### Immunologic correlates of ONCOS-102 therapy in patients with advanced solid tumors

Dmitriy Zamarin, MD, PhD Memorial Sloan Kettering Cancer Center on behalf of ONCOS-102 investigators November 6, 2015

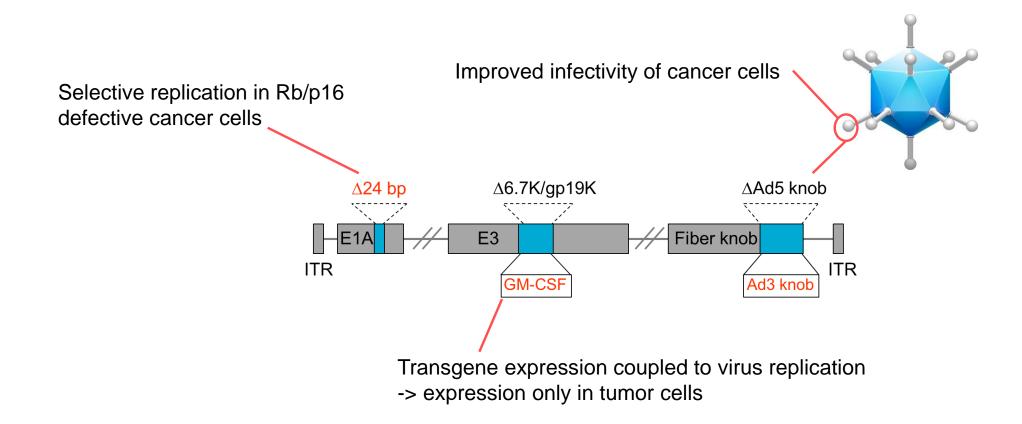
### **Presenter Disclosure Information**

Dmitriy Zamarin MD PhD

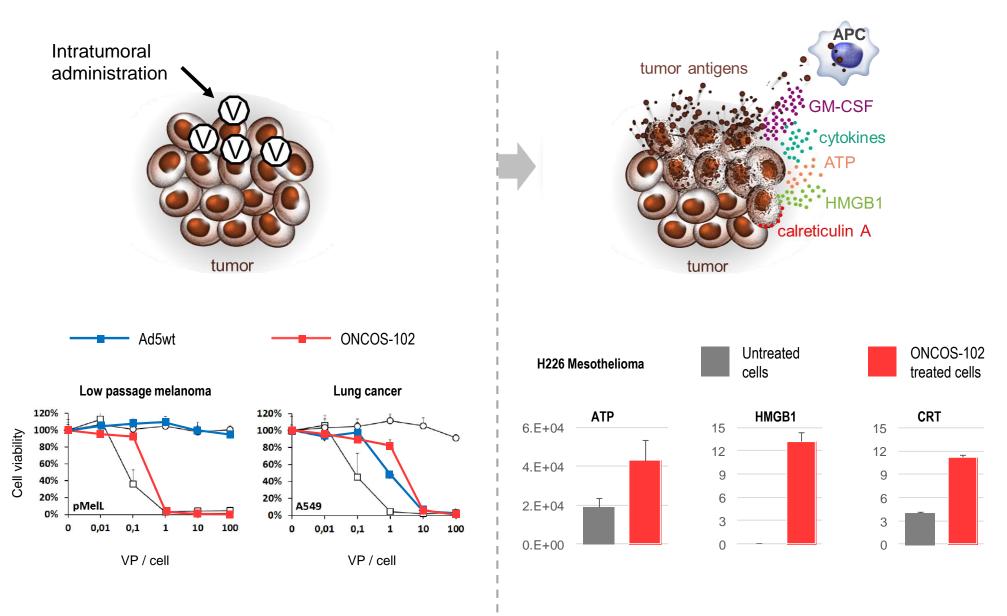
The following relationships exist related to this presentation:

