

# APOPTOSIS INDUCTION AND IMMUNOTHERAPY-HOW TO IMPROVE RESULTS OF IMMUNOTHERAPY

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# IMMUNOTHERAPY DEPENDS ON INDUCTION OF APOPTOSIS!

- IF WE UNDERSTAND THE RESISTANCE MECHANISMS AGAINST APOPTOSIS WE CAN TARGET THESE AND IMPROVE THE RESULTS OF IMMUNOTHERAPY

# **CELL KILLING MECHANISMS USED BY LYMPHOCYTES DEPEND ON INDUCTION OF APOPTOSIS**

## **1. Granzyme – Perforin Mediated Killing**

**CD8 CTL (CD4 CTL)**

**NK Cells and ADCC**

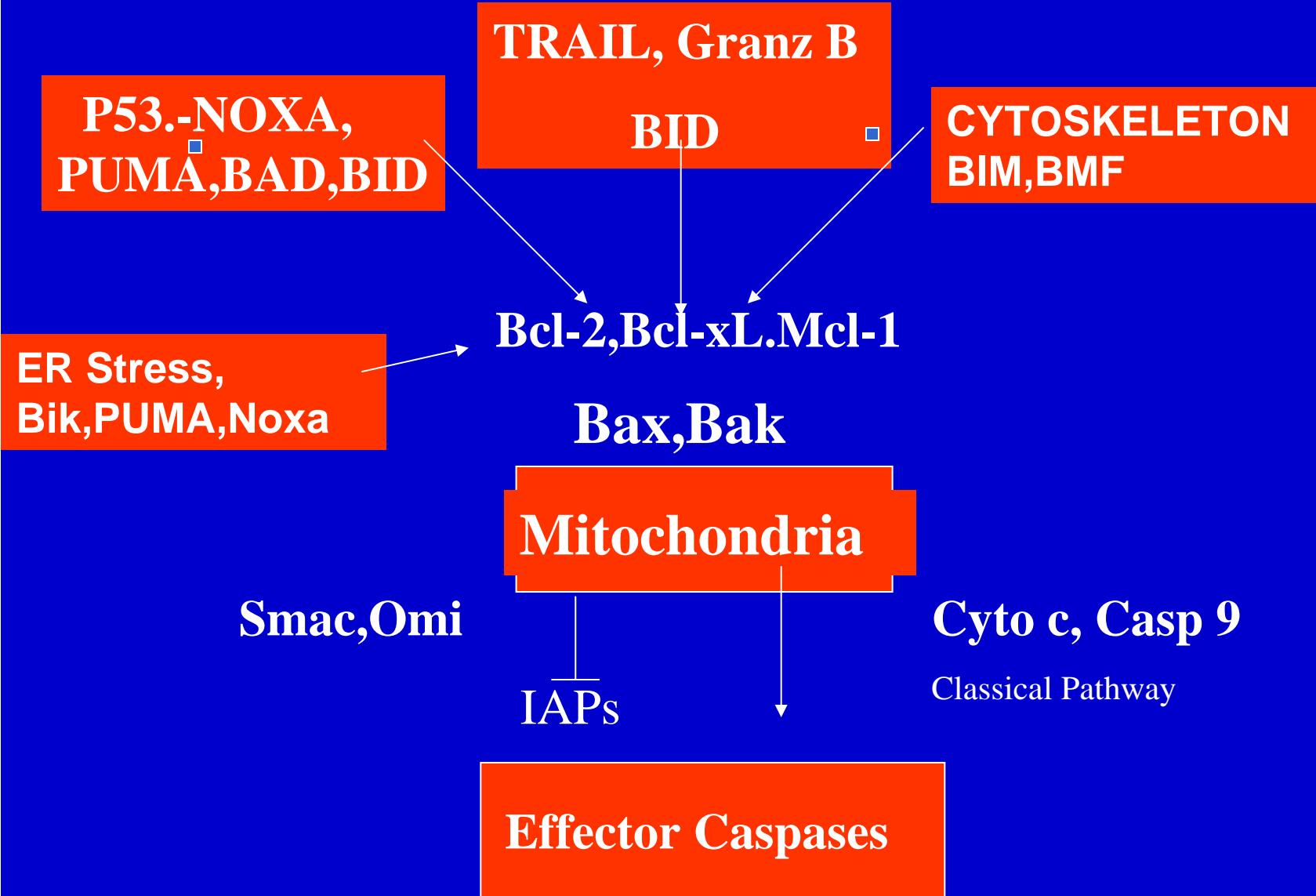
## **2. Death Ligand Mediated Killing**

**TRAIL, FasL, TNF**

**CD4 T Cells**

**Monocytes, Dendritic Cells**

# CURRENT CONCEPTS IN APOPTOSIS



# MITOCHONDRIAL PATHWAYS TO APOPTOSIS ARE REGULATED BY BCL-2 FAMILY PROTEINS

- Pro-apoptotic BH3 only damage sensor proteins (Bid, Bik, Bim, Bmf, Noxa, Puma, Bad, Hrk)
- Pro-apoptotic multidomain proteins: BAX, BAK
- Anti-apoptotic proteins: BCL-2, BCL-XL, MCL-1, Bcl-W, A1

Patient



Week



WE ALREADY HAVE AGENTS  
THAT TARGET THE ANTI  
APOPTOTIC PROTEINS!

# **Targetting Anti Apoptotic Proteins**

- Genasense against Bcl-2.
- Inhibition of production of the IAP protein Survivin YM155 (Astellas Pharm
- BH3 mimics that bind Bcl-2 proteins(Abbott ABT-737)

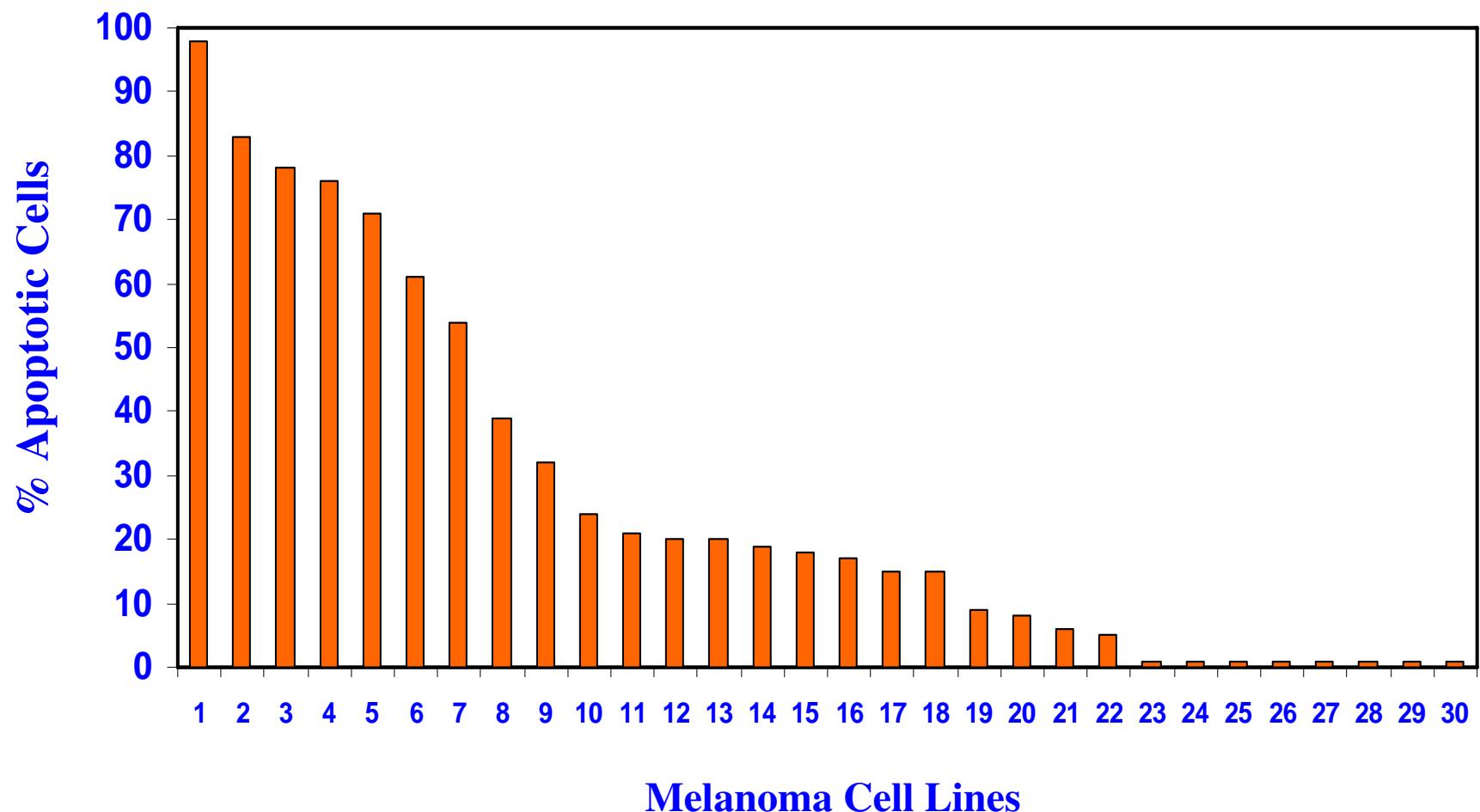
# Targetting Anti-Apoptotic Proteins

- AT-101 (**Gossypol**) Oral inhibitor of Bcl-2 Bcl-XL,Mcl-1 . Ascenta Therapeutics
- TW37- Small mw mimic of Bim that inhibits Bcl-2, Bcl-XL,Mcl-1. Univ Michigan
- Obatoclax (**GX015-070**) Small mw BH3 mimic . Inhibits Bcl-2,Bcl-XL,Mcl-1. (Gemin X)

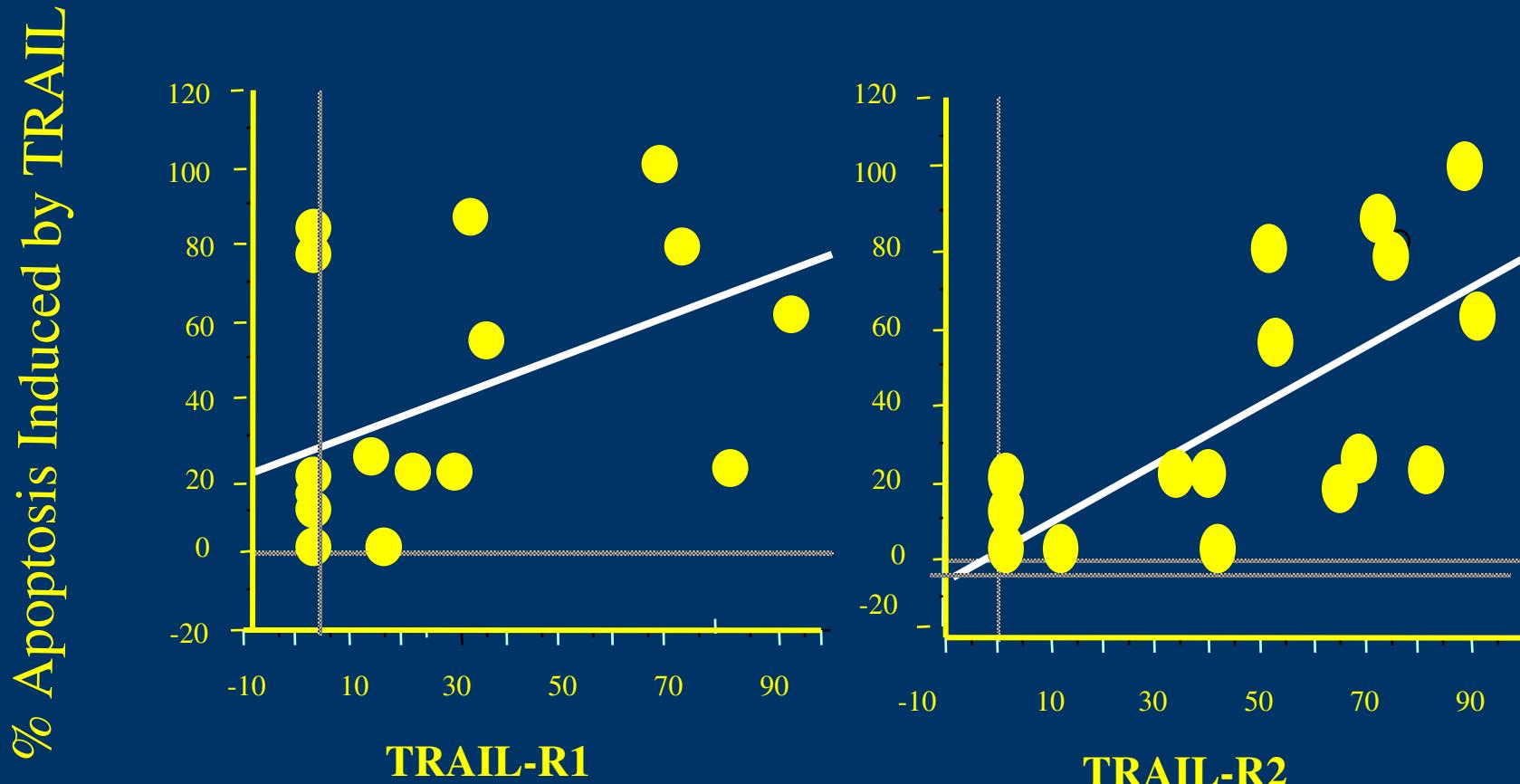
TRAIL INDUCED KILLING  
REQUIRES DEATH  
RECEPTORS!

