



CANCER RESEARCH INSTITUTE

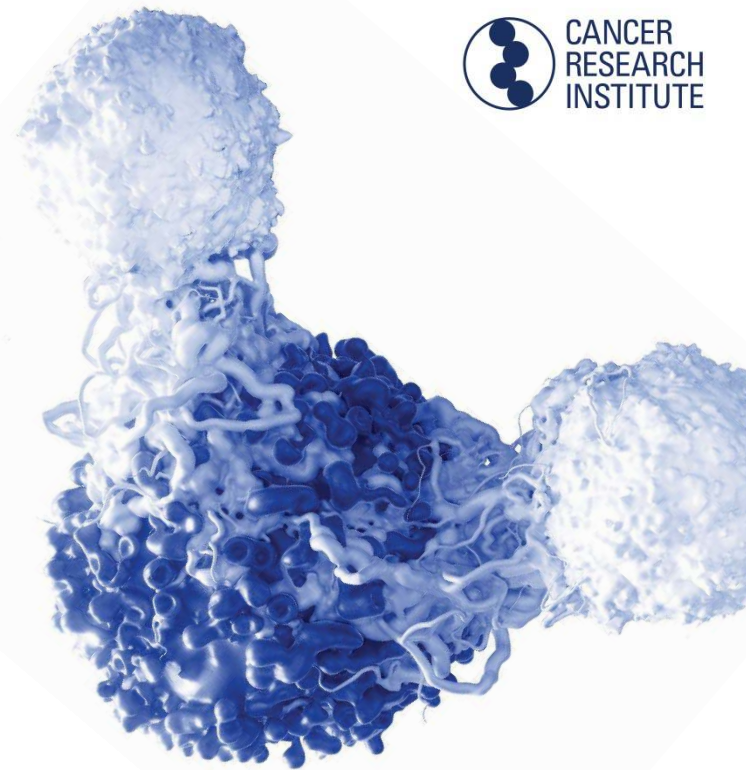
# IMMUNOTHERAPY **PATIENT SUMMIT**

San Francisco • Chicago • New York • Houston • Tampa

Chicago August 5, 2017

**Brian Brewer**  
Cancer Research Institute

**WELCOME**



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Immunotherapy Foundation

Let Life Happen

Melanoma Research Foundation

National Ovarian Cancer Coalition

Parker Institute for Cancer

Immunotherapy

Patient Empowerment Network

University of Chicago Medicine

Comprehensive Cancer Center

## Scientific Experts

**Gavin Dunn, M.D., Ph.D.**

Washington University

**Thomas Gajewski, M.D., Ph.D.**

University of Chicago

**Kunle Odunsi, M.D., Ph.D.**

Roswell Park Cancer Institute

**Cassian Yee, M.D.**

MD Anderson Cancer Center

## Patient Experts

**Janie Ferling**

Melanoma

**Donna Fernandez**

Lung Cancer

**Carol Roth**

Brain Cancer

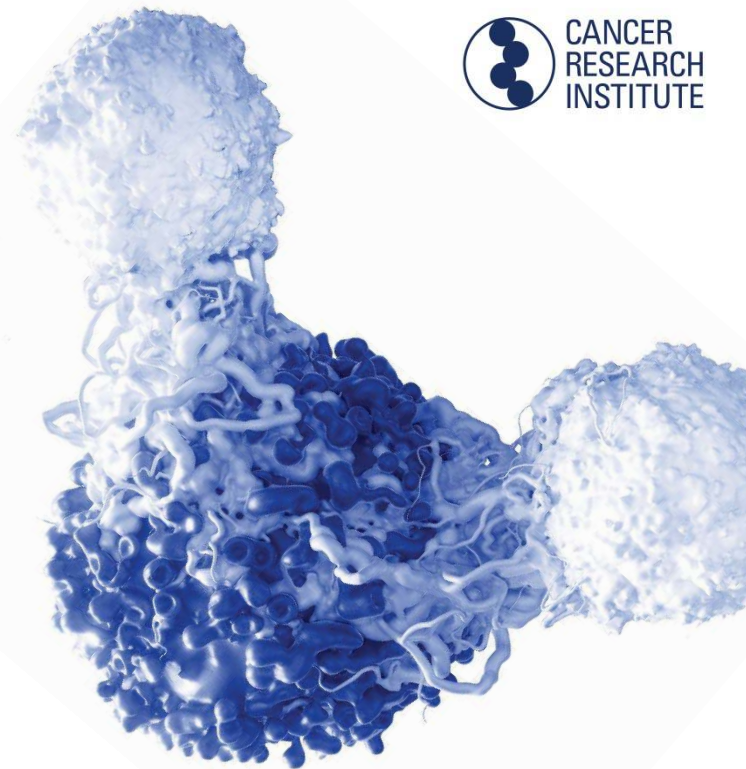
# Schedule of Events



9:00am	Registration and networking	1:00pm	<b>Demystifying clinical trials</b> Learn about clinical trials and panel discussion Moderator Brian Brewer Panelists Janie Ferling Donna Fernandez Carol Roth
10:00am	Program commences <b>Welcome</b> Brian Brewer <b>Introduction to the Cancer Research Institute</b> Jill O'Donnell-Tormey, Ph.D.	2:00pm	Refreshment break
10:15am	<b>Hear from the experts</b> Learn the basics of immunotherapy Thomas Gajewski, M.D., Ph.D. Latest research update panel Moderator Thomas Gajewski, M.D., Ph.D. Panelists Gavin Dunn, M.D., Ph.D. Kunle Odunsi, M.D., Ph.D. Cassian Yee, M.D.	2:15pm	<b>Breakout sessions</b> Your choice of moderated discussion with our experts or a general networking session  Brain Cancer Gavin Dunn, M.D., Ph.D. Gynecologic Cancers Kunle Odunsi, M.D., Ph.D. Melanoma Cassian Yee, M.D. General Immunotherapy & Networking Thomas Gajewski, M.D., Ph.D.
11:30am	<b>Patient perspective</b> Hear from a melanoma survivor Janie Ferling	3:15pm	Program closes
12:00pm	Lunch and networking	9:00am – 4:00pm	<b>Clinical trial navigator appointments</b>  Appointments will be available all day. If you didn't pre-register, check with the registration desk.

**Jill O'Donnell-Tormey, Ph.D.**  
Cancer Research Institute

**Introducing CRI**



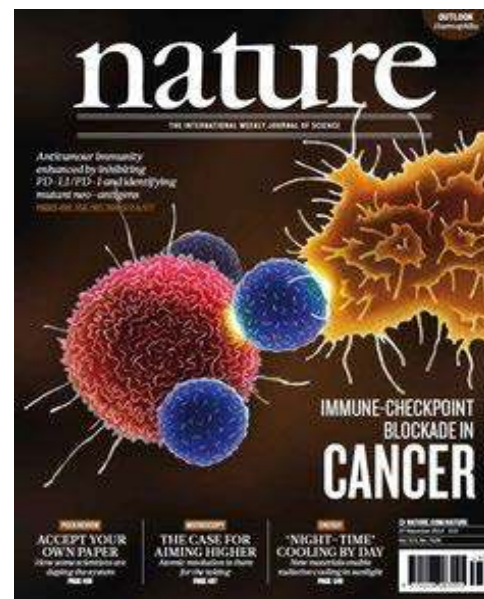
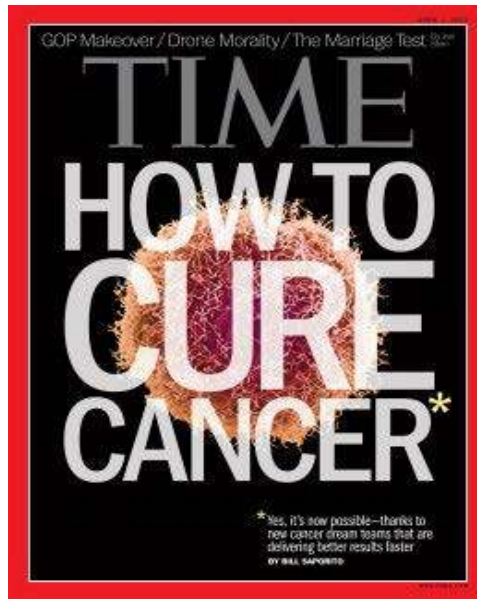


