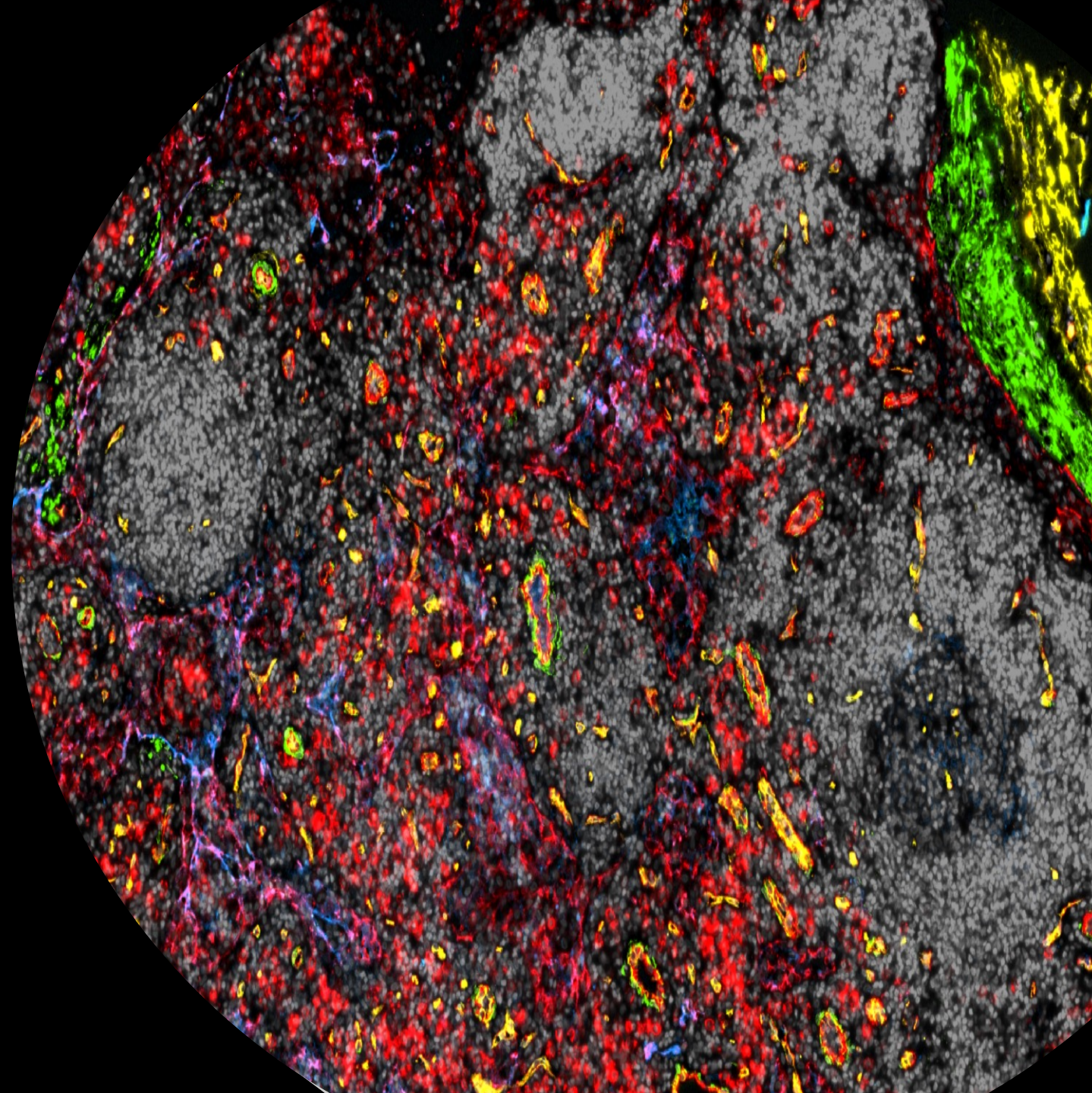


# Cancer Biology I

## Part-II

Week 12



# AGENDA

Nov 5<sup>th</sup>: Cancer genomics- mutations

Nov 11<sup>th</sup>: Cancer genomics-copy number alteration, heterogeneity, evolution (*recording*)

Nov 18<sup>th</sup>: Cancer Epigenetics- chromatin 3D structure, cell plasticity

Nov 25<sup>th</sup>: – Major signaling pathways leading to cancer

Dec 2<sup>th</sup>: Cancer Therapies – chemo and targeted therapies

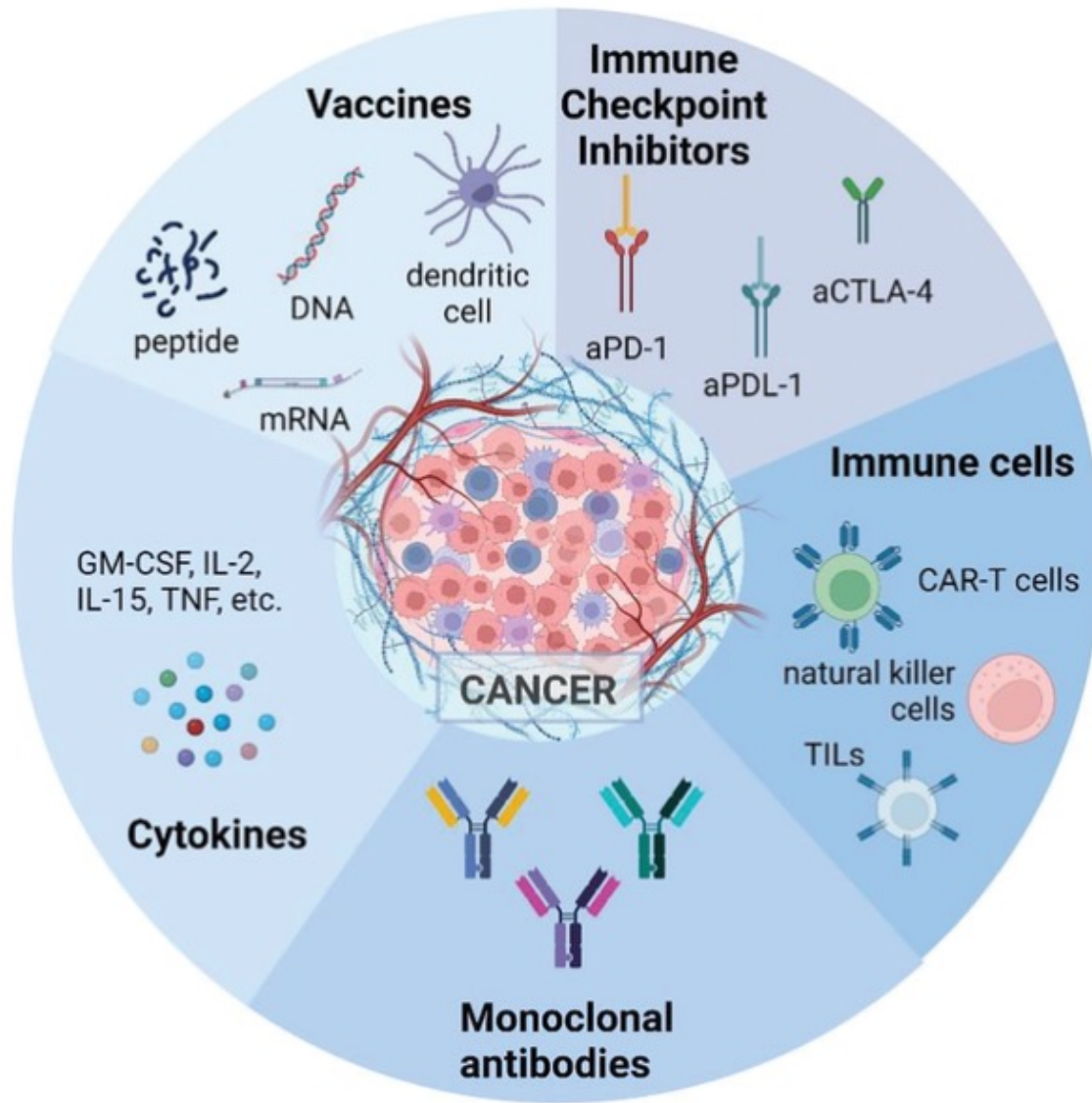
**Dec 9<sup>th</sup>: Introduction to immunotherapies –**

Dec 16<sup>th</sup>: questions for the exam (please send me your questions by Wednesday Dec 12<sup>th</sup>)

*Dec 18<sup>th</sup>: Exam 1.30 PM-3.30 PM CM 1 2*



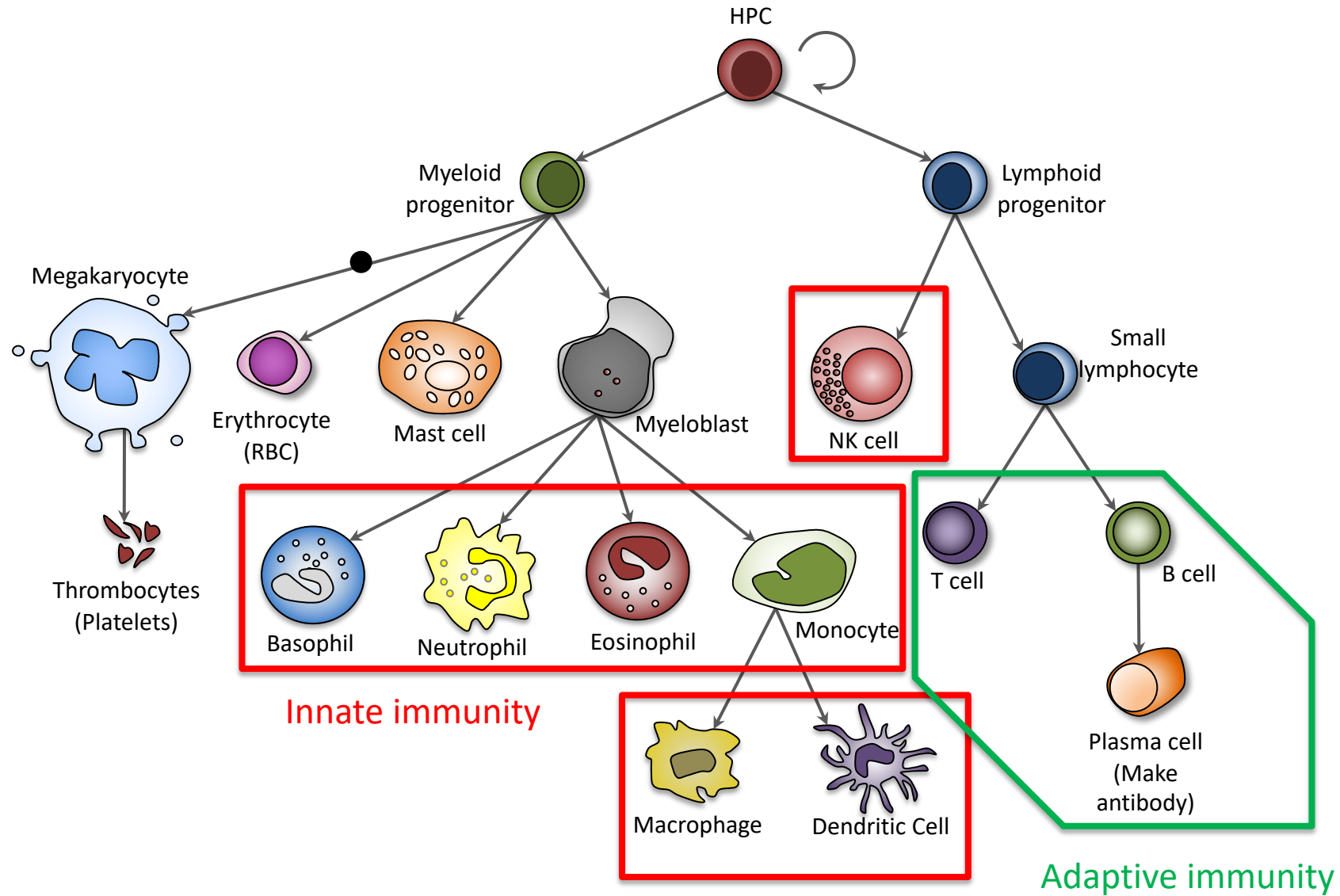
# CANCER IMMUNOTHERAPIES



GOAL of cancer immunotherapies

**Activate the immune-system to recognize and kill the tumor**

# IMMUNE SYSTEM





# IMMUNOTHERAPY : PLAYERS

**T-cells**

**B-cells**

**Natural Killer (NK)**

**Macrophages**

**Dendritic cells**

# T-cells



CD4<sup>+</sup> T cell

CD4 cells/T-helper  
Activation of B and T cells



CD8<sup>+</sup> T cell

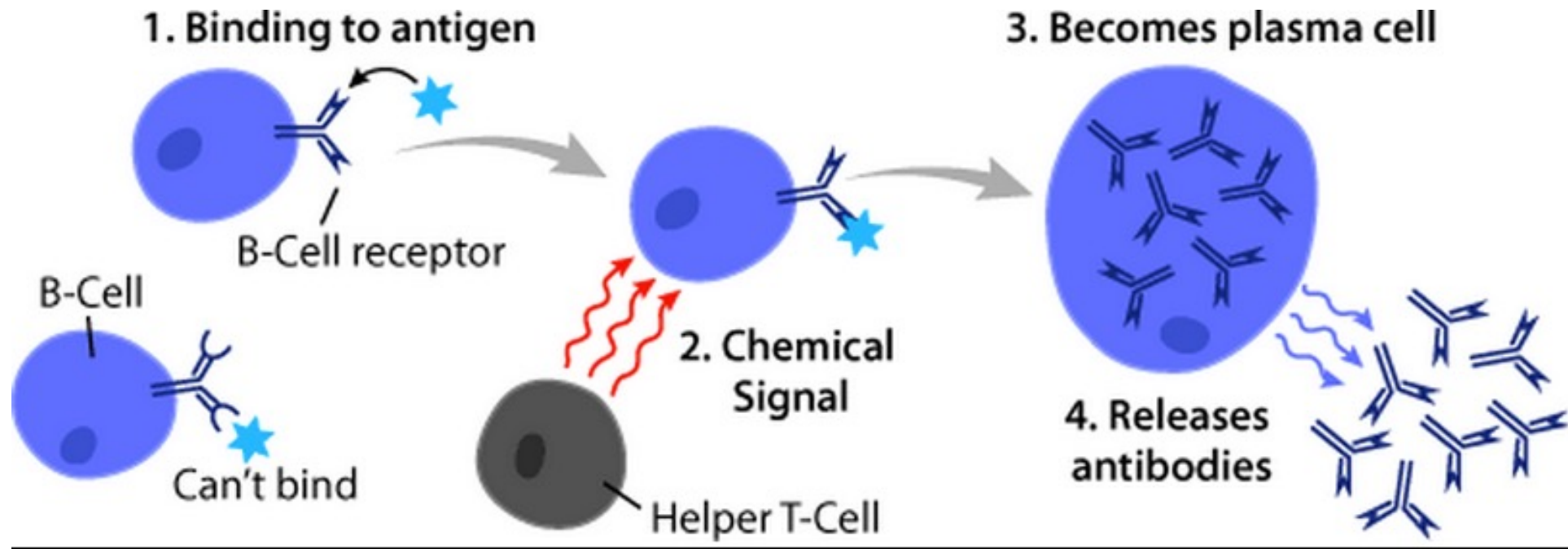
CD8  
Cytotoxic  
Adaptive immune system



T<sub>Reg</sub> cell

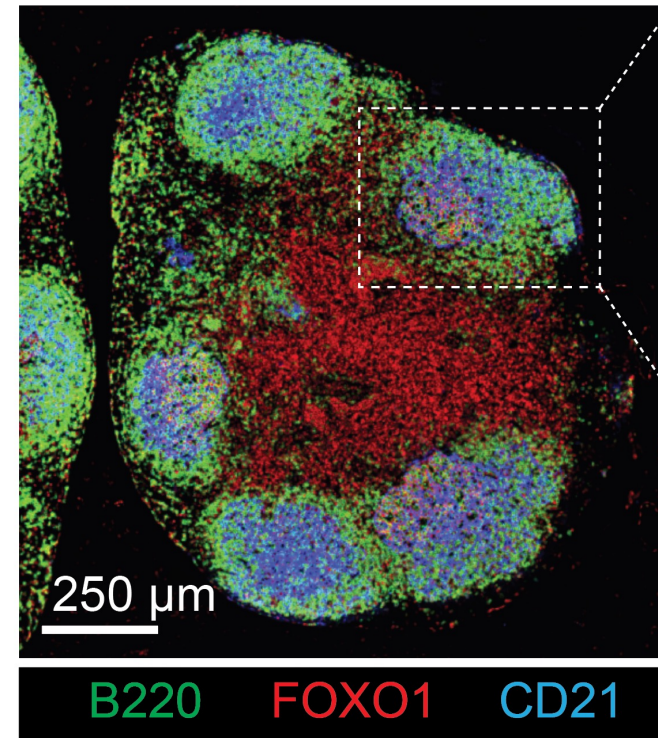
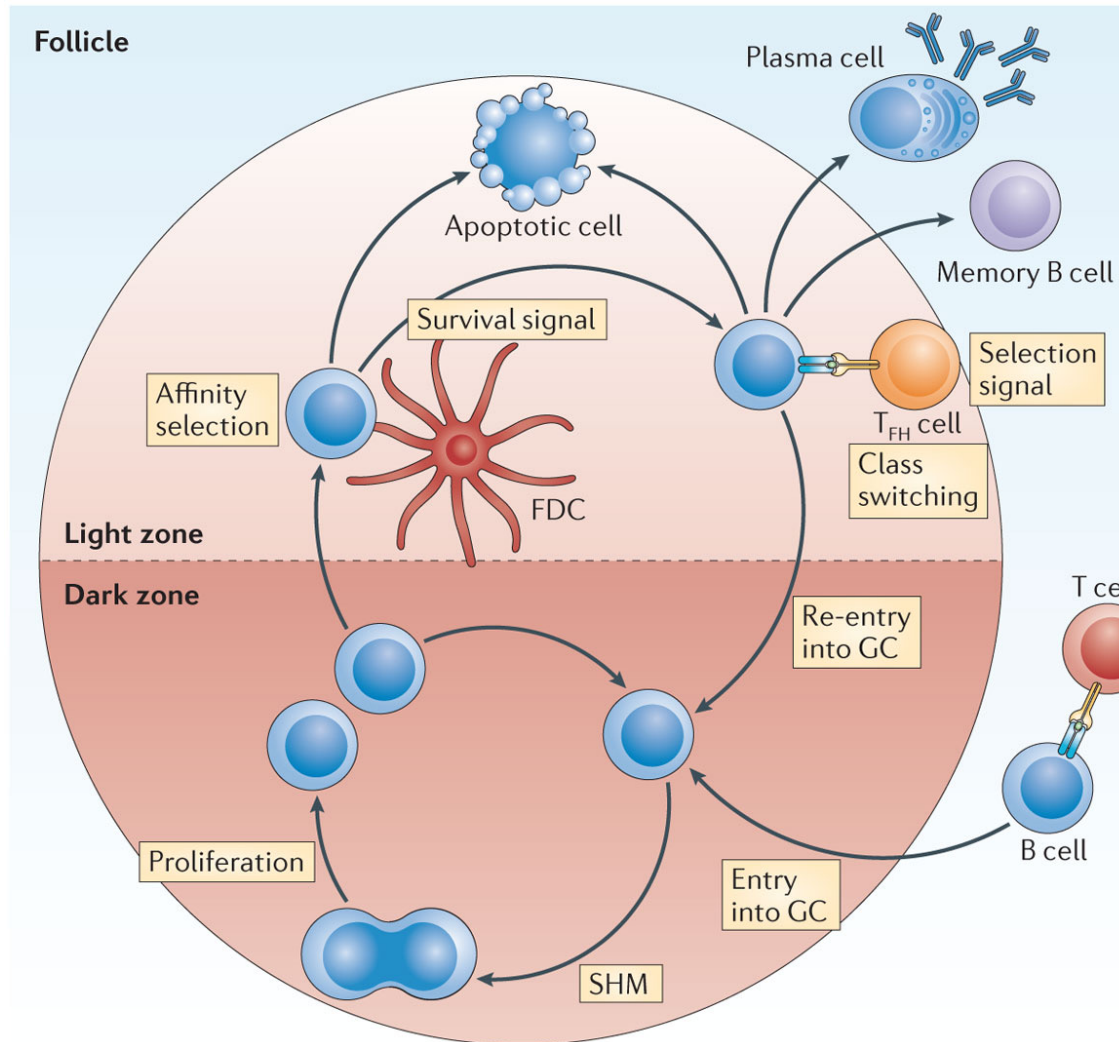
Regulator T cells (Treg)  
CD4/FoxP3  
Immunosuppressive

