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**CHICAGO**  
MEDICINE

# **Immunology 101**

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# Disclosures

- I served as a consultant on Advisory Boards for Merck and Seattle Genetics.
- I will discuss non-FDA-approved therapies for cancer



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# Outline

- Innate and adaptive immune systems – brief intro
- How immune responses against cancer are generated
- Cancer antigens in the era of cancer exome sequencing
- Dendritic cells
- T cells
- Cancer immune evasion
- Cancer immunotherapies – brief intro



# The immune system

- Evolved to provide protection against invasive pathogens
- Consists of a variety of cells and proteins whose purpose is to generate immune responses against micro-organisms
- The immune system is “educated” to attack foreign invaders, but at the same time, leave healthy, self-tissues unharmed
- The immune system can sometimes recognize and kill cancer cells
- 2 main branches
  - Innate immune system – Initial responders
  - Adaptive immune system – Tailored attack

# The immune system – a division of labor

## Innate immune system

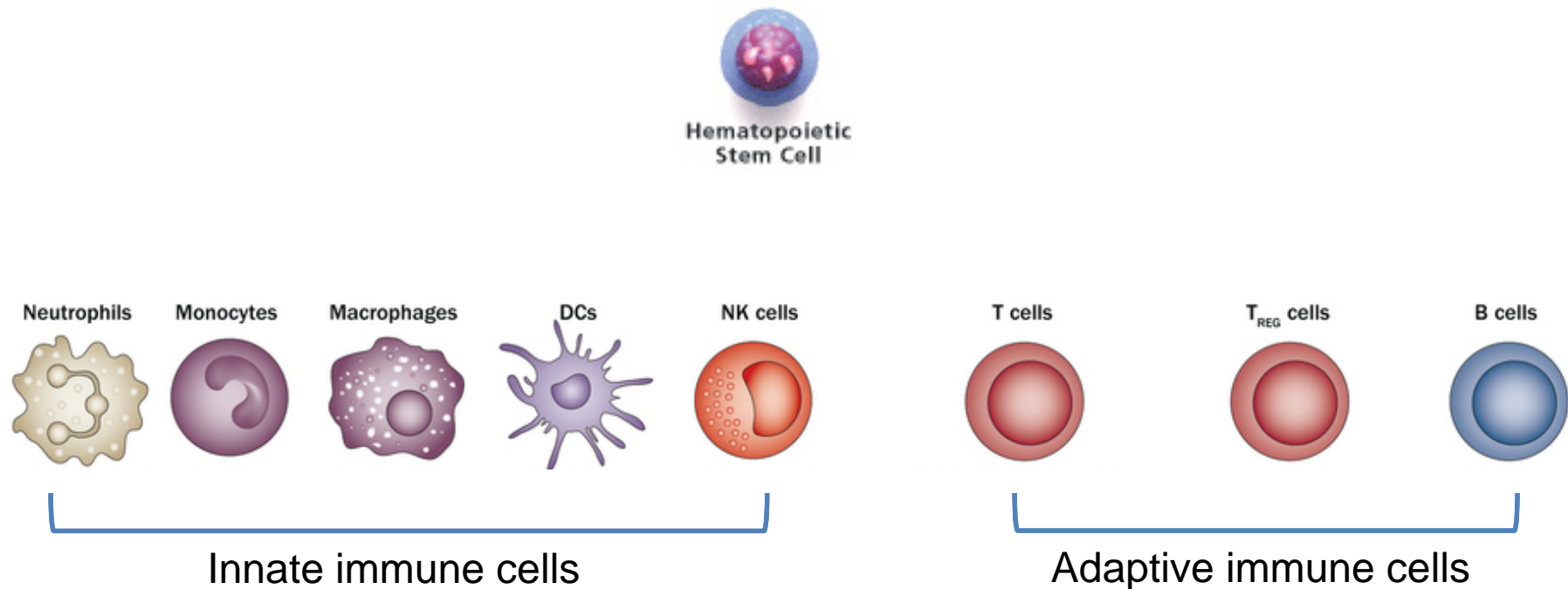
- Initial recognition of non-self (i.e. infection, cancer)
- Comprised of cells (granulocytes, monocytes, dendritic cells and NK cells) and proteins (complement)
- Recognizes non-self via receptors that “see” microbial structures (cell wall components, DNA, RNA)
  - Pattern recognition receptors (PRRs)
- Necessary for priming adaptive immune responses

# The immune system – a division of labor

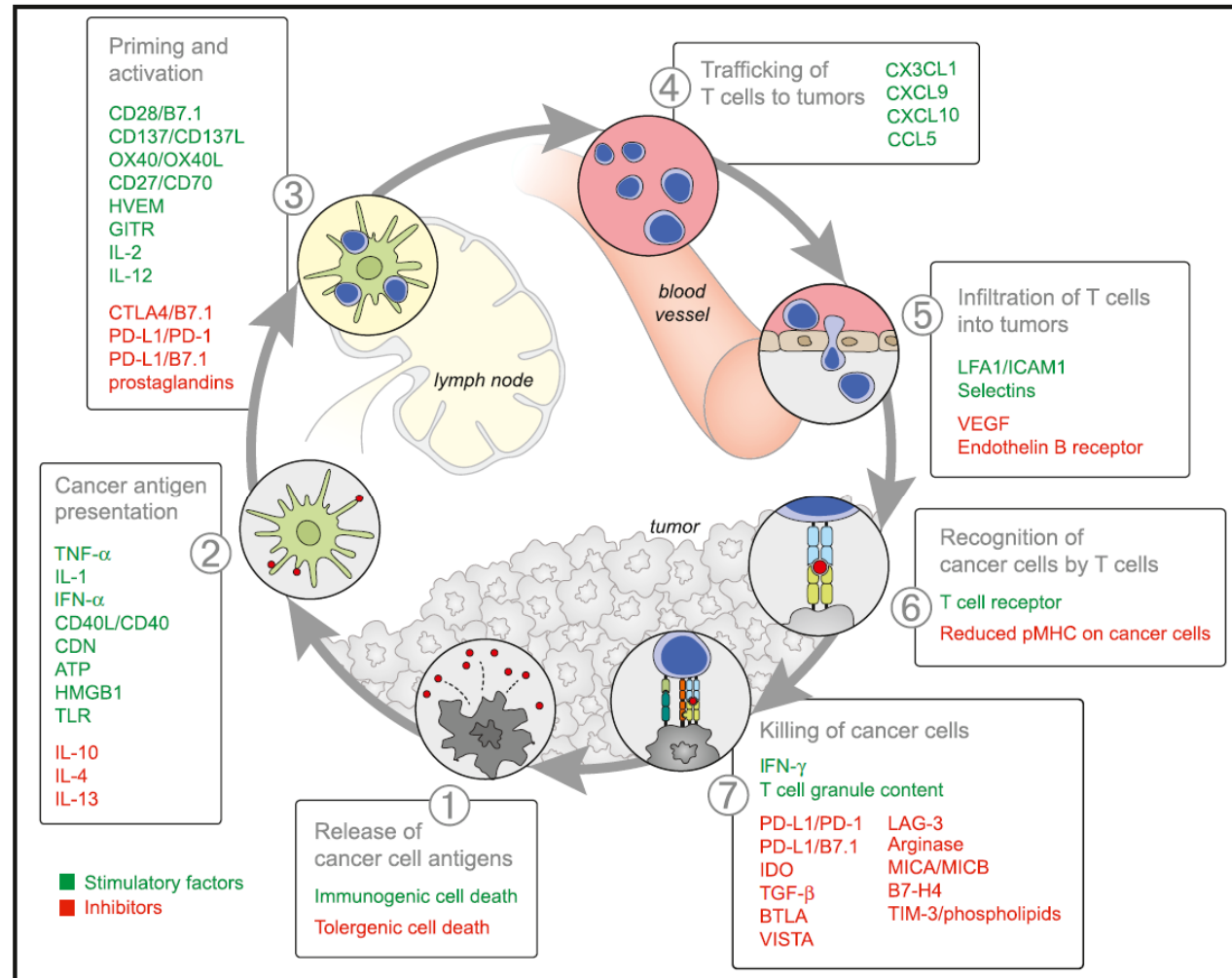
## Adaptive immune system

- Provides nearly unlimited diversity of receptors to protect the host from infection
- B cells and T cells
- Have unique receptors generated during development
  - B cells produce antibodies which help fight infection
  - T cells patrol for infected or cancerous cells
    - Recognize “foreign” or abnormal proteins on the cell surface
  - 100,000,000 unique T cells are present in all of us
- Retains “memory” against infections and in some cases, cancer.

