



13th Belgian Symposium on the Integration of Molecular Biology Advances into Oncology Clinical Practice

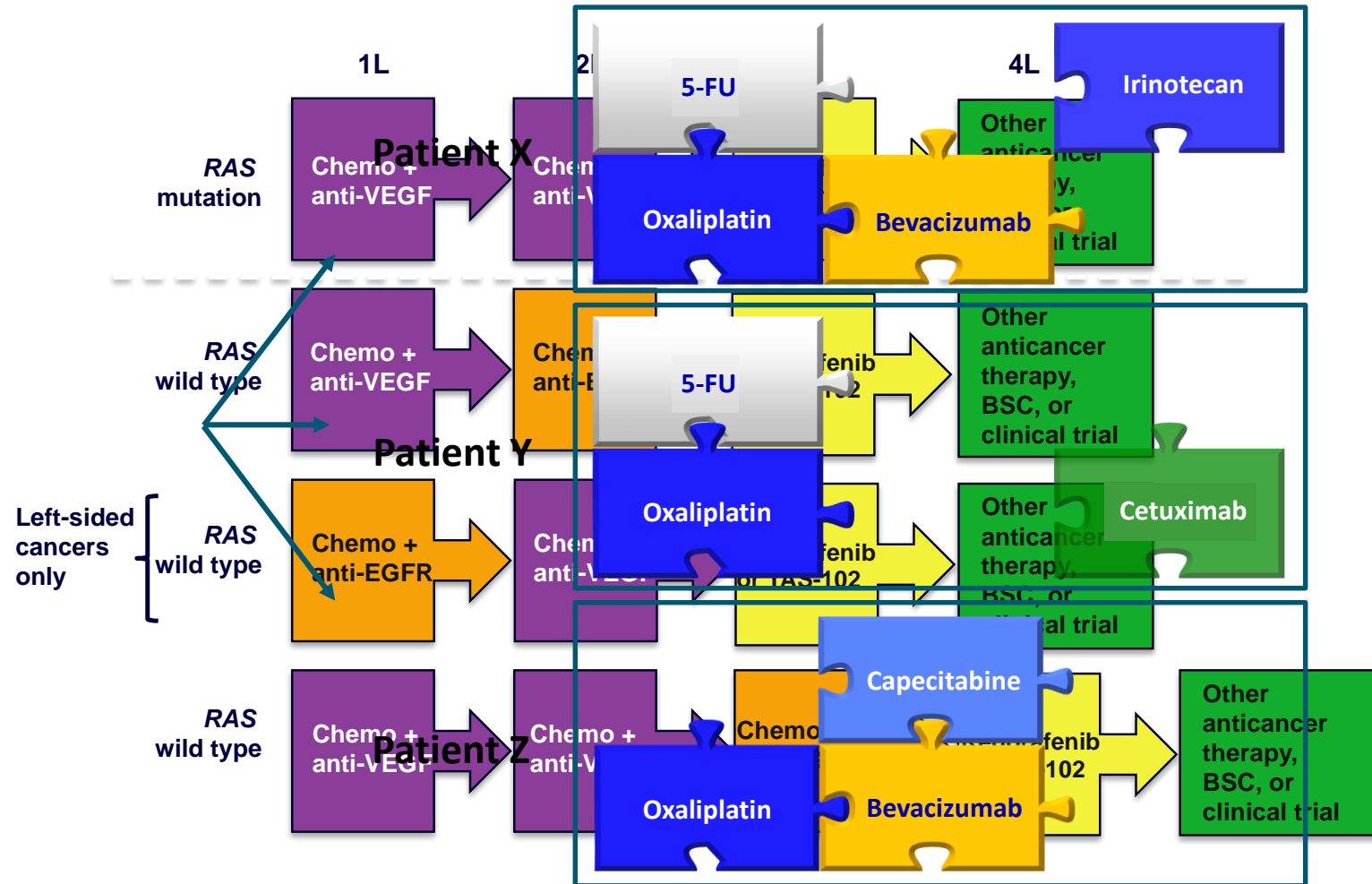
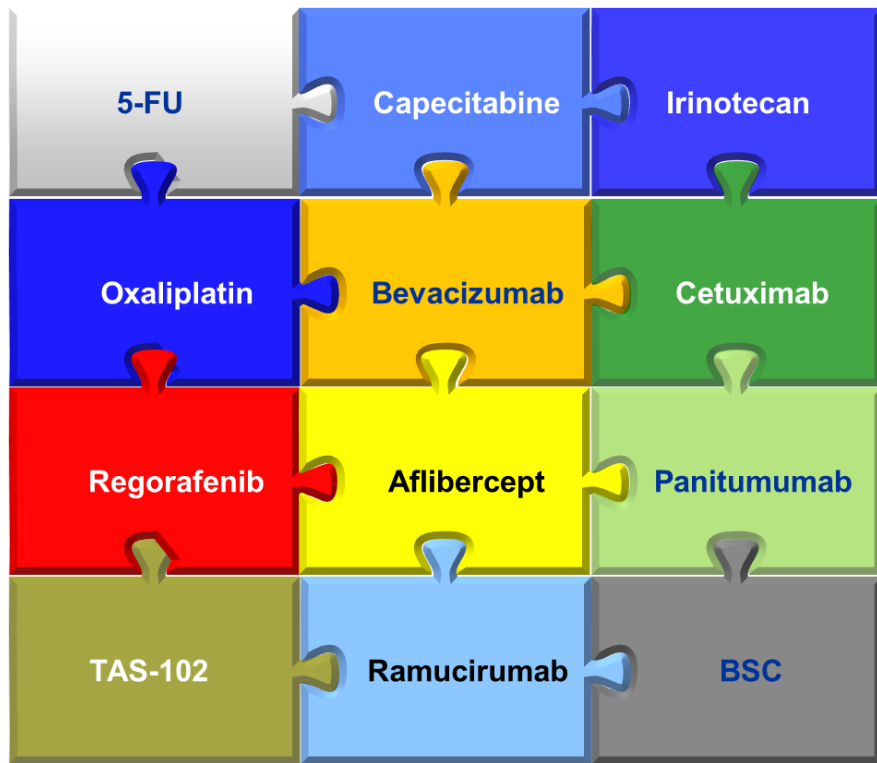
## CHALLENGES IN SOLID TUMORS

### Contemporary Management of Metastatic Colorectal Cancer:

### How to emerge from the status quo?

Hendlisz Alain, MD PhD  
Institut Jules Bordet  
Université Libre de Bruxelles

# Metastatic CRC: Do We Really Personalize Therapy?

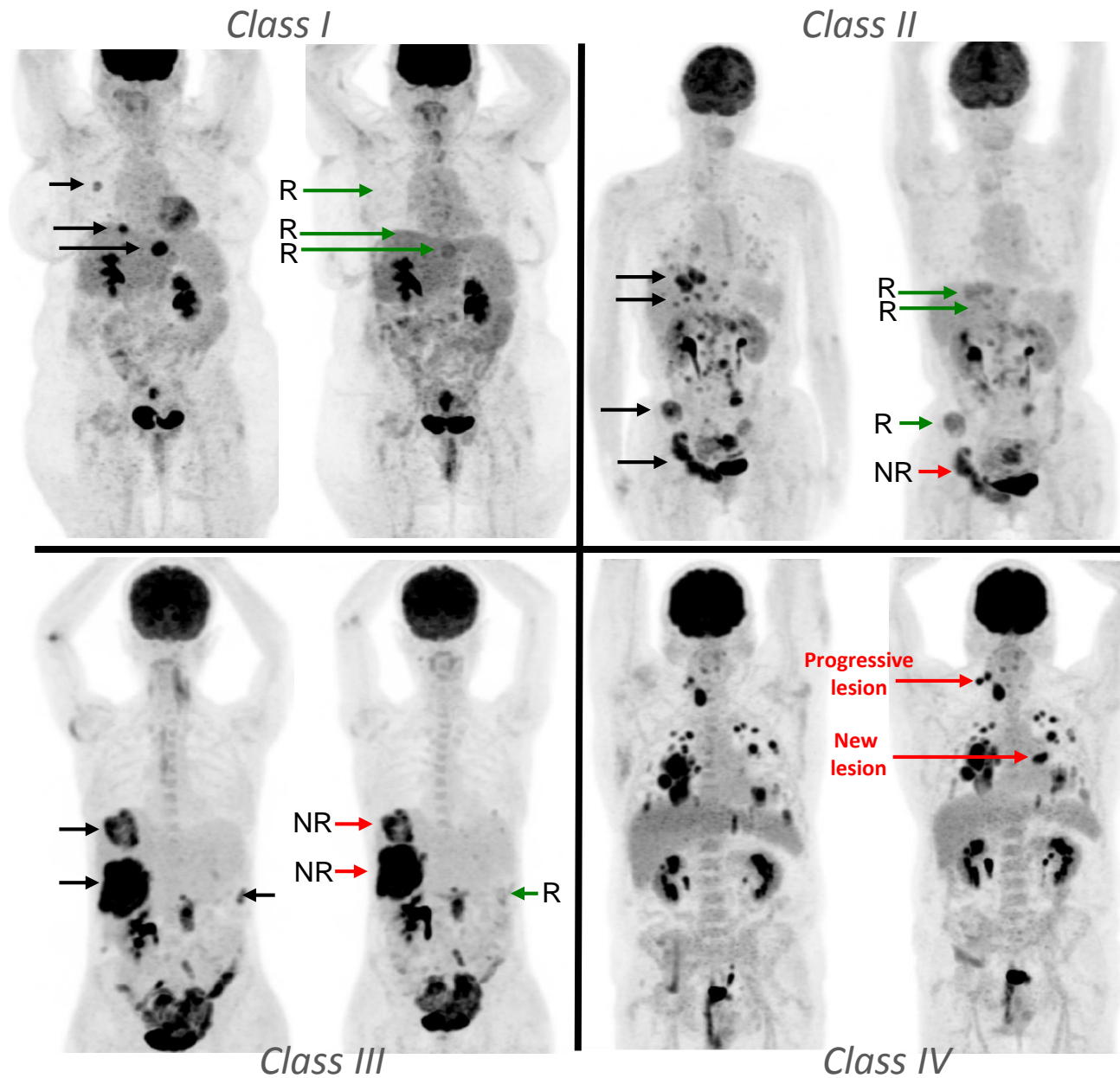


**What You See Is Not Always What You Get**

**BECAUSE (?)**

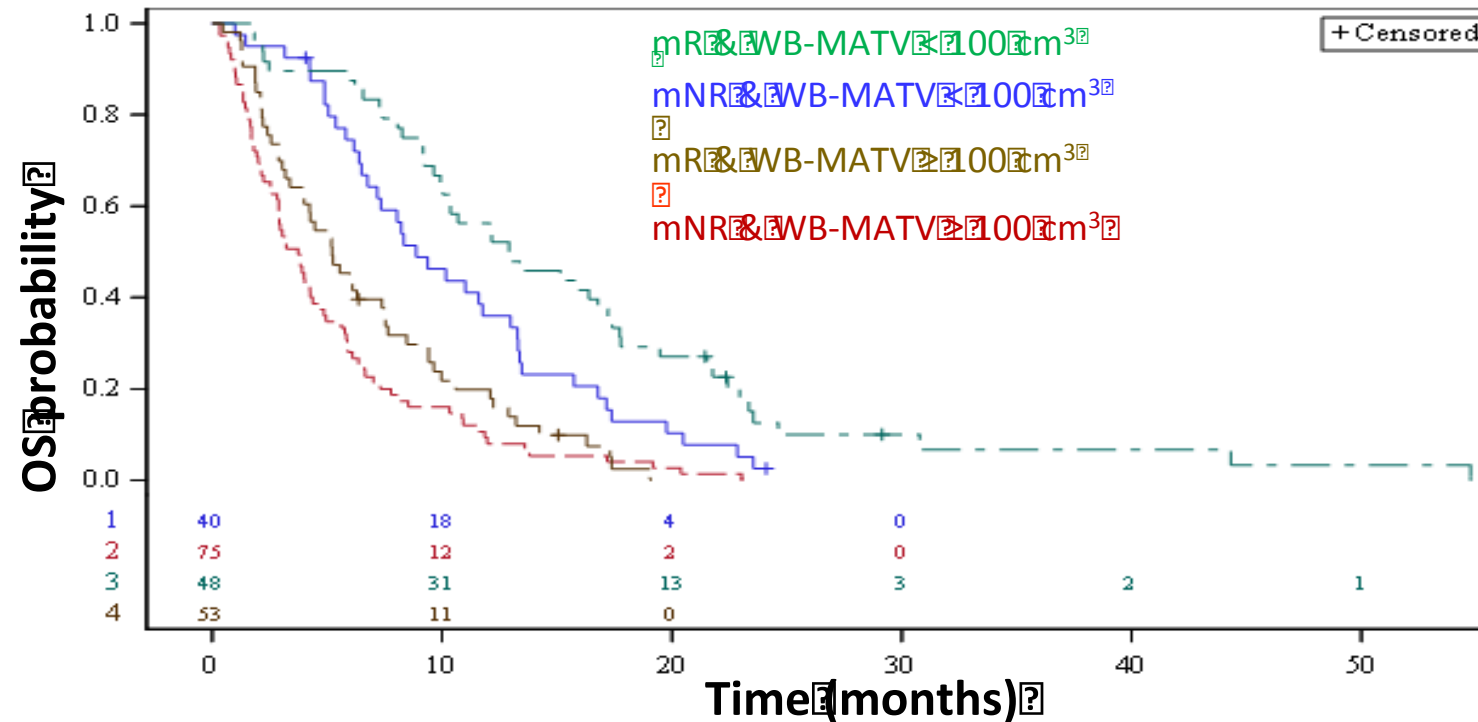
**What You Don't See is More Important Than What You See**

