BIOLOGICAL RESPONSE MODIFIERS

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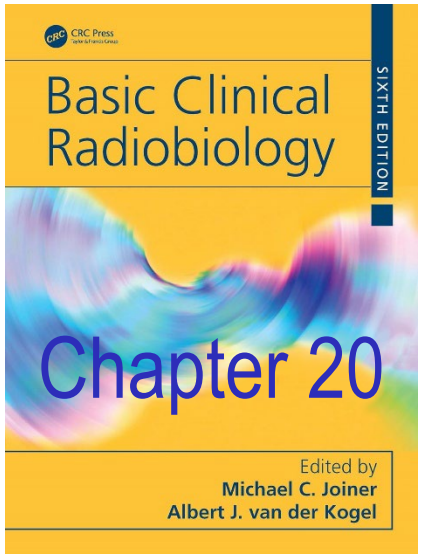
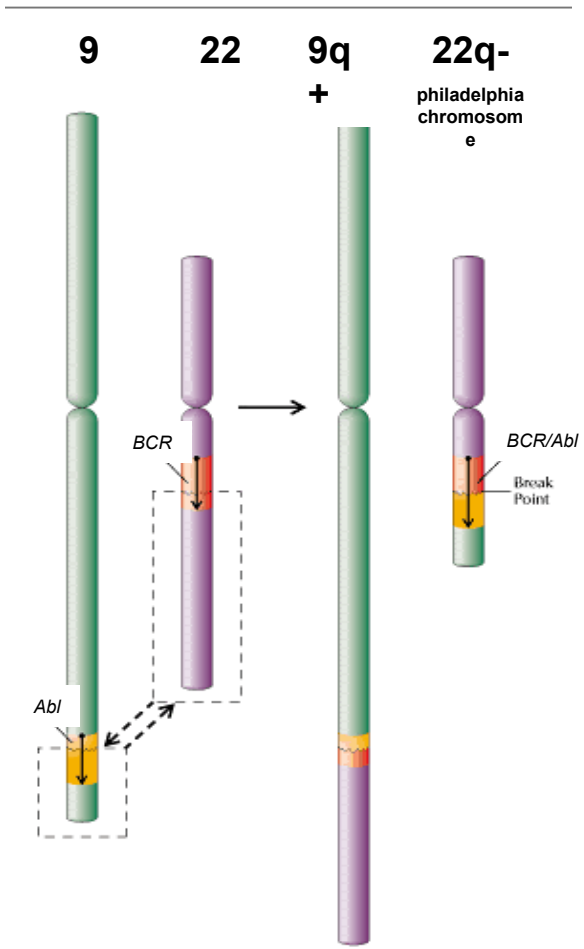


Disclosures: None

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



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]

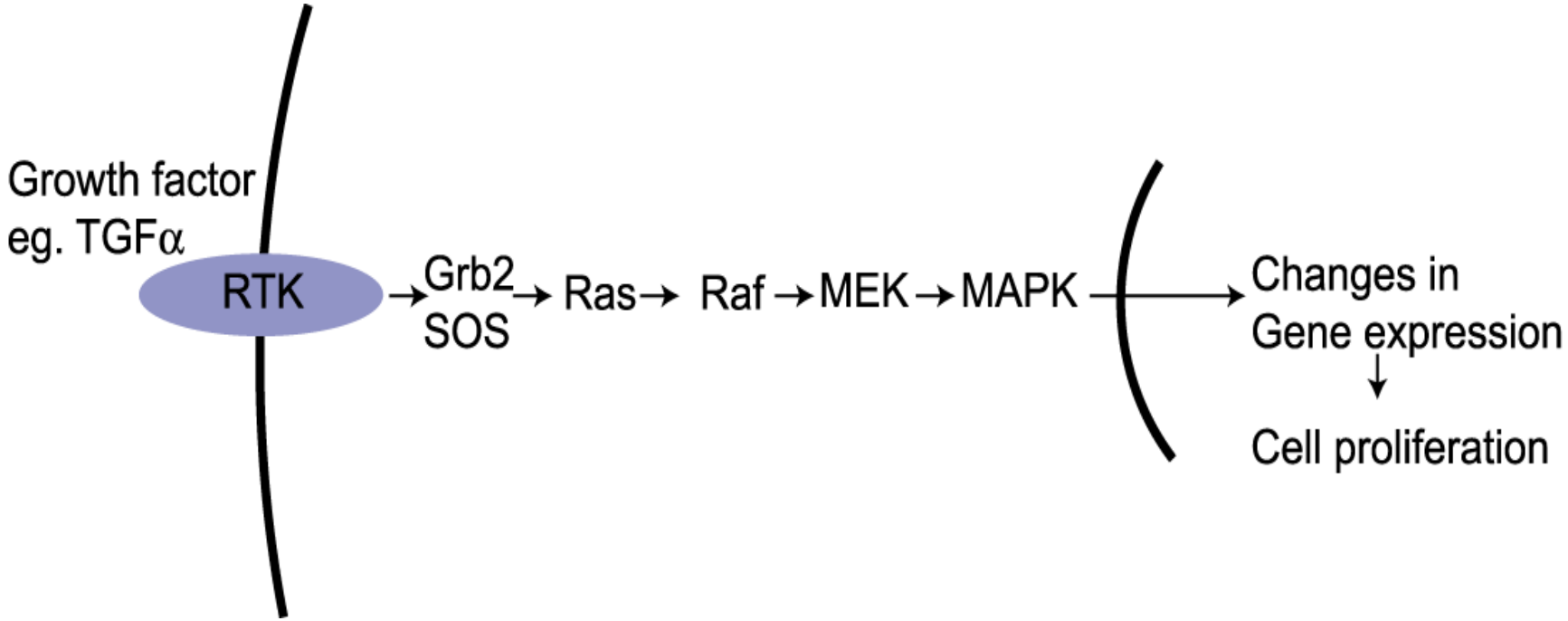
Journal of Clinical Oncology®
Volume 40, Issue 35 4095

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

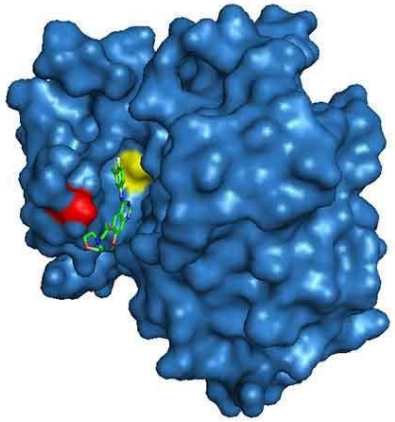
Biological response modifiers

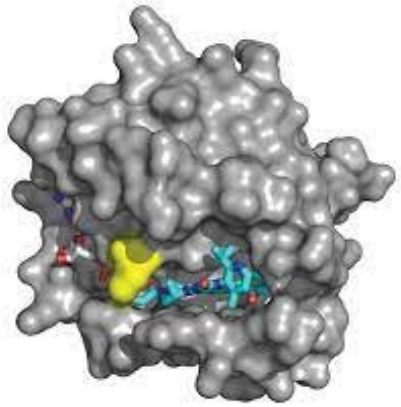
- New drugs designed to target the function of specific molecules
  - Small molecules
  - Biologics
- Can have low toxicity
- Can have extremely high specificity

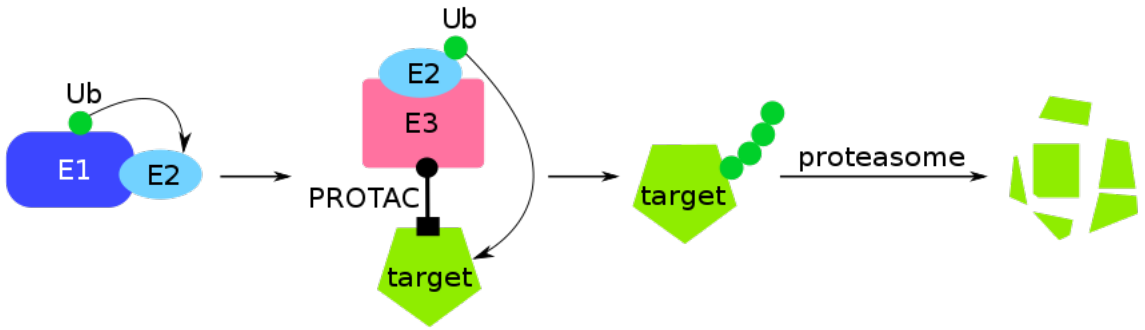
Small molecules



- Cell penetration
- Long development time

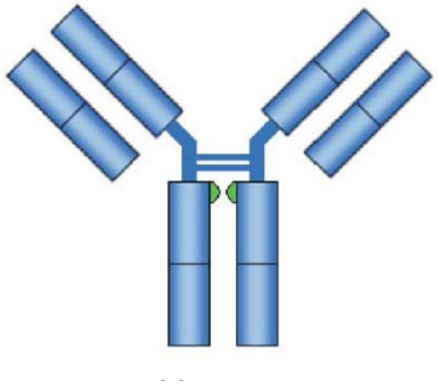


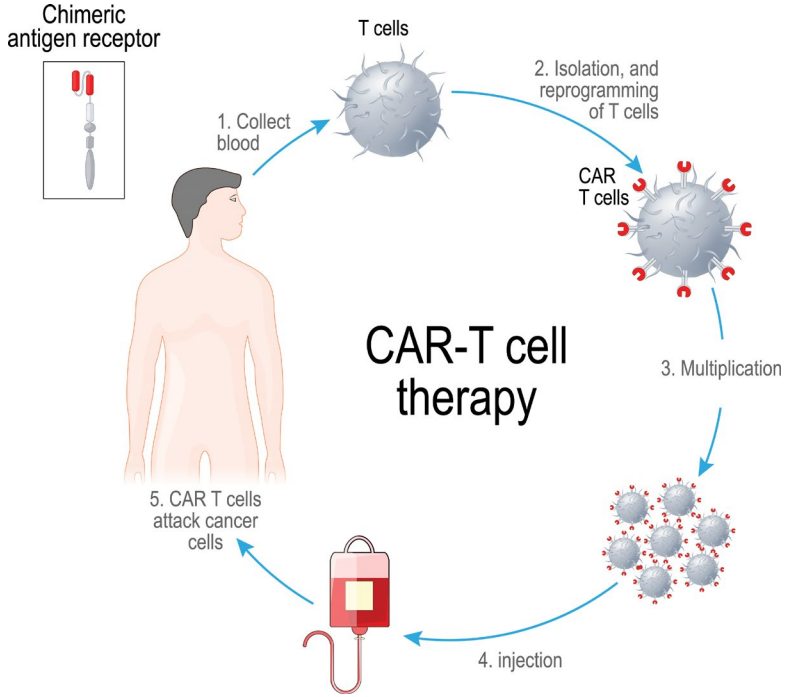




Small molecules

- 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)