**Thomas F. Gajewski, M.D., Ph.D.**

**AbbVie Foundation Professor of Cancer Immunotherapy  
University of Chicago**

# IMMUNOTHERAPY BASICS





## The New York Times

*Patient's Cells Deployed to Attack Aggressive Cancer*



## The Washington Post

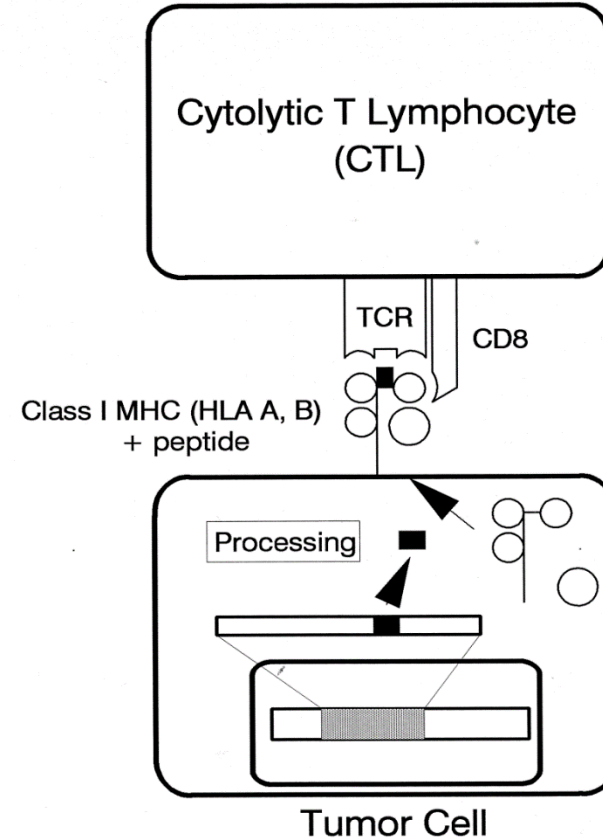
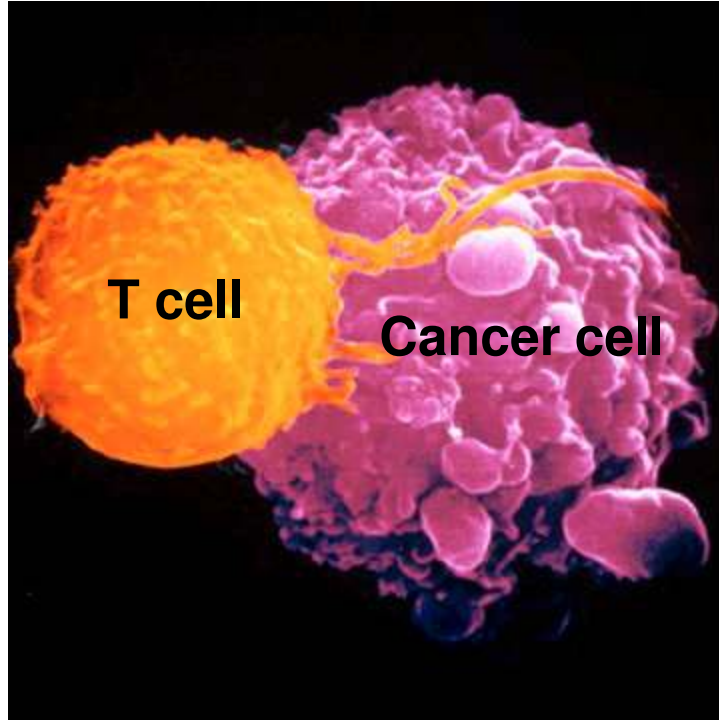
Health & Science

**New therapies raise hope for a breakthrough in tackling cancer**



- Noted a case of sarcoma that became cured due to a bacterial infection
- In 1891, deliberately infected sarcoma patient with *Strep. pyogenes*
- By 1893, had developed a mixture of bacterial toxins rather than live bacteria
- Considered the first immunologic therapy

# Immune Recognition of Cancer



# Boosting immune system offense vs. overcoming cancer's defense



# Two general strategies to promote the immune system to destroy cancer

- Boost the offense
  - Increase the number and function of T cells capable of recognizing tumor cells
- Block the defense
  - Interfere with inhibitory pathways in the tumor site that resist T cell attack



## NEWS

[Home](#) [Video](#) [World](#) [US & Canada](#) [UK](#) [Business](#) [Tech](#) [Science](#) [Magazine](#) [E](#)[World](#) [Africa](#) [Asia](#) [Australia](#) [Europe](#) [Latin America](#) [Middle East](#)

## A decade on, vaccine has halved cervical cancer rate

🕒 29 August 2016 [Australia](#)

[f](#) [t](#) [m](#) [✉](#) [Share](#)

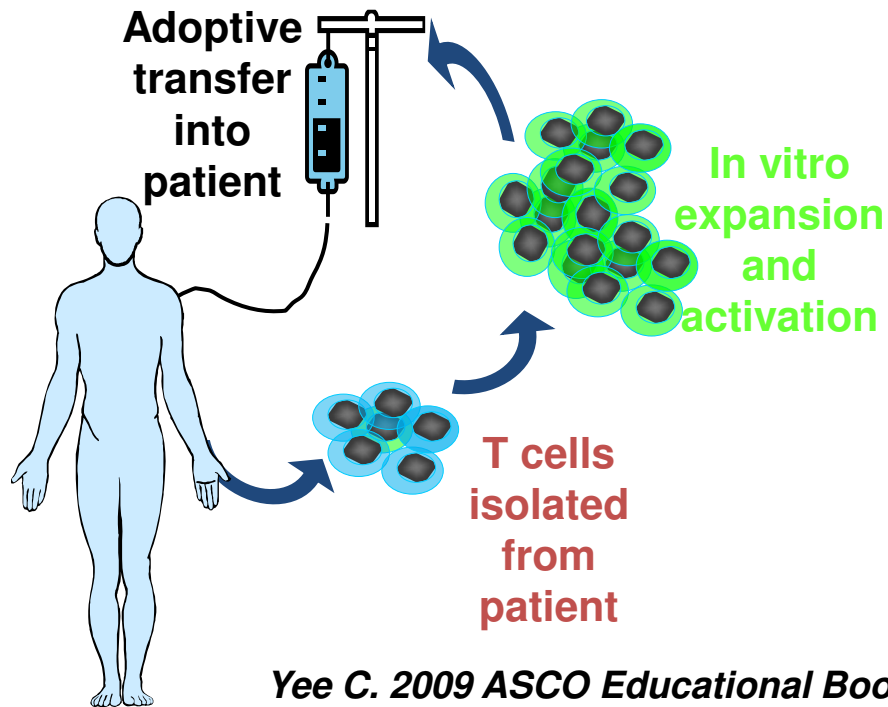


# Successful Active Vaccination Against Virus-Induced Cancers



- Vaccine to feline leukemia virus for cats
- Vaccine to herpes virus (Marek's virus) in chickens
- Vaccine to hepatitis B in humans to prevent liver carcinoma
- Vaccination to HPV prevents cervical cancer

