# Society for Immunotherapy of Cancer (SITC)

#### **Basic Principles of Tumor Immunotherapy**

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Presentation originally prepared and presented by Satiro De Oliveira, M.D.

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## **Disclosures**

No relevant financial relationships to disclose

- 1. Immunosurveillance and Immunoediting
- 2. Tumor-associated antigens
- 3. Cancer Immunity Cycle
- 4. Immunotherapy approaches
- 5. Take Home Messages

#### 1. Immunosurveillance and Immunoediting

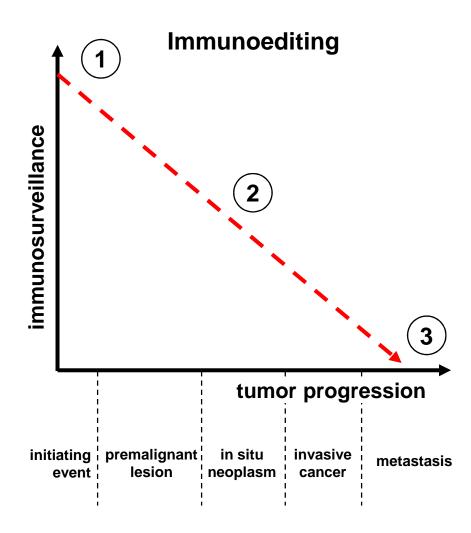
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### Immunosurveillance and Immunotherapy

- The cancer Immunosurveillance hypothesis: initial concept in1909
- Burnet & Thomas, 1957: lymphocytes acting as sentinels in recognizing and eliminating continuously emerging transformed cells.

**Immunoediting:** changes in the immunogenicity of tumors due to the anti-tumor response of the immune system, resulting in the emergence of immune-resistant variants.

# Immunosurveillance and Immunotherapy<sup>2/3</sup>



1.Elimination: immune system recognizes and destroys potential tumor cells.

2.Equilibrium: elimination not complete successful, and tumor undergoes changes that aid survival facing selection pressure by the immune system

3.Escape: tumor cells accumulated sufficient mutations to escape the immune system, growing to become clinically detectable

# Immunosurveillance and Immunotherapy <sup>3/3</sup>

- Immunotherapy: "treatment of disease by inducing, enhancing, or suppressing an immune response"
- to harness and augment antitumor responses to treat cancer more effectively

#### □ Passive immunotherapy:

- does not engage adaptive immune response
- fast-acting
- transient
- cytokines, monoclonal antibodies, adoptive T cells

#### □ Active immunotherapy:

- engages adaptive immune response
- delayed onset
- life-long generation of immunological memory
- cancer vaccines

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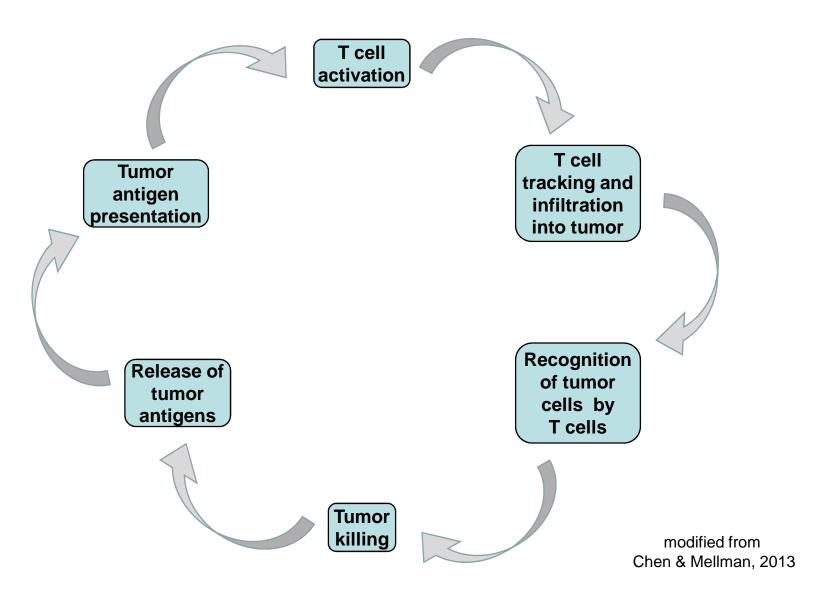
#### How the Immune System Recognizes and Eradicates Cancer

**Tumor-associated antigens (TAA):** targets of a tumor-specific T-cell response that rejects the tumor; immunization with irradiated tumor cells protects from challenge with live cells from the same tumor.

