

## NOVITÀ IN EMATOLOGIA:

la comunicazione,  
e terapie innovative e di supporto,  
e la sostenibilità

MODENA

18-19 maggio 2017

Aula Magna Centro Servizi

Università degli Studi di Modena e Reggio Emilia

# Dal laboratorio alle nuove terapie nel mieloma multiplo

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University of Parma**

**U.O. Di Ematologia e CTMO, AOU di Parma**

# **From the bench to the bedside: new treatment in multiple myeloma (MM)**

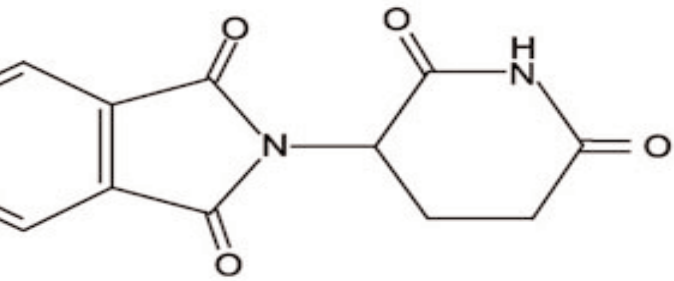
new evidences on the mechanism of action of the anti-MM drugs

mechanisms of drug resistance and how overcome them.

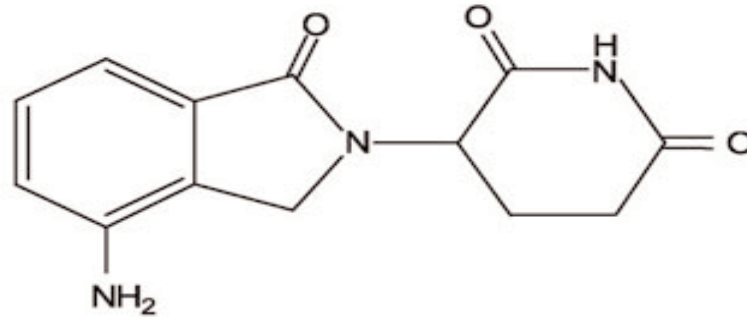
CD-38 and CS-1: target for monoclonal antibodies.

check-points inhibitors.

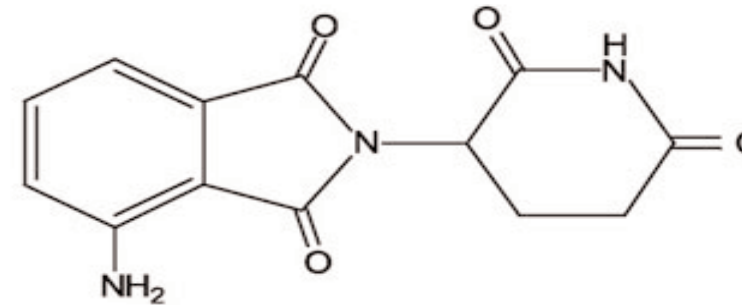
# IMiDs®



THALIDOMIDE



LENALIDOMIDE



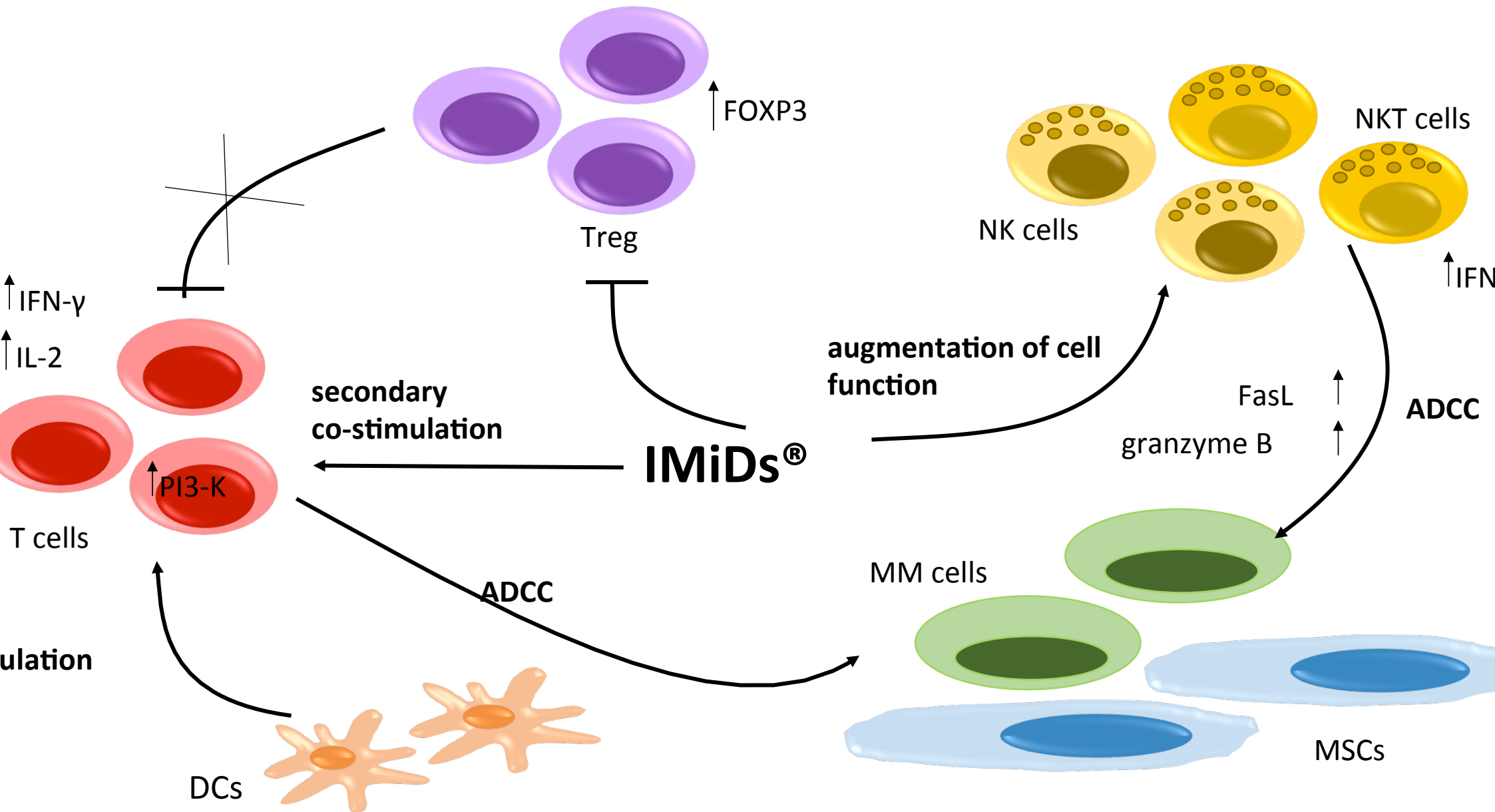
POMALIDOMIDE

- Immunomodulatory Drugs → Thalidomide derivatives
- Pleiotropic properties (direct anti-tumor effects; microenvironment effects, anti-angiogenic activity, anti-inflammatory properties and immunomodulatory effects)

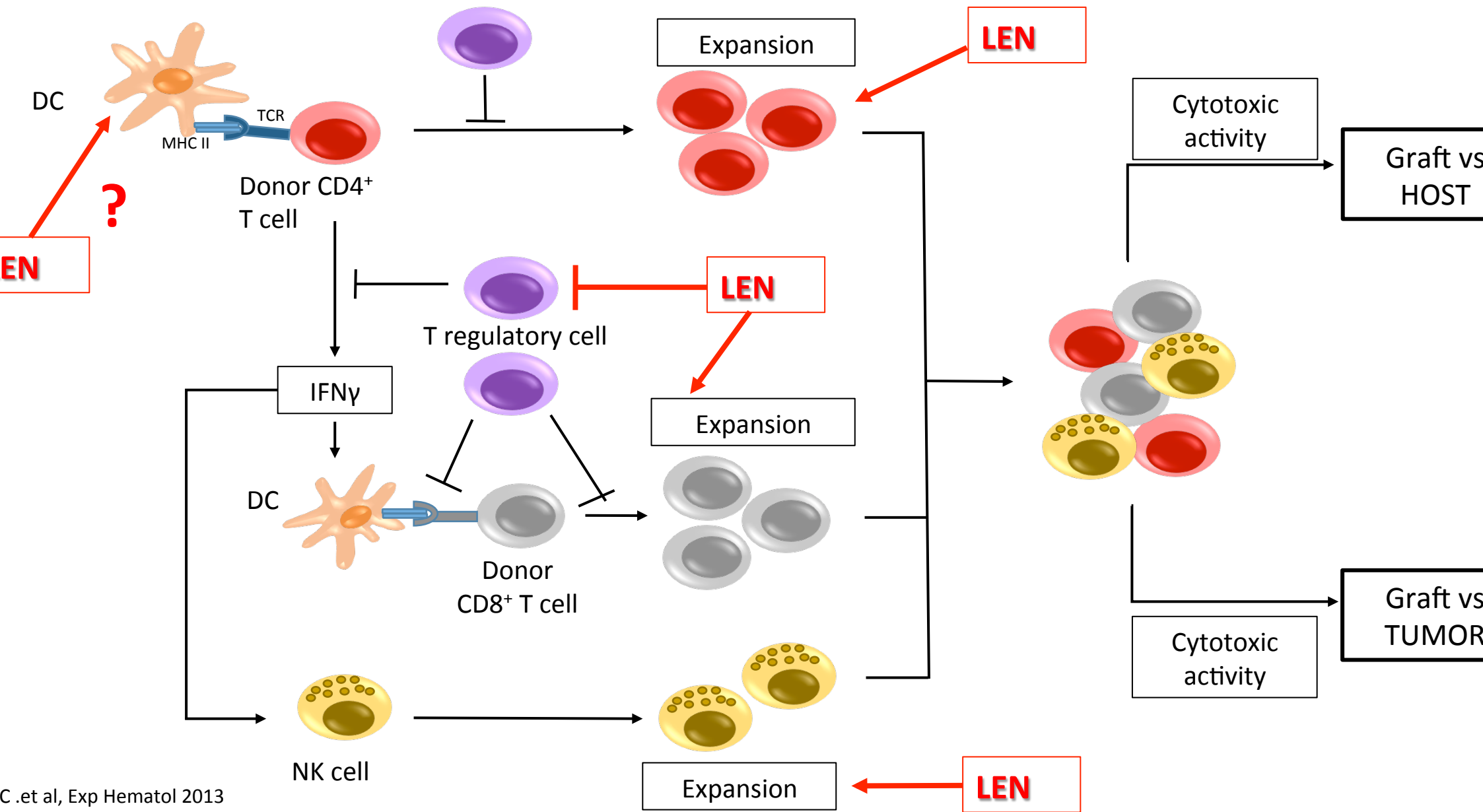
# IMiDs<sup>®</sup> mechanisms of action (I)

Effect	Relative potency += potency factor 10		
	Thalidomide	Lenalidomide	Pomalidomide
<i>Interference with tumor micro-environment interaction</i>			
Anti-angiogenesis	++++	+++	+++
Anti-inflammatory properties	+	++++	+++++
Downregulation of adhesion molecules	+	++++	+++++
Anti-osteoclastogenic properties	+	++++	+++++
<i>Direct anti-tumor effects</i>			
Anti-proliferative activity	+	+++	+++
<i>Immune modulation</i>			
CD4+ and CD8+ T cell co-stimulation	+	++++	+++++
Tregs suppression	-	+	+
Th1 cytokine production	+	++++	+++++
NK and NKT cell activation	+	++++	+++++
Antibody-dependent cellular cytotoxicity (ADCC)	-	++++	++++

# IMiDs<sup>®</sup> mechanisms of action (II)



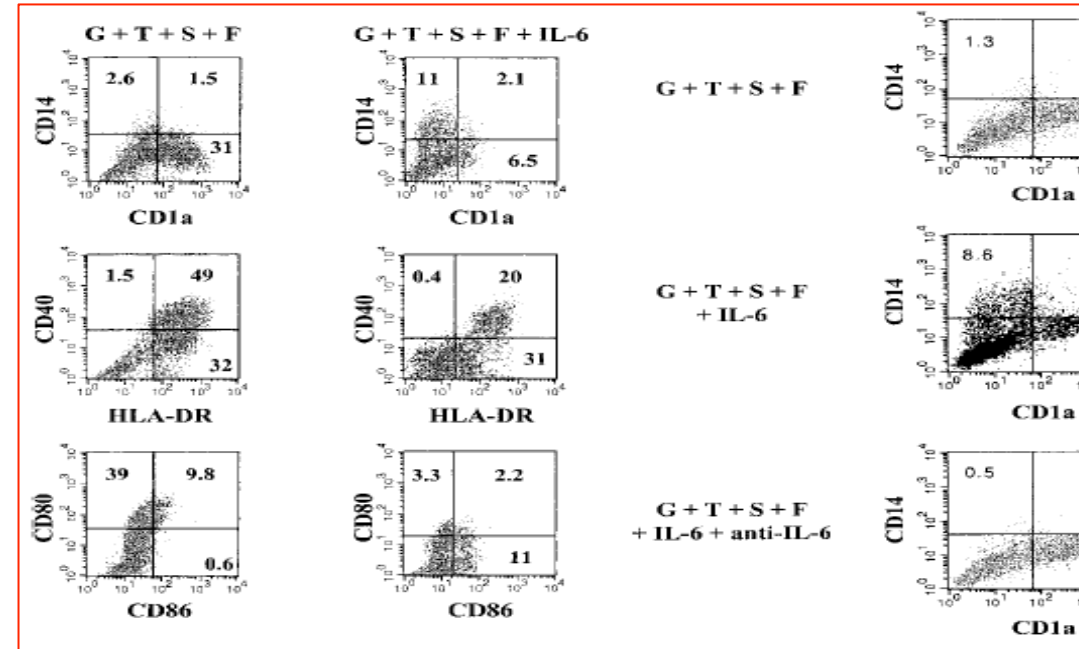
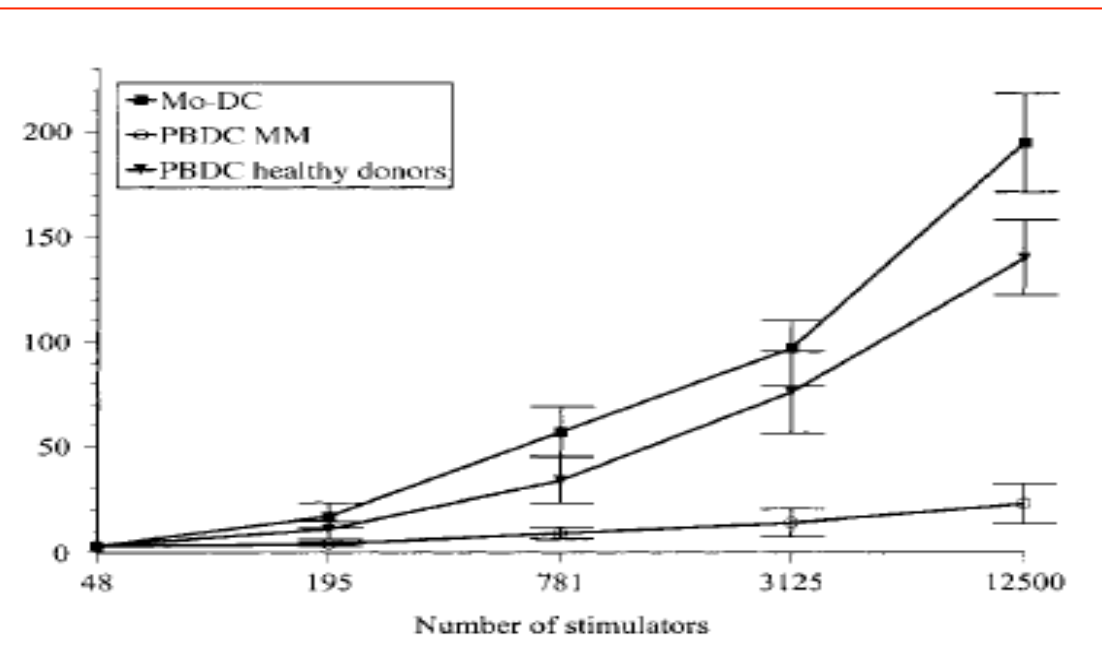
# Immunological *in vivo* effects of LEN



