Award Number: W81XWH-18-1-0196

TITLE:Cancer Associated Macrophage-Like (CAML) Cells to Enhance Detection<br/>of Early Stage Lung Cancer and Relapse after Definitive Treatment

PRINCIPAL INVESTIGATOR: Martin Edelman, M.D.

CONTRACTING ORGANIZATION: Institute for Cancer Research, Philadelphia, PA

REPORT DATE: August 2021

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012

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	Cancer Associated Macrophage-Li	ike (CAML) Cells	s to Enhance Detection	5b.	GRANT NUMBE	R
	of Early Stage Lung Cancer and Re	elapse after Defir	itive Treatment		W81XWH-1	8-1-0196
				5c.	PROGRAM ELE	MENT NUMBER
6.	AUTHOR(S)			5d.	PROJECT NUM	3ER
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				5f.	WORK UNIT NU	MBER
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	333 Cottman Avenue Dhiladalphia Dappavlyania 10111					
	Finadelpina, Fennsylvania 19111					
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9.	SPONSORING / MONITORING AGENCY N	AME(S) AND ADDRES	SS(ES)	10.	SPONSOR/MON	ITOR'S ACRONYM(S)
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13.	SUFFLEMENTART NOTES					
14.	ABSTRACT					
Т1	he hypothesis of this study is that	Cancer Associ	ated Macrophage Lik		lle (CAMI e)	can enrich for the presence of
m	alignancy in patients with pulmo	nary nodules	ated Macrophage Lik		lis (CANLS)	can entren for the presence of
Sr	pecific Aims: 1. Determine the n	revalence of CA	MLS (+/- CTCs) in	nati	ents with ind	eterminate pulmonary
nc	odules.: 2. Determine the positive	e and negative p	redictive value of CA	MI	S in patients	with pulmonary nodules who
ur	undergo bionsy · 3 Model combinations of clinical factors with the presence/absence of CAMI s to refine strategies					CAMLs to refine strategies
for assessment of patients with pulmonary nodules.						
Subjects will be drawn from pulmonary nodule and thoracic surgery clinics at the Fox Chase Cancer Center (FCCC)						
and VA Philadelphia (VA). CAMLs will be evaluated at the time of clinically indicated scans and correlated with the						
presence or absence of cancer. Patients with biopsy confirmed lung cancer within 12 months of the CAML test will						
be	be defined as "diseased"; otherwise, they will deemed as "disease free". Positive and negative predictive value of the					
te	test will be determined. Logistic regression will be used to assess the utility of this test after accounting for clinical					
fa	factors and nodule characteristics. To date, the study has been activated and is accruing patients at FCCC and is					
ur	ndergoing IKB review at the VA.					
15.	SUBJECT TERMS					
46	Lung cancer, pulmonary nodules, s	screening		44		
16.	SECURITY CLASSIFICATION OF:		17. LIMITATION	18.	NUMBER	19a. NAME OF RESPONSIBLE PERSON

				OF ABSTRACT	OF PAGES	
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# **Table of Contents**

Introduction	4
Keywords	4
Accomplishments	4
Impact	5
Changes/Problems	6
Products	6
Participants & Other Collaborating Organizations	7
Special Reporting Requirements	9
Appendices	9

# **INTRODUCTION:**

**Background and Hypothesis:** The National Lung Screening Trial (NLST), for which the PI was a member of the endpoint verification committee, determined that low dose CT screening could decrease lung cancer death by 20%. However, almost 25% of screened subjects were determined to have pulmonary nodules with only 1.5% actually demonstrated to be malignant. This very high false positive rate results in several critical problems including the requirement for further testing (scans, biopsies), the potential of loss to follow-up, the possibility of false negative biopsy and the resultant patient stress and anxiety. Nodules between from .8-3.0 cm have been described as "indeterminate" and represent a management challenge. Recently we published preliminary data on the presence of CAMLs, specialized myeloid polyploid cells transiting the circulation of patients that have engulfed tumor cells or tumor material in a variety of malignancies and their clinical use in tracking cancer progression and evolution in response to therapy. CAMLs are rarely found in healthy controls and are easily identified by filtration methods

**Hypothesis:** CAMLs can substantially enrich for the presence of malignancy in the population of patients with pulmonary nodules.

