

# No Disclosures

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# T-regulatory cells in colon cancer.

Friend or Foe?

# Increased frequency of regulatory T cells in peripheral blood and tumour infiltrating lymphocytes in colorectal cancer patients

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## Intraepithelial Effector (CD3<sup>+</sup>)/Regulatory (FoxP3<sup>+</sup>) T-Cell Ratio Predicts a Clinical Outcome of Human Colon Carcinoma

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# Antigen-specific Tregs control T cell responses against a limited repertoire of tumor antigens in patients with colorectal carcinoma

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- 5-10% of total “naïve” CD4 T cells.
- positively selected in the thymus
- CD25<sup>+</sup> (IL2R $\alpha$  subunit)
- FOXP3<sup>+</sup>
- potent suppressors of antigen specific CD4 and CD8 T cell responses
- *potent suppressors of inflammation*

## Tumor-Infiltrating FOXP3<sup>+</sup> T Regulatory Cells Show Strong Prognostic Significance in Colorectal Cancer

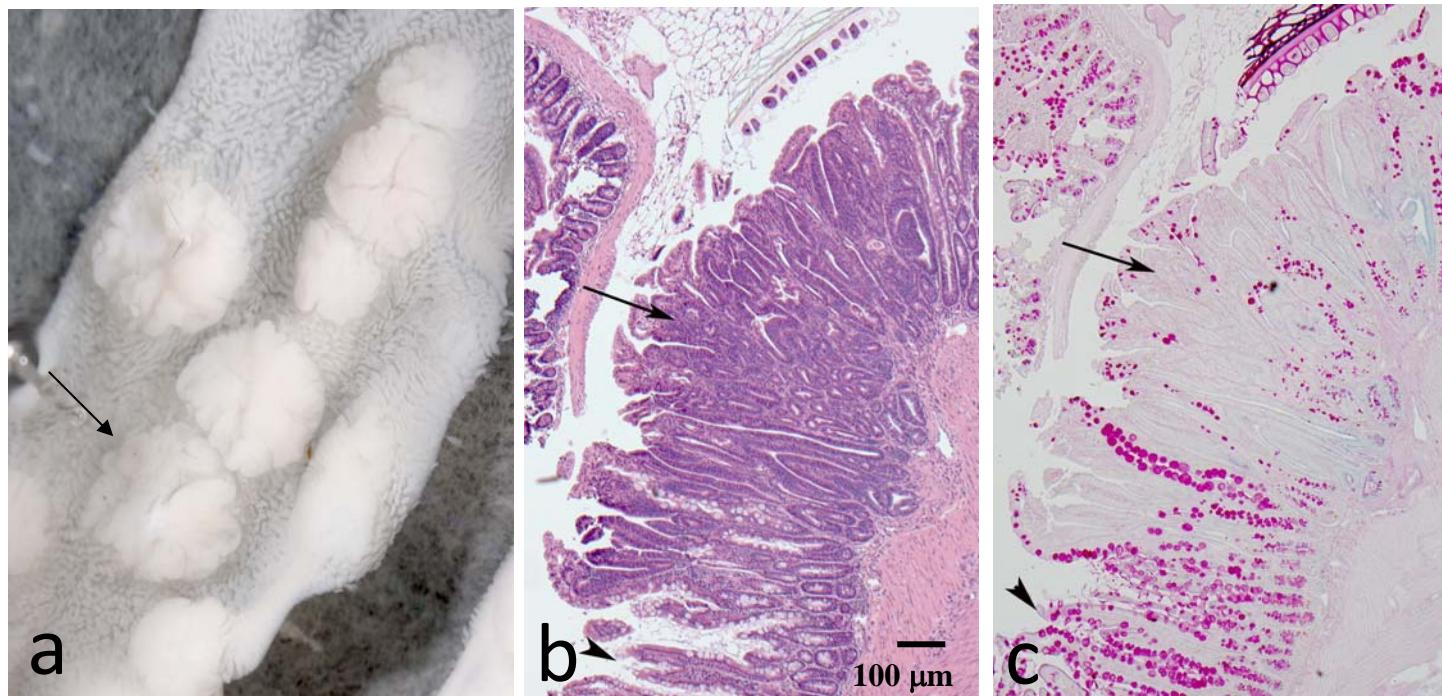
*Paul Salama, Michael Phillips, Fabienne Grien, Melinda Morris, Nik Zeps, David Joseph, Cameron Platell, and Barry Jacopetta*

### Conclusion

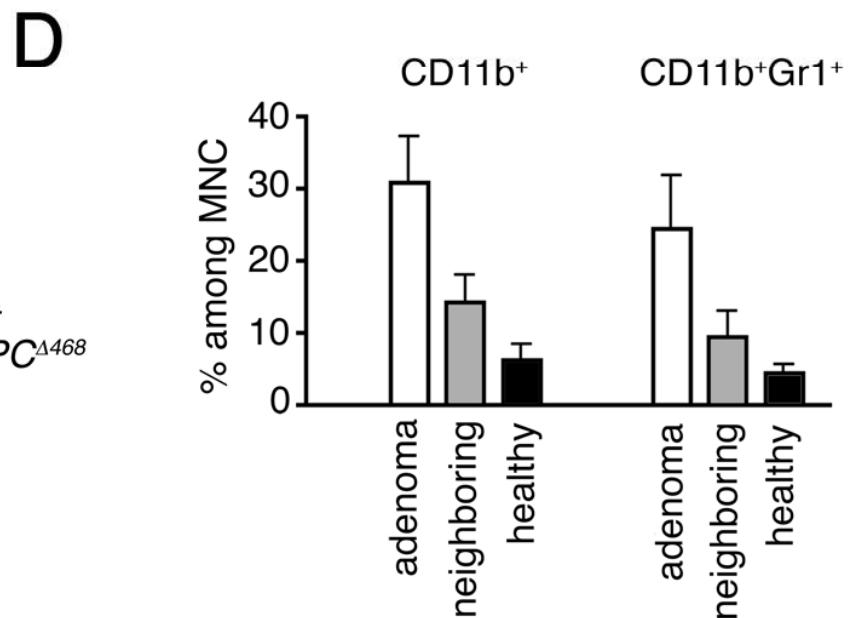
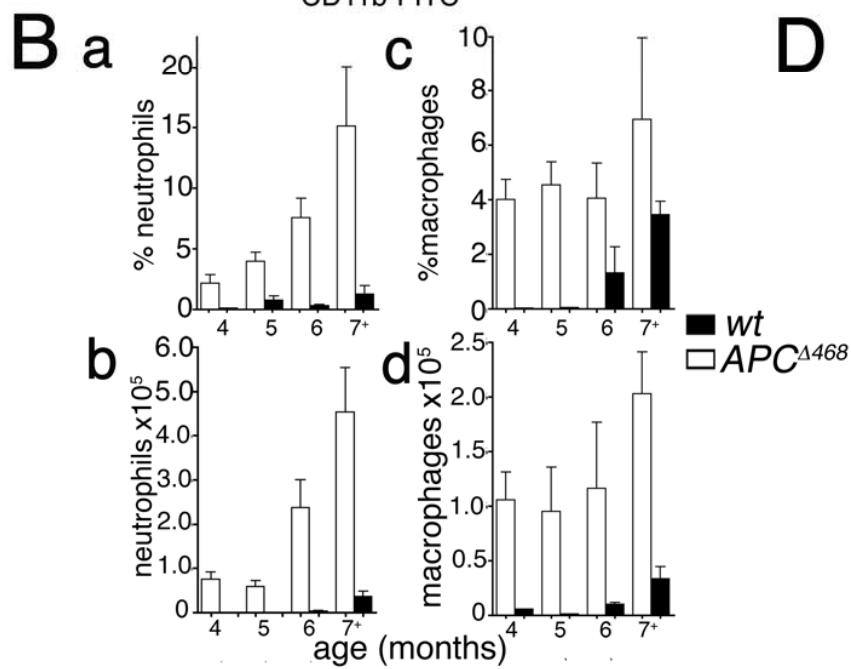
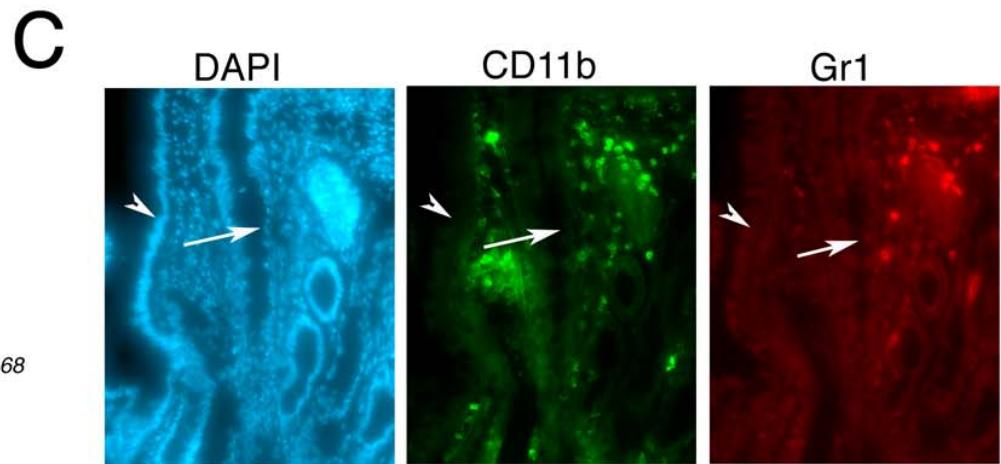
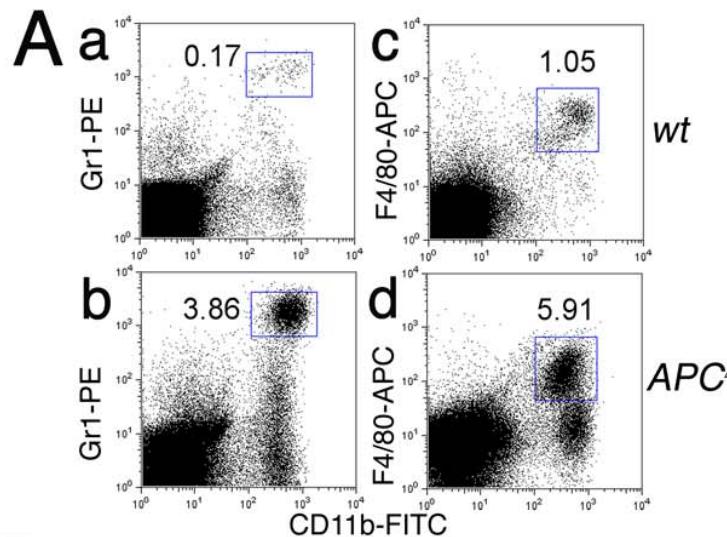
FOXP3<sup>+</sup> Treg density in normal and tumor tissue had stronger prognostic significance in colorectal cancer compared with CD8<sup>+</sup> and CD45RO<sup>+</sup> lymphocytes. The finding of improved survival associated with a high density of tumor-infiltrating FOXP3<sup>+</sup> Tregs in colorectal cancer contrasts with several other solid cancer types. The inclusion of FOXP3<sup>+</sup> Treg density may help to improve the prognostication of early-stage colorectal cancer.

