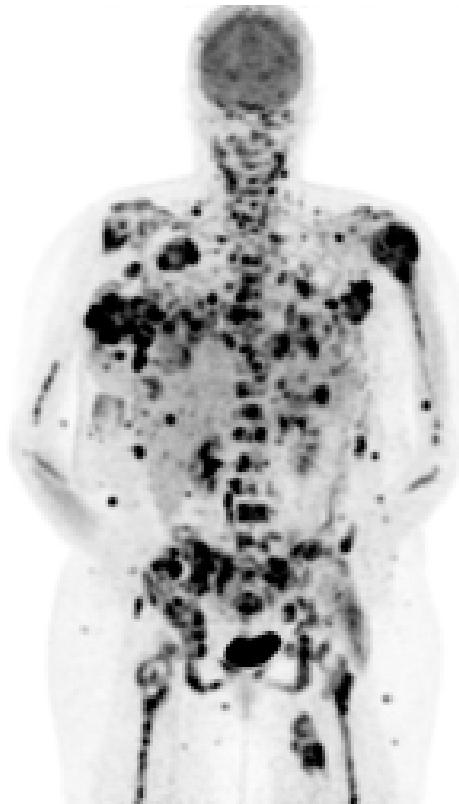


Biological response modifiers



Marianne Koritzinsky

Princess Margaret Cancer Centre

Toronto, Canada

Marianne.Koritzinsky@uhnresearch.ca

Learning objectives

- Identify different classes of biological response modifiers and how they work.
- Describe rationales to obtain a therapeutic index using biological response modifiers in cancer.
- Identify rationales to obtain a therapeutic index using biological response modifiers in radiotherapy.

Molecular targeting of cancer

TIME

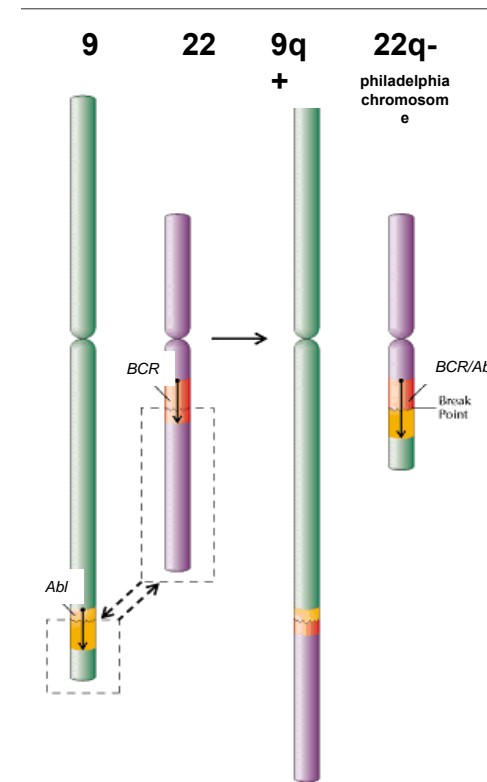
THERE IS NEW AMMUNITION
IN THE WAR AGAINST
CANCER.
THESE ARE THE BULLETS.

Revolutionary new pills like **GLEEVEC**
combat cancer by targeting only the
diseased cells. Is this the breakthrough
we've been waiting for?

May 2001



www.time.com AOL Keyword: TIME



Molecular targeting of cancer

original reports

Overall Survival, Progression-Free Survival, and Tumor Response Benefit Supporting Initial US Food and Drug Administration Approval and Indication Extension of New Cancer Drugs, 2003-2021

Daniel Tobias Michaeli, MS^{1,2,3}; and Thomas Michaeli, MS^{1,2,3,4}

Journal of Clinical Oncology®

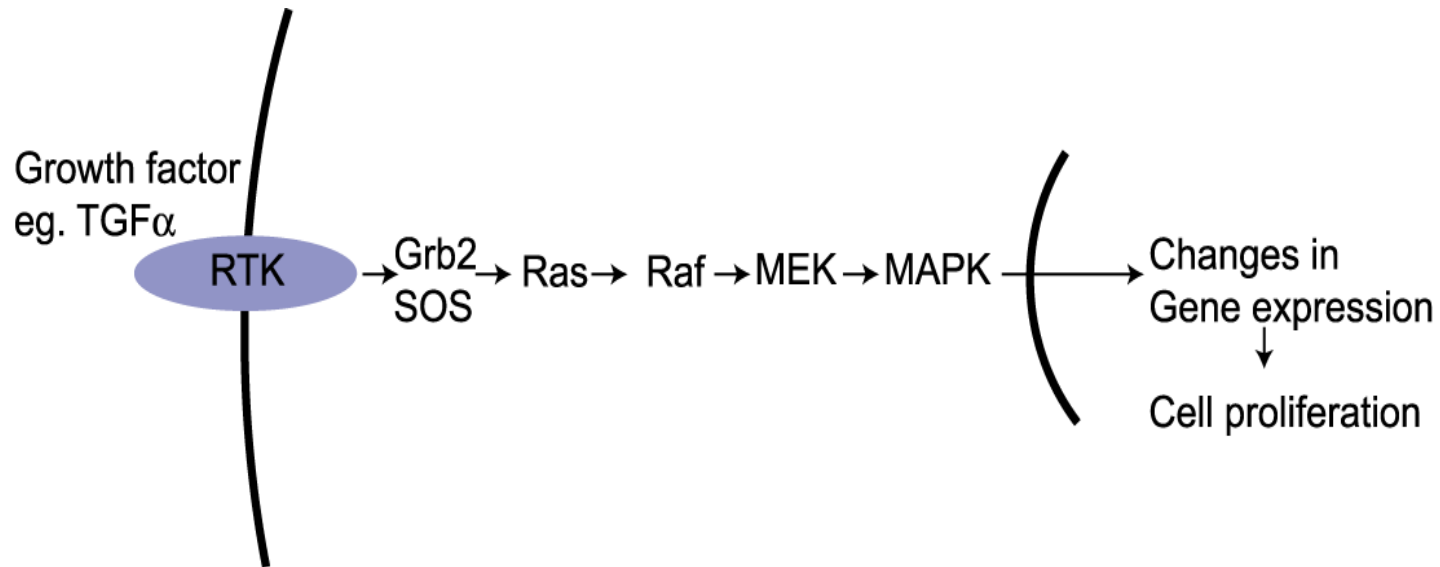
Volume 40, Issue 35 4095

- 124 new drugs for 374 cancer indications
- Overall survival increased by 2.8 months
- Progression free survival increased by 3.3 months

Biological response modifiers

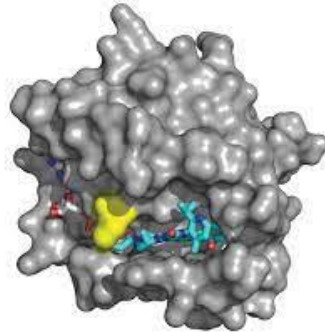
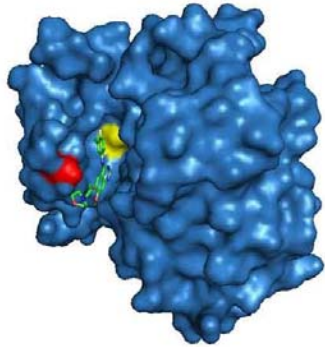
- New drugs designed to target the function of specific molecules
 - Small molecules
 - Biologics
- Can have low toxicity
- Can have extremely high specificity

Small molecules

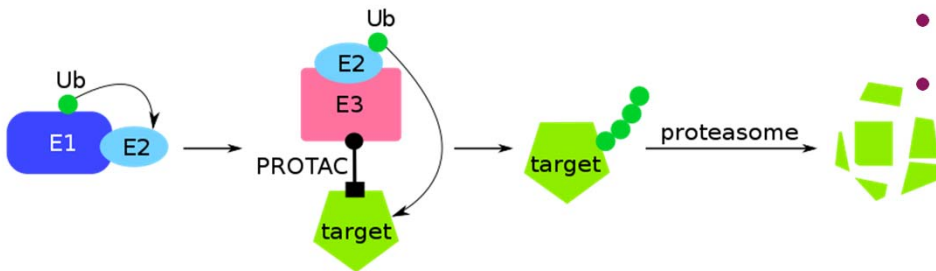


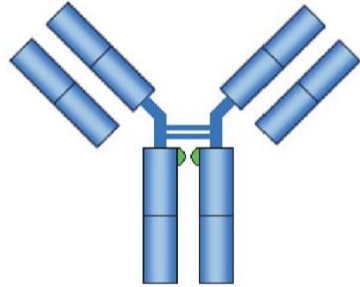
- Cell penetration
- Long development time

Small molecules



- Tyrosine Kinase Inhibitors
 - Bcr-Abl (Imatinib)
 - EGFR (Gefitinib)
- Other Function inhibitors
 - HIF2a (Belzutifan)
 - Braf-V600E (PLX3240)
 - Ras-G12C (AMG 510)
- Proteolysis Targeting Chimeras (PROTACS) and Molecular Glues
 - Bcl-XL (DT2216)
 - AR (ARV110)



