



Immunology Basics Relevant to Cancer Immunotherapy:

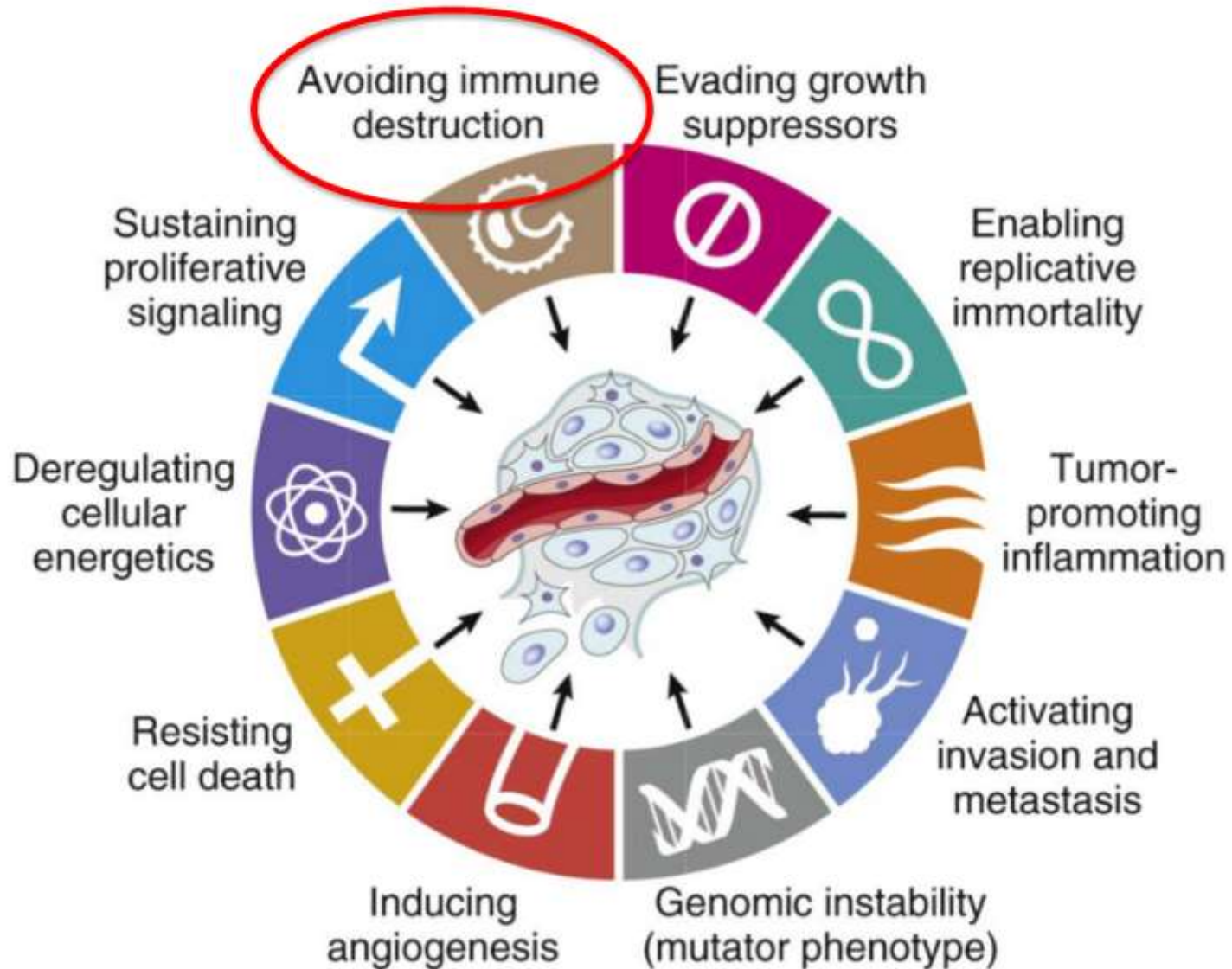
Regulation of T Cell Responses by Checkpoint Inhibitors and Regulatory T Cells

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Lecture Outline

- Tumor immune evasion mechanisms
- T cell tolerance
- Mechanism of peripheral tolerance
- Inhibitory receptors on T cells
- Regulatory T cells
- Myeloid derived suppressor cells
- The immunosuppressive tumor microenvironment

