

# **Sarcoma Immune Class (SIC) Data Review: TARPSWG STRASS3 Discussion**

**John E. Mullinax, MD, FACS**

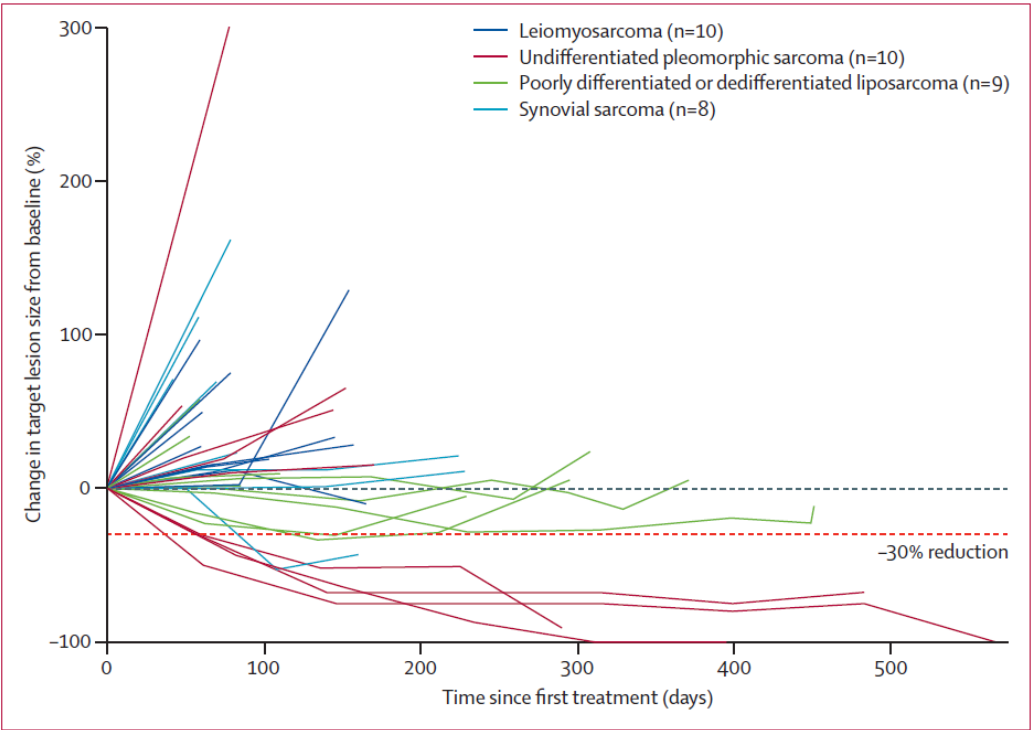
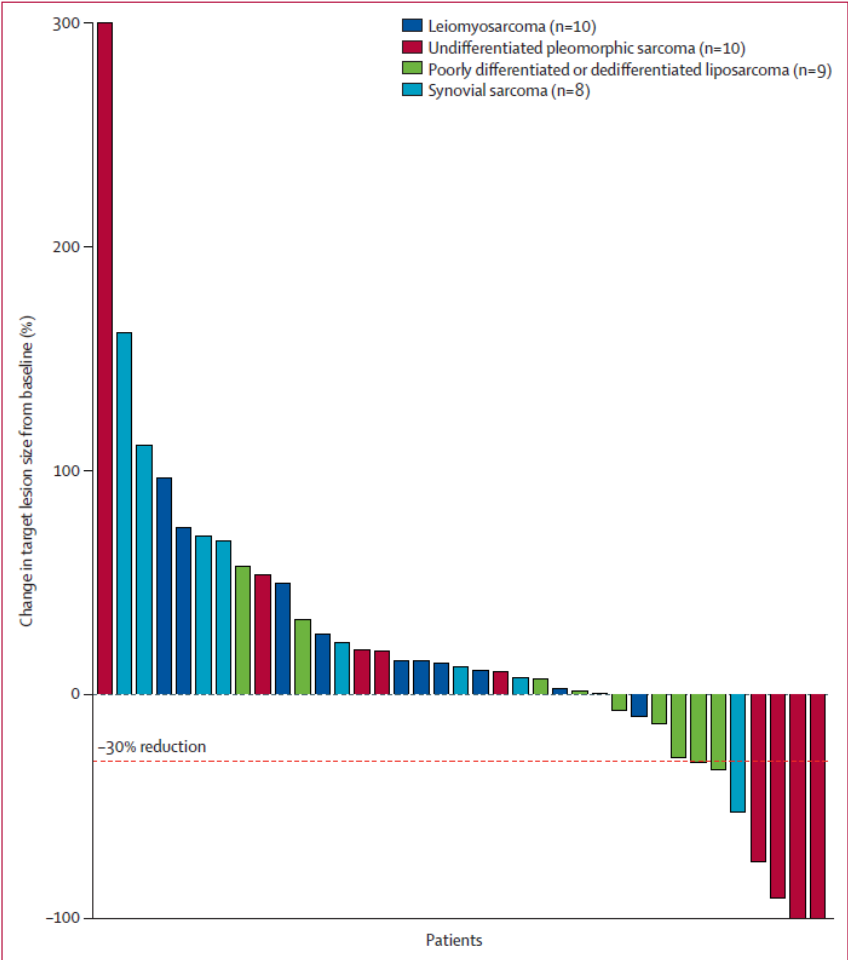
Section Head, Surgical Oncology, Sarcoma Department, Moffitt Cancer Center

**Emily Z. Keung, MD, AM, FACS**

Assistant Professor, Department of Surgical Oncology, MD Anderson Cancer Center

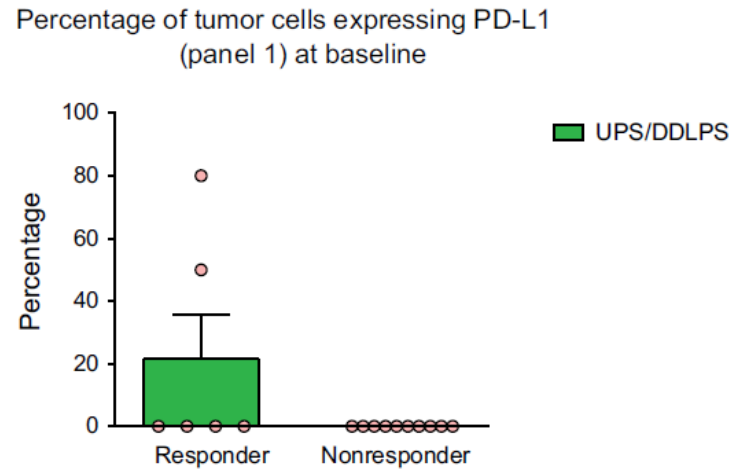
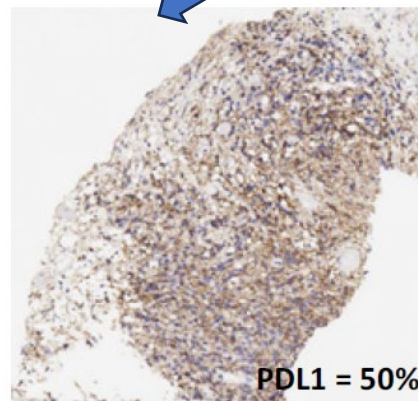
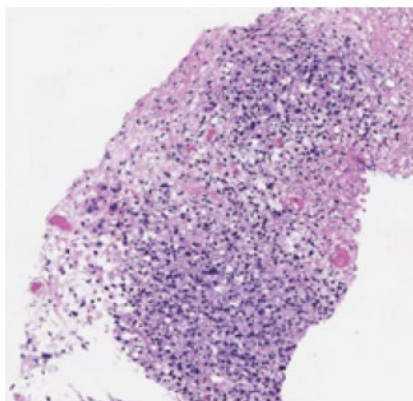
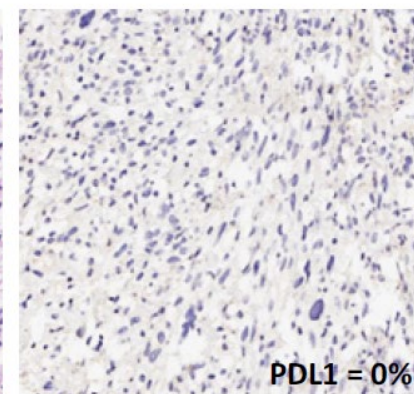
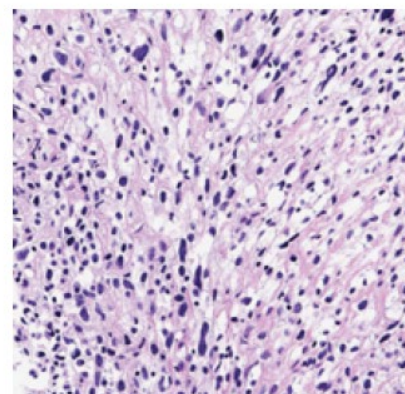
# Pembrolizumab in advanced soft-tissue sarcoma and bone sarcoma (SARC028): a multicentre, two-cohort, single-arm, open-label, phase 2 trial