# TRAIL Induces Apoptosis in the Majority of Melanoma Cell Lines

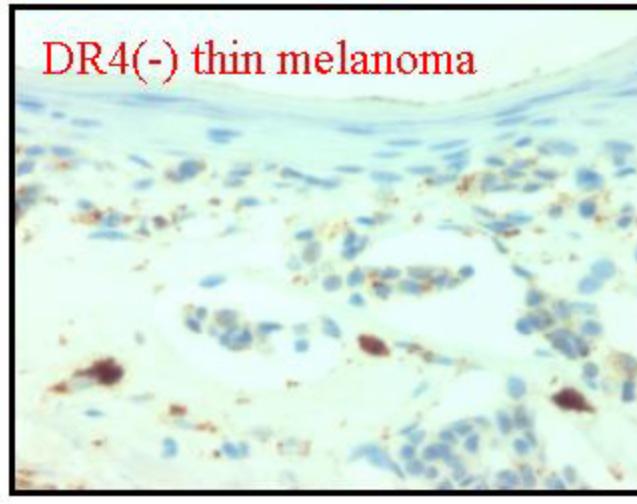
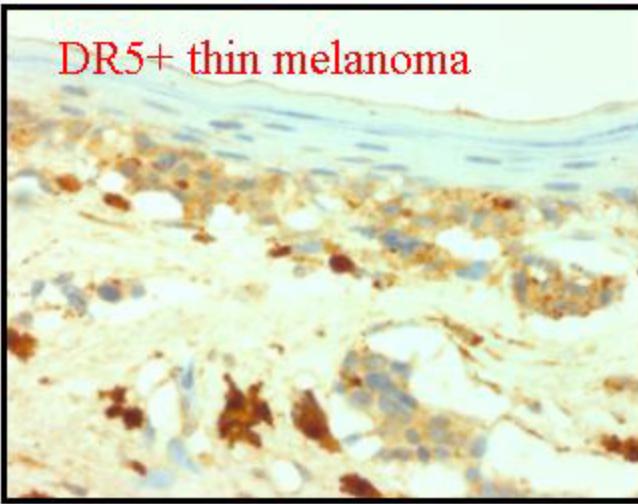
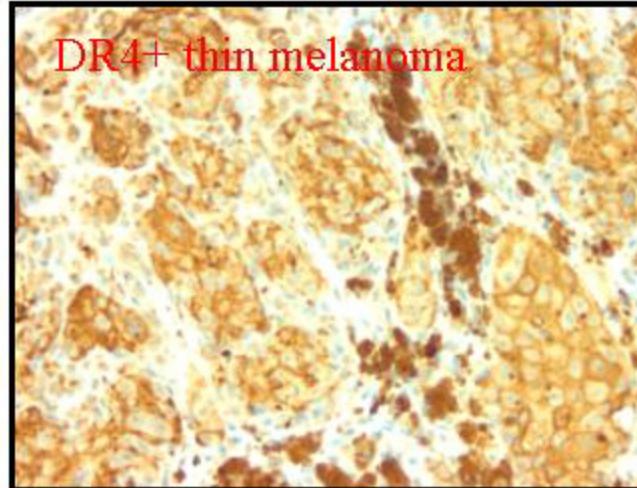
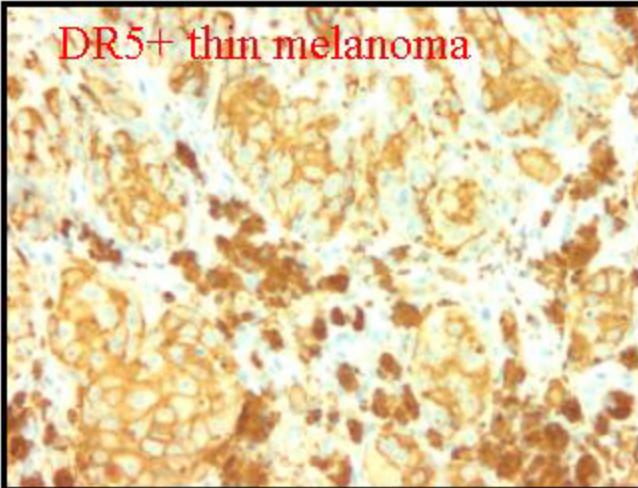
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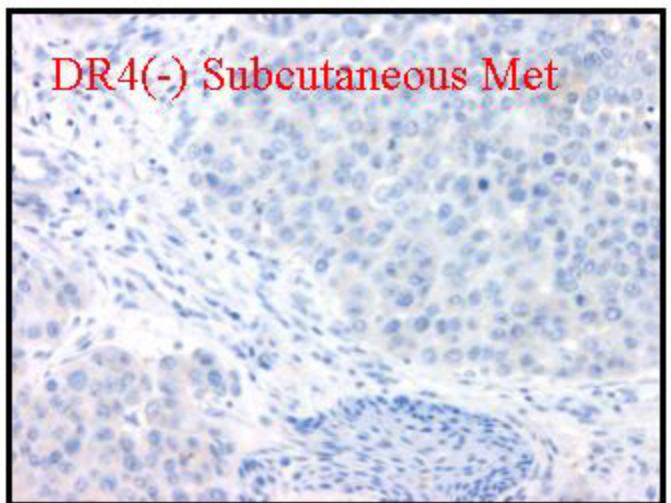
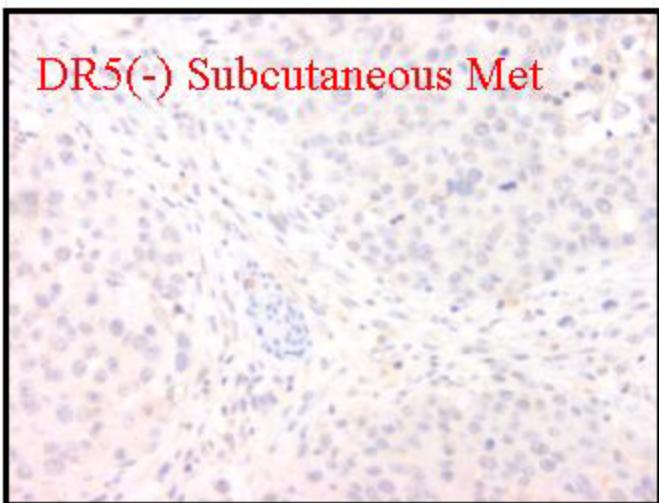
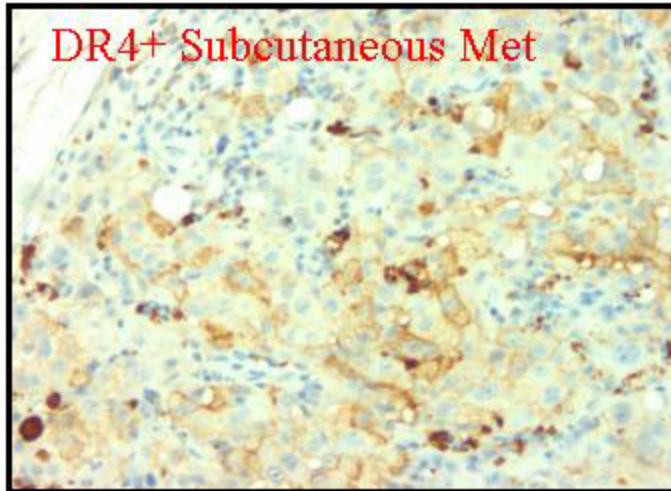
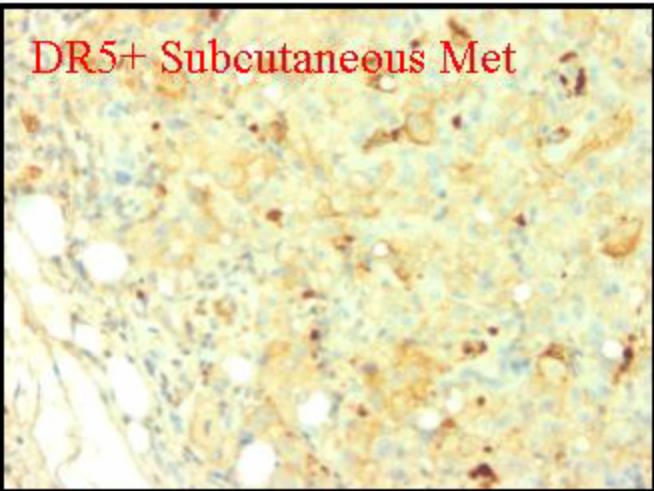
# TRAIL-R1 & R2 Expression Correlates with Degree of Apoptosis



