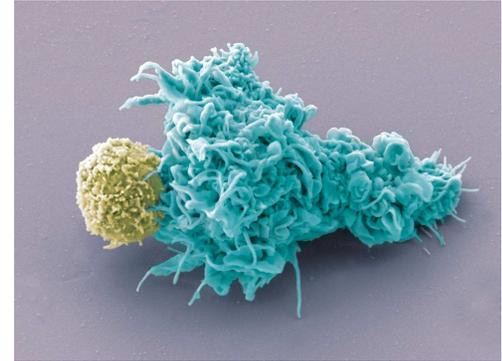


SITC-ACI Seattle

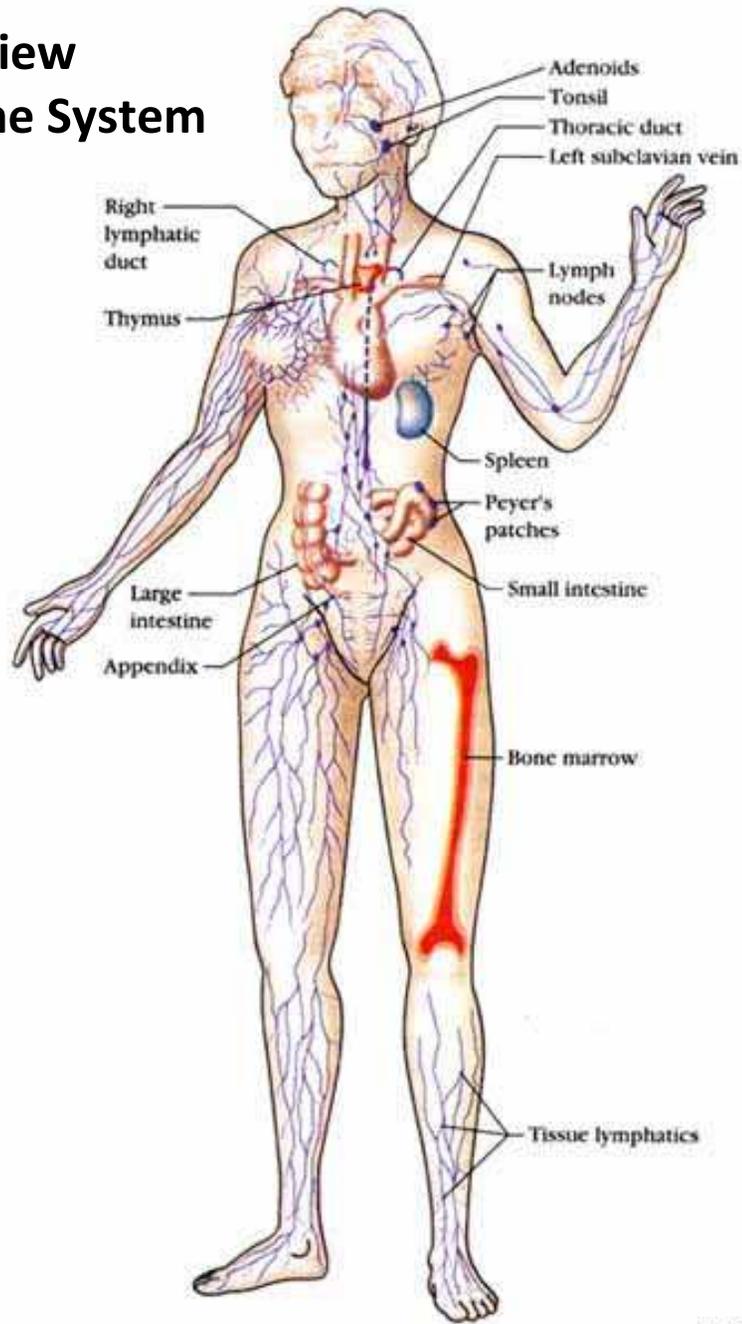
“Tumor” Immunology 101

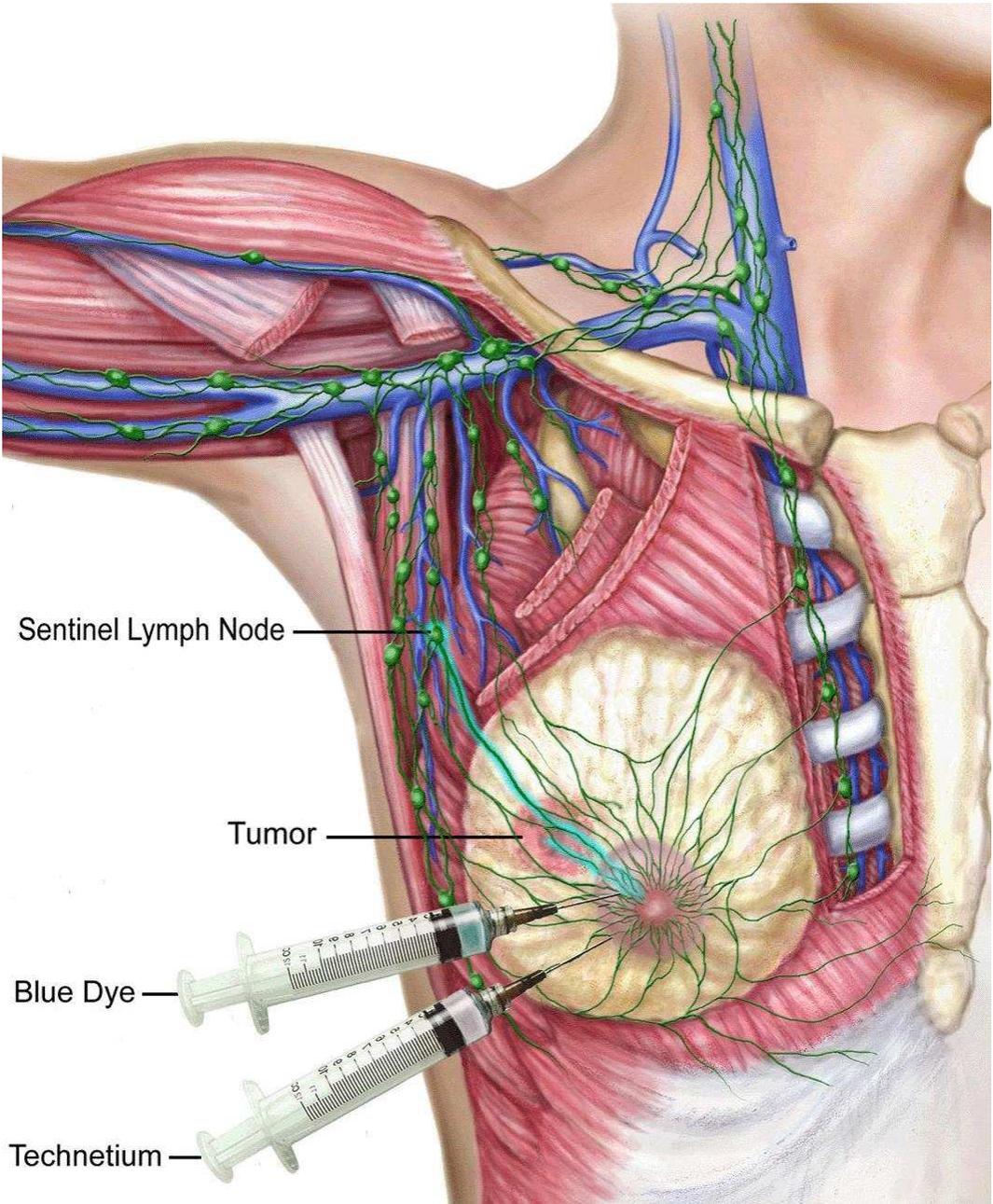
Andrew Weinberg, PhD
EACRI, Providence Cancer Center



- **Physiology of the Immune Response to Cancer**
- **Innate and Adaptive Immunity**
- **How does the Immune Response Handle Diversity?**
- **Antigen presentation to T cells**
- **Discriminating “Self” from “non-Self”**
- **Clonal T cell Expansion**
- **Negative and Positive Signals Delivered to T cells**
- **Applying Immunologic Principals to the Clinic**

Physiologic View of the Immune System





Sentinel Lymph Node

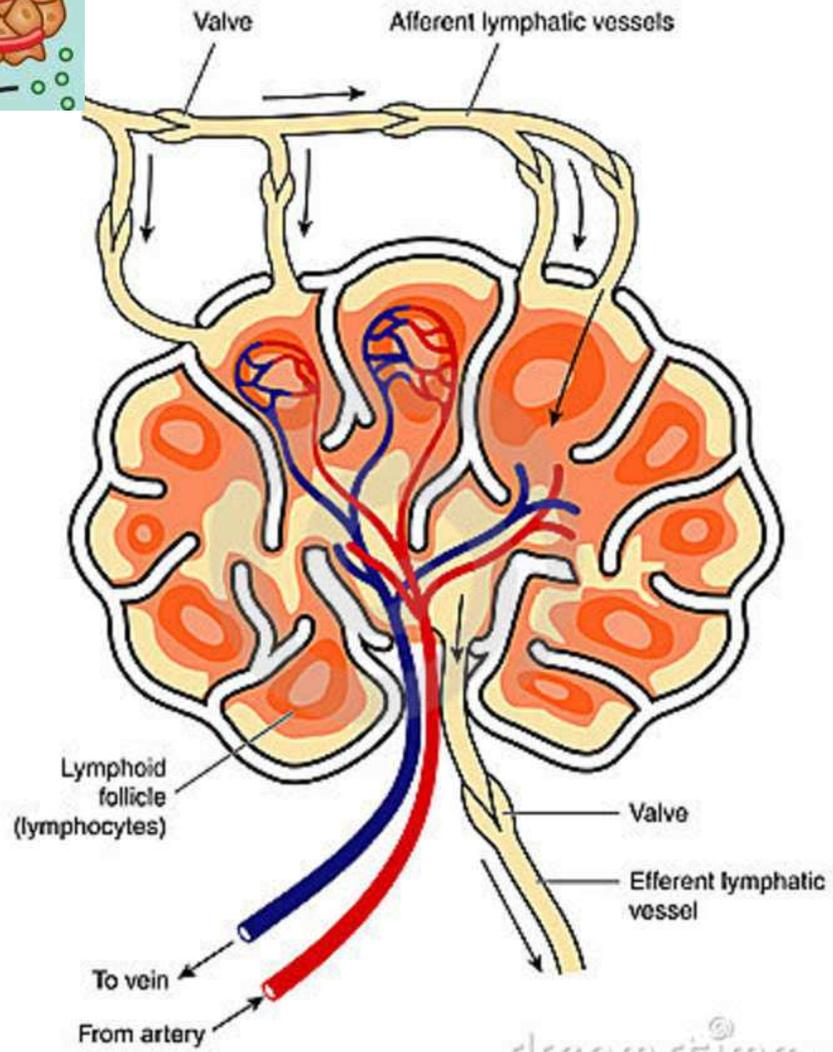
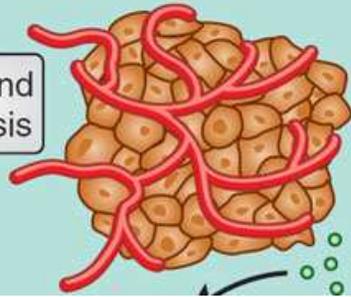
Tumor