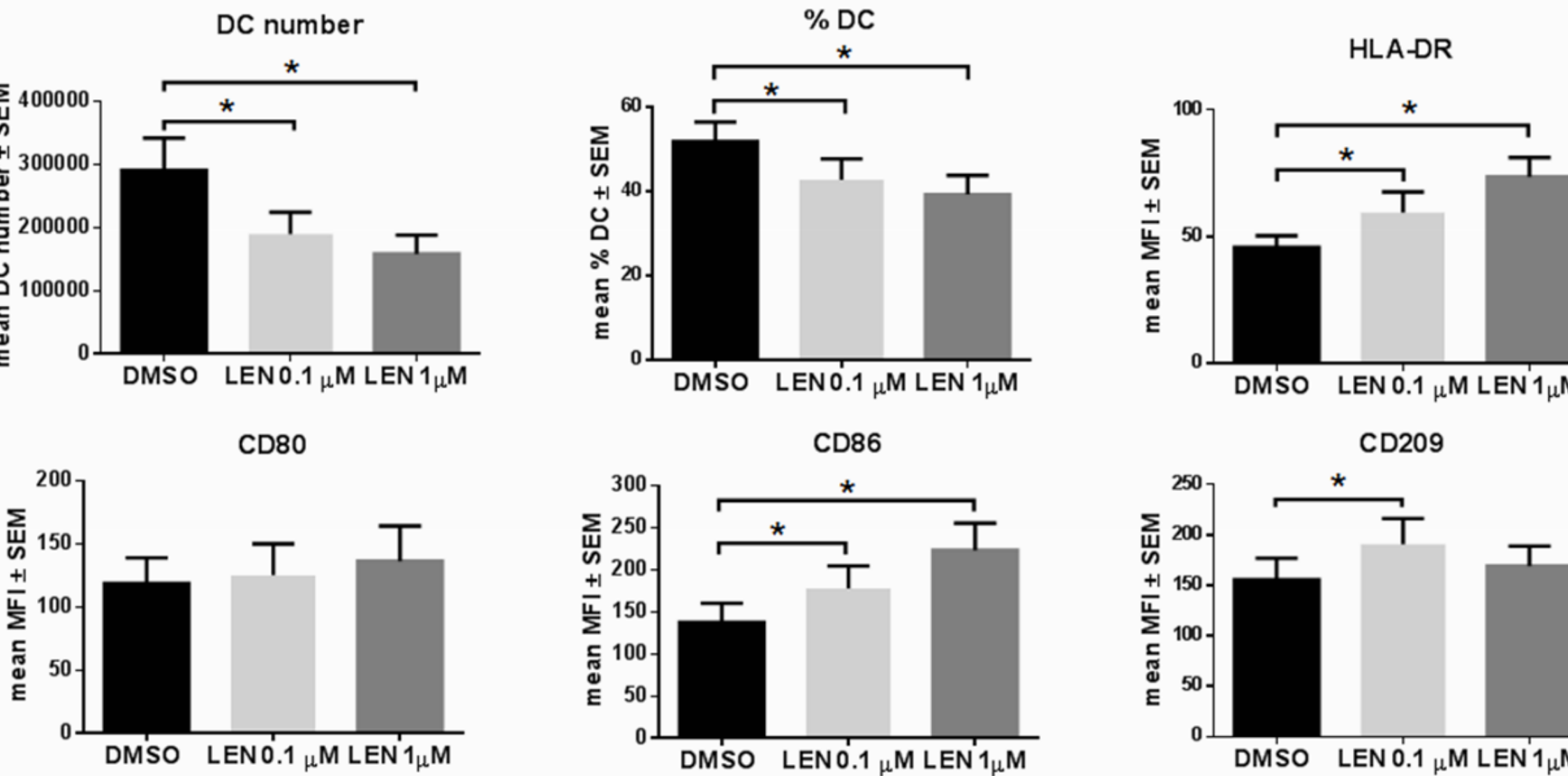
# DCs are defective in MM patients

↓ DC precursors in MM patients vs healthy donors (HD)s

↓ HLA-DR, CD40, and CD80 on peripheral blood (PB) DCs of MM patients vs HDs

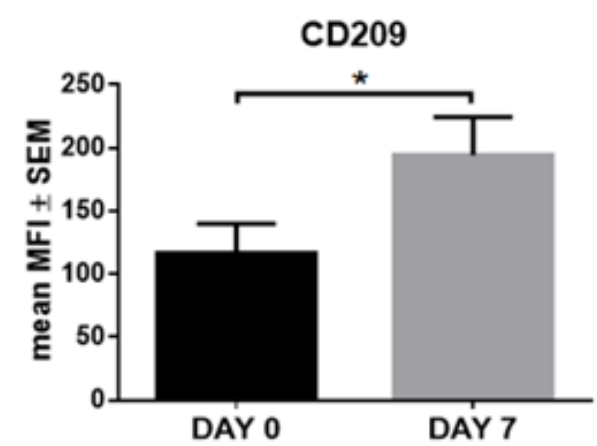
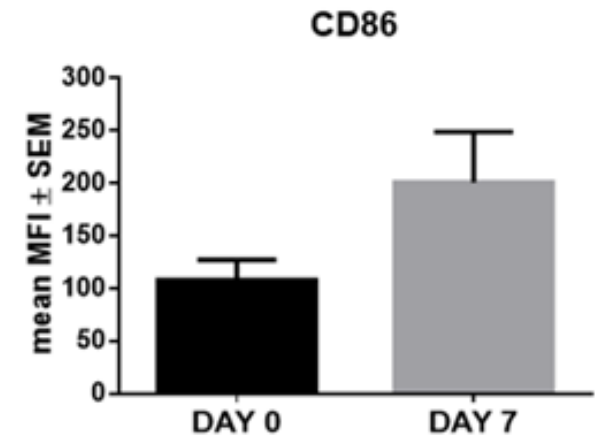
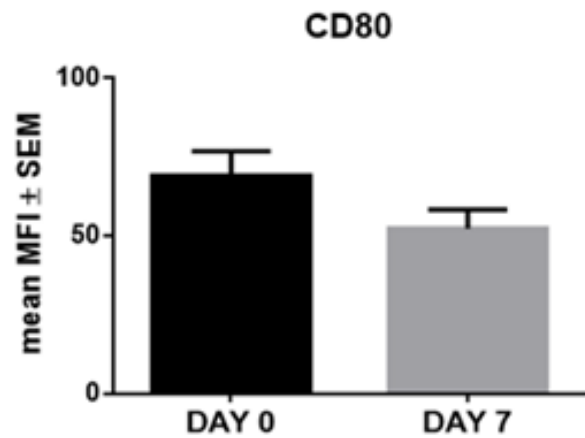
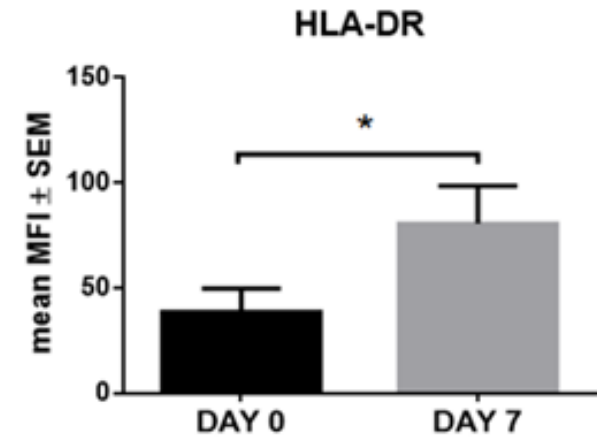
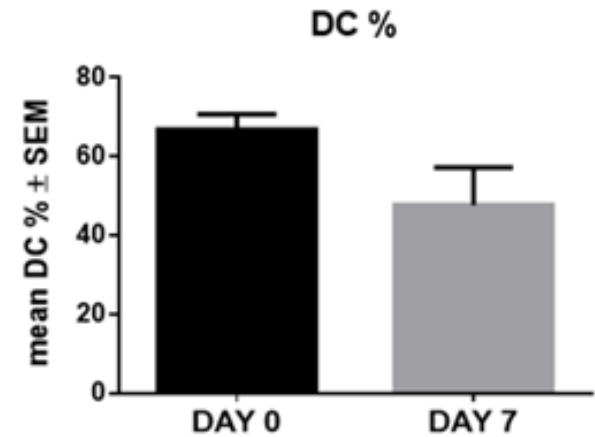
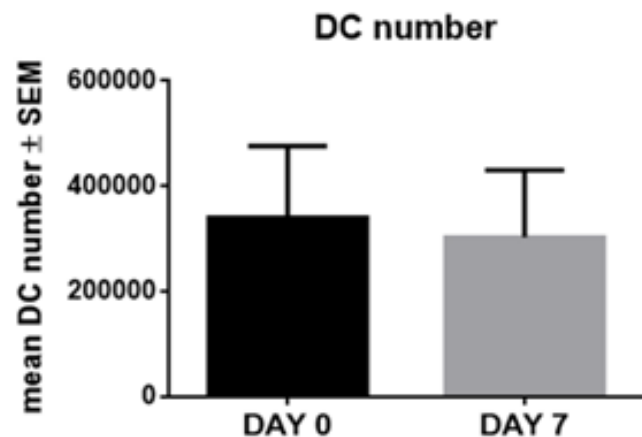


# LEN enhanced *in vitro* DC differentiation from BM and PB of MM patients

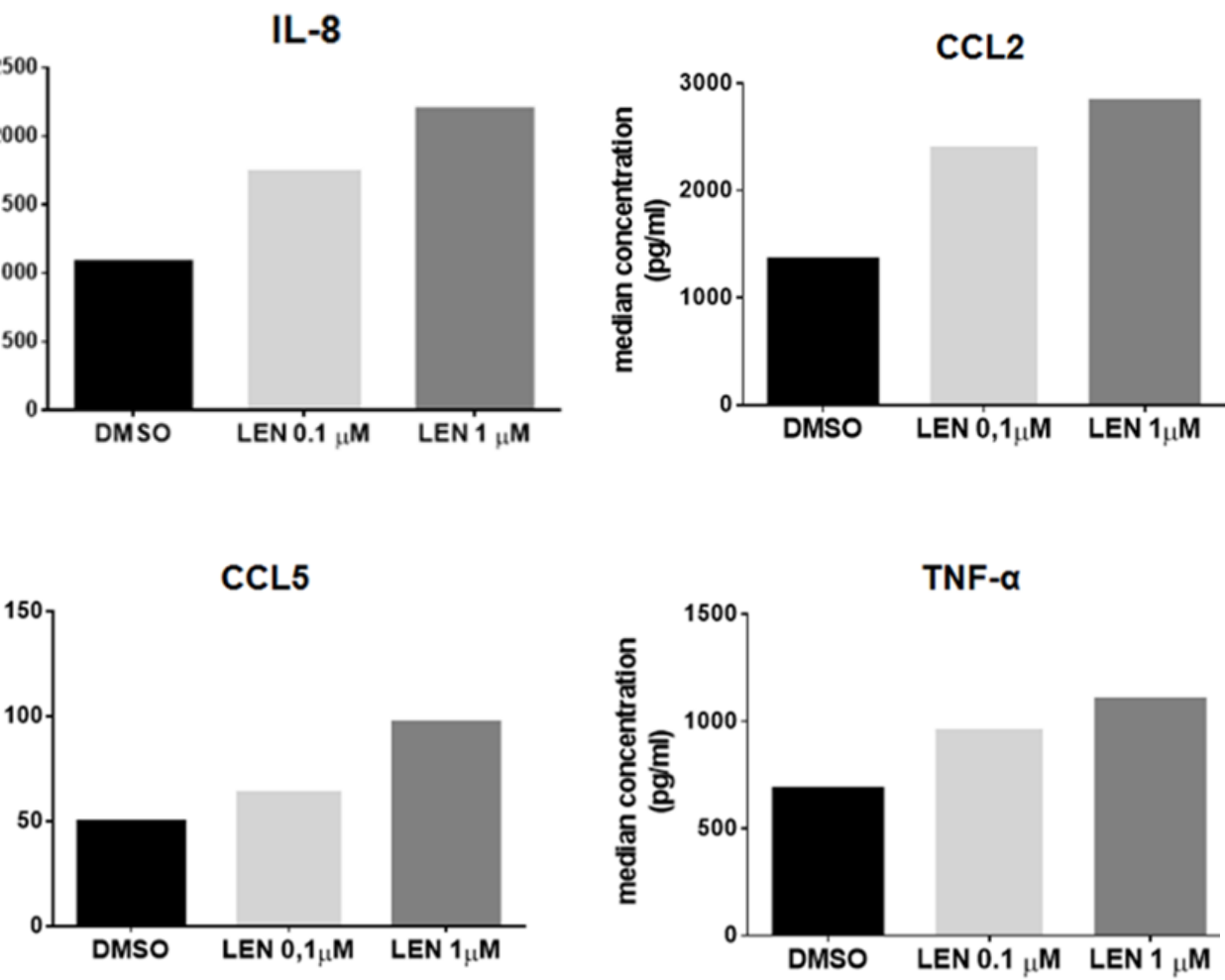




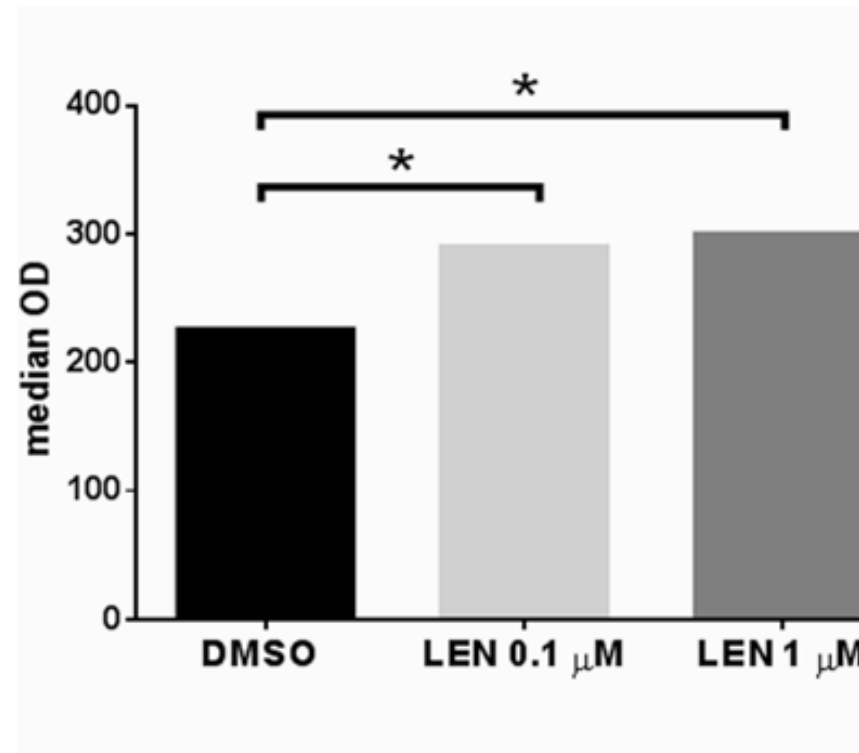
# *in vivo* LEN treatment of MM patients increased *in vitro* DC differentiation



# EN increased chemokine/cytokine production and D ability to stimulate T cell proliferation



B



# Effect of LEN on DCs: translational impact

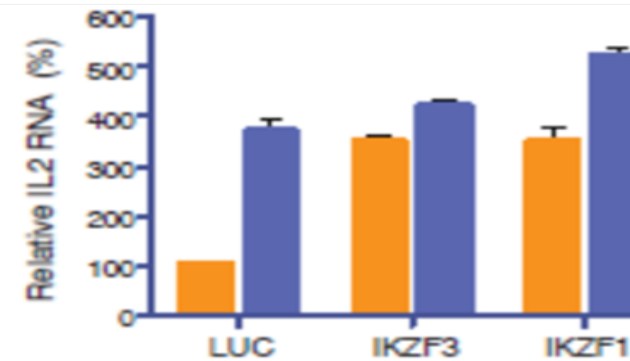
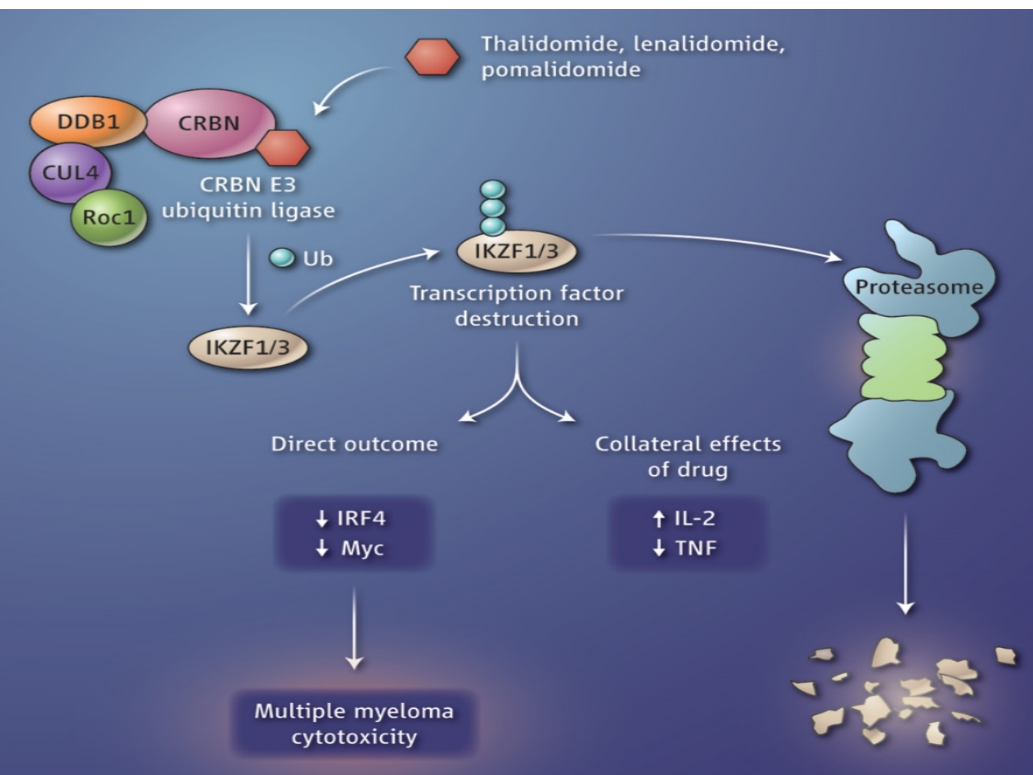
- LEN as maintenance therapy to restore immuno-dysfunction in MM patients.
- LEN to potentiate the graft-versus MM effect.
- LEN in the contest of a DC-based vaccination therapy.
- LEN in combination therapy to improve anti-MM immune response.

# IMiDs<sup>®</sup>: molecular mechanism in MM and T cells

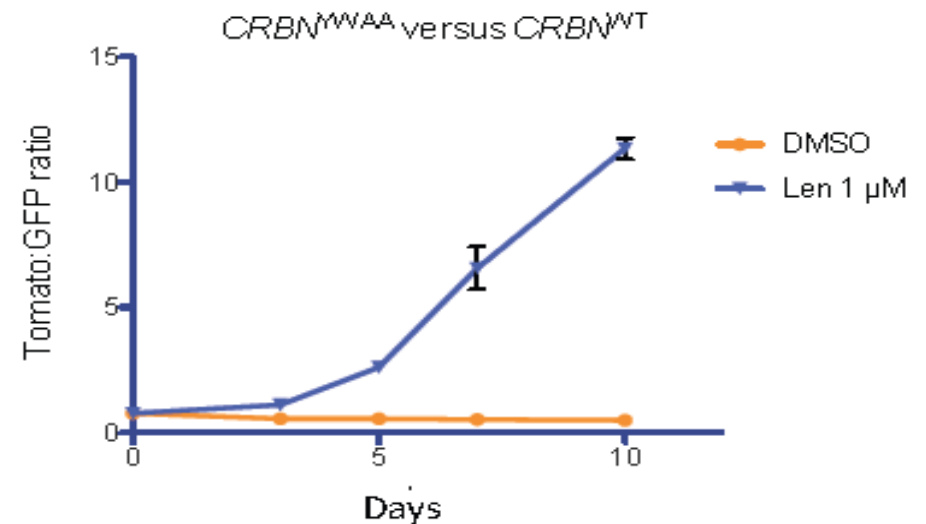
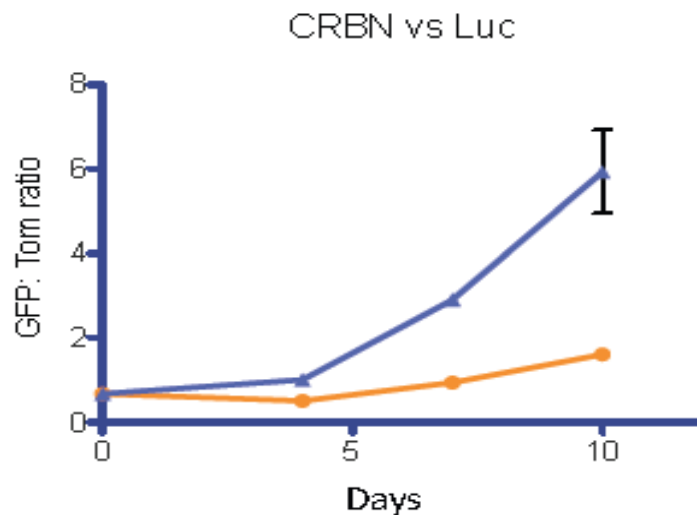
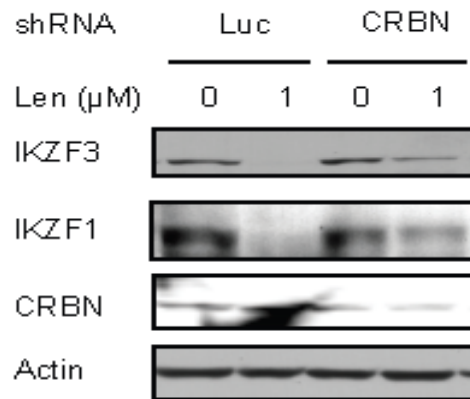
selective ubiquitination and degradation of two lymphoid transcription factors, IKZF1 and IKZF3, by the CRBN-CRL4 ubiquitin ligase in MM cells and T cells

IKZF1 (*ikaros*) and IKZF3 (*aiolos*) are essential transcription factors in MM

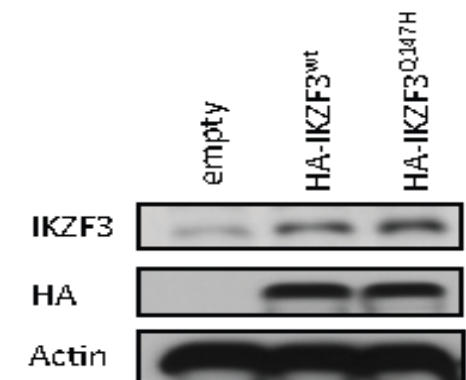
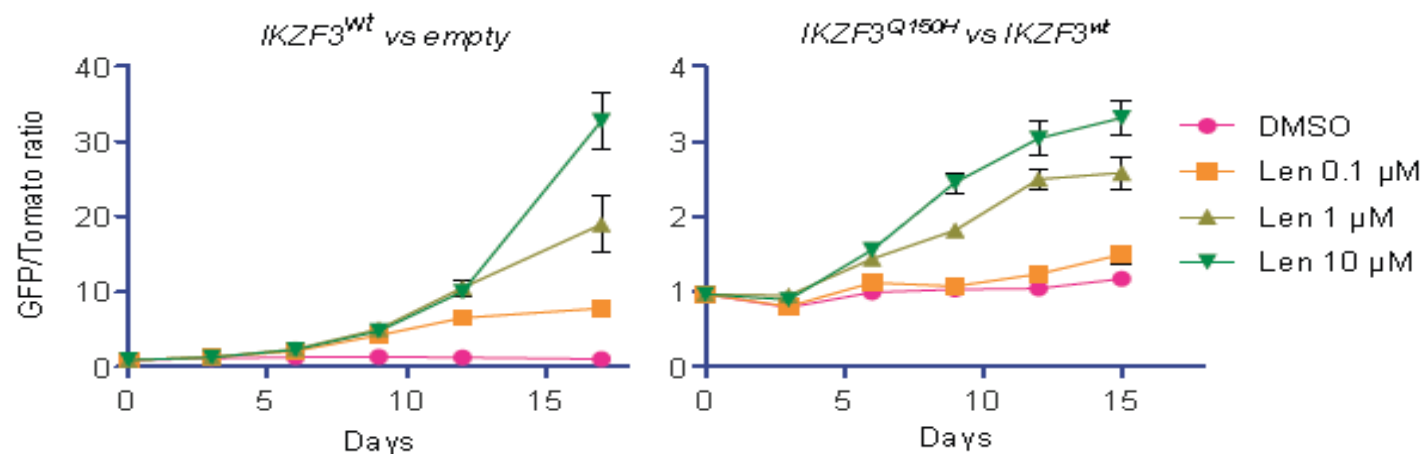
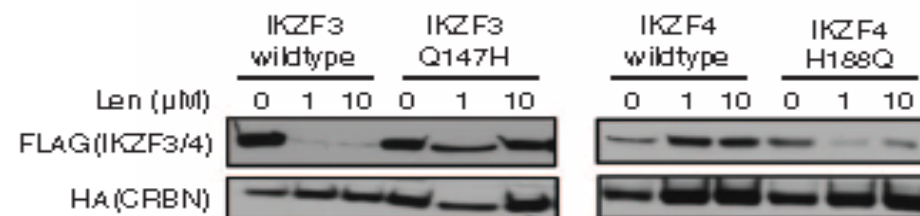
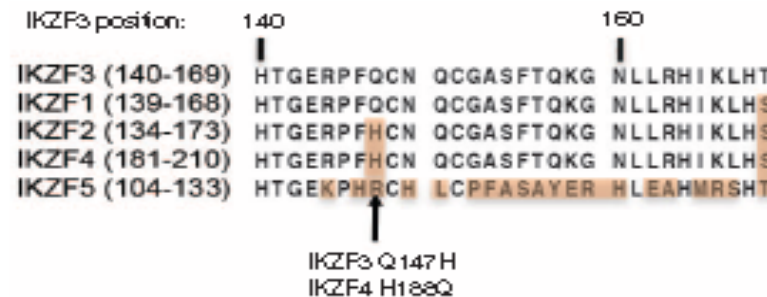
Depletion of IKZF1 and IKZF3 by shRNA in T cells enhances IL-2 production



