

Provincial Health Services Authority

Advances in Immunotherapy for Lymphoma

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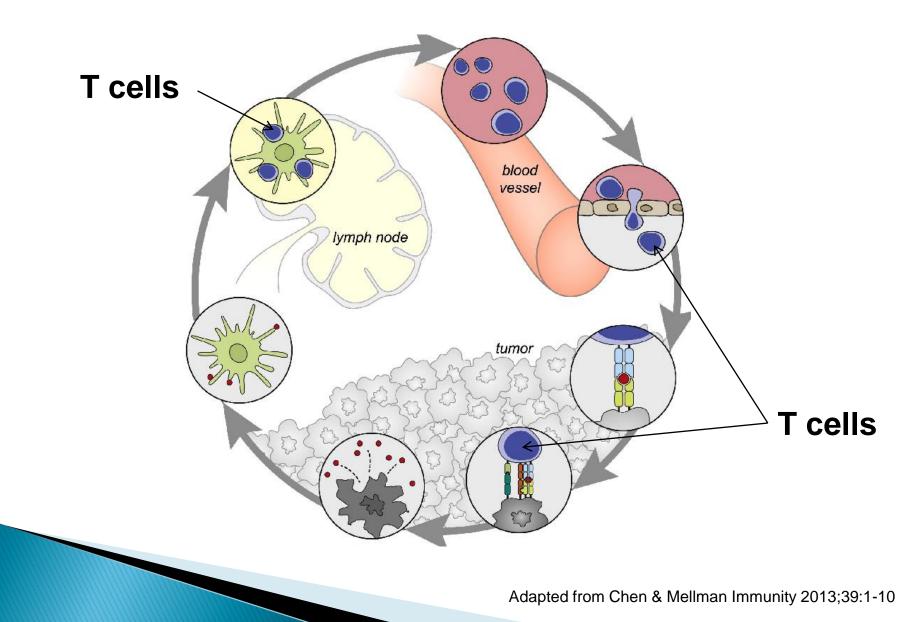
Outline

- The immune system and cancer
- Immunotherapies available for lymphoma
- Upcoming immunotherapy clinical trials in BC
- The future of lymphoma immunotherapy

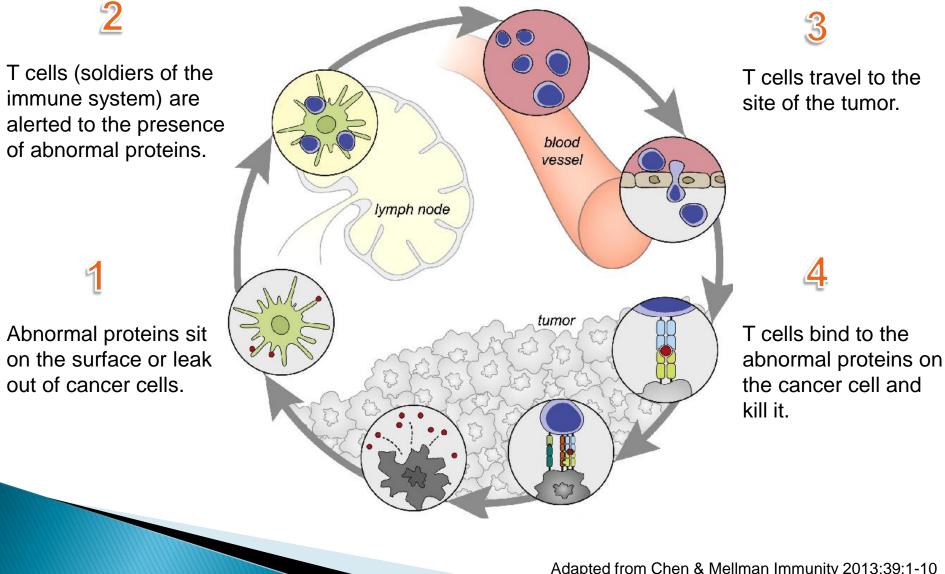
What to remember today . . .