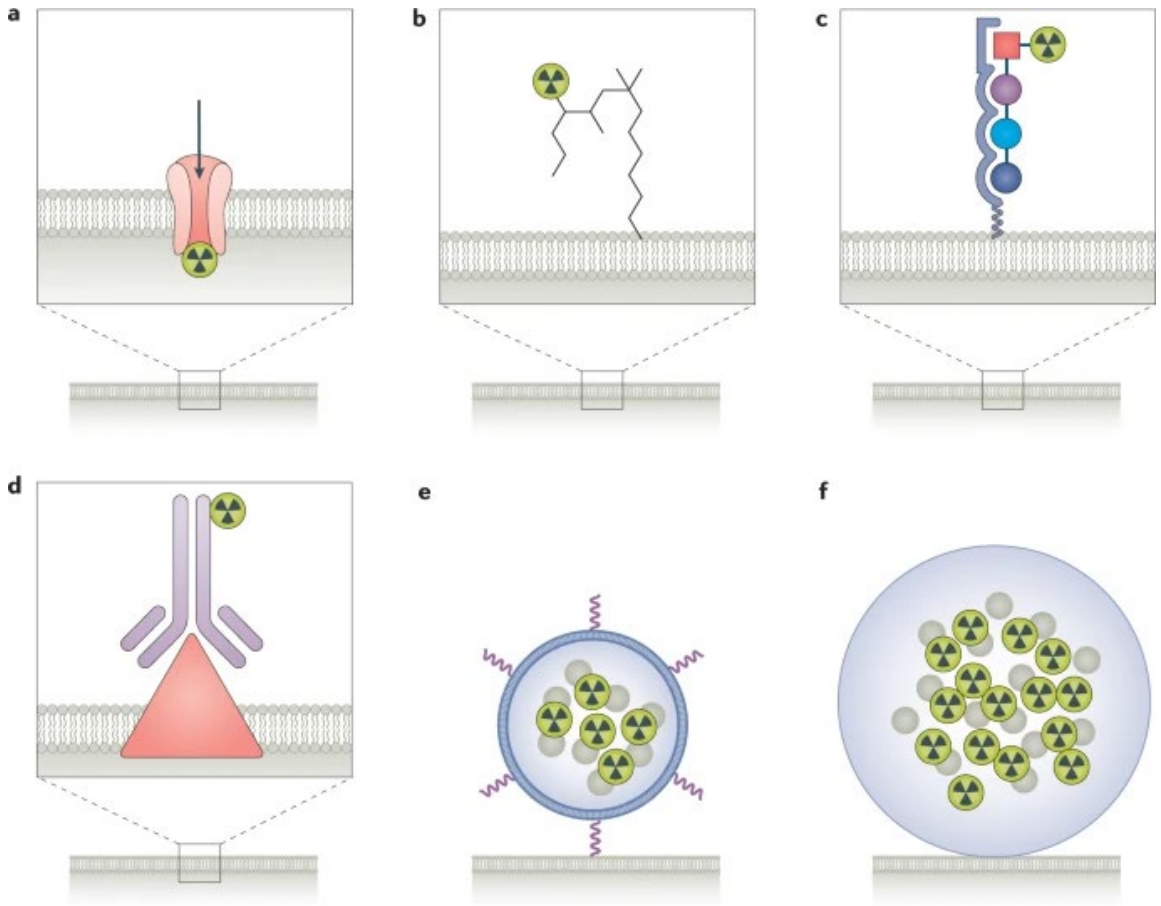


Biologics

- Antibodies
  - EGFR (Cetuximab)
  - VEGF (Bevacizumab)
  - PD-1 (Nivolumab)
  - CTLA-4 (Ipilumumab)
- Cells
  - CAR-T
- Peptides
- Nucleic acids

- Antibodies not cell permeable
- Faster development

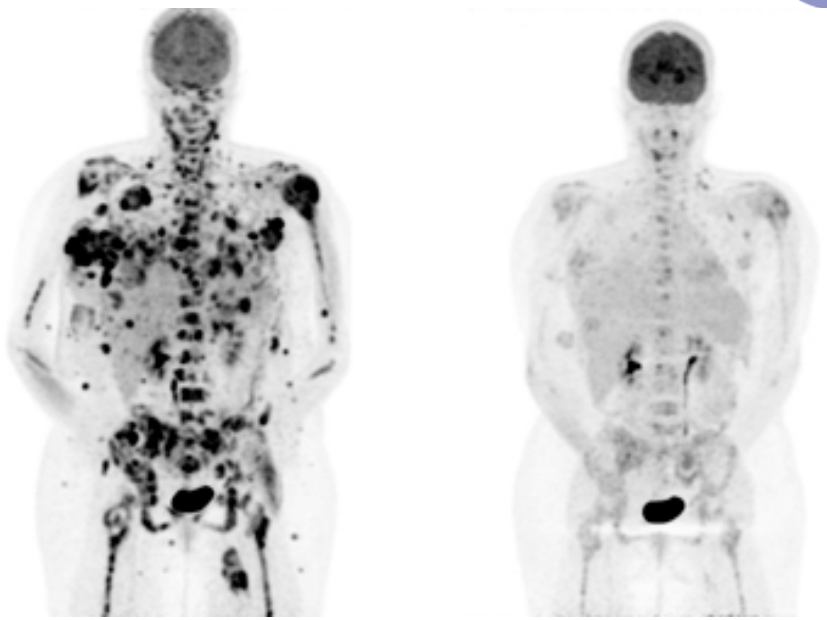
Radiopharmaceuticals



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

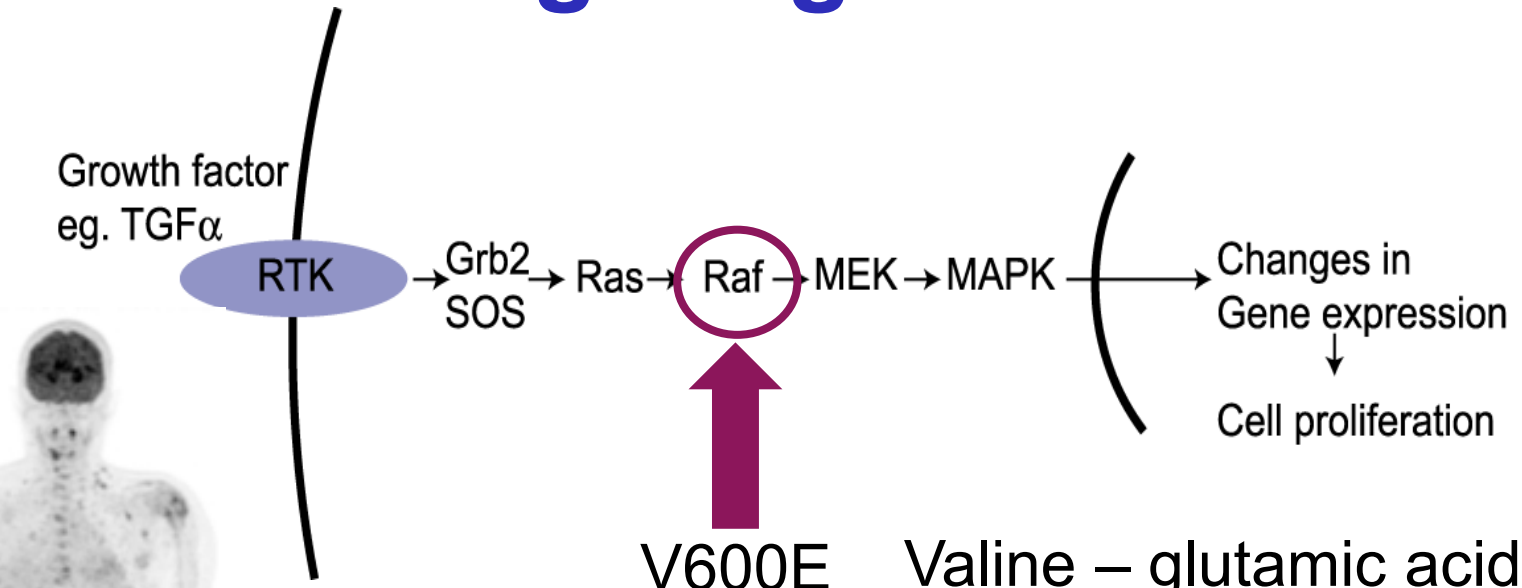
- I^{131}
- Ra^{223}
- Lu^{177}-PSMA-targeting
- Lu^{177}-Dotatate