# HETEROGENEITY in RESPONSE to THERAPY in mCRC



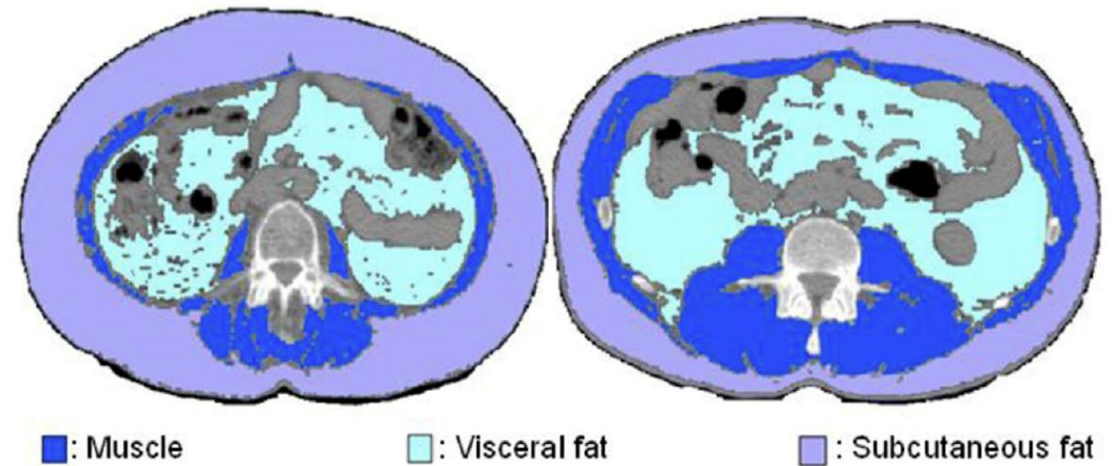
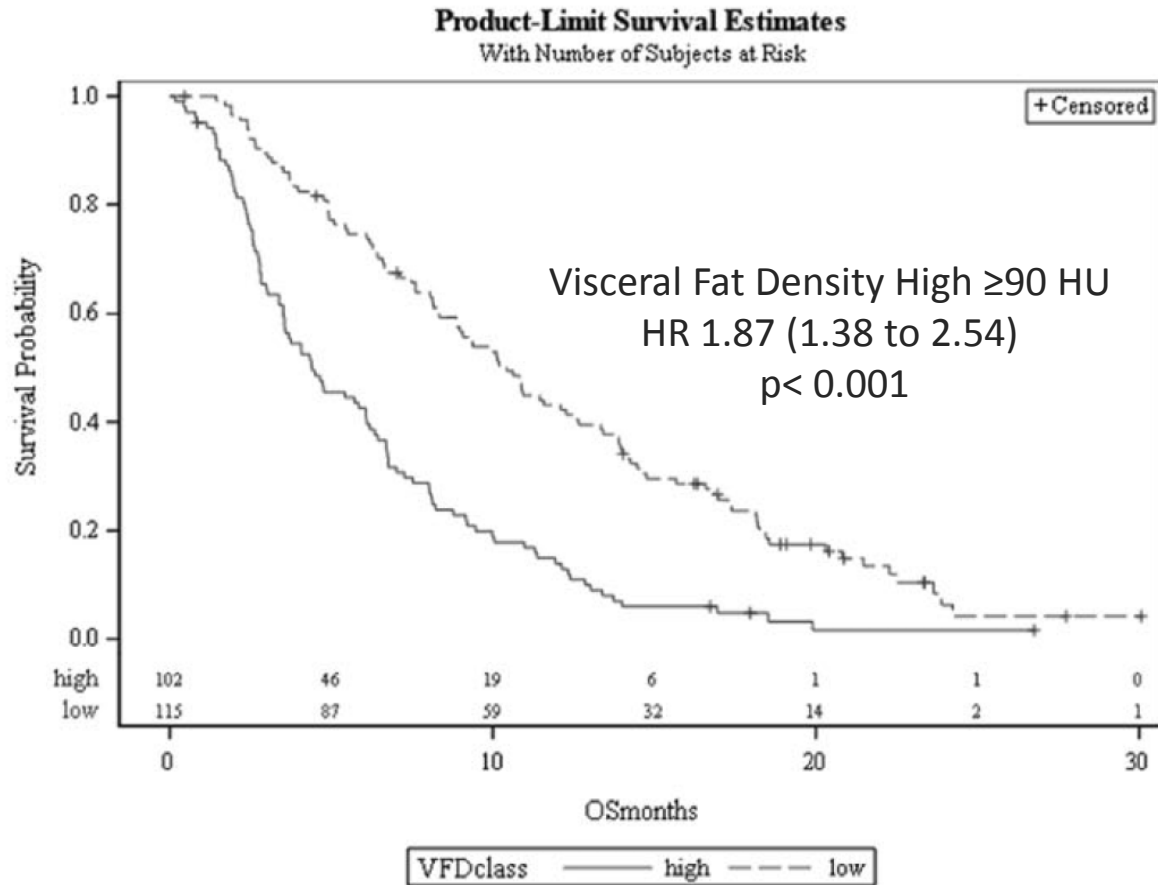
# TUMOR BURDEN ADD SUBSTANTIAL INFORMATION ON TREATMENT OUTCOME

Outcome according to metabolic response & Baseline MATV  
 Combined analysis of 2 studies: SoMore (NCT01290926) & RegARd-C (NCT01929616)

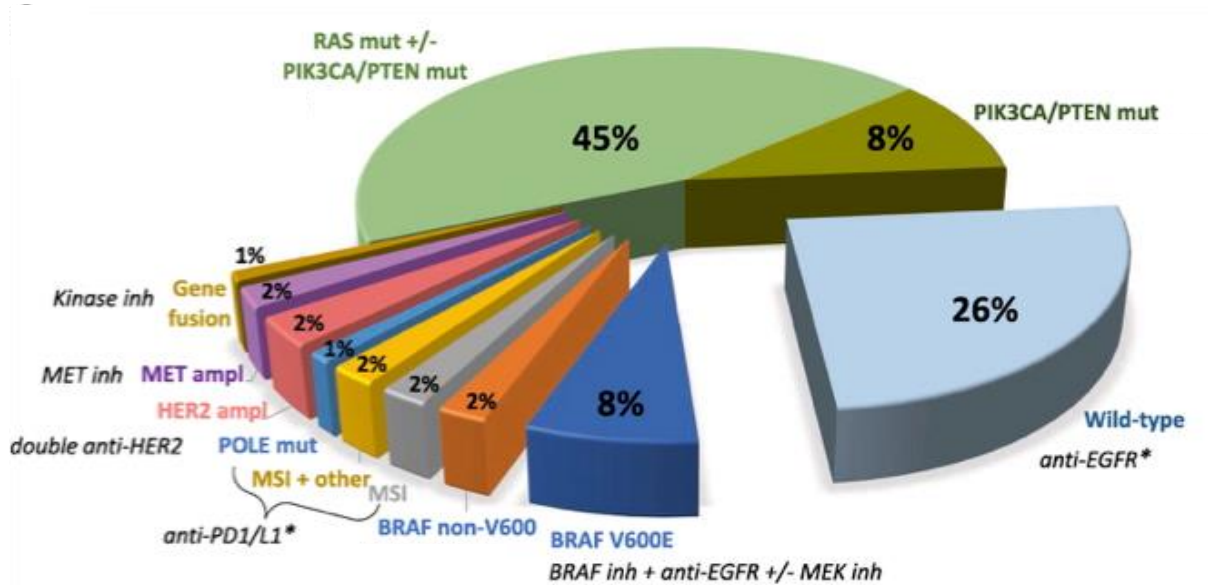


**Both** pre-therapeutic metabolic assessment of tumor burden (MATV)  
**AND** dynamic metabolic assessment of response after 1 treatment course  
**independantly** predict the outcome of patients

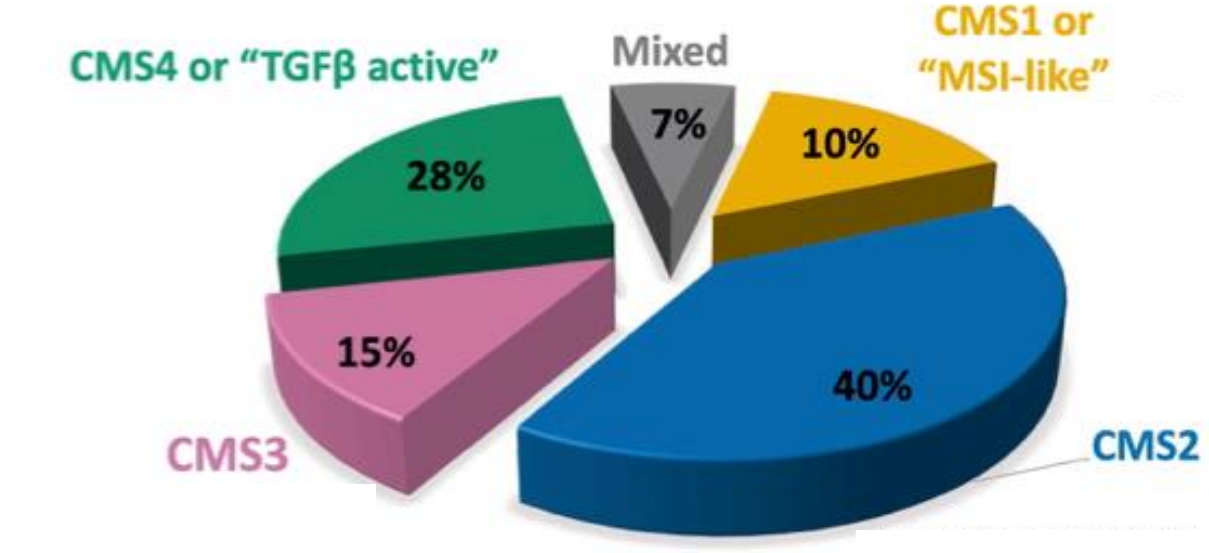
# BODY MASS COMPOSITION AS A PROGNOSTIC FACTOR



# Colon Cancer is More Than 1 Disease: Molecular Landscape

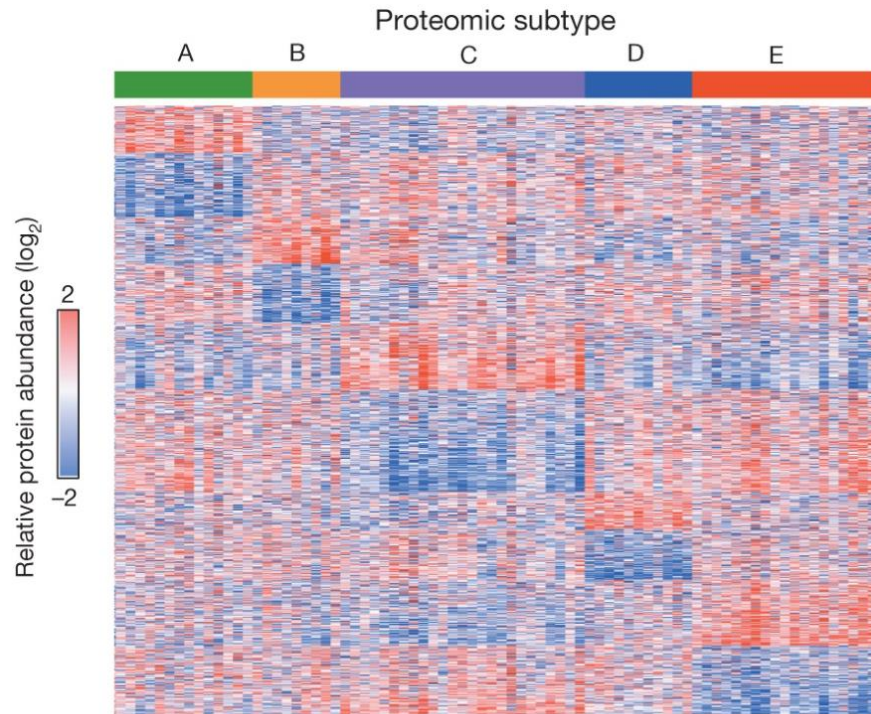


Genomics  
(DNA level)

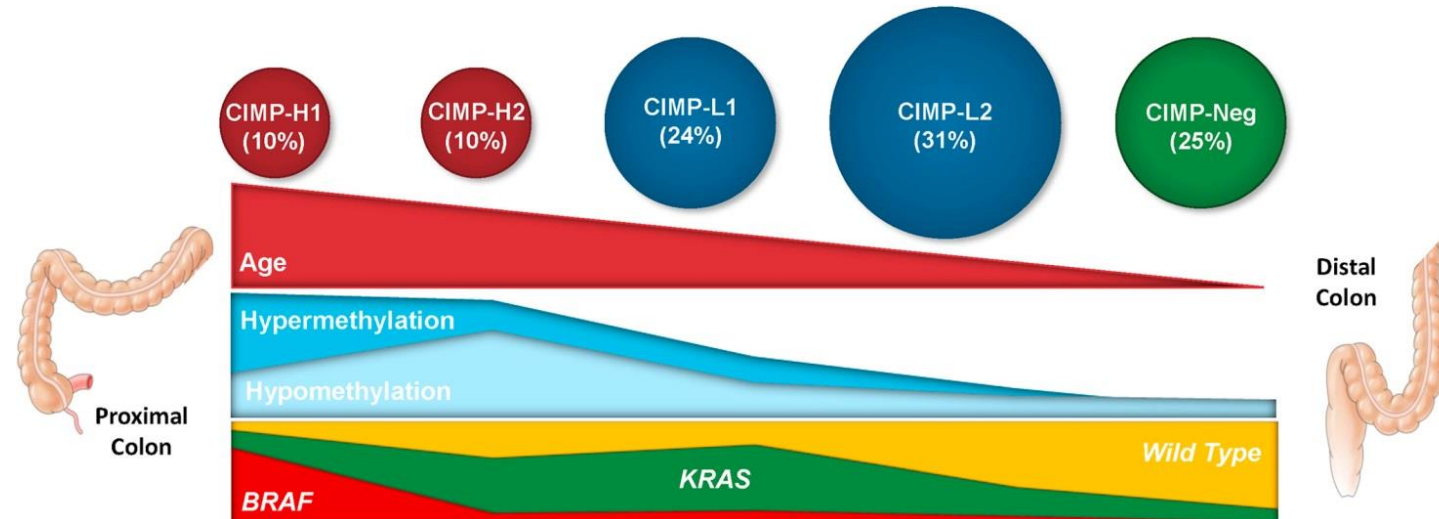


Transcriptomics  
(RNA level)