Hussein A Tawbi, Melissa Burgess, Vanessa Bolejack, Brian A Van Tine, Scott M Schuetze, James Hu, Sandra D'Angelo, Steven Attia, Richard F Riedel, Dennis A Priebat, Sujana Movva, Lara E Davis, Scott H Okuno, Damon R Reed, John Crowley, Lisa H Butterfield, Ruth Salazar, Jaime Rodriguez-Canales, Alexander J Lazar, Ignacio I Wistuba, Laurence H Baker, Robert G Maki, Denise Reinke, Shreyaskumar Patel



## Correlative Analyses of the SARC028 Trial Reveal an Association Between Sarcoma-Associated Immune Infiltrate and Response to Pembrolizumab

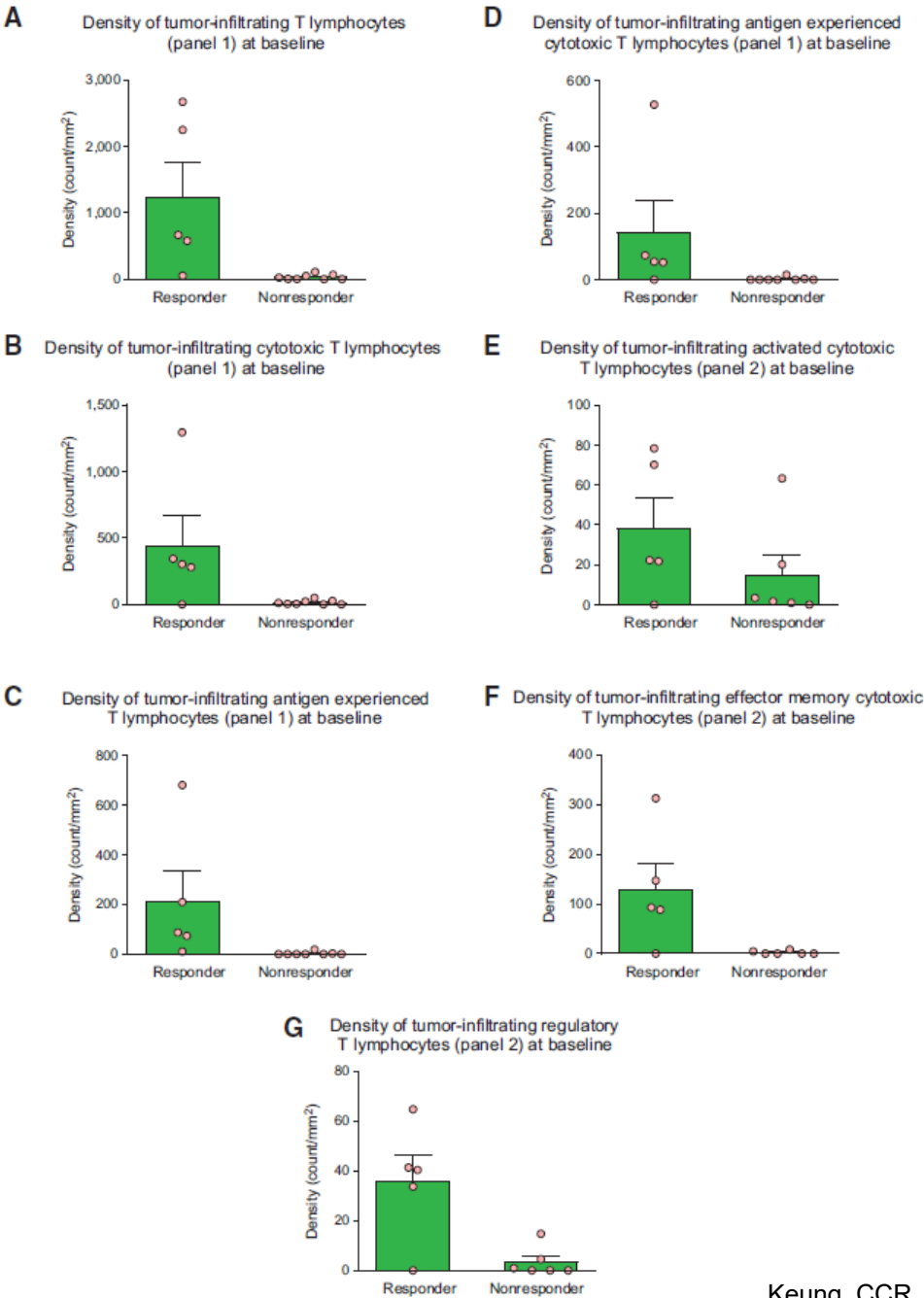
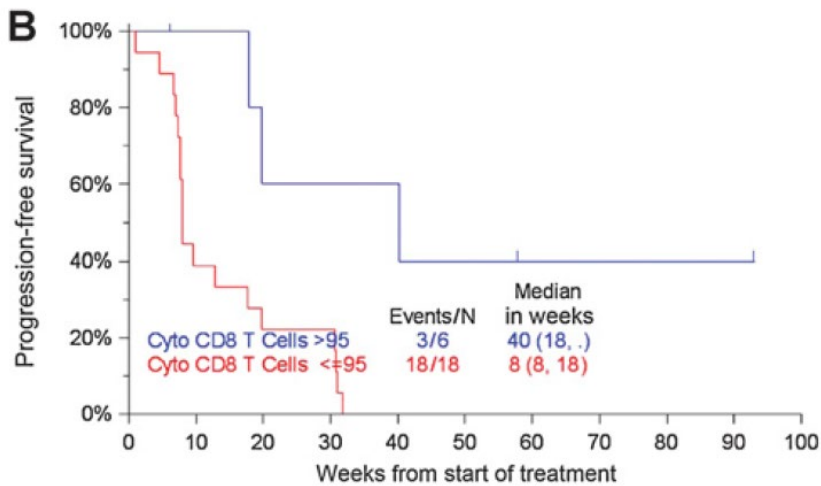
- Multiplex IHC analysis of pre and post (8 week) treatment biopsies
- Focus on UPS/DDLPS