Molecular targeting of cancer



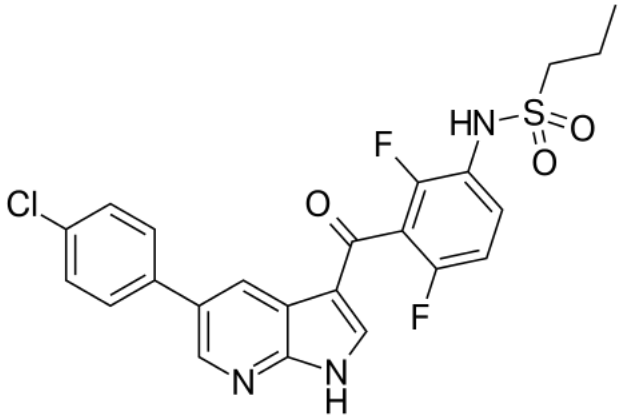
The New York Times

February 2010



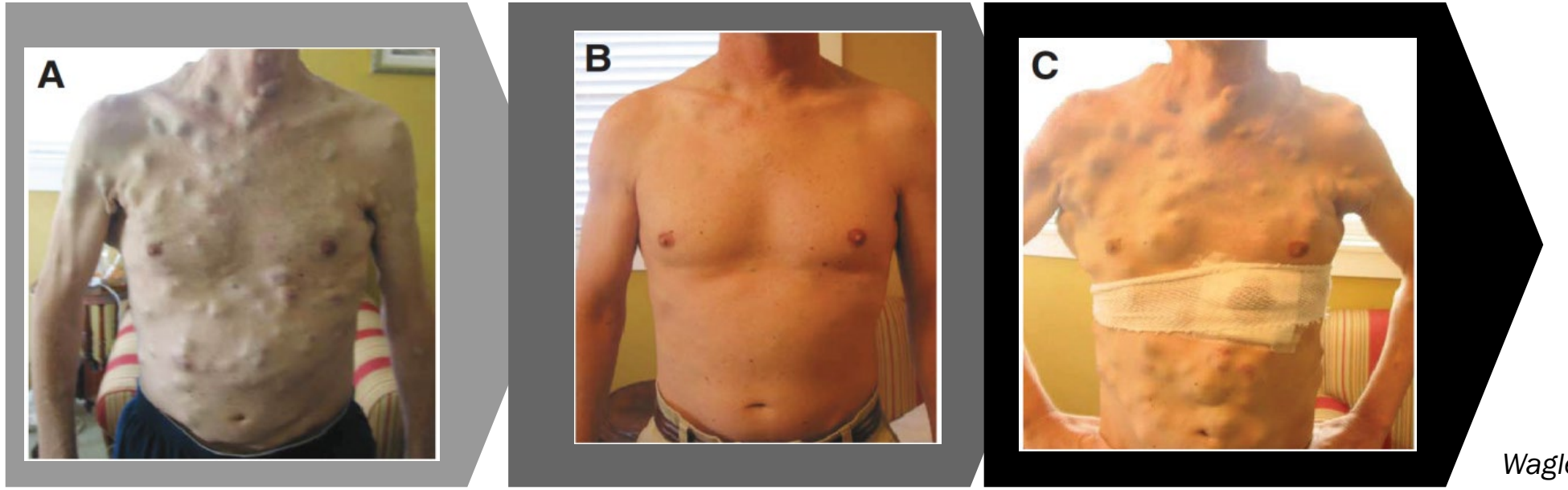
V600E Valine – glutamic acid

Vemurafenib



V600E mutated braf inhibitor

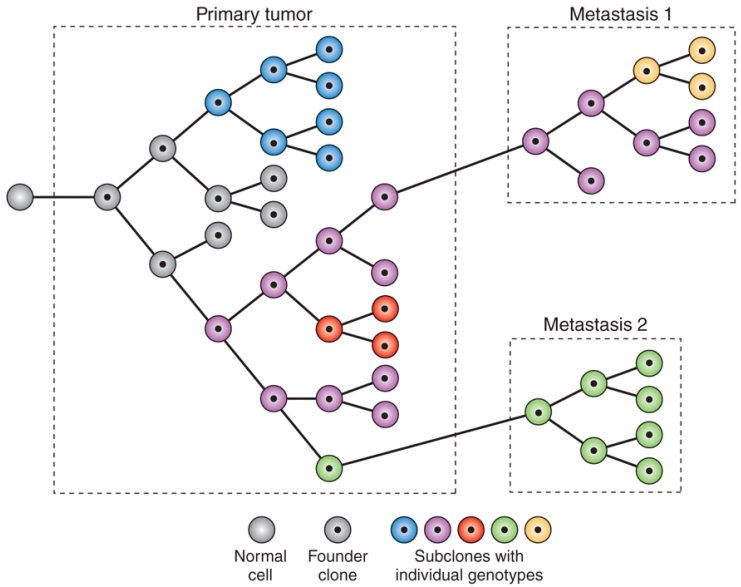
‘Perfect’ drugs but resistance develops

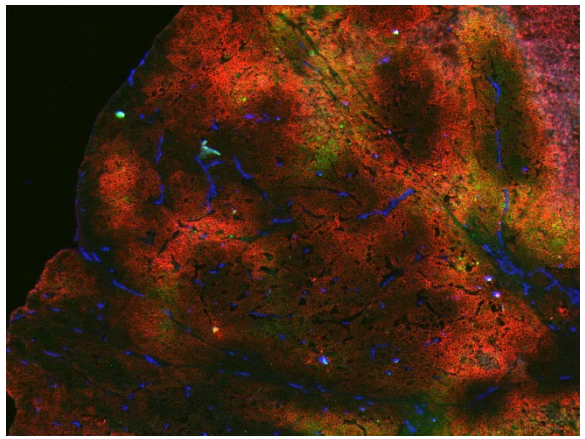


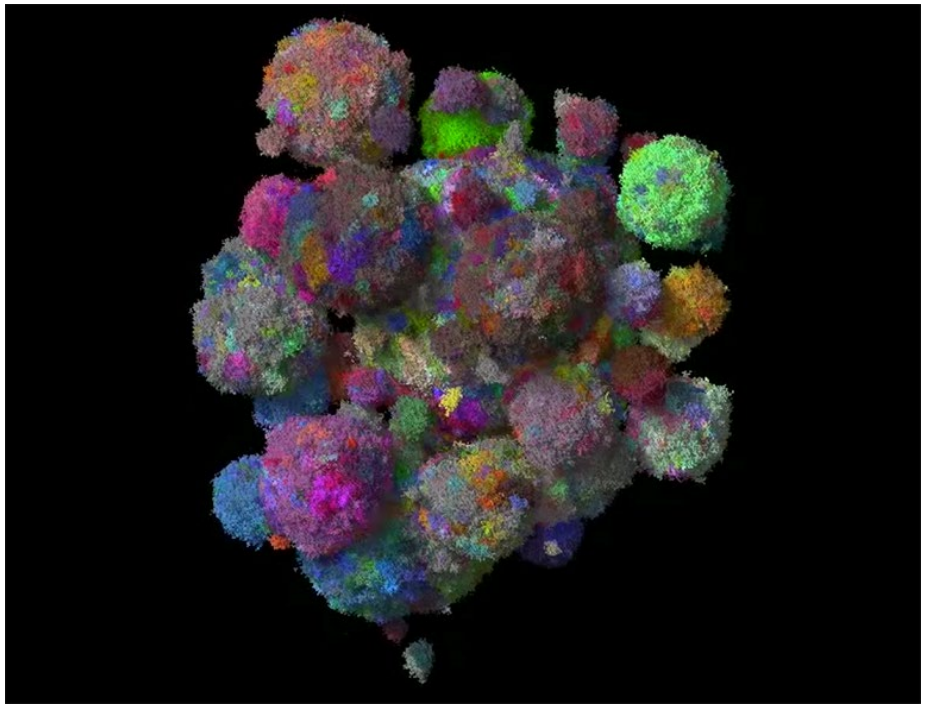
Wagle, JCO, 29, 3085

Tumors are heterogeneous within patients

- genetic
- epigenetic
- microenvironmental

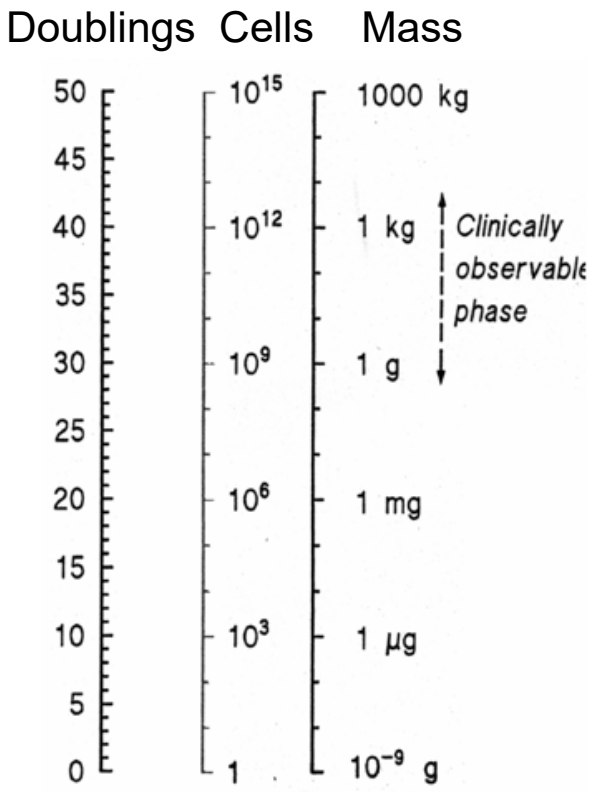


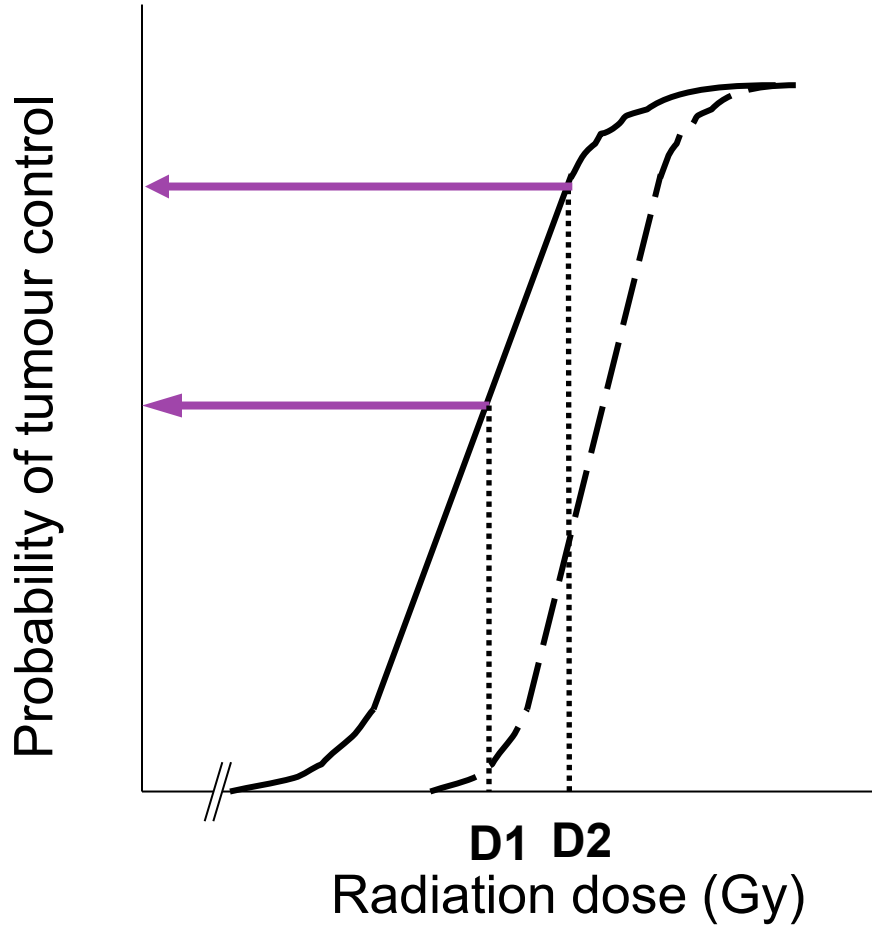




RT –ideal for combination therapy

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





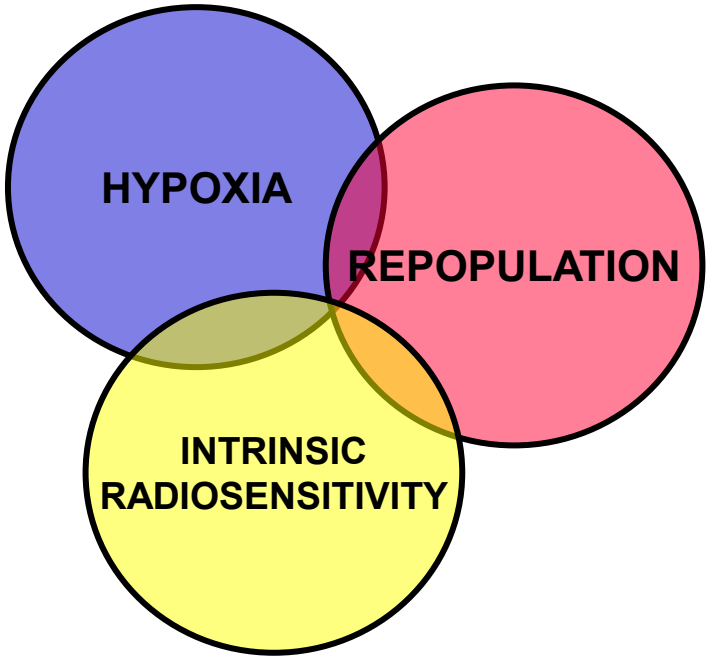
Making choices: Strategies to target cancer

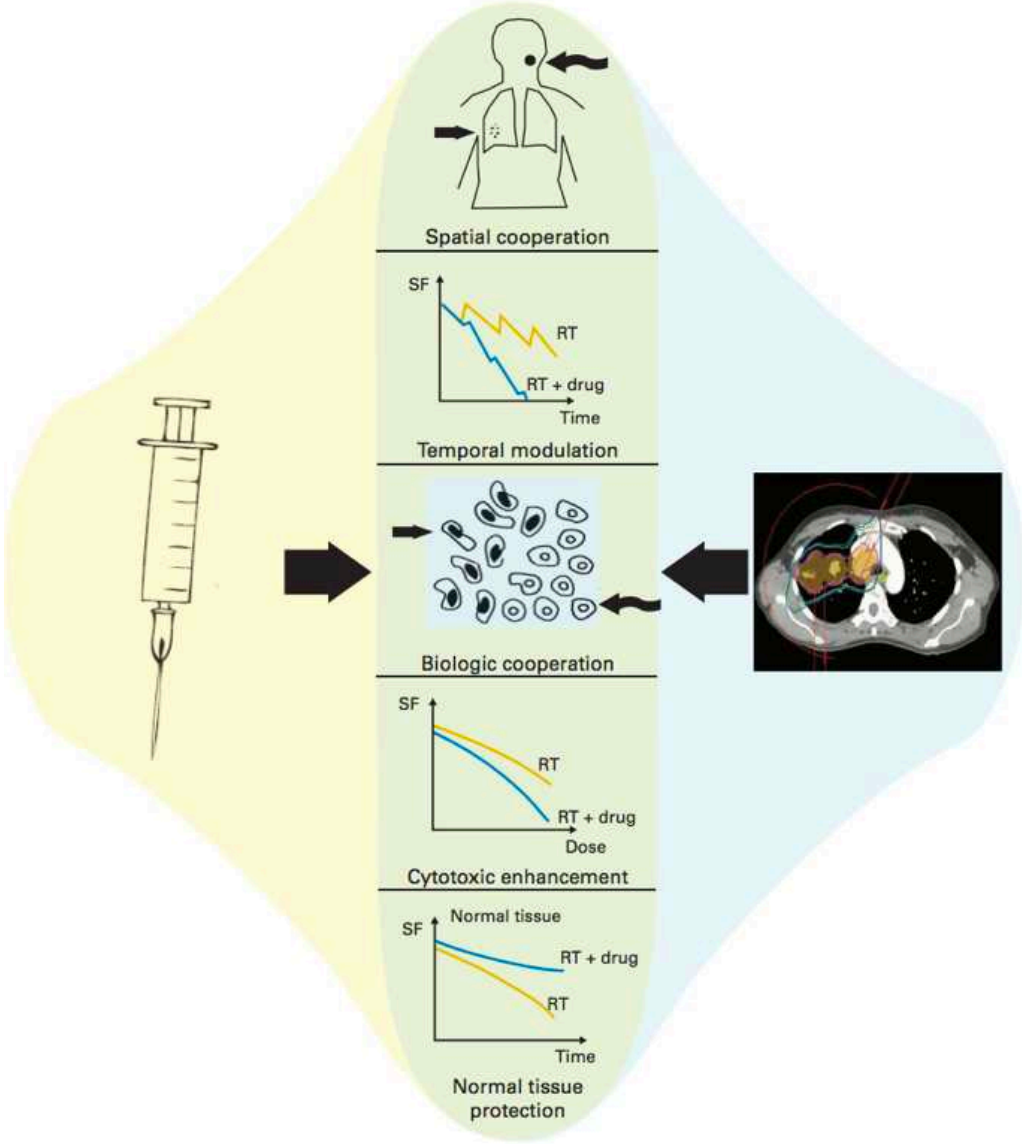
- Oncogene addiction
  - Target the Driver
  - Target is overexpressed/mutated
  - Cancer cells are dependent on the target