# Immune cells develop in the bone marrow



# Generating an immune response against cancer





## How are cancer cells seen as “abnormal” by the immune system?

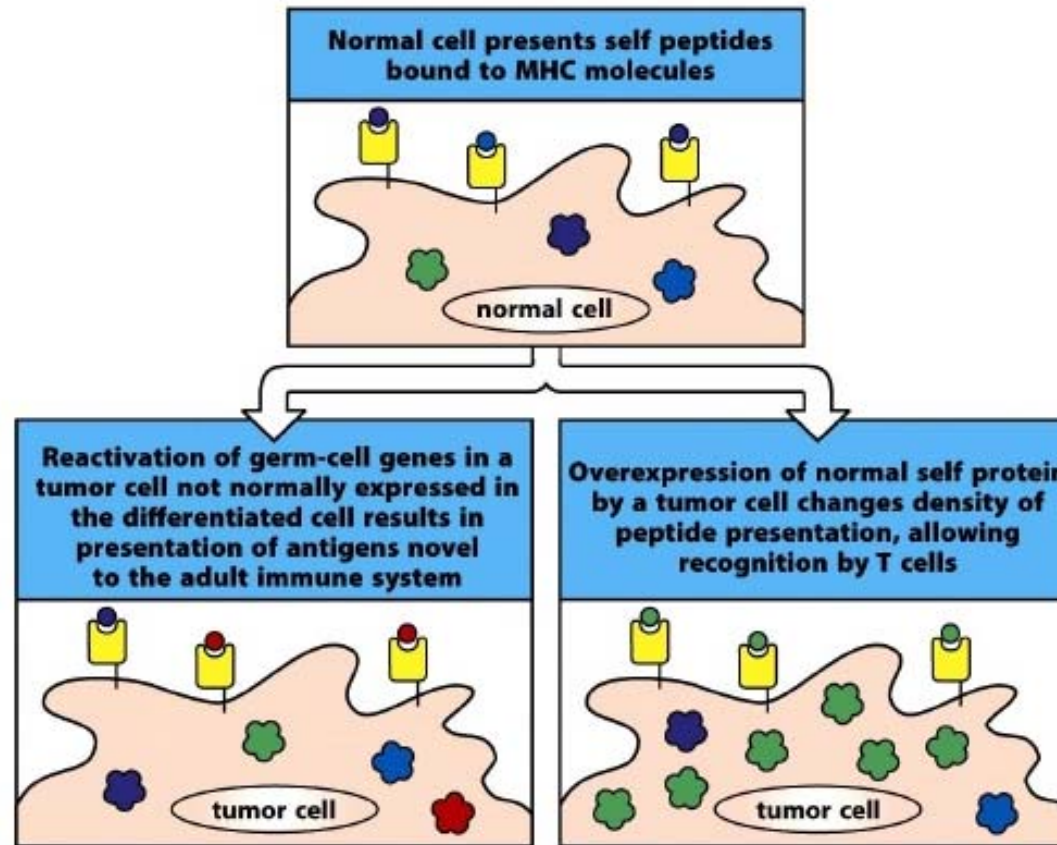


Figure 15-19 Immunobiology, 7ed. (© Garland Science 2008)

Oncofetal antigens (ie.  
CEA in colon cancer

Over-expressed antigens (ie.  
WT-1 in AML)



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## How are cancer cells seen as “abnormal” by the immune system?

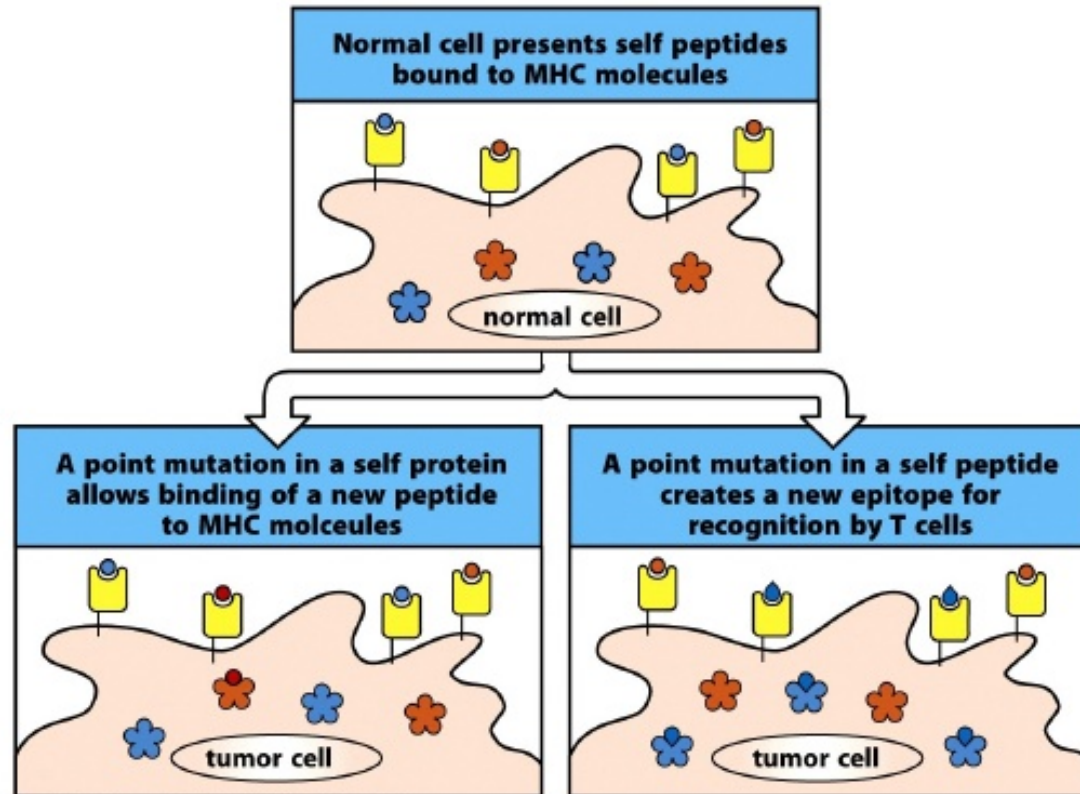
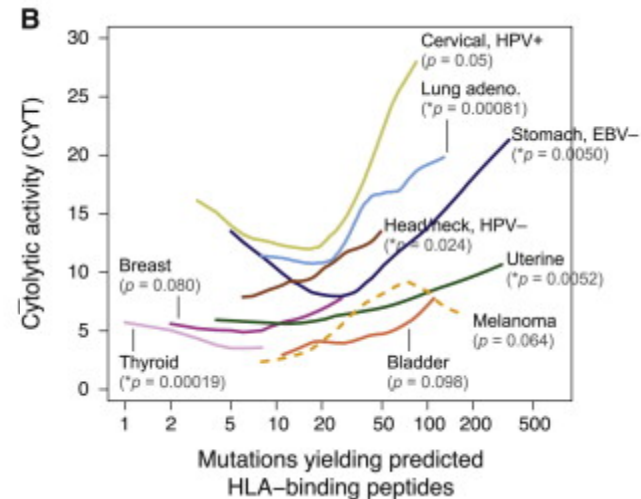
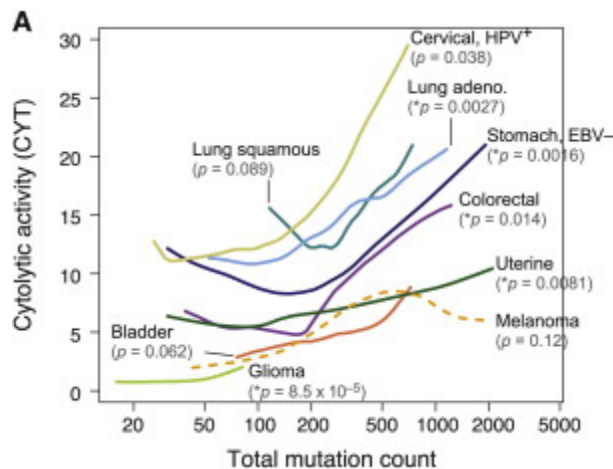
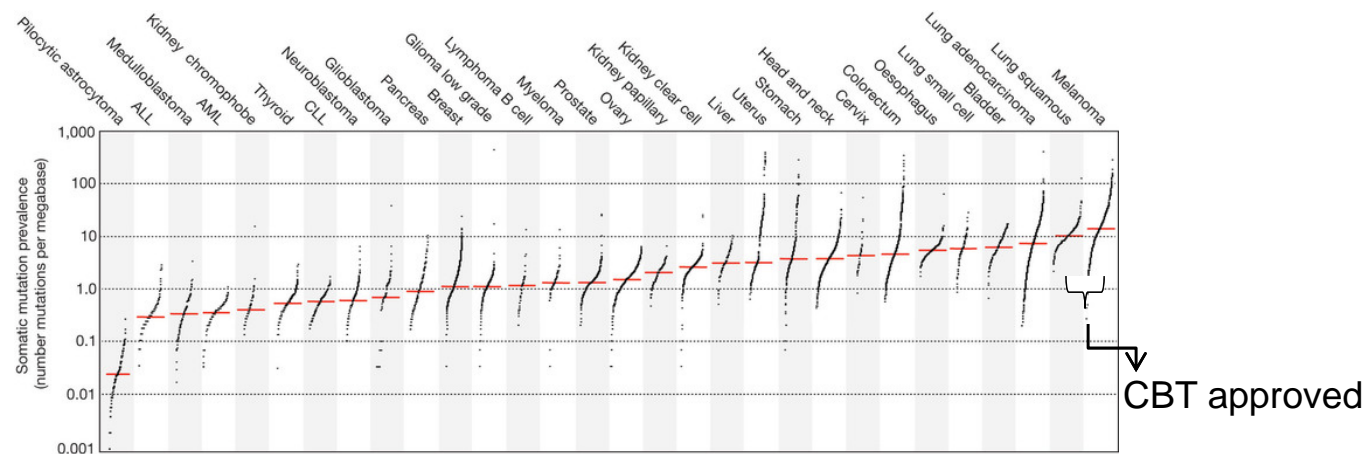


