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The 2nd PSU International Teaching Platform on Tumour Immunology and Immunotherapy

Jointly organized by
Prince of Songkla University, Université Pierre et Marie Curie (Paris 6) and Institut Pasteur

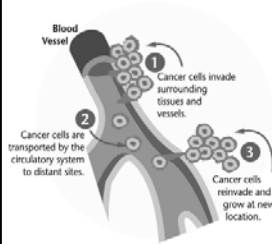
December 15 – 20, 2003
At The Department of Biomedical Sciences
Faculty of Medicine, Prince of Songkla University,
Hat Yai, Songkhla, Thailand

Lecture 3:
Tumor microenvironment
Prof. Hervé Fridman

December 15, 2003

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Cancers are capable of spreading through the body by two mechanisms: Invasion and Metastasis

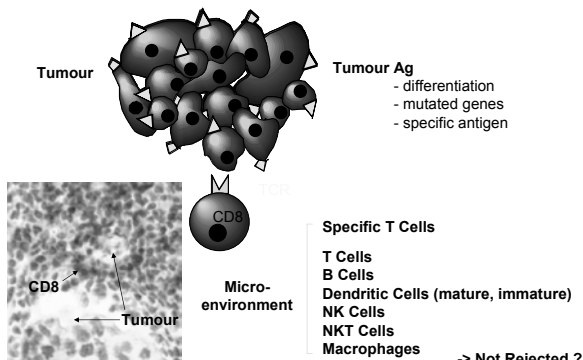


Invasion refers to the direct migration and penetration by cancer cells into neighboring tissues.

Metastasis refers to the ability of cancer cells to penetrate into lymphatic and blood vessels, circulate through the bloodstream, and then invade normal tissues elsewhere in the body.

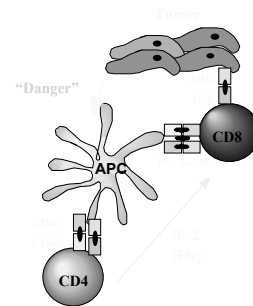
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Tumoral micro-environnement

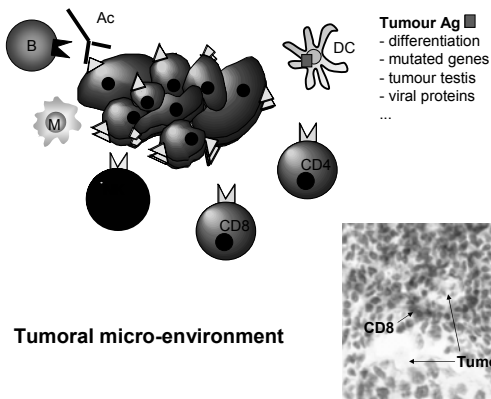


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Tumor killing

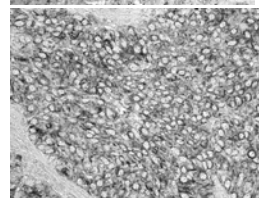
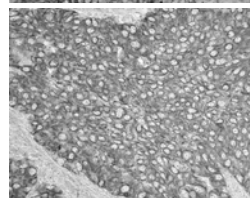
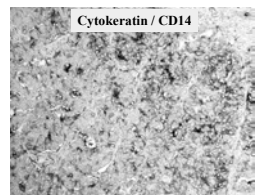
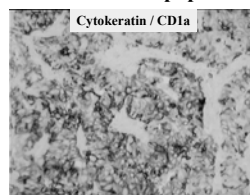


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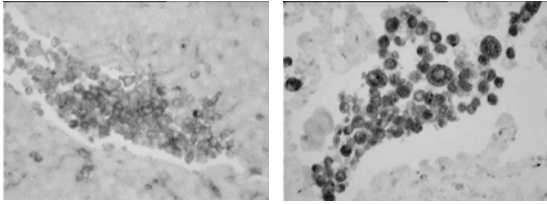
Caractérisation des populations de DC dans l'adénocarcinome



