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Francesco M Marincola

*Answers preexist, and it is the question that needs to be discovered
- Jonas Salk*

Exploring Immune-Mediated Tumor Destruction in Humans – Immune Genetic Considerations

Francesco M Marincola

SITC Workshop - Focus on the Target: The Tumor Microenvironment

October 24-25, 2012

Bethesda North Marriott Hotel & Conference Center
North Bethesda, MD



Two questions:

How does (tumor) rejection occur

Why does it occur when it occurs

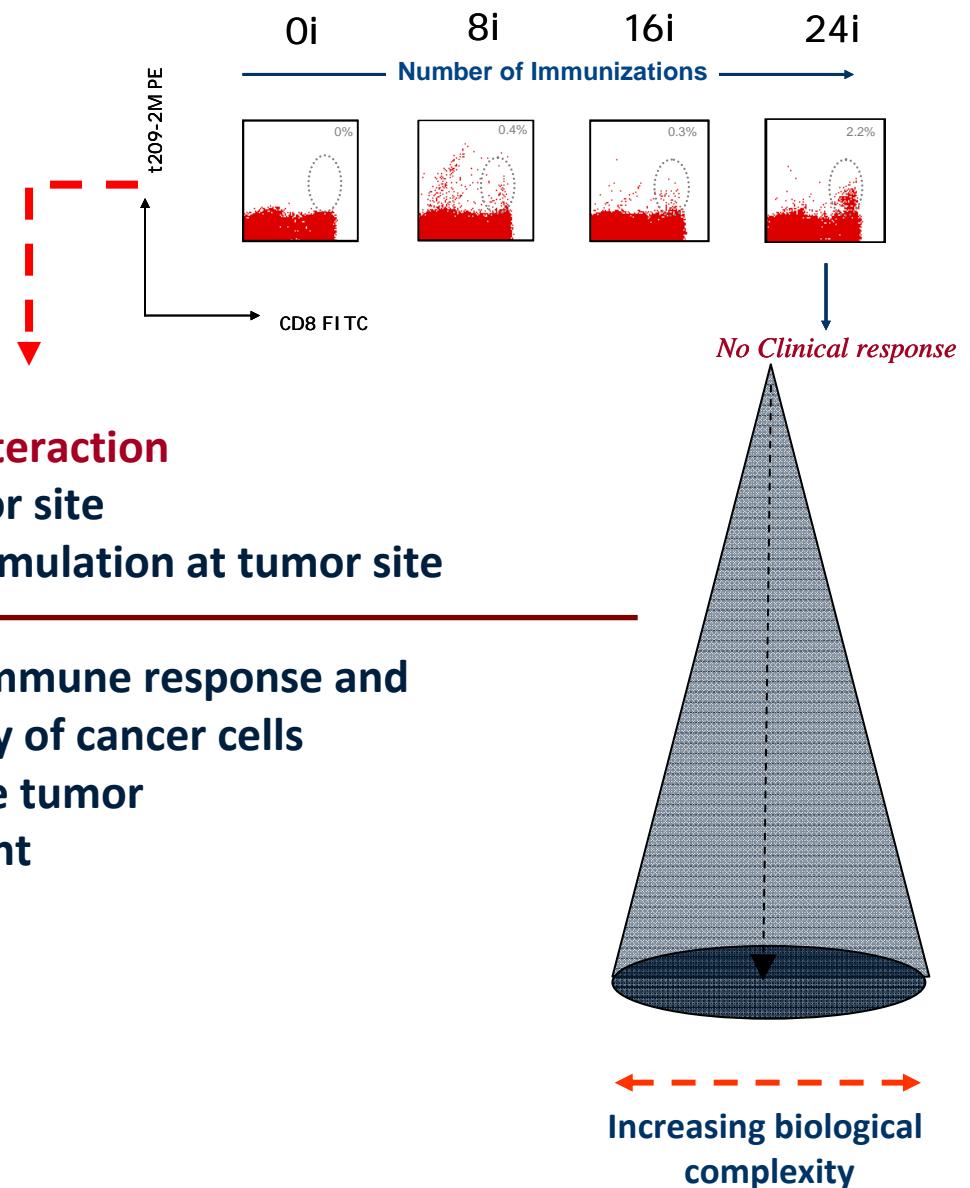
Tumor Biology

Immunology

Multidimensionality of tumor/host interactions in the context of T cell aimed immunization

1st dimension = TCR/HLA/peptide interaction
2nd dimension = Localization at tumor site
3rd dimension = Importance of co-stimulation at tumor site

**4th dimension = Evolving nature of immune response and
genetic instability of cancer cells**
**5th dimension = Heterogeneity of the tumor
microenvironment**



Topics of discussion

How does tumor rejection occur

And the identification of:

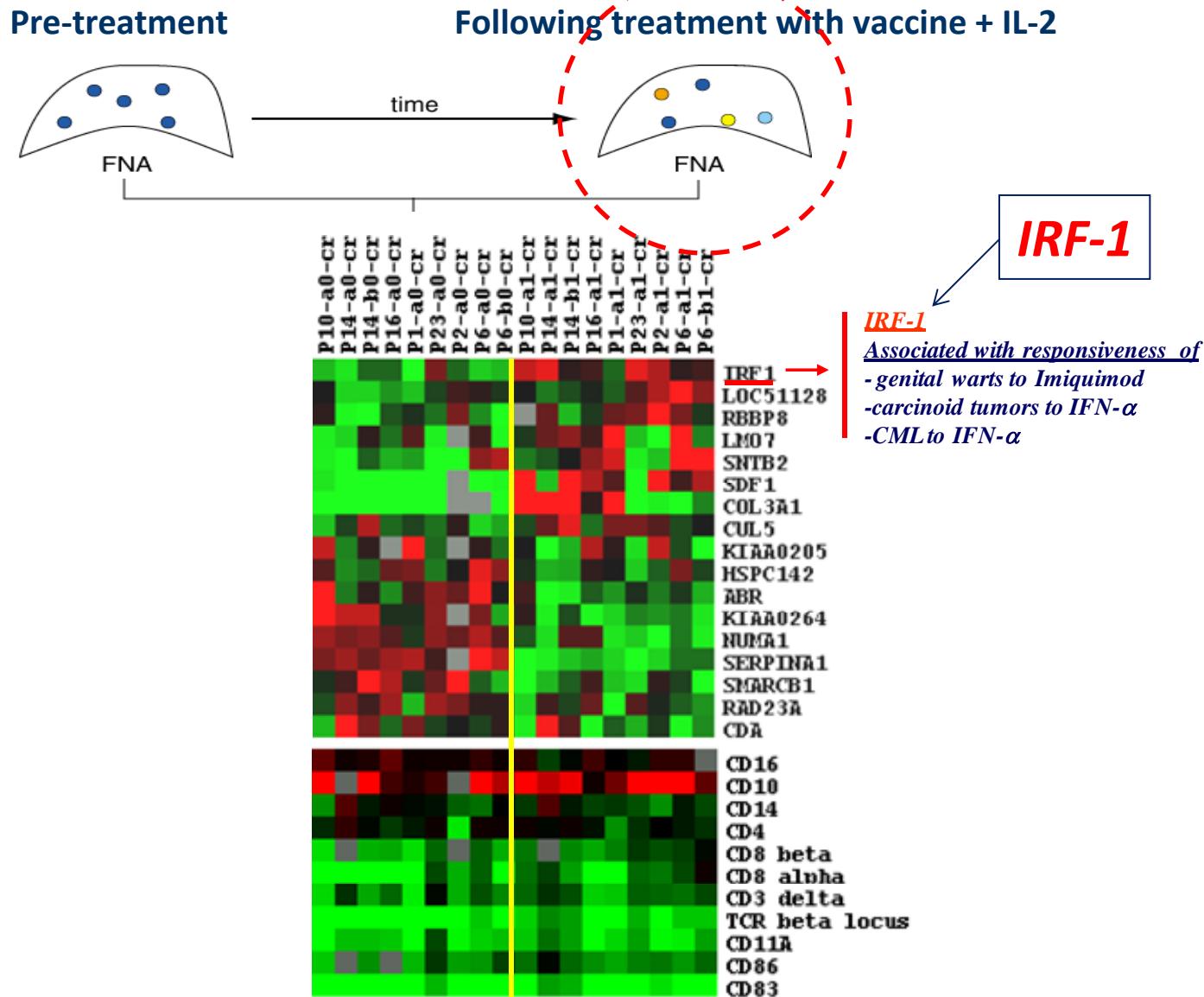
The *Immunologic Constant of Rejection*

Why does it occur

Prospective Molecular Profiling of Melanoma Metastases

Suggests Classifiers of Immune Responsiveness

Ena Wang, Lance D. Miller, Galen A. Ohnmacht, Simone Mocellin, Ainhoa Perez-Diez, David Petersen, Yingdong Zhao, Richard Simon, John I. Powell, Esther Asaki, H. Richard Alexander, Paul H. Duray, Meenhard Herlyn, Nicholas P. Restifo, Edison T. Liu, Steven A. Rosenberg, and Francesco M. Marincola¹

