



*Paris, September 21, 2018*

# **Adaptive T cell immunity: from the basics to the clinic**

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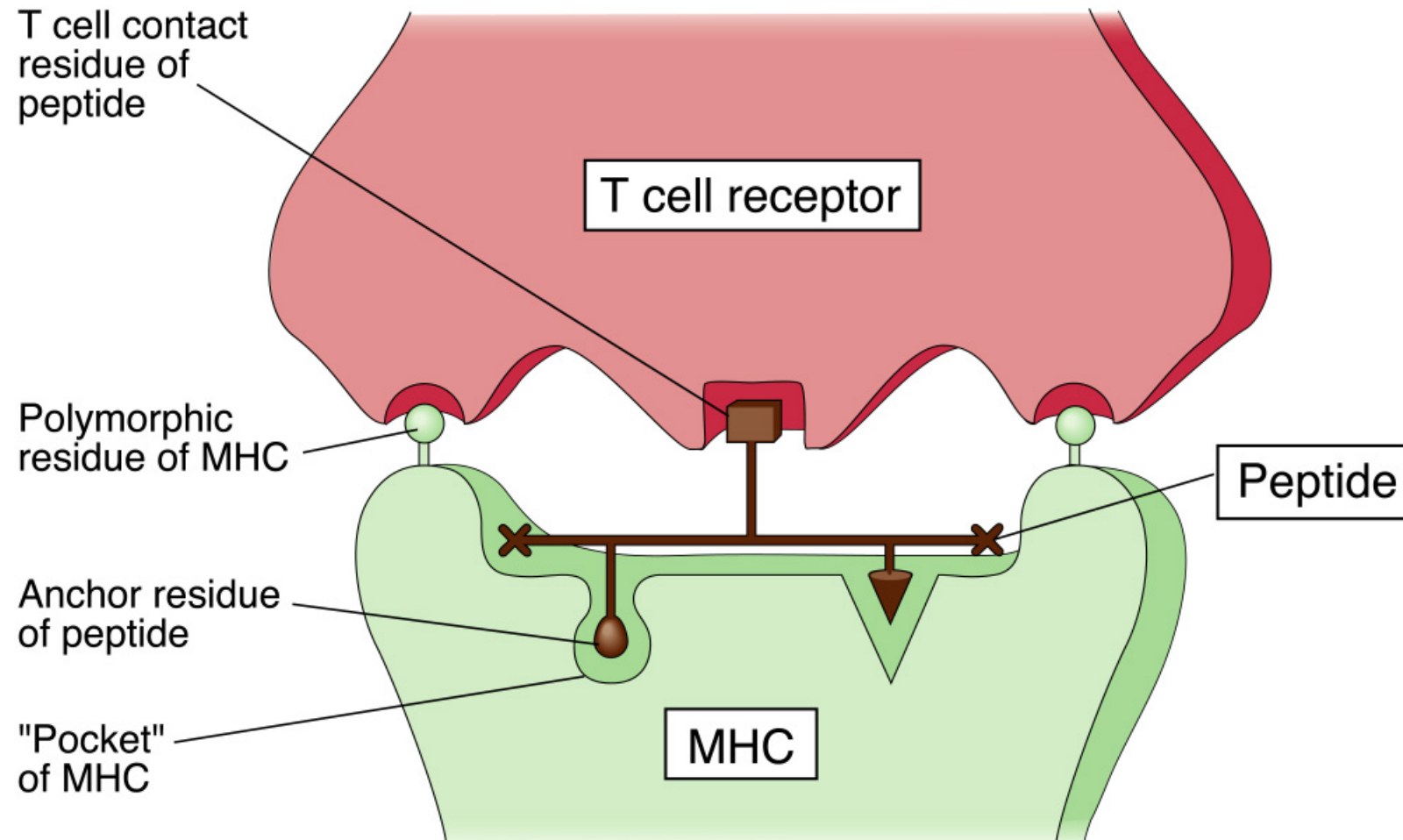
# T cell responses against solid tumors

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# T Cell recognition of a peptide-MHC complex



# An historical perspective

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In 1973, Zinkernagel and Doherty discover the phenomenon of MHC restriction of antiviral responses. (MHC structure solved in 1987)

In late 1982 and early 1983 groups led by Jim Allison, Ellis Reinherz, and John Kappler and Philippa Marrack, identified the TCR protein.



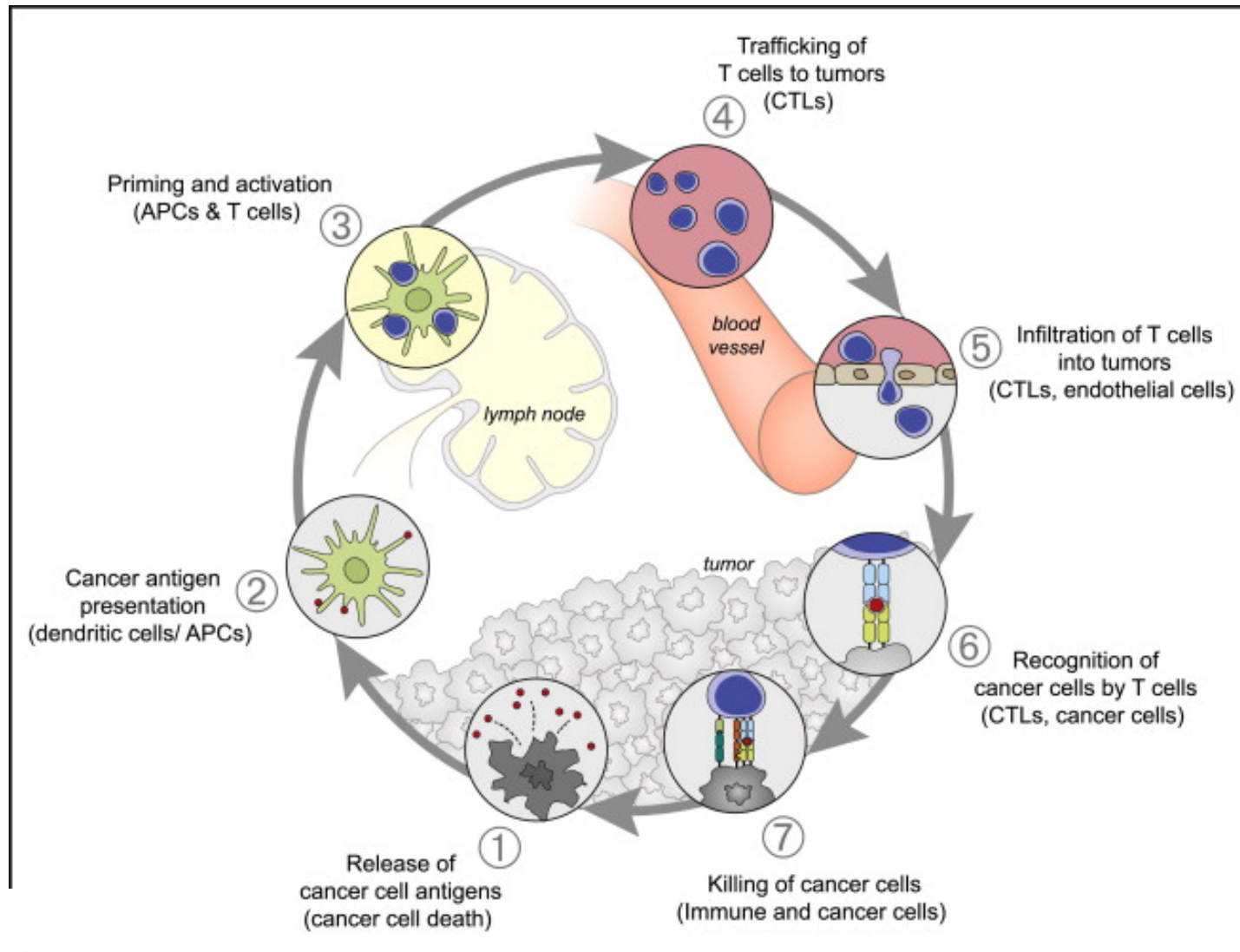
In 1984 Steve Hedrick and Mark Davis (as postdoctoral fellows) identified a cDNA clone for mouse TCR–beta chain and Tak Mak the human TCR –beta chain (Nature articles). Later M. Davis identified the alfa chain.

In 2002 first two clinical trails in human of adoptive T cell therapy (Dudley, Morgan, Rosenberg, NIH)

In 2008 first patient treated with TCR engineered T cell (Rosenberg, S NIH)

*“T-cells are a living drug, as they have the potential to persist in our body for our whole lives.”*

# Critical issues in T-cell therapy of solid tumors



# Solid Tumors from an immunological perspective

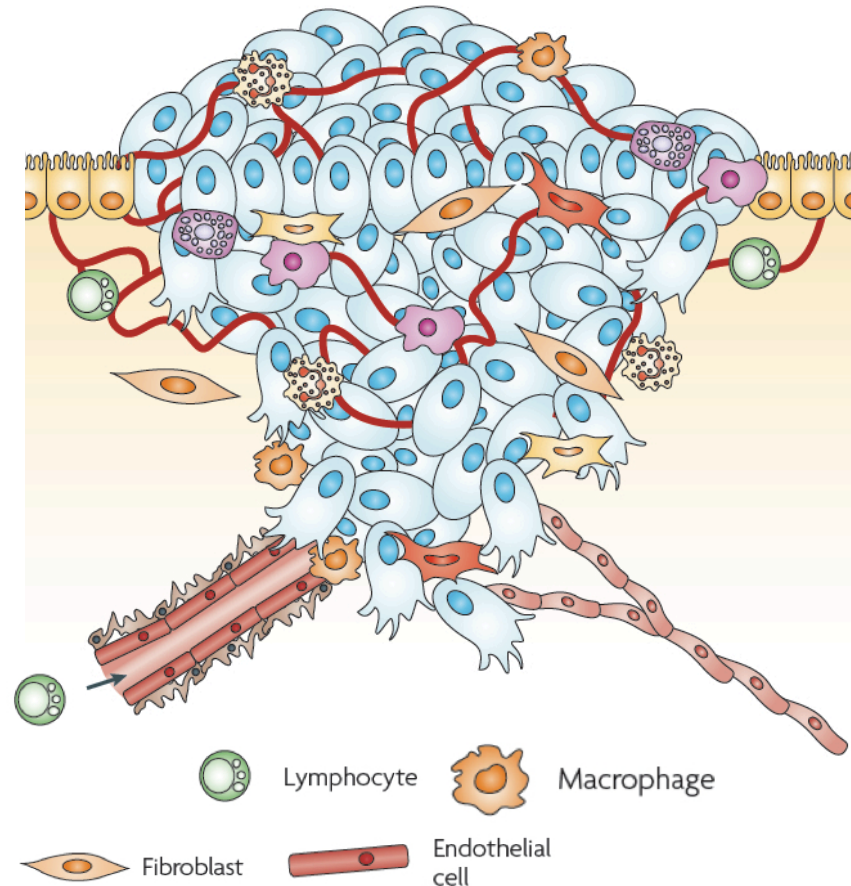
Arise from “self”  
(central tolerance)

Often lack pro-inflammatory signals  
(peripheral tolerance)

Are diverse  
(intra and inter-tumoral variations)

Are immunologically smart

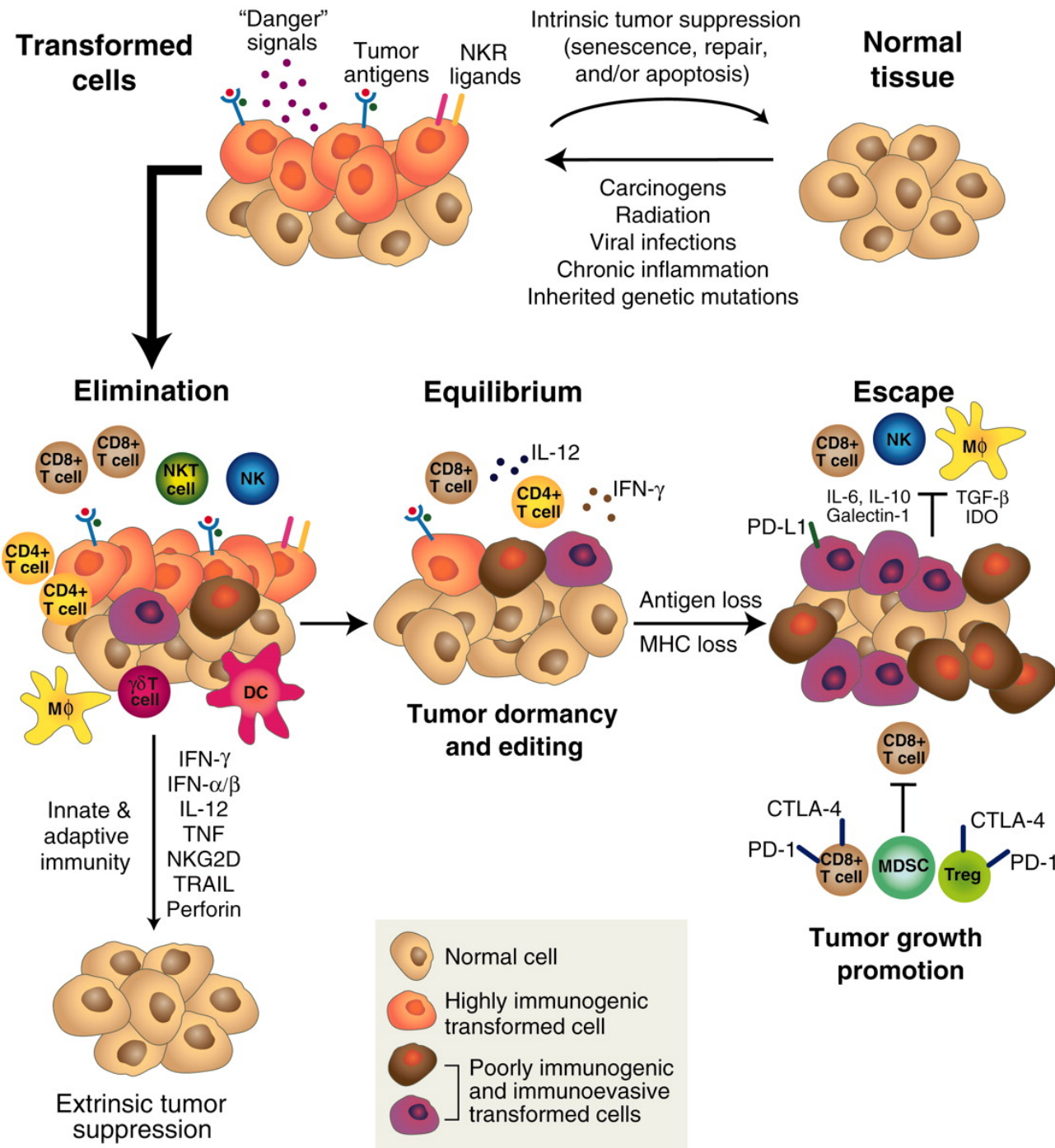
Are not “just” Tumor: the stroma



*Adjusted from Joyce & Pollard, Nature Reviews Cancer 2009*



# The 3Es of immunotherapy and immunoediting





## Tumour Immunonity/immunotherapy: possible?

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“It would be as difficult to reject the right ear and leave the left ear intact, as it is to immunize against cancer.”

