

Innate Immunity, Inflammation and Cancer

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Innate Immunity and Inflammation

- Definitions
- Cells and Molecules
- Innate Immunity and Inflammation in Cancer
- Bad Inflammation
- Good Inflammation
- Therapeutic Implications

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- **Innate Immunity:** Immunity that is naturally present and is not due to prior sensitization to an antigen; generally nonspecific. It is in contrast to acquired/adaptive immunity.

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- **Inflammation:** a local response to tissue injury
 - Rubor (redness)
 - Calor (heat)
 - Dolor (pain)
 - Tumor (swelling)

“Innate Immunity” and “Inflammation” are vague terms

- Specific cell types and molecules orchestrate specific types of inflammation

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- Specific cell types and molecules orchestrate specific types of inflammation
- Innate Immunity A \neq Innate Immunity B
- Inflammation A \neq Inflammation B

“Innate Immunity” and “Inflammation” can mean many things

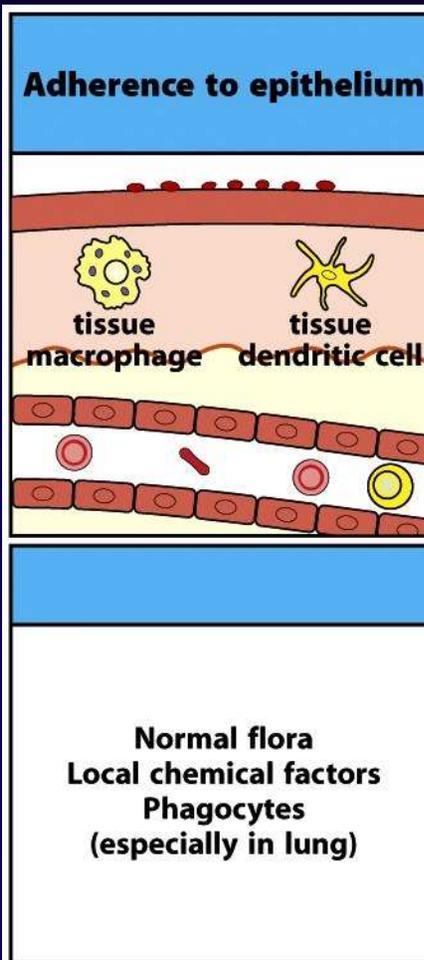
- Specific cell types and molecules orchestrate specific types of inflammation
- Innate Immunity A \neq Innate Immunity B
- Inflammation A \neq Inflammation B
- Some immune responses promote cancer, others suppress it

Innate Immunity and Inflammation

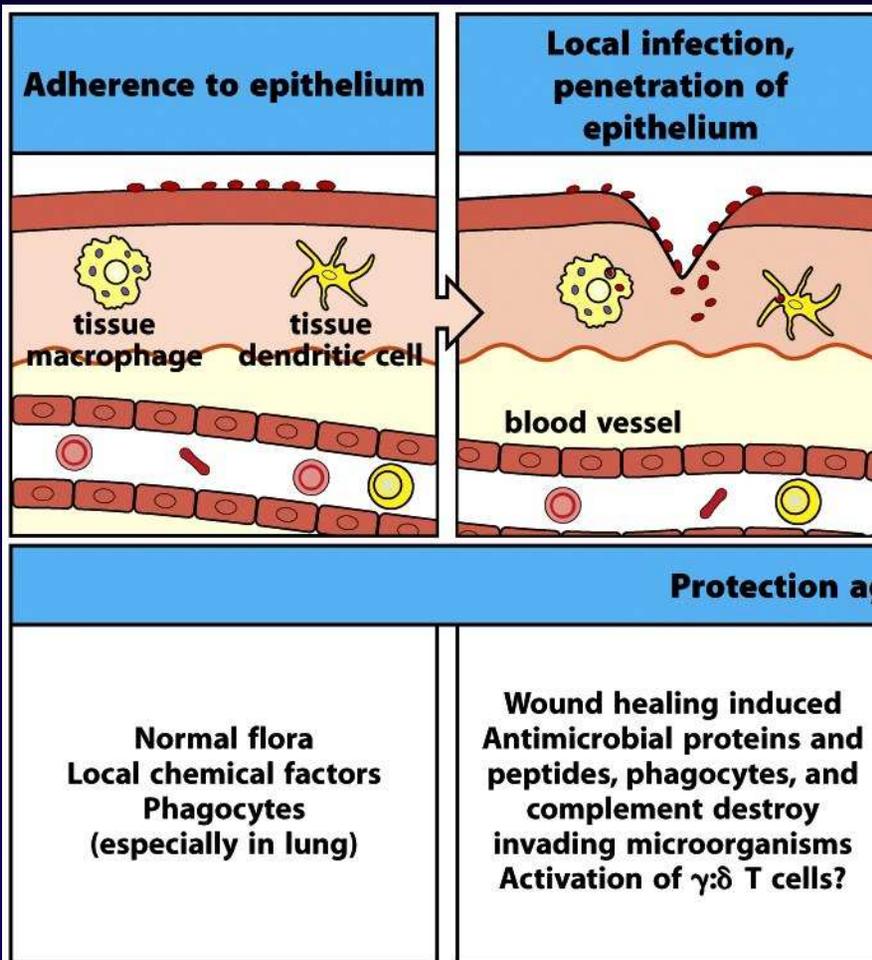
Functions:

- Rapid response to tissue damage
- Limit spread of infection
- Initiate adaptive immune response (T, B)
- Initiate tissue repair

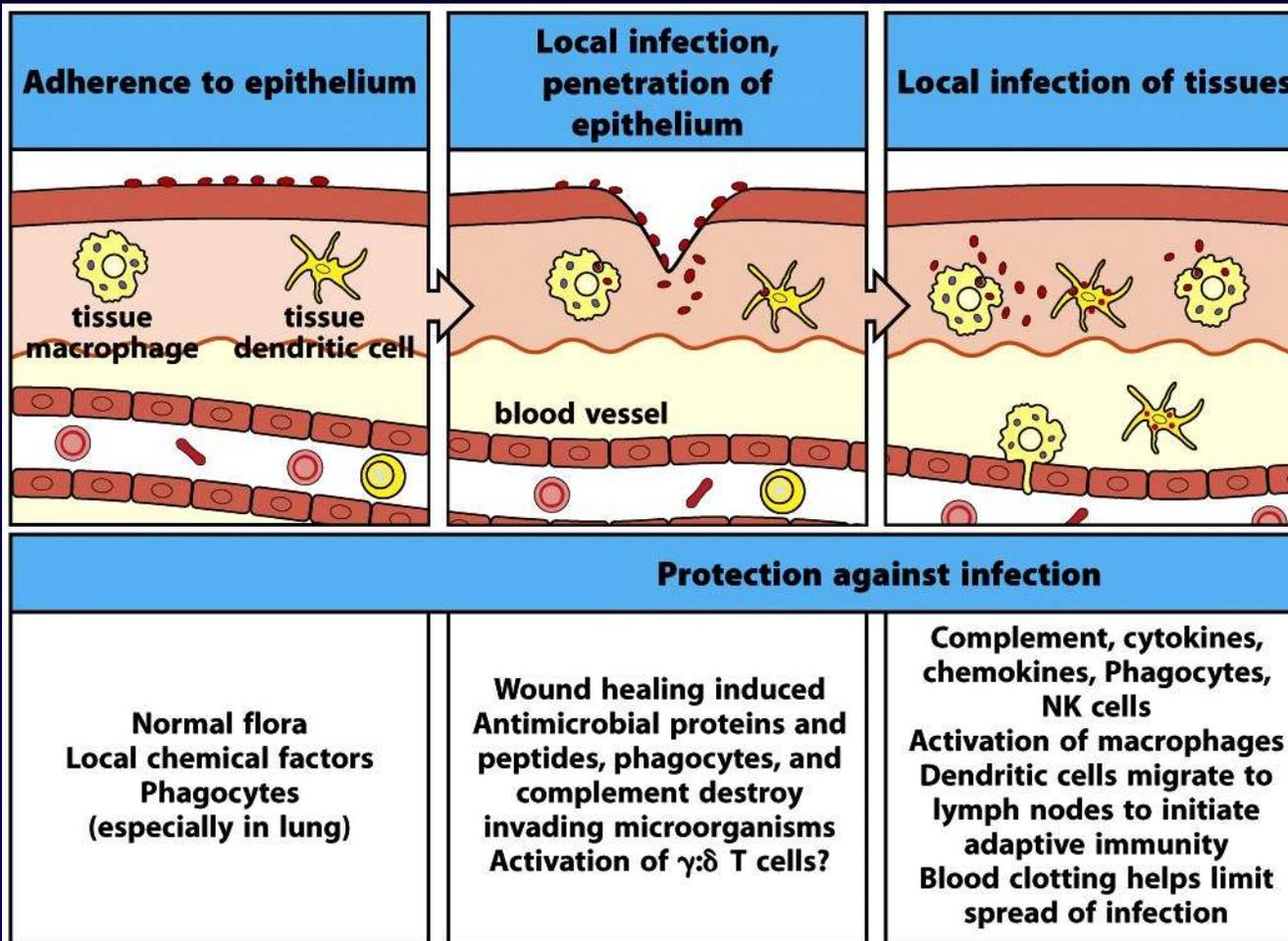
Innate Immunity and Inflammation: A Paper Cut



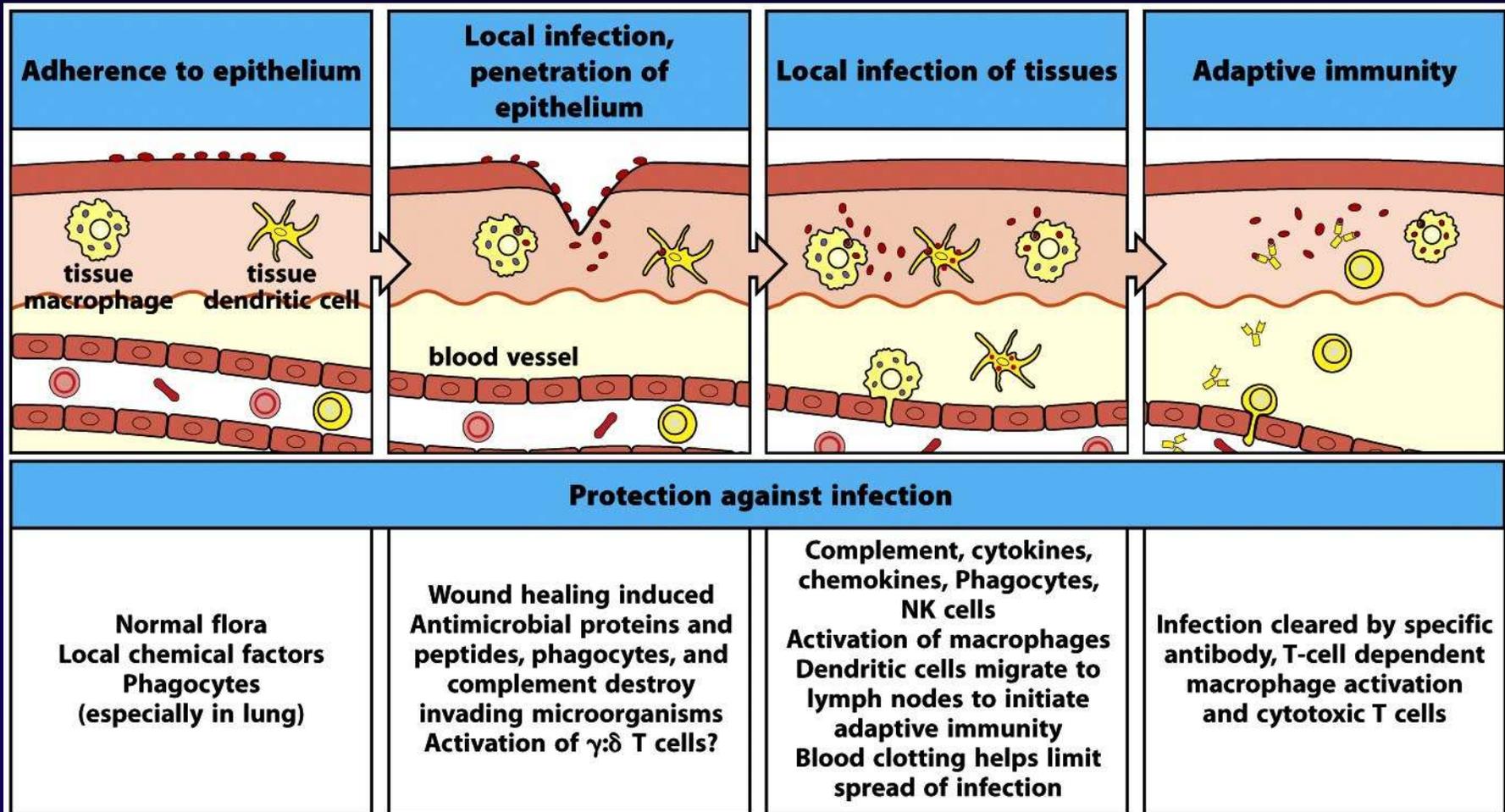
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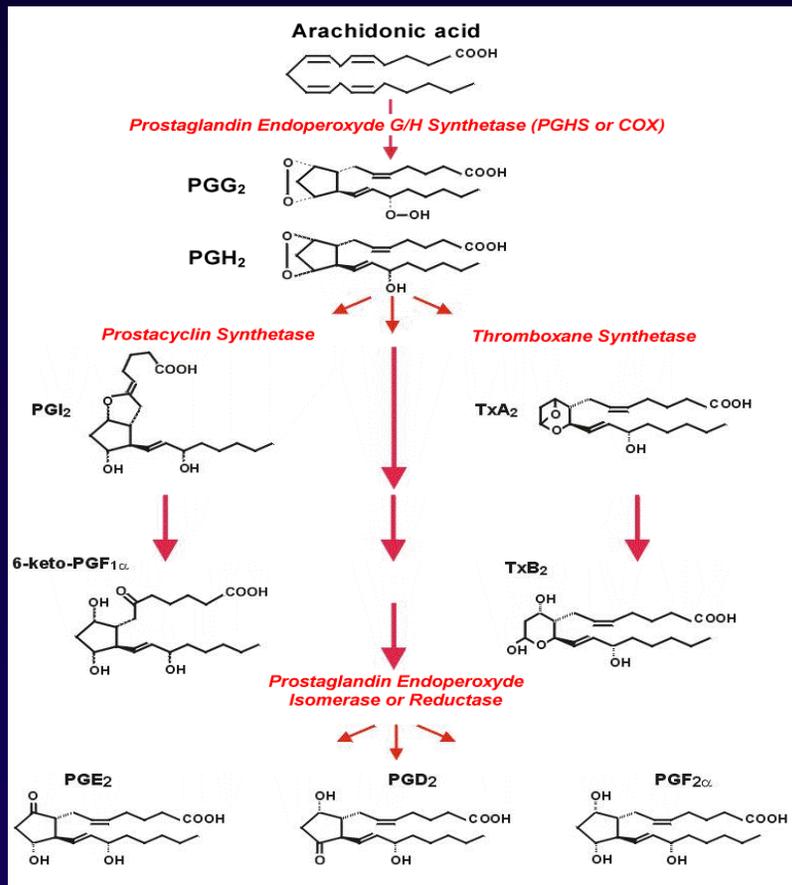
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Innate Immune Molecules: Cyclooxygenase-2 (COX-2)