# T cell adoptive transfer



- T cells are isolated from tumor site or blood
- Expanded in laboratory
- Can be engineered to recognize new targets
- T cells are reintroduced back to the patient, usually with other agents



# Adoptive “CAR” T cell therapy

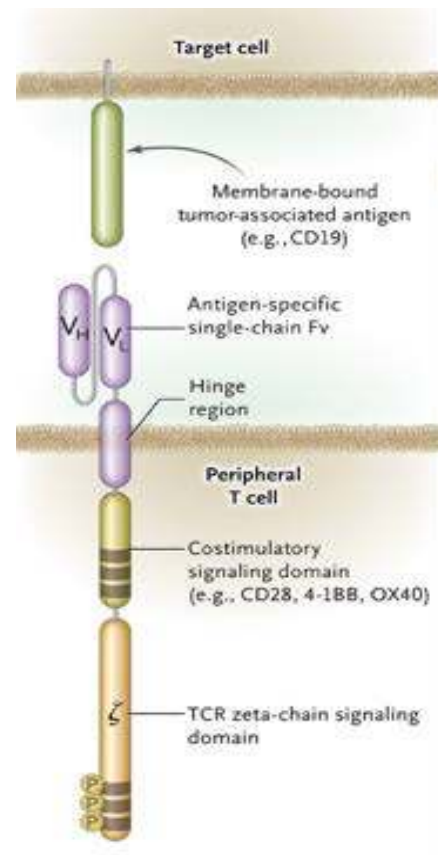
ORIGINAL ARTICLE

BRIEF REPORT

## Chimeric Antigen Receptor–Modified T Cells in Chronic Lymphoid Leukemia

David L. Porter, M.D., Bruce L. Levine, Ph.D., Michael Kalos, Ph.D., Adam Bagg, M.D., and Carl H. June, M.D.  
N Engl J Med 2011; 365:725-733 | August 25, 2011

- Isolate patient's peripheral blood T cells
- Lentivirus transduced with “CAR” (chimeric antigen receptor)
- CAR – anti-CD19 antibody fragment fused to intracellular domains of potent T cell signaling subunits
- Re-infuse “CAR”-modified T cells into patient
- Successful for treating children with B cell malignancies



## HEALTH

# In Girl's Last Hope, Altered Immune Cells Beat Leukemia

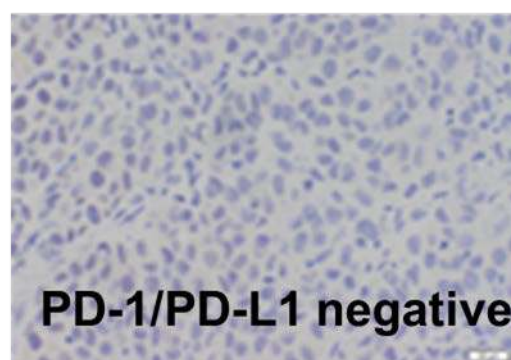
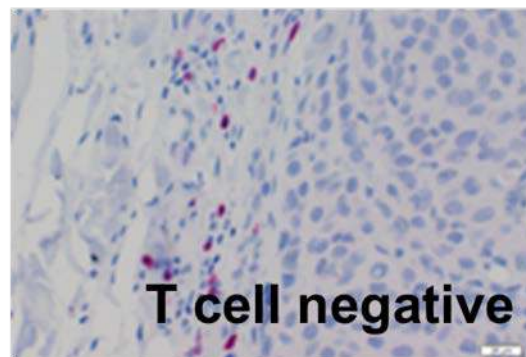
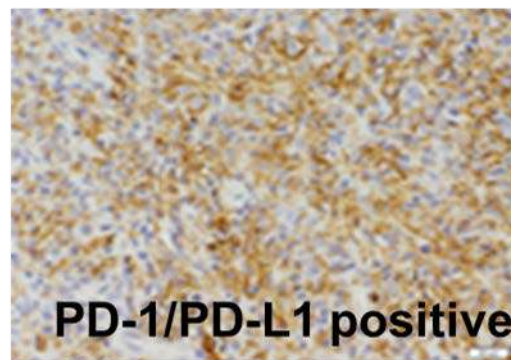
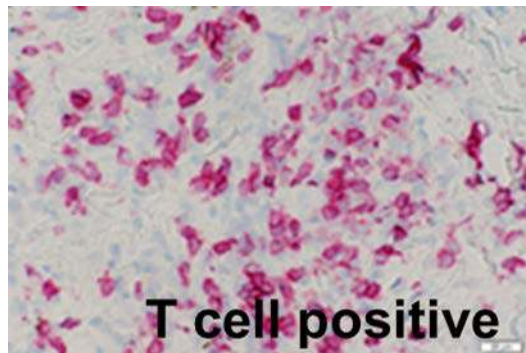
By DENISE GRADY DEC. 9, 2012



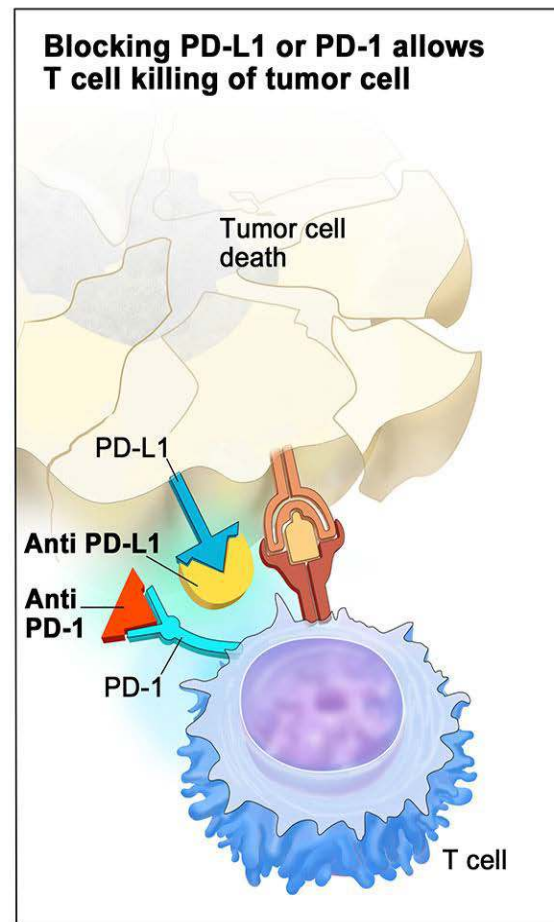
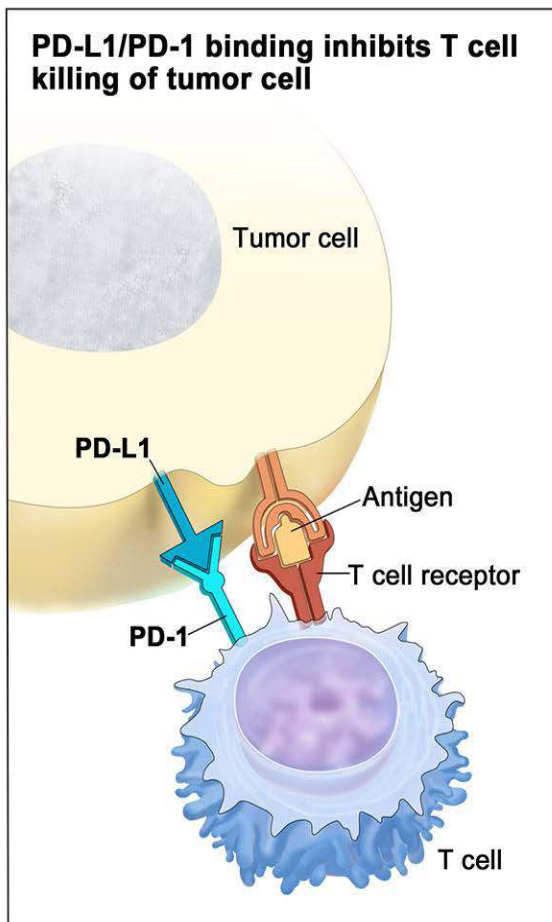
Emma Whitehead, with her mother, Karl. Last spring, Emma was near death from acute lymphoblastic leukemia but is now in remission after an experimental treatment at the Children's Hospital of Philadelphia.

