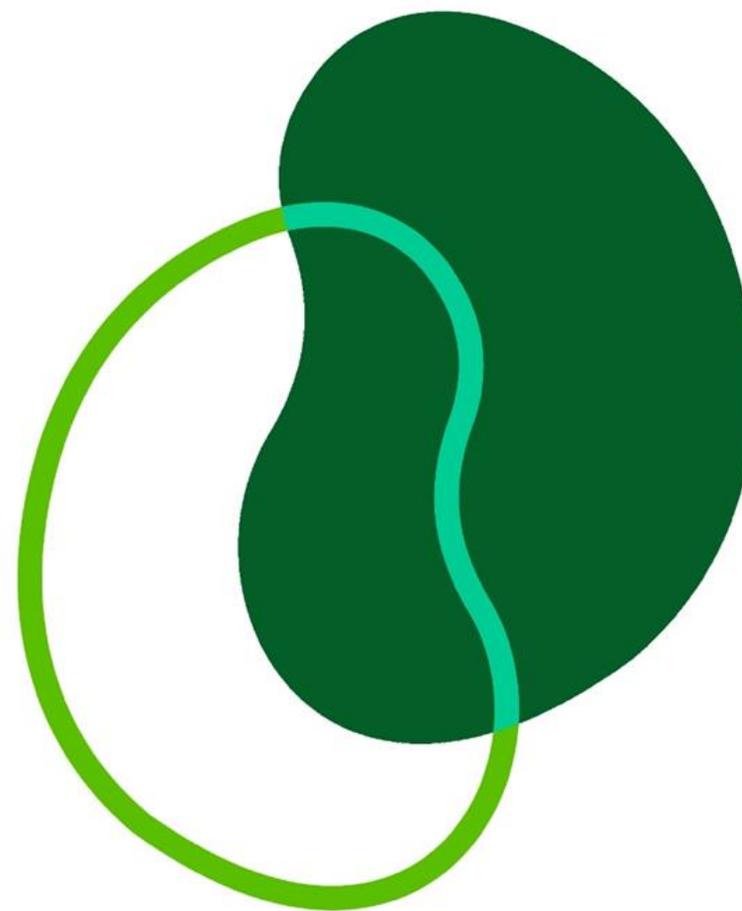


17^e Rencontre Patients de l'Association A.R.Tu.R.

Mercredi 3 avril 2024
À l'Institut Imagine





Marine FIDELLE



Lisa DEROSA

Bertrand ROUTY



Carolina ALVES COSTA SILVA

Toni CHOUIERI

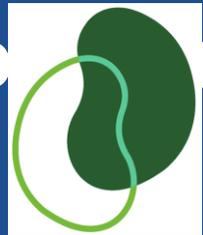
Clinic

biome



Gut microbiota in the clinical management of cancer?

Prof. Laurence ZITVOGEL - Gustave Roussy - Villejuif-Grand Paris - FRANCE





**I'M
NOT
DANGEROUS**

Numbers Matters Not the Size!

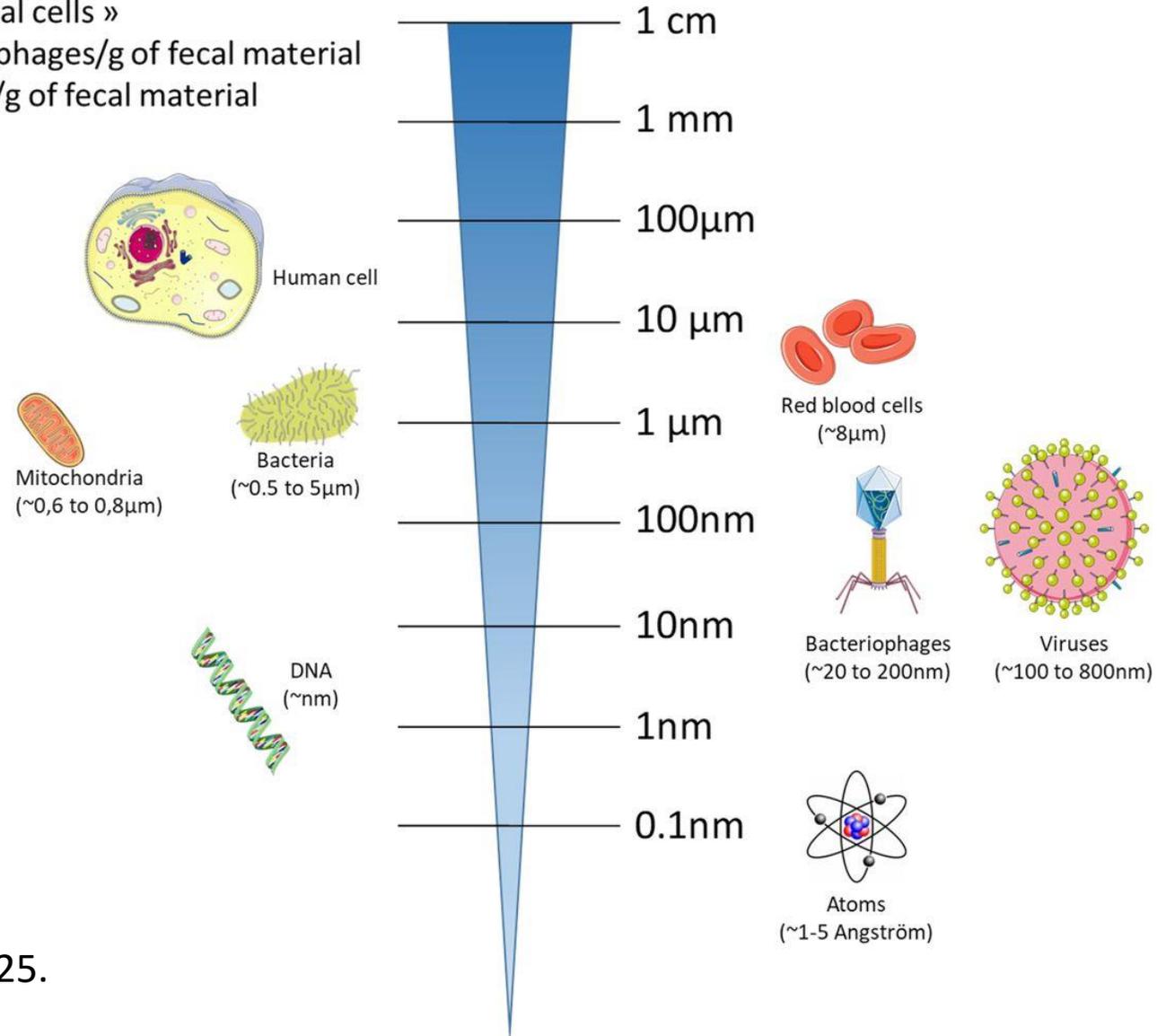
In the human body:

10^{13} « human cells »

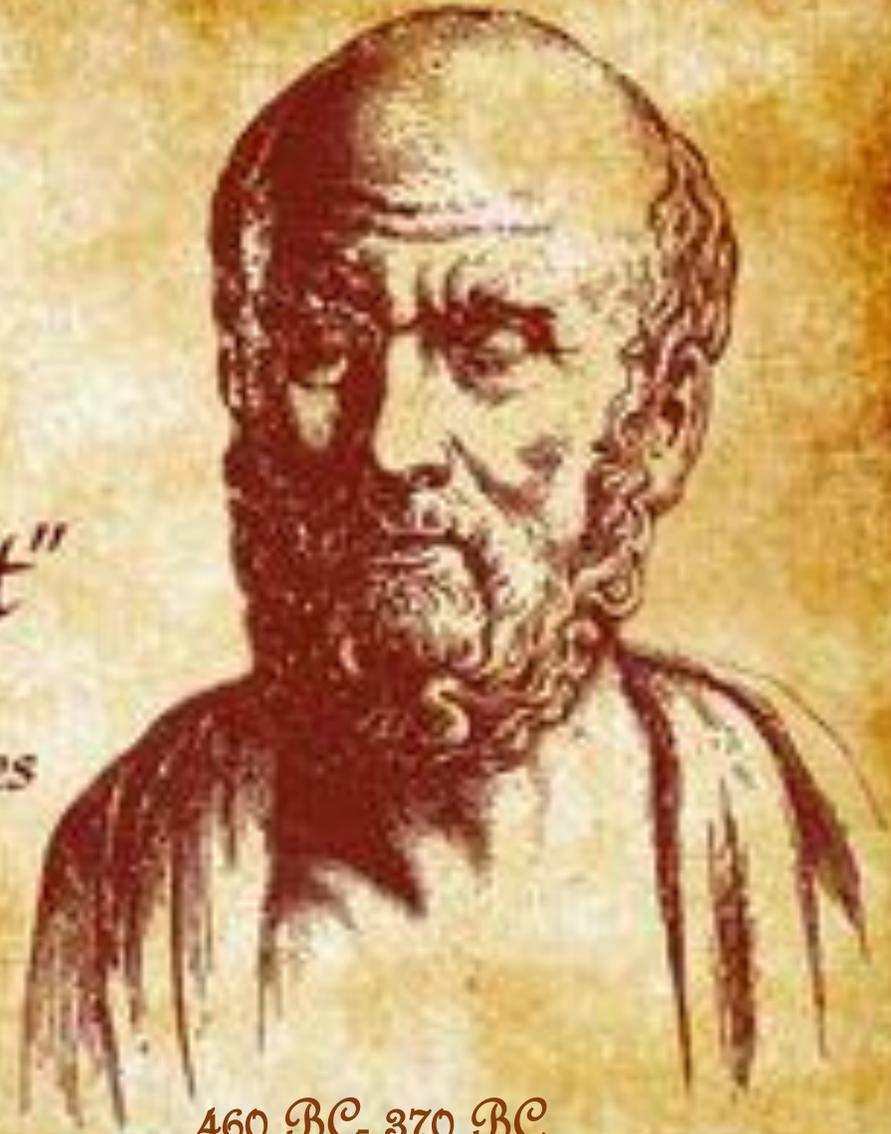
10^{14} « microbial cells »

10^{12} bacteriophages/g of fecal material

10^{11} bacteria/g of fecal material



*"All Disease
begins in
the gut"
~Hippocrates*



460 BC 370 BC

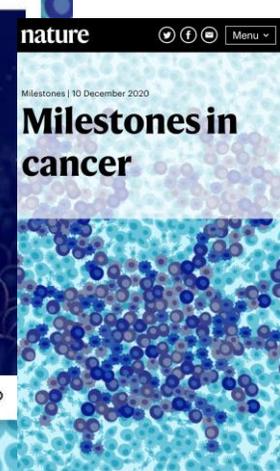
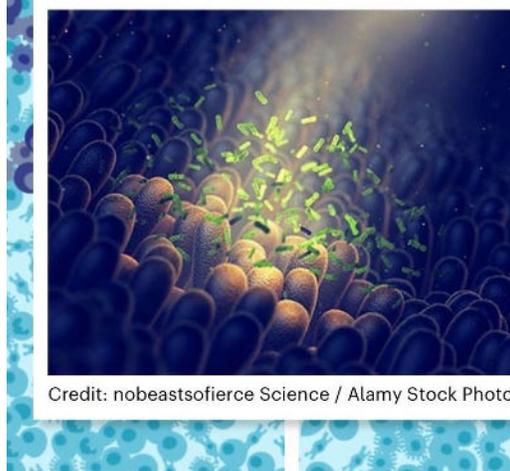
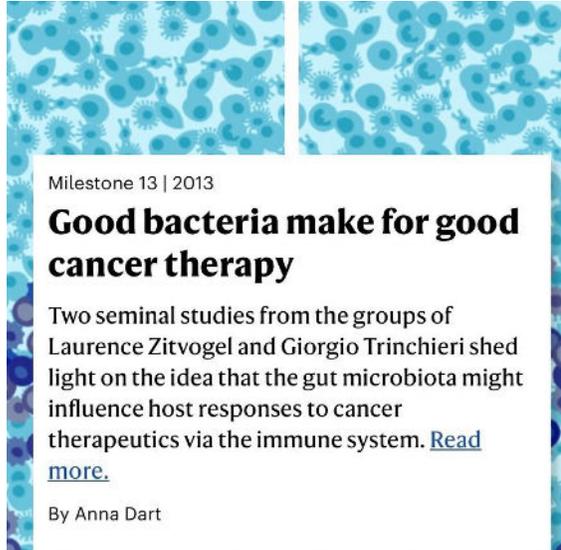
Creating a session on the MICROBOME is a major FIRST at ASCO 2023 !

Milestone 13 | 2013

Good bacteria make for good cancer therapy

Two seminal studies from the groups of Laurence Zitvogel and Giorgio Trinchieri shed light on the idea that the gut microbiota might influence host responses to cancer therapeutics via the immune system. [Read more.](#)

By Anna Dart



Credit: nobeastsofierce Science / Alamy Stock Photo

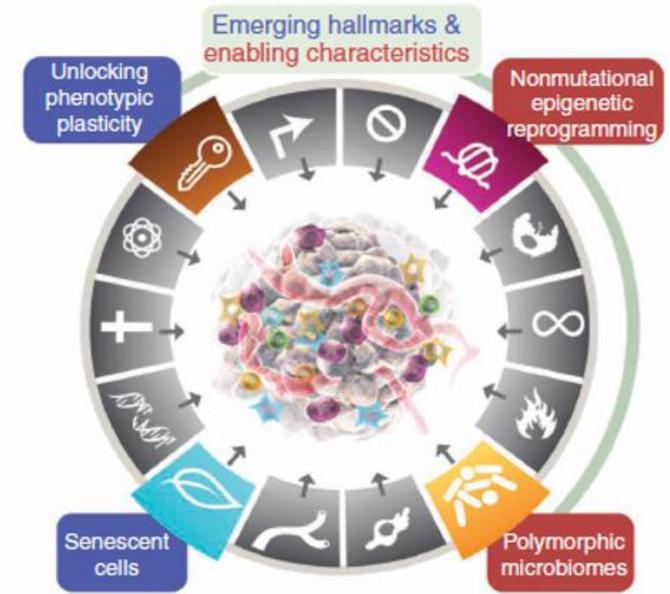
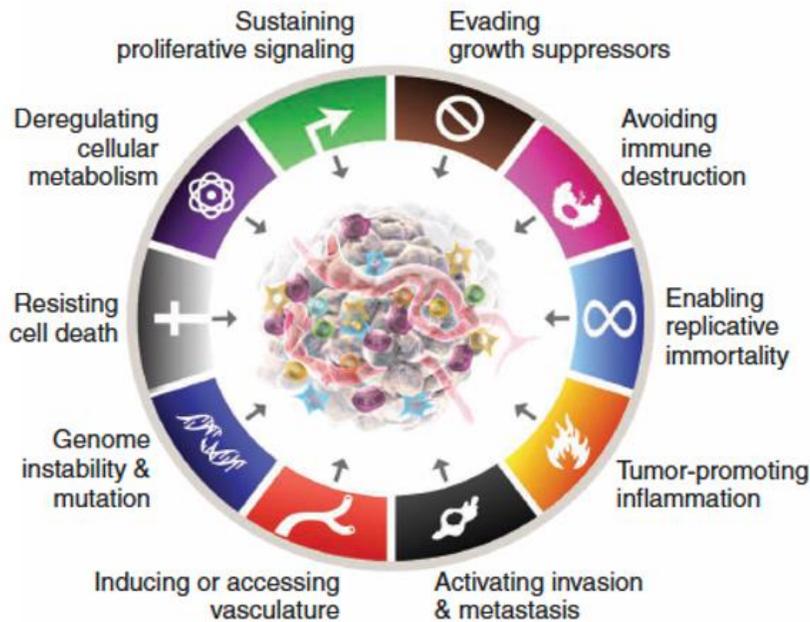
nature

Milestones | 10 December 2020

Milestones in cancer

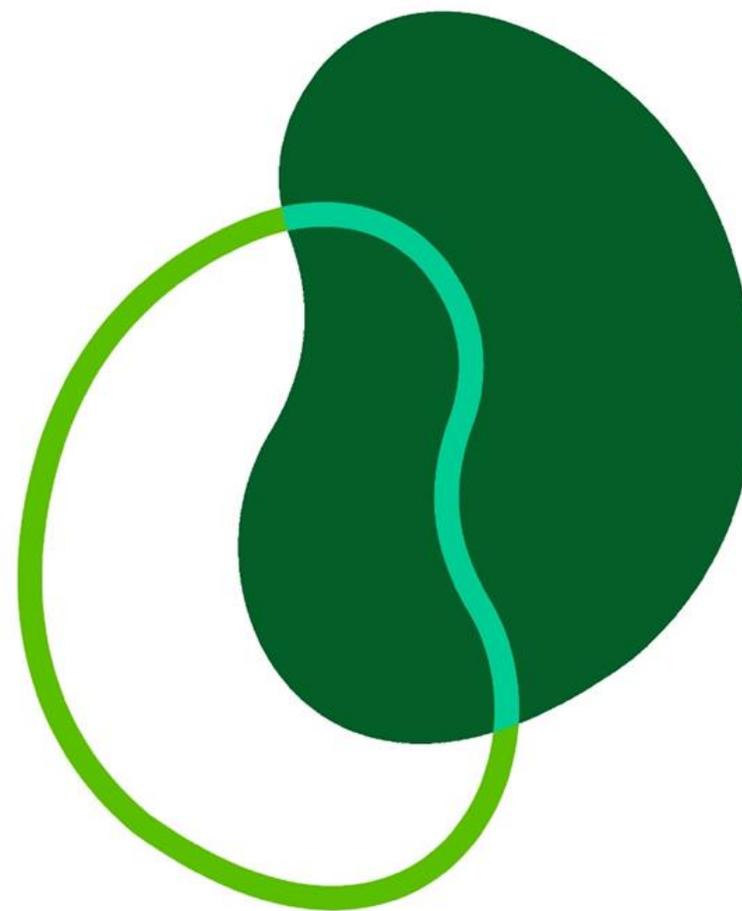
Hallmarks of Cancer: New Dimensions

Douglas Hanahan *Cancer Discovery* 2022

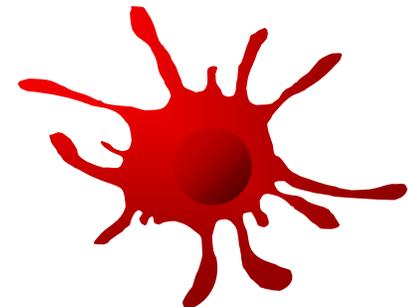
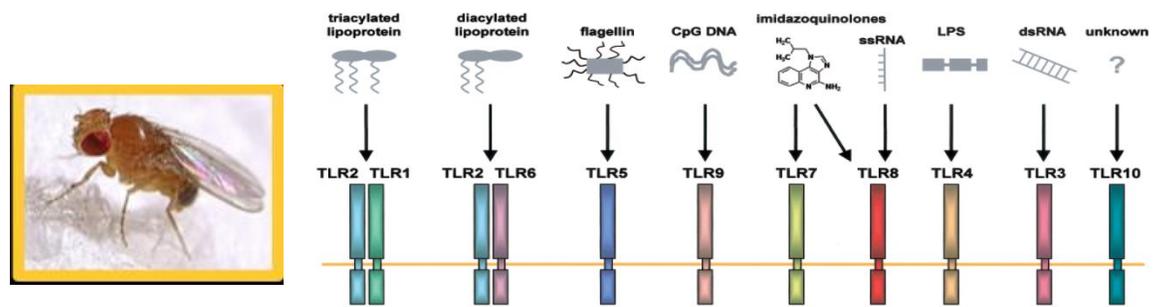
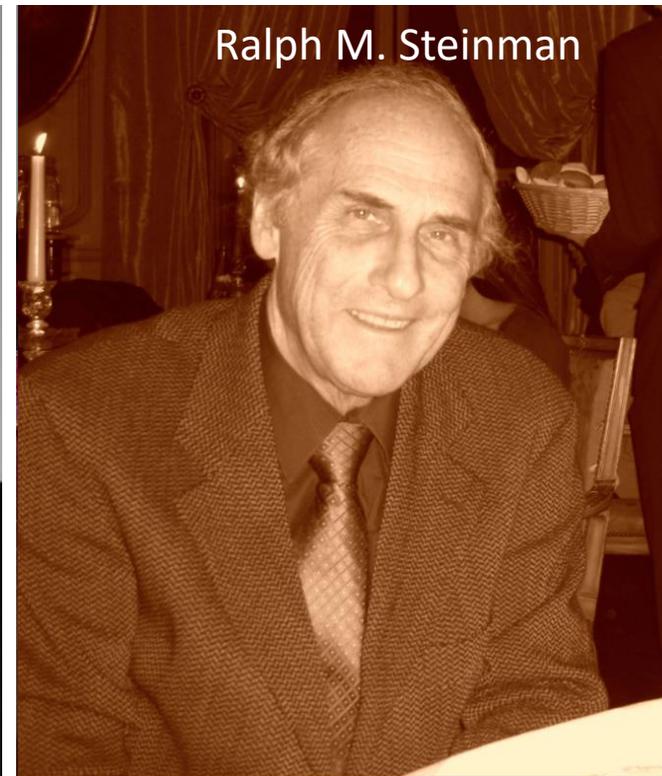


17^e Rencontre Patients de l'Association A.R.Tu.R.

PART1: Immunotherapy: a revolution in oncology



Nobel Prize 2011: Innate Immunity

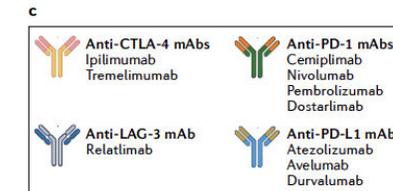
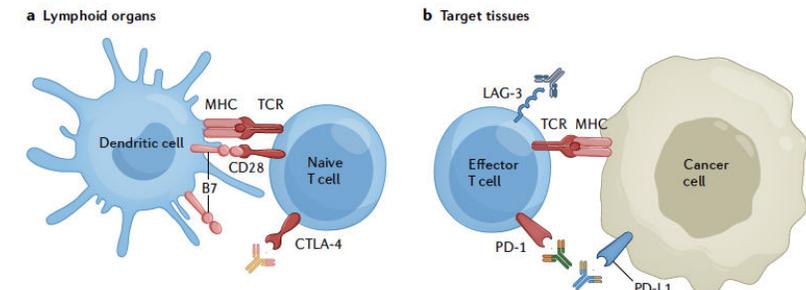
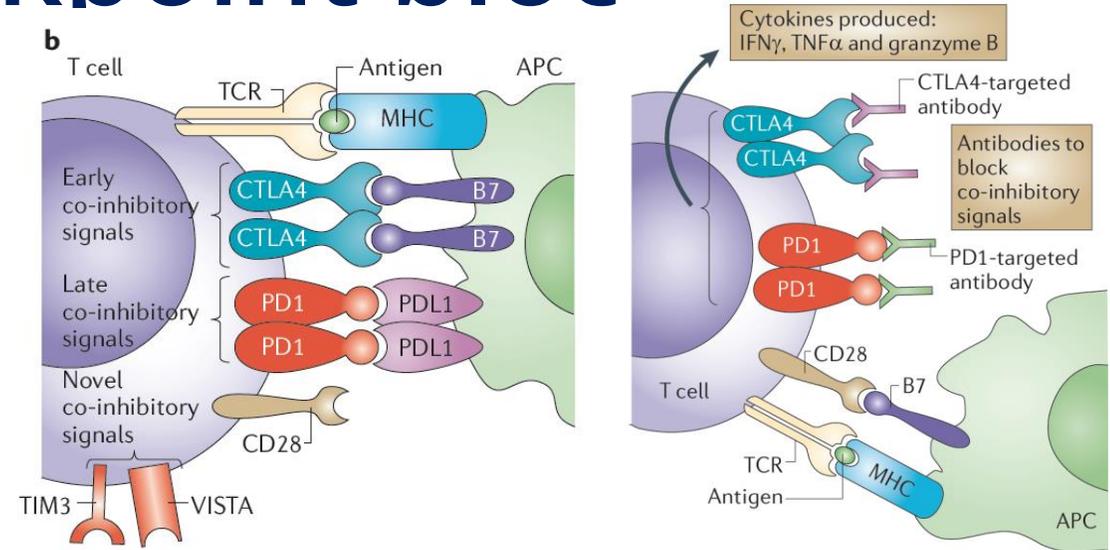




2018: Nobel Prize for the discovery of immune checkpoint blockade



Tasuku Honjo & James P. Allison

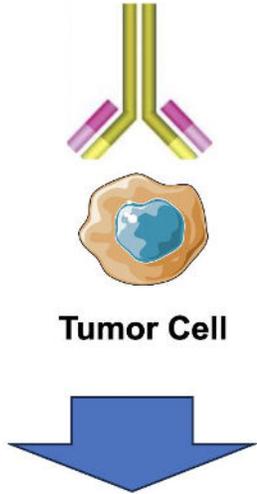


17^e Rencontre Patients de l'Association A.R.Tu.R. EMA & FDA approvals for immune checkpoint inhibitors

ICB: immune checkpoint blockers (antiPD1, PDL-1, CTLA4, LAG3, etc...)

18 Tumor indications approved in the USA
8 Tumor indications approved in Europe
10 Tumor indications with reimbursement in France

Historical Paradigm:
Targeting Tumor Cells



New Paradigm:
Targeting Immune Cells

Lymphocyte

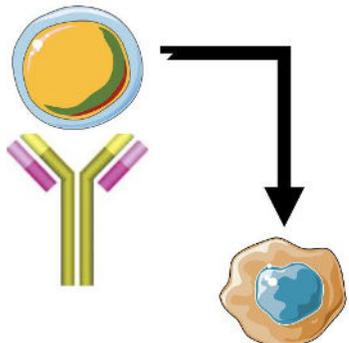
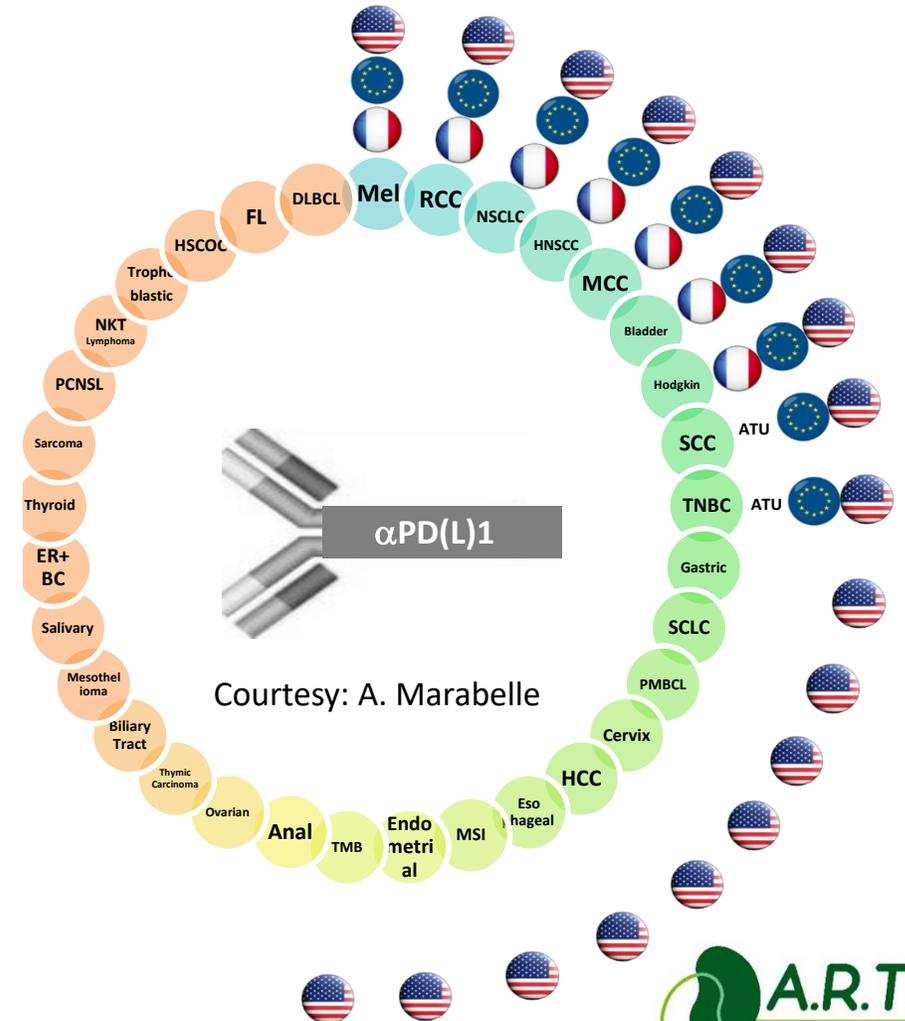


TABLE 1. The approval status of commonly used ICI agents in clinical practice.

