

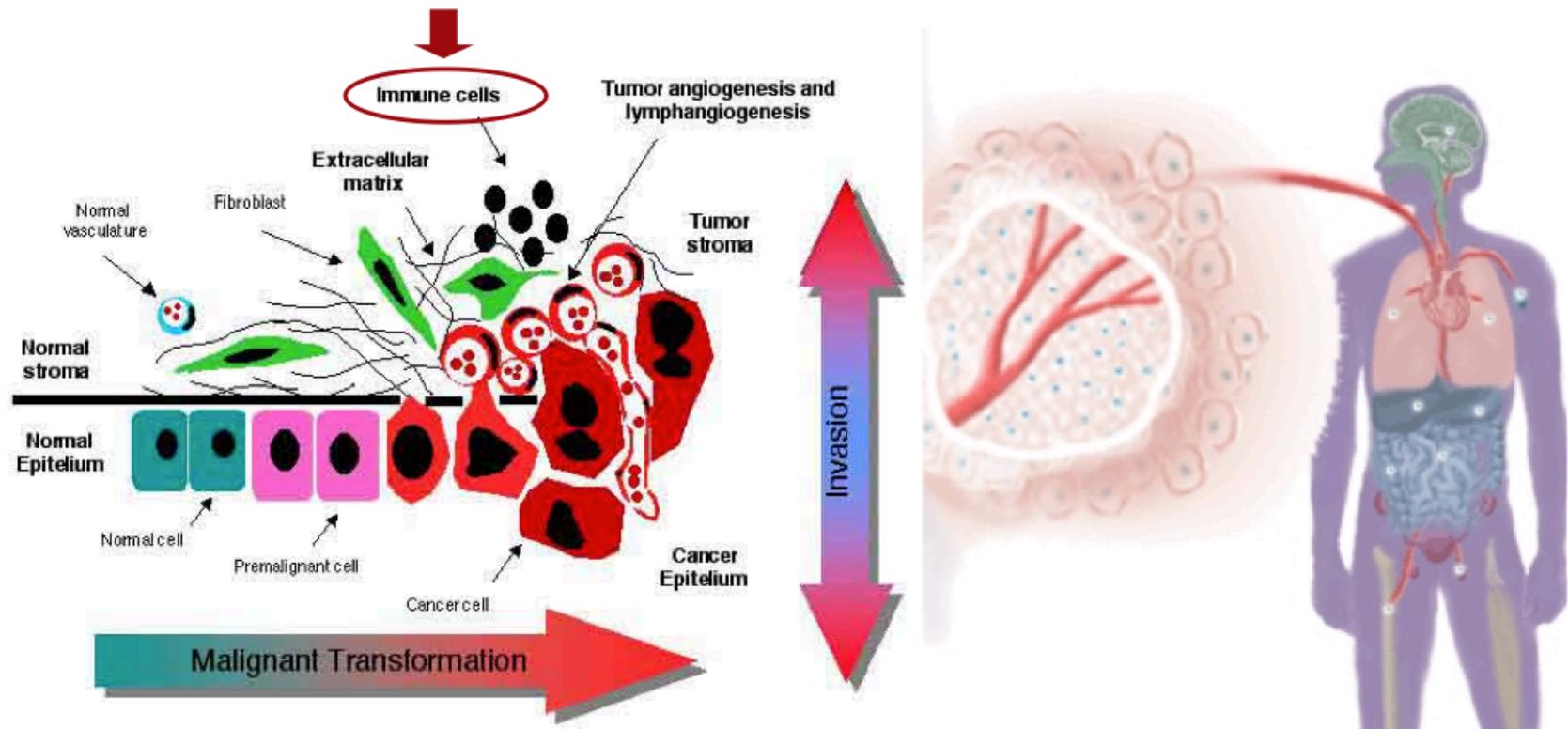


SAPIENZA
UNIVERSITÀ DI ROMA

Tumor Immunity

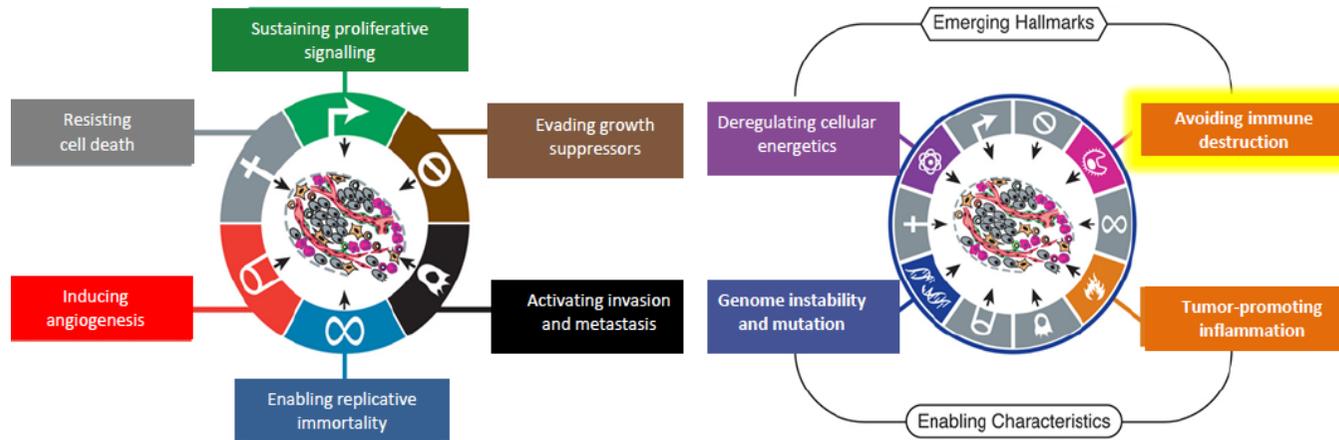
Prof. Stefania Mardente
Department of Experimental
Medicine

Natural History of Tumors



Cancer as failure of the immune system to eradicate tumor cells

Tumor immunity is an acknowledged hallmark of cancer cells



Hanahan and Weinberg, Cell, 2000

Hanahan and Weinberg, Cell, 2011





1909 Erhlich P *predicted that:*

The immune system represses the growth of carcinomas that he envisaged would otherwise occur with great frequency



1957 Burnet FM *hypothesized that:*

Tumor cell-specific neo-antigens could provoke an effective immunologic reaction that would eliminate developing cancers



1959 Thomas L *theorized that:*

Complex long-lived organisms must possess mechanisms to protect against neoplastic disease similar to those mediating homograft rejection

1967 Burnet FM *coined the term “immunosurveillance”*

The cancer immunosurveillance hypothesis *stated that:*

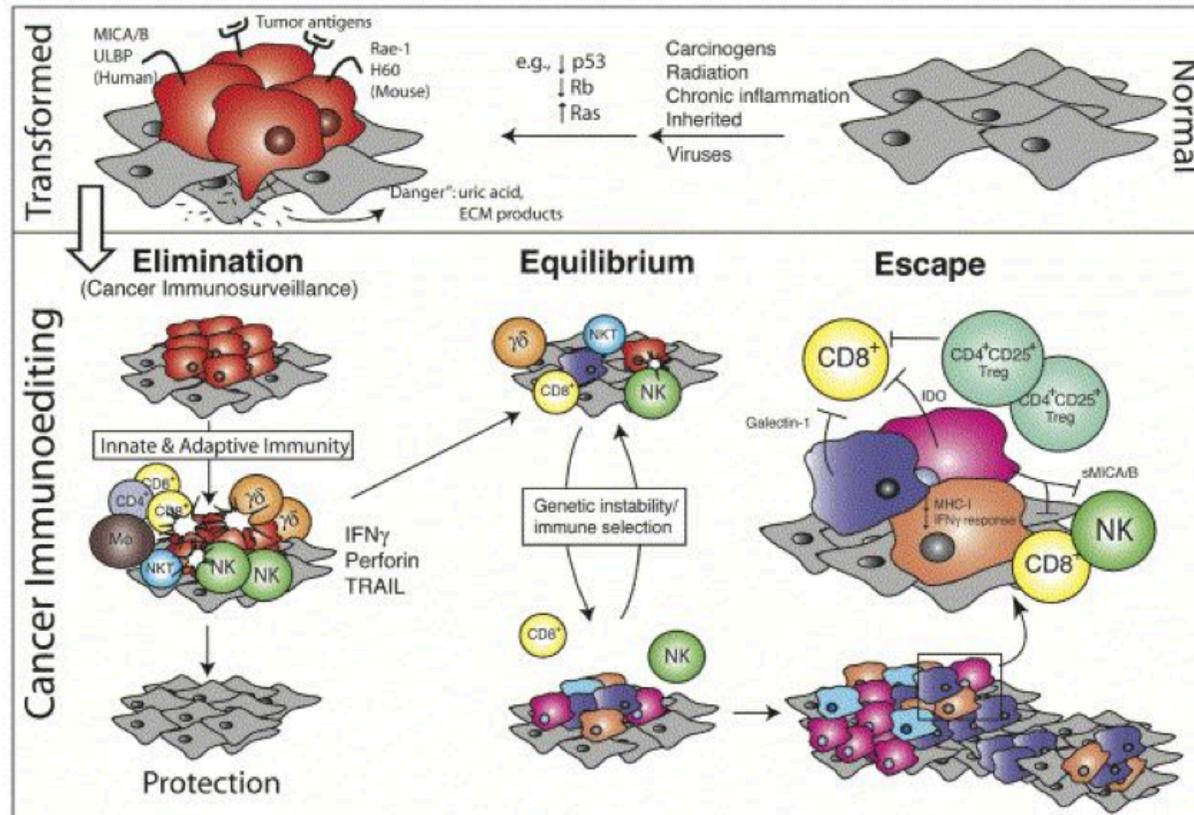
“Sentinel thymus-dependent cells of the body constantly surveyed

**From “CANCER IMMUNOSURVEILLANCE”
Why recognition fails to resolve in protection?**

**To “CANCER IMMUNOEDITING”
Host protective vs tumor sculpting actions of immunity**

*Robert D. Schreiber
Lloyd J. Old*

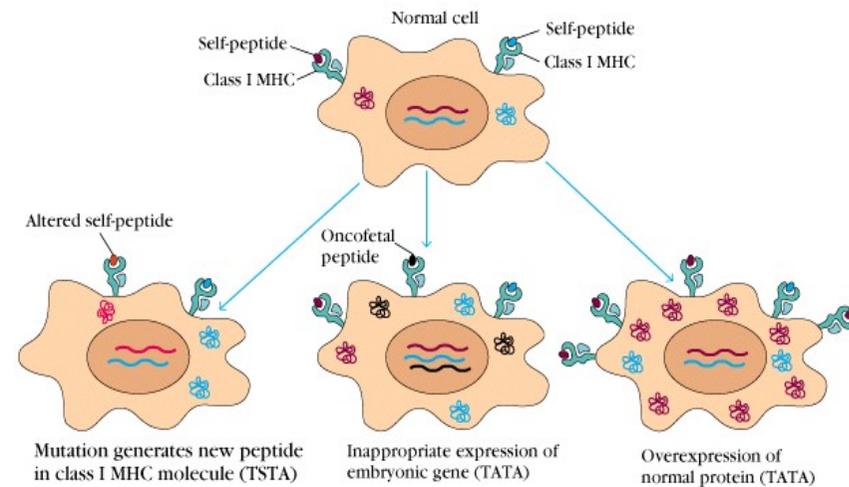
Immunoediting



Tumor Antigens

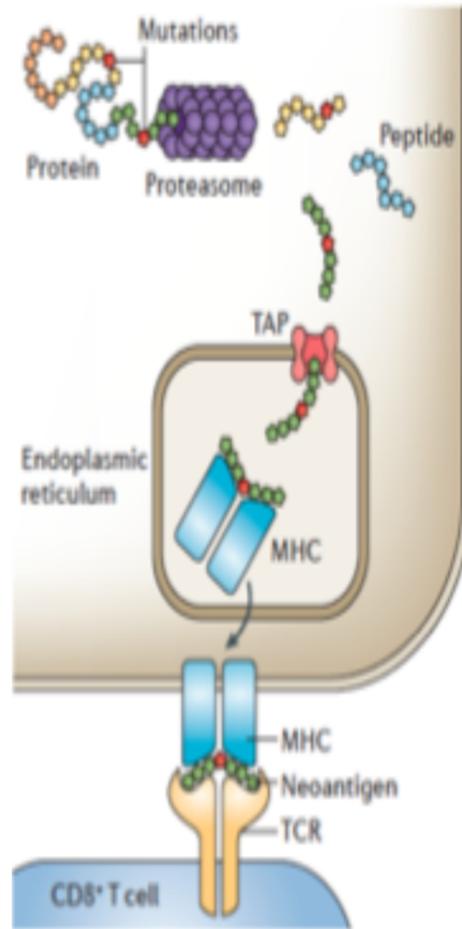
Human Cancer Antigens

- Differentiation antigens
- Cancer-testis
- Mutational antigens
- Amplified or overexpressed antigens
- Splice variant antigens
- Viral antigens
- etc

