


# Immune regulation

Michael Gough PhD  
Assistant Member, EACRI



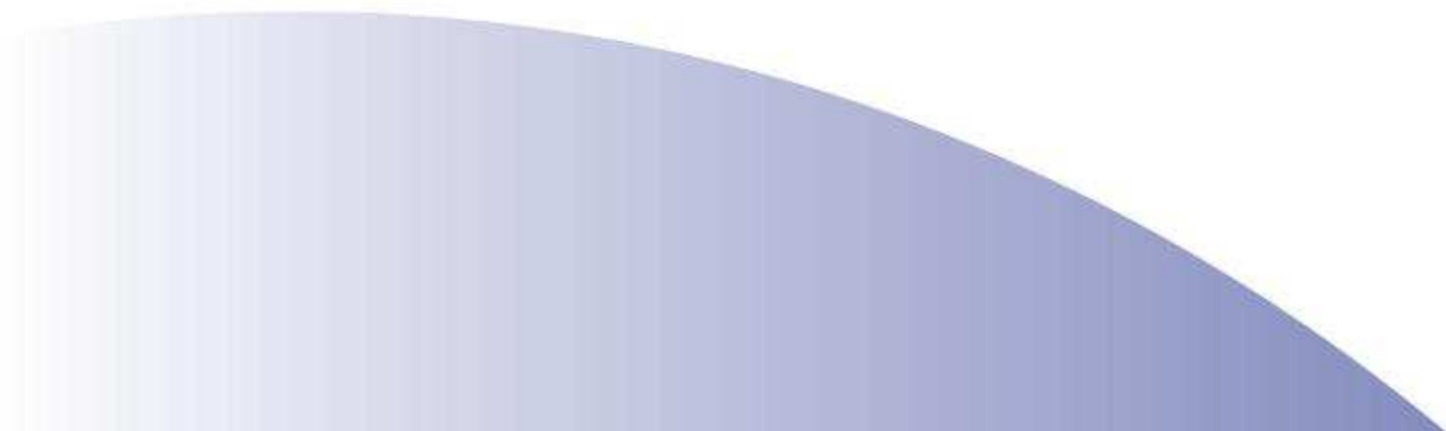
# Disclosures

- No financial relationships to disclose.



# Critical issues in immune regulation

- The immune system requires multiple signals to initiate a new immune response.
- All immune responses are actively resolved, or turned off, to avoid immune pathology.
- Cancers are under a selection pressure to suppress immune responses



The combination of signals determines the nature of the response

**THE IMMUNE SYSTEM REQUIRES  
MULTIPLE SIGNALS TO INITIATE A  
NEW IMMUNE RESPONSE.**

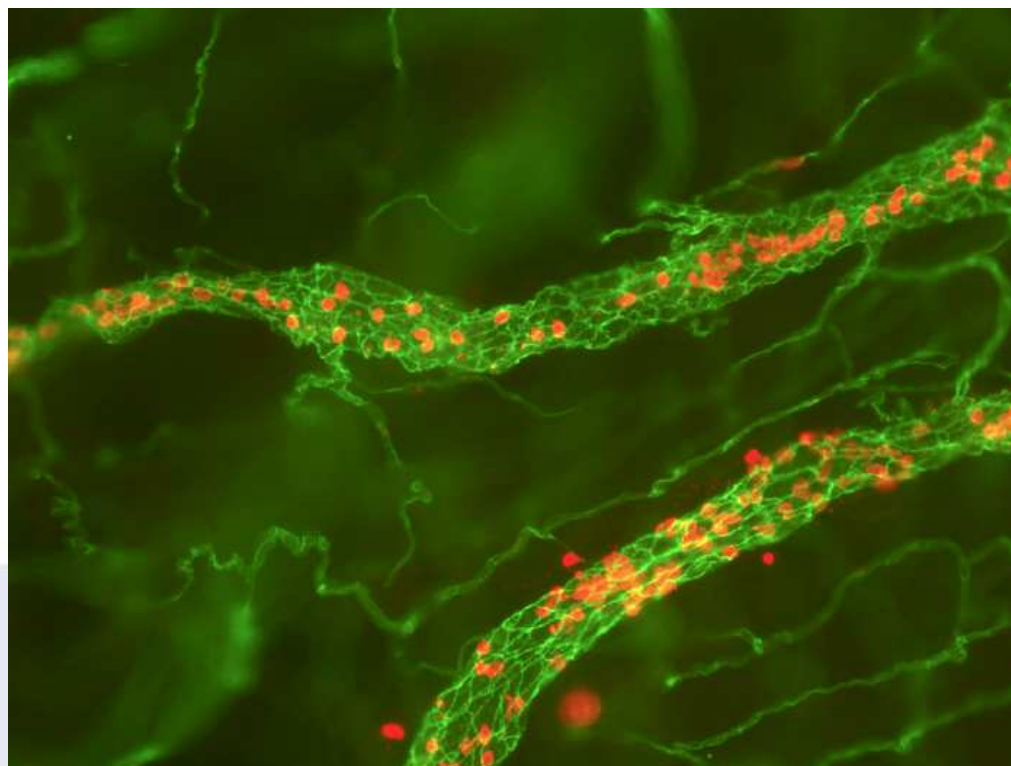
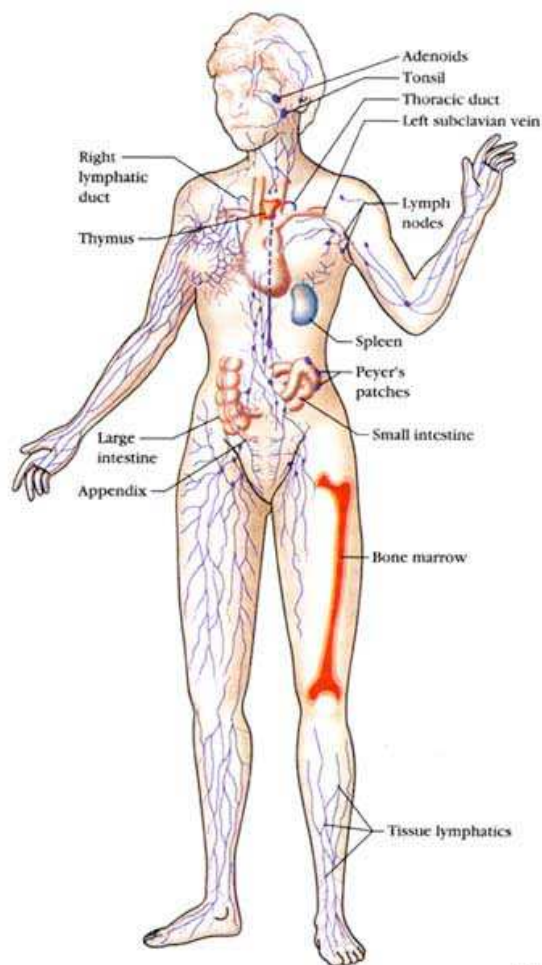
## T Cell Activation; a multi-signal process



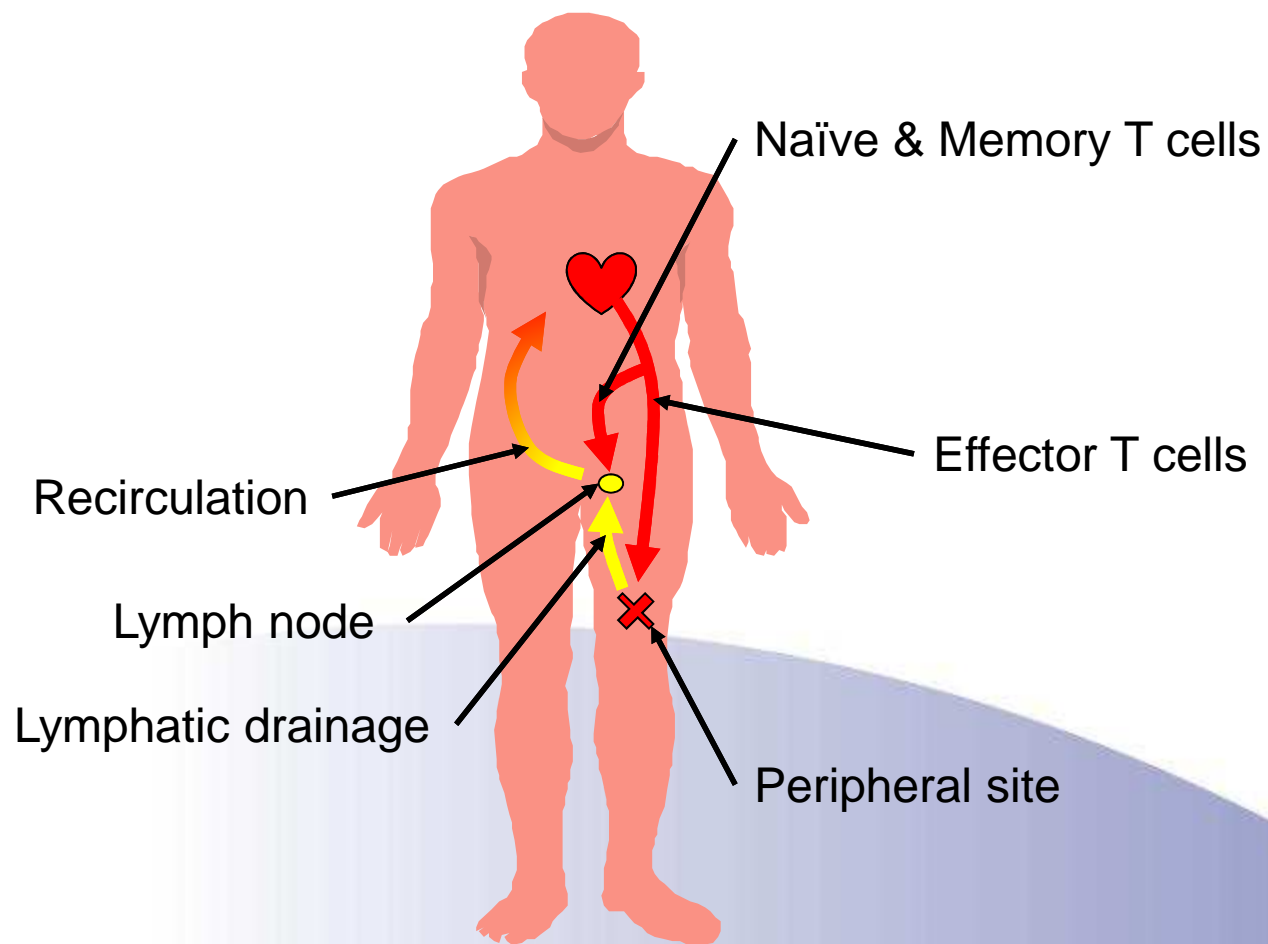
Where do these signals come from?



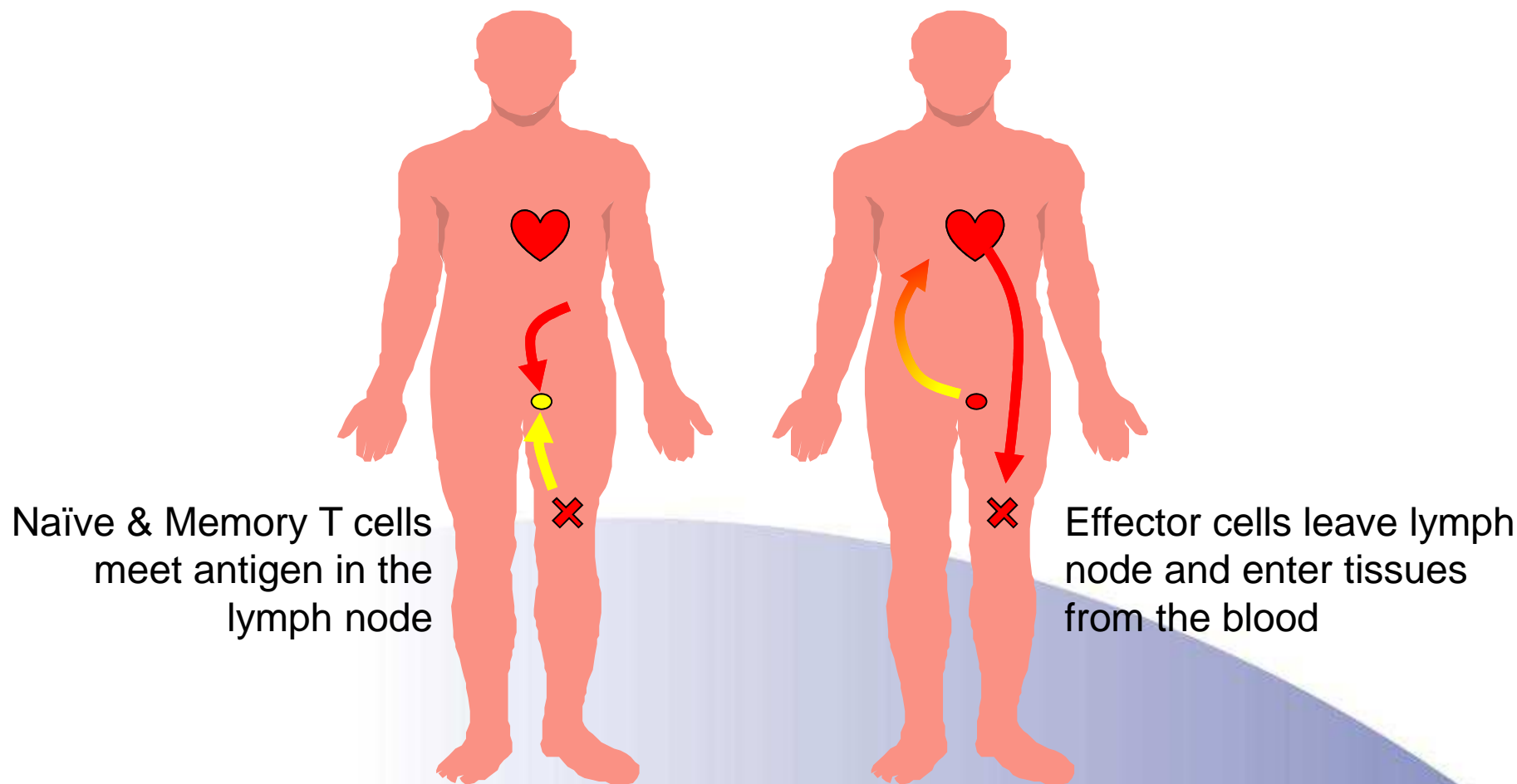
# Where are the immune cells when you need them?