### **Specific Aims:**

- 1. Determine the prevalence of CAMLS (+/- CTCs) in patients with indeterminate pulmonary nodules.
- 2. Determine the positive and negative predictive value of CAMLS in patients with pulmonary nodules who undergo biopsy.
- 3. Model combinations of clinical factors with the presence/absence of CAMLs to refine strategies for assessment of patients with pulmonary nodules.

Subjects will be drawn from pulmonary nodule and thoracic surgery clinics at the Fox Chase Cancer Center and VA Philadelphia. CAMLs will be evaluated at the time of clinically indicated scans and correlated with the presence or absence of cancer, as determined by clinically indicated biopsies. The proportion of patients with presence of CAMLs (CAML+), Positive Predictive Value (PPV), Negative Predictive Value (NPV), sensitivity and specificity of CAMLs (along with two-sided 95% confidence intervals (CI)) will be computed. Patients with biopsy confirmed lung cancer within 12 months of the CAML test will be defined as "diseased"; otherwise, they will deemed as "disease free". Logistic regression will be used to assess the utility of this test after accounting for clinical factors and nodule characteristics. We will also explore whether test performance differs among subsets of the population defined by demographic, clinical and nodule characteristics.

**KEYWORDS:** Lung cancer, pulmonary nodules, screening

### **ACCOMPLISHMENTS:**

### What were the major goals of the project?

1. To conduct an observational study of CAMLs in patients with indeterminate pulmonary nodules.

2. To determine the positive and negative predictive value of CAMLS in patients with pulmonary nodules who undergo biopsy.

3. Model combinations of clinical factors with the presence/absence of CAMLs to refine strategies for assessment of patients with pulmonary nodules.

### What was accomplished under these goals?

At this time, we have met the following milestones:

- 1. Drafting of the clinical trial protocol.
- 2. IRB (Fox Chase) submission and approval of the protocol.
- 3. Activation and commencement of accrual to the protocol.
- 4. Creation of computerized data base for entry of data and future analysis.
- 5. Approval of the trial to the IRB at the Veterans Administration Hospital of Philadelphia/University of Pennsylvania.
- 6. Activation and accrual at the University of Pennsylvania. Accrual on hold at the VA due to COVID.
- 7. As of 6.20.2021, 122 subjects have been enrolled and 119 are evaluable.

# What opportunities for training and professional development has the project provided?

Nothing to Report.

### How were the results disseminated to communities of interest?

Nothing to Report.

# What do you plan to do during the next reporting period to accomplish the goals?

We anticipate completion of accrual by July 2022.

# **IMPACT:**

# What was the impact on the development of the principal discipline(s) of the project?

Nothing to Report.

# What was the impact on other disciplines?

Nothing to Report.

# What was the impact on technology transfer?

Nothing to Report.

# What was the impact on society beyond science and technology?

Nothing to Report.

### **CHANGES/PROBLEMS:**

### Changes in approach and reasons for change

An analysis of the rate of positive biopsies (over 25%) indicates that we can complete the trial with fewer patients. Of the first 85 subjects entered, 30 were biopsied with 27 positive for malignancy. The study was therefore modified March 2021 to decrease sample size based upon much higher rate of positive biopsies than anticipated. Amendment approved by FCCC and DOD HRPO.

### Actual or anticipated problems or delays and actions or plans to resolve them

Accrual was halted due to COVID. A one year no-cost extension was sought and approved.

### Changes that had a significant impact on expenditures

Expenditures on testing may be somewhat decreased due to the decreased sample size.

### Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents

See above. Decreased number of subjects.

### Significant changes in use or care of human subjects

Nothing to report

### Significant changes in use or care of vertebrate animals.

N/A

### Significant changes in use of biohazards and/or select agents

N/A

### **PRODUCTS:**

Nothing to report

### Publications, conference papers, and presentations

Journal publications. Nothing to report

Books or other non-periodical, one-time publications. Nothing to report

Other publications, conference papers, and presentations. Nothing to report

### Website(s) or other Internet site(s)

N/A

# **Technologies or techniques**

Nothing to report.

