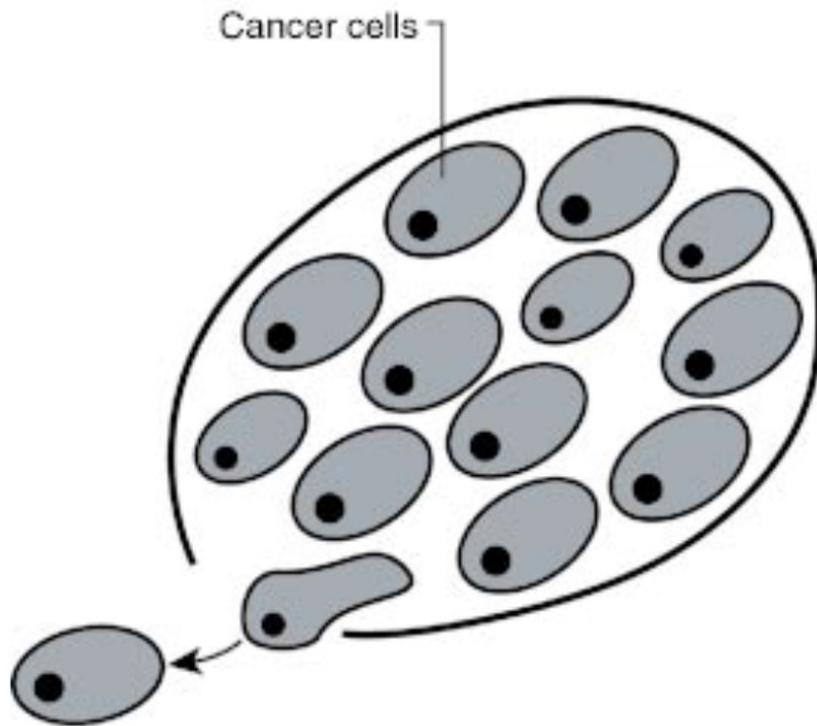


Tumor Immunology: Basic Concepts

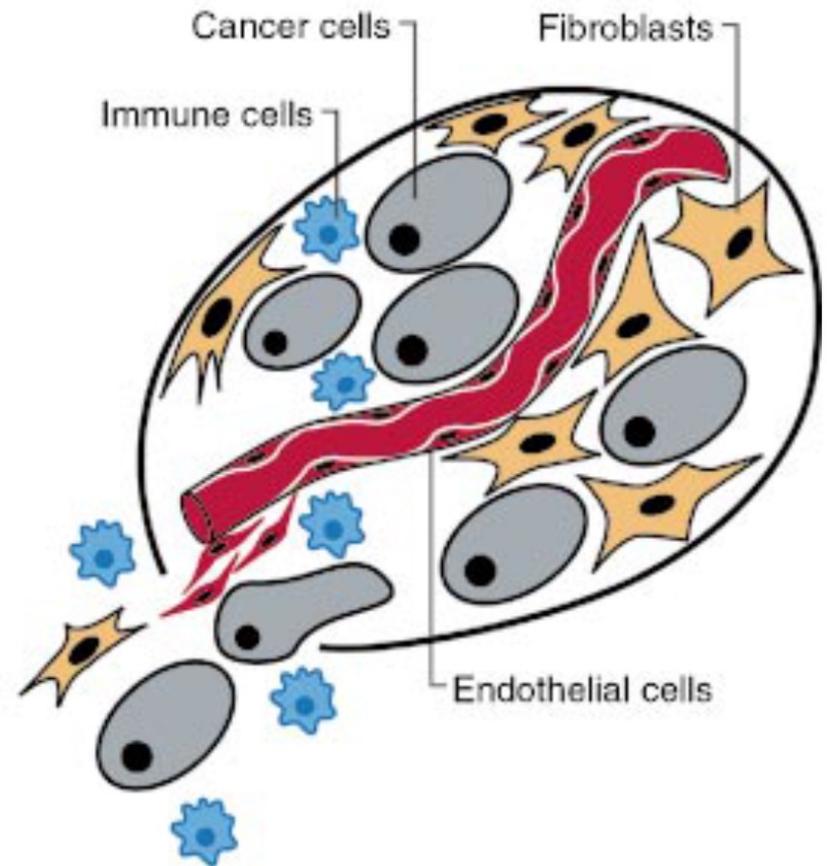
Ming Li

Tumors as Complex Tissues

The Reductionist View



A Heterotypic Cell Biology



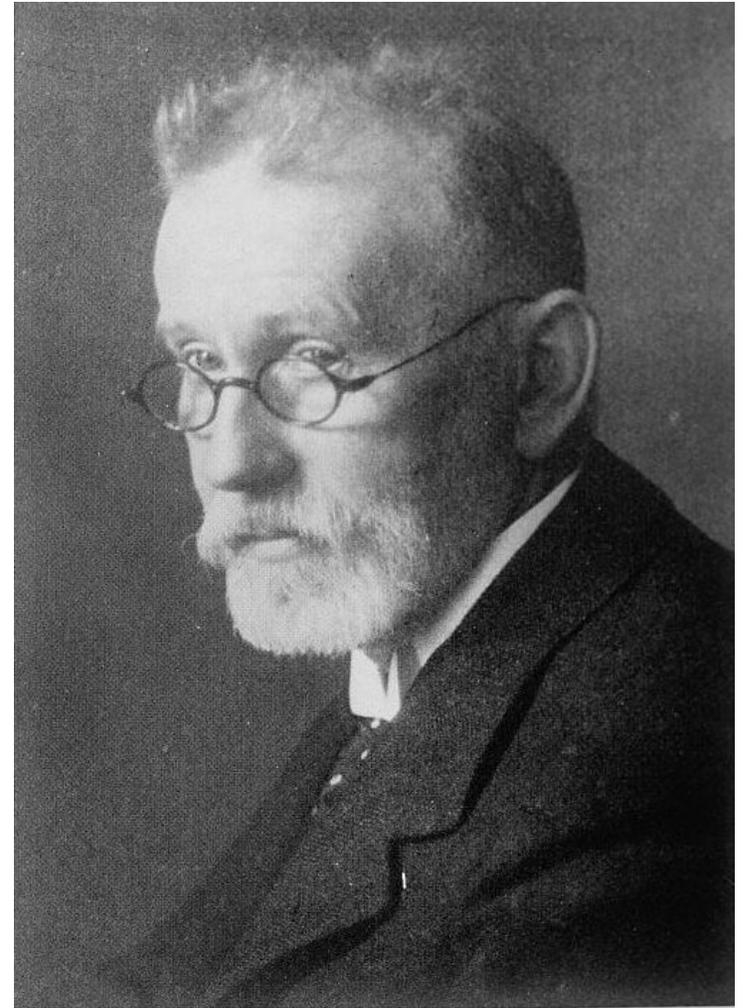
Cancer-Associated Immune Response --- Friend or Foe?

Theory of Chronic Irritation



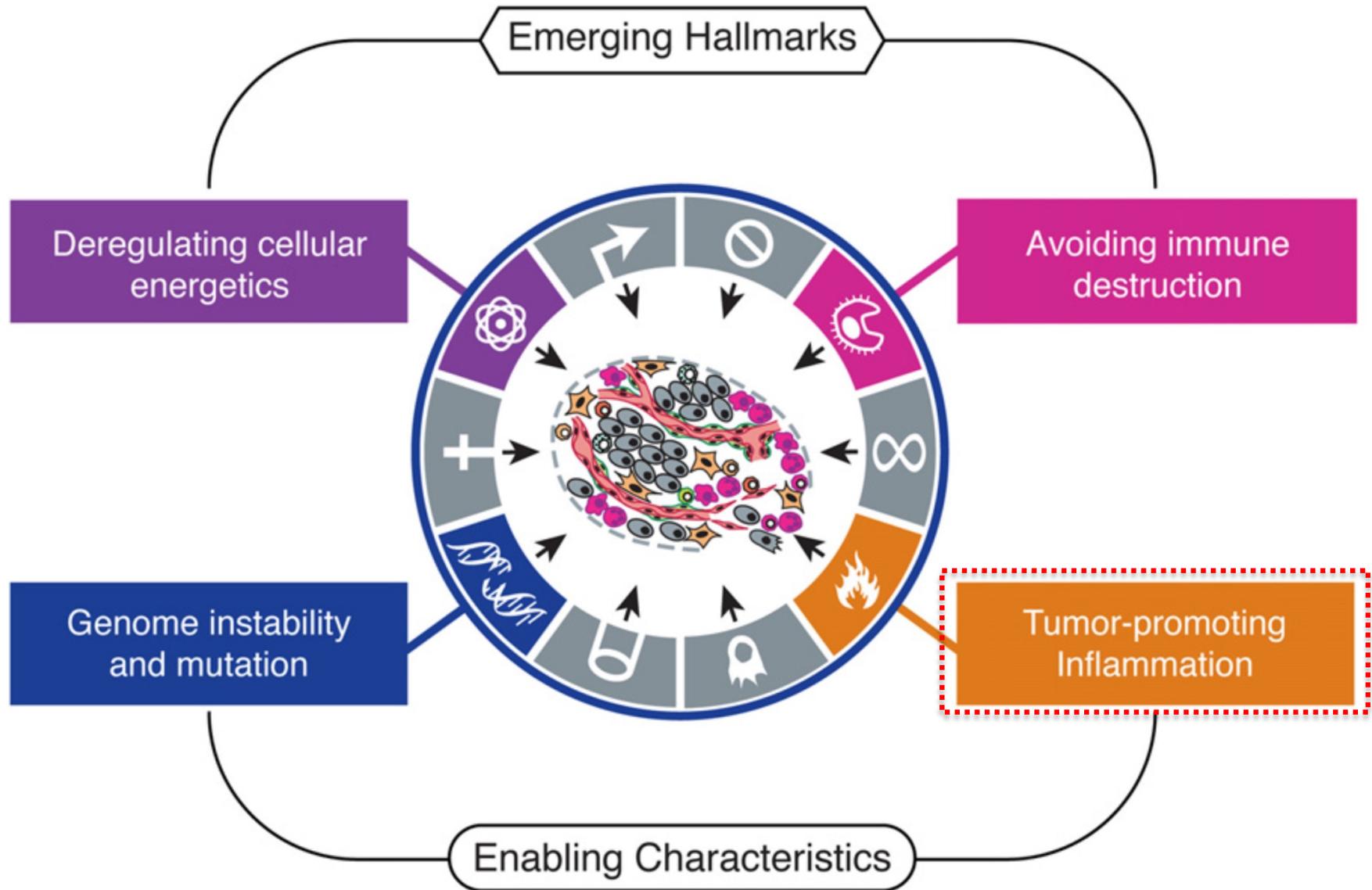
Rudolf Virchow
(1850s)

Concept of Immunosurveillance

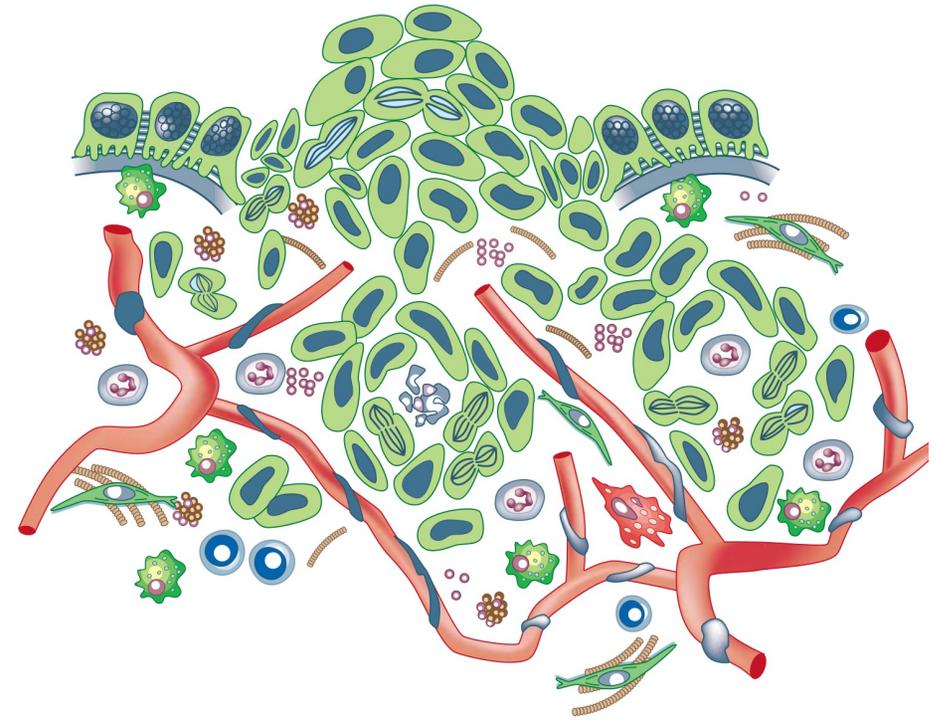
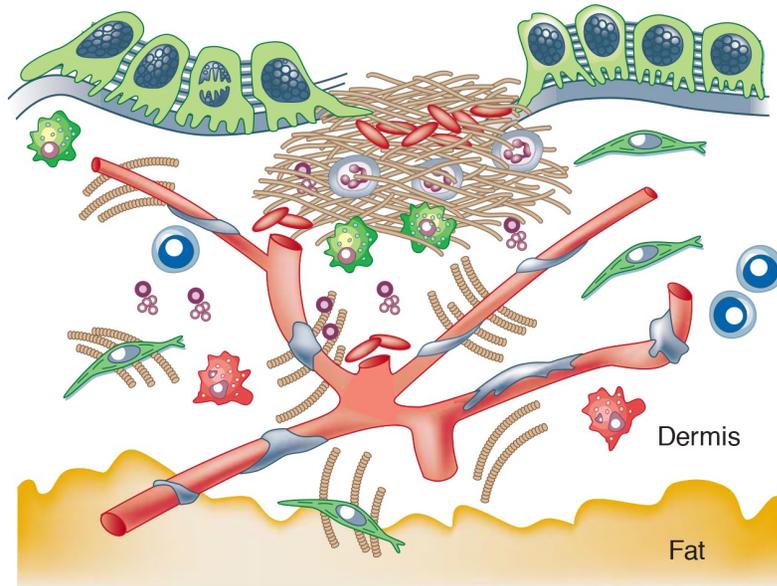


Paul Ehrlich
(1900s)

Tumor Immune Adaptation



Wound Healing and Invasive Tumor Growth



	Epithelial cell and basement membrane		Endothelial cells and capillary support cells (pericytes, smooth muscle cells)		Platelets and fibrin clot
	Neutrophils		Mast cells/eosinophils/basophils		Cytokines/chemokines
	Lymphocytes		Fibroblasts and fibrillar collagens		Malignant epithelial cells
	Macrophage/monocyte				

“Tumors: wounds that do not heal.”

--- Harold Dvorak *N. Engl. J. Med.* 1986 315: 1650-9.