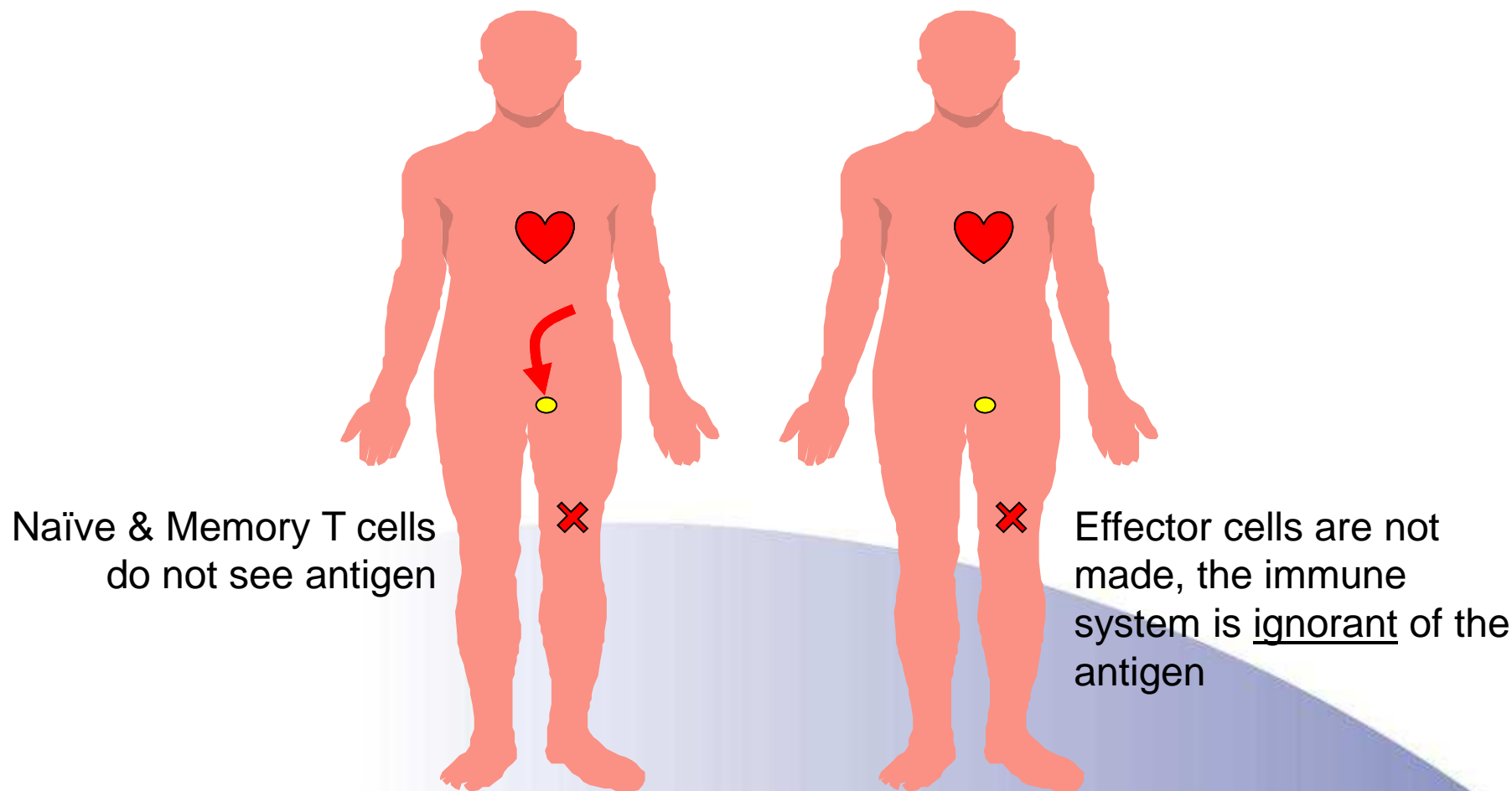
# Immune recirculation



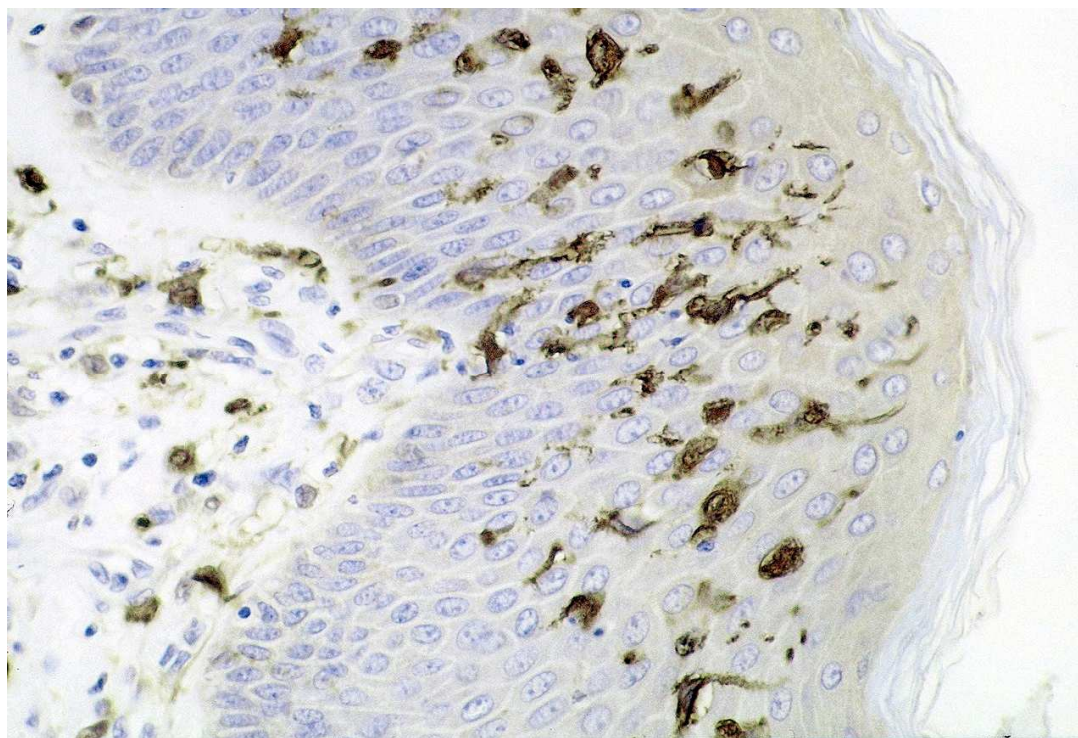
## New adaptive responses start in LN



## What happens if antigen does not enter LN?

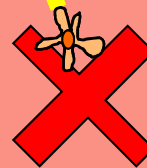
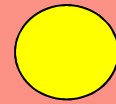


# Dendritic cells as specialized reporters of infection

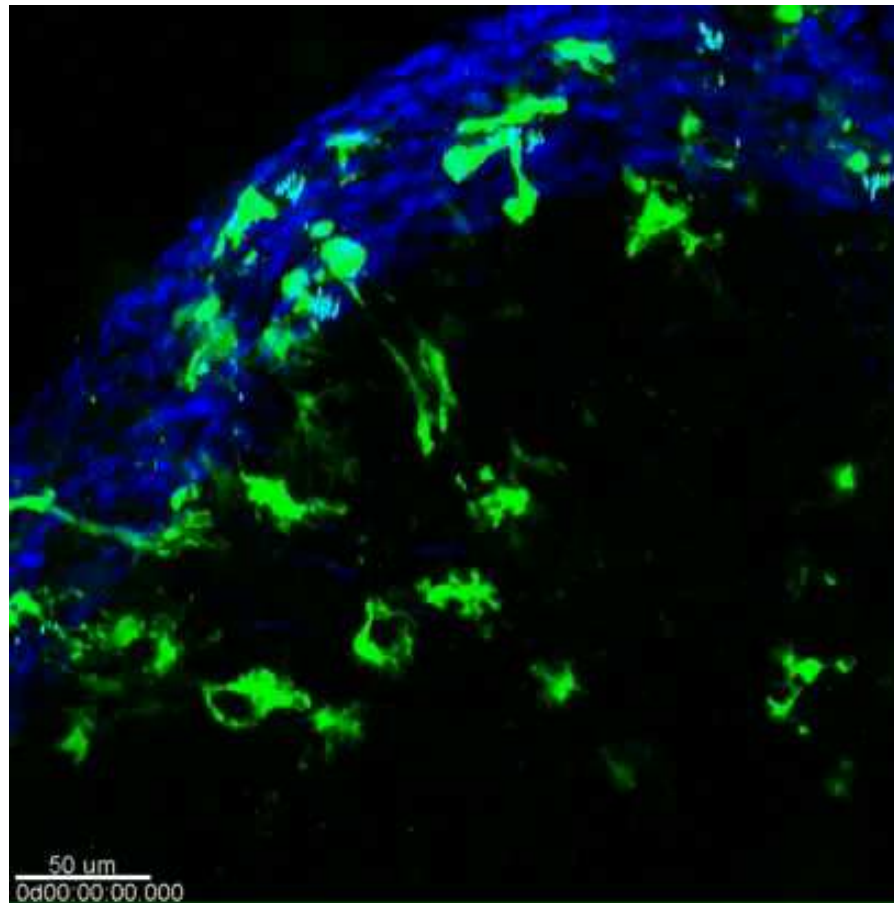


# How to inform the adaptive immune system?

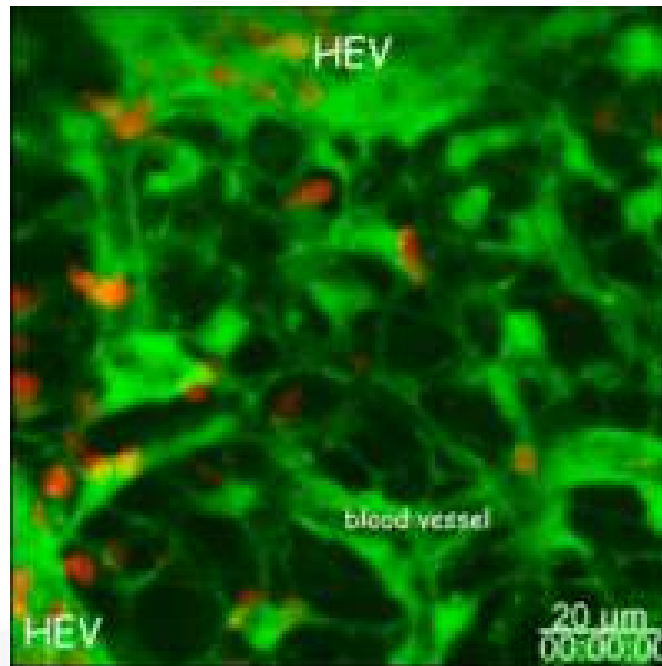
Antigen presenting cells  
travel through the  
lymphatics from the  
tissue to the lymph node



# Informing the immune system of infection

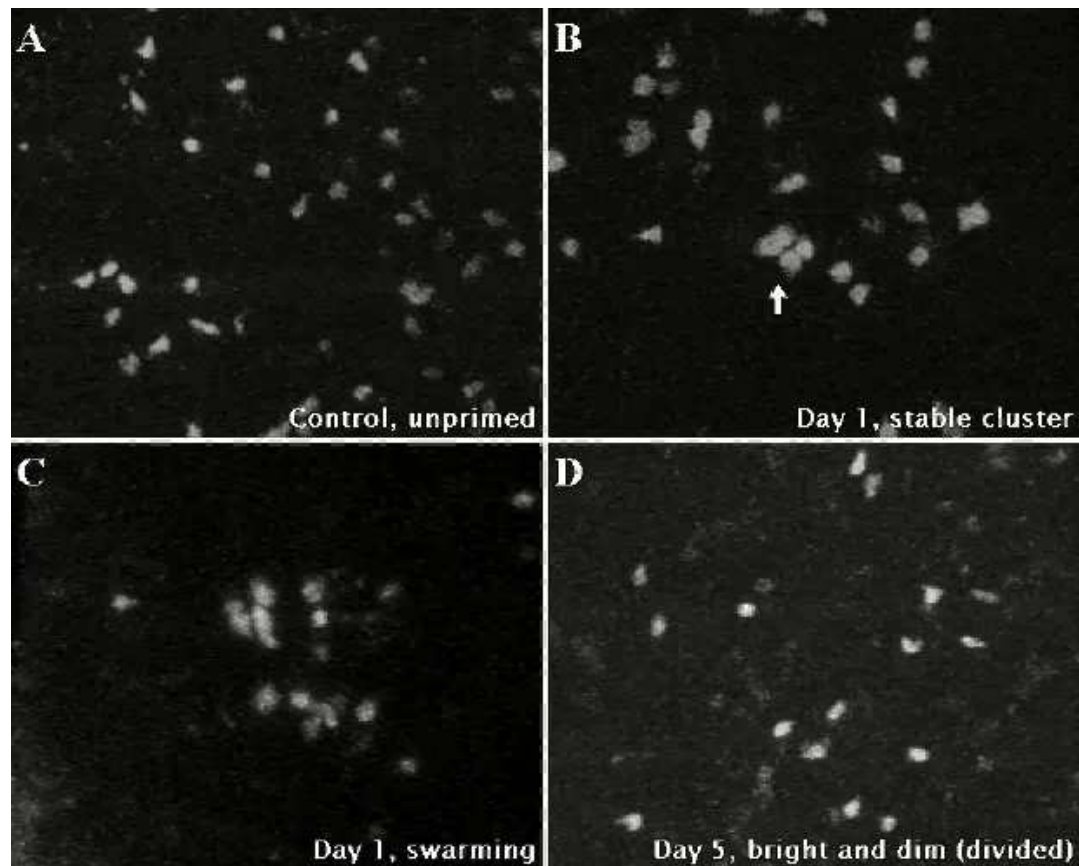


# Lymphocytes patrolling the lymph node

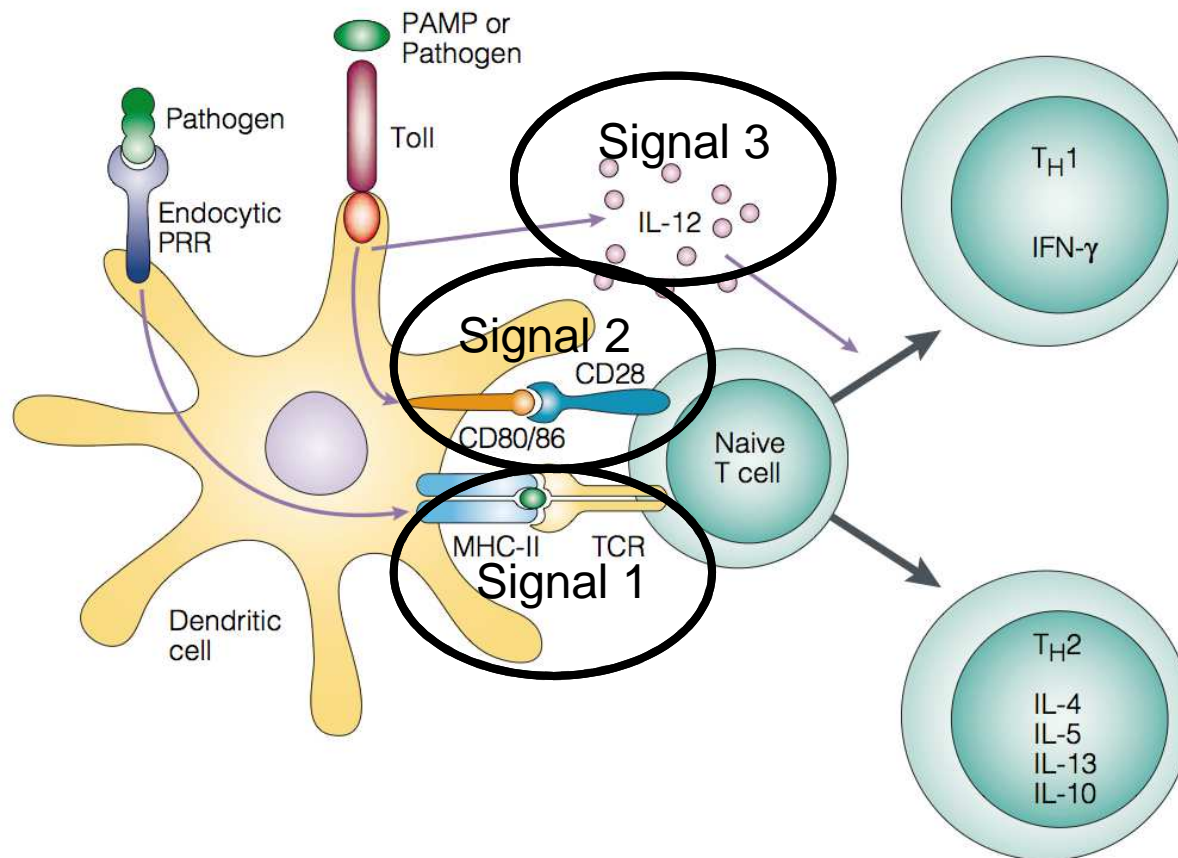


Bajénoff, et al. 2006. Stromal Cell Networks Regulate Lymphocyte Entry, Migration, and Territoriality in Lymph Nodes. *Immunity*, Vol 25, 989-1001.