W.H.Woglom, *Cancer Research* (1929)

# Which is the ideal Ag to be targeted?

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# Candidate target antigens for T cell treatment

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should preferably fulfill the following criteria

- be selectively expressed in tumors and not in normal tissues (tumor specificity; neo-antigens, oncoviral and cancer germline antigens);
- be related to oncogenesis (tumor addiction); true driver mutations cover only a fraction of the total number of mutations (estimated at most at 15%), and only a small fraction of mutations constitutes predicted T cell epitopes (about 1%);
- be able to evoke a T cell response (immunogenicity).

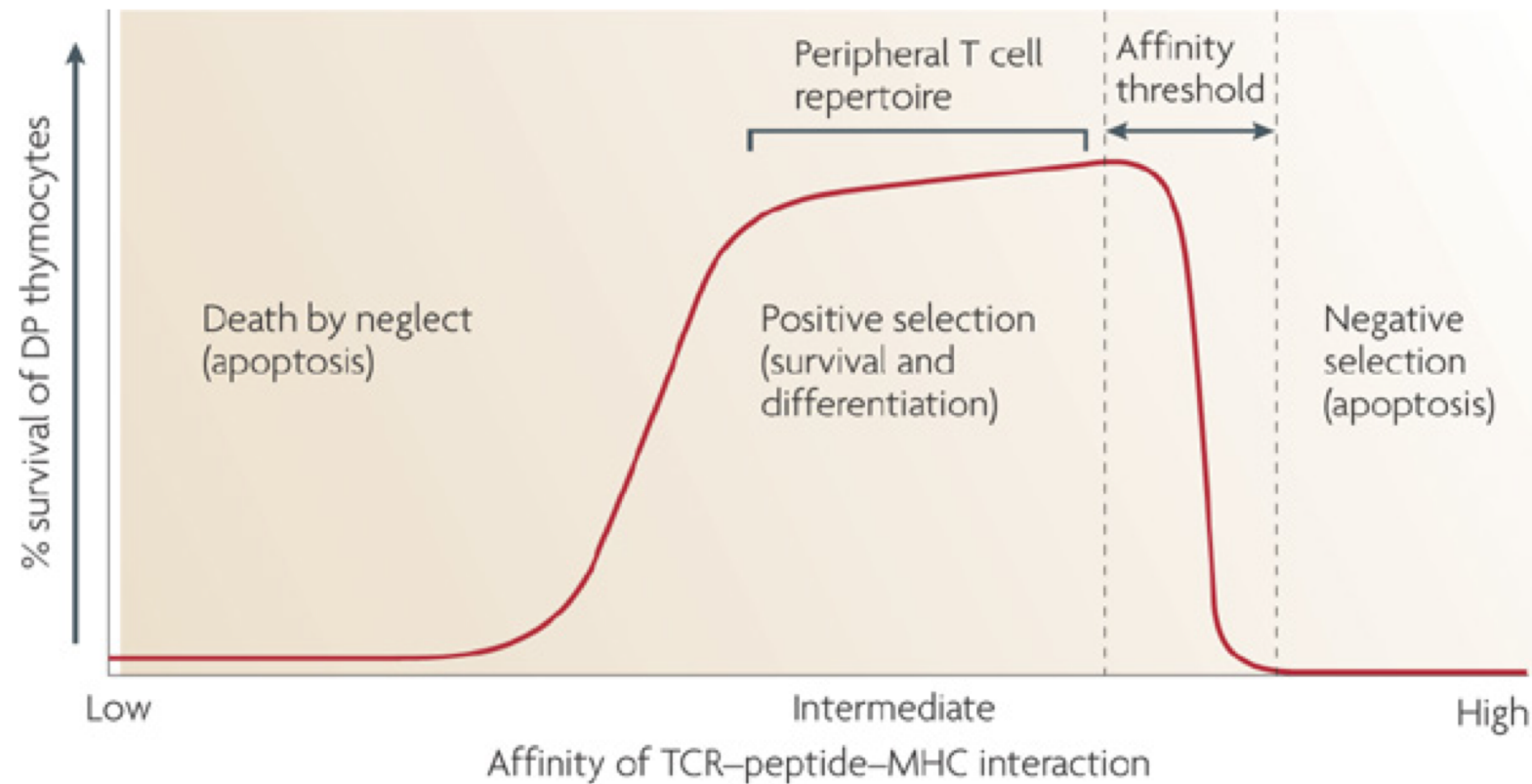
# Nature of tumor-associated antigens

**TABLE 17-1 Tumor Antigens**

Type of Antigen	Examples of Human Tumor Antigens
Products of mutated oncogenes, tumor suppressor genes	Oncogene products: Ras mutations (~10% of human carcinomas), p210 product of Bcr/Abl rearrangements (CML) Tumor suppressor gene products: mutated p53 (present in ~50% of human tumors)
Unmutated but overexpressed products of oncogenes	HER2/Neu (breast and other carcinomas)
Mutated forms of cellular genes not involved in tumorigenesis	Various mutated proteins in melanomas recognized by CTLs
Products of genes that are silent in most normal tissues	Cancer/testis antigens expressed in melanomas and many carcinomas; normally expressed mainly in the testis and placenta
Normal proteins overexpressed in tumor cells	Tyrosinase, gp100, MART in melanomas (normally expressed in melanocytes)
Products of oncogenic viruses	Papillomavirus E6 and E7 proteins (cervical carcinomas) EBNA-1 protein of EBV (EBV-associated lymphomas, nasopharyngeal carcinoma)
Oncofetal antigens	Carcinoembryonic antigen on many tumors, also expressed in liver and other tissues during inflammation $\alpha$ -Fetoprotein
Glycolipids and glycoproteins	GM <sub>2</sub> , GD <sub>2</sub> on melanomas
Differentiation antigens normally present in tissue of origin	Prostate-specific antigen in prostate carcinomas CD20 on B cell lymphomas
CML, chronic myelogenous leukemia; CTL, cytotoxic T lymphocyte; EBNA, Epstein-Barr nuclear antigen; EBV, Epstein-Barr virus; MART, melanoma antigen recognized by T cells.	

# T cells are generated in the thymus

- *positive and negative selection*





# Which is the affinity of tumor-specific TCR?

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# Which is the affinity of tumor-specific TCR?

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*T cells specific for mutated self antigens/product of oncovirus*