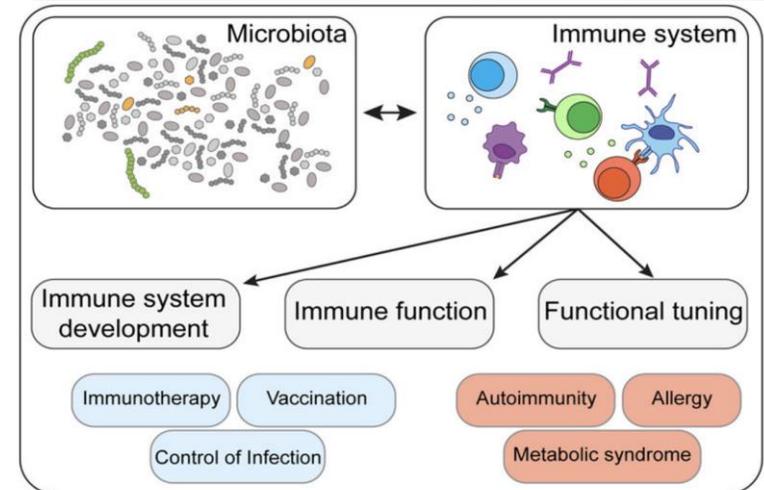
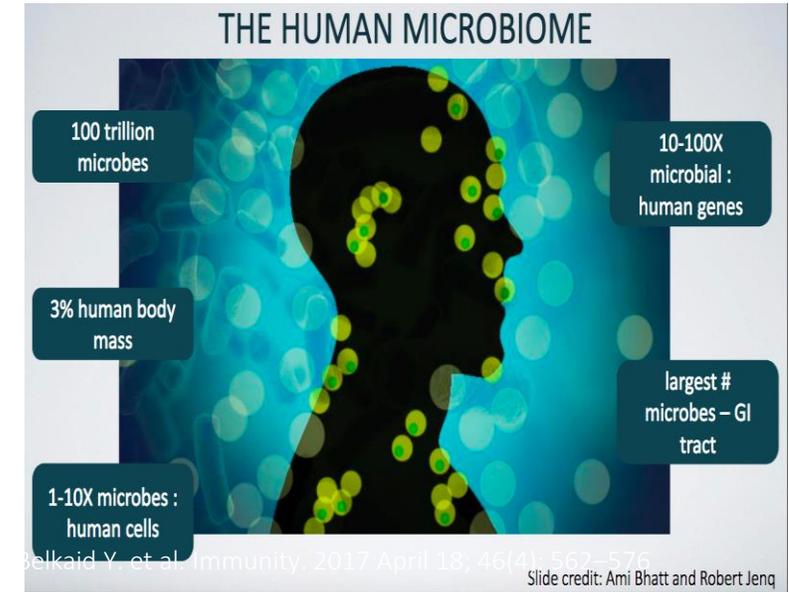
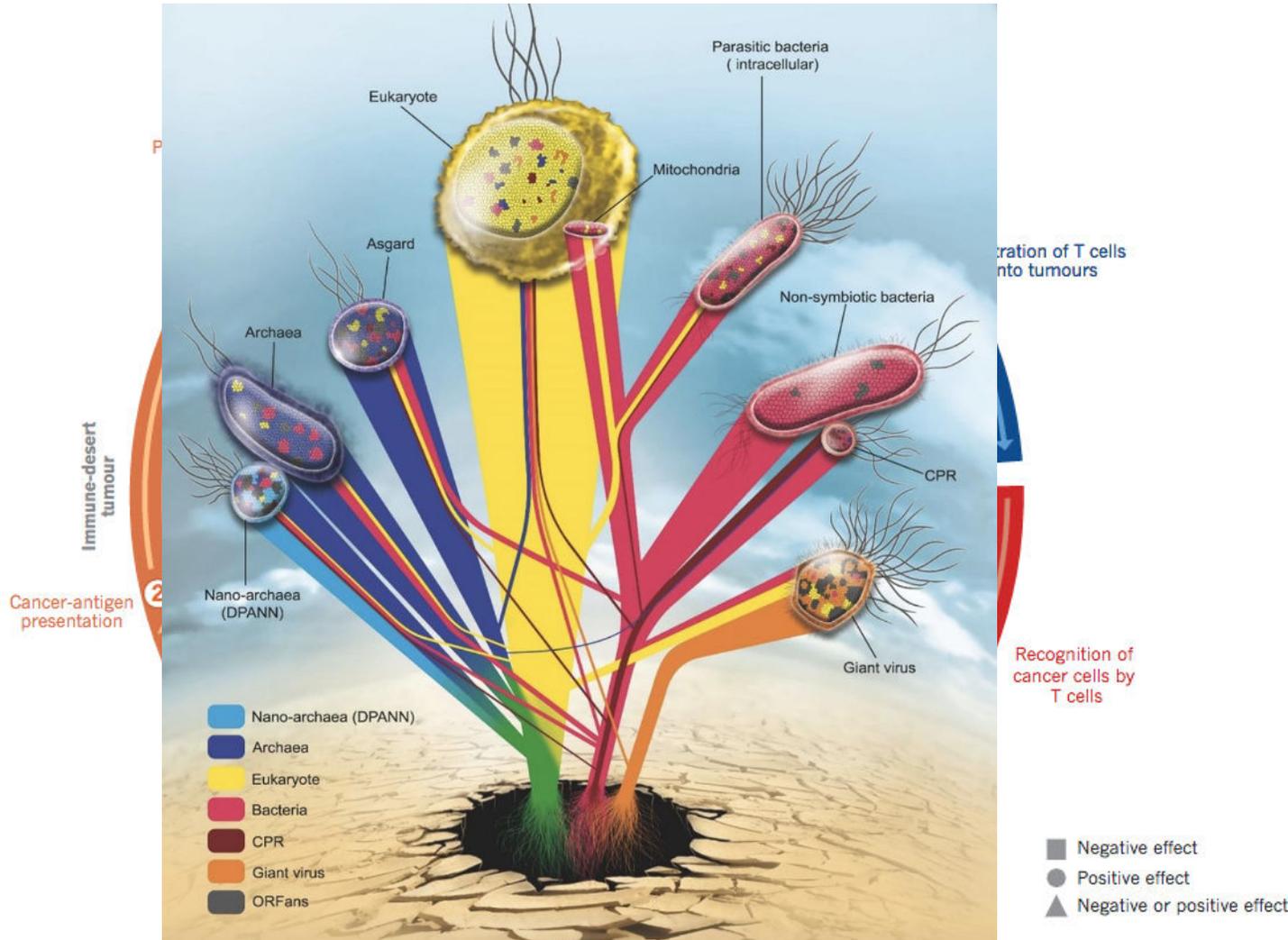
Targets	Drugs	Approved by	Indications
CTLA-4	Ipilimumab	FDA, EMA, HC, NMPA	Advanced MM, advanced CRC, NSCLC, HL
PD-1	Nivolumab	FDA, EMA, HC, MHLW, NMPA	HNSCC, NSCLC, GC, ESCC, CRC, HCC, RCC, HL, MM, skin cancer
	Pembrolizumab	FDA, EMA, HC, NMPA, NMPA	HNSCC, NSCLC, GC, ESCC, CRC, HCC, RCC, HL, MM, skin cancer, TNBC
	Cemiplimab	FDA, EMA, HC	skin cancer, NSCLC
	Toripalimab	NMPA, EMA	skin cancer, HNSCC, BRCA
	Sintilimab	NMPA, EMA, FDA	NSCLC, HCC, HL
	Camrelizumab	NMPA, FDA	NSCLC, HCC, HL, ESCC, HNSCC
	Tislelizumab	NMPA	NSCLC, HL, BRCA
	Penpulimab	NMPA	HCC, GC, NSCLC, NPC, HL
	Zimberelimab	NMPA	HL
	Serpilimab	NMPA	GC, CRC, NSCLC
PD-L1	Pucotenlimab	NMPA	CRC, MM
	Dostarlimab	FDA, EMA, HC	UCEC
	Durvalumab	FDA, EMA, HC, NMPA	NSCLC, SCLC, BRCA
	Atezolizumab	FDA, EMA, HC, NMPA	skin cancer, NSCLC, SCLC, BRCA, HCC, TNBC
	Envafoimab	NMPA	CRC
LAG-3	Sugemalimab	NMPA	NSCLC
	Avelumab	FDA, EMA, HC	skin cancer, RCC, BRCA
LAG-3	Relatlimab	FDA, EMA	Metastatic MM

EMA, European Medicines Agency; FDA, United States Food and Drug Administration; HC, Health Canada; MHLW, Ministry of Health, Labour and Welfare of Japan; NMPA, National Medical Products Administration of China; BCC, basal cell carcinoma; BRCA, bladder urothelial carcinoma; CC, cervical cancer; cHL, classical Hodgkin's lymphoma; CRC, colorectal cancer; CSCC, cutaneous squamous cell carcinoma; dMMR, mismatch repair deficiency; EC, endometrial carcinoma; ESCC, esophageal squamous cell carcinoma; GC, gastric cancer; HCC, hepatocellular carcinoma; HL, Hodgkin's lymphoma; HNSCC, head and neck squamous cell carcinoma; MCC, Merkel cell carcinoma; MM, malignant melanoma; MSI-H, high microsatellite instability; MPM, malignant pleural mesothelioma; NSCLC, non-small cell lung cancer; NPC, nasopharyngeal carcinoma; PMBCL, primary mediastinal large B cell lymphoma; PMF, primary myelofibrosis; RCC, renal cell carcinoma; SCLC, small cell lung cancer; TMB-H, high tumor mutation burden; TNBC, triple-negative breast cancer; UC, urothelial carcinoma; UCEC, uterine corpus endometrial carcinoma.



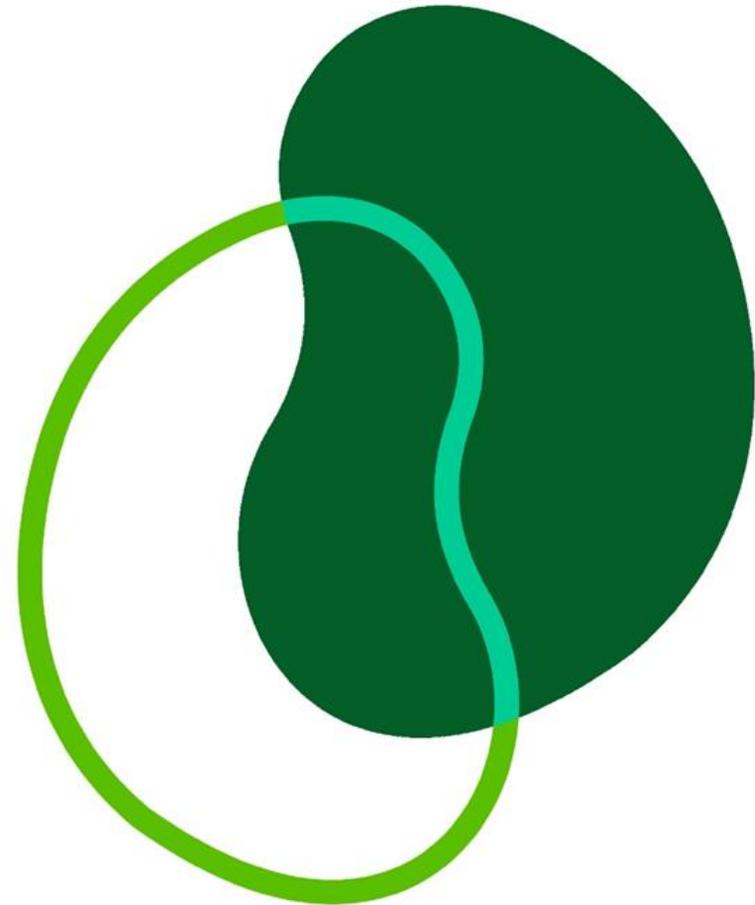
Courtesy: A. Marabelle

THE MICROBIOME REGULATES THE CANCER IMMUNE SET POINT

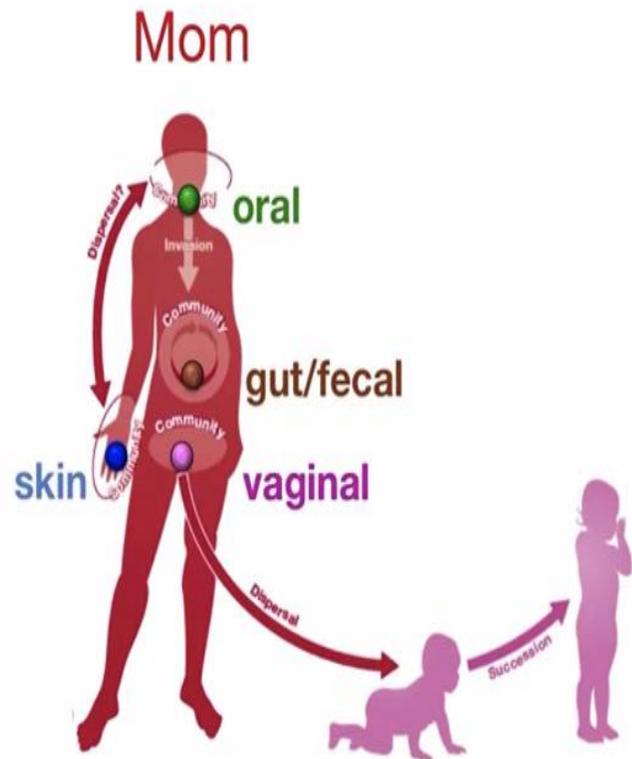


17^e Rencontre Patients de l'Association A.R.Tu.R.

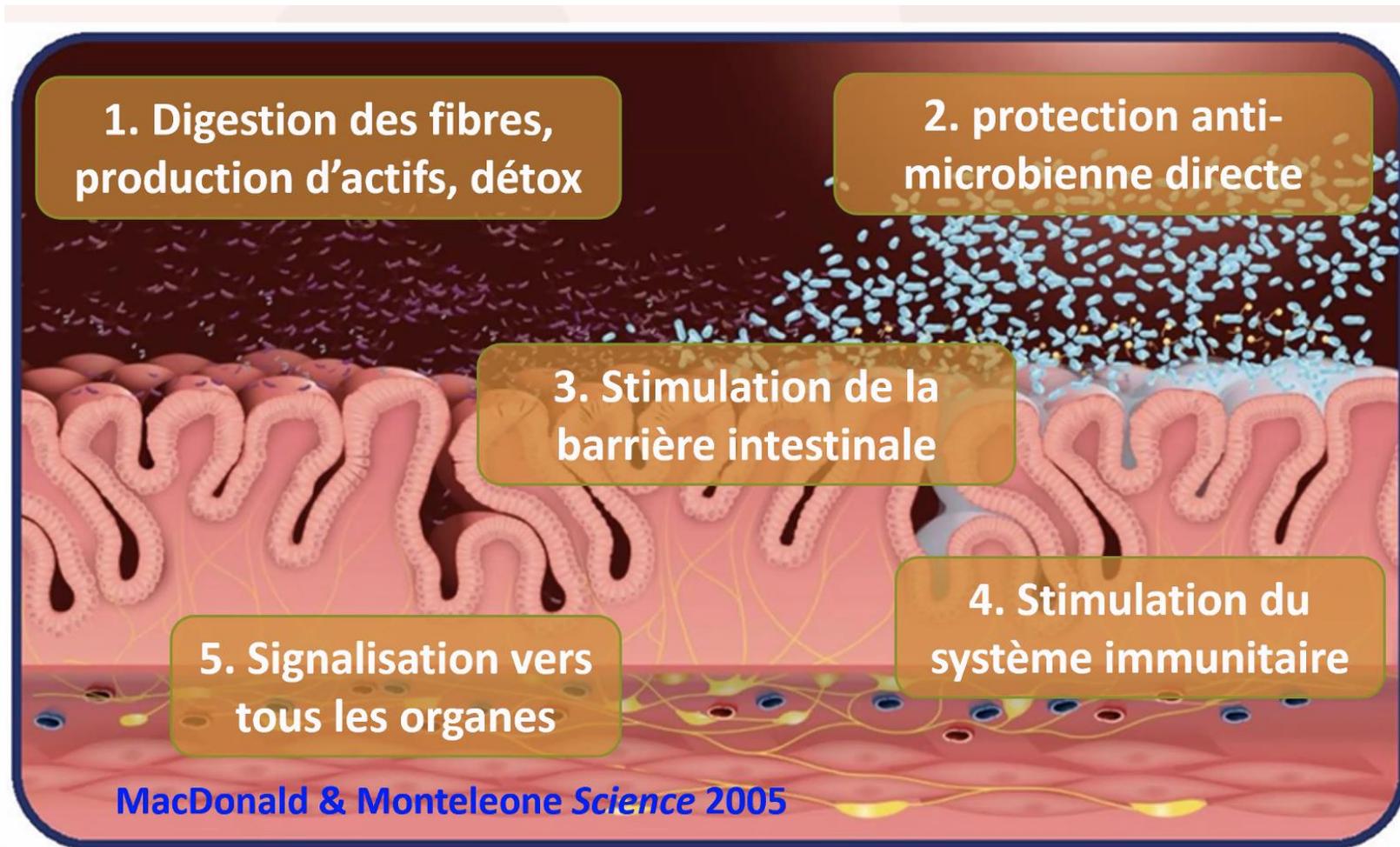
PART2: The links between gut fitness and cancer immunity



THE MICROBIOTA AND THE MICROBIOME: INHERITED AND IMPRINTED BY MOTHER FROM BIRTH

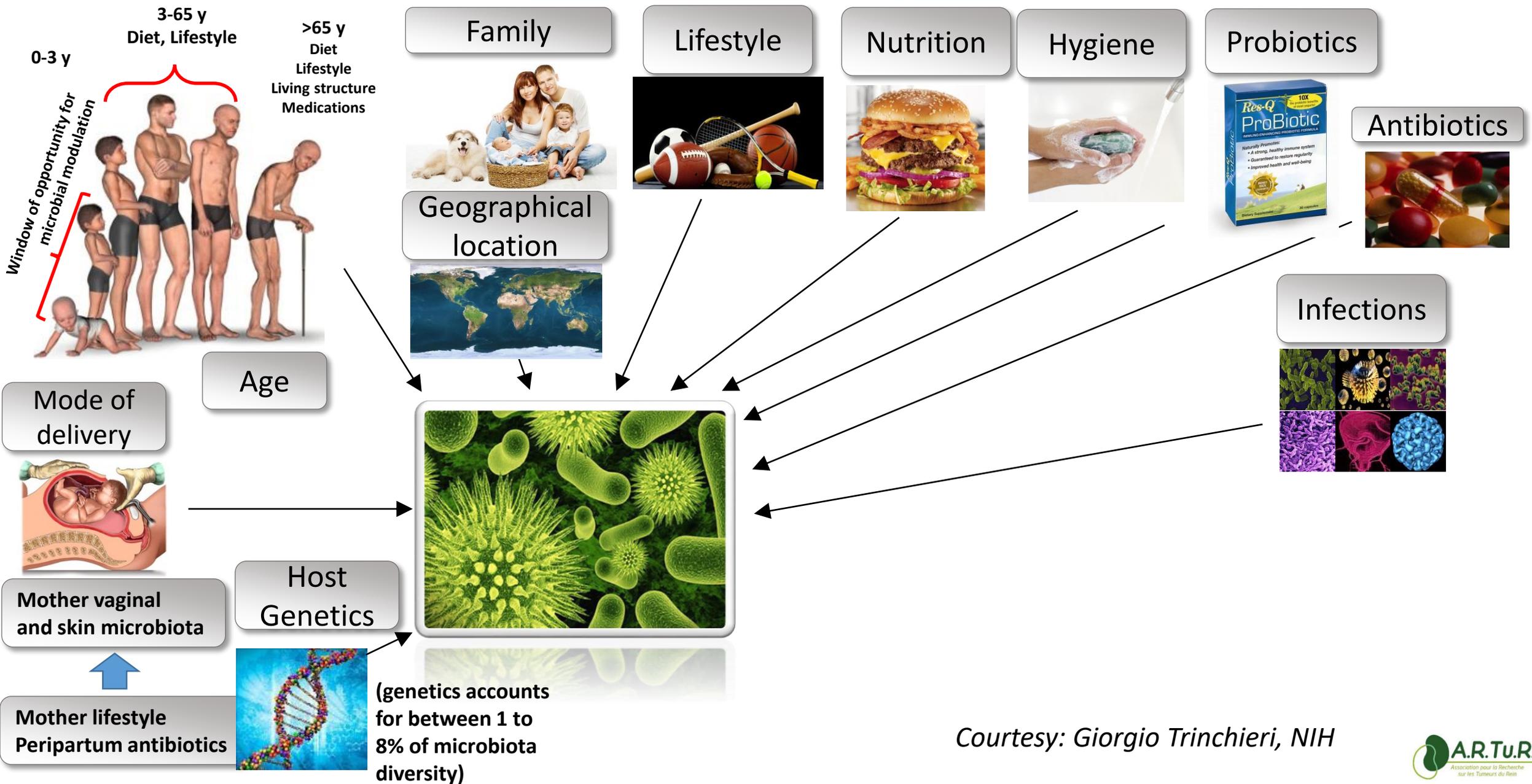


adapted from Gonzalez et al. 2011, EMBO reports



From J. Doré, French Gut, INRAE

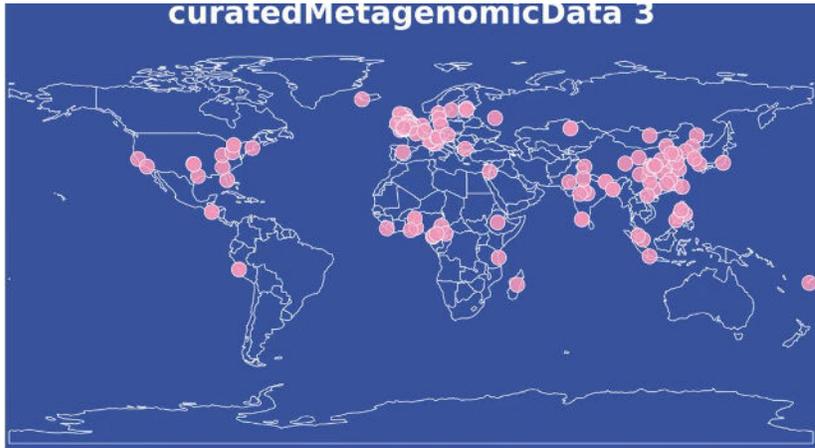
Changes in our microbiota...



Courtesy: Giorgio Trinchieri, NIH

METAGENOMICS OF STOOLS WORDWIDE TO DEFINE THE HEALTHY M

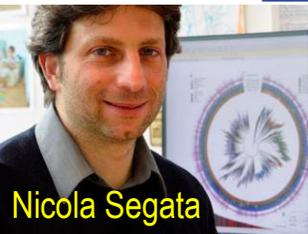
J. Doré & D. Ehrlich



**86 studies, 90 cohorts and 20,533 metagenomes;
42 countries, 50 clinical conditions, 6 body sites**

Meyer, F. BMC Bioinformatics 2008
Wang, M. Nat. Biotechnol 2016
Pasolli, E. Nat. Methods 2017
Gonzalez, A. Nat. Methods 2018
Wu, S. Nucleic Acids Res. 2020
Kasmanas, J. C. Nucleic Acids Res. 2021

Beghini, F. Elife 2021
Ernst, F. G. M. 2022
Wang, P. Nucleic Acids Res. 2022
Dekkers, K. F. Nat. Commun 2022
Dai, D. Nucleic Acids Res. 2022
Xu, Y. Comput. Struct. Biotechnol. J. 2022



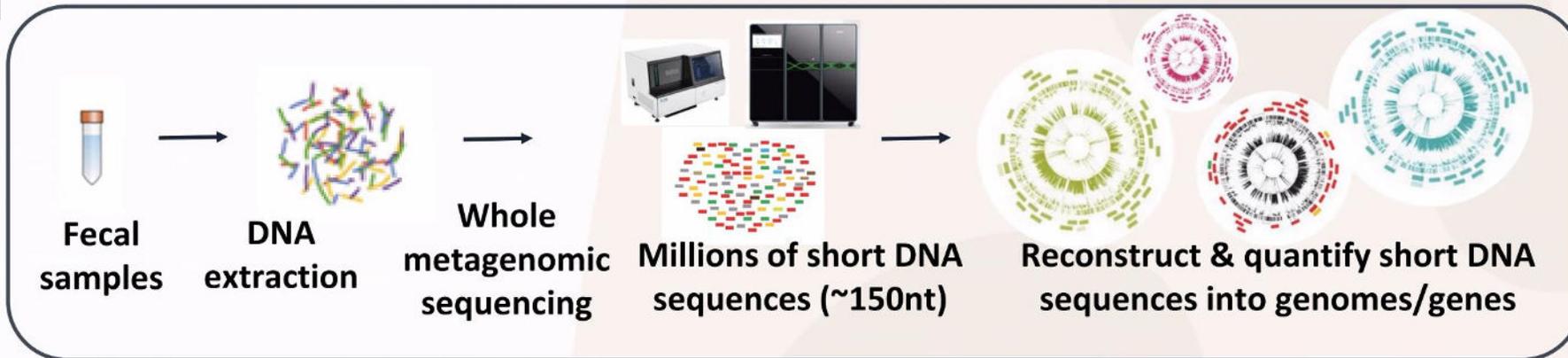
Nicola Segata



V. Iebba

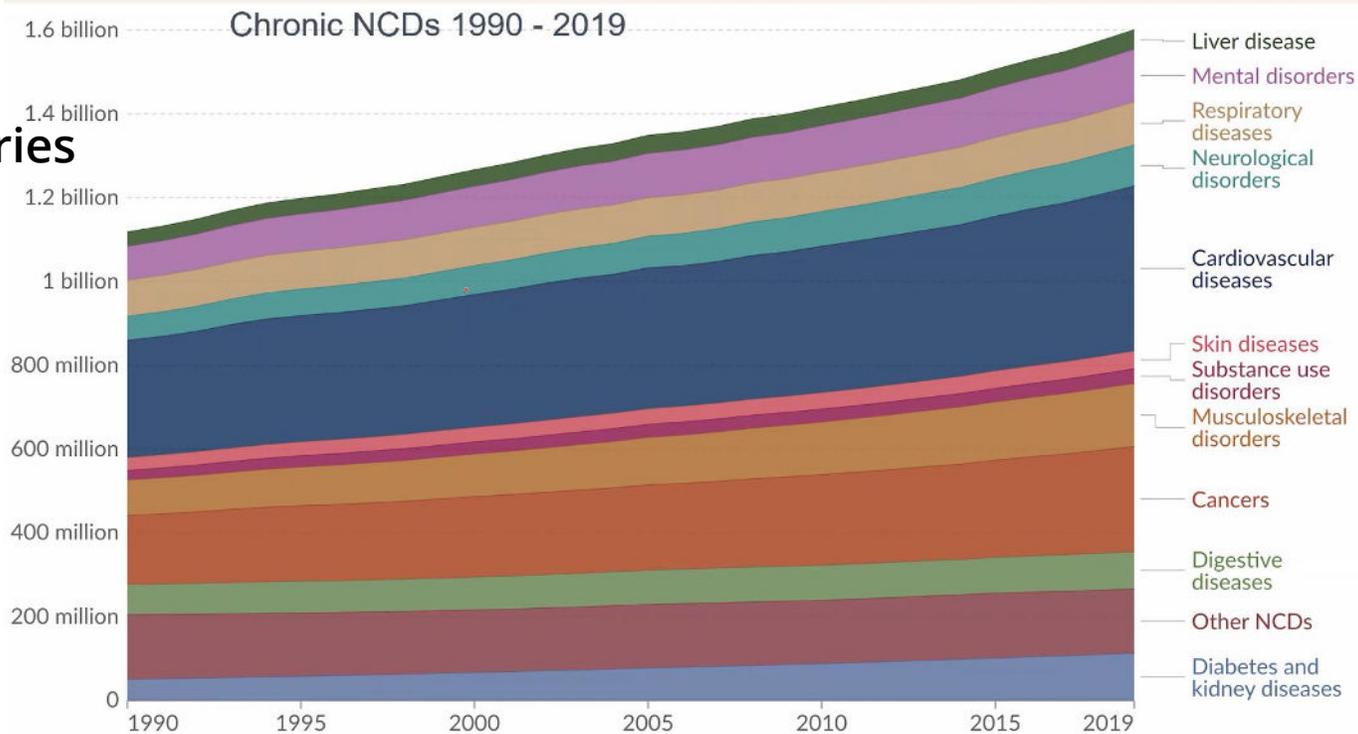


A. Thomas



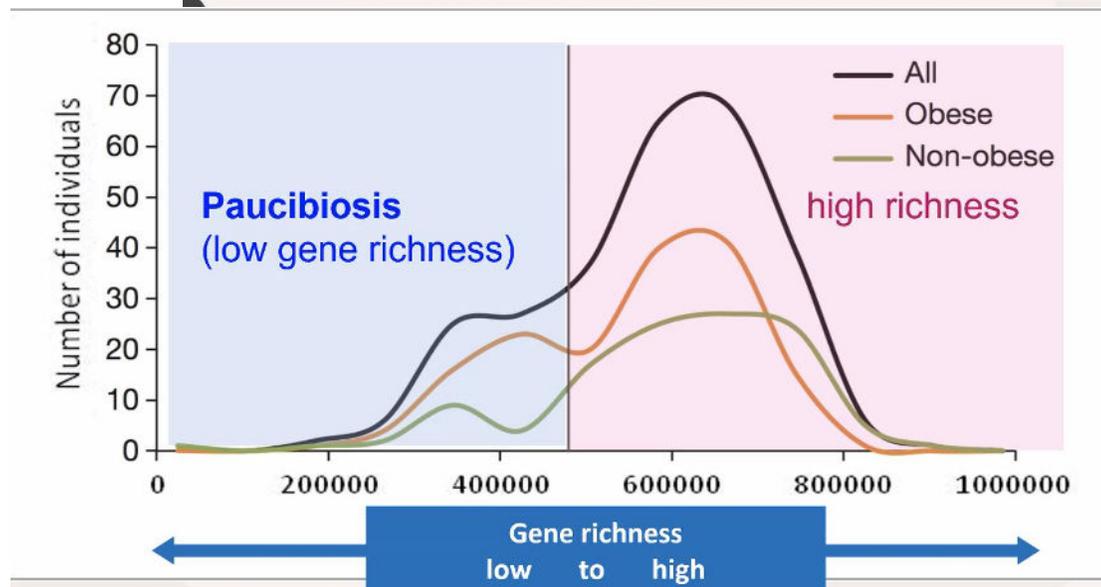
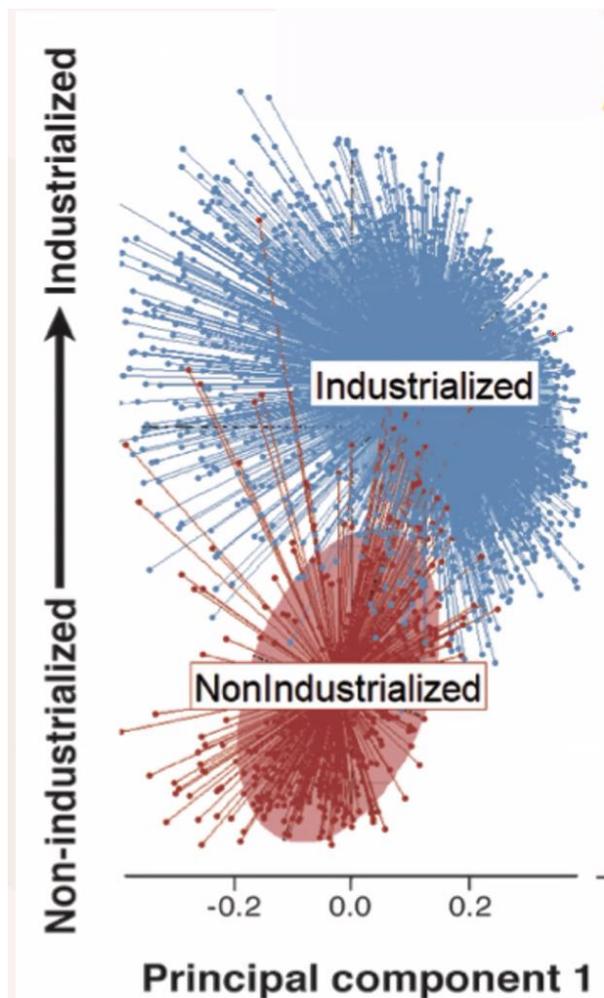
Each step is crucial to a comprehensive and reproducible metagenomic analysis

Chronic inflammatory disorders In Western and Industrialized countries



Data source: IHME, Global Burden of Disease (2019)

OurWorldInData.org/burden-of-disease | CC BY



**Gene richness
is a health
stratifier**

Le Chatelier et al,
Nature 2013

Enjeux de recherche et innovation

Nos microbiotes au cœur d'un système complexe
qui conditionne santé et bien-être

NUTRITION / ALIMENTATION

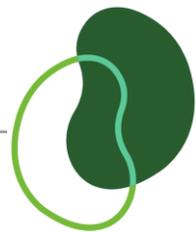
- Diversité alimentaire
- Modèle alimentaire FR
- Personnalisation
- Prévention

Microbiotes

SANTE / BIEN ETRE

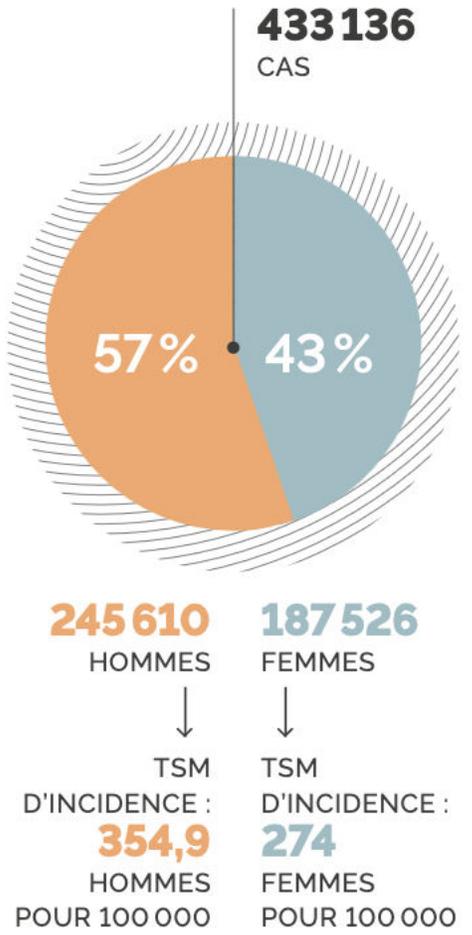
- Maladies chroniques
- Prédiction
- « Life-style medicine »
- Prévention