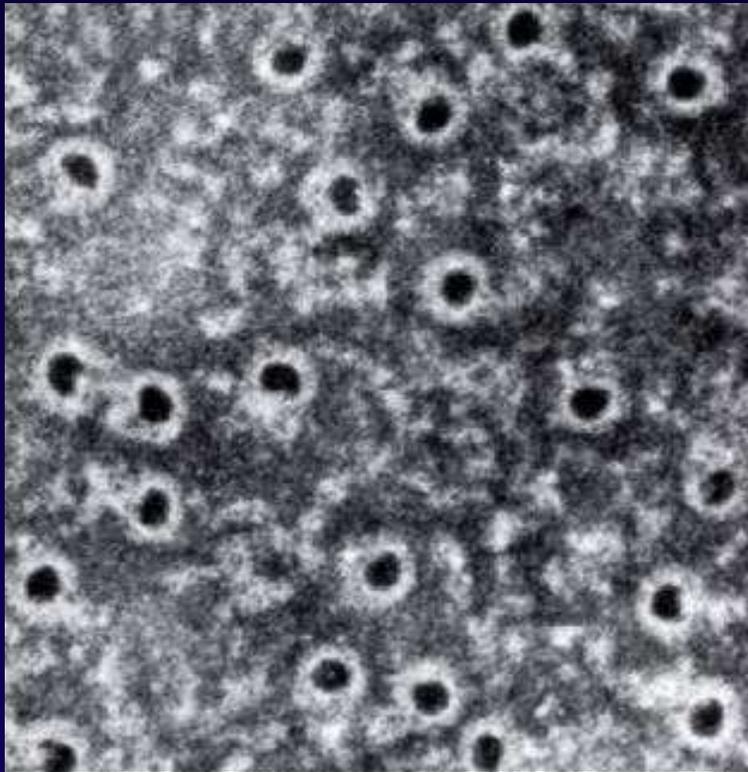
Recognize

- inflammation

Cause

- inflammation

Innate Immune Molecules: Complement System



Recognize

- pathogens
- antibodies
- lectins

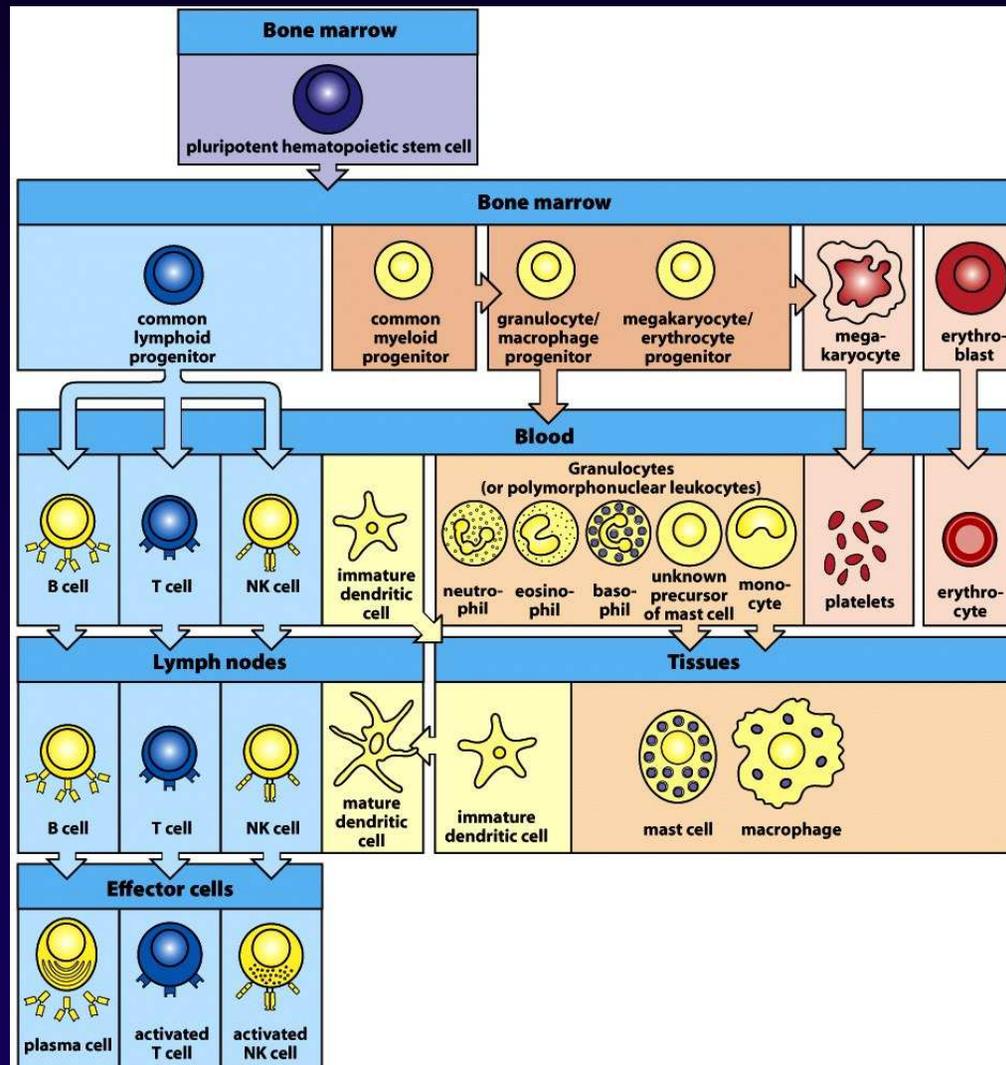
Cause

- pathogen clearance
- chemotaxis
- inflammation

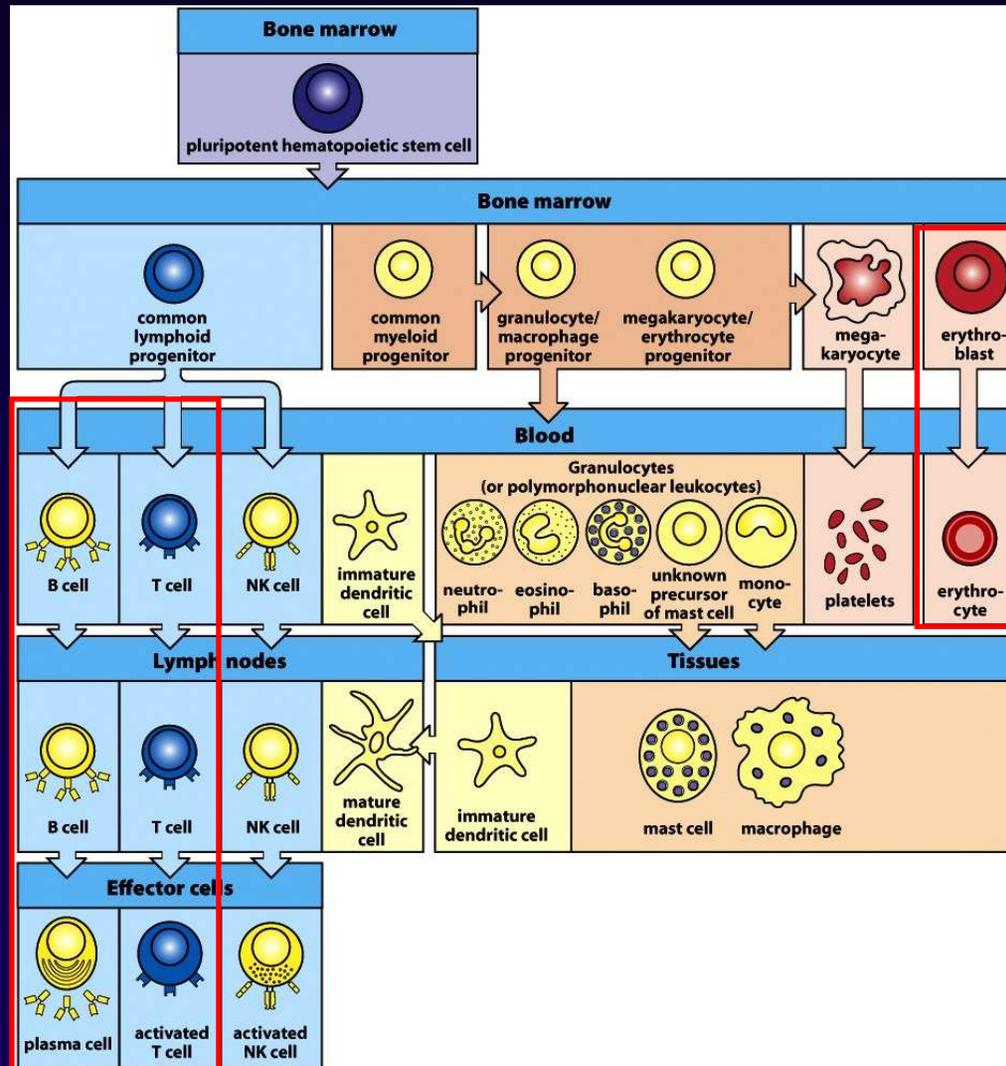
Innate Immune Molecules: type I IFN(- α , β)

- Induced by infection/damage
- Antiviral/Antiproliferative
- Increase innate and adaptive immunity
- Cause inflammation

