



DC vaccination concurrently reduces Tregs and enhances activated CTLs in tumor biopsies from immunoresponsive patients with advanced melanoma

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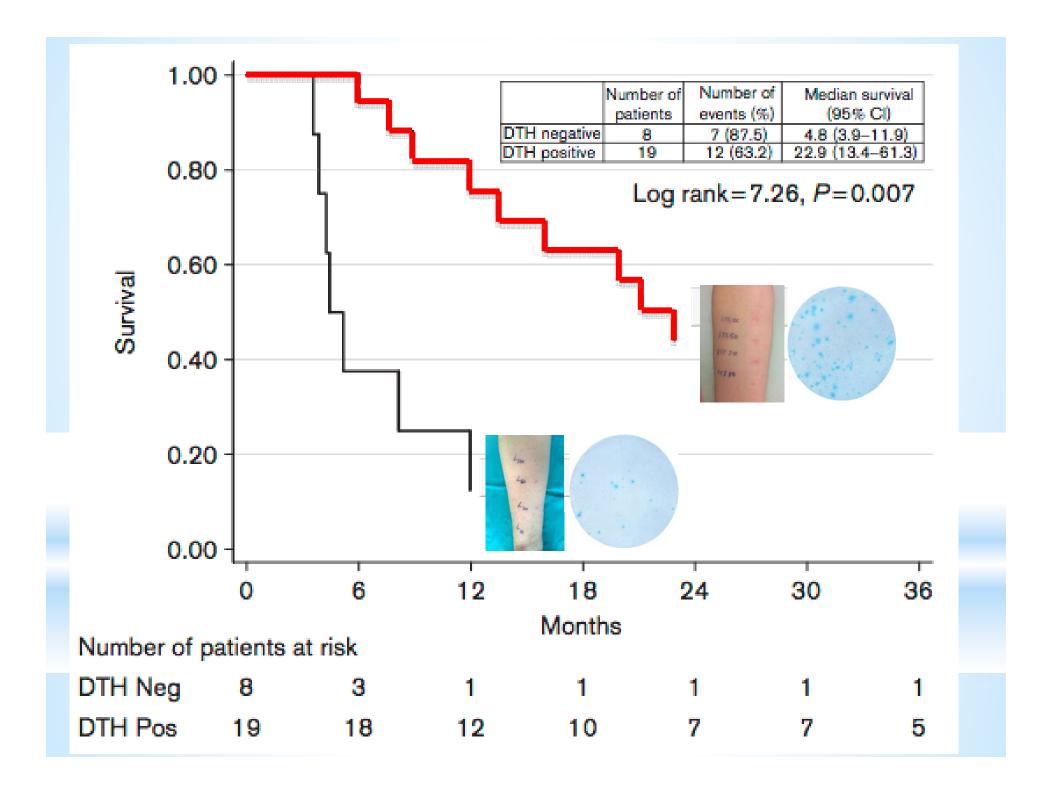
Vaccination with dendritic cells loaded with autologous tumor lysate: clinical update of a phase II study in metastatic melanoma (Ridolfi et al. Melanoma Res 2011).

- 27 patients treated;
- 12 PD, 2 CR, 8 PR, 5 SD (according to irRC);
- OR 37.03%;
- Clinical Benefit: 55.5%.

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All clinical responders were also immunological responders (positive DTH to KLH and autologous tumor lysate and/or positive ELISPOT).



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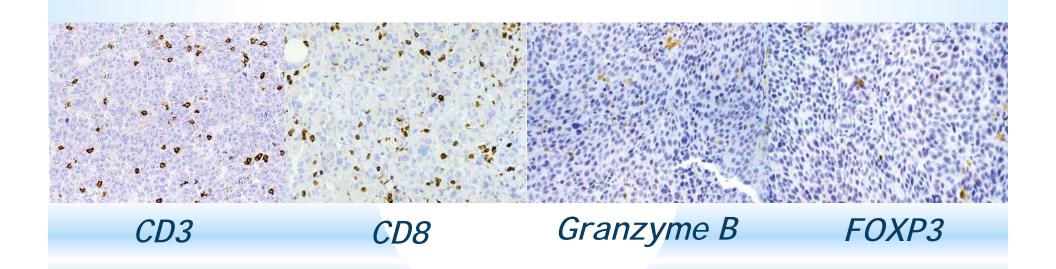
Question

Increased levels of FOXP3+ regulatory T cells have been observed in vaccine injection as well as in DTH sites after repeated administration of peptide or DC vaccines: is it true also for tumor sites?