Zhang et al. Cancer research.59:2747 1999



Zhuang et al. Human Pathology 37,1286-94 .2006

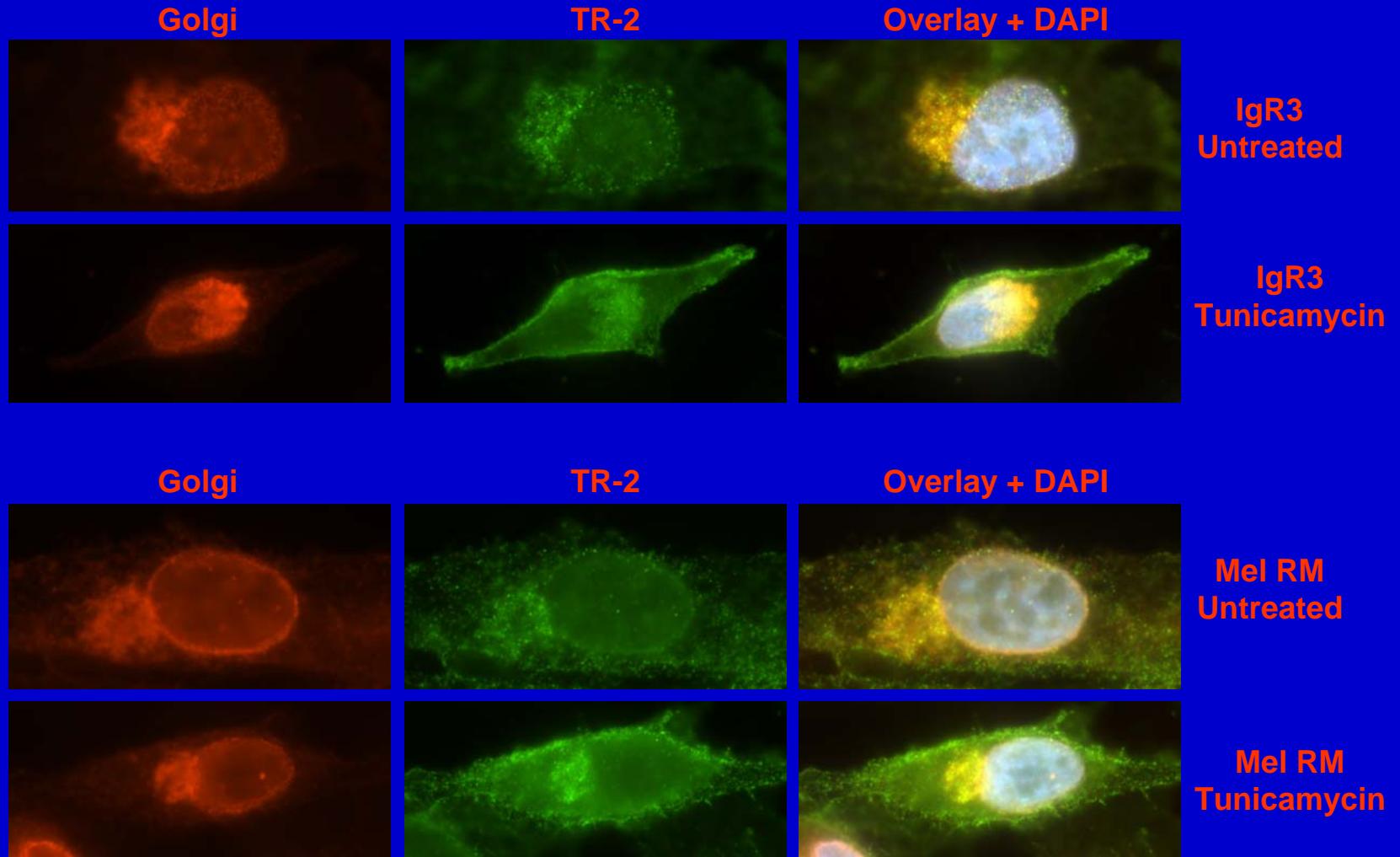


# CAN TRAIL RECEPTORS BE UPREGULATED?

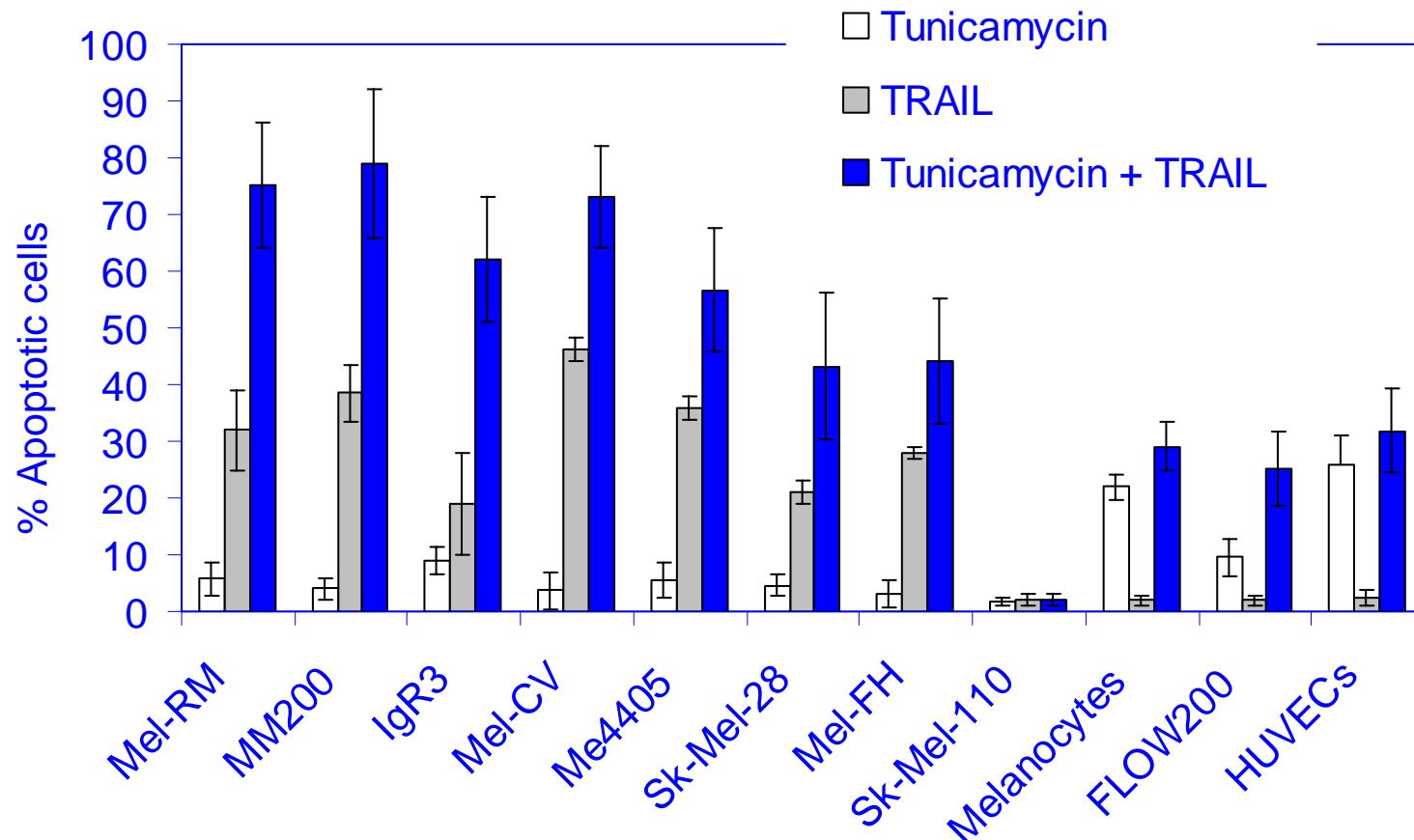
# AGENTS THAT UPREGULATE TRAIL DEATH RECEPTORS

- Tunicamycin- Glycosylation inhibitor.  
Induces ER Stress
- Cox 2 Inhibitors. Upregulates Gadd 153(CHOP)
- Dipyrimadole-nucleoside transport inhibitor  
Upregulates Gadd153
- Curcumin-Upregulates Gadd153
- Perifosine (AKT inhibitor) in some cells

# Tunicamycin selectively upregulates TRAIL-R2



# Tunicamycin sensitizes melanoma cells to TRAIL-induced apoptosis



Jiang et al Canc Res 67:5880 2007

# **STATUS OF CURRENT TRIALS WITH TRAIL (ASCO 2006,2007)**

**Genentech/Amgen.** 58 patients with various cancers. 7 with melanoma. 1 hr infusion, 5 days each 3 weeks. Well tolerated Abst3013

**HGS.** ETR2,Lexatumumab.Up to 10mg/kg each 2 weeks.31 patients Abst3012

**HGS.** ETR1,Mapatumumab. 1CR,2PR in follicular Lymphoma. Now in phase 2 studies in NHL

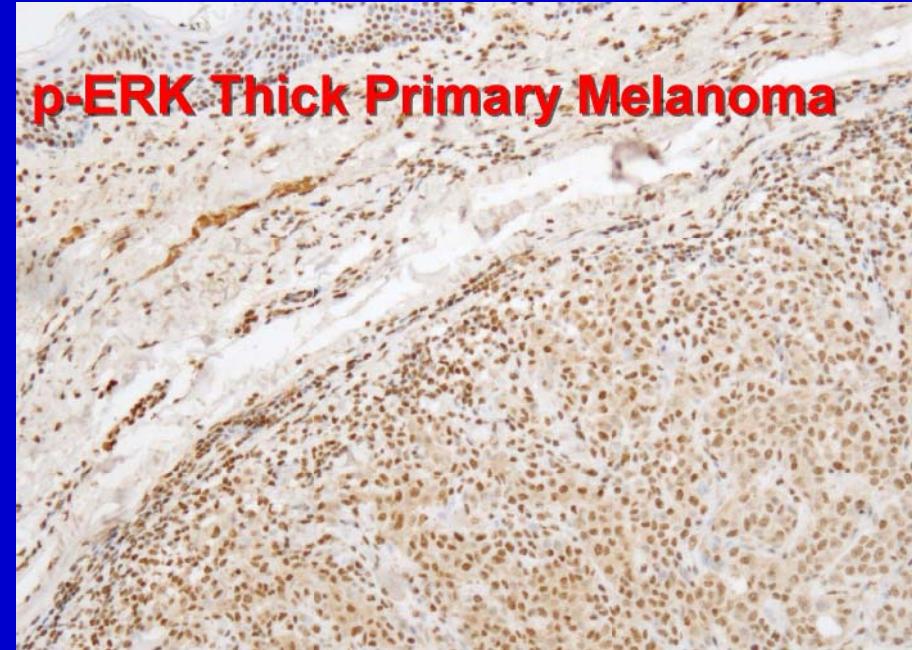
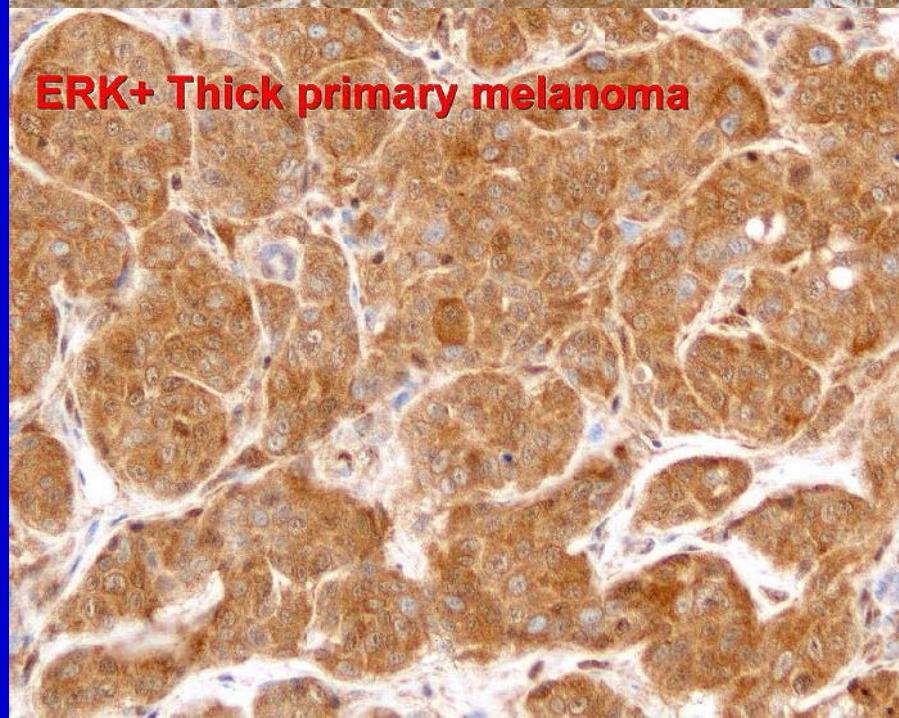
**Amgen.** AMG655 Ab.Dose finding in16 patients

IS MANIPULATION OF THE BCL-2  
FAMILY ENOUGH?

NO-THE MEK/ERK & Akt SIGNAL  
PATHWAYS SHUT DOWN  
APOPTOSIS

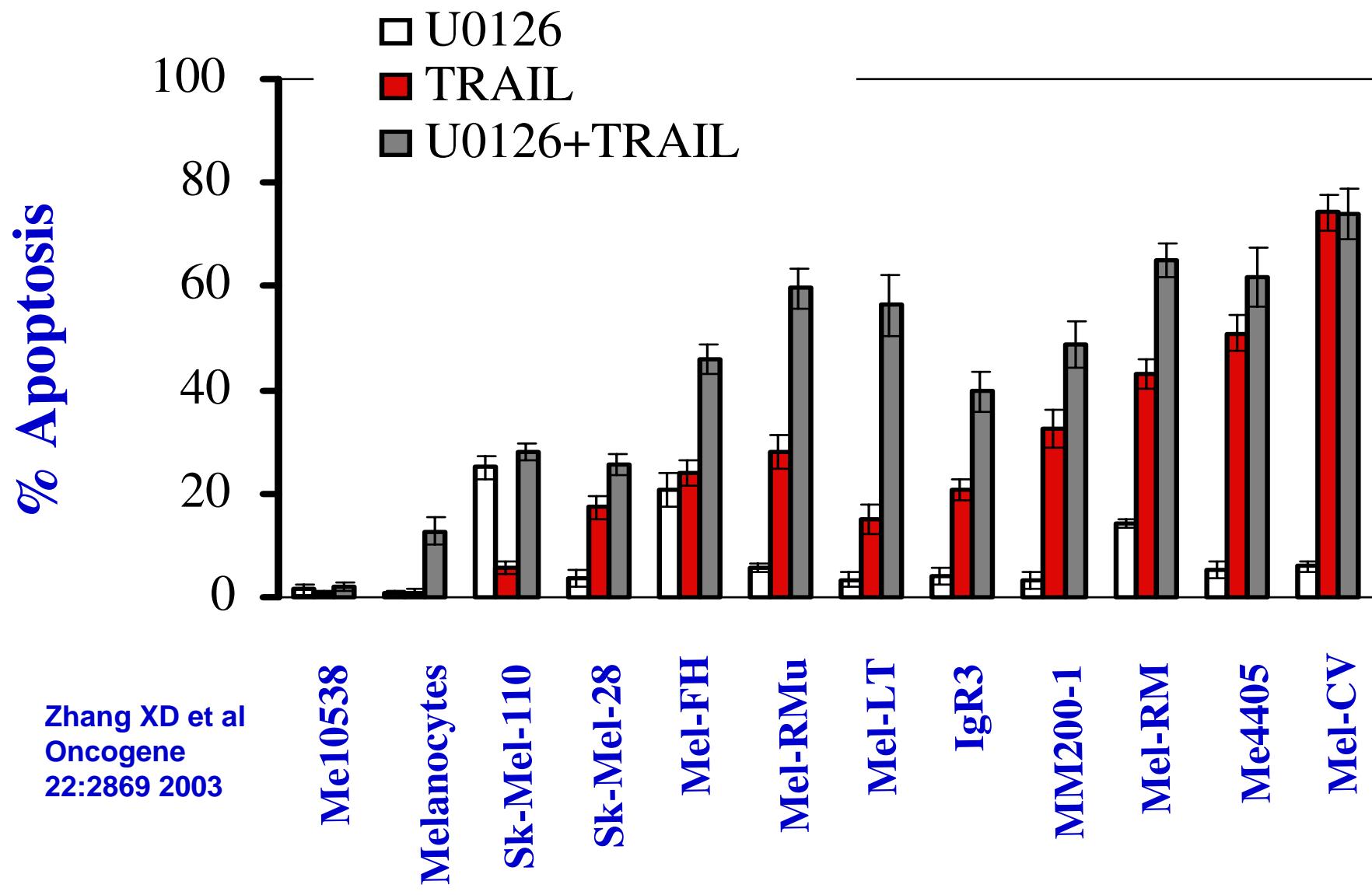
# **THE RAS/RAF/MEK/ ERK1/2 INHIBITORY PATHWAY IN MELANOMA**

- May be activated by mutations in BRAF
- Cytokines such as TRAIL, chemotherapy such as the TAXOLS
- Adhesion molecule interactions
- ER Stress
- Activation of ERK related to the PKC epsilon phenotype in Melanoma cells (Mhaidat et.al. Mol. Can Res 5:1073 2007)



**Zhuang et al J Clin  
Path 58:1163 2005**

# U0126 Sensitises Melanoma to TRAIL-Induced Apoptosis



# THE ERK1/2 PATHWAY BLOCKS APOPTOSIS AT MULTIPLE SITES

- Inhibits Bim EL by phosphorylation Ser 69
- Phosphorylates Bad
- Induces Mcl-1 (Wang et al 2007)
- Induces GRP78-(GRP78 binds Bik, casp4)
- Induces IL-8 and upregulation of ICAM
- Increases HIF-1A expression

## **ADDITIONAL WAYS THE RAS /MEK PATHWAY INHIBITS CTL ACTIVITY**

- Downregulation of Mart-1, gp100 and Tyrosinase in Melanoma (Kono et al 2006)
- MEK inhibitors decreased production of IL-10, VEGF, IL-6 from melanoma cells (Sumimoto et al 2006)
- Knockdown of BRAF reduced IL-8 and ICAM-1 expression and reduced Melanoma cell extravasation (Liang et al 2007).