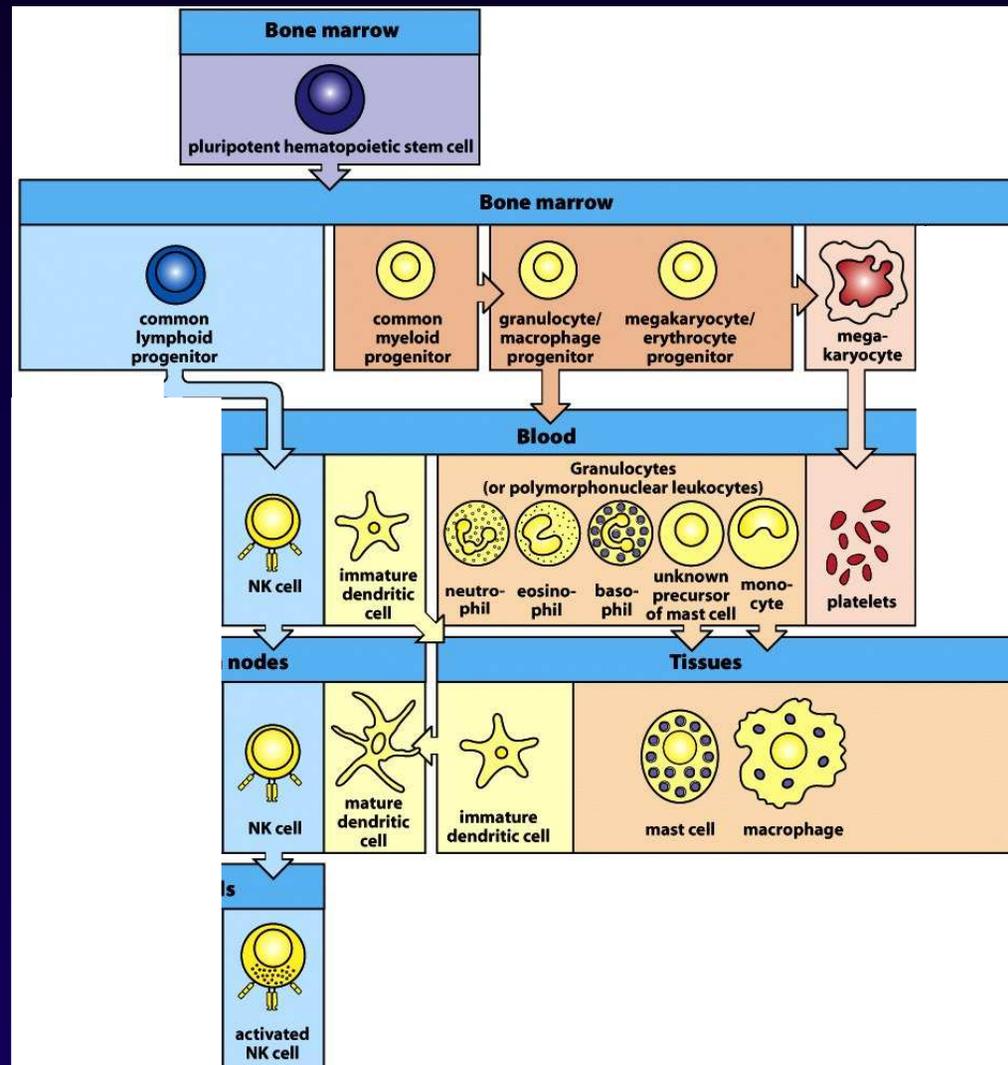
Innate Immune Cells



Innate Immune Cells



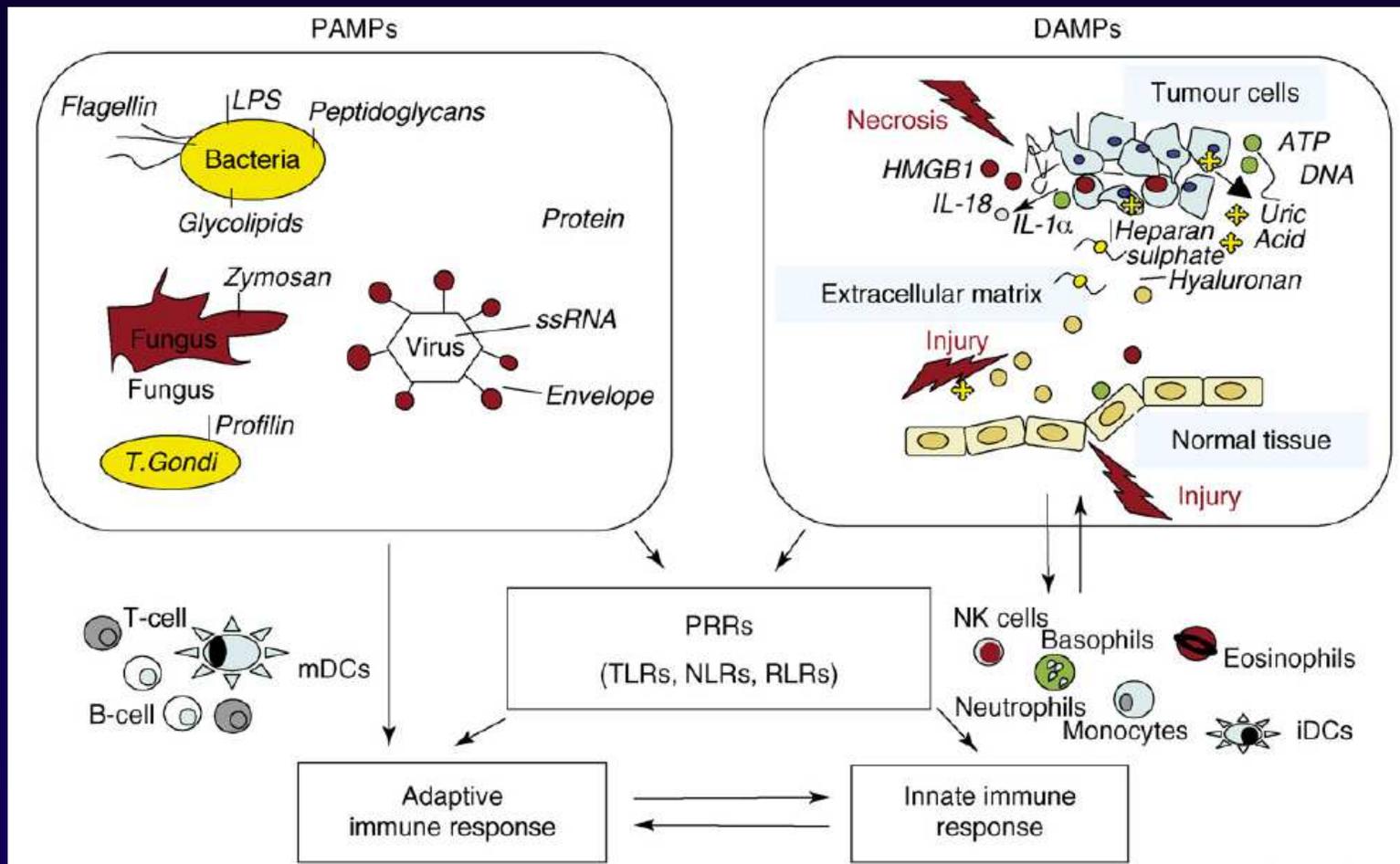
Innate Immune Cells



Danger signals start inflammation

PATHOGENS

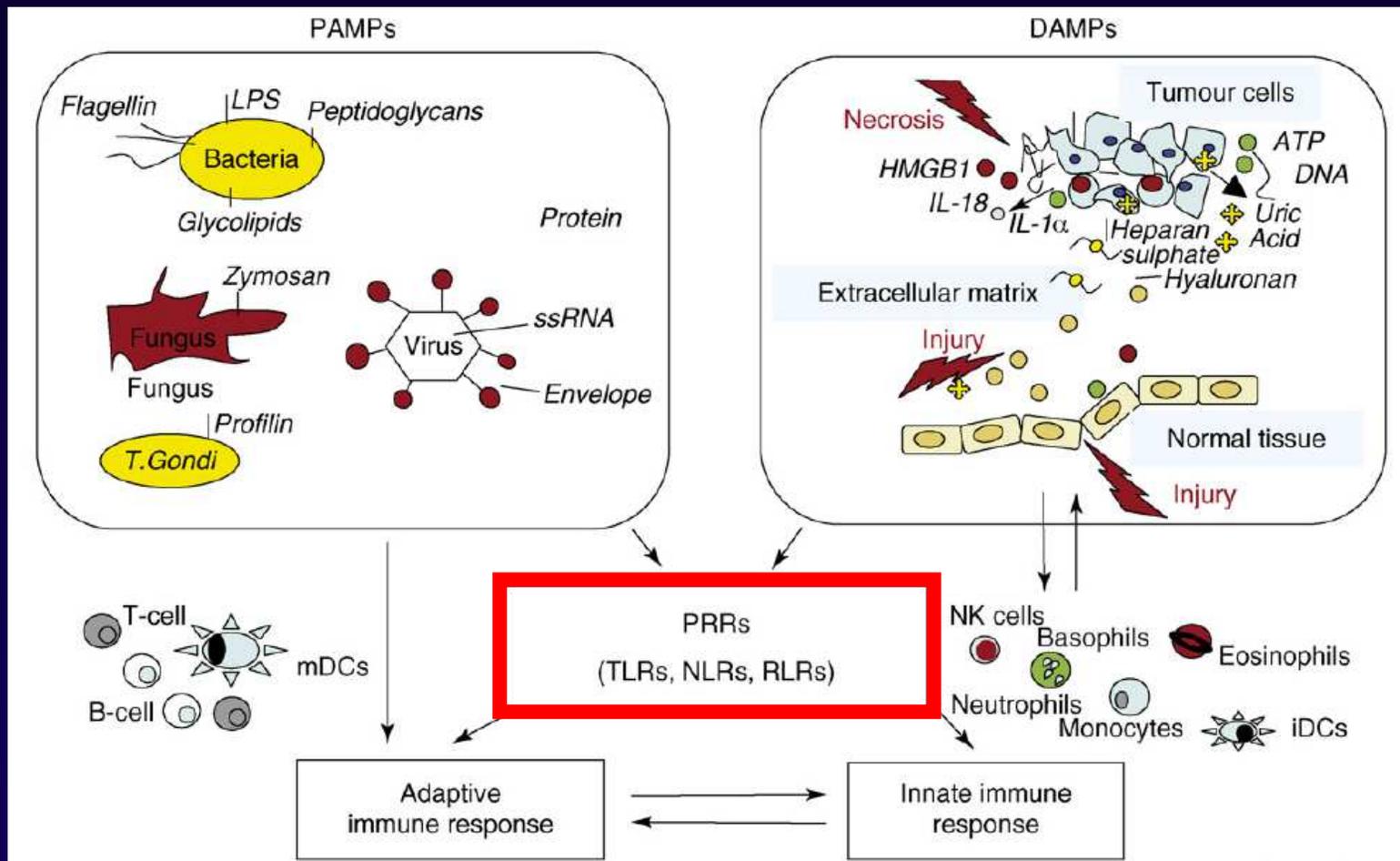
DAMAGE



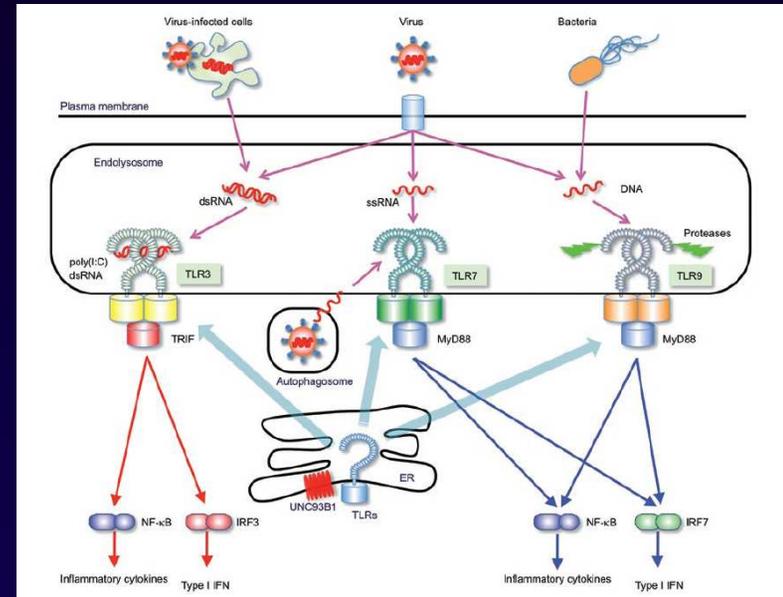
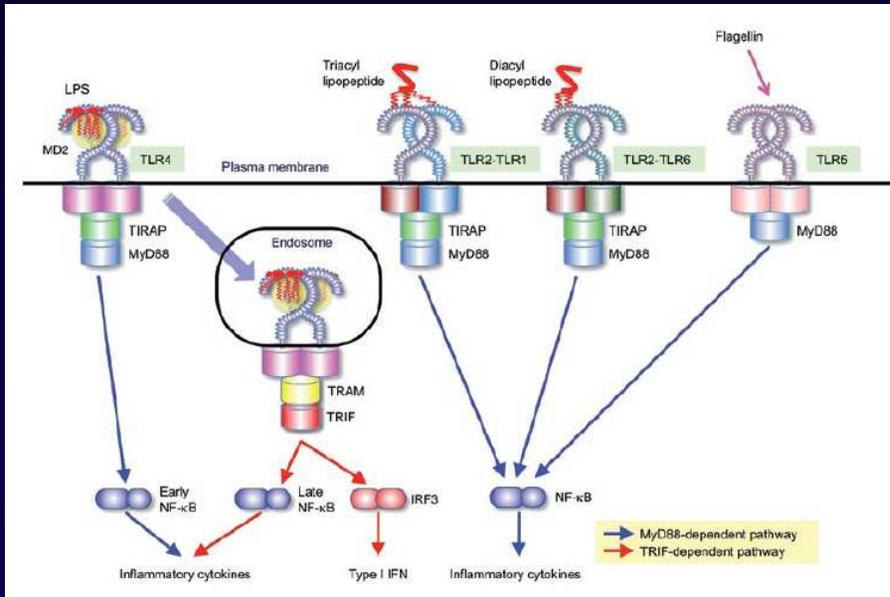
Danger signals start inflammation

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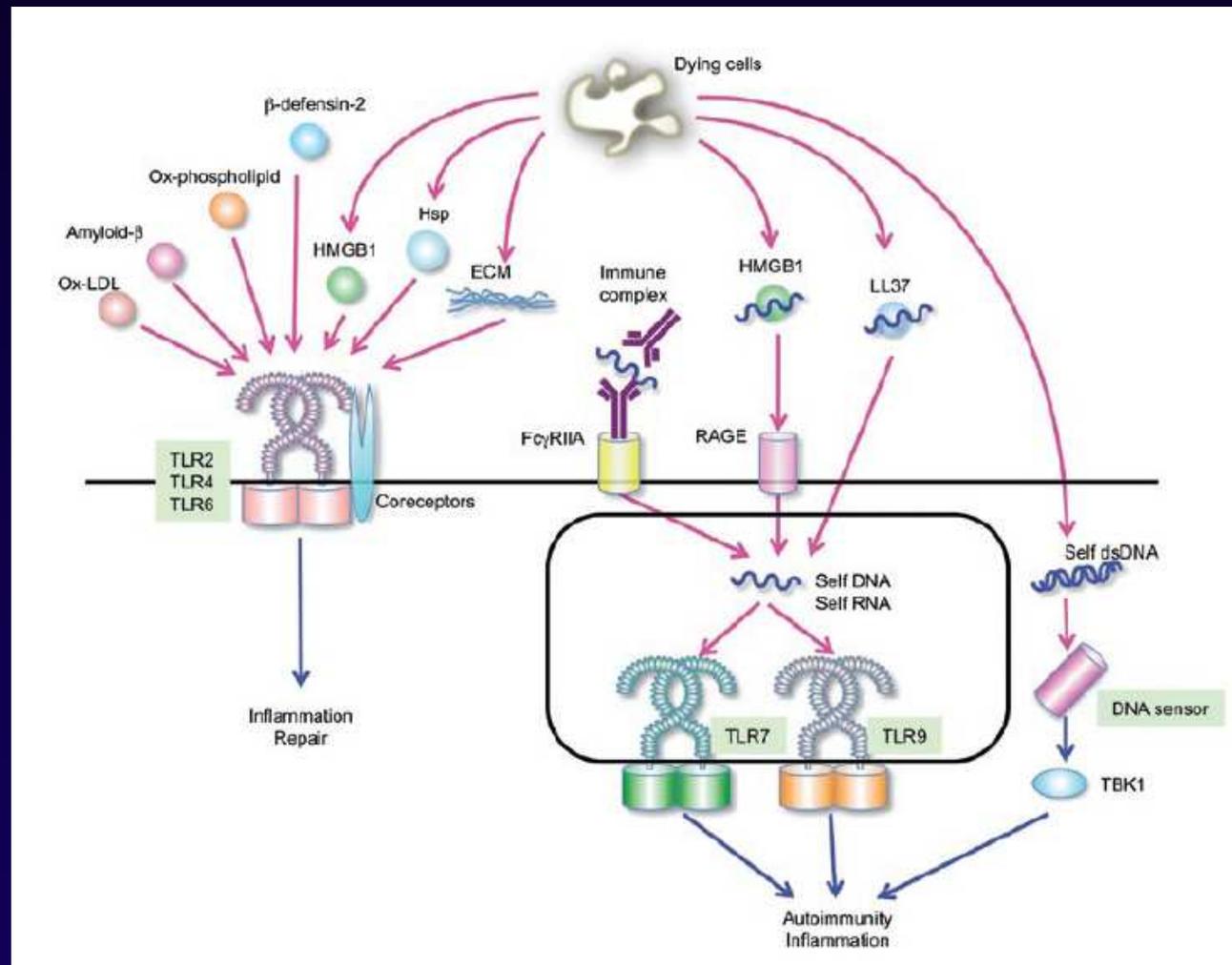
DAMAGE



Receptors sense Danger: Pathogens



Receptors sense Danger: Damage



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Innate Immunity and Inflammation in Cancer

- Outcomes vary:
 - Promote cancer (Bad inflammation)
 - Suppress cancer (Good inflammation)

Innate Immunity and Inflammation

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- **Bad Inflammation**
- Good Inflammation
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Bad Inflammation Causes Cancer

