

EMA – CDDF Joint Meeting, London

mRNA- and peptide-based anticancer immunotherapies

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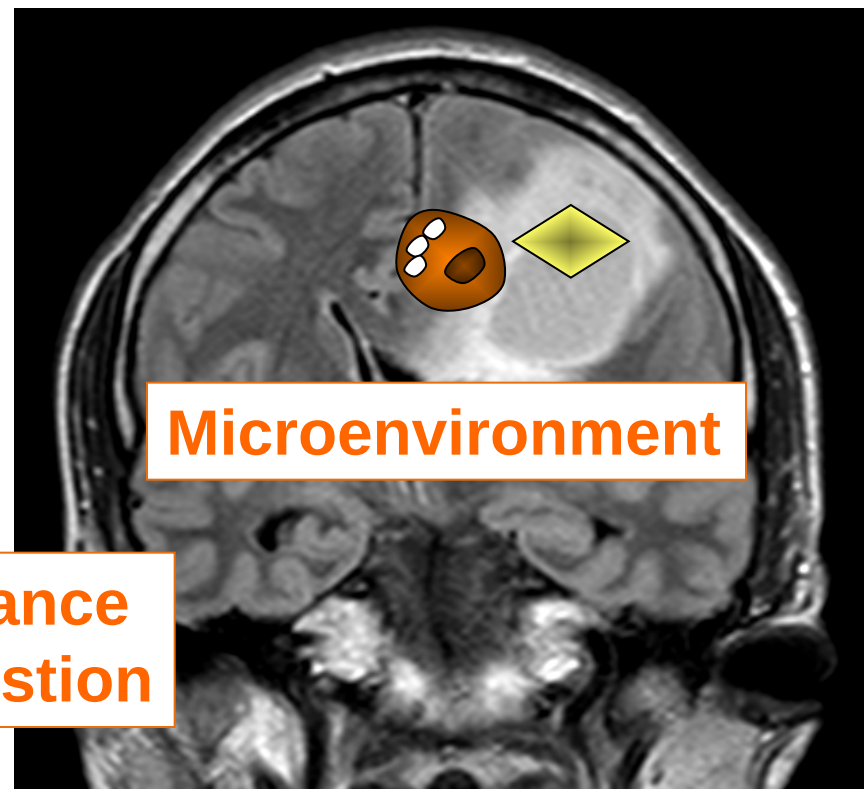
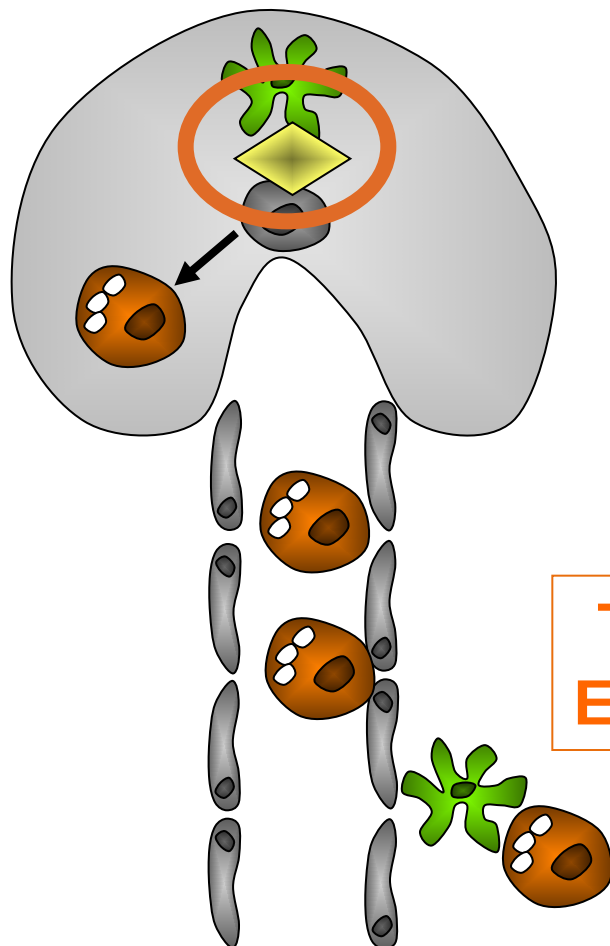


NATIONALES CENTRUM
FÜR TUMORERKRANKUNGEN
HEIDELBERG

- **Patent „Means and methods for treating or diagnosing IDH1 R132H mutant-positive cancers“; WO 2013/102641 A1, PCT/EP2013/050048**

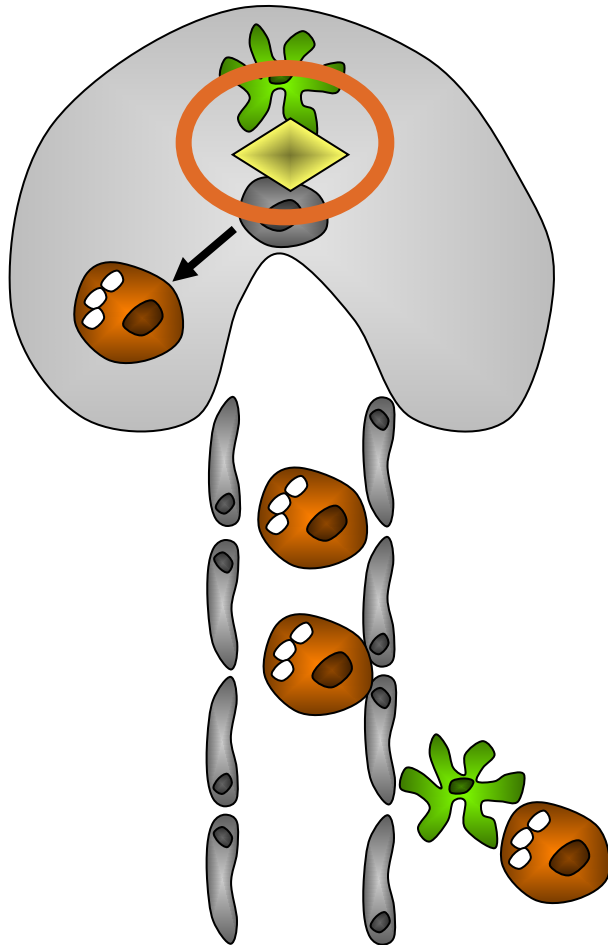
Challenges in anti-cancer vaccines

Target Antigen



Tolerance
Exhaustion

Target Antigen



TAA

- **Shared Antigens**
- **Low immunogenicity**
- **Side effects**
- **Dependent on HLA-Type**

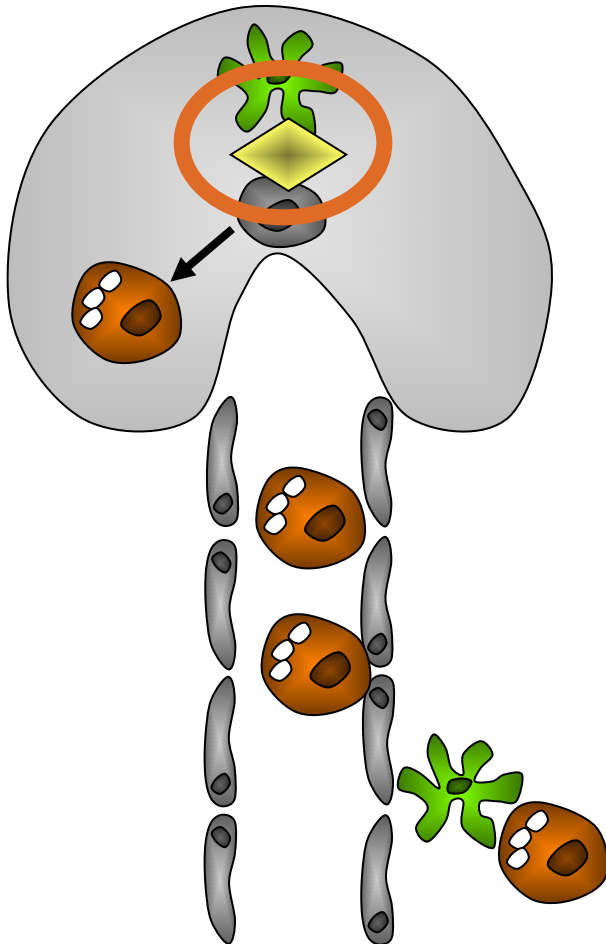
- **Classic trial concepts**
- **warehouse concepts**

