

A scanning electron micrograph showing a large, central cell cluster with numerous radiating filaments. Several smaller, spherical cell clusters are visible in the foreground and background. The image is in grayscale with a blue tint.

ΑΝΟΣΟΛΟΓΙΑ ΚΑΡΚΙΝΟΥ ΠΝΕΥΜΟΝΑ

LUNG CANCER IMMUNOLOGY

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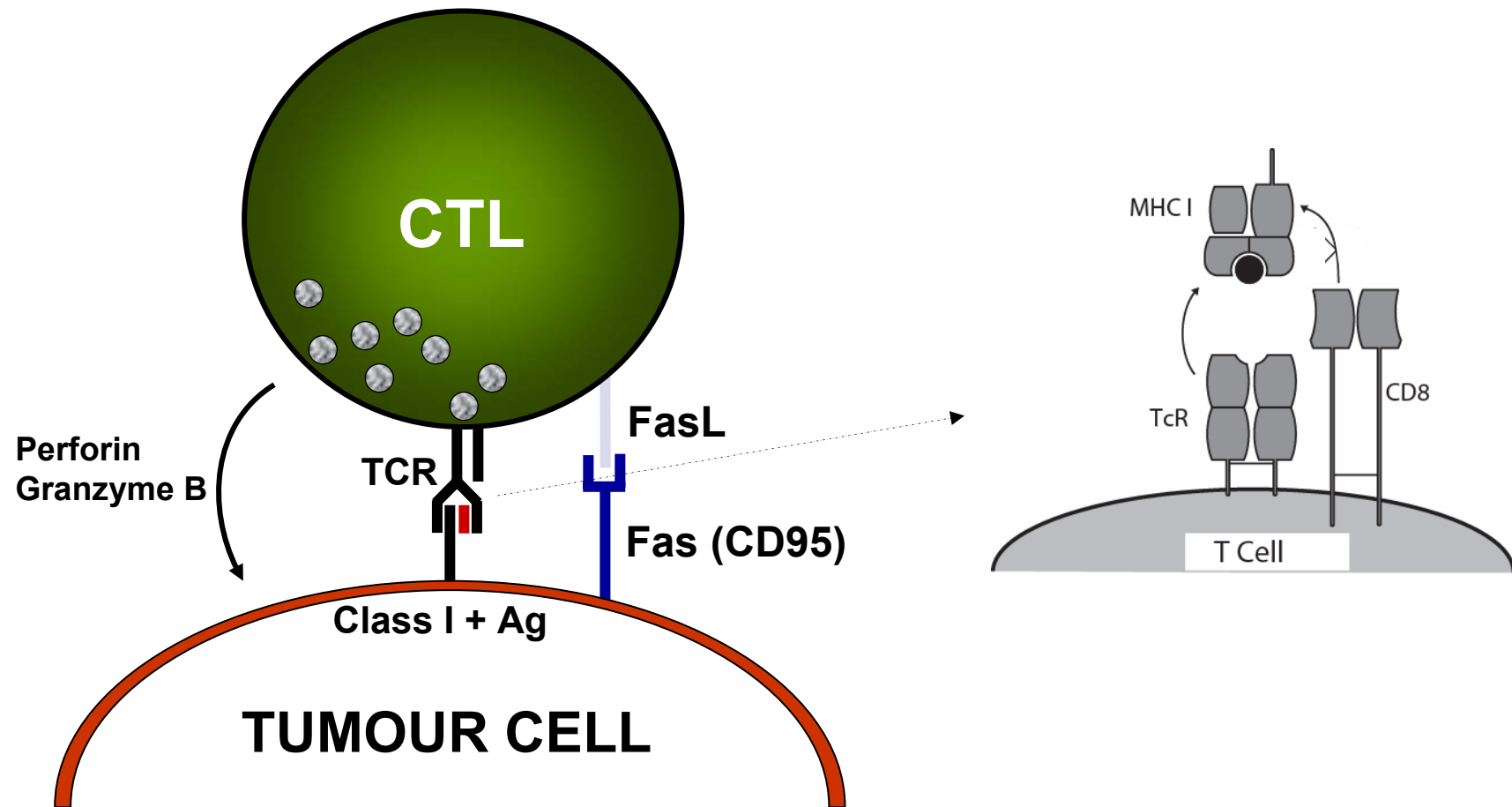
Εργαστήριο Ανοσολογίας-Ιστοσυμβατότητας

Τμήμα Ιατρικής – Πανεπιστήμιο Θεσσαλίας

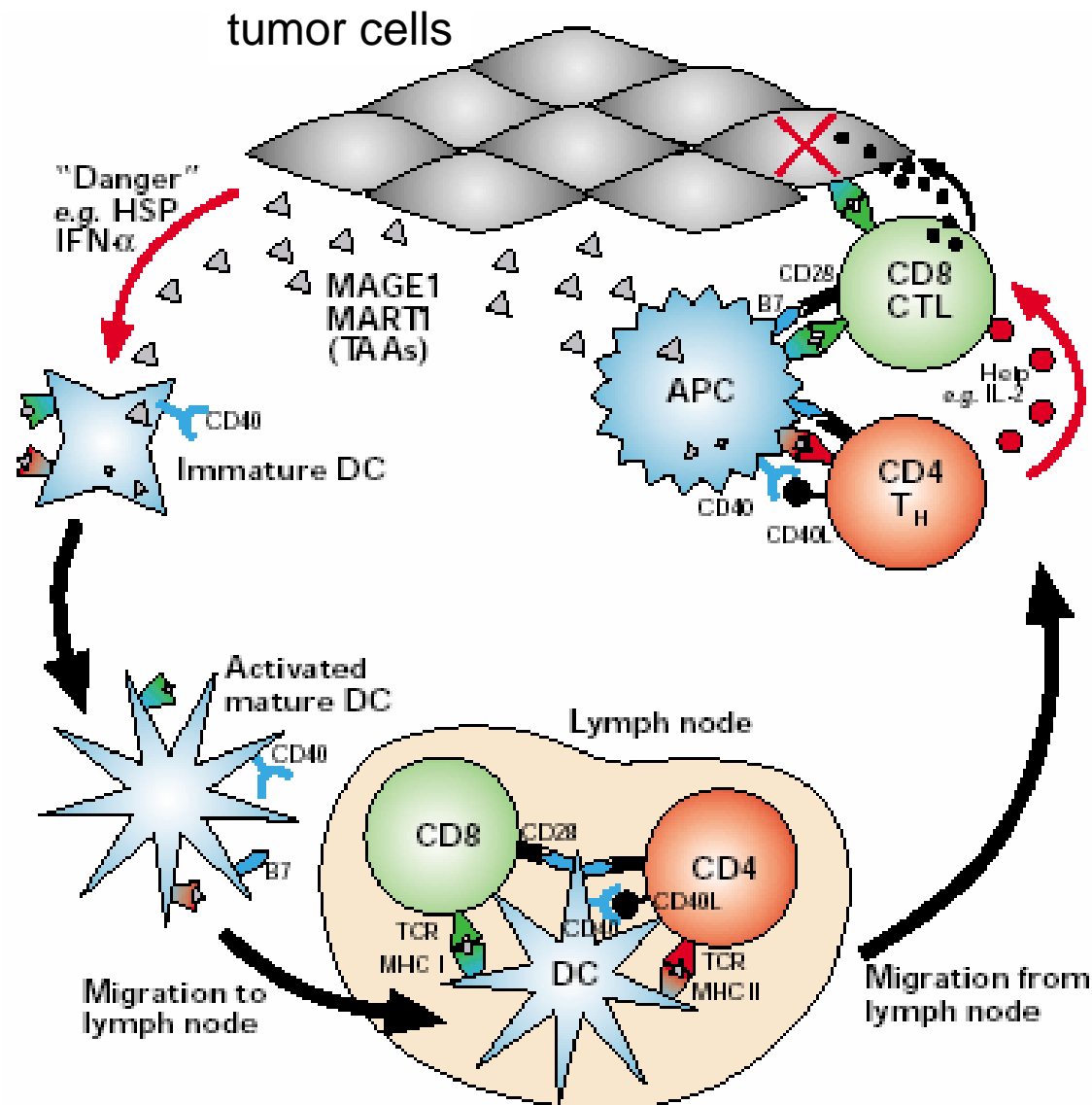
A microscopic image showing a large, elongated, and highly textured orange-brown structure, likely a cancer cell, being attacked by numerous smaller, white, irregularly shaped cells, which are immune cells. The background is a dark, mottled brown. The text "Immune cells (white) attacking cancer cell" is overlaid in the lower-left quadrant of the image.

