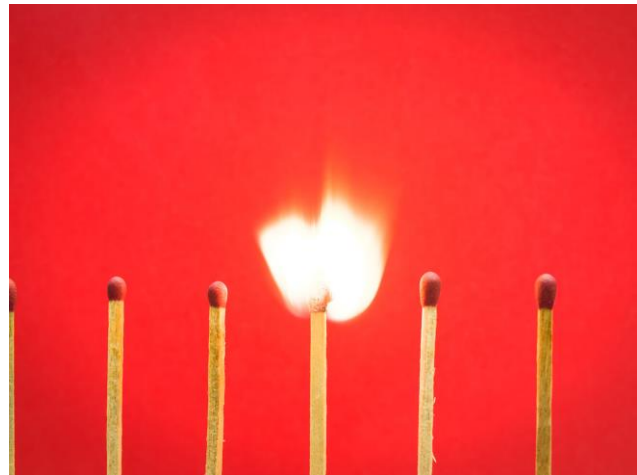


# Molecular Disease Mechanisms

## Lecture 5: Cancer and Inflammation

Lecture 5/6, Part 1

# **CANCER AND INFLAMMATION**



# After this lecture you will be able to:

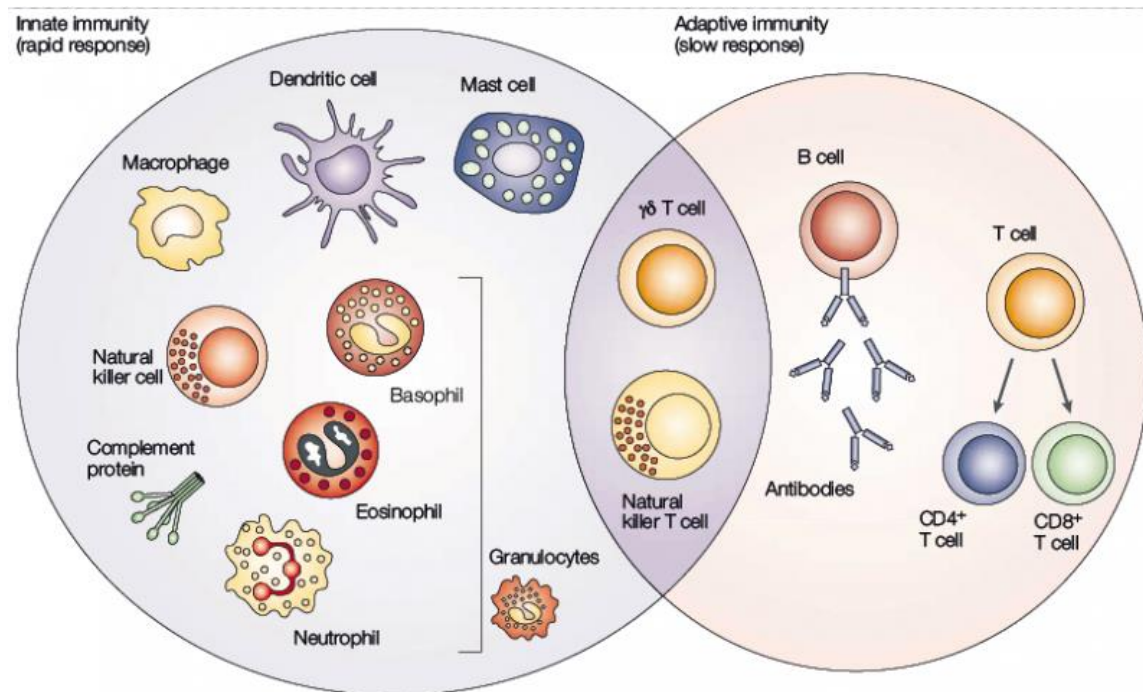
## 1. Cancer and Inflammation

- Know Inflammation pathways disrupted in cancer

- Understand what is new in cancer immunotherapy

# Immune system

- 2 types of defense systems:
  - **Innate**: response after an infection, no prior exposure, does not require the presentation of an antigen, and does not lead to immunological memory
  - **Adaptive**: immune defense later in infection that is highly specific to the pathogen (immunological memory)





"The power of the immune system  
is a double-edged sword."