- Synthetic Lethality
  - Target is normal
  - Genetic alteration in cancer creates a novel dependency

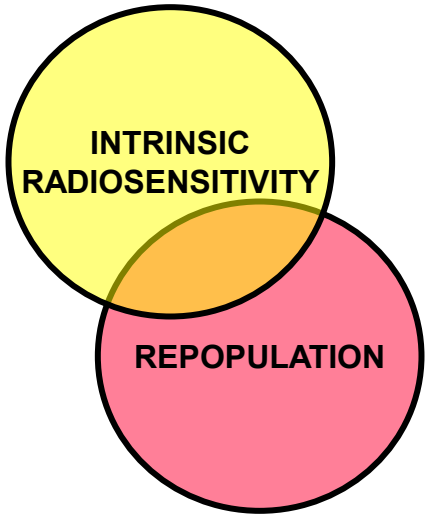
- Contextual synthetic lethality
  - Tumor microenvironment creates a novel dependency

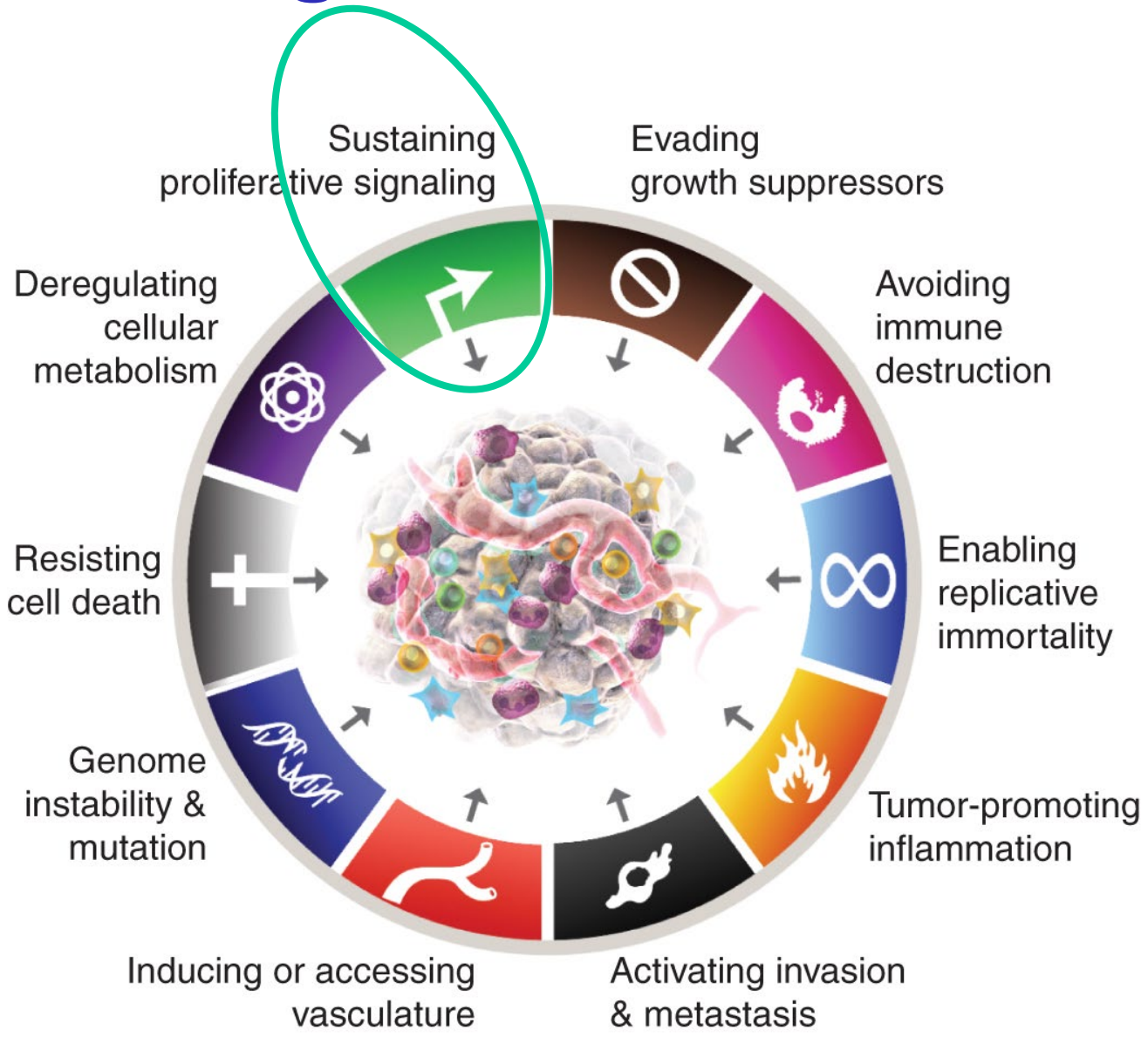
Making choices: Strategies to target with RT





Example: Oncogene addiction - EGFR





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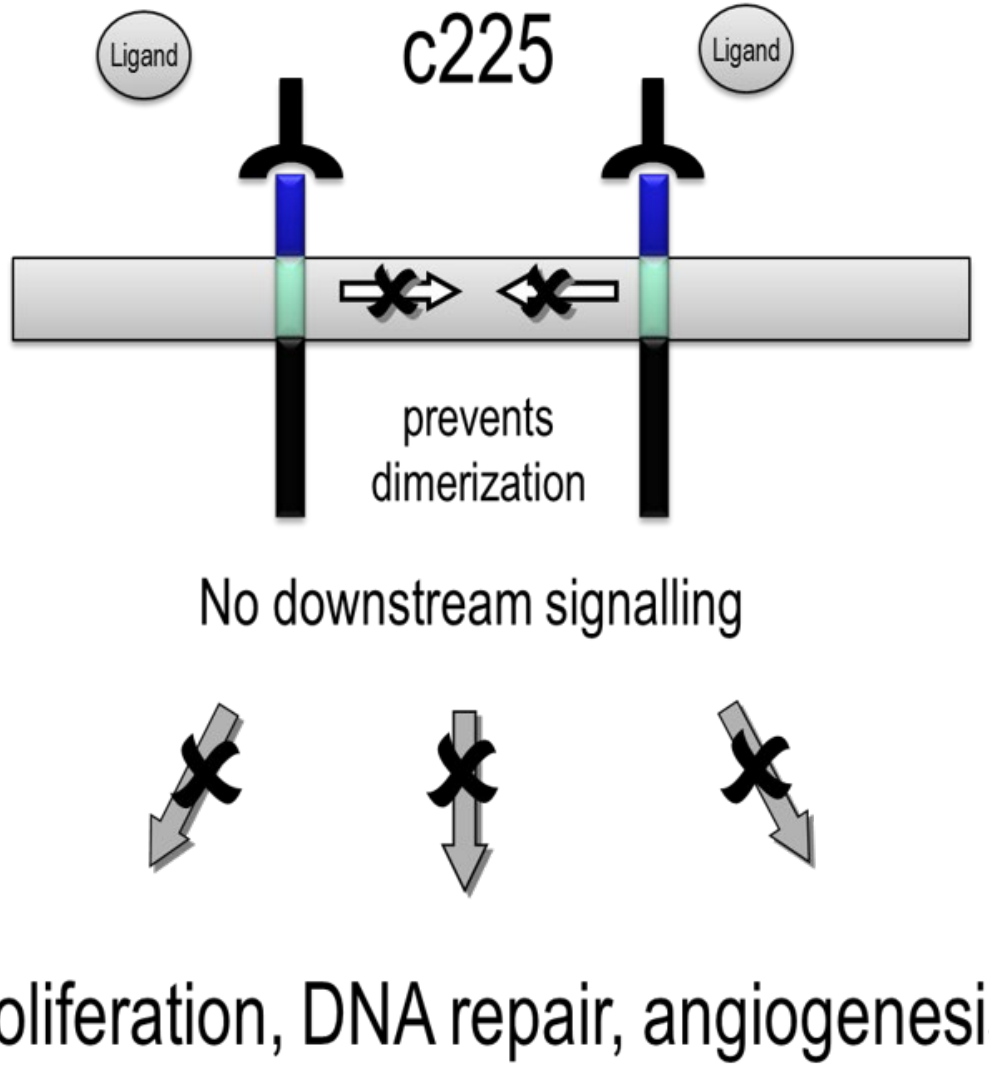
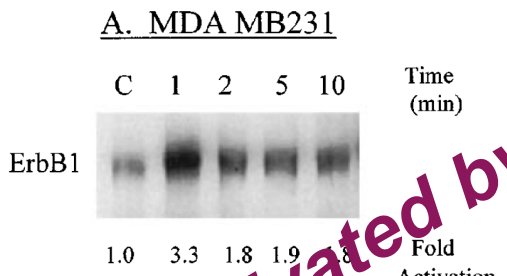