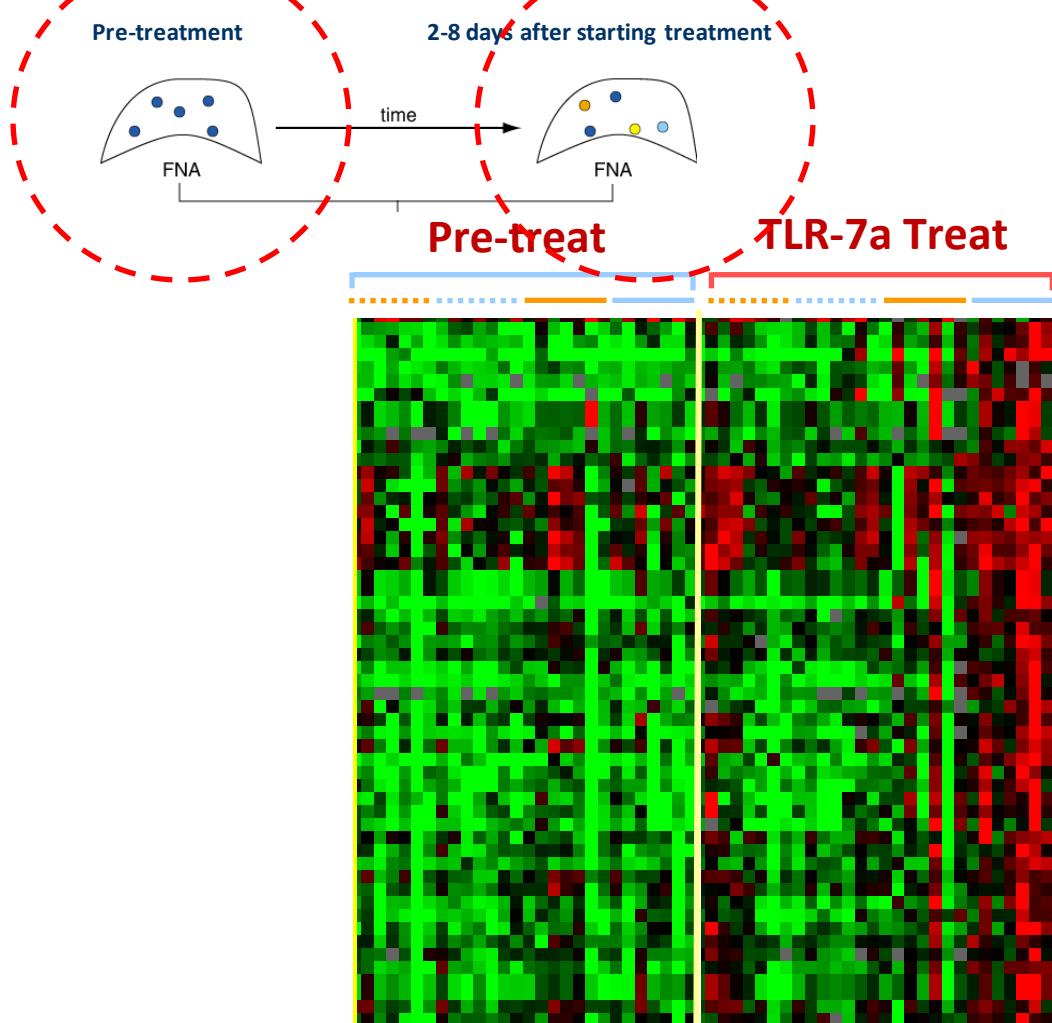


Research

Open Access

Sequential gene profiling of basal cell carcinomas treated with imiquimod in a placebo-controlled study defines the requirements for tissue rejection

Monica C Panelli*, Mitchell E Stashower†, Herbert B Slade‡, Kina Smith*, Christopher Norwood§, Andrea Abati¶, Patricia Fetsch¶, Armando Filie¶, Shelley-Ann Walters*, Calvin Astry*, Eleonora Aricó*, Yingdong Zhao¶, Silvia Selleri*, Ena Wang* and Francesco M Marincola*



Genome Biology 2007, 8:R8 (doi:10.1186/gb-2007-8-1-r8)

- Placebo X 4 days
- Placebo X 8 days
- Treat X 4 days
- Treat X 8 days

STAT 1/IRF1

Allograft inflammatory factor 1

IL-15, IL-6

IL-2/IL15 R β

IL-15 R α

IL-2/IL-4/IL-7/IL-9/IL-15 R γ

HLA Class I, HLA Class II, TAP, LMP

Granzyme A, B, K

Perforin

CCL4 (MIP-1b)

Natural killer-cell transcript 4 (IL-32)

Natural killer cell gene-5

Caspase 1, 5, 8

CXCL10/IP-10

CXCL9/Mig

CCL5

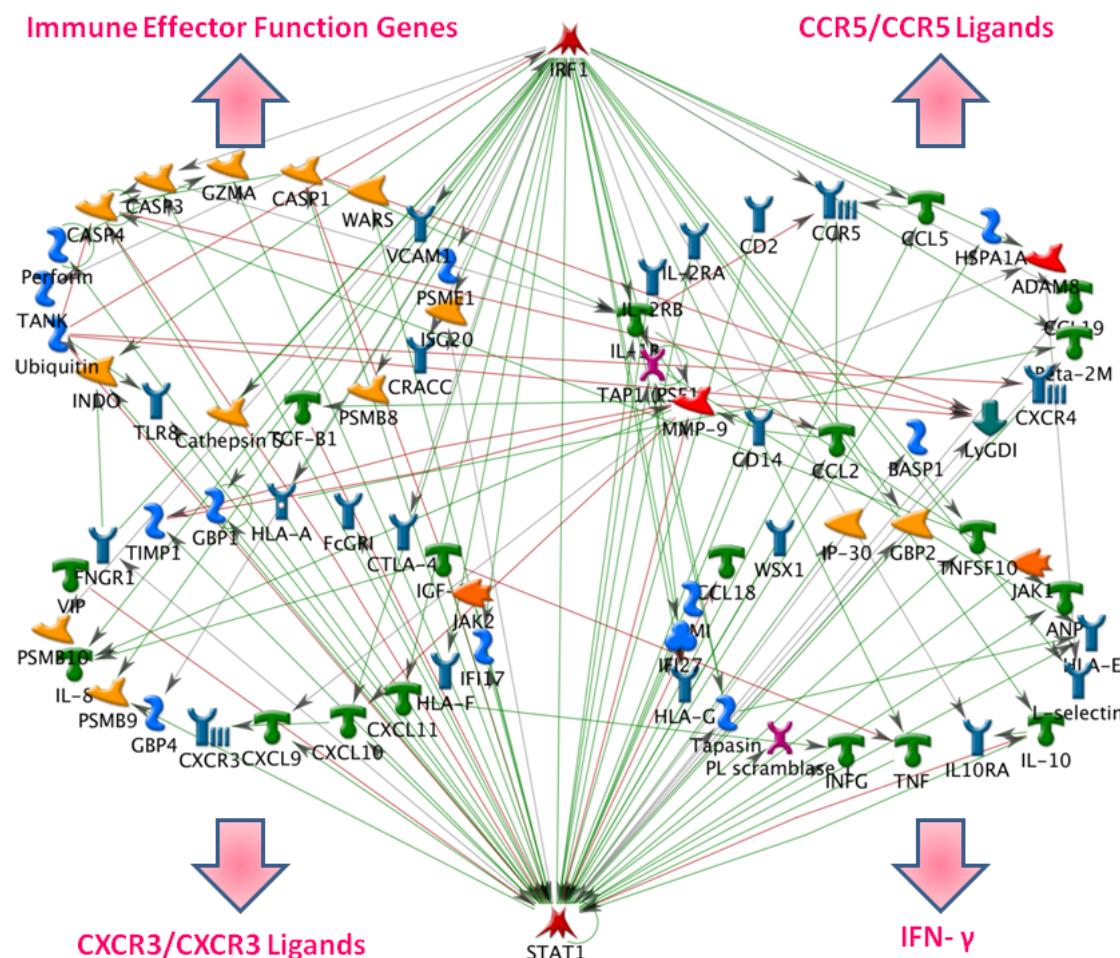
	Stat-1	GNLY	CXCL-9	CCL5	References
	IRF-1/IRF5	GZM	CXCL-10	CCR5	
	T-bet ⁺	TIA	CXCL-11		
	IFN- γ		CXCR3		
	IL-15				
<u>Cancer prognosis</u>					
Colorectal <i>hu</i> CA	+	+	+	+	(Camus et al. 2009; Galon et al. 2006; Pages et al. 2005)
Lung <i>hu</i> CA	+	+	+	+	
Melanoma <i>hu</i> Xeno	n.t.	n.t.			(Dieu-Nosjean et al. 2008)
Ovarian <i>hu</i> CA Xeno	+	+			(Harlin et al. 2009)
					(Benencia et al. 2005)
<u>Tumor rejection</u>					
<i>Mastocytoma mus</i>	+	+	+	+	(Shanker et al. 2007)
<i>Breast hu</i> CA Xeno	+	+		+	(Worschech et al. 2009)
<i>BCC hu</i> CA				+	(Panelli et al. 2006)
<u>Allo-transplant rejection</u>					
<i>Kidney hu</i>	n.t.	n.t.	+	n.t.	(Reeve et al. 2009; Saint-Mezard et al. 2009; Sarwal et al. 2003)
<i>Heart hu</i>	n.t.	+	+	+	(Karason et al. 2006)
<i>Islet pig</i>	+	n.t.	+	+	(Hardstedt et al. 2005)
<i>Liver rat</i>					(Hama et al. 2009)
<u>GVHD</u>	+	+	+	n.t.	(Imanguli et al. 2009)
<u>HCV viral clearance</u>					
<i>Chimp</i>	+	+	+		(Bigger, Brasky, & Lanford 2001; Nanda et al. 2008)
<i>Hu</i>	+		+		(Asselah et al. 2008; Feld et al. 2007; He et al. 2006)
<u>Acute cardiovascular events</u>					
(<i>hu</i>)	+		+		(Okamoto et al. 2008; Zhao et al. 2002)
<u>COPD</u>			+		(Costa et al. 2008)
<u>Interface Dermatitis</u>	+		+		(Wenzel & Tuting 2008)
<u>Villitis</u>	+		+	+	(Kim et al. 2009)

