



Comunicazione delle Scienze Biomediche

Prof.ssa Cristina Cerboni



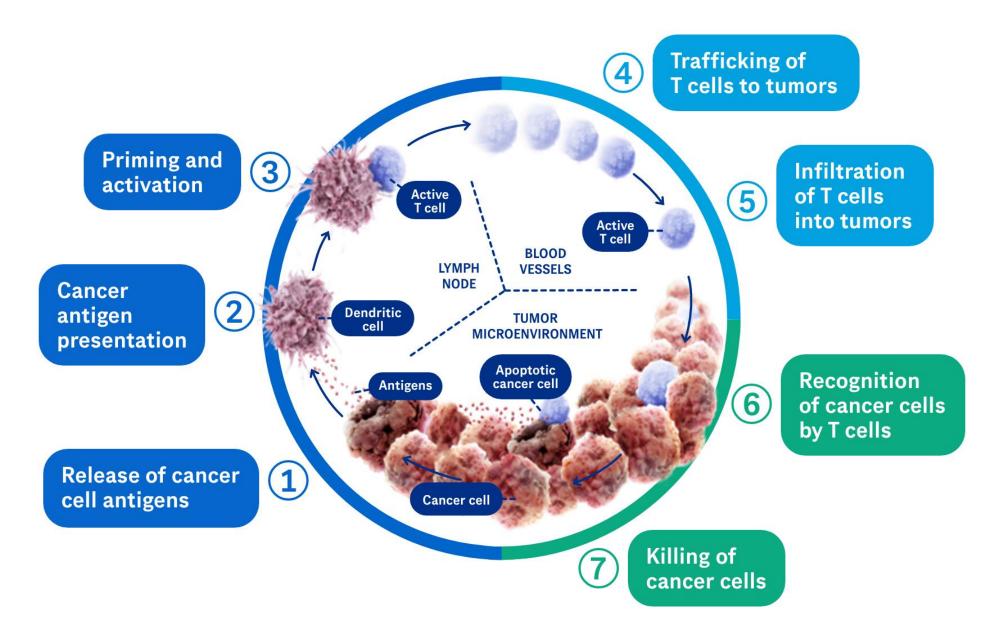


Immunità e tumori

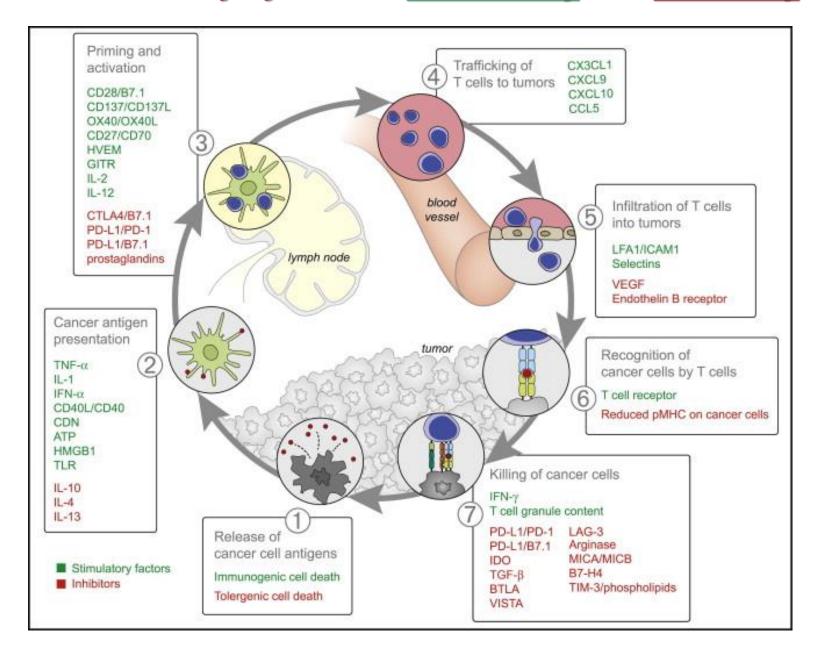
Anno Accademico 2025-2026

Il materiale presente in questo documento viene distribuito solamente per uso interno ed esclusivamente a scopo didattico.

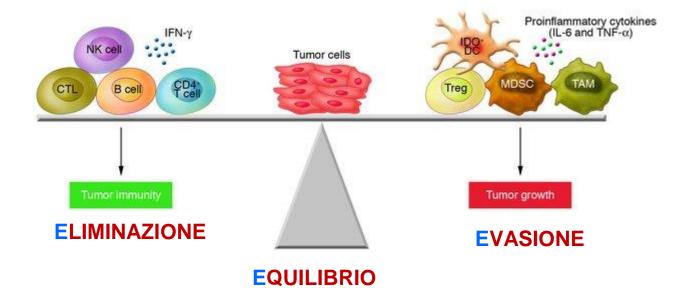
The Cancer-Immunity Cycle



The cancer-immunity cycle with **stimulatory** and **inhibitory** factors



Immunità e tumori: le tre E



Treg: regulatory T cells
MDSC: myeloid-derived suppressor cells TAM: tumor-associated macrophages

The immune system establishes a dynamic interaction with the tumour: cancer immunoediting

e.g., 1 p53

TRas

Carcinogens

Chronic inflammation

Radiation

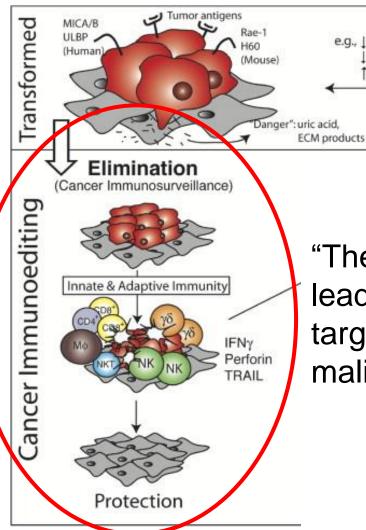
Inherited

Le tre E

ELIMINAZIONE

EQUILIBRIO

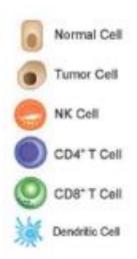
EVASIONE

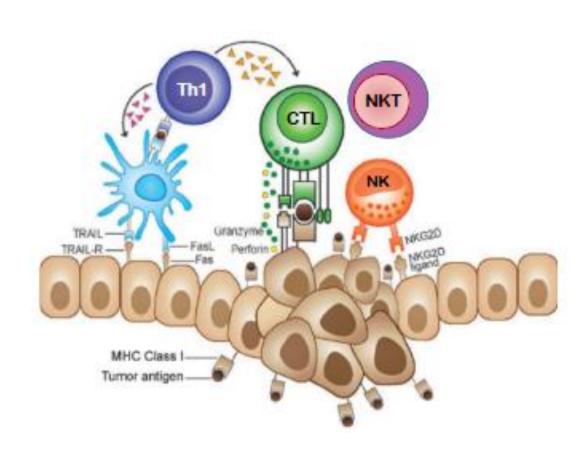


"The genetic damage that on the one hand leads to oncogenic outgrowth can also be targeted by the immune system to control malignancies".

