### Current Challenges in Systemic Therapy for Hepatocellular Carcinoma

APASL STC, 23, Nov., 2013, Cebu

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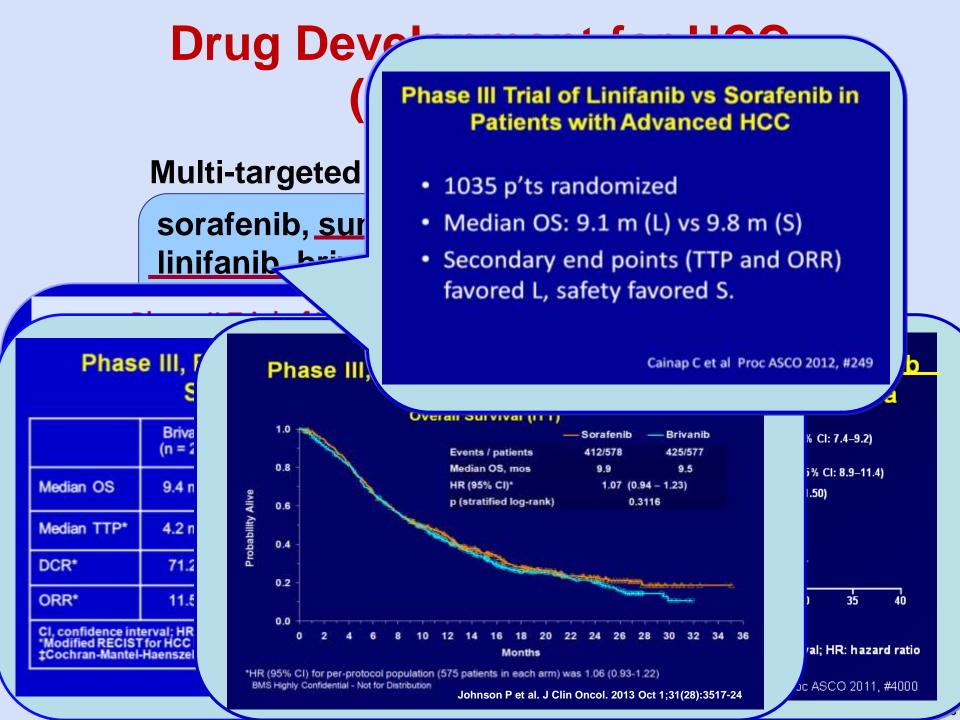
Professor and Chairman, Department of Oncology, National Taiwan University Hospital; Taipei, Taiwan.

# 6 Years On - - -

#### Results of SHARP was presented in June 2007 Sora Phase III SHARP and Asia-Pacific 2007) **Overall Survival** 1.00 1.00 **Asia-Pacific** SHARP Sorafenib • Up to 70 Sorafenia-Median 10.7 months (95% Cl. 9.4-14.3) Median, 6.5 months (95% CL 5.8-7.6) 0.75 0.75 -Placebo Median (7.9) months Survival Probability tested in r Placebo\_ Survival Probability Median 4.2 months (95% CI: 0.8-9.1) 95% CL 37-5.5) succeeded 0.50 0.50 0.25 0.25 Hazard ratio (sor/pla): 0.69 HR (S/P): 0.68 95% CI: 0.50-0.93 (95% GI: 0.55, 0.87) P=0.00058 P=0.014 10 12 14 16 18 20 12 14 16 18 20 22 Months Months