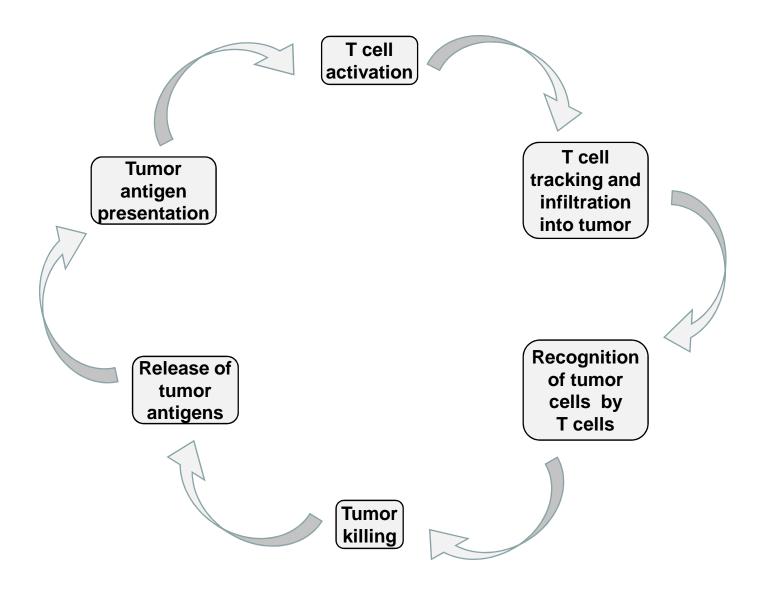
- 1. Tumor-specific Ag: mutated molecules (CDK4 and β-catenin)
- 2. Cancer-testis Ag: expressed only in germ cells in testis (NY-ESO, MAGE-3)
- 3. Differentiation Ag: expressed only in particular tissues (tyrosinase, CD19)
- 4. Abnormal tumor expression Ag: overexpression in tumor cells compared to normal counterparts (HER-2/neu, WT1)
- 5. Abnormal post-translational modification Ag (underglycosylated MUC-1)
- 6. Abnormal post-transcriptional modification: novel proteins generated when introns are retained in the mRNA (GP100)
- 7. Oncoviral protein Ag: viral proteins expressed in virus-associatied tumors (HPV type 16, E6 and E7 proteins)

