

SITC - Primer on Tumor Immunology and Biological Therapy of Cancer

# Innate Immunity and Inflammation

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THE UNIVERSITY OF TEXAS  
MD Anderson  
Cancer Center

Making Cancer History<sup>®</sup>

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# Innate Immunity and Inflammation

- Definitions
- Cells and Molecules
- Innate Immunity and Inflammation in Cancer
- Bad Inflammation
- Good Inflammation
- Therapeutic Implications

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- **Innate Immunity:** Immunity that is naturally present and is not due to prior sensitization to an antigen; generally nonspecific. It is in contrast to acquired/adaptive immunity.

- **Innate Immunity:** Immunity that is naturally present and is not due to prior sensitization to an antigen; generally nonspecific. It is in contrast to acquired/adaptive immunity.
- **Inflammation:** a local response to tissue injury
  - Rubor (redness)
  - Calor (heat)
  - Dolor (pain)
  - Tumor (swelling)

# “Innate Immunity” and “Inflammation” are vague terms

- Specific cell types and molecules orchestrate specific types of inflammation

# “Innate Immunity” and “Inflammation” are vague terms

- Specific cell types and molecules orchestrate specific types of inflammation
- Innate Immunity A  $\neq$  Innate Immunity B
- Inflammation A  $\neq$  Inflammation B

# “Innate Immunity” and “Inflammation” can mean many things

- Specific cell types and molecules orchestrate specific types of inflammation
- Innate Immunity A  $\neq$  Innate Immunity B
- Inflammation A  $\neq$  Inflammation B
- Some immune responses promote cancer, others suppress it

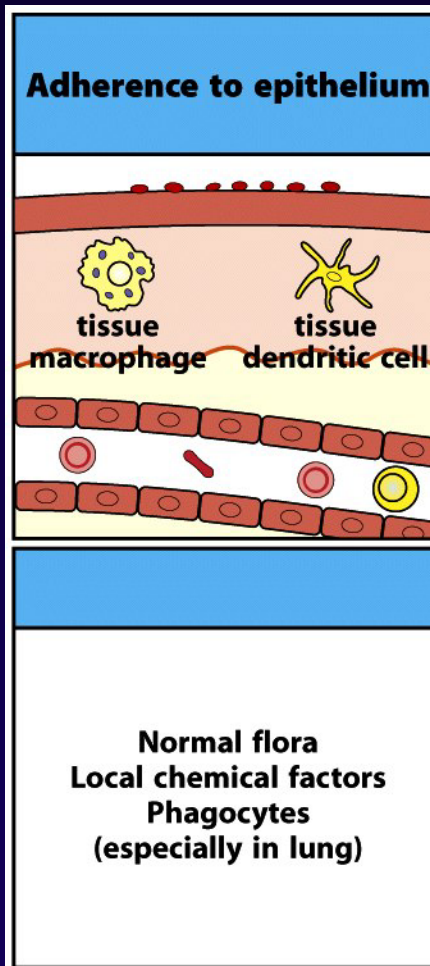


# Innate Immunity and Inflammation

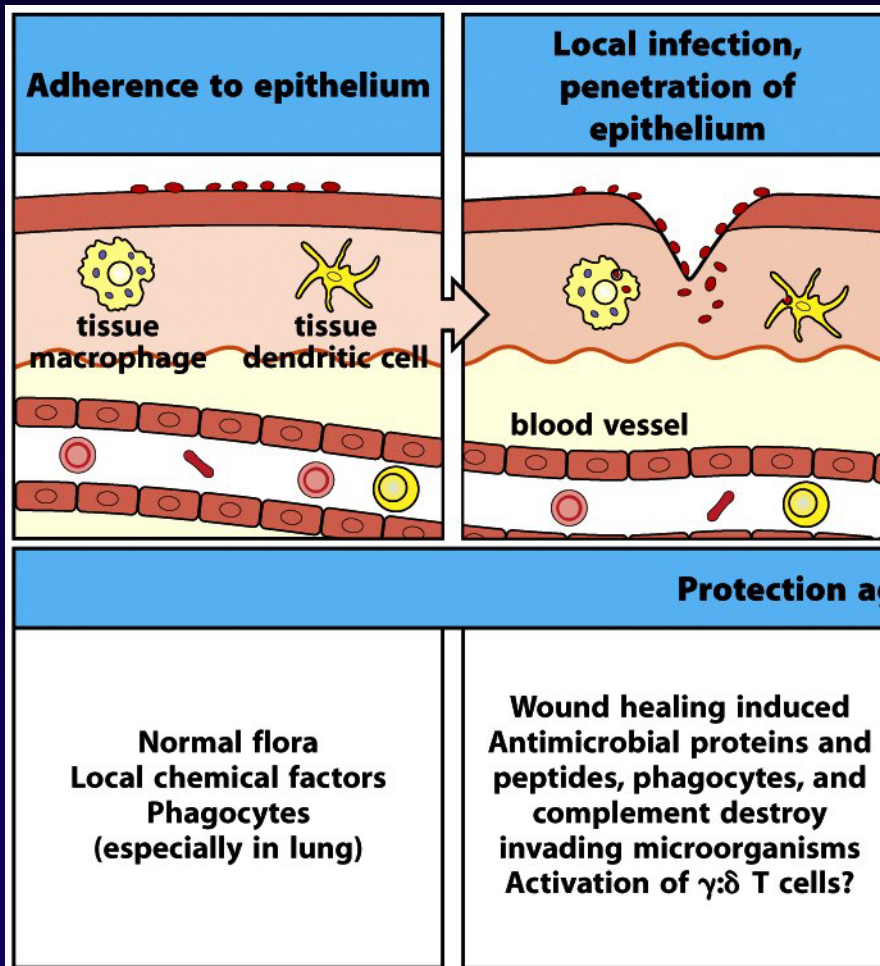
## Functions:

- Rapid response to tissue damage
- Limit spread of infection
- Initiate adaptive immune response (T, B)
- Initiate tissue repair

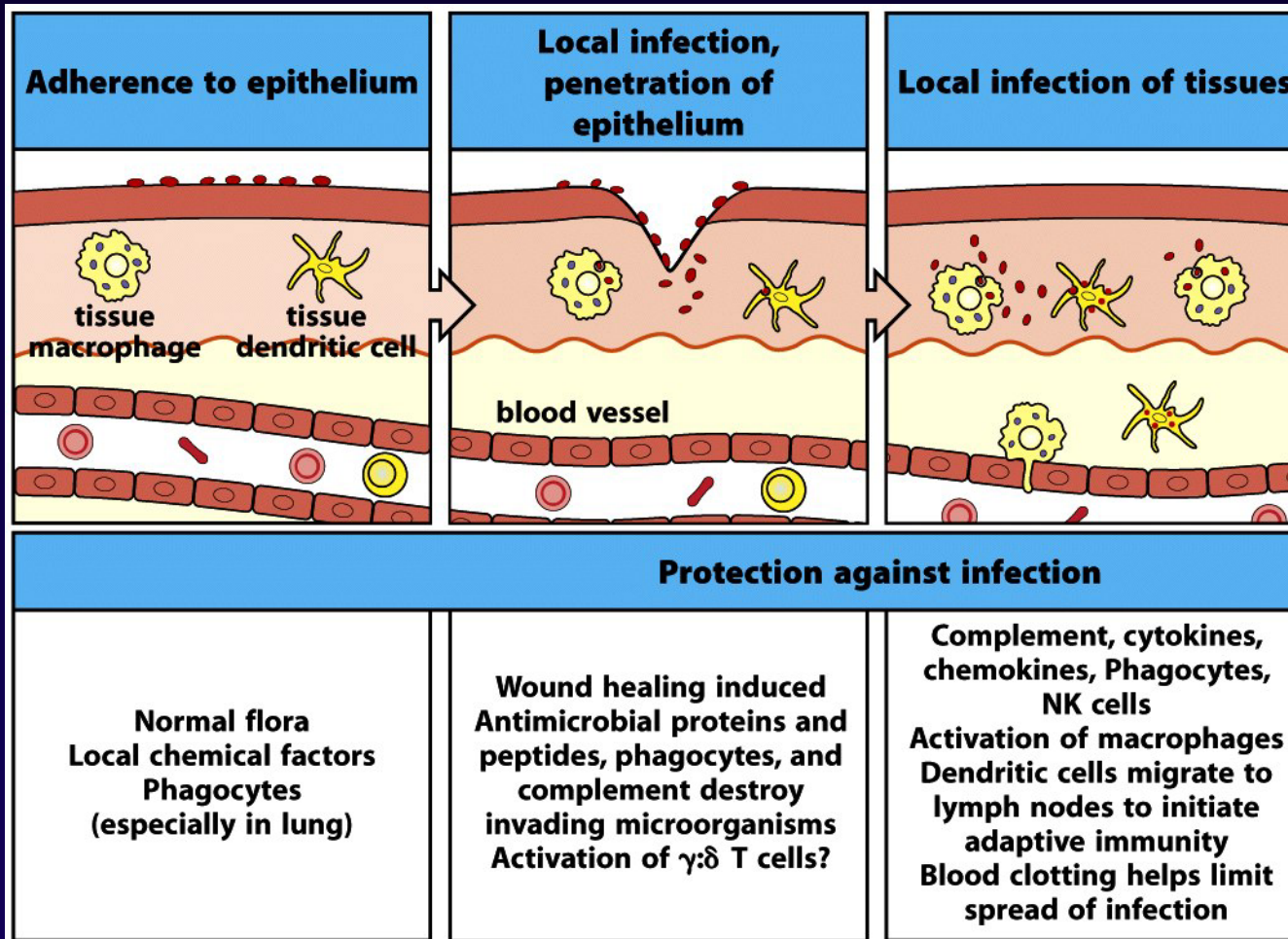
# Innate Immunity and Inflammation: A Paper Cut



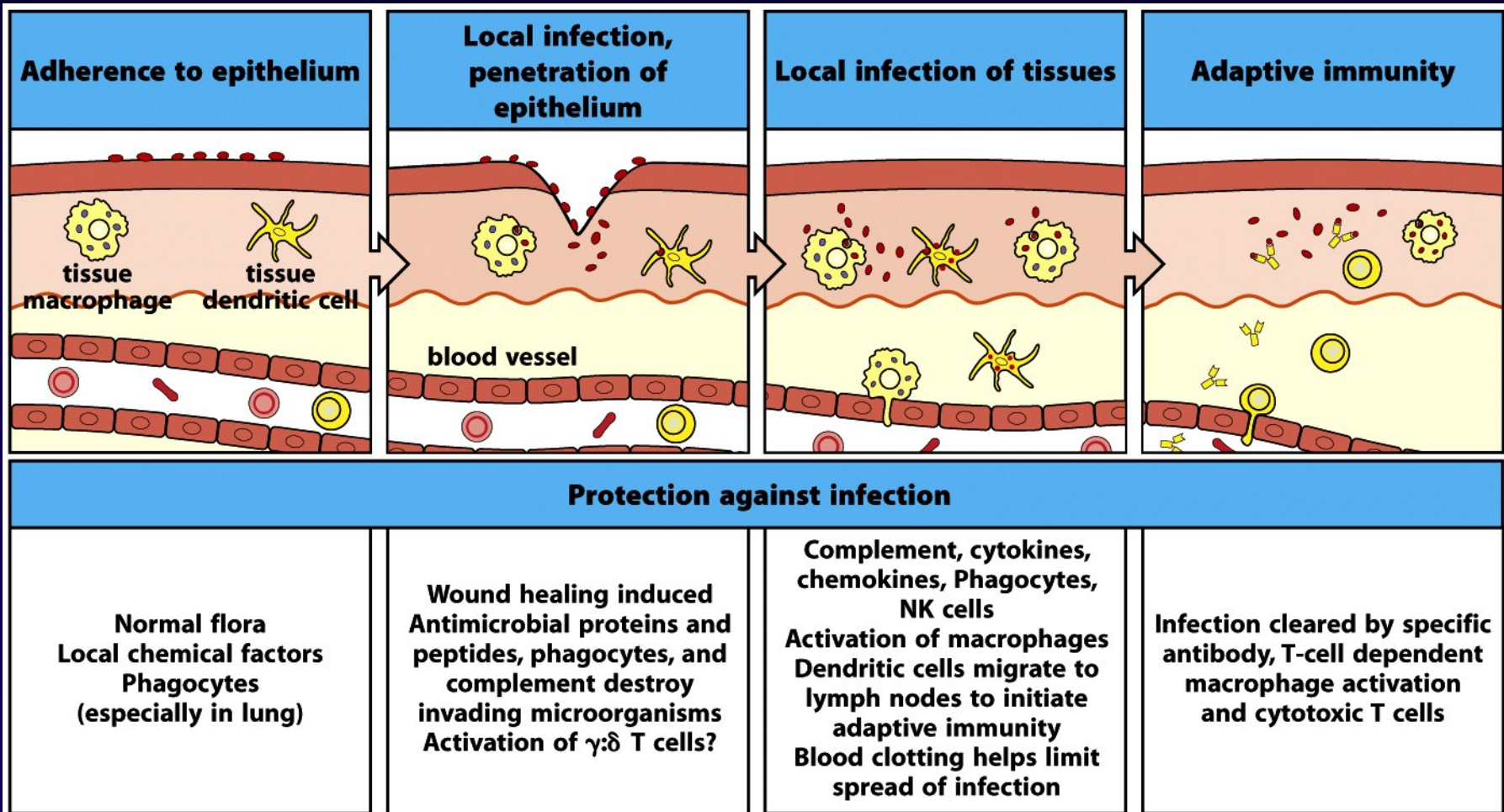
# Innate Immunity and Inflammation: A Paper Cut



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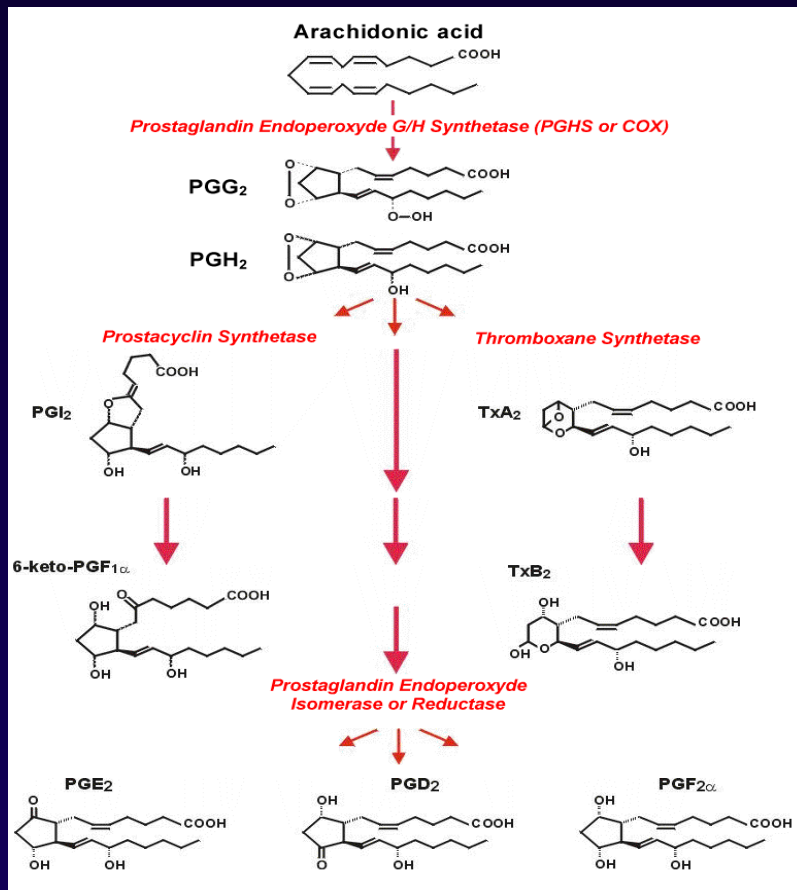
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# Innate Immune Molecules: Cyclooxygenase-2 (COX-2)