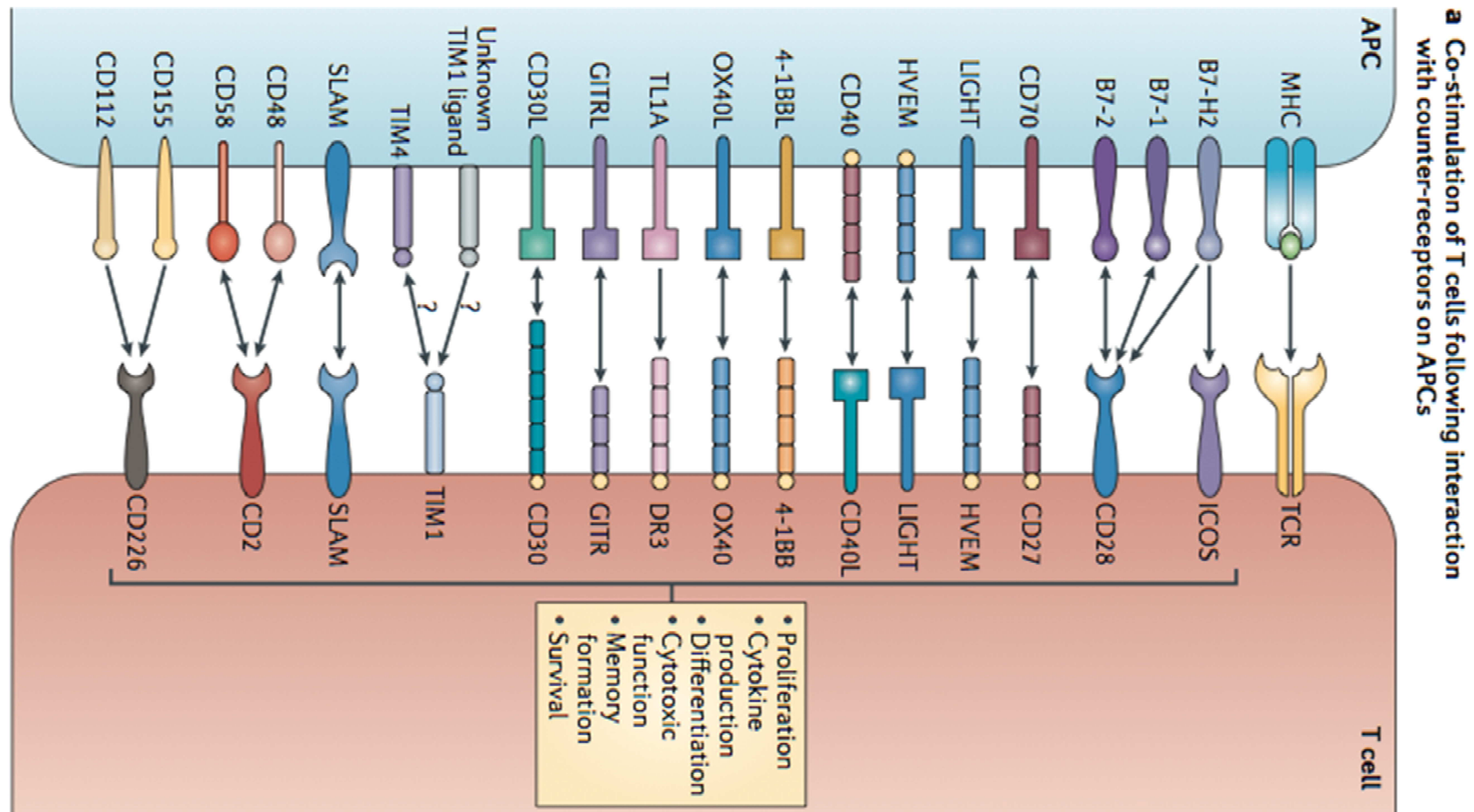
## T cells in lymph node following infection



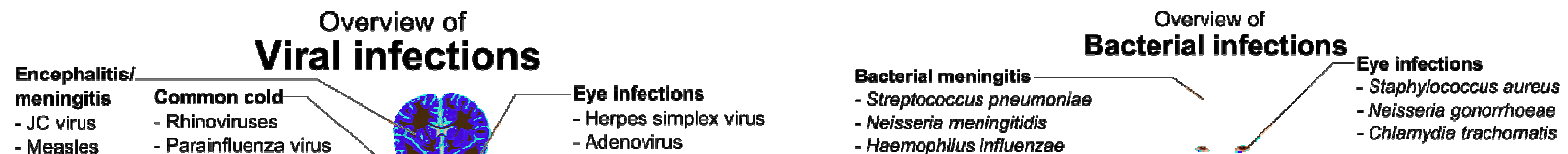
# T Cell Activation; a multi-signal process



# T Cell Co-stimulation Molecules



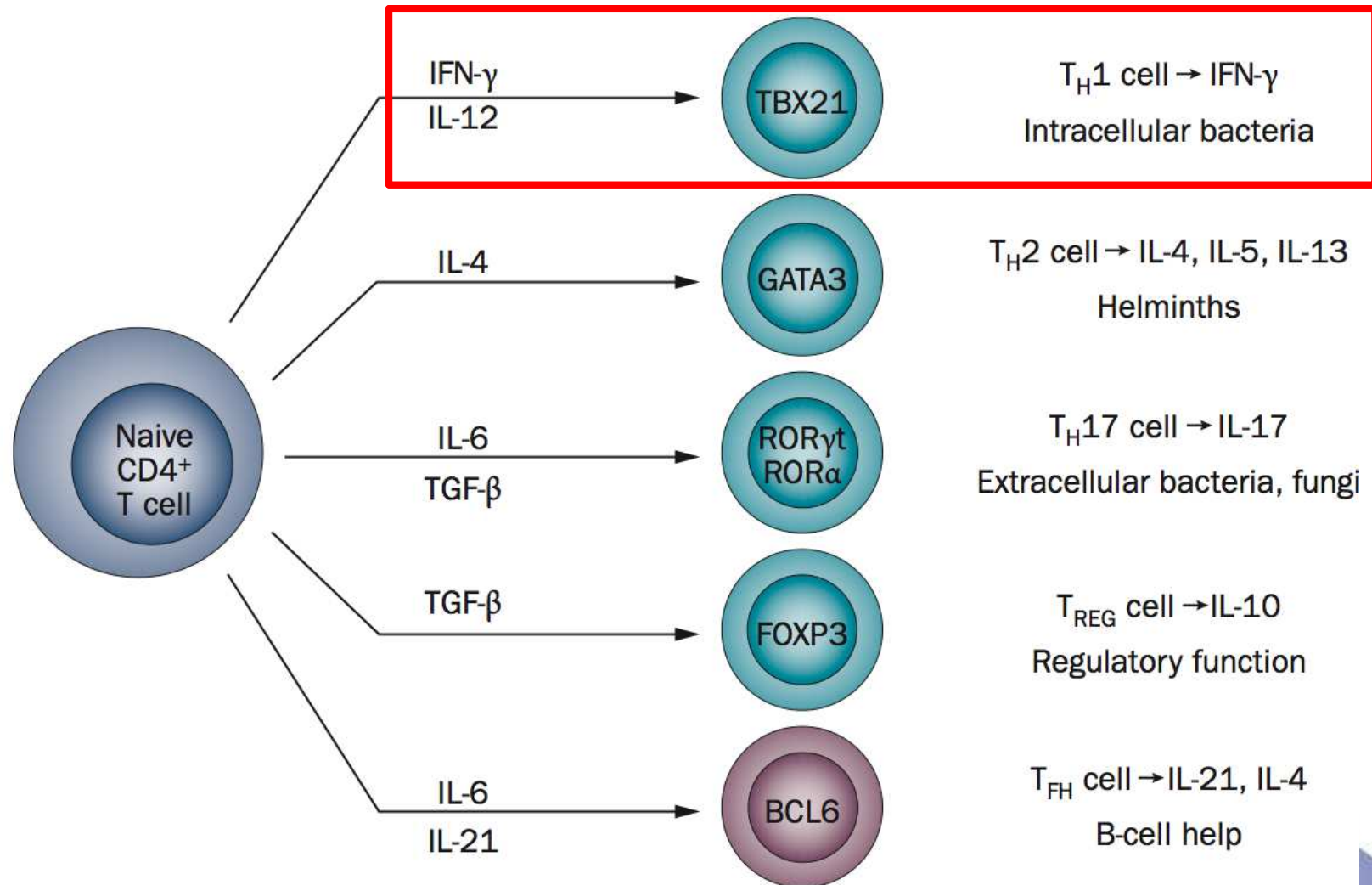
# How to find the right response to an infection?



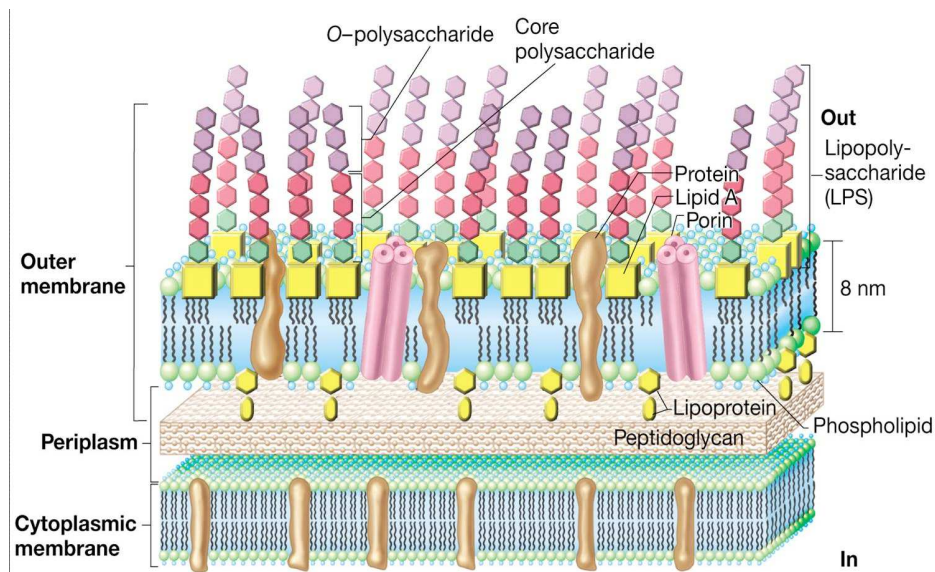
## Which kind of immune response is best?

- |                                                                                                             |                                                                                                                          |                                                                                           |                                                                                                                                                              |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>- Rubella</li> <li>- Measles</li> <li>- Coxsackie A virus</li> </ul> | <ul style="list-style-type: none"> <li>- Herpes simplex type 2</li> <li>- Human papillomavirus</li> <li>- HIV</li> </ul> | <b>Pancreatitis</b> <ul style="list-style-type: none"> <li>- Coxsackie B virus</li> </ul> | <ul style="list-style-type: none"> <li>- <i>Treponema pallidum</i></li> <li>- <i>Ureaplasma urealyticum</i></li> <li>- <i>Haemophilus ducreyi</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>Staphylococcus saprophyticus</i></li> <li>- <i>Pseudomonas aeruginosa</i></li> </ul> |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

# T Helper Cell Subsets: $T_H1$ , $T_H2$ , $T_H17$ , $T_{FH}$



# Innate short-cuts to identify infections



Brock/Madigan 10th ed.

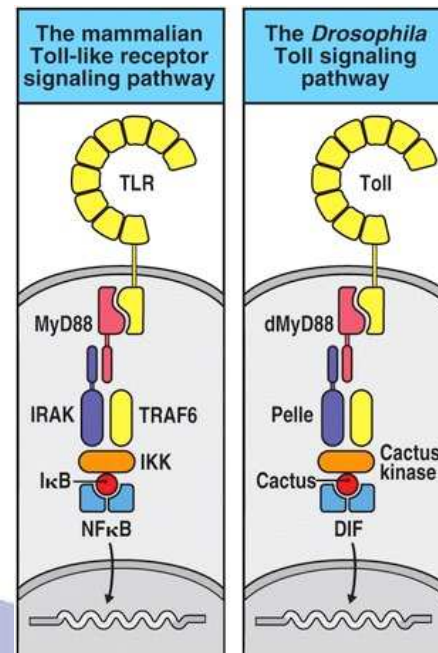
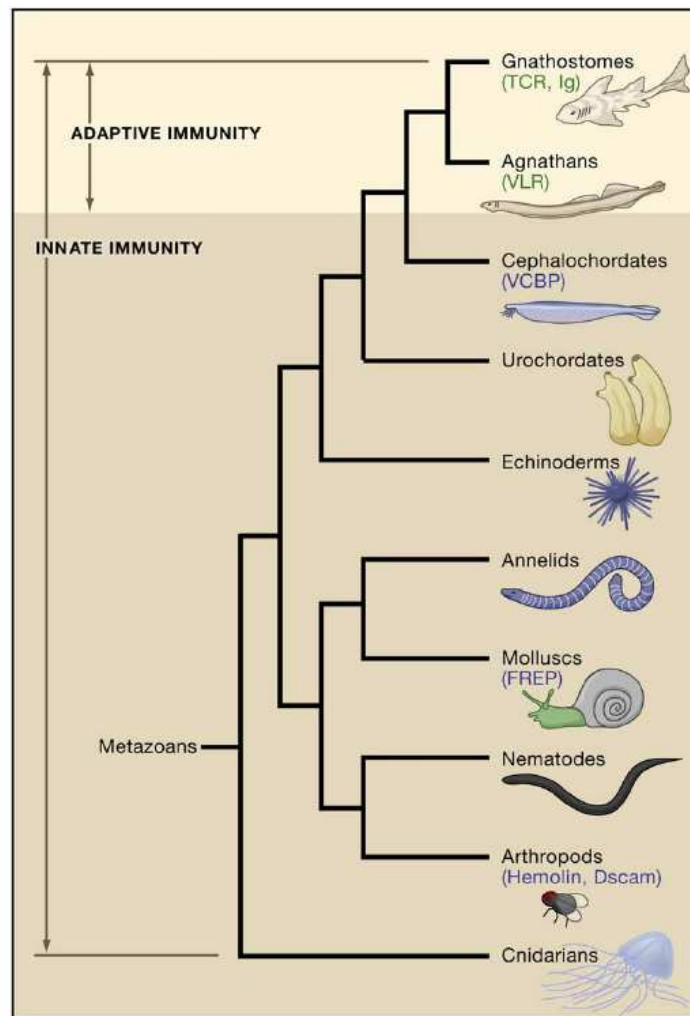


Figure 15-4 Immunobiology, 6/e. (© Garland Science 2005)

# Adaptive immunity only evolved recently



**Figure 1. Phylogenetic Tree Indicating Theoretical Evolutionary Relationships of Metazoans and the Emergence of Adaptive Immunity in Conjunction with Innate Immunity**

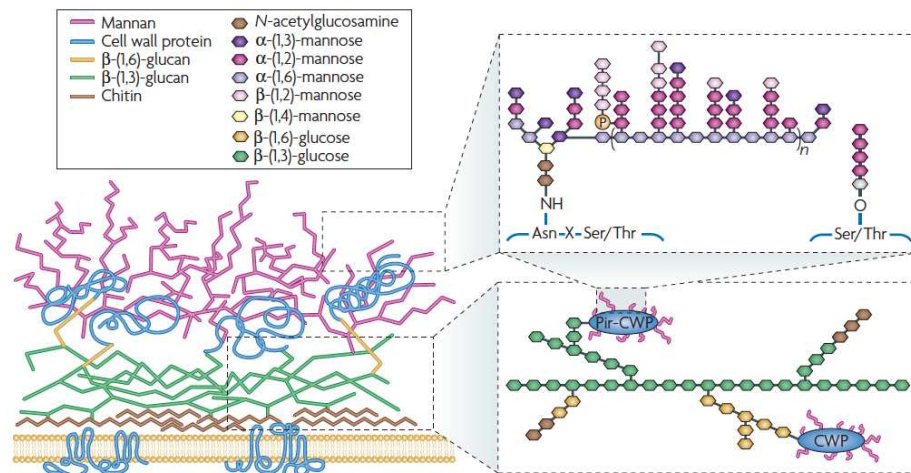
Families of immune molecules, other than Toll-like receptors, discussed in this review are indicated in blue: V type Ig domains and a chitin binding domain containing proteins (VCBP), fibrinogen-related proteins (FREPs), hemolin, and Down's syndrome cell adhesion molecule (Dscam). The recombinatorial-based immune receptors are indicated in green: T cell receptors (TCR), immunoglobulins (Ig), and variable lymphocyte receptors (VLR).

