

IV Simposio

# GETHI

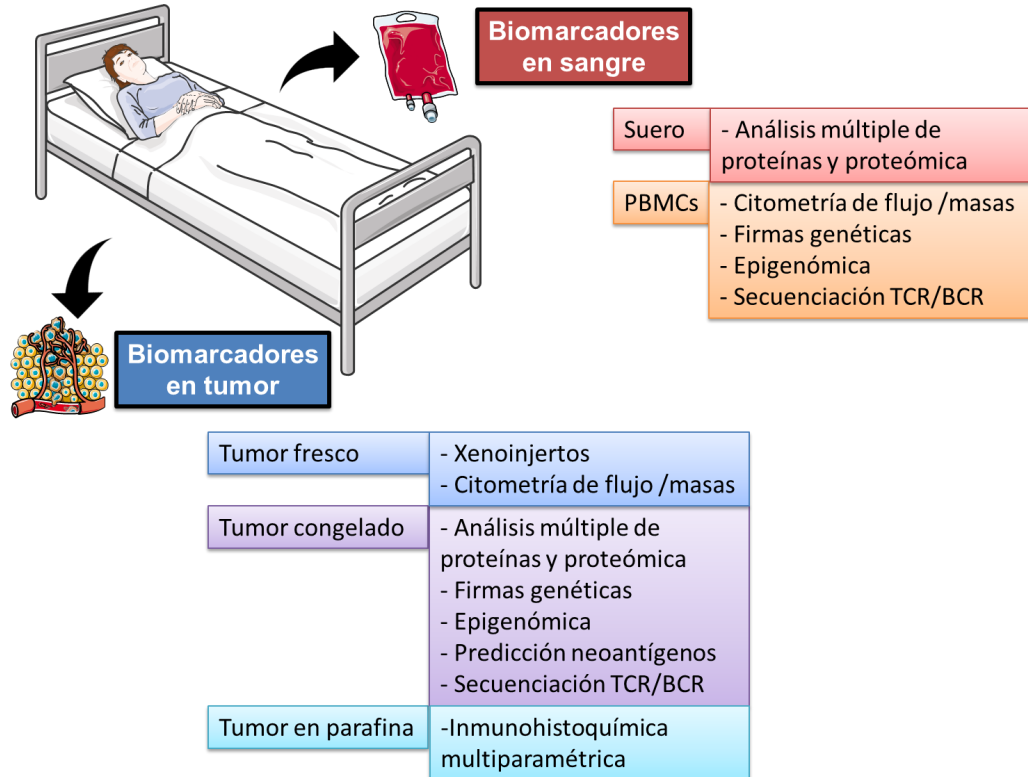
Marcadores plasmáticos de  
respuesta a inmunoterapia