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Characterisation of interstitial DC and Macrophages

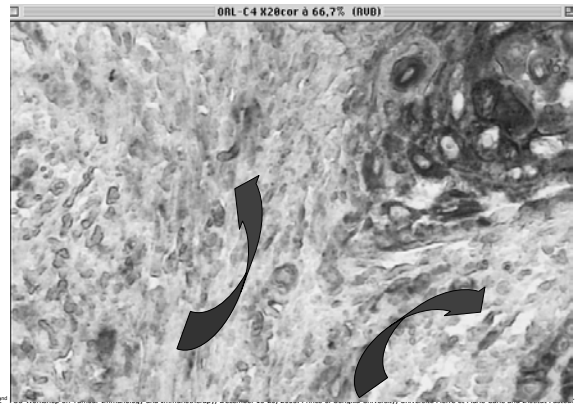
CD14 / CD68



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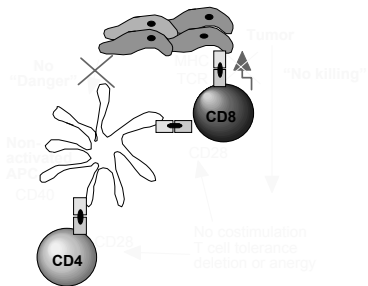
Metastatic lymph node

Cytokeratin/CD3



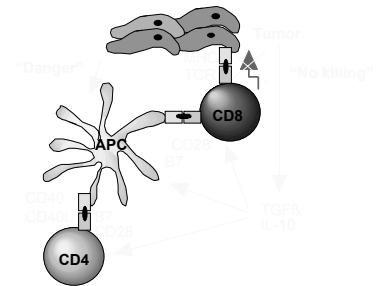
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Absence of danger



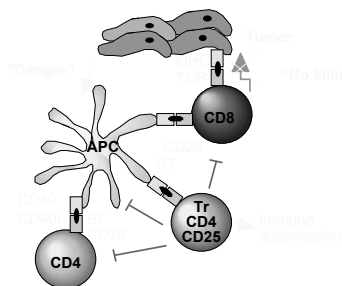
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Tumour-derived suppression



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Inhibition by CD4/CD25 regulatory T cells



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Multivariate prospective analysis:
234 Patients with head and neck cancers

Oral cavity: 112

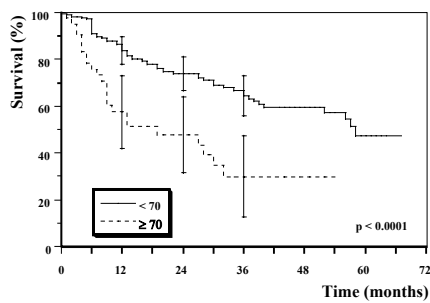
Oropharynx: 33

Hypopharynx: 41

Larynx: 48

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Survival for patients with head and neck squamous cell carcinoma in relation to serum soluble interleukin-2 receptor (sIL-2R α) levels.



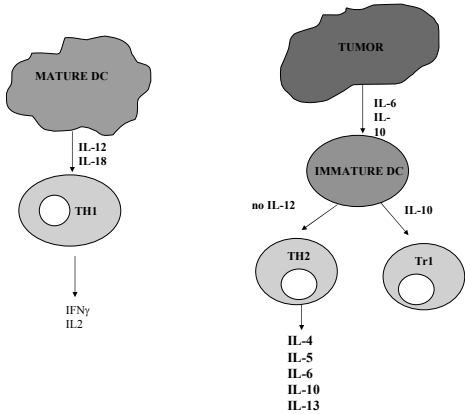
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Factors influencing local control, survival and distant metastasis-free interval by the Cox proportional Hazards model.