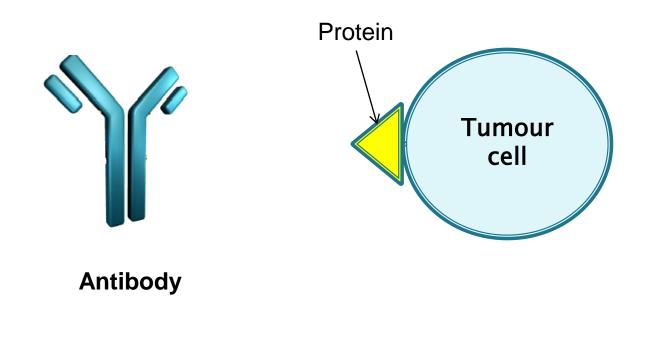
- The immune system is capable of recognizing and killing cancer cells, but cancer cells are good at hiding.
- "Immunotherapy" refers to different types of treatments with a collective aim to restore or enhance the immune system's ability to kill cancer cells.
- Most new lymphoma immunotherapies are currently for relapsed disease or are still in clinical trials.
- Immunotherapy is a promising approach to cancer therapy, but we have much to learn.

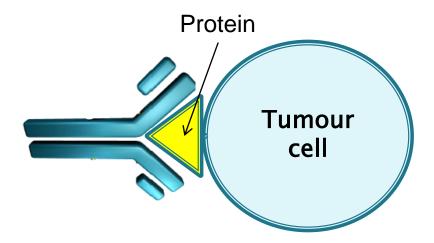
The immune system and cancer

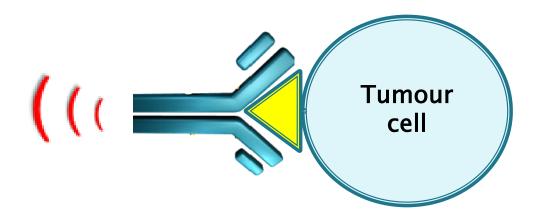


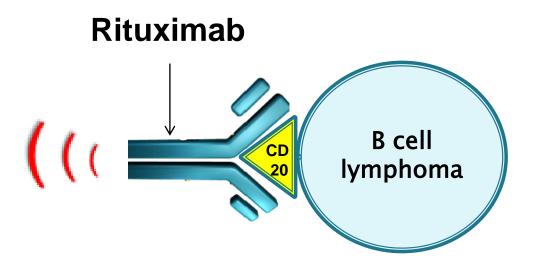