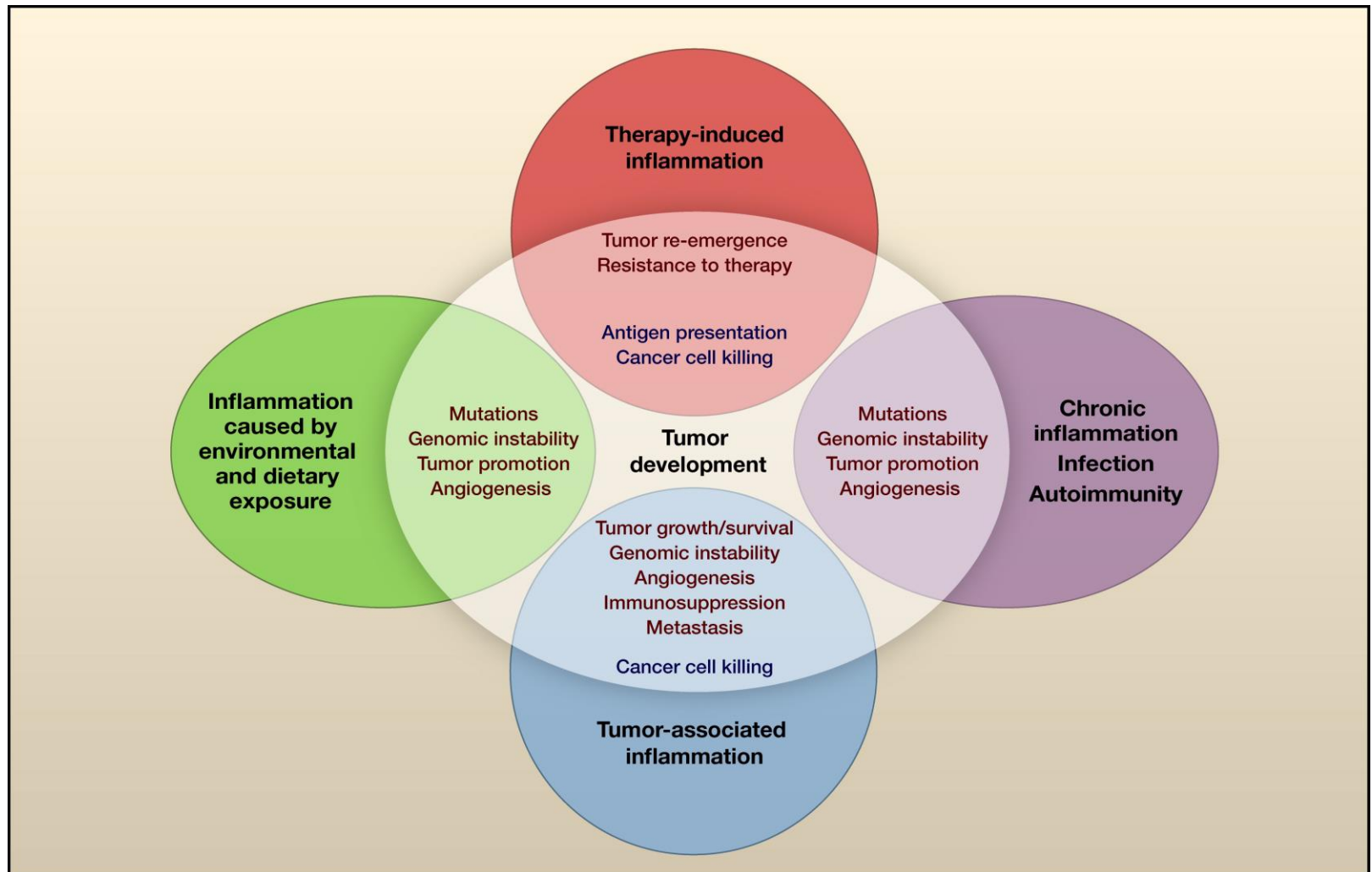
– Dr. William E. Paul

*Cancer can be promoted and/or exacerbated by  
inflammation and infection*

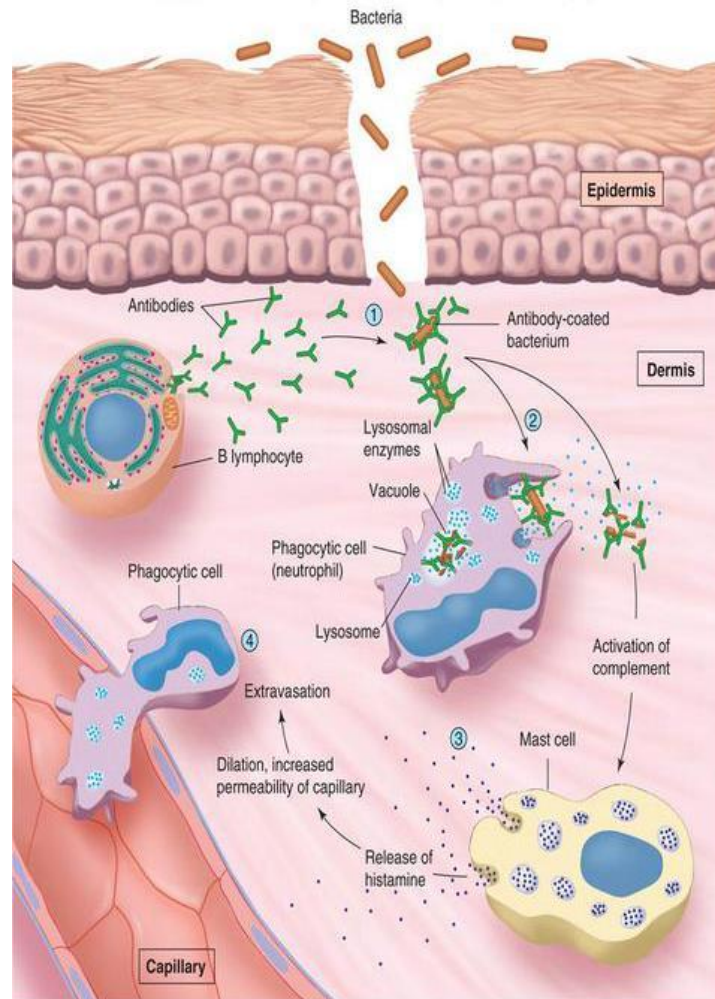
# Immunity and cancer: a double edged sword

- Tumor cells produce various cytokines and chemokines that attract leukocytes (for growth advantage) as well as to prevent immune cell detection (evade surveillance)
- Chronic inflammation is the problem (vs acute)

