Unraveling the Basic Components of Cancer Immunotherapy Alan L. Epstein MD, PhD **Department of Pathology USC Keck School of Medicine**



Working Hypothesis

• Targeting missing immunostimulatory molecules to tumor can generate complete immune response with memory

• Deletion of natural immunosuppression can enable immunotherapy to be effective



Targeting Tumor Necrosis with TNT Antibodies



USC

Major Characteristics of TNT Antibodies

- * Recognize abundant intranuclear antigens present in all cancers, all species
- ***** Have long retention times in tumor
- * Have enhanced uptake after cytoreductive therapies
- * Localize to necrosis, a site rich in tumor antigens

Tissue Biodistribution of I-125-chTNT-3/B in ME-180 Carcinoma-bearing Nude Mice



TNT Antibody Uptake in Tumor



Macroautoradiography of ¹²⁵I-TNT-1 in ME-180 Human Cervical CA



Macro and Microautoradiography of ¹²⁵I-TNT-3



Enhanced Uptake of TNT in Taxol Treated Colon 26 Tumors



Methods of Immunotherapy

- Vaccines
- Cytokine Therapy
- Adoptive Transfer of Immunity
- Fusion Proteins
 - Targeted (MAb)
 - Untargeted (Fc)
- Genetic alteration of T-cells
- Immunomodulatory drugs

Targeted Fusion Proteins

C-Terminal Fusion N-Terminal Fusion

Cytokines, Type II costimulatory molecules Chemokines, B7

Untargeted Fc

N-Terminal Fusion

Extracellular domains

Fc portion of human IgG1

Cytokine Fusion Proteins IL-2, IL-4, IL-12, TNFα, GM-CSF, IFNγ

Chemokine Fusion Protein

LEC

Immunotherapy of MAD 109 Lung CA Using Immunocytokine Fusion Proteins



LEC Chemokine

- Liver Expression Chemokine (LEC)
- A CC family (β family) chemokine (CCL16)
- Located on chromosome 17q in CC cluster
- Chemoattracts PMNS, monocytes, dendritic cells, and lymphocytes
- Interacts with CCR1, CCR5, and CCR8 receptors

LEC/chTNT-3 Immunotherapy in 3 Tumor Models of the BALB/c Mouse



Days

13

11

9

15

17

19

0.5

Histologic and IHC Analysis of Tumor Sections



Dendritic Cells





Control Treated LEC/chTNT-3 Treated

Lymphocyte Depletion Studies

- CD4⁺ T cell depletion: GK1.5 (0.5mg ip q5 days)
- CD8+ T cell depletion:
- 2.43 (0.5 mg ip q5 days)
- NK depletion:
- anti-asilao GM1(0.35mg ip q5 days)
- CD4+CD25+ depletion: PC61 (0.5 mg ip Day 0)



Control After Depletion



T-cell Subset Depletion Studies in Colon 26



Days

Days





Control



CD4 depletion control



LEC/chTNT-3

LEC/chTNT-3+CD4 depletion

Cell Proliferation Assay of TDLN after Incubation with Tumor Lysates



CD3e

Tumor Re-challenge Studies (3 months)



Colon 26 Naïve Mice

Colon 26 Regressed Mice



Combination Cytokine or Chemokine Fusion Protein Immunotherapy and T-cell Subset Depletion in Colon 26

Immunotherapy ¹	-T-cell Subset Depletion	% Tumor Reduction (Day 19)
chTNT -3 (control)	-	0%
chTNT -3 (control)	CD4 ⁺ depletion	33%
LEC/chTNT -3	-	60%
LEC/chTNT -3	CD4 ⁺ depletion	100%
chTNT -3/IL -2	-	38%
chTNT -3/IL -2	CD4 ⁺ depletion	64%
chTNT -3/IFN -γ		32%
chTNT -3/IFN -γ	CD4 ⁺ depletion	33%
chTNT -3/TNF -α	-	10%
chTNT -3/TNF -α	CD4 ⁺ depletion	33%

Antibodies and fusion proteins (20ug/dose) were injected iv for 5 consecutive days after tumors reached 0.5cm in diameter.

²CD4 ⁺ depletion (0.5 mg/dose of GK1.5) was performed ip 1 day after tumor implantation and repeated every 5 days.

Treg Markers

- * The concept of suppressor T cells was elusive until: Sakaguchi et al identified a subpopulation (about 10%) of CD4+ cells that express CD25.
- * Most cell markers for Treg cells are also expressed on CD4+CD25⁻ cells upon activation.

* None of the known cell surface markers appear to be responsible for CD4+CD25+ mediated suppression.



Real-Time PCR Analysis of Foxp3 in 4 Treated and Untreated Murine Tumor Models



Y Axis: Fold Increase over control

Untargeted and Targeted Co-stimulation

B7 GITRL

Co-stimulatory Molecules

T-cell



dendritic cell

B7.1-Fc



B7.1/NHS76

SDS PAGE

CFSE Proliferation Assay

NHS76

B7.1/NHS76

B7.1/Fc







anti-CD3 alone

counts







anti-CD3 + B7.1/Fc



CFSE

B7.1-Fc Dosing Study in Colon 26 Tumor Model



Days after tumor implantation

IHC of Control and Treated Colon 26

Control **B7.1-Fc + CD25 depletion B7.1-Fc** H & E **GD**4 CIJ8

Tumor Infiltrating Lymphocytes (TIL)



CD11b+

CD11c+

Activation of TIL With Tumor Lysate In Vitro



CFSE

CD3e⁺

T-Cell Depletion Studies in B7.1-Fc Treated Colon 26-Bearing Mice





B7.1/Fc + CD8 depletion





B7.1/Fc + CD25 depletion



IFN-gamma Vital for B7.1 Therapy as Demonstrated in KO mice





Anti IL-4 Therapy Does Not Reverse B7.1-Fc



Dual Function of GITR



Activity Assay of GITRL Fusion Proteins at 48 Hours



CFSE

DTA-1





• Performed on naïve splenocytes.

- 2ug of protein was used for each sample.
- CFSE stained CD4+ T cells

Targeted and Non-targeted GITRL Dosing Studies in Colon 26 Tumor Model



H & E of GITRL Treated COLON-26 Bearing Mice



Targeting Innate Immunity

TNT-3/CpG



Multiple Functions of CpG

Potential for CpG ODNS

- Protective Immunity
 - TLR9 detects CpG→ triggers ↑ response

- Allergies

- TH1 response
- Vaccine Response
 - Th1 and proinflammatory cytokines→Improves APC function
 - Promotes induction of Ag-specific response
- Cancer Therapy
 - ↑ CTLs and NK cells



Nature Reviews | Immunology

Heterobifunctional Linkage of CpG to Antibody



In Vitro Assay Demonstrating CpG Activity of Immunoconjugate



chTNT-3/CpG Immunotherapy



SUMMARY: Major Pathways of Immune Activation for Cancer Immunotherapy

- Chemotaxis (chemokines)
- **Co-Stimulation (second signal)**
- Combination T-cell activation and inhibition of Treg (GITRL)
- Activators of innate immunity (CpG)

SUMMARY: Major Inhibitory Mechanisms That Generate Tolerance to Tumors

- Treg cells
- T-cell death receptors (PD-1, 2)
- Soluble cytokines (IL-10, TGFβ)
- Inhibition of CD28 Co-stim (CTLA-4, B7.1-Fc?)
- IDO (Indoeamine 2,3-dioxygenase)

 degrades tryptophan
- Loss or release of MHC class I molecules

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