

SITC Winter School

Dendritic - NK cell mechanisms

Lewis L. Lanier

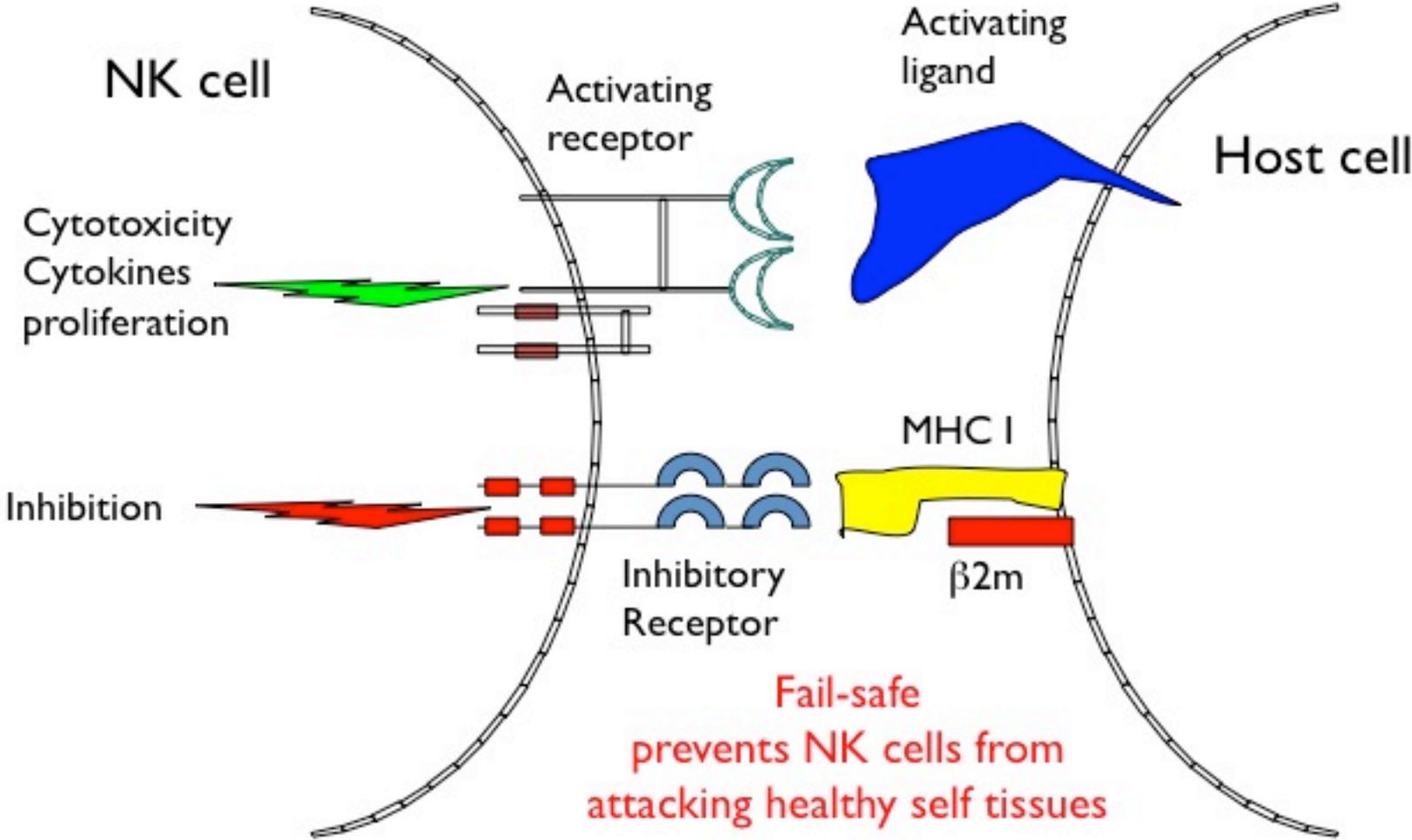
[lewis.lanier@ucsf.edu](mailto:lewis.lanier@ucsf.edu)



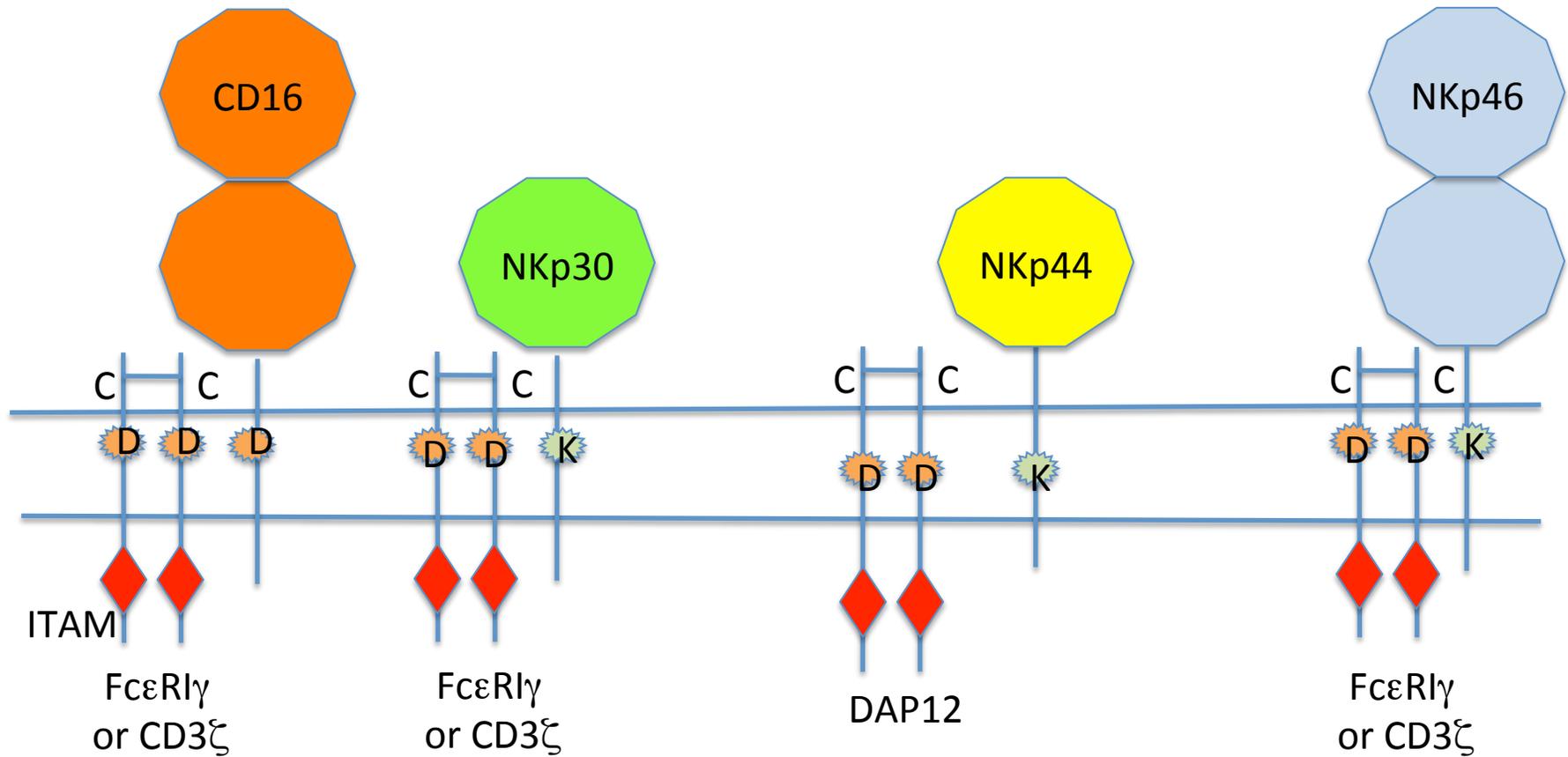
THERE'S A  
**NATURAL KILLER**  
INSIDE EVERYONE

WITH THE POTENTIAL TO TAKE ON  
MULTIPLE MYELOMA

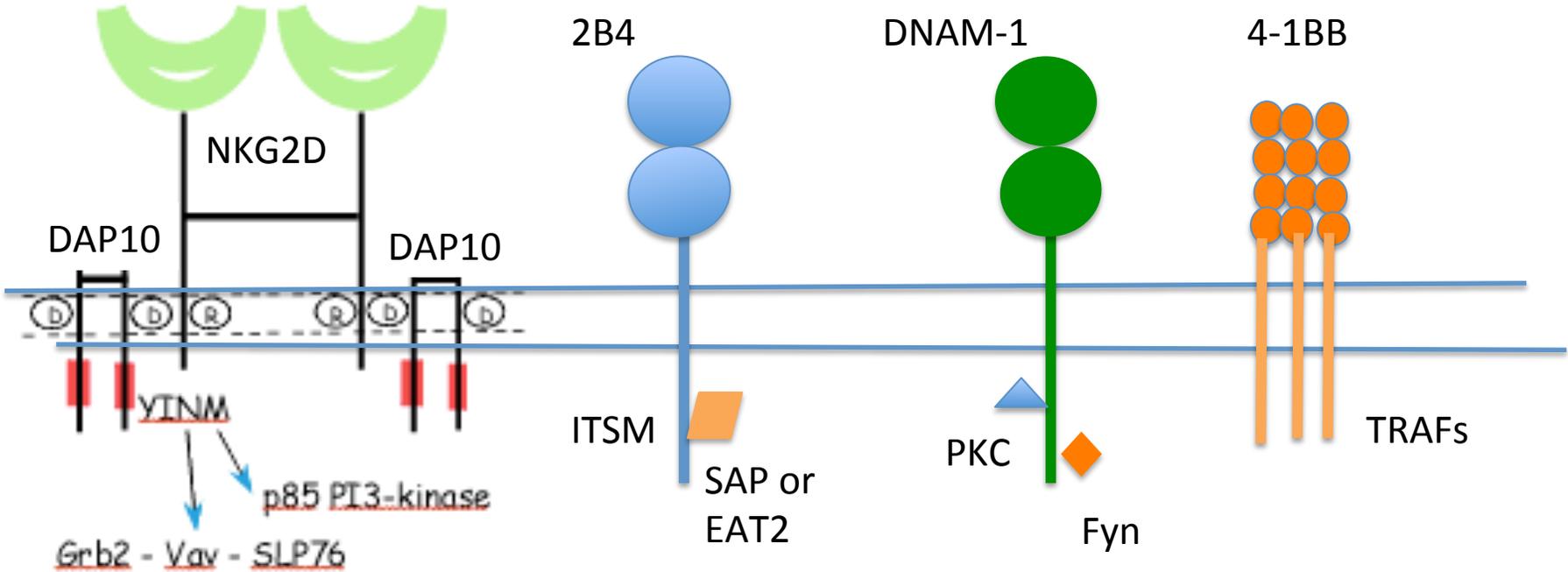
# NK cell functions are controlled by a balance of inhibitory and activating receptors