Hallmarks of Cancer

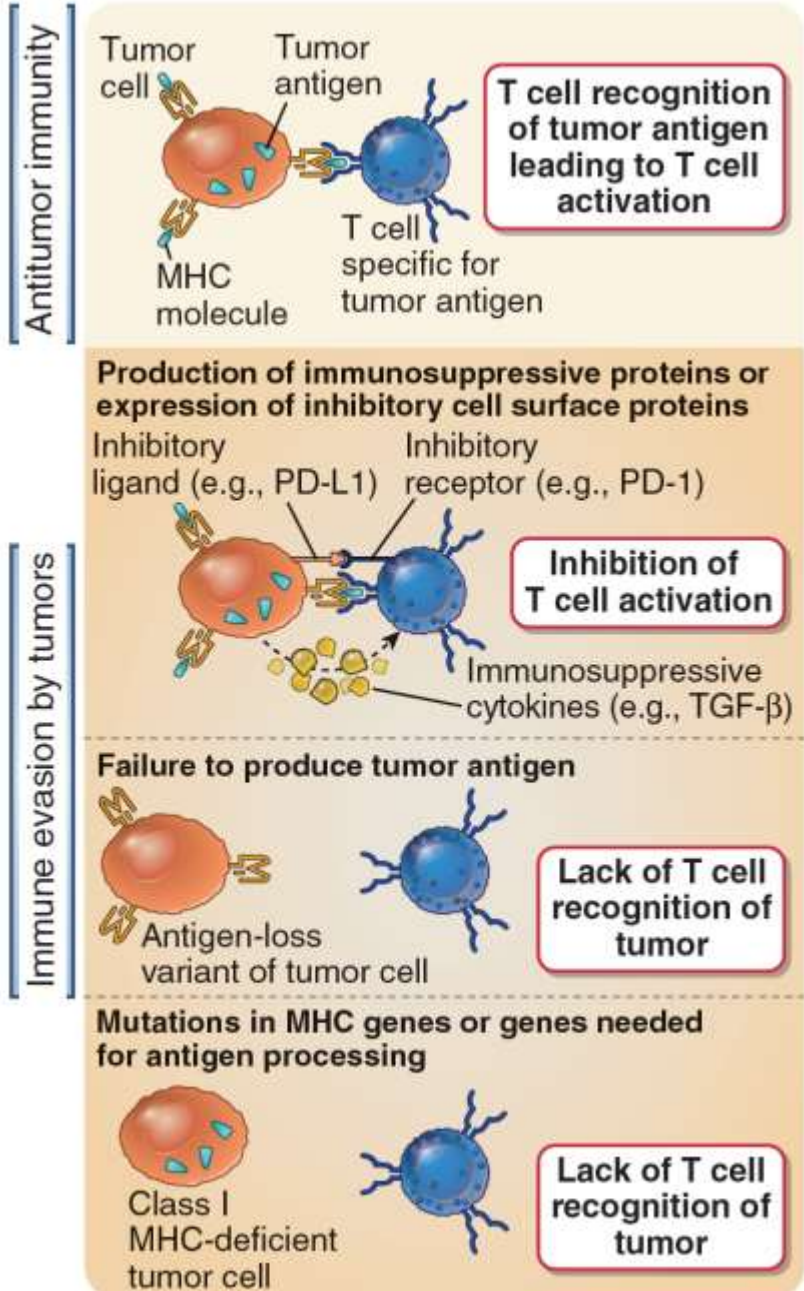


General principles

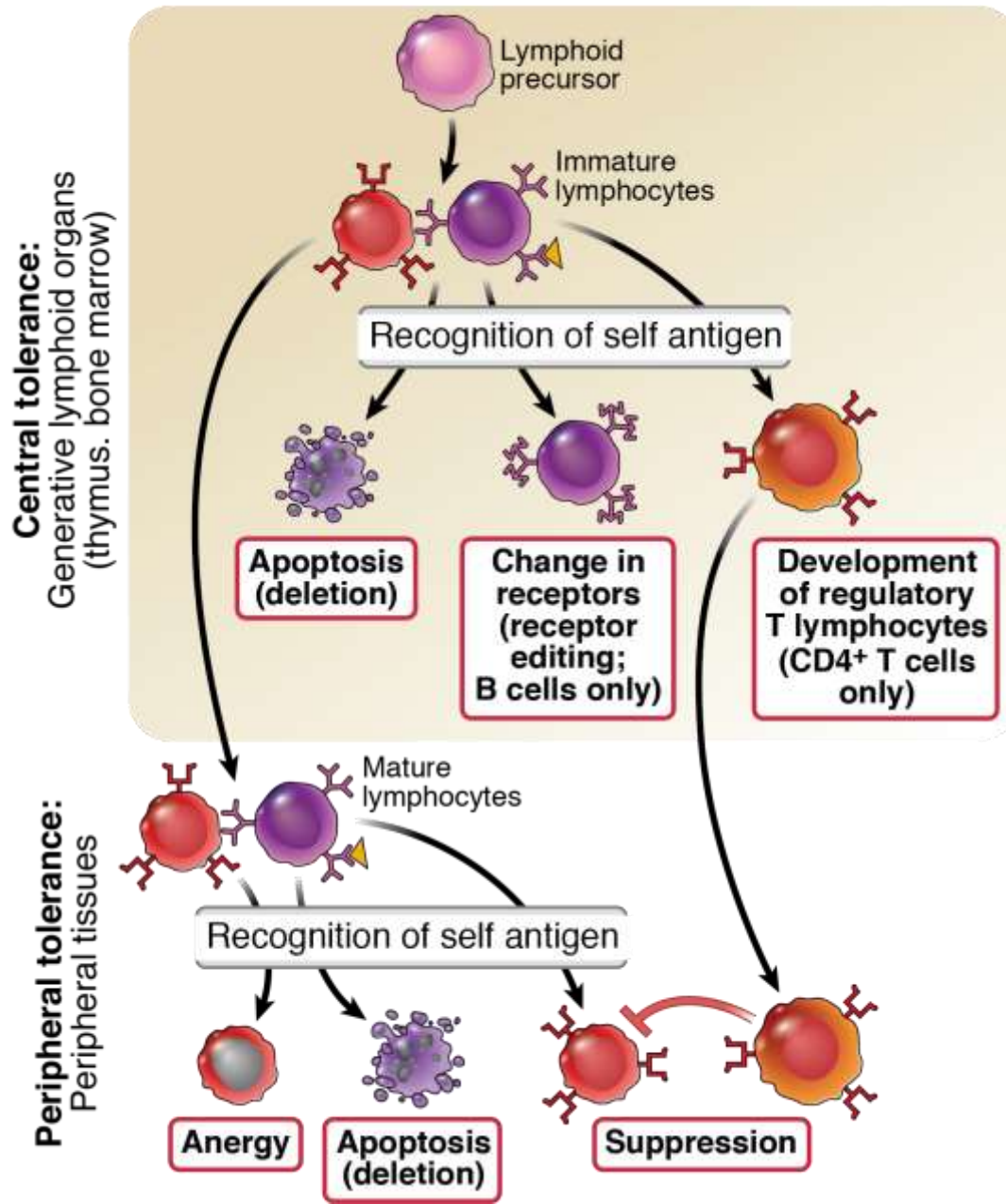
- The immune system recognizes and reacts against cancers
- The immune response against tumors is often dominated by regulation or tolerance
 - Evasion of host immunity is one of the hallmarks of cancer
- Some immune responses promote cancer growth
- Better characterization of the immune responses against cancers will help in developing new immunotherapies

Mechanisms by Which Tumors Escape Immune Defenses

- Same mechanisms microbes use to evade immunity
- Same mechanisms of peripheral self tolerance



Central and Peripheral Tolerance to Self

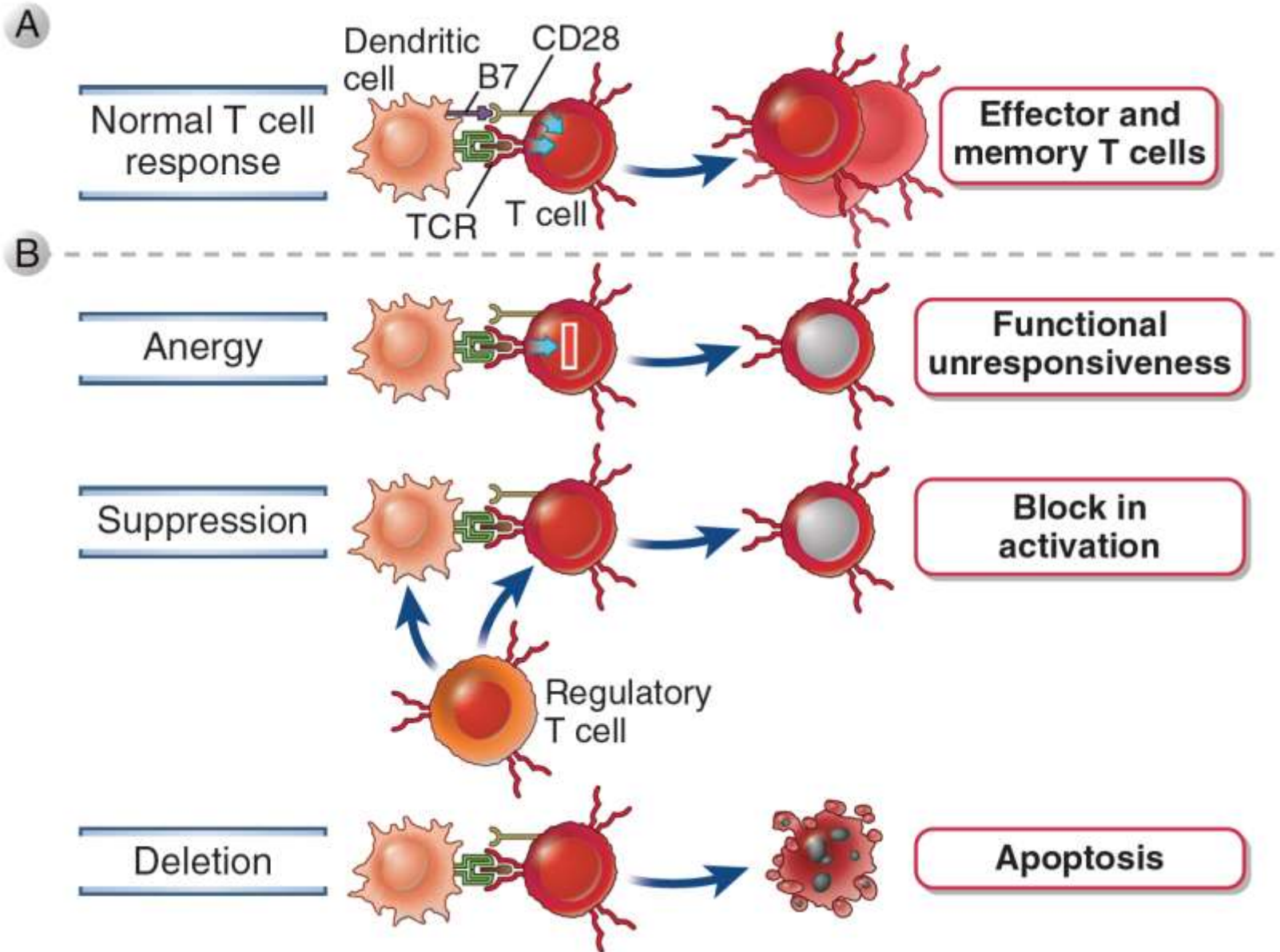


The principal fate of lymphocytes that recognize self antigens in the generative organs is death (deletion), BUT:

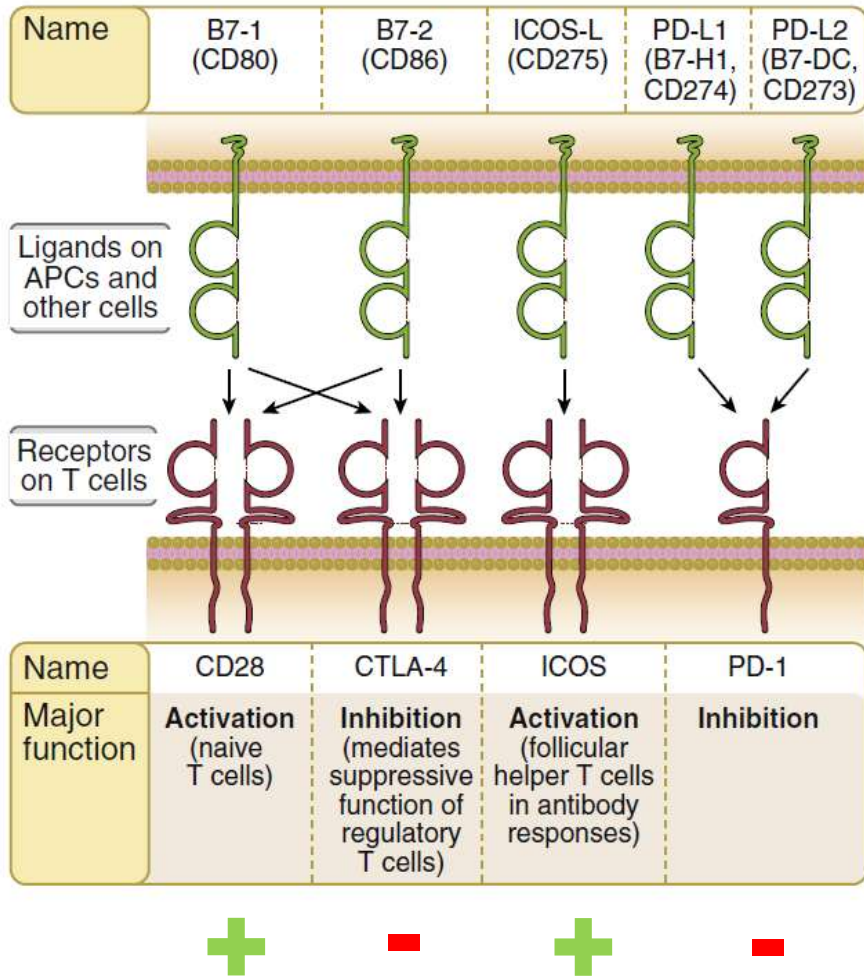
Some B cells may change their specificity (called "receptor editing")

