CORSO DI IMMUNOTERAPIA IN ONCOLOGIA "CARCINOMA DEL RENE E DELLA VESCICA"



Immunoterapia e microambiente

Romano Danesi

UO Farmacologia clinica e Farmacogenetica

Università di Pisa

CORSO DI IMMUNOTERAPIA IN ONCOLOGIA "CARCINOMA DEL RENE E DELLA VESCICA"

Signaling between breast cancer cells (BCCs), mesenchymal stem cells (MSCs), myeloid-derived suppressor cells (MDSCs), and tumor associated macrophages (TAMs) stimulates metastasis





HIF-1 activates the transcription of genes that control multiple steps in the metastatic process



Tumor-released exosomes could mediate immune suppression

Wuzhen Chen et al. J Immunol Res 2017, Article ID 1073947

Tumor cells

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RENE

IN ONCOLOGIA



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DGIATumor-released exosomes could mediate immuneDEL RENE
SCICA"suppression



Tumor cells

Wuzhen Chen et al. J Immunol Res 2017, Article ID 1073947

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A diagram depicting the tumor microenvironment



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NOMA DEL RENE

Tumor orchestrates T-cell metabolism "CARCINOMA DEL RENE



Kouidhi S, Elgaaied AB and Chouaib S (2017) Front. Immunol. 8:270

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E DELLA VESCICA

Interplay between tumour-associated macrophages and cancer cells in established tumours



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DELLA VESCICA

CINOMA DEL RENE

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Tumors recruit MSC from the bone marrow



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Accumulation and expansion of Treg in the tumor INOMA DEL RENE microenvironment



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MRNA expression of the best Treg marker in kidney CINOMA DEL RENE DELLA VESCICA"



Mechanisms responsible for 'immunoediting' of tumor cells in the tumor microenvironment

Loss of recognition

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- Interference with the induction of anti-tumor immune responses:
 - Decreased expression of costimulatory molecules on the tumor or APC
 - Alterations in TCR signaling in TIL
 - Death receptor/ligand signaling and 'tumor counterattack'
 - Dysfunction of DC and inadequate cross-presentation of TAA to T cells
 - DC apoptosis in the tumor microenvironment



- Inadequate effector cell function in the tumor microenvironment:
 - Suppression of T-cell responses by Treg
 - Suppression of immune cells by myeloid suppressor cells (MSC)
 - Apoptosis of effector T cells in the tumor and in the periphery
 - Microvesicles (MV, exosomes) secreted by human tumors and inducing apoptosis of CD8+ effector T cells



- Insufficient recognition signals:
 - Downregulation of surface expression of HLA molecules on tumor cells
 - Downregulation of surface TAA displayed by tumor cells: antigen loss variants
 - Alterations in APM component expression in tumor cells or APC
 - Suppression of NK activity in the tumor microenvironment



- Development of immunoresistance by the tumor:
 - Lack of susceptibility to immune effector cells
 - Immunoselection of resistant variants
 - Tumor stem cells



- Mechanisms evolved by tumors for disarming host defenses and escape from the immune control vary in different cancers, and the unique signature of each tumor is reflected by its microenvironment.
- Therefore, understanding of cellular and molecular interactions operative in the tumor microenvironment is of crucial importance.
- Changing of chronic to acute inflammation at the tumor site might be therapeutically beneficial.
- Molecular tools are now available for devising novel and more effective anticancer therapies targeting not only the tumor but also its microenvironment.

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Gli anticorpi monoclonali in immuno-oncologia

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CORSO DI IMMUNOTERAPIA IN ONCOLOGIA "CARCINOMA DEL RENE E DELLA VESCICA" Biological agents targeting PD-1 or PD-L1 in cancer clinical trials

Biological agent	Class	Target
CT-011 (pidilizumab)	Humanized IgG1	PD-1
MK-3475 (lambrolizumab, pembrolizumab)	Humanized IgG4	PD-1
BMS-936558 (nivolumab)	Human IgG4	PD-1
AMP-224 (B7-DC-Fc fusion protein)	PD-L2 lgG2a fusion protein	PD-1
BMS-936559	Human IgG4	PD-L1
MEDI4736 (durvalumab)	Humanized IgG	PD-L1
MPDL3280A (atezolizumab)	Human IgG	PD-L1
MSB0010718C (avelumab)	Human IgG1	PD-L1

Properties of human IgG subclasses OMA DEL RENE

A CH2 CH3 IgG1	hinge	G2 Ig	G3 Ig	G4
	lgG1	IgG2	lgG3	lgG4
General				
Volecular mass (kD)	146	146	170	146
Amino acids in hinge region	15	12	62 ^a	12
nter-heavy chain disulfide bonds	2	4 ^b	11 ^a	2
Vlean adult serum level (g/l)	6.98	3.8	0.51	0.56
Relative abundance (%)	60	32	4	4
Half-life (days)	21	21	7/~21ª	21
Placental transfer	++++	++	++/+++ ^a	+++