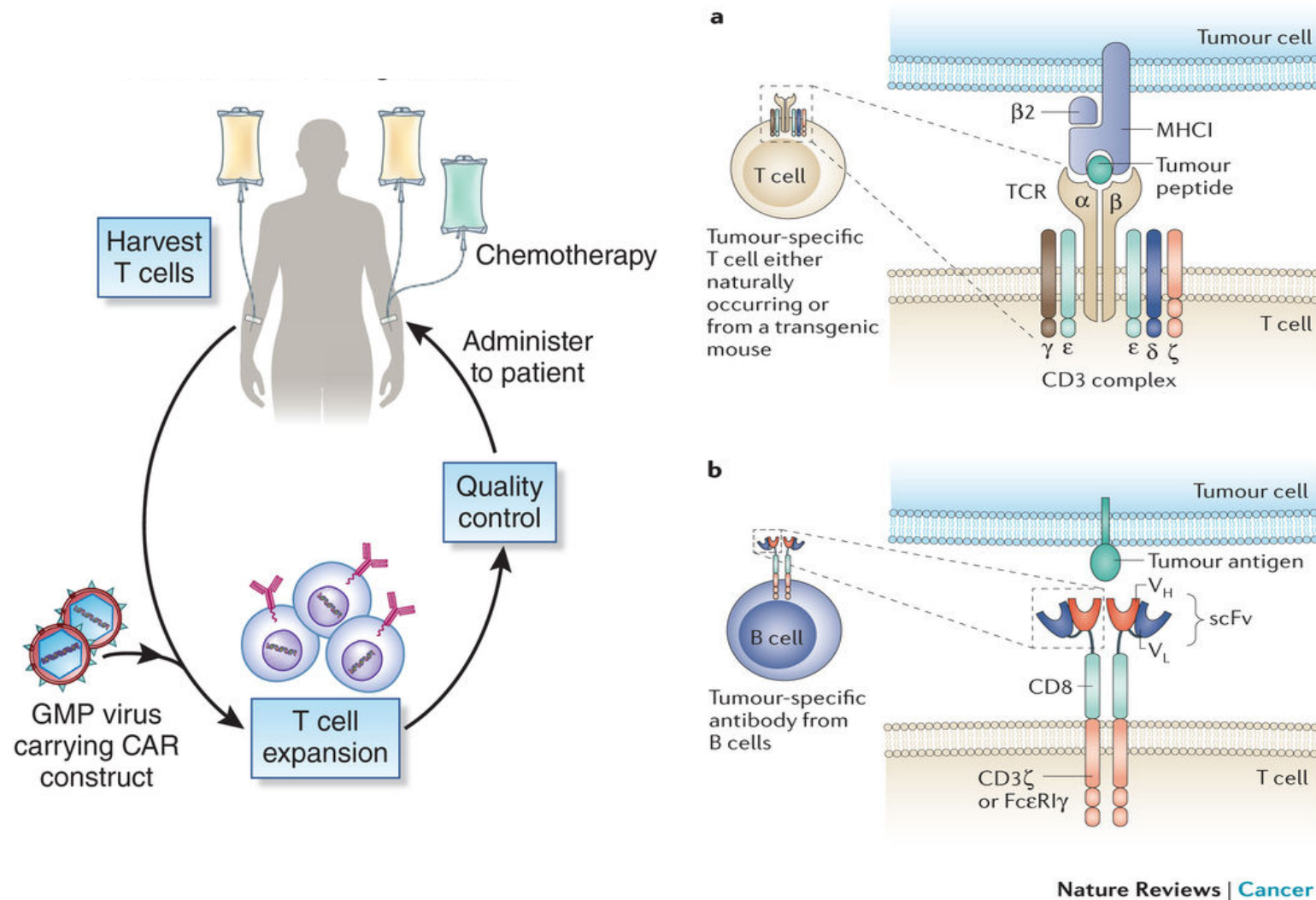
*High affinity*

*T cells specific for non mutated self antigens-TCR affinity*

*Low affinity*



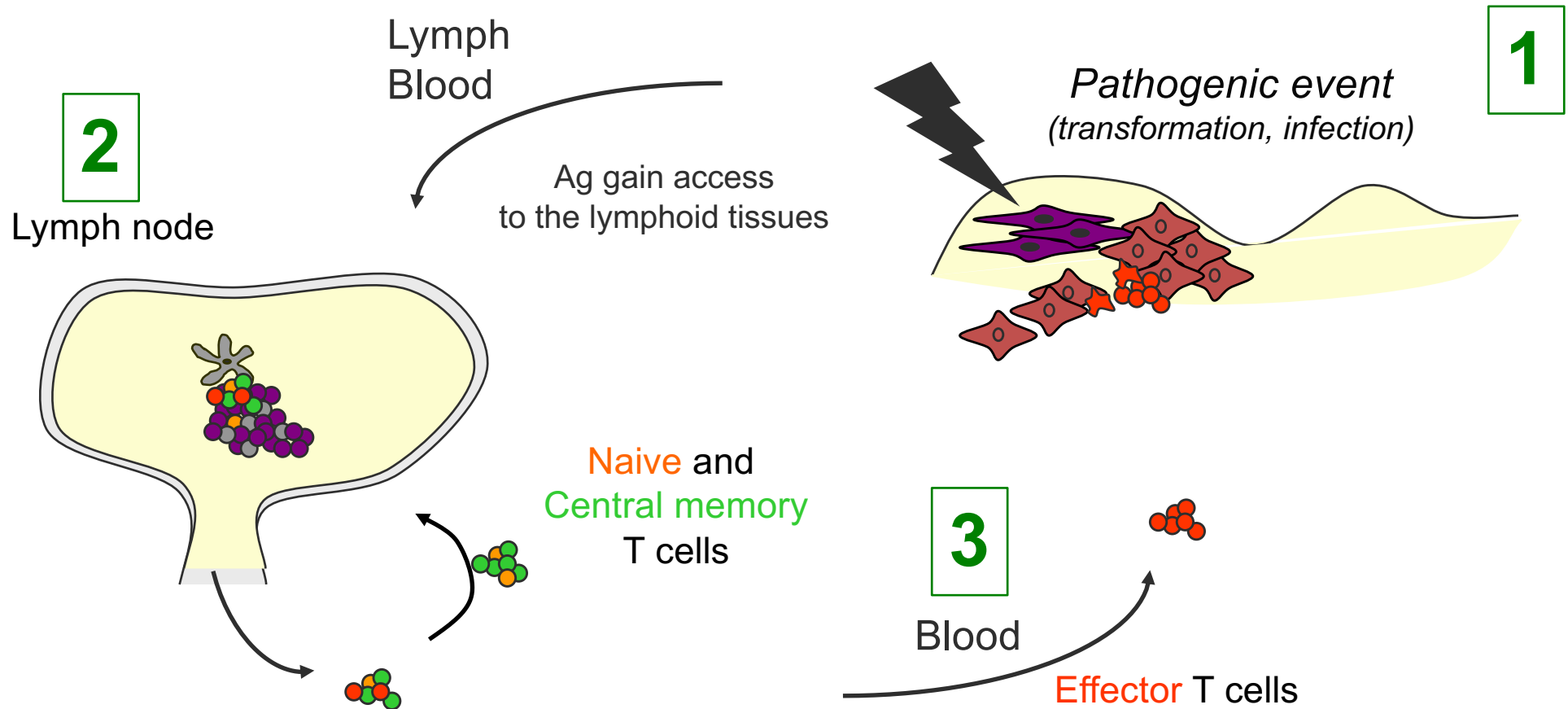
# T cells engineering: TCR and CAR



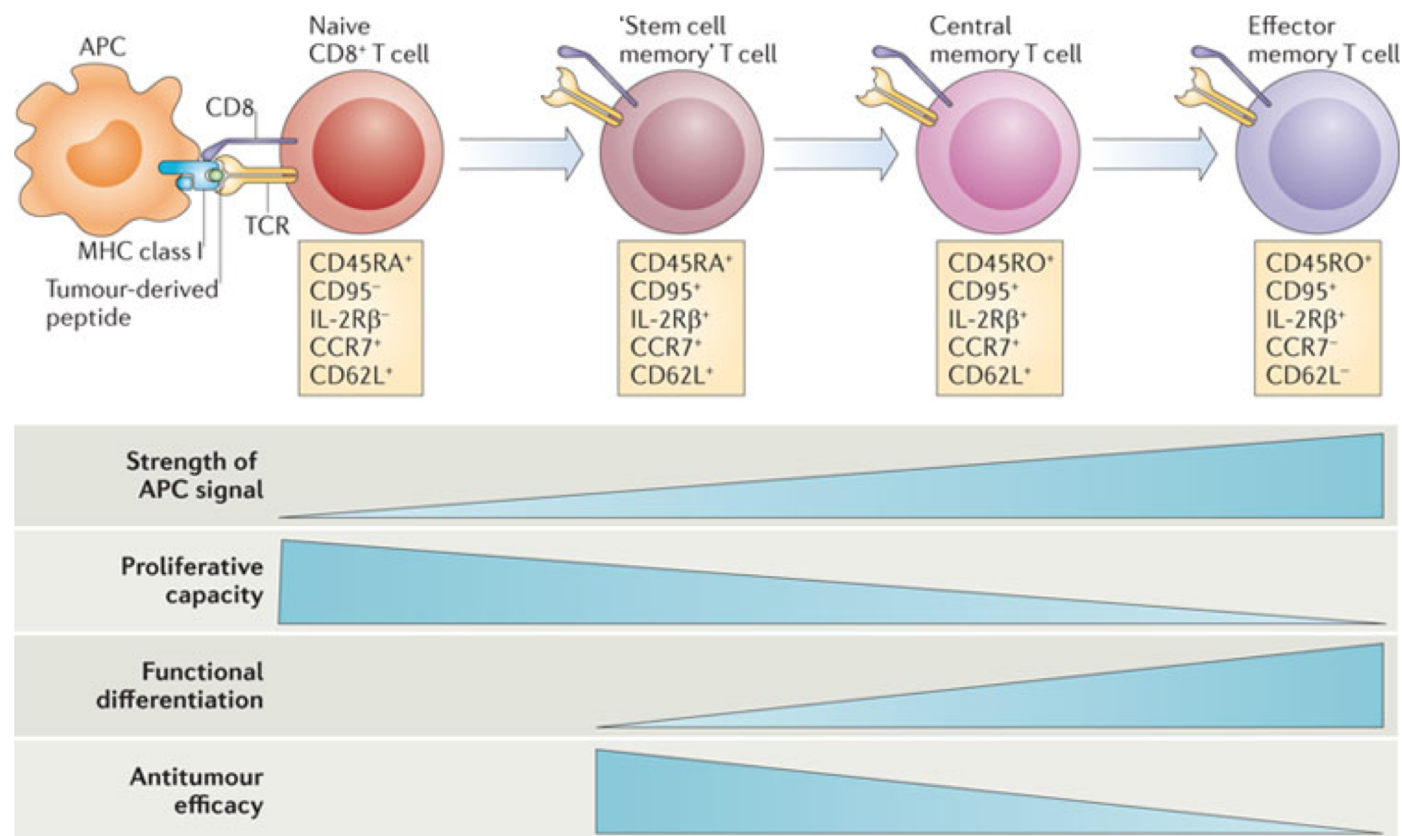
Nature Reviews | Cancer

•Nature Reviews Cancer **13**, 525–541 (2013)

# T cell therapy of solid tumor: an anatomical perspective

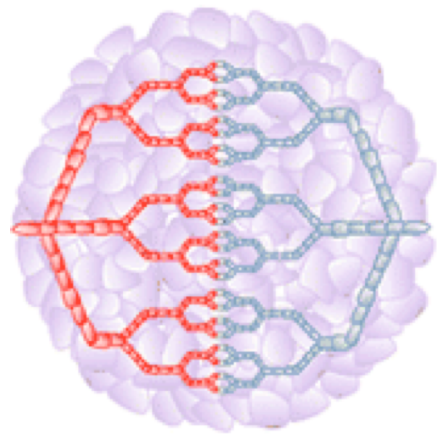


# Understanding and exploiting T cells

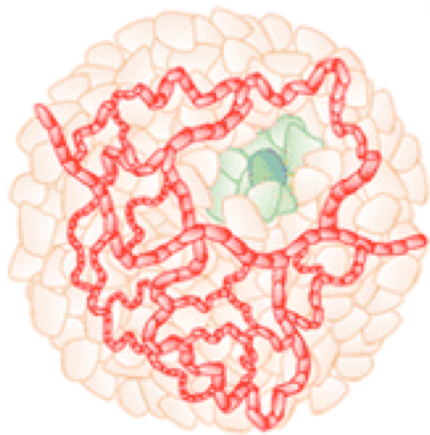




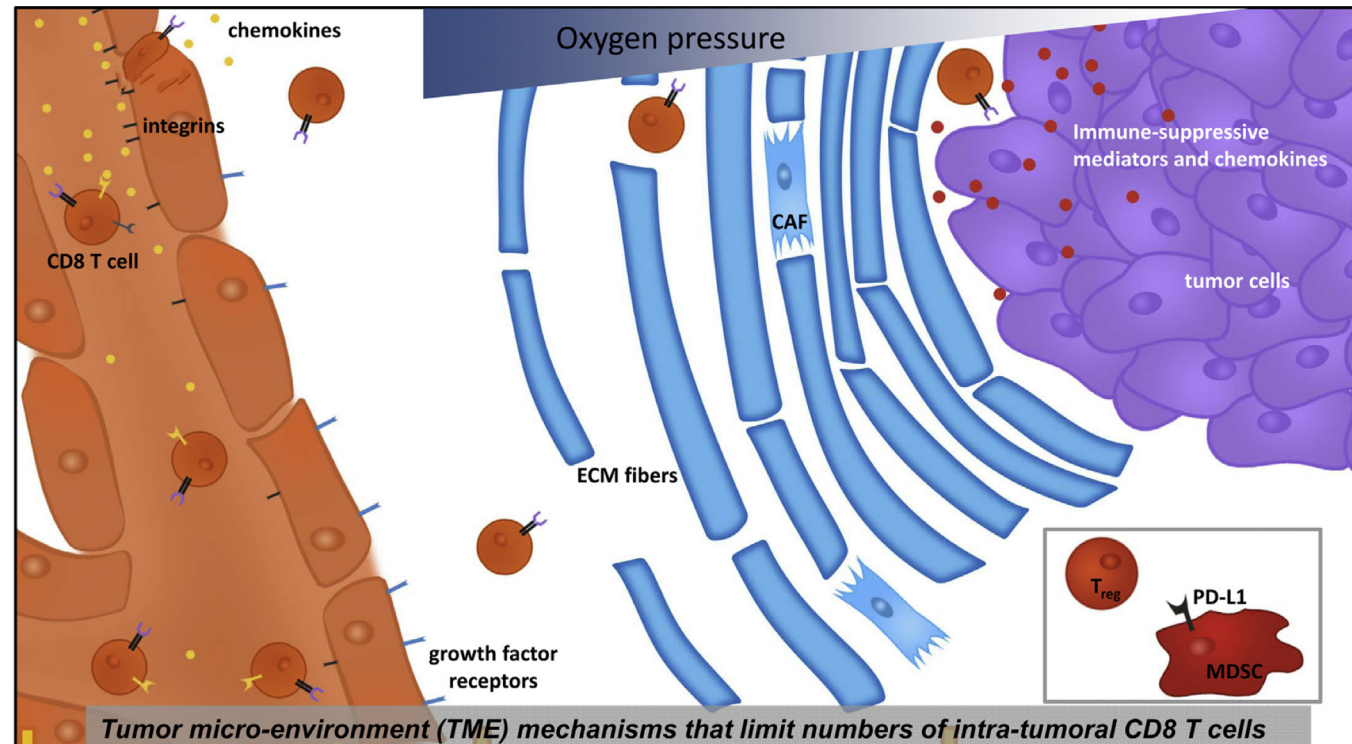
# The Tumor vasculature and the TME limit intra-tumoral infiltration



Normal vasculature



Tumor vasculature



## Attraction and entry of T cells

- Limited availability of chemokines (CCL2, CXCL9, 10)
- Limited expression of adhesion molecules (ICAM1)
- Phenotype of endothelial cells to disengage CD8 T cells (PD1, B7H3, ET(B)R, FasL)

## Migration of T cells

- Increased density of ECM
- Shielding of tumor cells (CXCL12)
- Enhanced recruitment and activation of Tregs and MDSC (CCL3)

## Local activation of T cells

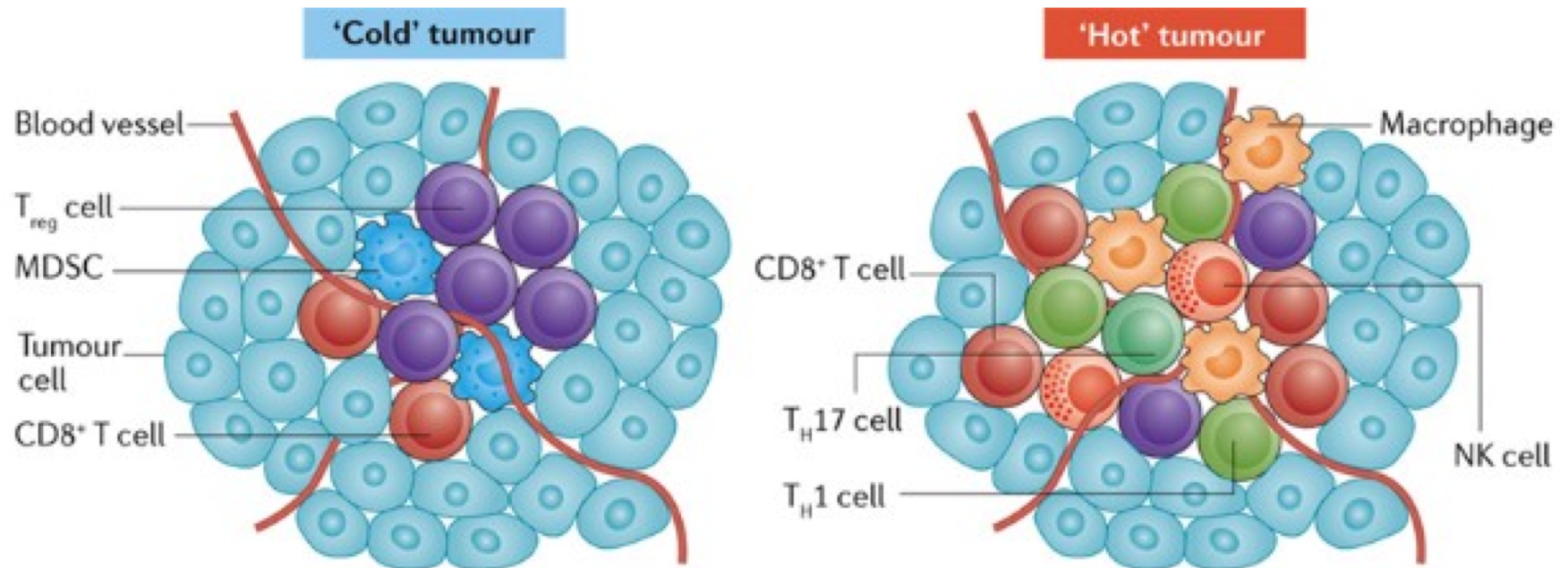
- Induction of abnormal vessels (HIF)
- Limited activation of CD8 T cells related to Nanog and TGF $\beta$ ; limited activation of DC (VEGF)
- Enhanced recruitment and activation of Tregs and MDSC (via PD-L1)

## TCR-engineered T cells to treat tumors: Seeing but not touching?

Seminars in Immunology, Volume 28, Issue 1, 2016, 10–21    Reno Debets, Emmanuel Donnadieu, Salem Chouaib, George Coukos

# Intra-tumoral infiltration/T cell representation: a critical issue

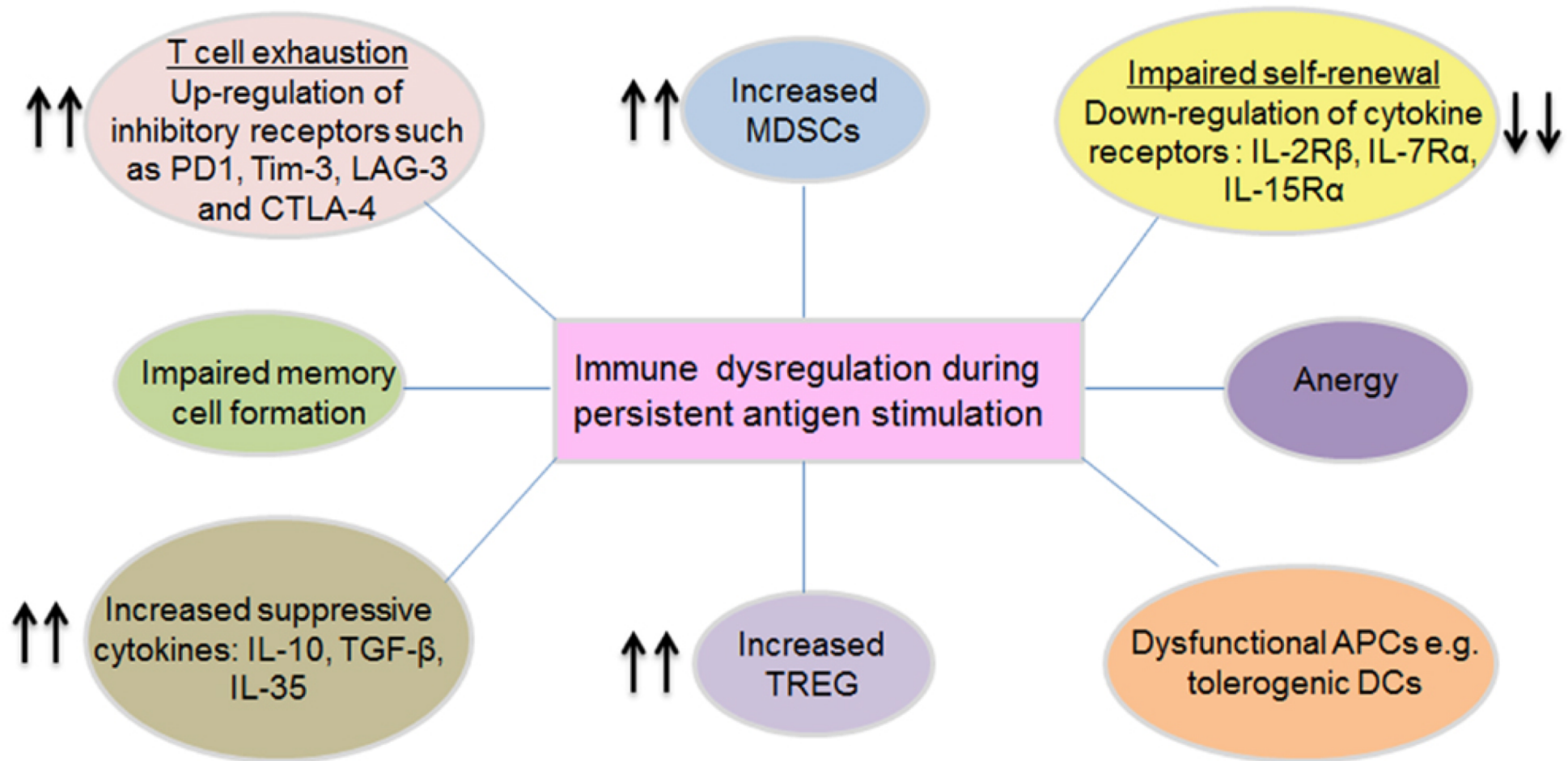
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- Efficacy of IT
- Efficacy of Immune checkpoint blockers