*J Clin Oncol 27: 196-192. © 2009 by American Society of Clinical Oncology*

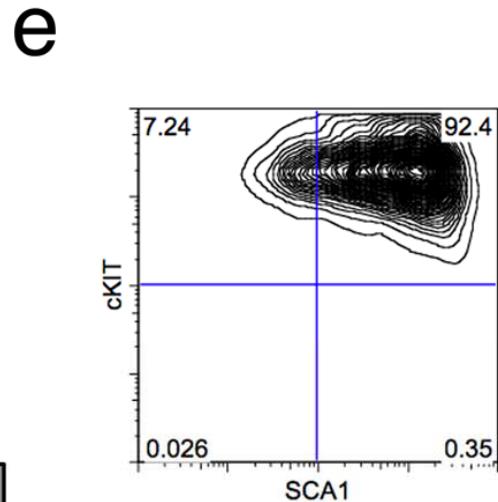
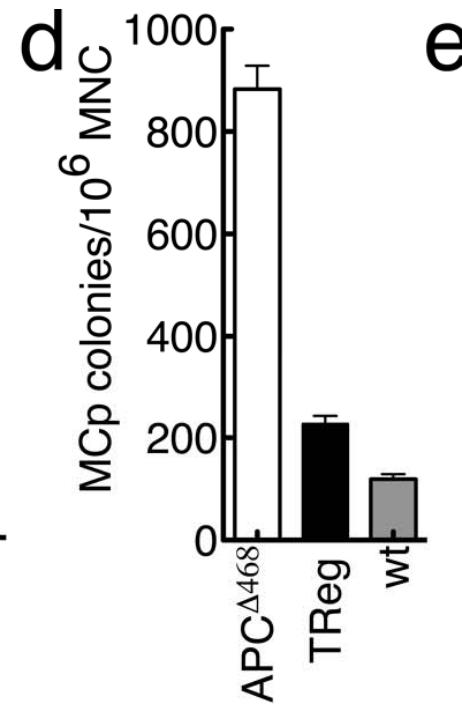
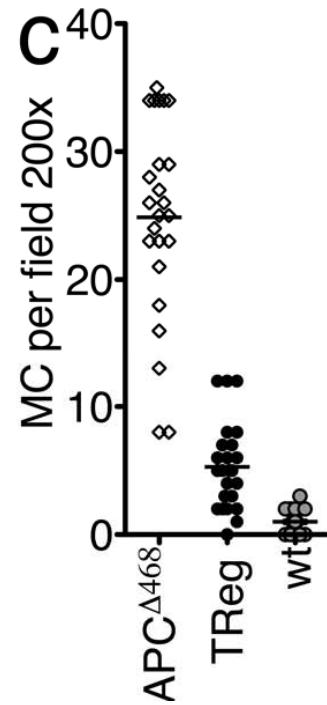
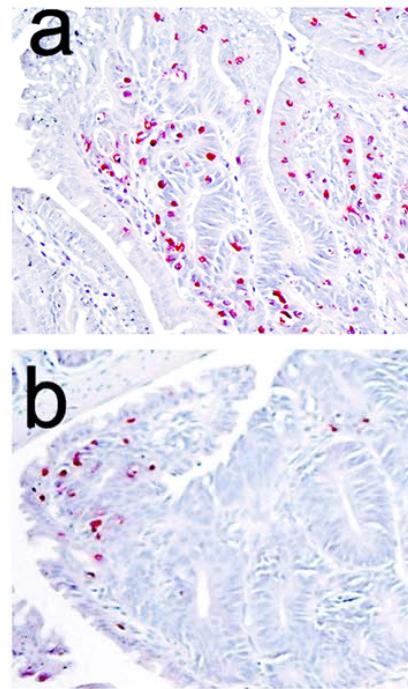
## Typical histology of tubulovillous adenoma from small intestine



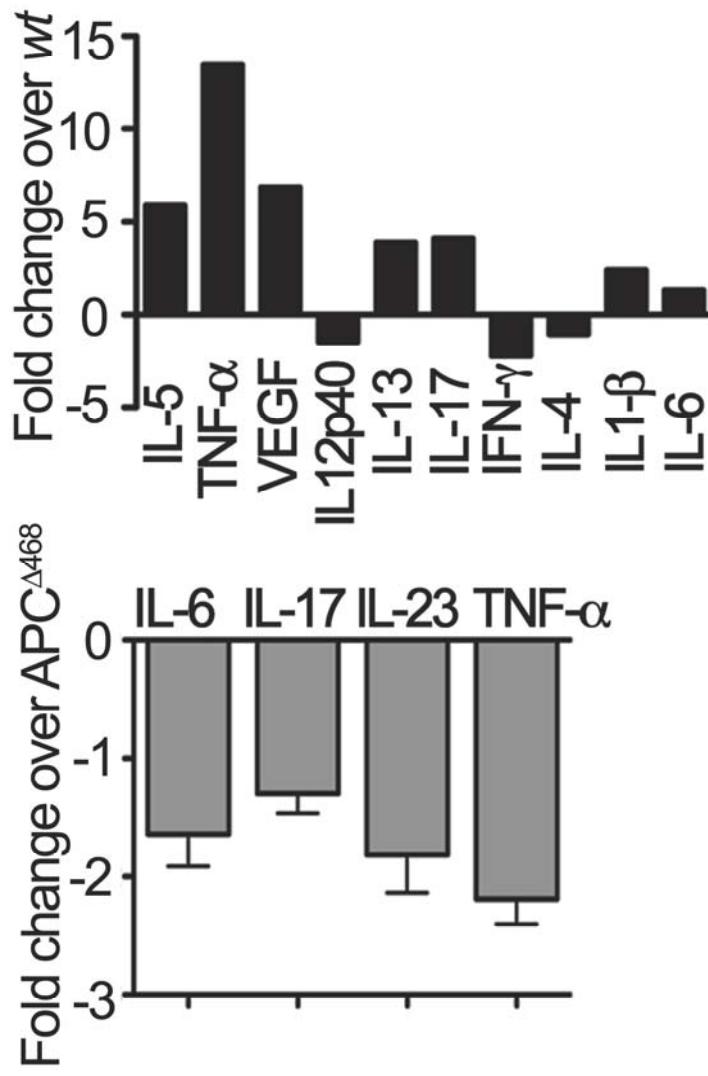
Tall, hyperchromatic disorderly cells with cigar-shaped nuclei and concomitant crypt budding,  
and absence of sulfomucin expressing goblet cells



# Treg transfer suppresses cancer associated inflammation

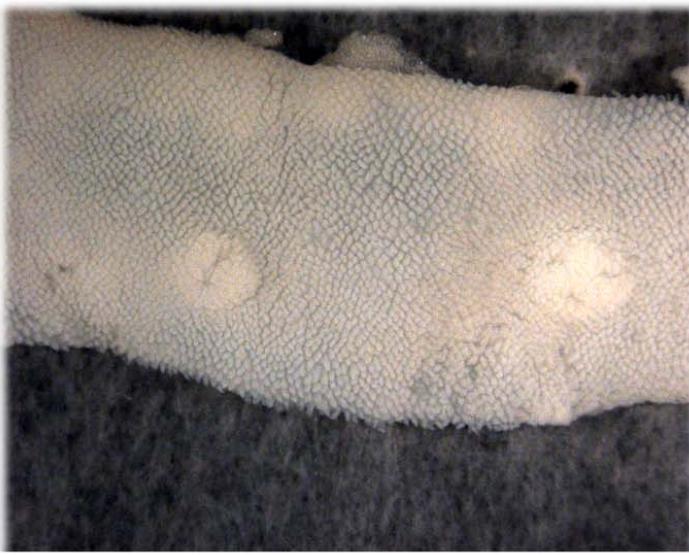
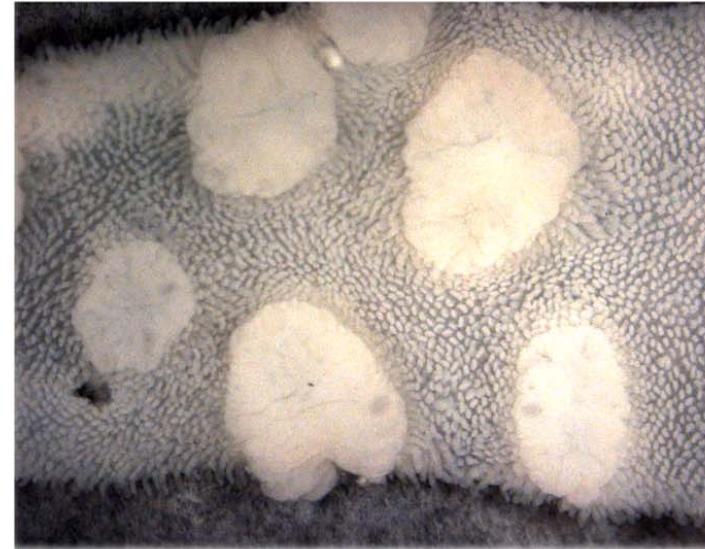