Schumacher and Schreiber, Science 2015

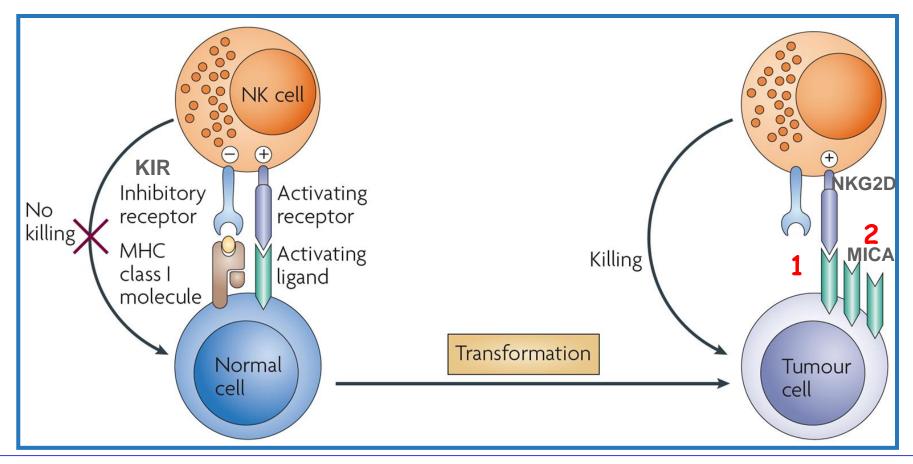
ELIMINAZIONE





Immunità innata

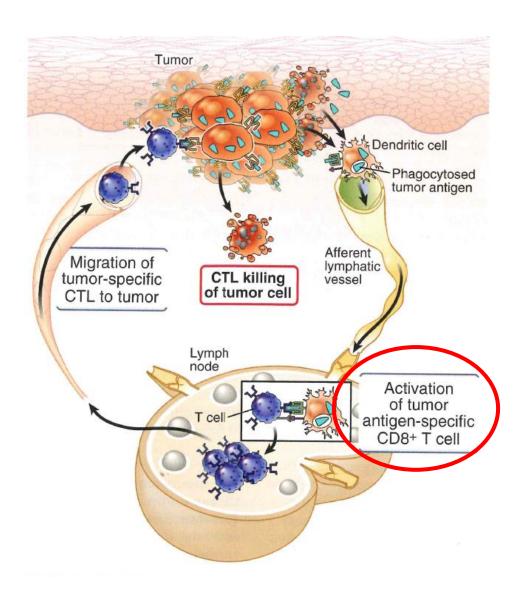
Le cellule NK eliminano una cellula tumorale attraverso il *missing-self* (1) e l'*induced-self* (2)



il missing-self (1) è la perdita di inibizione (MHC-I); l'induced-self (2) è una "super-attivazione" dovuta all'aumento di espressione di molecole attivatorie (MICA, ULBPs)

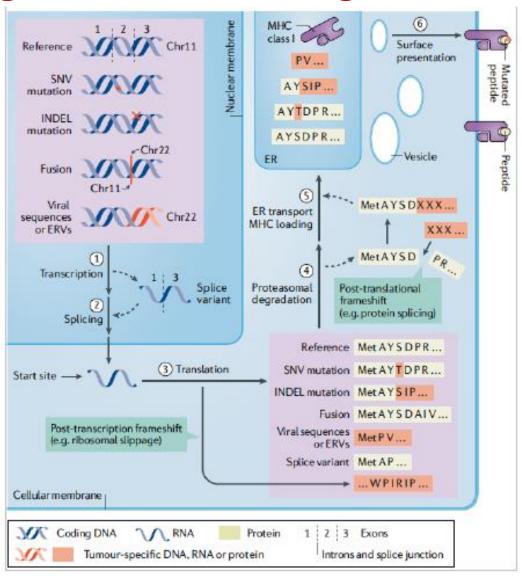
Immunità adattativa

The principal mechanism of immune protection against tumors is killing of tumor cells by CD8+ CTLs



Gli antigeni tumorali

La generazione di antigeni tumorali



Chr, chromosome; ERV, endogenous retrovirus; INDEL, insertion or deletion; SNV, single-nucleotide variant

Quali tipi di antigeni tumorali conosciamo?

only expressed by the tumor (one tumor type)

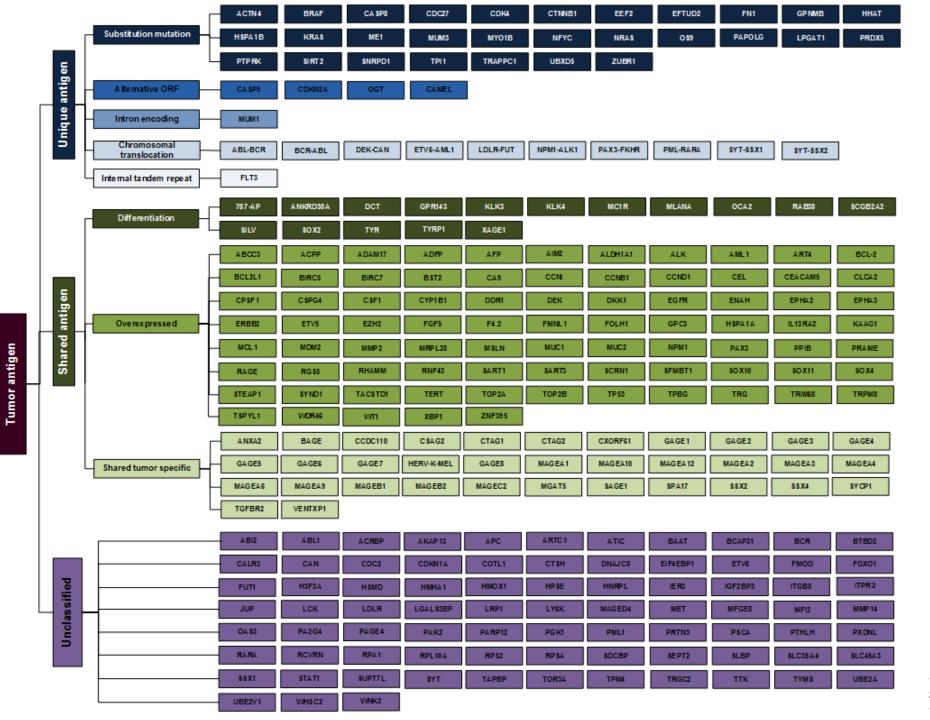
also found in other normal cell types

only expressed by the tumor (more tumor types)

Antigen type	Description	HPV oncoproteins E6 and E7 (HPV-associated cancers of the cervix, anus and oropharynx) ^{11,12} Individual KRAS mutations (pancreatic, colon, lung and various other cancers) ^{18,19}	
Tumour-specific antigens ^{8,9} TSA	Completely absent from normal host cells Arise in cancer cells from oncogenic viral proteins or nonsynonymous somatic mutations		
Tumour-associated antigens ⁹ TAA	Low levels of expression on normal host cells Disproportionately expressed on tumour cells Often result from genetic amplification or post-translational modifications Can be selectively expressed by the cell lineage from which the cancer evolved	 ERBB2 (some breast cancers and various other cancers)¹⁵⁸ Mesothelin (pancreatic cancer and mesothelioma)¹⁵⁹⁻¹⁶¹ CD19 on B cell malignancies^{27,28} 	
Cancer/testis antigens ^{13,14} CTA (Shared TSA)	 Absent on normal adult cells, except in reproductive tissues (e.g. testes, fetal ovaries and trophoblasts) Selectively expressed by various tumour types 	 MAGE (various cancers)¹⁶² NY-ESO-1 antigen (various cancers)¹⁶³ 	