Order of entry in the model	p value	Relative risk (RR) and 95% CI
Survival		
RR of death		
1. Lymph node involvement	0.0015	1
N0N1		2.3 [1.4 - 3.7]
N2N3		1
2. Serum sIL-2R levels	< 0.0001	3.5 [2.1 - 5.9]
< 70		1
≥ 70		3.4 [1.9 - 6.1]
3. Performance status	0.0001	1
EZB = 0		1
EZB > 0		2 [1.2 - 3.4]
4. T stage	< 0.01	1
T1 T2		1
T3 T4		7.6 [1.8 - 31.8]
Local control		
RR of local failure		
1. T stage	0.0001	1
T1		1
T2 T3 T4		2.4 [1.5 - 3.8]
2. Lymph node involvement	0.0004	1
N0		1
N1 N2 N3		1.9 [1 - 3.4]
3. Performance status	< 0.045	1
EZB = 0		1
EZB > 0		5.8 [2.4 - 14.3]
Distant metastasis-free interval		
RR of metastasis		
1. Lymph node involvement	< 0.0001	1
N0		6.8 [2.7 - 17.2]
N1 N2 N3		1
2. Serum sIL-2R levels	0.0002	1
< 70		1
≥ 70		5.8 [2.4 - 14.3]

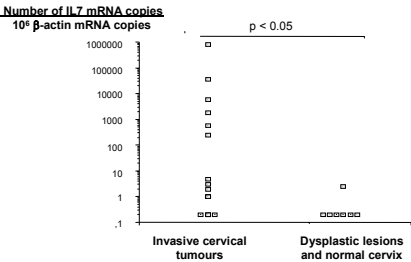
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T CELL POLARISATION IN THE TUMOUR MICROENVIRONMENT



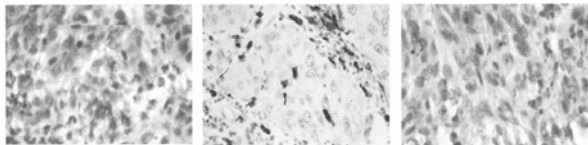
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Comparative analysis of IL-6 mRNA expression in cervical invasive tumours, dysplastic lesions and normal cervix



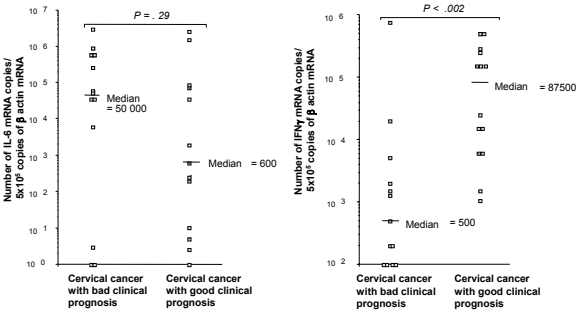
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Expression of IL-6 and macrophage infiltration in cervical tumours

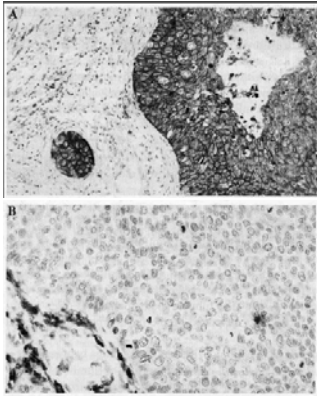


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Intratumoral expression of IL6 and IFN γ mRNA in patients with non-metastatic cervical cancer



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IL-6 AND CANCER

- IL-6 is considered as an autocrine or paracrine growth factor for many tumours (myeloma, lymphoma, renal cell carcinoma, melanoma...)

- High IL-6 serum levels are associated with a poor prognosis and negative clinical outcome in various human cancers.

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INTERLEUKIN-17 (IL-17 A)

- First member of an emerging cytokine family (IL-17B, IL-17C, IL-17D, IL-17E, IL-17F) expressed as dimers

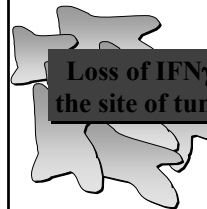
- Produced by activated memory CD4-T cells

- Pro-inflammatory cytokine which increases the production of chemokines (IL-8, MCP-1, Gro α) and hematopoietic growth factor (G-CSF, GM-CSF) thereby promoting the expansion and recruitment of monocytes and neutrophils.