# Adoptive Transfer of Healthy Treg



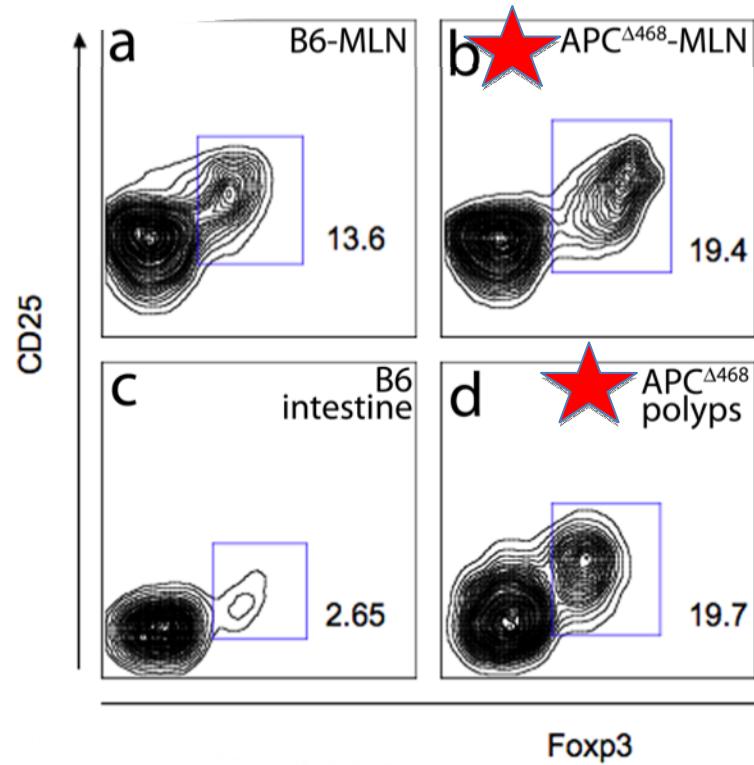
## Transfer of $10^5$ Treg: 4 weeks

untreated  
treated

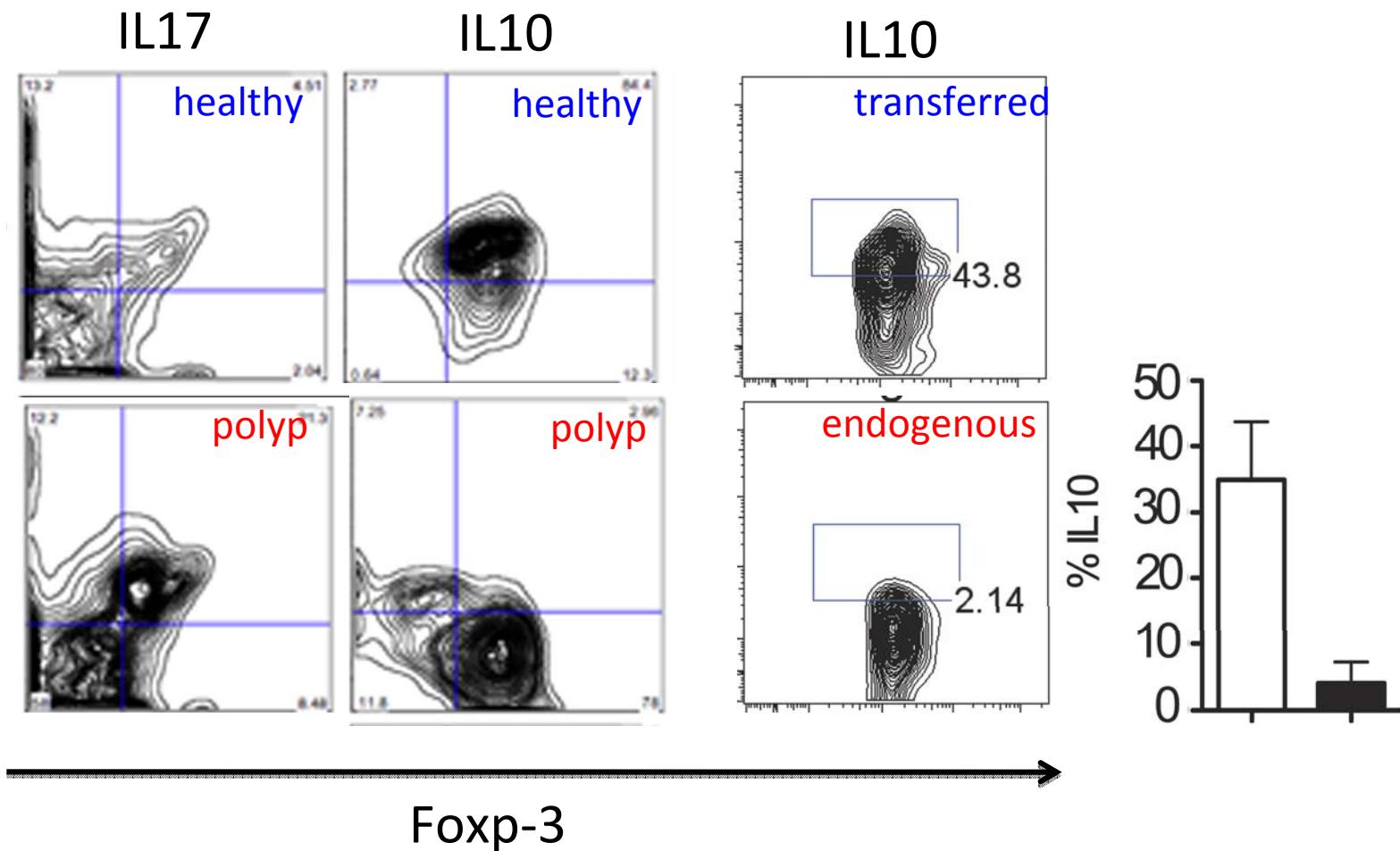


What about the endogenous Treg

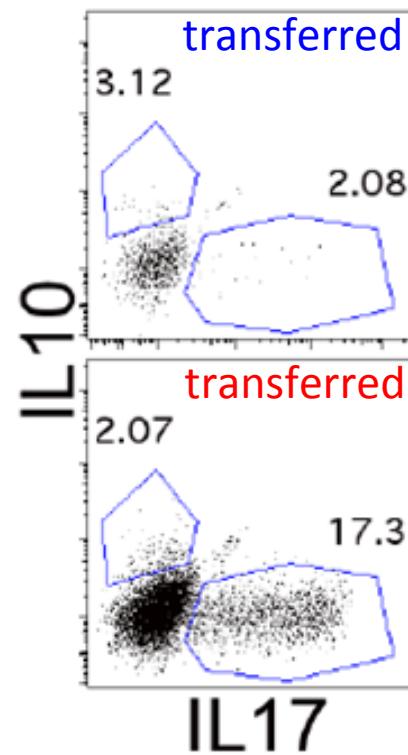
# Treg in healthy mice < Treg in polyp mice



# Treg are altered in polyposis



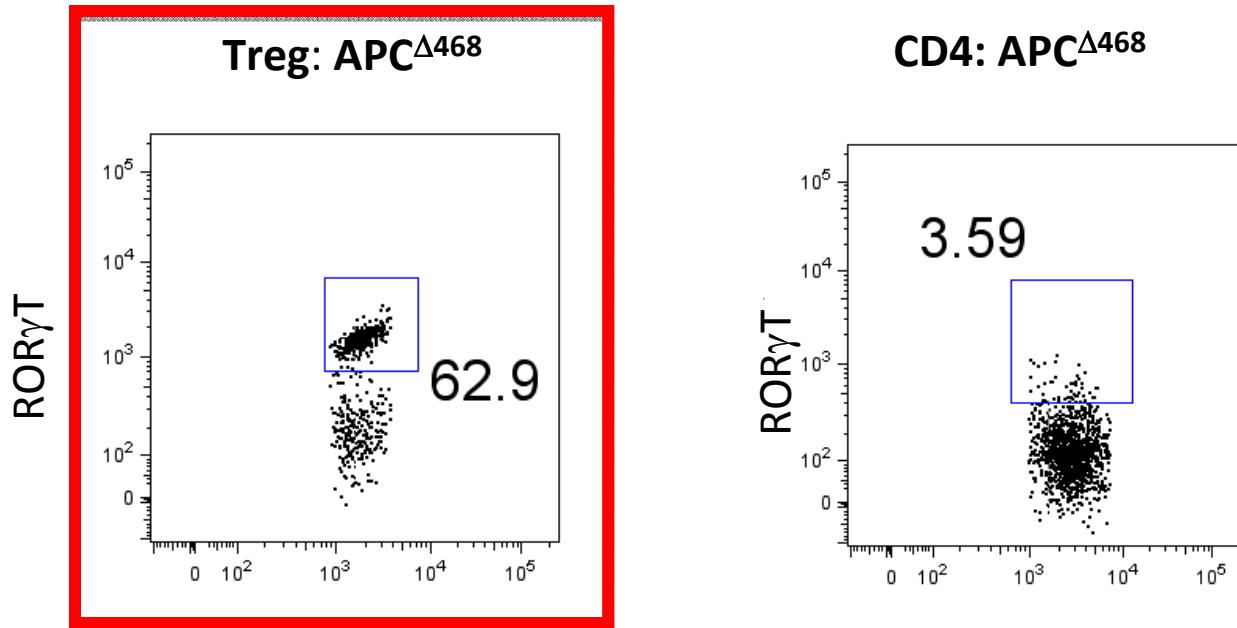
# Adoptive Transfer in Rag<sup>-/-</sup> mice