**A****B**

# Correlative Analyses of the SARCO28 Trial Reveal an Association Between Sarcoma-Associated Immune Infiltrate and Response to Pembrolizumab

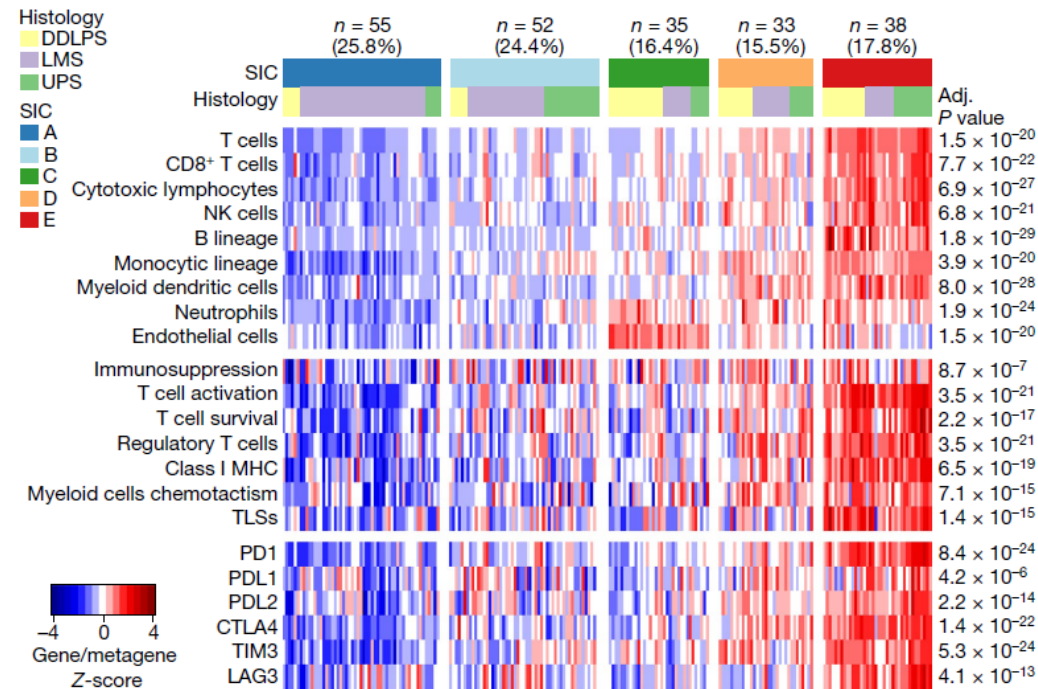
Table 1. Definitions of immune cell phenotypes.

Immune cell type	Immune cell phenotype
<b>Panel 1</b>	
T lymphocytes	(CD3 <sup>+</sup> CD8 <sup>+</sup> ) + (CD3 <sup>+</sup> PD-1 <sup>+</sup> ) + (CD3 <sup>+</sup> CD8 <sup>+</sup> PD-1 <sup>+</sup> ) + (CD3 <sup>+</sup> )
Cytotoxic T cells	(CD3 <sup>+</sup> CD8 <sup>+</sup> ) + (CD3 <sup>+</sup> CD8 <sup>+</sup> PD-1 <sup>+</sup> )
T cells antigen-experienced	(CD3 <sup>+</sup> PD-1 <sup>+</sup> ) + (CD3 <sup>+</sup> CD8 <sup>+</sup> PD-1 <sup>+</sup> )
Cytotoxic T cells antigen experienced	CD3 <sup>+</sup> CD8 <sup>+</sup> PD-1 <sup>+</sup>
Macrophages	(CD68 <sup>+</sup> PD-L1 <sup>-</sup> ) + (CD68 <sup>+</sup> PD-L1 <sup>+</sup> )
<b>Panel 2</b>	
T lymphocytes	(CD3 <sup>+</sup> CD8 <sup>+</sup> ) + (CD3 <sup>+</sup> CD8 <sup>+</sup> GranzymeB <sup>+</sup> ) + (CD3 <sup>+</sup> CD8 <sup>+</sup> CD45RO <sup>+</sup> ) + (CD3 <sup>+</sup> FOXP3 <sup>+</sup> ) + (CD3 <sup>+</sup> CD8 <sup>+</sup> FOXP3 <sup>+</sup> ) + (CD3 <sup>+</sup> )
Cytotoxic T cells activated	CD3 <sup>+</sup> CD8 <sup>+</sup> GranzymeB <sup>+</sup>
Effector memory cytotoxic T cells	CD3 <sup>+</sup> CD8 <sup>+</sup> CD45RO <sup>+</sup>
Regulatory T cells	(CD3 <sup>+</sup> FOXP3 <sup>+</sup> ) – (CD3 <sup>+</sup> CD8 <sup>+</sup> FOXP3 <sup>+</sup> )

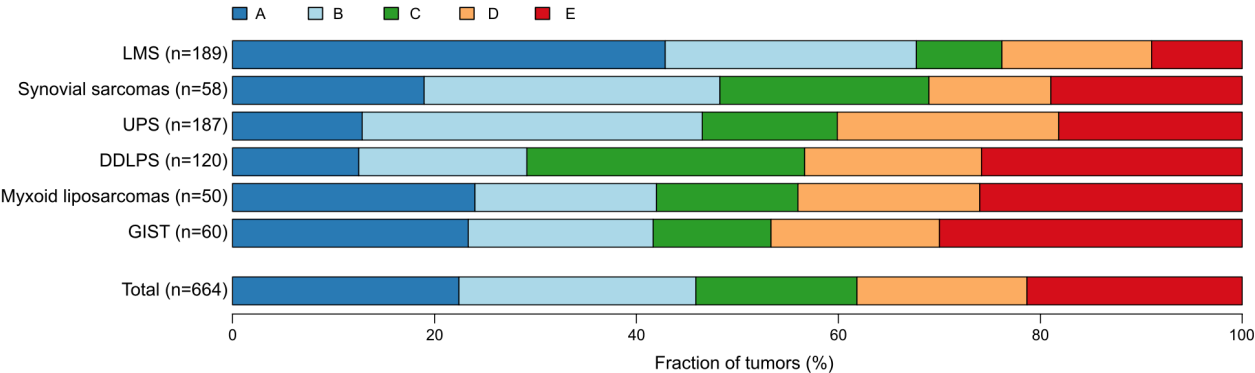


# B cells are associated with survival and immunotherapy response in sarcoma

Florent Petitprez<sup>1,2,3,4</sup>, Aurélien de Reyniès<sup>4,24</sup>, Emily Z. Keung<sup>5,24</sup>, Tom Wei-Wu Chen<sup>6,7,8,9</sup>, Cheng-Ming Sun<sup>1,2,3</sup>, Julien Calderaro<sup>1,10,11</sup>, Yung-Ming Jeng<sup>9,12</sup>, Li-Ping Hsiao<sup>7</sup>, Laetitia Lacroix<sup>1,2,3</sup>, Antoine Bougouin<sup>1,2,3</sup>, Marco Moreira<sup>1,2,3</sup>, Guillaume Lacroix<sup>1,2,3</sup>, Ivo Natario<sup>1,2,3</sup>, Julien Adam<sup>13</sup>, Carlo Lucchesi<sup>14,15</sup>, Yec'han Laizet<sup>14,15</sup>, Maud Toulmonde<sup>14,16</sup>, Melissa A. Burgess<sup>17</sup>, Vanessa Bolejack<sup>18</sup>, Denise Reinke<sup>19</sup>, Khalid M. Wani<sup>20</sup>, Wei-Lien Wang<sup>20</sup>, Alexander J. Lazar<sup>20,21</sup>, Christina L. Roland<sup>5</sup>, Jennifer A. Wargo<sup>5,21</sup>, Antoine Italiano<sup>14,16,22</sup>, Catherine Sautès-Fridman<sup>1,2,3</sup>, Hussein A. Tawbi<sup>23\*</sup> & Wolf H. Fridman<sup>1,2,3\*</sup>