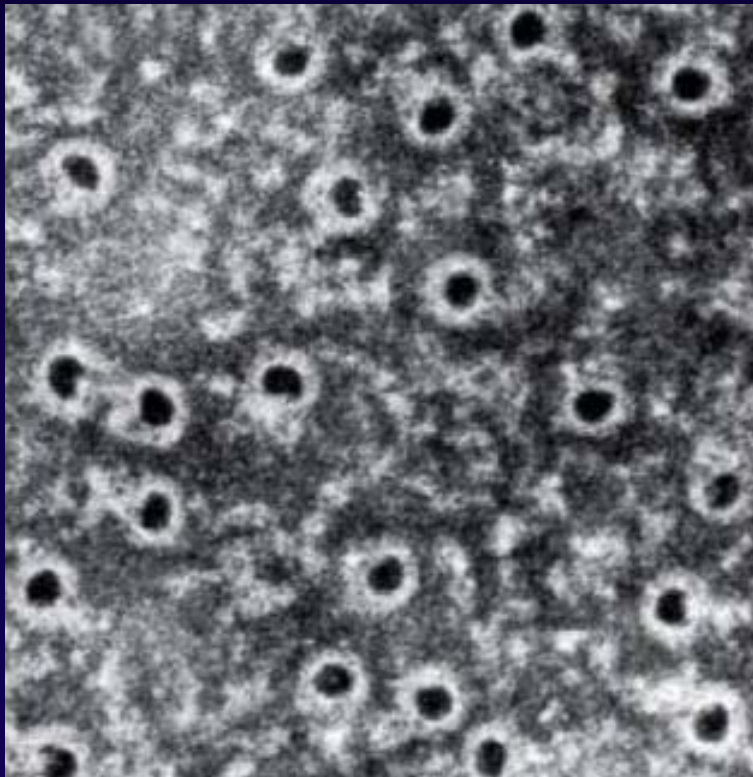
Recognize

- inflammation

Cause

- inflammation

# Innate Immune Molecules: Complement System



## Recognize

- pathogens
- antibodies
- lectins

## Cause

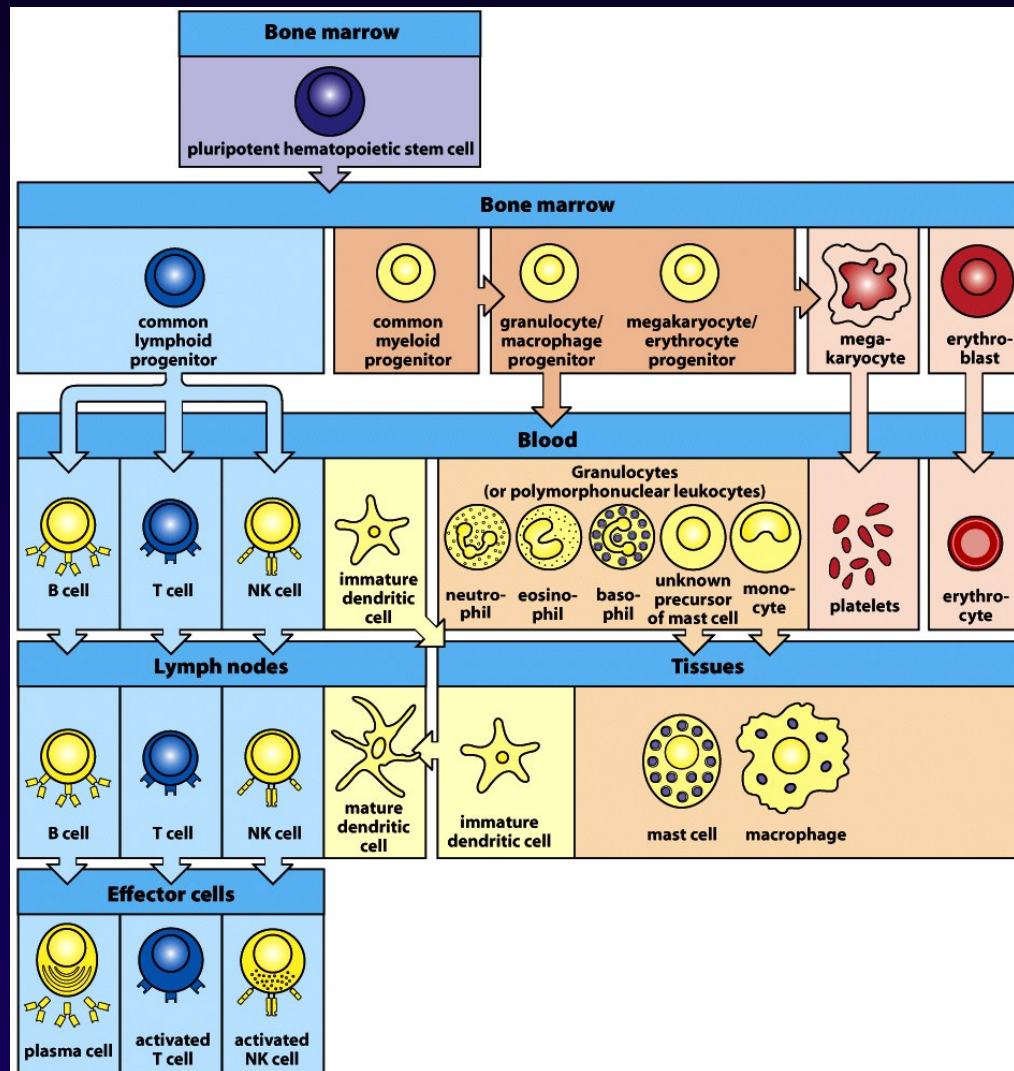
- pathogen clearance
- chemotaxis
- inflammation



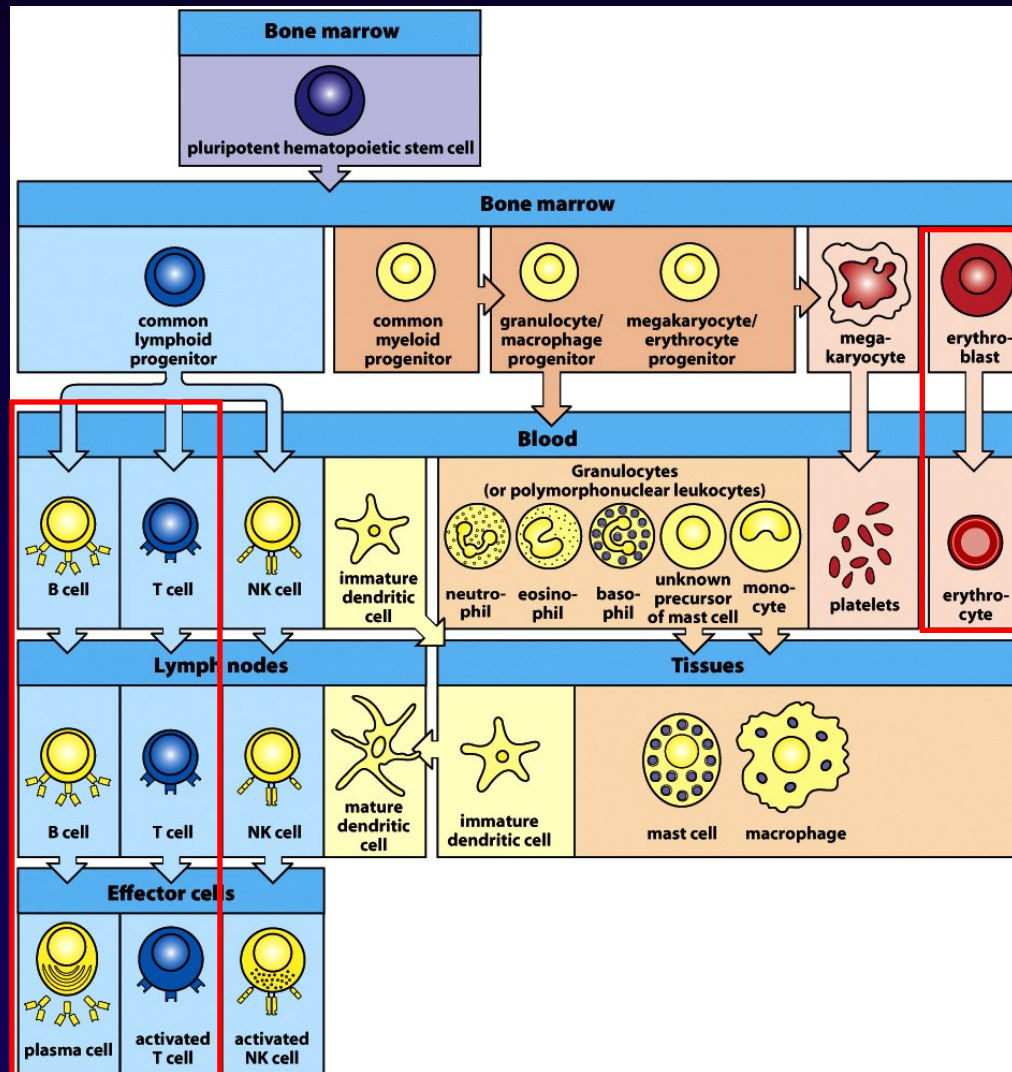
# Innate Immune Molecules: type I IFN(- $\alpha$ , $\beta$ )

- Induced by infection/damage
- Antiviral/Antiproliferative
- Increase innate and adaptive immunity
- Cause inflammation

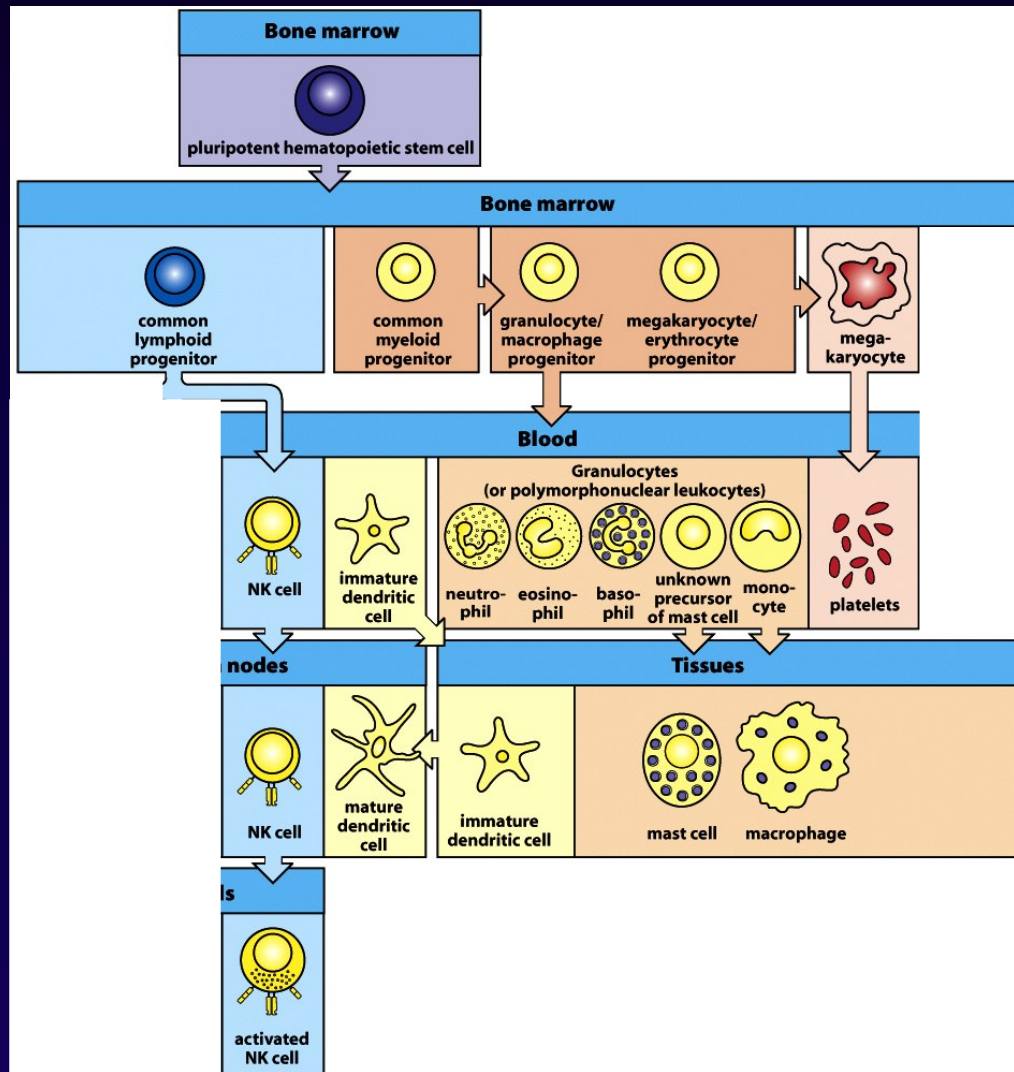
# Innate Immune Cells




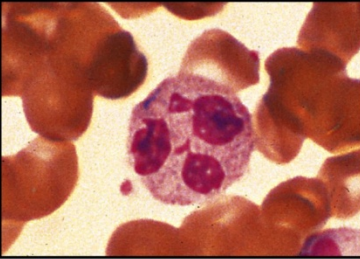


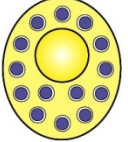
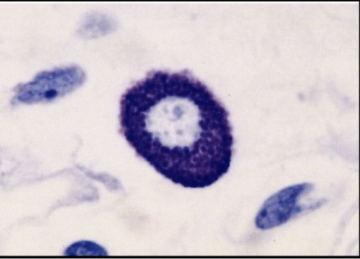


# Innate Immune Cells



# Innate Immune Cells



# Innate Immune Cells: granulocytes

Cell		Activated function
<b>Neutrophil</b> 		Phagocytosis and activation of bactericidal mechanisms
<b>Eosinophil</b> 		Killing of antibody-coated parasites
<b>Mast cell</b> 		Release of granules containing histamine and active agents
<b>Basophil</b> 		(Unknown) Antigen Presentation

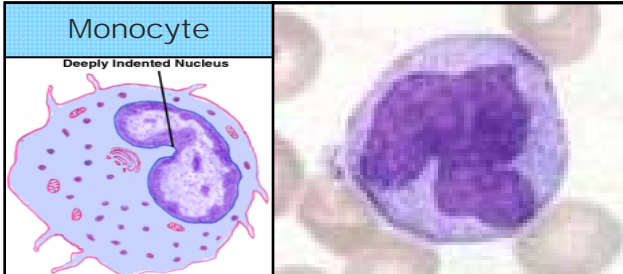
## Recognize

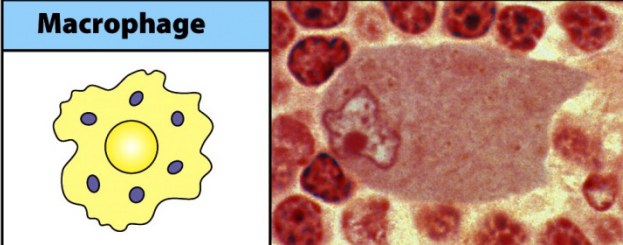
- pathogens
- antibodies

## Cause

- pathogen clearance
- inflammation

# Innate Immune Cells: phagocytes

Cell	Activated function
<p><b>Monocyte</b></p> <p>Deeply Indented Nucleus</p> 	<p>Blood precursor of tissue Macrophages and Dendritic Cells</p>

<p><b>Macrophage</b></p> 	<p>Phagocytosis and activation of bactericidal mechanisms</p> <p>Antigen presentation</p>
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<p><b>Dendritic cell</b></p> 	<p>Antigen uptake in peripheral sites</p> <p>Antigen presentation</p>
--	---

## Recognize

- pathogens
- antibodies

## Cause

- pathogen clearance
- adaptive immunity
- inflammation

# Innate Immune Cells: NK, NKT and $\gamma\delta$ T cells

## Recognize

- pathogens
- stressed cells
- “altered self”

