

Immuntherapie in der Onkologie

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III. Medizinische Klinik - Hämatologie - Medizinische Onkologie - Pneumologie
Universitäres Zentrum für Tumorerkrankungen Mainz (UCT Mainz)
Universitätsmedizin der Johannes Gutenberg-Universität Mainz



Krebs Immuntherapie



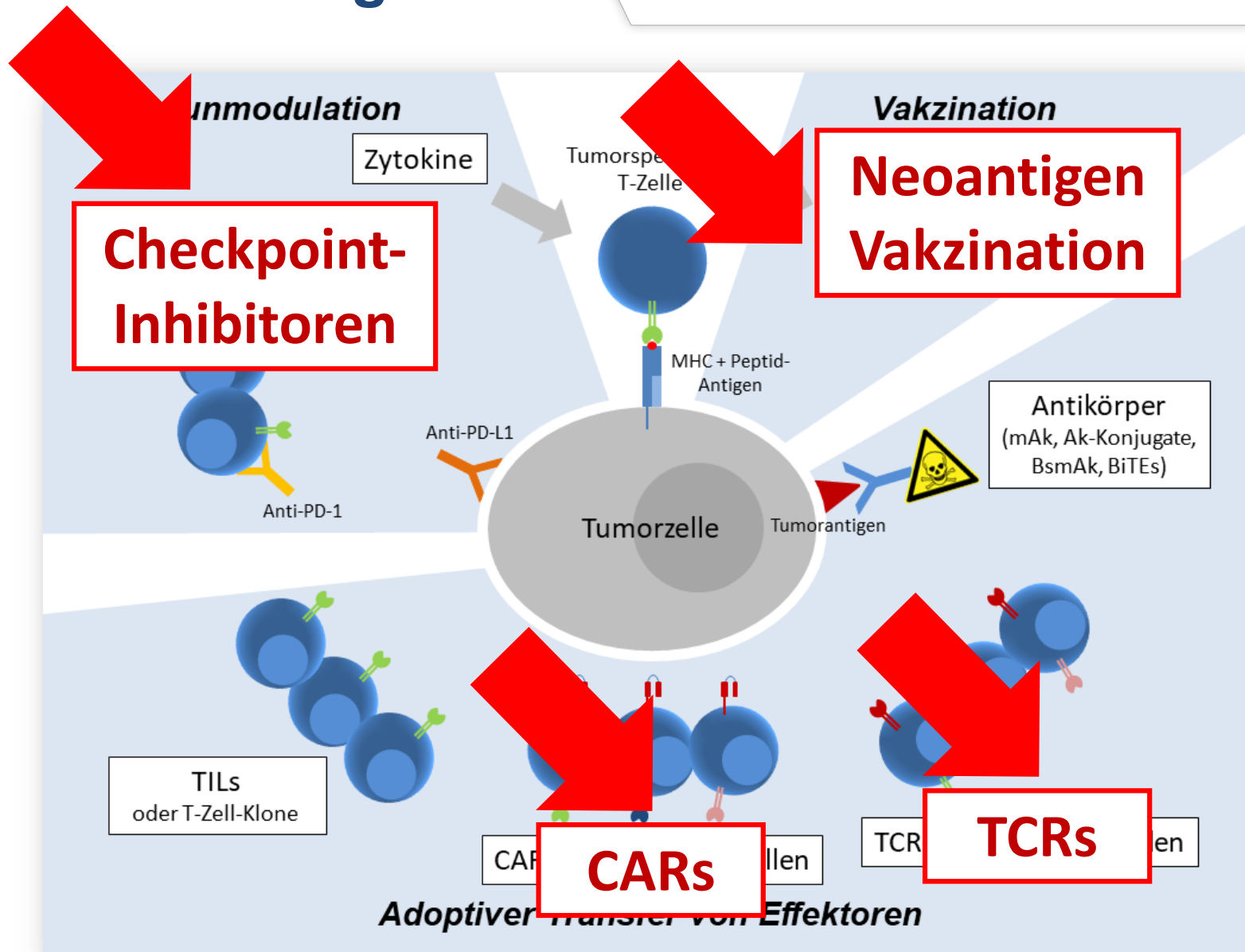
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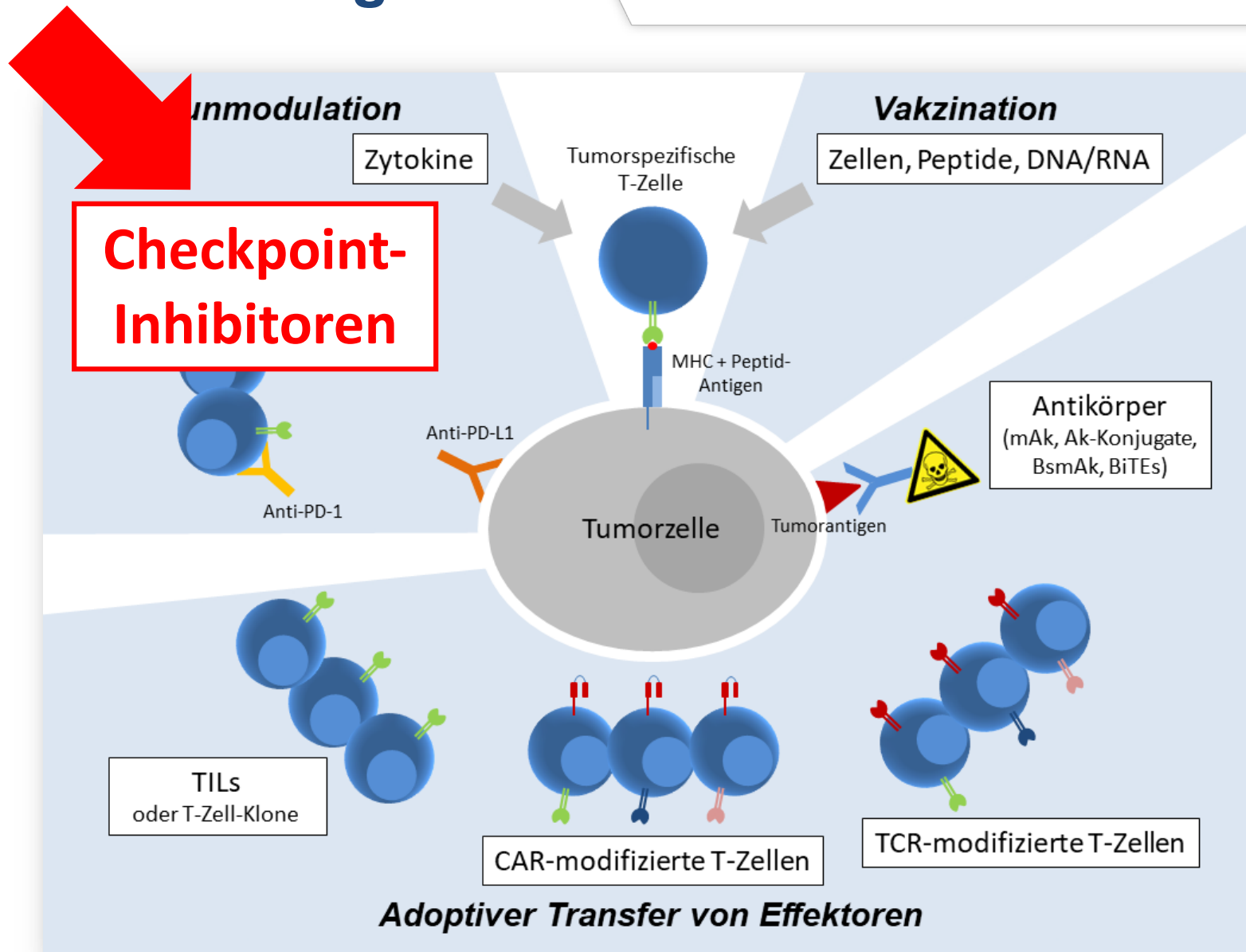
III. Medizinische Klinik und Poliklinik