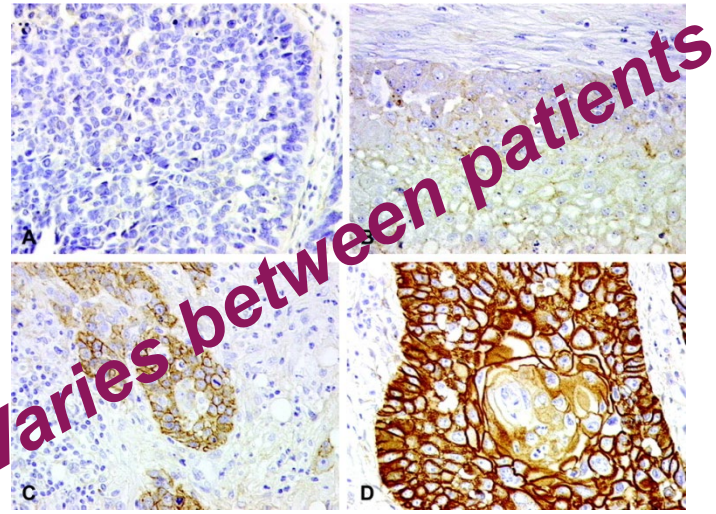
C225: Cetuximab

Example: Oncogene addiction - EGFR

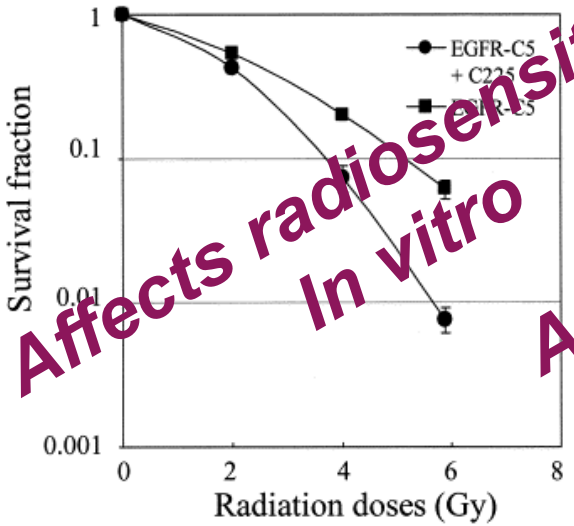


Bowers, Oncogene, 2001

Activated by radiation

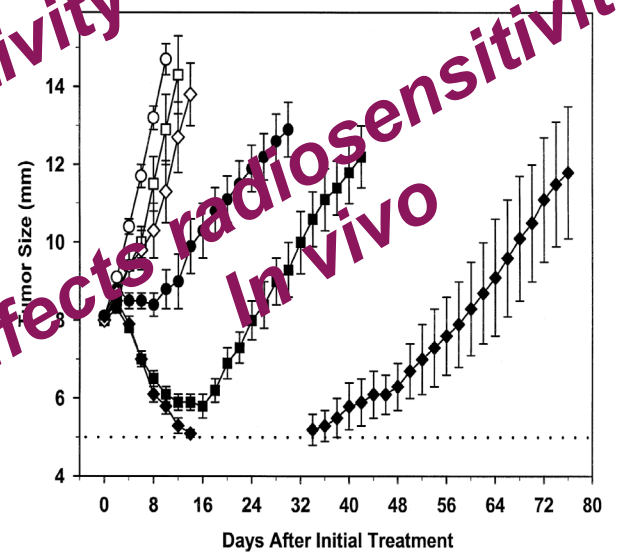


Varies between patients

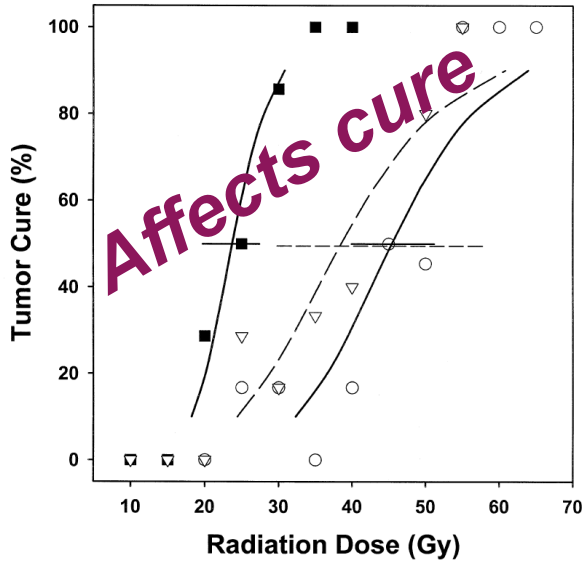


Liang, IJROBP, 2003

Affects radiosensitivity In vitro



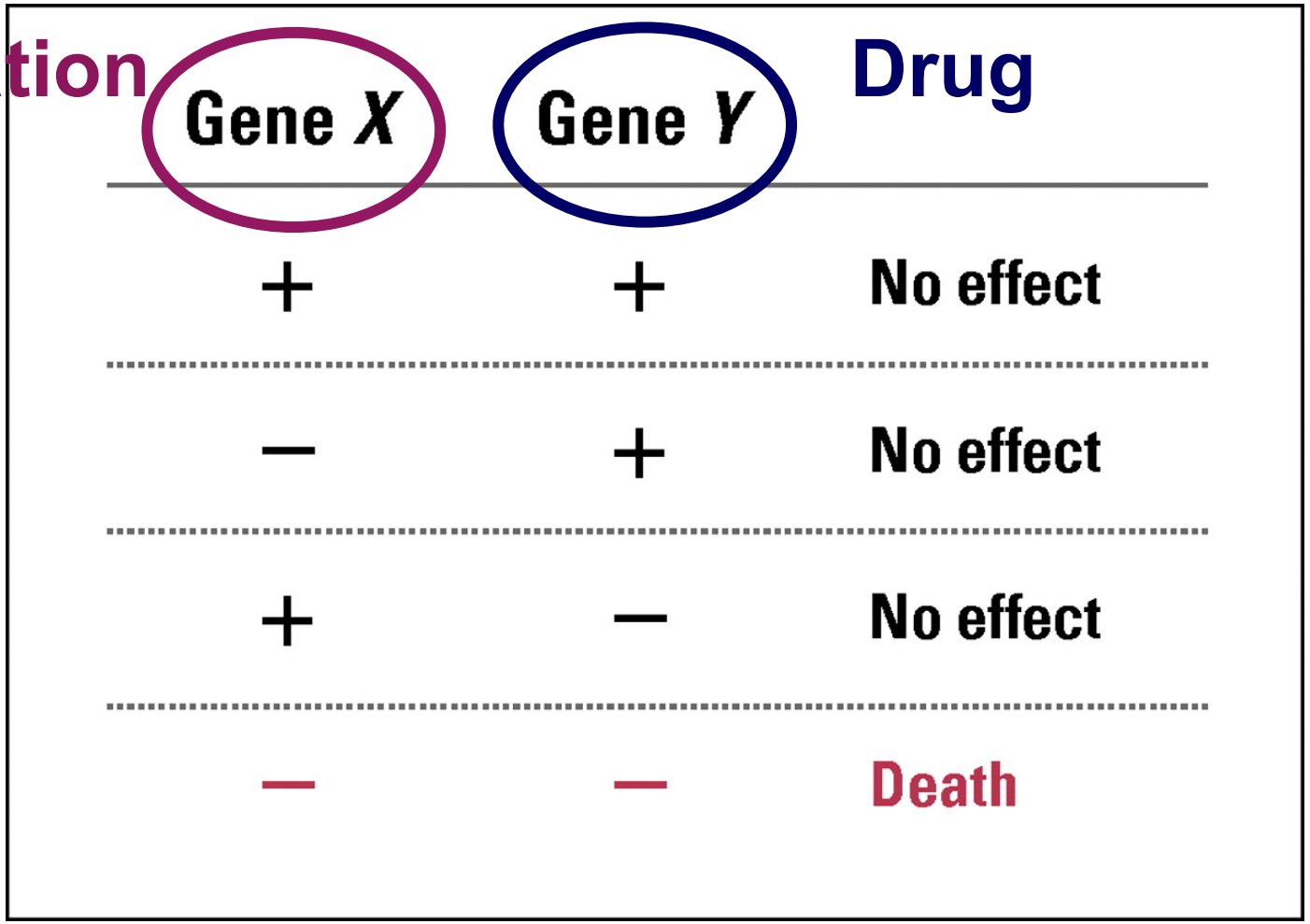
Affects radiosensitivity In Vivo



Milas, IJROBP, 2004

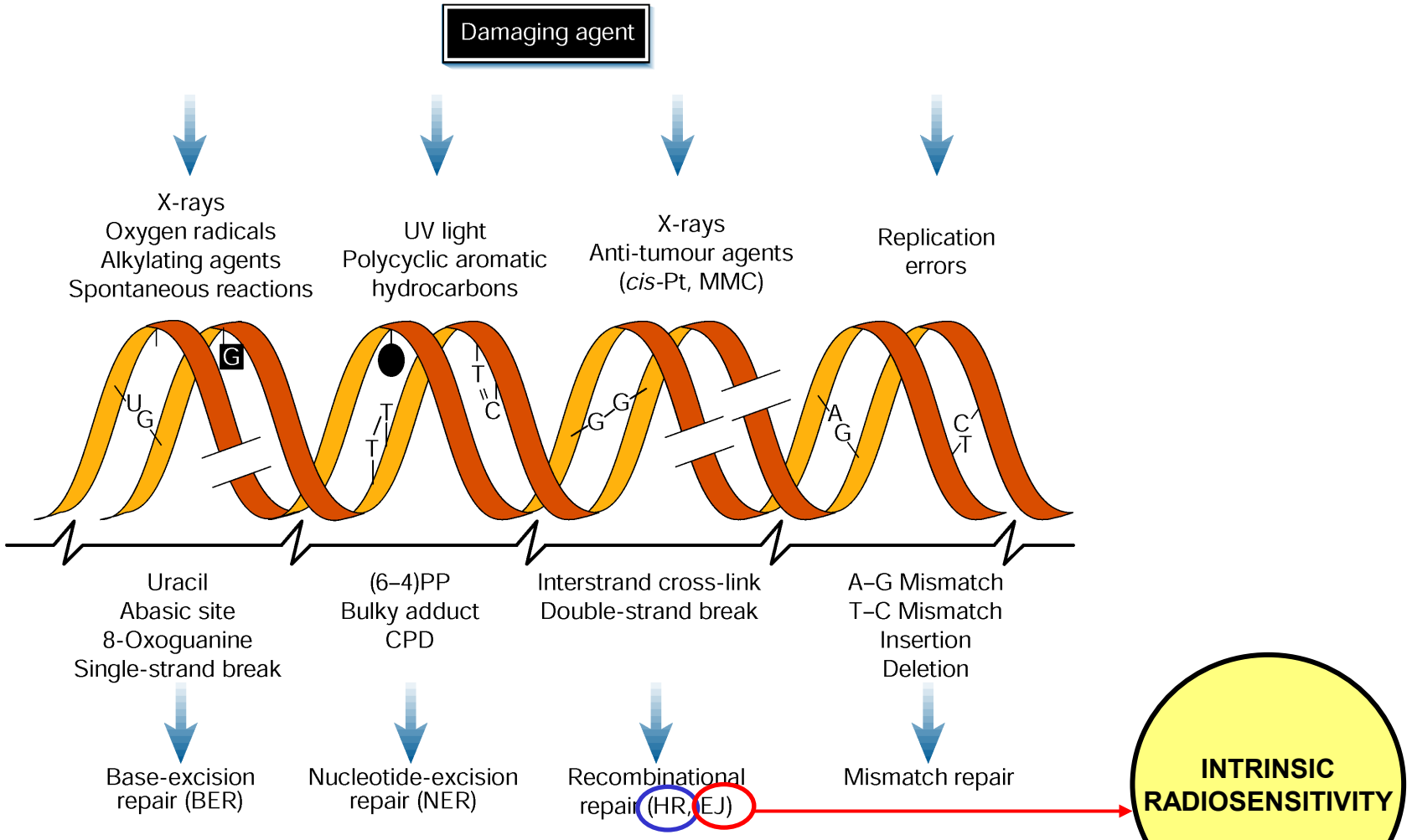
Affects cure

Example: Synthetic lethality



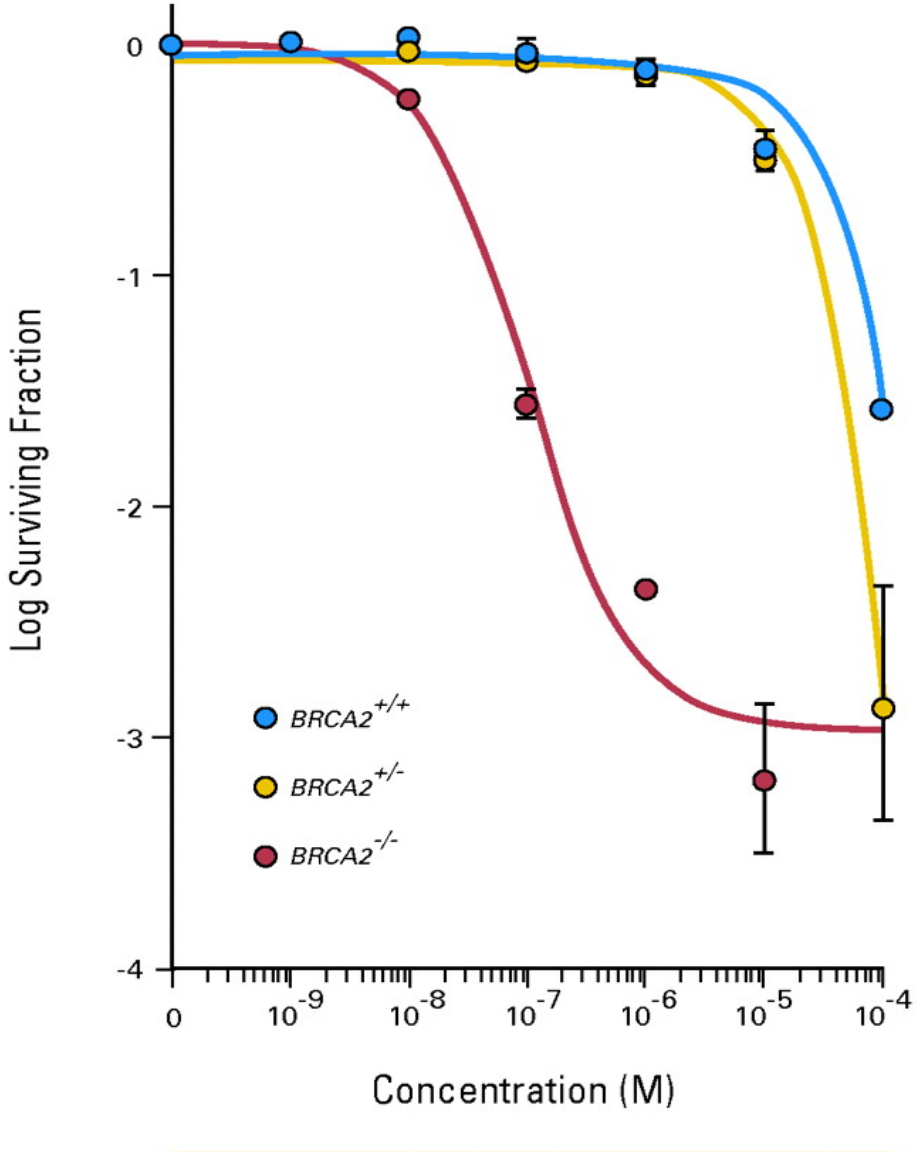
Ashworth, A. J Clin Oncol; 26:3785-3790 2008