Outils de monitoring et levier d'action
pour la prévention et la santé

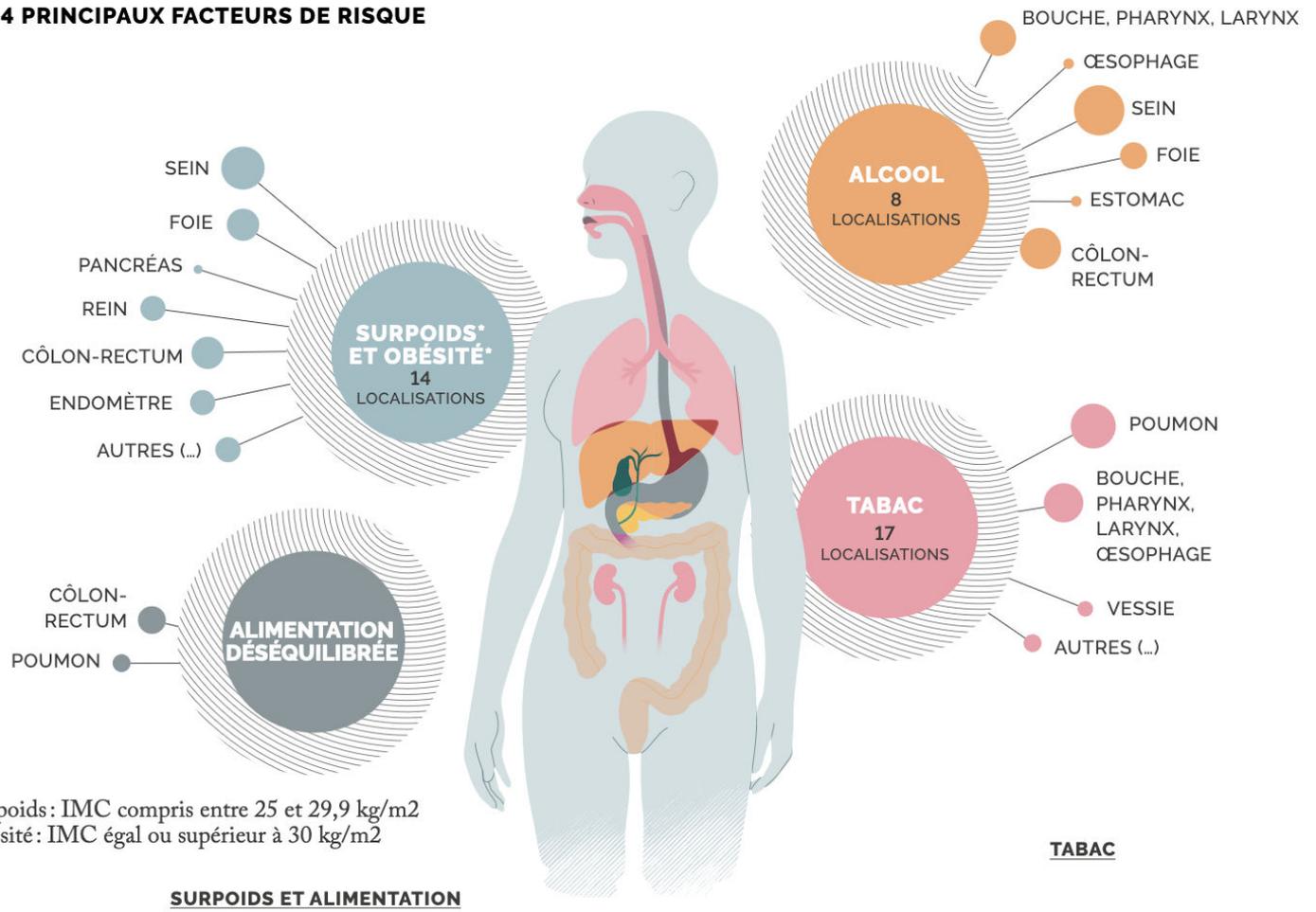


RCC: 15 000 nouveaux cas/an en France = 3% totalité des cancers

NOUVEAUX CAS DE CANCER EN 2023



LES 4 PRINCIPAUX FACTEURS DE RISQUE



* surpoids: IMC compris entre 25 et 29,9 kg/m²
* obésité: IMC égal ou supérieur à 30 kg/m²

SURPOIDS ET ALIMENTATION

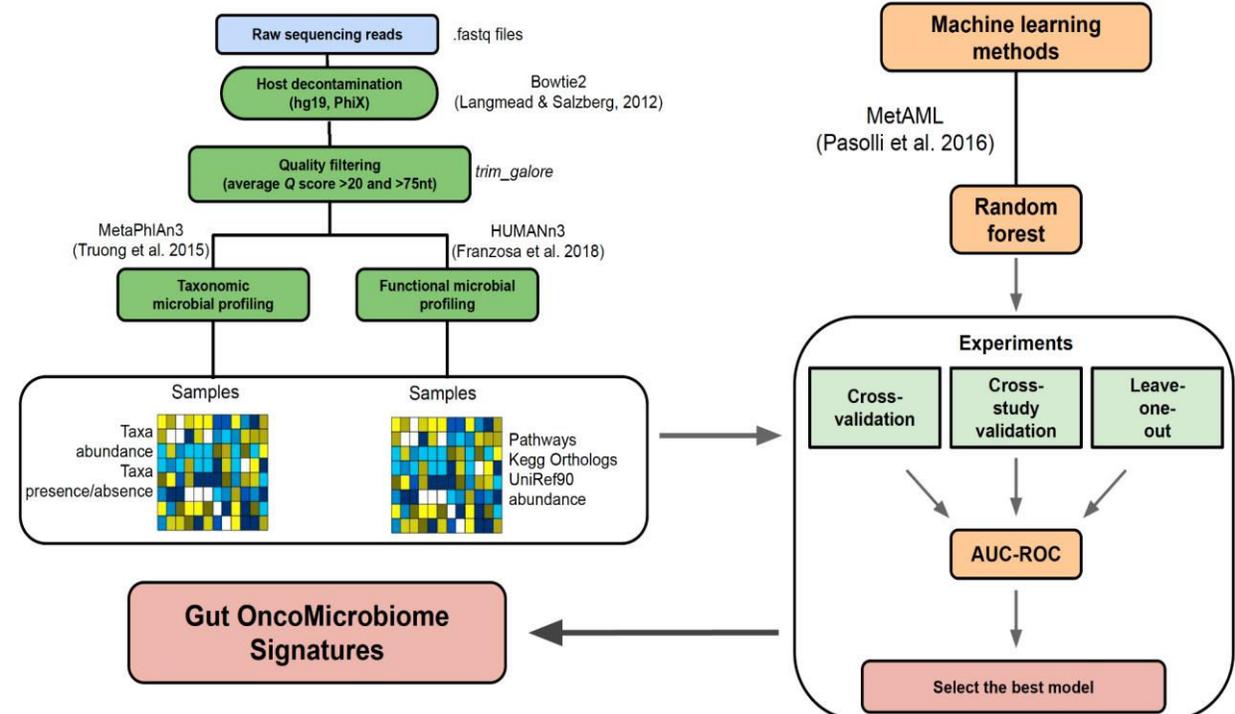
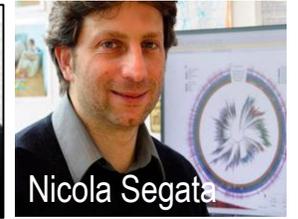
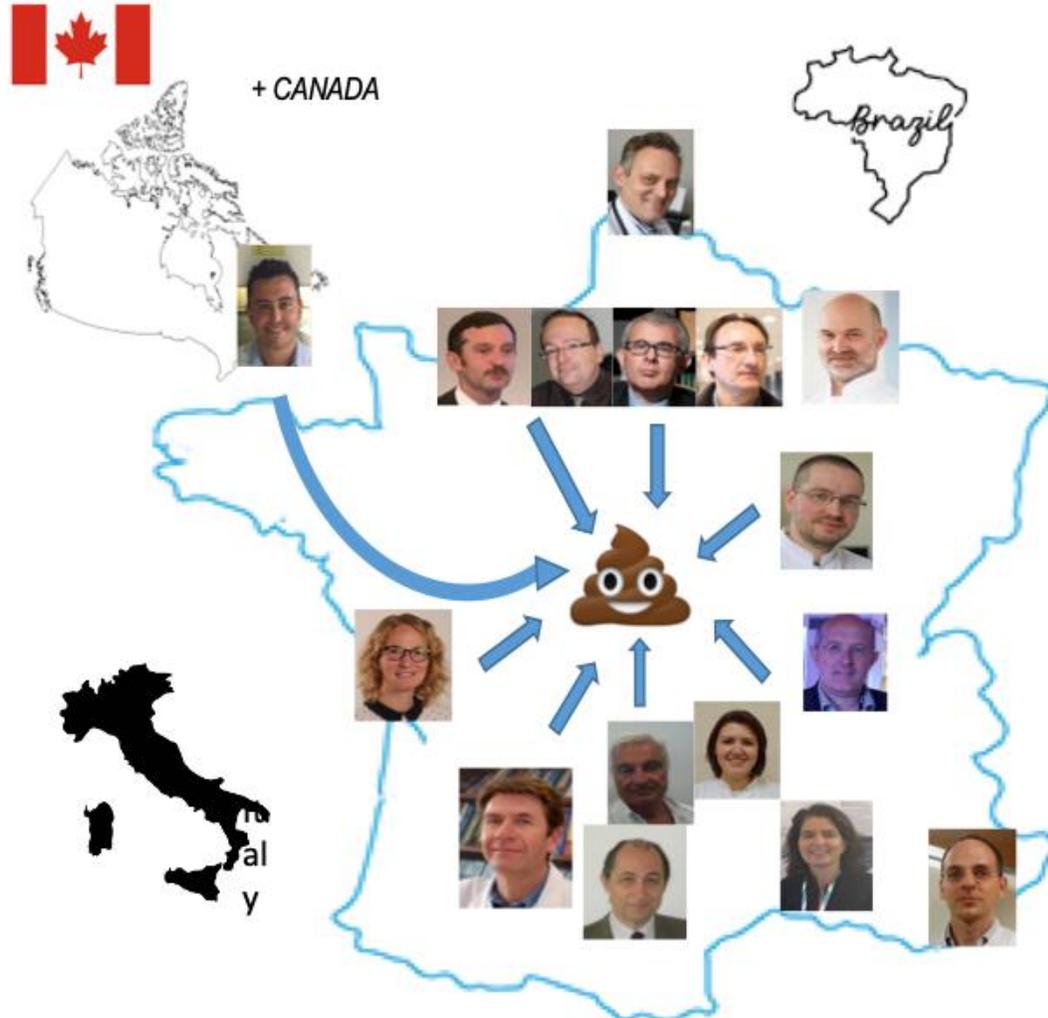
TSM: taux standardisé du monde

17^e Rencontre Patients de l'Association A.R.Tu.R.

FRENCH NETWORK: RHU LUMIERE + RHU



26 CENTERS In France



17^e Rencontre Patients de l'Association A.R.Tu.R.

EUROPEAN NETWORK: ONCOBIOME



ONCOBIOME: WHAT IS THIS?

A RESEARCH AND INNOVATING ACTION INVOLVING 17 PARTNERS IN 8 COUNTRIES



L. Zitvogel
IGR



G. Kroemer
INSERM



R. Daillère
Everimmune



J. Fieschi
Veracyte



AL. Martin
Unicancer



E. Budinska
MU



M. Gariboldi
INT



A. Naccarati
IIGM



N. Segata
UNITN



B. Routy
CHUM



L. Drewett
UCAM



C. Denkert
UMR



S. Loibl
GBG



L. Heinzerling
LMU



K. Engstrand
KI

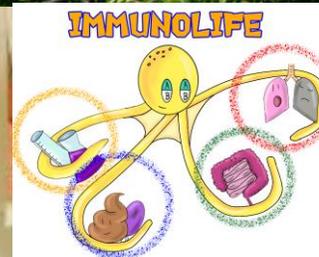


J. De Vries
RUMC



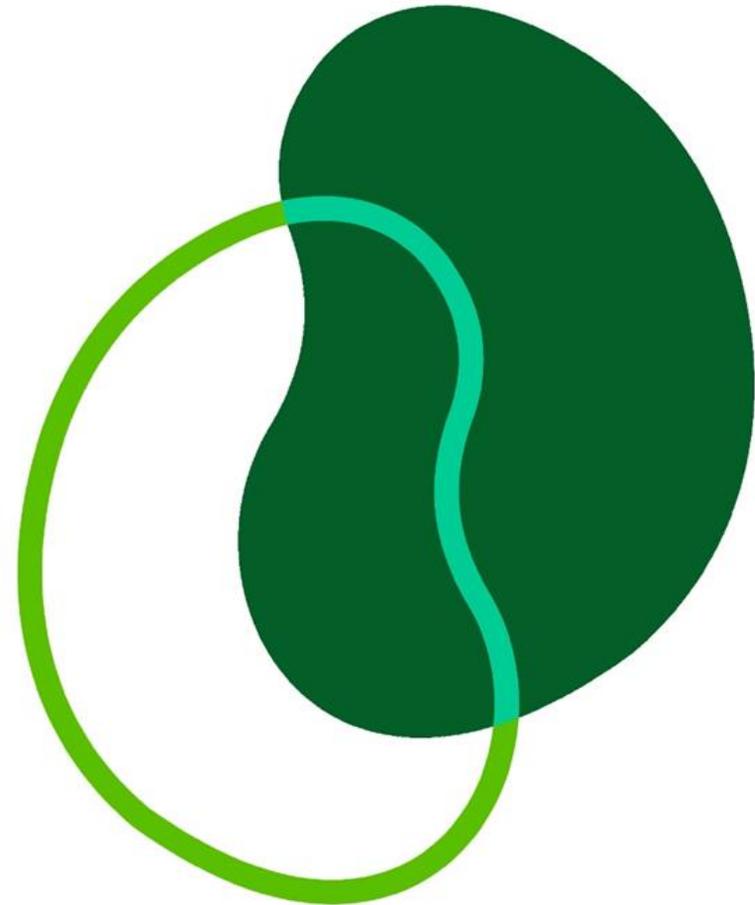


Microbiota against cancer
International research program



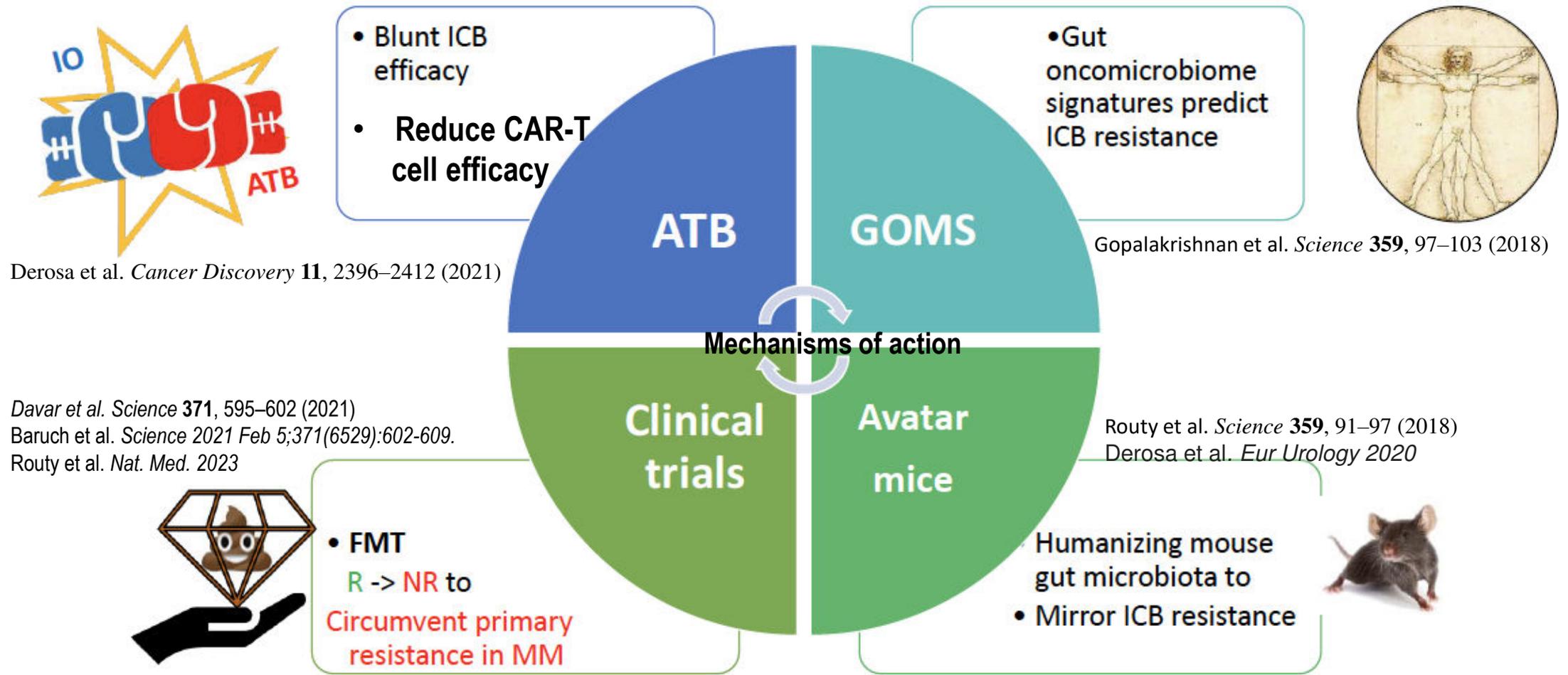
17^e Rencontre Patients de l'Association A.R.Tu.R.

PART3: Antibiotics, and cancer-associated dysbiosis



17^e Rencontre Patients de l'Association A.R.Tu.R.

Rationale for an impact of gut microbiota in cancer immunomodulation

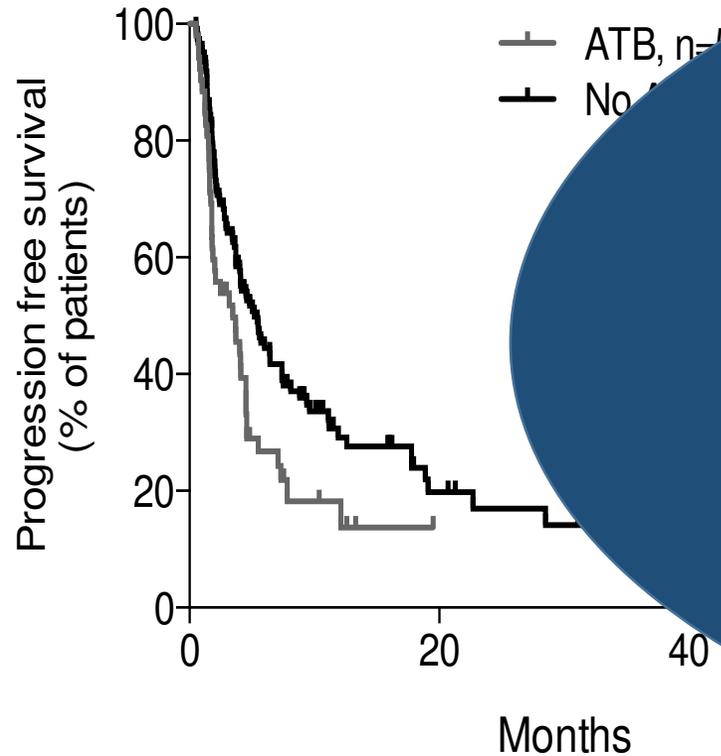


GOMS: Gut, NR: non responders



META-ANALYSIS. DELETERIOUS EFFECTS OF ANTIBIOTICS FOR THE CLINICAL BENEFIT OF IMMUNE CHECKPOINT INHIBITORS.

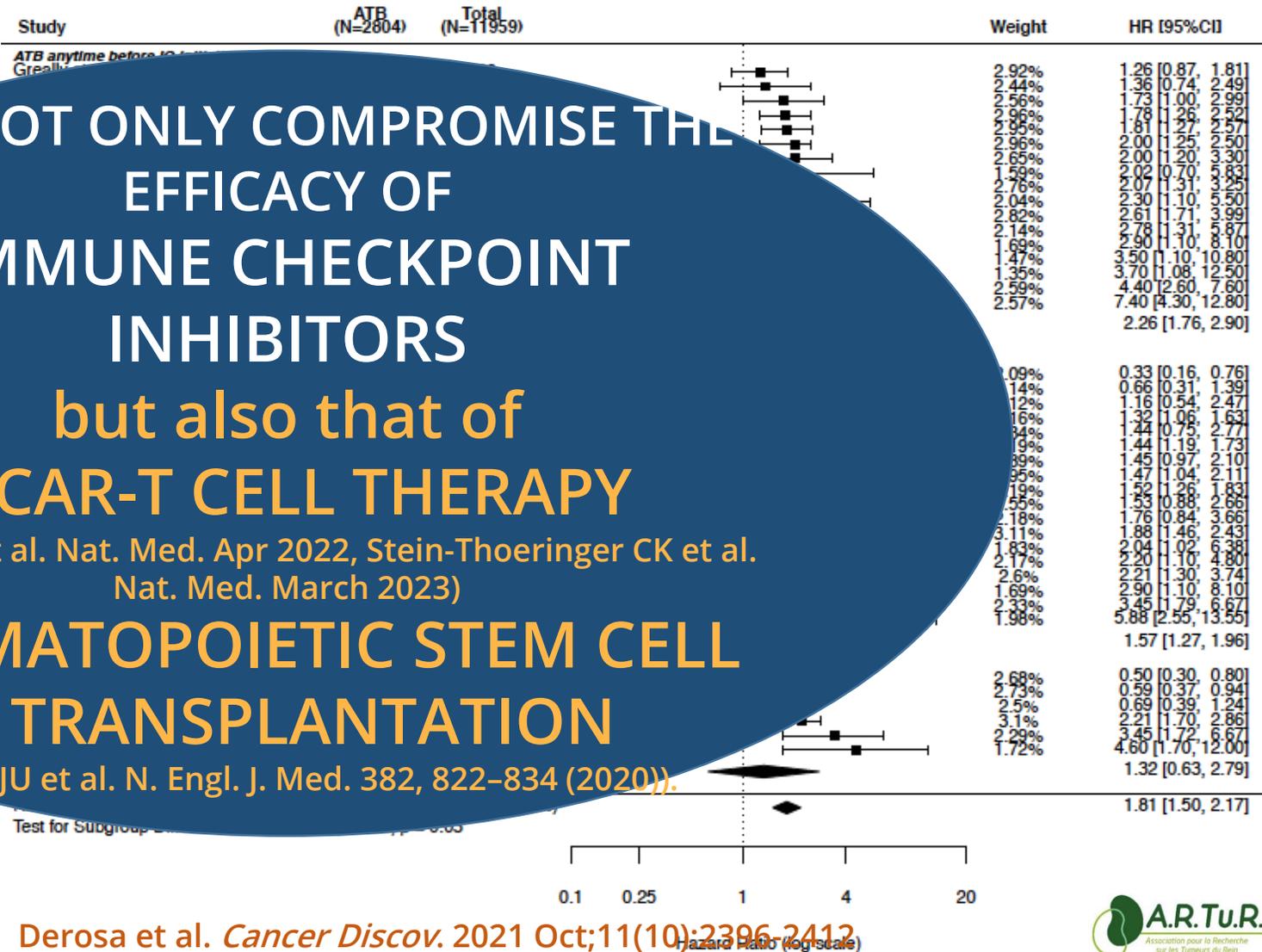
ATB:antibiotics



Routy et al; Science, Oct 27, 2017.
 Median PFS ATB: 3.5 months
 Median PFS No ATB: 5.2 months

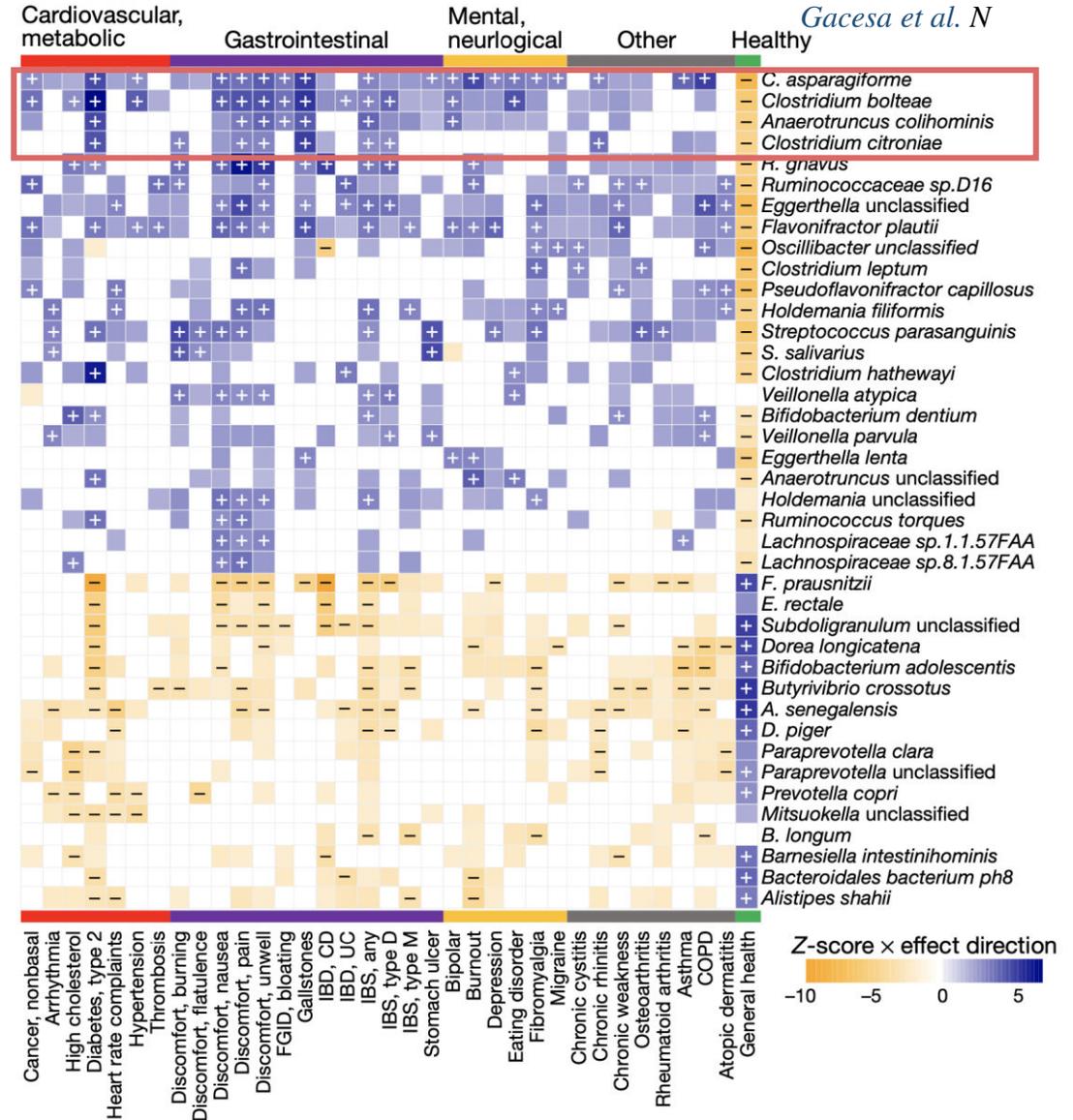
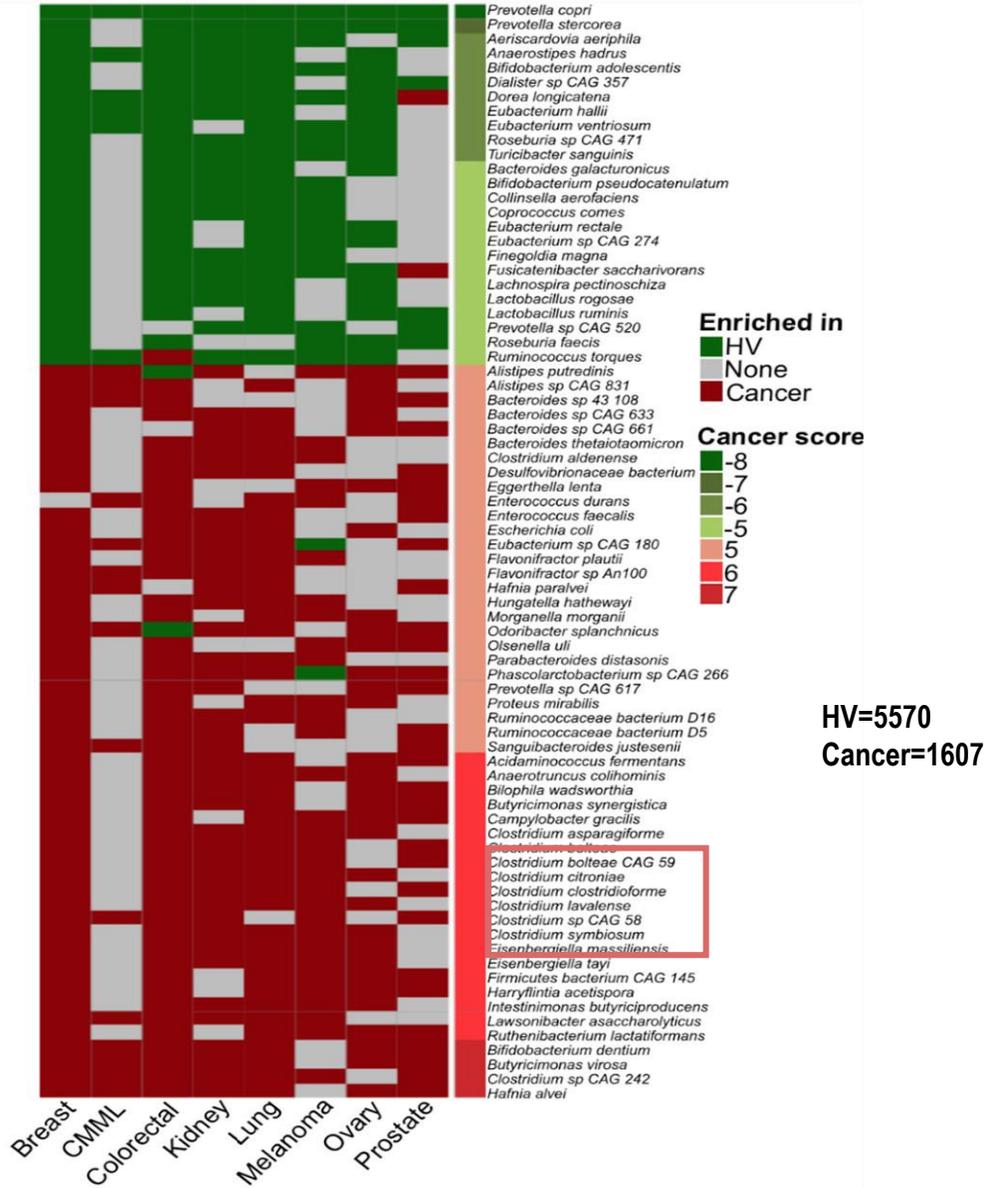
ATB NOT ONLY COMPROMISE THE EFFICACY OF IMMUNE CHECKPOINT INHIBITORS but also that of

- CAR-T CELL THERAPY
 (Smith M. et al. Nat. Med. Apr 2022, Stein-Thoeringer CK et al. Nat. Med. March 2023)
- HEMATOPOIETIC STEM CELL TRANSPLANTATION
 (Peled JU et al. N. Engl. J. Med. 382, 822-834 (2020)).