ANTIGENI TUMORALI UMANI (alcuni esempi)

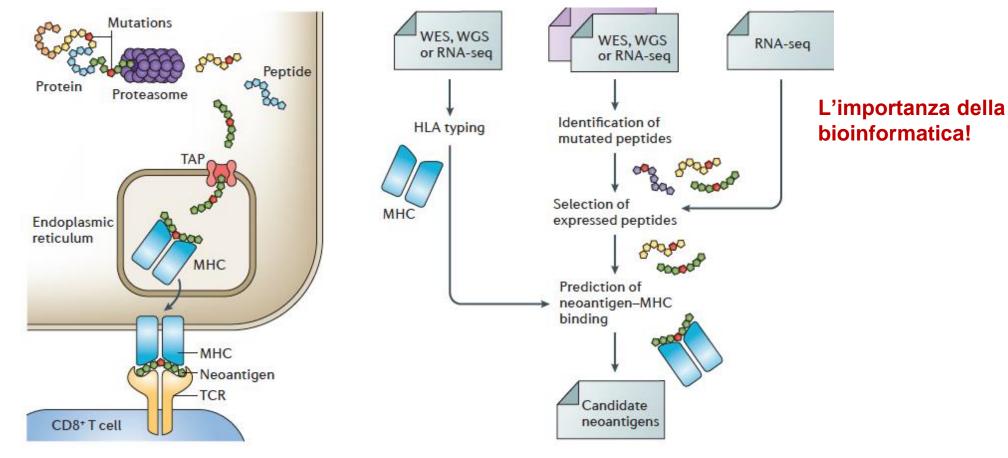
- Prodotti di geni amplificati o mutati (HER-2/neu).
- Prodotti di oncogeni o geni onco-soppressori (Ras, Bcr-Abl, p53).
- Prodotti di virus oncogeni (E6 ed E7 del papilloma virus; EBNA-1 del virus di Epstein-Barr).
- Antigeni tumorali/testicolari: normalmente silenti nei tessuti normali (tranne testicolo e trofoblasto), ma espressi da molti tumori (MAGE).
- Antigeni oncofetali: espressi nei tessuti fetali in via di sviluppo e da molti tumori nell'adulto, ma non dai tessuti normali (CEA, AFP).
- Antigeni di differenziazione tissutale (tirosinasi dei melanociti, antigene prostatico specifico/PSA, CD10, CD20).
- Glicolipidi e glicoproteine alterate (MUC-1).



TANTIGEN: Classification of tumor antigens

Developed by Bioinformatics Core at <u>Cancer Vaccine Center</u>, Dana-Farber Cancer Institute.

Come si identificano nuovi antigeni tumorali?



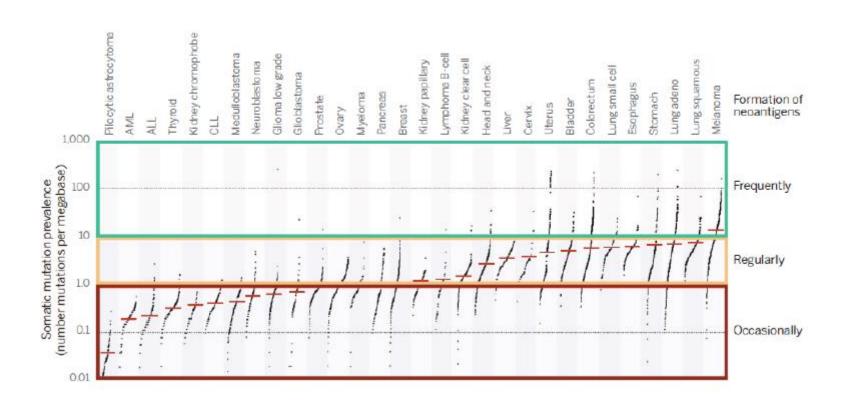
Cancer whole exome sequencing



Mutations

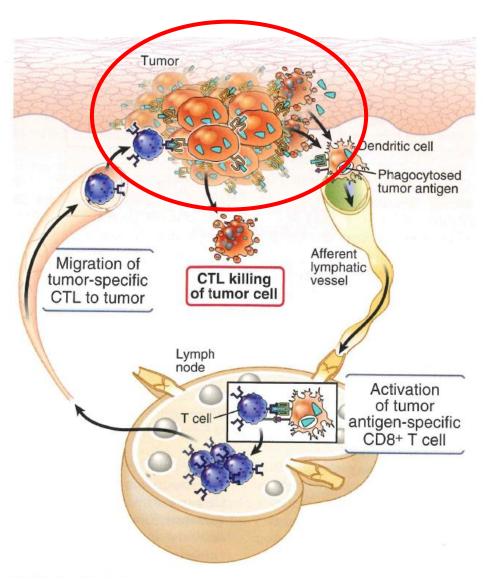


Estimate of the neoantigen repertoire in human cancers

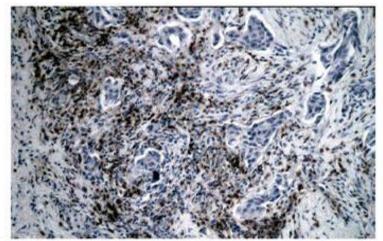


Immunità adattativa

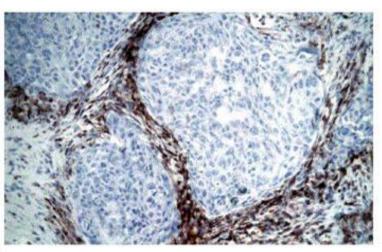
The principal mechanism of immune protection against tumors is killing of tumor cells by CD8+ CTLs



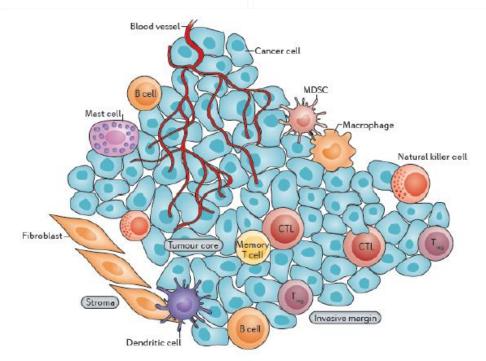
I linfociti T devono essere localizzati nel posto giusto!