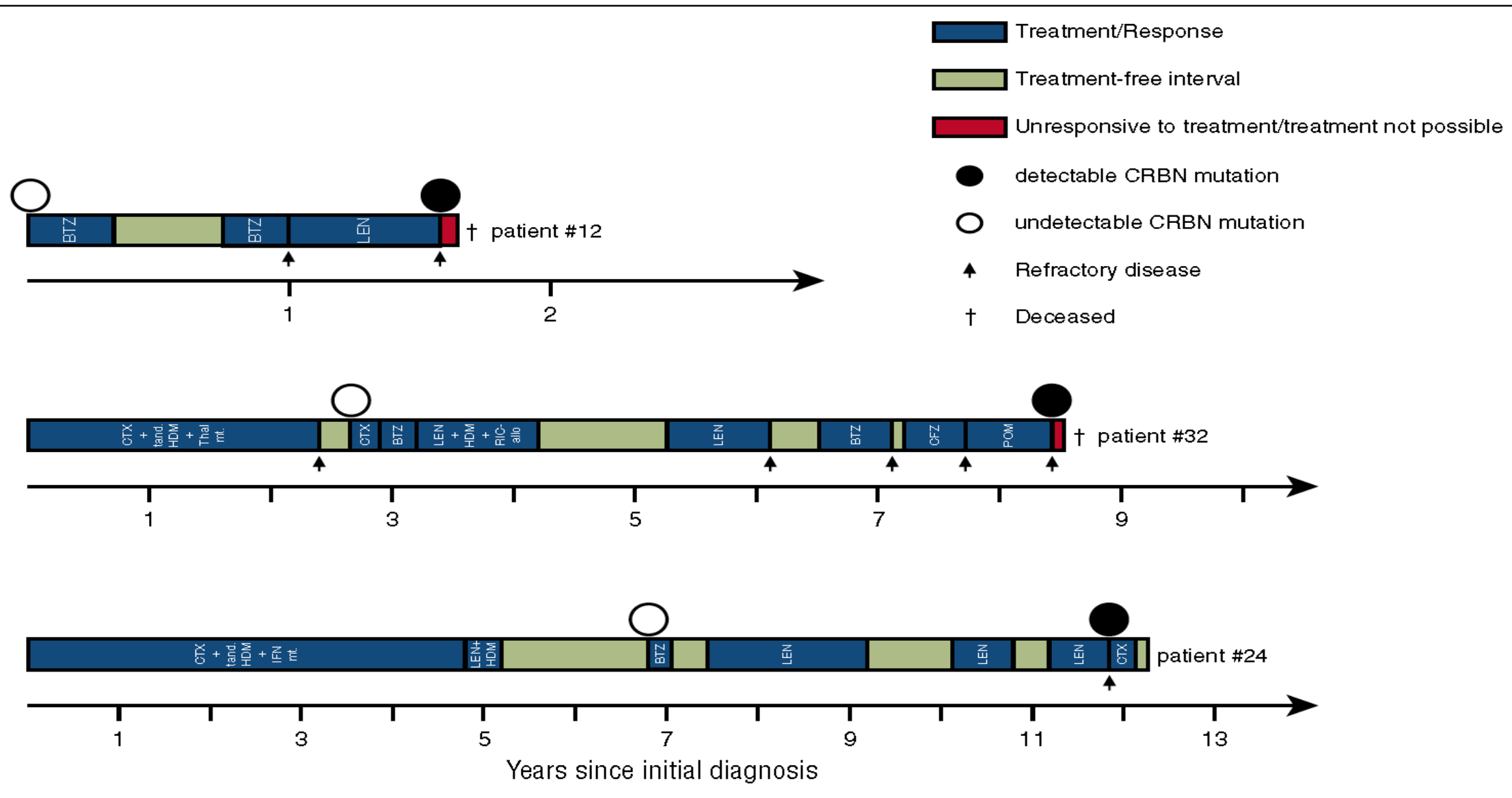
# CRBN down-regulation or mutations induce LEN resistance in MM cells



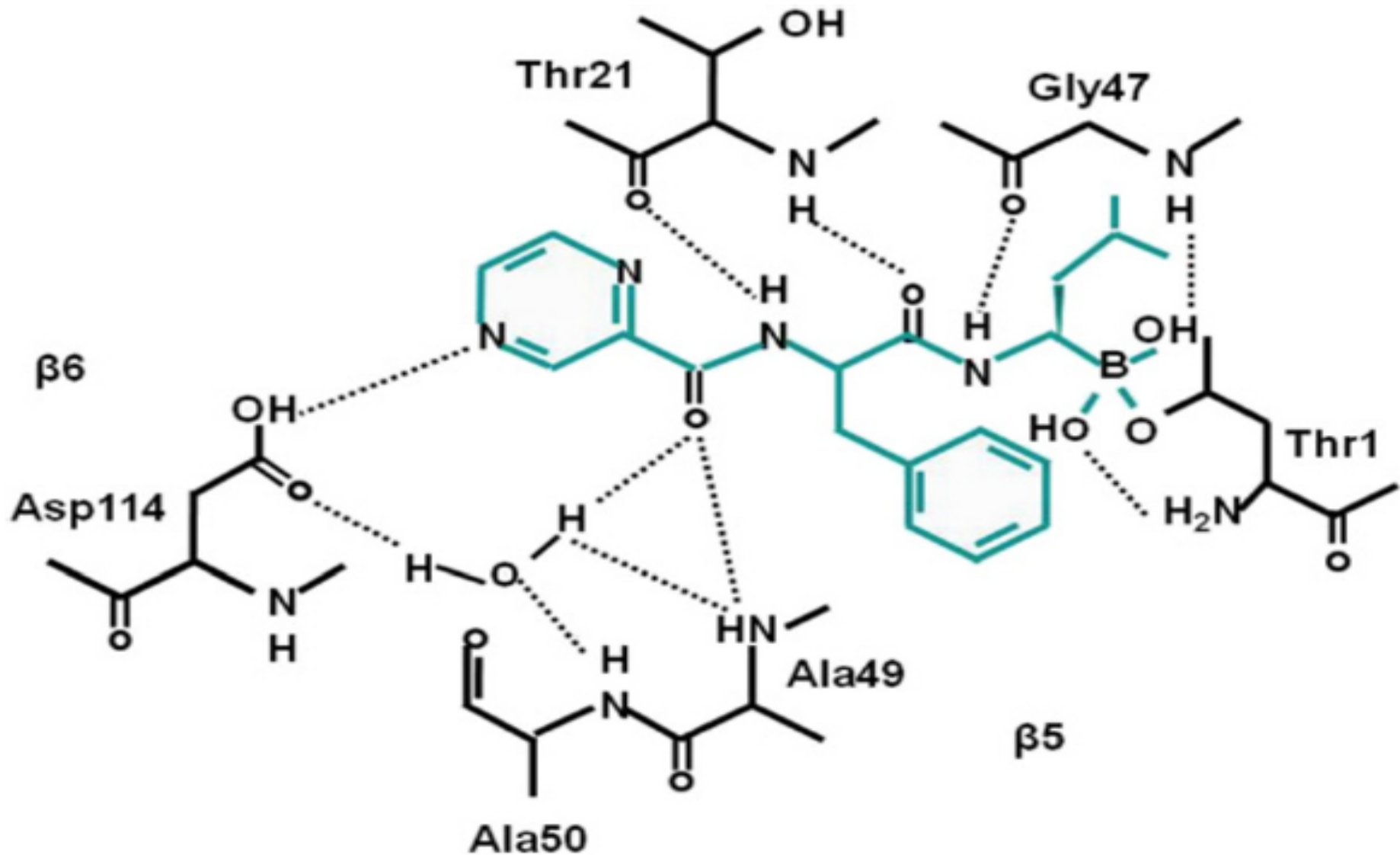
# IKZF3 mutations or overexpression induce LEN resistance in MM cells



# CRBN mutations and clinical course of MM patients

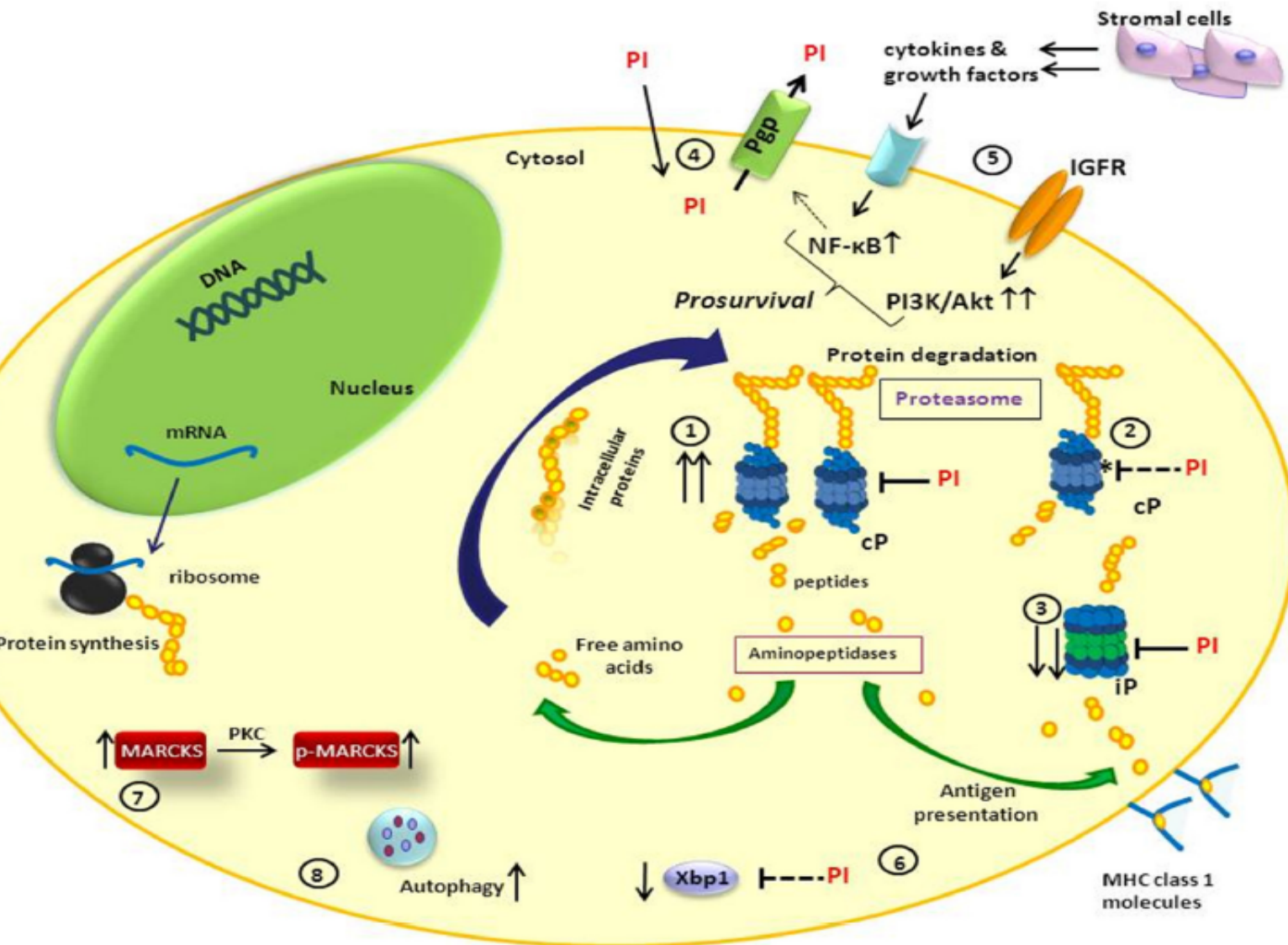


# Interaction of BOR and the proteasome subunit $\beta 5$





# Molecular mechanisms involved in BOR resistance



- ① Up-regulation of constitutive Proteasome (cP) subunit:  $\beta 5$
- ② Point mutations in *PSMB5*
- ③ Down-regulation of the immunoproteasome (iP) subunit  $\beta 5i$
- ④ Cellular extrusion of Pi by the transporter Pgp
- ⑤ Activation of pro-survival pathways (i.e. NF-kB)
- ⑥ Loss of XBP1
- ⑦ Increased expression of phosphorylated MARCKS
- ⑧ Autophagy up-regulation

**ORIGINAL ARTICLE**

# Pharmacologic screens reveal metformin that suppresses GRP78-dependent autophagy to enhance the anti-myeloma effect of bortezomib

Jagannathan<sup>1,2,7</sup>, MAY Abdel-Malek<sup>1,2,7</sup>, E Malek<sup>1,2</sup>, N Vad<sup>1,2</sup>, T Latif<sup>2,3</sup>, KC Anderson<sup>4,5</sup> and JJ Driscoll<sup>1,2,3,6</sup>

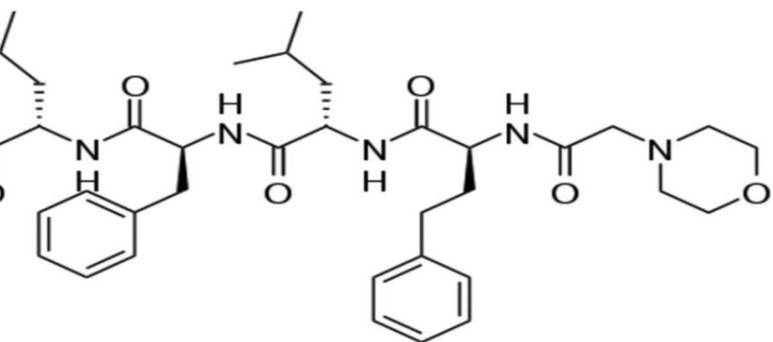
[www.impactjournals.com/oncotarget/](http://www.impactjournals.com/oncotarget/)

**Oncotarget, Advance Publications 2015**

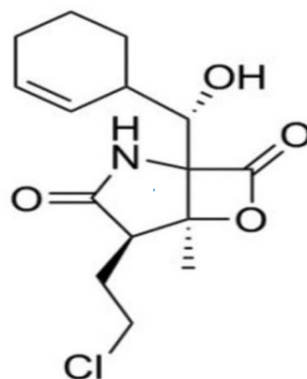
## Noncanonical SQSTM1/p62-Nrf2 pathway activation mediates proteasome inhibitor resistance in multiple myeloma cells via redox, metabolic and translational reprogramming

