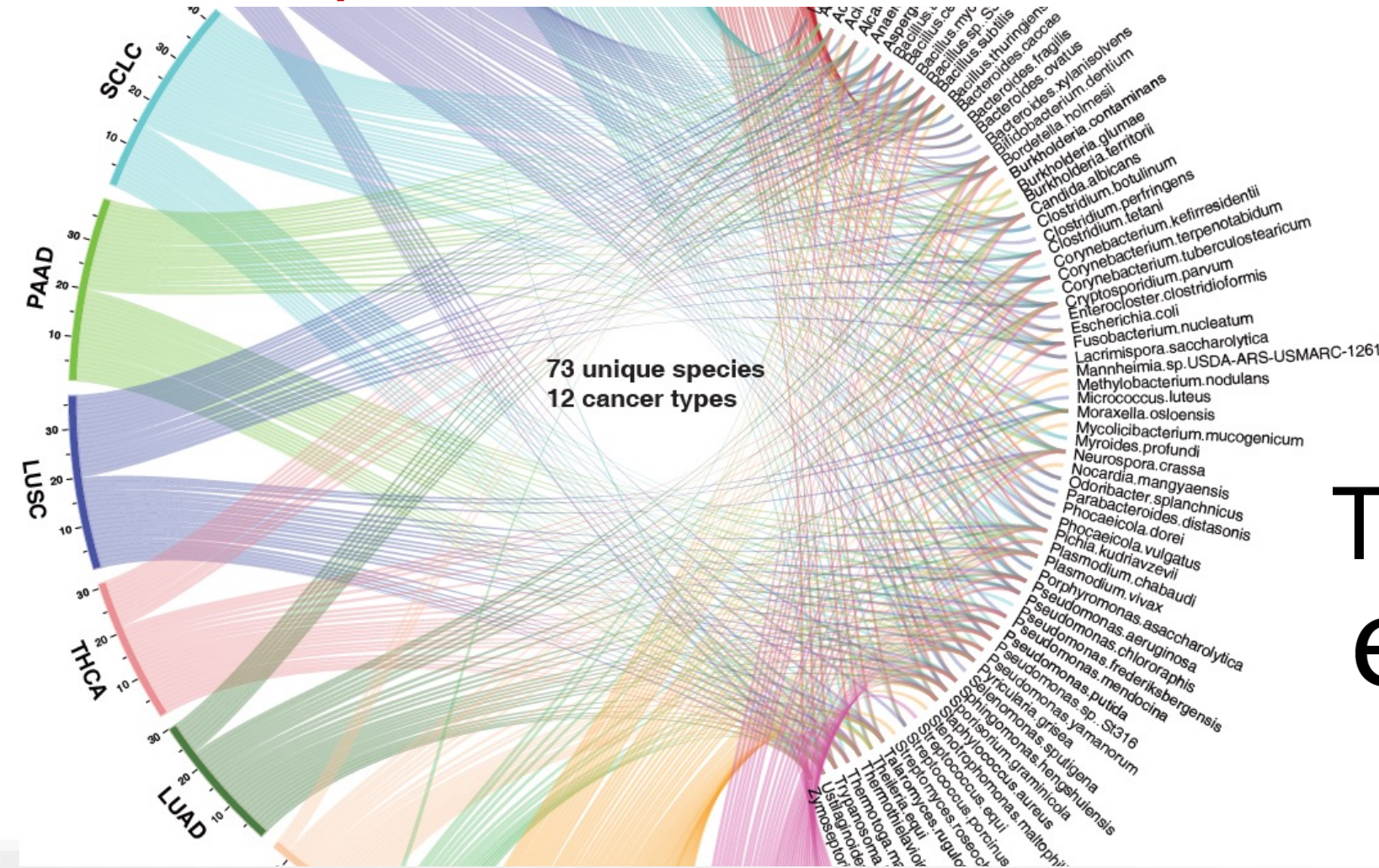



### Dan Spakowicz (OSU)

- Association with features of the tumor microenvironment



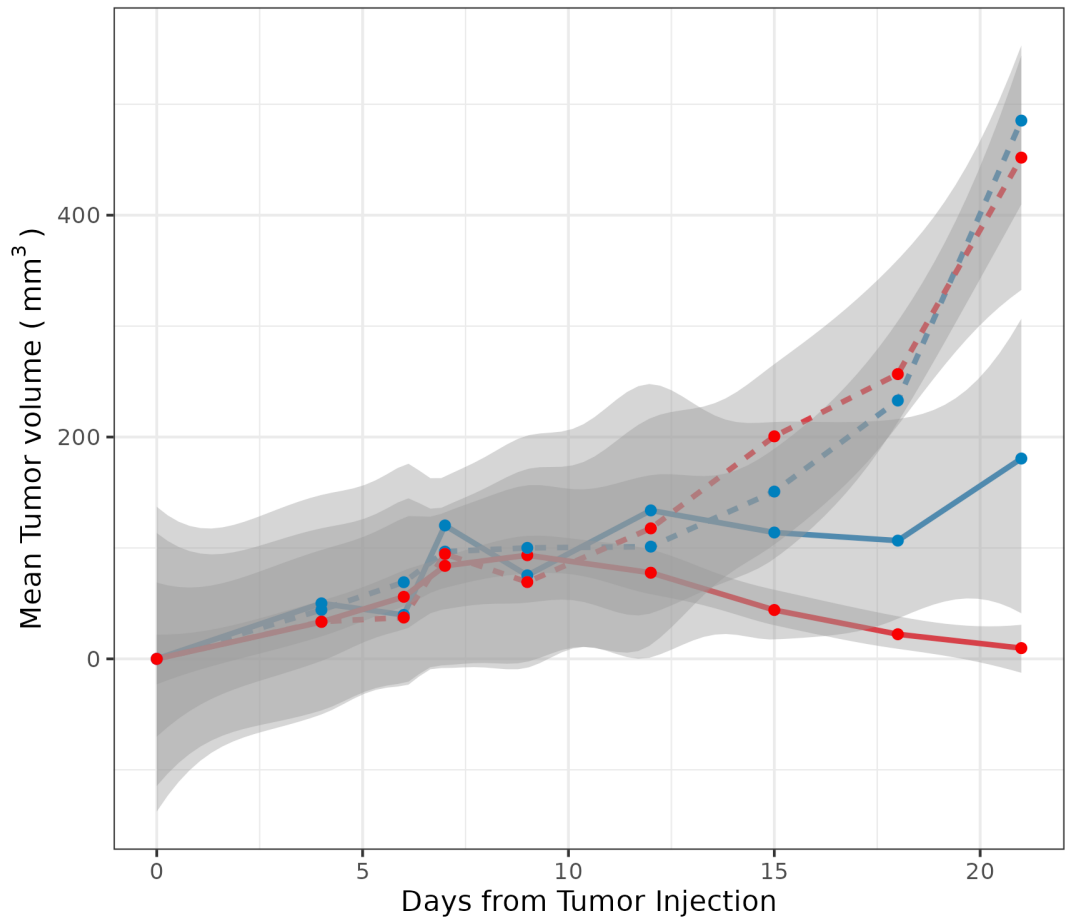
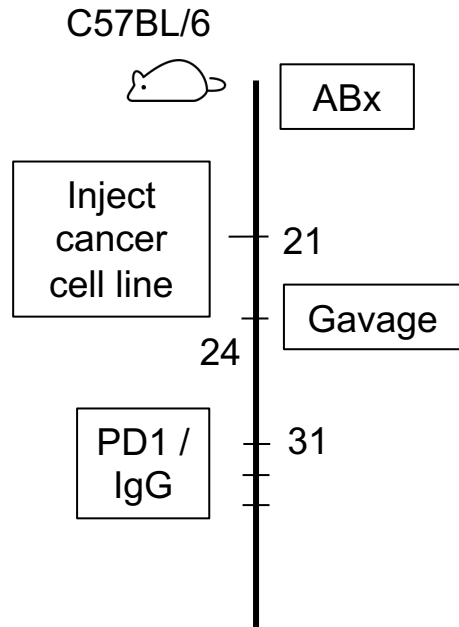
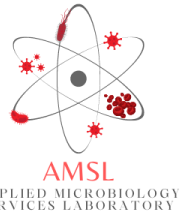
# Deep learning models predict strong interactions with host expression



