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**Dana-Farber**  
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# An immune portfolio for ALK tumors: from vaccine to cellular immunotherapies

Roberto Chiarle, MD

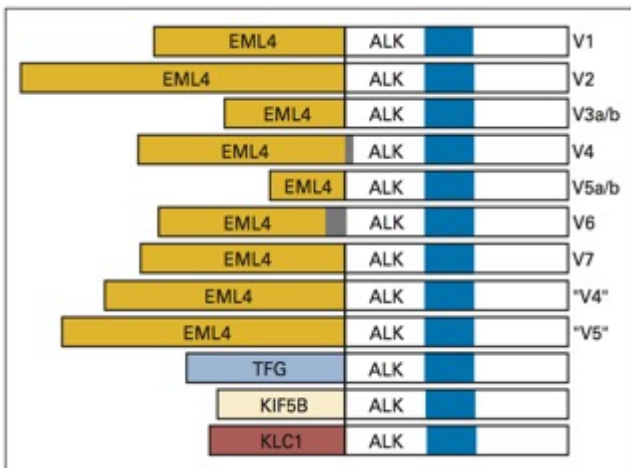
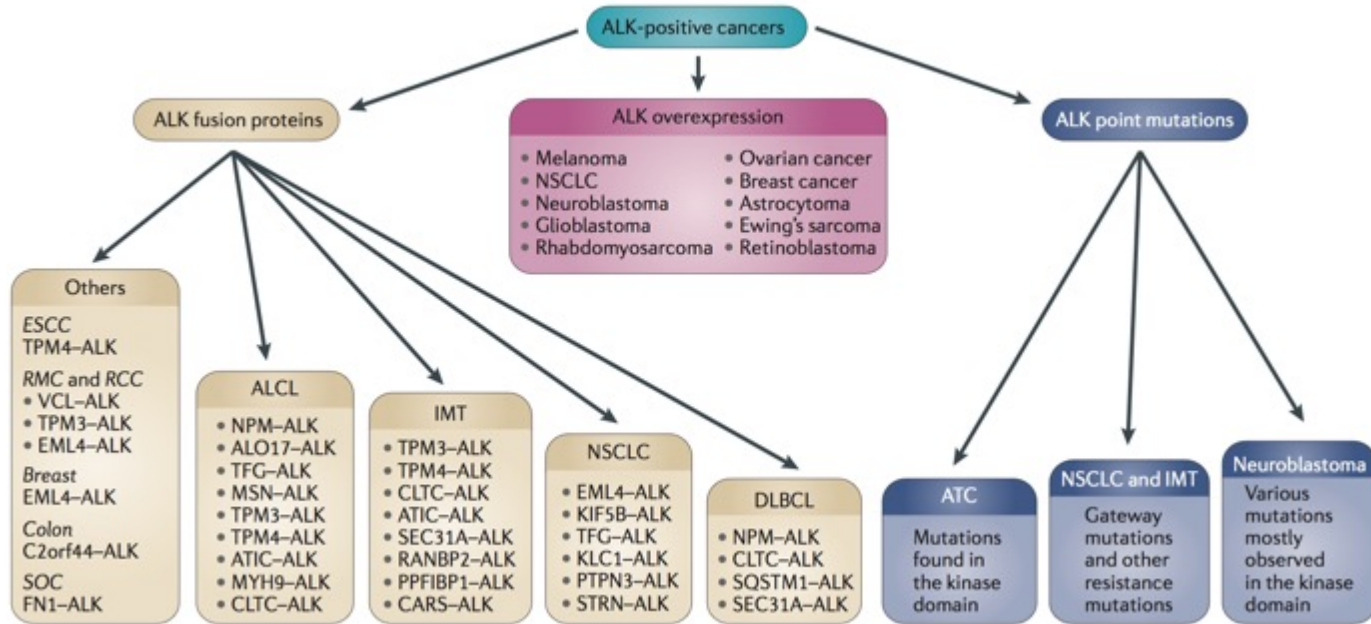
4<sup>th</sup> Cuneo City ImmunoTherapy Conference (CCITC)

**Immunotherapy  
in Hematological  
Malignancies 2024**

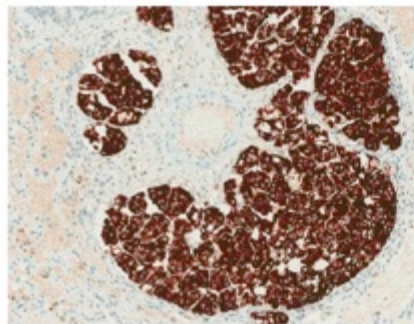
October 10-12, 2024  
Spazio Incontri Fondazione CRC  
CUNEO