Immune cells (white)
attacking cancer cell

T cell activation and tumour lysis



T cell activation and tumour lysis



Steps for effective anti-tumour CD8+ T-cell response:

Tumour Ag presentation by antigen-presenting cells (APCs) in the draining LN

specific T cells must respond by proliferation

circulating T cells must enter the tumour

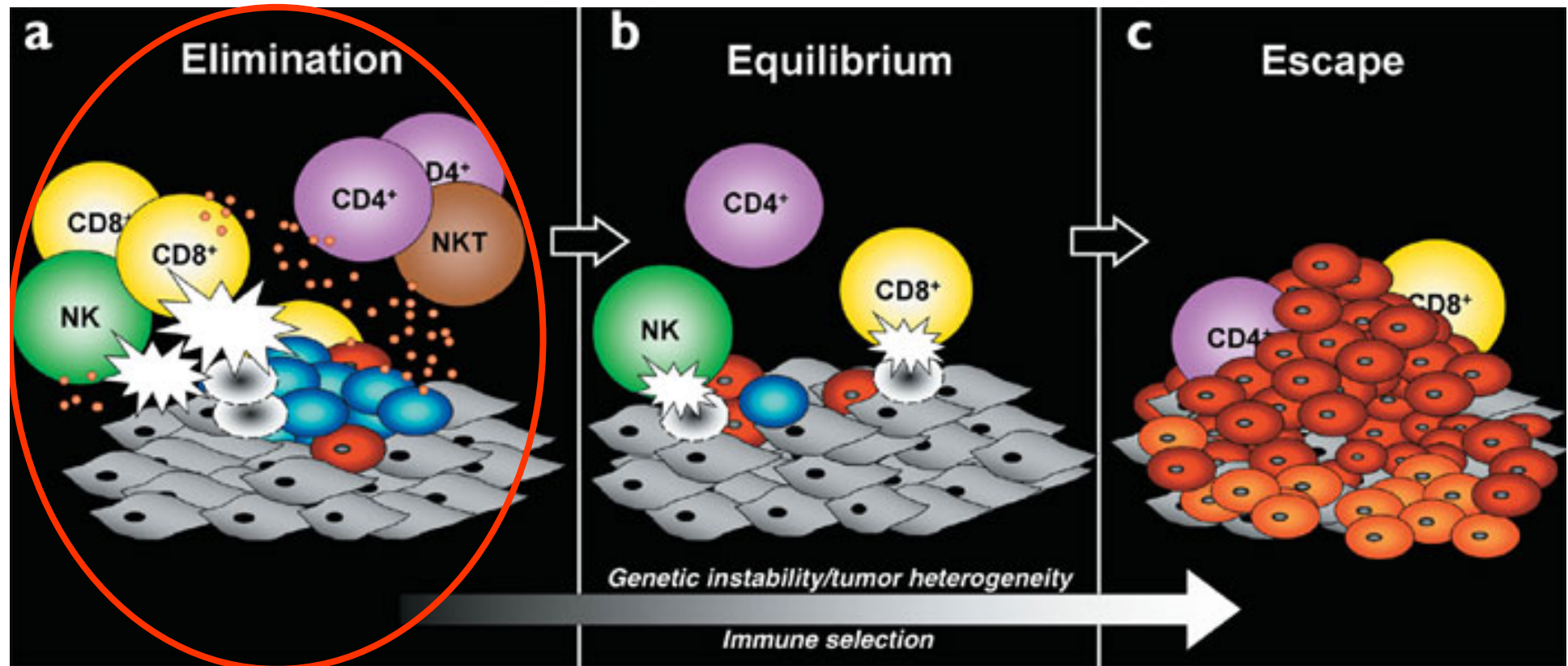
T cells must overcome local immune-suppressive molecules to recognize and kill targets

memory cells are generated

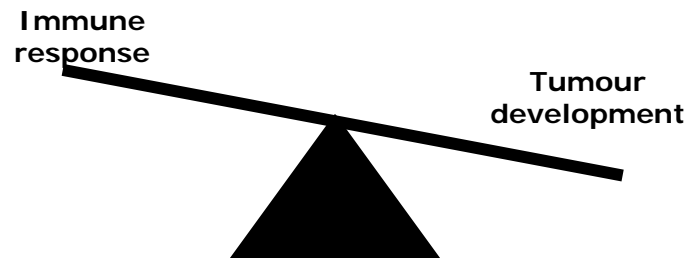
Tumour recognition and lysis can fail at any of these steps

