



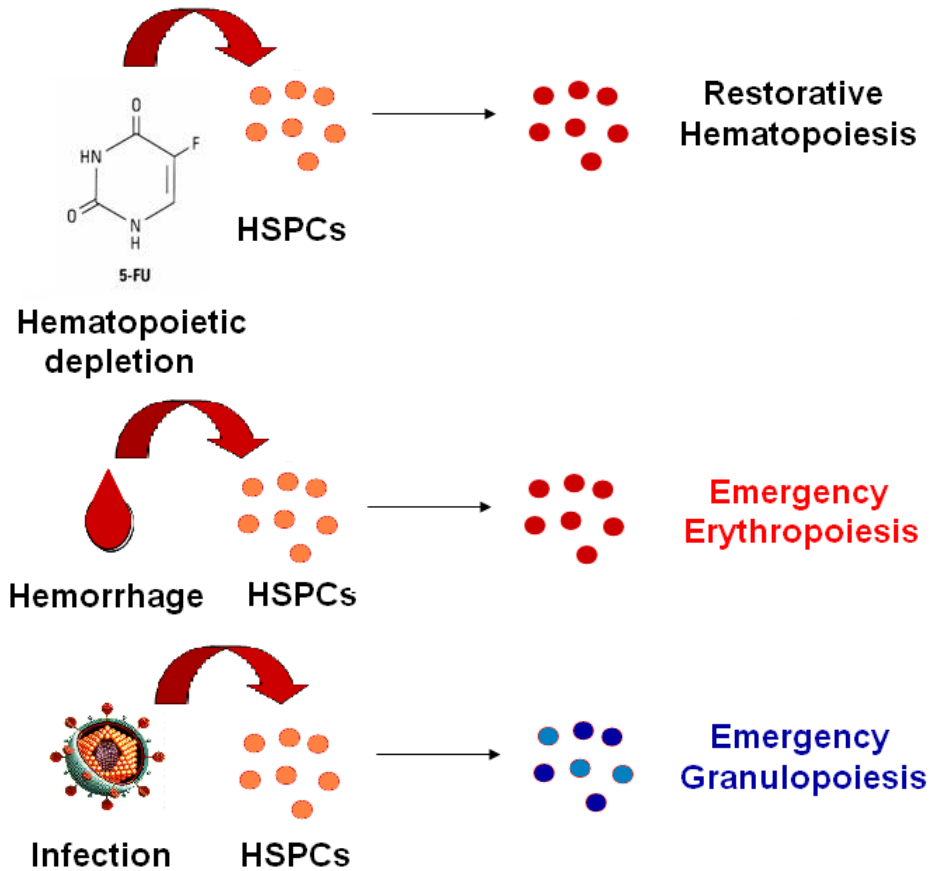
**Nuove frontiere nella terapia delle malattie oncologiche ed oncoematologiche  
Treviso, 20-21 Novembre 2015**

**Meccanismi di interazione tra il microambiente midollare, il sistema immune e le  
cellule leucemiche**

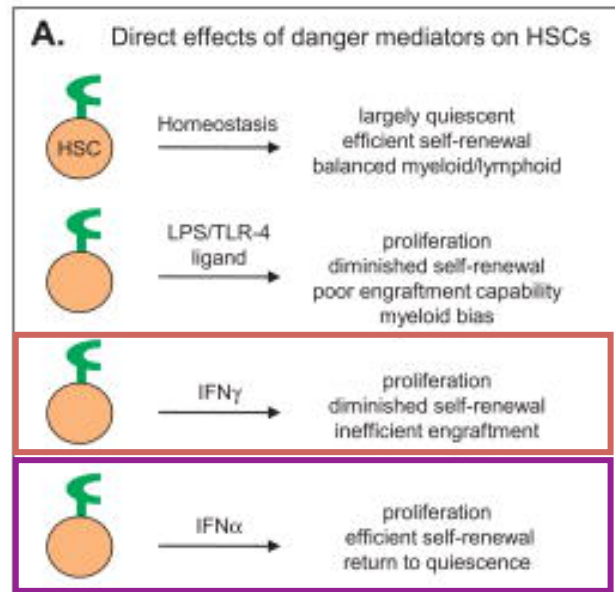
**Roberto M. Lemoli**

**Clinica Ematologica, Dipartimento di Medicina Interna (DiMI)  
Università di Genova, Genova,  
IRCCS A.O.U. S. Martino-IST, Genova**

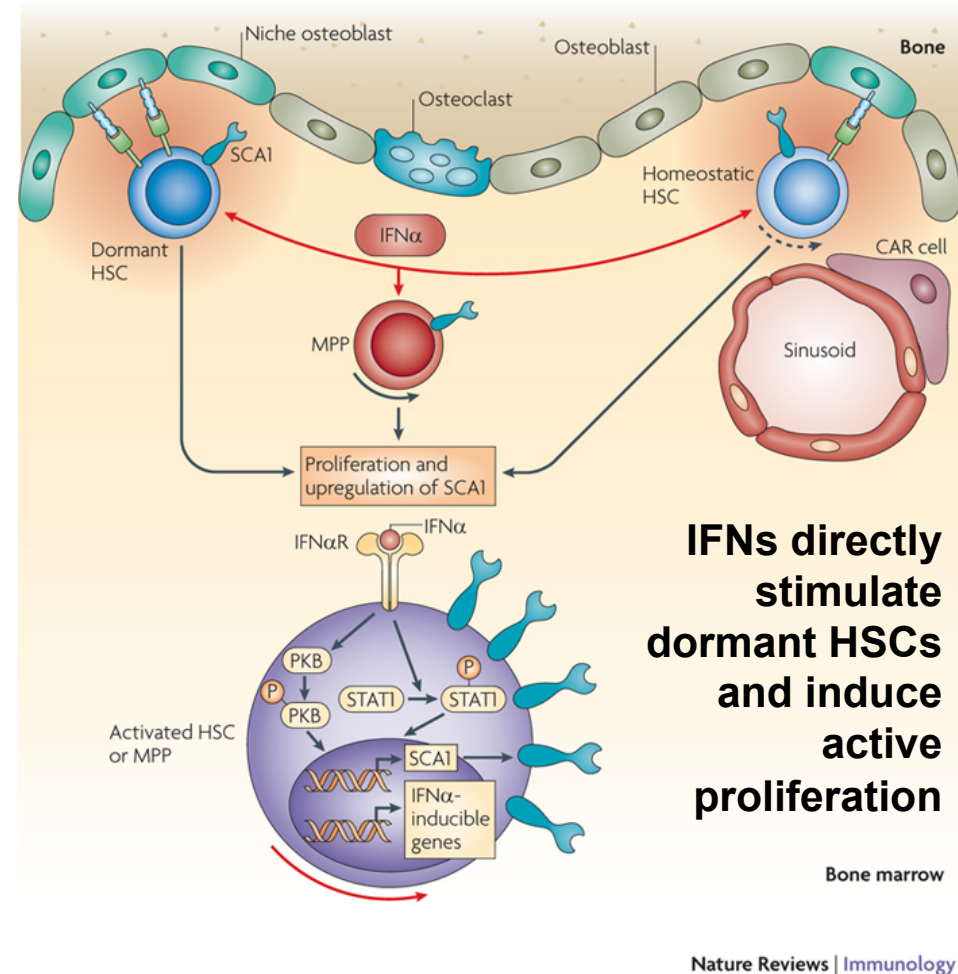
# HSPC RESPONSE to HEMATOPOIETIC STRESS



# HSPC response to Inflammatory Cytokines

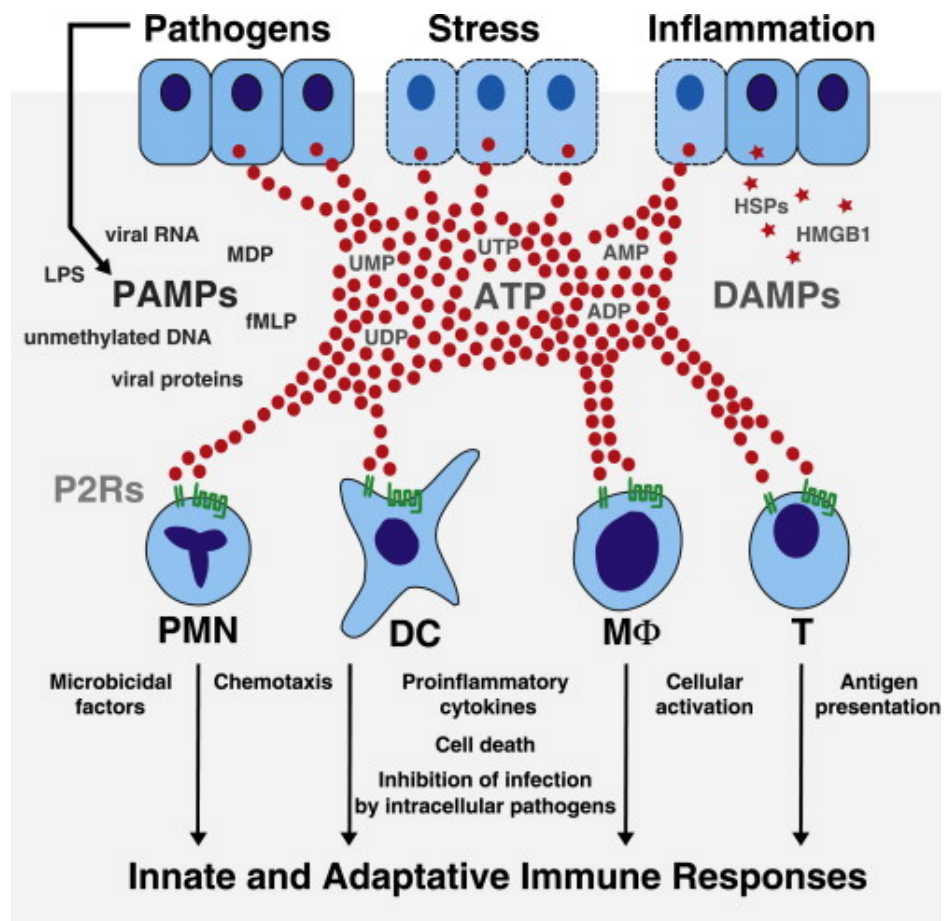


HSCs do not only respond to the depletion of PB cells: *the HSC compartment can react directly to inflammatory cytokines*



# PAMPs, DAMPs, and Alarmins

## PRRs: Pathogen Related Receptors



## P2Rs

TLRs

RIG-I-like Receptors

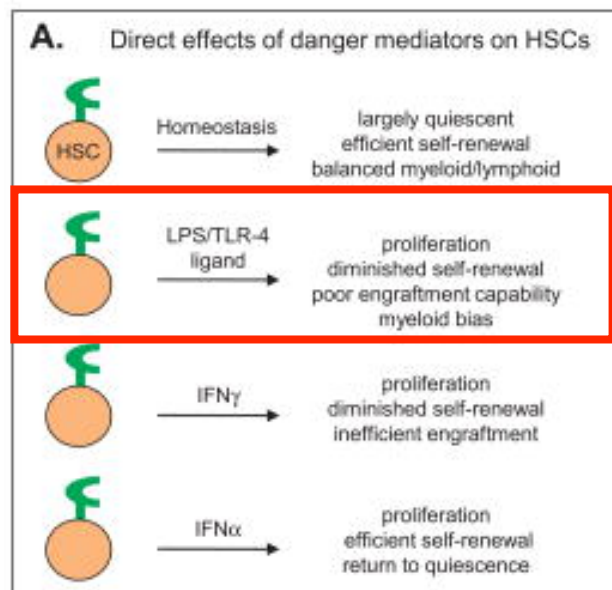
NOD-like Receptors

AIM2-like Receptors

Mostly expressed by immune cells (Monocytes, Macrophages, Neutrophils, and DCs)

# HSPCs respond to Alarmins

Immunity 24, 801–812, June 2006 ©2006 Elsevier Inc. DOI 10.1016/j.immuni.2006.04.008



## Toll-like Receptors on Hematopoietic Progenitor Cells Stimulate Innate Immune System Replenishment

Yoshinori Nagai,<sup>1,3</sup> Karla P. Garrett,<sup>1</sup> Shoichiro Ohta,<sup>2</sup>  
Uleng Bahrin,<sup>2</sup> Taku Kouro,<sup>3</sup> Shizuo Akira,<sup>4</sup>  
Kivoshi Takatsu,<sup>3</sup> and Paul W. Kincade<sup>1,\*</sup>

