# CD8 cell PET imaging with 89-Zr-crefmirlimab berdoxam (crefmirlimab) in patients with metastatic renal cell carcinoma (mRCC) receiving checkpoint inhibitors (CPIs): Association with response and tissue CD8 expression (4551).

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### **Background & Methods**

- In metastatic RCC (mRCC), no tissue-based biomarkers have been well established to predict outcome with contemporary regimens, e.g., checkpoint inhibitors (CPIs) or targeted therapy (TT)
- Herein, we present data from patients with mRCC in the iCorrelate Trial (NCT03802123), a study assessing crefmirlimab (a ~80 kDa 89Zr-labelled minibody with high affinity for CD8) in patients receiving CPIs for advanced cancer
- We hypothesize that functional imaging of CD8+ T-cells crefmirlimab may predict response given the essential role of CD8+ T-cells in mediating CPI
- Eligible pts had pathologically verified RCC, metastatic disease and an intent to initiate standard of care
- Baseline biopsy was mandated, along with repeat biopsy 0-2 weeks following the second PET/CT scan.
- PET signal was characterized as SUV<sub>max</sub>, SUV<sub>peak</sub> and SUV<sub>mean</sub> of the biopsied lesions, uptake of reference tissues was quantified as well
- In addition, up to 5 index lesions and one representative CD8 avid lymph node per lymph node station were contoured and quantified
- Relationship between CD8 ImmunoPET uptake within the biopsied lesion and CD8+ cells/mm<sup>2</sup> by immunohistochemical staining (IHC) using the SP-57 antibody was assessed using the Spearman correlation coefficient
- The average SUV<sub>max</sub> of all contoured lesions in the CD8 PET was compared to the Best Overall Response according to RECIST 1.1 using the Wilcoxon Signed-Rank Test

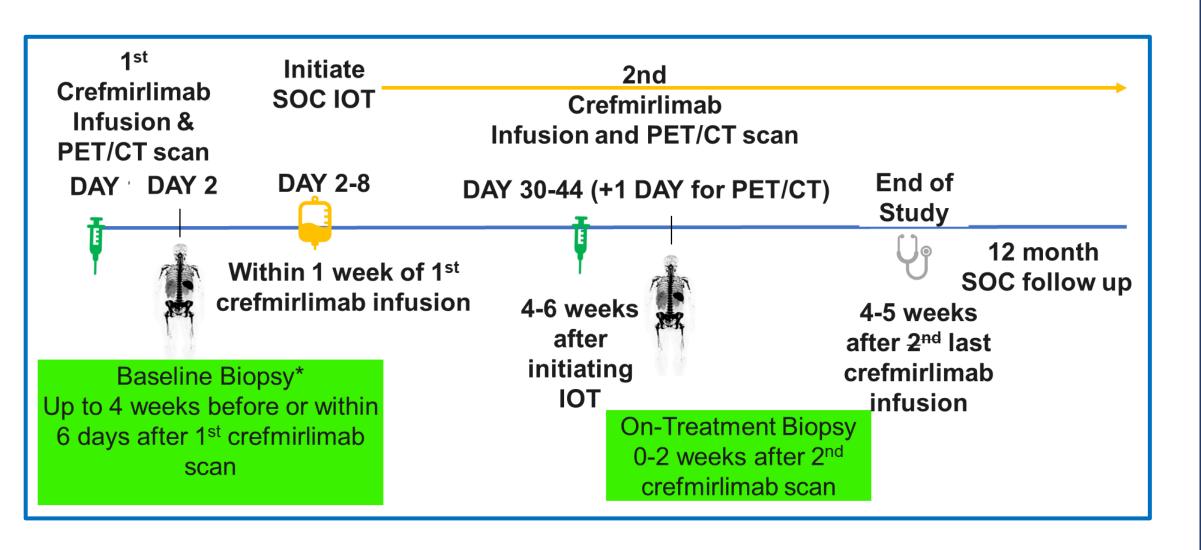
### **Patient Characteristics**

Characteristic	Value
Age, Median (range)	64 (54-71)
Histology, N (%) Clear cell Unclassified Papillary	12(71%) 3(17%) 2(12%)

Characteristic	Value
Sex	9 M: 8 F
Best overall response* Response (CR or PR) Non-response (SD or PD) Not evaluable	3(18%) 12(71%) 2(12%)

