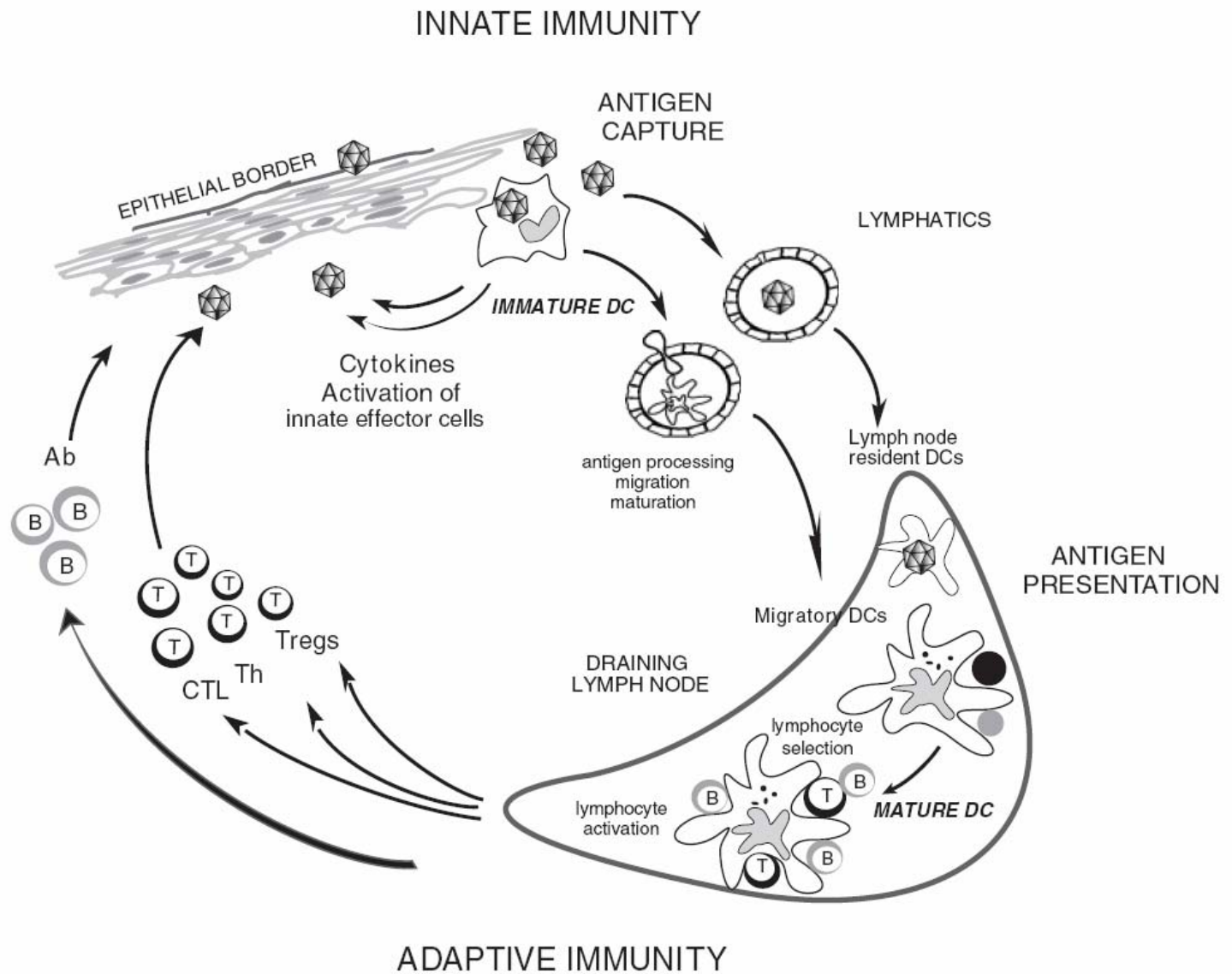
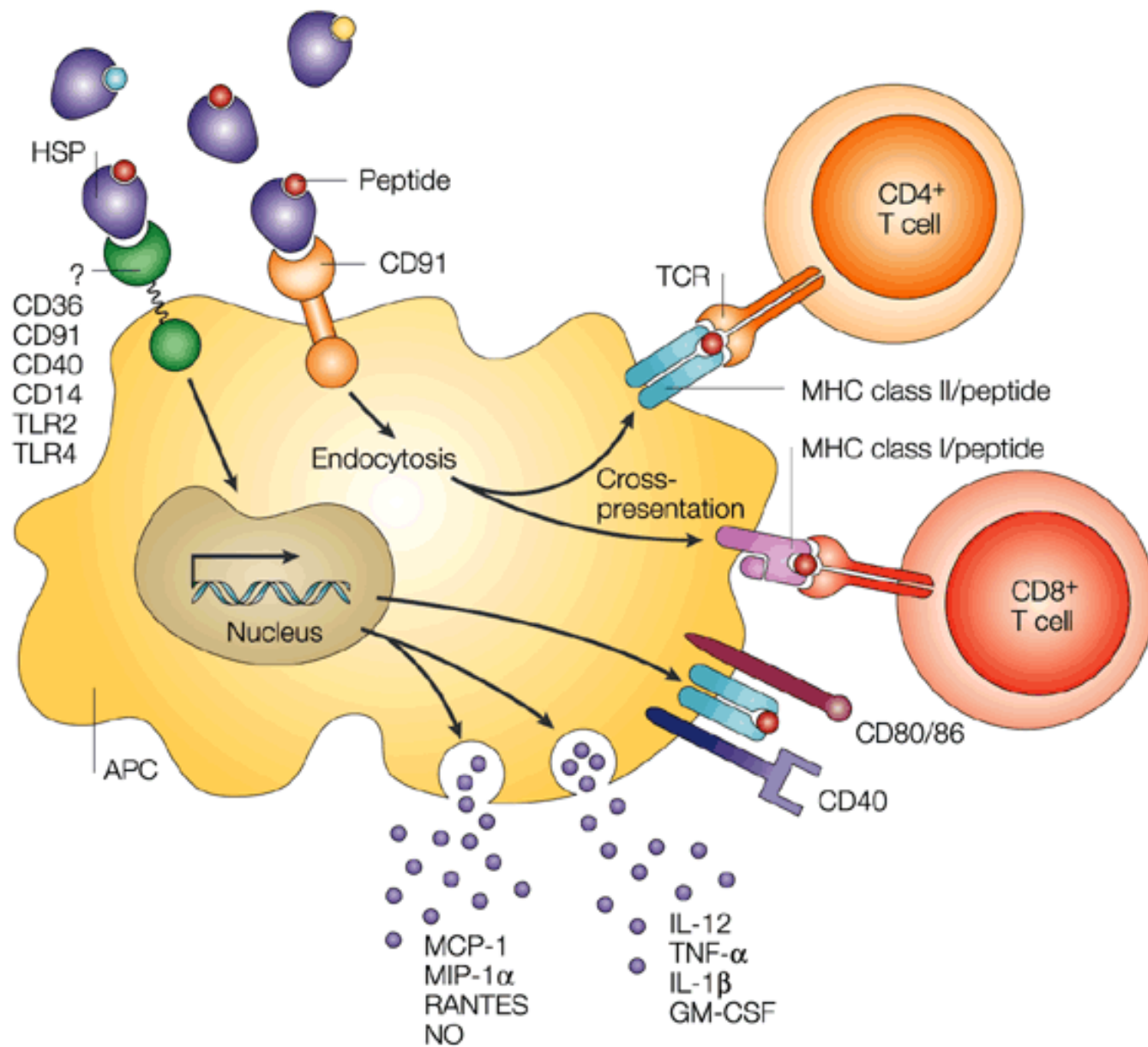
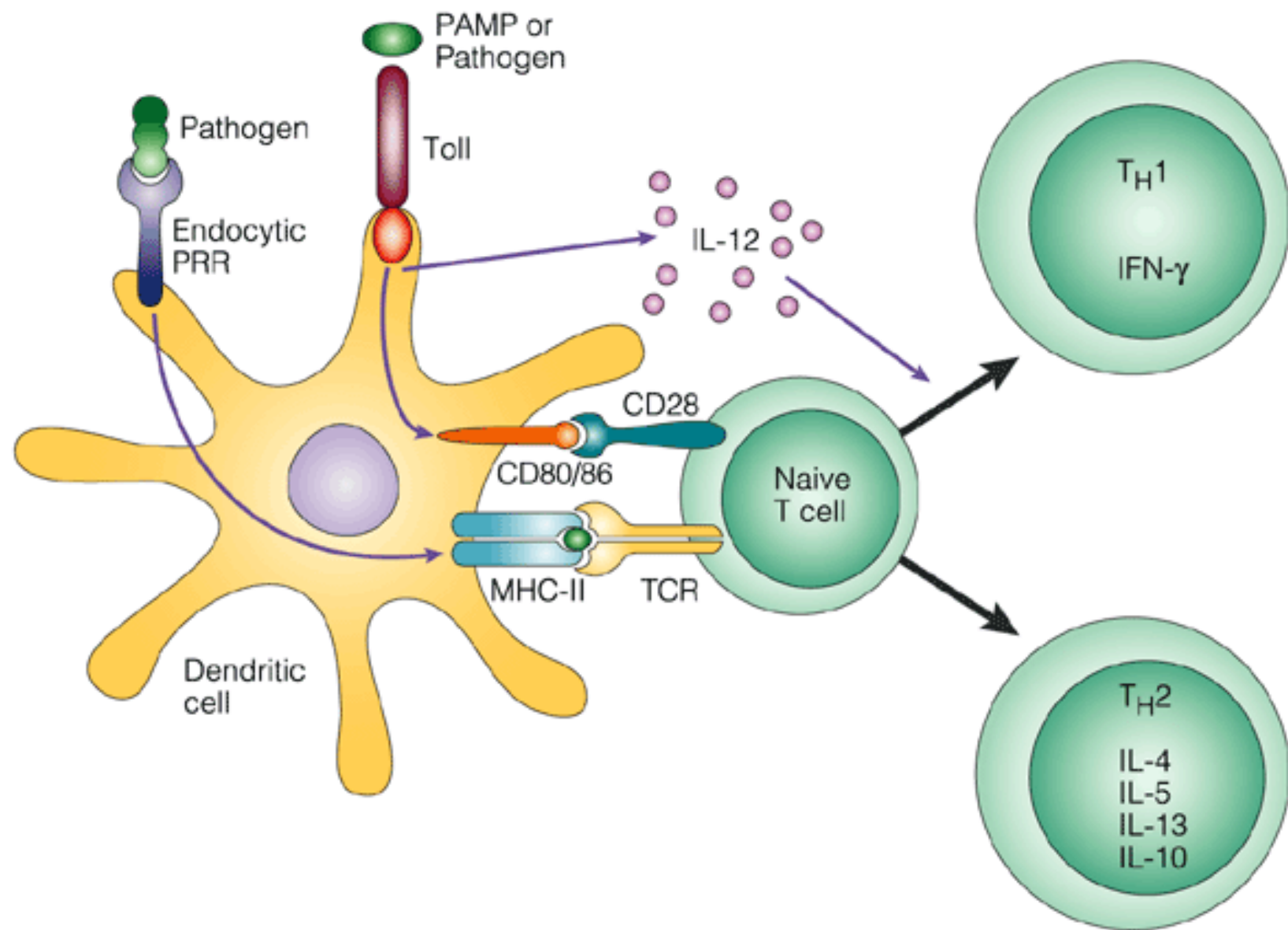
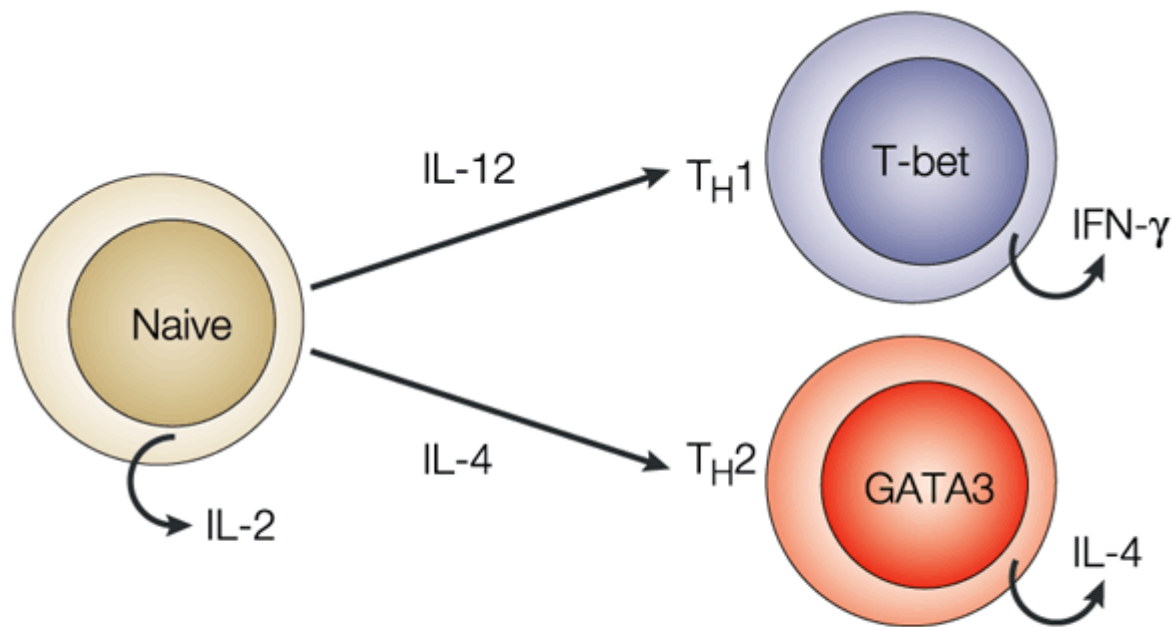