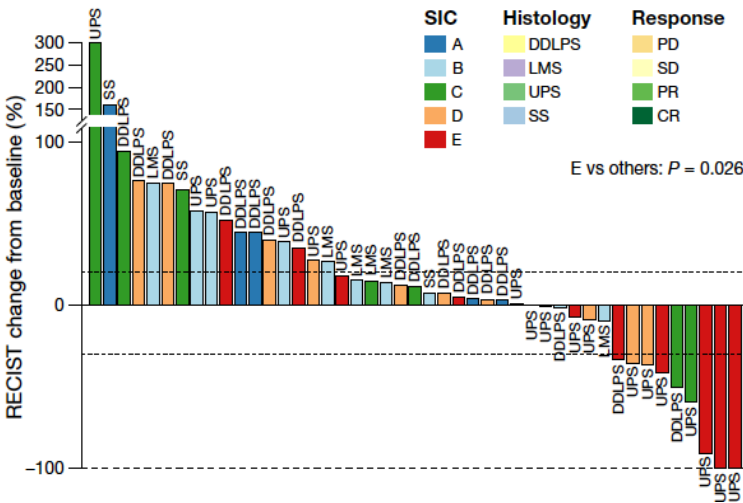
- Four publicly available datasets:
  - TCGA SARC, Gene Expression Omnibus accessions GSE21050, GSE21122 and GSE30929
- Microenvironment Cell Populations-counter (MCP-counter) method
  - Becht, *Genome Biology*, 2016
- 608 tumors analyzed to create 5 unique, histologi-agnostic Sarcoma Immune Classes (SIC)



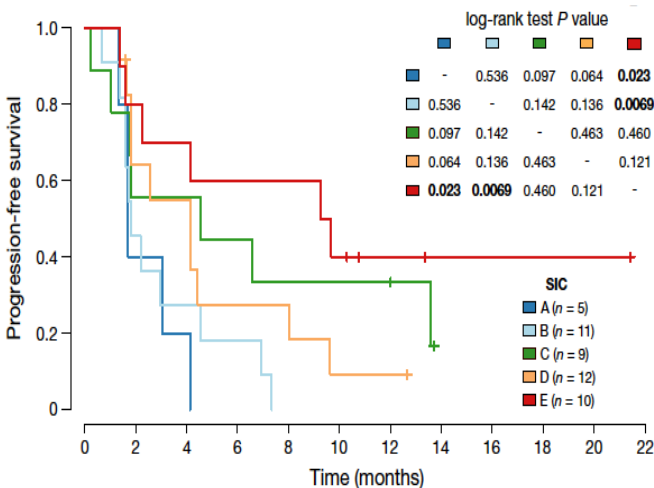
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Response to ICB



Progression-Free Survival

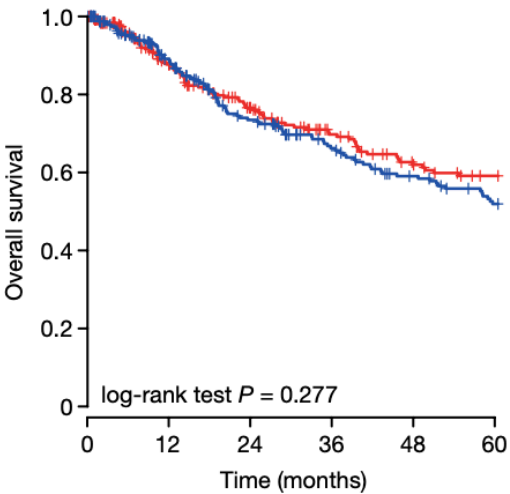
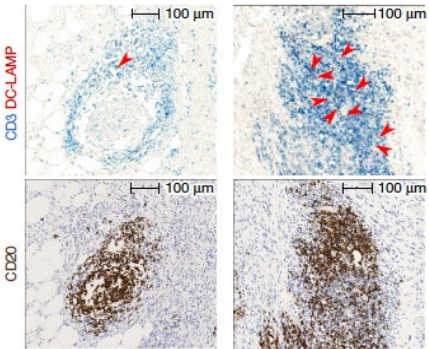
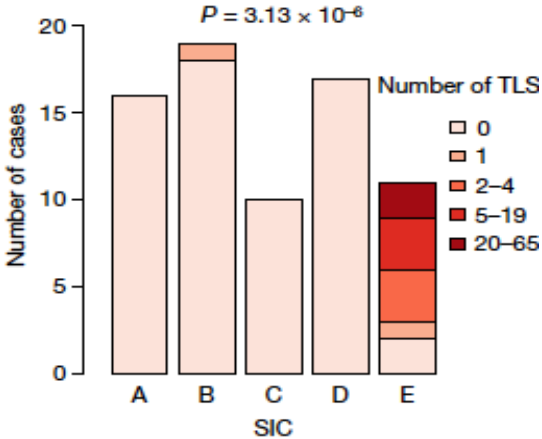


# B cells are associated with survival and immunotherapy response in sarcoma

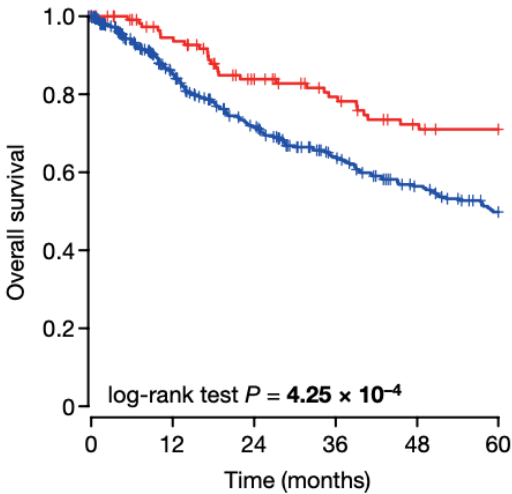
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Presence of B cells and tertiary lymphoid structures associated with immune high SIC E signature

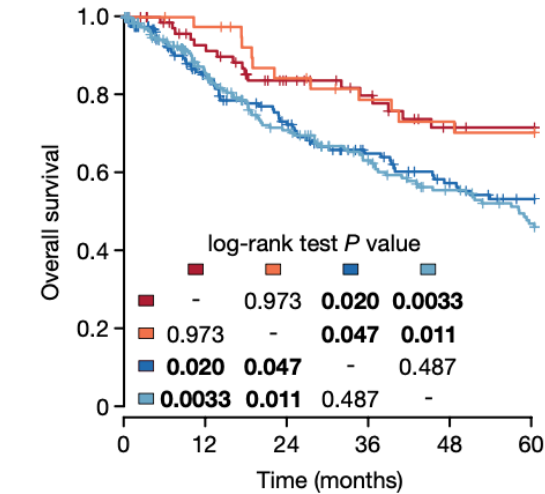
B cell signature associated with improved survival