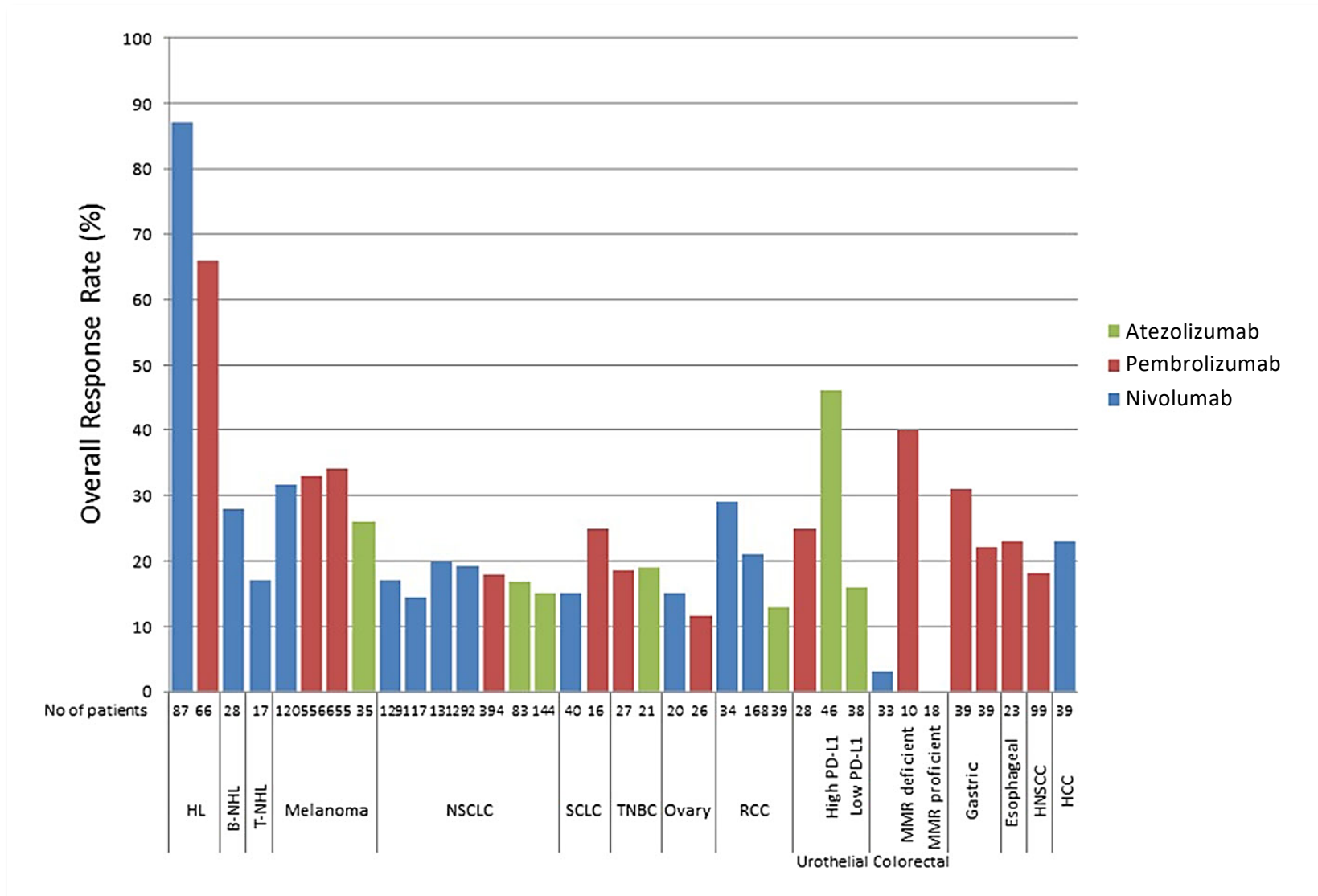
Immunonkologie



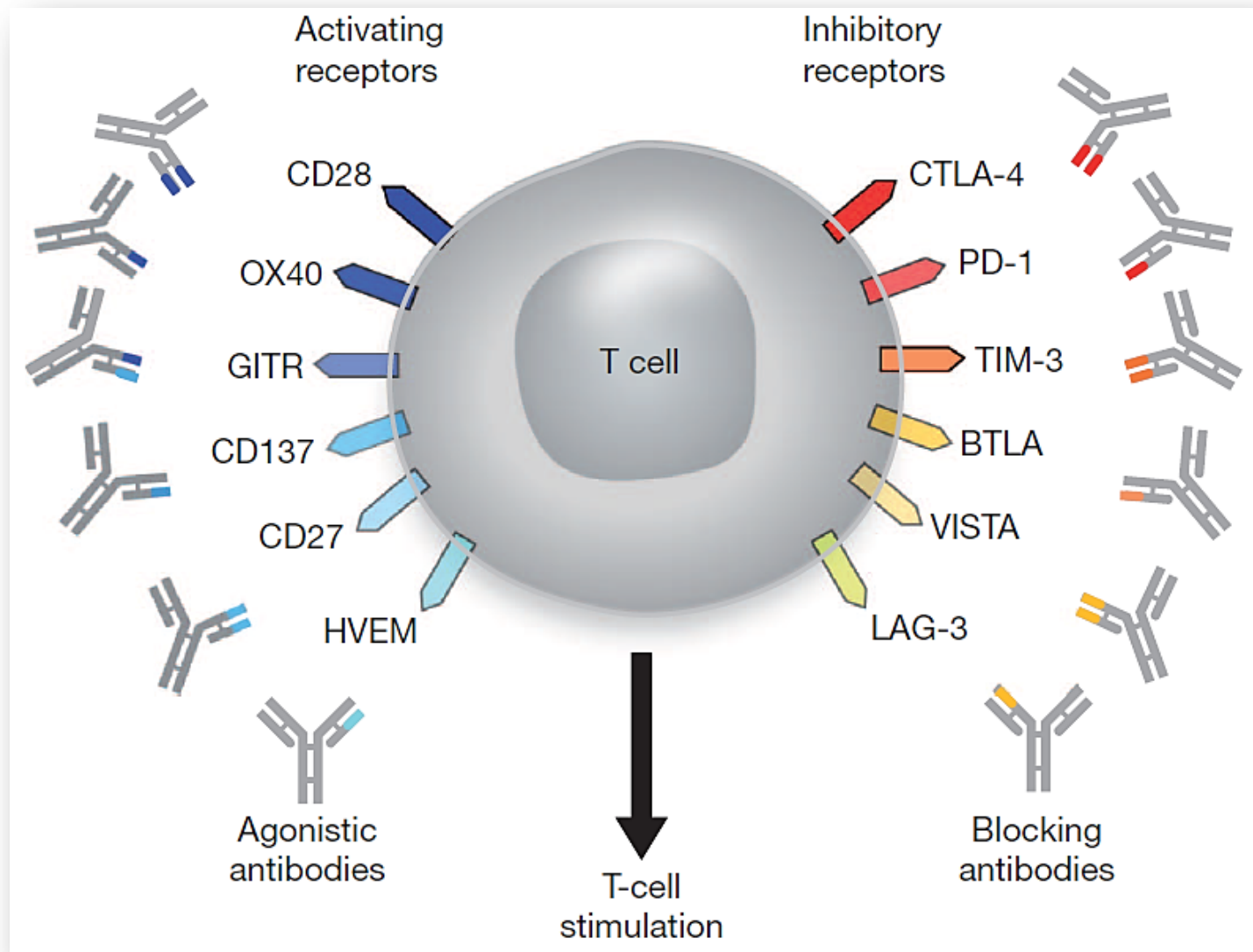