# B-cells

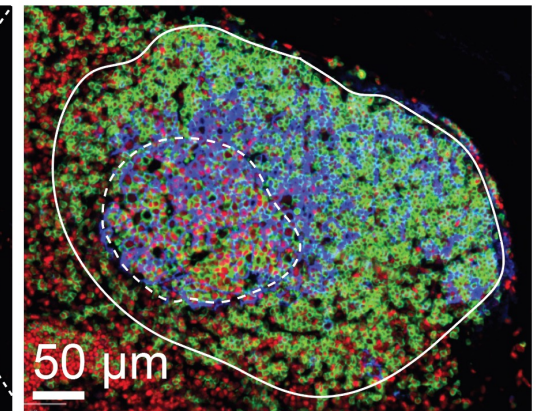




# B-cells maturation in the Germinal Center to produce specific antibodies

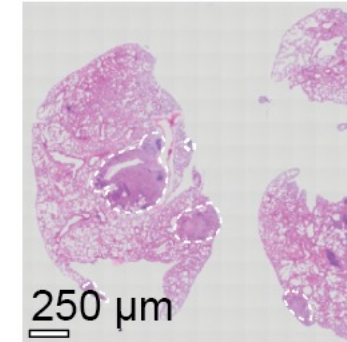
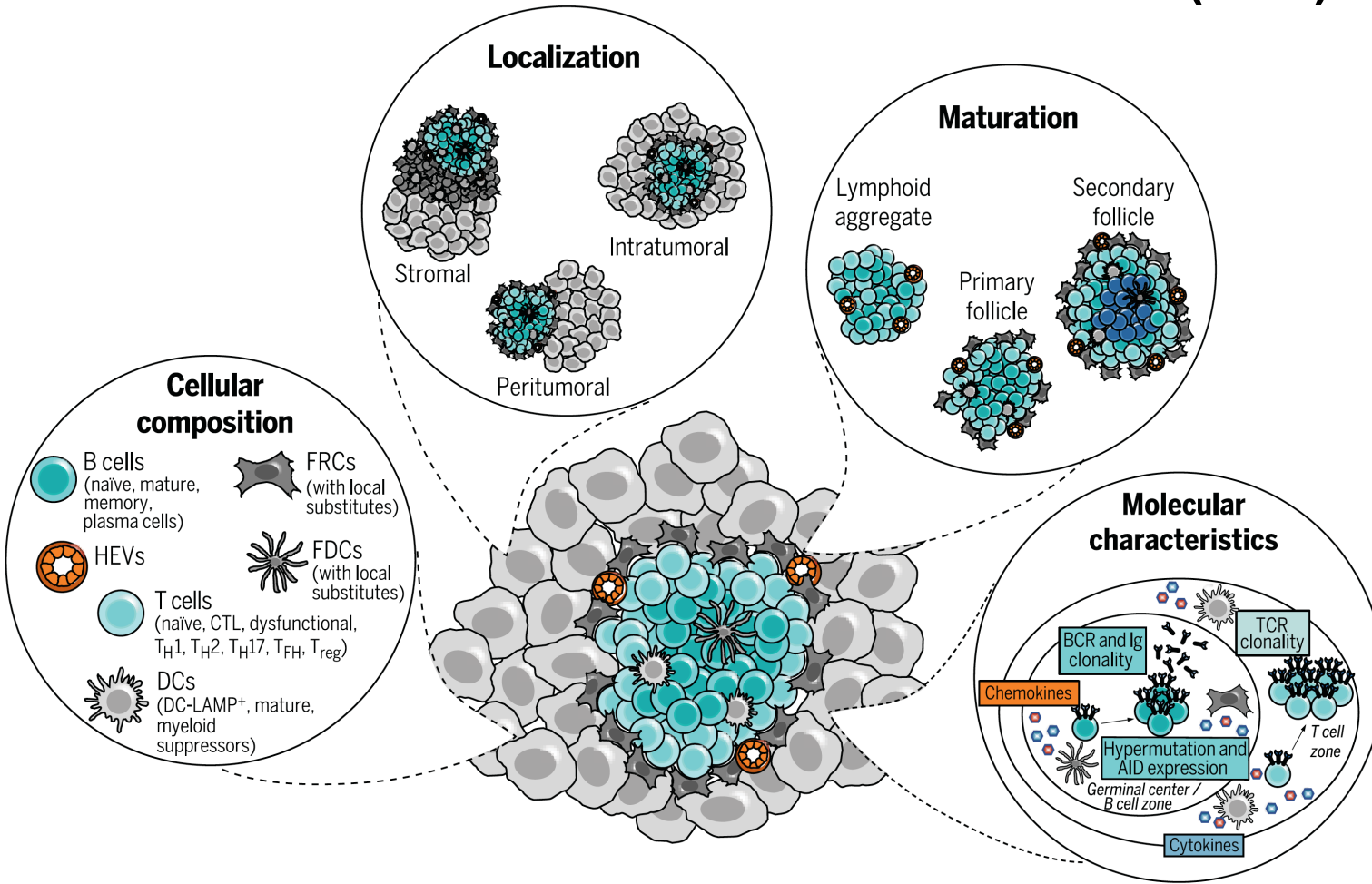


Lymph node

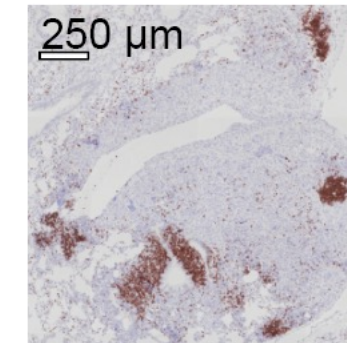


Germinal center

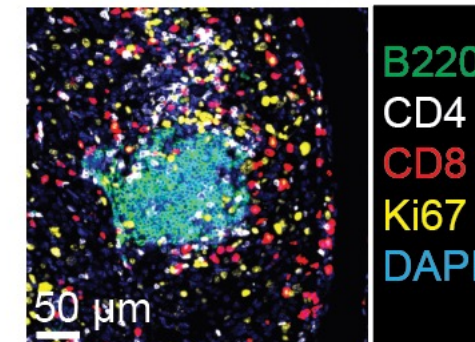
# In solid tumors: formation of structure similar to germinal centers, called Tertiary Lymphoid structure (TLS)



Lung cancer



Brown dots= B cells



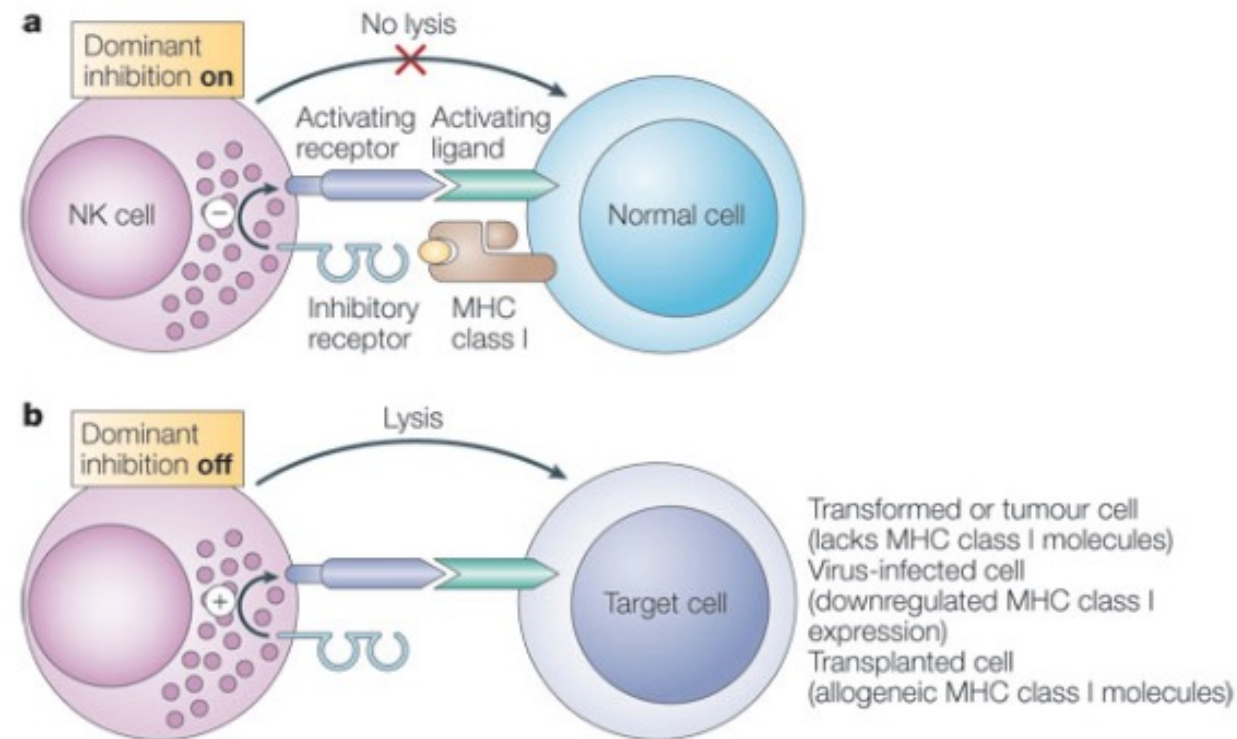
B220  
CD4  
CD8  
Ki67  
DAPI

TLS

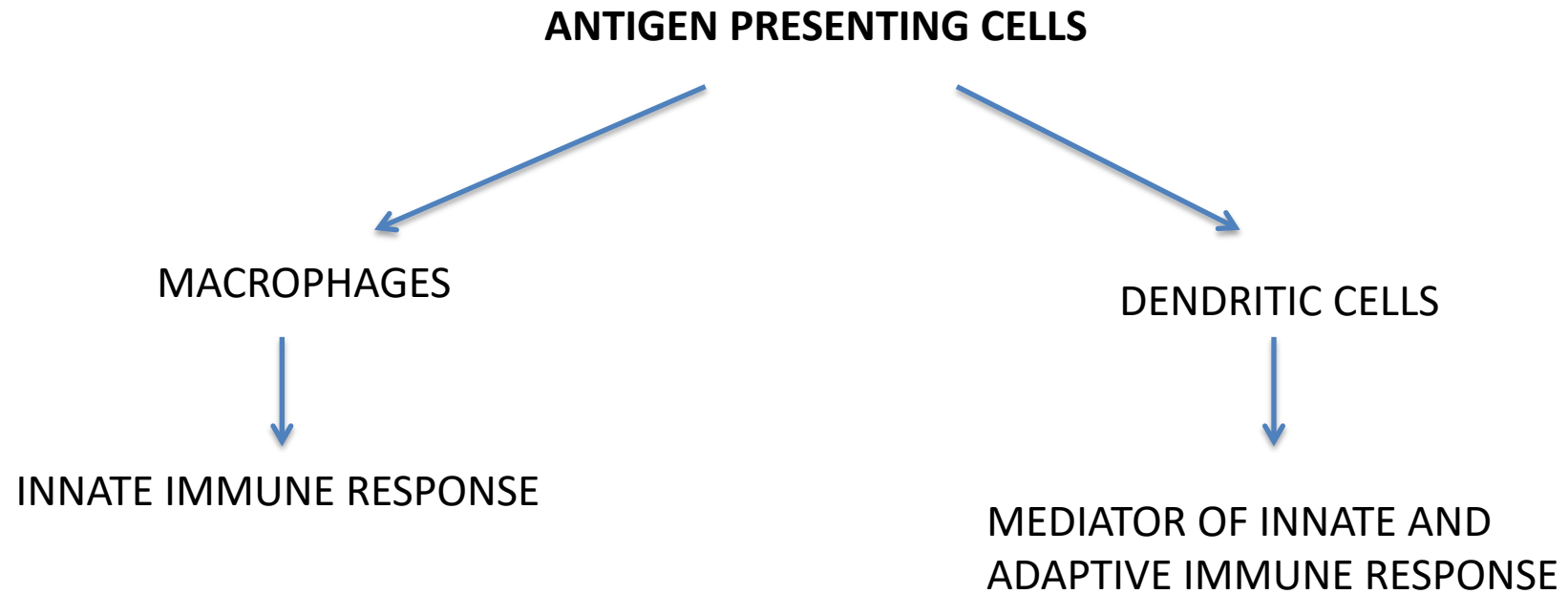
# INNATE IMMUNE SYSTEM: PLAYERS

## NK cells (Natural Killer cells): Cytotoxic lymphocytes

Innate Immune response (rapid response to viral infection)



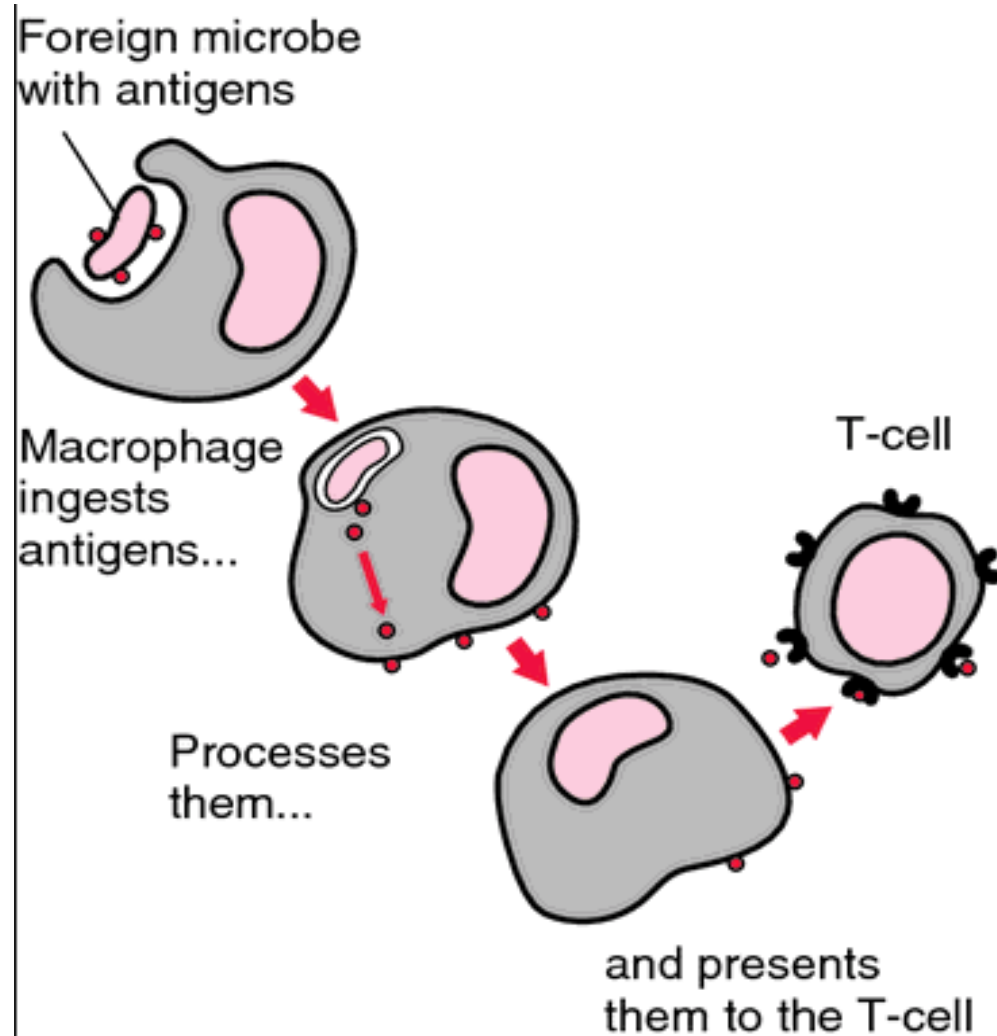
# IMMUNE SYSTEM: PLAYERS





# IMMUNE SYSTEM: PLAYERS

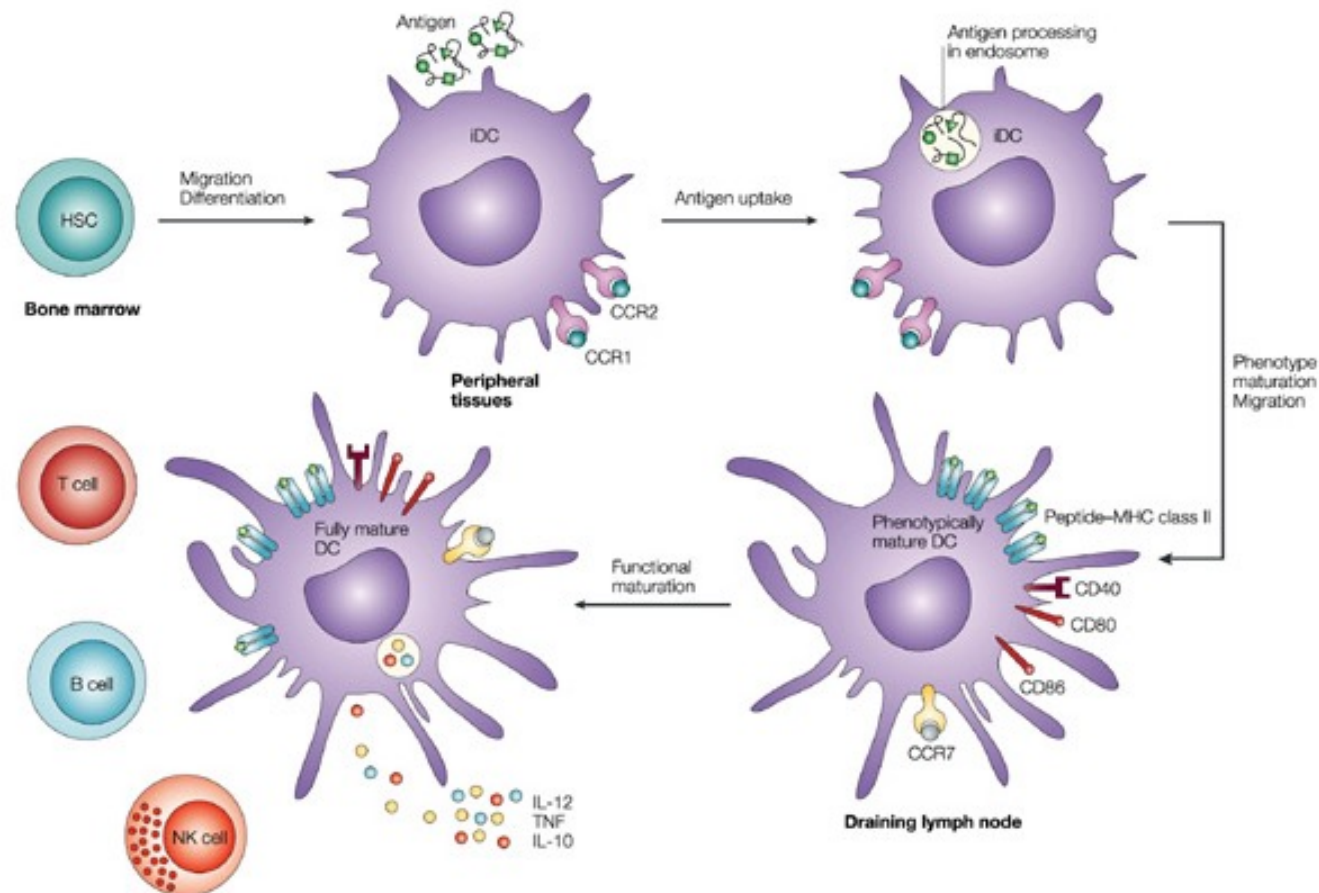
## Macrophages (AP cells)