Some T cells may differentiate into regulatory (suppressor) T lymphocytes

Mechanisms of Peripheral Tolerance

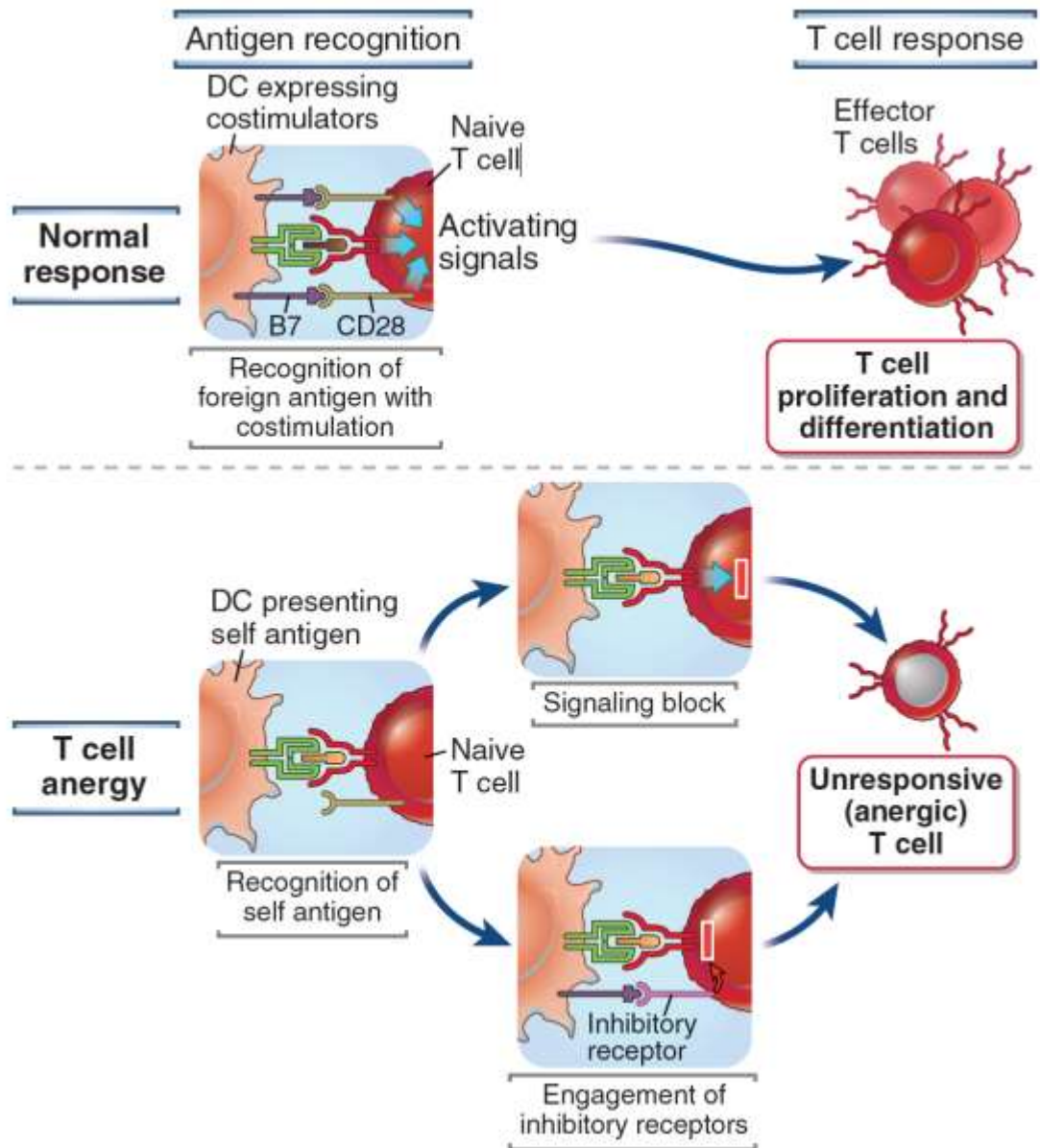


Peripheral Tolerance Depends on B7-CD28 Family Proteins

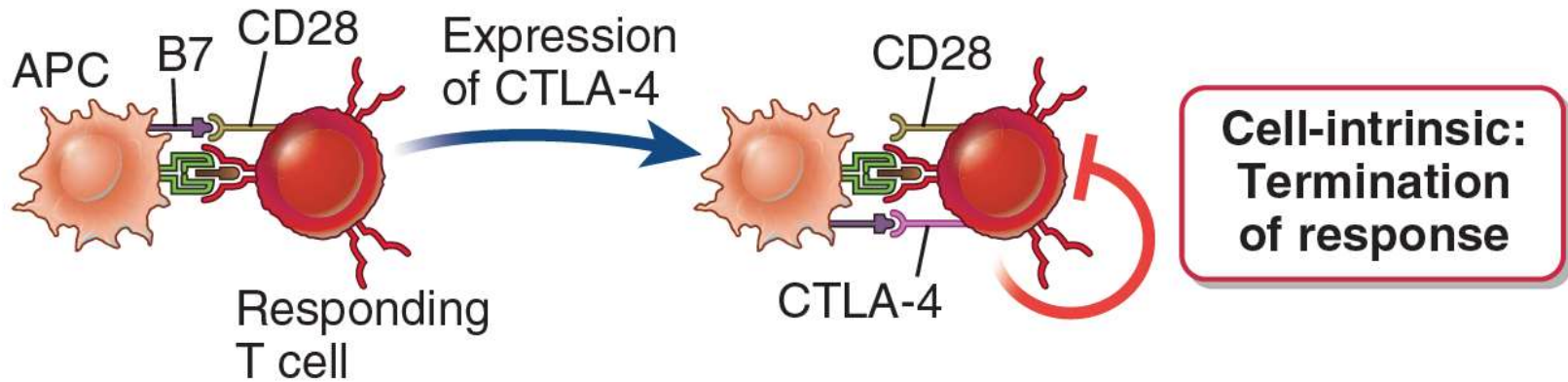


- Antigen recognition in absence of B7's
- CTLA-4 blocking of B7
- CTLA4 inhibitory signals into the T cells
- PD-L1/2 binding to PD-1, generating inhibitory signals into T cells