No relationships to disclose

# ONCOS-102: genetically modified oncolytic adenovirus encoding GM-CSF



#### **ONCOS-102** replicates in cancer cells and induces immunogenic cell death

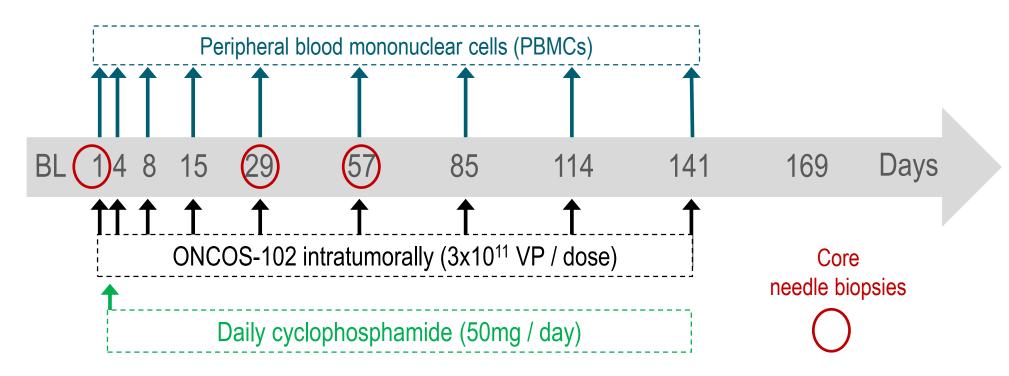


## Phase I study of intratumoral ONCOS-102 with low dose cyclophosphamide in patients with advanced solid tumors

Dose	Patient number	WHO score	Age/ Sex	Cancer type	Number of previous lines of therapy
	FI1-01	1	64 / F	Ovarian	16
3x10 <sup>10</sup> VP	FI1-02	2 0 61 / M Colon 3	3		
	FI1-04	0	55 / F	Colon	4
	FI1-06	0	63 / M	Liver	2
1x10 <sup>11</sup> VP	FI1-08	1 63/F Lung 3	3		
	FI1-09	1	63 / M	Mesothelioma	2
	FI1-13	0	53 / M	Rectum	4
	FI1-14	1	68 / M	Mesothelioma	2
3x10 <sup>11</sup> VP	FI1-15	1	67 / F	Endometrial	5
	FI1-17	1	64/F STS 6	6	
	FI1-18	1	51 / F	Breast	11
	FI1-19	0	38 / F	Ovarian	7

 115 cancer patients with solid refractory tumors were treated with ONCOS-102 in Advanced Therapy Access Program (ATAP) before the current Phase 1 study

## ONCOS C1: a Phase I study of intratumoral ONCOS-102 with low dose cyclophosphamide in patients with advanced solid tumors



Safety:

-No DLT's were seen in any treatment groups

-Most AEs were grade 1-2, primarily pyrexia and flu-like symptoms.

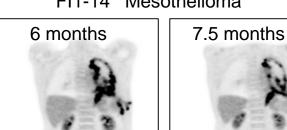
#### **Efficacy assessment**

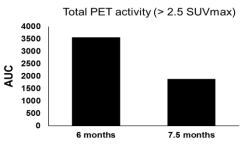
#### **Patients**

- 100% chemo refractory (up to 16 lines)
- 66% had prior surgery
- 50% had prior radiotherapy
- 2 pts died before 3 months

Patier	it	RECIST1.1 (3 months)
FI1-01	Ovarian	SD
FI1-02	Colon	SD
FI1-04	Colon	PD
FI1-06	Liver	PD
FI1-08	Lung	PD
FI1-09	Mesothelioma	PD
FI1-13	Rectum	PD
FI1-14	Mesothelioma	SD
FI1-17	STS	PD
FI1-19	Ovarian	SD

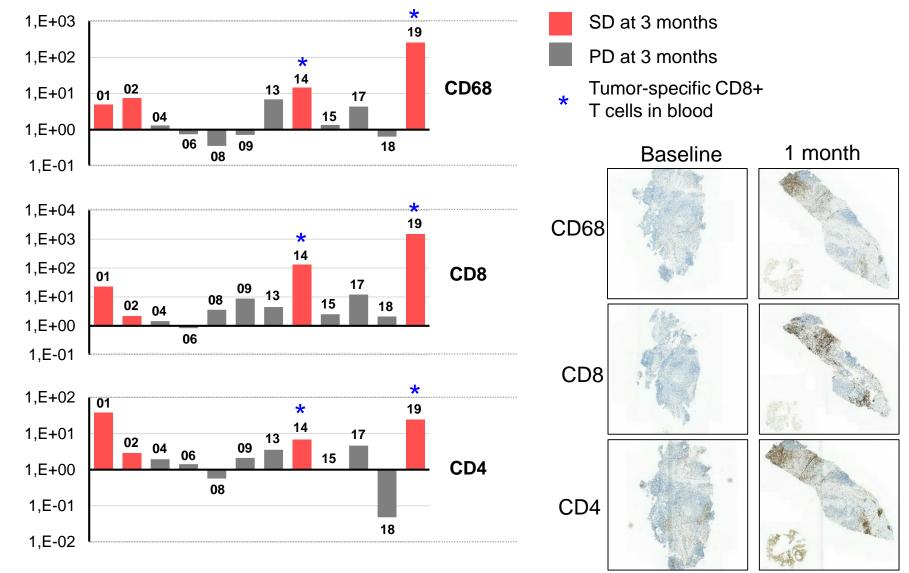
SD =Stable disease, PD =Progressive disease