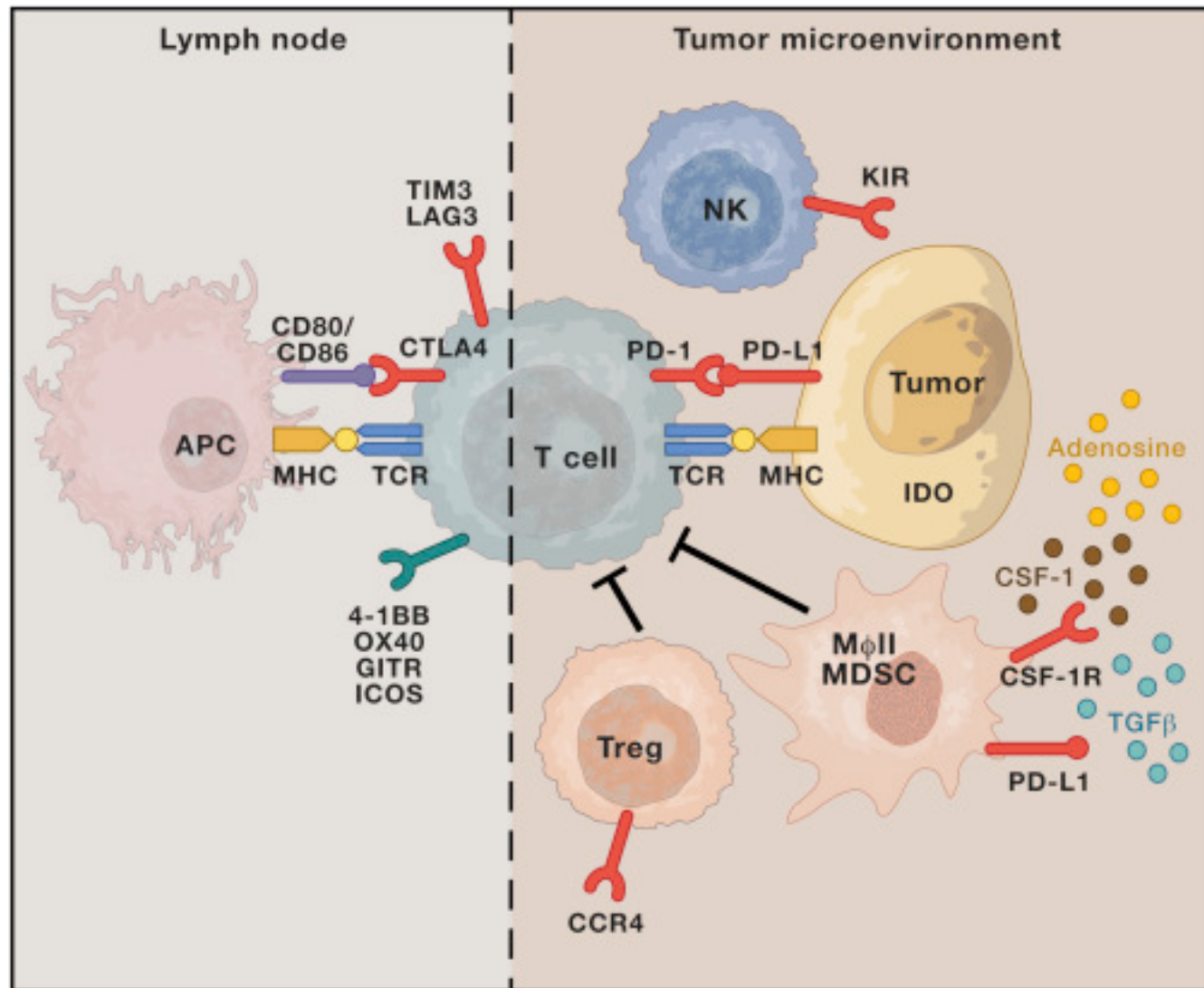
Modified from Nagarsheth, Nat Rev Immunol 2017

# Mechanisms of tumor escape

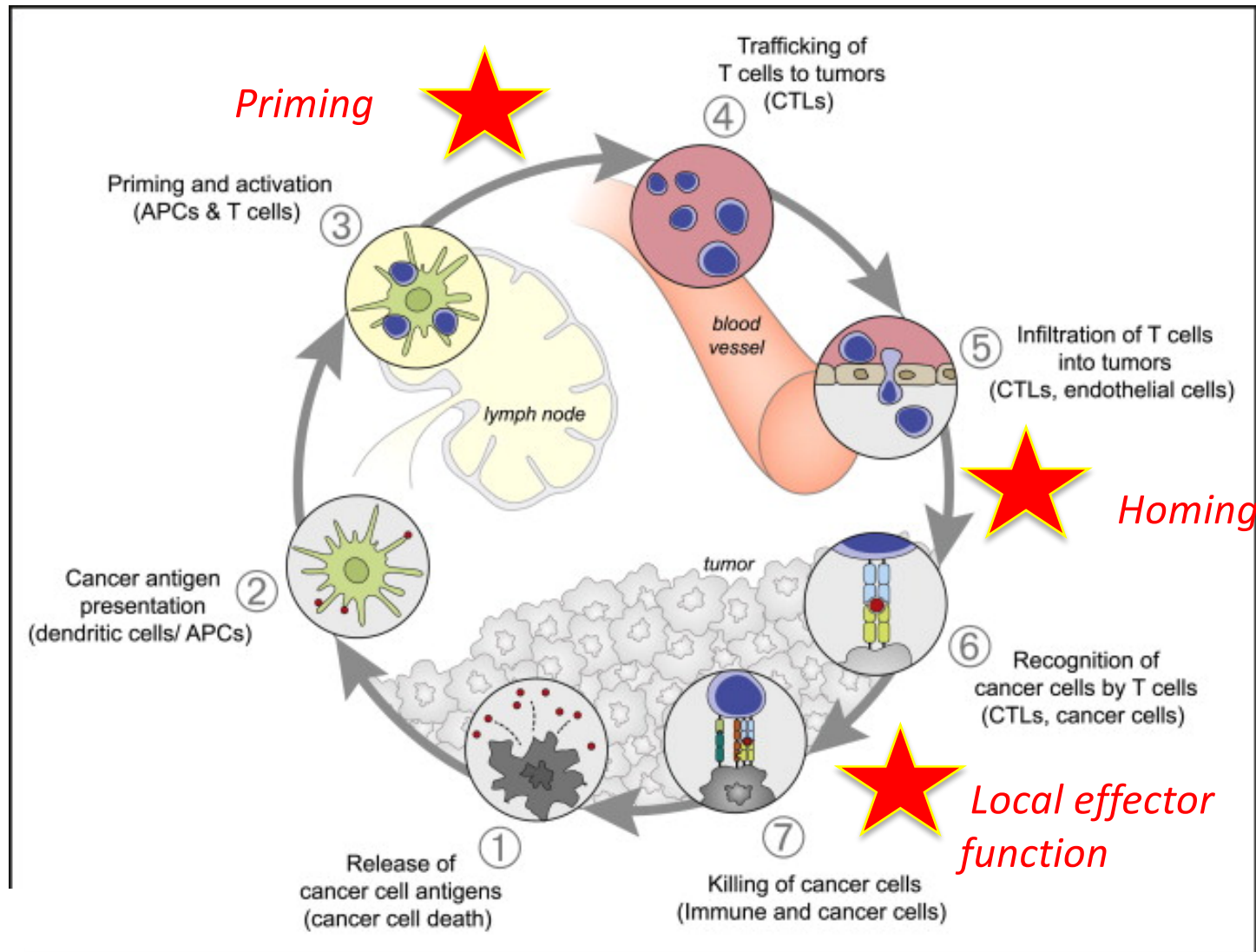




# Mechanisms of tumor escape

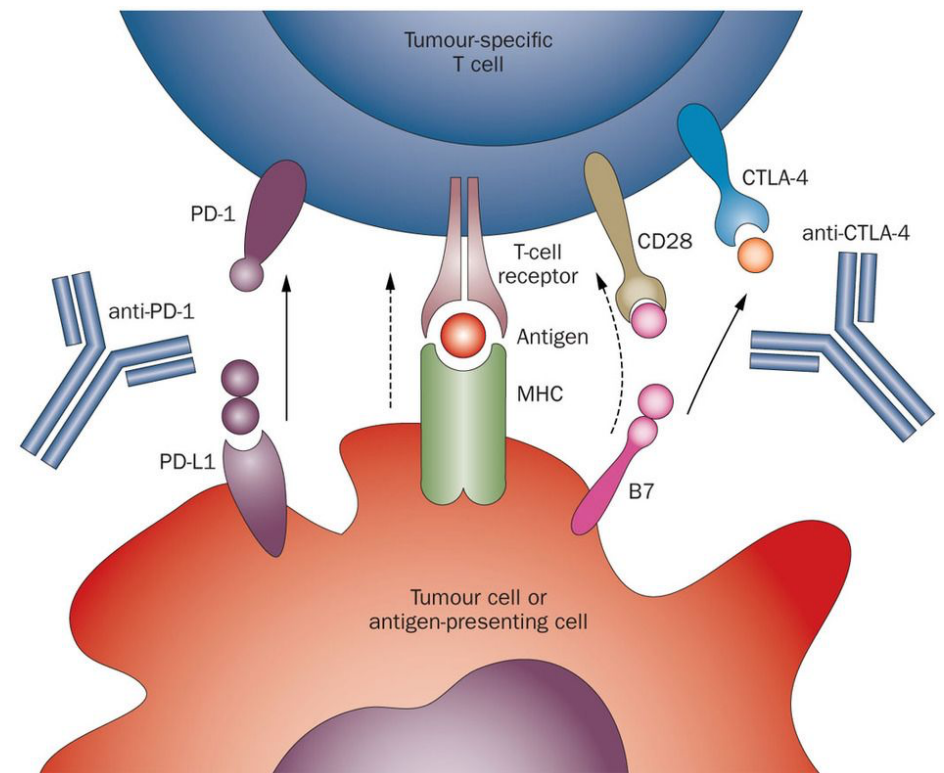
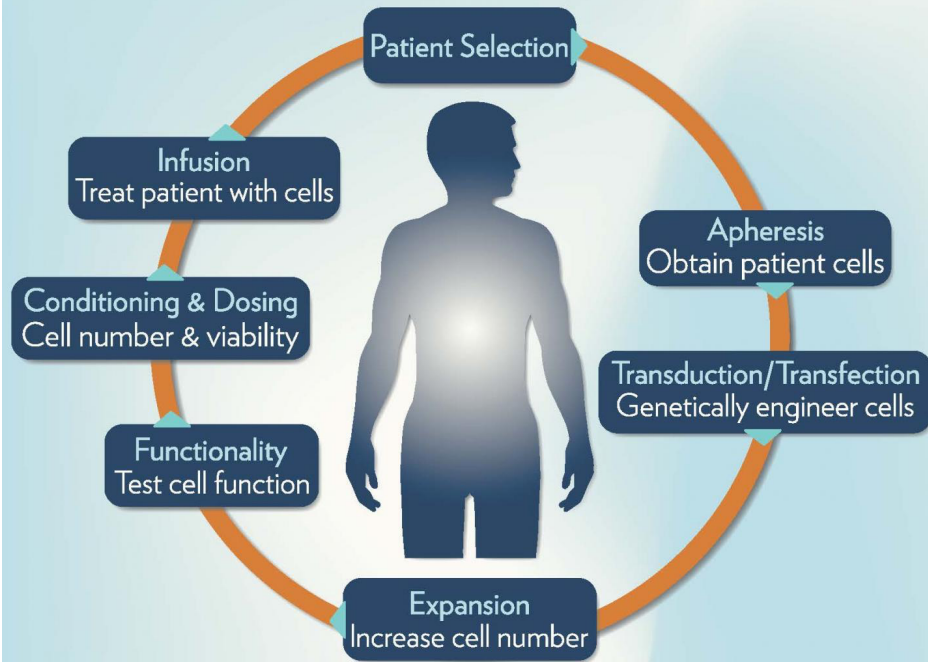