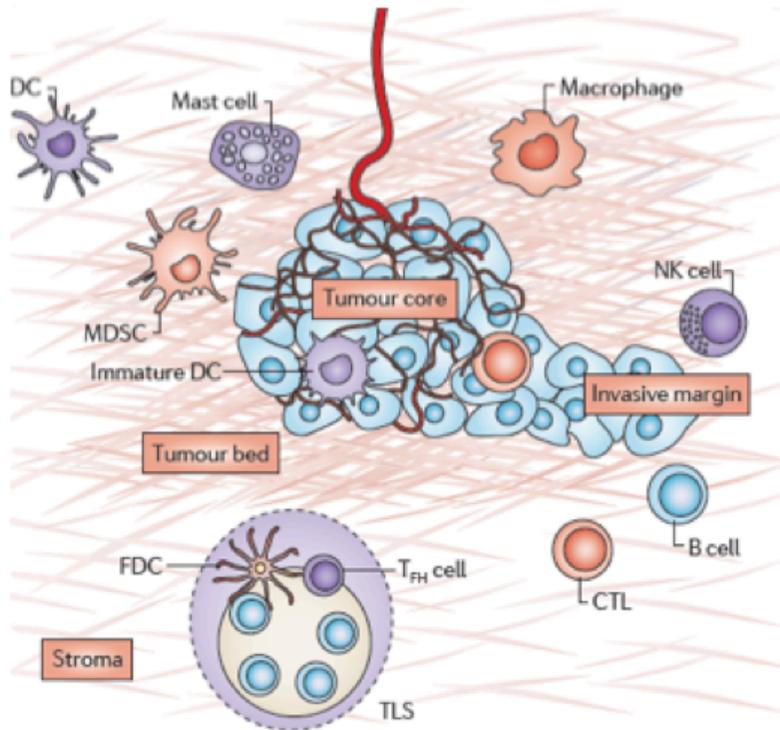


1. Altered peptides-
2. Products of fetal genes
3. Over-expressed proteins

Neoantigens



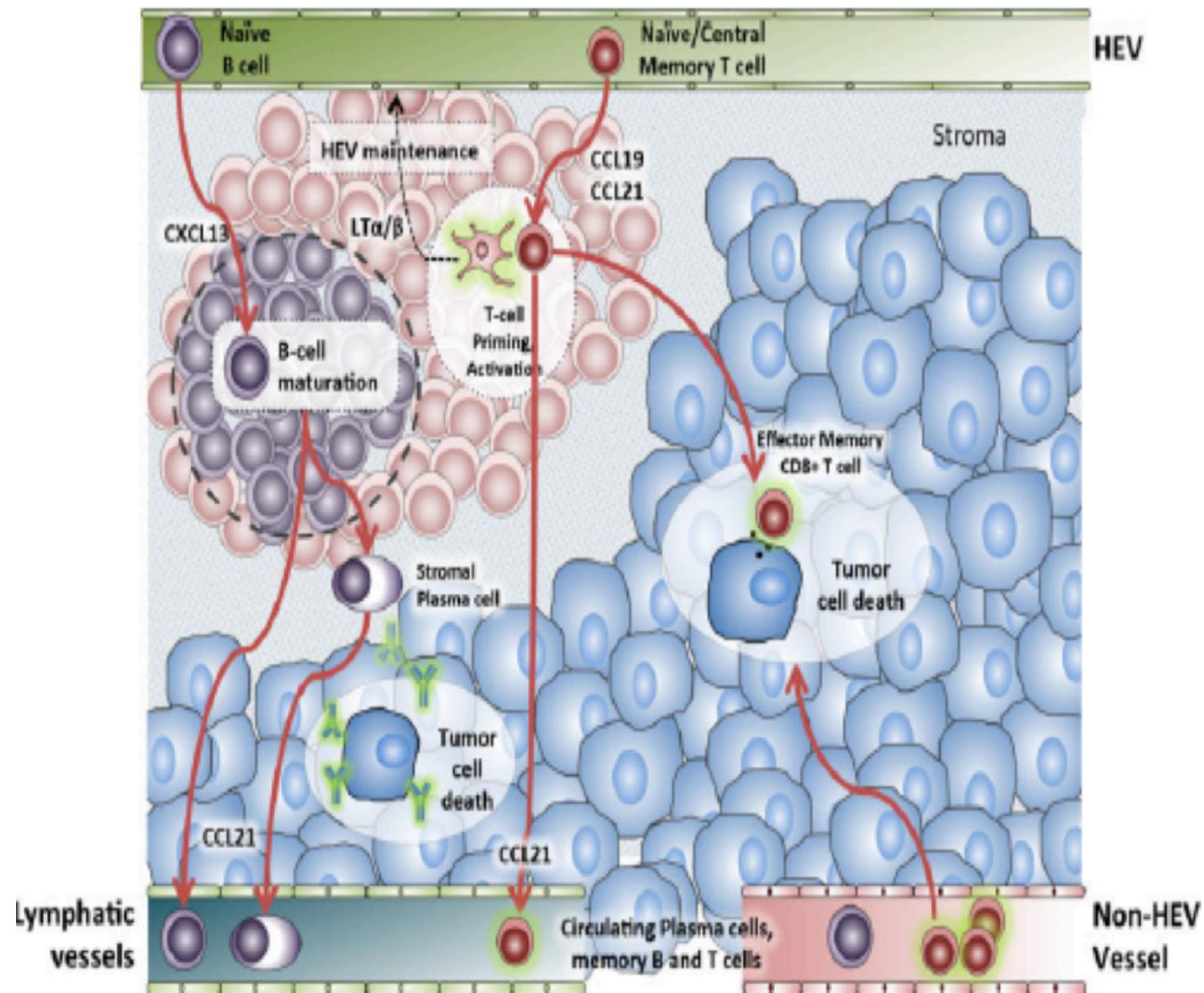
The immune contexture in human cancers: impact on clinical outcome



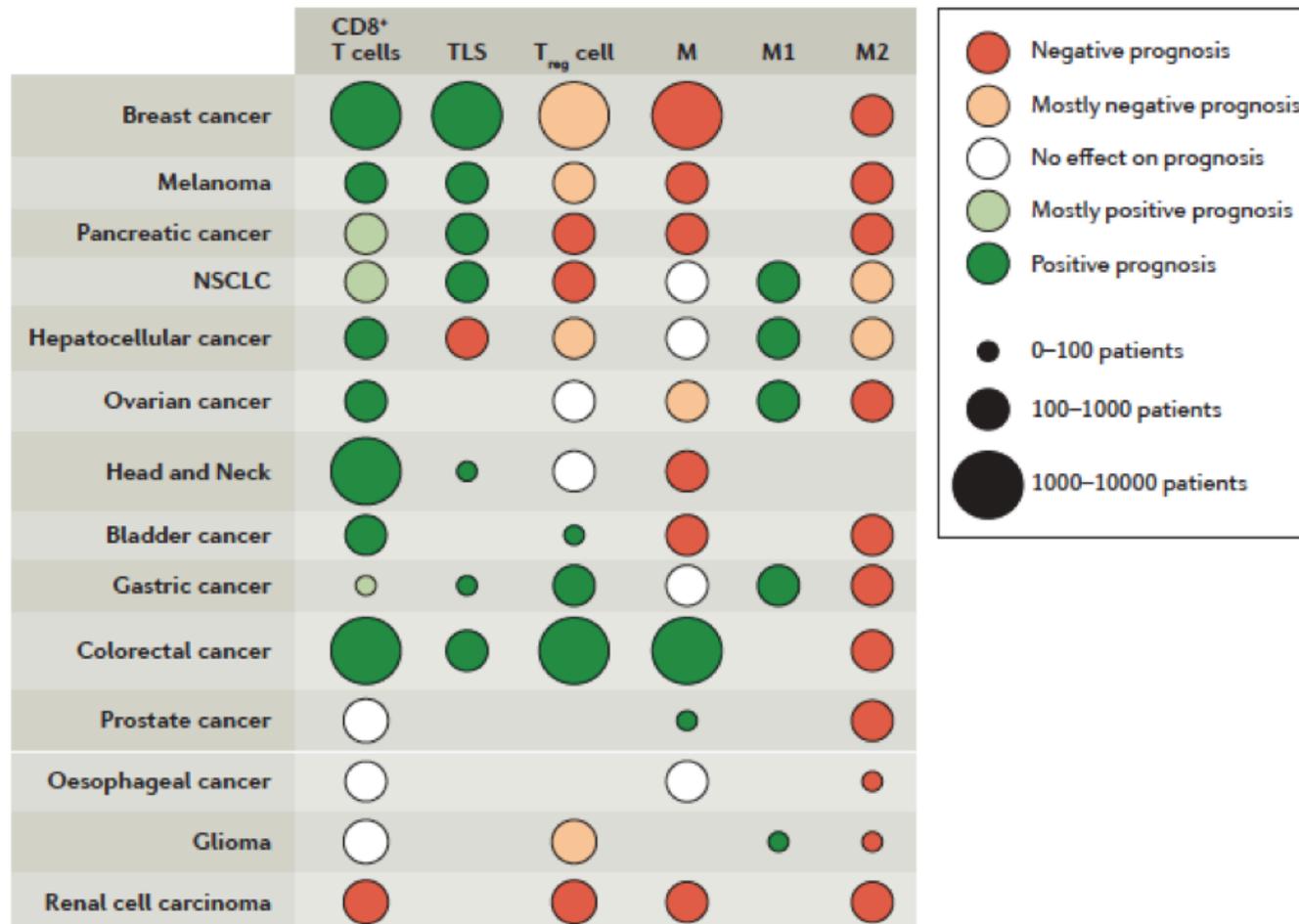
Immune contexture	Parameters: positive association with survival
Type	CTLs (CD3 ⁺ CD8 ⁺) Memory T cells (CD45RO ⁺)
Location	Core of the tumour Invasive margin
Density	<p>Number of cells per mm²</p> <p>1 10 100 1,000 10,000</p> <p>CD3⁺_{CT} —————</p> <p>CD3⁺_{IM} —————</p> <p>CD8⁺_{CT} —————</p> <p>CD8⁺_{IM} —————</p> <p>CD45RO⁺_{CT} —————</p> <p>CD45RO⁺_{IM} —————</p>
Functional orientation	<p>T_H1 cell-associated factors (IFNγ, IL-12, T-bet and IRF1)</p> <p>Cytotoxic factors (granzymes, perforin and granulysin)</p> <p>Chemokines (CX3CL1, CXCL9, CXCL10, CCL5 and CCL2)</p> <p>T_H17 cells, T_{Reg} cells and T_H2 cells have a variable effect on survival, depending on tumour type</p>
TLS	Presence and quality