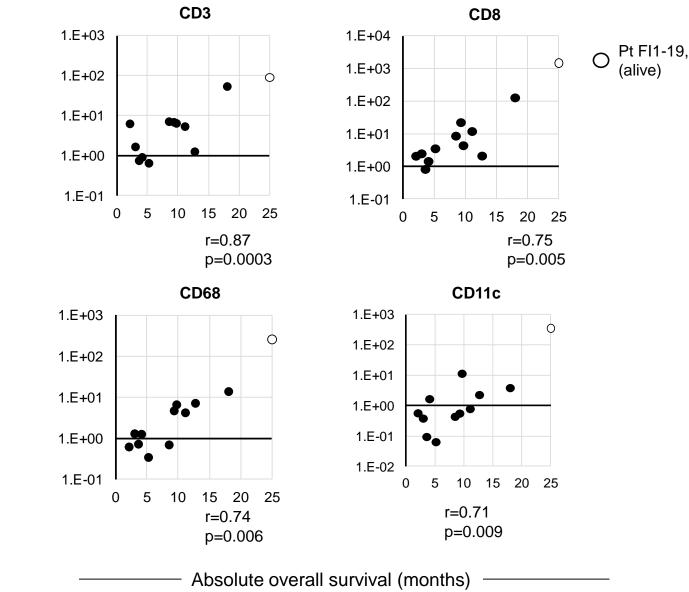
#### FI1-14 Mesothelioma

## Several immune cell subsets were increased in tumors following ONCOS-102



Fold-change from baseline

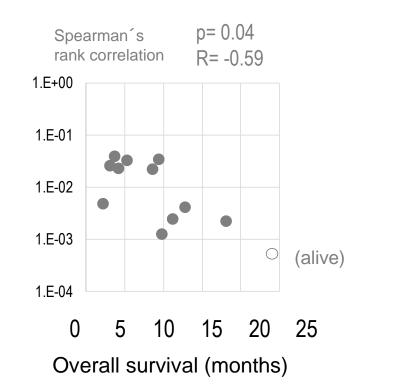
### Increase in tumor-infiltrating immune cells following ONCOS-102 treatment is associated with increased survival

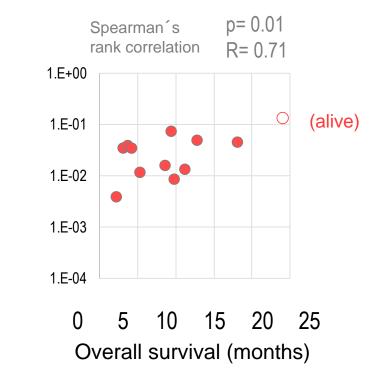


Fold change from baseline

#### High number of CD68+ TAMs in baseline tumors was associated with short survival

High number of intratumoral CD68+ cells after ONCOS-102 therapy was associated with increased survival