Chronic Inflammation Promotes Cancer

Table 1 **Chronic inflammatory conditions associated with neoplasms**

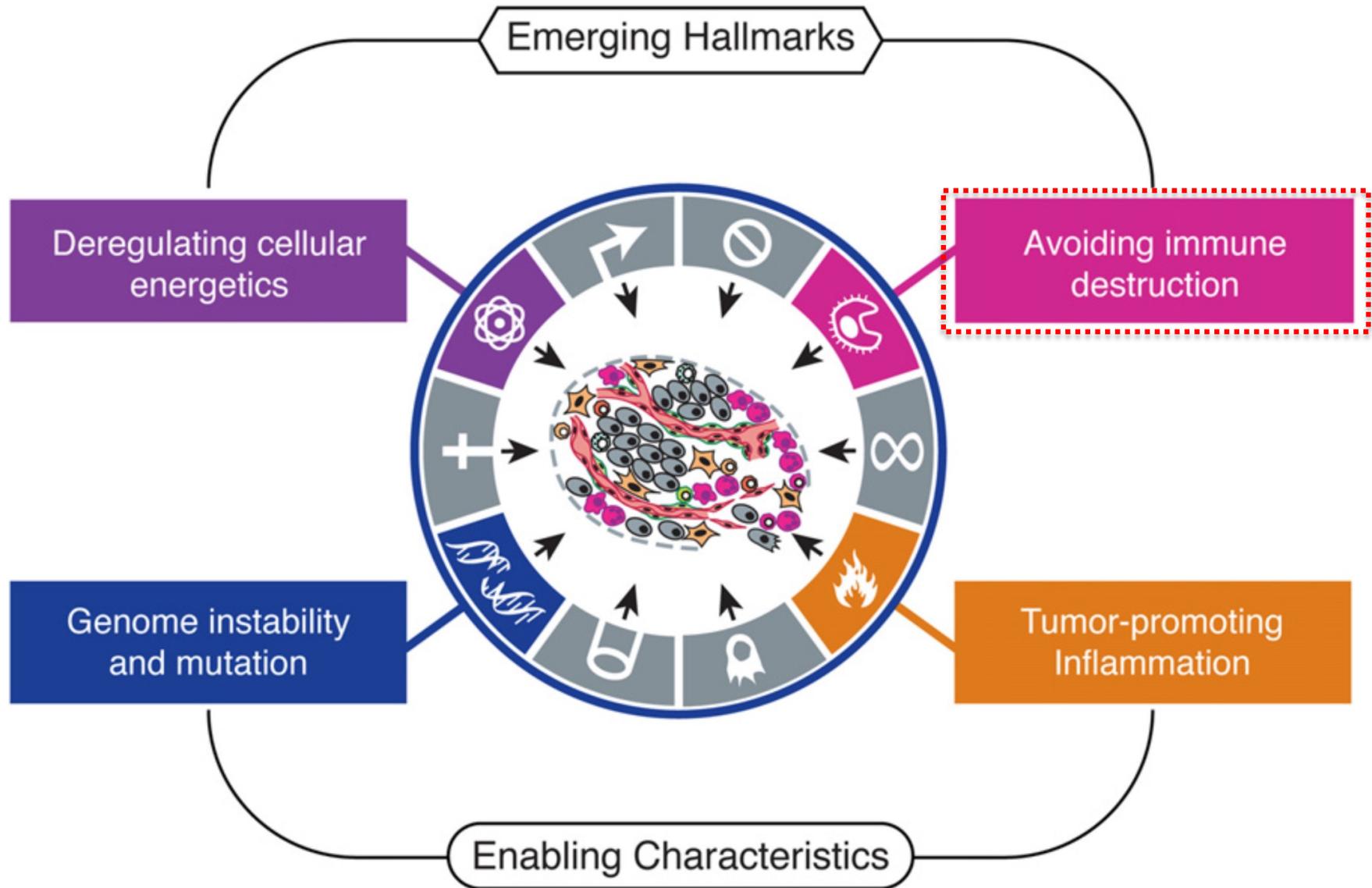
Pathologic condition	Associated neoplasm(s)	Aetiologic agent
Asbestosis, silicosis	Mesothelioma, lung carcinoma	Asbestos fibres, silica particles
Bronchitis	Lung carcinoma	Silica, asbestos, smoking (nitrosamines, peroxides)
Cystitis, bladder inflammation	Bladder carcinoma	Chronic indwelling, urinary catheters
Gingivitis, lichen planus	Oral squamous cell carcinoma	
Inflammatory bowel disease, Crohn's disease, chronic ulcerative colitis	Colorectal carcinoma	
Lichen sclerosus	Vulvar squamous cell carcinoma	
Chronic pancreatitis, hereditary pancreatitis	Pancreatic carcinoma	Alcoholism, mutation in trypsinogen gene on Ch. 7
Reflux oesophagitis, Barrett's oesophagus	Oesophageal carcinoma	Gastric acids
Sialadenitis	Salivary gland carcinoma	
Sjögren syndrome, Hashimoto's thyroiditis	MALT lymphoma	
Skin inflammation	Melanoma	Ultraviolet light
Cancers associated with infectious agents		
<i>Opisthorchis</i> , <i>Cholangitis</i>	Cholangiosarcoma, colon carcinoma	Liver flukes (<i>Opisthorchis viverrini</i>), bile acids
Chronic cholecystitis	Gall bladder cancer	Bacteria, gall bladder stones
Gastritis/ulcers	Gastric adenocarcinoma, MALT	<i>Helicobacter pylori</i>
Hepatitis	Hepatocellular carcinoma	Hepatitis B and/or C virus
Mononucleosis	B-cell non-Hodgkin's lymphoma, Burkitt's lymphoma,	Epstein-Barr Virus
AIDS	Non-Hodgkin's lymphoma, squamous cell carcinomas, Kaposi's sarcoma	Human immunodeficiency virus, human herpesvirus type 8
Osteomyelitis	Skin carcinoma in draining sinuses	Bacterial infection
Pelvic inflammatory disease, chronic cervicitis	Ovarian carcinoma, cervical/anal carcinoma	Gonorrhoea, chlamydia, human papillomavirus
Chronic cystitis	Bladder, liver, rectal carcinoma, follicular lymphoma of the spleen	Schistosomiasis

Modified from refs 29, 67. MALT, mucosa-associated lymphoid tissue.

Sterile insults

Chronic infection

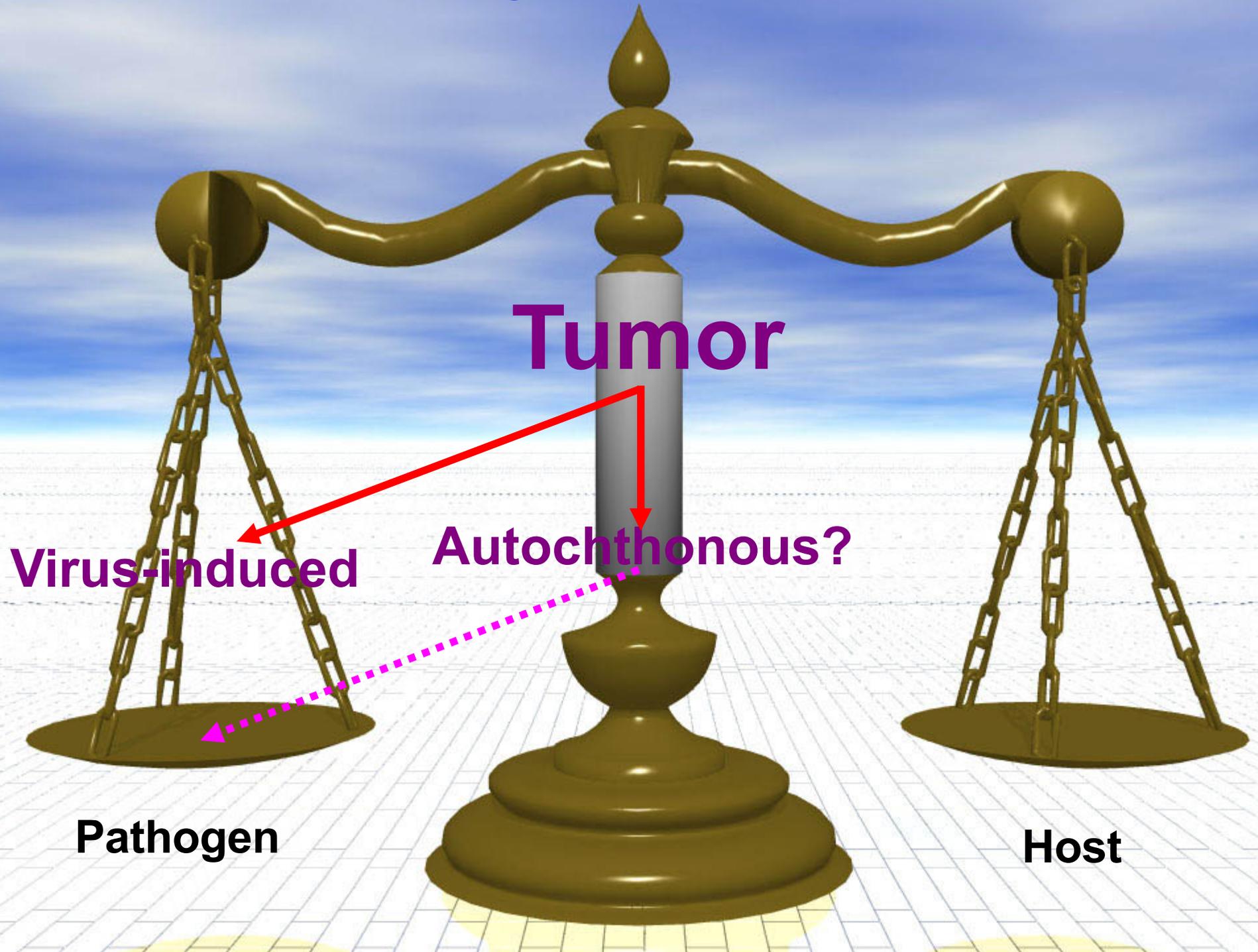
Tumor Immune Adaptation



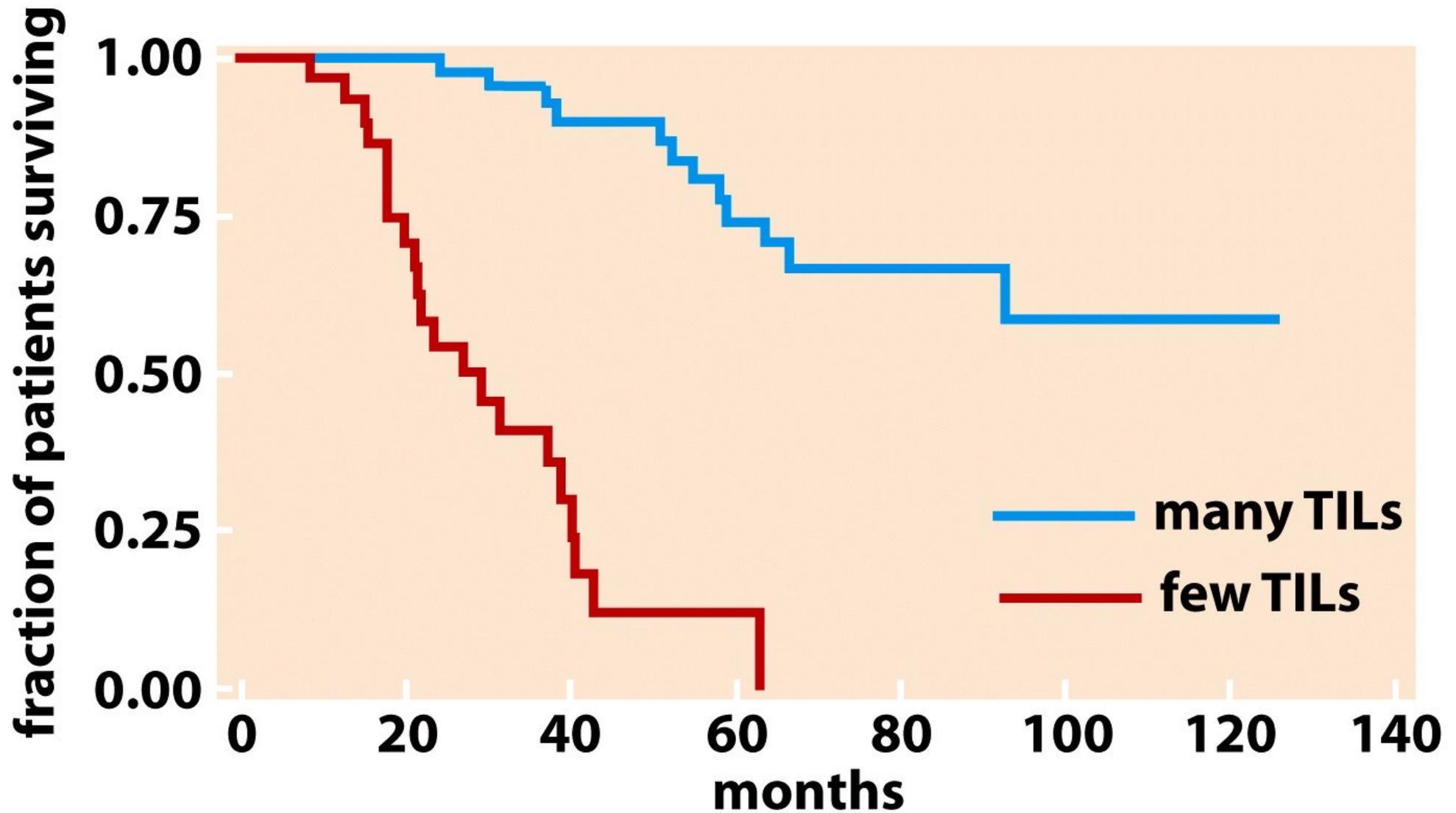
Cancer Immunosurveillance

Spontaneous tumoricidal immune responses

Immunity versus Tolerance



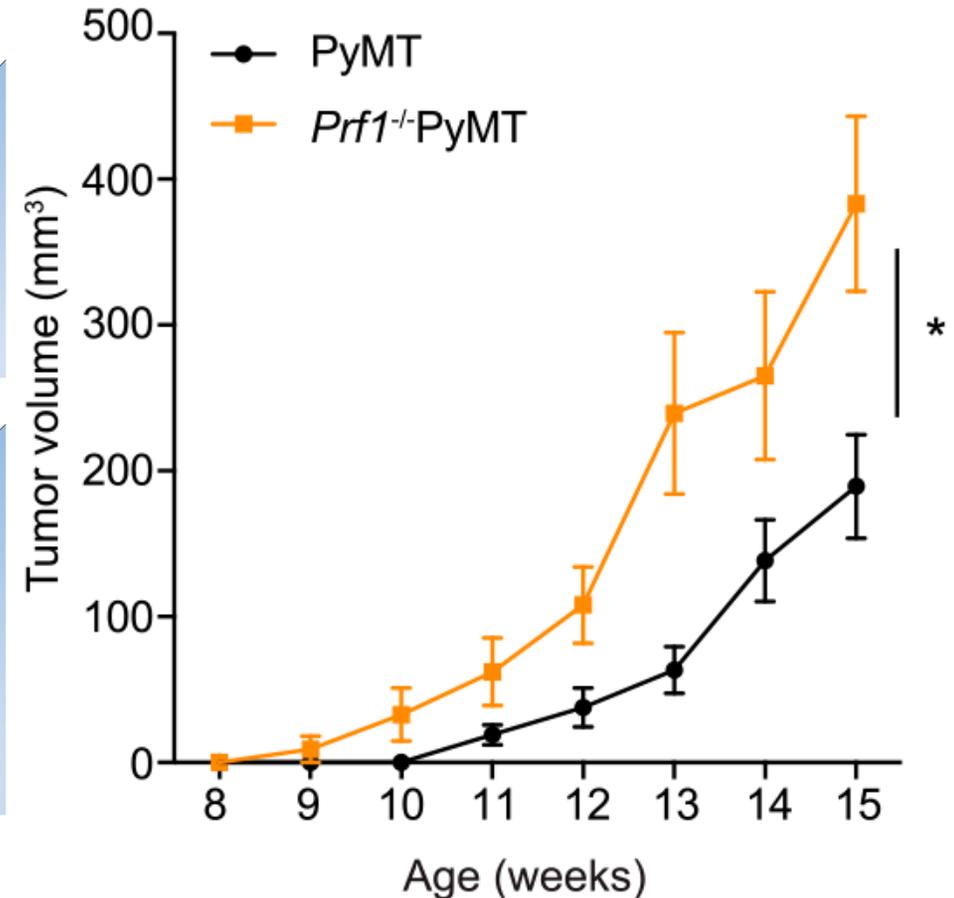
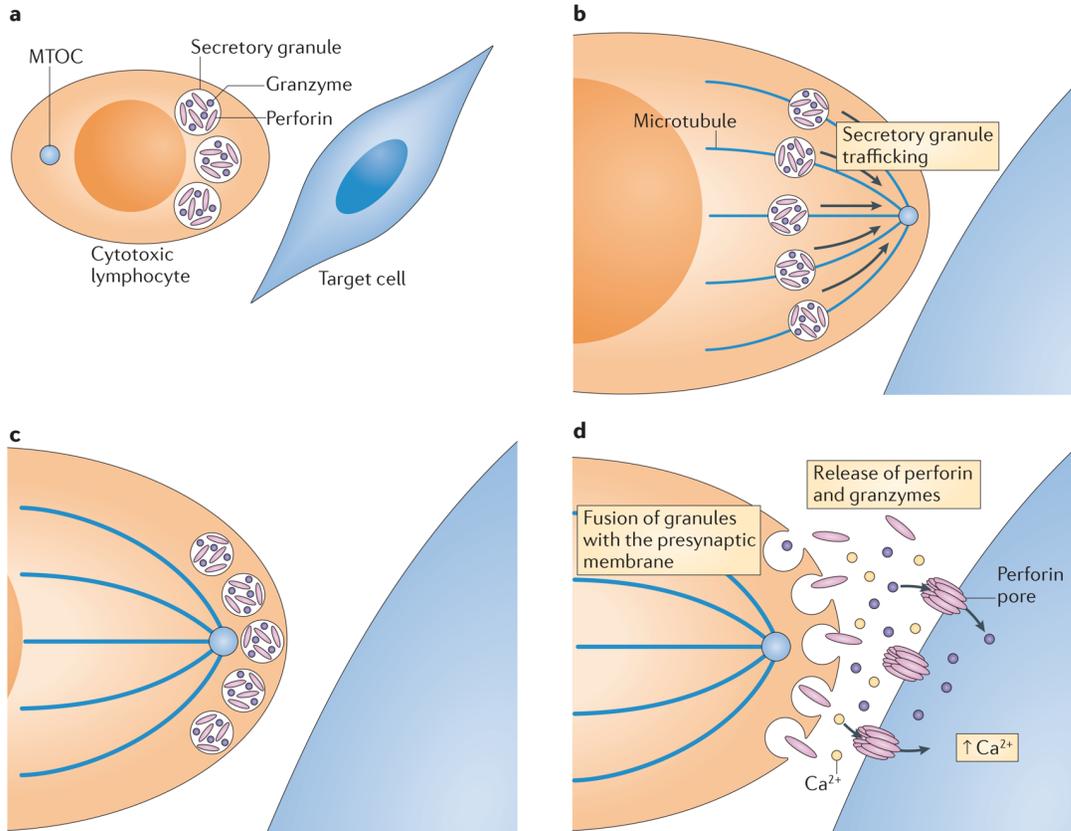
TIL as a Marker for Positive Prognosis



