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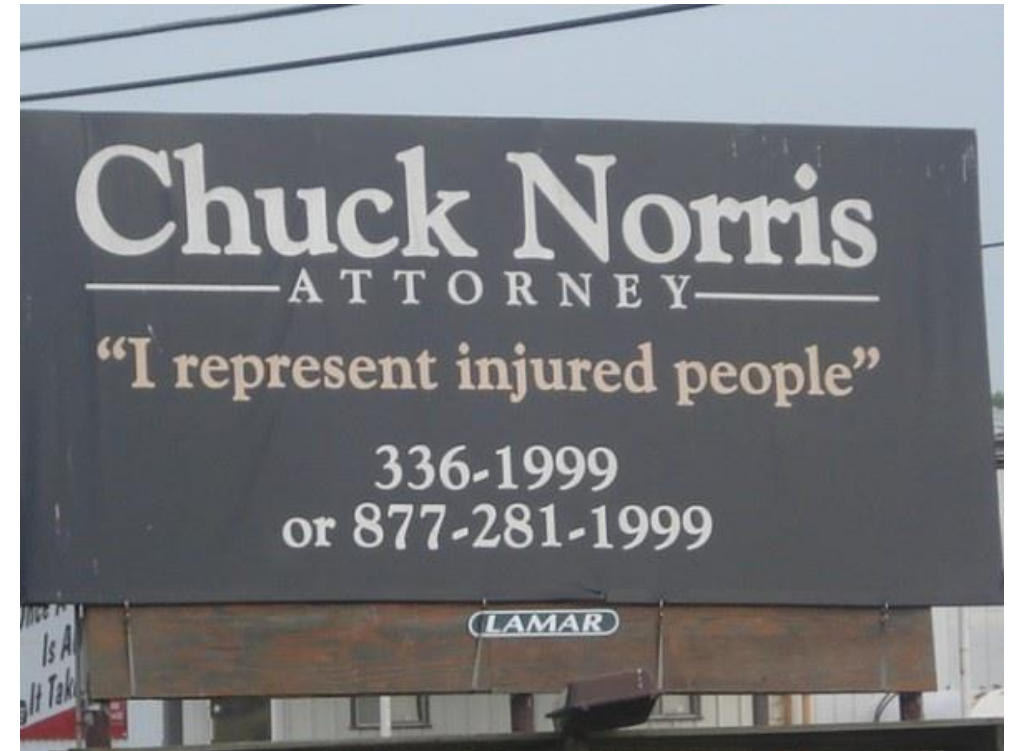
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Immunogenic cell death

Principles and misconceptions

San Francisco – May 14th 2018

Lorenzo Galluzzi, *Ph.D.*
Weill Cornell Medical College – New York, US



Behind the mask of cell death

San Francisco – May 14th 2018

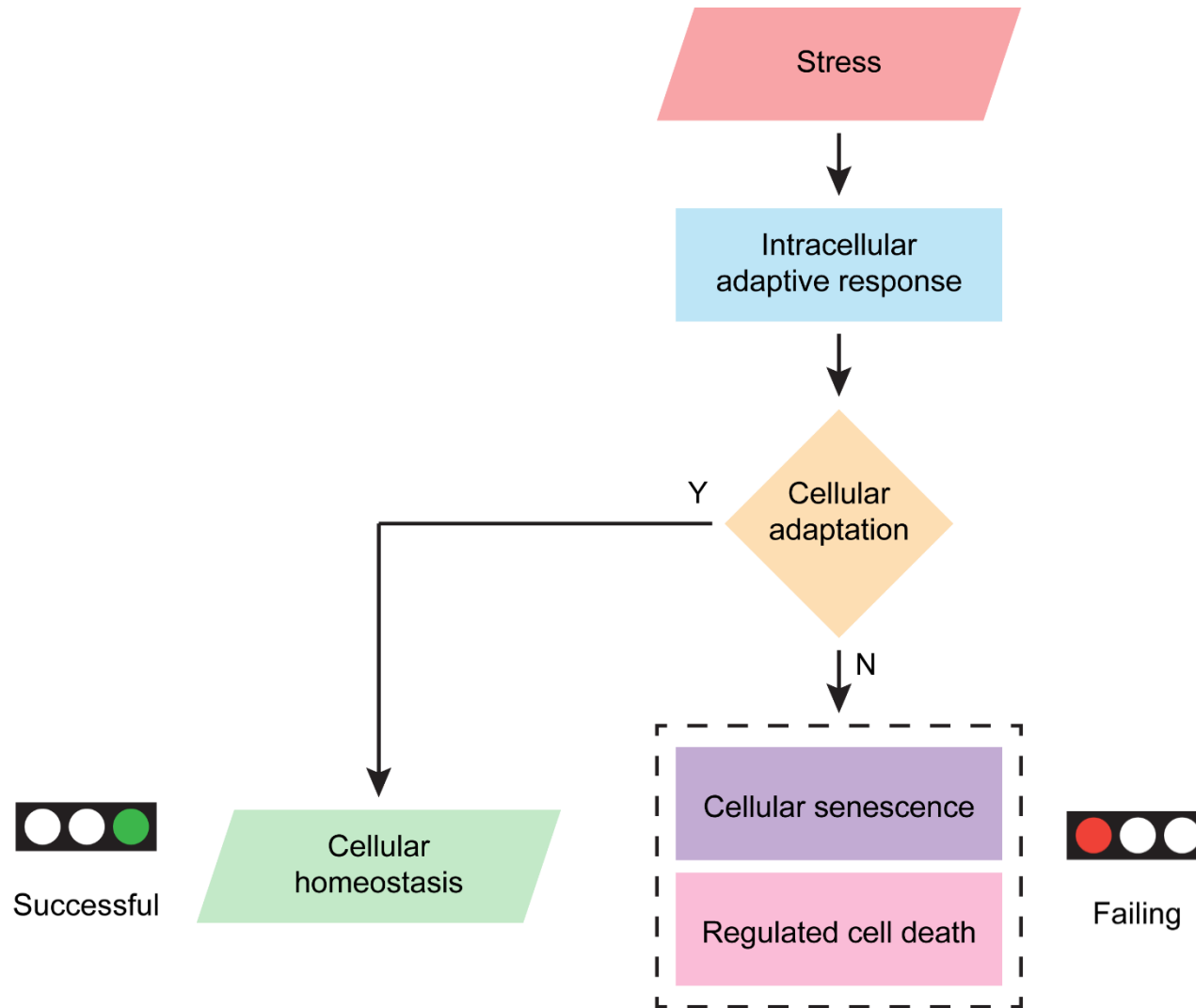


Lorenzo Galluzzi, *Ph.D.*

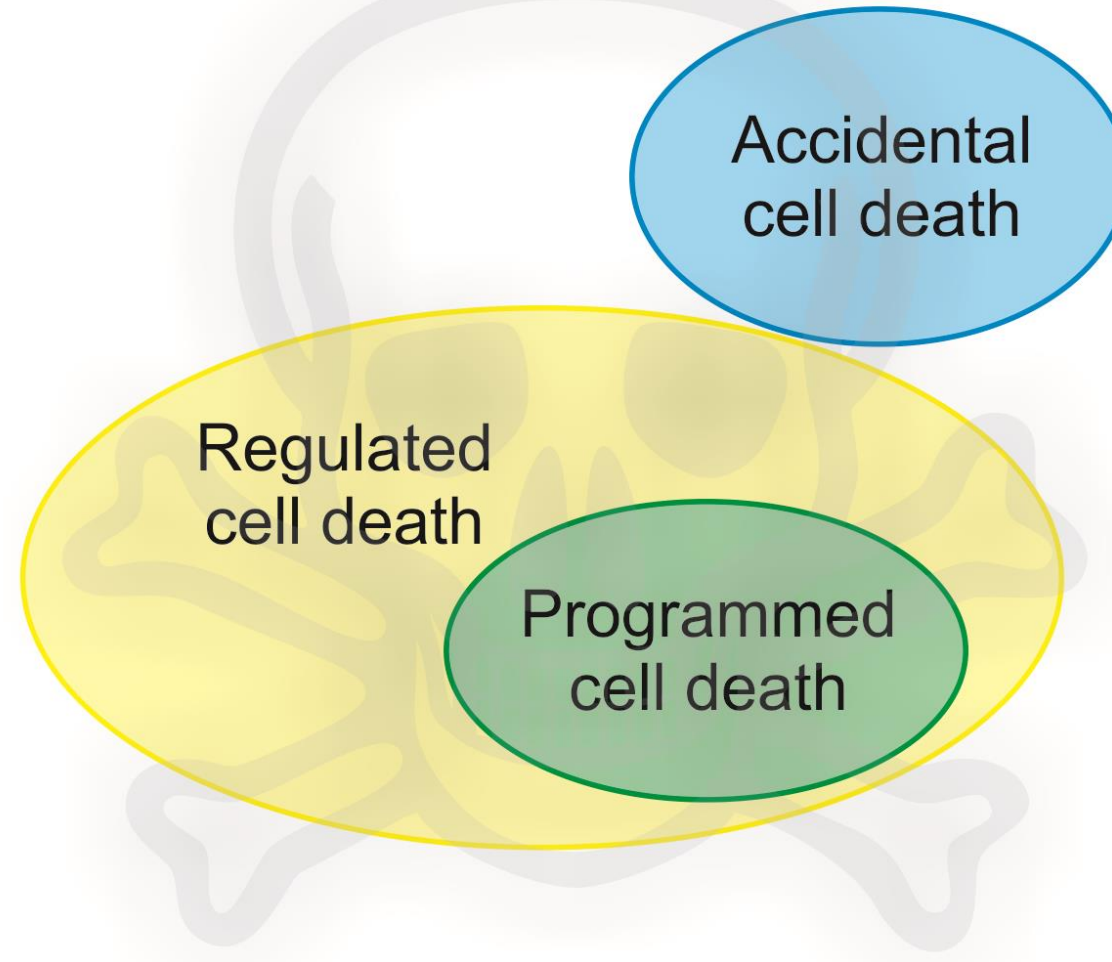
Weill Cornell Medical College – New York, US

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General organization of stress responses



What is RCD?

