



™ World Congress of © Cutaneous Lymphomas



Enhancing the Ability to Diagnose, Interpret and Apply Best Treatment Options for Cutaneous Lymphomas

Tumor Microenvironment | 27

Langerhans cell population expands early after immune checkpoint inhibition in the micro-environment of mycosis fungoides

EORTC-1652-CLTG PARCT Trial

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Disclosures

I do not have any relevant financial relationships

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

The off-label/investigational use of atezolizumab will be addressed.





MF and the immune system

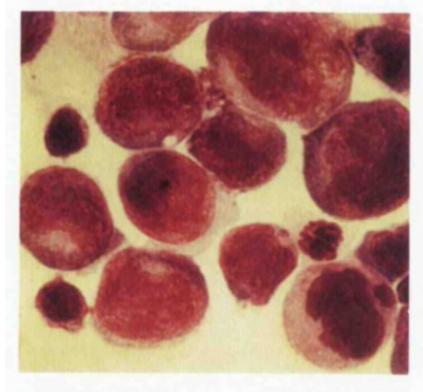


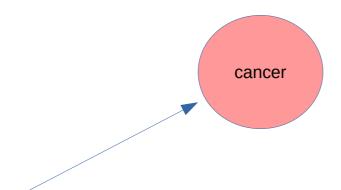
Figure 1. Giemsa-stained tumor cell suspension showing large blastic cells and small tumor-infiltrating lymphocytes. (HLA analysis of large blastic cells: A29, A31, B7, Bw62, Cw3, Bw6; HLA-DR: blank.)

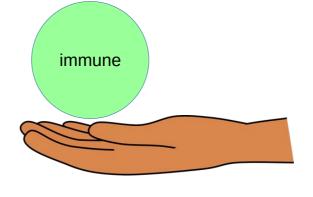
Reinhold et al, 1990





Cancer treatments





intercalating agents alkylating agents anti-metabolites anti-microtubule agents

radiotherapy surgery

targeted antibodies (rituximab) targeted small molecules (imatinib) autologous stem cell transplants immune checkpoint inhibitors CAR-T cell therapy

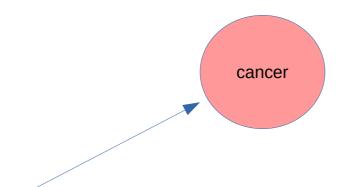
vaccine therapy adoptive TIL therapy

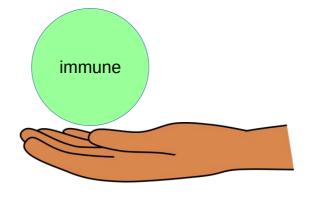
interferon retinoids allogeneic stem cell transplant





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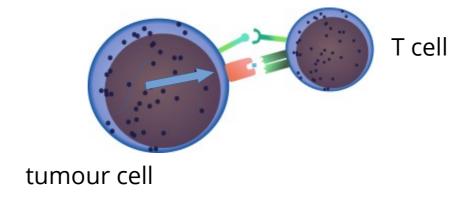
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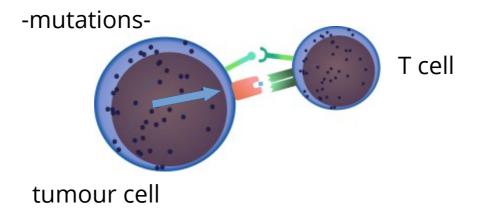