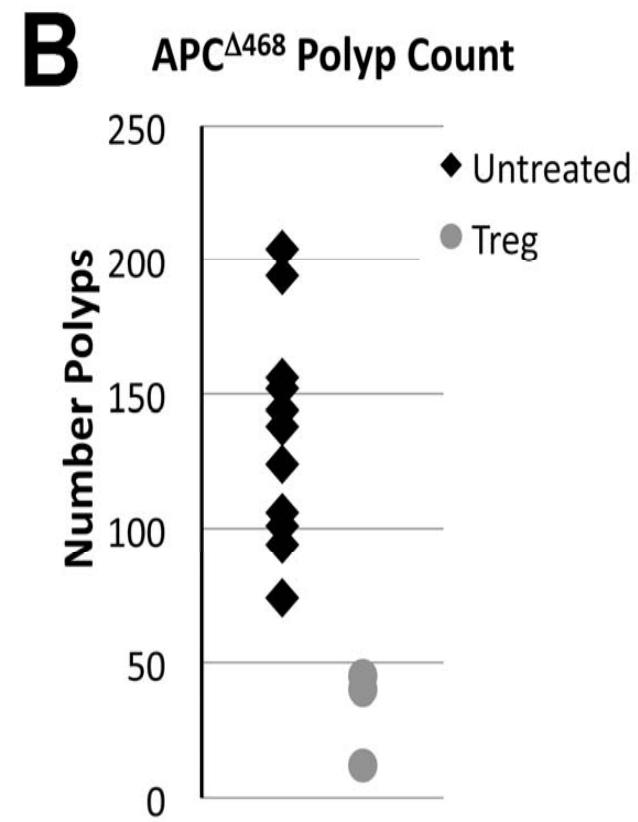
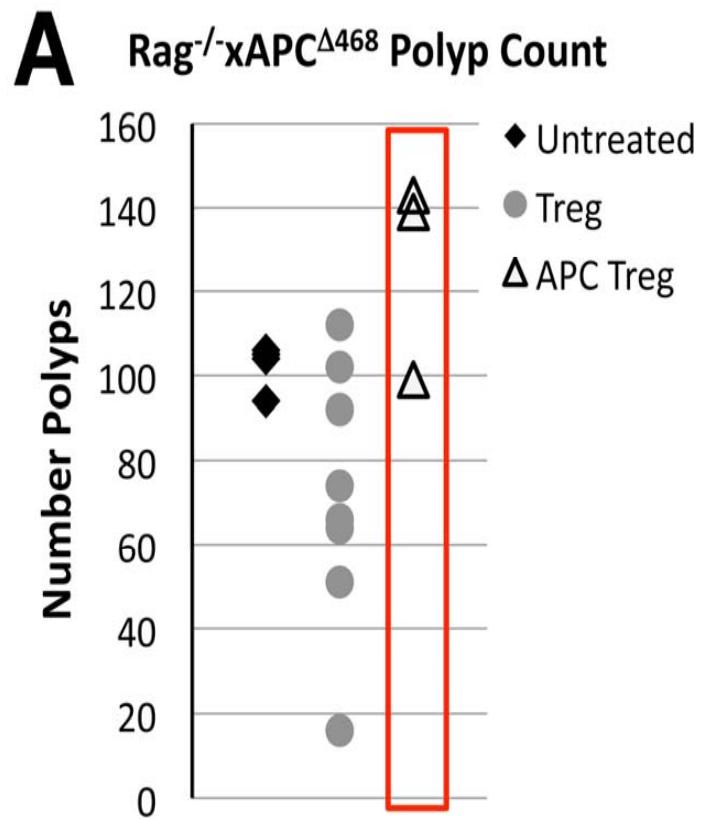
healthy donor