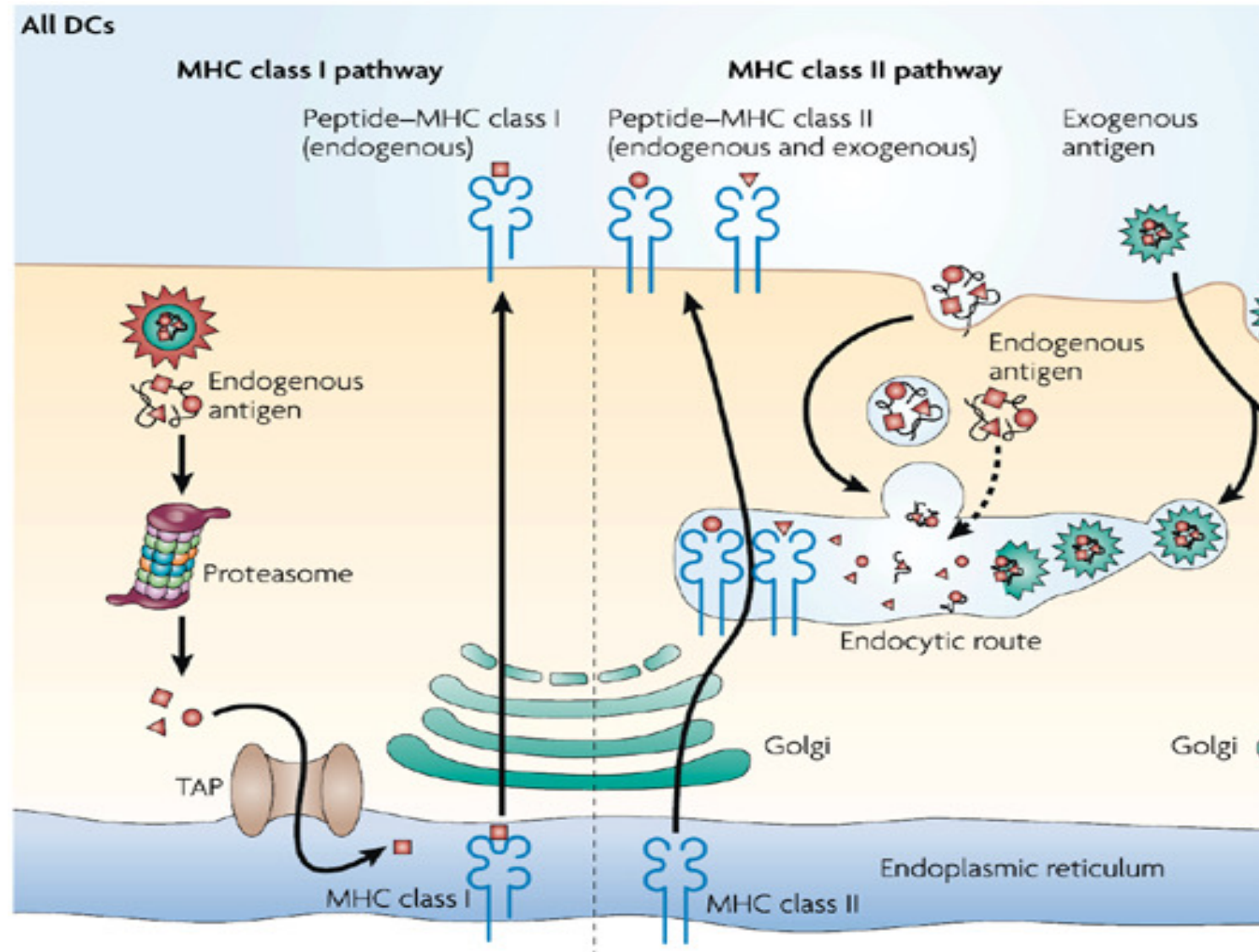


# IMMUNE SYSTEM: PLAYERS

**Dendritic cells= APC (Antigen Presenting cells)**  
**mediator of innate and adaptive immune response**

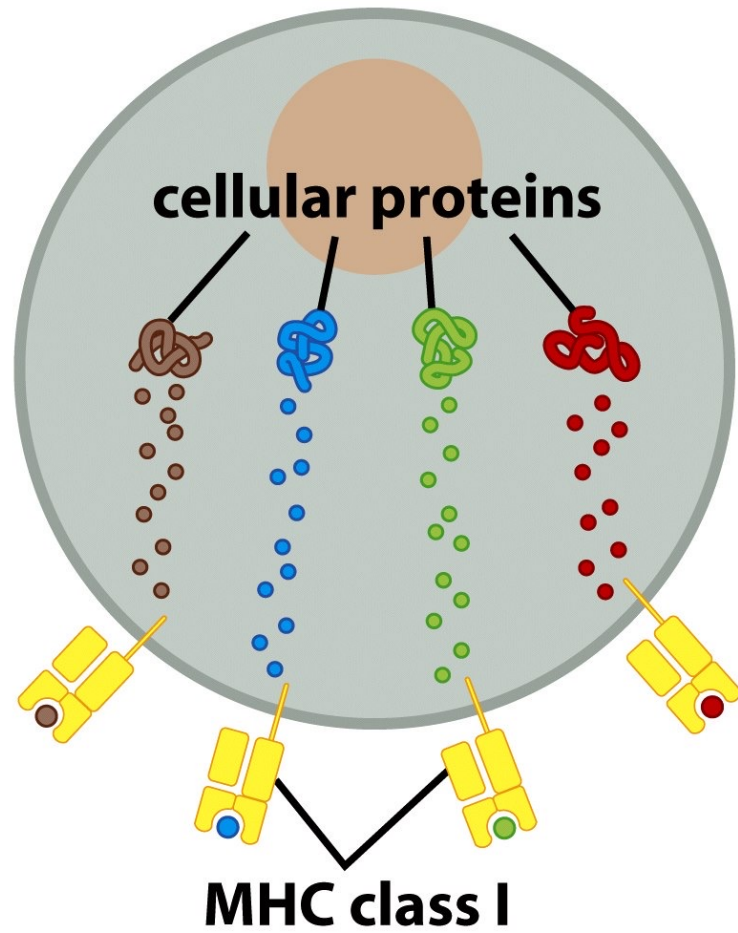


# ANTIGENE PRESENTATION: MHC



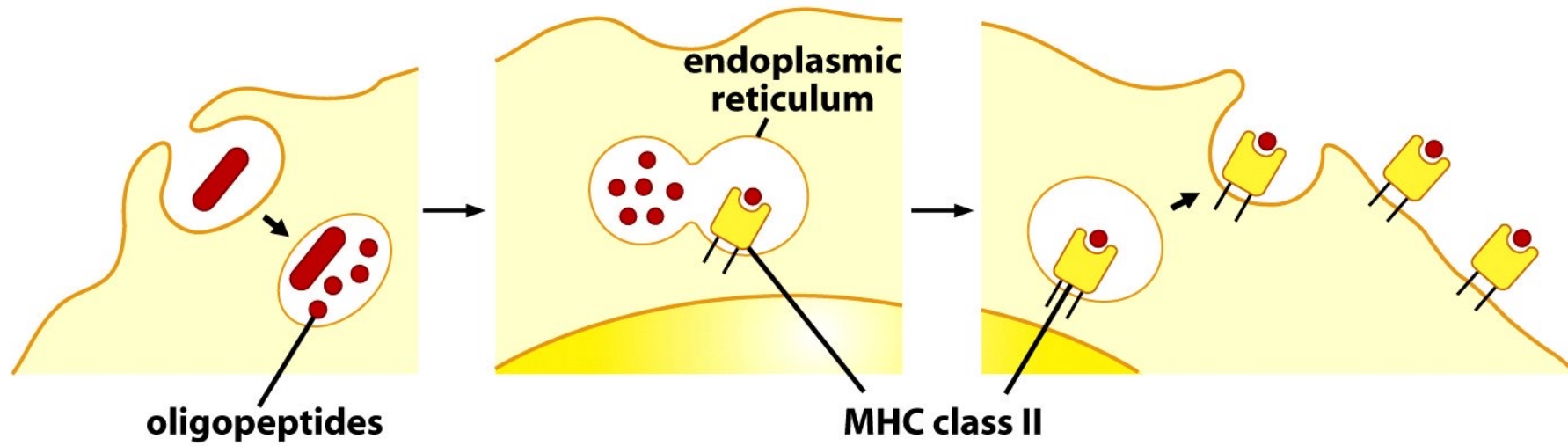
# ANTIGEN PRESENTATION: MHC I

ALL CELLS IN OUR BODY



# ANTIGENE PRESENTATION: MHC II

MACROPHAGES, B-CELLS , T CELLS

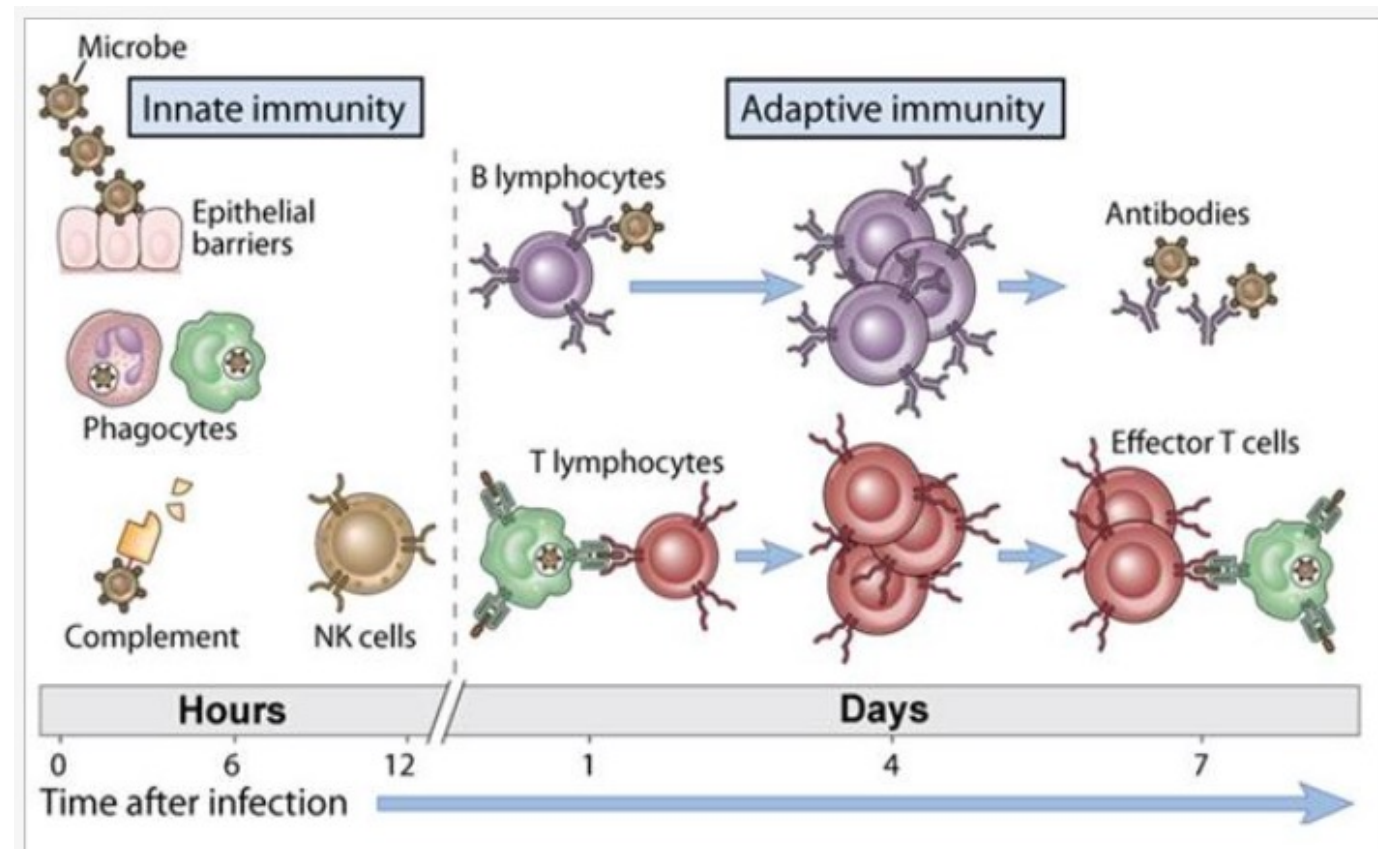




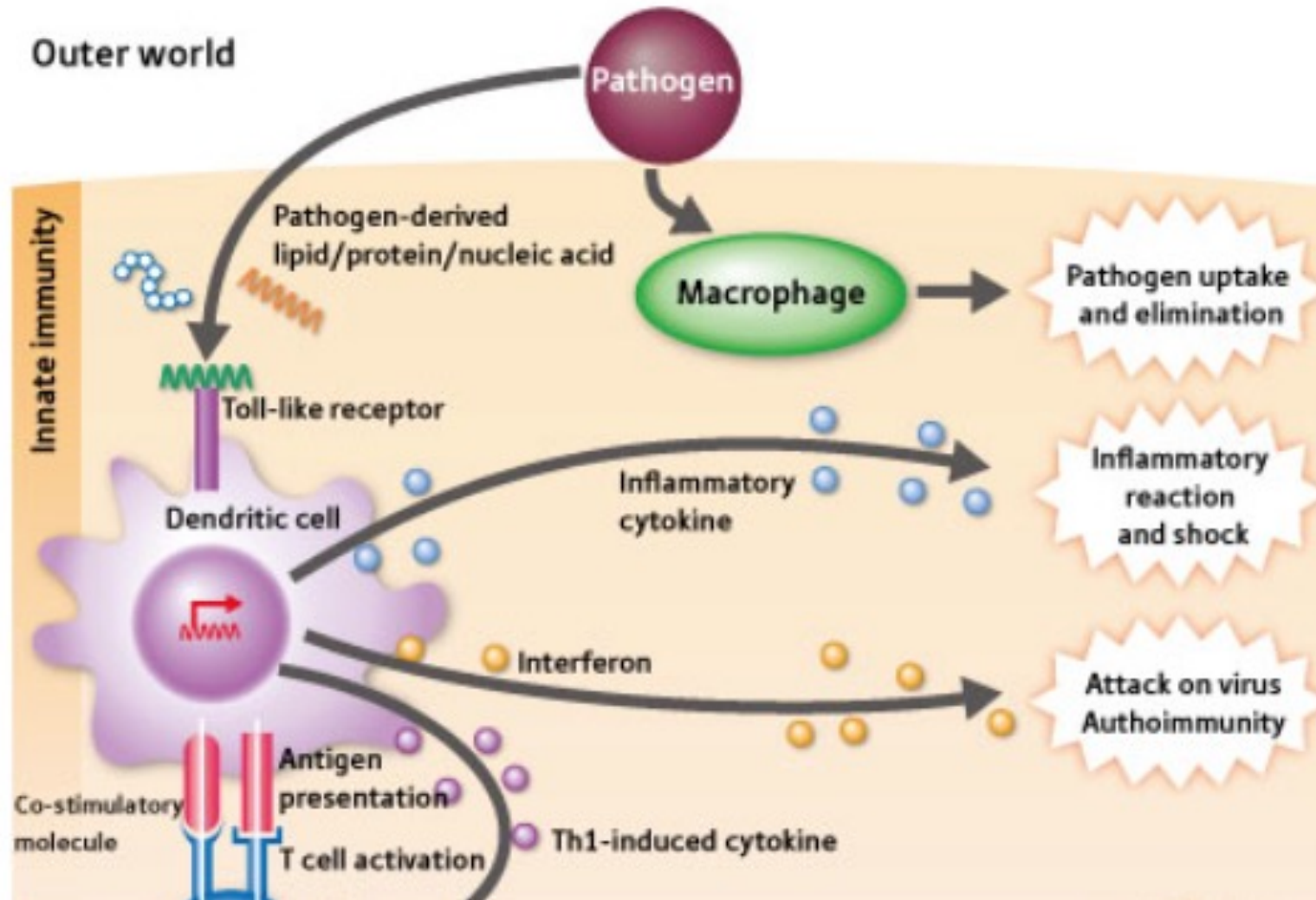
# IMMUNE RESPONSE

**INNATE IMMUNE RESPONSE= Fast**

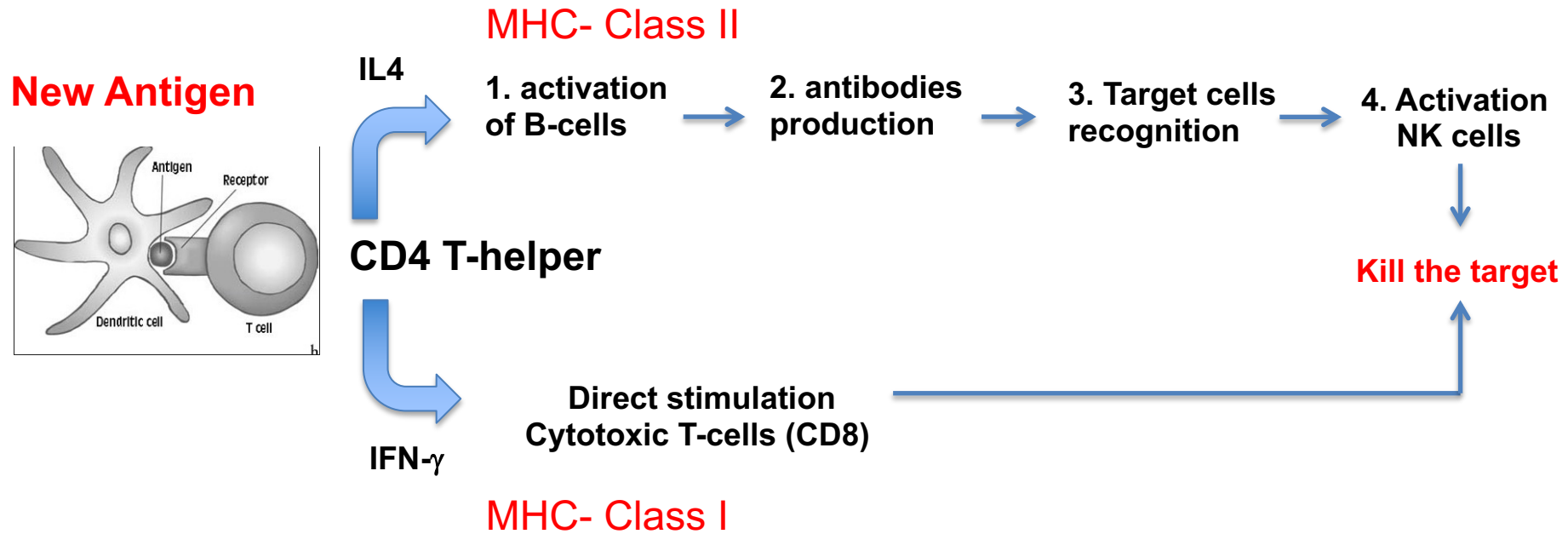
**ADAPTIVE IMMUNE RESPONSE= Slow but long term memory**



# INNATE IMMUNE RESPONSE

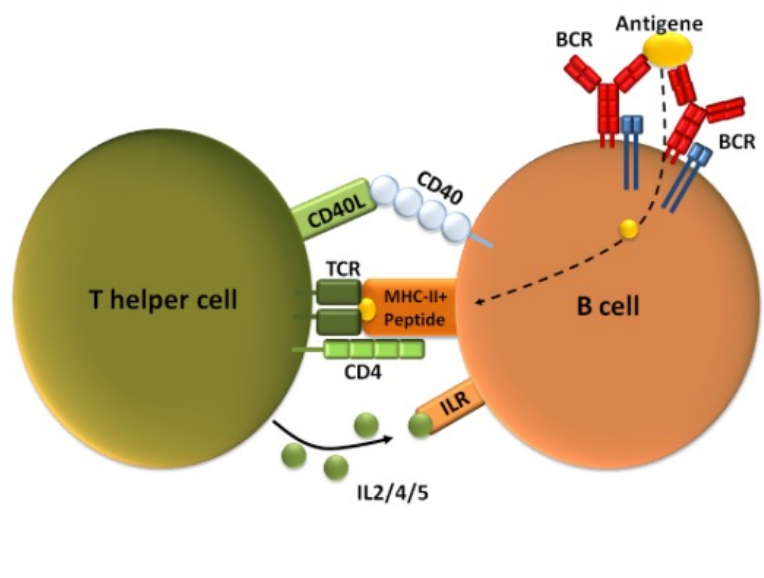


# ADAPTIVE IMMUNE RESPONSE



# STEP1-2: Activation of B-cells to produce antibodies

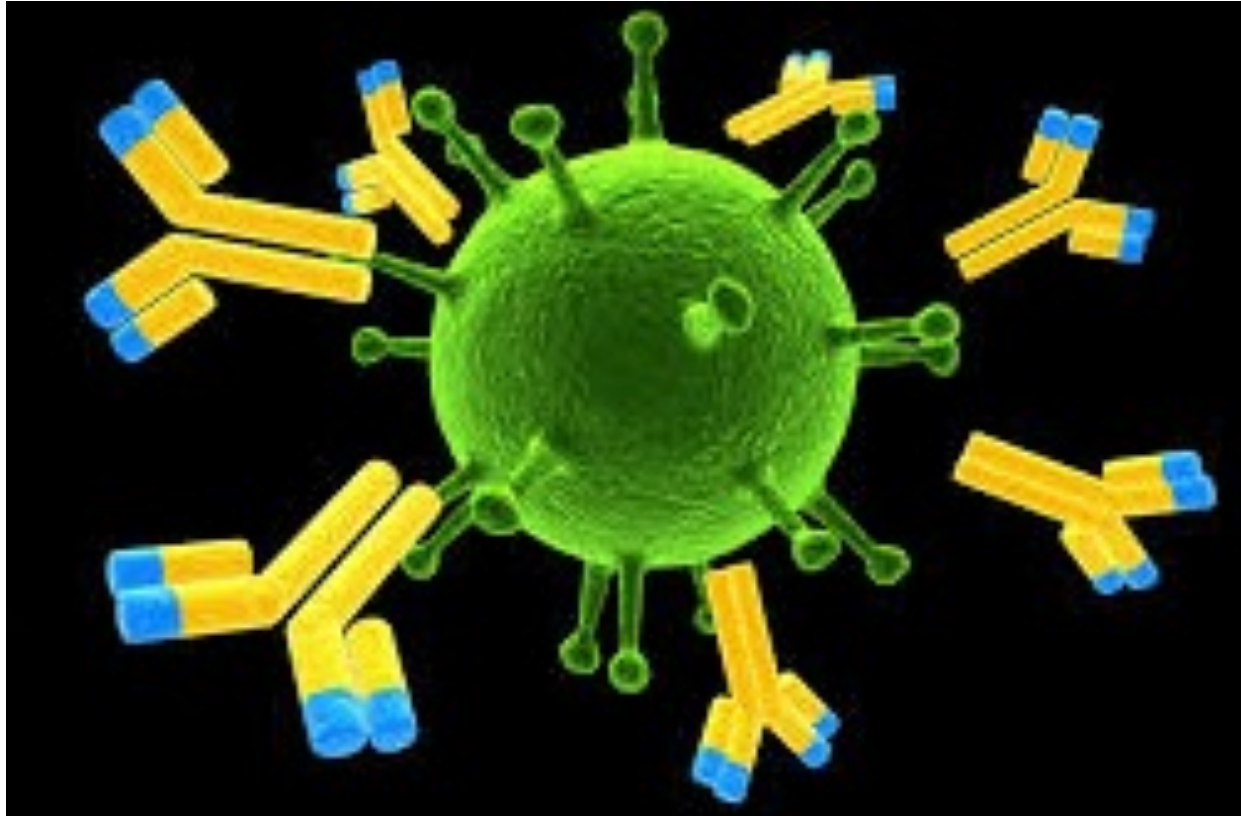
## 1. Activation of B-cells



## 2. Antibodies production

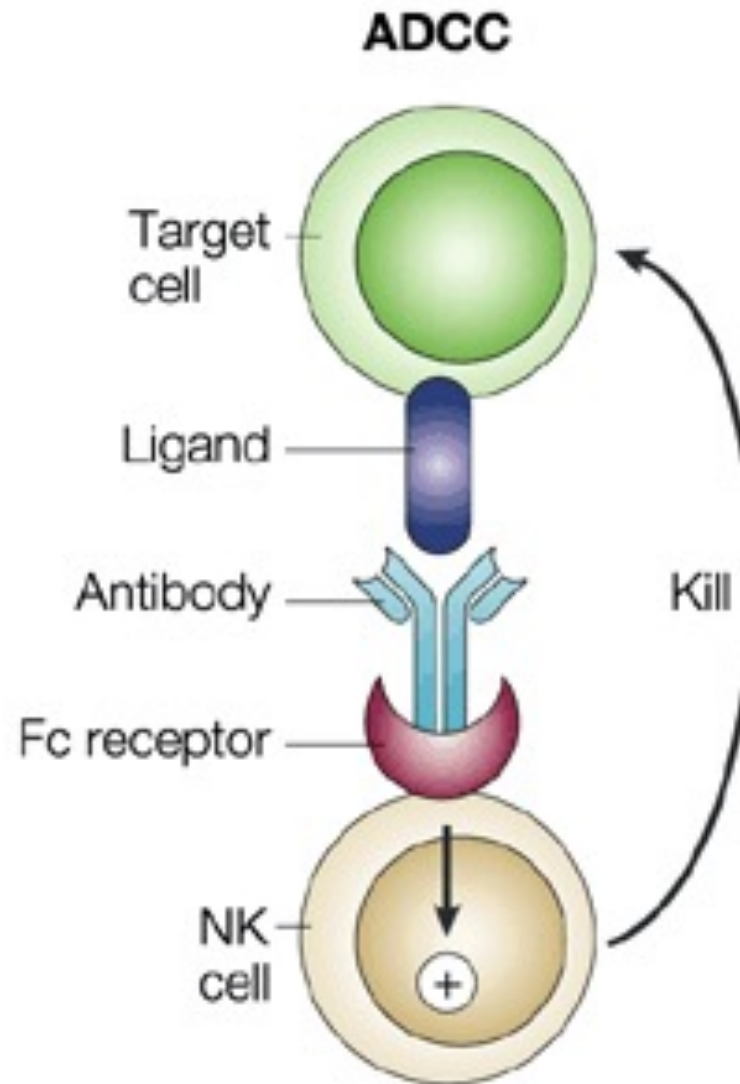


### STEP3: Recognize the target





## STEP 4-5: Activation of **NK cells and macrophages** and kill the target



# Antibodies for cancer treatment

Lymphoma therapy: R-CHOP

**R= Rituximab**

CHOP= Chemotherapies MIX

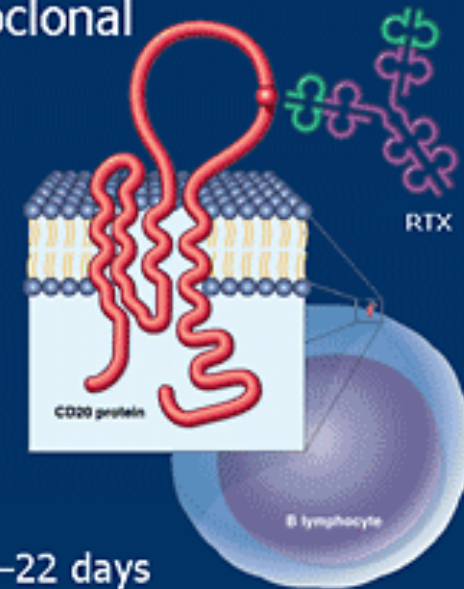
## Rituximab Anti-CD20 Monoclonal Antibody

### ■ Chimeric murine/human monoclonal antibody

- Variable light and heavy chain regions from murine model
- Human IgG1, kappa constant region

### ■ Long serum half-life

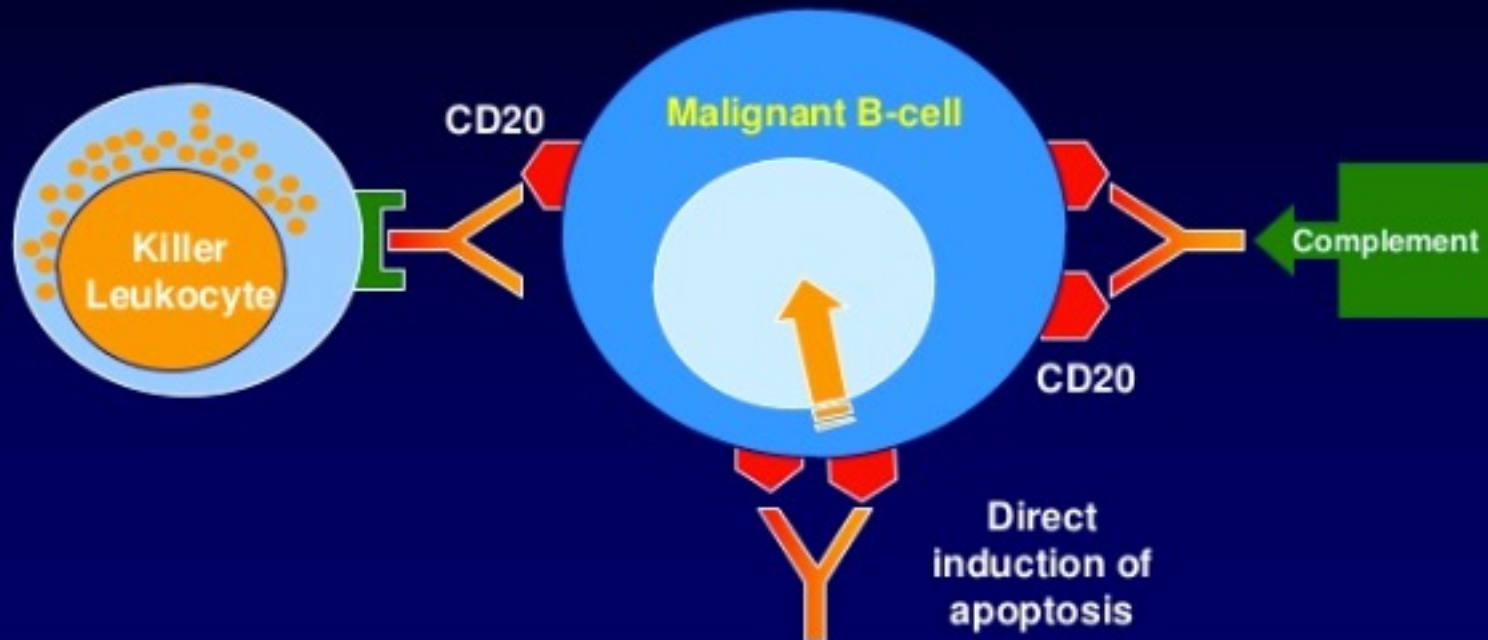
- RA (1000 mg)
  - ❖ After second infusion  $t_{1/2} = 19\text{--}22$  days



Berinstein NL et al. *Ann Oncol.* 1998;9:995-1001. Maloney DG et al. *J Clin Oncol.* 1997;15:3266-3274.  
Maloney DG et al. *Blood.* 1997;90:2188-2195. Davies B et al. *Ann Rheum Dis.* 2004;63:FRI0128.