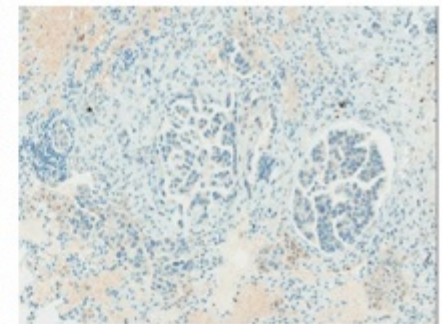
# ALK IN CANCERS



ALK-REARRANGED NSCLC



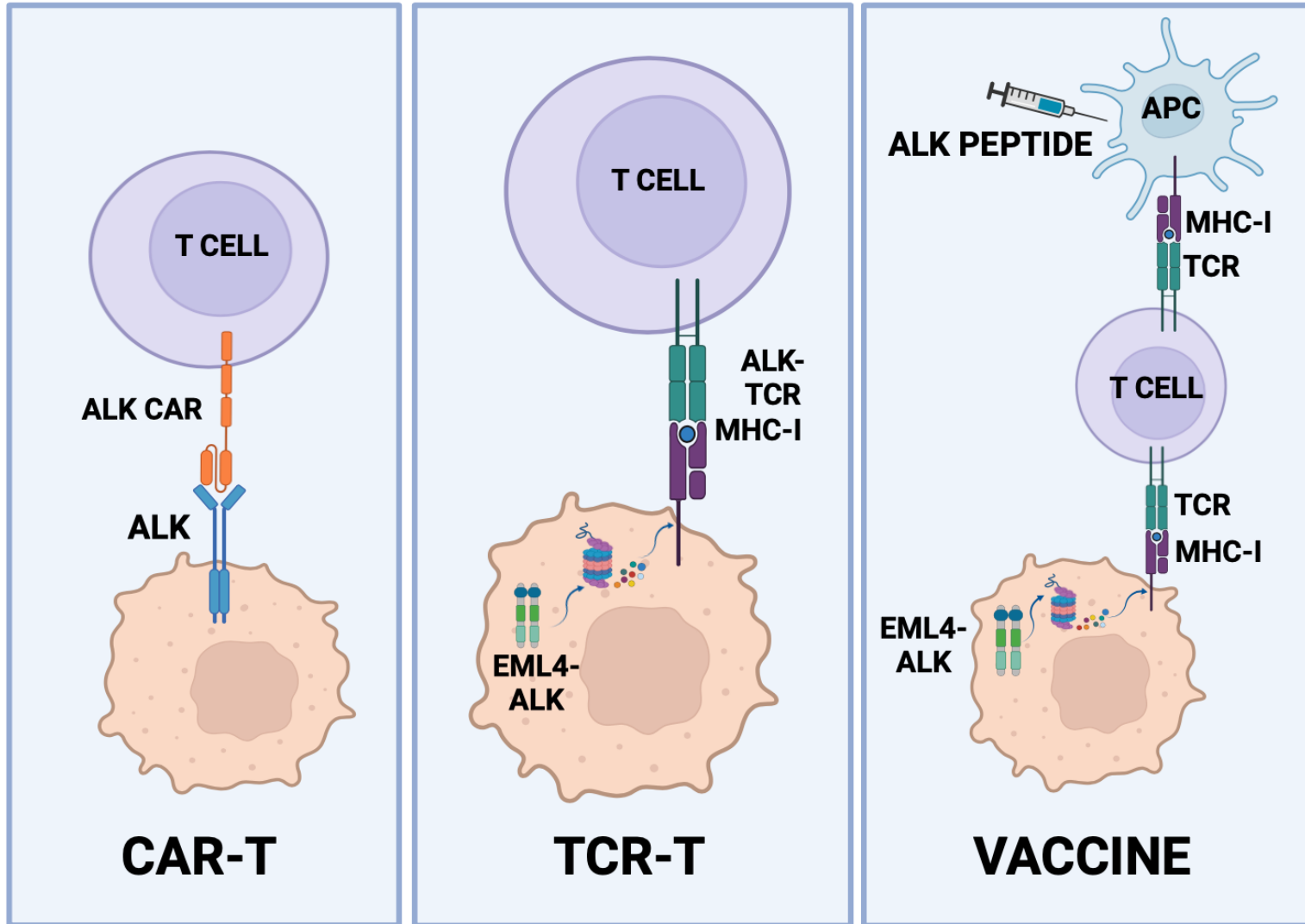
ALK-NEGATIVE NSCLC



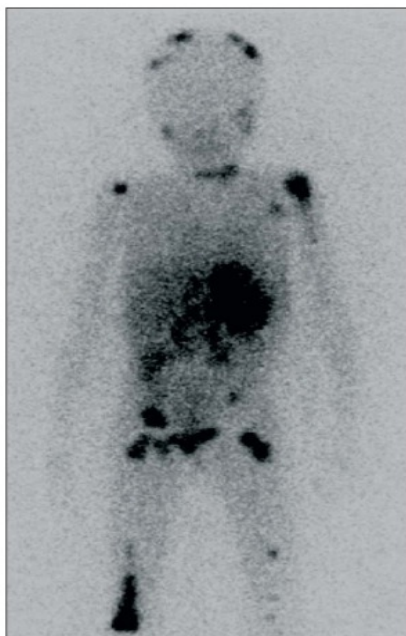
# Key immunological properties of ALK as an oncoantigen

- Restricted and low levels of expression in normal tissues
- Selective and high expression by the tumor cells
- Strong addiction of the neoplastic cells on the ALK signalling for their growth and survival
- Good spontaneous immunogenicity of the ALK protein in human patients

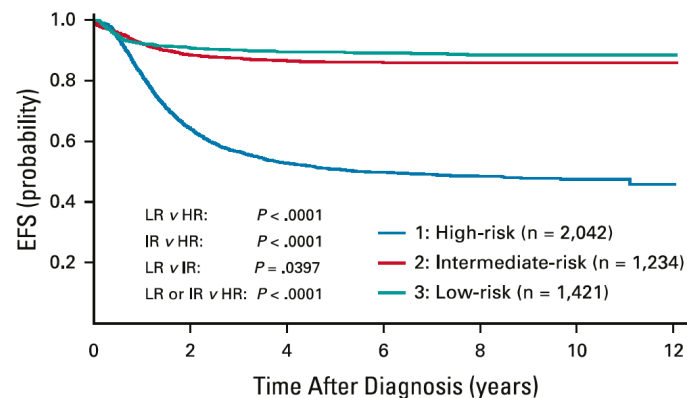
# Portfolio of anti-ALK immunotherapies



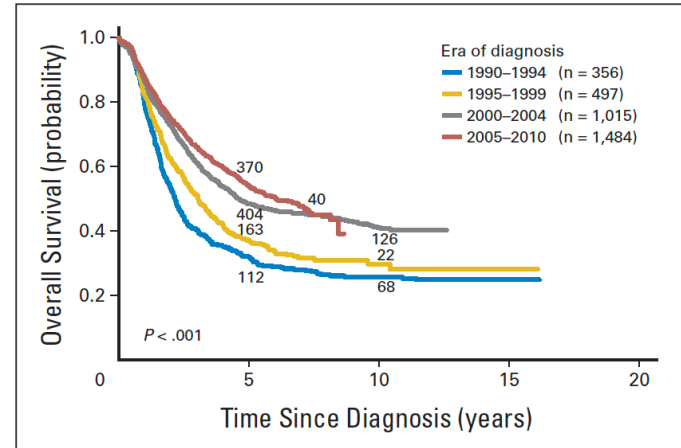
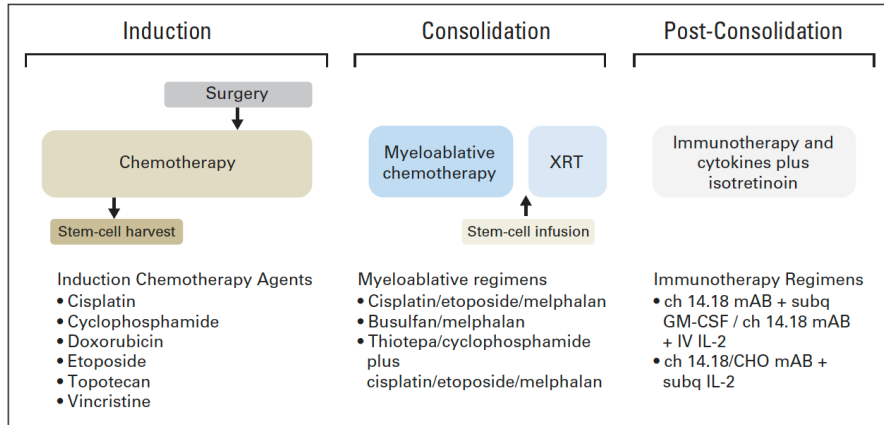
# Pediatric neuroblastoma (NBL)



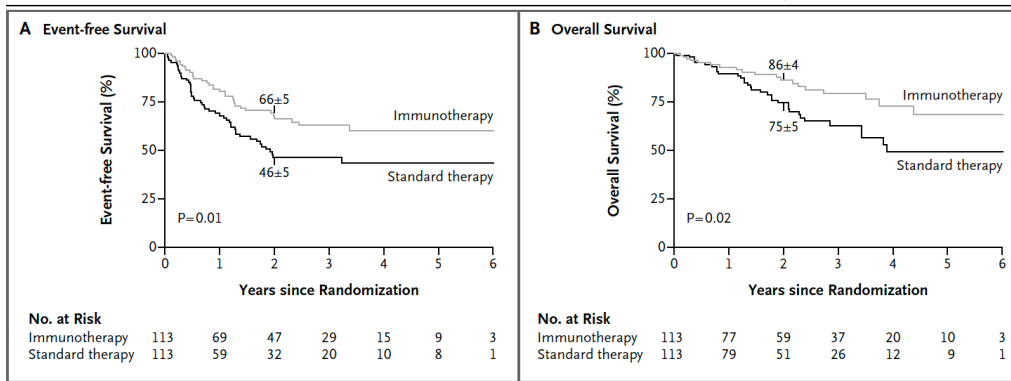
- Most common extra-cranial solid tumor in childhood
- Accounts for ~ 15% of pediatric cancer deaths
- Outcomes for LR and IR neuroblastoma are favorable
- 50% of patients present with high-risk features
- Outcomes for HR neuroblastoma remain poor despite intensive multimodal therapy