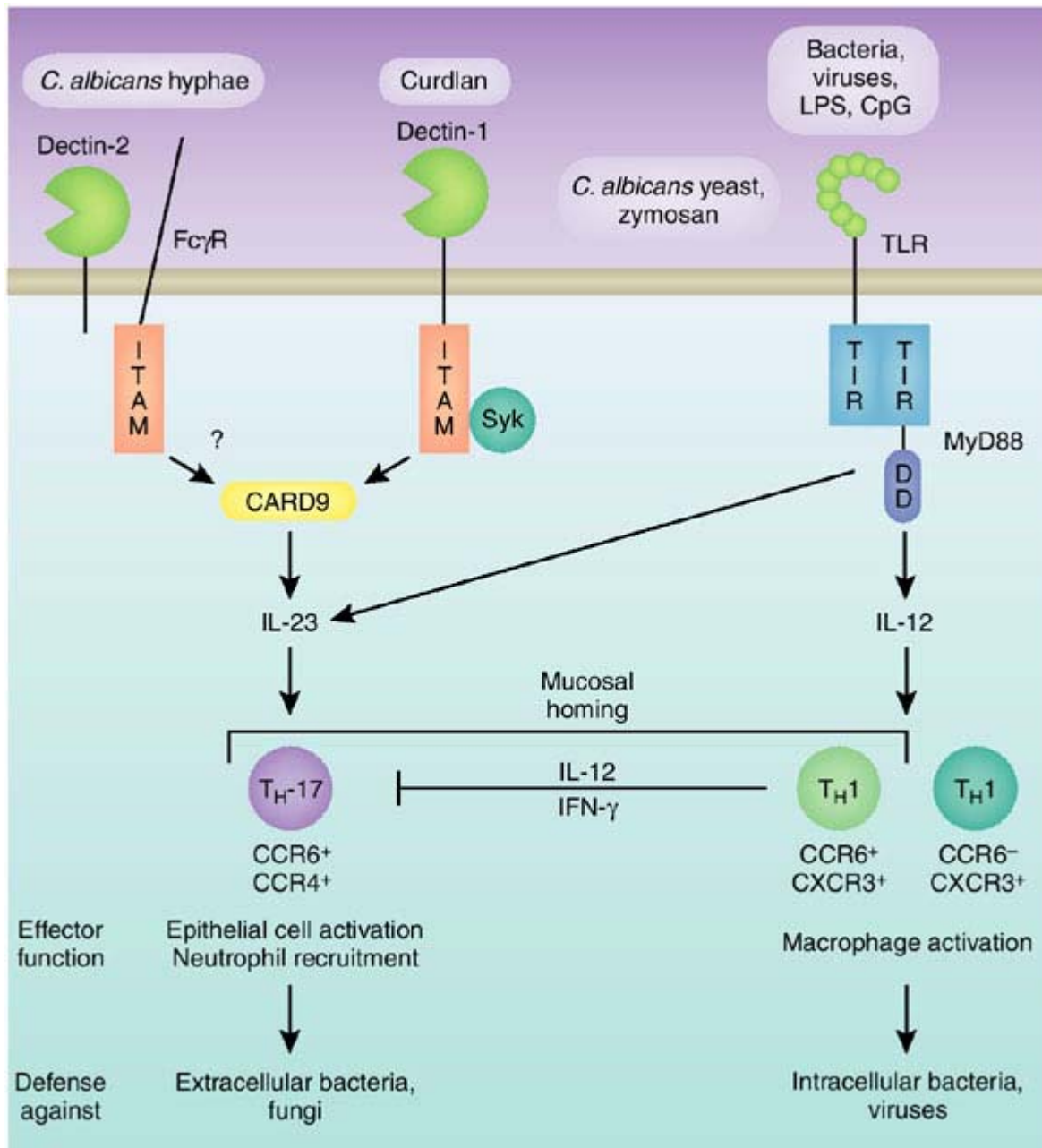
Cancer immunosurveillance and immunoediting in humans,
ways to improve immunogenicity of tumor cells and
to design better immunotherapy protocols





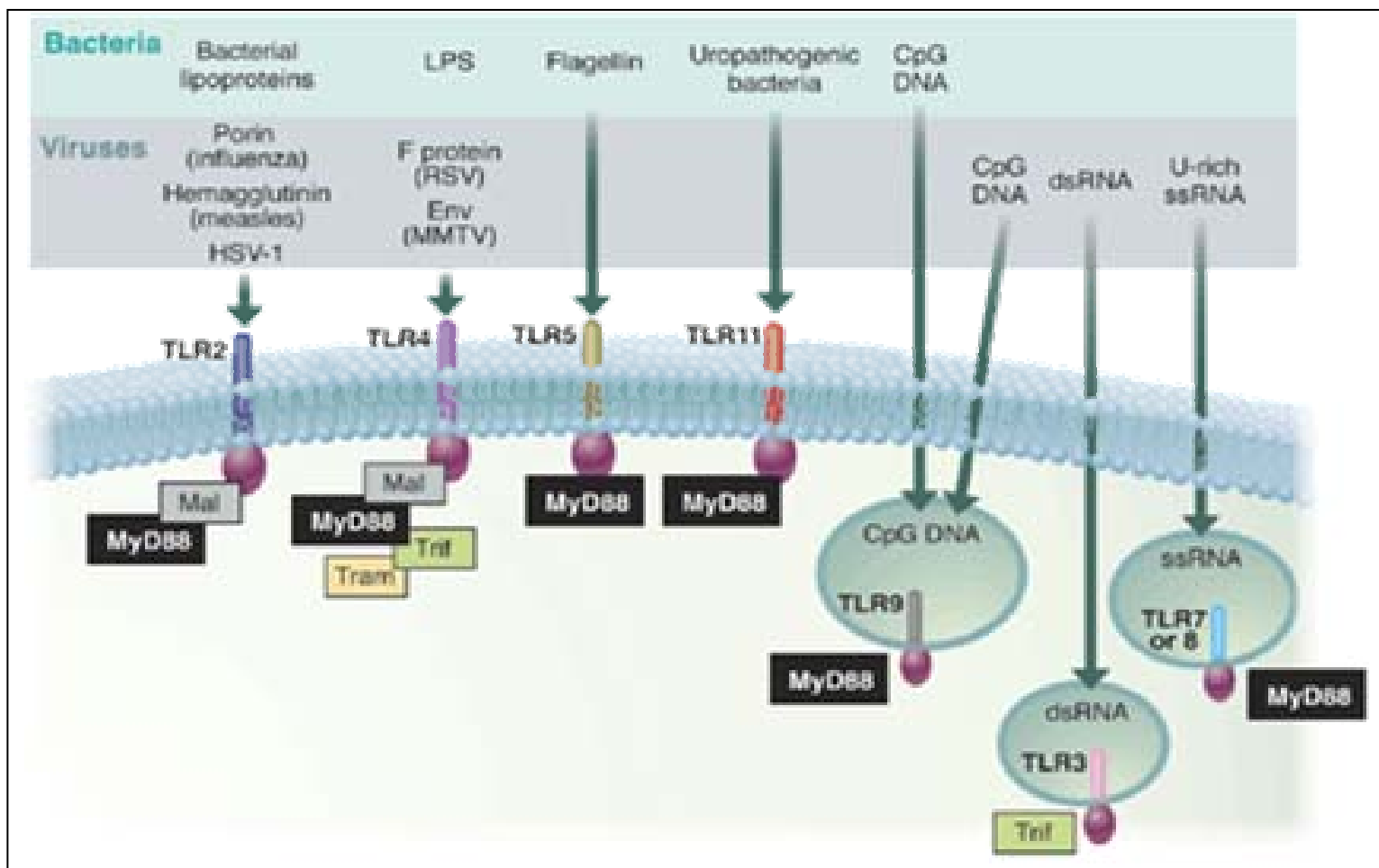






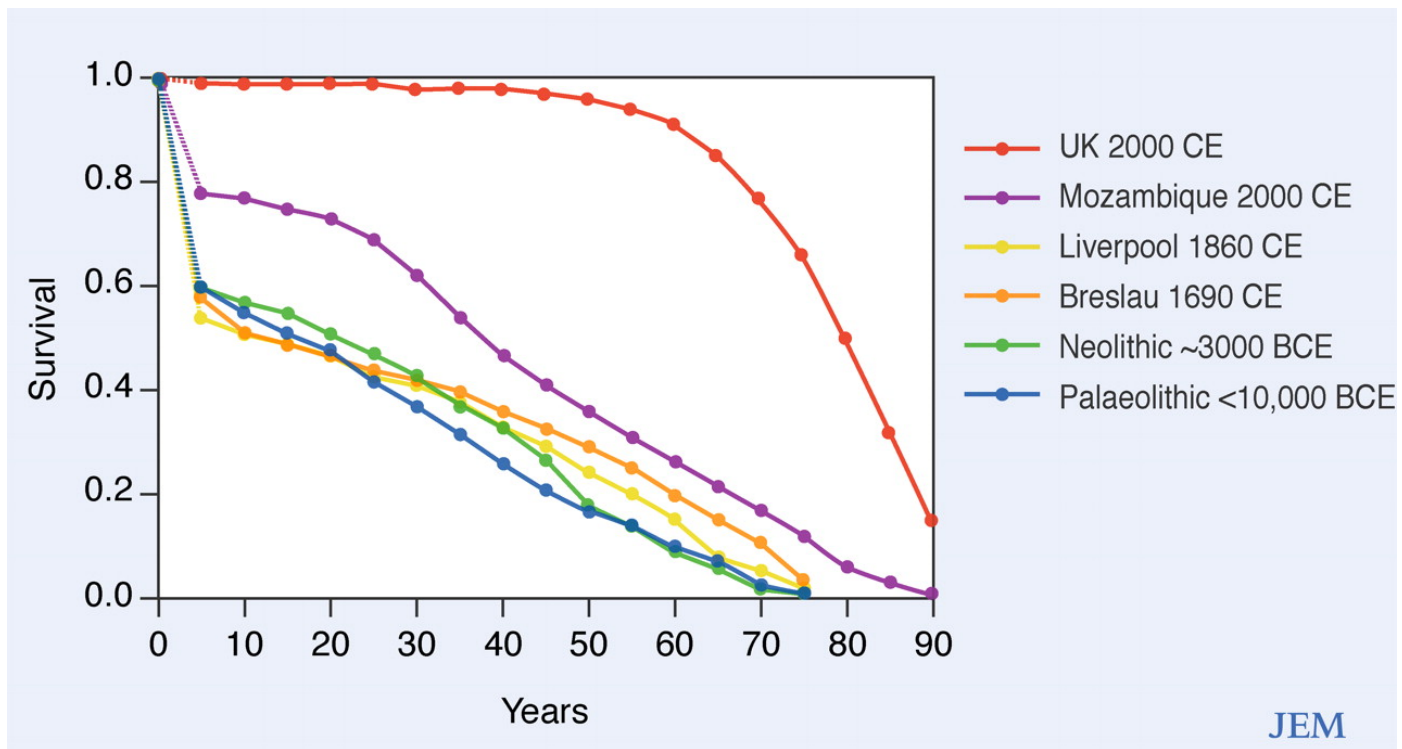
Toll-like receptory

- Transmembránové receptory I. typu
- extracelulární doména bohatá na leucin
- intracelulární Toll/IL-1 receptor (TIR) doména



Receptor	Ligand	Origin of ligand	Ref
TLR1	Triacyl lipopeptides Soluble factors	Bacteria and mycobacteria <i>Neisseria meningitidis</i>	
TLR2	Lipoprotein/lipopeptides Peptidoglycan Lipoteichoic acid Lipoarabinomannan Phenol-soluble modulins Glycoinositolphospholipids Glycolipids Porins Atypical lipopolysaccharide Atypical lipopolysaccharide Zymosan Heat-shock protein 70*	Various pathogens Gram-positive bacteria Gram-positive bacteria Mycobacteria <i>Staphylococcus epidermidis</i> <i>Trypanosoma cruzi</i> <i>Treponema maltophilum</i> <i>Neisseria</i> <i>Leptospira interrogans</i> <i>Porphyromonas gingivalis</i> Fungi Host	
TLR3	Double-stranded RNA	Viruses	
TLR4	Lipopolysaccharide Taxol Fusion protein Envelope protein Heat-shock protein 60* Heat-shock protein 70* Type III repeat extra domain A of fibronectin* Oligosaccharides of hyaluronic acid* Polysaccharide fragments of heparan sulphate* Fibrinogen*	Gram-negative bacteria Plants Respiratory syncytial virus Mouse mammary-tumour virus <i>Chlamydia pneumoniae</i> Host Host Host Host Host	
TLR5	Flagellin	Bacteria	
TLR6	Diacyl lipopeptides Lipoteichoic acid Zymosan	<i>Mycoplasma</i> Gram-positive bacteria Fungi	
TLR7	Imidazoquinoline Loxoribine Bropiramine Single-stranded RNA	Synthetic compounds Synthetic compounds Synthetic compounds Viruses	
TLR8	Imidazoquinoline Single-stranded RNA	Synthetic compounds Viruses	
TLR9	CpG-containing DNA	Bacteria and viruses	
TLR10	N.D.	N.D.	
TLR11	N.D.	Uropathogenic bacteria	

Mortality curves at various periods of human history

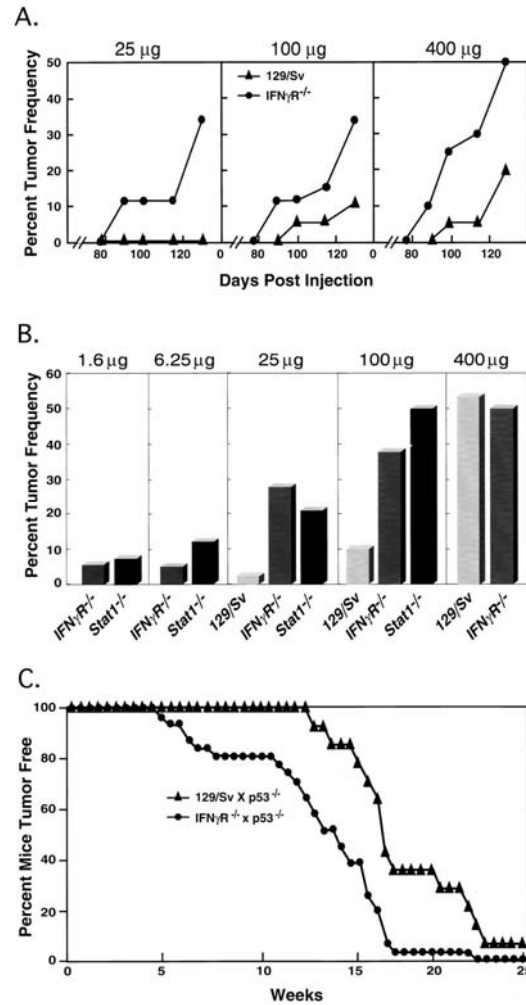


Improvement of hygiene, beginning in the mid-19th century (preventing the transmission of infection)
Introduction of vaccines, beginning in the late 19th century (preventing disease in infected individuals)
Development of anti-infectious drugs, beginning in the early 20th century (preventing death in patients with clinical disease).