# Inventions, patent applications, and/or licenses

Nothing to report

# **Other Products**

Nothing to report

# PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

### What individuals have worked on the project?

Name:	Martin Edelman, M.D.
Project Role:	Principal Investigator
Researcher Identifier (e.g. ORCID ID):	
Nearest person month worked:	1
Contribution to Project:	Dr. Edelman is the PI of the project and during this period, submitted and gained approval of the study, assembled the study team, designed the case report forms and coordinated all efforts related to the study.
Funding Support:	

Name:	Anil Vachani, M.D.
Project Role:	Site PI/Co-Investigator
Researcher Identifier (e.g. ORCID ID):	
Nearest person month worked:	1
Contribution to Project:	Dr. Vachani leads the project at the University of Pennsylvania/VA. He is actively recruiting patients at Penn.
Funding Support:	

Name:	Rohit Kumar, M.D.
Project Role:	<i>Co-Investigator</i>
Researcher Identifier (e.g. ORCID ID):	
Nearest person month worked:	1

Contribution to Project:	Dr. Kumar is a pulmonary physician who leads the accrual effort at Fox Chase.
Funding Support:	

Name:	Dana Hagan
Project Role:	Clinical Research Coordinator
Researcher Identifier (e.g. ORCID ID):	
Nearest person month worked:	6
Contribution to Project:	Ms. Hagan has consented patients identified in the pulmonary clinic and collected and entered appropriate data. She has also provided valuable assistance in terms of data collection methods and protocol mechanics.
Funding Support:	

Name:	Michelle Andronov
Project Role:	Research Coordinator
Researcher Identifier (e.g. ORCID ID):	
Nearest person month worked:	4
Contribution to Project:	Ms. Andronov has provided assistance with subject recruitment and regulatory management.
Funding Support:	

# Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

Please see attached updated Other Support for Drs. Edelman and Vachani. Changes are marked with a line in the right hand margin. There has been no change in the Other Support for Drs. Kumar and Anaokar.

### What other organizations were involved as partners?

Organization Name: VA Philadelphia (University of Pennsylvania)

Location of Organization: Philadelphia, PA

**Partner's contribution to the project** (*identify one or more*)

**Financial support**: N/A

**In-kind support**: N/A

**Facilities**: The VA pulmonary clinic facilities (and possibly U Penn) will serve as the sites for evaluation and recruitment of patients.

**Collaboration**: See above.

Personnel exchanges: N/A

Other: N/A

# SPECIAL REPORTING REQUIREMENTS

**COLLABORATIVE AWARDS:** Not applicable.

**QUAD CHARTS:** Not applicable.

**APPENDICES:** Award Chart is attached.

# **Other Support**

### Edelman, Martin J.

Remaining salary support from clinical activities.

CURRENT SL42797 (PI: Fleisher)	6/15/2021 - 6/14/2023	2.0	)%
Genentech	Salary only	0.24 calenda	r
The primary objective of the study is to assess the perception trials for both Patients (attitudes towards clinical trials) and clinical trials and how they communicate their decision mak providing a deeper understanding of the complex factors that Procuring Contracting/Grants Officer: Monica Smith, Sr. Co A 94080, 650-457-9288	ons and decision making process d providers (the decision makin ing to patients) throughout the impact shared decision making. ontracts Manager, One DNA Way	s related to clini ng process to of course of treatm y, S. San Francis	ical ffer lent
(PI: Edelman)	1/1/2020 - 12/31/2021	5.0	)%
Hope Fdn	0.60	calendar	
SWOG Lung-MAP Sub-Study This project is a subcontract to the SWOG-Clinical Trials support to Dr. Edelman for oversight of the Lung-Map master Procuring Contracting/Grants Officer: Johanna Horn, CEO Arbor, MI 48106, 734-998-6890	Partnership (SWOG-CTP). Th r protocol and substudy activitie , The Hope Fdn, 24 Frank Lloy	is project provid s. 7d Wright Dr., A	des Ann
U10 CA180868 (PI: Wolmark/Curran/Mannel, NRG Onc) NIH	3/1/2019 - 2/28/2025 (Partial Salary) 0.60	5.0 calendar	)%
NCI National Clinical Trials Network (NCTN) - Network Gr This project is a subcontract to the NRG Oncology Foundatio of the Lung Cancer Committee	oup Operations Centers n and provides support to Dr. Ec	lelman as Co-Ch	ıair
Procuring Contracting/Grants Officer: Stephen Shephard, Pittsburgh, PA 151212, 412-339-5310	Nova Tower 2, Two Alleghe	eny Ctr, Ste 12	.00,
W81XWH-18-1-0196 (PI: Edelman)	7/15/2018 - 7/14/2022	5.0	)%
DOD	0.60	calendar	
Cancer Associated Macrophage-Like (CAML) Cells to Enh Relapse after Definitive Treatment	nance Detection of Early Stage	Lung Cancer a	nd
The major goals of this project are to: 1) Determine the prevale 2) Determine the positive and negative predictive value of undergo biopsy; and 3) Model combinations of clinical factor strategies for assessment of patients with pulmonary nodules.	ence of CAMLS in patients with p CAMLS in patients with pulme prs with the presence/absence o	pulmonary nodul onary nodules w f CAMLs to ref	les; vho ine
Procuring Contracting/Grants Officer: Danielle Reckley, U 21702, 301-619-1139	JSAMRAA, 830 Chandler St.,	Fort Detrick, M	МD
P30 CA006927 (PI: Fisher) NIH	8/12/2016 - 7/31/2021 No Salary	15.0 1.80 calenda	)% 1r
Comprehensive Cancer Center Program at Fox Chase The major goal of this Cancer Center Support Grant is to provi including senior and program leadership, administration, pla well as support for 5 established peer-reviewed Research Prog Elements.	ide partial salary support for prof nning and evaluation, and devel grams, 12 Shared Research Resou	Tessional personr copmental funds, urces and 2 Supp	nel, , as )ort