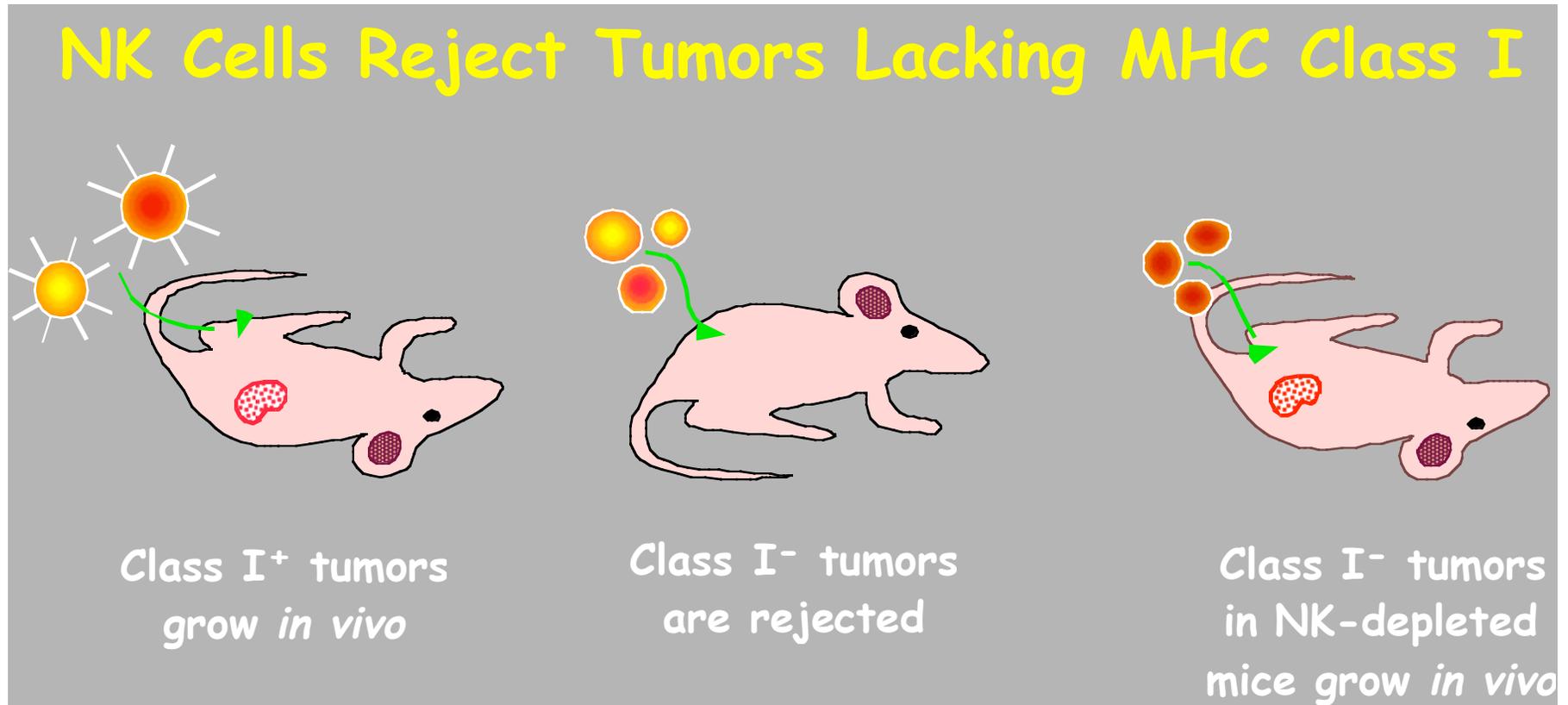
# ITAM-based activating NK receptors



# Co-activating NK receptors



NK cells like to kill cells lacking MHC class I – “missing-self”

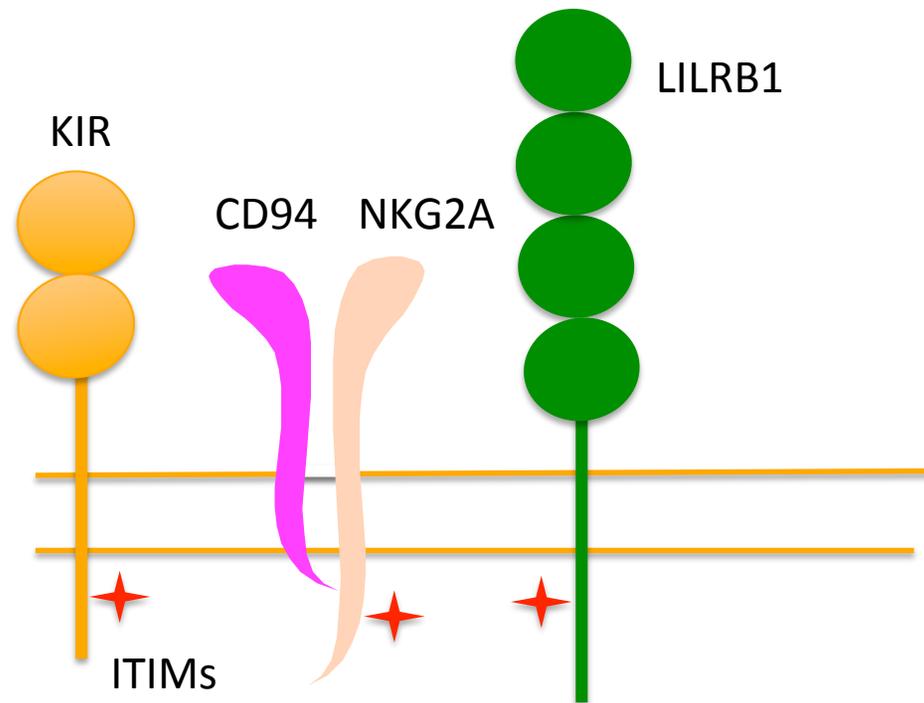


Karre et al. 1986 Nature 319:675

# Physiological role for NK cell recognition and elimination of MHC class I-negative cells

<u>Virus</u>	<u>Protein</u>	<u>Effect on class I</u>
Adenovirus	E3-k19	Retain in ER
HSV-1,2	ICP47	Blocks TAP
EBV	EBNA1	Block peptide generation
HCMV	US2, US11	ER to cytosol
HCMV	US3	Retain in ER
HCMV	US6	Blocks TAP
HCMV	US10	Degrades HLA-G
MCMV	m152	Retain in ER
MCMV	m04	Associates with H-2
MCMV	m06	Lysosomal degradation
HHV8	K3, K5	Endocytosis
HIV-1	Nef	Endocytosis

# MHC class I Inhibitory Receptors on Human NK cells



Tumors can escape CD8<sup>+</sup> T cell surveillance by loss of MHC class I

\*Membrane MHC class I expression on primary human melanoma cells ranges from 100 to 0% (median, 70%)

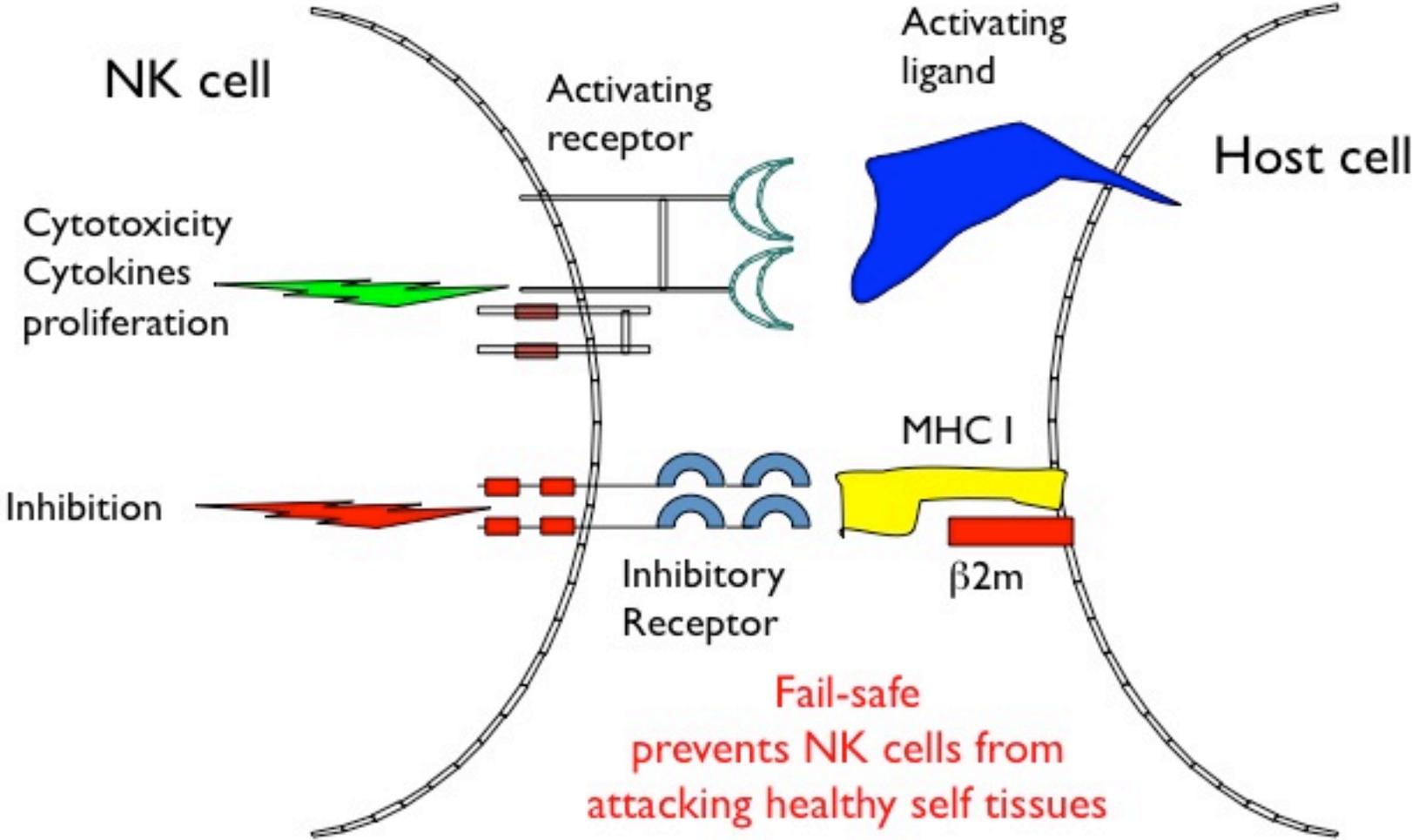
Lack of MHC class I expression on most of malignant cells (>50%) was observed in 34 of 92 cases (37%)

Due to transcriptional down-regulation of HLA-A,-B,-C and  $\beta$ 2-microglobulin –not mutation

How do MHC class I-negative tumors  
escape NK cell recognition and  
elimination?

How can we re-engage NK cells against  
these tumors?

