



AT THE FOREFRONT  
**UChicago**  
**Medicine**

# Treatments and Current Research in Leukemia

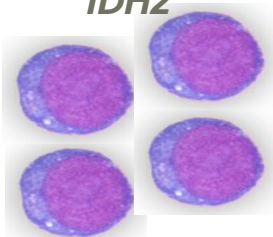
Richard A. Larson, MD  
University of Chicago

	<b>Myeloid</b>	<b>Lymphoid</b>
<b>Acute</b> (rapid progression)	Acute myeloid leukemia (AML)  Acute promyelocytic leukemia (APL)	Acute lymphoblastic leukemia ALL, B-cell ALL, T-cell ALL, Ph+ Burkitt-type leukemia
<b>Chronic</b> (slower progression; indolent)	Chronic myeloid leukemia (CML; Ph+)  Myelodysplastic syndrome (MDS)	Chronic lymphocytic leukemia CLL, B-cell  Prolymphocytic leukemia PLL, B-cell PLL, T-cell  Hairy cell leukemia (HCL)

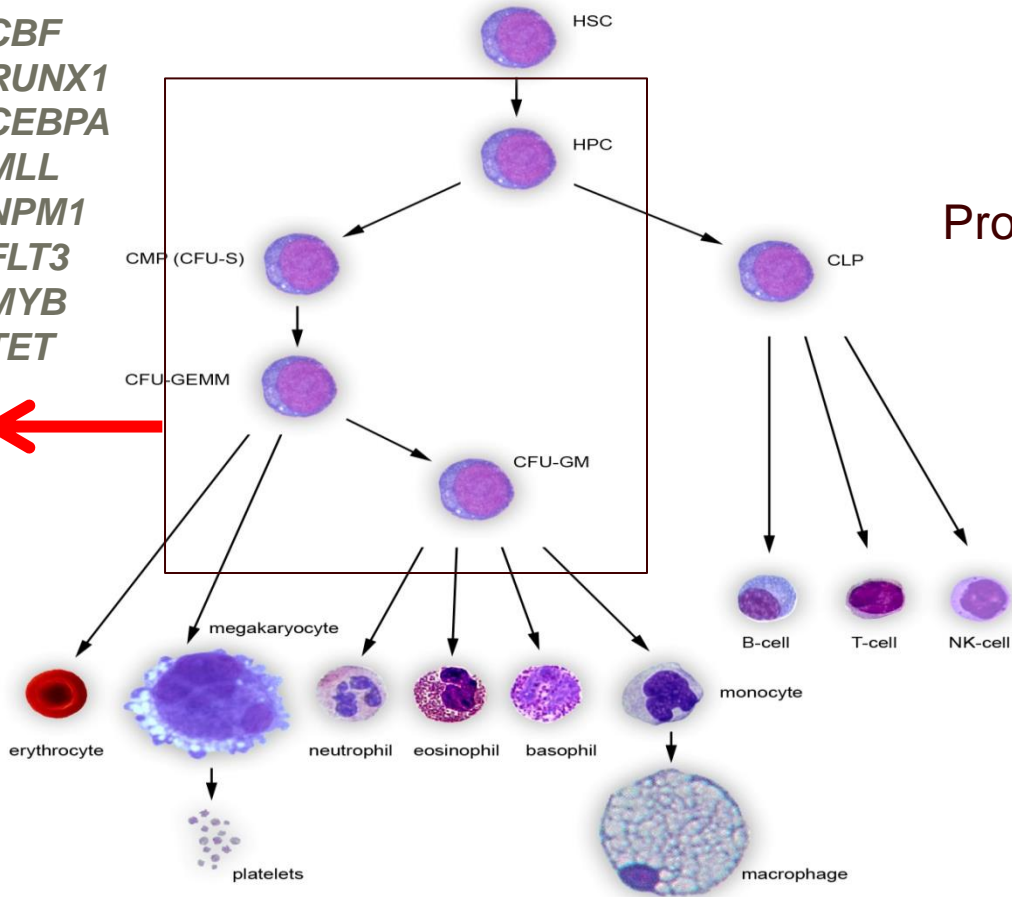
# Formation of mature blood cells from stem cells: hematopoiesis

*P53*  
*NF-1*  
*WT-1*  
*WNT*  
*RAS*  
*HOX*  
*NUP98*  
*IDH1*  
*IDH2*

*CBF*  
*RUNX1*  
*CEBPA*  
*MLL*  
*NPM1*  
*FLT3*  
*MYB*  
*TET*



Maturation arrest



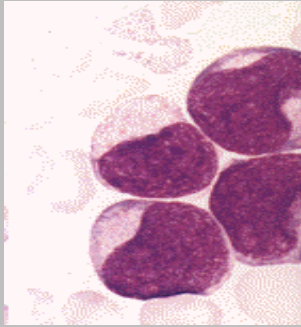
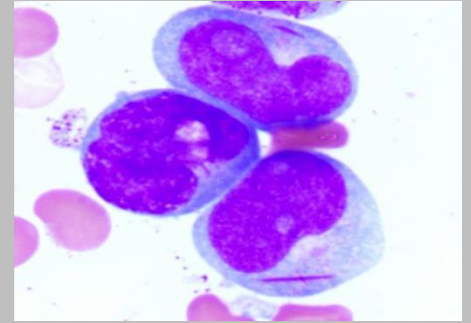
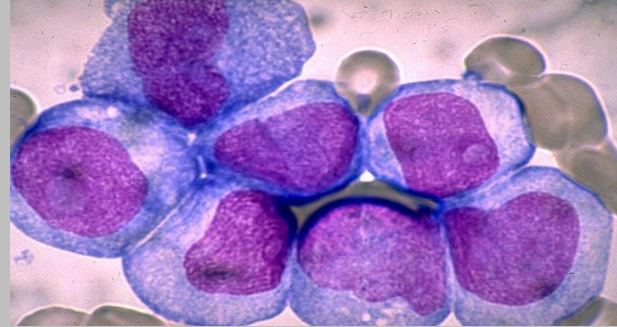
Stem cells

Progenitor cells

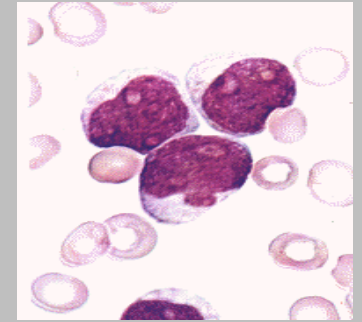
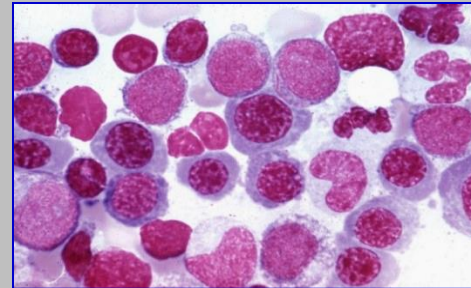
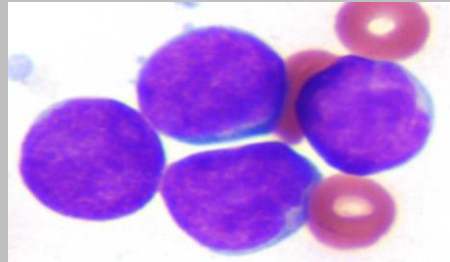
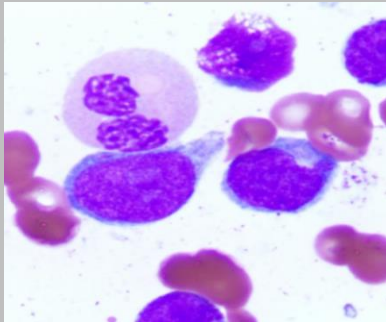
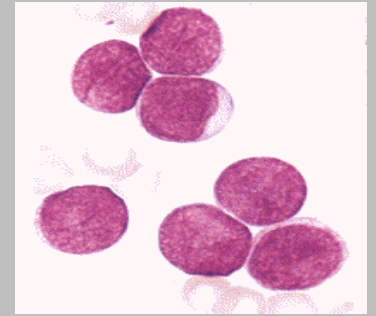


