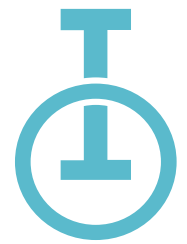
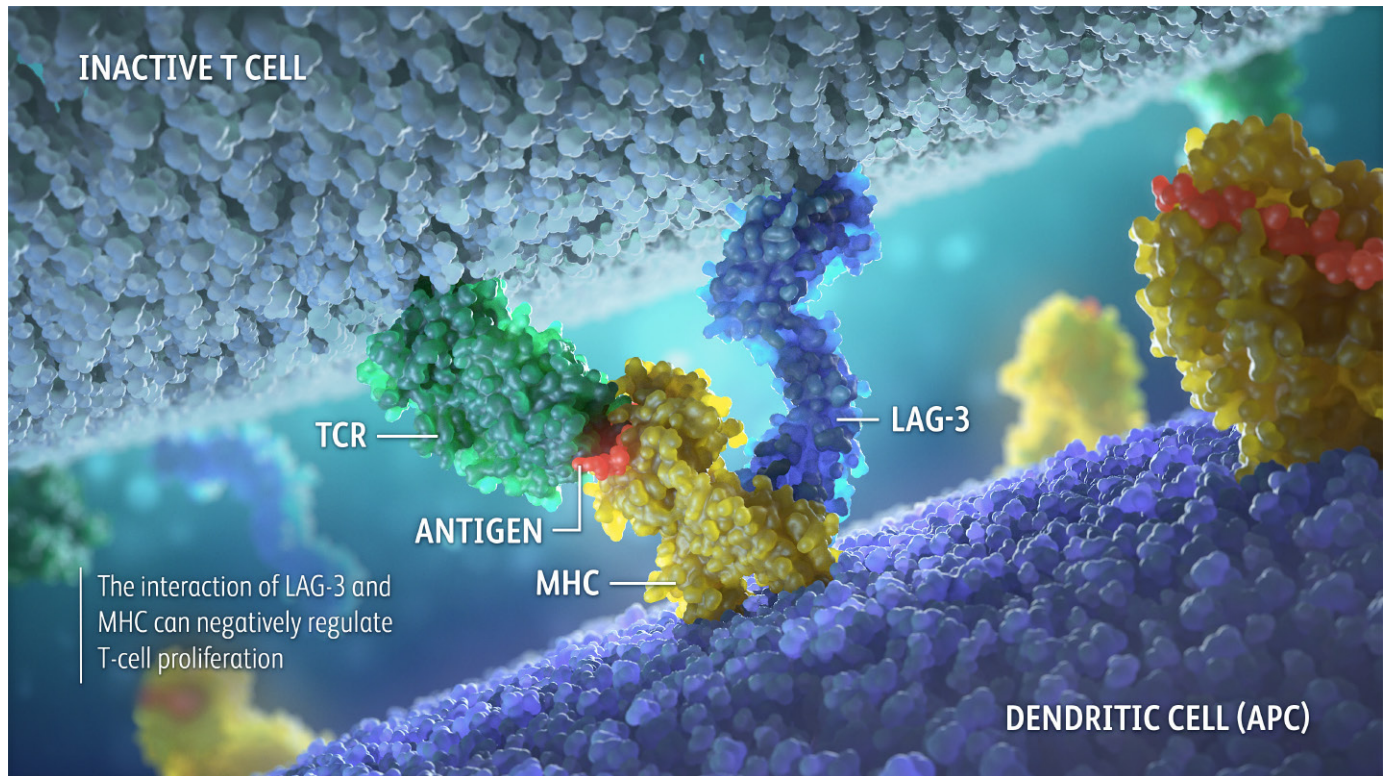


LAG-3: impairs T-cell function and can mark exhausted T cells



Role in normal cell

Lymphocyte-activation gene 3 (LAG-3) is an immune checkpoint receptor expressed on the surface of both activated cytotoxic T cells and regulatory T cells (Tregs).¹⁻³ MHC, which presents antigens to T cells, is one of the ligands for LAG-3.¹⁻⁴



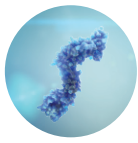
Role in cancer cell

Similar to the expression and function of PD-1, repeated exposure to tumor antigen causes an increase in the presence and activity of LAG-3, leading to T-cell exhaustion.^{5,6} T cells co-expressing both LAG-3 and PD-1 may show an even greater degree of exhaustion compared with those expressing LAG-3 alone.⁷

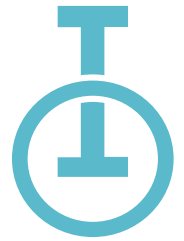
Preclinical evidence

Research is ongoing to understand how dual inhibition of LAG-3 and other checkpoint pathways may synergistically increase T-cell antitumor activity compared with the inhibition of either pathway alone.