1957- formulation of the cancer immunosurveillance hypothesis proposed by Thomas and Burnet:

“sentinel thymus dependent cells of the body constantly surveyed host tissues for nascent transformed cells”

Role of IFN γ in protection against cancer



Kaplan, Daniel H. et al. (1998) Proc. Natl. Acad. Sci. USA 95, 7556-7561

Mouse immunodeficiency	Immune status	Tumour susceptibility relative to wild-type mice	Refs
<i>Rag1</i> ^{-/-} or <i>Rag2</i> ^{-/-}	Lacks T cells, B cells and NKT cells	↑ MCA-induced sarcomas ↑ Spontaneous intestinal neoplasias	6,27
<i>Rag2</i> ^{-/-} <i>Stat1</i> ^{-/-}	Lacks T cells, B cells and NKT cells; insensitive to IFN α , IFN β and IFN γ	↑ MCA-induced sarcomas ↑ Spontaneous intestinal and mammary neoplasias	6
SCID BALB/c	Lacks T cells, B cells and NKT cells	↑ MCA-induced sarcomas	27
<i>Tcrb</i> ^{-/-}	Lacks $\alpha\beta$ T cells	↑ MCA-induced sarcomas	100
<i>Tcrd</i> ^{-/-}	Lacks $\gamma\delta$ T cells	↑ MCA-induced sarcomas ↑ DMBA- plus TPA-induced skin tumours	100
<i>Tcrb</i> ^{-/-} <i>Tcrd</i> ^{-/-}	Lacks $\alpha\beta$ T cells and $\gamma\delta$ T cells	↑ DMBA- plus TPA-induced skin tumours	101
<i>Jα281</i> TCR gene-segment deficiency	Lacks NKT-cell subset	↑ MCA-induced sarcomas	19,27,102
<i>Lmp2</i> ^{-/-}	Lacks LMP2 subunit	↑ Spontaneous uterine neoplasms	103
Asialo-GM1-specific antibody treatment	Lacks NK cells, monocytes and macrophages	↑ MCA-induced sarcomas	27,102
NK1.1-specific antibody treatment	Lacks NK cells and NKT cells	↑ MCA-induced sarcomas	27,102
Thy1-specific antibody treatment	Lacks T cells	↑ MCA-induced sarcomas	27,102
Immunization with self antigen	Increased regulatory T-cell activity	↓ Latency of MCA-induced sarcomas	104
<i>Stat1</i> ^{-/-}	Insensitive to IFN α , IFN β and IFN γ	↑ MCA-induced sarcomas Wider tumour range in <i>Stat1</i> ^{-/-} <i>Tp53</i> ^{-/-} mice	6,18
<i>lfngr1</i> ^{-/-}	Insensitive to IFN γ	↑ MCA-induced sarcomas Wider tumour range in <i>lfngr1</i> ^{-/-} <i>Tp53</i> ^{-/-} mice	6,18
<i>lfnar1</i> ^{-/-}	Insensitive to IFN α and IFN β	↑ MCA-induced sarcomas	9
<i>lfnrg</i> ^{-/-}	Lacks IFN γ	↑ MCA-induced sarcomas C57BL/6 mice: ↑ Spontaneous disseminated lymphomas; ↓ latency of <i>tax</i> -transgene-induced leukaemia BALB/c: ↑ Spontaneous lung adenocarcinomas	19,20,105
<i>Gmcsf</i> ^{-/-} <i>lfnrg</i> ^{-/-}	Lacks GM-CSF and IFN γ	↑ Spontaneous lymphomas ↑ Non-lymphoid solid cancers	21
<i>Pfp</i> ^{-/-} <i>lfnrg</i> ^{-/-}	Lacks perforin and IFN γ	↑ MCA-induced sarcomas ↑ Spontaneous disseminated lymphomas	19,20
<i>Pfp</i> ^{-/-} <i>b2m</i> ^{-/-}	Lacks perforin, MHC class I molecules and CD8 ⁺ T cells	↑ Spontaneous disseminated lymphomas	106
<i>Pfp</i> ^{-/-}	Lacks perforin	↑ MCA-induced sarcomas ↑ Spontaneous lymphomas ↑ Spontaneous lymphomas and sarcomas in <i>Pfp</i> ^{-/-} <i>Tp53</i> ^{-/-} mice	19,102,107
<i>Trail</i> ^{-/-}	Lacks TRAIL	↑ MCA-induced sarcomas ↑ Spontaneous lymphomas ↑ Spontaneous lymphomas and sarcomas in <i>Trail</i> ^{-/-} <i>Tp53</i> ^{-/-} mice	108,109
TRAIL-specific antibody treatment	Blockade of TRAIL	↑ MCA-induced sarcomas ↑ Spontaneous lymphomas and sarcomas	10
NKG2D-specific antibody treatment	Blockade of NKG2D	↑ MCA-induced sarcomas	39
<i>Il12a</i> ^{-/-}	Lacks IL-12	↑ DMBA- plus TPA-induced papillomas	68
<i>Il23a</i> ^{-/-}	Lacks IL-23	↓ DMBA- plus TPA-induced papillomas	68
<i>Il12b</i> ^{-/-}	Lacks IL-12 and IL-23	↑ MCA-induced sarcomas ↓ DMBA- plus TPA-induced papillomas	40,68
IL-12 treatment	Exogenous IL-12	↓ MCA-induced sarcomas	26
α -GalCer treatment	Exogenous NKT-cell activation	↓ MCA-induced sarcomas	110
<i>Tnf</i> ^{-/-}	Lacks TNF	↓ DMBA- plus TPA-induced papillomas	69
Conditional <i>Socs1</i> ^{-/-}	SOCS1 expressed only by T cells and B cells	↑ Spontaneous colitis-associated colorectal adenocarcinomas	70
Conditional <i>Socs1</i> ^{-/-} plus IFN γ -specific antibody treatment	SOCS1 expressed only by T cells and B cells; IFN γ depletion	↓ Spontaneous colitis-associated colorectal adenocarcinomas	70

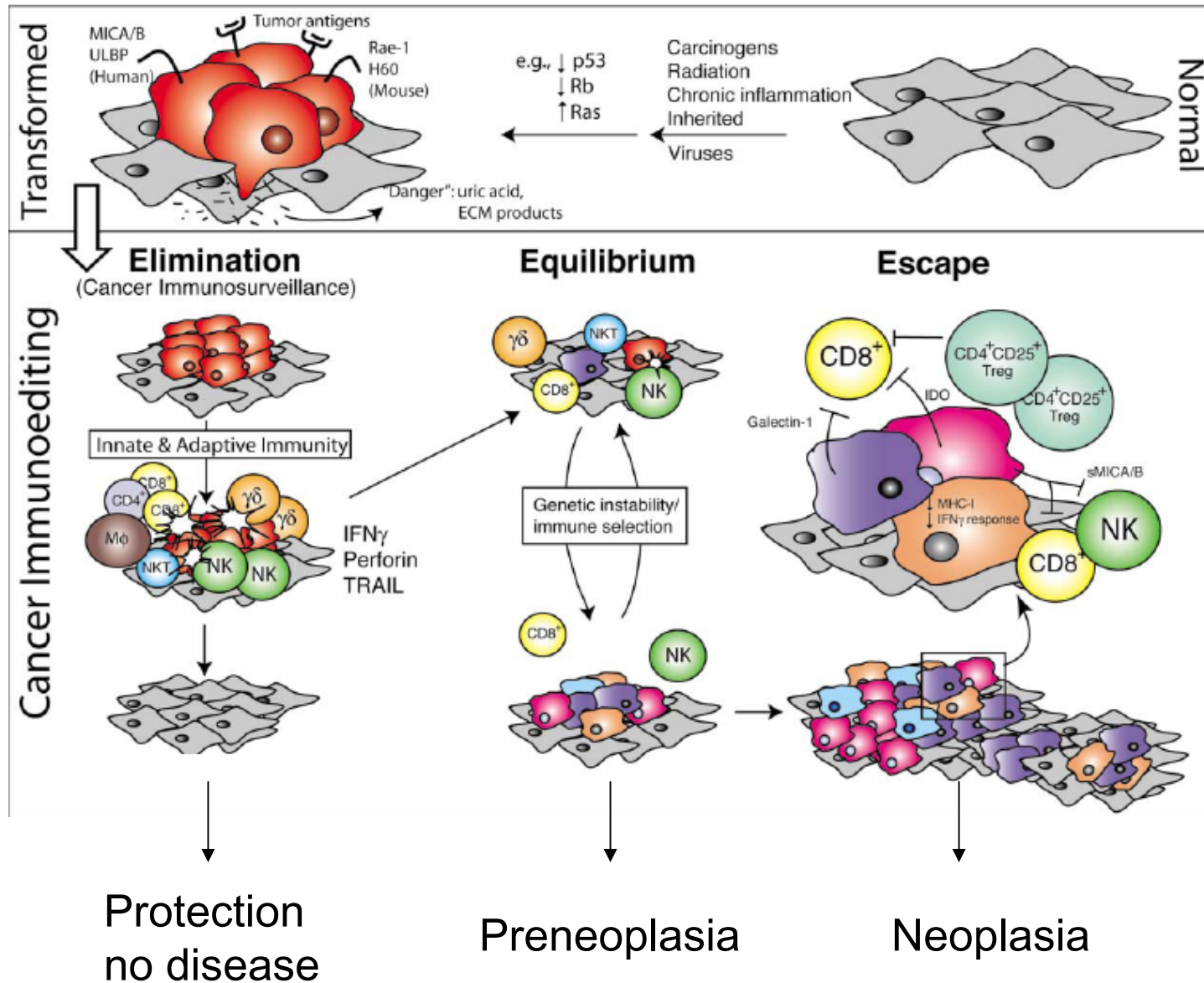
b2m, β -microglobulin; DMBA, 7,12-dimethylbenz(a)anthracene; α -GalCer, α -galactosylceramide; GM1, a ganglioside; *Gmcsf*, granulocyte/macrophage colony-stimulating factor; *lfnar1*, type I IFN receptor 1; *lfn*, interferon; *lfngr1*, IFN γ receptor 1; *Il*, interleukin; *J α 281*, joining gene segment *J α 281* of TCR α ; *Lmp2*, low-molecular-mass protein 2; MCA, 3-methylcholanthrene; NK, natural killer; NK1.1, NK-cell-associated antigen 1.1; NKG2D, NK group 2, member D; NKT, natural killer T; *Pfp*, perforin; *Rag*, recombination-activating gene; SCID, severe combined immunodeficient; *Socs1*, suppressor of cytokine signalling 1; *Stat1*, signal transducer and activator of transcription 1; *Tcr*, T-cell receptor; *Tnf*, tumour-necrosis factor; TPA, 12-O-tetradecanoyl phorbol 13-acetate; *Tp53*, tumour-suppressor protein p53; *Trail*, TNF-related apoptosis-inducing ligand.