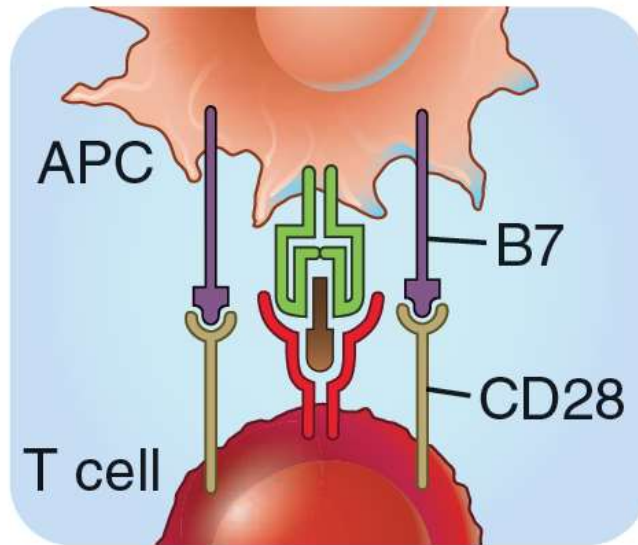
Mechanisms of T Cell Anergy



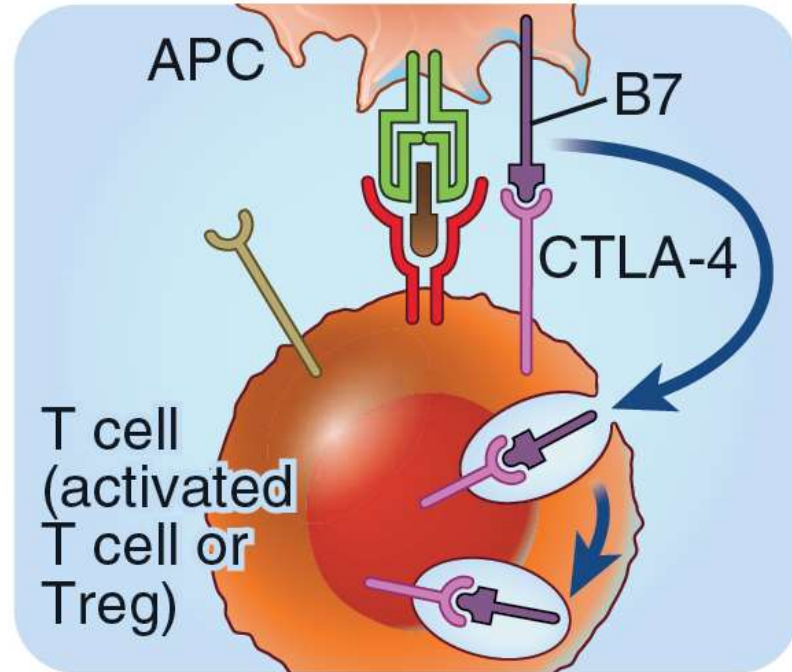
One Mechanism of Action of CTLA-4



Mechanisms of Action of CTLA-4



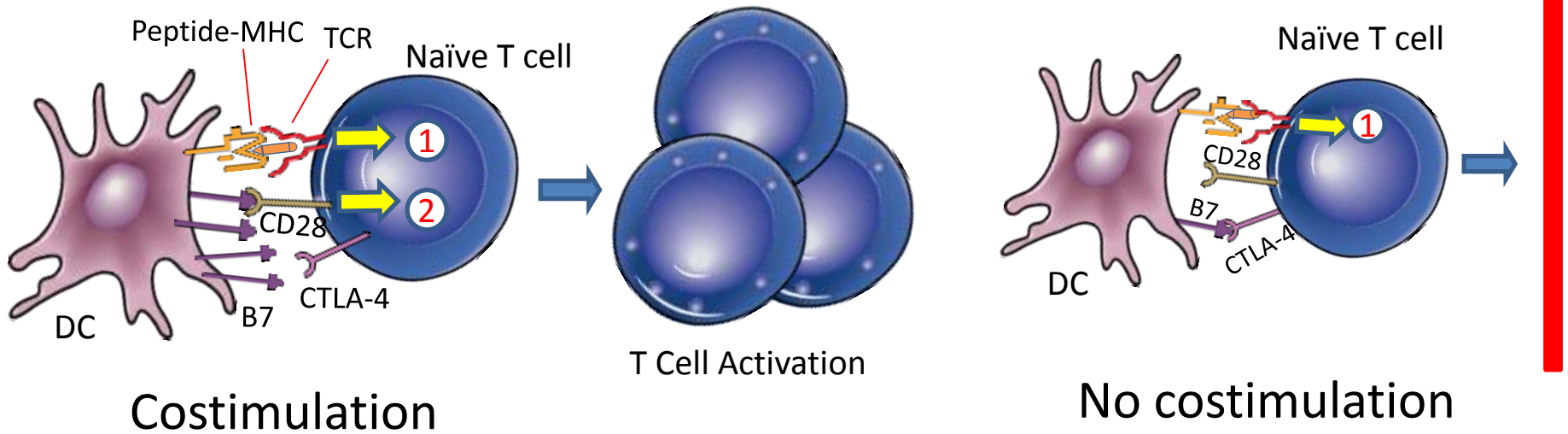
**Costimulation ⇒
T cell activation**



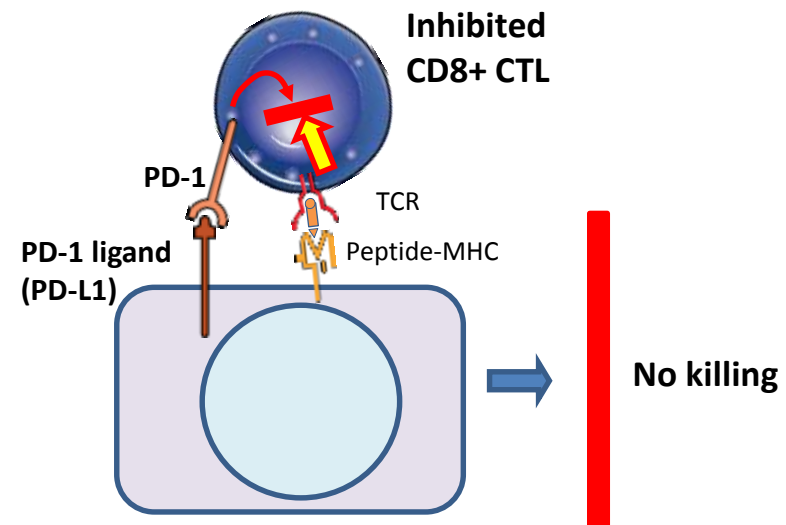
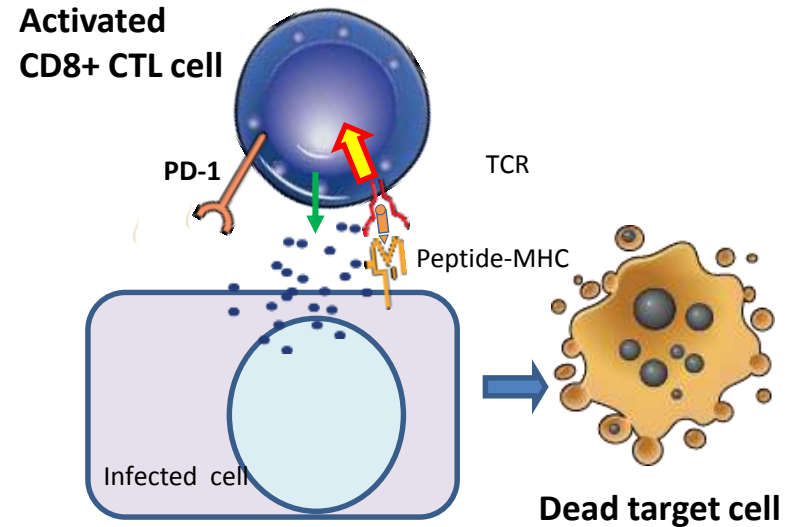
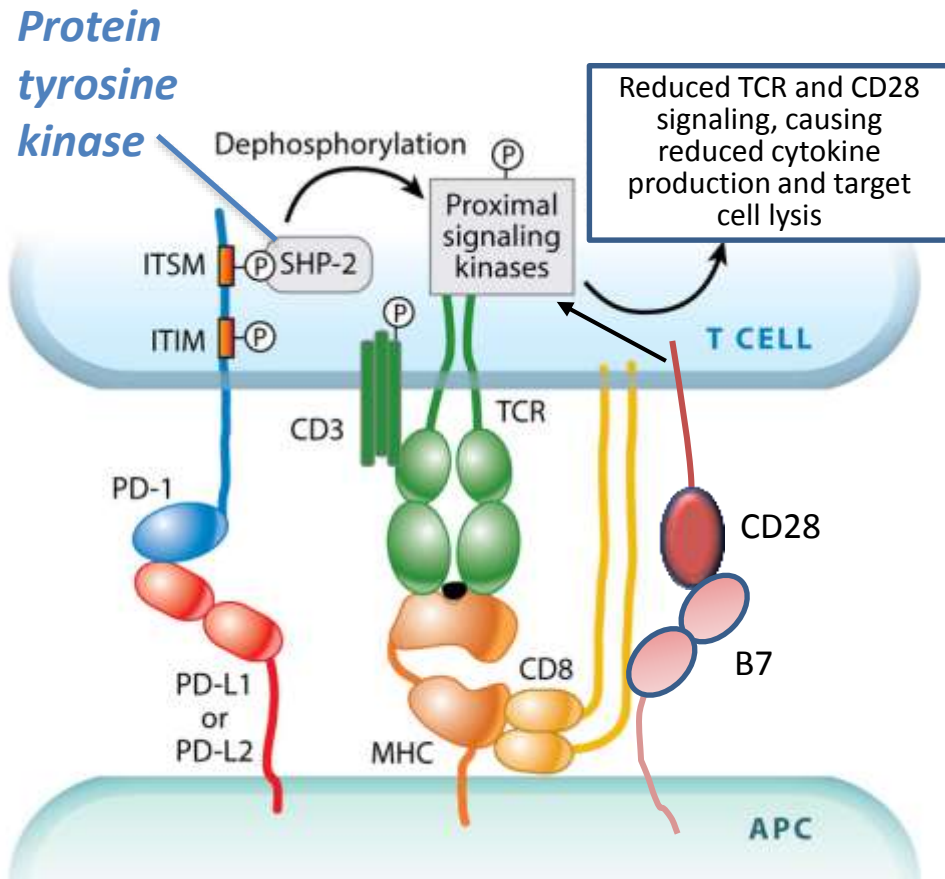
**CTLA-4 blocks and
removes B7 ⇒
lack of costimulation ⇒
T cell unresponsiveness**

CTLA-4 Inhibits T cell Activation:

Competitive Blockade of CD28 – B7 Costimulation



How PD-1 Inhibits T cell Activation: Inhibitory Signals Block Effector T Cell Activation



Actions and Functions of CTLA-4 and PD-1

	CTLA-4	PD-1
Major site of action	Secondary lymphoid organs	Peripheral tissues
Stage of immune response that is inhibited	Induction (priming)	Effector phase
Cell type that is inhibited	CD4 ⁺ and CD8 ⁺	CD8 ⁺ > CD4 ⁺
Cellular expression	Tregs, activated T cells	Activated T cells
Main signals inhibited	Competitive inhibitor of CD28 costimulation (by binding to B7 with high affinity and removing B7 from APCs)	Inhibits kinase-dependent signals from CD28 and TCR (by recruiting and activating phosphatase following binding to its ligands PDL-1 or PDL-2)
Role in Treg-mediated suppression of immune responses	Yes	Probably no

CyTOF analysis of T cells in anti-CTLA-4 treated tumors show expansion in CD4⁺ and CD8⁺ effectors, but expansion of only CD8⁺ effectors in anti-PD-1 treated tumors

Why do Tumors or Tumor-Specific T cells Engage PD-1 and CTLA-4?

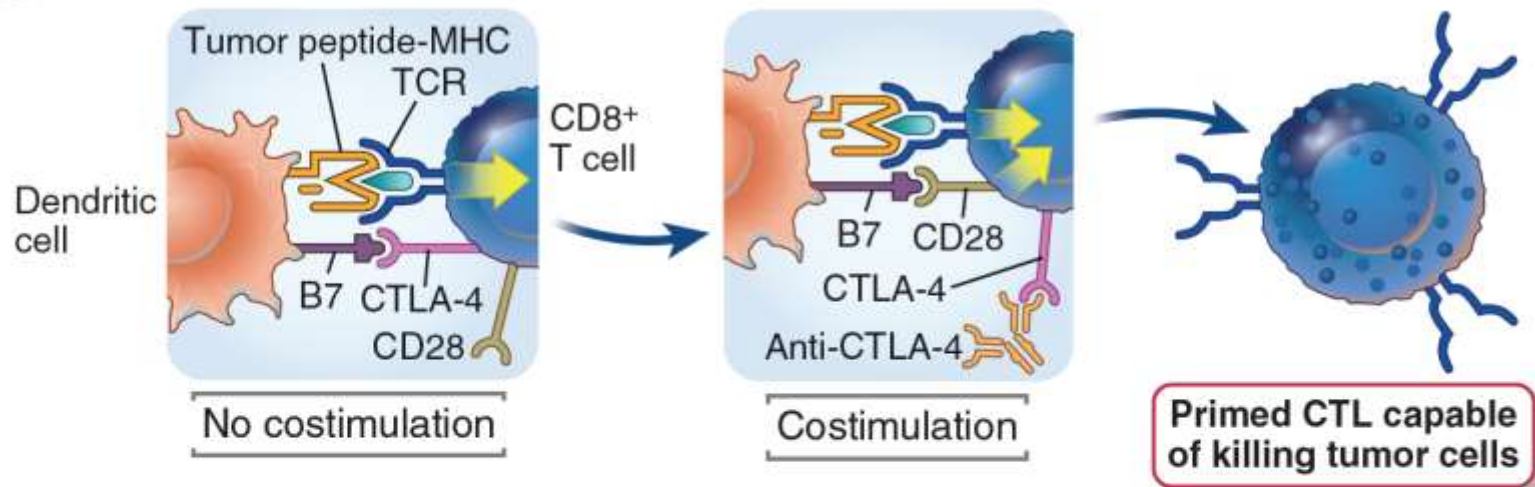
- CTLA-4:
 - Tumor cause low levels of B7 expression, which permits preferential engagement of the high-affinity receptor CTLA-4
- PD-1:
 - Many tumors may upregulate PD-L1
 - Gene amplification; increased recycling; increased transcription
 - Many tumors induce PD-1 on tumor-specific T cells
 - Chronic antigen exposure leads to effector T cell “**exhaustion**”, characterized by high PD-1 , high CTLA-4, decreased cytokine production and decreased cytotoxicity

