

#### 5M0

# CDK4/6 blockade is as effective as immune-checkpoint inhibition in tumor growth control of Mlh1-/- and Msh2loxP/loxP villin-Cre mice

I. Salewski, L. Engster, J. Henne, L. Henze, C. Junghanss, C. Maletzki

### Background

Mismatch-repair deficiency (dMMR) is a hallmark of Lynch syndrome-associated cancers, often resulting from inactivating mutations in *MLH1* or *MSH2*. These tumors have a high likelihood of responding to immune checkpoint inhibitors (ICI). Still, intrinsic or acquired resistance mechanisms impair patients' outcomes. Here, we compared the therapeutic potential of an anti-PD-L1 inhibitor with the CDK4/6 inhibitor abemaciclib in two preclinical mouse models of dMMR-driven carcinogenesis.

# Methods

In this ongoing trial, Mlh1<sup>-/-</sup> or Msh2<sup>loxP/loxP</sup> Villin-Cre mice with gastrointestinal tumors were either treated with anti-PD-L1 monoclonal antibody (clone: 6E11, 2.5 mg/kg bw, i.p., q2wx3) or abemaciclib (75 mg/kg bw, p.o.,q1wx8). Control mice received the isotype (anti-IgG1 2.5 mg/kg bw, i.p., q2wx3) or were left untreated. Blood phenotyping was performed regularly. The tumor microenvironment was studied by immunofluorescence.

#### Results

Both therapies prolonged overall survival of mice significantly: Mlh1<sup>-/-</sup>: 9.1 wks (6E11) vs. 11.1 wks (abemaciclib) vs. 3.5 wks (control);  $Msh2^{loxP/loxP}Villin-Cre:$  6.0 wks (6E11, ongoing) and 8.2 wks (abemaciclib, ongoing) vs. 1.0 wk (control). One Mlh1<sup>-/-</sup> mouse received complete remission upon abemaciclib, while anti-PD-L1 therapy primarily induced stable disease at best (PET/CT). Therapeutic effects of abemaciclib were accompanied by increased numbers of tumor-infiltrating CD4<sup>+</sup>/CD8<sup>+</sup> T-cells and lower numbers of M2-macrophages. Blood phenotyping revealed PD-L1 upregulation under abemaciclib therapy.

#### Conclusions

While ICI-based therapies are effective and FDA approved for dMMR cancer, abemaciclib constitutes a promising alternative therapy option. The strong immune stimulation upon abemaciclib treatment renders this compound ideal for ICI-refractory or intrinsically resistant tumors.

## Legal entity responsible for the study

The authors.

# **Funding**

German Research Foundation.

#### Disclosure

All authors have declared no conflicts of interest.

© European Society for Medical Oncology