Figure 15-18 Immunobiology, 7ed. (© Garland Science 2008)

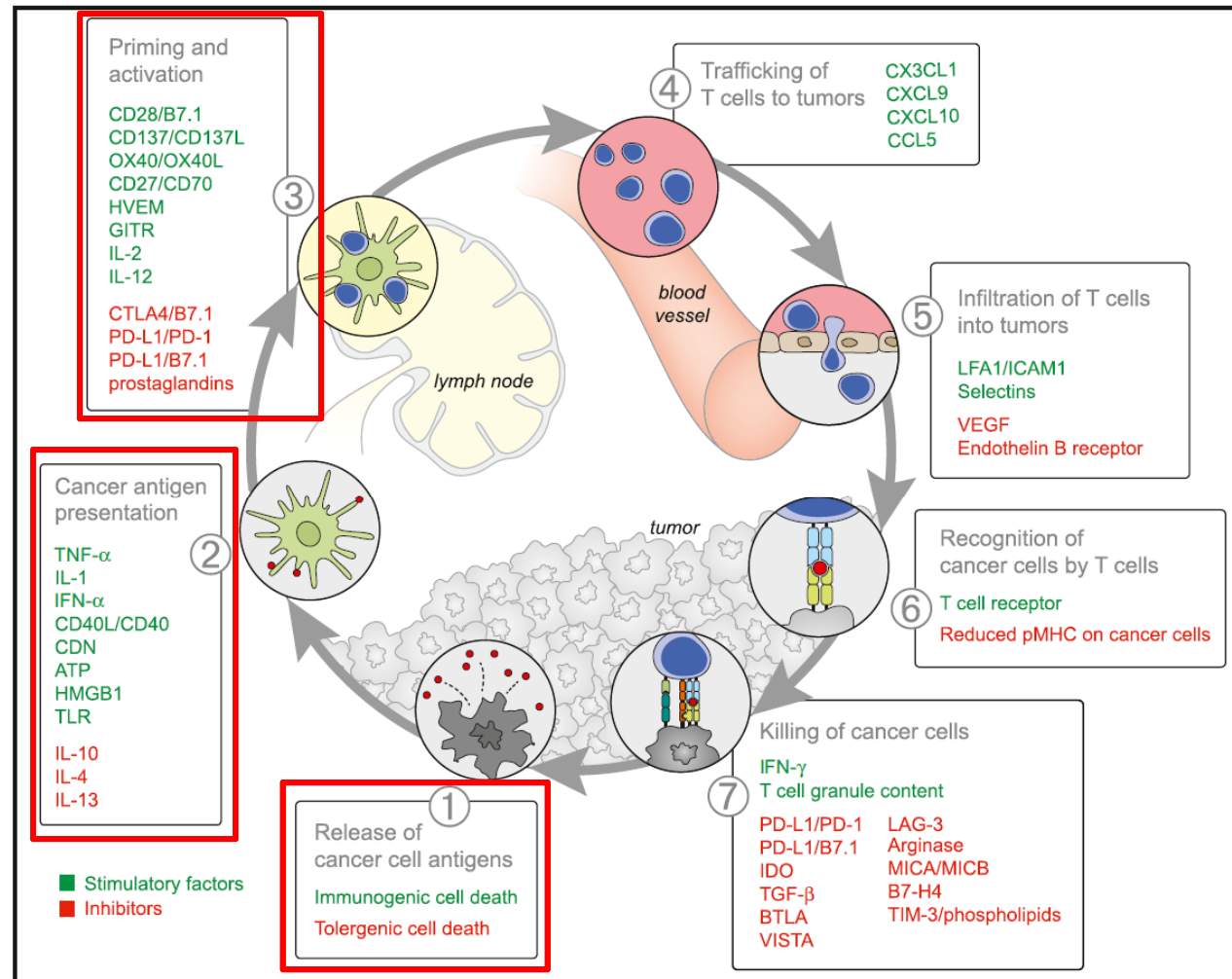
### Neo-antigens



# Mutational burden in tumors correlates with spontaneous immunity

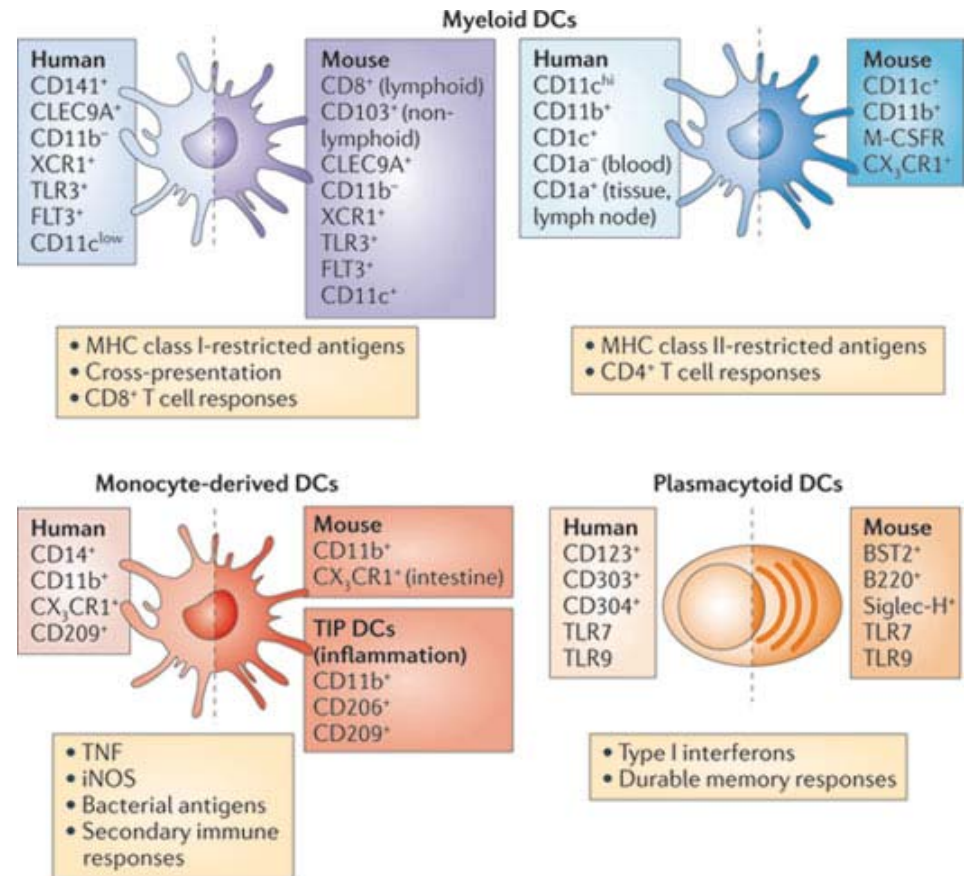


# Generating an immune response against cancer – Dendritic cells



# Dendritic cells are important for priming anti-tumor T cells

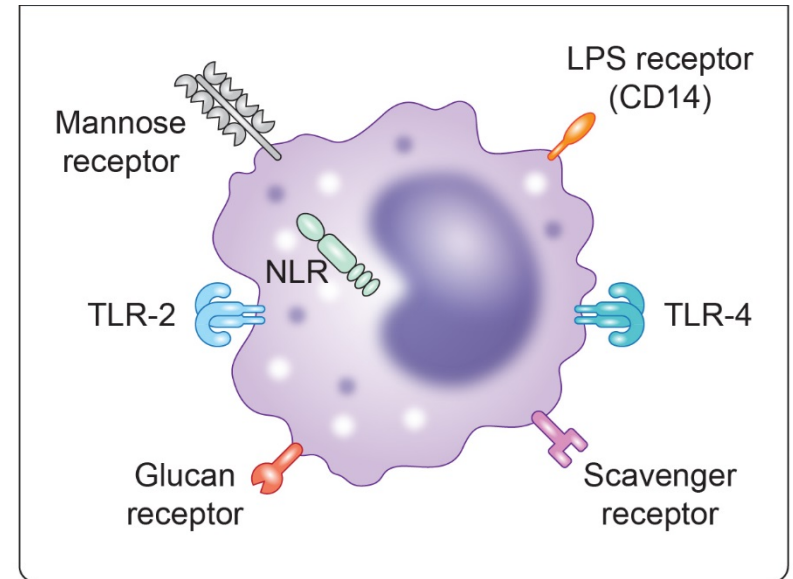
- Ralph Steinman (1970s)
  - DCs - hematopoietic cells specially equipped for antigen presentation and T cell activation
  - Nobel prize in 2011 for discovery of DC
- DC classified functionally in 2 groups
  - Conventional DC
    - Antigen presentation
    - T cell activation
  - Plasmacytoid DC
    - Type I IFN production
    - Important for immune responses against viruses