CD8 <sup>+</sup> T cells		Number at risk					
Hi	247	179	139	112	89	78	78
Lo	249	182	140	113	94	78	78

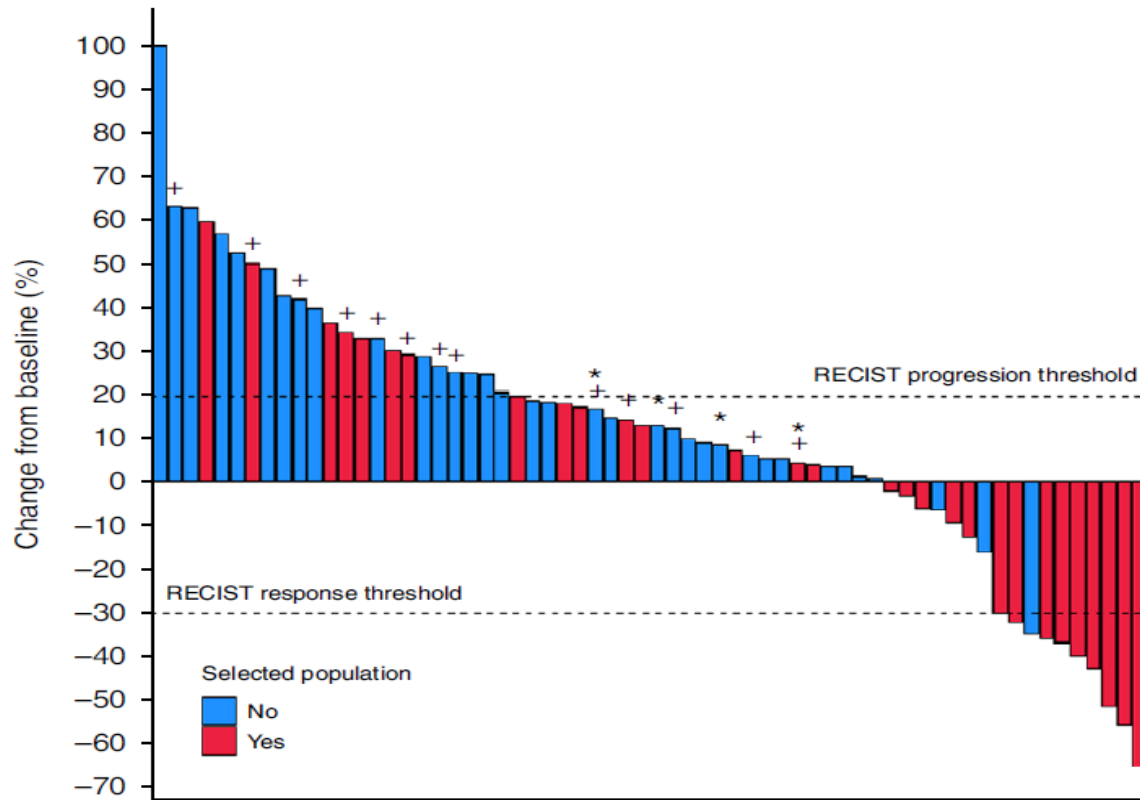


B lineage		Number at risk					
Hi	124	101	80	69	58	55	55
Lo	372	260	199	156	125	101	101



B lineage/CD8 <sup>+</sup> T cells		Number at risk					
Hi/Hi	82	62	48	41	32	30	30
Hi/Lo	42	39	32	28	26	25	25
Lo/Hi	165	117	91	71	57	48	48
Lo/Lo	207	143	108	85	68	53	53

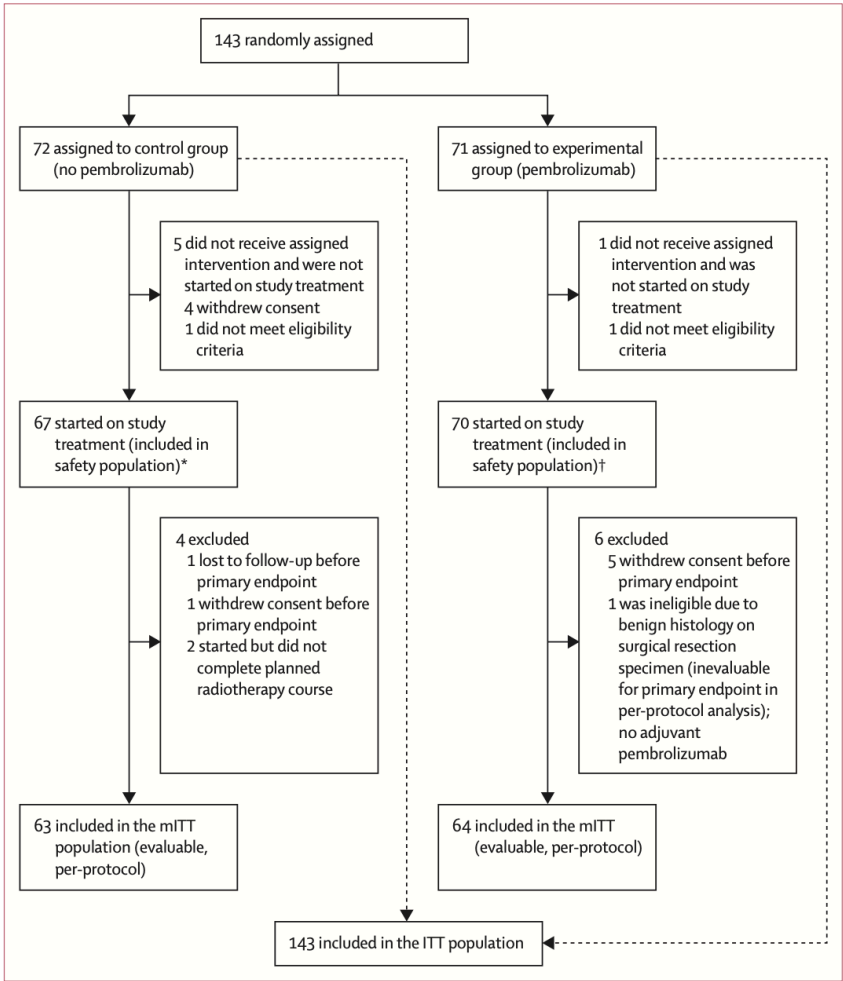
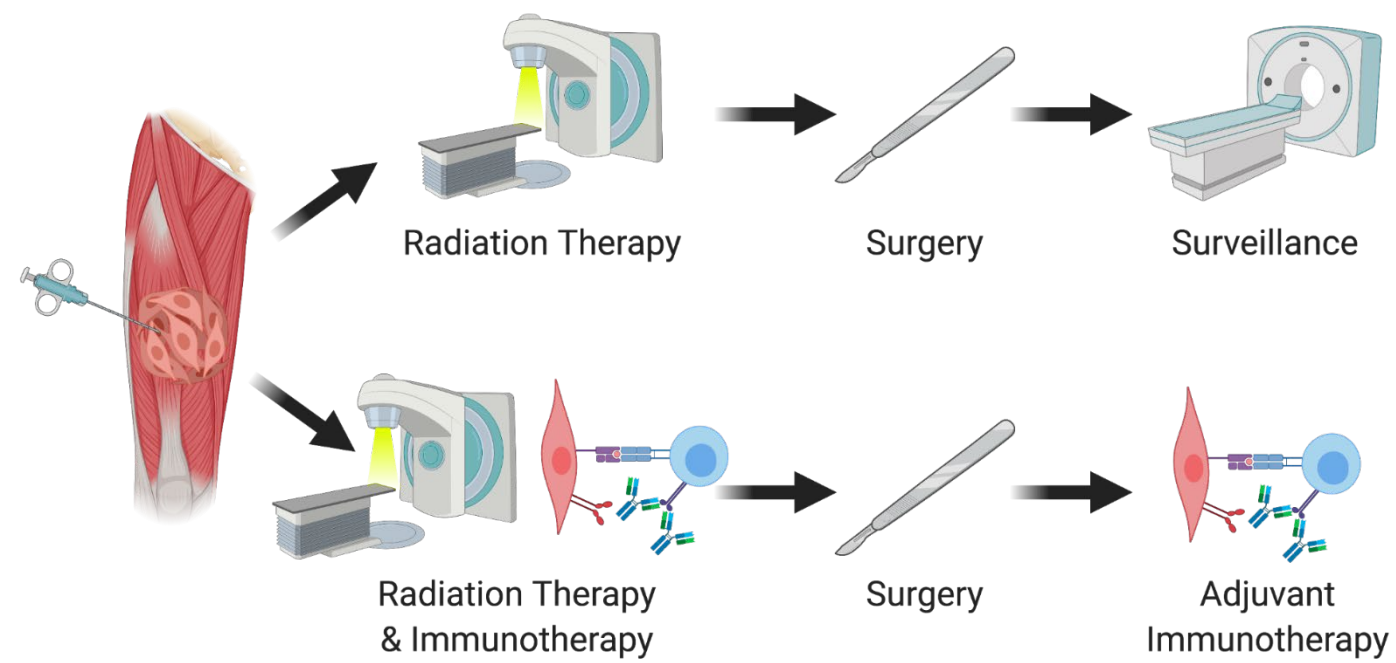
# PEMBROSARC: Using TLS to Select Patients for ICB Treatment