The Journal of Immunology

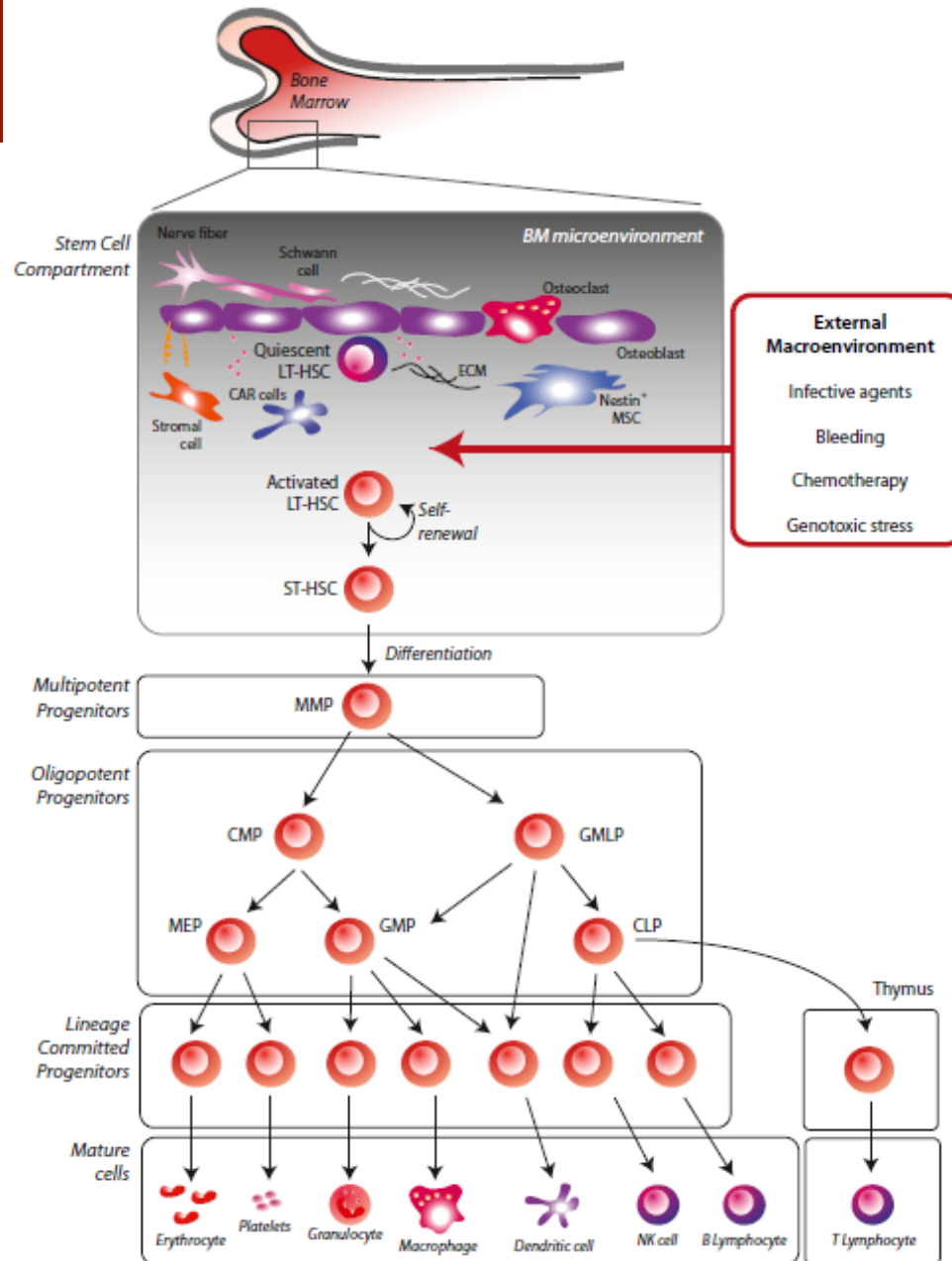
*The Journal of Immunology*, 2011, 186: 5367–5375.

## Chronic Exposure to a TLR Ligand Injures Hematopoietic Stem Cells

Brandt L. Esplin,<sup>\*,†,1</sup> Tomoyuki Shimazu,<sup>\*,1</sup> Robert S. Welner,<sup>\*</sup> Karla P. Garrett,<sup>\*</sup>  
Lei Nie,<sup>\*</sup> Qingzhao Zhang,<sup>\*</sup> Mary Beth Humphrey,<sup>\*,§</sup> Qi Yang,<sup>¶</sup> Lisa A. Borghesi,<sup>¶</sup>  
and Paul W. Kincade<sup>\*</sup>

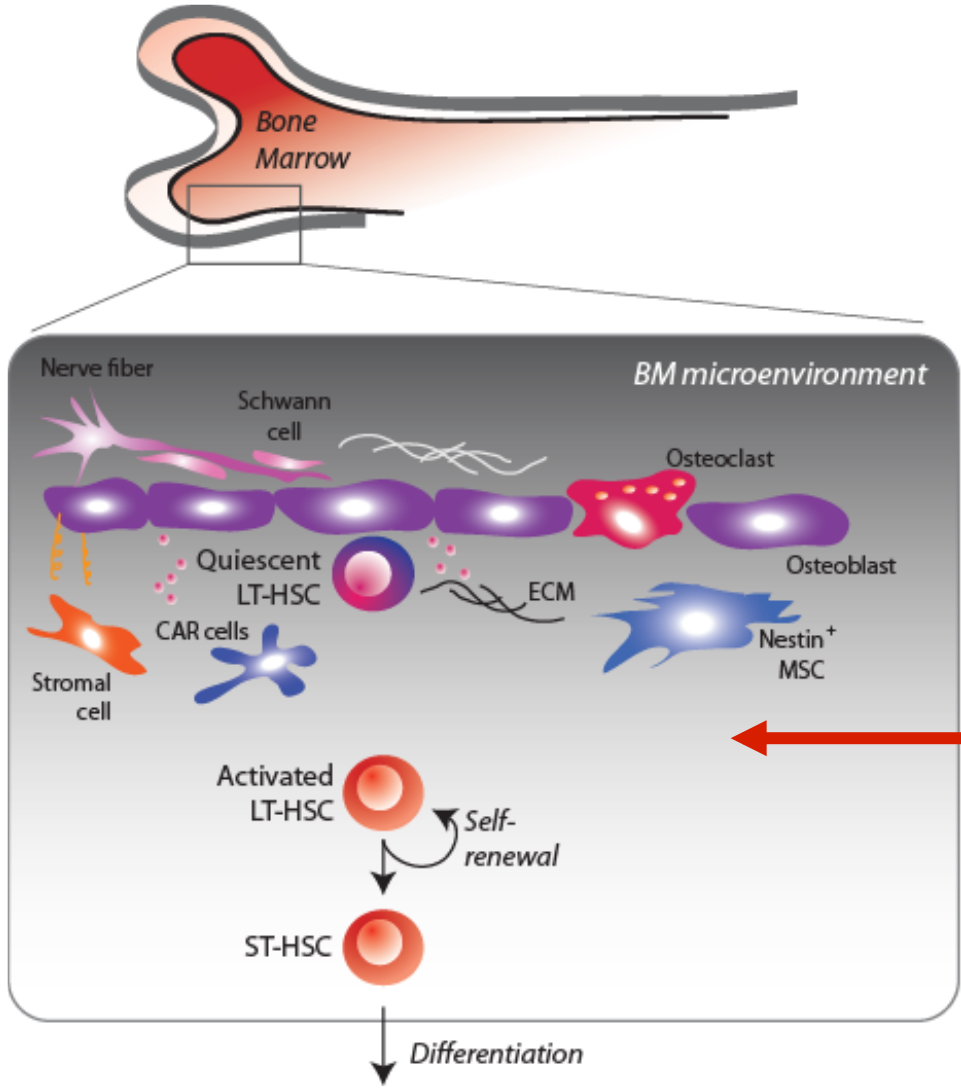
HSCs respond directly to stress- and pathogen-related molecules, sensing damage even before inflammatory cytokines are released

# Hematopoietic Stem Cells (HSCs)



The network created by PAMPs, DAMPs, Alarmins, and PRRs **transversally affects the whole hematopoietic system**, from terminally differentiated cells, up to the compartment of immature HSCs

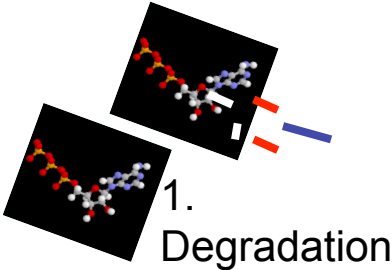
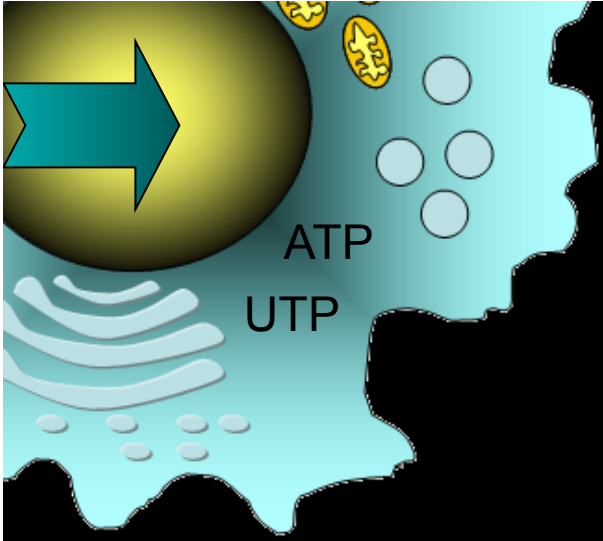
# HSCs and BM niche: The end of a «splendid isolation»



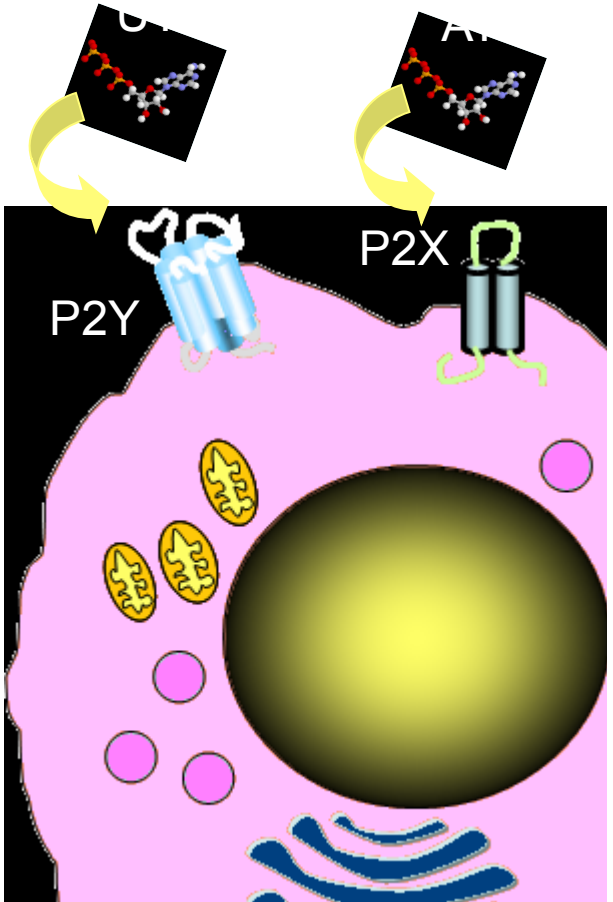
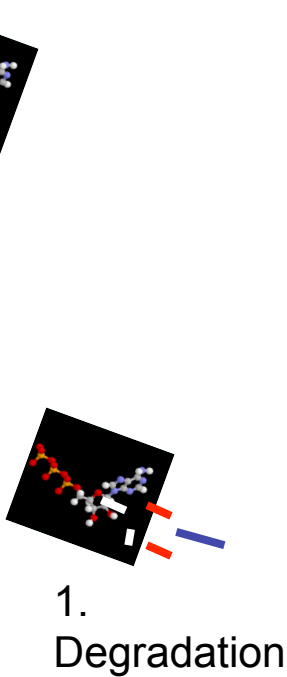
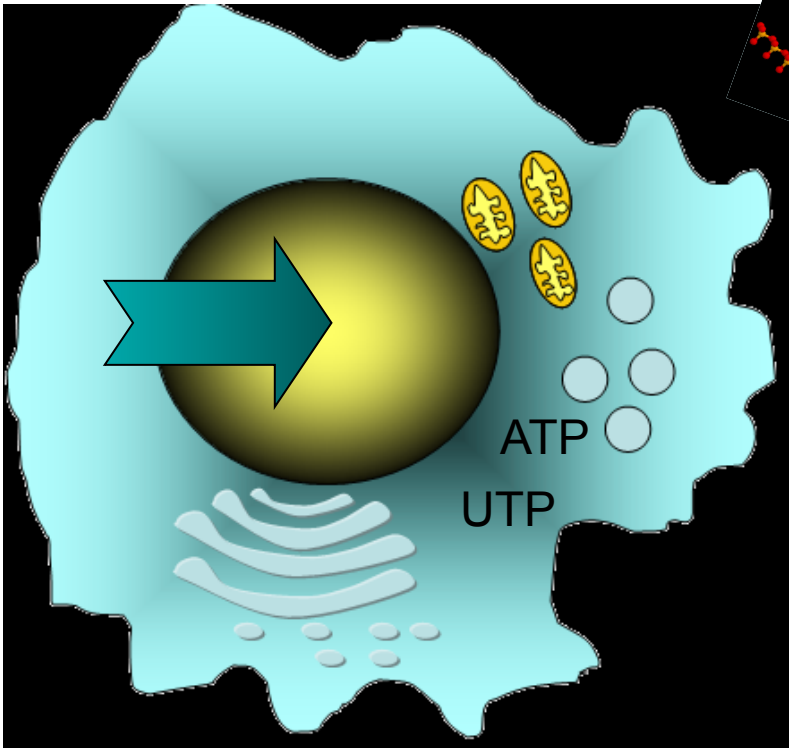
**Pro-inflammatory  
Factors/Alarmins**