# Pediatric HR neuroblastoma

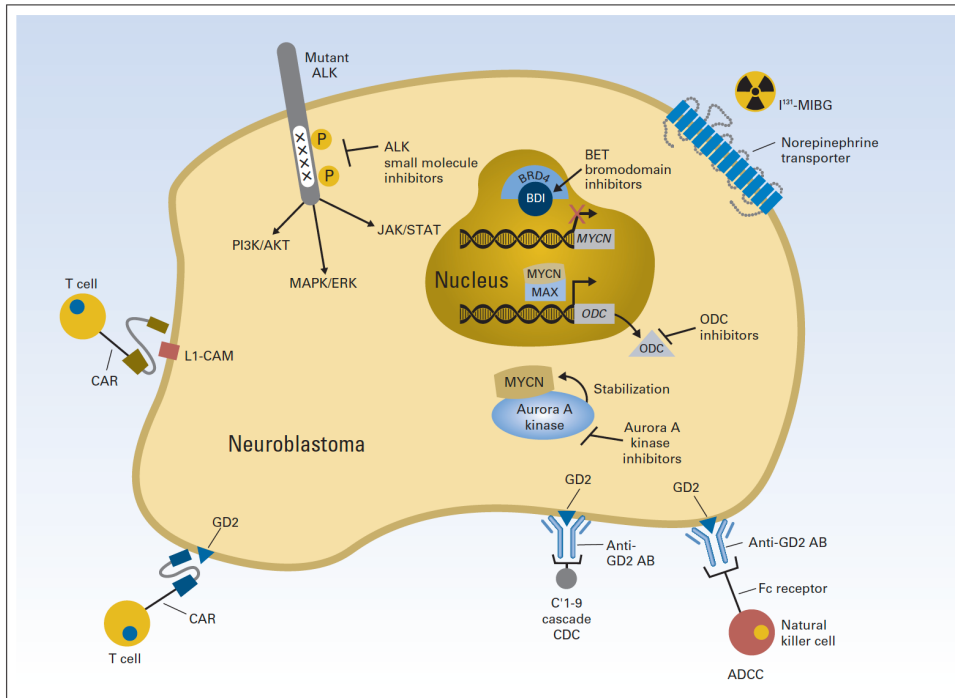


Pinto N et al, JCO 2015



Yu A et al, NEJM 2010

# Therapeutic approaches for HR neuroblastoma

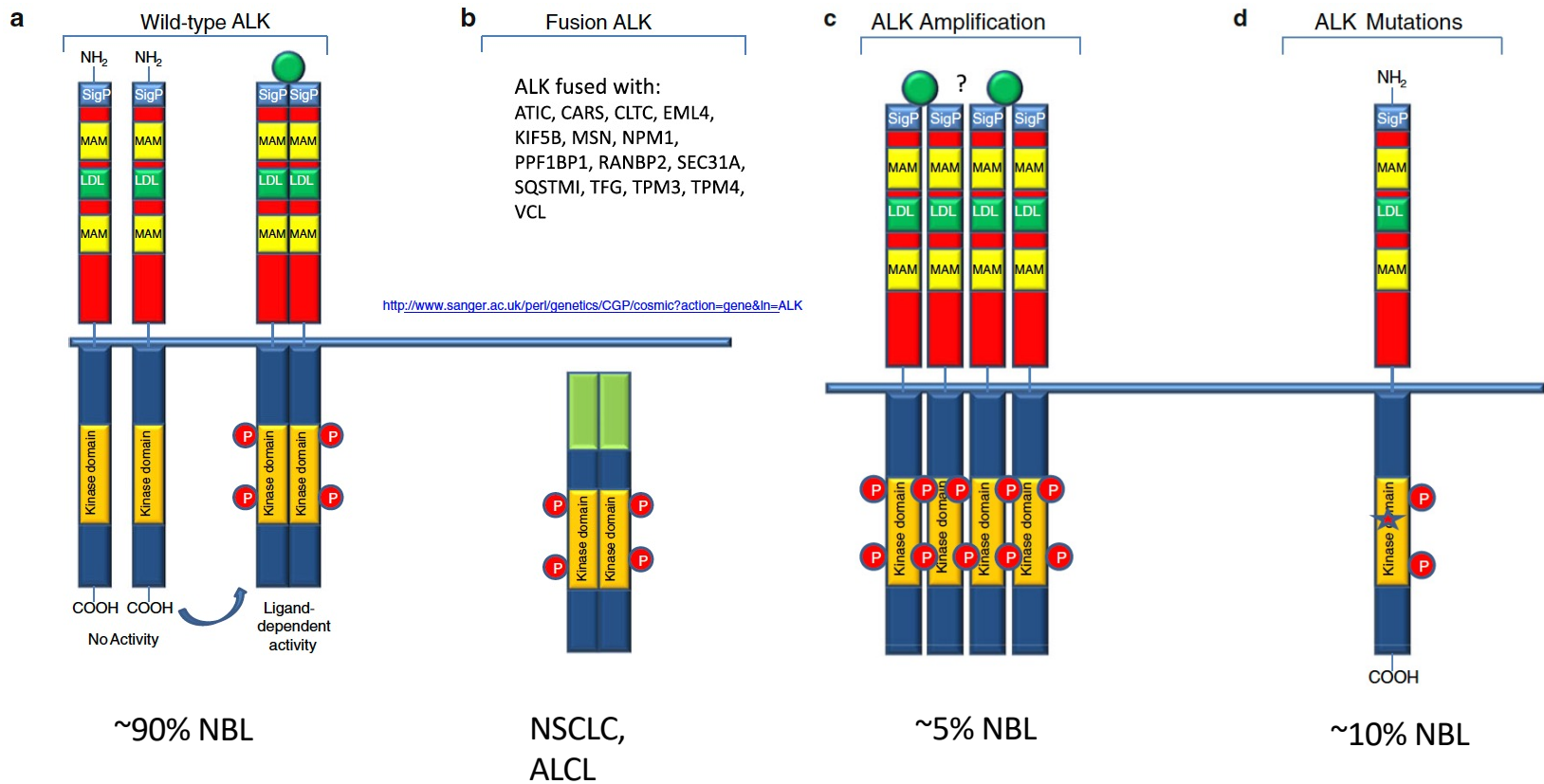


- ~ 50% of HR NBL patients relapse or fail to respond to upfront therapy
- Outcomes for r/r HR neuroblastoma are dismal (4y PFS 6%, 4y OS 20%)
- Novel therapeutic approaches for r/r neuroblastoma are urgently needed

Pinto N et al, JCO 2015

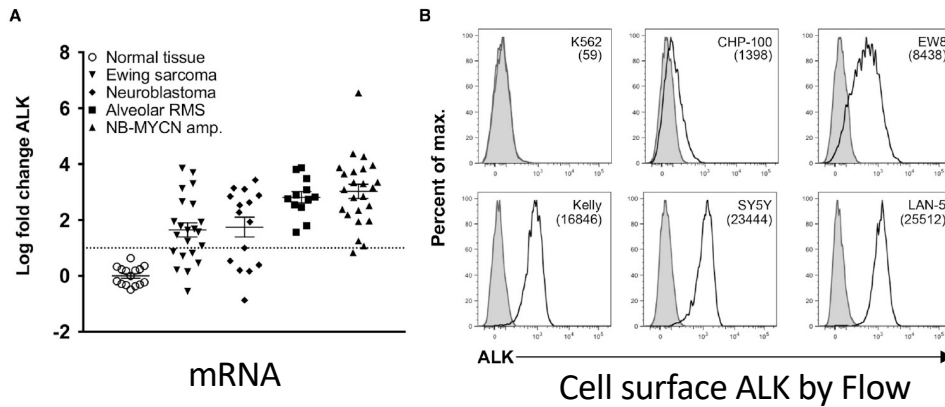
London W. et al, Cancer 2017  
 DuBois S et al, ASCO Education 2022

# Targeting ALK in neuroblastoma

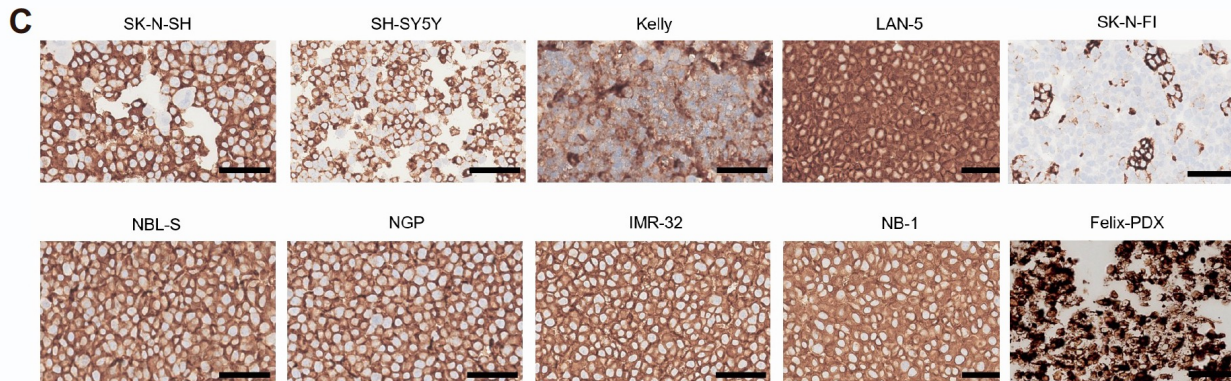




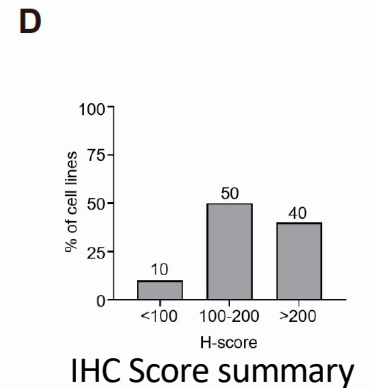
# ALK surface-expression in neuroblastoma