Llovet JM, et al. N Engl J Med 2008:359:378-90

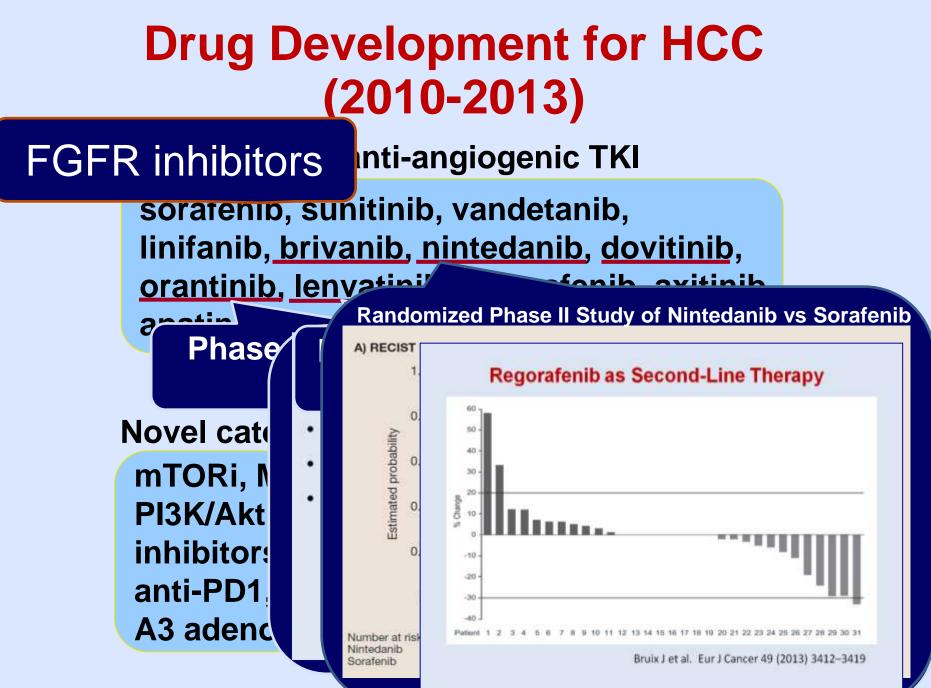
Cheng AL, et al. Lancet Oncol 2009 Jan;10(1):25-34

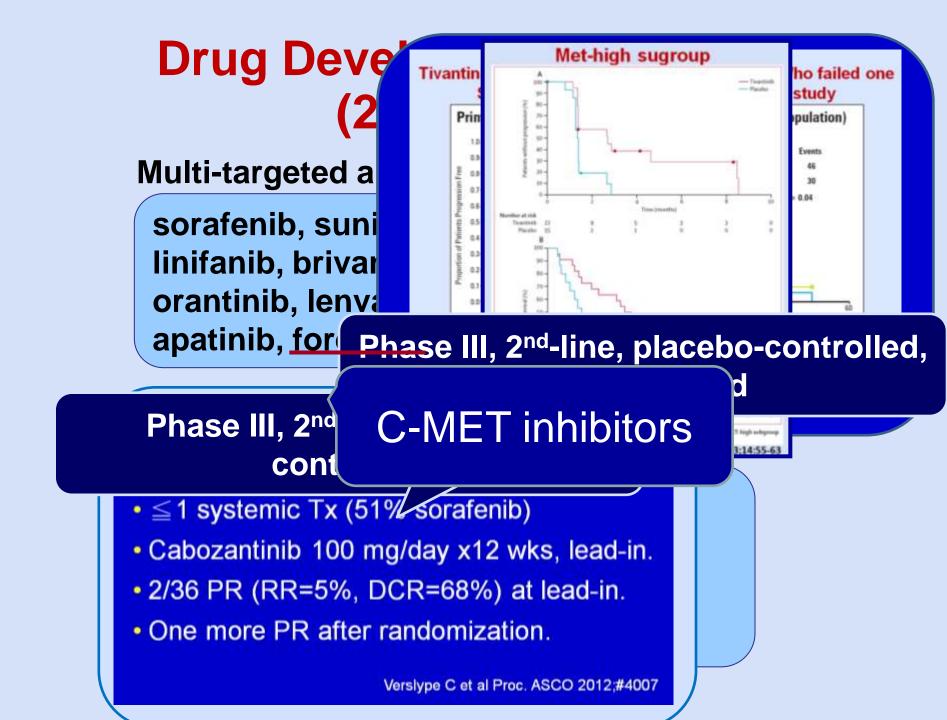


## **Two Groups of Front-runners**

EOLVE-1 (Phase III, Placebocontrolled, 2<sup>nd</sup>-line) failed to meet its primary end point (OS)

3. mTOR inhibitors





Why MTT fails in RCT?

• Fails to target on driver mutations.

Identification of New Targets for HCC by New Geneneration Sequencing and Massive Cell Lines Screening/Molecular Correlation

- Wnt/β-Catenin
- JAK/STAT
- FGF19/FGFR4
- HER-3

Why MTT fails in RCT?

• Fails to enrich a group of patients who would benefit more.

