



Society for Immunotherapy of Cancer

## Dendritic - NK cell mechanisms

Tuesday Feb 23, 2021 12:55-1:25 pm ET

Lewis L. Lanier  
[lewis.lanier@ucsf.edu](mailto:lewis.lanier@ucsf.edu)

## Scientific Advisory Boards 2021

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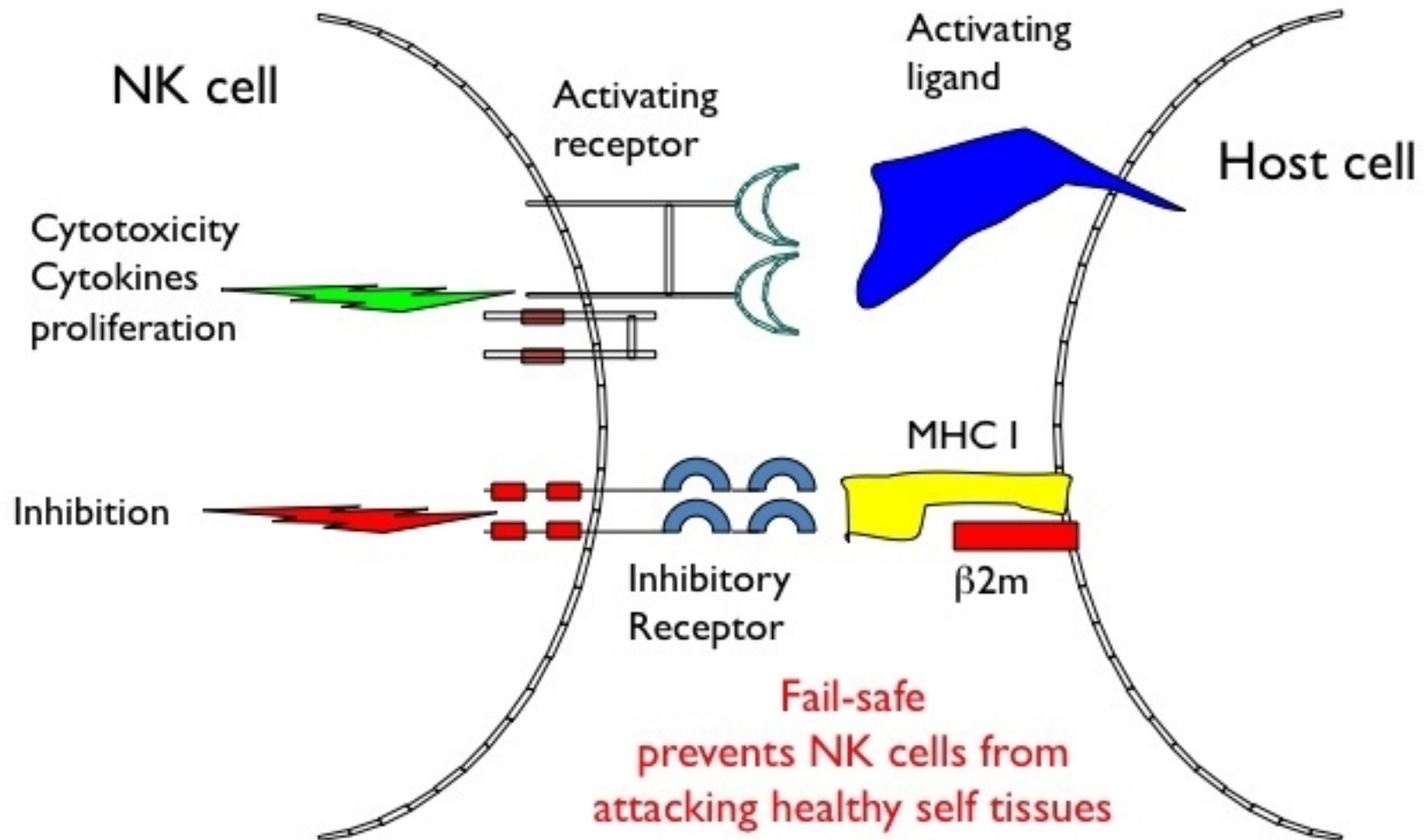
SBI



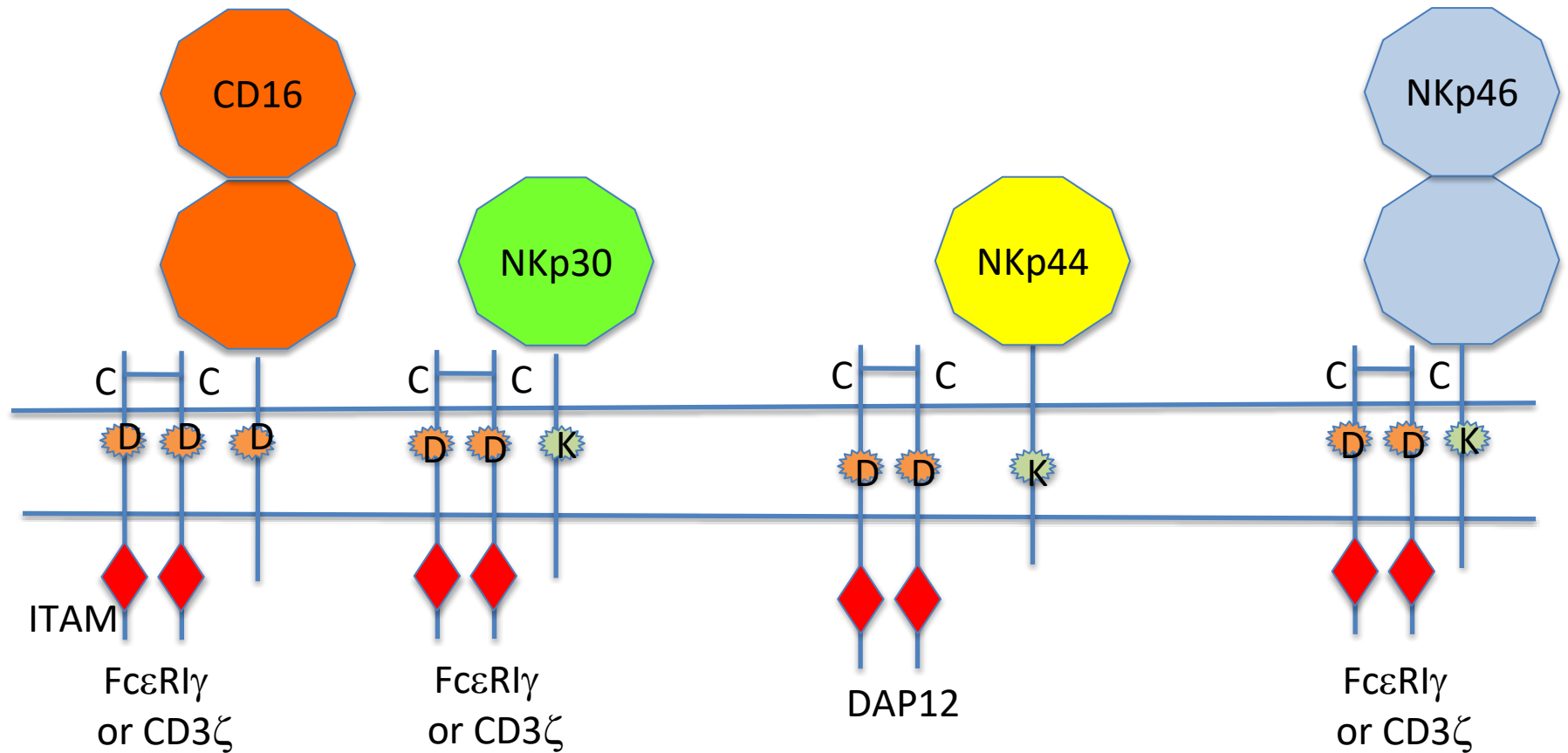
THERE'S A  
**NATURAL KILLER**  
INSIDE EVERYONE