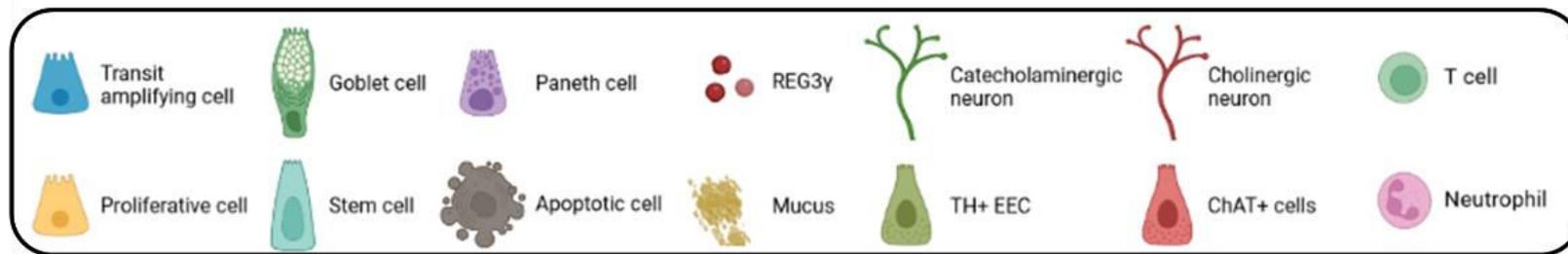
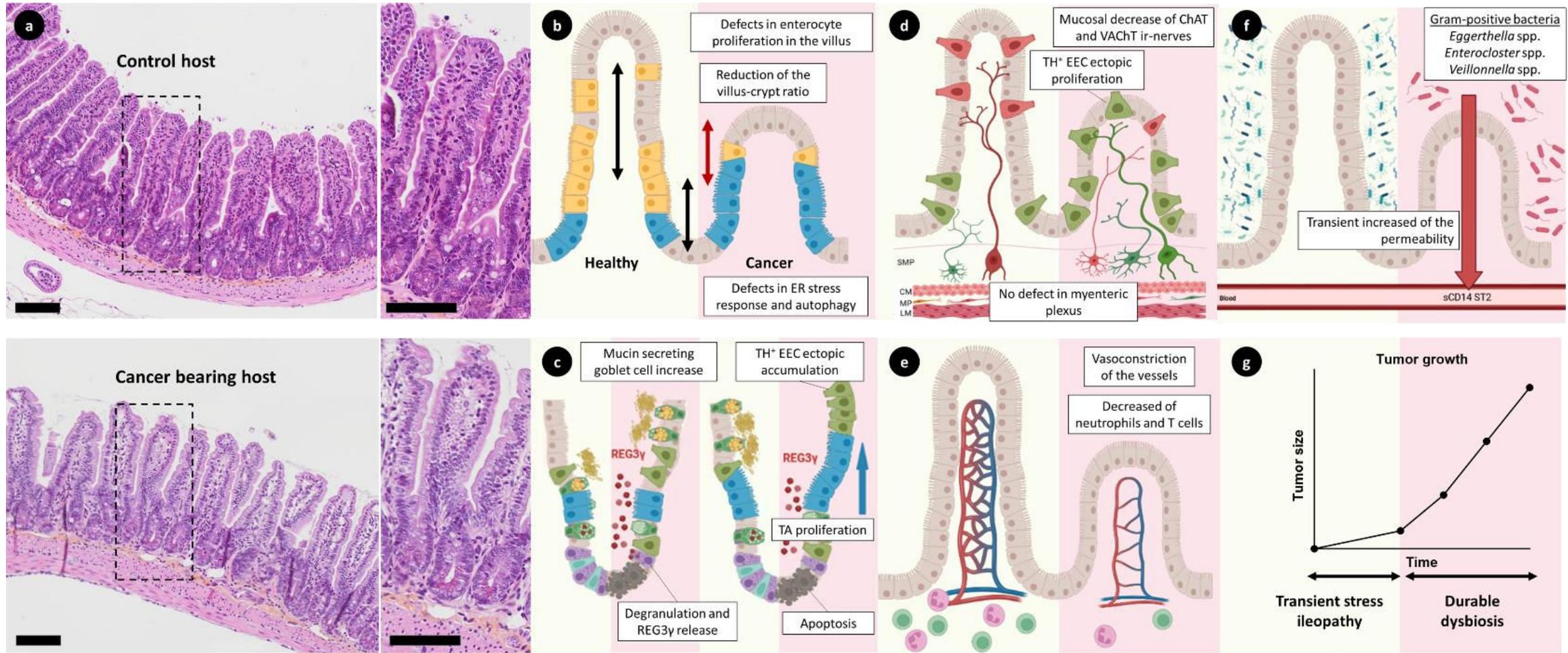


Derosa et al. *Cancer Discov.* 2021 Oct;11(10):2396-2412

17^e Rencontre Patients de l'Association A.R.Tu.R.



17^e Rencontre Patients de l'Association A.R.Tu.R.



Yonekura et al.
Cancer Discov. 2022

17^e Rencontre Patients de l'Association A.R.Tu.R.

Old papers describing this cancer-associated ileal atrophy

JEJUNAL BIOPSY IN MALIGNANT DISEASE¹

DONALD J. DELLER,² TIMCTHY G. C. MURRELL³ AND ROMALA BLOWES⁴
*From the University of Adelaide Department of Medicine
 Royal Adelaide Hospital*

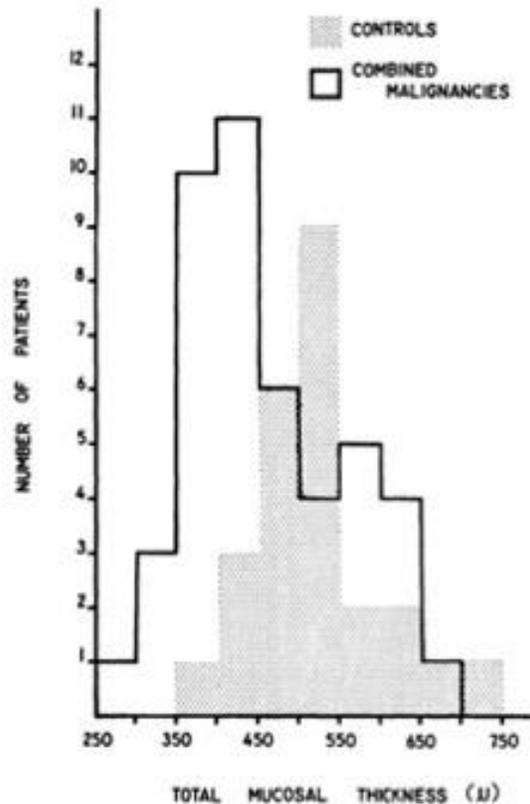


FIGURE 2
 Mucosal thickness measurements of biopsy specimens from control subjects and patients with malignant disease

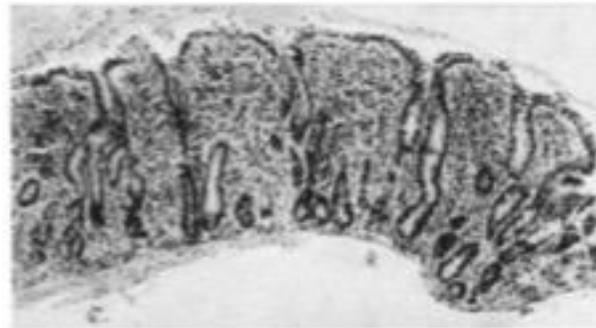


FIGURE 5
 Photomicrograph of jejunal biopsy specimen from a patient with bronchial carcinoma showing subtotal villous atrophy. (Original magnification, 170 diameters)

Digestion 7: 147-155 (1972)

Morphology of Small Bowel Mucosa in Malignancy¹

T. GILAT, B. FISCHEL, J. DANON and M. LOEWENTHAL

Departments of Gastroenterology and Pathology, Ichilov Hospital,
 Tel Aviv University Medical School, Tel Aviv

GILAT/FISCHEL/DANON/LOEWENTHAL

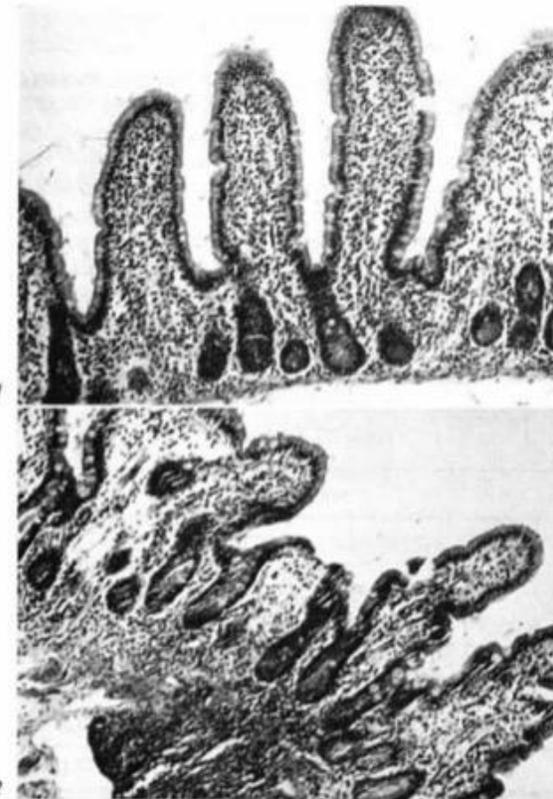
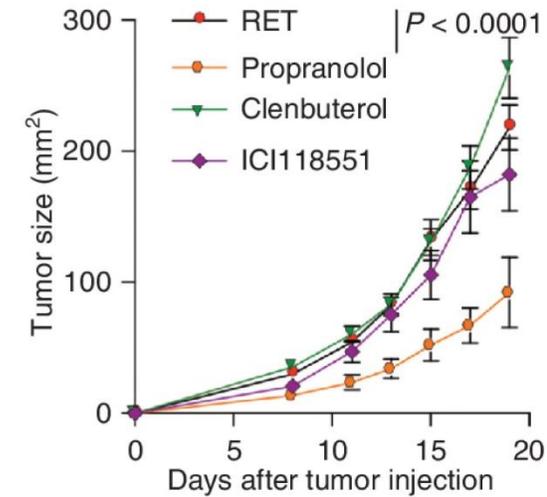
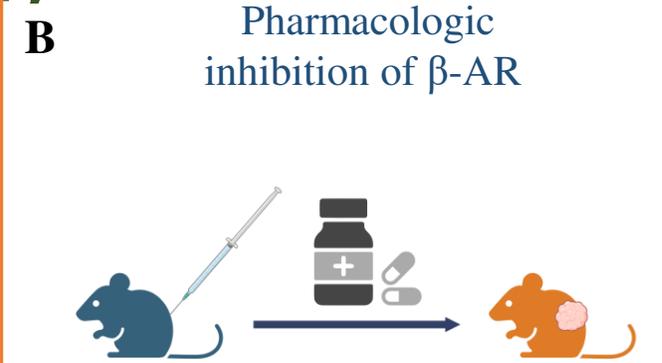
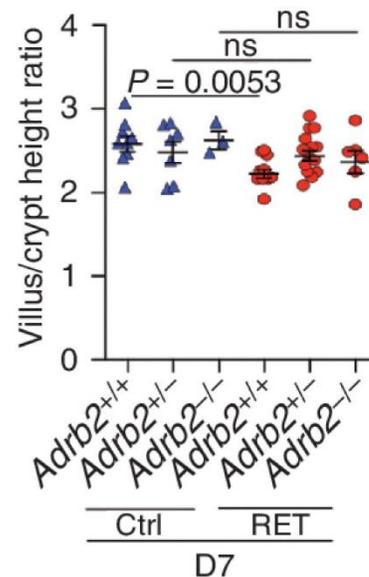
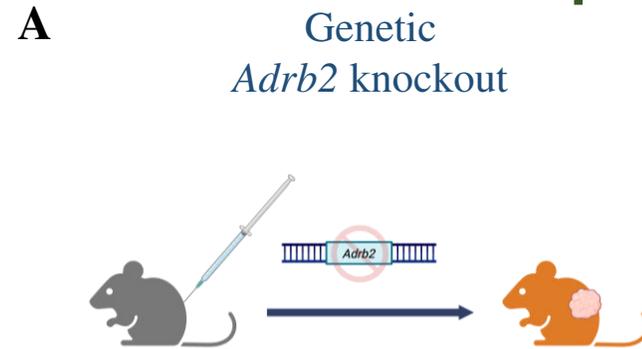
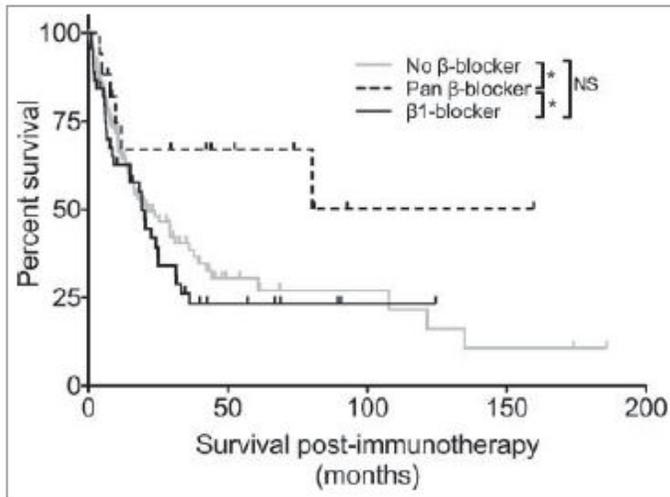
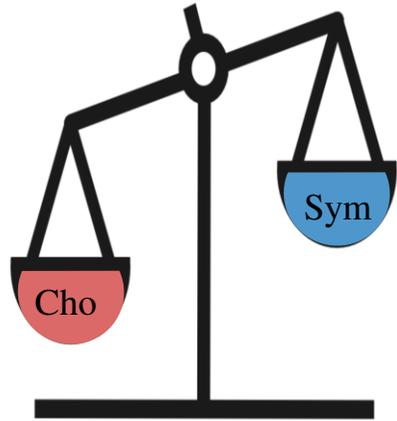


Fig. 1. Mild nonspecific changes. Suction biopsy, jejunum. HE, × 20.
 Fig. 2. Marked nonspecific changes. Suction biopsy, jejunum. HE, × 20.

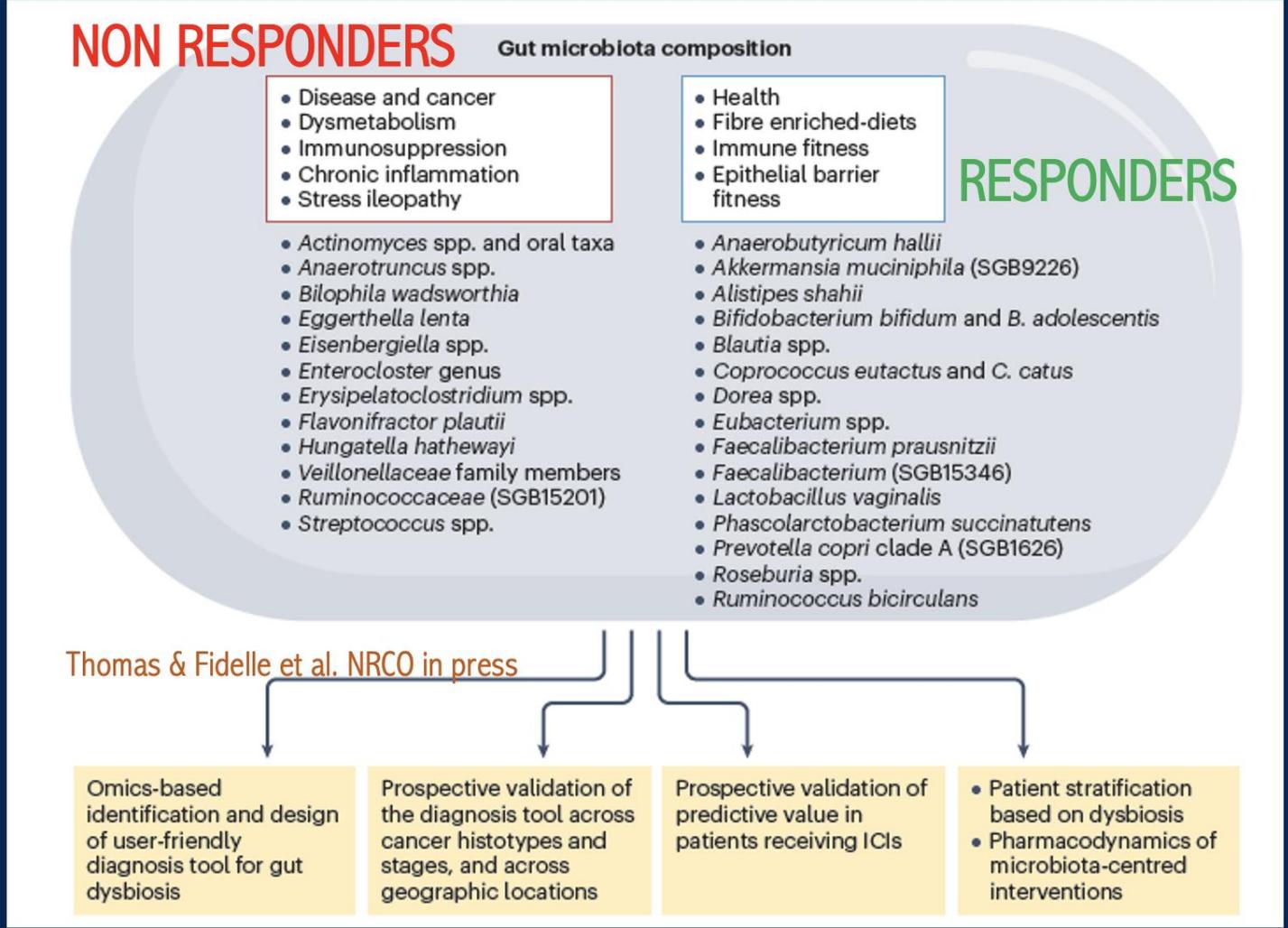
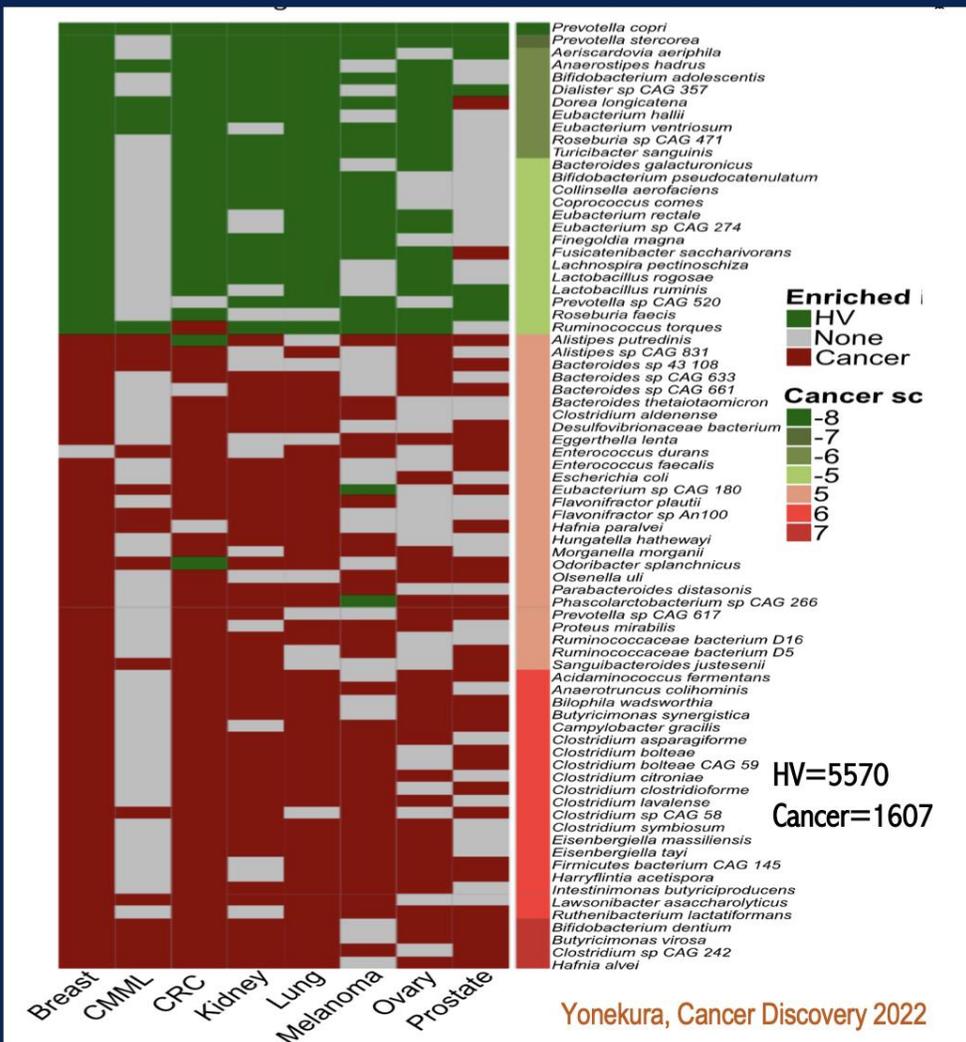
17^e Rencontre Patients de l'Association A.R.Tu.R.

Epithelial barrier fitness: β -adrenergic receptors signaling-mediated stress ileopathy



Propranolol: β 1/2-AR blocker
 Clenbuterol: β 2-AR agonist

GUT DYSBIOSIS IN CANCER PATIENTS: Divergence between healthy volunteers⁷ and cancer patients and between responders or non responders to IO



17^e Rencontre Patients de l'Association A.R.Tu.R.

DIAGNOSIS OF INTESTINAL DYSBIOSIS paving the way to I-O resistance in NSCLC.

nature
medicine

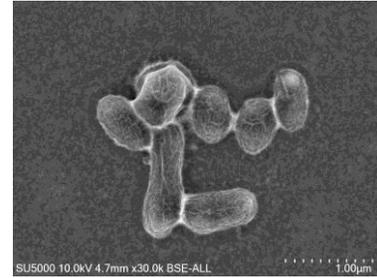
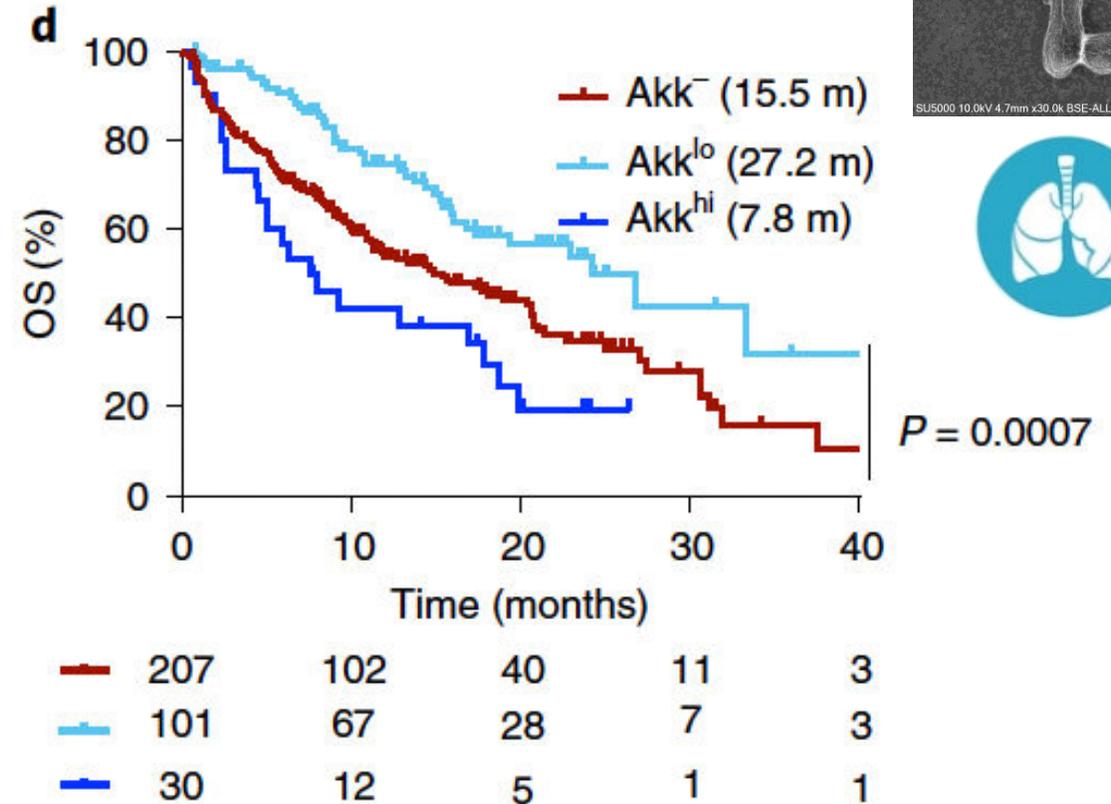
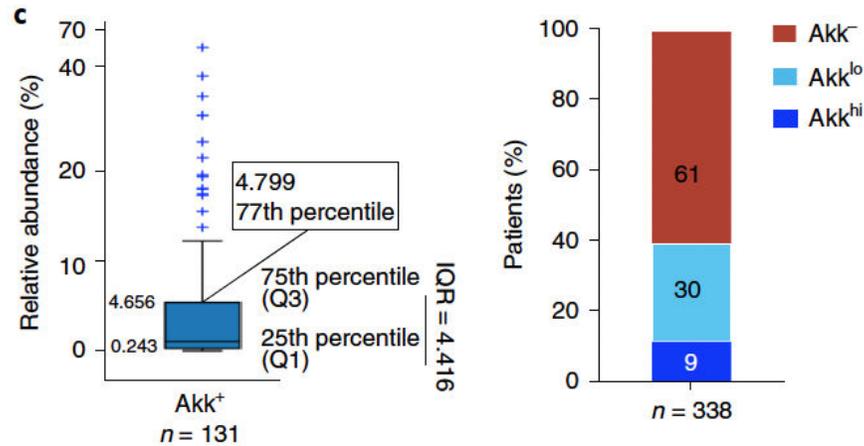
ARTICLES

<https://doi.org/10.1038/s41591-021-01655-5>

Check for updates

Intestinal *Akkermansia muciniphila* predicts clinical response to PD-1 blockade in patients with advanced non-small-cell lung cancer

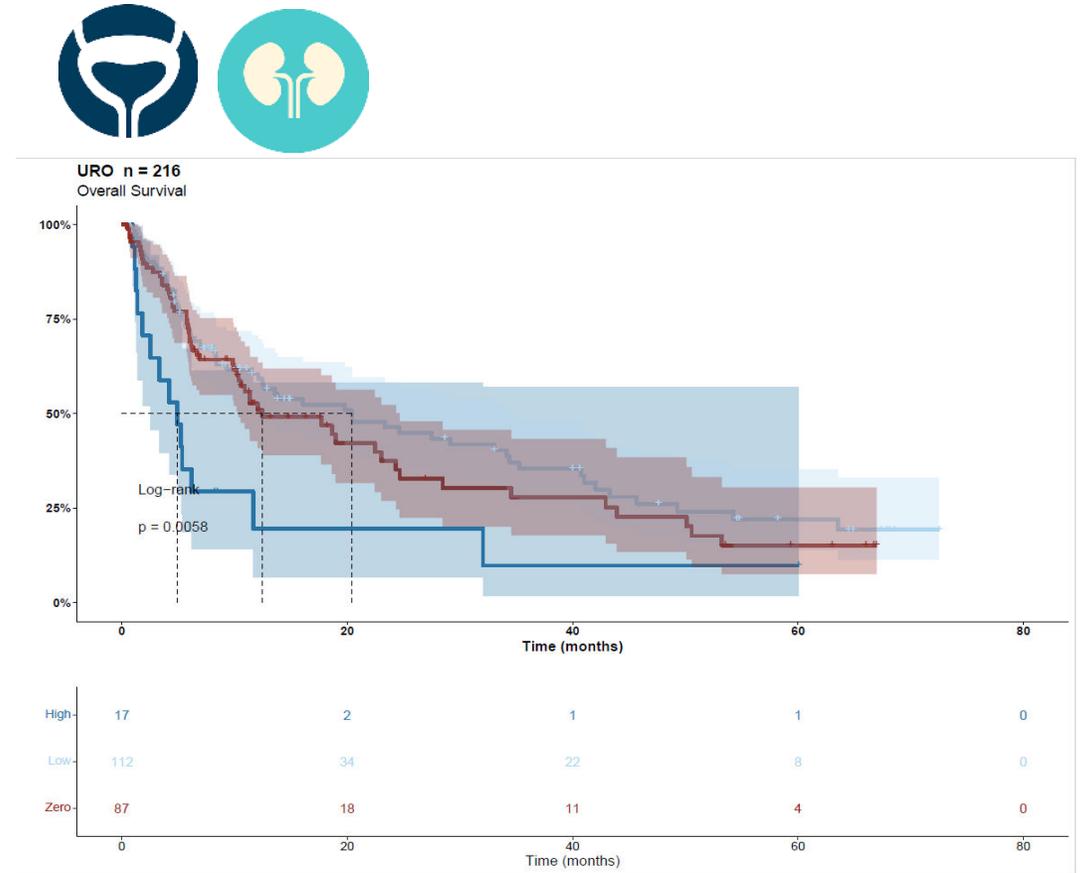
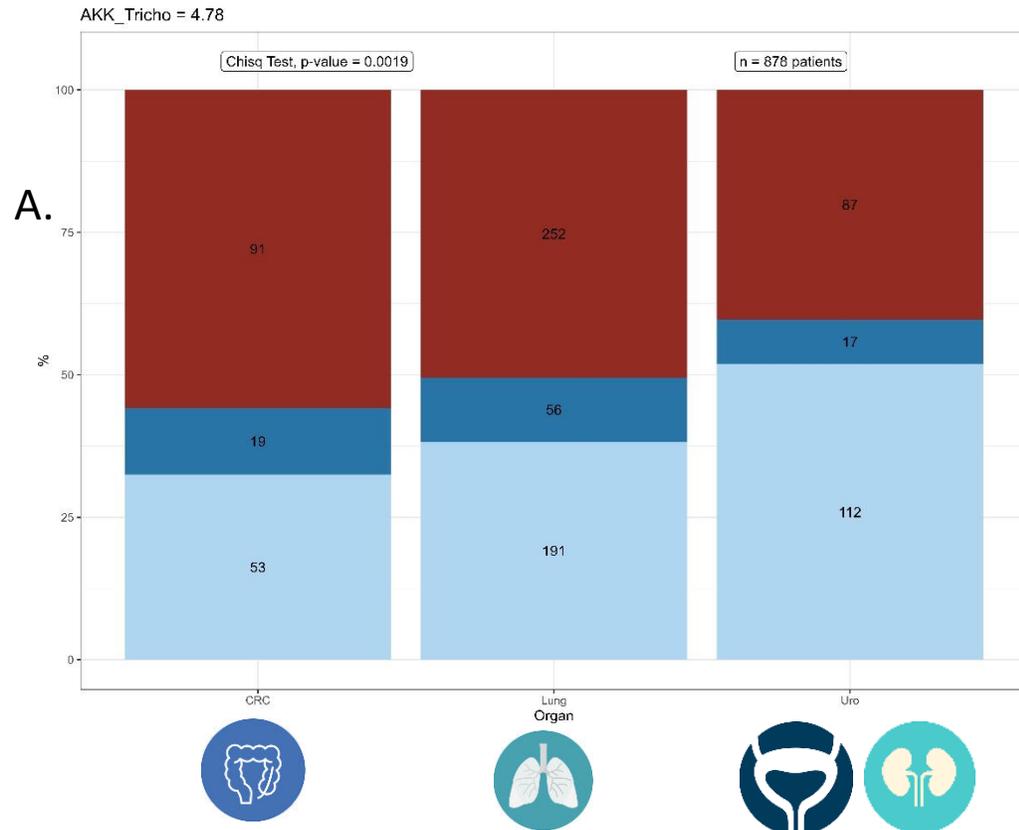
Lisa Derosa^{1,2,3,4,35}, Bertrand Routy^{5,6,35}, Andrew Maltez Thomas^{7,8,35}, Valerio Iebba⁹,



Derosa et al. Nat. Med Feb 2022

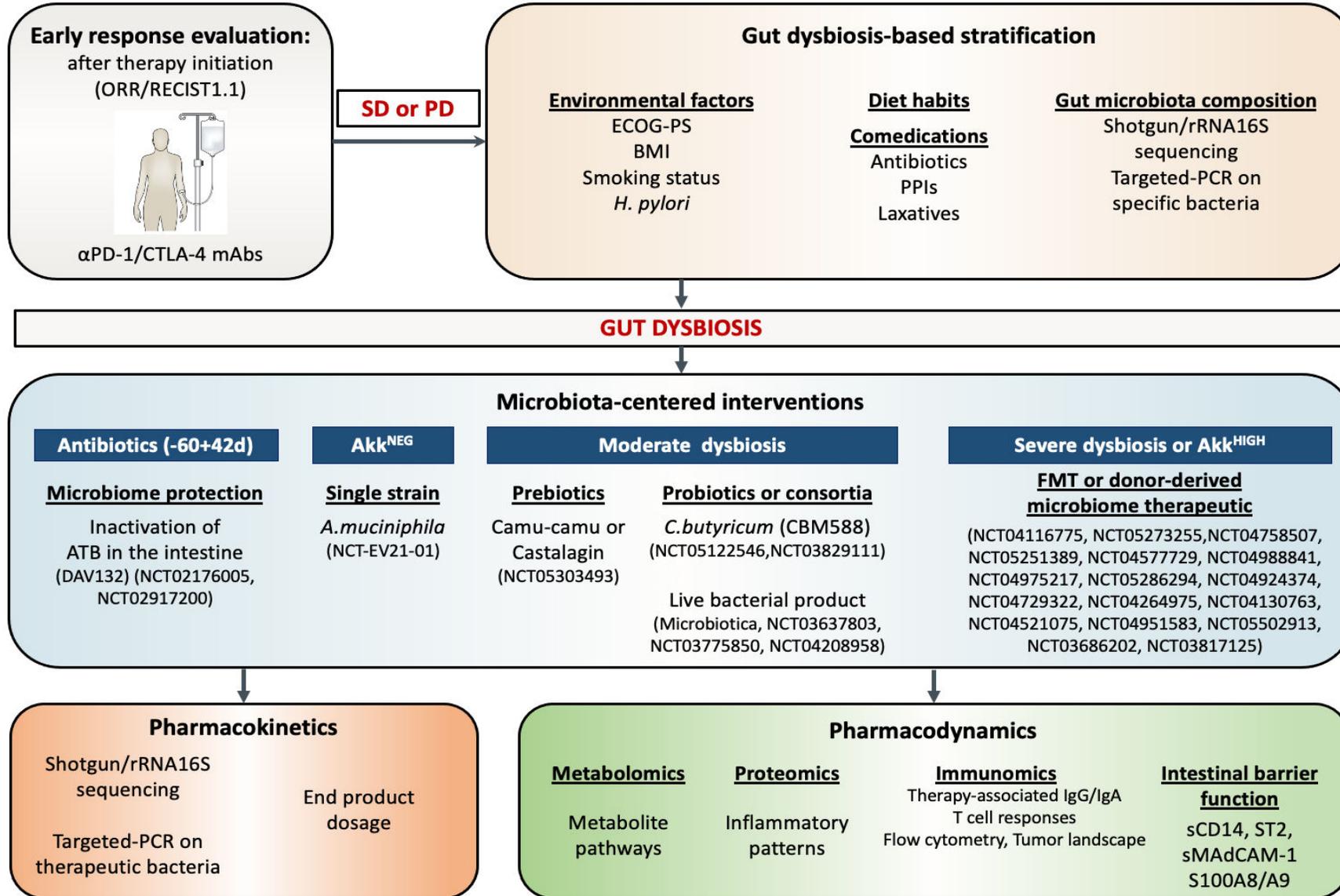
17^e Rencontre Patients de l'Association A.R.Tu.R.