# Colon Cancer is More Than 1 Disease: Molecular Landscape



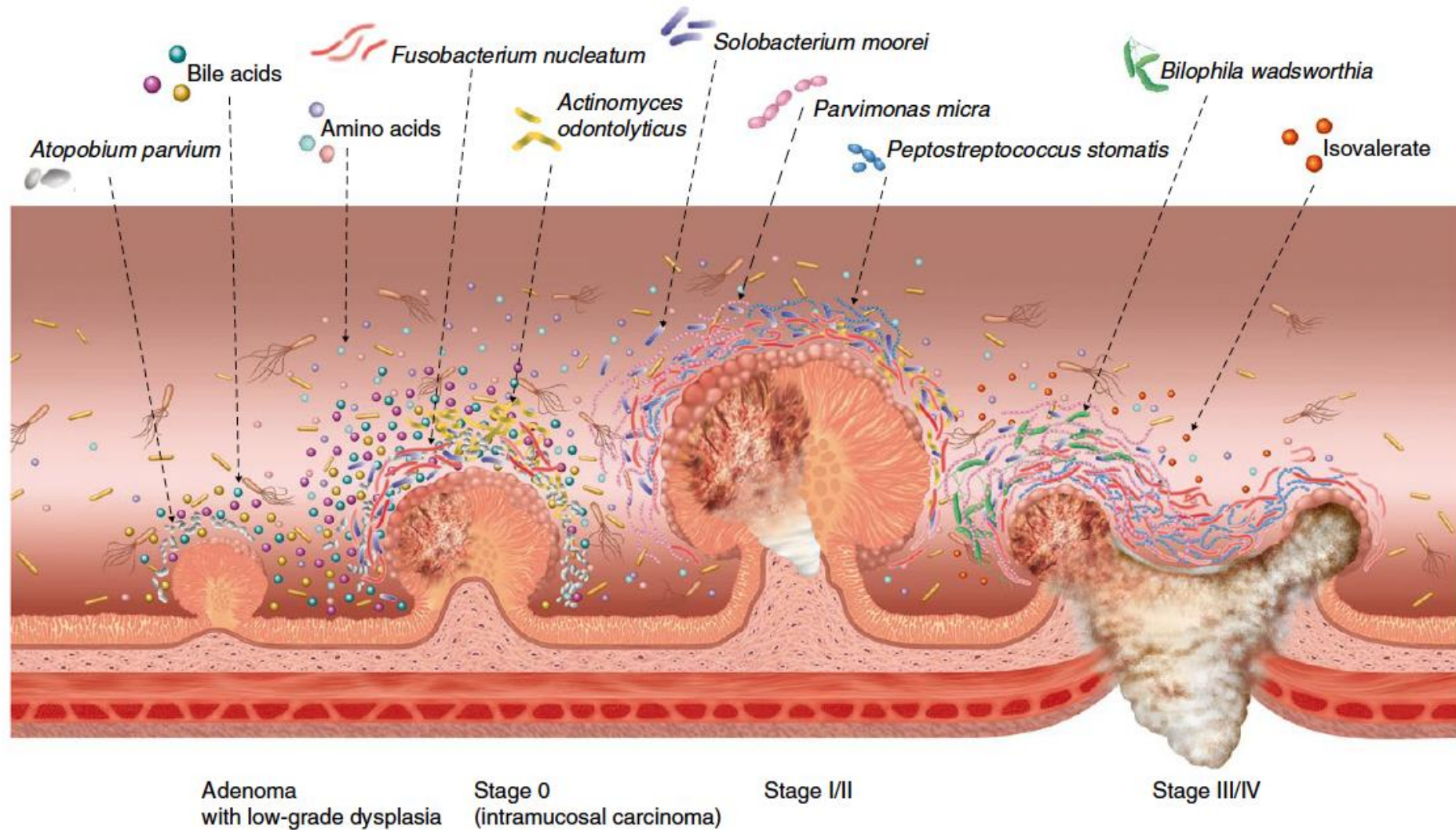
**Proteomics**  
(protein level)



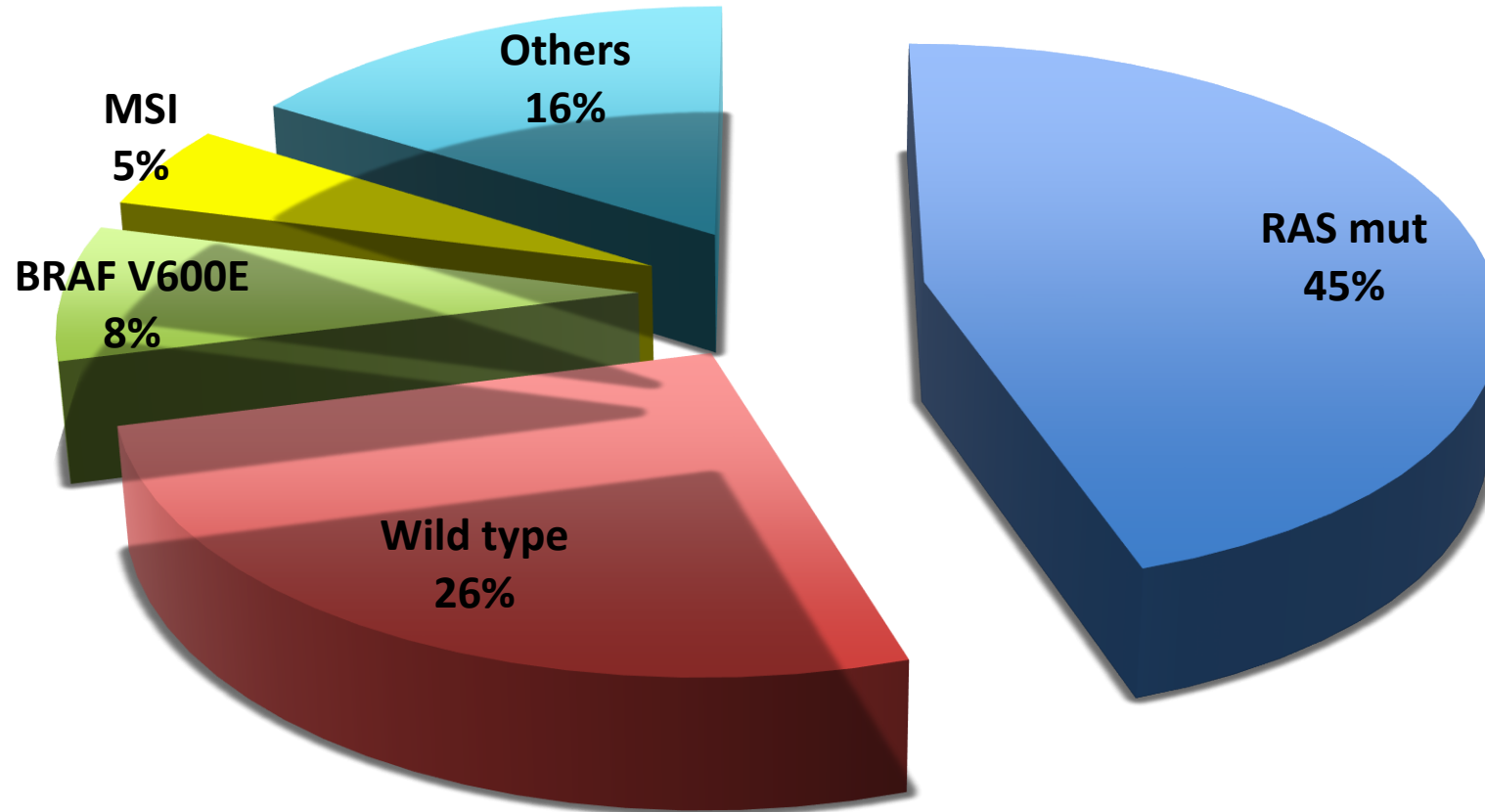
**Epigenomics**  
(changes in DNA and histone proteins)



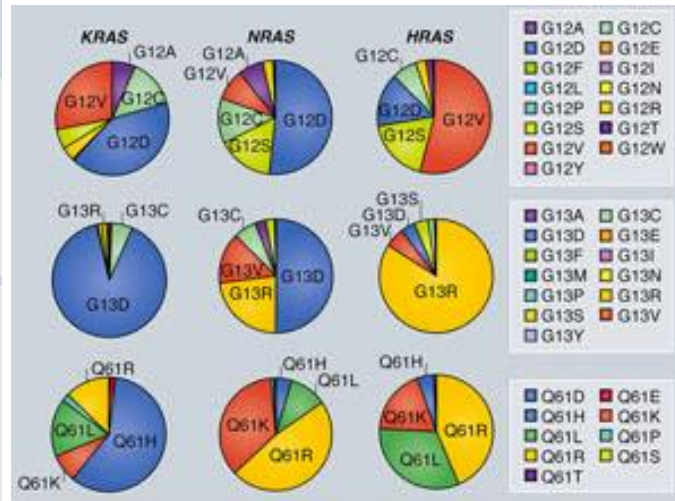
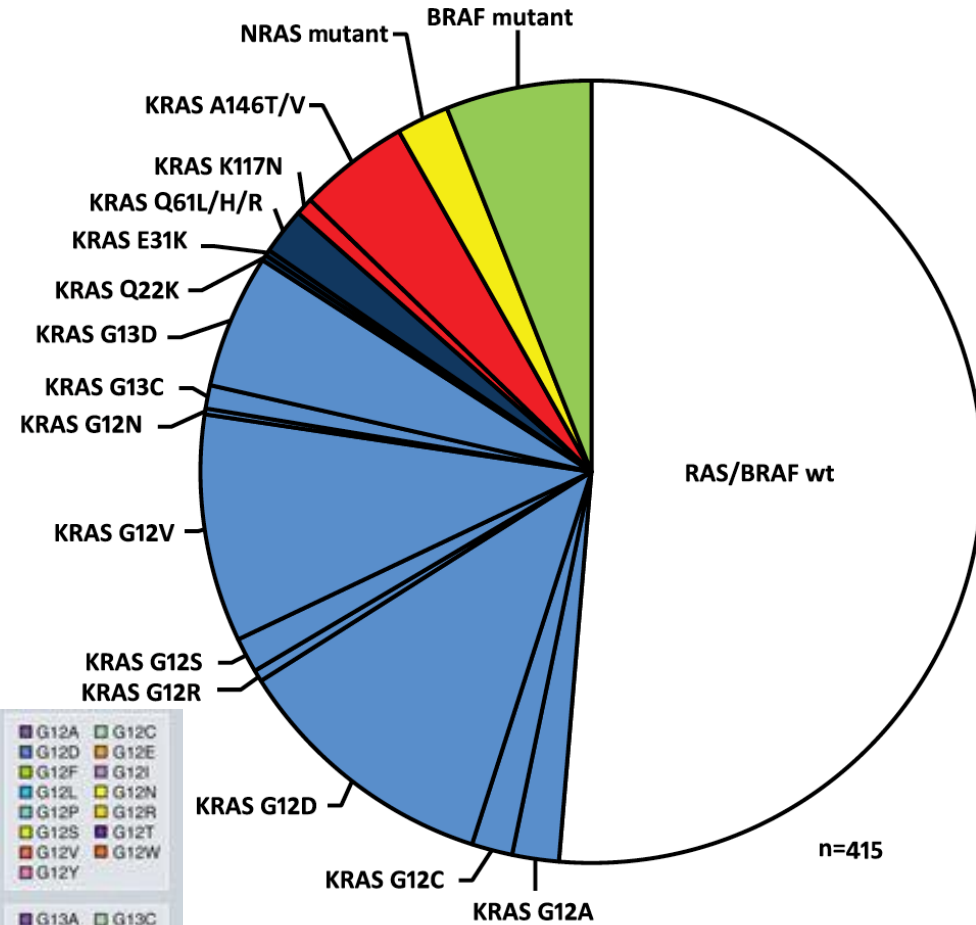
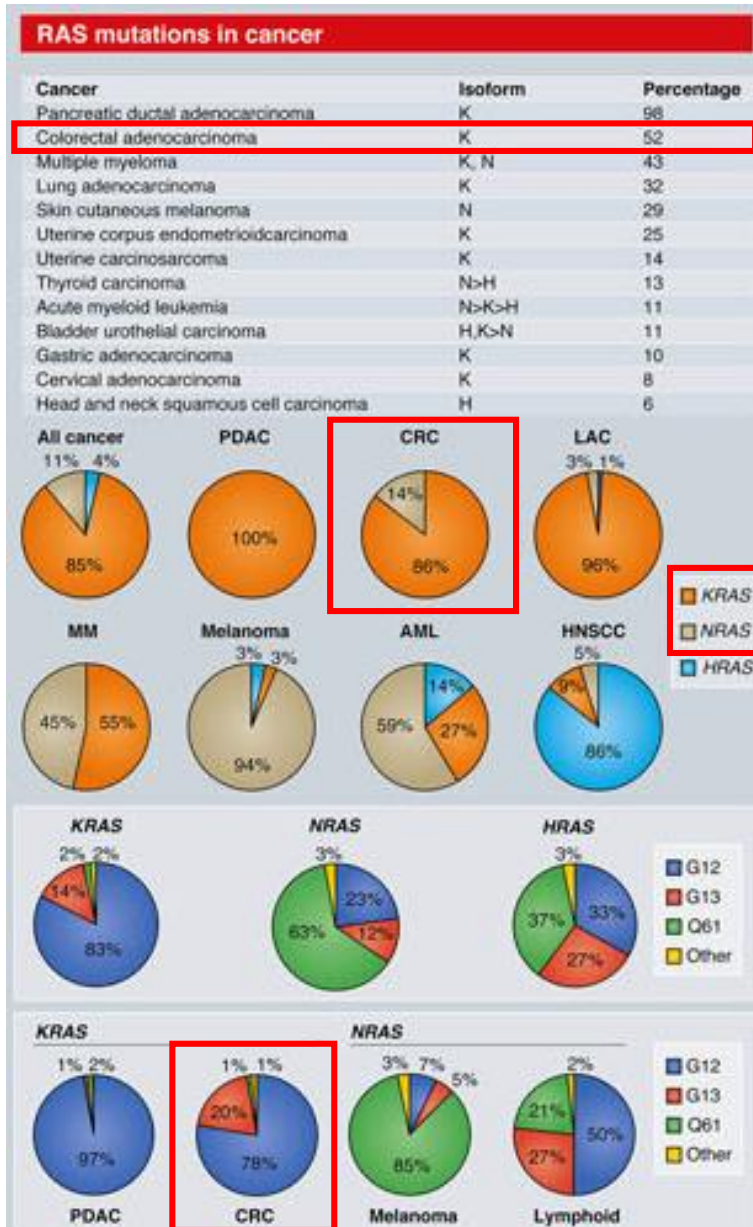
# Colon Cancer is More Than 1 Disease: Metagenomics