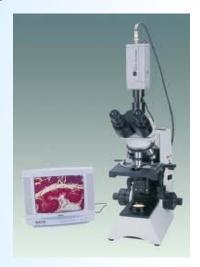
Sixteen melanoma biopsies taken by 8 patients before and after at least 5 DC vaccine courses (all immunological responders)

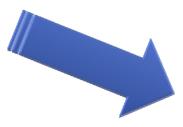
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Immunohistochemistry for:



Digital camera acquisition

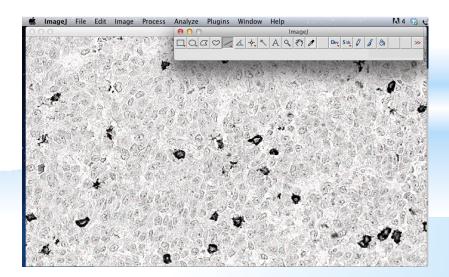


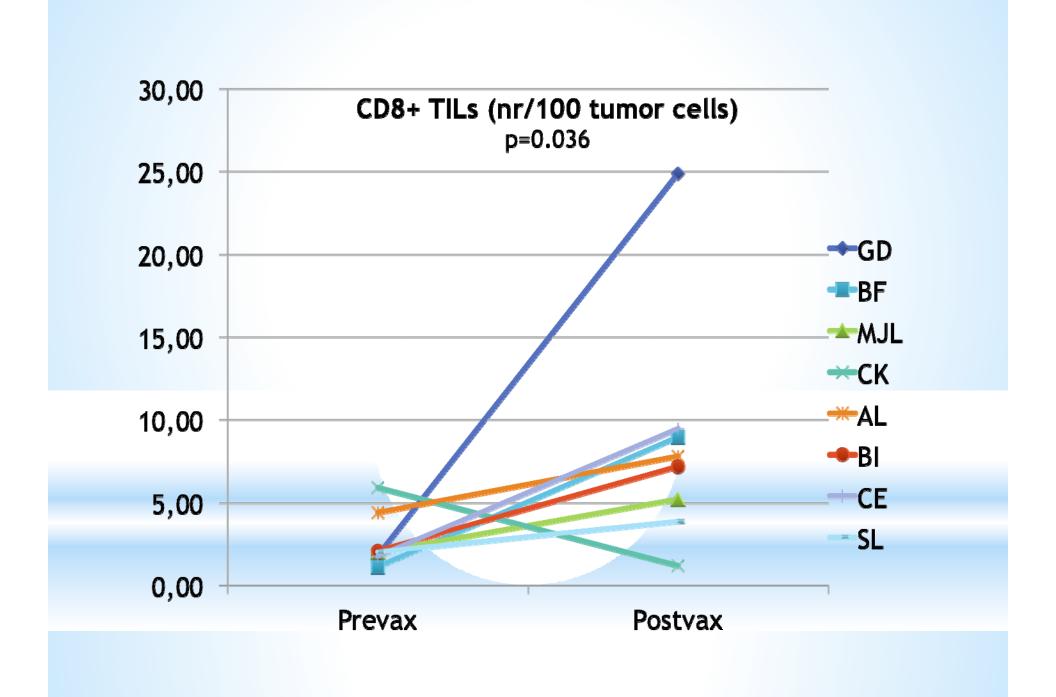


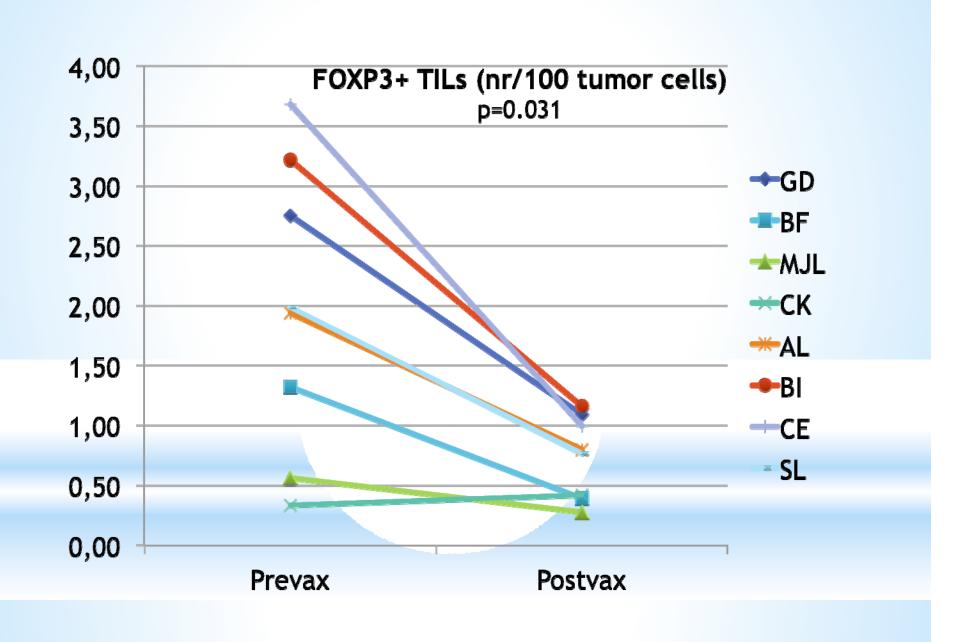
Computer-assisted counting

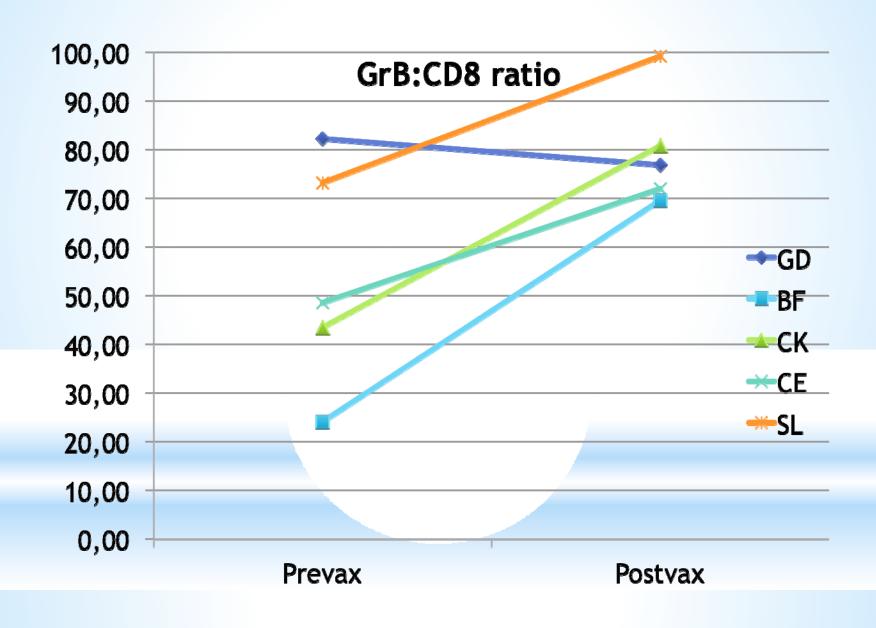


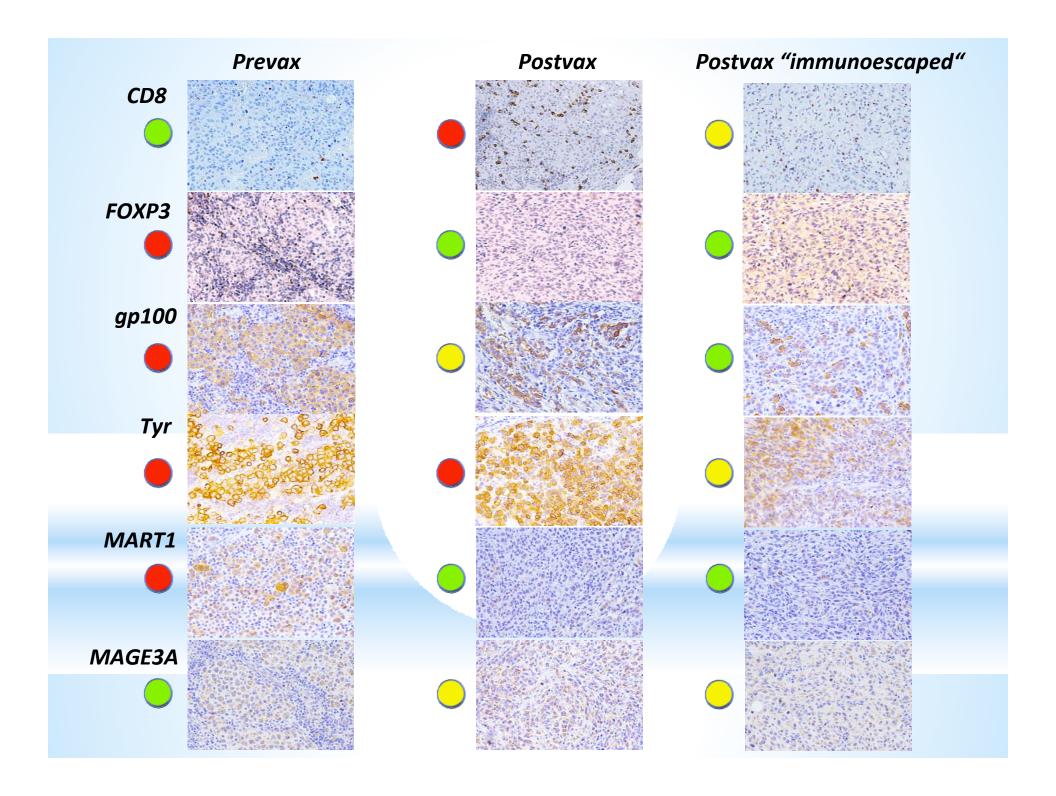












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- DC vaccination might "relief" immunosuppression in tumor microenvironment by reducing FOXP3+ regulatory TILs.
- Reduced immunosuppression is likely functionally relevant (higher cytotoxic activation of CD8+ CTLs).
- Lower levels of FOXP3+ TILs induced by vaccination are maintained also along long-term treatment.
- Immune escape upon vaccine-induced immune response in our setting may be due not only to reduced immune recognition (lower Ag processing/presentation) but also to changes in the pattern of Ags expressed by tumor cells which may occur along vaccination.





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DISCLOSURE INFORMATION

Massimo Guidoboni, MD

The following relationships exist related to this presentation:

No Relationships to Disclose