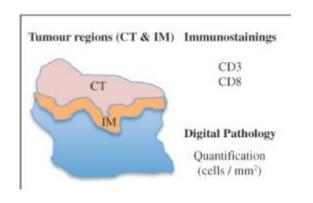


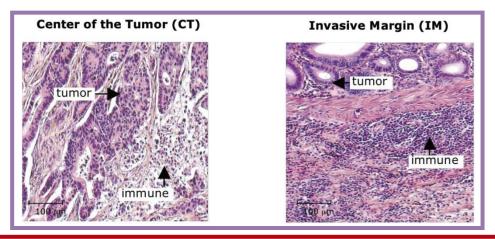


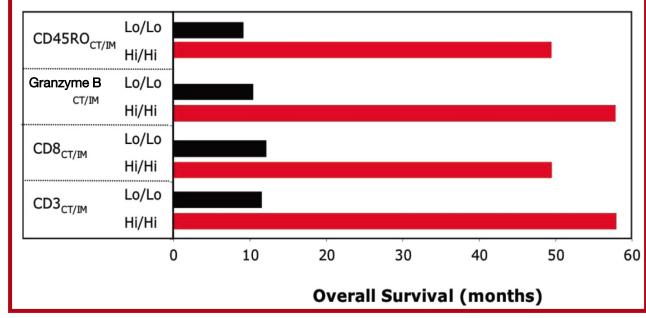
Linfociti CD3+ INTRATUMORALI | Linfociti CD3+ PERITUMORALI



Tanti, di buona qualità e nel posto giusto: come la presenza dei linfociti T correla con una prognosi migliore nel cancro del colon-retto





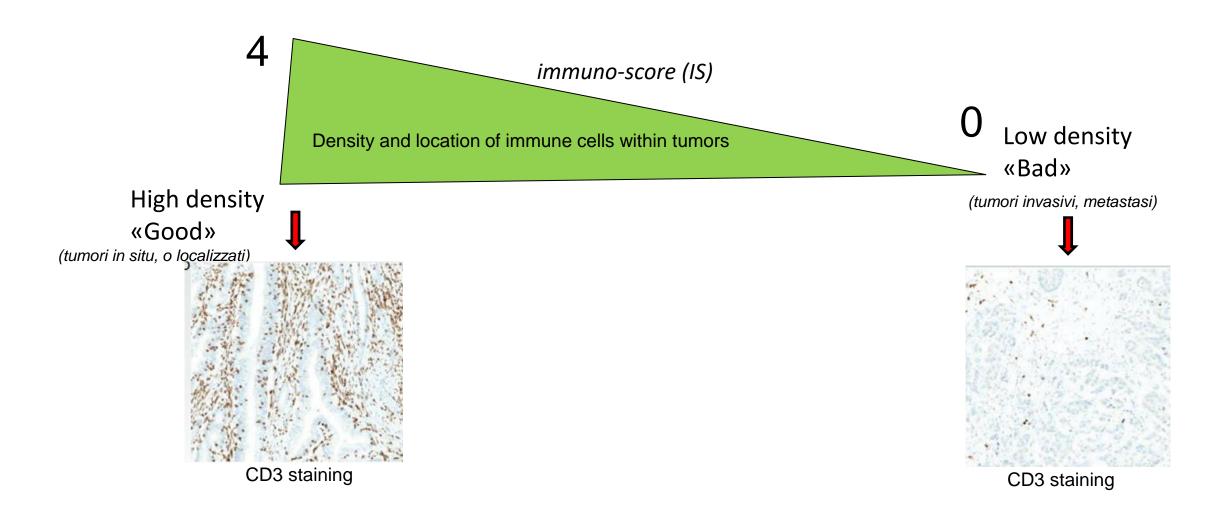


Type, Density, and Location of Immune Cells Within Human Colorectal Tumors Predict Clinical Outcome

Jérôme Galon,¹*† Anne Costes, ¹ Fatima Sanchez-Cabo, ² Amos Kirilovsky, ¹ Bernhard Mlecnik, ² Christine Lagorce-Pagès, ³ Marie Tosolini, ¹ Matthieu Camus, ¹ Anne Berger, ⁴ Philippe Wind, ⁴ Franck Zinzindohoué, ⁵ Patrick Bruneval, ⁶ Paul-Henri Cugnenc, ⁵ Zlatko Trajanoski, ² Wolf-Herman Fridman, ^{1,7} Franck Pagès^{1,7} †

29 SEPTEMBER 2006 VOL 313 SCIENCE www.sciencemag.org

Tanti, di buona qualità e nel posto giusto

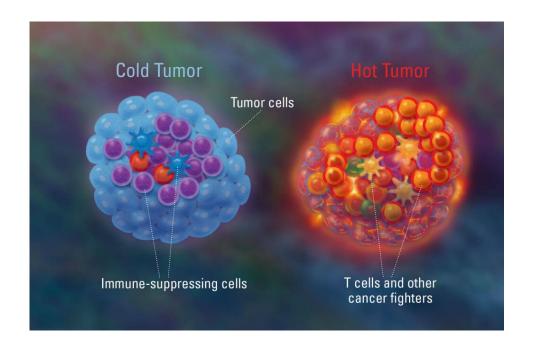


Hot and cold tumors:

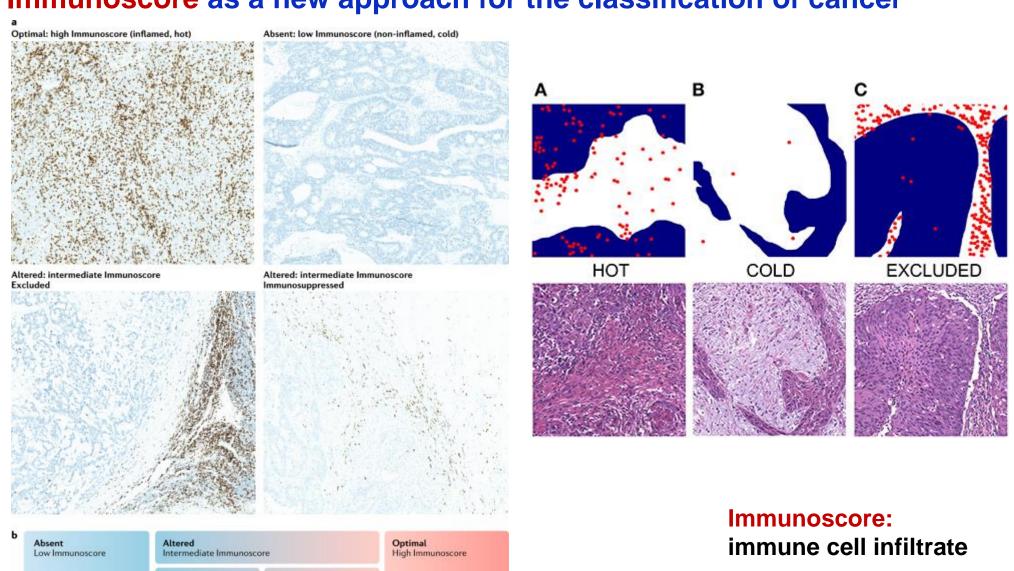
the presence of immunogenic tumor antigens and the tumor's capacity to attract immune cells

Quantity and distribution of immune cells within a tumor have been proposed as broad measurements of tumor immunogenicity, with three typical scenarios being recognized:

- 1- inflamed tumors ("hot", immune infiltration)
- 2- immune-excluded tumors (presence of T cells at the tumor margins but not in the tumor core)
- 3- immune-desert tumors ("cold", no immune infiltration)



Defining 'hot', 'altered' and 'cold' immune tumors: Immunoscore as a new approach for the classification of cancer



Excluded

Non-inflamed

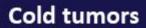
CT-Lo, Hi-IM

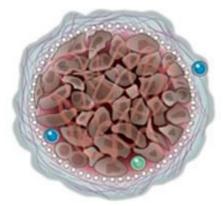
Immunosuppressed

Inflamed

Response to T cell checkpoint inhibition

Trasformare un tumore "freddo" in uno "caldo": l'immunoterapia!