Jeff Swensen for The New York Times

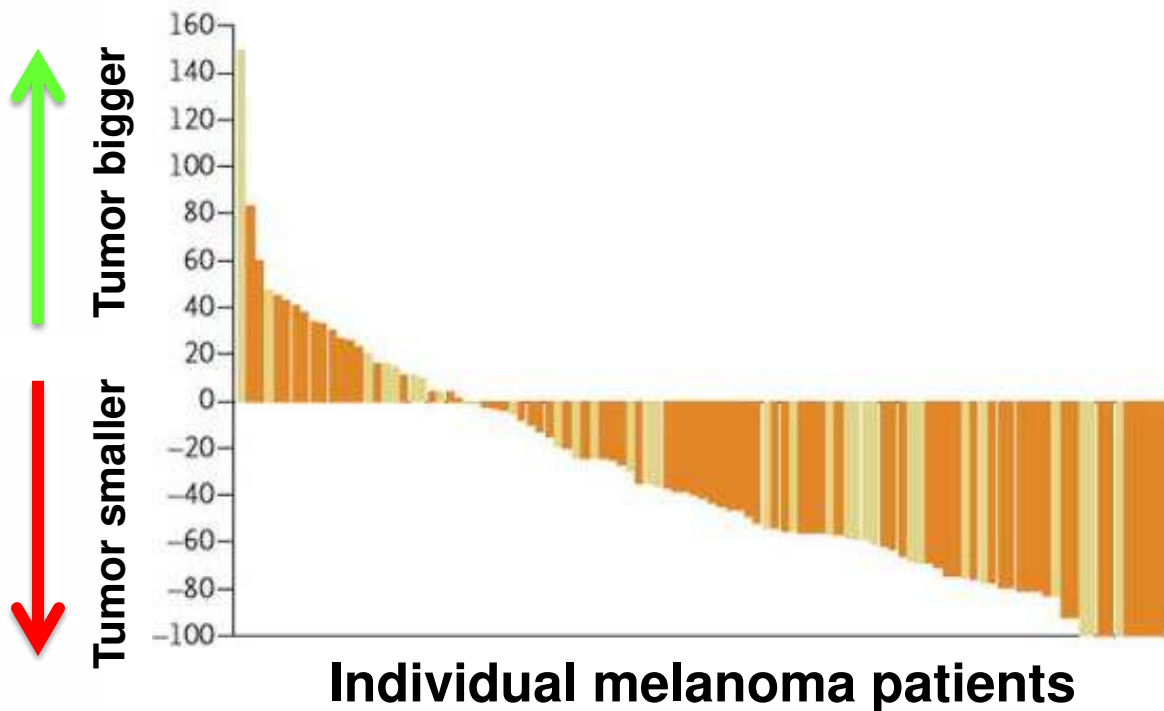
# T cell-infiltrated tumors contain inhibitory pathways that turn the T cells back off: PD-L1/PD-1



# Checkpoint Inhibitors – Antibodies to Inhibitory PD-1 Receptor



# Clinical activity of anti-PD-1 in metastatic melanoma



- FDA approved in 2014 for melanoma
- Now in 7 additional cancer entities, and counting

# Checkpoint Blockade Success!

## New immunotherapy drug behind Jimmy Carter's cancer cure

Former president given pembrolizumab, one of the most promising new drugs in the treatment of cancer

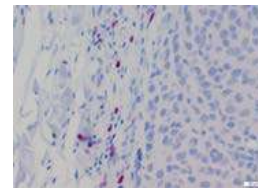
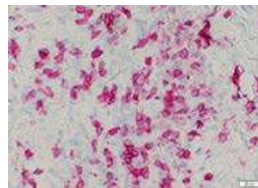




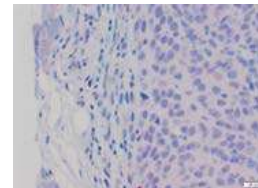
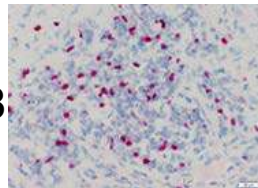
# T cell-infiltrated tumors contain **MULTIPLE** inhibitory pathways

- Multiple “defense” pathways are co-opted in tumors once T cells enter
- Suggests the notion that blocking two together might be superior

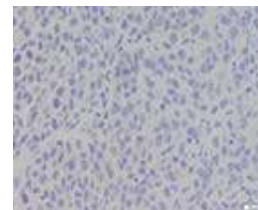
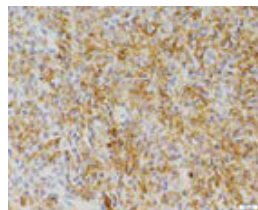
**CD8**



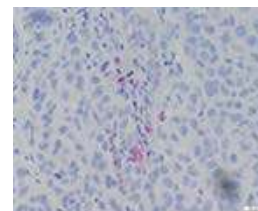
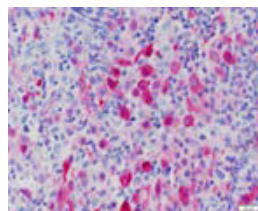
**FoxP3**