**Gene Riz<sup>1</sup>, Teresa S. Hawley<sup>2,3</sup>, Jeffrey W. Marsal<sup>1</sup> and Robert G. Hawley<sup>1</sup>**

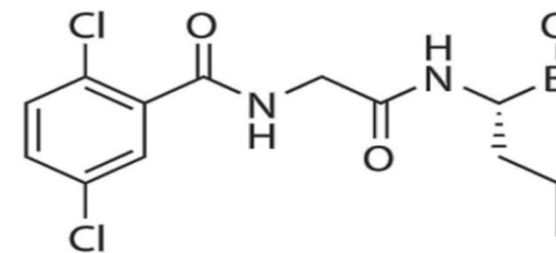
# New Proteasome inhibitors (PI)s



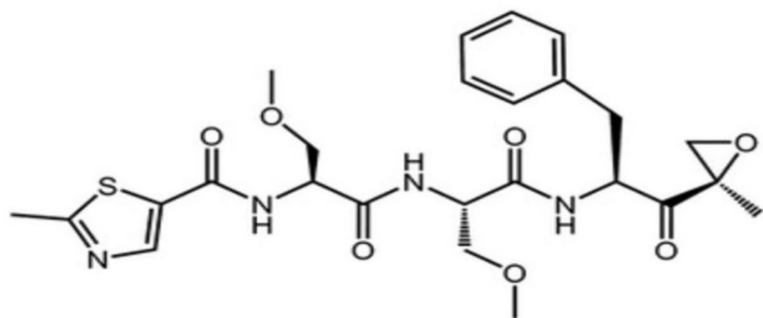
Carfilzomib



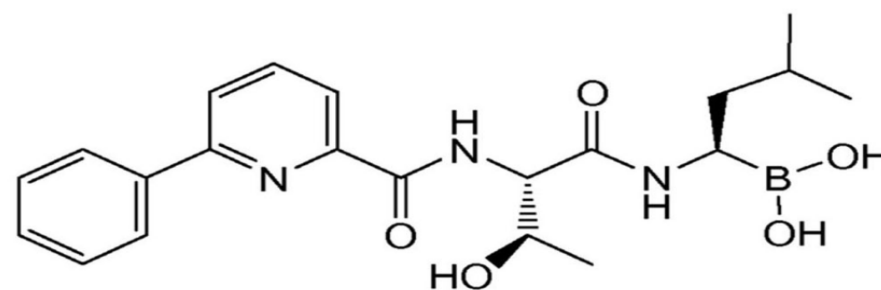
Marizomib



Ixazomib

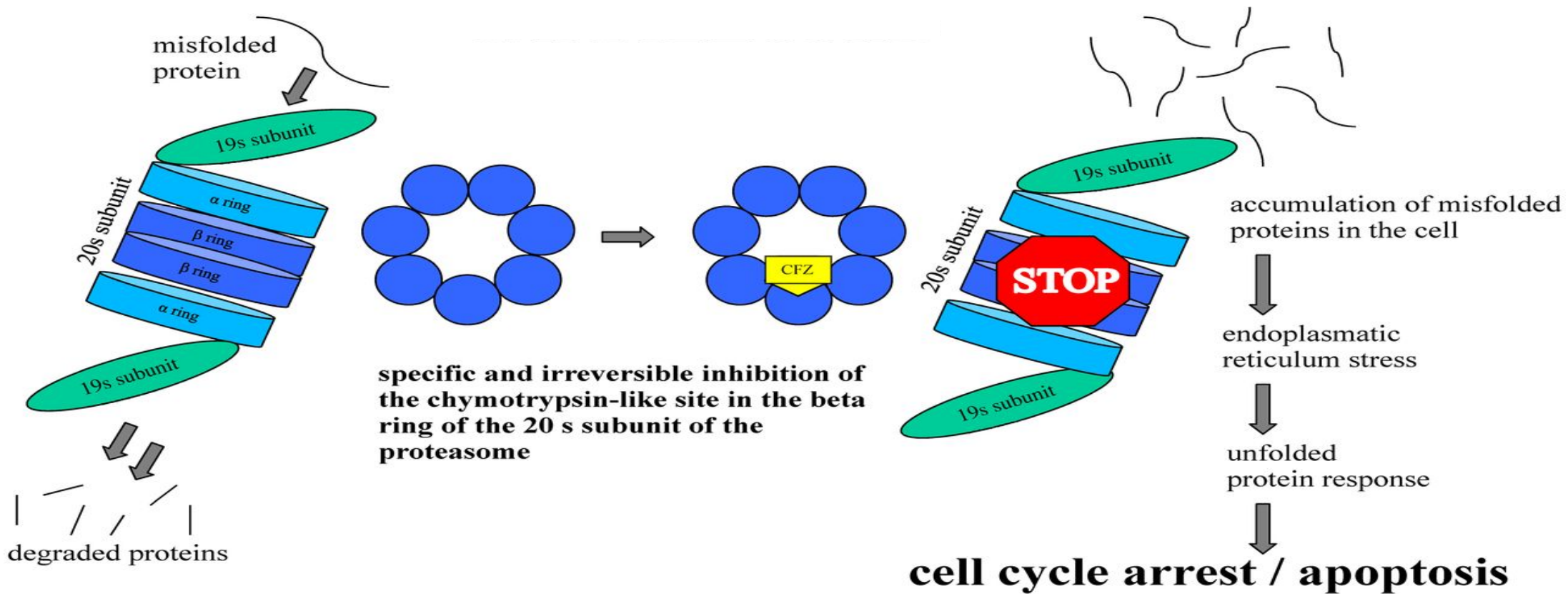


Oprozomib

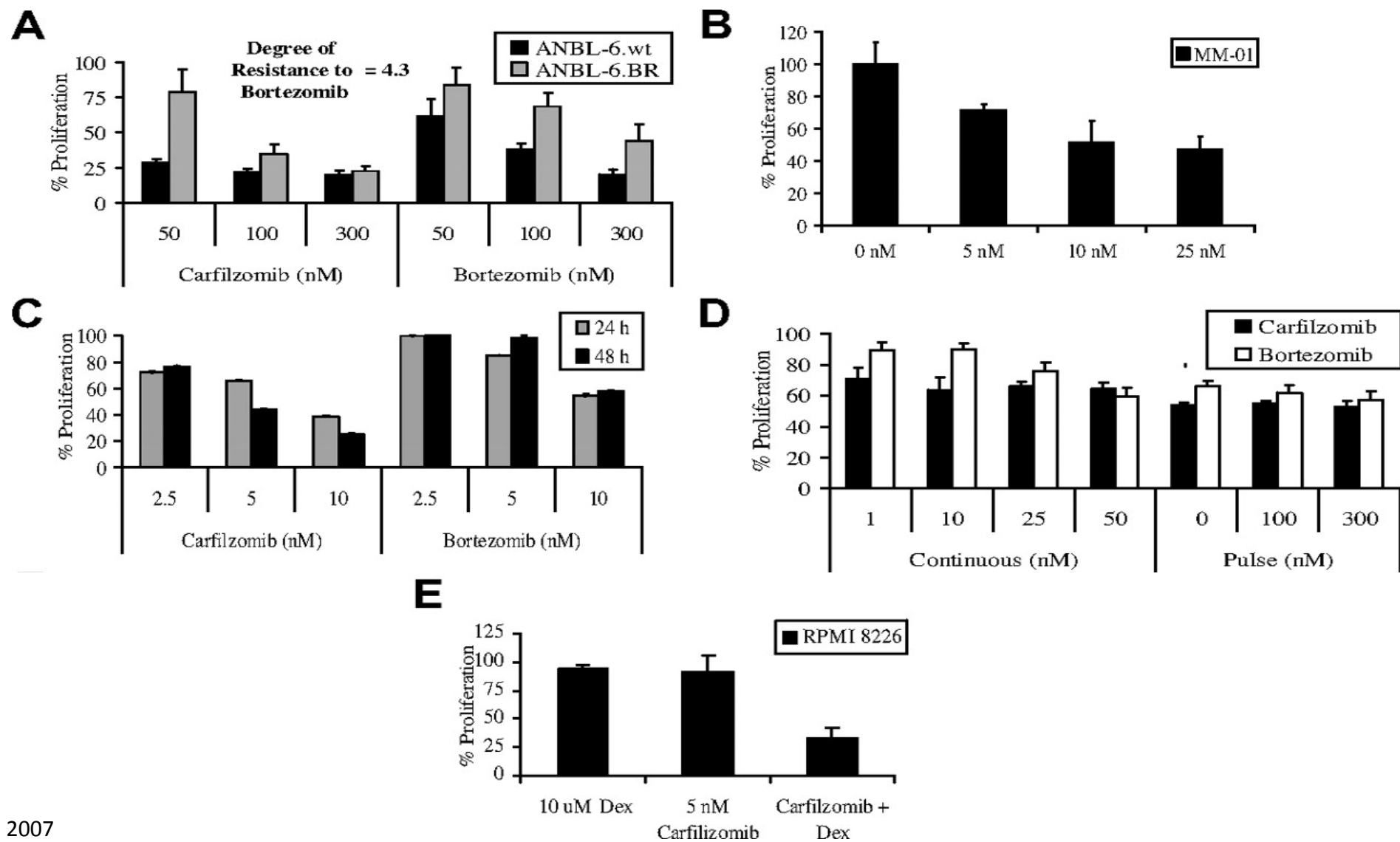


Delanzomib

# Carfilzomib

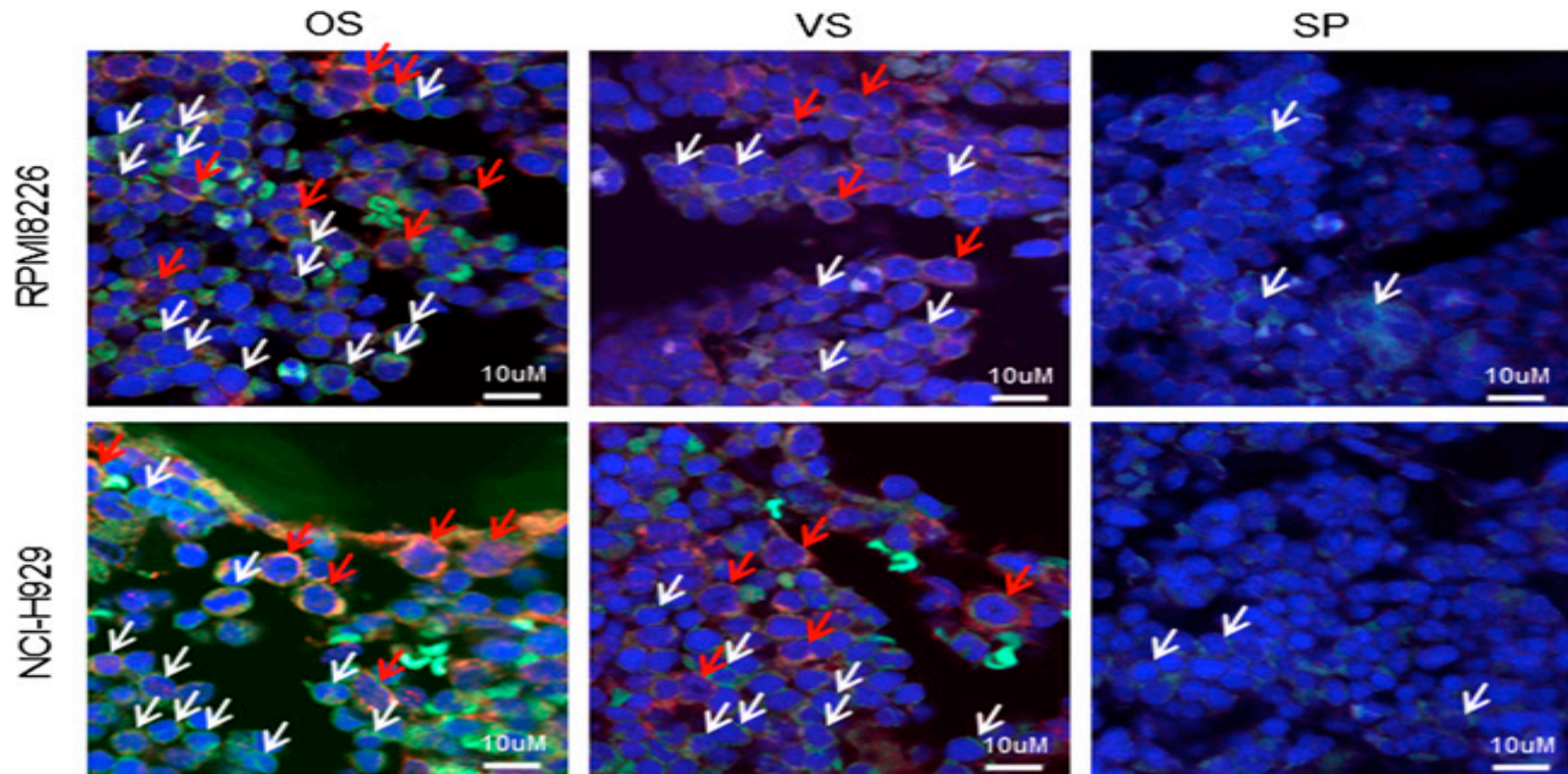


# Carfilzomib an irreversible inhibitor of the ubiquitin-proteasome pathway against pre-clinical models of M



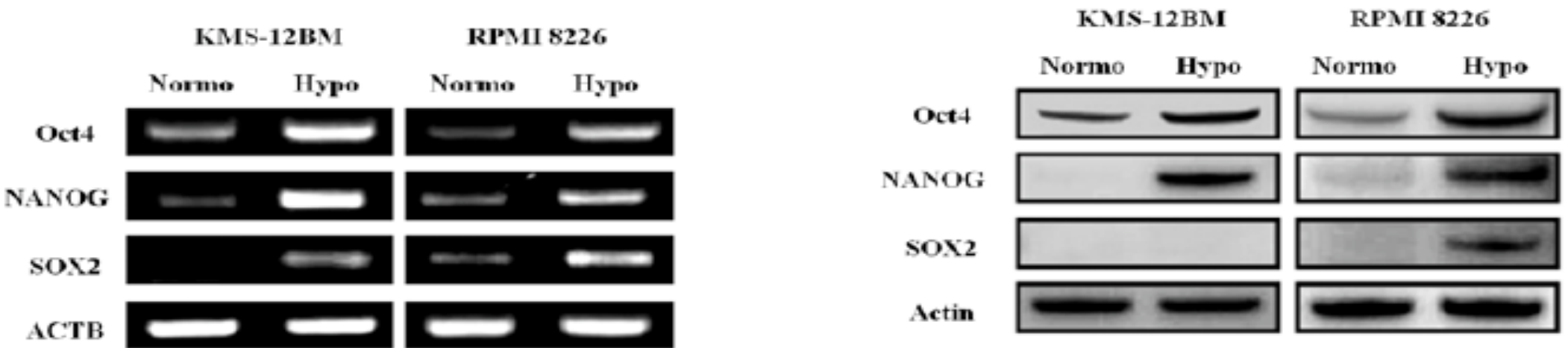


# Quiescent MM cells preferably reside within the osteoblastic niche



white arrow indicates PKH+CD138- cells ( PKH: green)  
red arrow indicates PKH+CD138+cells ( PKH: green; CD138: red)

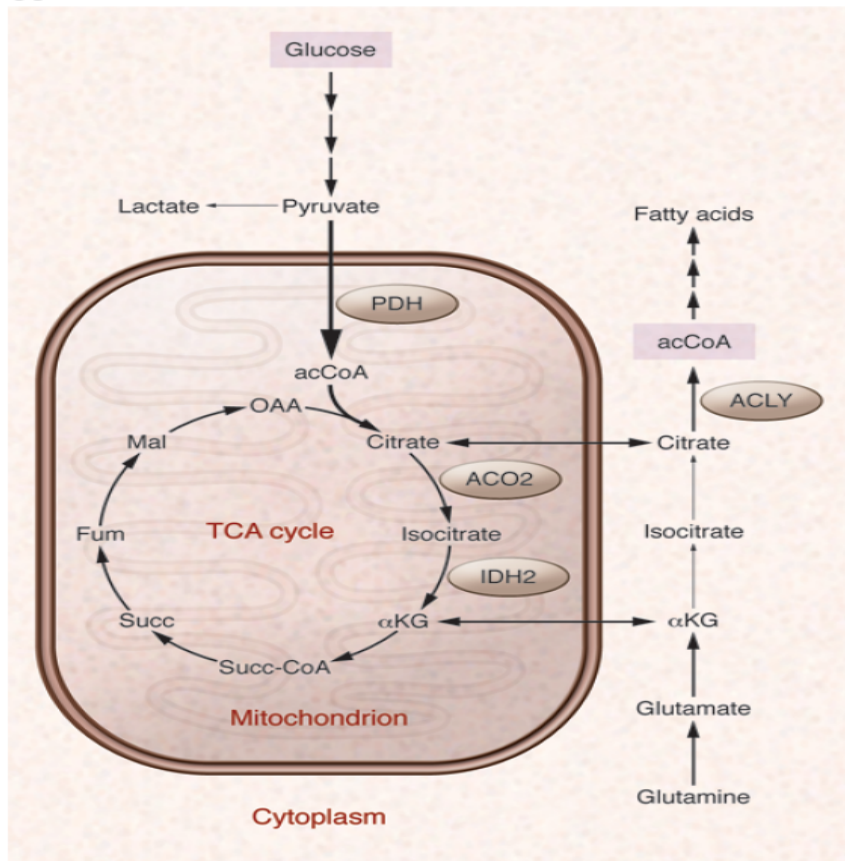
# Hypoxia induce stem cell-like transcriptional program MM cells



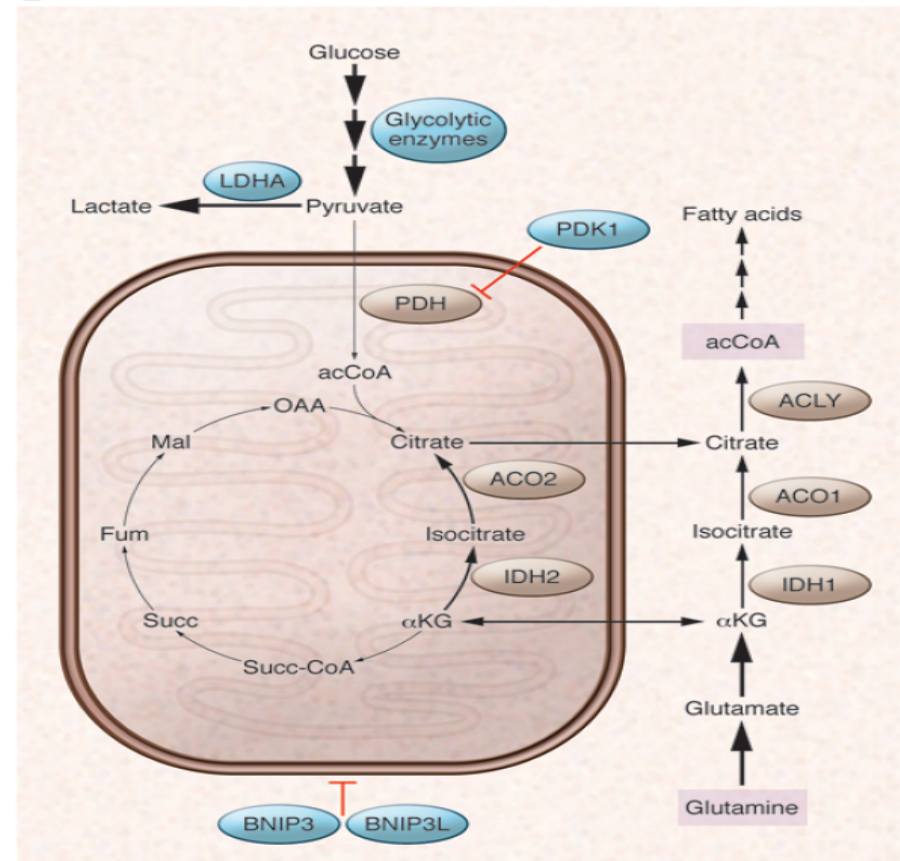


# HIF-1 mediates metabolic responses to intratumoral hypoxia

The Journal of Clinical Investigation <http://www.jci.org> Volume 123 Number 9 September 2013



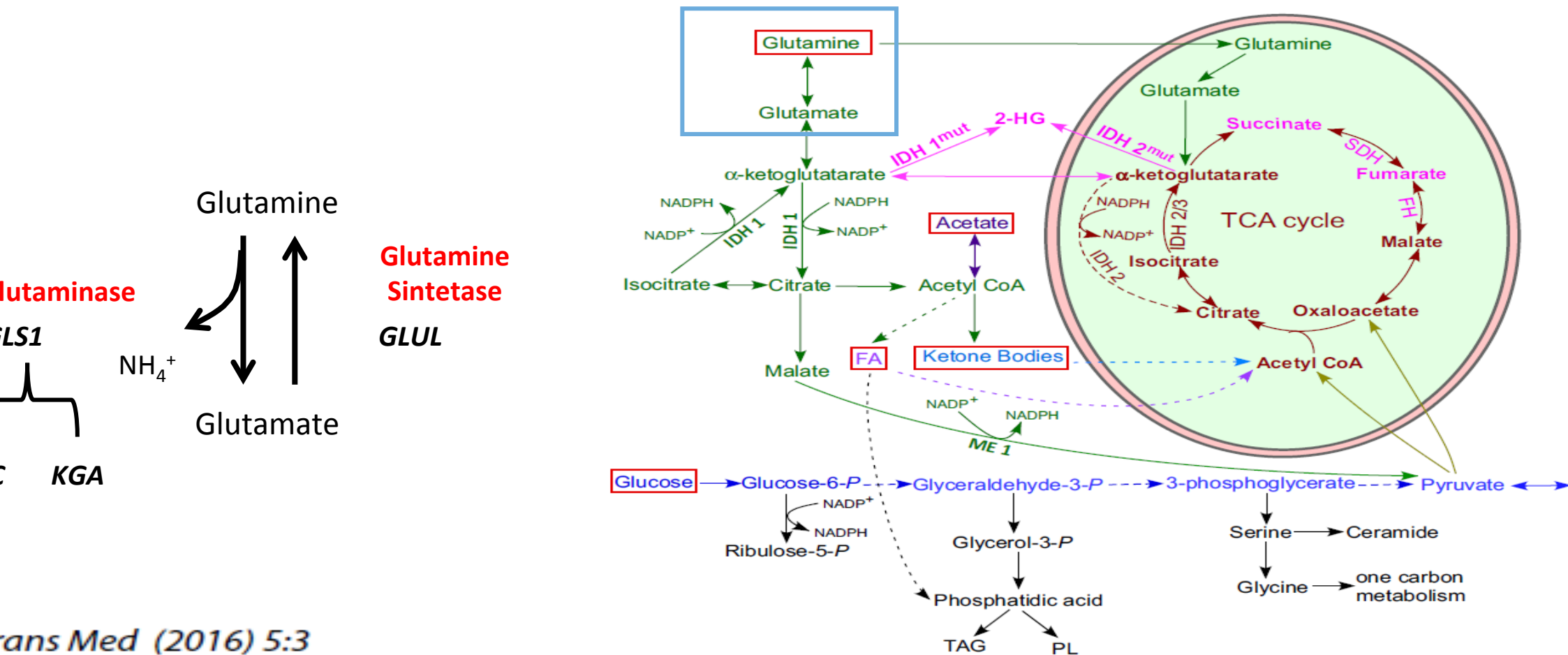
Well-oxygenated cells



Hypoxic cells

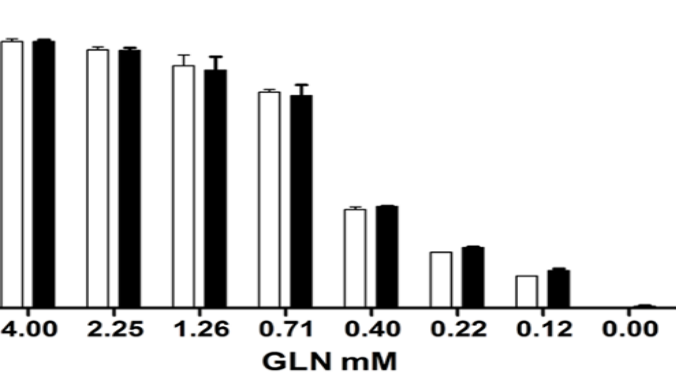
# A holistic view of cancer bioenergetics: mitochondrial function and respiration may play fundamental roles in the development and progression of diverse tumors

