# **Exosome Diagnostics** for Cancer Patients on Immunotherapy

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# Team behind exosome diagnostics for precision oncology

# We are innovators in exosome diagnostics

Transplant health



#### Oncology

Patient response to immunotherapy

Focus for today

----- Co-inventors



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# Immune checkpoint inhibitor "tsunami" in cancer therapeutics

Since 2011 when ICI was first introduced ...

11 new ICI drugs on the market

Examples



Approval in 20 general tumor types

88 indications in cancer patients ... today, of the >2M new cancer patients per year in the United States, 55% have an indication for which ICI treatment is approved



But there are significant limitations to consider...

# ICI treatment adoption has experienced big obstacles



The need for noninvasive biomarkers in this field is so critical that an entire Task Force for Immunotherapy Biomarkers was convened in 2014 (still active)

# There is a critical gap in diagnostics for ICI treatment today

FDA approved biomarkers are all based on biopsy of tumor tissue...



# ... and current solutions are lacking on multiple fronts

- Static | One-time readout of tumor
- Not repeatable
- No molecular window into the patient's immune response
- Narrow application | Approved for only a few tumor types
- Inadequate sensitivity and specificity
- Invasive | Requires biopsy of the tumor

We propose a blood test that can improve on all these limitations

## SOLUTION: Immune cell-specific extracellular vesicle (EV) profiling



# Clinical pilot study in melanoma patients shows predictive value of biomarker assay

#### **Biomarker Assay**

#### Panel of 7 markers

in T cell EVs that reflect ICI mediated changes in the T cells in the tumor microenvironment

- Noninvasive
- Repeatable
- Dynamic
- Wide application | Tumor agnostic, for any ICI
- Molecular window into tumor immune microenvironment

# T cell EV biomarkers show distinct profile changes to ICI therapy in responders



\* All biomarkers were statistically significant in responders

A diagnostic that reliably distinguishes responders from non-responders would disrupt the treatment paradigm

#### The global ICI market is already a \$50B market ...



USD 50 B Market (expected USD 150B by 2030)

~ 80%
spent on non-responders
improves patient's lives

70% of these patients have ICI-associated adverse complications

# ... with strong reasons for <u>HCPs</u> to use the Dx

- Minimize risk of adverse events in non-responders
  - 80% of non-responsive patients are exposed to adverse events
- Help HCPs determine the appropriate treatment (if predictive)

#### ... and for <u>Payers</u> to reimburse

 Reduce healthcare burden in terms of cost and resource utilization

# Blavatnik Fund support will be critical for the next important stage of biomarker development

	Clinical pilot	Extended validation study			
When	Summer – Fall 2024	Stage 1 (2 months)	Stage 2 (2 months)	Stage 3 (8 months)	
Steps	<ul> <li>Pilot study of approach 20 patients with melanoma receiving ICI therapy</li> <li>Cross validated for other cancer types – head and neck cancer</li> </ul>	• Validate clinical correlation Study 30 patients to achieve robust statistical confidence and clinical correlation	• Optimization of biomarker panel. Explore additional biomarkers to improve accuracy and sensitivity (in 30 patients)	<ul> <li>External validation of the optimized biomarker panel - analyze 100 pts</li> <li>Correlate EV biomarkers to tumor immuno-histology - analyze 20 pts</li> </ul>	
		<u>Yale Melanoma SPORE</u> – <b>258 melanoma patients</b> treated with ICIs with pre- and post-treatment blood samples.			
Outcomes	POC T cell EV biomarker panel distinguishes responders versus non- responders	<ul> <li>Validated diagnostic accuracy of EV platform</li> </ul>	• Finalized set of biomarkers for full scale study	<ul> <li>Validated T cell EV profiles reflect tumor immune microenvironment</li> <li>FDA pre-submission</li> </ul>	
	Completed	\$50k	\$50k \$300k total funding	\$200k	

# EXTRA SLIDES

## Precision Oncology: Novel Biomarker for Cancer Immunotherapy

• Immune checkpoint inhibitors (ICIs), a class of drugs that promote patient's own immune cells to fight cancer, have revolutionized the care of cancer patients over the past decade



Novel biomarker in the field of cancer immunotherapy to enable precision oncology

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## SOLUTION: Immune cell-specific extracellular vesicle (EV) profiling



Contreras-Naranjo JC, Wu HJ, Ugaz VM 2017

# Scientific foundation for ICI therapy is based on releasing the blockade of immune cells called T cells by tumor cells



\*Yamaguchi et al. Cell Reports Medicine 5, 101621, July 16,2024

Tumor interactions with checkpoint inhibitors on T cells leads to their exhaustion/ inability to fight cancer cells



ICIs block these inhibitory interactions, leading to activation of T cells that target tumor cells