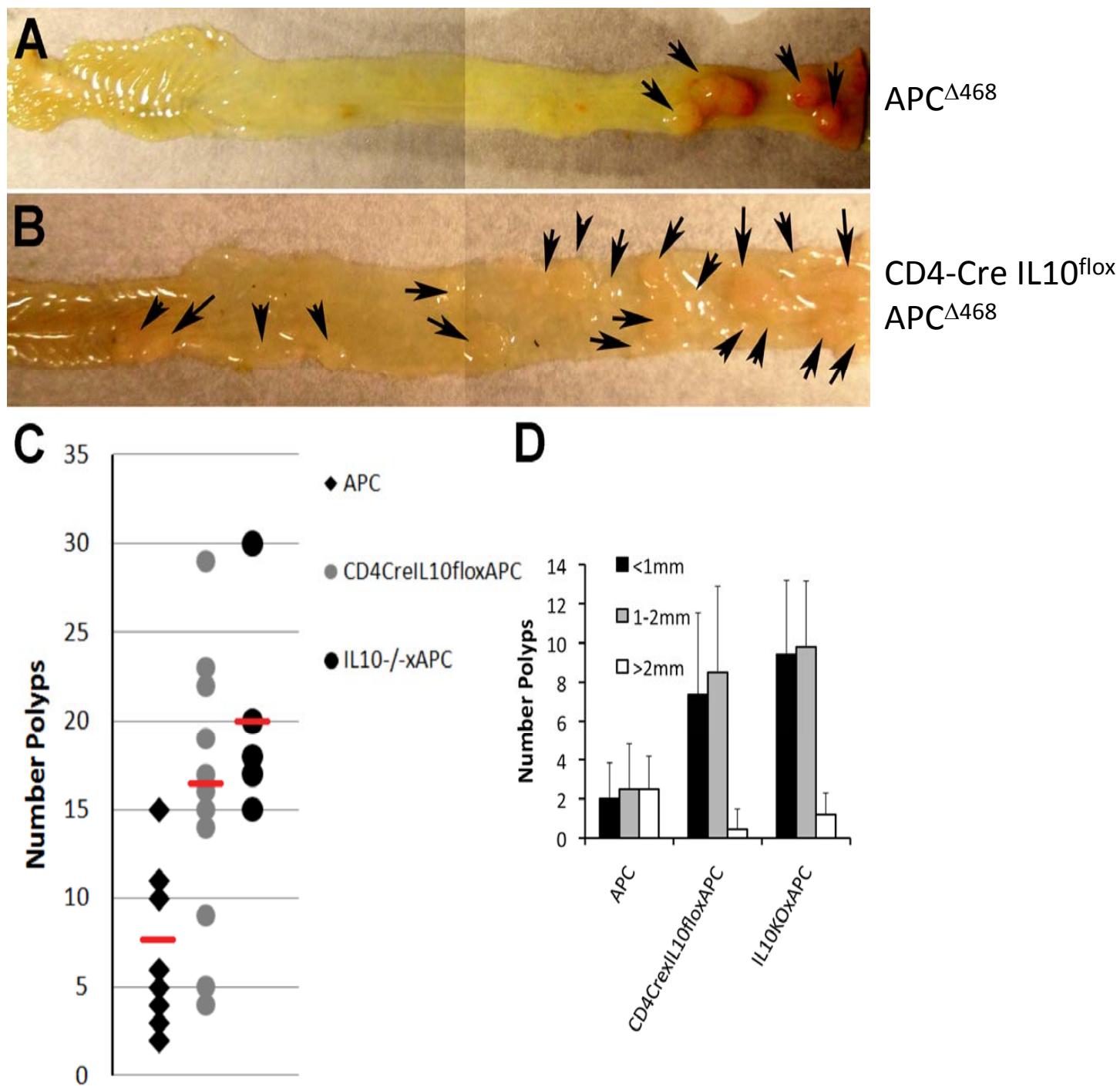
polyp-ridden donor

# $\Delta$ Treg have TH17 characteristics (ROR $\gamma$ T)

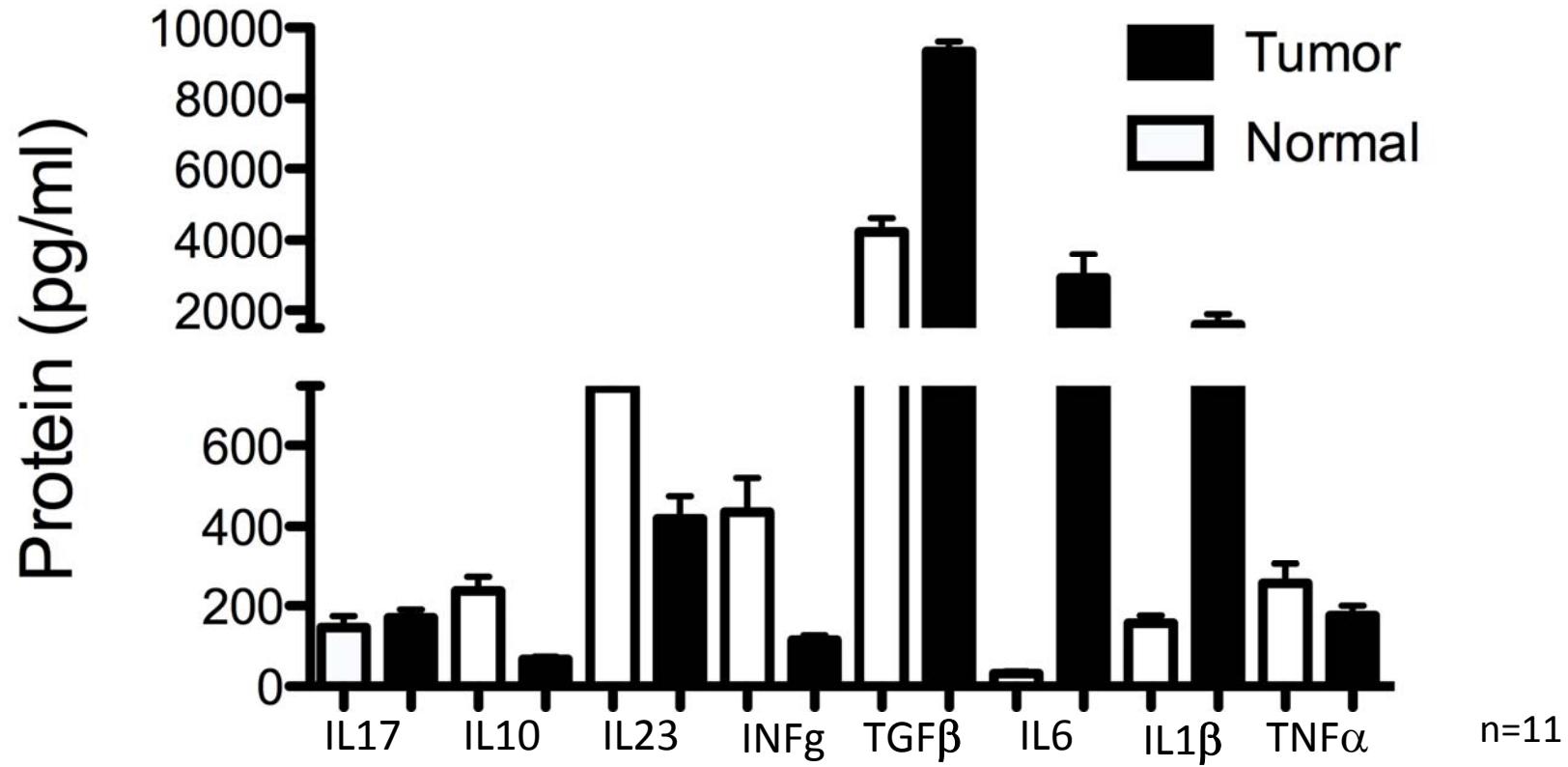


Gated on CD4 $^+$ Foxp3 $^+$ IRF4 $^+$

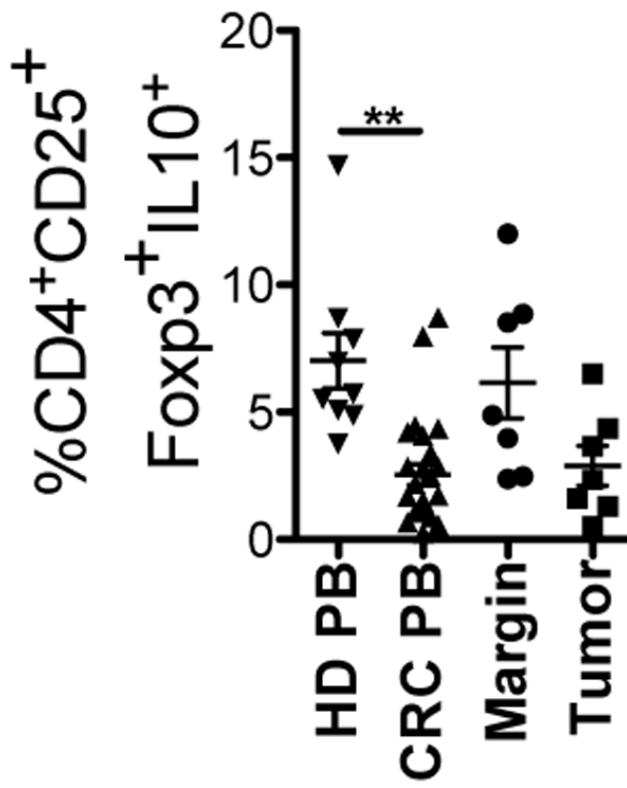
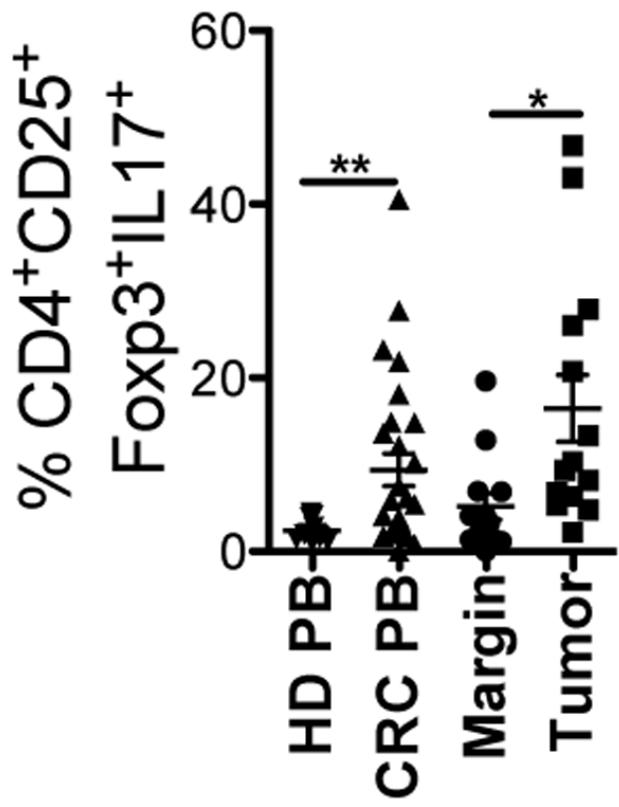


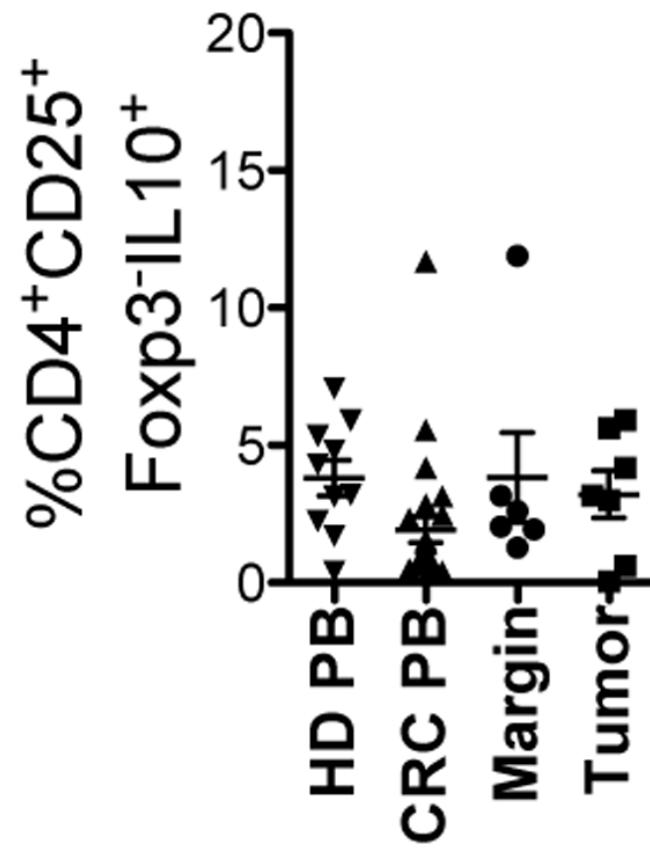
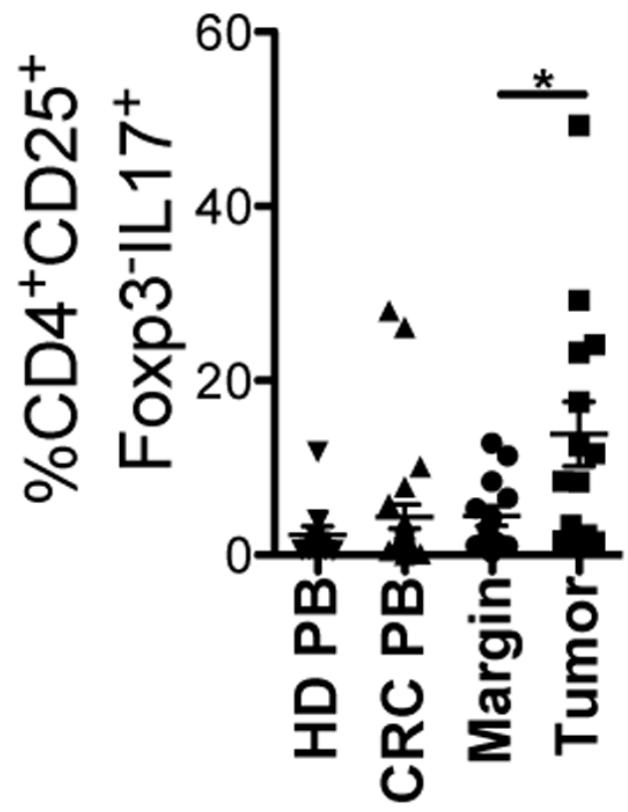


