Combination Immune-Antiangiogenic Therapy: Lessons from Ovarian Cancer

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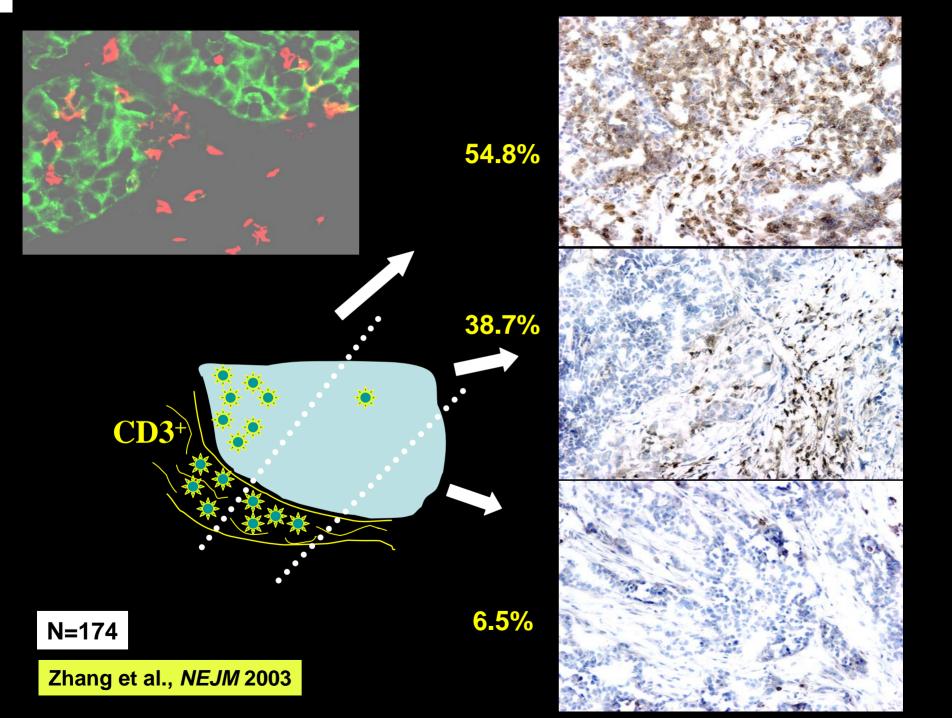


Goals

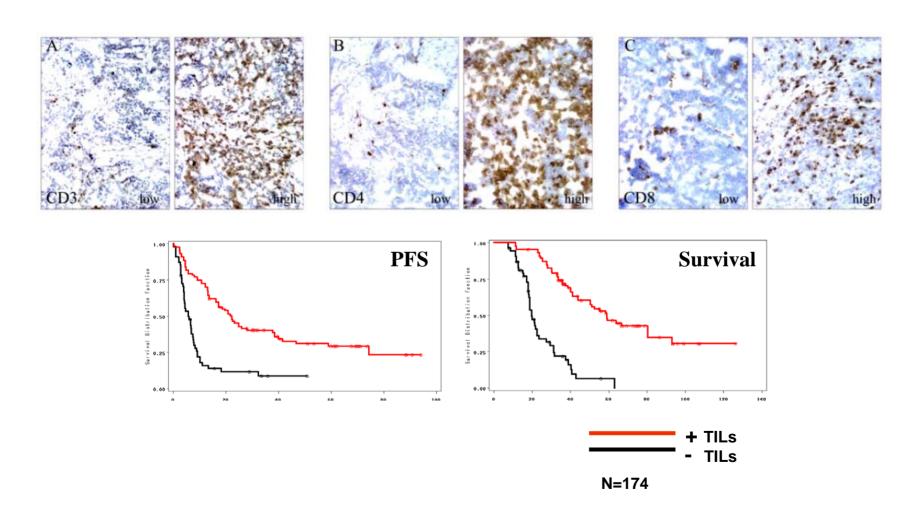
- 1) Explain the scientific rationale for the combinations "Why would it work?"
- 2) Summarize data on use of the combinations, both preclinical and clinical
- 3) Summarize potential pitfalls and complications to be aware of "Why it may not work"
- Suggest the next steps that should be made

Why would it work?

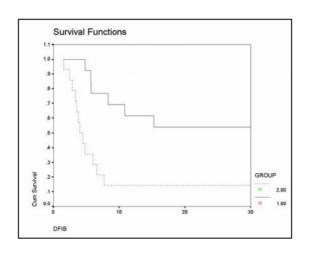
- 1) Ovarian cancer is immunogenic tumor
- 2) Antiangiogenic therapy has produced significant results: Single agent bevacuzimab ~20% RR, higher with metronomic cyclophosphamide
- 3) VEGF suppresses the maturation of DCs