DANGER

cellular damage caused by

- pathogens
- physical damage
- chemicals
- UV
- etc

DANGER



**IMMUNE RESPONSE
INFLAMMATION**

~~DANGER~~



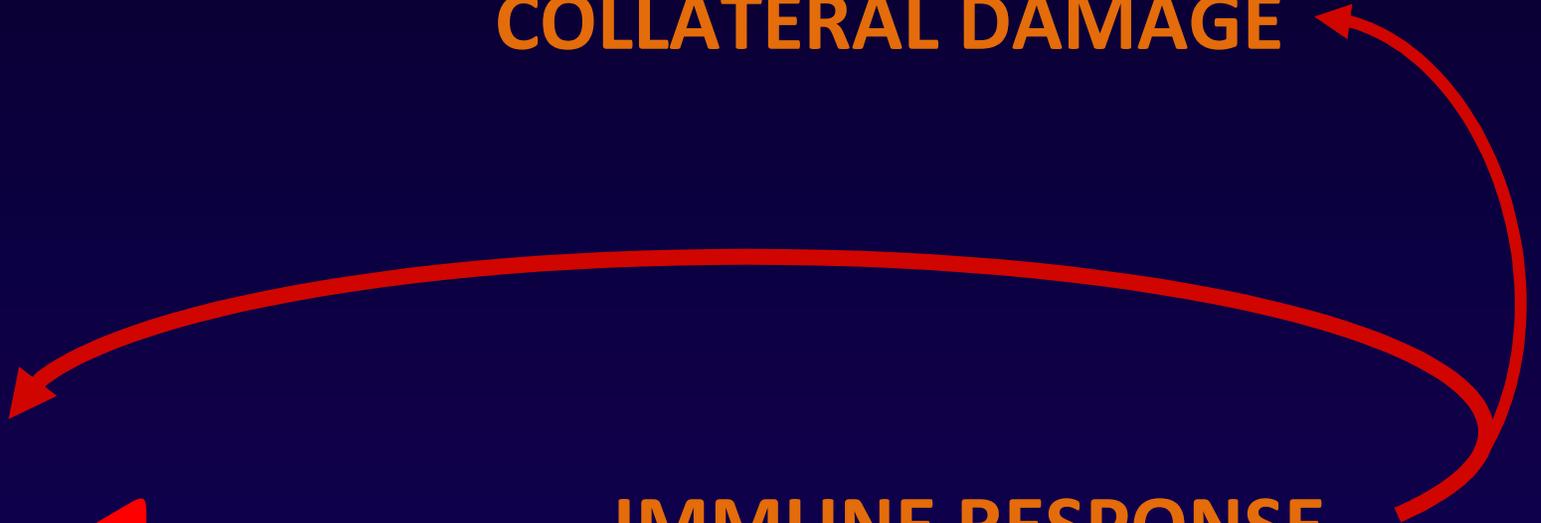
IMMUNE RESPONSE
INFLAMMATION



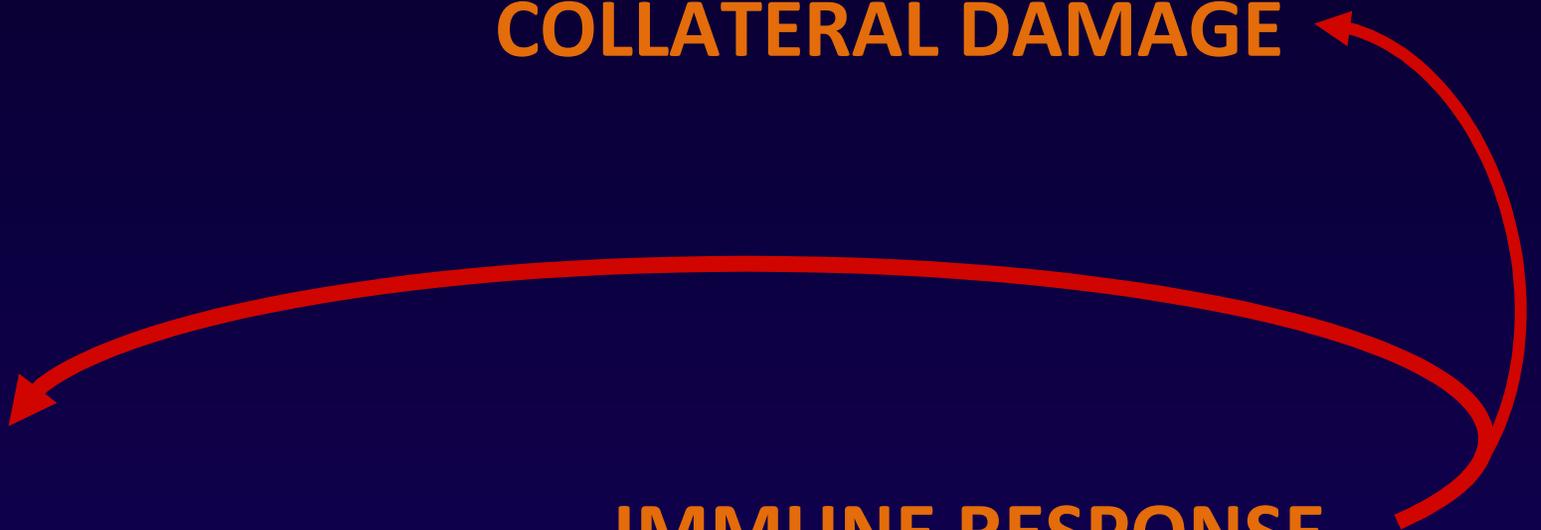
COLLATERAL DAMAGE

~~**DANGER**~~

**IMMUNE RESPONSE
INFLAMMATION**



COLLATERAL DAMAGE



**IMMUNE RESPONSE
INFLAMMATION**

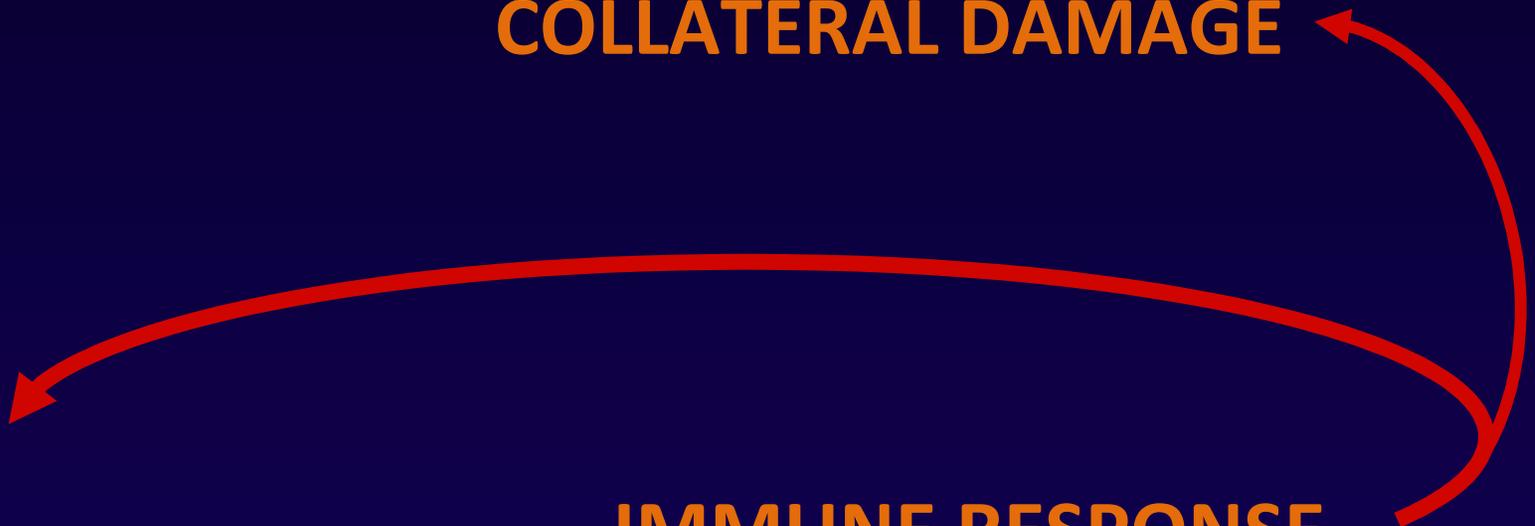


DANGER



**IMMUNE RESPONSE
INFLAMMATION**

COLLATERAL DAMAGE

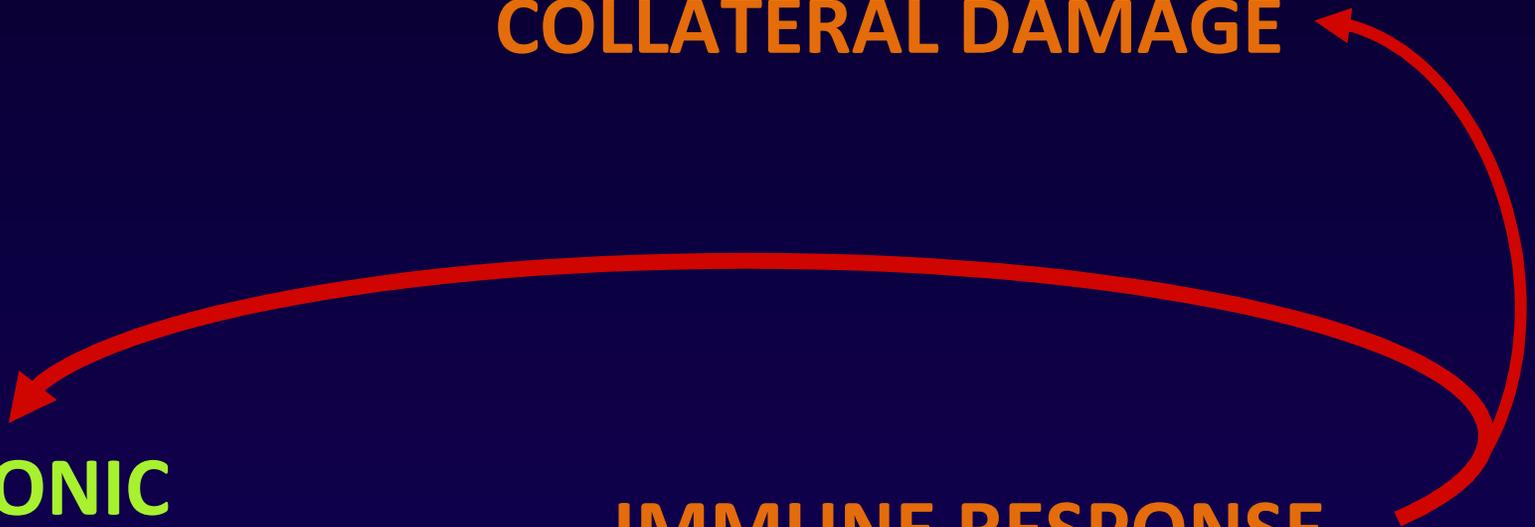


**CHRONIC
DANGER**



**IMMUNE RESPONSE
INFLAMMATION**

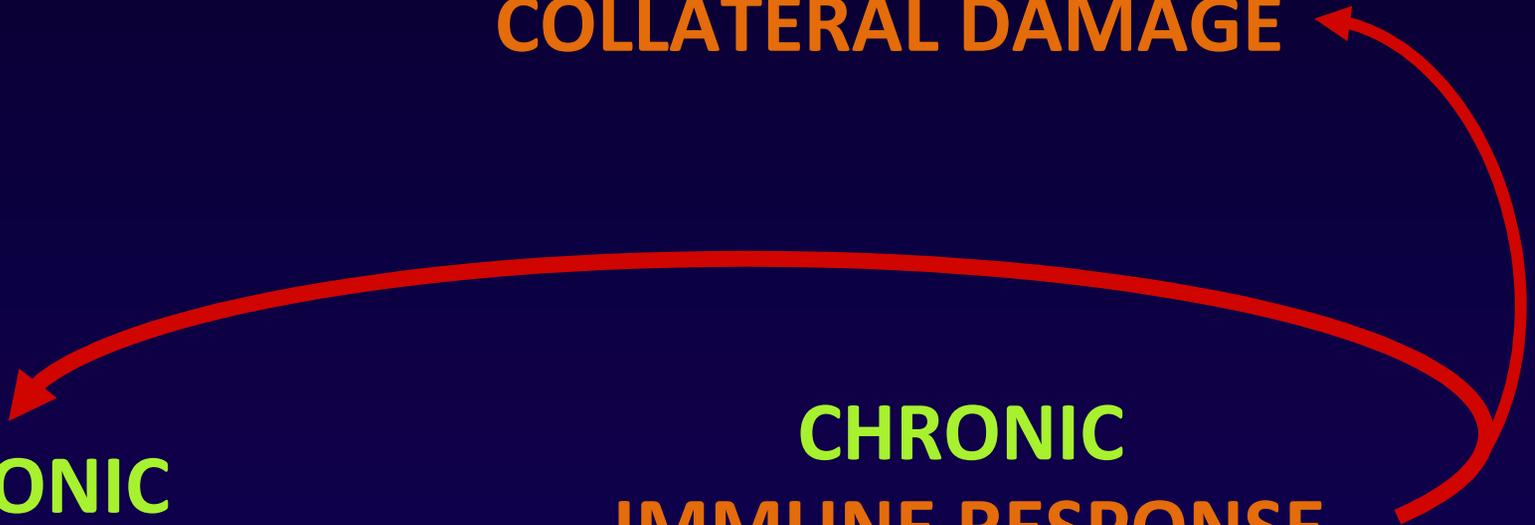
COLLATERAL DAMAGE

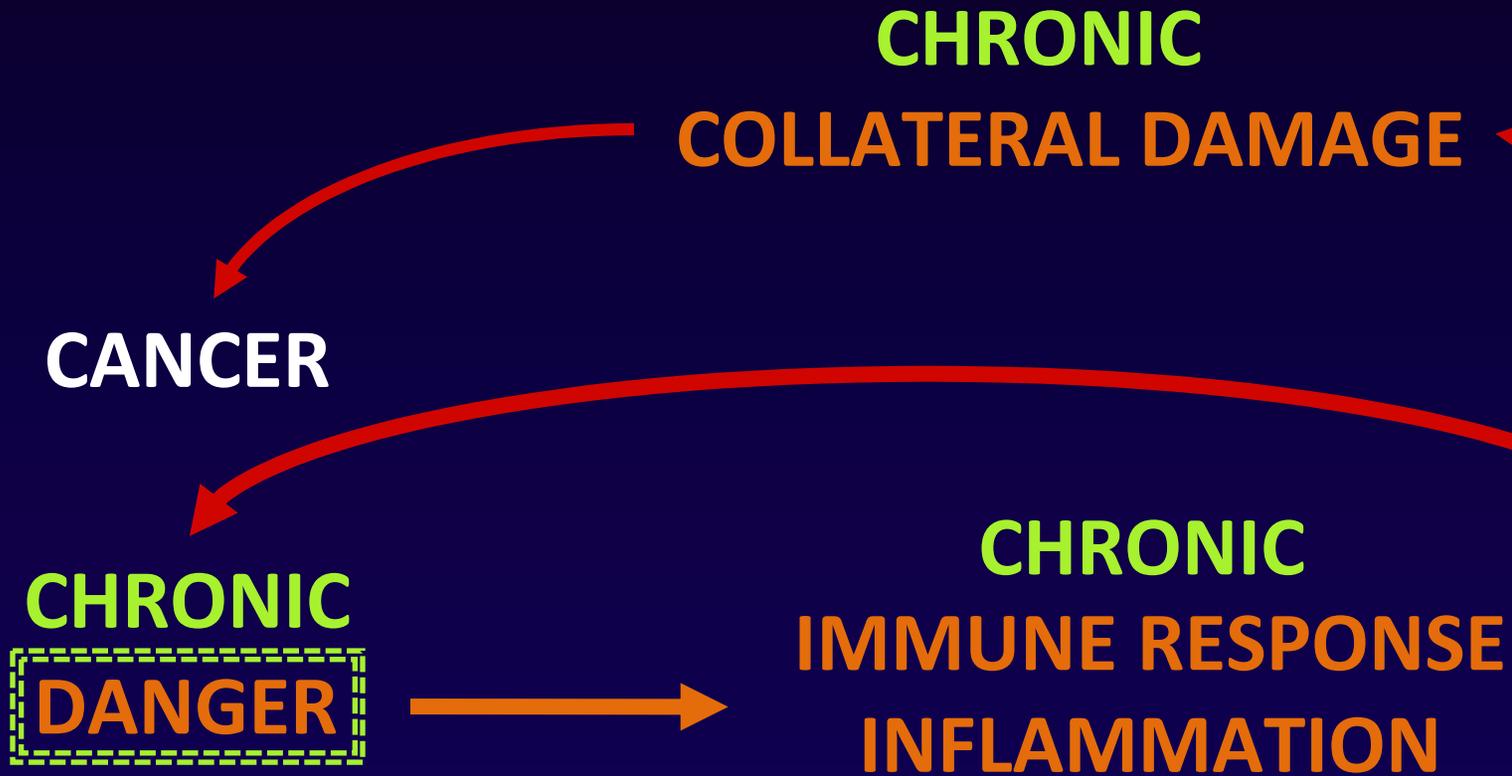


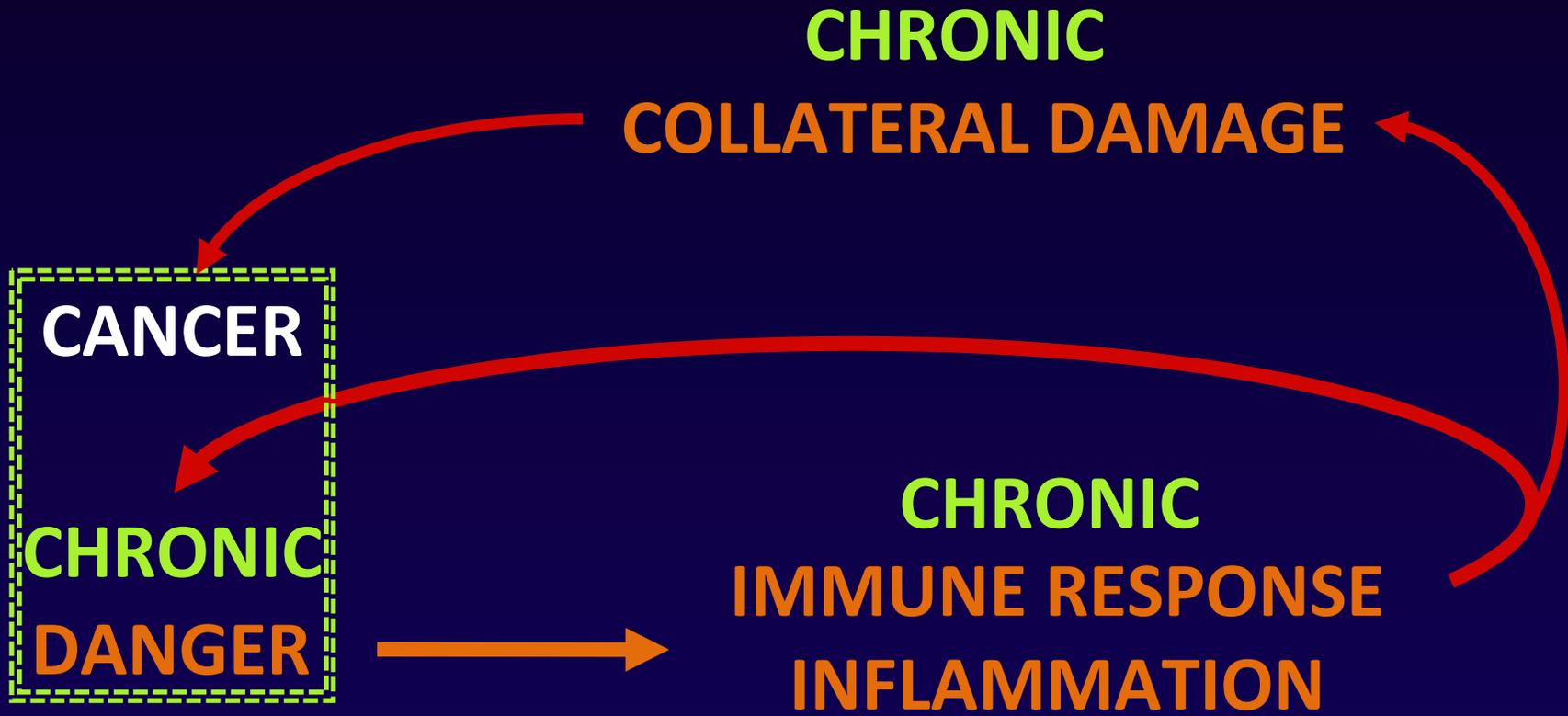
CHRONIC
COLLATERAL DAMAGE

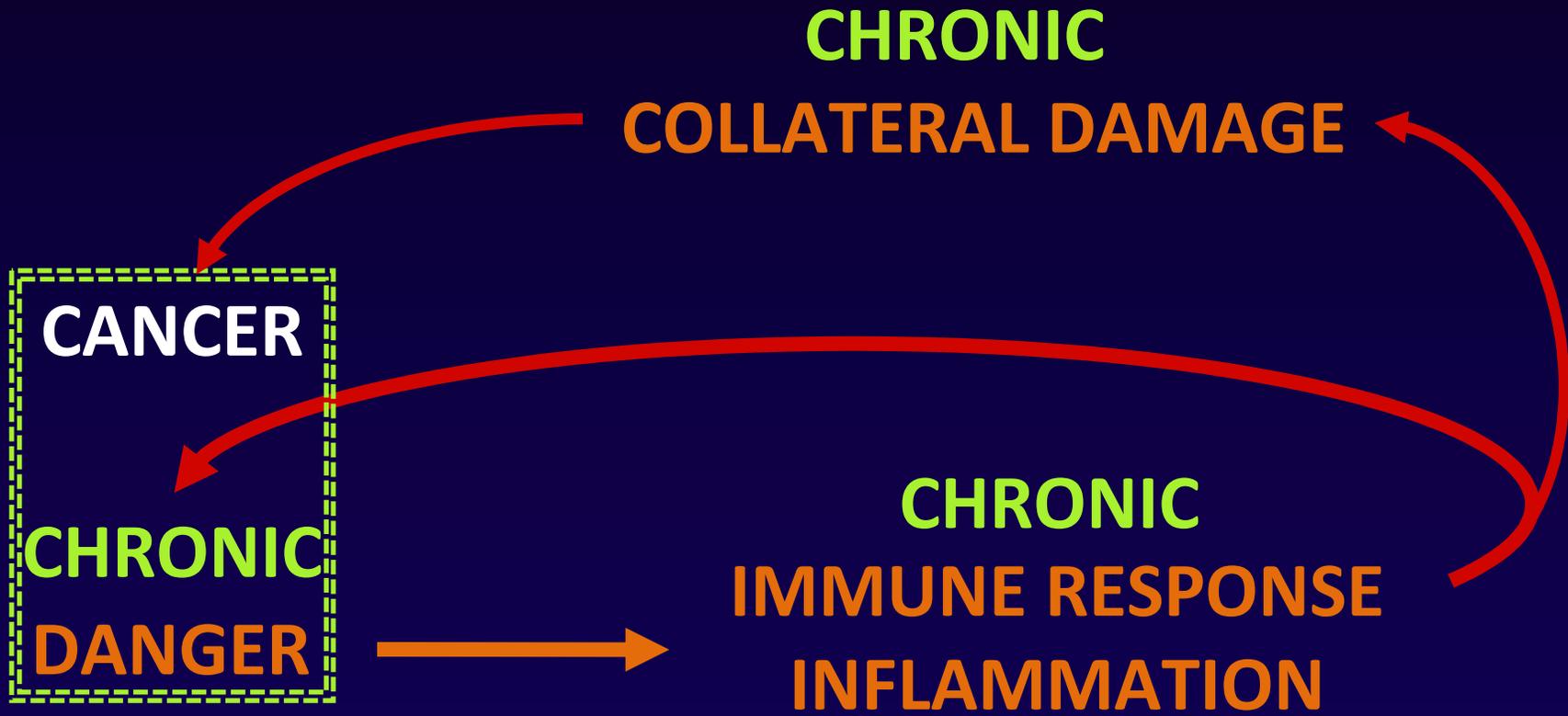
CHRONIC
DANGER

CHRONIC
IMMUNE RESPONSE
INFLAMMATION





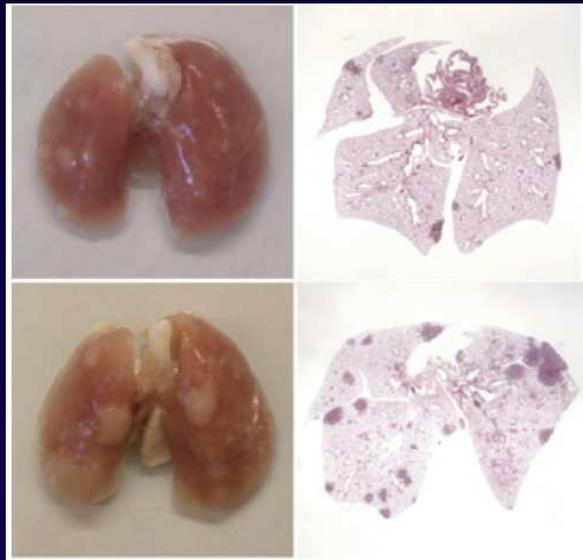




cancer: a “never-healing wound”

Inflammation can Promote Cancer: collaboration with K-ras mutation

no
smoking



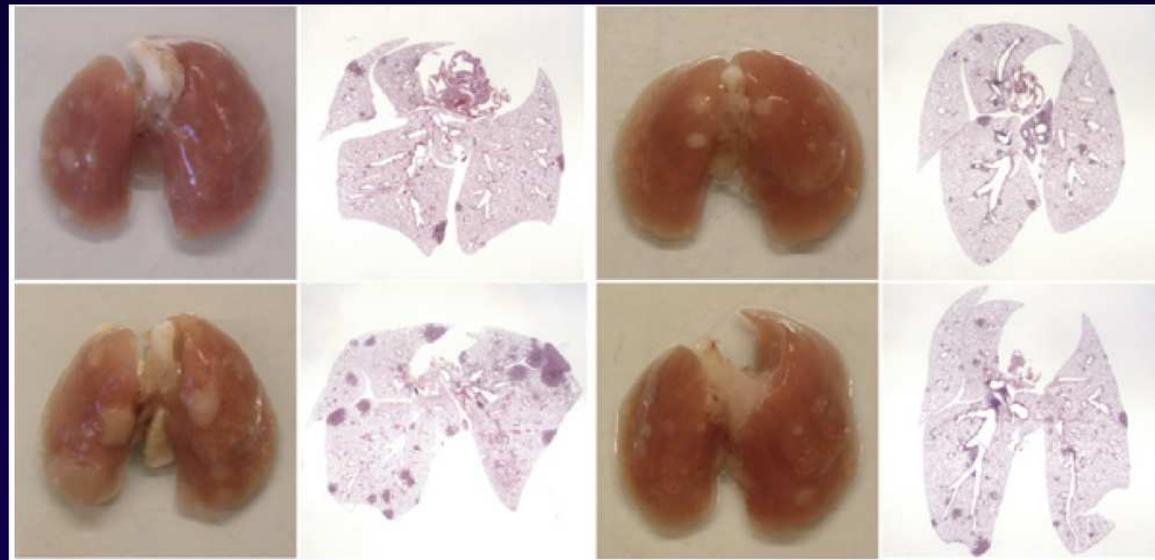
4 cigarettes
per day

K-ras mutation
&
normal myeloid cells

Inflammation can Promote Cancer: collaboration with K-ras mutation