## Cytokine milieu found in tumor lysates of CRC patients

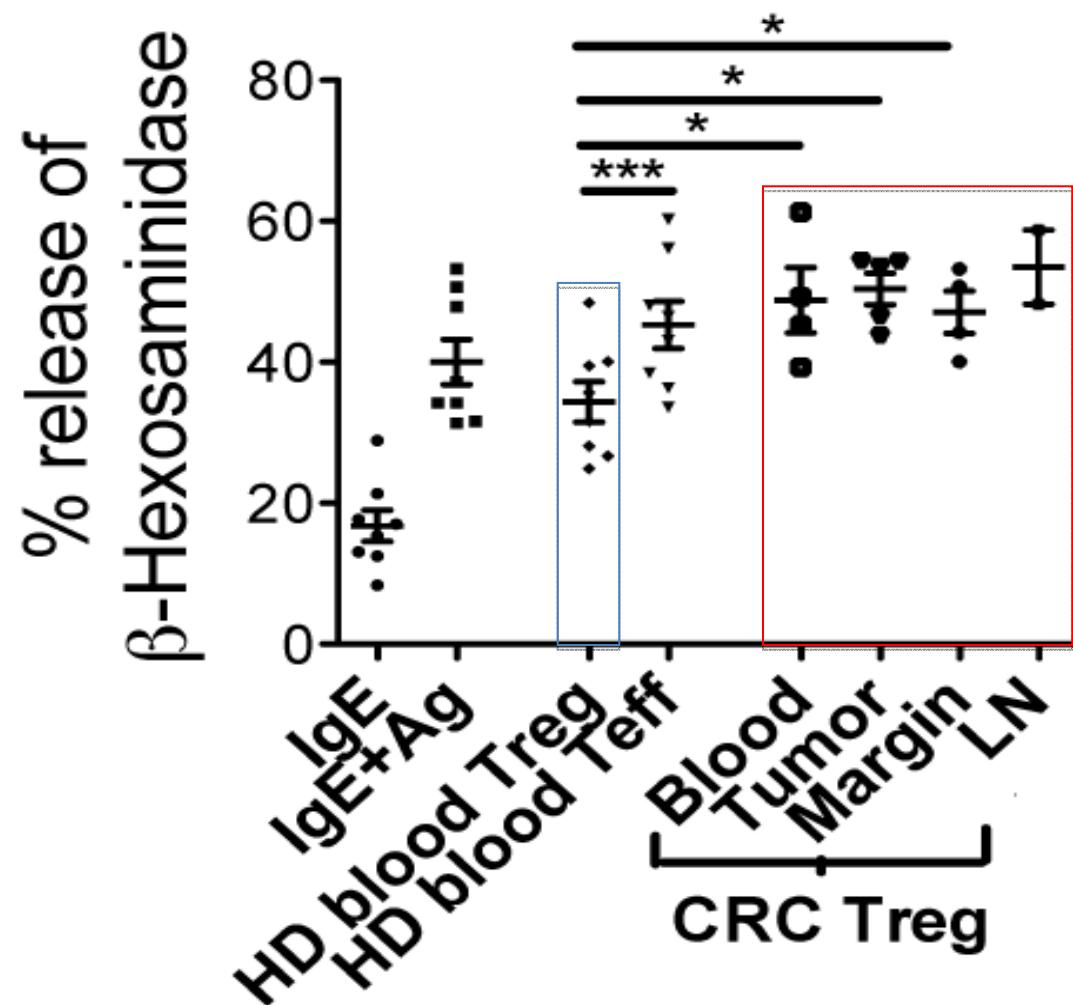


Increase in TGF $\beta$ , IL6 & IL1 $\beta$  supports IL17 conversion

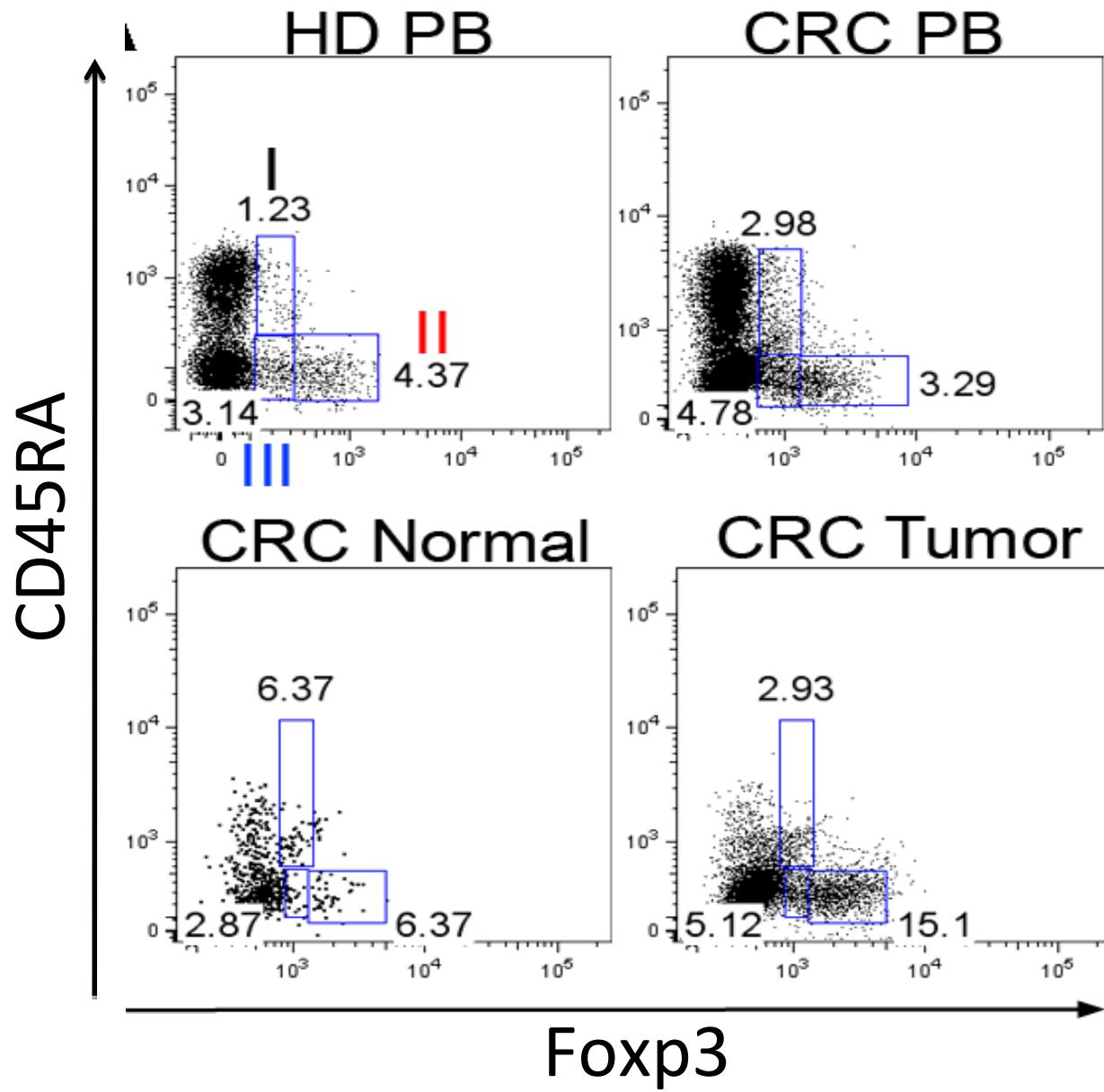


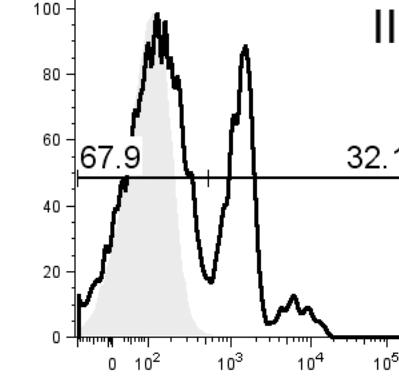
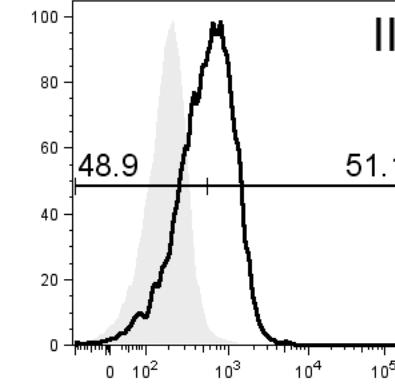
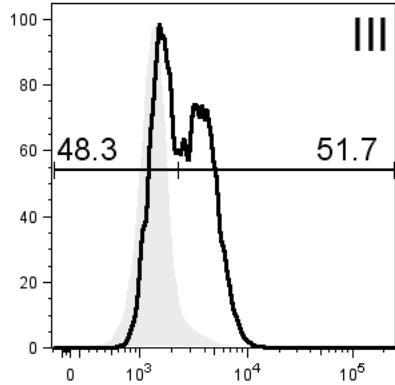
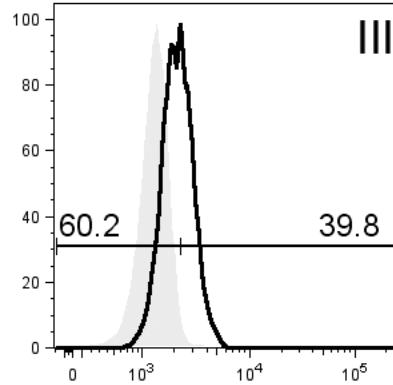
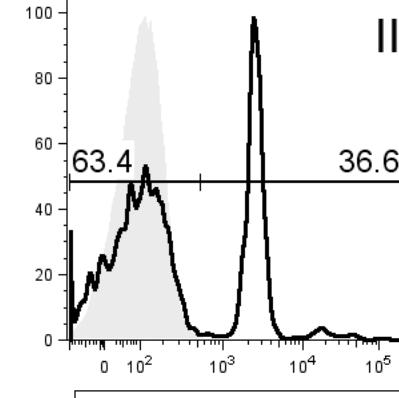