- **All-comer cohorts (n=41)**
  - 6-month NPR 4.9% (95% CI 0.6-16.5%)
  - ORR 2.4% (95% CI 0.1-12.9)
  - Median PFS 1.4 months (95% CI 1.3-2.7)
- **Cohort of patients with intratumoral TLS (n=30)**
  - 6-month NPR 40% (95% CI 22.7-59.40)
  - ORR 30% (95% CI 14.7-49.4)
  - Median PFS 4.1 months (95% CI 1.4-12.5)

Safety and efficacy of pembrolizumab, radiation therapy, and surgery versus radiation therapy and surgery for stage III soft tissue sarcoma of the extremity (SU2C-SARC032): an open-label, randomised clinical trial

Yvonne M Mowery, Karla V Ballman, Angela M Hong, Scott M Schuetze, Andrew J Wagner, Varun Monga, Rachel S Heise, Steven Attia, Edwin Choy, Melissa A Burgess, Susie Bae, David I Pryor, Brian A Van Tine, Gabriel Tinoco, Bartosz Chmielowski, Carolyn Freeman, Alessandro Gronchi, Christian F Meyer, Mark A Dickson, Lee Hartner, Lara E Davis, Benjamin C Powers, Everett J Moding, Kent J Weinhold, Matt van de Rijn, Brian E Brigman, Richard F Riedel, David G Kirsch

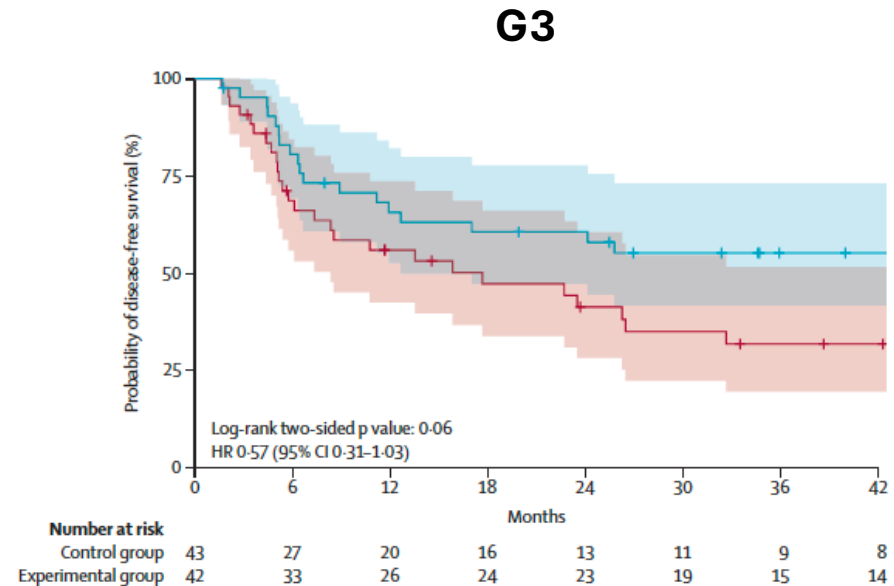
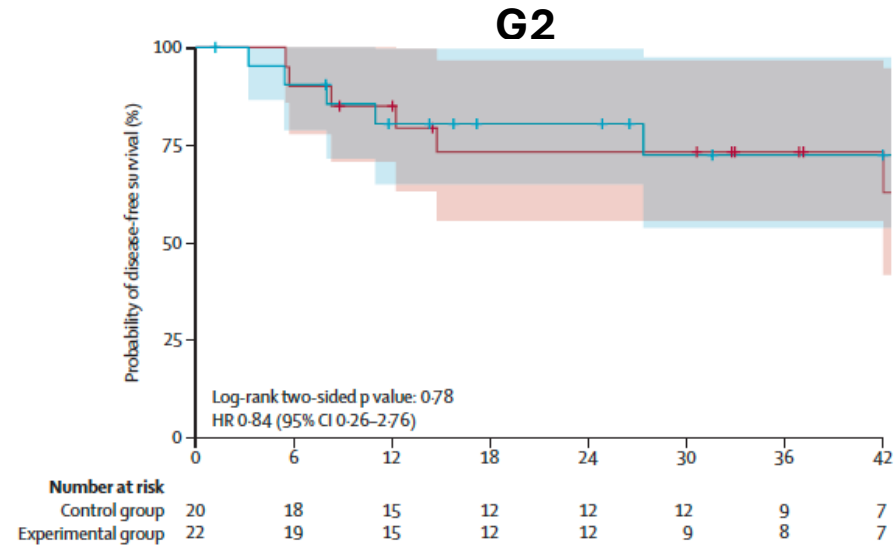
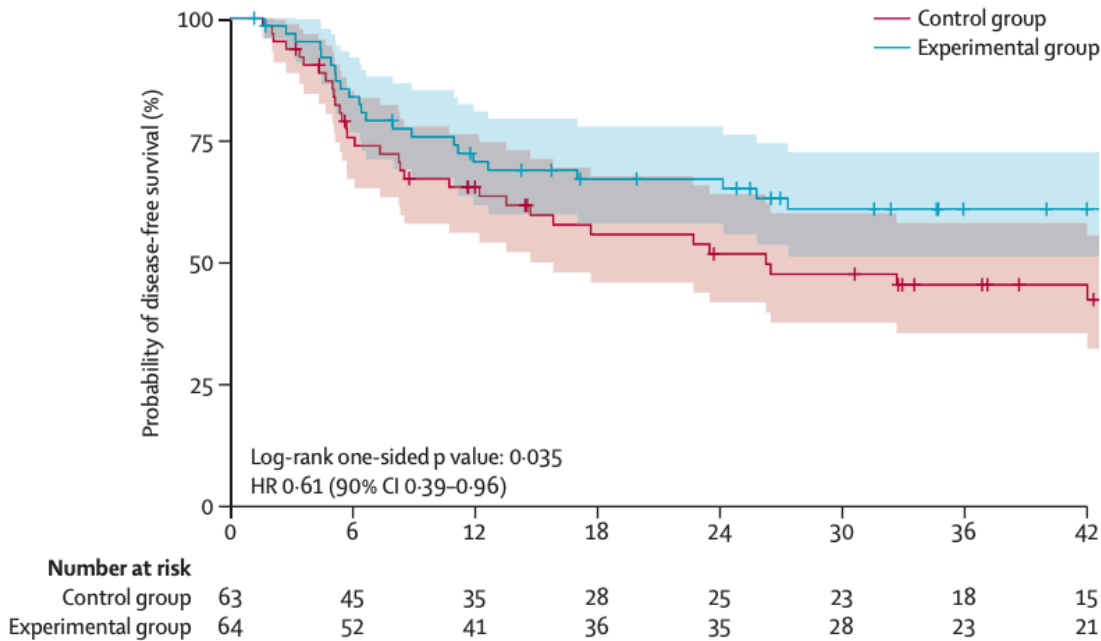