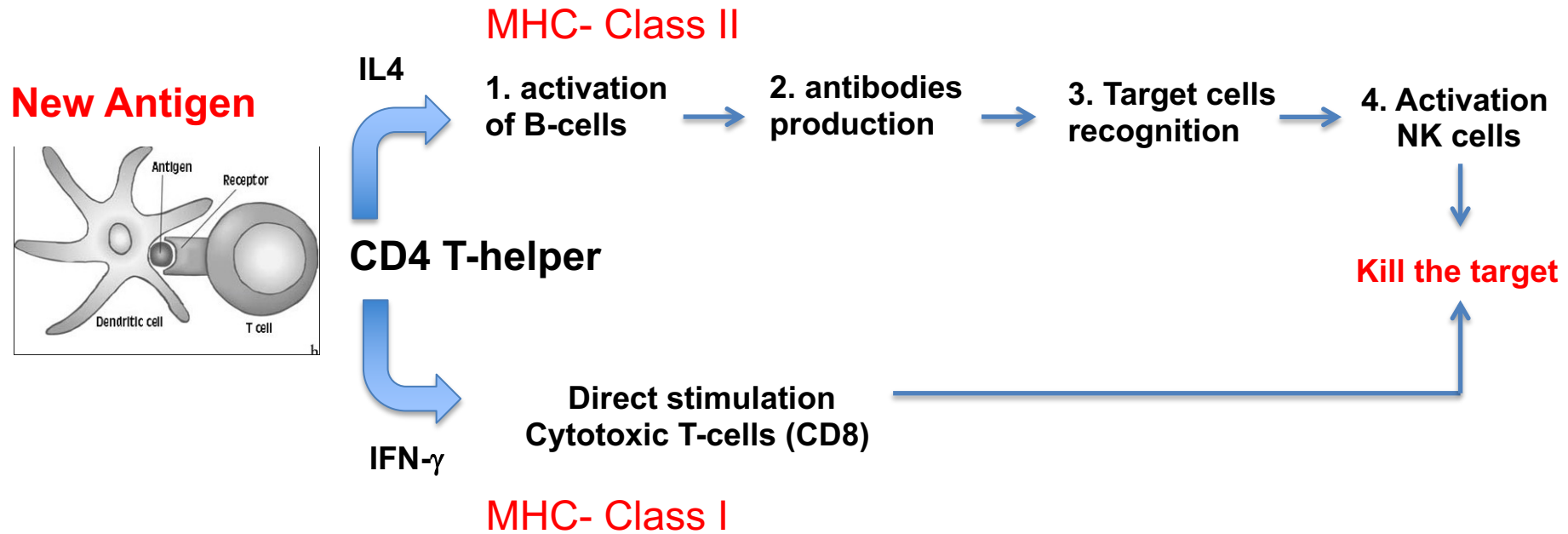
# Antibodies for cancer treatment

## Anti-CD20 (Rituximab= Mabthera®) mechanism of action



Adapted from Male D, et al., *Advanced Immunology* 1996: 1.1–1.16<sup>20</sup>

# ADAPTIVE IMMUNE RESPONSE



# ADAPTIVE IMMUNE RESPONSE: Cytotoxic cells

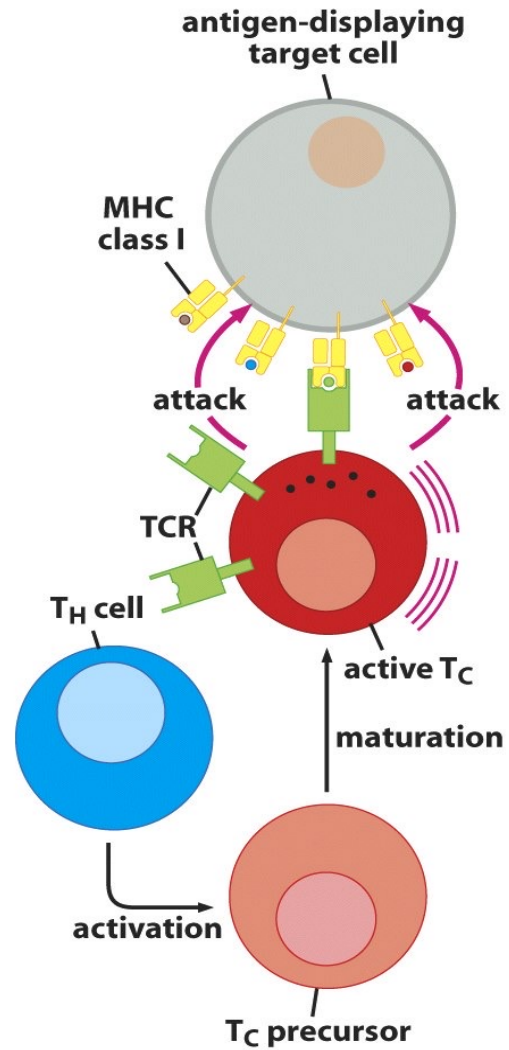


Figure 15.11 *The Biology of Cancer* (© Garland Science 2007)



# INNATE VS ADAPTIVE IMMUNE RESPONSE

|                                                    | Innate Immunity               | Adaptive Immunity |
|----------------------------------------------------|-------------------------------|-------------------|
| Speed of Onset                                     | Immediate<br>(within minutes) | ~ 3 day lag       |
| Specificity to Antigen                             | Lower                         | Higher            |
| Diversity of Response                              | Lower                         | Higher            |
| Potency                                            | Lower                         | Higher            |
| Memory (Reacts quicker<br>to subsequent exposures) | No                            | Yes               |

# IMMUNE TOLERANCE

**T-Regulatory cells  
(Treg)**  
(CD4, CD25 and FoxP3)



**Protect the body from  
auto-immune disease**

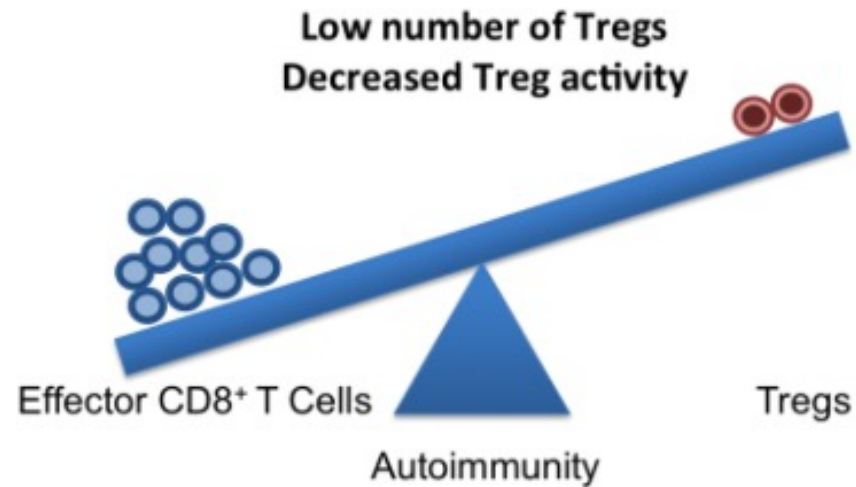
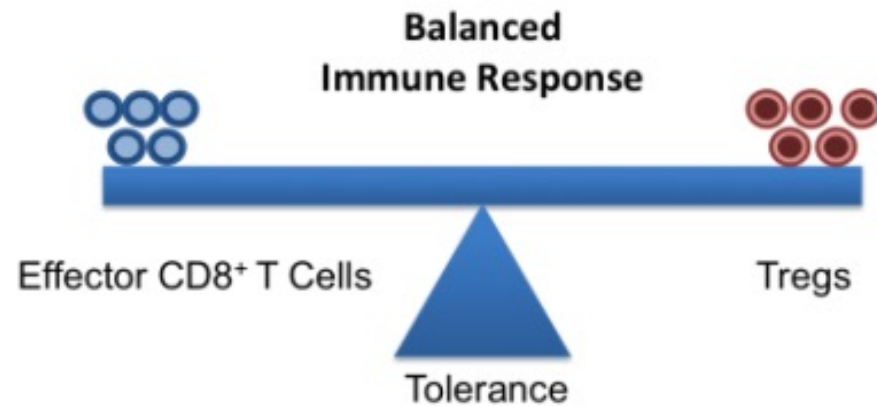


**Release  
IL10/TGF- $\beta$**



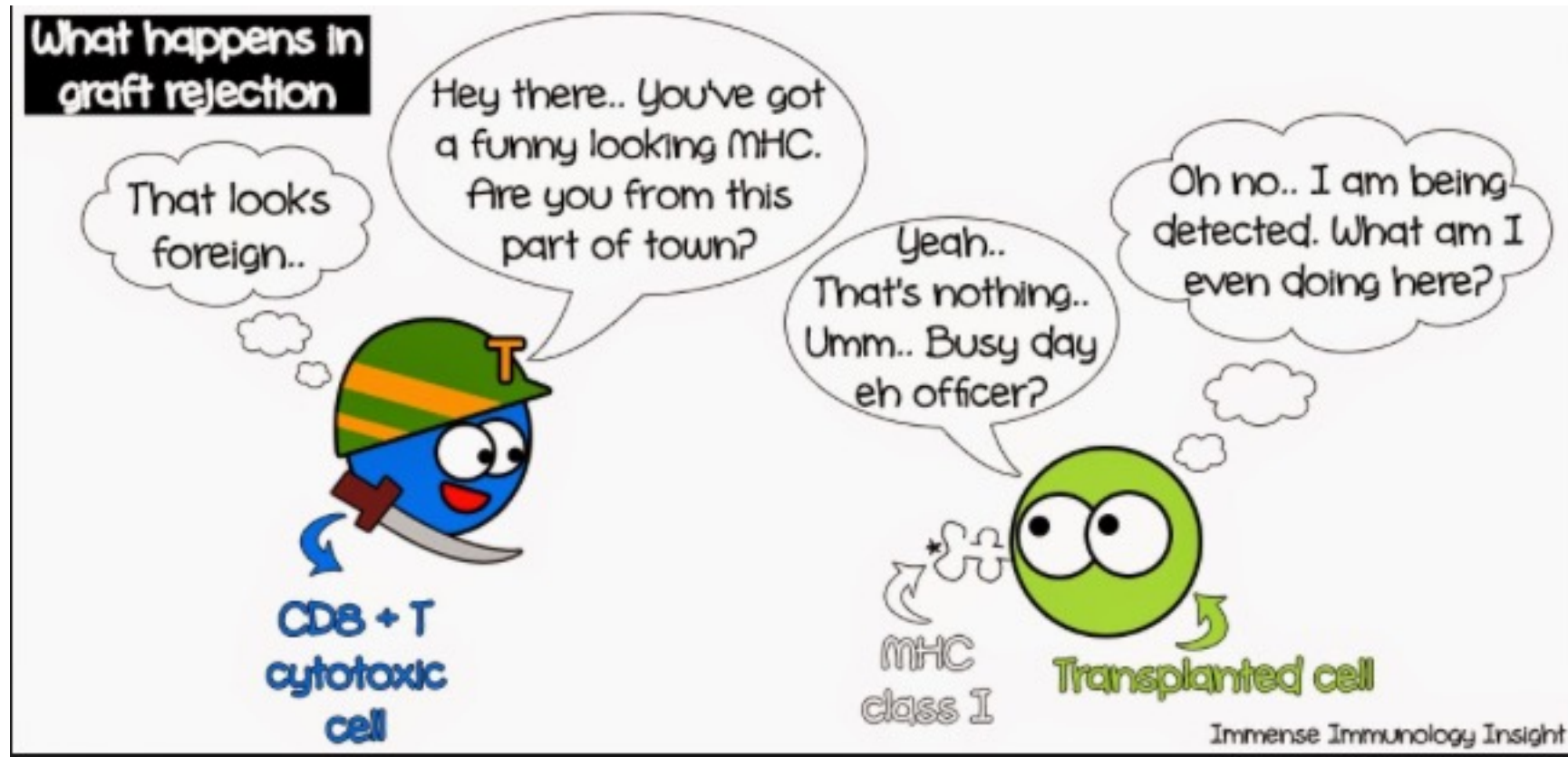
**Inhibit T-cells  
activation**

# IMMUNE TOLERANCE: mediated by Treg cells



# GRAFT REJECTION

Transplanted cells from donor are recognized and eliminated by the immune system



# SYNGENEIC and ALLOGENEIC TRANSPLANT

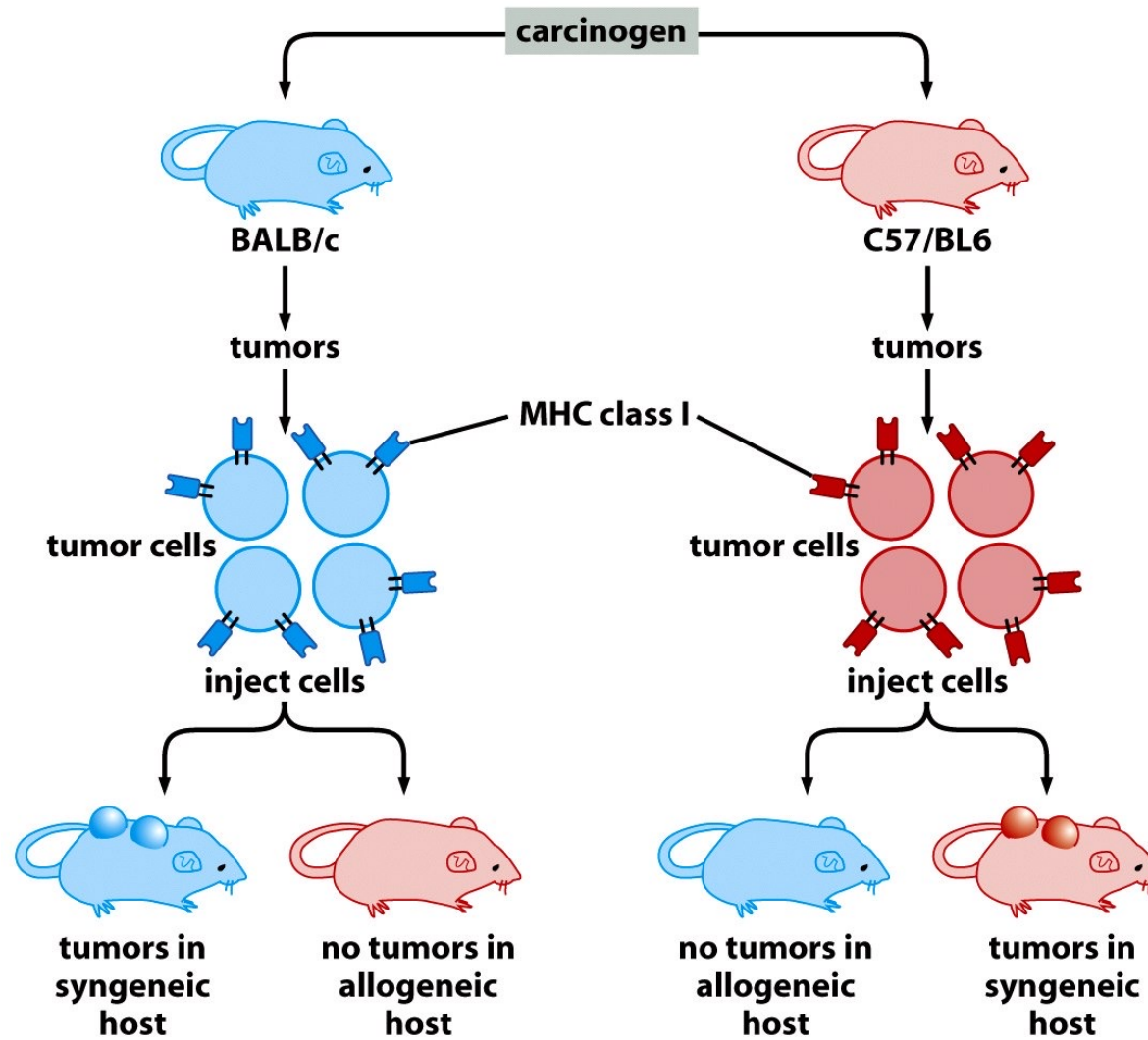
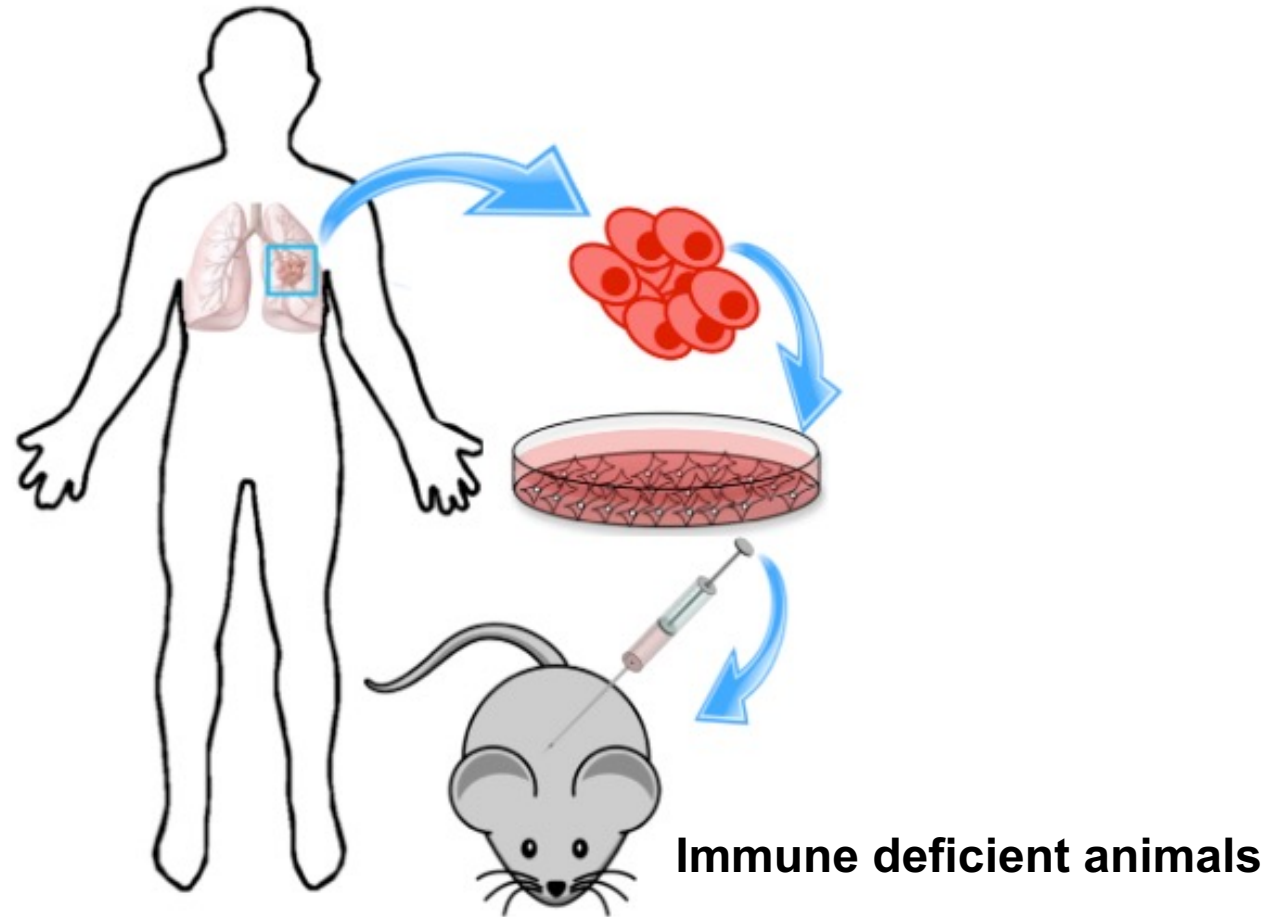