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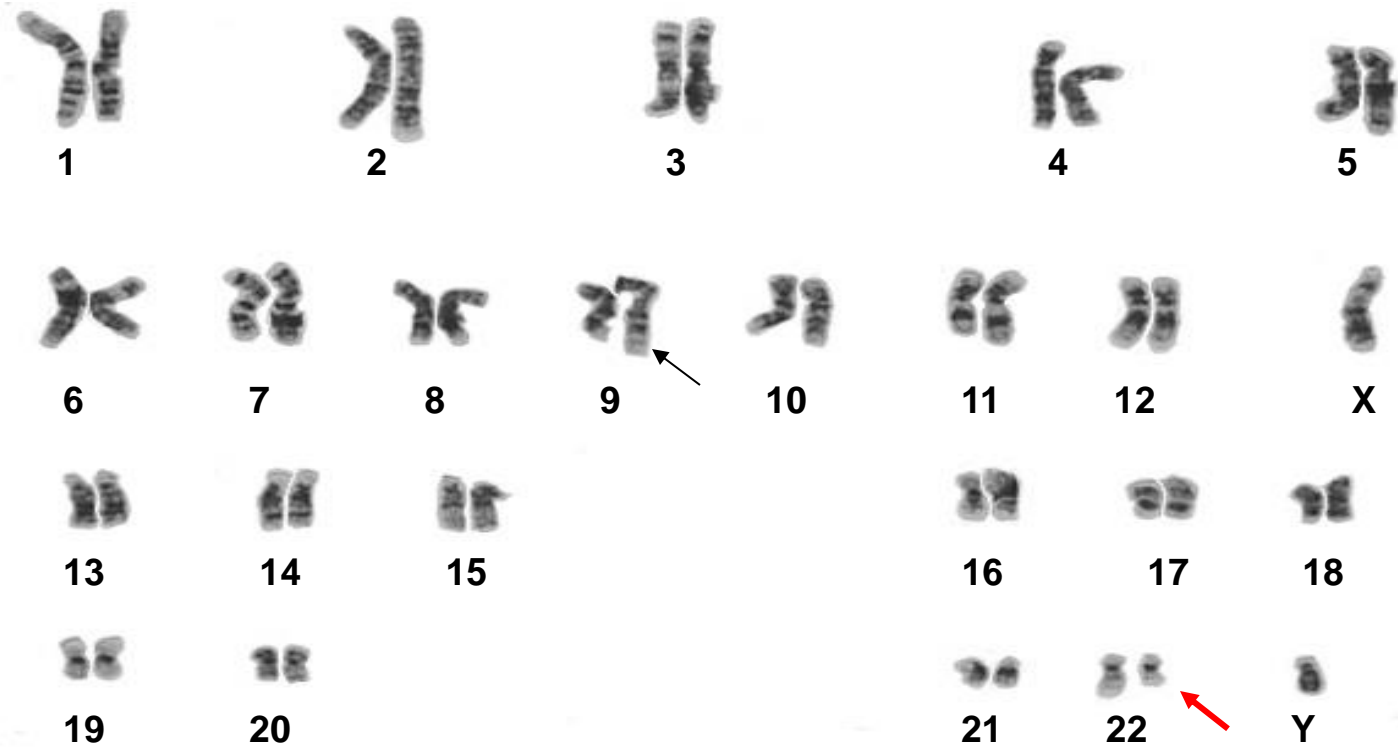
*Figure courtesy of Clayton Smith*



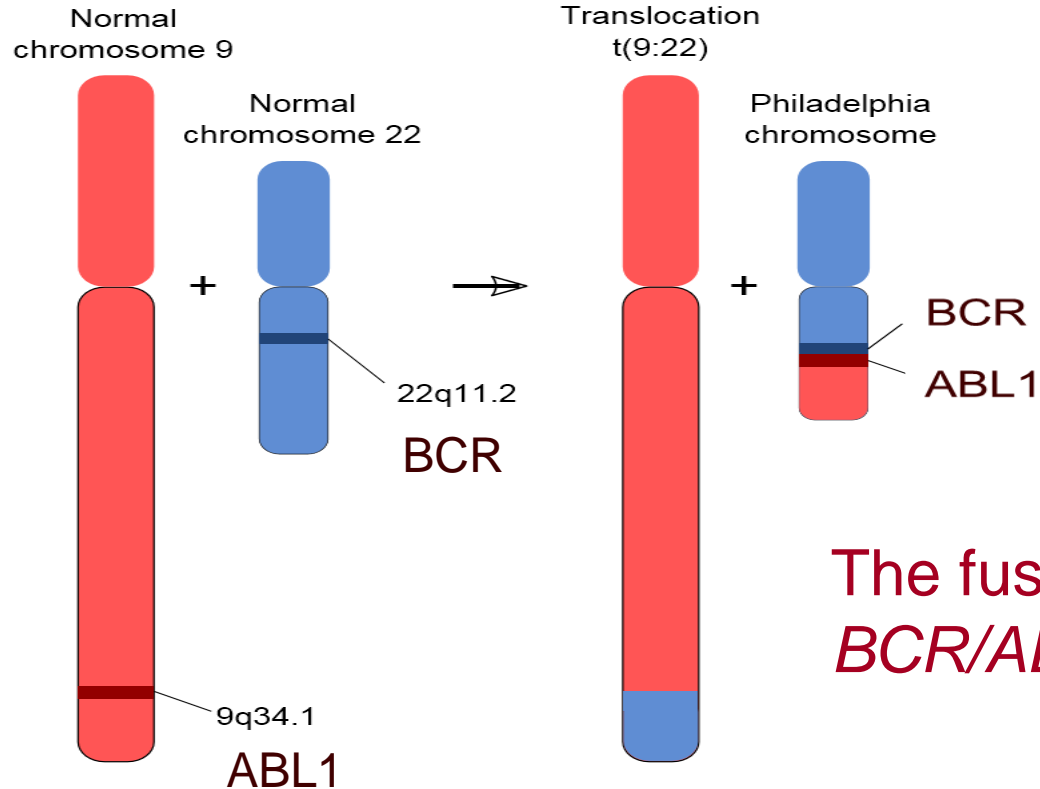
How do these cases  
of leukemia differ?