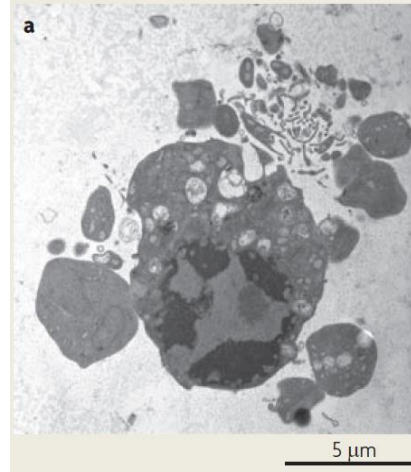


Main variants of RCD

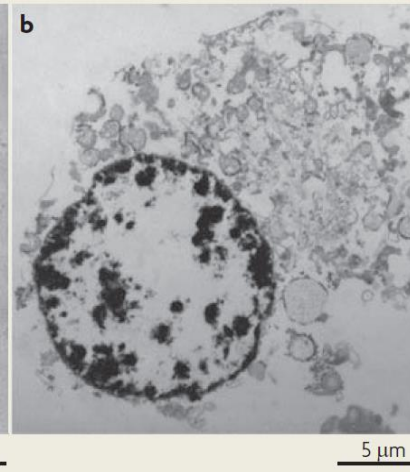


Morphological definition of cell death

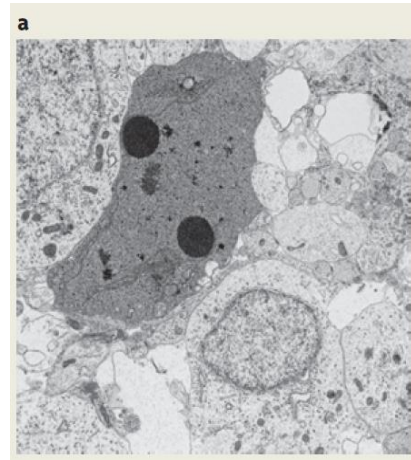
Apoptosis



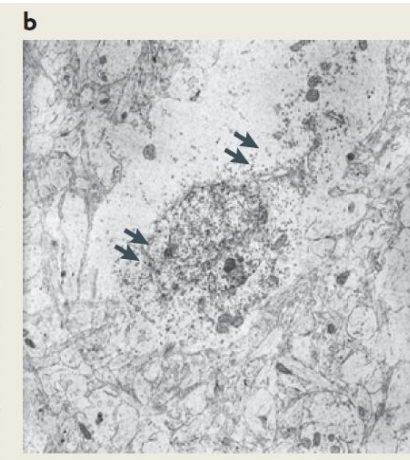
Necrosis



Apoptosis

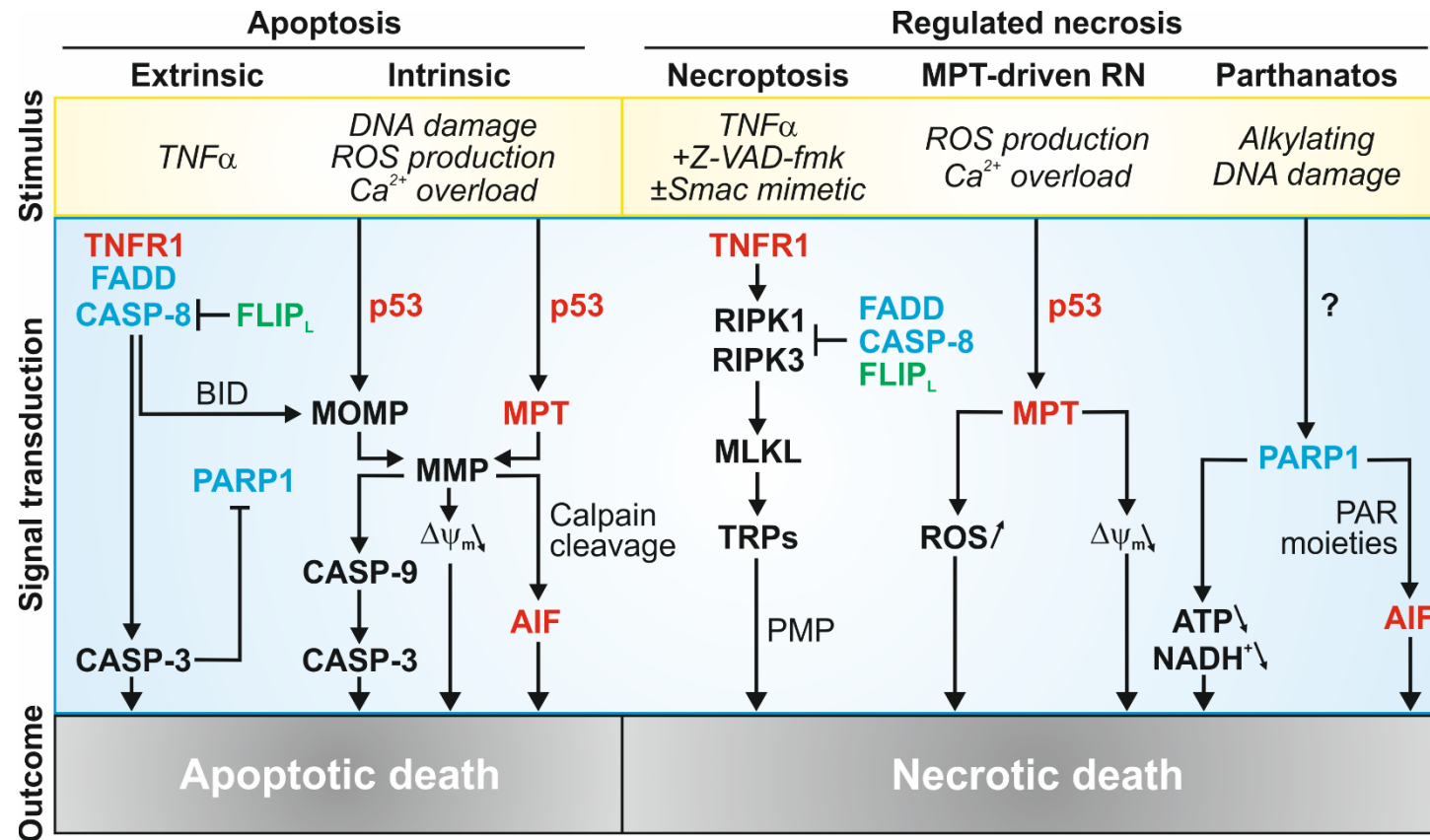


Necrosis



Outdated and potentially misleading

Biochemical definition of cell death

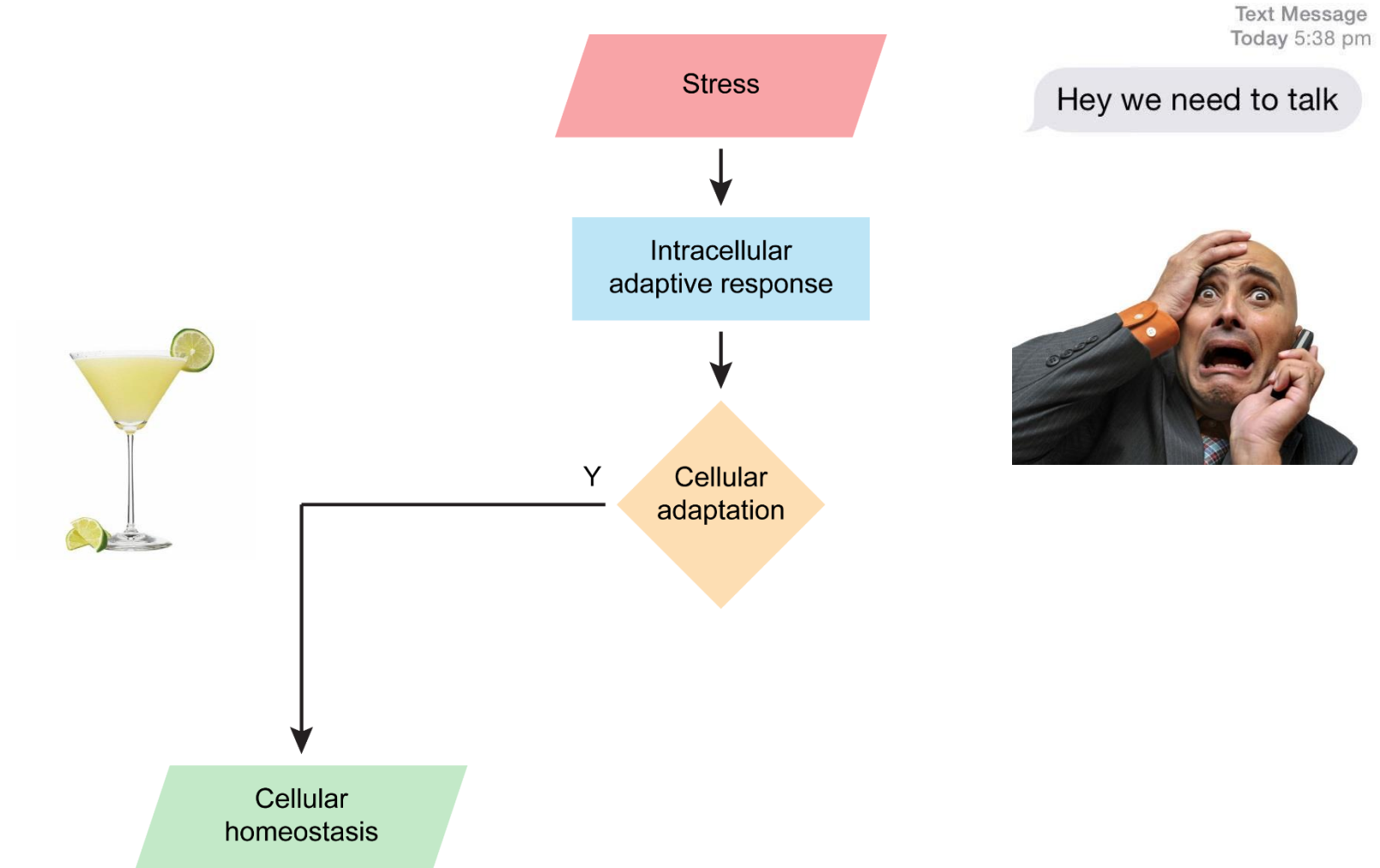


Based on measurable phenomena and pharmacological/genetic interventions

