Abstract

Progression on ICI Therapy

Conclusions:

monocytes (~0.61 mg) intravenously in a 3-agonist, β-glucan PAMP in combination with pembrolizumab (KEYTRUDA)

Background:

The intended patient population were those failing a single regimen of CPI therapy - extrinsic factors contributing to CPI resistance mechanisms. The intended patient population were those failing a single regimen of CPI therapy - extrinsic factors contributing to CPI resistance mechanisms.

Results

Figure 2. Increased myeloid infiltration and activation on treatment. (Left): Representative tissue images from different regions of the pre-treatment and on-treatment tumor samples. Tumor is shown in white with stained blue nuclear H
to.

Imprime PGG: a Novel Mechanism of Action

Figure 3. Increased myeloid infiltration and activation on treatment. (Right): Heat map showing relative fold change in myeloid infiltration and activation over pre-C1.

Figure 4. Changes in CPI responses are associated with HLA
to.

Figure 5. Changes in CPI responses are associated with HLA

Figure 6. A reduction in the percentage of exhausted CD8 T cells with concurrent increase in functional responsiveness was observed post-Imprime and nivolumab treatment. Patients were scanned with markers for 2 T cells and flow cytometry. The frequency of exhausted T cells was determined using CD103+ and CD56+ markers. Functional analysis was conducted using MHC peptide-MHC tetramers in conjunction with CD8 T cell surface markers.

Figure 7. NOIP Responses and Association with Clinical Benefit

Figure 8. Imprime-mediated increase in CD8+ and reduction of exhausted CD8 T cells (PD-1+ T cell) in melanoma patients with enhanced Overall Survival. (A) No change in the classical checkpoint molecules (PD-L1 and PD-1) in response to Imprime treatment over baseline (PD-L1). (B) Anti-PD1 and anti-CTLA-4 responses to Imprime treatment are shown in Figure 8 and show that the reduction in the percentage of exhausted T cells with concurrent increase in functional responsiveness was observed post-Imprime and nivolumab treatment. Patients were scanned with markers for 2 T cells and flow cytometry. The frequency of exhausted T cells was determined using CD103+ and CD56+ markers. Functional analysis was conducted using MHC peptide-MHC tetramers in conjunction with CD8 T cell surface markers.

Figure 9. Imprime-mediated increase in CD8+ and reduction of exhausted CD8 T cells (PD-1+ T cell) in melanoma patients with enhanced Overall Survival. (B) Anti-PD1 and anti-CTLA-4 responses to Imprime treatment are shown in Figure 8 and show that the reduction in the percentage of exhausted T cells with concurrent increase in functional responsiveness was observed post-Imprime and nivolumab treatment. Patients were scanned with markers for 2 T cells and flow cytometry. The frequency of exhausted T cells was determined using CD103+ and CD56+ markers. Functional analysis was conducted using MHC peptide-MHC tetramers in conjunction with CD8 T cell surface markers.