# Inflammation has a vital and complex role in driving tumorigenesis

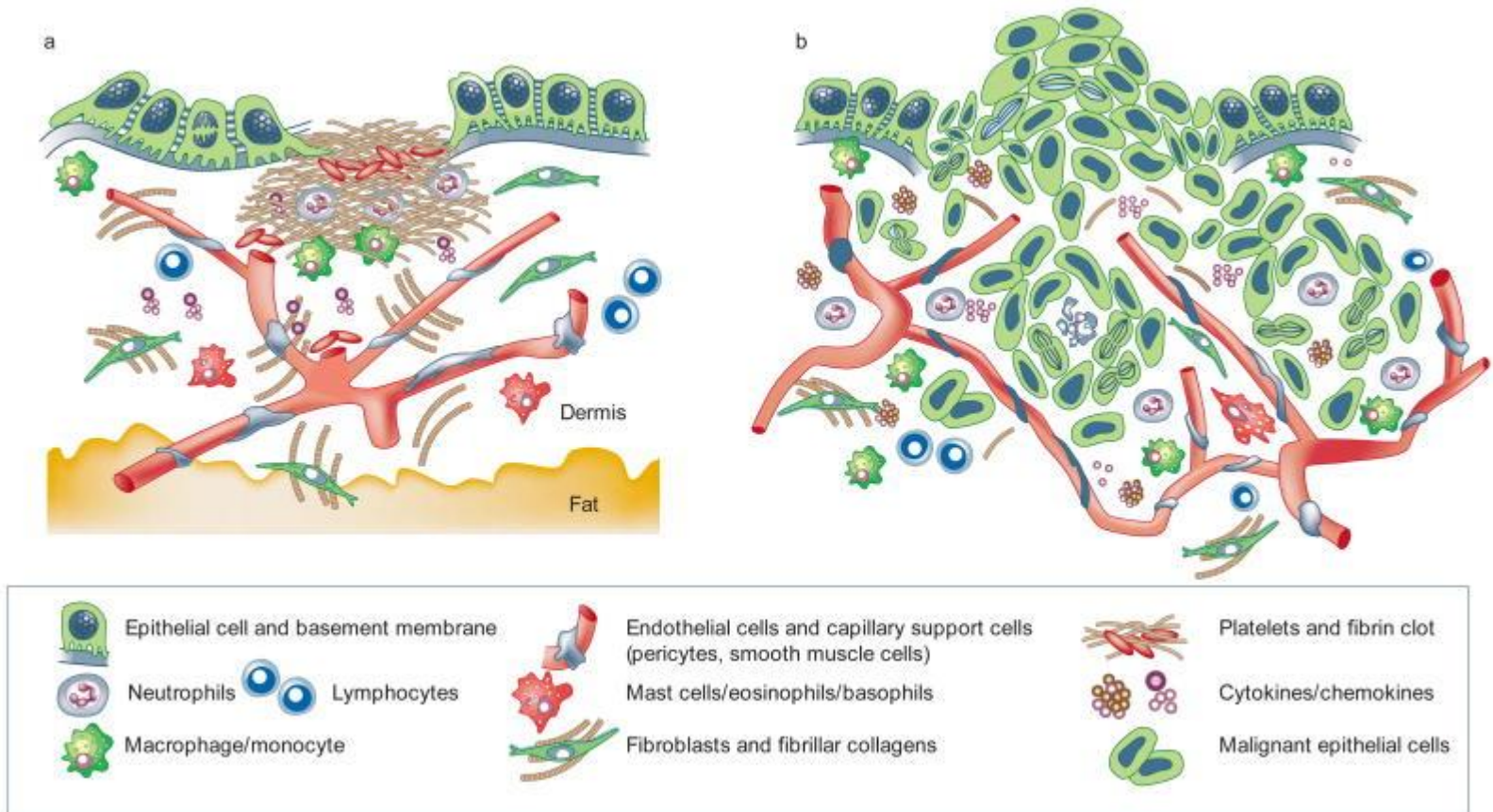


# The inflammatory response

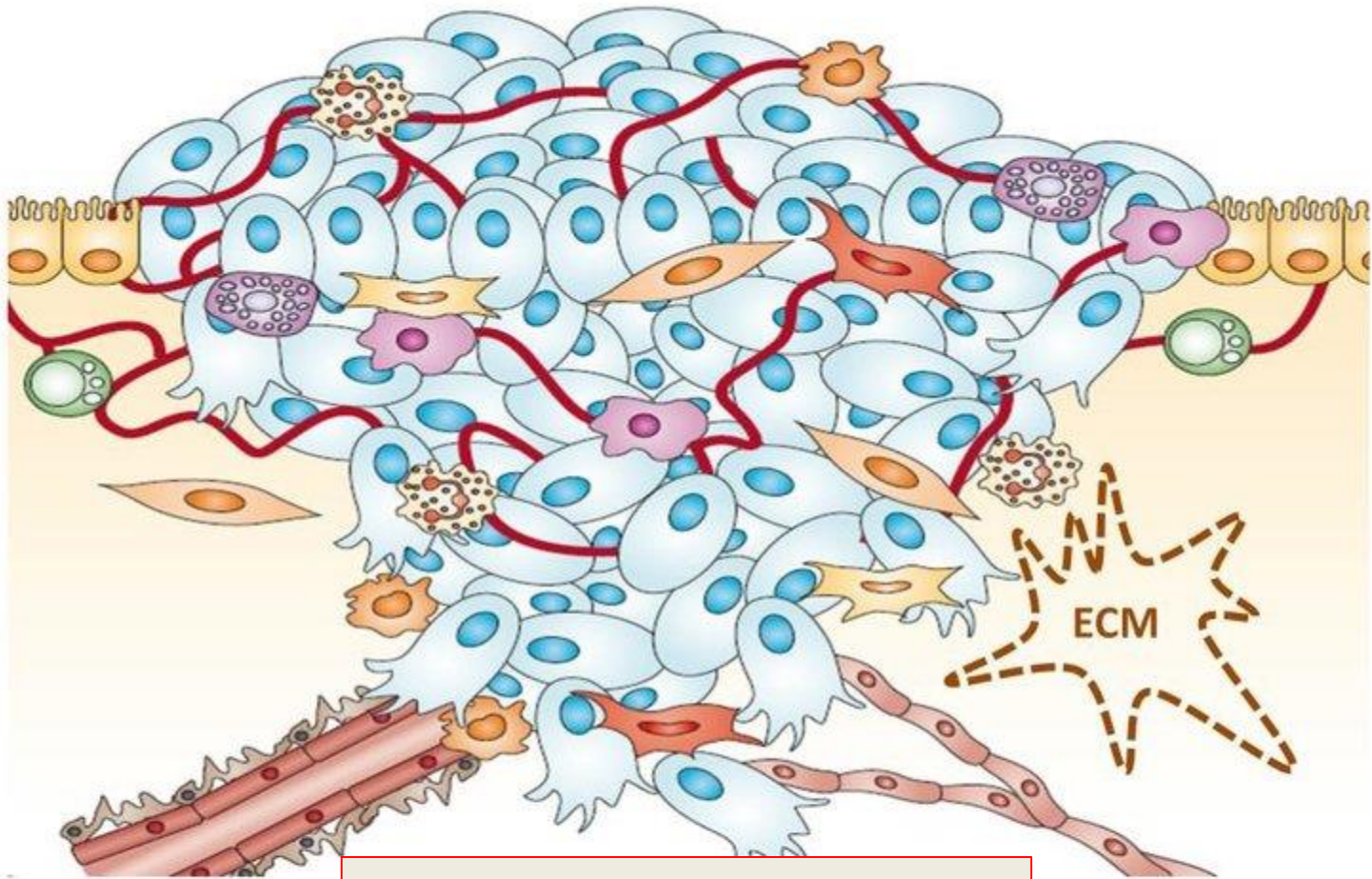




# Wound healing vs tumor growth



**Tumors act as wounds that fail to heal**



**Tumor microenvironment**



Immune cells



Tumor cells



Epithelial cells



PSCs



Pericytes

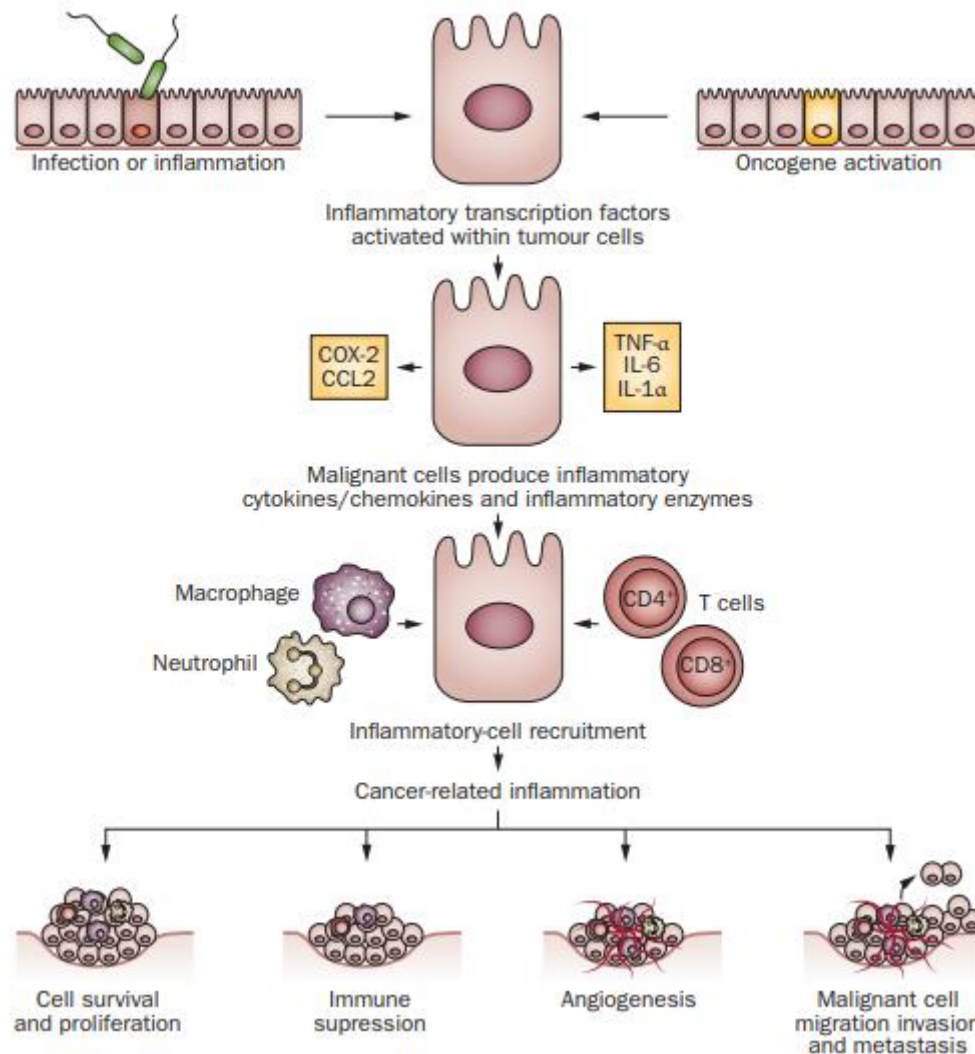