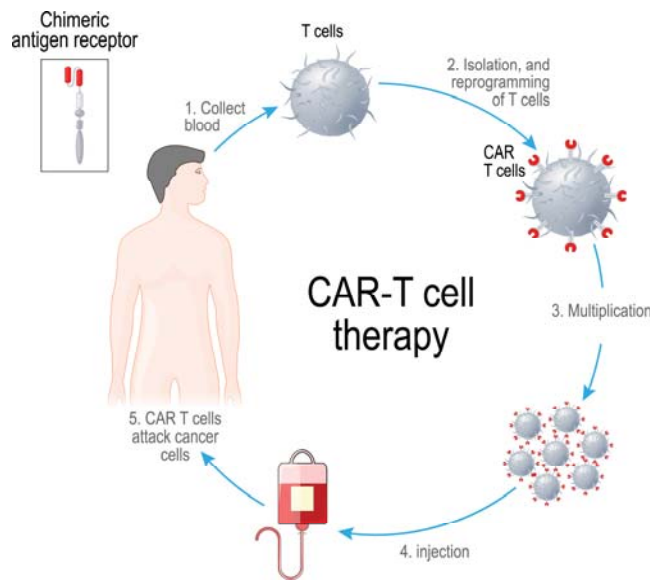


Biologics

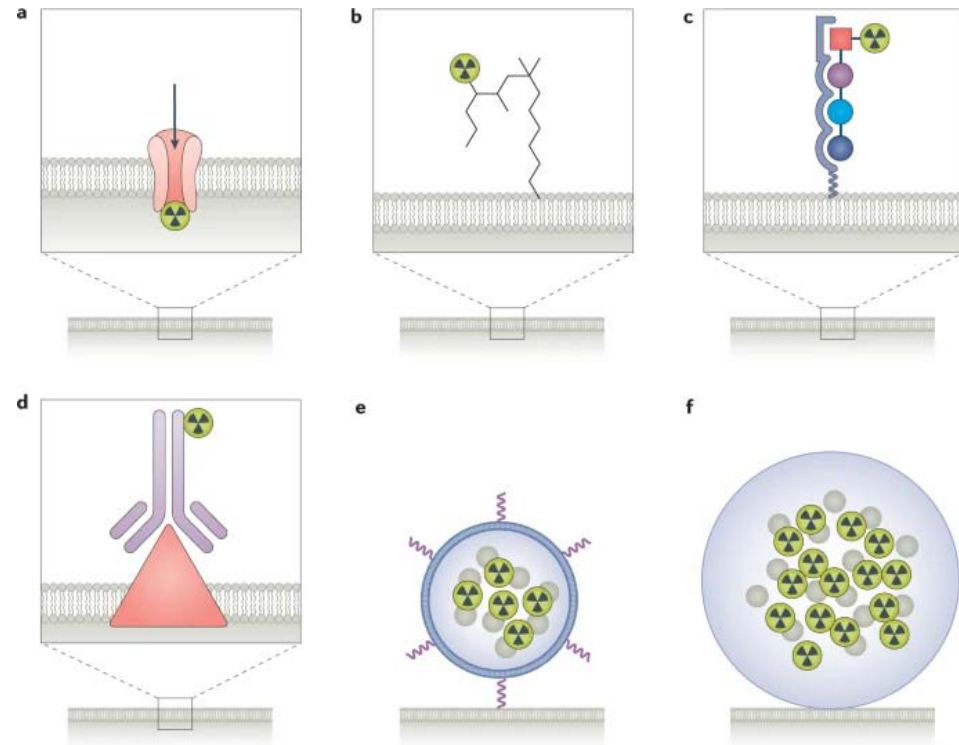
- Antibodies
 - EGFR (Cetuximab)
 - VEGF (Bevacizumab)
 - PD-1 (Nivolumab)
 - CTLA-4 (Ipilimumab)

- Cells
 - CAR-T
- Peptides
- Nucleic acids

- Antibodies not cell permeable
- Faster development



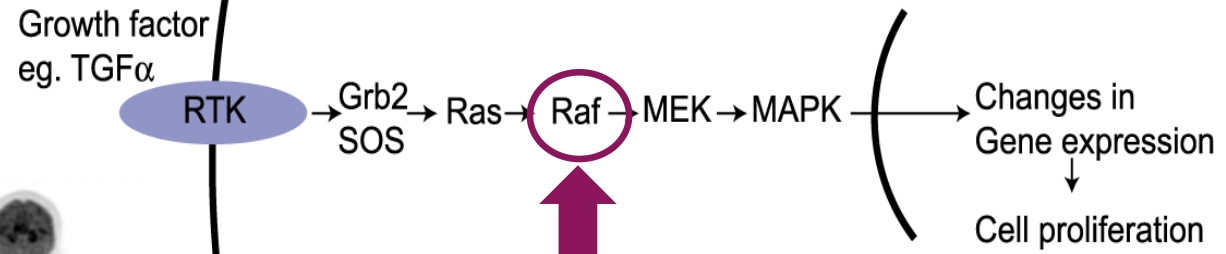
Radiopharmaceuticals



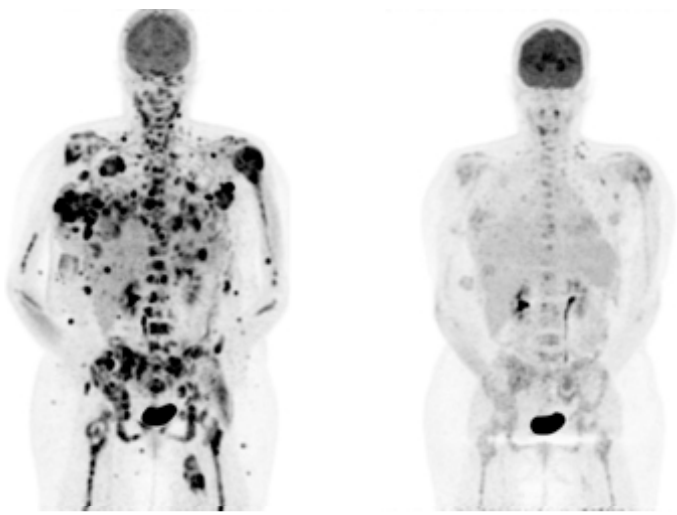
- Targeted radionuclides
- Primarily alpha particles and electrons
- Can be theranostic (photons, positrons)
- Complex (micro)dosimetry
- Very limited radiobiology

- I^{131}
- Ra^{223}
- Lu^{177} -PSMA-targeting
- Lu^{177} -Dotatate

Molecular targeting of cancer

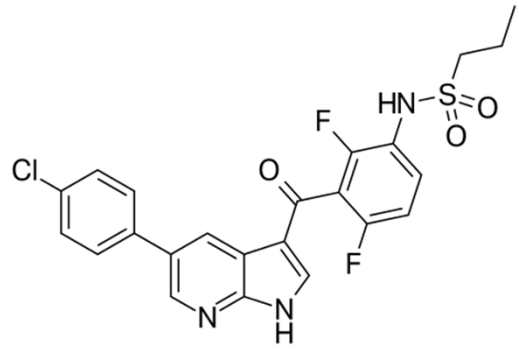


V600E Valine – glutamic acid



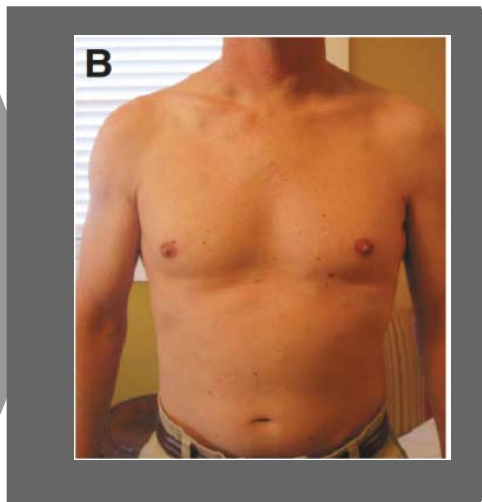
The New York Times
February 2010

Vemurafenib



V600E mutated braf inhibitor

'Perfect' drugs but resistance develops



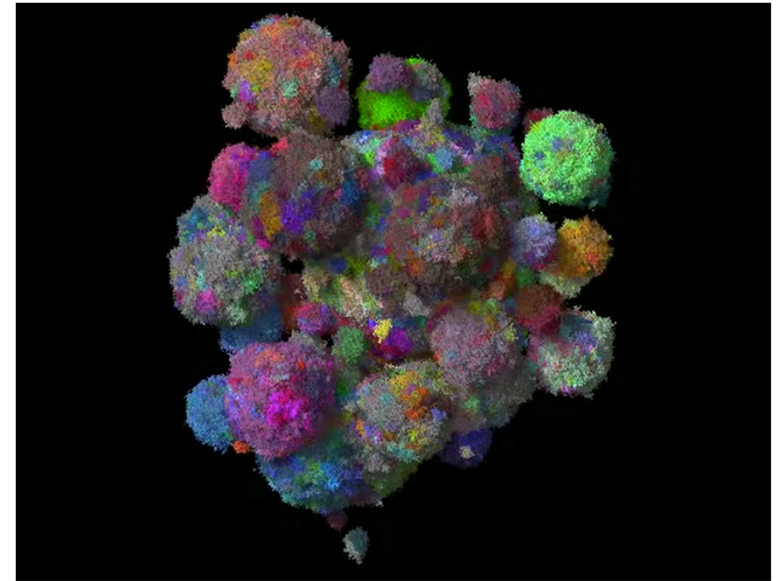
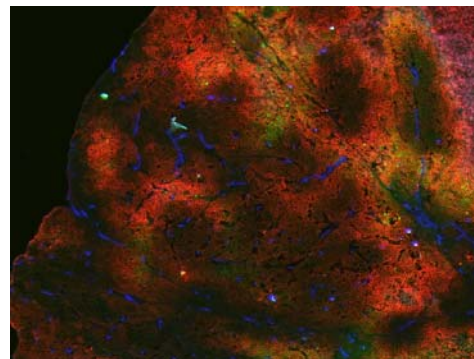
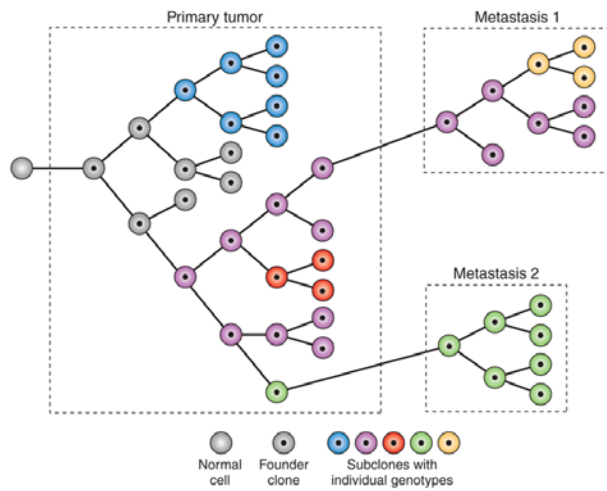
15 weeks