Dunn *et al. Nature Reviews Immunology* **6**, 836–848 (November 2006) | doi:10.1038/nri1961

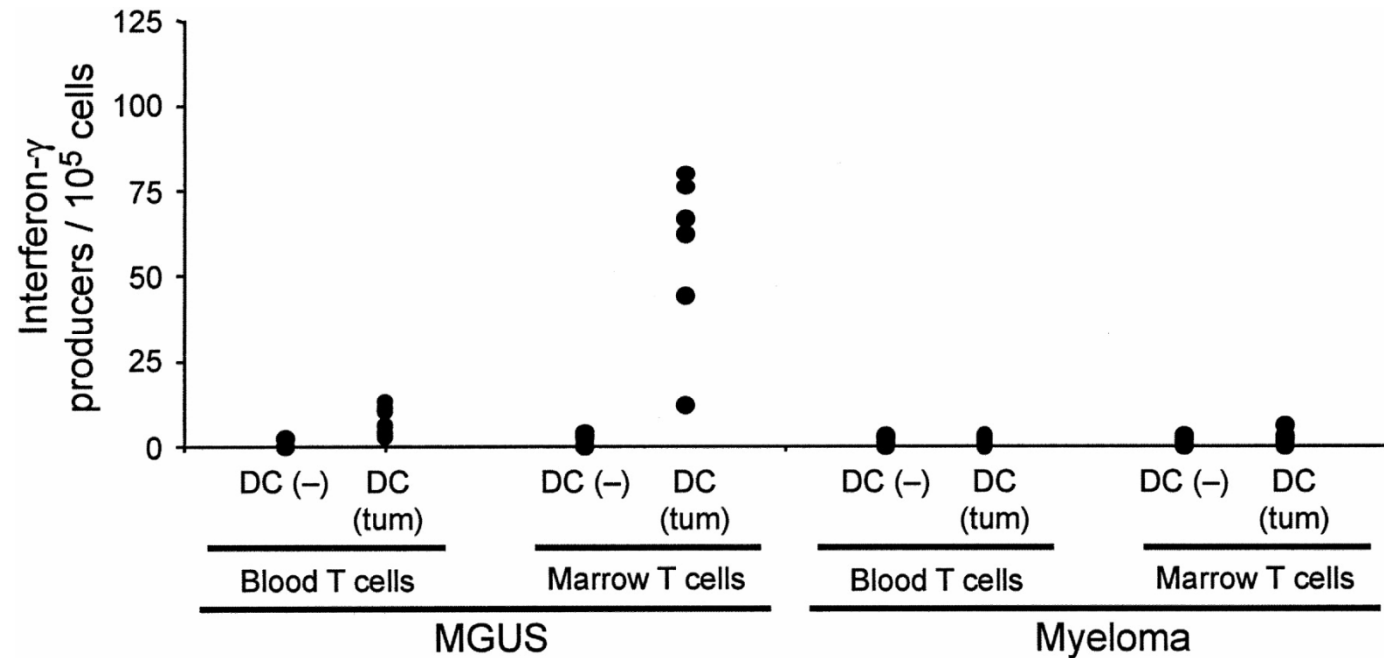
Cancer immunosurveillance and immunoediting hypothesis

- immune system is capable of early recognition and elimination of cell in the process of malignant transformation
- mediated by various components of the immune system (T-cells, NKT cells, NK cells)
- scarce evidence for its existence in humans

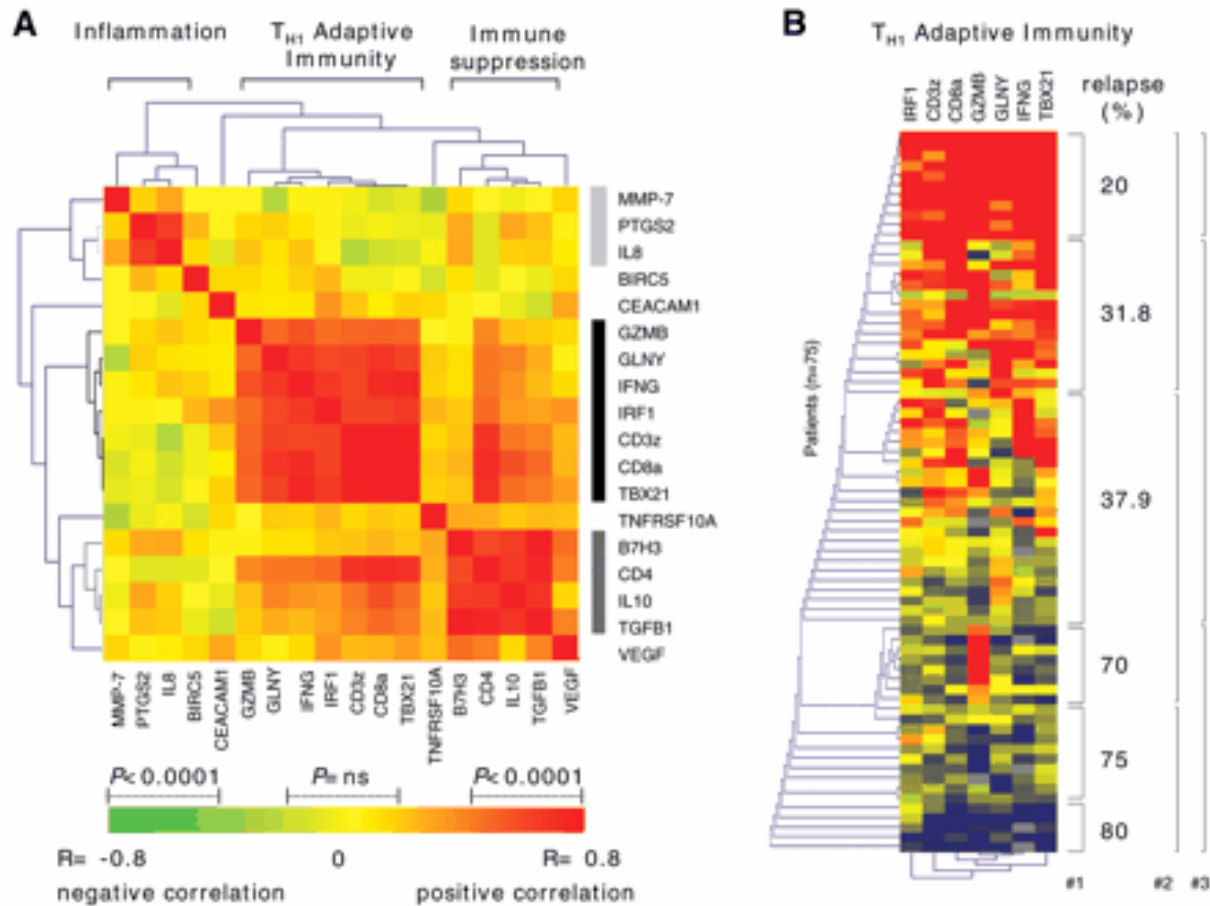
Cancer immunosurveillance and immunoediting hypothesis



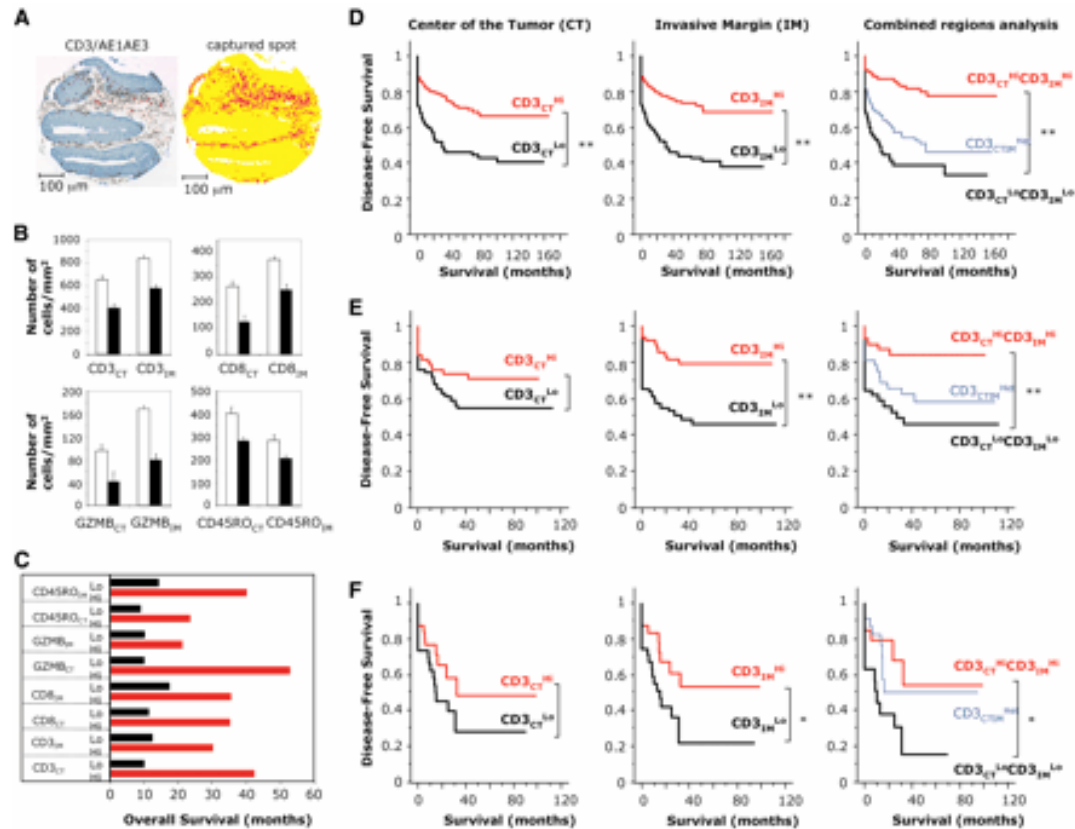
Tumor cell specific enrichment of IFN γ producing T cells in the bone marrow of patients with MGUS



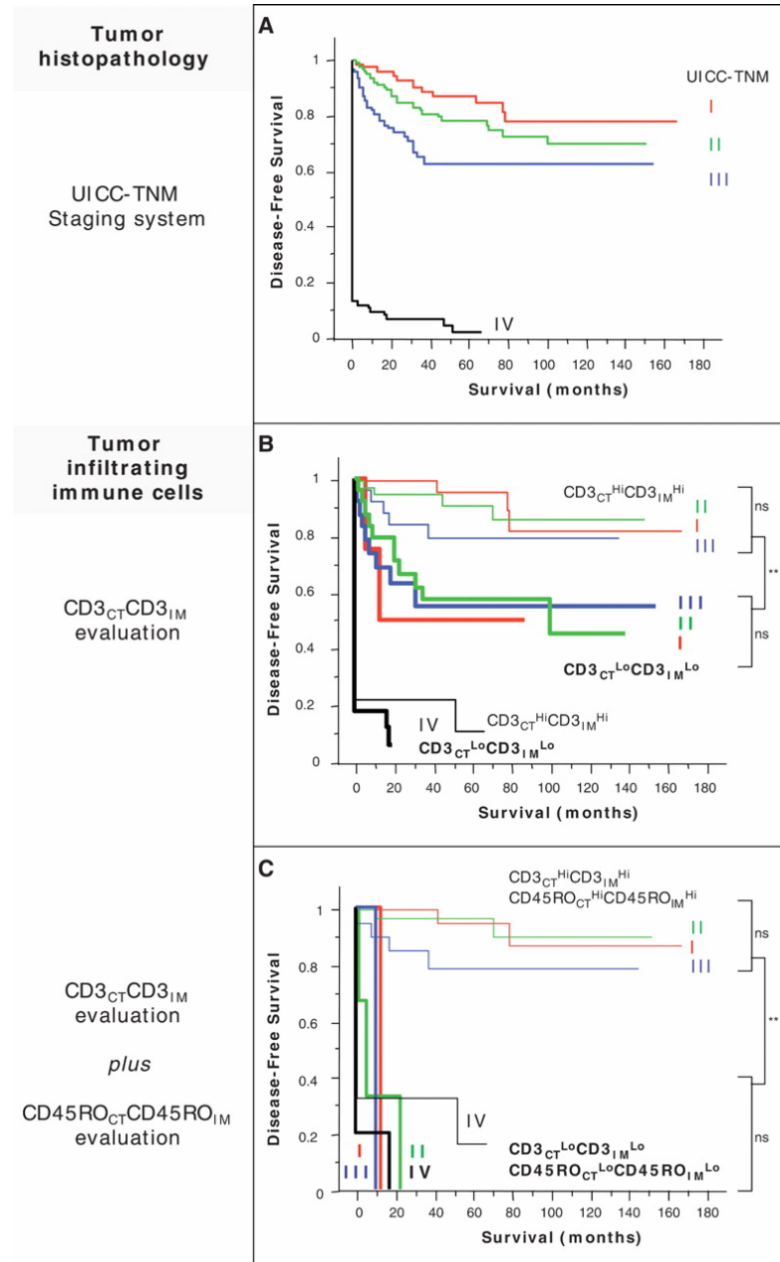
Infiltration of tumor tissue by T cells predicts better prognosis in colon cancer



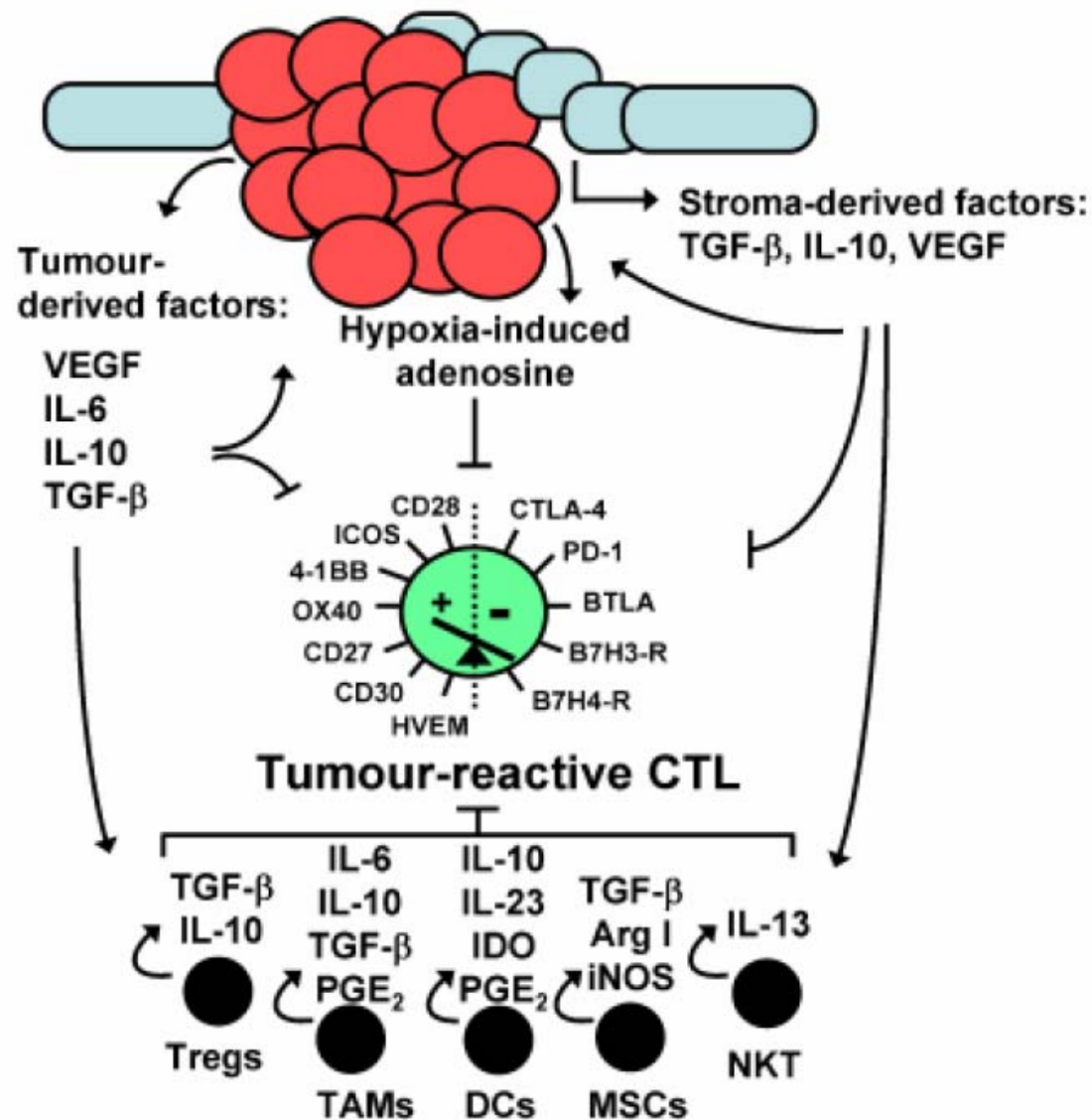
Infiltration of tumor tissue by T cells predicts better prognosis in colon cancer

