



PD-1 Blockade: Understanding CD8 T Cell Rescue for Insights into Cancer Immunotherapy

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Presenter Disclosure Information

Alice O. Kamphorst

The following relationships exist related to this presentation:

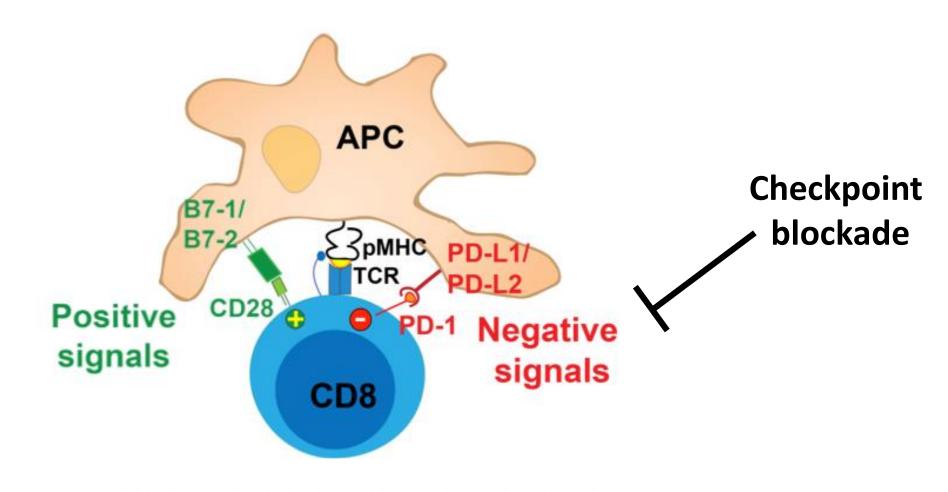
Grant/research support from Merck.

There will <u>not</u> be discussion about the use of products for non-FDA approved indications in this presentation.





What are the requirements for T cell rescue?





Is CD28 co-stimulation required for rescue of exhausted CD8 T cells by PD-1 blockade?

Mouse model:

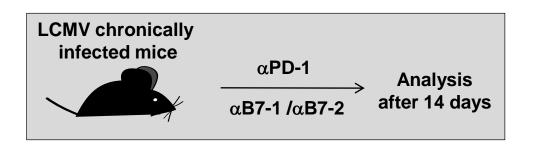
Lymphocytic choriomeningitis virus (LCMV) chronic infection.

Experimental approaches:

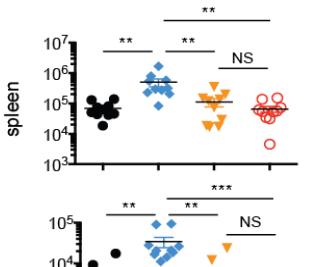
- 1) Anti-B7-1 and anti-B7-2 blocking antibodies;
- 2) CD28-deficient (CD28KO) CD8 T cells;
- 3) CD28 conditional deletion on CD8 T cells.



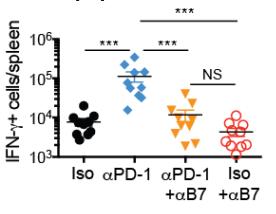
Blockade of B7 signals abrogates rescue of CD8 T cells by PD-1 therapy



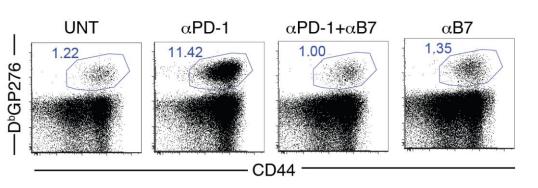
GP276-specific CD8 T cells numbers

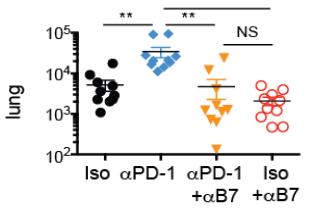


GP276-peptide stimulation

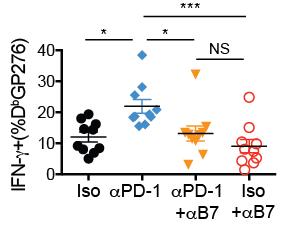


LCMV-GP276-specific CD8 T cells in spleen (%CD8)