# Critical issues in T-cell mediated tumor rejection



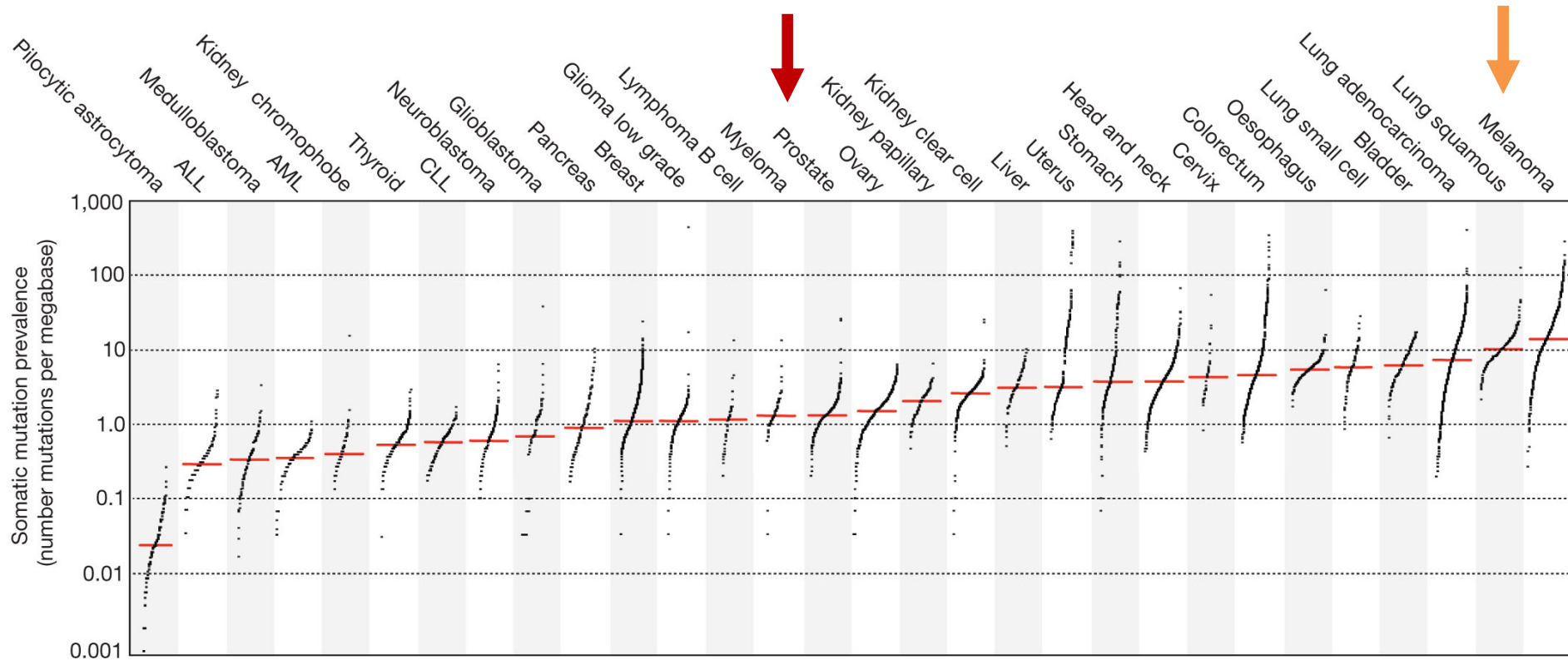


# Adoptive T-Cell Therapy

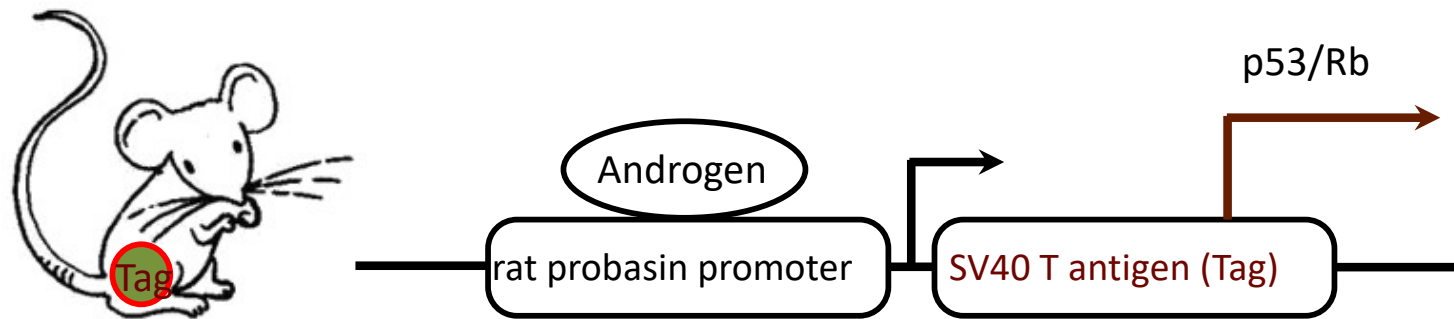


# PC has a low prevalence of somatic mutations

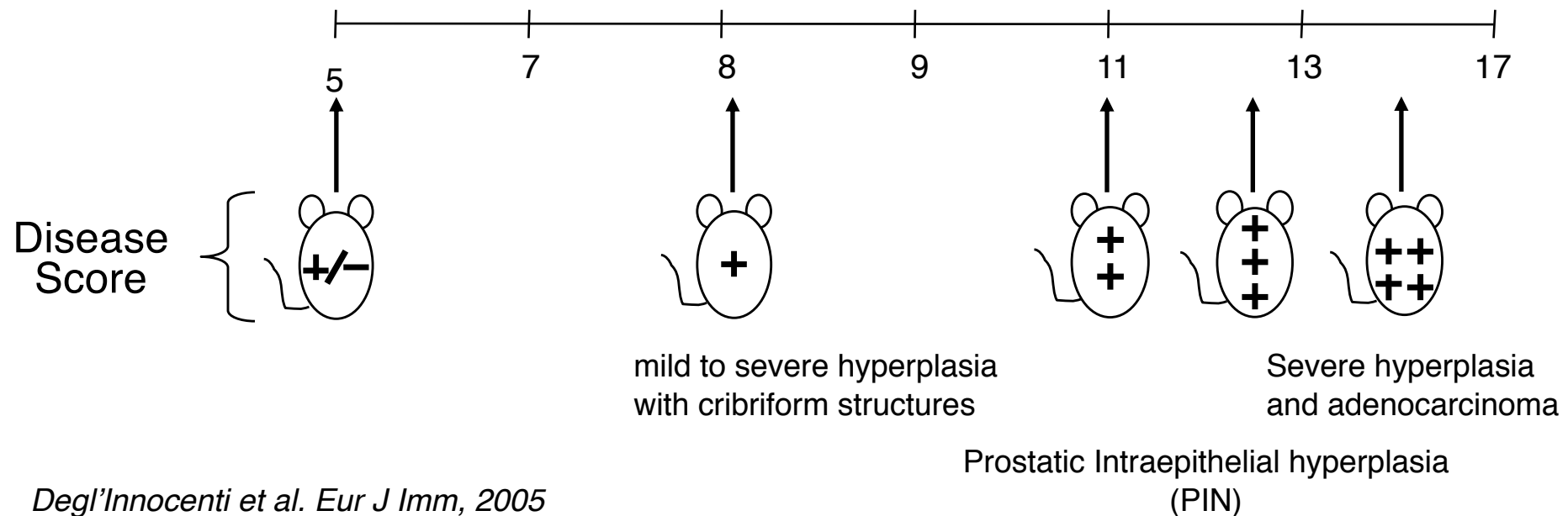
The prevalence of somatic mutations across human cancer types.



## - TRansgenic Adenocarcinoma of the Mouse Prostate -



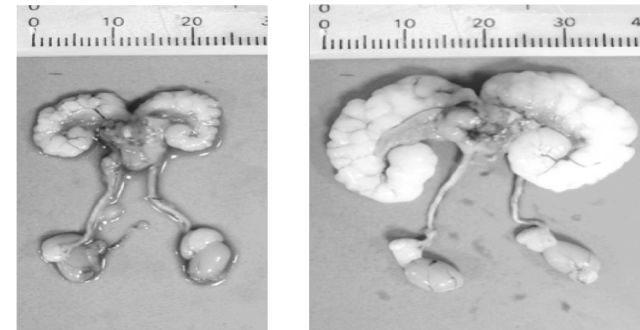
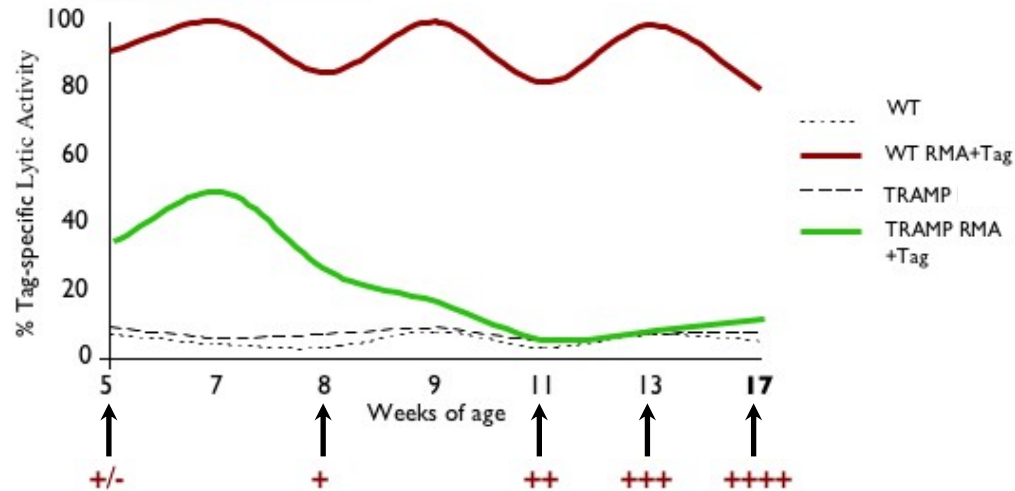
Autochthonous prostatic epithelium tumor development at puberty (*Greenberg, N. 1995*)





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# Central and peripheral T cell tolerance in TRAMP mice



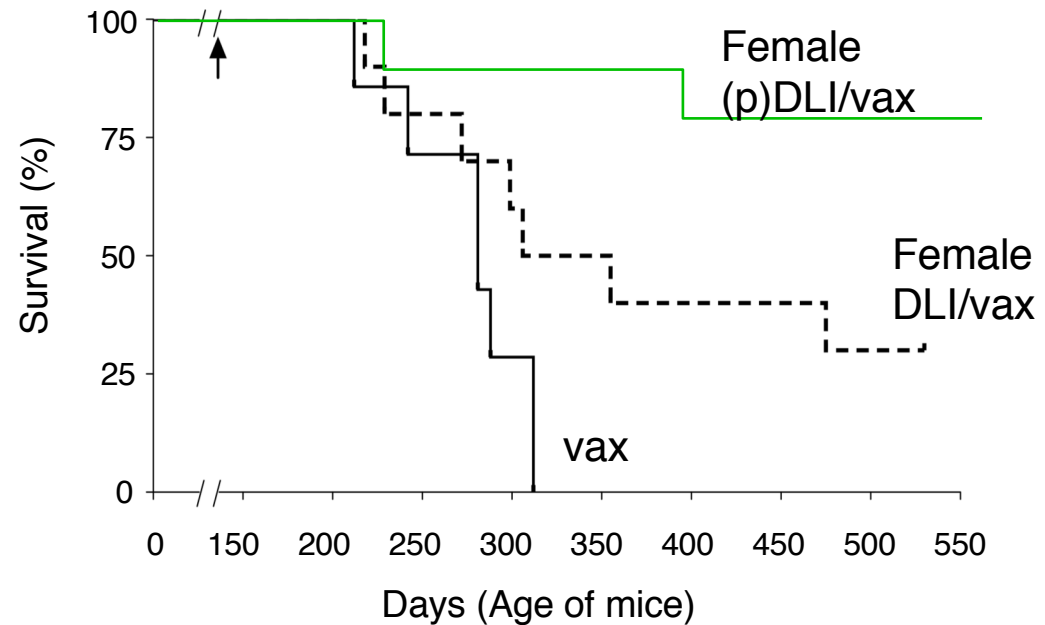
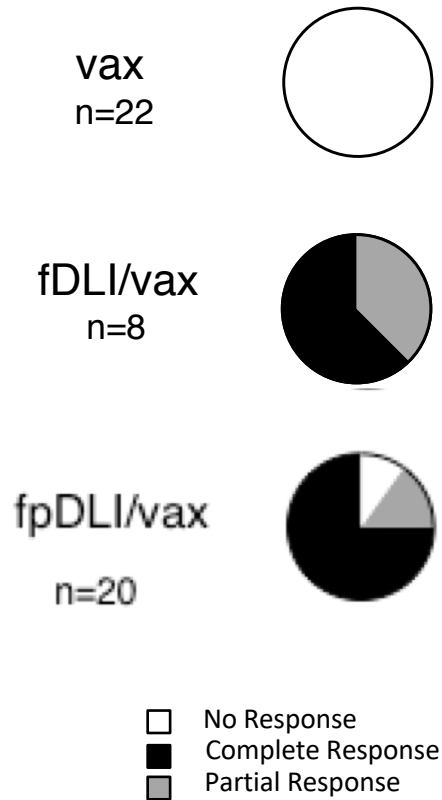
*Degl'Innocenti et al. Eur J Imm, 2005*

- **Central tolerance:** T antigens are expressed in the thymus: deletion high affinity T cells
- **Progressive peripheral tolerance** to Tag is observed, role for CD8+ suppressor cells (Bellone's group)
- **Immunotherapy mostly fails:**
  - Active (vax), adoptive immunotherapy (ag-expanded cells, TCR redirected T cells)
  - T reg, MDC inhibition/deletion
  - Delay on tumor growth, no effect of long-term survival



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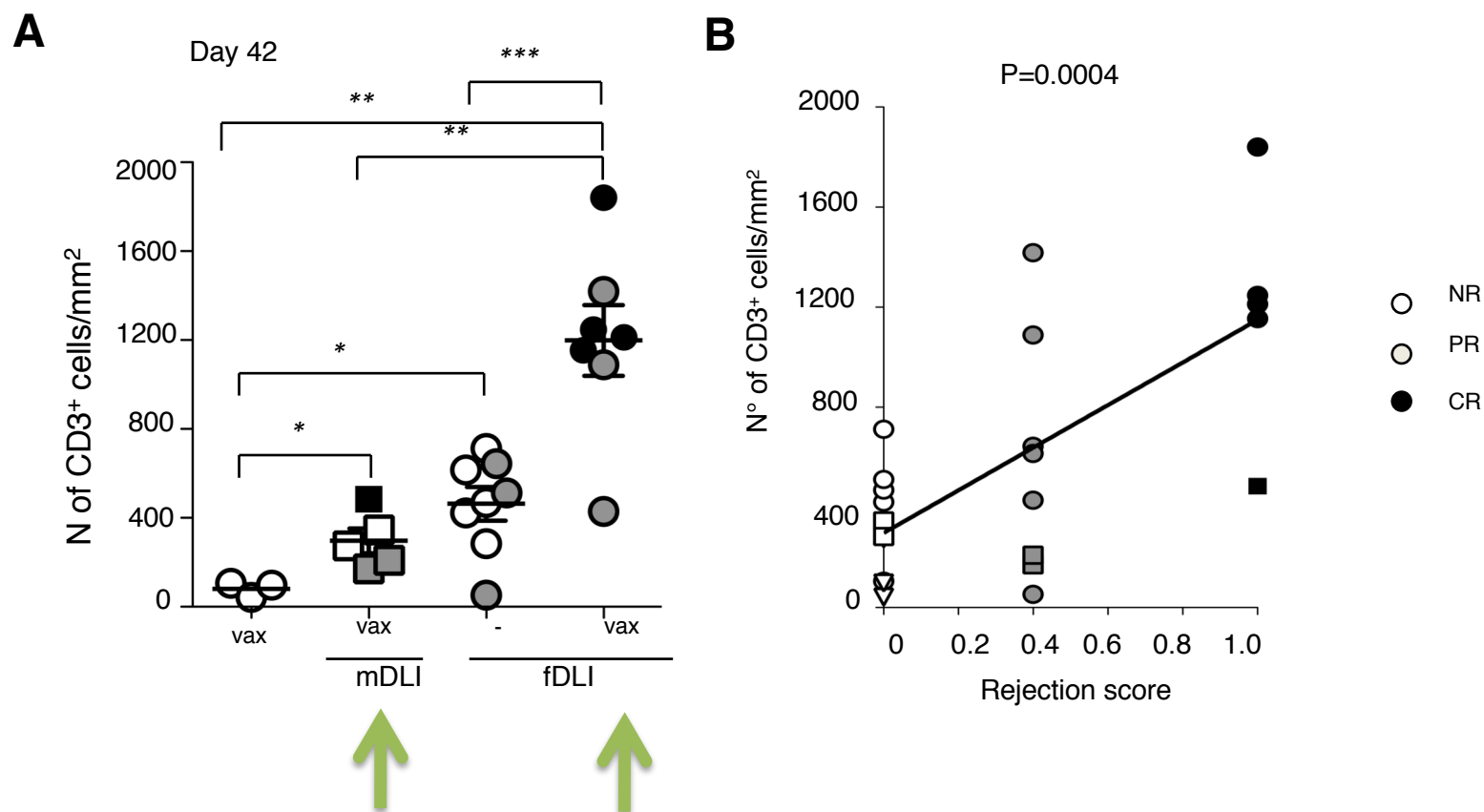
## .....and prolong overall survival