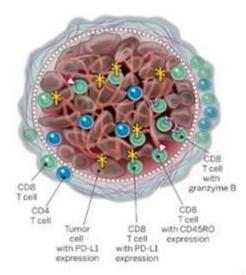




Nonimmunogenic tumor microenvironment

Combination therapies with agents that create immunogenic tumor microenvironment and immune checkpoint therapy

Hot tumors



Immunogenic tumor microenvironment

Immune checkpoint therapy and durable clinical benefit

Science 03 Apr 2015: 348, 56-61)

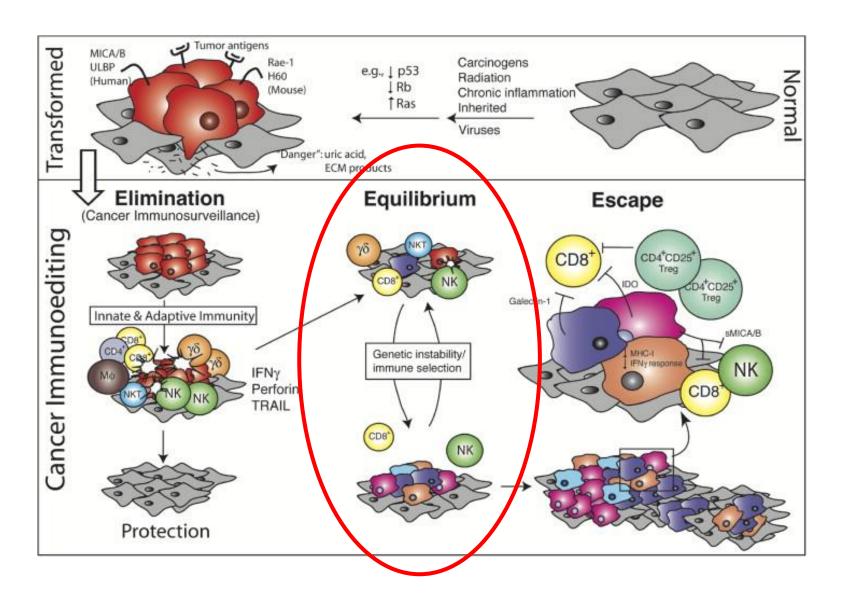
The immune system establishes a dynamic interaction with the tumour: cancer immunoediting

Le tre E

ELIMINAZIONE

EQUILIBRIO

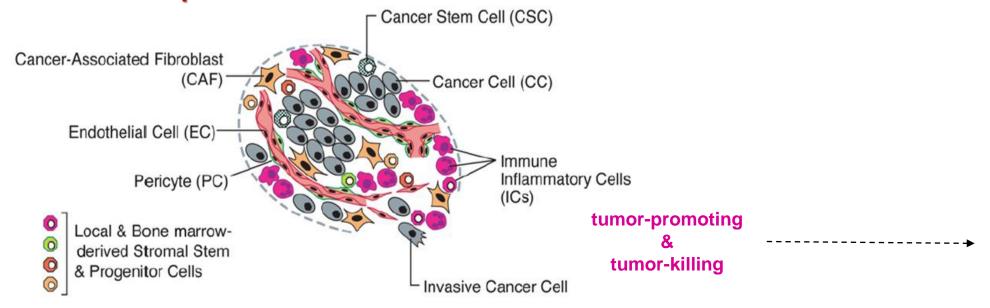
EVASIONE



Un tumore è costituito da diversi tipi di cellule...

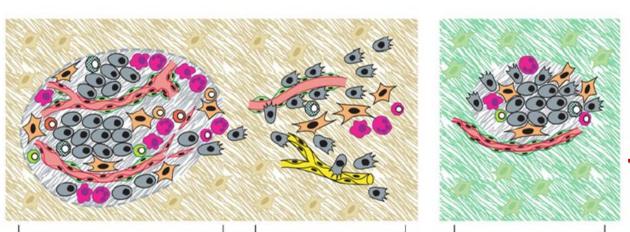
Core of Primary Tumor

microenvironment



Metastatic Tumor

microenvironment



Invasive Tumor

microenvironment

...e da diversi microambienti

Quali sono le cellule infiammatorie nel microambiente tumorale che favoriscono lo sviluppo e la progressione tumorale?

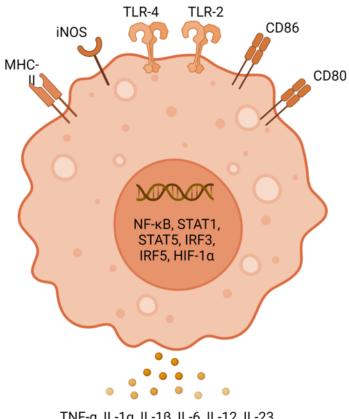
- Cellule dendritiche (DC)
- Mastociti
- Neutrofili
- Eosinofili

Cosa fanno?

- Inibiscono la risposta anti-tumorale
- Promuovono la proliferazione cellulare, la deposizione dello stroma, l'angiogenesi
- Inducono o aumentano il danno al DNA

I macrofagi associati al tumore (TAM)

M1 Macrophage



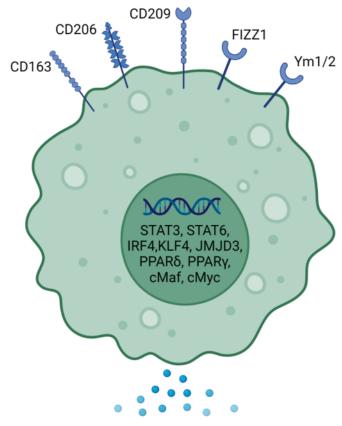
anti-tumorali

TNF-α, IL-1α, IL-1β, IL-6, IL-12, IL-23, CXCL9, CXCL10, CXCL11, CXCL16, CCL5

Function:

Proinflammatory activity Microbial and tumoral activity Tissue damage

M2 Macrophage



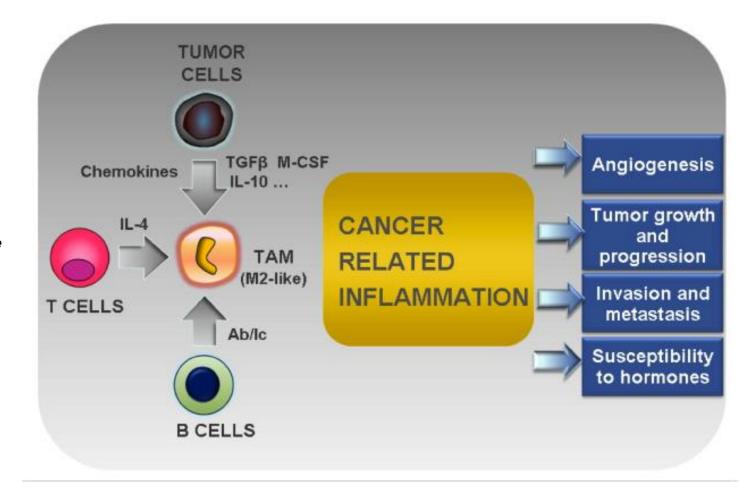
IL-10, TGF-β, CCL1, CCL17, CCL18, CCL22, CCL24, CXCL13, VEGF

pro-tumorali

Function:

Anti-inflammatory activity
Phagocytosis capacity
Tissue regeneration and repair
Angiogenesis and immunomodulation
Tumor formation and progression

Il ruolo dei TAM nell'infiammazione e cancro



macrofagi associati al tumore (TAM)

Although cancer is described as a disease of genetic mutations, it is clear the important, but multifaceted role of the host.