## The Evolution of Adaptive Immune Systems

Max D. Cooper<sup>1,2,\*</sup> and Matthew N. Alder<sup>1,2</sup>

Cell 124, 815–822, February 24, 2006 ©2006 Elsevier Inc.

# The major cells in innate immunity to *Candida*

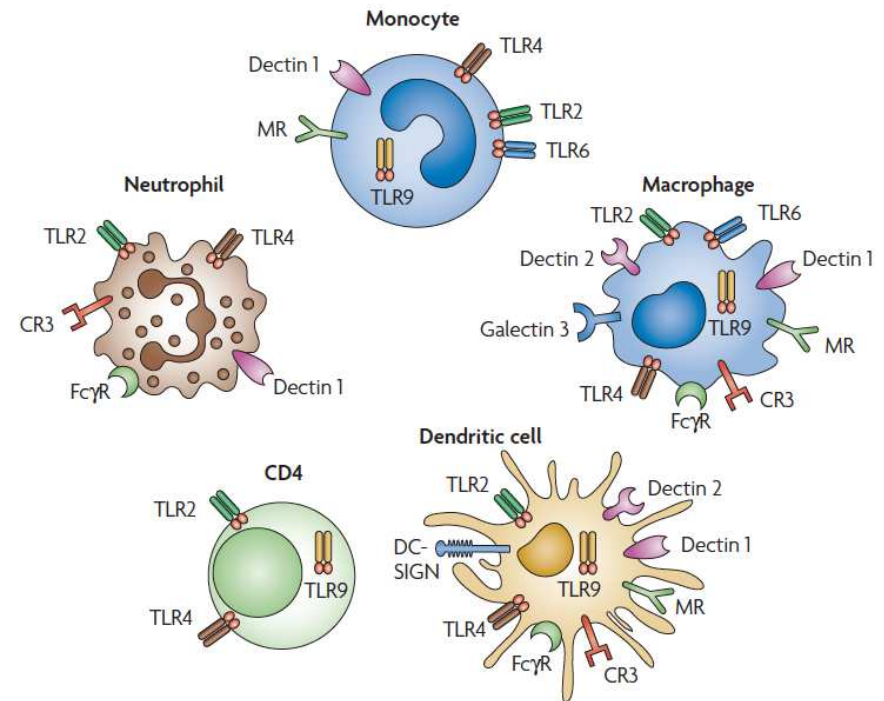


An integrated model of the recognition of *Candida albicans* by the innate immune system

Mihai G. Netea\*, Gordon D. Brown\*, Bart Jan Kullberg\* and Neil A. R. Gow\*

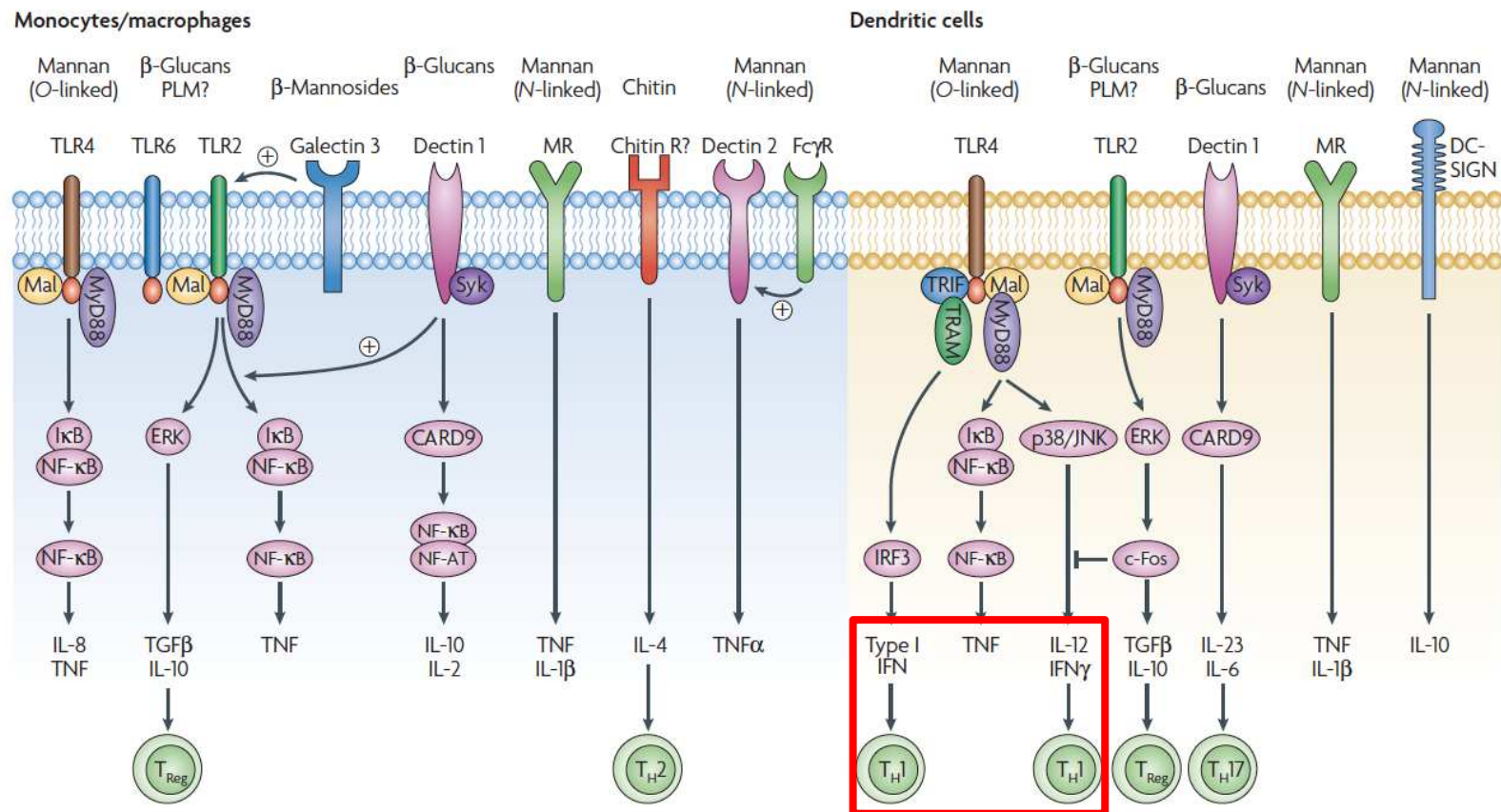
NATURE REVIEWS | MICROBIOLOGY

VOLUME 6 | JANUARY 2008 | 67

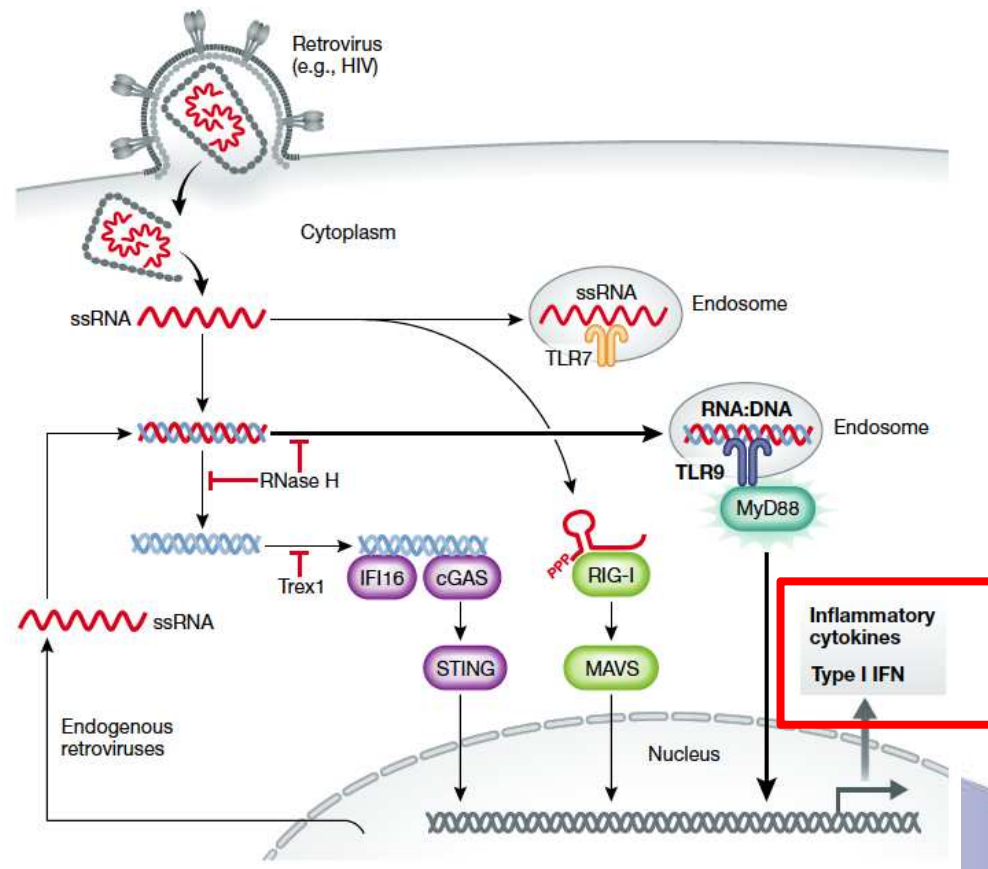


**Figure 2 | Cell populations and pattern-recognition receptors involved in *Candida albicans* recognition.** The main populations involved in the recognition of *C. albicans* during the innate immune response are the monocytes, neutrophils and macrophages. Dendritic cells are crucial for processing of, and antigen presentation to, T cells, and thus to activation of specific immunity. The differential expression of pattern-recognition receptors by these cell types is shown. CR3, complement receptor 3; Fc $\gamma$ R, Fc $\gamma$  receptor; MR, mannose receptor; TLR, Toll-like receptors.

# Innate signals have different consequences

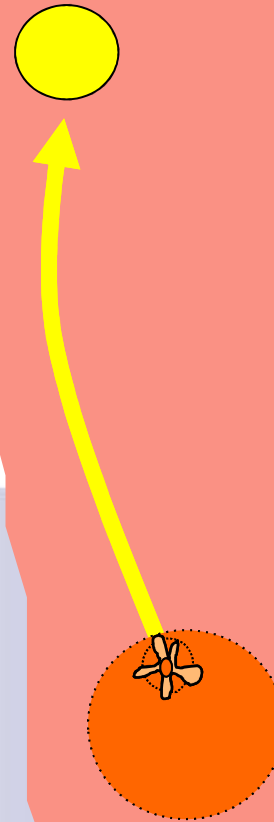


# Additional sensors for infection inside cells



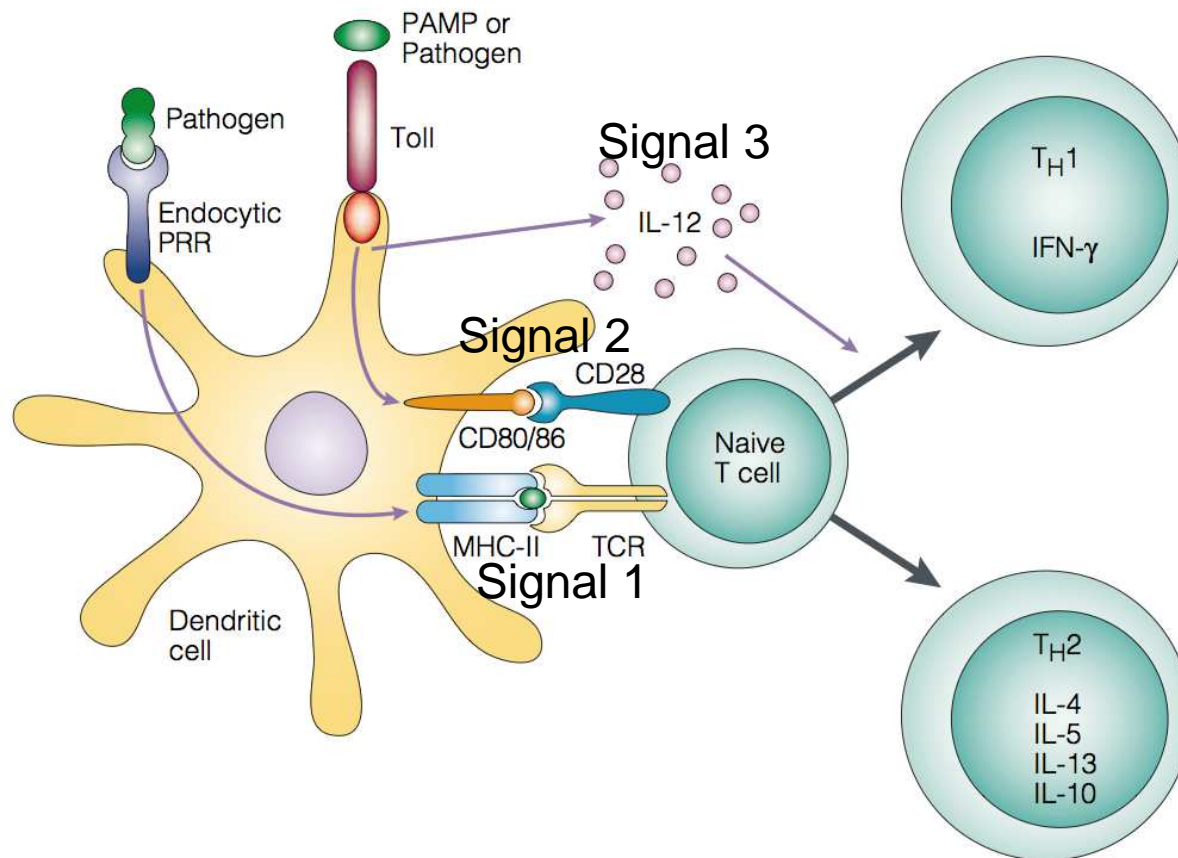
# How to inform the adaptive immune system?