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# Allo/Y-directed T cell responses grant optimal tumor infiltration



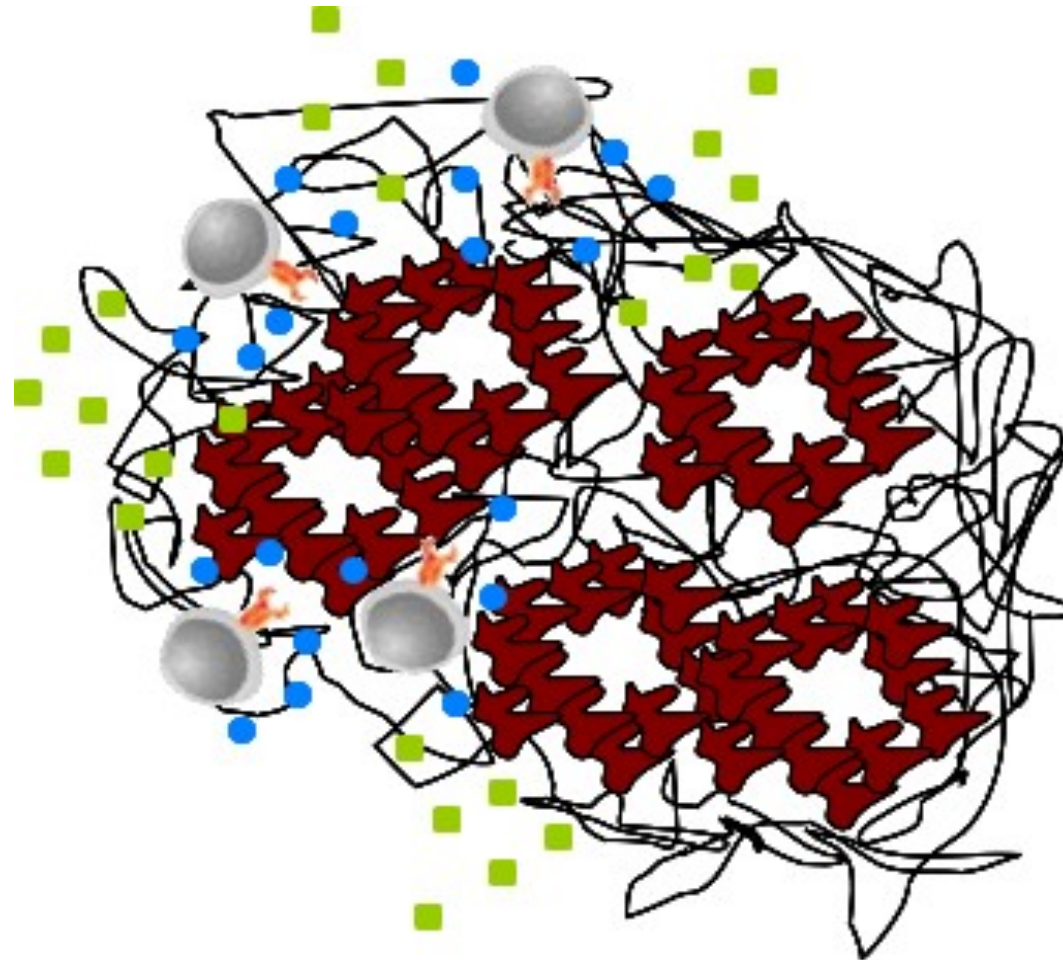




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# Dual targeting: the tumor and the stroma

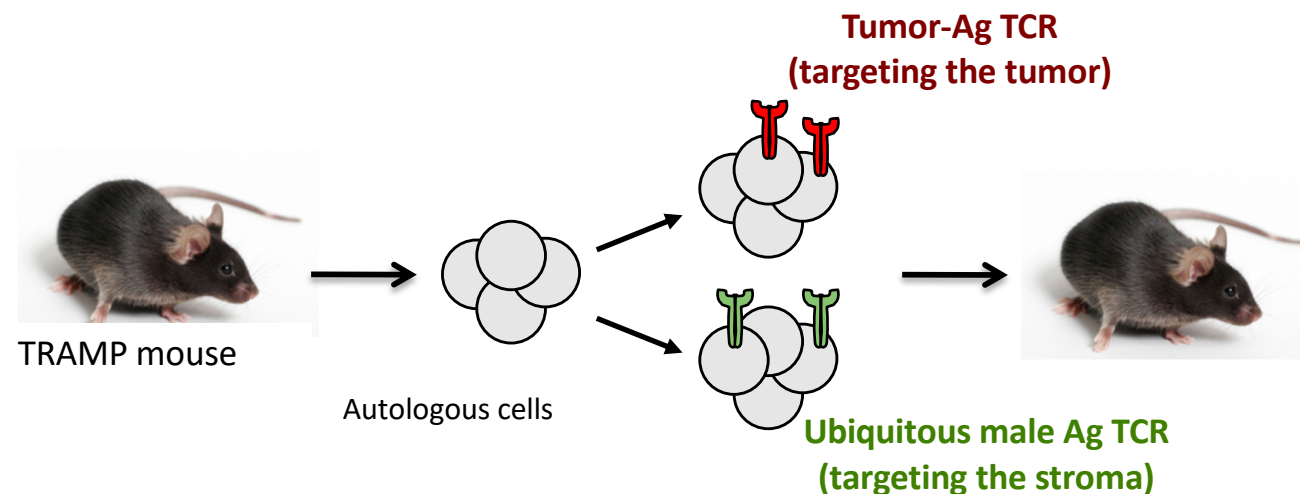
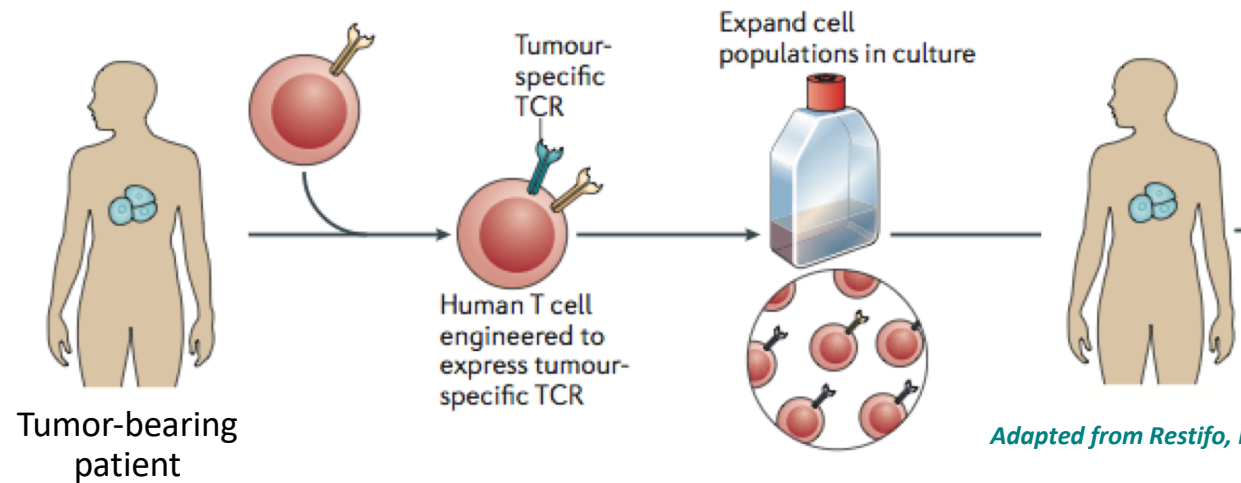
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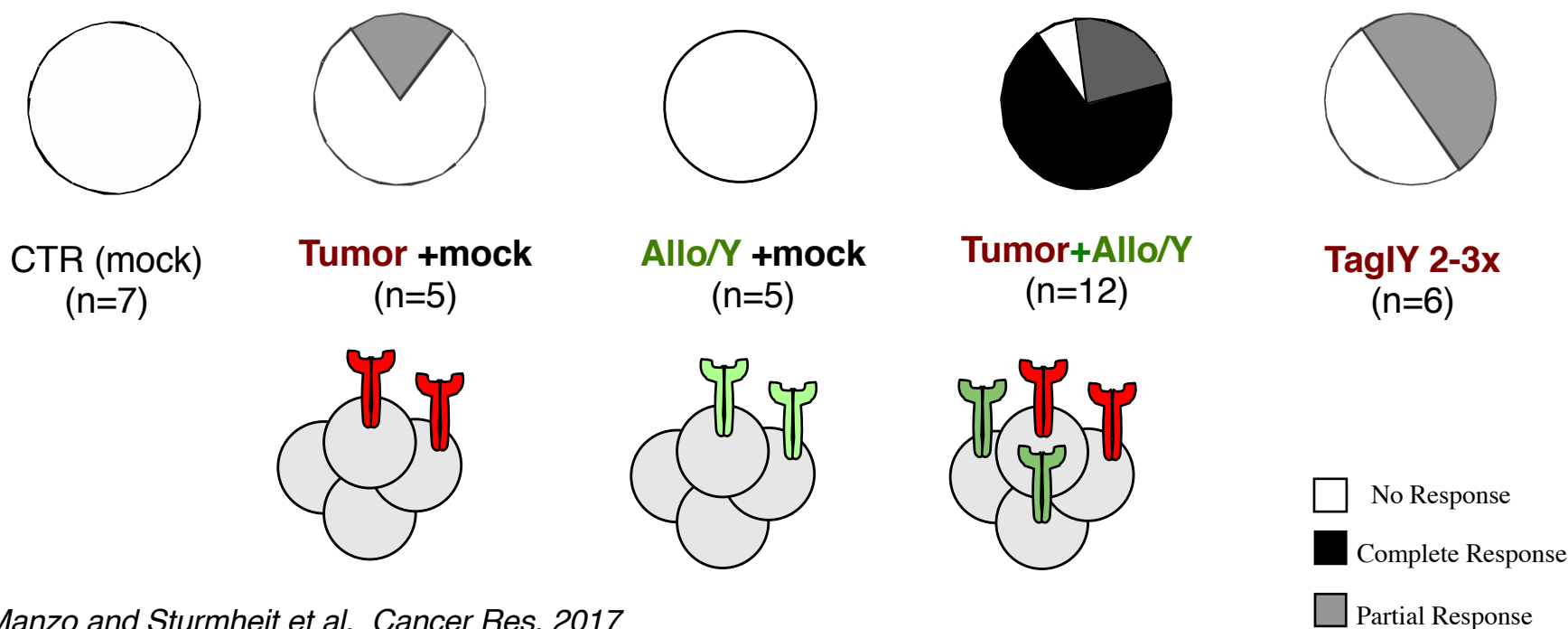
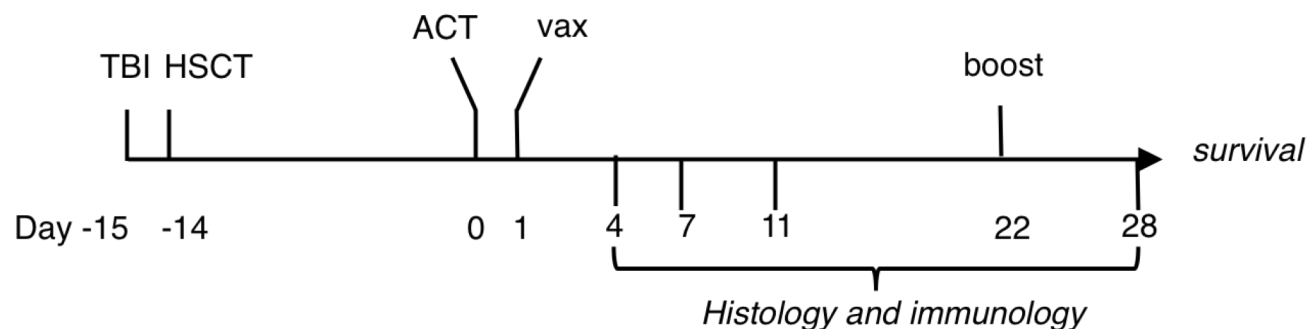


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# Autologous TCR redirected T cells to recapitulate the allogeneic effect



# Combined TCR-redirected ACT precipitate acute tumor debulking





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# Dual Targeting ACT promotes superior tumor infiltration....