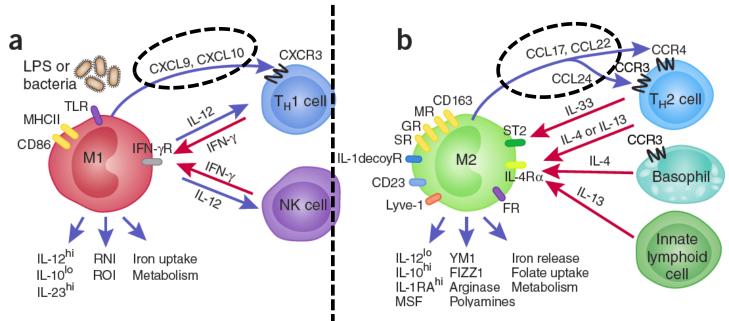




CD68+ cells in tumor

10

## **Macrophage plasticity**



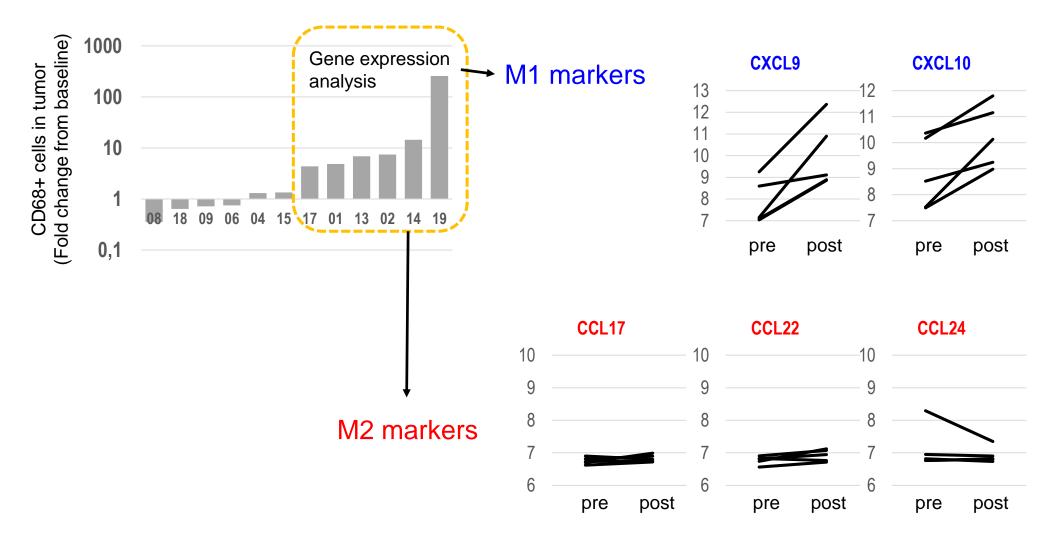
#### M1 macrophage

- Promote T<sub>H</sub>1 response
- Efficient antigen presentation
- Tumor destruction

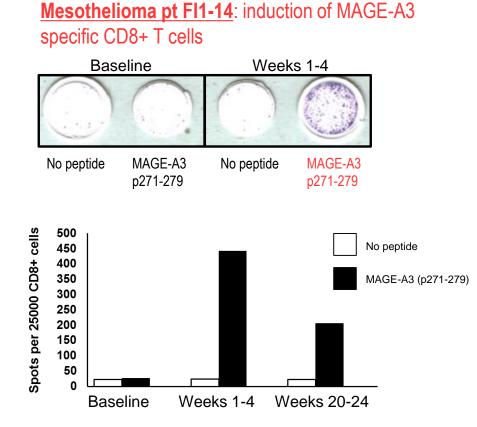
#### M2 macrophage

- Promote T<sub>H</sub>2 response
- Anti-inflammatory
- Immunoregulation

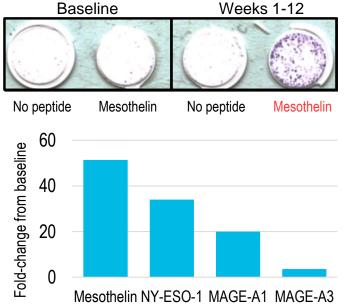
# Tumors with increased CD68+ cells exhibit M1 macrophage transcriptional signature



## Local ONCOS-102 administration leads to induction of systemic tumor-specific CD8+ T cell response:

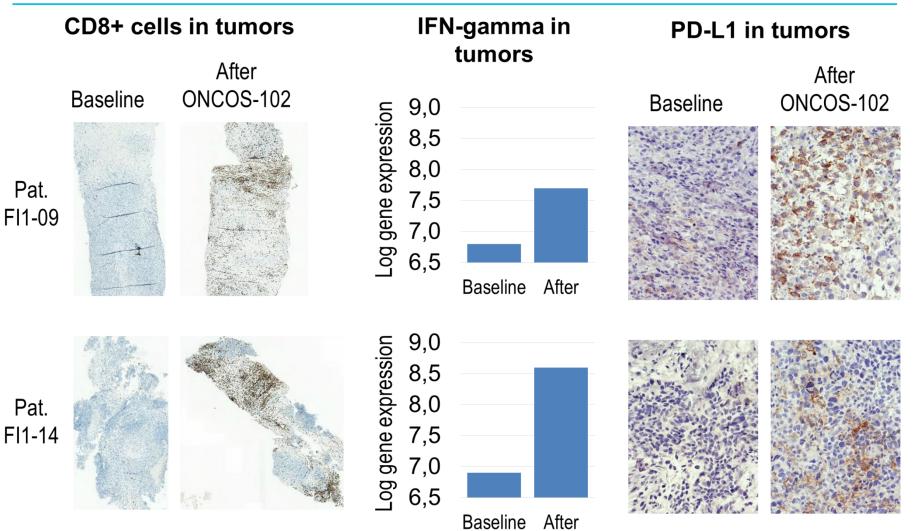


## OvCa pt FI1-19: multiple tumor-specific CD8+ T cell populations induced by ONCOS-102



NY-ESO-1 specific CD8+ T cells present 17 mo after previous ONCOS-102 treatment, alive and SD >24 mo

## CD8+ T cell infiltration was associated with an increased PD-L1 expression in mesothelioma tumors



## **Summary and Take Home Points**

- Intratumoral administration of ONCOS-102 to patients with advanced solid tumors was safe and had evidence of clinical benefit
- High density of CD68+ TAMs in baseline tumor biopsies was associated with short survival
- Increase in CD68+ TAMs and other immune cells in post-treatment biopsies was associated with increased survival
- Treatment with ONCOS-102 converts tumors to "inflamed" phenotype with evidence of systemic tumor-specific immune response
- Data suggest that ONCOS-102 may reduce local immune suppression by recruiting beneficial immune cells into tumors
- There is a rationale for evaluation of ONCOS-102 in combination with other immunotherapies (e.g. checkpoint inhibitors).

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#### The patients and their families!!!