REVIEW

Open Access

Gene expression profiling in acute allograft rejection: challenging the immunologic constant of rejection hypothesis

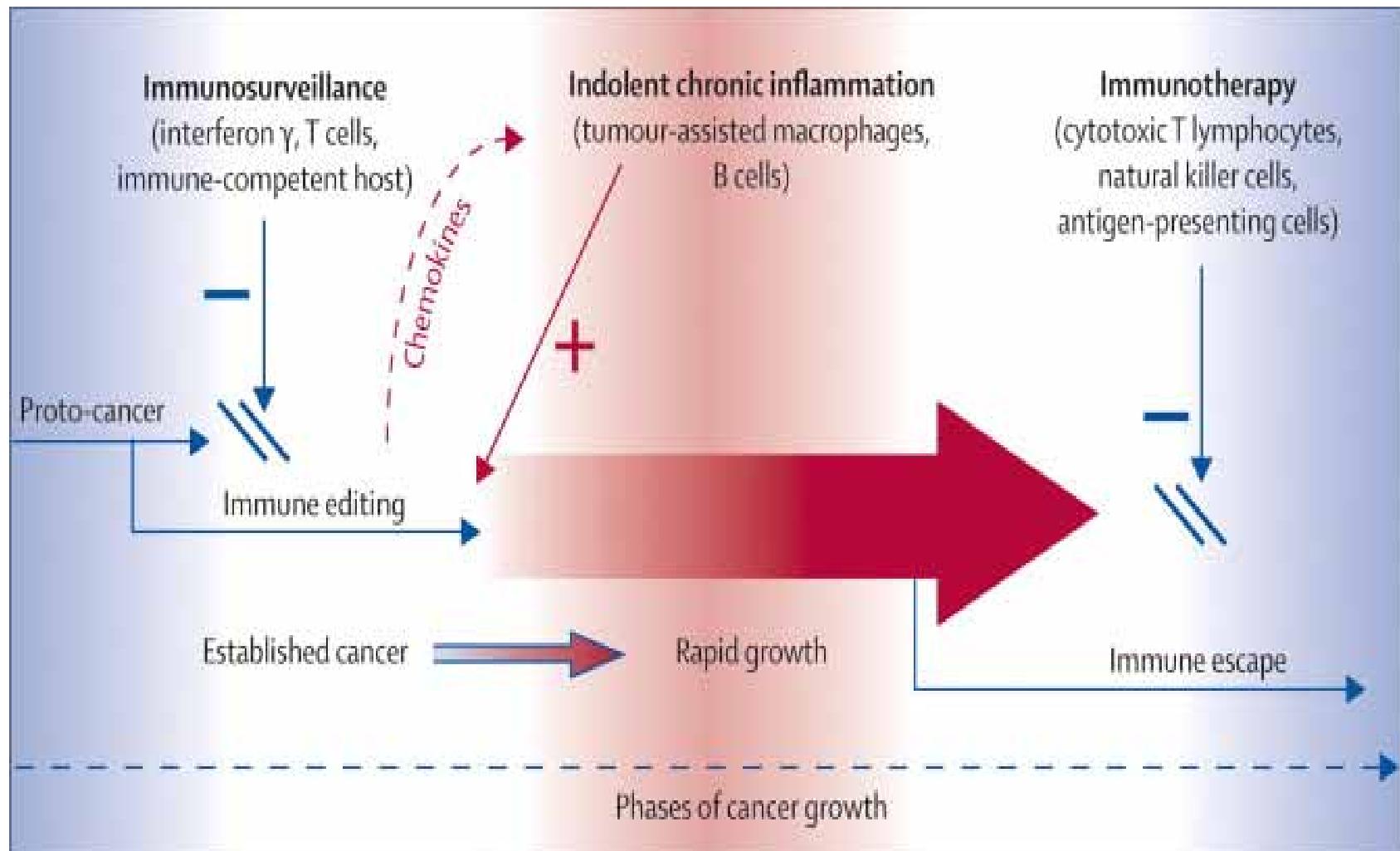
Tara L Spivey^{1,2,3}, Lorenzo Uccellini^{1,4}, Maria Libera Ascierto^{1,5,6}, Gabriele Zoppi^{1,7}, Valeria De Giorgi¹, Lucia Gemma Delogu⁸, Alyson M Engle¹, Jaime M Thomas¹, Ena Wang¹, Francesco M Marincola^{1*} and Davide Bedognetti^{1,5,9*}



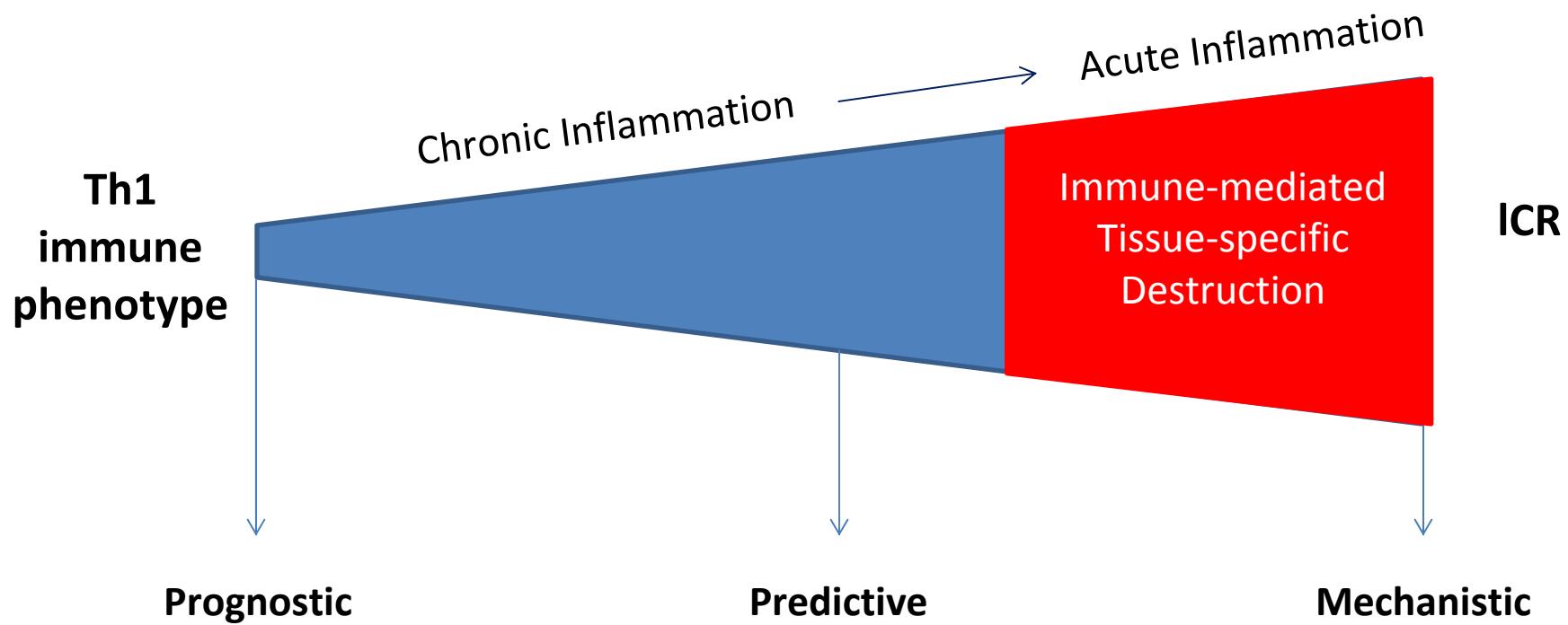
Tumour immunity: effector response to tumour and role of the microenvironment