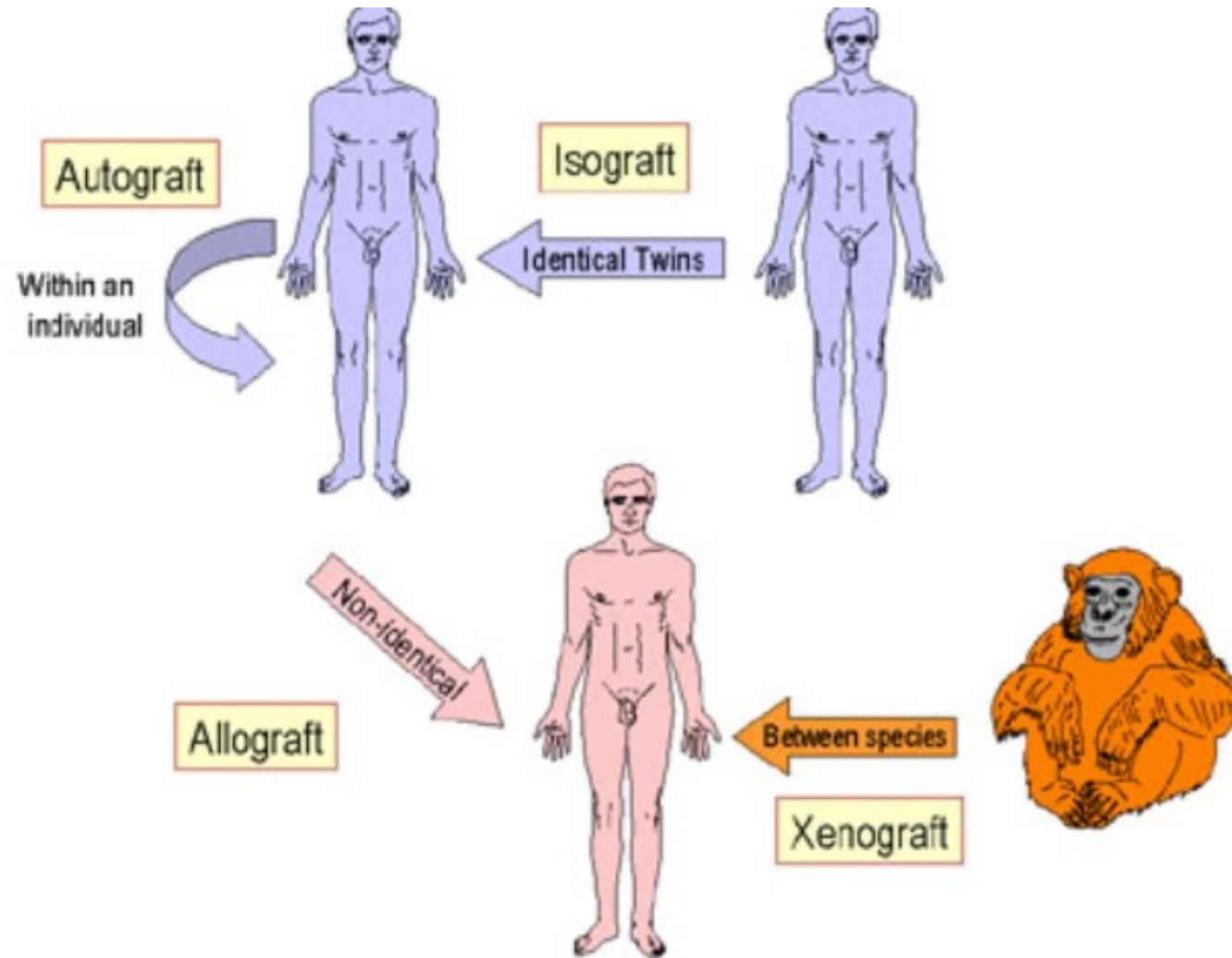
Figure 15.15 *The Biology of Cancer* (© Garland Science 2007)



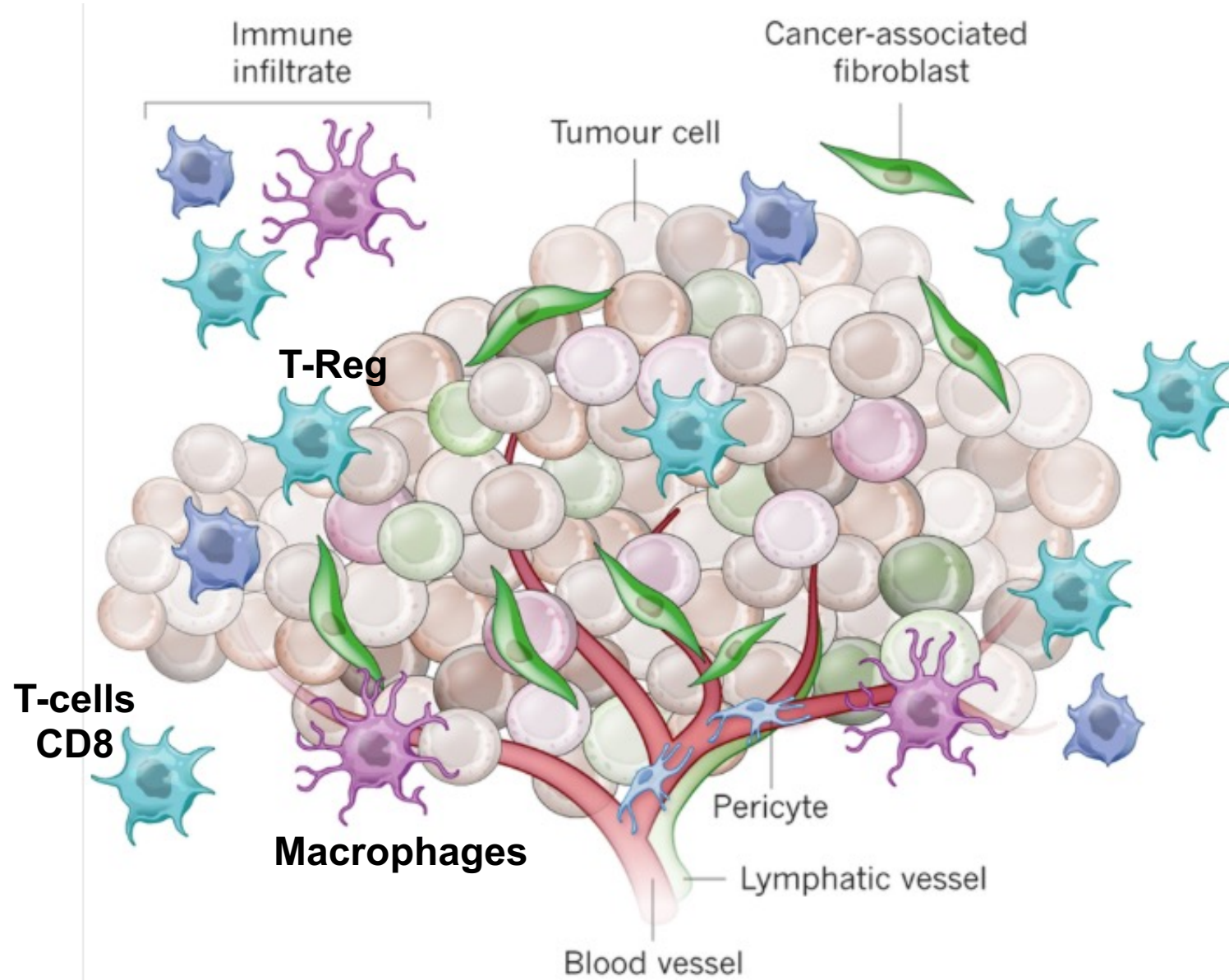
# XENOGRRAFT TRANSPLANT



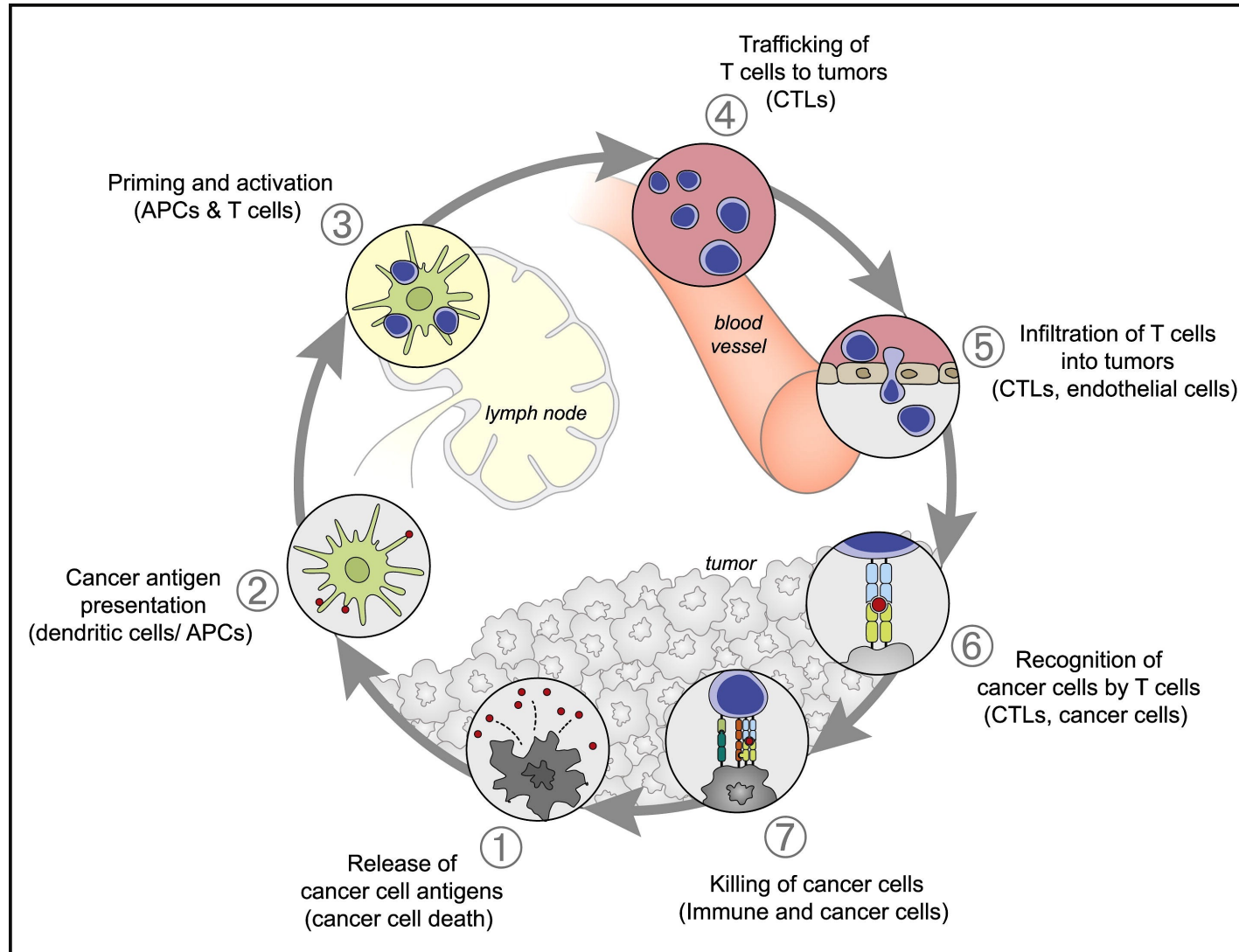
# SUMMARY TRANSPLANT



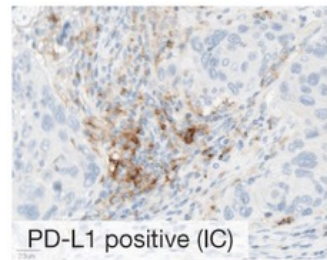
# TUMOR MICROENVIRONMENT



# THE CANCER IMMUNITY CYCLE



# THE CANCER IMMUNITY CYCLE



**IMMUNE DESERT TUMORS**

Priming and activation  
(APCs & T cells)

Cancer antigen  
presentation  
(dendritic cells/ APCs)

Release of  
cancer cell antigens  
(cancer cell death)

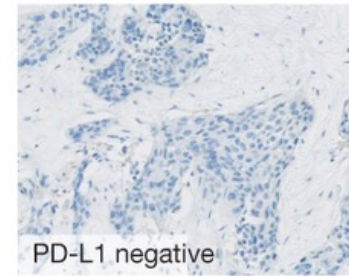
Killing of cancer cells  
(Immune and cancer cells)

**INFLAMED TUMORS**  
good for immunotherapies

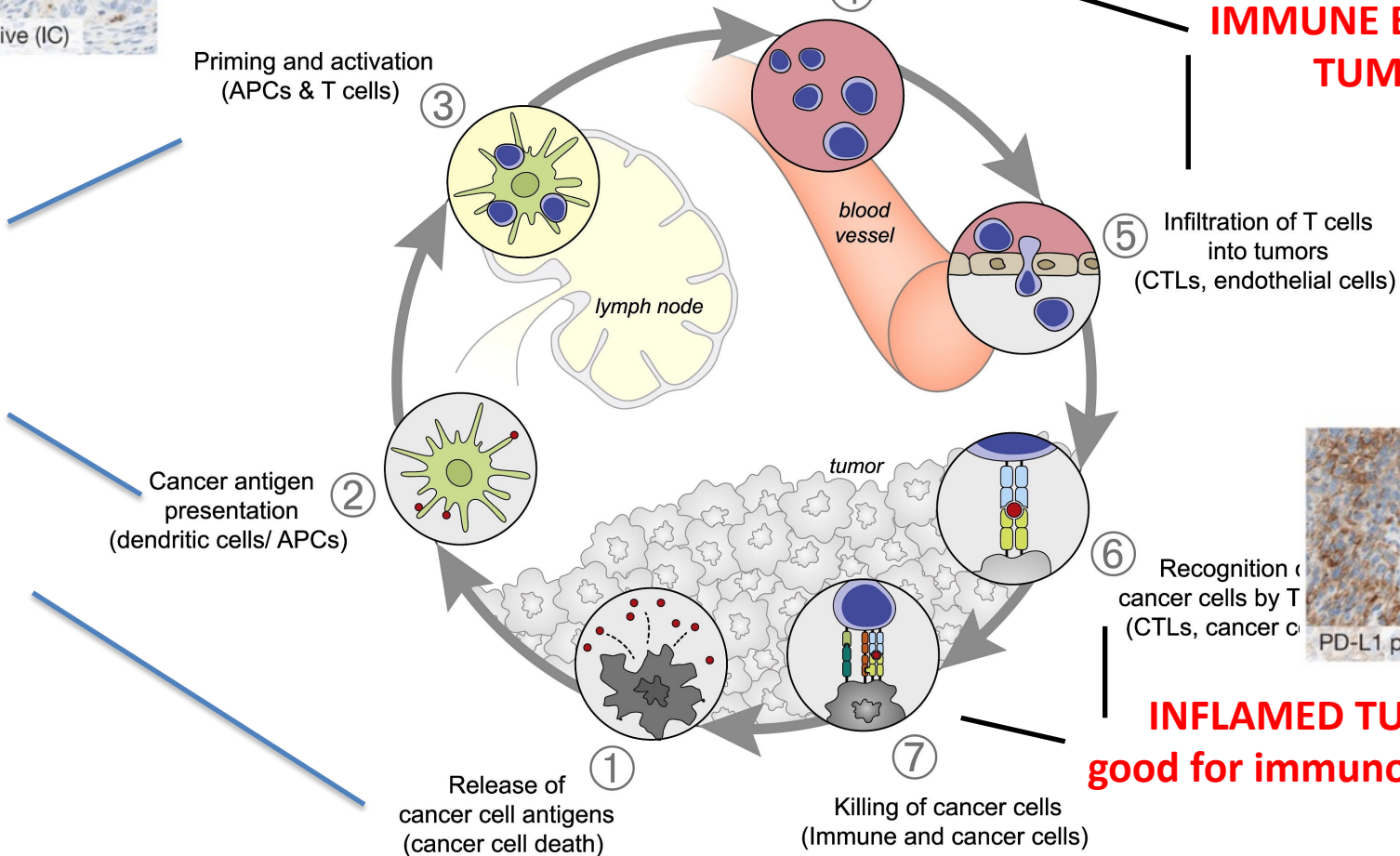
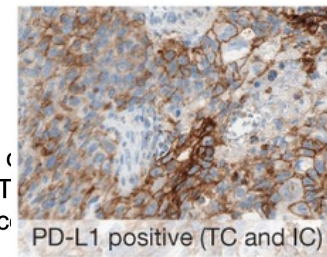
Recognition of  
cancer cells by T  
(CTLs, cancer c

Infiltration of T cells  
into tumors  
(CTLs, endothelial cells)

Trafficking of  
T cells to tumors  
(CTLs)



**IMMUNE EXCLUDED  
TUMORS**



# **IMMUNE DESERT TUMORS ARE TUMORS THAT DON'T PRESENT ANTIGENS**

What is different between an immune desert tumor and an inflamed tumor?

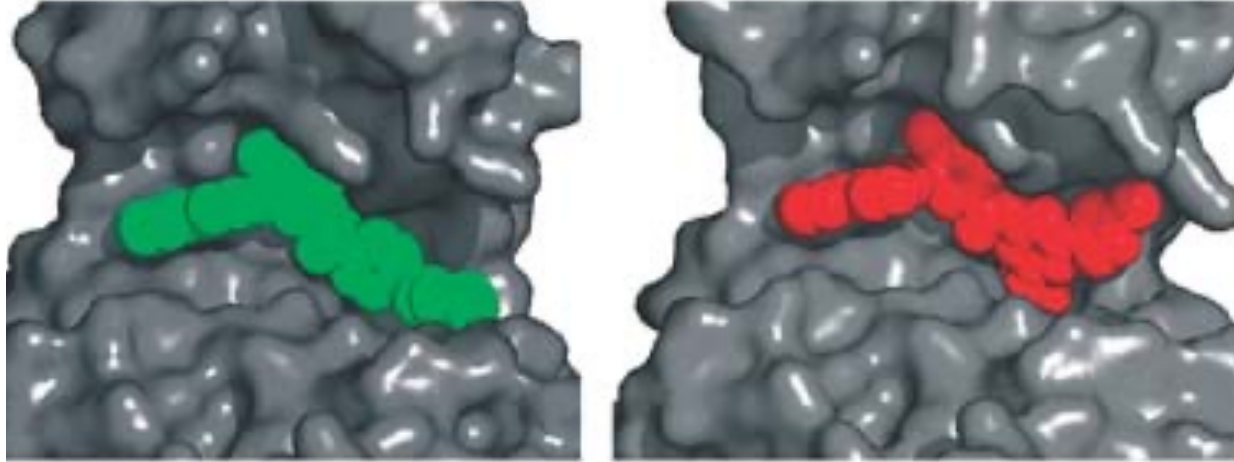
An inflame tumor is:

characterized by high mutation rates

Mutate proteins can be recognized as non-self antigen and activate the immune response



# TUMOR WITH HIGH LEVELS OF MUTATIONS CAN BE ATTACKED BY THE IMMUNE SYSTEM



WT

MUT



Potential attack from the immune system if the mutations change the tridimensional structure of the peptide

# **COPY NUMBER ALTERATIONS DON'T CHANGE PROTEIN SEQUENCE**

Tumors driven by high copy number changes are less immunogenic



Antigen peptides are identical  
in tumor and non-tumor cells

# HOW THE TUMOR ESCAPE WITH HIGH MUTATION RATE ESCAPE THE IMMUNE RESPONSE

*HIDE THE ANTIGEN PRESENTATION:* REPRESS/MUTATE MHC class I

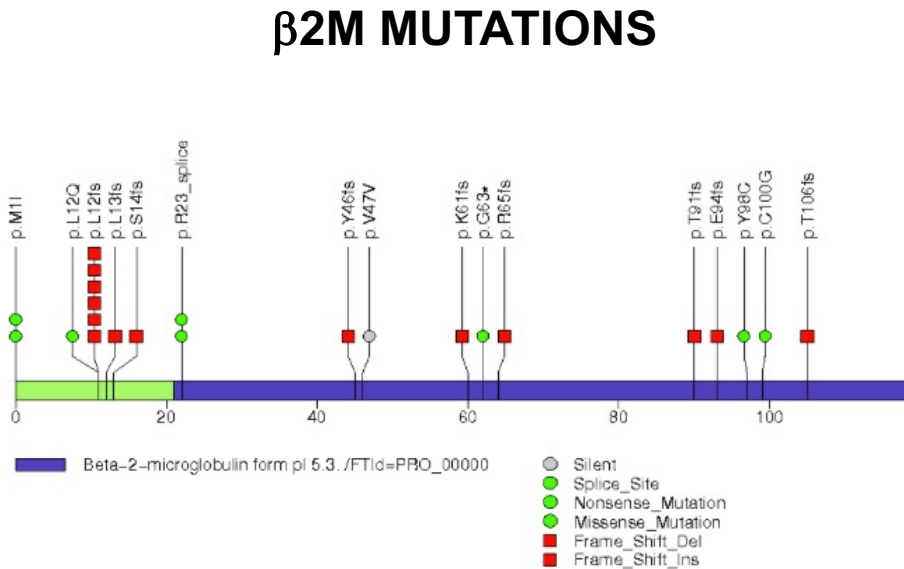
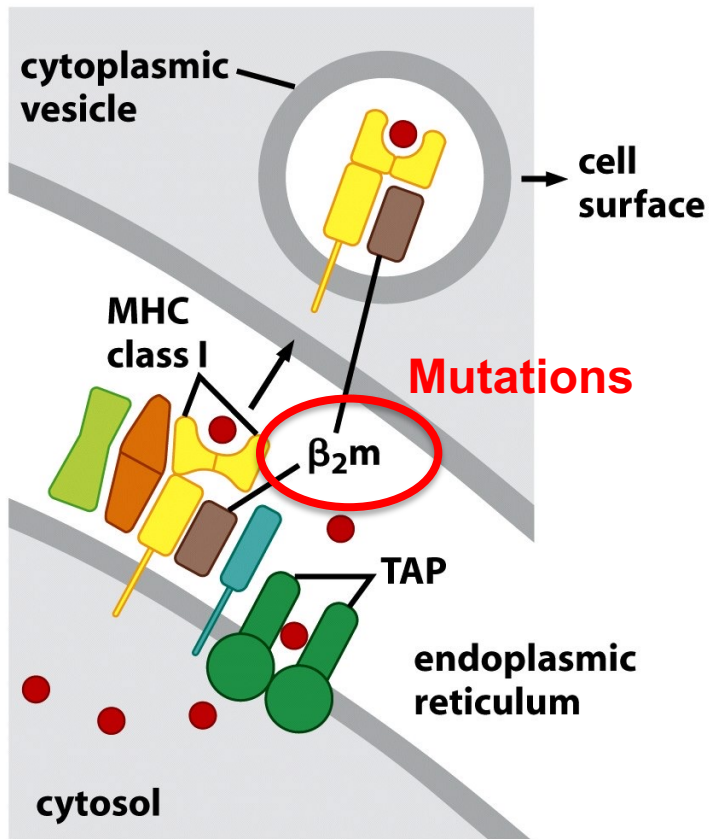
RELEASE INHIBITORY CYTOKINES (IL10 and TGF  $\beta$ )