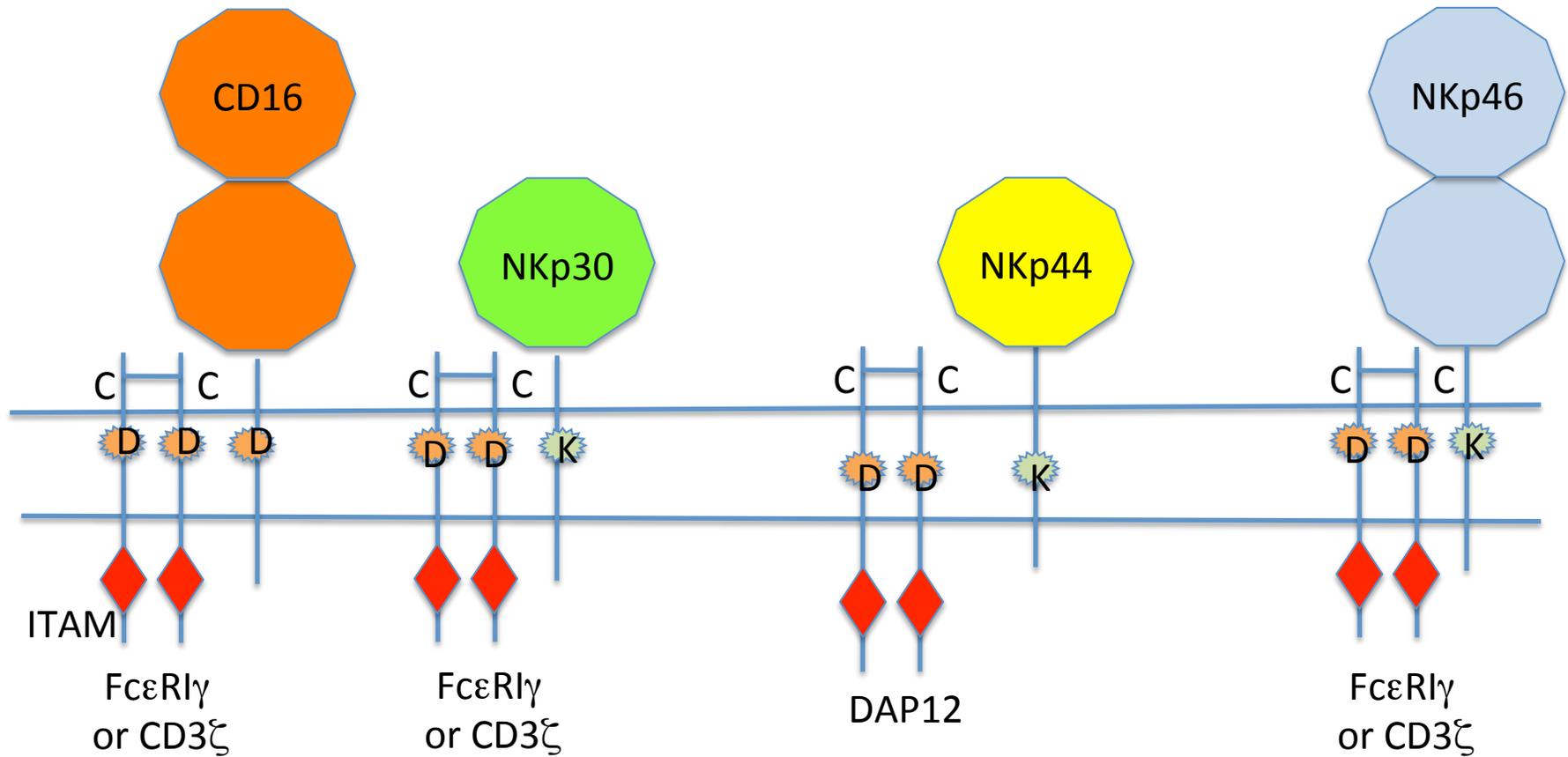
# NK cell functions are controlled by a balance of inhibitory and activating receptors



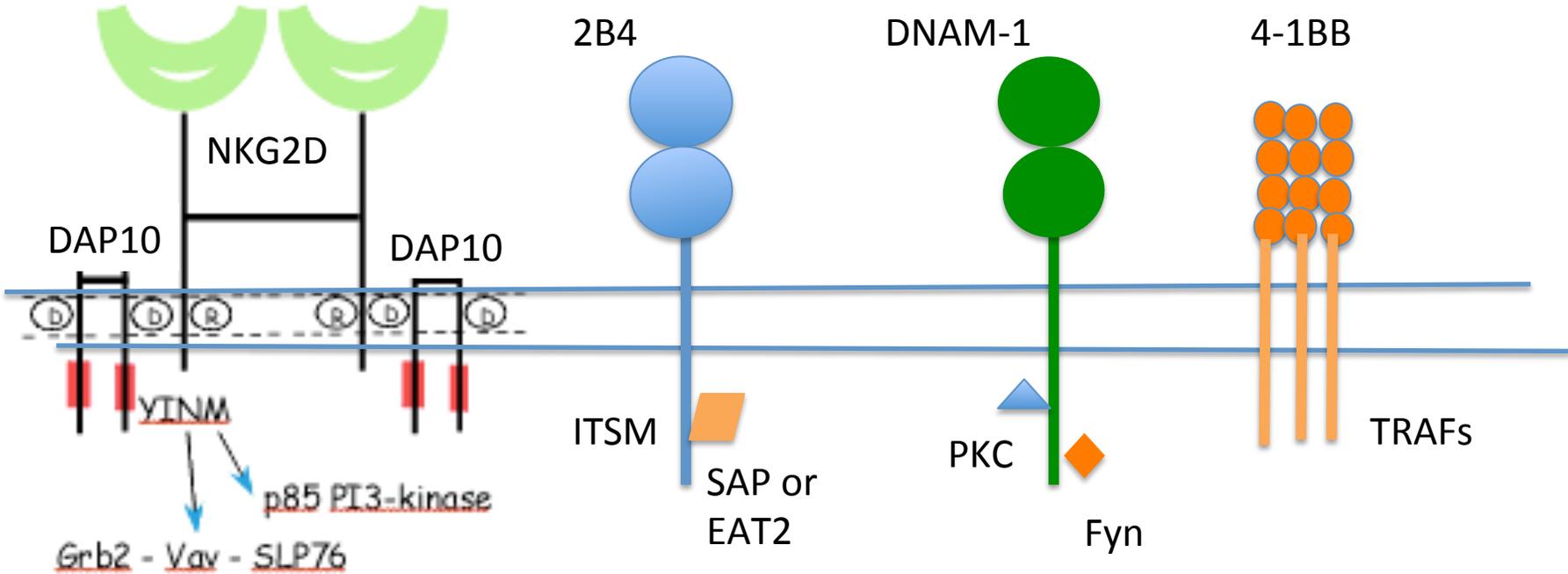
# Why don't NK cells kill HLA class I-negative tumors arising in cancer patients?

- \*Tumors lack ligands for activating receptors
- \*Redundant inhibitory receptors other than for class I dampen NK cell responses
- \*NK cells kill some tumors, but without cytokines don't expand – then become “de-sensitized”
- \*Tumor microenvironment suppresses NK cell (e.g. NK cells hate Transforming Growth Factor  $\beta$ )

# ITAM-based activating NK receptors



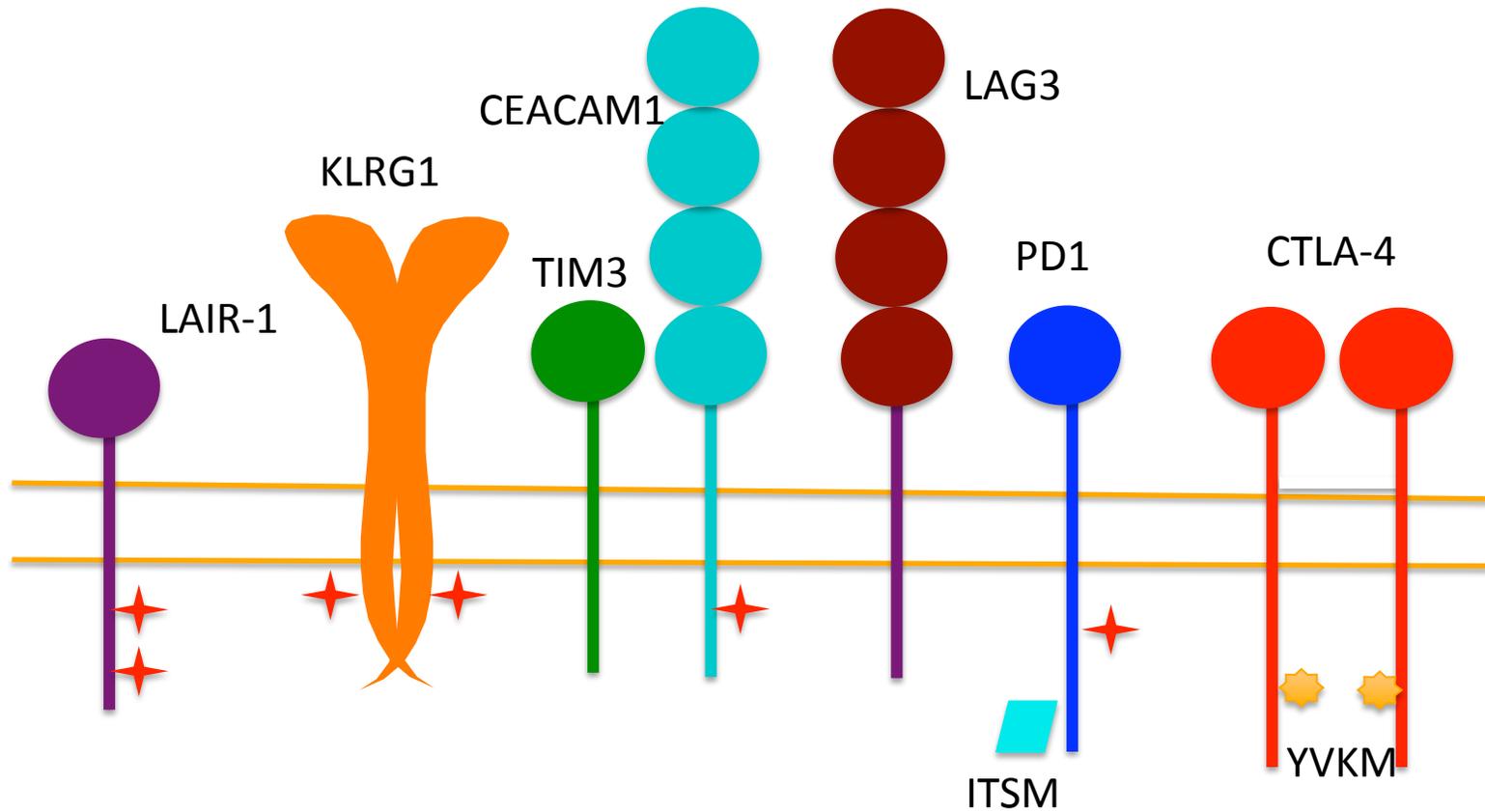
# Co-activating NK receptors



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# Non-MHC Inhibitory Receptors on Human NK cells