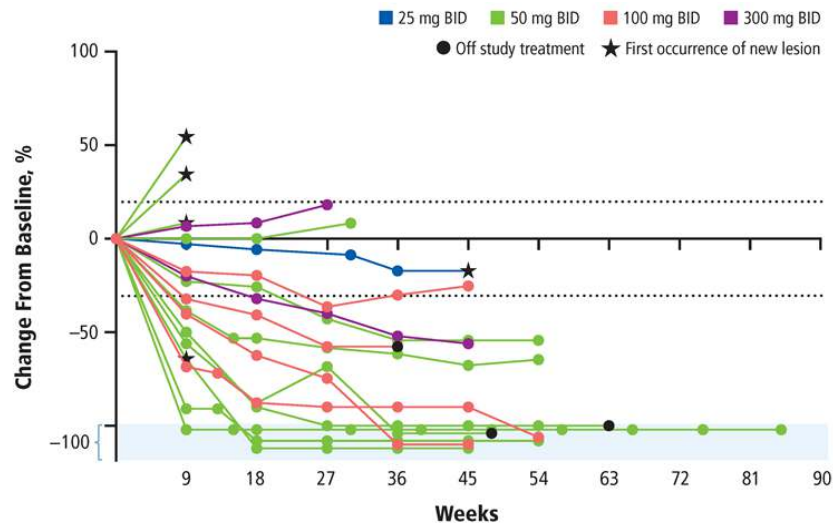
**PD-L1**



**IDO**



# Combination anti-PD-1 + IDO inhibitor

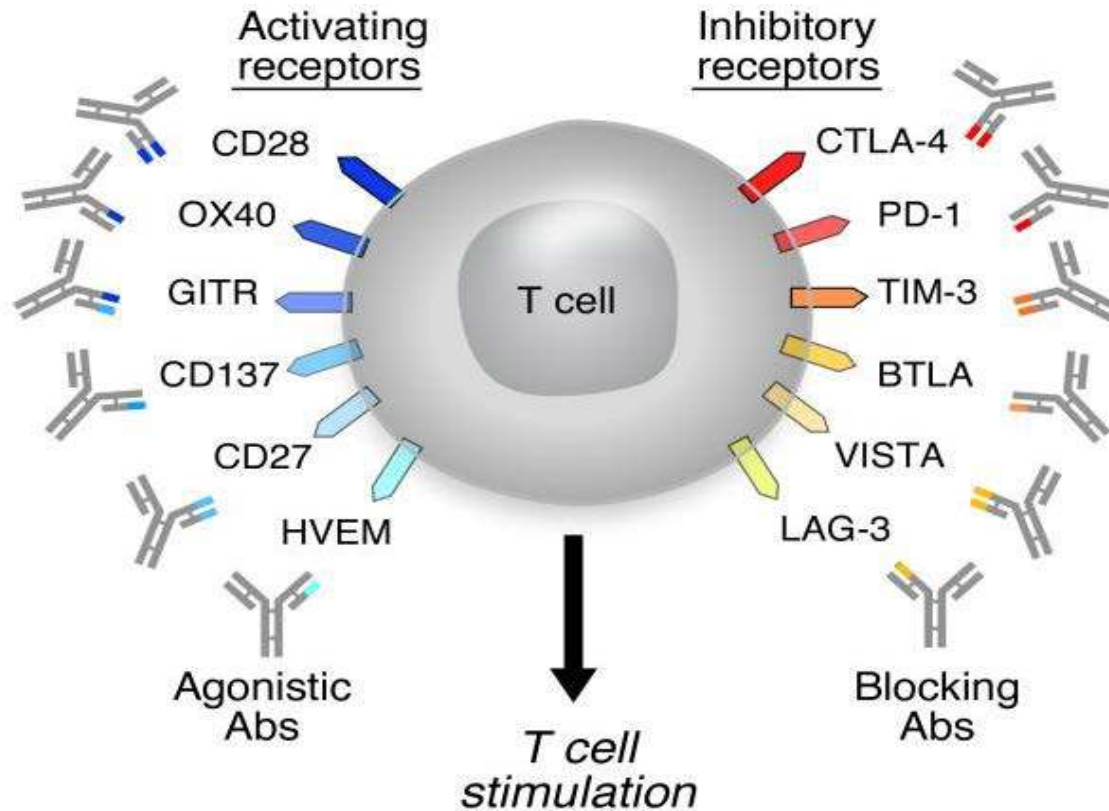


- Combination immunotherapy appears better than single drug
- This combo has entered late phase trials for melanoma and other cancers

*Gangadhar et al. ESMO 2016*



# So many targets, so little time!



Useful resources about cancer immunotherapy

<https://www.cancerresearch.org/patients/what-is-immunotherapy>

<https://cancer.uchicago.edu/research/highlights/immunotherapy/>

<https://www.roswellpark.org/immunotherapy>

<https://www.mdanderson.org/treatment-options/immunotherapy.html>

<https://www.cancer.org/treatment/treatments-and-side-effects/treatment-types/immunotherapy.html>