23 weeks

Wagle, JCO, 29, 3085

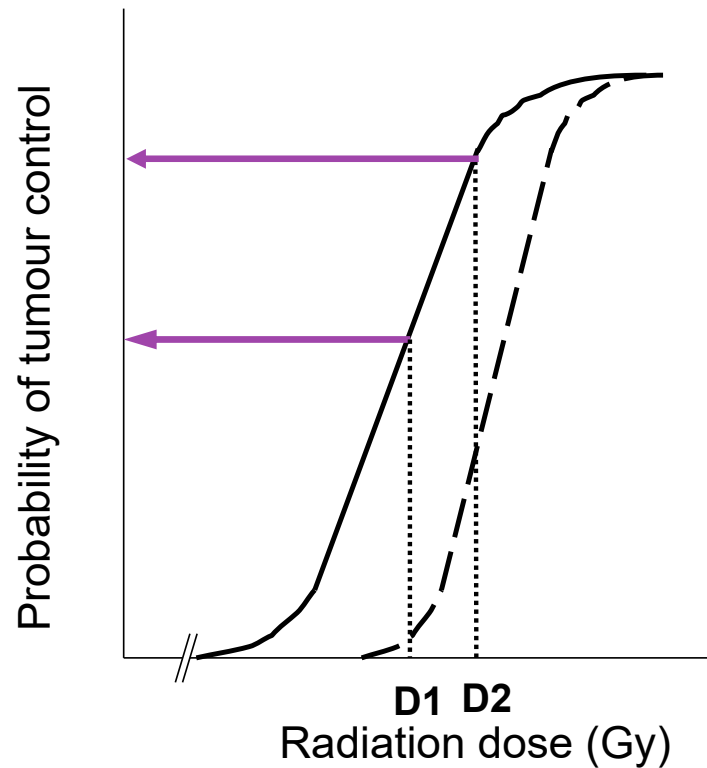
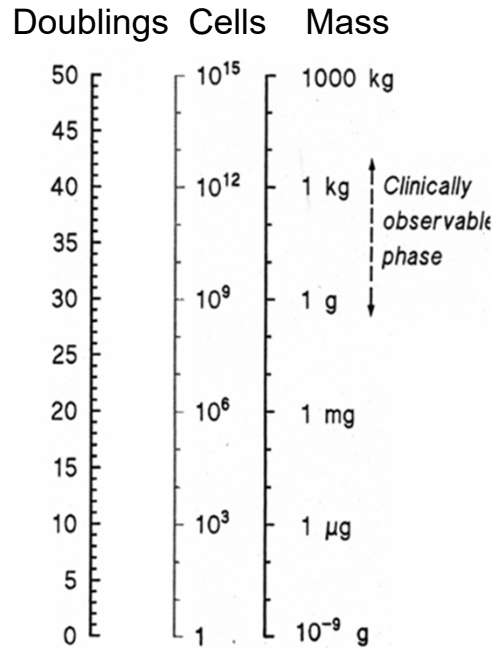
Tumors are heterogeneous within patients

- genetic
- epigenetic
- microenvironmental



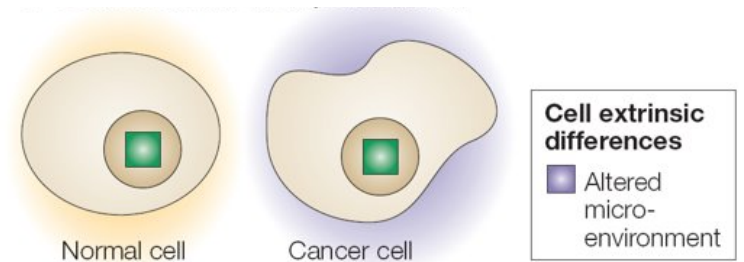
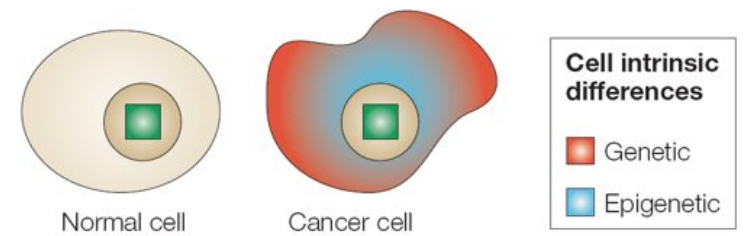
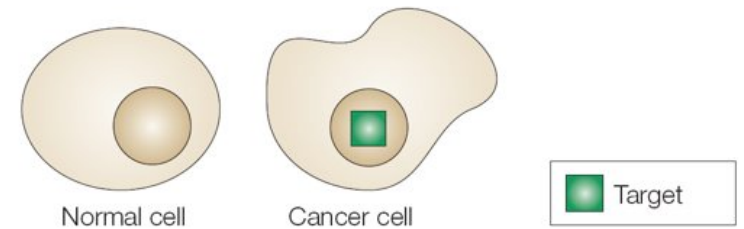
RT –ideal for combination therapy

Some patients fail RT even though we get very close to control!



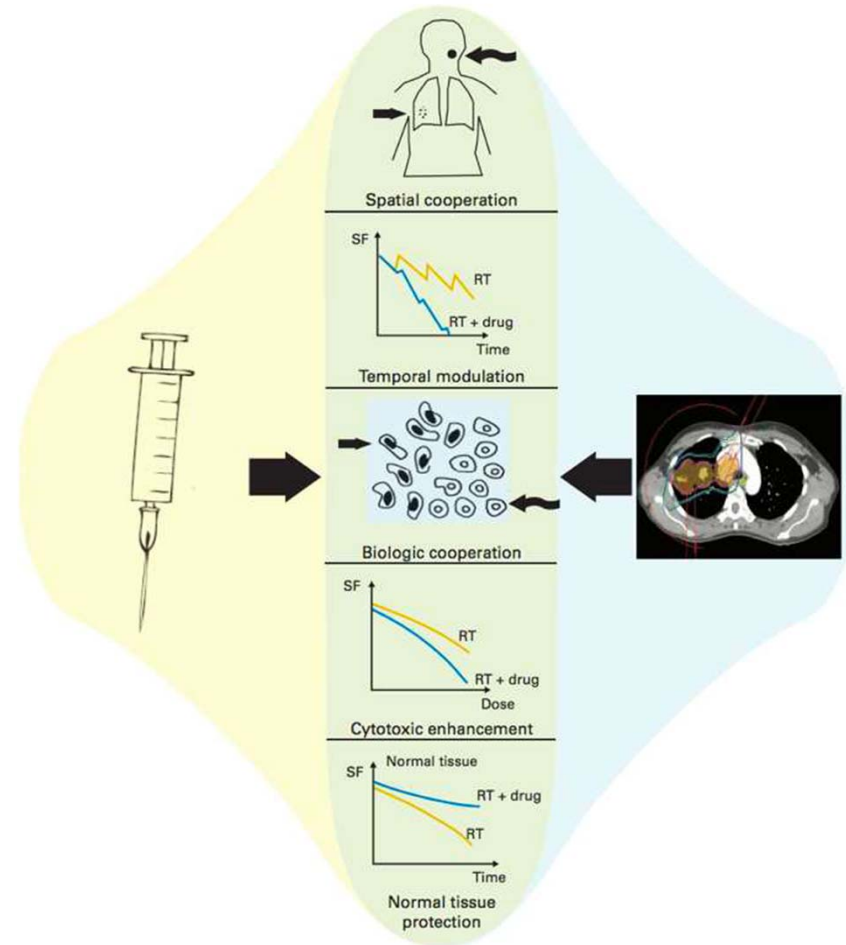
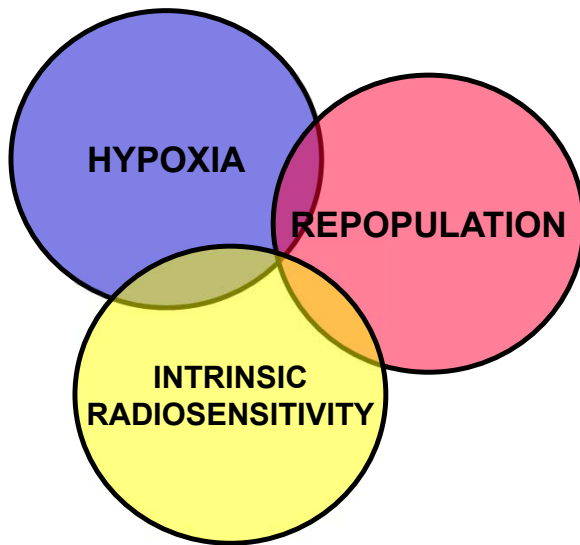
Making choices: Strategies to target cancer

- Oncogene addiction
 - Target the Driver
 - Target is overexpressed/mutated
 - Cancer cells are dependent on the target
- Synthetic Lethality
 - Target is normal
 - Genetic alteration in cancer creates a novel dependency
- Contextual synthetic lethality
 - Tumor microenvironment creates a novel dependency