WITH THE POTENTIAL TO TAKE ON  
MULTIPLE MYELOMA

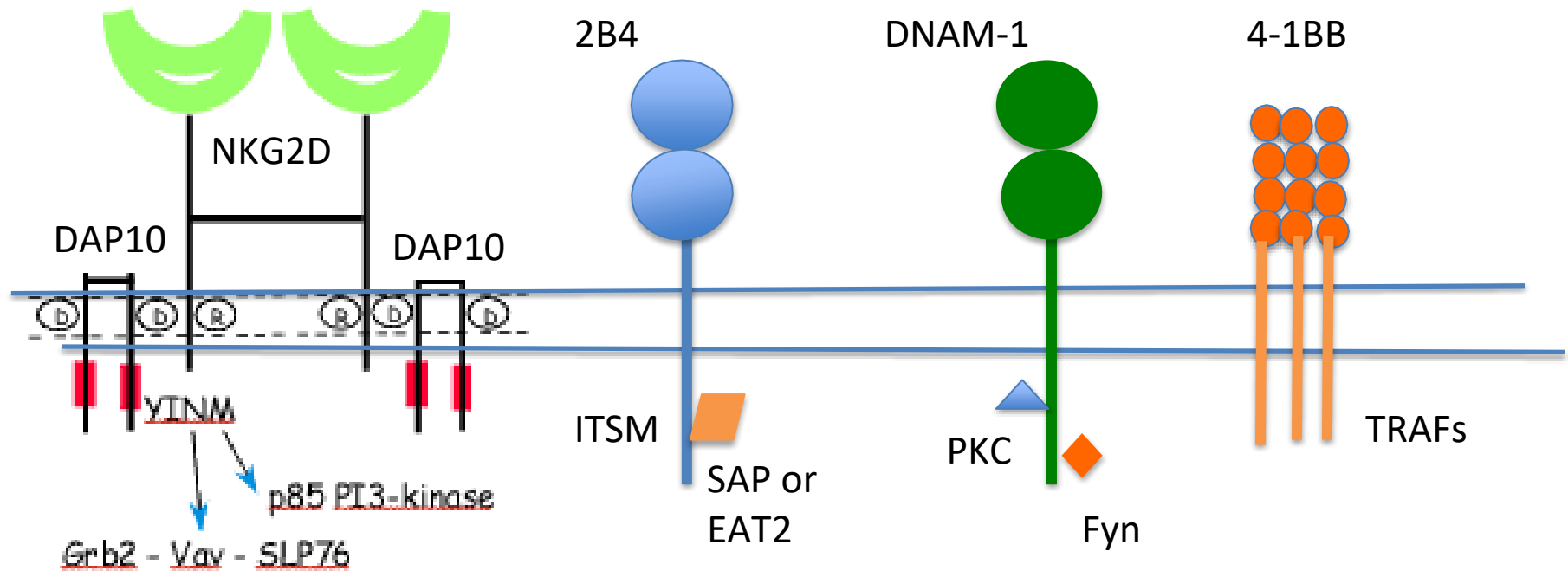
# NK cell functions are controlled by a balance of inhibitory and activating receptors



# ITAM-based activating NK receptors

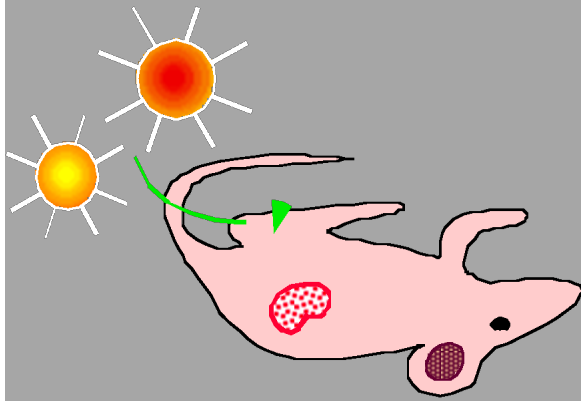


# Co-activating NK receptors

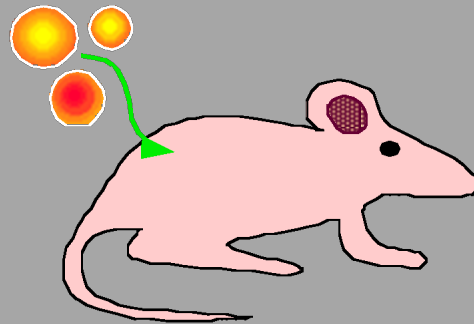


NK cells like to kill cells lacking MHC class I – “missing-self”

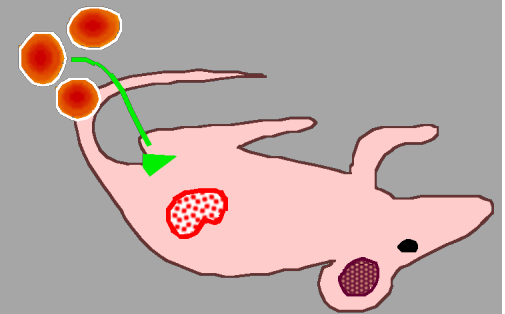
## NK Cells Reject Tumors Lacking MHC Class I



Class I<sup>+</sup> tumors  
grow *in vivo*



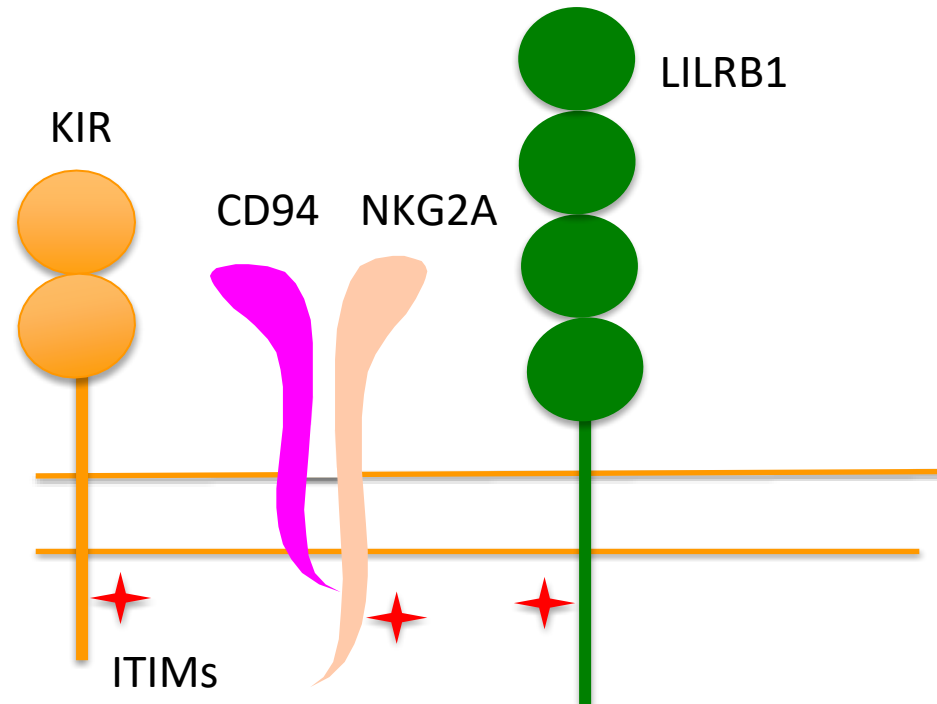
Class I<sup>-</sup> tumors  
are rejected



Class I<sup>-</sup> tumors  
in NK-depleted  
mice grow *in vivo*

Karre *et al.* 1986 Nature 319:675

# MHC class I Inhibitory Receptors on Human NK cells





Tumors can escape CD8<sup>+</sup> T cell surveillance by loss of MHC class I

\*Membrane MHC class I expression on primary human melanoma cells ranges from 100 to 0% (median, 70%)

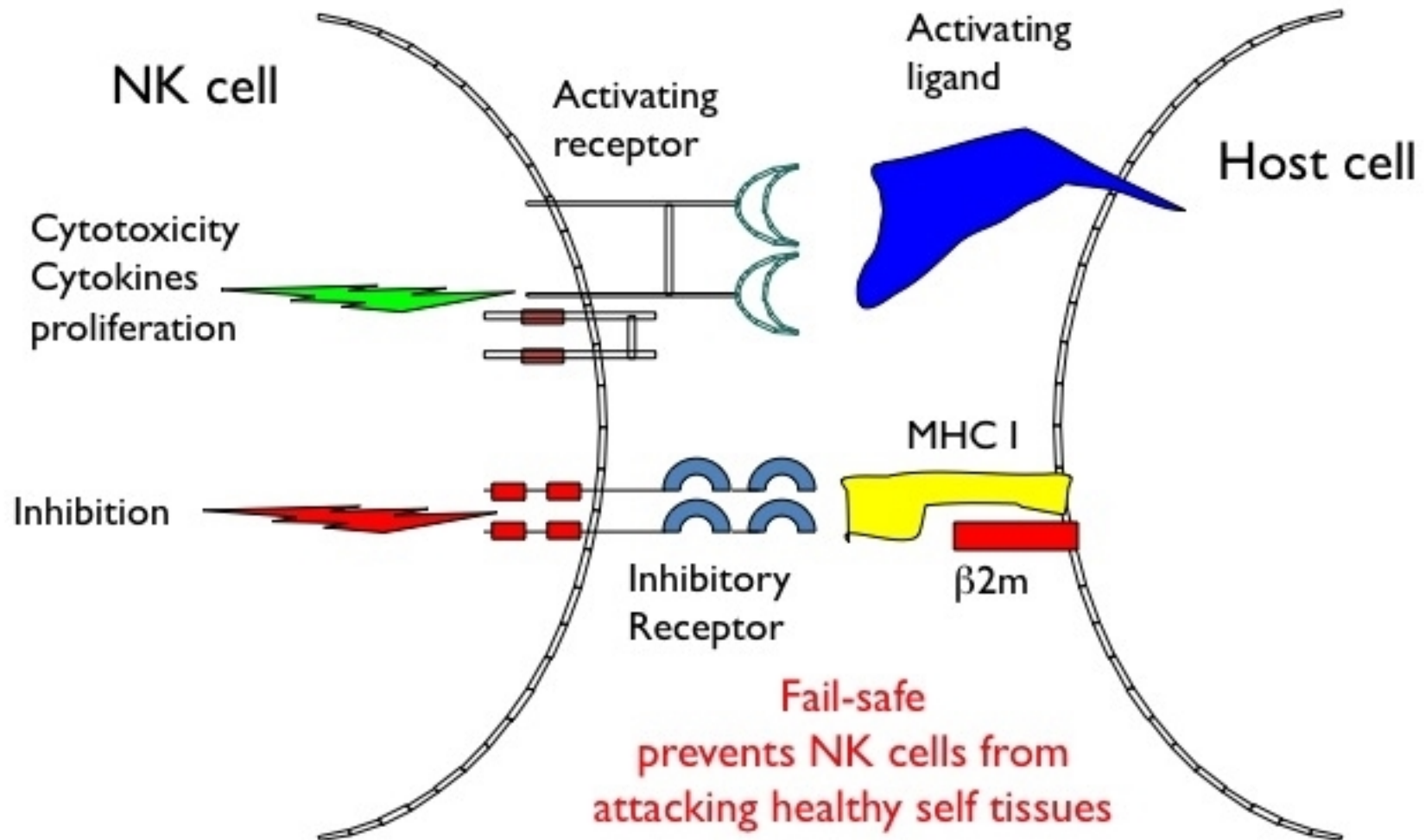
Lack of MHC class I expression on most of malignant cells (>50%) was observed in 34 of 92 cases (37%)