Endothelial cells



Blood vessels

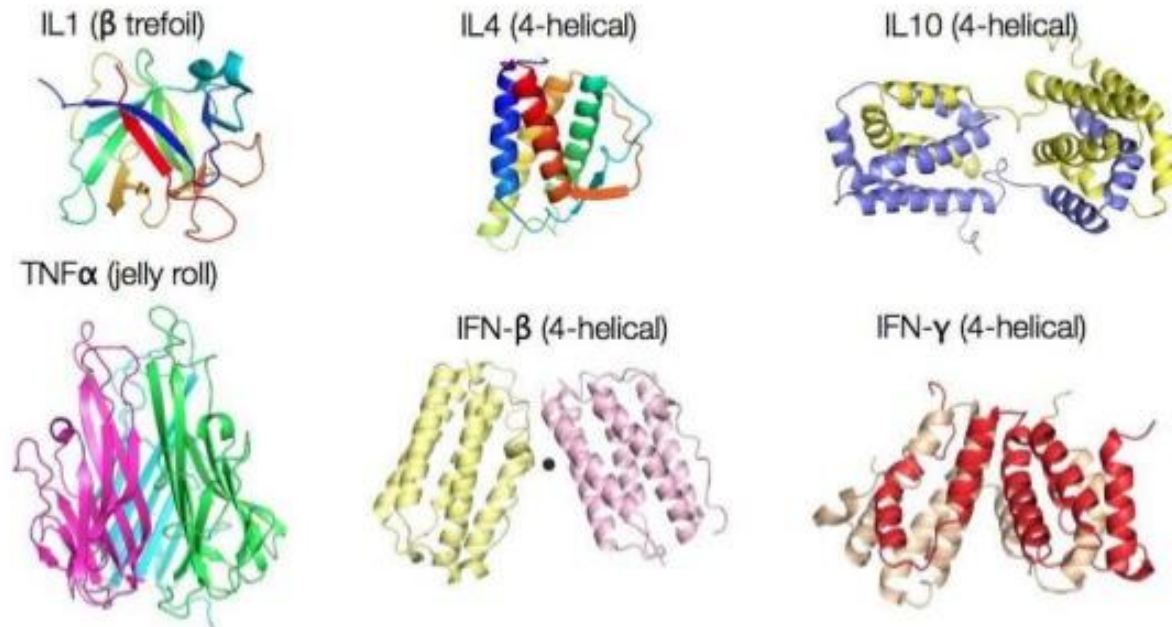
# Molecular mechanism of inflammation-induced cancer



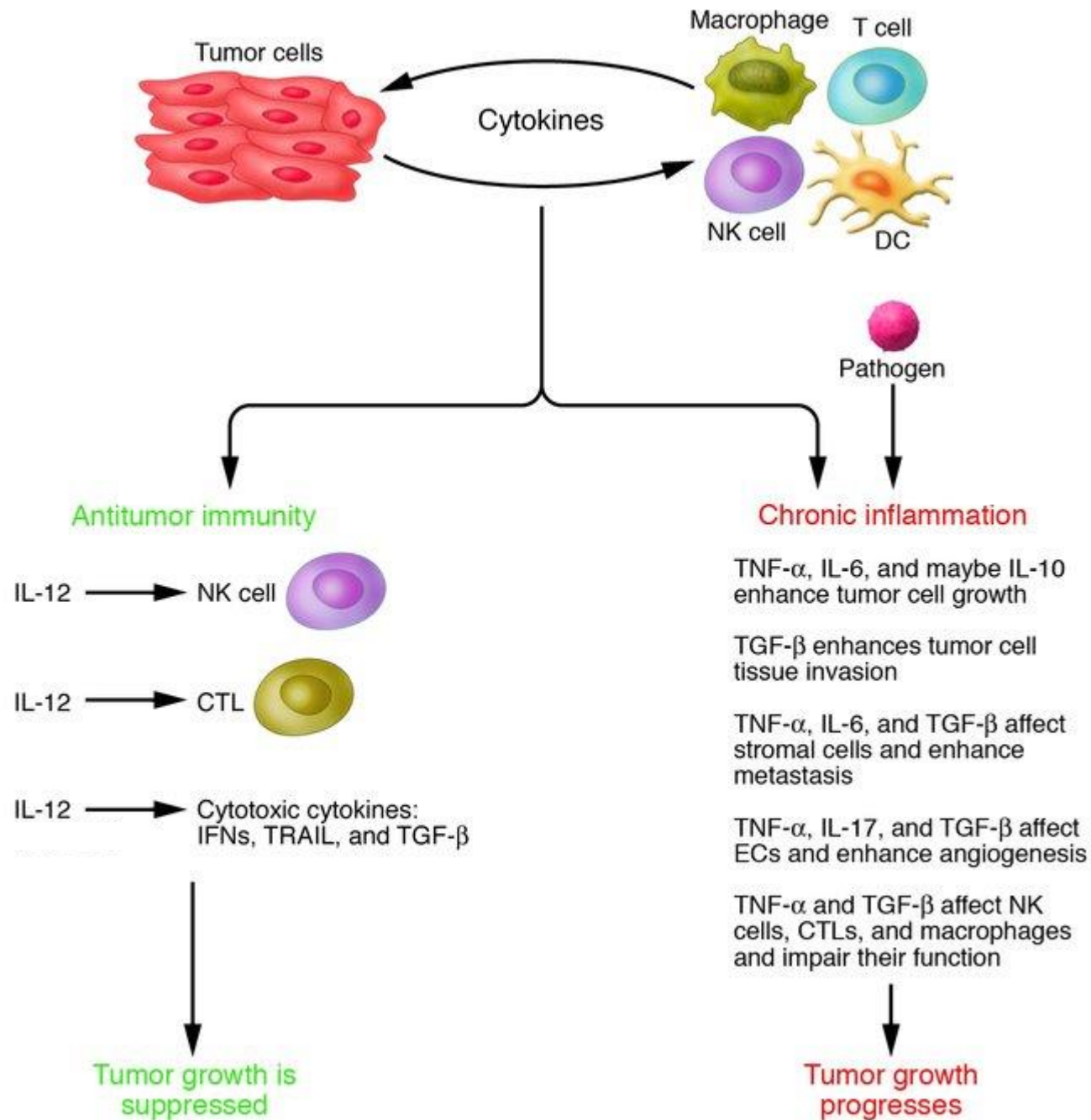


# Cytokines

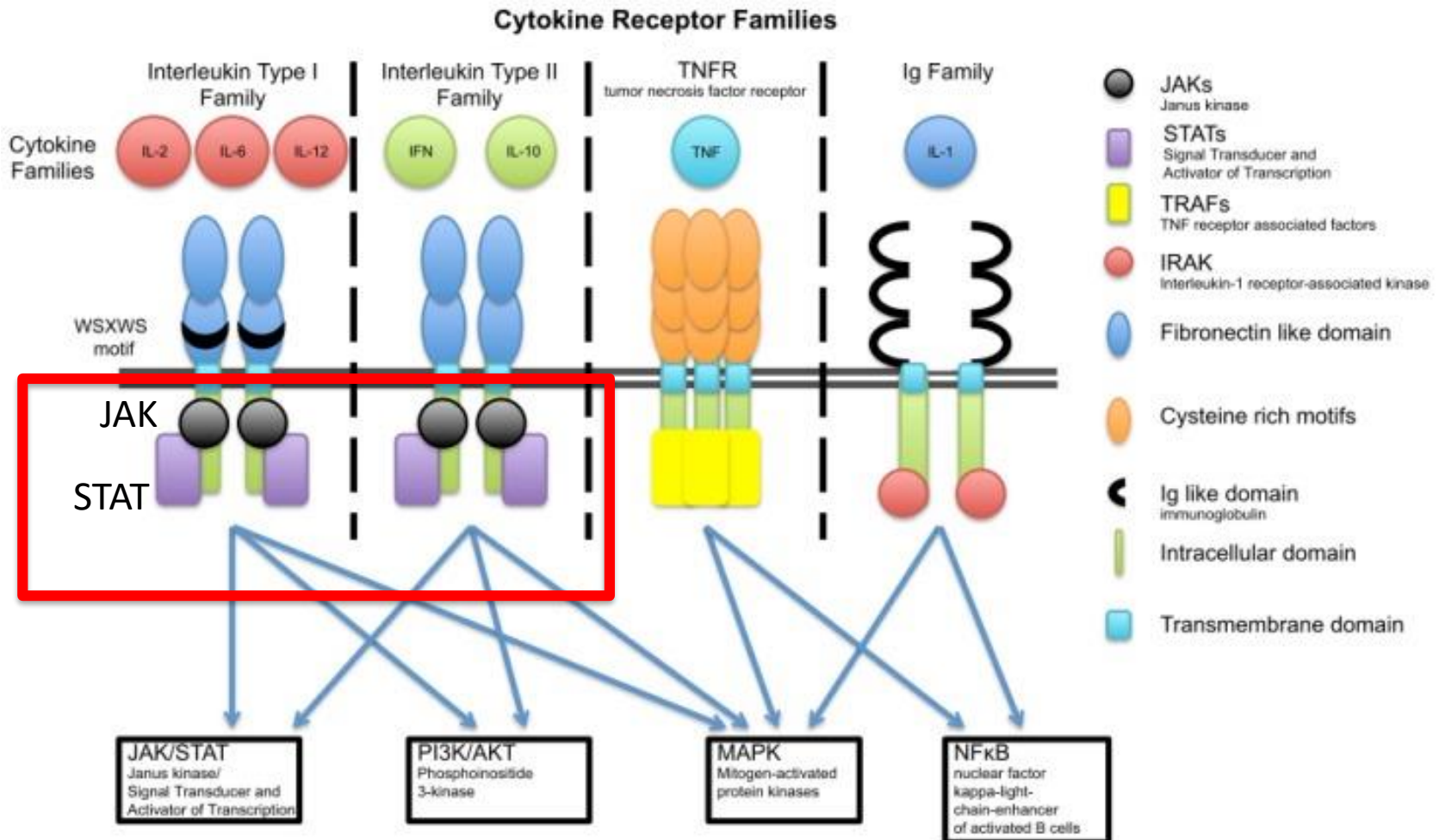
- Broad category of small proteins (~5–20 kDa) important in cell signaling
- Cytokines include chemokines, interferons (IF), interleukins (IL), lymphokines, and tumor necrosis factors (TNF)