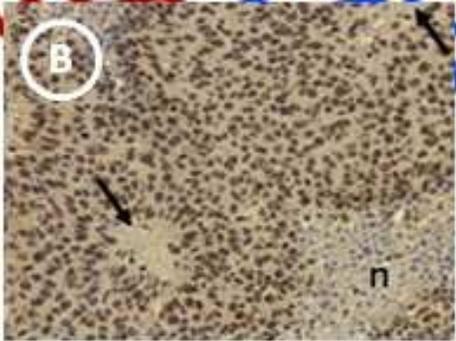
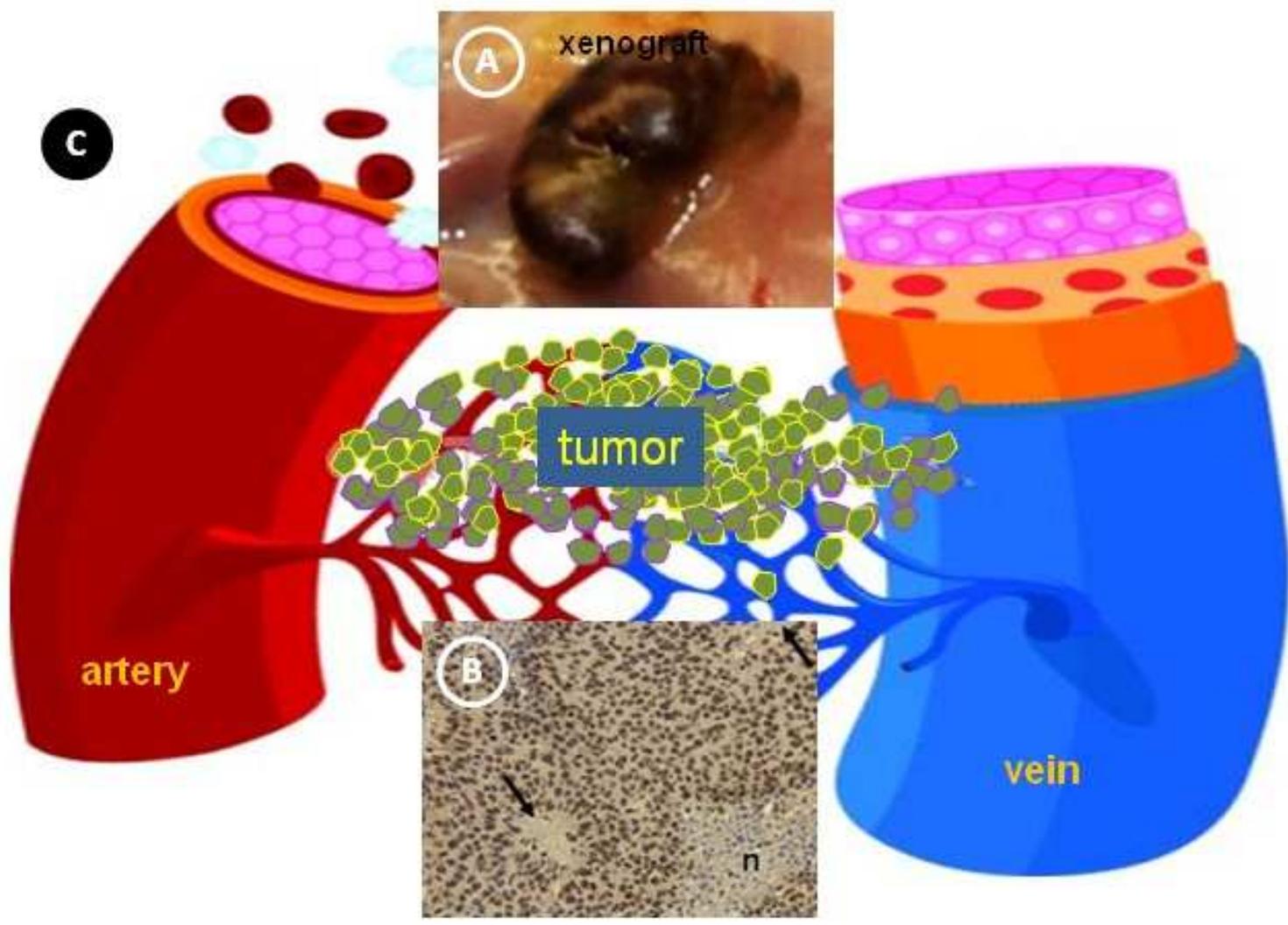
Blue Dye