Infiammazione e cancro: (alcune) evidenze a favore

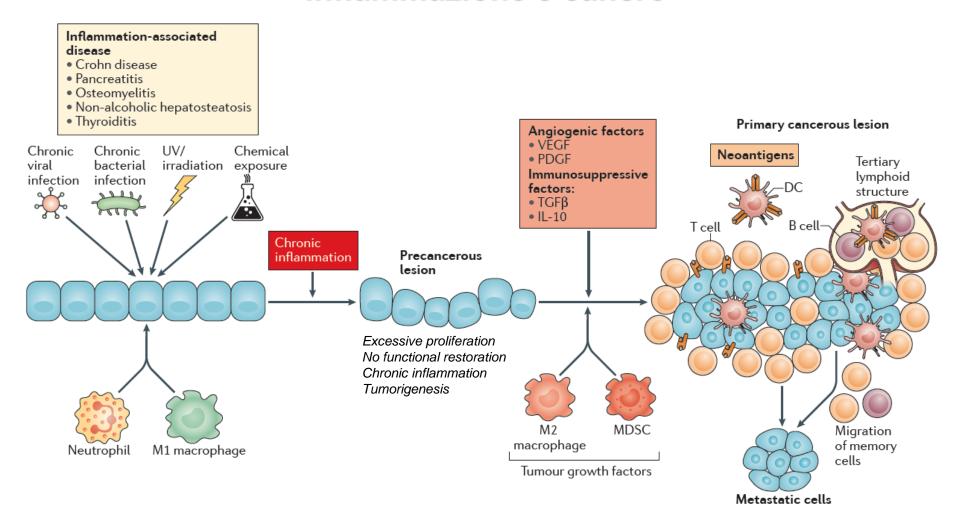


Virchow, 1863

- Le malattie infiammatorie dell'intestino (colite ulcerosa, malattia di Crohn) sono associate ad un alto rischio di cancro del colon-retto. Individui con la colite ulcerosa hanno un rischio dieci volte maggiore di sviluppare un cancro del colon-retto, rispetto al resto della popolazione.
- L'esposizione cronica a sostanze irritanti che causano un'infiammazione dei bronchi (es., sigarette, asbesto, silice) è associata ad un elevato rischio di cancro del polmone.
- L'esposizione eccessiva ai raggi UV aumenta il rischio di melanoma.
- Molti tumori sono correlati ad una esposizione cronica ai patogeni (es., cancro dello stomaco ed *Helicobacter pylori;* epatocarcinoma e HCV; cancro della cervice e HPV).

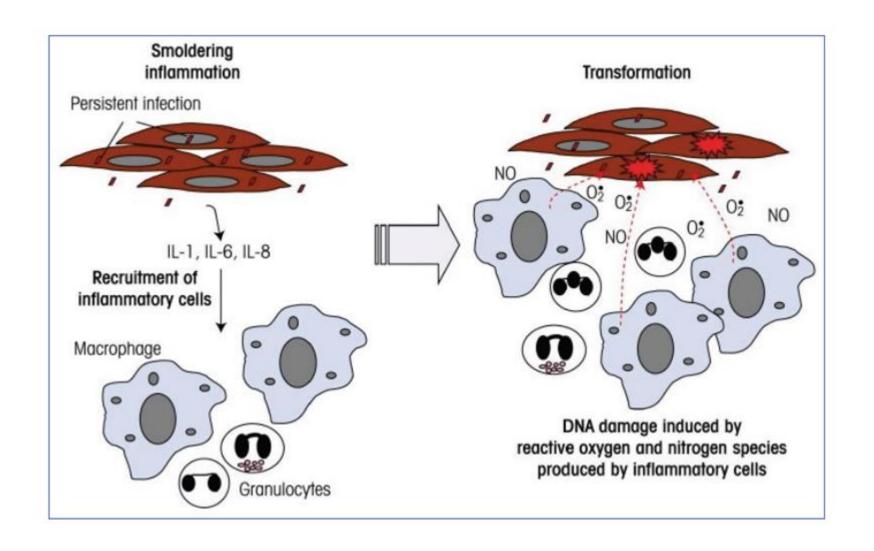
Inductor	Inflammation	Cancer	
Gut pathogens	Inflammatory	Colorectal cancer	
	bowel disease		
Tobacco smoke	Bronchitis	Bronchial lung cancer	
Helicobacter pylori	Gastritis	Gastric cancer	
Human papilloma virus	Cervicitis	Cervical cancer	
Hepatitic B/C virus	Hepatitis	Hepatocellular	
		carcinoma	
Bacteria, gall bladder stones	Cholecystitis	Gall bladder cancer	
Tobacco, genetics, alcohol	Pancreatitis	Pancreatic cancer	
Epstein-Barr virus	Mononucleosis	Burkitt's lymphoma	
Ultraviolet light	Sunburn Melanoma		
Asbestos fibers	Asbestosis	Mesothelioma	
Gram-uropathogens	Schistosomiasis	Bladder cancer	
	(Bilharzia)		
Gastric acid, alcohol, tobacco	Esophagitis	Esophageal	
		adenocarcinoma	

Infiammazione e cancro



Chronic inflammation associated with infections or autoimmune disease precedes tumor development and can contribute to it through induction of oncogenic mutations, genomic instability, early tumor promotion, and enhanced angiogenesis.

Chronic inflammation can promote malignant transformation



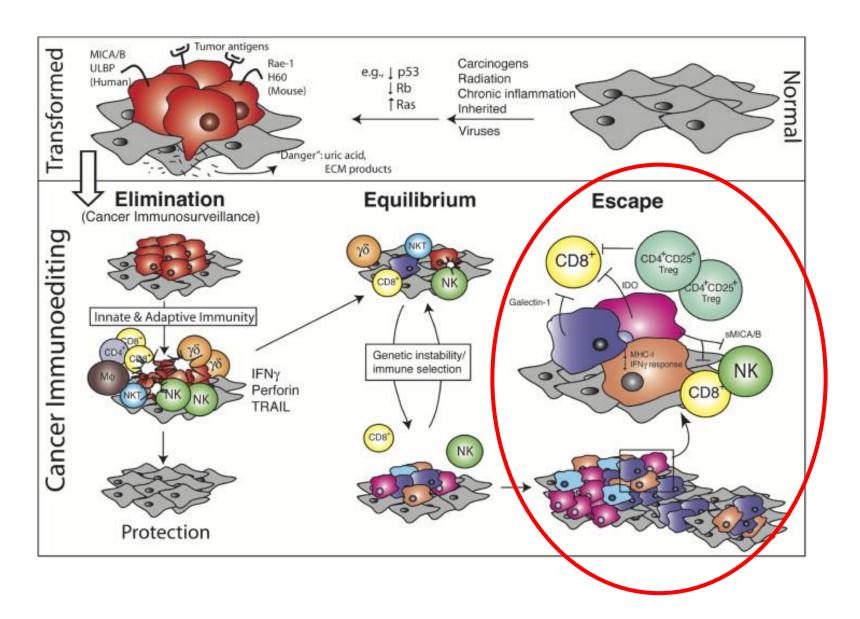
The immune system establishes a dynamic interaction with the tumour: cancer immunoediting