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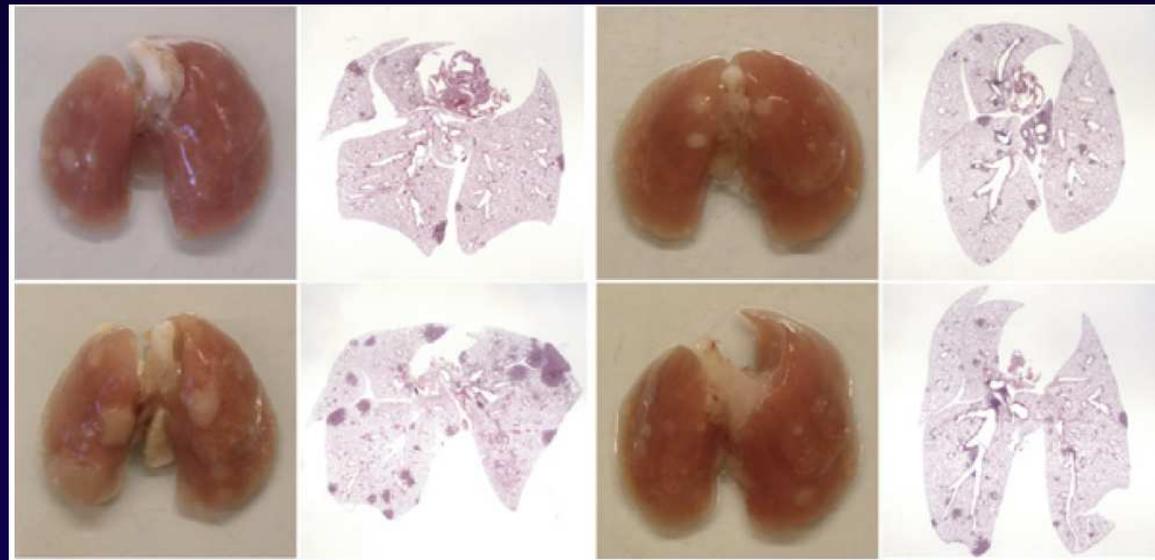
K-ras mutation
&
normal myeloid cells

K-ras mutation
+
 $IKK^{-/-}$ myeloid cells

Inflammation can Promote Cancer: collaboration with K-ras mutation

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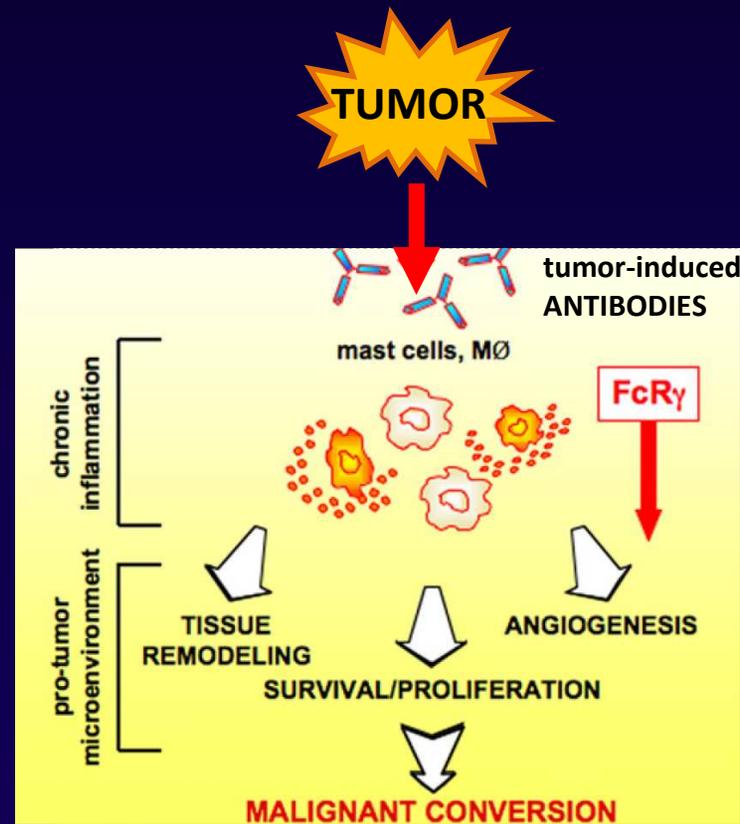


K-ras mutation
&
normal myeloid cells

K-ras mutation
+
IKK^{-/-} myeloid cells

- ↓ NF-κB
- ↓ pSTAT3
- ↓ IL-6
- ↓ neutrophils
- ↓ angiogenesis

Inflammation can Promote Cancer: collaboration with HPV E6/E7 oncogene



Tumors can induce bad inflammation

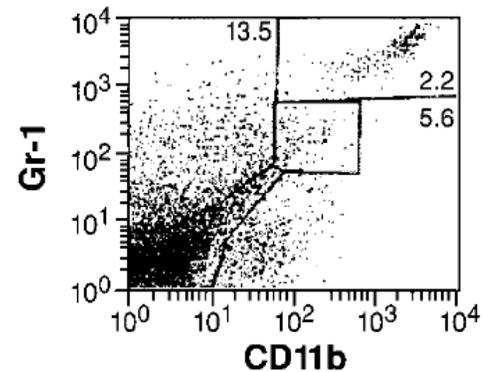
Apoptotic Death of CD8⁺ T Lymphocytes After Immunization: Induction of a Suppressive Population of Mac-1⁺/Gr-1⁺ Cells¹

Vincenzo Bronte,^{2*} Michael Wang,[†] Willem W. Overwijk,^{*} Deborah R. Surman,^{*}
Federica Pericle,[‡] Steven A. Rosenberg,^{*} and Nicholas P. Restifo^{3*}

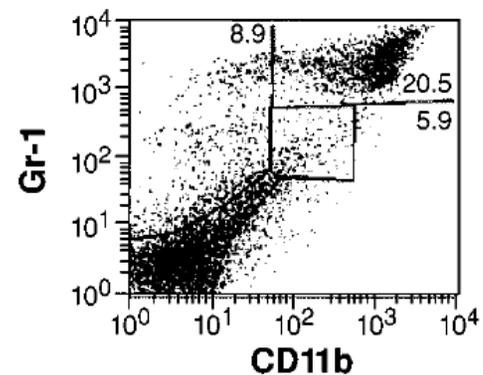
The Journal of Immunology, 1998, 161: 5313–5320.

Tumors can induce bad inflammation

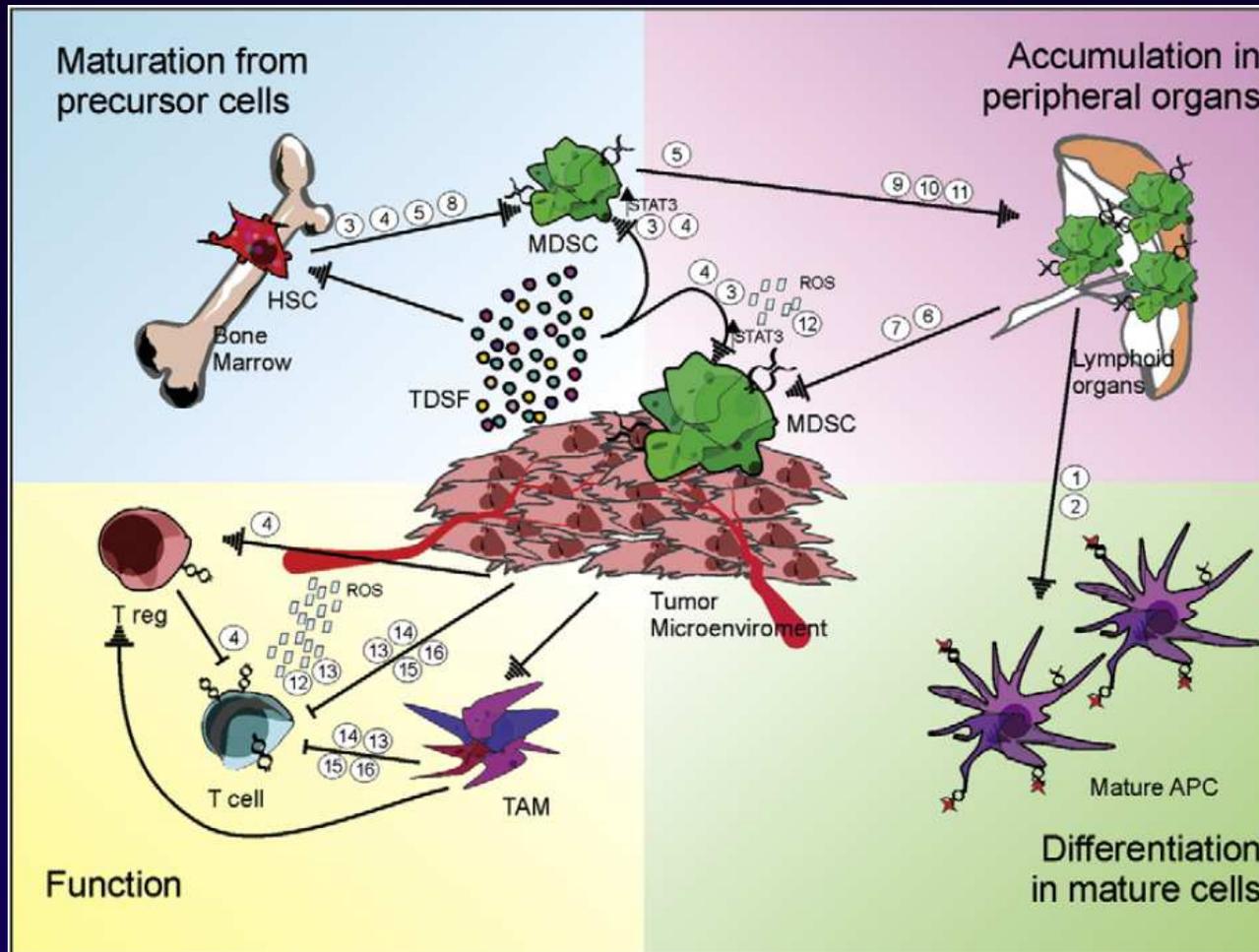
Spleen (no tumor)



Spleen (subcut. tumor)