- TNF $\alpha$
- Interferons
- Extracellular NTPs
- TLR ligands

# EXTRACELLULAR NUCLEOTIDES

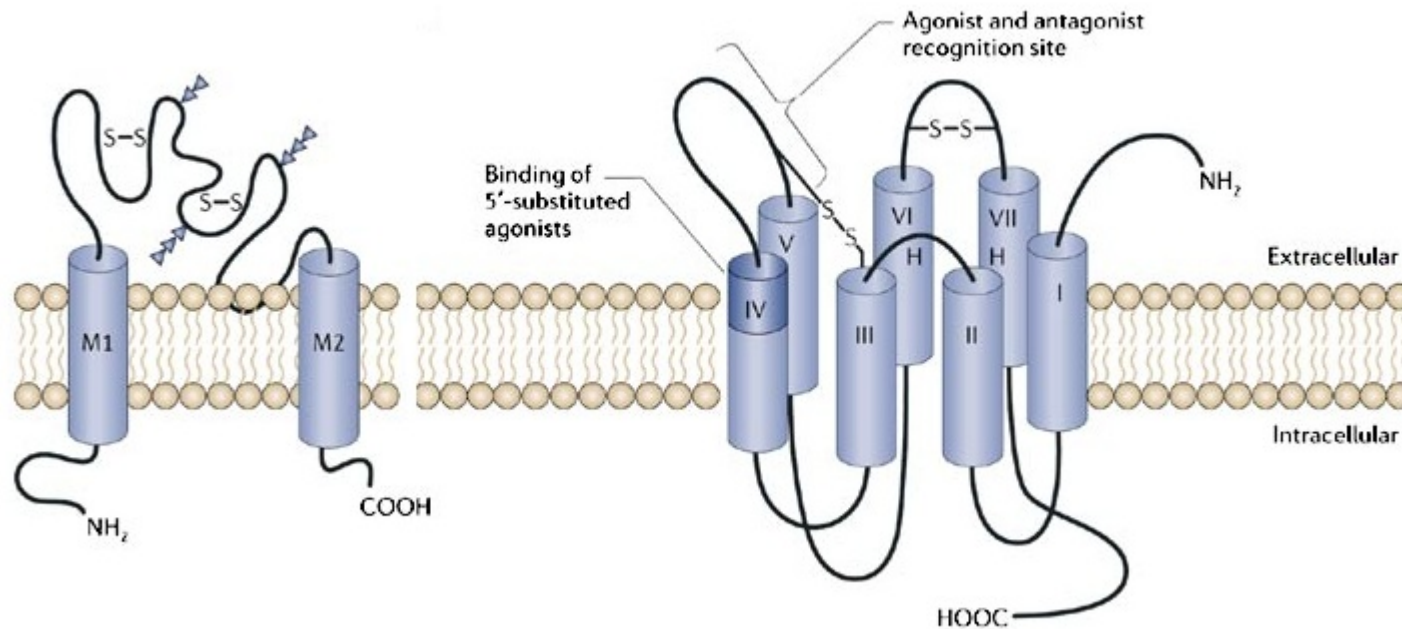


2. P2 receptors (P2Rs) activation





# Purinergic Receptors



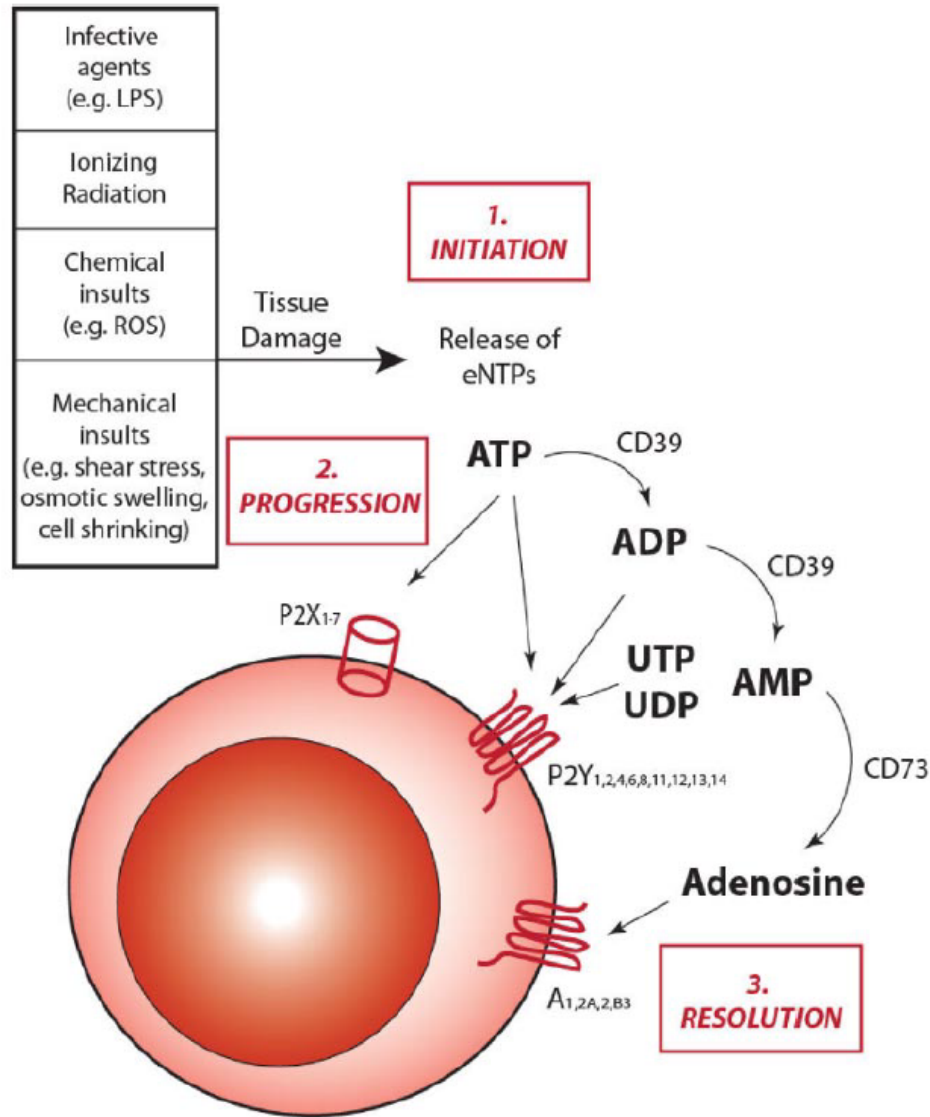
## P2XR

P2X<sub>1</sub> P2X<sub>2</sub> P2X<sub>3</sub> P2X<sub>4</sub>  
P2X<sub>5</sub> P2X<sub>6</sub> P2X<sub>7</sub>

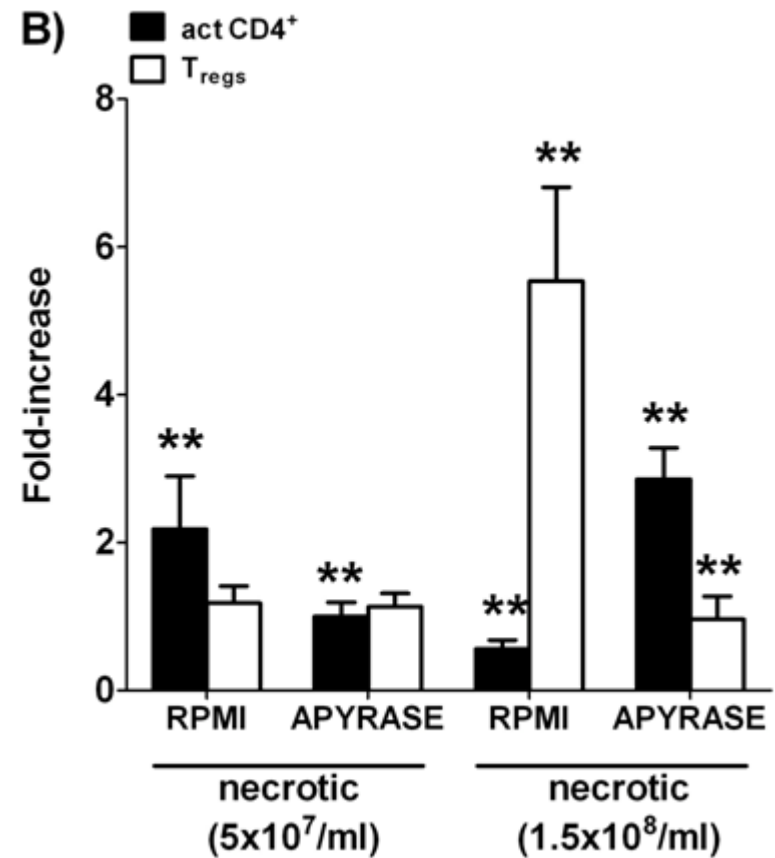
## P2YR

P2Y<sub>1</sub> P2Y<sub>2</sub> P2Y<sub>4</sub> P2Y<sub>6</sub>  
P2Y<sub>11</sub> P2Y<sub>12</sub> P2Y<sub>13</sub> P2Y<sub>14</sub>

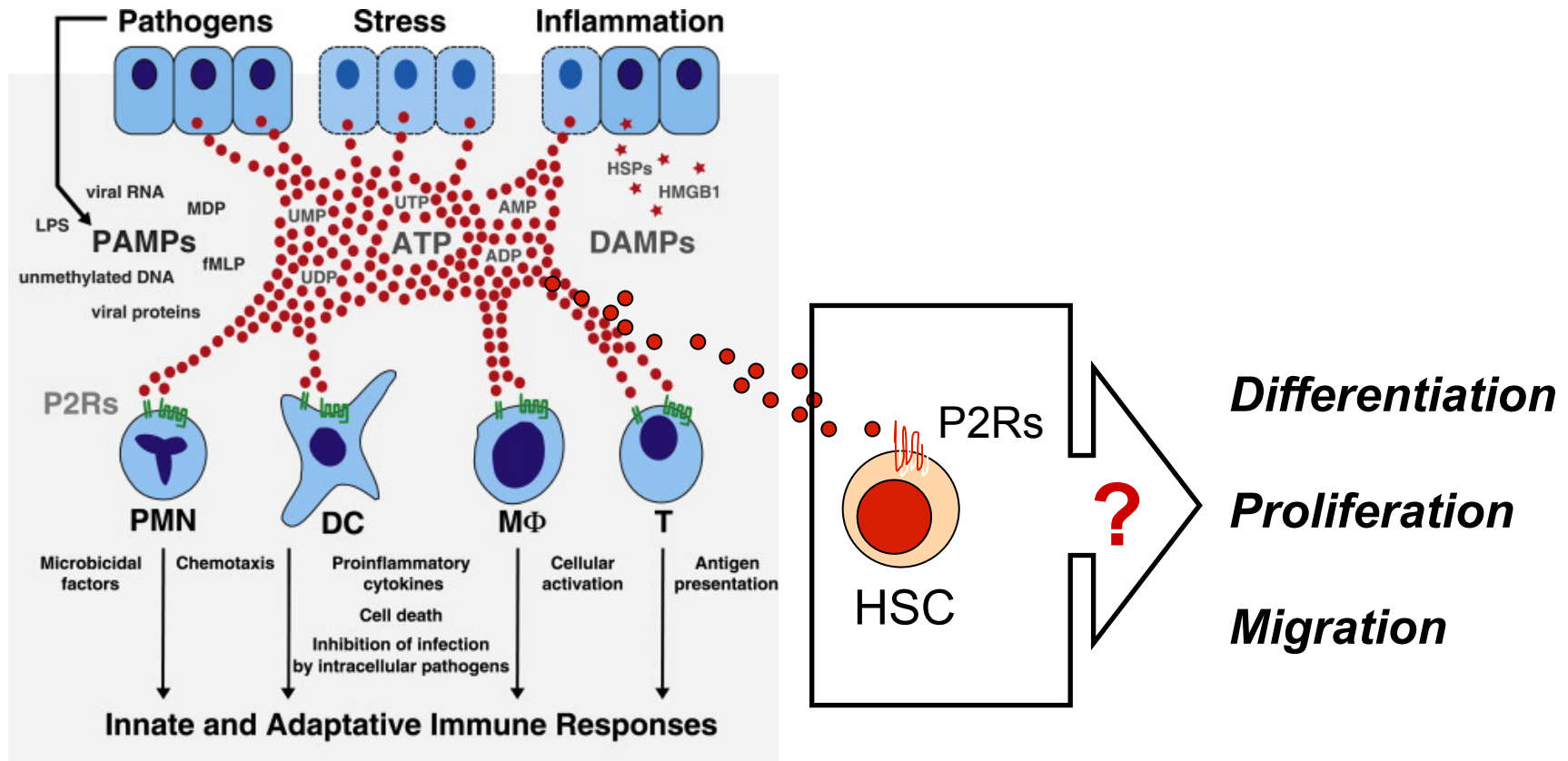
# eNTPs and Inflammation



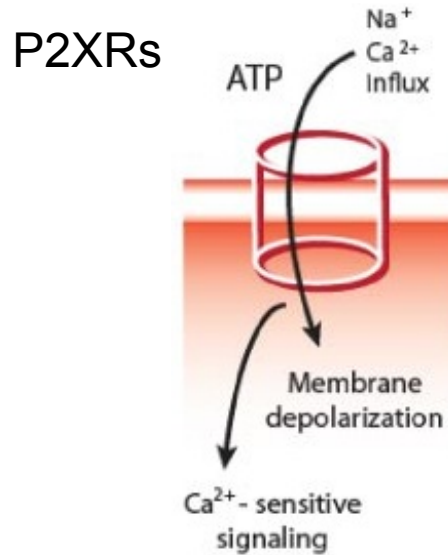
Extracellular nucleotides play a key role in *tuning* **inflammation, danger** and **tissue damage signals**