Alberto Mantovani, Pedro Romero, A Karolina Palucka, Francesco M Marincola

Lancet 2008; 371: 771–83



**The continuum of cancer immunosurveillance:
prognostic, predictive and mechanistic signatures**
J Galon and FM Marincola – in preparation



How does tumor rejection occur

Why does rejection occur

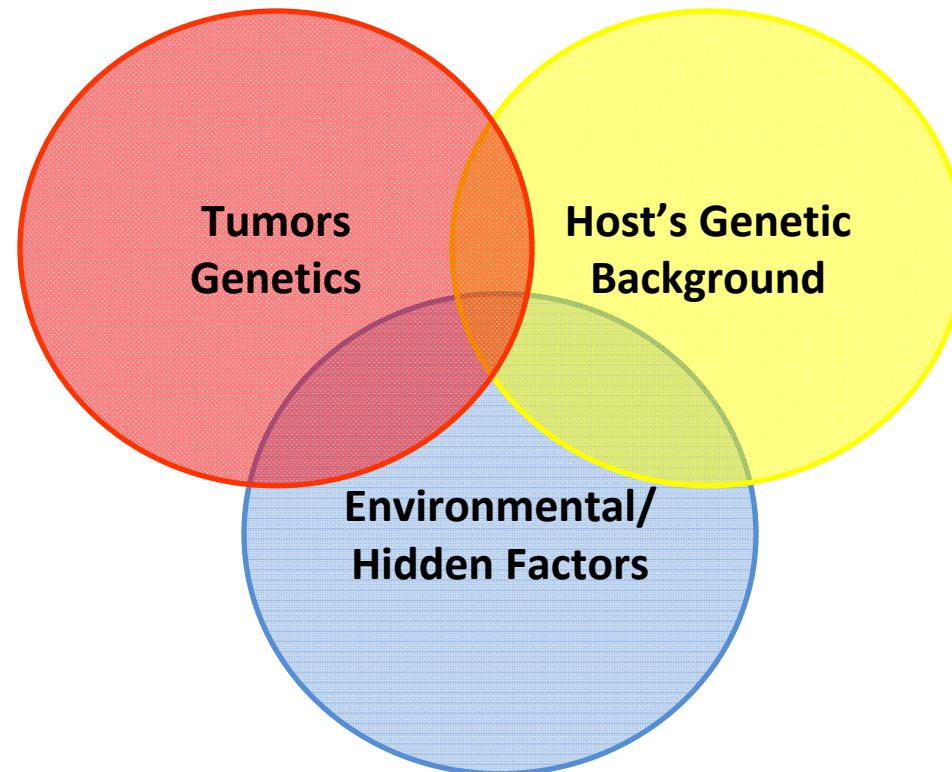
Factors limiting the study of tumor immune responsiveness