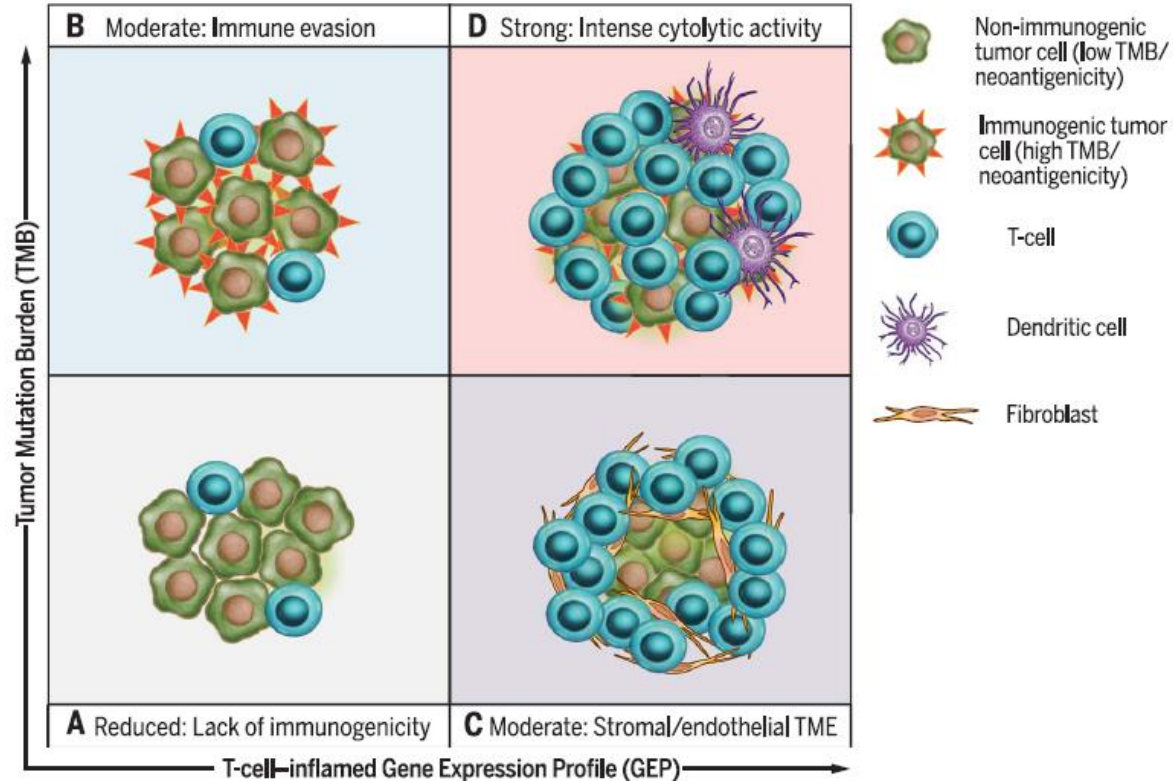
Pedro Berraondo

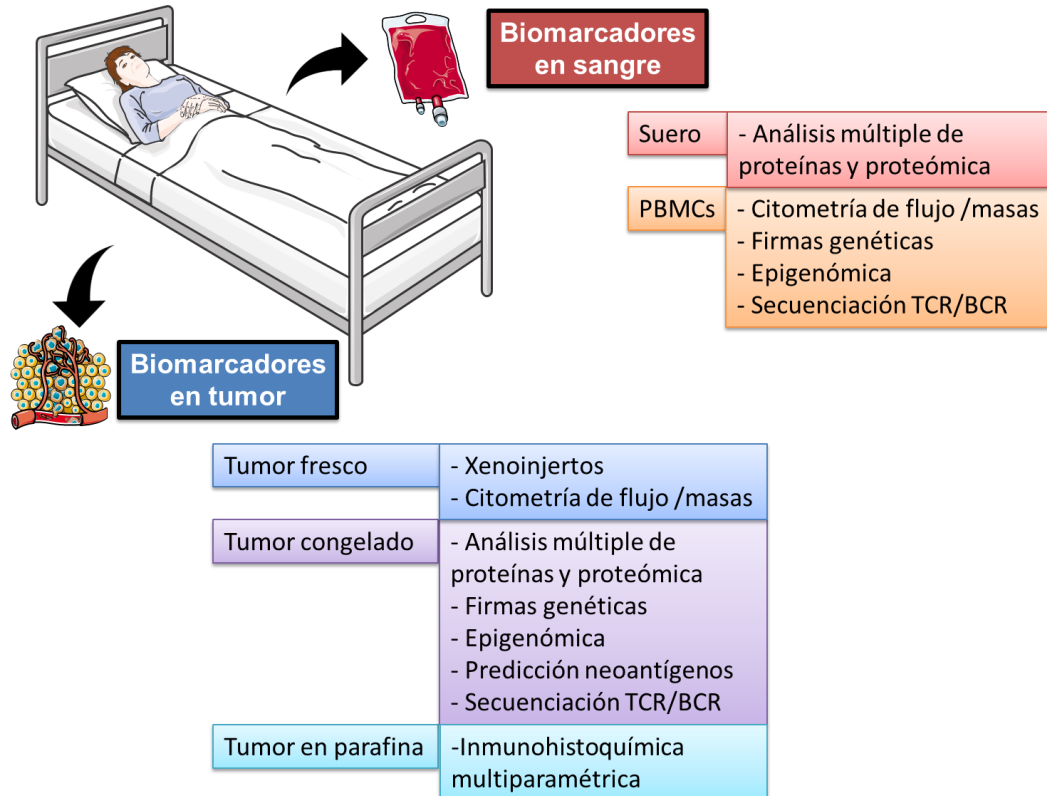
Centro de Investigación Médica Aplicada

Organizado por:









**Table 1** Blood-based biomarkers described to be associated with clinical response to immunotherapies

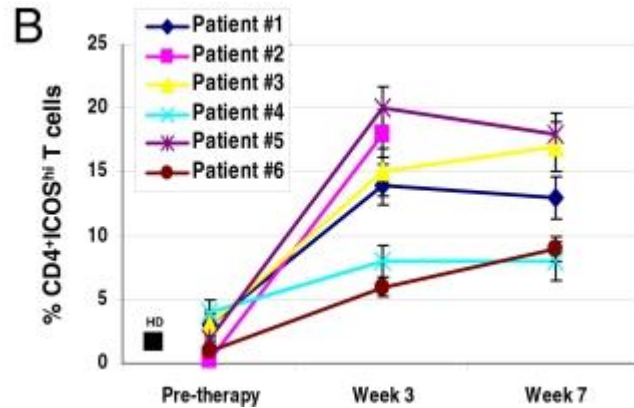
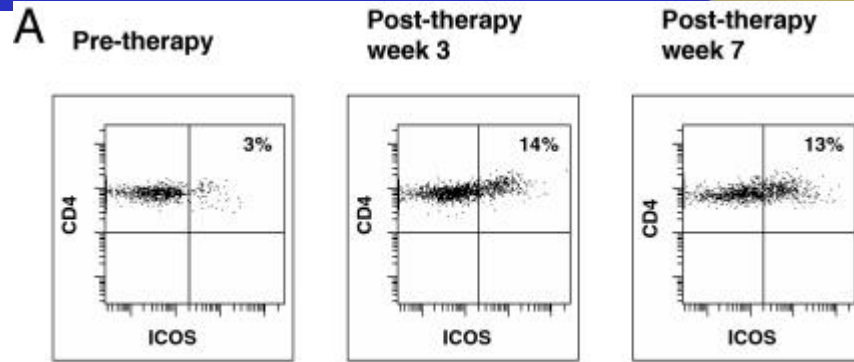
Biomarker	Treatment	Indication	N	Sampling timepoints	Summary of findings	Reference
Absolute lymphocyte counts (ALC)	Ipilimumab (0.3, 3, or 10 mg/kg)	Melanoma	553	BL, every 3 weeks	Rate of ALC ↑ associated with clinical activity	(70)
	Ipilimumab (10 mg/kg)	Melanoma	53	BL, every 3 weeks	ALC after 2 doses >1,000/μL associated with clinical benefit and OS	(71)
	Ipilimumab (10 mg/kg)	Melanoma	27	BL, after weeks 4 and 7	ALC ↑ >1,500/μL at week 4 associated with response and OS	(72)
Eosinophils	Ipilimumab (0.3, 3, 10 mg/kg), various combinations	Melanoma	1,450	BL, every 3 weeks	Rate of ALC ↑ associated with OS, not ipi specific	(73)
	Ipilimumab (3 mg/kg)	Melanoma	73	BL, every 3 weeks	AEC1 >100/μL and ALC ↑ >1,000/μL associated with OS	(74)
	Ipilimumab (3 mg/kg)	Melanoma	123	BL	High BL AEC associated with OS	(75)
Neutrophil/leukocyte ratio	Ipilimumab (3 mg/kg)	Melanoma	59	BL, every 3 weeks	AEC1 in cycle 1 associated with response	(76)
	Ipilimumab (10 mg/kg)	Melanoma	27	BL, weeks 4, 7, and 10	Low NL ratio at weeks 7 and 10 associated with OS	(77)
	Regulatory T cells	Prostate GVAX/ipilimumab (0.3 to 5 mg/kg)	Prostate cancer	28	BL, every 4 weeks	Treg ↓ between BL and week 12 negatively associated with OS
Myeloid-driven suppressor cells (MDSC)	Ipilimumab (3 mg/kg)	Melanoma	95	BL, every 3 weeks	Treg ↓ between BL and week 6 associated with OS	(54)
	Ipilimumab (10 mg/kg)	Melanoma	35	BL, 6 weeks	Treg ↑ at week 12 associated with PFS	(79)
	Nivolumab with or without multipptide vaccine (gp100, NY-ESO-1, MART-1)	Melanoma	90	BL, week 12	Treg ↑ associated with progression	(60)
ICOS	Ipilimumab (3 or 10 mg/kg)	Melanoma	26	BL, 6 weeks	Low monocytic MDSCs at BL associated with OS	(80)
	Ipilimumab (10 mg/kg)	Melanoma	35	BL, 6 weeks	MDSC ↓ associated with PFS	(79)
	Ipilimumab (3 mg/kg)	Melanoma	59	BL, every 3 weeks	Monocytic MDSC ↓ at cycle 1 associated with response	(76)
	Ipilimumab (3 mg/kg)	Melanoma	14	BL, weeks 7 and 12	CD4 <sup>+</sup> ICOS <sup>+</sup> ↑ associated with OS	(81)

# BIOMARCADORES EN SANGRE

**Table 1** Blood-based biomarkers described to be associated with clinical response to immunotherapies (Cont'd)

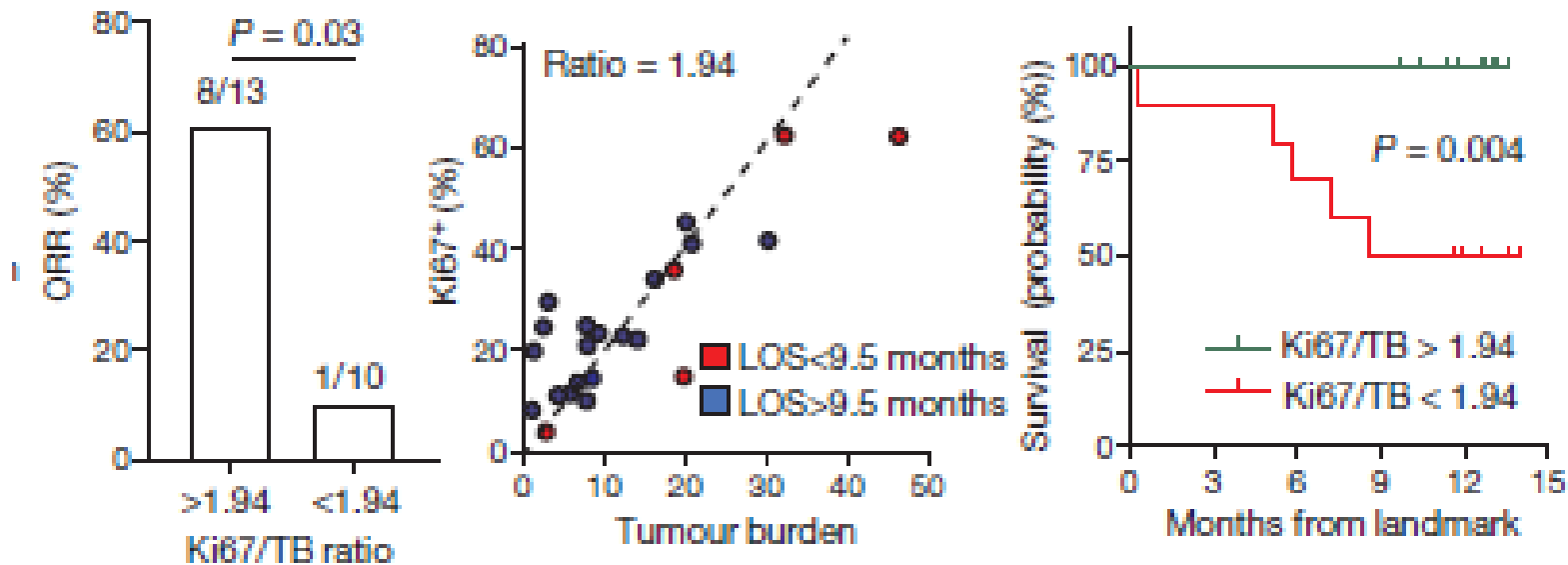
Biomarker	Treatment	Indication	N	Sampling timepoints	Summary of findings	Reference
Th17 cells	Tremelimumab (15 mg/kg) every 90 days	Melanoma	29	BL, days 14, 30, and 60	CD4 <sup>+</sup> ICOS <sup>+</sup> ↑ associated with OS	(82)
	Ipilimumab (10 mg/kg)	Melanoma	17	BL, weeks 4, 7, and 10	CD4 <sup>+</sup> ICOS <sup>+</sup> ↑ and CD8 <sup>+</sup> ICOS <sup>+</sup> ↑ associated with disease control and OS	(77)
MART-1, gp100, Tyrosinase, T-cell responses	Tremelimumab (10 or 15 mg/kg) every 90 days, 6 pts in combination with DC vaccine (MART-1)	Melanoma	27	BL, between 30 and 60 days	Th17 ↑ associated with autoimmune toxicities; no association with response	(83)
	Ipilimumab (3 or 10 mg/kg), with multipptide vaccine	Melanoma	75	BL, 6 months	Th17 inducibility ↑ associated with freedom from relapse	(84)
NY-ESO-1, MART-1, gp100 T cells	Ipilimumab (3 or 10 mg/kg), with multipptide vaccine	Melanoma	75	BL, 6 months	Antigen-specific T-cell induction assessed by ELISPOT could not be consistently associated with any added clinical benefit	(84)
	Nivolumab with or without multipptide vaccine (gp100, NY-ESO-1, MART-1)	Melanoma	90	BL, 3 months	High baseline antigen-specific CD8 <sup>+</sup> T cells associated with progression	(60)
TCR Vβ	Ipilimumab 0.3, 1.0, or 3.0 mg/kg	Melanoma	19	BL, 6 months	47% of treated patients generated specific T-cell responses	(59)
	Tremelimumab	Melanoma	21	BL, 1-2 months	Increase in unique T-cell clone type not associated with clinical outcomes	(62)