**Mimic the function of Treg cells**

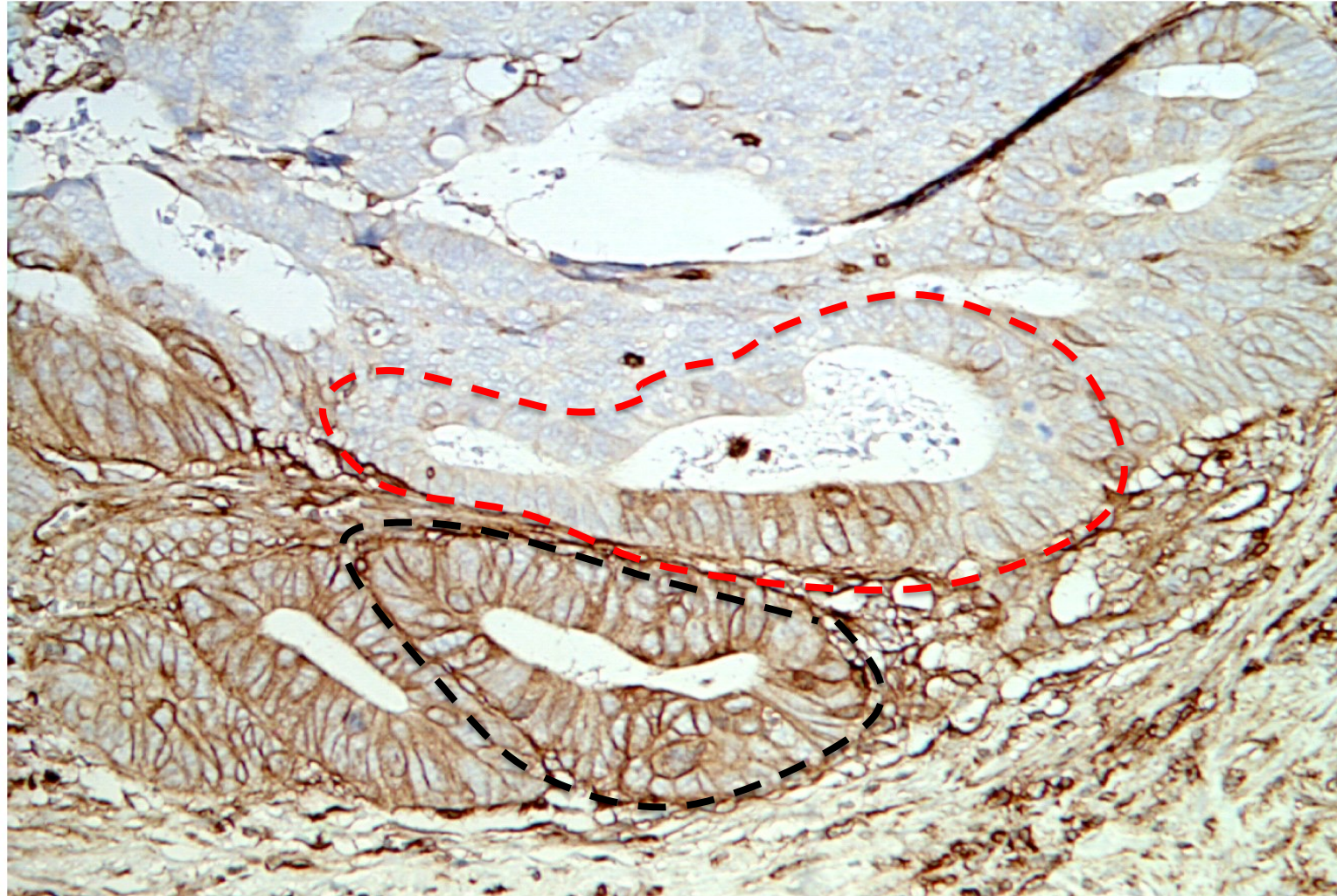
## HIDE THE ANTIGEN PRESENTATION: REPRESS/MUTATE MHC class

### MUTATE $\beta_2M$ or other component of antigen presentation



**HIDE THE ANTIGEN PRESENTATION: REPRESS/MUTATE MHC class**

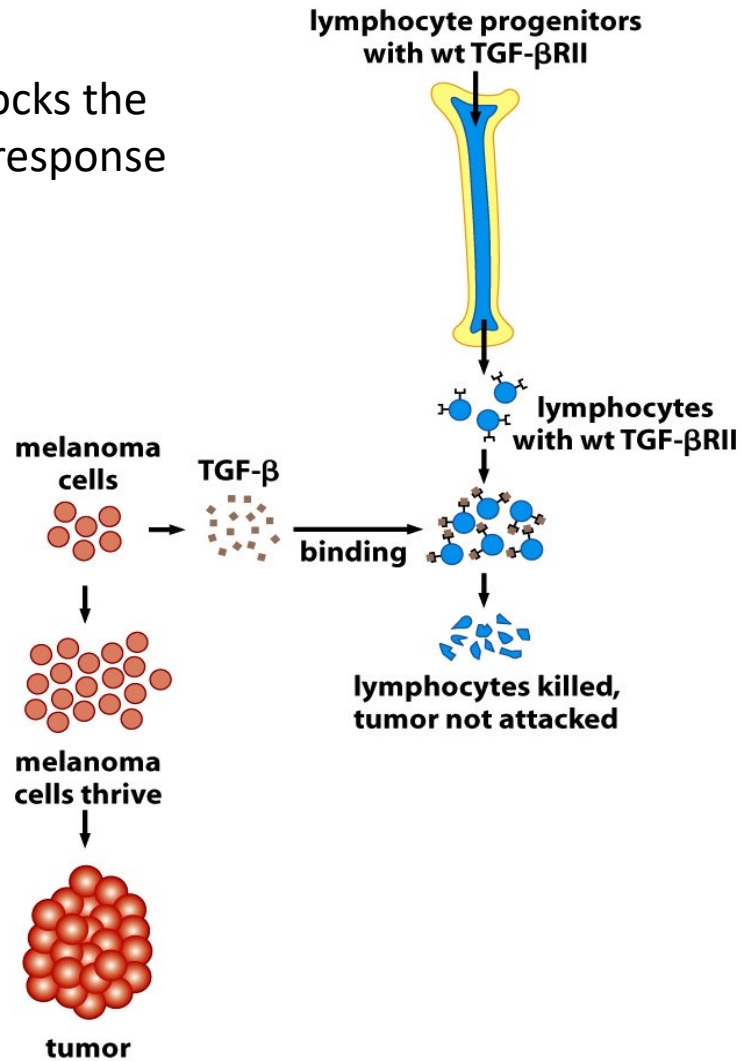
**Repress the expression of MHC-I**



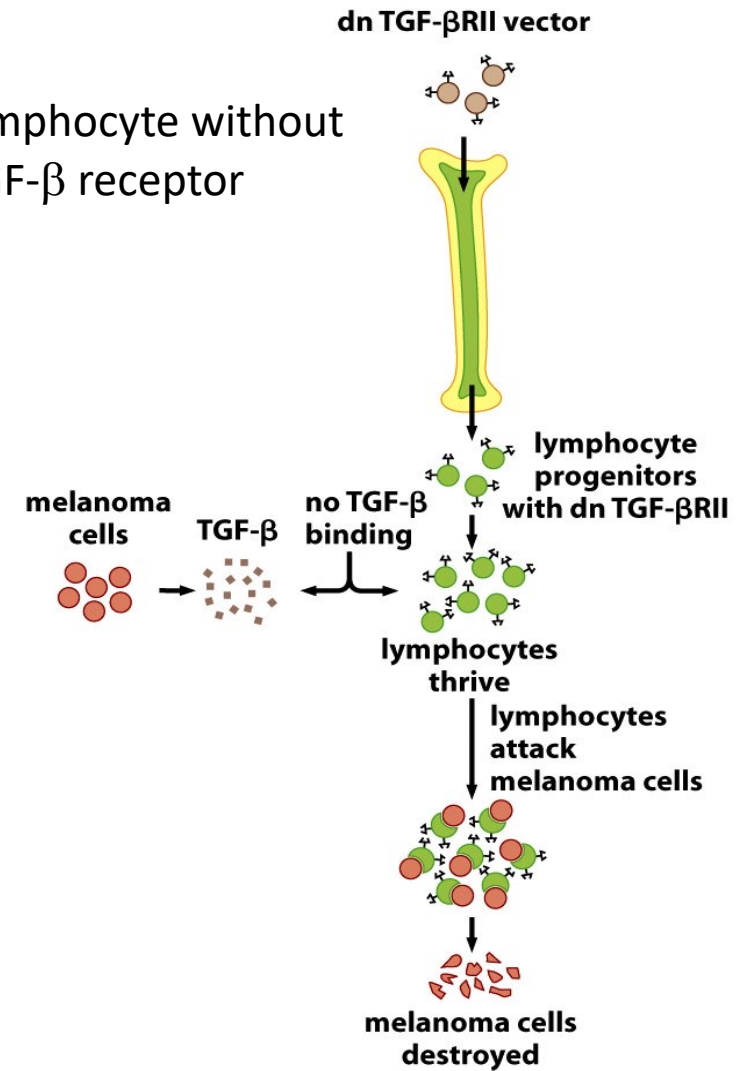


# RELEASE INHIBITORY CYTOKINES

Tumor blocks the immune-response

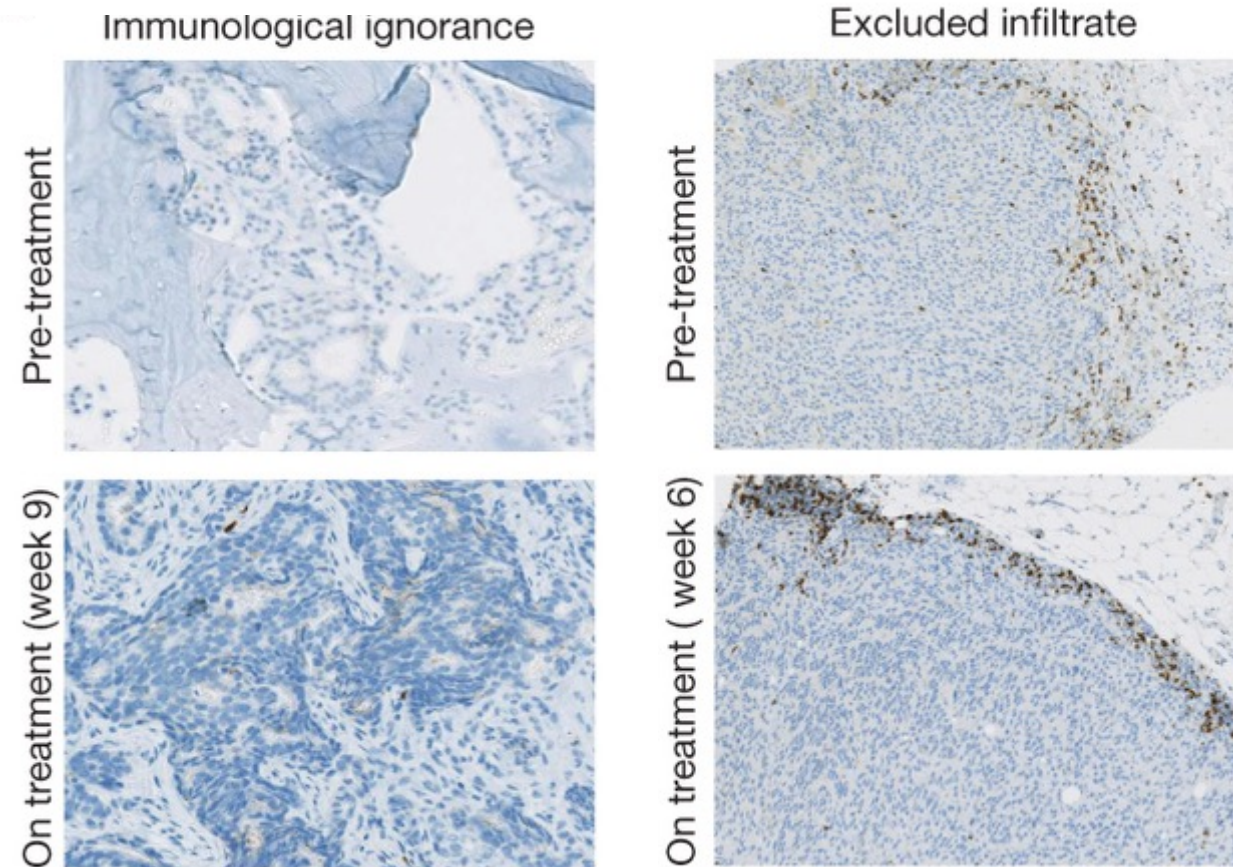


lymphocyte without TGF-β receptor





## 2. IMMUNE EXCLUDED TUMORS



Cancer cells release factors that maintain immune cell to the periphery

### 3. INFLAMED TUMORS: TUMOR INFILTRATING LYMPHOCYTES

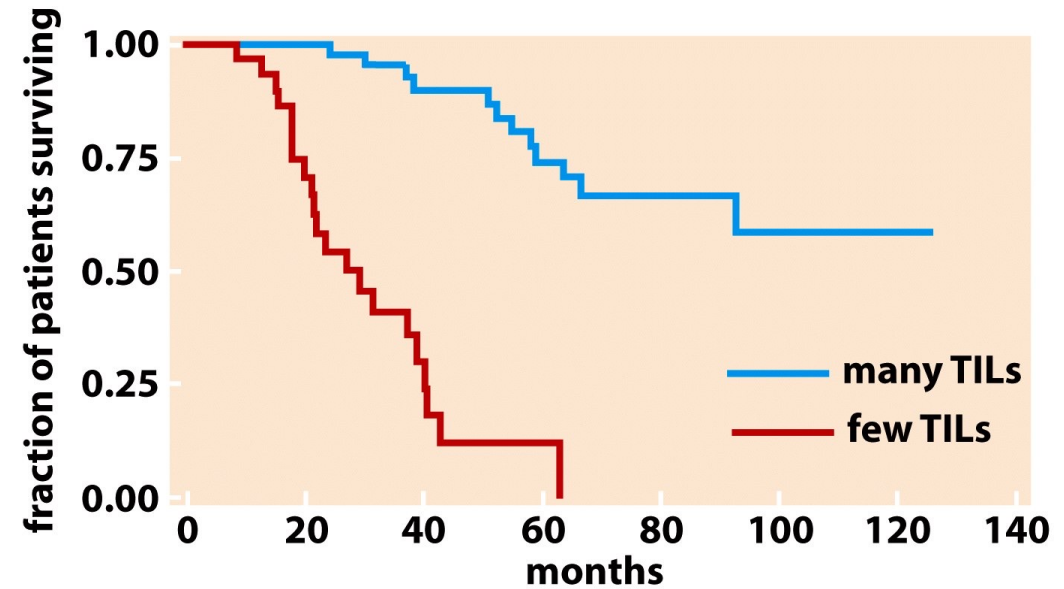
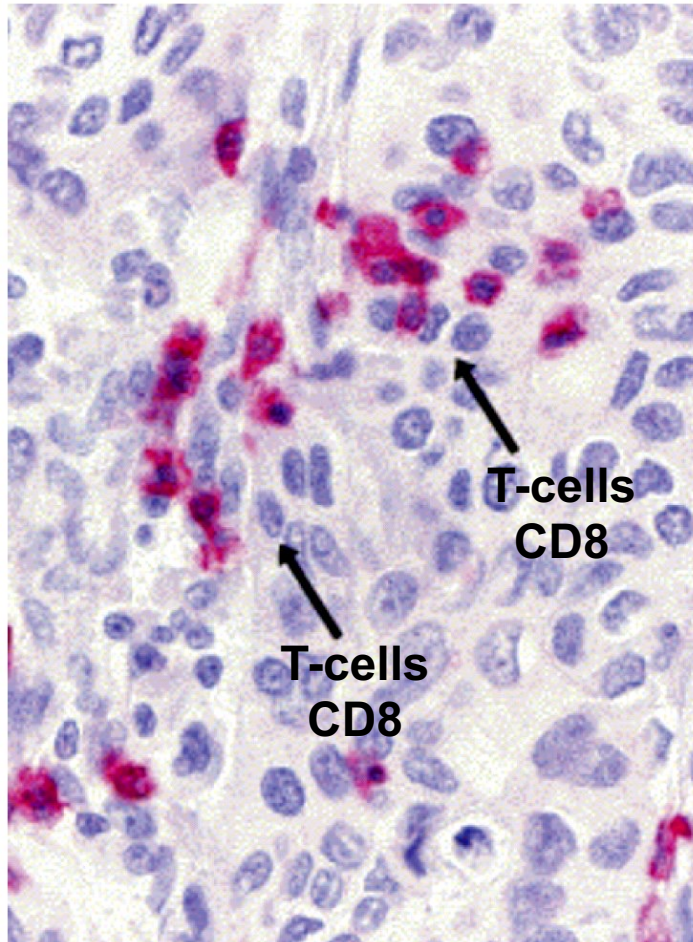


Figure 15.21c *The Biology of Cancer* (© Garland Science 2007)

# **MOBILIZE THE IMMUNE SYSTEM**

**Immune checkpoint inhibitors**

**Immune cell engineering:** mainly T cells, but NK and Dendritic cells are also largely studied

**Activate the immune system to attack the tumors**

# ACTIVATE T CELLS: CHECKPOINT INHIBITORS

ANTIBODIES THAT INHIBIT THE IMMUNE SUPPRESSIVE ACTIVITIES AND  
INDUCE ACTIVATION OF T-CELLS

**anti-CTLA4 (Ipilimumab)**= Cytotoxic T-lymphocyte-associated antigen 4

**anti-PD1**= Programmed cell death protein 1

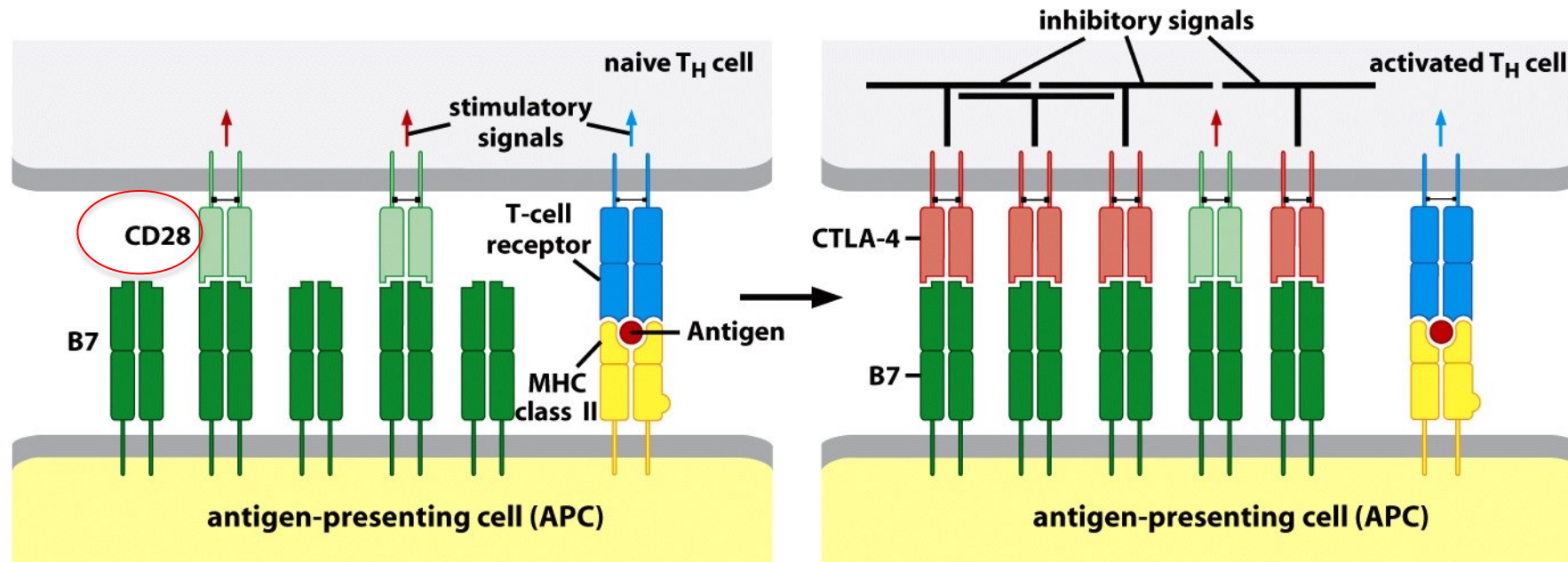
or

**anti-PDL1**= Programmed cell death protein 1 Ligand

<http://www.nature.com/nrc/journal/v12/n4/pdf/nrc3239.pdf>

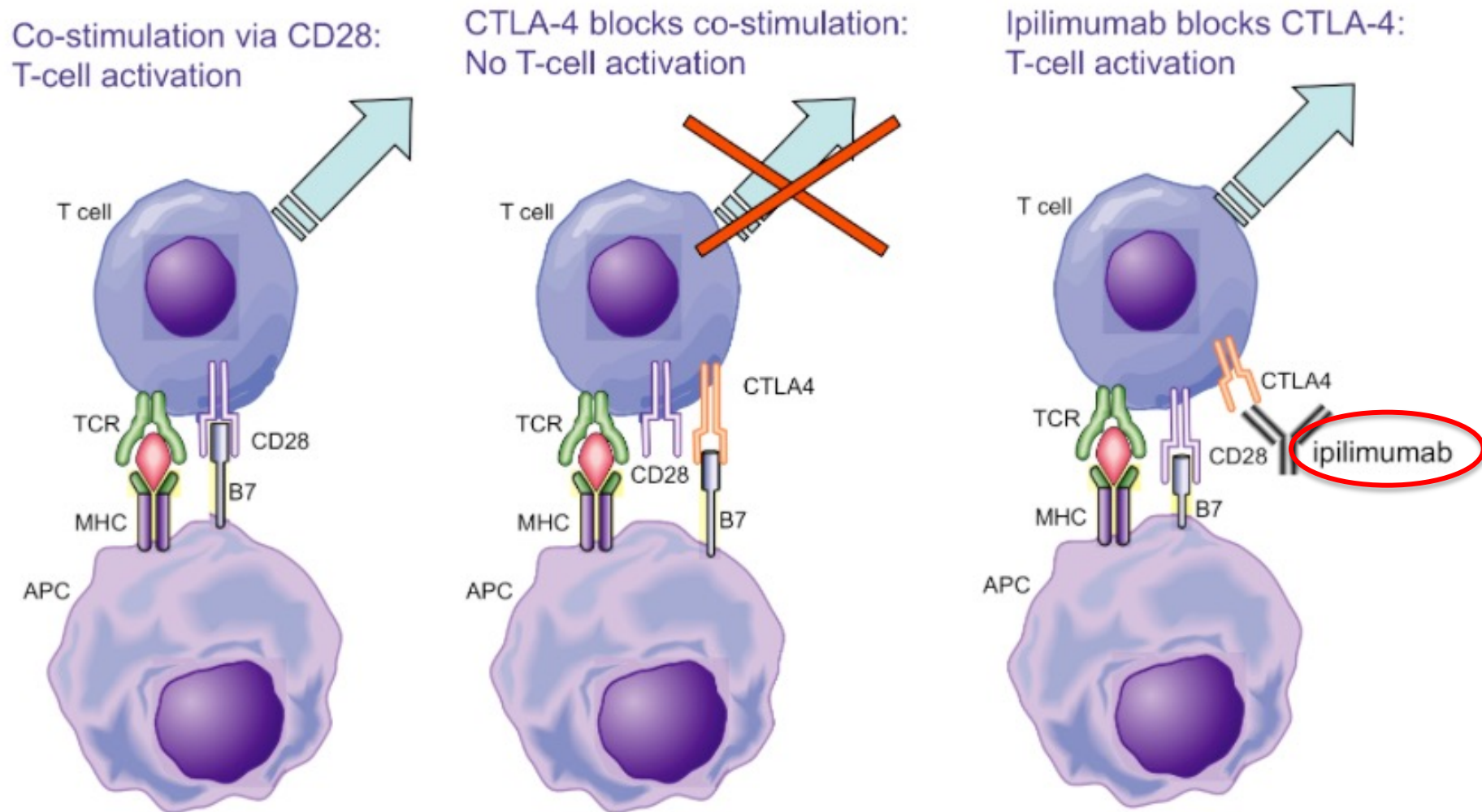
(a review if you want to read more details)

