





JOINT TRANSNATIONAL CALL 2015:

"Immunology and Immunotherapy of Cancer: Strengthening the Translational Aspects"

PARTNER REQUEST/COLLABORATION OFFER

If you would like to have your profile published on our "Search for a research partner" webpage, please fill out this form and send it to 

If you have any questions about this form, please do not hesitate to contact us at 

Note: Fields marked with a * are mandatory

General Information	
First name *	Paola
Last name *	Queirolo
Position *	Senior Medical Oncologist
Telephone number	39-010-5600384
E-mail address*	paola.queirolo@hsanmartino.it
Website address:	
Institution/Organisation *	IRCCS-AOU-San Martino-IST, Istituto Nazionale per la Ricerca sul Cancro
Department	Integrated Oncology Therapies
Street *	Largo Benzi 10
Postal Code * / City *	16132 Genoa
Country *	Italy

* I agree with the publication of my contact data and of this form on the TRANSCAN Website:

YES



SEARCH FOR A COLLABORATOR

IF YOU ARE LOOKING FOR A PARTNER IN YOUR SUGGESTED PROPOSAL, PLEASE SPECIFY ALSO THE NEEDED EXPERTISE

Project proposal	
<p>Project title Identification of intratumoral or peripheral blood biomarkers predictive of the efficacy of anti-PD1 blocking antibodies in metastatic melanoma patients</p>	
<p>Provide a short project description about the project and the consortium (Max. 450 words)</p>	
<p>Immune checkpoints such as CTL antigen 4 (CTLA-4) and programmed cell death protein 1 (PD-1) are expressed on activated T cells and shut down the anti-tumor response upon binding to their ligands. Antibodies that block these immune checkpoints have shown potent anti-tumor activities in cancer patients and opened a new era of cancer immunotherapy. Ipilimumab has shown durable long-term responses in about 20% of metastatic melanoma patients but it may produce remarkable immune-related adverse events (irAE). Antibodies targeting PD-1, such as pembrolizumab or nivolumab, have produced higher response rates than anti-CTLA-4 mAbs in patients with metastatic melanoma and renal cancer, with less irAE. Finally a phase III study showed that the combination of ipilimumab and nivolumab has higher clinical activity, relative to each monotherapy, but higher incidence of grade II/IV toxicities. This combination was recently approved by FDA as first-line therapy in metastatic melanoma and an expanded access program was recently started in Europe.</p> <p>An emerging problem the high costs of these new therapies, which are effective only on a fraction of patients. Therefore, there is an urgent need to identify biomarkers predictive of response. A high tumor mutational load, expression of PD-L1 in the tumor and the presence of a T cell infiltrate in the tumor area have been associated to an increased clinical benefit from immune check-point blockers.</p> <p>In this project we will study a cohort of metastatic melanoma patients undergoing first-line therapy with anti-PD1 mAb either alone or in combination with ipilimumab. We will assess the predictive role of the following biomarkers: i) the mutational load and of recurrent somatic mutations in the generation of immunogenic neo-antigens; ii) the density and composition of the immune infiltrate in the tumor area (immunoscore); iii) the alterations of HLA-class I (HLA-I-APM); iv) serological or peripheral blood biomarkers.</p> <p>Participating Units</p> <ol style="list-style-type: none"> 1) Dr. Paola Queirolo Medical Oncology Unit. IRCCS-AOU San Martino-IST Genoa, Italy 2) Carlos López Larrea Inmunología, HUCA, Oviedo, Spain; Instituto Salud Carlo III, Madrid, Spain; Fundación Renal I. Alvarez de Toledo, Madrid, Spain 3) 	

OFFER FOR COLLABORATION



IF YOU PROPOSE YOURSELF AS A PARTNER IN A CONSORTIUM, PLEASE DETAIL YOUR EXPERTISE

IF YOU PROPOSE YOURSELF AS A PARTNER IN A CONSORTIUM, PLEASE DETAIL YOUR EXPERTISE	
Type of partner (Research institution, university, etc.)	University Hospital and Research Institution
Provide a short description about the expertise (Max. 200 words)	