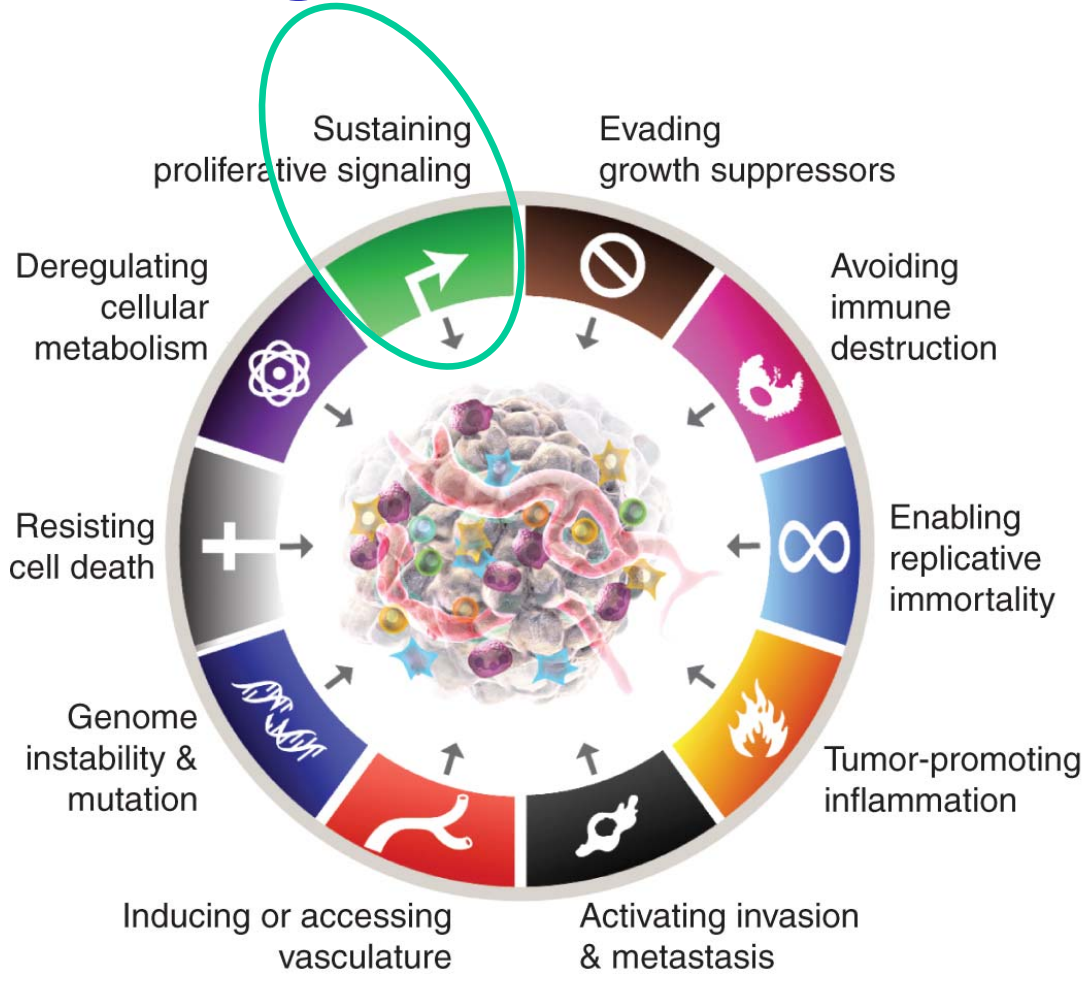
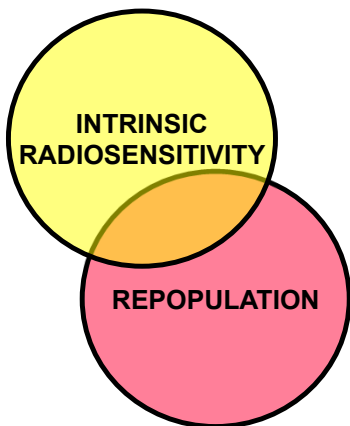


Adapted from Kaelin Nat Rev Cancer 2005

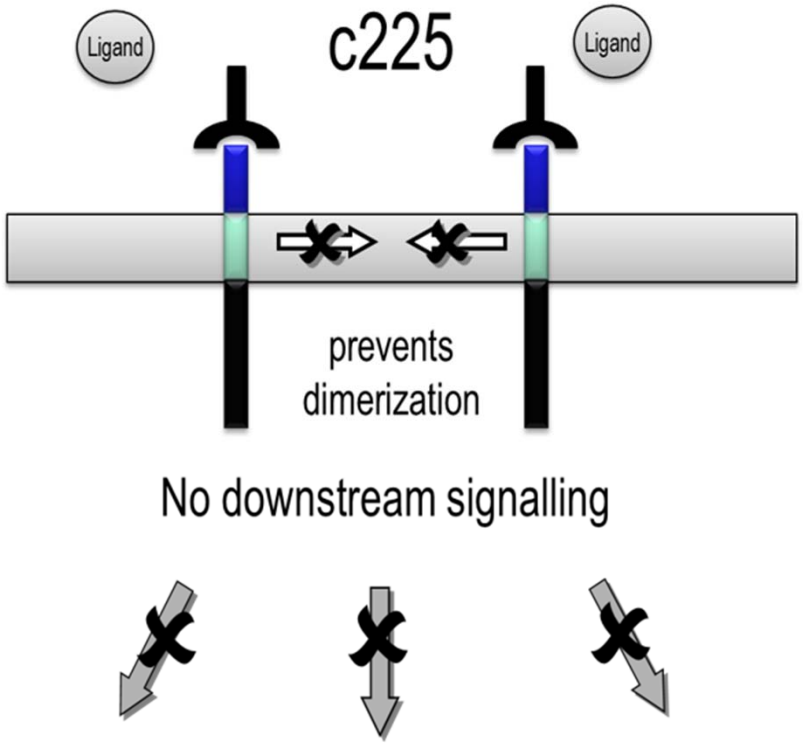
Making choices: Strategies to target with RT



Example: Oncogene addiction - EGFR



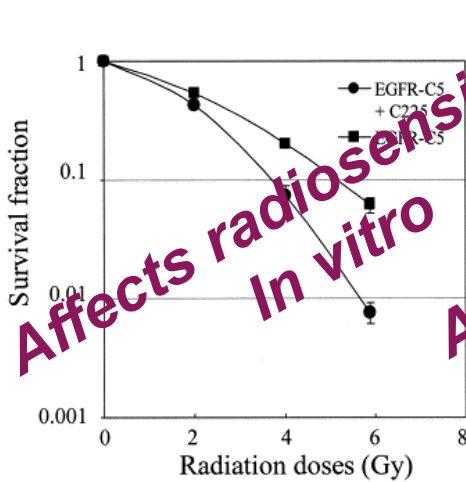
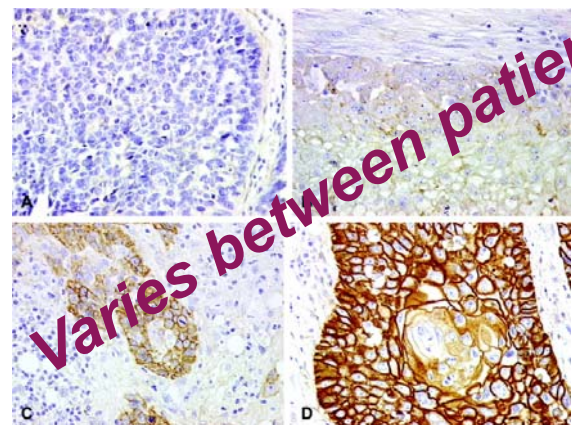
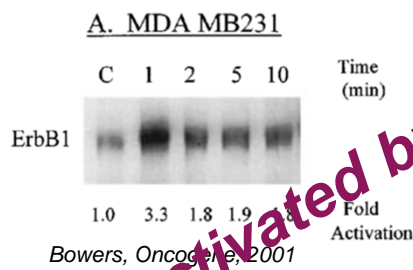
Example: Oncogene addiction - EGFR