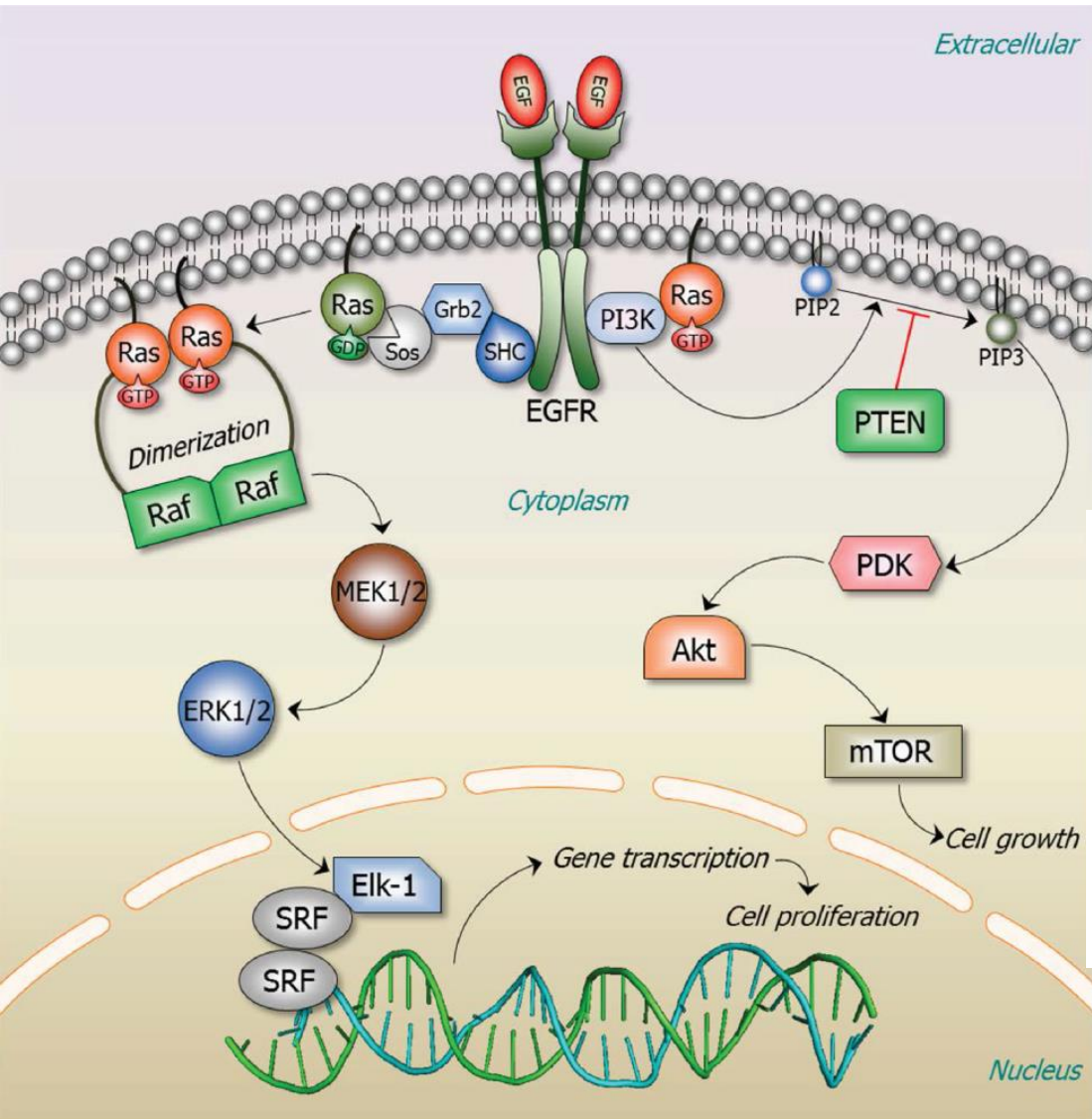
# RAS-Mutated MSS mCRC



# RAS mutations, deciphered

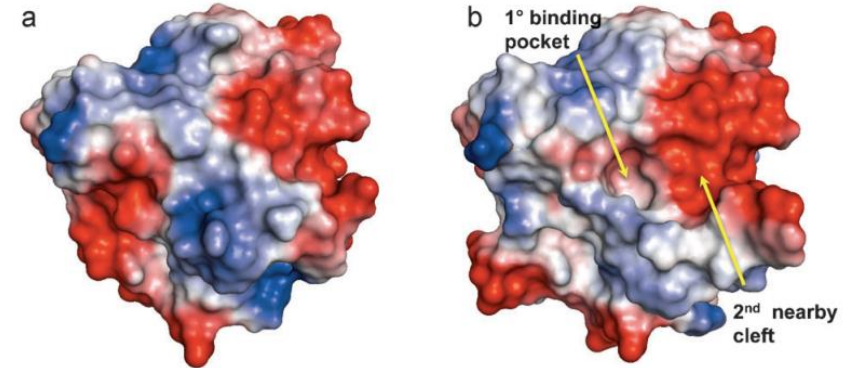


# RAS... the

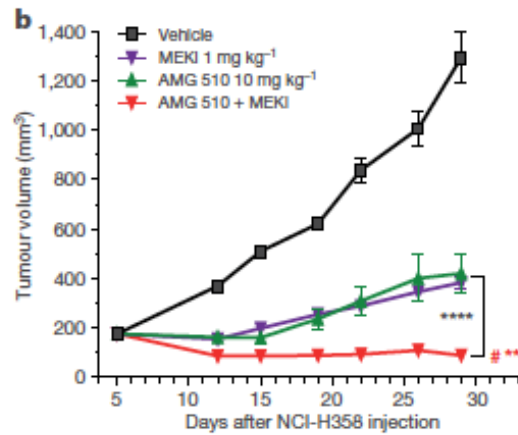


Nussinov et al. Oncotarget 2014

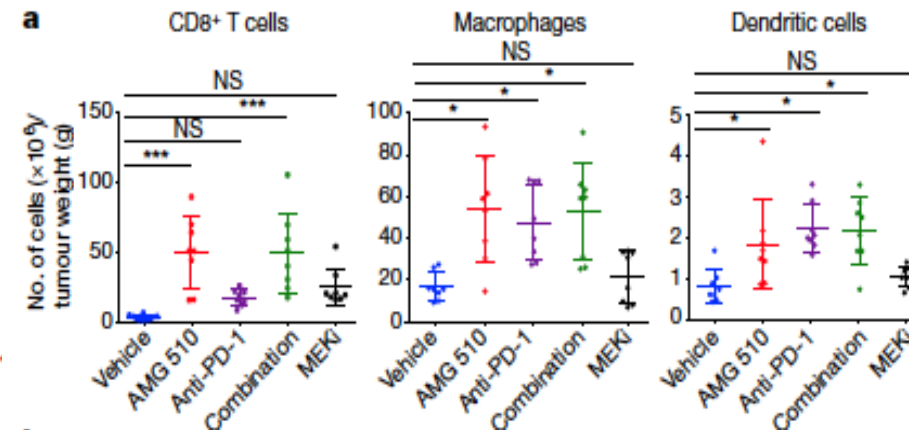
# undruggable protein



binds G12D & G12V Kras<sup>m</sup> and inhibits SOS pathway (1)



AMG510 binds G12C



and induces immunoinflammatory phenotype(2)

(1) Sun et al. Angew Chem Int Ed 2012

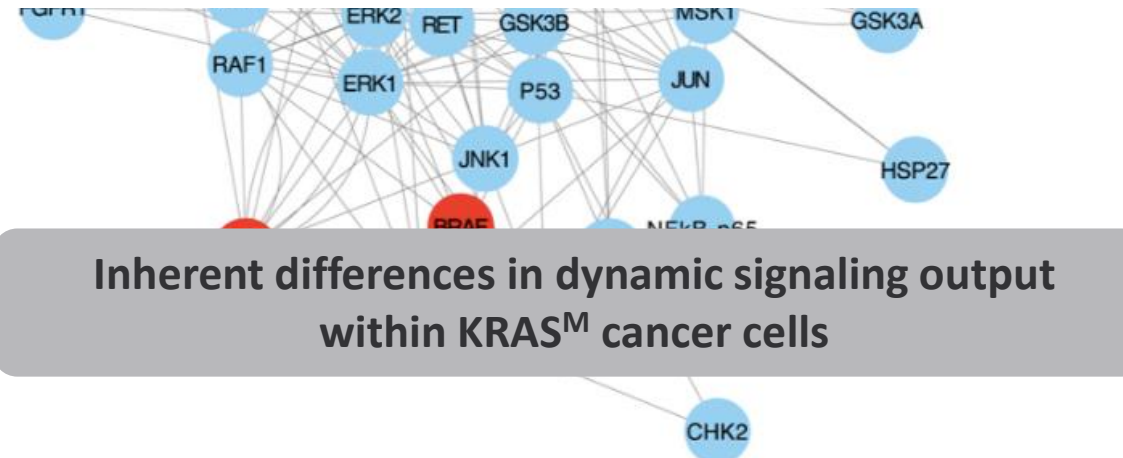
(2) Canon et al. Nature 2019

# RAS<sup>m</sup> ... Context-Specific Signaling Patterns

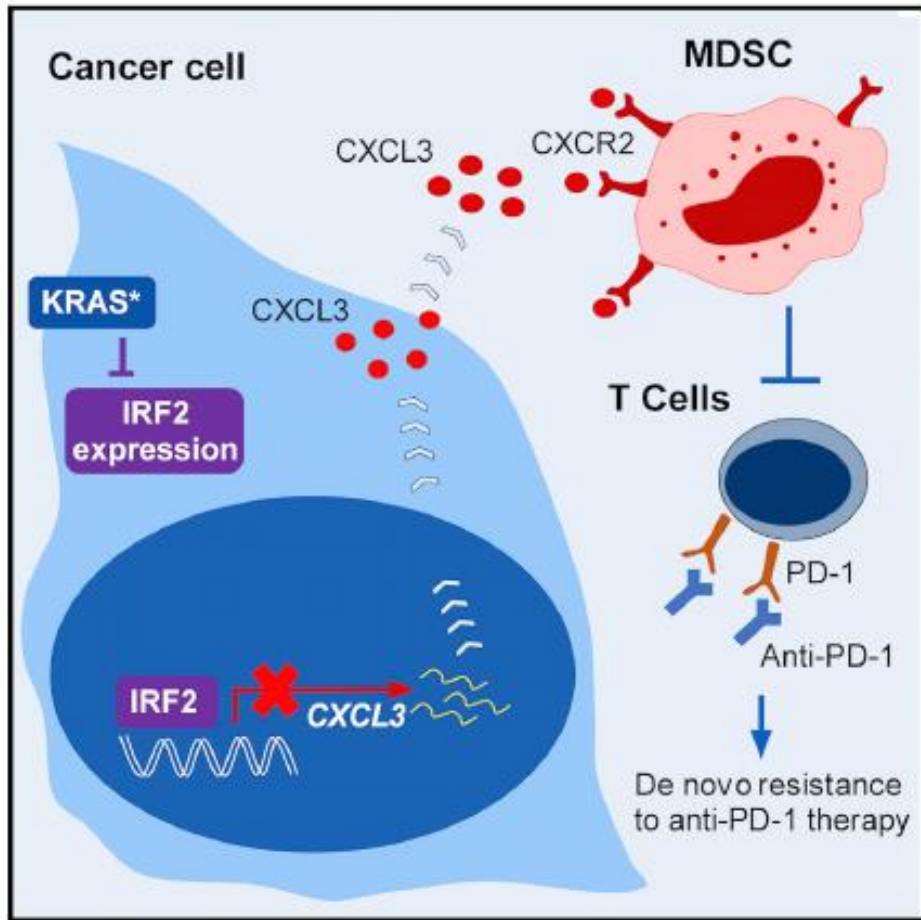
**Table 1.** Significant differences in phosphoprotein changes between tumor types

Drug (target)	NSCLC vs. CRC + PDAC				CRC vs. NSCLC + PDAC				PDAC vs. NSCLC + CRC			
	Increased	Not increased	Decreased	Not decreased	Increased	Not increased	Decreased	Not decreased	Increased	Not increased	Decreased	Not decreased
AZD5363 (AKT)	RB		IR				STAT5		IR			
Everolimus (m-TOR)			SRC		MEK	RB			C-MET			
Gefitinib (EGFR)			S6K		m-TOR		IRS1		IRS1			
Luminespib (HSP90)		MEK	PTEN				IGFIR		B-Catenin		C-KIT	
Pictilisib (PI3K)		m-TOR	CHK1		GSK3B		IRS1					
		MEK	CHK2				PRAS40					
			PTEN				AKT					
Trametinib (MEK)			PDGFRB						B-Catenin			
			SRC						CHK2			
Vemurafenib (BRAF)	FGFR1			m-TOR		CHK1					PRAS40	
	HER3										C-KIT	
	IR											
	STAT5											

NOTE: Changes in phosphorylation of proteins that were increased or decreased upon exposure to different drugs but were significantly different from cells derived from different tumor types, i.e., NSCLC, CRC, and PDAC upon logistic regression corrected for multiple testing.