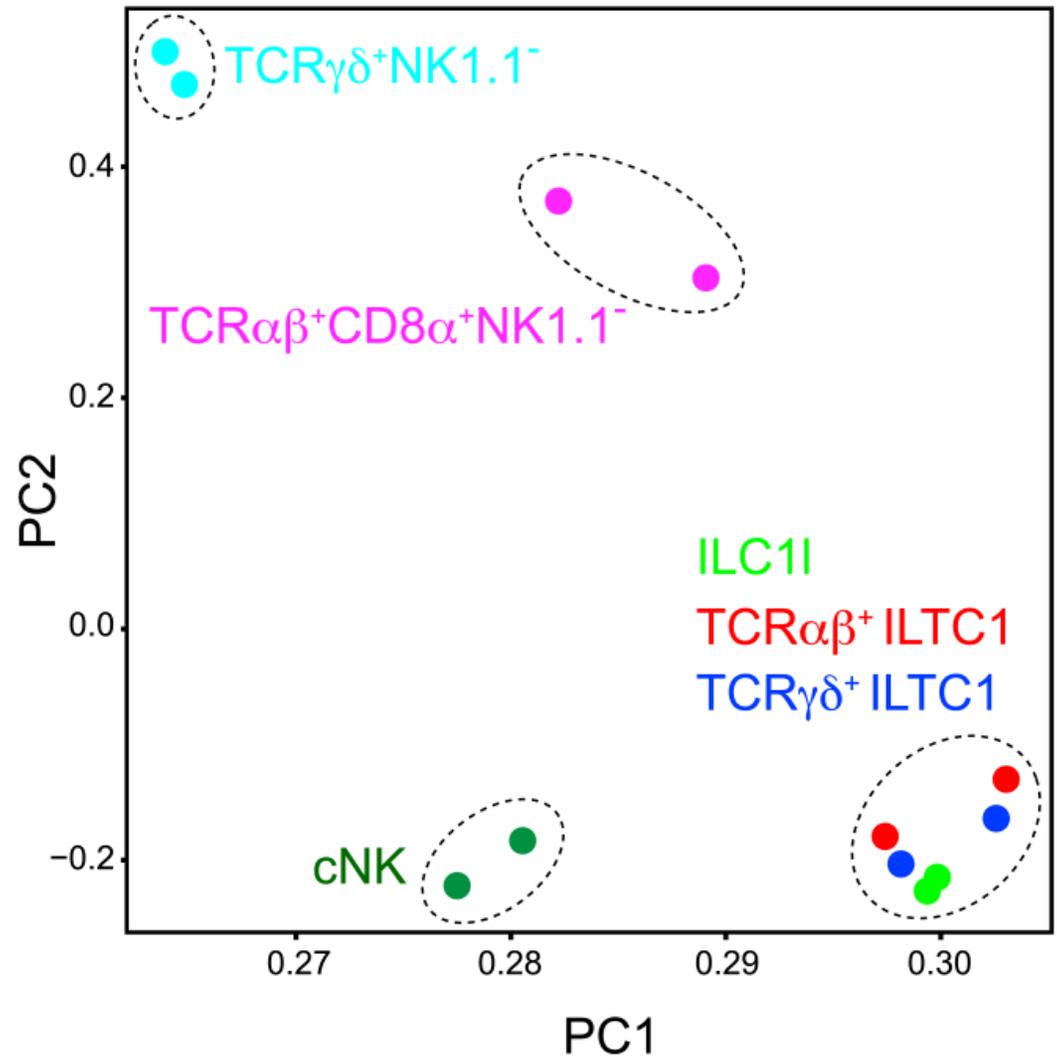
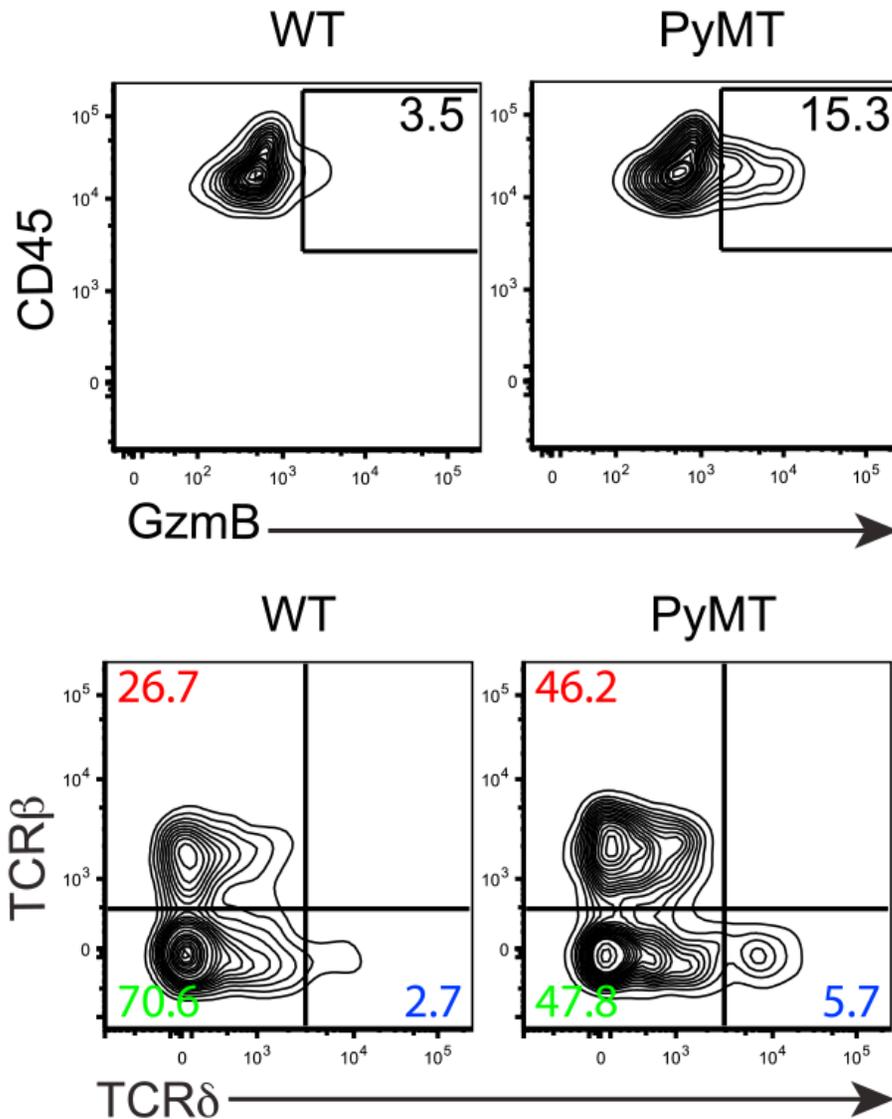
Enhanced Tumor Development in Immunodeficient Mouse Strains

Strain	Description	Phenotype	Reference
SCID	Lack T and B cells	Mice develop T cell lymphomas (15% of mice)	118
<i>Rag2</i> ^{-/-}	Lack T and B cells	Mice develop intestinal adenomas (~50%), or adenocarcinoma of the intestine (~35%) or lung (~15%); tumors detected at 15–16 months of age	3
<i>Rag2</i> ^{-/-} <i>Stat1</i> ^{-/-}	Lack T and B cells, deficient for type I and II IFN signaling	Mice develop intestinal adenomas like <i>Rag2</i> ^{-/-} mice (~20%), but also develop adenocarcinoma of the breast (~40%), colon (~10%), or breast and colon (~20%); tumors detected at 12–18 months of age	3
<i>Perforin</i> ^{-/-}	Lack perforin	Mice develop B cell lymphomas at 14–21 months of age	4
<i>Ifng</i> ^{-/-}	Lack IFN-γ	Mice develop lymphomas (predominantly T cell) at 13–19 months of age; effect is strain dependent (C57BL/6 are susceptible, BALB/c are resistant)	5
<i>Perforin</i> ^{-/-} <i>Ifng</i> ^{-/-}	Lack both perforin and IFN-γ	Mice develop B cell lymphomas similar to those observed in perforin-deficient mice, but with earlier onset and increased frequency	5
<i>Perforin</i> ^{-/-} <i>B2m</i> ^{-/-}	Lack both perforin and MHC class I expression	Mice develop B cell lymphomas similar to those observed in perforin-deficient mice, but with earlier onset and increased frequency	6
<i>Lmp2</i> ^{-/-}	Defective MHC class I antigen presentation	Mice develop uterine neoplasms (36%) by 12 months of age	119
<i>Trait</i> ^{-/-}	Lack TRAIL	About 25% of mice develop lymphomas late in life (>400 days)	8
<i>Gmcsf</i> ^{-/-} <i>Ifng</i> ^{-/-}	Lack GM-CSF and IFN-γ	Mice develop a range of malignancies, including lymphomas and solid tumors (predominantly ovarian choriocarcinoma, luteomas, or teratomas)	11
<i>Il12rb2</i> ^{-/-}	Lack IL-12Rβ2	Mice develop plasmacytomas, lung carcinomas, or both (50%)	10

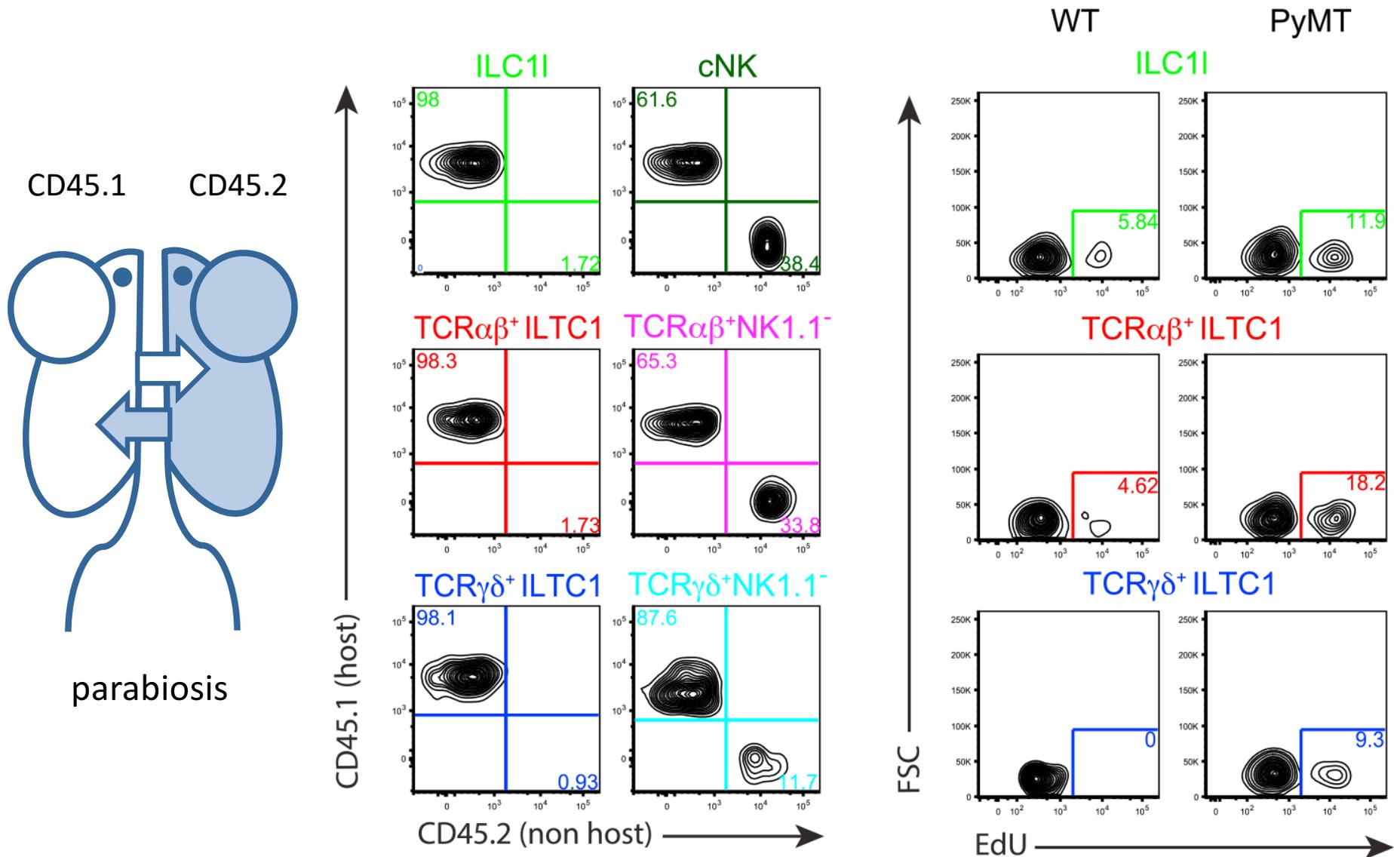
Perforin Deficiency Results in Accelerated Tumor Growth in a Mouse Model of Breast Cancer



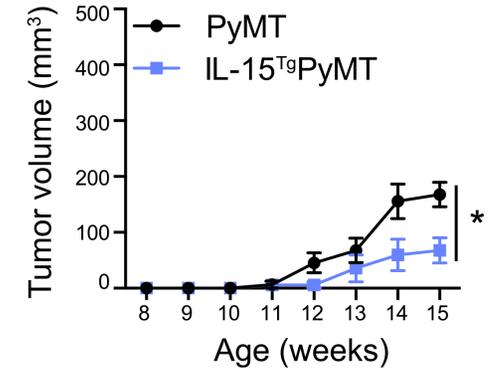
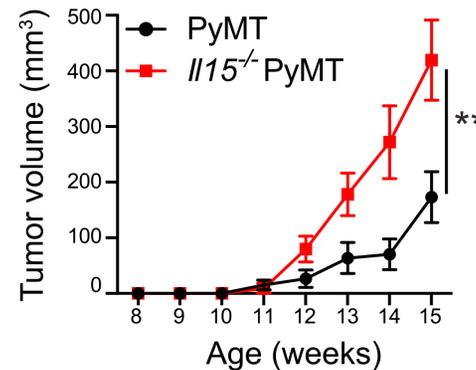
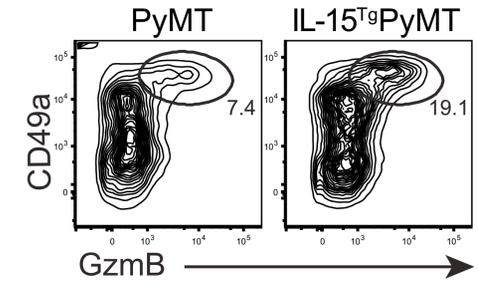
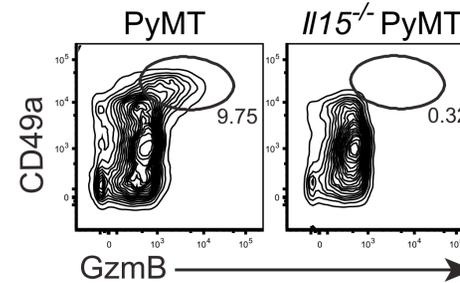
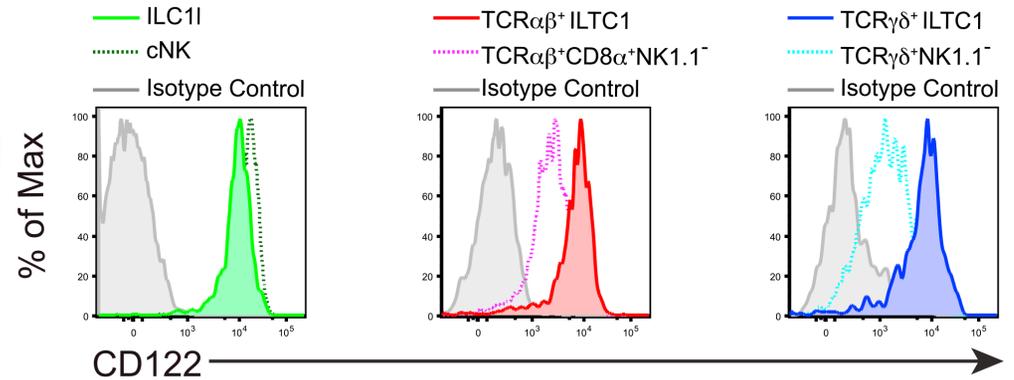
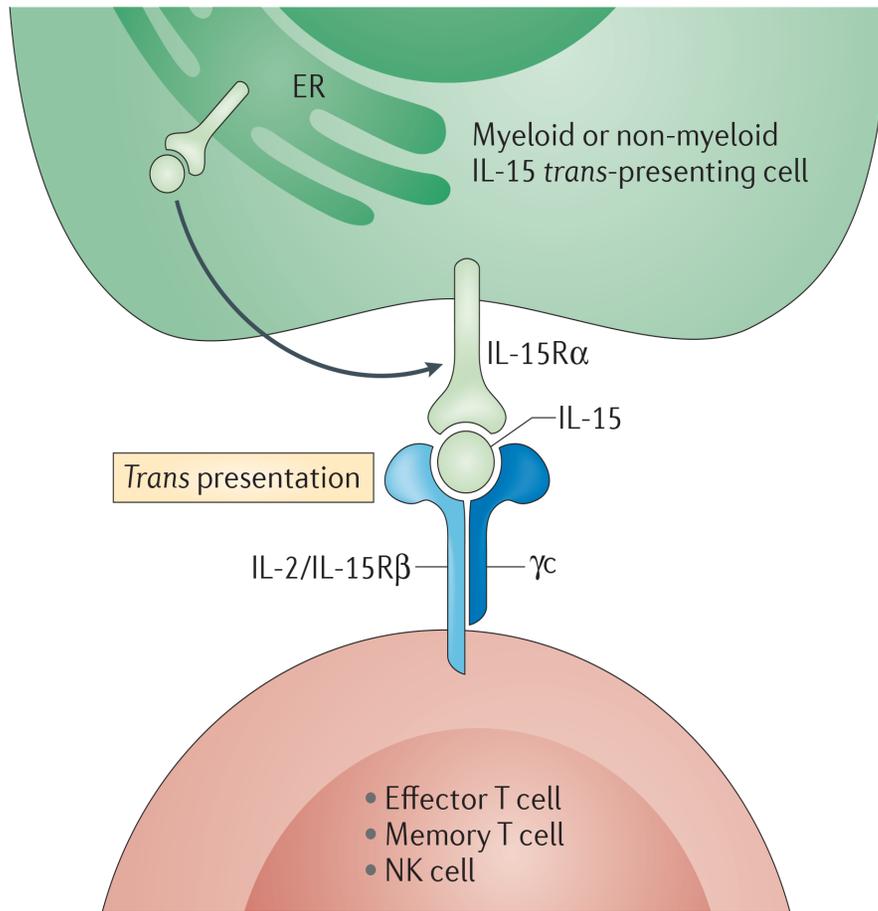
Tumor-Induced Unconventional Innate Lymphoid Cells and Innate-like T Cells