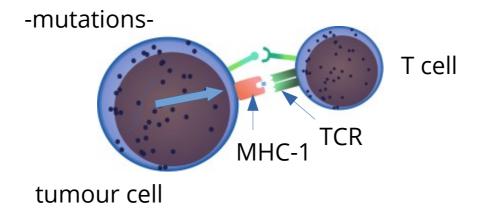






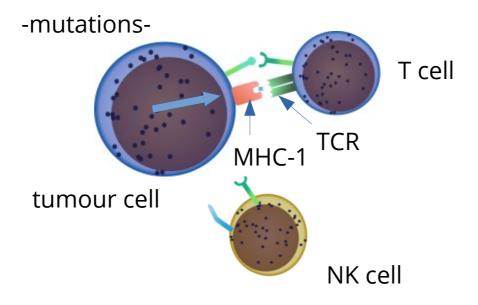






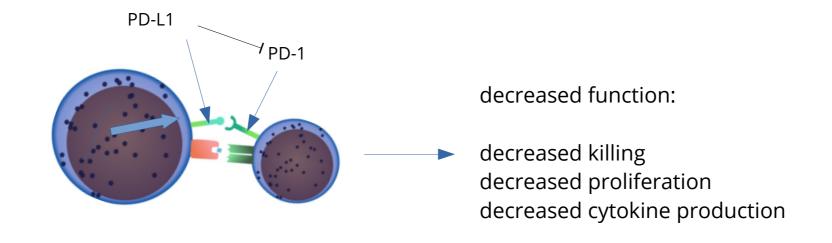








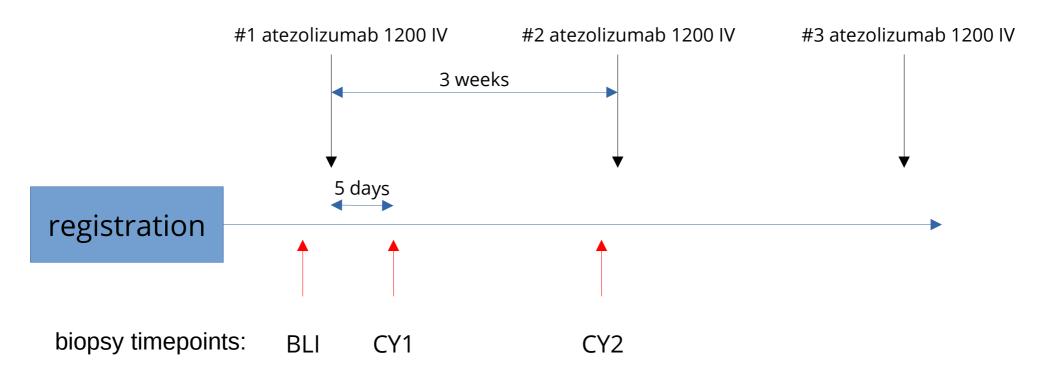








EORTC 1652 PARCT Trial Translational Study

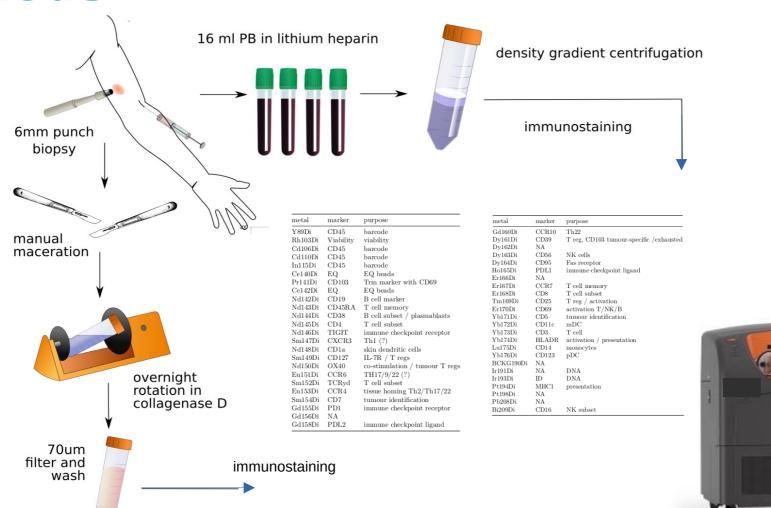


International multicentre phase II study, mycosis fungoides stage IIB-IVB Atezolizumab (PD-L1 blocker) administered every 3 weeks