# Safety and efficacy of pembrolizumab, radiation therapy, and surgery versus radiation therapy and surgery for stage III soft tissue sarcoma of the extremity (SU2C-SARC032): an open-label, randomised clinical trial

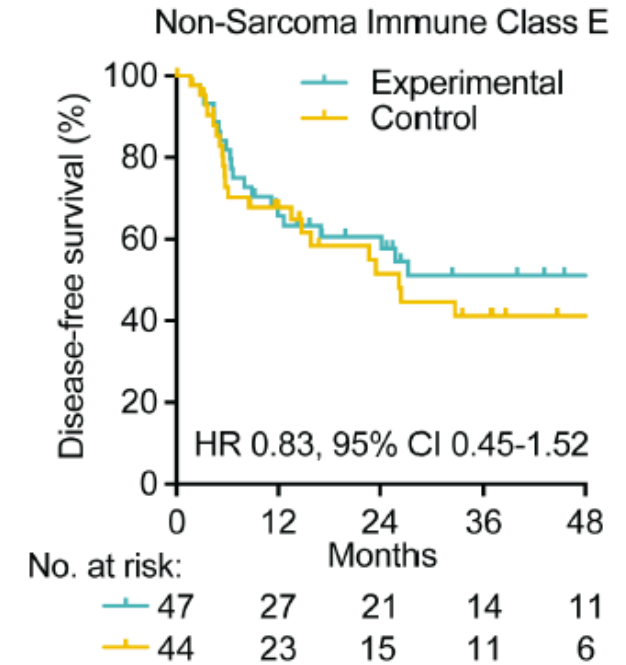
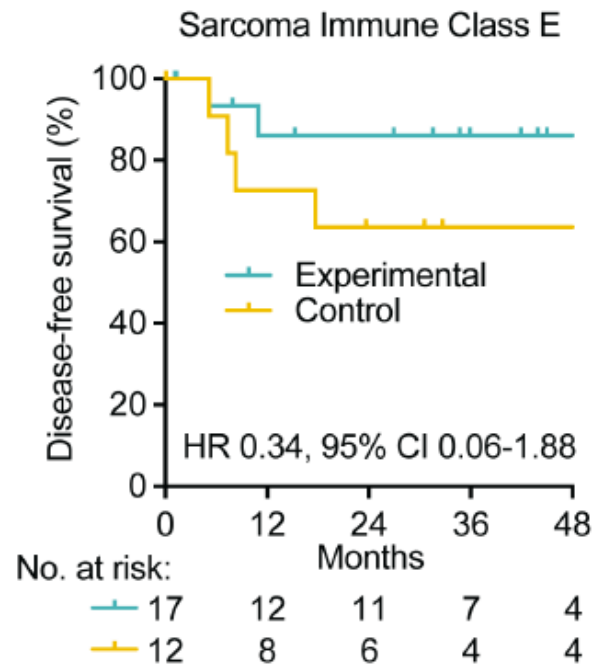
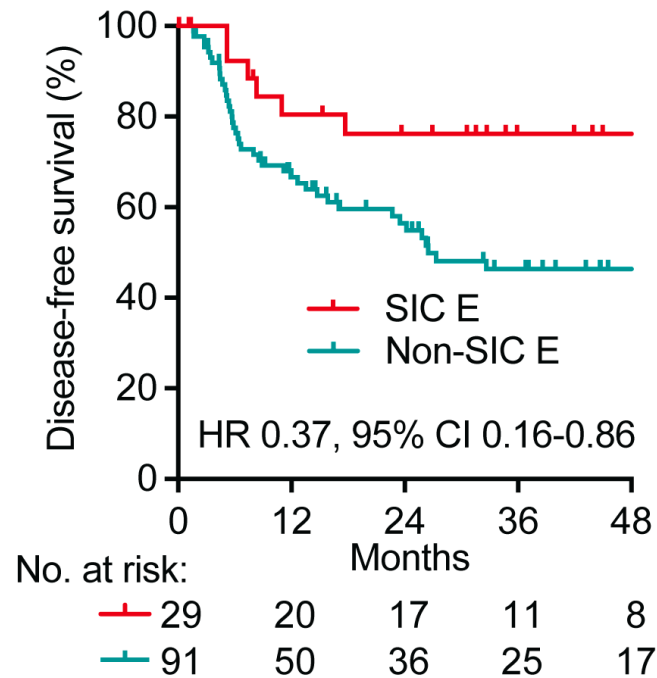
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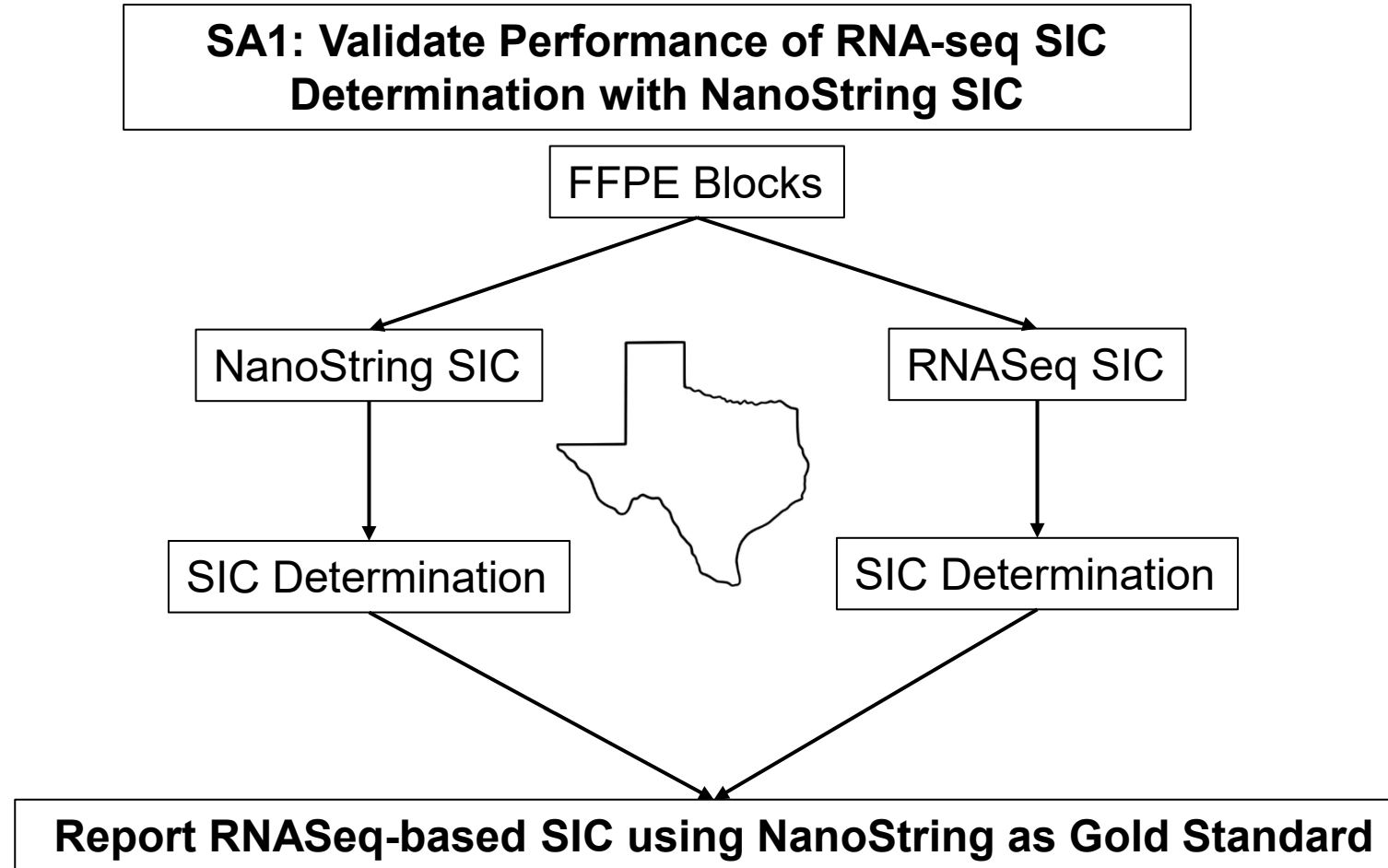
- **2-year DFS: 67% vs 52%**
- Median f/u: 43 months
- 56 events: 24 experimental, 32 control