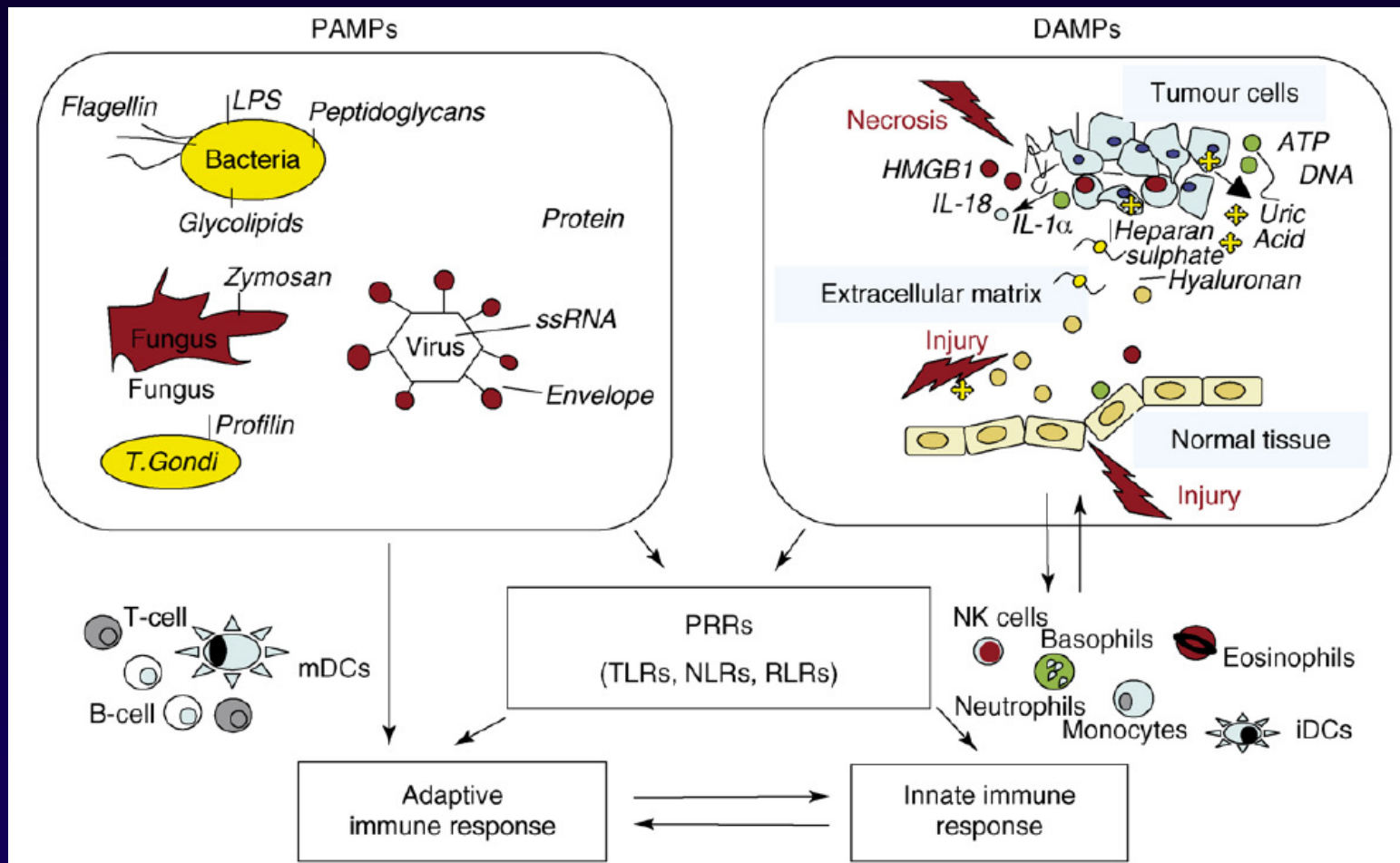
## Cause

- pathogen clearance
- stressed/abnormal cell clearance
- inflammation

# Danger signals start inflammation

## PATHOGENS

## DAMAGE

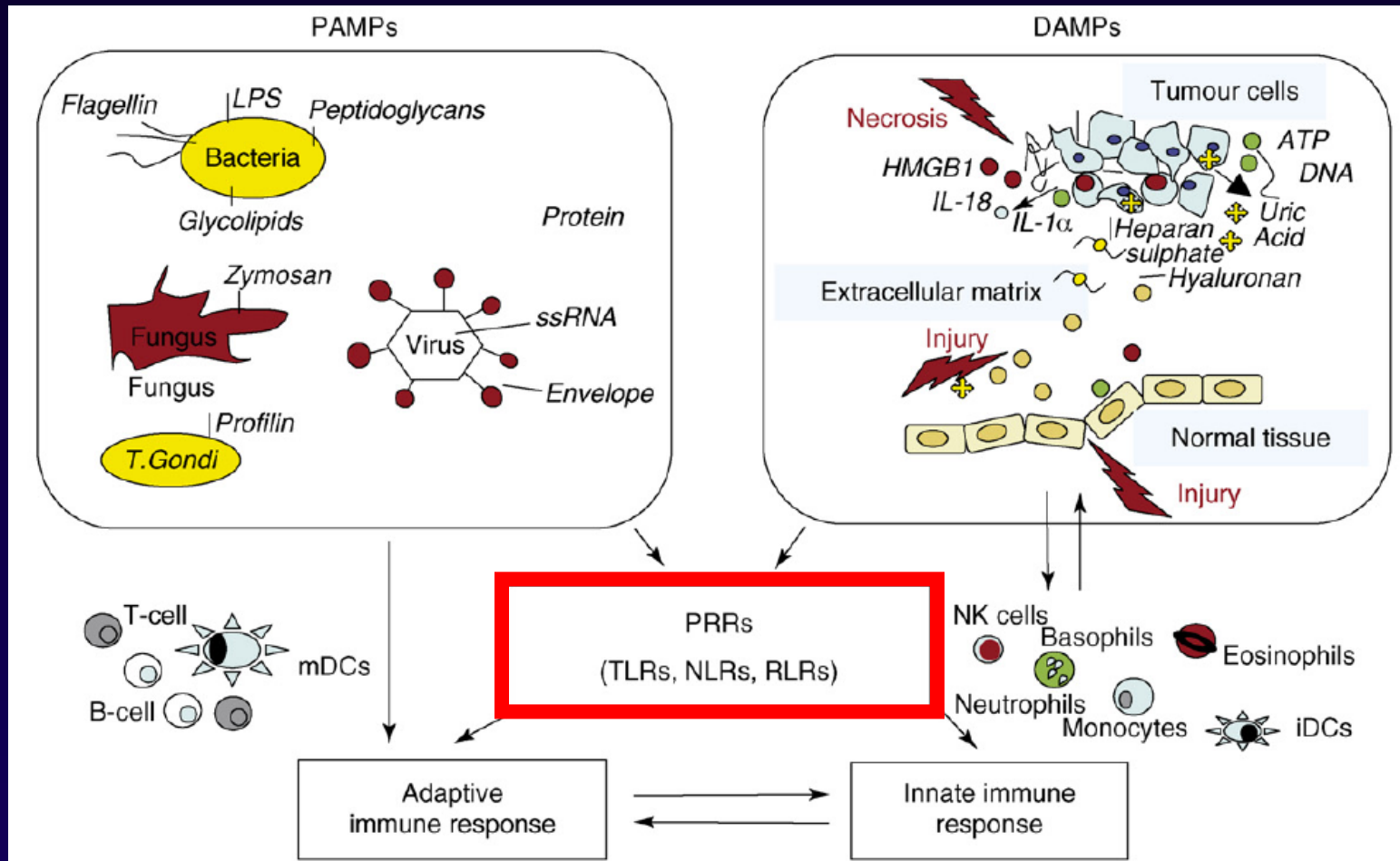




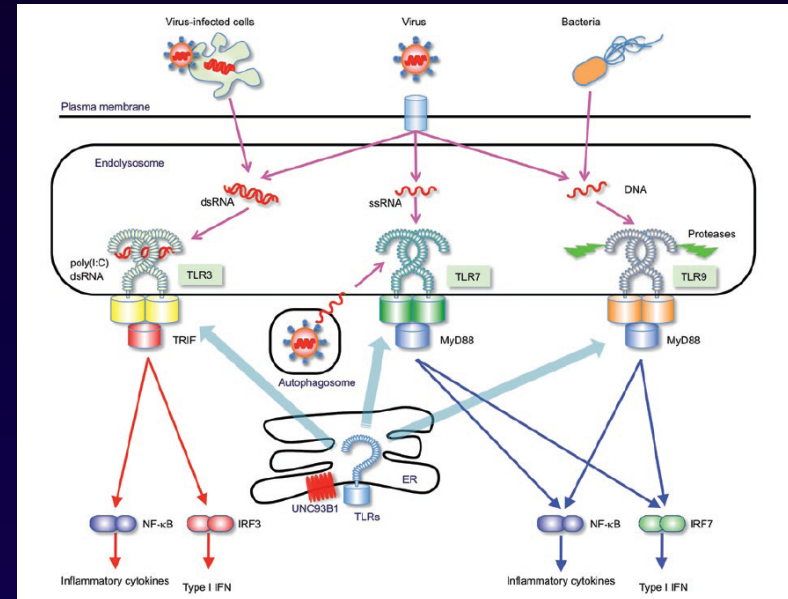
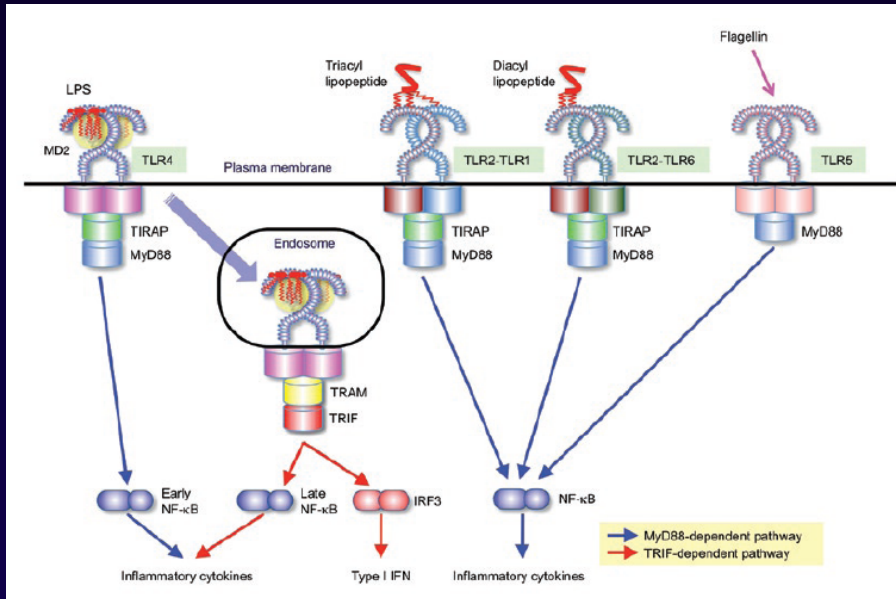
# Danger signals start inflammation

## PATHOGENS

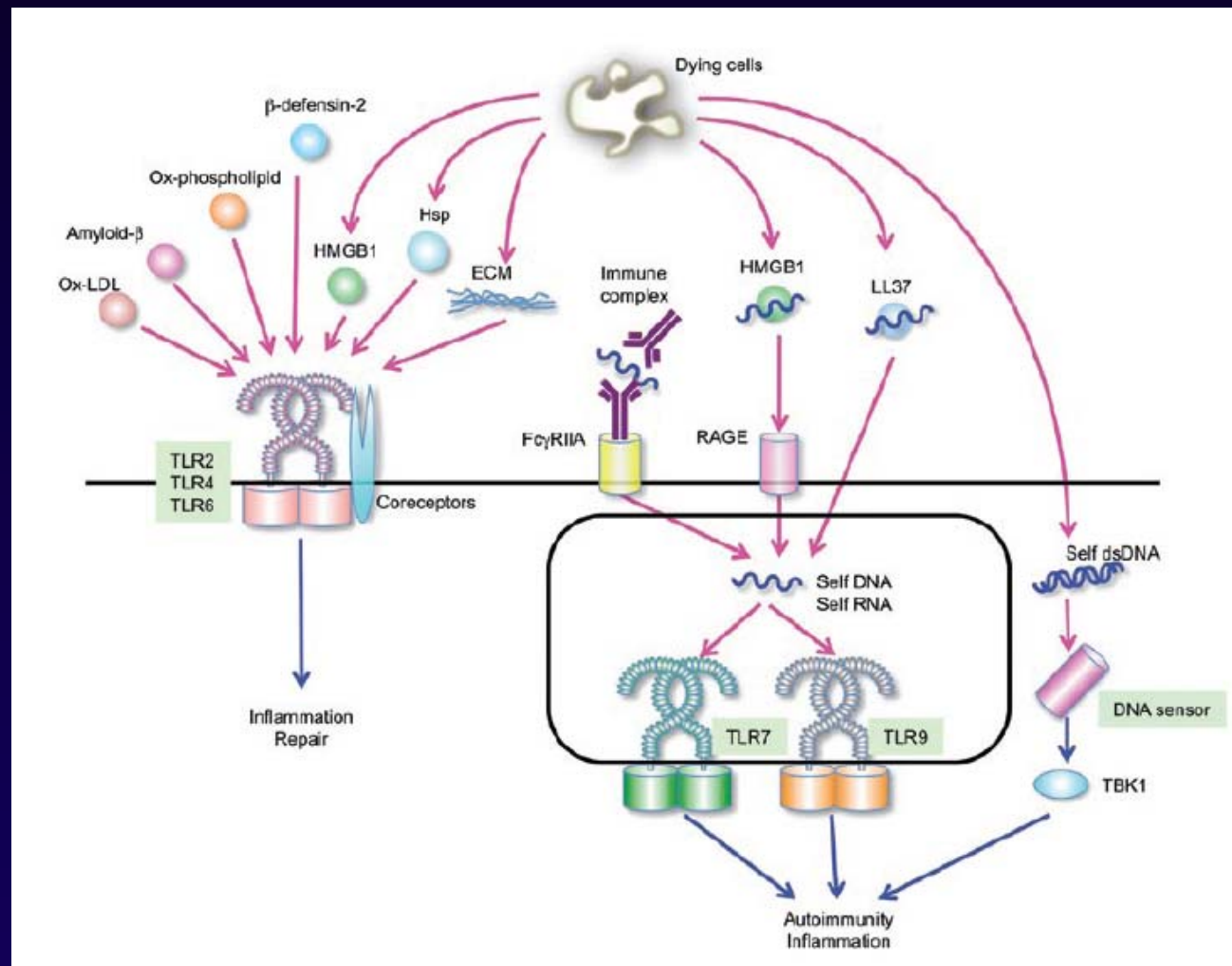
## DAMAGE



# Receptors sense Danger: Pathogens



# Receptors sense Danger: Damage



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# Innate Immunity and Inflammation in Cancer

- Outcomes vary:
  - Promote cancer (Bad inflammation)
  - Suppress cancer (Good inflammation)

# Innate Immunity and Inflammation

- Definitions
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- **Bad Inflammation**
- Good Inflammation
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# Bad Inflammation Causes Cancer