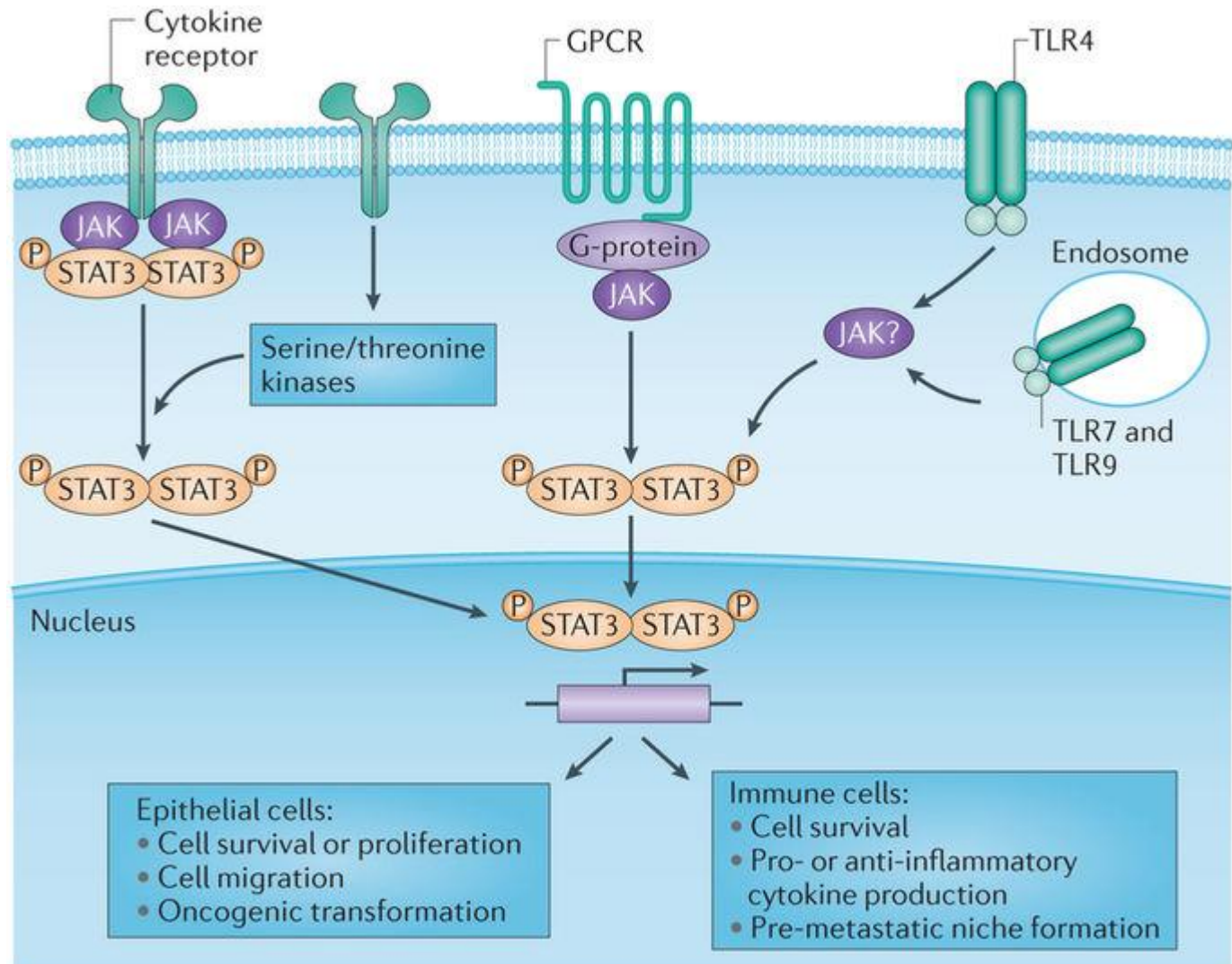
# The cytokine players in cancer



# Cytokine receptors



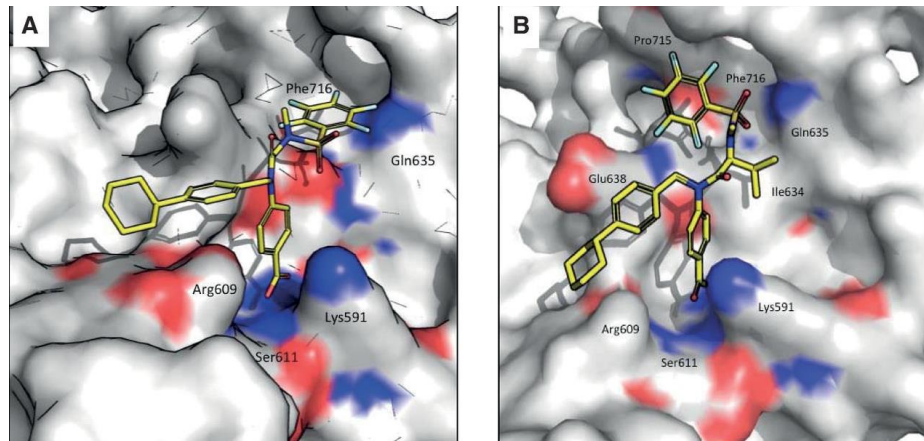
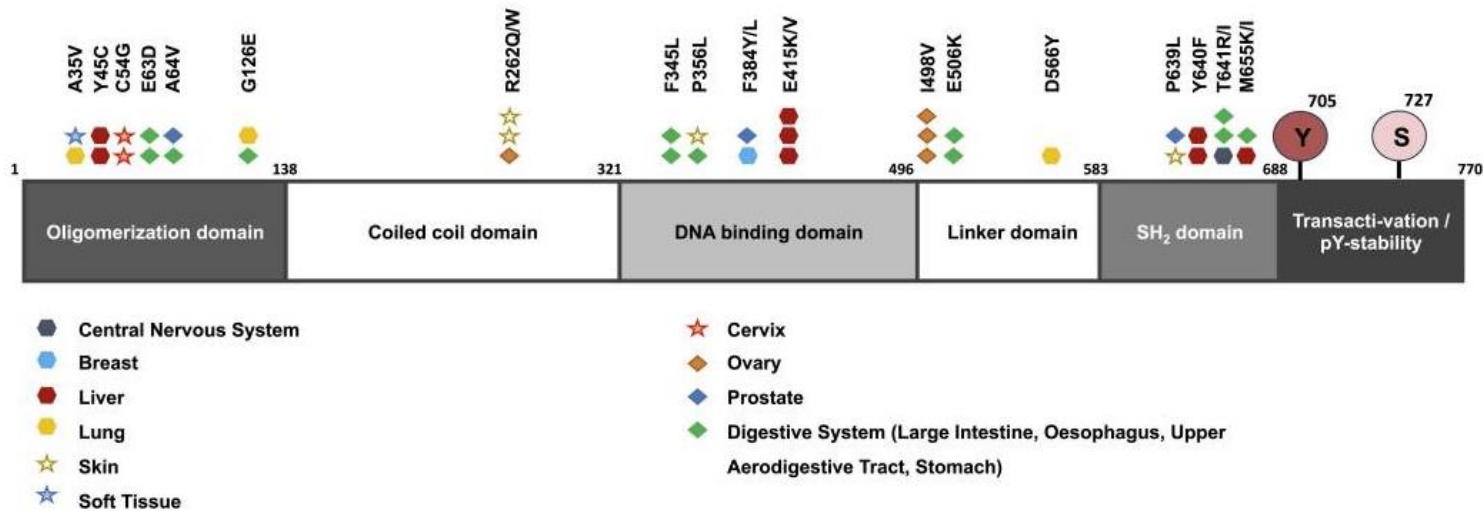
# Activation of JAK-STAT3 in cancer