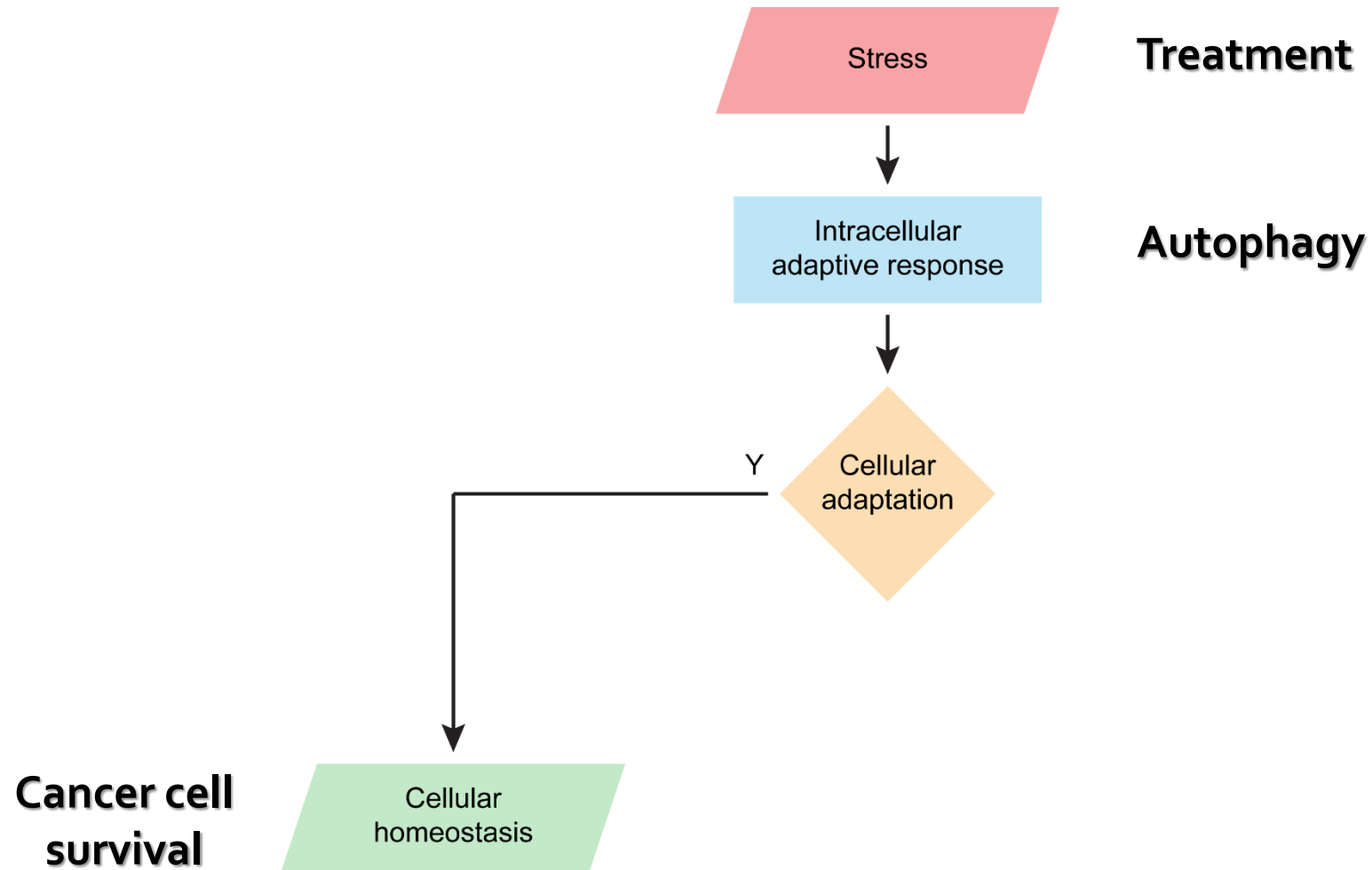
Molecular mechanisms of cell death: recommendations of the Nomenclature Committee on Cell Death 2018

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General organization of stress responses



General organization of stress responses

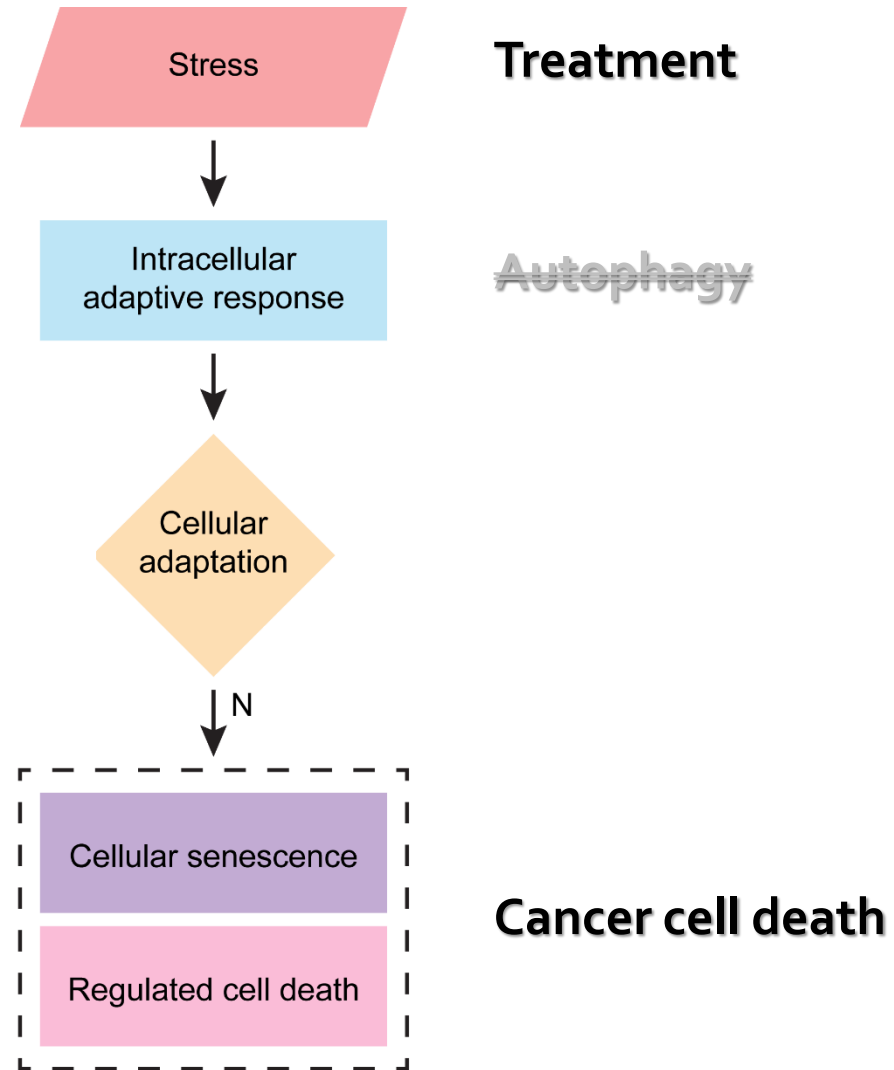


Autophagy

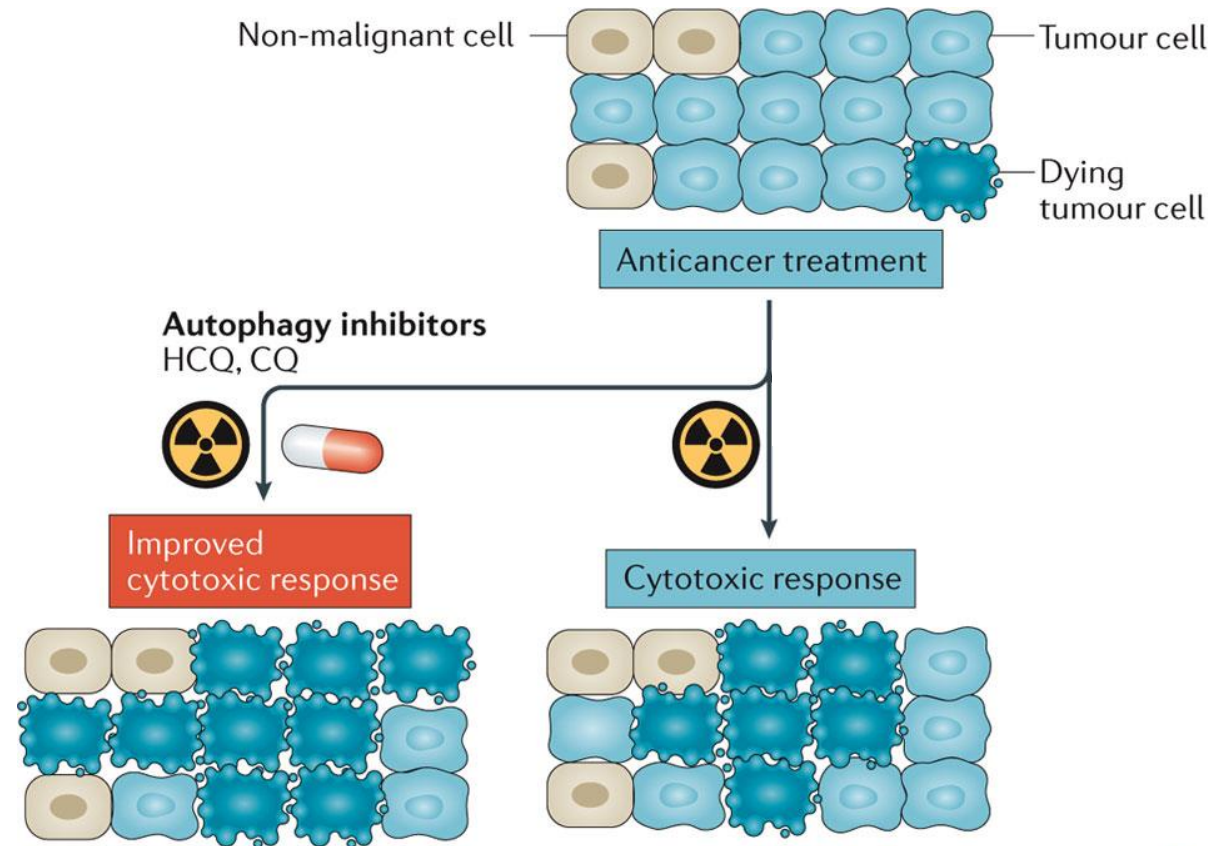


An evolutionary old mechanism of adaptation that relies on
the **lysosomal degradation** of **cytoplasmic entities**