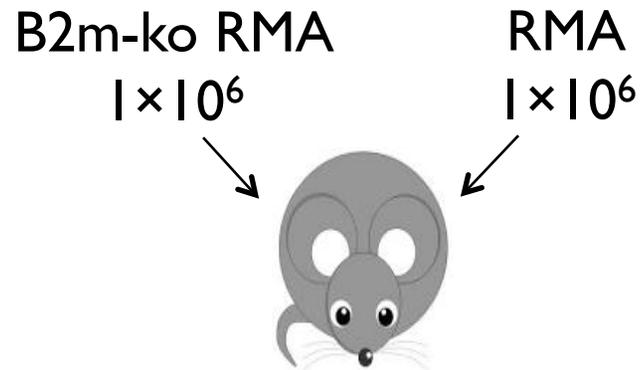
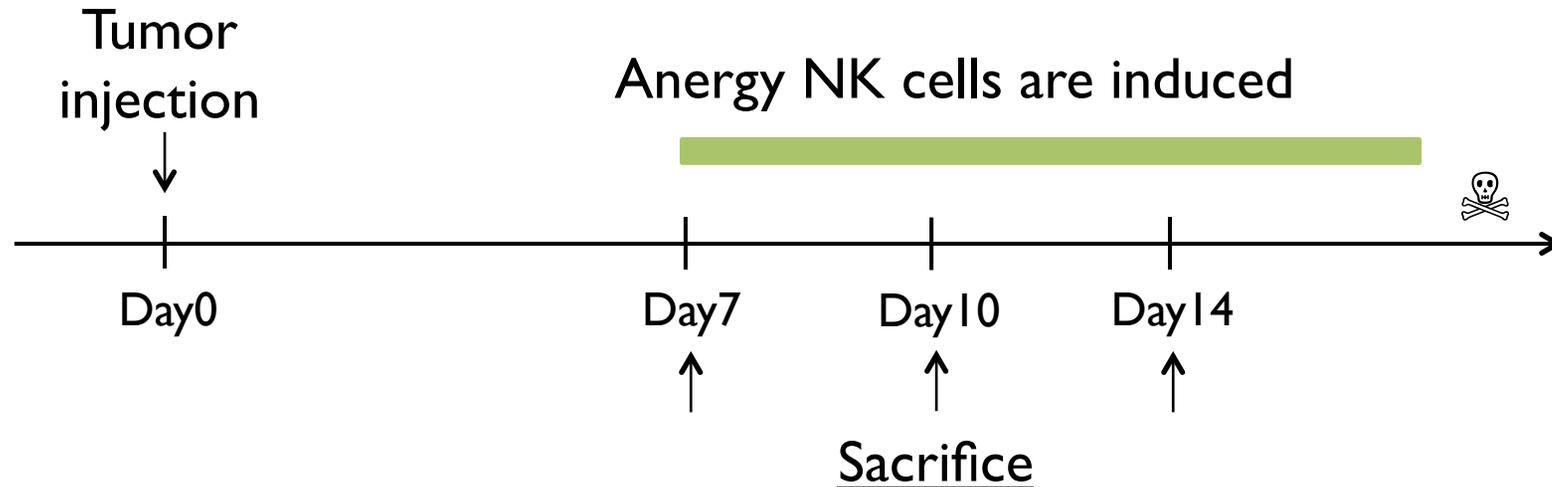
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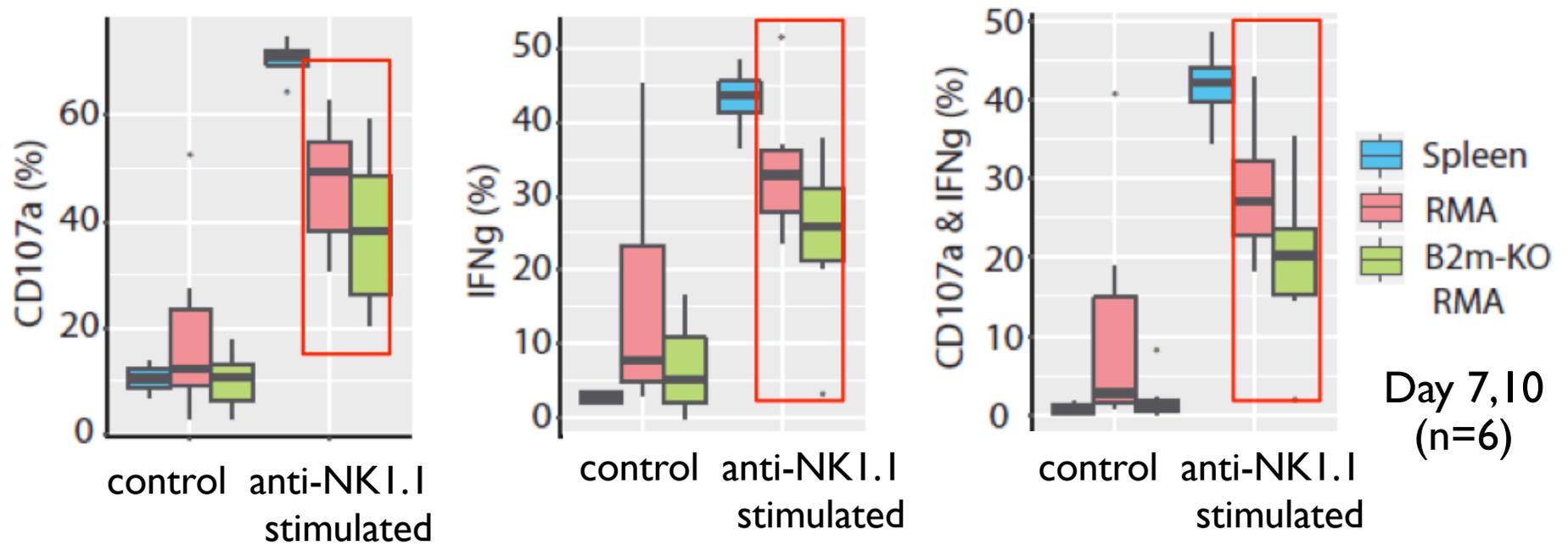
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# In vivo model of anergy NK cells induced in tumor MHC class I –negative tumor environment