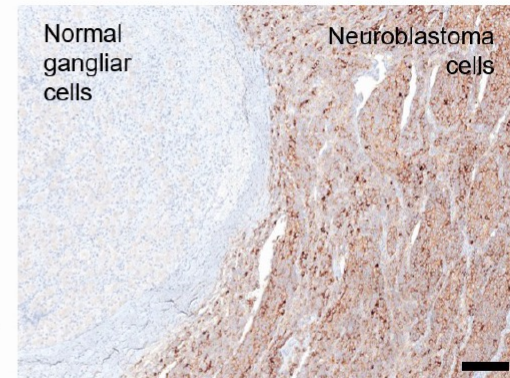
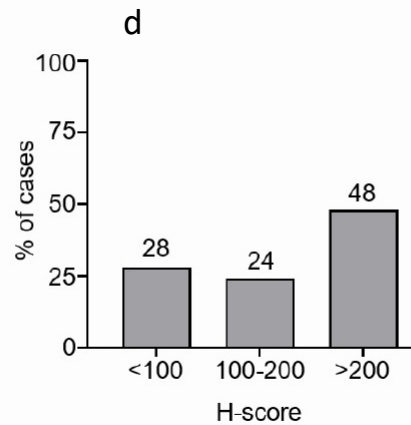
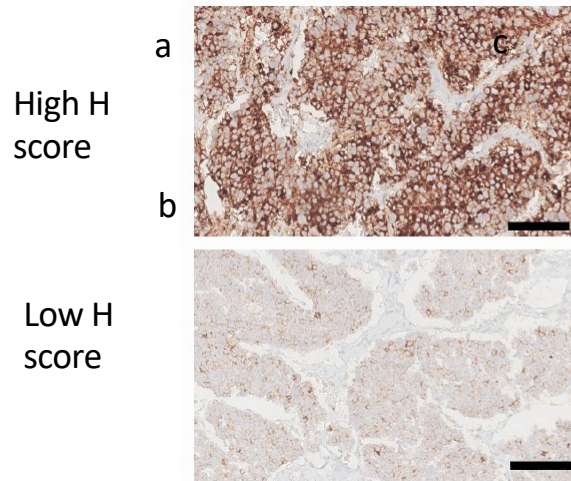
Walker AJ et al, Mol Ther 2017



Representative IHC staining with ALK mAb on NBL cell lines



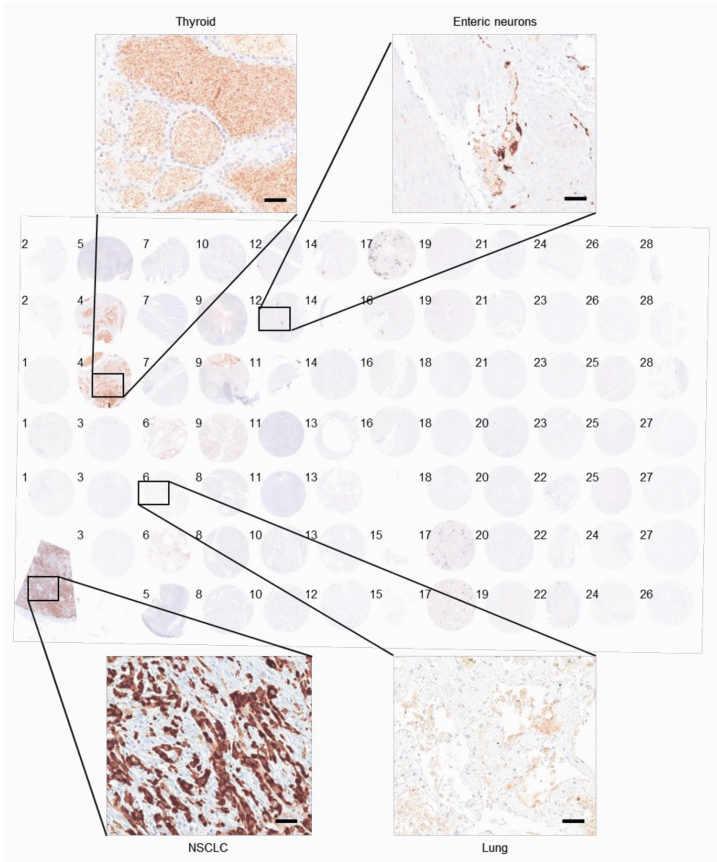
# ALK expression by IHC in primary pediatric NBL



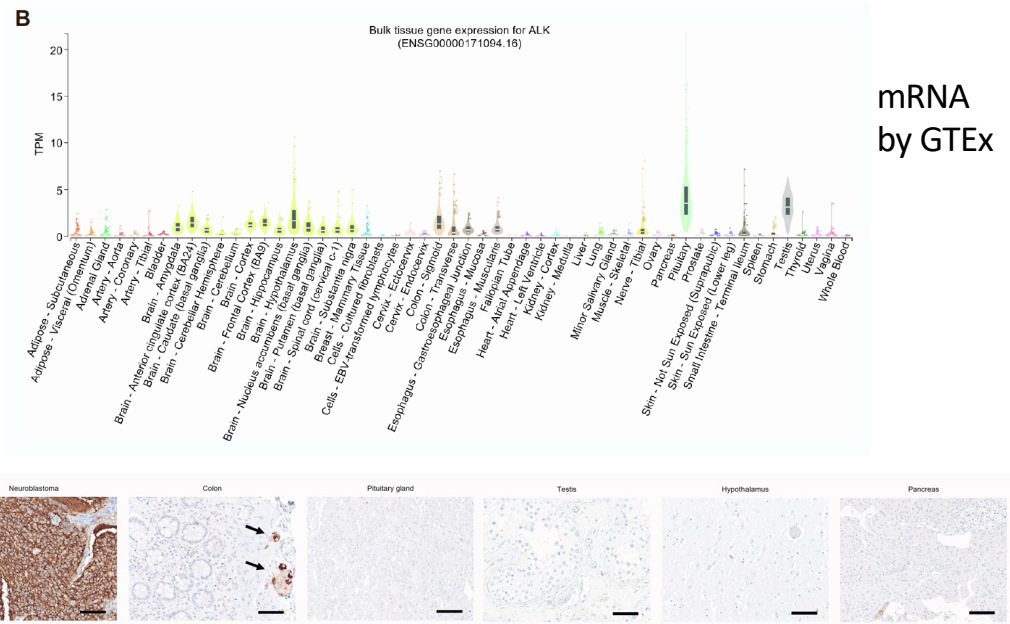
Example of ALK expression in normal ganglionic cells vs. NBL

# ALK expression in healthy tissues

TMA (D5F3 FDA approved mAb)



Number	Tissue	Number	Tissue	Number	Tissue	Number	Tissue
1	liver	8	pancreas	15	breast	22	gallbladder
2	skin	9	appendix	16	stomach	23	myocardium
3	cerebral cortex	10	placenta	17	lymph node	24	adrenal gland
4	thyroid gland	11	bladder	18	ovary	25	hypophysis
5	tonsillar tissue	12	colon	19	spleen	26	testicle
6	lung	13	prostate	20	uterus	27	hypothalamus
7	duodenum	14	kidney	21	uterine tube	28	ileum



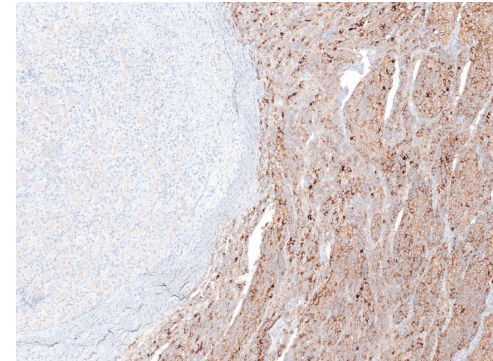
IHC on healthy donor tissues

# Targeting ALK in neuroblastoma

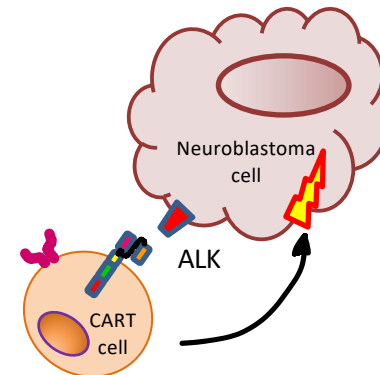
- ~10% ALK mutated;
- ~3-5% ALK amplified
- ~90% ALK expressed on the cell surface (>72% at moderate or high levels)
- High ALK expression associated with adverse clinical outcome
- Expression of ALK is restricted to tumor cells
- ALK tyrosine kinase inhibitors (lorlatinib) have efficacy in ALK-mutated neuroblastoma and the RP2D for pediatric NBL patients has recently been defined (Goldsmith K, et al., Nature Medicine 2023)