Cytokines and antigen  
presenting cells travel  
through the lymphatics  
from the tissue to the  
lymph node

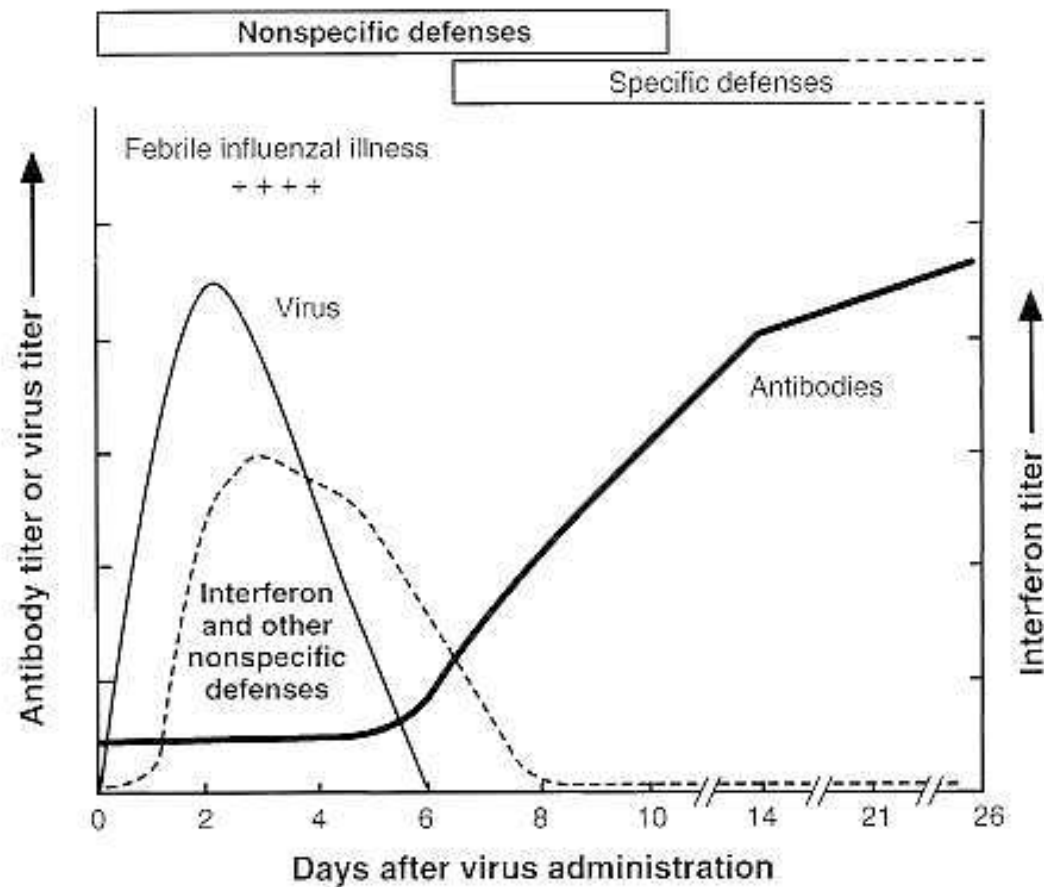




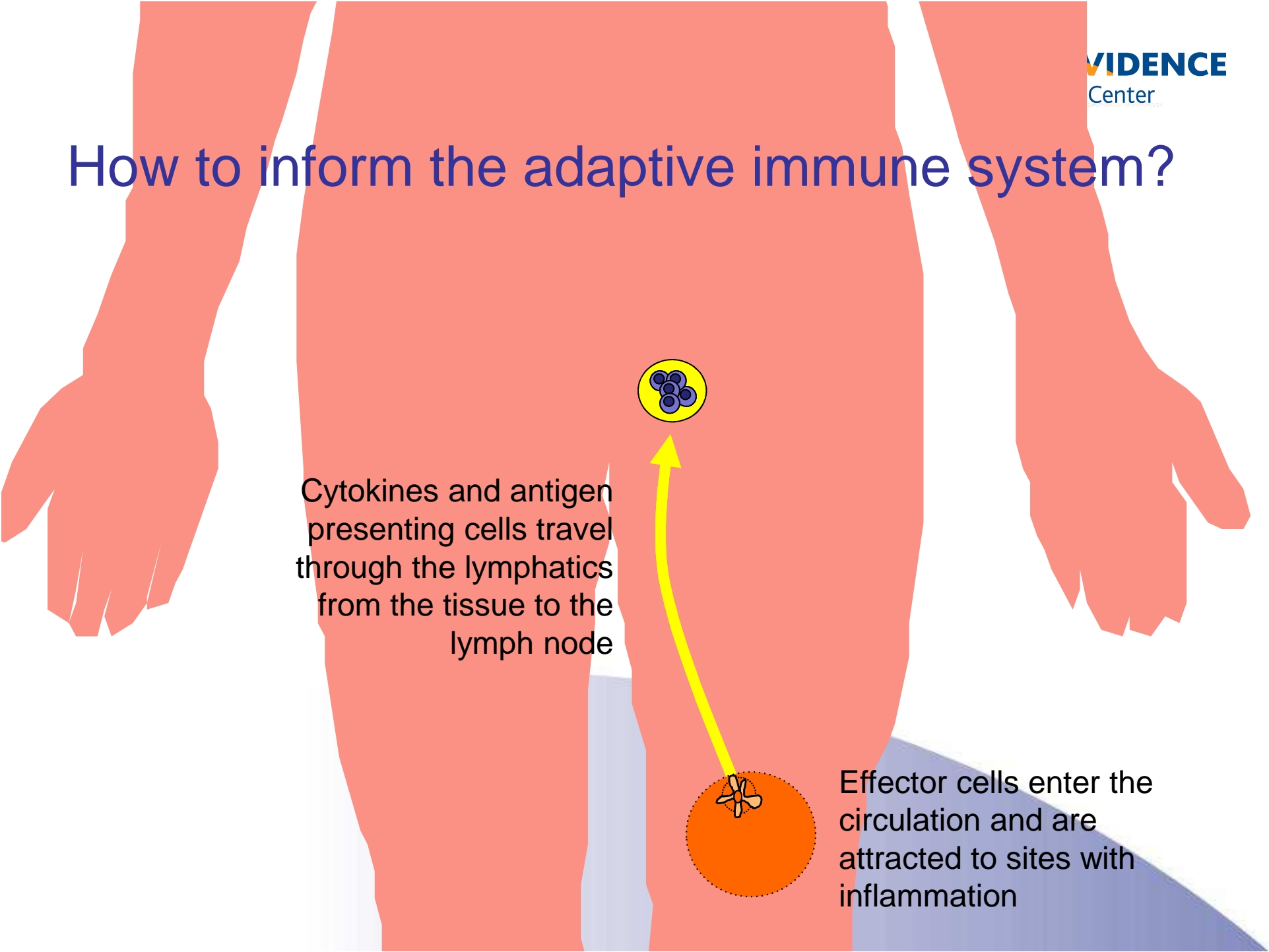
# T Cell Activation; a multi-signal process



## Innate response is followed by adaptive



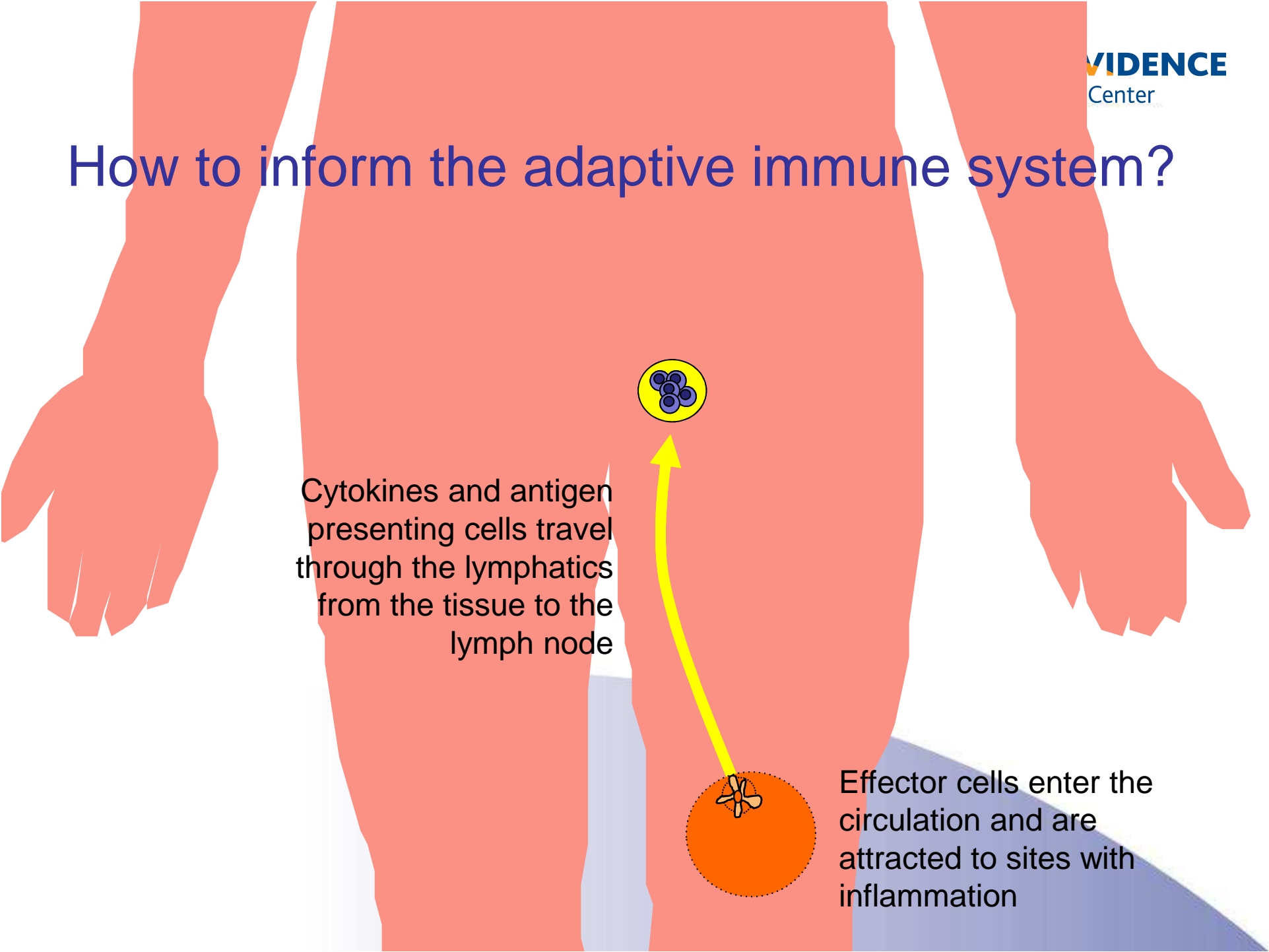
# How to inform the adaptive immune system?



Cytokines and antigen presenting cells travel through the lymphatics from the tissue to the lymph node

Effector cells enter the circulation and are attracted to sites with inflammation

# How to inform the adaptive immune system?



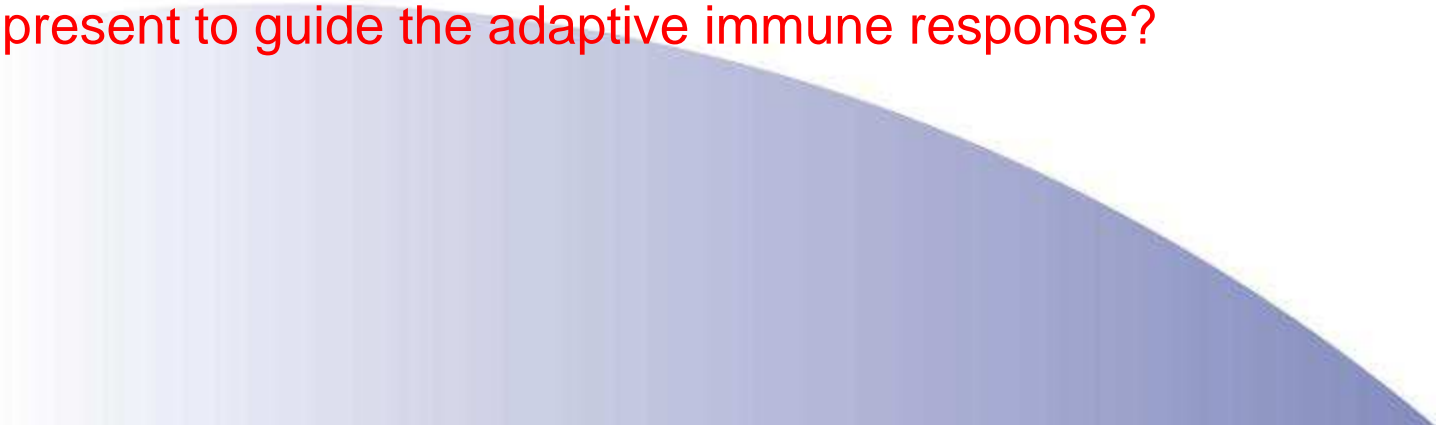
Cytokines and antigen presenting cells travel through the lymphatics from the tissue to the lymph node

Effector cells enter the circulation and are attracted to sites with inflammation

# How are anti-cancer immune responses initiated?

- Are there inflammatory signals released to direct appropriate immune responses to cancer?
- Do cancer antigens travel to lymph nodes on appropriately activated dendritic cells?
- If a tree falls in a park and there is no-one to hand, it is silent and invisible and nameless.
  - Fossett, W. (1754) *Natural States*, R. & J. Dodsley, Pall Mall. London

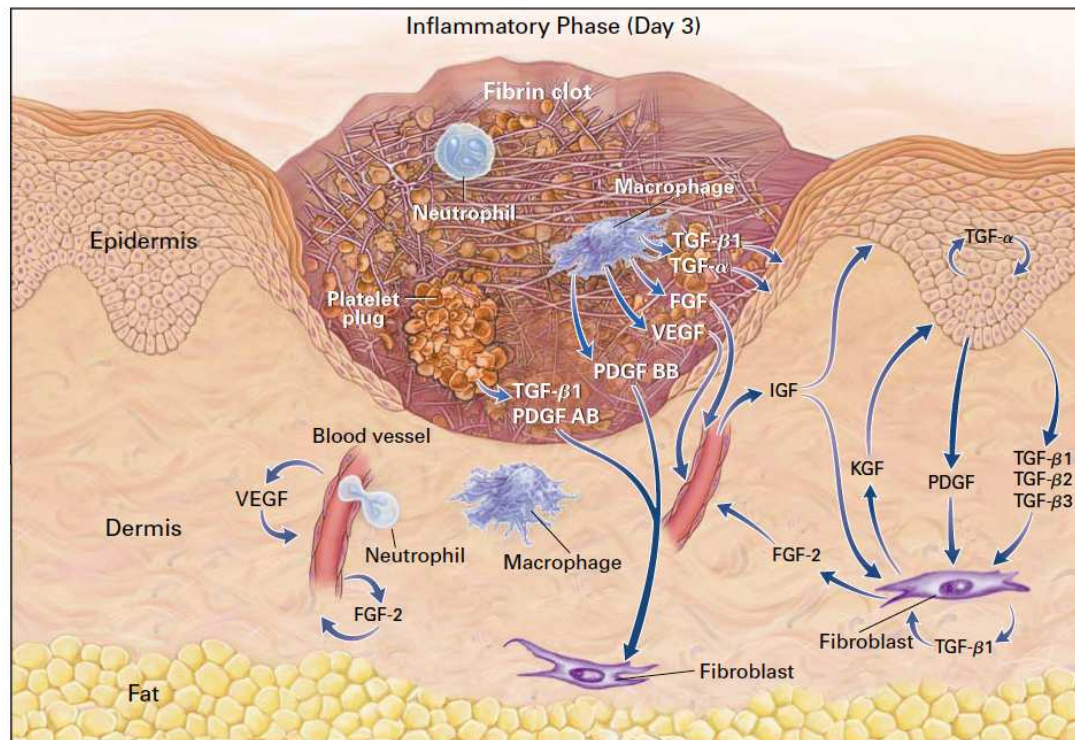
## Summary

- The immune system requires multiple signals to initiate a new immune response.
  - In infections, conserved recognition molecules identify the infectious agents and initiate adaptive immune responses that guide the adaptive immune response that follows.
  - To initiate an immune response against cancer, how do antigen presenting cells get cancer antigens, and are innate immune responses or cytokines present to guide the adaptive immune response?
- 
- A decorative graphic element at the bottom of the slide, consisting of a blue gradient shape that curves upwards from the left and tapers to a point on the right.