The immune system and cancer



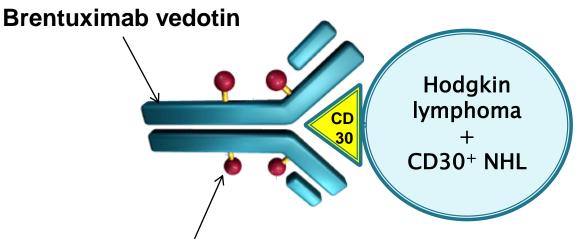






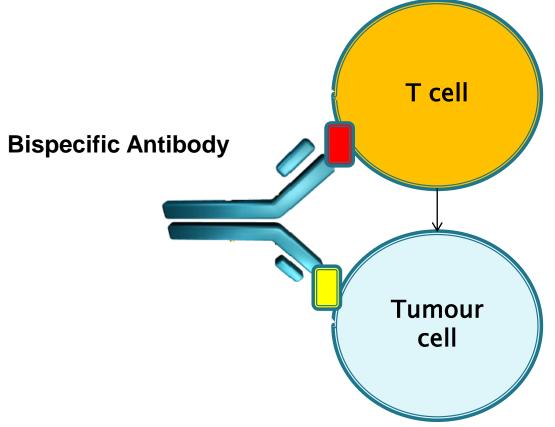


• First line therapy for all B-cell lymphomas

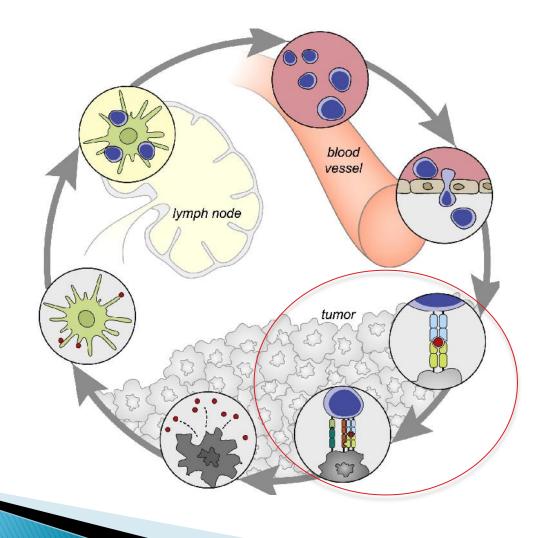


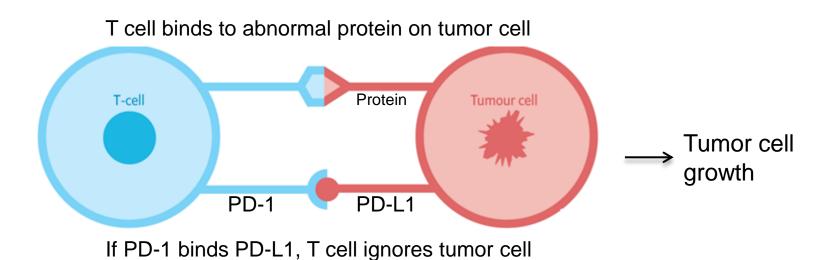
Chemotherapy

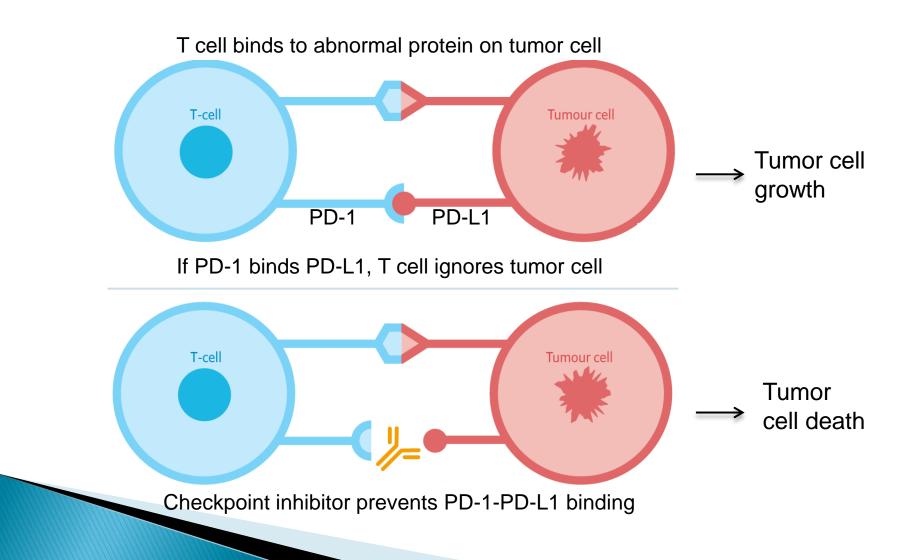
- Relapsed Hodgkin lymphoma
- Recently FDA-approved for first line therapy of Hodgkin lymphoma in combination with chemotherapy
- NHLs that express CD30

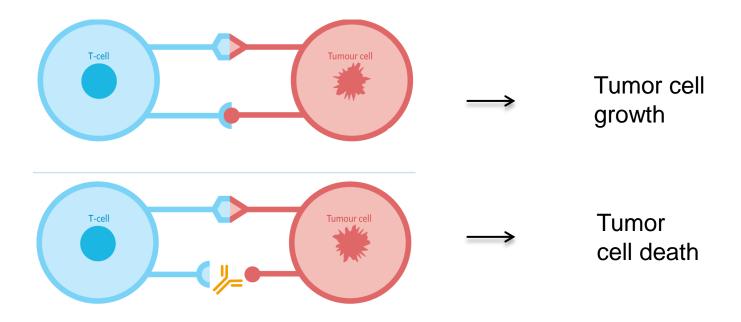


- No approved bispecific antibody therapies for lymphoma
- BC Cancer clinical trials open for relapsed B-cell NHL (DLBCL, FL, MCL)