Le tre E

ELIMINAZIONE

EQUILIBRIO

EVASIONE



Alcuni meccanismi con cui i tumori sfuggono al riconoscimento da parte del sistema immunitario



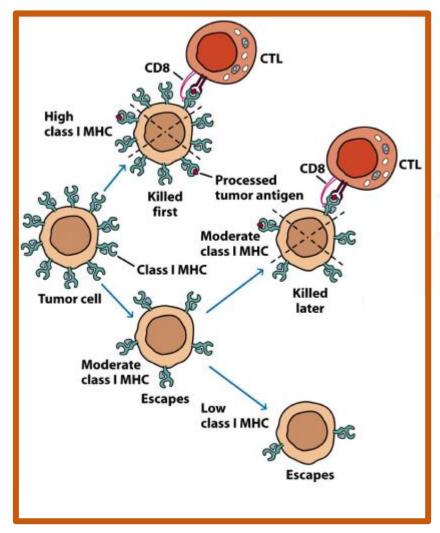


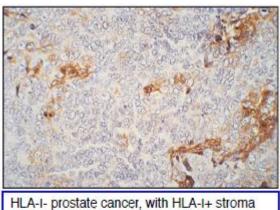
Low immunogenicity	Tumor treated as self antigen	Antigenic modulation	Tumor-induced immune suppression	Tumor-induced privileged site
No peptide:MHC ligand No adhesion molecules No co-stimulatory molecules	Tumor antigens taken up and presented by APCs in absence of co-stimulation tolerize T cells	T cells may eliminate tumors expressing immunogenic antigens, but not tumors that have lost such antigens	Factors (e.g.,TGF-β, IL-10, ID0) secreted by tumor cells inhibit T cells directly. Expression of PD-L1 by tumors	Factors secreted by tumor cells create a physical barrier to the immune system
T cell CD8 CD28 TCR	T cell DC	T cell apoptosis	CTL Θ Θ TGF-β PD-L1	O Sometime of supposes
tumor	tumor	tumor	□ IDO □ TGF-β TGF-β TGF-β IL-10	ATT C

During the equilibrium phase tumor cell variants may emerge that

- (i) are no longer recognized by adaptive immunity (antigen loss variants or tumors cells that develop defects in antigen processing or presentation),
- ii) become insensitive to immune effector mechanisms, or
- (iii) induce an immunosuppressive state within the tumor microenvironment.

HLA class I down-modulation as a tumor evasion strategy against CD8+ T cell recognition

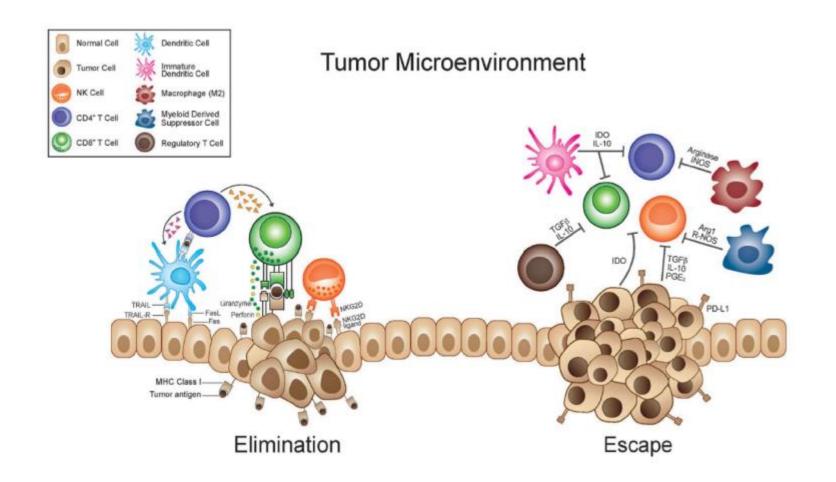




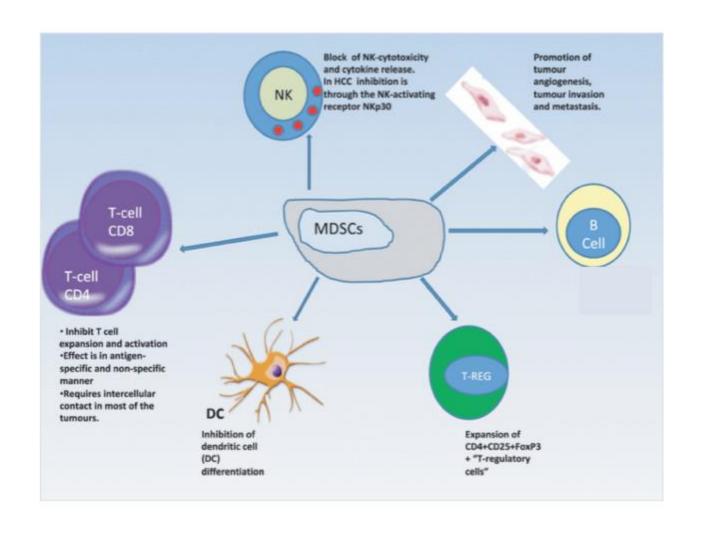
HLA-I- prostate cancer, with HLA-I+ stroma and infiltrating cells

Frequency (%) of HLA-I altered phenotypes in invasive tumors

Evasione



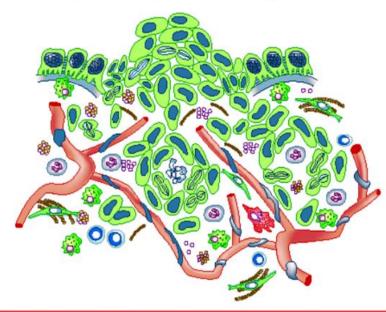
MDSC suppress anti-tumor activity through different mechanisms



La progressione neoplastica e la formazione delle metastasi dipendono dal microambiente

chemochine
citochine
fattori di crescita
recettori

Il microambiente è importante!



Il microambiente tumorale è un protagonista indispensabile del processo neoplastico, poiché favorisce la proliferazione, la sopravvivenza e la migrazione delle cellule tumorali.

Coussens LM and Werb Z Nature 2002

Il processo di formazione delle metastasi

1889 Stephen Paget

L'ipotesi "Seed and Soil" (Il seme e il terreno):

Le metastasi si sviluppano solo se il seme e il terreno sono compatibili!



In his paper, Paget analyzes 735 fatal cases of breast cancer, complete with autopsy, as well as many other cancer cases from the literature and argues that the distribution of metastases cannot be due to chance, concluding that although "the best work in pathology of cancer is done by those who... are studying the nature of the seed..." [the cancer cell], but the "observations of the properties of the soil" [the secondary organ] "may also be useful"...

seed and Soil

I semi vanno in tutte le direzioni, ma cresceranno solo quelli che cadranno dove il terreno gli è congeniale



Teoria postulata nel 1889 dal Dr. Stephen Paget: "seed and soil"

la cellula metastatica (the seed) necessita di un appropriato microambiante (the soil) per crescere e svilupparsi in un'altra regione corporea diversa da quella di origine.