WE ALREADY HAVE MANY  
AGENTS WHICH TARGET THE  
ANTI APOPTOTIC PATHWAYS

# RAF Signal Pathway Inhibitors

- **Sorafenib/Nexavar RAF/VEGFR2,3**  
Onyx/Bayer
- **KOS-953(17-AAG).Tanespimycin.**  
**Geldanomycin derivative. Hsp90 inhibitor.**  
**Raf,Akt, and others (Kosan/ Roche)**
- **Chir-265. Mutant BRAF/VEGFR2 (Novartis)**
- **PLX4032. Mutant BRAF ,Plexxicon/Roche**

# **MEK & RTK Signal Pathway Inhibitors**

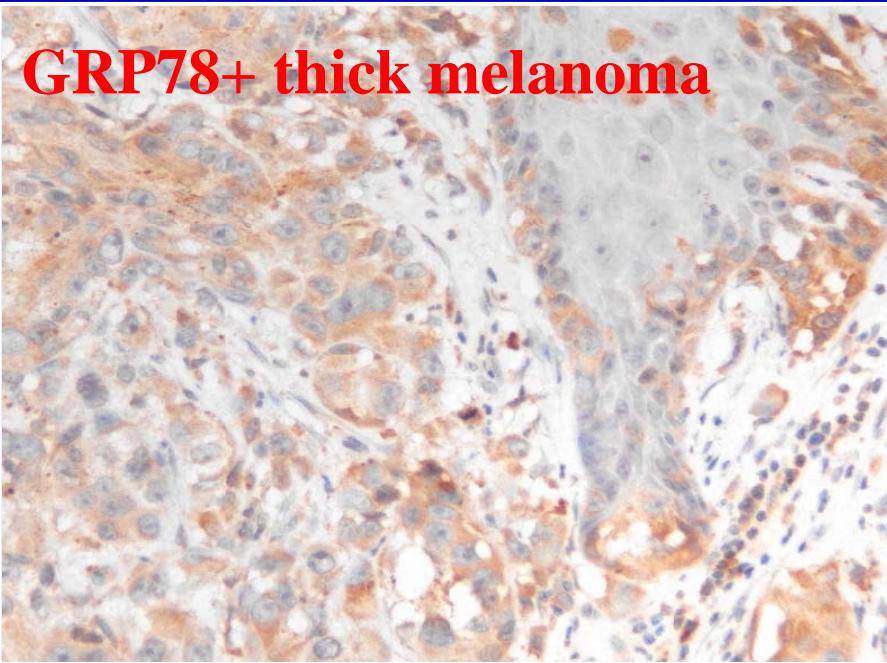
- **AZD6244, Specific MEK inhibitor (Astra Zeneca)**
- **PD0325901, MEK inhibitor (Pfizer)**
- **RTKinases, Imatinib, Sutent, Erlotinib**
- **Farnesyl transferase Inhibitors R11577**

**THE MOST IMPORTANT  
CAUSE OF FAILURE OF  
IMMUNOTHERAPY ARE  
ADAPTIVE PROCESSES IN  
CANCER CELLS AGAINST ER  
STRESS**