Example: Synthetic lethality - DNA Repair



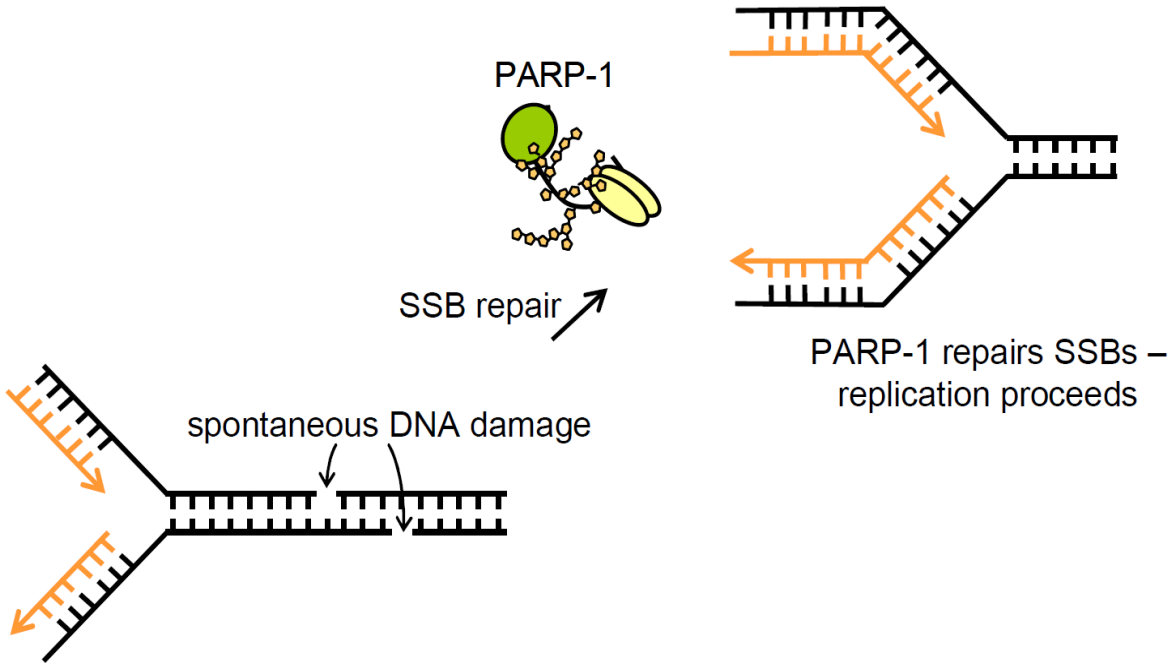
Often mt in cancer

Example: Synthetic lethality – PARP/BRCA



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

Example: Synthetic lethality – PARP/BRCA2



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.

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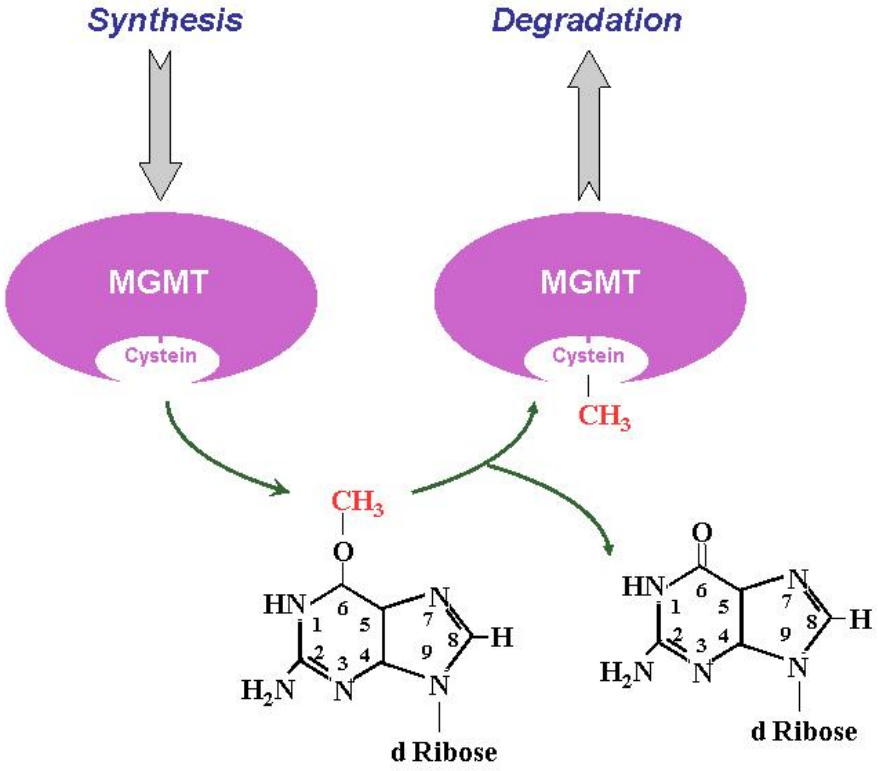
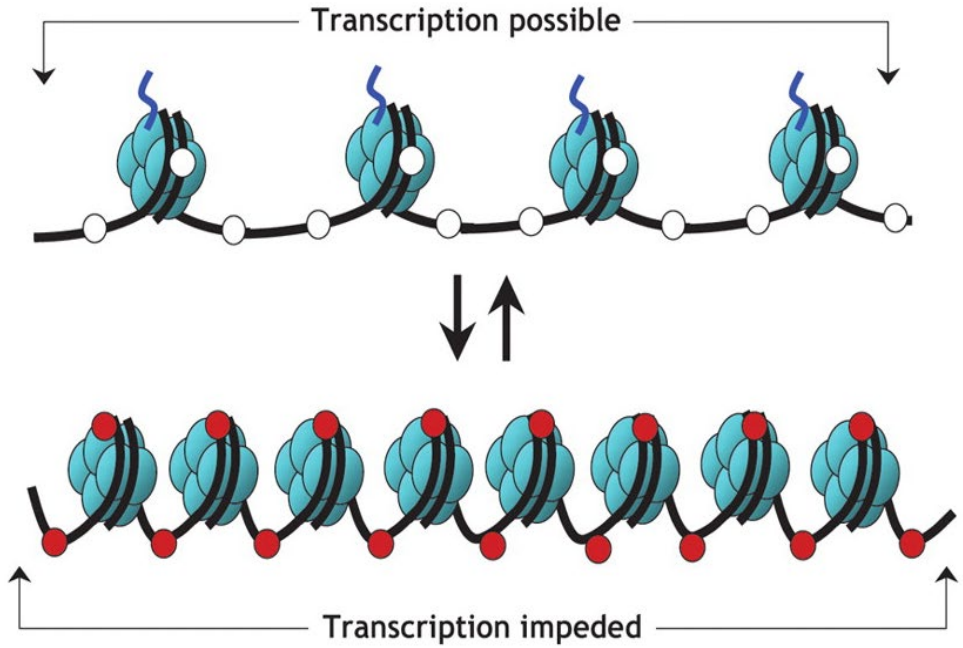


Gene "switched on"
- Active (open) chromatin
- Unmethylated cytosines (white circles)
- Acetylated histones

Gene "switched off"
- Silent (condensed) chromatin
- Methylated cytosines (red circles)
- Deacetylated histones

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



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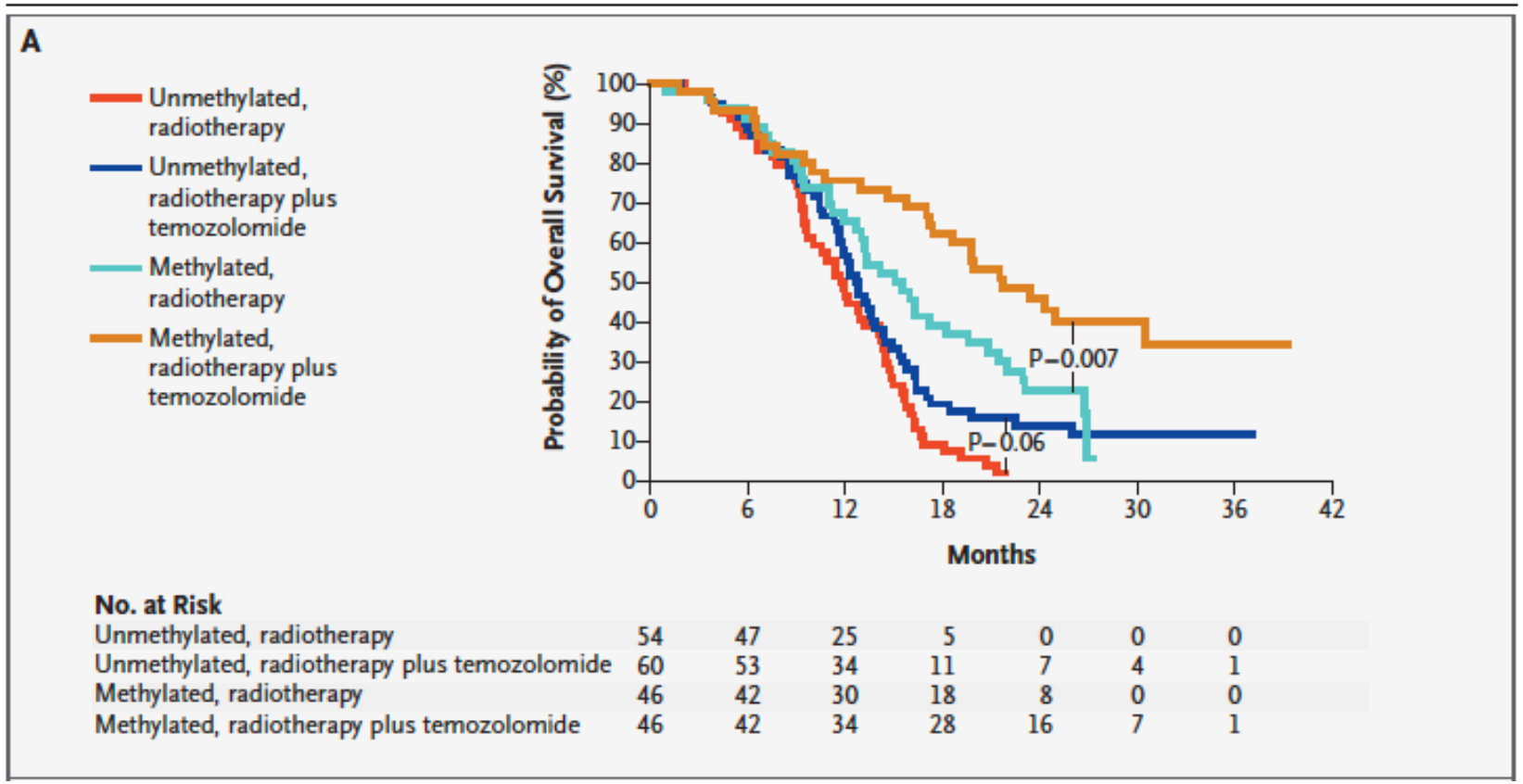
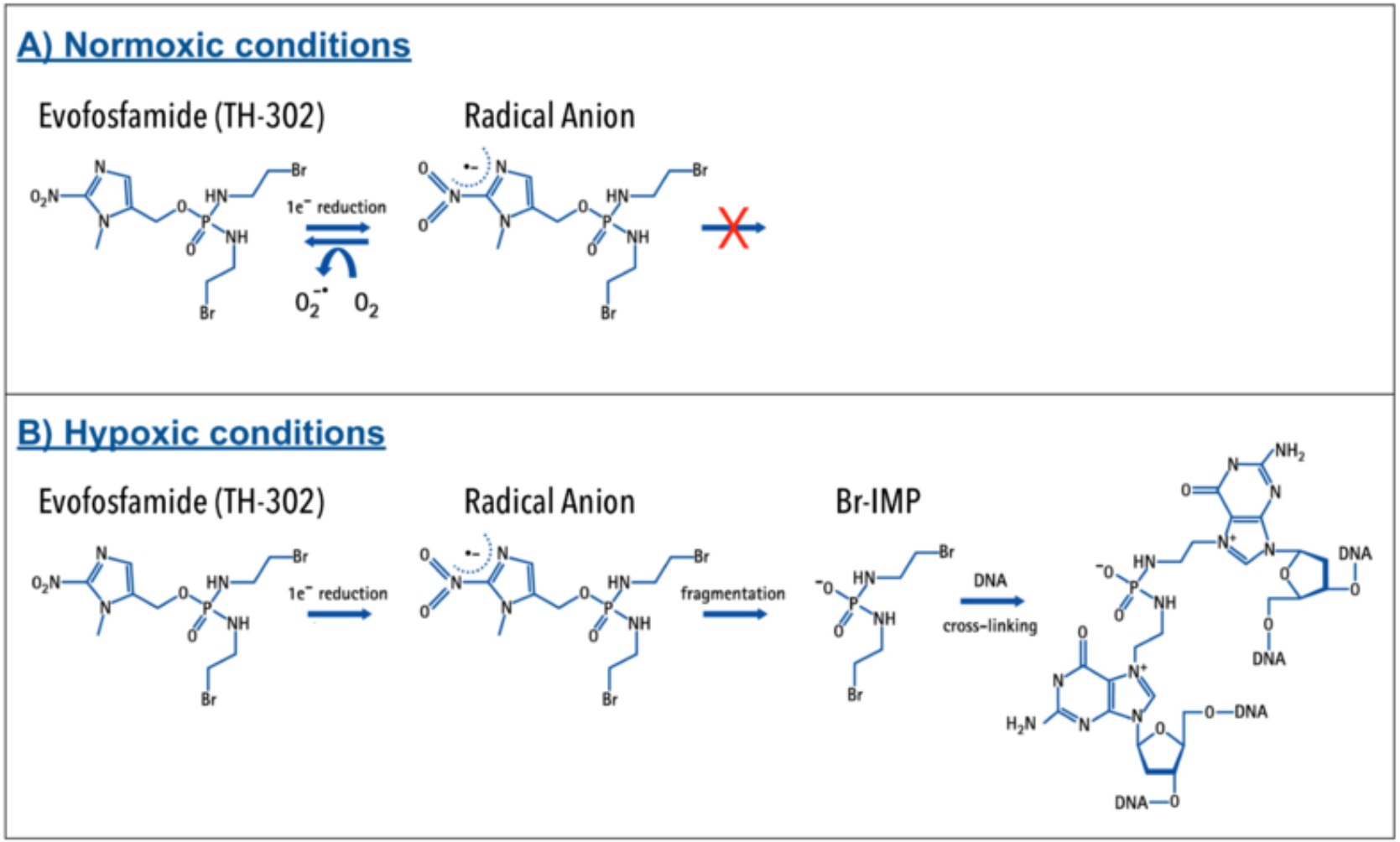