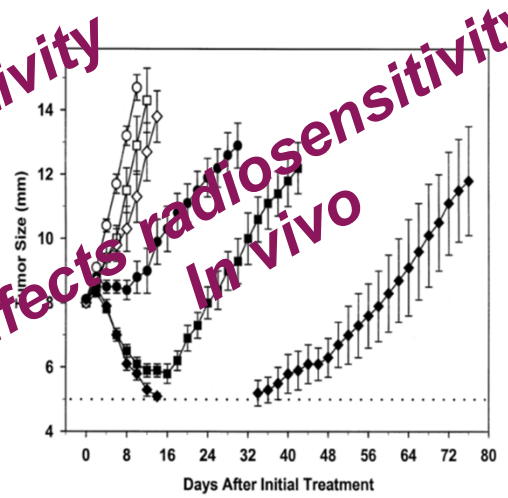
C22%: Cetuximab

Proliferation, DNA repair, angiogenesis

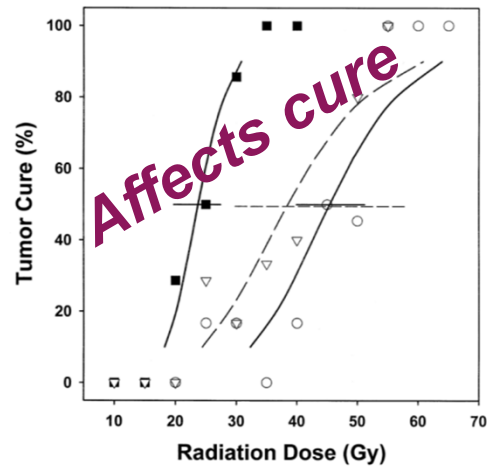
Example: Oncogene addiction - EGFR



Liang, *IJROBP*, 2003



Milas, *IJROBP*, 2004



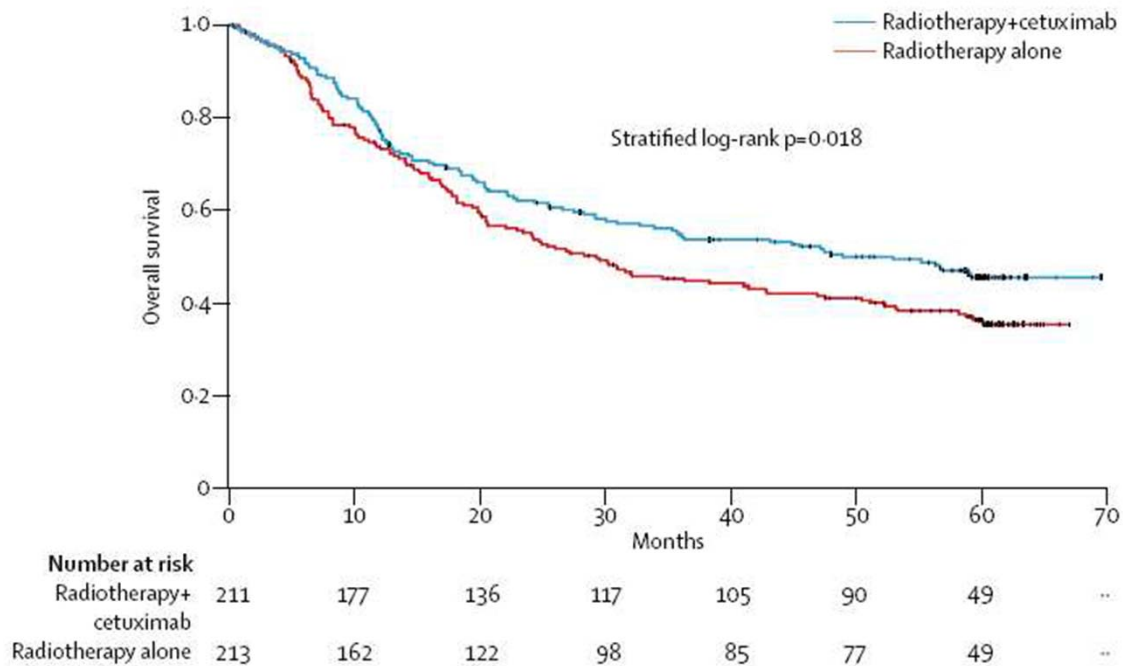
Activated by radiation

Varies between patients

Affects radiosensitivity

Affects radiosensitivity

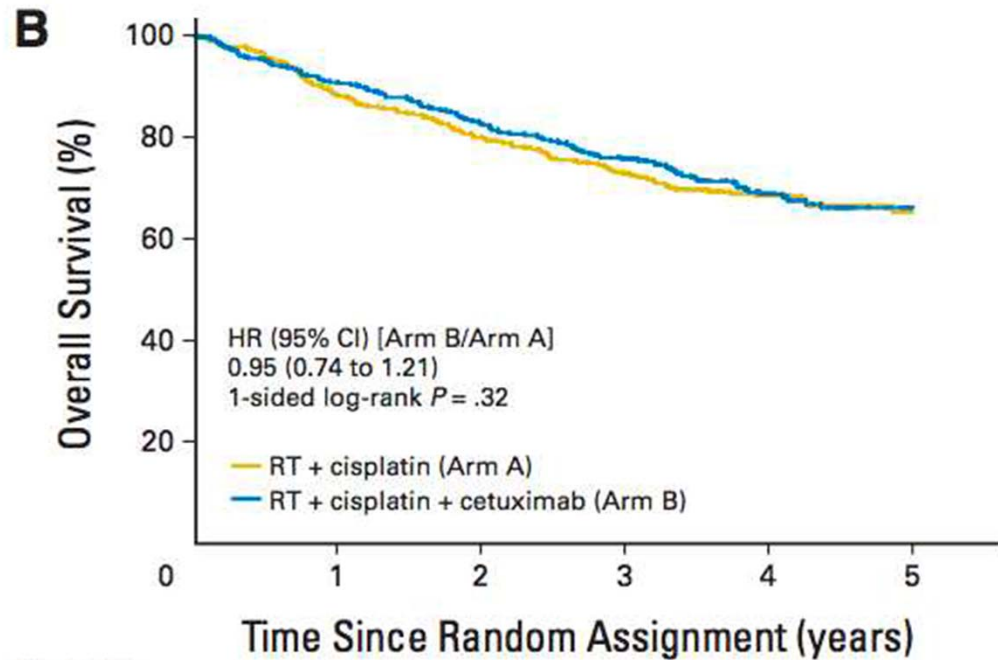
Example: Oncogene addiction - EGFR



- Survival benefit
- Some toxicity
- Acneiform rash predictive

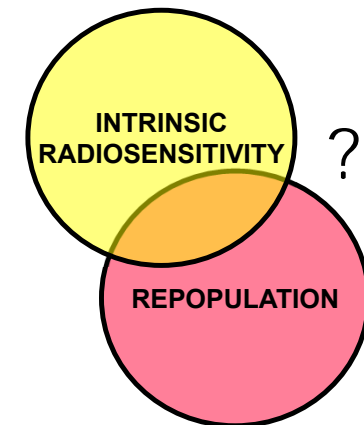


Example: Oncogene addiction - EGFR



No. at risk	0	1	2	3	4	5
Arm A	447	386	344	287	138	41
Arm B	444	383	339	295	134	43