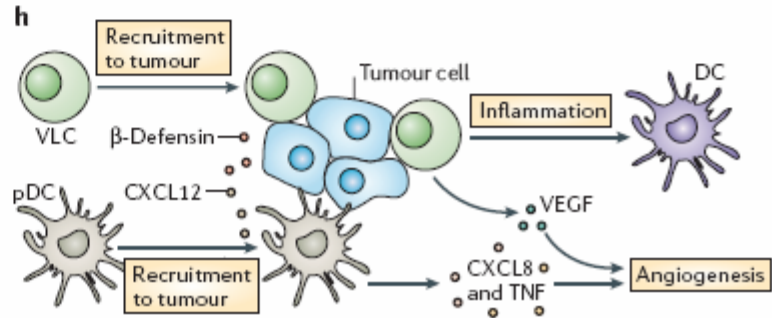
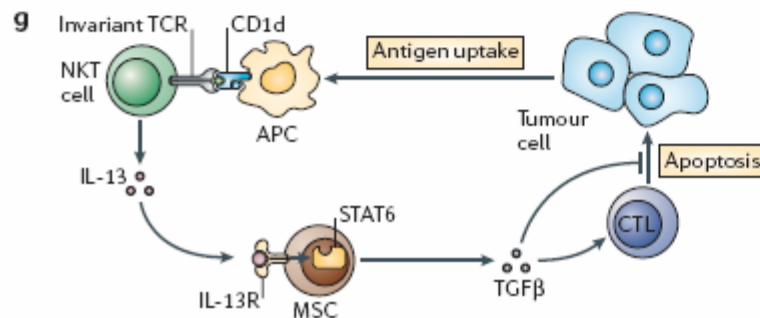
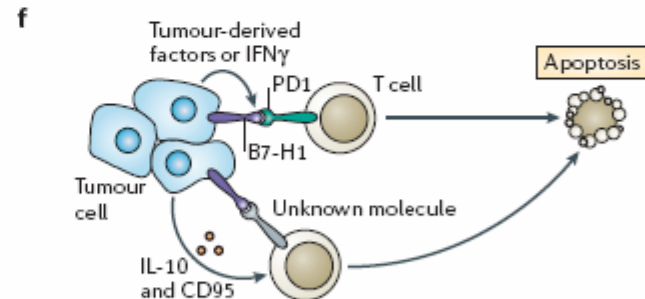
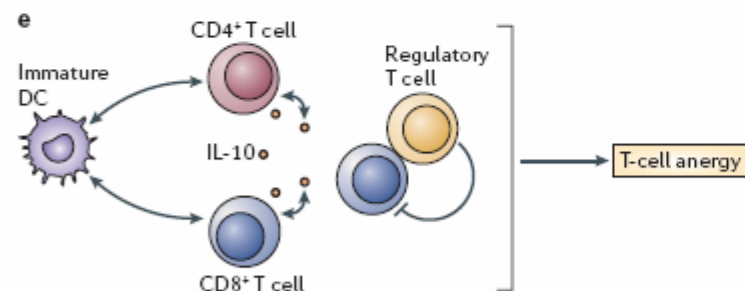
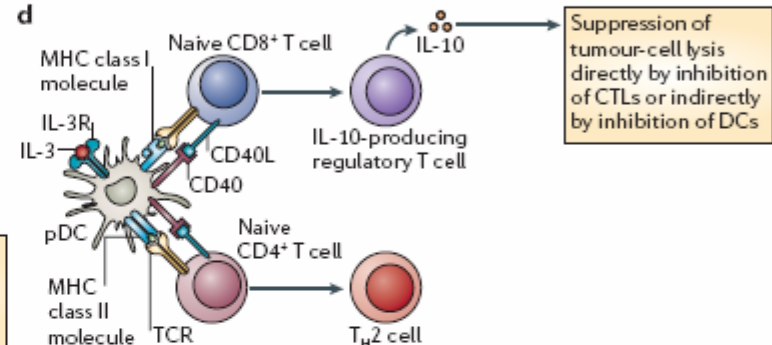
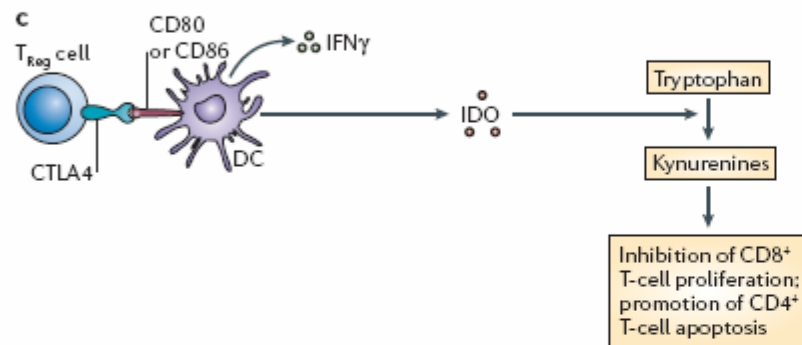
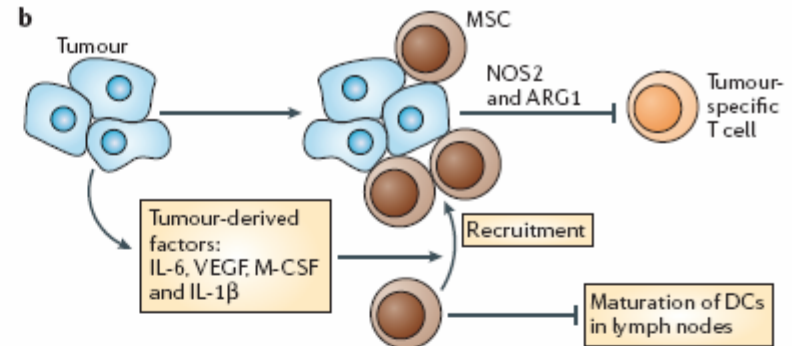
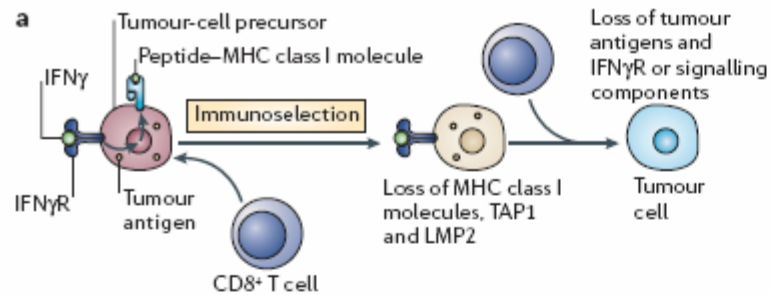


Infiltration of tumor tissue by T cells predicts better prognosis in colon cancer