## DANGER

cellular damage caused by

- pathogens
- physical damage
- chemicals
- UV
- etc

**DANGER**



**IMMUNE RESPONSE  
INFLAMMATION**



~~DANGER~~



IMMUNE RESPONSE  
INFLAMMATION

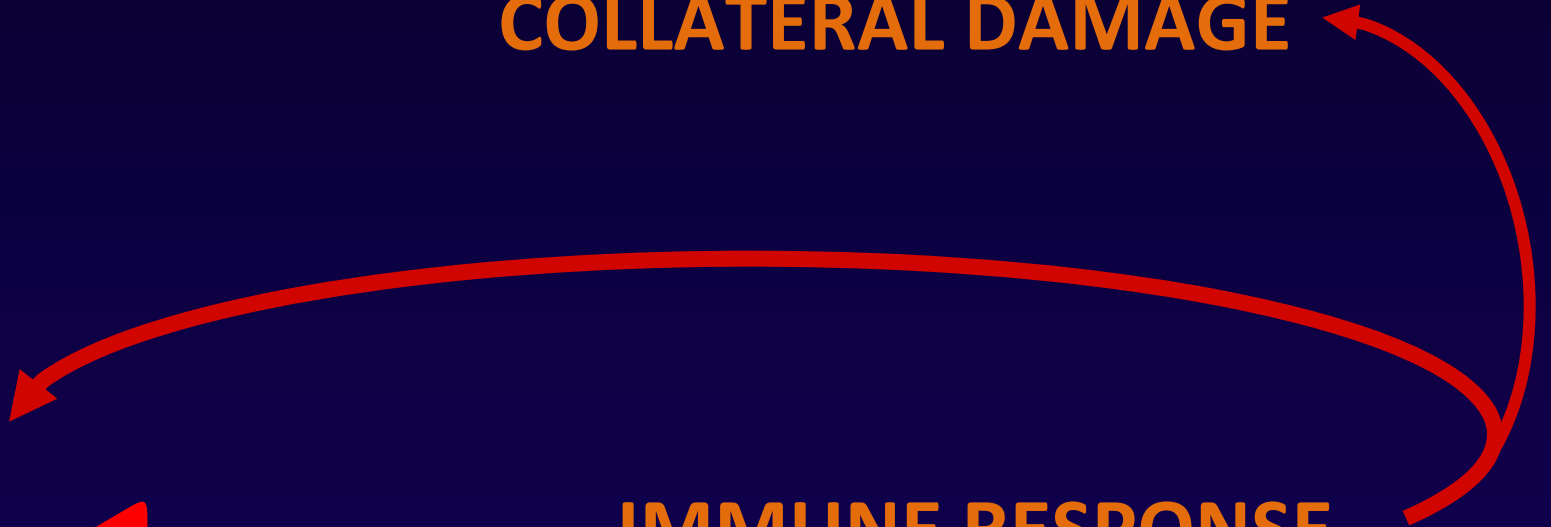


**COLLATERAL DAMAGE**

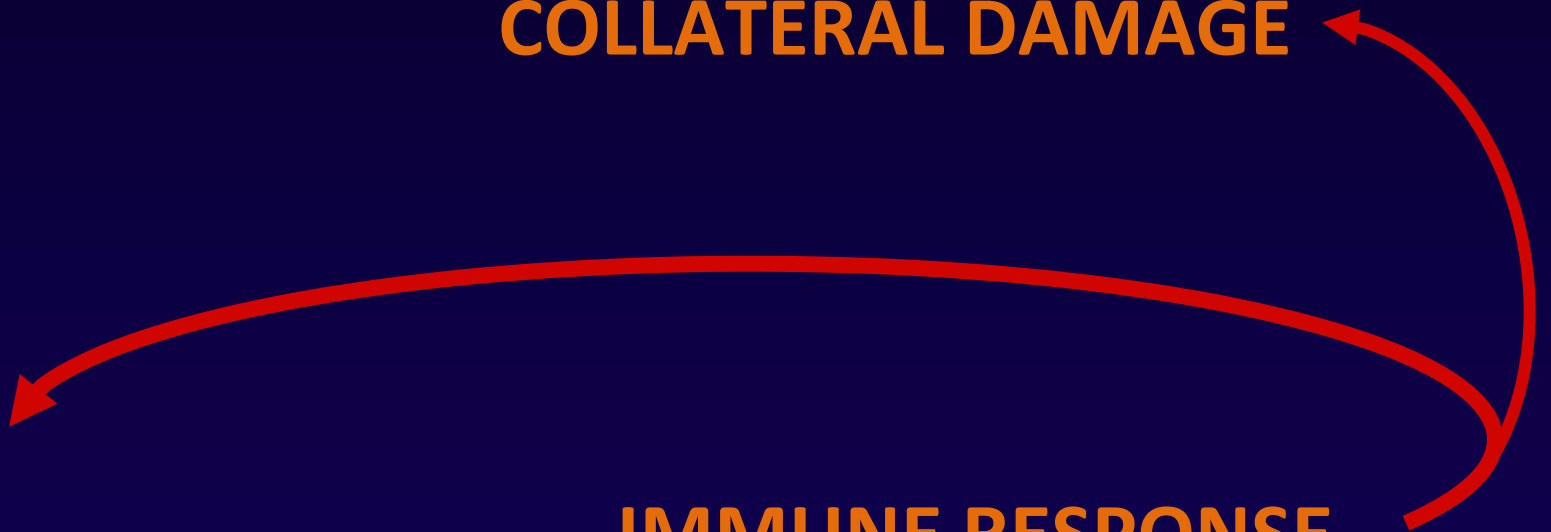
~~**DANGER**~~



**IMMUNE RESPONSE  
INFLAMMATION**



**COLLATERAL DAMAGE**



**IMMUNE RESPONSE  
INFLAMMATION**

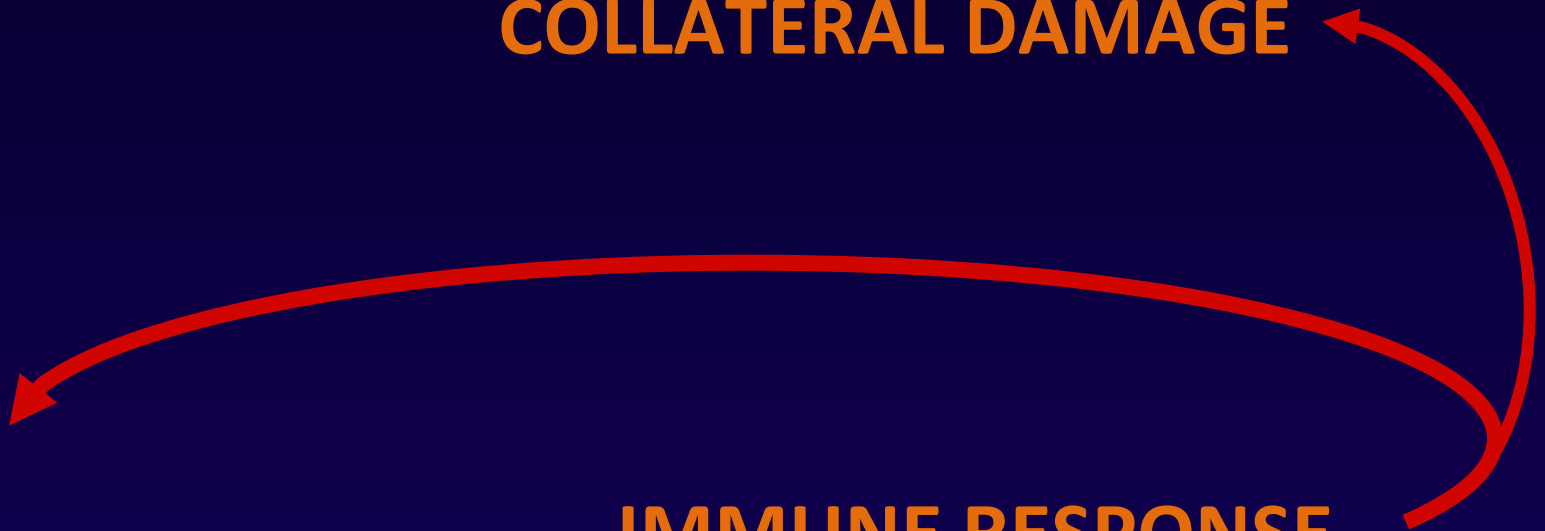


**DANGER**



**IMMUNE RESPONSE  
INFLAMMATION**

**COLLATERAL DAMAGE**



**CHRONIC  
DANGER**



**IMMUNE RESPONSE  
INFLAMMATION**

**COLLATERAL DAMAGE**

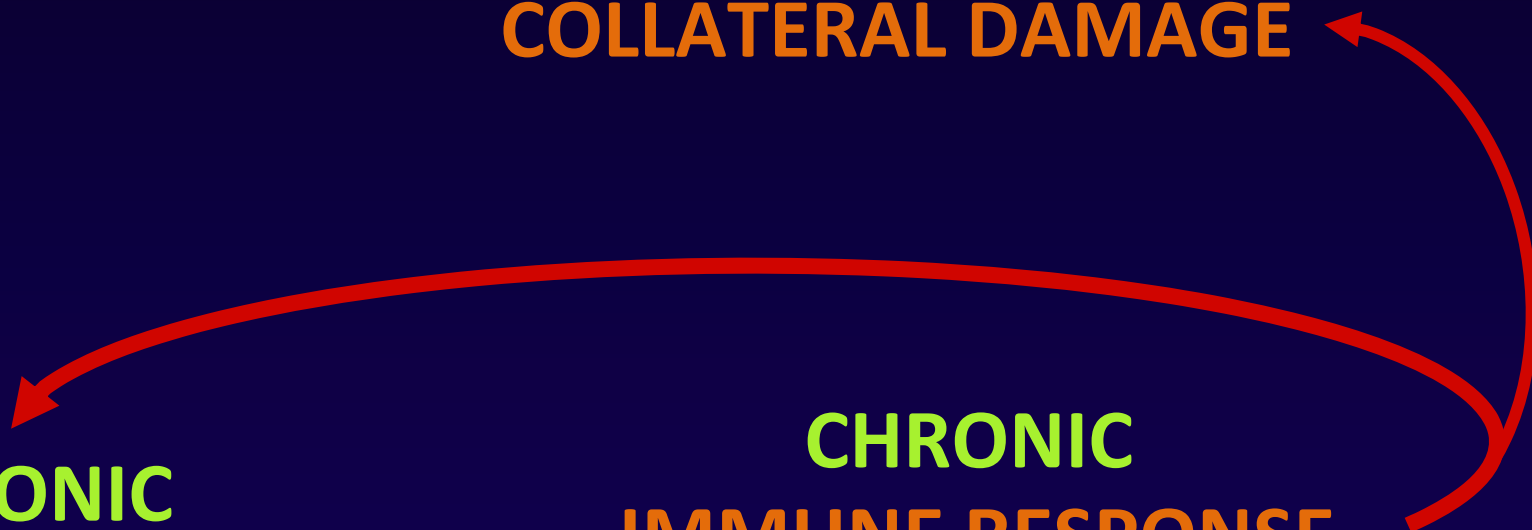


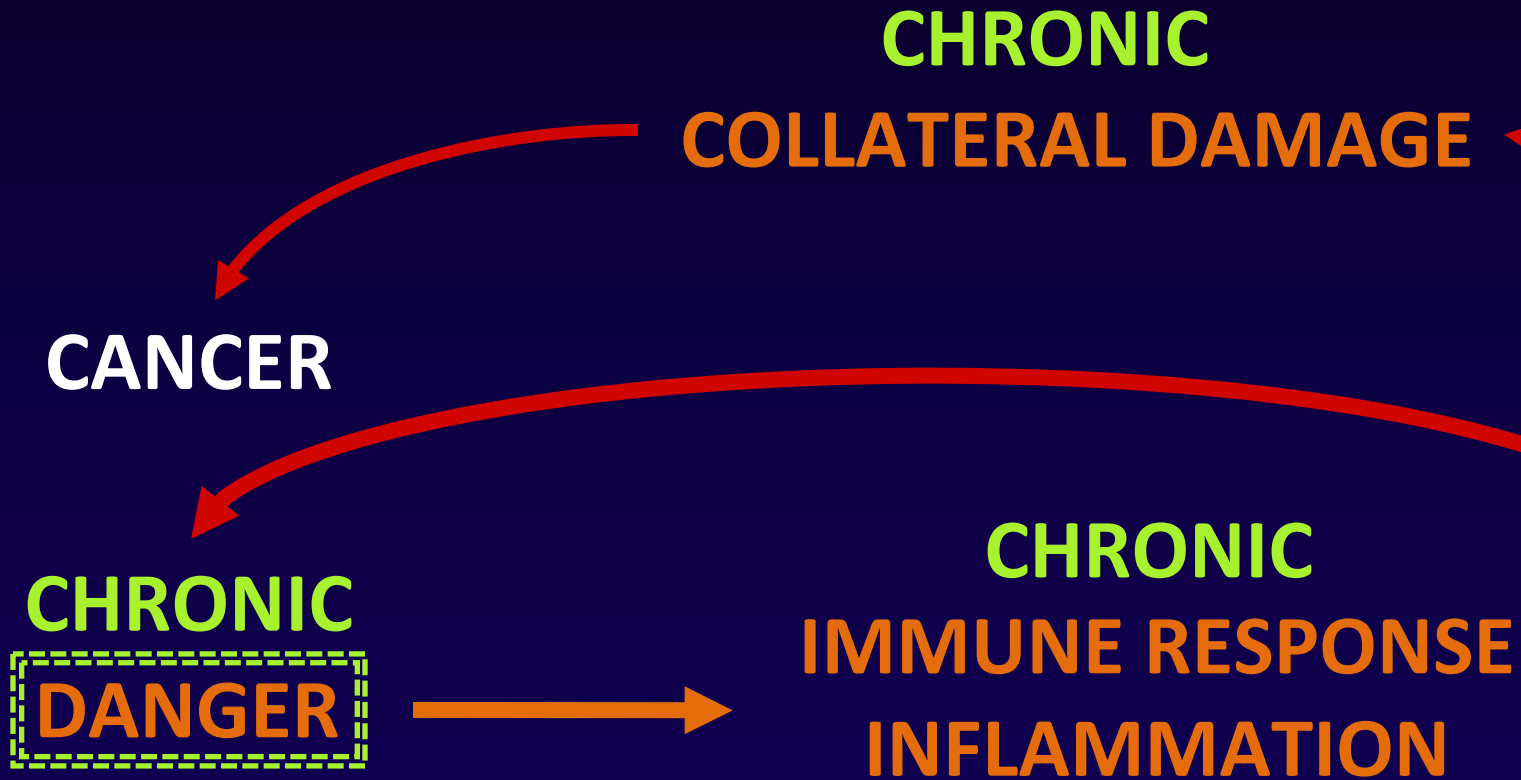
**CHRONIC**  
**DANGER**

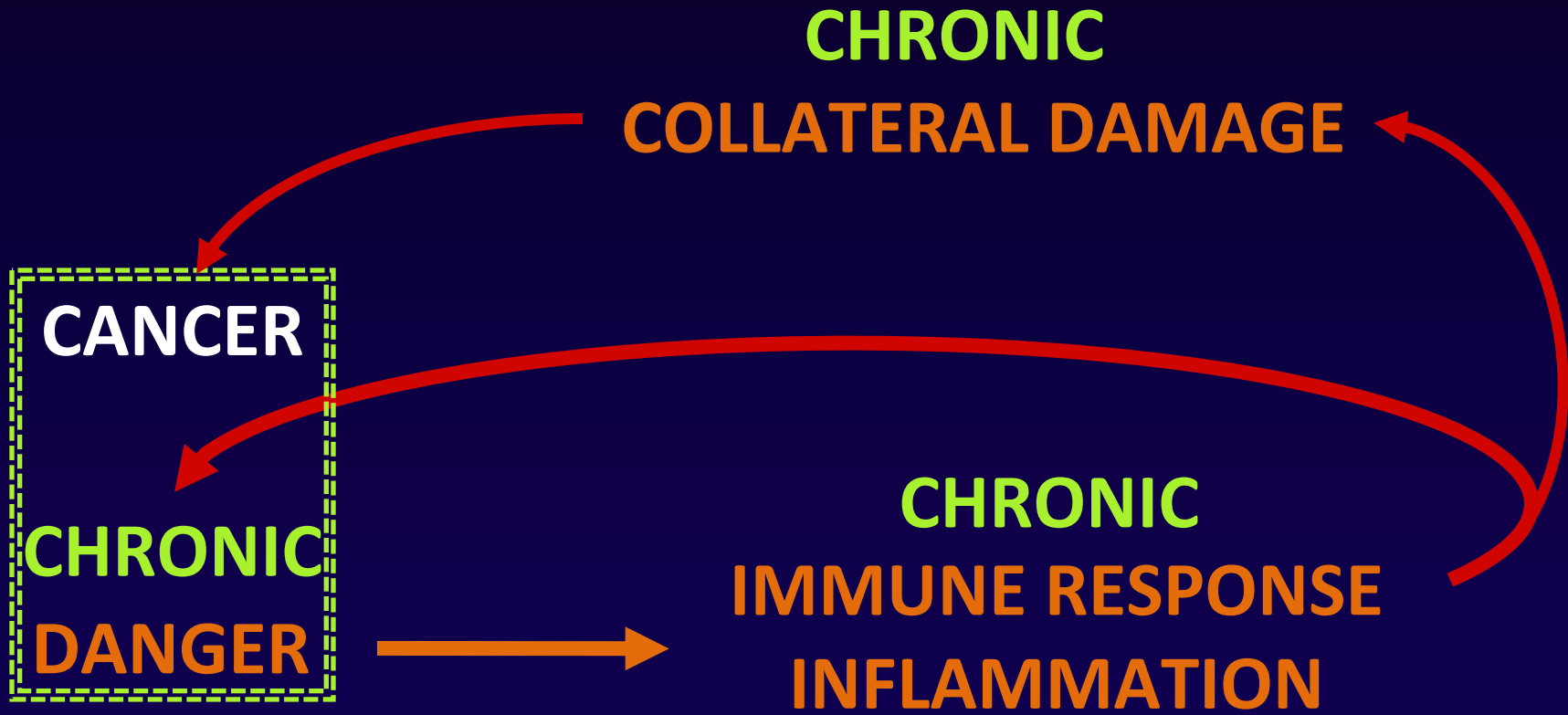


**CHRONIC**  
**IMMUNE RESPONSE**  
**INFLAMMATION**

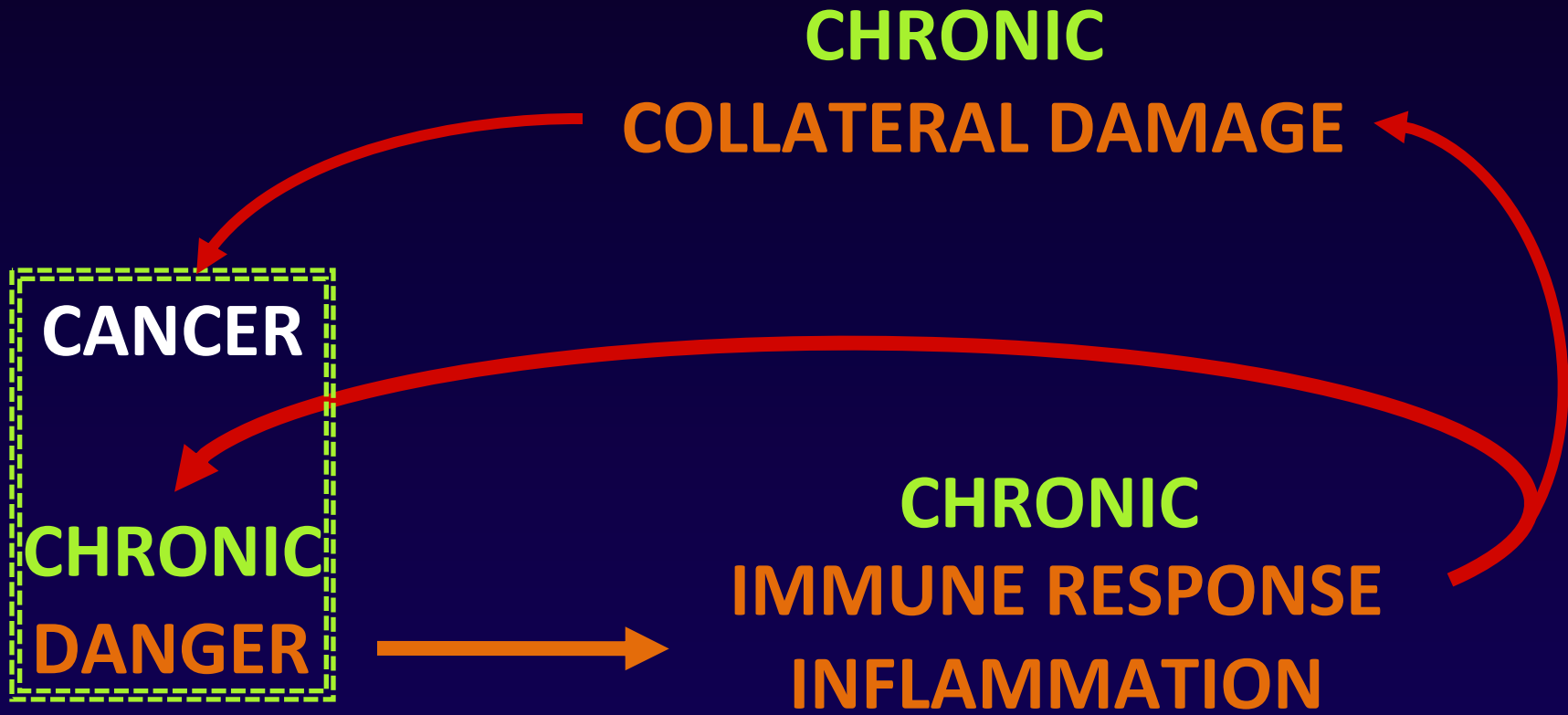
**CHRONIC**  
**COLLATERAL DAMAGE**







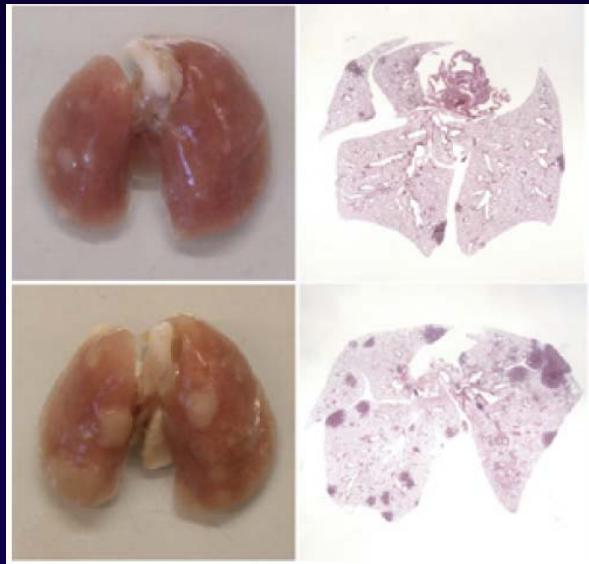




cancer: a “never-healing wound”

# Inflammation can Promote Cancer: collaboration with K-ras mutation

no  
smoking



4 cigarettes  
per day

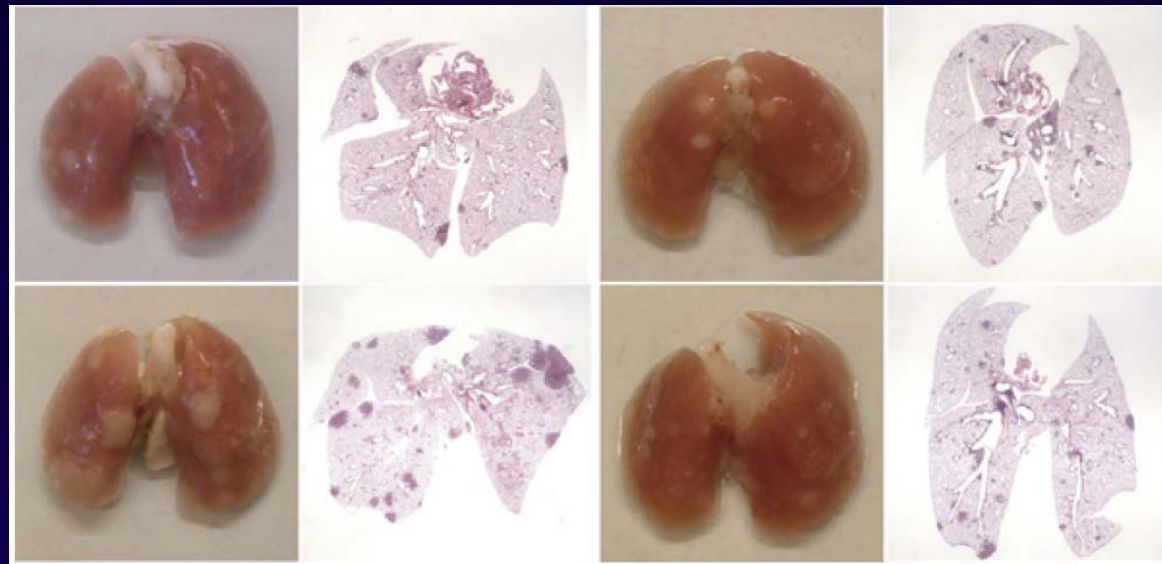
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K-ras mutation  
&  
normal myeloid cells