TA

- **Specific immune responses**
- **Mostly mutated antigens**
- **Mostly private antigens**
- **Often minor antigens**
- **Mostly CD4 epitopes**
- **Often low expression**

- **Individualized concepts**

Target Antigen



TAA

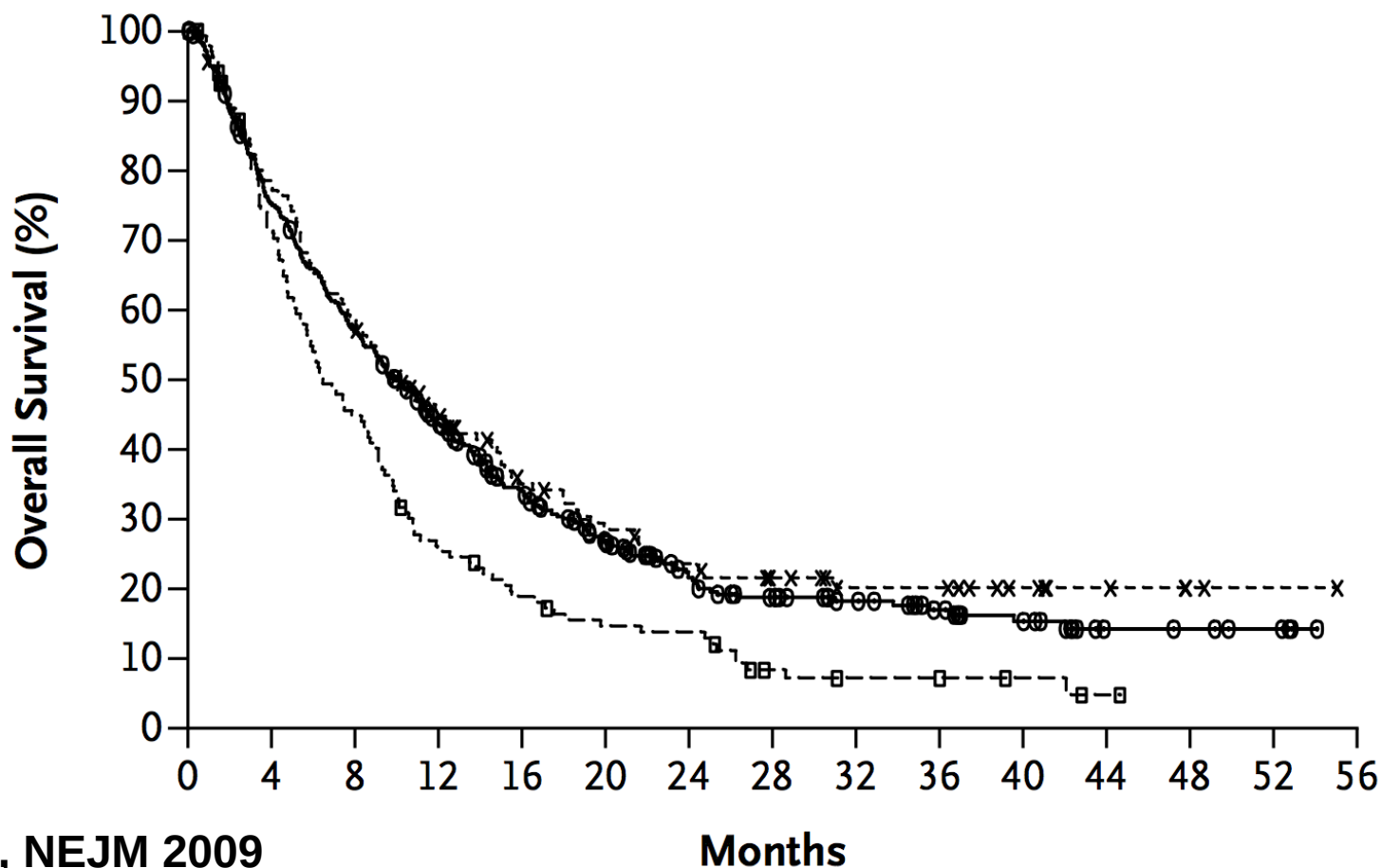
- **Shared Antigens**
- **Low immunogenicity**
- **Side effects**
- **Dependent on HLA-Type**

- **Classic trial concepts**
- **warehouse concepts**

Failure of classic vaccines targeting TAAs

— lpi plus gp100 ---- lpi ---- gp100
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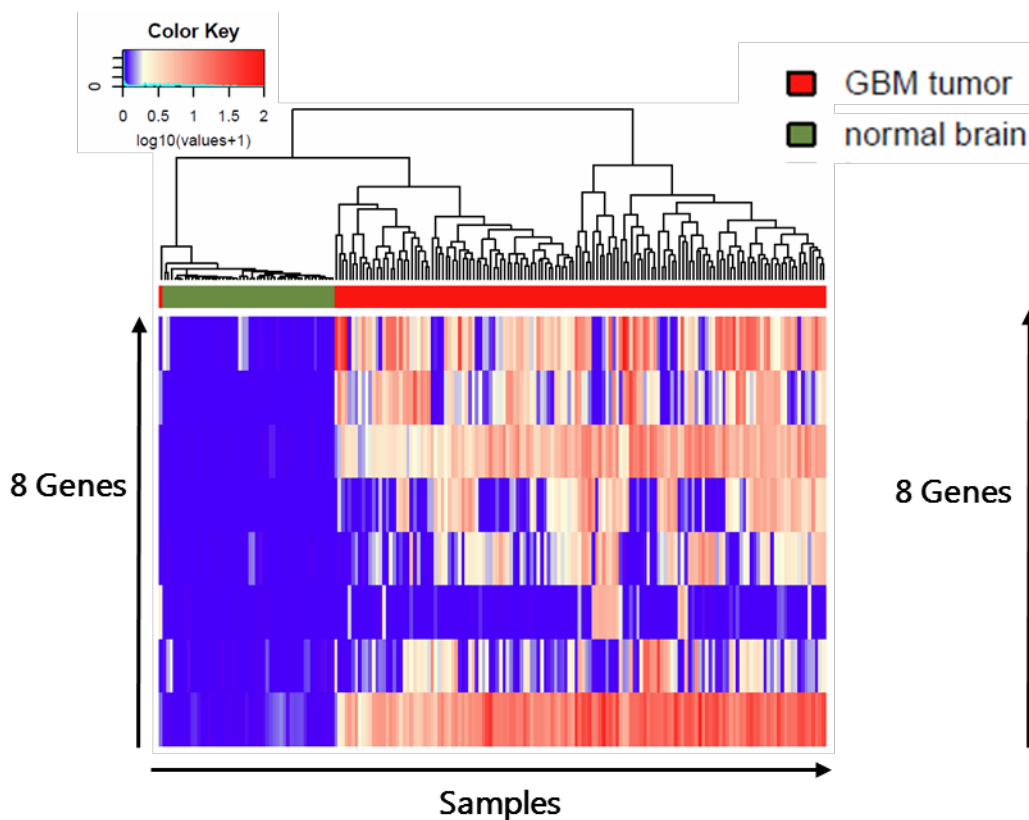
Overall Survival



RNA sequencing data

Glioblastoma (n= 144)