## Dendritic cell activation

- DC receive signals through PRRs and other receptors (i.e. CD40) to become activated
  - Activation/licensing of DC results in:
    - HLA upregulation (enhanced antigen presentation to T cells)
    - Upregulation of costimulatory and cell adhesion molecules
    - Production of pro-inflammatory cytokines (IL-12, TNF- $\alpha$ , type I IFNs)
    - Alteration of chemokine receptor expression
    - Migration (to sites of inflammation)
  - Only licensed DC activate naïve T cells
  - Non-licensed DC induce peripheral tolerance (T cell deletion or anergy)



### “Danger signals”

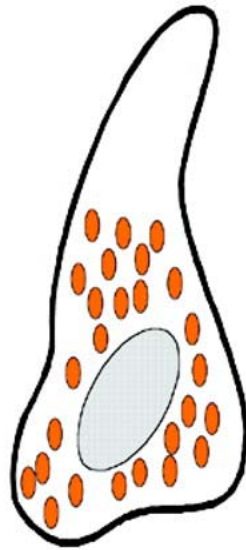
- Pathogen-associated molecular patterns (PAMPs)
  - Bacteria proteins
  - viral DNA/RNA
- Damage-associated molecular patterns (DAMPs)
  - Products of dying cells

### Types of PRRs

- Toll-like receptors (TLR)
- C-type lectin receptors
- NOD-like receptors (NLRs)
- RIG-I-like receptors

Receptors can be on the cell surface or intracellular (NLRs)

## Dendritic cell activation



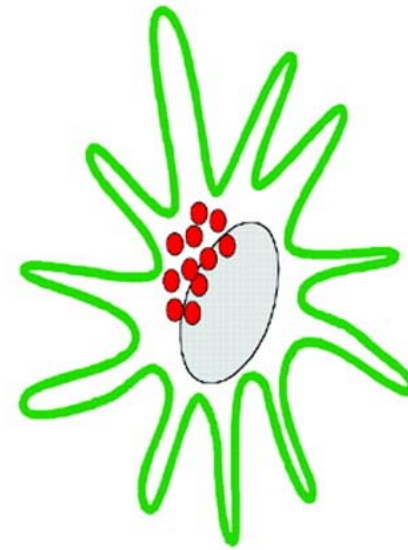
**IMMATURE DC**  
capture of antigens

- adsorptive uptake, eg, DEC-205, FcR
- macropinocytosis
- phagocytosis: microbes, dying cells