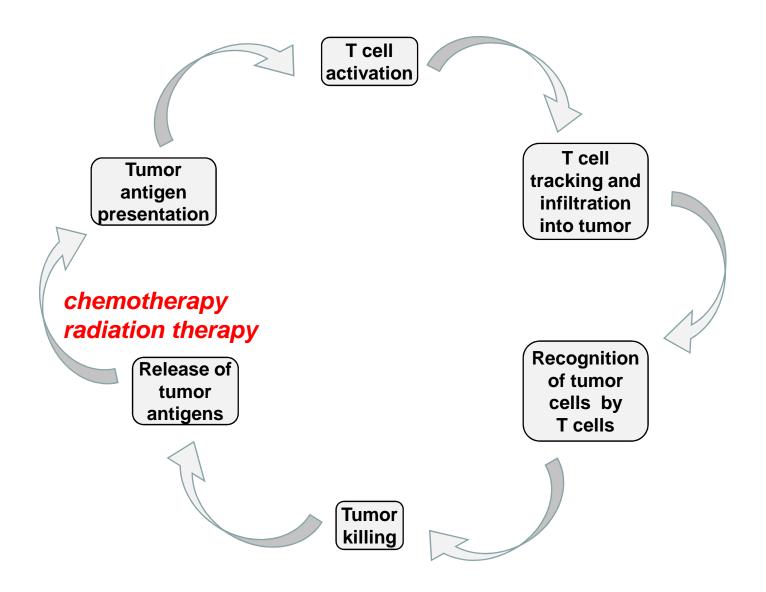
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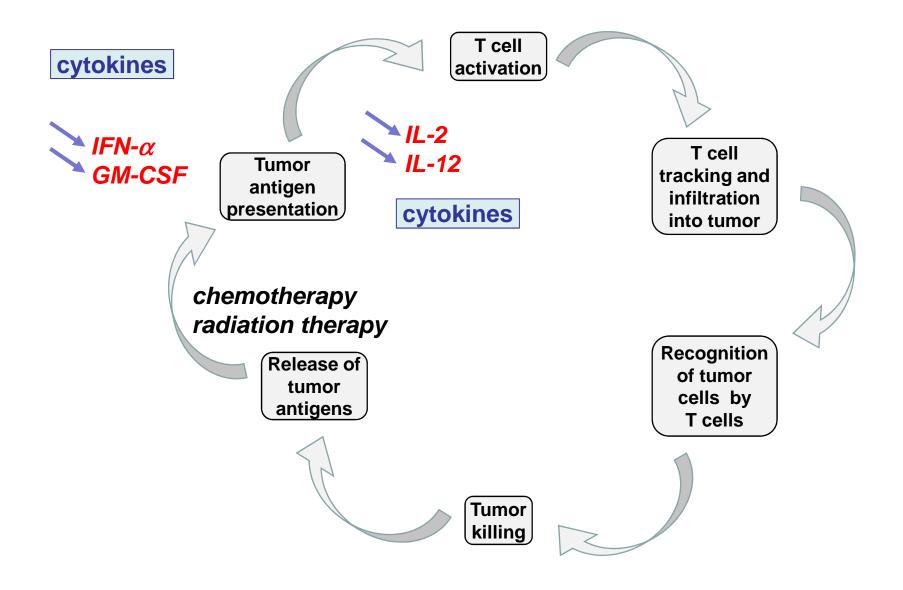
#### The cancer immunity cycle