To learn more about specific pathways and download additional educational resources, please visit [IOHCP.com](https://www.iohcp.com)



LAG-3: impairs T-cell function and can mark exhausted T cells



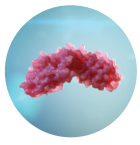
Acronyms

APC=antigen-presenting cell; MHC=major histocompatibility complex; PD-1=programmed death receptor-1; TCR=T-cell receptor.

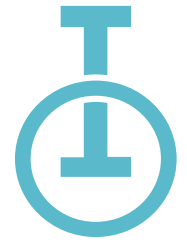
References

1. Huang CT et al. *Immunity*. 2004;21(4):503-513.
2. Baixeras E et al. *J Exp Med*. 1992;176(2):327-337.
3. Deng W-W et al. *Oncoimmunology*. 2016;5(11):e1239005.
4. Huard B et al. *Eur J Immunol*. 1995;25(9):2718-2721.
5. Blackburn SD et al. *Nat Immunol*. 2009;10(1):29-37.
6. Goding SR et al. *J Immunol*. 2013;190(9):4899-4909.
7. Matsuzaki J et al. *Proc Natl Acad Sci U S A*. 2010;107(17):7875-7880.

To learn more about specific pathways and download additional educational resources, please visit [IOHCP.com](https://www.iohcp.com)



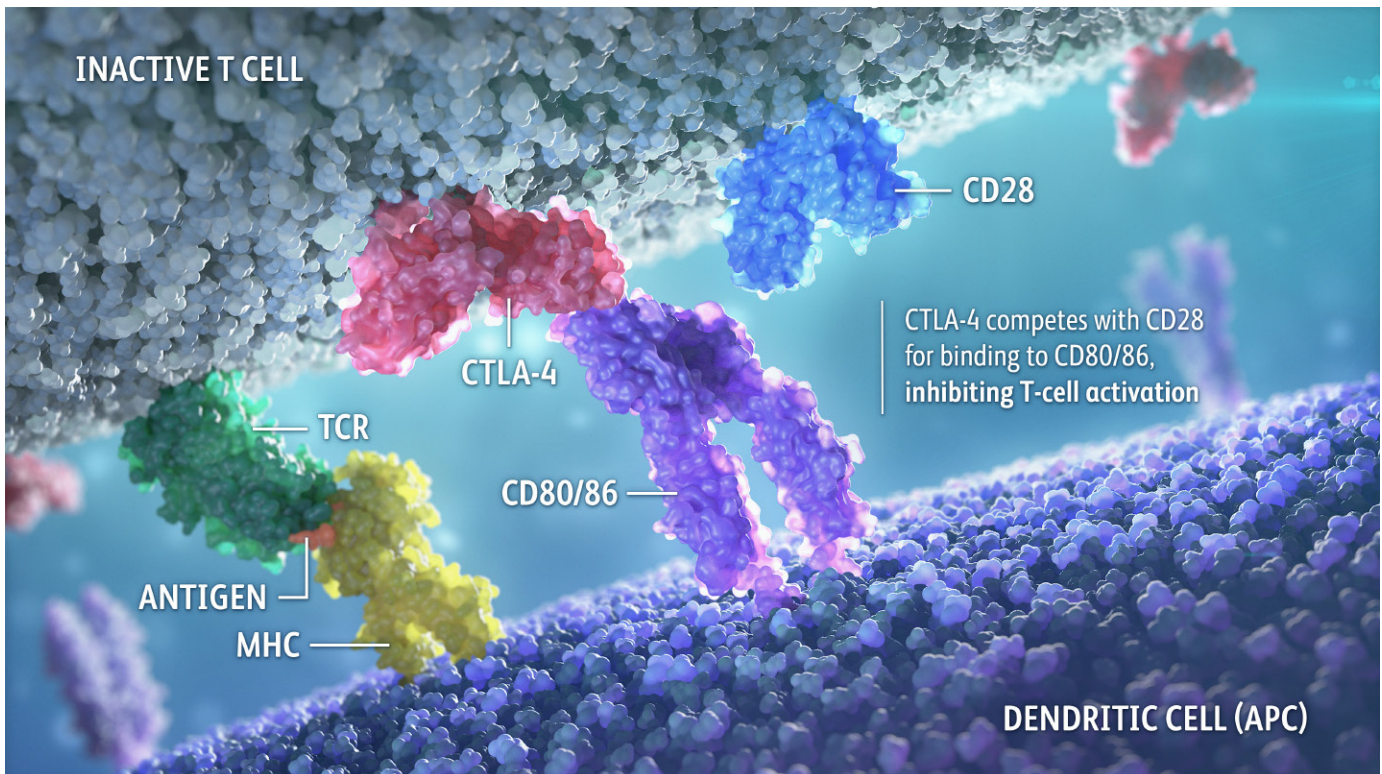
CTLA-4: negatively regulates long-term immune responses