Microbial products  
TNF family



MHC II  
lysosome



**MATURE DC**  
stimulation of T cell immunity

- CD40, CD86
- CCR7
- IL-12
- High MHC - peptide

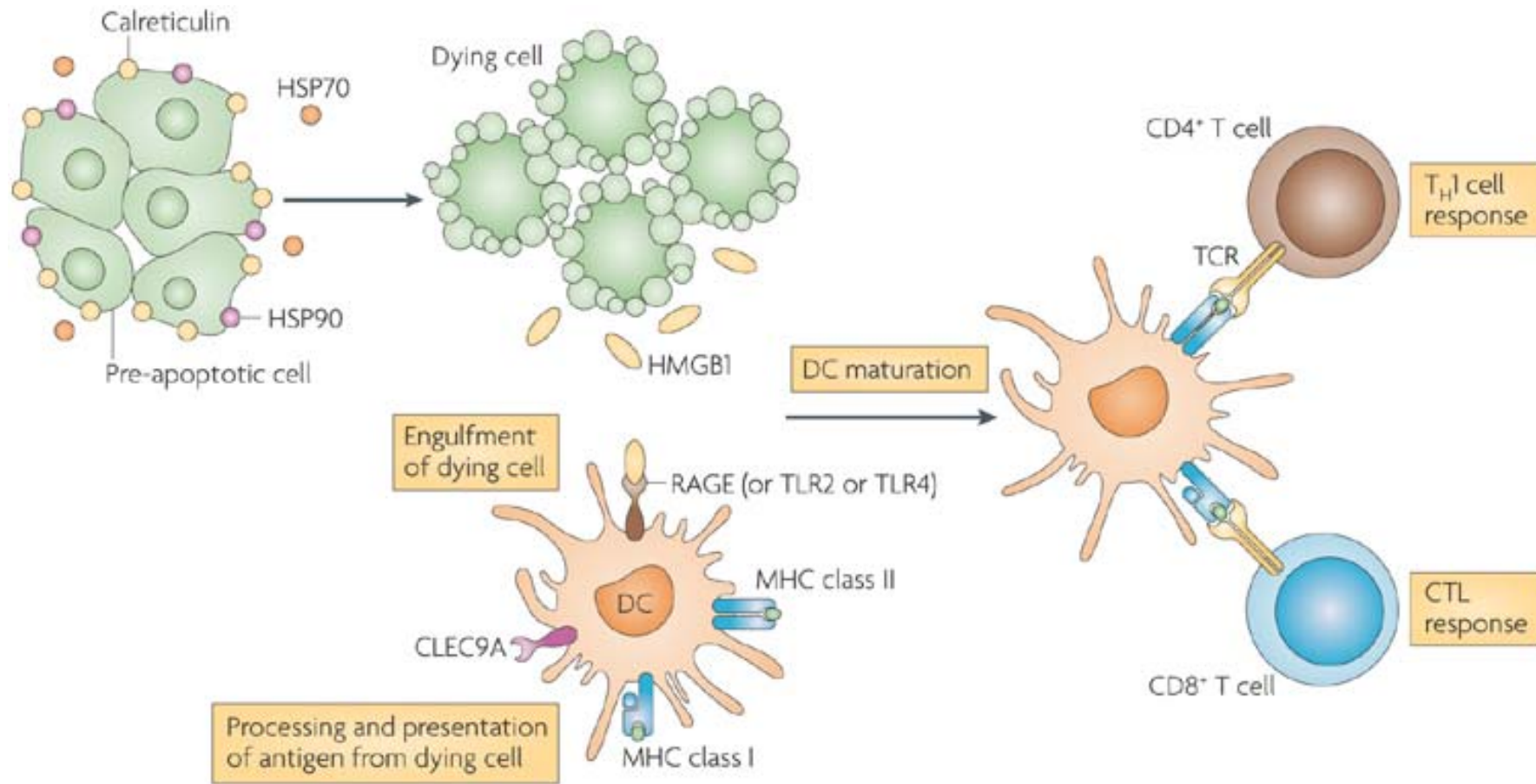


## Innate immune sensing of cancer

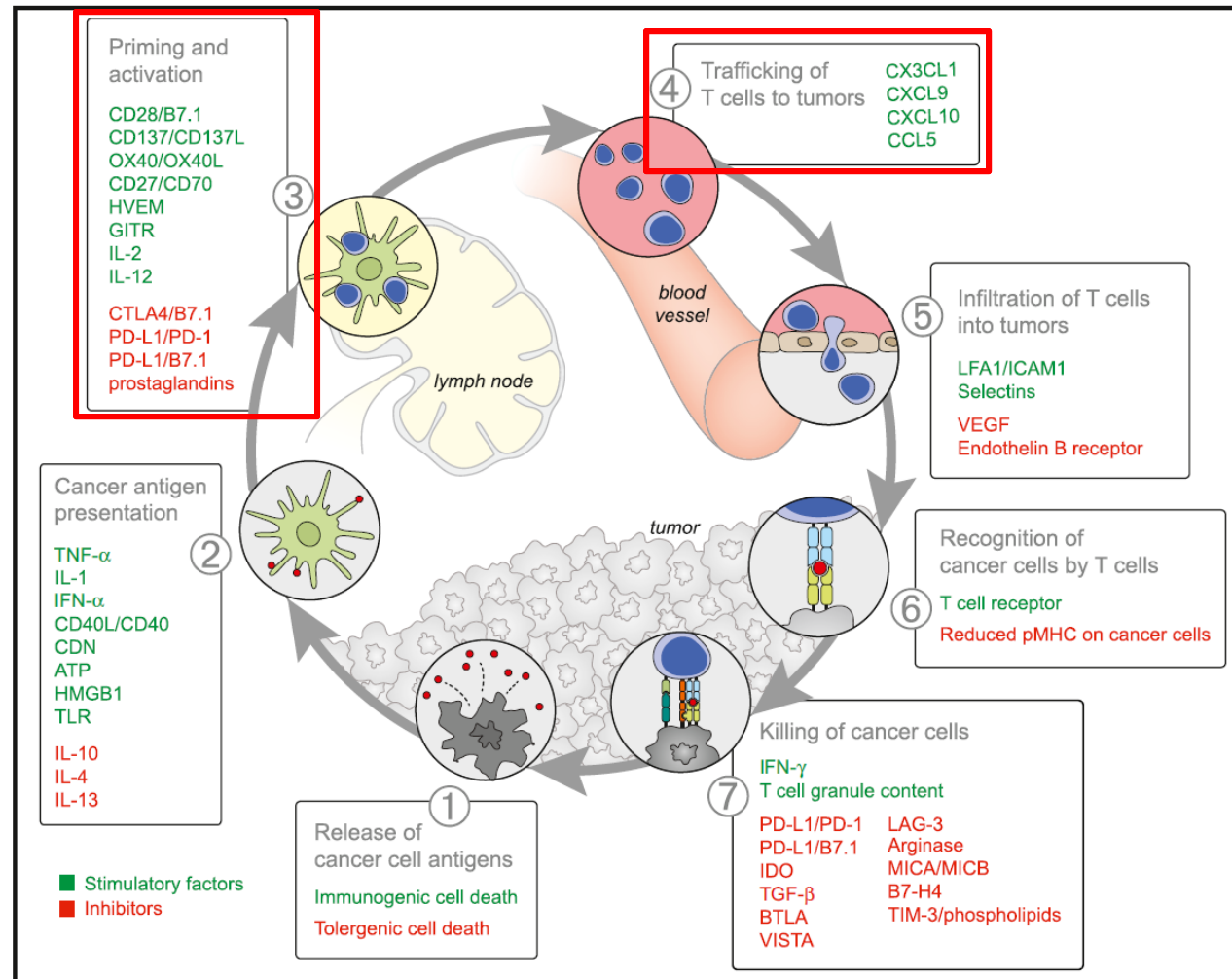
- Most cancers, which are derived from self-tissues, arise in sterile environments.
- How then, are cancer cells “sensed” by the host innate immune system?



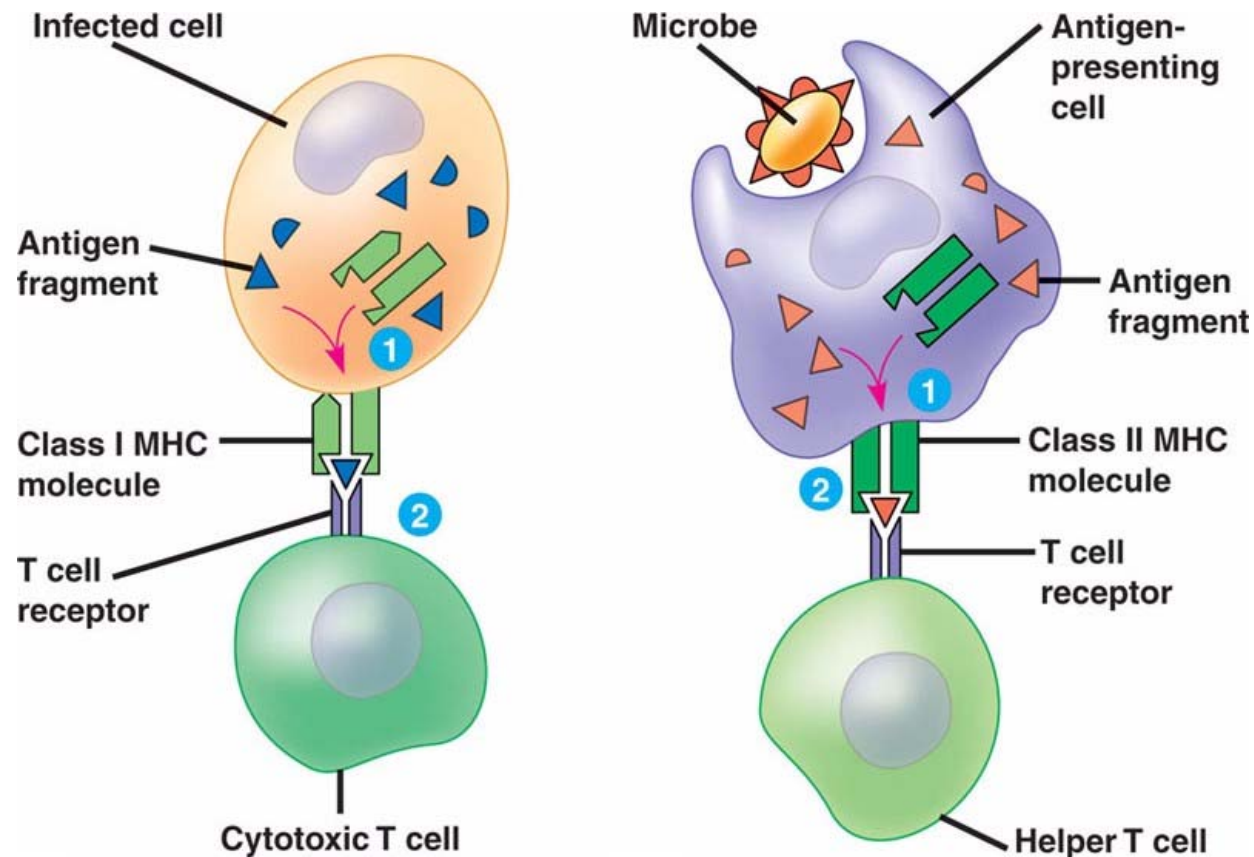
## Dendritic cells sense “danger” signals released by dying cancer cells



# Generating an immune response against cancer – T cell activation



## T cells are activated by APCs



Antigen – a substance recognized by receptors on immune cells



# T cell activation 101

- Naïve T cell - a T cell that has not encountered its cognate antigen
- 2 signals (at least) are required to optimally activate a naïve T cell
  1. MHC-peptide : TCR (**signal 1**)
  2. B7 : CD28 (**signal 2**)Cytokines (**signal 3**)
- Activated T cells proliferate, differentiate into effectors and traffic to sites of inflammation (i.e. the tumor)
- In reality, things are more complicated.....

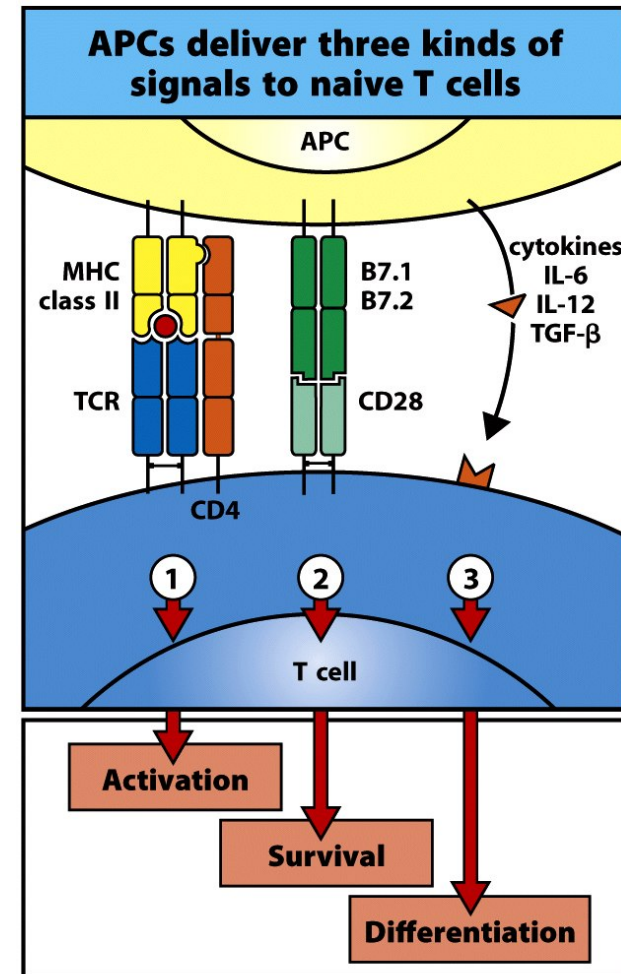


Figure 8-19 Immunobiology, 7ed. (© Garland Science 2008)