# Philadelphia chromosome in a CML cell with t(9;22)

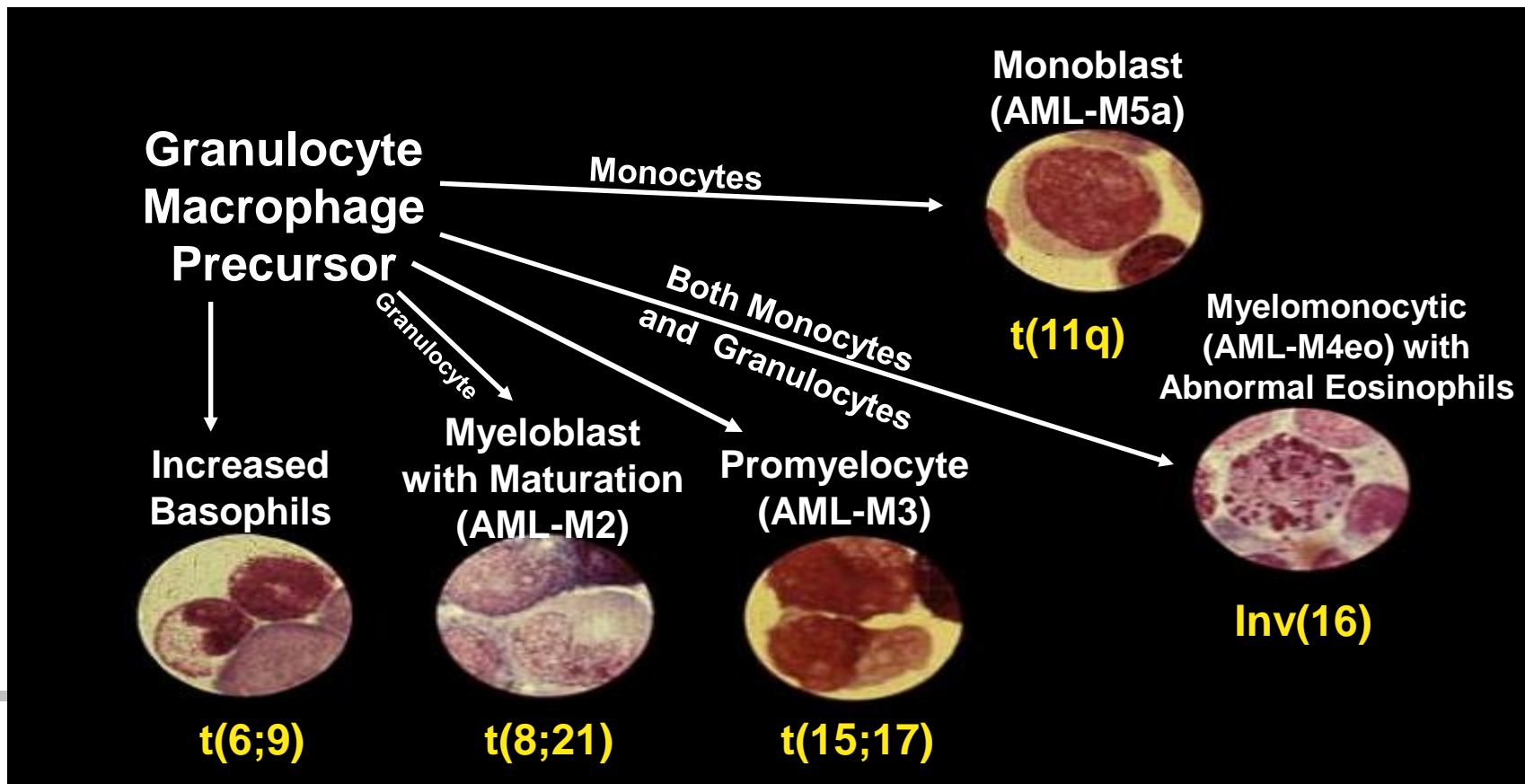


# Philadelphia Chromosome Translocation t(9;22) in Chronic Myeloid Leukemia

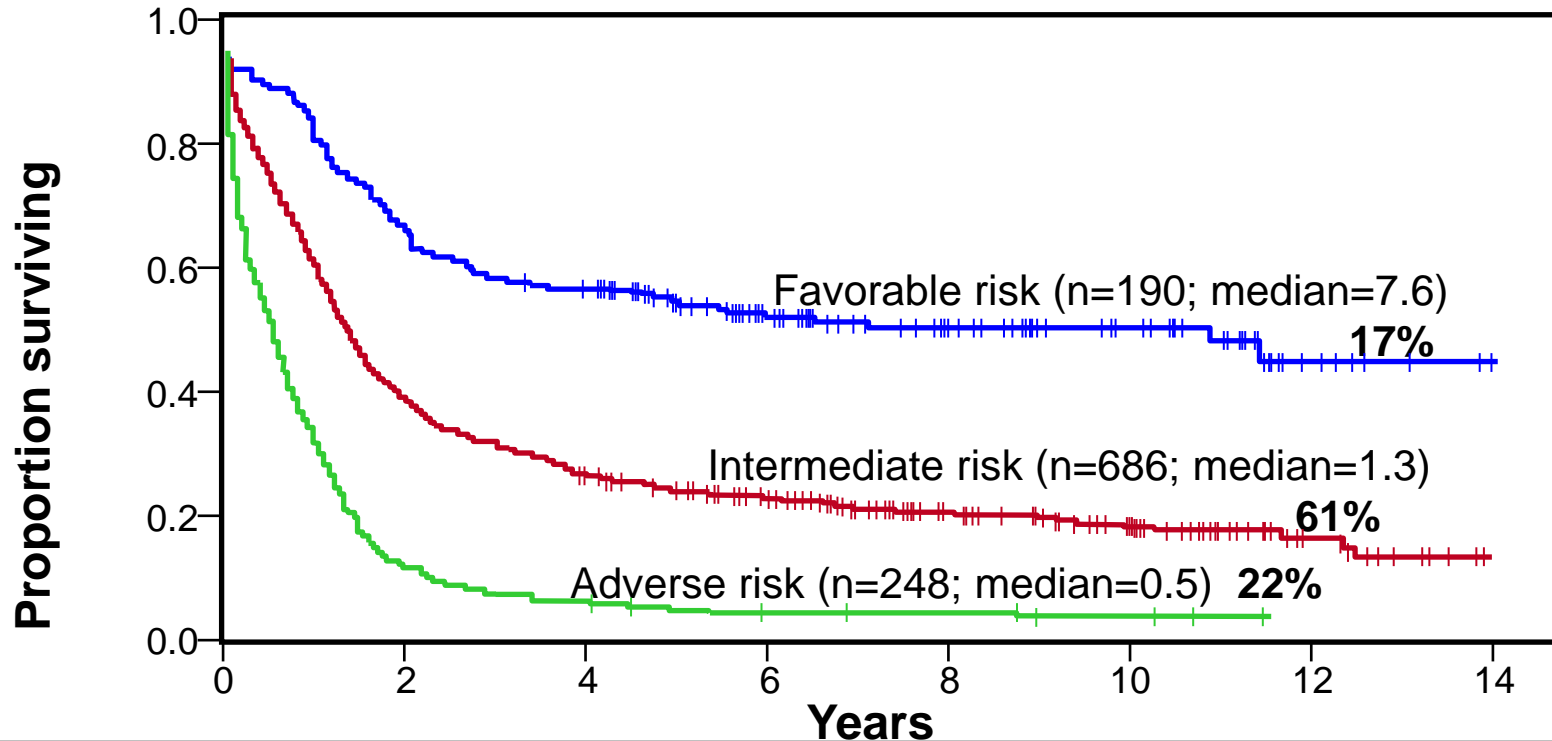


The fusion gene:  
*BCR/ABL1*

# Specific Chromosome Abnormalities in Human Acute Myeloid Leukemia: translocations & inversions



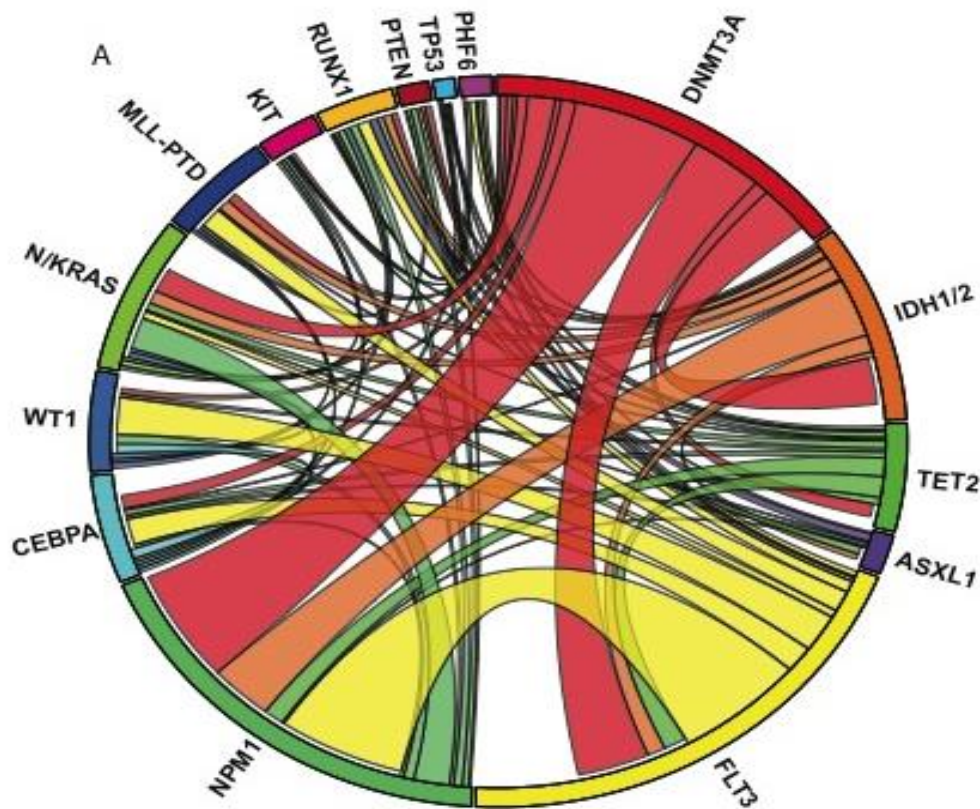
# Survival of 1120 adults (>16 years old) with newly diagnosed AML according to cytogenetic risk group (1984-2000)