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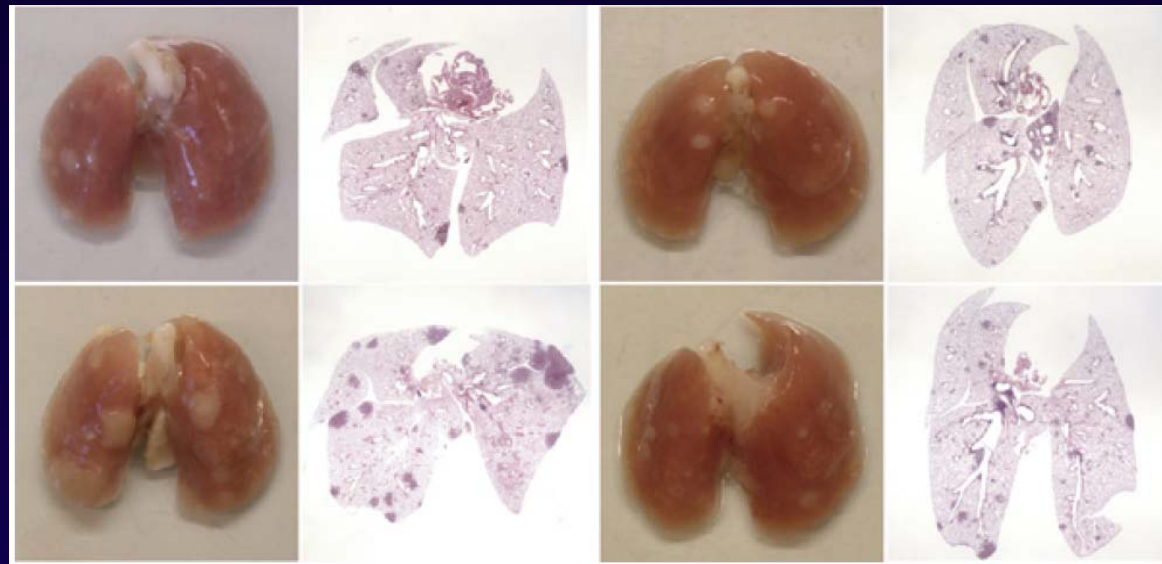
K-ras mutation  
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normal myeloid cells

K-ras mutation  
+  
IKK<sup>-/-</sup> myeloid cells

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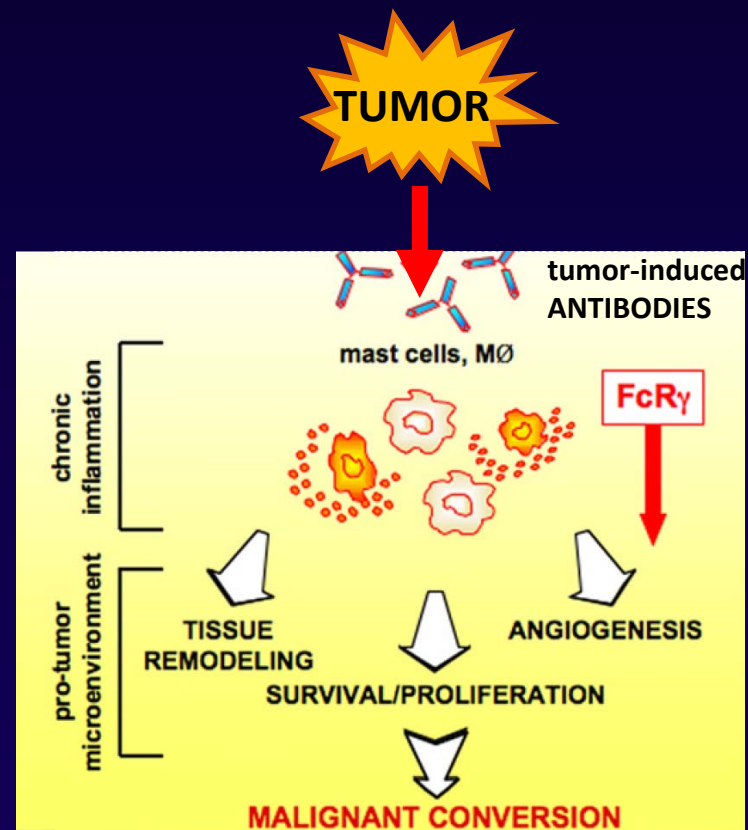


K-ras mutation  
&  
normal myeloid cells

K-ras mutation  
+  
 $IKK^{-/-}$  myeloid cells

- ↓ NF- $\kappa$ B
- ↓ pSTAT3
- ↓ IL-6
- ↓ neutrophils
- ↓ angiogenesis

# Inflammation can Promote Cancer: collaboration with HPV E6/E7 oncogene



# Tumors can induce bad inflammation

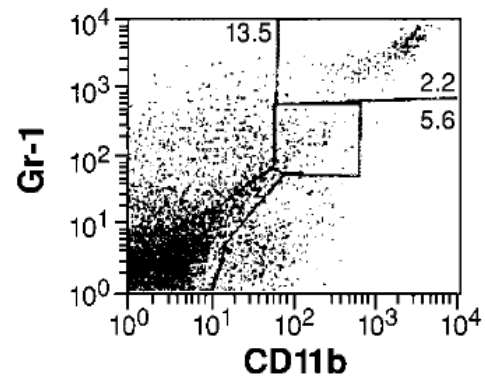
## Apoptotic Death of CD8<sup>+</sup> T Lymphocytes After Immunization: Induction of a Suppressive Population of Mac-1<sup>+</sup>/Gr-1<sup>+</sup> Cells<sup>1</sup>

Vincenzo Bronte,<sup>2\*</sup> Michael Wang,<sup>†</sup> Willem W. Overwijk,<sup>\*</sup> Deborah R. Surman,<sup>\*</sup>  
Federica Pericle,<sup>‡</sup> Steven A. Rosenberg,<sup>\*</sup> and Nicholas P. Restifo<sup>3\*</sup>

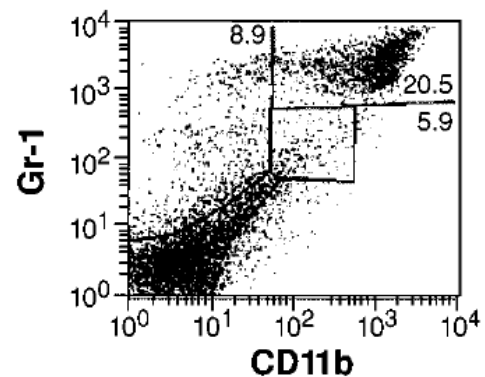
*The Journal of Immunology*, 1998, 161: 5313–5320.

# Tumors can induce bad inflammation

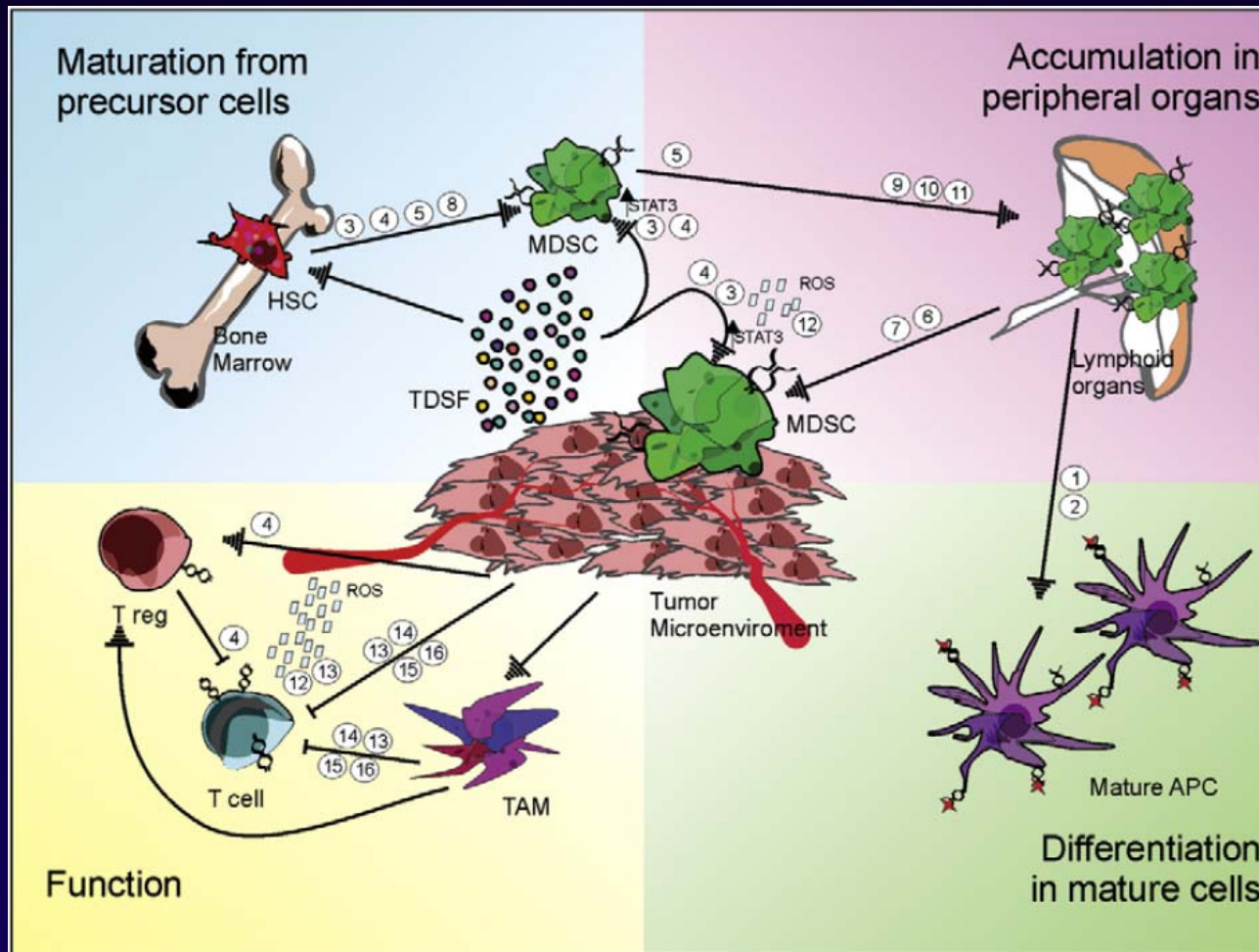
Spleen (no tumor)



Spleen (subcut. tumor)