Technetium

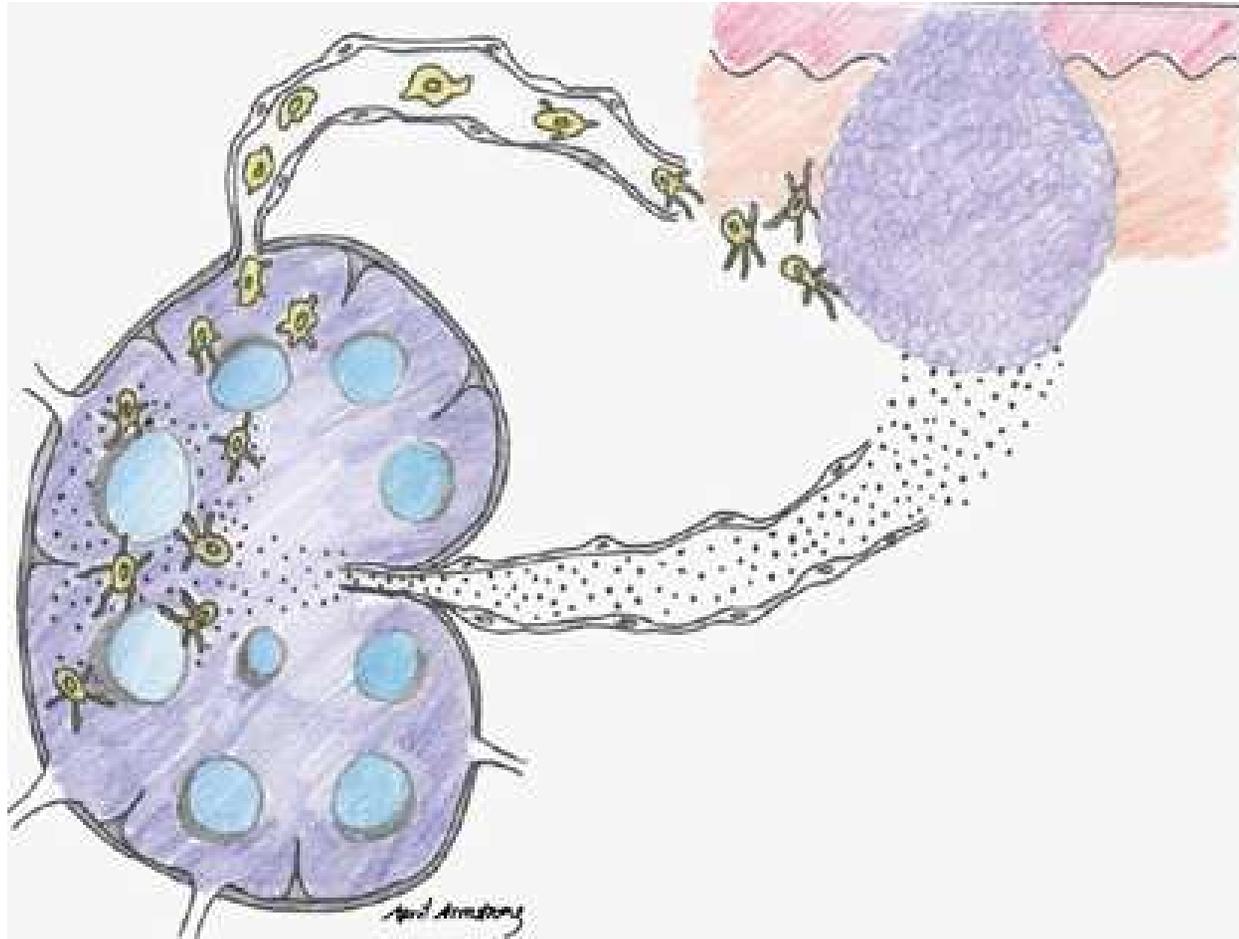
Tumor compartment

↑ Tumor growth and tumor angiogenesis



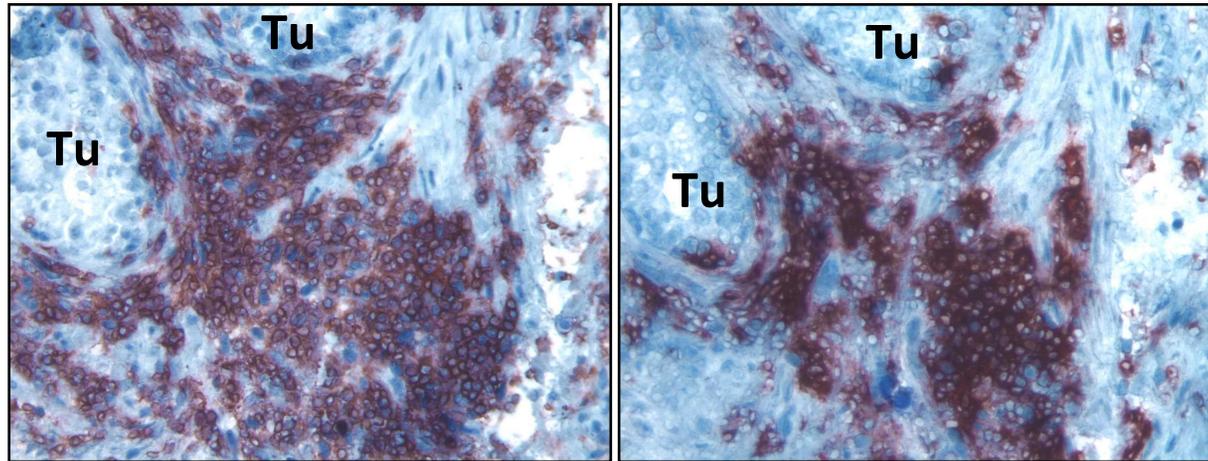


Artist Drawing of Tumor Ag Specific Immune Priming



T Cell Activation in Prostate Cancer (Androgen Ablation prior to Surgery)

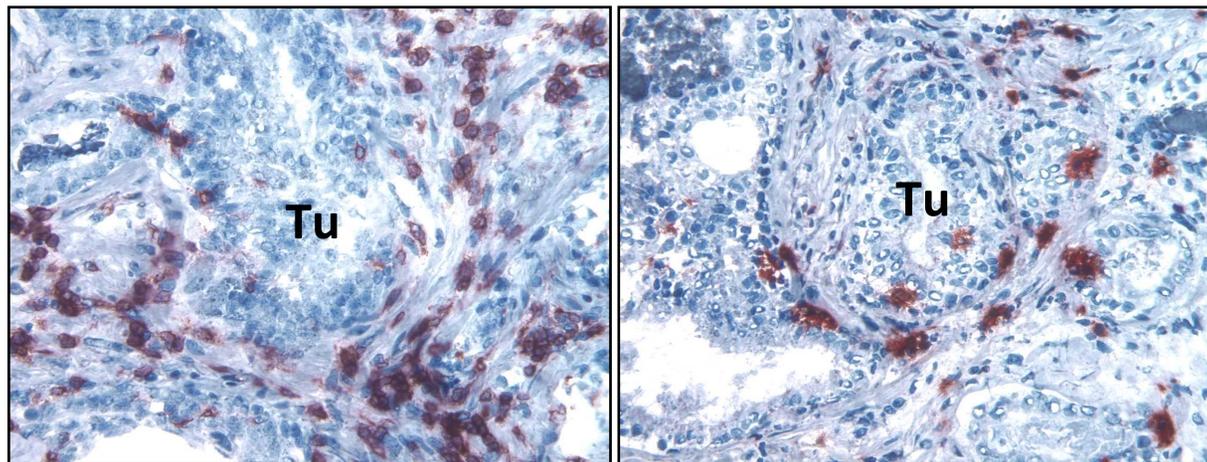
Patient #1



T Cell Marker

OX40

Patient #2



T Cell Marker

OX40

IMMUNOLOGICAL PARADIGM

- The major function of the immune system is to recognize and eliminate harmful entities within the body without destroying “self” tissue

Immunity

is divided into two entities termed
“INNATE” and ***“ADAPTIVE”***

- **INNATE IMMUNITY**

- State of immunity with which one is born. It exists prior to exposure to foreign substance or pathogen (antigen) and is not improved by repeated exposure to the same antigen.

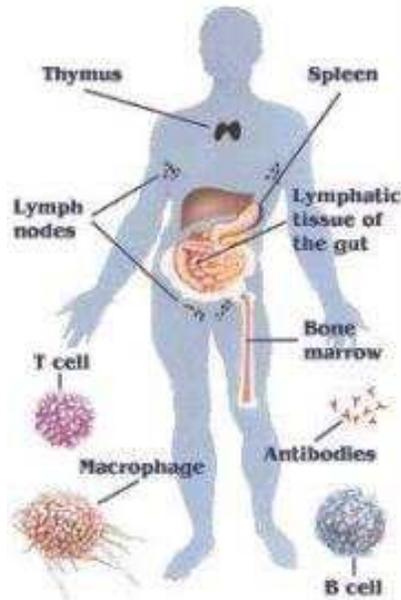
- **ADAPTIVE IMMUNITY**

- State of immunity that is developed as a result of exposure to a foreign substance or pathogen (antigen). It is specific for the particular protein/antigen and is enhanced following repeated exposure to the same antigen (“immunologic memory”).

The Innate and Adaptive Arms of Immunity

Innate
Macrophage, DC

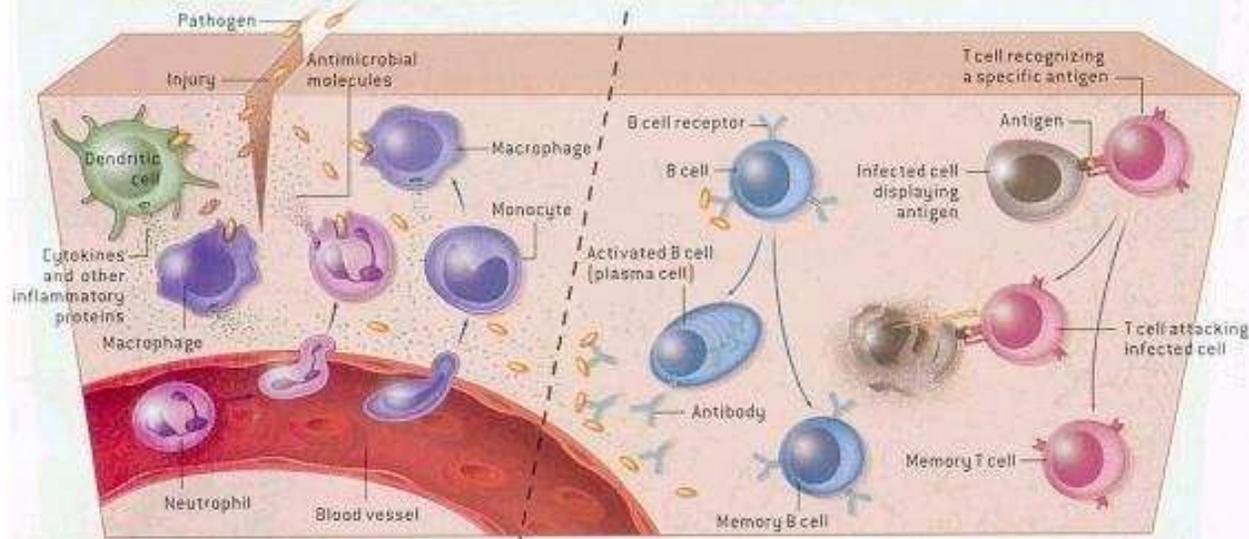
Adaptive
T and B Cells



Among the most dangerous enemies we humans face are our own distant relatives, the microbes. No human being can long withstand their onslaught unprotected. We survive because the human body has a variety of effective defenses against this constant attack.

The mammalian immune system has two overarching divisions. The innate part [left side] acts near entry points into the body and is always at the ready. If it fails to

contain a pathogen, the adaptive division [right side] kicks in, mounting a later but highly targeted attack against the specific invader.



INNATE IMMUNE SYSTEM

This system includes, among other components, antimicrobial molecules and various phagocytes [cells that ingest and destroy pathogens]. These cells, such as dendritic cells and macrophages, also activate an inflammatory response, secreting proteins called cytokines that trigger an influx of defensive cells from the blood. Among the recruits are more phagocytes—notably monocytes (which can mature into macrophages), and neutrophils.

ADAPTIVE IMMUNE SYSTEM

This system "stars" B cells and T cells. Activated B cells secrete antibody molecules that bind to antigens—specific components unique to a given invader—and destroy the invader directly or mark it for attack by others. T cells recognize antigens displayed on cells. Some T cells help to activate B cells and other T cells [not shown]; other T cells directly attack infected cells. T and B cells spawn "memory" cells that promptly eliminate invaders encountered before.