- IL-17 stimulates the production of IL-6 by different epithelial cell lines.

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IFN- γ and pronostic value



Bad prognosis

• Cervical cancer

(Tartour E. et al. J. Nat. Cancer Inst. 1998)

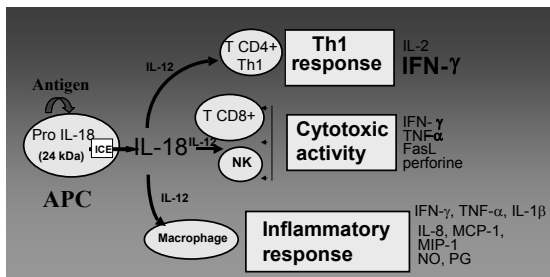
• Colon cancer

(Pagès F. et al. Int. J. Cancer 1999)

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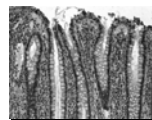
IL-18: an IFN- γ inducing cytokine

• **IL-18 activity: a multifunctional cytokine**

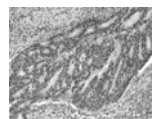


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IL-18 and colon adenocarcinoma



IL-18 is synthesized by epithelial cells of the normal colon mucosa facing the intestinal lumen



• IL-18 expression decreased / abolished in colon adenocarcinoma

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IL-18 and colon adenocarcinoma

• Clinical outcome :

- 5/7 patients with markers of IL-18 activity (FasL, IFN- γ) had a cancer strictly confined to the colon.
- 7/7 patients with no marker of IL-18 activity (FasL, IFN- γ) presented with distant metastases.

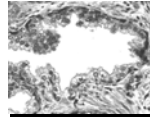
➔ Production of active IL-18 at tumour site may be involved in the host anti-tumour immune defence

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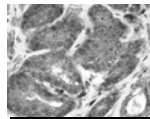
IL-18 and prostate cancer

• 36 cases of clinically localized prostate cancer studied

- 27/36 cases with tumour cells producing IL-18
- heterogeneous tumour IL-18 expression (<10 to >66% IL-18⁺ cells)
- not correlated with the pathological stage or the Gleason score



Normal prostate
basal cells express IL-18

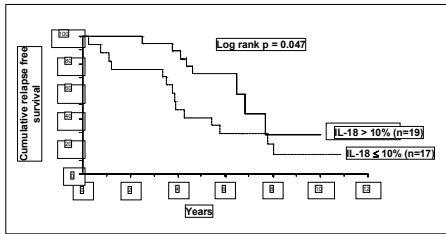


Prostate cancer
Tumour cells express IL-18

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IL-18 and prostate cancer

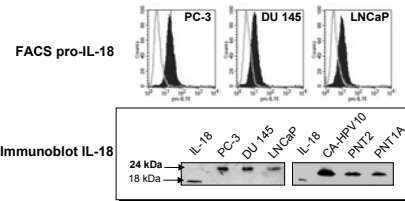
- median follow-up: 95 months (75-115)
- clinical outcome: 12 disease-free patients, 22 relapses (11 bone metastasis)



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IL-18 and prostate cancer

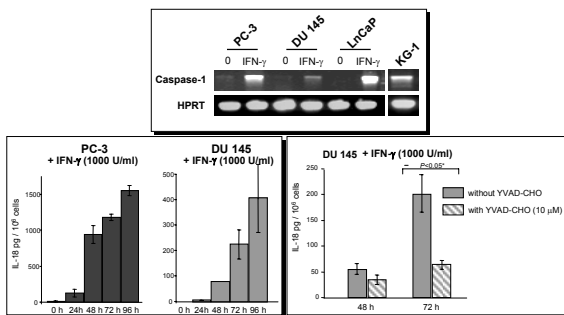
- Prostate tumour cell lines synthesize the immature form of IL-18 (24 kDa)