How do immune responses stop?

**ALL IMMUNE RESPONSES ARE  
ACTIVELY RESOLVED, OR TURNED  
OFF, TO AVOID IMMUNE PATHOLOGY.**

# Inflammatory resolution and wound healing



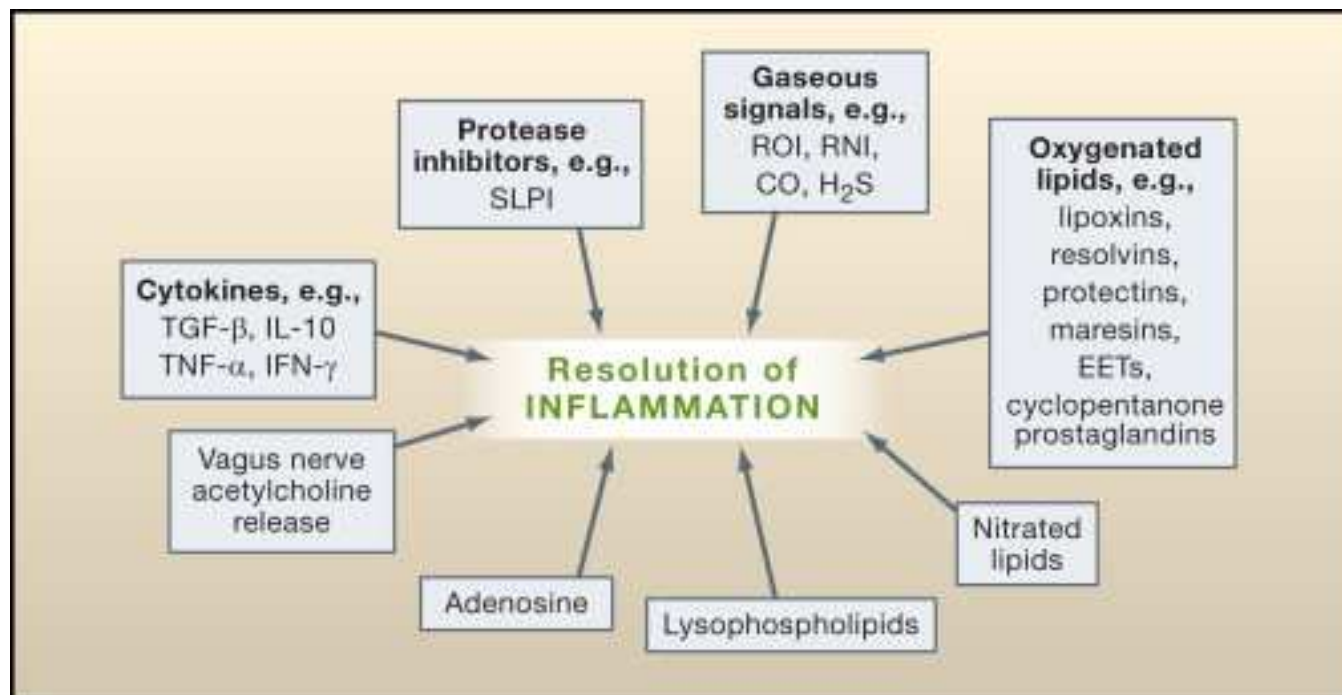
## CUTANEOUS WOUND HEALING

ADAM J. SINGER, M.D., AND RICHARD A.F. CLARK, M.D.

The New England Journal of Medicine

September 2, 1999

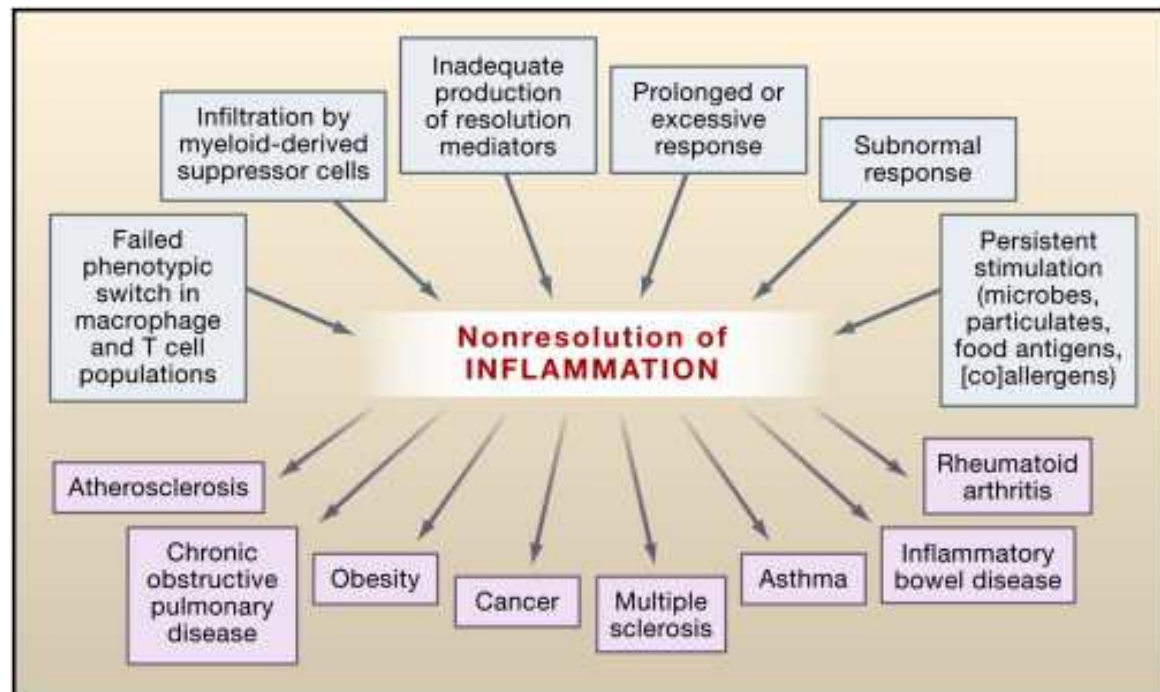
# Anti-inflammatory mediators



Carl Nathan, Aihao Ding  
**Nonresolving Inflammation**

Cell, Volume 140, Issue 6, 2010, 871 - 882  
<http://dx.doi.org/10.1016/j.cell.2010.02.029>

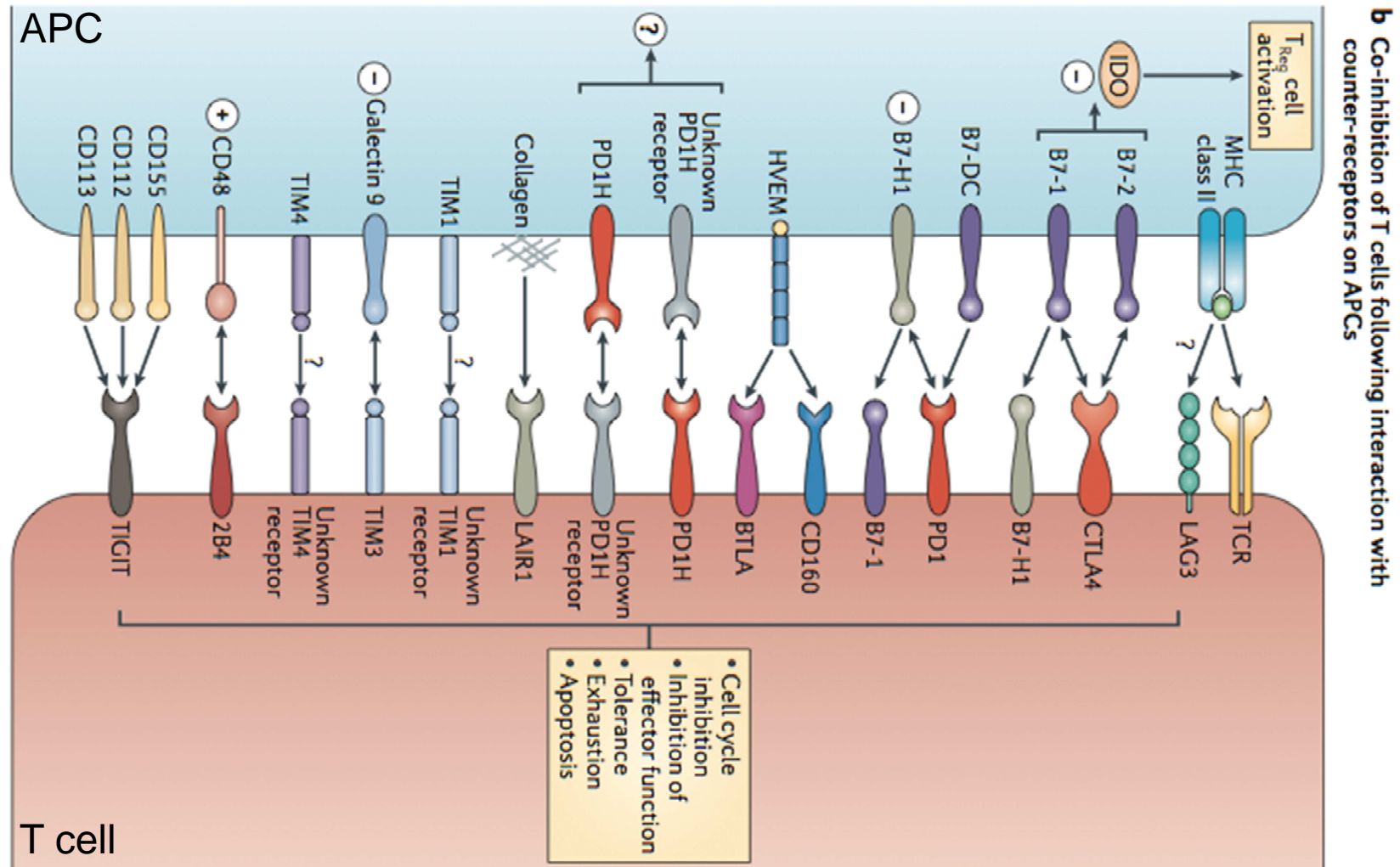
# Pathology due to non-resolution of inflammation



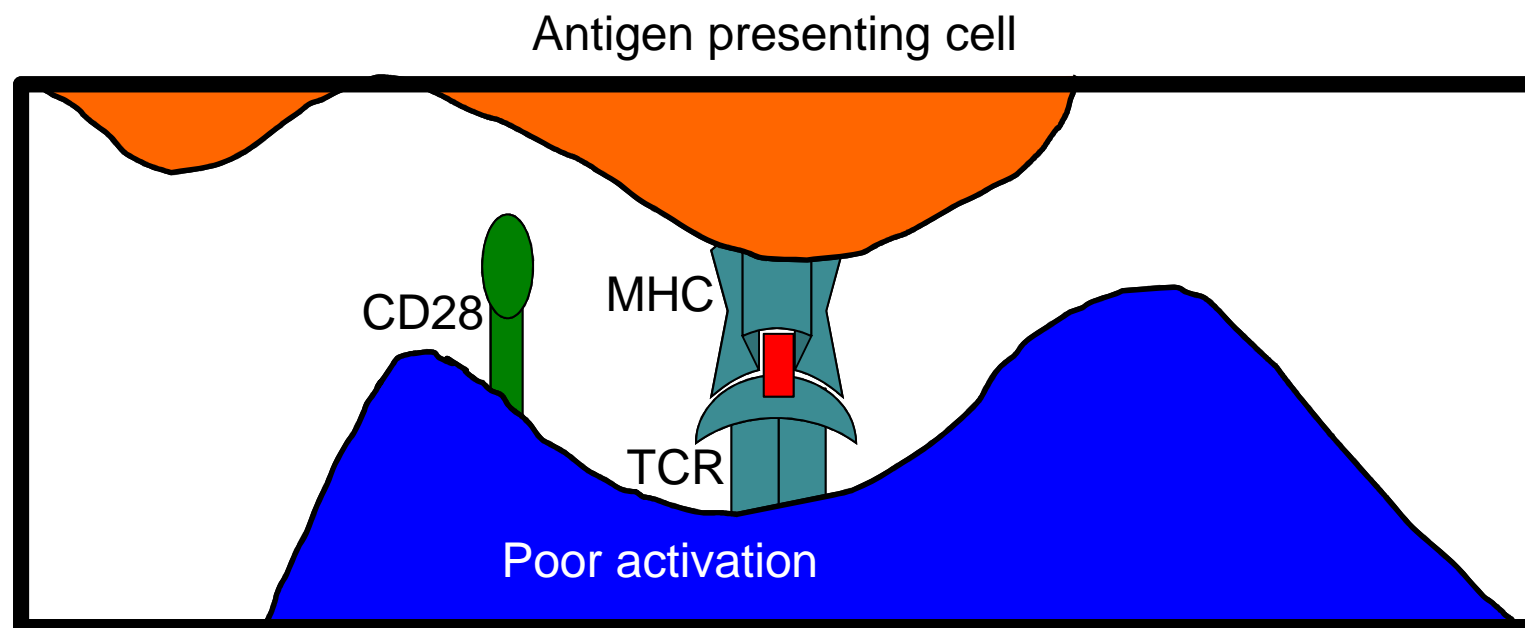
Carl Nathan , Aihao Ding  
**Nonresolving Inflammation**

Cell, Volume 140, Issue 6, 2010, 871 - 882  
<http://dx.doi.org/10.1016/j.cell.2010.02.029>

