FITCáncer-8 On site & On line

Barcelona, 10 - 12 de marzo de 2022

VIII FORO DE
Inmunología Traslacional e
INMUNOTERAPIA DEL CÁNCER

Organizado por/Organized by

gética

VIII FORO DE
Inmunología Traslacional e
INMUNOTERAPIA DEL CÁNCER

FITCáncer-8 On site & On line

Barcelona, 10 - 12 de marzo de 2022

gética

Grupo Español de Terapias Inmuno-Biológicas en Cáncer
Spanish Group for Cancer Immuno-Biotherapy

Calle Velázquez nº 7 - 28001 Madrid
TFNO: 628 88 64 20
email: gestion@getica.org
http://web: www.getica.org/

Castelló, 128, 1.º - 28006 Madrid
Tel. 917820030
e-mail: libros@grupoaran.com
http://www.grupoaran.com

ISBN: 978-84-18547-54-6

Printed in Spain

gética
Grupo Español de Terapias Inmuno-Biológicas en Cáncer
Spanish Group for Cancer Immuno-Biotherapy

Comité Organizador
Organizing Committee

Dra. Ana Arance Fernández
Hospital Clínic de Barcelona. Barcelona
GÉTICA - Junta Directiva

Dr. Luis de la Cruz Merino
Hospital Universitario Virgen Macarena. Sevilla
GÉTICA - Junta Directiva

Dr. Delvys Rodríguez Abreu
Hospital Universitario Insular de Gran Canaria. Las Palmas de Gran Canaria
GÉTICA - Junta Directiva

Dr. José A. López Martín
PharmaMar. Madrid
GÉTICA - Junta Directiva

Dr. Luis Álvarez Vallina
Hospital Universitario 12 de Octubre. Madrid
GÉTICA - Junta Directiva

Dr. Manel Juan Otero
Hospital Clínic de Barcelona. Barcelona
GÉTICA - Junta Directiva

Dr. Antonio J. Conde Moreno
Hospital Universitari i Politècnic La Fe. Valencia
GÉTICA - Junta Directiva

Dra. Elisabet Pérez Ruiz
Hospital Regional Universitario de Málaga
GÉTICA - Junta Directiva

Dr. Xabier Mielgo Rubio
Hospital Universitario Fundación Alcorcón. Alcorcón, Madrid
GÉTICA - Junta Directiva

gética
Grupo Español de Terapias Inmuno-Biológicas en Cáncer
Spanish Group for Cancer Immuno-Biotherapy

Comité Científico
Scientific Committee

Dra. Ana Arance Fernández
Servicio de Oncología Médica
Hospital Clínic de Barcelona. Barcelona

Dr. Luis de la Cruz Merino
Servicio de Oncología Médica
Hospital Universitario Virgen Macarena. Sevilla

Dr. Antonio J. Conde Moreno
Servicio de Oncología Radioterápica
Hospital Universitari i Politècnic La Fe. Valencia

Dr. Luis Álvarez Vallina
Servicio de Inmunología
Hospital Universitario 12 de Octubre. Madrid

Dr. Xabier Mielgo Rubio
Servicio de Oncología Médica
Hospital Universitario Fundación Alcorcón. Alcorcón, Madrid

Dr. José M. Trigo Pérez
Servicio de Oncología Médica
Hospital Universitario Virgen de la Victoria. Málaga

Dra. Montserrat Rovira Tarrats
Servicio de Hematología Médica
Hospital Clínic de Barcelona. Barcelona

gética
Grupo Español de Terapias Inmuno-Biológicas en Cáncer
Spanish Group for Cancer Immuno-Biotherapy

Comunicación
Community managers

Dr. José M. Trigo Pérez
GÉTICA

Dra. Laura Medina Rodríguez
GÉTICA

Dra. Ana López Herradón
GÉTICA

Dr. Francisco Aya Moreno
GÉTICA

Coordinación técnica
GÉTICA manager

María Eugenia López Muñoz
Responsable de Gestión y Calidad
GÉTICA

Summary

SESSION ■ March 10th

Precision medicine strategy Covid-19 and cancer

Mariano Provencio
Servicio de Oncología Médica. Hospital Universitario Puerta de Hierro Majadahonda. Majadahonda, Madrid

CANCER – VACCINES- COVID-19
With cytotoxic chemotherapy

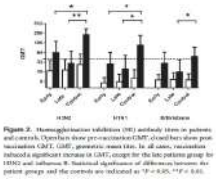
Considerations for patients:
treated **with cytotoxic chemotherapy**

Patients with **acute lymphoblastic leukemia**, in which the immune system is directly impacted by disease as well as treatment:
- Can still generate immune responses after vaccination, ranging from 10-27% of patients immunized with *hepatitis B and meningococcal subunit vaccines* and 100% immunized with *diphtheria and tetanus toxoid vaccines.*

Patients with **hematologic malignancies** responded to one dose of *influenza vaccine* in 10-42% and its higher in **solid tumors,** at least 78% in patients with lung cancer and 81% with breast cancer.