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IL-18 and prostate cancer

- IFN- γ induces caspase-1 mRNAs and IL-18 secretion



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Interleukin-18 and the EBV pos. lymphomas

- The EBV virus:

- A human gamma herpes virus
- Largely B lymphotropic (viral gp350 - CD21)

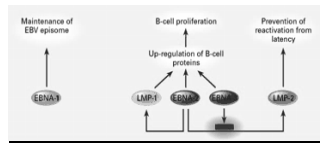
- Associated diseases:

- Infectious mononucleosis
- Nasopharyngeal carcinoma
- Burkitt's lymphoma
- Hodgkin's disease
- B-Lymphoproliferative disease in the immunocompromised host

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Interleukin-18 and the EBV pos. lymphomas

• EBV latent genes



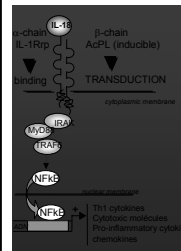
Principal disease associations of EBV

EBNA1 EBNA2 EBNA3 LMP-1 LMP-2 EBV latency

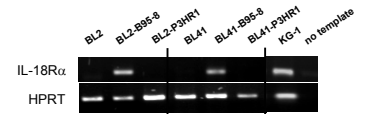
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Interleukin-18 and the EBV pos. lymphomas

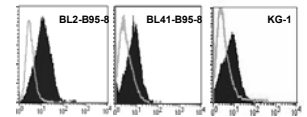
• IL-18R α



IL-18R α RT-PCR :



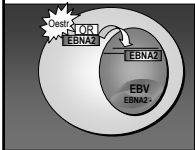
FACS analysis of IL-18R α



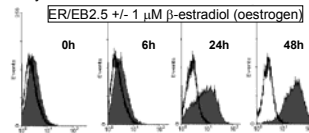
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Interleukin-18 and the EBV pos. lymphomas

ER/EB2-5 cell line:

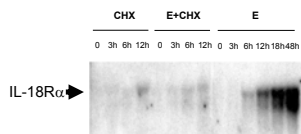


FACS analysis of IL-18R α



Northern Blot of IL-18R α

ER/EB2.5 +/- oestrogen (E) +/- cycloheximide (CHX)



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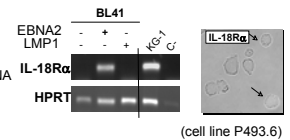
Interleukin-18 and the EBV pos. lymphomas

• The mechanism is indirect and does not require other viral proteins

IL-18R α RT-PCR

IL-18R α immunofluorescence study:

BL41 transfected with LMP1 ou EBNA2 cDNA

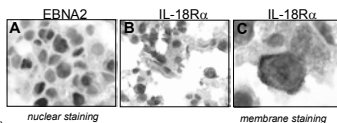


c-myc overexpression does not induce IL-18R α

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Interleukin-18 and the EBV pos. lymphomas

Immunohistochemical study of EBNA2 and IL-18R α



Diffuse large B-cell lymphoma (DLBCL)

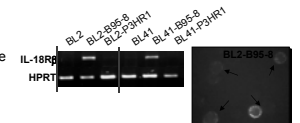
Patient No.	Histology	anatomic site	EBV status		
			(EBER)	EBNA2	IL-18R α
1	DLBCL (I-BL)	brain	+	-	+
2	DLBCL (IB)	brain	+	+	+
3	DLBCL (IB)	brain	+	+	+
4	DLBCL (IB)	brain	+	+	+
5	DLBCL (IB)	brain	+	+	+
6	DLBCL (IB)	brain	?	-	+
7	DLBCL (IB)	lymph node	-	-	-
8	DLBCL (IB)	testis	-	-	-
9	DLBCL (IB)	skin	-	-	-
10	DLBCL (CB)	lymph node	-	-	-
11	DLBCL (IB)	lymph node	-	-	-
12	DLBCL (IB)	lymph node	+	+	+
13	DLBCL (IB)	ND	+	+	+

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Interleukin-18 and the EBV pos. lymphomas