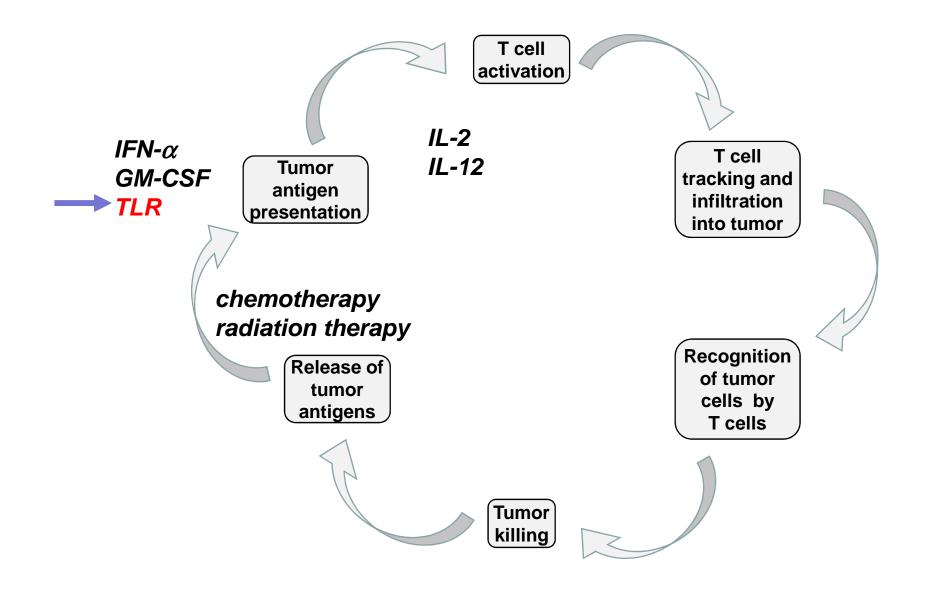


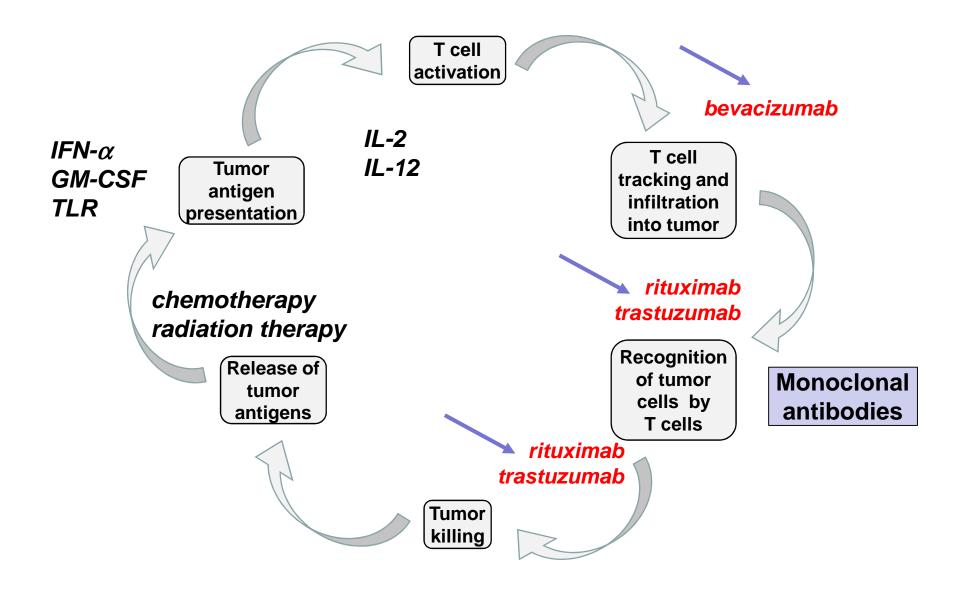
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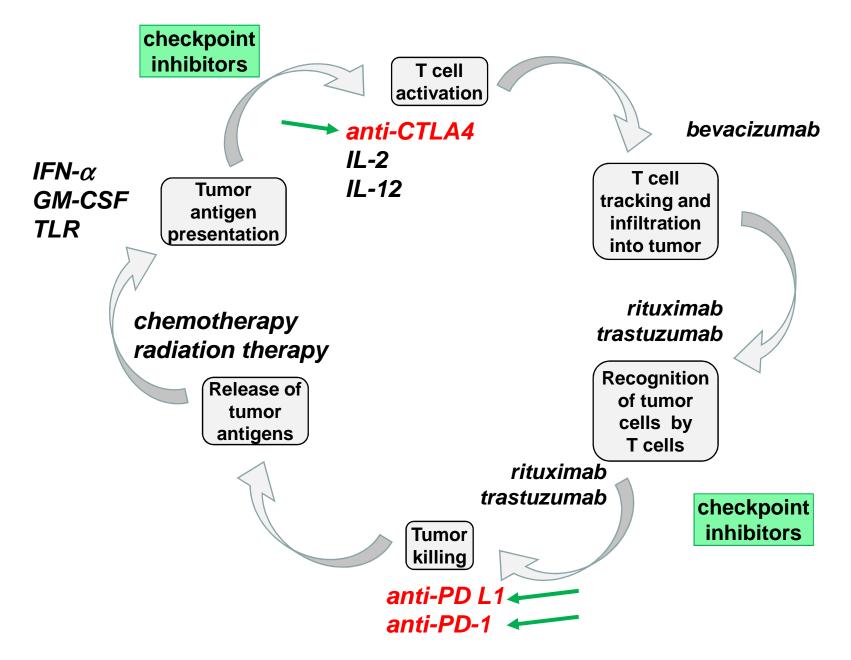