Due to transcriptional down-regulation of HLA-A,-B,-C and  $\beta$ 2-microglobulin –not mutation

How do MHC class I-negative tumors  
escape NK cell recognition and  
elimination?

How can we re-engage NK cells  
against these tumors?

# NK cell functions are controlled by a balance of inhibitory and activating receptors



# Why don't NK cells kill HLA class I-negative tumors arising in cancer patients?

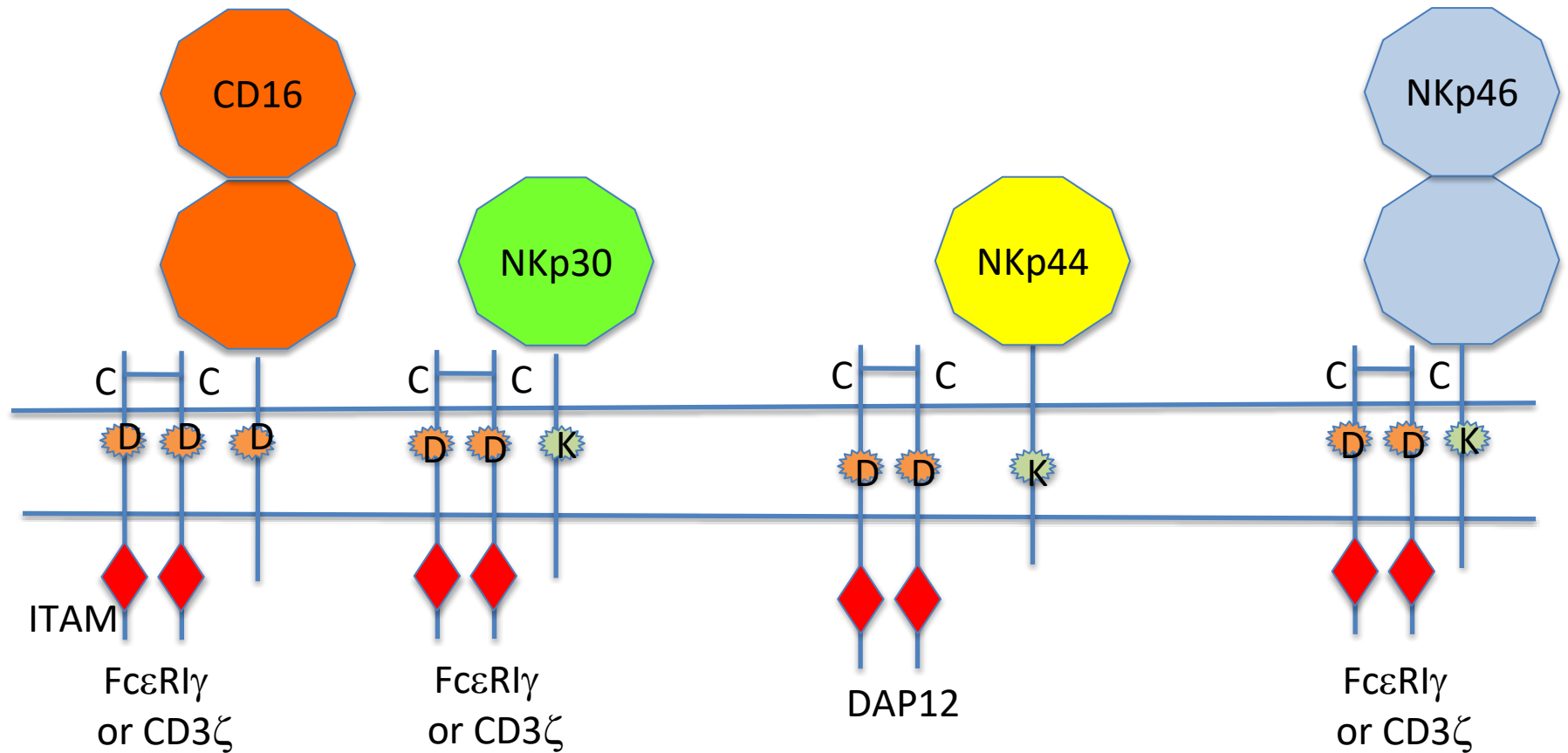
- \*Tumors lack ligands for activating receptors

- \*Redundant inhibitory receptors other than for class I dampen NK cell responses

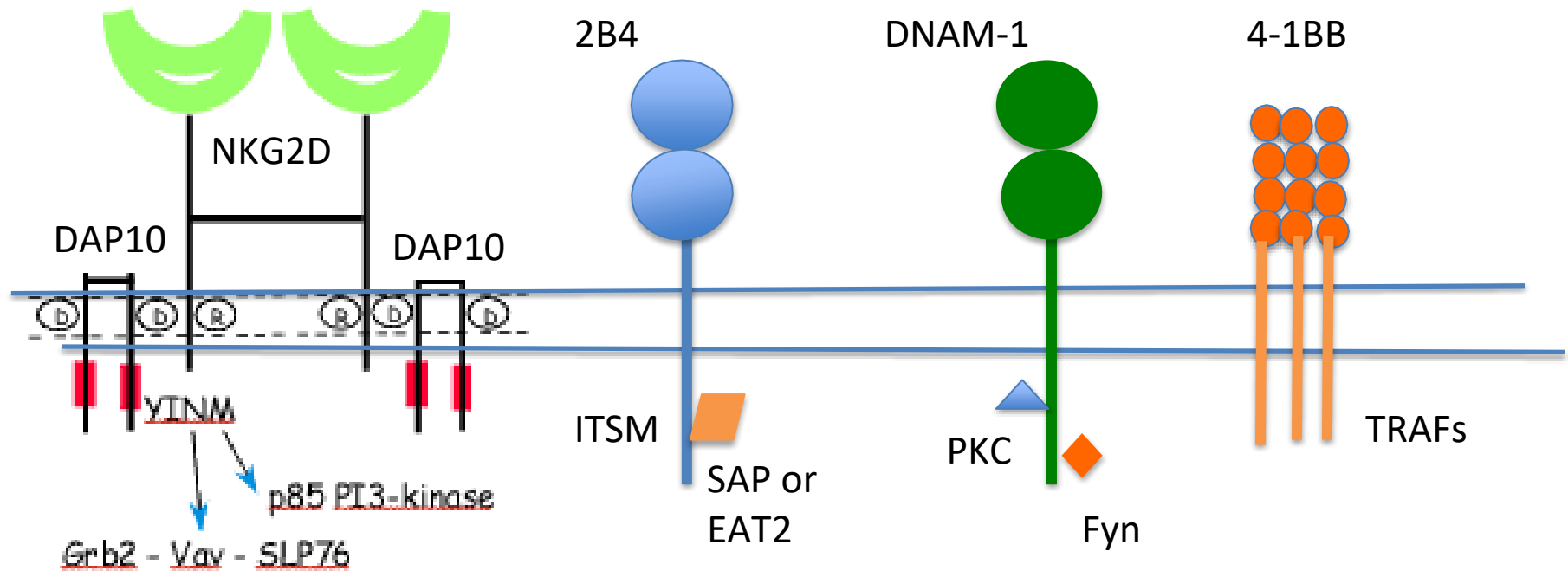
- \*NK cells kill some tumors, but without cytokines don't expand – then become “de-sensitized”