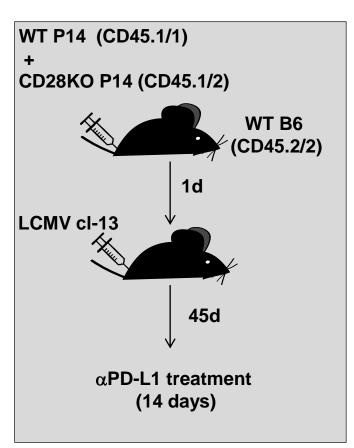


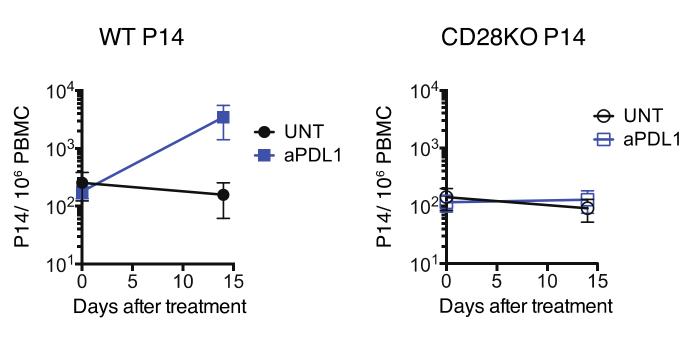
Functionality of GP276-CD8





CD28-deficient CD8 T cells do not expand following blockade of the PD-1 pathway

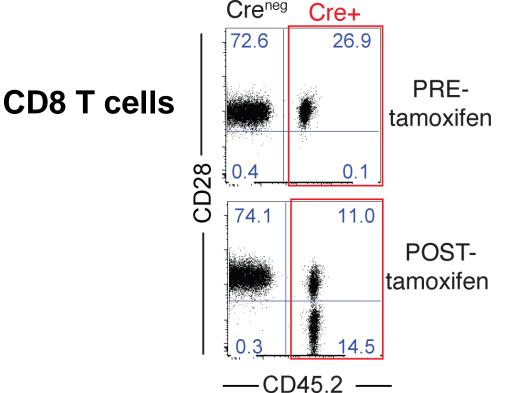






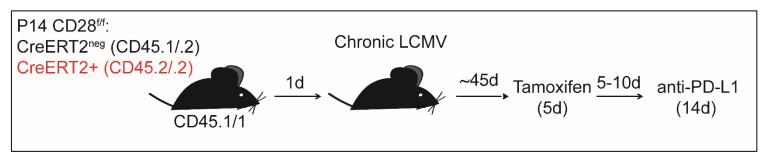
Conditional CD28 gene deletion by tamoxifen administration

- ✓ CD28^{flox/flox} mice: loxP sites flanking exons 2 and 3 of murine *Cd28*. (*Zhang, J. Clin Invest 2013*)
- ✓ CD28^{flox/flox} mice crossed to Cre-ERT2 (ROSA26 locus).
- ✓ Successful ubiquitous induction of Cre activity and CD28 gene deletion after tamoxifen administration.

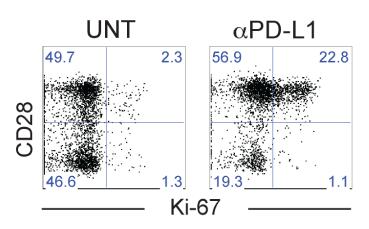


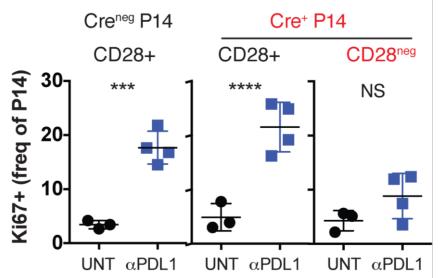


CD28^{neg} exhausted CD8 T cells fail to proliferate following PD-1 targeted therapies











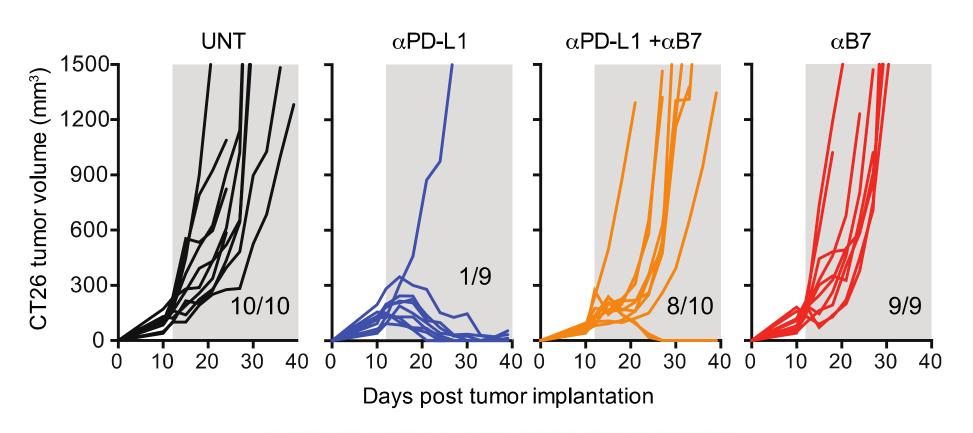
CONCLUSIONS I

 Proliferation of exhausted CD8 T cells following blockade of the PD-1 pathway is CD28-dependent.