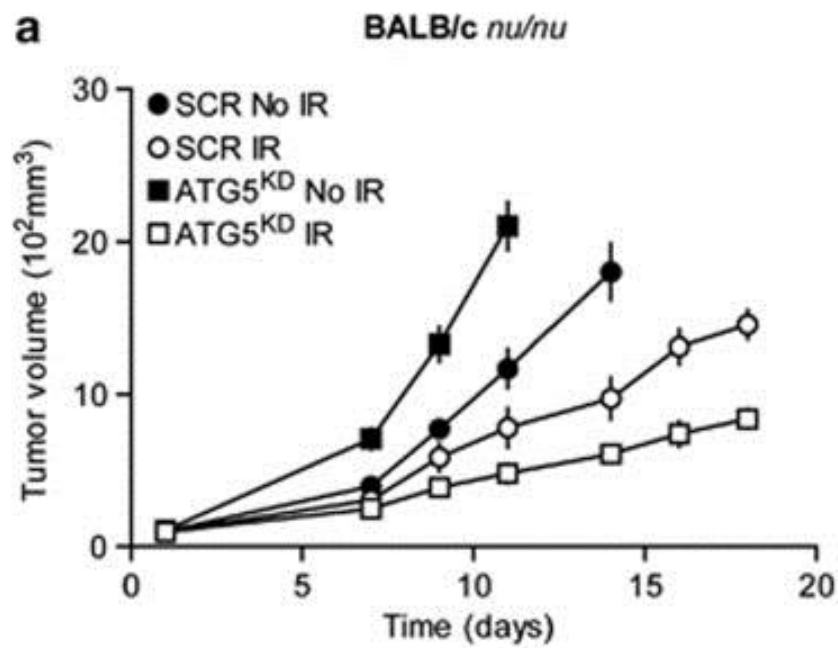
General organization of stress responses



Classical approach



Inhibition of autophagy for cancer therapy



Ko et al. – CDD 2014

Galluzzi et al. – Nat Rev Clin Oncol 2017

Table 1 | Selected examples of the effects of autophagy modulation on the efficacy of anticancer therapy in mouse models

Intervention	Host	Tumour type	Therapy	Notes	Refs
<i>Therapeutic benefits from autophagy inhibition or detrimental effects from autophagy activation</i>					
3-Methyladenine	nu/nu mice	HepG2 cells (H)	Radiation therapy	Hepatocellular carcinoma model; improved response to treatment in immunodeficient mice; pharmacological specificity issues	61
	nu/nu mice	EC9706 cells (H)	Radiation therapy	Oesophageal carcinoma model; improved response to treatment in immunodeficient mice; pharmacological specificity issues	62
Chloroquine, Lys05	nu/nu mice	1205Lu cells (H), C8161 cells (H), HT29 cells (H)	None	Melanoma and CRC models; standalone therapeutic effect in immunodeficient hosts; pharmacological specificity issues	48
Chloroquine	nu/nu mice	U87MG cells (H)	Temozolomide	Glioblastoma model; improved response to treatment in immunodeficient mice; pharmacological specificity issues	52
	SCID mice	HT29 cells (H)	Bevacizumab, oxaliplatin	CRC models; improved response to treatment in immunodeficient mice; pharmacological specificity issues	58
	C57BL/6 mice	B16-F10 cells (M)	Cisplatin, dacarbazine	Melanoma model; improved response mechanistically linked to vessel normalization, independent of autophagy inhibition	65
	C57BL/6 × 129 mice	MYC-driven lymphoma	Cyclophosphamide	Transgene-driven lymphoma model; pharmacological specificity issues	56
Hydroxychloroquine	nu/nu mice	Patient-derived pancreatic cancer (H)	None	Pancreatic cancer model; standalone therapeutic effect in immunodeficient hosts; pharmacological specificity issues	49
	SCID mice	H929 cells (H)	Doxorubicin, melphalan	Multiple myeloma model; improved response to treatment in immunodeficient mice; pharmacological specificity issues	53
	Rag2 ^{-/-} mice	MDA-MB-231 cells (H)	Epirubicin	Breast cancer model; improved response to treatment in immunodeficient mice; pharmacological specificity issues	54
	Rag2 ^{-/-} mice	JIMT-1 cells (H)	Gefitinib	Breast cancer model; improved response to treatment in immunodeficient mice; pharmacological specificity issues	57
Wortmannin	C57BL/6 mice	B16-F10 cells (M)	Silver nanoparticles	Melanoma model; pharmacological specificity issues	59
ATG4B-targeting shRNA, NSC185058	nu/nu mice	Saos-2 cells (H)	None	Osteosarcoma model; standalone therapeutic effect in immunodeficient hosts	71
ATG5-targeting shRNA, ATG7-targeting shRNA, chloroquine	nu/nu mice	MDA-MB-231 cells (H)	Cyclophosphamide and/or doxorubicin	Breast cancer model; improved therapeutic response in immunodeficient mice	55
ATG5-targeting shRNA, chloroquine	NOD/SCID mice	HT29 cells (H)	Photodynamic therapy	CRC model; improved therapeutic response in immunodeficient mice	60
Atg5-targeting shRNA, ATG5-targeting siRNA, BECN1-targeting siRNA	nu/nu mice	CT26 cells (M), A549 cells (H), H460 cells (H)	Radiation therapy	CRC and NSCLC models; improved therapeutic response in immunodeficient mice	74
ATG7-targeting siRNA, 3-Methyladenine	nu/nu mice	DLD-1 cells (H), HCT116 cells (H)	5-Fluorouracil	CRC models; improved therapeutic response in immunodeficient mice	50
ATG7-targeting shRNA, chloroquine	nu/nu mice	GBM39 cells (H)	Bevacizumab	Glioblastoma models; improved therapeutic response in immunodeficient mice	73
BECN1-targeting shRNA, chloroquine	nu/nu mice	FaDu cells (H)	Cisplatin	HNC model; improved therapeutic response in immunodeficient mice	51
MAP1LC3B-targeting shRNA, rapamycin	nu/nu mice	SK-N-BE2 cells (H), IMR-32 cells (H)	Genistein	Brain cancer models; improved therapeutic response in immunodeficient mice	72

Table 2 | Selected clinical trials evaluating inhibition of autophagy

Drug	Tumour type	Number of patients	Therapy	Observations	Refs
Chloroquine	Brain metastases	73	Whole-brain irradiation	Improved control of metastases: RR 0.31, 95% CI 0.1–0.9; $P = 0.046$; but no significant differences in response rate or overall survival	88
Hydroxychloroquine	Advanced-stage NSCLC	8	None	Mostly grade 1–2 adverse effects; no responses to hydroxychloroquine	86
		19	Erlotinib	Mostly grade 1–2 adverse effects; a single objective response to hydroxychloroquine plus erlotinib was observed	86
	Advanced-stage solid tumours	25	Rapamycin (sirolimus)	Overall response rate: 40%, disease control rate: 84%	90
		27	Vorinostat	Mostly grade 1–2 adverse effects; a single objective response and a further two patients had stable disease	84
		39	Temsirolimus	Mostly grade 1–2 adverse effects; no objective response, but the disease stabilization rate was >65%	89
		40	Temozolomide	Mostly grade 1–2 adverse effects; three partial responses and six incidences of disease stabilization (amongst patients with melanoma)	83
	Glioblastoma multiforme	76	Radiation therapy plus temozolomide	No significant improvement in overall survival	87
	Pancreatic carcinoma	20	None	Only 10% of patients had stable disease at 2 months	82
	Refractory myeloma	25	Bortezomib	Six patients had partial responses (of which three were minor) and 10 patients had stable disease	85

CI, confidence interval; NSCLC, non-small-cell lung cancer; RR, relative risk.