Le cellule tumorali (seed) hanno affinità per alcuni organi (soil). Si formano metastasi solo quando seed & soil sono compatibili

I fatti sono...

- 1. Gli organi bersagliati dalle metastasi sono spesso sempre gli stessi
 - 2. I reni, che ricevono il 25% della gittata cardiaca, sono raramente sede di metastasi
 - 3. Il miocardio, con tutto il sangue che riceve... non è quasi mai sede di metastasi
- 4. Non sempre le metastasi seguono "regole anatomiche"

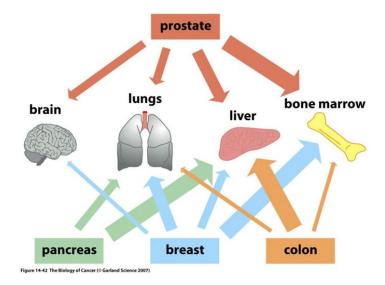
Quindi i tumori hanno "particolari" preferenze d'organo non sempre spiegabili su base anatomica

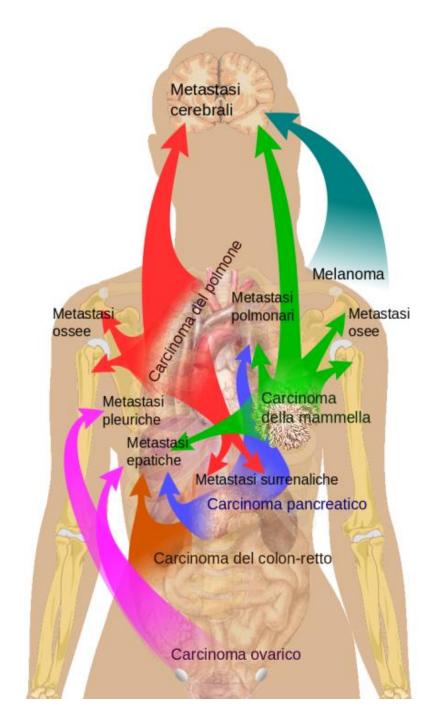
Organotropismo delle localizzazioni metastatiche



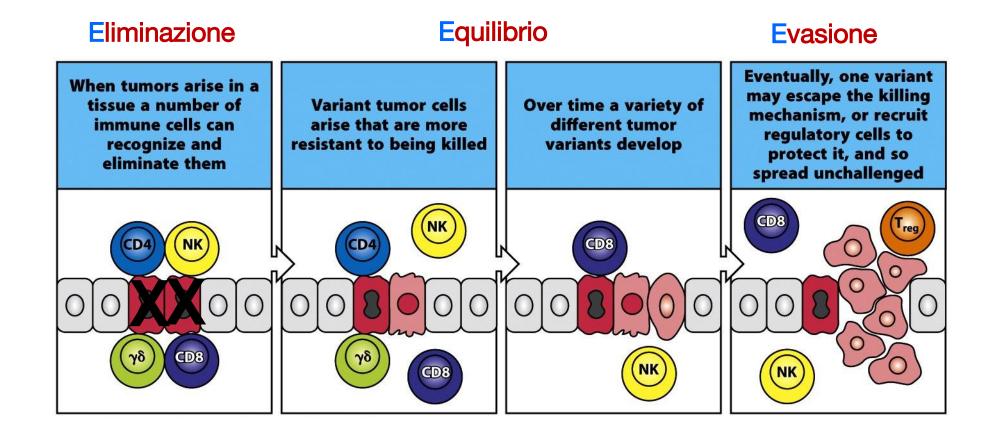
localizzazione preferenziale delle metastasi in determinati organi

Metastatizzazione preferenziale

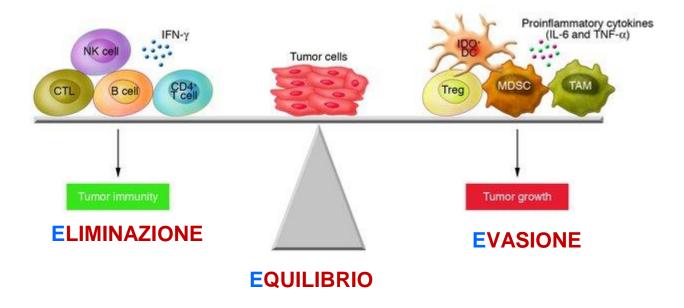




"Immunoediting" del tumore: le 3 E



Immunità e tumori



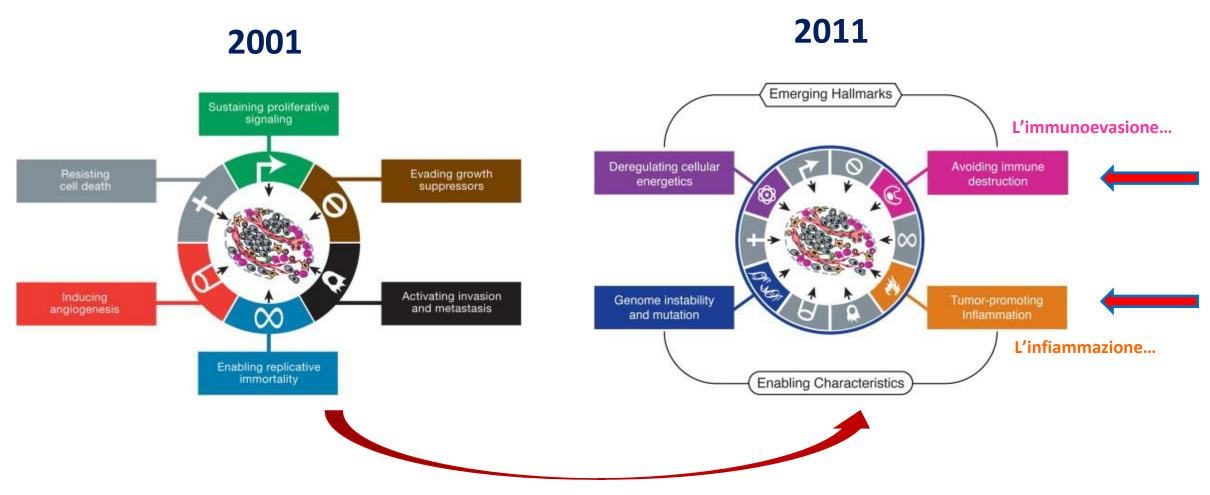
THE IMMUNE SYSTEM IS A "DOUBLE-EDGED SWORD"

- It can destroy tumor cells, and yet paradoxically also promote and sustains cancer.
- The complexity of the immune system-cancer relationship depends on tumor cellular origin, mode of transformation, anatomic location, stromal response, cytokine production profile, inherent immunogenicity....etc.

Treg: regulatory T cells

MDSC: myeloid-derived suppressor cells TAM: tumor-associated macrophages

Le proprietà di un tumore



10 anni dopo emergono nuove proprietà...