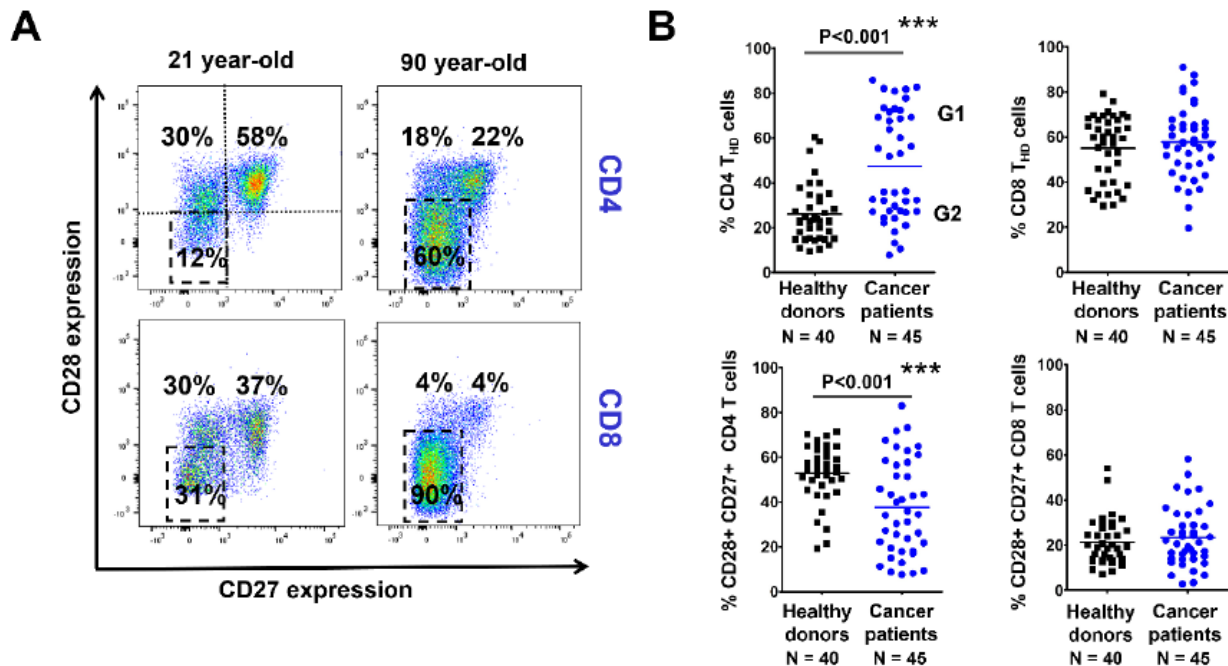
Abbreviations: AEC, absolute eosinophil count; BL, baseline; ipi, ipilimumab; NL ratio, absolute neutrophils to lymphocytes; OS, overall survival; PFS, progression-free survival.