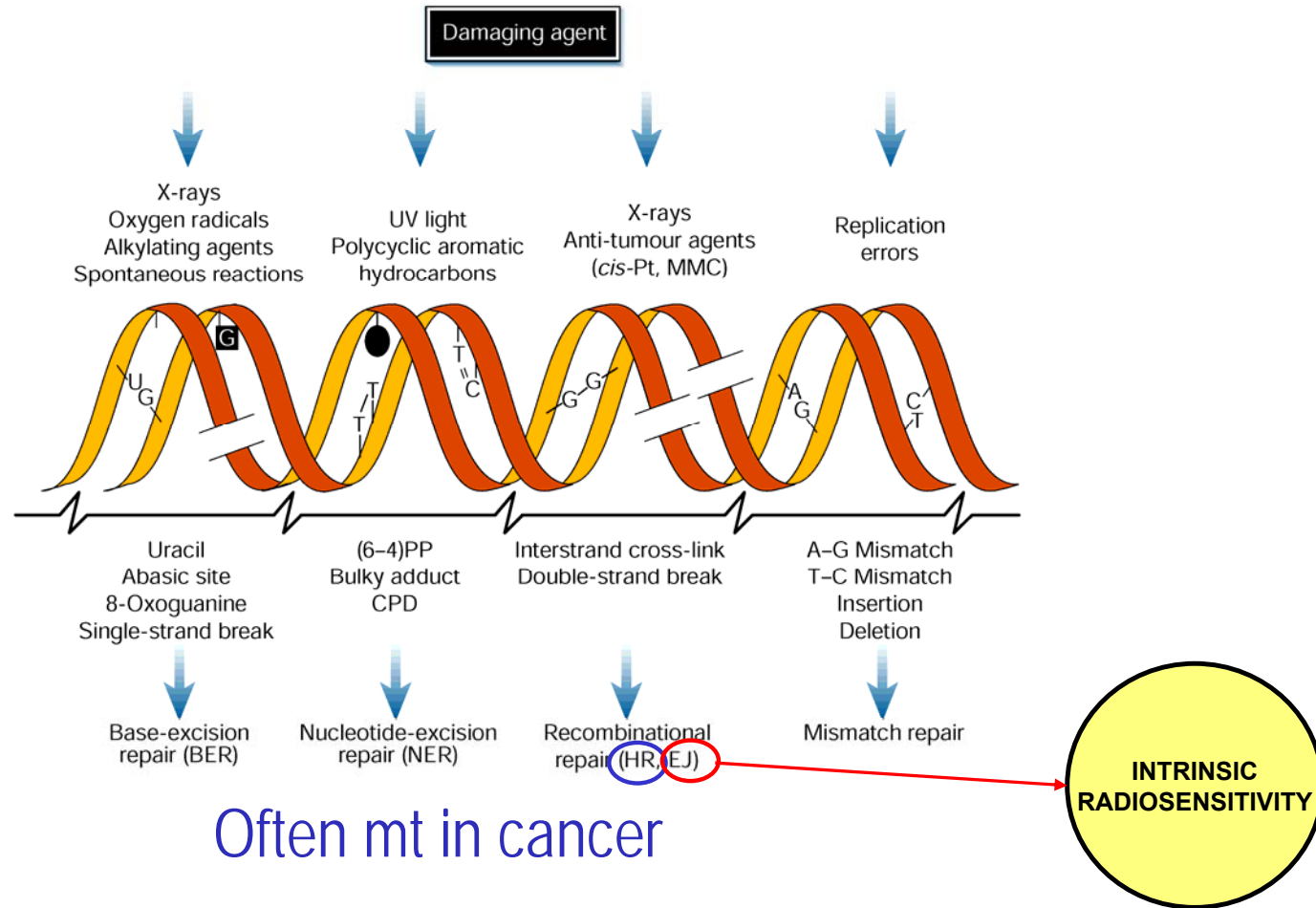
- No survival benefit
- Some toxicity



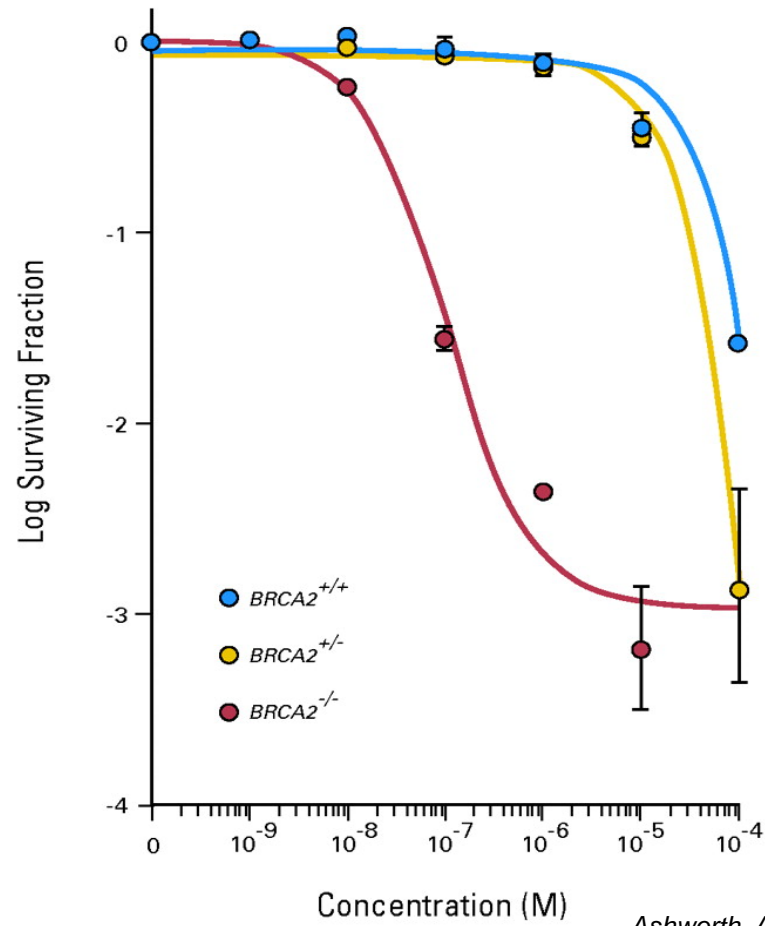
Example: Synthetic lethality

Mutation	Gene X	Gene Y	Drug
	+	+	No effect
	-	+	No effect
	+	-	No effect
	-	-	Death

Example: Synthetic lethality - DNA Repair

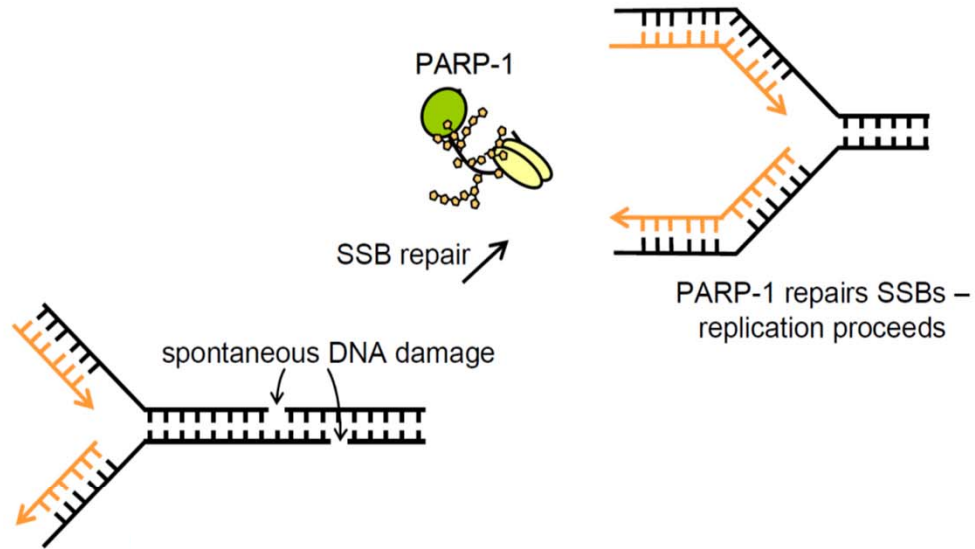


Example: Synthetic lethality – PARP/BRCA

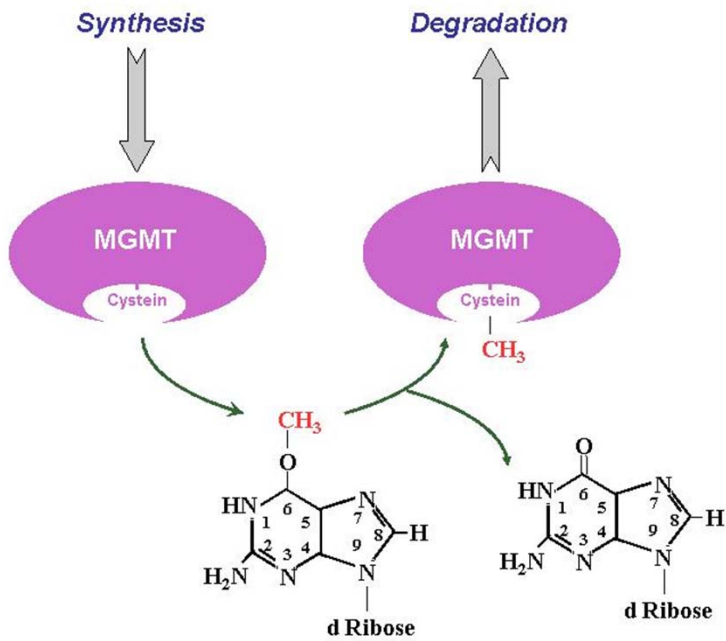


Ashworth, A. *J Clin Oncol*; 26:3785-3790 2008

Example: Synthetic lethality – PARP/BRCA2



Example: Synthetic lethality – MGMT/TMZ



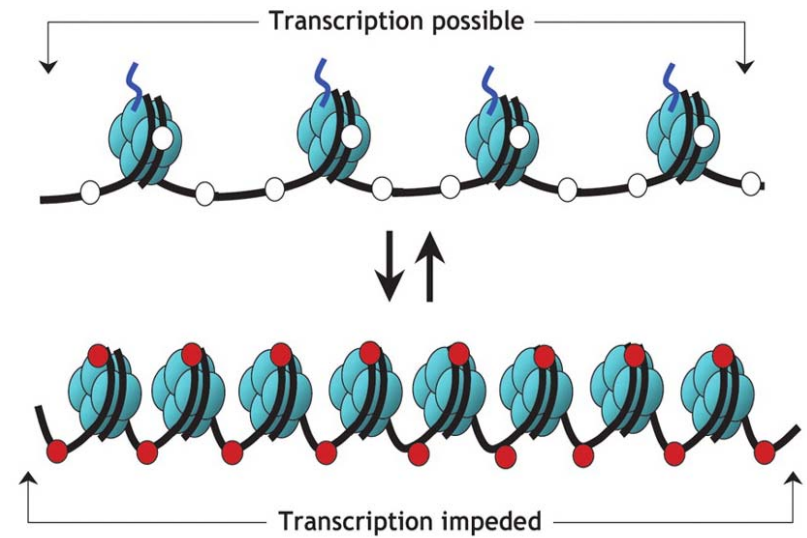
Gene “switched on”

- Active (open) chromatin
- Unmethylated cytosines (white circles)
- Acetylated histones

Gene “switched off”

- Silent (condensed) chromatin
- Methylated cytosines (red circles)
- Deacetylated histones