Origin of innate and adaptive immune cells

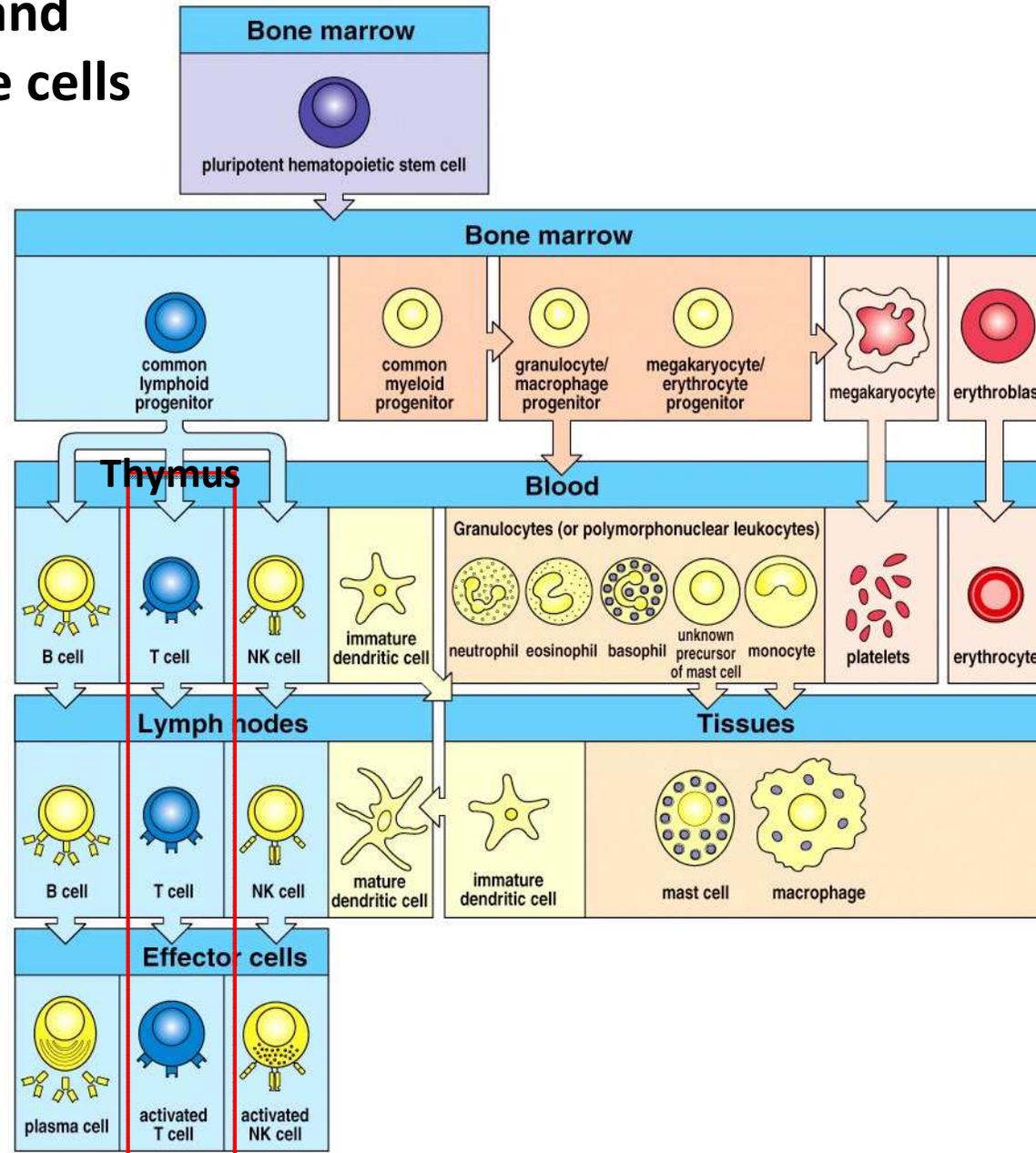


Figure 1-3 Immunobiology, 6/e. (© Garland Science 2005)

T and B cell Diversity is Essential for the Immune System to be Successful

Achieved through the T and B Cell Receptors

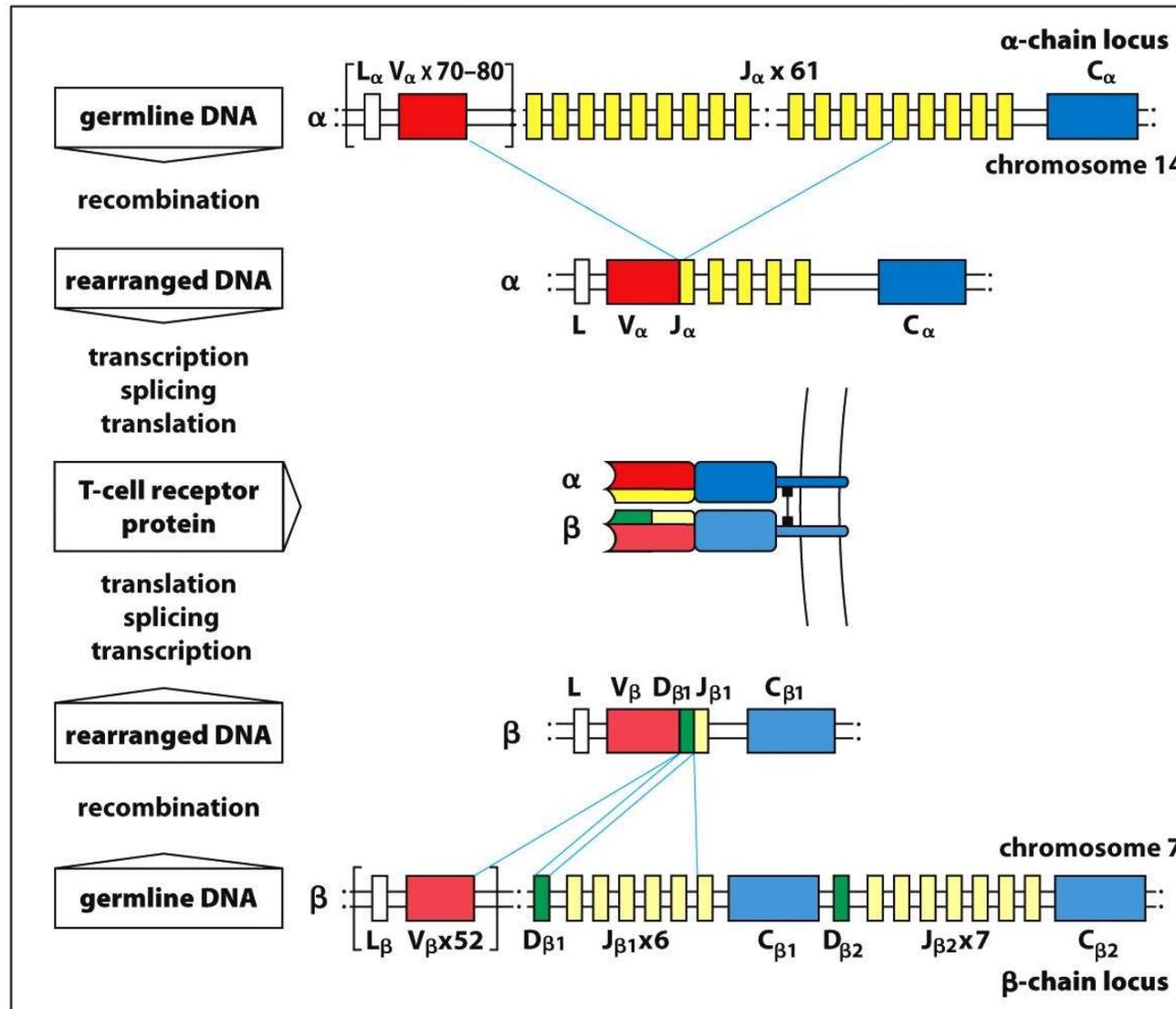


Figure 5.3 The Immune System, 3ed. (© Garland Science 2009)