• IL-18R β

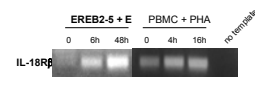
RT-PCR and Immunofluorescence studies of IL-18R β



induction of IL-18R β by EBNA2

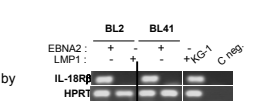
IL-18R β RT-PCR

ER/EB2.5 +/- β -estradiol



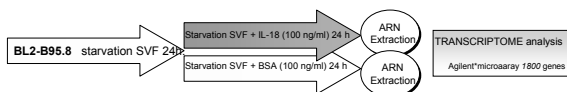
IL-18R β RT-PCR

BL2, BL41 +/- transfected by EBNA2 and LMP1 cDNA



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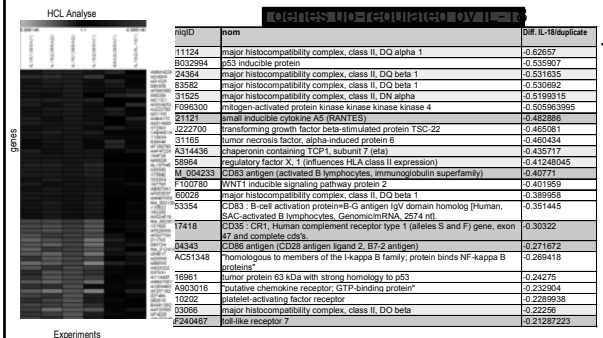
Interleukin-18 and the EBV pos. lymphomas



	P<0.05	nbr.	P<0.01	nbr.
Genes up-regulated	0.78	73	0.34	32
Genes down-regulated	0.95	90	0.278	26

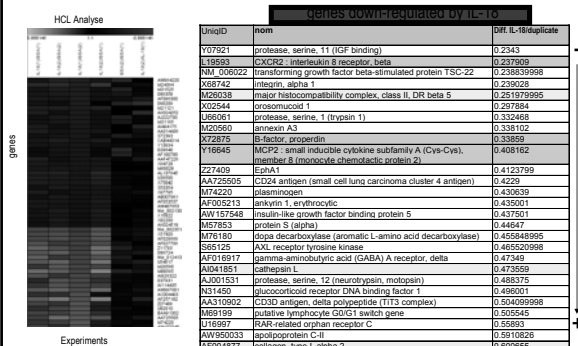
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Interleukin-18 and the EBV pos. lymphomas



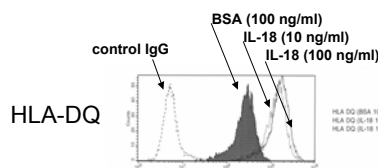
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Interleukin-18 and the EBV pos. lymphomas



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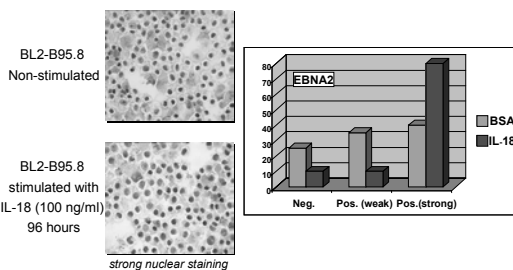
Interleukin-18 and the EBV pos. lymphomas



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Interleukin-18 and the EBV pos. lymphomas

Immunohistochemistry: EBNA2



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Interleukin-18 and tumours - Conclusions

- IL-18 is (also) a cytokine of the epithelia, that plays an important role in the lesions of Crohn's disease
- IL-18 is detected in a large number of human tumours and could be marker of good prognosis
- Multiple mechanisms probably account for the IL-18-antitumour activity. However, IL-18 has been reported to be detrimental in some tumours such as melanoma
- The interferon modulates the secretion of IL-18 of tumours producing the cytokine
- In EBV-positive lymphomas, EBNA2 induces a functional IL-18R. IL-18 could modulate the expression level of the viral latency proteins and the MHC-class II molecules

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