Our findings imply that CD28 signaling on exhausted CD8
 T cells would be essential for optimal PD-1 directed cancer immunotherapy.



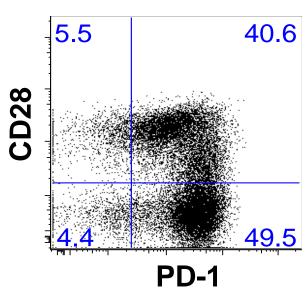
Effectiveness of PD-1 therapy in CT-26 tumors relies on the CD28/B7 pathway

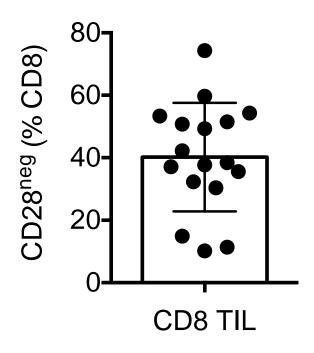




In human lung tumors (NSCLC) a large fraction of PD-1+ CD8 T cells are CD28^{neg}



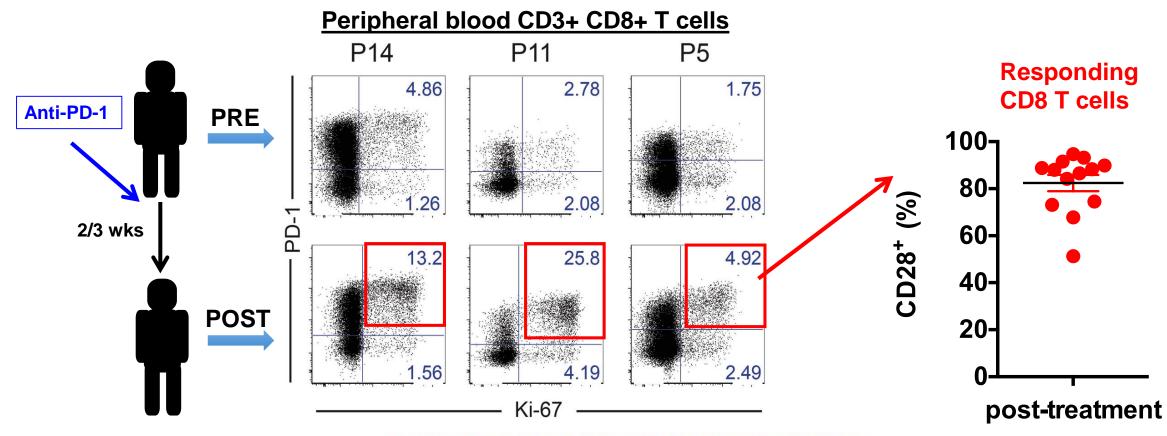




NSCLC (non-small cell lung cancer)



PD-1 targeted therapy on lung cancer patients induces proliferation of <u>CD28+</u> PD-1+ CD8 T cells





FINAL CONCLUSIONS

- Most CD8 T cells in peripheral blood responding to PD-1 blockade express CD28; but many CD8 T cells infiltrating human lung tumors are CD28^{neg} → Implies selective proliferation of CD28+ tumor-specific CD8 T cells during PD-1 therapy.
- CD28 expression on PD-1+ CD8 T cells and the presence of B7expressing antigen presenting cells could be potential biomarkers for predicting efficacy of PD-1 directed immunotherapies.
- Positive signals (CD28) are necessary to reinvigorate exhausted CD8 T cells during checkpoint blockade therapy (PD-1).

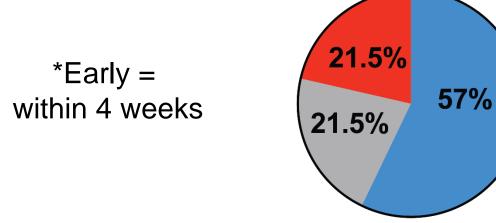


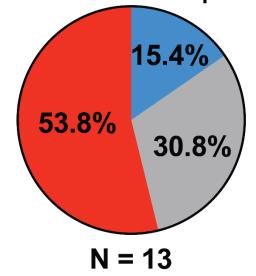
Immunological analysis in peripheral blood may help predict clinical outcome to PD-1 therapy

*Early PD-1+ CD8 T cell response

N = 14

Absent, delayed or PD-1^{neg}
CD8 T cell response





Partial Response

Stable Disease

Disease Progression

Advanced NSCLC patients





Acknowledgments

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