**d**

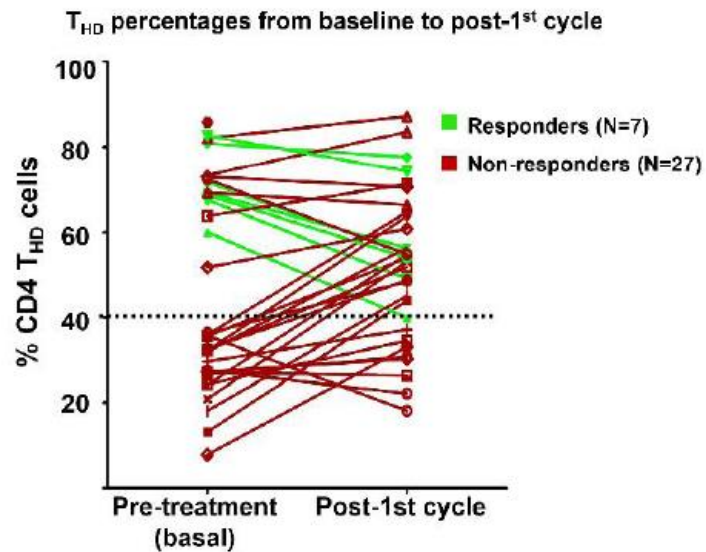
PD-1+ CD8 (max, weeks 3–6)



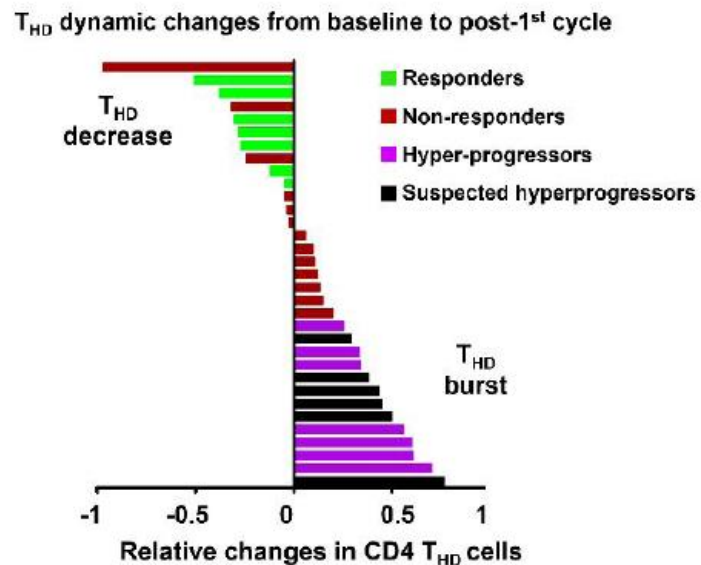


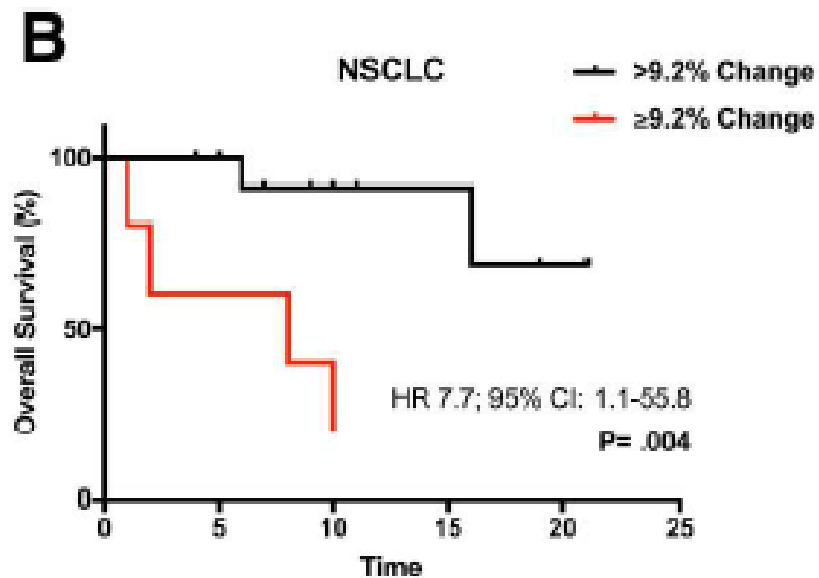
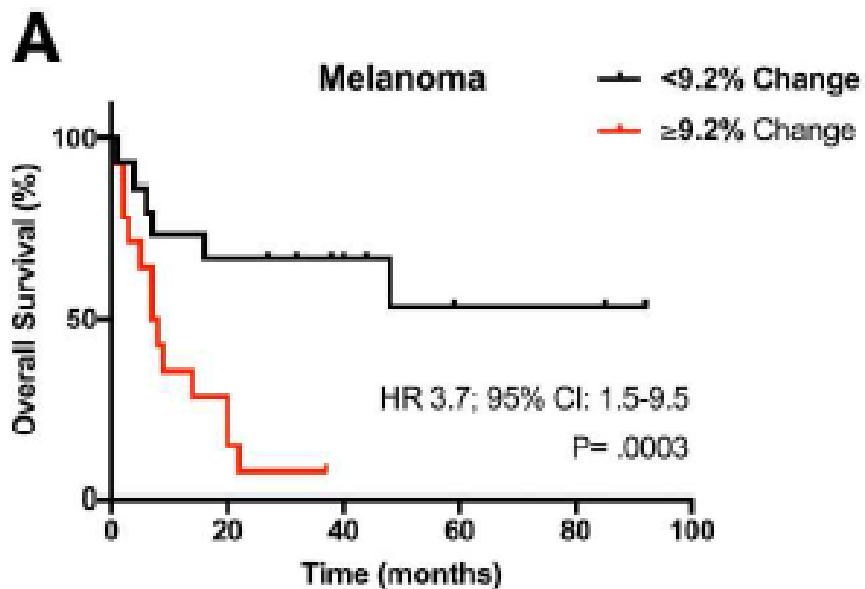