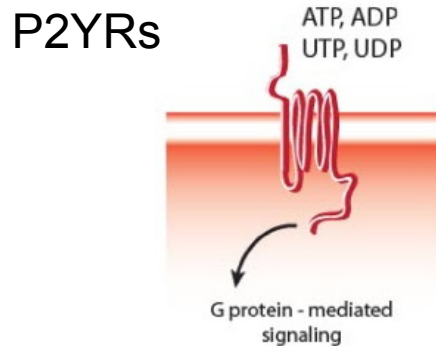
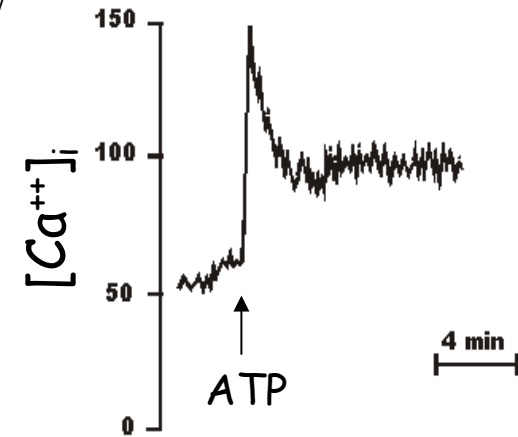
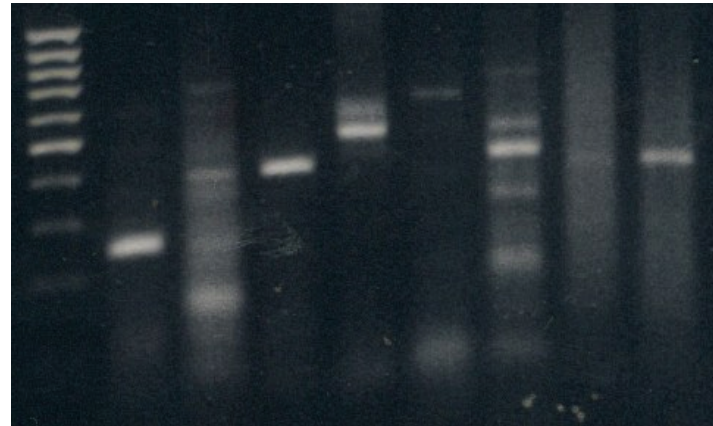
# What role do eNTPs play in the HSC/LSC compartment?



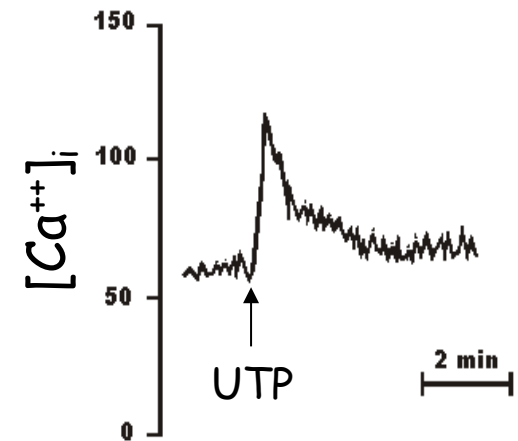
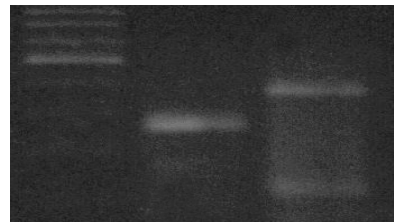
# P2Rs AND PURINERGIC SIGNALLING: Expression Profile in CD34+ HSPCs



P2X<sub>1</sub> P2X<sub>2</sub> P2X<sub>3</sub> P2X<sub>4</sub> P2X<sub>5</sub> P2X<sub>6</sub> P2X<sub>7</sub> P2X<sub>7</sub>

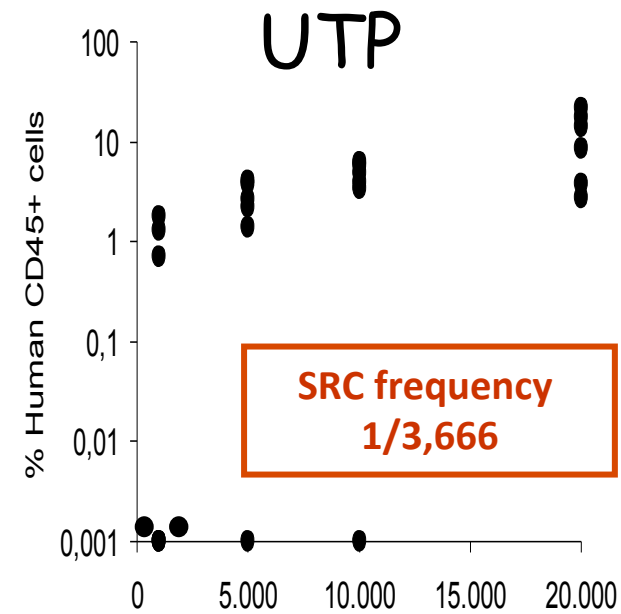
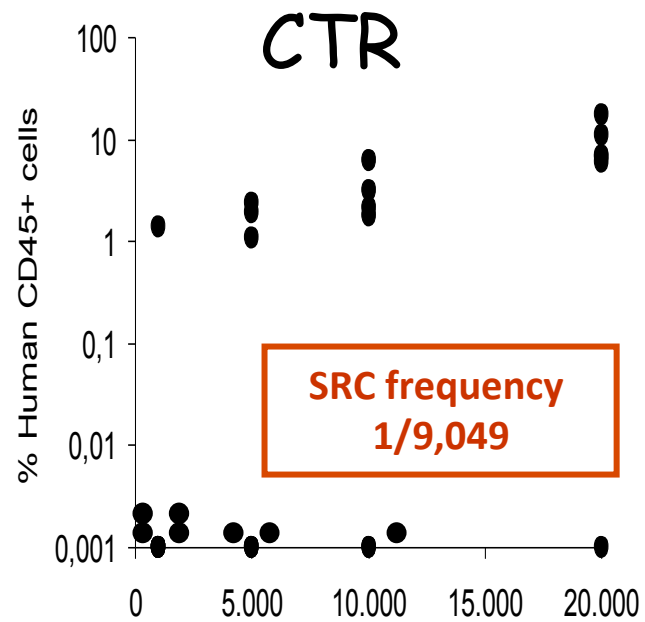


P2Y<sub>1</sub> P2Y<sub>2</sub>

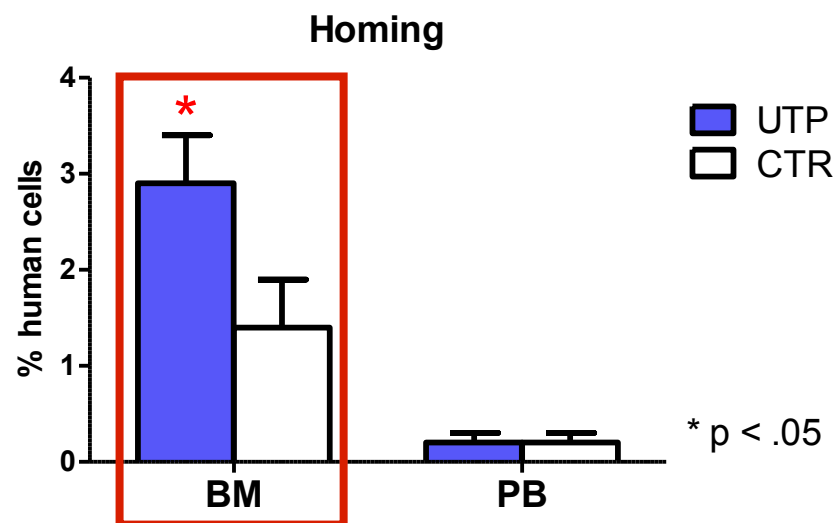
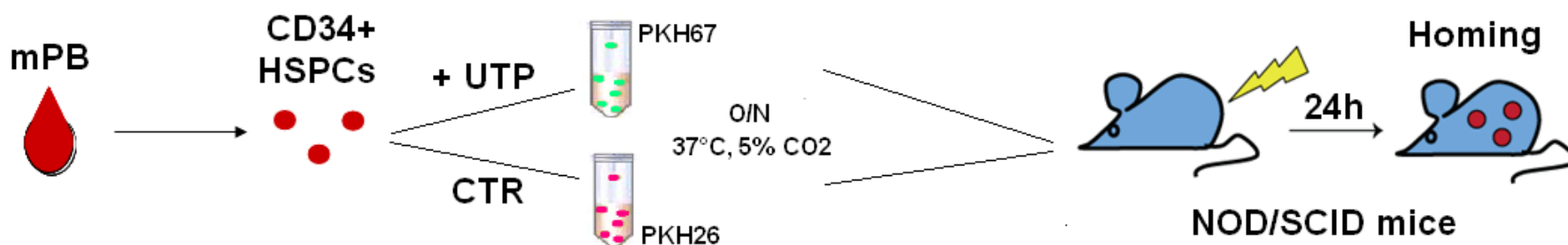