- \*Tumor microenvironment suppresses NK cell (e.g. NK cells hate Transforming Growth Factor  $\beta$ )

# ITAM-based activating NK receptors



# Co-activating NK receptors



# Why don't NK cells kill HLA class I-negative tumors arising in cancer patients?

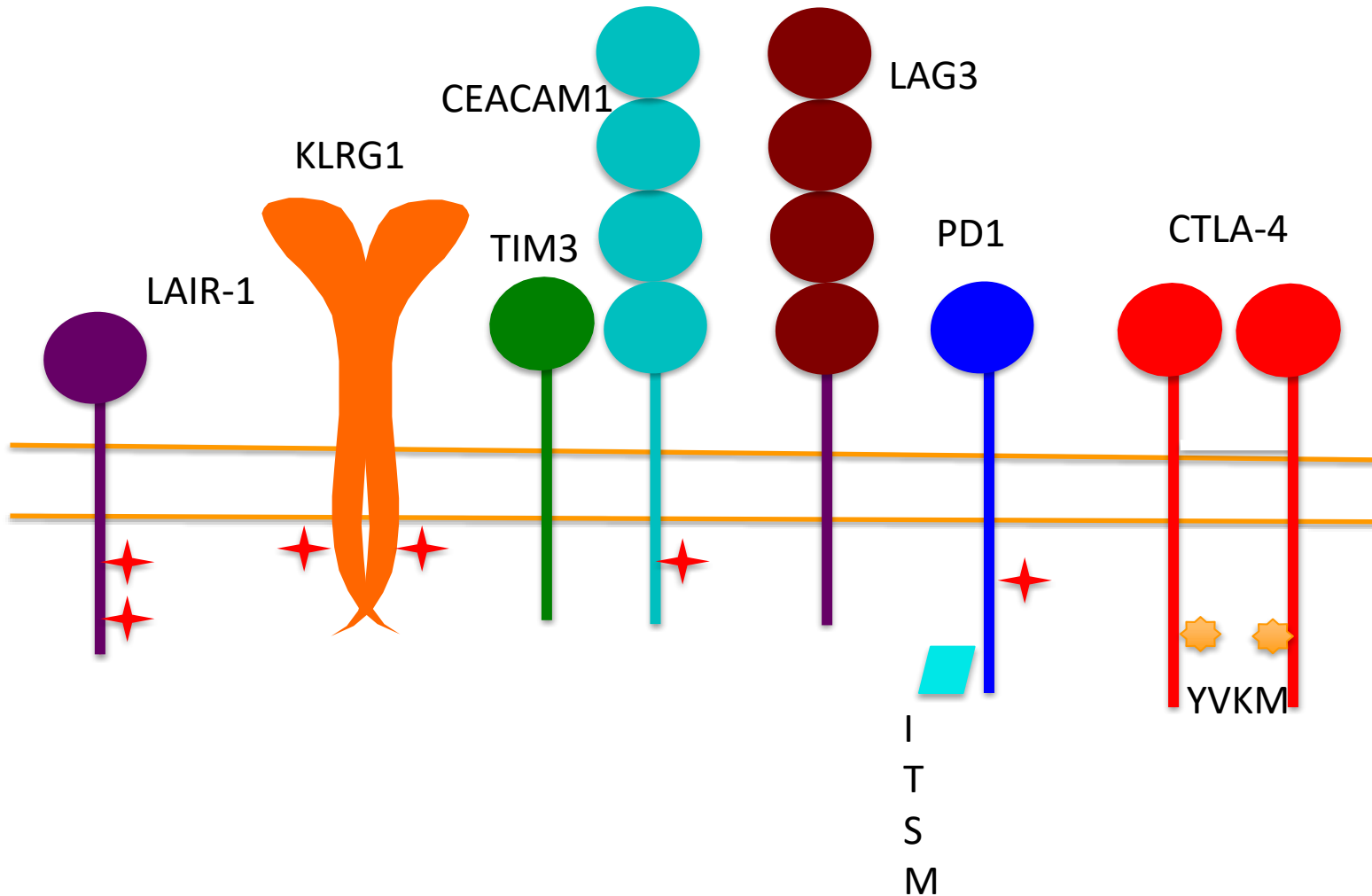
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# Non-MHC Inhibitory Receptors on Human NK cells





# Why don't NK cells kill HLA class I-negative tumors arising in cancer patients?

- \*Tumors lack ligands for activating receptors

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# Why don't NK cells kill HLA class I-negative tumors arising in cancer patients?

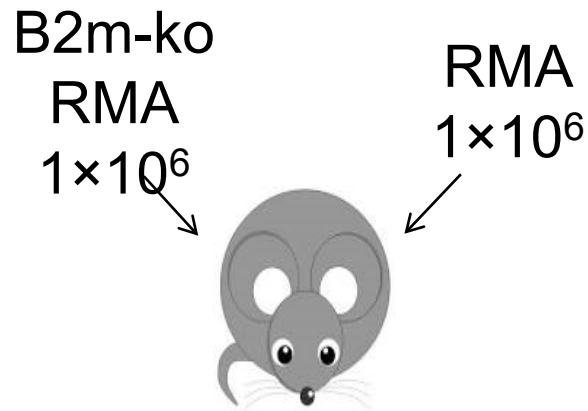
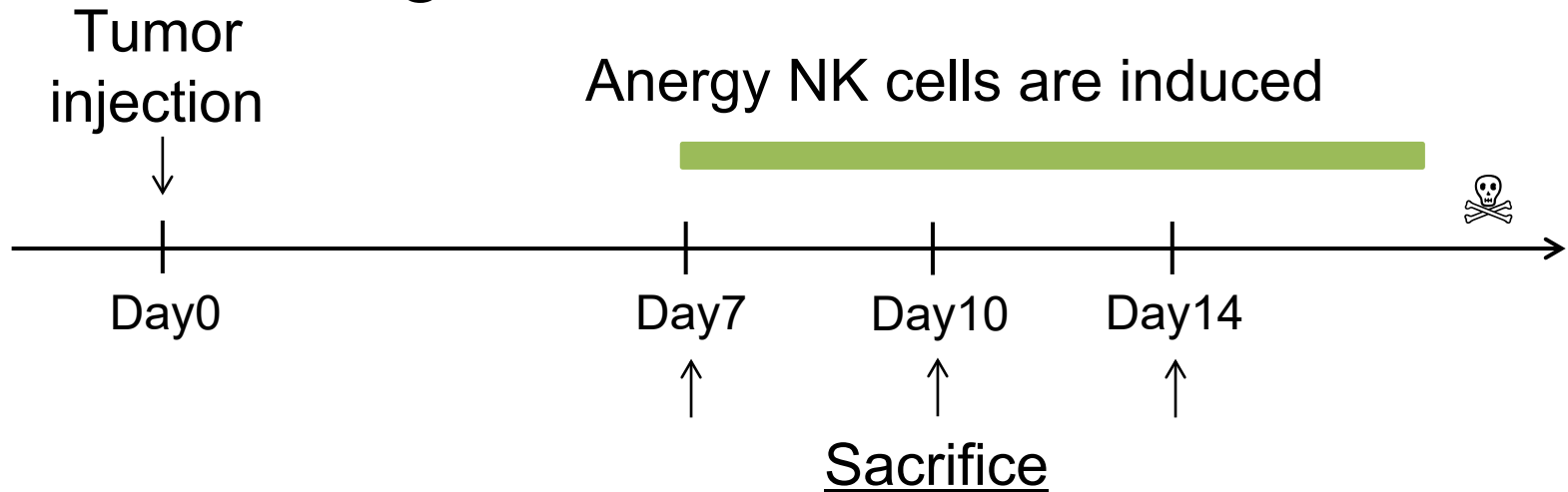
- \*Tumors lack ligands for activating receptors