The Immunosurveillance theory

The Three E's

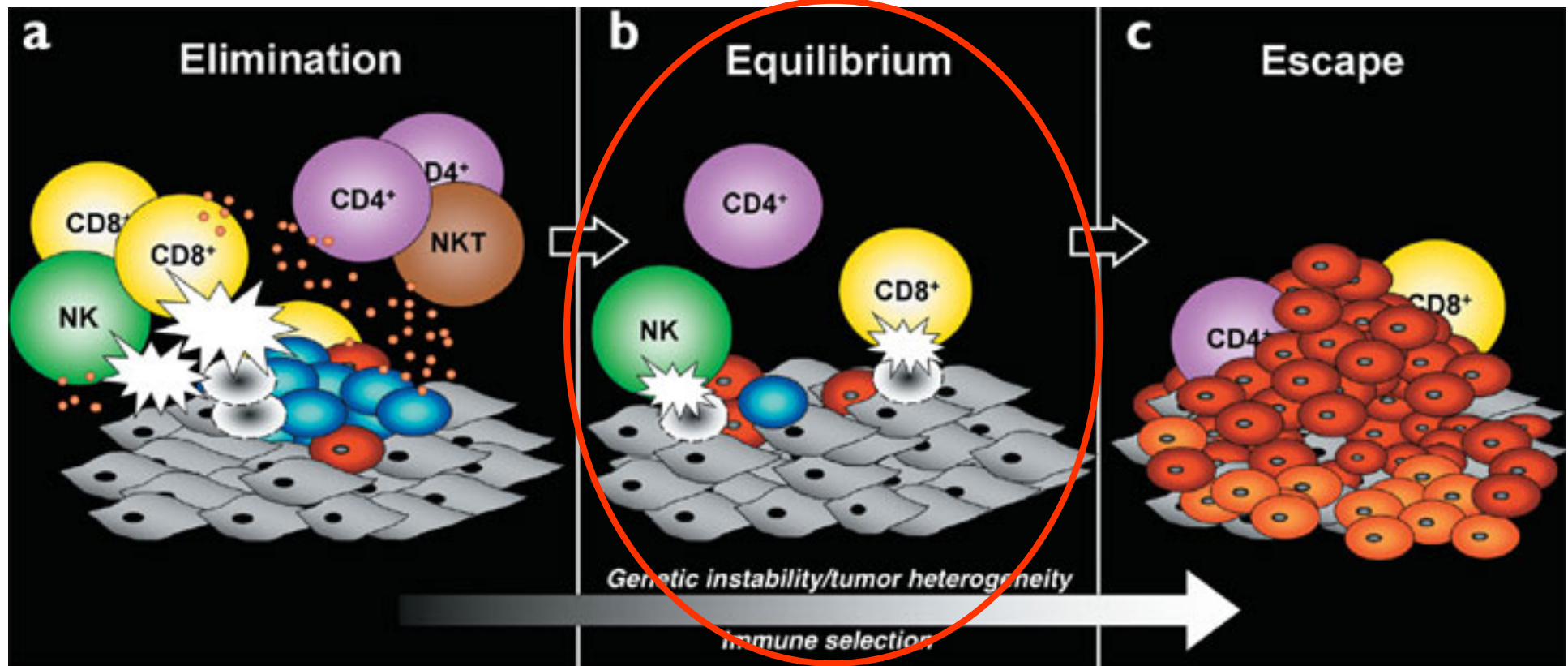


Dunn, Old, Shroeder et al; Nature Immunology 2002

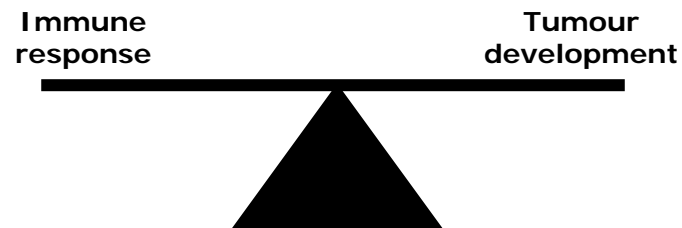


The Immunosurveillance theory

The Three E's

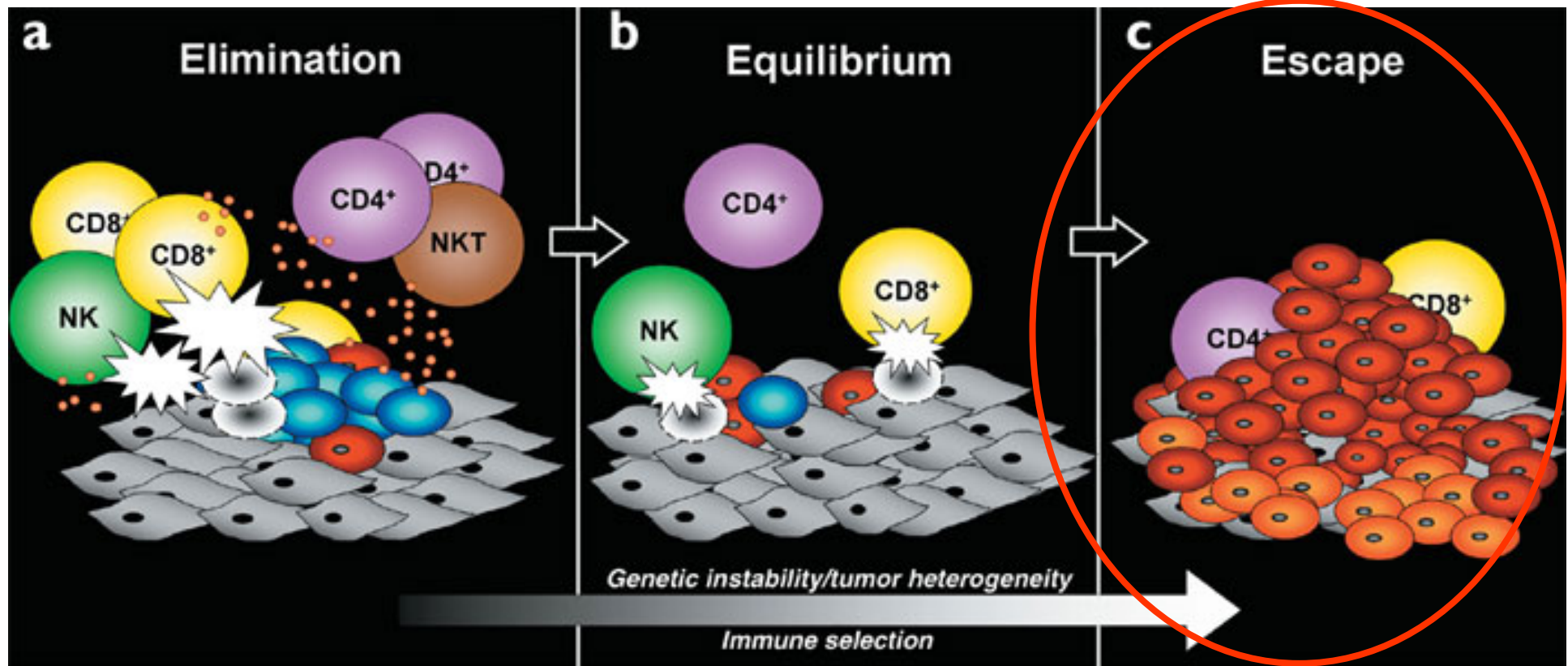


Dunn, Old, Shroeber et al; Nature Immunology 2002

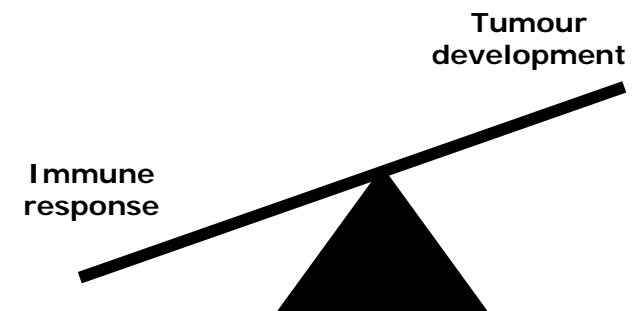


The Immunosurveillance theory

The Three E's



Dunn, Old, Shroeber et al; Nature Immunology 2002



Therapeutic Vaccines - Problems

No strong clinical response

(~3% of vaccinated patients regress for short term)

Lack of detection of spontaneous & vaccine induced immune responses

(-understanding TAA expression and immune profile)

(-access, resistance to lysis, suppressive factors, tolerance....)

IRTALUNG

Evaluation of **I**mmune **R**esponses Against