Cancers in which T cell infiltration is associated with favorable prognosis

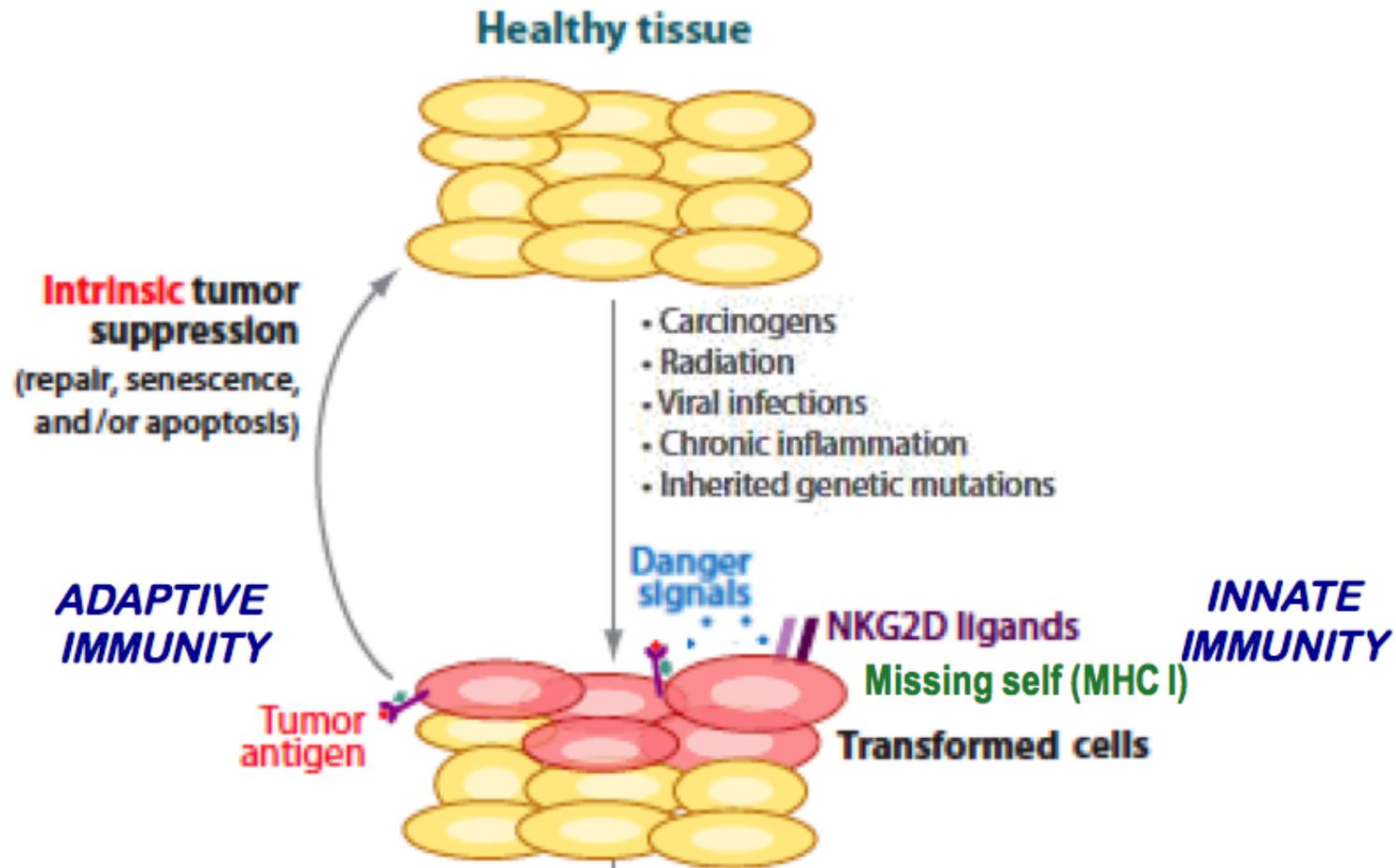
<i>Cancers</i>	<i>References</i>
Melanoma	Clark <i>et al.</i> (1989); Tefany <i>et al.</i> (1991); Mackensen <i>et al.</i> (1993); Clemente <i>et al.</i> (1996)
Head and neck cancers	Reichert <i>et al.</i> (2001); Shibuya <i>et al.</i> (2002); Badoual <i>et al.</i> (2006)
Breast cancer	Marrogi <i>et al.</i> (1997); Menegaz <i>et al.</i> (2008)
Bladder cancer	Sharma <i>et al.</i> (2007)
Ovarian cancer	Zhang <i>et al.</i> (2003); Sato <i>et al.</i> (2005)
Esophageal cancer	Schumacher <i>et al.</i> (2001); Cho <i>et al.</i> (2003)
Colorectal cancer	Jass (1986); Graham and Appelman (1990); Harrison <i>et al.</i> (1994); Ropponen <i>et al.</i> (1997); Baier <i>et al.</i> (1998); Naito <i>et al.</i> (1998); Dalerba <i>et al.</i> (2003); Diederichsen <i>et al.</i> (2003); Prall <i>et al.</i> (2004); Pages <i>et al.</i> (2005, 2009); Galon <i>et al.</i> (2006); Salama <i>et al.</i> (2009)
Renal cell carcinoma	Nakano <i>et al.</i> (2001)
Prostatic adenocarcinoma	Vesalainen <i>et al.</i> (1994); Karja <i>et al.</i> (2005); Richardsen <i>et al.</i> (2008)
Lung carcinoma	Ito <i>et al.</i> (2005); Hiraoka <i>et al.</i> (2006a); Al-Shibli <i>et al.</i> (2008); Dieu-Nosjean <i>et al.</i> (2008); Kawai <i>et al.</i> (2008)



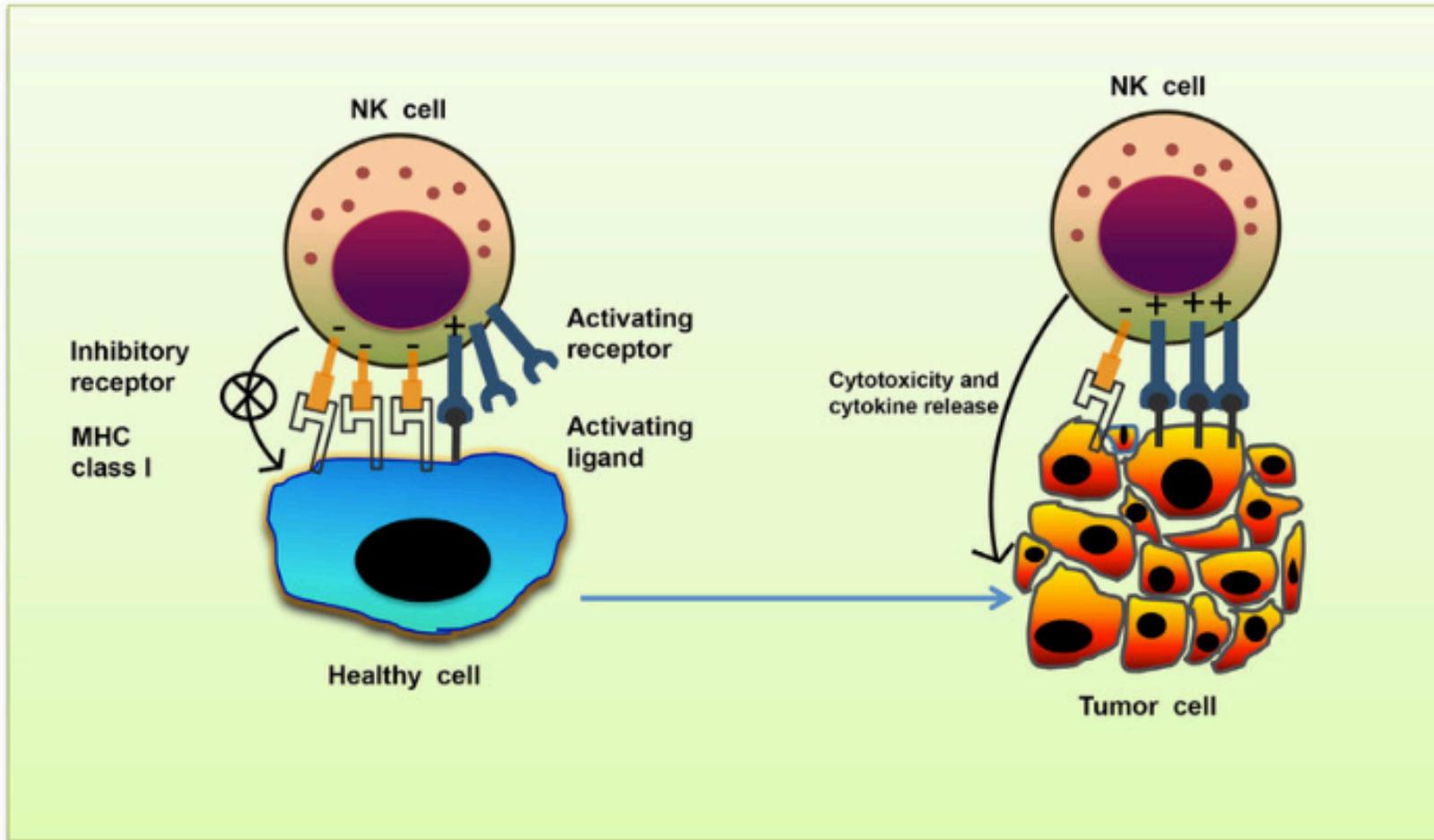
Effect of immune cell infiltrates on cancer patient prognosis