ILC1s and ILTC1s are Tissue-Resident Lymphocytes and Expand in Cancerous Lesions



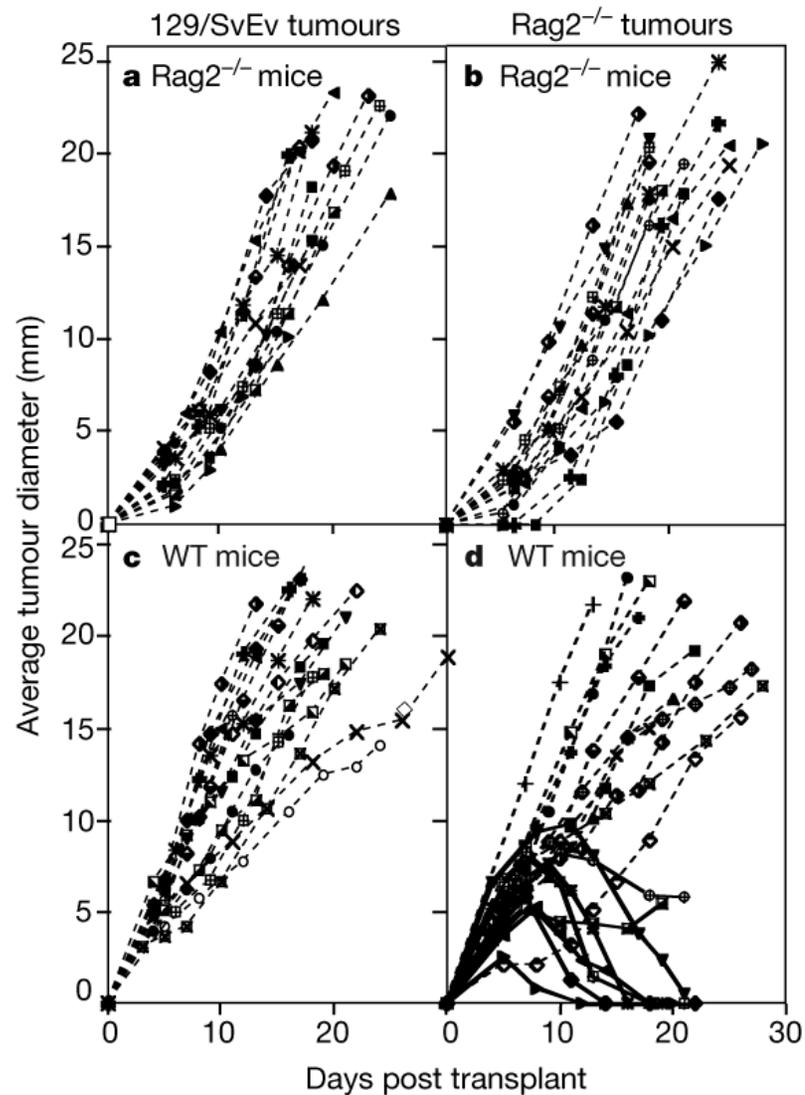
IL-15 Regulates ILC1 and ILTC1 Generation and Tumor Growth

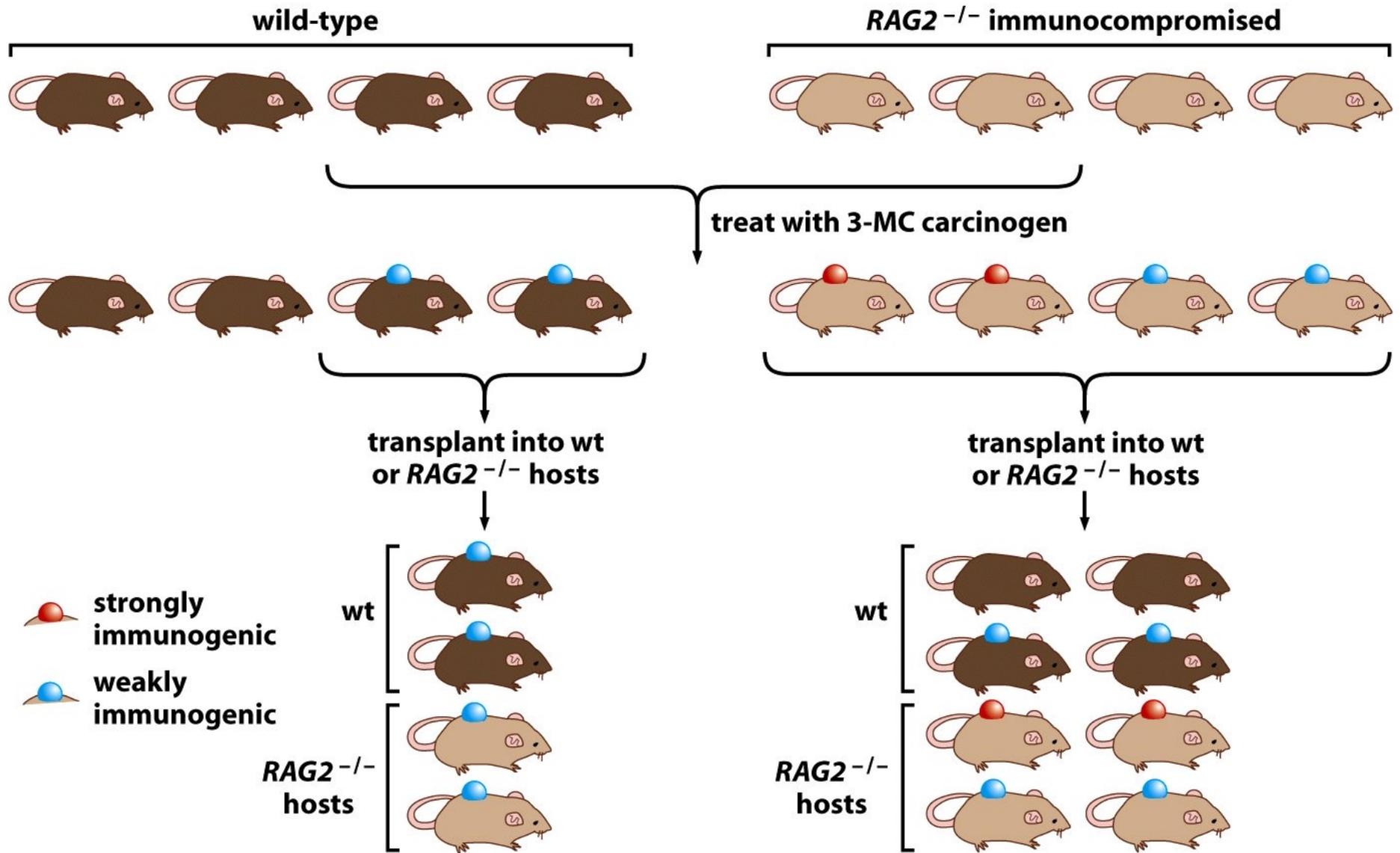


Carcinogen-Induced Tumor in Immunodeficient Mice

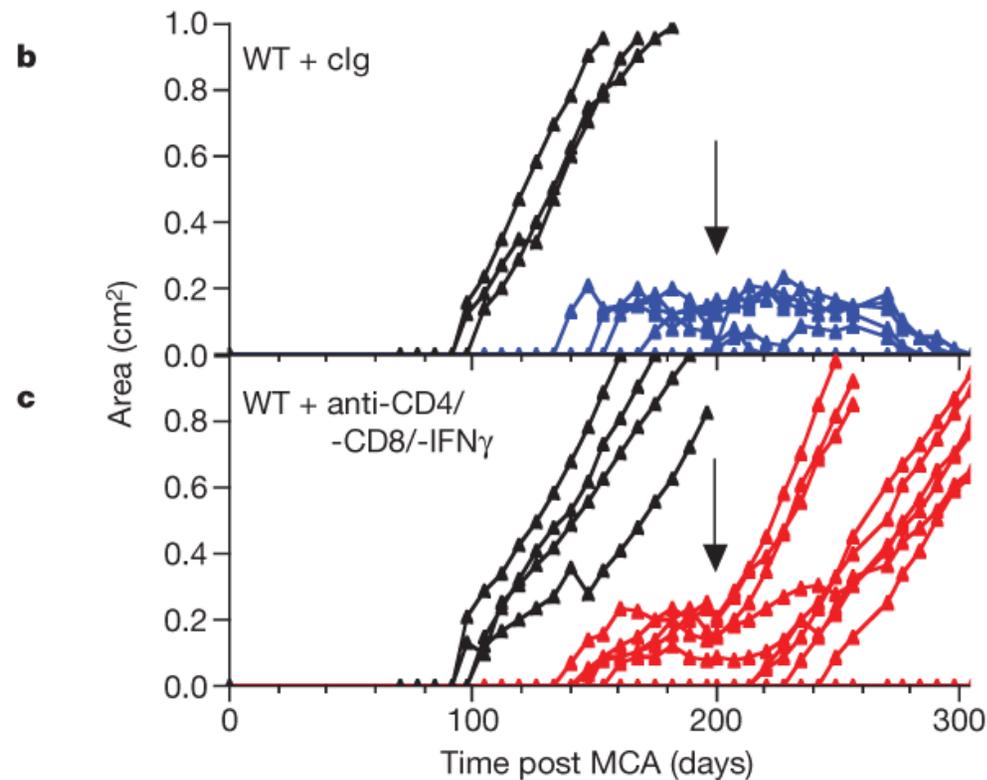
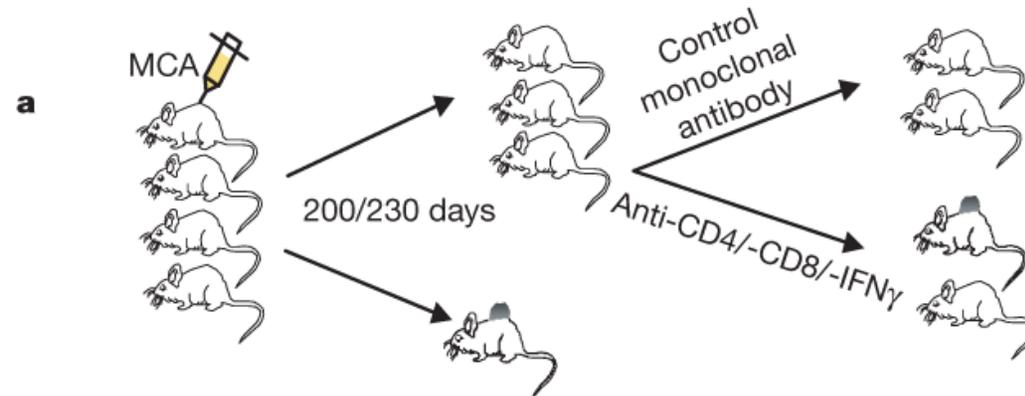
Strain	Description	Phenotype	Reference
<i>Rag2</i> ^{-/-}	Lack T and B cells	Increased susceptibility to MCA-induced sarcomas, about 40% of sarcomas rejected following transplantation into WT recipients	3
Nude	Lack most T cells due to lack of thymus	Increased susceptibility to MCA-induced sarcomas, but dependent on strain; compared with sarcomas derived from WT mice, sarcomas from nude mice express higher levels of MHC class I and grow less aggressively when transplanted into WT hosts	14, 120
SCID	Lack T and B cells	Increased susceptibility to MCA-induced sarcomas	13
<i>Tcrb</i> ^{-/-}	Lack αβ T cells	Increased susceptibility to MCA-induced sarcomas	15
<i>Tcrd</i> ^{-/-}	Lack γδ T cells	Increased susceptibility to MCA-induced sarcomas and DMBA/TPA-induced skin carcinogenesis	15
<i>Cd1d</i> ^{-/-}	Lack CD1d-restricted T cells	Increased susceptibility to MCA-induced sarcomas, some sarcomas rejected on transplantation into WT recipients	16
<i>Ja18</i> ^{-/-}	Lack semi-invariant NKT cells	Increased susceptibility to MCA-induced sarcomas, some sarcomas rejected on transplantation into WT recipients	16, 17
RAE1 transgenic	Defective killing through the NKG2D pathway	Increased susceptibility to DMBA/TPA-induced skin carcinogenesis	27
<i>Perforin</i> ^{-/-}	Lack perforin	Increased susceptibility to MCA-induced sarcomas	19, 121
<i>Trait</i> ^{-/-}	Lack TRAIL	Increased susceptibility to MCA-induced sarcomas	122
<i>Ifngr1</i> ^{-/-}	Lack IFN-γR1	Increased susceptibility to MCA-induced sarcomas, reconstituting sarcomas with IFNGR1 facilitates their rejection by WT mice	21
<i>Ifng</i> ^{-/-}	Lack IFN-γ	Increased susceptibility to MCA-induced sarcomas and N-methyl-N-nitrosourea-induced lymphomas	25, 121
<i>Stat1</i> ^{-/-}	Deficient for type I and type II IFN signaling	Increased susceptibility to MCA-induced sarcomas	3
<i>Perforin</i> ^{-/-} <i>Ifng</i> ^{-/-}	Lack both perforin and IFN-γ	Increased susceptibility to MCA-induced sarcomas	121
<i>Il-12p35</i> ^{-/-}	Lack IL-12	Increased susceptibility to MCA-induced sarcomas and N-methyl-N-nitrosourea-induced lymphomas	25
<i>Il-23p19</i> ^{-/-}	Lack IL-23	Decreased susceptibility to DMBA/TPA-induced skin carcinogenesis	28
<i>Il-12p40</i> ^{-/-}	Lack IL-12 and IL-23	Increased susceptibility to MCA-induced sarcomas, decreased susceptibility to DMBA/TPA-induced skin carcinogenesis	16
<i>Ifnar1</i> ^{-/-}	Lack type I IFN signalling	Increased susceptibility to MCA-induced sarcomas	22
<i>Cd80</i> ^{-/-} <i>Cd86</i> ^{-/-}	Lack costimulatory molecules CD80 and CD86	Increased susceptibility to UV-induced skin carcinogenesis	123

Increased Immunogenicity of Carcinogen-Induced Tumor Derived from Immunodeficient Mice





Adaptive Immune System Promotes an Equilibrium State in Carcinogen-Induced Sarcomas