Lemoli RM et al. *Blood* 2004;  
Rossi L et al. *Blood* 2012

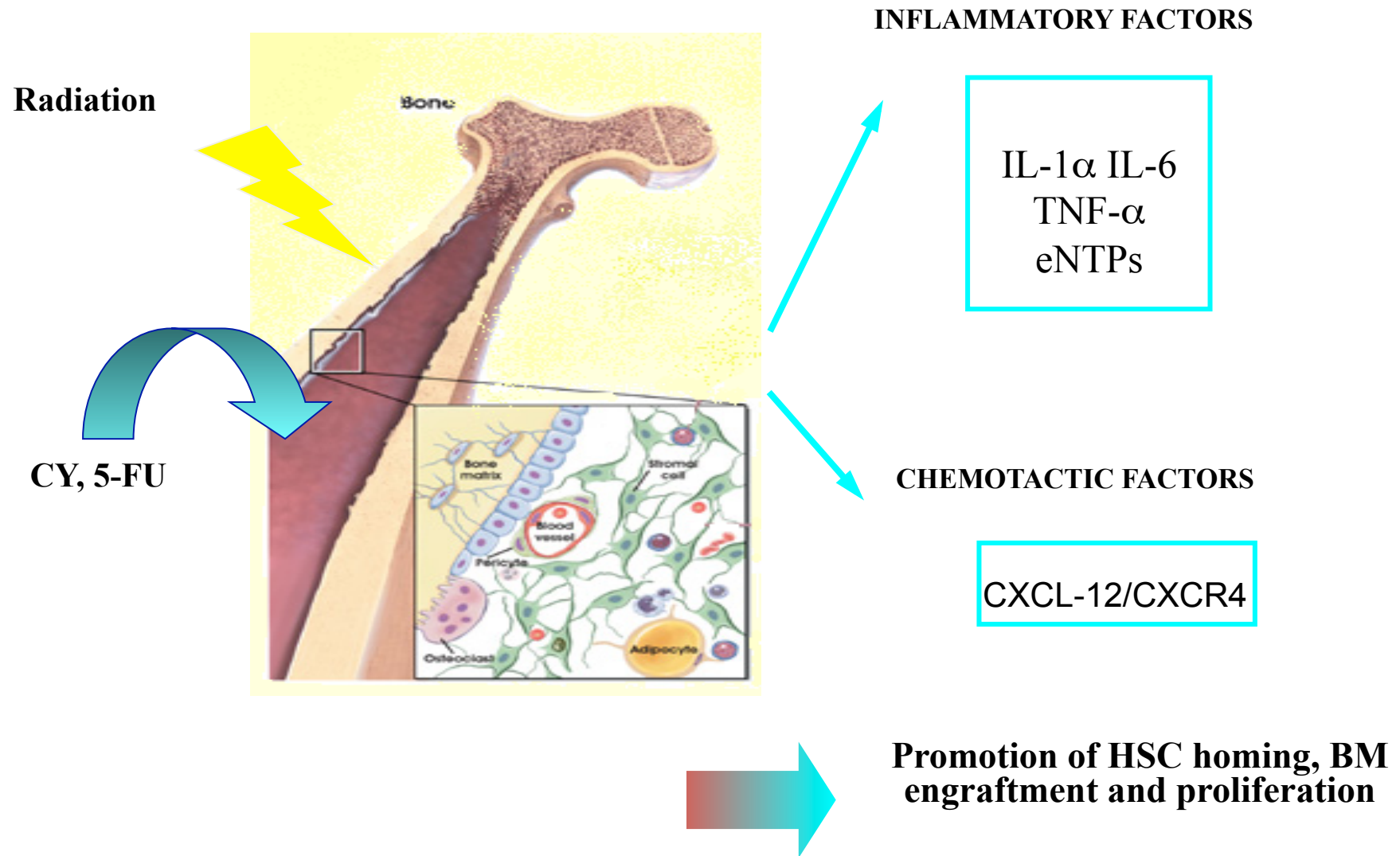
# UTP expands SRCs in NOD/SCID mice



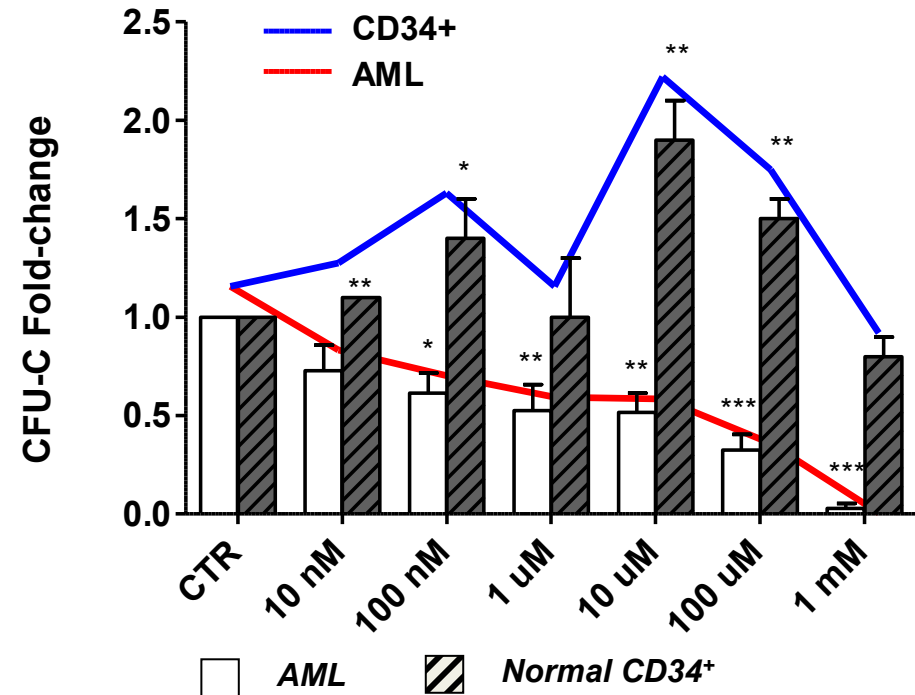
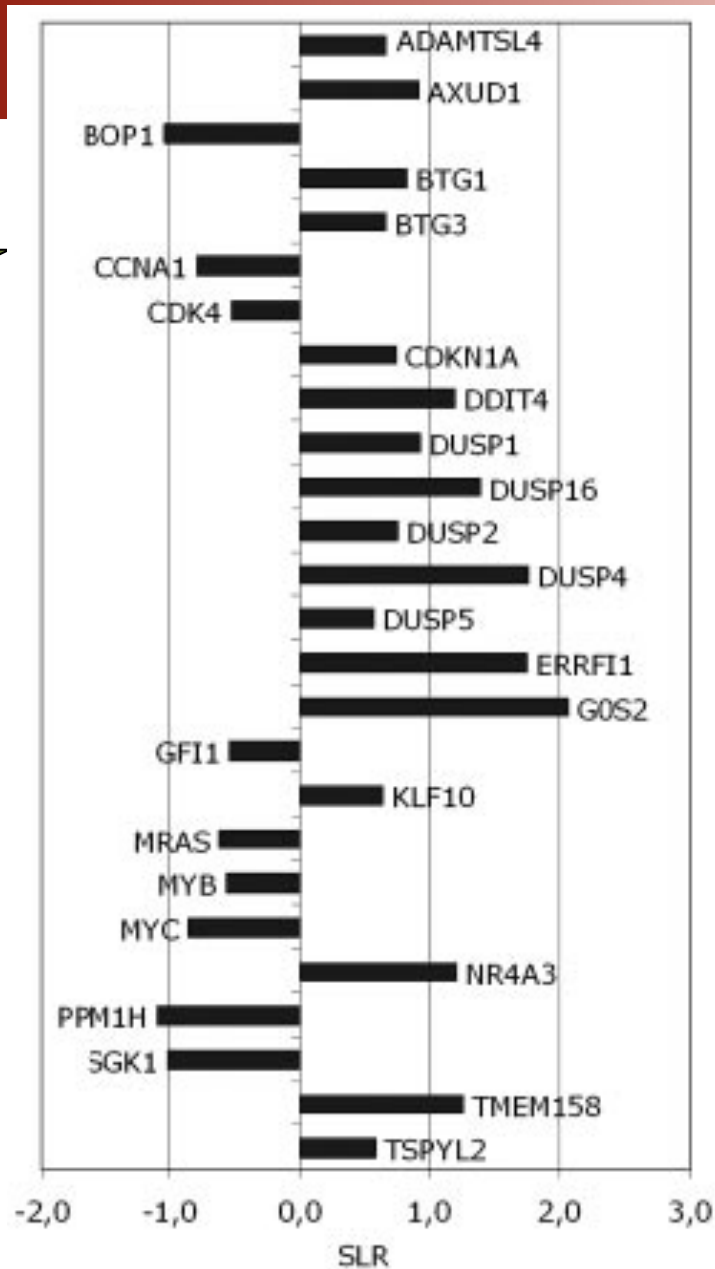
# Competitive repopulation assay in NOD/SCID mice



# HSC HOMING, PROLIFERATION AND FLOGOSIS



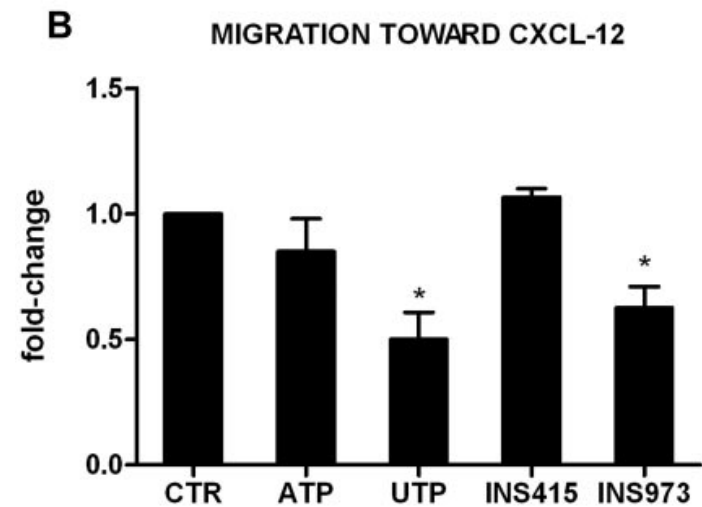
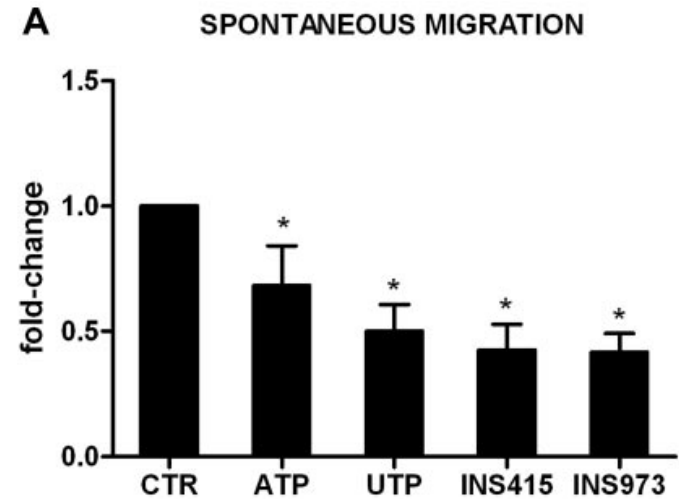
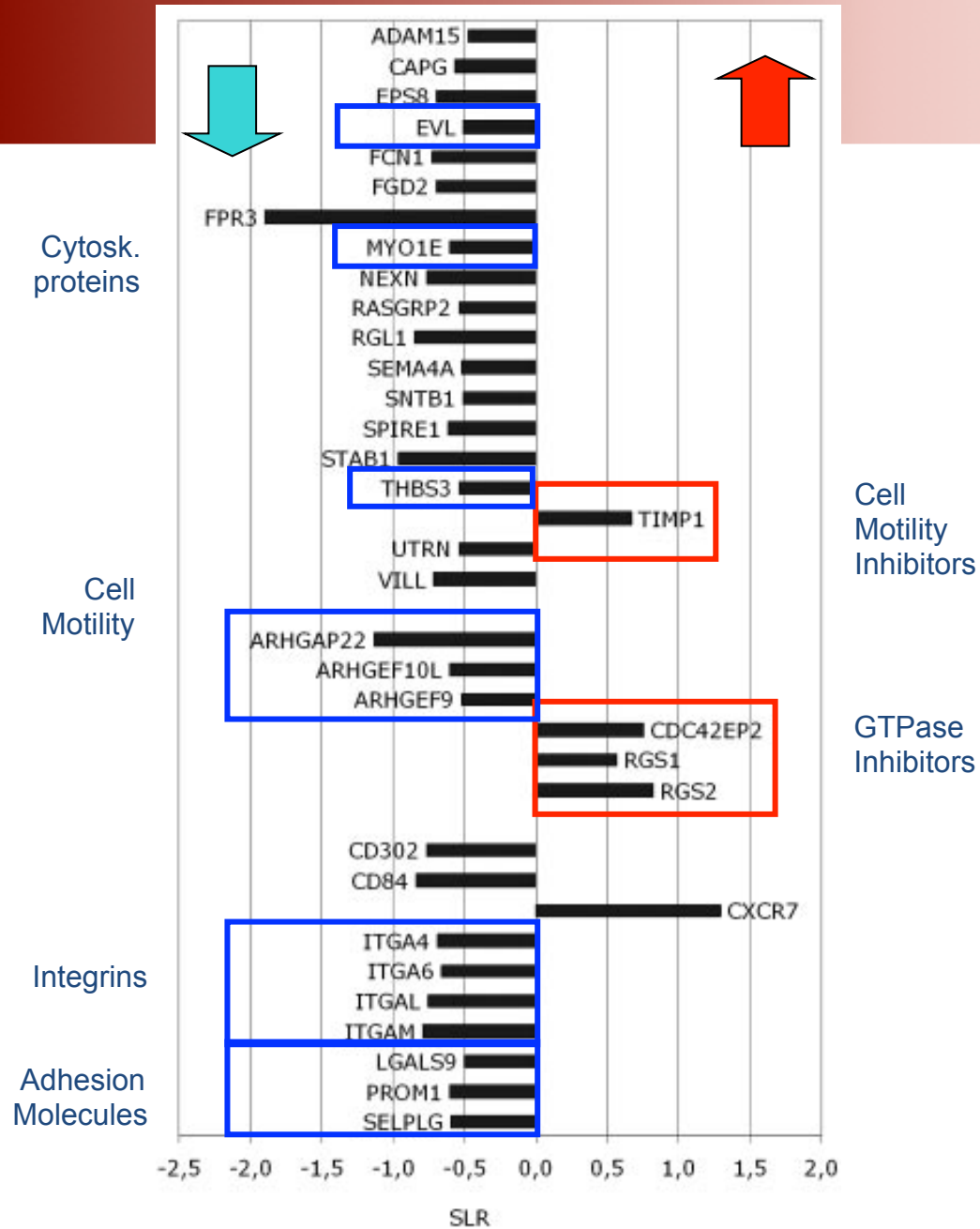
# eNTPs inhibit AML cell proliferation



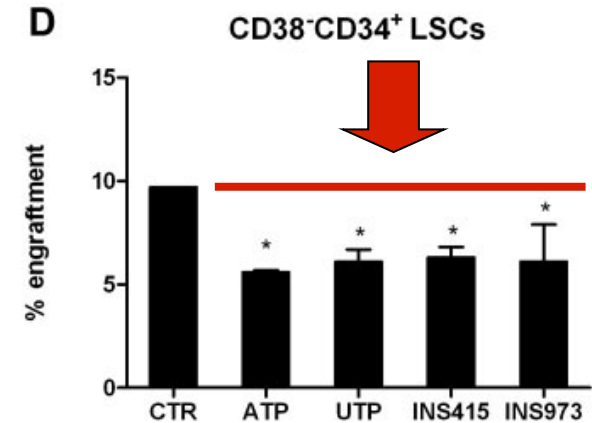
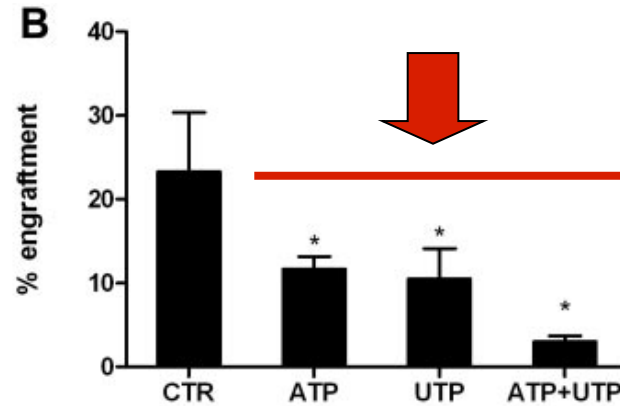
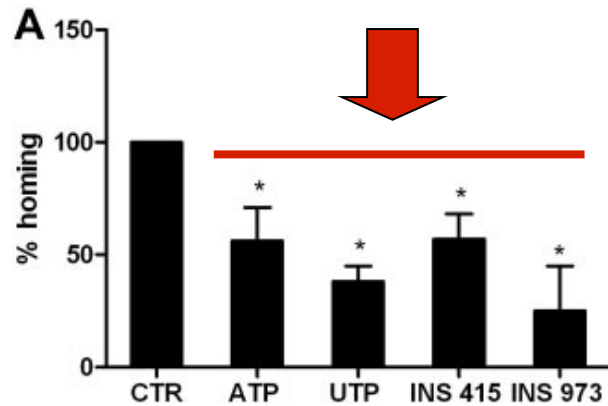
eATP increases CD34+ clonogenic potential,  
*however*  
 it inhibits AML-derived CFU-L expansion



