



Sexual dimorphism in myeloid-derived suppressor cells promote GBM progression in females via IL-1β

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Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.



Males have higher glioblastoma (GBM) incidence rates and worse outcome





Sex differences in immune response associate with disease prevalence



Myeloid-derived suppressor cells (MDSCs) correlate with poor GBM outcome



(Alban et al., *JCI Insight*, 2018)

Outstanding Question: What is the impact of biological sex on MDSCdriven GBM immunosuppression?



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MDSC subsets differentially accumulate in males versus females



Differential expression profile of MDSCs identify therapeutic vulnerabilities



MDSC subsets are susceptible to different



Male patients have more tumor-infiltrating immunosuppressive myeloid cells



gMDSC signature correlate with prognosis of female GBM patients



Interim Conclusions



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 mMDSCs infiltrate the tumor microenvironment, where they actively proliferate.

 IL-1β secretion by gMDSCs comprise a therapeutic target for females (*clinical trial pending in 2021*).

(Bayik et al., Cancer Discovery, 2020)





Outstanding Question: How does systemic gMDSC accumulation drive GBM and what biological pathways regulate gMDSC activity?



Potential for systemic-local immunity communication



gamma-Aminobutyric acid (GABA) signaling as a potential regulator of gMDSCs





GABA analogue increases tumor infiltration of gMDSCs in females



Conclusions & Future Perspective



- Systemic gMDSC accumulation drives microglia infiltration of GBM via IL-1β signaling
- Altered GABA signaling serves as a potential regulator of local gMDSC activity.
- Investigation of the effect of IL-1β on microglia polarization
- Analysis of the effect of GABA on gMDSC behavior



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