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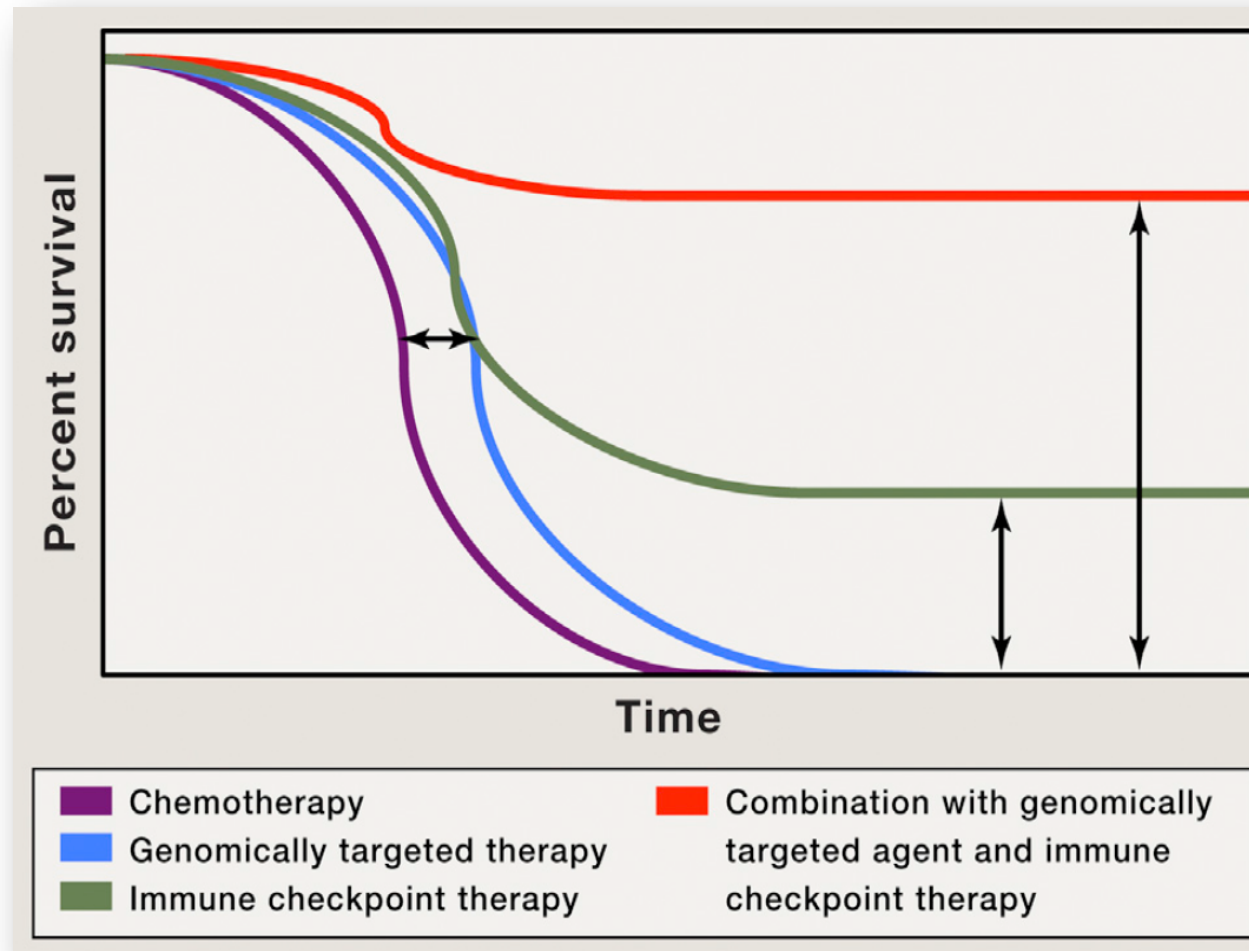
Ansprechen auf eine Blockade der PD-1/ PD-L1 Achse