The  
ex  RIEN  
Consortium

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# *Blautia* supplementation increases lymphocyte migration into tumors: immunotherapy response assay

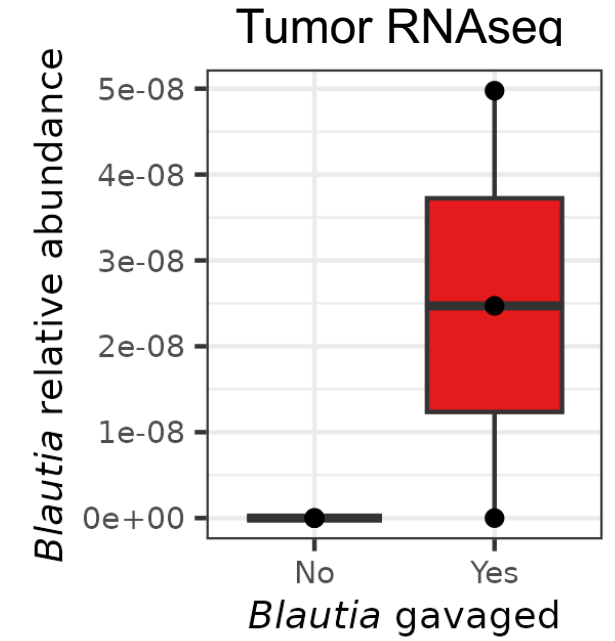


Supplement

- Blautia
- Normal

Treatment

- Anti-PD1
- IgG



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Unpublished – PLEASE DO NOT POST

# Starting December 5: Microbiome RIG

- New structure for microbiome research within ORIEN
- Rolling projects/submissions
- Monthly meetings
- Larger dataset (~20k)
- All tumor types
- Uses exotic 2.0