Role in normal cell

Cytotoxic T-lymphocyte antigen 4 (CTLA-4) is an immune checkpoint receptor expressed on the surface of activated T cells and Tregs.¹⁻³

- Binding of CTLA-4 on cytotoxic T cells to CD80/86 on APCs inhibits T-cell activation⁴
- Continuous expression of CTLA-4 on Tregs is critical for their suppressive activity^{2,5}



Role in cancer cell

Tumor cells utilize the CTLA-4 pathway to suppress initiation of an immune response, decreasing T-cell activation and ability to proliferate into memory T cells.^{6,7}

Preclinical evidence

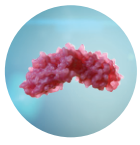
Preclinical data demonstrate that treatment with antibodies specific for CTLA-4 can restore an immune response through increased activation, accumulation, function, and survival of T cells and memory T cells as well as the depletion of Tregs.^{6,8,9}

Optimizing CTLA-4 blockade

Novel approaches to enhance either the degree or specificity of immune activation with CTLA-4 blockade are under investigation.^{10,11}

- One recent approach aims to improve the specificity of CTLA-4 blockade by reducing antibody binding outside of the tumor microenvironment –To localize anti-CTLA-4 activity to the tumor, probody technology has been developed where the antibodies are masked with a peptide that is removed by enzymes that are active primarily in the TME¹⁰⁻¹²
- An alternative approach developed is the generation of a nonfucosylated (NF) form of anti-CTLA-4 antibodies that increases their affinity for FcγR, leading to enhanced Treg depletion by immune-mediated ADCC and increased effector T-cell activation^{13,14}

To learn more about specific pathways and download additional educational resources, please visit [IOHCP.com](https://www.iohcp.com)



CTLA-4: negatively regulates long-term immune responses



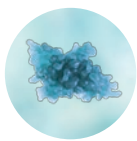
Acronyms

ADCC=antibody-dependent cellular cytotoxicity; APC=antigen-presenting cell; FcγR=fragment crystallizable receptor gamma; MHC=major histocompatibility complex; TCR=T-cell receptor; TME=tumor microenvironment; Treg=regulatory T cell.

References

1. Perkins D et al. *J Immunol*. 1996;156(11):4154-4159.
2. Wing K et al. *Science*. 2008;322(5899):271-275.
3. Le Mercier I et al. *Front Immunol*. 2015. doi:10.3389/fimmu.2015.00418
4. Chen L, Flies DB. *Nat Rev Immunol*. 2013;13(4):227-242.
5. Takahashi T et al. *J Exp Med*. 2000;192(2):303-309.
6. Buchbinder EI, Desai A. *Am J Clin Oncol*. 2016;39(1):98-106.
7. Chambers CA et al. *Eur J Immunol*. 1998;28(10):3137-3143.
8. Pedicord VA et al. *Proc Natl Acad Sci U S A*. 2011;108(1):266-271.
9. Simpson TR et al. *J Exp Med*. 2013;210(9):1695-1710.
10. Chen I-J et al. *Sci Rep*. 2017;7(1):11587.
11. Tuve S et al. *Cancer Res*. 2007;67(12):5929-5939.
12. Franssen MF et al. *Clin Cancer Res*. 2013;19(19):5381-5389.
13. Simpson TR et al. *J Exp Med*. 2013;210(9):1695-1710.
14. Satoh M et al. *Expert Opin Biol Ther*. 2006;6(11):1161-1173.