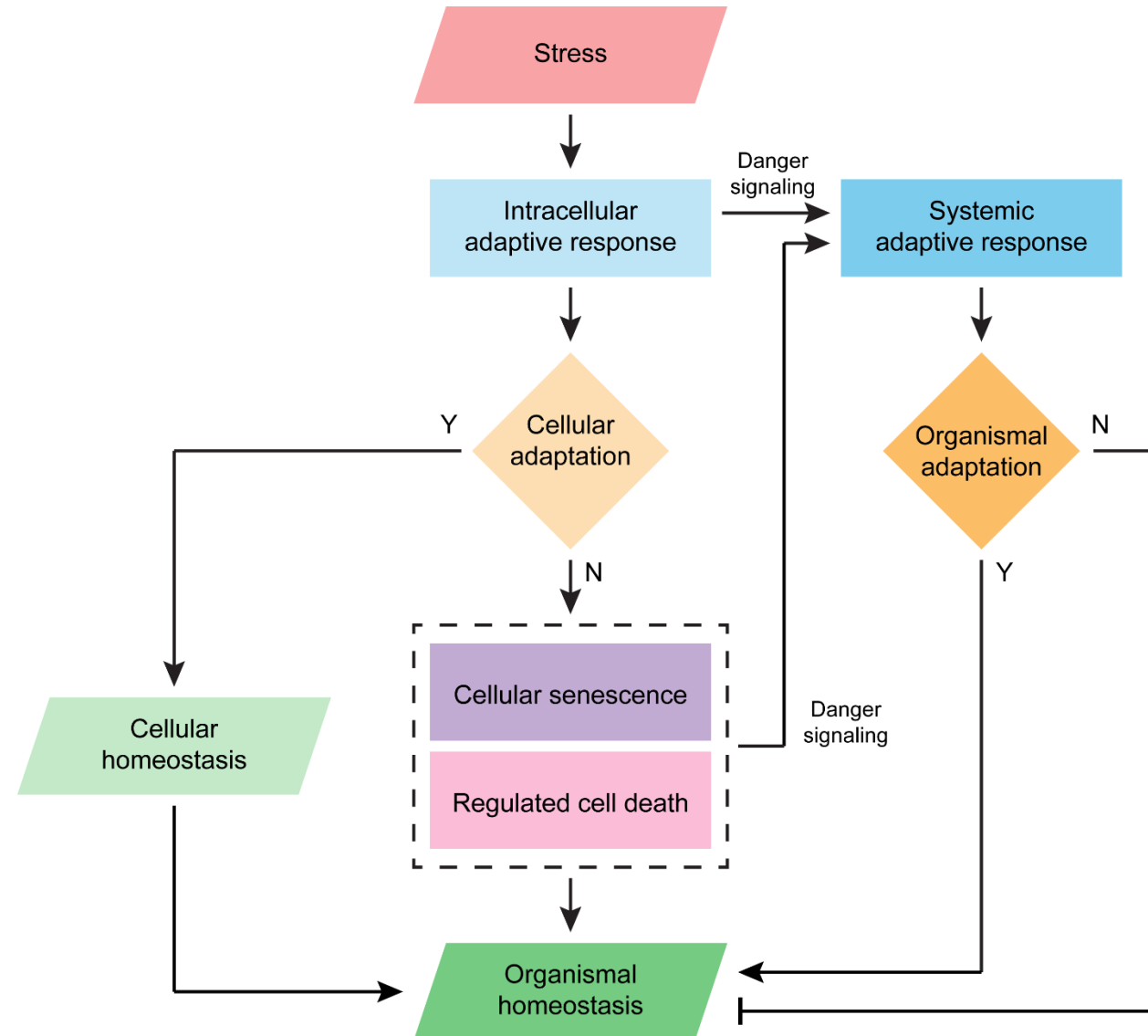
Quantity



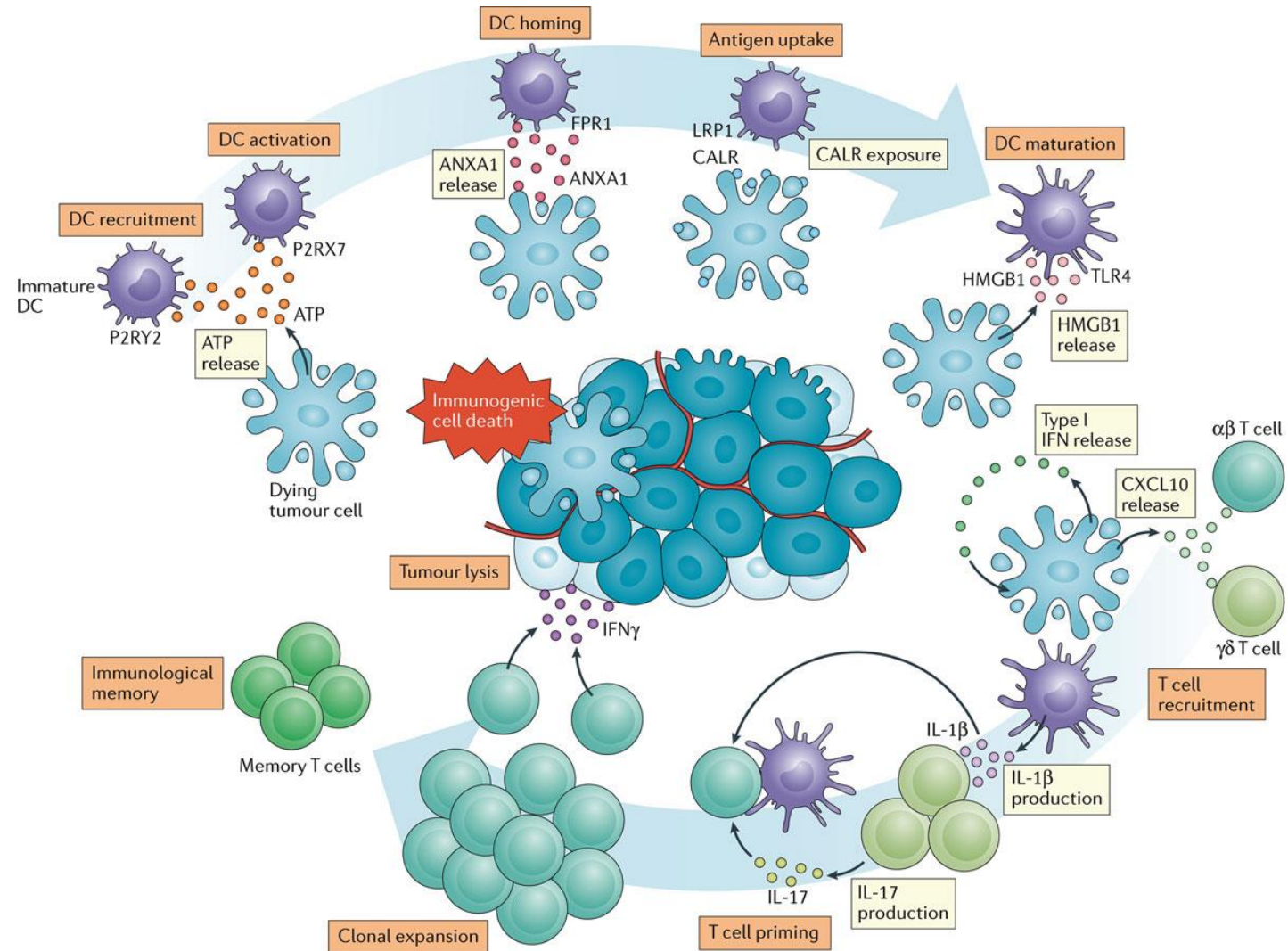
Quantity *versus* quality



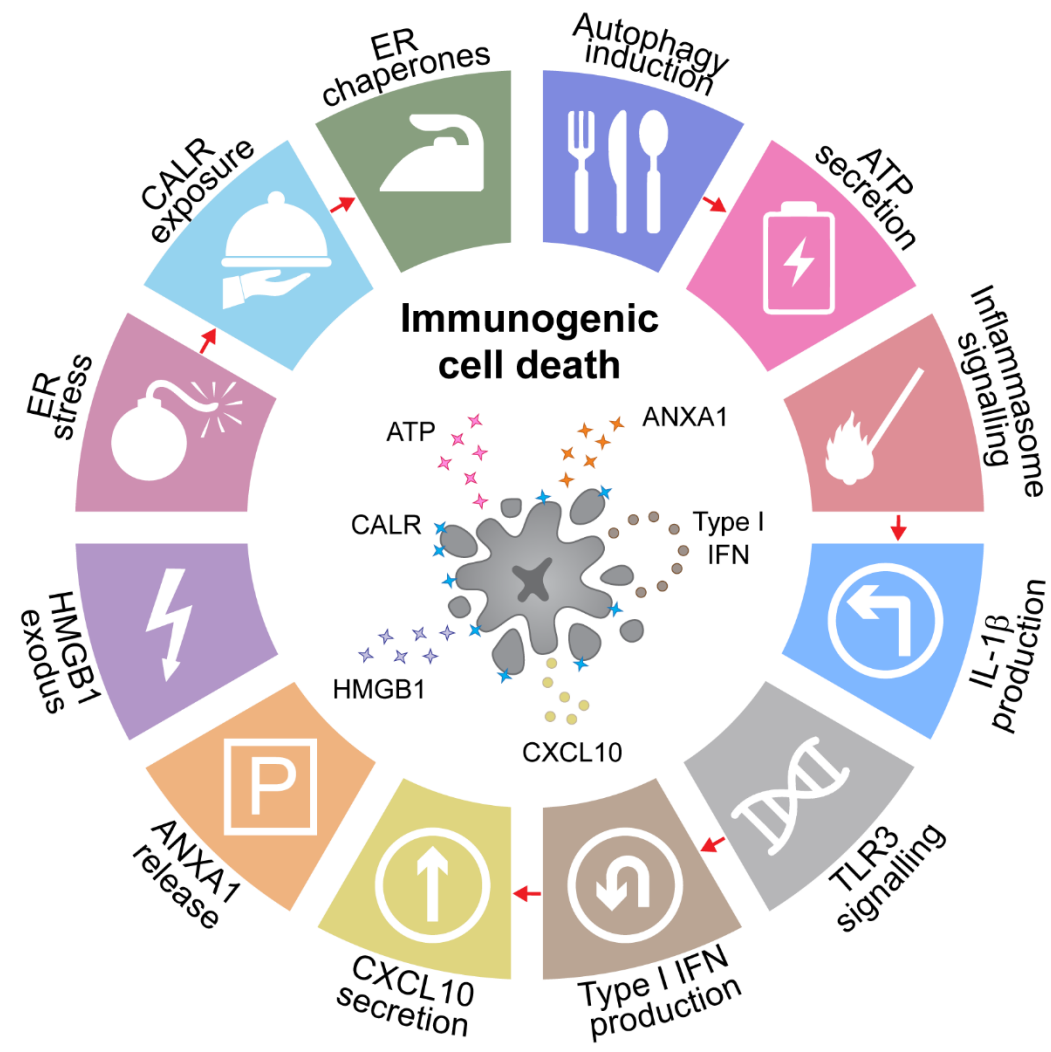
Cellular adaptation and organismal homeostasis