## Positive and negative costimulatory receptors

Modulate magnitude of T cell activation and effector function

Positive costimulatory receptors:

- CD28 (classical)
- ICOS (inducible costimulator)
- CD27 (TNF family receptor)

Negative costimulatory receptors:

- CTLA-4 (cytotoxic lymphocyte antigen – 4)
- PD-1 (programmed death -1)
- TIM-3 (T cell immunoglobulin mucin -3)

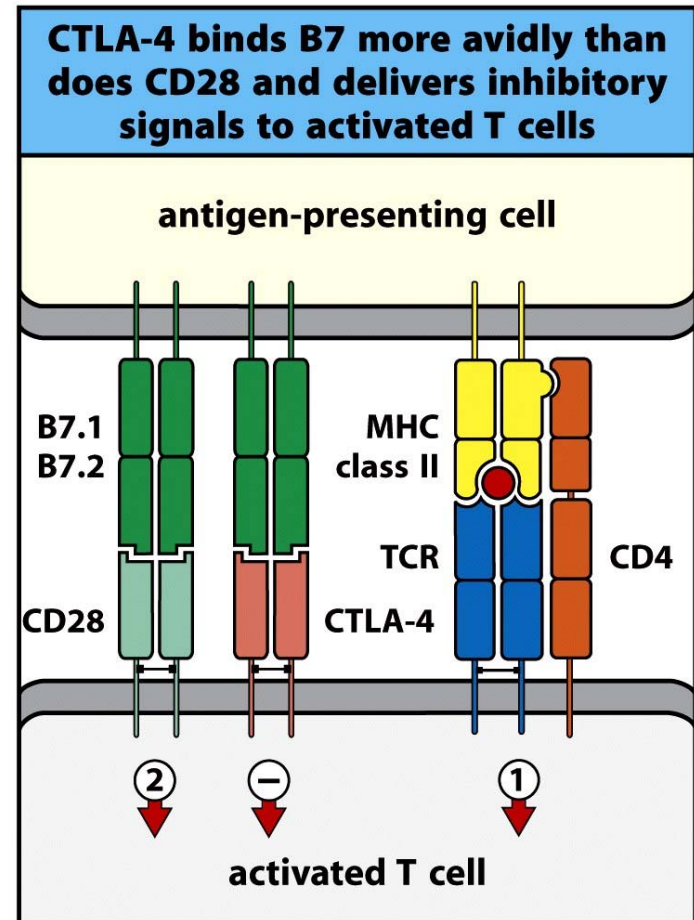
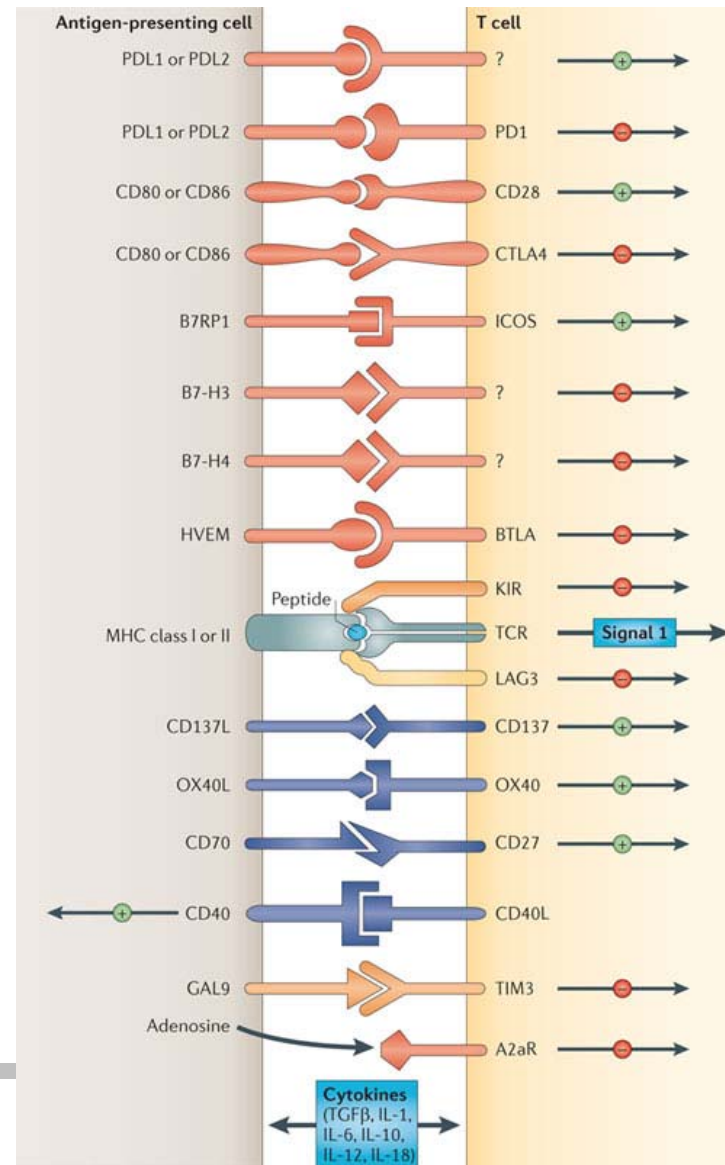


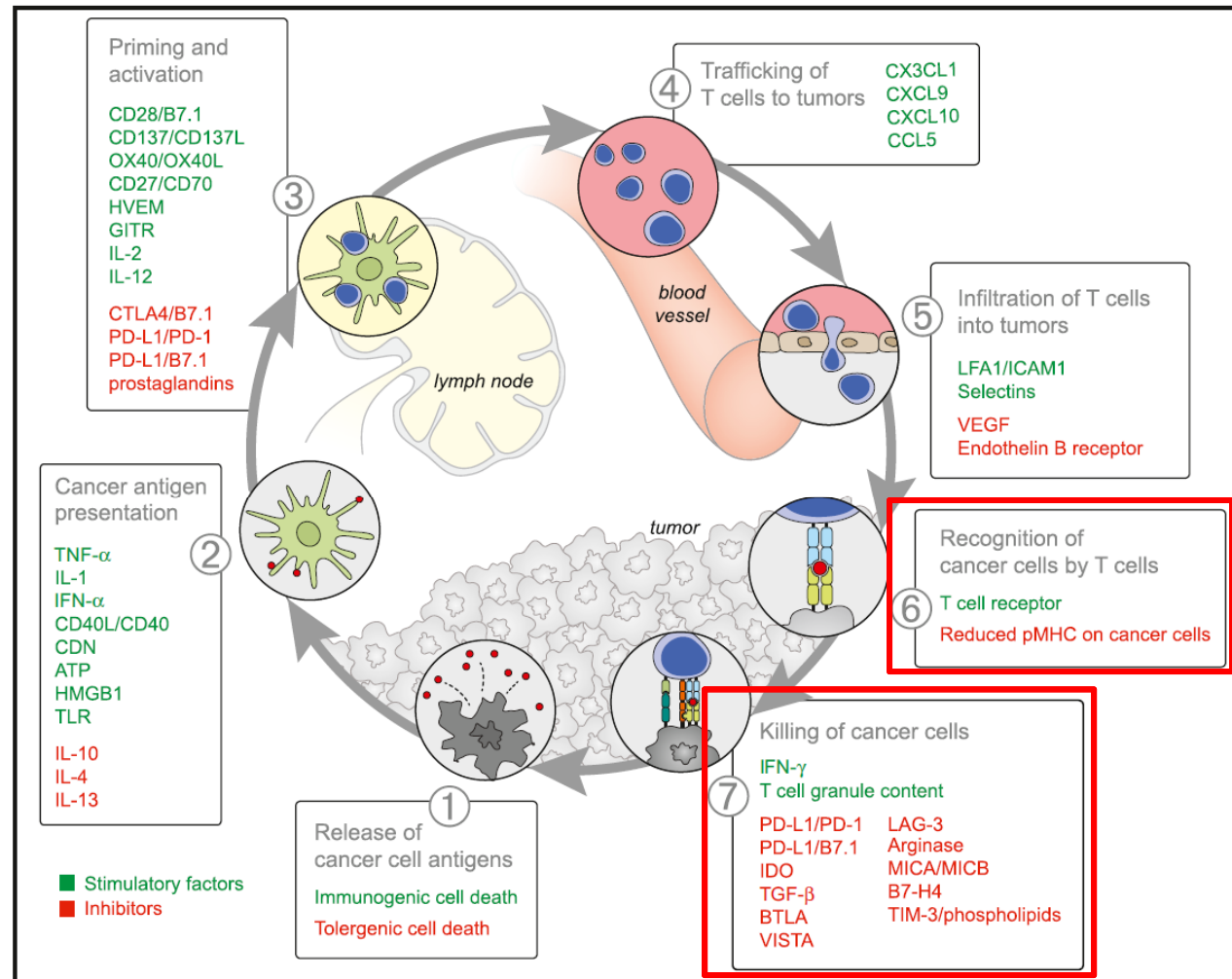
Figure 8-22 Immunobiology, 7ed. (© Garland Science 2008)