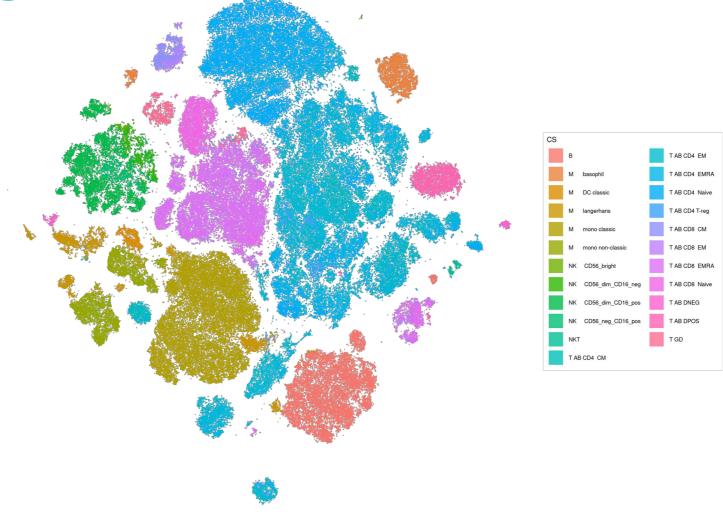
Methods







Methods







Results

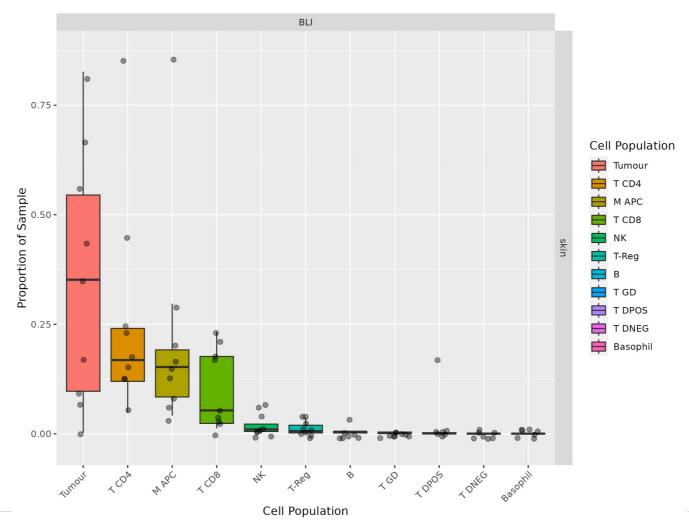
- 27 skin biopsies from 10 patients
- 25 blood samples from 9 patients

```
|tissue | BLI| CY1| CY2|
|:-----|---:|----:|
|blood | 8| 8| 9|
|skin | 9| 8| 10|
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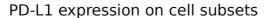
Micro-environment demographics

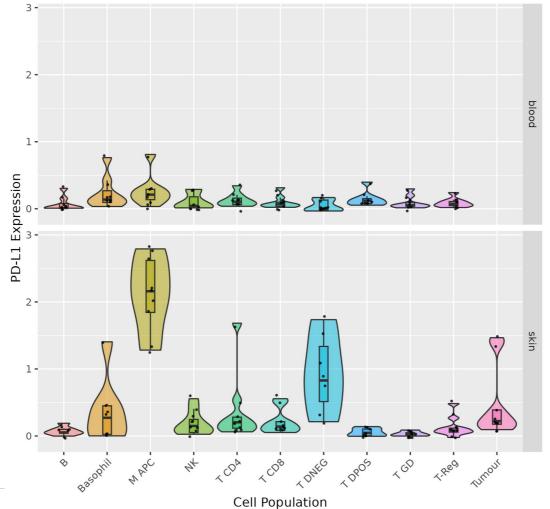






PD-L1 expression







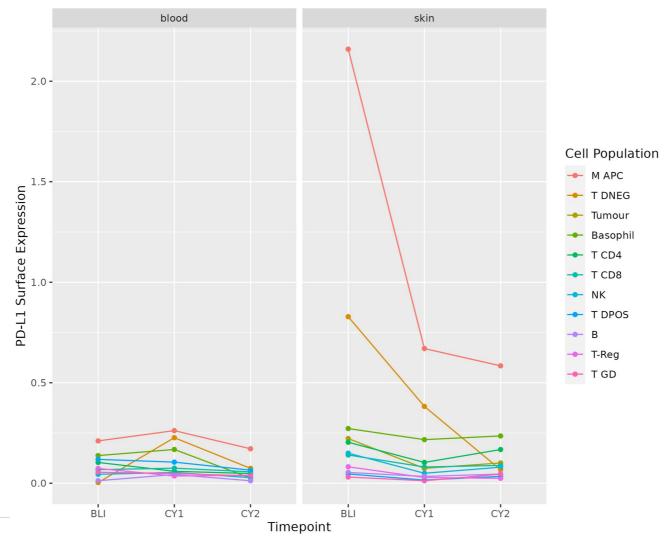


