

# Non-invasive biomarkers of ECM turnover are prognostic for combinations of checkpoint inhibition immunotherapy in solid tumors

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## BACKGROUND

- Immune checkpoint inhibitors (ICIs) are being investigated in many different combinations (Table 1) but only a fraction of patients respond.
- Prognostic biomarkers are needed to assess the likelihood of benefit.
- Tumor fibrosis and the high collagen/ECM turnover in the tumor microenvironment – processes are closely related to response to ICIs and survival outcomes.
- Clinical utility of non-invasive biomarkers of collagen-I (reCIM), collagen-III (PRO-C3), collagen-4 (C4M), collagen-19 (PRO-C19), collagen-20 (PRO-C20) and TGF- $\beta$  activity in metastatic cancer patients treated with ICIs was investigated.

## METHODS

- PRO-C3, PRO-C19, PRO-C20, TGF- $\beta$ , reCIM and C4M were measured with ELISAs in pre-treatment serum from 33 patients with metastatic disease in a basket trial comprising 14 tumor types and 8 different checkpoint inhibition regimens (Table 1).
- The association between biomarker levels and overall survival (OS) outcome was evaluated by Kaplan-Meier analysis and Cox regression analysis after dichotomizing patients at the 75th percentile (Q4).

## PATIENT / TREATMENT OVERVIEW

| Cancer type             | Number of patients | Treatment                                                                                                      |
|-------------------------|--------------------|----------------------------------------------------------------------------------------------------------------|
| Esophageal cancer       | 1                  | Nivolumab+Anti-LAG3                                                                                            |
| Breast cancer           | 2                  | Carboplatine+Gemcitabine+Pembrolizumab                                                                         |
| Ovarian cancer          | 4                  | Atezolizumab+BET inhibitor                                                                                     |
| Parotid cancer          | 1                  | Nivolumab                                                                                                      |
| Gastric cancer          | 2                  | Nivolumab+Anti-LAG3 or Atezolizumab+CD40-agonist                                                               |
| Bladder cancer          | 3                  | Pembrolizumab                                                                                                  |
| Colorectal cancer       | 5                  | Nivolumab, Pembrolizumab, Atezolizumab++bispecific antibody targeting CEA and CD3 or Atezolizumab+CD40-agonist |
| HCC                     | 3                  | Nivolumab+Anti-LAG3                                                                                            |
| Colorectal cancer       | 1                  | Atezolizumab+bispecific antibody targeting CEA and CD3                                                         |
| Mesothelioma            | 2                  | Pembrolizumab or Atezolizumab+CD40-agonist                                                                     |
| Neuroendocrine tumor    | 1                  | Pembrolizumab                                                                                                  |
| NSCLC                   | 5                  | Nivolumab, Pembrolizumab or ipilimumab+Nivolumab                                                               |
| Pancreas adenocarcinoma | 1                  | Atezolizumab+CD40-agonist                                                                                      |
| UPT                     | 2                  | Atezolizumab+bispecific antibody targeting CEA and CD3 or Pembrolizumab                                        |

## CONCLUSION

Across a diverse cohort of patients with metastatic cancer treated with different checkpoint inhibition regimens, non-invasive biomarkers associated with tumor fibrosis and collagen/ECM turnover (PRO-C3, PRO-C19, PRO-C20, TGF- $\beta$ , reCIM and C4M) could identify cancer patients with poor prognosis

## BIOMARKERS & RESULTS