## Panel Discussion

# LATEST RESEARCH UPDATE



## Moderator

**Thomas Gajewski, M.D., Ph.D.**

## Panel

**Gavin Dunn, M.D., Ph.D.**

Brain Cancer

**Kunle Odunsi, M.D., Ph.D.**

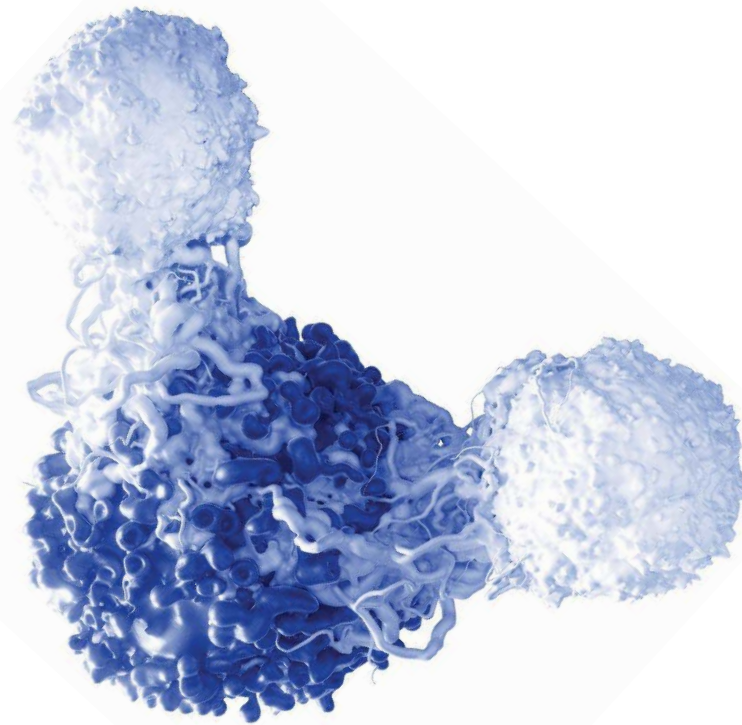
Gynecologic Cancers

**Cassian Yee, M.D.**

Melanoma

**Janie Ferling**  
**Melanoma Survivor**

# PATIENT PERSPECTIVE





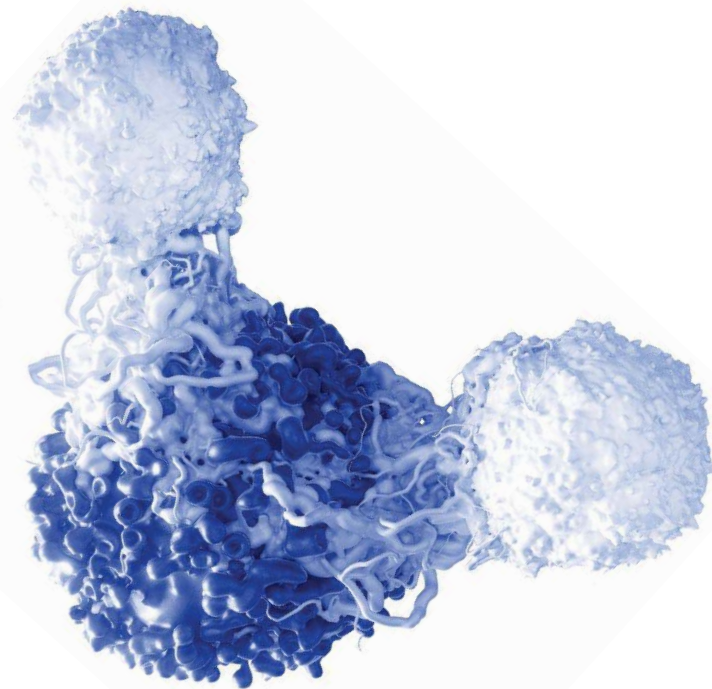
# LUNCH AND NETWORKING



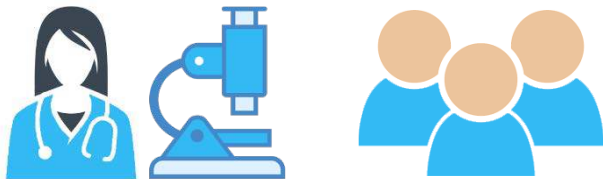
**Brian Brewer**

**Cancer Research Institute**

# DEMYSTIFYING CLINICAL TRIALS



# What Are Clinical Trials?



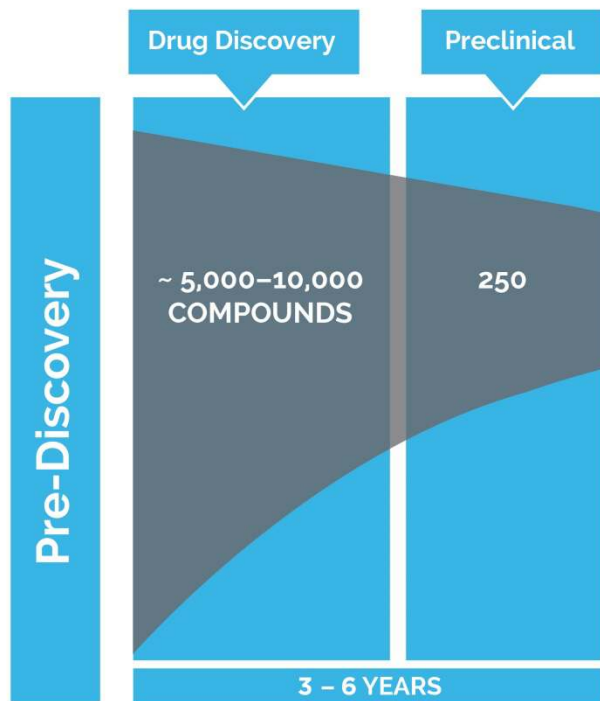
- Research studies that involve people
- Designed to answer specific questions about new and existing treatments
- Aim to improve treatments and the quality of life for people with disease