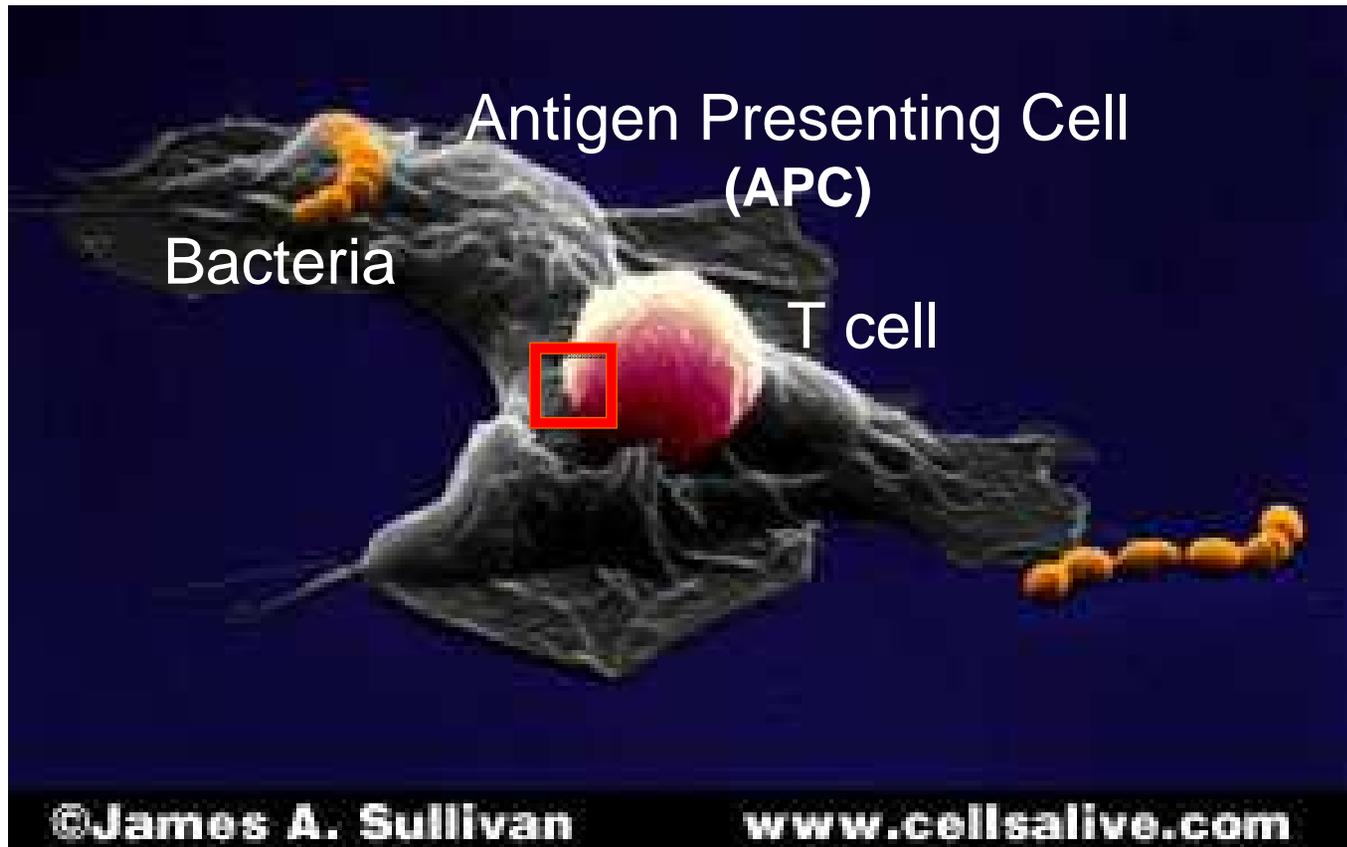
Extent of Adaptive Diversity

B cells

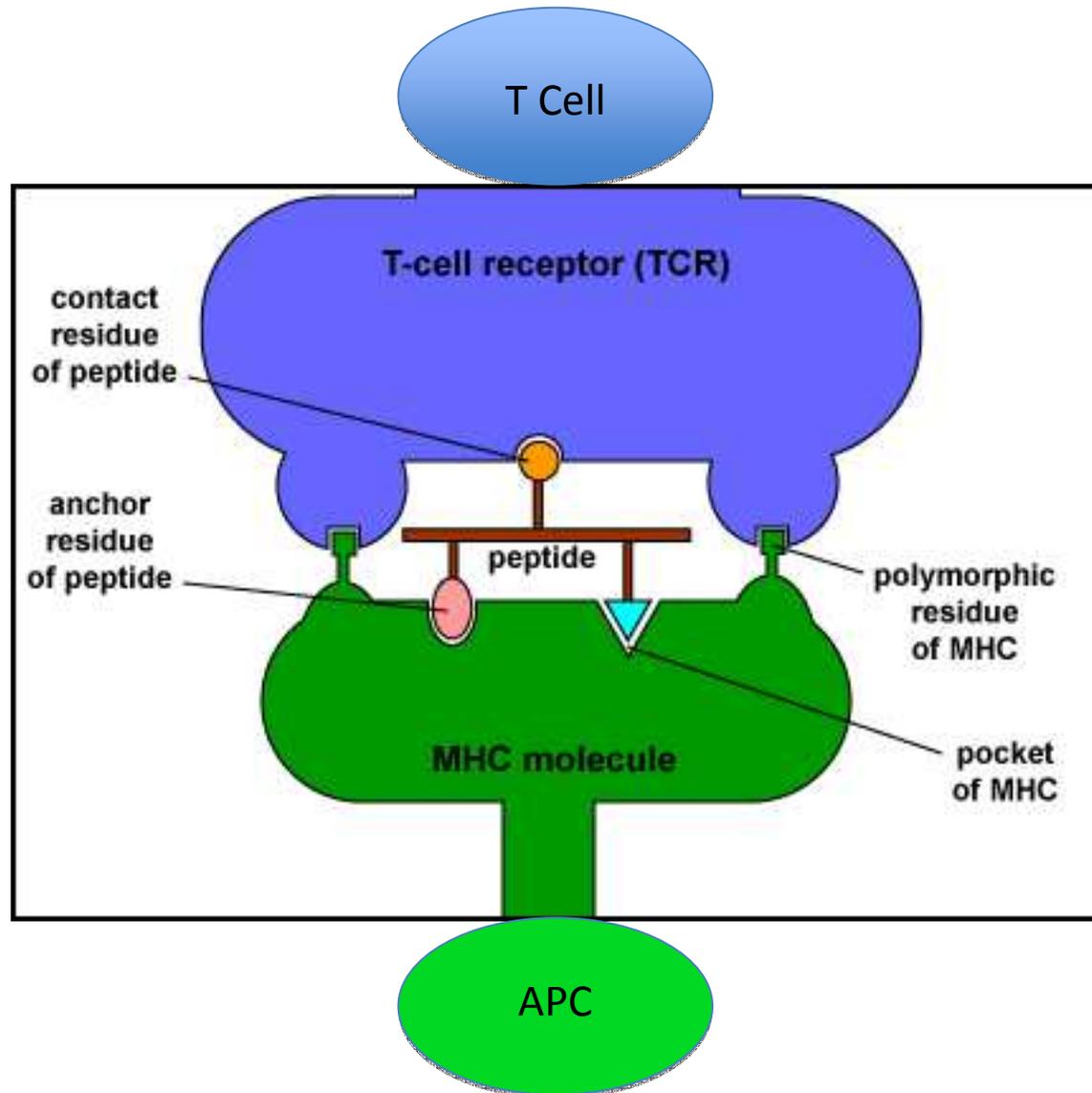
T cells

Element	Immunoglobulin		$\alpha\beta$ receptors	
	H	$\kappa+\lambda$	β	α
Variable segments (V)	51	69	52	~70
Diversity segments (D)	~30	0	2	0
D segments read in 3 frames	rarely	–	often	–
Joining segments (J)	5	5	13	61
Joints with N and P nucleotides	2	(1)	2	1
Number of V gene pairs	3519		3640	
Junctional diversity	$\sim 10^{13}$		$\sim 10^{13}$	
Total diversity	$\sim 10^{16}$		$\sim 10^{16}$	

The Innate Immune System Educates the Adaptive arm through Antigen Presentation Through Cell-Cell Contact



T Cell Receptor Recognition of Antigenic Peptide in the context of Self MHC Molecules



- Pre-T cells migrate to the thymus from the fetal liver or bone marrow under the influence of thymic hormones

- Pre-T cells arriving at the thymus are “double negative” (CD4-, CD8-) and don't express a TCR

- Pre-T cells then acquire TCR, CD4 and CD8 markers (“double positive” ,CD4+ CD8+) in the cortex

- As cells transverse cortex to medulla they undergo “**positive and negative**” selection and become single positive either as CD4+ TCR+ (T_{helper}), CD4+ TCR+(T_{regulatory}) or CD8+ TCR+(T_{cytotoxic})

Positive Selection – If the TCR recognizes self MHC molecules the cells are selected to survive.

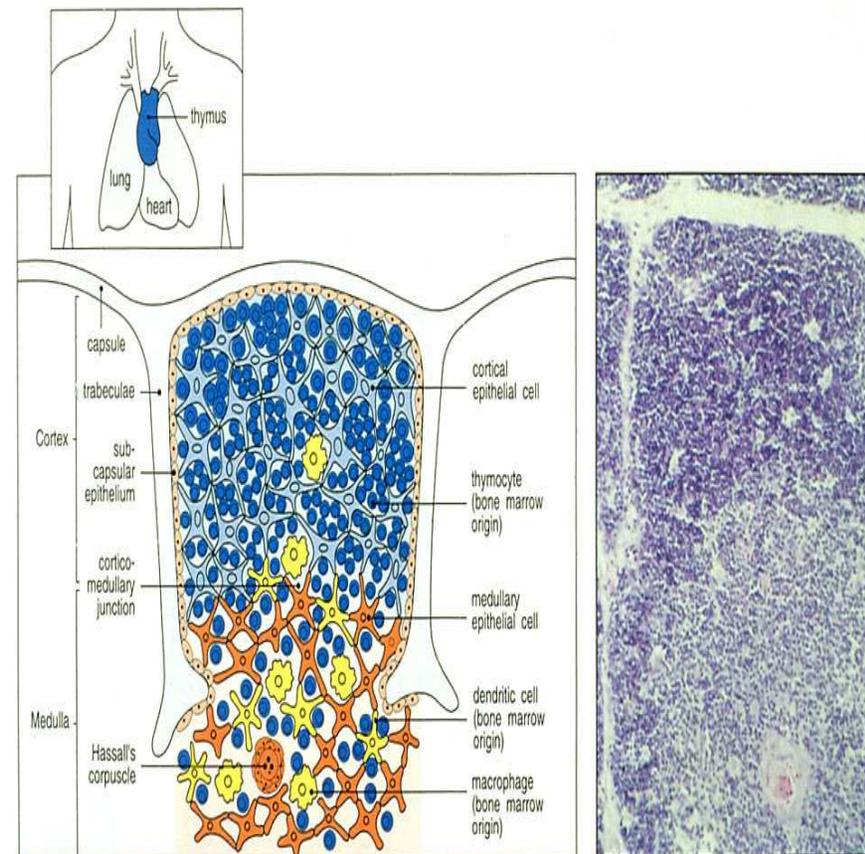
Negative Selection – TCR recognizes a “self” peptide Ag with too high an affinity and the cell dies and is eliminated from the body

- Cortical T cells migrate to the medulla during development from where they enter the peripheral circulation

- They eventually seed the secondary lymphoid organs where they encounter and respond to antigenic stimulation

THYMUS

Discriminating “self” from “non-self”