Relevance of Inhibitors of T Cell Activation to Cancer Immunotherapy:

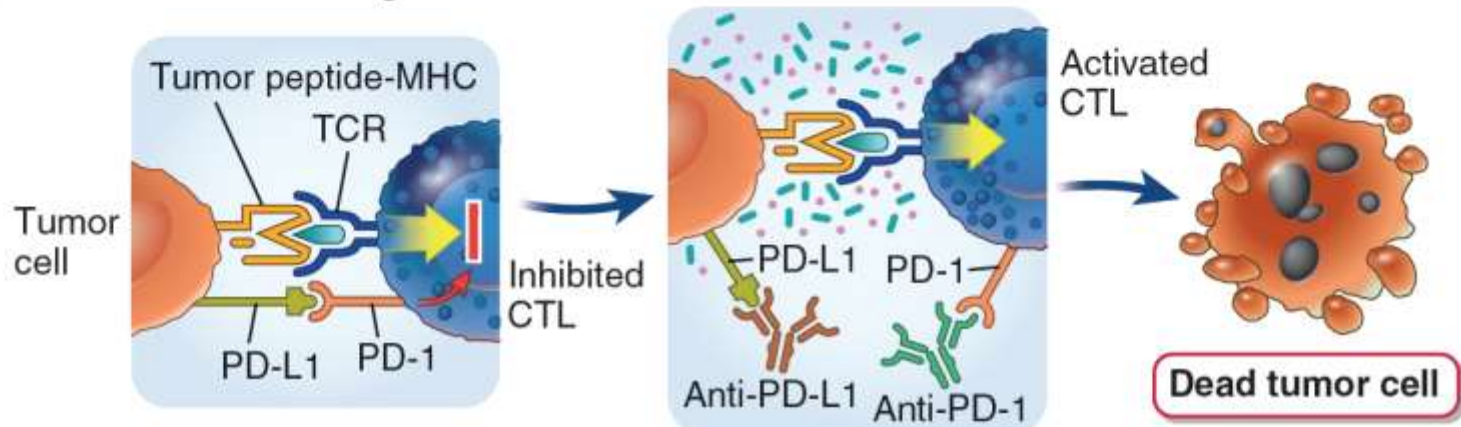
“Immune Checkpoint blockade”:

Inhibit the inhibitors and increase anti-tumor immunity

A Induction of antitumor immune response in lymph node



B CTL-mediated killing of tumor cells



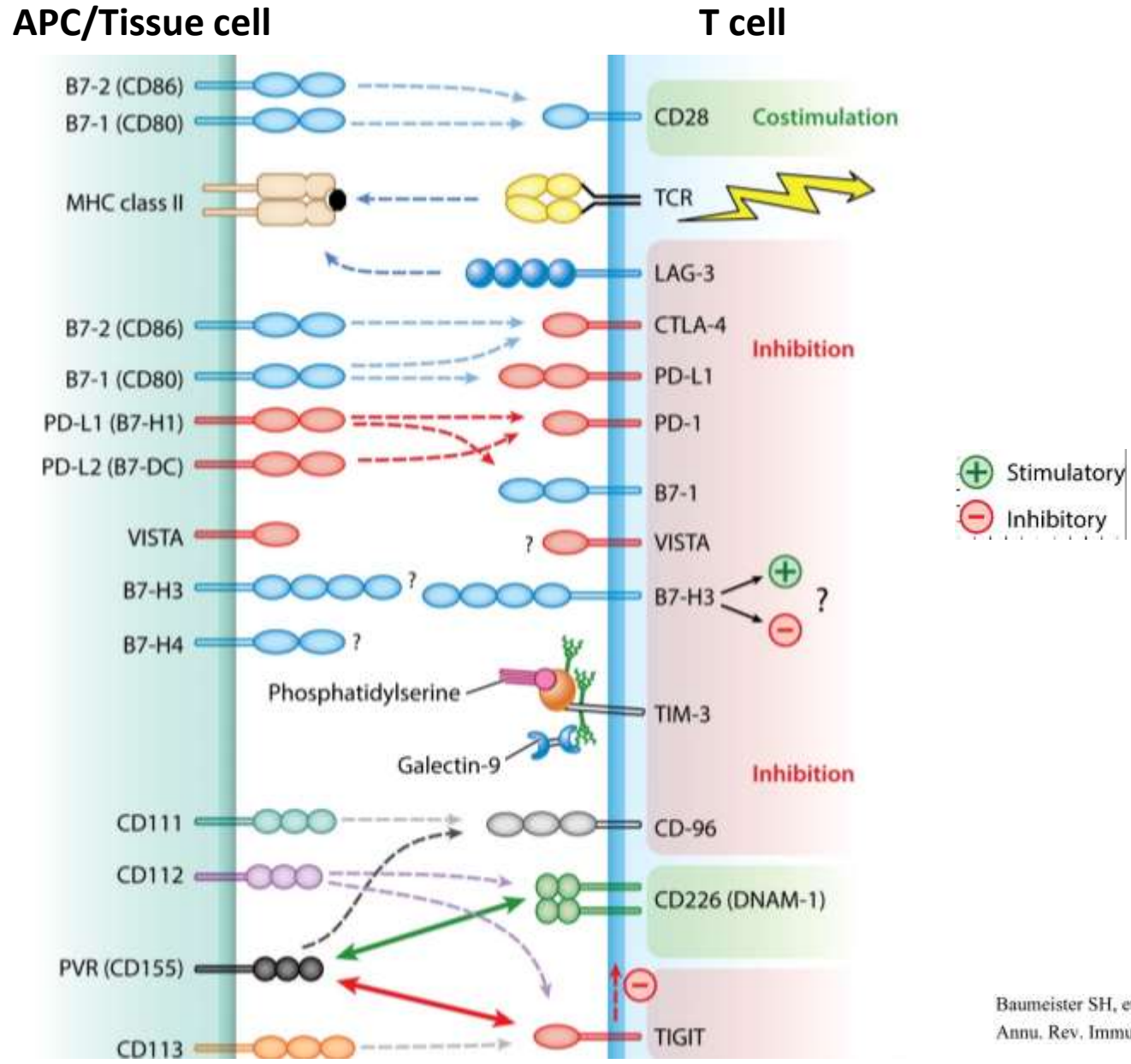
Immune Checkpoint Blockade (ICB) Counteracts a Common Tumor Evasion Mechanism

- Only 30-50% of patients respond to ICB therapy... why ?
- Tumors with more mutations (more neoantigens) are more responsive to checkpoint blockade than similar tumors less mutations.
 - Tumors with mismatch repair (MMR) mutations generate large numbers of random point mutations, and are generally more immunogenic than other tumors.
 - Tumors with MMR mutations are more responsive to checkpoint blockade than similar tumors without MMR mutations.
- Other evasion strategies at work
 - LAG-3, TIGIT, other inhibitors
 - Treg to Teff balance