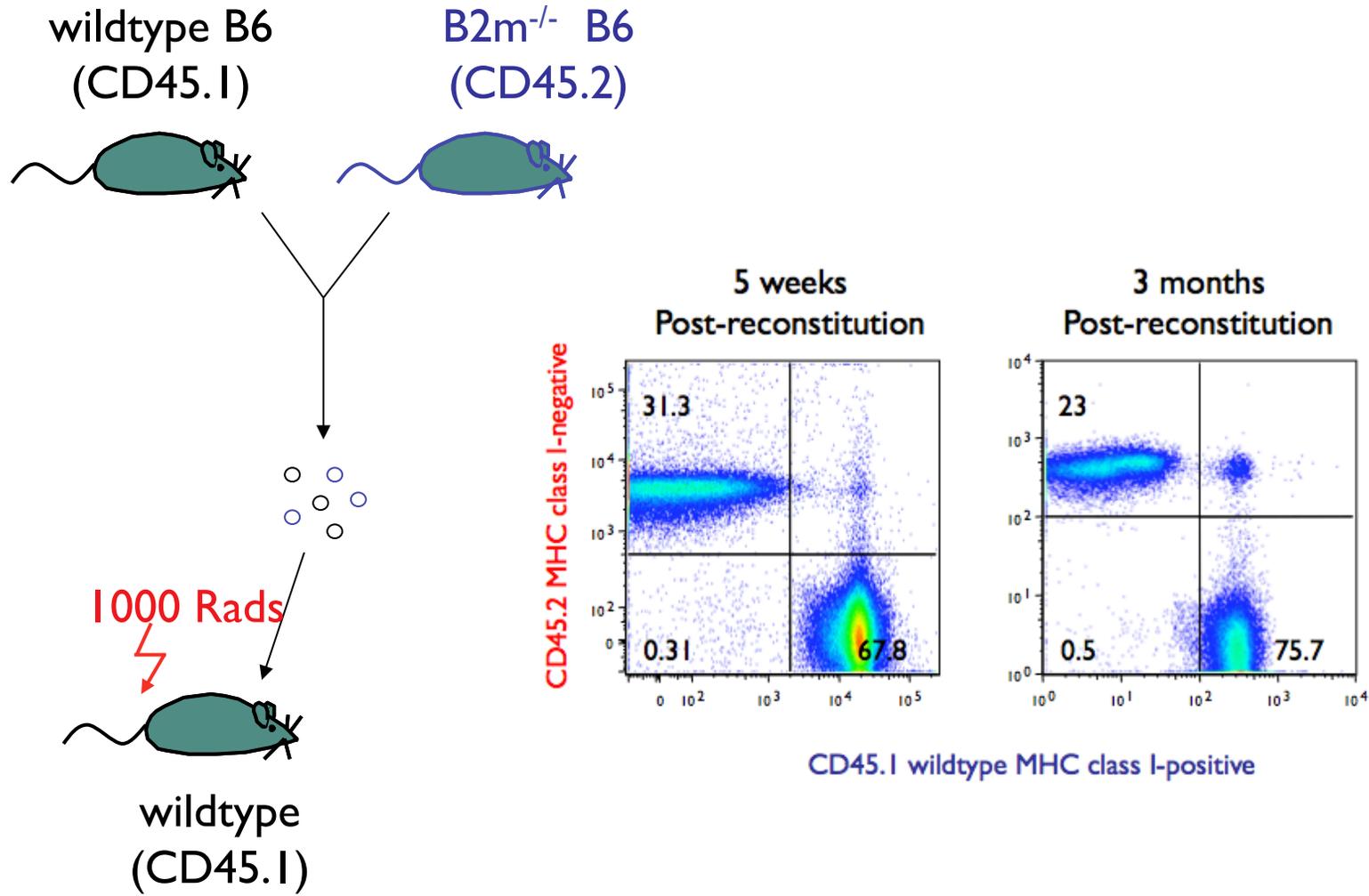


# NK cells infiltrating B2m-ko RMA tumor are hypo-responsive *ex vivo*

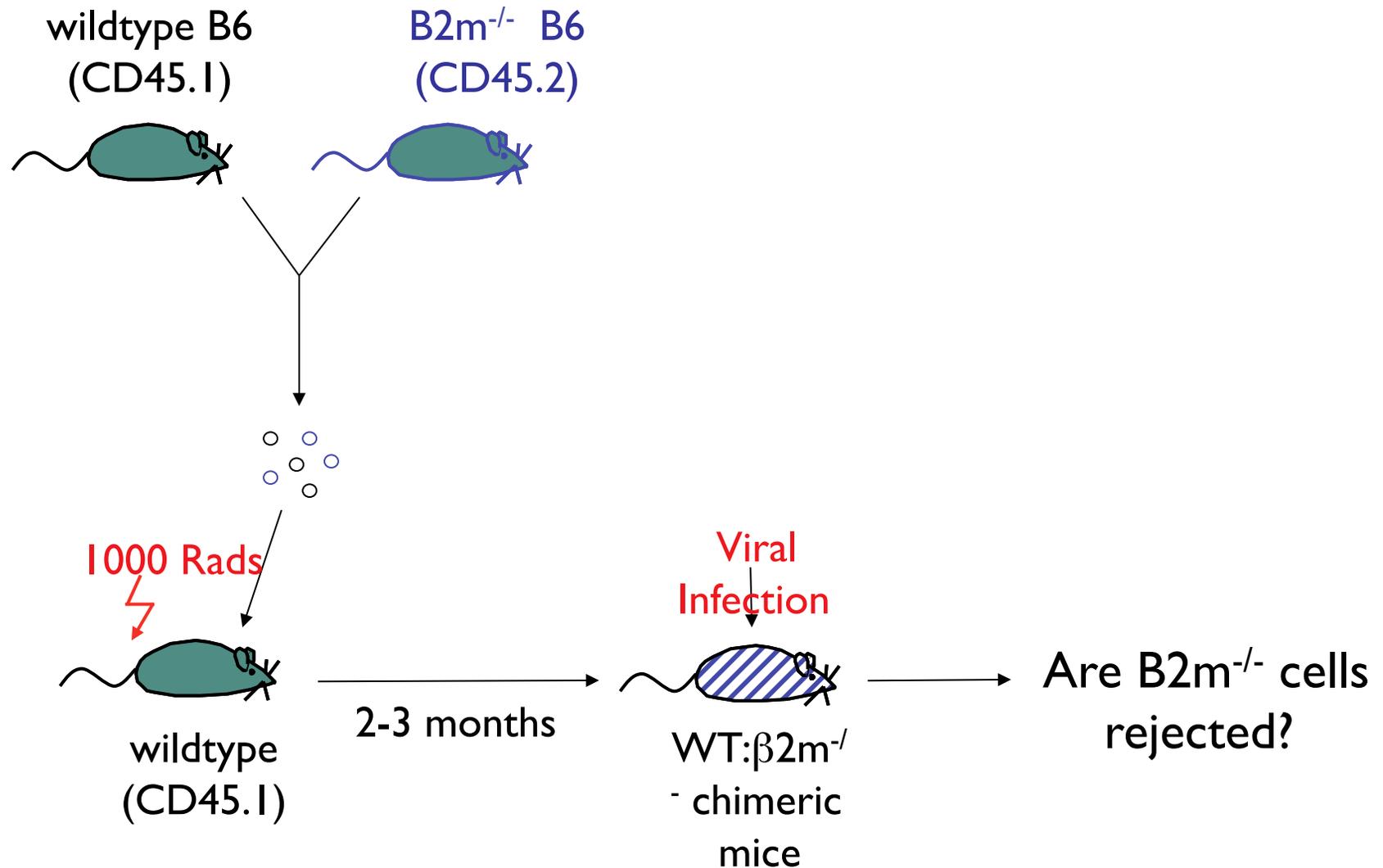


In progress – RNA-Seq on NK cells infiltrating RMA versus B2m-ko RMA

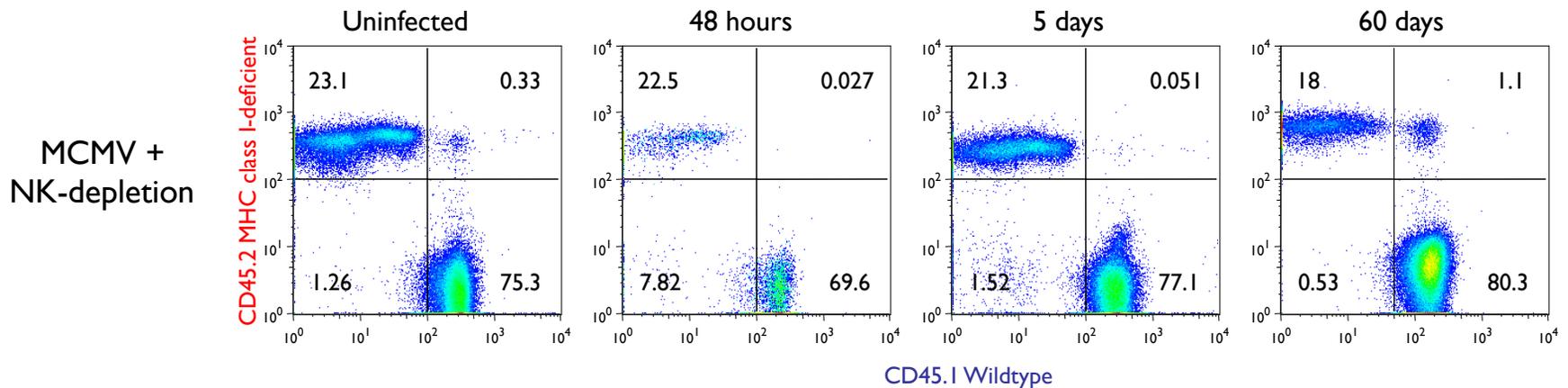
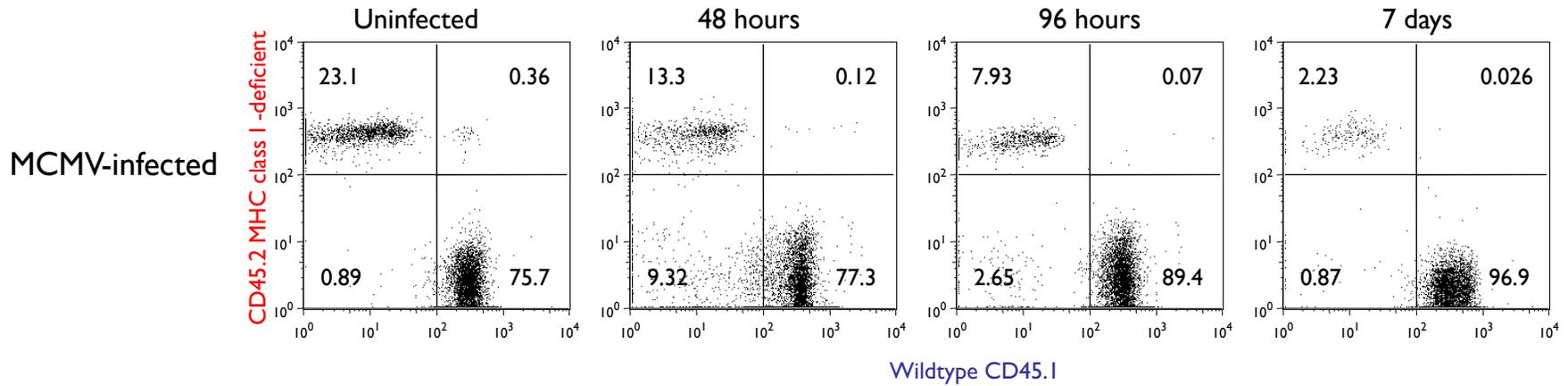
# NK cells tolerate MHC class I-deficient hematopoietic cells in mixed bone marrow chimera



# Can NK cell tolerance to MHC class I-negative cells be broken by NK cell activation?



# NK cells reject MHC class-I negative hematopoietic cells in chimeric mice after viral infection -tolerance is broken



## Engaging NK cells to kill MHC class I-negative tumors

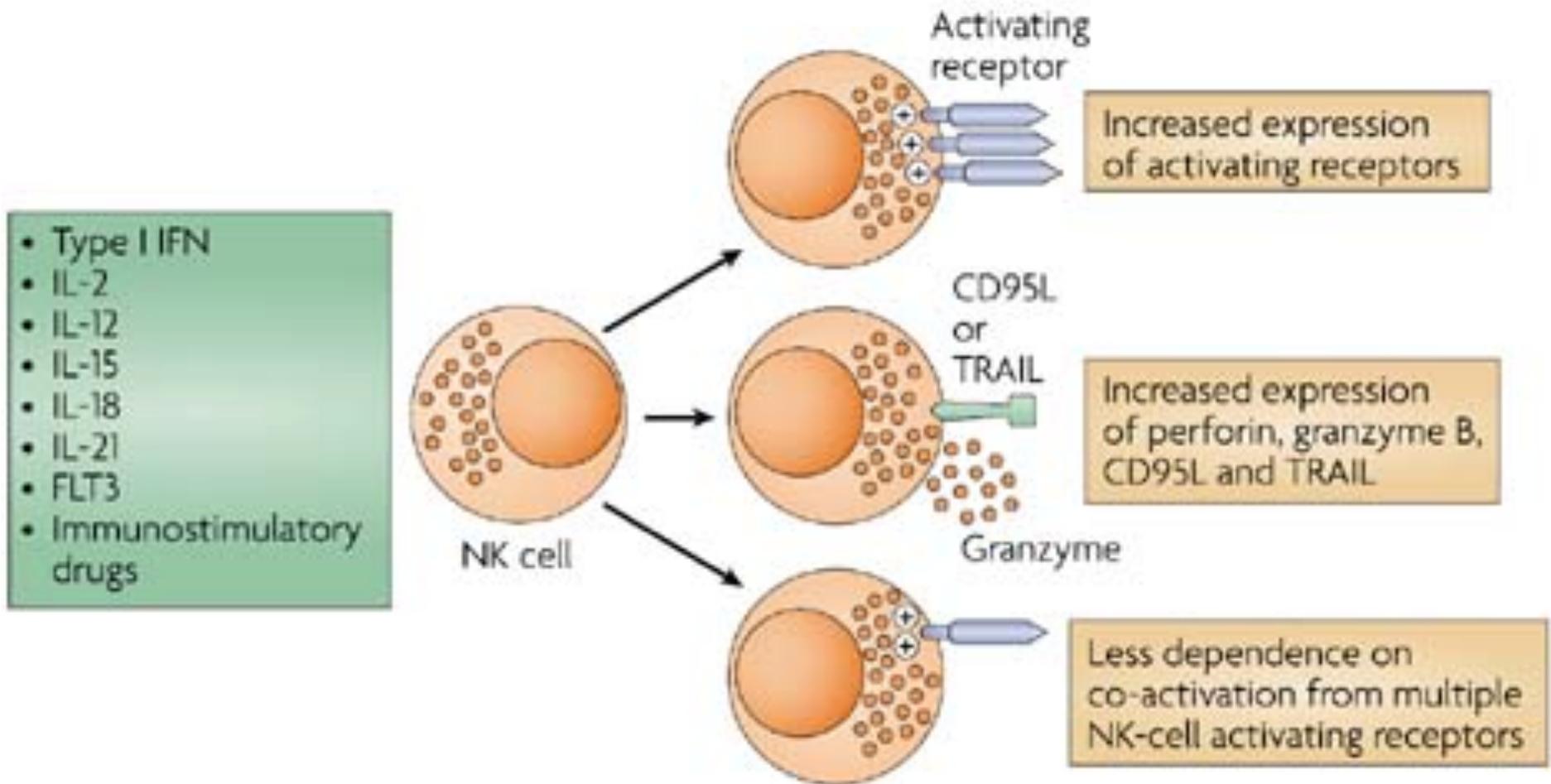
\*Chronic exposure to MHC class I-negative tumors can render NK cells tolerant

\*Blocking KIR or NKG2A MHC class I inhibitory receptors alone in cancer patients may simply result in NK cell tolerance

\*Activation of NK cells with cytokines (IL-12 and others) can brake the tolerance and allow kill of MHC class I-negative tumors

# STRATEGIES FOR THERAPEUTICALLY MODULATING NK CELL FUNCTION

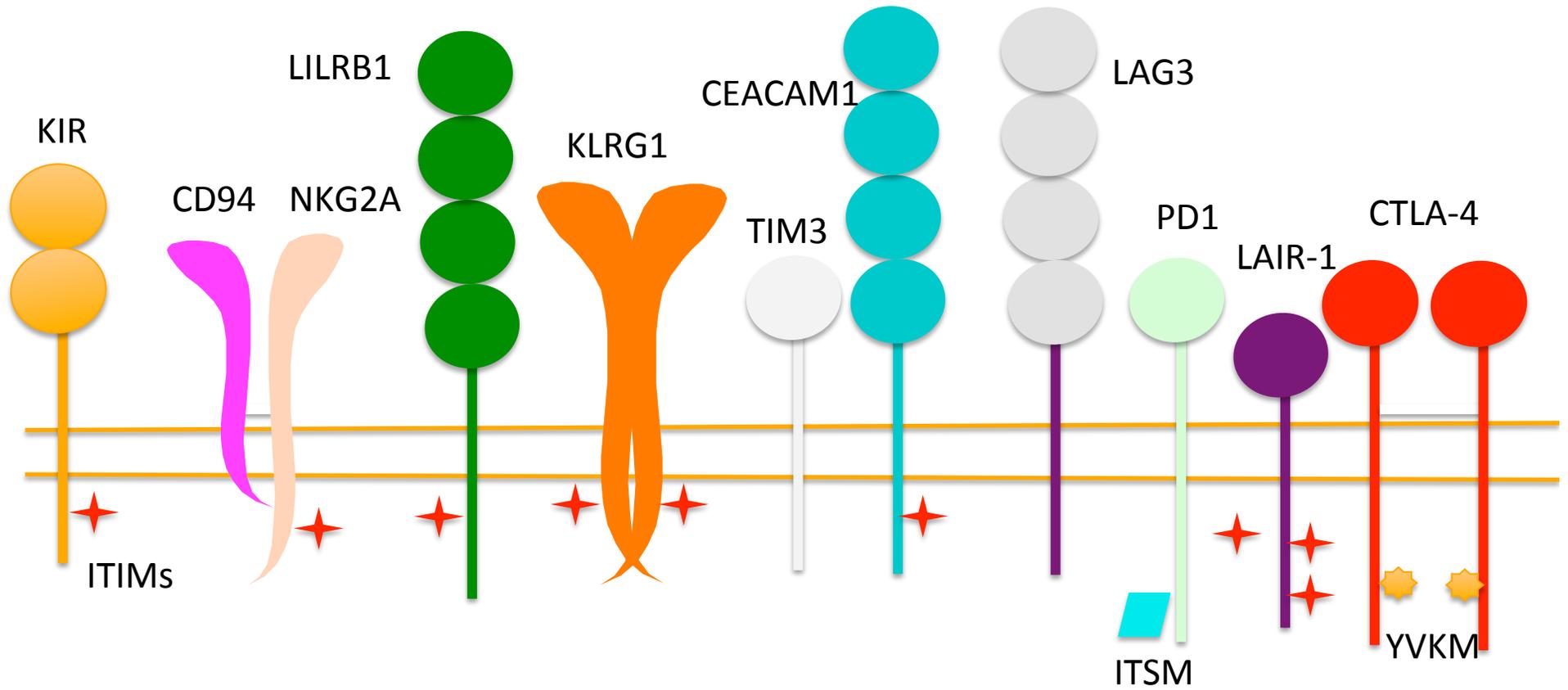
# Factors boosting NK cell lytic activity



# Why don't NK cells kill HLA class I-negative tumors arising in cancer patients?

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# Inhibitory Receptors on Human NK cells