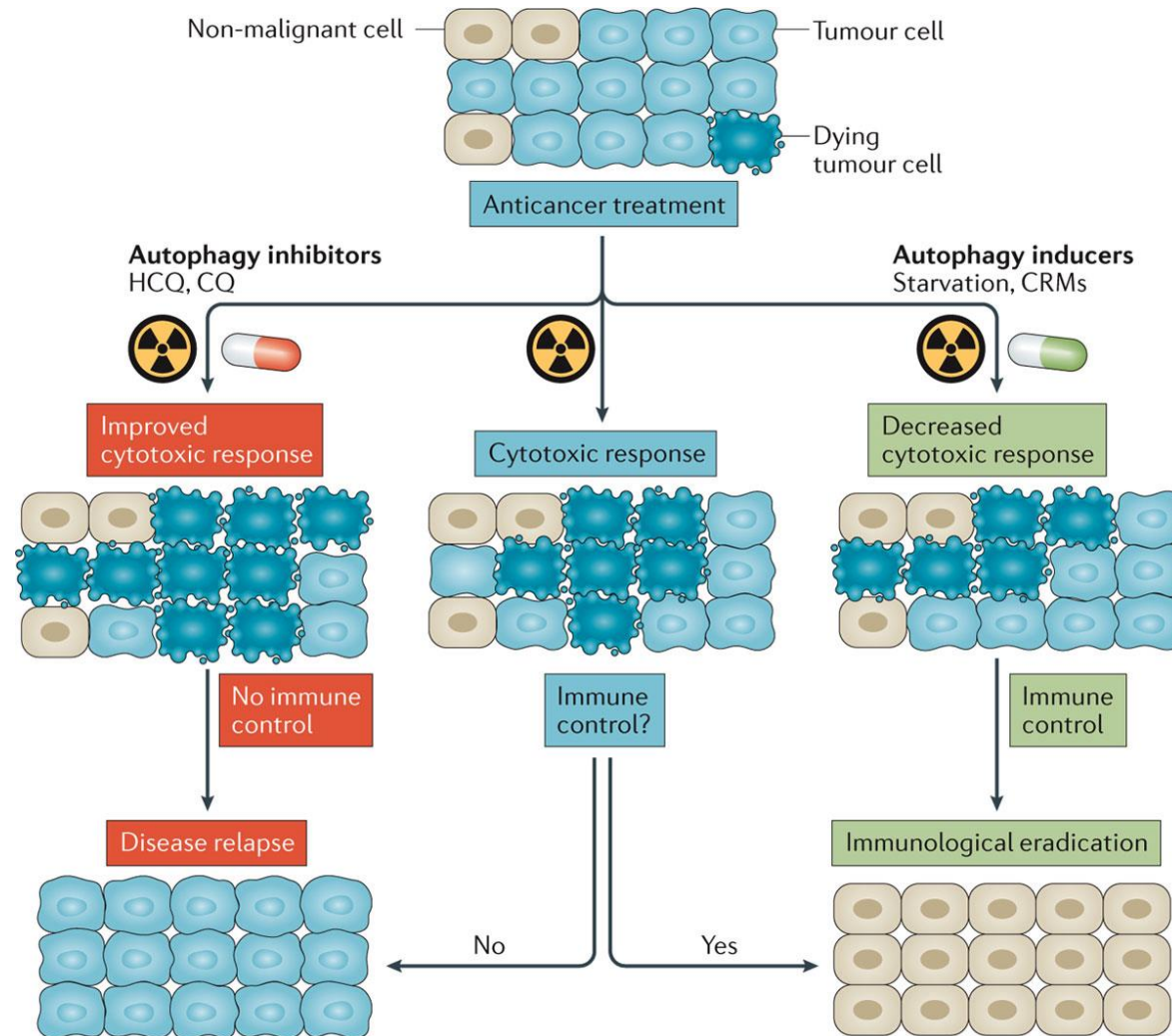
Immunogenic cell death



Mechanisms of ICD

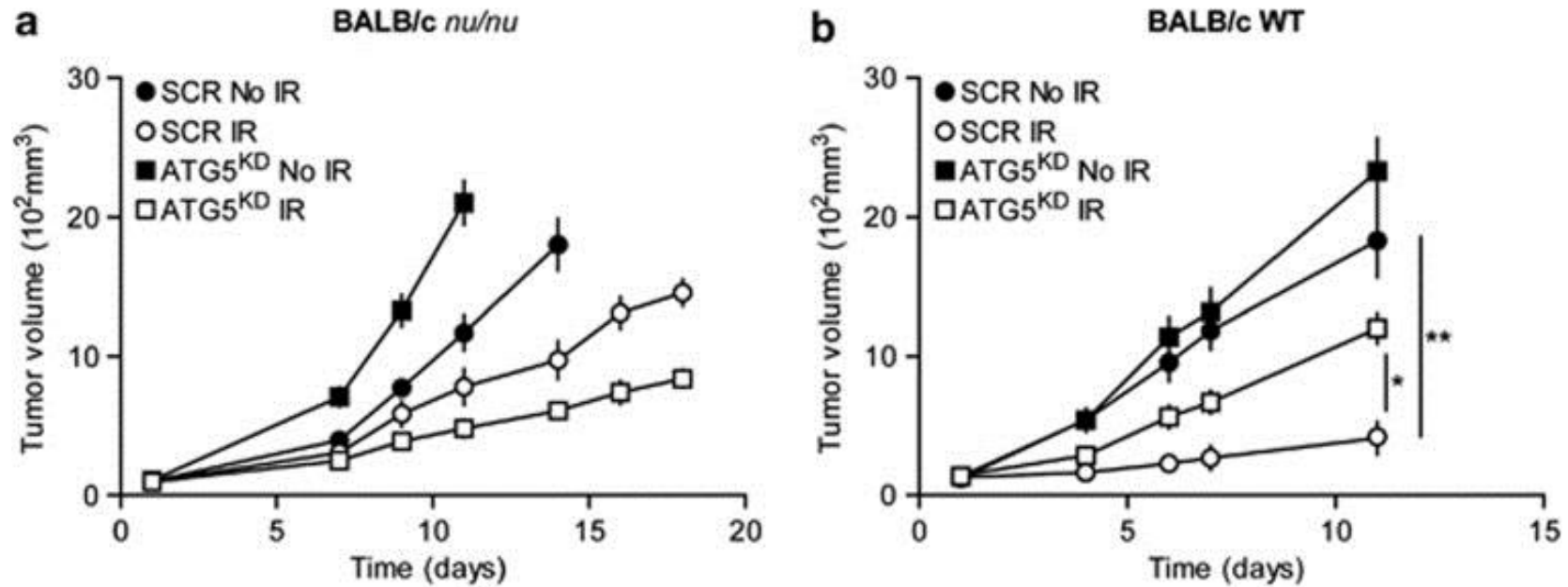


Alternative approach



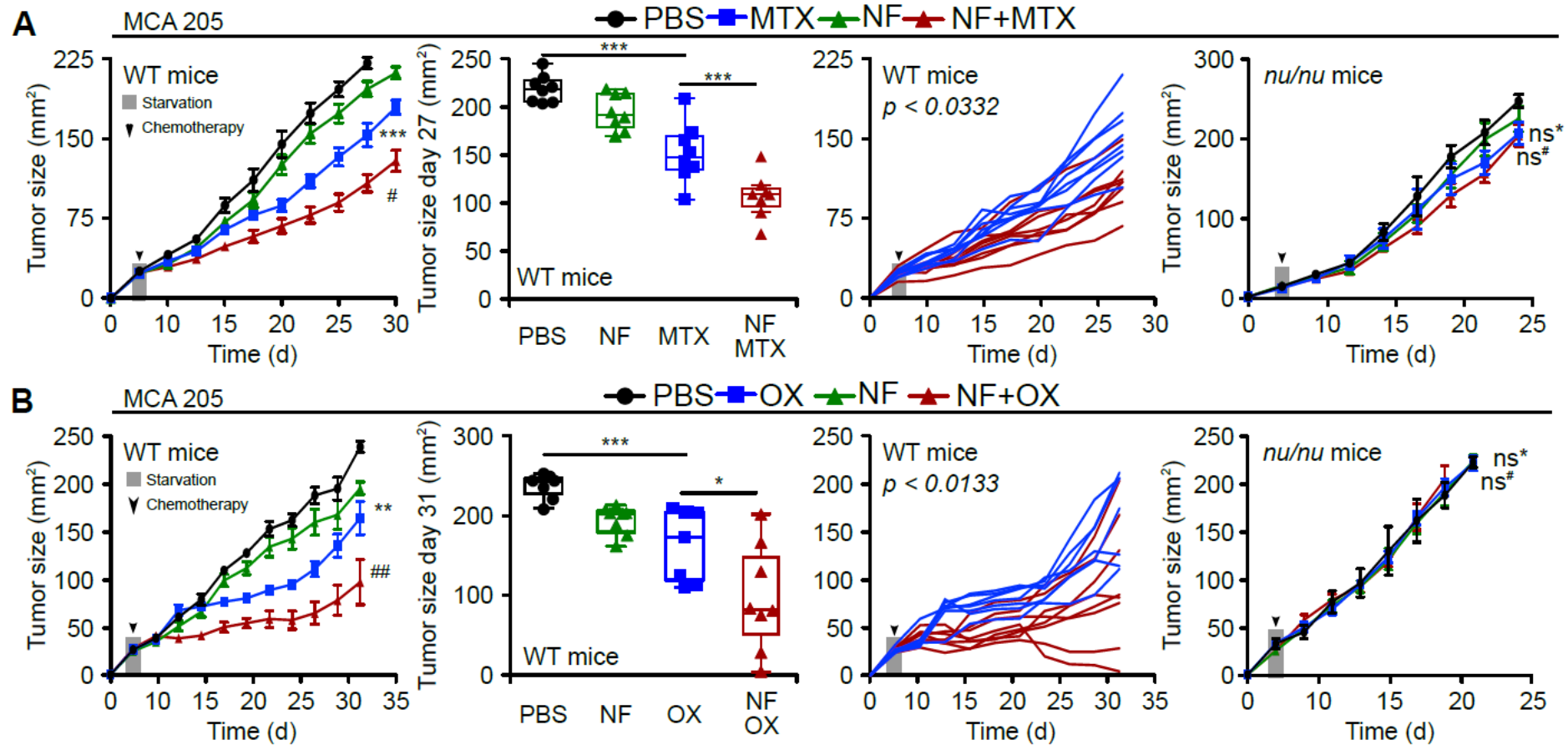
Autophagy activation for cancer therapy

Detrimental effects of autophagy inhibition



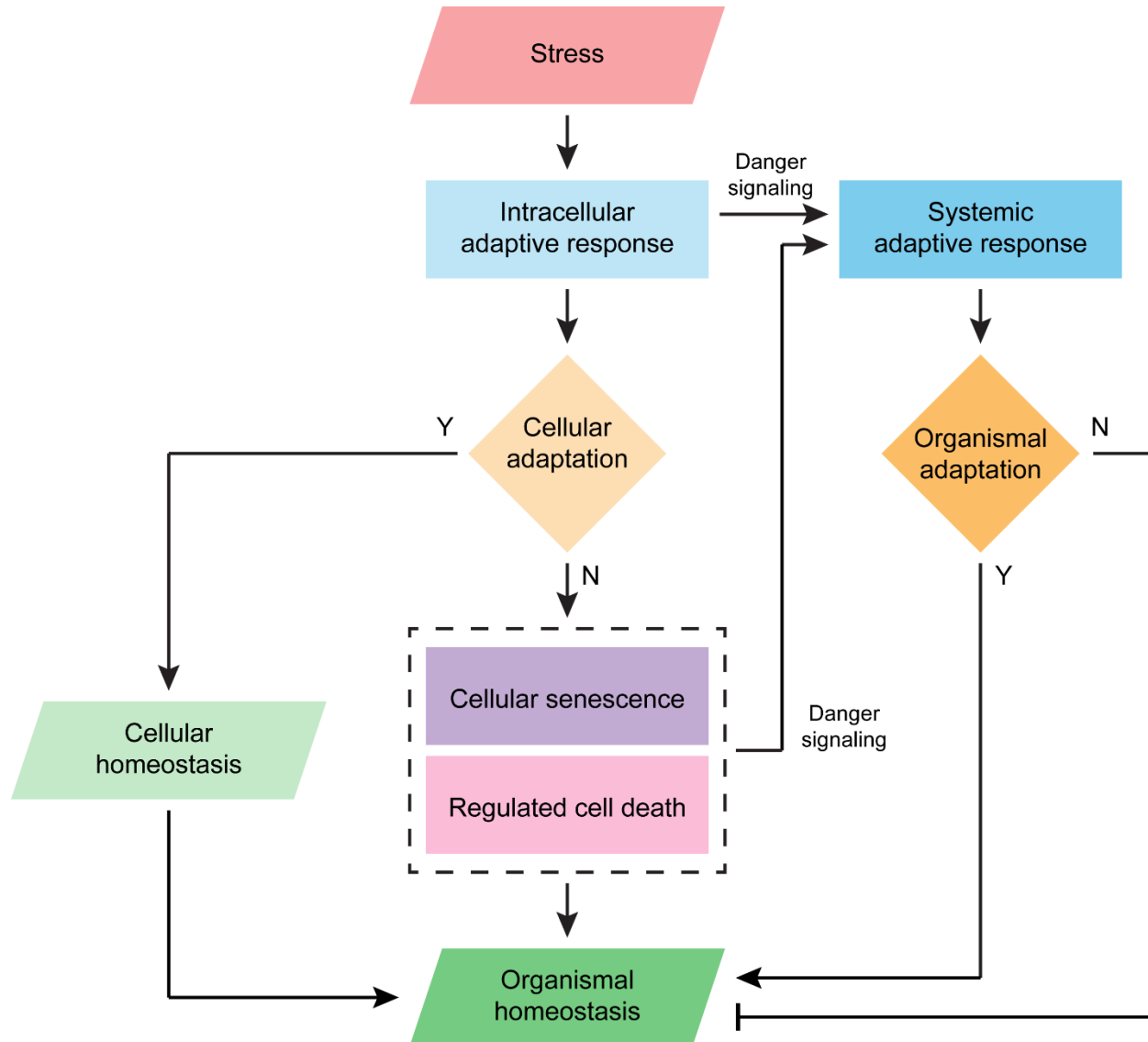
Activation of autophagy for cancer therapy