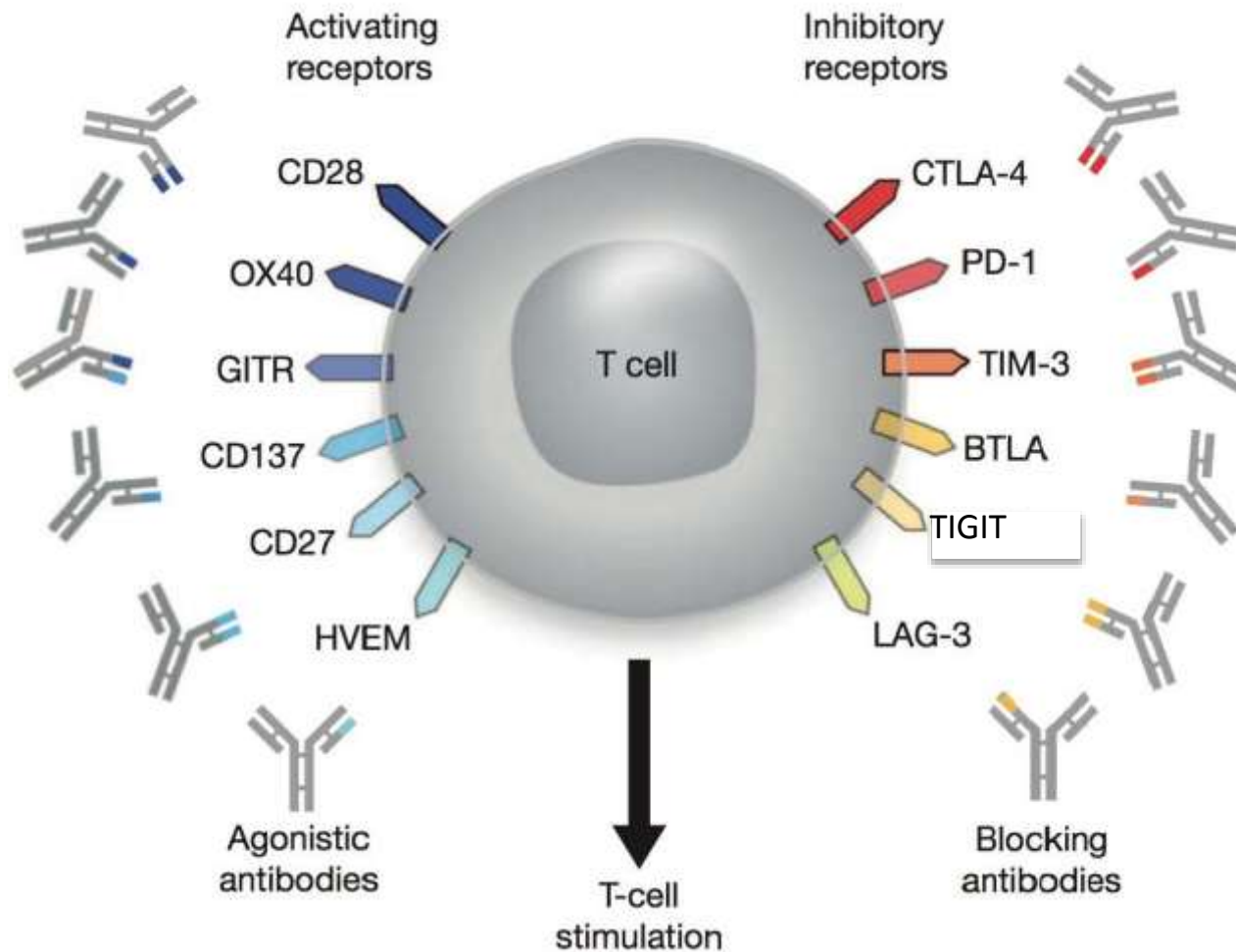
Checkpoint Blockade is More Effective than Tumor Vaccines

- Tumor vaccines have been tried for many years with limited success
- Immune evasion is a hallmark of cancer
 - Multiple regulatory mechanisms
- **Vaccines have to overcome regulation**
 - Tumor vaccines are the only examples of therapeutic (not prophylactic) vaccines
 - Vaccination after tumor detection means regulatory mechanisms are already active

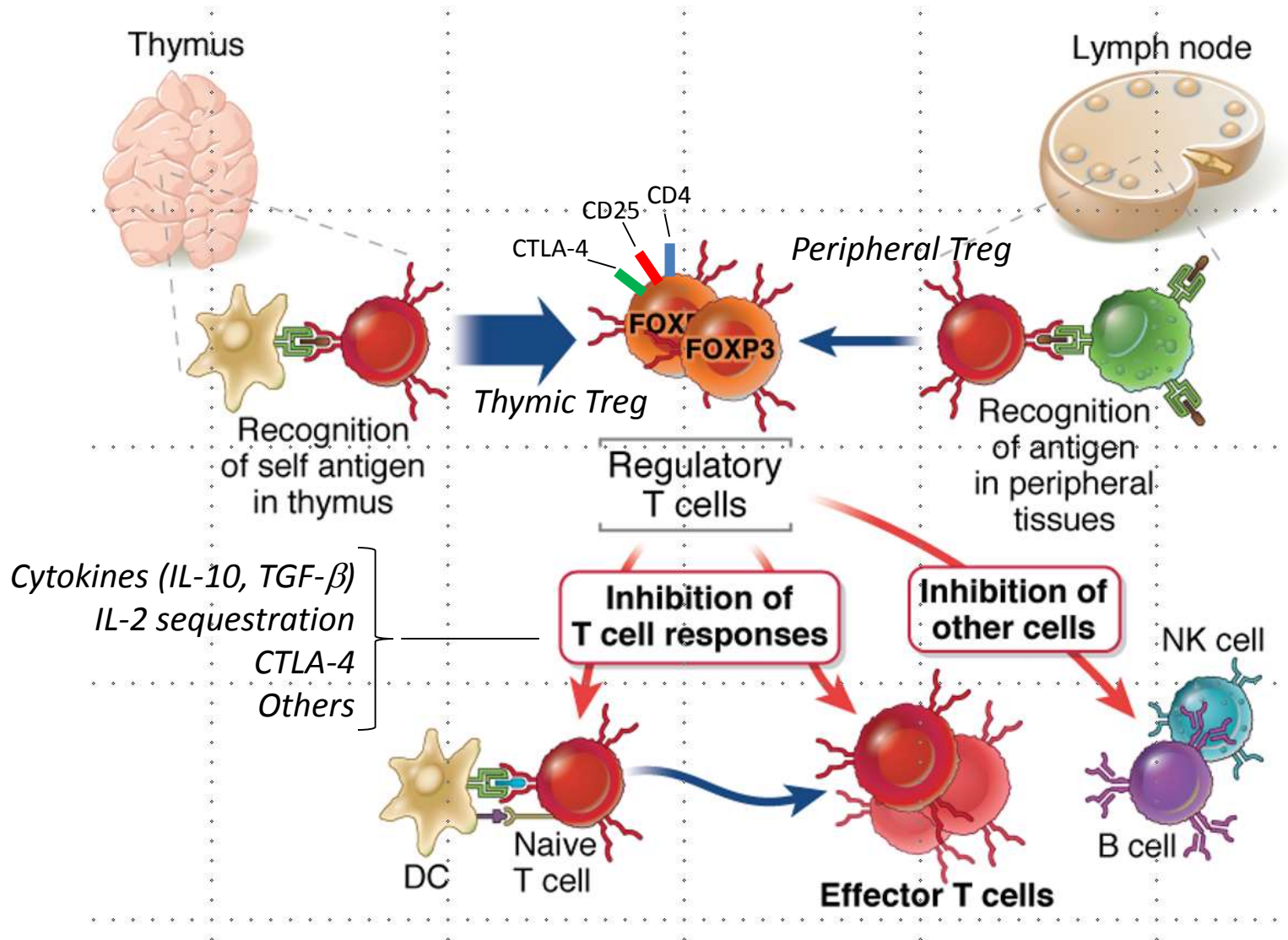
Many inhibitory/regulatory molecules on T cells