# Mutational Profiling in AML

Gene	Frequency (%)
FLT3 (ITD, TKD)	37 (30, 7)
DNMT3A	24
NPM1	24
KIT	14
TET2	10
WT1	10
CEBPA	10
NRAS	10
IDH2	8
IDH1	6
ASXL1	4
KRAS	2.5
PHF6	2.5
RUNX1	5
PTEN	1.5
TP53	2
MLL	10



# 2017 ELN Risk Stratification by Genetics

Risk Category	Genetic Abnormality (Acute Myeloid Leukemia)
Favorable	t(8;21)(q22;q22.1); <i>RUNX1-RUNX1T1</i>
	inv(16)(p13.1q22) or t(16;16)(p13.1;q22); <i>CBFB-MYH11</i>
	Mutated <i>NPM1</i> without <i>FLT3</i> -ITD or with <i>FLT3</i> -ITD <sup>Low</sup>
	Biallelic mutated <i>CEBPA</i>
Intermediate	Mutated <i>NPM1</i> and <i>FLT3</i> -ITD <sup>High</sup>
	Wild type <i>NPM1</i> without <i>FLT3</i> -ITD or with <i>FLT3</i> -ITD <sup>Low</sup> (without adverse-risk genetic lesions)
	t(9;11)(p21.3;q23.3); <i>MLL3-KMT2A</i>
	Cytogenetic abnormalities not classified as favorable or adverse

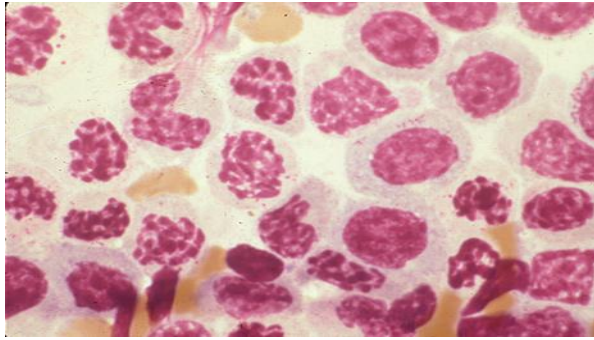


# 2017 ELN Risk Stratification by Genetics

Risk Category	Genetic Abnormality
Adverse	t(6;9)(p23;q34.1); <i>DEK-NUP214</i>
	t(v;11q23.3); <i>KMT2A</i> rearranged
	t(9;22)(q34.1;q11.2); <i>BCR-ABL1</i>
	inv(3)(q21.3q26.2) or t(3;3)(q21.3;q26.2); <i>GATA2, MECOM (EVI1)</i>
	-5 or del(5q); -7; -17/ abnormal (17p)
	Complex karyotype; monosomal karyotype
	Wild type <i>NPM1</i> and <i>FLT3-ITD</i> <sup>High</sup>
	Mutated <i>RUNX1</i>
	Mutated <i>ASXL1</i>
	Mutated <i>TP53</i>

Döhner et al. Diagnosis and management of AML in adults: 2017 ELN recommendations from an international expert panel. Blood 2017.