Anticancer effects of caloric restriction

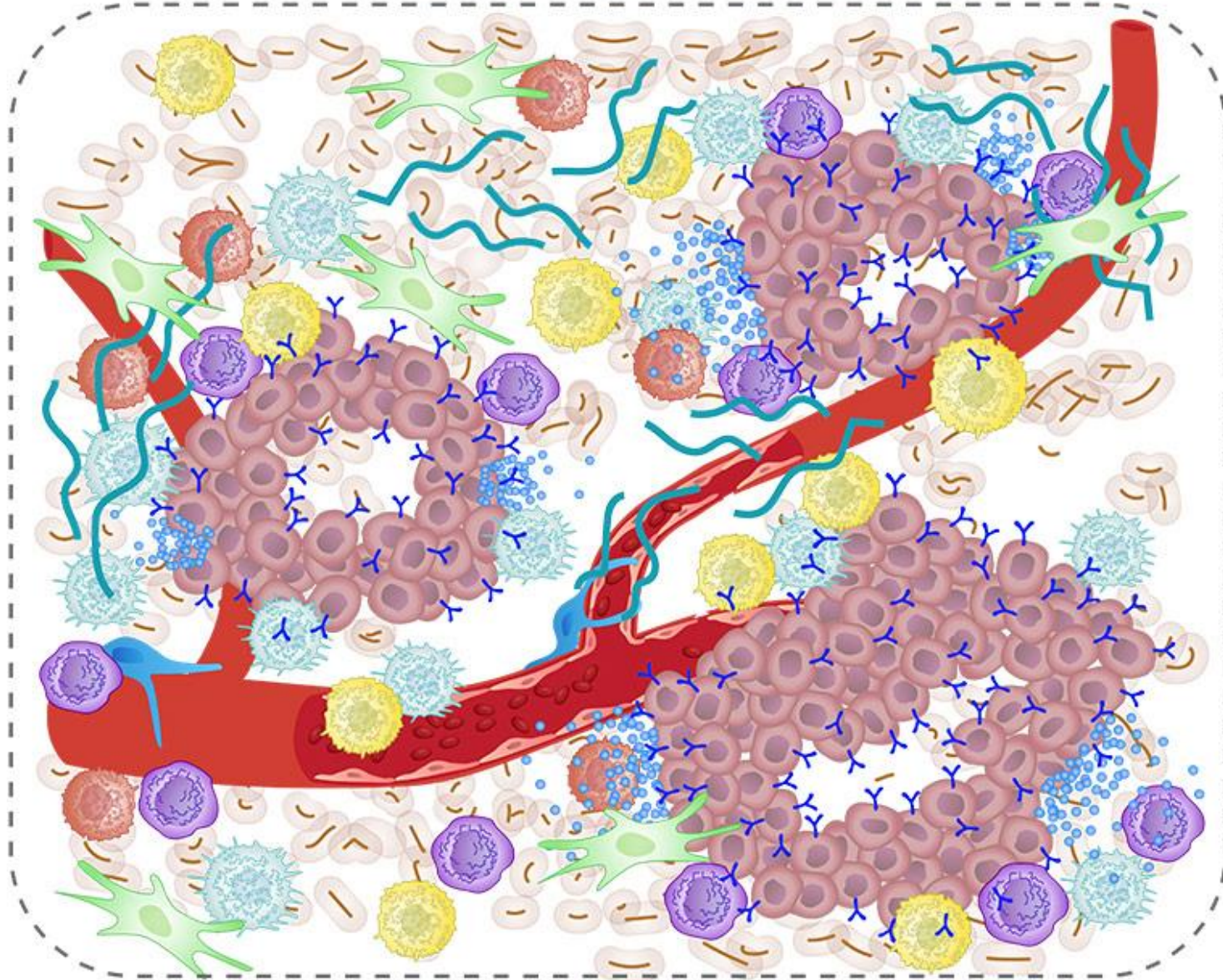


...depend on the immune system

(Immunogenic) cell death in context



Not as simple as it looks like

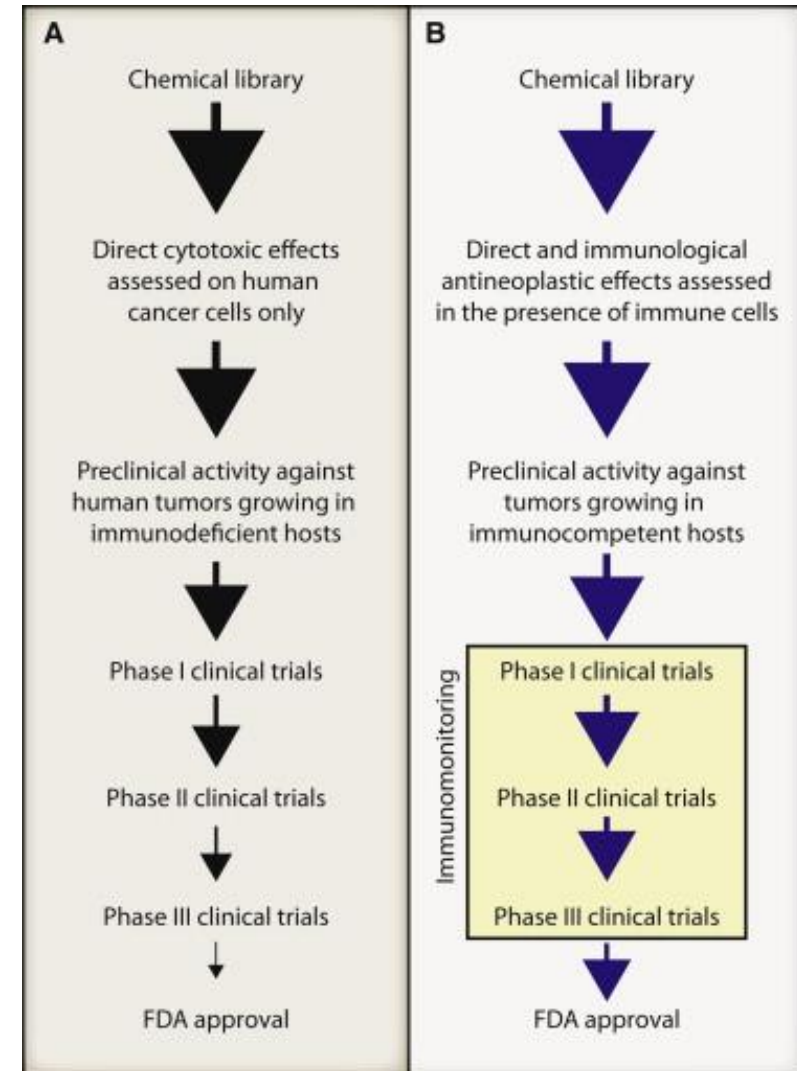


Implications for drug development



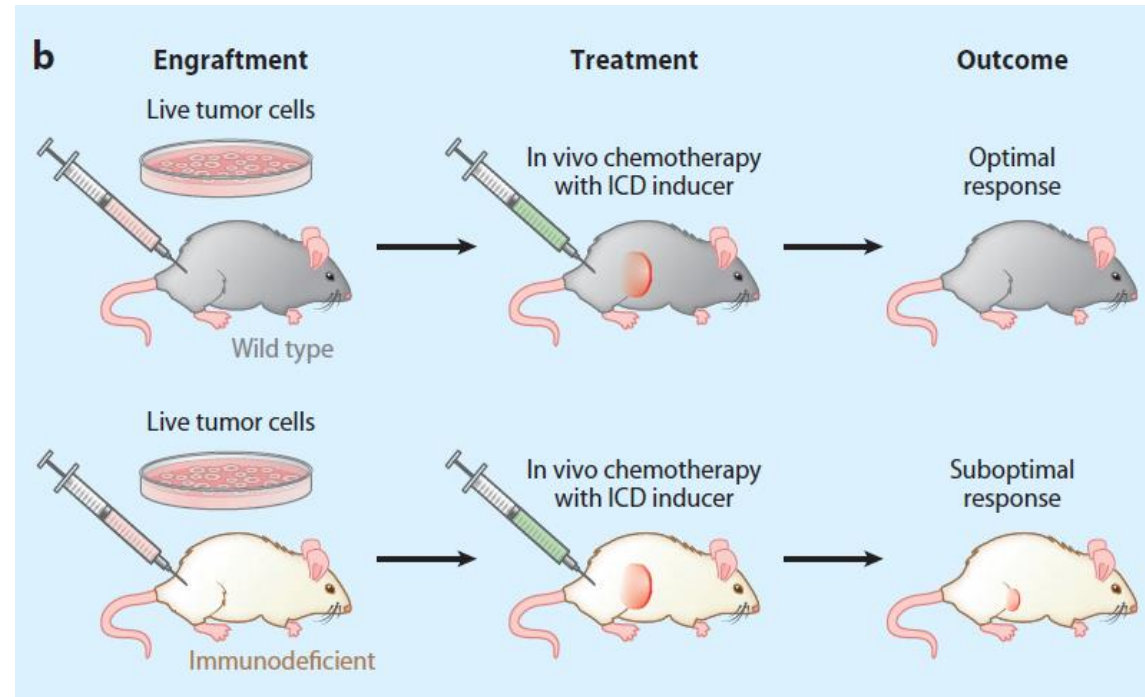
Self/Non-self theory

Cancer-centric view



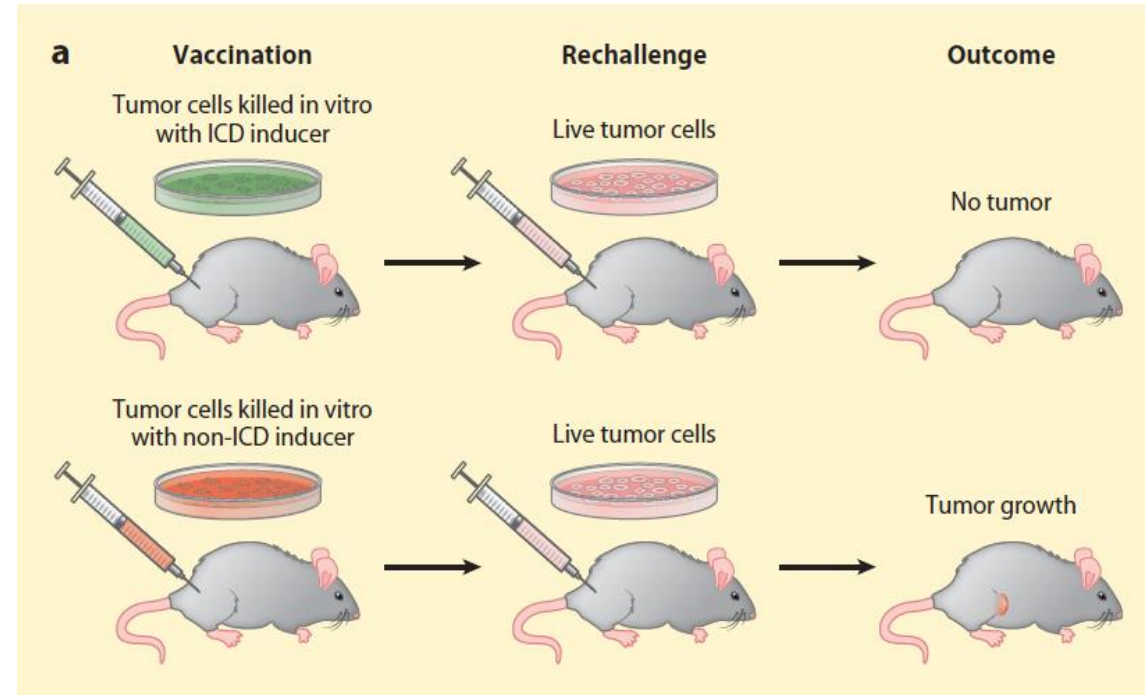