Ziele für Immunantikörper



Gegenwart und Zukunft der immunologischen Checkpoint Blockade



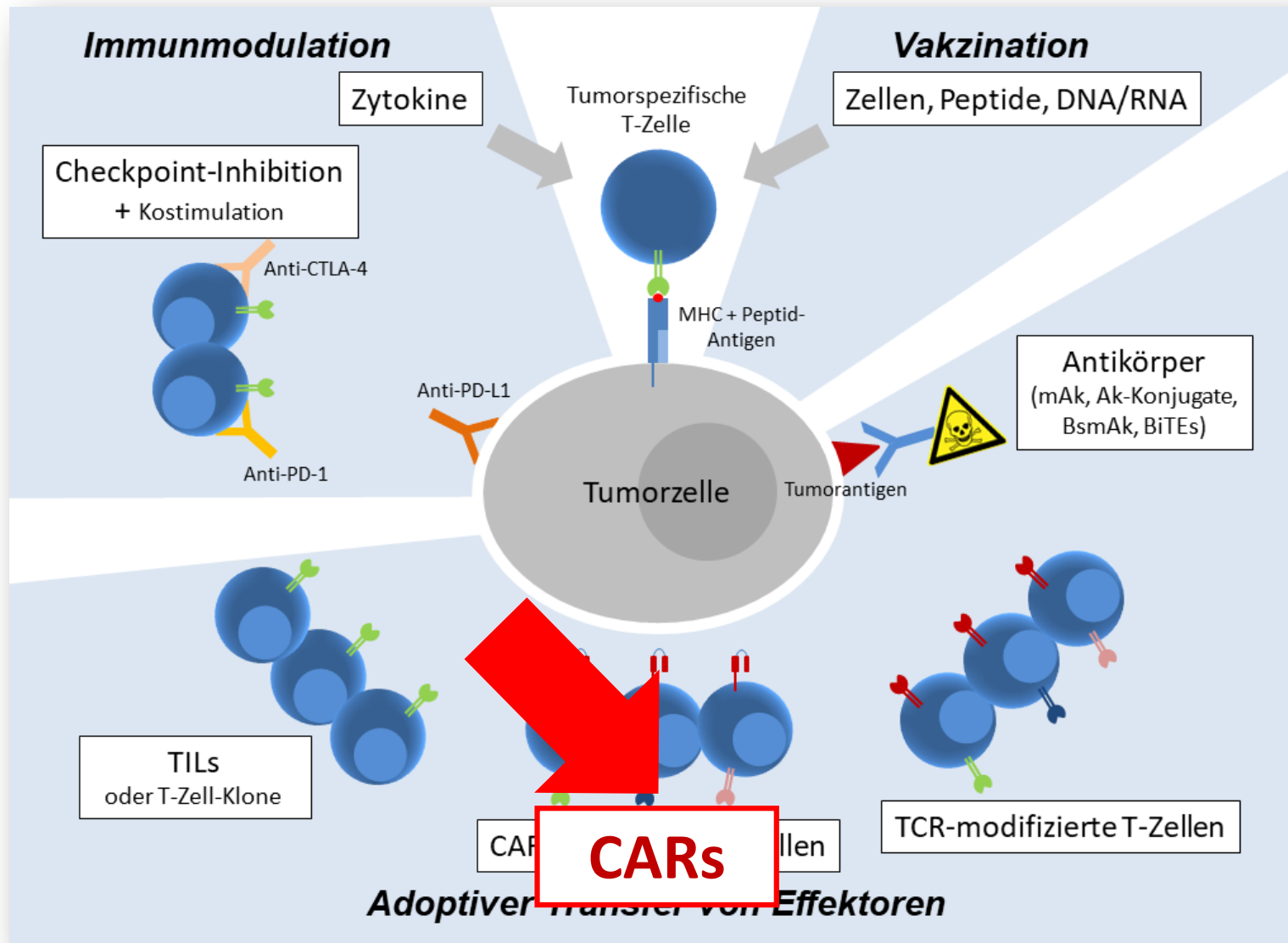
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