In urinary tract malignancies, AKK high individuals are at higher risk of mortality



17^e Rencontre Patients de l'Association A.R.Tu.R.

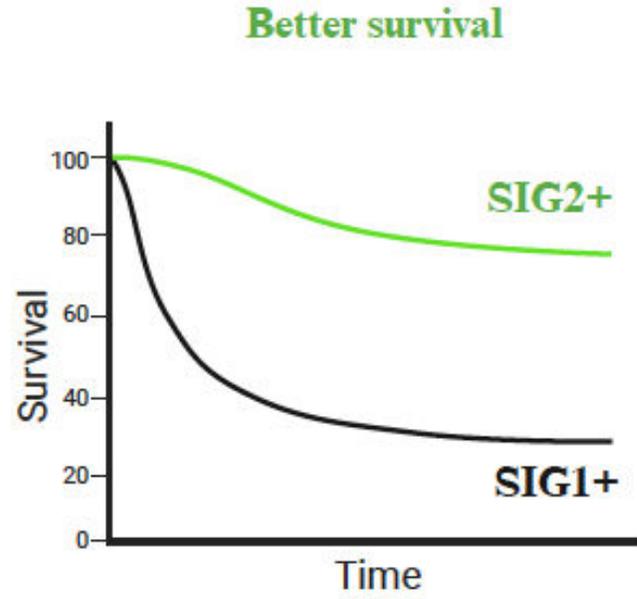
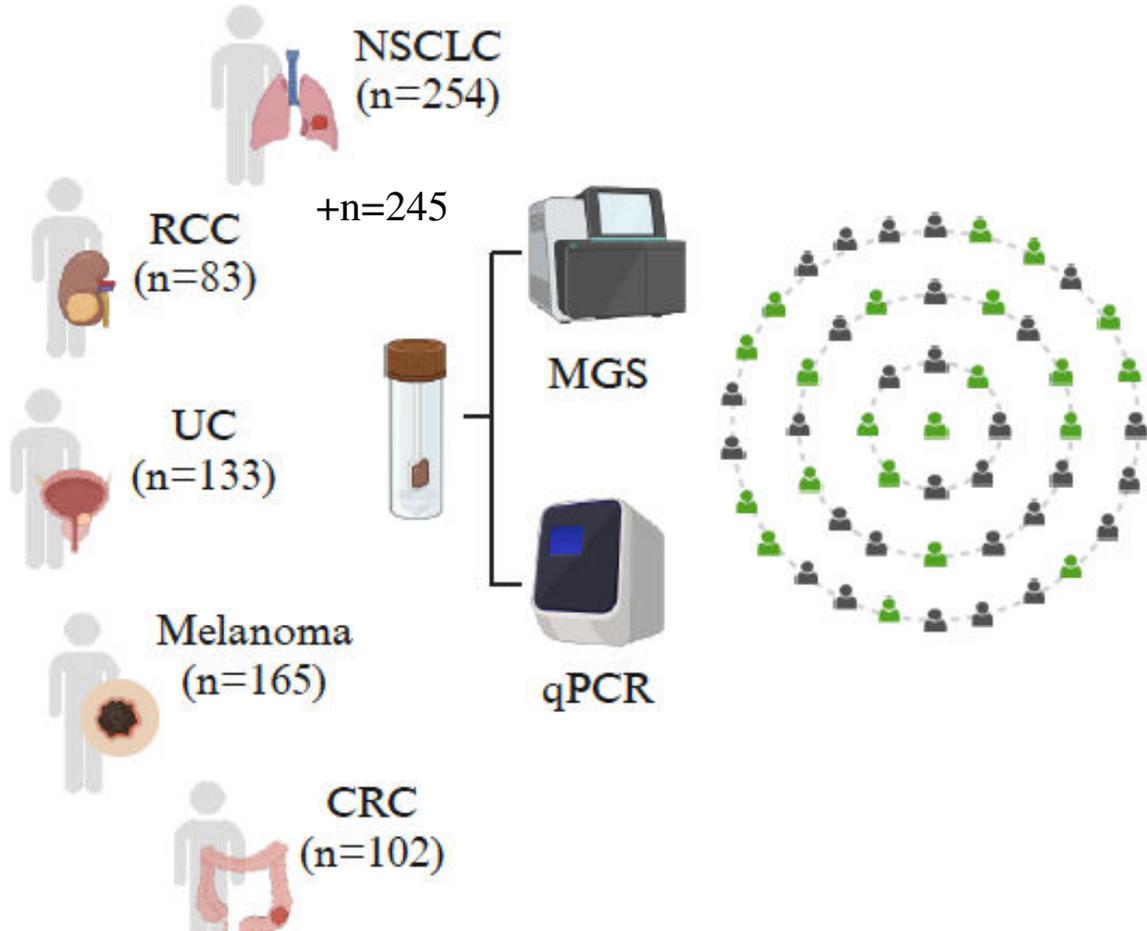
DIAGNOSIS TOOLS FOR DYSBIOSIS TO STRATIFY & ADAPT MICROBIOTA-CENTERED INTERVENTIONS



17^e Rencontre Patients de l'Association A.R.Tu.R.

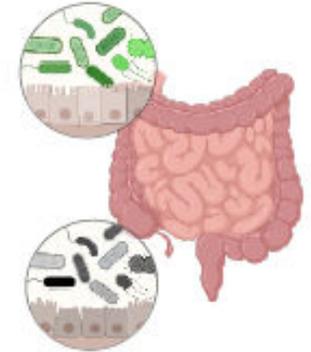
THE TOPOSCORE IS BORN: DEROSA L. and IEBBA V. et al. Cell, in press

Immunotherapy



Eubiosis

Lachnospiraceae family
Oscillospiraceae family
Polyamine and
Tryptophane pathways



Dysbiosis

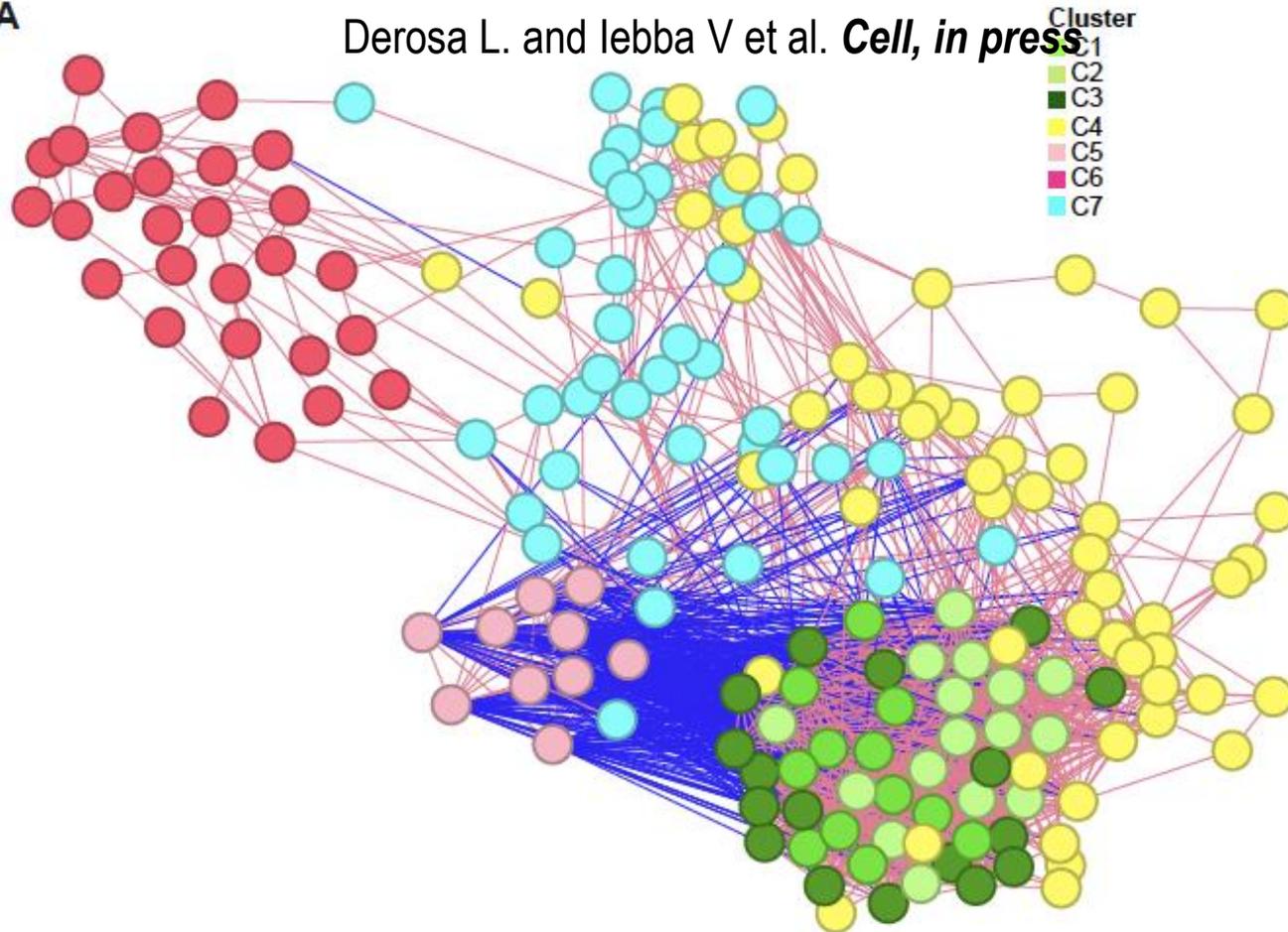
Enterocloster genus,
Streptococcaceae family
Veillonellaceae family
Lactobacillaceae family



ECOSYSTEM COMMUNITY STRUCTURAL ORGANIZATION AND THE DEGREE TO WHICH SUCH FORCES INTERACT IN LONG-TERM RESPONDERS (R) OR NON-RESPONDERS (NR)

A

Derosa L. and Iebba V et al. *Cell, in press*



We build intestinal communities (called species interacting groups (SIG)) as follows:

- Each MGS was categorized as either “low” or “high” based on the median of its relative abundance in the whole population of 245 subjects. For those MGS that had a majority of null abundances, the MGS were categorized as “present” or “absent”
- Cox proportional hazard (CoxPH) models were run to select MGS associated with an elevated or reduced overall survival (OS) with a hazard ratio (HR) ≤ 0.80 or ≥ 1.25 .
- Among the 536 MGS identified in the discovery cohort, a total of 266 MGS was retained in the model. Then, a score proportional to the significance of the interaction between two MGS ($-\log_{10}(p)$) was defined as negative in case of co-exclusion pattern ($OR < 1$) or positive in case of co-occurrence ($OR > 1$) (Fisher’s exact test on 2x2 contingency tables based on their absence/presence co-occurrences and scored by the by $-\log_{10}(p) \times \text{sign}(OR - 1)$ metrics, where p is the Fisher p -value and OR , the Odds Ratio). Interactions with a Bonferroni-corrected p -value ≤ 0.05 were retained for analysis
- A total of 180 connected MGS were then clustered with Ward’s method and Manhattan distance, resulting in the identification of 7 clusters (C1 to C7)
- Two clusters (C5 and C6) contained 37 MGS, mostly (95%) associated with OS < 12 (HR ≥ 1.25) that were used to define the SIG1 signature.
- Three clusters (C1, C2, C3) that contained 45 MGS all associated with OS > 12 months (HR ≤ 0.80) were compounded into the SIG2 signature

Immunotherapy

Enterocloster genus,
Streptococcaceae family
Veillonellaceae family
Lactobacillaceae family

Species interacting groups (SIGs)

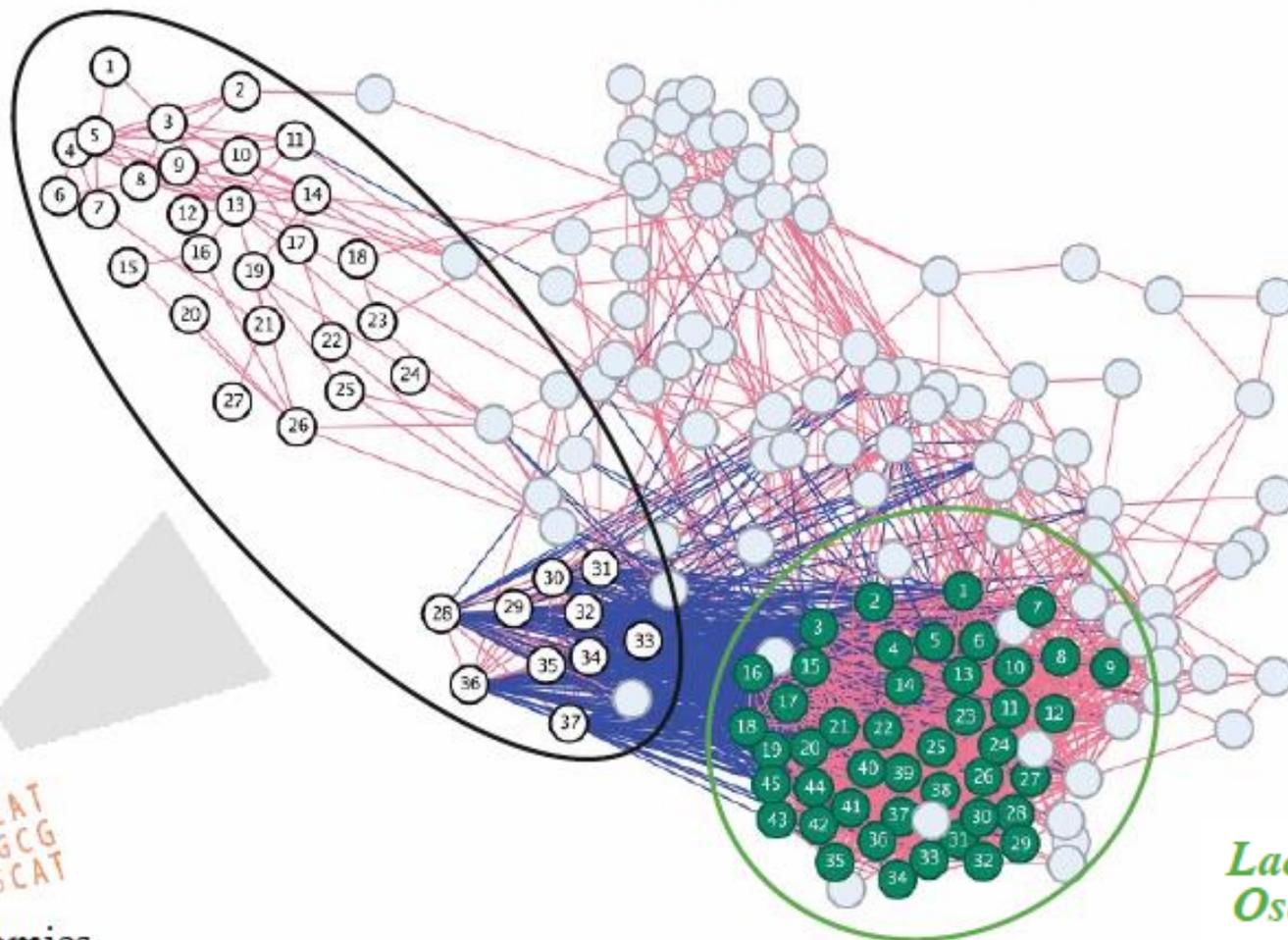
SIG1
37 unfavorable bacteria



NSCLC
(n=245)



Shotgun metagenomics
sequencing



Lachnospiraceae family
Oscillospiraceae family

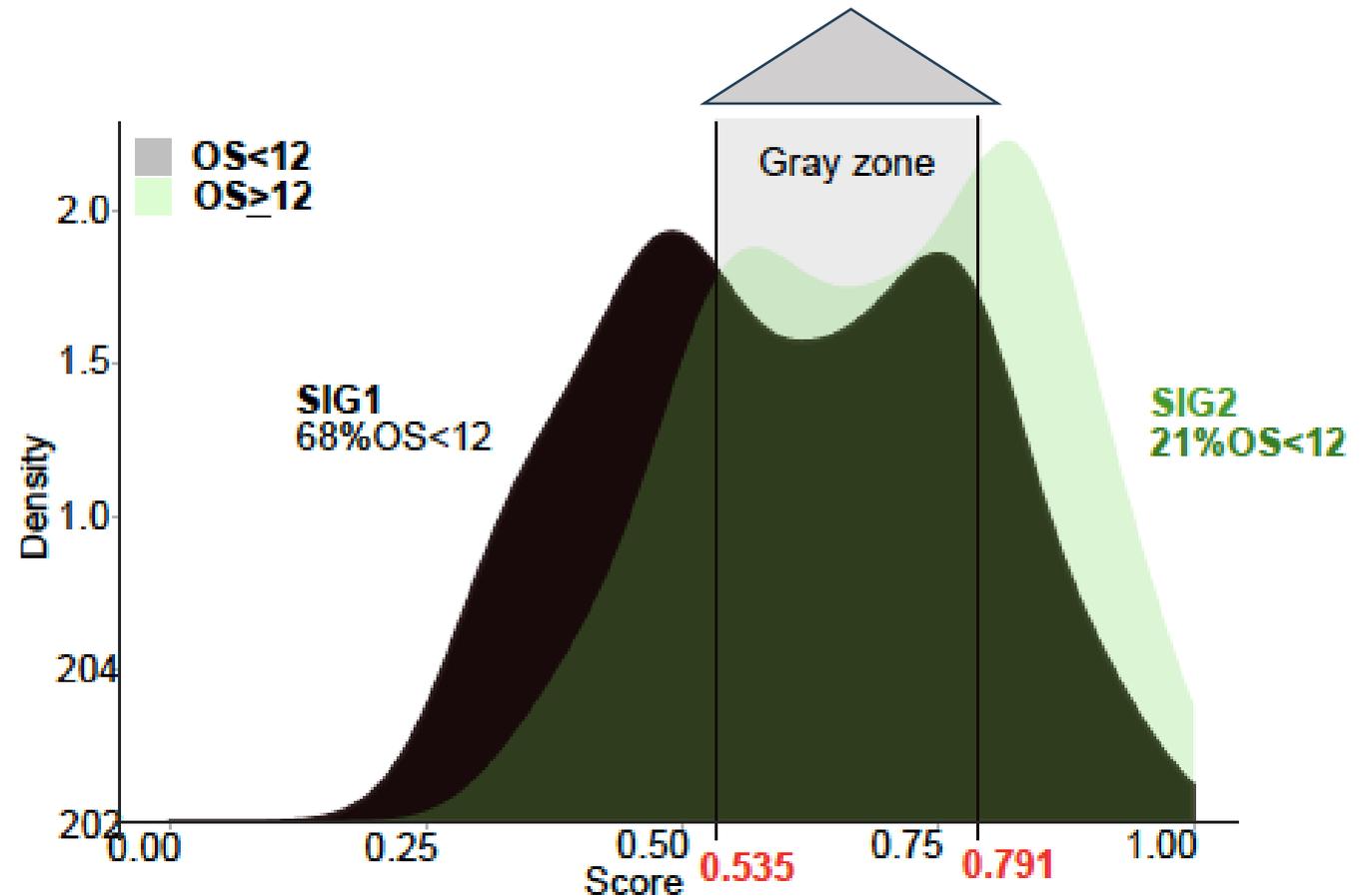
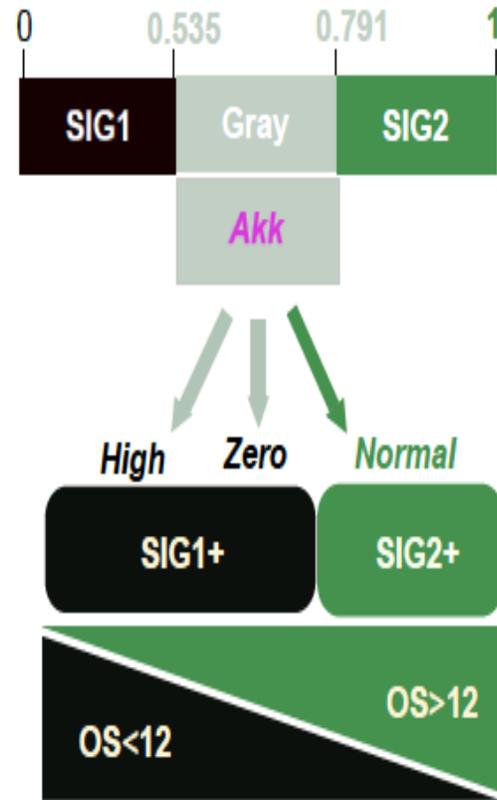
45 favorable bacteria

DISCOVERY COHORT OF 245 NSCLC patient-derived stools

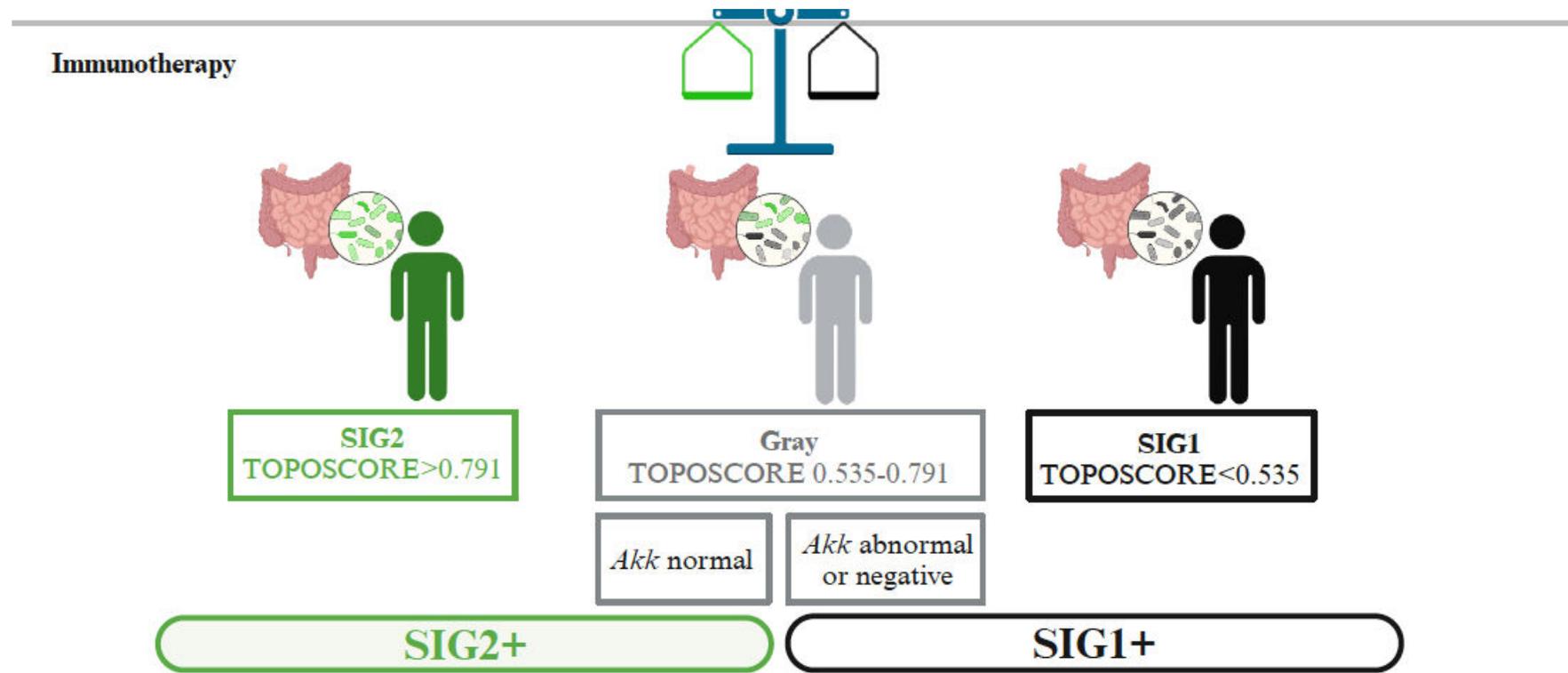
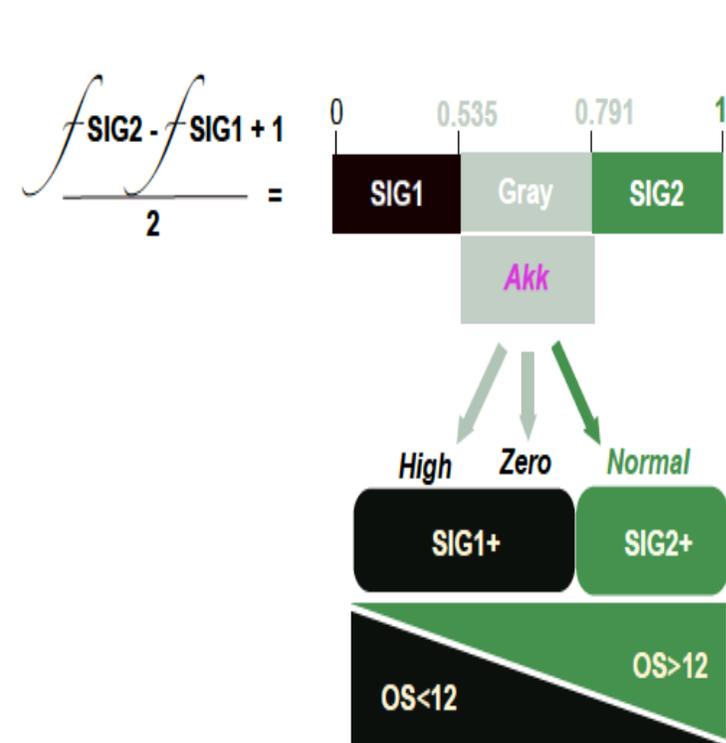
The distribution of the S score is depicted by means of Kernel density estimation (KDE). Gray zone teased apart using bacteria with trichotomic distribution (*A. senegalensis*, *B. caccae*, *A. muciniphila*)



$$\frac{f_{\text{SIG2}} - f_{\text{SIG1}} + 1}{2} =$$



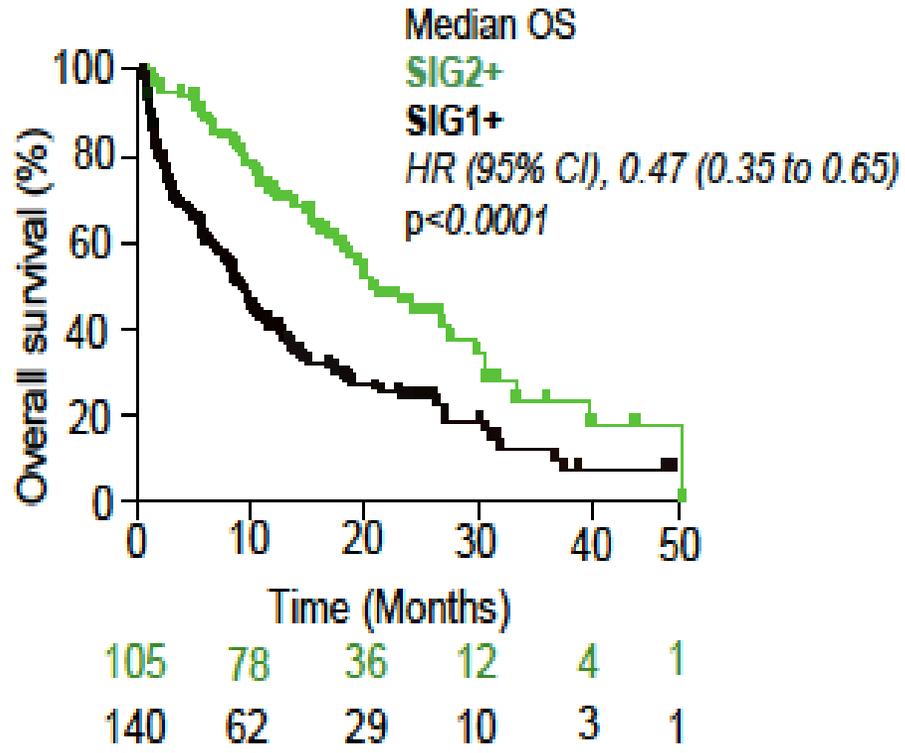
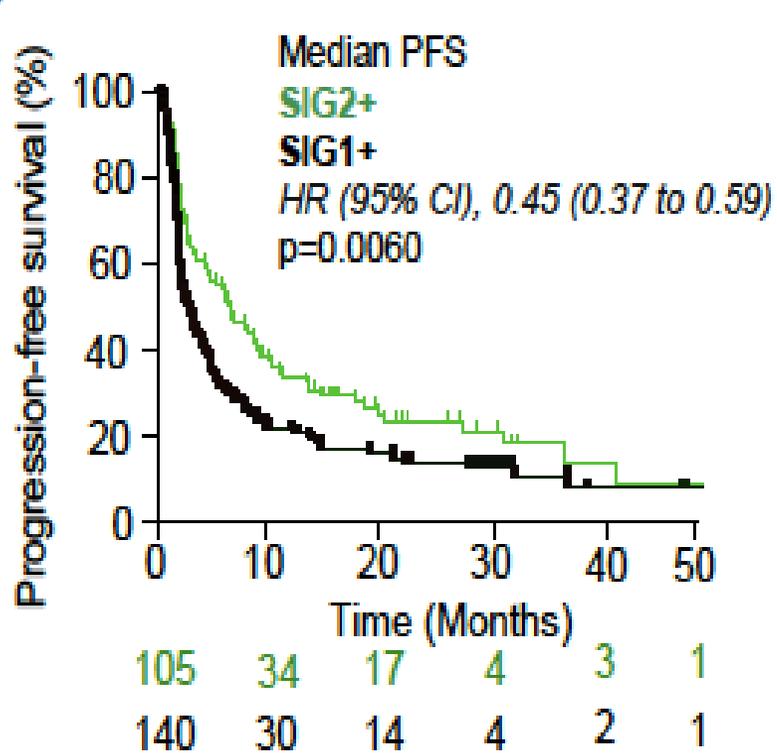
FINAL STOOL CLASSIFICATION BASED ON THE DICHOTOMIC SIG1+ VERSUS SIG2+