Models for ICD studies

Tumor growth experiments



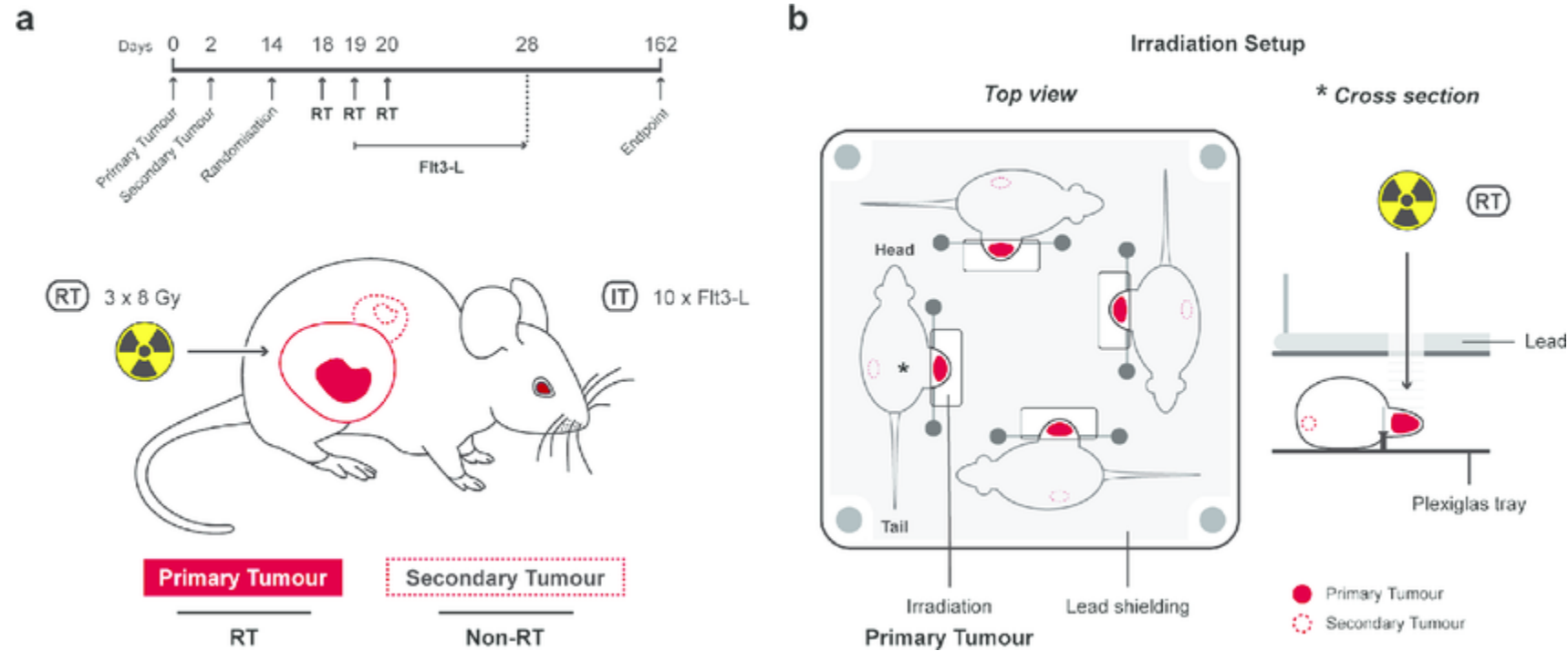
Models for ICD studies

Vaccination experiments



Models for ICD studies

The abscopal effect



The quantity-quality conundrum



A lot of cell death



Immunogenic cell death

"Size matters not. Look at me. Judge me
by my size do you?" - Yoda



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