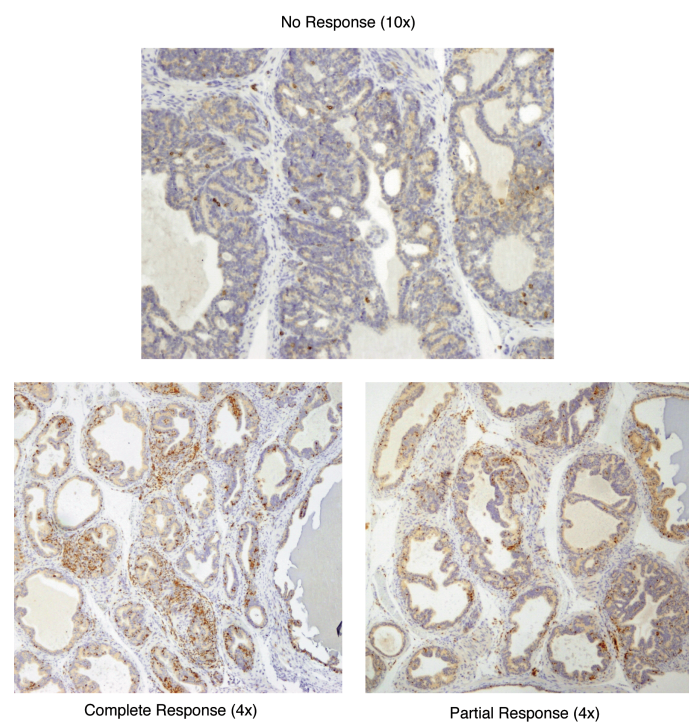
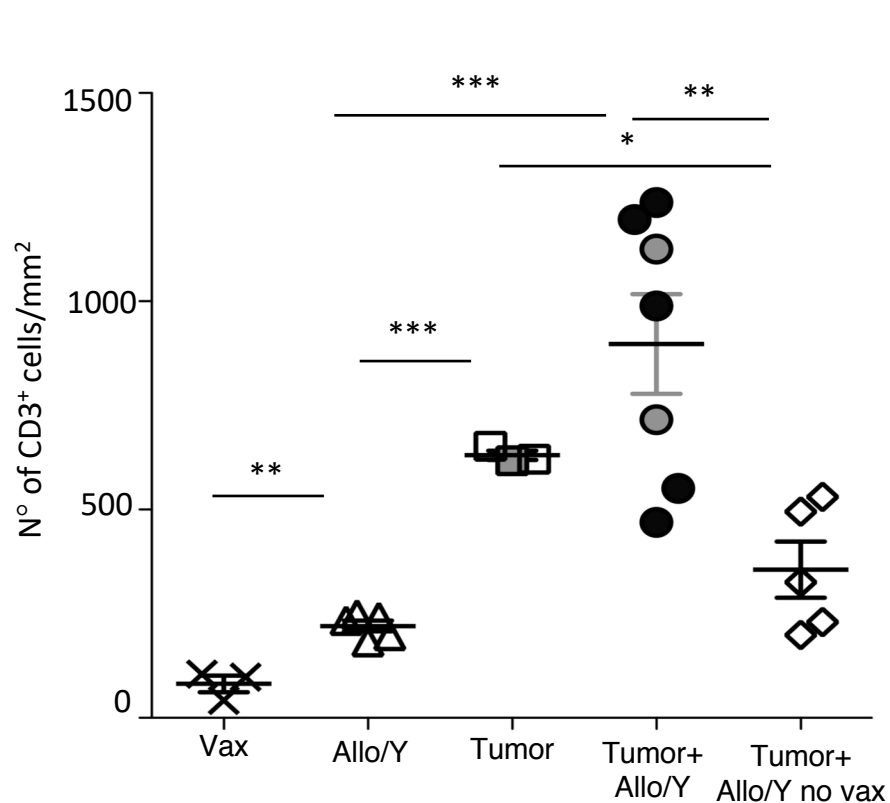
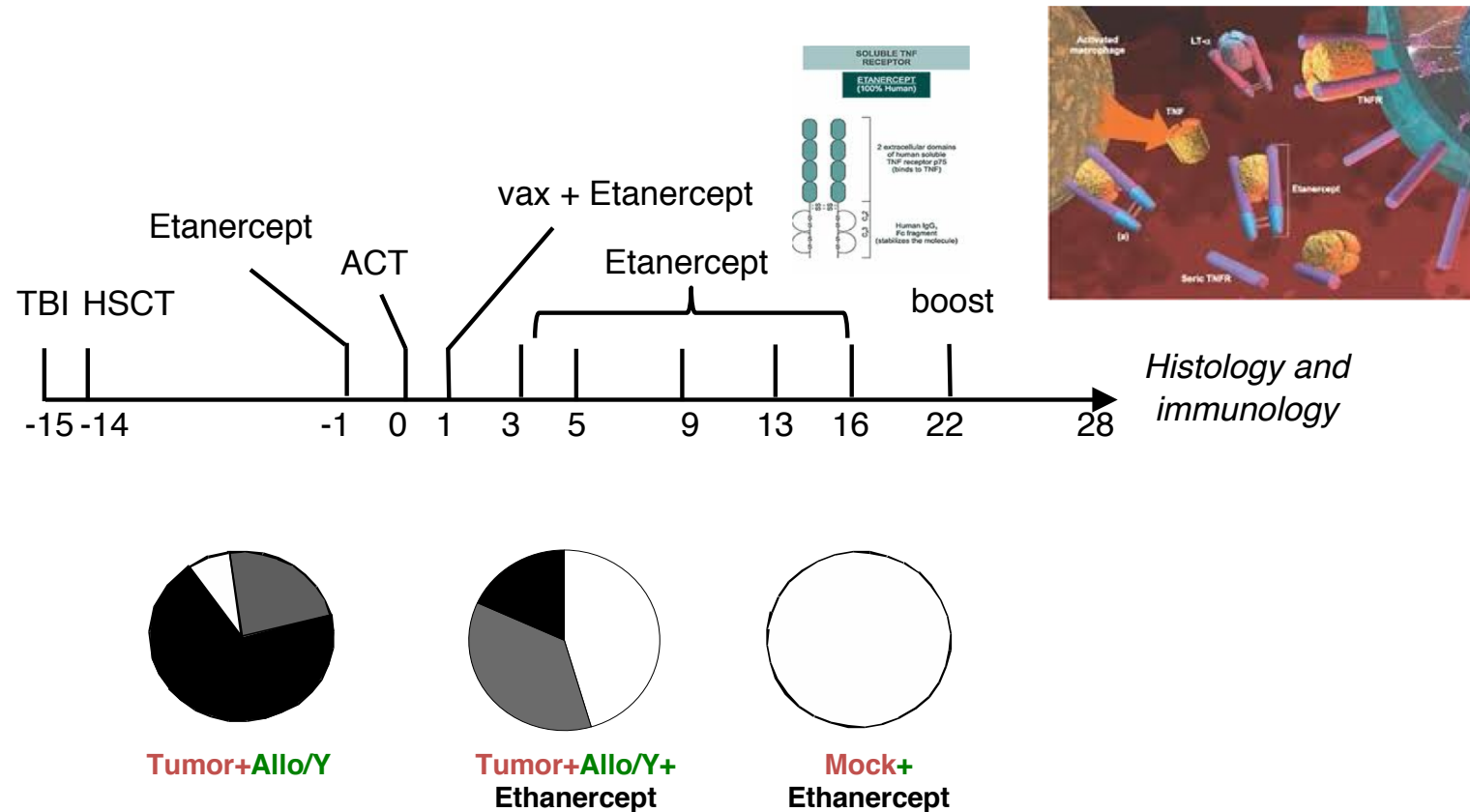


Figure S6

# TNF- $\alpha$ is critical for ACT- induced tumor debulking



Manzo and Sturmheit et al, Cancer Res. 2017

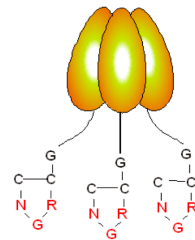


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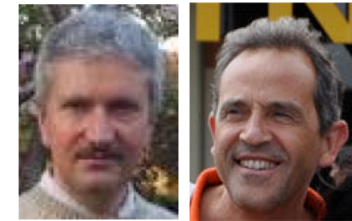
# Tumor Vessel-Targeted TNF- $\alpha$



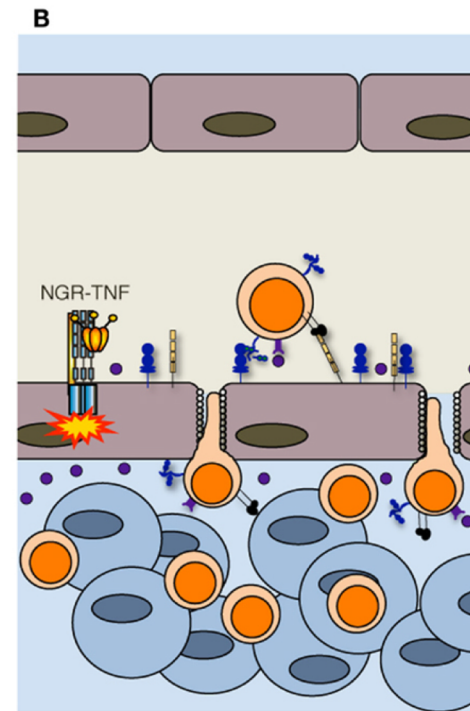
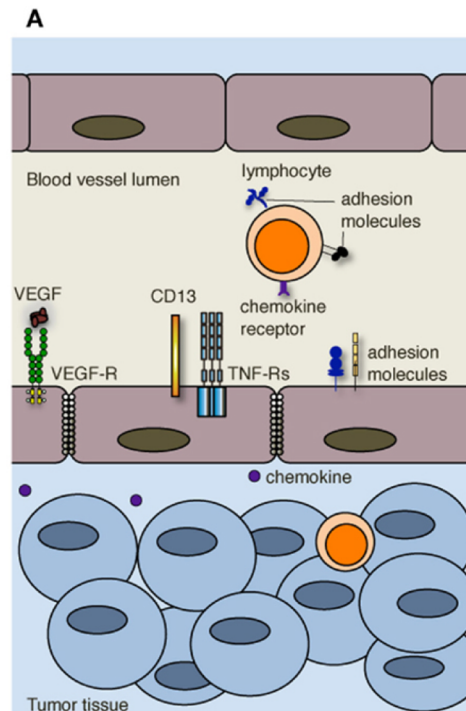
CNGRC Binds CD13 isoform expressed in tumor vessels



Curnis et al Nat Biotechnol (2000)  
Curnis et al (2005)  
Corti et al Blood (2008)  
Corti et al Med Res Rev. (2012)



A. Corti M. Bellone



Calcinotto and Bellone, *J Immunol.* 2012  
Bellone M, Calcinotto A, Corti A – *Oncoimmunol.* 2012

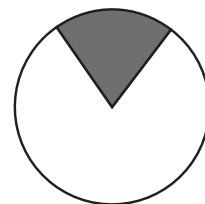
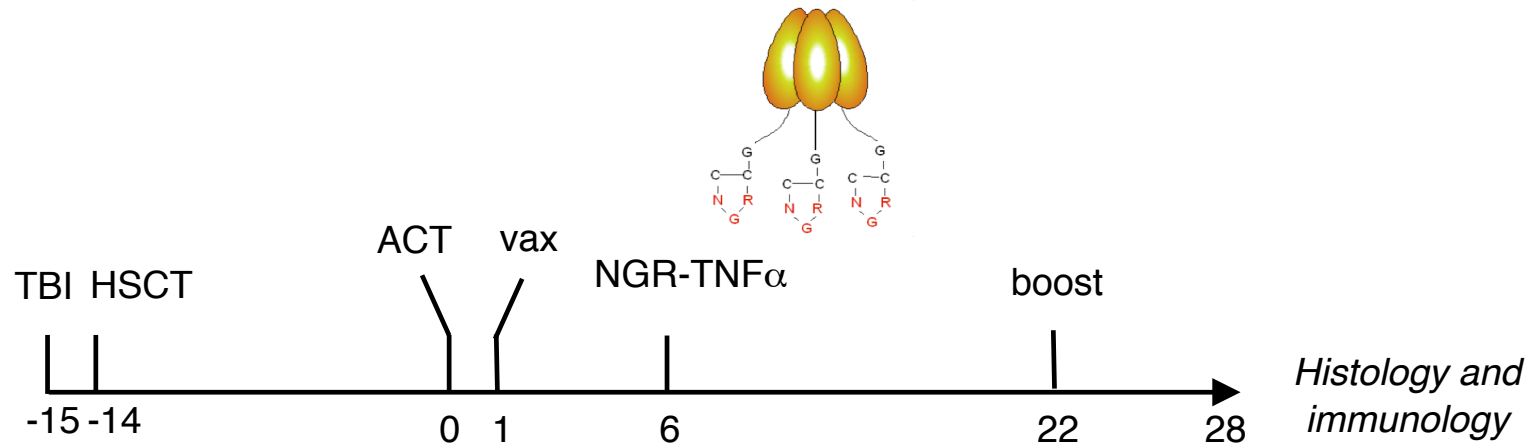
NGR-hTNF is in phase III trials



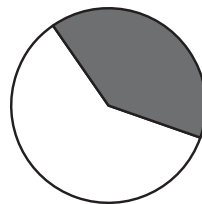
# TNF- $\alpha$ promotes ACT- induced tumor debulking



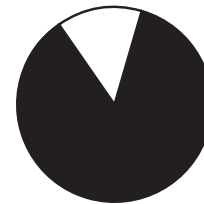
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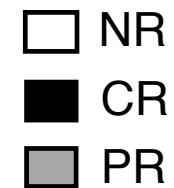
Tumor+  
N=5