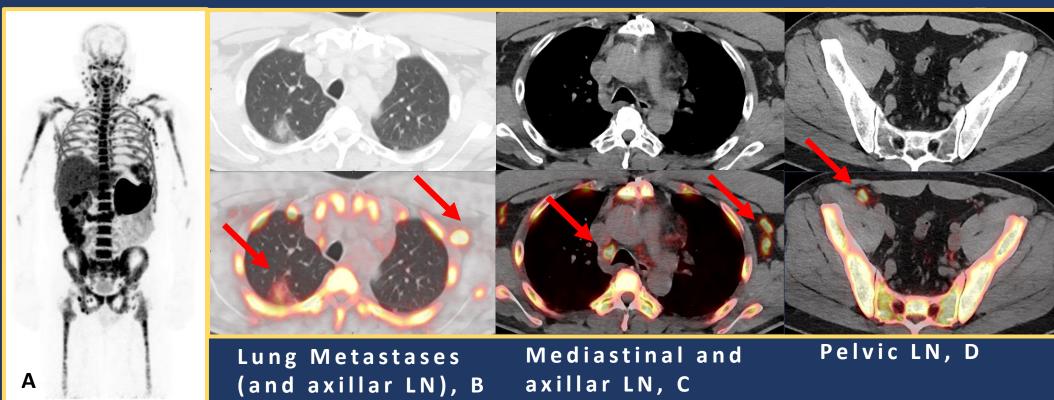
<sup>\*</sup>By RECIST v1.1. CR = complete response, PR = partial response, SD = stable disease; PD = progressive disease.

## Study Schema



# **CD8 ImmunoPET: Correlation Between Baseline** CD8 Uptake & Radiographic Response

Case Study 1: High CD8 Uptake & Complete Response



Pelvic LN

Inguinal LN

- The patient herein had clear cell mRCC with pulmonary metastases following left radical nephrectomy & right partial nephrectomy
- Nivolumab/ipilimumab started 5 days after the baseline scan
- Whole Body CD8 PET MIP (Fig A) reveals high CD8 uptake in multiple lymph nodes at baseline as well as moderate uptake in the largest lung lesion (B)
- The patient achieved a partial response (RECIST 1.1) at 89, 147 and 230 days and complete response at 314 days

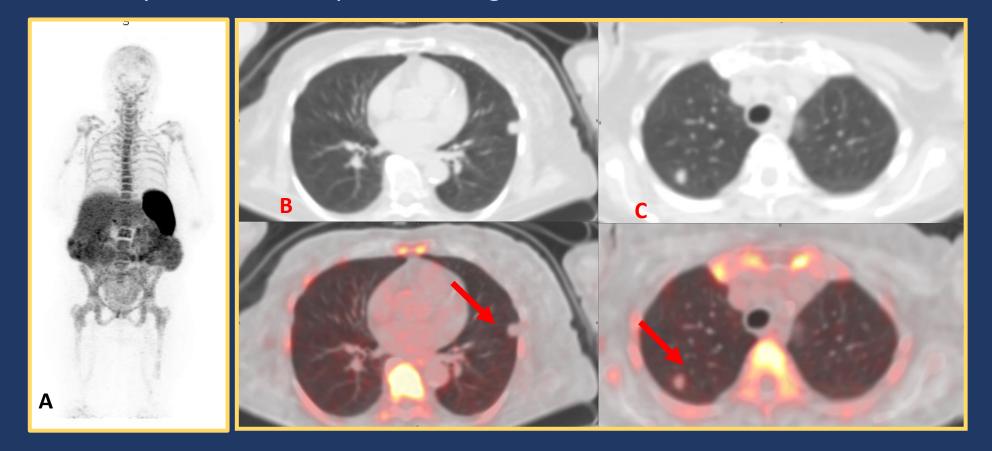
axillar LN, C			
Location	SUV <sub>max (peak)</sub>	Figure	
Right Lung	3.62 (3.14)	В	
Cervical LN	10.37 (7.11)	Not visualized	
Supraclavicular LN	9.32 (6.57)	Not visualized	
Axillar LN	12.69 (7.51	B and C	
Mediastinal LN	16.56 (10.28)	С	
Retroperitoneal LN	19.95 (15.34)	Not visualized	
	10.00 (0-)		

10.83 (7.65)

17.00 (10.99)