ALK staining (D5F3 FDA approved)

Normal ganglionic cells



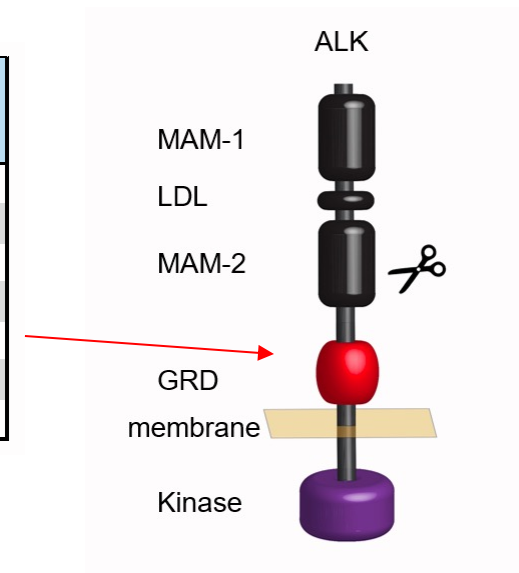
NB cells



ALK is a promising target for CAR-based T cell therapy

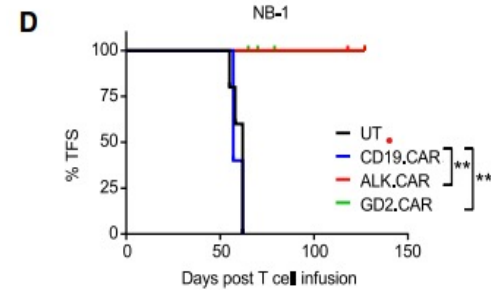
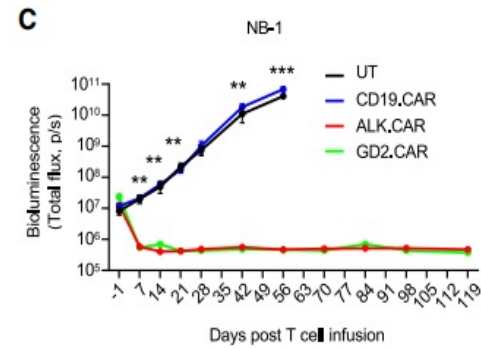
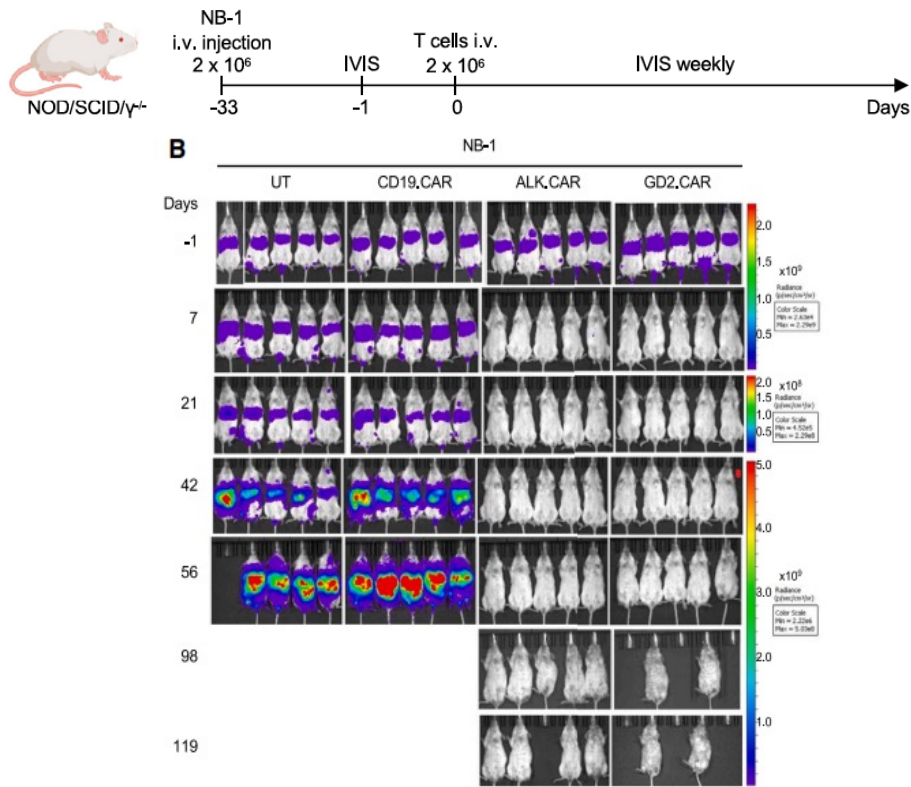
# ALK-CART cell construct

ALK Ab	ALK phosphorylation	$K_{D, app}$ [nM]	ALK turnover	Mouse-ALK binding	KTN#
1	no activity	0.35	no	moderate	118
2	inhibitor	0.2	no	moderate	119
3	weak inhibitor	0.5	no	no	120
4	strong agonist	0.5	strong	no	123
5	inhibitor	0.5	no	strong	125
6	inhibitor	0.4	strong	strong	130
7	weak agonist	0.5	strong	strong	131