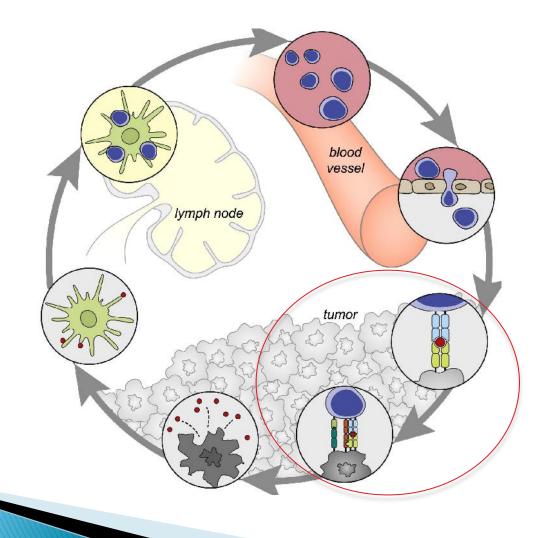






- Relapsed Hodgkin lymphoma
- BC Cancer clinical trials: indolent NHLs (eg FL, CLL), MCL, DLBCL, T cell lymphomas

Immunotherapies for lymphoma: T cell therapies



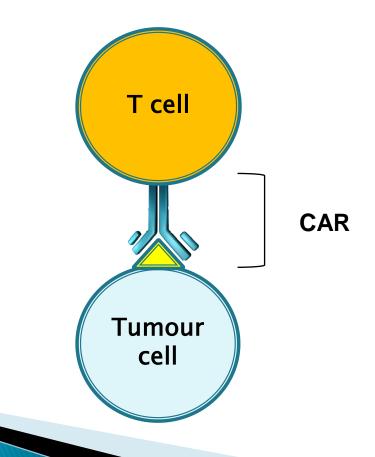
Immunotherapies for lymphoma: T cell therapy

Identify or genetically engineer tumour reactive T cells Expand the T cells in the lab and infuse back into patients

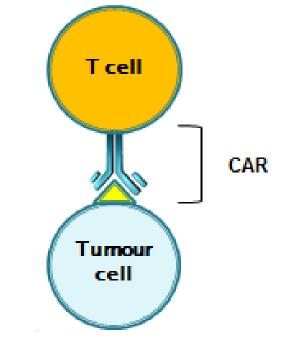
<u>Chimeric</u> <u>Antigen</u> <u>Receptor</u> <u>T</u> cells



<u>Chimeric</u> <u>Antigen</u> <u>Receptor</u> <u>T</u> cells

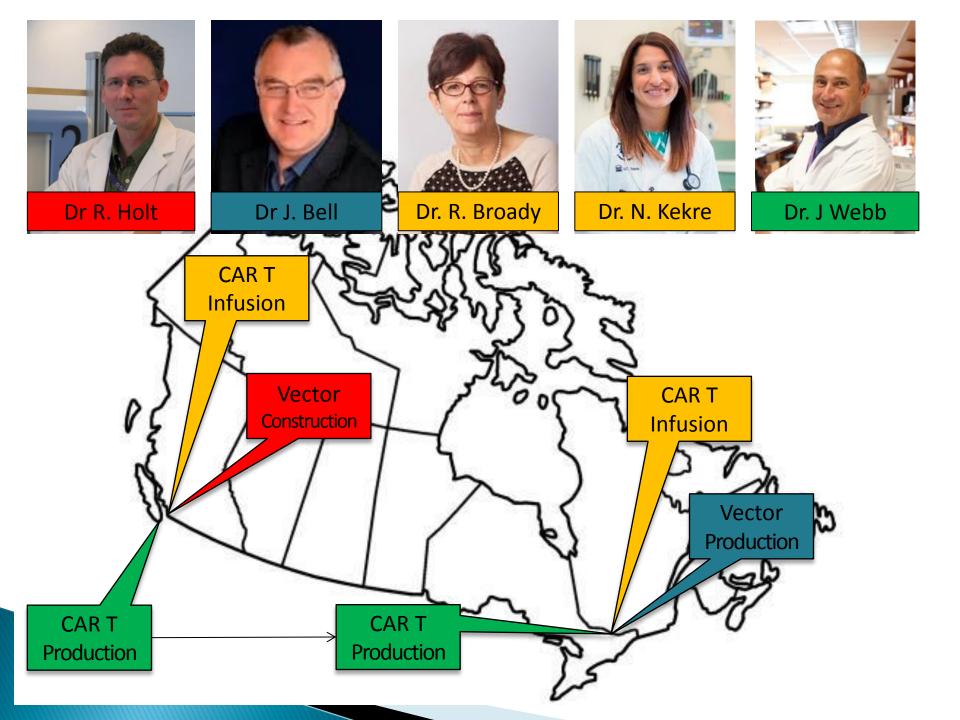


- FDA-approved in 2017 for relapsed, aggressive B cell lymphoma
 - ~50% of patients with complete response
 - Waiting for long term follow up
- Clinical trials in progress:
 - Hodgkin lymphoma
 - Chronic lymphocytic leukemia
 - Follicular lymphoma