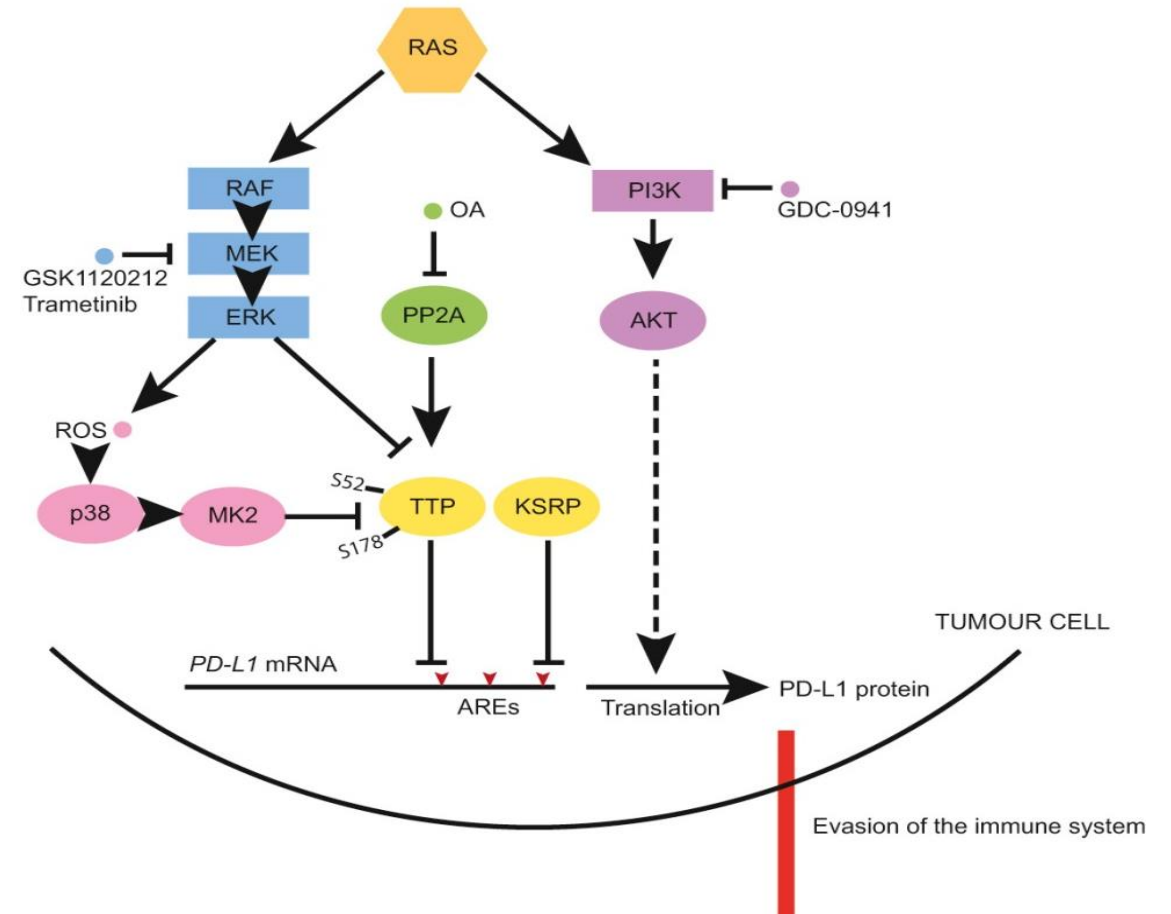


# RAS<sup>m</sup> and Immune Environment



Oncogenic RAS signaling suppresses IRF2 expression  
 → MDSC infiltration and T cell inhibition

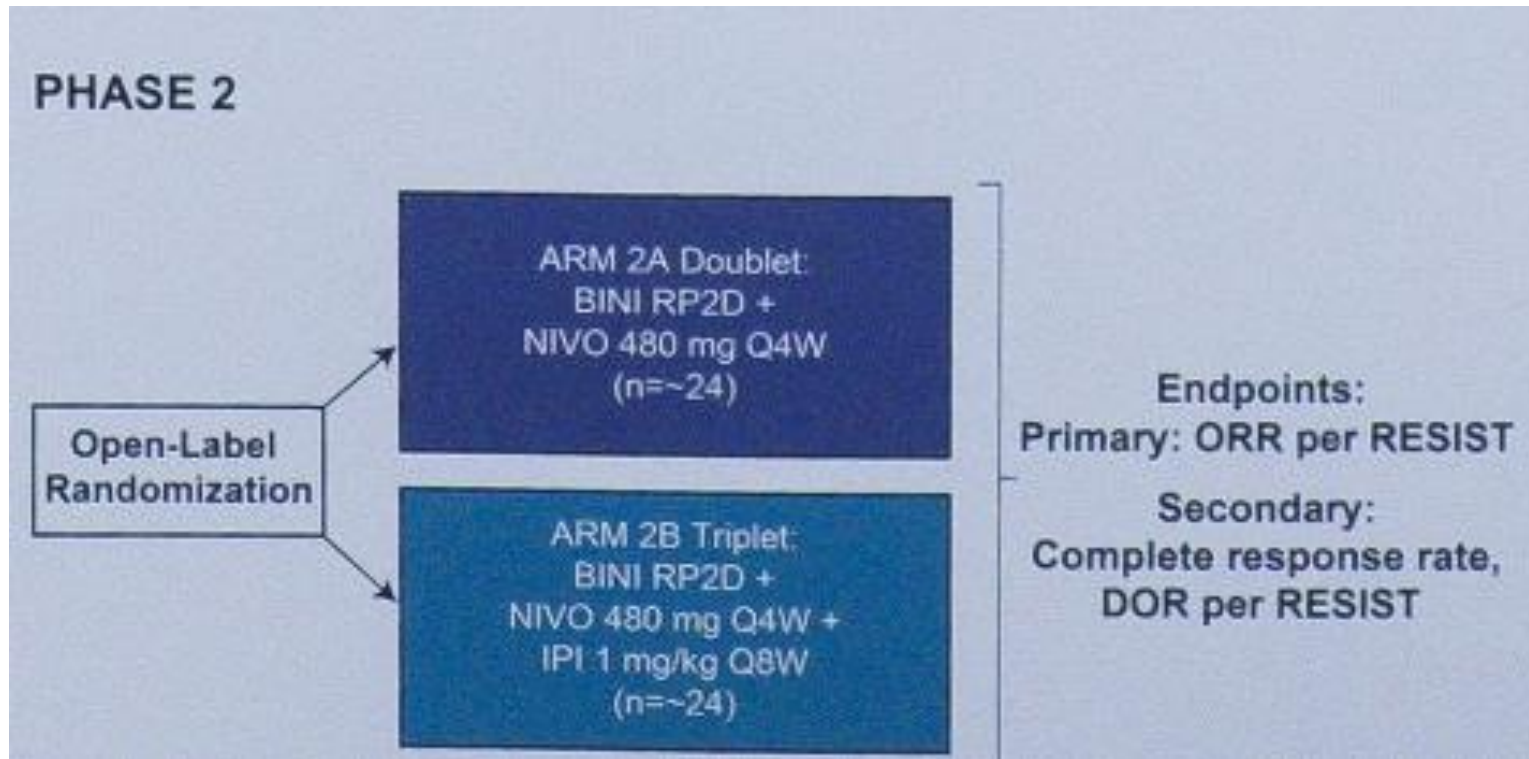
*Liao et al Cancer Cell 2019*



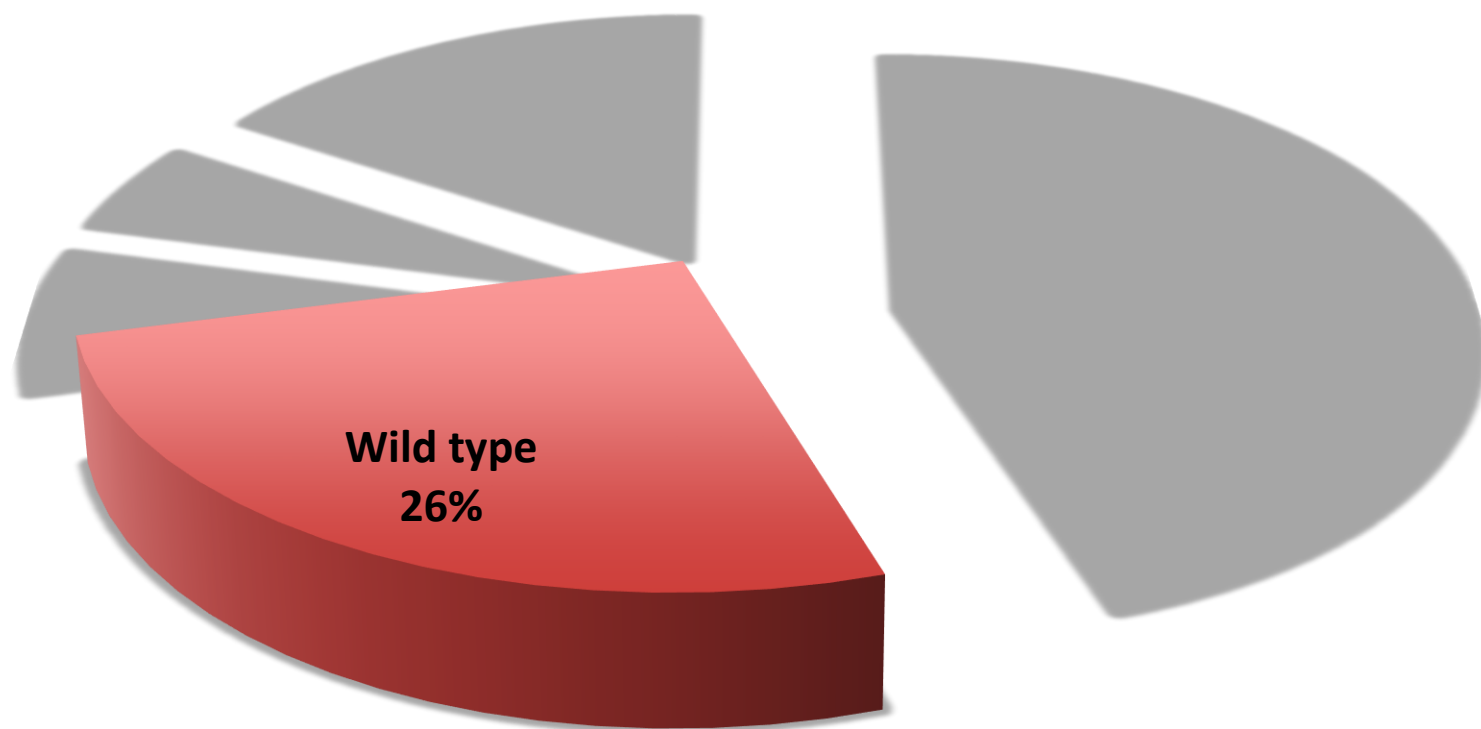
Oncogenic RAS signaling ↗ tumour cell PD-L1 expression  
 → immune evasion