Tumor-Specific Rejection Antigens

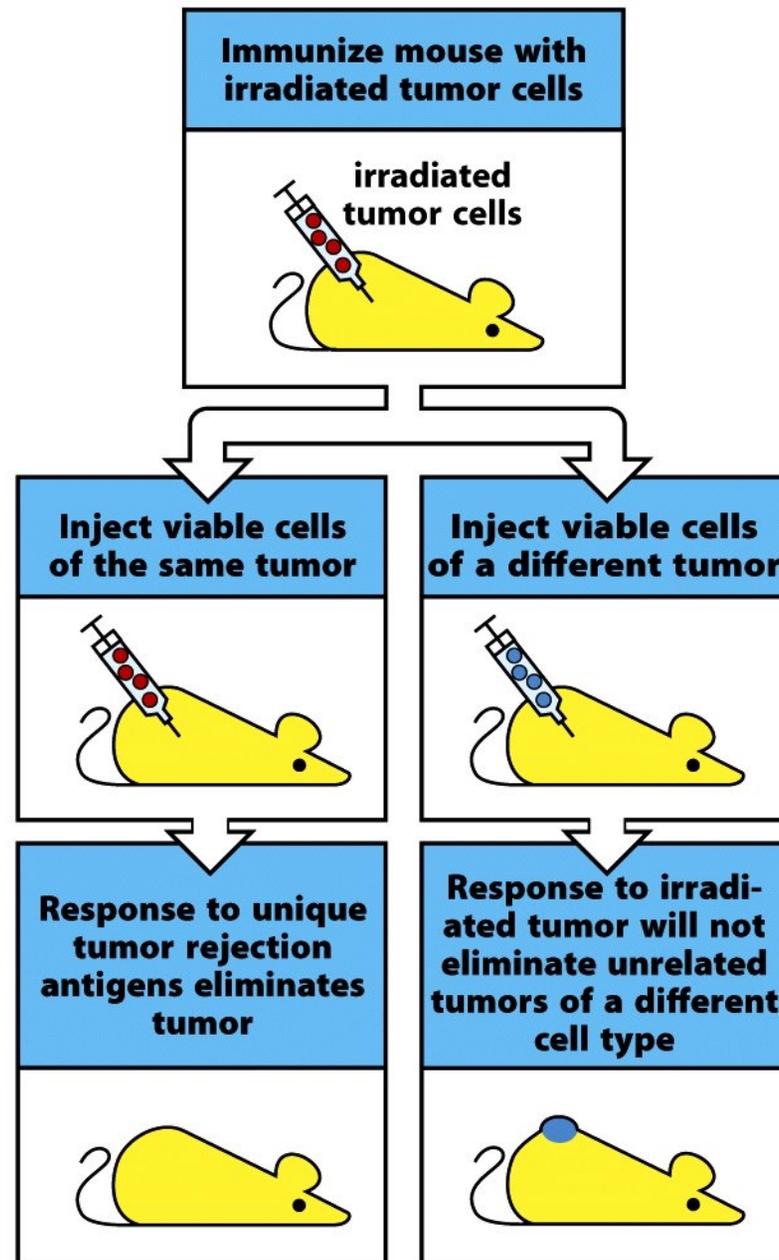


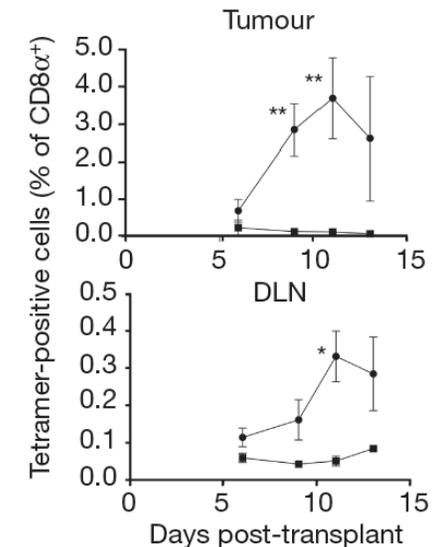
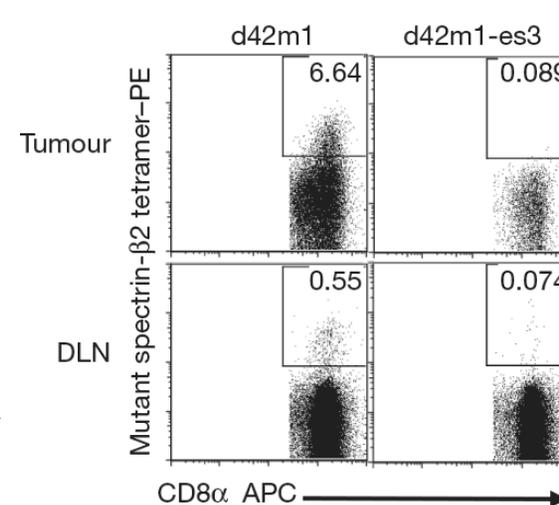
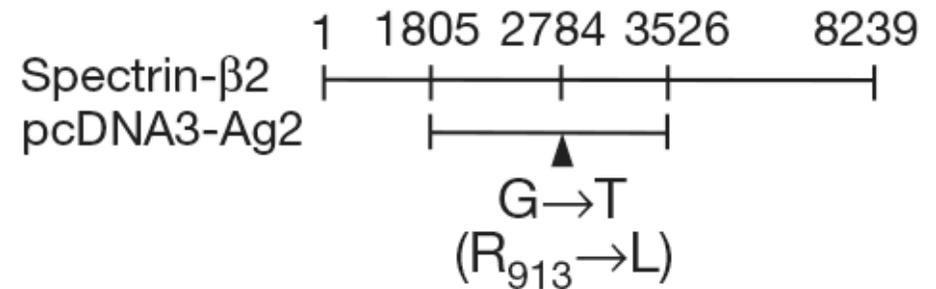
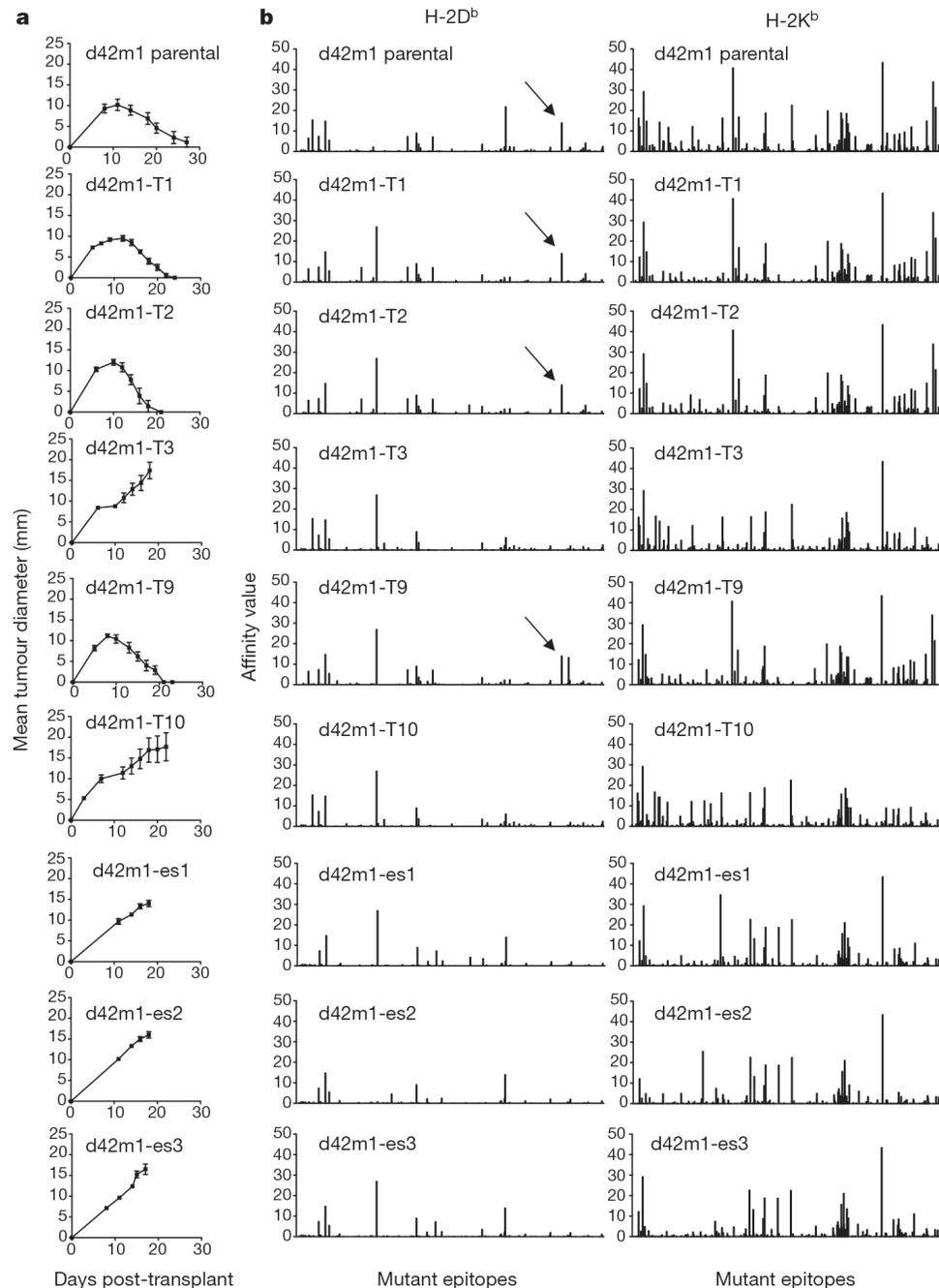
Figure 15-12 Immunobiology, 7ed. (© Garland Science 2008)

Tumor-Specific Antigens Come with Different Flavors

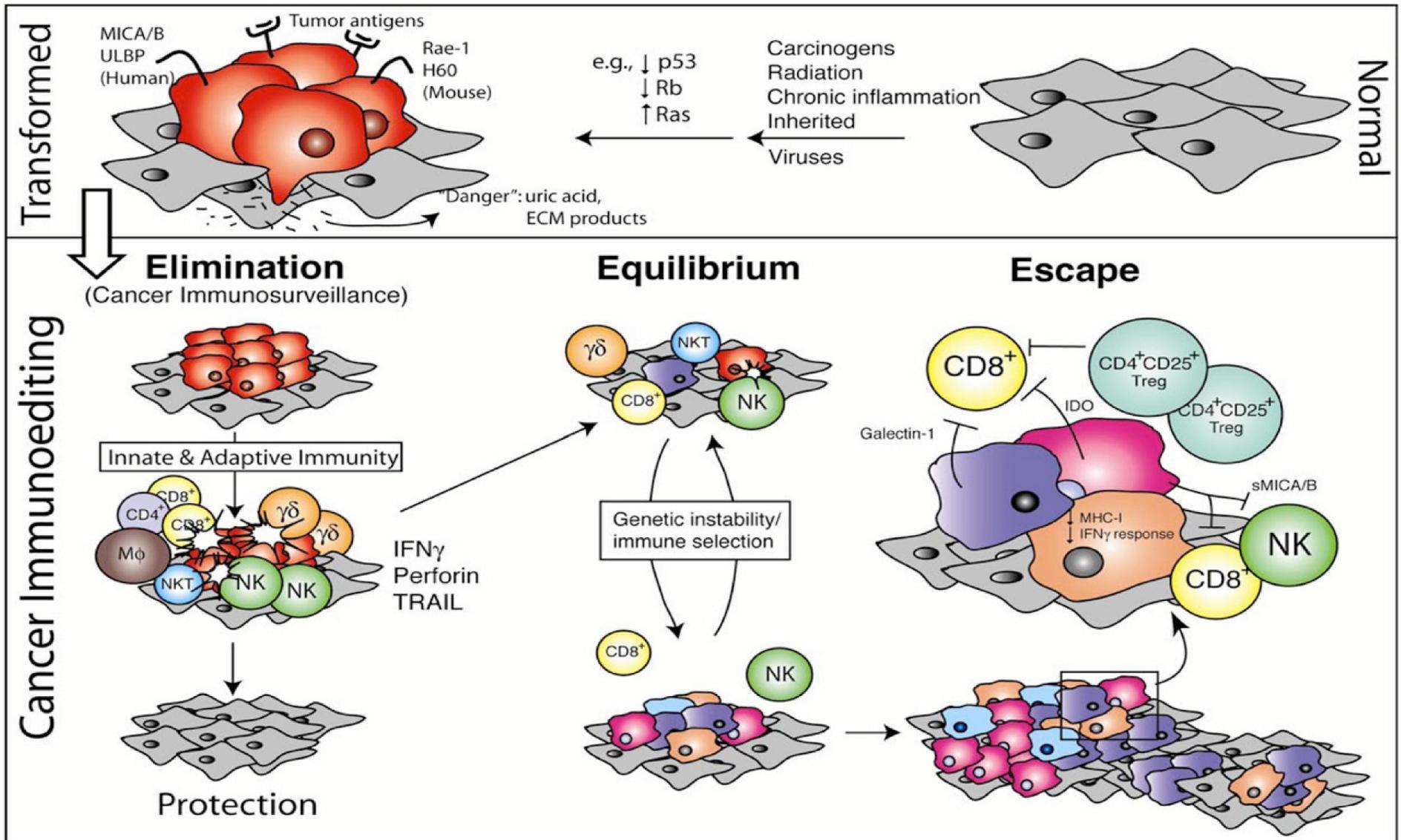
Potential tumor rejection antigens have a variety of origins			
Class of antigen	Antigen	Nature of antigen	Tumor type
Tumor-specific mutated oncogene or tumor suppressor	Cyclin-dependent kinase 4	Cell-cycle regulator	Melanoma
	β-Catenin	Relay in signal transduction pathway	Melanoma
	Caspase-8	Regulator of apoptosis	Squamous cell carcinoma
	Surface Ig/Idiotypic	Specific antibody after gene rearrangements in B-cell clone	Lymphoma
Germ cell	MAGE-1 MAGE-3	Normal testicular proteins	Melanoma Breast Glioma
Differentiation	Tyrosinase	Enzyme in pathway of melanin synthesis	Melanoma
Abnormal gene expression	HER-2/neu	Receptor tyrosine kinase	Breast Ovary
	Wilms' tumor	Transcription factor	Leukemia
Abnormal post-translational modification	MUC-1	Underglycosylated mucin	Breast Pancreas
Abnormal post-transcriptional modification	GP100 TRP2	Retention of introns in the mRNA	Melanoma
Oncoviral protein	HPV type 16, E6 and E7 proteins	Viral transforming gene products	Cervical carcinoma

Figure 15-17 Immunobiology, 7ed. (© Garland Science 2008)

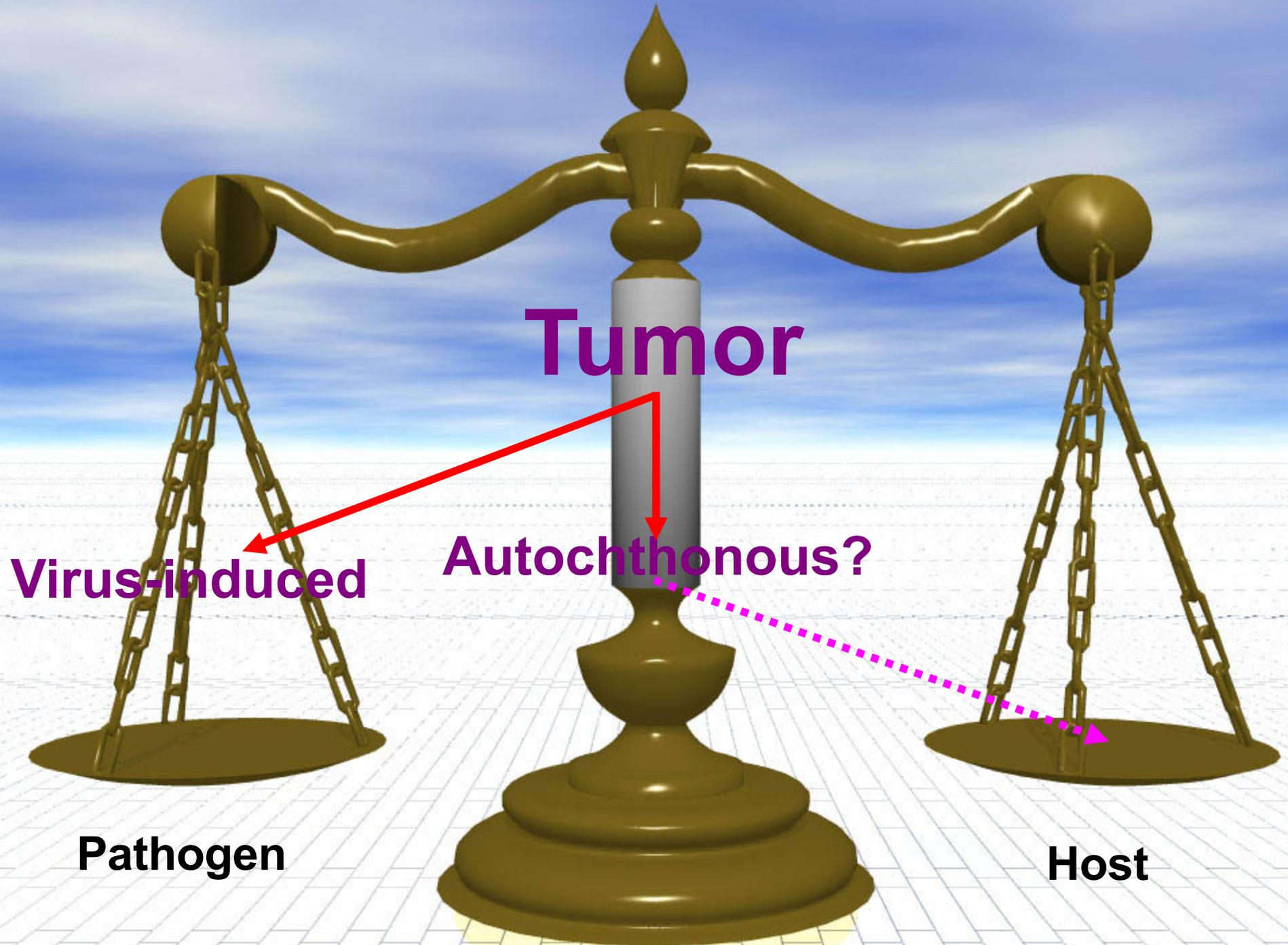
Exome Sequencing Reveals Tumor Rejection Antigen