Untrd+  
NGR-TNF  
N=5



Tumor+  
NGR-TNF  
N=7

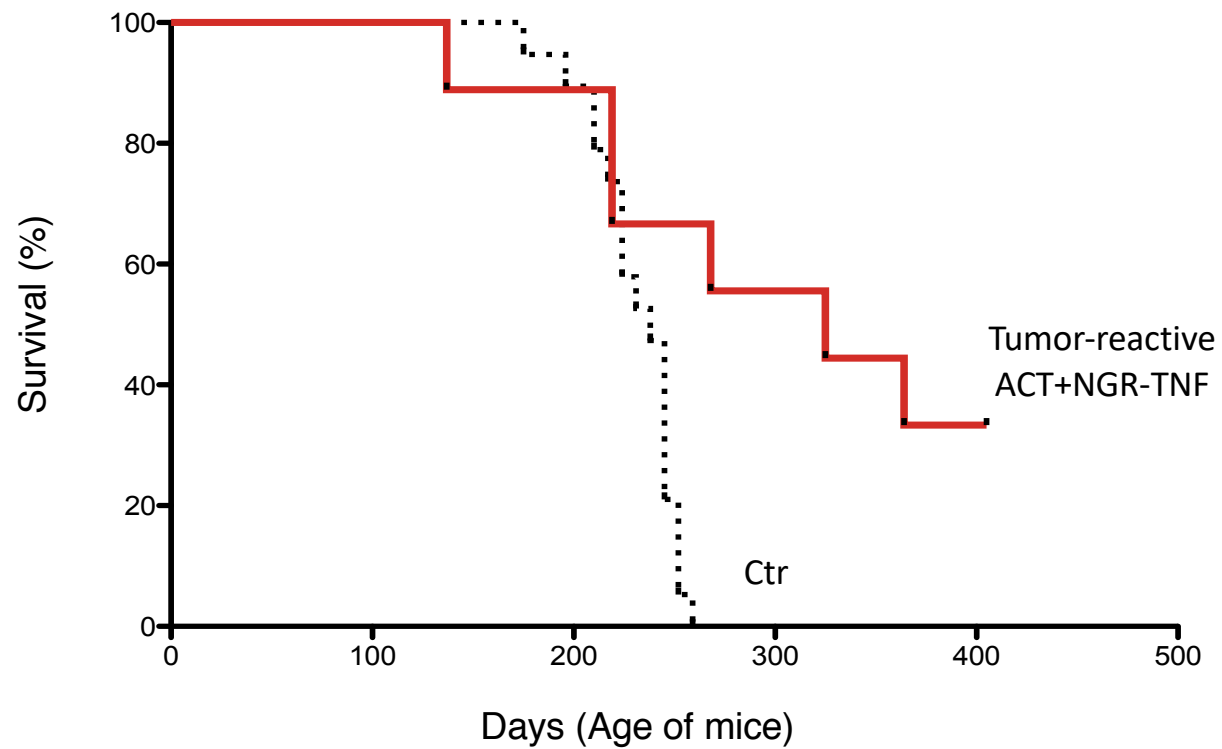






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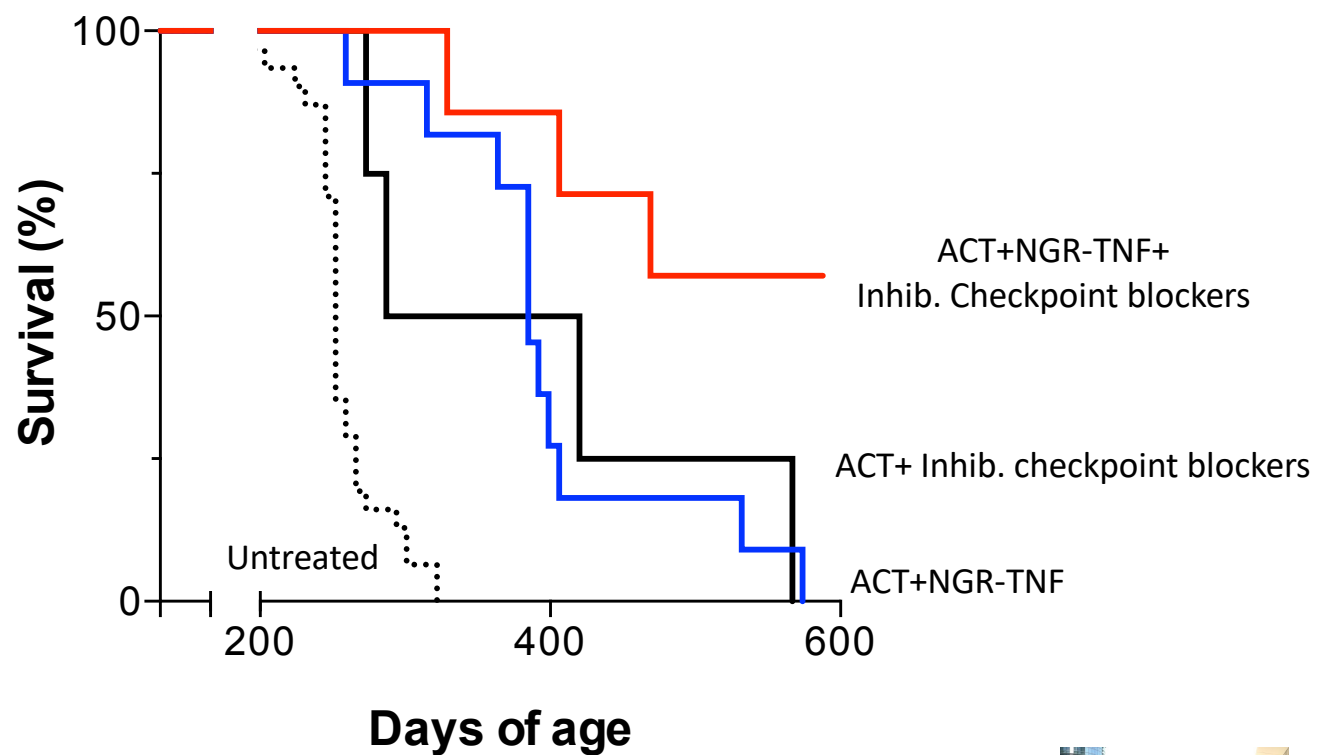
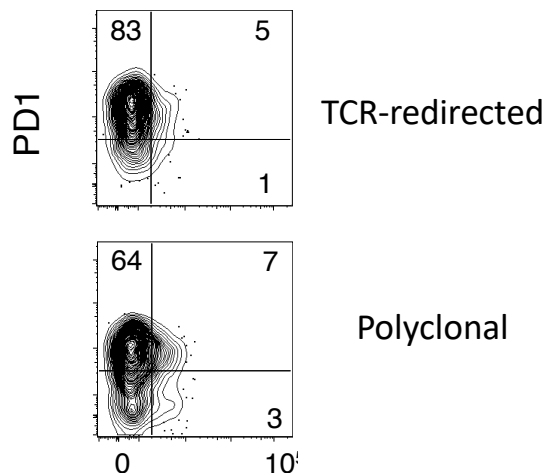
# NGR-TNF promotes ACT therapeutic efficacy





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# Combining ACT with targeted cytokines and checkpoint blockade

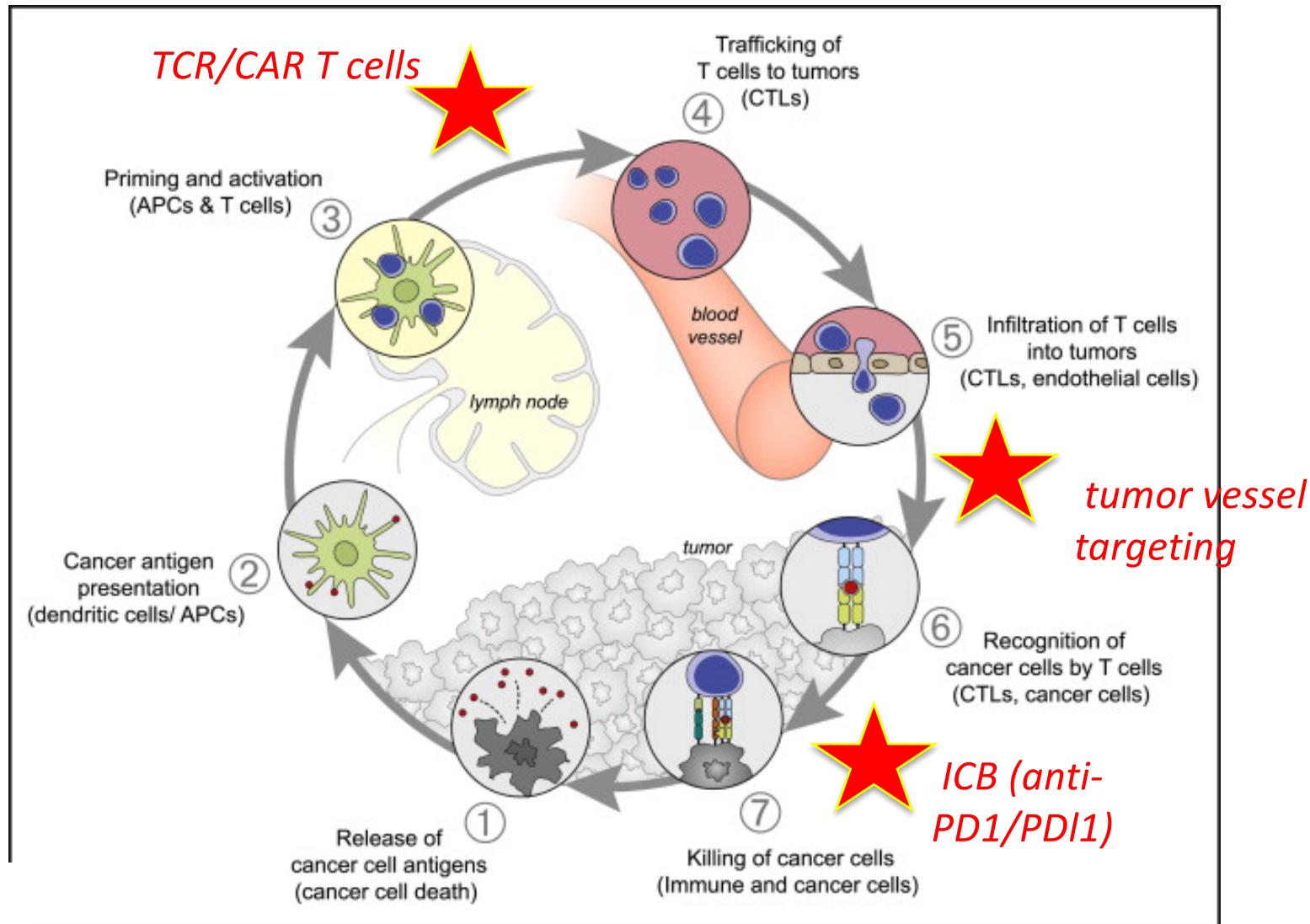


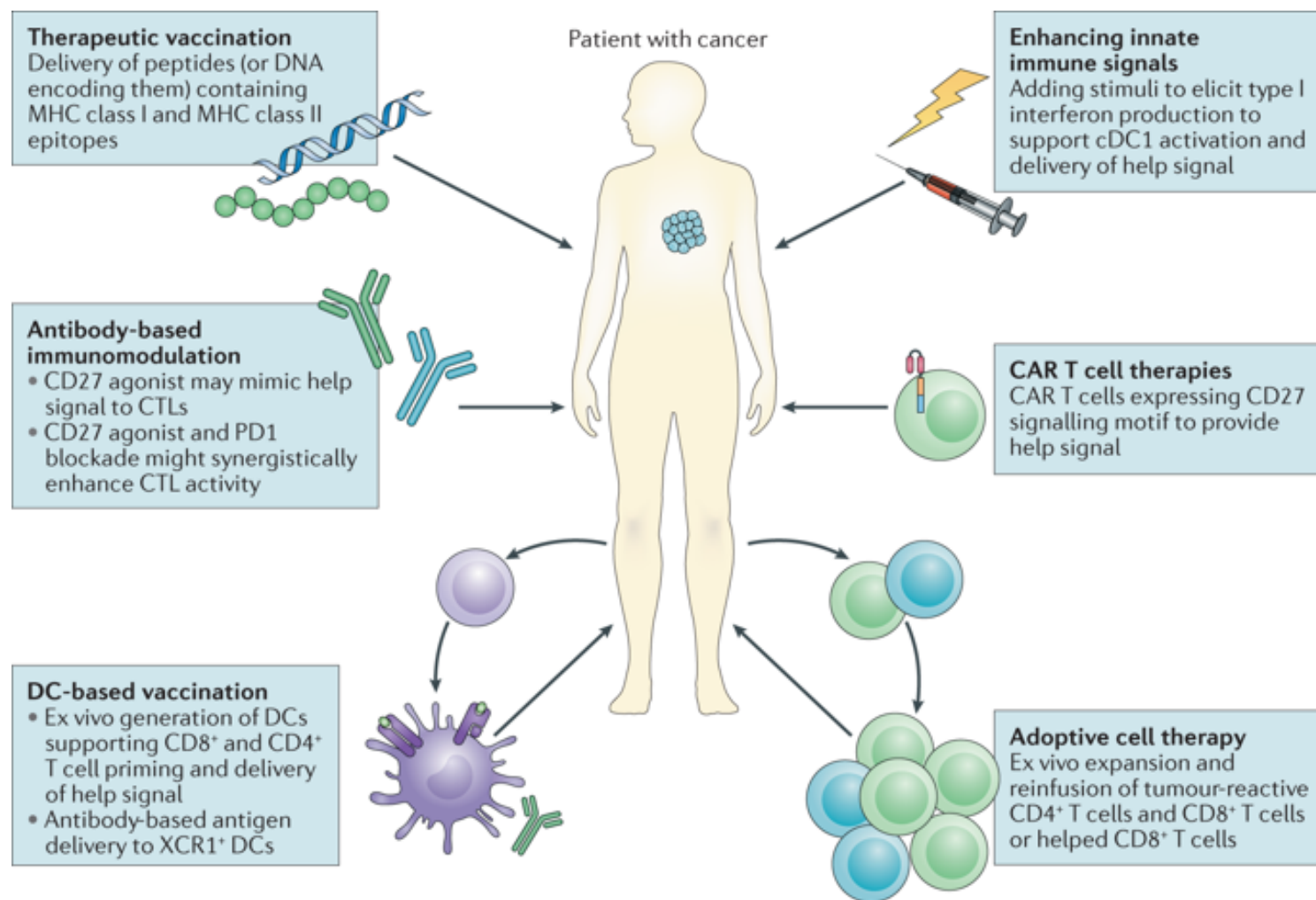
Elia et al., Unpublished

Matteo Bellone and Angela Rita Elia  
Cellular Immunology Unit



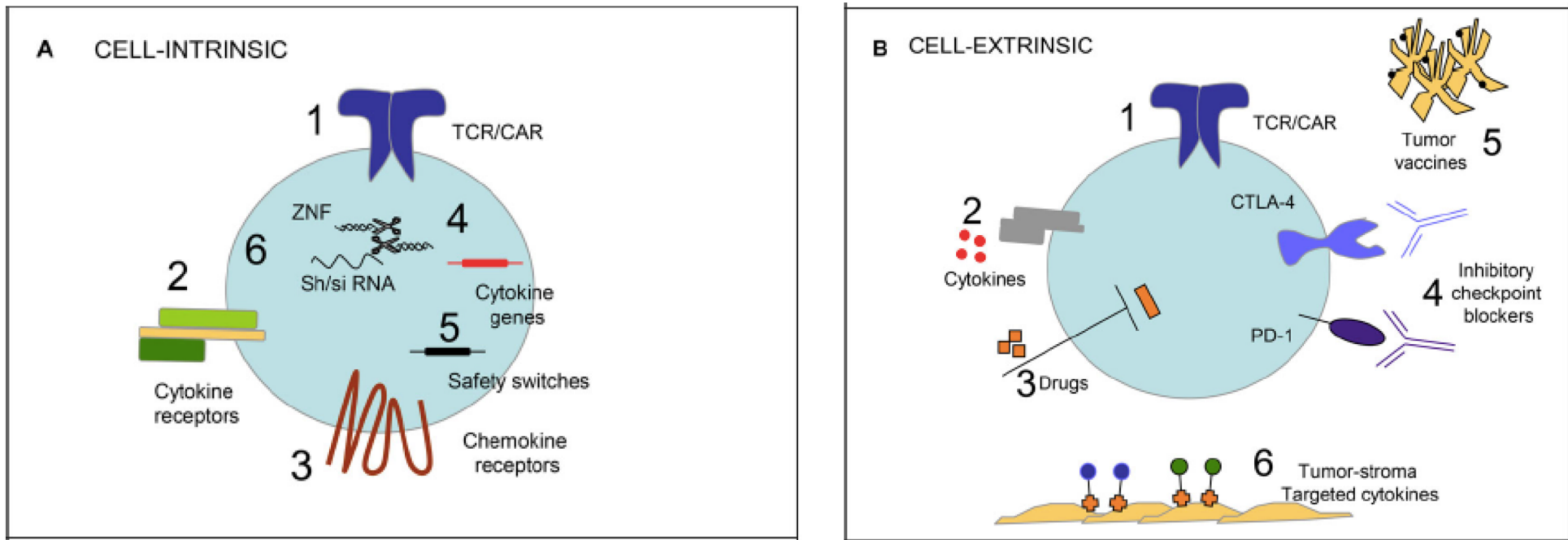
# Critical issues in T-cell mediated tumor rejection





# Future developments

## Exploiting cell extrinsic and cell-intrinsic means



Chiara Bonini and Anna Mondino

Eur. J. Immunol. 2015. 45: 2457-2469



C. Bonini



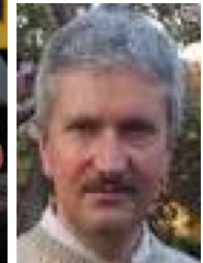
M. Casucci



P. Dellabona, G. Casorati



M. Bellone



A. Corti

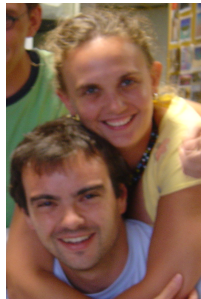


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**ATTRACT**



Advanced Teaching and TRaining for Adoptive Cell Therapy



*Ministero della Salute*