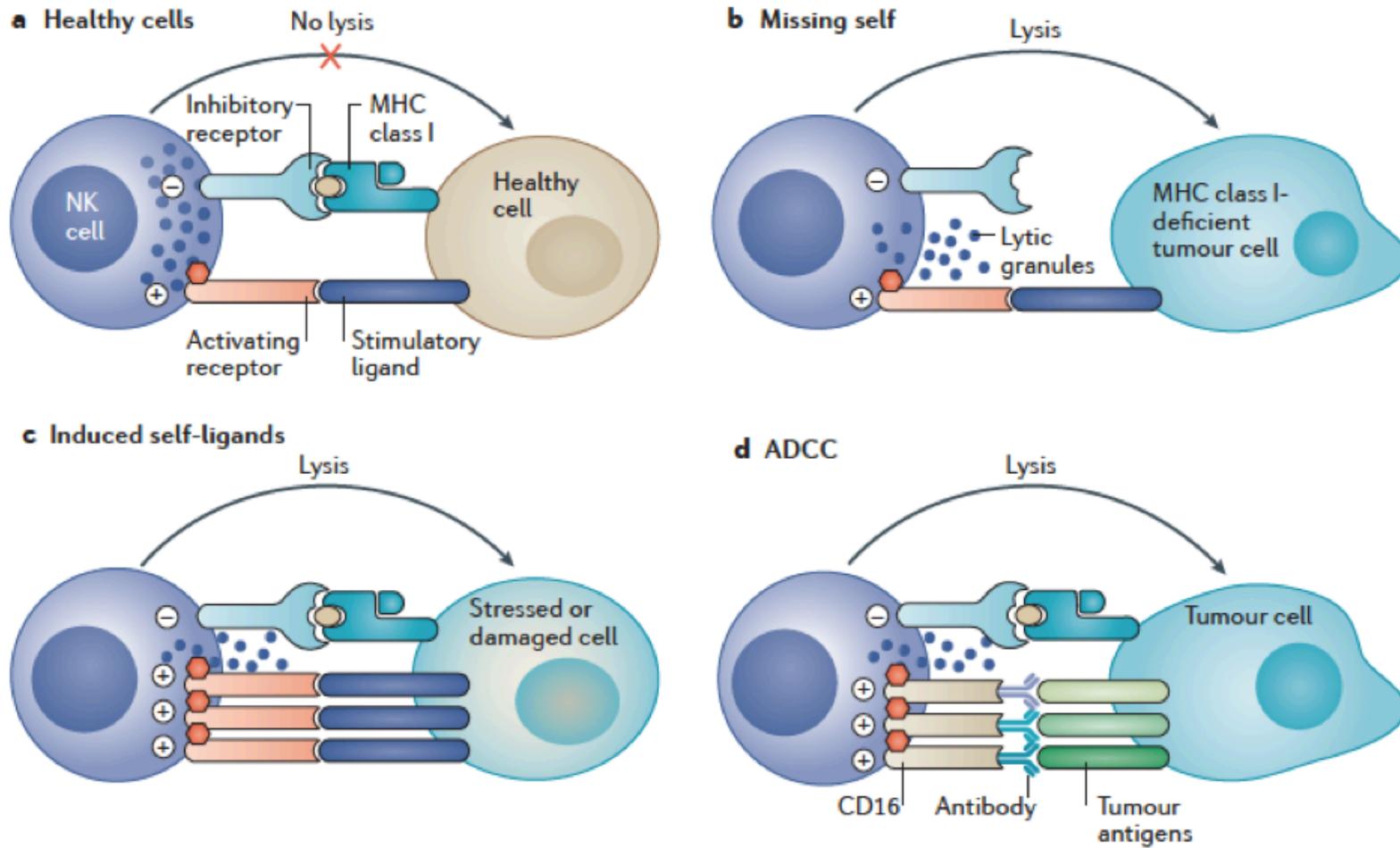
What cells protect the host from tumor development and what are the critical effector functions of the immune system in cancer surveillance?



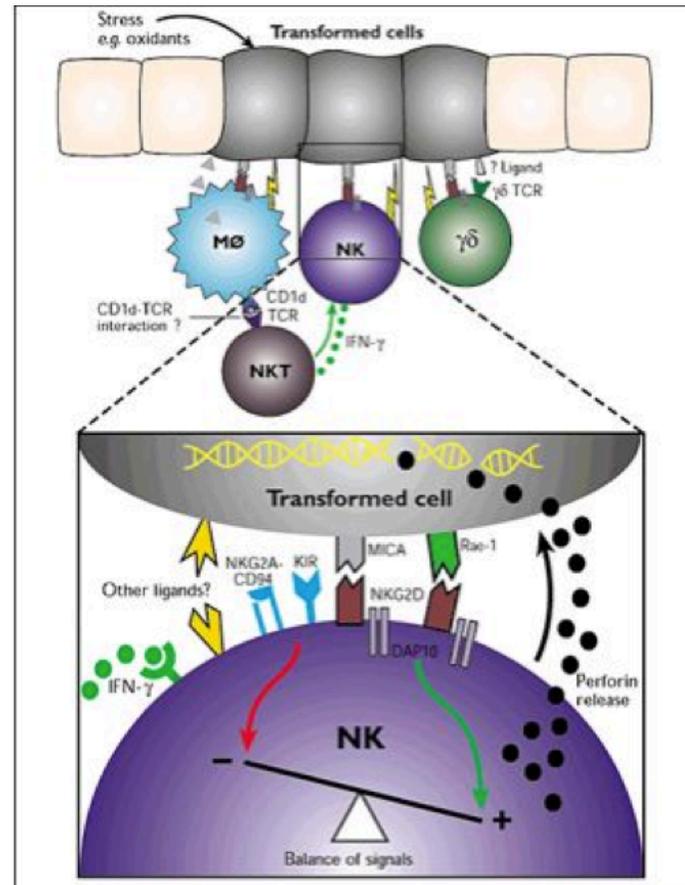
NK: missing self recognition of tumor cells



NK cell recognition of tumour cells

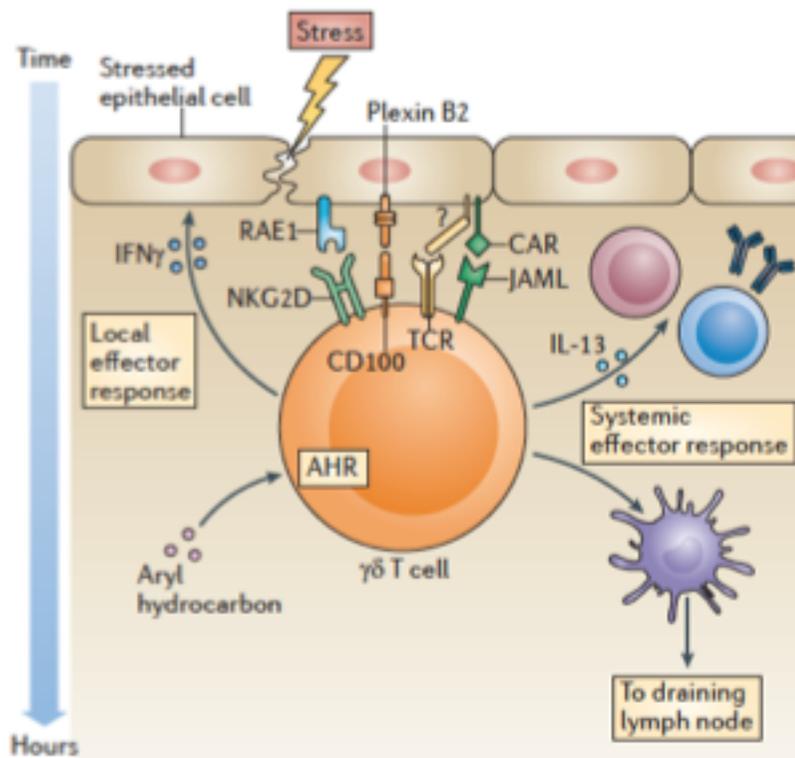


Recognition of tumor cells by innate immune system



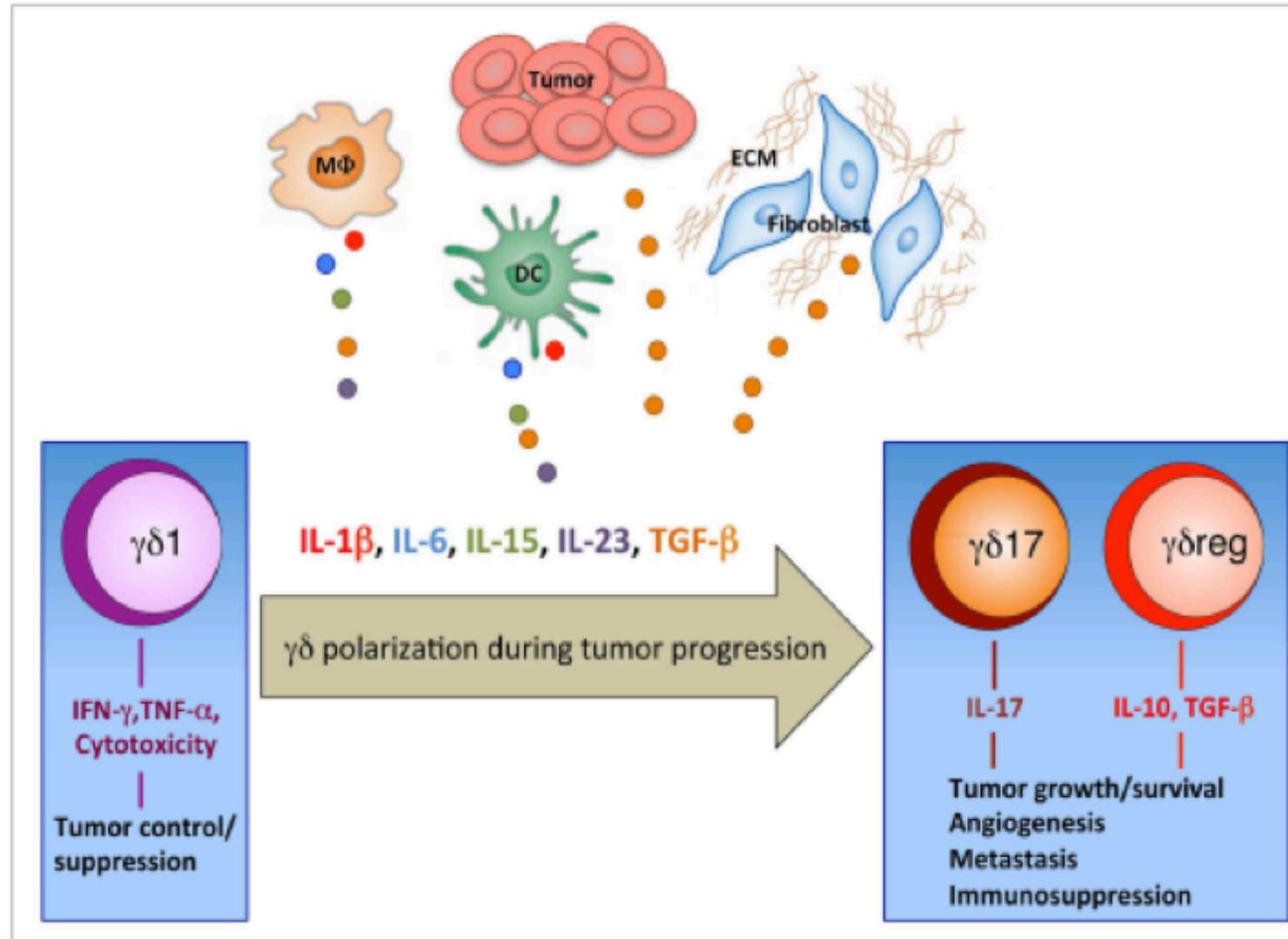
Smyth MJ et al Nat Immunol 2001

$\gamma\delta$ cells respond to stressed cell antigens



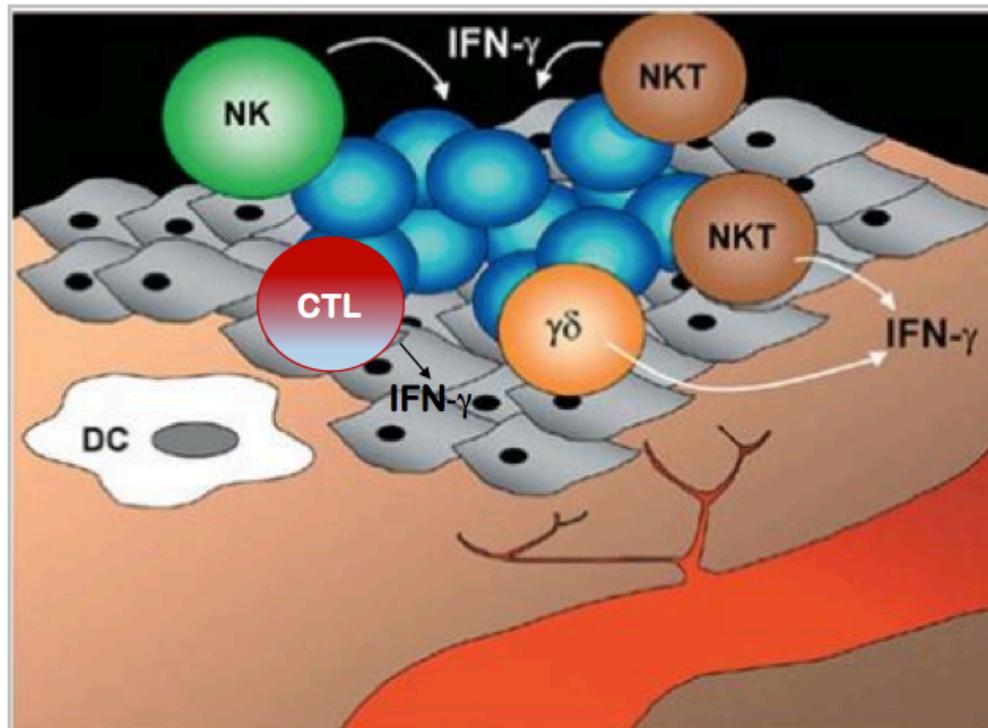
- The frequency of $\gamma\delta$ cells is higher than that of ag specific $\alpha\beta$ cells
- $\gamma\delta$ cells recognize a broad range of tumor cell antigens not only proteins.
- $\gamma\delta$ activation does not require co-stimulatory signals