Multifactorial Phenomenon

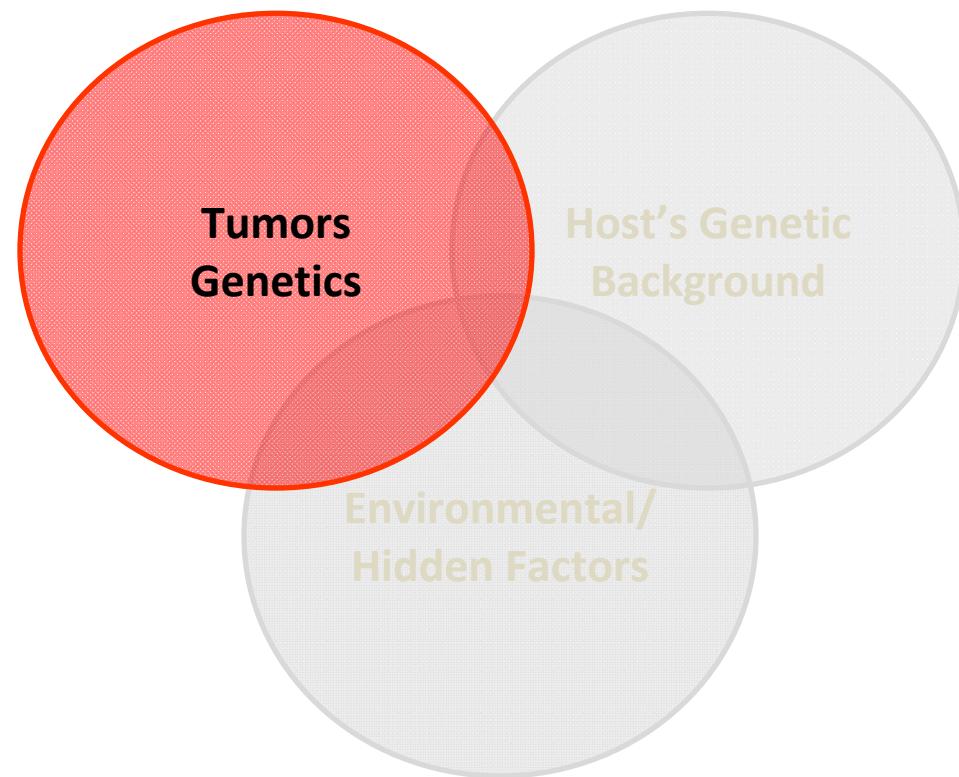
Limited power of clinical trials

Univariate class comparison

Classes of factors influencing immune responsiveness

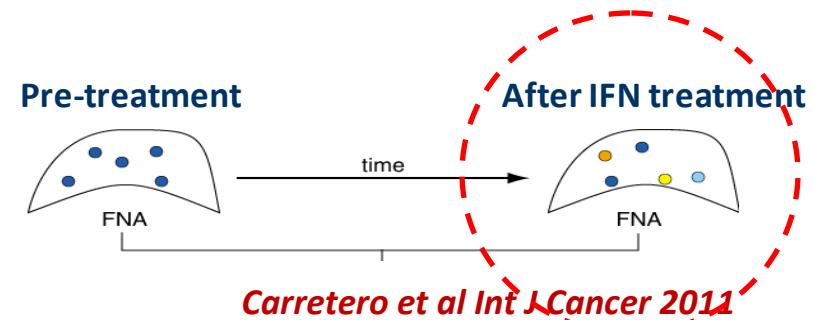


Classes of factors influencing immune responsiveness

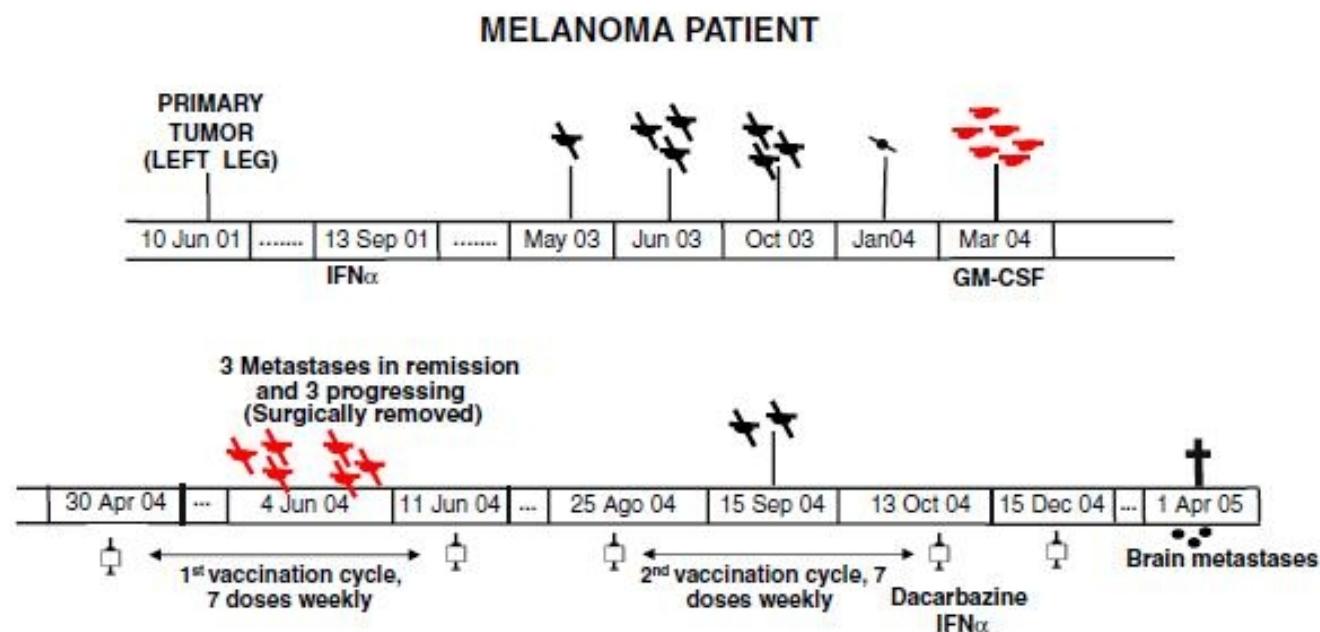


Regression of melanoma metastases after immunotherapy is associated with activation of antigen presentation and interferon-mediated rejection genes

Rafael Carretero^{1,2}, Ena Wang³, Ana L. Rodriguez², Jennifer Reinboth^{3,4,5}, Maria L. Ascierto³, Alyson M. Engle³, Hui Liu³, Francisco M. Camacho⁶, Francesco M. Marincola³, Federico Garrido^{1,2} and Teresa Cabrera^{1,2}



The phenomenon of the mixed response

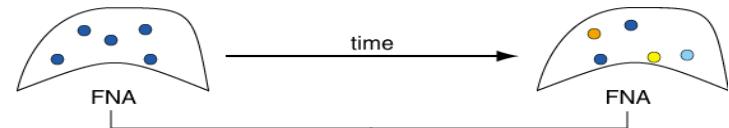


Regression of melanoma metastases after immunotherapy is associated with activation of antigen presentation and interferon-mediated rejection genes

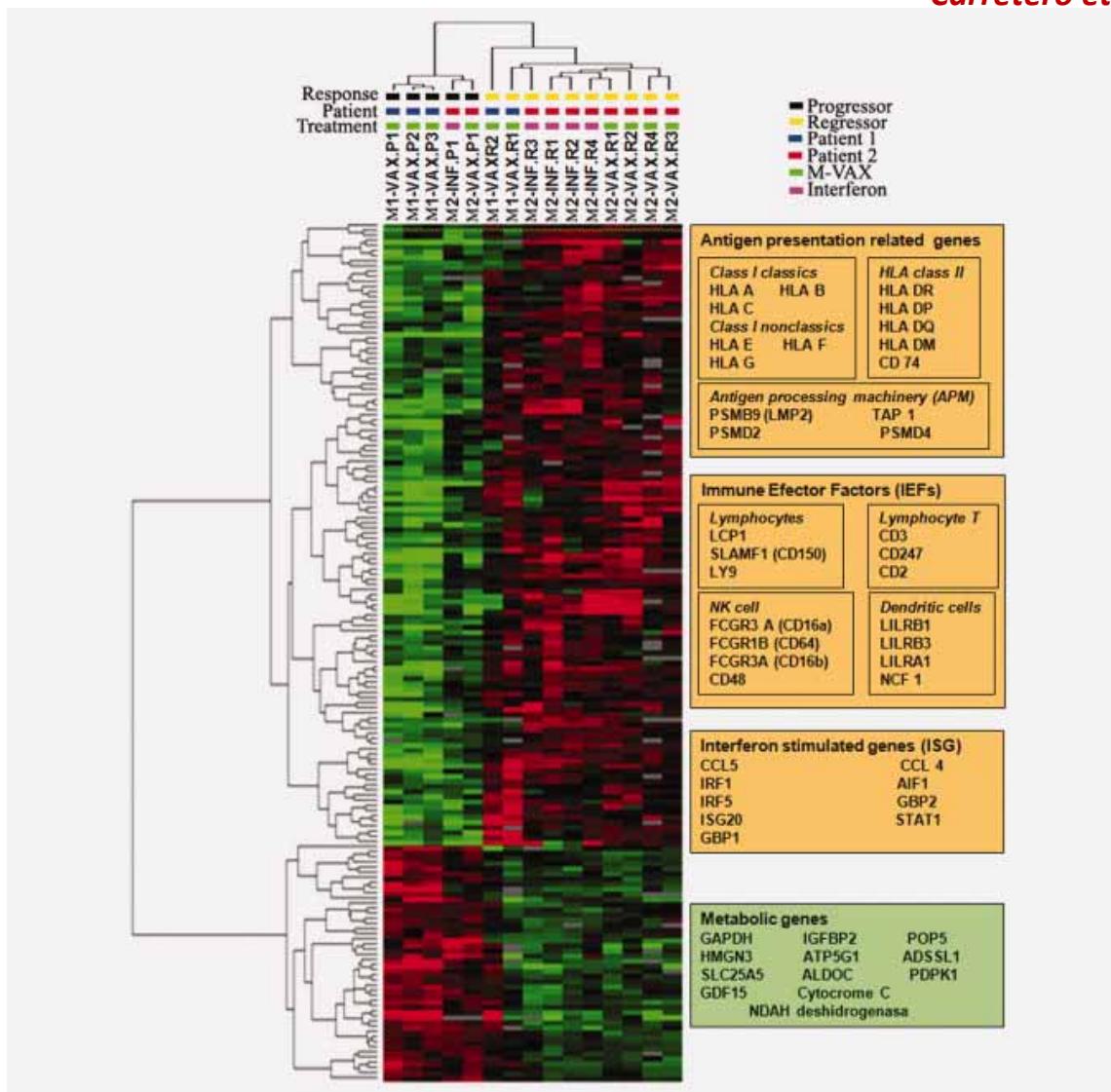
Rafael Carretero^{1,2}, Ena Wang³, Ana L. Rodriguez², Jennifer Reinboth^{3,4,5}, Maria L. Ascierto³, Alyson M. Engle³, Hui Liu³, Francisco M. Camacho⁶, Francesco M. Marincola³, Federico Garrido^{1,2} and Teresa Cabrer^{1,2}