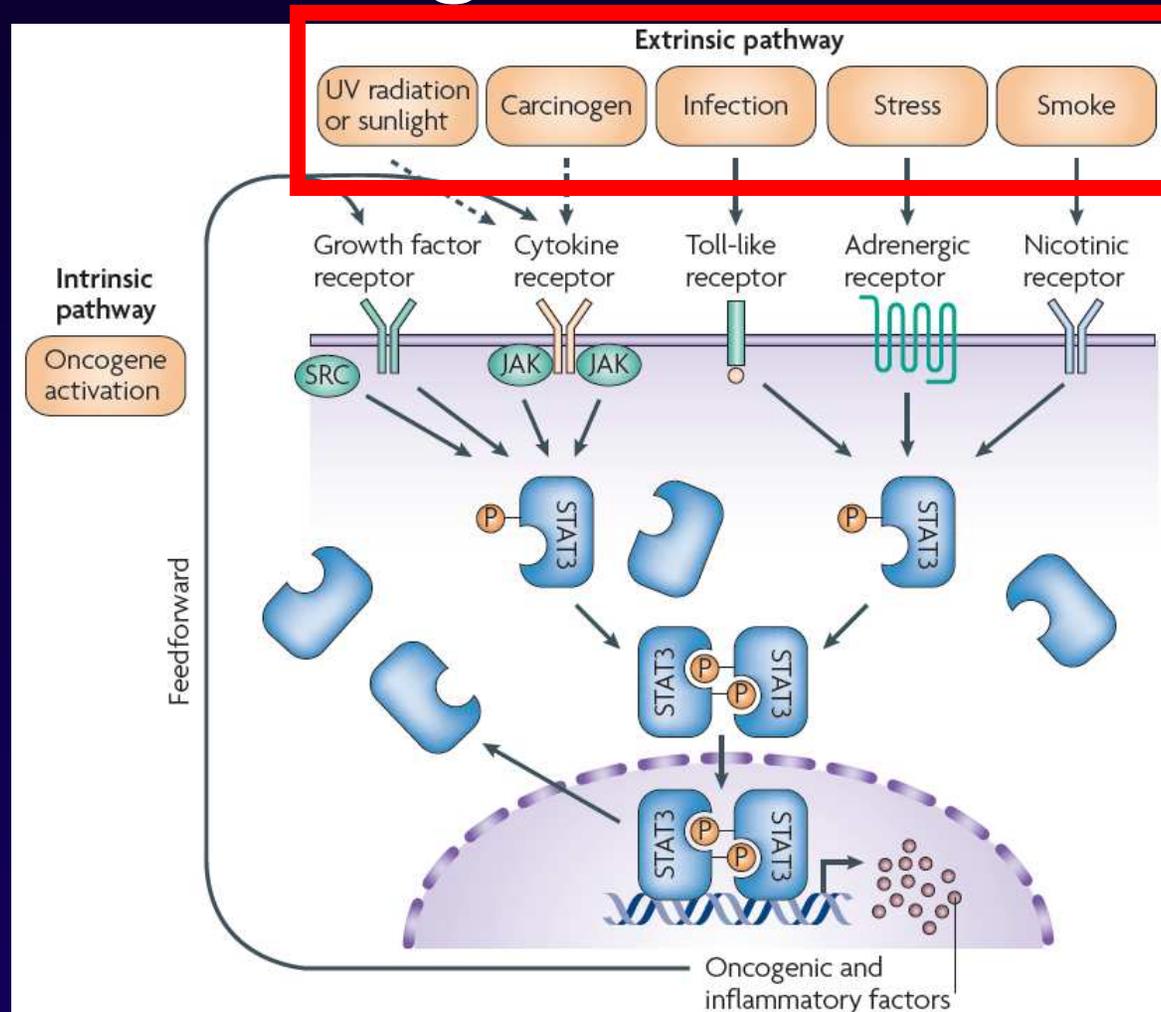


Tumors can induce bad inflammation



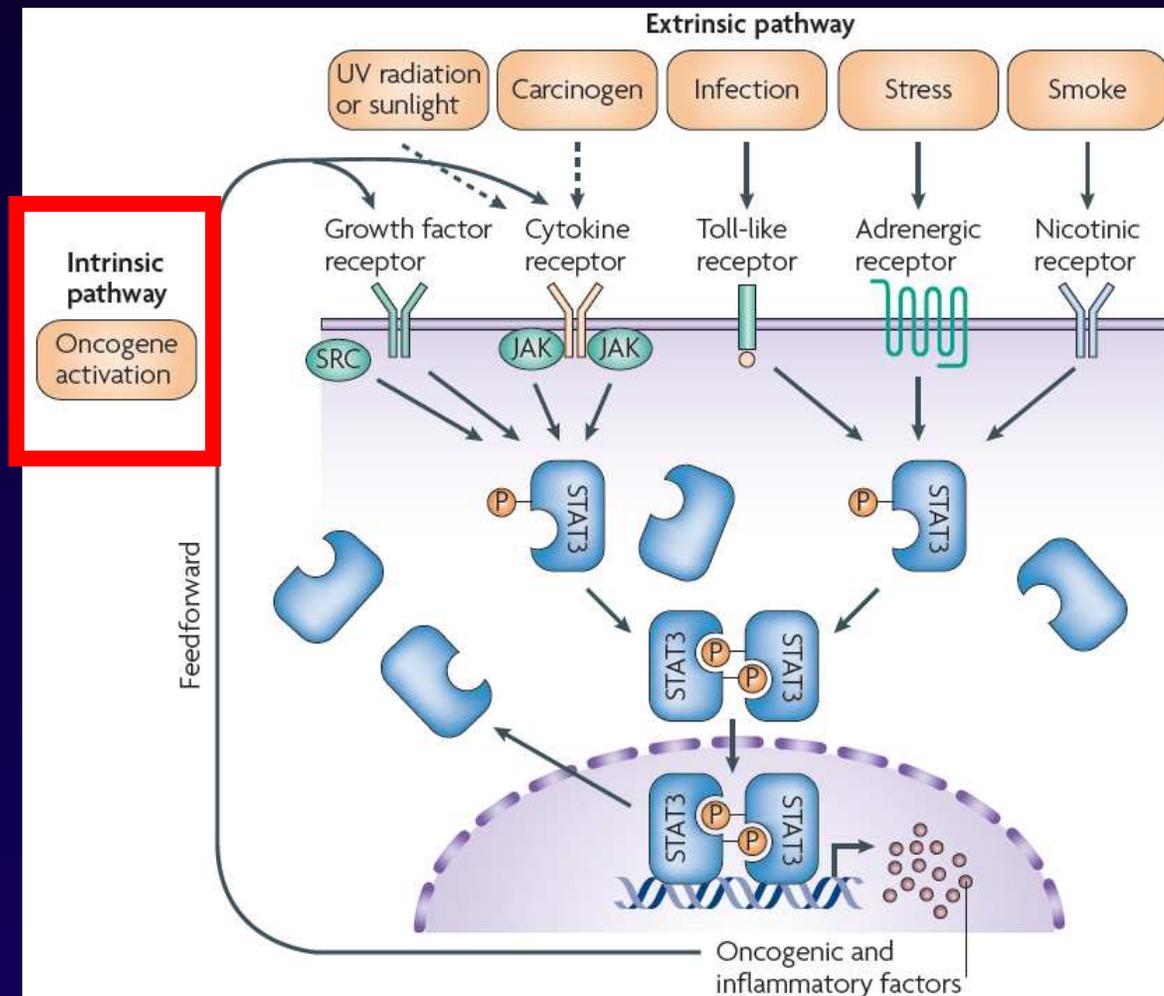
Tumors can induce bad inflammation

Oncogenic STAT3



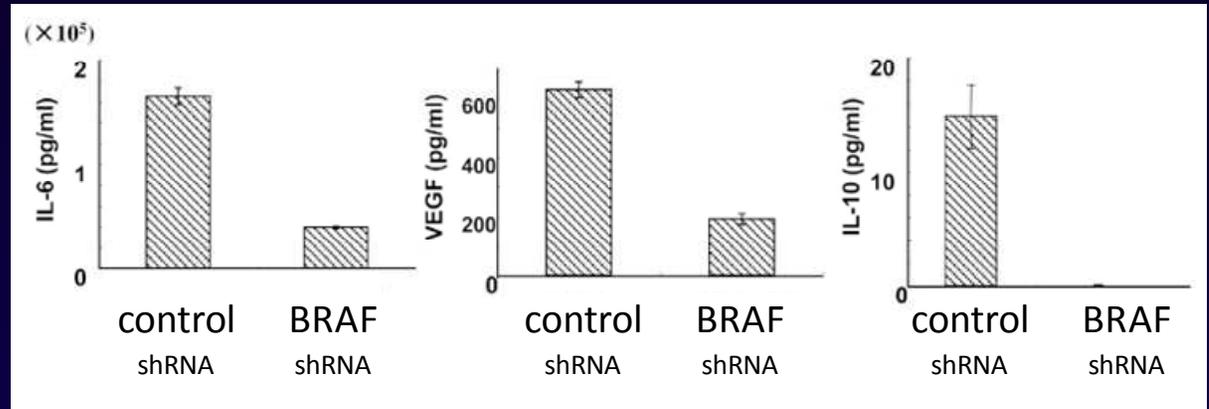
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Oncogenic STAT3



Mutations can Drive Bad Inflammation

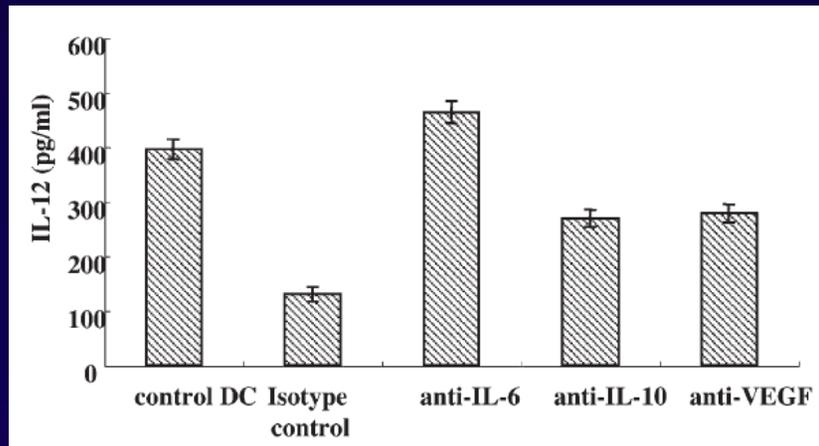
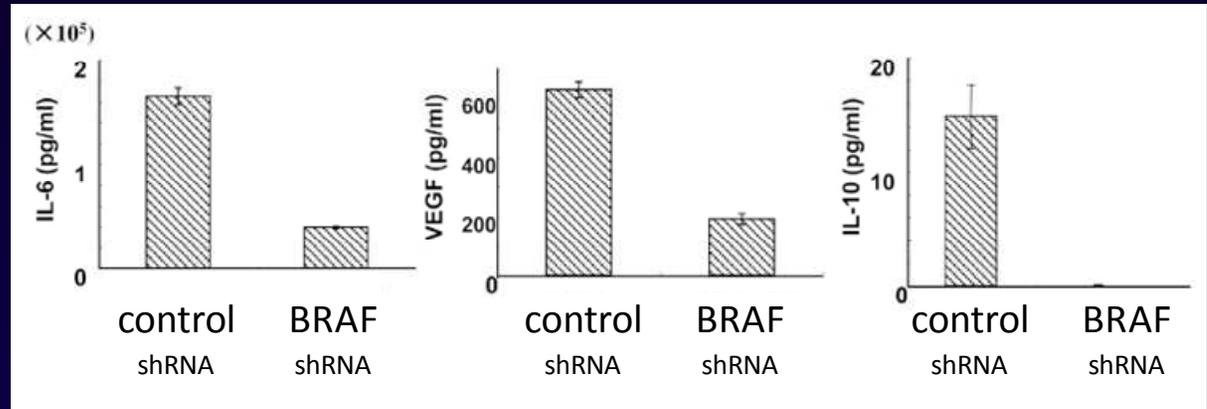
Mutated BRAF → tumor cells produce bad, immunosuppressive cytokines



Mutations can Drive Bad Inflammation

Mutated BRAF → tumor cells produce bad, immunosuppressive cytokines

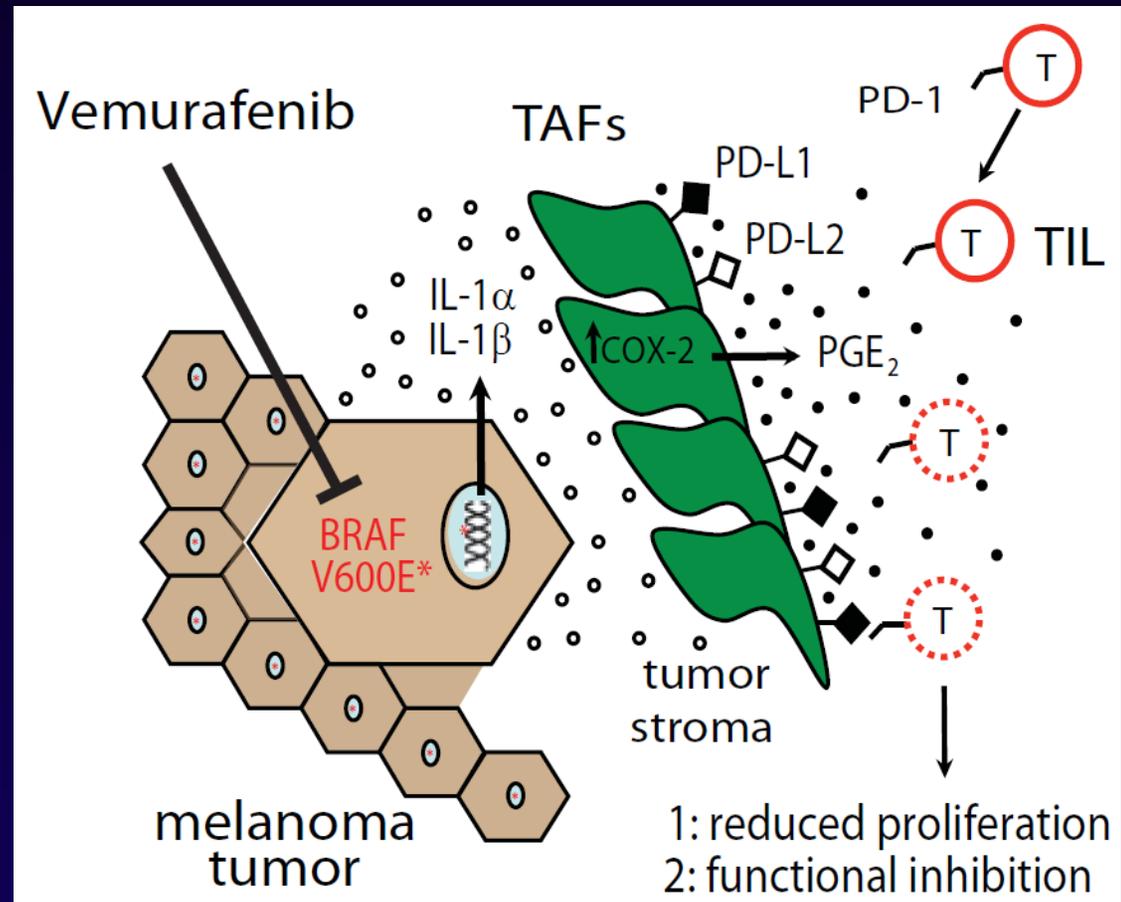
↓
block production of good cytokines in DCs