Polarization of $\gamma\delta$ cells in tumor progression

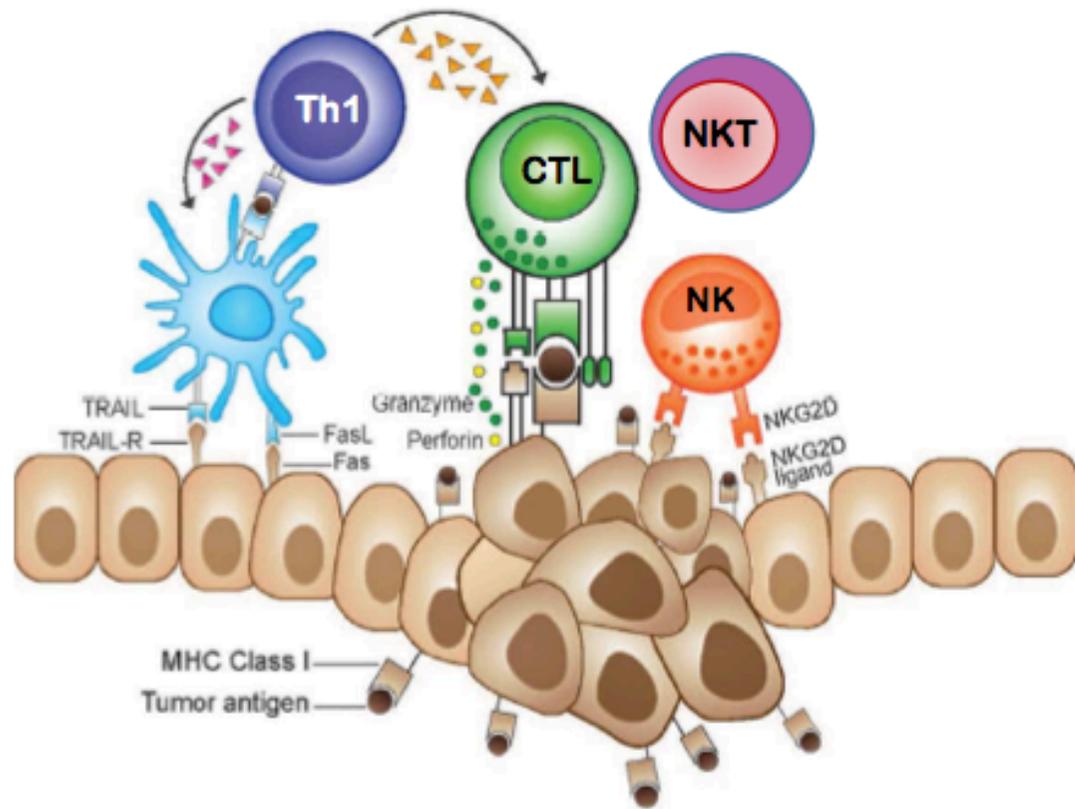
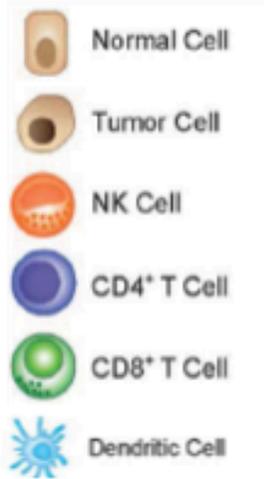