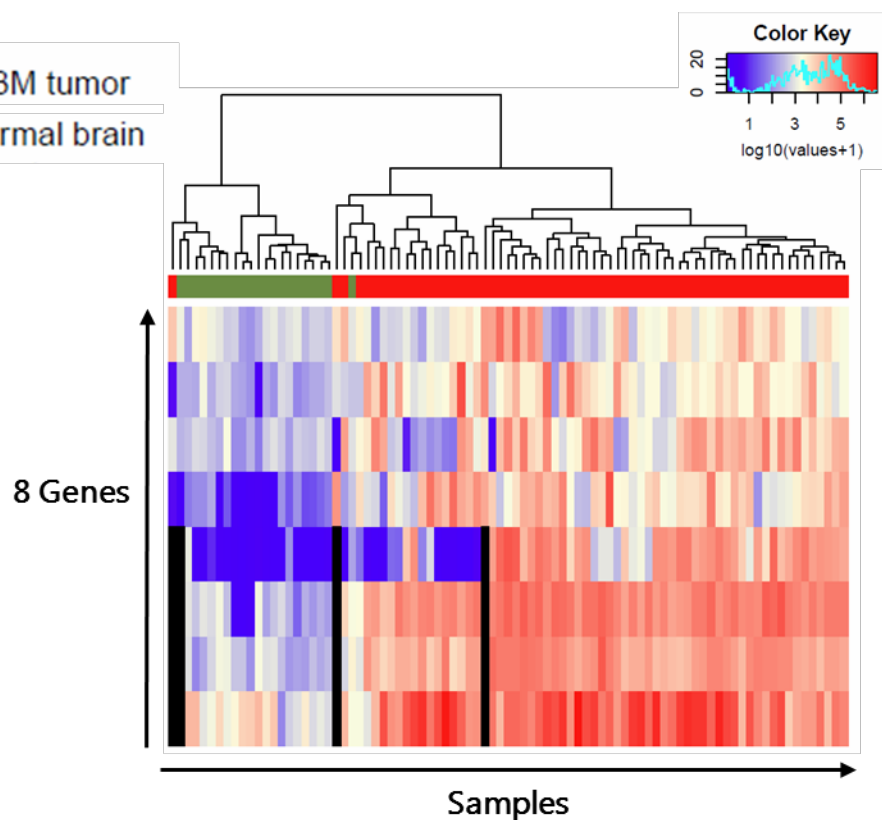
Normal brain (n= 50)



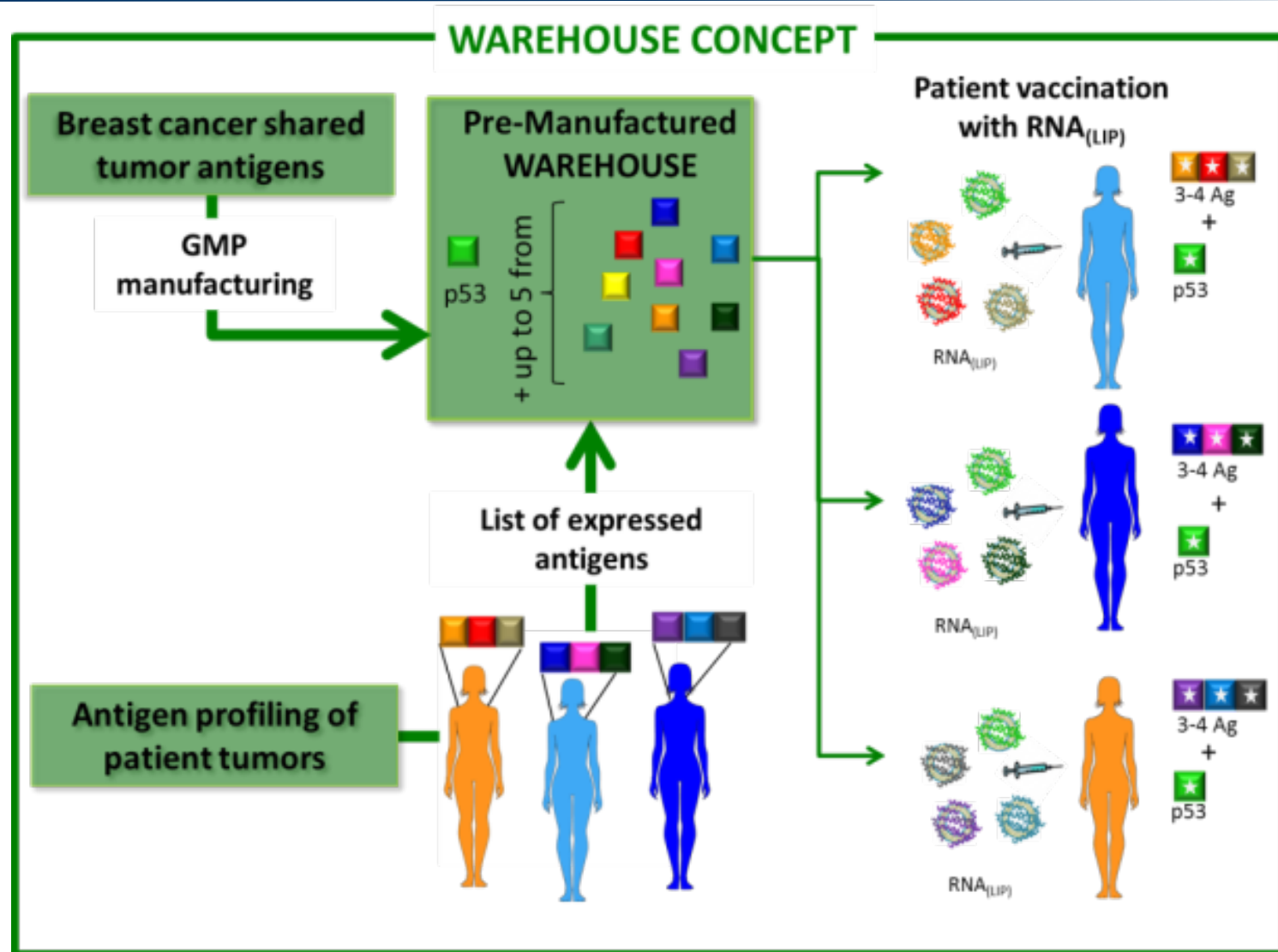
quantitative real-time PCR data

Glioblastoma (n= 66)

Normal brain (n= 21)