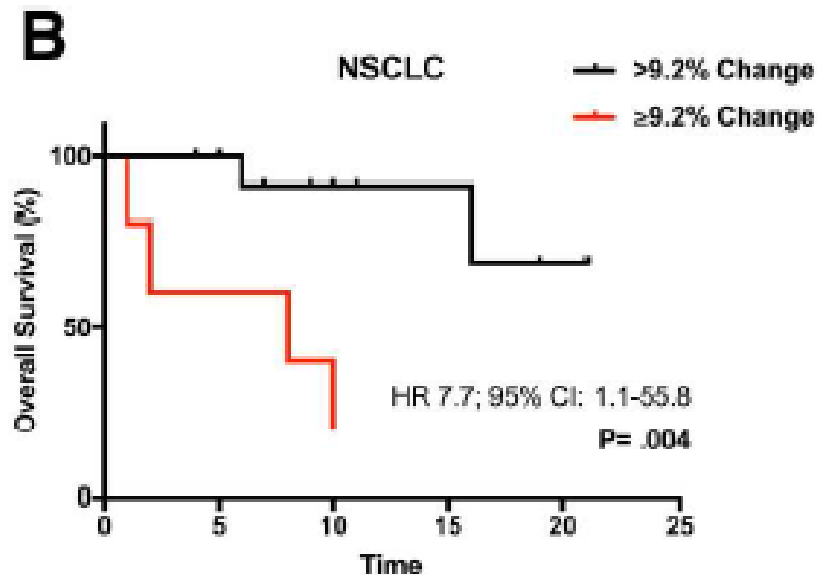
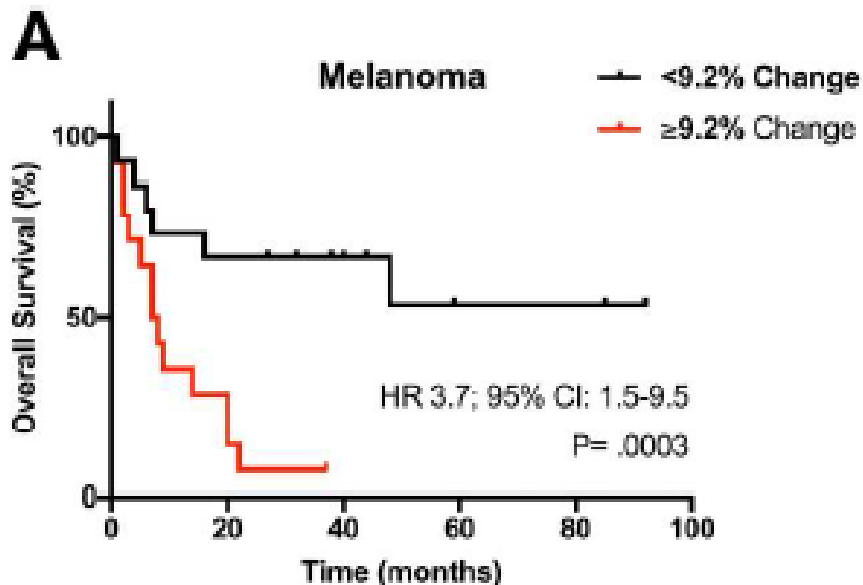
**C**



**D**

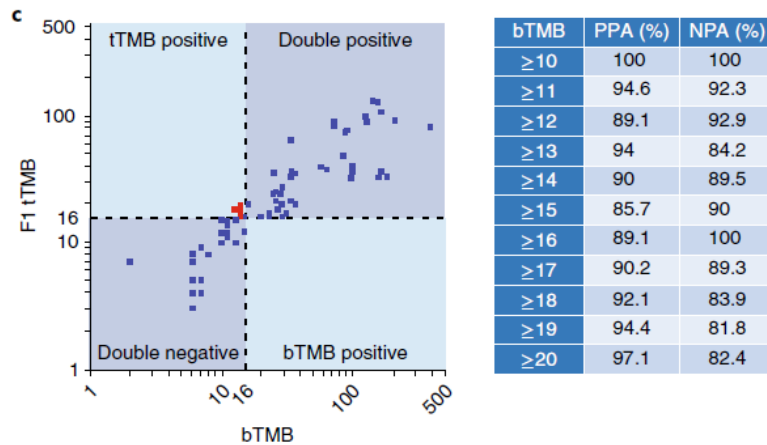
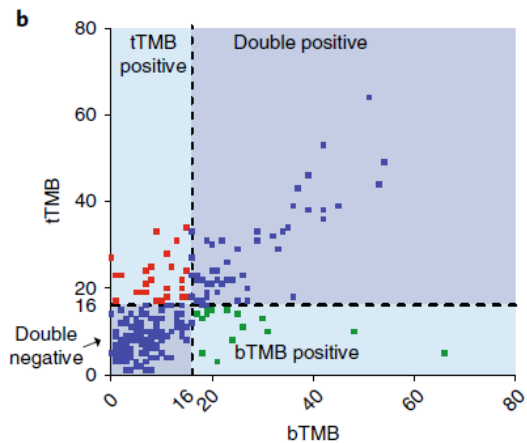
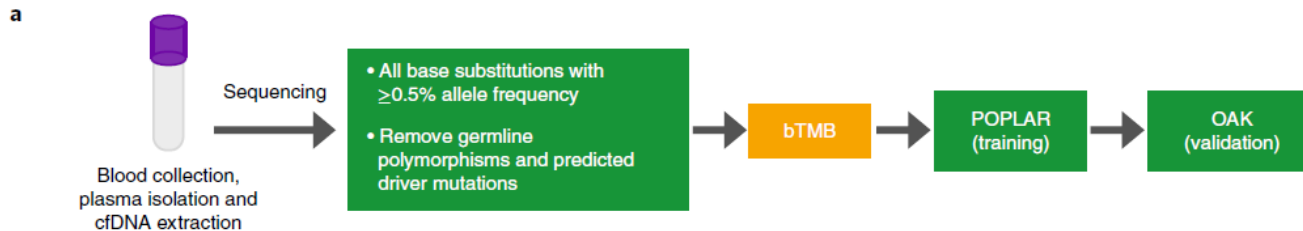