# eNTPs inhibit AML cell migration

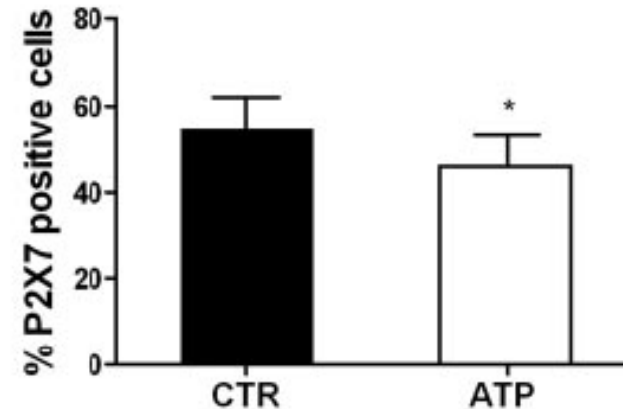


# Purinergic signaling inhibits AML cell Homing and Engraftment



eATP inhibits:

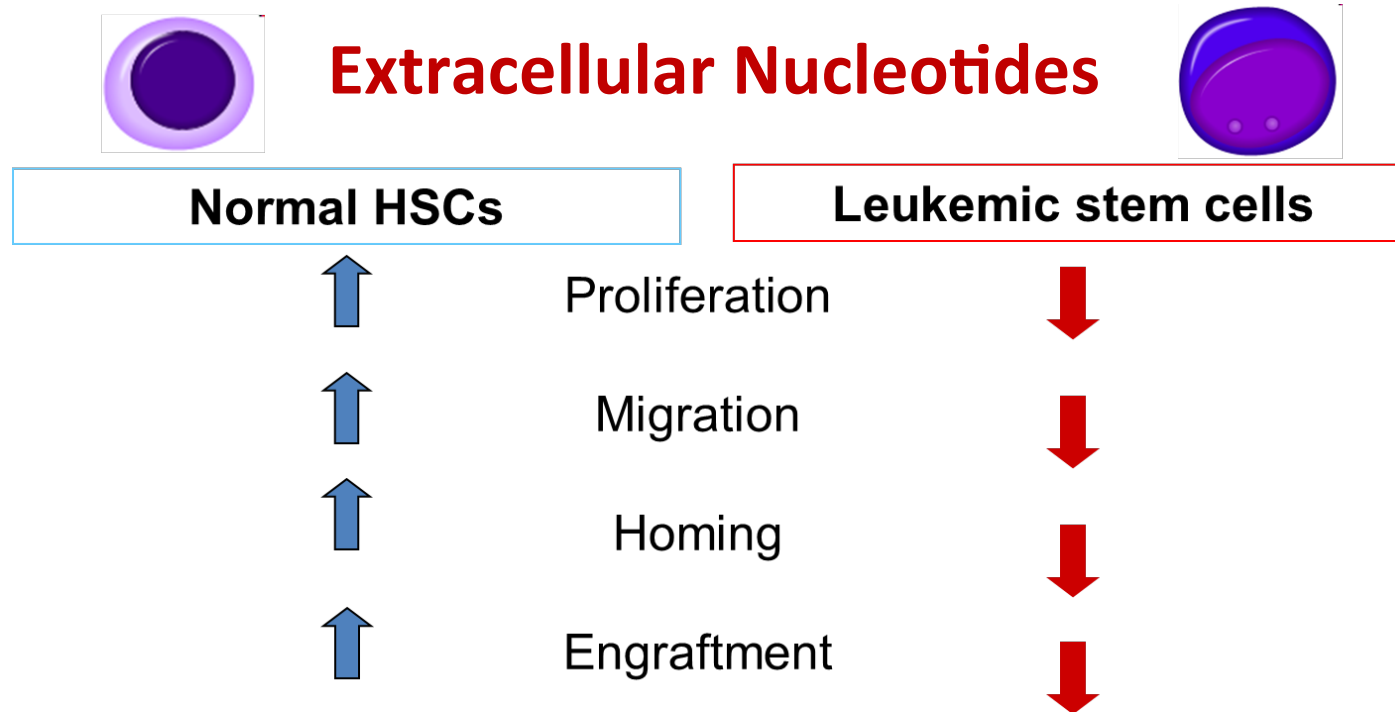
- > AML cell homing
- > AML cell engraftment
- > AML LSC engraftment





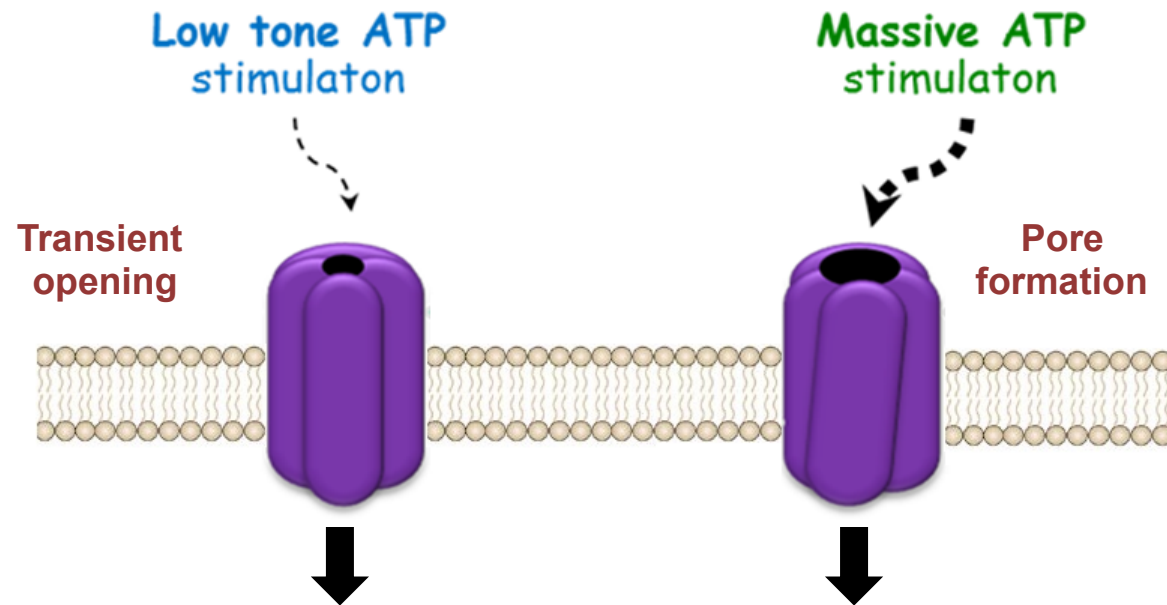
## Purinergic signaling inhibits human acute myeloblastic leukemia cell proliferation, migration, and engraftment in immunodeficient mice

Valentina Salvestrini, Roberta Zini, Lara Rossi, Sara Gulinelli, Rossella Manfredini, Elisa Bianchi, Wanda Piacibello, Luisa Caione, Giorgia Migliardi, Maria Rosaria Ricciardi, Agostino Tafuri, Marco Romano, Simona Salati, Francesco Di Virgilio, Sergio Ferrari, Michele Bacarani, Davide Ferrari and Roberto M. Lemoli



Possible therapeutic use?

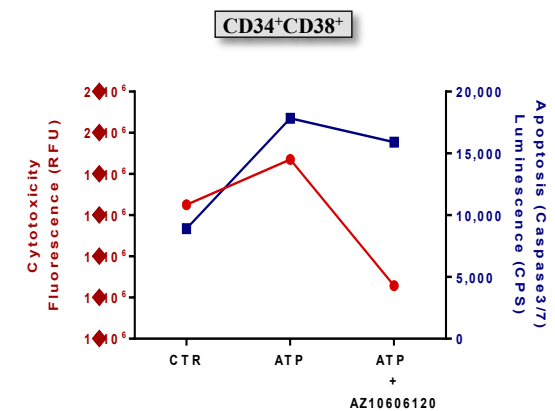
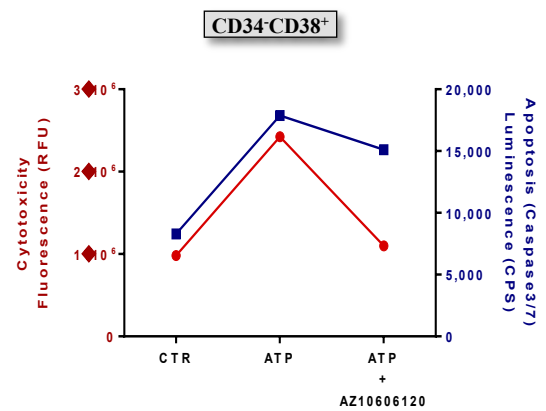
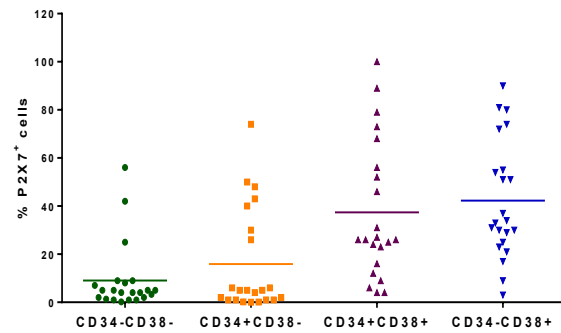
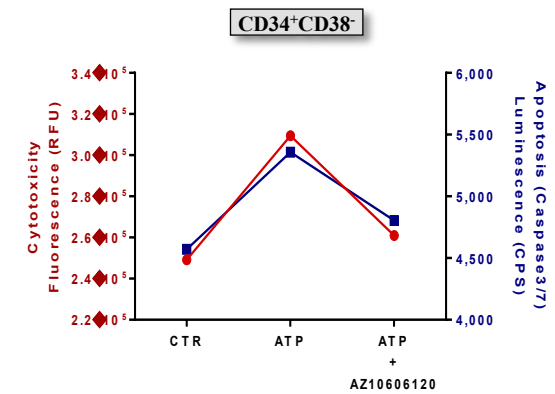
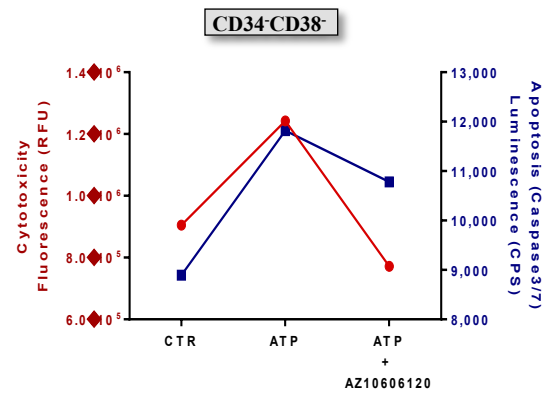
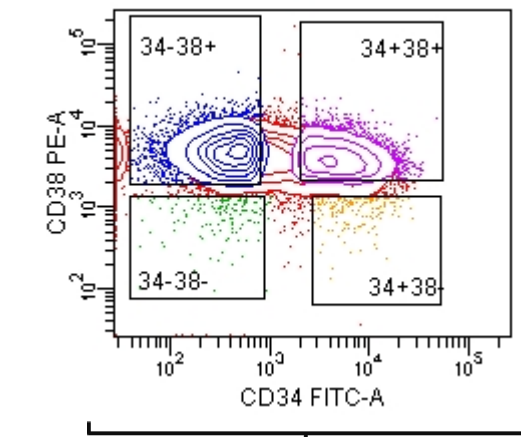
# P2X7 receptor: “Death or life?”