After IFN treatment

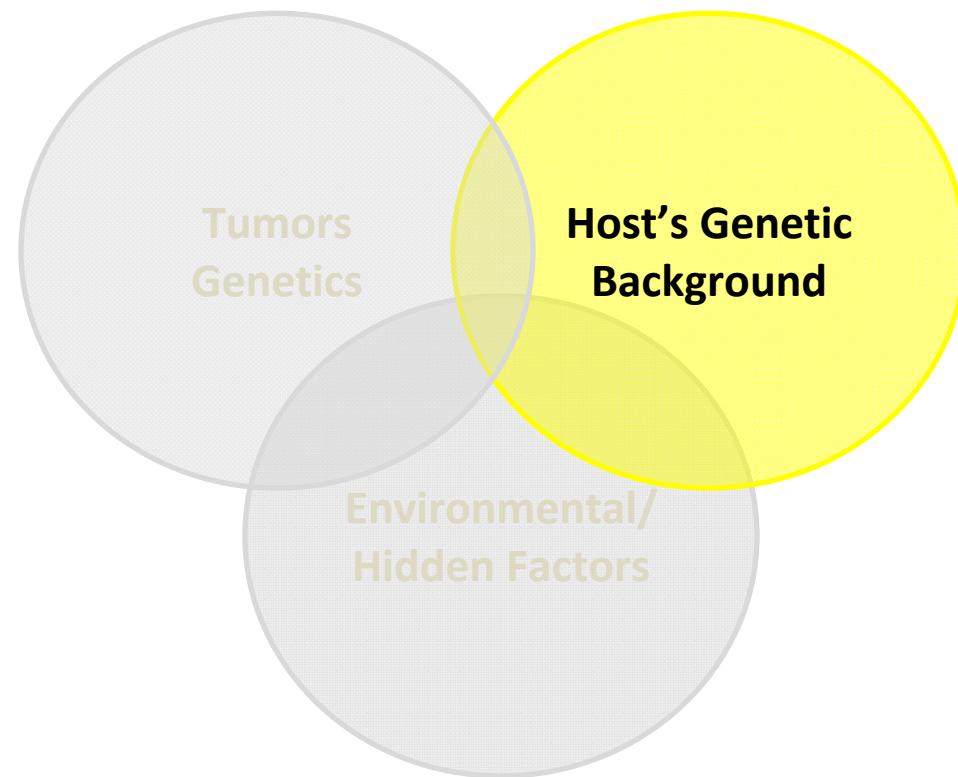
Pre-treatment



Carretero et al Int J Cancer 2011



Classes of factors influencing immune responsiveness



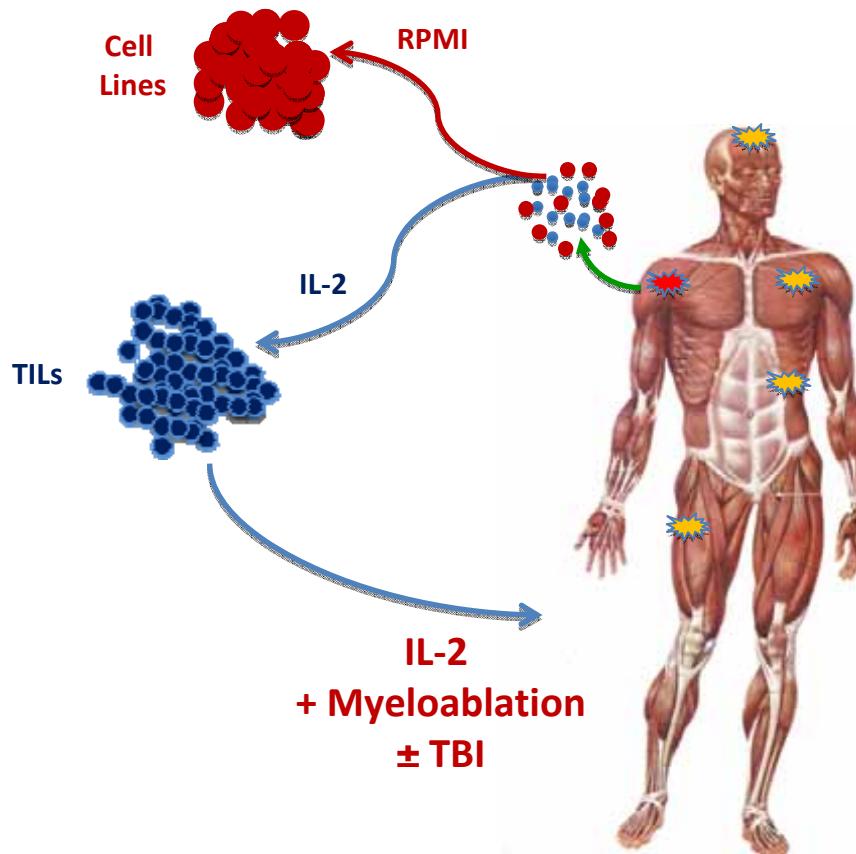
Project overview

SAMPLE STUDIED

142 TILs from patients enrolled in five adoptive cell therapy trials

113 parental melanoma metastases

15 melanoma cell lines derived from the 15 melanoma metastases

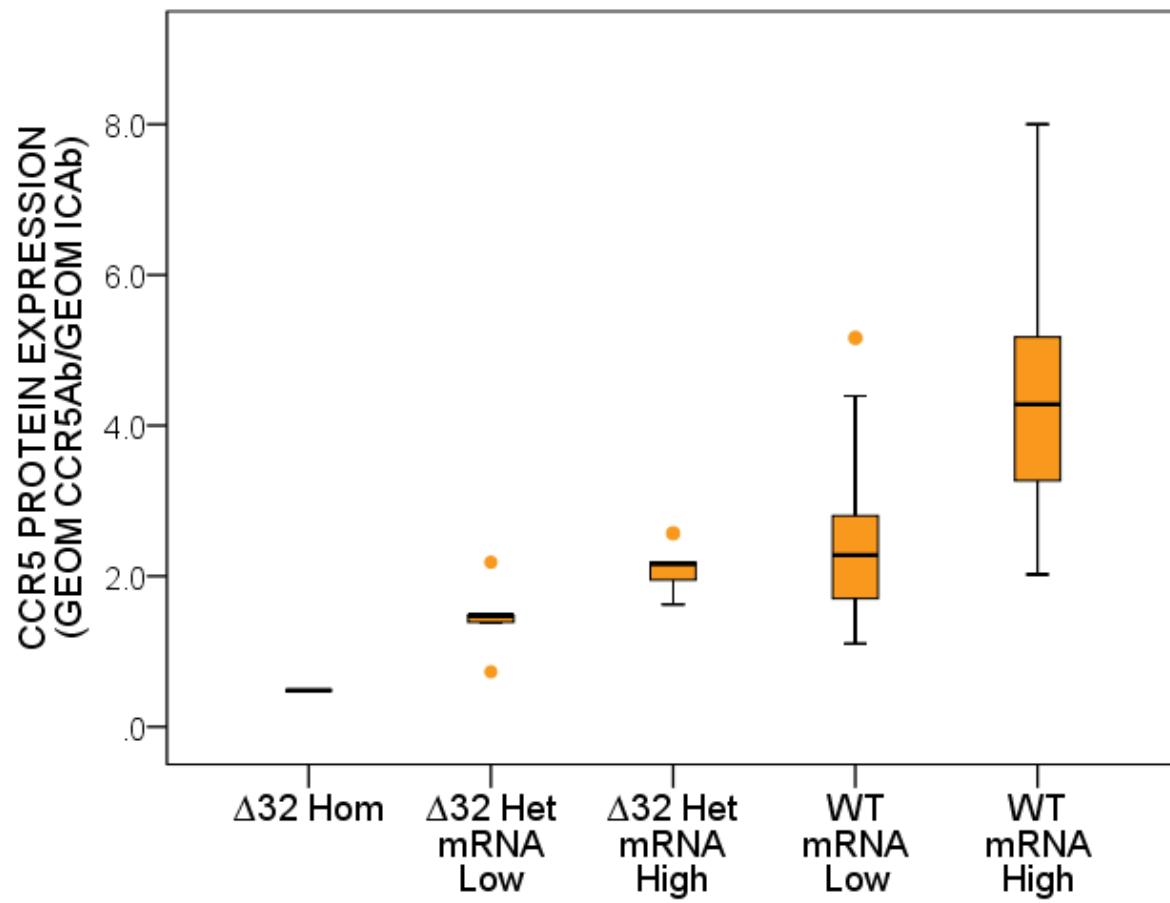


	Stat-1 IRF-1/RF5 T-bet ⁺ IFN- γ IL-15	GNLY GZM TIA	CXCL-9 CXCL-10 CXCL-11 CXCR3	CCL5 CCR5	References
<u>Cancer prognosis</u>					
Colorectal <i>hu</i> CA	+	+	+	+	(Camus et al. 2009; Galon et al. 2006; Pages et al. 2005)
Lung <i>hu</i> CA	+	+	+	+	
Melanoma <i>hu</i> Xeno	n.t.	n.t.			(Dieu-Nosjean et al. 2008)
Ovarian <i>hu</i> CA Xeno	+	+			(Harlin et al. 2009) (Benencia et al. 2005)
<u>Tumor rejection</u>					
<i>Mastocytoma mus</i>	+	+	+	+	(Shanker et al. 2007)
<i>Breast hu</i> CA Xeno	+	+		+	(Worschech et al. 2009)
<i>BCC hu</i> CA				+	(Panelli et al. 2006)
<u>Allo-transplant rejection</u>					
<i>Kidney hu</i>	n.t.	n.t.	+	n.t.	(Reeve et al. 2009; Saint-Mezard et al. 2009; Sarwal et al. 2003)
<i>Heart hu</i>	n.t.	+	+	+	(Karason et al. 2006)
<i>Islet pig</i>	+	n.t.	+	+	(Hardstedt et al. 2005)
<i>Liver rat</i>					(Hama et al. 2009)
<u>GVHD</u>	+	+	+	n.t.	(Imanguli et al. 2009)
<u>HCV viral clearance</u>					
<i>Chimp</i>	+	+	+		(Bigger, Brasky, & Lanford 2001; Nanda et al. 2008)
<i>Hu</i>	+		+		(Asselah et al. 2008; Feld et al. 2007; He et al. 2006)
<u>Acute cardiovascular events</u>					
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			+		(Costa et al. 2008)
<u>Interface Dermatitis</u>					
	+		+		(Wenzel & Tuting 2008)
<u>Villitis</u>					
	+		+	+	(Kim et al. 2009)