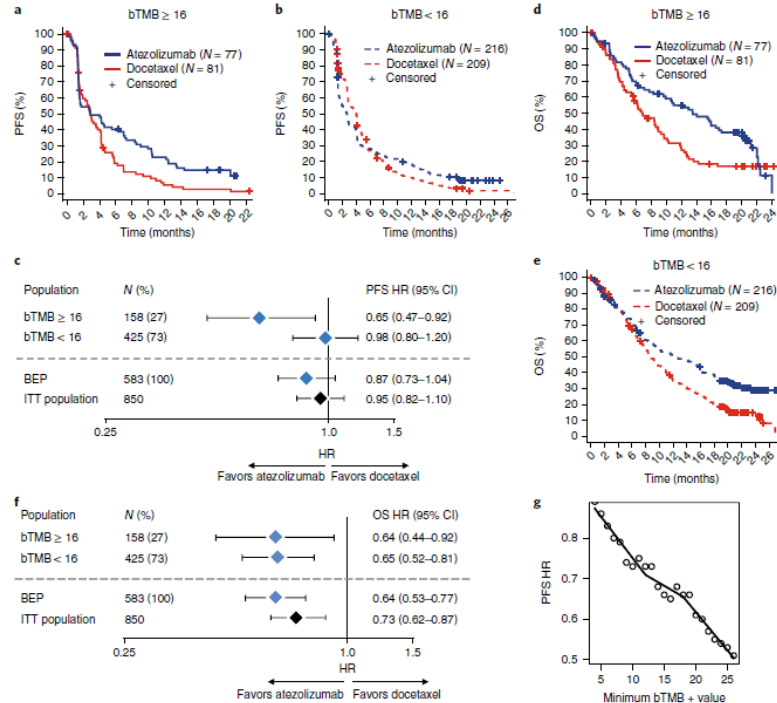


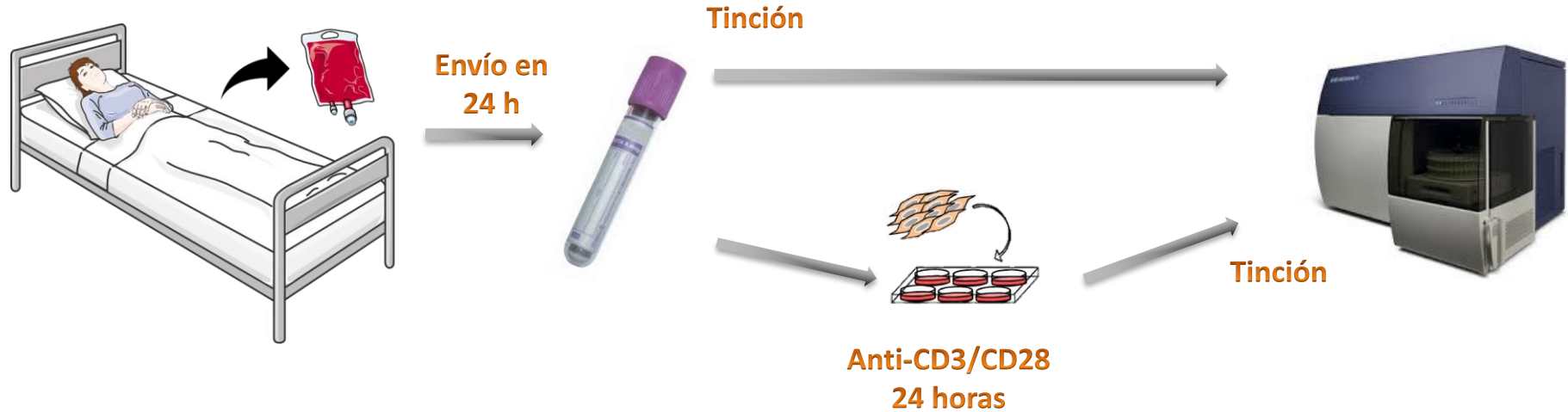


ROC analysis of NIVO-based therapy from pooled study data identified 23 pg/mL as an IL-8 threshold that could be used to enrich for pts who may be more likely to benefit from I-O.