# Checkpoint blockade therapies

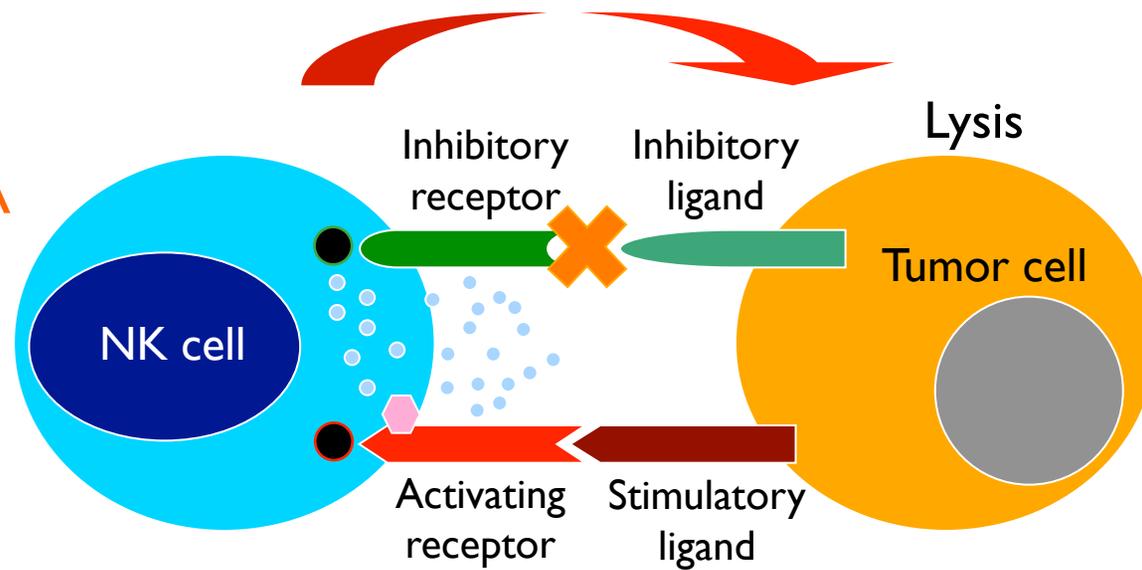
anti-KIR

anti-NKG2A

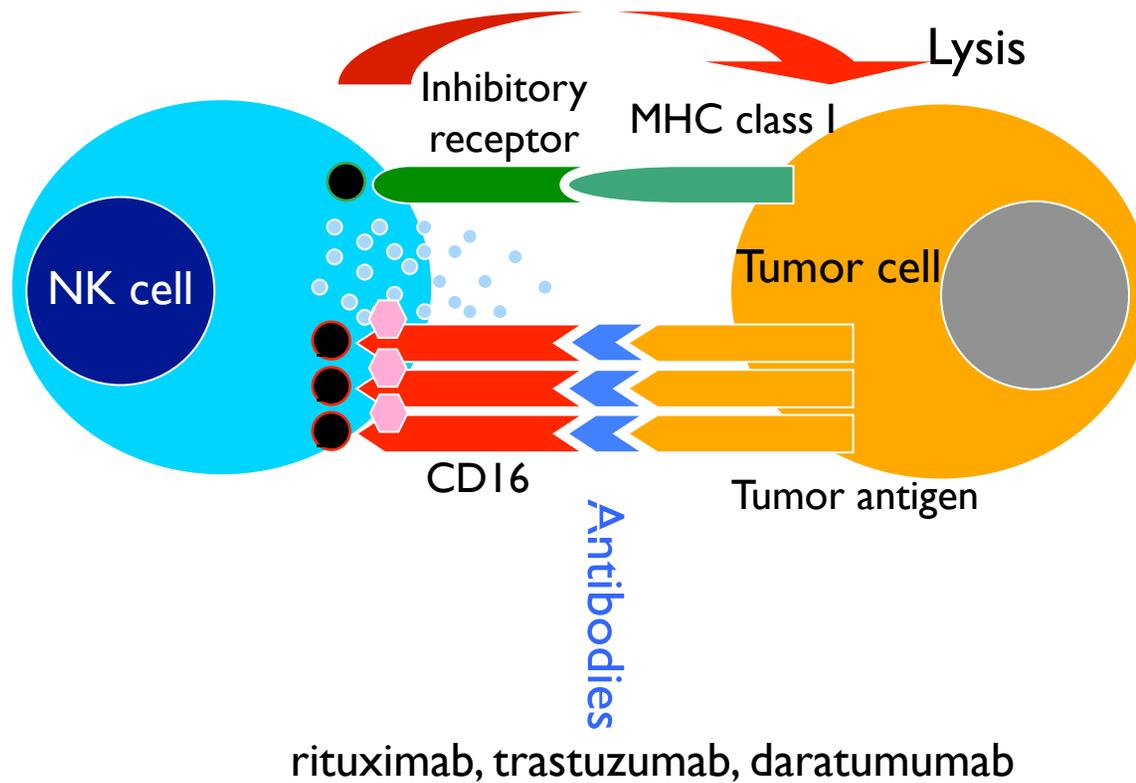
anti-PD1

anti-Tim3

anti-LAG3

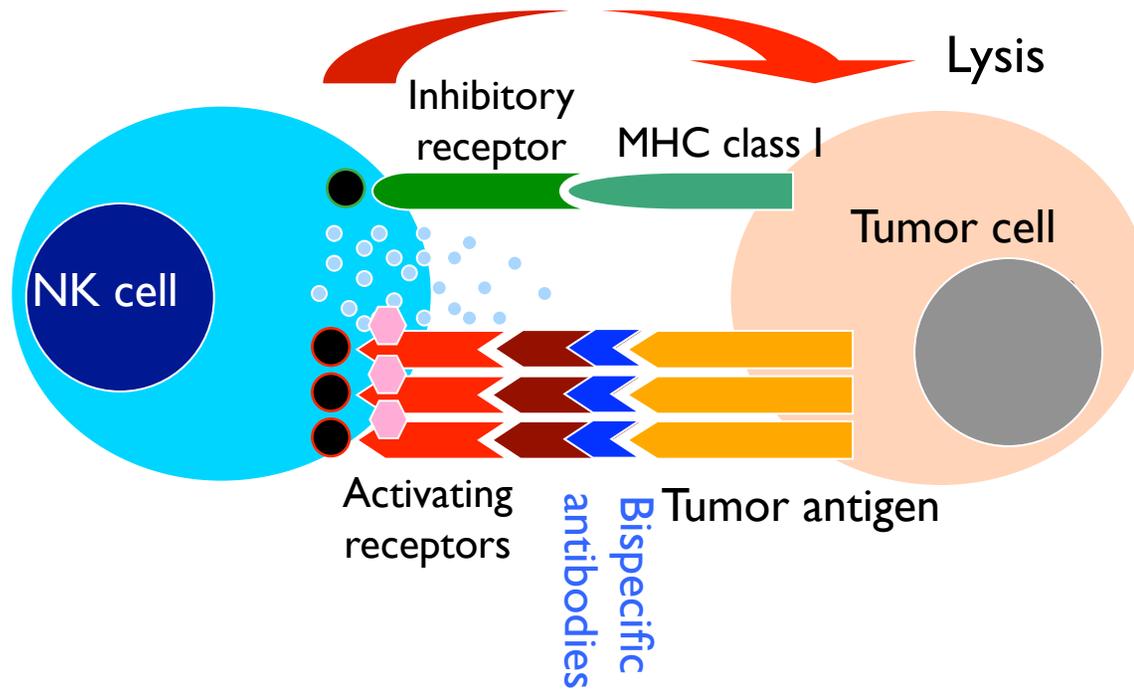


# Antibody-dependent cellular cytotoxicity

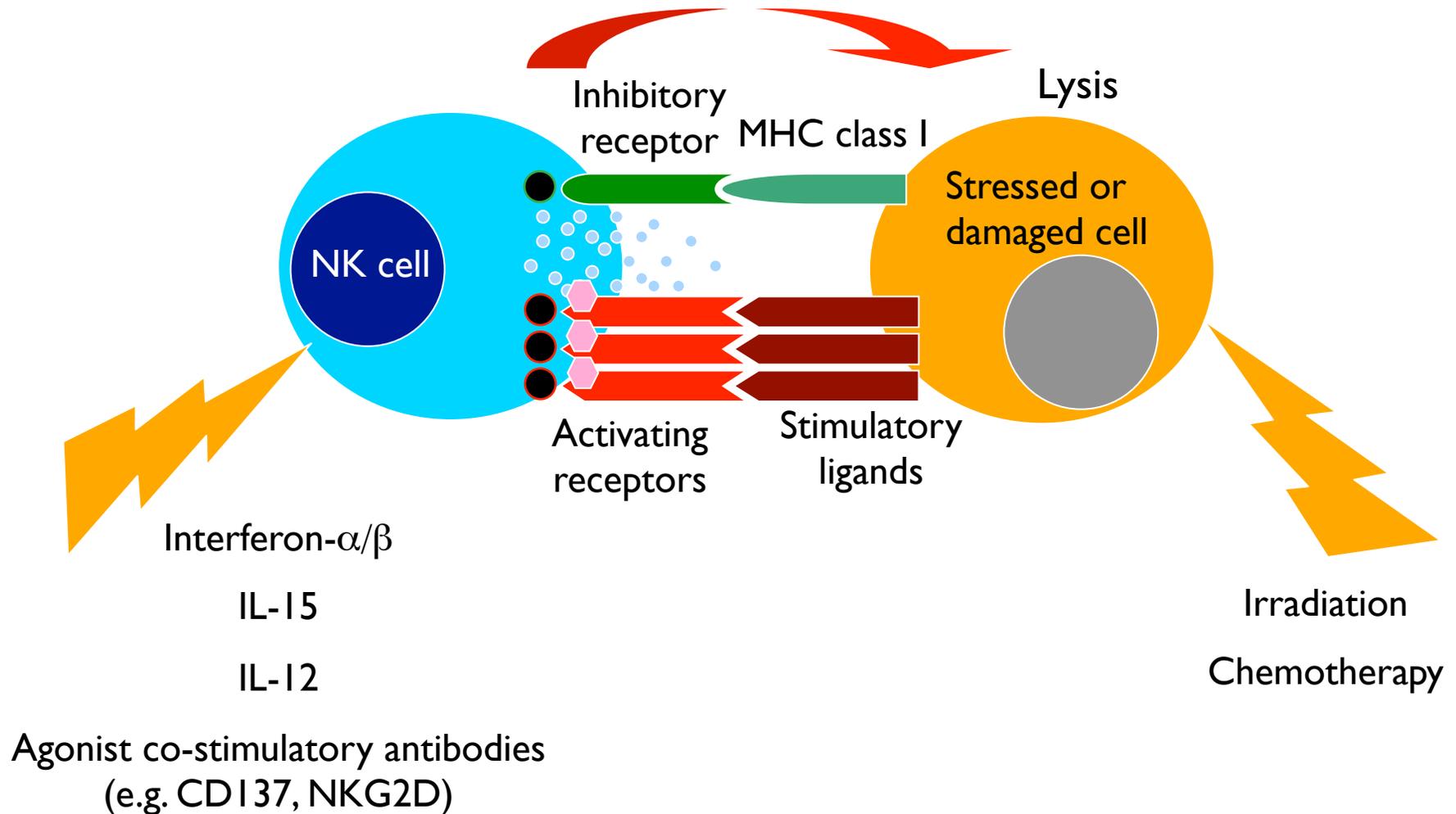


# Bispecific antibodies

– anti-tumor x anti-NK activating receptor

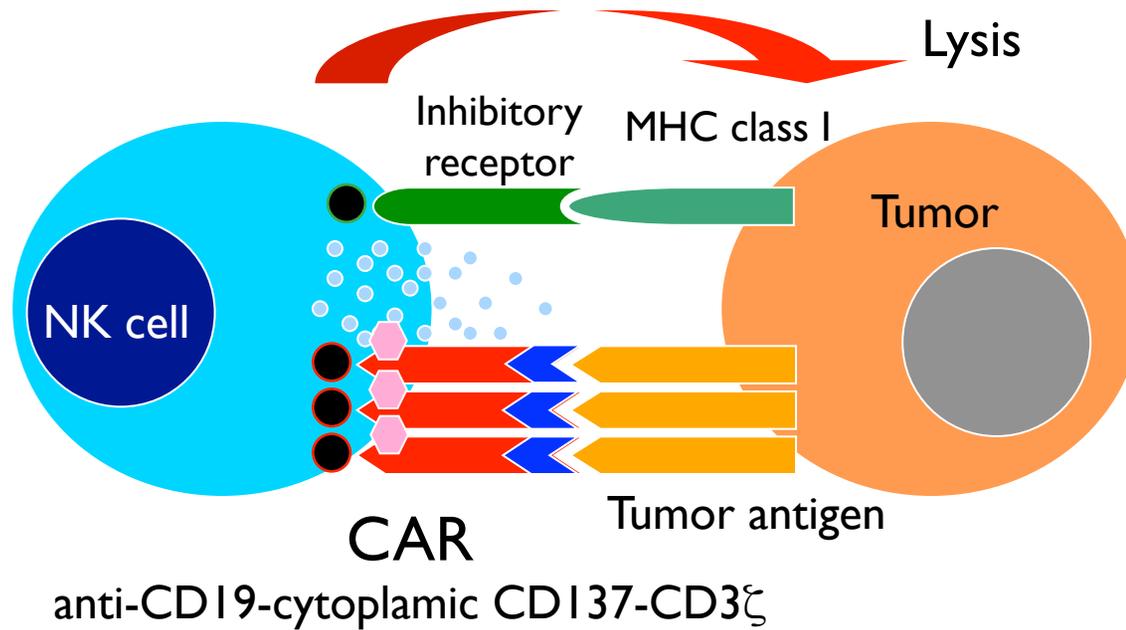


# Therapies that up-regulate stress-induced ligands on tumors or agents that activate NK cells



# CAR NK cells

## Chimeric antigen receptors



# A natural killer–dendritic cell axis defines checkpoint therapy–responsive tumor microenvironments

Kevin C. Barry <sup>1,2</sup>, Joy Hsu<sup>1,2</sup>, Miranda L. Broz<sup>1,2</sup>, Francisco J. Cueto<sup>1,3,4</sup>, Mikhail Binnewies<sup>1</sup>, Alexis J. Combes<sup>1,2</sup>, Amanda E. Nelson<sup>1,2</sup>, Kimberly