#### Biomarker Development : T cell activation versus T cell exhaustion markers reflecting tumor infiltrating T cell phenotypes

- Most solid tumors contain immune cells, including T cells, along with the cancer cells. But these T cells are not active – they are in an exhausted state, unable to attack and kill cancer cells.
- ICIs work by altering the functional phenotype of the tumor infiltrating T cells from an exhausted state into effector T cells that actively kill tumor cells – ICI RESPONSIVE CANCER
- These different functional states of T cells in the tumor microenvironment can be defined by expression of specific markers
- Our laboratory has validated that these same markers defining the functional phenotypes of T cells in the tumor microenvironment are also expressed in the cargoes of T cell EVs enriched from peripheral blood of cancer patients



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# Biomarker Assay: Panel of T cell EV Markers



#### EV Biomarker Potential

- Noninvasive
- Repeatable
- Dynamic
- Wide application for all cancer types (tumor agnostic)
- Wide application for all classes of ICIs
- Molecular window into tumor immune microenvironment

#### Detection of T cell EV markers in head and neck cancer patients

In a small pilot study, markers of exhausted versus effector T cells were assessed in peripheral blood samples from 5 patients with head and neck cancer versus 5 matched control subjects

Peripheral blood T cell EV mRNA cargo analysis : RT-qPCR

4 20 Median fold change 16 Median fold change Median fold change 3 6 z = -1.672 z = -2.089 z=-1.47 p=0.047 p=0.036 p=0.07 12 2 Control Cancer Control Cancer Control Cancer Mann Whitney U test 20 Median fold change Median fold change Median fold change z = -2.0988 z = -0.836 z = -0.835 p=0.036 p=0.2 p=0.2 2 Control Cancer Control Cancer Control Cancer

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Similar preliminary analysis was performed in 3 patients with recurrent respiratory papillomatosis receiving pembrolizumab (anti-PD1 antibody) therapy and EV biomarkers correlated with ICI response

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# Market Opportunity: Global Market Insights, Grand View Research



Immune Checkpoint Inhibitors Market - By Type (PD-1, PD-L1, CTLA-4), Application Report ID: GMI10860

#### Grand View Research

#### Immune Checkpoint Inhibitors Market Report Scope

Report Attribute	Details		
Market size value in 2024	USD 57.43 billion		
Revenue forecast in 2030	USD 154.25 billion		
Growth rate	CAGR of 17.9% from 2024 to 2030		
Base year for estimation	2023		
Regional scope	North America; Europe; Asia Pacific; Latin America; Middle East and Africa		
Country scope	U.S.; Canada; UK; Germany; France; Italy; Spain; Denmark; Sweden; Norway; Japan; China; India; South Korea; Australia; Thailand; Brazil; Mexico; Argentina; South Africa; Saudi Arabia; UAE; Kuwait		
Key companies profiled	Sanofi; F. Hoffmann-La Roche Ltd.; Merck & Co.; Bristol- Myers Squibb Company; Eli Lilly and Company; Regeneron Pharmaceuticals Inc.; AstraZeneca PLC; Shanghai Jhunsi Biosciences Ltd; Immutep Ltd; BeiGene Ltd/ GlaxoSmithKline PLC		

Immune Checkpoint Inhibitors Market Size, Share & Trends Analysis Report By Type (PD-1, PD-L1, CTLA-4), By Application (Lung Cancer, Breast Cancer, Melanoma), By Distribution Channel, By Region, And Segment Forecasts, 2024 - 2030

Report ID: GVR-4-68040-257-4 Number of Report Pages: 150

## Competitive Landscape for ICI therapy biomarkers FDA approved biomarkers in ICI diagnostics space

	Approach	Nature	Application – cancer types	Notable differences
PD-L1 expression	Immunohistochemistry of tumor biopsy	Invasive Static – one time biopsy of tumor	Multiple tumor types	Predicts ICI response chance. One time only. Not repeatable. No information of tumor immune microenvironment.
Tumor mutational burden	Exome sequencing of tumor tissue to assess for mutational changes	Invasive Static- one time biopsy of tumor	Melanoma, Bladder cancer, Non small cell lung cancer	Predicts ICI response chance. One time only. Not repeatable. No information of tumor immune microenvironment.
Tumor microsatellite instability	Sequencing of tumor tissue	Invasive Static – one time biopsy of tumor	<4% of cancers	Predicts ICI response chance. One time only. Not repeatable. No information of tumor immune microenvironment.
Proposed Immune cell EV biomarker	Peripheral blood	Non-invasive Dynamic – easily repeatable	Potentially for all cancer types with indication for ICI therapies	Unlike FDA-approved biomarkers, this looks at the immune cell biology of the tumor microenvironment. It is a composite read-out of immune cell specific markers implicated in T cell- mediated attack of cancer cells