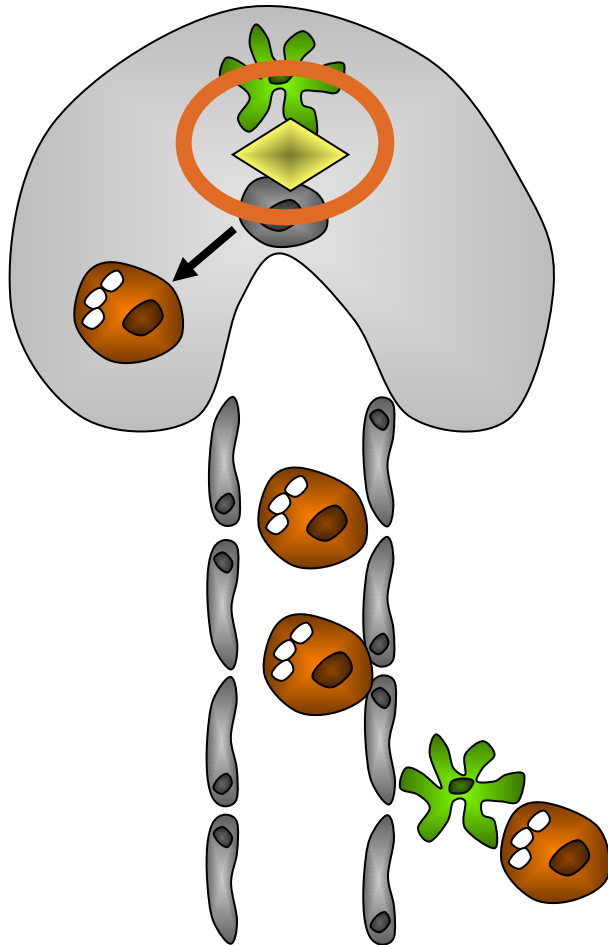


Vaccine warehouse targeting shared antigens



(Mutated) Tumor antigens

Target Antigen

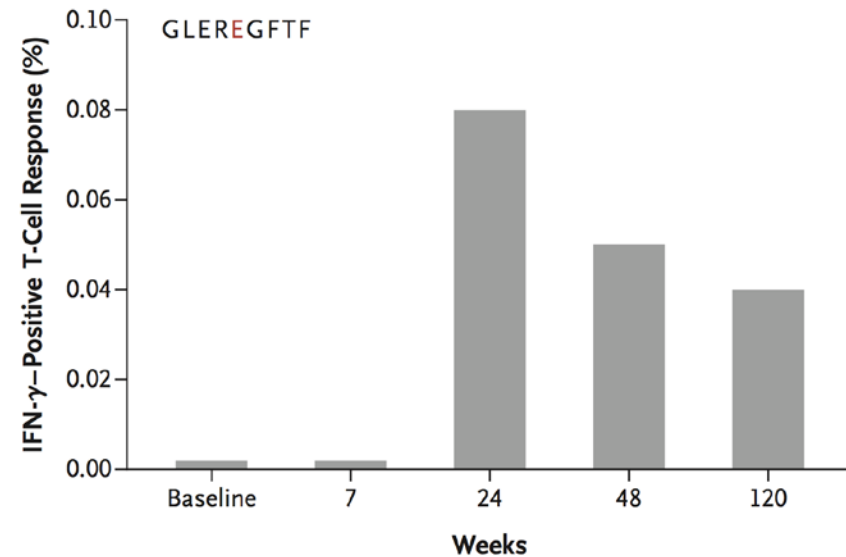
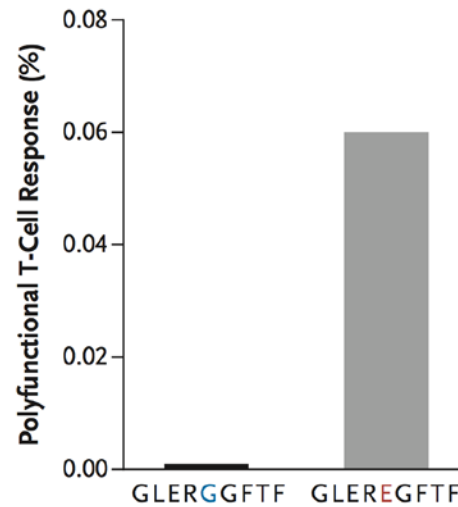
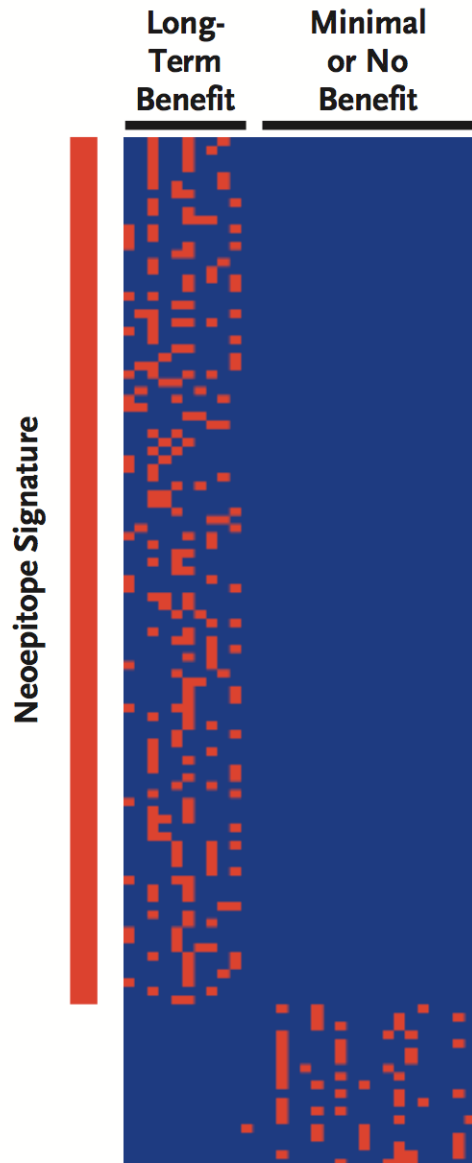


TA

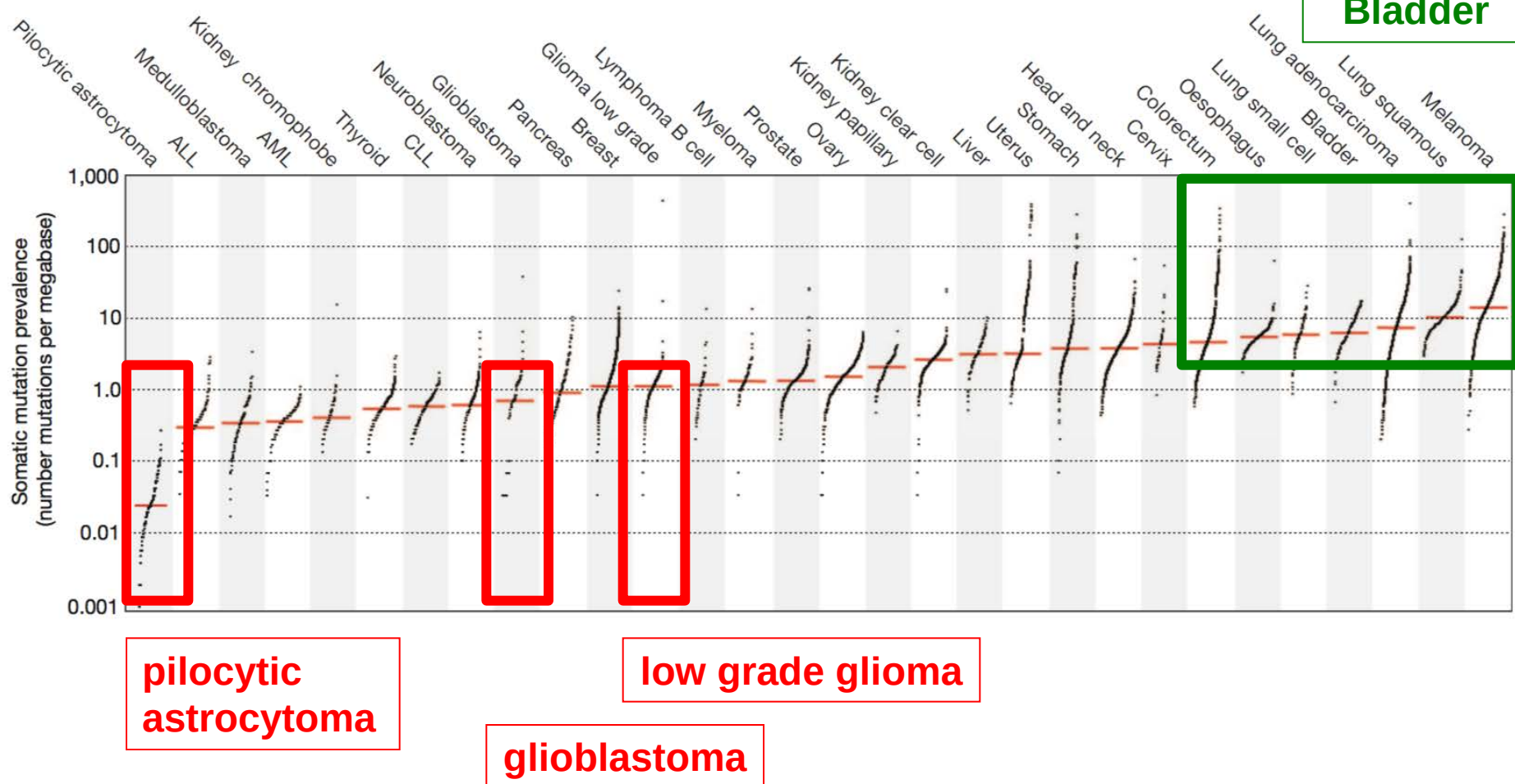
- Specific immune responses
- Mostly mutated antigens
- Mostly private antigens
- Often minor antigens
- Mostly CD4 epitopes
- Often low expression