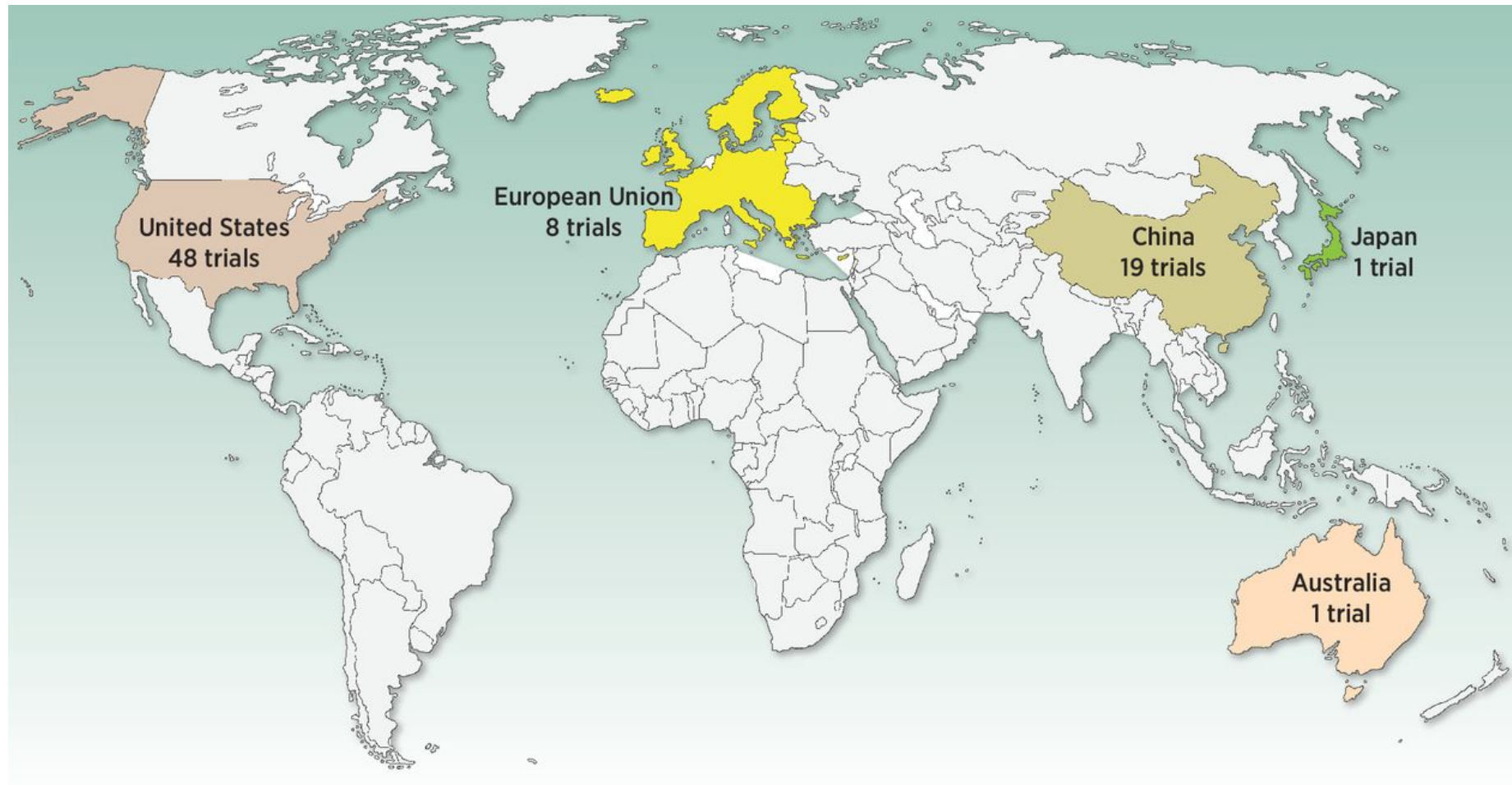
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Heatmap indicating geographic locations (2016) of ongoing or completed trials testing CAR T-cells