Cell Population

Basophil

M APC
NK
T CD4
T CD8
T DNEG
T DPOS
T GD
T-Reg
Tumour

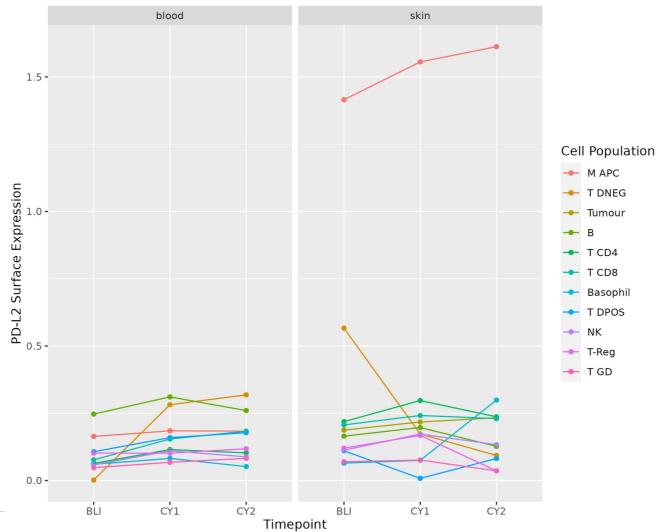
PD-L1 expression with treatment







PD-L2 expression with treatment

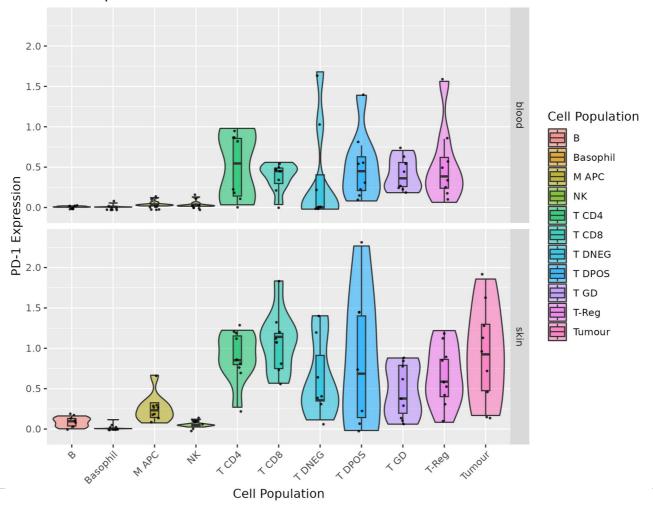






PD-1 expression

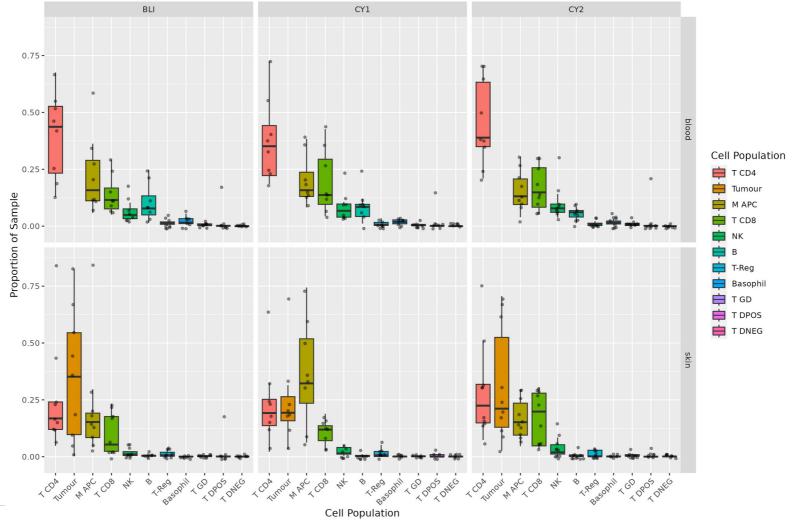
PD-1 expression on cell subsets







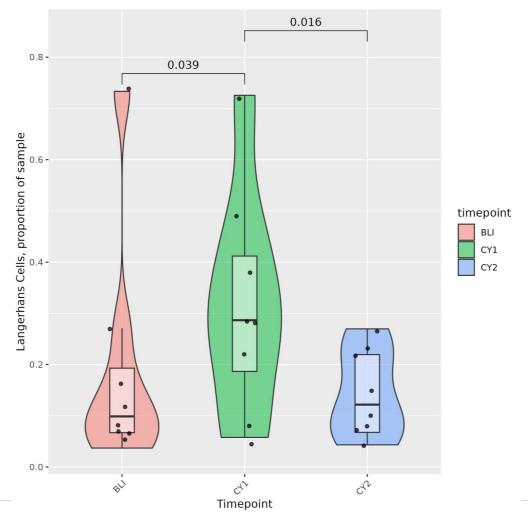
Cell populations with treatment







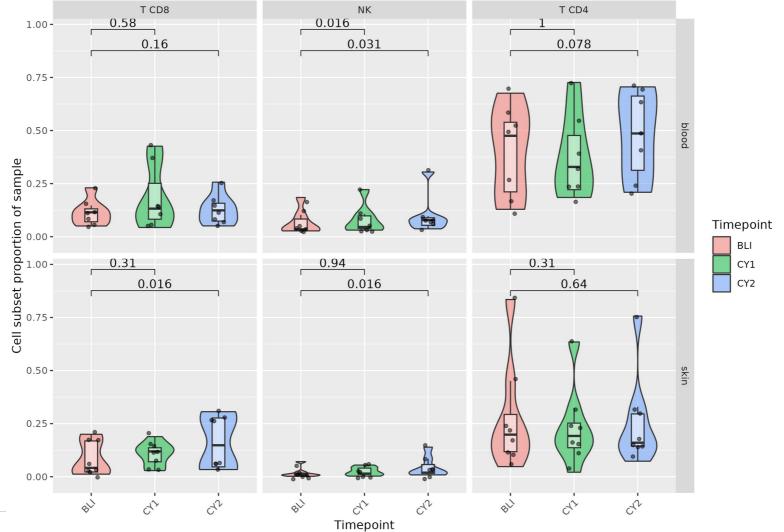
Langerhans population with treatment







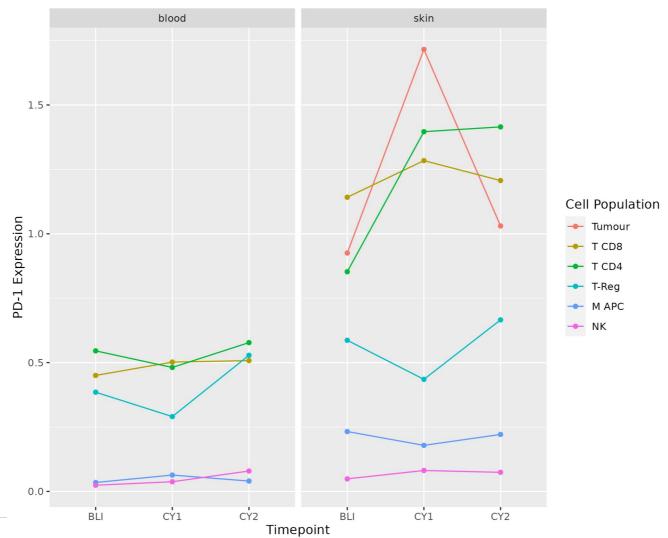