# STAT3 mutations and inhibition

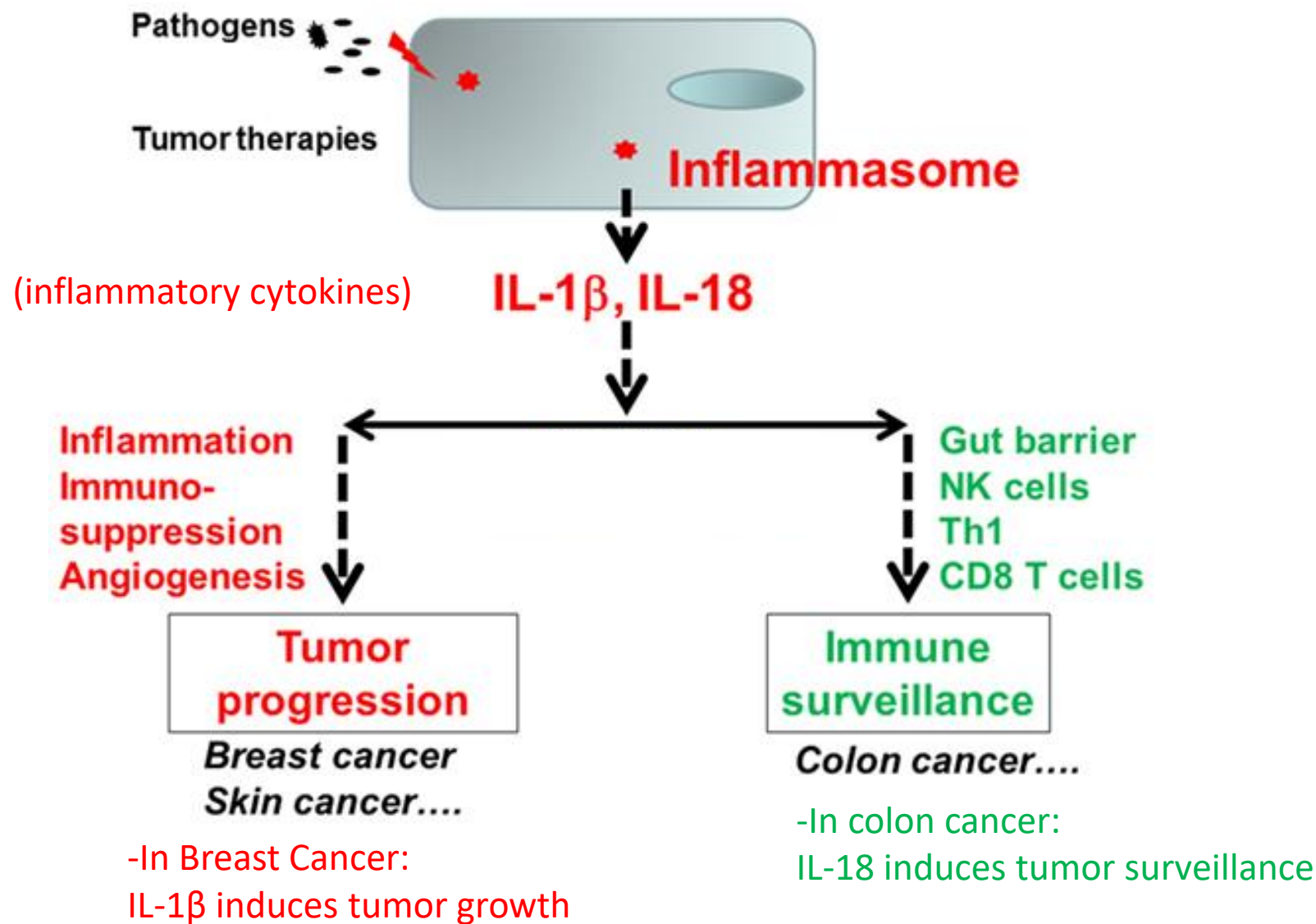
## STAT3 Mutations in Solid Tumor Tissues