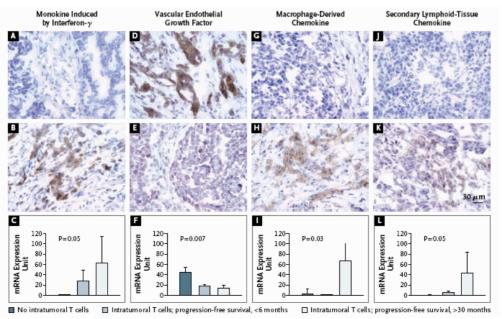


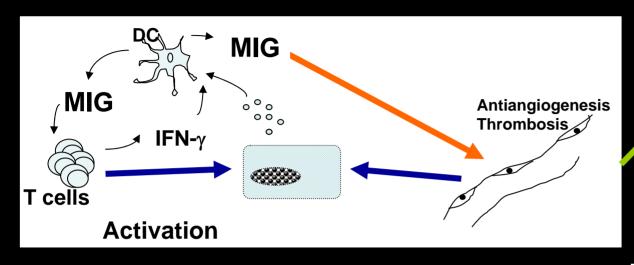
Impact of Inratumoral T cells on Outcome in Ovarian Cancer Stage III/IV patients

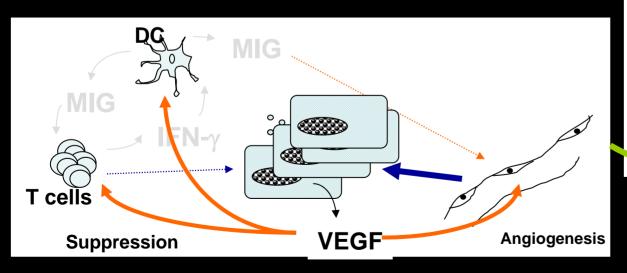


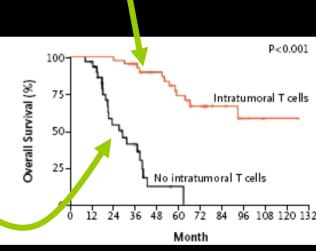
VEGF associates with poor outcome and absence of intratumoral T cells







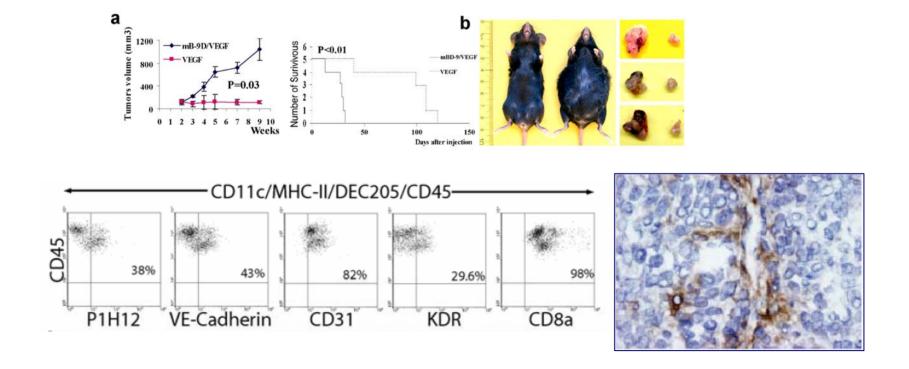




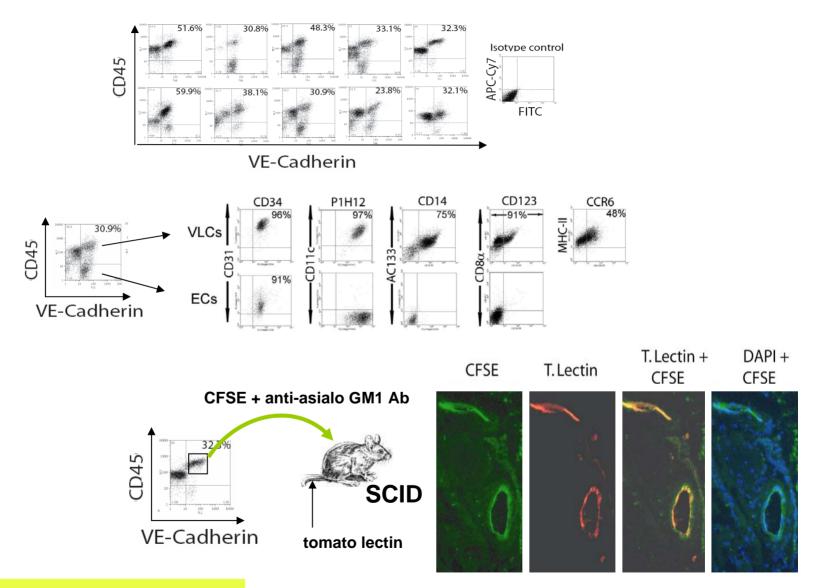


Tumor-infiltrating dendritic cell precursors recruited by a β -defensin contribute to vasculogenesis under the influence of Vegf-A

Jose R Conejo-Garcia^{1,5}, Fabian Benencia^{1,5}, Maria-Cecilia Courreges¹, Eugene Kang¹, Alisha Mohamed-Hadley¹, Ronald J Buckanovich¹, David O Holtz¹, Ann Jenkins¹, Hana Na¹, Lin Zhang^{1,2}, Daniel S Wagner³, Dionyssios Katsaros⁴, Richard Caroll² & George Coukos^{1,2}



Discovery of Human Vascular DCs



Why would it NOT work?

- Non immunogenic tumors Immune mechanisms have little impact
- Antiangiogenic therapy has not produced significant results as single agent – Angiogenesis more complex than anticipated, angiogenesis targets less obvious

Future Directions

 Clinical testing in immunogenic tumors where antiangiogenic therapy has produced significant results as single agent – ovarian cancer

 Preclinical investigation to identify angiogenesis targets in other tumors and test combination approaches