T and NK populations with treatment







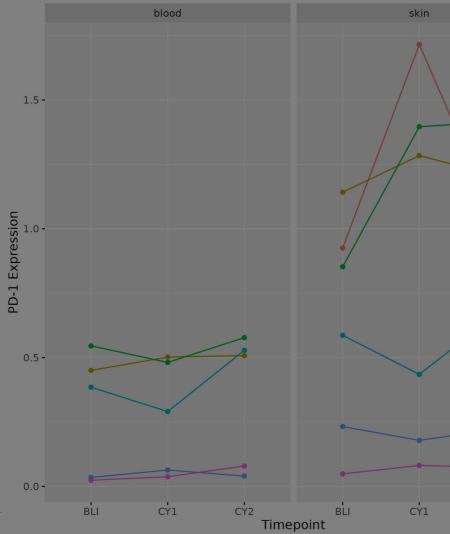
PD-1 expression with treatment

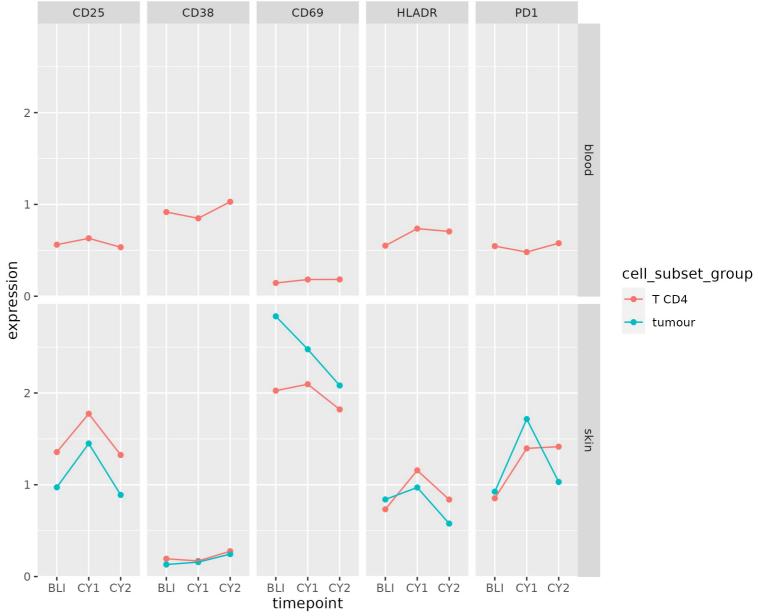






PD-1 expression





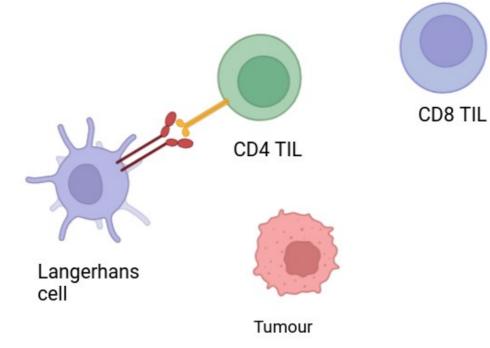


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Putting it all together

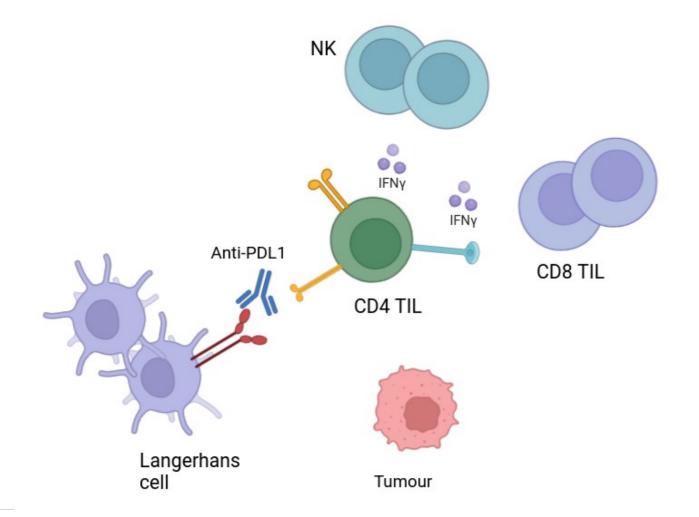








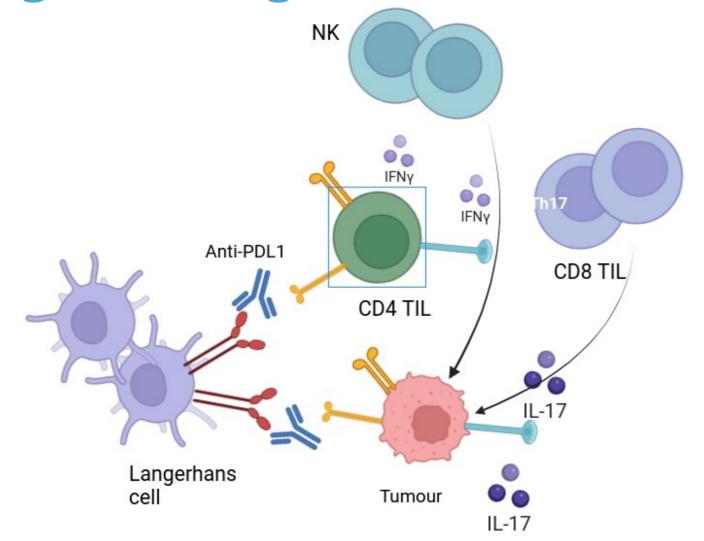
Putting it all together







Putting it all together







Two diametric pathways

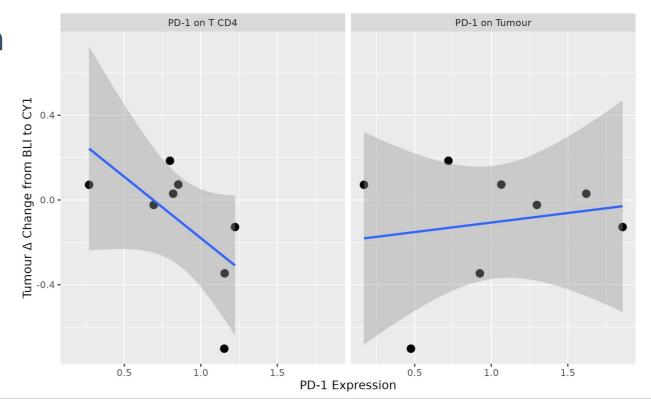
- LCH → CD4 activation → CD8/NK expansion → tumour death
- LCH → tumour activation





Two diametric pathways

- LCH → CD4 activation → CD8/NK expansion → tumour death
- LCH → tumour activation







Conclusions

- PD-L1 mainly expressed on Langerhans cells
- PD-1 mainly expressed on T cells
- Measured PD-L1 expression decreases with treatment
- PD-L2 unaffected
- PD-L1 blockade appears to expand Langerhans cell population
- Followed by activation of T CD4, and expansion of T CD8 and NK





Many many thanks to all the patients who provided extra blood and skin samples for this study.

Thank you to Roche for providing the funding for this translational project.

Thank you!

Many thanks to all in the EORTC team who designed and conducted the trial, including M Bagot, M Battistella, J Casas-Martin, E Guenova, C Jonak, R Knobler, S Marreaud, J Musoro, P Ortiz, E Papadavid, P Quaglino, D Sartori, J Scarisbrick, R Stadler, R Stranzenbach and R Willemze.





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