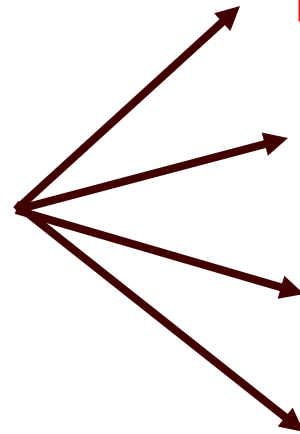


# Myelodysplastic syndrome (a chronic leukemia)

**MDS**



Bone  
Marrow  
Failure

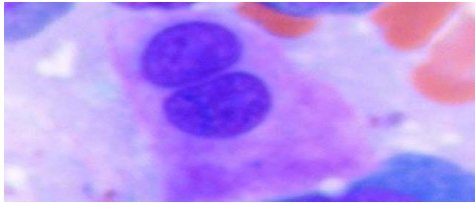


**Transfusions**

**Infections**

**Bleeding**

**Leukemia**

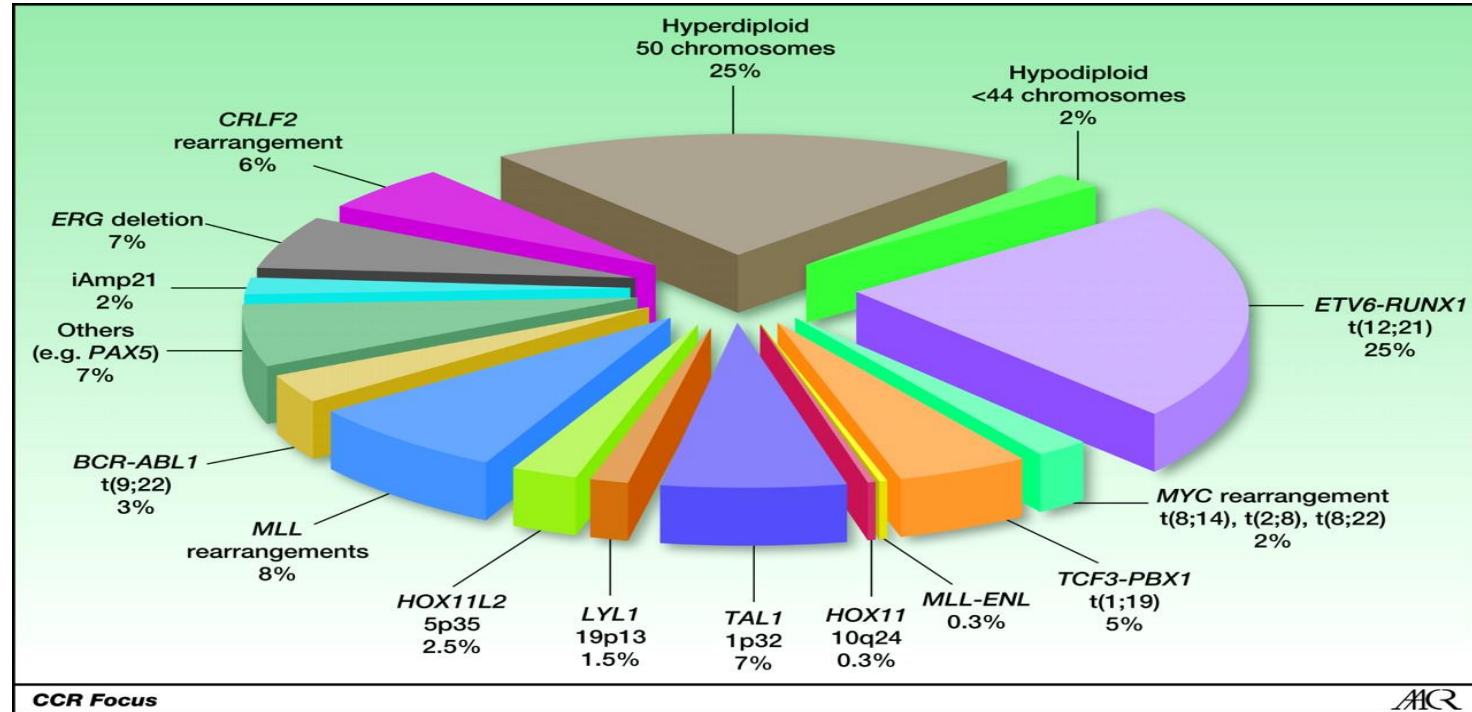


# New agents in AML

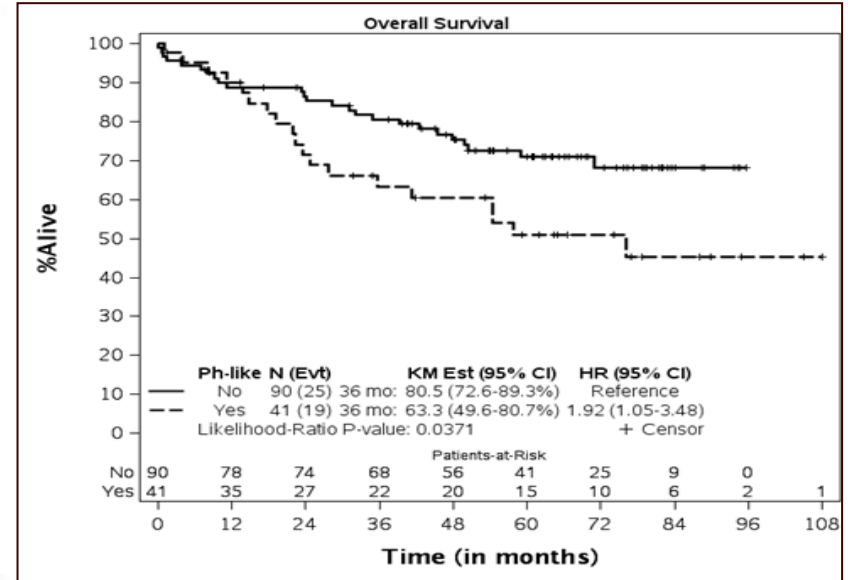
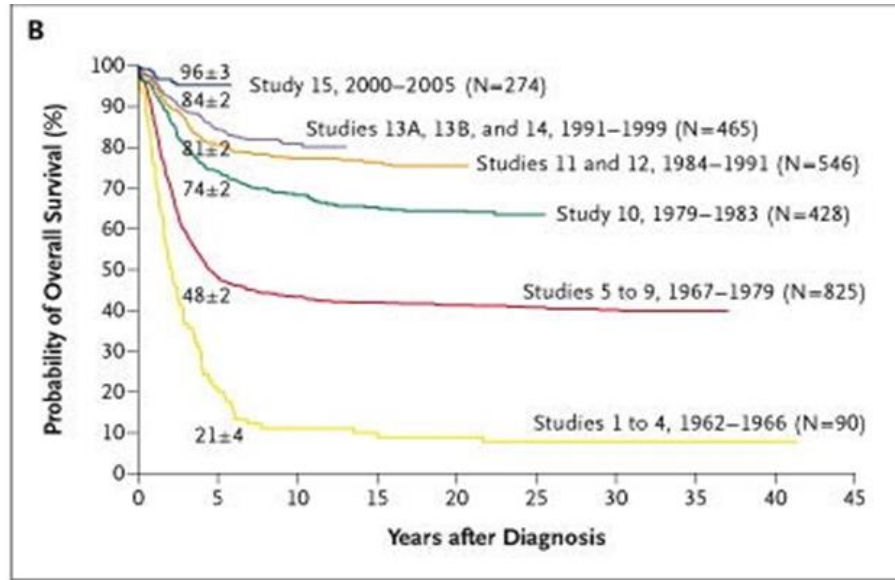
- Azacitidine or decitabine (post-remission maintenance)
- **Liposomal cytarabine + daunorubicin (CPX-351)**
- **Gemtuzumab ozogamicin (antiCD33 immunoconjugate)**
- **Midostaurin (multi-kinase FLT3 and mutKIT inhibitor)**
- **Enasidenib (IDH2 inhibitor)**
- *Gilteritinib; quizartinib (FLT3 inhibitors)*
- *Ivosidenib (IDH1 inhibitor)*
- *Venetoclax (anti-apoptotic agent; BCL2 inhibitor)*
- *Nivolumab (PD-1 checkpoint inhibitor)*

	<b>Myeloid</b>	<b>Lymphoid</b>
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# Recurring chromosomal rearrangements in Childhood Acute Lymphoblastic Leukemia



# Outcomes in ALL (Pediatrics vs Young adults)



Pui C, Evans WE.  
N Engl J Med 2006;354:166-178.

Survival of 16-39 year old ALL patients treated on the CALGB 10403 trial.  
Stock et al. ASH 2015



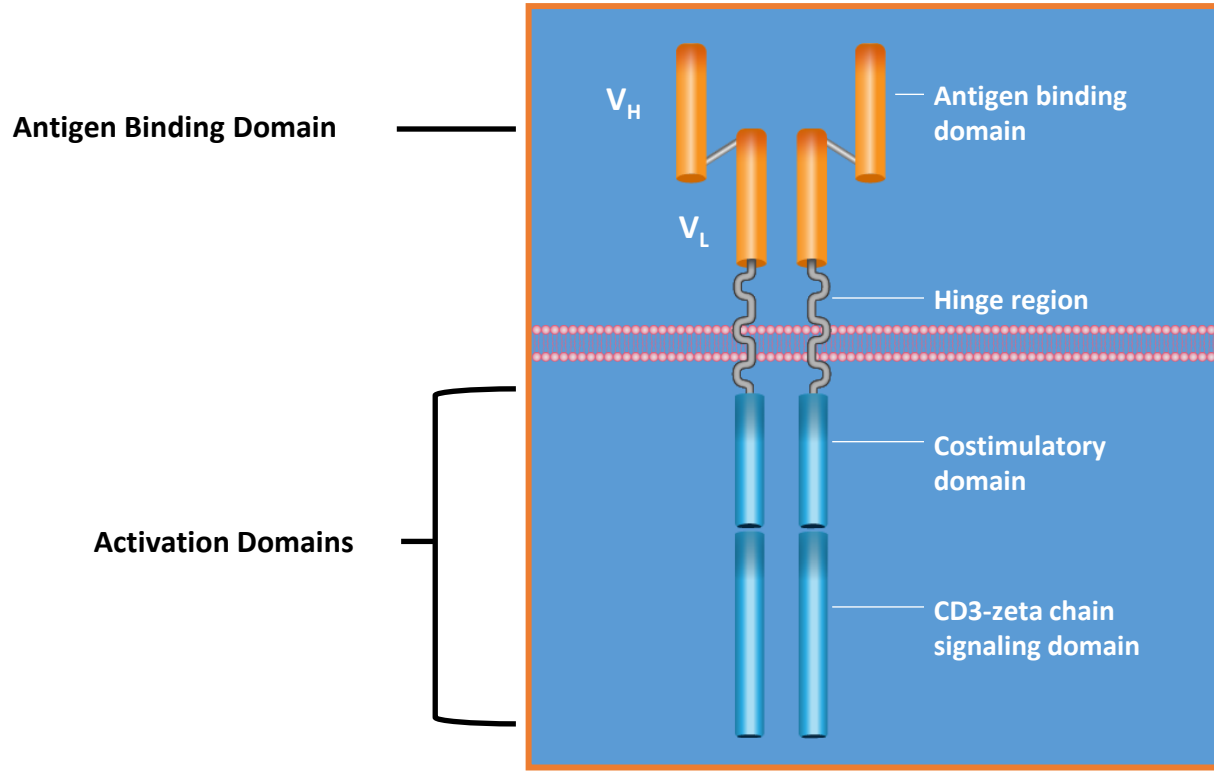
# New agents in ALL

- **Blinatumomab (bispecific anti-CD19/anti-CD3 MoAb)**
- **Inotuzumab ozogamicin (antiCD22 MoAb)**
- Liposomal vincristine
- Dasatinib, ponatinib (BCR/ABL1 inhibitors)
- **Chimeric antigen receptor T-cells**
- *Entospletinib (MLL rearranged ALL)*
- *Navitoclax + venetoclax (BCL2 inhibitors)*

# Chimeric Antigen Receptor (CAR) T-Cells



# Chimeric Antigen Receptors



## scFv

Single-chain variable fragment (scFv) allows direct activation of T cell by cancer cell antigens.

## Hinge region

Allows optimal antigen binding.

## Costimulatory Domain: CD28 or 4-1BB

Enhances CAR T cell proliferation, cytotoxicity and persistence.