<http://cnx.org/content/m26565/latest/graphics35.jpg>



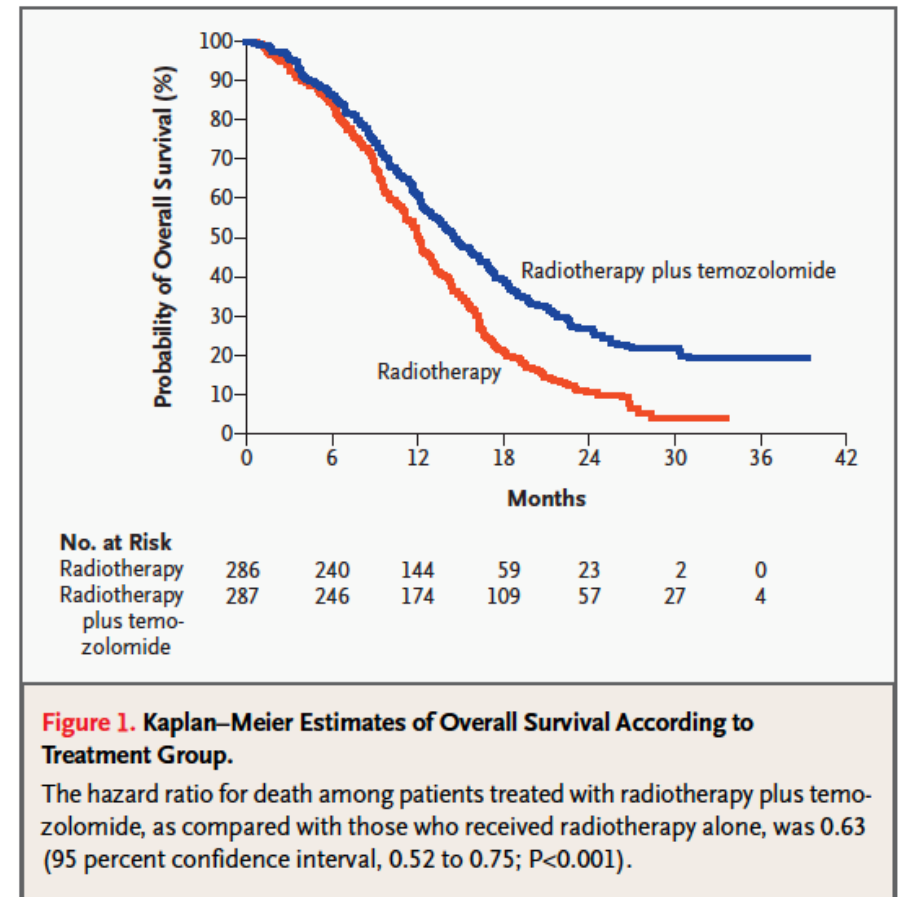
Example: Synthetic lethality – MGMT/TMZ

The NEW ENGLAND JOURNAL of MEDICINE

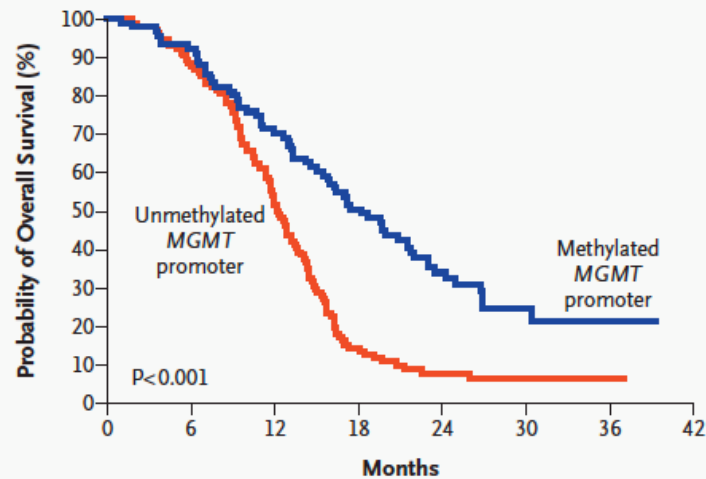
ORIGINAL ARTICLE

MGMT Gene Silencing and Benefit from Temozolomide in Glioblastoma

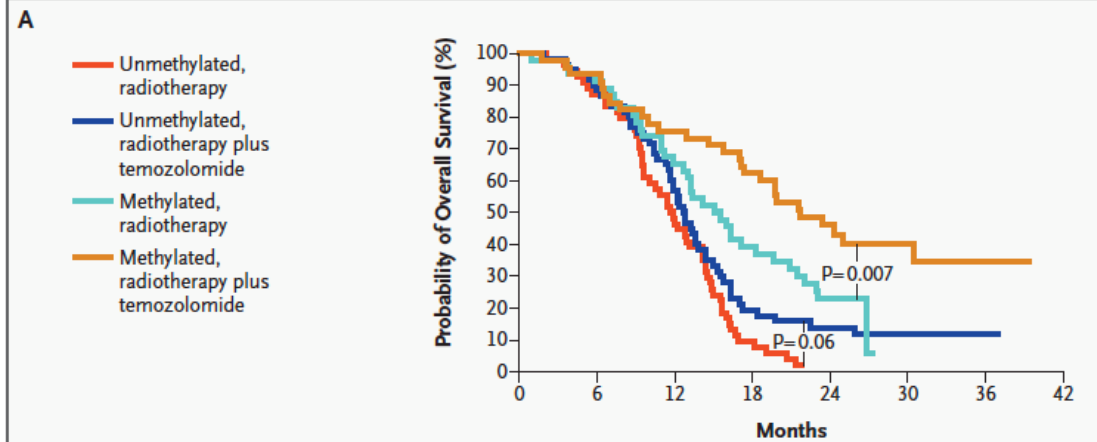
Monika E. Hegi, Ph.D., Annie-Claire Diserens, M.Sc., Thierry Gorlia, M.Sc., Marie-France Hamou, Nicolas de Tribolet, M.D., Michael Weller, M.D., Johan M. Kros, M.D., Johannes A. Hainfellner, M.D., Warren Mason, M.D., Luigi Mariani, M.D., Jacoline E.C. Bromberg, M.D., Peter Hau, M.D., René O. Mirimanoff, M.D., J. Gregory Cairncross, M.D., Robert C. Janzer, M.D., and Roger Stupp, M.D.



Example: Synthetic lethality – MGMT/TMZ



No. at Risk		0	6	12	18	24	30	36	42
Unmethylated	114	100	59	16	7	4	1		
Methylated	92	84	64	46	24	7	1		



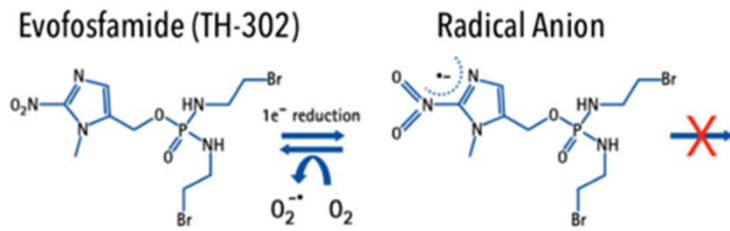
No. at Risk

Unmethylated, radiotherapy	54	47	25	5	0	0	0
Unmethylated, radiotherapy plus temozolomide	60	53	34	11	7	4	1
Methylated, radiotherapy	46	42	30	18	8	0	0
Methylated, radiotherapy plus temozolomide	46	42	34	28	16	7	1

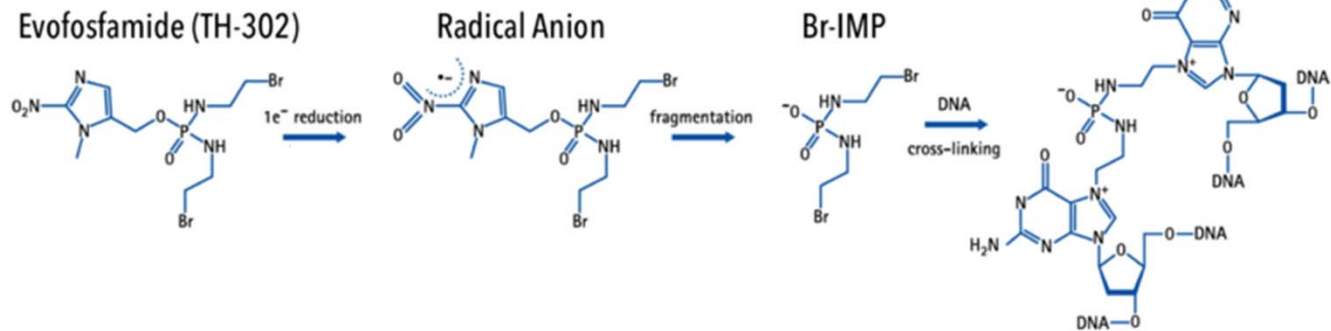
Benefit for patients with and without MGMT expression

Example: Contextual lethality - Hypoxia

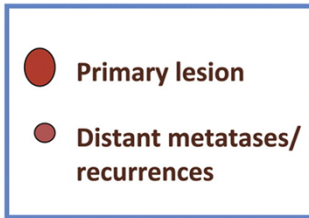
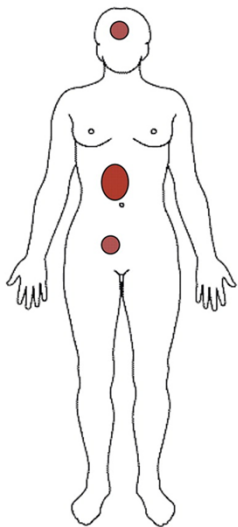
A) Normoxic conditions



B) Hypoxic conditions

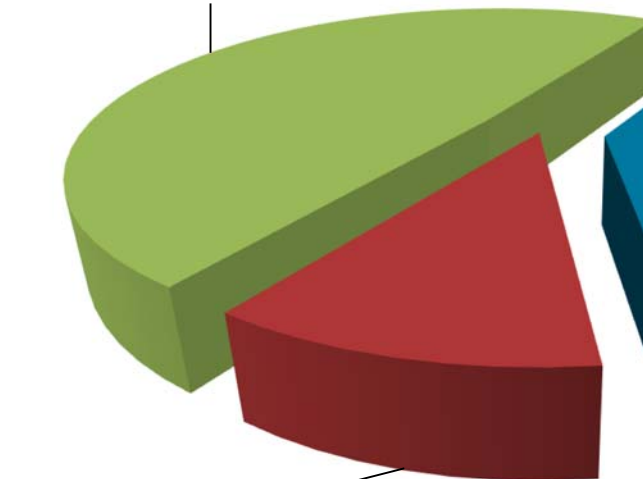


Can radiation become a part of curative systemic therapies?