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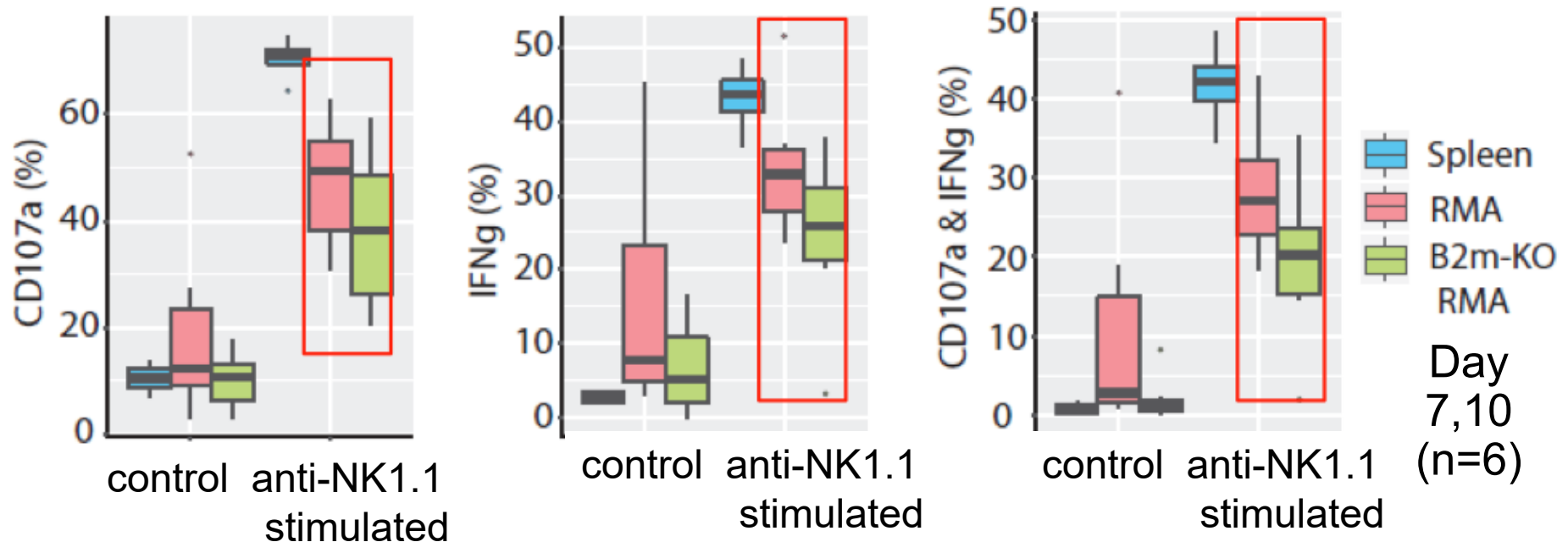
- \*Tumor microenvironment suppresses NK cell (e.g. NK cells hate Transforming Growth Factor  $\beta$ , hypoxia)

- \*NK cells kill some tumors, but without cytokines don't expand – then become “de-sensitized”

# In vivo model of anergy NK cells induced in tumor MHC class I – negative tumor environment



# NK cells infiltrating B2m-ko RMA tumor are hypo-responsive *ex vivo*



In progress – RNA-Seq on NK cells infiltrating RMA versus B2m-ko RMA

## Engaging NK cells to kill MHC class I-negative tumors

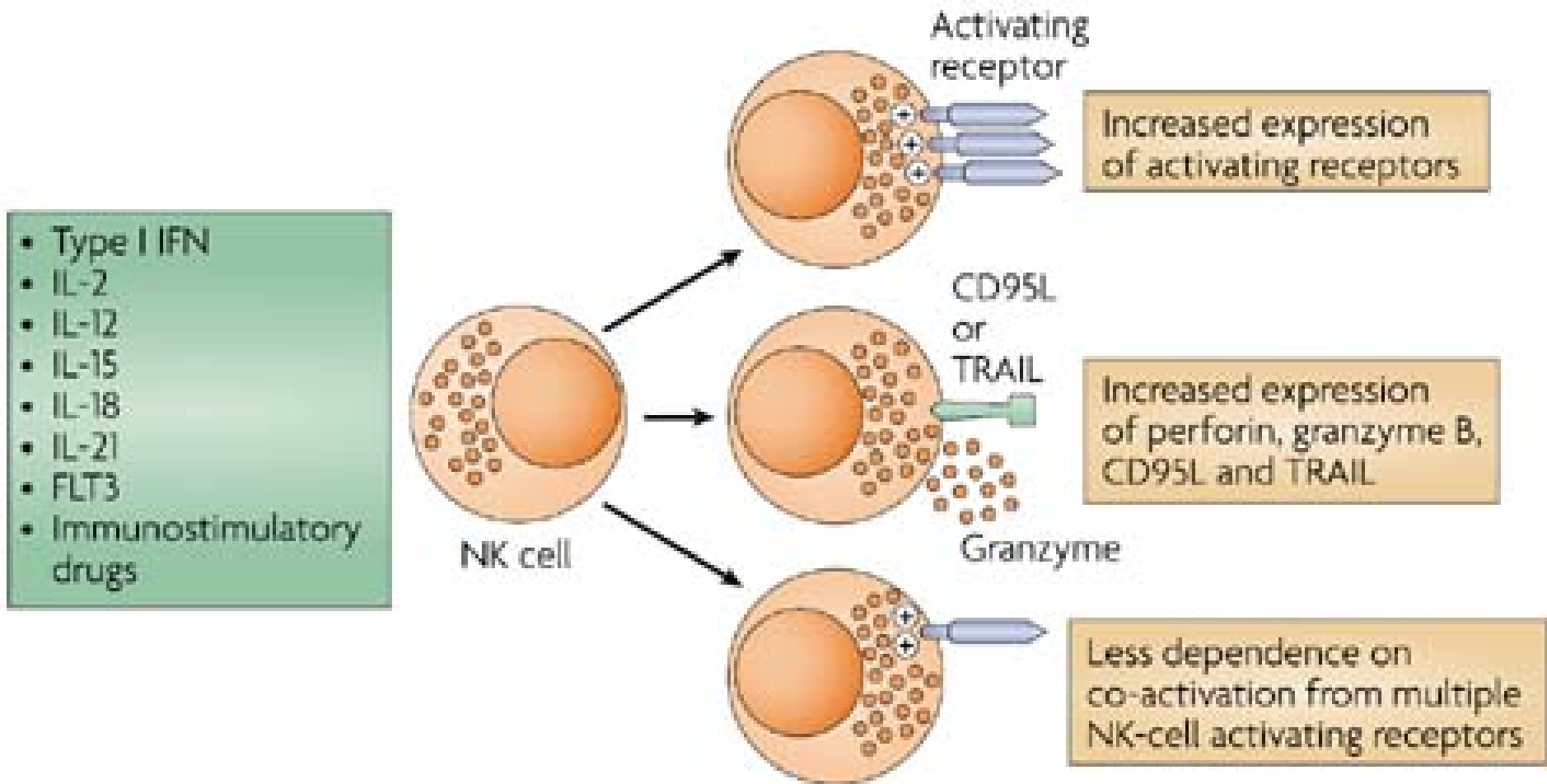
- \*Chronic exposure to MHC class I-negative tumors can render NK cells tolerant

- \*Blocking KIR or NKG2A MHC class I inhibitory receptors alone in cancer patients may simply result in NK cell tolerance

- \*Activation of NK cells with cytokines (IL-12 and others) can brake the tolerance and allow kill of MHC class I-negative tumors

