

Cord blood: a source of anti-tumour specific T cell clones?

2^ο Συμπόσιο για
Πρωτοπαθείς Ανοσοανεπάρκειες
Παιδιατρική Ανοσολογία

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ΑΝΑΤΕ ΖΟΜΠΙΛΗΣ, ΑΘΗΝΑ

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The reasoning for cancer immunotherapy.....

Most approaches targeting rapidly dividing cells, also affect normal cells and result in side effects that limit treatment

Harnessing the immune system to precisely target cancer cells without harming normal cells represents the challenge of Cancer Immunotherapy

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The ultimate goal of cancer immunotherapy.....

Anti-cancer vaccination

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Cancer vaccine modalities

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Cancer vaccine principles

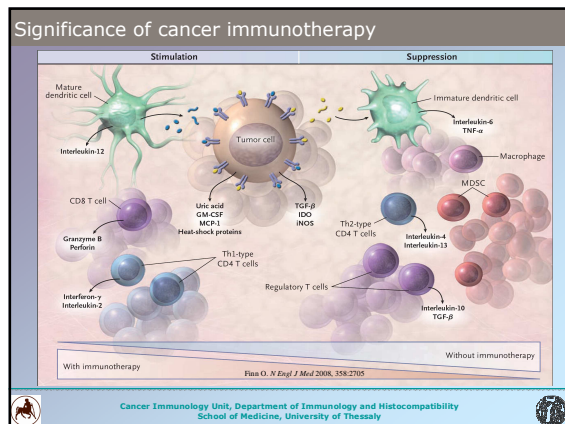
Karamitaki V, Gervasi A. J BUON. 2009; 14: 5155-5157

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Adoptive T cell cancer therapy

June CH. J Clin Invest 2007; 117:1466

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20 years of cancer immunotherapy.....

	Clinical response	T cell response
Group A	+	+
Group B	-	-
Group C	+	-
Group D	-	+

All trials
(antigen, immunostimulant, age, sex, type of Ca etc)

< 3-5% of vaccinated patients present with short lived regressions

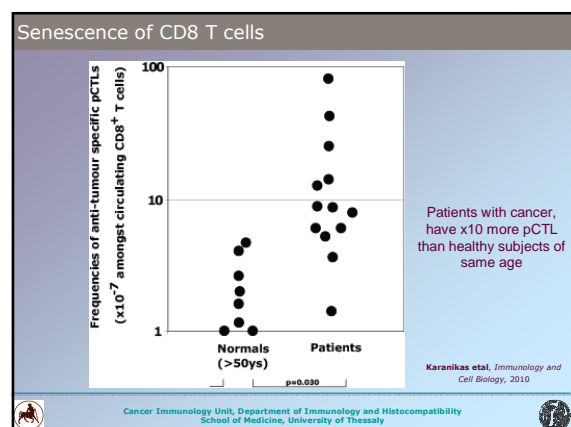
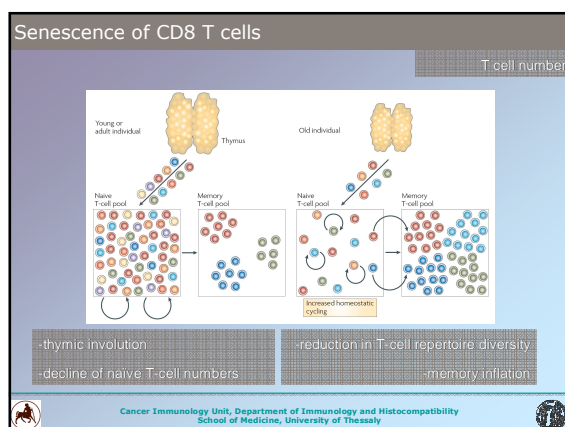
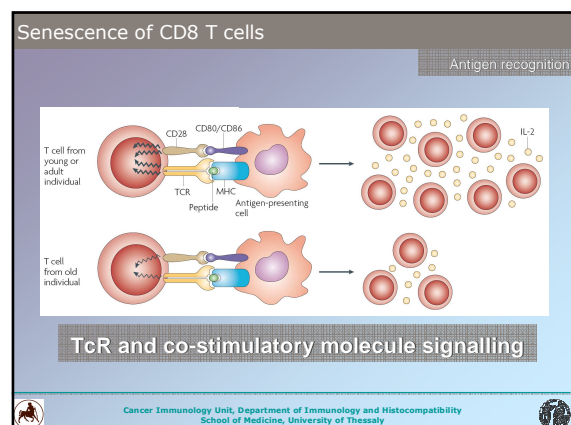
Rosenberg SA. *Nat Med* 2004; 10:909