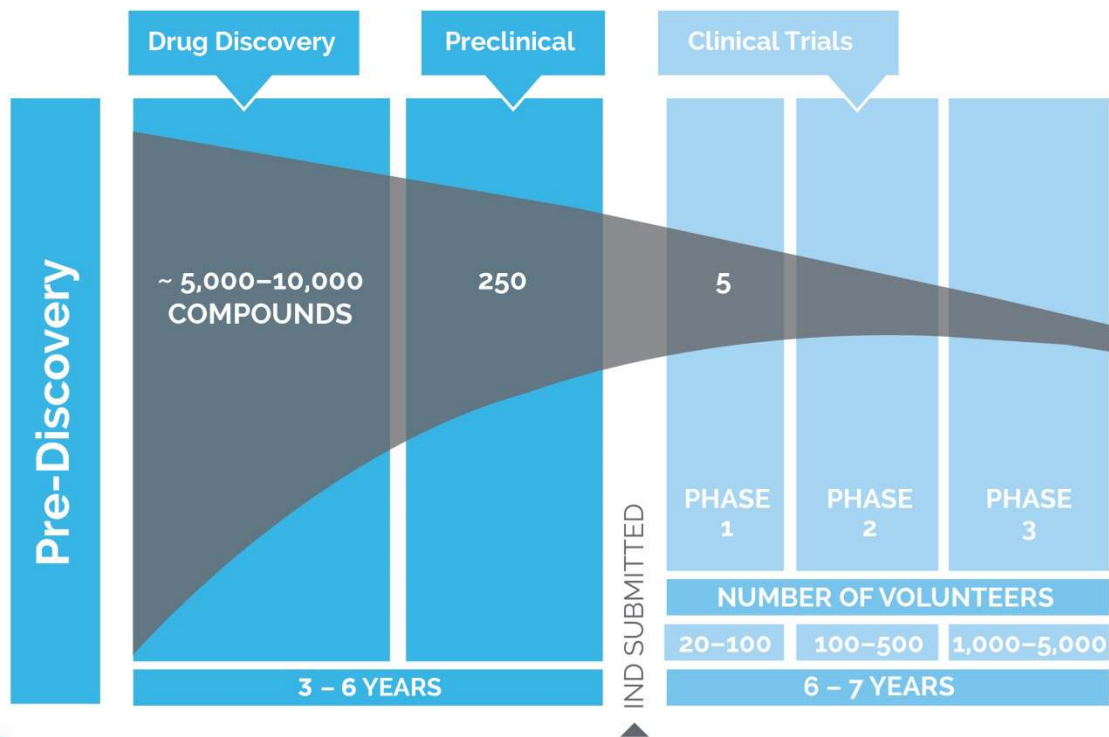
# Getting from Discovery to Approval



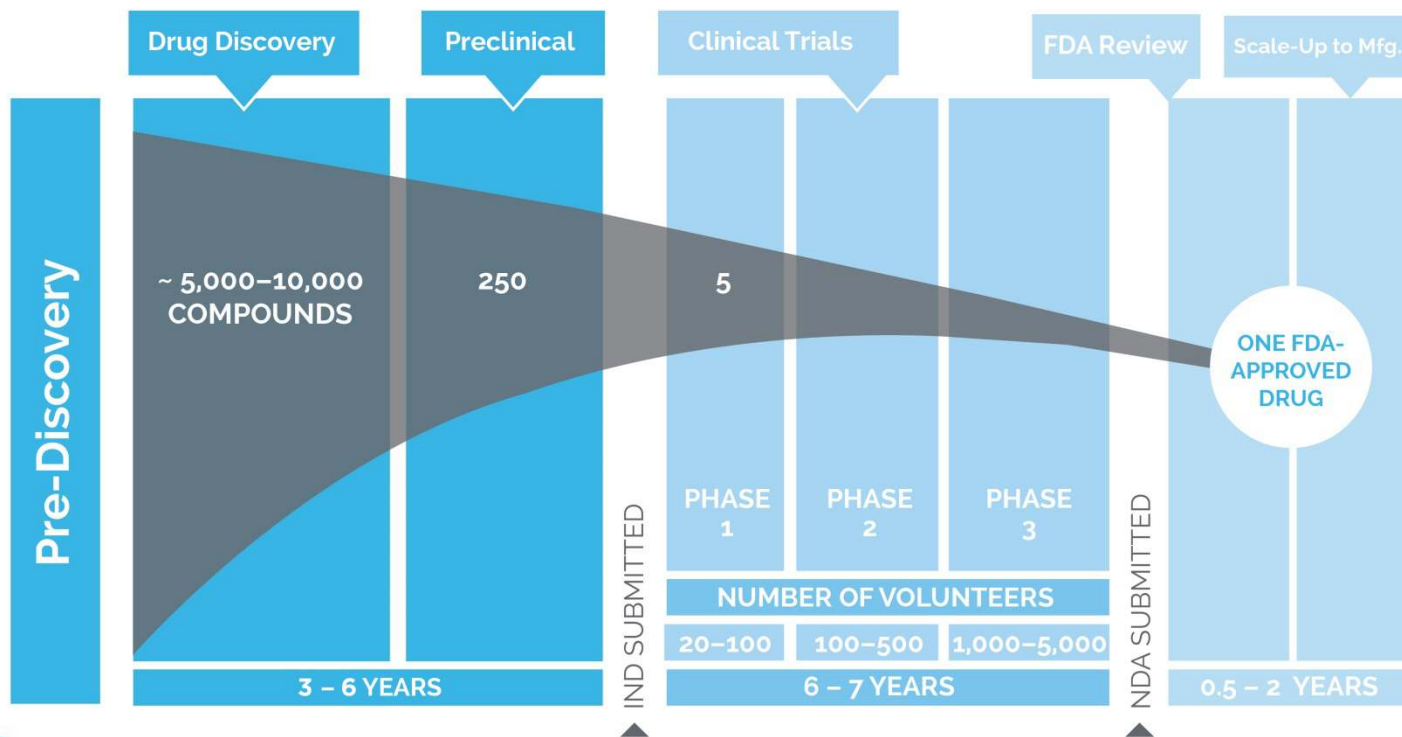
# Getting from Discovery to Approval



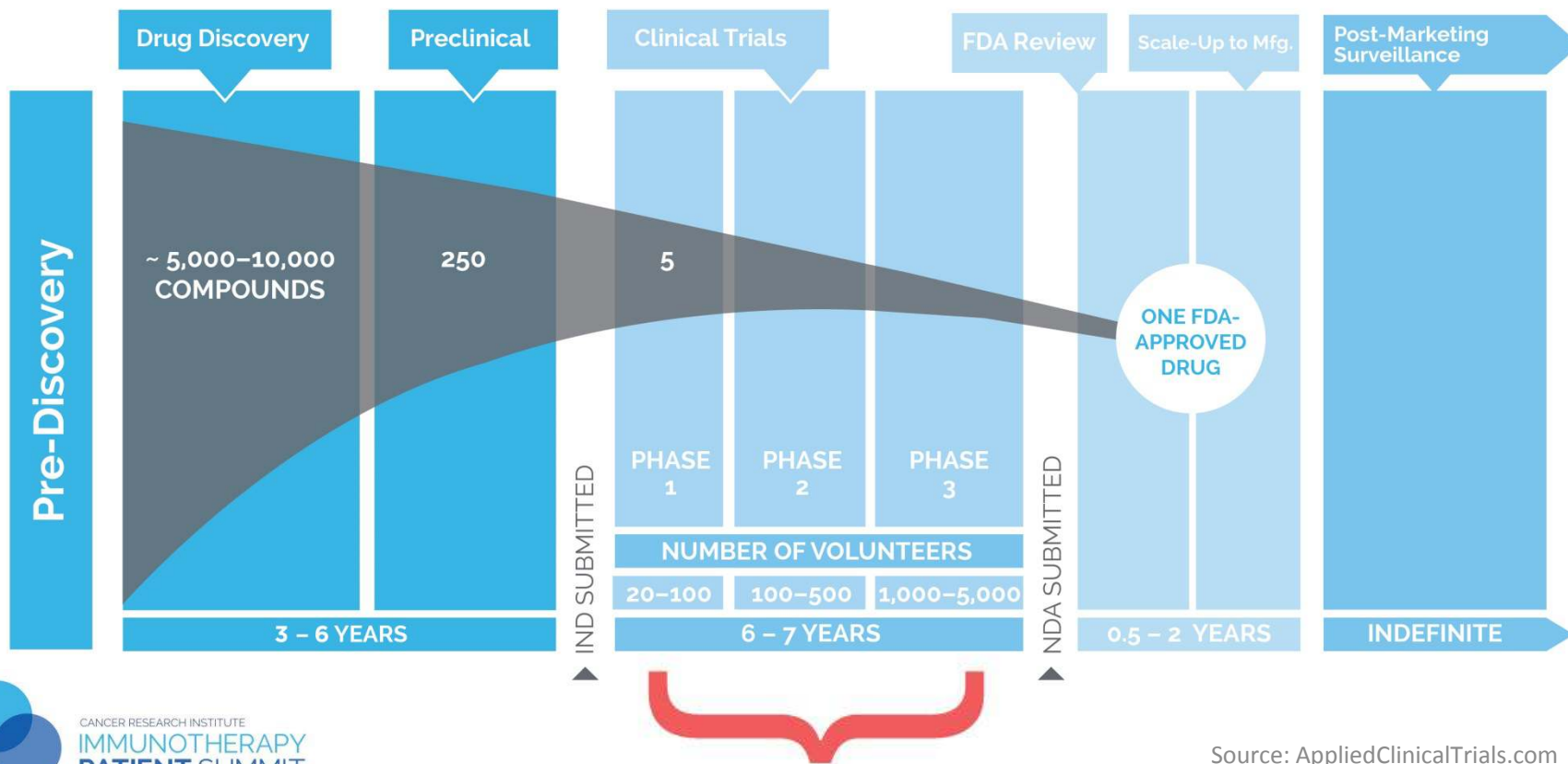
# Getting from Discovery to Approval



# Getting from Discovery to Approval



# Getting from Discovery to Approval



# What Are Clinical Trial Phases?

Phase  
**1**



**Is the treatment safe?**

Purpose:

- First study in humans
- Find best dose, delivery method, and schedule
- Monitor for side effects
- Determine safety

Number of people: 20-100

Phase  
**2**



**Does it work?**

Purpose:

- Look for effect on specific type(s) of cancer
- Continue monitoring for side effects and safety

Number of people: 100-500

Phase  
**3**



**Does it work better?**

Purpose:

- Compare new treatment (or new use of a treatment) with current standard treatment
- Determine risk vs. benefit

Number of people: 1,000-5k+

# Pros and Cons of Clinical Trials



Potential Advantages	Potential Disadvantages
Access to best possible care	Unknown side effects or risks
Receiving new drugs before they're widely available	Unknown benefits—drugs may not work as intended
Close monitoring by medical team	Not all patients may benefit
Chance to play active role in healthcare and research	Frequent tests and clinic visits
Help future generations	Possible need to travel to trial sites

*Patient Resource, "Understanding Clinical Trials: A Guide for Patients and Their Families"*

# Questions to Ask Before Volunteering



- Why is this trial being done?
- Why is it believed that the treatment being studied may be better than the standard treatment?
- What are my other options (standard treatments, other trials)?
- How did patients do in any previous studies of this treatment?
- How will the doctor know if treatment is working?
- How long will the trial last?



# Questions to Ask Before Volunteering



- Can I continue to receive this treatment after the trial ends?
- What kinds of procedures or tests are involved?
- What impact with the trial have on my daily life?
- Will I have to travel for treatment? Will I be compensated?
- How often will I need to travel to receive treatment?
- Will I be hospitalized as part of the trial?
- What costs (if any) will be my responsibility to pay?

# Getting into a Clinical Trial Isn't Always a Given



Trials are designed to ask specific questions, and must adhere strictly to entry criteria to ensure data is accurate and meaningful.

This also helps ensure patients who could be made worse by treatment are not exposed to the risk.

Common criteria include:

- cancer type or stage
- treatment history
- genetic factors
- age
- medical history
- current health status

I might only get placebo  
("sugar pill") instead of treatment.



Fact: Placebos are rarely used and never given in  
the absence of some form of treatment.

Trials are only for people who have run out of treatment options (a “last resort”).



Fact: Clinical trials are designed for people with cancer of all types and stages.

I need to travel to a large hospital or cancer center to participate in a clinical trial.