### Plasma Biomarkers as Predictors of Outcome in Patients with Advanced Hepatocellualr Carcinoma

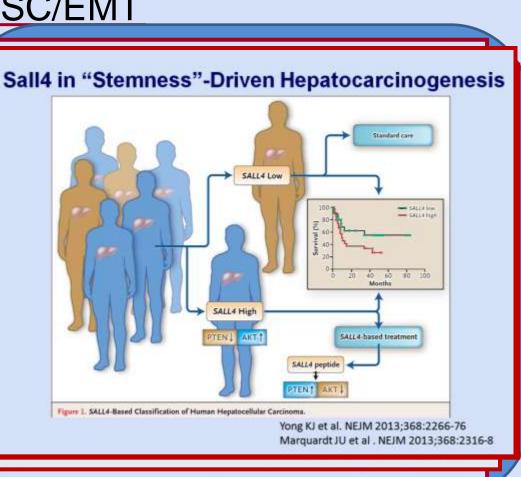
- Low baseline Ang 2 and VEGF
  - Predict better survival.
- High s-c-KIT and low HGF
  - Trend toward better survival under sorafenib Tx.

Llovet J et al, Clin Cancer Res 2012 Feb. 28

# **Facing the Challenges**

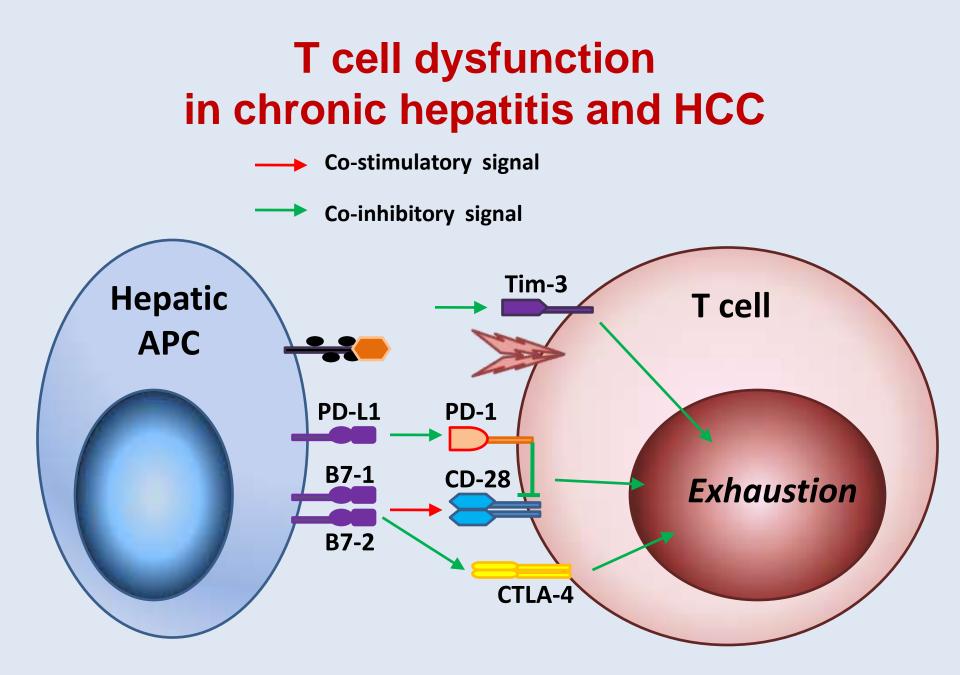
## **Beyond driver mutations**

- Targeting CSC/EMT
- Immun th
- Oncolyt
- Targetine



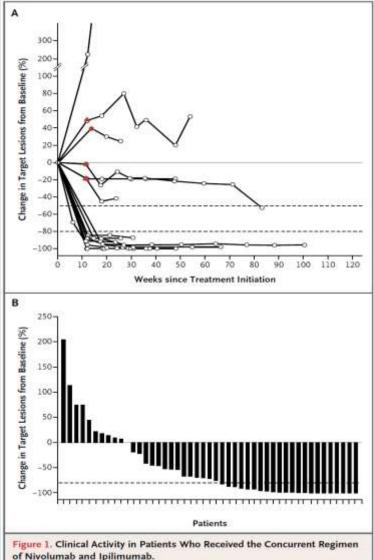
### **Recent Advancements of Cancer Immunotherapy**