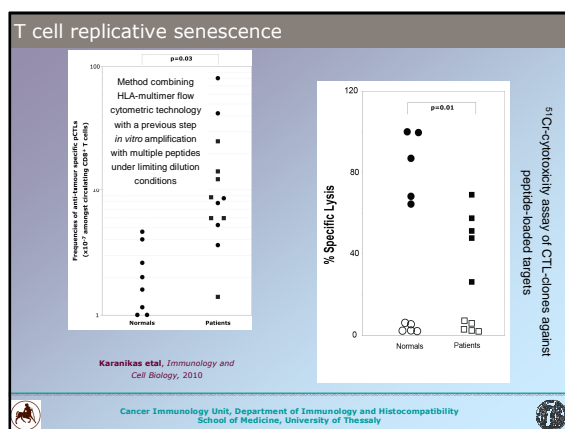
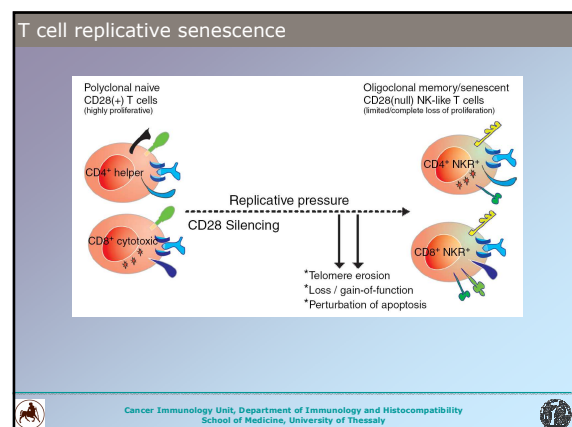
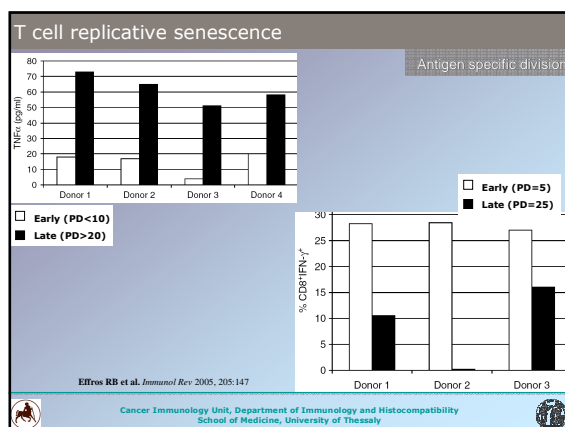
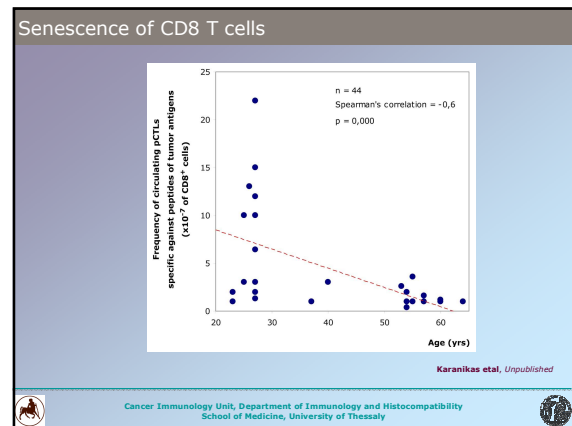
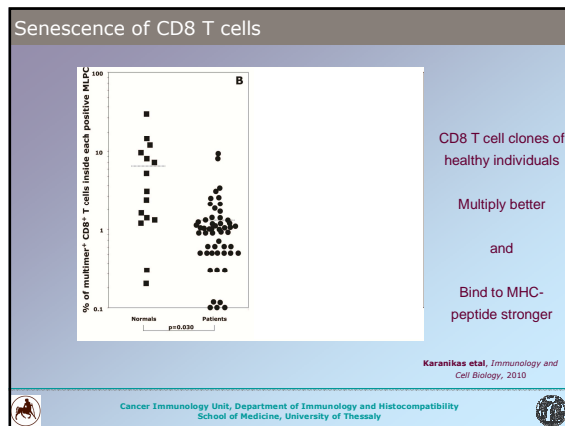
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20 years of cancer immunotherapy.....