No. at Risk

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

Example: Contextual lethality - Hypoxia



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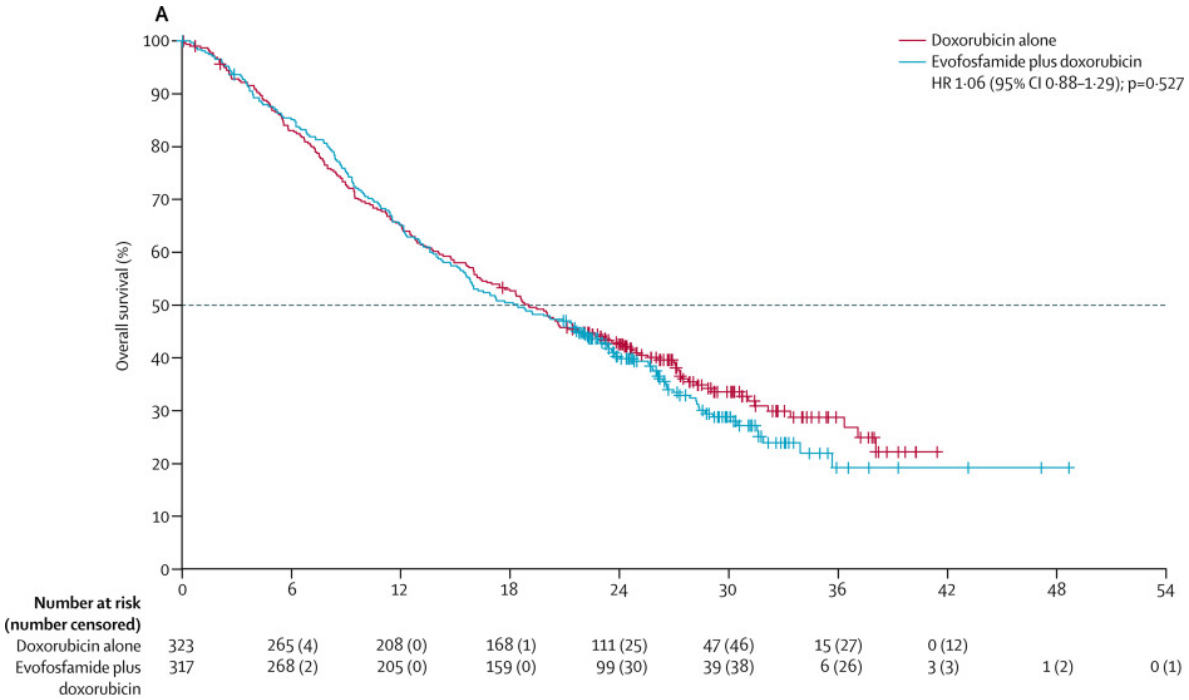
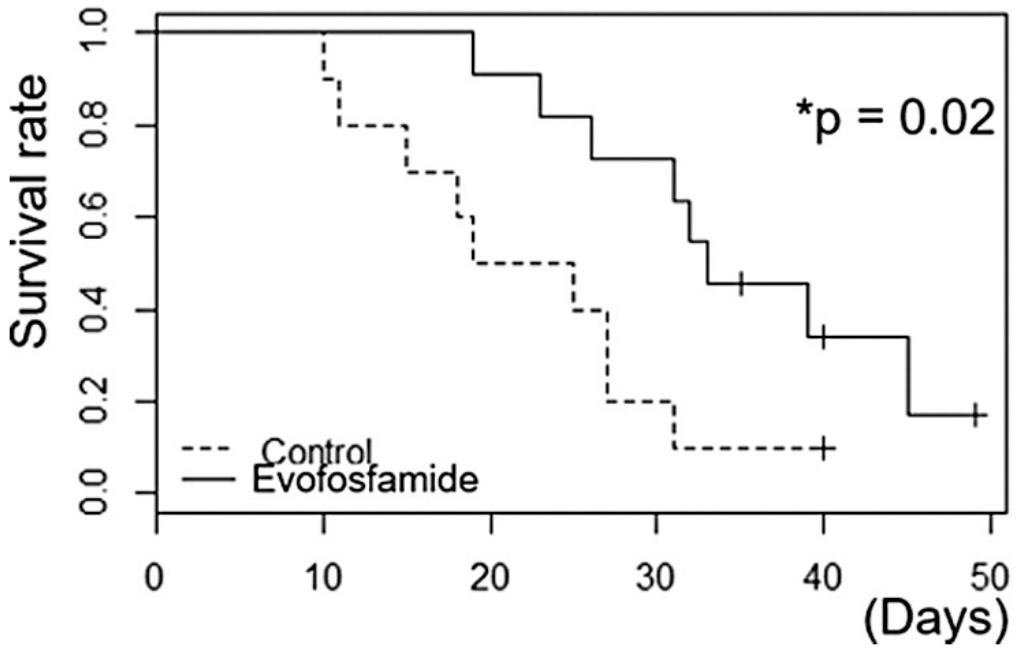
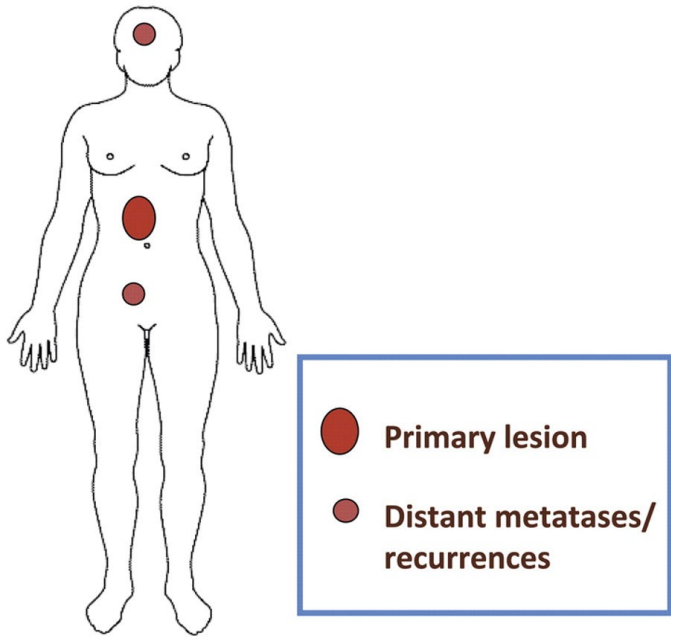


Tap et al., The Lancet Oncology 2017



Kishimoto et al., Antioxidants and Redox Signaling 2021

Can radiation become a part of curative systemic therapies?