CCR5 DNA – LEVEL: $\Delta 32$ mutation

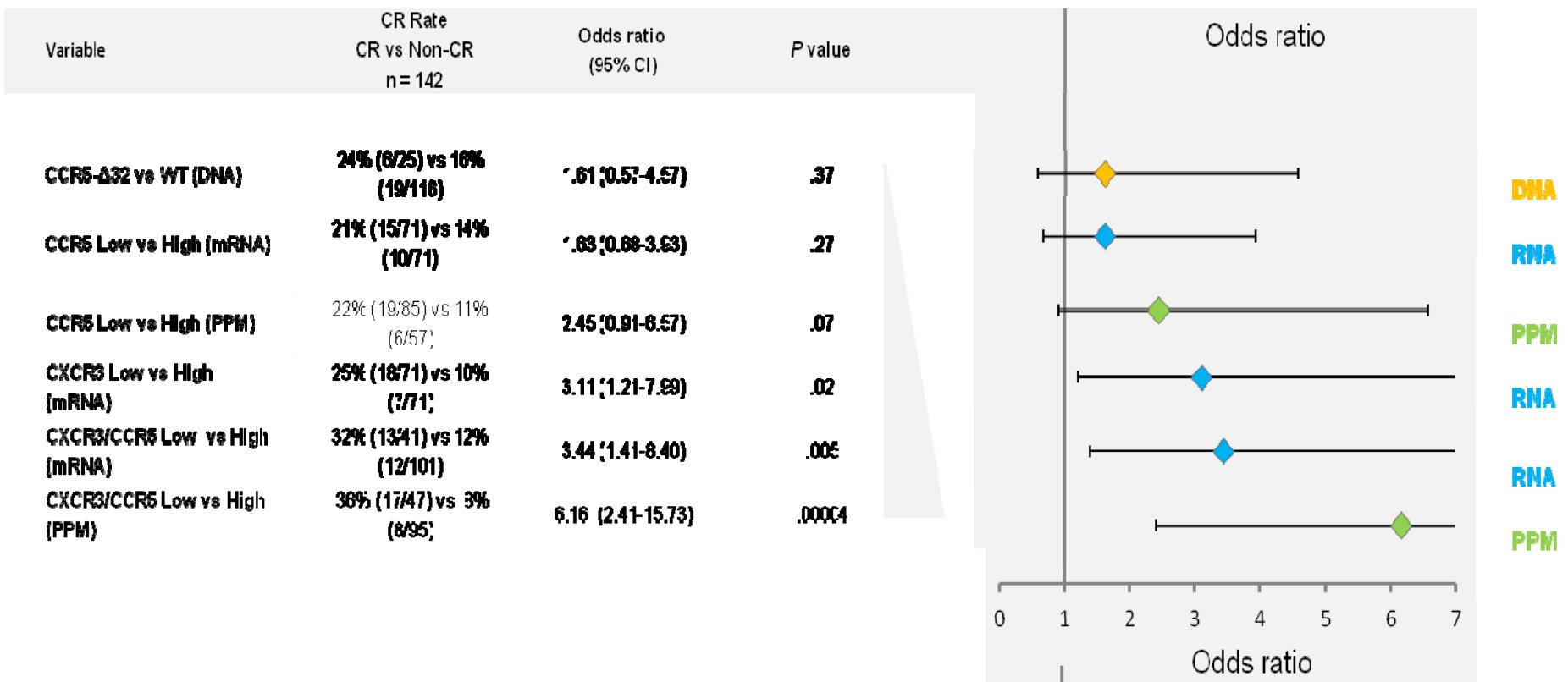
PCR and Sequencing

Allele	Frequency	Expected*
$\Delta 32$ Heterozygous	17% (24/141)	~ 10-15%
$\Delta 32$ Homozygous (N=1)	0.7% (1/141)	~ 1%
Wild type (n=116)	82% (118/141)	~ 85-90%