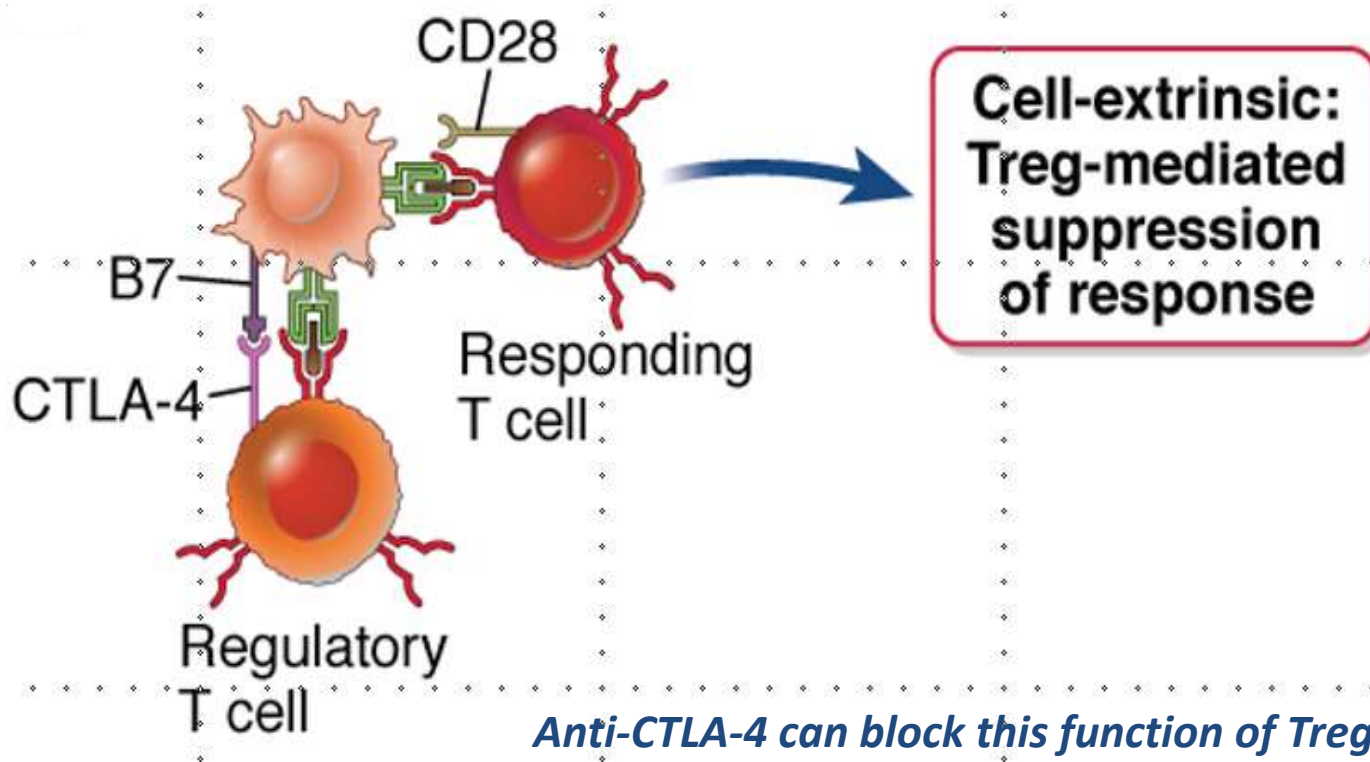
Both Activating and Inhibitory Receptors on T cells are Potential Immunotherapy “Targets”



Regulatory T Cells



Regulatory T Cells and CTLA4

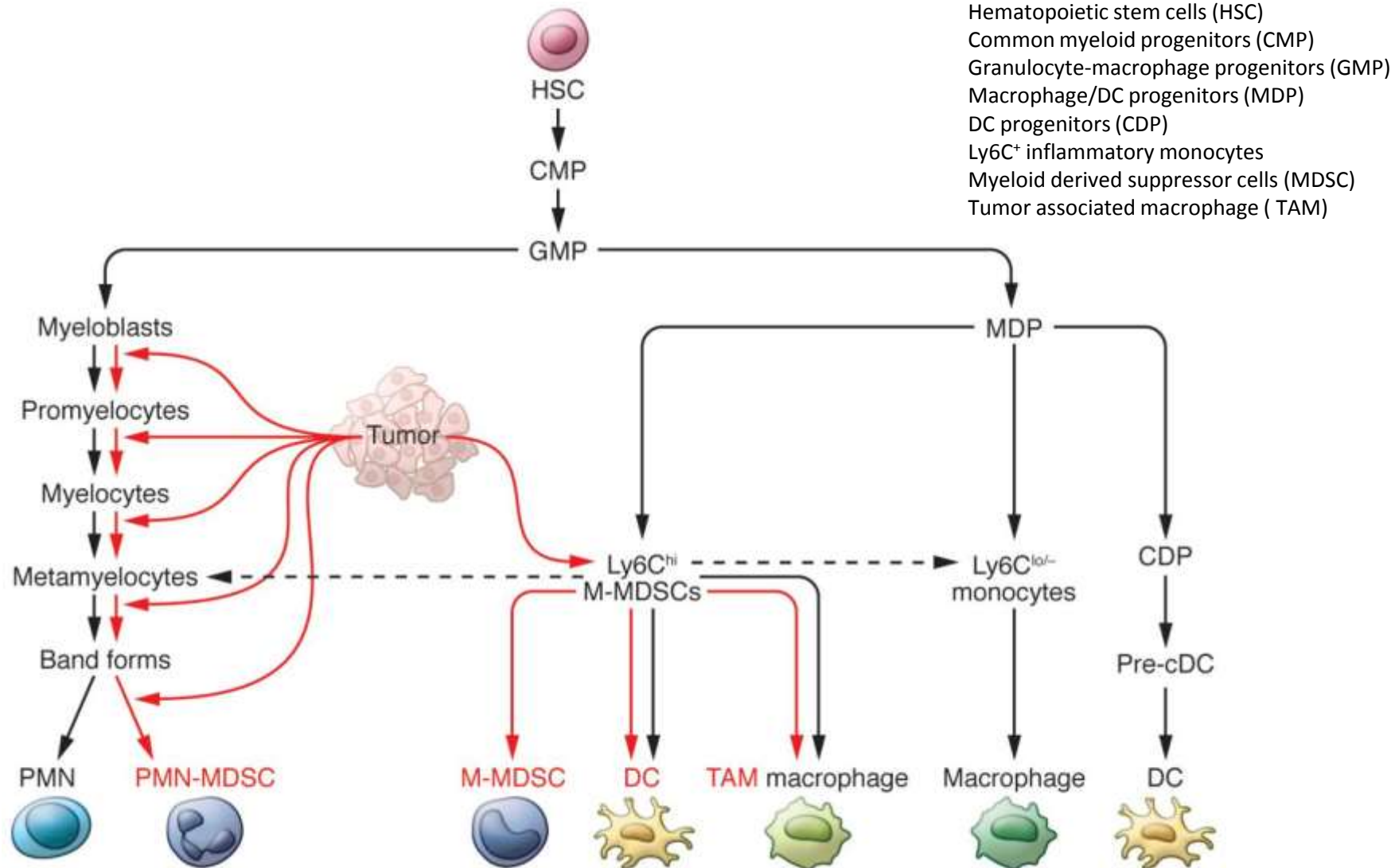


*Anti-CTLA-4 can block this function of Treg
Anti-CTLA-4 may also deplete Treg*

Myeloid Derived Suppressor Cells

- MDSCs have potent immunosuppressive activity
- MDSC are formed in the bone marrow and, migrate to secondary lymphoid organs and the tumor
- MDSCs suppress immune cell function by multiple mechanisms.
 - Expression of arginase, inducible NOS , TGF- β , IL-10 , and COX2
 - Sequestration of cysteine
 - Decreased expression of L-selectin by T cells
 - Induction of Tregs
- *Myeloid-derived suppressor cells are prominent in the tumor microenvironment*

Myeloid Derived Suppressor Cells



Relevance of Treg and MDSC to Immunotherapy

- Treg and possibly MDSCs are important “targets” for enhancement of anti-tumor immunity
- Checkpoint blockade drugs may directly impair Treg or MDSC function

The Immunosuppressive Tumor Microenvironment: A Major Challenge