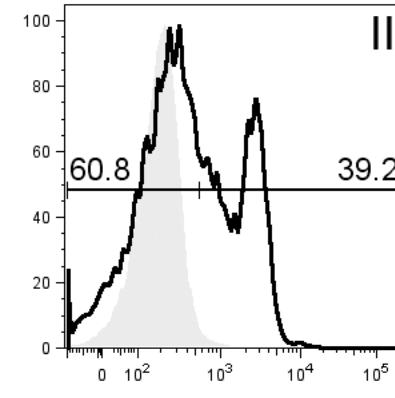
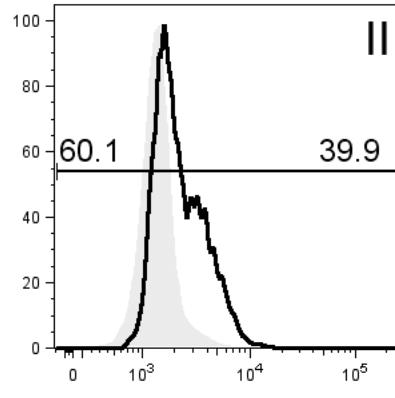
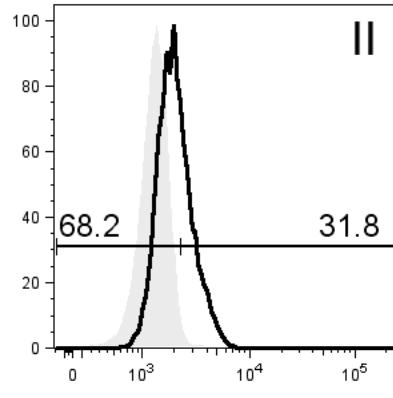
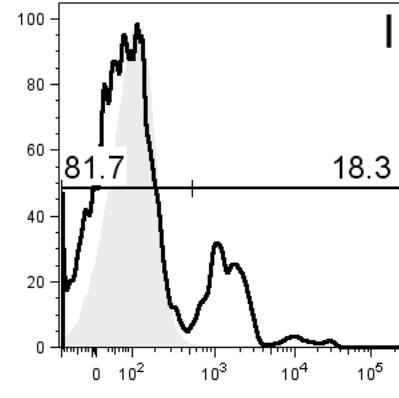
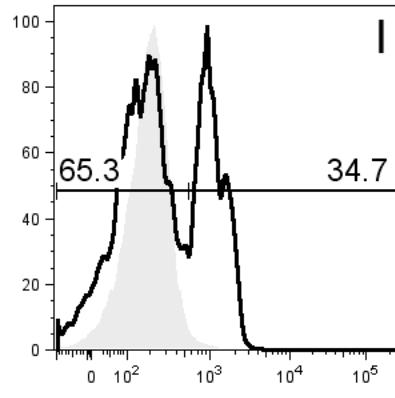
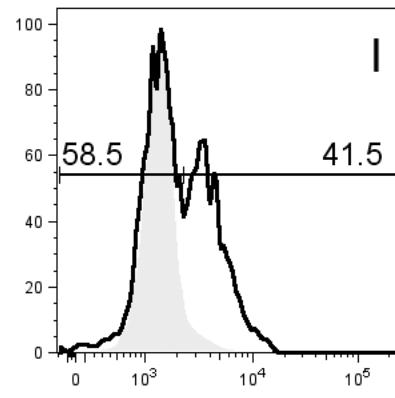
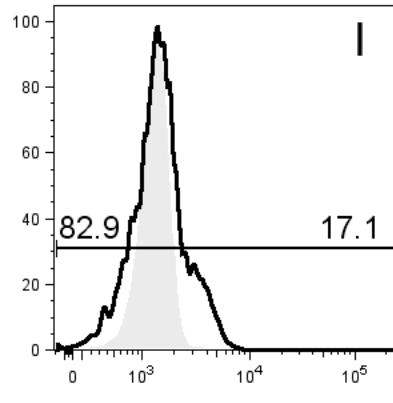


# Treg from colon cancer patients are pro-inflammatory



# Human Treg



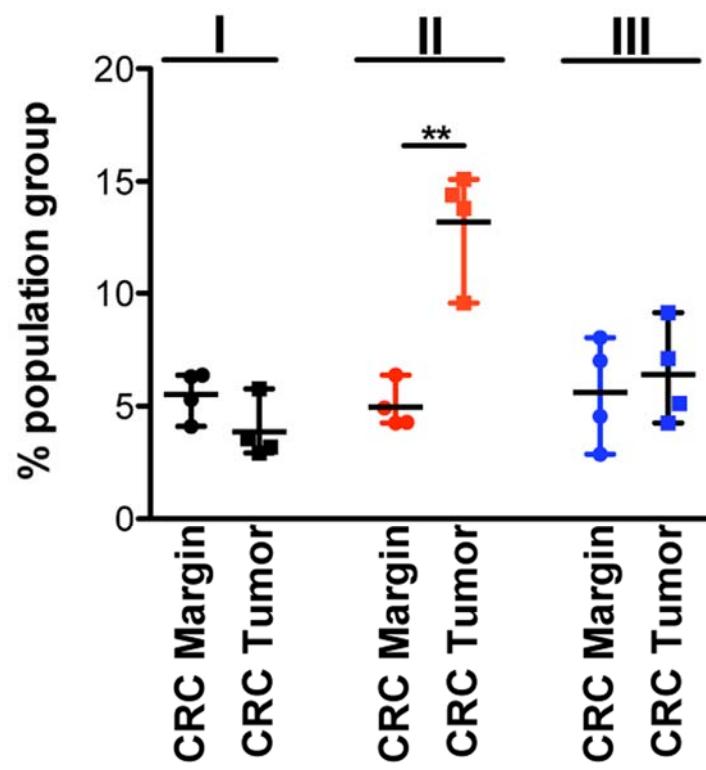
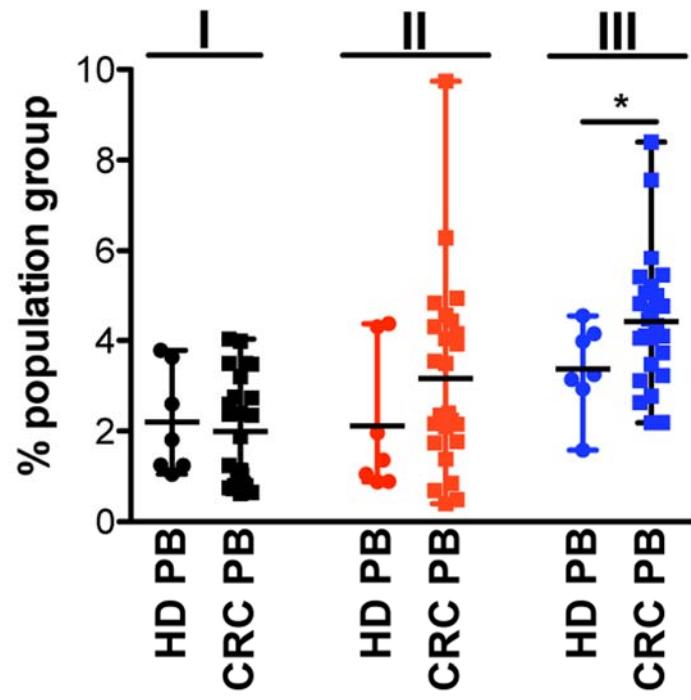