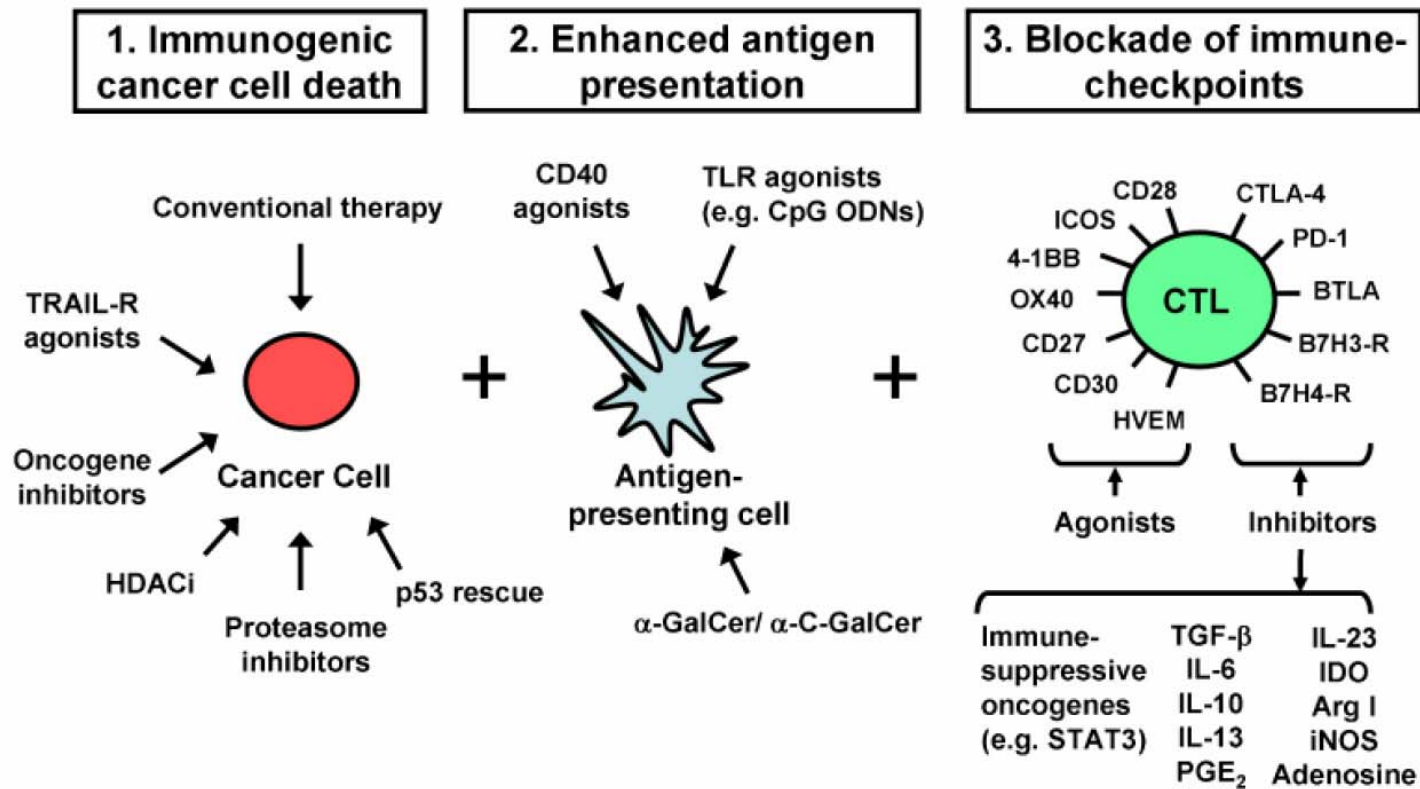


Factors inhibiting anti-tumor immune response

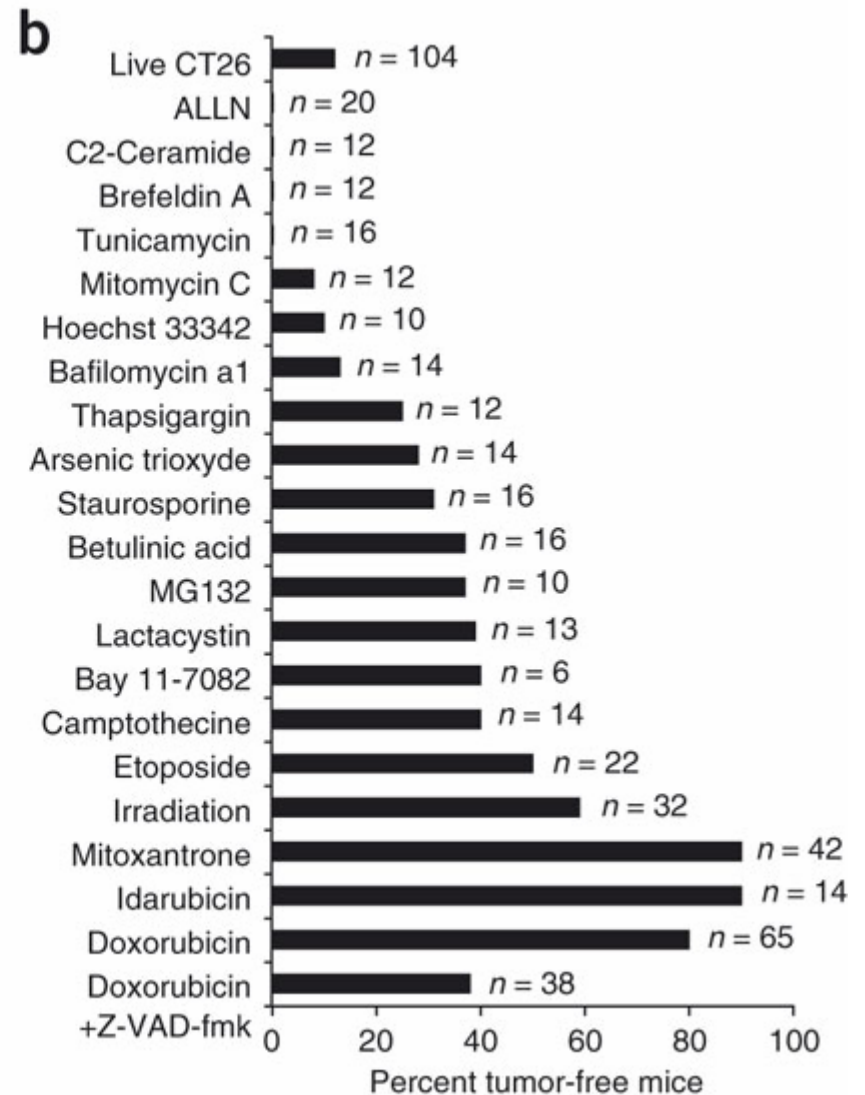
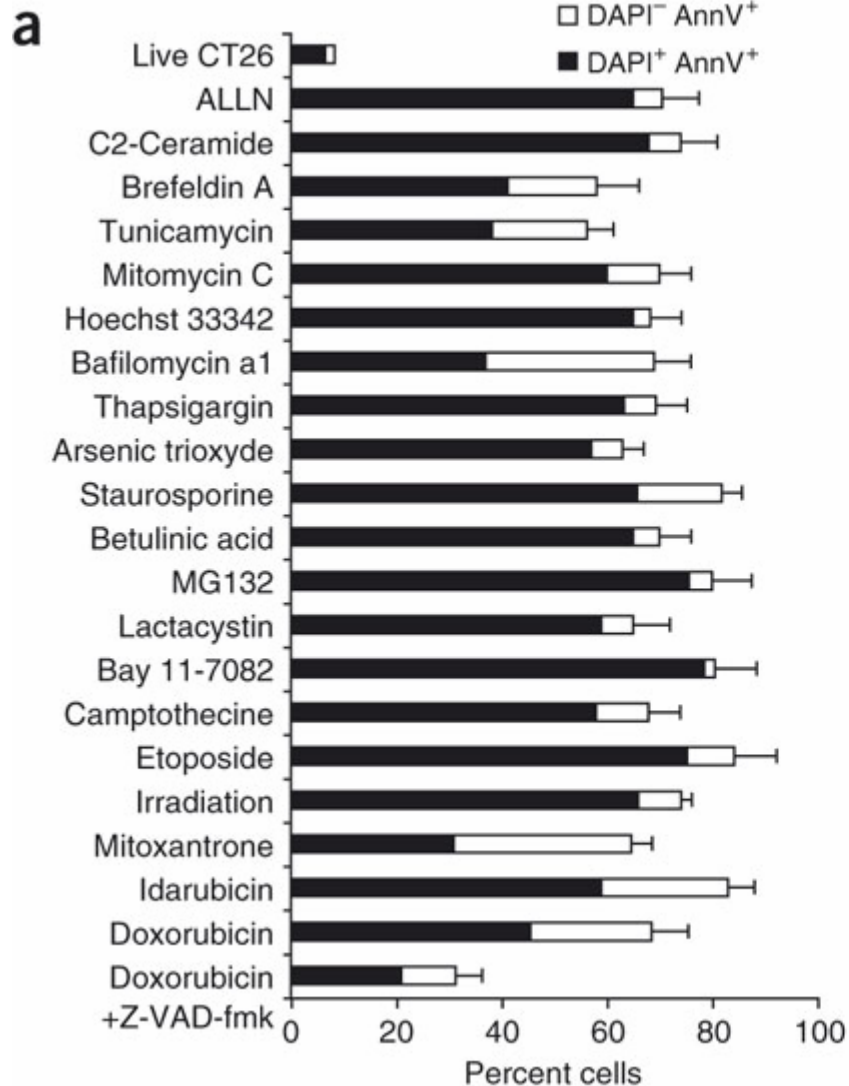




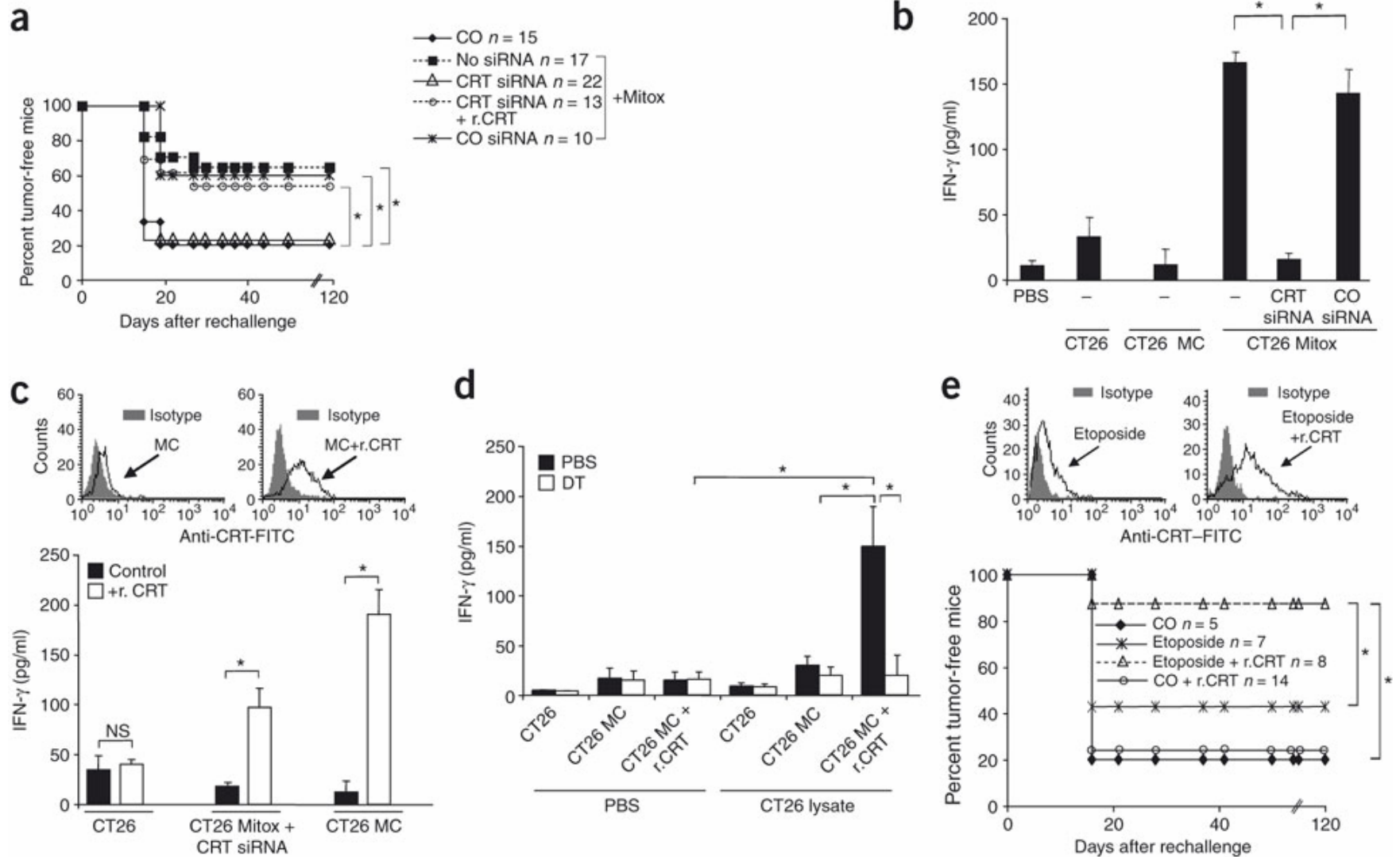
Strategies to enhance anti-tumor immune response



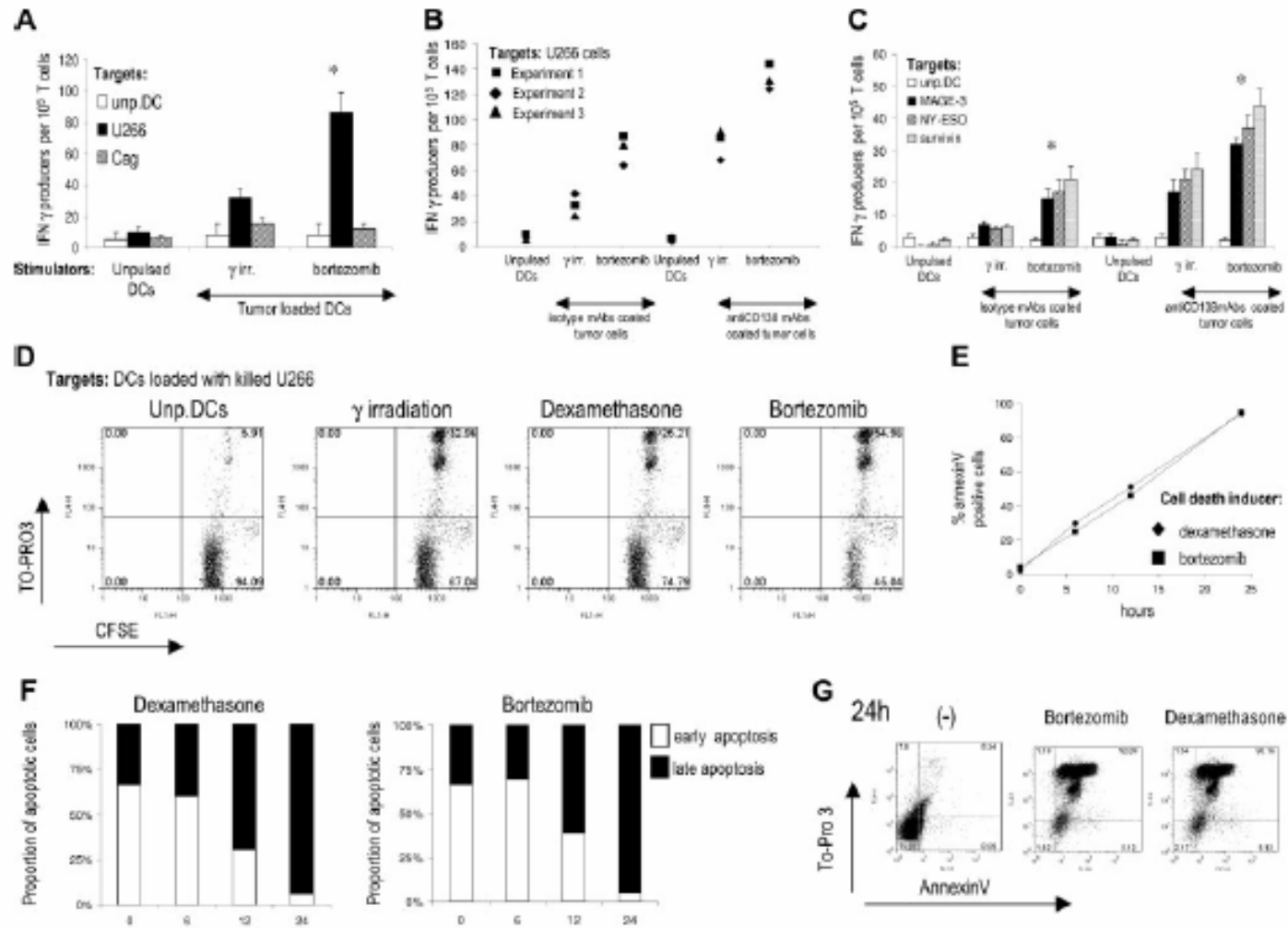
Cell surface calreticulin expression is a marker of immunogenic cell death