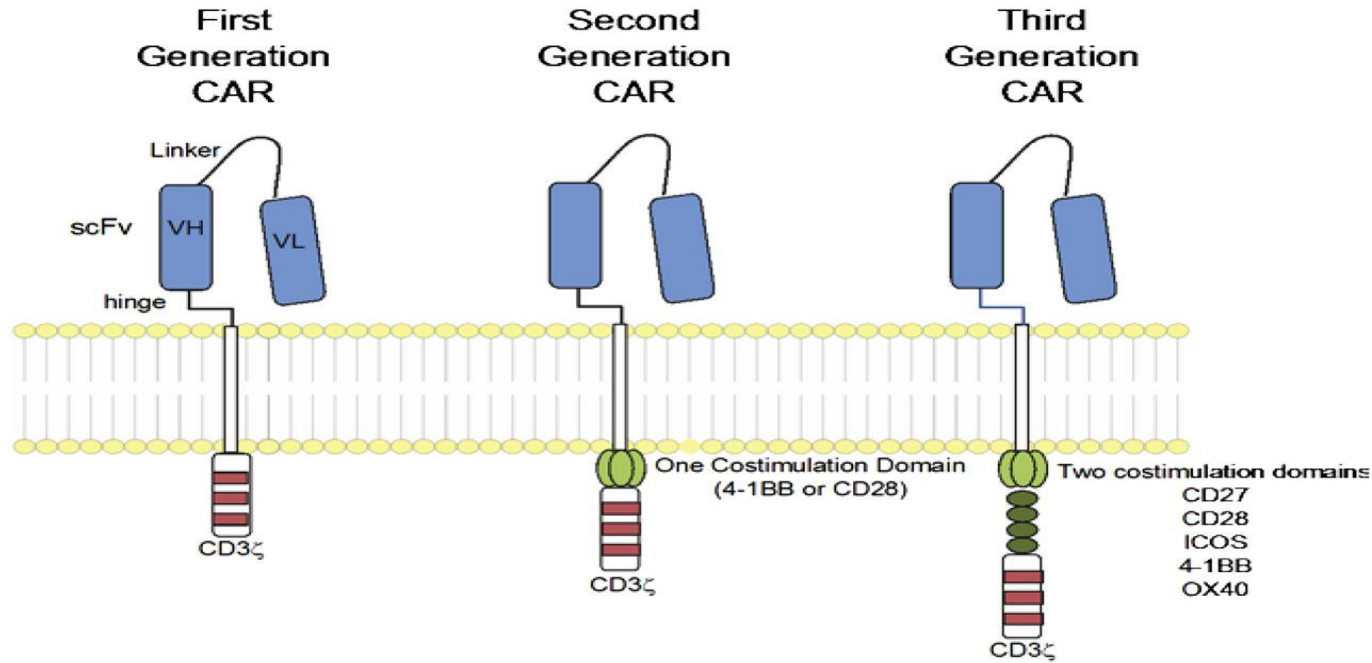
## Signaling Domain: CD3-zeta chain

Proliferation & activation of CAR T cells.

CAR T cell-mediated killing of tumor cells.



# CD19-targeted chimeric antigen receptor T-cell therapy for ALL

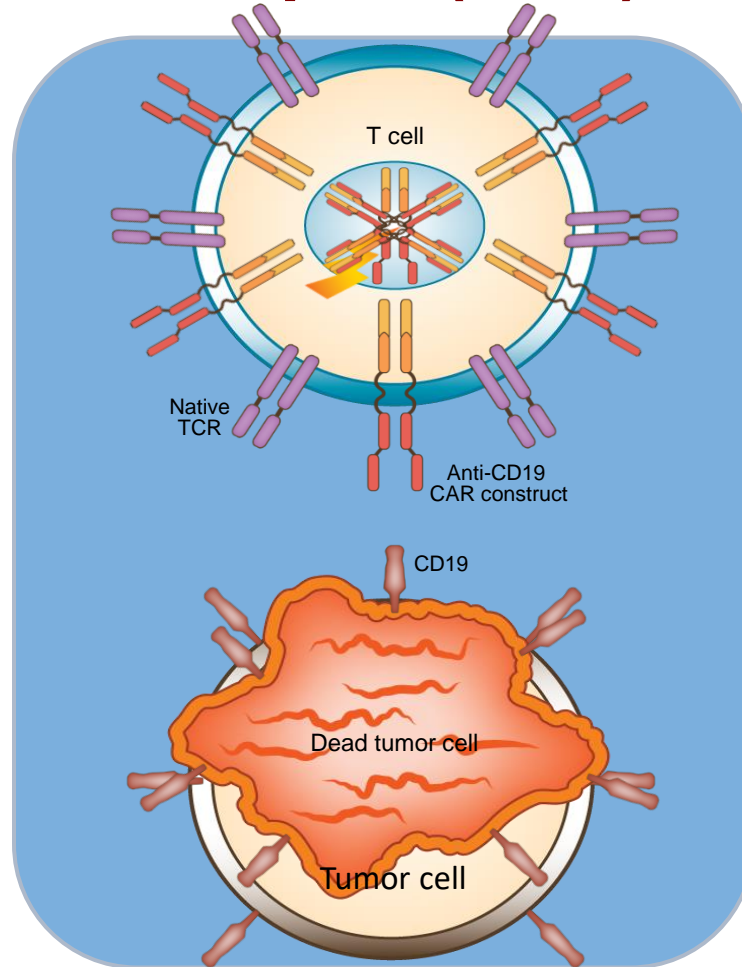


Maude SL, et al. *Blood* 2015; 125: 4017-4023

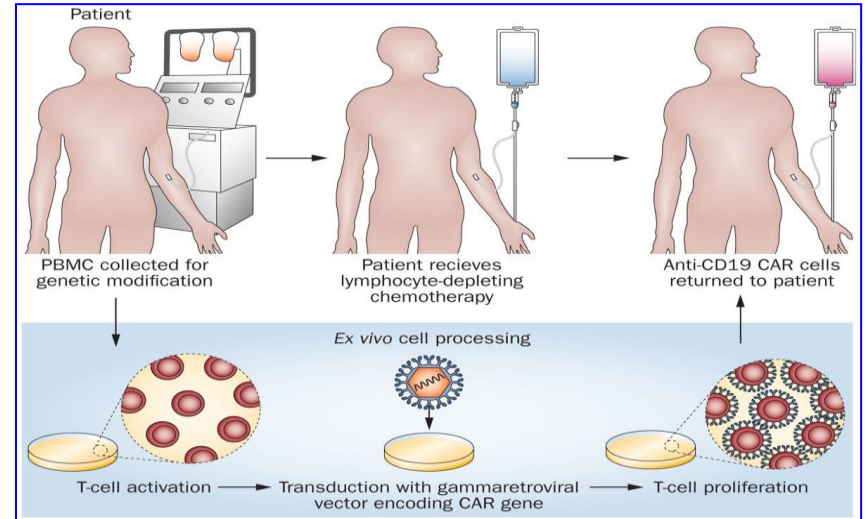
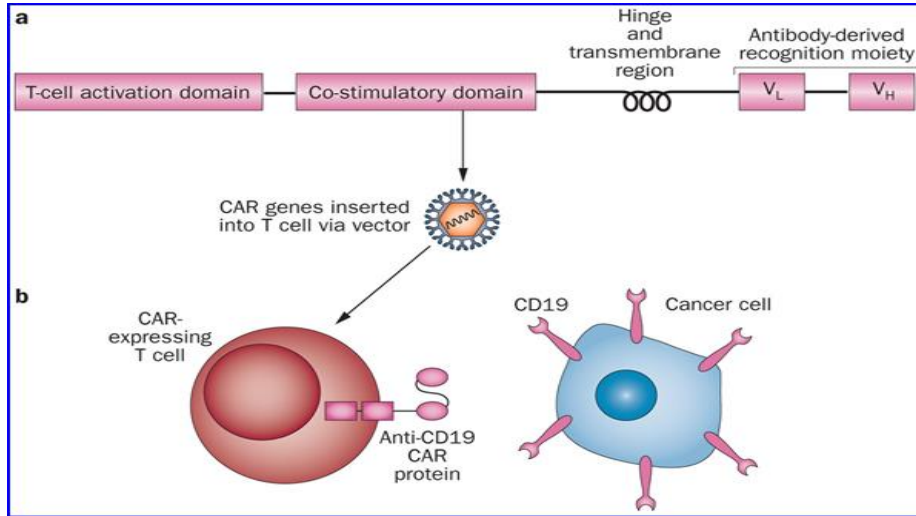


# Chimeric Antigen Receptor (CAR) T-cells

- Uses patients own cells
- Tumor specific
- Can be applied to multiple malignancies