Loo<sup>2,5,6</sup>, Raj Kumar<sup>1,2</sup>, Michael D. Rosenblum<sup>6</sup>, Michael D. Alvarado<sup>6</sup>, Denise M. Wolf<sup>7</sup>, Dusan Bogunovic<sup>8</sup>, Nina Bhardwaj<sup>9</sup>, Adil I. Daud <sup>6</sup>, Patrick K. Ha <sup>10</sup>, William R. Ryan<sup>10</sup>, Joshua L. Pollack<sup>11</sup>, Bushra Samad<sup>1,2</sup>, Saurabh Asthana<sup>2</sup>, Vincent Chan<sup>1,2</sup> and Matthew F. Krummel <sup>1,2\*</sup>

# Melanoma patients with more “stimulatory” dendritic cells have better survival

**a**

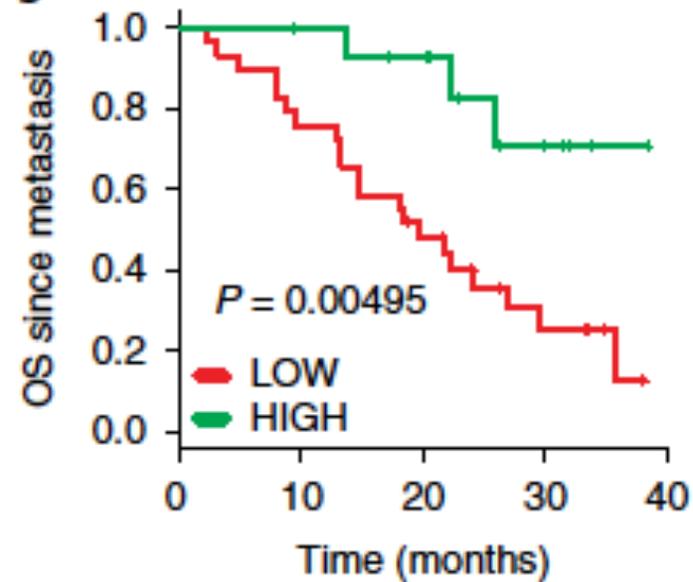
Cell type:

SDC: stimulatory DCs  
(CD103<sup>+</sup> BDCA-3<sup>+</sup>)

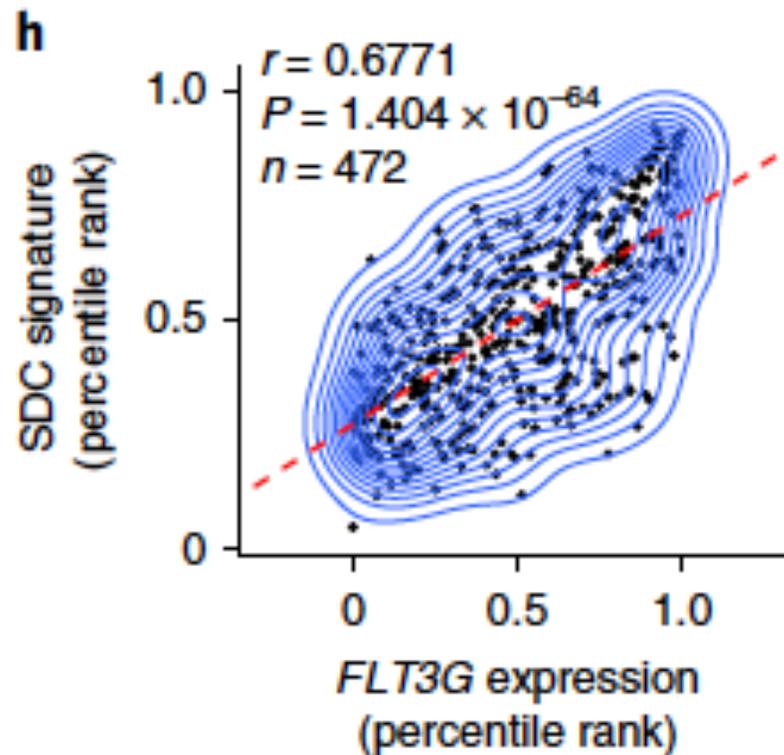
Signature genes:

*KIT, CCR7, BATF3, FLT3,  
ZBTB46, IRF8, BTLA, MYCL1*

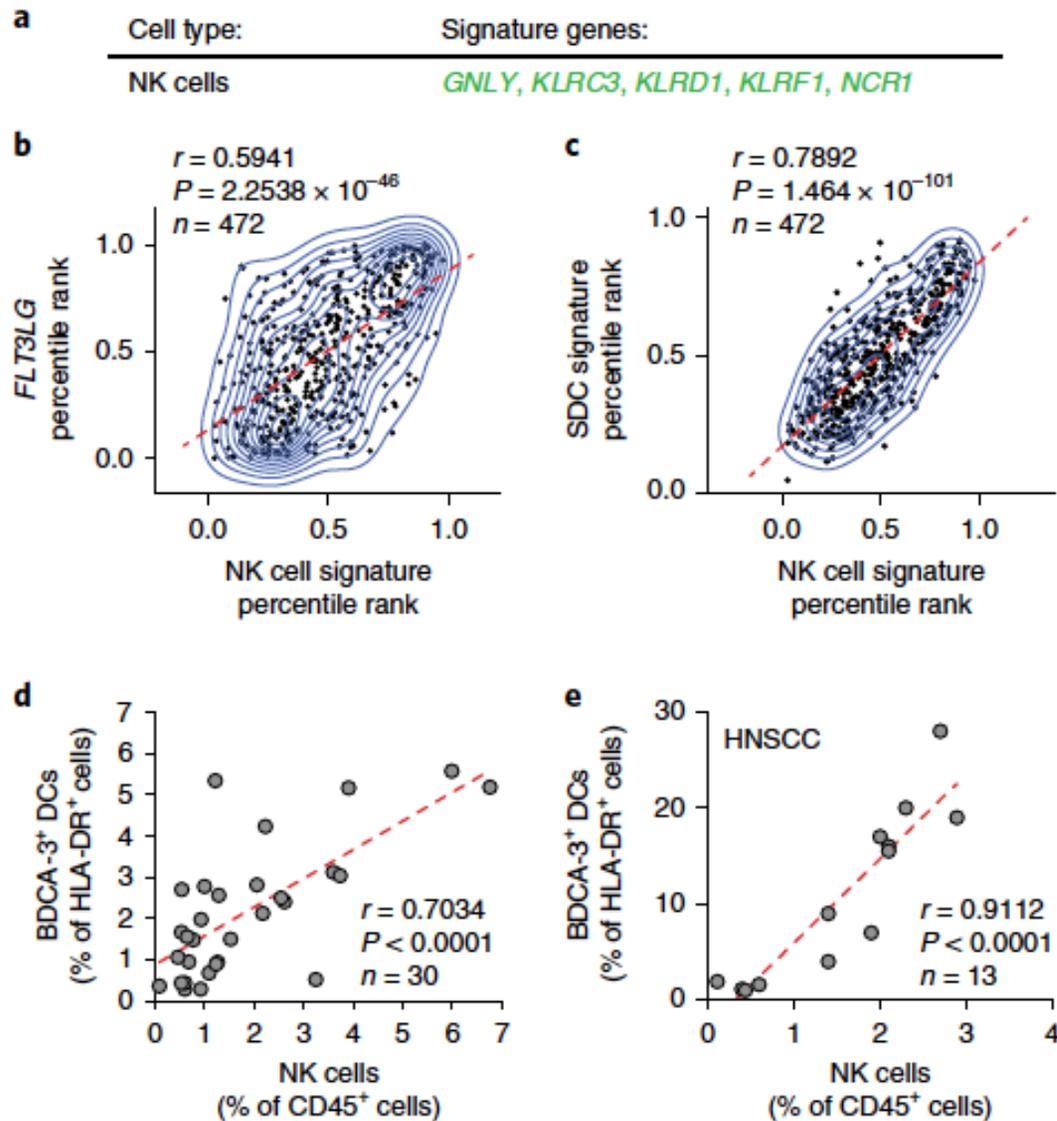
**b**



“stimulatory” dendritic cell gene expression tracked with FLT3LG cytokine expression