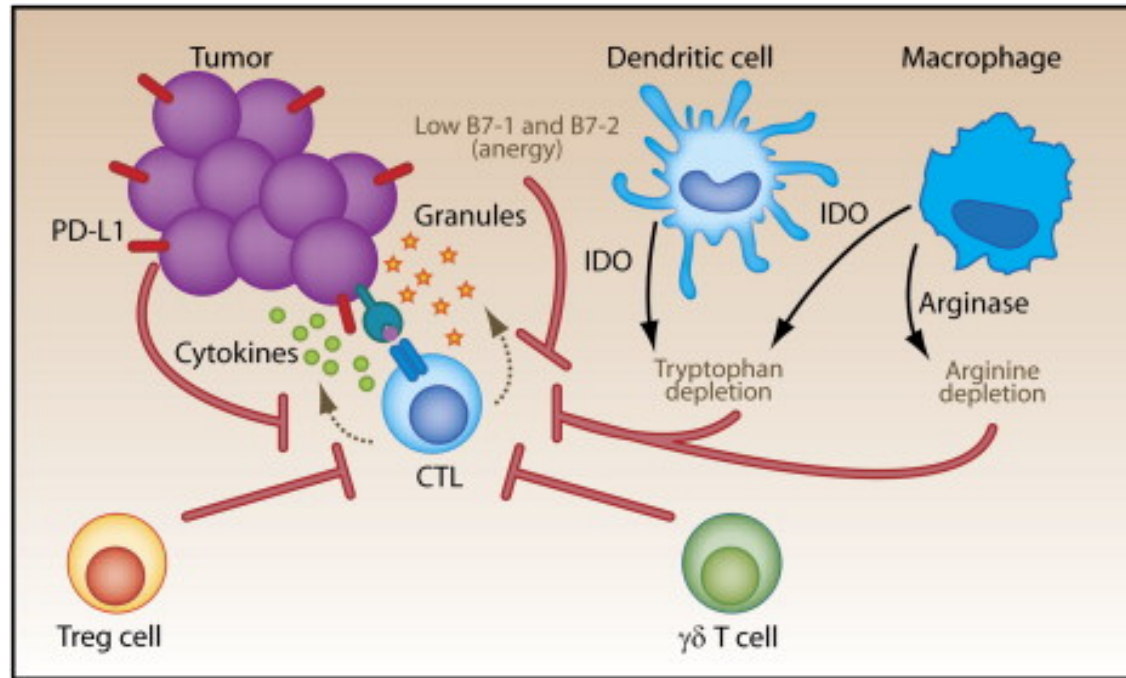
# T cell activation is regulated through checks and balances



# Generating an immune response against cancer – Tumor micro-environment



## Cancers can effectively evade the immune system



### Immune evasion mechanisms

- Tumor-induced T cell anergy
- Expression of negative costimulatory receptors on T cells (CTLA-4, PD-1, TIM-3)
- Regulatory T cells
- Suppressive myeloid cells (MDSC, TAM)
- Secretion of inhibitory cytokines (IL-10, TGF- $\beta$ )
- Antigen-loss variants (loss of MHC)
- Production of enzymes which deplete essential amino acids (IDO, arginase)





## Cancer immunotherapy makes its mark



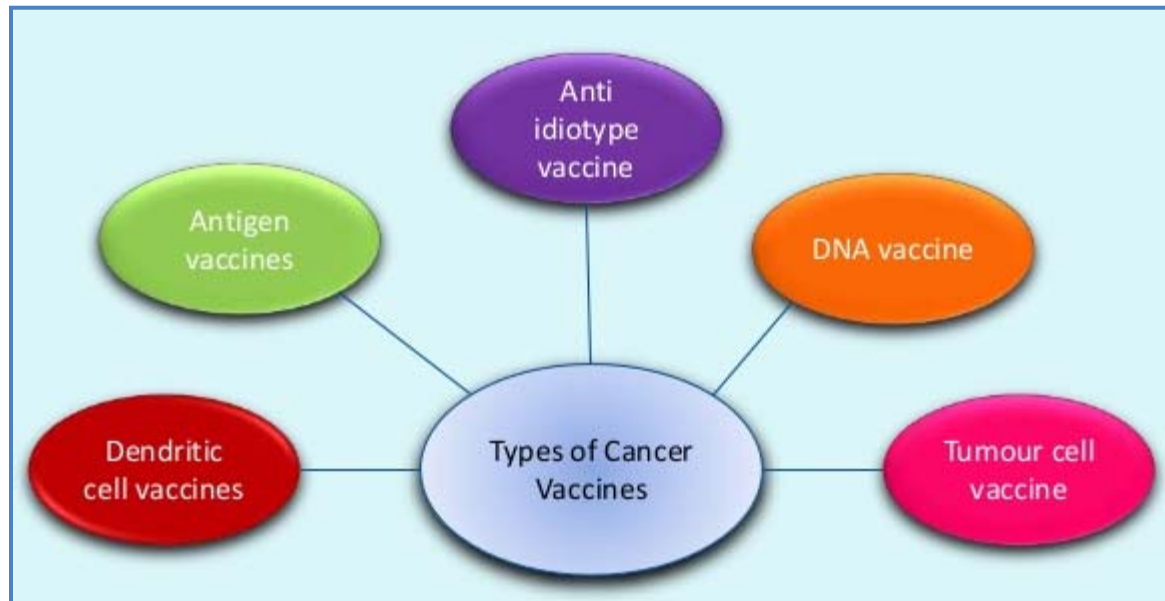
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## Cancer immunotherapies

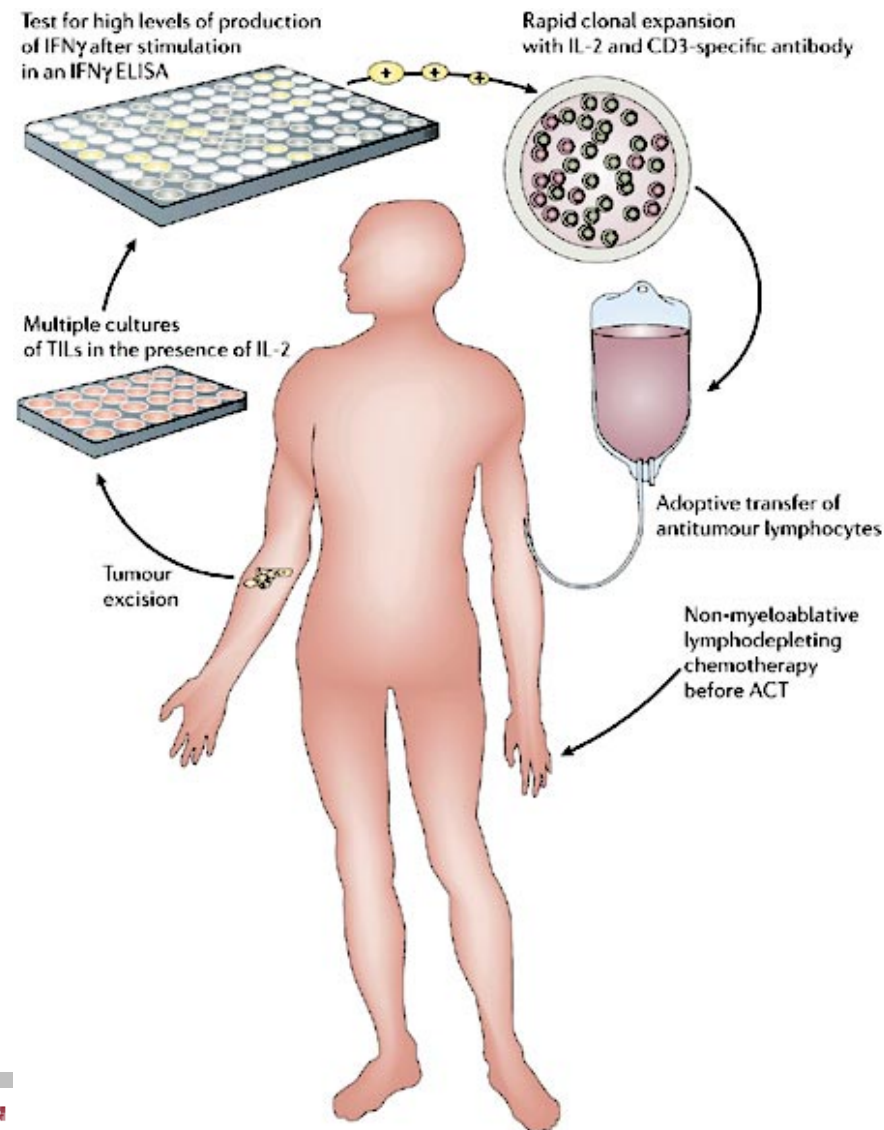
- Cancer vaccines
  - Peptide-based
  - Cellular-based (i.e. DC vaccines)
- Adoptive T cell therapy
  - Ex vivo expansion of tumor-infiltrating T cells and infusion into cancer-bearing hosts
  - Tumor Ag-specific TCR transduced T cell therapy
  - Chimeric antigen receptor (CAR) adoptive therapy (CD19)
- Immune checkpoint blockade
  - CTLA-4 blockade
  - PD-1 blockade
- Reversal of immune evasion
  - Treg depletion
  - IDO inhibition (1-MT and derivatives)
  - Prevention of tumor-induced T cell anergy (lymphodepleted host and adoptive T cell therapy)