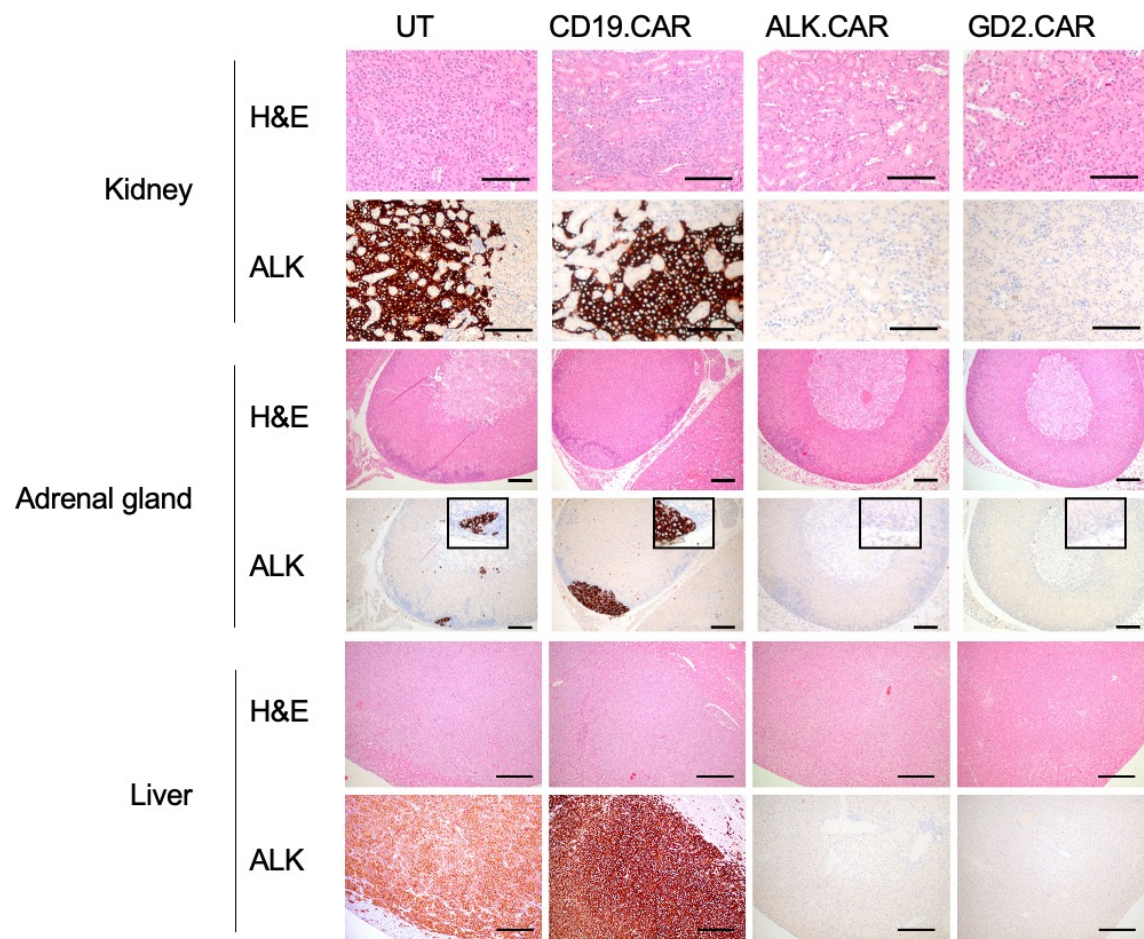


Bergaggio, E et al, Cancer Cell 2023  
 Huang H, et al, Cell Reports 2021

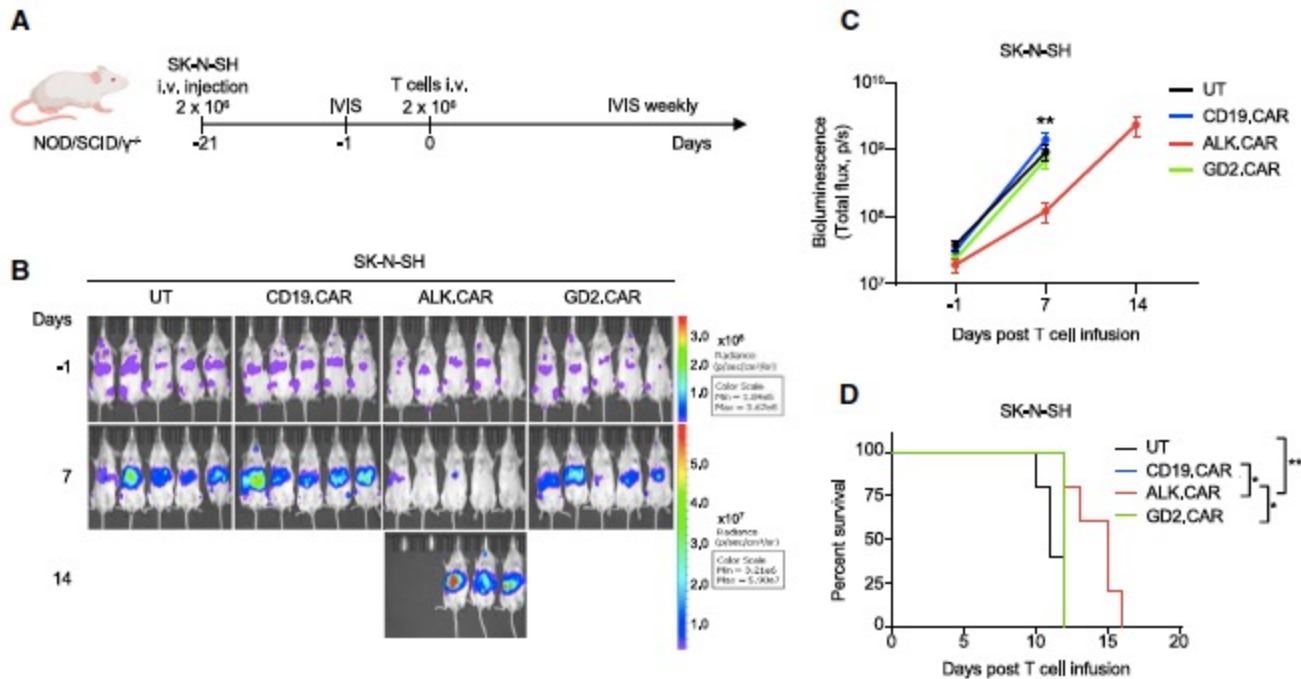
# ALK-CART cells efficiently kill neuroblastoma with high ALK expression (ALK-amplified NB-1 model)



# ALK-CART cells efficiently kill neuroblastoma with high ALK expression (ALK-amplified NB-1 model)



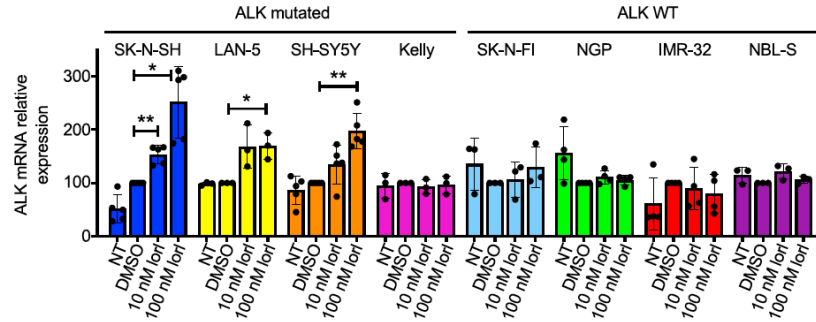
# ALK-CART activity is modest in metastatic NBL models with low ALK expression (ALK-mut SK-N-SH)





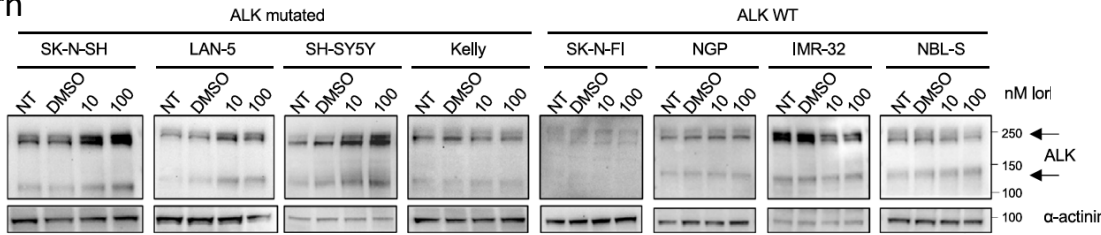
# Lorlatinib enhances ALK expression on the NBL surface

mRNA

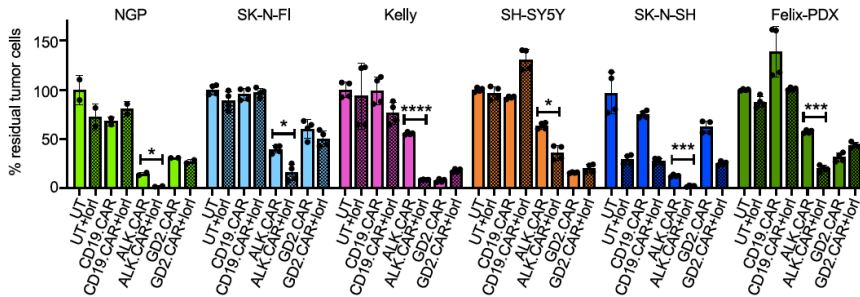


Western

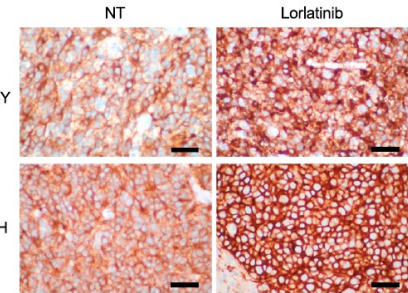
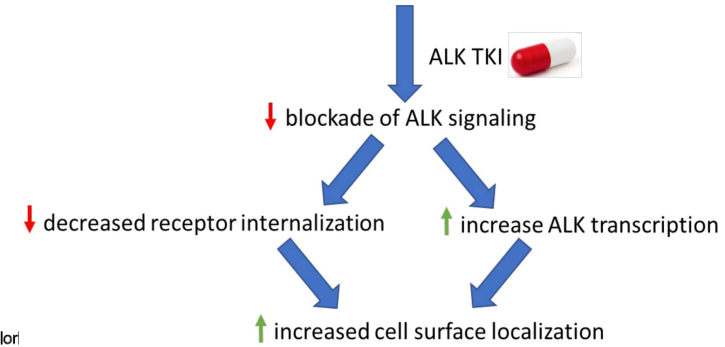
Blot