2

Surgery , 49%



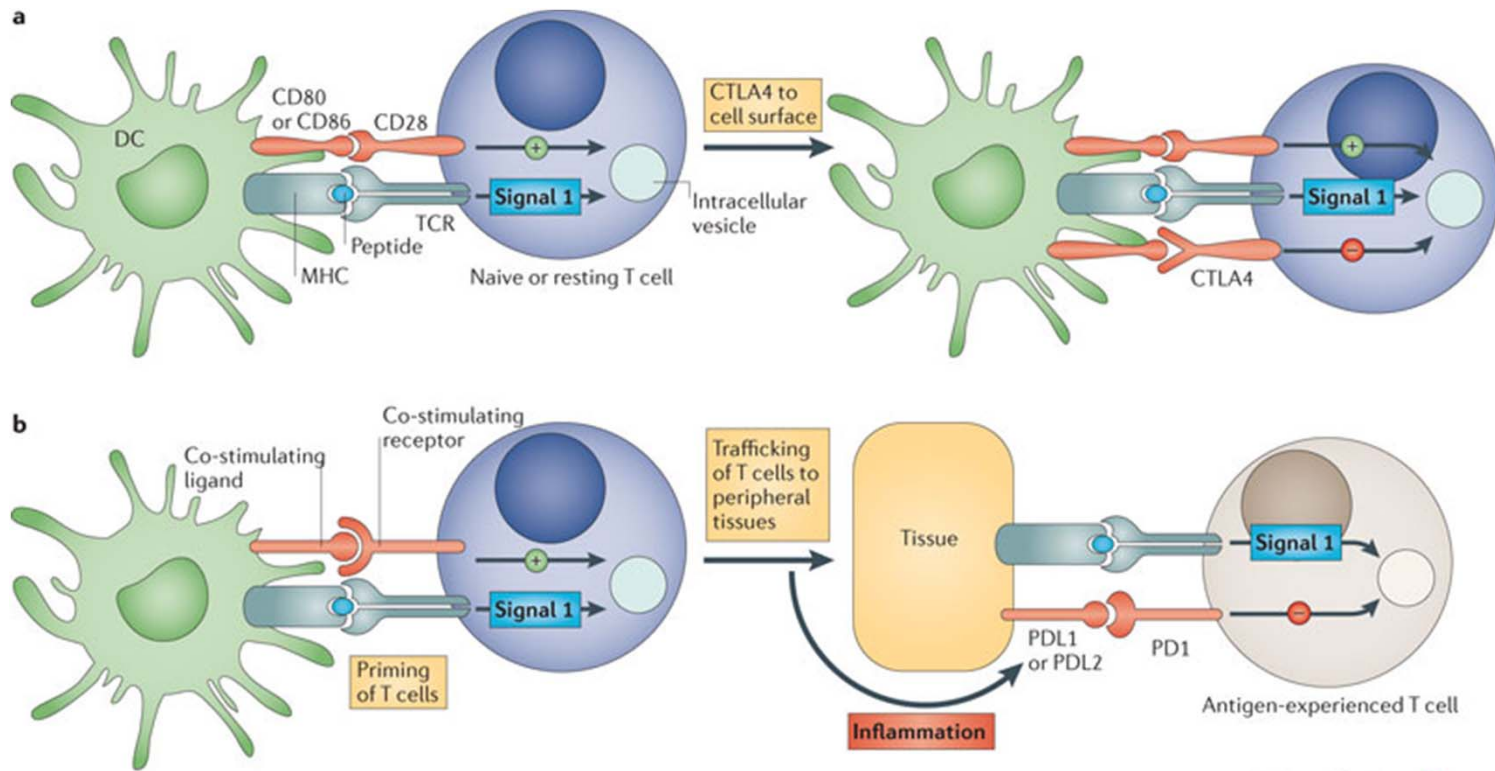
Systemic Therapy ,
11%

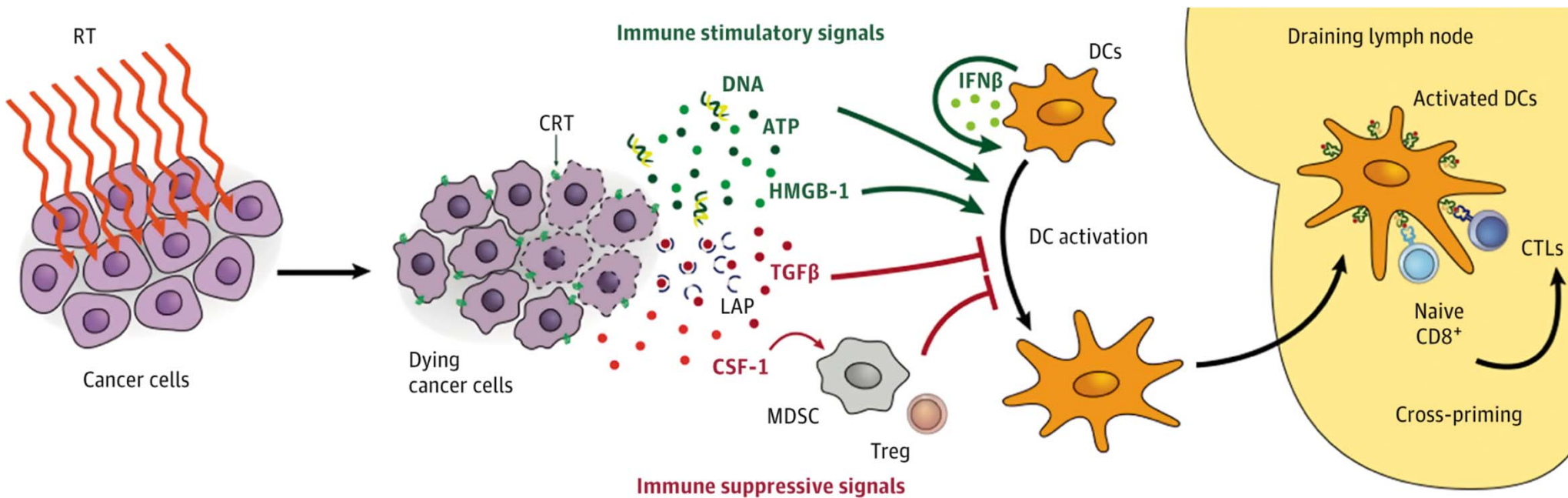
Radiotherapy,
40%

- Radiotherapy
- Chemotherapy
- Surgery

*from Gillies McKenna
Professor Sir Mike Richards, NCRI 2011

Immune therapy

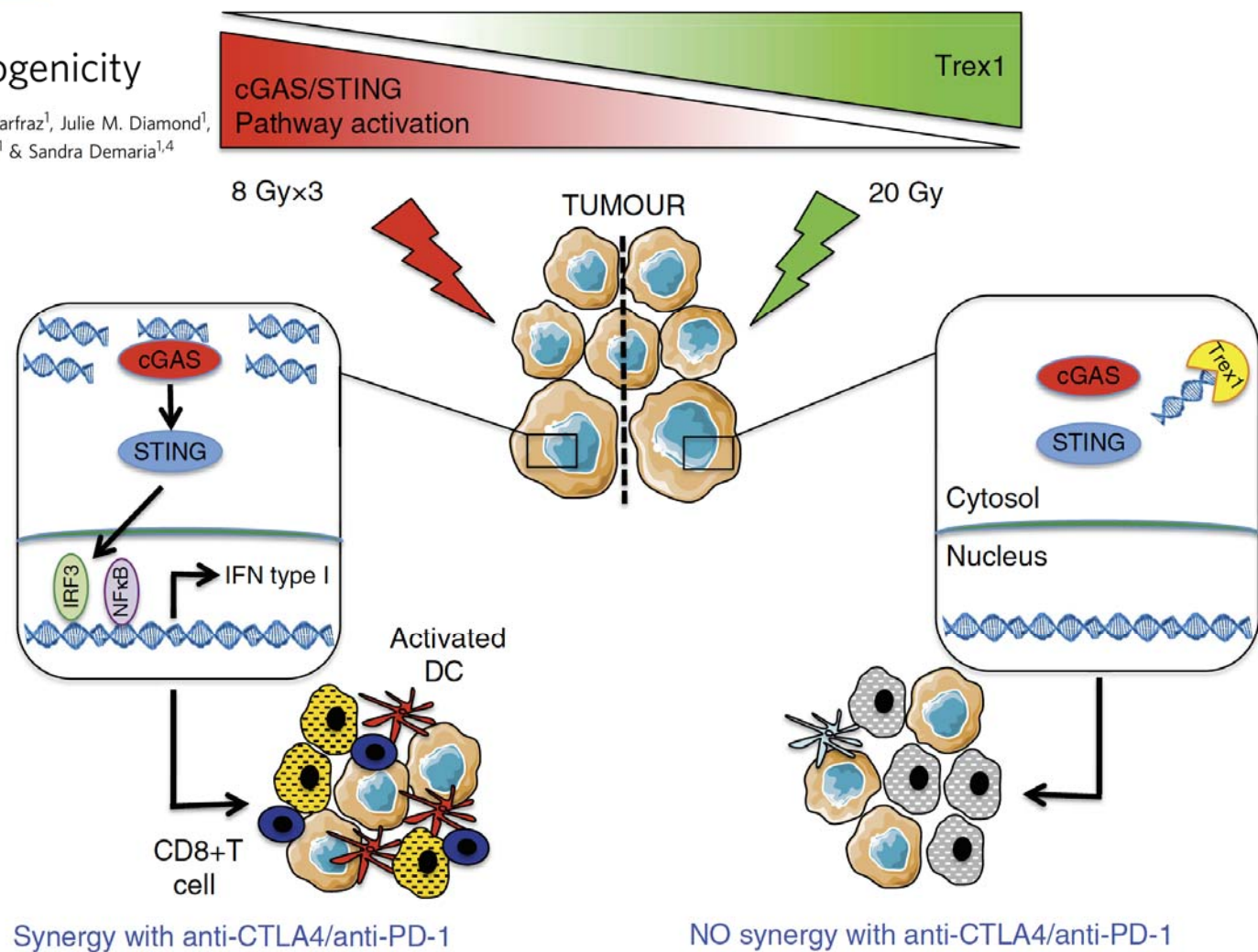




The **total dose** and **fractionation** dose affect these processes in a way that may be distinct from effects on cell survival

DNA exonuclease Trex1 regulates radiotherapy-induced tumour immunogenicity

Claire Vanpouille-Box¹, Amandine Alard^{2,†}, Molykutty J. Aryankalayil³, Yasmeen Sarfraz¹, Julie M. Diamond¹, Robert J. Schneider², Giorgio Inghirami⁴, C. Norman Coleman³, Silvia C. Formenti¹ & Sandra Demaria^{1,4}



Summary

- Targeted therapies include small molecules and biologics
- Targeted therapies can be combined with radiation in a rational way to improve local control
 - Target pathways that provide therapeutic window in cancer
 - Target pathways that limit the response to radiotherapy
 - Identify patients who can benefit first - individualization
- Targeted therapies/immunotherapies may be combined with radiation to improve systemic control