The cellular organization of the thymus

Peripheral T cell Lineages and Their Function

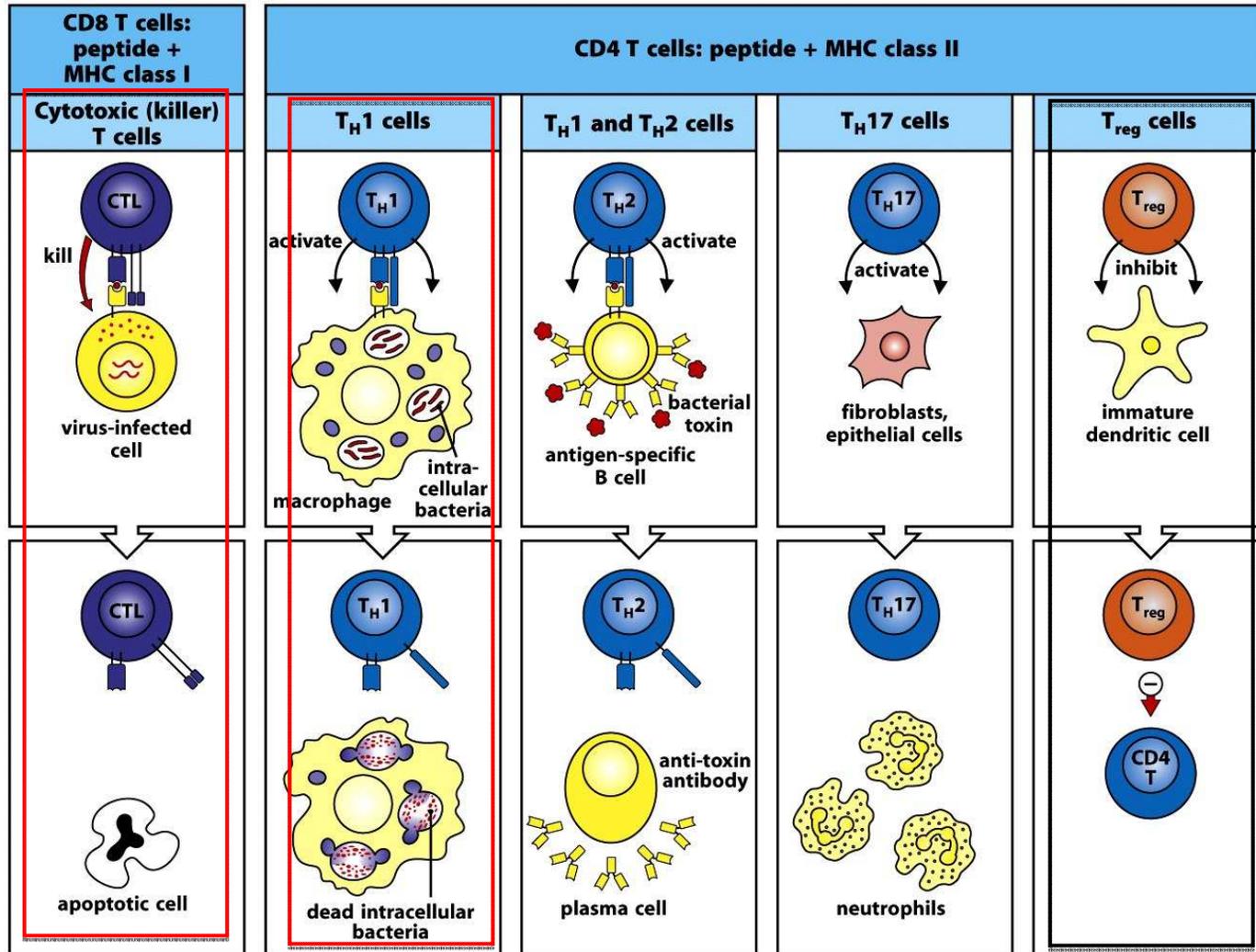
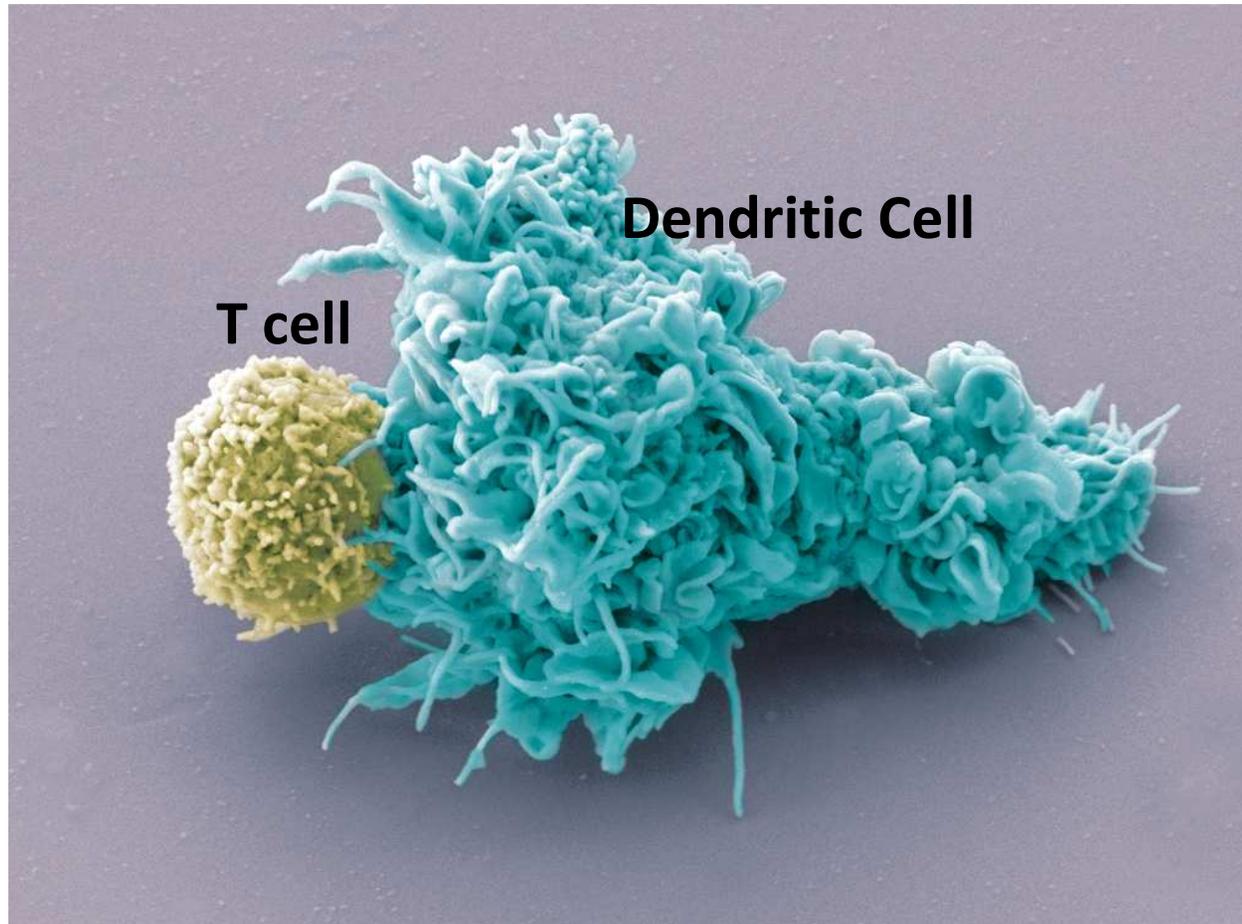


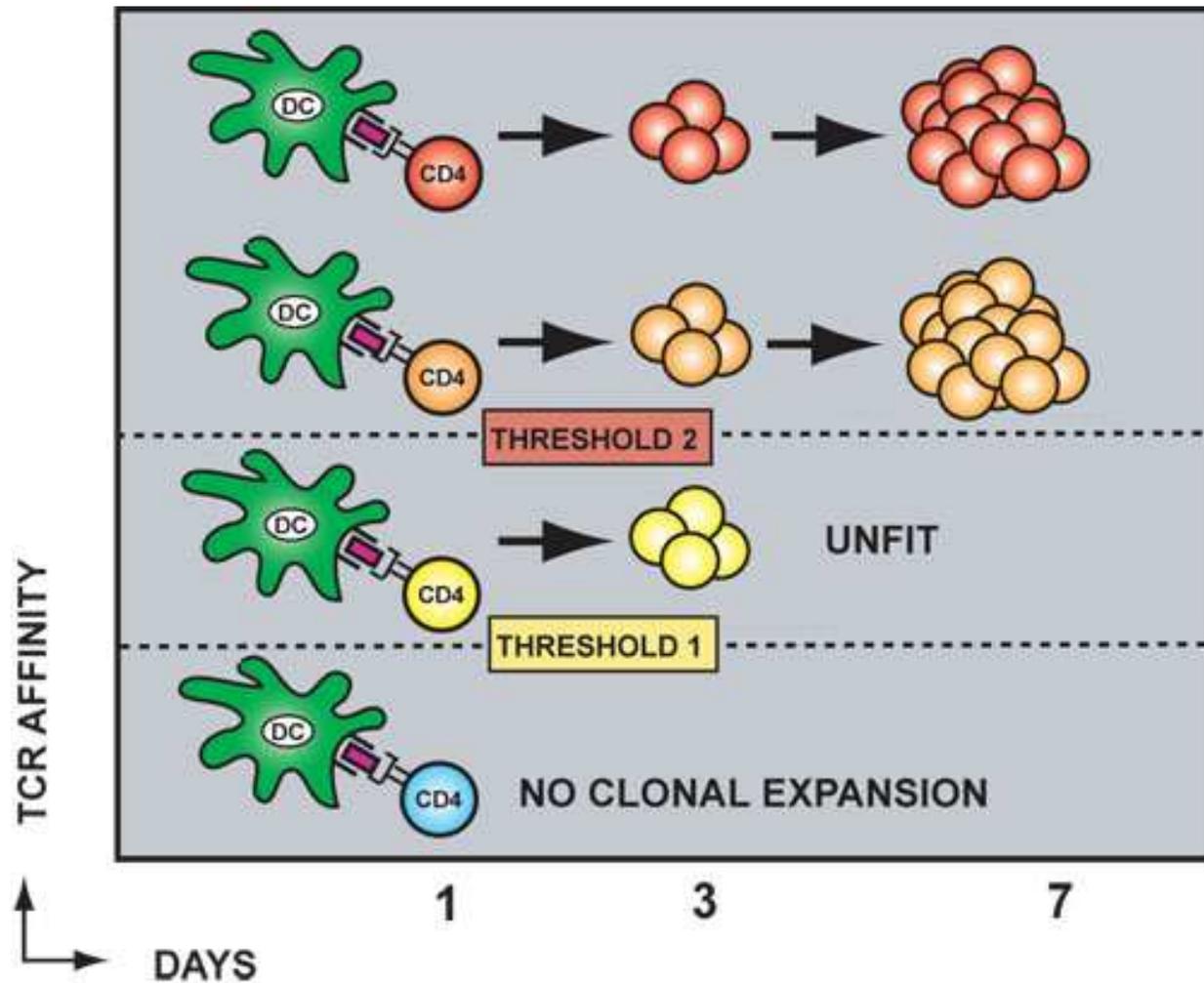
Figure 8-27 Immunobiology, 7ed. (© Garland Science 2008)