Highly Expressed **T**umor **A**ntigens in
Non-Small Cell **Lung** Cancer;
Prospects for Immunotherapy

IR TALUNG Concept/Hypothesis

If lung tumors
express a plethora of **TAA antigens**



then it would be expected that



effective anti-tumour CTL immunity
should be directed against



multiple epitopes from these antigens

Lung cancer Tumour Immunology

T cells are present in
tumour infiltrates

No Lung Cancer **specific**
antigen identified

T cells against
mutated Ag, hTERT, CEA etc

IR TALUNG Objective/Aim

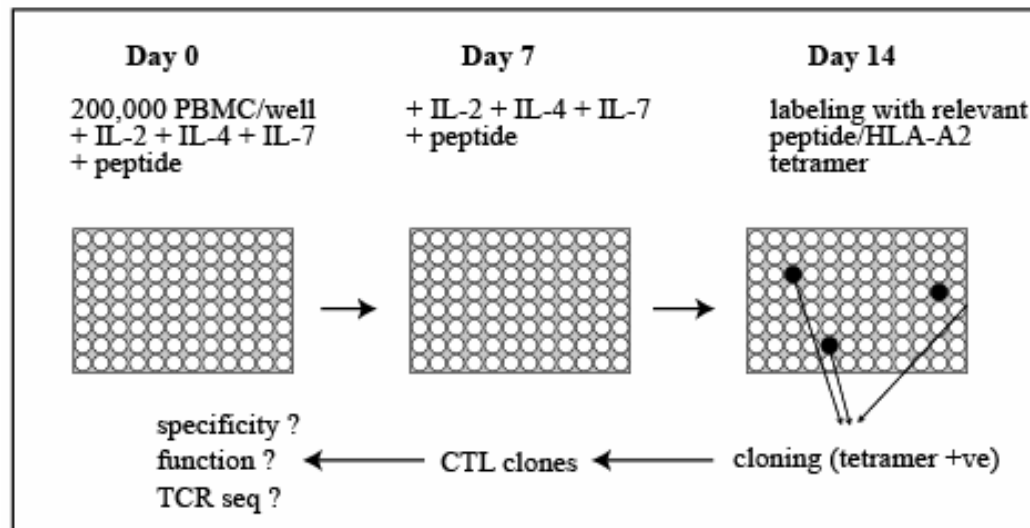
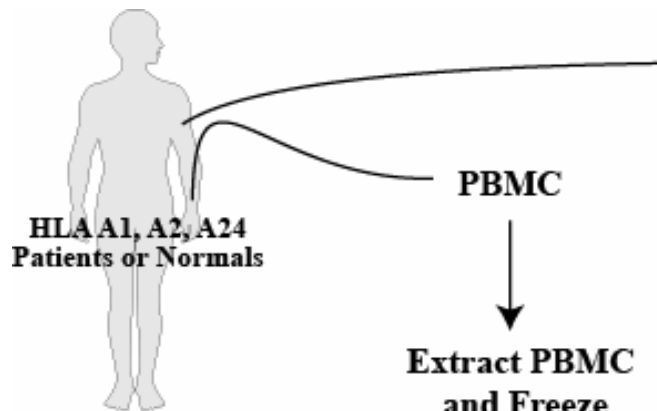
To explore the expression **profile of TAA in
patients with **lung cancer****

AND

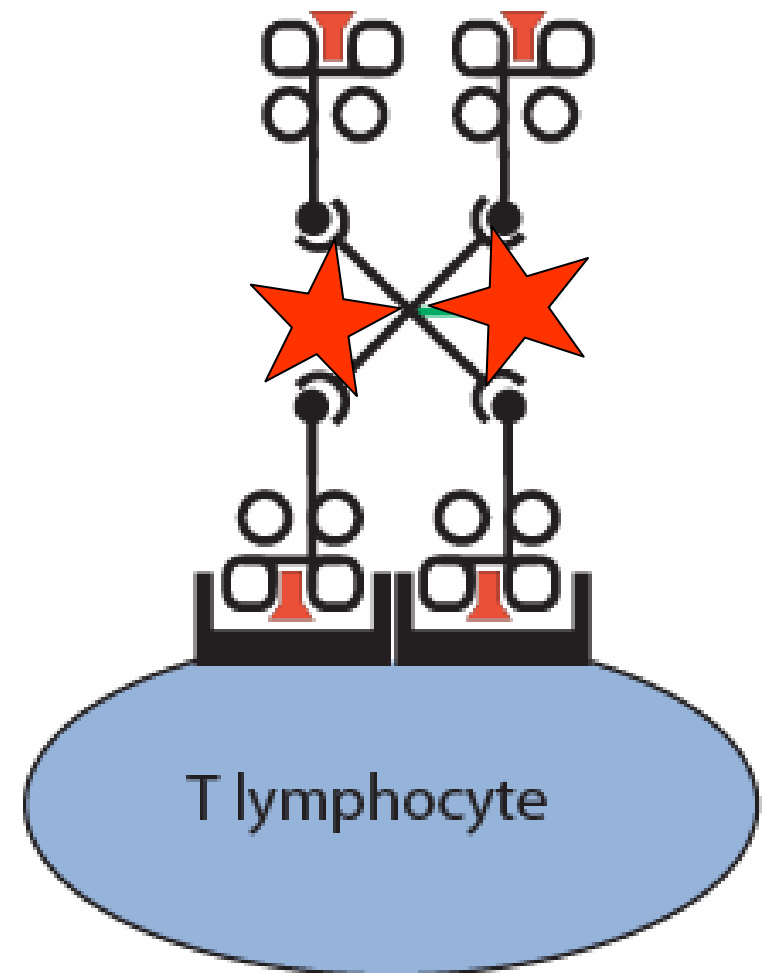
to determine the **strength and the **quality**
of the immune response against them**