# T Cell Co-inhibition Molecules

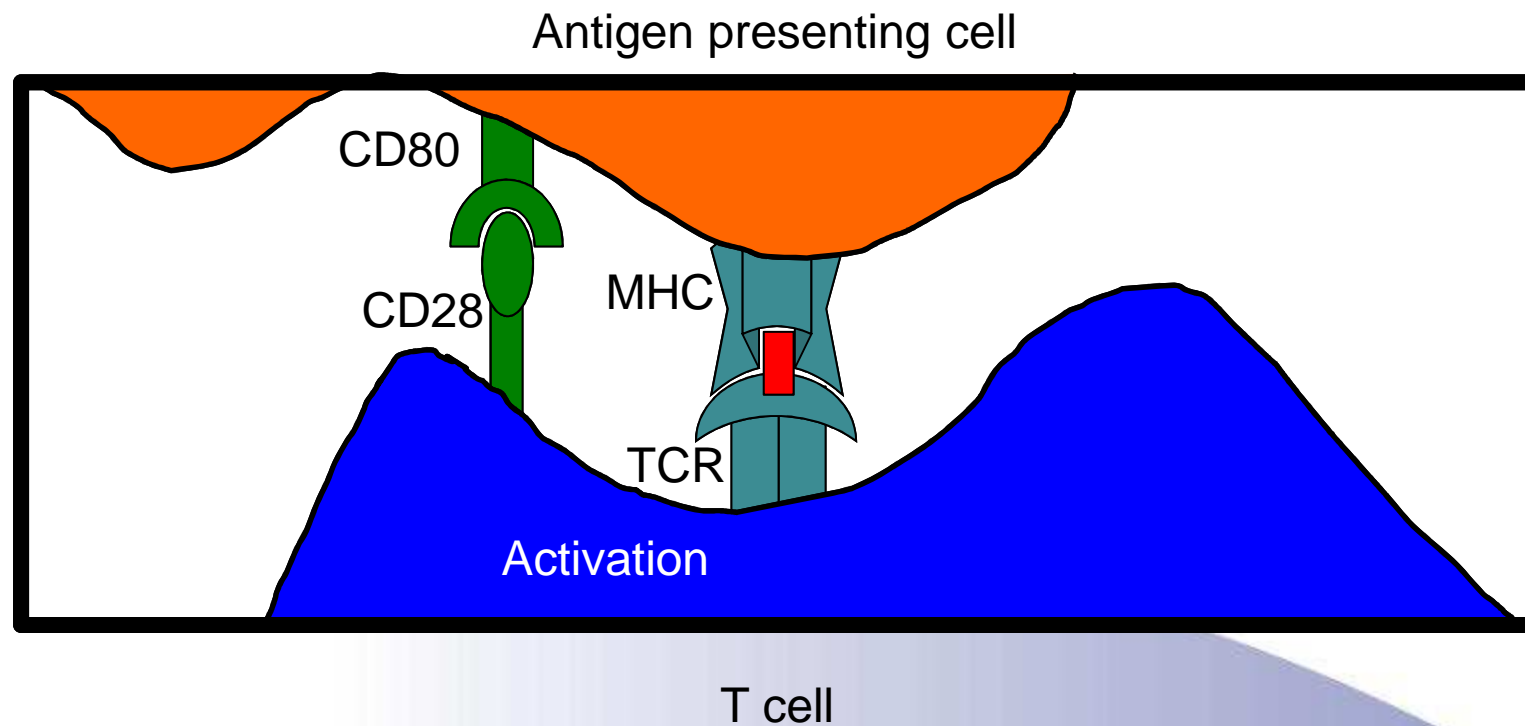


## Lack of costimulation

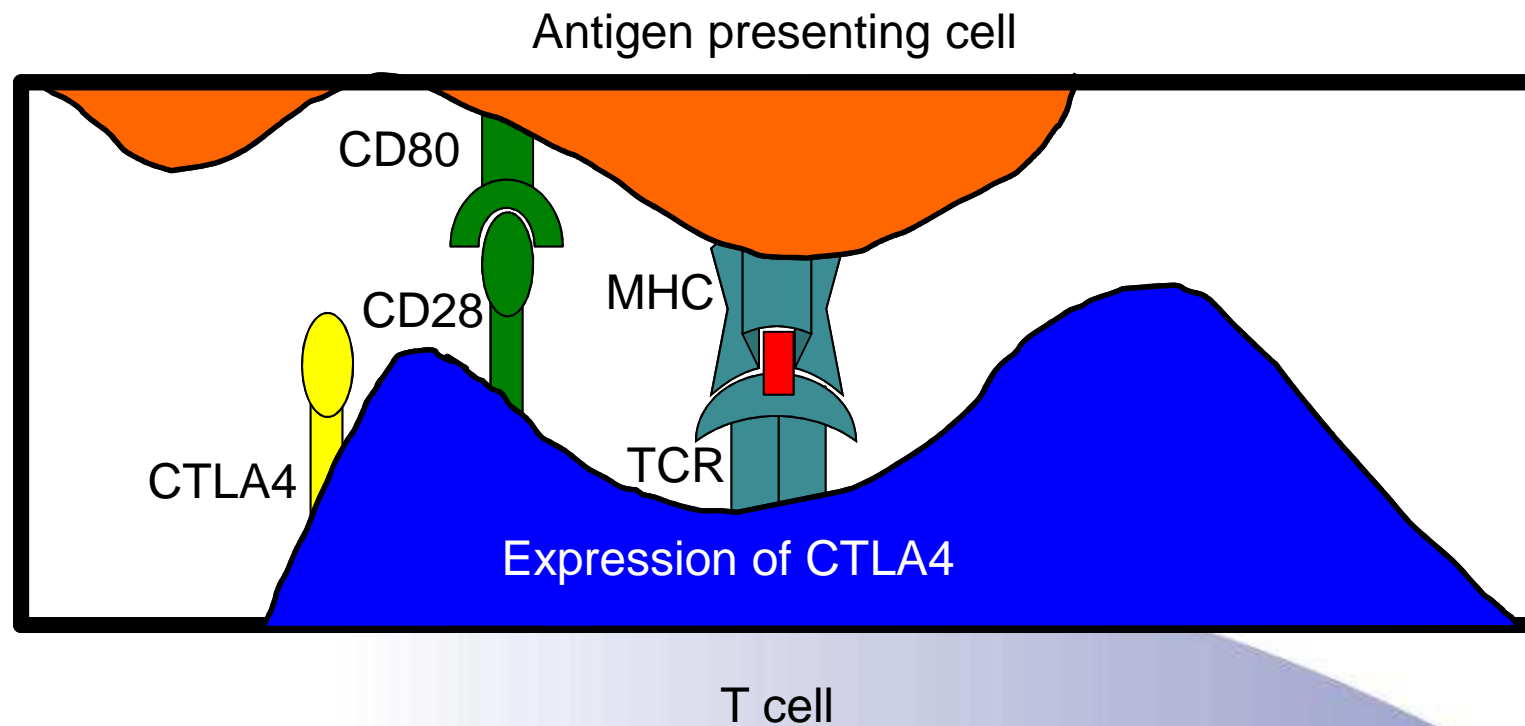


T cell

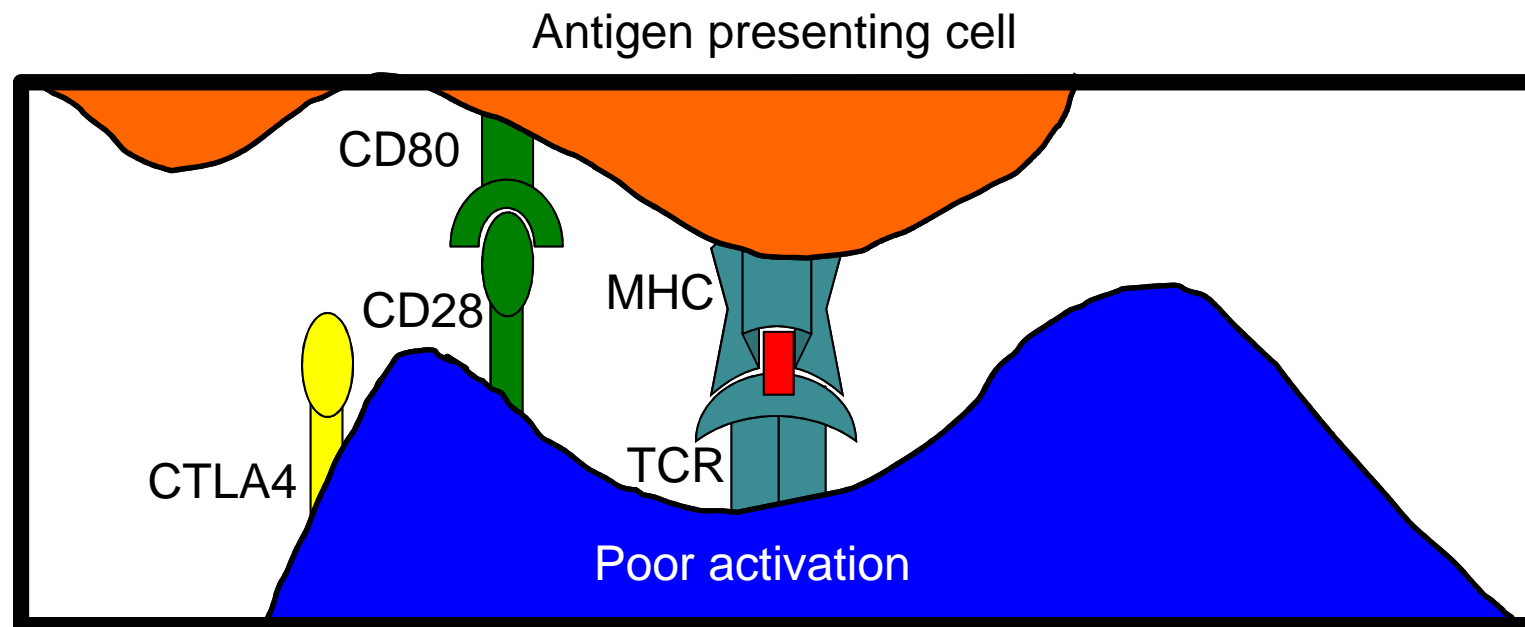
## Costimulation by CD80



# Upregulation of CTLA4

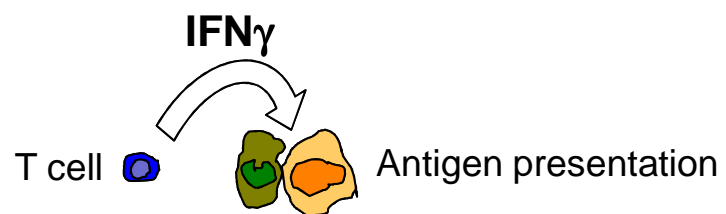


## Negative regulation of T cell activation

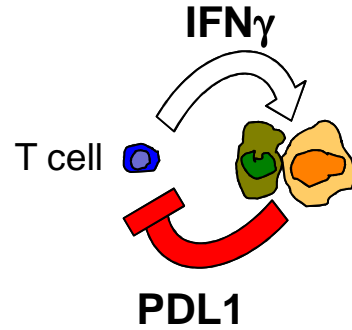


T cell

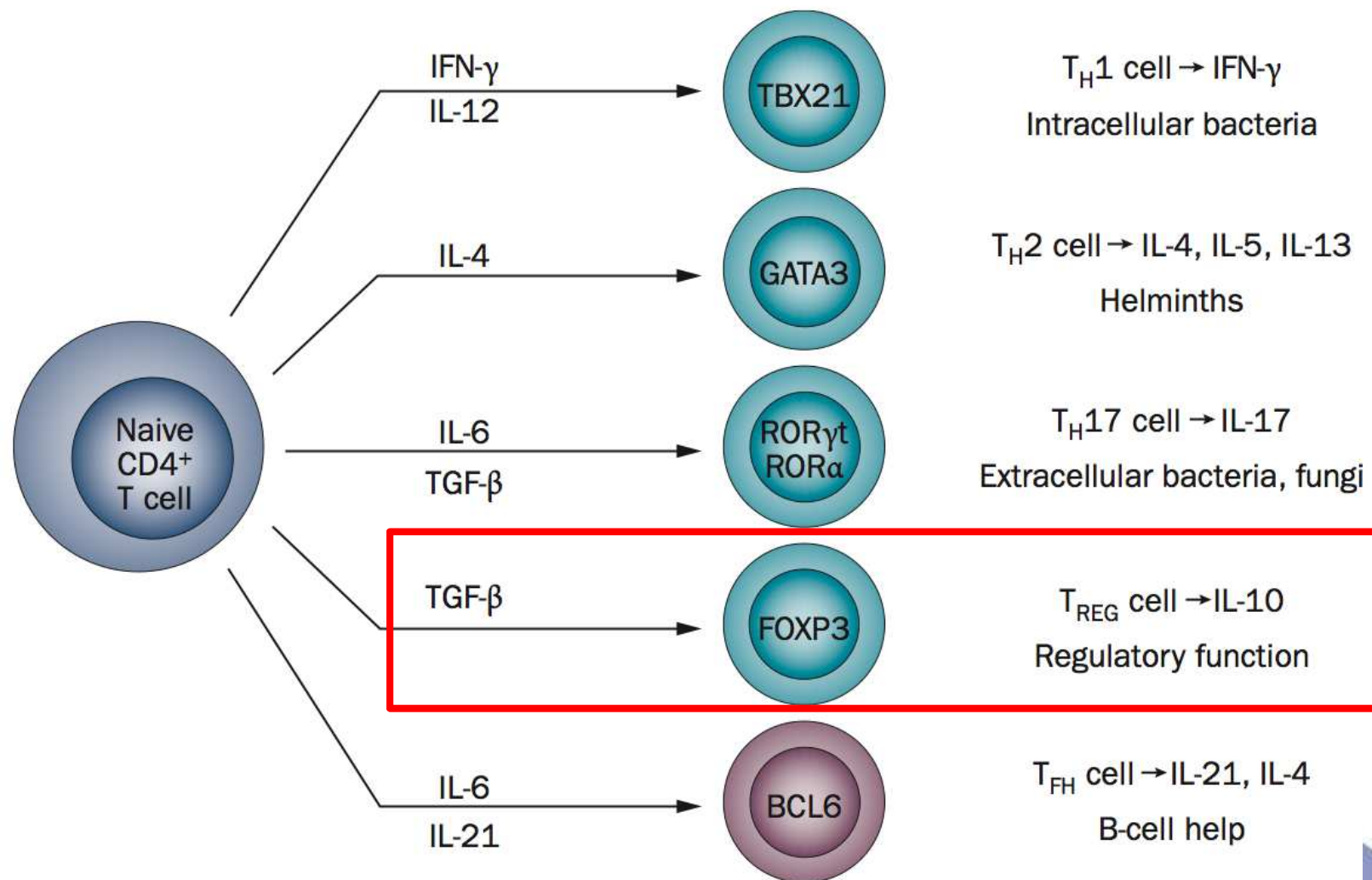
# Positive effects of immune cells



# Negative feedback mechanism

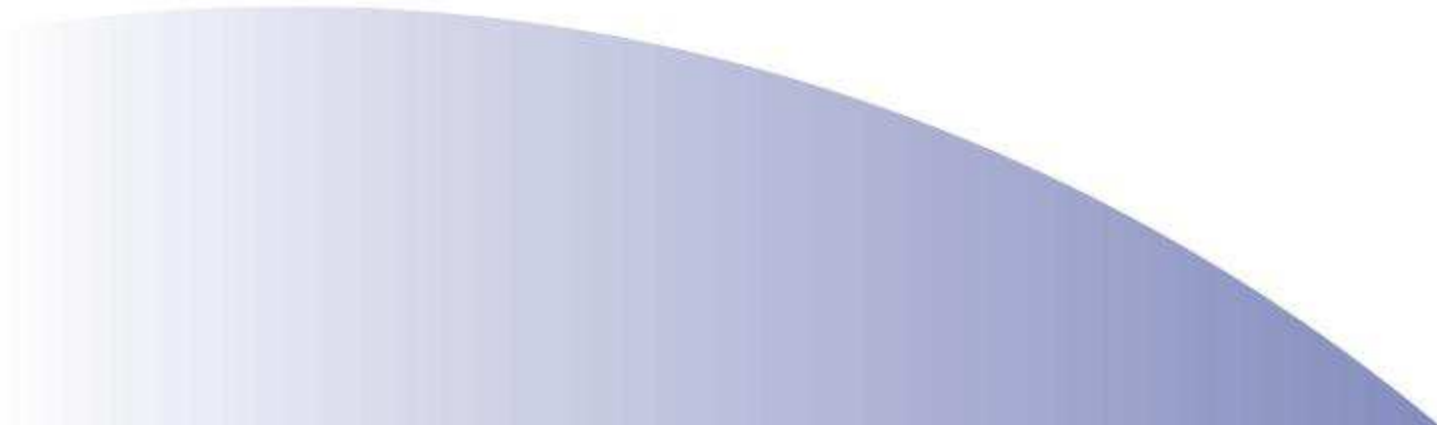


## Emergence of Treg as cytokines shift



## Summary

- Multiple signals direct resolution of immune responses to permit tissue repair – failure of resolution leads to immune pathology
- Many overlapping and redundant anti-inflammatory signals accumulate as inflammation peaks, and a range of suppressive molecules and suppressive cells turn off and kill effector T cells
- Are these elements of inflammatory resolution and effector T cell suppression present in tumors?