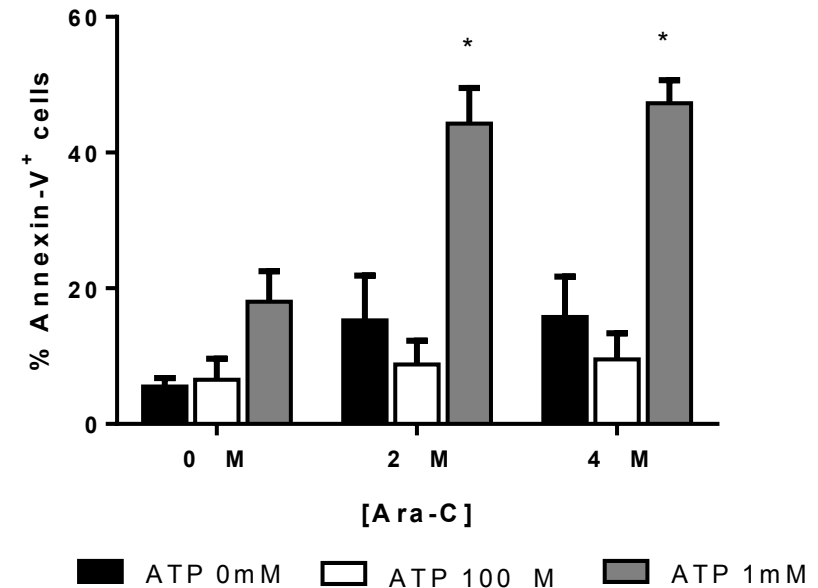
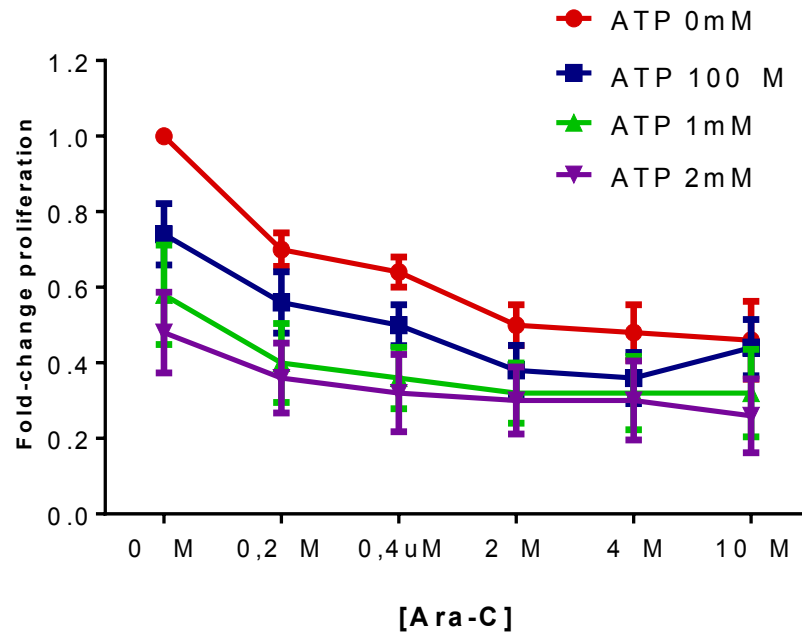
- Cell fusion
- ATP release
- **Proliferation**

- Transcription factor activation
- Cytokine release
- **Cell death/ Apoptosis**

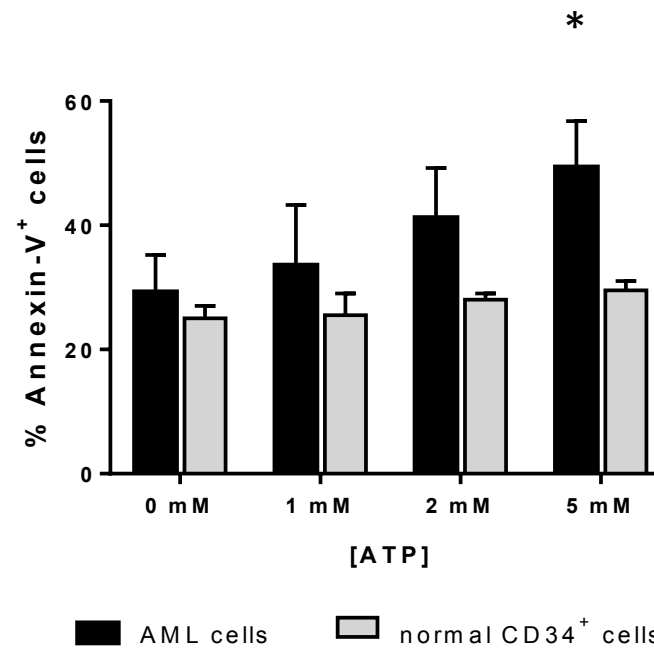
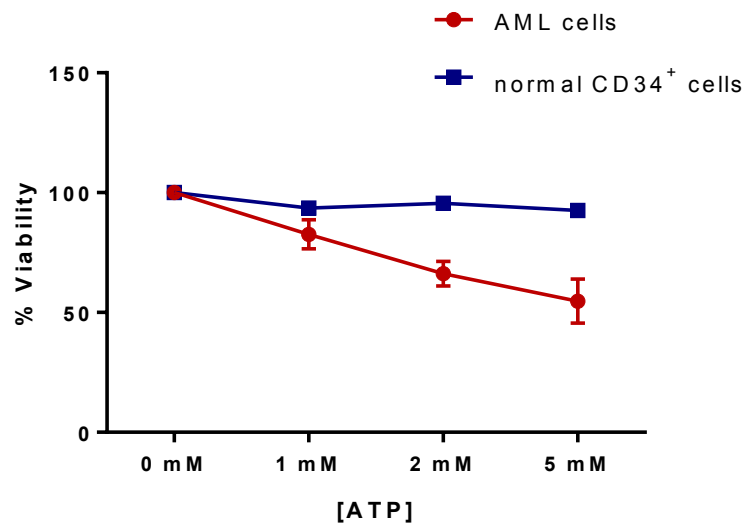
# LSCs express P2X7 and its activation by ATP induces apoptosis of leukemic stem cell progenitors



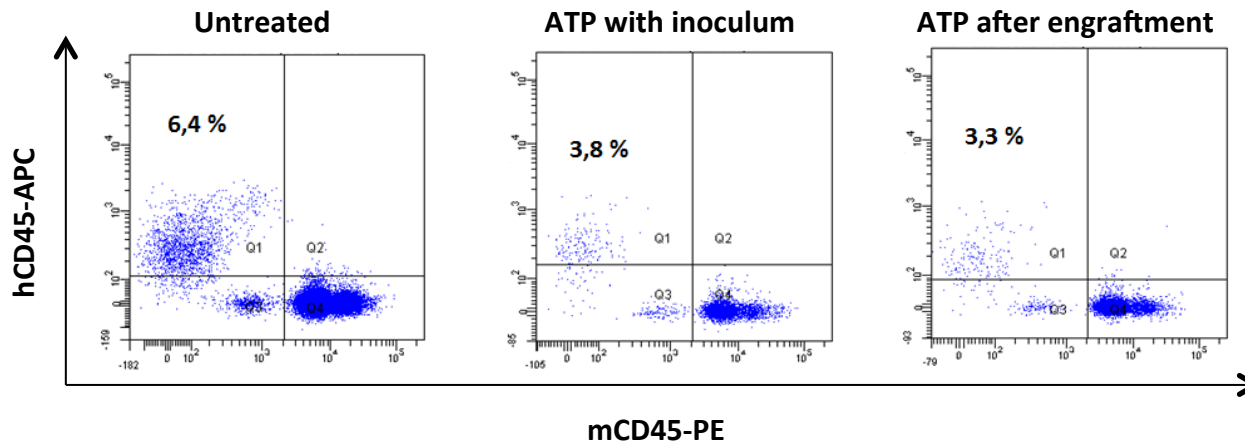
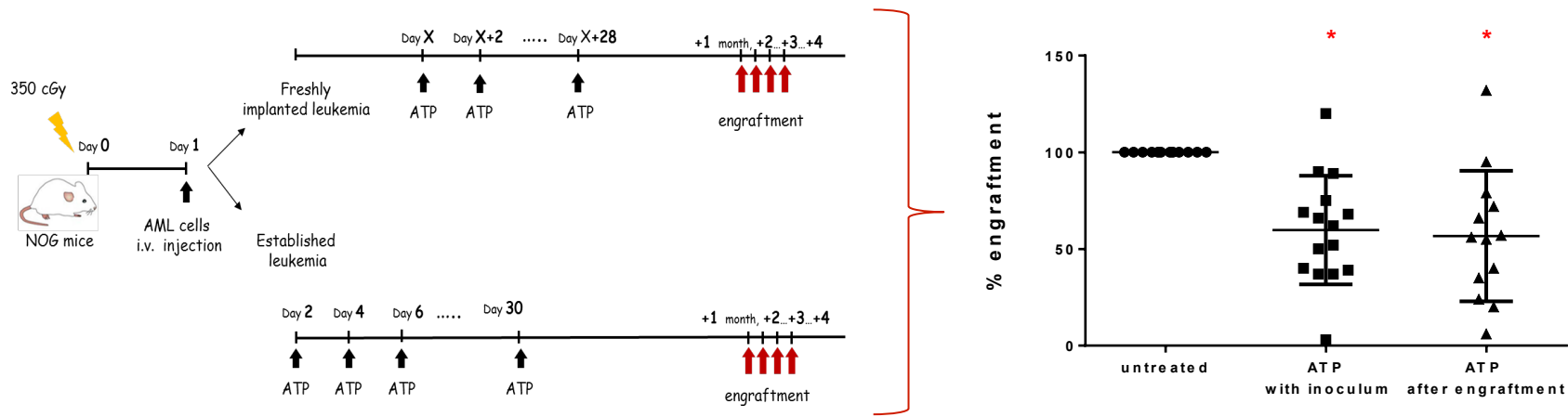
# ATP potentiates the cytotoxic effect of antineoplastic drugs



# ATP exerts a direct cytotoxicity on AML cells but not on normal HSCs



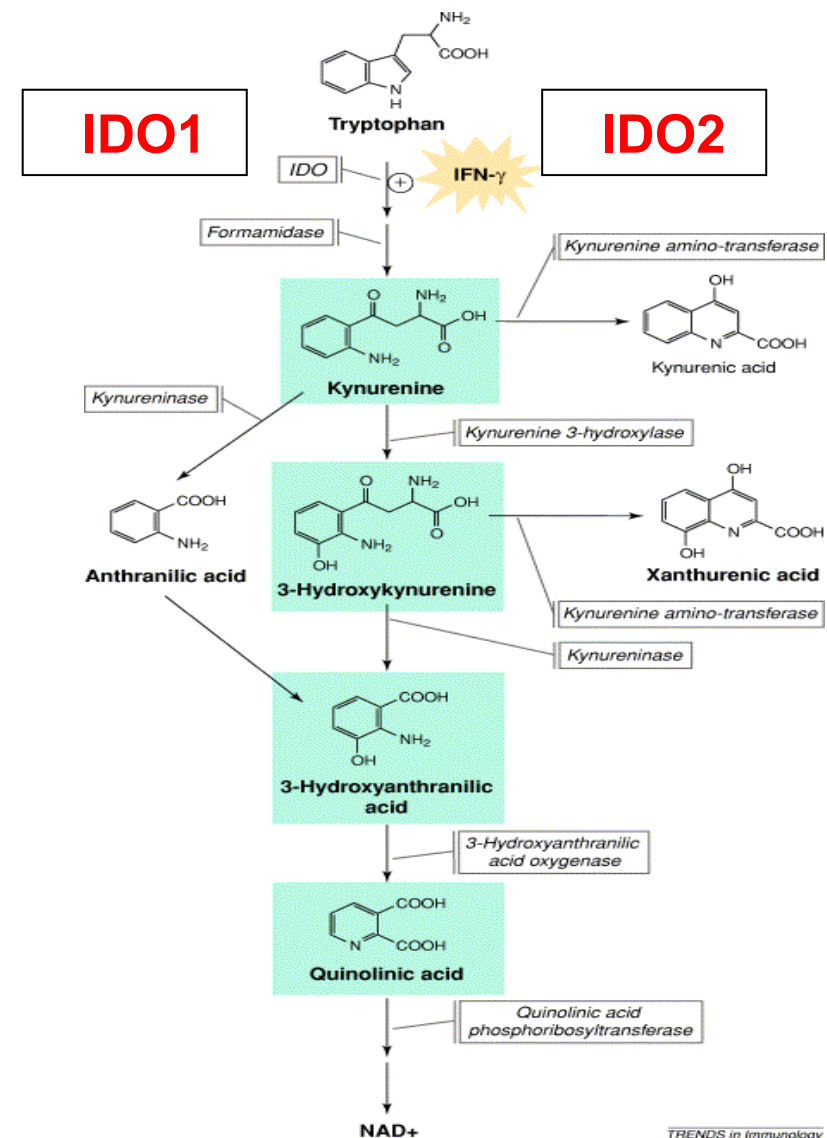
# ATP inhibits leukemia cell growth in vivo



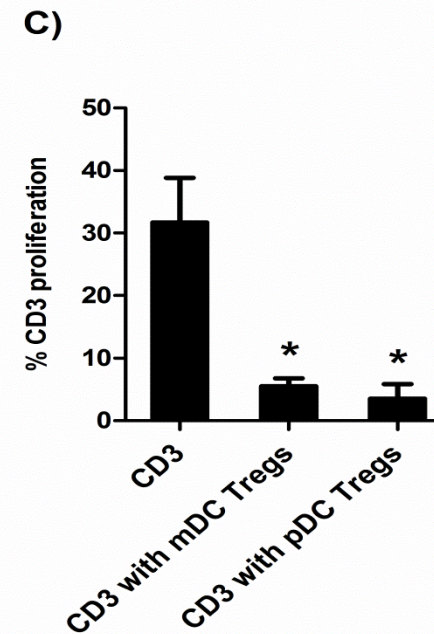
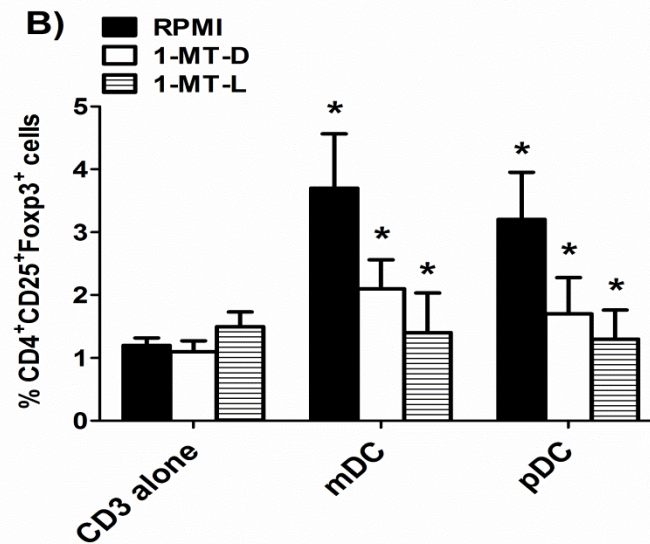
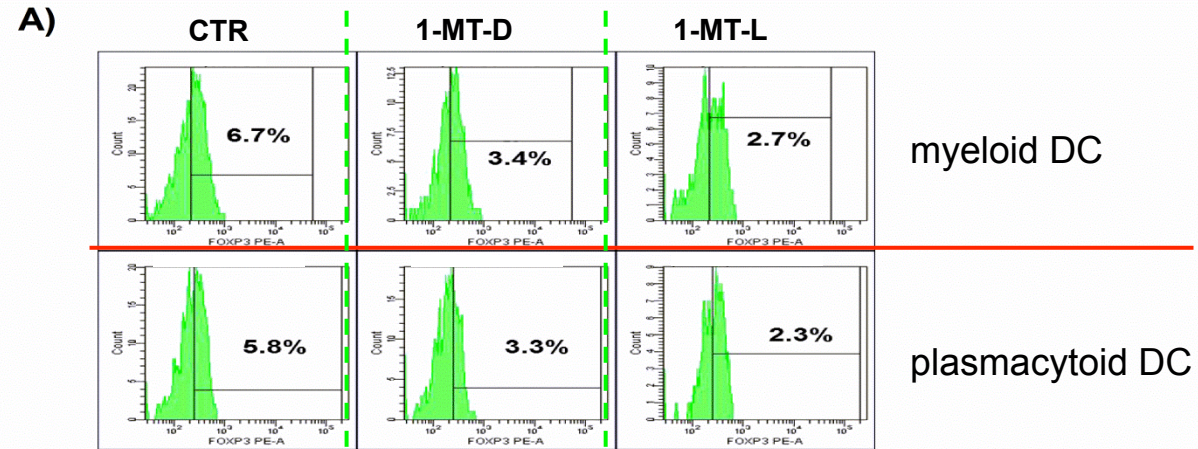