IRTALUNG Experimental design

Part 1: Cellular Immune response analysis

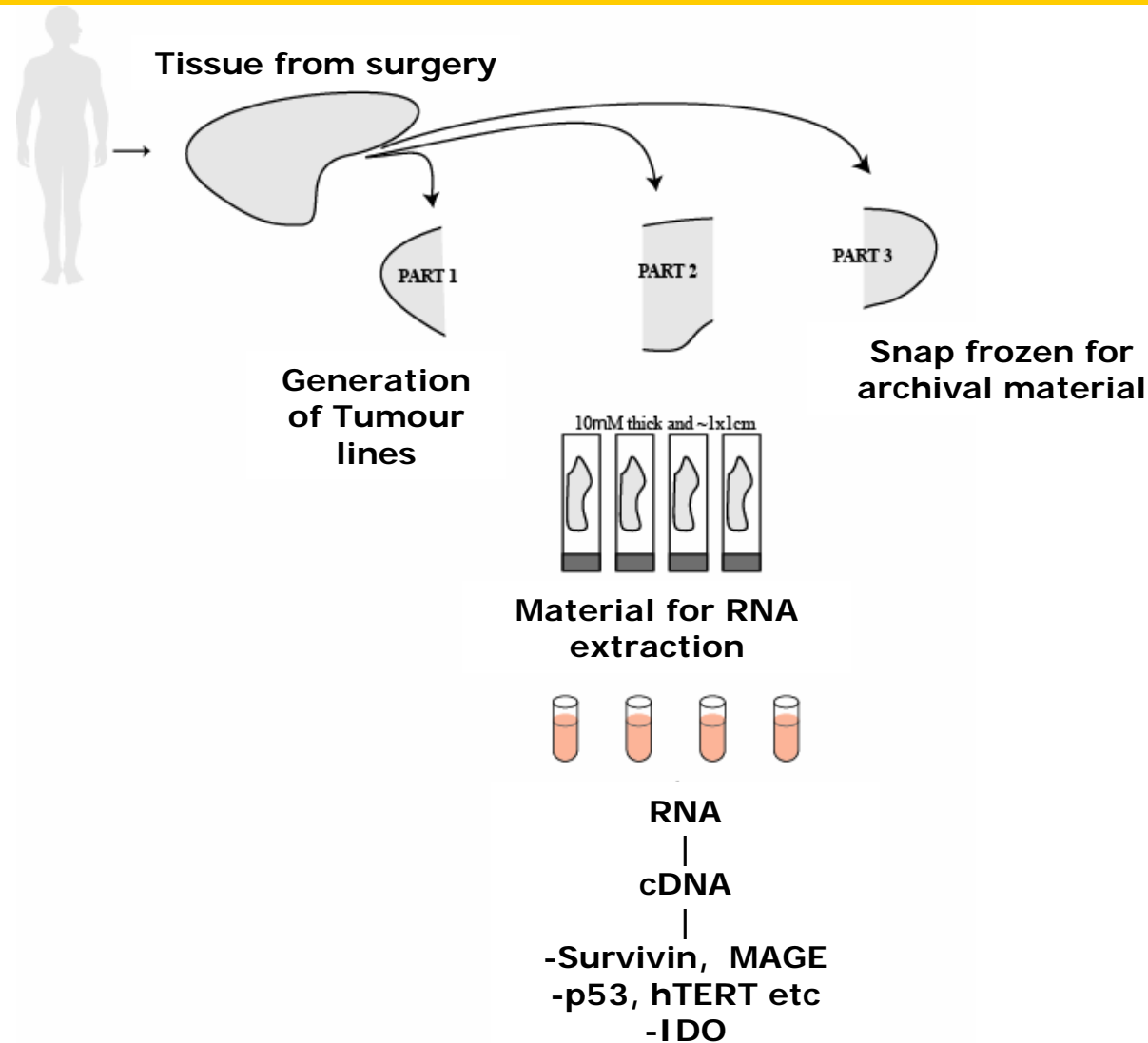


Karanikas et al; J Immunol 2003



IR TALUNG Experimental design

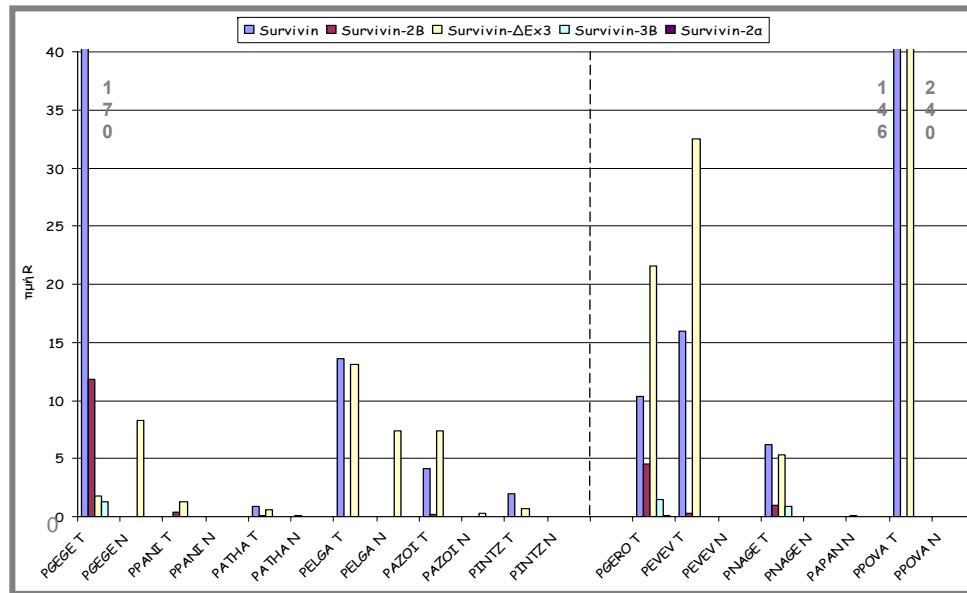
Part 2:- Tumour Antigen expression analysis - Immunoregulatory molecule analysis