Cancer Immunoeediting



Immunity versus Tolerance

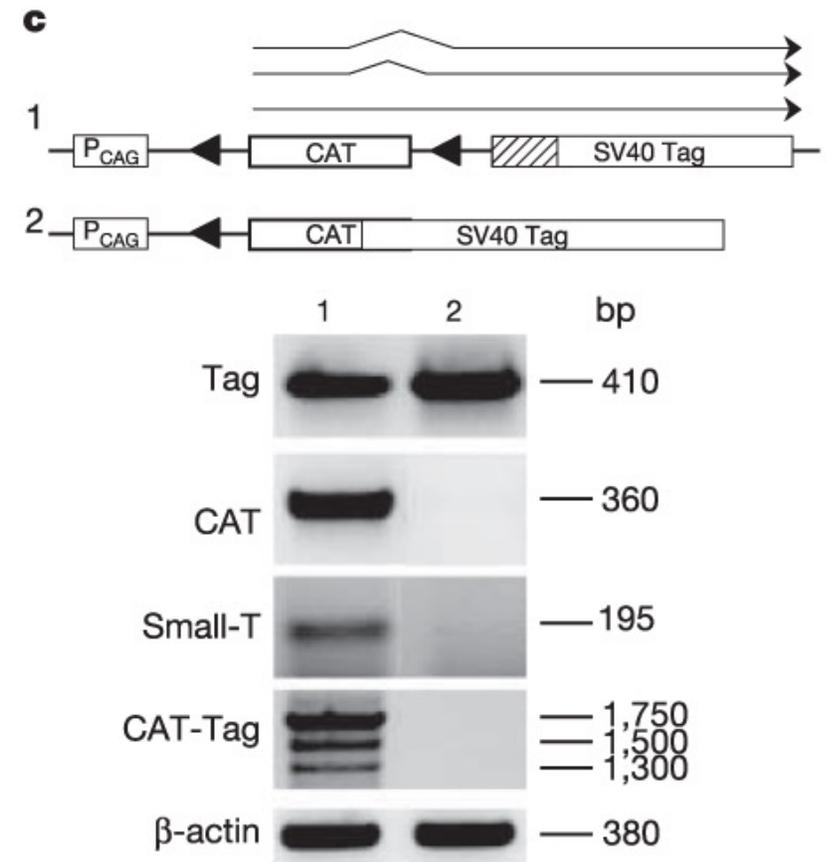
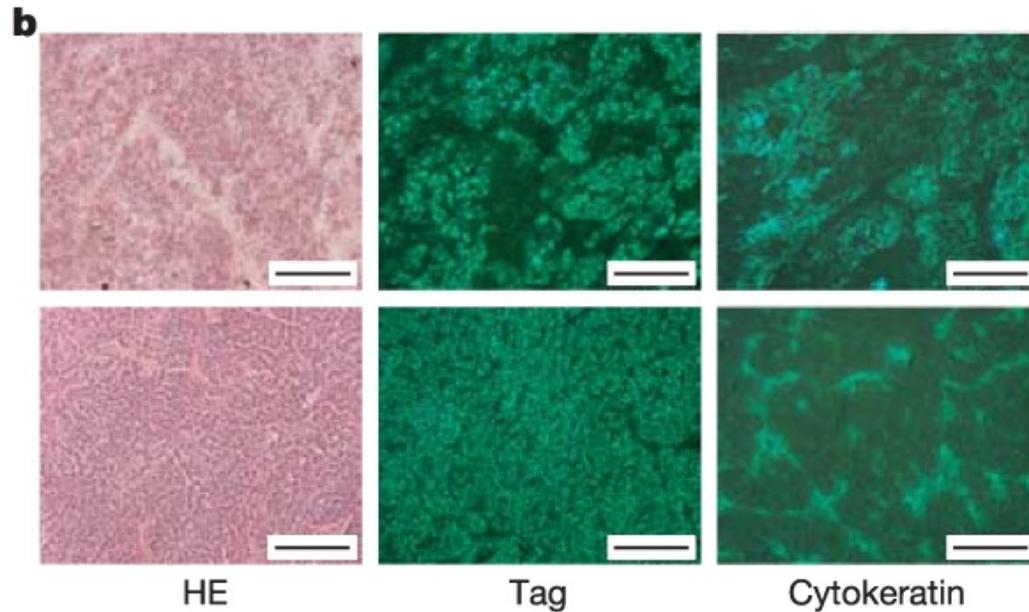
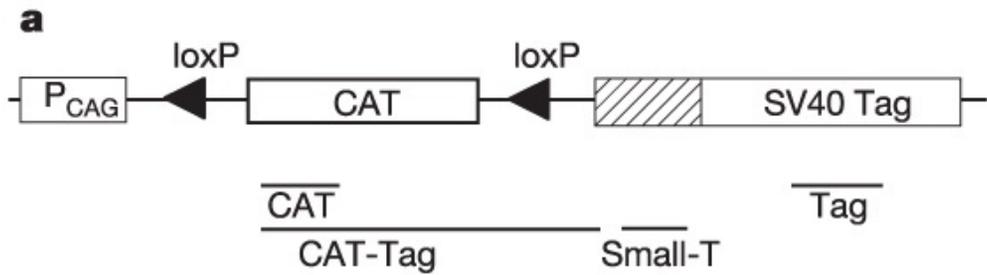


Immune Deficiency and Cancer Risk

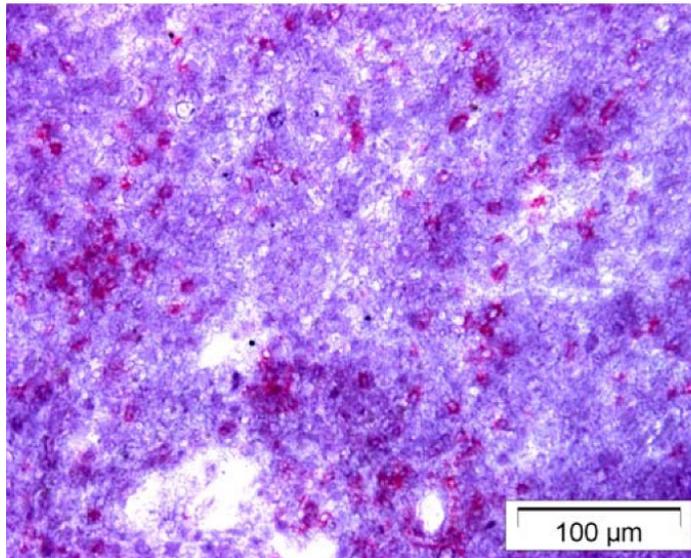
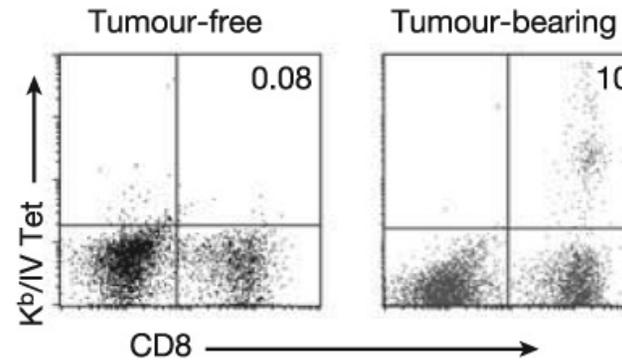
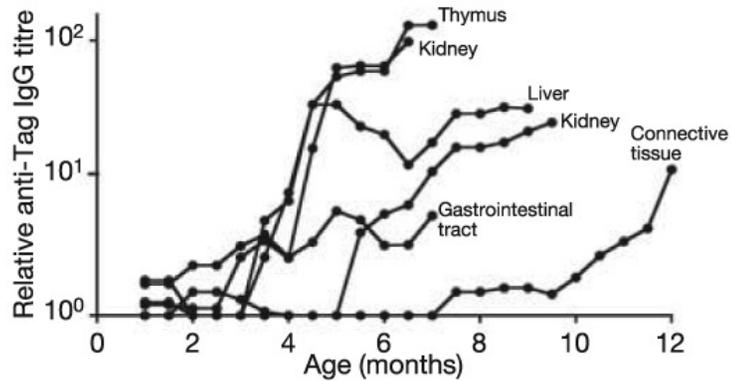
Table 2 | **Human immune-deficient status and cancer risk**

Immune deficiency	Cohort size	Cancer type	Relative risk	References
<i>AIDS-defining cancers/viral-associated cancers</i>				
AIDS	122,993	Kaposi sarcoma	97.5 (male) 202.7 (female)	102
		Non-Hodgkin lymphoma	37.4 (male) 54.6 (female)	
		Skin (excluding Kaposi sarcoma)	20.9 (male) 7.5 (female)	
		Cervical	9.1	
AIDS	8,828	Kaposi sarcoma	545	103
		Non-Hodgkin lymphoma	24.6	
AIDS	302,834	Kaposi sarcoma	177.7	104
		Non-Hodgkin lymphoma	72.8	
		Cervical	5.2	
Liver transplant	187	Cutaneous	16.9	66
Liver transplant	174	Skin (non-melanoma)	70	105
<i>Non-AIDS-defining cancers (with reduced RR)</i>				
AIDS	302,834	Breast	0.5	104
		Prostate	0.5	
AIDS	122,993	Prostate	0.7	102
		Bladder	0.5	
		Breast	0.8 (HIV positive) 0.2 (post-AIDS onset)	
AIDS	8,828	Prostate	0.8	103
AIDS	62,157	Ovarian	0.58	106
		Breast	0.55	
		Uterine	0.28	
Kidney/heart transplant	25,914	Breast (year 1)	0.49	107
		Breast (year 2–11)	0.84	
Liver transplant	1,000	Breast, ovary, uterus and cervical	0.53	67
		Genitourinary	0.68	

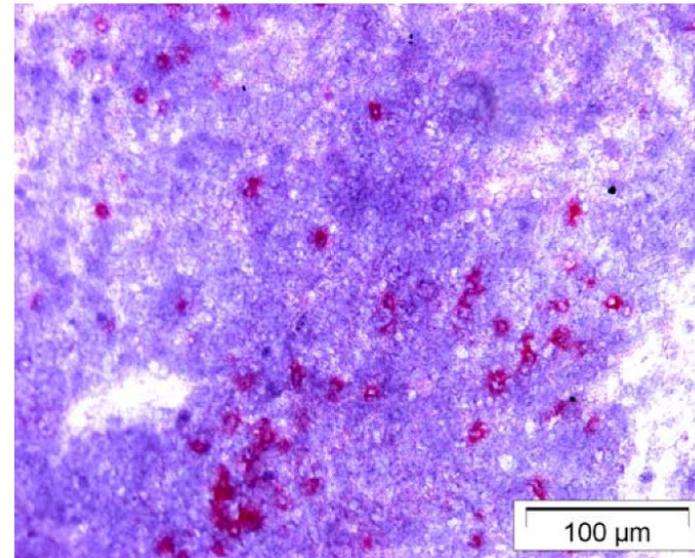
Sporadic Tumor Model with a Defined Antigen



Tag-Specific Immune Responses

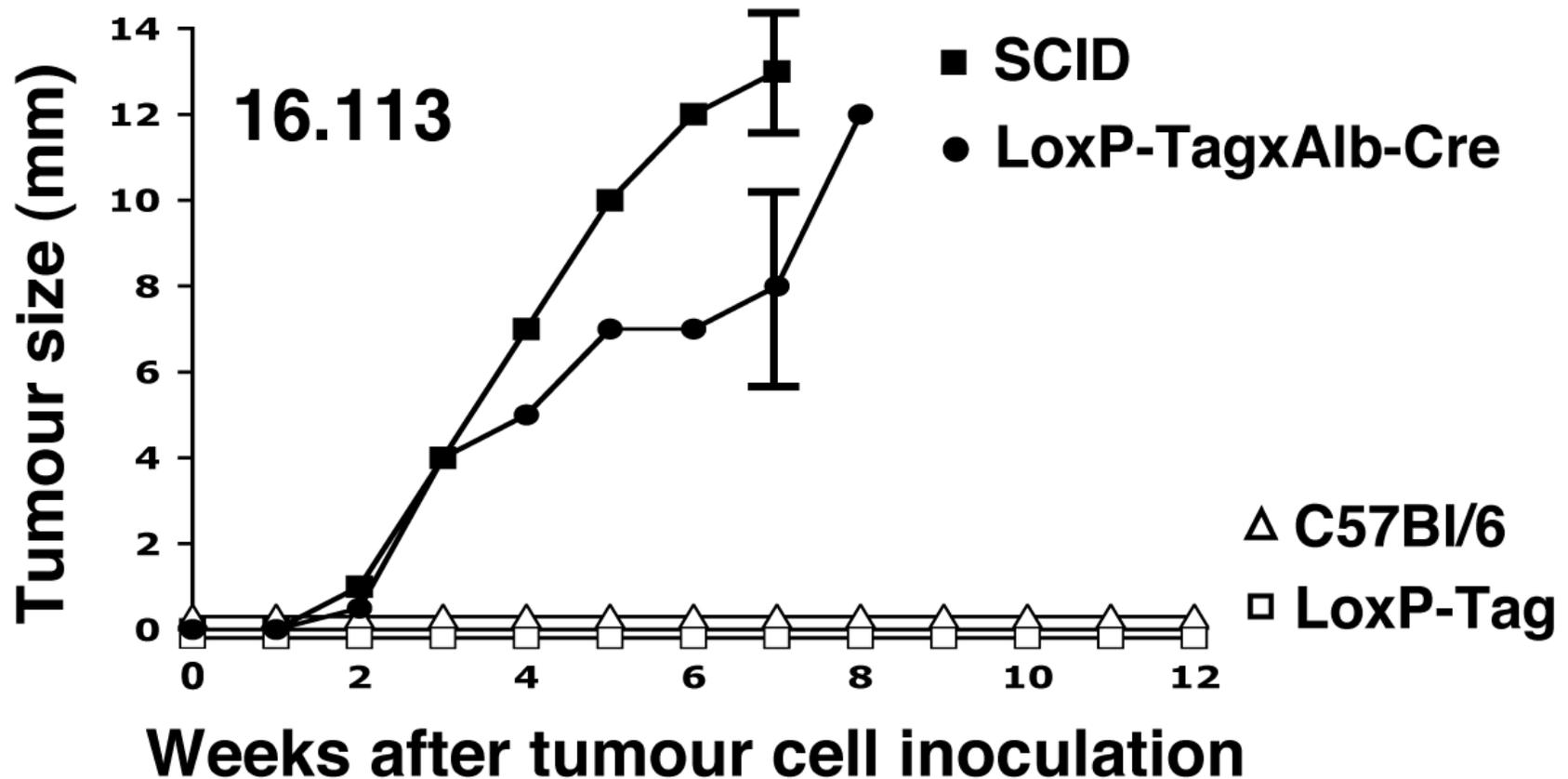


CD8

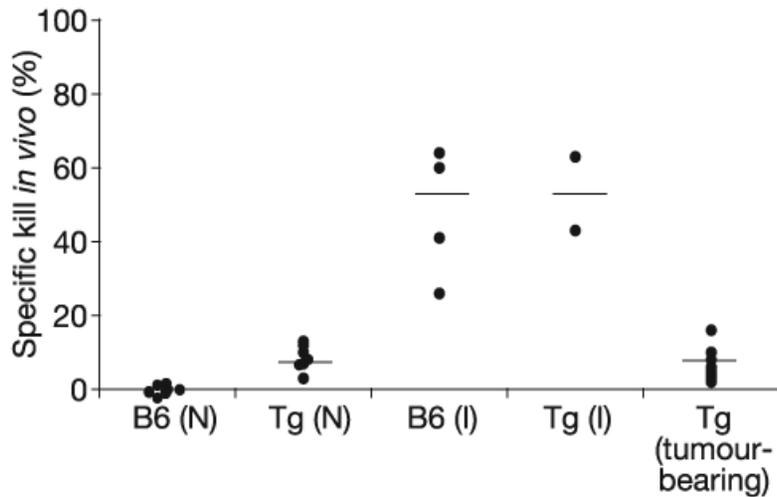


CD4

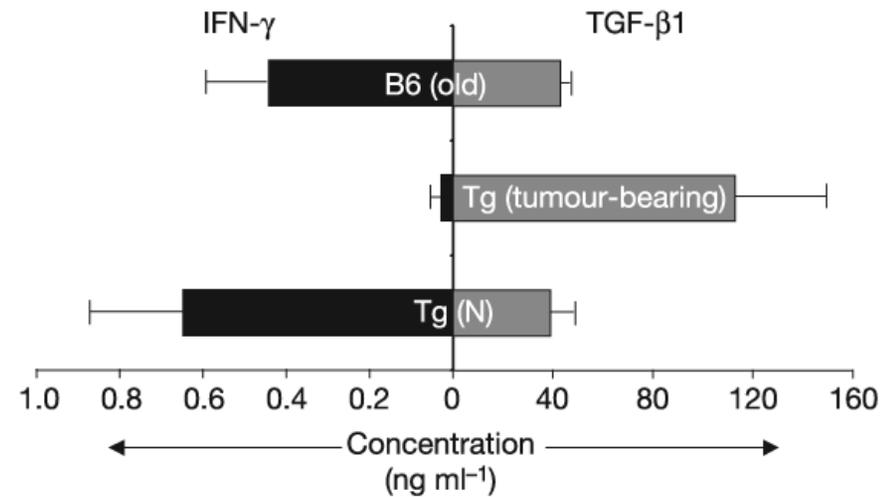
Sporadic Tumors are Immunogenic due to Tag Expression