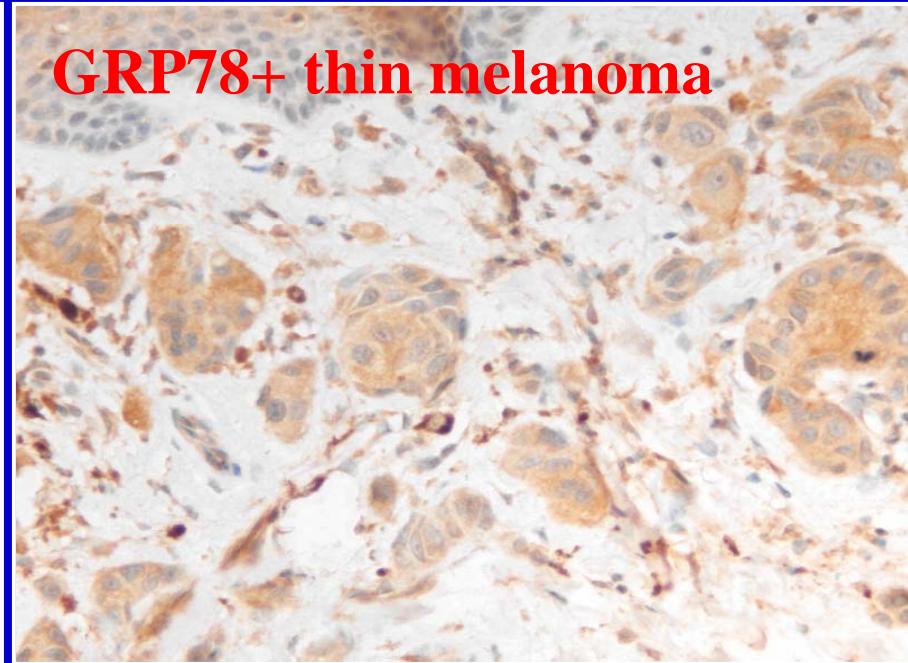


# GRP78 CHAPERONE PROTEIN EXPRESSION IS AN INDICATOR OF ER STRESS

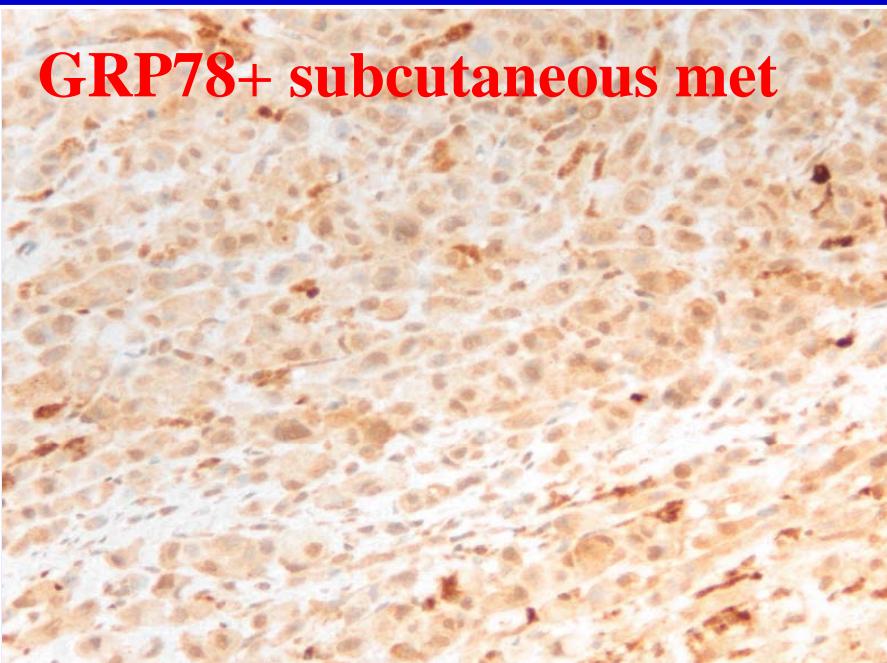
**GRP78+ thick melanoma**



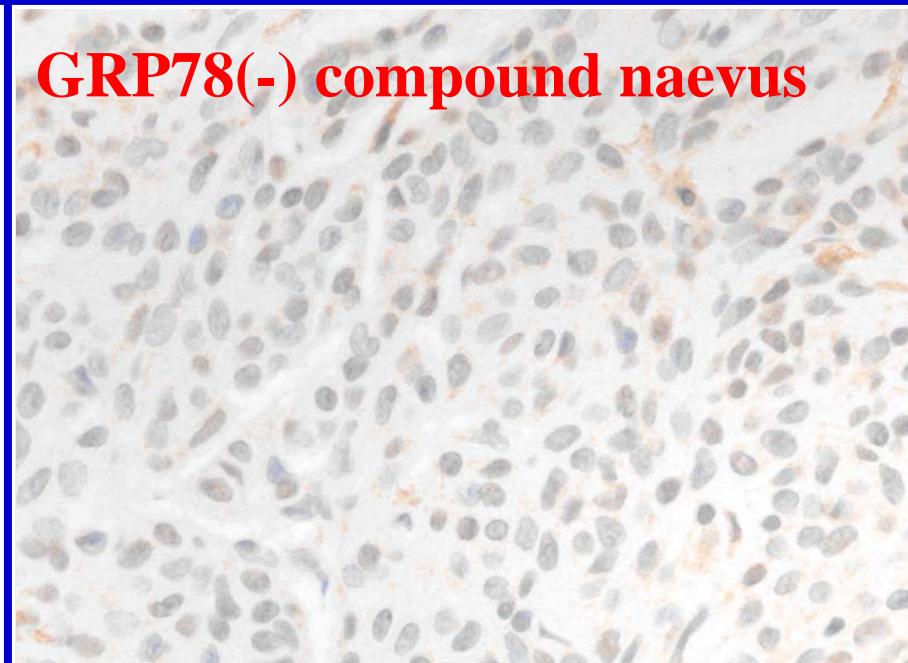
**GRP78+ thin melanoma**



**GRP78+ subcutaneous met**

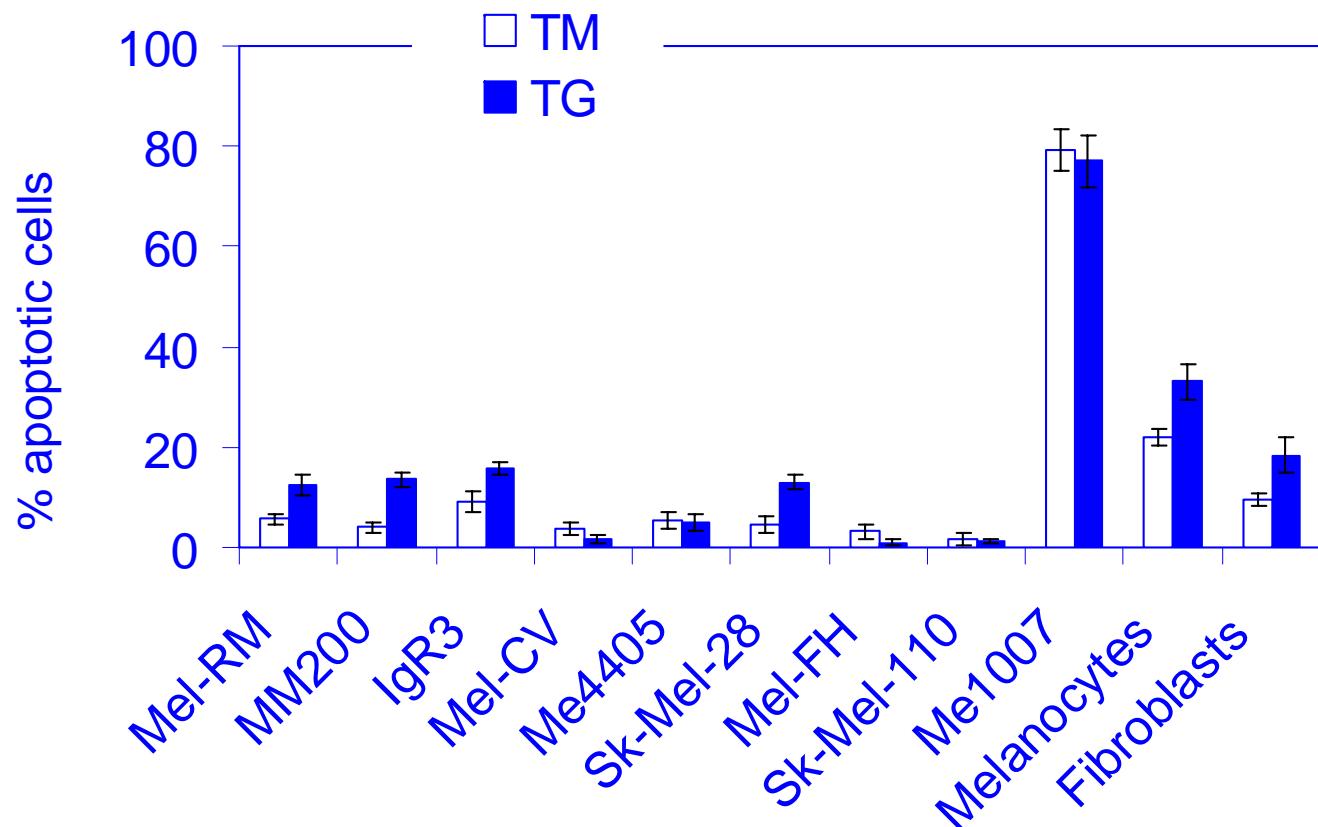


**GRP78(-) compound naevus**



## Cultured melanoma cells are relatively resistant to ER stress-induced apoptosis

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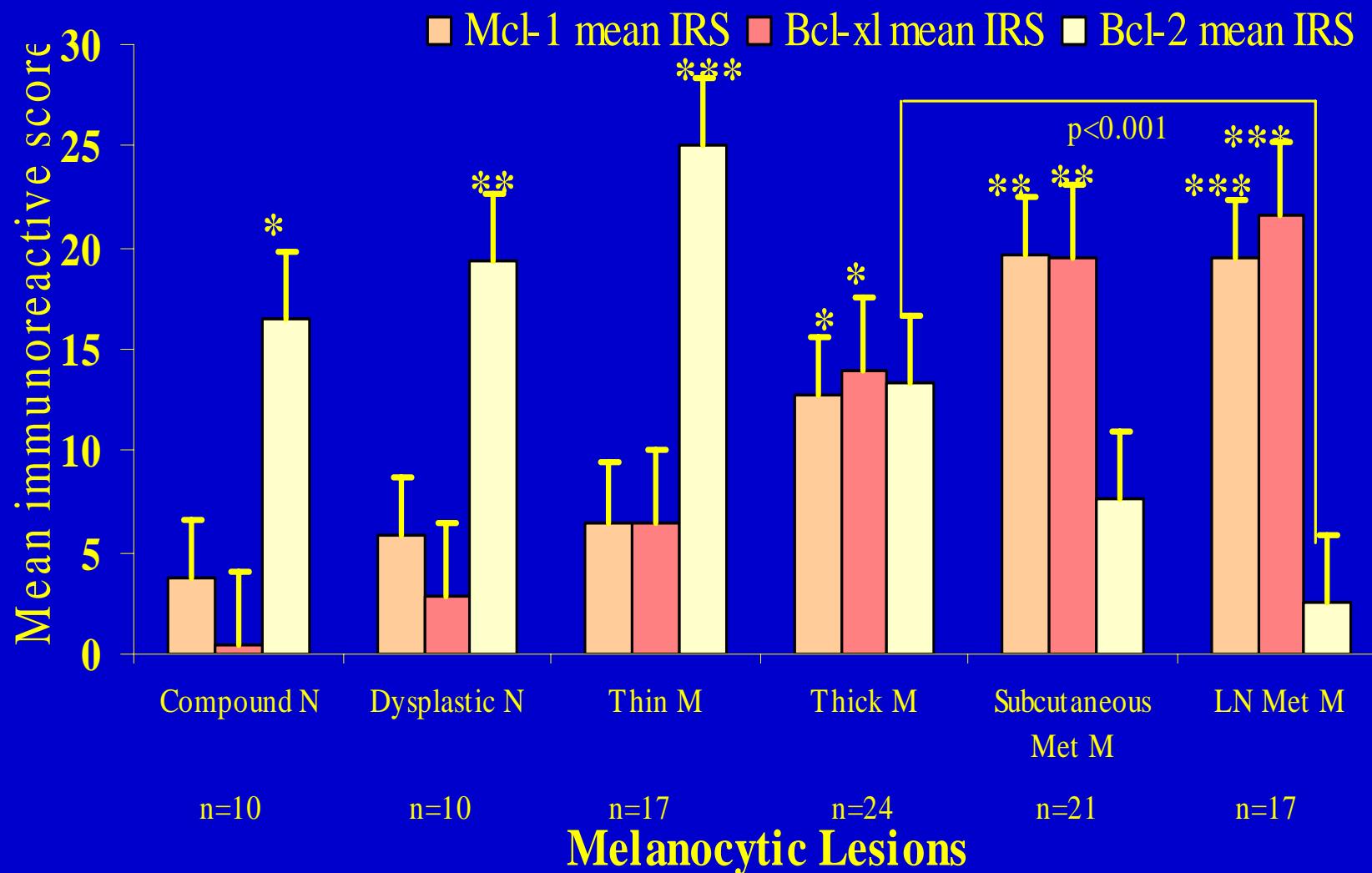


Jiang et al Canc Res  
67:9750 2007

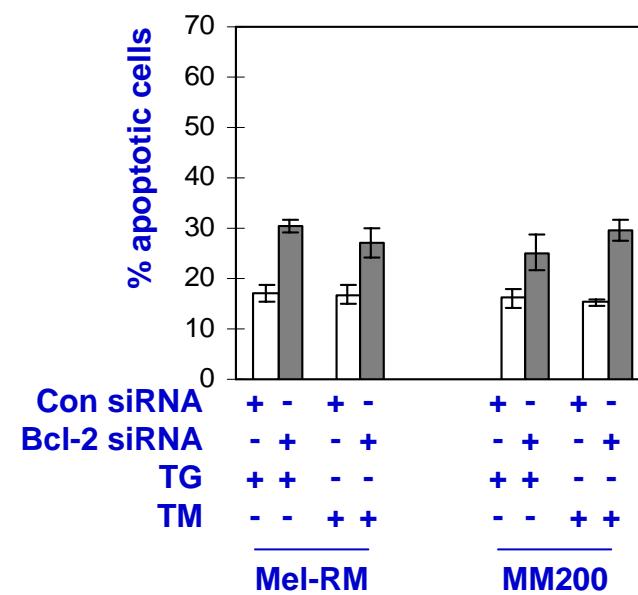
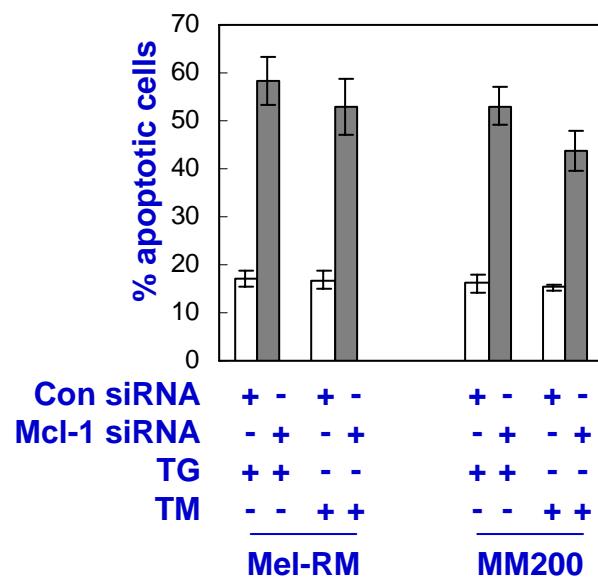
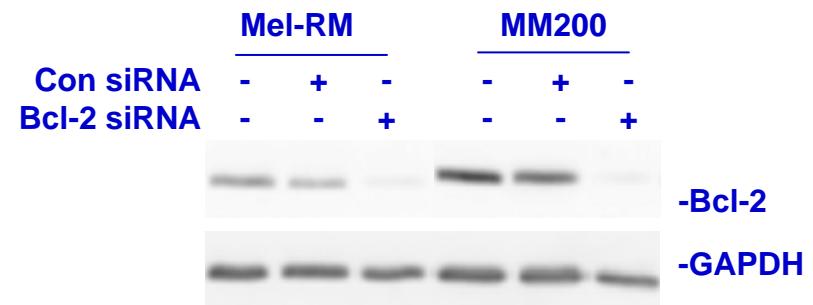
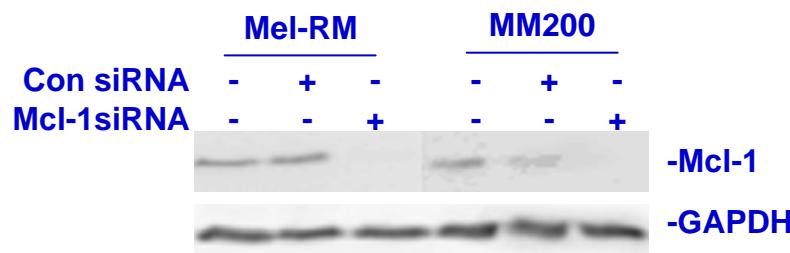
# **ER STRESS INDUCES ANTI APOPTOTIC EFFECTS**

- Upregulation of BCL-XL,Mcl-1. Down of Bcl-2
- Activation of Akt., (MEK/ERK in normal cells)
- Upregulation of GRP78
- Downregulation of p53 (via?HDM2, viaGSK3b)
- Glycolysis and acidification of the microenvironment

# Down regulation of Bcl-2 during progression of melanoma

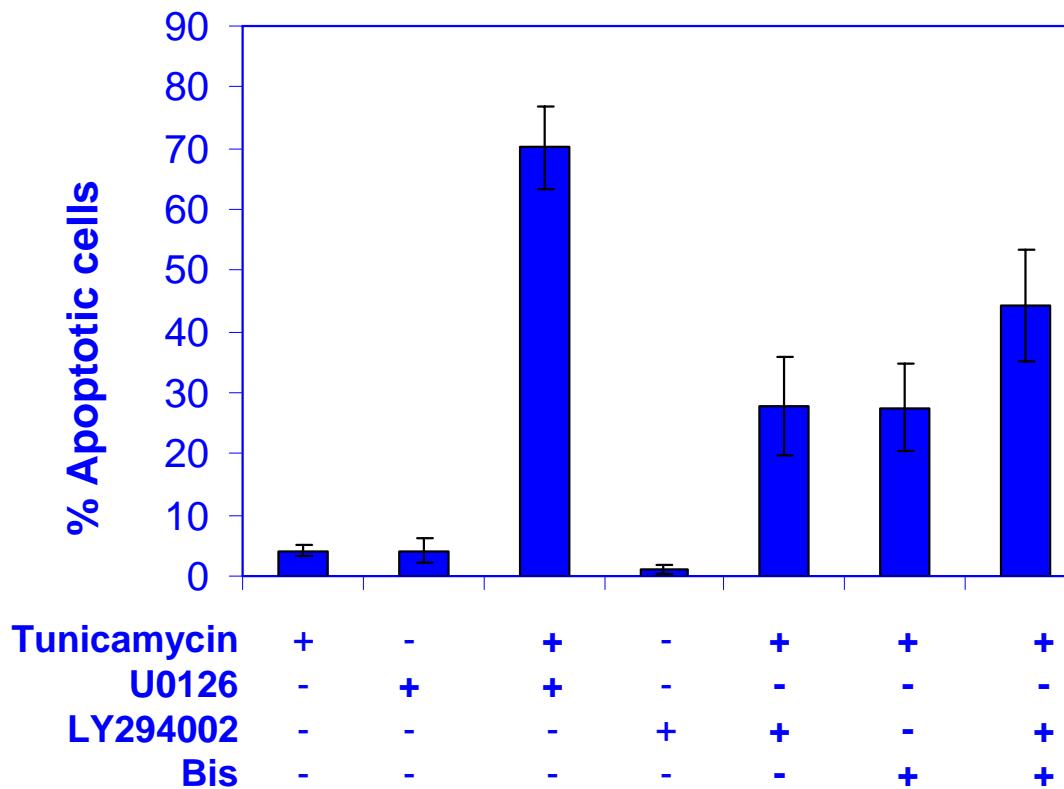


## KNOCKDOWN OF MCL-1 RATHER THAN BCL-2 IS MORE EFFECTIVE IN SENSITISING MELANOMA CELLS TO ER STRESS



## Inhibition of MEK, Akt, or PKC sensitizes melanoma cells to ER stress-induced apoptosis

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# **SHOULD WE USE ADDITIONAL AGENTS TO TARGET ER STRESS INDUCED RESISTANCE TO APOPTOSIS?**

- Agents that target HDM2 & increase p53 Eg Nutlin 3a
- Inhibitors of GSK3beta that targets S 315,376 on p53 eg DW1/2
- Inhibitors of GRP78,IRE1a eg Irestatin
- VEGF R inhibitors,eg AZD 2171,
- Proton pump inhibitors? Eg Omeprazole