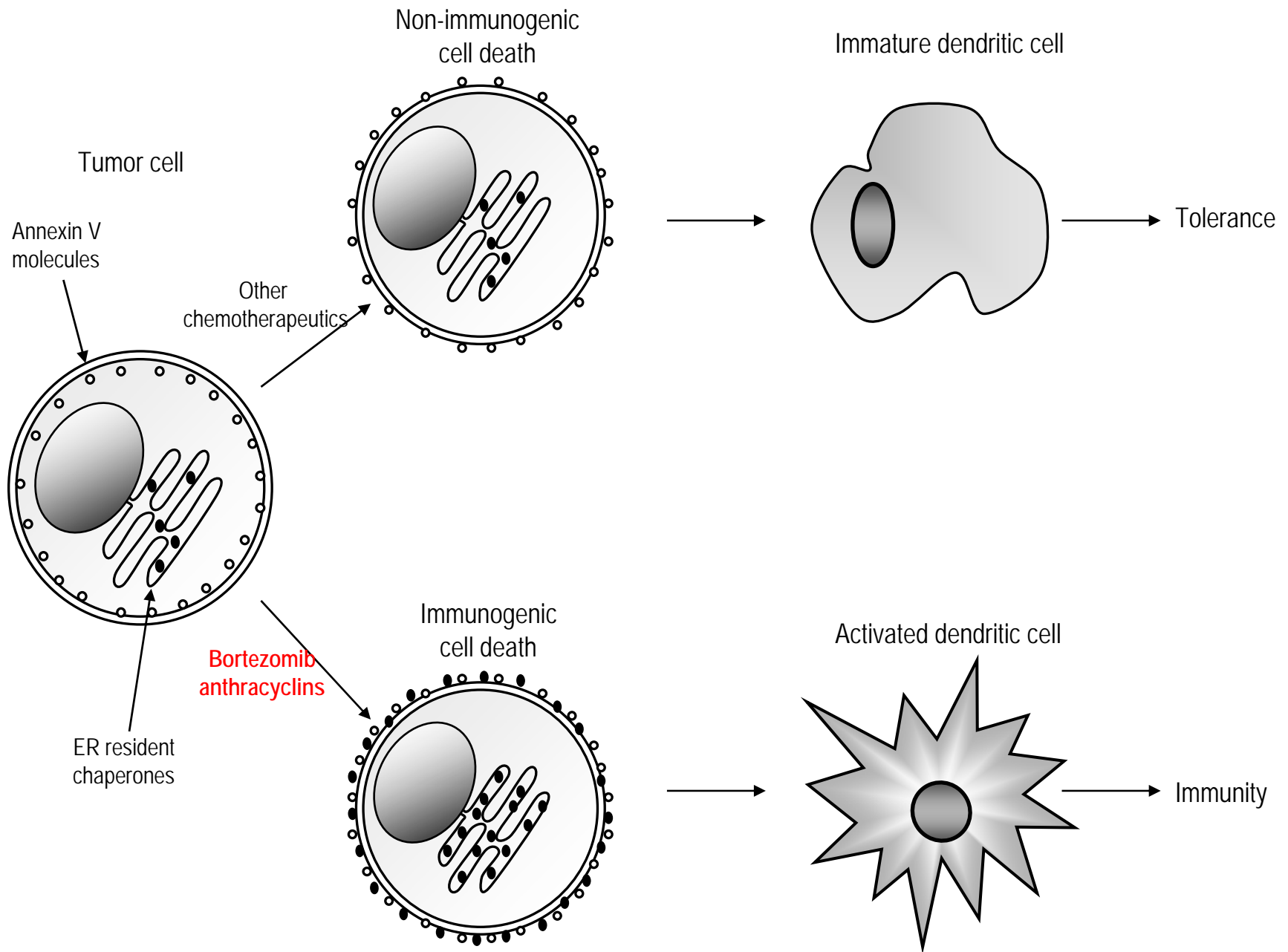


Cell surface calreticulin expression is a marker of immunogenic cell death

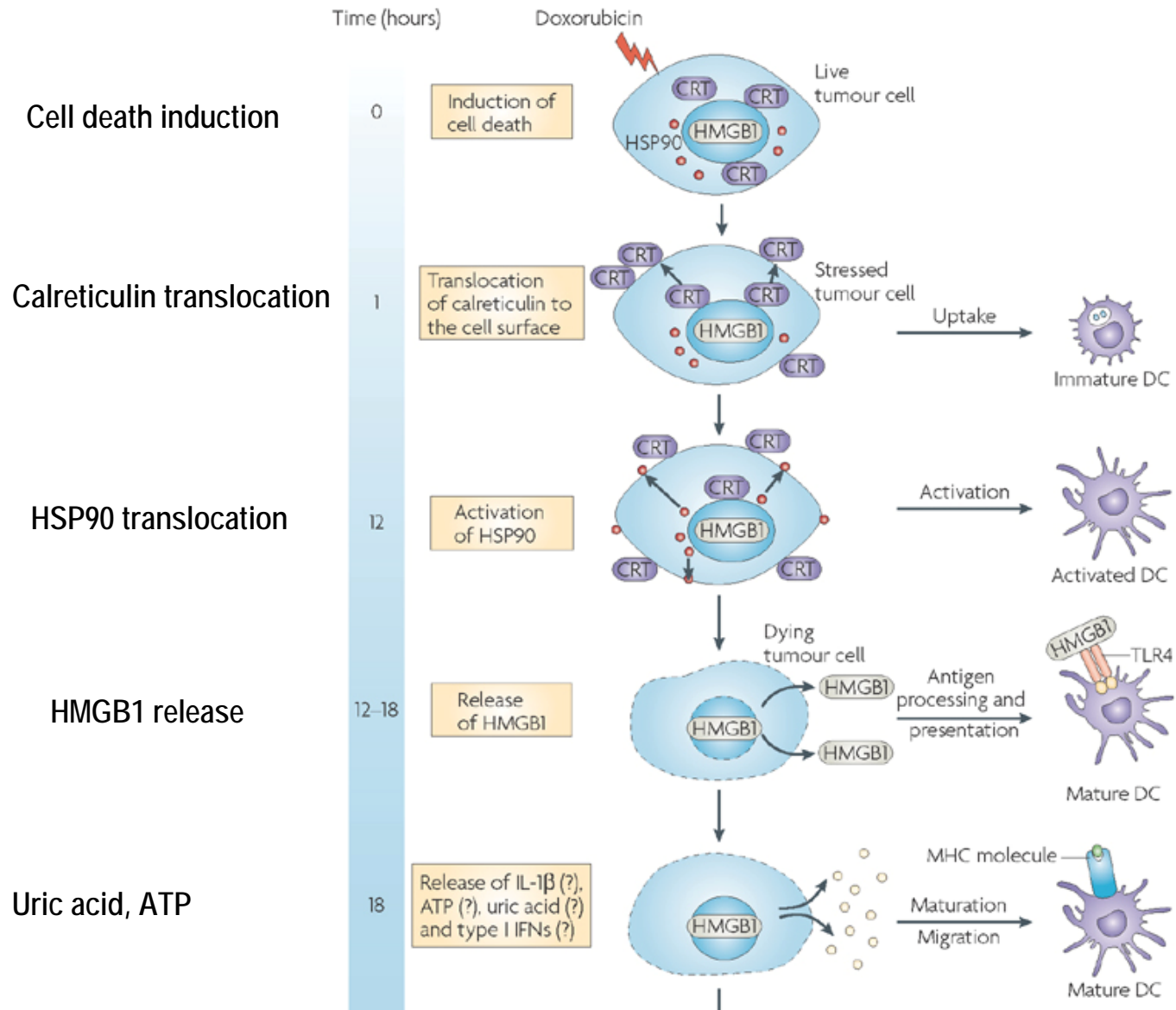


Bortezomib induces immunogenic cell death in myeloma cells





Signals of immunogenic cell death



Principal of immunotherapy

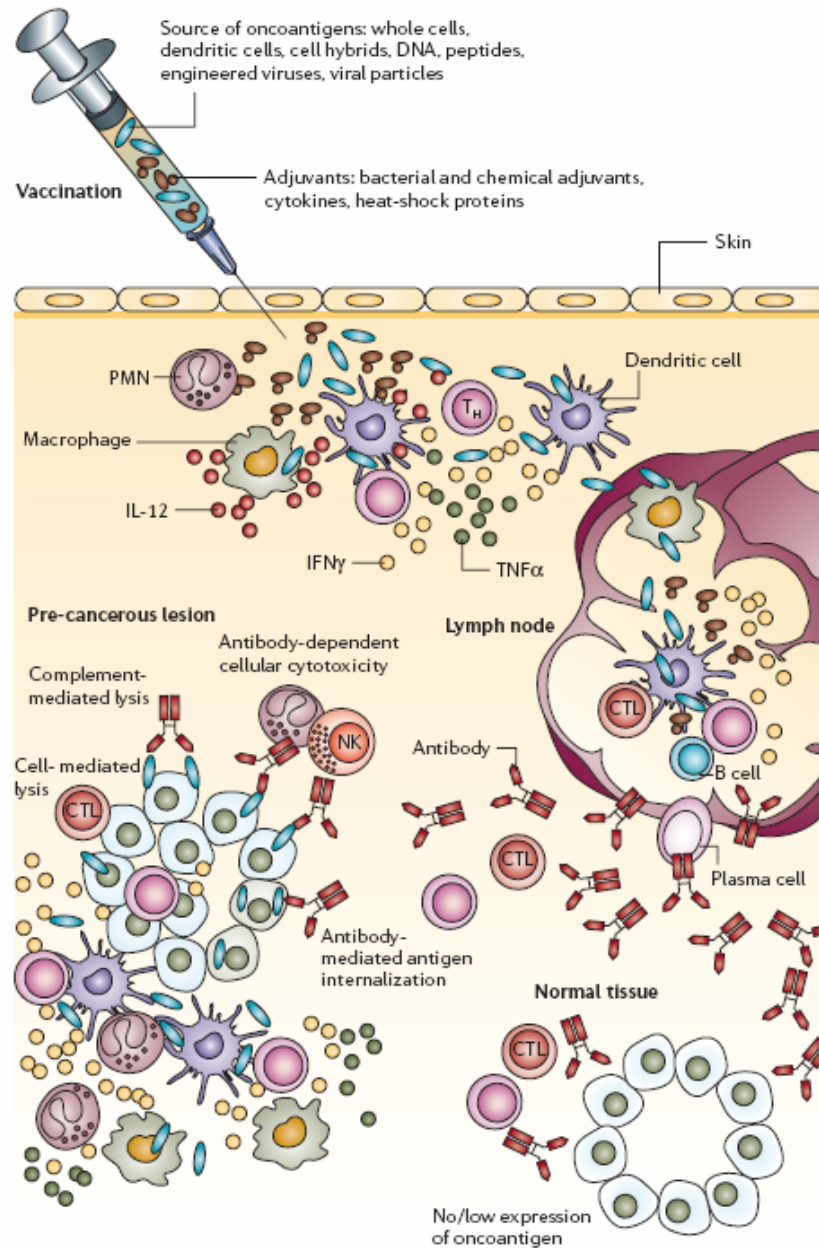
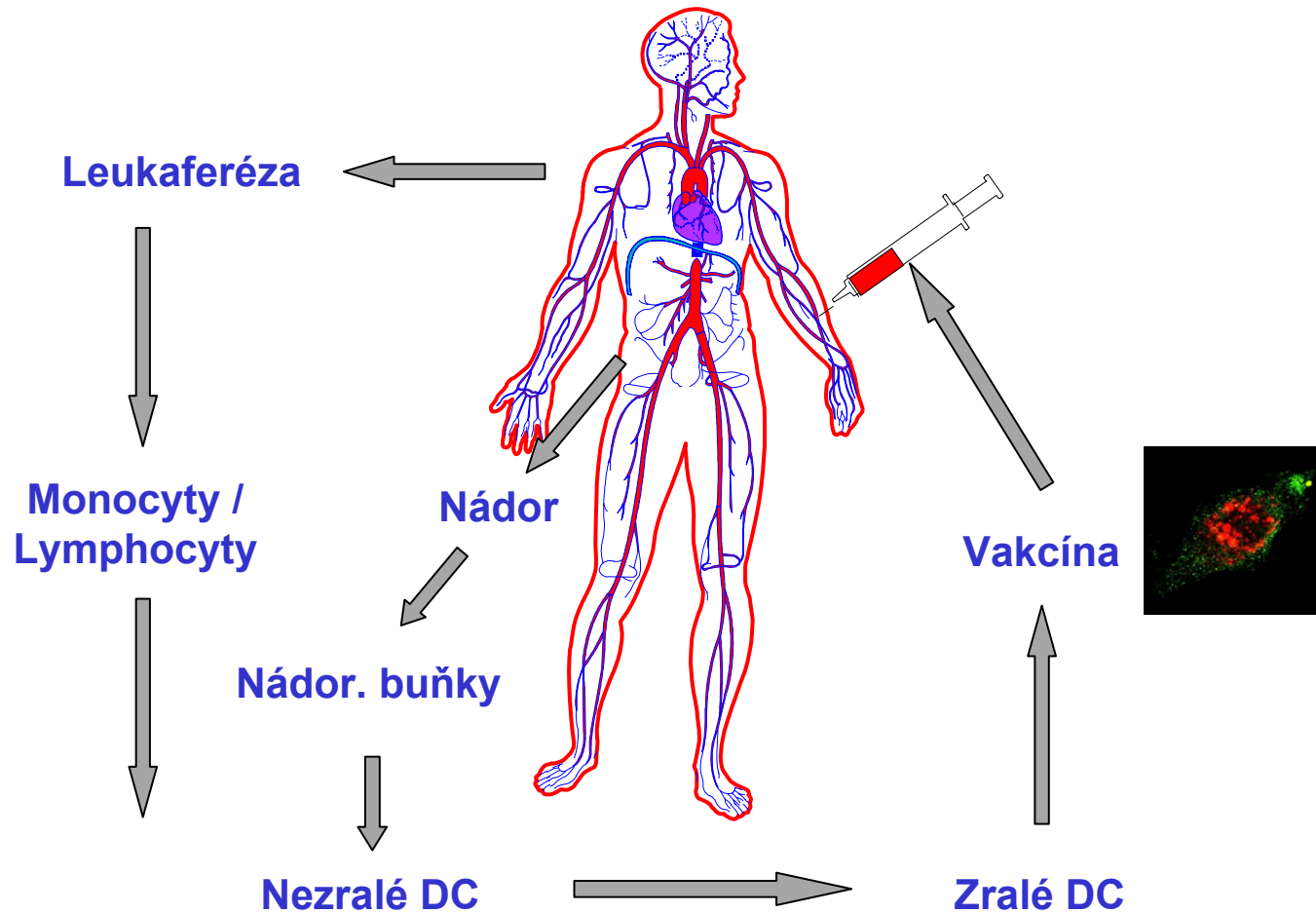
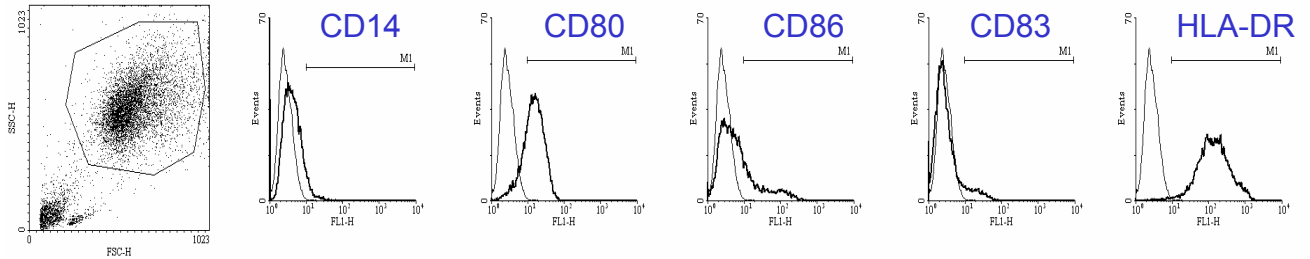


Schéma protokolu protinádorové imunoterapie

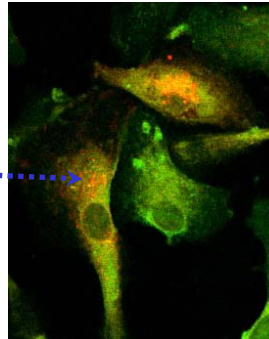
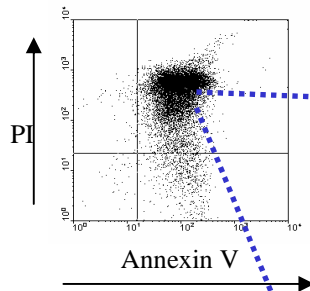