Sporadic Immunogenic Tumors Induce T Cell Tolerance

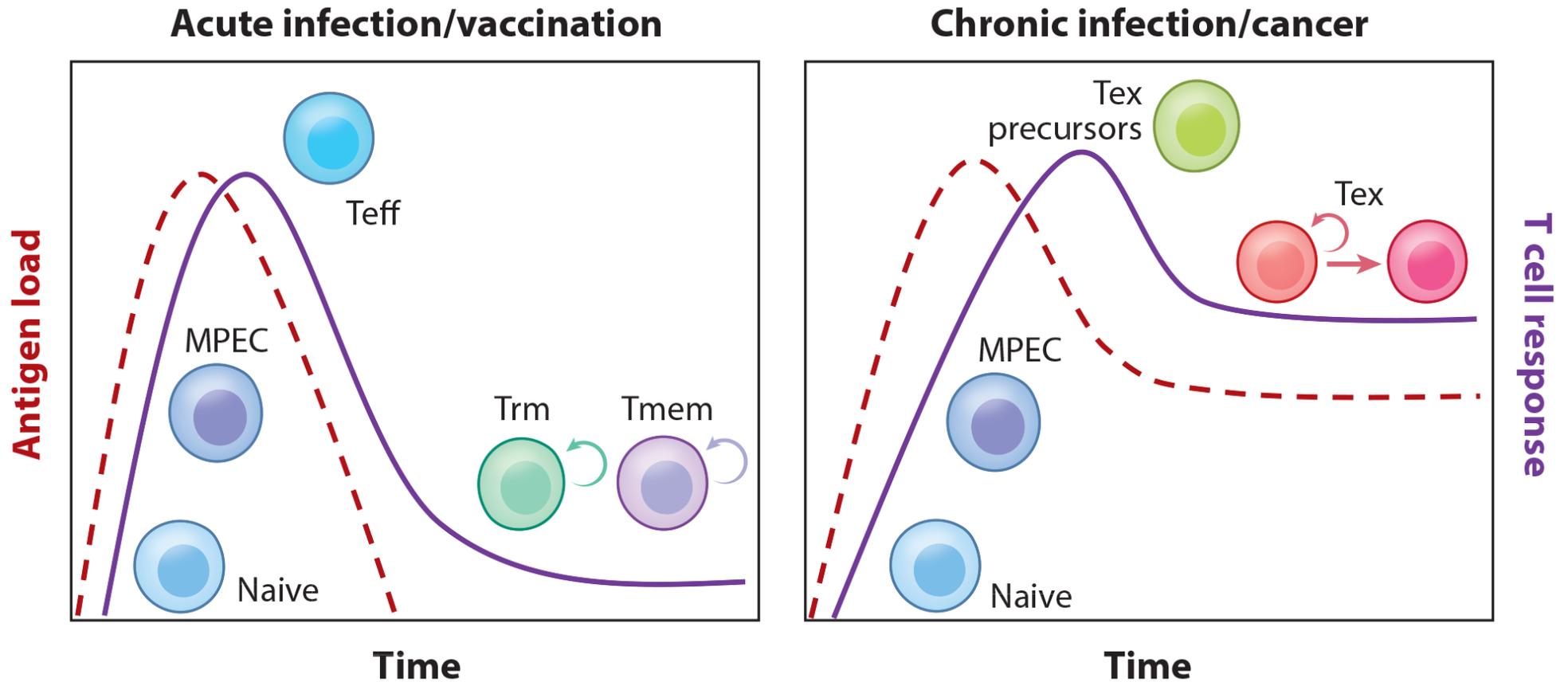


Tag-specific CTL Activity

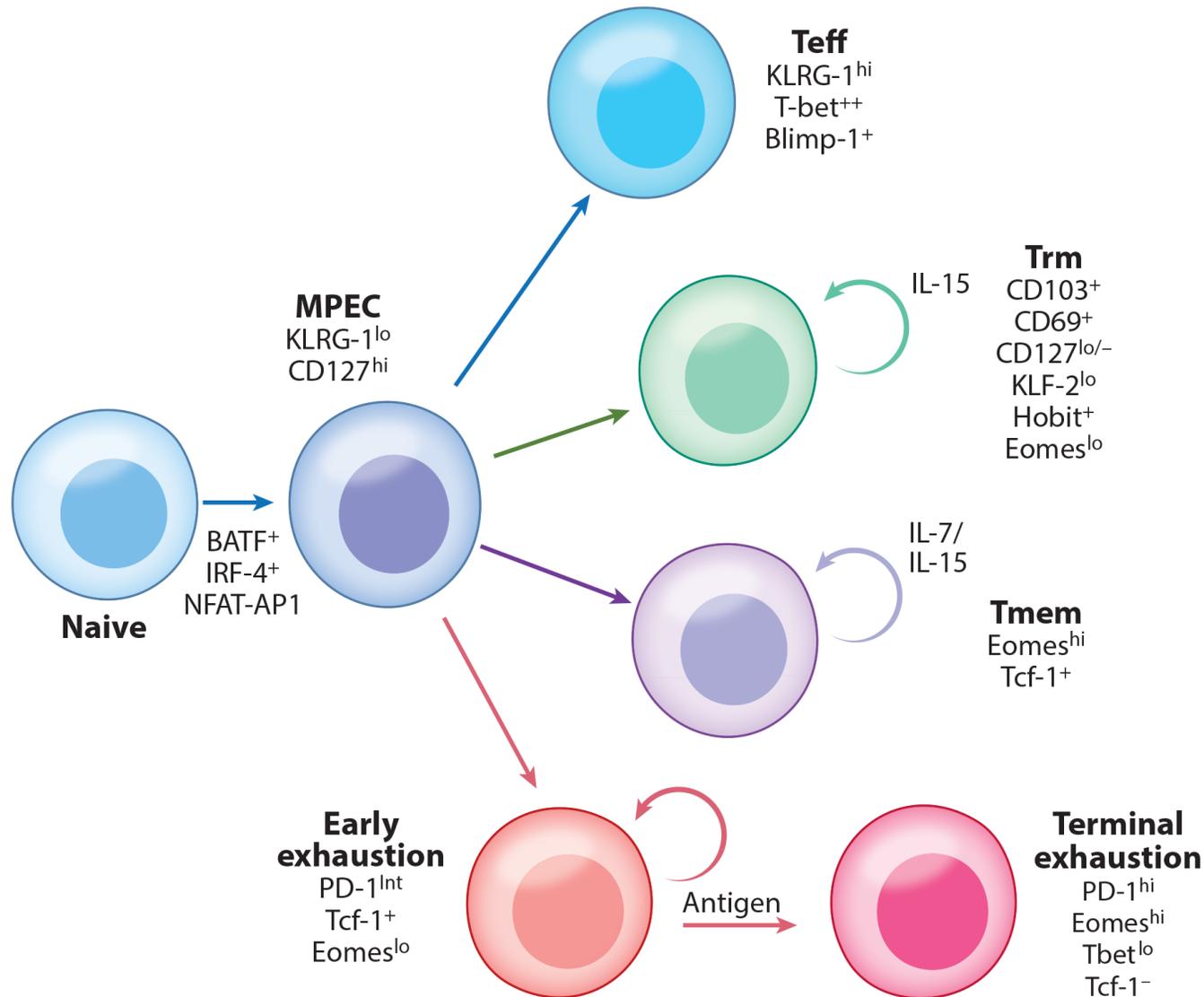


Cytokine Serum Levels

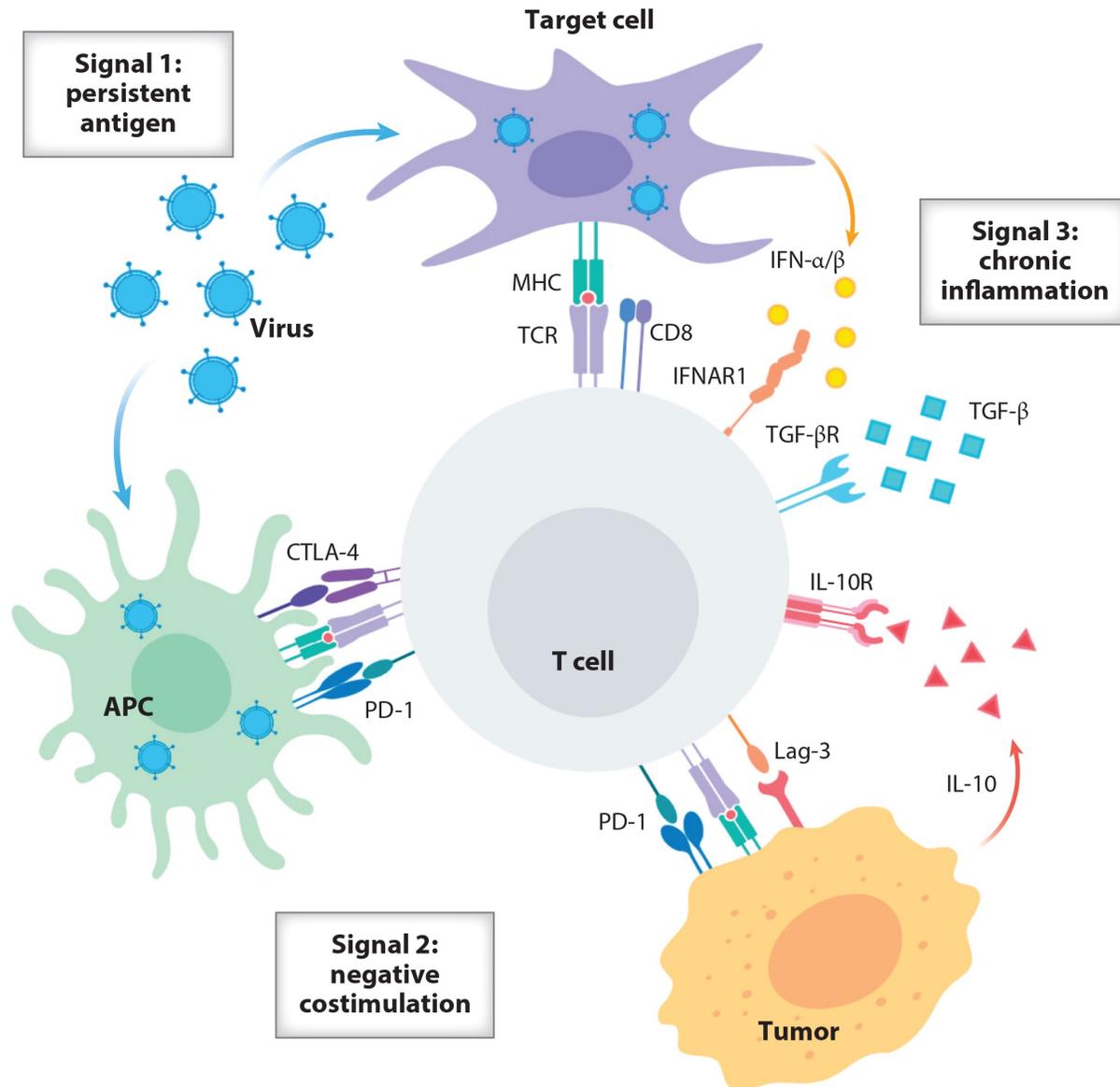
Chronic Antigen Stimulation Triggers T Cell Exhaustion