- -- Implication on HCC drug development
- Reactivation of exhausted T cells by releasing immune check-points
- Chimeric-antigen receptor T cells (CART)



Modified from Watanabe T, et al. J Viral Hepat 2010

### Nivolumab (anti-PD1) plus Ipilimumab (anti-CTLA4) in Advanced Melanoma



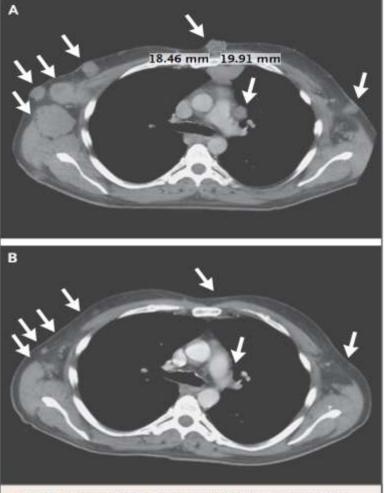


Figure 2. Computed Tomographic (CT) Scans of the Chest Showing Tumor Regression in a Patient Who Received the Concurrent Regimen of Nivolumab and Ipilimumab.

#### Jedd D et al. NEJM Jun 2, 2013

A Phase I Dose Escalation Study to Investigate the Safety, Immunoregulatory Activity, Pharmacokinetic, and Preliminary Antitumor Activity of Anti-Programmed-Death-1 (PD-1) (BMS-936558) in Advanced HCC in Subjects with or without chronic viral hepatitis

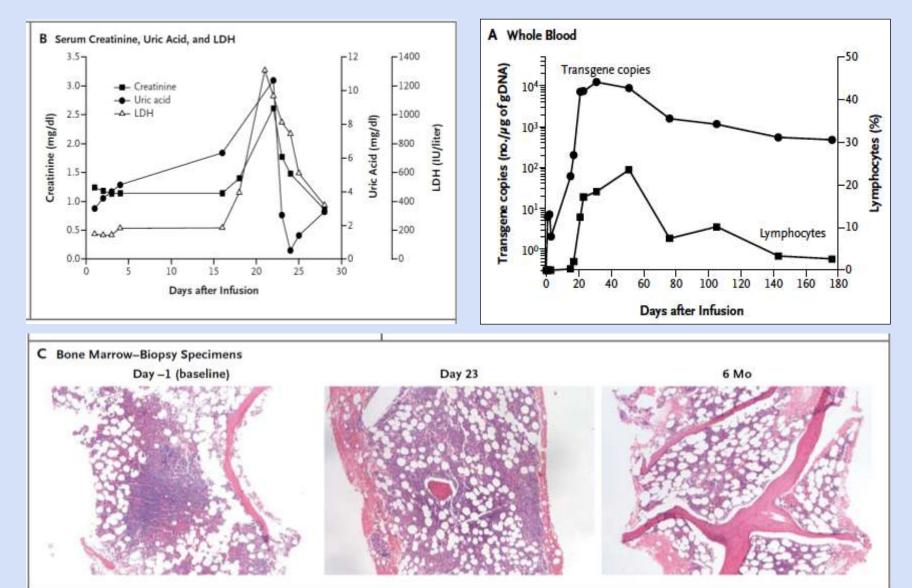
Clinical Trials. Gov (2013)

# **Chimeric Antigen Receptors (CAR)-**



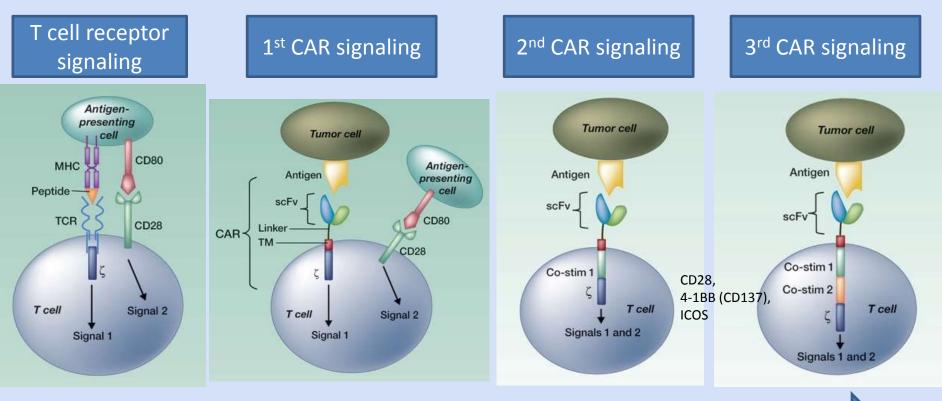
Essand M & Loskog ASI. J Int Med 2013;273:166-181