SIG2+ PATIENTS HAVE A BETTER PFS AND OS THAN SIG1+ NSCLC PATIENTS

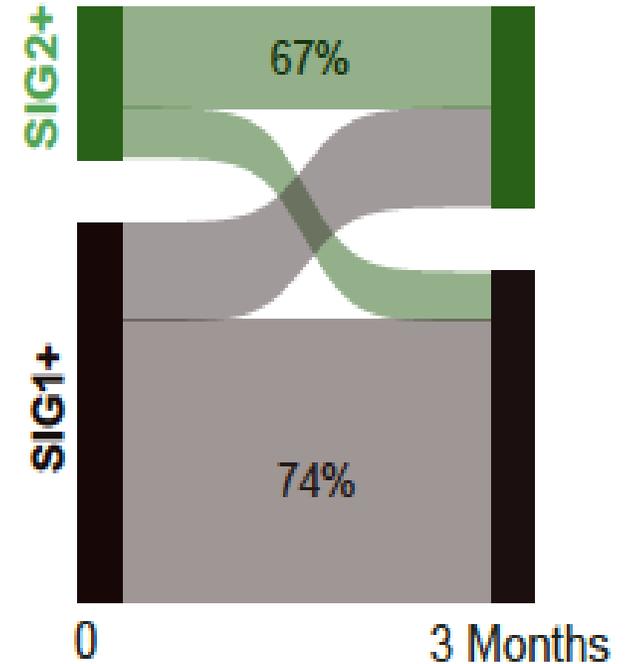
Discovery cohort N=245 but also Validation cohort (N=254)

D



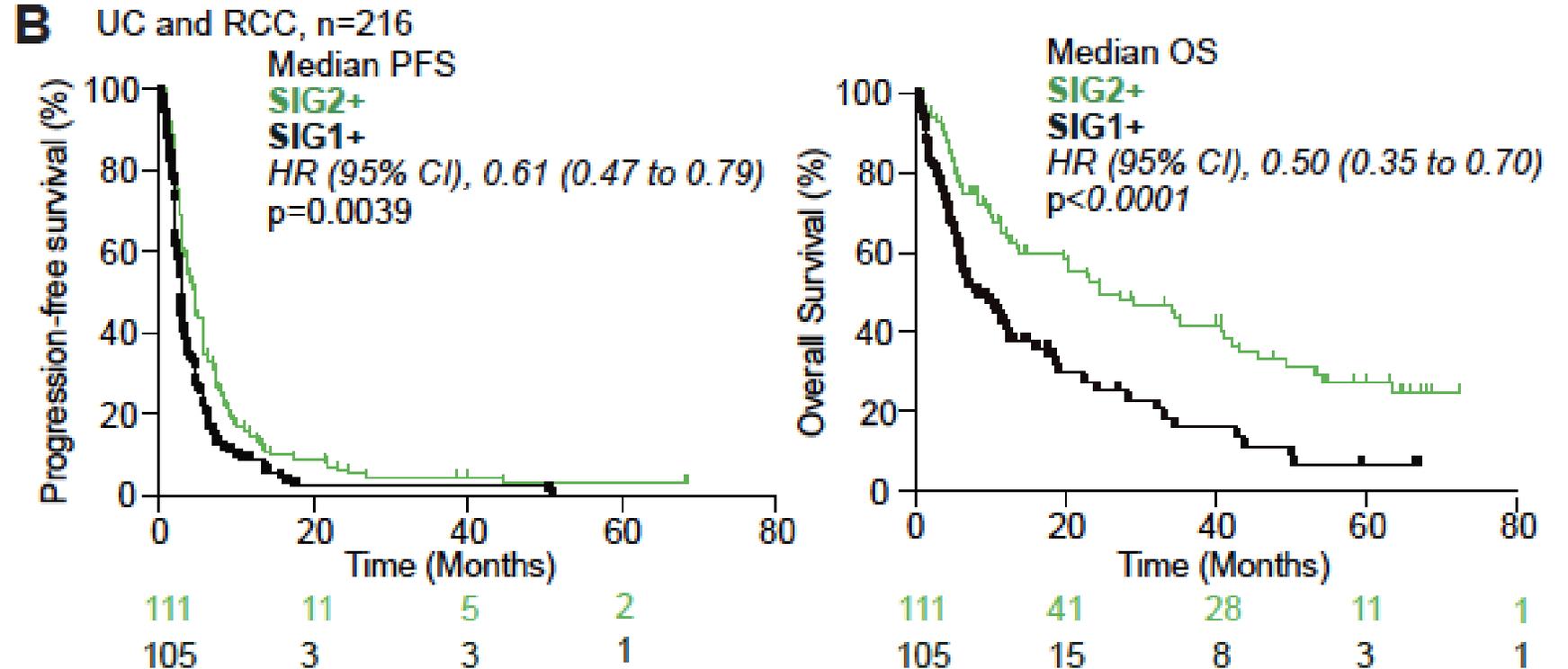
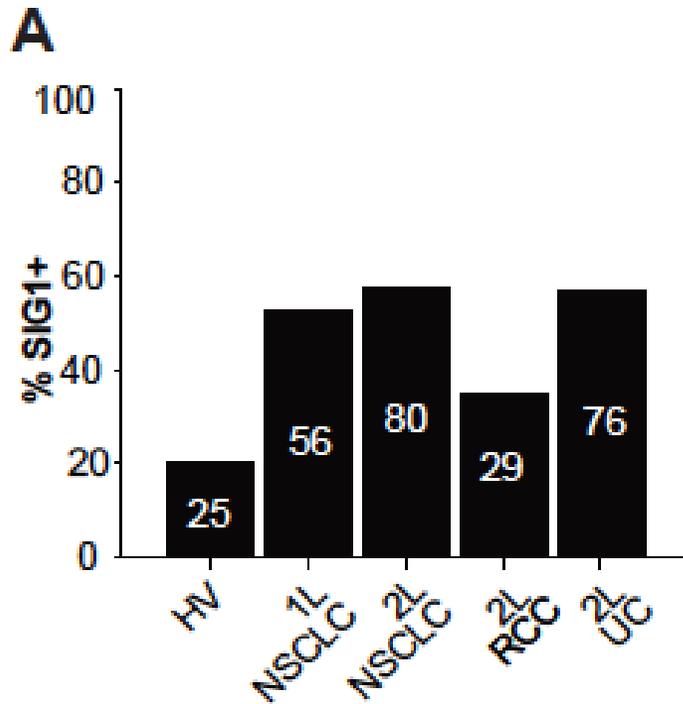
E

Longitudinal



UROTHELIAL CANCER AND KIDNEY CANCER PATIENTS: N=216

Better PFS and overall survival in 1st or 2nd line PD1 blockade in SIG2+ individuals



48 hr-turn around diagnosis tool for gut dysbiosis?

DOWNSCALING THE NUMBER OF CLINICALLY SIGNIFICANT BACTERIA PCR_TOPOSCORE



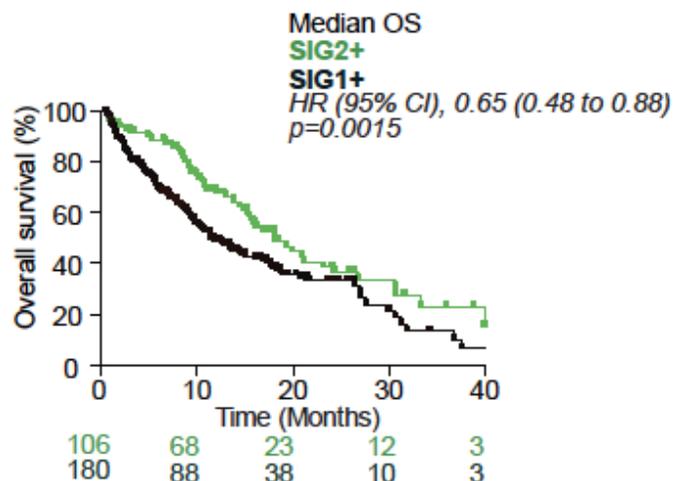
To transform the 83 metagenomics-based -TOPOSCORE into a 21 PCR-based **friendly-user test**

- Using the most prevalent MGS species (Park et al. 2022) as well as reliable and robust probe sets (designed by Bio-Me)



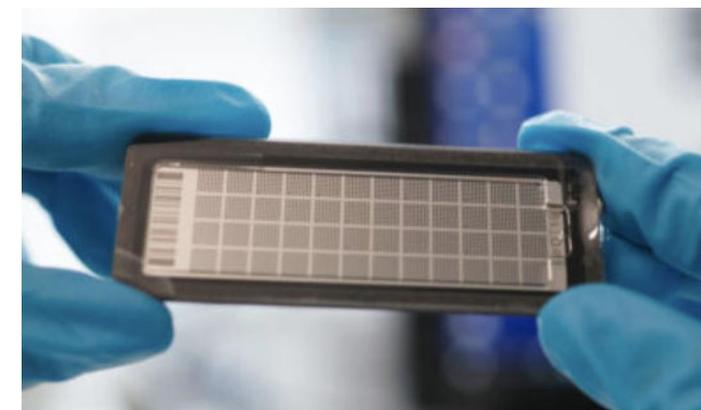
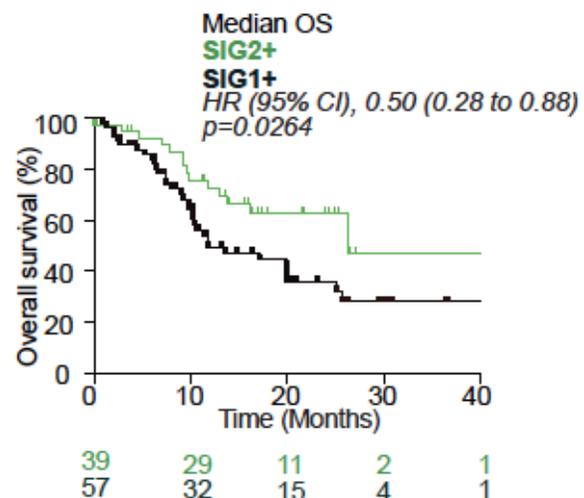
NSCLC, n=313, Batch 1 from Cohort Test

21 bacteria-based PCR TOPOSCORE



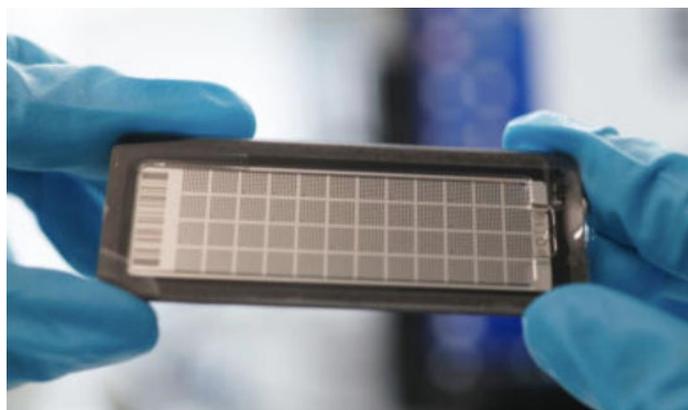
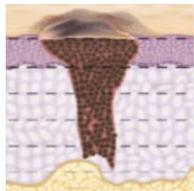
NSCLC, n=96 Batch 2 from Cohort Validation

21 bacteria-based PCR TOPOSCORE



Derosa L. and Iebba V et al. Cell, in press

PCR-BASED TOPOSCORE APPLIED TO MELANOMA AND COLORECTAL CANCERS (ATEZOTRIBE TRIAL)



D MELANOMA, n=165
21 bacteria-based MGS TOPOSCORE

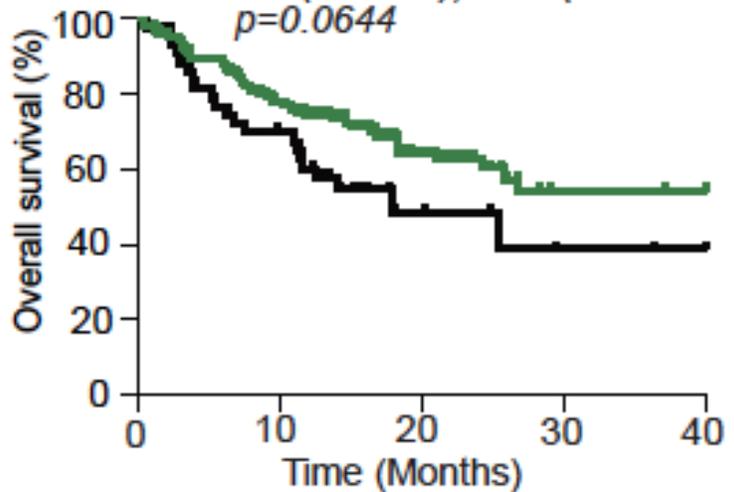
Median OS

SIG2+

SIG1+

HR (95% CI), 0.62 (0.35 to 1.10)

$p=0.0644$



122	94	40	15	13
43	30	8	4	2

CRC CT+IO Arm, n= 102
21 bacteria-based MGS TOPOSCORE

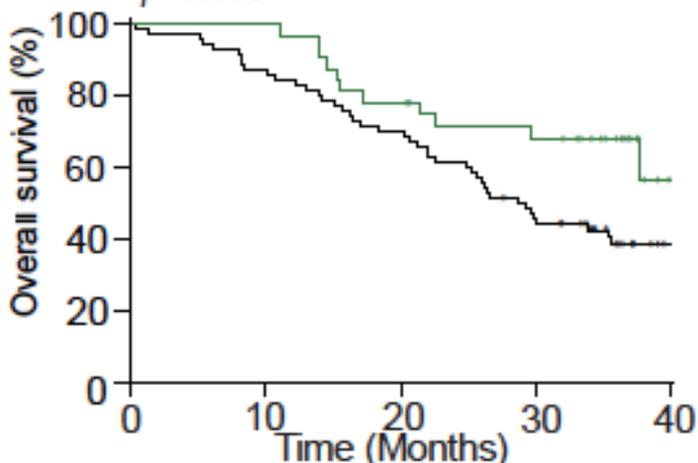
Median OS

SIG2+

SIG1+

HR (95% CI), 0.49 (0.25 to 0.96)

$p=0.033$

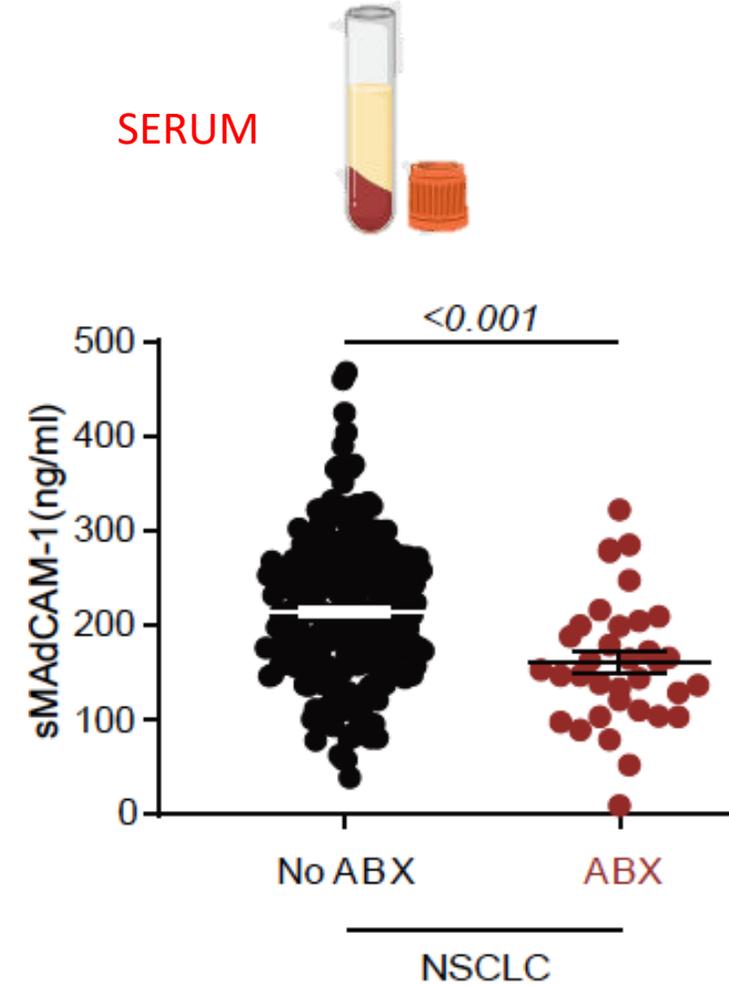
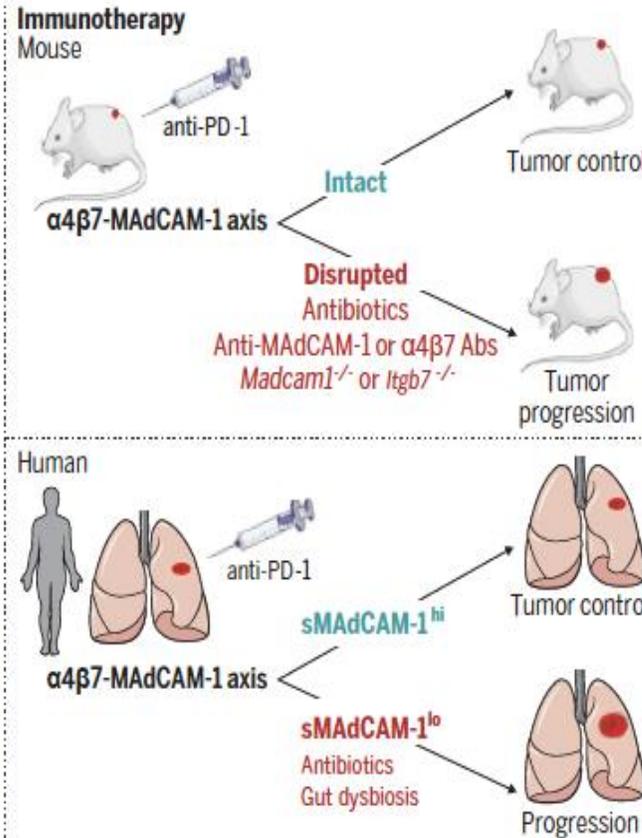
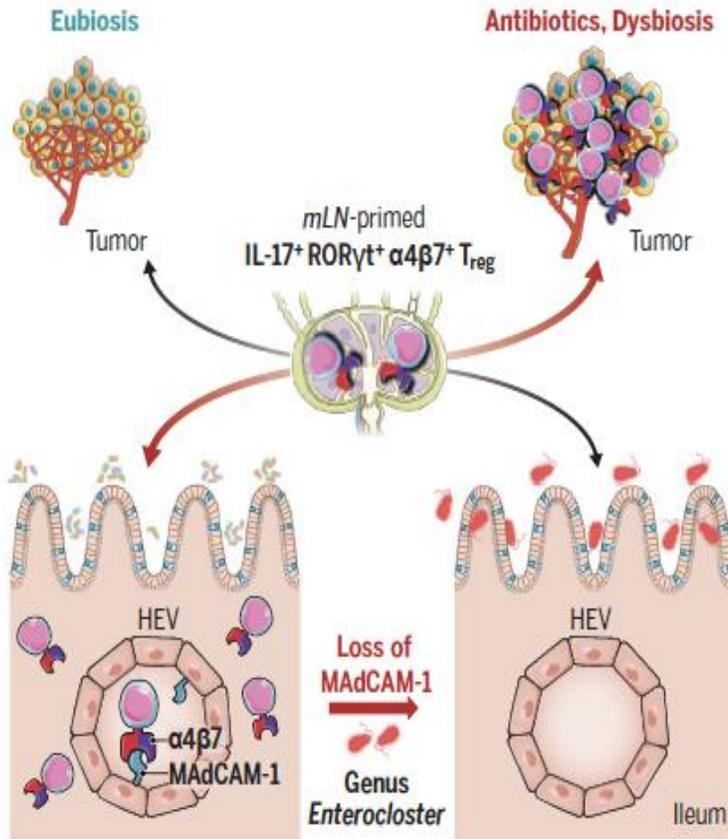


70	61	49	31	8
32	32	25	20	2

17^e Rencontre Patients de l'Association A.R.Tu.R.

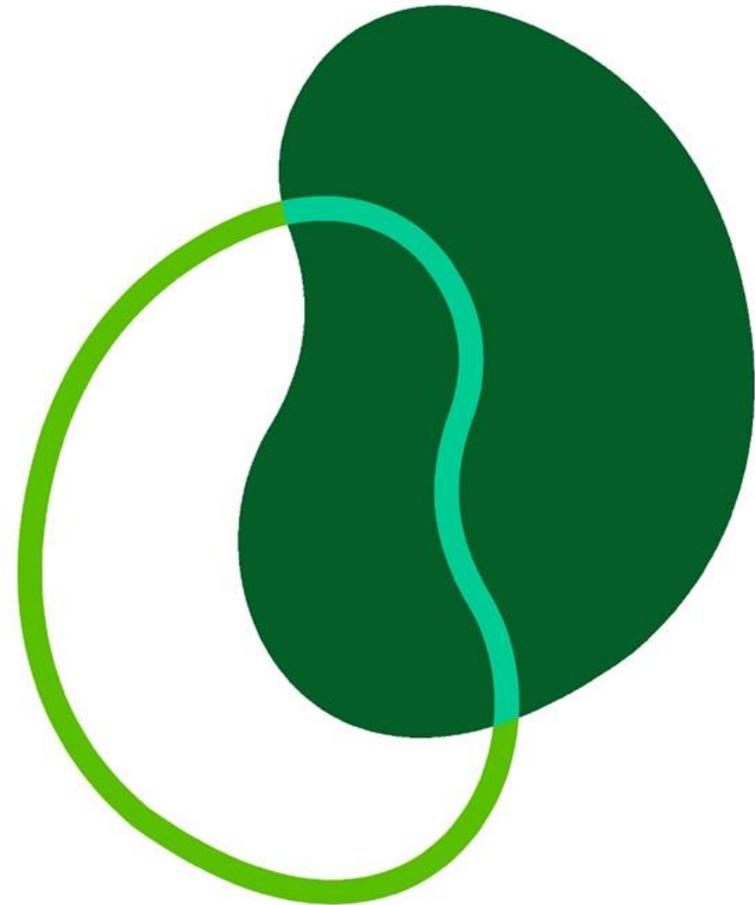
MADCAM-1: GUT IMMUNE CHECKPOINT FOR CANCER IMMUNOSURVEILLANCE

MAdCAM-1 as a gut immune checkpoint for cancer immunosurveillance. Bacteria from the genus *Enterocloster*, for example, after discontinuation of ABX, induce the down-regulation of MAdCAM-1 in the ileal lamina propria and mLNs, inducing the exodus of the immunosuppressive $\alpha 4\beta 7^+$ T_{reg}17 cells from the gut to cancers and tdLNs. Disruption of the MAdCAM-1- $\alpha 4\beta 7$ axis compromises the efficacy of immunotherapy in mice and patients.



17^e Rencontre Patients de l'Association A.R.Tu.R.

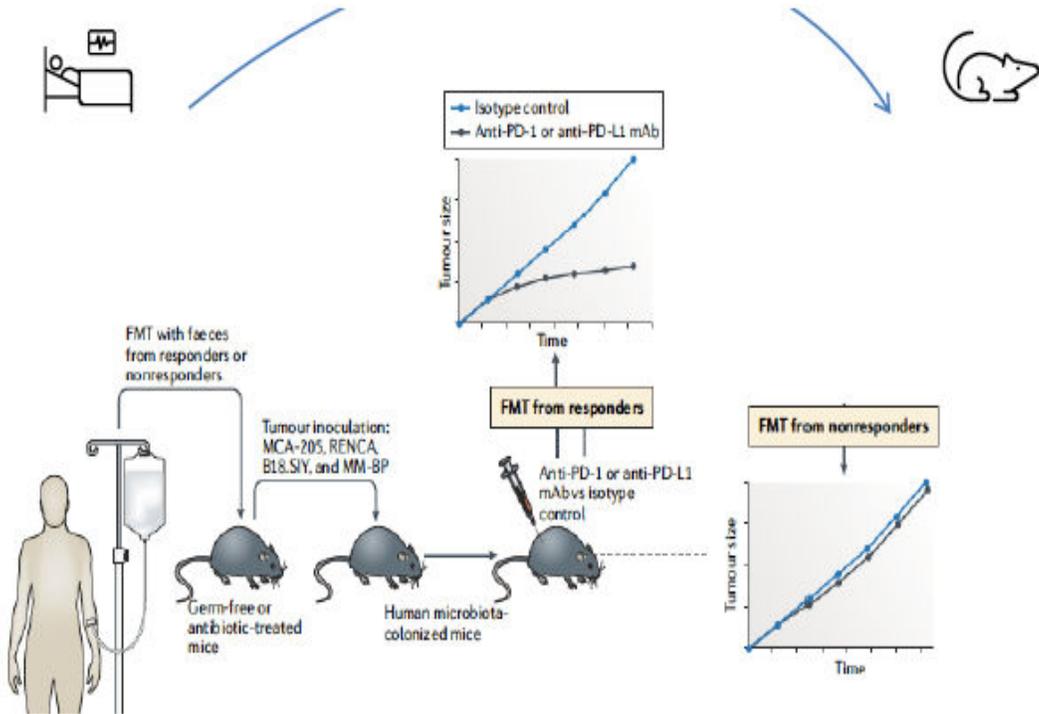
PART4: Microbiota-centered interventions



CAUSE-EFFECT RELATIONSHIP: IMMUNOGENIC COMMENSALS

CIRCUMVENT DYSBIOSIS-RELATED RESISTANCE TO PD1

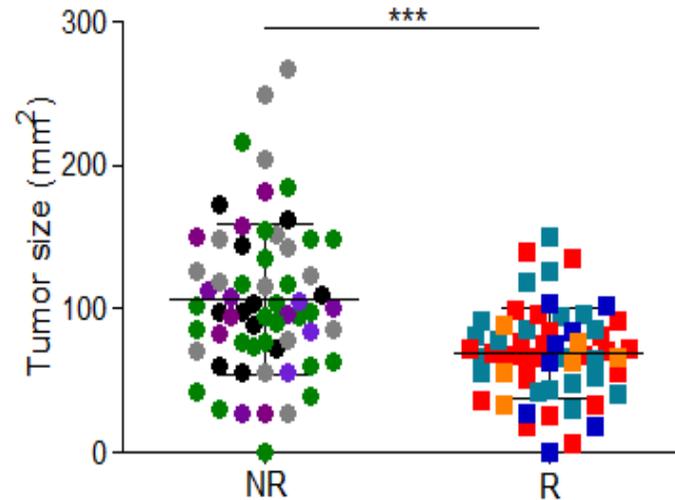
Demonstrated cause-effect relationship:
The avatar model



Routy et al. Nat Rev Clin Oncol. 2018 Jun;15(6):382-396.

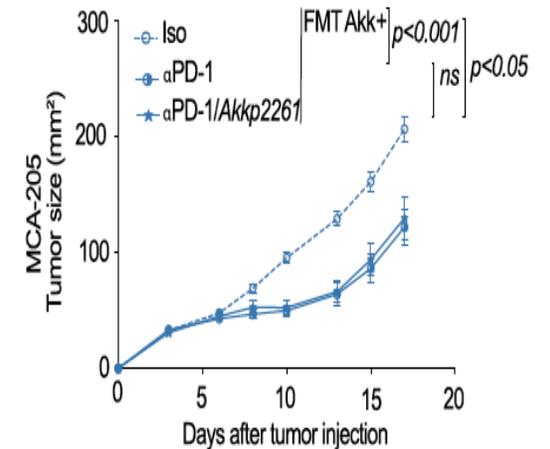
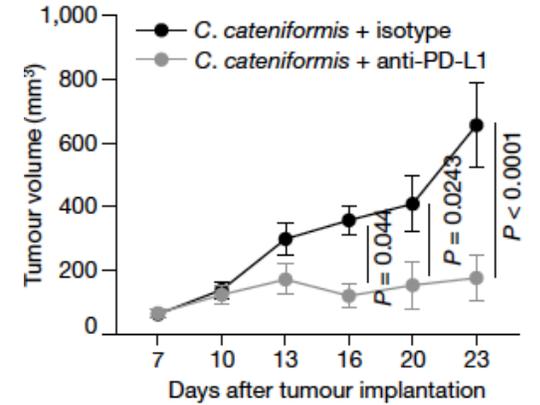


Anti-PD1 Ab-treated



Non responders : A, B, E, F, NSCLC pt (RECIST criteria at 3 months)
Responders : C, D, H, I, NSCLC pt (RECIST criteria at 3 months)

Routy et al; Science, Oct 27, 2017.



Derosa et al. Nat. Med Feb 2022

17^e Rencontre Patients de l'Association A.R.Tu.R.