To learn more about specific pathways and download additional educational resources, please visit IOHCP.com

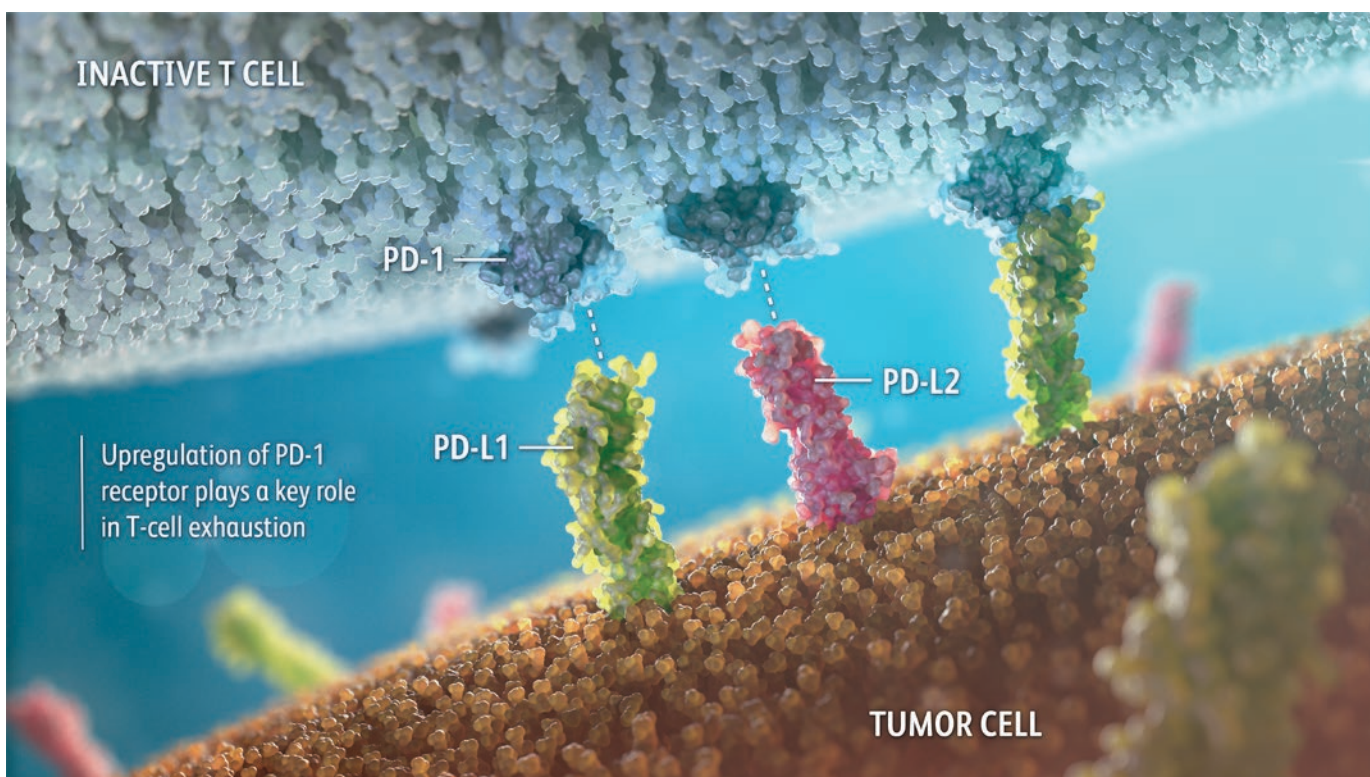


PD-1: induces T-cell exhaustion and drives immune escape



Role in normal cell

Programmed death receptor-1 (PD-1) is an immune checkpoint receptor on cytotoxic T cells with two ligands, PD-L1 and PD-L2.¹⁻³ Upregulation of PD-1 and its ligands may play a key role in T-cell exhaustion and in preventing autoimmunity.³⁻⁵



Role in cancer cell

In cancer, PD-L1 and PD-L2 expressed on the surface of multiple solid tumors and hematologic malignancies promote T-cell exhaustion, suggesting a role for PD-L1 and PD-L2 in tumor immune evasion.^{1-3,6-13} As uncontrolled PD-1 signaling multiplies over time, exhausted T cells become increasingly disabled and lose essential functions.^{3,6,7,14}

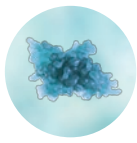
Preclinical evidence

Preclinical studies suggest that PD-1 blockade reinvigorates exhausted T cells and restores their cytotoxic immune function.¹⁵ Inhibiting both PD-1 ligands (PD-L1 and PD-L2) may be more effective at reversing T-cell exhaustion than inhibiting PD-L1 alone.¹⁶

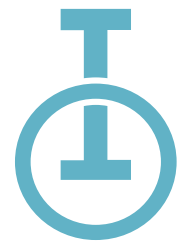
Acronyms

PD-1=programmed death receptor-1; PD-L1=programmed death ligand 1; PD-L2=programmed death ligand 2.