Immunosenescence

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What does the future hold for cancer immunotherapy?

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The **FUTURE** of cancer immunotherapy

"YOUNG" (allogeneic) lymphocytes

**promise to be more efficient
in combating homologous tumors**

than

the senescent host lymphocytes

Germidis A, Karanikas V. *J Reprod Immunol*, 2010; 85:47-50

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The **FUTURE** of cancer immunotherapy

A. Can allogeneic lymphocytes combat homologous tumors?

Trials	# of pts	Response rate % (CR/PR/MR)
Childs, 2000	19	53% (3/7/0)
Bregni, 2002	7	57% (0/4/0)
Pedrazzoli, 2002	7	0% (0/0/0)
Rini, 2004	12	33% (0/4)
Hentschke, 2003	10	30% (0/3)
Ueno, 2003	15	47% (1/2/4)

RCC

Trials	# of pts	Response rate % (CR/PR/MR)
Bregni, 2002	6	33% (0/2)
Ueno, 2003	8	38% (2/0/1)
Carella, 2002	17	25% (3/1/0)
Bishop, 2004	16	38% (0/2/4)

BREAST

Clinical trials on RIST HSCT for RCC
Modified from Lundqvist A and Childs R. *J Immunother* 2005; 28:281

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The **FUTURE** of cancer immunotherapy

B. Can antigen-specific T cells be primed/expanded from naïve UCB lymphocytes?

- Successful attempts have been made in expanding functionally active virus-specific T cells of neonatal origin that target CMV, adenovirus and EBV from naïve UCB T cell populations
Sun Q et al. *Cell Immunol* 1999; 195:81
Park KID et al. *Blood* 2006; 108:1770
Hanley PJ. *Blood* (in press)
- UCB lymphocytes can be expanded in vitro by approximately 1000-fold with a phenotype and function equivalent to those of expanded peripheral blood lymphocytes
Azuma H et al. *Exp Hematol* 2002; 30:346

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The **FUTURE** of cancer immunotherapy

C. Can tumor-specific T cells be primed and expanded from naïve UCB lymphocytes?

- Her2/neu-specific CTLs have been generated from UCB effective against human breast cancer cells
Wang P et al. *Breast Cancer Res Treat* 2004; 83:15

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The **FUTURE** of cancer immunotherapy

C. Can tumor-specific T cells be primed and expanded from naïve UCB lymphocytes?

Karanikas V et al. (unpublished data)

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The **FUTURE** of cancer immunotherapy

Cancer results from the development of a tumor cell escape phenotype sculpted by the immune system (during immunosurveillance)



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The **FUTURE** of cancer immunotherapy

The issue.....

tumor immunogenicity against **adoptively transferred**
homologous **UCB lymphocytes**,


might be **sufficiently different** to when the tumors are
seen by the host immune system

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**Cord blood
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*Thank you
for your attention*

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