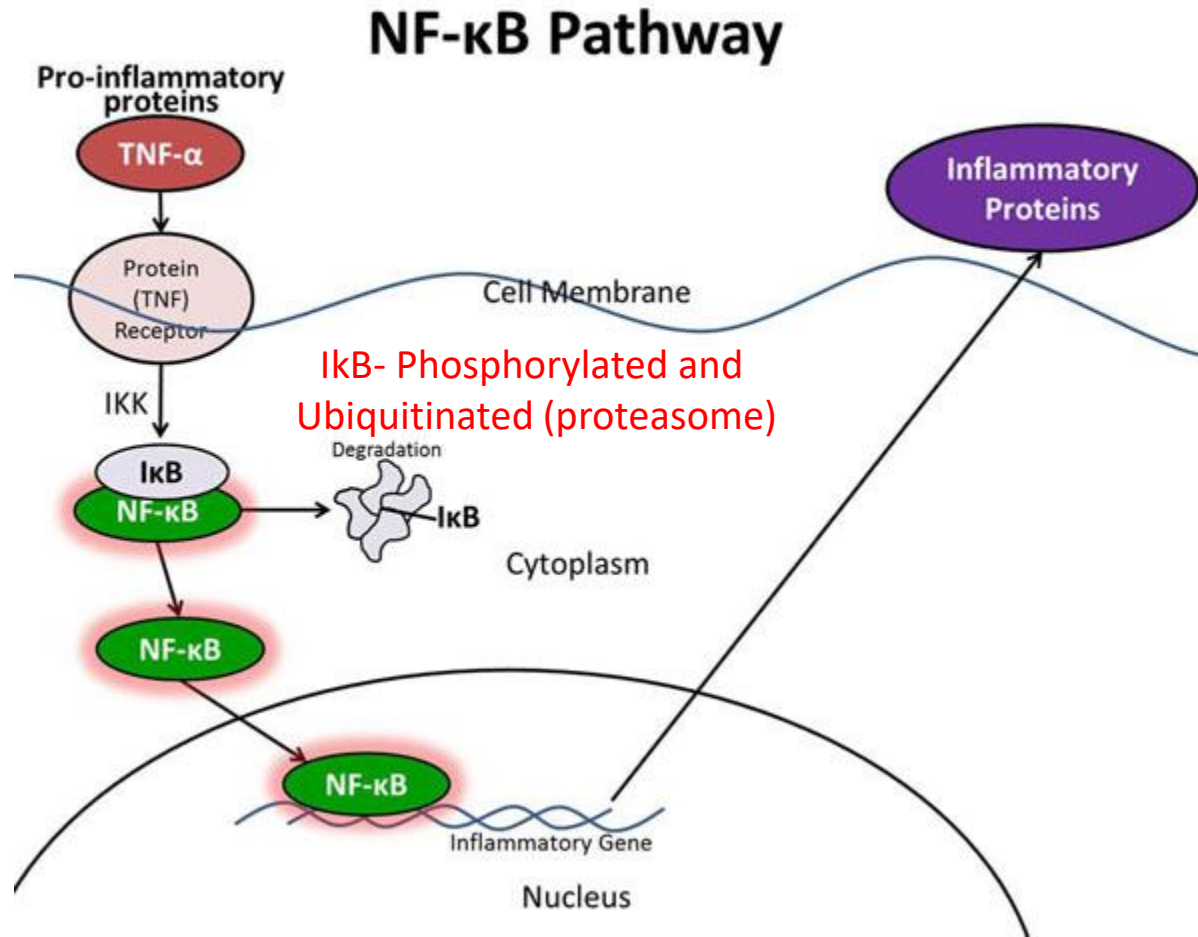
Applying Small Molecule Signal Transducer and Activator of Transcription-3 (STAT3) Protein Inhibitors as Pancreatic Cancer Therapeutics -> Binding to the SH<sub>2</sub> domain of STAT



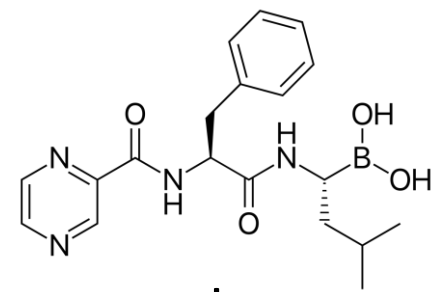
# Inflammasome and cancer



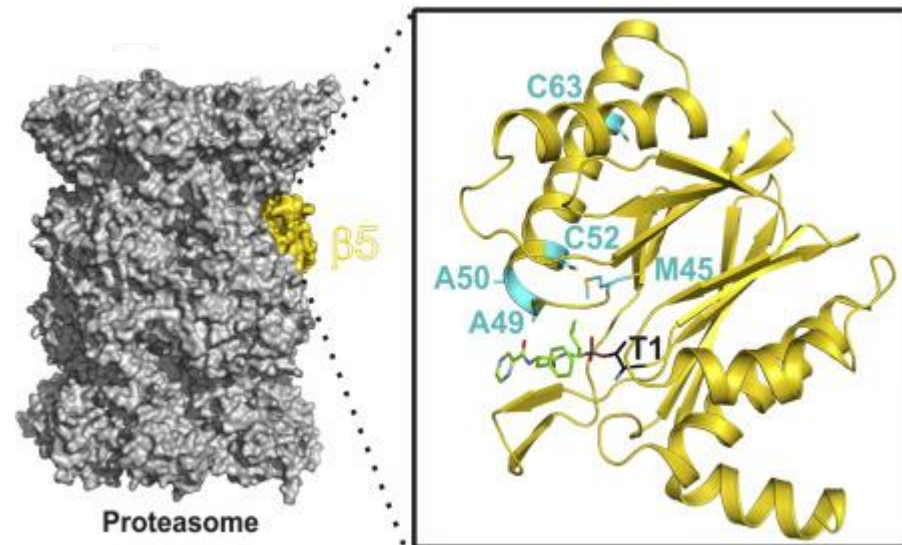
# Inflammation triggers NF-κB pathway



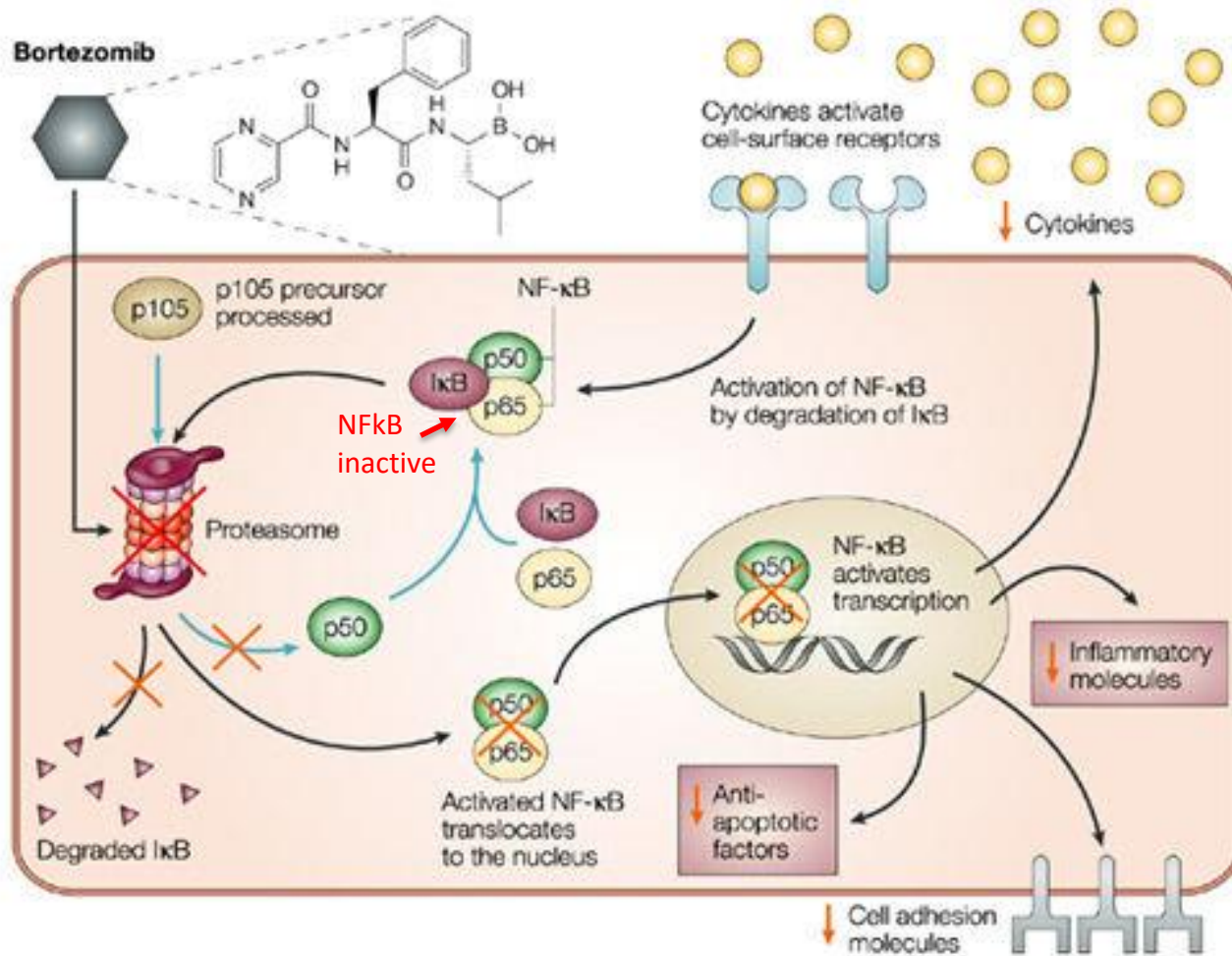
# Bortezomib



- Bortezomib - the first proteasome inhibitor anticancer drug
- Treatment of relapsed and refractory multiple myeloma (hard cancer to treat)
- mechanism - suppression of the NF- $\kappa$ B signaling pathway resulting in the down-regulation of its anti-apoptotic target genes
- Bortezomib is a reversible inhibitor of the proteasome
- The boronic acid group can bind and complex to the active site of threonine hydroxyl group ( $\beta$ 5-subunit) and block the chymotrypsin-like activity of the proteasome