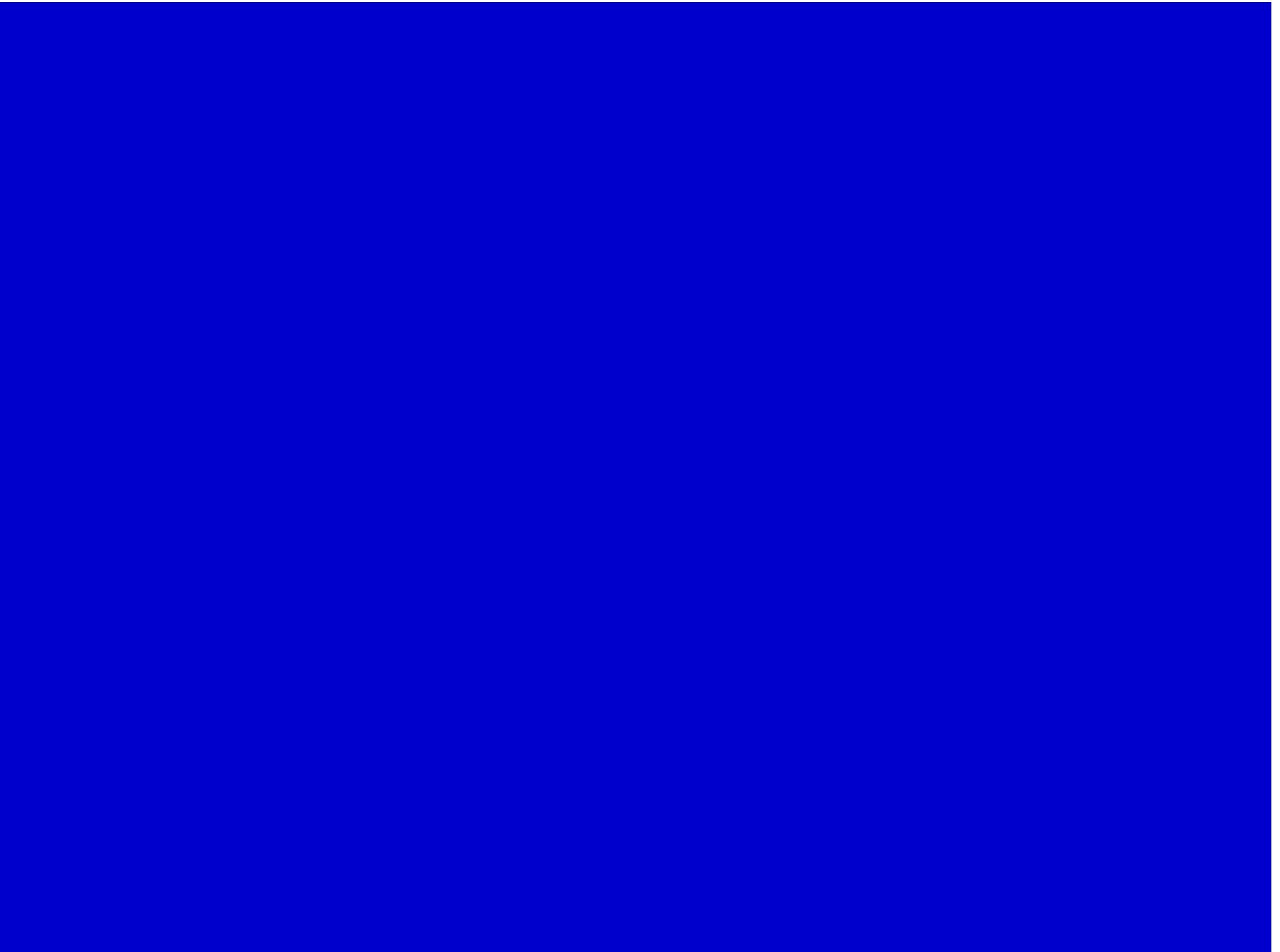
CONCLUSION - THE TUMOR HAS  
EVOLVED INHERENT  
RESISTANCE MECHANISMS  
THAT NEED TO BE INHIBITED  
BEFORE IMMUNOTHERAPY WILL  
BE EFFECTIVE



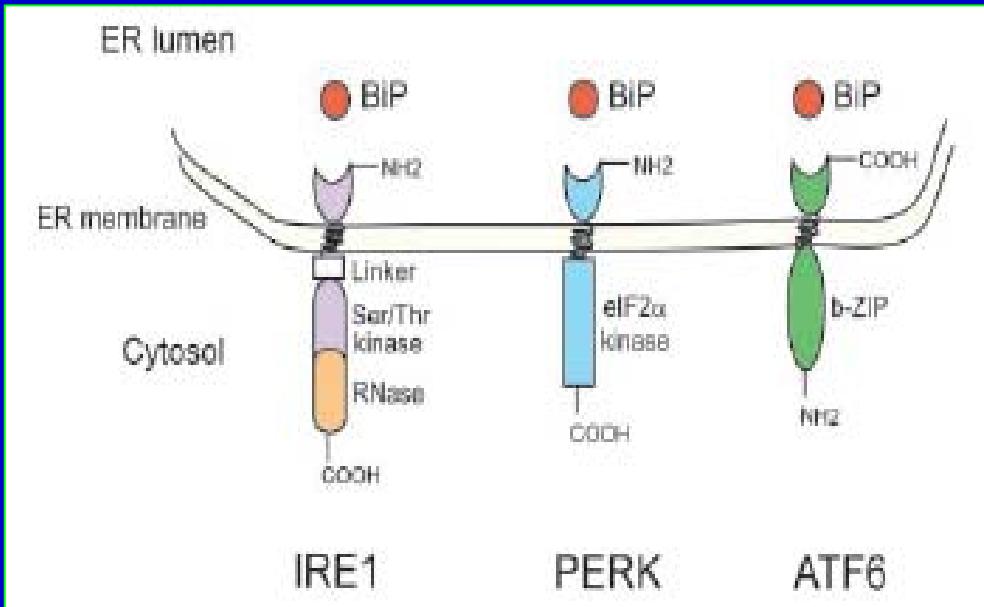
# **DOES THE WAY A CELL DIES INFLUENCE THE IMMUNE RESPONSE?**

- Necrosis said to release inflammatory mediators which stimulate NF-Kb,ERK and STAT 1,3 ,release of TNF,IL-1,IL-6, IL-8, IL-23 cytokines which can stimulate tumor growth and or induce Th17 helper T cells.
- HMGB1(High Mobility group B1) and Heat shock proteins may be key stimulators of DC maturation and immune responses ?
- Apoptosis said to be a more silent death which delivers antigens to APC without the marked release of Inflammatory mediators and no generation of CD4 Tcells.
- Resulting “Help-less” CD8 Tcells said to be tolerant and to prevent auto immune disease

CONCLUSION  
LETS HEAR WHAT THE  
PANEL SAYS!!



## How is UPR initiated?



dimerization/oligomerization of  
IRE1, PERK, and ATF6 upon  
released from Bip initiates UPR  
signaling

IRE, inositol-requiring enzyme

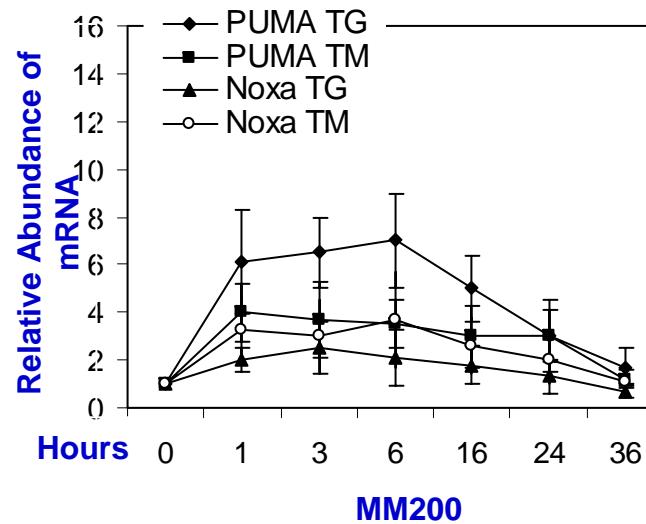
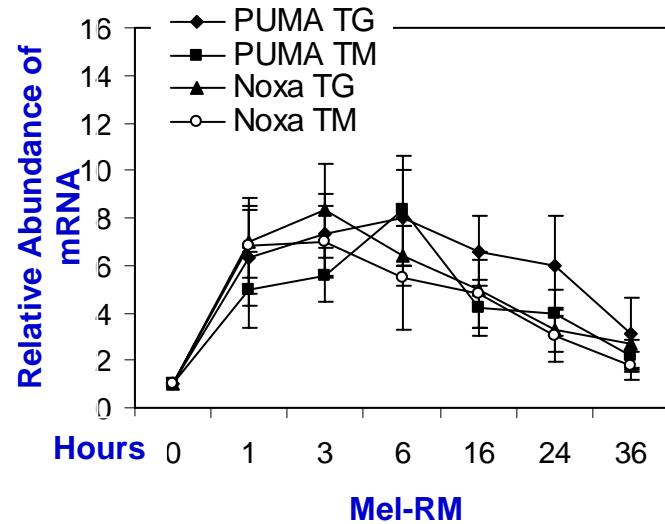
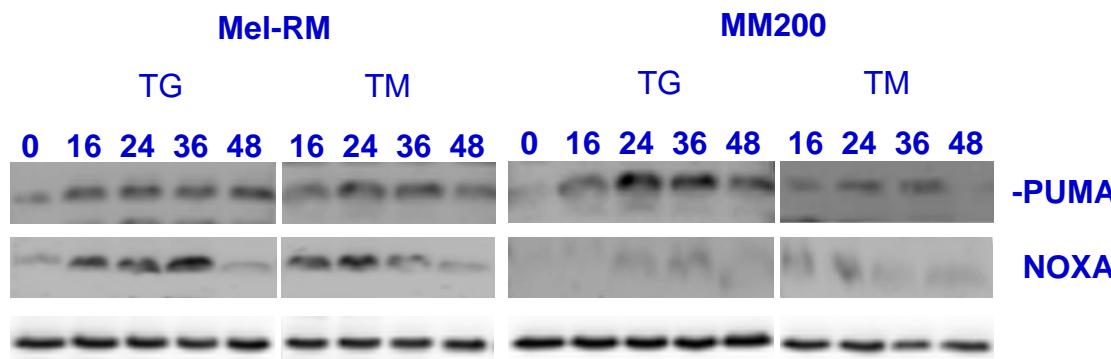
PERK, double-stranded RNA-activated protein kinase-like ER kinase

ATF, activating transcription factor

b-ZIP, basic leucine zipper

Bip, also called GRP78; GRP, glucose-regulated protein

## ER stress up-regulates the expression of pro-apoptotic proteins



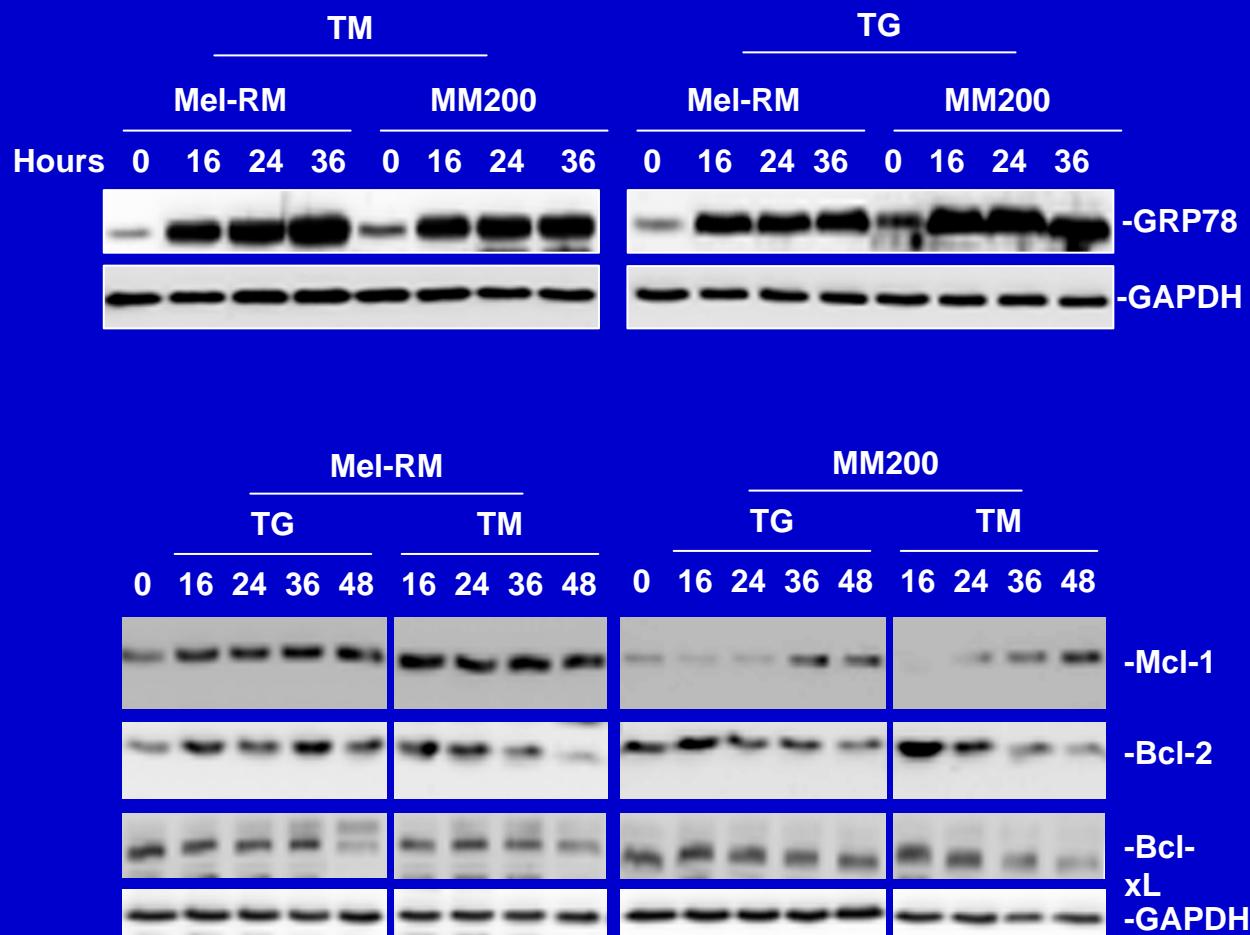
# Akt –A KEY PLAYER IN ER STRESS

- Down regulates p53 by facilitating HDM2 entry into Nucleus
- Phosphorylates FOXO and decreases its entry into nucleus &BIM transcription
- Activates NF-kB
- Inhibits GSK3beta??