THE FUTURE IS BRIGHT

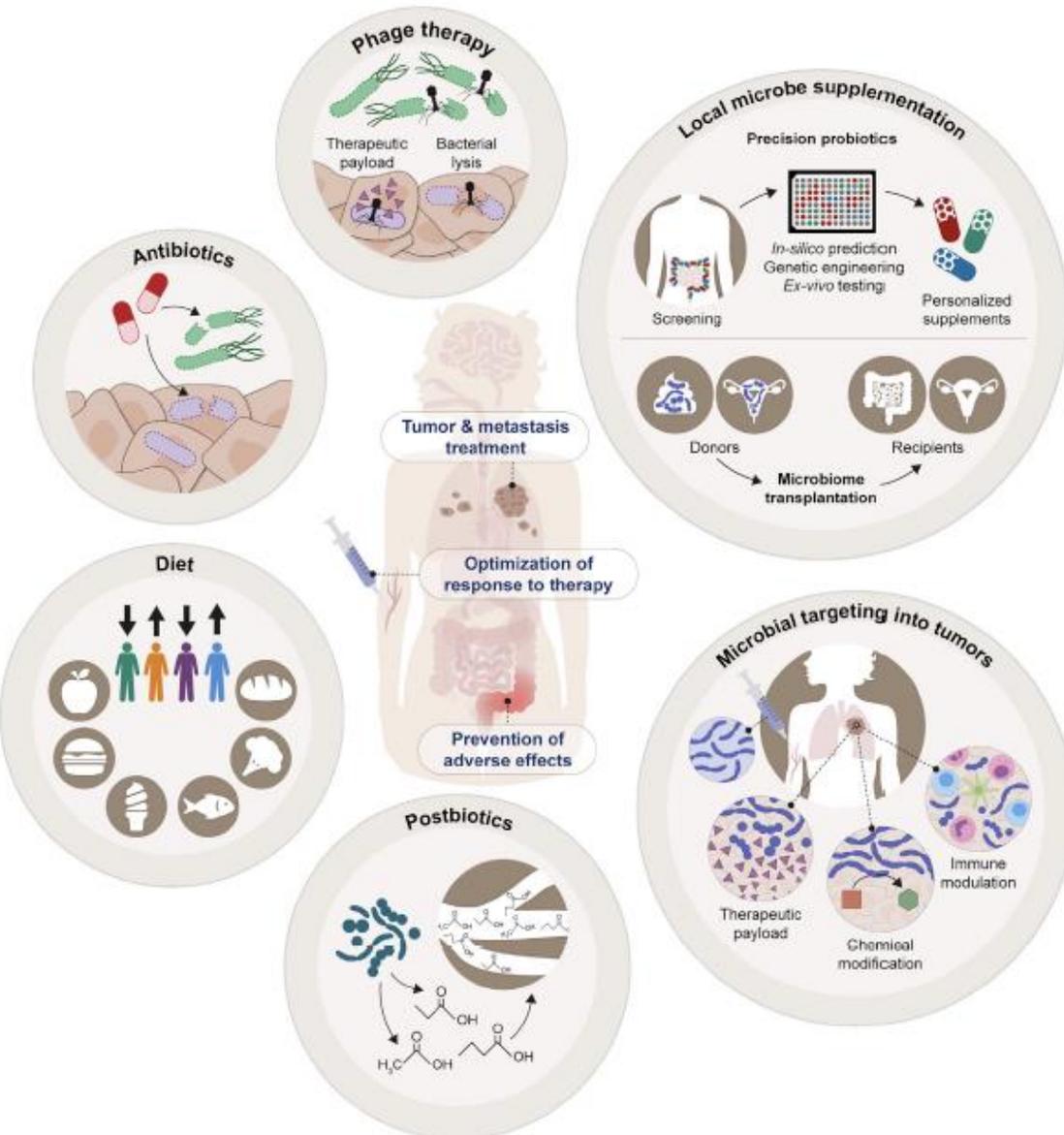


Table 1. Overview of current clinical studies investigating the effects of microbiome modulations in cancer therapies

Intervention	Cancer therapy	Cancer entity	Study phase	Endpoint	Reference
Fecal microbiota transfer (FMT)	Immune checkpoint inhibition	NSCLC, melanoma	Phase II	Therapy response	NCT04951583
	Immune checkpoint inhibition	Prostate cancer	Phase II	Therapy response	NCT04116775
	Immune checkpoint inhibition	CRC	Phase I	Therapy response	NCT04729322
	Immune checkpoint inhibition	RCC	Phase II	Therapy response	NCT04758507
	Immune checkpoint inhibition	Melanoma, NSCLC, GU cancer	Phase I	Toxicity	NCT03819296
	Immune checkpoint inhibition	GU cancer	Phase I	Toxicity	NCT04038619
	Immune checkpoint inhibition	Melanoma	Phase II	Response	NCT04577729
	Allo-HCT	Hematologic cancer	Phase II	Toxicity (GVHD)	NCT03812705
	Allo-HCT	Hematologic cancer	Phase II	Toxicity (infections)	NCT03678493
	Allo-HCT	Hematologic cancer	Phase II	Toxicity (infections)	NCT03678493
Microbial ecosystem therapeutics (MET-4)	Immune checkpoint inhibition	Solid tumors	Phase I	Response	NCT03686202
Probiotic (Bifidobacteria)	Immune checkpoint inhibition + chemotherapy	NSCLC	Phase I	Toxicity, surgical complications	NCT04699721
	Chemotherapy	CRC	Phase II	Therapy response	NCT04131803
Probiotic (<i>Clostridium butyricum</i>)	Immune checkpoint inhibition	RCC	Phase I	Safety	NCT03829111
	Allo-HCT	Hematologic cancer	Phase I	Toxicity	NCT03922035
Prebiotic (Fiber)	Immune checkpoint inhibition	Melanoma	Phase II	Safety	NCT04645680
	Chemotherapy	Gastrointestinal cancers	Phase II	Toxicity	NCT04447443
	Radiotherapy	Gastrointestinal and GU cancers	Phase III	Toxicity	NCT04534075

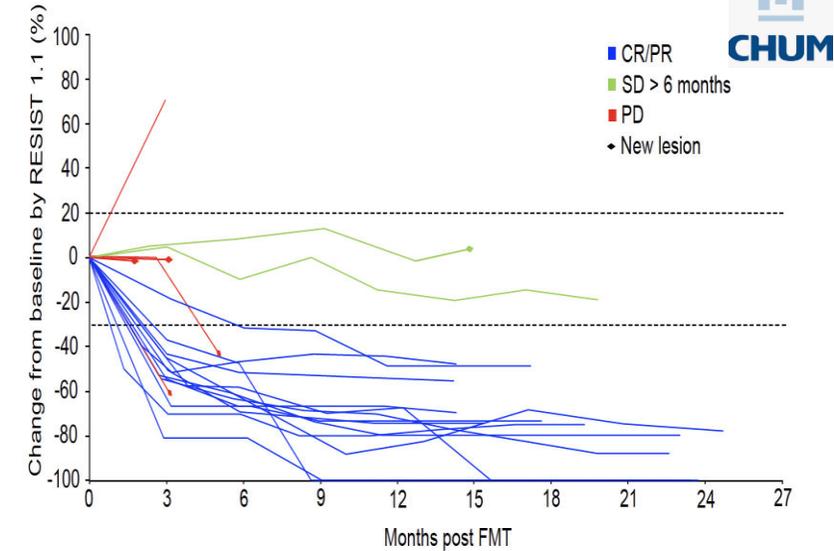
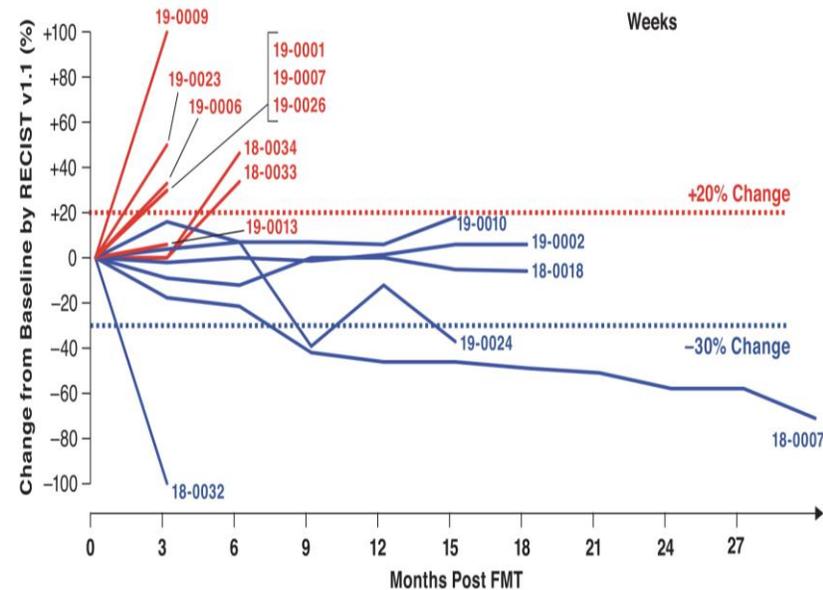
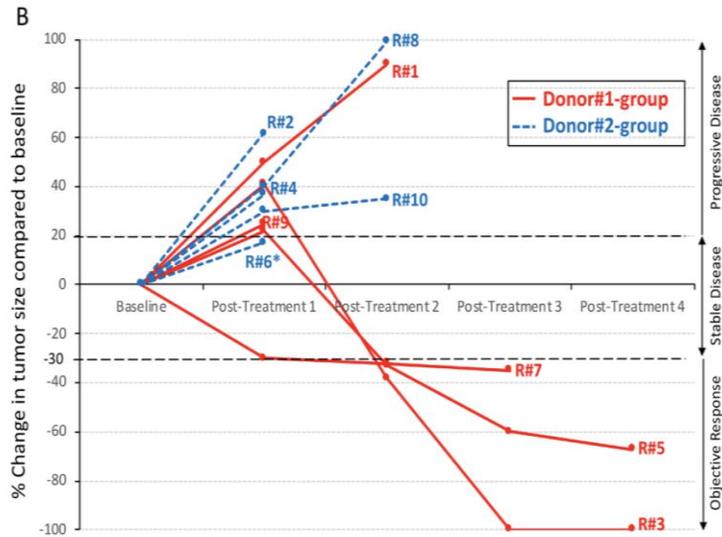
Derived from clinical trials registry of the NIH Library of Medicine. allo-HCT, allogeneic hematopoietic cell transfer; CRC, colorectal cancer; GU, genitourinary; RCC, renal cell carcinoma; MET, defined mixture of pure live cultures of intestinal bacteria isolated from a stool sample of a healthy donor; NSCLC, non-small-cell lung cancer.

17^e Rencontre Patients de l'Association A.R.Tu.R.

FECAL MICROBIAL TRANSPLANTATION ameliorates 1L objective response rates (by 20%) and circumvent primary resistance to PD1 blockade in about 30% MM

Feces from cancer patients benefiting from α PD1 Ab

Feces from healthy volunteers



EN Baruch et al.
Science 2021 Feb 5;371(6529):602-609.
 N=10 patients with anti-PD-1-refractory metastatic melanoma
 1CR+ 2PR

D. Davar et al.
Science 2021 Feb 5;371(6529):595-602.
 N=15 patients with anti-PD-1-refractory metastatic melanoma
 1CR+2PR+3SD

Routy et al.
Nature Med. In press
 N=20 naïve metastatic melanoma
 Disease control rate = 15/20 (75%)
 ORR: CR + PR = 13/20 (65%)



FIRST PROOF OF CONCEPT OF THE EFFICACY OF THE MICROBIOTA-CENTERED THERAPEUTIC INTERVENTION: FMT FROM R INTO NR MELANOMA PATIENTS

Bullman S et al. Nature Cancer 2021



LUMINATE TRIAL

NATURE CANCER | VOL 2 | DECEMBER 2021 | 1301-1304 | www.nature.com/natcancer

Therapeutic interventions

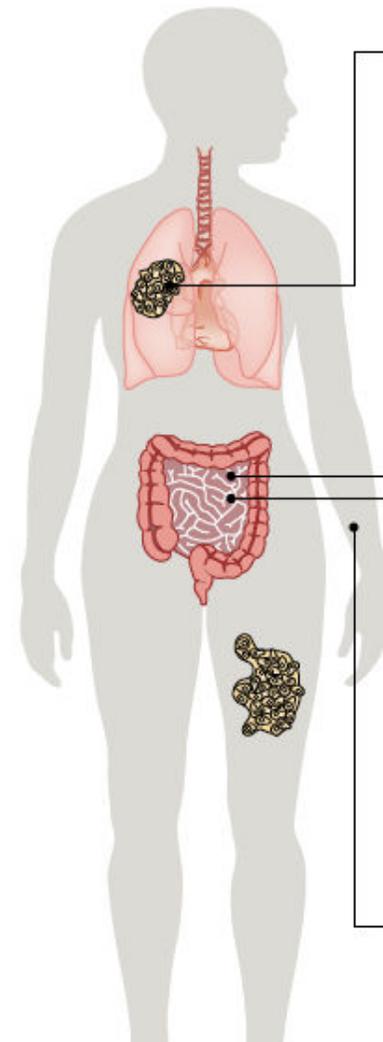
Re-introduction:
anti-PD1 Abs

Pharmacokinetics of the MCI

- Immunomics and single-cell transcriptomics
- Serial metagenomics
- Metabolomics
- Serum cytokine/chemokine multiplex ELISA

Clinical data

- n = 26 patients (1 excluded), stage IV, 2nd- to 4th-line therapies
- Resistant to PD-1 + CTLA-4 blockade
- Safety (23 grade 1-2; 3 grade 3)
- Efficacy (1 CR, 5 PRs, 3 SDs)



Reprogramming systemic immunity and TME

- TILs and CTLs (lytic machinery, innate receptors, IFN γ , CD74, MHC class II...)
- Myeloid cells (IL-8⁺)
- CTL/T_{reg} cell ratio
- Blood CD56⁺CD8⁺TIGIT⁺Lag3⁺T-bet⁺T cells

Recipient intestine

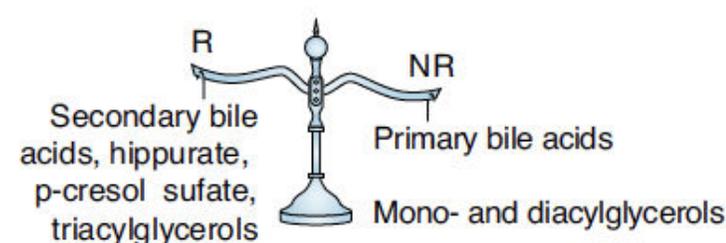
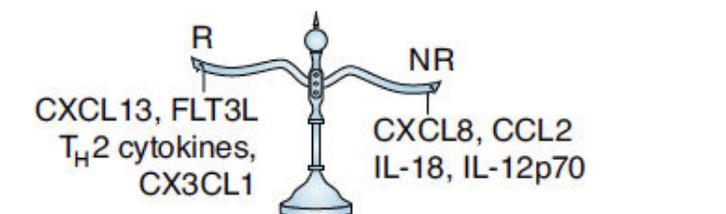
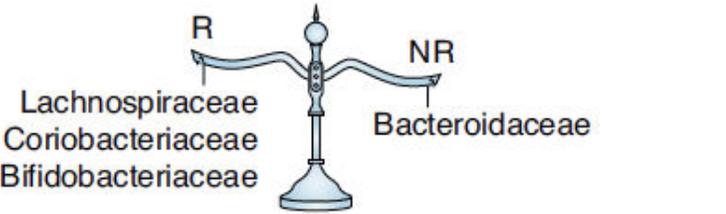
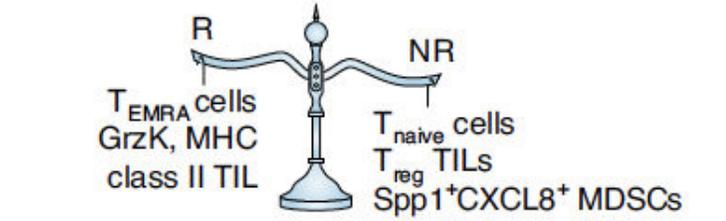
- Infiltration of lamina propria by CD68⁺ M2 macrophages
- GrzB⁺ MAIT cells in blood
- Rise in donor bacteria-specific IgG serum titers
- Metagenomics-based shift in the taxonomic composition toward donor stool

Intestinal barrier dysfunction

- Reduction in serum inflammatory mediators
- Rise in TLS-associated chemokines

Host metabolism

- Metabolomics of plasma
- Specific metabolites and lipids



RANDOMIZED PHASE I TRIAL IN ADVANCED RCC: *Clostridium butyricum* MYAIRI

Nivolumab plus ipilimumab with or without live bacterial supplementation in metastatic renal cell carcinoma: a randomized phase 1 trial

Nazli Dizman^{1,2,8}, Luis Meza^{1,8}, Paulo Bergerot^{3,8}, Marice Alcantara⁴, Tanya Dorff¹, Yung Lyou¹,

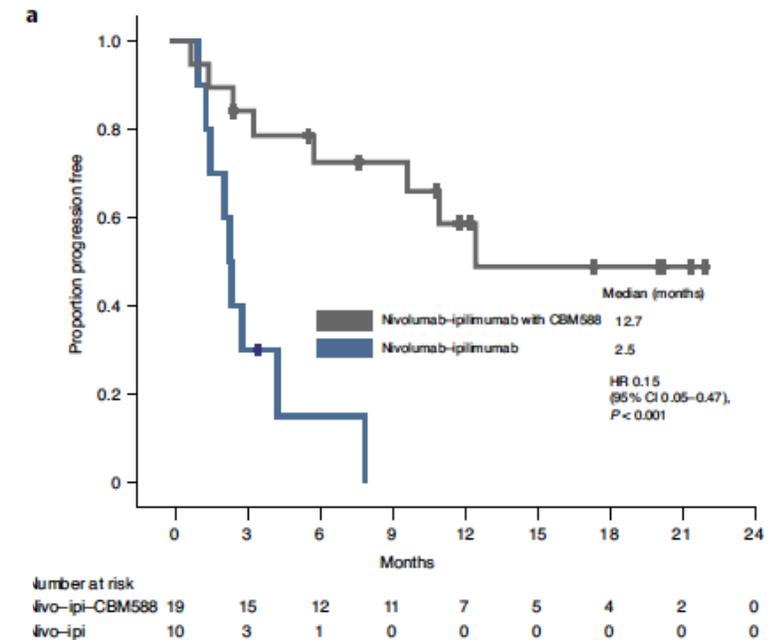
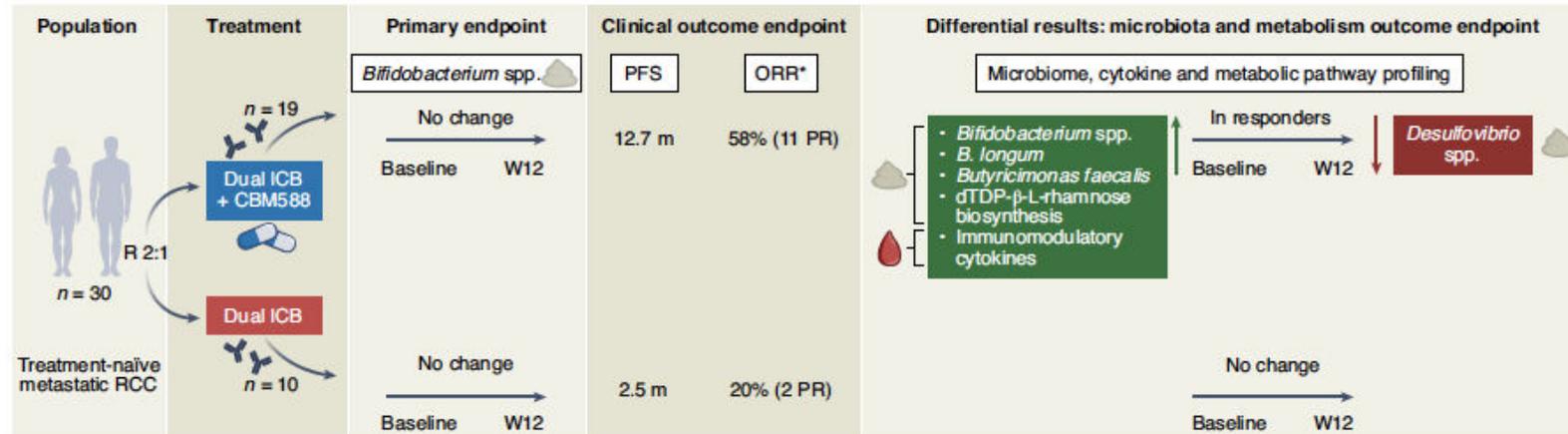


Fig. 1 | First randomized phase 1 trial combining a probiotic strain (*C. butyricum* CBM588) with a nivolumab plus ipilimumab regimen in metastatic kidney cancer. Primary endpoints were change in Shannon index and metagenomics-based enrichment in *Bifidobacterium* strains; secondary endpoints were change in median progression-free survival (PFS), objective response rates (ORR), and metabolic and immunological changes between baseline and week 12 (W12). m, months; PR, partial response; *, no significant difference.

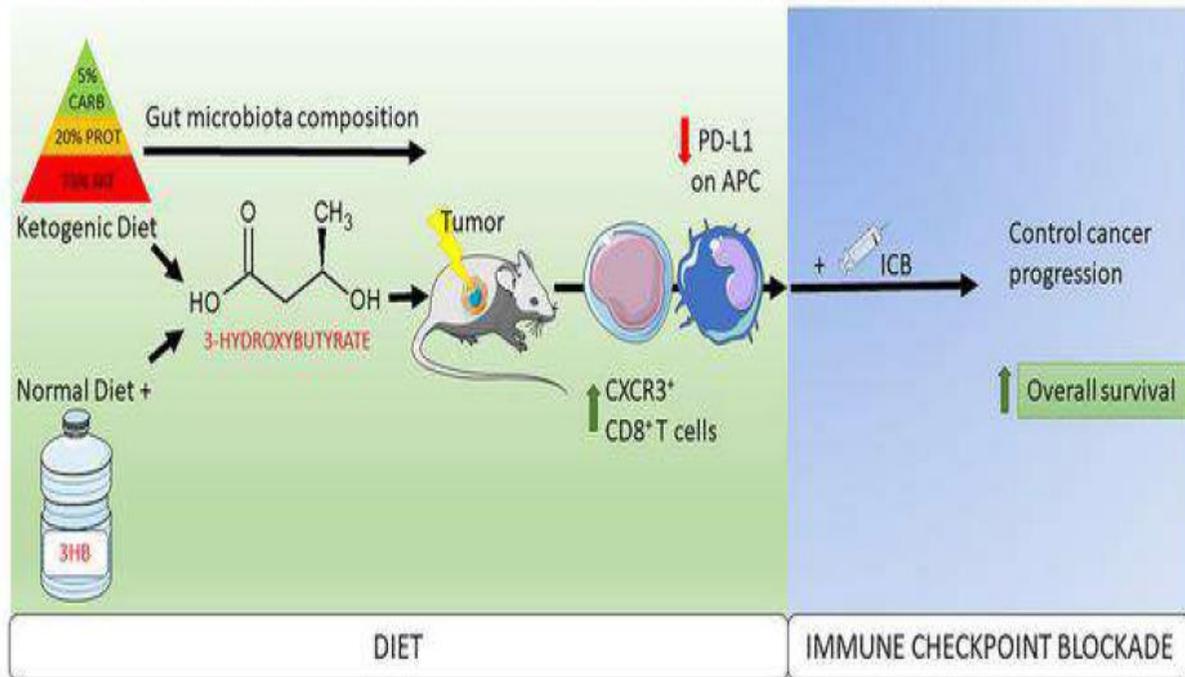
17^e Rencontre Patients de l'Associatic



KETOGENIC DIET AND 3OH BUTYRATE OR FIBER ENRICHED DIETS : IMMUNE PRIMING AND SYNERGY WITH IMMUNE CHECKPOINT BLOCK

JCI Insight. 2020. <https://doi.org/10.1172/jci.insight.145207>.

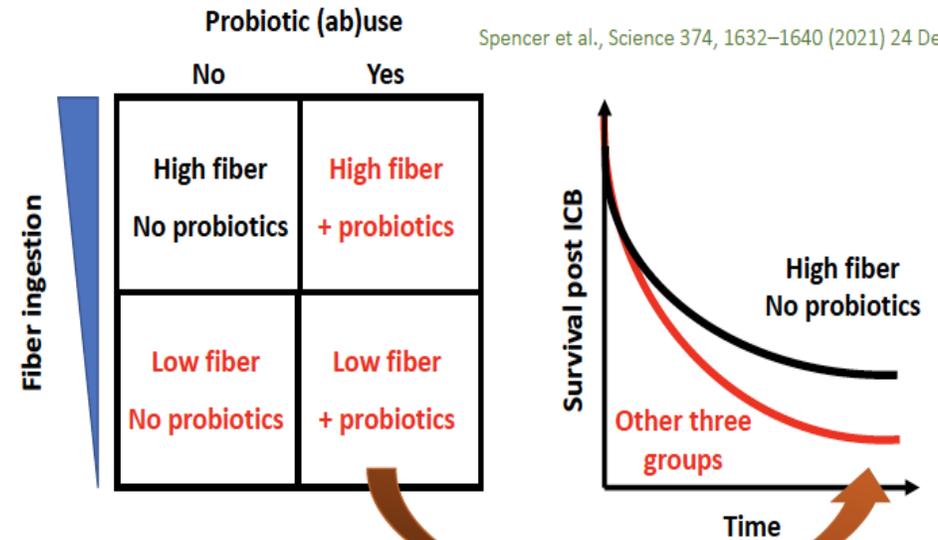
Accelerated tumor control with anti-PD1-based immune checkpoint blockade



3HB: 3-hydroxybutyrate
ICB: immune checkpoint blocker

DIET INTERVENTIONS (FIBERS AND PROBIOTICS) INFLUENCE ICB OUTCOME IN MELANOMA

Spencer et al., Science 374, 1632–1640 (2021) 24 December 2021

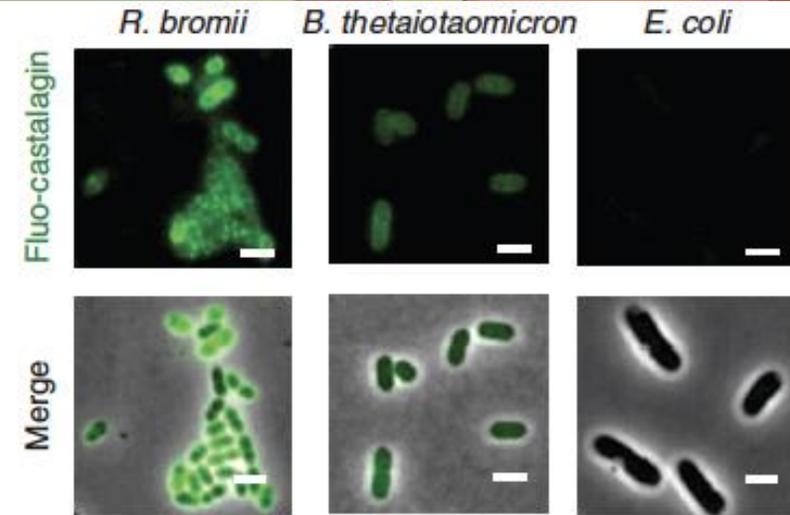
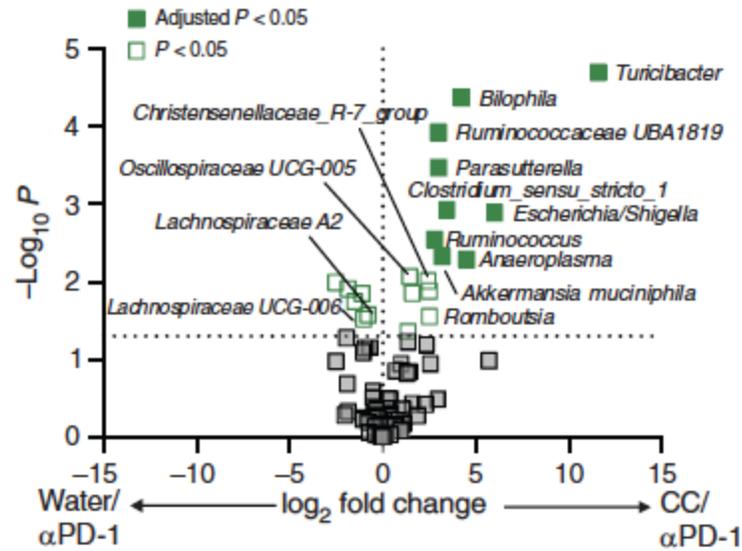
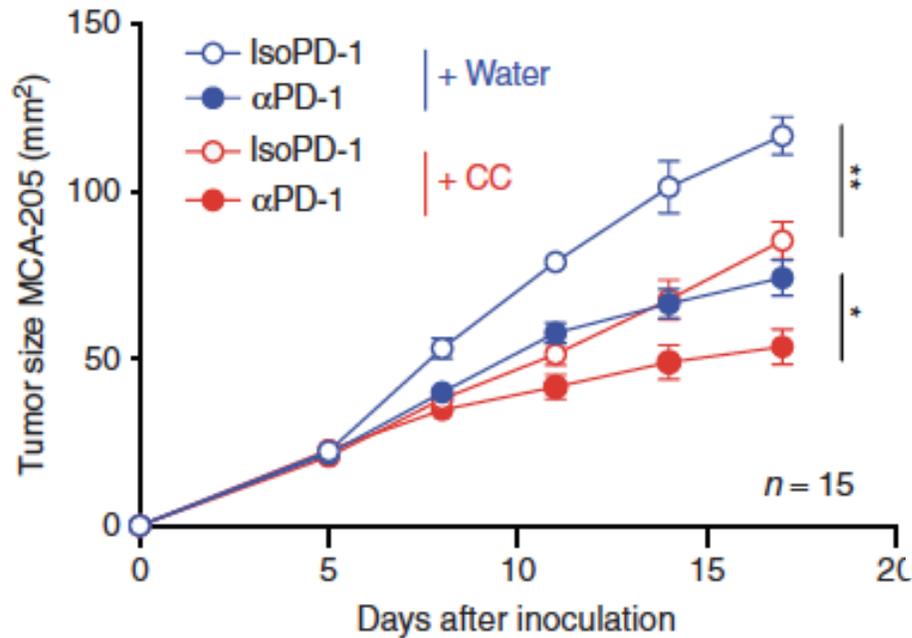


Excessive *Bifidobacterium longum* or *Lactobacillus rhamnosus GG*
→ Resistance to ICB

Underrepresentation of *Ruminococcaceae* and *Faecalibacterium*
→ Reduced immunostimulation by ICB

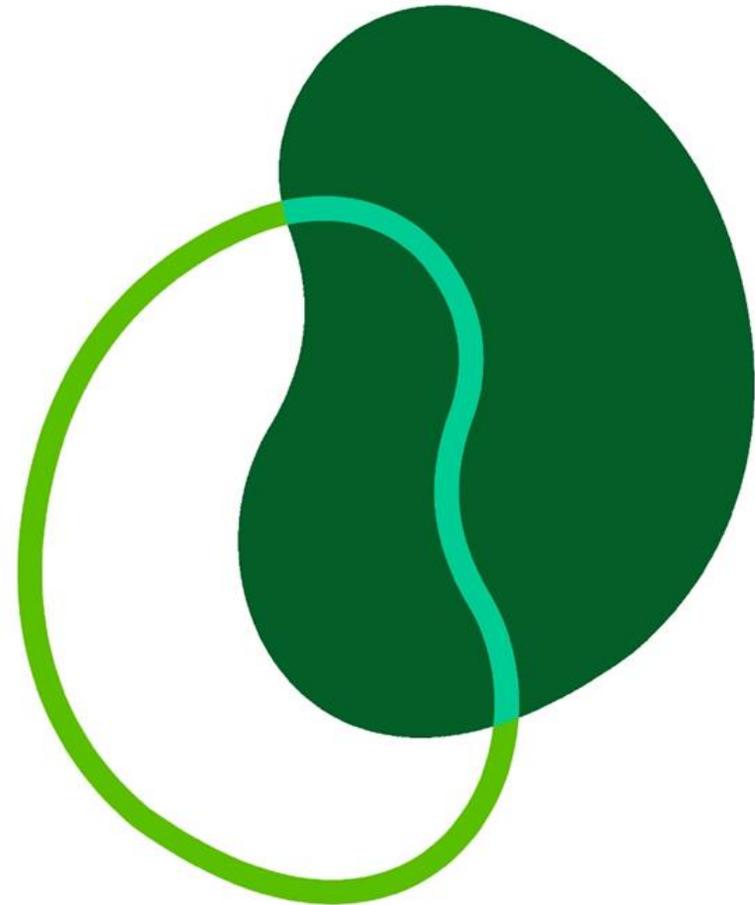
PREBIOTICS WITH IMMUNOSTIMULATORY PROPERTIES: POLYPHENOL CASTALAGIN FROM CAMU-CAMU

Camu-Camu and Castalagin (Cancer Discovery, Apr 2022, 1071)



17^e Rencontre Patients de l'Association A.R.Tu.R.