# STRATEGIES FOR THERAPEUTICALLY MODULATING NK CELL FUNCTION

# Factors boosting NK cell lytic activity

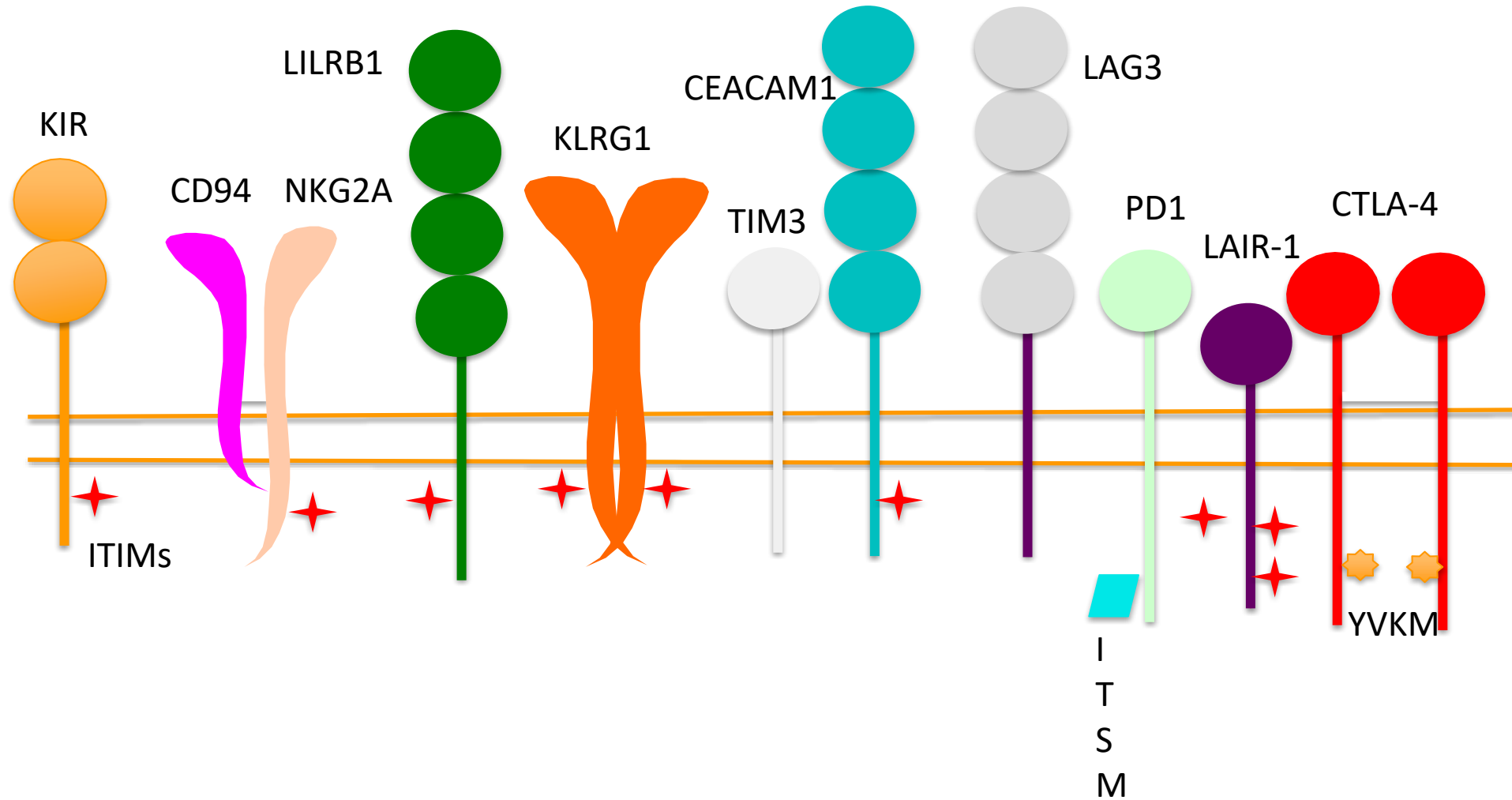


# Why don't NK cells kill HLA class I-negative tumors arising in cancer patients?

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# Inhibitory Receptors on Human NK cells