Maksudul Alam<sup>†</sup>, Sneha Lal<sup>†</sup>, Keely E. FitzGerald and Li Zhang<sup>\*</sup>

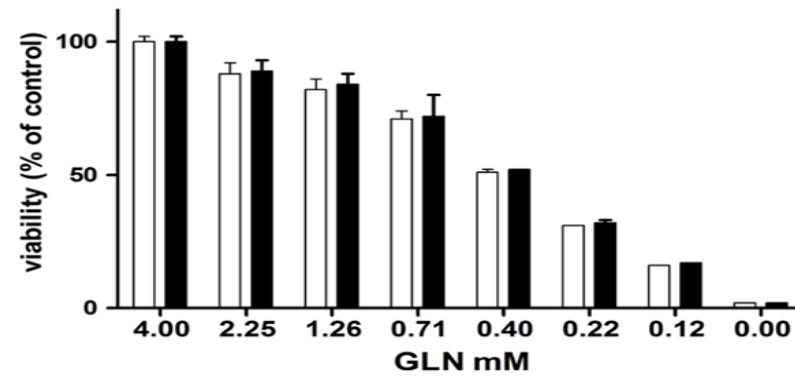


# Gln-addiction of MM cells

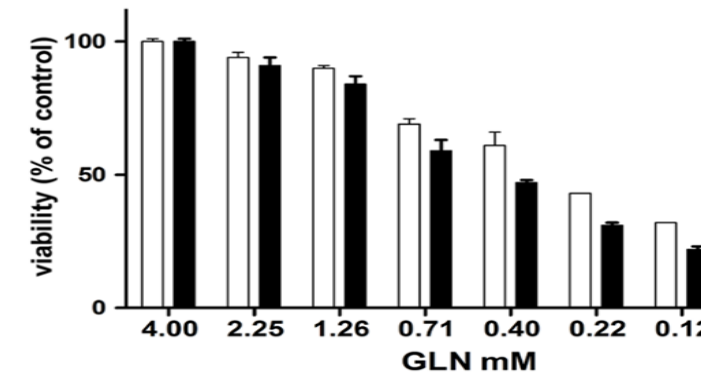
RPMI 8226



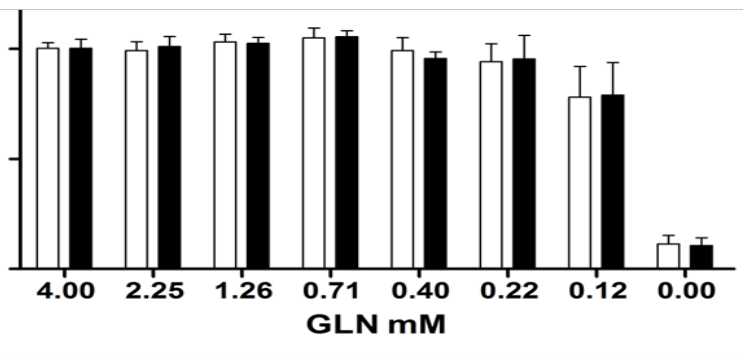
OPM2



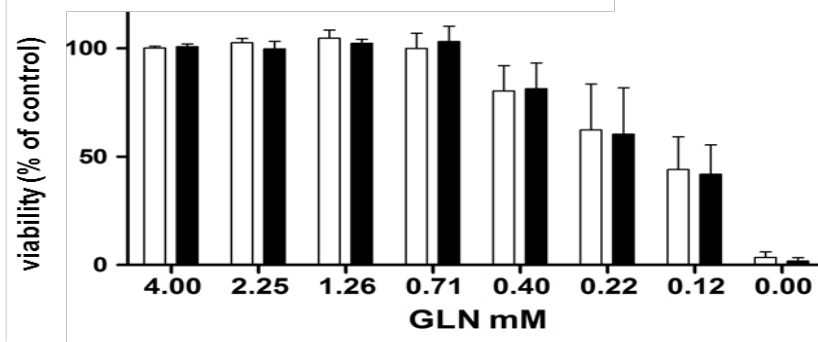
JJN3



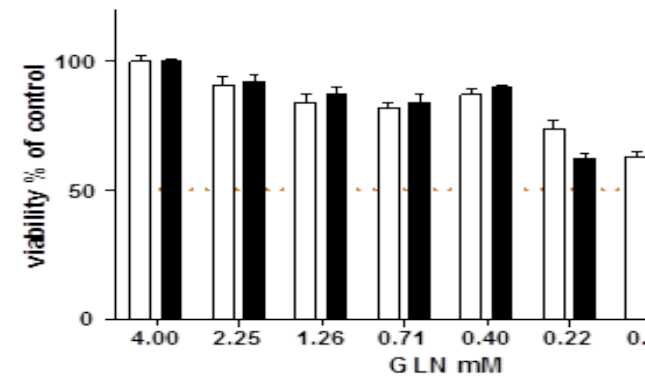
KMS-12-BM



XG1

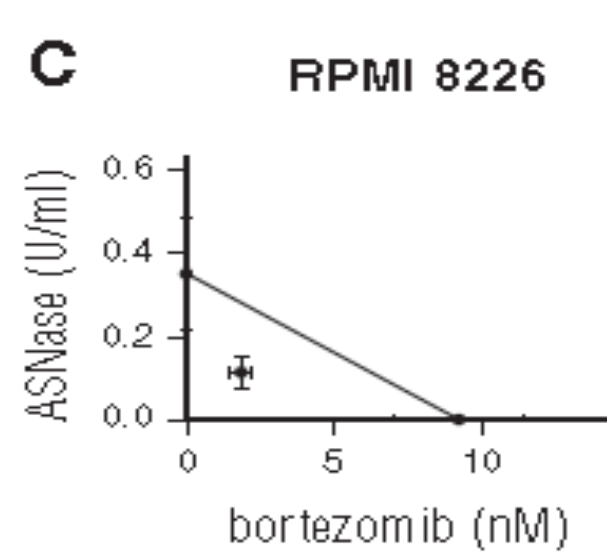
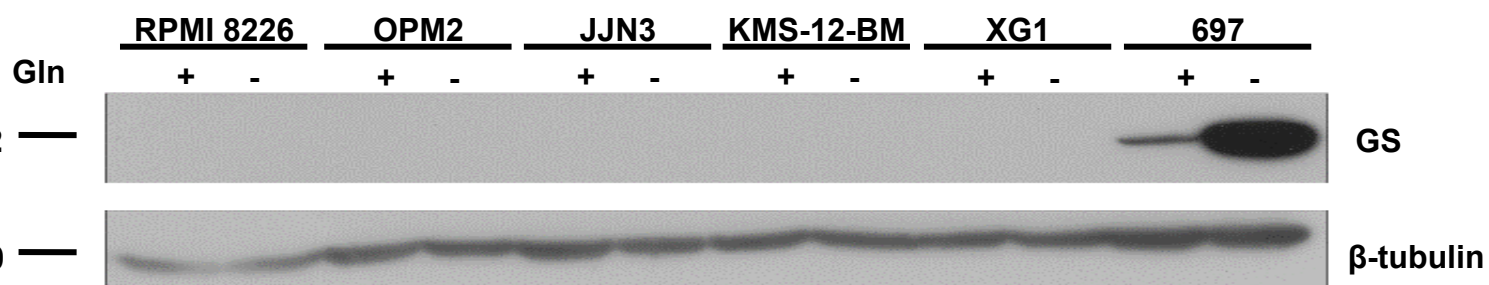
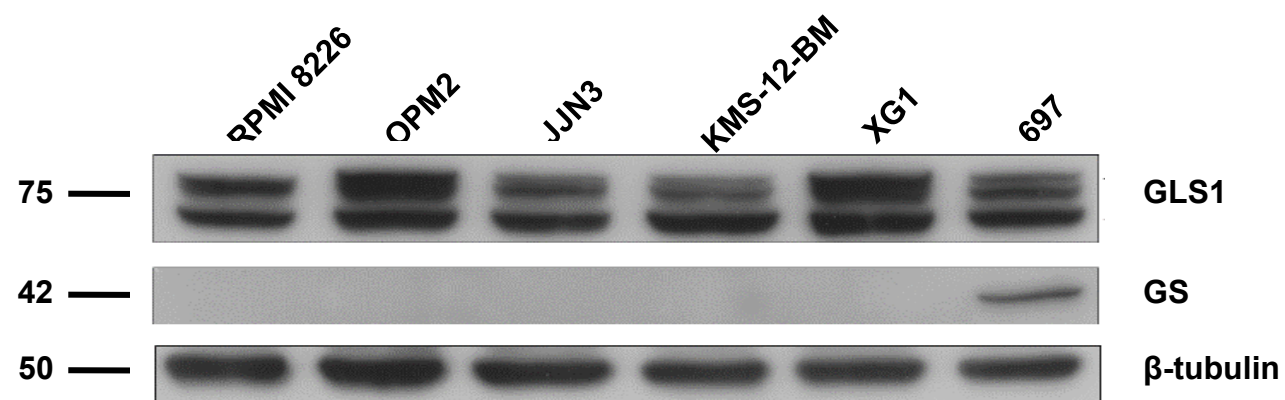


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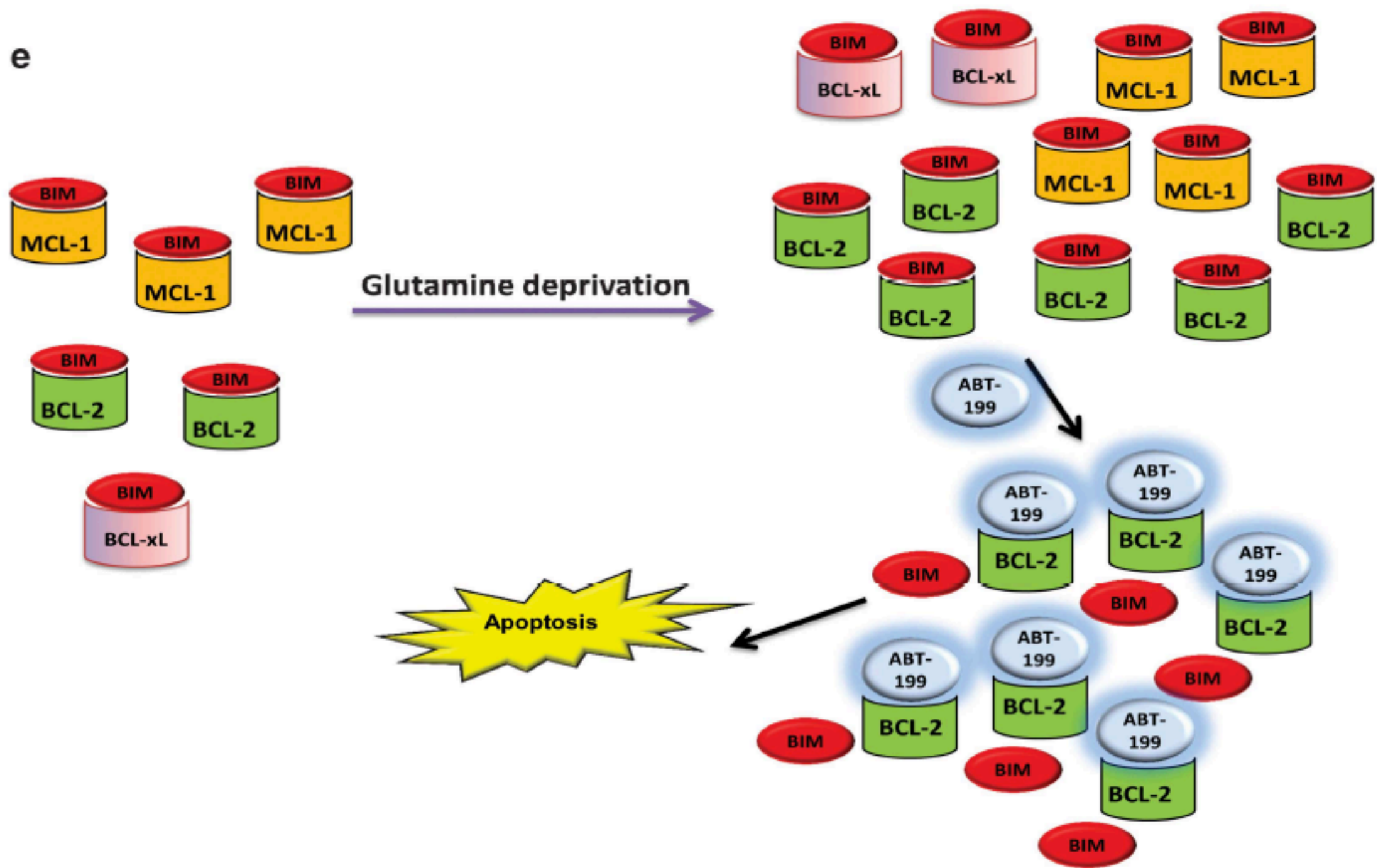


□ control      ■ + MSO

# MM cells express high levels of GLS1 but not of GS

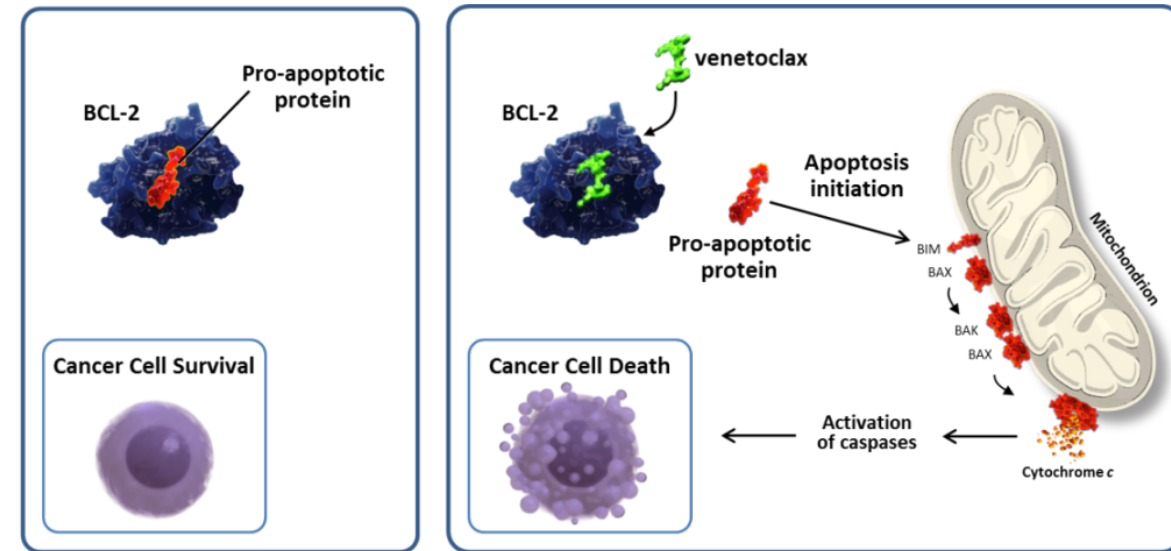


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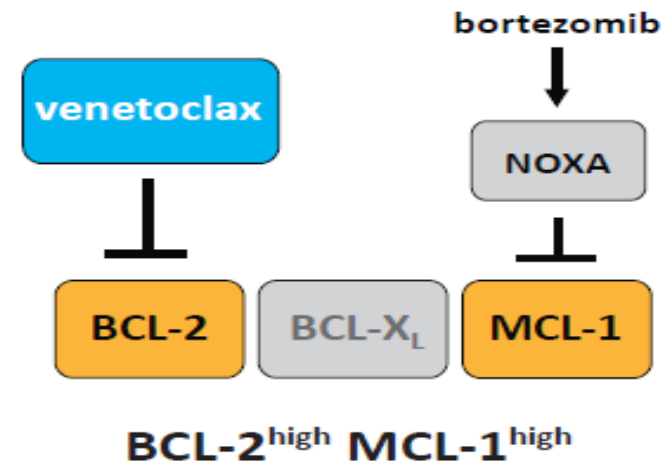
# VENETOCLAX

Anti-apoptotic proteins BCL-2 and MCL-1 promote multiple myeloma (MM) cell survival  
 Venetoclax is a selective, orally available small molecule BCL-2 inhibitor<sup>1</sup> and bortezomib can indirectly inhibit BCL-1  
 Venetoclax enhanced bortezomib activity in vitro and in vivo<sup>2</sup>



BCL-2 overexpression allows cancer cells to evade apoptosis by sequestering pro-apoptotic proteins.<sup>1-3</sup>

Venetoclax binds selectively to BCL-2, freeing pro-apoptotic proteins that initiate programmed cell death (apoptosis).<sup>4-6</sup>



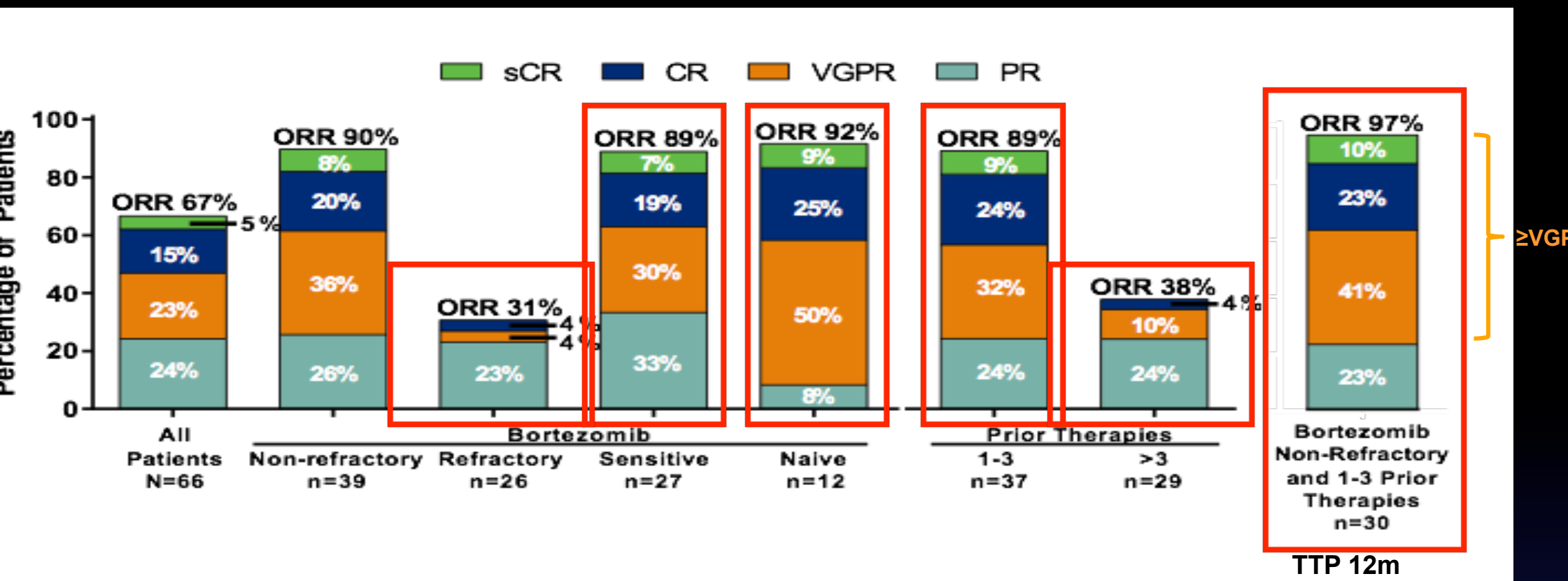
Levenson JD, et al. *Sci Transl Med* 2015; 7:279ra40. 2. Czabotar, et al. *Nature Reviews* 2014;15:49-63. 3. Plati J, Bucur O, Khosravi-Far R. *Integr Biol (Camb)* 2011;3:279-296. Certo M, et al. *Cancer Cell*. 2006;9(5):351-65. 5. Souers AJ, et al. *Nat Med*. 2013;19(2):202-8. 6. Del Gaizo Moore V et al. *J Clin Invest*. 2007;117(1):112-21.