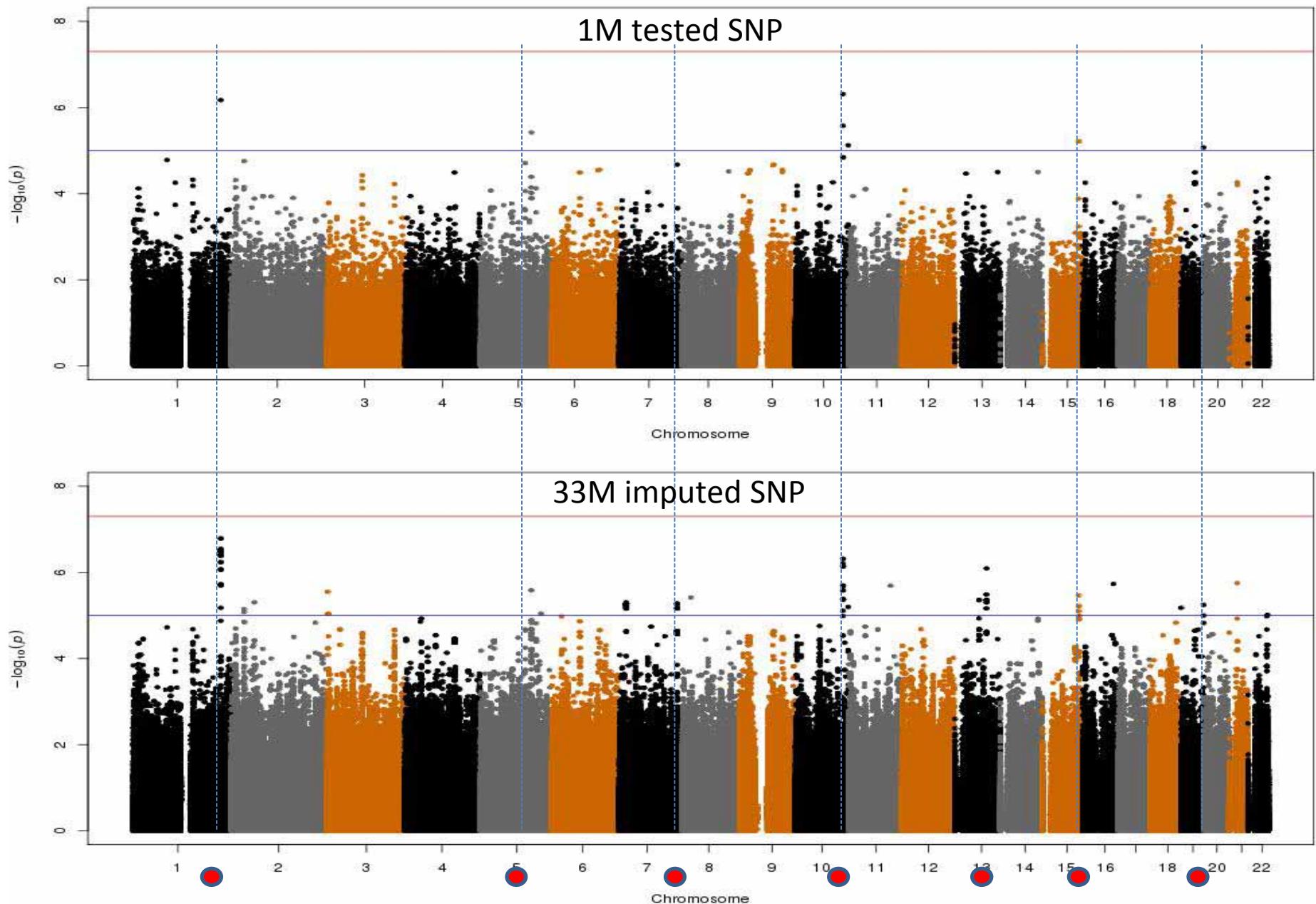


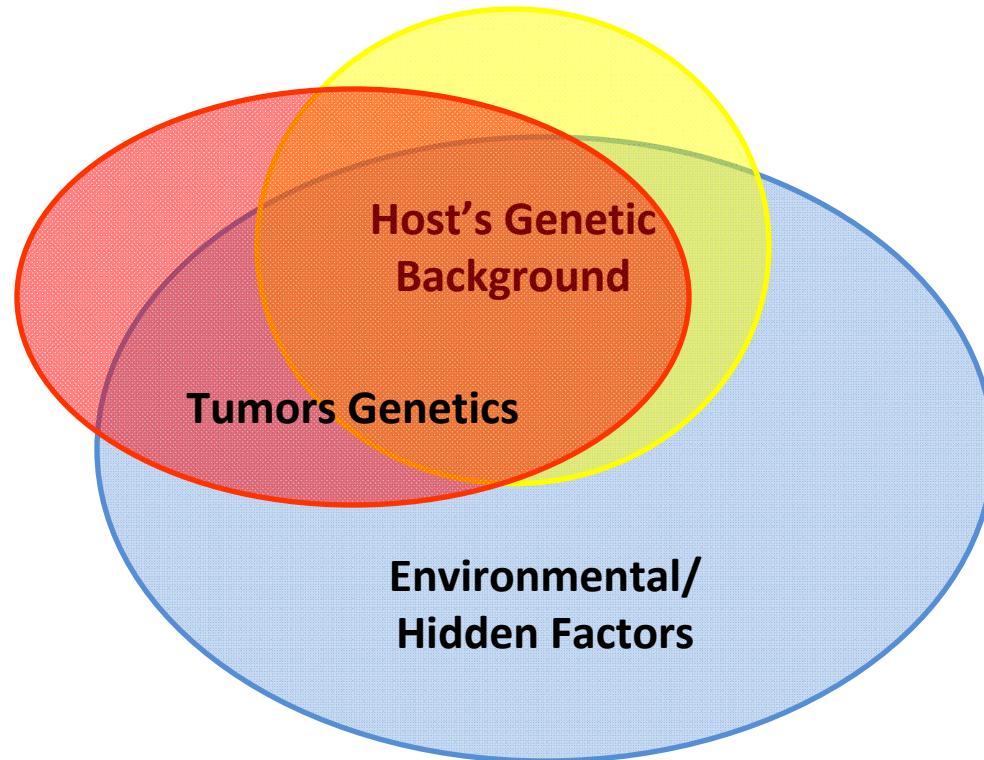
A

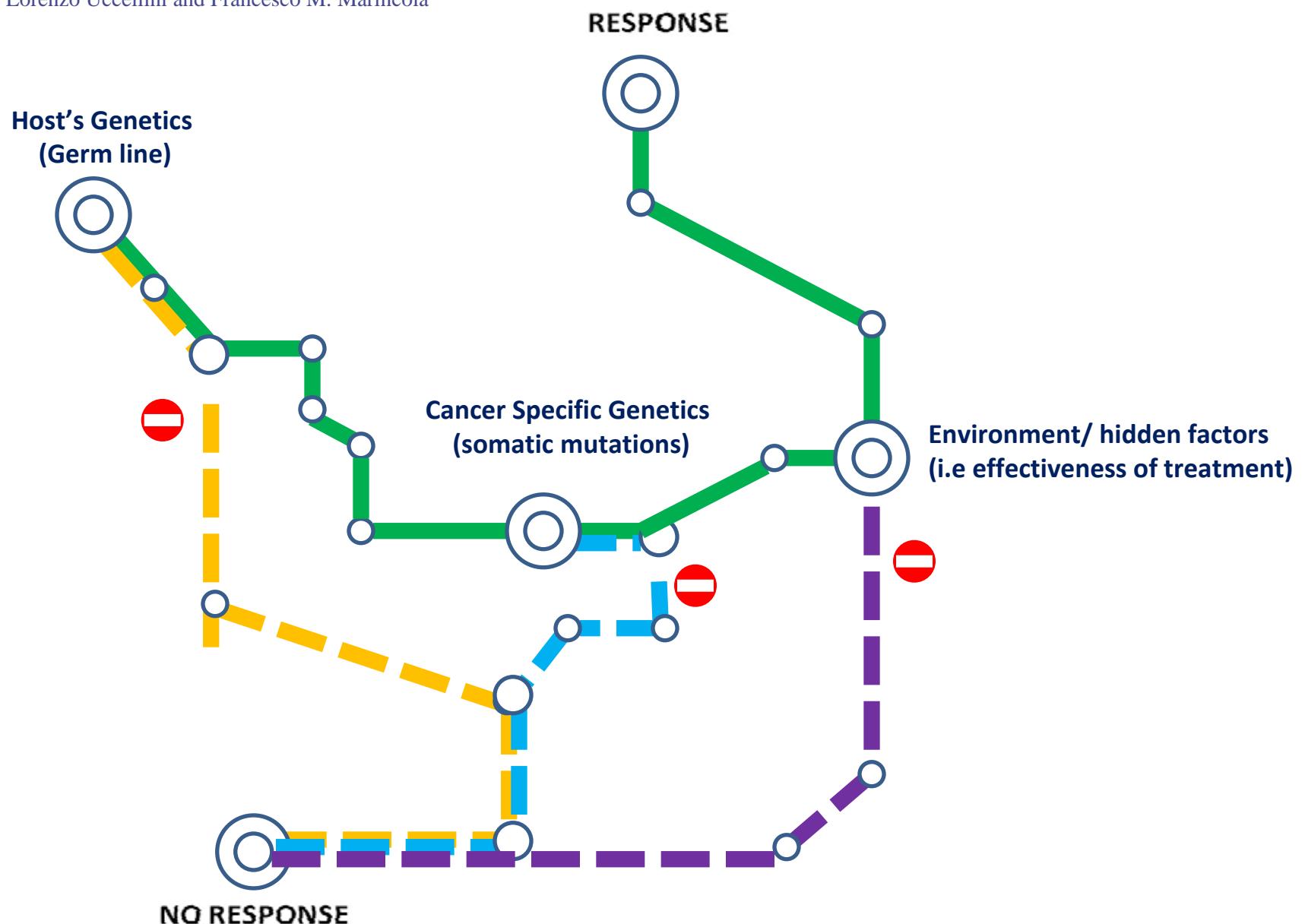
Complete Response (CR vs Non-CR)



Genome-wide scan for allele frequency differences between CR and PD

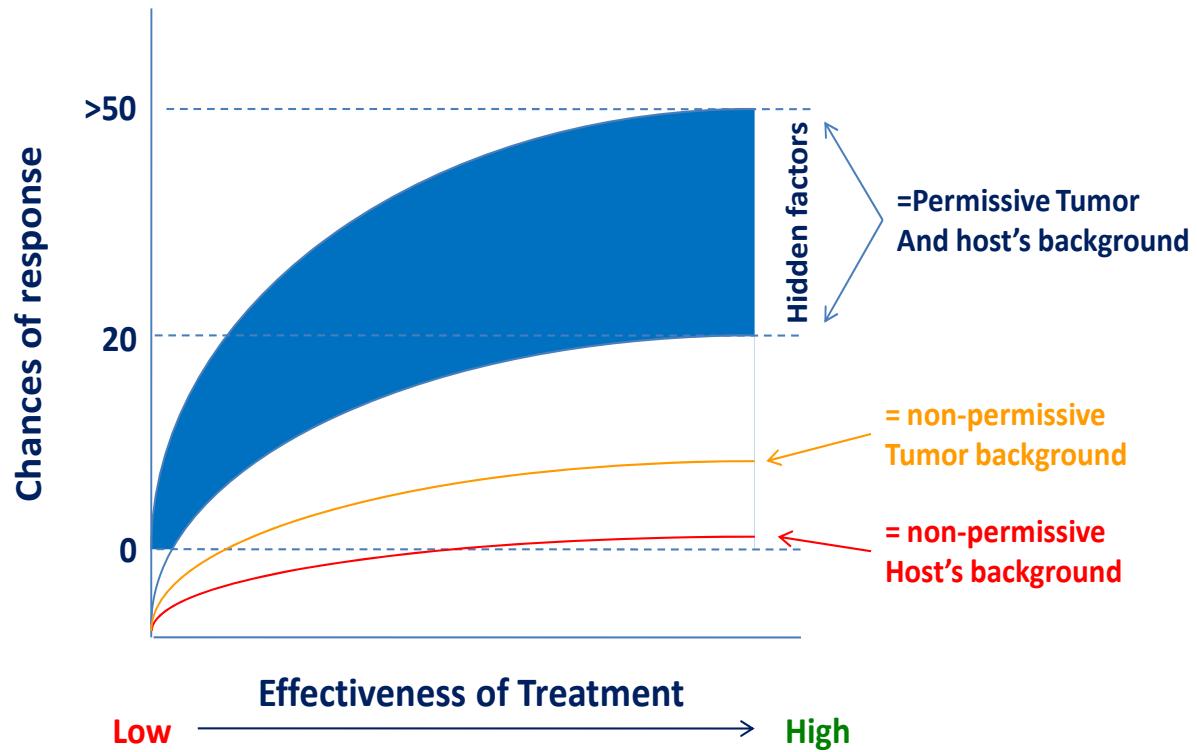






A genetic inference on cancer immune responsiveness

Ena Wang, Lorenzo Uccellini and Francesco M. Marincola



Future strategy

Factors limiting the study of tumor immune responsiveness

Multifactorial Phenomenon

Limited power of clinical trials

Univariate class comparison

A recipe for the identification of the algorithm governing tumor rejection

Collect samples for germ line and somatic analyses

Collect samples obtained from patients receiving conceptually similar treatments

Prioritize analyses according to question

Use univariate class comparison for enrichment

Combine results from different platforms

Apply functional analysis to identify prevalent biological themes

Apply combinatorial approaches

Validate on independent data set



Mark O. Hatfield
Clinical Research Center