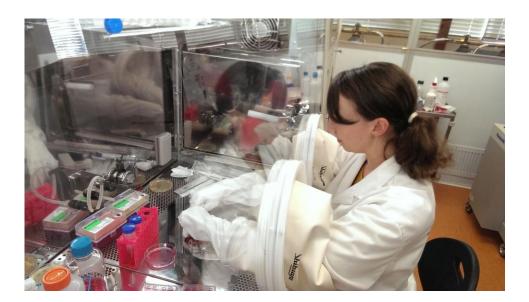
- Challenges
 - Unclear why some patients do not respond
 - Unique and serious toxicities
 - Available at a limited number of specialized facilities in the US
 - Cost

- Building Canadian CAR T cell infrastructure
 - Multicenter initiative to produce Canadian CAR T cell products
 - Provide access for Canadian patients to CD19 directed CAR T cells ASAP
 - Create a cost-effective clinical and research platform for future CAR T cell development



Miltenyi CliniMACs Prodigy system for CAR-T cell production

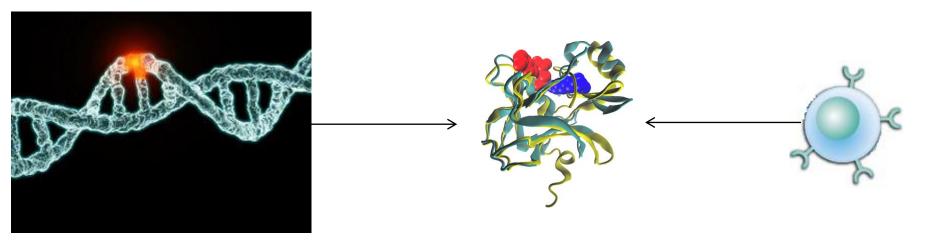
- Fully closed, automated system.
- 10-day T cell engineering and expansion protocol
- Deployable at point-of-use





Immunotherapies for lymphoma: Non-engineered T cell therapy

 Development of a non-engineered T cell trial in Victoria

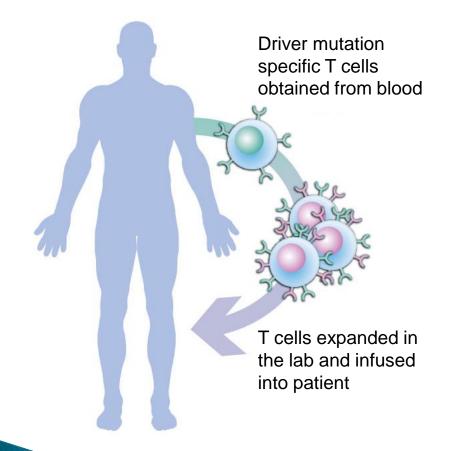


Driver mutation in DNA

Protein that drives cancer cell growth

T cells recognize proteins

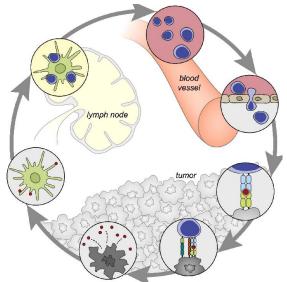
Development of a non-engineered T cell trial in Victoria



- Phase I clinical trial for relapsed follicular and mantle cell lymphoma planned for 2019– 2020
- Potential benefits over engineered T cell therapy
 - Safety
 - Personalization
 - Targeting multiple driver mutations simultaneously

Future of lymphoma immunotherapy

- Identification of new checkpoints
- Better, safer CAR T cells
- Moving immunotherapies to earlier stages of treatment
- Combination therapies



Summary

- The immune system is capable of recognizing and killing cancer cells, but cancer cells are good at hiding.
- Immunotherapy" refers to different types of treatments with a collective aim to restore or enhance the immune system's ability to kill cancer cells.
- Most lymphoma immunotherapies are currently for relapsed disease or are still in clinical trials.
- Immunotherapy is a promising approach to cancer therapy, but we have much to learn.

Acknowledgements

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