# Akt related Signal Pathway inhibitors

- PI3K inhibitors-PI 103 (Workman ICR UK)
- Akt3 inhibitors- Perifosine , CMEP (Zhang Virginia)
- mTOR Inhibitor, RAD 001,CCI-779,Everolimus(Novartis)
- GSK3beta inhibitors SB216763?DW1/2
- Nutlin-3a HDM2 inhibitor

## Regulation of the expression of anti-apoptotic proteins by the ER stress inducers, TG and TM



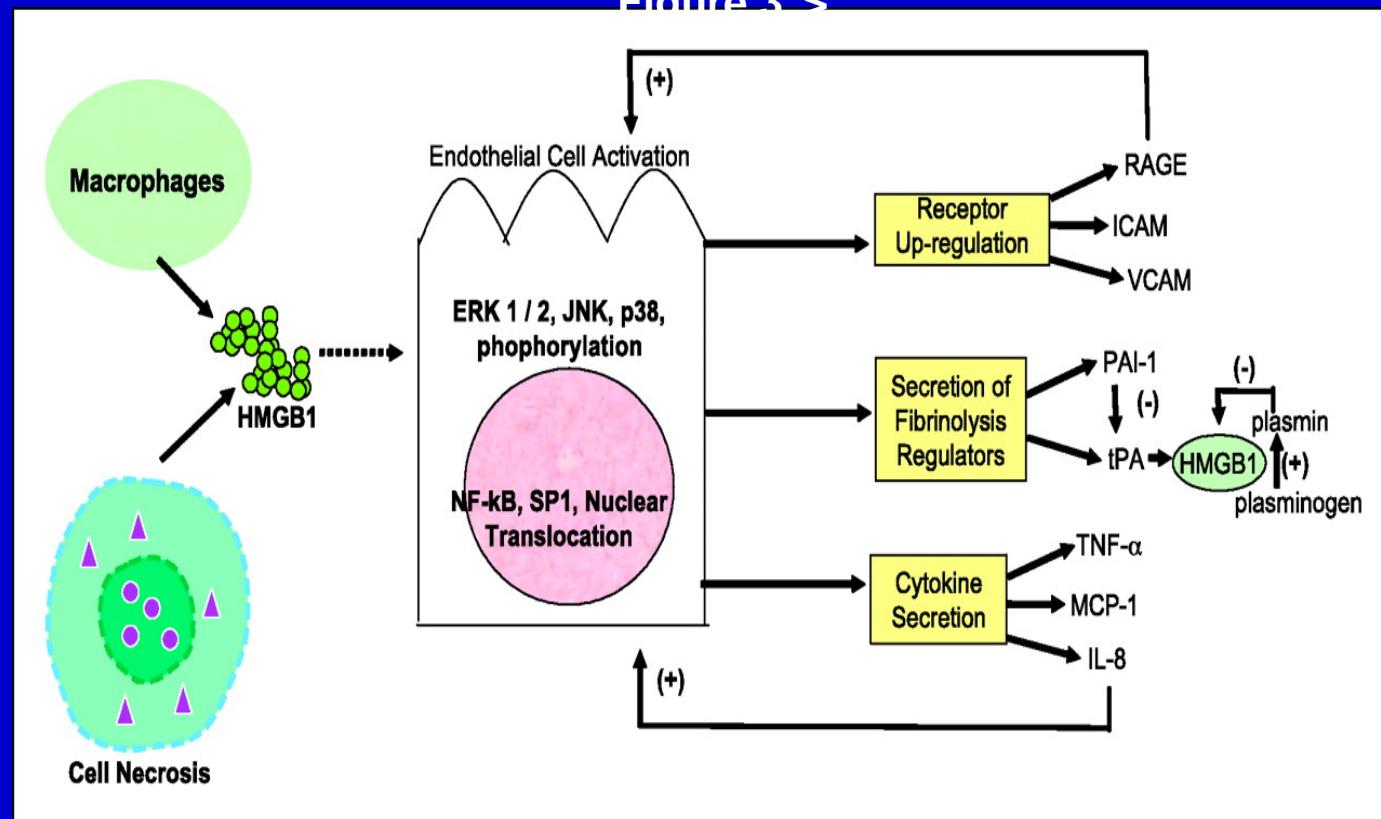
# **STRATEGY TO OVERCOME ER STRESS INDUCED RESISTANCE**

- Use signal pathway inhibitors particularly those targetting ERK1/2 and Akt pathways
- Combine with Anti apoptotic strategies.In particular agents like TW37 ,Obatoclax or ?AT101 which can bind Mcl-1
- Target metabolic pathway?Anti LDH-A,, DCA (dichloroacetate),PTK/XK, Anti VEGFR eg AZD 2171

# SUMMARY

- The immune system and ER stress are key drivers of progression and are responsible for the resistance of melanoma to treatment.
- Key roles for signal pathways ERK1/2, Akt and possibly GRP78 . Down regulation of p53 likely to be a consequence of ER stress
- Heterogeneity in the disease implies single agents unlikely to have much impact.
- We have a wealth of new agents waiting to be applied but we need better ways of selecting treatments for patient subgroups