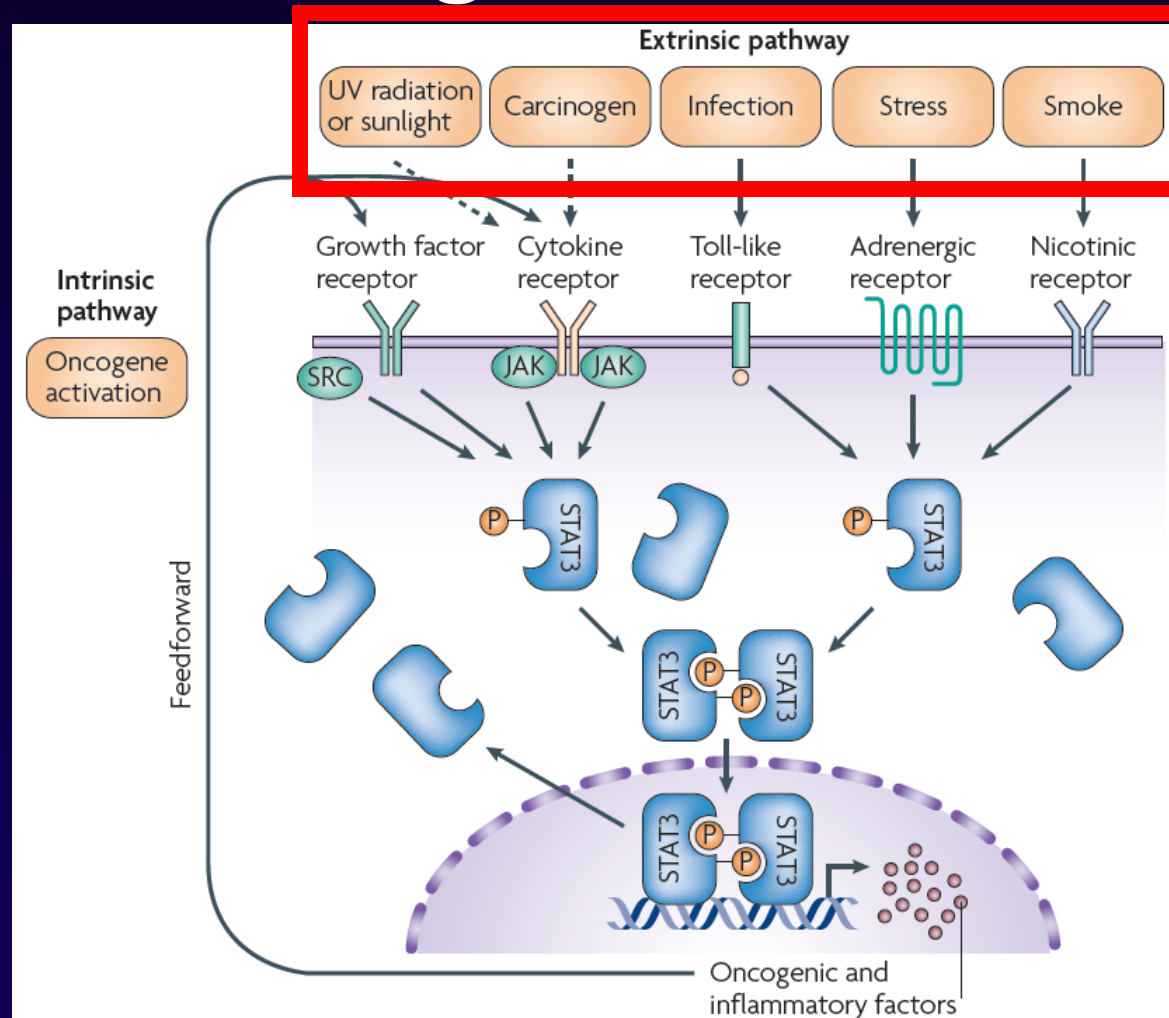
# Tumors can induce bad inflammation





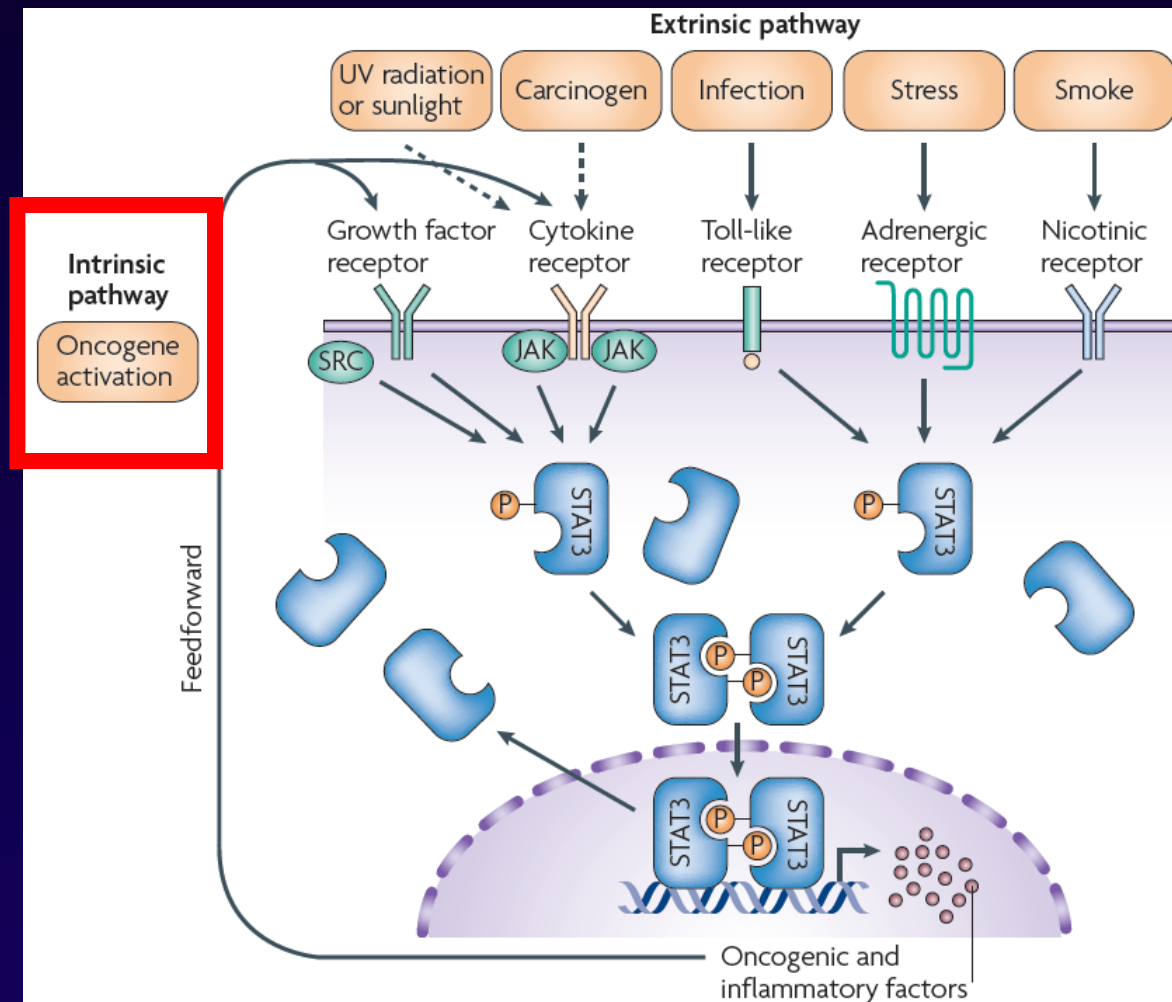
# Tumors can induce bad inflammation

## Oncogenic STAT3



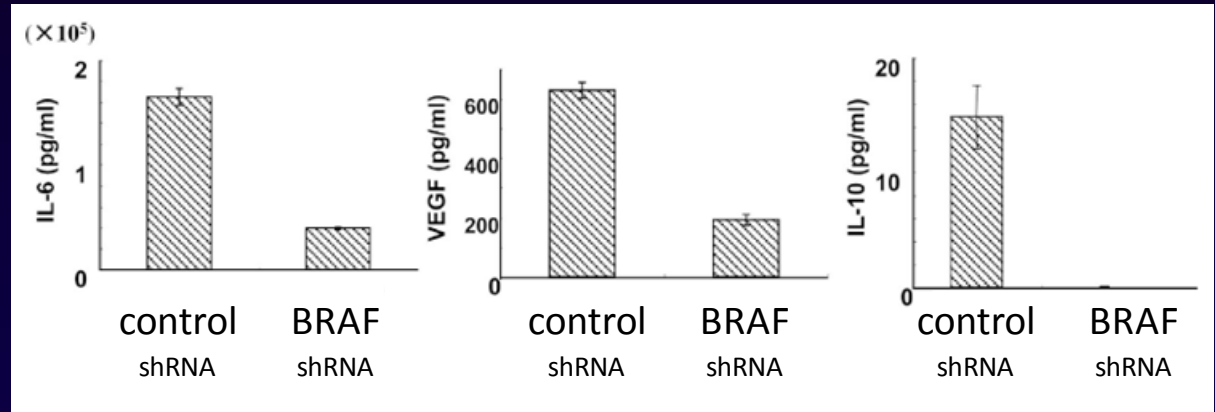
# Tumors can induce bad inflammation

## Oncogenic STAT3



# Mutations can Drive Bad Inflammation

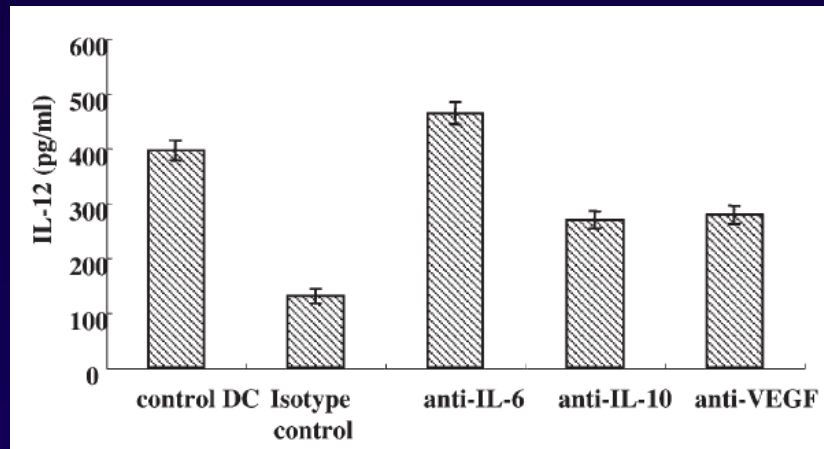
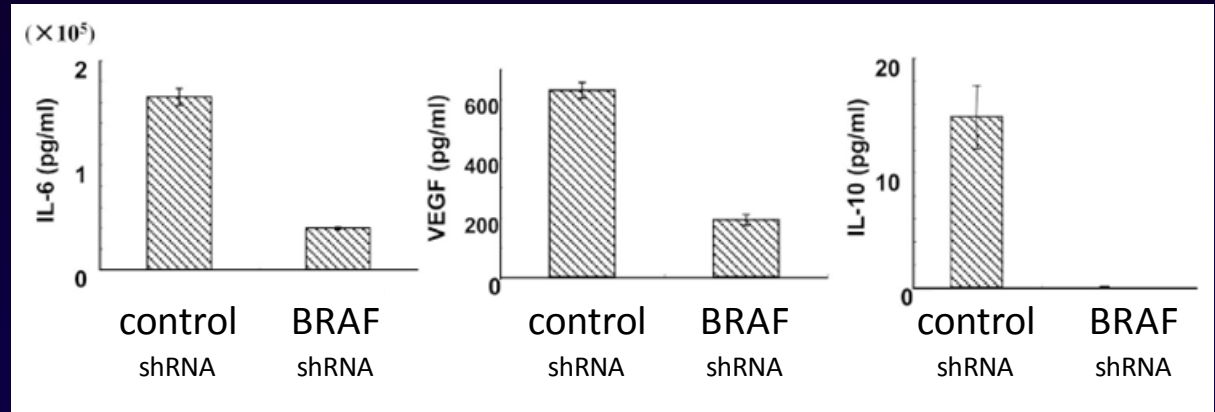
Mutated BRAF → tumor cells produce bad, immunosuppressive cytokines



# Mutations can Drive Bad Inflammation

Mutated BRAF → tumor cells produce bad, immunosuppressive cytokines

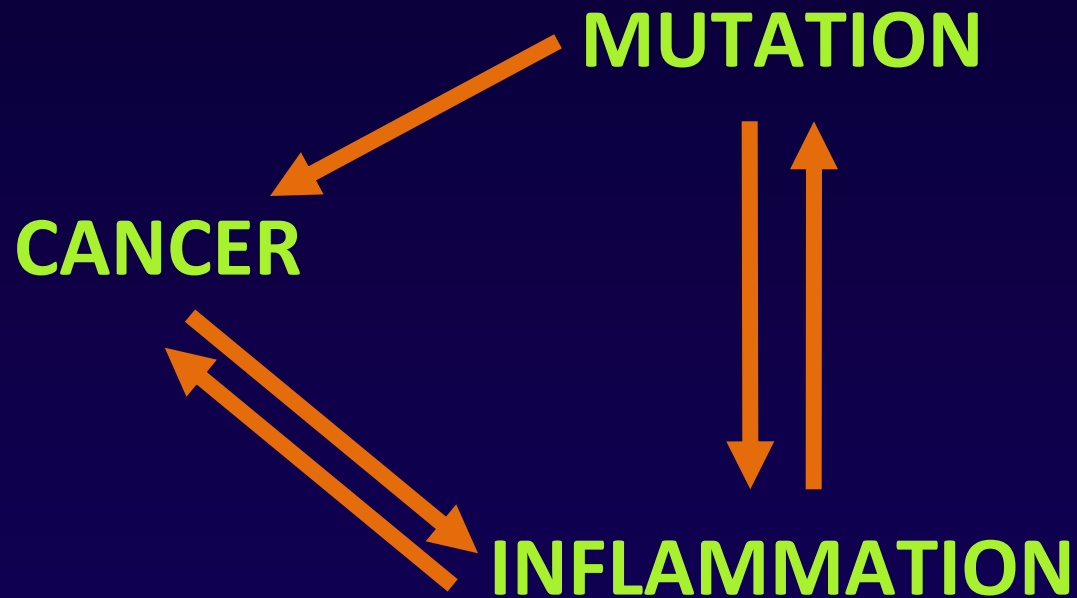
↓  
block production of good cytokines in DCs



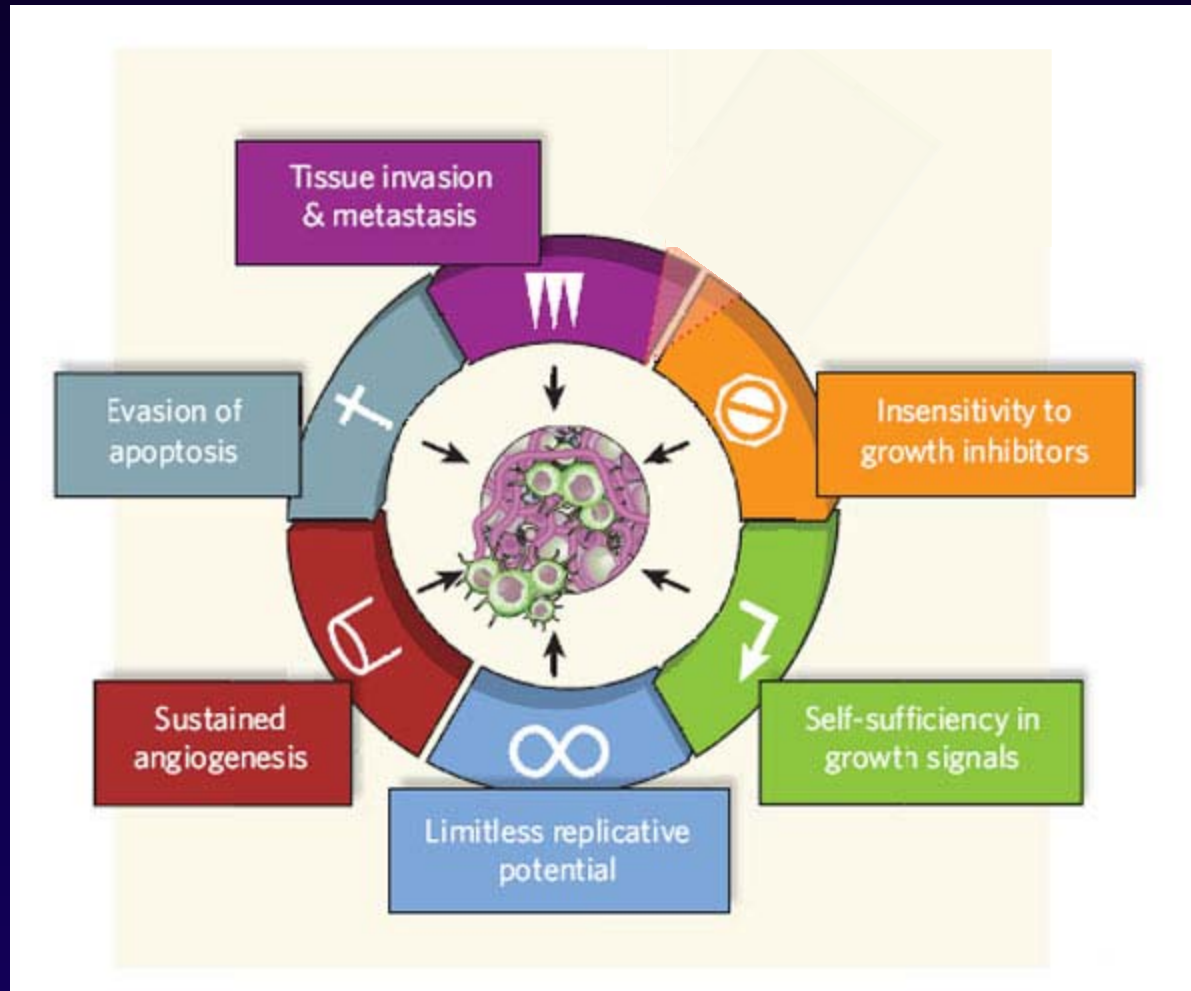
# Conclusion: Inflammation and Cancer

- Inflammation can Cause Cancer
- Inflammation can Cause Mutation
- Mutation can Cause Inflammation
- Mutation can Cause Cancer
- Cancer can Cause Inflammation