➤ Individualized concepts

CI unmask T cell responses to mutated antigens

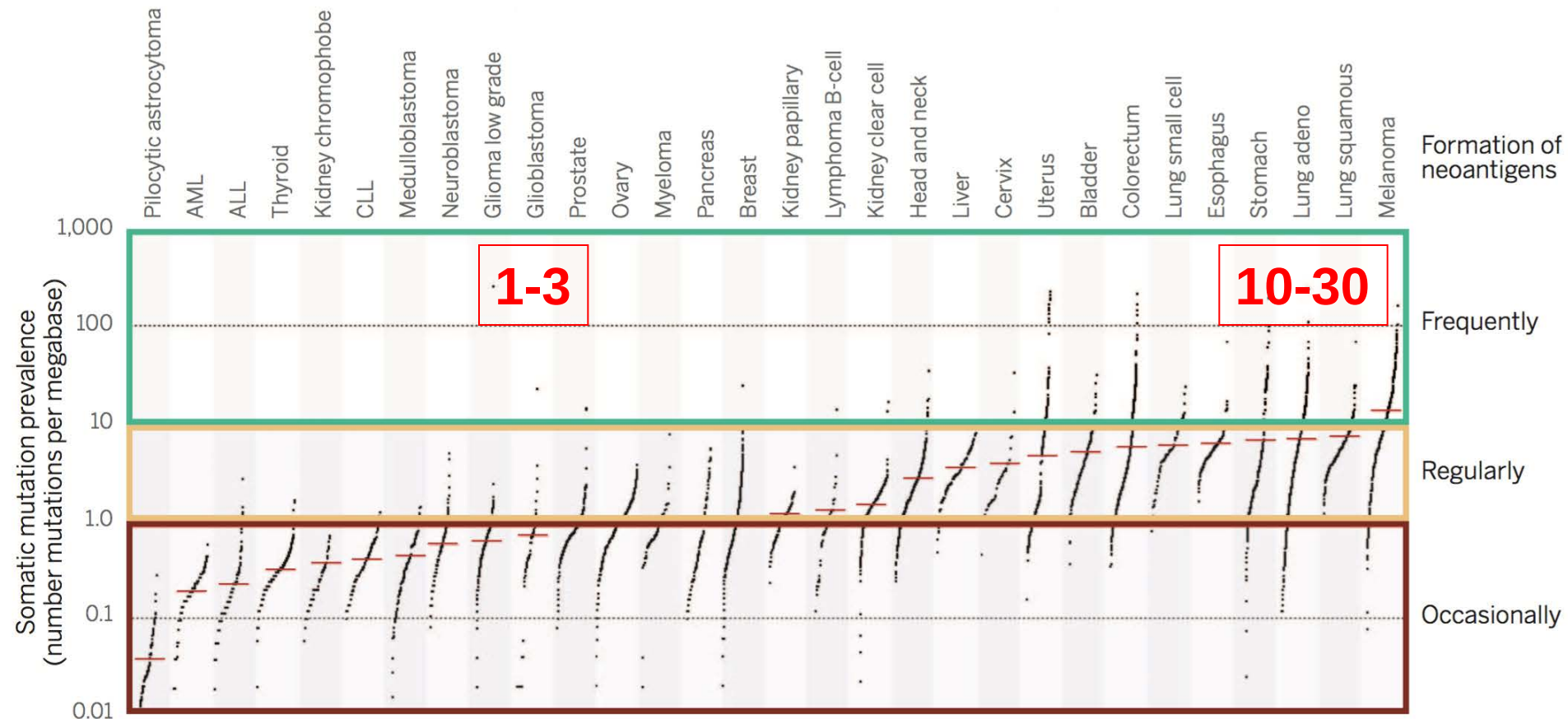


Mutational load predicts response to CI



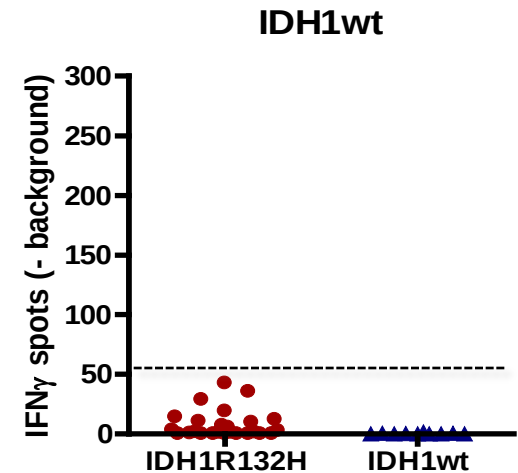
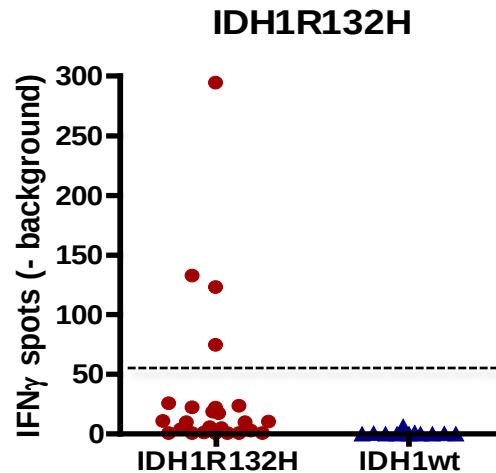
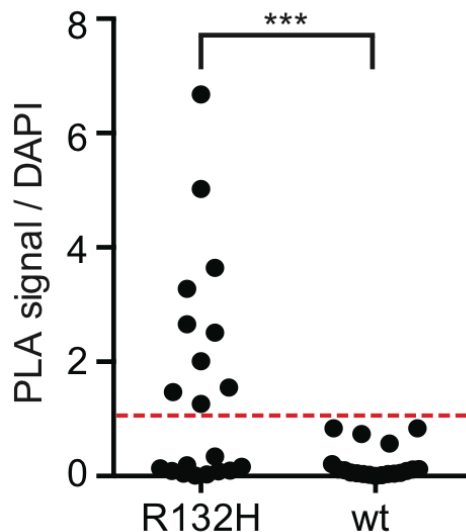
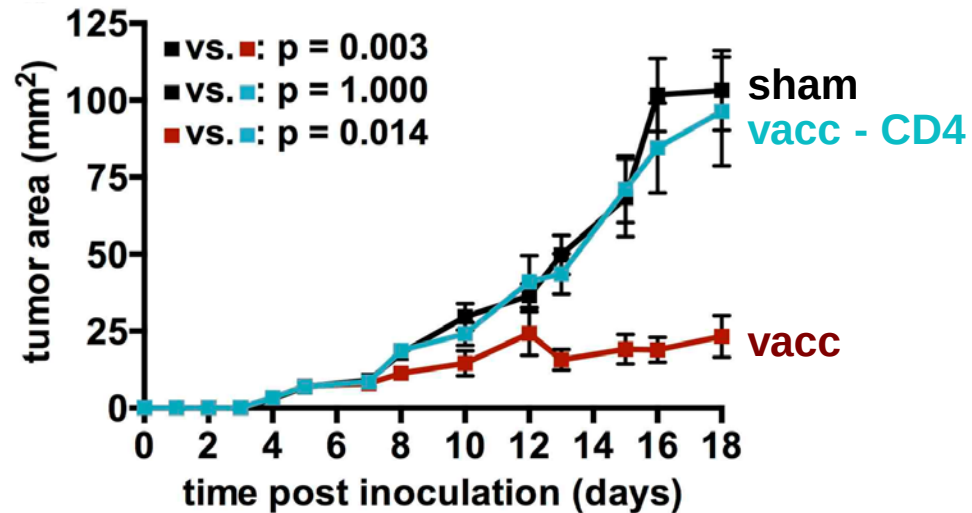
The frequency of immunogenic neoepitopes is 1-5%