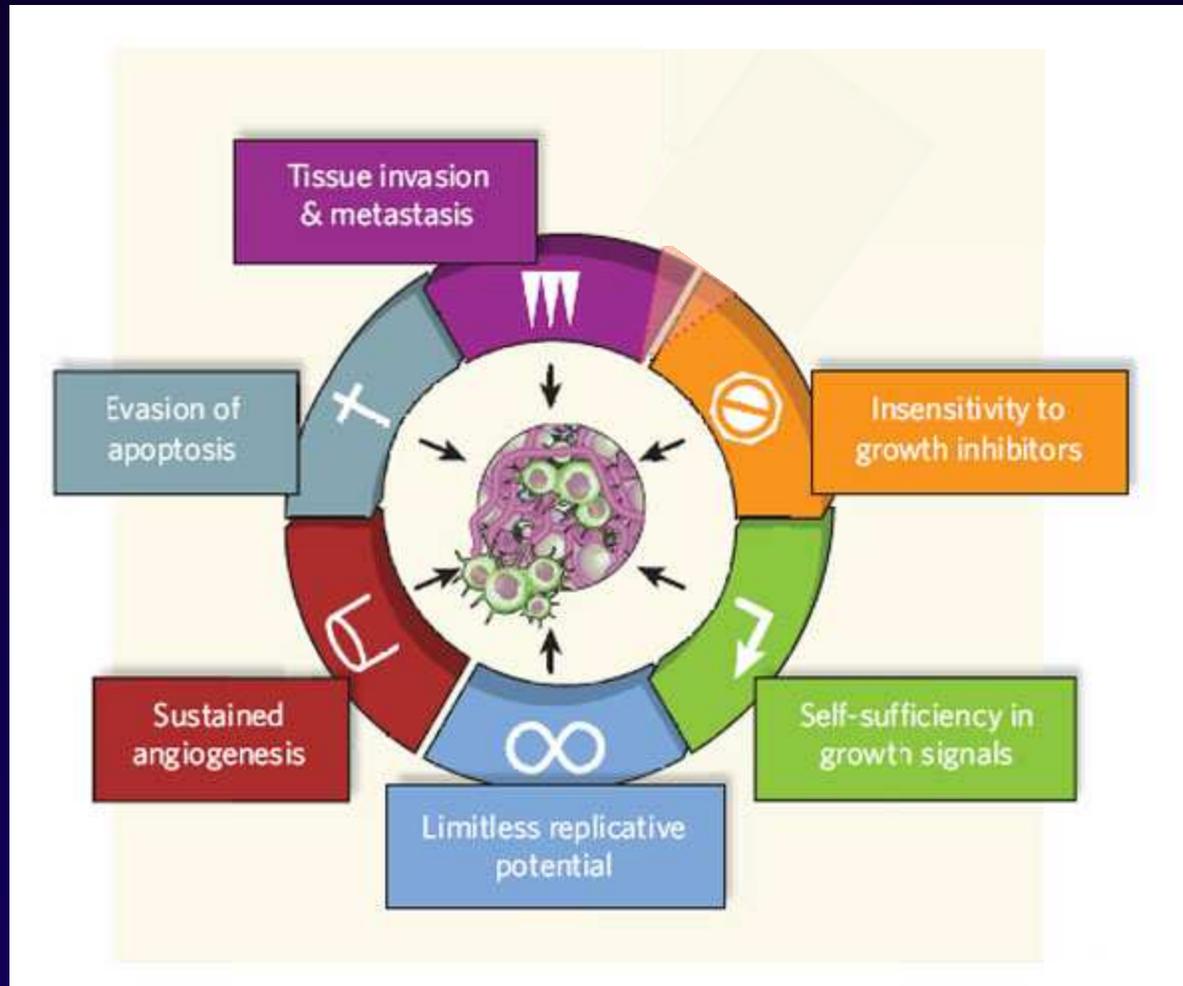
Mutations can Drive Bad Inflammation

Mutated BRAF → tumor cells produce bad, immunosuppressive cytokines

↓
promote expression of immunosuppressive molecules

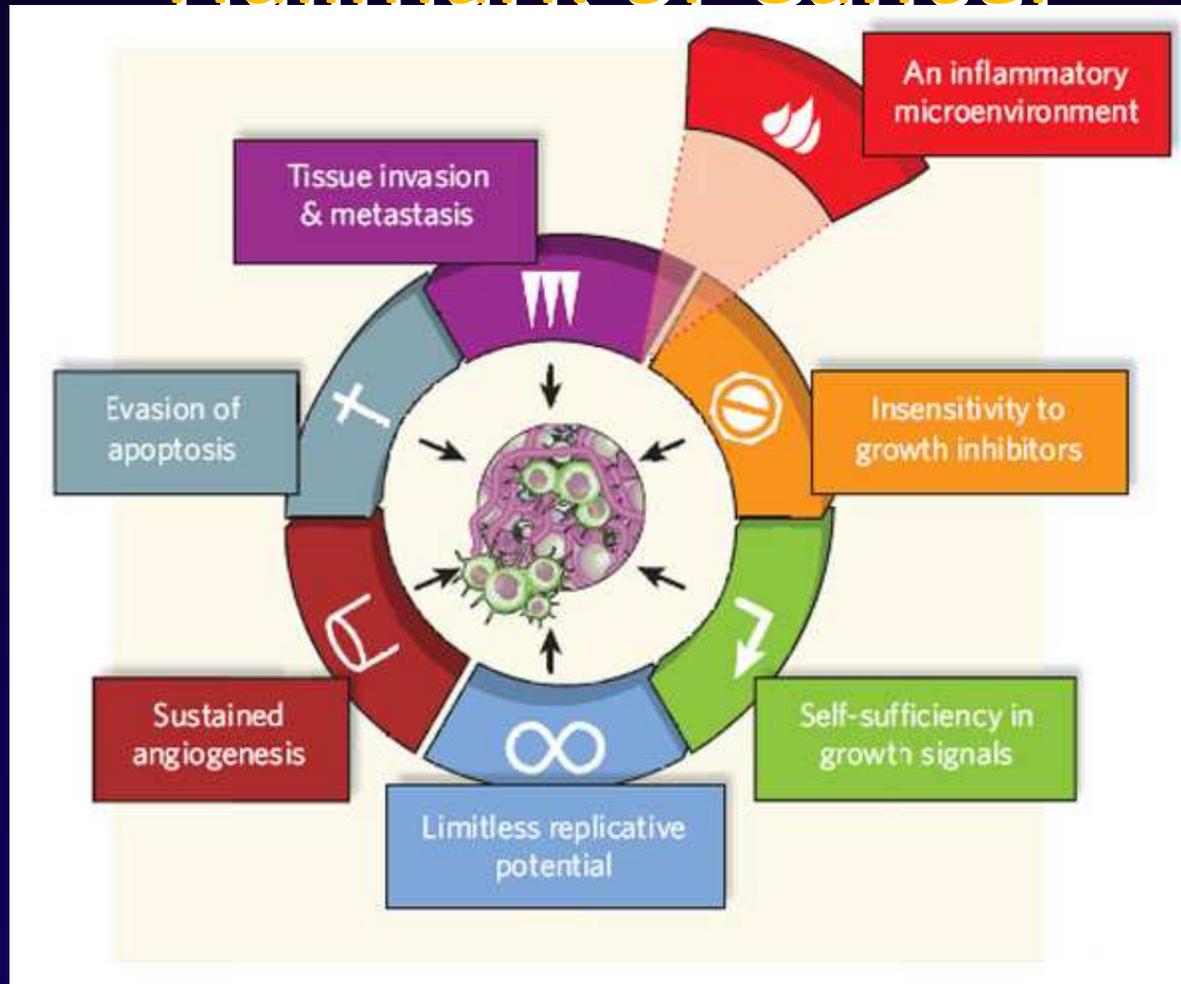


Classic Hallmarks of Cancer

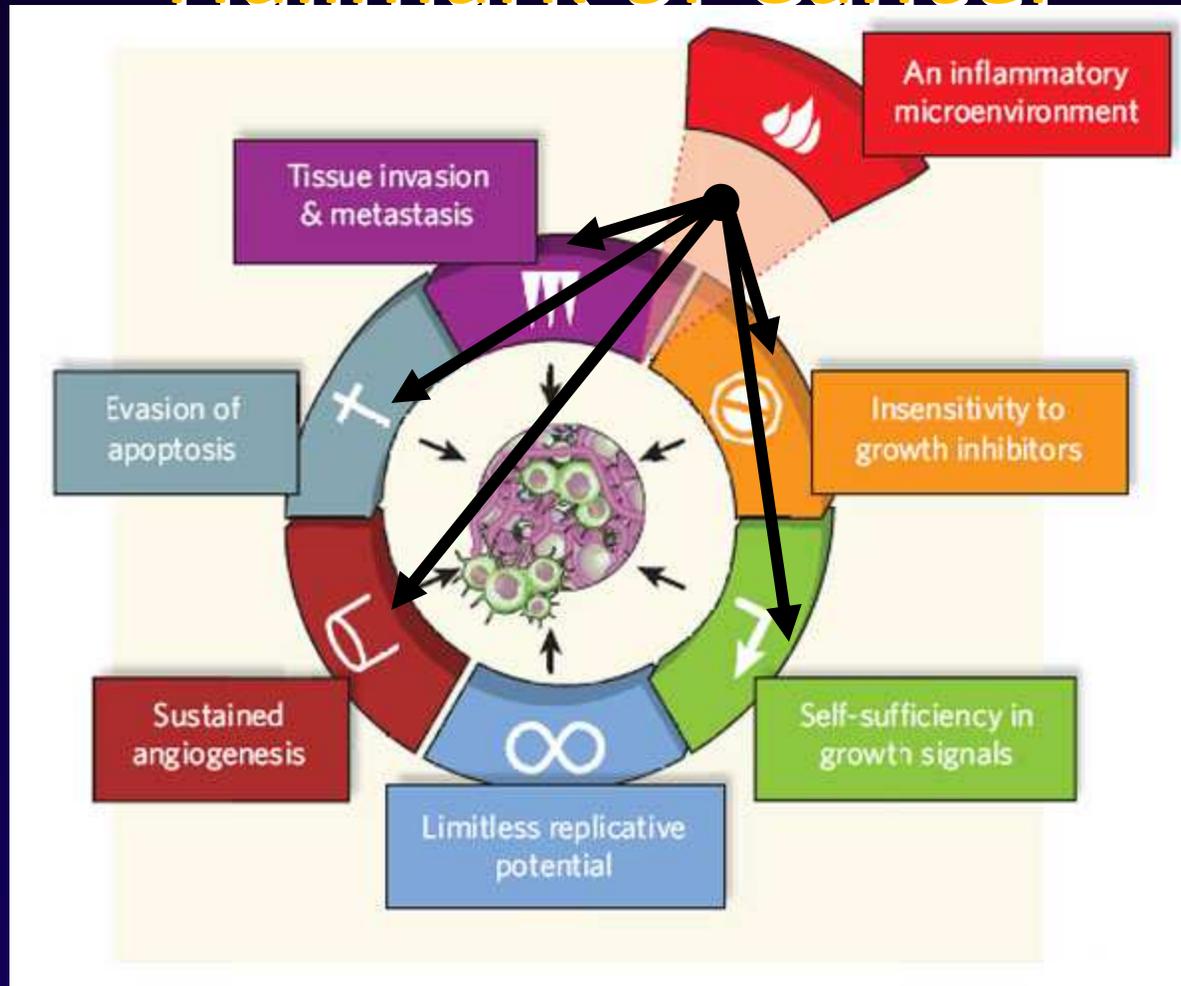


Mantovani et al., *Nature* 2009
Hanahan & Weinberg, *Cell* 2000

Inflammation is (now) a Classic Hallmark of Cancer



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Good vs. Bad Inflammation in Cancer

Immunity, Inflammation, and Cancer

Sergei I. Grivennikov,¹ Florian R. Greten,² and Michael Karin^{1,*}

Cell 140, 883–899, March 19, 2010

Cancer and Inflammation: Promise for Biologic Therapy

Sandra Demaria, Eli Pikarsky,† Michael Karin,‡ Lisa M. Coussens,§ Yen-Ching Chen,||
Emad M. El-Omar,¶ Giorgio Trinchieri,# Steven M. Dubinett,** Jenny T. Mao, † † Eva Szabo,‡‡
Arthur Krieg,§§ George J. Weiner,|||| Bernard A. Fox,¶¶ George Coukos,### Ena Wang,***
Robert T. Abraham,† † † Michele Carbone,‡‡‡ and Michael T. Lotze§§§*

J Immunother • Volume 33, Number 4, May 2010

IFN- γ Suppresses Human Tumor Development

Multiple cutaneous squamous cell carcinomas in a patient with interferon γ receptor 2 (IFN γ R2) deficiency

IFN- γ Suppresses Human Tumor Development

Multiple cutaneous squamous cell carcinomas in a patient with interferon γ receptor 2 (IFN γ R2) deficiency

At 17 years of age, the patient developed multifocal Squamous Cell Carcinomas on the face and both hands. Despite local tumour excision, multiple lesions occurred and the patient died at 20 years of age of disseminated SCC. Inherited disorders of IFN- γ -mediated immunity may predispose patients to SCC.

Human Immune System can Suppress Existing Tumors for Years

1982: patient with primary, resected melanoma

1997: declared disease-free and “cured”

1998: died of brain hemorrhage, donated kidneys

2000: - kidney recipient 1 died of metastatic donor melanoma

- kidney recipient 2 taken off immunosuppression; start IFN- α

- kidney recipient 2 rejects kidney and melanoma

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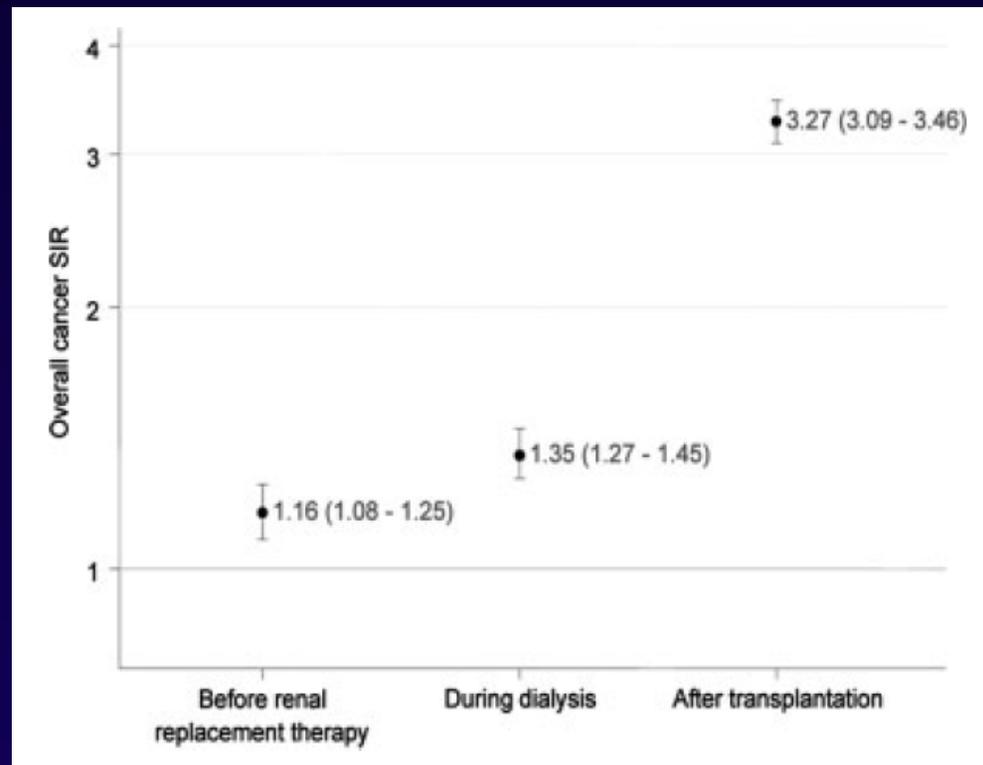
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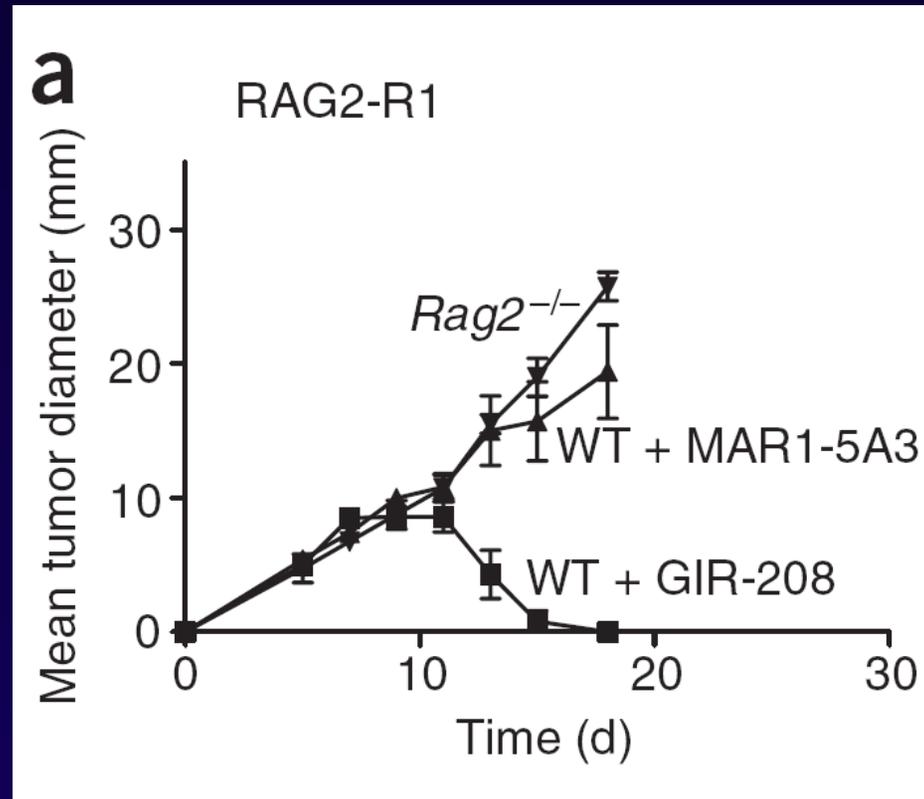
- kidney recipient 2 rejects kidney and melanoma