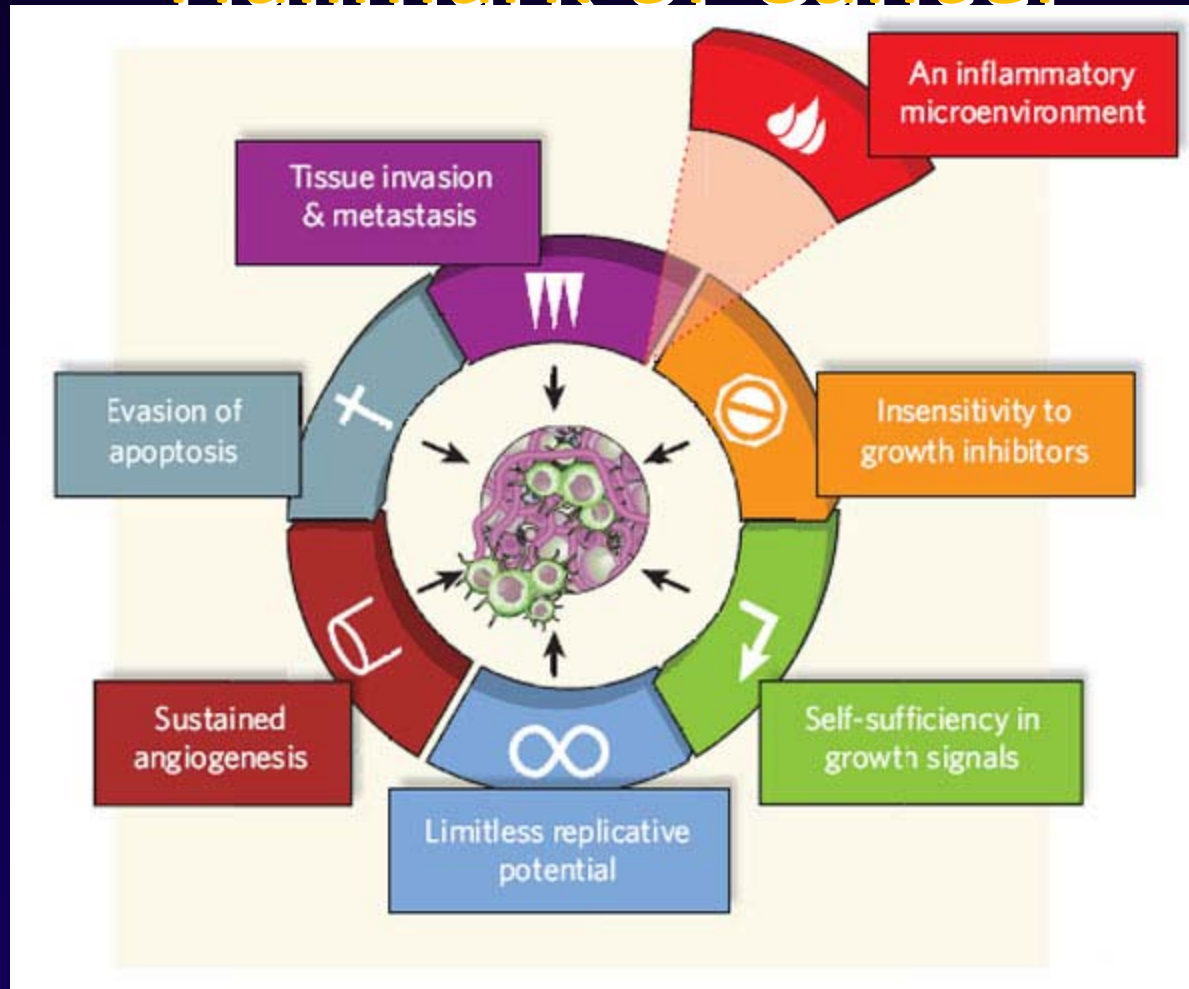
# Inflammation and Cancer: A Vicious Cycle



# Classic Hallmarks of Cancer

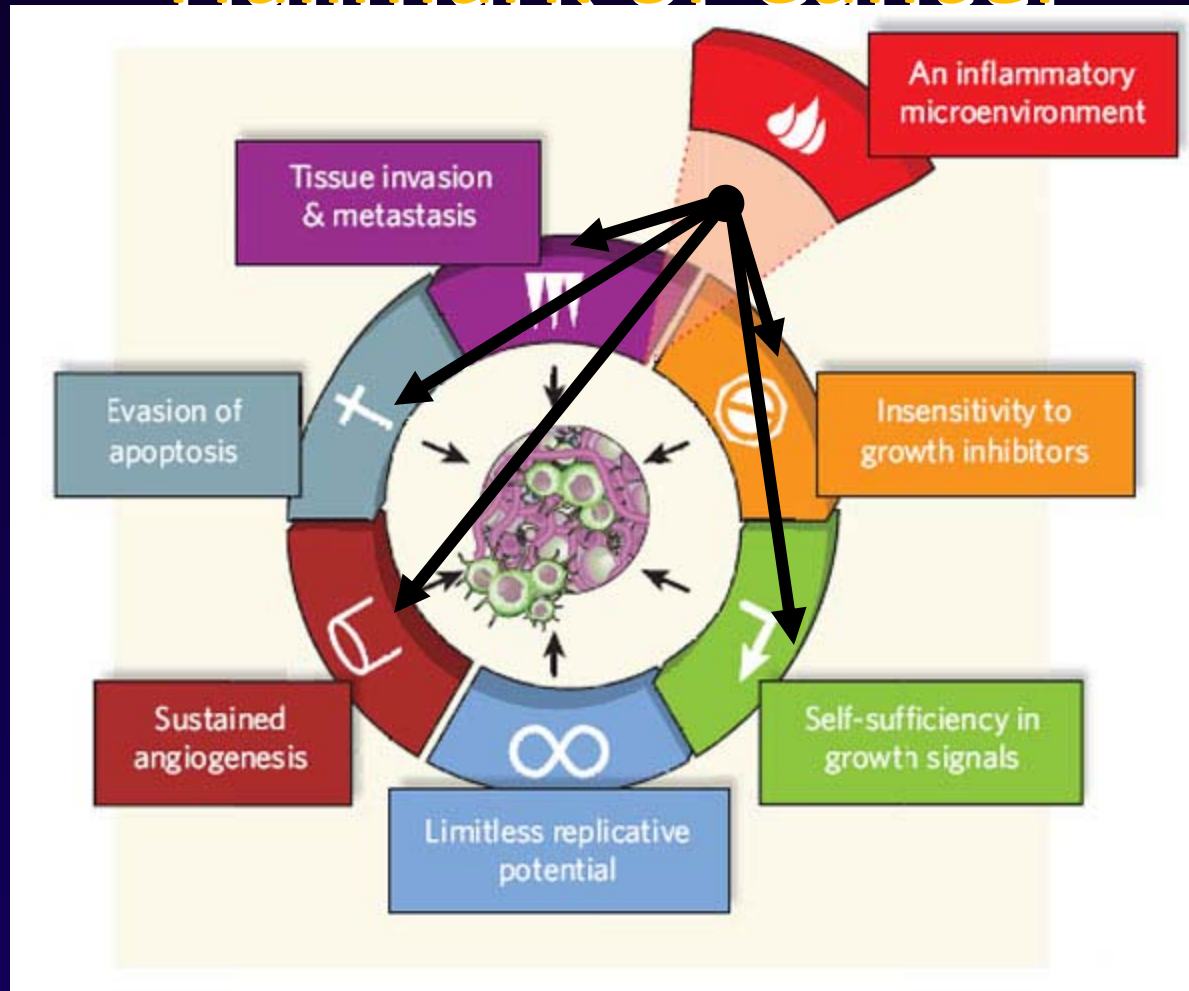


# Inflammation is (now) a Classic Hallmark of Cancer





# Inflammation is (now) a Classic Hallmark of Cancer



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# Good vs. Bad Inflammation in Cancer

## Immunity, Inflammation, and Cancer

Sergei I. Grivennikov,<sup>1</sup> Florian R. Greten,<sup>2</sup> and Michael Karin<sup>1,\*</sup>

Cell 140, 883–899, March 19, 2010

## Cancer and Inflammation: Promise for Biologic Therapy

*Sandra Demaria,\* Eli Pikarsky,† Michael Karin,‡ Lisa M. Coussens,§ Yen-Ching Chen,||  
Emad M. El-Omar,¶ Giorgio Trinchieri,# Steven M. Dubinett,\*\* Jenny T. Mao, † † Eva Szabo,‡‡  
Arthur Krieg,§§ George J. Weiner,|||| Bernard A. Fox,¶¶ George Coukos,### Ena Wang,\*\*\*  
Robert T. Abraham,† † † Michele Carbone,‡‡‡ and Michael T. Lotze§§§*

*J Immunother* • Volume 33, Number 4, May 2010

# IFN- $\gamma$ Suppresses Human Tumor Development

Multiple cutaneous squamous cell carcinomas in a patient with interferon  $\gamma$  receptor 2 (IFN $\gamma$ R2) deficiency

# IFN- $\gamma$ Suppresses Human Tumor Development

Multiple cutaneous squamous cell carcinomas in a patient with interferon  $\gamma$  receptor 2 (IFN $\gamma$ R2) deficiency

At 17 years of age, the patient developed multifocal Squamous Cell Carcinomas on the face and both hands. Despite local tumour excision, multiple lesions occurred and the patient died at 20 years of age of disseminated SCC. Inherited disorders of IFN- $\gamma$ -mediated immunity may predispose patients to SCC.

# Human Immune System can Suppress Existing Tumors for Years

1982: patient with primary, resected melanoma

1997: declared disease-free and “cured”

1998: died of brain hemorrhage, donated kidneys

2000: - kidney recipient 1 died of metastatic donor melanoma

- kidney recipient 2 taken off immunosuppression; start IFN- $\alpha$

- kidney recipient 2 rejects kidney and melanoma

# Human Immune System can Suppress Existing Tumors for Years

1982: patient with primary, resected melanoma

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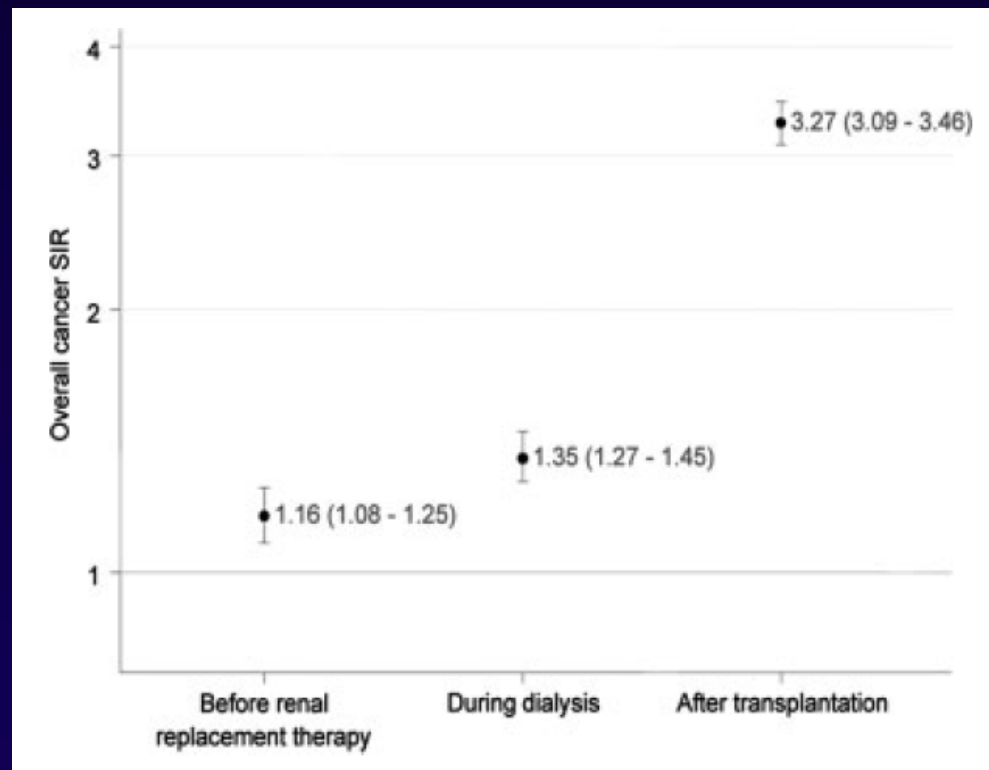
2000: - kidney recipient 1 died of metastatic donor melanoma

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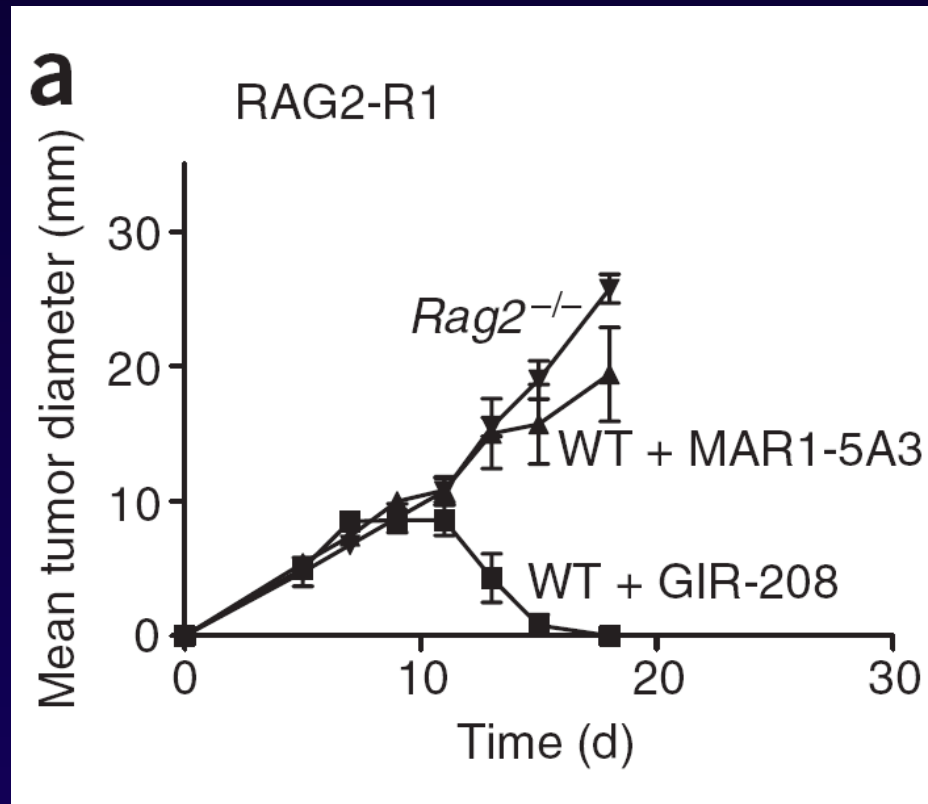


# Post-transplant Immunosuppression Increases Cancer Incidence





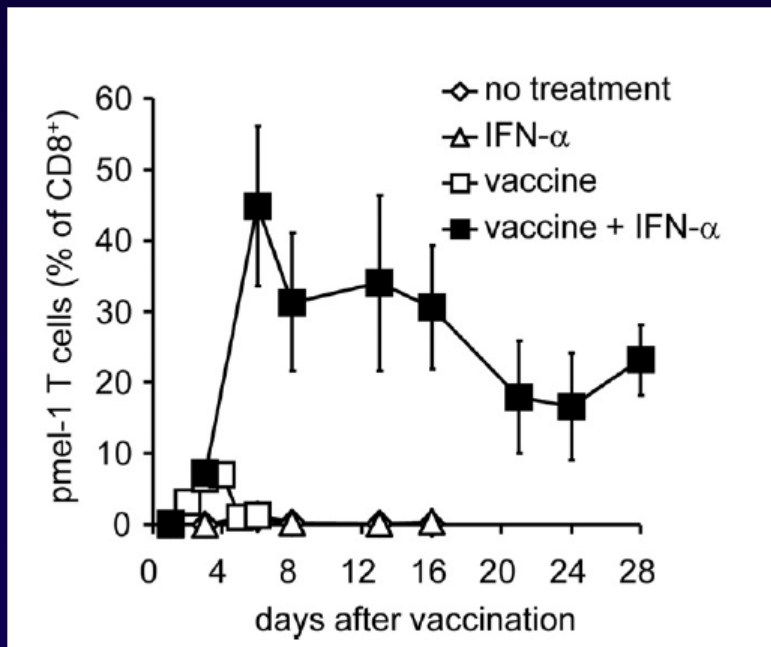
# Type I IFNs Suppress Growth of Transplanted Tumors