1. Roberts AW et al. *NEJM* 2015  
 2. Punnoose E et al. *Mol Cancer Ther* 2016

# Venetoclax plus bortezomib and dexamethasone

-1200 mg oral daily + 1.3 mg/m<sup>2</sup> SC TW x cycles 1-8, QW 9-11 + 20-20 mg x cycles 1-8

patients after ≥1 prior lines of therapy (median 3). 61% refractory to the last line

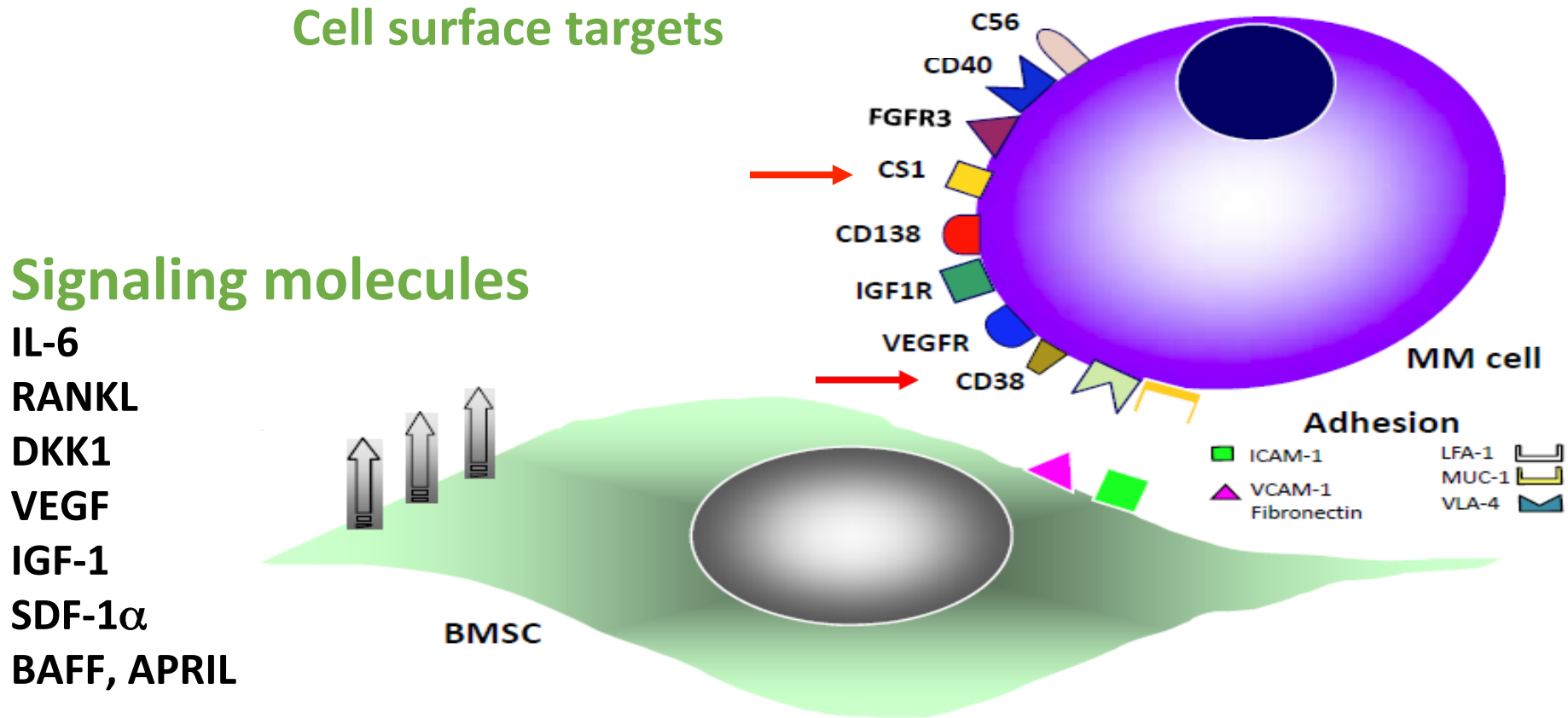


Vd → ORR: 66% ≥VGPR: 37%

side events were manageable. G3-4 AEs: Thrombocytopenia (29%), anemia (15%), neutropenia (14%), diarrhea (6%), dyspnea (5%), insomnia (5%), PN(3%), asthenia (2%), URTI (2%); **MTD not reached**

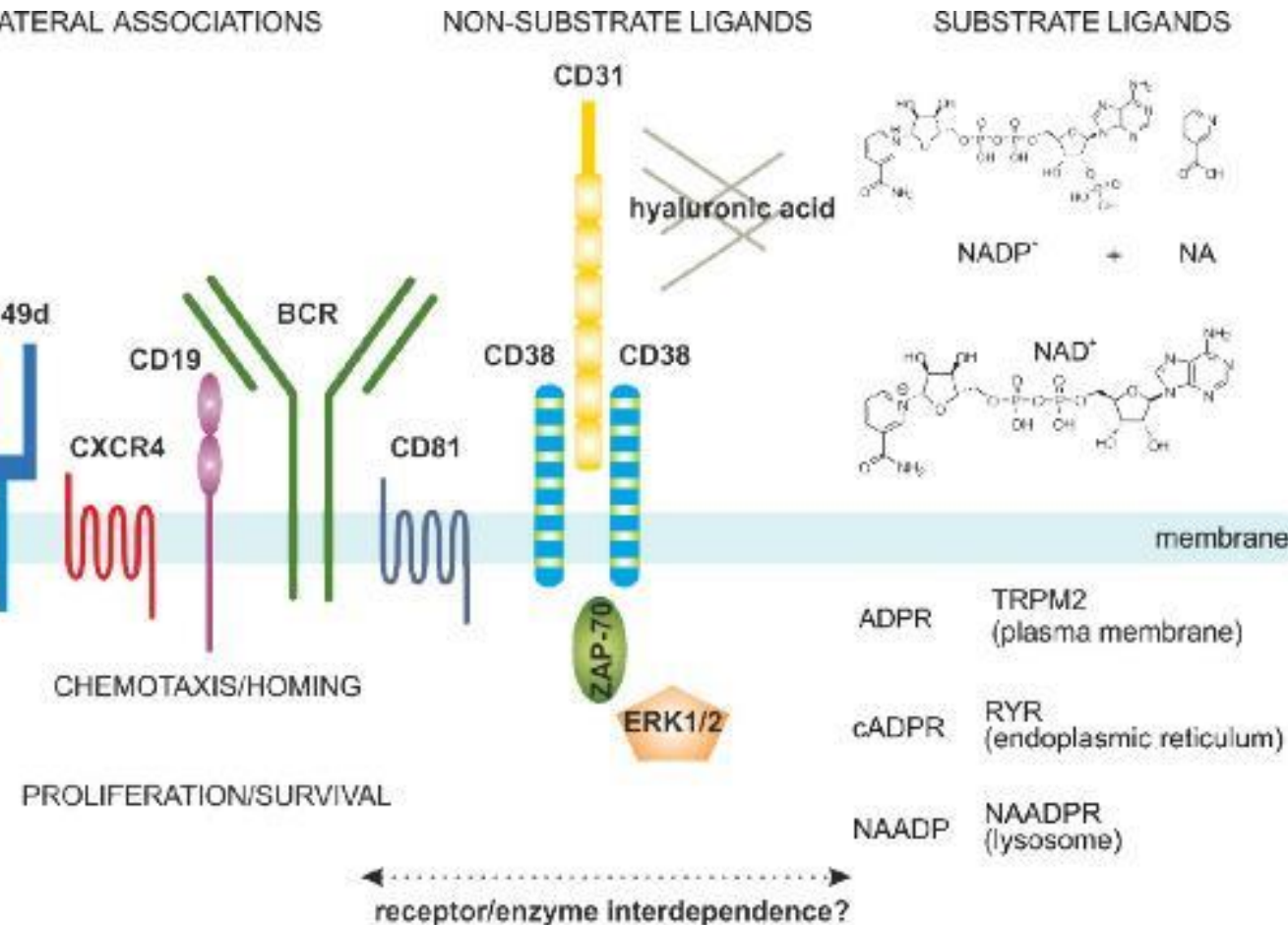
**Qualifying criteria for a phase 3 trial: Vd +/- Venetoclax**

# Targets for monoclonal antibody therapy in MM





# CD38 is a Cell-surface Receptor and Ectoenzyme



- **As a receptor**

- Regulates signaling, homing, adhesion and migration in close contact with BCR complex and CXCR4.

- Engagement with CD31 or hyaluronic acid activate ZAP-70, ERK1/2, NFκB pathways and regulate activation and proliferation of cell.

- **As an ectoenzyme**

- CD38 interacts with NAD<sup>+</sup> and NADP<sup>+</sup>, which are converted to cADPR, ADPR, and NAADP, all intracellular Ca<sup>2+</sup> mobilizing agents.

# CD38 Expression

Lymphoid tissue	Cell population
Blood	T cells (precursors, activated) B cells (precursors, activated) Myeloid cells (monocytes, macrophages, dendritic cells) NK cells Erythrocytes Platelets
Cord blood	T and B lymphocytes, monocytes
Bone marrow	Precursors <b>Plasma cells</b>
Thymus	Cortical thymocytes
Lymph nodes	Germinal center B cells

- **Highly and uniformly expressed on myeloma cells**<sup>1,2,3</sup>
- **Relatively low expression on normal lymphoid and myeloid cells** and in some tissues of non-hematopoietic origin<sup>4</sup>