CD19 CARs in DLBCL - Zulassungsstudien



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	KYMRIA [®] (Novartis)	YESCARTA [®] (Kite Pharma)	JCAR017 (Juno Therapeutics)
Wirksamkeit	ORR 53,1%, CR 39,5%, PR 13,6% 3 Monate: CR 32%, PR 6% 6 Monate: CR 30%, PR 7%	ORR 82%, CR 54% 15,4 Monate: RR 42%, CR 40% 18 Monate: OS 52%	ORR 75%, CR 56% 3 Monate: CR 40%, RR 49% 6 Monate: CR 37%, RR 40%

CARs - Effizienz

CD4s and polyfunctional T cells

Bi / tri / quad - specific (= compound) CARs

Epigenetic programming of CARs

CRISPR/Cas9 targeting of CAR to TRAC locus (promoter) (AAV)

Employing gamma (or epsilon) TCR signaling subunits – integration into the TCR complex

In vivo transduction

Steering CARs into solid tumors

Combinations (... , checkpoint inhibition, trucks, homing receptors, ...)

CARs - Sicherheit



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CNS toxicity and CRS

B cell aplasia

CRISPR/Cas9-mediated TCR replacement (?)

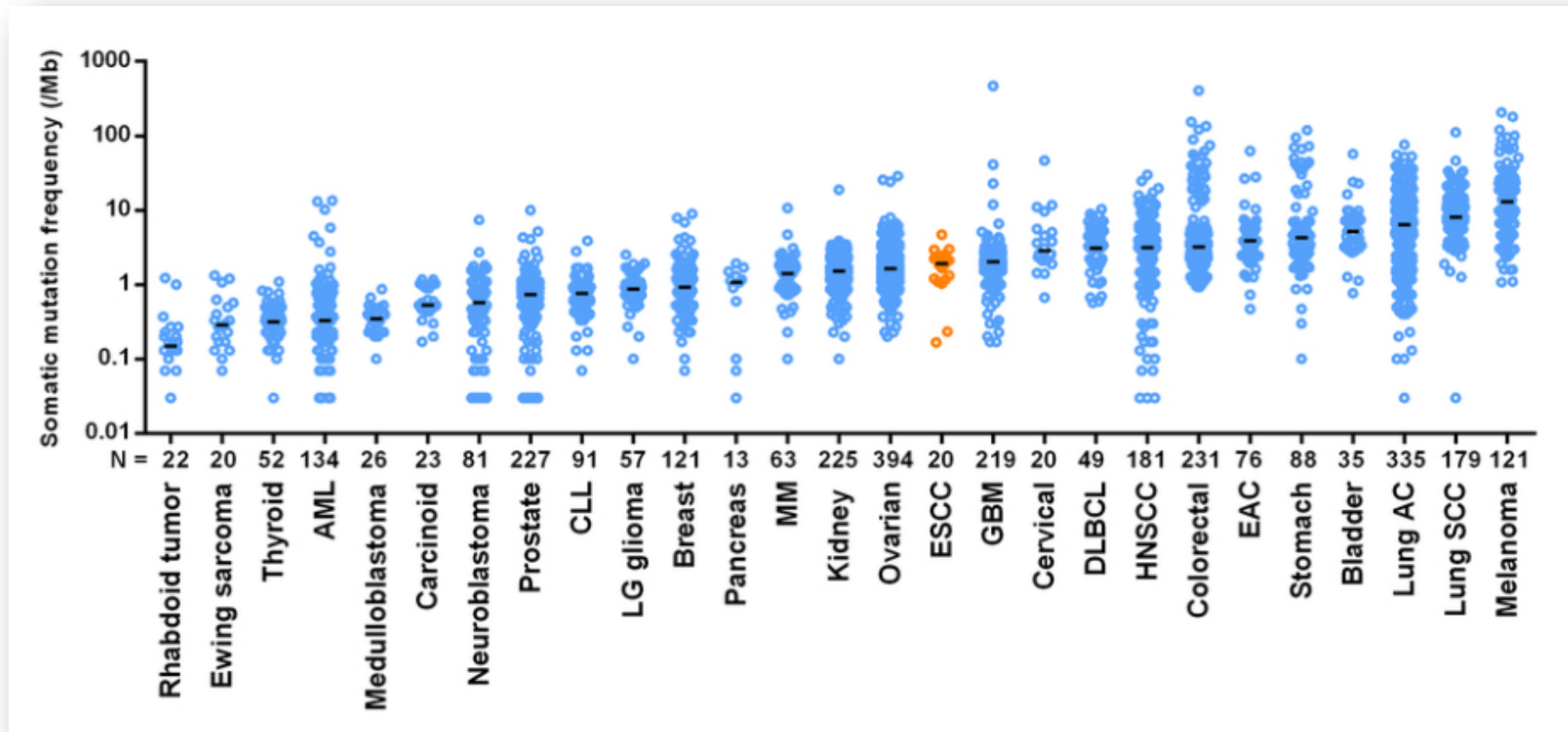
Erworbene Genmutationen bei Krebs



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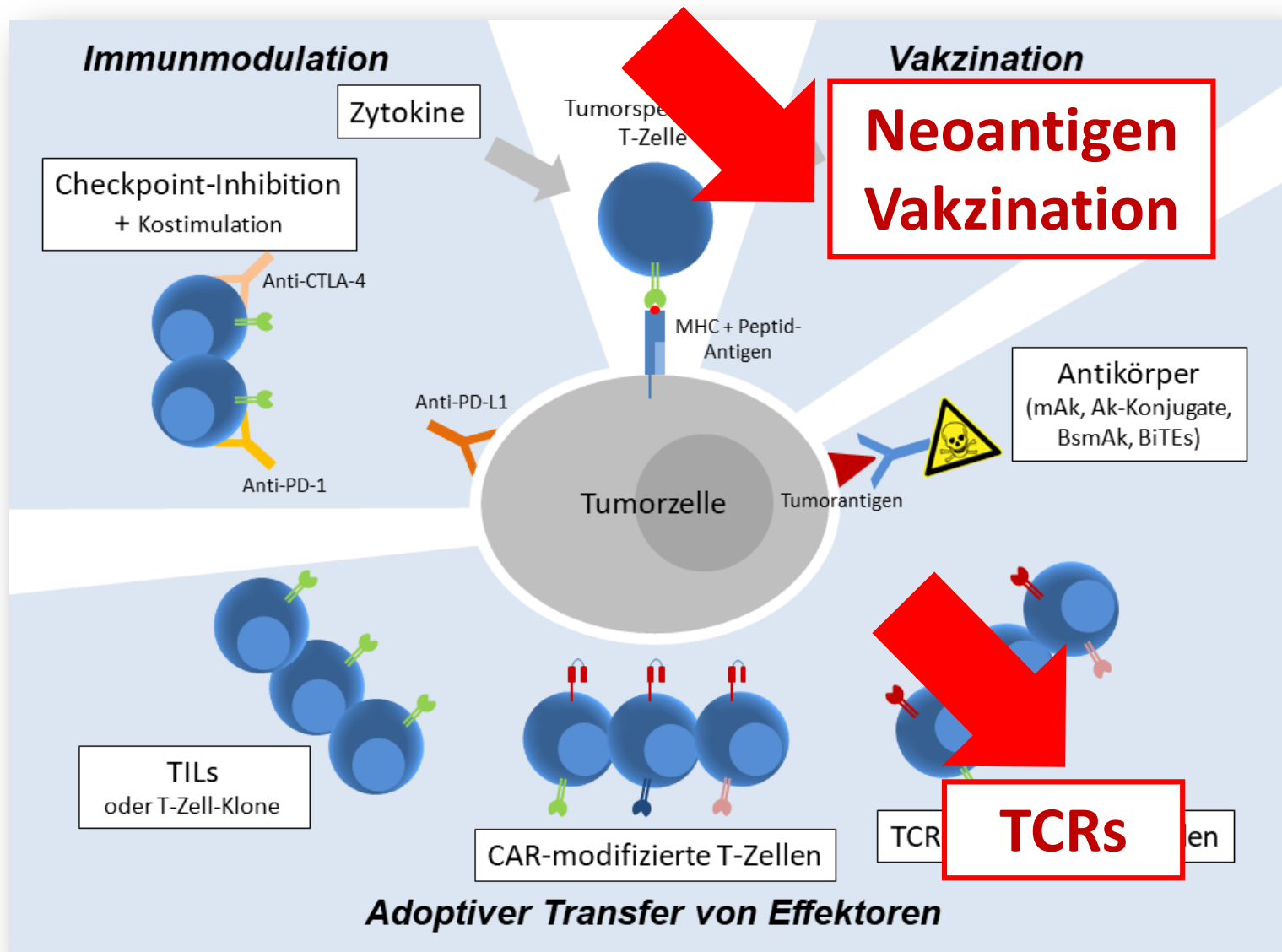
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Personalized RNA mutanome vaccines

... first-in-human application in melanoma

LETTER

doi:10.1038/nature23003

Personalized RNA mutanome vaccines mobilize poly-specific therapeutic immunity against cancer

Ugur Sahin^{1,2,3}, Evelyn Derhovanessian¹, Matthias Miller¹, Björn-Philipp Klope¹, Petra Simon¹, Martin Löwer², Valesca Bukur^{1,2}, Arbel D. Tadmor², Ulrich Luxemburger¹, Barbara Schrörs², Tana Omokoko¹, Mathias Vormehr^{1,3}, Christian Albrecht², Anna Paruzynski¹, Andreas N. Kuhn¹, Janina Buck¹, Sandra