T Cell Exhaustion Is Defined by Expression of Inhibitory Receptors

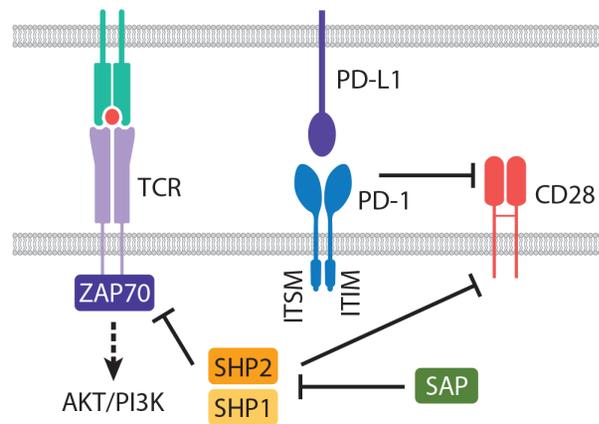


Antigen, Co-stimulation and Inflammatory Signals In Control of T Cell Exhaustion

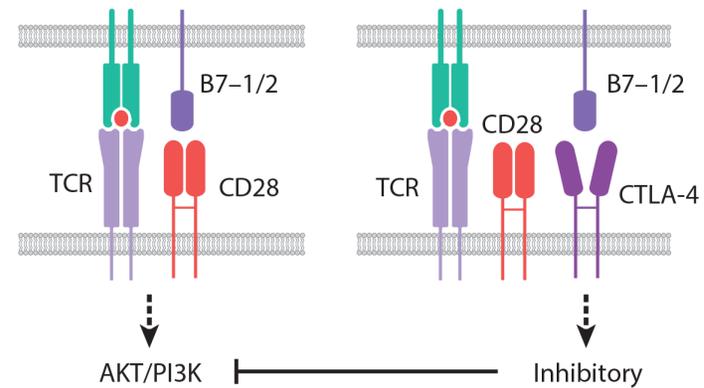


Inhibitory Receptors Suppress T Cell Responses via Multiple Mechanisms

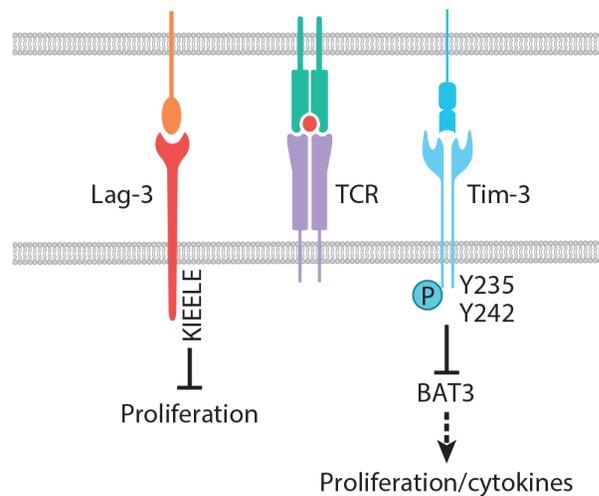
a ITIM/ITSM inhibition



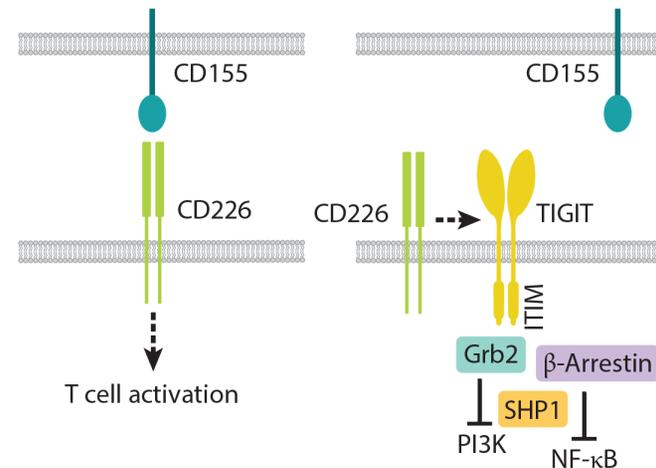
b Receptor competition



c Unconventional signaling



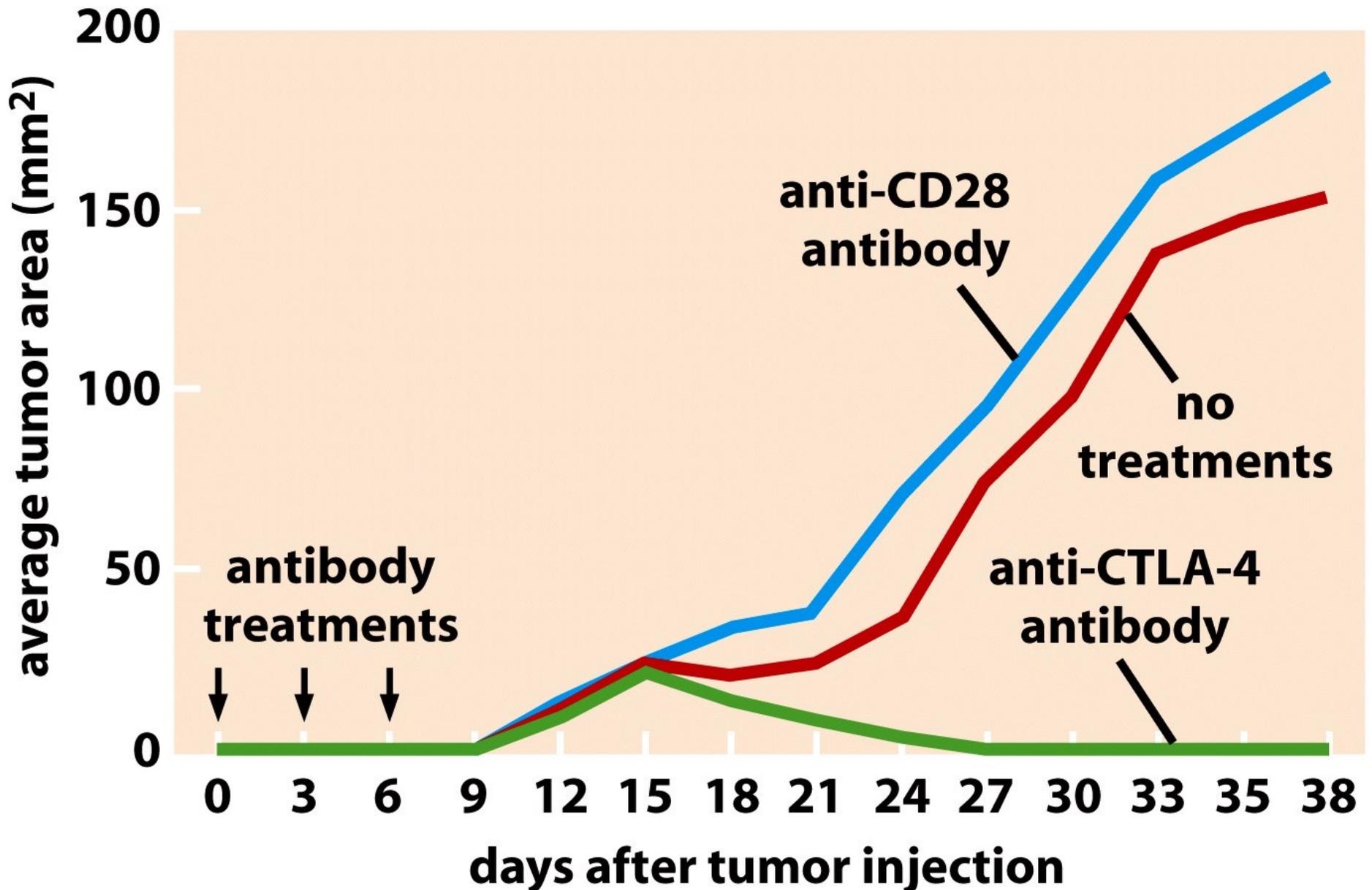
d Mixed inhibition



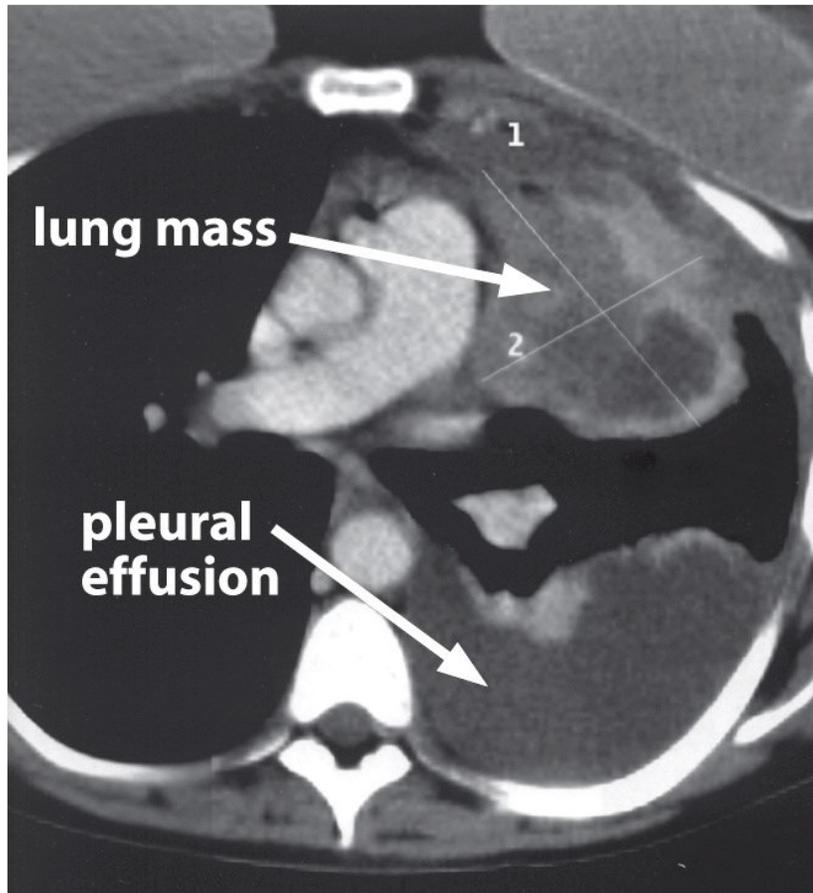
Immunotherapy of Cancer

Feasible
if there is insufficient immunosurveillance

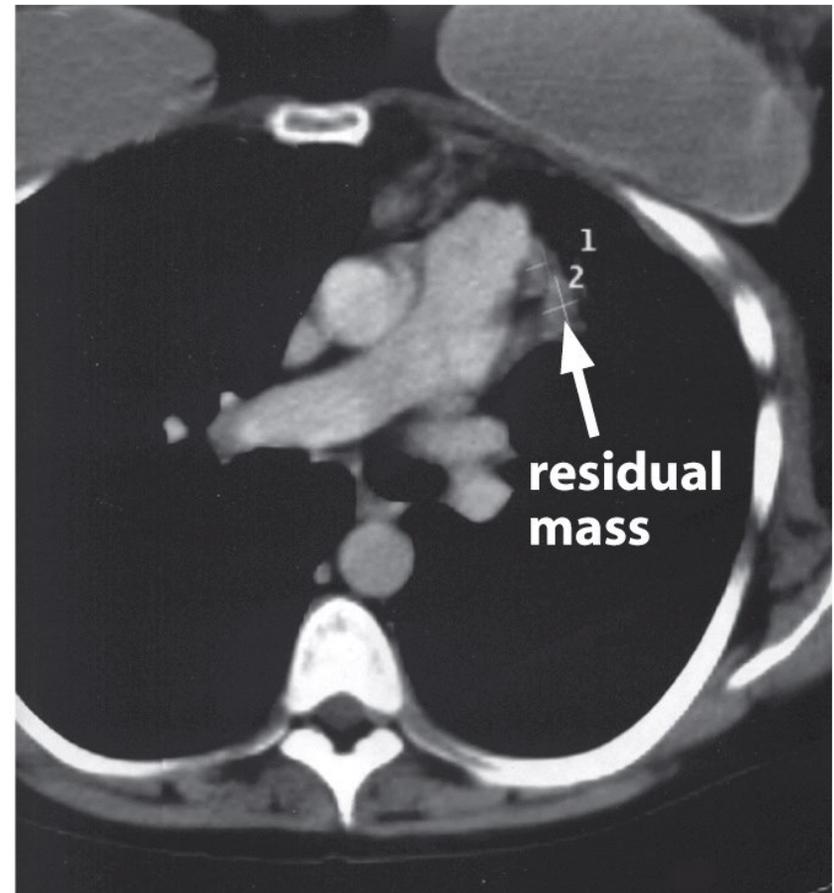
Induction of Tumor Immunity through the Blockade of CTLA-4 Signaling in T Cells



Immunotherapy via CTLA-4 mAb



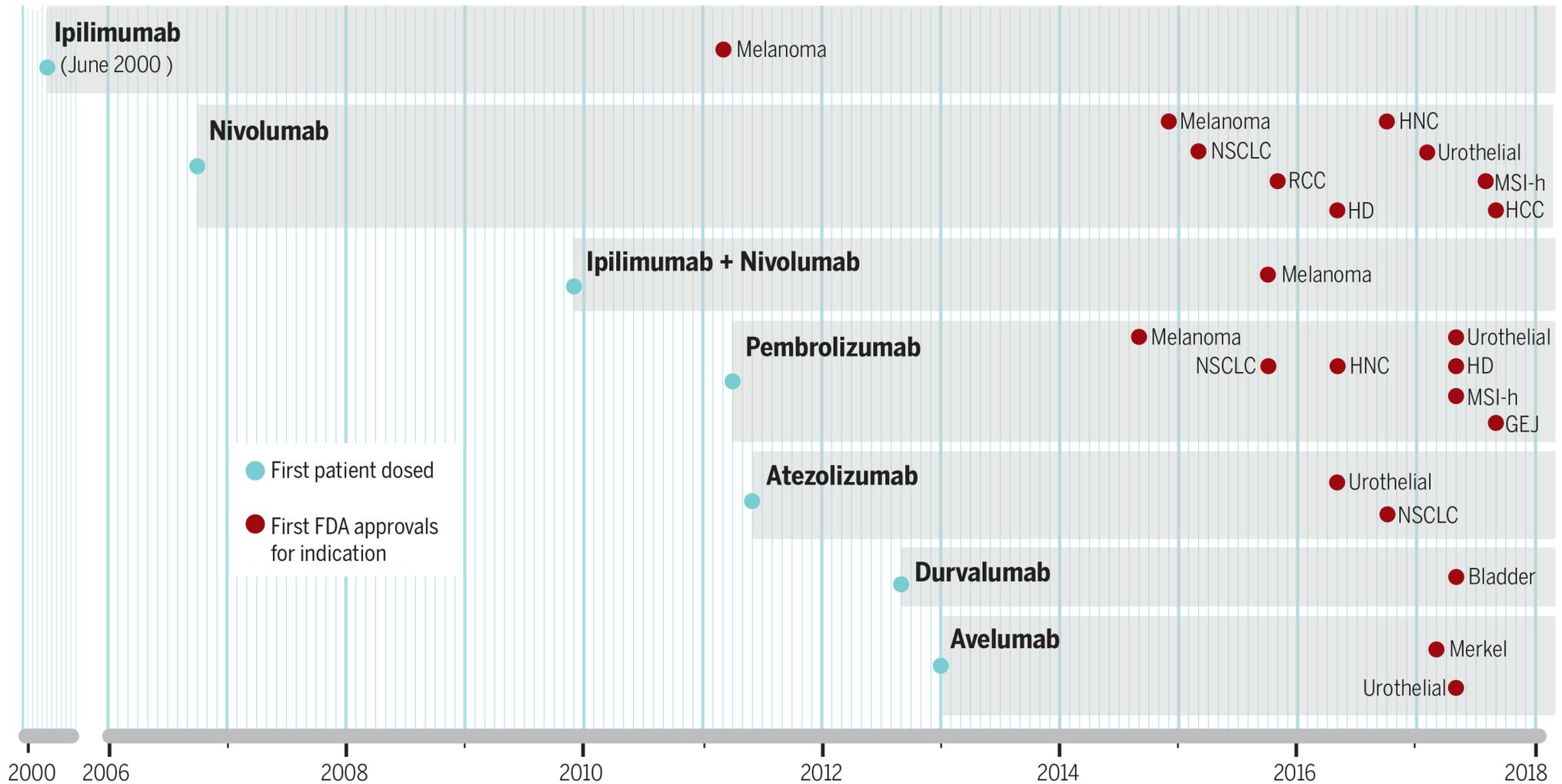
pre-treatment



5 months post-treatment

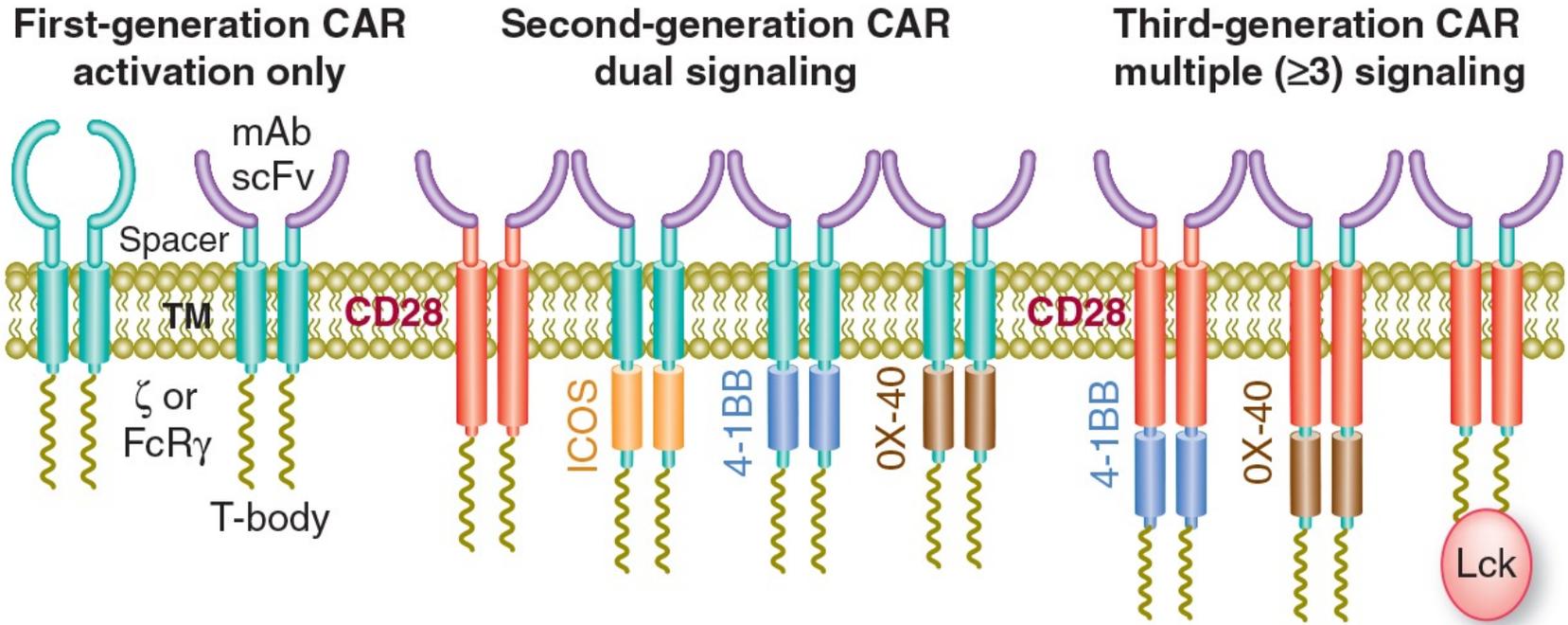
1st FDA Approved Immunotherapy Targeting a Tumor Immune Tolerance Pathway! (3/25/11)

Clinical Development of anti-CTLA-4, anti-PD-1 and anti-PD-L1 for Cancer Immunotherapy

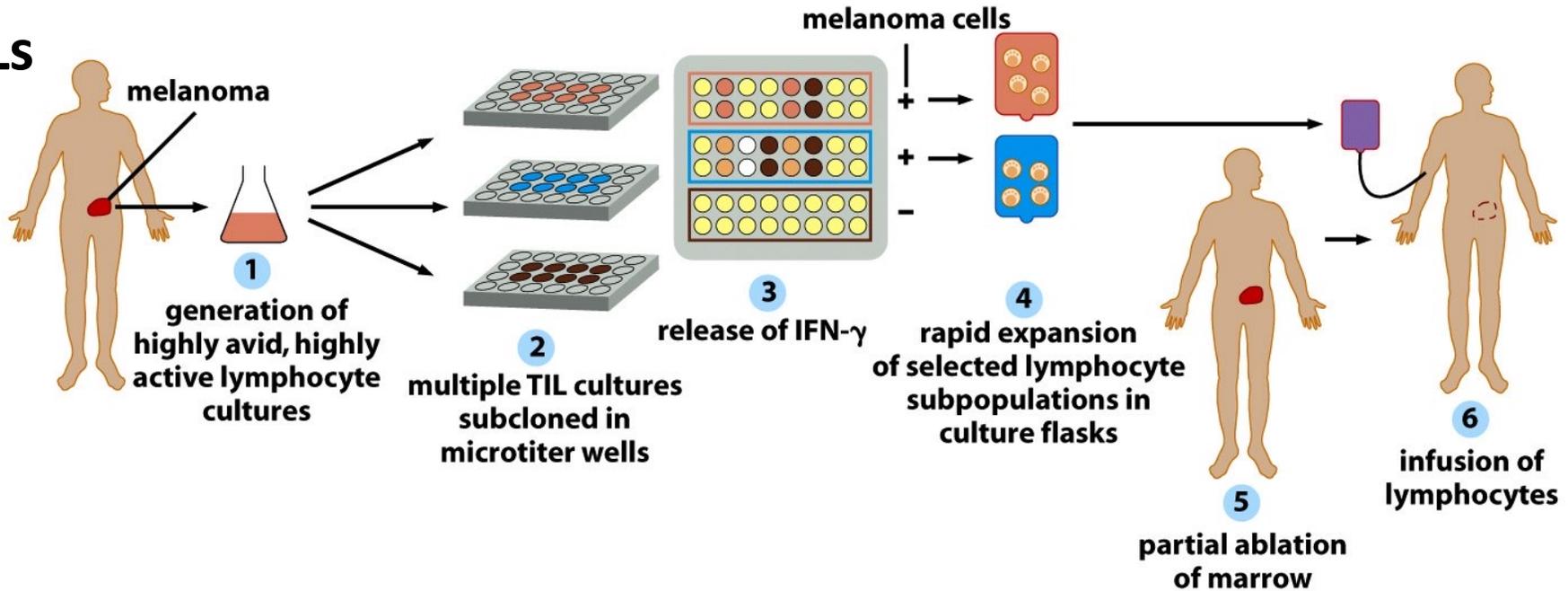


Adoptive T Cell Therapy

CARs



TILs



Summary

- 1) Leukocytes are a crucial component of the tumor microenvironment.
- 2) Chronic inflammation can promote cancer progression.
- 3) Innate and adaptive cytotoxic lymphocytes can repress cancer progression, and shape the immunogenicity of tumor cells.
- 4) Tumor-reactive lymphocytes can be rendered dysfunctional (e.g. induction of exhaustion), and are thus inconsequential for cancer progression.
- 5) Understanding the intricate interactions between tumors and the immune system provides new opportunities to conquer cancer.