NK s, Th 1, CTLs and DC, secrete IFN γ

IFN- γ : a master cytokine for tumour elimination

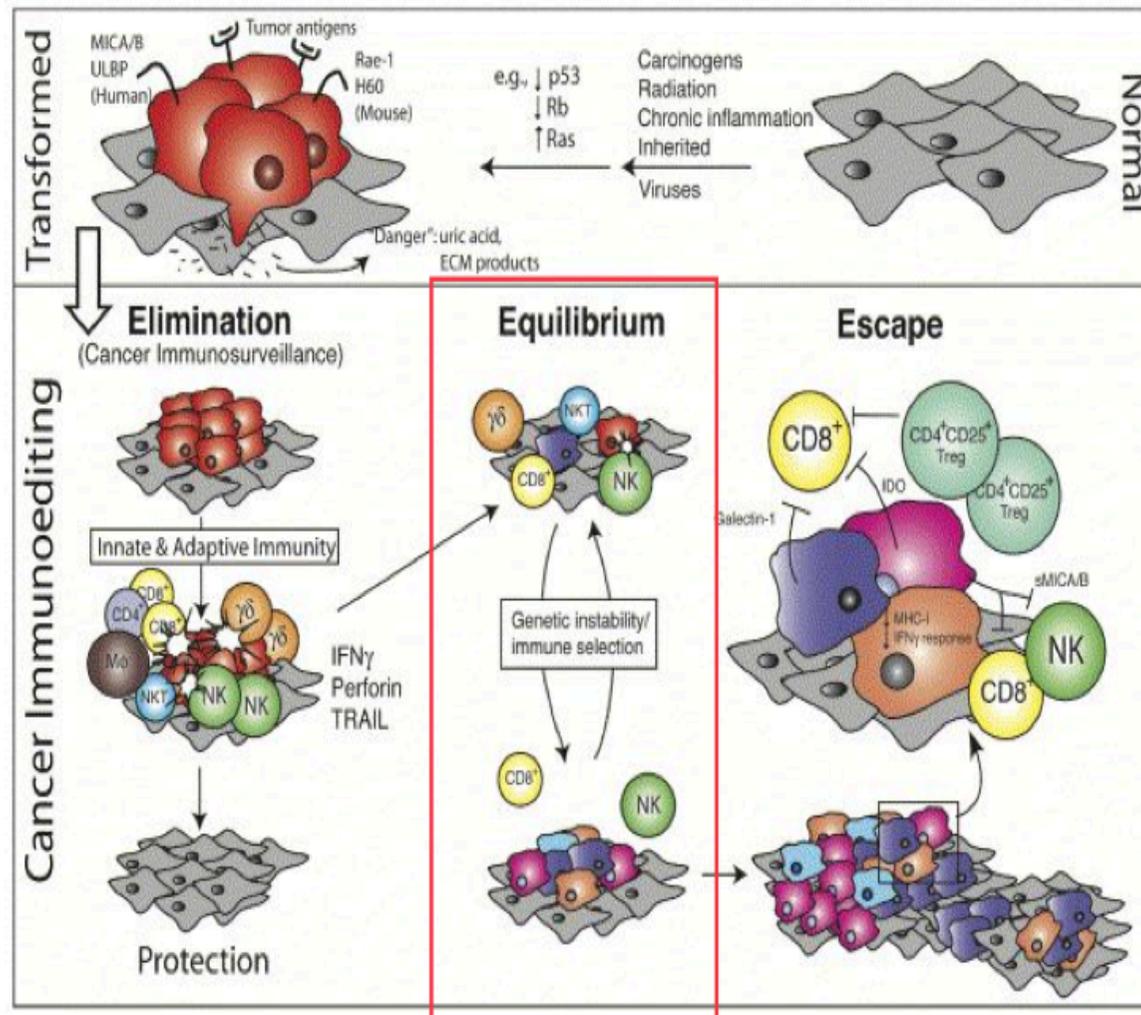


Dunn GP et al Nat Immunol 2002

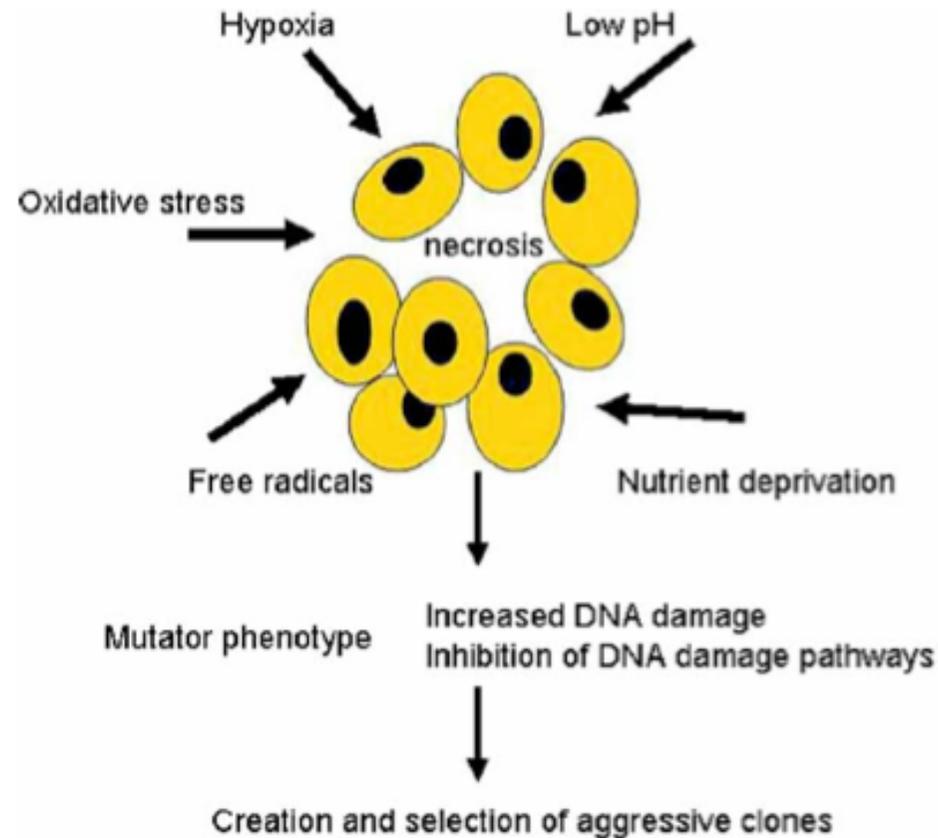


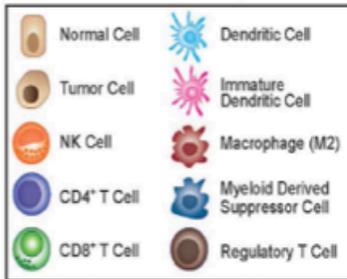
Elimination

CANCER IMMUNOEDITING: host protective vs tumor sculpting actions of immunity

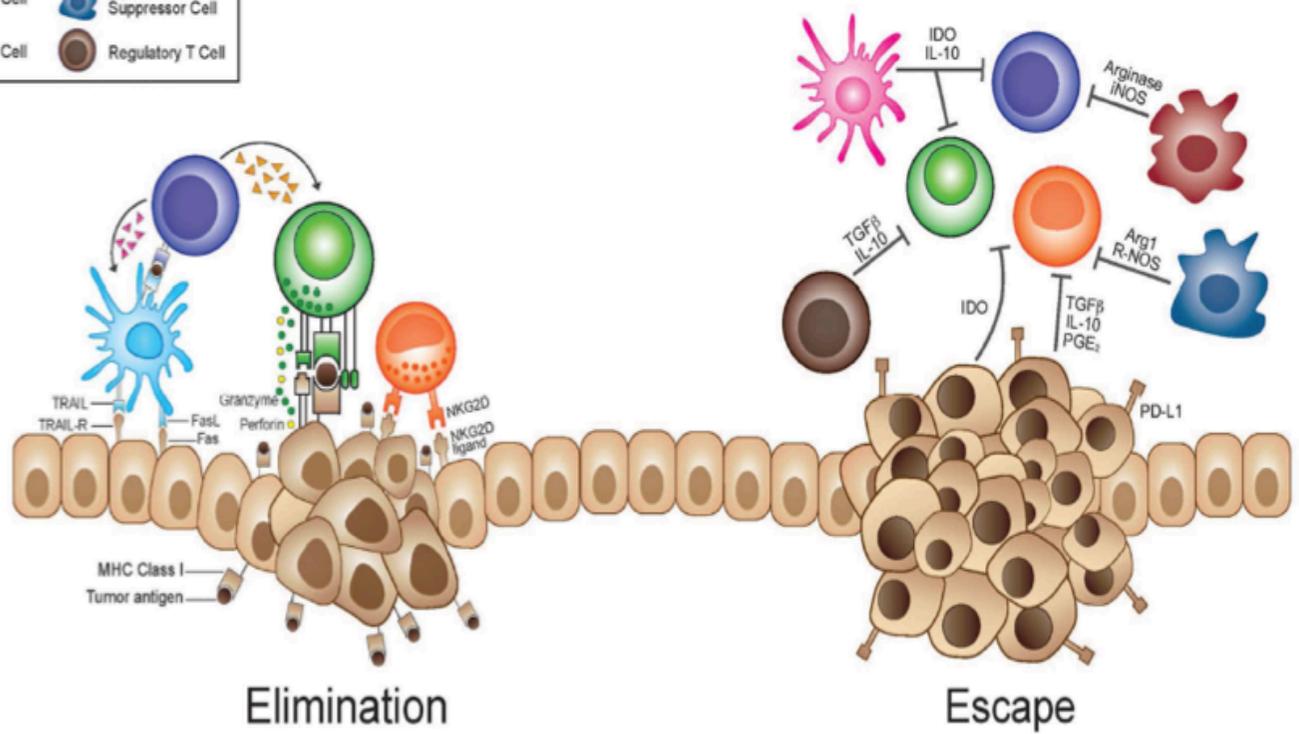


Tumor microenvironment promotes tumor progression

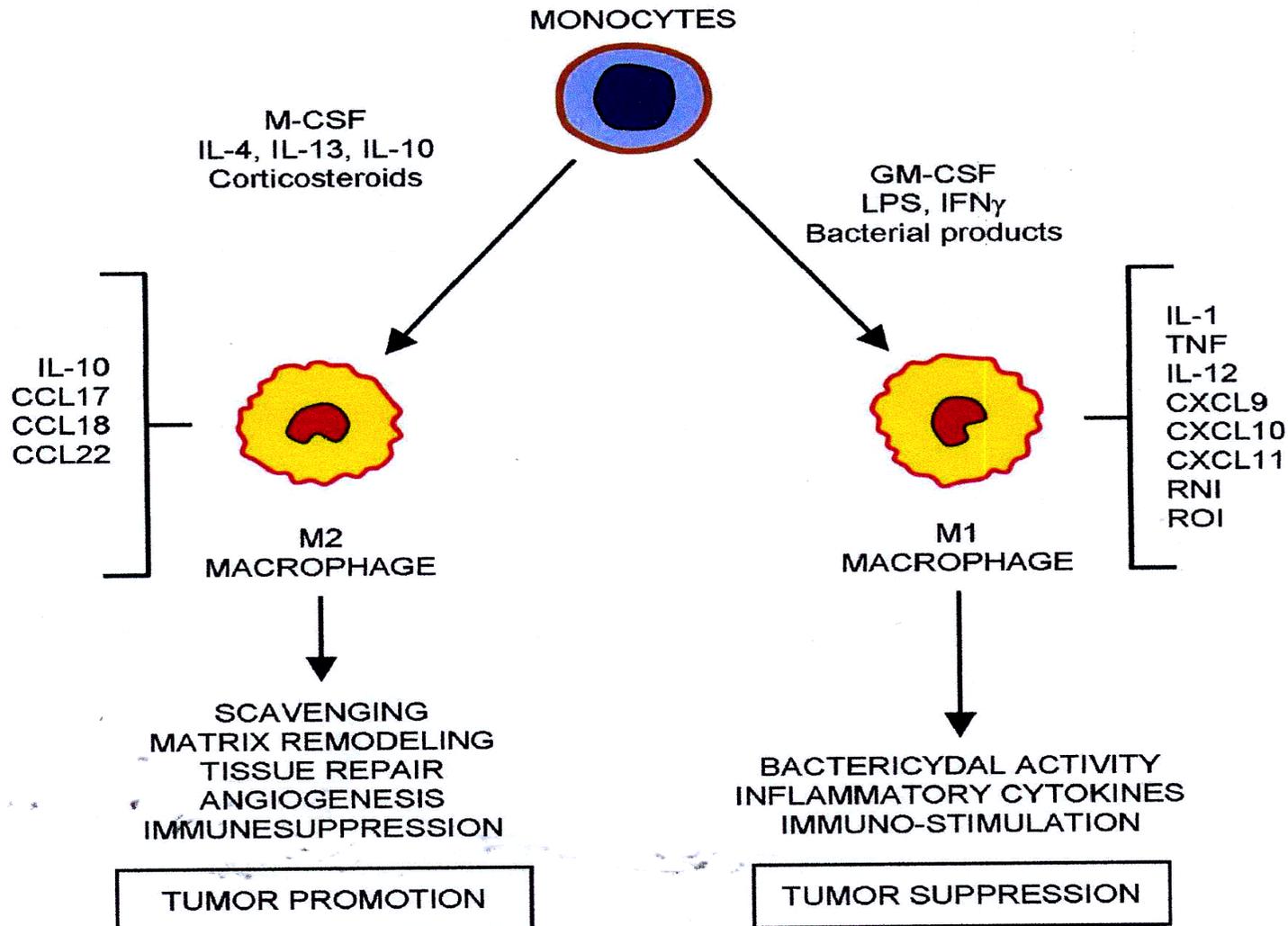