*Coelho et al Immunity 2017*

# Binimetinib+Nivolumab +/-Ipilimumab in MSS RAS<sup>m</sup> chemorefractory mCRC

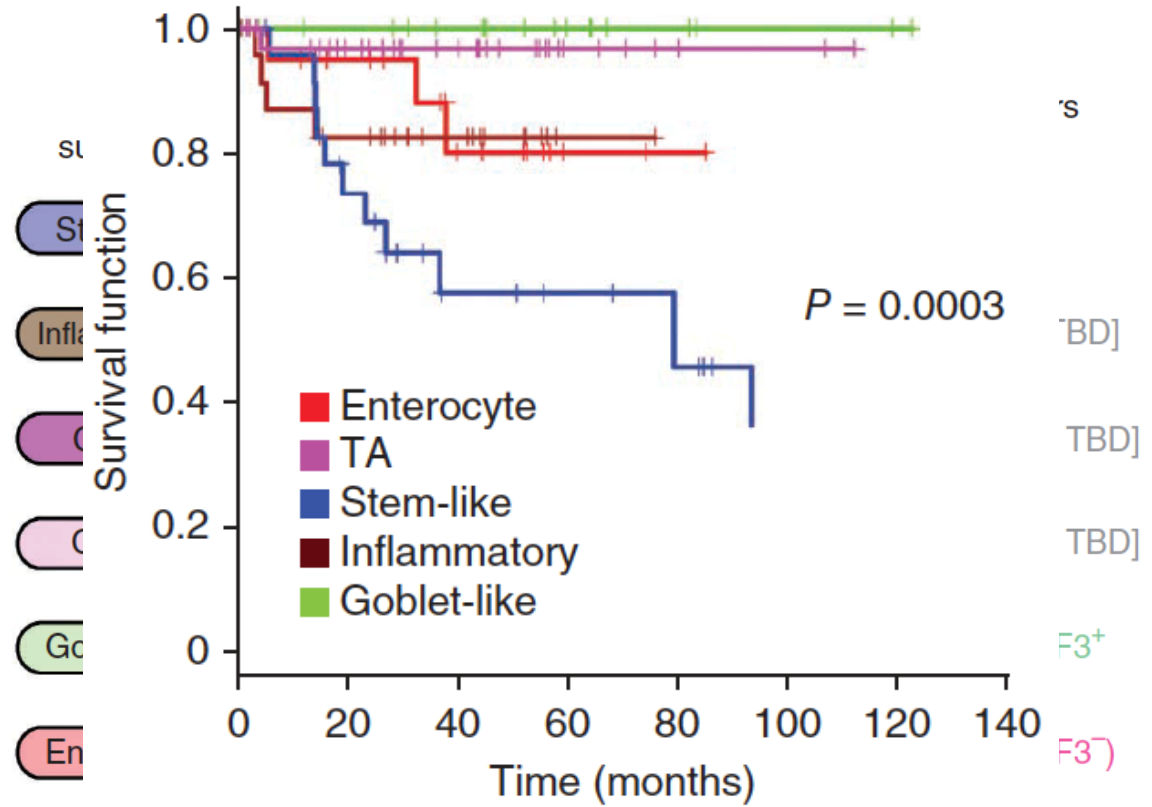
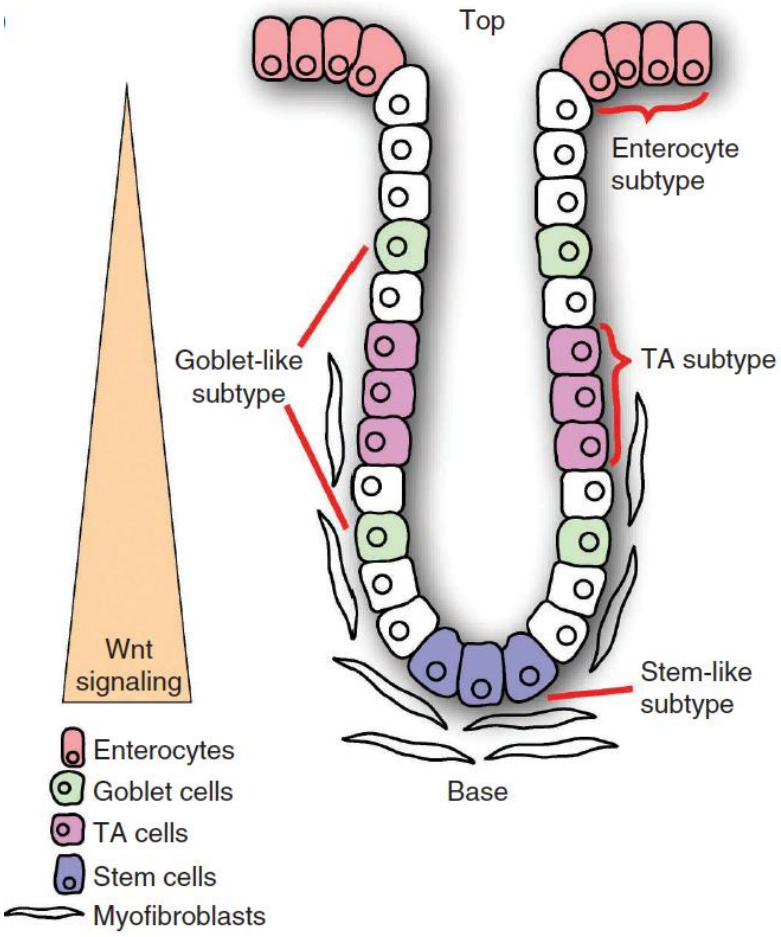


# Extended RAS/BRAF wild-type CRC



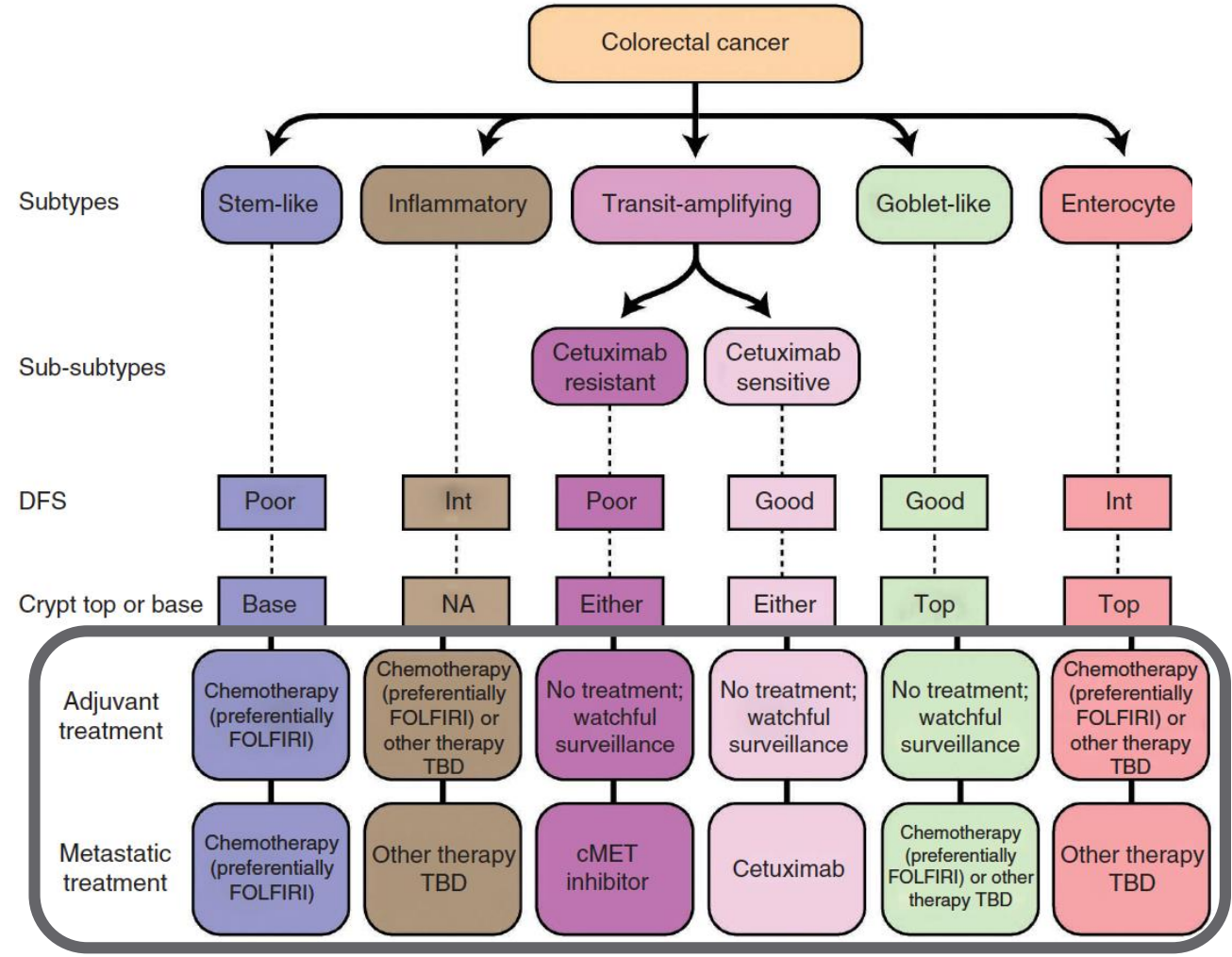
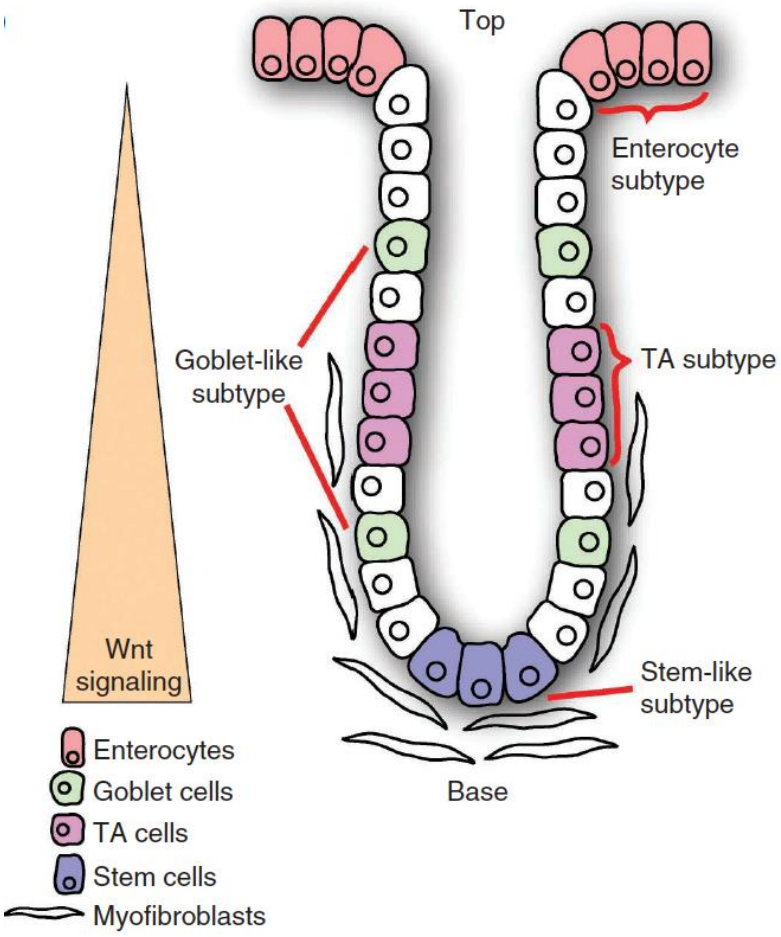


# CRCAssigner subtypes (pre-Consensus Molecular Subtypes)



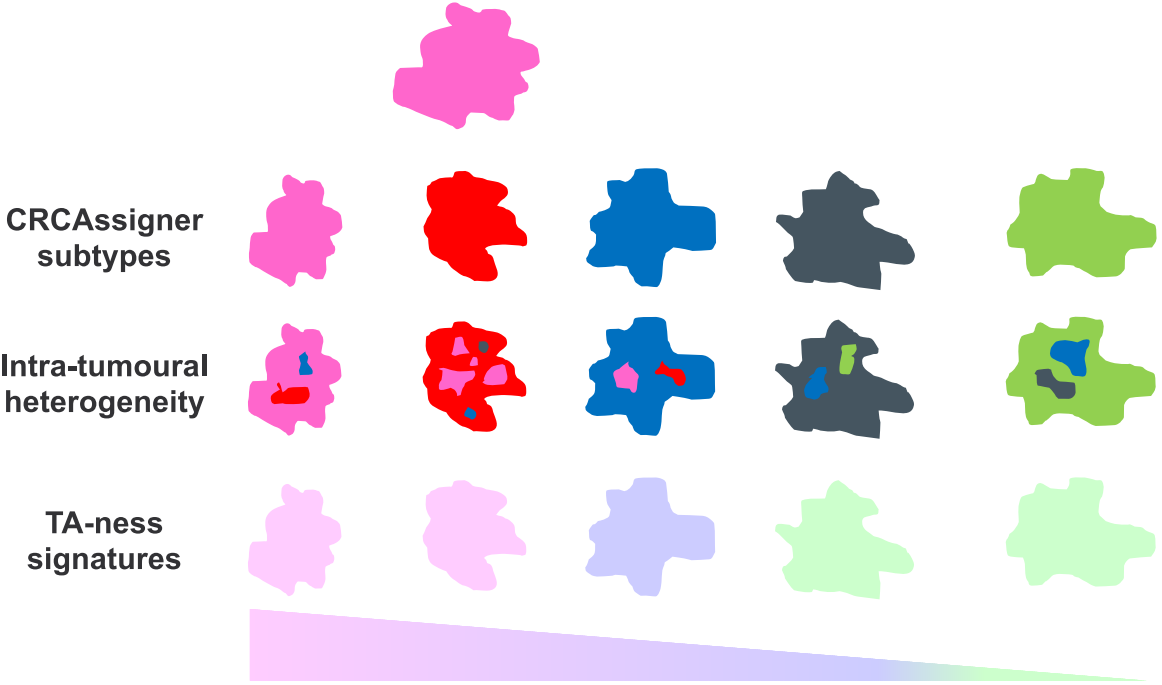
Each subtype shares similarities to distinct cell types within the normal colon crypt and shows differing degrees of 'stemness' and Wnt signaling