Procuring Contracting/Grants Officer: Sarah Lee, 9609 Medical Center Dr., BG0609 RM 2W552, Rockville MD 20850, 240-276-6280

OVERLAP None

## **OTHER SUPPORT**

Dr. Vachani holds a dual appointment at The University of Pennsylvania (UPENN) and the Philadelphia VA Medical Center (VA) (4/8ths). A memorandum of understanding exists between UPENN and VA that allocates Dr. Vachani's time as 30 hours per week at UPENN and 20 hours per week at VA.

## VACHANI, ANIL

### ACTIVE

### **5UM1CA221939-03 (Ritzwoller/Vachani)** NIH/NCI

04/15/18–03/31/23 1.2 CM – Y1-Y2 (Total effort) 2.4 CM – Y3-Y5 (Total effort)

Total Award Amount (incl. indirect costs):

Center for Research to Optimize Precision Lung Cancer Screening in Diverse Populations (PROSPR II)

The goal of this Center is to build a comprehensive data ecosystem of the entire lung cancer screening process and to assess associated multilevel factors to conduct high impact multilevel studies including interventions to address gaps in care that may lead to lung cancer health disparities.

### 5P30ES013508-16 (Penning)

04/01/20-03/31/25 1.2 CM – Y1-Y5 (Total effort)

### NIH/NIEHS

Total Award Amount (incl. indirect costs):

### Center of Excellence in Environmental Toxicology

The CEET's mission is to elucidate the mechanistic links between environmental exposures and human disease and translate its findings into action to improve the health of vulnerable individuals, and local, national and global communities. This is accomplished through thematic areas of research, facility cores, community outreach and engagement and through the funding of pilot projects. The Integrated Health Science Facilities Core provides transdisciplinary services including study design, population exposure measurement, human exposure laboratories, access to biorepositories, and biostatistical analyses for center investigators.

### PCS-2018C1-11326 (Halpern)

03/01/19-02/28/24 1.2 CM – Y1-Y5 (Total effort)

PCORI

Total Award Amount (incl indirect costs):

*Comparing Ways to Promote Quitting Smoking for People Referred for Lung Cancer Screenings* Pragmatic randomized trial comparing approaches to tobacco dependence treatment among patients undergoing lung cancer screening.

10/26/20-04/25/22

### 99908 (Vachani/Rendle)

Gordon and Betty Moore Foundation

Total Award Amount (incl indirect costs):

Improving Diagnostic Quality and Safety in Lung Cancer Screening

Multicenter study that will utilize qualitative and quantitative methods to develop and test quality metrics for lung cancer screening.