# Checkpoint blockade therapies

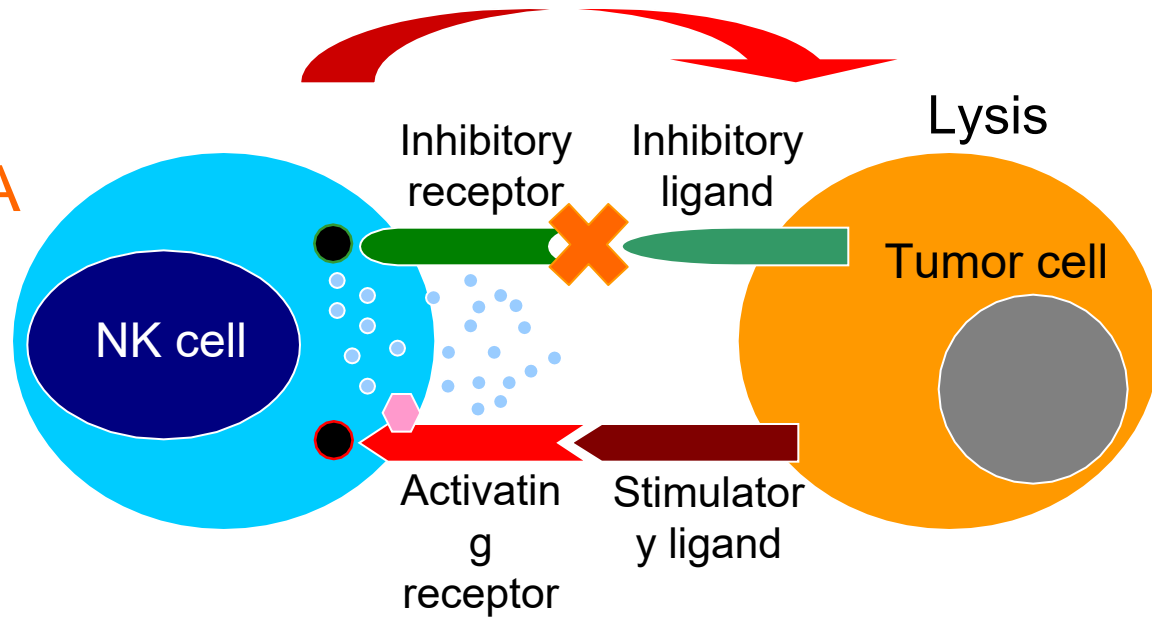
anti-KIR

anti-NKG2A

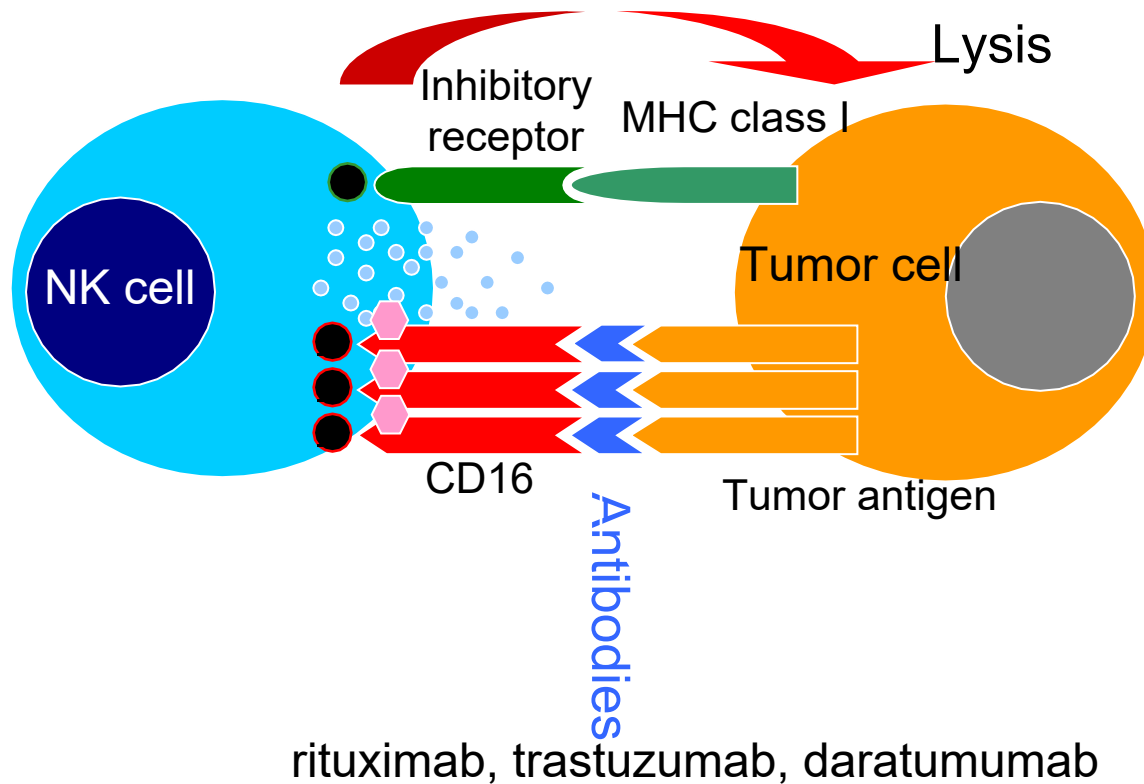
anti-PD1

anti-Tim3

anti-LAG3

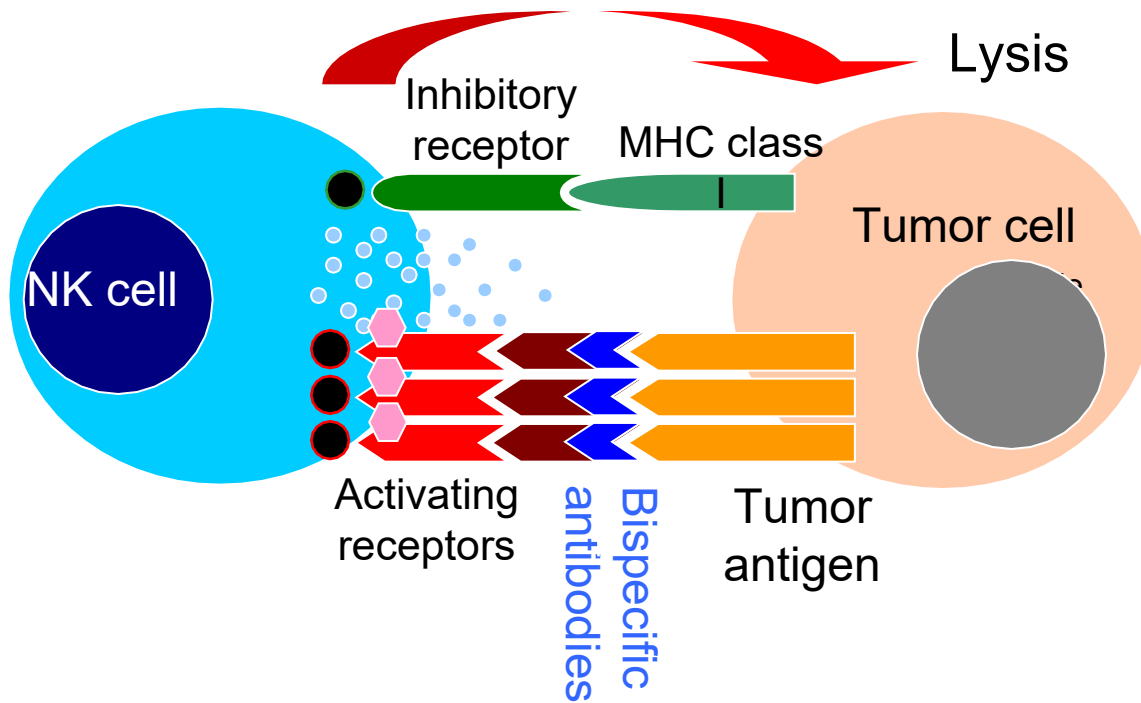


# Antibody-dependent cellular cytotoxicity



# Bispecific antibodies

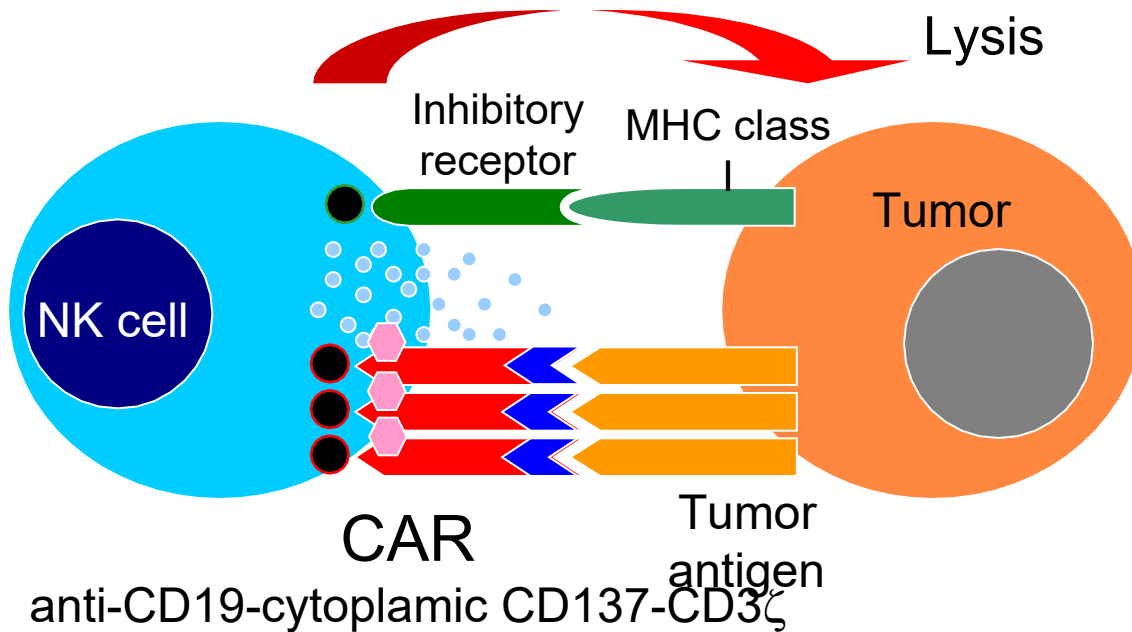
- anti-tumor x anti-NK activating receptor





# CAR NK cells

## Chimeric antigen receptors



# A natural killer–dendritic cell axis defines checkpoint therapy–responsive tumor microenvironments

Kevin C. Barry <sup>1,2</sup>, Joy Hsu<sup>1,2</sup>, Miranda L. Broz<sup>1,2</sup>, Francisco J. Cueto<sup>1,3,4</sup>, Mikhail Binnewies<sup>1</sup>, Alexis J. Combes<sup>1,2</sup>, Amanda E. Nelson<sup>1,2</sup>, Kimberly Loo<sup>2,5,6</sup>, Raj Kumar<sup>1,2</sup>, Michael D. Rosenblum<sup>6</sup>, Michael D. Alvarado<sup>6</sup>, Denise M. Wolf<sup>7</sup>, Dusan Bogunovic<sup>8</sup>, Nina Bhardwaj<sup>9</sup>, Adil I. Daud <sup>6</sup>, Patrick K. Ha <sup>10</sup>, William R. Ryan<sup>10</sup>, Joshua L. Pollack<sup>11</sup>, Bushra Samad<sup>1,2</sup>, Saurabh Asthana<sup>2</sup>, Vincent Chan<sup>1,2</sup> and Matthew F. Krummel <sup>1,2\*</sup>

# Melanoma patients with more “stimulatory” dendritic cells have better survival

**a**

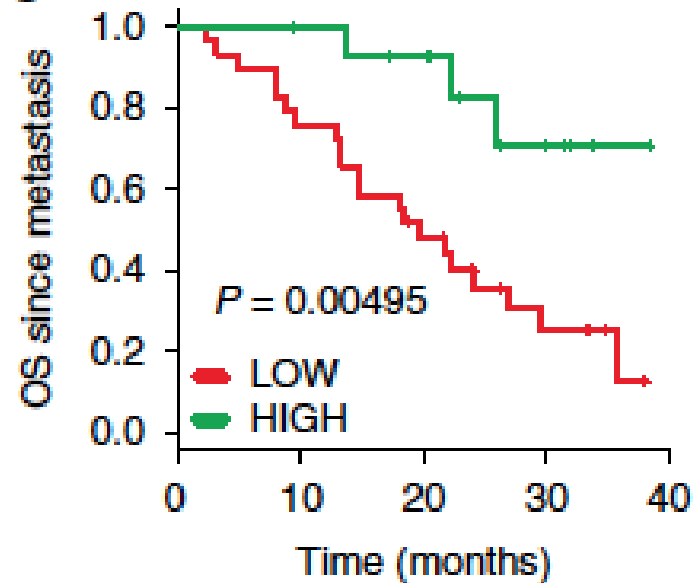
Cell type:

SDC: stimulatory DCs  
(CD103<sup>+</sup> BDCA-3<sup>+</sup>)

Signature genes:

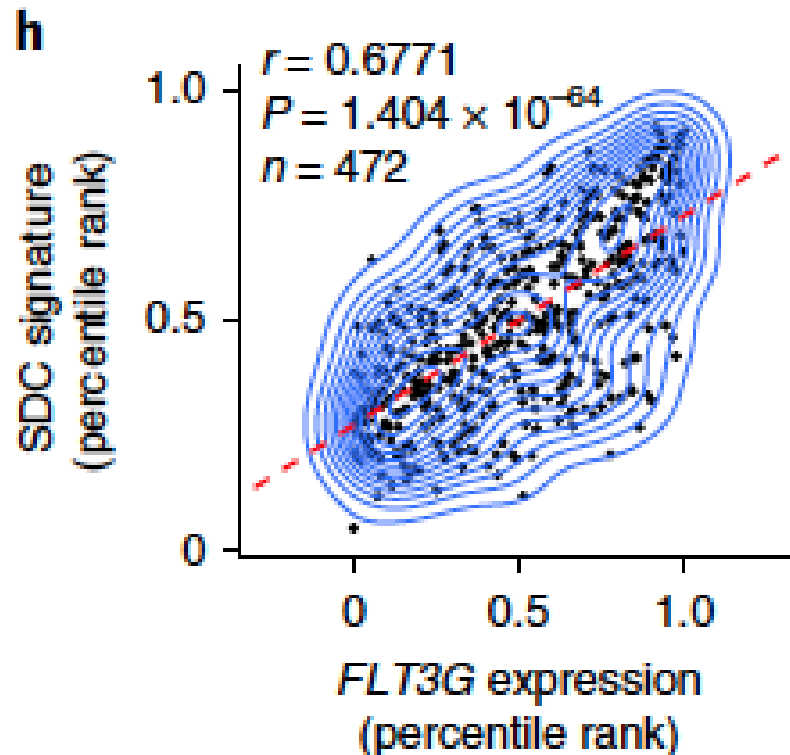
*KIT, CCR7, BATF3, FLT3,  
ZBTB46, IRF8, BTLA, MYCL1*