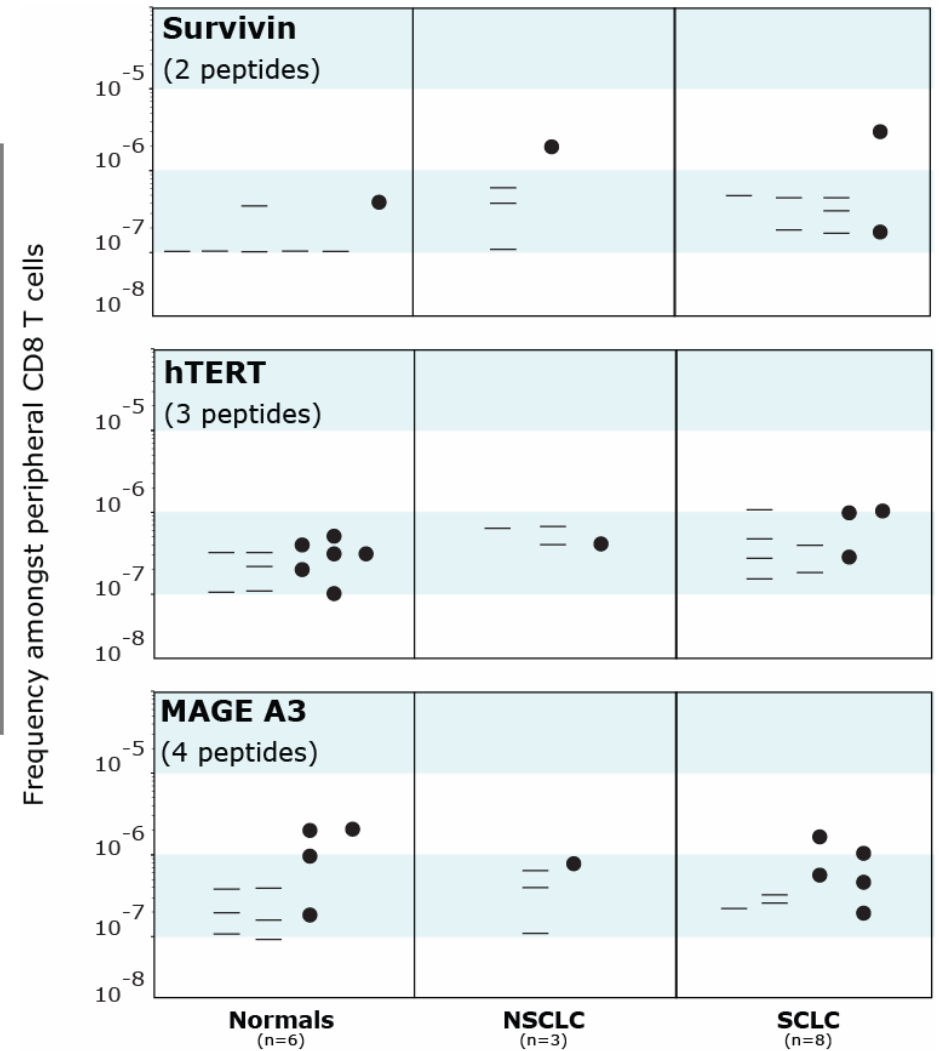
IRTALUNG

IR TALUNG Results

Antigen expression



T cell response



— Frequency amongst peripheral CD8 T cells up to which analysis was achieved and no clone could be detected

● The frequency at which the clone was detected

IR TALUNG Outcomes/Perspectives

- TAA **expression profile** (real time PCR, Ag)
- CTL responses in **normal** individuals and **patients** with cancer (central & peripheral tolerance?)
- CTL response against **multiple** epitopes of **self antigens** (role?)
- **Functional** characteristics of CTL

IRTALUNG-→ Cancer IMMUNOEPIDEMIOGENETICS

**Cancer is a systemic disease
that can possibly affect
the immune system and
the mechanisms involved
in the anti-tumour response**

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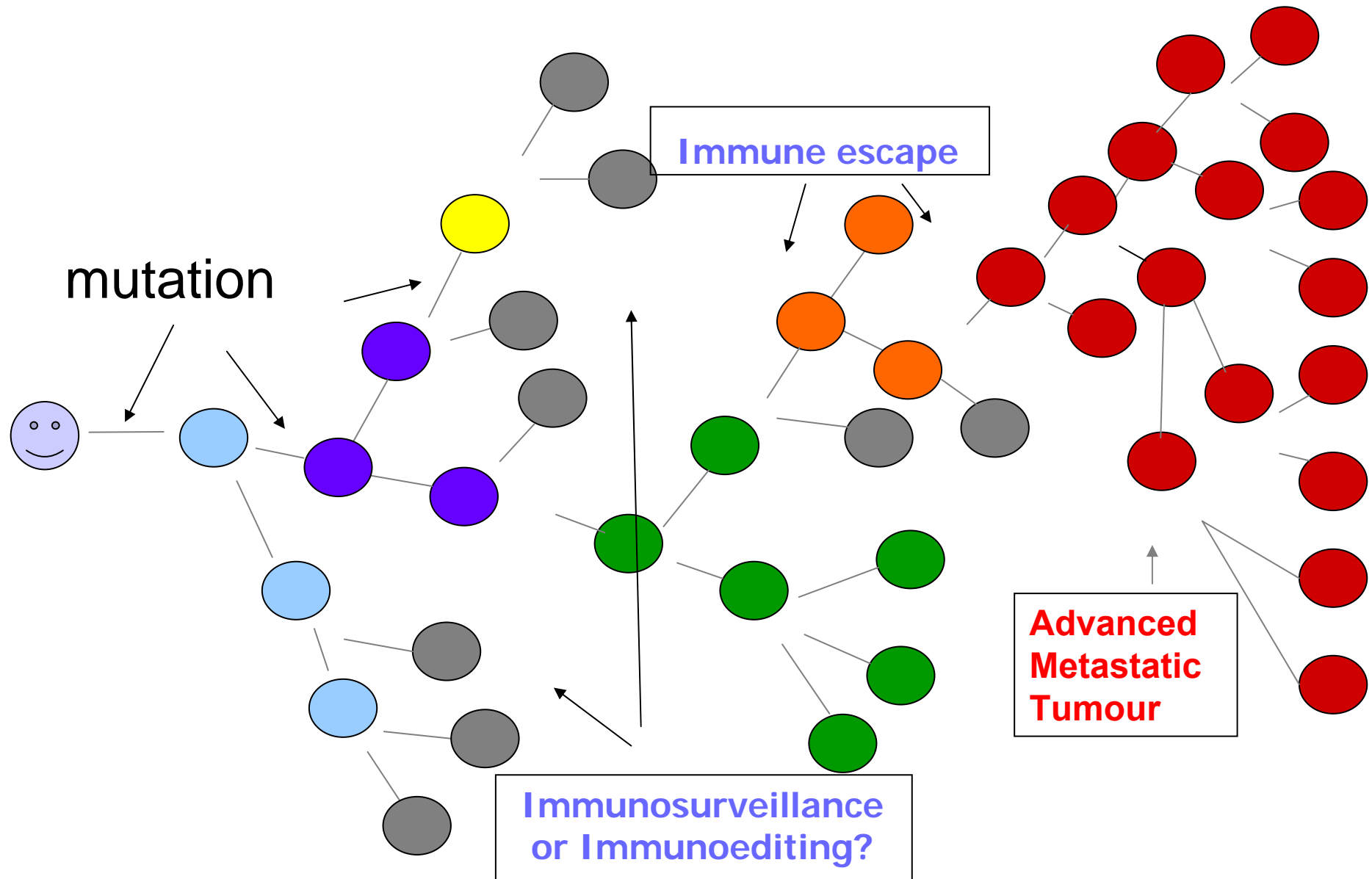
Collaborators