Immunogenic neoepitopes

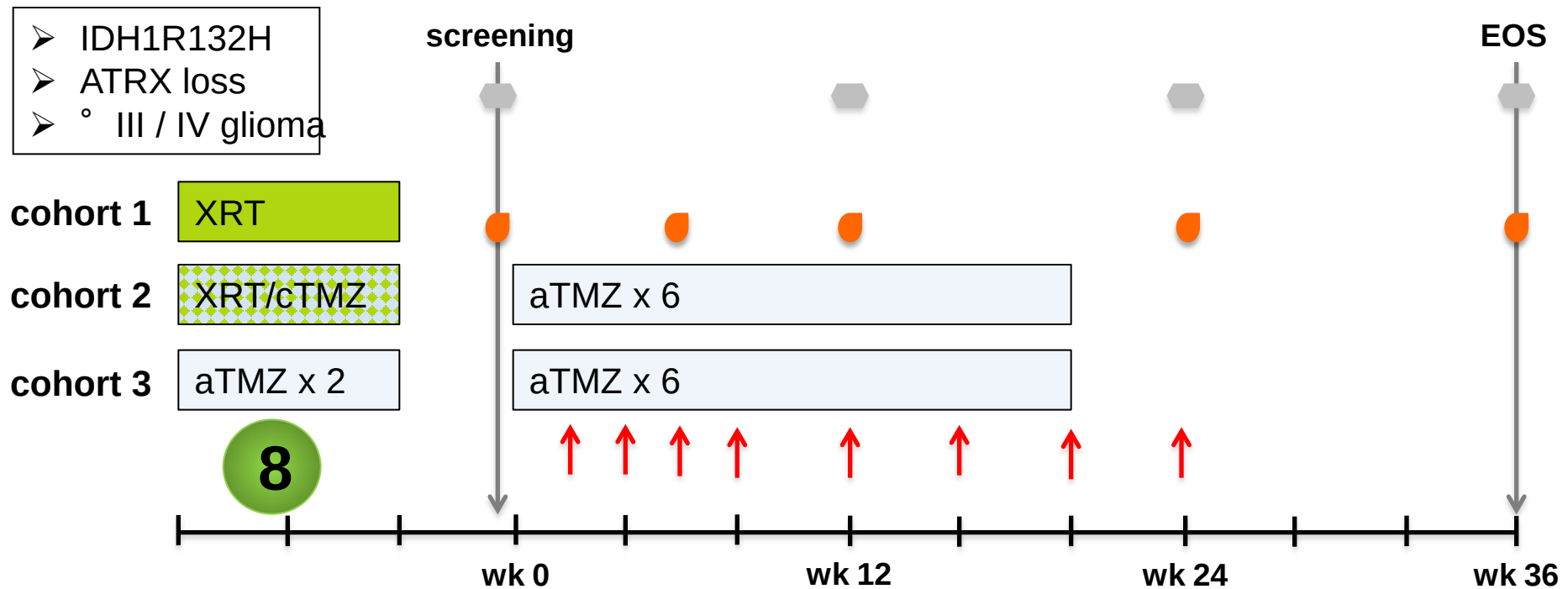


IDH1R132H – a shared mutated epitope

- uniform (R132H)
- specific (no tolerance)
- common (up to 80%)
- wide variety of tumors
- oncogenic
- early
- routine diagnostic marker



NOA-16 trial (NCT02454634, EudraCT 2014-000503-27)



XRT: radiotherapy (30 x 2 Gy)

aTMZ: adjuvant temozolomide (200 mg/m²; d1-5 of 28-day cycles)

cTMZ: concomitant temozolomide (75 mg/m² daily for 6 weeks)

↑ IDH1R132H vaccine with imiquimod wk 2,4,6,8,12,16,20,24)

⬢ MRI + magnetic resonance spectroscopy (MRS)

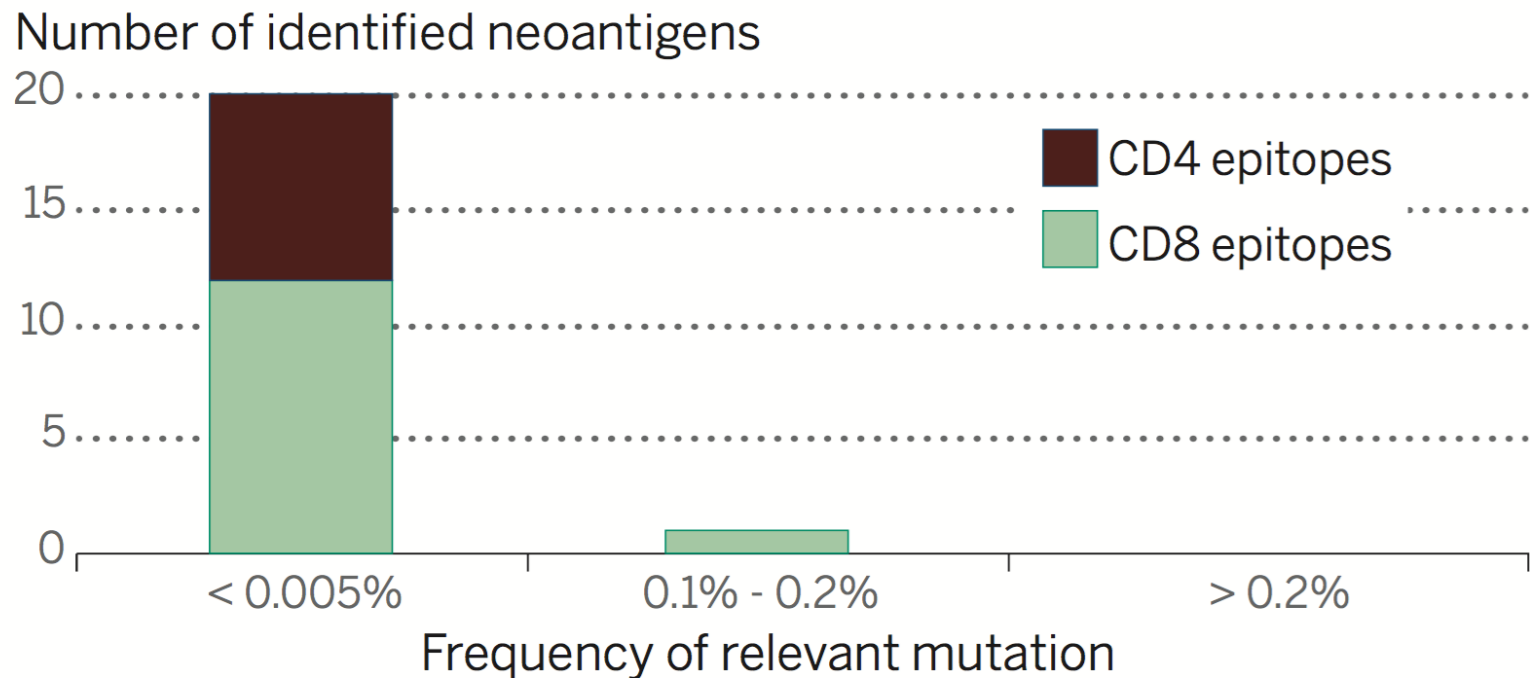
● Immune monitoring (IDH1R132H antibody ELISA, EliSpot)

3.0

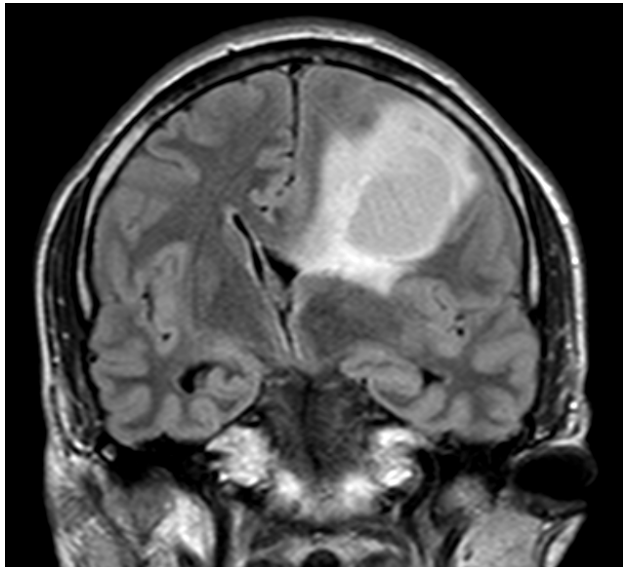
Deutsches Konsortium
für Translationale
Krebsforschung