**b**

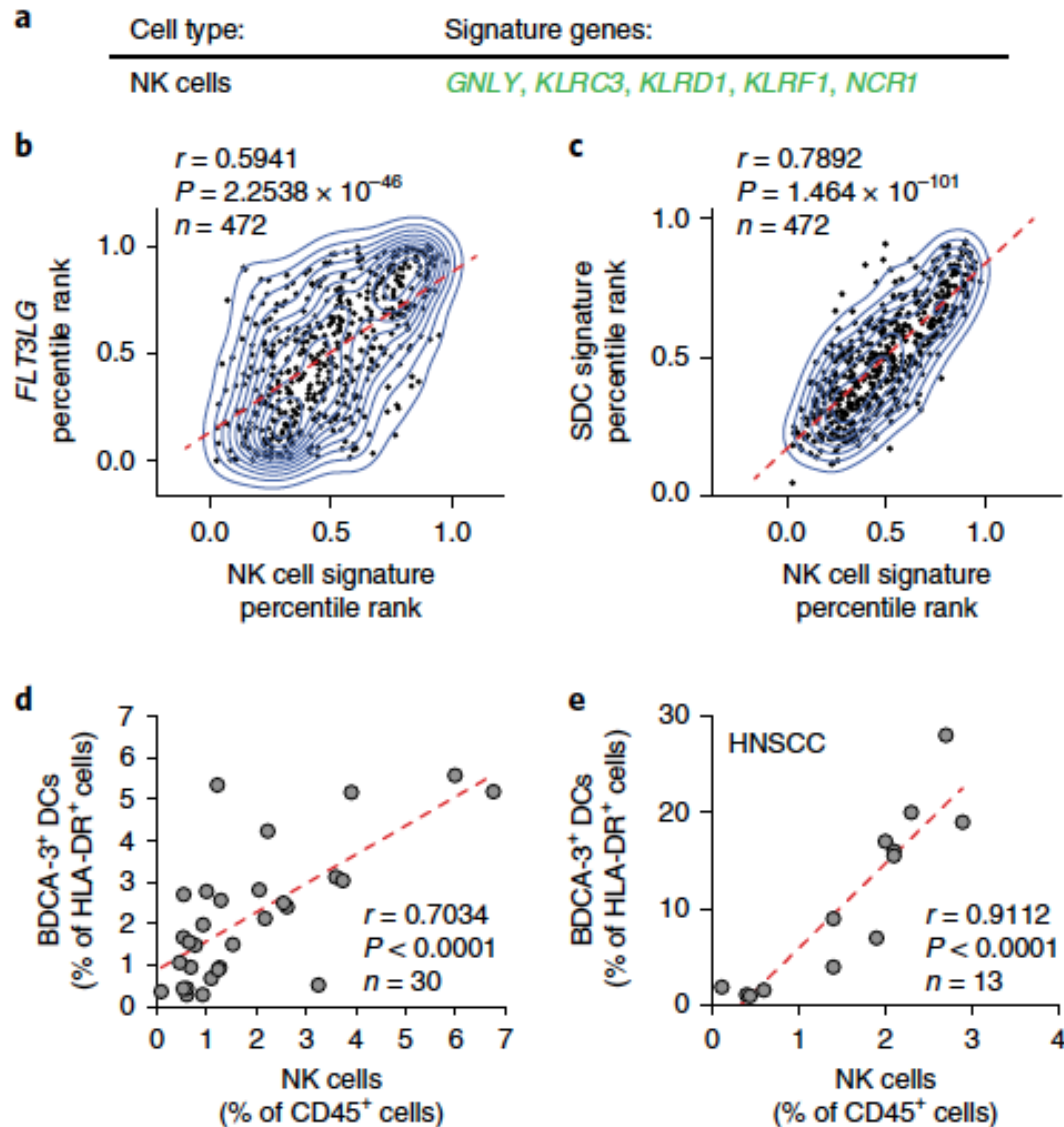




“stimulatory” dendritic cell gene expression  
tracked with FLT3LG cytokine expression

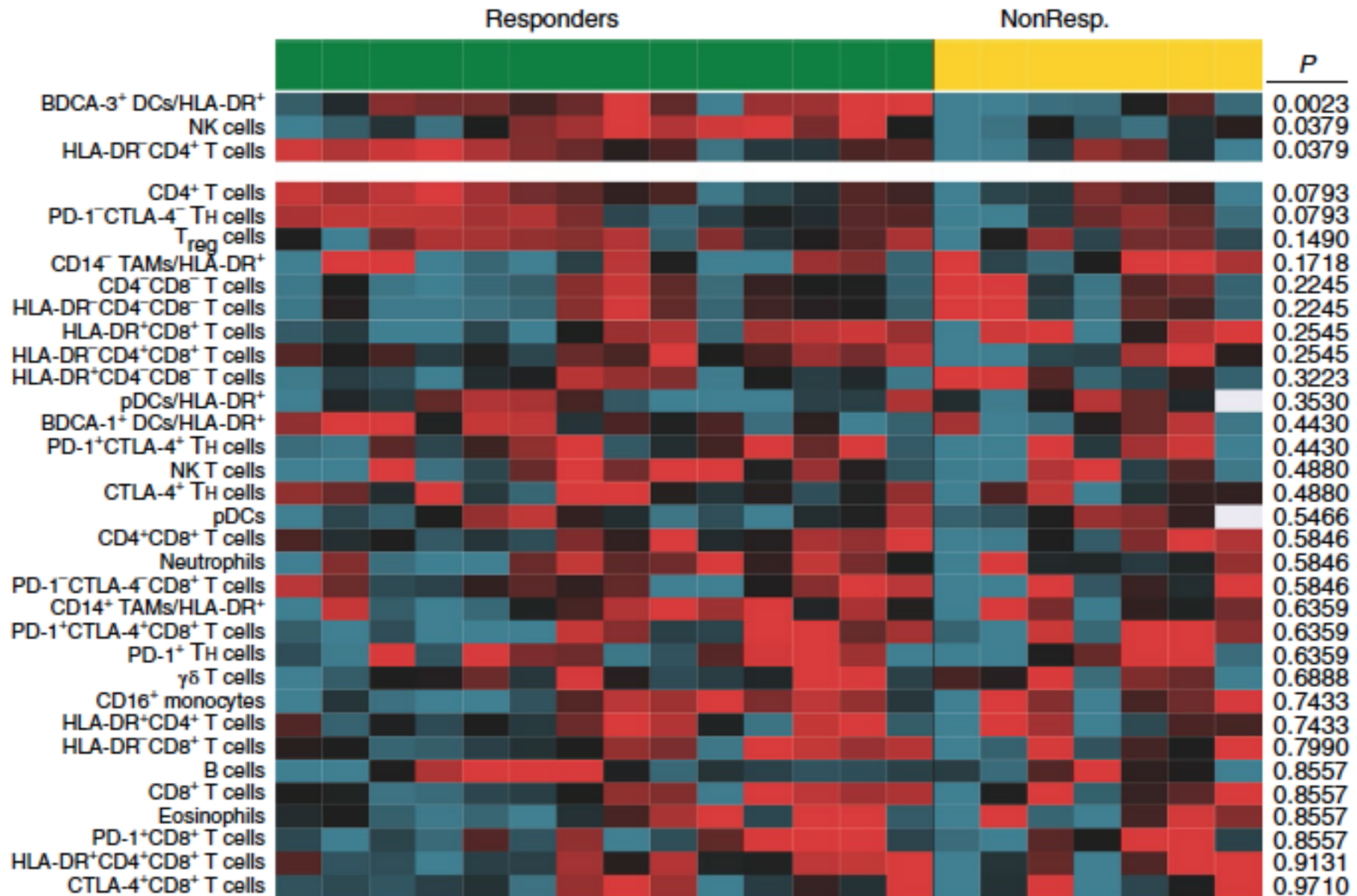


# FLT3LG expression correlates with NK cells in melanoma and head & neck cancer patients



# Response to PD1 blockade in melanoma correlates with NK cells and DC in TIL

e



# NK cell-mediated cytotoxicity contributes to tumor control by a cytostatic drug combination

Marcus Ruscetti<sup>1\*</sup>, Josef Leibold<sup>1\*</sup>, Matthew J. Bott<sup>1\*</sup>, Myles Fennell<sup>1</sup>, Amanda Kulick<sup>2</sup>, Nelson R. Salgado<sup>1</sup>, Chi-Chao Chen<sup>1</sup>, Yu-jui Ho<sup>1</sup>, Francisco J. Sanchez-Rivera<sup>1</sup>, Judith Feucht<sup>3</sup>, Timour Baslan<sup>1</sup>, Sha Tian<sup>1</sup>, Hsuan-An Chen<sup>1</sup>, Paul B. Romesser<sup>1</sup>, John T. Poirier<sup>2,4</sup>, Charles M. Rudin<sup>2,4</sup>, Elisa de Stanchina<sup>2</sup>, Eusebio Manchado<sup>1</sup>, Charles J. Sherr<sup>5,6</sup>, Scott W. Lowe<sup>1,6†</sup>

Molecularly targeted therapies aim to obstruct cell autonomous programs required for tumor growth. We show that mitogen-activated protein kinase (MAPK) and cyclin-dependent kinase 4/6 inhibitors act in combination to suppress the proliferation of KRAS-mutant lung cancer cells while simultaneously provoking a natural killer (NK) cell surveillance program leading to tumor cell death. The drug combination, but neither agent alone, promotes retinoblastoma (RB) protein-mediated cellular senescence and activation of the immunomodulatory senescence-associated secretory phenotype (SASP). SASP components tumor necrosis factor- $\alpha$  and intercellular adhesion molecule-1 are required for NK cell surveillance of drug-treated tumor cells, which contributes to tumor regressions and prolonged survival in a KRAS-mutant lung cancer mouse model. Therefore, molecularly targeted agents capable of inducing senescence can produce tumor control through non-cell autonomous mechanisms involving NK cell surveillance.

NK cells are required for optimal chemotherapy  
(MEK and CDK4/6 inhibitors)  
in transplantable mouse KP lung tumor model