- Respiratory Medicine Department, UTH: Prof Gourgoulis K, Kerenidi N
- Thoracic Surgery Department, UTH: Dr Hevas A
- Department of Pathology, UTH: Prof Koukoulis G, Nakou M
- Genetic and Cellular Unit, Ludwig Institute for Cancer Research, Belgium: Prof Coulie
- Cancer Trials Laboratory, Austin Research Institute, Melbourne, Australia: Prof. Loveland
- 2nd Department of Surgery, University of Kitakyushu, Japan: M. Takenoyama

Funding

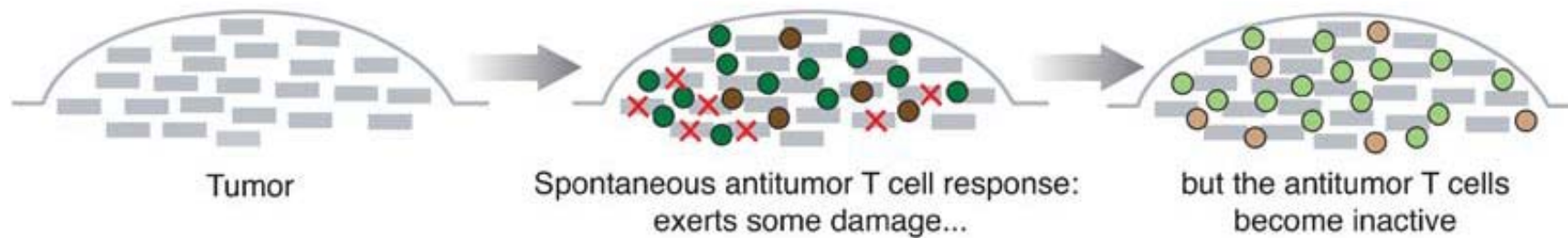
EU, GSRT, GSK, Pfizer