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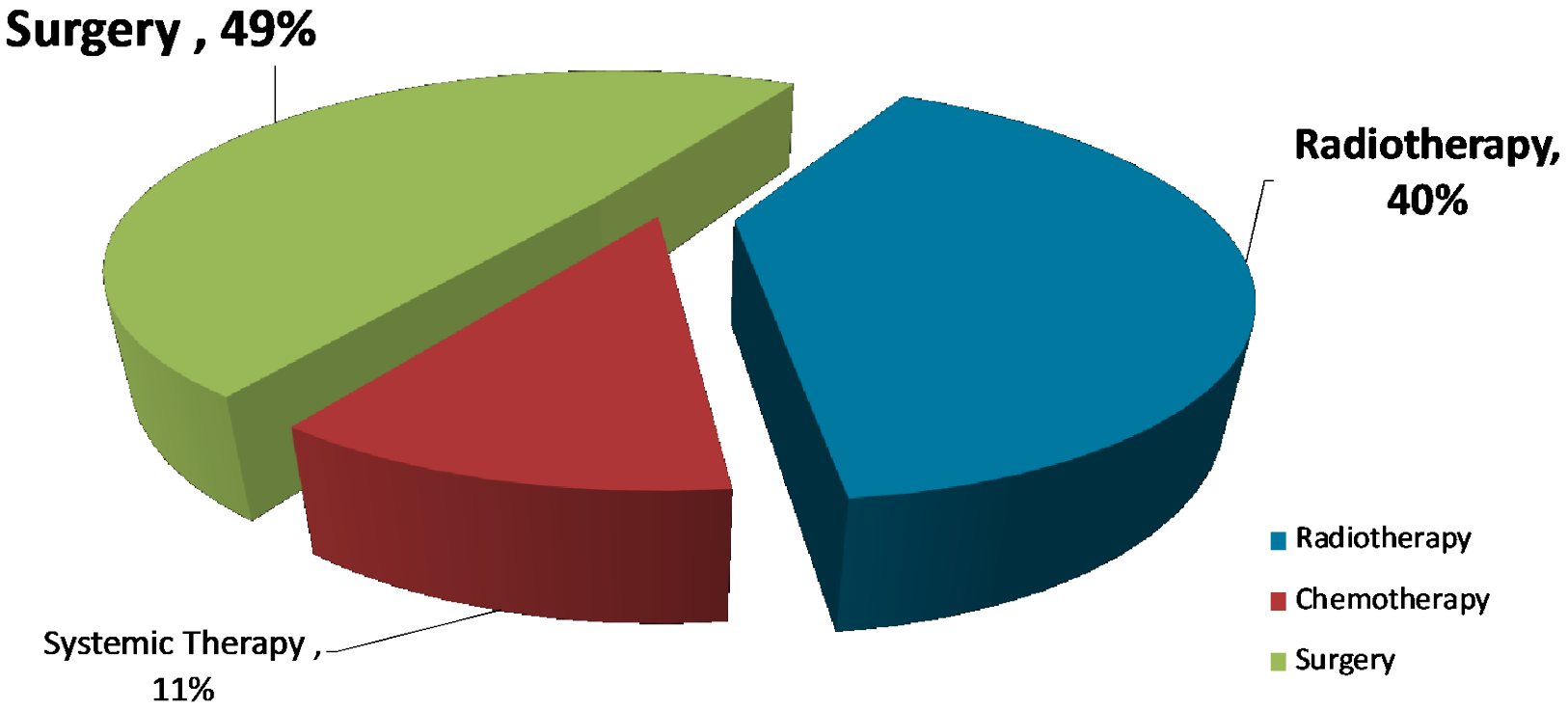
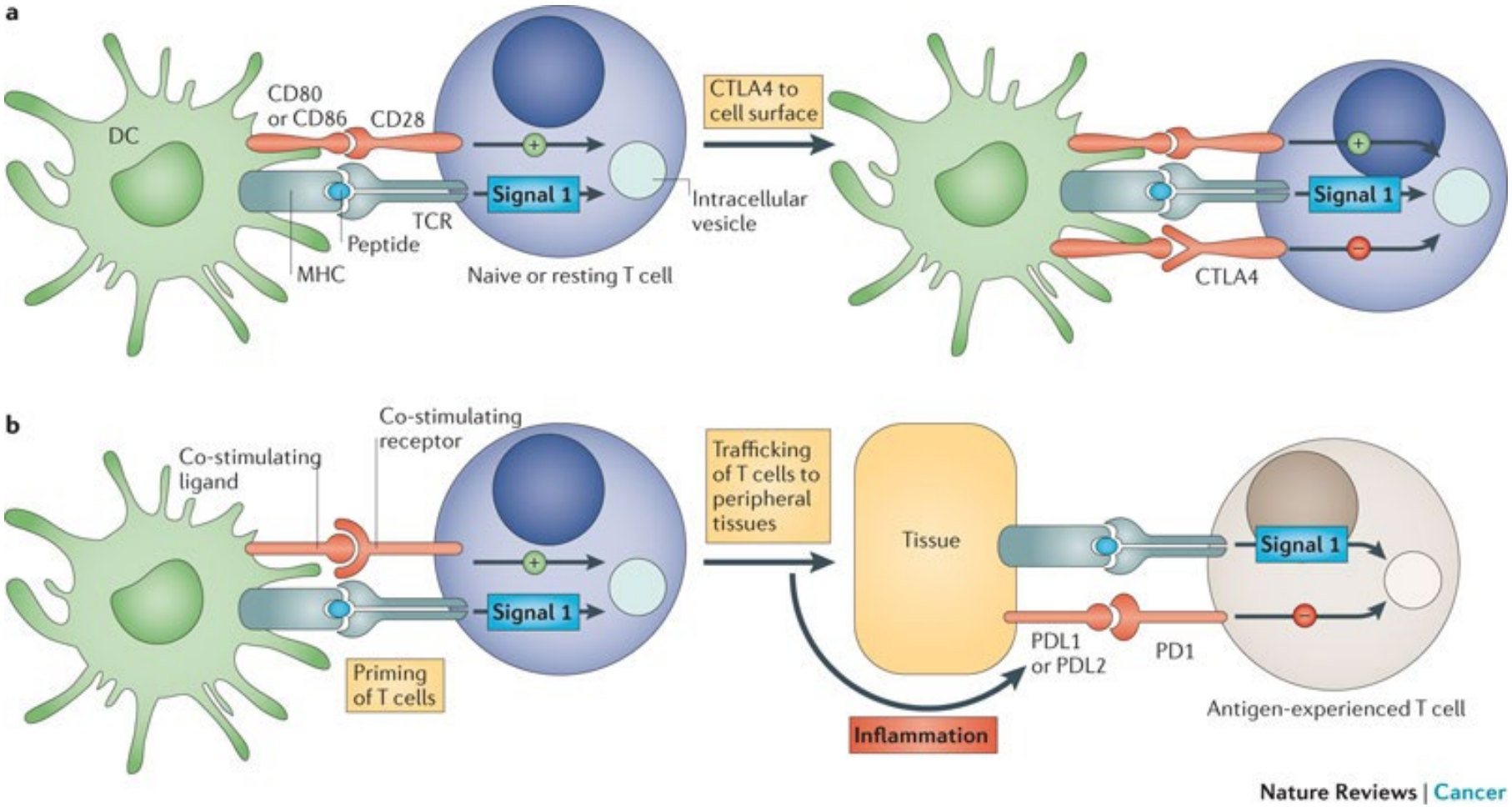
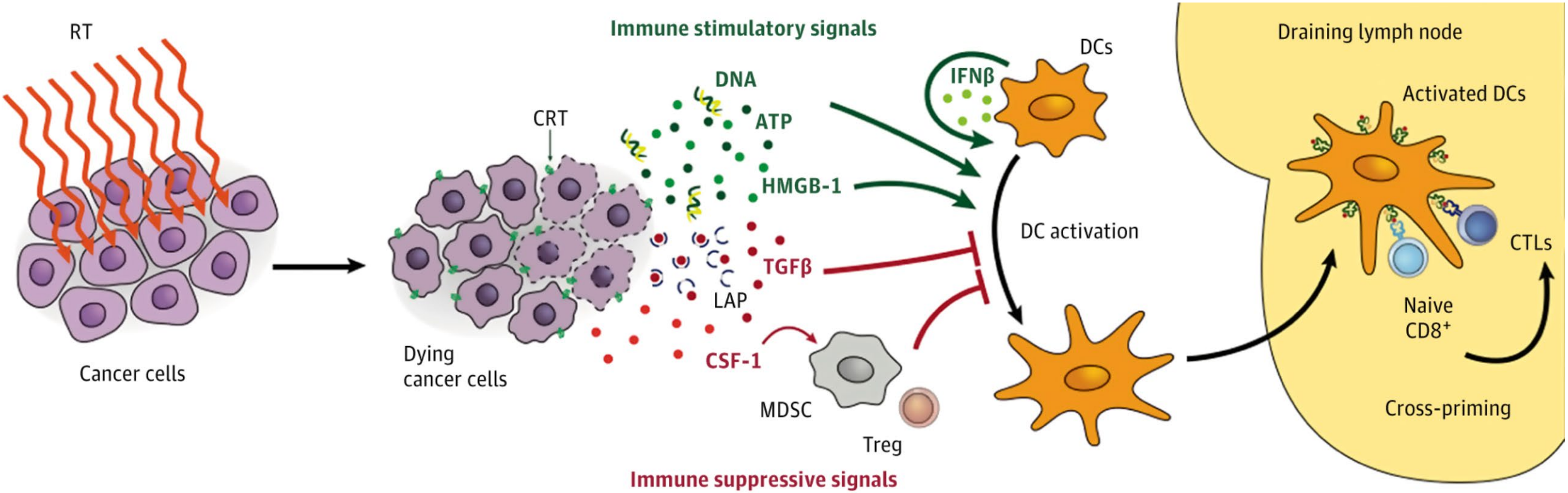


*from Gillies McKenna
Professor Sir Mike Richards, NCRI 2011

Immune therapy





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

JAMA Oncol. Published online August 13, 2015. doi:10.1001/jamaoncol.2015.2756

ARTICLE

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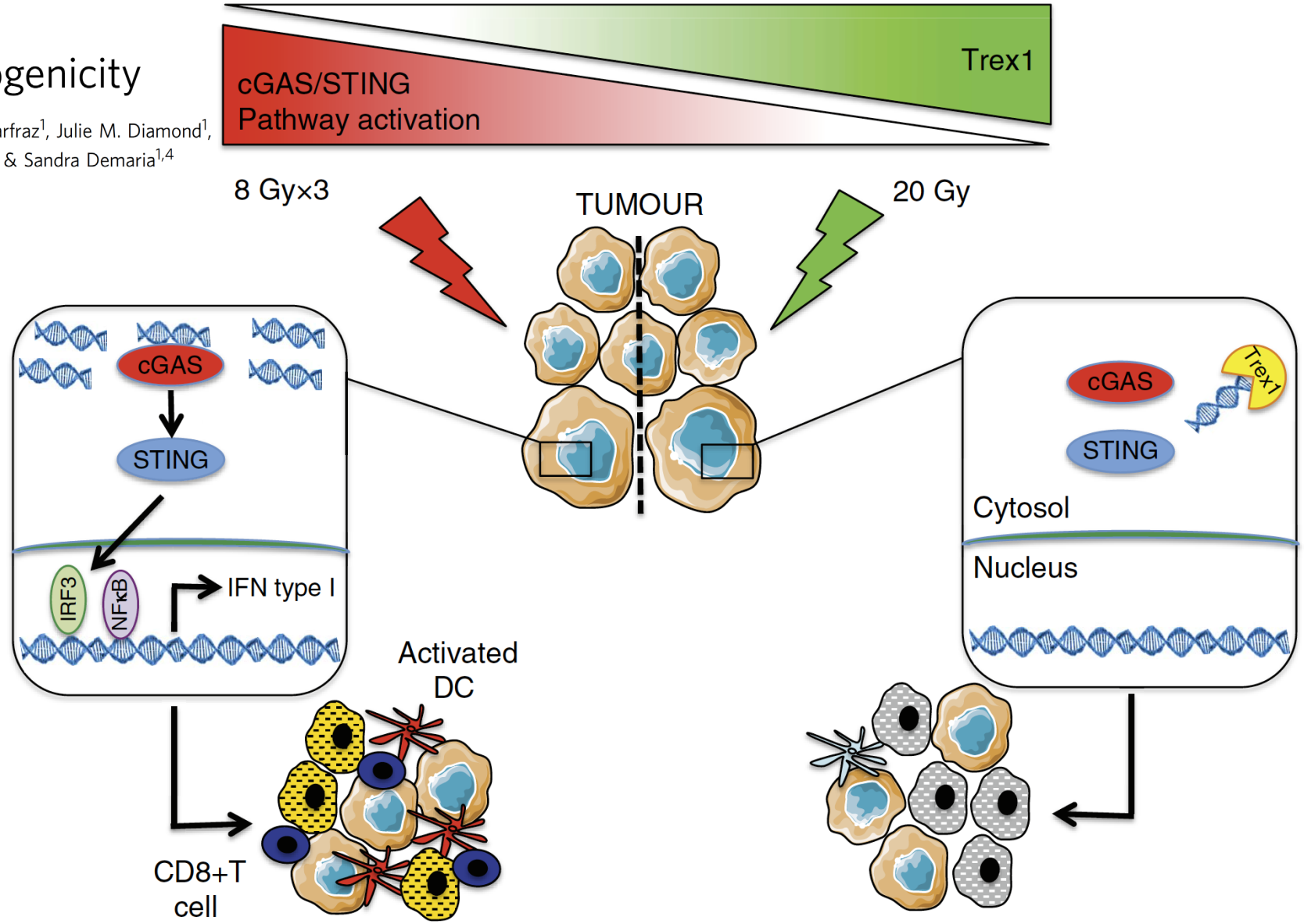
DNA exonuclease Trex1 regulates radiotherapy-induced tumour immunogenicity

Claire Vanpouille-Box[1], Amandine Alard[2,†], Molykutty J. Aryankalayil[3], Yasmeen Sarfraz[1], Julie M. Diamond[1], Robert J. Schneider[2], Giorgio Inghirami[4], C. Norman Coleman[3], Silvia C. Formenti[1] & Sandra Demaria[1,4]



Synergy with anti-CTLA4/anti-PD-1

NO synergy with anti-CTLA4/anti-PD-1

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

Thank you!

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