Mutation-derived neoantigens in human cancer



Identification of immunogenic neoepitopes



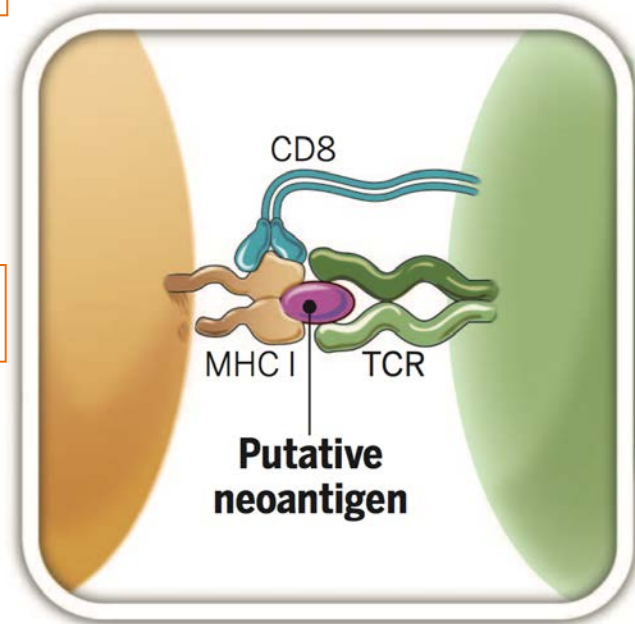
Mutated epitopes

HLA Binding

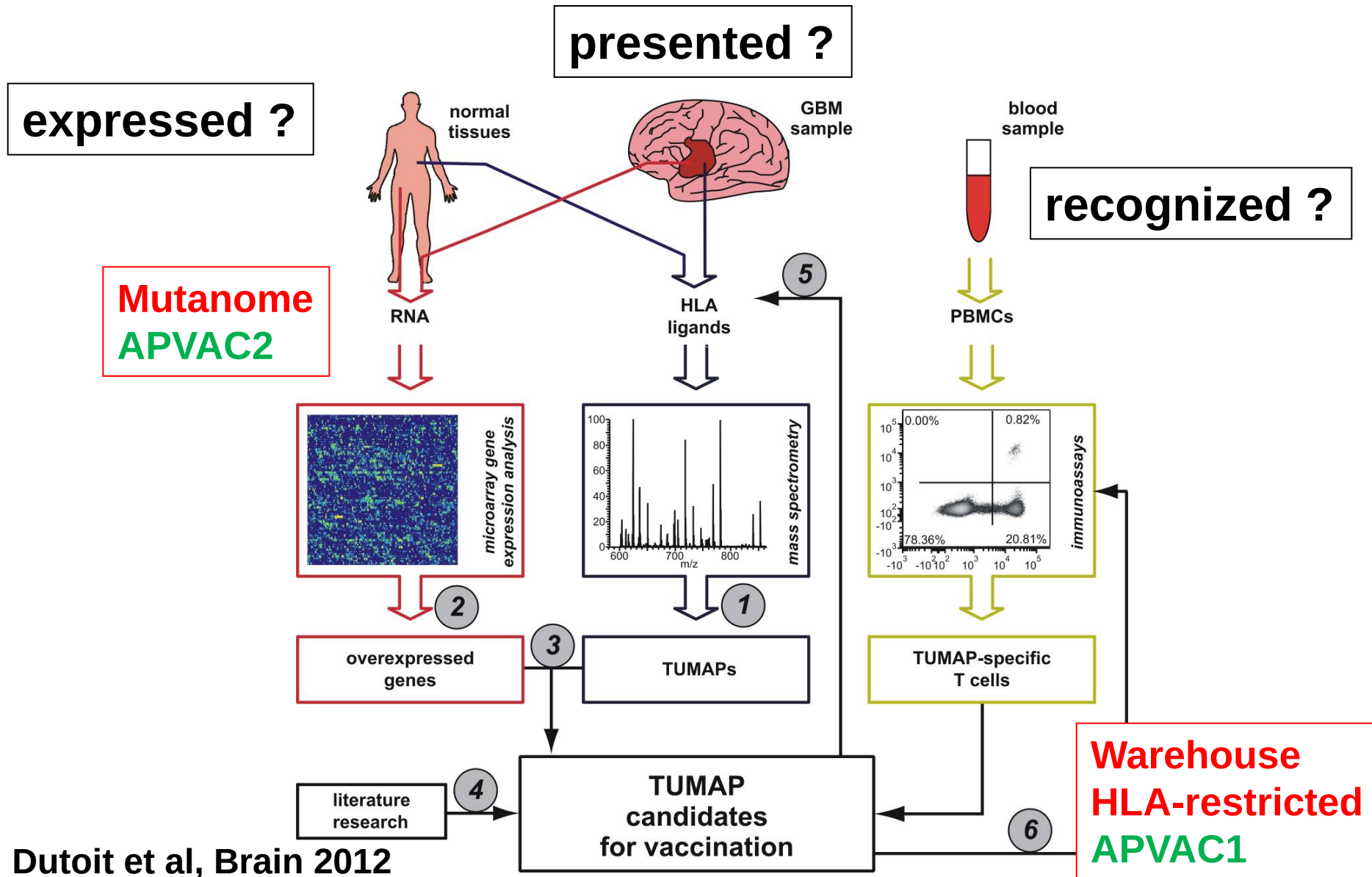
T cell recognition

Target Antigen

Patient-specific



Identification of tumor-associated peptides



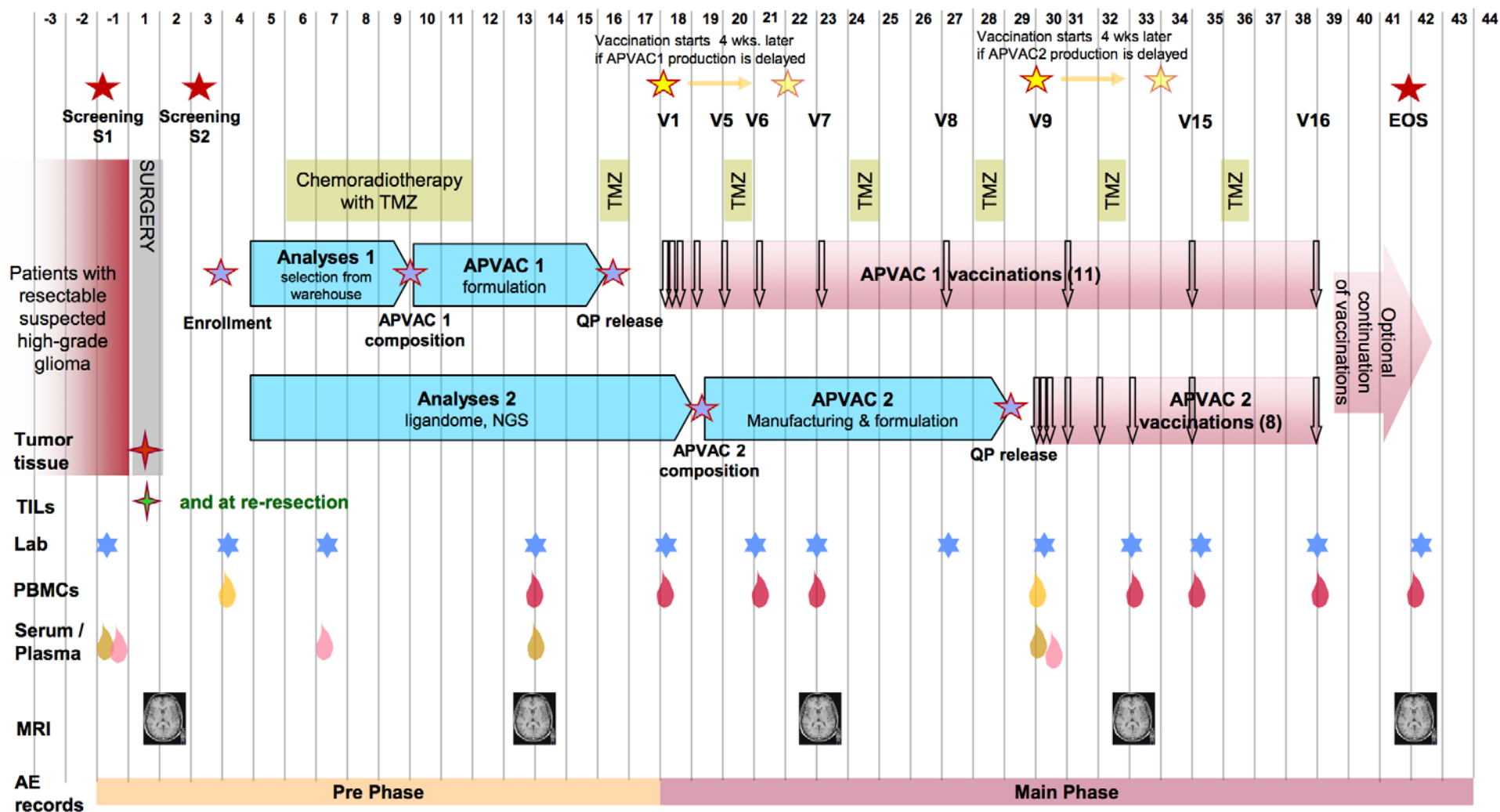
Individualized glioblastoma vaccine – the GAPVAC Trial