**T cell Encounters Ag in a Lymph Node
and T cell Activation Occurs
(DC/Ag presentation)**

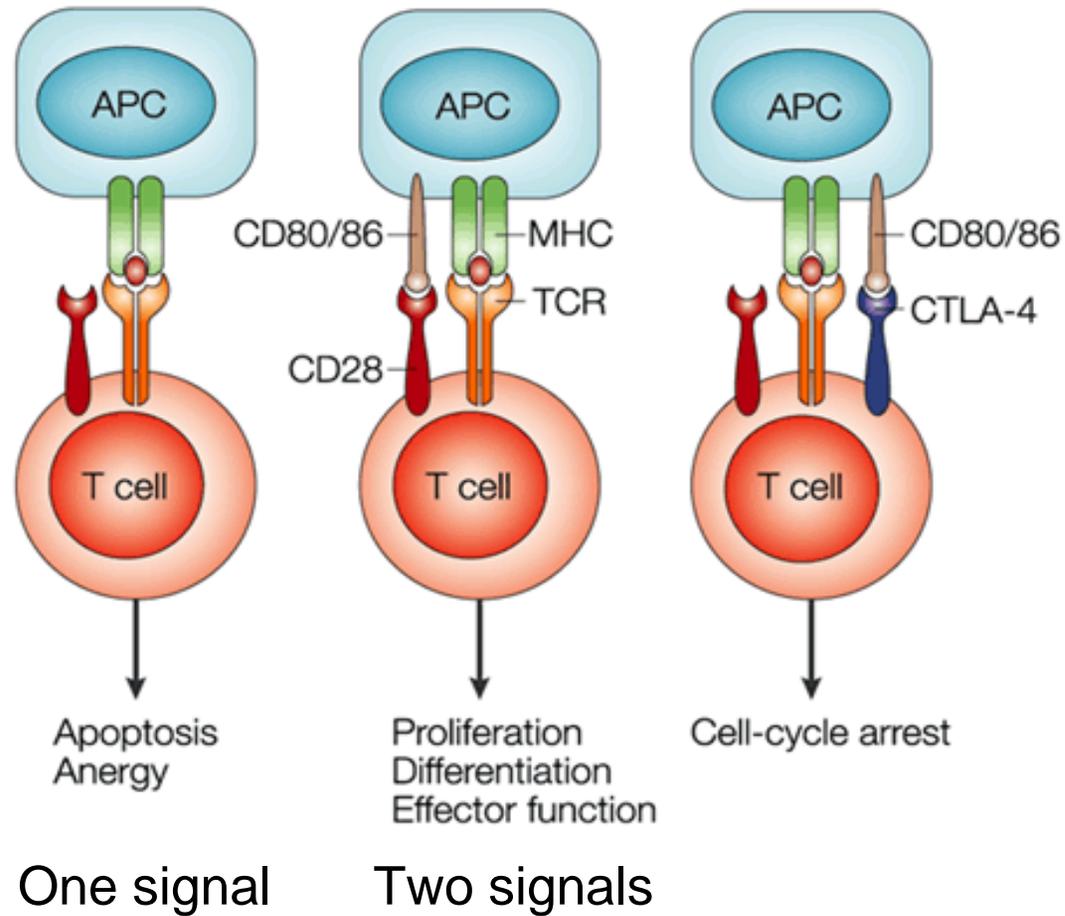


What Happens Next.....Clonal Expansion of Peripheral T cells?

T cell Receptor Affinity Affects Clonal Expansion of T cells

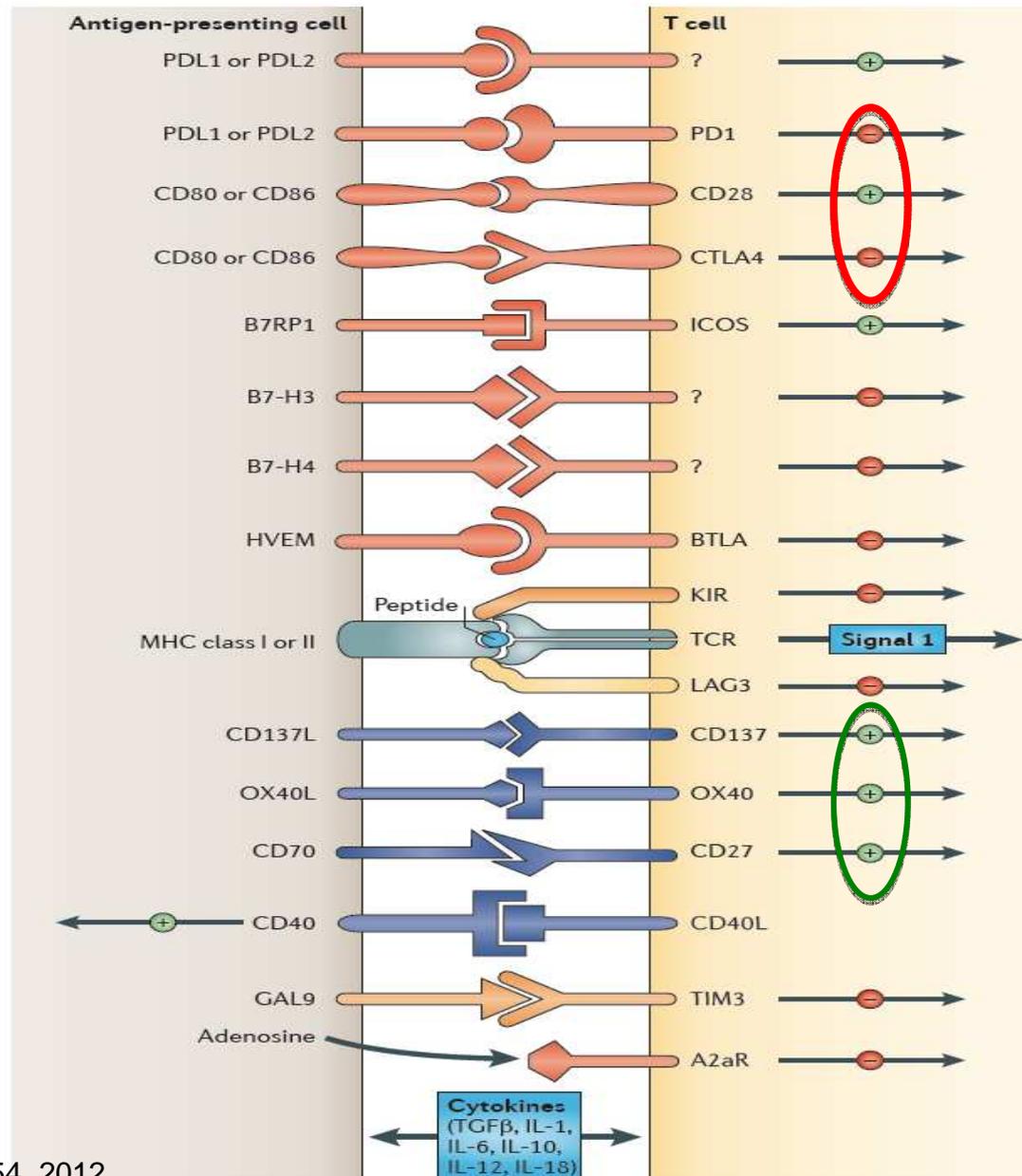


The Two Signal Hypothesis for Productive T cell Activation



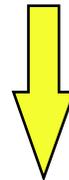
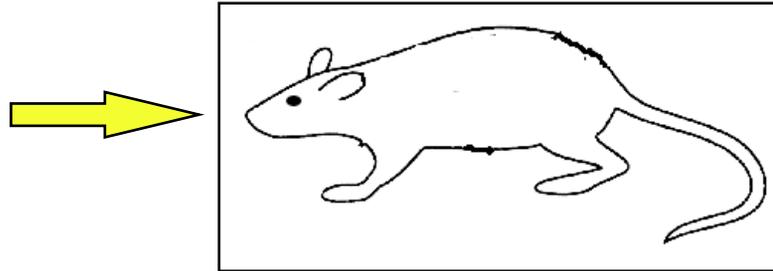
*Alegre, M-L, Frauwirth, KA, Thompson, CB. T-cell regulation by CD28 and CTLA-4, Nat Rev Immunol 1: 220-228.