# Anti-CD38 monoclonal antibodies

## Chimeric:

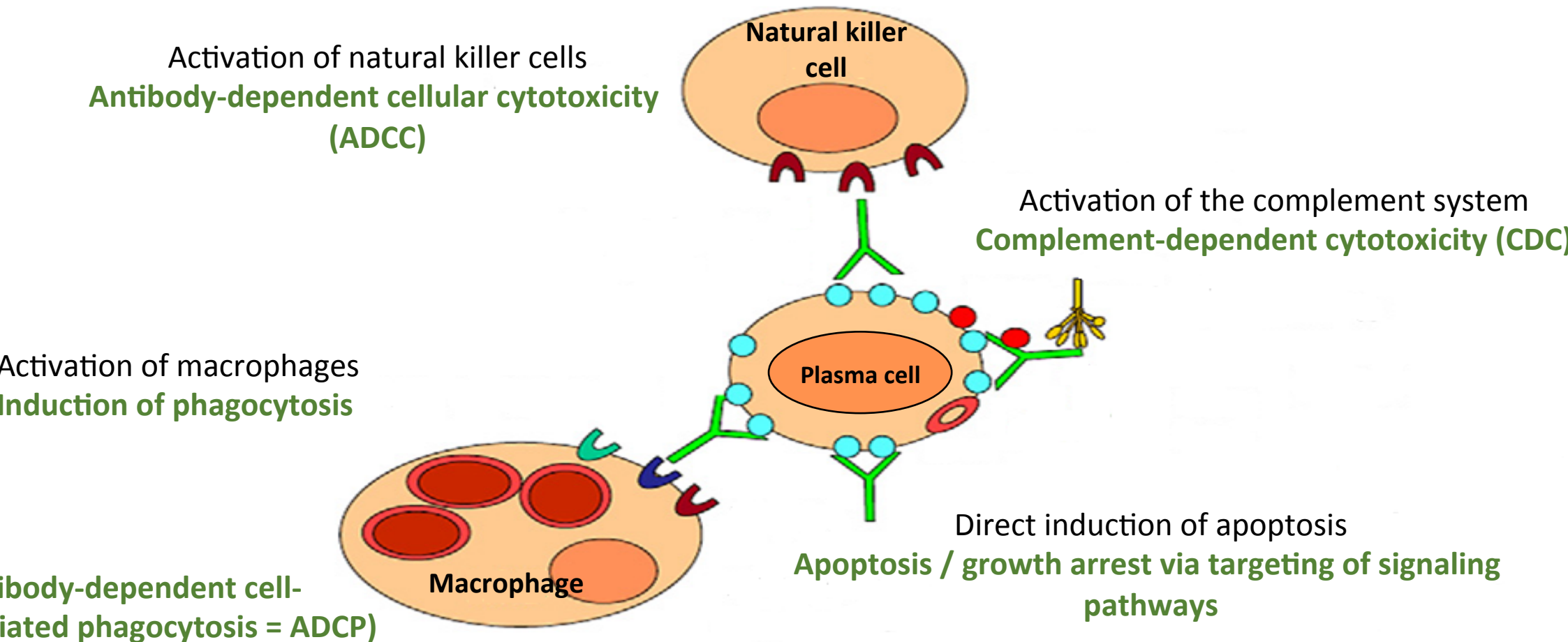
**Isatuximab (SAR650984)**

## Fully human:

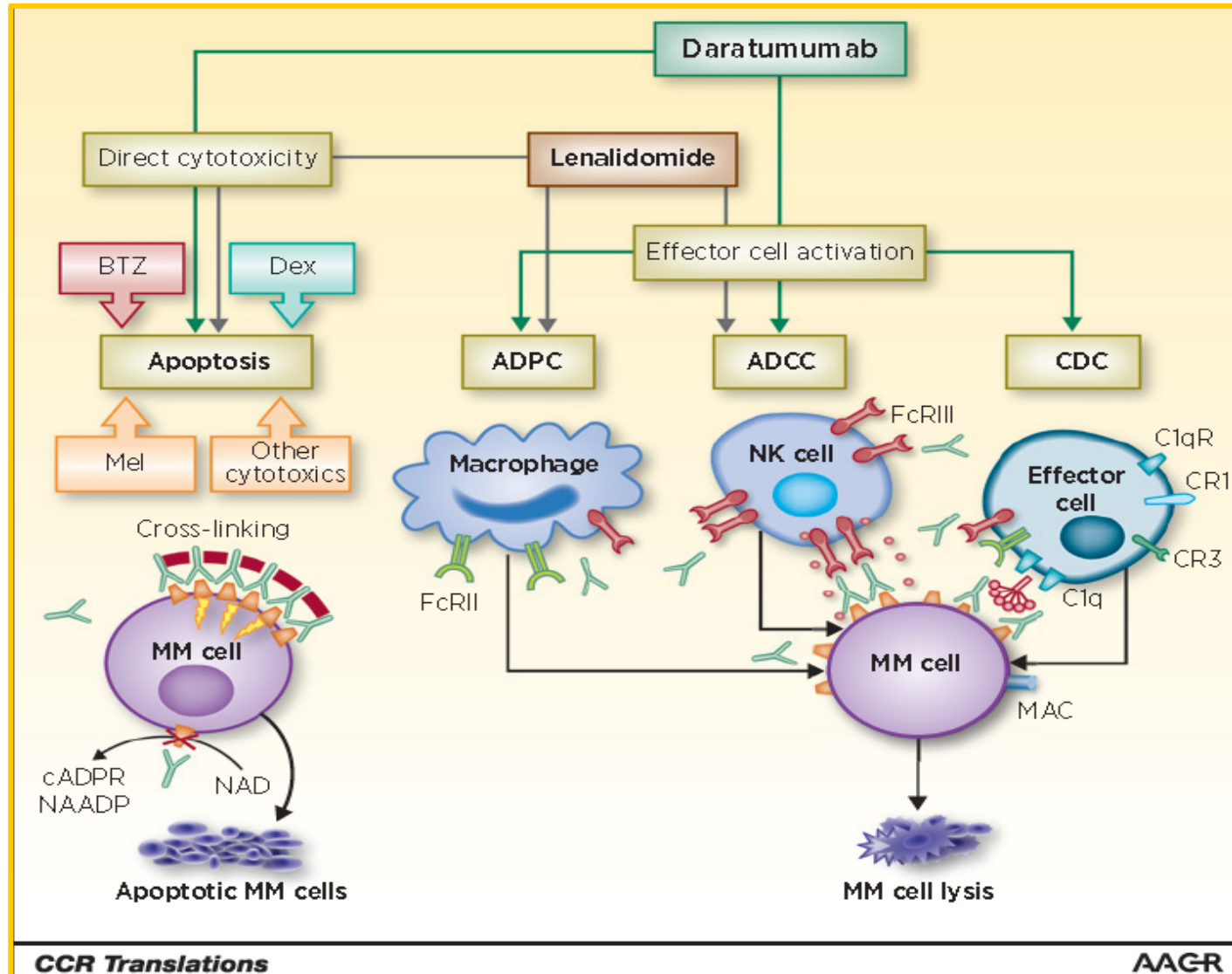
**Daratumumab (DARA)**

**MOR202 (MOR)**

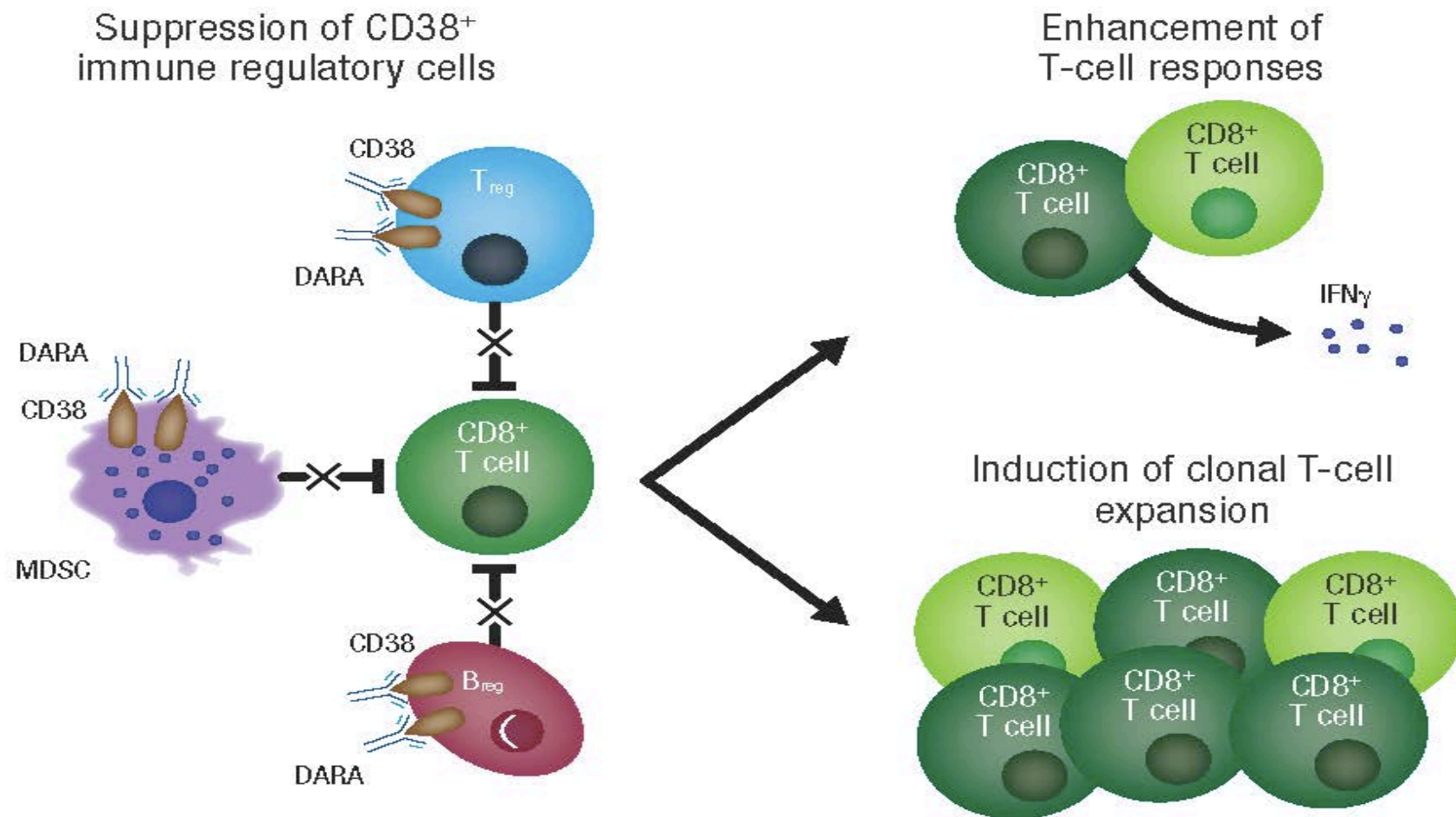
# DARA: mechanisms of action



# Mechanisms of DARA combination with other drugs



# Potential immunomodulatory mechanism of action anti-CD38 mAbs



# Summarized mechanisms of action of anti-CD38 mAb

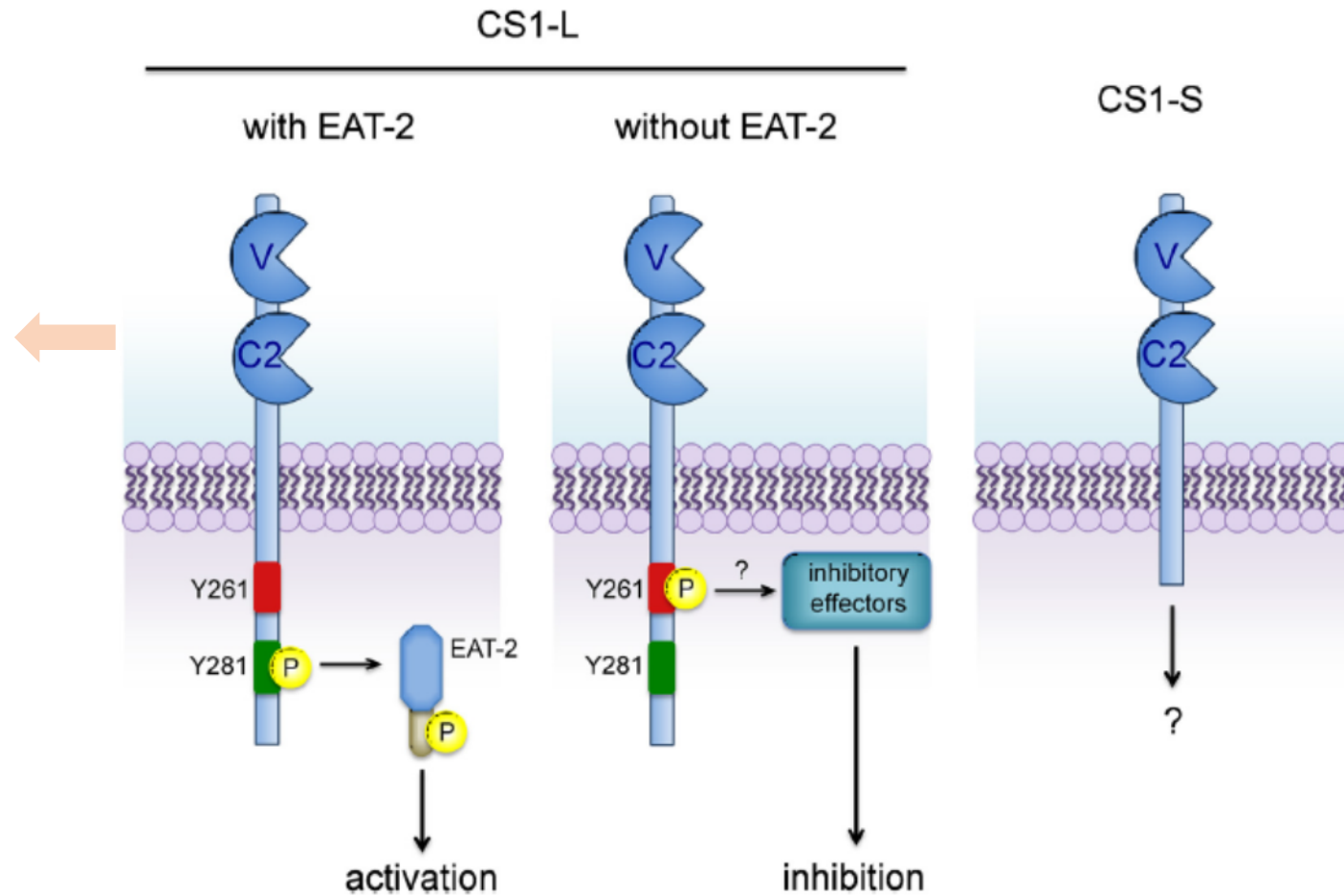
	DARA	SAR	MOR
Origin	Human	Humanized	Human
Development phase	Phase III	Phase I/II	Phase I/IIa
Binding	+++	+++	++
CDC (max lysis)	+++	+	+
Phagocytosis	+++	nd*	++
ADCC (max lysis)	++	++	++
PCD direct	-	++	-
PCD crosslinking	+++	+++	+++
Modulation ectoenzyme function	+	+++	-

\*not determined; PCD, programmed cell death.

van L. et al. ASH 2014.

# SLAMF7/CS1: structure and function interplay

mediates self-adhesion





# LAMF7/CS1: expression profile on hemopoietic cells

Cell surface glycoprotein receptor

SLAM (Signaling Lymphocyte  
Activating Molecule) family:

SLAM/CD150

2B4

CD84

NTB-A

Ly-9

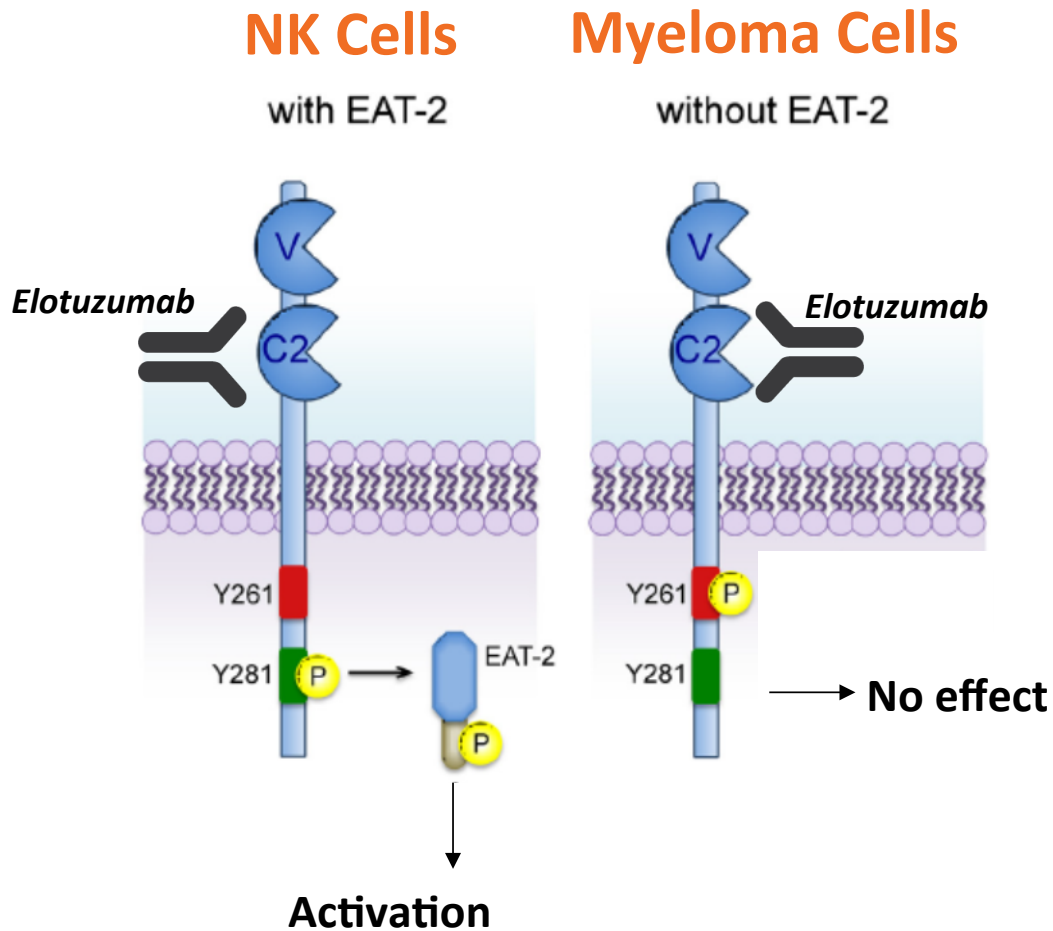
Cell type	CS1 expression
Non-hematopoietic cell	-
Activated monocytes	+
Immature dendritic cells	-
Mature dendritic cells	+
NK cells, NK-T cells	+
CD8 <sup>+</sup> T lymphocytes	+
Activated B lymphocytes	+
Normal plasma cells	+
<b>MM plasma cells</b>	<b>++</b>

# SLAMF7/CS1: an atypical SLAM family member

SLAM family receptors.

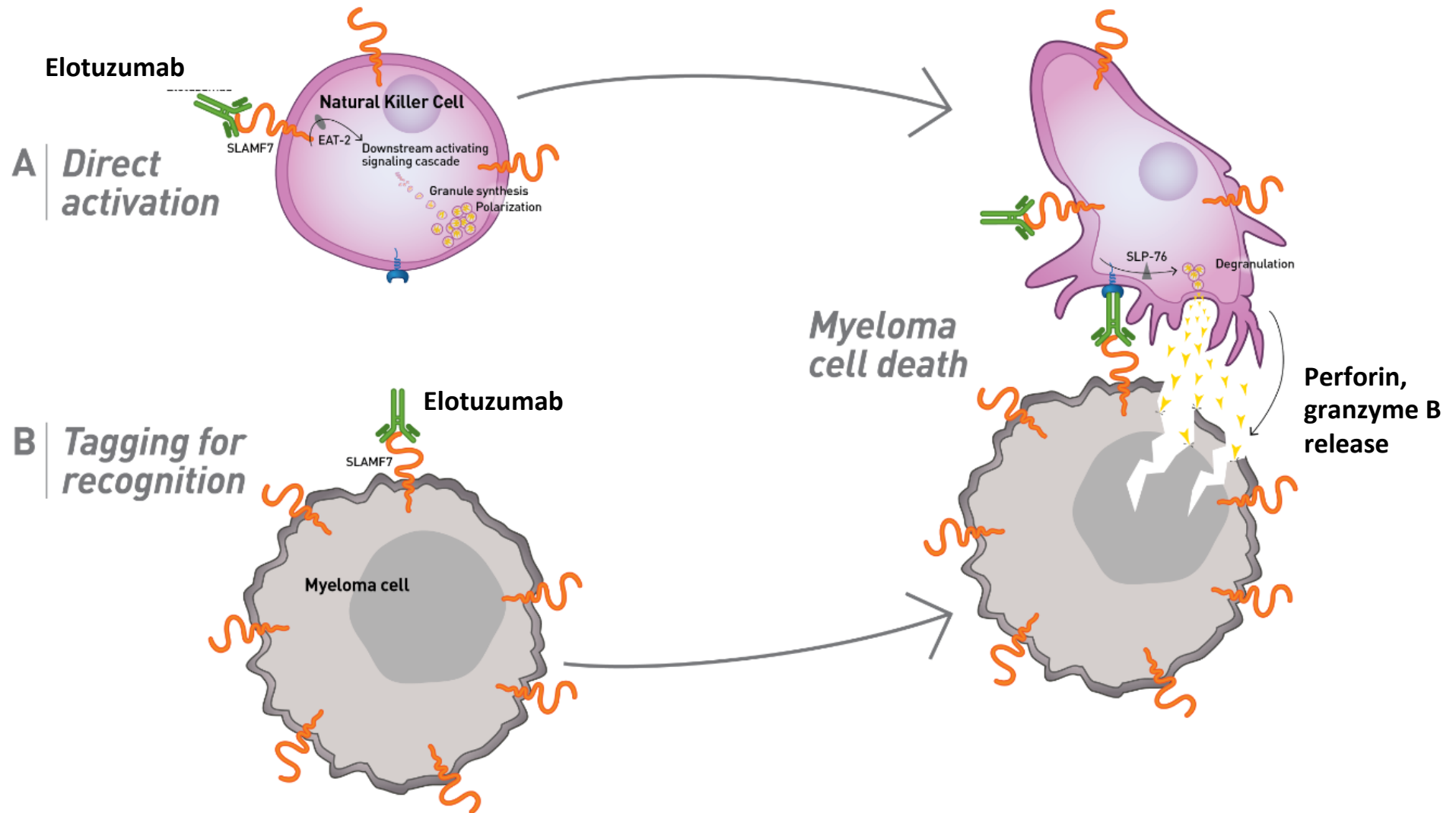
Receptor	Alternative name	Physiological ligand	Number of ITSMs	Expression pattern	Interaction with		Phenotypes knock-out mice
					SAP	EAT-2	
SLAMF1	CD150 SLAMF1	SLAMF1	2	T, B, DC, M $\phi$ , plat	+	+	T, M $\phi$ , plat, NK-T
SLAMF3	CD229 SLAMF3	Ly-9	1	T, B, NK, DC, M $\phi$	+	+	CD4 <sup>+</sup> T, innate-like CD8 <sup>+</sup> T, NK-T
SLAMF4	CD244 SLAMF4	CD48	3	NK, CD8 <sup>+</sup> T, DC, M $\phi$ , eos	+	+	NK
SLAMF5	CD84	CD84	2	T, B, NK, DC, M $\phi$ , gran, plat, mast, eos	+	+	T, B (GC)
SLAMF6	Ly108 CD352 SLAMF6	NTB-A	2	T, B, NK, DC, neutro	+	+	T, B, neutro, NK-T
SLAMF7	CRACC CD319 SLAMF7	CS1	1	Human: NK, NK-T, DC, B, PC, T Mouse: NK, NK-T, DC, M $\phi$ , B, T	-	+	NK

# Elotuzumab: a monoclonal antibody targeting SLAMF7



- Humanized, IgG1 mab specific for human SLAMF7
  - No cross-reactivity with non-human homologues or other SLAM family members
- Binds to a membrane-proximal motif of SLAMF7
  - Critical for mediating killing of target cells (*in vitro*)

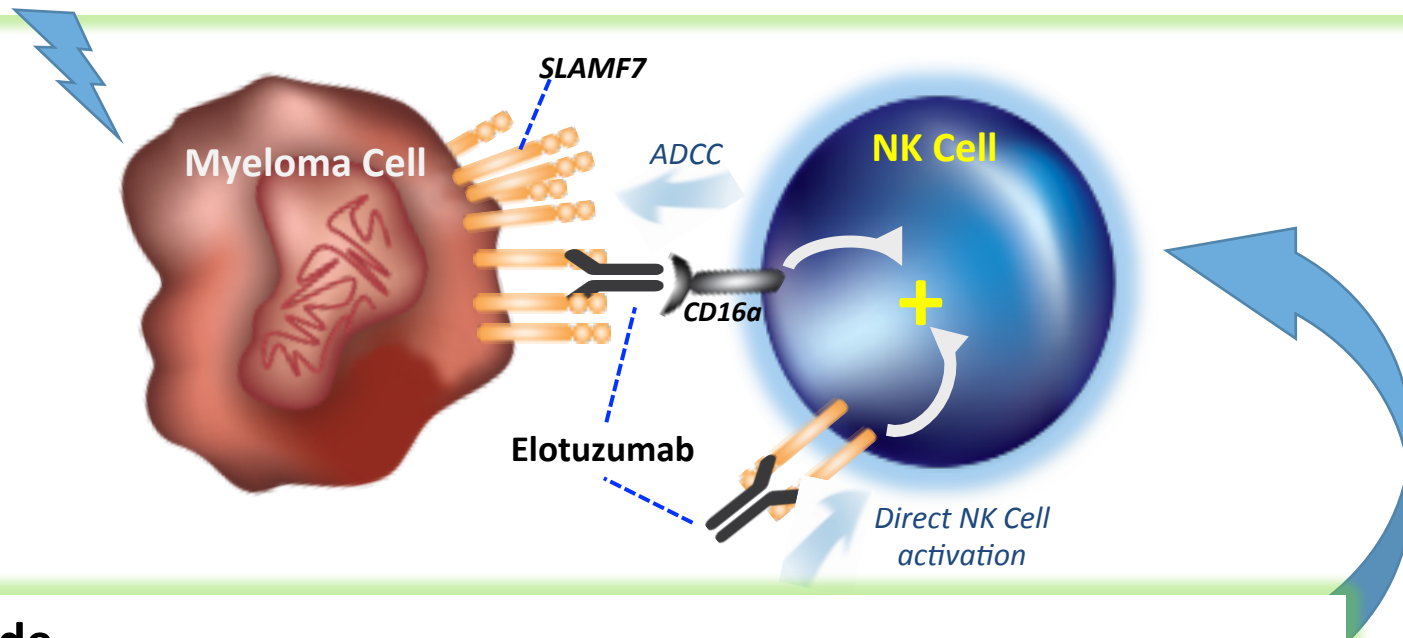
# Elotuzumab: mechanisms of action in MM



# Elotuzumab synergizes with Lenalidomide to enhance MM cell death

## Lenalidomide

Induces myeloma cell injury and lowers threshold for NK cell-mediated killing of myeloma cells by Elotuzumab



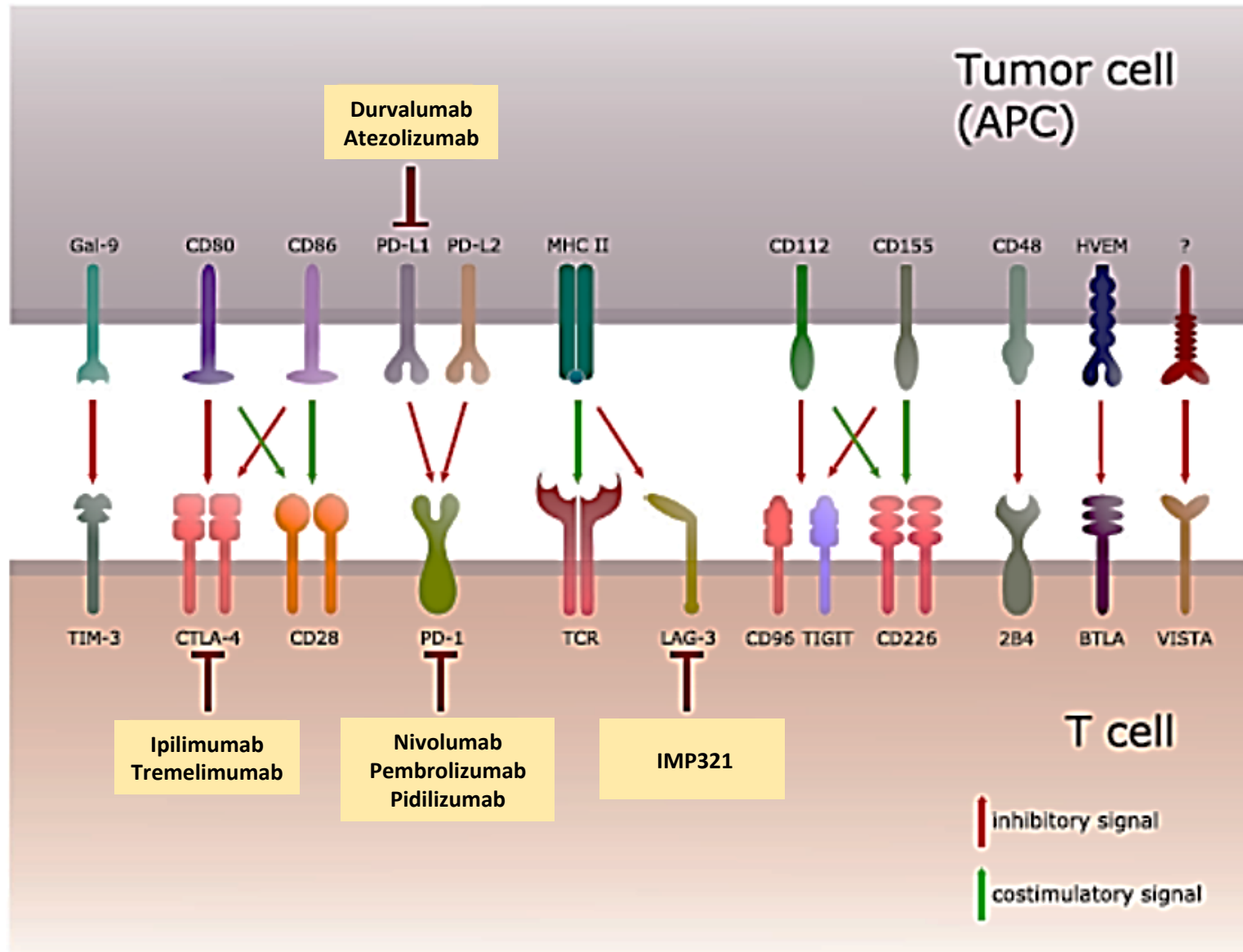
## Lenalidomide

Enhances adaptive and innate immune system including production of IL2 to increase NK cell activity