CCR6

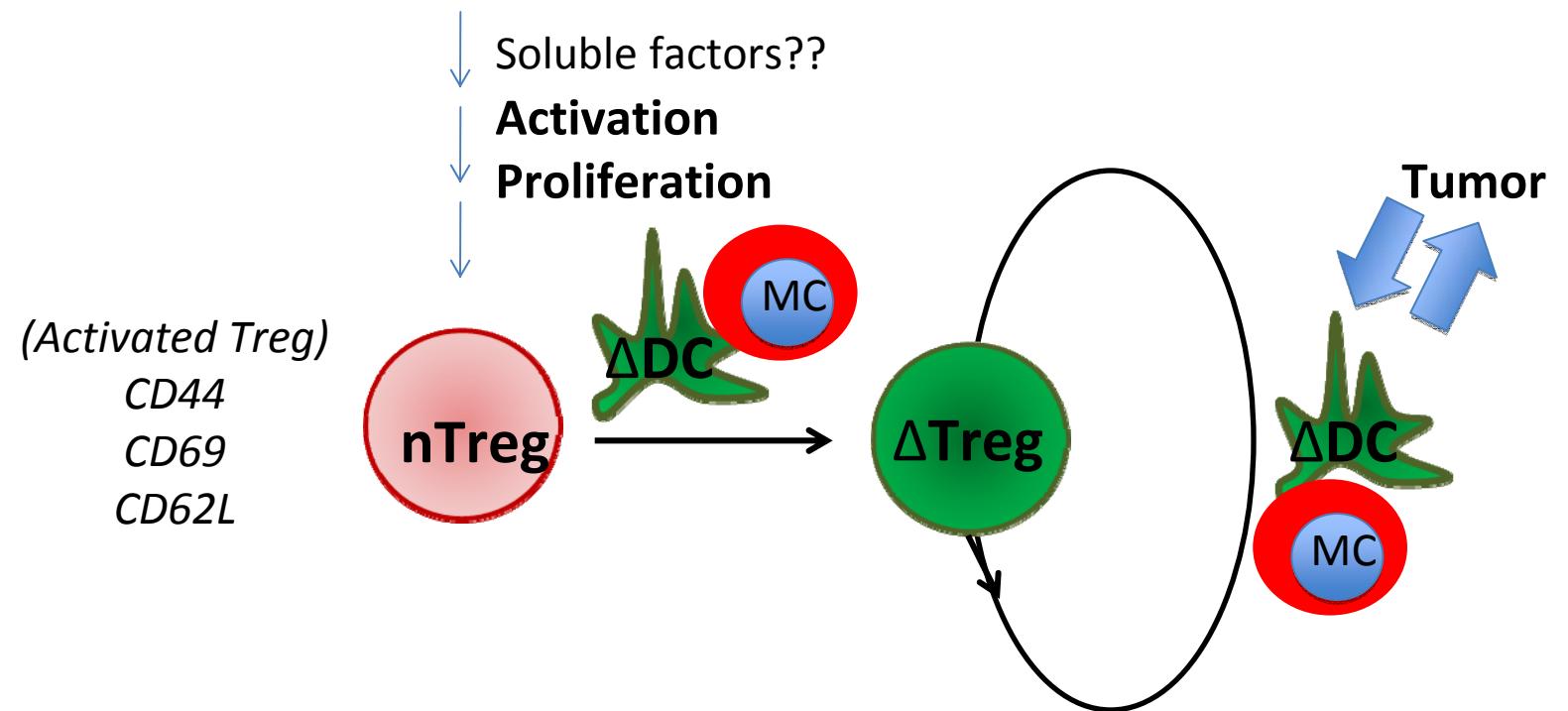
## CXCR3

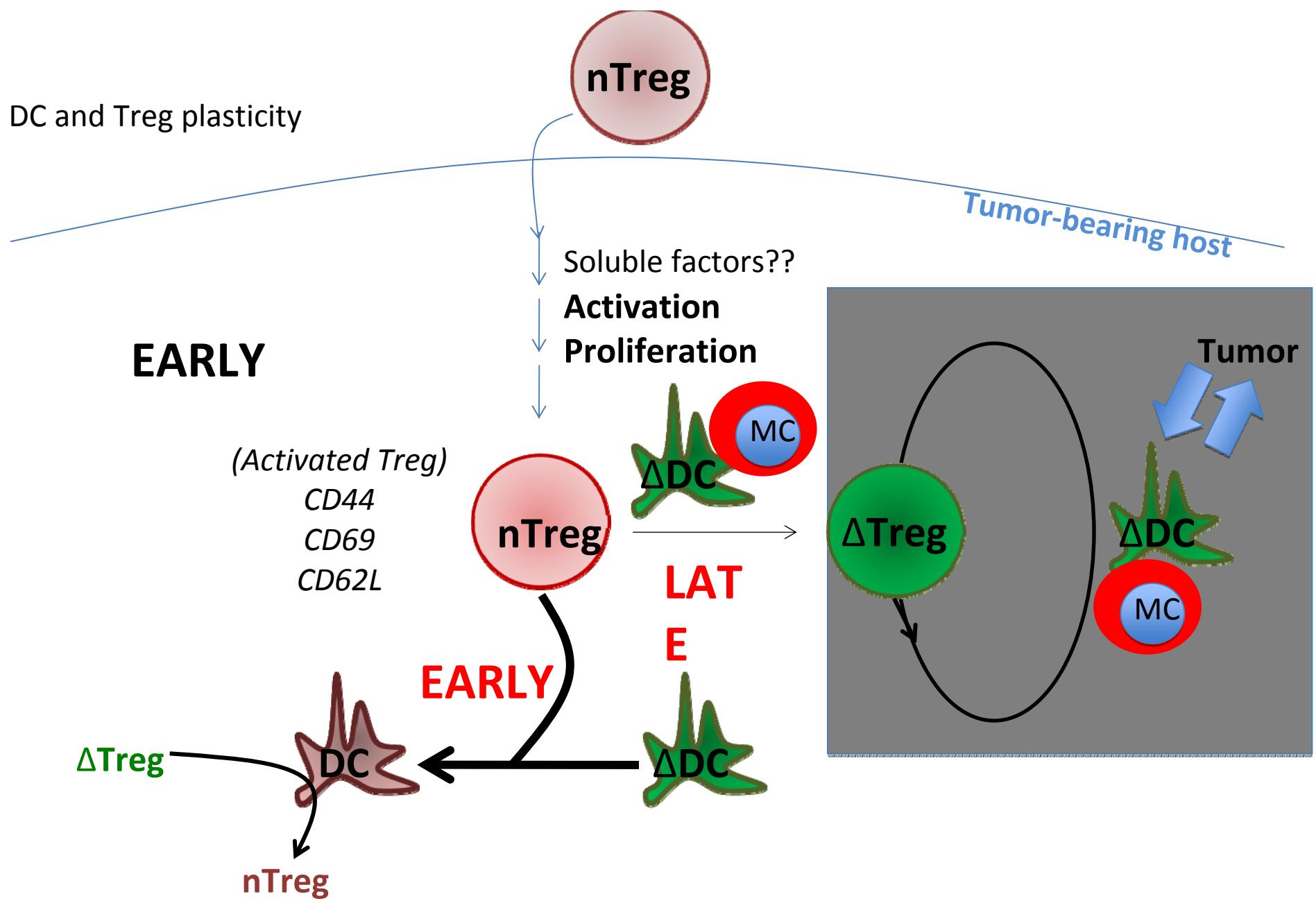
ROR $\gamma$ t

IL17

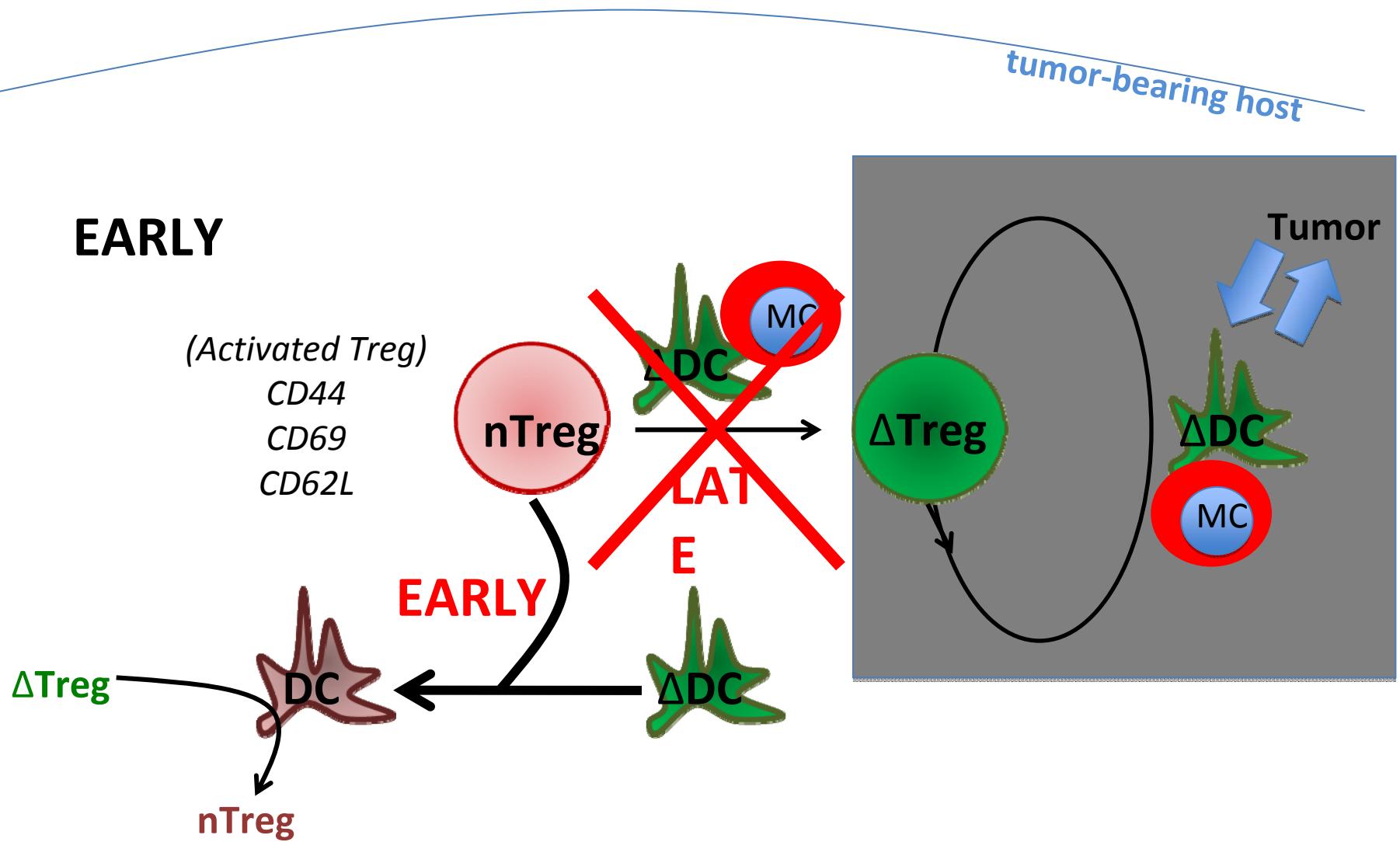


## DC and Treg plasticity





## DC and Treg plasticity



## Pro-inflammatory T-regulatory Cells in Colon Cancer.

- Specific Aim 1: *Does the presence of “pathogenic” (pro-inflammatory Treg) in tumor correlate with clinical outcome?*
- Specific Aim 2: *Do Treg pro-inflammatory properties segregate in different Treg sub-populations and are they reversible?*
- Specific Aim 3: *What is the Gene Transcription Signature of CD4+Foxp3+ Treg in human colon cancer.*