# Chimeric antigen receptor (CAR) T-cells directed against CD19+ malignant B-cells



Kochenderfer & Rosenberg. Treating B-cell cancer with T cells expressing anti-CD19 chimeric antigen receptors. *Nat Rev Clin Oncol* 2013



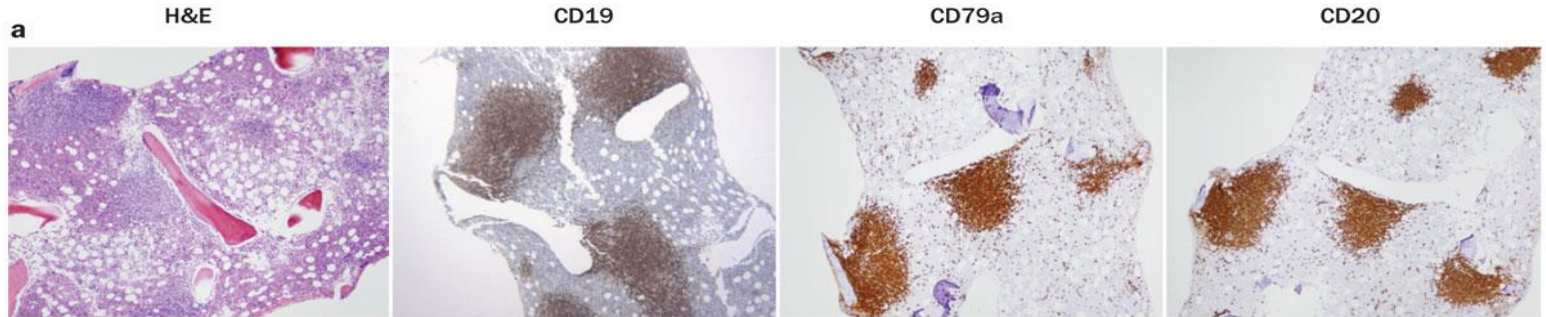
# CAR T Cell Products in Clinical Trials

	Axicabtagene Ciloleucel (KTE-C19)	Tisagenlecleucel (CTL-019)	Lisocabtagene Maraleucel (JCAR017)
Company	KITE	Novartis	Juno
Binding Domain (All Murine ScFv)	FMC63	FMC63	FMC63
Indications	DLBCL, TFL, PMBCL, MCL, ALL, CLL	NHL, ALL, CLL	Adult NHL, Pediatric ALL, CLL
Spacer Domain	CD28	CD8 $\alpha$	IgG4 hinge
Transmembrane Domain	CD28	CD8 $\alpha$	CD28
Stimulatory Domain	CD28-CD3 $\zeta$	4-1BB-CD3 $\zeta$	4-1BB-CD3 $\zeta$
Starting Cell Population Selection	None	None	CD4+ and CD8+
Final CD4/CD8 ratio	Variable	Variable	1:1
Ablation Technology	None	None	EGFRt



# Eradication of marrow B-cells

Before

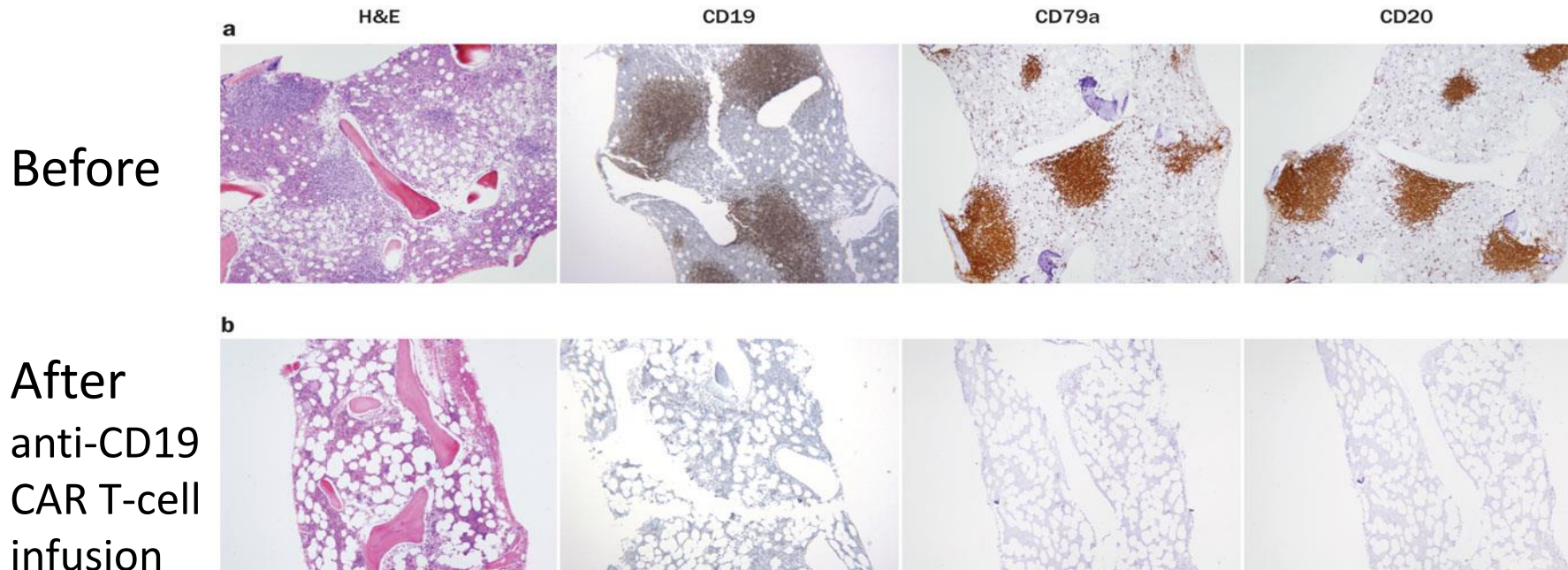


Kochenderfer & Rosenberg (2013) Treating B-cell cancer with T cells expressing anti-CD19 chimeric antigen receptors. *Nat. Rev. Clin. Oncol.* 2013





# Eradication of marrow B-cells

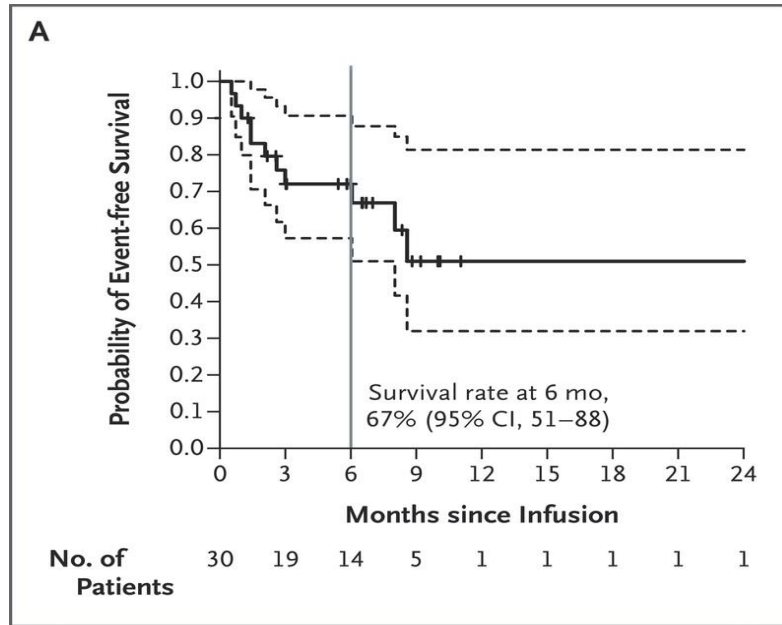


Kochenderfer & Rosenberg (2013) Treating B-cell cancer with T cells expressing anti-CD19 chimeric antigen receptors. *Nat. Rev. Clin. Oncol.* 2013