# CTLA4 BLOCKS T CELLS ACTIVATION





# ANTI-CTLA4 INDUCES T-CELLS ACTIVATION

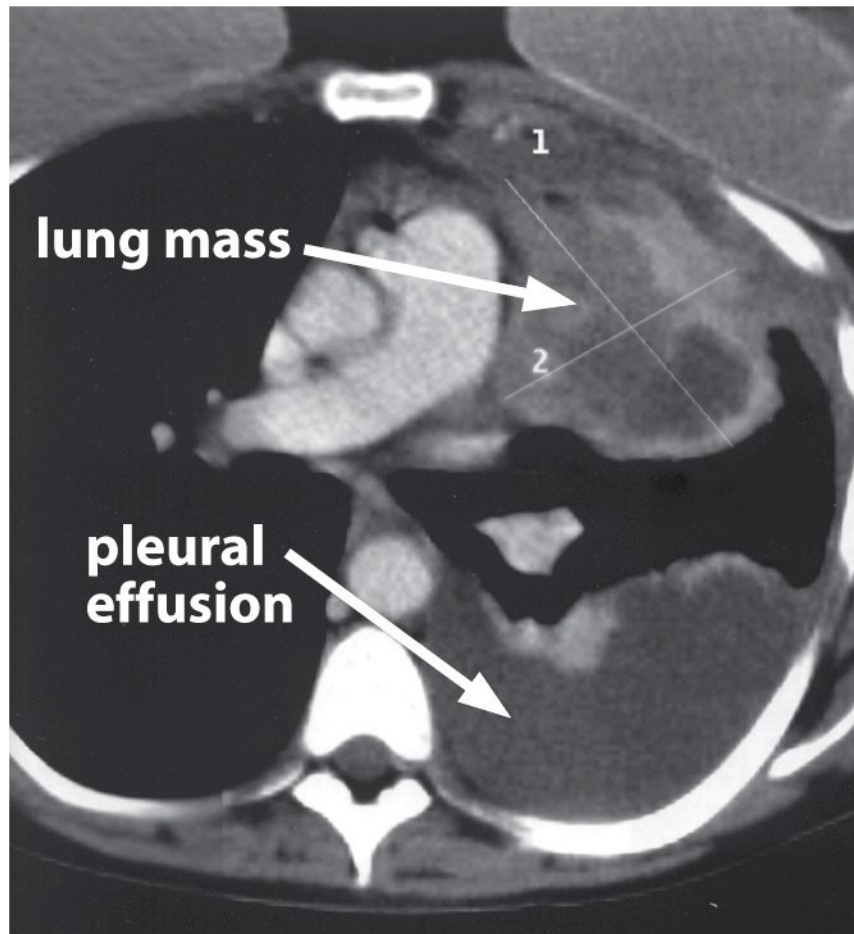


Adapted from Lebbé et al. ESMO 2008

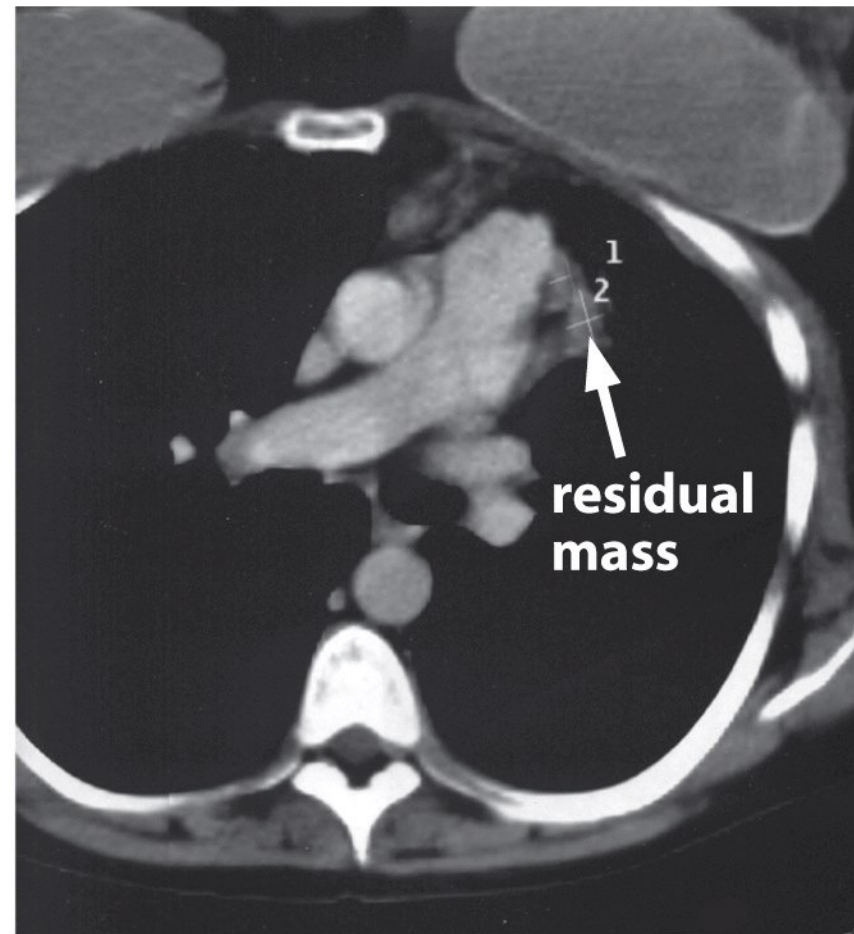
APC, antigen-presenting cell; CTLA-4, cytotoxic T-lymphocyte antigen-4; MHC, major histocompatibility complex; TCR, T-cell receptor.