# Proposed mechanism of action

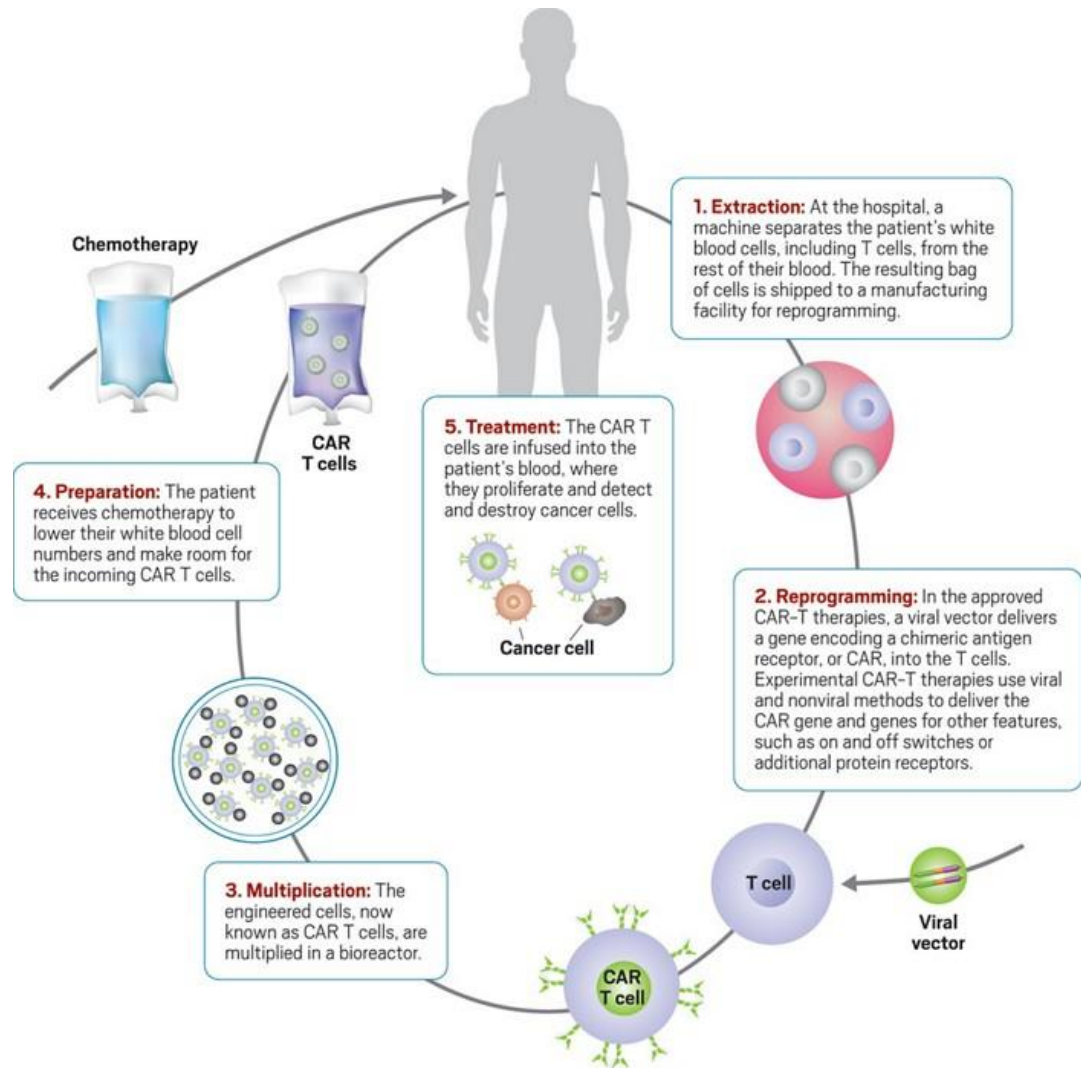


Nature Reviews | Drug Discovery

NF-κB involved in B cell maturation - (Bortezomib treats B cell malignancies)

# What's new in cancer immunotherapy?

- Immunotherapy treatment uses a person's immune system to fight cancer. This can be done in a couple of ways:
  - Stimulating your own immune system to attack cancer cells
  - Administering immune system components, such as man-made immune system proteins
- CAR-T : (chimeric antigen receptor T cell therapy) - Engineering patients' immune cells to treat their cancer



[https://www.youtube.com/watch?v=mXADrg\\_ckhI](https://www.youtube.com/watch?v=mXADrg_ckhI)



# CAR-T cancer immunotherapy took off

Two personalized immune-cell therapies came to the market, and more are likely on the way



Ryan Cross

C&EN, 2017, 95 (48), pp 44-44 | December 4, 2017



✓ Cite this: C&EN 95, 48, 44-44



RIS Citation

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August 2017 FDA approved 2 CAR-T therapies



An IV bag of Kymriah, the one-time, \$475,000 CAR-T immunotherapy treatment from Novartis, contains a patient's genetically engineered T cells. (Credit: Novartis)

# Challenges with CAR T-cell therapy

- **Dosing:** No uniform consensus on the dose. Small dose infusions may not obtain the ideal curative effect; large dose infusions can increase cytokine release syndrome and tumor lysis syndrome.
  - Traditional drugs are **ephemeral**—they begin to break down as soon as they enter the bloodstream—CAR-Ts are a **living therapy** that multiplies exponentially once the cells spot their cancer target in the blood
- **Toxicity:** *Kymriah and Yescarta both come with warnings for cytokine release syndrome, a severe, body-wide immune reaction after injection of the drug. “It’s not an exaggeration to say that it almost kills you before it helps you”*
- **Treatment:** approved for only a small subset of cancers
  - Kymriah: treats people up to 25 years old with acute lymphoblastic leukemia of B-cell origin who are resistant to treatment or have relapsed twice (~100 cases/yr).
  - Yescarta treats large B-cell lymphoma in adults after two other treatments have failed (estimated to help ~7,500 people/yr).
- **Price:** Kymriah’s (Novartis) one-time cost of \$475,000 and Yescarta’s (Kite Pharma) price tag of \$373,000 – This is only for the living therapy, not hospital stays etc...

# CAR-T 2.0

## Controlling CAR-T: How scientists plan to make the engineered T cell therapy safer, and work for more cancers

CAR T-cell therapy works wonders for some cancer patients. For others, it is a death sentence. To make the revolutionary therapy work for more people, scientists must devise better ways to control it

by *Ryan Cross*

MAY 7, 2018 | APPEARED IN VOLUME 96, ISSUE 19

May 7, 2018 issue

- Brain swelling commonly occurs with CAR-T cell therapy (>12 patients have died so far)
- Making a kill switch:
  - two engineered proteins located inside the CAR T cell that dimerize when exposed to a small-molecule drug called rimiducid.
  - Rimiducid activates a protein called caspase-9, which kick-starts the process of CAR T-cell suicide.