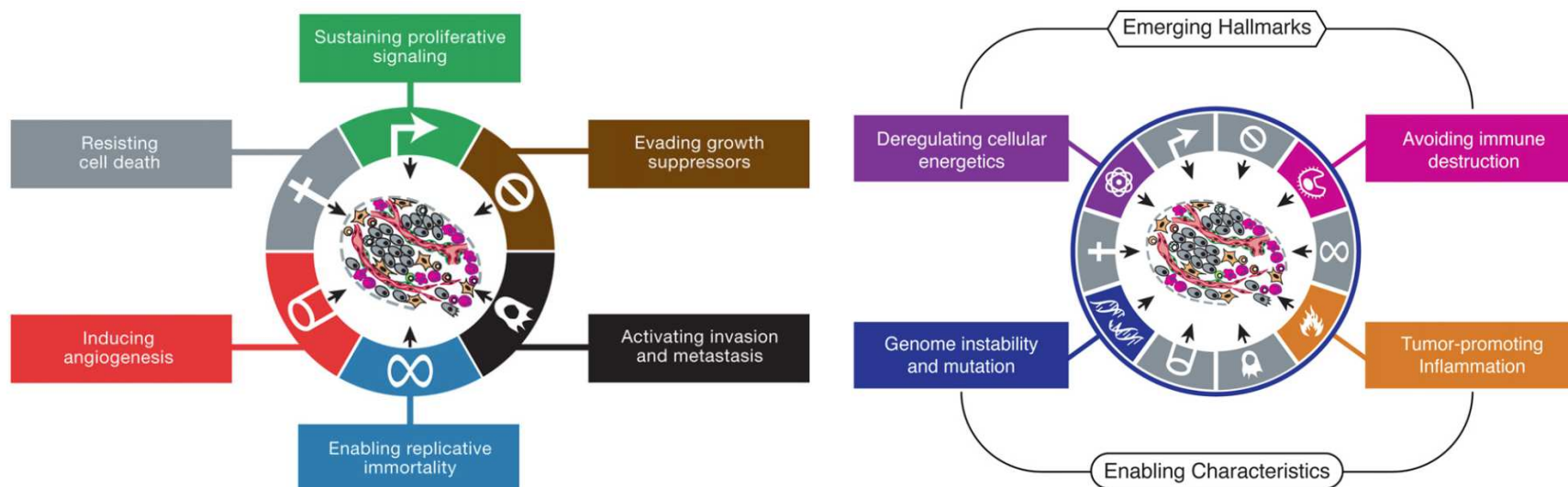


The combination of signals determines the nature of the response

**CANCERS ARE UNDER A SELECTION  
PRESSURE TO SUPPRESS IMMUNE  
RESPONSES**

A decorative graphic consisting of a series of vertical blue bars of varying heights, creating a wave-like effect that spans the width of the slide at the bottom.

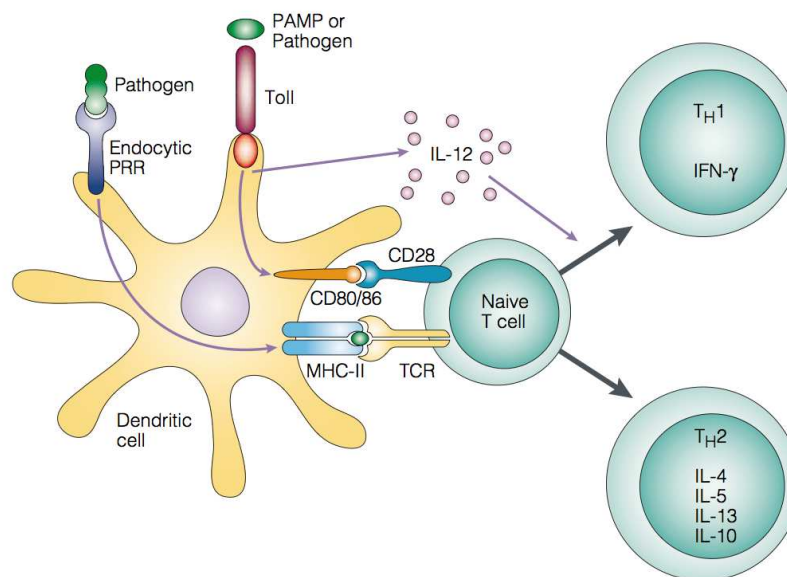
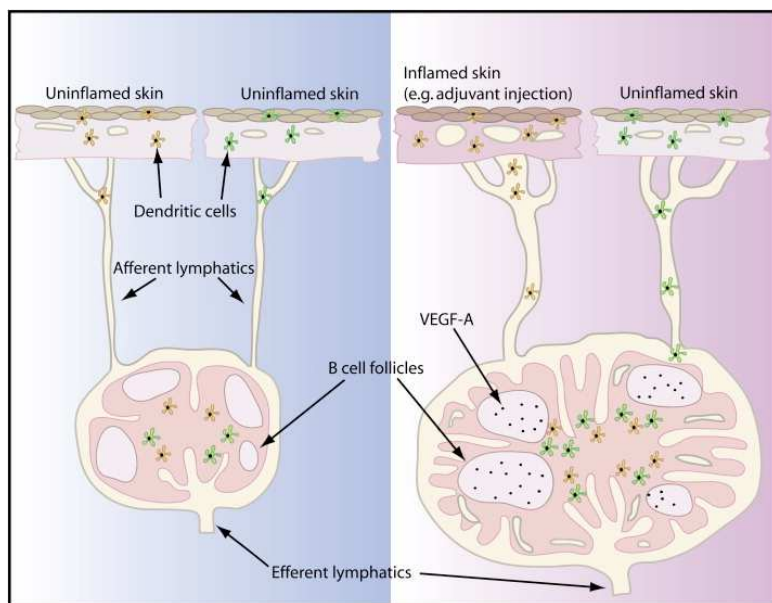
# Immune regulation is a key feature of cancer



## Hallmarks of Cancer: The Next Generation

Douglas Hanahan<sup>1,2,\*</sup> and Robert A. Weinberg<sup>3,\*</sup>  
Cell 144, March 4, 2011 ©2011 Elsevier Inc.

# Are all the critical elements present in cancer?



# Cancers lack features for immune activation

- Does tumor antigen reach the lymph node?
- Does cancer activate DCs for effective costimulation?
- Do the DCs present antigen in the appropriate cytokine environment?

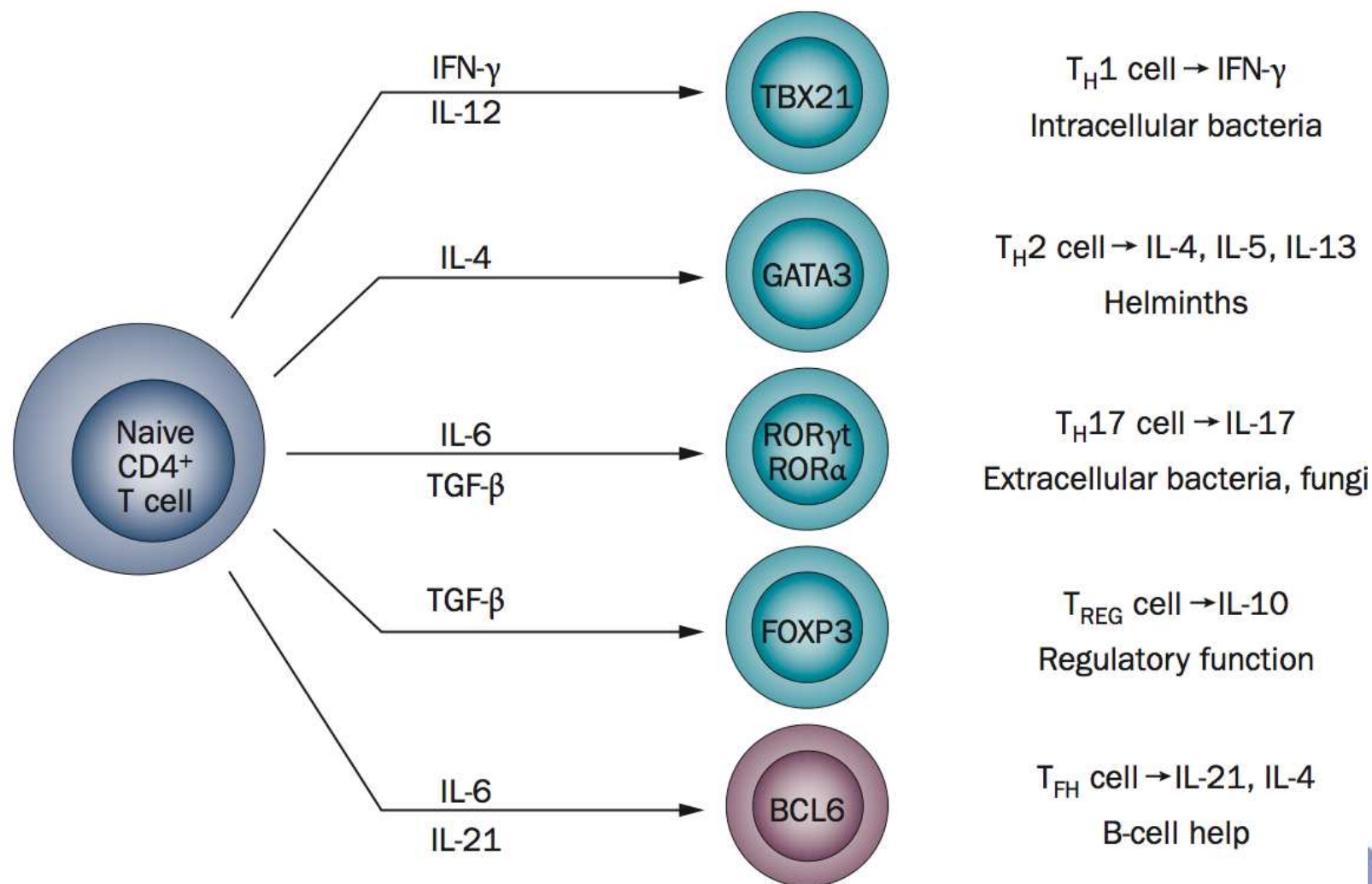


# How to inform the adaptive immune system?

Some antigen and cytokines reach the lymph node, but the presenting cells are poorly costimulatory and the cytokines are not supportive of Th1 activation



# T Helper Cell Subsets: $T_H1$ , $T_H2$ , $T_H17$ , $T_{FH}$



# How to inform the adaptive immune system?

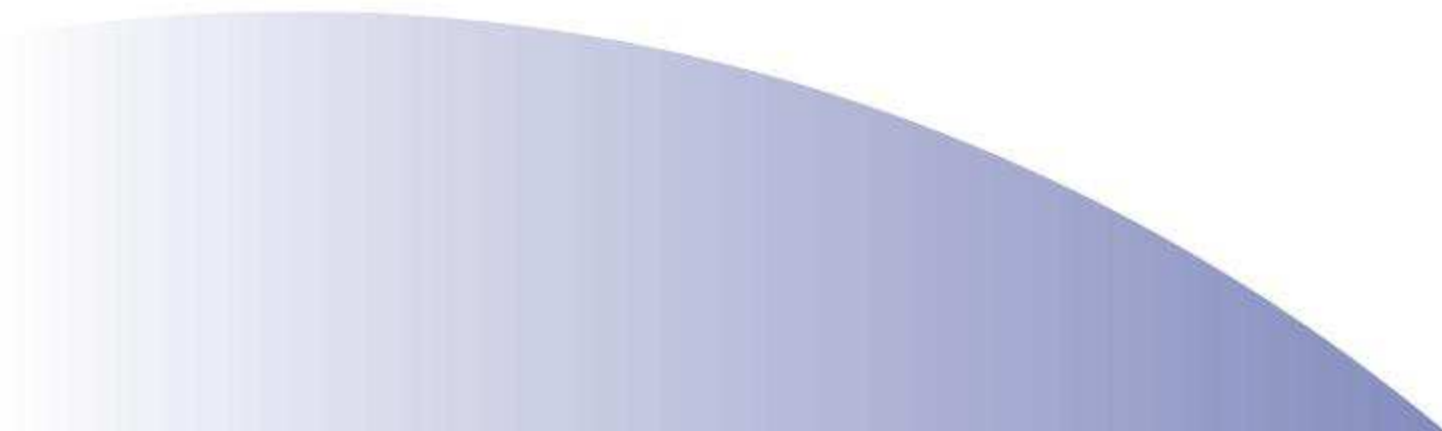


If T cells are primed and expand, they may not find the inflammatory targets that attract them to the tumor

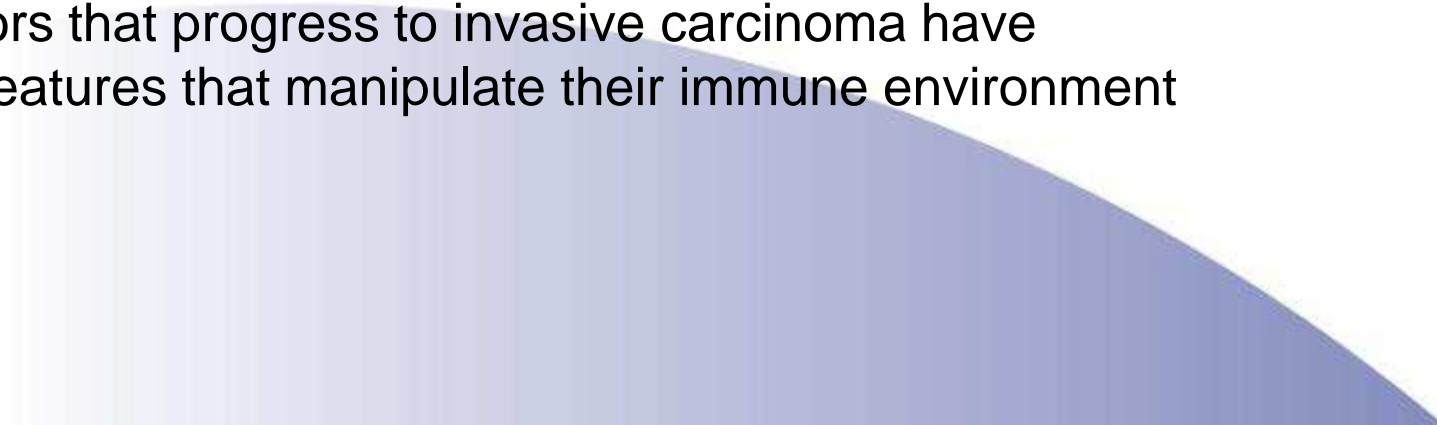


# Cancers direct inflammatory resolution

- Constant 'wound healing' features permit growth and invasion but also suppress adaptive immunity
- Accumulation of suppressive cytokines and T regulatory cells limit the ability of effector cells to kill cancer cells
- The inflammation is not appropriate for newly-formed effector cells to find their way to the tumor



## Summary

- Immune activation requires the concurrence of appropriate inflammation, activated antigen presenting cells and T cells able to recognize the antigen.
    - If any piece is missing, immune responses are inefficient or ineffective
  - Inflammatory resolution is an active process, and is composed of multiple overlapping mechanisms to suppress inflammation and inhibit T cell activation, recruitment and effector function
  - Those tumors that progress to invasive carcinoma have developed features that manipulate their immune environment
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- A decorative graphic element at the bottom of the slide, consisting of a blue gradient shape that curves upwards from the left and tapers to the right.