Heesch¹, Katharina H. Schreeb¹, Felicitas Müller¹, Inga Ortseifer¹, Isabel Vogler¹, Eva Godehardt¹, Sebastian Attig^{2,3}, Richard Rae², Andrea Breitkreuz¹, Claudia Tolliver¹, Martin Suchan², Goran Martić², Alexander Hohberger³, Patrick Sorn², Jan Diekmann¹, Janko Ciesla⁴, Olga Waksman⁴, Alexandra-Kemmer Brück¹, Meike Witt¹, Martina Zillgen¹, Andree Rothermel², Barbara Kasemann², David Langer¹, Stefanie Bolte¹, Mustafa Diken^{1,2}, Sebastian Kreiter^{1,2}, Romina Nemecek⁵, Christoffer Gebhardt^{6,7}, Stephan Grabbe³, Christoph Höller⁵, Jochen Utikal^{6,7}, Christoph Huber^{1,2,3}, Carmen Loquai^{3*} & Özlem Türeci^{8*}

T cells directed against mutant neo-epitopes drive cancer immunity. However, spontaneous immune recognition of mutations is inefficient. We recently introduced the concept of individualized mutanome vaccines and implemented an RNA-based poly-neo-epitope approach to mobilize immunity against a spectrum of cancer mutations^{1,2}. Here we report the first-in-human application of this

and RNA sequencing of routine tumour biopsies and healthy blood cells. Mutations were ranked according to: (1) predicted high-affinity binding to autologous HLA class II and high expression of the mutation-encoding RNA², and (2) predicted HLA class I binding. Ten selected mutations per patient (five for patient P09) were engineered into two synthetic RNAs, each encoding five linker-connected



Immunonkologie

Erforderliche Maßnahmen

Checkpoint Inhibitoren

Klinische Studien und Reverse Translation

Masterplan CARs

Netzwerk ausgewiesener Spitzenzentren

Personalisierte Immunintervention

Förderung standortübergreifende Strukturen

Sequenzierung – Biobanking – Translation

Vielen Dank 😊