Indukce nádorově specifických T lymfocytů na modelu akutní myeloidní leukémie

Nezralé DC, den 5

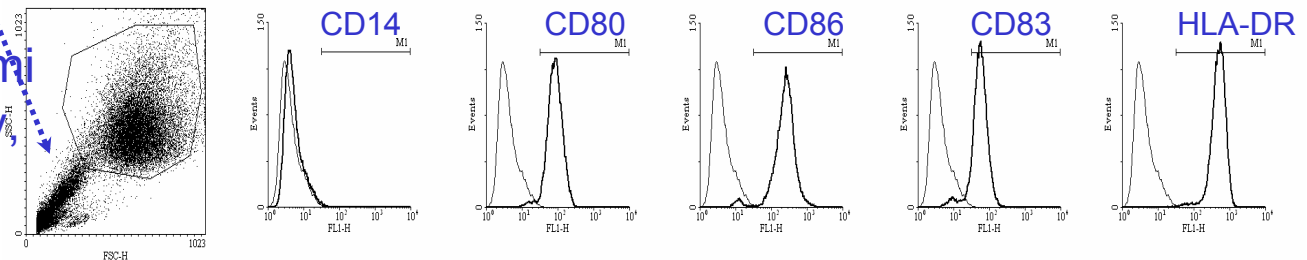


Tumor Ag: UV irradiated
AML blasts



Ag-pulsing + maturation

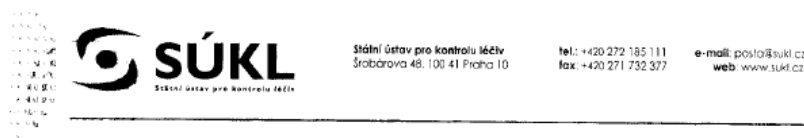
DC pulzované mrtvými
leukemickými blasty,
den 7



Jednotka buněčné imunoterapie UK, 2.LF, FN Motol- 2007



Povolení SÚKL pro přípravu vakcín na bázi dendritických buněk- 2008

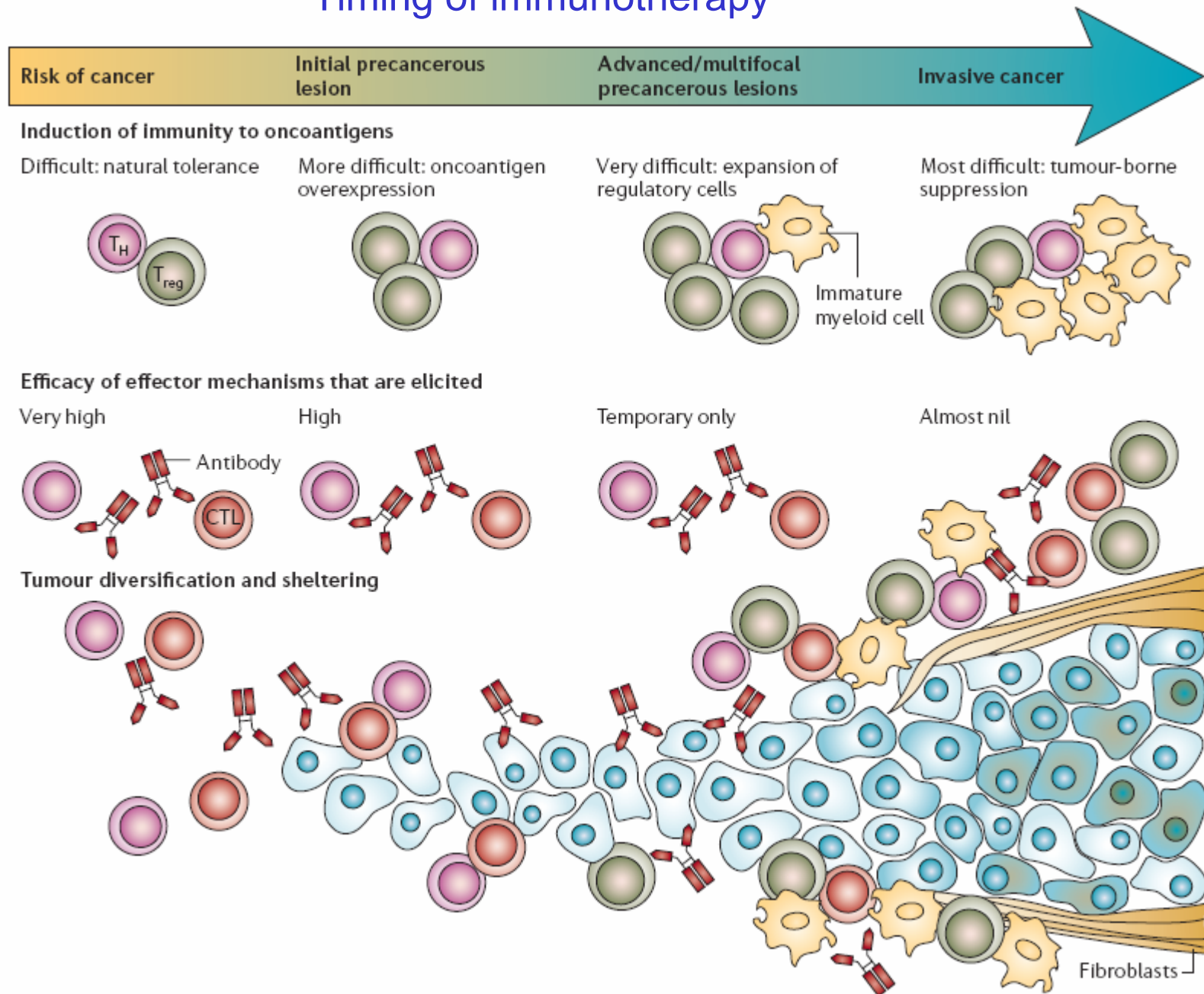


certifikát sp.zn./ certificate Ref.No: 21442/4/INS/07

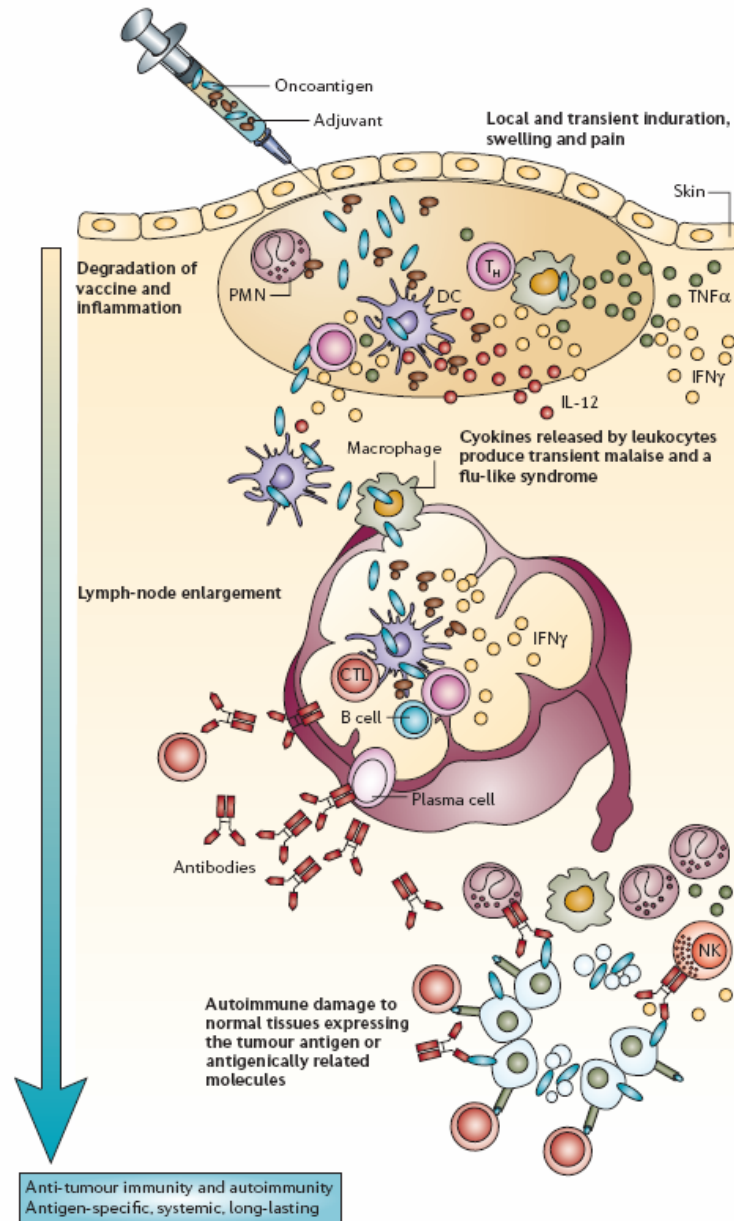
CERTIFIKÁT SVP PRO VÝROBCE
Část 1

CERTIFICATE OF GMP COMPLIANCE OF A
MANUFACTURER
Part 1

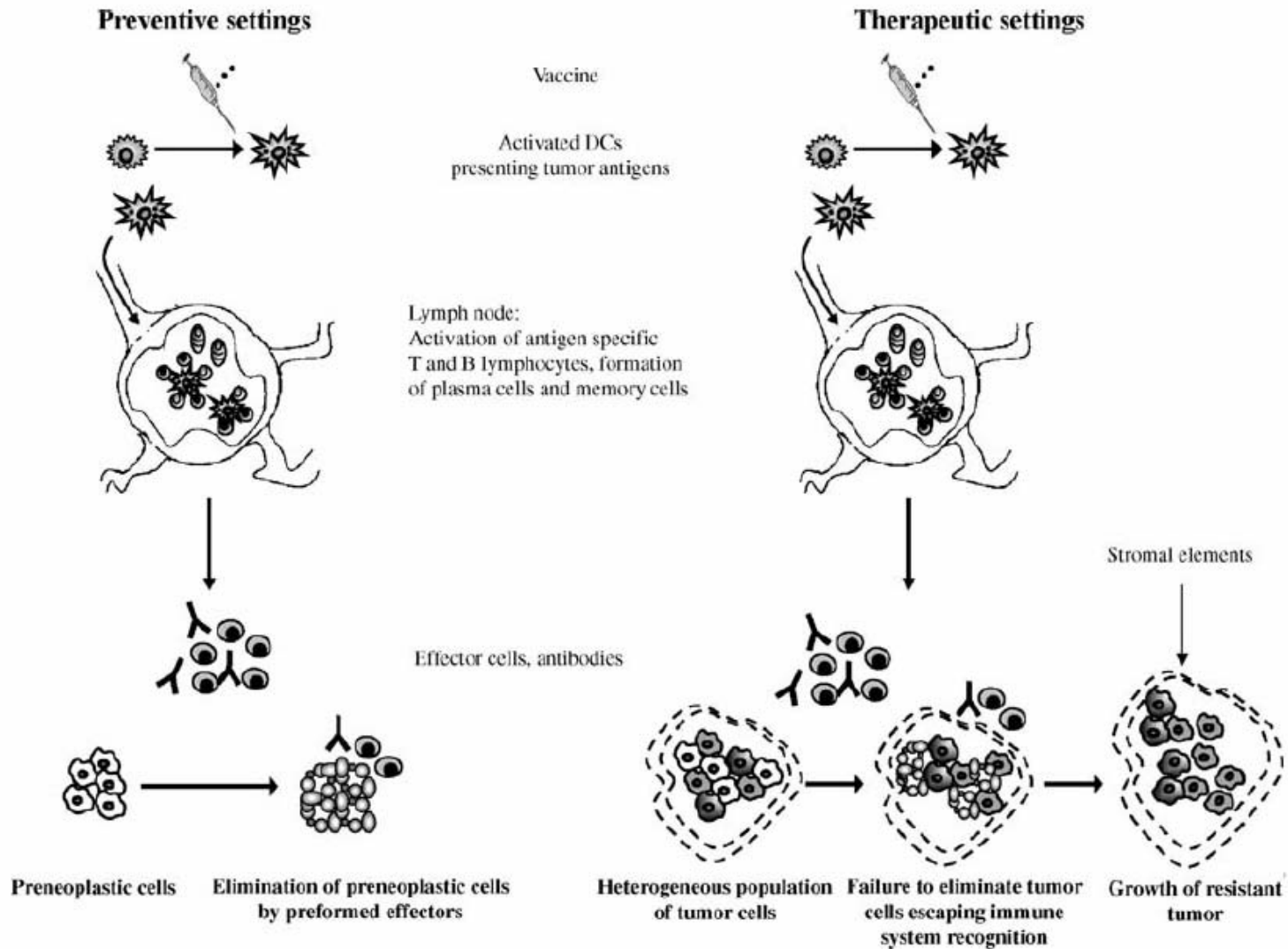
Timing of immunotherapy



Adverse effects of immunotherapy



Timing of immunotherapy



Target populations

Primary prevention- individuals at risk of cancer development, hereditary cancer syndromes (e.g. families with hereditary colorectal cancer, or women with BRCA mutations) where specific mutations can be detected and the increased risk for cancer is well established.

Secondary prevention- is feasible in patients with preneoplastic lesions, wherein preventive anti-tumor vaccination should prevent progression to malignant tumors. Examples of the latter are patients with colon polyps, oral leukoplakia, and cervical intraepithelial neoplasia, or monoclonal gammopathy of unknown significance.

Tertiary prevention- Many tumors can be eradicated or substantially reduced by current treatment modalities. Cancer vaccines could be used as a form of adjuvant therapy designed to elicit and boost antitumor immunity in patients with minimal residual disease.

Targeting of tumor clonogenic progenitors

- Important therapeutic implications
 - if treatment does not eliminate cancer stem cells, tumor regenerates once the treatment stops