10

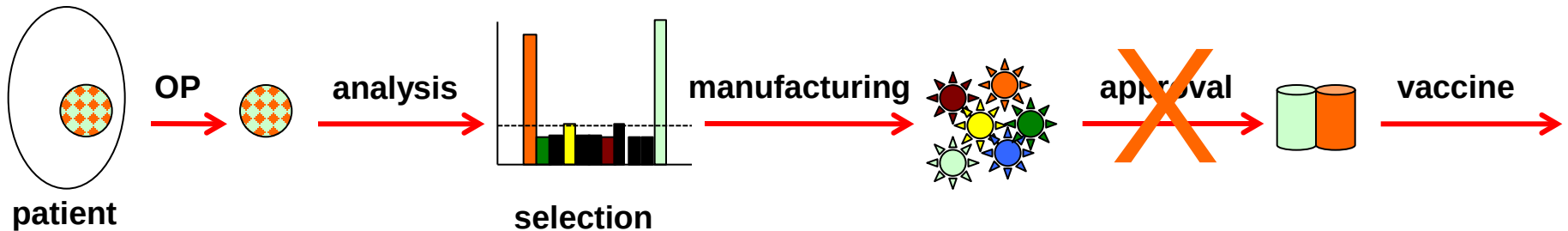
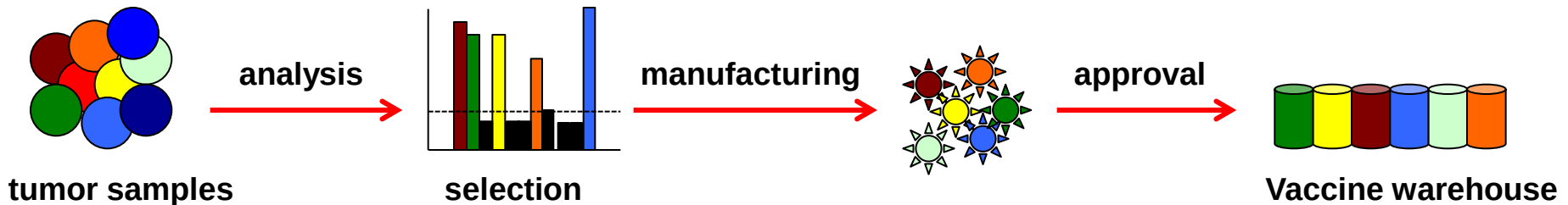
GAPVAC

EU project 2012-2017
Clinical Study: 10/2014 -

PI: Wolfgang Wick

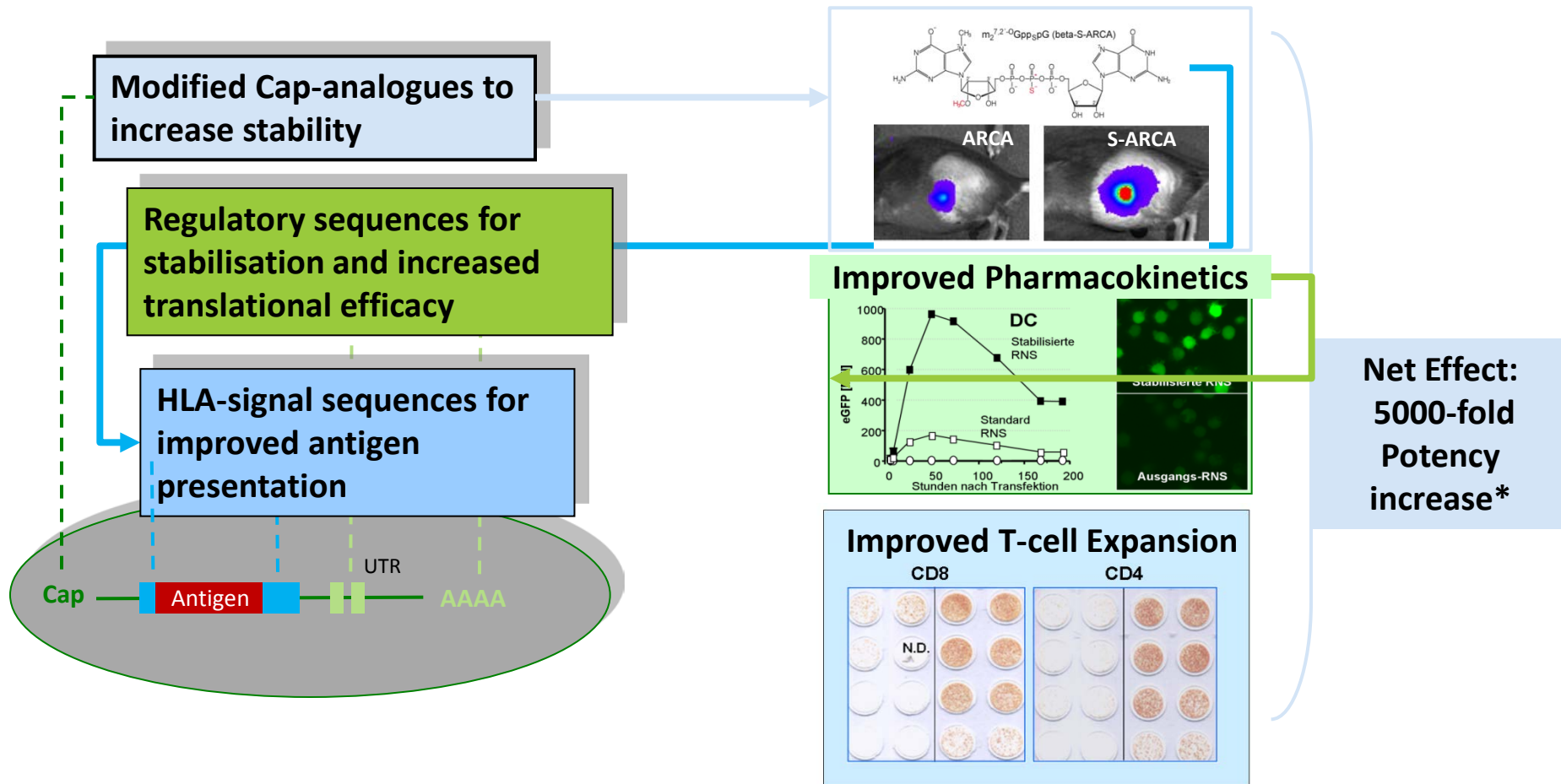


Regulatory challenges of individualized immunotherapy .T



IMP-independent approval

Pharmacologically optimized mRNA vaccines



Synthetic vaccine design & Production

Mutanome Analyses

Just-in-time tailored synthetic RNA drugs



- **Multiepitope vaccines targeting TAA are increasingly used in warehouse trial concepts**
- **Vaccines targeting mutated epitopes offer conceptual advances over vaccines targeting TAA**
- **The rationale of neoepitope vaccines is supported by data from trials using checkpoint inhibitors**
- **Vaccines targeting mutated epitopes require patient-specific identification and manufacturing as most neoepitopes are private**
- **Combination of neoepitope vaccines with checkpoint blockade may increase efficacy**
- **mRNA vaccines may offer advantages over peptide vaccines in efficacy and manufacturing**
- **Current research addresses the mechanisms of action (CD4 / CD8) and antigen spreading / escape mechanisms**

CCU Neuroimmunology and Brain Tumor Immunology

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3.0



Gemeinnützige

Hertie-Stiftung



DKFZ

Heidelberg Cancer Immunotherapy Program



University Hospital Heidelberg and National Center for Tumor Diseases

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Neurology

Neuropathology

Wolfgang Wick

Neurosurgery

Neuroradiology

Immunology

Hematology

Trial Center

Immune Monitoring

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Felix Sahn**

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DCTK partner sites

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Immatics, Agios, Adaptive, CureVac

Ugur Sahin



Deutsches Konsortium für
Translationale Krebsforschung
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