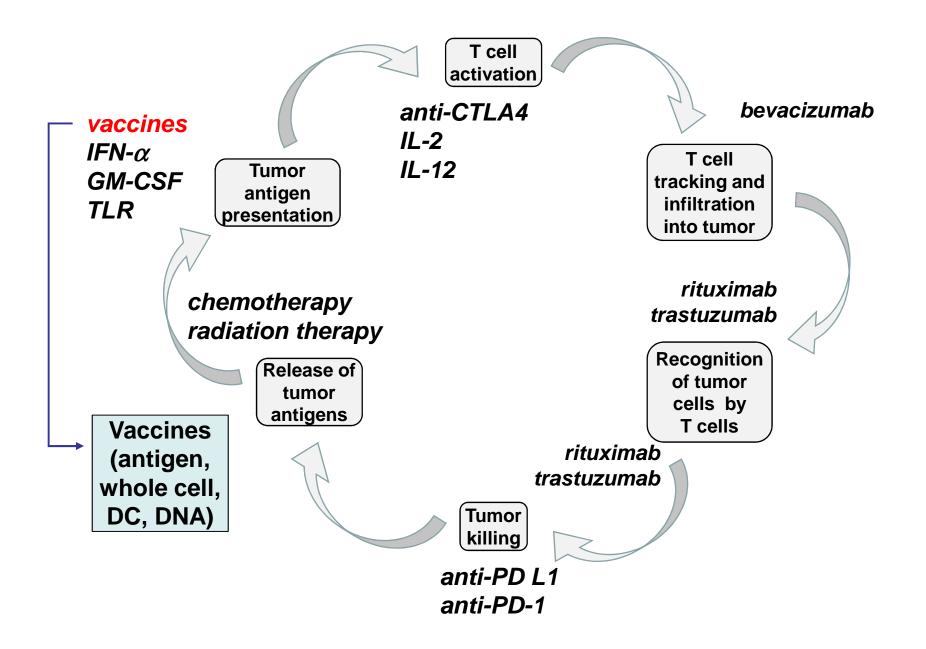


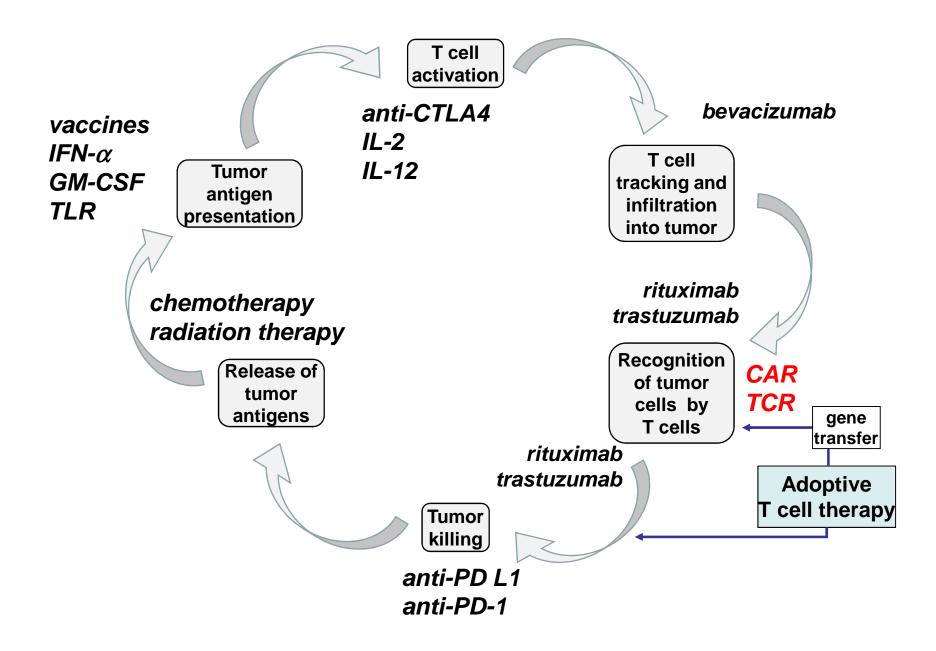




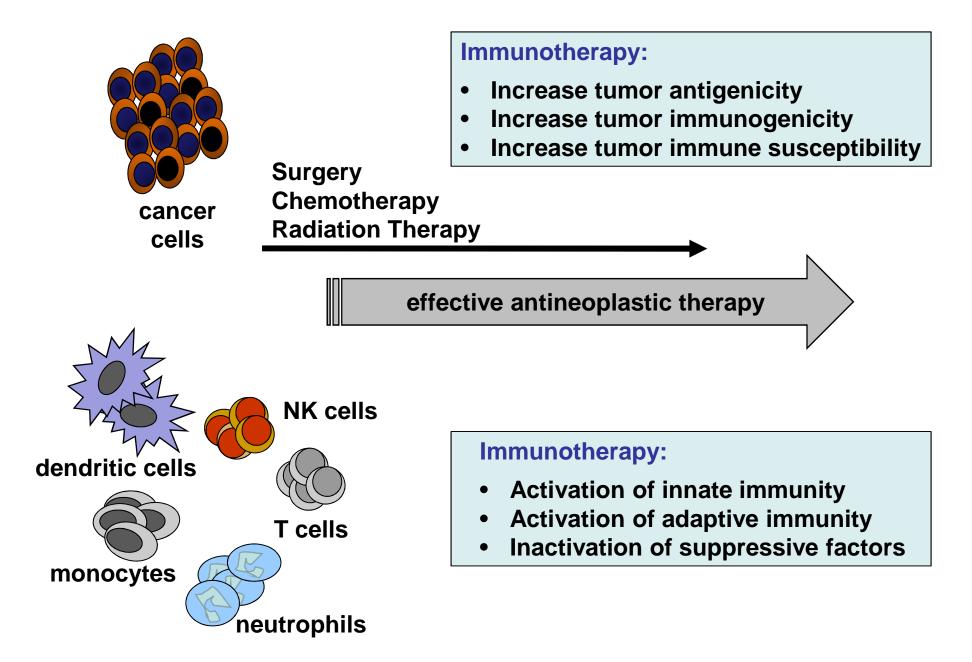








# **Combinations**



## Radiation therapy and the abscopal effect

- Abscopal effect (1953): "away from the target"
- Tumor regressions in renal cell carcinoma, lymphoma and leukemia, neuroblastoma, breast carcinoma and melanoma
- Immune-mediated mechanism

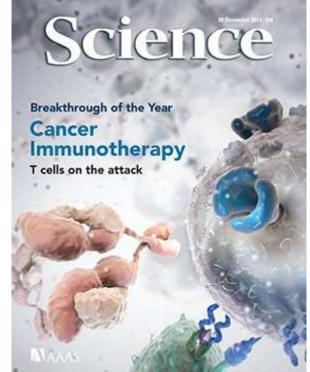
N Engl J Med 366 (2012) 925–931 Int J Radiat Oncol Biol Phys. 85 (2013) 293-295 Am J Clin Oncol. 38 (2015) 119-125 Cancer Letters 356 (2015) 82–90

# Chemotherapy has stimulatory and inhibitory effects on the immune system

Immune-Suppression	Immune-Stimulation
<ul> <li>lymphopenia</li> </ul>	<ul> <li>enhanced antigenicity and immunogenicity</li> </ul>
<ul> <li>non-immunogenic cell death (apoptosis)</li> </ul>	<ul> <li>homeostatic proliferation</li> </ul>
	<ul> <li>inhibition of Tregs and MDSC</li> </ul>

#### **Lessons and Take Home Messages**

- Immunosurveillance has a key role in preventing and fighting cancer.
- Immunotherapy as a pillar of cancer therapy.
- Integration of immunotherapy concepts into cancer therapies will lead to improved outcomes.



12/20/2013