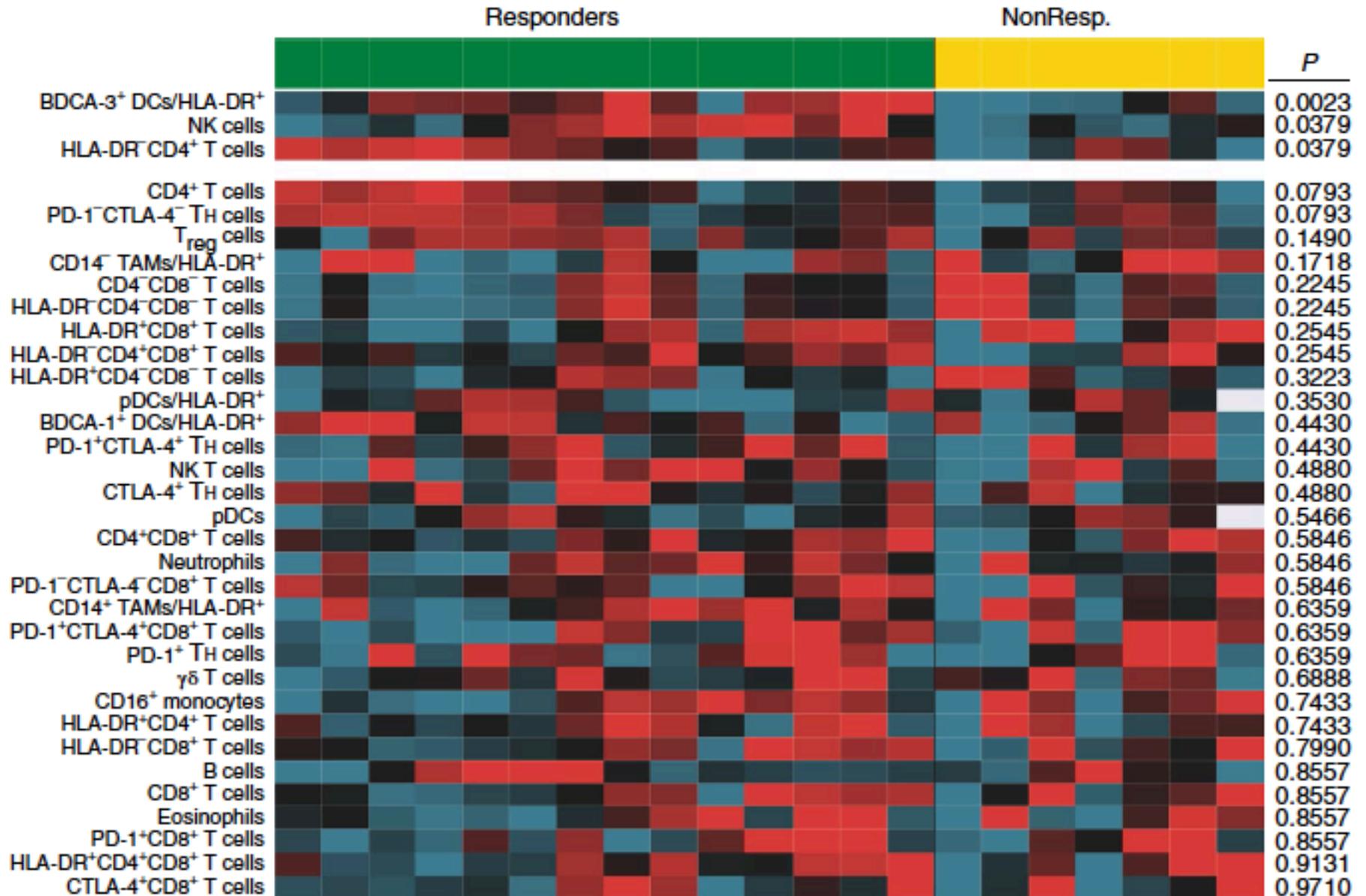


# FLT3LG expression correlates with NK cells in melanoma and head & neck cancer patients



# Response to PD1 blockade in melanoma correlates with NK cells and DC in TIL

e



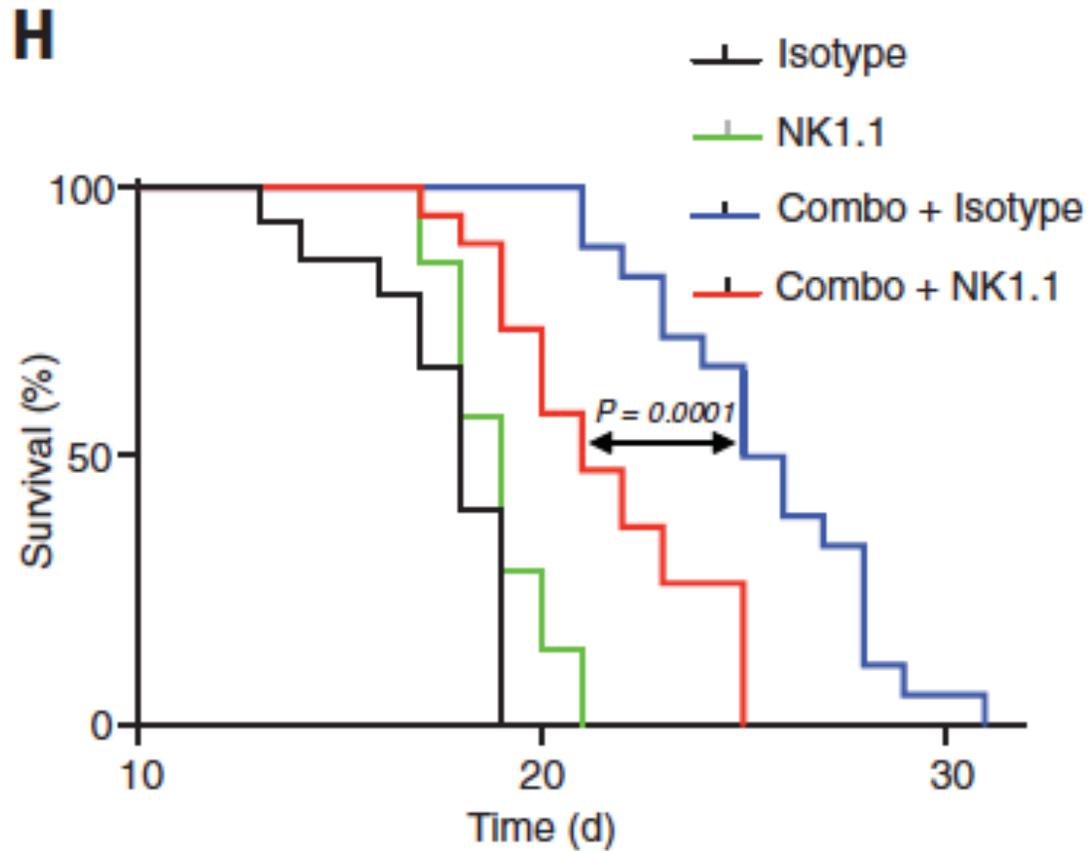
## CANCER

# NK cell-mediated cytotoxicity contributes to tumor control by a cytostatic drug combination

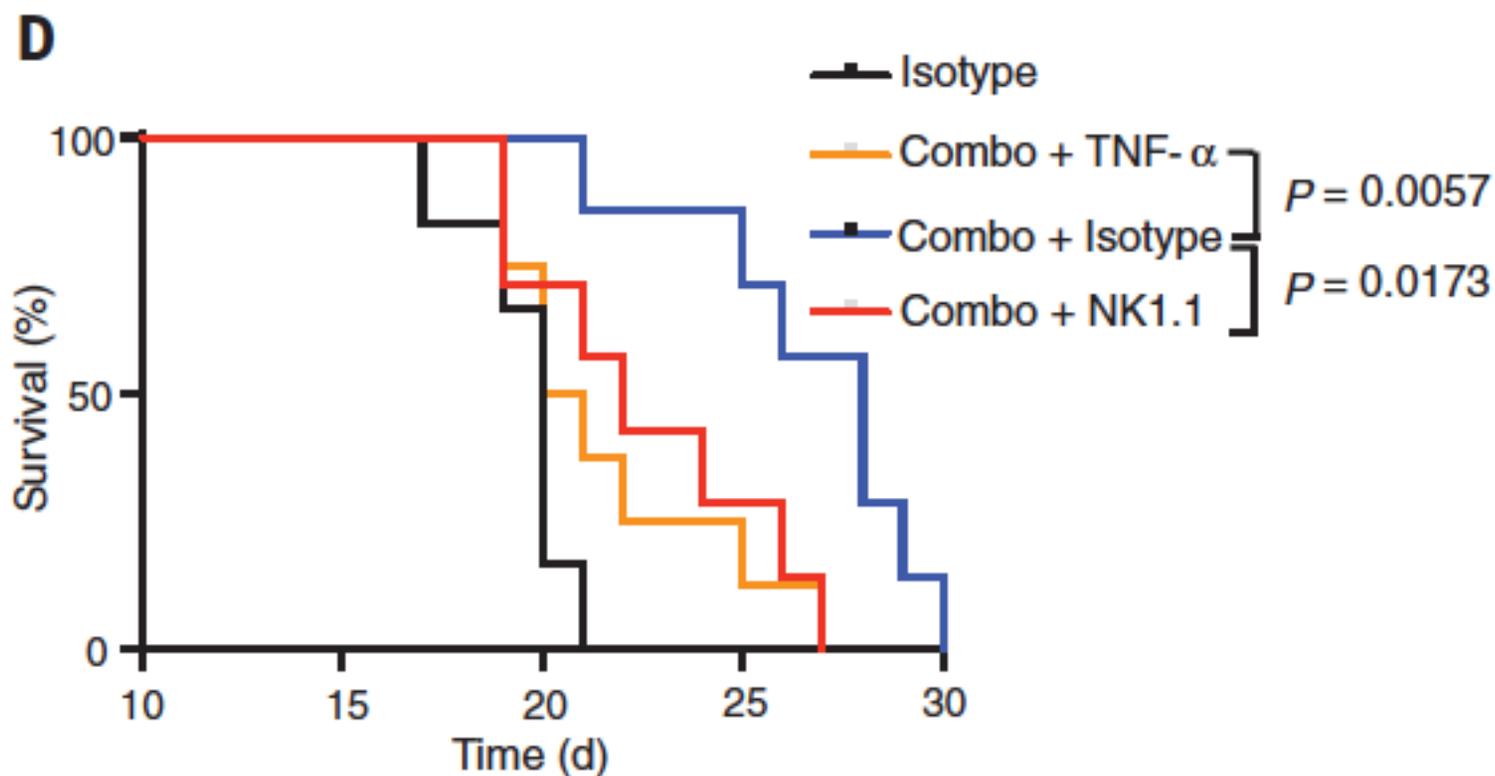
Marcus Ruscetti<sup>1\*</sup>, Josef Leibold<sup>1\*</sup>, Matthew J. Bott<sup>1\*</sup>, Myles Fennell<sup>1</sup>, Amanda Kulick<sup>2</sup>, Nelson R. Salgado<sup>1</sup>, Chi-Chao Chen<sup>1</sup>, Yu-jui Ho<sup>1</sup>, Francisco J. Sanchez-Rivera<sup>1</sup>, Judith Feucht<sup>3</sup>, Timour Baslan<sup>1</sup>, Sha Tian<sup>1</sup>, Hsuan-An Chen<sup>1</sup>, Paul B. Romesser<sup>1</sup>, John T. Poirier<sup>2,4</sup>, Charles M. Rudin<sup>2,4</sup>, Elisa de Stanchina<sup>2</sup>, Eusebio Manchado<sup>1</sup>, Charles J. Sherr<sup>5,6</sup>, Scott W. Lowe<sup>1,6</sup>†

Molecularly targeted therapies aim to obstruct cell autonomous programs required for tumor growth. We show that mitogen-activated protein kinase (MAPK) and cyclin-dependent kinase 4/6 inhibitors act in combination to suppress the proliferation of KRAS-mutant lung cancer cells while simultaneously provoking a natural killer (NK) cell surveillance program leading to tumor cell death. The drug combination, but neither agent alone, promotes retinoblastoma (RB) protein-mediated cellular senescence and activation of the immunomodulatory senescence-associated secretory phenotype (SASP). SASP components tumor necrosis factor- $\alpha$  and intercellular adhesion molecule-1 are required for NK cell surveillance of drug-treated tumor cells, which contributes to tumor regressions and prolonged survival in a KRAS-mutant lung cancer mouse model. Therefore, molecularly targeted agents capable of inducing senescence can produce tumor control through non-cell autonomous mechanisms involving NK cell surveillance.

NK cells are required for optimal chemotherapy  
(MEK and CDK4/6 inhibitors)  
in transplantable mouse KP lung tumor model



NK cell-dependent TNF is required for optimal chemotherapy (MEK and CDK4/6 inhibitors) in mouse transplantable KP lung tumor



NK cell-dependent TNF is required for optimal chemotherapy (MEK and CDK4/6 inhibitors) in mouse GEMM lung tumor model