Vidarsson G et al. Frontiers in Immunology 2014 (5) A 520: 1-17

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VESCICA"



Differenziazione tra moAbs anti-PD-L1: dinamica di interazione con l'antigene

Schematic view of a surface plasmon PEL RENE CICA" **Schematic view of a surface plasmon resonance (SPR) detector**



Hahnefeld, Drewianka, and Herberg. Methods in Molecular Medicine, vol. 94. J. Decker and U. Reischl Eds. Humana Press Inc., Totowa, NJ

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Hahnefeld, Drewianka, and Herberg. Methods in Molecular Medicine, vol. 94. J. Decker and U. Reischl Eds. Humana Press Inc., Totowa, NJ

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CORSO DI IMMUNOTERAPIA IN ONCOLOGIA "CARCINOMA DEL RENE E DELLA VESCICA" Activation of ADCC/CDC by immunecheckpoint inhibitors

Checkpoint Inhibitor	Killer Isotype	Nonkiller Isotype
Anti-CTLA-4	Ipilimumab (IgG1)	Tremelimumab (IgG2)
Anti-PD-1	Pidilizumab (IgG1)	Nivolumab (IgG4), pembrolizumab (IgG4)
Anti-PD-L1	Avelumab	BMS-936559 (IgG4), Atezolizumab
		Durvalumab

ADCC = antibody-dependent cell-mediated cytotoxicity; CDC = complement dependent cytotoxicity; CTLA = cytotoxic T-lymphocyte antigen; Ig = immunoglobulin; PD = programmed cell death protein.

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Ju Yeon Lee et al. Nature Communications 2016 DOI: 10.1038/ncomms13354



Binding surface of PD-1 and binding epitopes of avelumab, BMS-936559, and durvalumab on PD-L1



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CORSO DLIMMUNOTERAPIA IN ONCOLOGIA CARCINOMA DEL RENE E DELLA VESCICA" Binding kinetics of anti-PD-L1 moAbs and PD-L1



CORSO DI IMMUNOTERAPIA IN ONCOLOGIA "CARCINOMA DEL RENE E DELLA VESCICA" Binding kinetics of anti-PD-L1 MAbs and PD-L1





MAbs	ka ¹ (10 ⁴ /Ms)	$kd^{2}(10^{-4}/s)$	KD (nM)
atezolizumab	8.93	1.56	1.75
durvalumab	42.8	2.85	0.667
avelumab	161	0.753	0.0467
BMS-936559	105	8.68	0.83

¹ ka, association rate constant.

² kd, dissociation rate constant.

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Kd of PD-L1 and PD-L2 for PD-1

PD-1

- PD-1:PD-L1
- 270-526 nM Youngnak et al⁴⁹ (Scatchard plots analysis)
 590-770 nM Butte et al⁴⁸ (Scatchard plots analysis)
 770 nM Butte et al⁴⁸ (equilibrium binding[†])
 PD-1:PD-L2
 - 89–106 nM Youngnak et al⁴⁹ (Scatchard plots analysis) 590 nM Butte et al⁴⁸ (equilibrium binding[†])

Kathleen M. Mahoney et al. Clin Ther. 2015;37:764–782

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Humanization of therapeutic antibodies has reduced their immunogenicity



lan N. Foltz et al. Circulation. 2013;127:2222-2230

American Heart Association,

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Comparison table of moAbs anti-PD-1

	Nivolumab	Pembrolizumab	Pidilizumab	AMP-224
Humanized		\checkmark	\checkmark	
Fully human	\checkmark			
lg subclass	lgG4	lgG4	lgG1	Fusion protein
ADCC/CDC			\checkmark	\checkmark
K _D	+/++	++	+	?

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Comparison table of moAbs anti-PD-L1

	Atezolizumab	Durvalumab	Avelumab	BMS-936559
Humanized	\checkmark			
Fully human		\checkmark	\checkmark	\checkmark
lg subclass	lgG1 modified	lgG1 modified	lgG1	lgG4
ADCC/CDC			\checkmark	
K _D	+/++	++	+++	++



Interazioni VEGF, PD-1/PD-L1 e chemioterapia

CORSO DI IMMUNOTERAPIA IN ONCOLOGIA CARCINOMA DEL RENE E DELLA VESCICA" Chemotherapy as an adjuvant for antitumor immunity



Cédric Ménard et al., Cancer Immunol Immunother (2008) 57:1579-1587

O DI IMMUNOTERAPIA IN ONCOLOGIA CINOMA DEL RENE DELLA VESCICA" VEGF-A promotes tumor-induced immunosuppression



VEGF-A promotes T-cell exhaustion, proliferation of immunosuppressi ve cells, and limits tumor Tcell recruitment



- Immune checkpoint inhibitors have profoundly changed the management of selected diseases, including melanoma, NSCLC and renal cancer
- The reason of lack of activity in other cancers needs to be evaluated.
- Response biomarkers in addition to PD-L1 in cancer cells should be identified.
- Anti-PD-1 and anti-PD-L1 antibodies can be integrated into current treatment regimens