# **CAR–Modified T Cells in CLL**



David L et al. N Engl J Med 2011;365:725-33

# T cells and Chimeric Antigen Receptors (CARs)



"Living drugs" Not HLA-restricted. More cytotoxic , potent and persistent

#### scFv: single-chain variable fragment

Target antigen	Associated malignancy
α-Folate receptor	Ovarian cancer
CAIX	Renal cell carcinoma
CD19	B-cell malignancies (B-NHL, B-CLL, B-ALL)
CD20	B-cell Lymphomas
CD30	Hodgkin lymphoma
CD33	AML
CD44v7/8	Cervical carcinoma
CEA	Breast cancer, Colorectal cancer
EGP-2	Multiple malignancies
EGP-40	
erb-B2	
erb-B 2,3,4	
FBP	the CART come to
Fetal acethylcholine recer	
GD2	HCC ?
GD3	
Her2/neu	astoma
IL-13R-a2	
KDR	Tumor neovasculature
k-light chain	B-cell malignancies
LeY	Carcinomas
L1 cell adhesion molecule	Neuroblastoma
MAGE-A1	Melanoma
Murine CMV infected cells	Murine CMV
MUC1	Breast, Ovary
NKG2D ligands	Various tumors
Oncofetal antigen (h5T4)	Various tumors
PSCA	Prostate carcinoma
PSMA	Prostate/tumor vasculature
TAA targeted by mAb IgE	Various tumors
TAG-72	Adenocarcinomas
VEGF-R2	Tumor neovasculature

# **Facing the Challenges**

## **Beyond driver mutations**

- Targeting CSC/EMT
- Immunotherapy
- Oncolytic virotherapy
- Targeting "non-oncogene addiction"

### Intravenous delivery of a multi-mechanistic cancer-targeted oncolytic poxvirus in humans

· Cohort 1

 $(3 \times 10^7 \text{ p.f.u. kg}^{-1})$  (n = 3)

Genomes/mi blood

Tumour biopsies JX-594

ercentage positive

tti-B-gal 60

positive for 40

60

20

80

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350

30

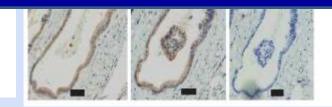
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10 101

Time (min)

# **Proof of Scientific Concept**

### **Negative Results for** "Randomized JX-594 vs Placebo in Advanced HCC - Phase IIB, Second-line study"



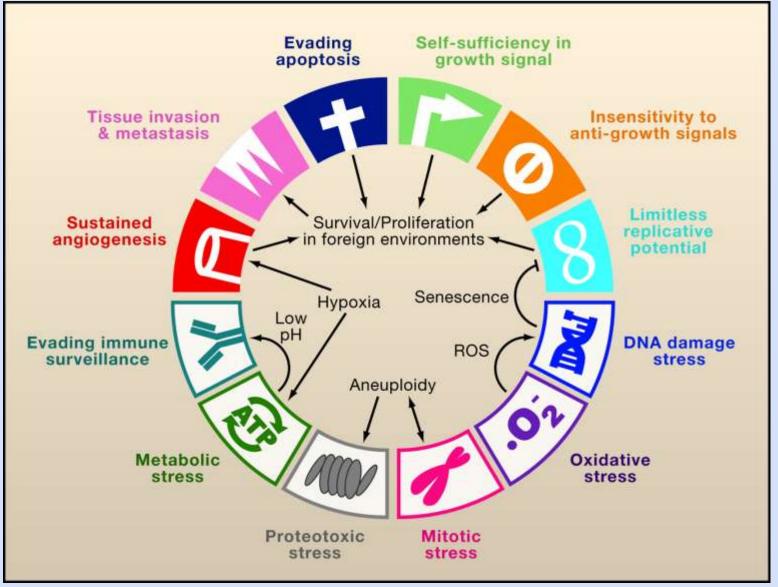
Breitbach CJ, et al. Nature 2011;477:100-104