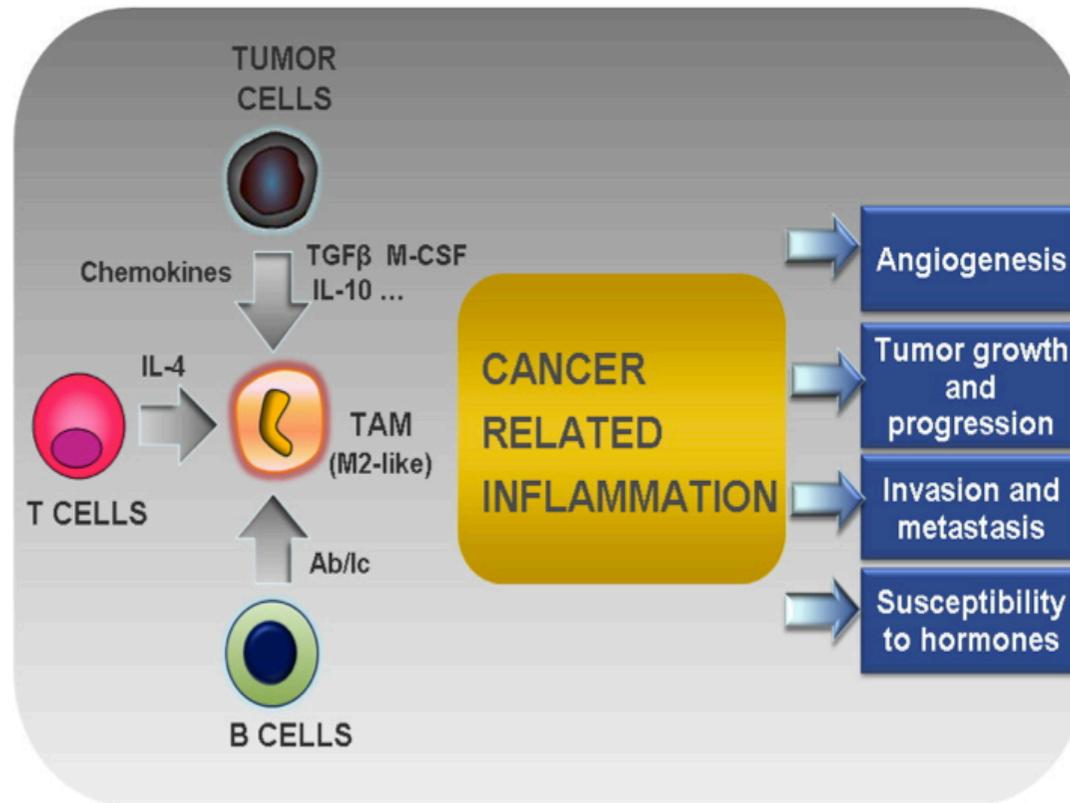
Tumor Microenvironment



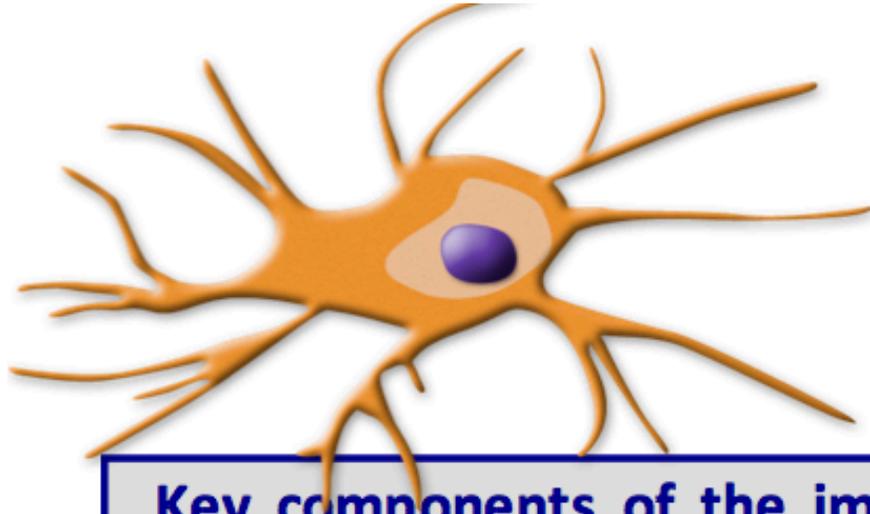
M1/ M2 macrophages



Orchestration of TAM in cancer-promoting inflammation

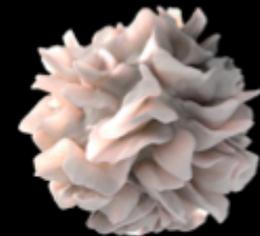


Dendritic cells

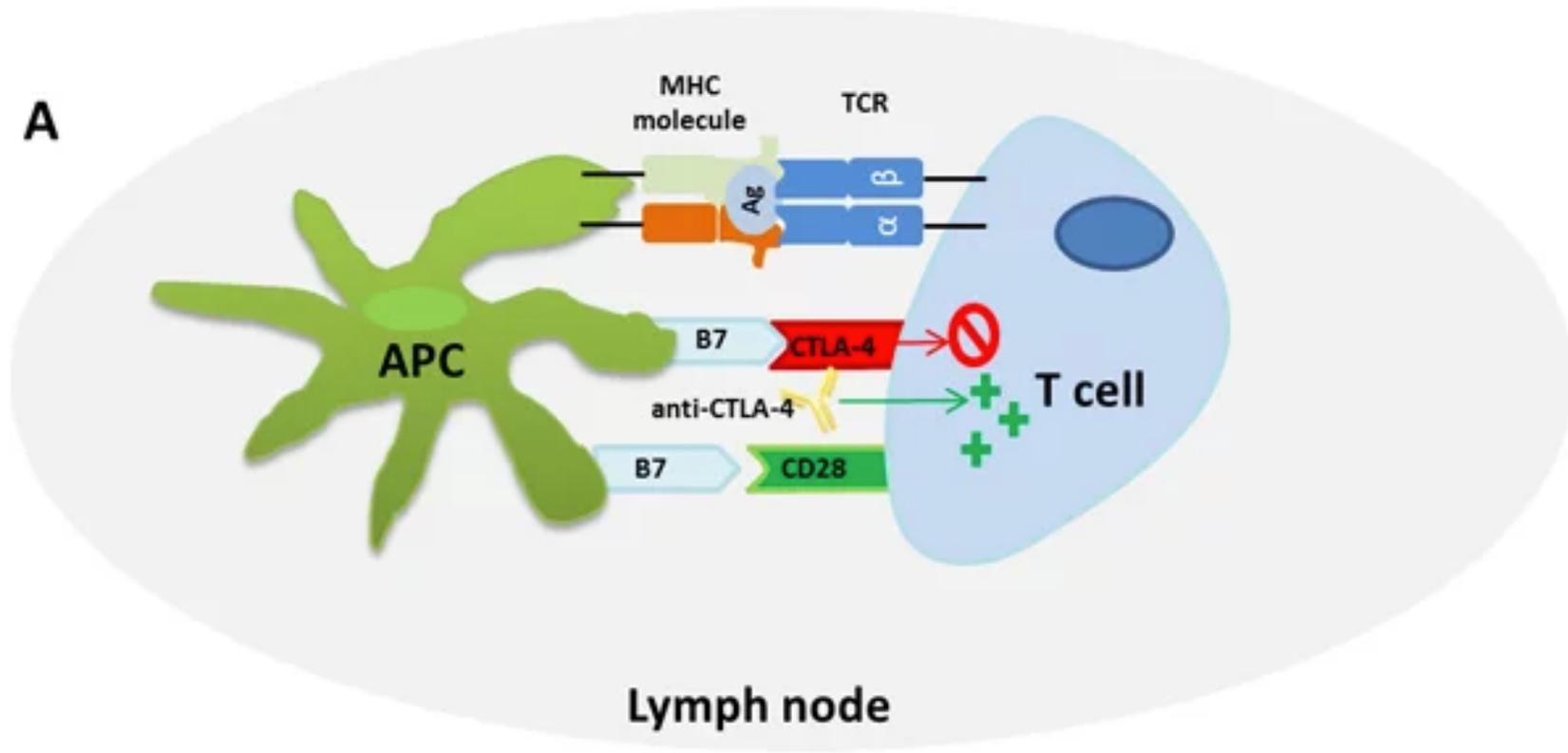


Key components of the immunosuppressive network in the tumor microenvironment are DC with:

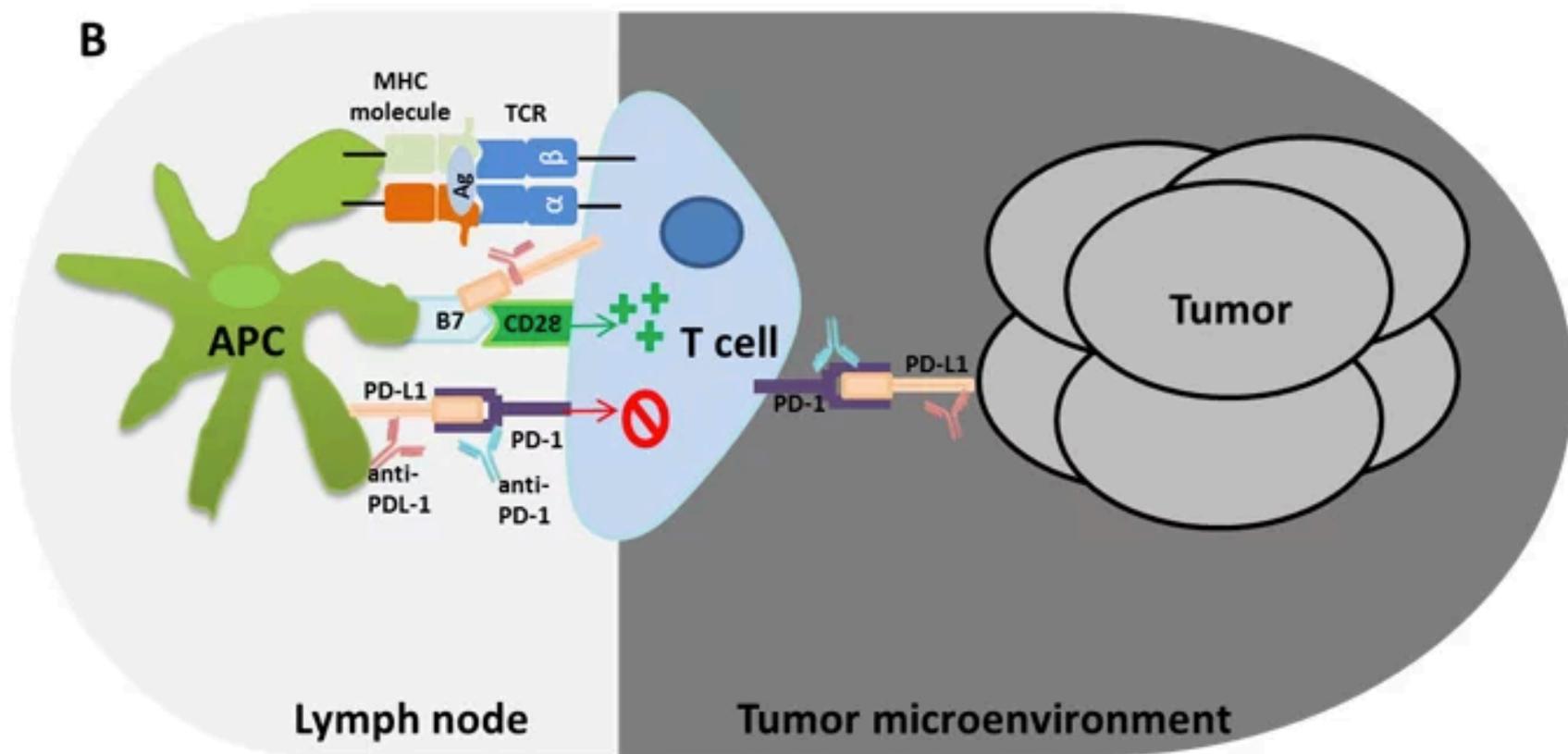
- **immature phenotype**
- **immunosuppressive phenotype (PDCs)**
- **vascular**