## Immunotherapy – vaccines

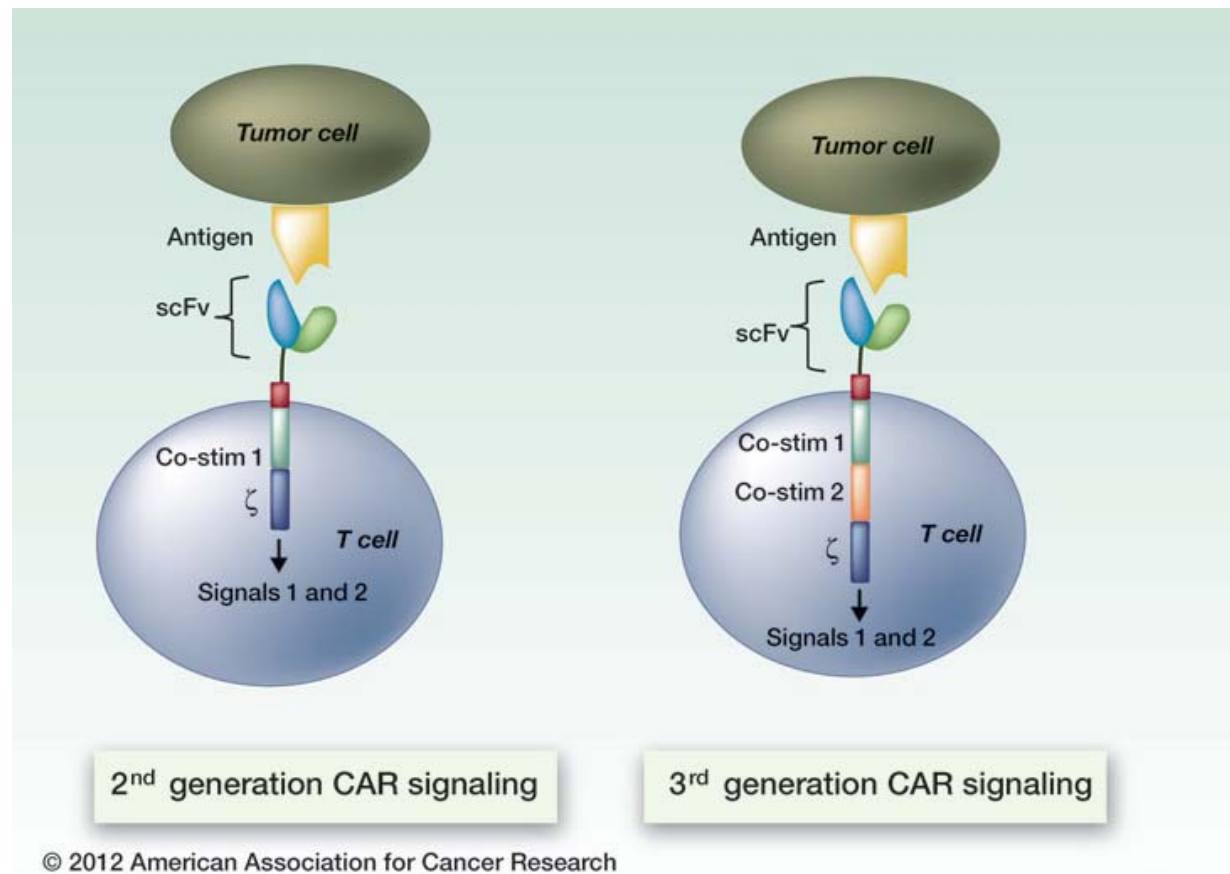
Cancer vaccine – a combination of cancer cells or antigens and an adjuvant injected into a person to stimulate an immune response against live cancer cells in the body



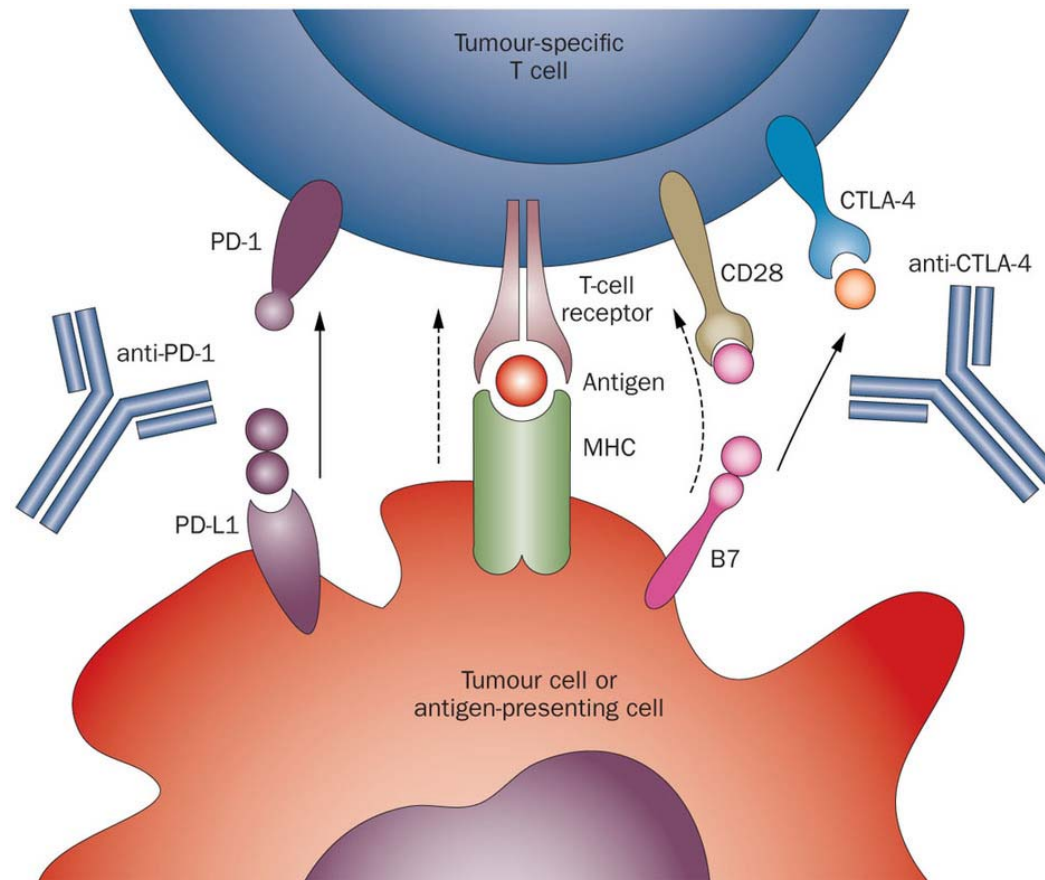
## Immunotherapy – Adoptive T cell therapy



## Immunotherapy - CAR T cell therapy



## Immunotherapy - Checkpoint blockade



Drake et al, Nat Rev Clin Oncol 2014



## Conclusions

- The immune system, which developed to fight infections, can also recognize and kill cancer cells
- Cancers express antigens in the form of mutated or over-expressed proteins that can be seen as “foreign” to T cells of the immune system
- Although immune responses are generated against cancer in some patients, they are often suppressed and ineffective
- The 3 main types of immunotherapy for cancer are: cancer vaccines, adoptive T cell therapy and checkpoint blockade



## Questions?

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