# **Current Development**

## **Beyond driver mutations**

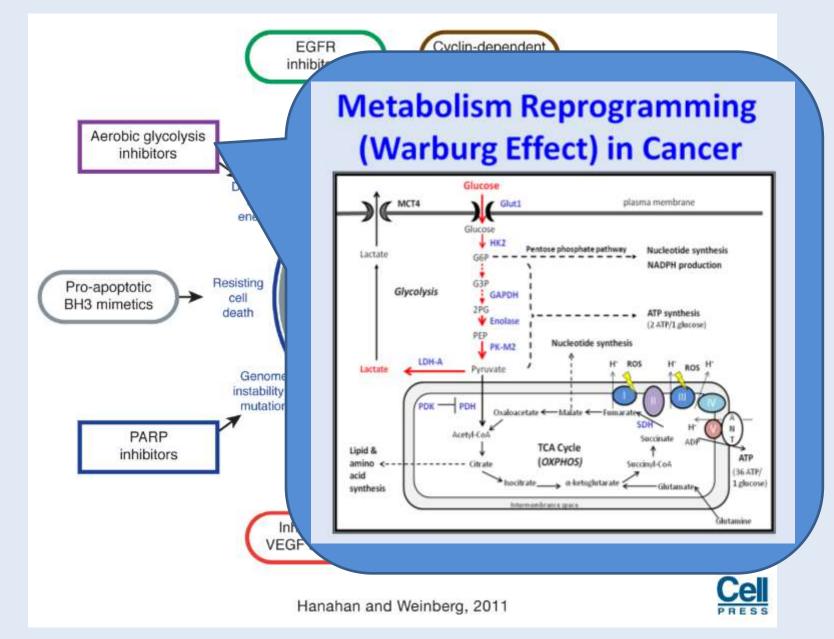
- Targeting CSC/EMT
- Immunotherapy
- Oncolytic virotherapy
- Targeting "non-oncogene addiction"

### The Hallmarks of Cancer (modified by Luo J et al)

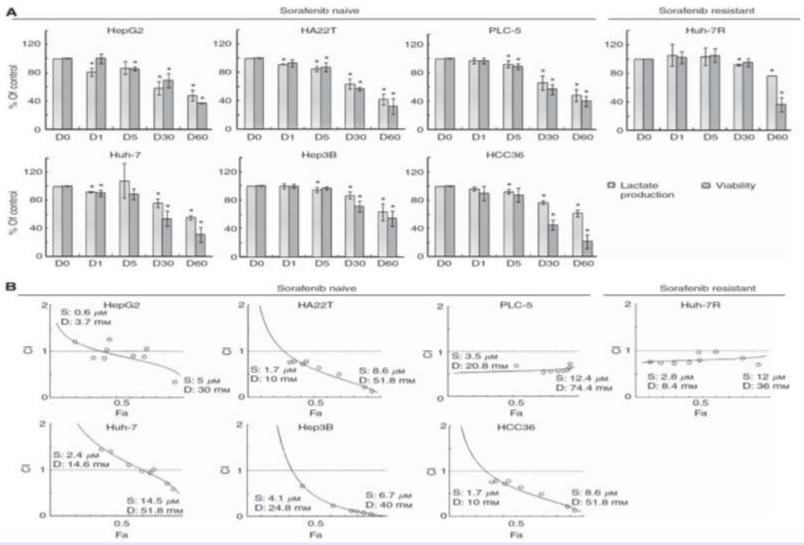


Luo J, et al. Cell 2009;136:823-830

### **Therapeutic Targeting of the Hallmarks of Cancer**



### Activating Oxidative Phosphorylation by a PDK inhibitor Overcomes Sorafenib Resistance of HCC



Shen YC et al. Br J Cancer (2013) 108, 72–81

# CONCLUSIONS

- The field failed to find a new drug for HCC in the past 6 years.
- NGS and "encyclopedia" cell lines analyses help identify new targets e.g. Wnt/B-catenin, JAK/STAT, FGF19/FGFR4, Neuregulin/Her-3, for drug development.
- Research on new-modality Tx. Includes CSC/EMT, immunotherapy, oncolytic virotherapy, and metabolism-targeted therapy is on the horizon.