Post-transplant Immunosuppression Increases Cancer Incidence



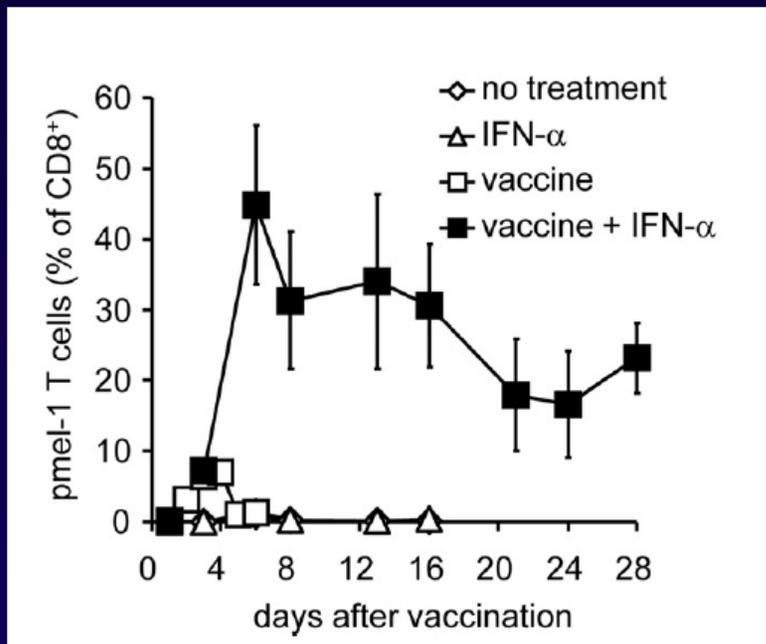
Type I IFNs Suppress Growth of Transplanted Tumors



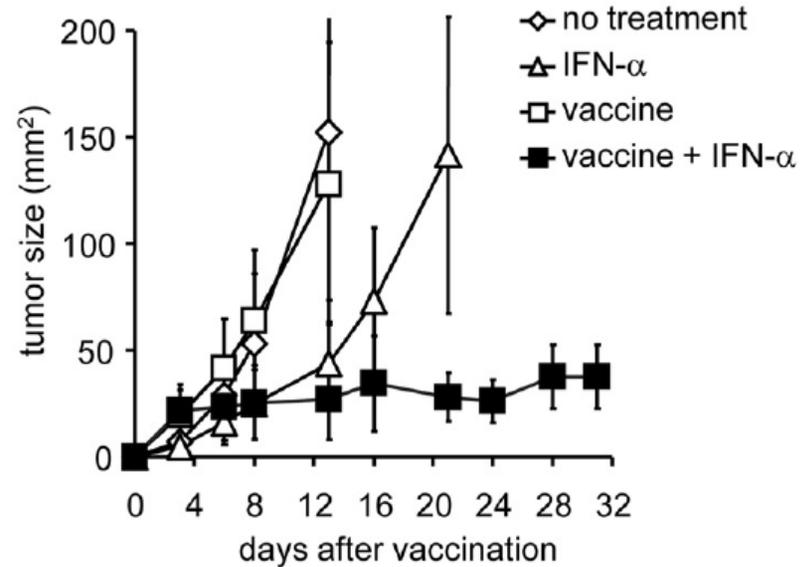
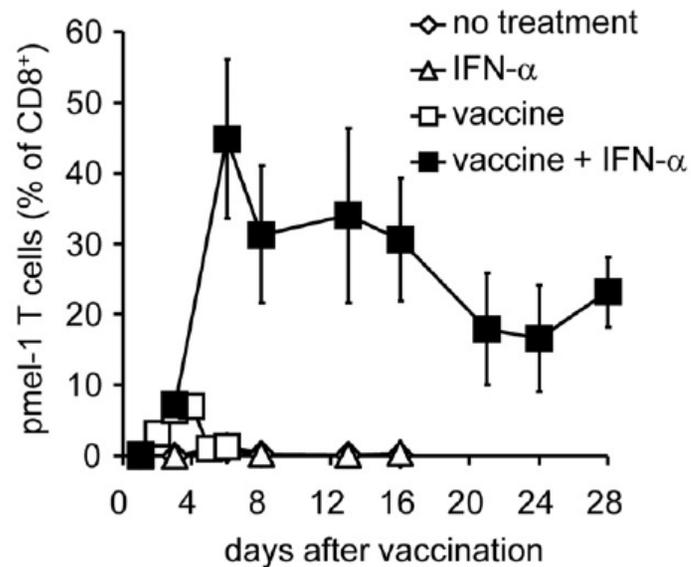
IFN- α receptor
blocking mAb

control mAb

IFN- α treatment enhances anti-cancer vaccination



IFN- α treatment enhances anti-cancer vaccination



CpG Causes Tumor Inflammation and Intratumoral T cell Accumulation

Intratumoral PBS



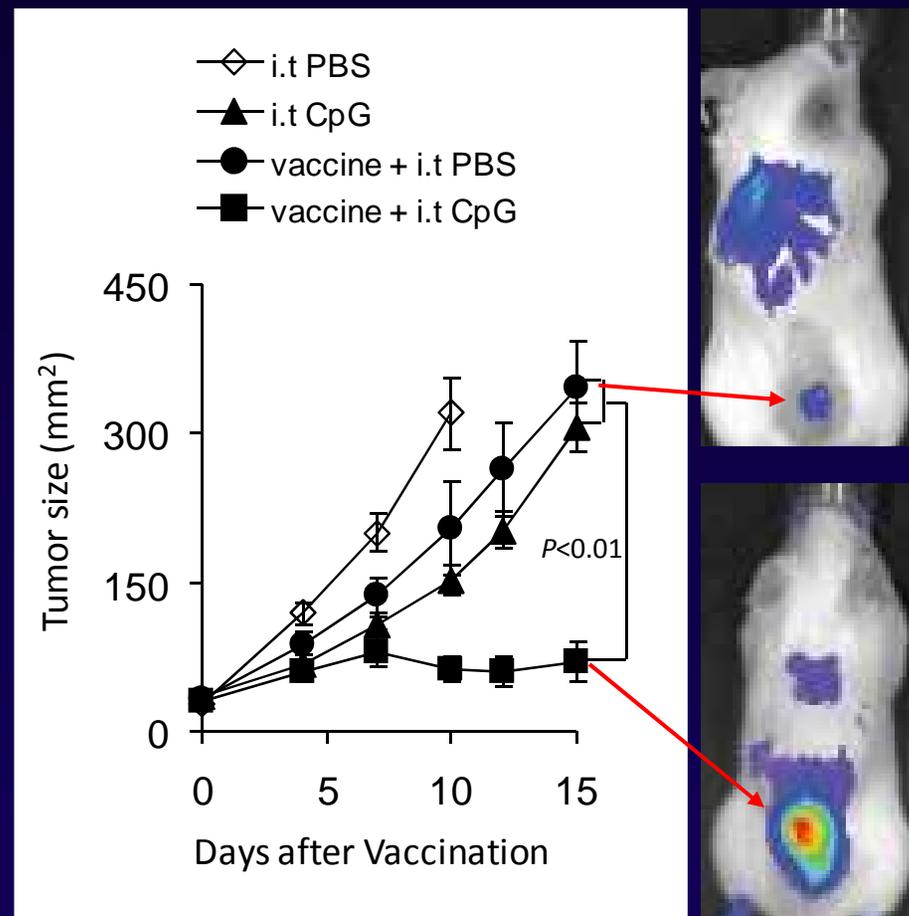
Intratumoral CpG



Intravenous CpG

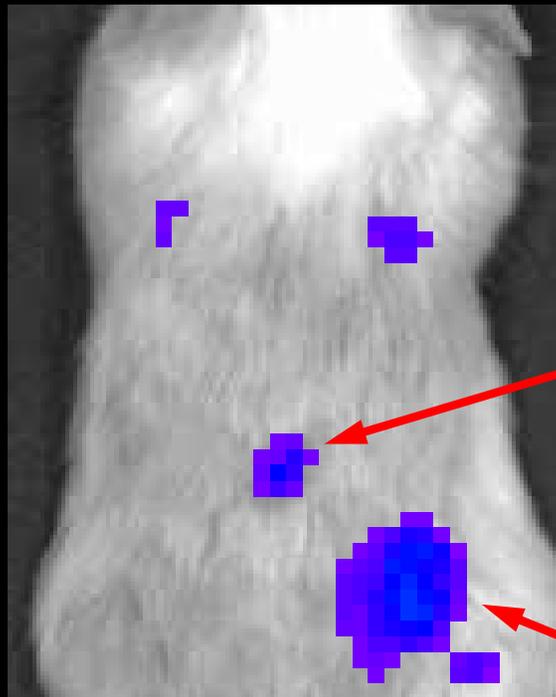


CpG Causes Tumor Inflammation and Intratumoral T cell Accumulation

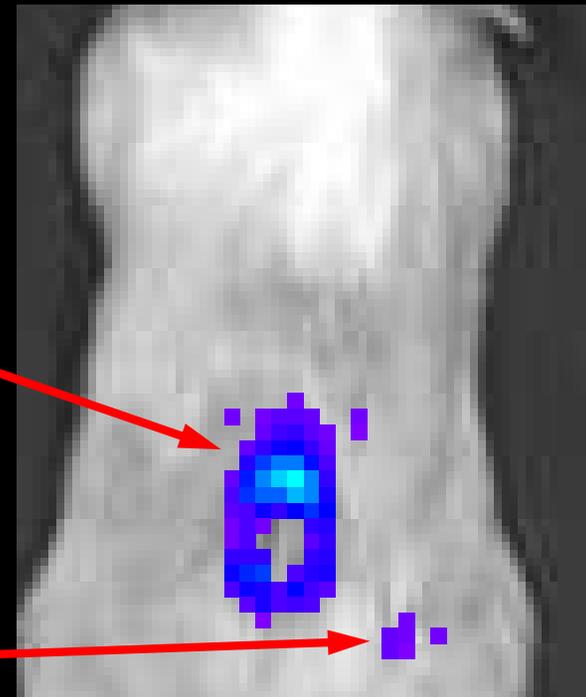


Choice of vaccine adjuvant controls T cell trafficking to tumor

gp100/**IFA**
aCD40/imiq/IL-2



gp100/**PBS**
aCD40/imiq/IL-2



T cells at :

tumor site

vaccine site

Bottom Line: Inflammation can be Good or Bad: Pro or Anti-Tumor

Table 1. Roles of Different Subtypes of Immune and Inflammatory Cells in Antitumor Immunity and Tumor-Promoting Inflammation

Cell Types	Antitumor	Tumor-Promoting
Macrophages, dendritic cells, myeloid-derived suppressor cells	Antigen presentation; production of cytokines (IL-12 and type I IFN)	Immunosuppression; production of cytokines, chemokines, proteases, growth factors, and angiogenic factors
Mast cells		Production of cytokines
B cells	Production of tumor-specific antibodies?	Production of cytokines and antibodies; activation of mast cells; immunosuppression
CD8 ⁺ T cells	Direct lysis of cancer cells; production of cytotoxic cytokines	Production of cytokines?
CD4 ⁺ Th2 cells		Education of macrophages; production of cytokines; B cell activation
CD4 ⁺ Th1 cells	Help to cytotoxic T lymphocytes (CTLs) in tumor rejection; production of cytokines (IFN γ)	Production of cytokines
CD4 ⁺ Th17 cells	Activation of CTLs	Production of cytokines
CD4 ⁺ Treg cells	Suppression of inflammation (cytokines and other suppressive mechanisms)	Immunosuppression; production of cytokines
Natural killer cells	Direct cytotoxicity toward cancer cells; production of cytotoxic cytokines	
Natural killer T cells	Direct cytotoxicity toward cancer cells; production of cytotoxic cytokines	
Neutrophils	Direct cytotoxicity; regulation of CTL responses	Production of cytokines, proteases, and ROS

In the Clinic: Cancer Therapies that Block Bad Inflammation

In the Clinic: Cancer Therapies that Block Bad Inflammation

- COX-2 inhibitor Aspirin, Celecoxib (colorectal)

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- Remove suppressors Cycl/Fludar + T cells (melanoma)

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- Cytotoxic Therapy? Radiation/Chemother. (all cancers)

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- Targeted Therapy? TKI inhibitors (many cancers)

In the Clinic: Cancer Therapies that Induce Good Inflammation

In the Clinic: Cancer Therapies that Induce Good Inflammation

- Bacteria BCG (bladder)

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 CpG (B cell lymphoma)
- Cytokines IL-2 (melanoma, renal)
 IFN- α (melanoma, renal, CML)

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- T cells Adoptive T cell Transfer (melanoma)

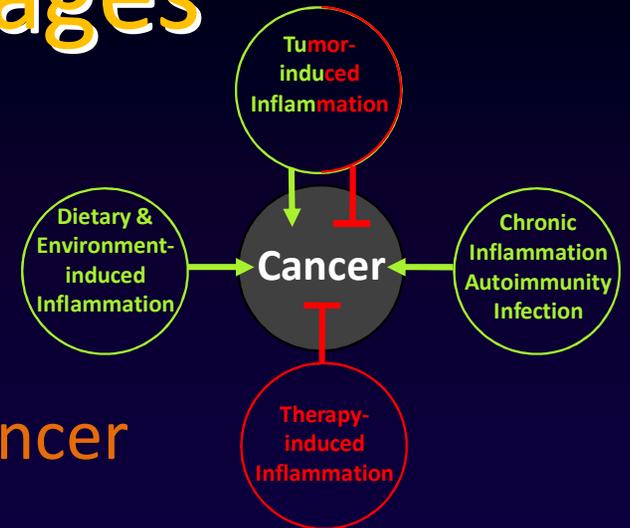
In the Clinic: Cancer Therapies that Induce Good Inflammation

- Bacteria BCG (bladder)
- TLR agonists Imiquimod (basal cell carcinoma)
 CpG (B cell lymphoma)
- Cytokines IL-2 (melanoma, renal)
 IFN- α (melanoma, renal, CML)
- Antibodies aCTLA4/aPD(L)-1 mAb (melanoma)
- Surgery Danger/inflammation? (cervical)
- Hem. Stem Cells Stem Cell Transpl. (leukemia, lymphoma)
- T cells Adoptive T cell Transfer (melanoma)
- Vaccine PAP-loaded DCs (prostate)

How therapeutics may promote cancer

- induce mutation (chemotherapy)
- induce inflammation (cytokines, TLR agonists, agonistic antibodies)
- change the microbiome (antibiotics, foods)?
- **block cells/factors that suppress cancer**
 - CD8⁺ T cells/NK cells
 - type I IFN, IFN- γ
 - TNF- α - lymphoma?
 - IL-15?
 - IL-12/IL-23
 - IL-17A?

Take Home Messages



- Inflammation is a classic hallmark of cancer
- Innate Immunity & Inflammation can promote or suppress cancer
- Manipulating immunity can promote or suppress cancer
- Understanding of inflammatory cells & molecules in cancer is limited but growing, allowing therapeutic intervention

1. What is the importance of Innate immunity and Inflammation (I&I) in cancer?

a) I&I can **prevent** the development and/or progression of cancer

b) I&I can **promote** the development and/or progression of cancer

c) I&I plays an important role in the induction of therapeutic anti-cancer immune responses

d) All of the above.

2. Inducing inflammation is effective to treat cancer

a) Yes

b) No

c) Yes, especially inflammation that increases VEGF, IL-10, and MDSCs and Tregs

d) Sometimes, for example inflammation that increases IFN-gamma, cytotoxic T cells, and Type I macrophages

3. The immune system can sometimes suppress tumor growth

- a) Yes, because transplant patients on immunosuppressive drugs get more of certain types of cancer
- b) No, because the immune system did not evolve to fight cancer

4. Smoking can cause cancer by:

a) Damaging DNA

b) Causing tissue inflammation

c) Damaging DNA and causing tissue inflammation

d) Smoking doesn't cause cancer, it's a conspiracy theory funded by the political party I'm not voting for.

5. Causing systemic inflammation is an effective way to treat cancer

a) Yes, because the systemic inflammation systemically activates the immune system

b) No, because systemic inflammation causes aberrant migration of immune cells

c) Yes, because systemic inflammation is usually completely non-toxic