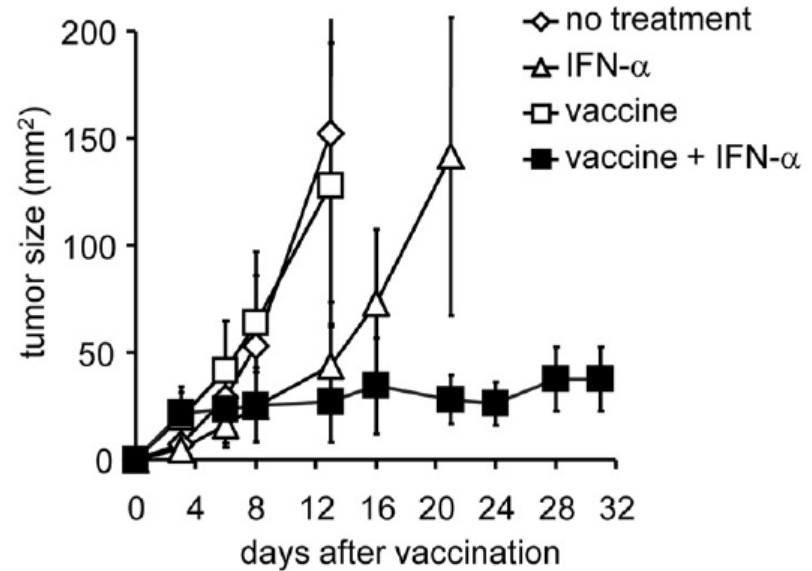
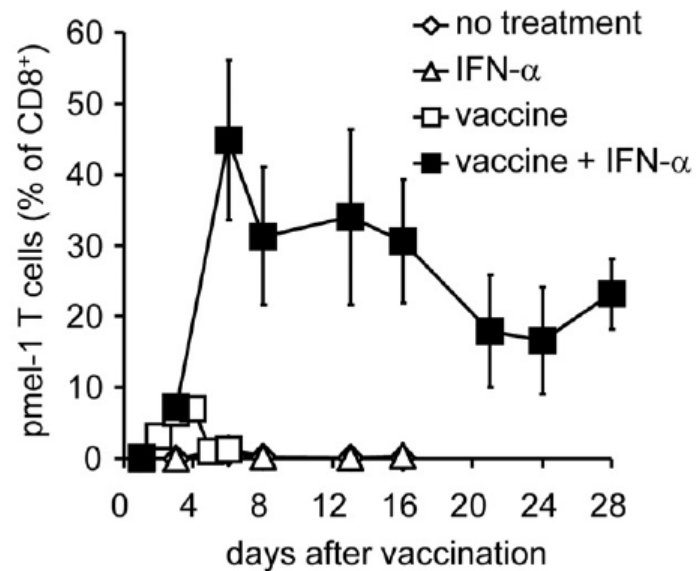
IFN- $\alpha$  receptor  
blocking mAb

control mAb

# IFN- $\alpha$ treatment enhances anti-cancer vaccination



# IFN- $\alpha$ treatment enhances anti-cancer vaccination

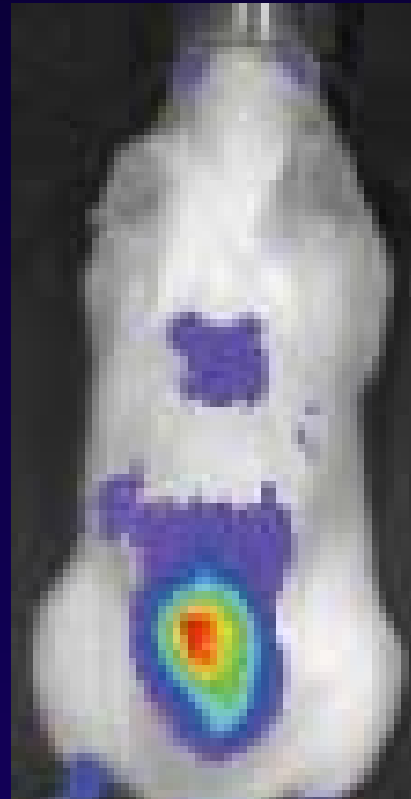


# CpG Causes Tumor Inflammation and Intratumoral T cell Accumulation

Intratumoral PBS



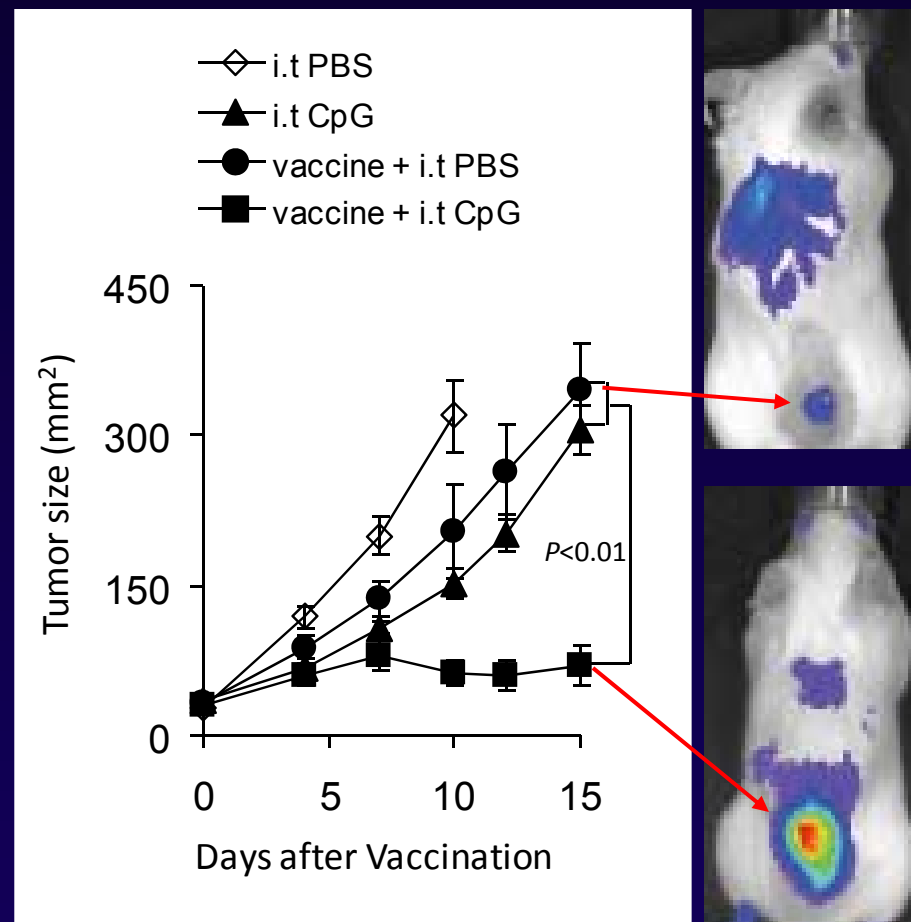
Intratumoral CpG

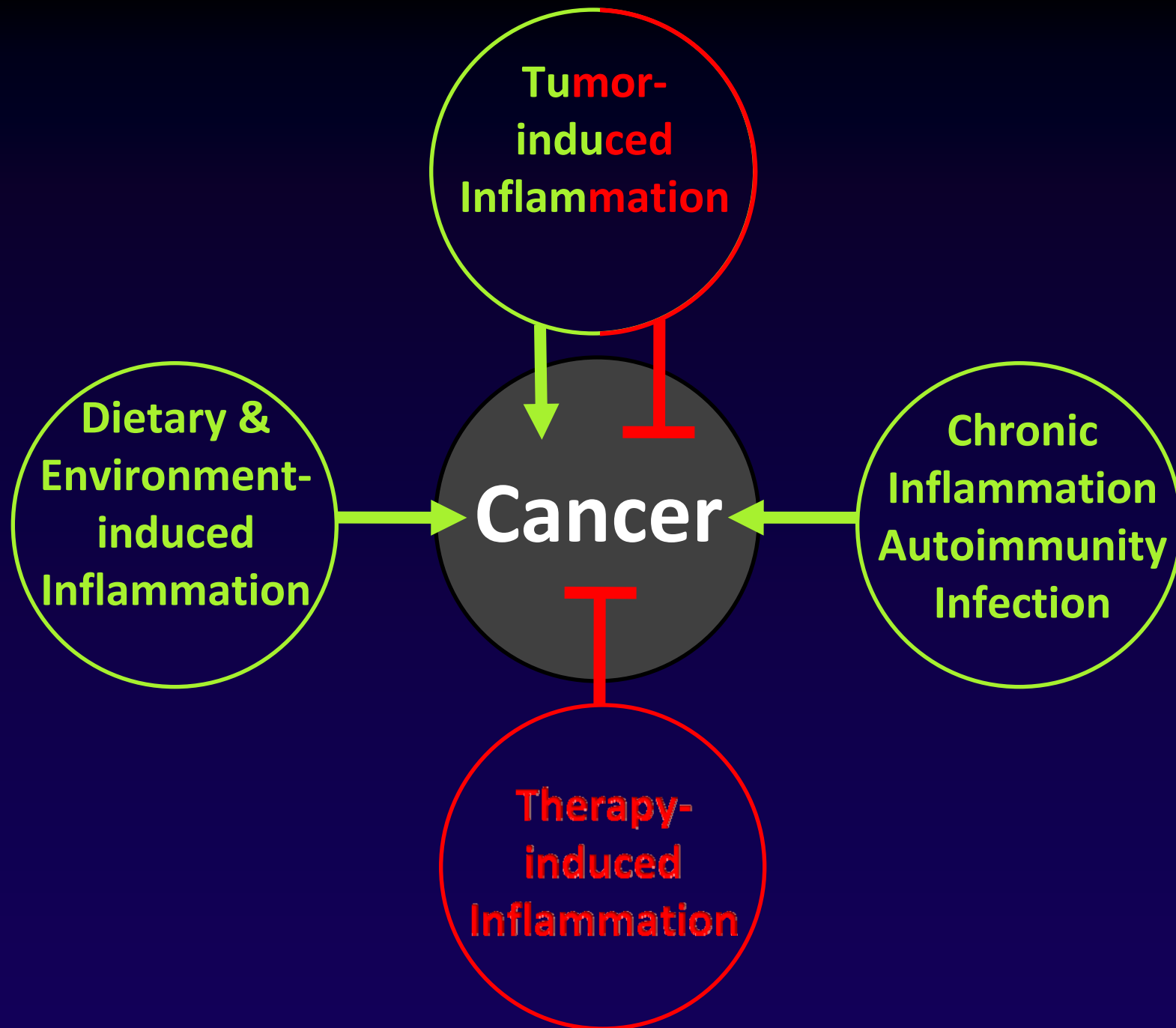


Intravenous CpG



# CpG Causes Tumor Inflammation and Intratumoral T cell Accumulation





# Bottom Line: Inflammation can be Good or Bad: Pro or Anti-Tumor

**Table 1. Roles of Different Subtypes of Immune and Inflammatory Cells in Antitumor Immunity and Tumor-Promoting Inflammation**

Cell Types	Antitumor	Tumor-Promoting
Macrophages, dendritic cells, myeloid-derived suppressor cells	Antigen presentation; production of cytokines (IL-12 and type I IFN)	Immunosuppression; production of cytokines, chemokines, proteases, growth factors, and angiogenic factors
Mast cells		Production of cytokines
B cells	Production of tumor-specific antibodies?	Production of cytokines and antibodies; activation of mast cells; immunosuppression
CD8 <sup>+</sup> T cells	Direct lysis of cancer cells; production of cytotoxic cytokines	Production of cytokines?
CD4 <sup>+</sup> Th2 cells		Education of macrophages; production of cytokines; B cell activation
CD4 <sup>+</sup> Th1 cells	Help to cytotoxic T lymphocytes (CTLs) in tumor rejection; production of cytokines (IFN $\gamma$ )	Production of cytokines
CD4 <sup>+</sup> Th17 cells	Activation of CTLs	Production of cytokines
CD4 <sup>+</sup> Treg cells	Suppression of inflammation (cytokines and other suppressive mechanisms)	Immunosuppression; production of cytokines
Natural killer cells	Direct cytotoxicity toward cancer cells; production of cytotoxic cytokines	
Natural killer T cells	Direct cytotoxicity toward cancer cells; production of cytotoxic cytokines	
Neutrophils	Direct cytotoxicity; regulation of CTL responses	Production of cytokines, proteases, and ROS

# In the Clinic: Cancer Therapies that Block Bad Inflammation



# In the Clinic: Cancer Therapies that Block Bad Inflammation

- COX-2 inhibitor      Aspirin, Celecoxib (colorectal)



# In the Clinic: Cancer Therapies that Block Bad Inflammation

- COX-2 inhibitor                      Aspirin, Celecoxib (colorectal)
- VEGF blocker                        Bevacizumab, Sorafenib (several)
- IL-1 $\beta$  blocker                        IL-1Ra (MM)

# In the Clinic: Cancer Therapies that Block Bad Inflammation

- COX-2 inhibitor      Aspirin, Celecoxib (colorectal)
- VEGF blocker      Bevacizumab, Sorafenib (several)
- IL-1 $\beta$  blocker      IL-1Ra (MM)
- Cytokine Regulators      Lenalidomide (MDS, MM)

# In the Clinic: Cancer Therapies that Block Bad Inflammation

- COX-2 inhibitor                      Aspirin, Celecoxib (colorectal)
- VEGF blocker                        Bevacizumab, Sorafenib (several)
- IL-1 $\beta$  blocker                        IL-1Ra (MM)
- Cytokine Regulators                Lenalidomide (MDS, MM)
- Kill Helicobacter Pylori            Clarithrom./Amoxicillin (gastric)

# In the Clinic: Cancer Therapies that Block Bad Inflammation

- COX-2 inhibitor      Aspirin, Celecoxib (colorectal)
- VEGF blocker      Bevacizumab, Sorafenib (several)
- IL-1 $\beta$  blocker      IL-1Ra (MM)
- Cytokine Regulators      Lenalidomide (MDS, MM)
- Kill Helicobacter Pylori      Clarithrom./Amoxicillin (gastric)
- Remove suppressors      Cycl/Fludar + T cells (melanoma)

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cancers)      Radiation/Chemother. (all
- Targeted Therapy?      TKI inhibitors (many cancers)



# In the Clinic: Cancer Therapies that Induce Good Inflammation

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- Bacteria                      BCG (bladder)



# In the Clinic: Cancer Therapies that Induce Good Inflammation

- Bacteria                    BCG (bladder)
- TLR agonists            Imiquimod (basal cell carcinoma)  
                                 CpG (B cell lymphoma)
- Cytokines                IL-2 (melanoma, renal)  
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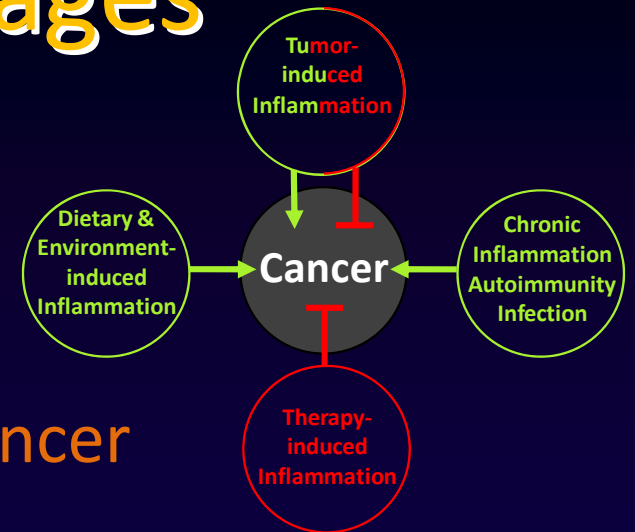
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- T cells                Adoptive T cell Transfer (melanoma)
- Vaccine                PAP-loaded DCs (prostate)

# Take Home Messages



- Inflammation is a classic hallmark of cancer
- Innate Immunity & Inflammation can promote or suppress cancer
- Manipulating immunity can promote or suppress cancer
- Understanding of inflammatory cells & molecules in cancer is limited but growing, allowing therapeutic intervention