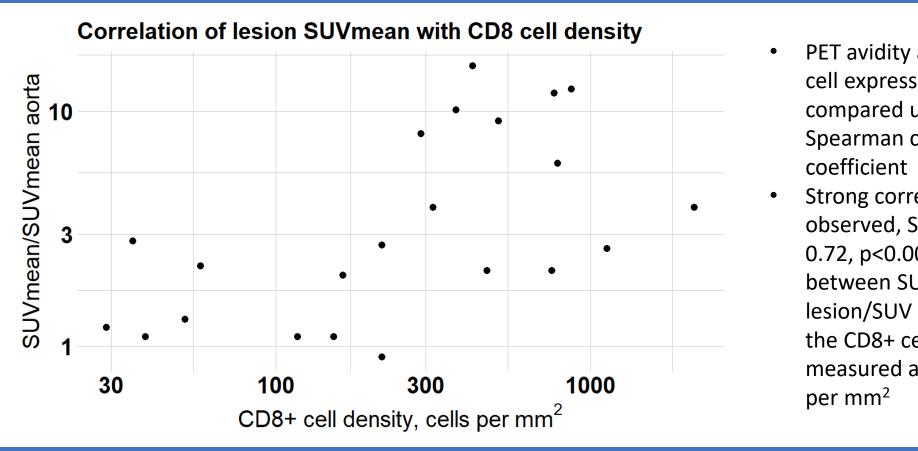
Not visualized

### Case Study 2: Low CD8 Uptake & Progressive Disease

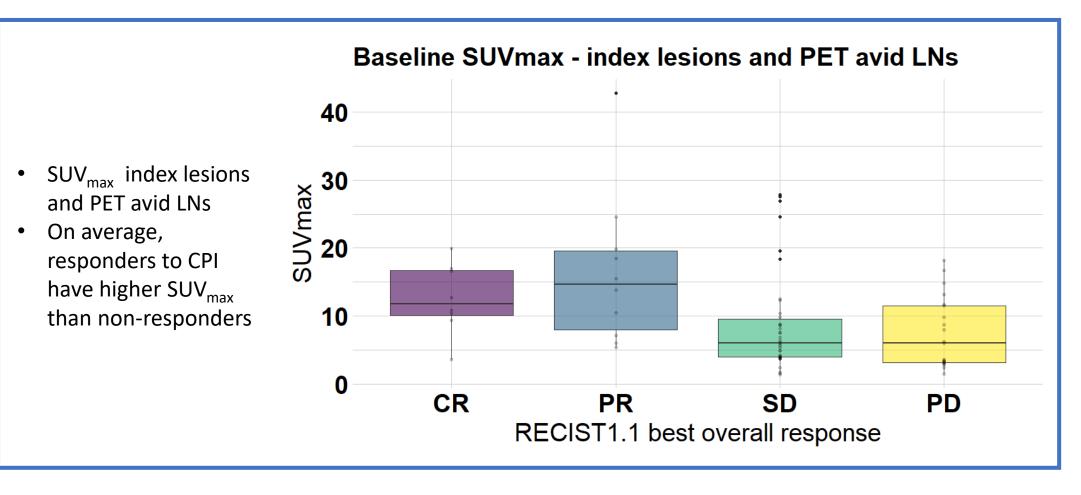


- The patient herein had clear cell mRCC with pulmonary metastases following left radical nephrectomy
- Patient had previously received chemotherapy and radiotherapy for breast cancer
- Nivolumab/ipilimumab was initiated 2 days after the baseline scan
- Whole Body CD8 PET MIP (Fig A) reveals minimal CD8 uptake in cervical nodes at baseline read as
- Less pronounced CD8 uptake in the bone marrow compared to case study 1
- The SUV  $_{max (peak)}$  of the left lung lesion (Fig B) is 1.38 (1.18) & of the right lung lesion (Fig C) is 1.58 (1.21)
- The patient showed stable disease at 84 days and progressive disease at 145 days and 229 days

#### Results



- PET avidity and CD8+ cell expression were compared using the Spearman correlation
- Strong correlation observed, Spearman 0.72, p<0.0003, between SUV<sub>mean</sub> lesion/SUV aorta and the CD8+ cell density measured as CD8+ cells



- Average SUV<sub>max</sub>, SUV<sub>peak</sub> and SUV<sub>mean</sub> per patient among all quantified index lesions and representative lymph nodes were 9.74, 6.67 and 5.93 for baseline and 9.07, 6.44 and 5.54 during treatment, respectively
- Average SUV<sub>max</sub> at baseline was 14.68 in responders to CPI and 8.23 in non-responders (P<0.0008, Wilcoxon Signed-Rank Test). On treatment, SUV<sub>max</sub> was 10.86 in responders to CPI and 8.49 in nonresponders (P=0.58, Wilcoxon Signed-Rank Test)

### **Conclusions**

- To our knowledge, this is the first series in patients with RCC to demonstrate that functional imaging of immune cells (in this case, CD8+ cells) may segregate response to CPIs, with responders having a higher baseline SUVmax and a larger decrement in SUV with therapy
- Early changes in lesion size in some pts indicate the on-treatment imaging timepoint may have been too late to see the peak CD8 T-cell density
- The contribution of the CD8+ LN to those findings will have to be evaluated in further studies
- Our results are bolstered by a significant correlation between tissue and imaging CD8 expression.
- Larger studies are underway to validate this noninvasive imaging strategy. (NCT05013099)