# Association of SIC E and ICB Response in SARC032



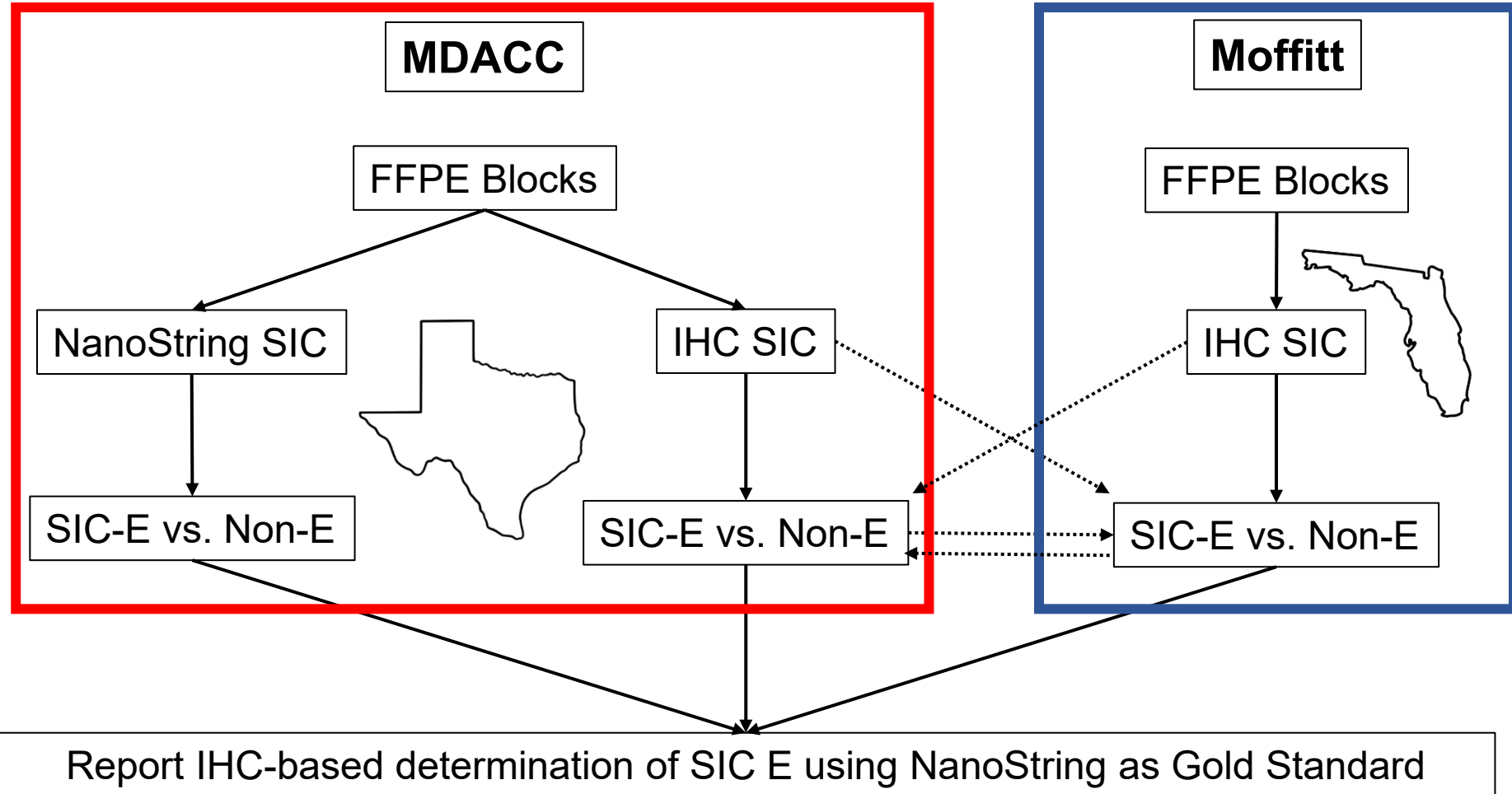
# Grant Proposal for SOC assessment of SIC



- PI: Emily Keung, MDACC
- Co-I: John Mullinax, Moffitt
- Collaborators: Alex Lazar (pathology), Lulu Shang (biostatistics), Florent Petitprez

# Grant Proposal for SOC assessment of SIC

SA2: Develop IHC-Based Surrogate for NanoString SIC E vs non-E



- PI: Emily Keung, MDACC
- Co-I: John Mullinax, Moffitt
- Collaborators: Alex Lazar (pathology), Lulu Shang (biostatistics), Florent Petitprez

# Summary:

- T-cell infiltrate alone does not predict outcome
  - SIC E describes a group of STS with high B&T-cell infiltrate
  - Approx 20% of all STS subtypes
  - Strongly correlated with outcome
- Future soft tissue sarcoma trial design should include SIC status as consideration in eligibility criteria
  - ? Cohort stratification
  - ? Strict inclusion criteria
- STRASS3
  - If this will include evaluation of any immunotherapy approach, recommend stratifying by SIC rather than histologic subtype
  - Will likely enrich for DDLPS

# **Sarcoma Immune Class (SIC) Data Review: TARPSWG STRASS3 Discussion**

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Section Head, Surgical Oncology, Sarcoma Department, Moffitt Cancer Center

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