CANCER – VACCINES- COVID-19
With cytotoxic chemotherapy

Considerations for patients:
treated **with cytotoxic chemotherapy**



Response to influenza virus vaccination during chemotherapy in patients with breast cancer

Lower responses compared with healthy controls
Titers can be helpful to assess need for revaccination

CANCER – VACCINES- COVID-19
With targeted therapy

Considerations for patients:
treated **with targeted therapy: such as erlotinib, sunitinib, and imatinib or monoclonal antibodies such as trastuzumab**

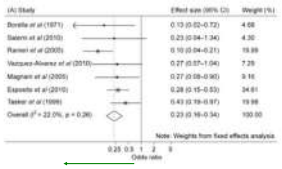
Targeted therapy should not directly cause immunosuppression but may have unintended inhibitory effects on antigen presenting cell function, T cell activation and B cell signaling *(Kersh AE. J Clin Pharmacol 2017; de Lavaillade H. Blood 2013).*

Cancer Patients Treated with Sunitinib or Sorafenib Have Sufficient Antibody and Cellular Immune Responses to Warrant Influenza Vaccination

CANCER – VACCINES- COVID-19
With cytotoxic chemotherapy

Considerations for patients:
treated **with cytotoxic chemotherapy**

Meta-analysis of trials on vaccination against influenza in immunocompromised patients

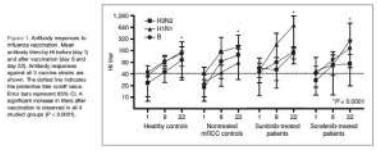


Reduction symptomatic disease

CANCER – VACCINES- COVID-19
With targeted therapy

Cancer Patients Treated with Sunitinib or Sorafenib Have Sufficient Antibody and Cellular Immune Responses to Warrant Influenza Vaccination

Considerations for patients:
treated **with targeted therapy: such as erlotinib, sunitinib, and imatinib or monoclonal antibodies such as trastuzumab**



CANCER – VACCINES- COVID-19
With targeted therapy

Considerations for patients:
treated **with targeted therapy: such as erlotinib, sunitinib, and imatinib or monoclonal antibodies such as trastuzumab**

Influenza vaccination in breast cancer patients during subcutaneous trastuzumab in adjuvant setting

No difference in seroprotection against influenza in patients treated with trastuzumab

Experience in using oncology drugs in patients with COVID-19

Paolo A. Ascierto
Istituto Nazionale Tumori IRCCS Fondazione Pascale. Napoli, Italy

In relation to the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), oncologists need to face some difficult situations; first of all, safety considerations about cancer patients during this pandemia. To keep safe both patients and healthy workers is the most important rule. In our daily practice we adopted a specific policy about the conduct of our clinical managements of melanoma patients, in order to minimise the risk of any potential exposure. We are prioritizing patients, according to the kind of treatment and the stage of disease. In order to avoid any gathering condition which could increase the risk of infection for patients, we are optimizing access about adjuvant treatment, considering of high priority the higher risk patients, privileging longer infusion schedule of treatment for immunotherapy and/or selecting patients with BRAF mutation for starting target therapy. Metastatic patients have the highest priority, and nothing changed in their daily management except for preferring, when possible, the longer schedule of treatment in order to reduce the access in the hospital. The enrolment in clinical trials is on hold and the patients still in treatment inside clinical study are managed in the respect of GCPs as well as possible.

Some additional issues are side effects in patients on treatment with target therapy and immunotherapy. About target therapy (especially dabrafenib and trametinib), patients who develop fever higher than 37.5 without resolving after discontinuation, should perform COVID test before to restart the treatment. Patients on treatment with immunotherapy who show pneumonitis at CT scan (even without fever), should perform COVID test before start steroids.

Immuno-oncologists have an important experience in the management of immuno-related adverse events. The hyperactivation of immune system due to the immunotherapy strategies can develop some conditions which need of immuno-suppressive drugs to reduce the harmful immune reaction. Since the acute respiratory stress syndrome COVID-19 related seems to occur from an excess of cytokine production, we focused our attention on the cytokines storm which probably lead to ARDS by COVID-19 and how to prevent or treat it. We know very well the cytokine release syndrome (CRS), one of the most prominent and well described toxicity from chimeric antigen receptor T cell therapy (CAR-T), as well as from some bi-specific antibodies. In particular, we know the key role played by

IL-6 in the pathogenesis of these kinds of hyperinflammation syndromes.

Considering elevated serum concentration of IL-6 and CPR in patients admitted in ICUs department, we started to use monoclonal antibodies against IL6, above all tocilizumab. In Italy we started on March, 19th a phase II study (NCT04317092) which enrolled 330 patients in 24 hours, with the ability of tocilizumab to reduce the one-month mortality rate as main endpoint which was met. Other drugs active in reducing the CRS are at moment in clinical trial or expanded access program like JAK inhibitors, complement inhibitors, toll like receptor inhibitors and others.

NOTE