Fact: Trials take place at local hospitals, cancer centers, and doctors' offices in all parts of the country, in both urban and rural areas.

My health insurance doesn't cover the cost of care in a clinical trial.



Fact: Doctor visits, hospital stays, and certain testing procedures may be covered by insurance. Research costs are typically covered by the trial sponsor.

Signing a consent form “locks” me into staying in a trial.



Fact: You are free to change your mind for any reason about participating in a trial anytime before or during a trial.



I will be made to feel like a  
“guinea pig” experiment.



Fact: The overwhelming majority of trial participants say they were treated with dignity and respect, and report having had a positive experience in a trial.

Clinical trials aren't safe.



Fact: Safeguards including an Institutional Review Board, Data and Safety Monitoring Board, and an ongoing informed consent process ensure patients' rights and safety are protected.

**Informed consent = having all the facts before and during a trial**

- Study purpose
- Length of time of the study
- Predictable risks
- Possible benefits
- Expectations
- Patient's rights
- Treatment alternatives
- Patient health monitoring
- Safeguards in place
- How to withdraw from study

**Be bold in asking for details.  
It's YOUR treatment plan.**

# How Can I Find a Clinical Trial?

- Ask your doctor
- Ask another doctor if necessary...
- Contact a patient advocacy organization
  - Seek assistance from a clinical trial navigator, if offered
  - CRI Clinical Trial Finder: 1 (855) 216-0127
- Search online
  - <https://www.cancerresearch.org/patients/clinical-trials>
  - <https://clinicaltrials.gov/>



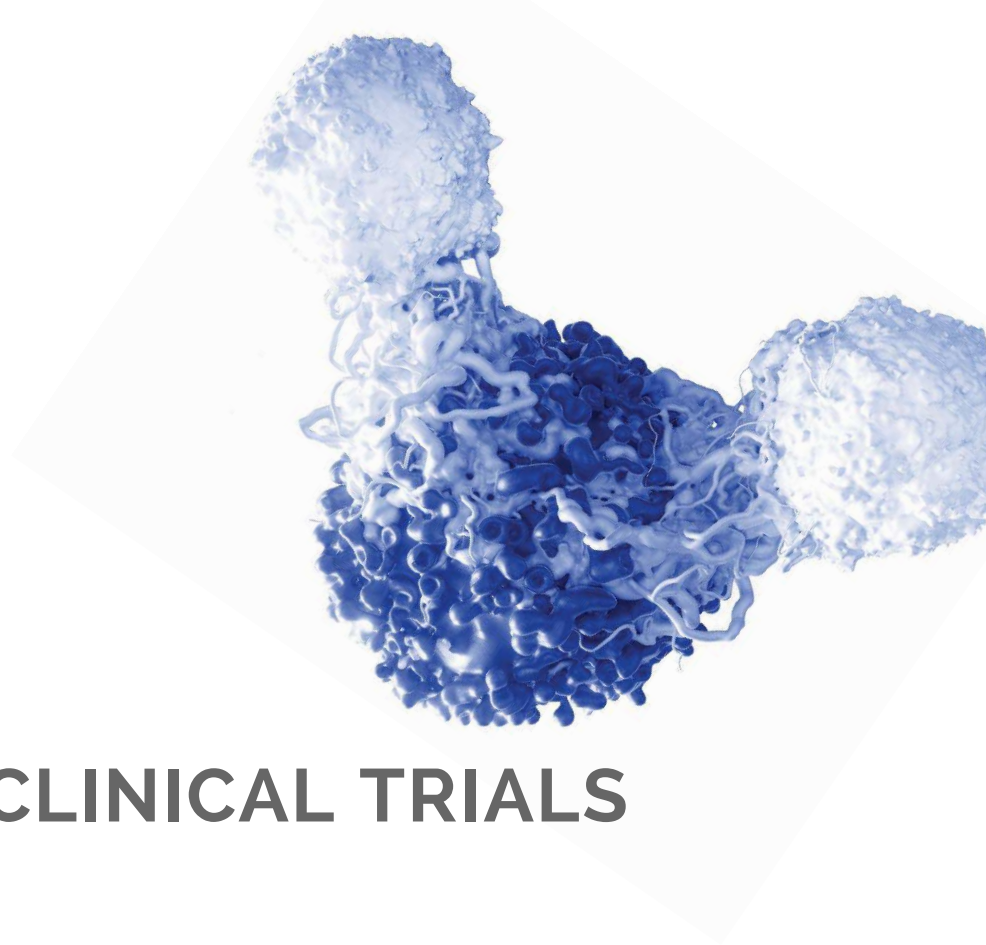


## Panel Discussion

# IMMUNOTHERAPY CLINICAL TRIALS



CANCER RESEARCH INSTITUTE  
IMMUNOTHERAPY  
PATIENT SUMMIT



## Moderator

**Brian Brewer**

## Panel

**Janie Ferling**

Melanoma

**Donna Fernandez**

Lung Cancer

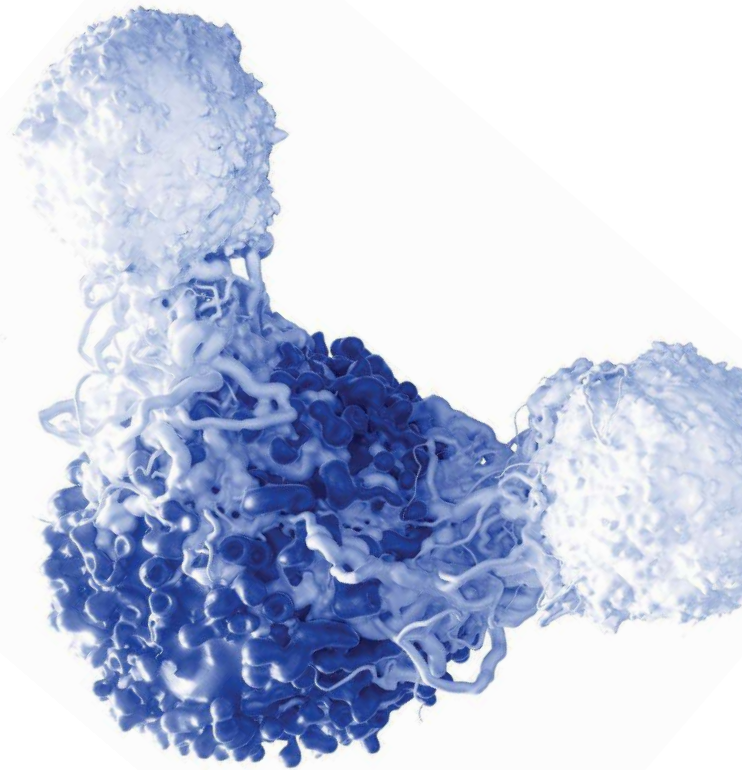
**Carol Roth**

Brain Cancer

# BREAKOUT SESSIONS



CANCER RESEARCH INSTITUTE  
**IMMUNOTHERAPY**  
**PATIENT SUMMIT**



## Brain Cancer

Gavin Dunn, M.D., Ph.D.

## Gynecologic Cancers Door)

Kunle Odunsi, M.D., Ph.D.

## Melanoma

Cassian Yee, M.D.

## General Immunotherapy

Thomas Gajewski, M.D., Ph.D.

## State ( 3<sup>rd</sup> Floor)

Grand Ballroom A (Next

## Van Buren (3<sup>rd</sup> Floor)

Grand Ballroom BC (Here)



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