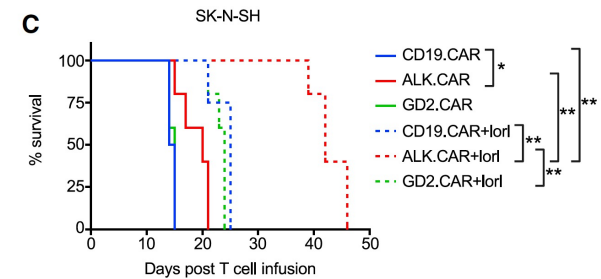
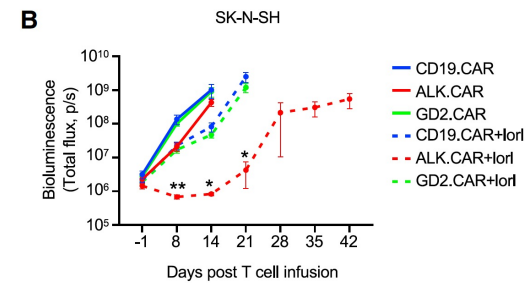
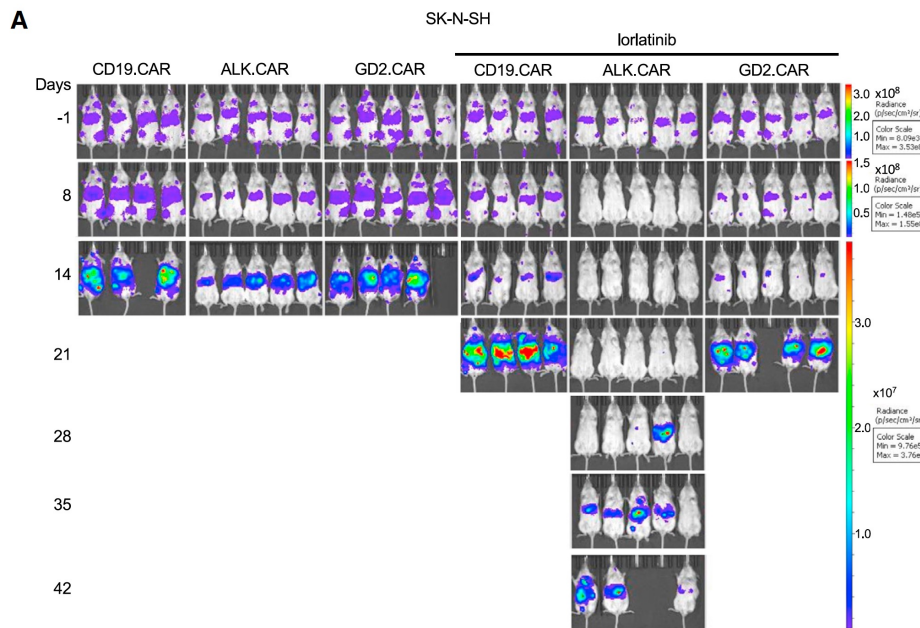
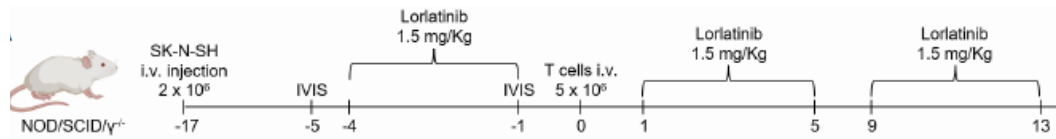
Co-culture assay 1:5 ET ratio x 3d



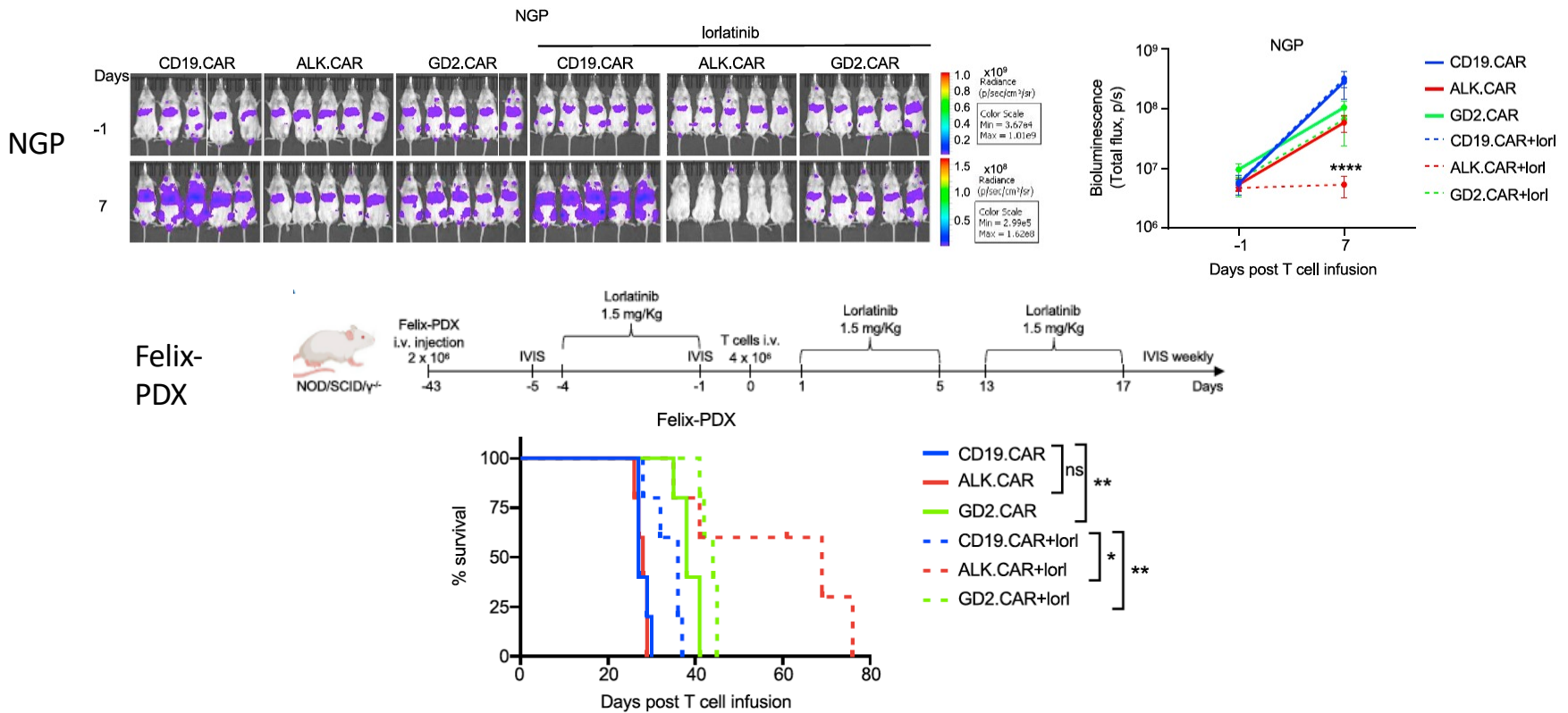
The constitutive activity of the ALK-mutated receptor impairs receptor trafficking



# Lorlatinib enhances ALK-CART efficacy against NBL with low ALK expression (ALK-mut SK-N-SH)

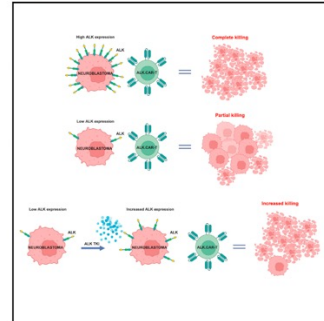


# Lorlatinib enhances ALK-CART efficacy metastatic ALK-WT (NGP) and ALK-mut PDX (Felix models)



## ALK inhibitors increase ALK expression and sensitize neuroblastoma cells to ALK.CAR-T cells

Graphical abstract



Authors

Elisa Bergaggio, Wei-Tien Tai, Andrea Aroldi, ..., Barbara Savoldo, Gianpietro Dotti, Roberto Chiarle

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In brief

Bergaggio et al. show that CAR-T cells targeting ALK (ALK.CAR-Ts) eradicate neuroblastoma with high ALK expression, without associated toxicity. In neuroblastoma with low ALK expression, ALK inhibitors increase ALK surface expression while impairing tumor growth, thereby enhancing ALK.CAR-T cell function. Combination of ALK.CAR-T cells and ALK TKI represent a potent double hit approach to target a driver oncogene in neuroblastoma.