To learn more about specific pathways and download additional educational resources, please visit [IOHCP.com](https://www.iohcp.com)



PD-1: induces T-cell exhaustion and drives immune escape



References

1. Freeman GJ, Long AJ, Iwai Y, et al. Engagement of the PD-1 immunoinhibitory receptor by a novel B7 family member leads to negative regulation of lymphocyte activation. *J Exp Med*. 2000;192(7):1027-1034.
2. Latchman Y, Wood CR, Chernova T, et al. PD-L2 is a second ligand for PD-1 and inhibits T cell activation. *Nat Immunol*. 2001;2(3):261-268.
3. Ahmadvadeh M, Johnson LA, Heemskerk B, et al. Tumor antigen-specific CD8 T cells infiltrating the tumor express high levels of PD-1 and are functionally impaired. *Blood*. 2009;114(8):1537-1544.
4. Barber DL, Wherry EJ, Masopust D, et al. Restoring function in exhausted CD8 T cells during chronic viral infection. *Nature*. 2006;439(7077):682-687.
5. Nishimura H, Okazaki T, Tanaka Y, et al. Autoimmune dilated cardiomyopathy in PD-1 receptor-deficient mice. *Science*. 2001;291(5502):319-322.
6. Catakovic K, Klierer E, Neureiter D, Geisberger R. T cell exhaustion: from pathophysiological basics to tumor immunotherapy. *Cell Commun Signal*. 2017;15(1):1.
7. Peng W, Liu C, Xu C, et al. PD-1 blockade enhances T-cell migration to tumors by elevating IFN- γ inducible chemokines. *Cancer Res*. 2012;72(20):5209-5218.
8. Taube JM, Klein A, Brahmer JR, et al. Association of PD-1, PD-1 ligands, and other features of the tumor immune microenvironment with response to anti-PD-1 therapy. *Clin Cancer Res*. 2014;20(19):5064-5074.
9. Nomi T, Sho M, Akahori T, et al. Clinical significance and therapeutic potential of the programmed death-1 ligand/programmed death-1 pathway in human pancreatic cancer. *Clin Cancer Res*. 2007;13(7):2151-2157.
10. Ohigashi Y, Sho M, Yamada Y, et al. Clinical significance of programmed death-1 ligand-1 and programmed death-1 ligand-2 expression in human esophageal cancer. *Clin Cancer Res*. 2005;11(8):2947-2953.
11. Hamanishi J, Mandai M, Iwasaki M, et al. Programmed cell death 1 ligand 1 and tumor-infiltrating CD8+ T lymphocytes are prognostic factors of human ovarian cancer. *Proc Natl Acad Sci U S A*. 2007;104(9):3360-3365.
12. Green MR, Monti S, Rodig SJ, et al. Integrative analysis reveals selective 9p24.1 amplification, increased PD-1 ligand expression, and further induction via JAK2 in nodular sclerosing Hodgkin lymphoma and primary mediastinal large B-cell lymphoma. *Blood*. 2010;116(17):3268-3377.
13. Jung HI, Jeong D, Ji S, et al. Overexpression of PD-L1 and PD-L2 is associated with poor prognosis in patients with hepatocellular carcinoma. *Cancer Res Treat*. 2017;49(1):246-254.
14. Lee J, Ahn E, Kissick HT, Ahmed R. Reinvigorating exhausted T cells by blockade of the PD-1 pathway. *For Immunopathol Dis Therap*. 2015;6(1-2):7-17.
15. Sznol M, Chen L. Antagonist antibodies to PD-1 and B7-H1 (PD-L1) in the treatment of advanced human cancer. *Clin Cancer Res*. 2013;19(5):1021-1034.
16. Hobo W, Maas F, Adisty N, et al. siRNA silencing of PD-L1 and PD-L2 on dendritic cells augments expansion and function of minor histocompatibility antigen-specific CD8+ T cells. *Blood*. 2010;116(22):4501-4511.

To learn more about specific pathways and download additional educational resources, please visit IOHCP.com