# PCS-1403-12653 (Gould)

PCORI

Total Award Amount (incl indirect costs):

Watch the Spot Trial: Pragmatic Trial of More versus Less Intensive Strategies for Active Surveillance of Patients with Small Pulmonary Nodules

Pragmatic trial of more versus less intensive strategies for active surveillance of patients with small pulmonary nodules.

### N/A – Penn ACC (Vachani/Rendle, et al.)

04/01/18 - 03/31/22 0.12 CM - Y1-Y3 (Total effort)

Total Award Amount (incl indirect costs):

07/01/15-06/30/22 0.6 CM – Y1-Y7 (Total effort)

0.9 CM – Y1-Y2 (Total effort)

Abramson Cancer Center, University of Pennsylvania *Penn Center of Excellence in Population Science: Catchment Area Precision Lung Cancer Screening* This internal grant supports three projects: 1) Characterize a cohort of patients at the University of Pennsylvania Health System that are eligible for lung cancer screening; 2) conduct community exposomics as a predictor of lung cancer risk; and 3) evaluate the use of circulating and imaging biomarkers for the early detection of lung cancer.

### W81XWH-18-1-0196 (Edelman)

07/15/18-07/14/21 0.12 CM – Y1-Y3 (Total effort)

Fox Chase Cancer Center/DOD

Total Award Amount (incl indirect costs): (sub only)

Cancer Associated Macrophage-Like (CAML) Cells to Enhance Detection of Early-Stage Lung Cancer and Relapse after Definitive Treatment

Prospective study to determine the diagnostic accuracy of CAML cells for the diagnosis of early-stage lung cancer.

7/1/16-12/31/22

09/01/18-08/31/23

### 10057723 – CTA (Vachani)

MagArray, Inc.

Total Award Amount (incl indirect costs):

Validation of a plasma biomarker for the detection of lung cancer

Investigator initiated study to develop and validate a multiplex protein assay for lung cancer diagnosis using a case-control study design.

### 10081653 - CTA (Vachani)

12/16/20-12/15/22 0.12 CM – Y1-Y2 (Total effort)

0.12 CM – Y1-Y6 (Total effort)

0.12 CM – Y1-5 (Total effort)

Precyte, Inc.

Total Award Amount (incl indirect costs):

Development of an Indicator Cell Assay for Blood-based Diagnosis of Lung Cancer

Investigator initiated study to validate an indicator cell assay for lung cancer diagnosis using a case-control study design.

### K08 CA234335 (Thompson)

NIH/NCI

Total Award Amount (incl indirect costs):

A multimodal approach to develop molecular markers to predict response to immune targeted agents in nonsmall cell lung cancer.

The major goal of this work is to develop both tissue and blood-based biomarkers to predict response to immunotherapy in patients with NSCLC.

### **COMPLETED**

DOD/Johnson & Johnson: Lung Cancer Early Detection Clinical Consoritum

# **OVERLAP**

There are no scientific or budgetary overlap among the currently active or pending grants.

# LC170215: Cancer Associated Macrophage-Like (CAML) Cells to Enhance Detection of Early Stage Lung Cancer and Relapse after Definitive Treatment

PI: Martin Edelman, M.D., Institute for Cancer Research, PABudget: \$672,969Topic Area: Lung CancerMechanism: Translation Research Partnership Award



**Research Area(s):** 0701 – Clinical Biomarkers

Award Status: 07/15/2018 – 07/14/2022

<u>Study Goals</u>: Cancer Associated Macrophage Like (CAML) cells are a recently discovered immune cell that appears early in the course of malignancy. Indeterminate pulmonary nodules are commonly seen and present a clinical problem regarding the timing and intensity of evaluation for malignancy. Our hypothesis is that CAMLs can substantially enrich for the presence of malignancy in the population of patients with pulmonary nodules and allow for earlier diagnosis in malignancy. Conversely, the absence of CAMLs would predict for absence of malignancy and prevent unnecessary procedures.

# **Specific Aims:**

1. To conduct an observational study of CAMLs in patients with indeterminate pulmonary nodules.

2. To determine the positive and negative predictive value of CAMLS in patients with pulmonary nodules who undergo biopsy.

3. Model combinations of clinical factors with the presence/absence of CAMLs to refine strategies for assessment of patients with pulmonary nodules.

# Key Accomplishments and Outcomes:

Publications: none to date Patents: none to date

Funding Obtained: none to date