

Myeloid suppressive cells in cancer

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Myeloid cells are most abundant white blood cells in human body They are present in practically all tissues There are no "cold" tumors for myeloid cells



Myeloid cells are strongly associated with negative clinical outcome in cancer

Gentles et al. Nat. Med. 2015

Classically activated myeloid cells



Strong activation signal. Short duration



Pathologically activated myeloid cells



At any given moment classically activated myeloid cells co-exist with pathologically activated cells



and their balance may define clinical outcome in cancer

Veglia F et al. Nat Immunol. 2018





Multiple suppressive mechanisms in different cells

Alicea-Torres, K. & Gabrilovich, D.I. Oncolmmunol. (2018)

Meta-analysis of the association between different types of MDSCs and OS in patients with solid tumors.

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PMN-MDSCs Mundy et al.,2011 Arihara et al.,2013 Wang et al.,2013 Chi et al.,2014 Vetsika et al.,2014 de Goeje et al.,2015 Horinaka et al., 2017 Gonda et al., 2017 Shoji et al., 2017 Shoji et al., 2017 Subtotal (I-squared = 60.4%, p = 0.003) 	0.83 (0.55, 1.27) 3.04 (1.02, 9.04) 1.05 (1.01, 1.09) 3.21 (1.02, 10.07) 1.07 (0.56, 2.06) 2.09 (1.14, 3.82) 1.34 (0.12, 14.34) 1.34 (0.79, 3.81) 4.41 (1.05, 18.48) 1.06 (1.03, 1.09) 2.89 (1.23, 6.80) 3.74 (1.04, 13.37) 1.11 (1.01, 1.21) 0.77 (0.49, 1.21) 2.63 (1.01, 6.79)	4.77 1.14 10.47 1.05 2.65 2.99 0.26 2.00 0.69 10.52 1.74 0.86 39.13 4.37
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Weide et al.,2013		1.45
	2.03 (1.27, 3.24)	4.19
Santegoets et al., 2014	4.26 (1.37, 13.25)	1.06
Vetsika et al.,2014 (M-MDSCs subtype1)	2.35 (1.25, 4.41)	2.82
Vetsika et al.,2014 (M-MDSCs subtype2)	1.70 (0.52, 5.53)	0.99
Bailur et al.,2015 (M-MDSCs subtype1)	1.09 (0.16, 7.42)	0.40
Bailur et al.,2015 (M-MDSCs subtype2)	1.22 (0.10, 15.04)	0.24
Chevolet et al., 2015	4.77 (1.42, 16.04)	0.94
de Goeje et al.,2015	2.69 (1.57, 4.60)	3.52
Hansen et al.,2015	2.31 (0.83, 6.42)	1.28
Huang et al., 2015	2.81 (1.01, 7.79)	1.28
Tian et al.,2015	2.64 (1.20, 5.81)	1.98
Gao et al., 2016	2.61 (1.01, 6.74)	1.46
Horinaka et al., 2016	6.32 (1.01, 45.05)	0.41
Martens et al., 2016 (Low vs High)	5.55 (3.49, 8.82)	4.24
Martens et al., 2016 (Low vs Middle)	3.33 (2.12, 5.23)	4.38
Martens et al., 2016 (Middle vs High)	1.89 (1.11, 3.22)	3.56
Mizukoshi et al.,2016	4.29 (1.61, 11.44)	1.38
Wang et al., 2016	2.26 (1.03, 4.92)	2.02
Weber et al., 2016	2.46 (1.03, 5.87)	1.69
de Coaña et al., 2017	0.67 (0.31, 1.42)	2.11
Subtotal (I-squared = 63.1%, p = 0.000)	2.35 (1.79, 3.10)	45.75
Total-MDSCs	1	
Gabitass et al.,2011	1.22 (1.06, 1.41)	9.26
Solito et al.,2011 (Breast cancer)	3.32 (1.01, 14.68)	0.79
Solito et al.,2011 (Colorectal cancer)	3.18 (1.01, 11.83)	0.92
Chevolet et al., 2015	4.98 (1.50, 16.67)	0.95
Sade-Feldman et al., 2016	2.82 (1.16, 6.86)	1.63
Yang et al., 2017	3.58 (1.45, 8.86)	1.58
Subtotal (I-squared = 70.7%, p = 0.004)	2.63 (1.41, 4.92)	15.13
Overall (I-squared = 81.1%, p = 0.000)	1.78 (1.57, 2.02)	100.00
NOTE: Weights are from random effects analysis		

Wang et al. Oncoimmunology, 2018, e1494113

Study

Classical approach to targeting



Inactivate inhibitory pathways IDO, adenosine, arginase, etc Can it work? Yes, but ...



autoimmune pathology

result in increased protumorigenic activity

Multiple redundant mechanisms limit efficacy

Many clinical disappointments

Target the source of the problems - MDSC



Patients selection. Patients with high proportion of specific pathological myeloid cells.



Eliminate only pathologically activated myeloid cells without removing normal cells.





Target different types of myeloid cells simultaneously

Convert pro-tumor myeloid cells to antitumor



Targeting of macrophages with CSF-1R inhibitor decrease TAM but increase tumor PMN-MDSC

Kumar et al. Cancer Cell 2017;32(5):654-668







Kumar et al. Cancer Cell 2017 ;32:654-668



Therapeutic effect of combination of CSF-1R and CXCR2 inhibitors

Kumar et al. Cancer Cell 2017 ;32:654-668

Selective targeting of different populations of myeloid-derived suppressor cells by histone deacetylase inhibitors

In mice, class I HDACs inhibitor entinostat had good combination activity with CTLA4 (less potent with PD1), but very small antitumor effect as single agent. Results of clinical trials were not encouraging.





Hashimoto et al. Cancer Immunol. Imunother. 2020

Simultaneous targeting of granulocytic and mononuclear cells provide antitumor effect in mice without CPI and may be beneficial in clinic



LOX-1 as a marker of PMN-MDSC that distinguish them from PMN

Condamine et al. Sci. Immunol. 2016;1:aaf8943

LOX-1+ PMN-MDSC in tumors predict clinical outcome



Kumar et al. Cancer Cell 2017;32(5):654-668





Interference with lipid metabolism can repolarize PMN-MDSC





FATPs: fatty acid transporter FABPs: fatty acid binding protein CD36: fatty acid translocase MSR1 (CD204): macrophage scavenger receptor 1

Azzay HME at al. Clinical chemistry, 2006

Fatty acid transporter 2 (FATP2)

- Member of family composed of six members
- Very long fatty acid transport protein with acyl-CoA synthetase activity
- Key role in lipid biosynthesis and fatty acid degradation
- Specific inhibitors are available
- Good drug target:
 - Limited tissue expression
 - Deletion does not affect development,
 - growth, and normal functions
 - Inhibition does not impact cell viability
 - Suggested as biomarker for obesity



FATP2 is selectively increased in PMN-MDSC



F. Veglia et al. Nature 2019



FATP2 deletion has strong antitumor effect

F. Veglia et al. Nature 2019

FATP2 deletion cancelled immune suppressive activity of PMN-MDSC, but not M-MDSC and macrophages



PMN-MDSC











F. Veglia et al. Nature 2019

Pharmacological targeting of FATP2







Days after tumor injection

F. Veglia et al. Nature 2019

Conclusions

- Distinction between classical and pathological myeloid cells is important in the design of targeting strategies;
- Pathologically activated myeloid cells can be distinguished in cancer patients and this needs to be leveraged in search for new targets;
- Targeting of both major arms of myeloid cells (mononuclear and granulocytic) is important;
- Repolarization of pathological myeloid cells may be the future