# CRCAssigner subtypes (pre-Consensus Molecular Subtypes)

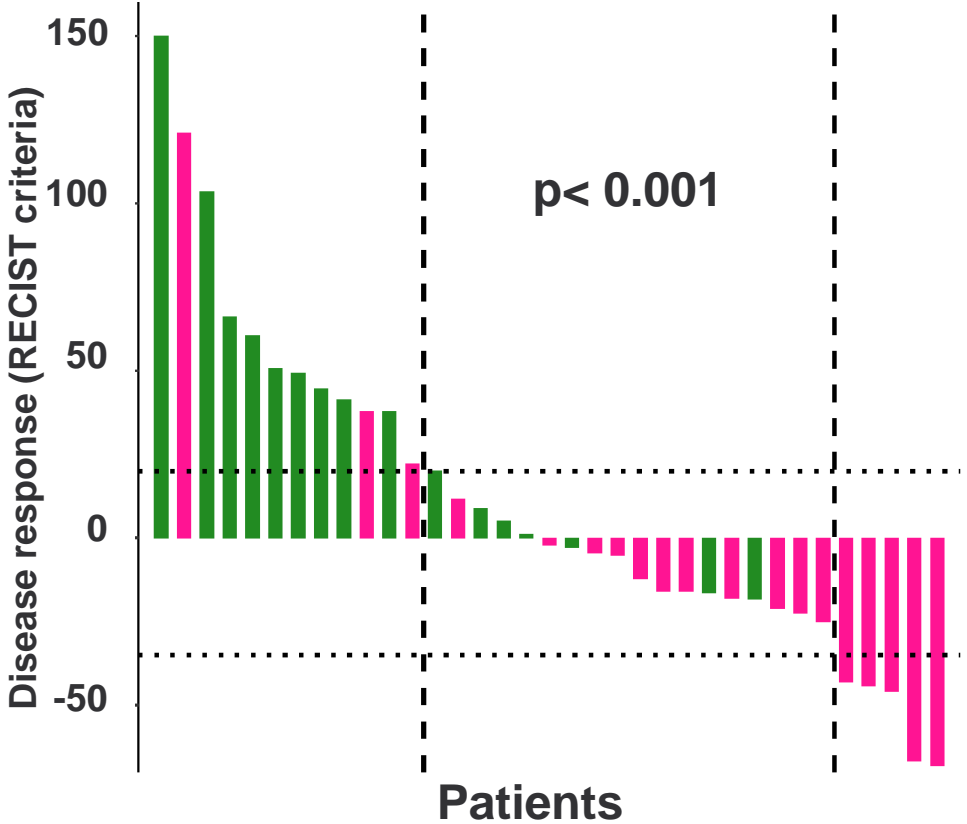


# TA-Ness signature: Subtypes within subtypes

- The TA-ness signature



## Response to anti-EGFR therapy (discovery cohort)

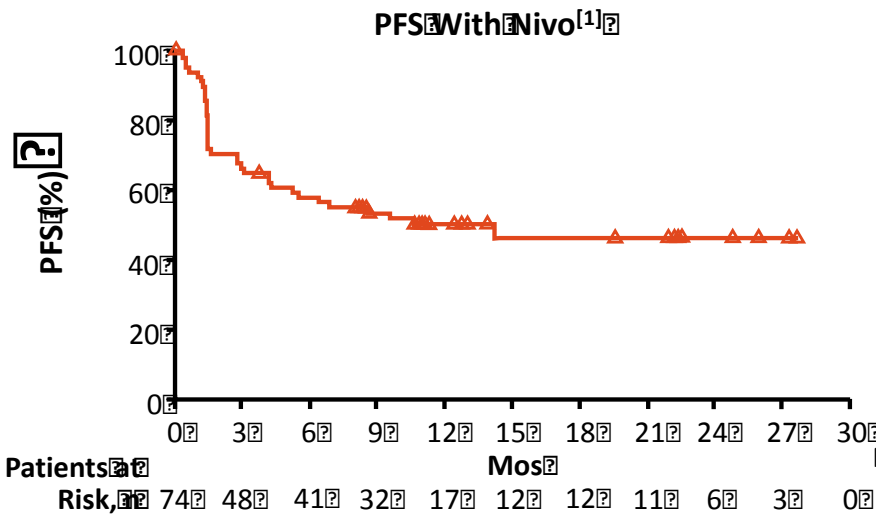


# MSI-H as positive predictive biomarker for immunotherapy



# Nivo+ Ipi in MSI-H CRC

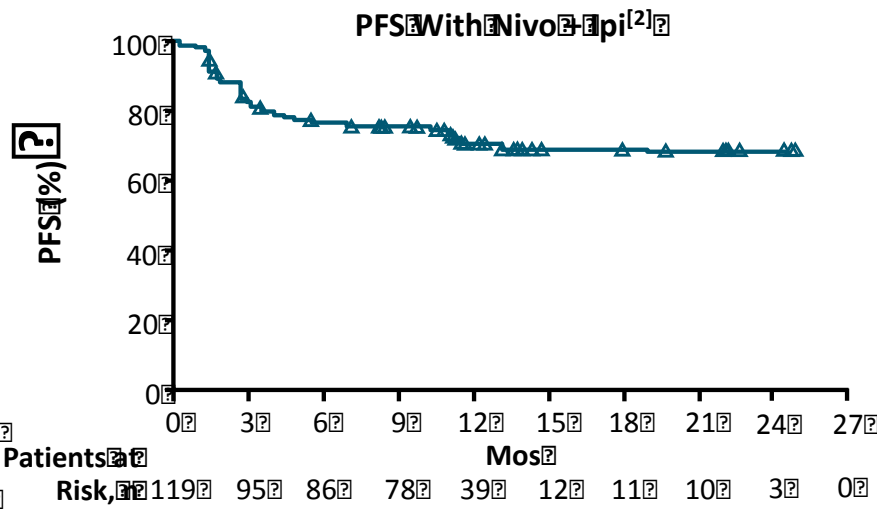
Response	Nivo 3 mg/kg + Ipi 1 mg/kg (n = 119)
ORR, % (95% CI)	55 (45.2-63.8)
Best overall response, %	
▪ CR	3
▪ PR	51
▪ Stable disease	31
▪ PD	12
▪ Not determined/reported	3
Median TTR, mos (range)	2.8 (1-14)
Median duration of response, mos (range)	NR (NE-NE)
DCR for ≥ 12 wks, % (95% CI)	80 (71.5-86.6)



**PFS per Investigator**

Median, mos (95% CI) 14.3 (4.30-NE)

12-month rate, % (95% CI) 50 (38-61)



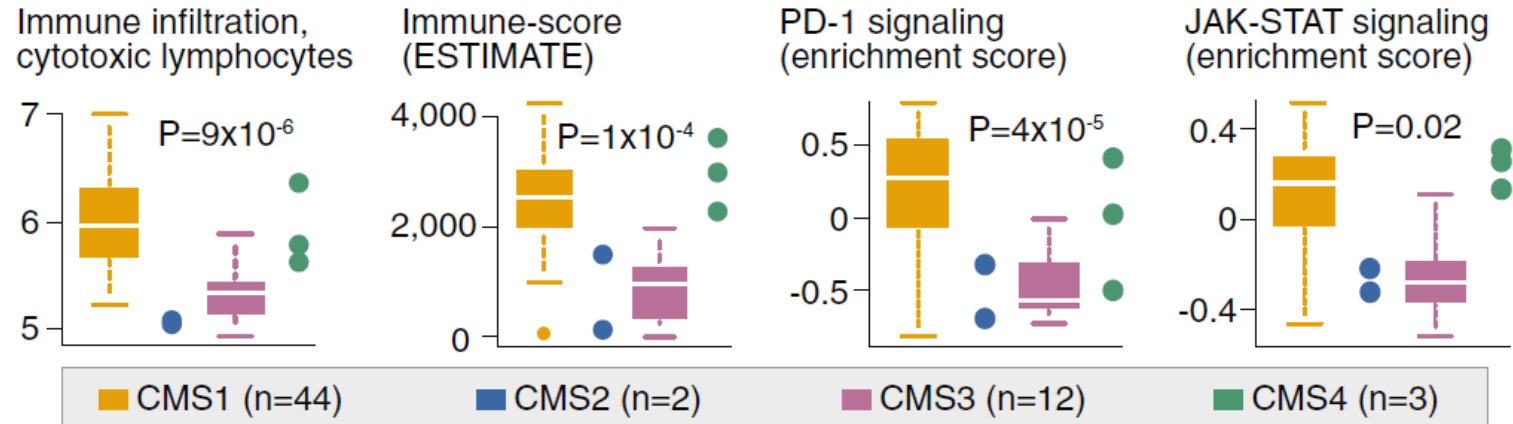
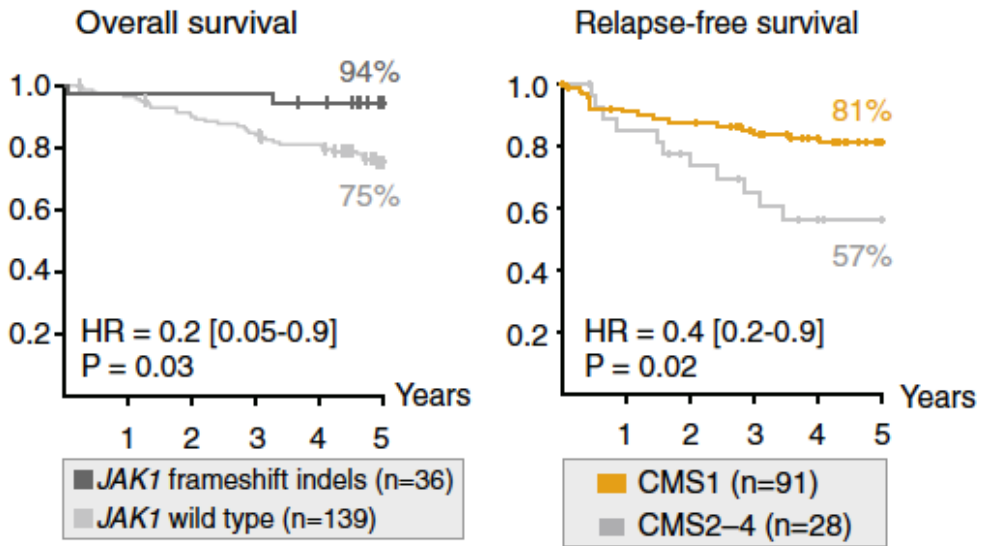
**PFS Rate, % (95% CI)**

75 mos 77 (66.5-85.1)

79 mos 77 (66.5-85.1)

Median PFS, mos (95% CI) NR (11.5-NE)

# Transcriptional heterogeneity within MSI-H CRC



## JAK1 loss-of-function mutations (20%):

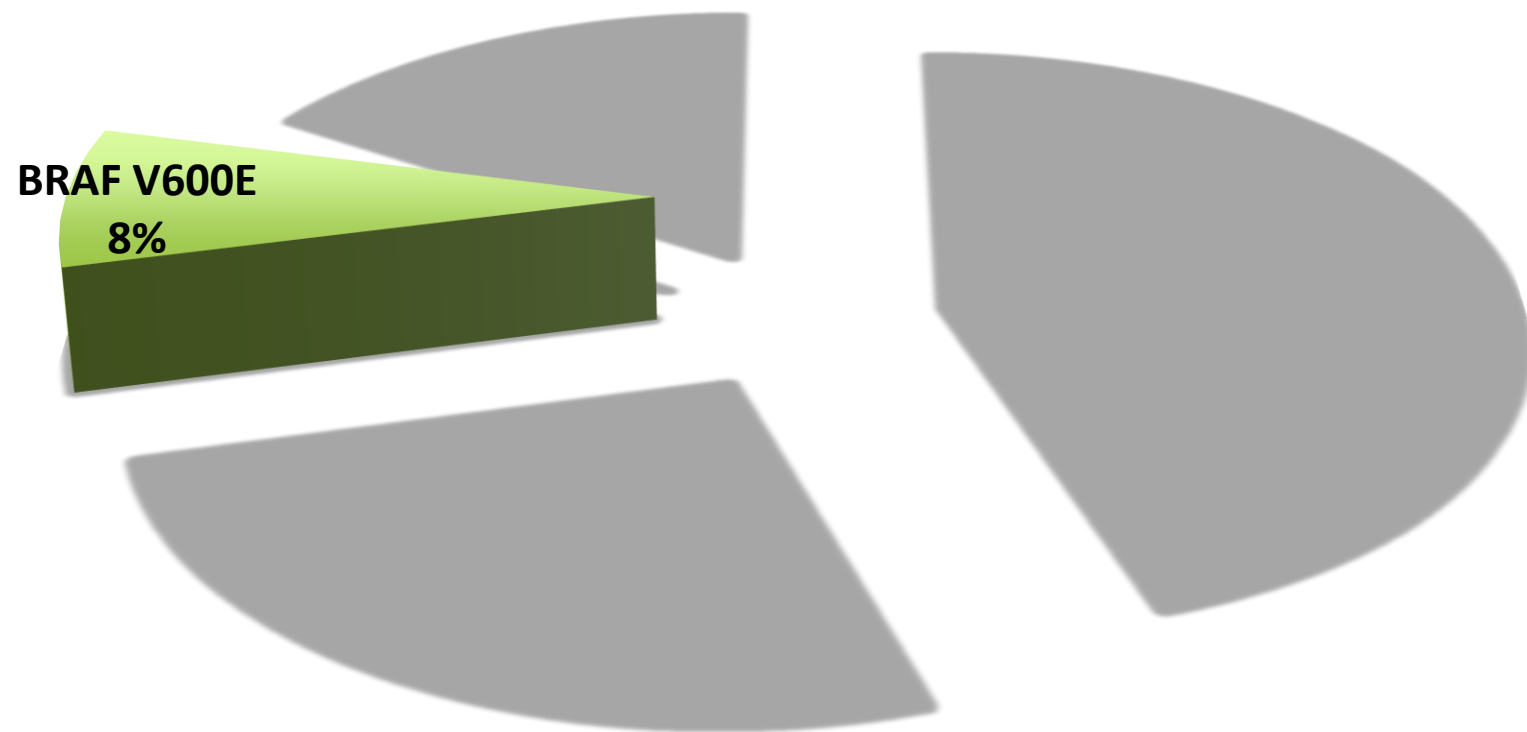
- resistance to anti-PDL1
- better prognosis