Tumour development

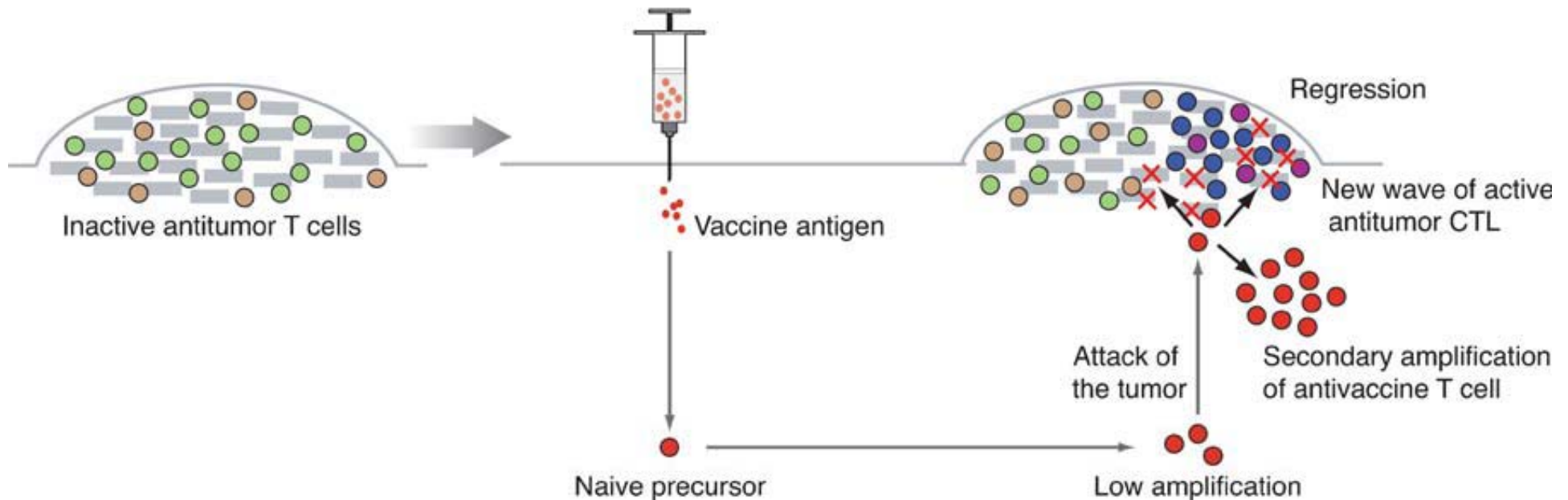


Considerations

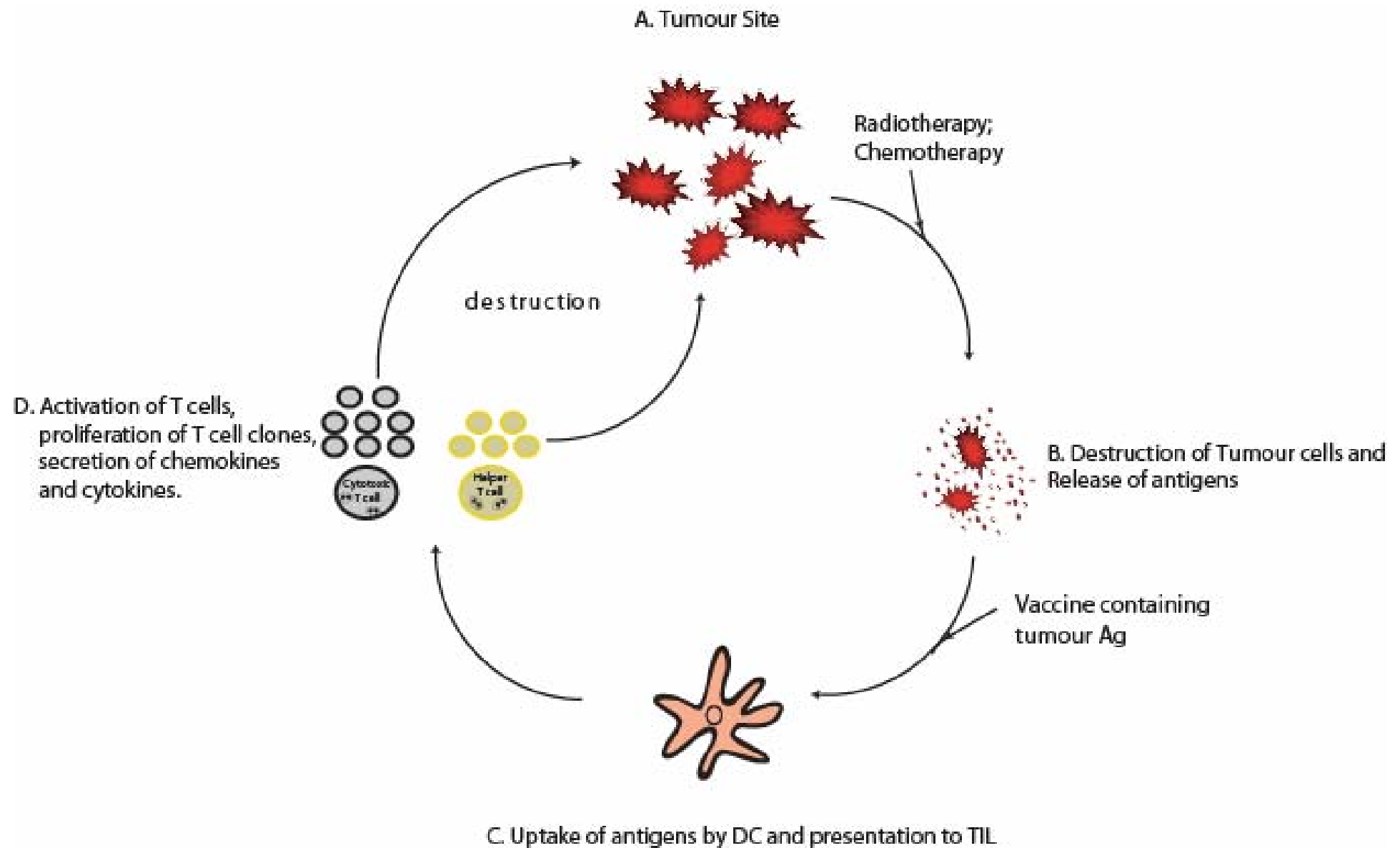
Spontaneous antitumor T cell response



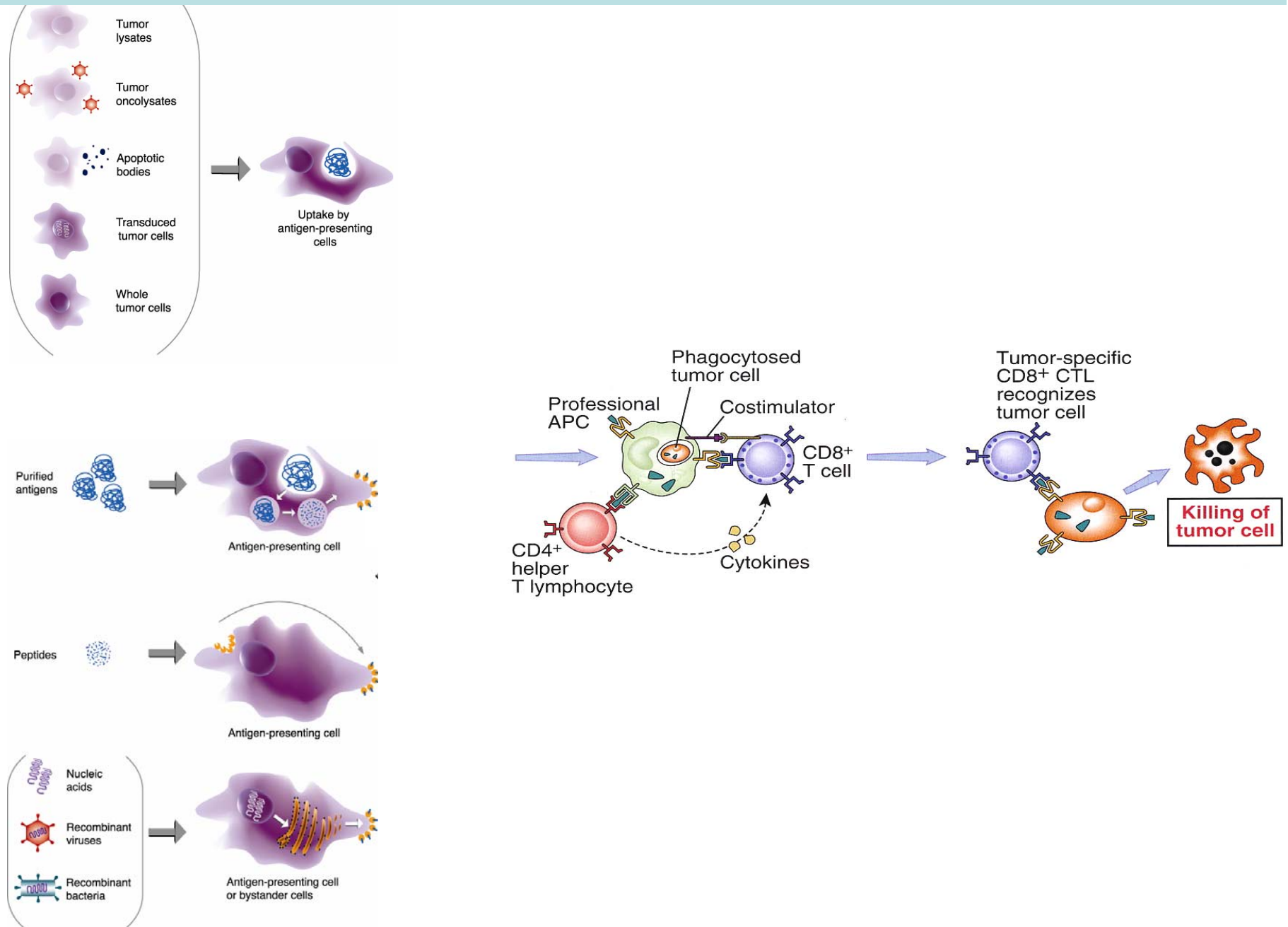
Vaccination followed by regression



Considerations



T cell activation and tumour Lysis



Lung cancer Tumour Immunology

- T cells are present in **tumour infiltrates**
- **No Lung Cancer specific** antigen identified
- T cells against mutated Ag, hTERT, CEA etc

Labeling anti-malic T lymphocytes with tetramers