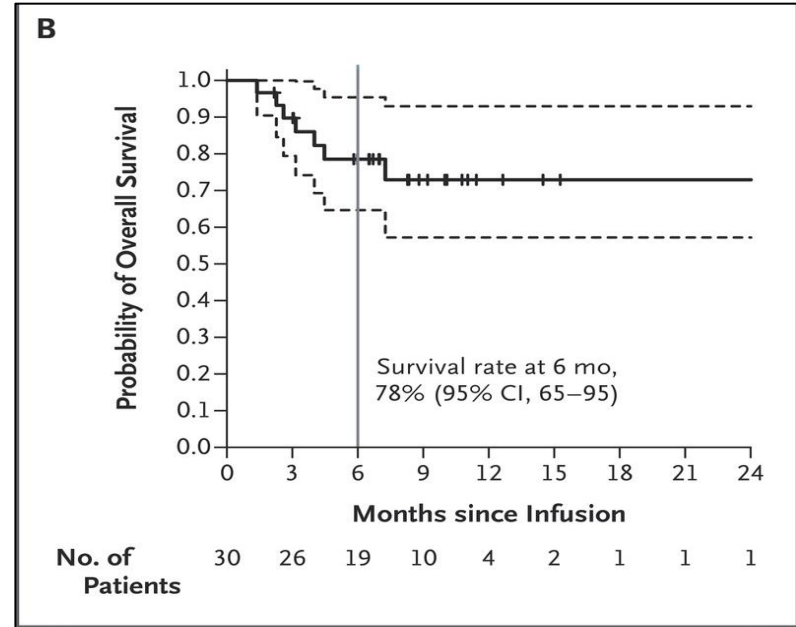
# Chimeric Antigen Receptor T Cells for Sustained Remissions in Acute Lymphoblastic Leukemia

## Event-free Survival



N = 30

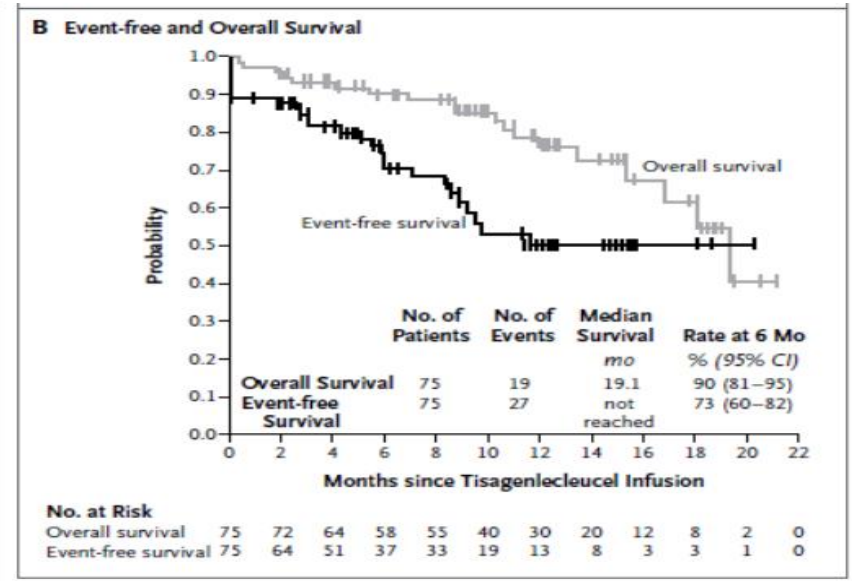
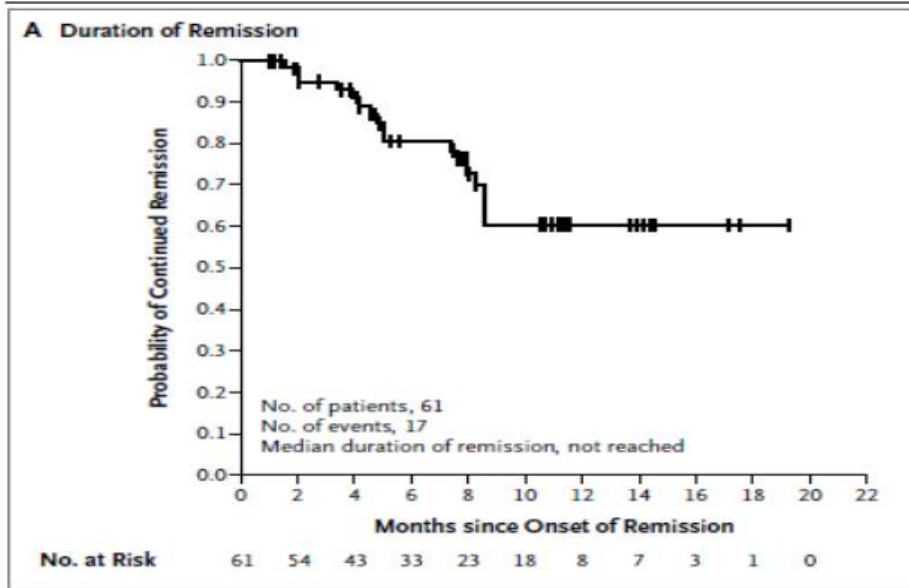
## Overall Survival



Maude et al. N Engl J Med 2014; 371:1507-1517



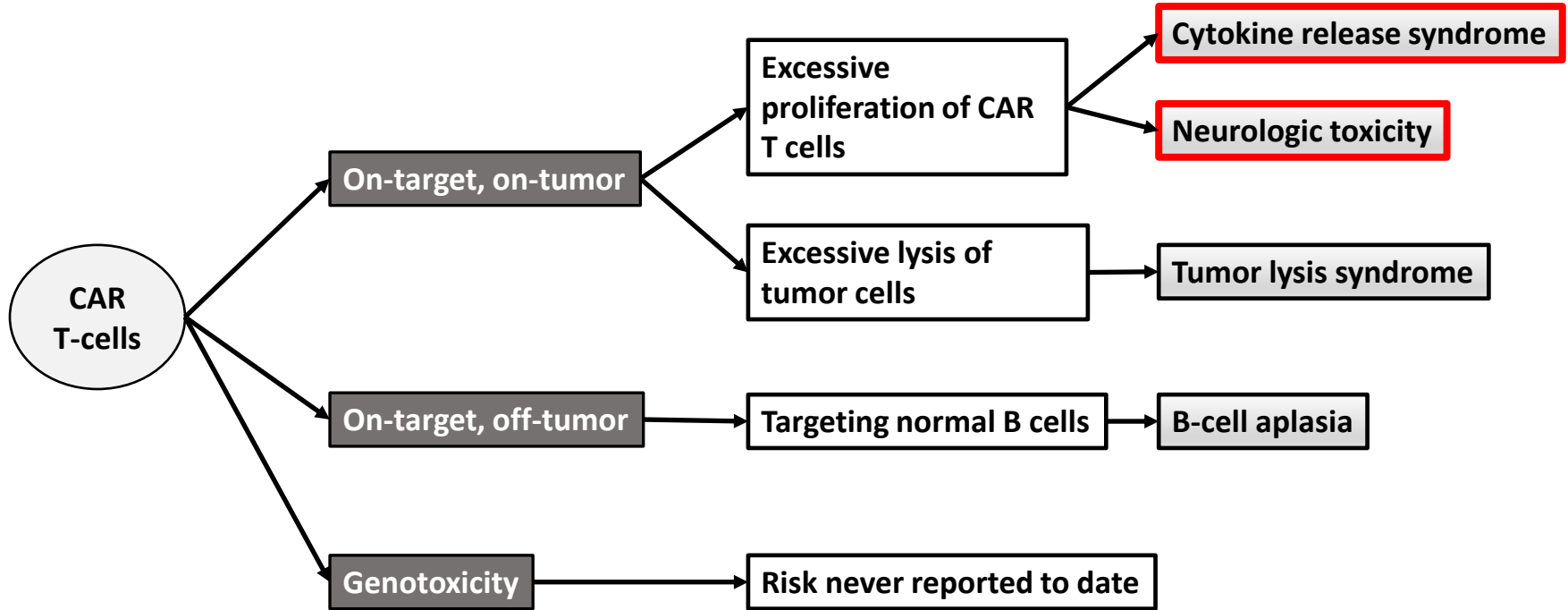
# Chimeric Antigen Receptor T Cells for Sustained Remissions in Acute Lymphoblastic Leukemia



Maude et al. Tisagenlecleucel in childhood ALL.  
N Engl J Med 2018



# CAR T Cell Therapy: Toxicity





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SCIENCES

Thank you.