Multiple co-stimulatory and inhibitory interactions regulate T cell responses



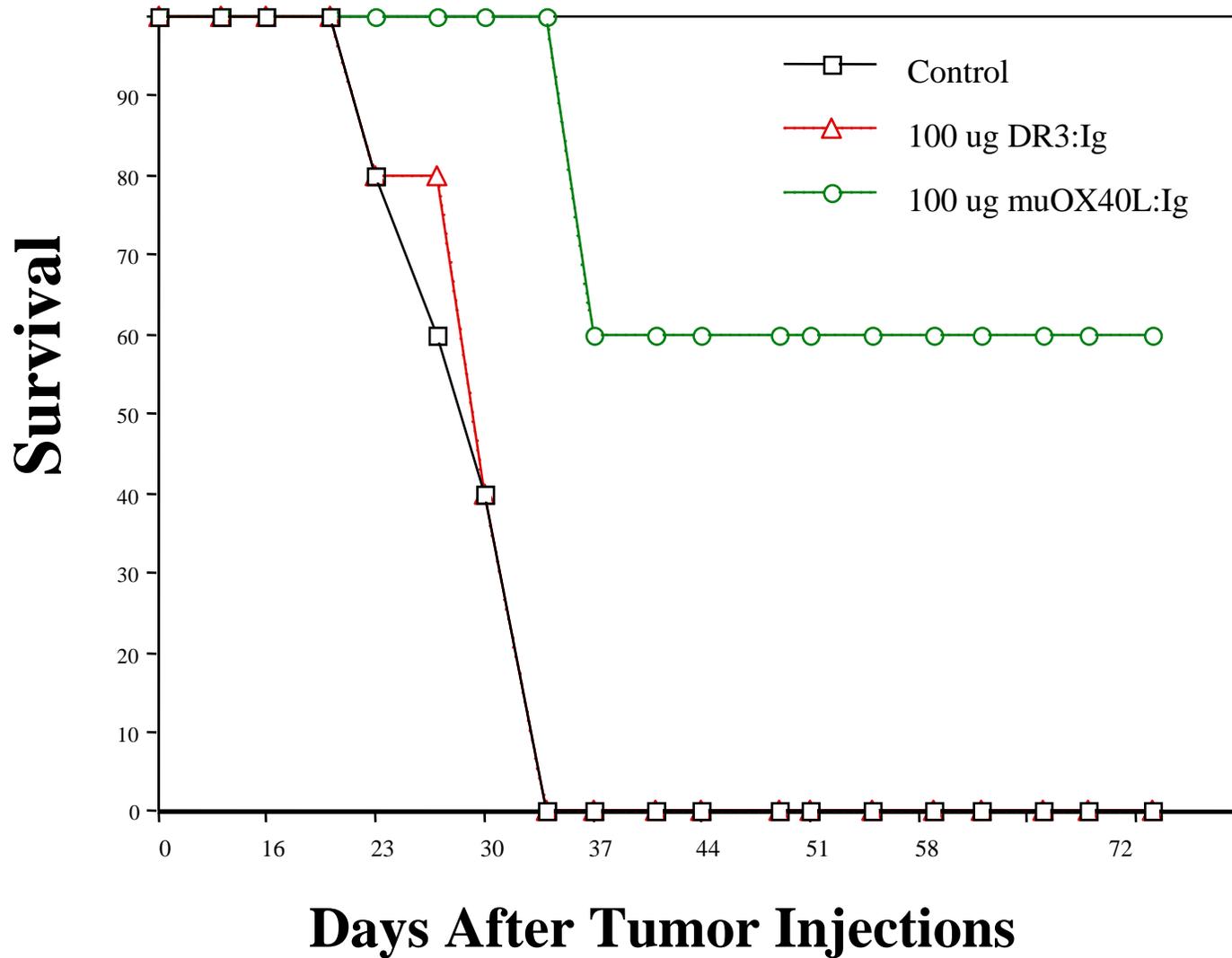
EFFECT of mOX40L:Ig or anti-OX-40 Solid Tumor Growth In Vivo

Solid Tumor Administered s.c.



- Control
- 150 μ g Sol. mu OX40L
- 150 μ g anti-OX40
- Control

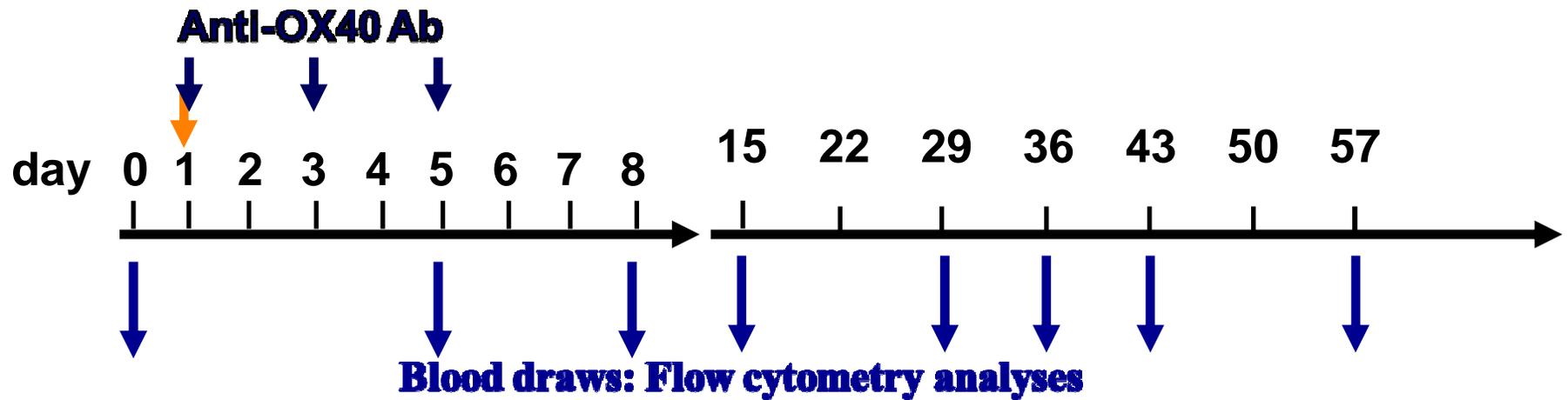
OX40L:Ig Treatment of MCA 303



Anti-OX40 Clinical Protocol

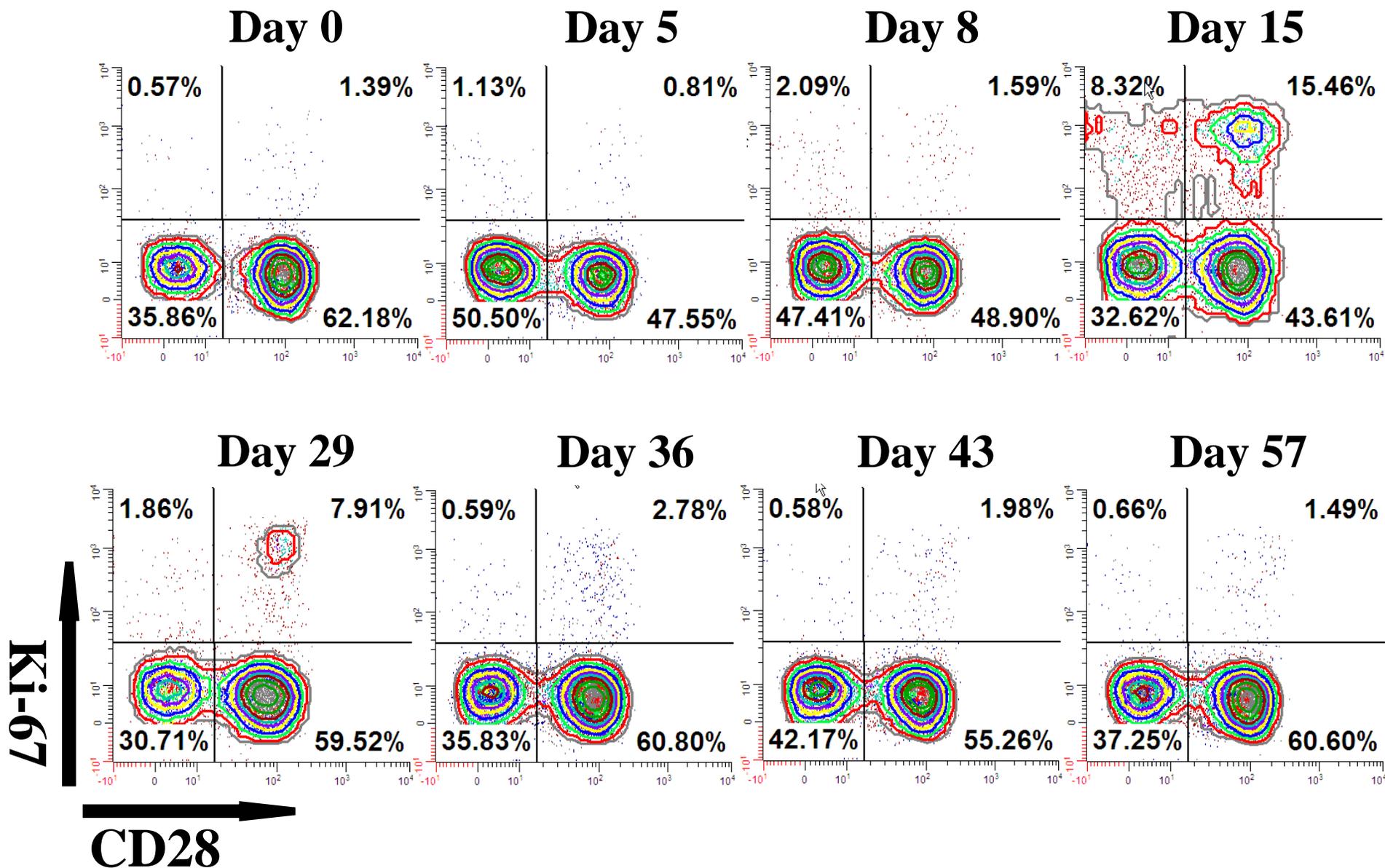
Cohort	# Patients per cohort	Dose of anti-OX40 (mg/kg)
1	10	0.1
2	10	0.4
3	10	2.0

Anti-OX40 Phase I Clinical Trial Time Course



**Increased
Proliferation of
T Cells?**

Proliferation of CD8 T cells Post anti-OX40 treatment



Providence Cancer Center Acknowledgments

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Statistics

Todd Coffey

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Patients

Healthy volunteers

Coordinators