# IV Simposio GETHI TMB

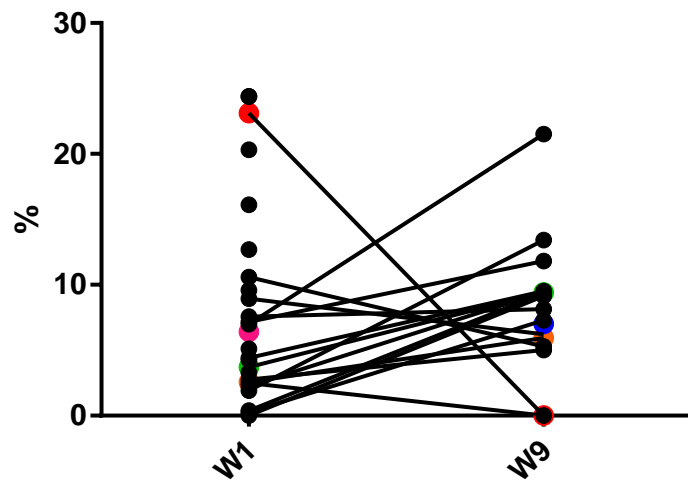




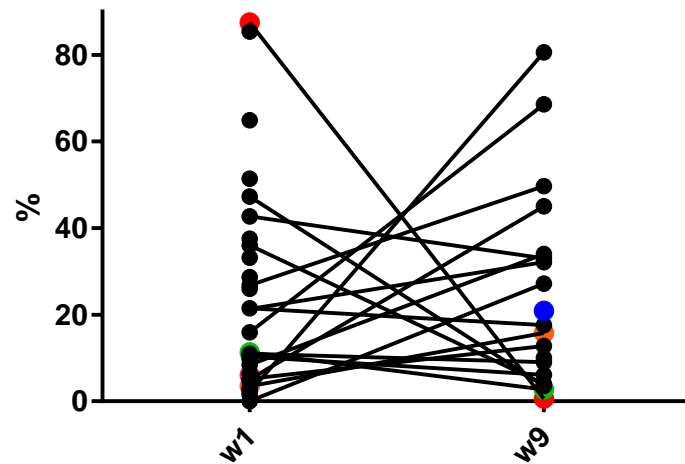


CD4	CD25	ICOS	FoxP3		
CD4	PD-1	T-bet	Eomes	Ki67	CTLA-4
CD3	CD8	PD-1	PD-L1	GramB	
CD8	PD-1	T-bet	Eomes	Ki67	CTLA-4
CD3 neg	CD56	CD16	PD-1	PD-L1	GramB
Lin neg	CD11b	HLA-DR	CD15	CD33	Vista

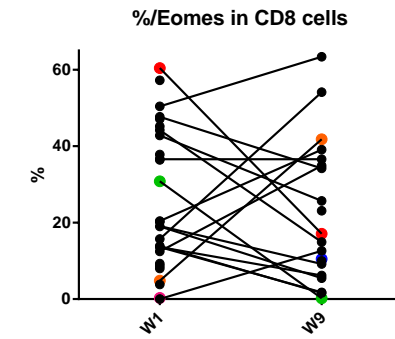
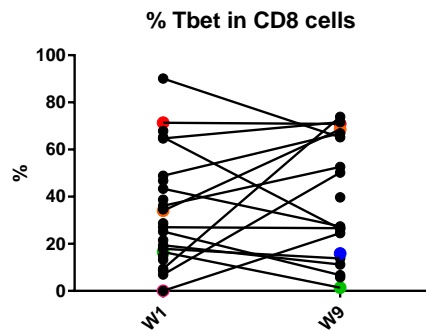
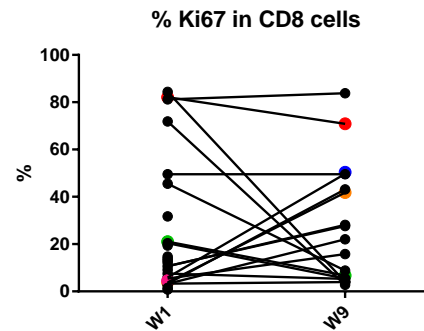
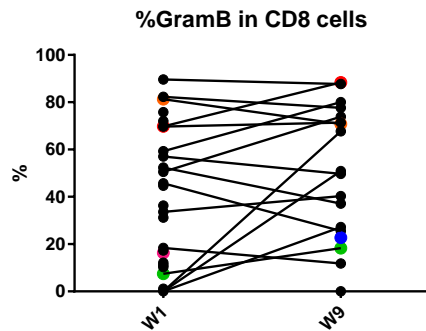
**% ICOS in CD4 cells**



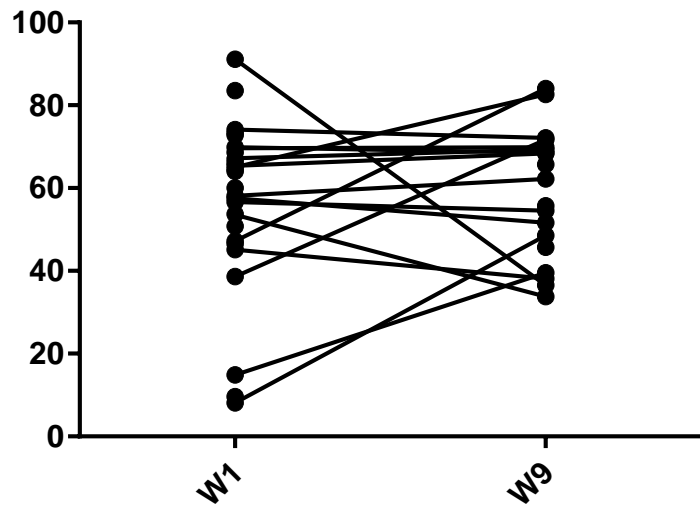
**% Ki67 in CD4 cells**







**HLA-DR- in CD11b+CD15- cells**



**% Vista in CD11b+CD15- cells**