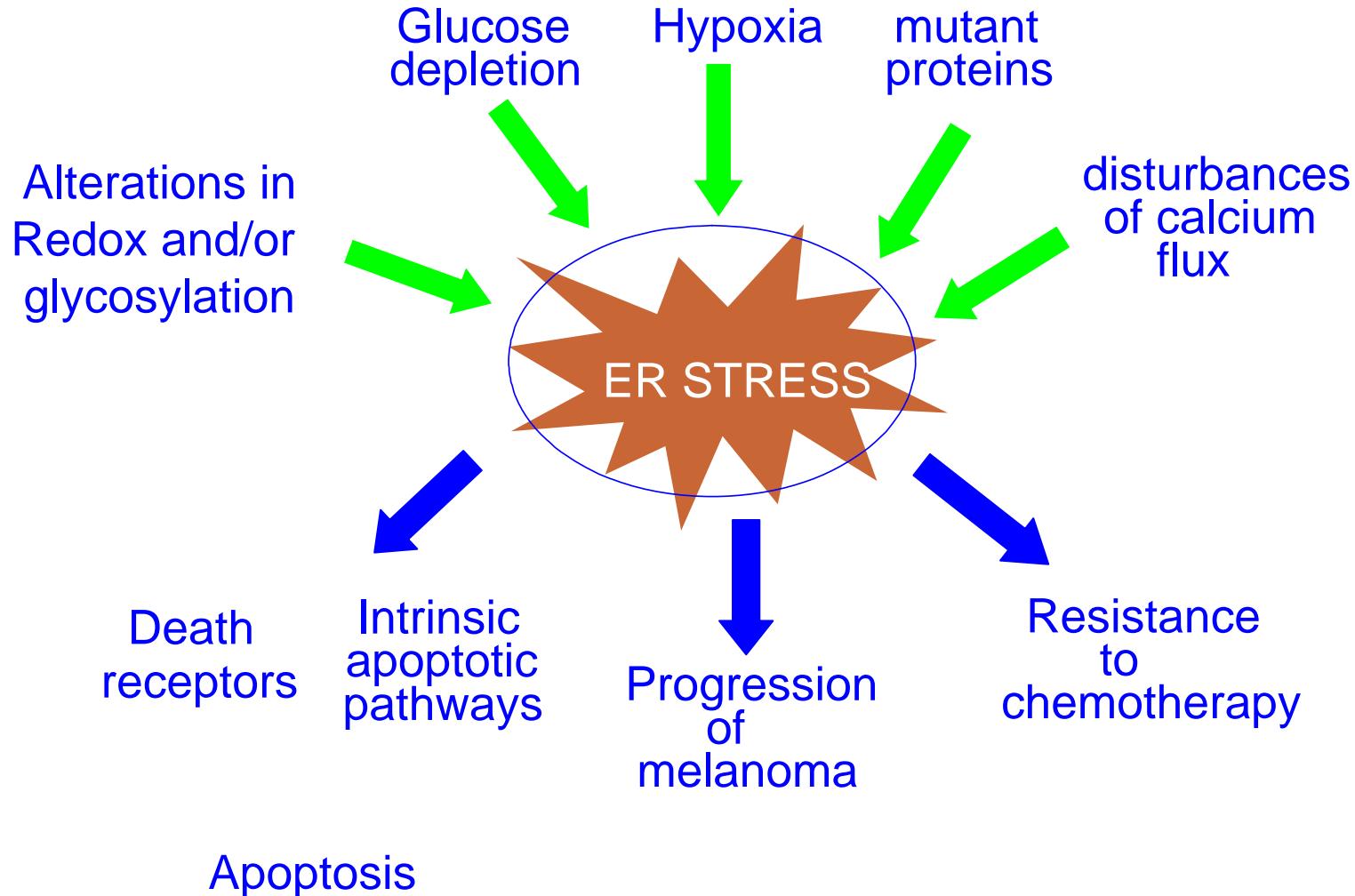
**Figure 3">**



Ellerman, J. E. et al. Clin Cancer Res 2007;13:2836-2848

# The ER stress response in melanoma: friend or foe?

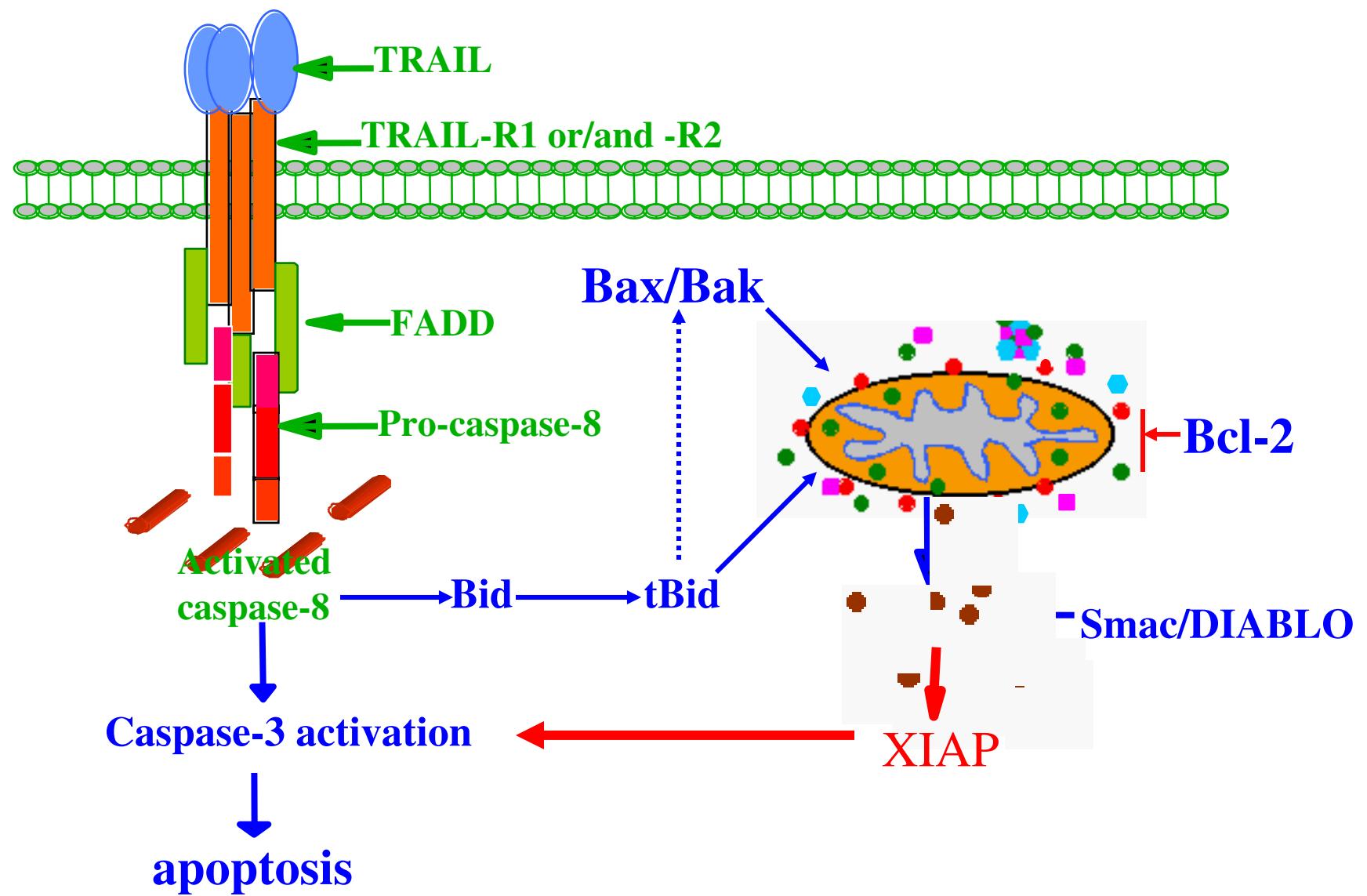
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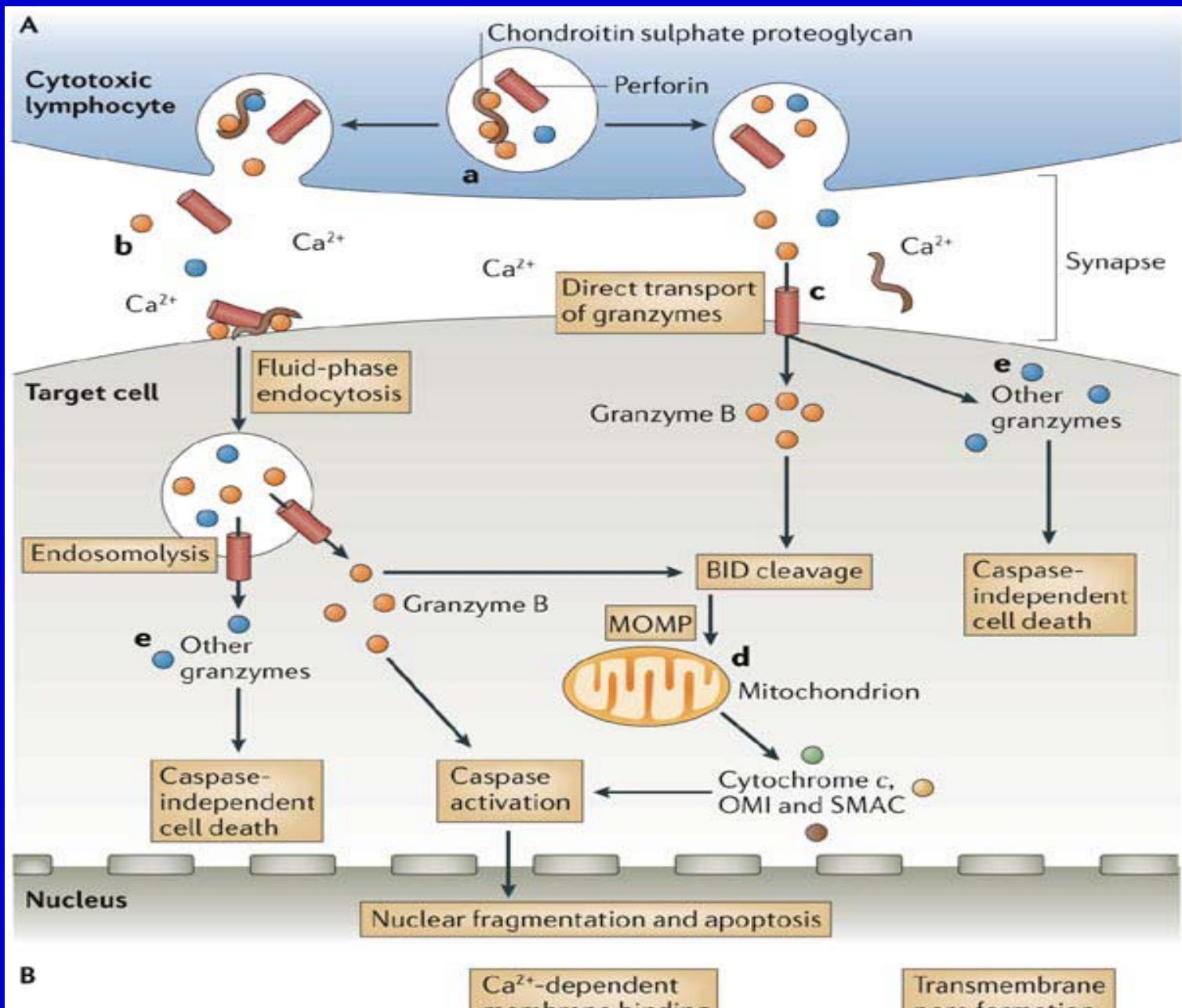


# What about the serine protease inhibitor 9 against Granzyme B?

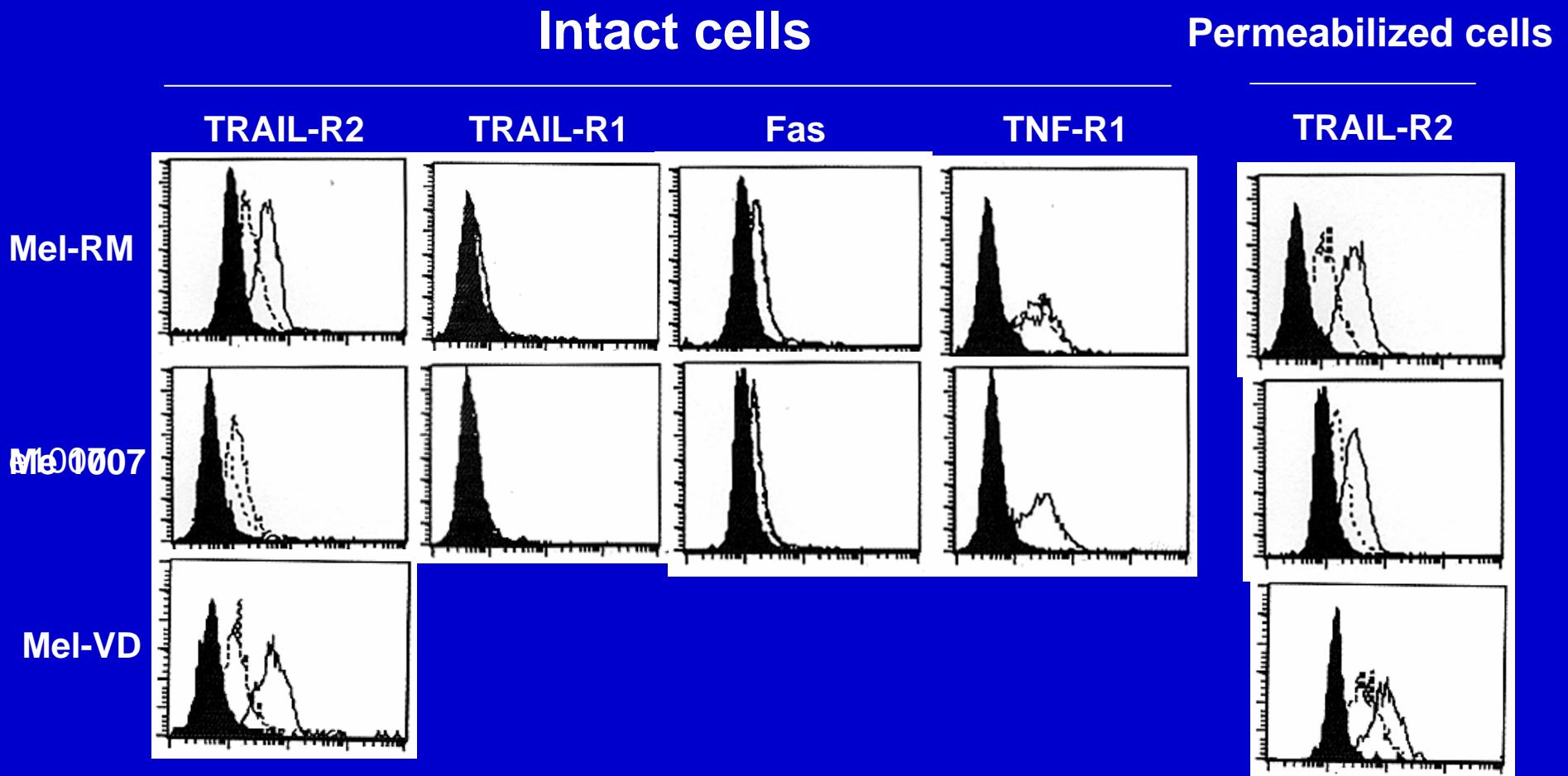
- Induced by Estrogens
- High levels in some melanoma and breast carcinoma cells

# The TRAIL-Induced Apoptotic Pathway in Melanoma Cells





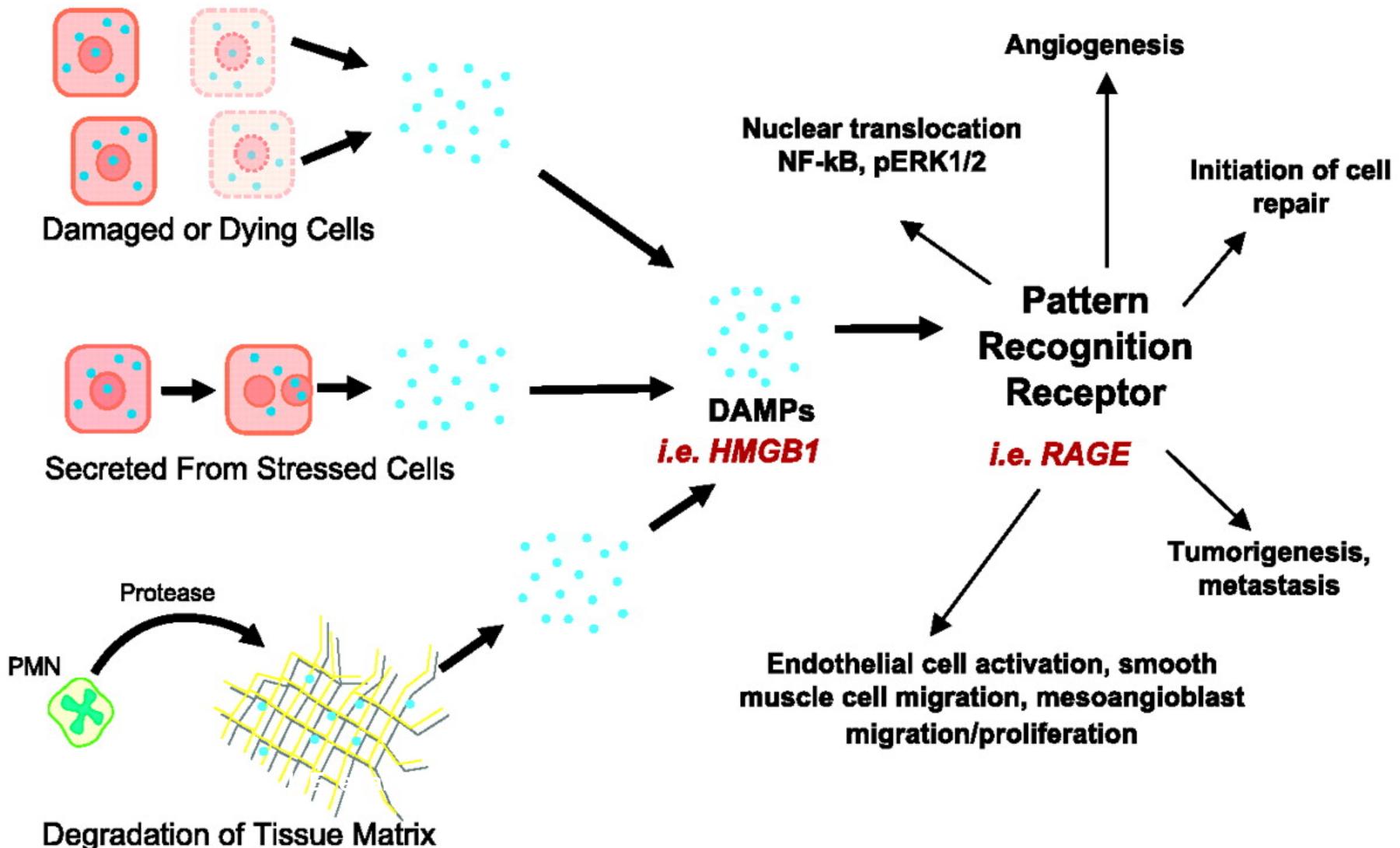
# TUNICAMYCIN SELECTIVELY UPREGULATES TRAIL-R2



Jiang et al Cancer Research In press, 2007

Intact or permeabilized melanoma cells without (dotted lines) or with (solid lines) treatment with tunicamycin for 16 hours. were stained with mAB against TRAIL-R2, Fas, or TNF-R1 and analyzed by flow cytometry. The filled histograms are isotype controls.

## Mode of Cell Death Is Important for Immune Cell Recruitment and Activation



# **INHIBITOR OF APOPTOSIS PROTEINS (IAPs) IN MELANOMA**

- XIAP, IAP1,2, ML-IAP
- XIAP BINDS TO ACTIVATED CASPASE 3,6,7 & INHIBITS ACTIVATION OF CASPASE 9.
- IAP1&2 MAY HAVE AN INDIRECT EFFECT UPSTREAM OF CASPASE 8