## ORIEN MICROBIOME RESEARCH INTEREST GROUP CHARTER

### BACKGROUND

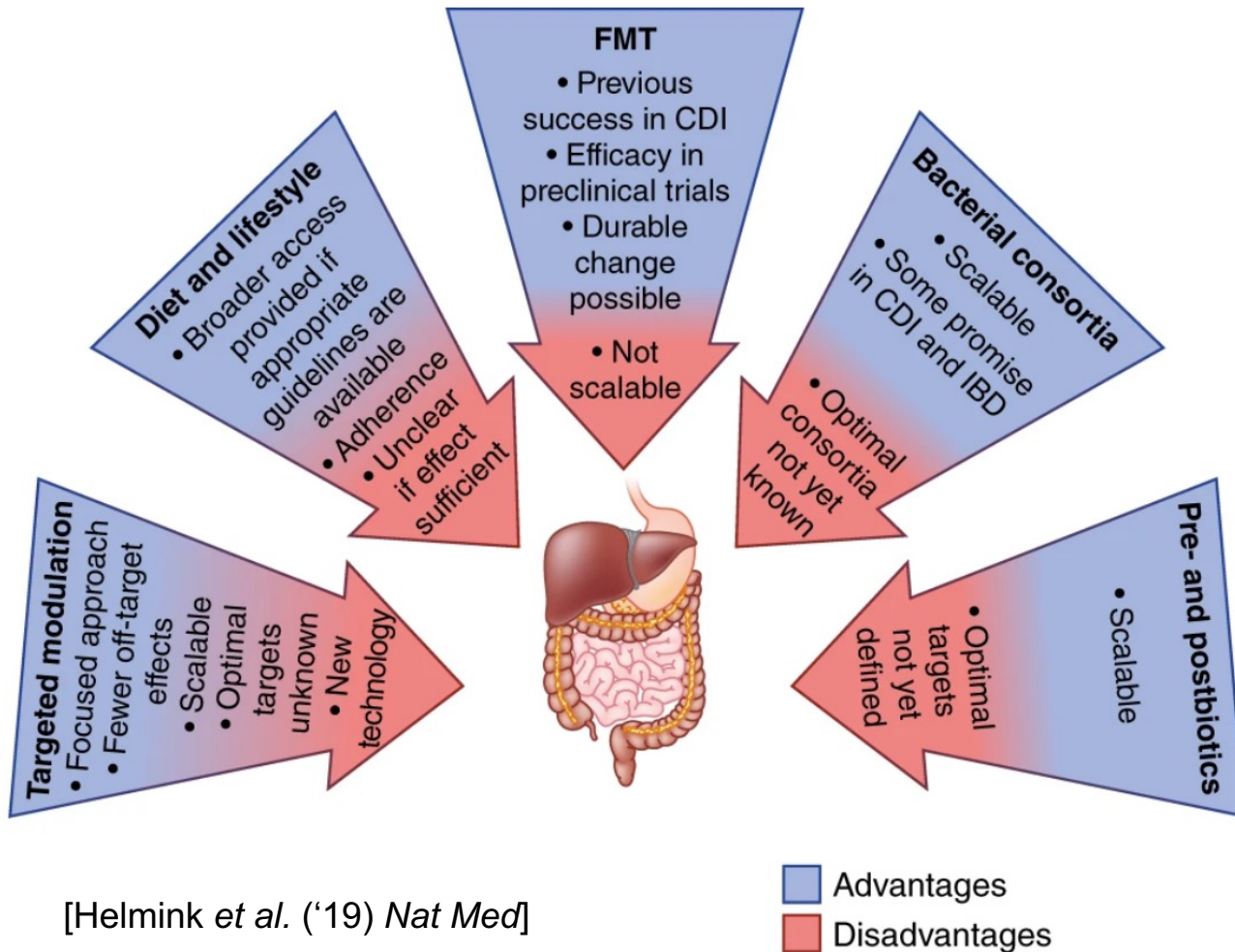
Aligning with the ORIEN Mission of accelerating cancer discovery and delivering hope through collaborative learning and partnerships, the purpose of a Research Interest Group (RIG) is to encourage research opportunities between ORIEN member institutions/faculty as well as with industry partners. RIGs also provide a forum for experts to exchange ideas, identify areas for collaboration, and provide input on ORIEN research initiatives. RIGs will also serve in advisory roles to Aster Insights in developing industry-sponsored research collaborations, including but not limited to disease/tissue-specific data and scientific matters related to the ORIEN TCC and Avatar Programs.

### MISSION STATEMENTS

The Microbiome Research Interest Group will be established with the following goals:

- To bring together ORIEN clinicians and scientists who are dedicated to advancing the understanding of microbes' role in cancer
- To foster collaborations that seek to use the microbiome to address challenges and unmet needs in cancer research by leveraging ORIEN data, resources, and expertise
- To provide a resource to the community by developing and maintaining high-quality processes for the identification and quantification of non-human sequences in the ORIEN data corpus

# Microbiome may predict outcomes and microbiome modulation may improve cancer immunotherapy outcomes



- Additional benefits of diet and lifestyle-based modification
  - Likely to be a part of any microbiome modification strategy (e.g., maintenance of probiotics)
  - Treatment durability, prevention
  - Patient-controlled

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