## CMS1:

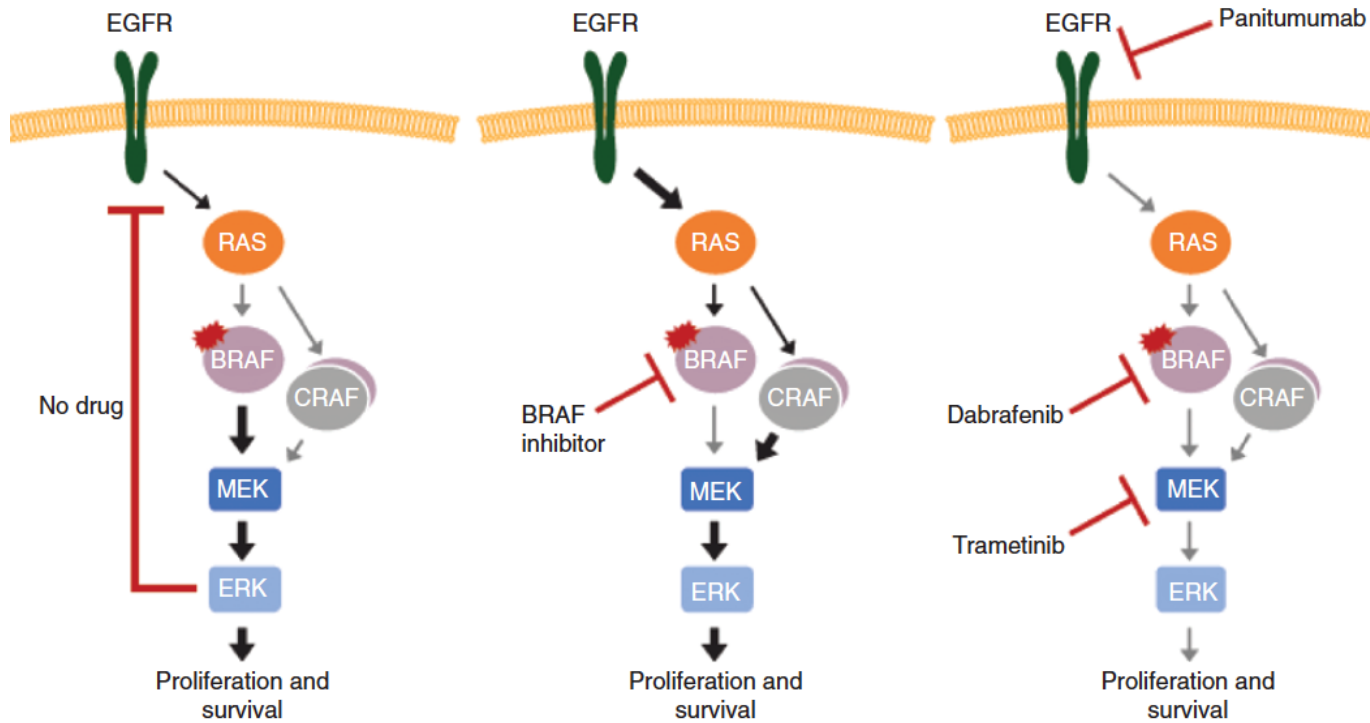
- better prognosis

immunogenicity  
MSI+CMS1 >> MSI+CMS2-4

# BRAF mutations



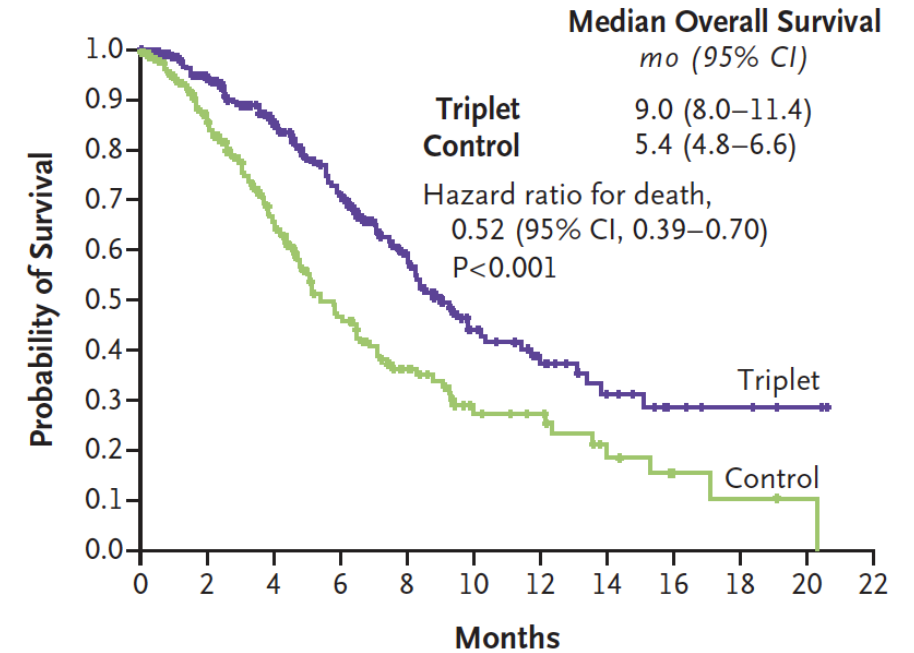
# BRAF-MEK-EGFR inhibition in BRAFV600E mCRC



Combined BRAF+EGFR+MEK inhibition promising activity BRAFV600E mCRC

Corcoran et al Cancer Discovery 2018

## BEACON study



### No. at Risk

Triplet	224	186	141	103	69	37	24	14	6	4	2	0
Control	221	158	102	60	34	18	15	7	4	2	1	0

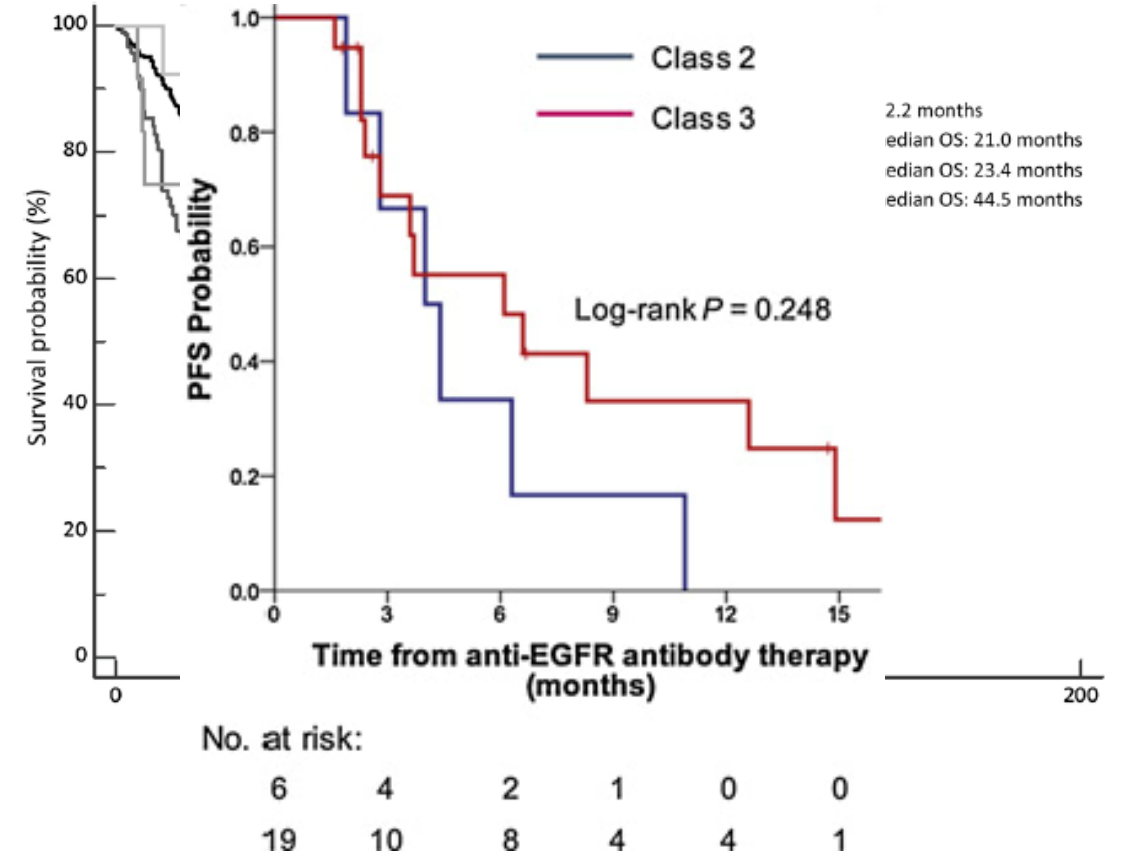
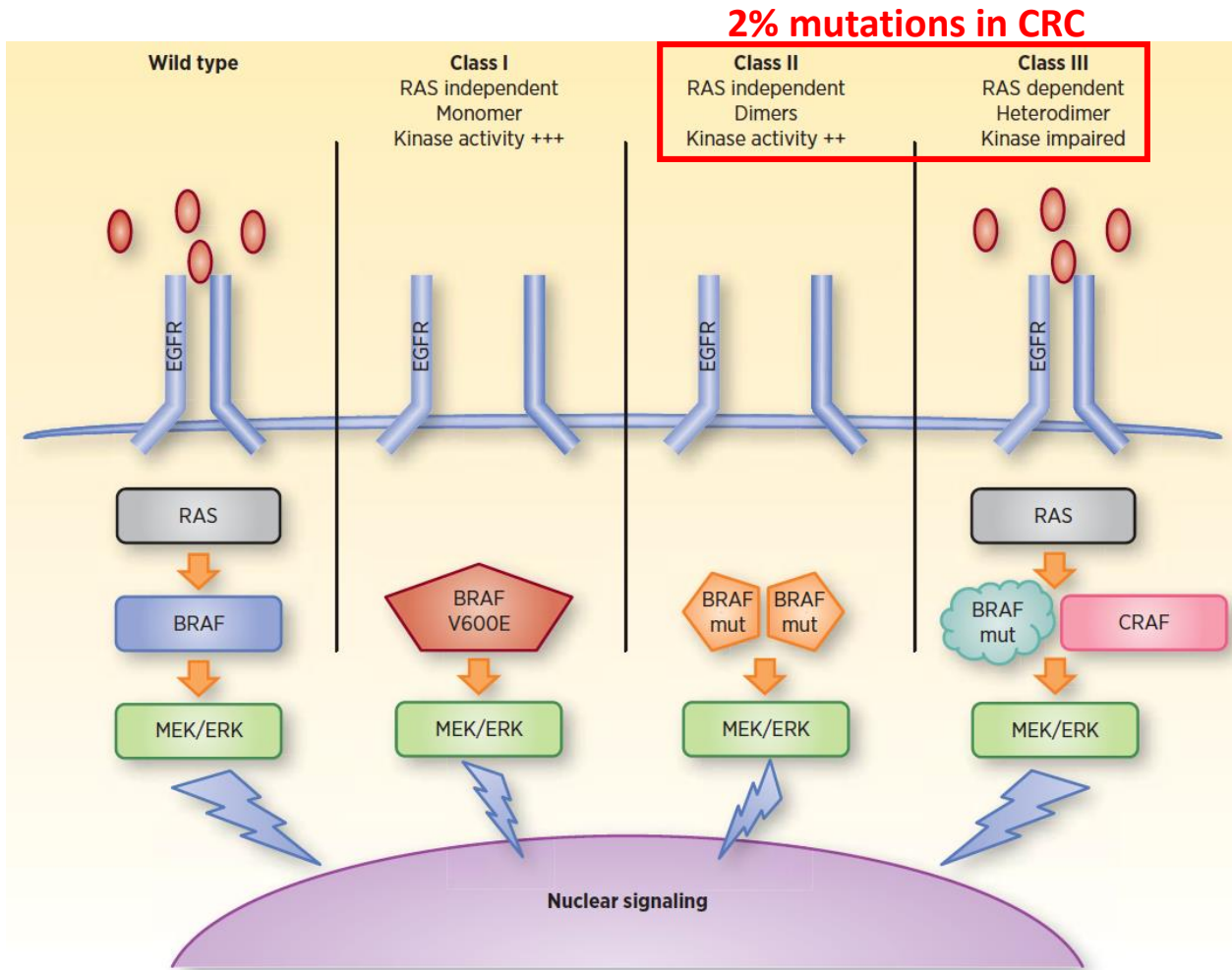
**Control** (Investigator's choice):

Iri+Ketux ou FOLFIRI+Ketux

Kopetz et al, N Engl J Med 2019



# V600E is not the only BRAF mutation in mCRC



# CONCLUSIONS: One Size Does Not Fit All

The Path to Improvement in ColoRectal Cancer Passes Through

- Better Understanding of Tumoral Biology and Environment
- Better Definition of Response to Therapy