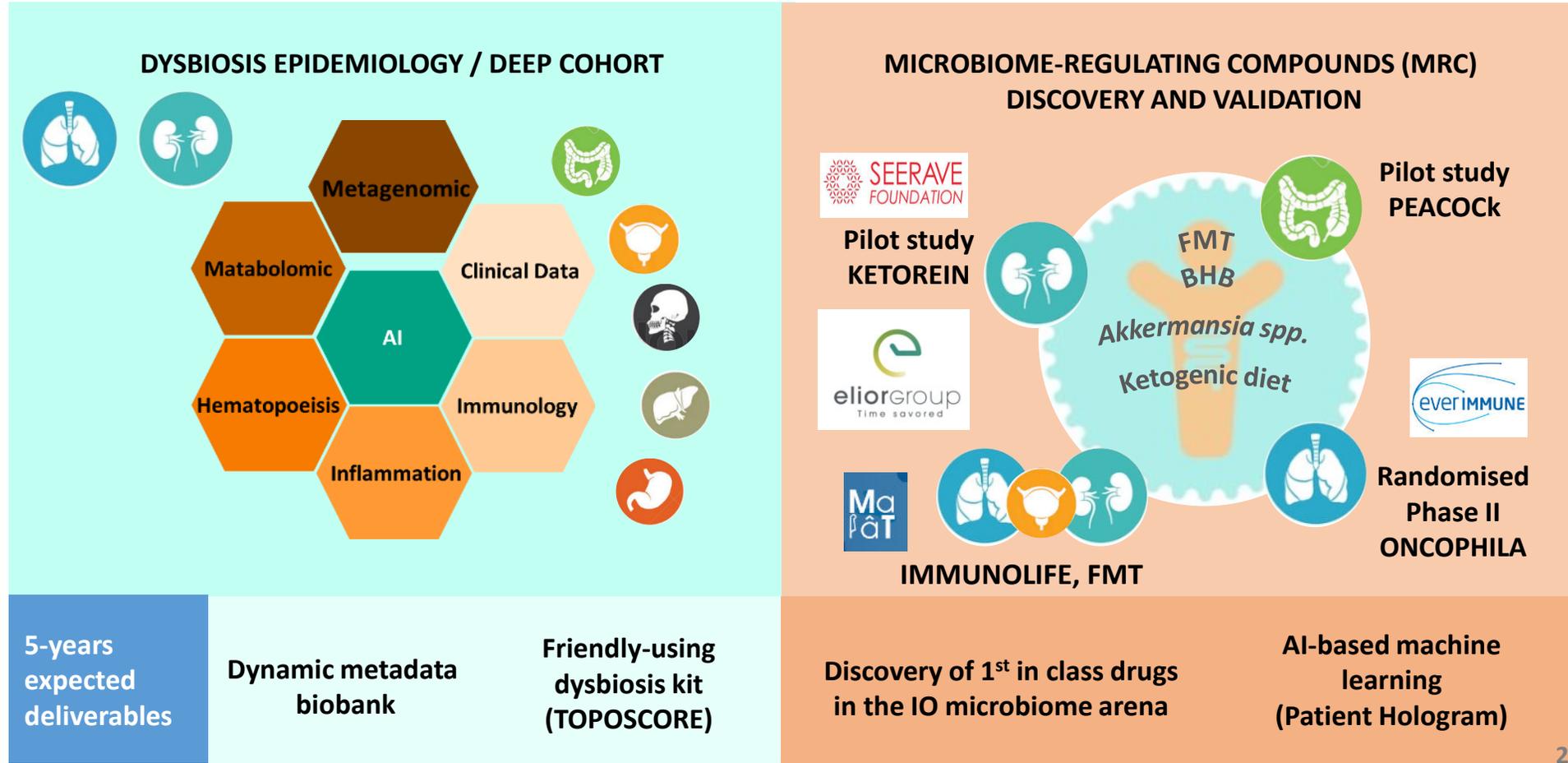
PART5: The clinicobiome at Gustave Roussy



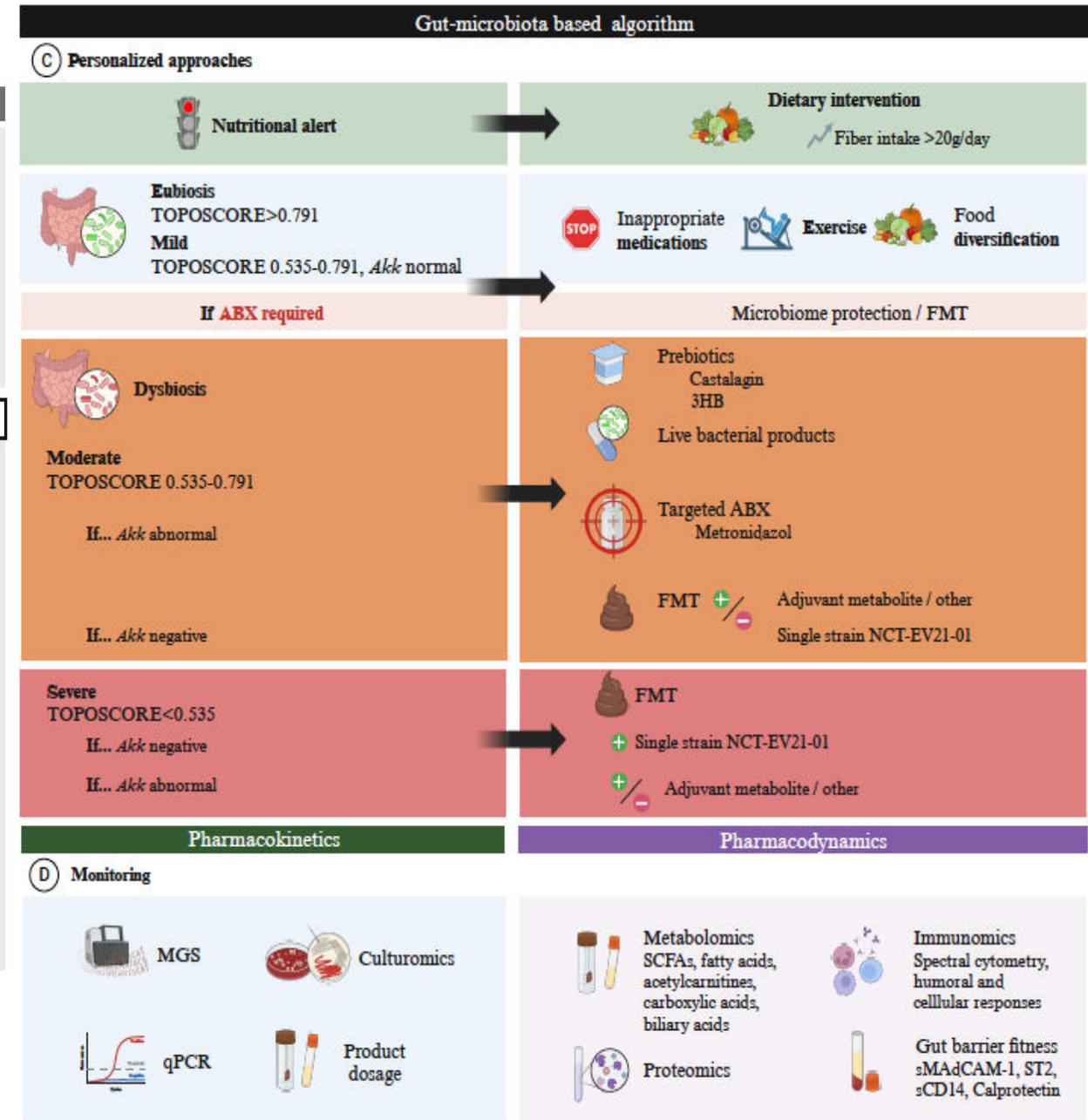
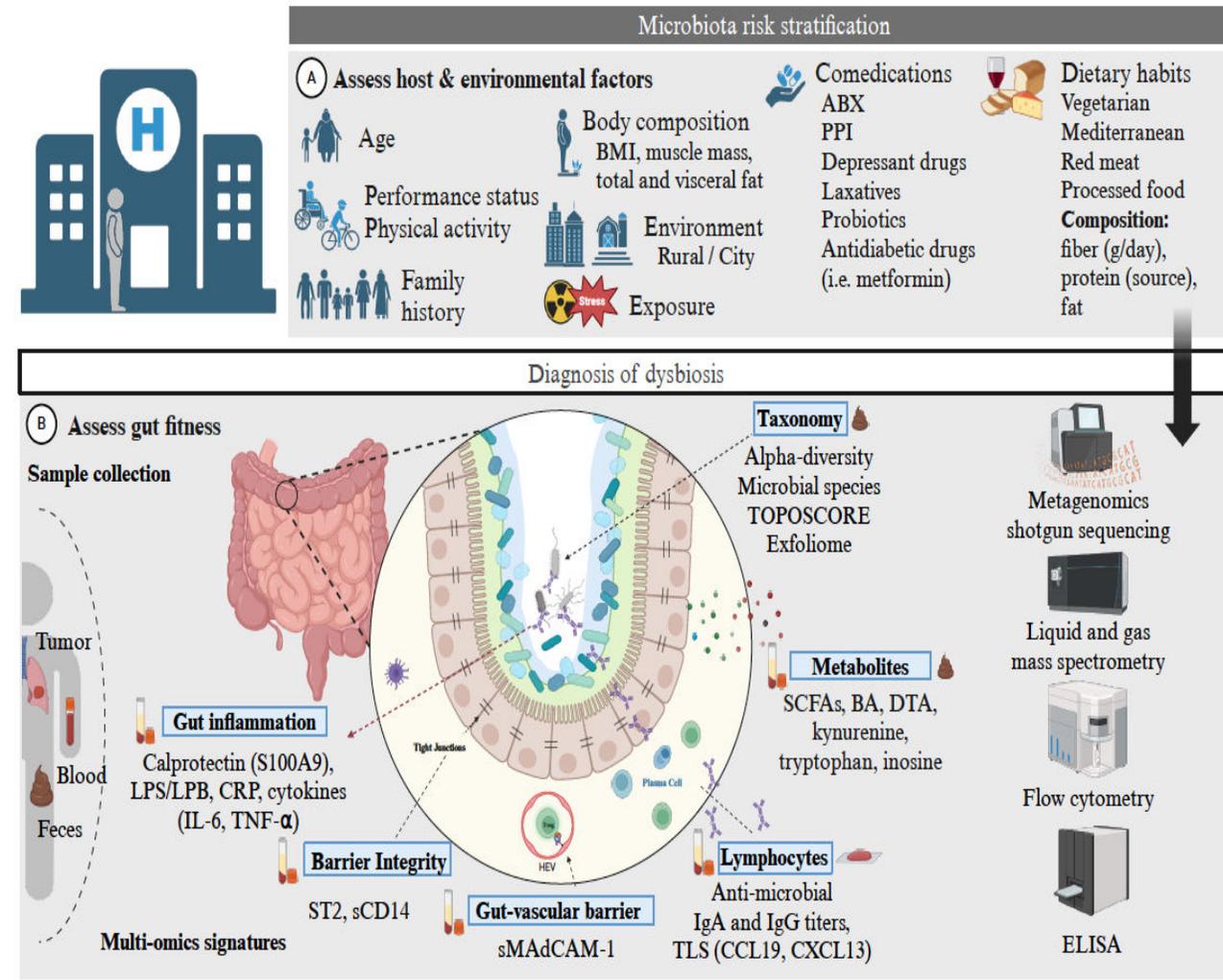
17^e Rencontre Patients de l'Association A.R.Tu.R.

AMBITION: Gustave Roussy ClinicObiome

L. Zitvogel & L. D



17^e Rencontre Patients de l'Association A.R.Tu.R.



17^e Rencontre Patients de l'Association A.R.Tu.R.

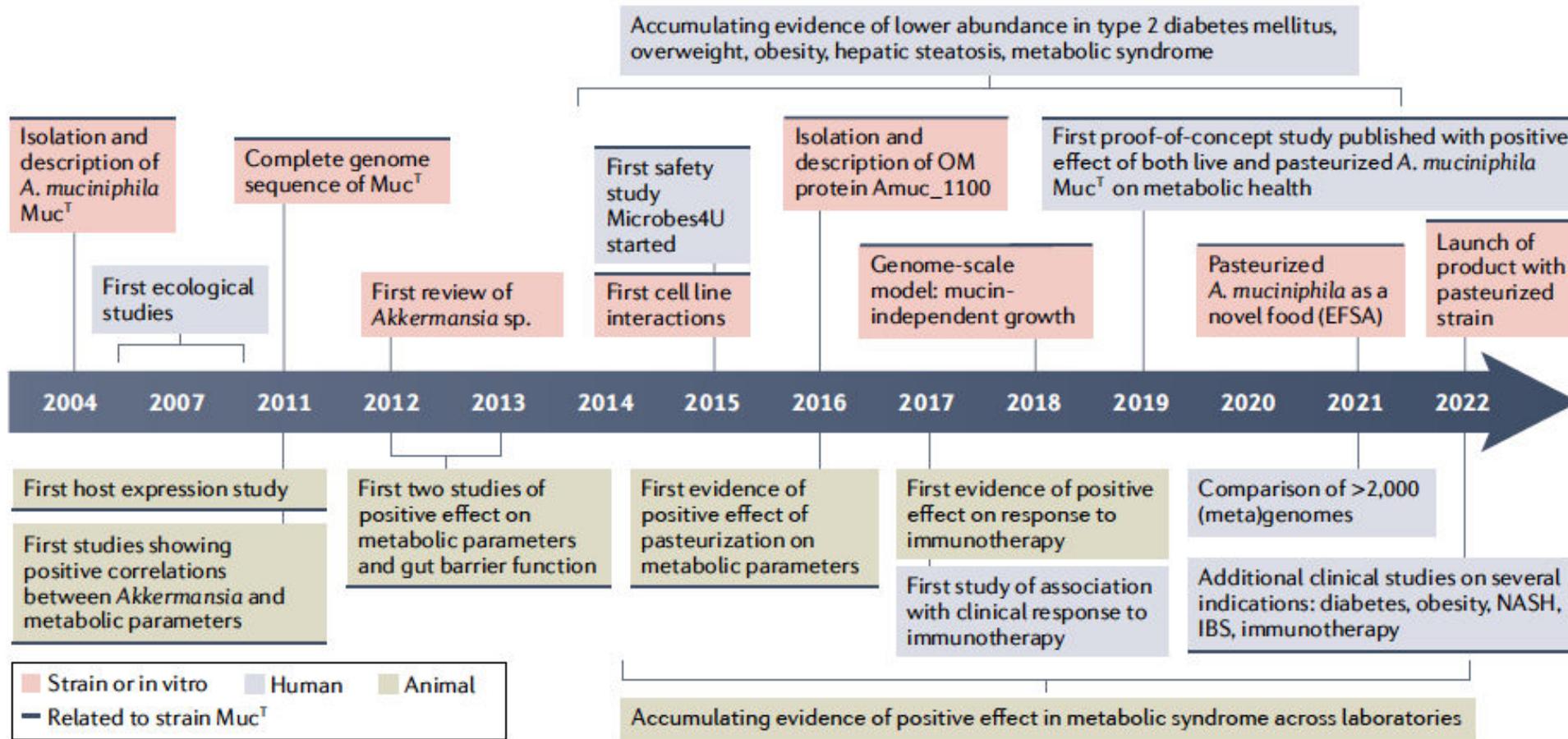


Fig. 1 | **Timeline of major advances related to *Akkermansia muciniphila*.** Colours of the boxes depict the model: in vitro, animals, humans. Discoveries related to the type strain or other strains are also indicated with a bold line. EFSA, European Food Safety Authority; IBS, irritable bowel syndrome; NASH, nonalcoholic steatohepatitis.

17^e Rencontre Patients de l'Association A.R.Tu.R.

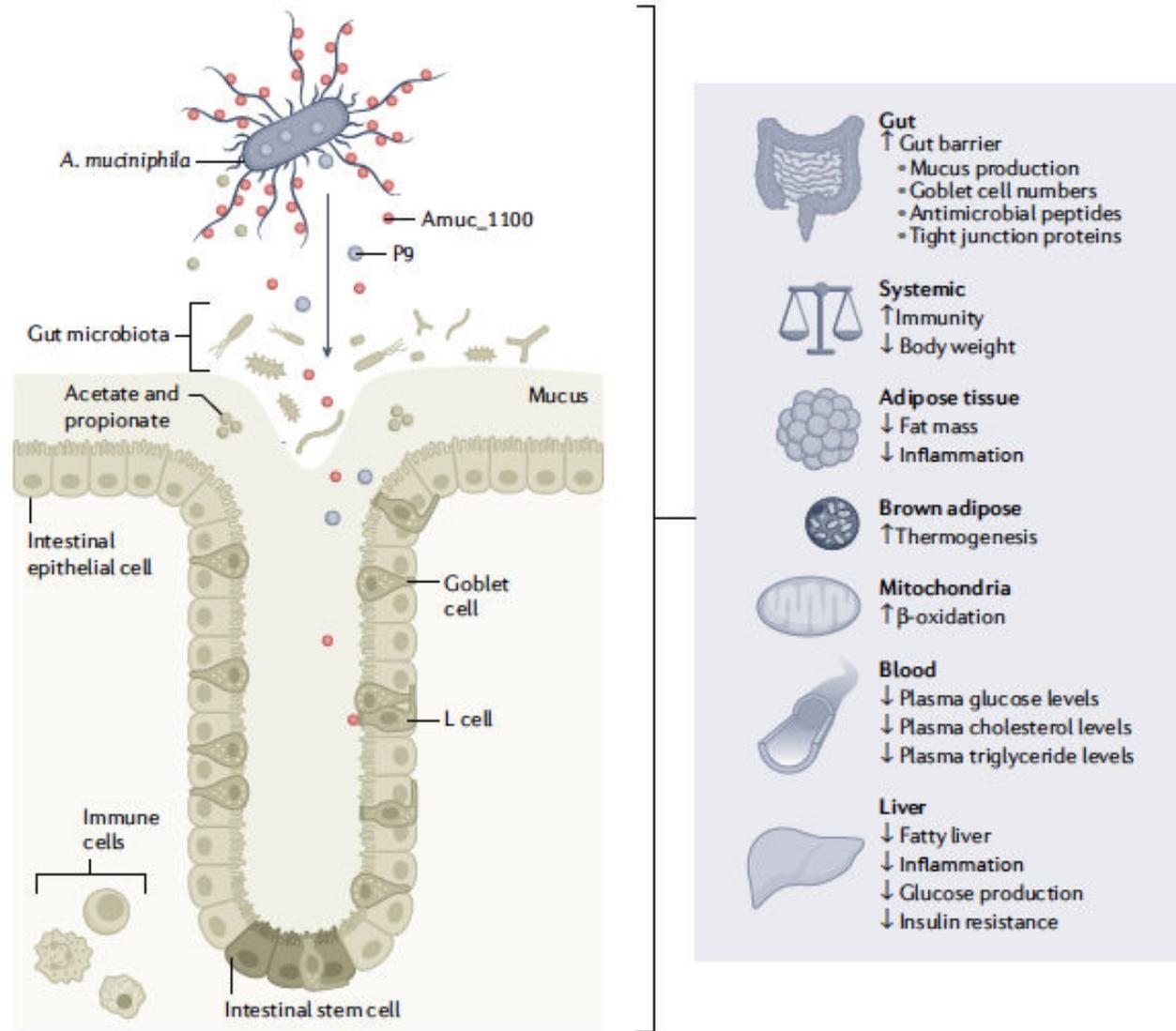
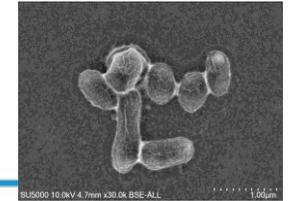


Fig. 2 | Metabolic effects and major factors involved in *Akkermansia muciniphila* in the context of metabolic health. *Akkermansia muciniphila* targets host intestinal cells and contributes to the regulation of gut barrier function, antimicrobial peptide production, immune regulation, mucus layer thickness and the regulation of inflammation. *A. muciniphila* regulates mitochondrial activity, thermogenesis, inflammation, and lipid and glucose metabolism, which influences metabolic health. P9, protein 9.

Cani PD et al. Nat Rev GastroEnterol & Hepatol 2022

17^e Rencontre Patients de l'Association A.R.Tu.R.

Oncobax®-AK will be administered in combination with ICIs to advanced NSCLC or RCC patients

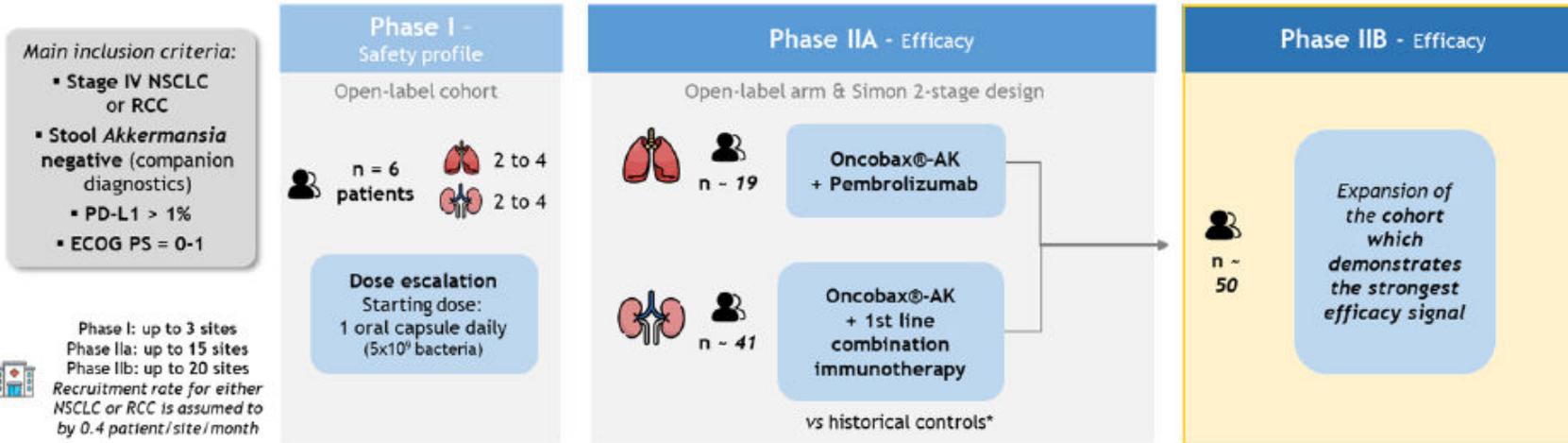


Akkermansia massiliensis

Dr B. Escudier
Pr. L. Albiges
Pr. P. Barthelemy
Pr F. Ghiringhelli
Dr S. Ladoire



Pr. L. Albiges



* Prospective comparative observational studies conducted at leading institutions in Europe



NSCLC: Oncobax®-AK + pembrolizumab (Keytruda®)
Primary endpoints: 10% ORR

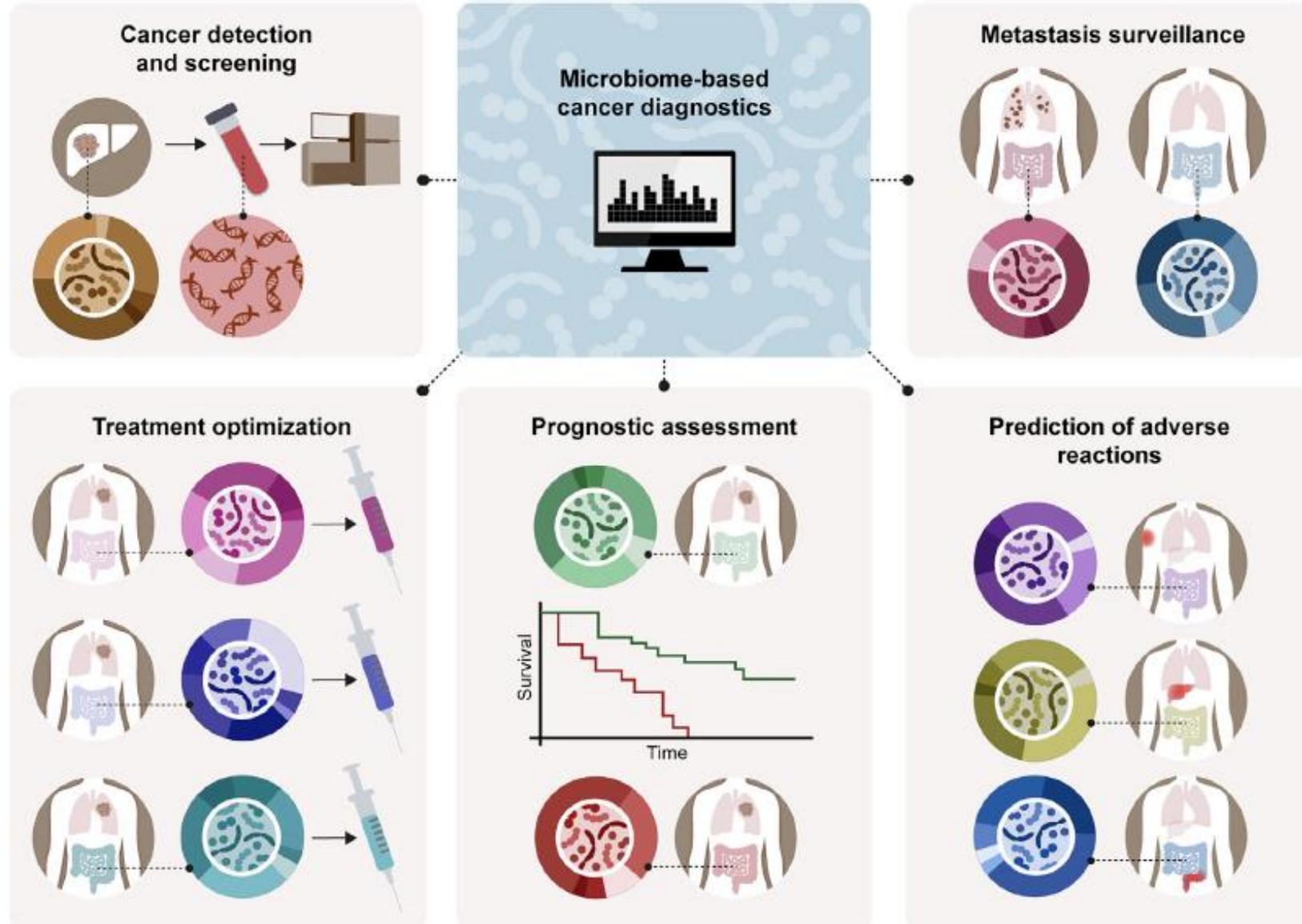


RCC: Oncobax®-AK + combination immunotherapy (ipilimumab (Yervoy®) / nivolumab (Opdivo®))
Primary endpoints: 20% improvement in ORR



17^e Rencontre Patients de l'Association A.R.Tu.R.

CONCLUSION: the potential of the microbiome in cancer







contre



D. Raoult
G. Kroemer



B. Routy



L. Derosa



J. Doré & D. Ehrlich



Besse



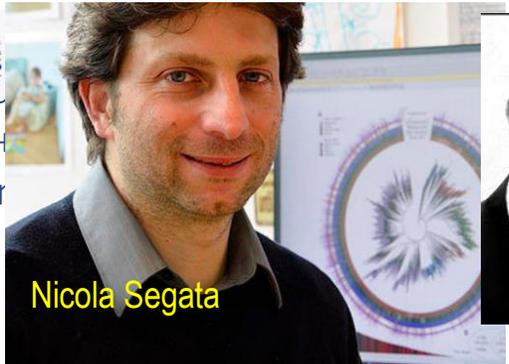
F. Goldwasser



G. Zalzman



JC Soria



Nicola Segata



A. Thomas



V. Lebbia



THANKS to U1015 INSERM
ONCOBIOME
SEERAVE Foundation
INRAE
AP-HP
IHU Méditerranée Infections
EVERIMMUNE



Clarisse Audigier-Valette
Marie Bernardi
Sophie Cousin
Sylvie Friard
Stéphanie Martinez
Sophie Nahon
Benjamin Besse
Fabrice Barlesi
Stéphane Culine
Jérôme Doyen
François Ghiringhelli
François Goldwasser
Antonin Levy
Jacques le Treut
Julien Maziere
Hervé Pegliasco
Arnaud Scherpereel
Gerard Zalzman

R. Daillère, AG Goubet, M. Vétizou

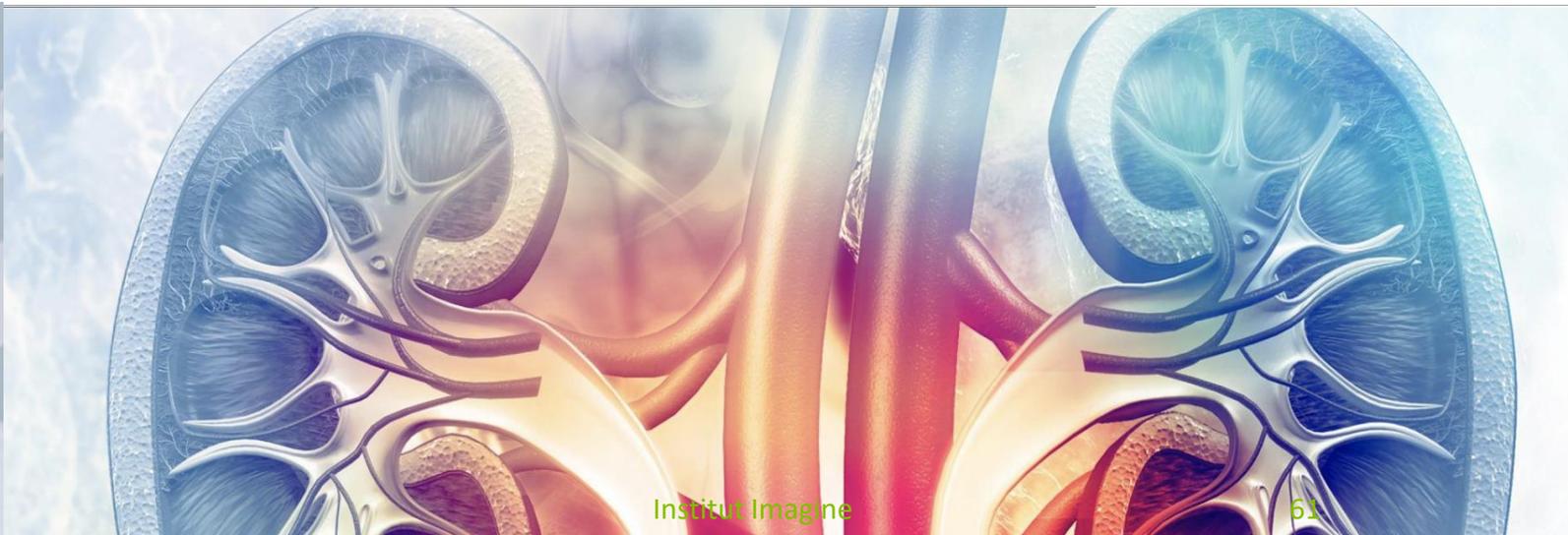




**GUSTAVE
ROUSSY**
CANCER CAMPUS
GRAND PARIS

**université
PARIS-SACLAY**

Merci de votre attention !



Institut Imagine

61



17^e Rencontre Patients de l'Association A.R.Tu.R.