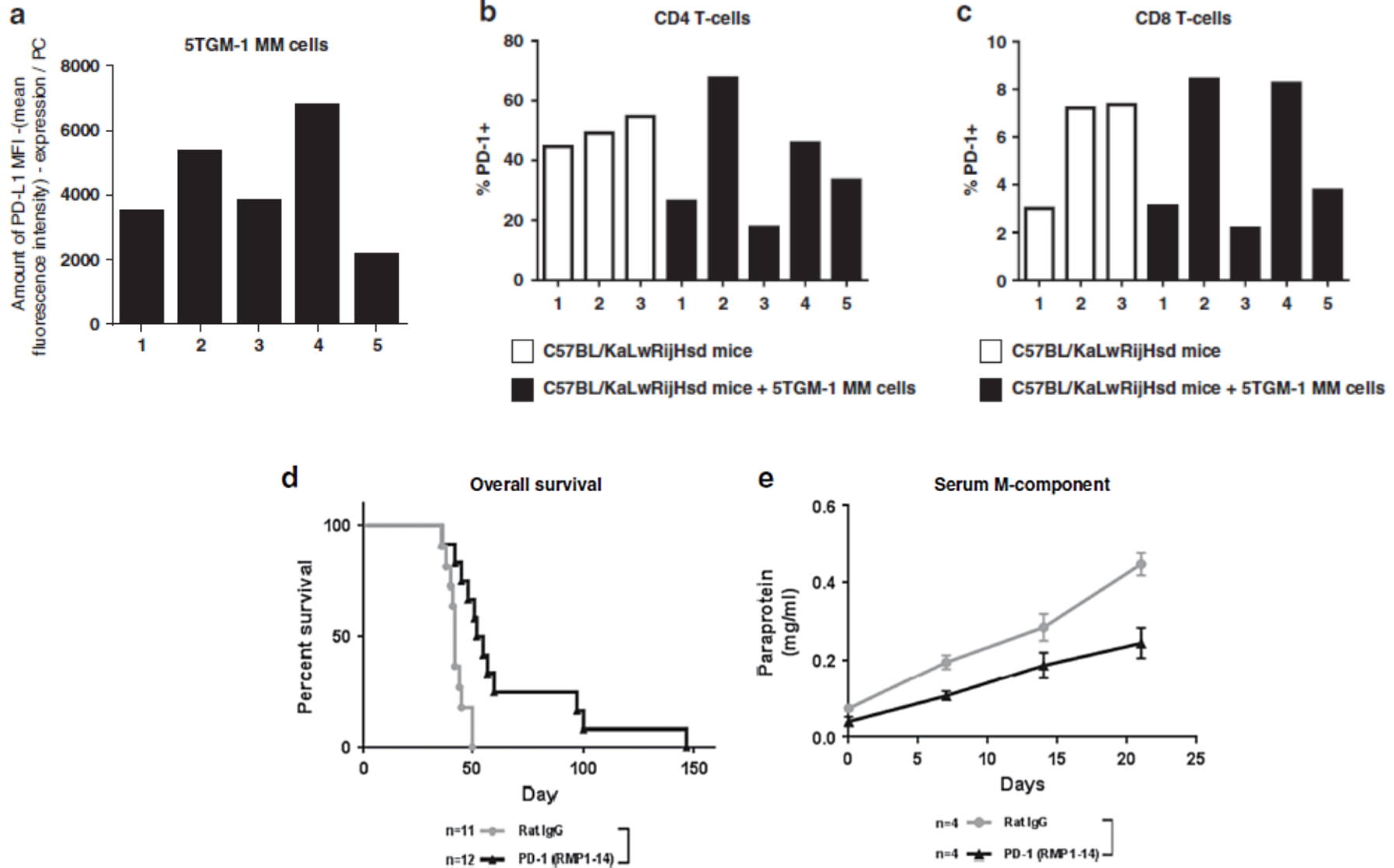
# Monoclonal antibodies in MM

Target	Antibody	Mechanisms of action	Activity as mono-therapy	Activity/under evaluation in combo
CD138 / MM7	Elotuzumab ( <u>Humanized</u> IgG1k)	<ul style="list-style-type: none"> <li>• ADCC</li> <li>• Enhance NK activity</li> <li>• Interference with cell interaction</li> </ul>	-	+ VD + Rd
CD38	Daratumumab ( <u>Fully human</u> IgG1k)	<ul style="list-style-type: none"> <li>• ADCC</li> <li>• CDC</li> <li>• ADCP</li> <li>• Direct induction of apoptosis</li> <li>• Modulation CD38 function</li> </ul>	+	+ V-based + Rd + PomDex + VCD + Rd

# Immune checkpoints in cancer

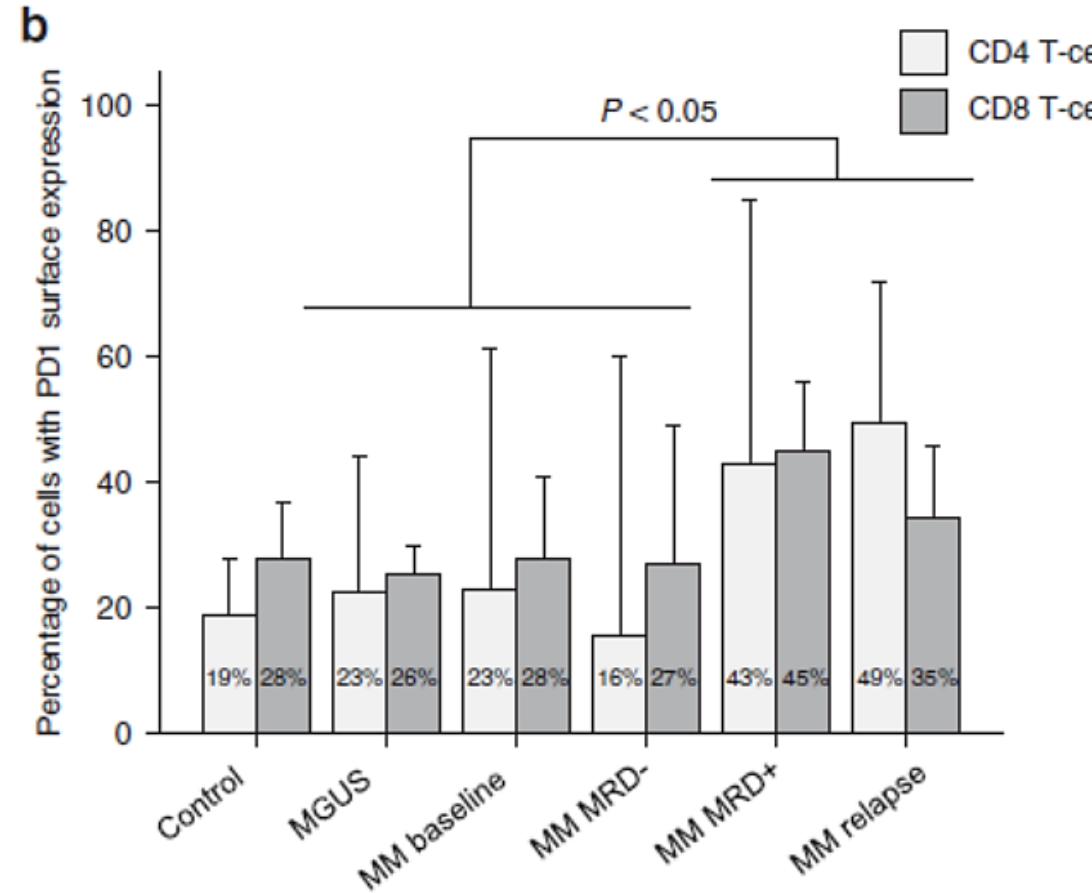
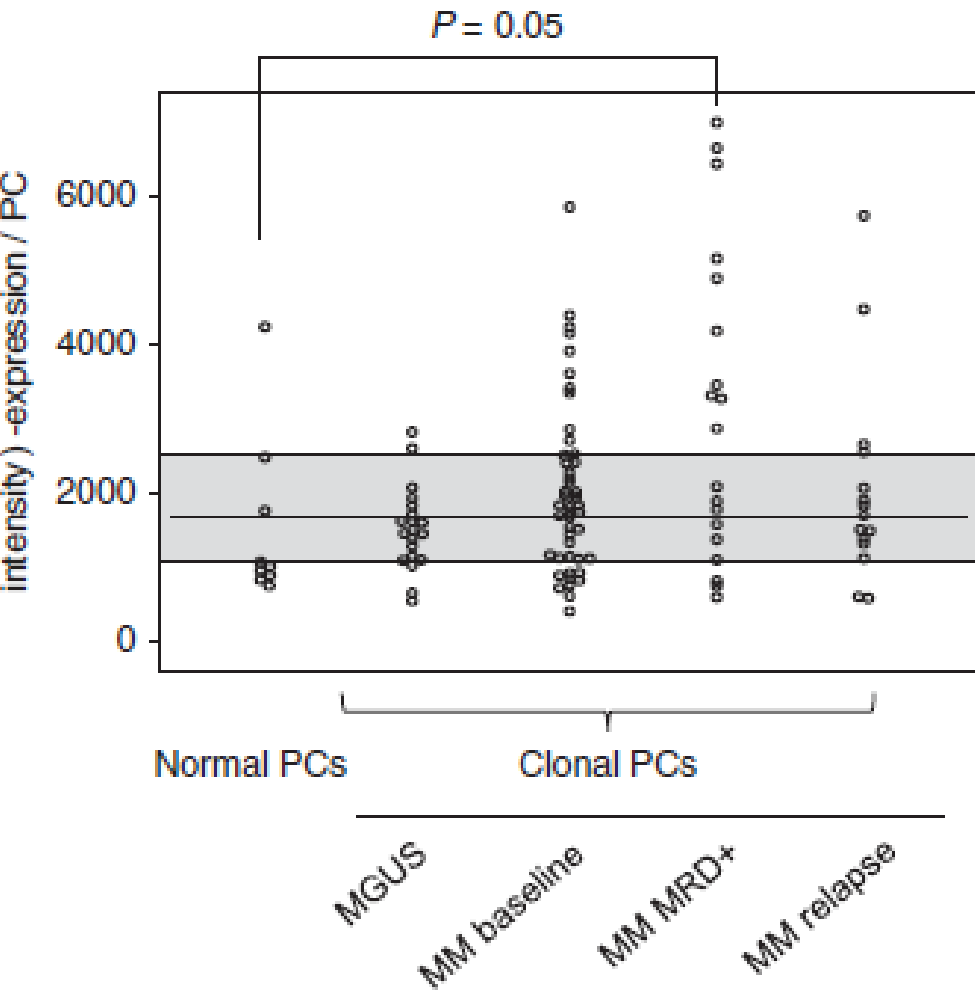


# Blocking PD-1 prolonged survival in disseminated myeloma-bearing mice

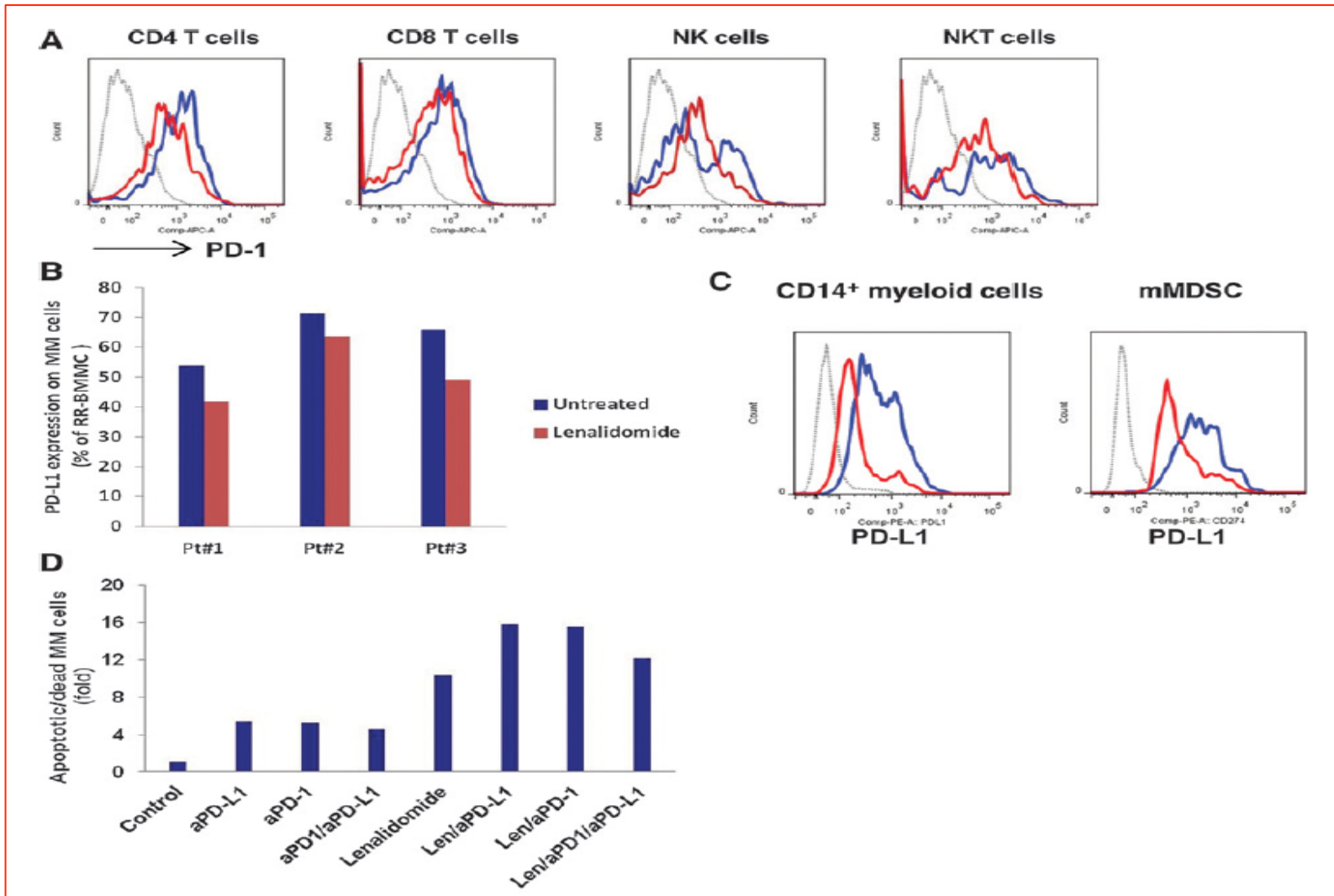




# MRD positive MM patients: the best cohort for PD-1/PD-L1 blockade



# LEN enhances immune checkpoint blockade-induced immune response in MM



# Lenalidomide and anti PD-1/PD-L1 antibodies combination: open clinical trials

Table 1: MM, Multiple Myeloma; MDS, Myelodysplastic Syndrome; NHL, Non-Hodgkin's Lymphoma; FL, Follicular Lymphoma; PD-L1, Programmed Death Ligand-1

Study	Therapy	Disease	Clinical trial	Status
A Study of Atezolizumab (Anti-Programmed Death Ligand 1 [PD-L1] Antibody) Administered With or Without Lenalidomide in Participants With Multiple Myeloma (MM)	Lenalidomide Atezolizumab	MM	NCT02431208	recruiting
A Study of Pembrolizumab (MK-3475) in Combination With Standard of Care Treatments in Participants With Multiple Myeloma (MK-3475-023/KEYNOTE-023)	Lenalidomide Pembrolizumab Dexamethasone	MM	NCT02036502	recruiting
Study of Lenalidomide and Dexamethasone With or Without Pembrolizumab (MK-3475) in Participants With Newly Diagnosed Treatment Naive Multiple Myeloma (MK-3475-185/KEYNOTE-185)	Lenalidomide Dexamethasone Pembrolizumab	MM	NCT02579863	recruiting
A Trial of Pembrolizumab (MK-3475) in Participants With Blood Cancers (MK-3475-013)(KEYNOTE-013)	Pembrolizumab Lenalidomide	MM NHL Lymphoma MDS	NCT01953692	recruiting
Phase 2 Multi-center Study of Anti-PD-1 During Lymphopenic State After HDT/ASCT for Multiple Myeloma	Lenalidomide Pembrolizumab	MM	NCT02331368	recruiting



# Pembrolizumab-Pom-dex in RR Myeloma patients:

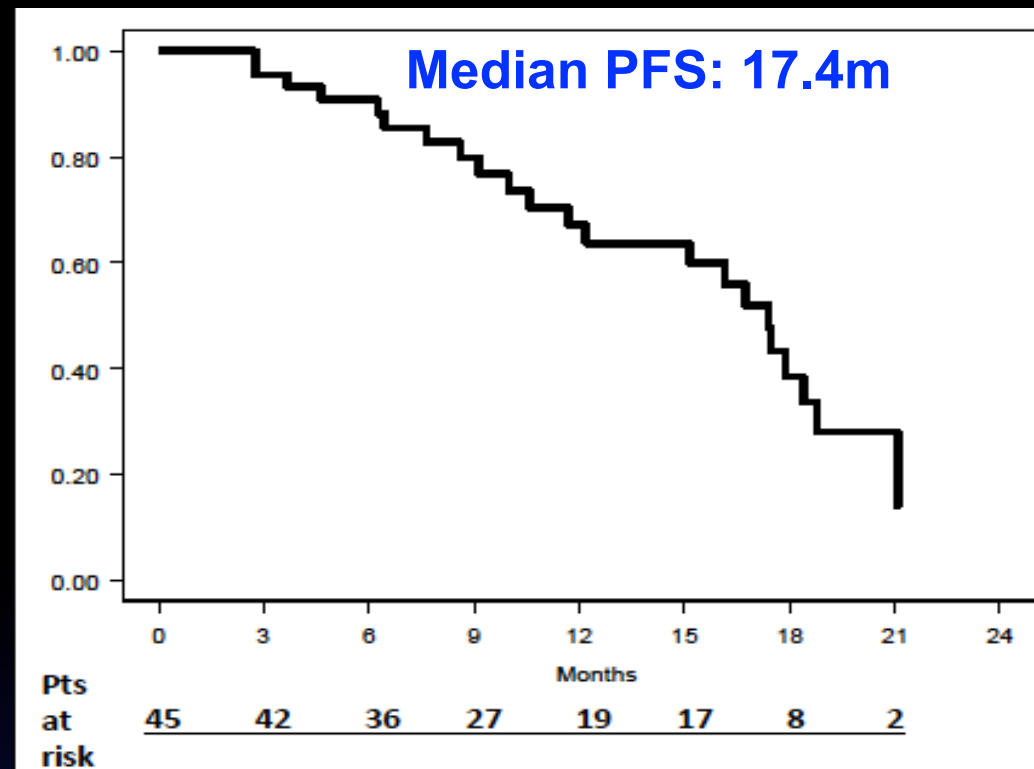
200 mg Q2W

4 mg (1-21) 40 mg QW

45pts refractory a median of 3 prior lines; double refractory to PI&IMiD's 73%

Response category	Evaluable Patients (N=45)	Double refractory (N=32)
<b>Overall response, n (%)</b>	<b>29 (65)</b>	<b>22 (68)</b>
<b>Partial response, n (%)</b>		
<b>CR</b>	3 (7)	1 (3)
<b>PR</b>	1 (2)	1 (3)
<b>ORR</b>	9 (20)	6 (18)
	16 (36)	14 (44)
<b>CR</b>	3 (7)	1 (3)
	11 (23)	7 (22)
	2 (5)	2 (4)

*Note: Orange brackets in the original image indicate that the ORR (9/20) is 29% for the overall group and 24% for the double refractory group.*



pts (12%) had G3-4 pneumonitis and 4 required discontinuation

Correlation between PD-L1 expression in PCs and ORR but no between PD-1&CD3 and ORR

# Monoclonal antibodies in MM: a new era...

Target	mAb		Stage of development
<b>Surface molecules</b>			
SLAMF7 (CS1)	Elotuzumab	Humanized	Phase 1/2/3
CD38	Daratumumab	Fully human	Phase 1/2/3/4
	Isatuximab (SAR650984)	Chimeric	Phase 1/2
	MOR202	Fully human	Phase 1/2
CD138	Indatuximab ravtansine (BT062)		Phase 1/2
BCMA	J6M0-mcMMAF (GSK2857916)		Phase 1
<b>Signaling molecules</b>			
IL-6	Siltuximab		Phase 2
RANKL	Denosumab		Phase 3
VEGF	Bevacizumab		Phase 2
DKK1	BHQ880		Phase 2
<b>Immune checkpoint inhibitors</b>			
PD-1	Pembrolizumab		Phase 1/2/3
	Nivolumab		Phase 1/2
	Pidilizumab		Phase 1/2
PD-L1	Durvalumab, Atezolizumab		Phase 1
CTLA4	Ipilimumab		Phase 1/2
KIR	Lirilumab		Phase 1

**Grazie per l' attenzione.....**