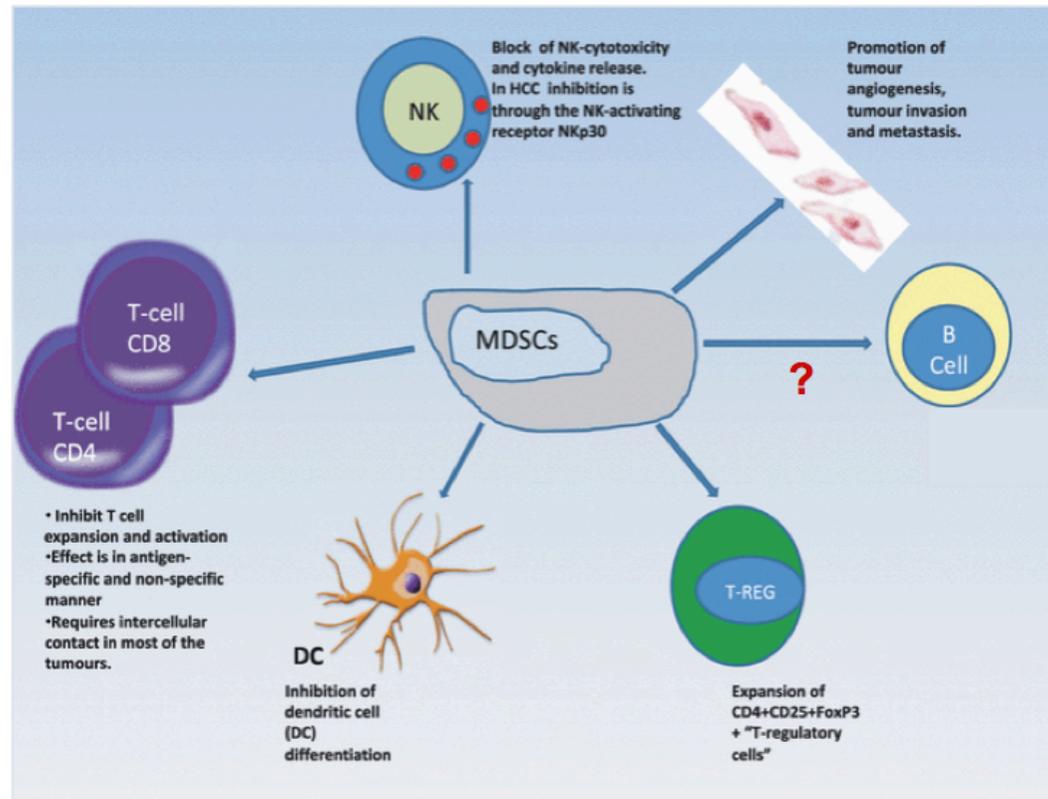
A



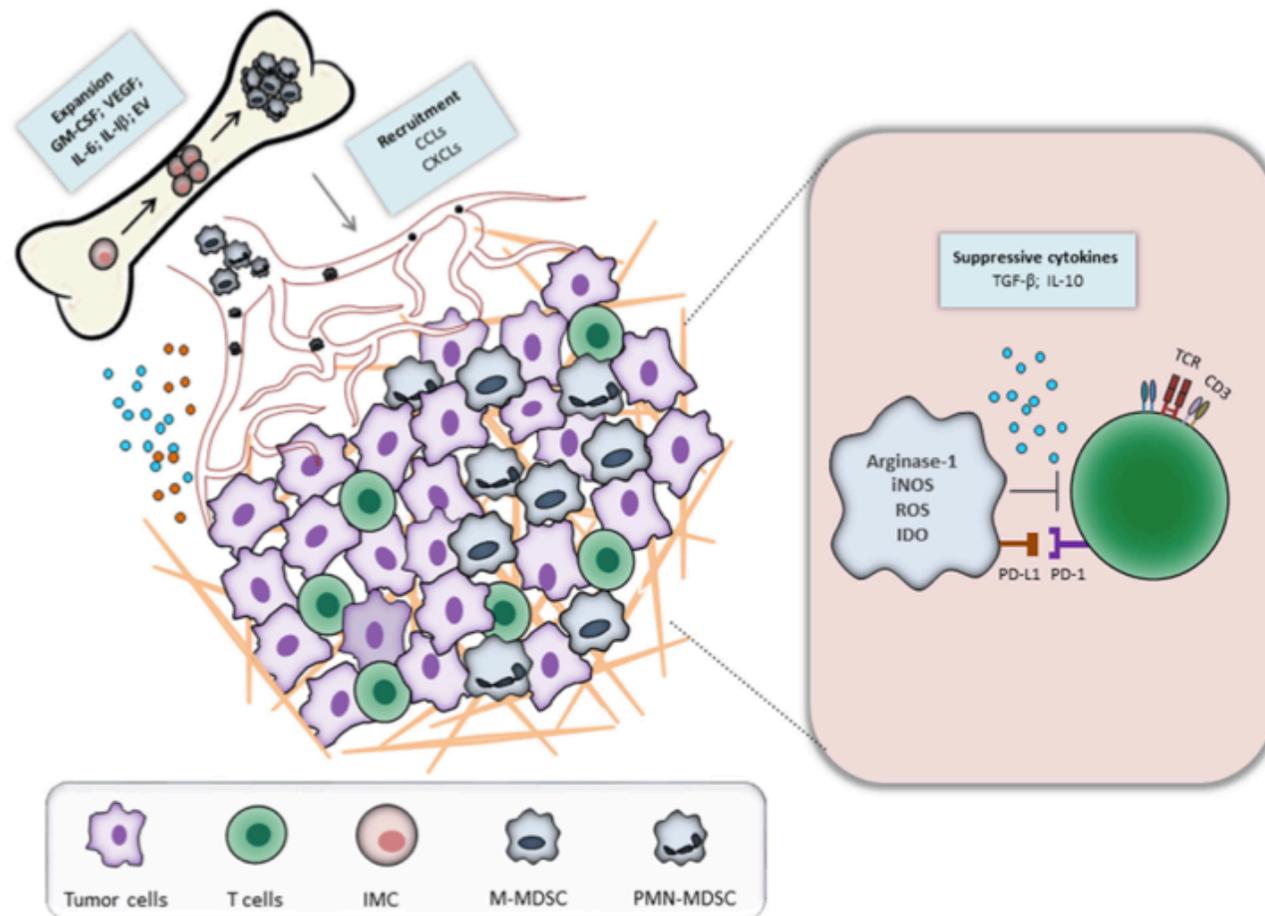
B



Myeloid-derived suppressor cells (MDSC)-mediated activities

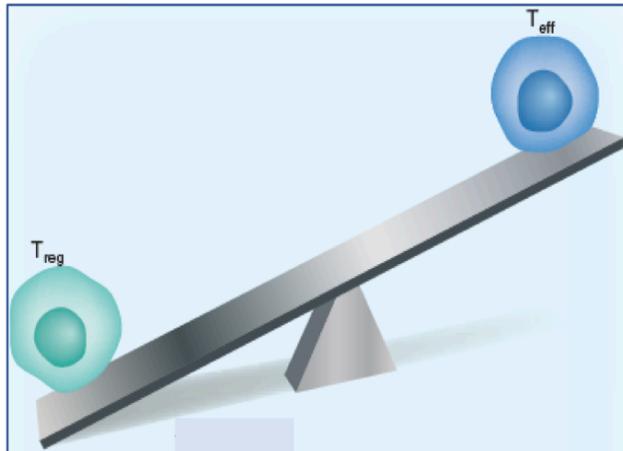


MDSC myeloid derived suppressor cells



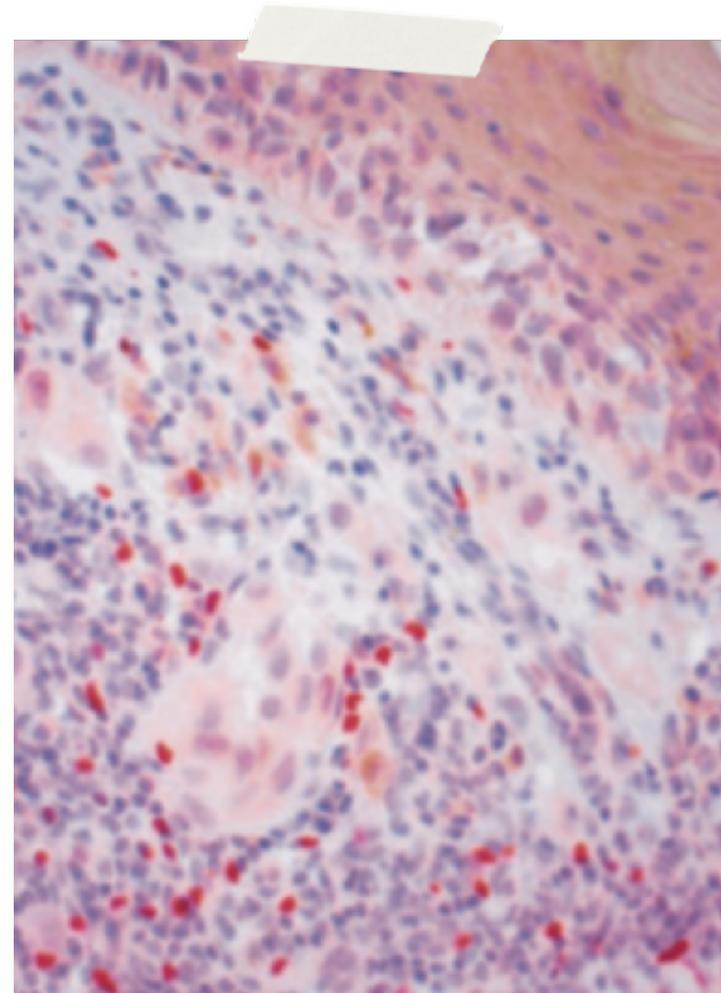
T regs infiltration in melanoma

T-cell-subset imbalance and tumour-specific immunity



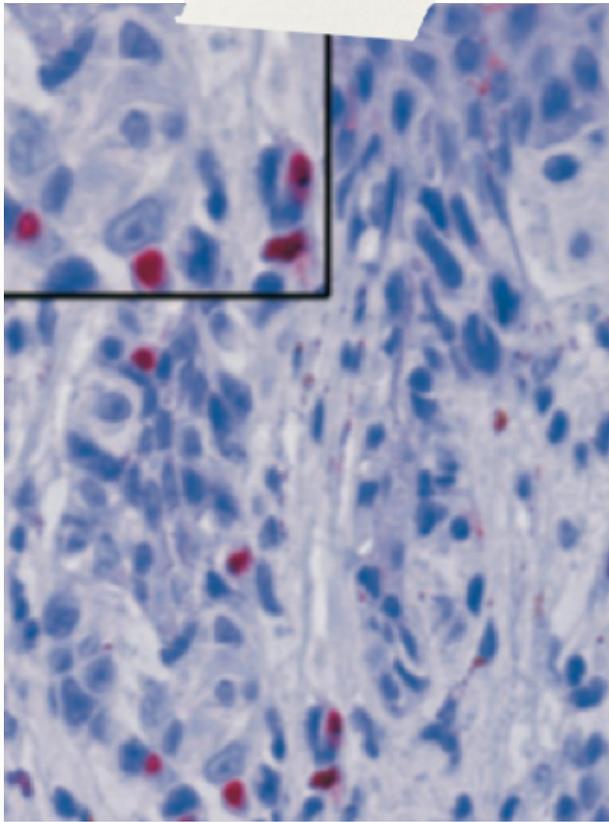
☞ Melanoma is treated with immune therapy

Foxp3+:red

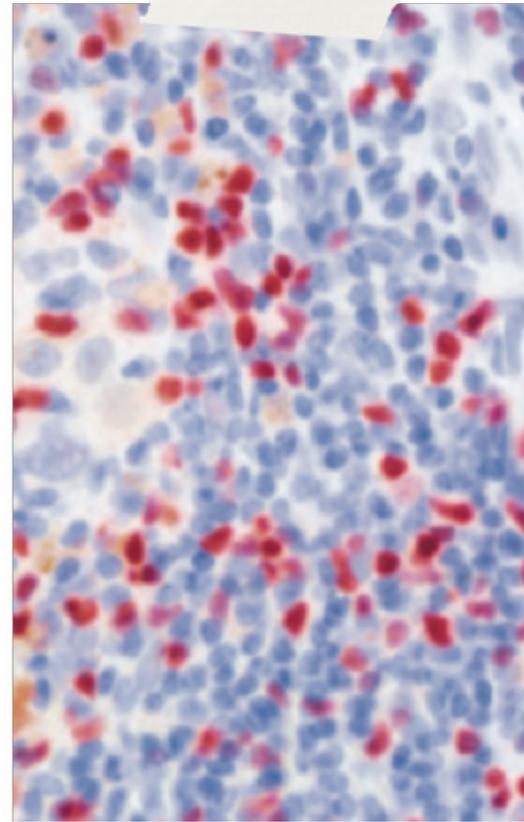


Look at the difference...

Red: Fox P3 cells



Melanoma in radial growth



Melanoma in vertical growth

The 'yin and yang' of immune response in the tumor microenvironment

TUMOR GROWTH PROMOTED
Anti-inflammatory

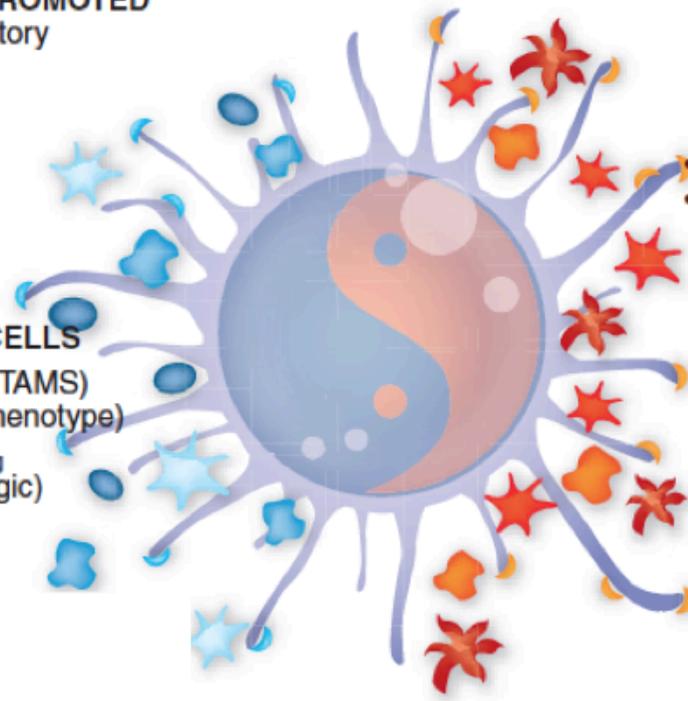
TUMOR GROWTH LIMITED
Proinflammatory

INFILTRATING CELLS

- MDSC (M2 type TAMs)
- DC (immature phenotype)
- CD4⁺Foxp3⁺ T_{reg}
- CD8⁺ CTL (anergic)

INFILTRATING CELLS

- TAMs (M1 type)
- NK & NKT
- DC (mature phenotype)
- CD4⁺ (T1, T2)
- CD8⁺ CTL (effectors)



Monoclonal antibodies