# ALKemy to enhance chimeric antigen receptor T cell immunotherapy for neuroblastoma

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<https://doi.org/10.1016/j.ccell.2023.11.009>

**Chimeric antigen receptor (CAR) T cell immunotherapy in solid cancer is severely limited by the absence of ideal targets. In this issue of *Cancer Cell*, Bergaggio et al. find that anaplastic lymphoma kinase (ALK) inhibitors can enhance the function of ALK-specific CAR T cells against neuroblastoma by increasing target density in cancer cells.**

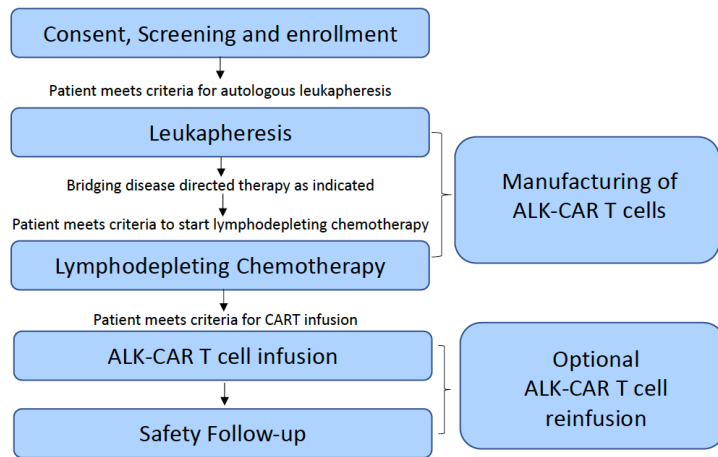
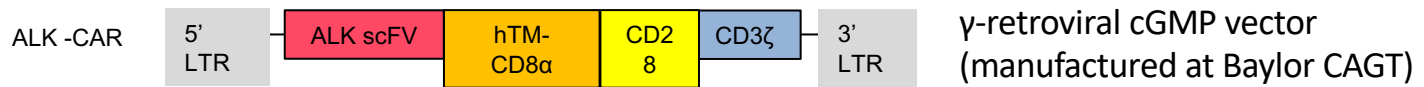
The results of chimeric antigen receptor (CAR) T immunotherapy in solid cancers have been dismal so far as compared to that in hematological malignancies, despite the fact that this innovative immunotherapy was first tested in solid

cancers. Only a handful of patients out of hundreds treated in clinical trials have reached complete responses, and in most cases these responses were short lived. While several failure mechanisms have been described for CAR T

in solid cancer, such as T cell exhaustion, the tumor microenvironment, and intrinsic tumor resistance, a crucial issue is the lack of optimal targets. Moreover, in a subset of patients, severe toxicities have been reported that are in part



# ALK-CART Phase I/II Clinical Trial Design



Dose Level	Dose (viable, CAR+ T cells/kg)
-1	$3 \times 10^5$
1	$1 \times 10^6$
2	$3 \times 10^6$
3	$1 \times 10^7$
4	Lorlatinib + $1 \times 10^7$ (or MTD)
Phase 2 Dose expansion at MTD +/- Lorlatinib	
Observe a 28 day DLT window post-infusion prior to dose-escalation	

IND holder: Roberto Chiarle, MD  
 PI: Susanne Baumeister, MD  
 Co-PI: Suzanne Shusterman, MD

Anticipated activation in October/November 2024



# ALK-CART Phase I/II trial Objectives

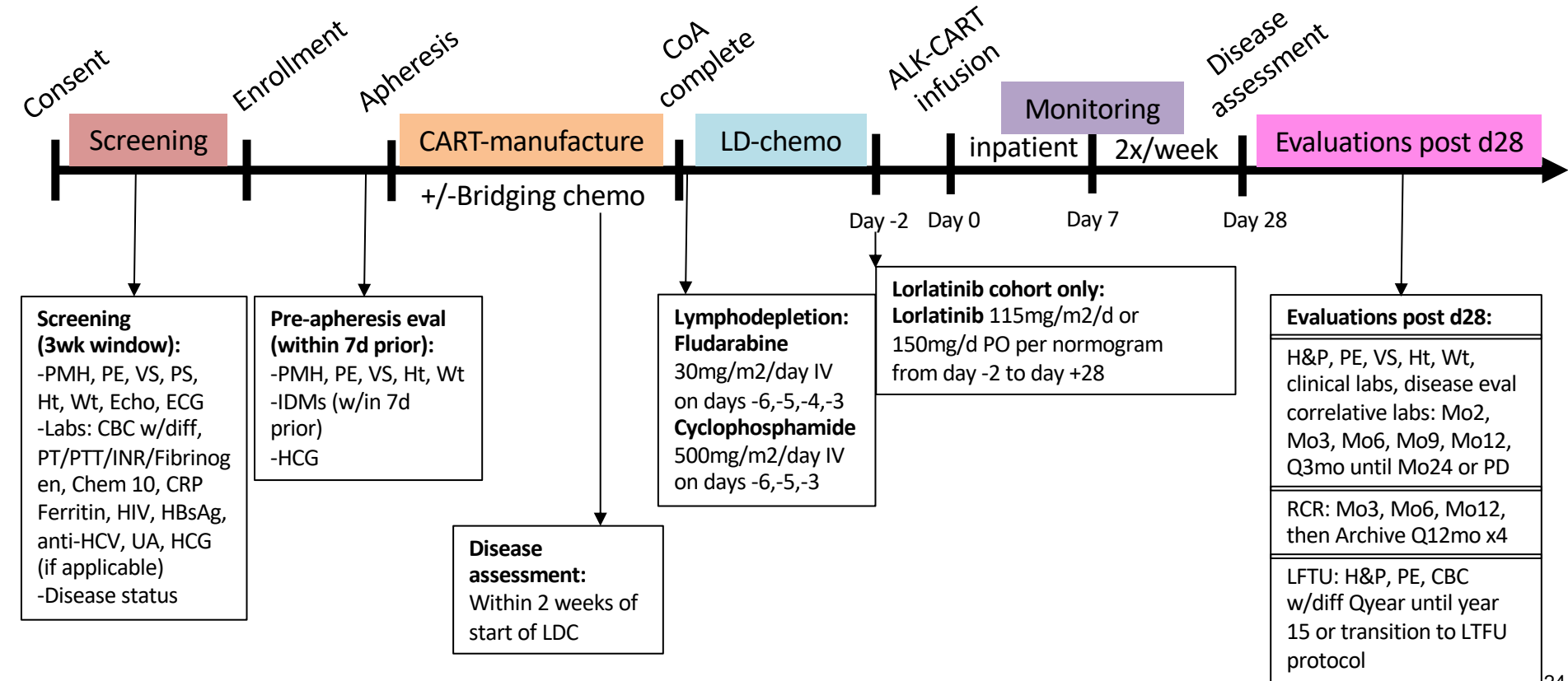
- Phase 1 Primary Objectives
  - To identify the MTD of autologous ALK-CART cells as measured by the occurrence of DLTs in pediatric patients with r/r HR NBL
  - To identify the safety and tolerability of autologous ALK-CART cells at the MTD and in combination with Lorlatinib 115mg/m<sup>2</sup>/dose (<18y) or 150mg PO QD (>18y)
- Phase 2 Primary Objectives
  - To estimate the CR and PR rates as per revised International Neuroblastoma Criteria (INRC) in pediatric patients receiving autologous ALK-CART cells +/- Lorlatinib
- Secondary Objectives
  - To estimate Progression free survival (PFS) and Overall Survival (OS)
  - To measure subject reported symptoms
  - Evaluate the biologic activity of ALK-CART cells with detailed correlative studies and correlate these with responses



## ALK-CART Phase I/II trial Key Eligibility

- $\geq$  12 months and  $<$ 30 years
- Histologically confirmed diagnosis of neuroblastoma that is r/r
- HR NBL according to COG risk stratification (LR/IR risk pts who were reclassified are eligible)
- Histologic confirmation of ALK expression is NOT required
- Recovery/washout from prior therapies (no limit on prior treatment regimens)
- Adequate organ function
- No uncontrolled CNS metastasis (treated and stable for  $\geq$  8 weeks eligible)
- Additional standard eligibility criteria

# ALK-CART Phase I/II Clinical Trial Schema





# Acknowledgements

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## BCH IND team

- **Colleen Dansereau**
- Ashley Kuniholm
- Rhada Narsimhan

## Baylor CAGT

- Mei Zhuyong
- Malcom Brenner
- Deborah Lyon

## UNC

- Gianpietro Dotti