# ANTI-CTLA4 TUMOR RESPONSE

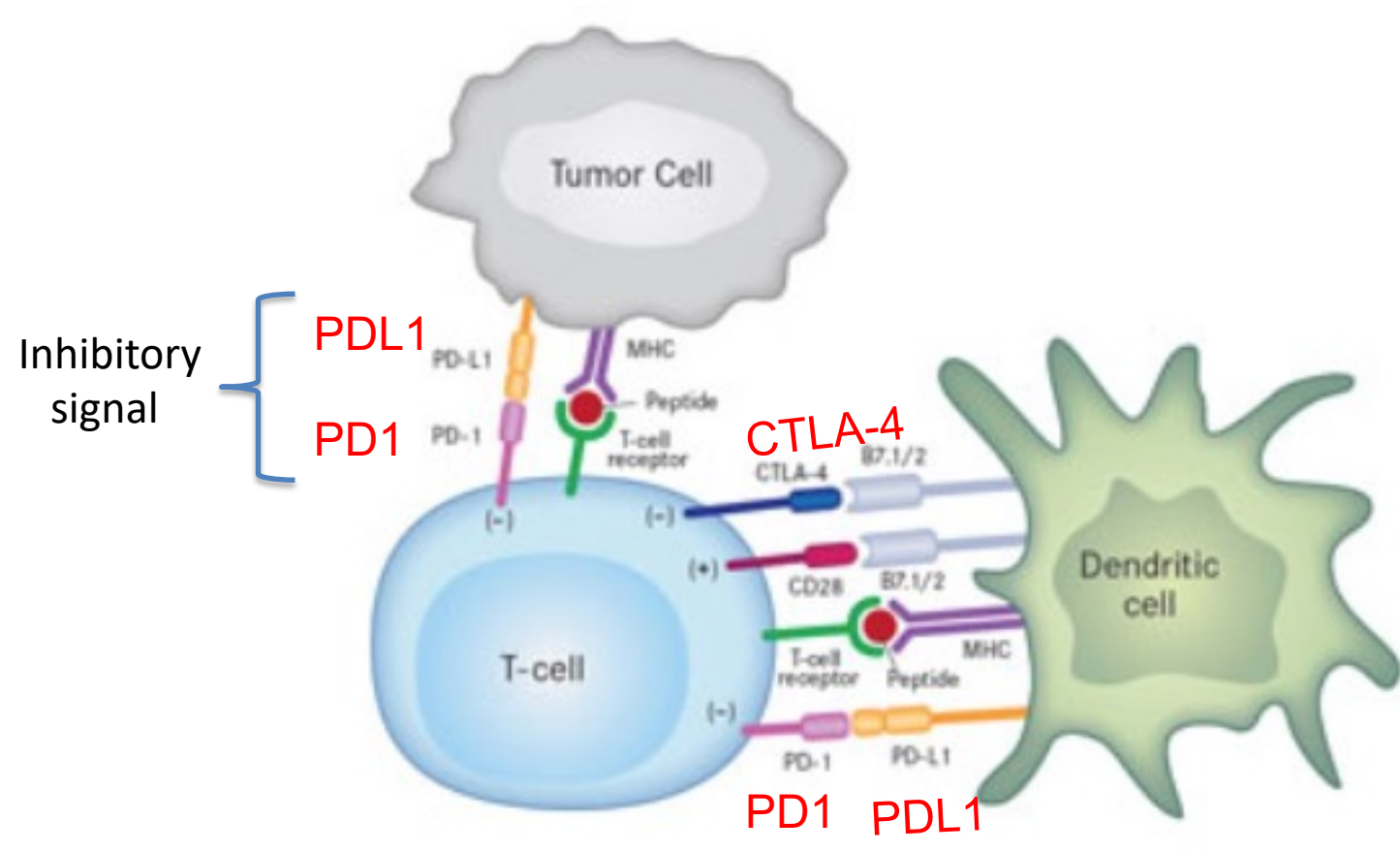


**pre-treatment**

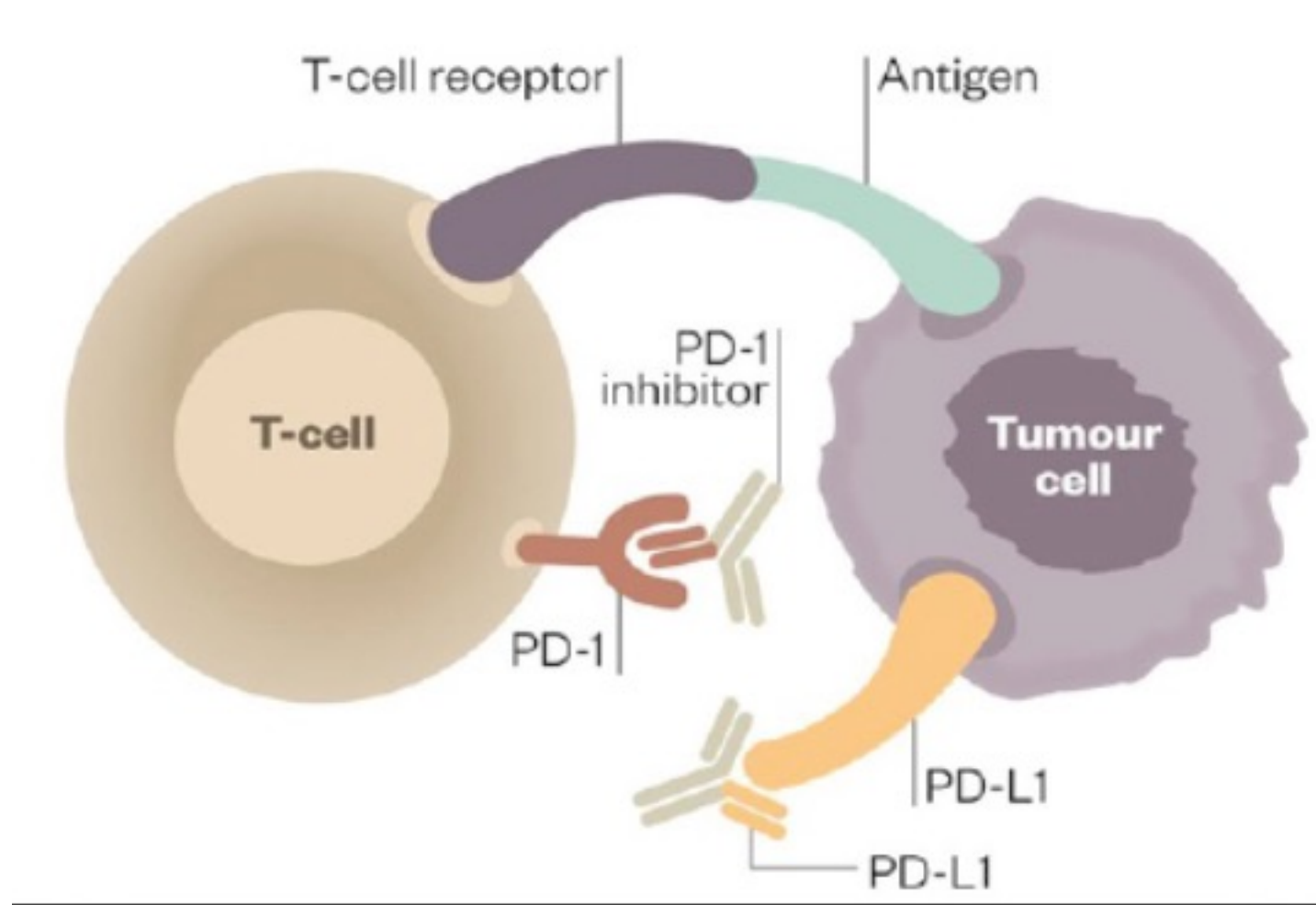


**5 months post-treatment**

# PD1/PDL1 signal

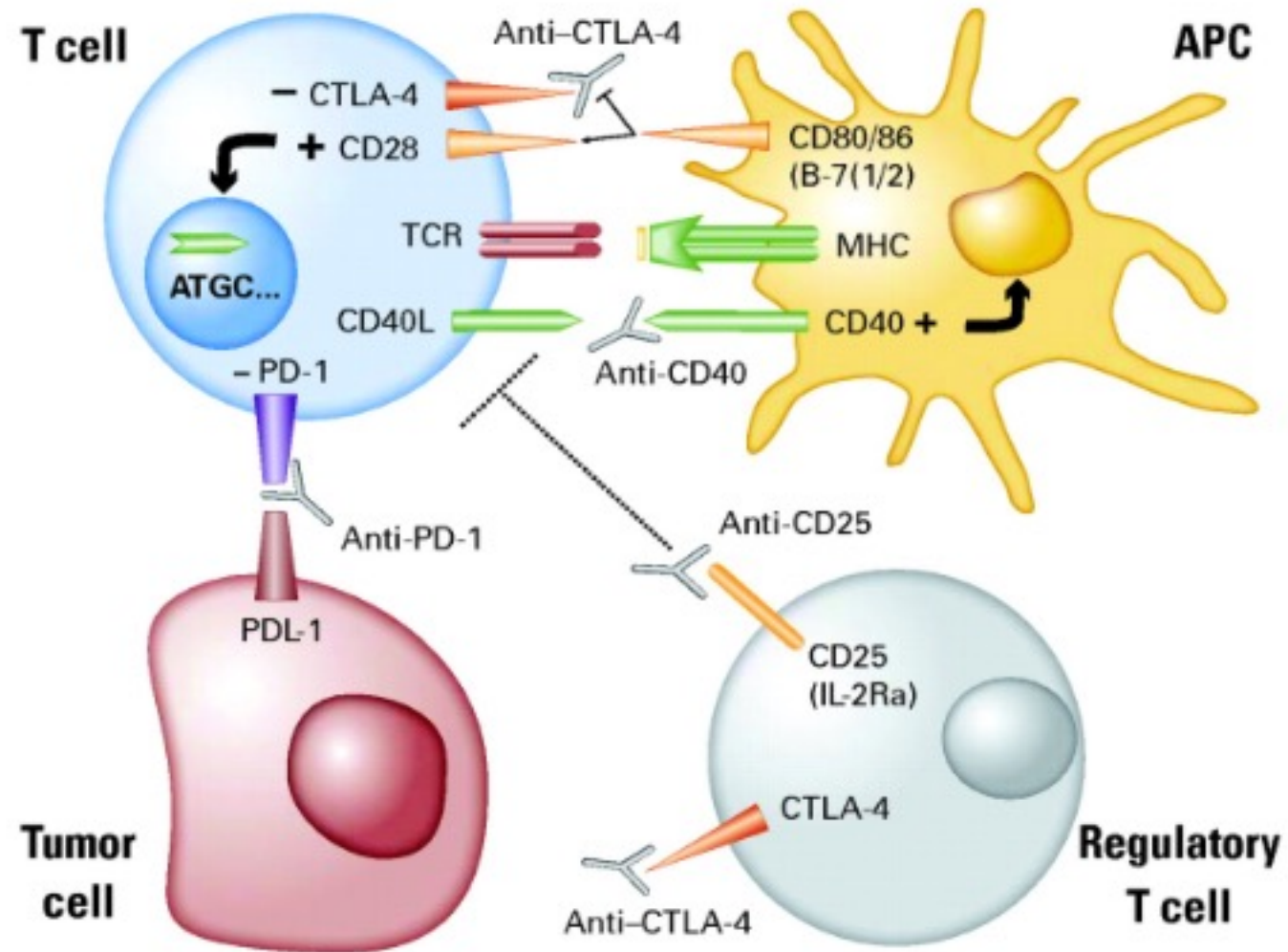


## anti PD1 and anti-PDL1



**anti-PD1 = binds receptor on T-cells**  
**anti-PDL1 = binds the ligand on tumor cells**

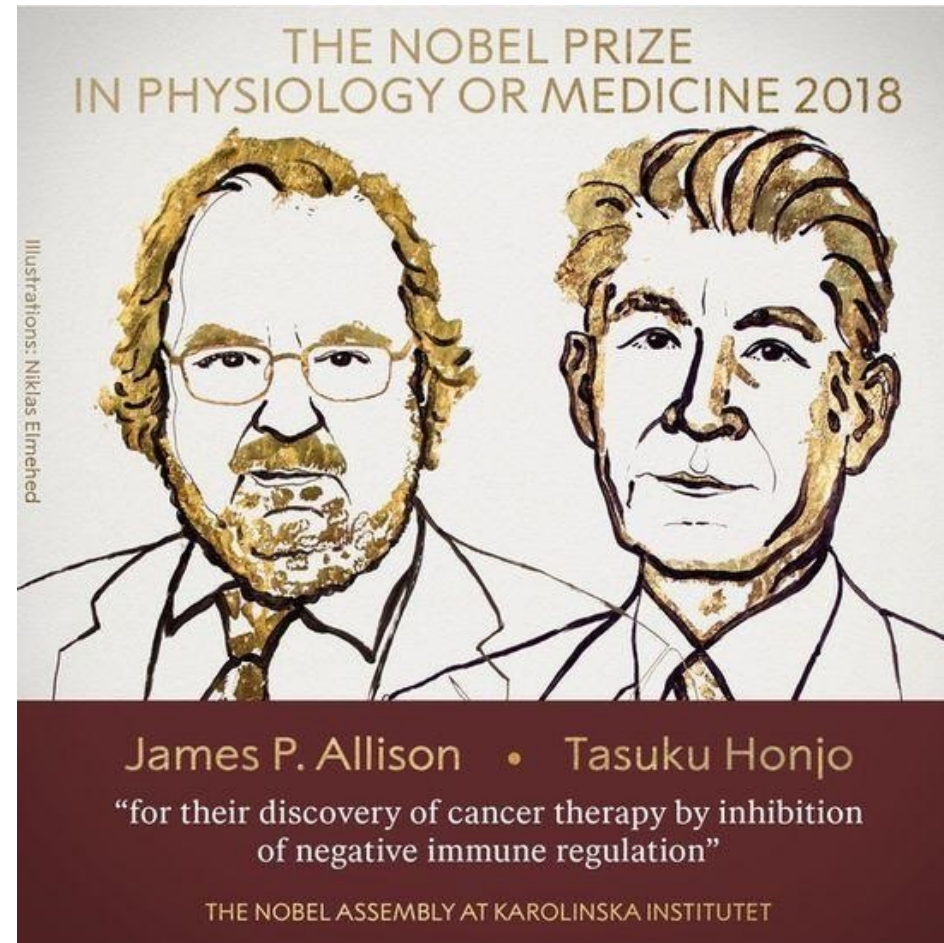
# anti-PD1/PDL1 and anti-CTLA4







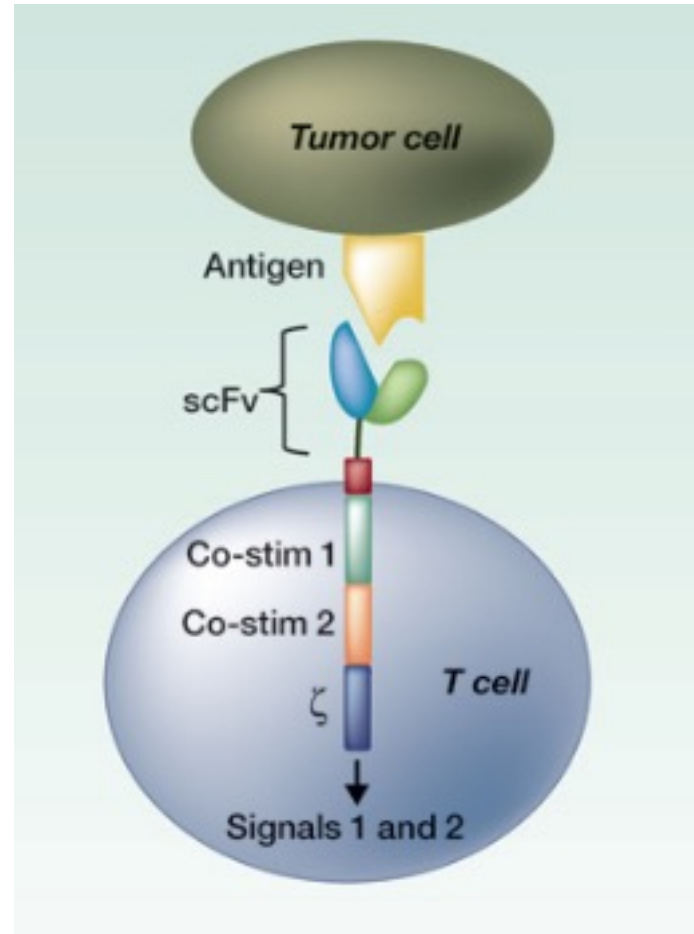
**Cover of the year, 2013**



**Nobel Prize, 2018**

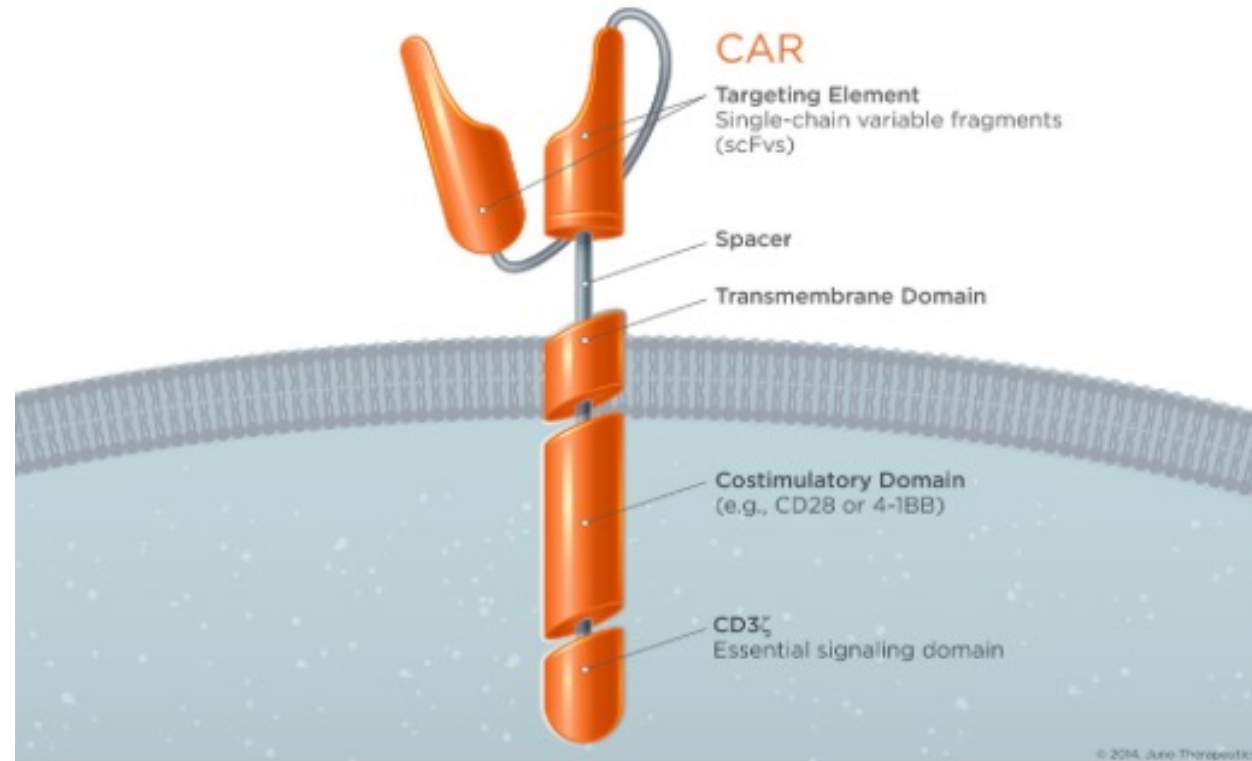


# GENETICALLY ENGINEERED T-CELLS

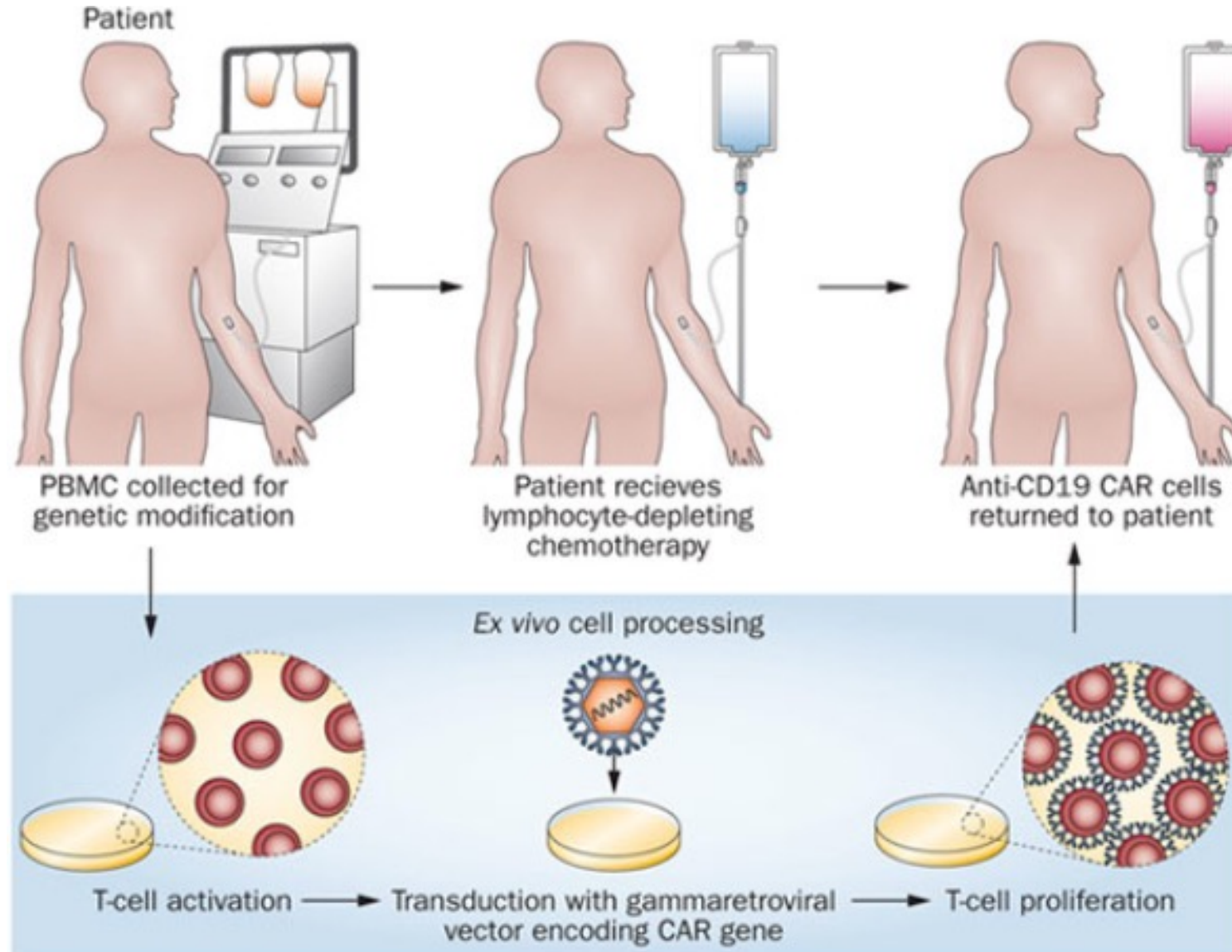


***Express an exogenous stimulatory receptor in T-cells,  
that it will recognize the antigen on tumor cells and activates T-cells***

# Synthetic receptor is called-CAR

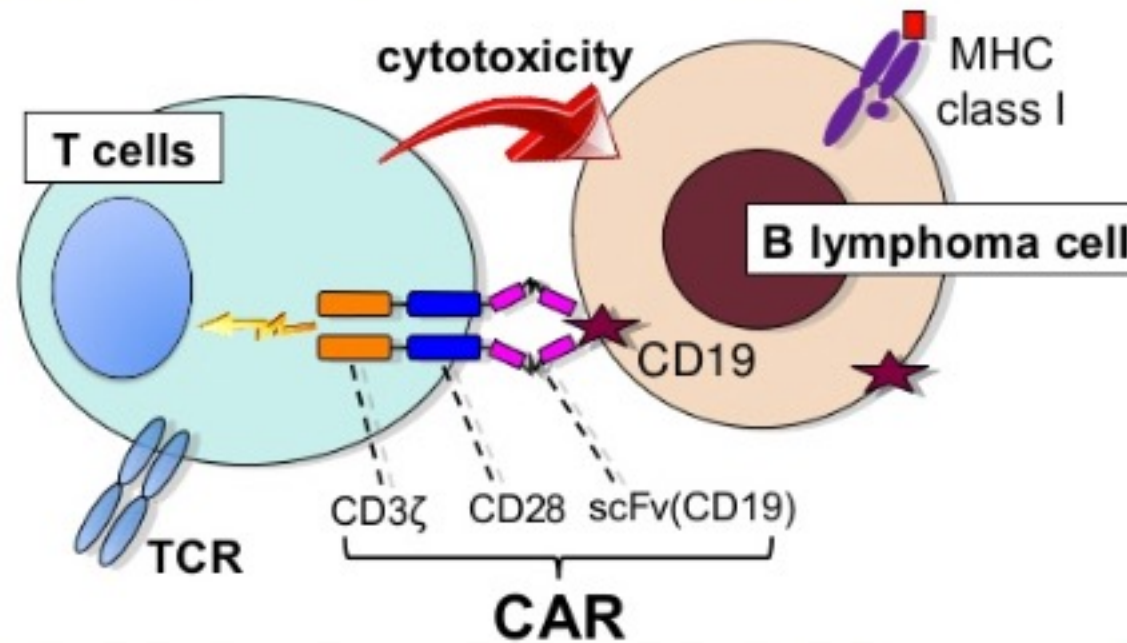


# CAR-T cells Therapy

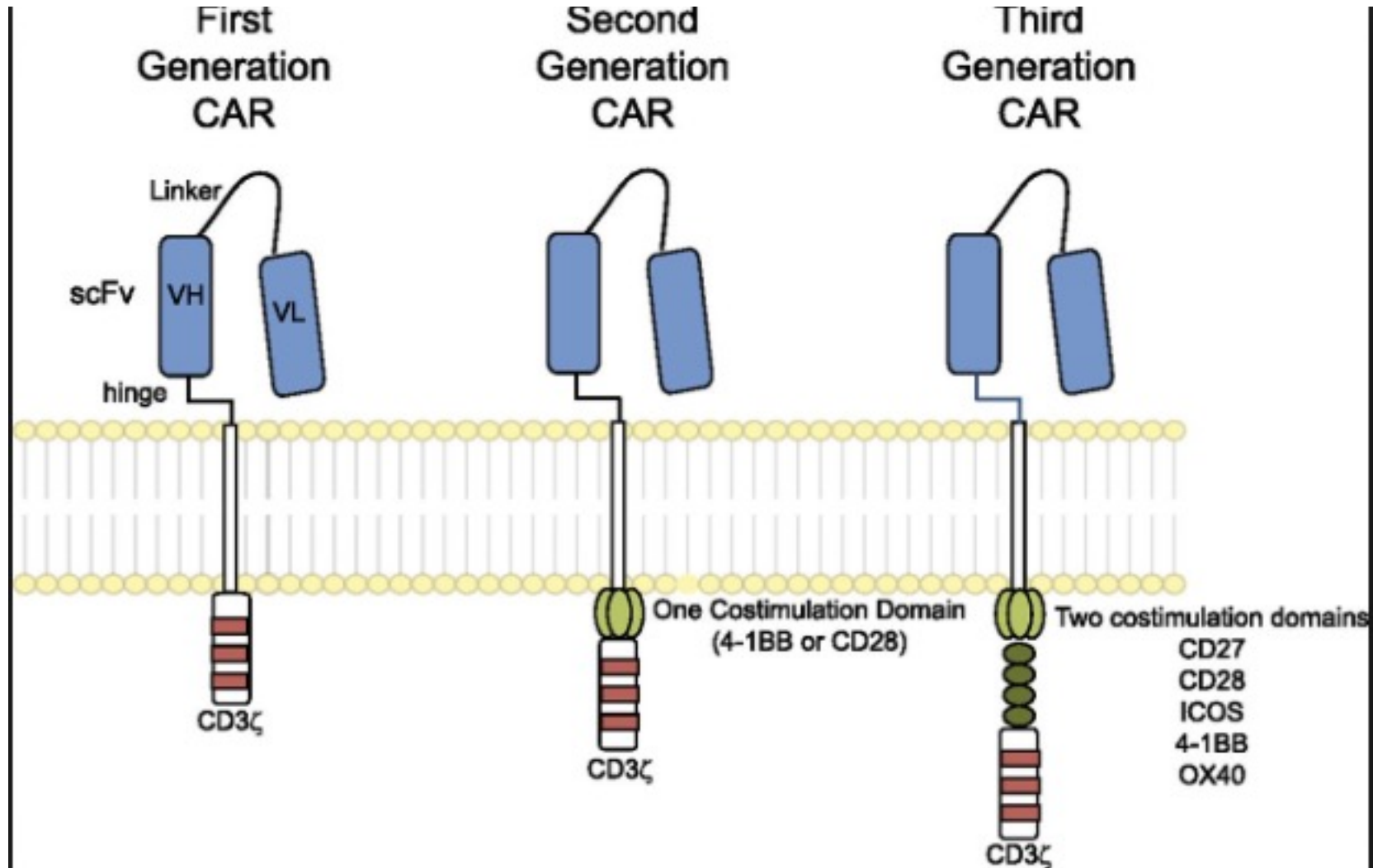


# CD19 CAR-T cells therapy for B-cell malignancies

## Cytotoxicity of CD19-specific CAR-expressing T Lymphocytes against B Cell Lymphoma



# CD19 CAR-T cells Therapy





# The first patient treated with CAR-T cells

Carl June, MD  
UPenn



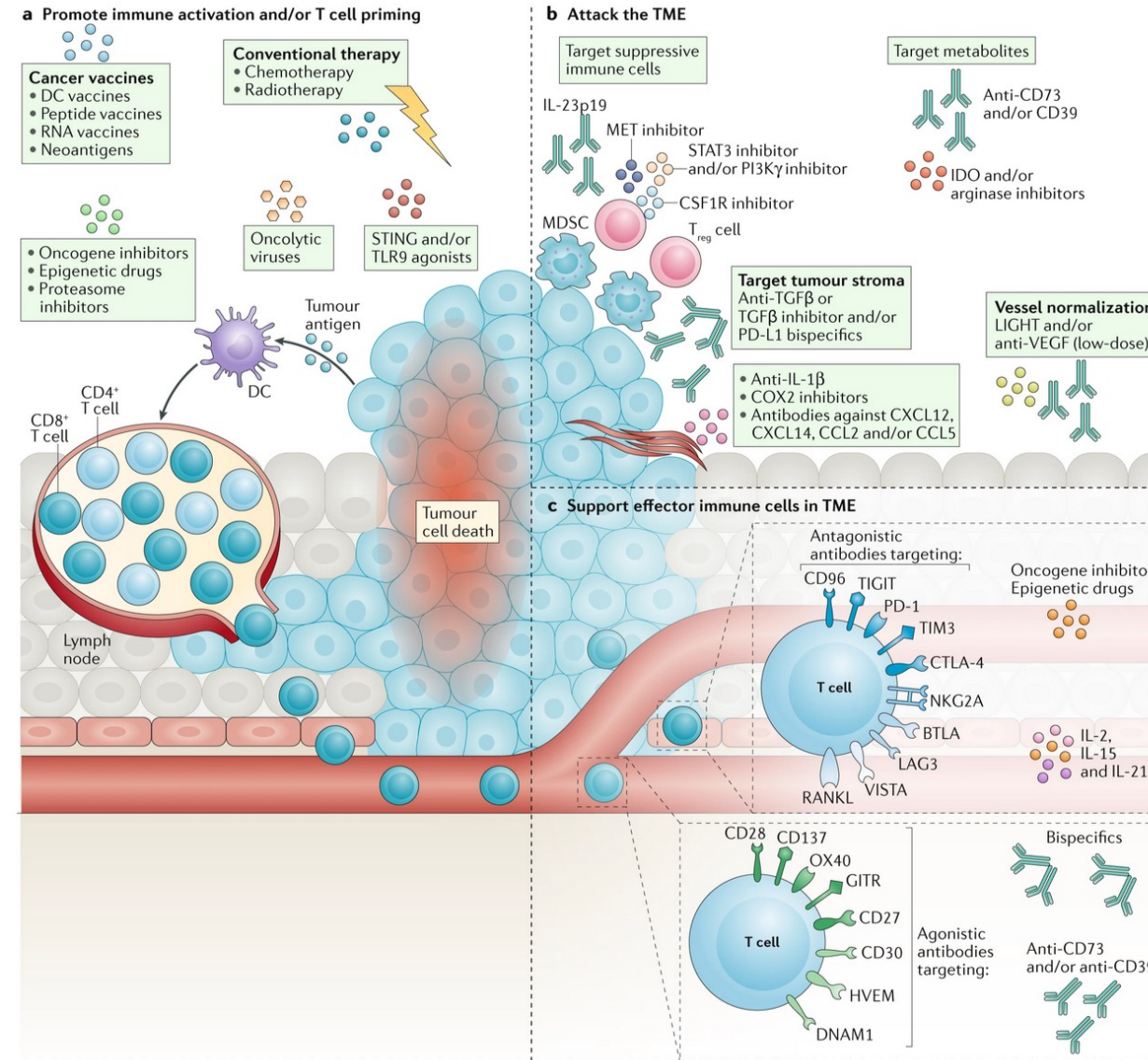
[http://www.nytimes.com/2012/12/10/health/a-breakthrough-against-leukemia-using-altered-t-cells.html?\\_r=0](http://www.nytimes.com/2012/12/10/health/a-breakthrough-against-leukemia-using-altered-t-cells.html?_r=0)

<https://emilywhiteheadfoundation.org/news/celebrating-10-years-cancer-free/>

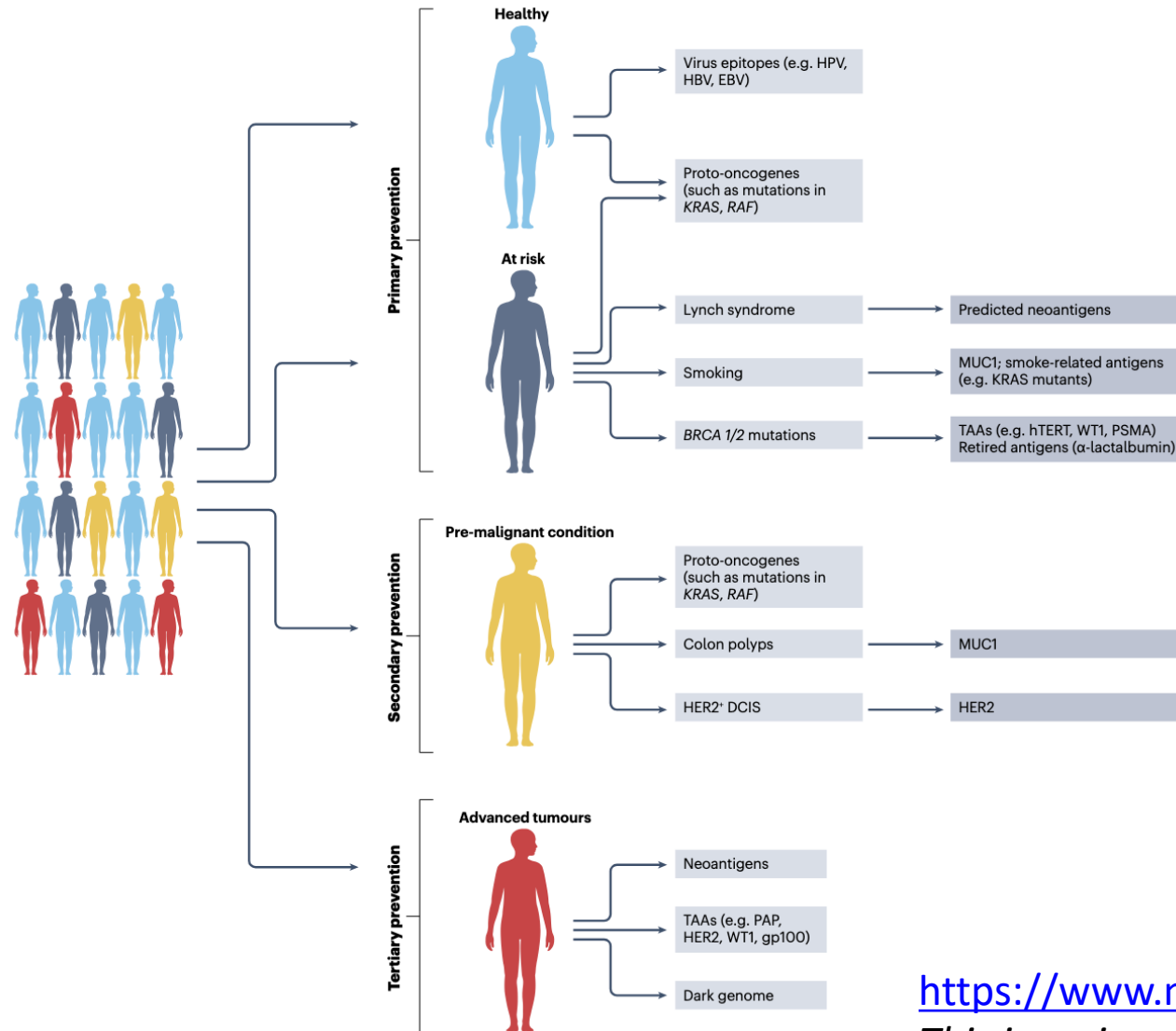
# CANCER IS A DISEASE THAT RAPIDLY EVOLVED: MECHANISMS OF RESISTANCE, and COMBINATION THERAPIES

**Fig. 3: Essential targets for combination immunotherapies.**

From: [Cancer immunoediting and resistance to T cell-based immunotherapy](#)



# PREVENTIVE CANCER VACCINE: Prevent tumor development using specific antigens



<https://www.nature.com/articles/s41573-024-01081-5>  
This is a nice review published 3 days ago if you want to  
Know more about cancer vaccine

**Exercise:**

Discussion of the paper

[https://www.cell.com/cell/fulltext/S0092-8674\(17\)31322-3](https://www.cell.com/cell/fulltext/S0092-8674(17)31322-3)