# Indoleamine 2,3-dioxygenase (IDO) at the cross-road between inflammation and immunotolerance

- Indoleamine 2,3-dioxygenase (IDO) catalyzes the conversion of tryptophan into kynurenine
- Different cells, such as decidua cells, monocytes, regulatory DCs and mesenchymal stromal cells inhibit T-cell responses through IDO expression

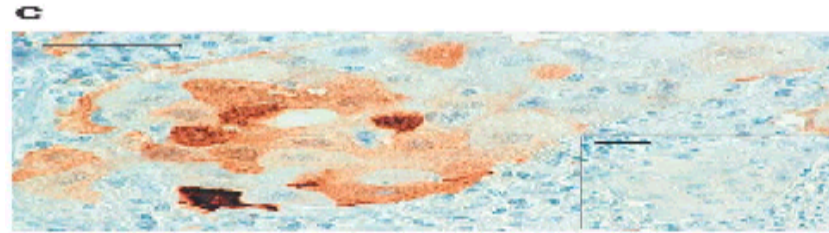


# Dendritic cells induce Tregs by means of both IDO enzymes

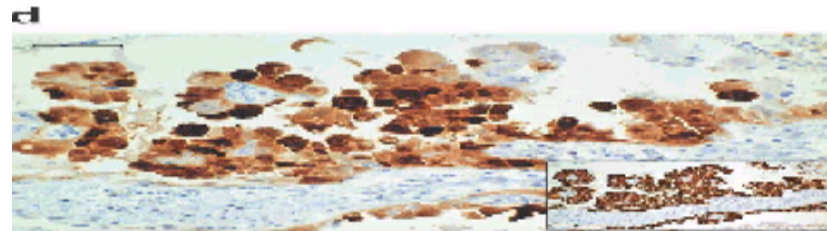


# **MODULATION OF TRYPTOPHAN CATABOLISM BY TUMOR CELLS EXPRESSING IDO AS A STRATEGY OF IMMUNE EVASION**

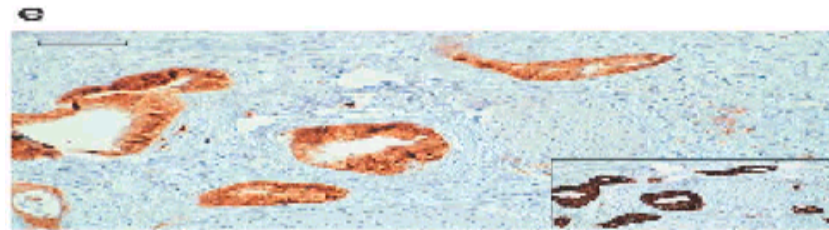
- A wide variety of human tumors expresses IDO protein, which mediates immune tolerance
- In humans, IDO over-expression correlates with poor prognosis (ovarian carcinoma, endometrial carcinoma, colon carcinoma)



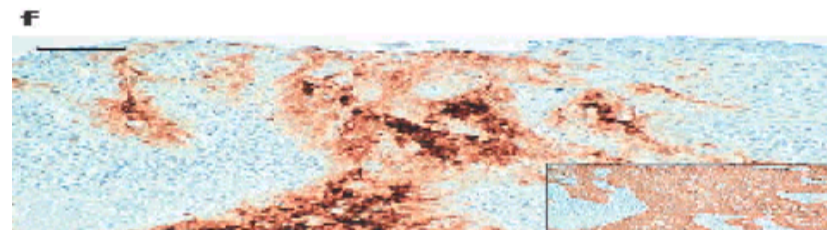
Non small-cell  
lung cancer



Ovarian  
carcinoma



Pancreatic  
carcinoma



Head and Neck  
carcinoma

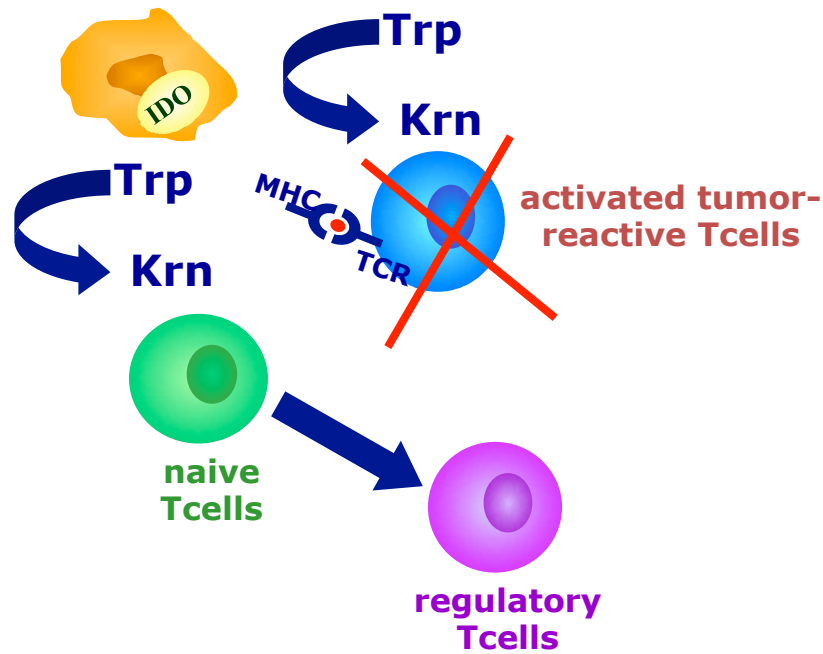


Colon  
carcinoma

# IDO protein is involved in the induction of immune tolerance to tumors

## Tumor-draining lymph node

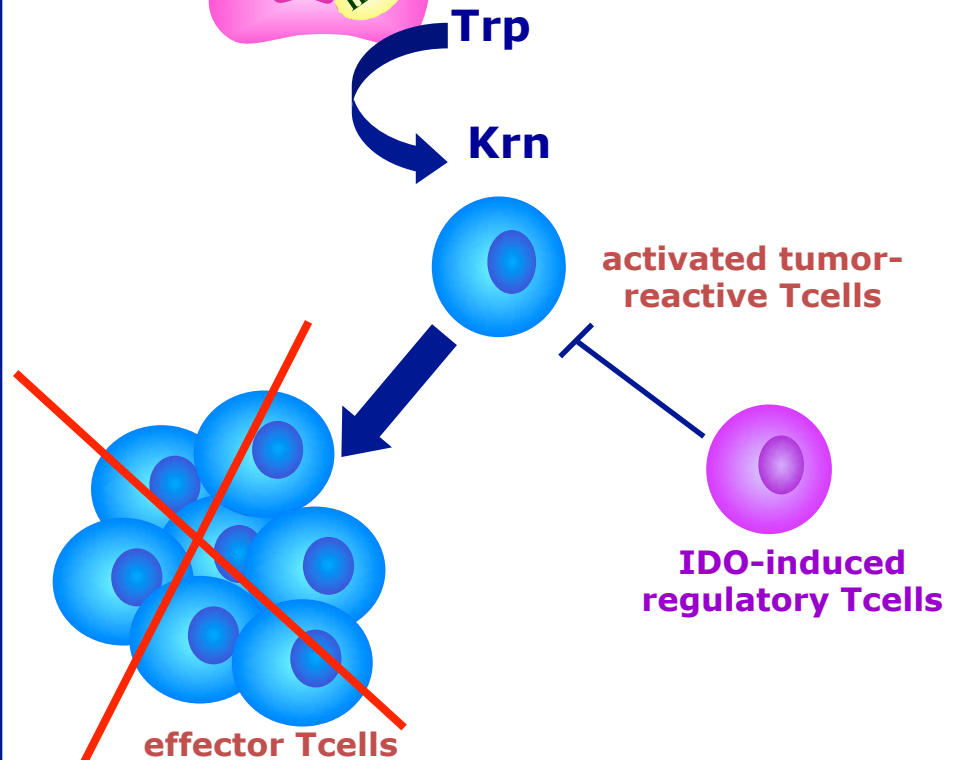
IDO-expressing plasmacytoid dendritic cells



- ↑ T-cell apoptosis or anergy
- ↓ T-cell clonal expansion
- ↑ Treg induction

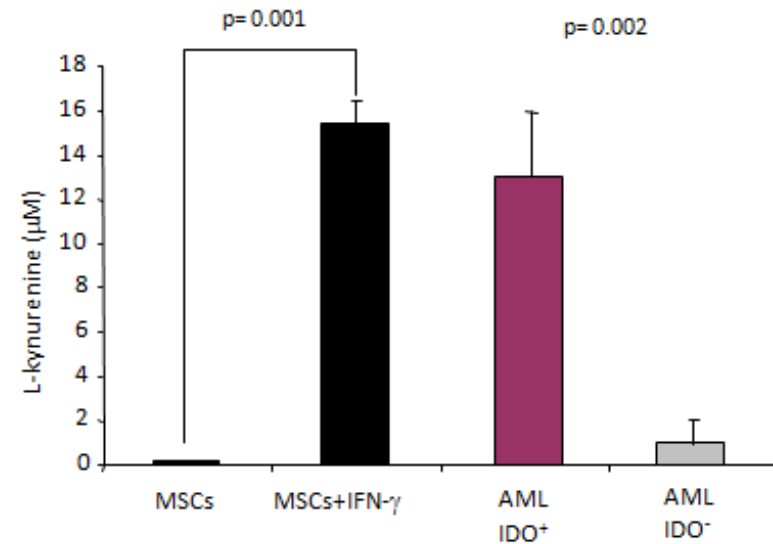
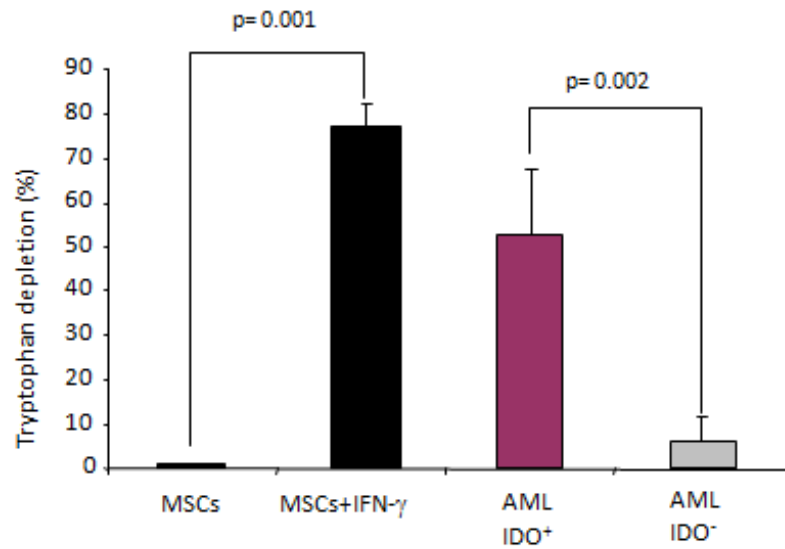
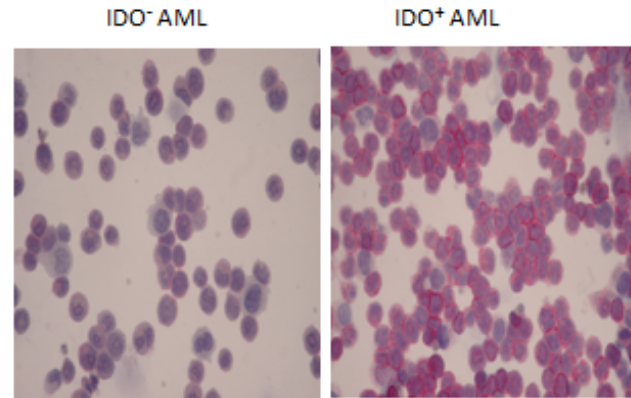
## Tumor site

IDO-expressing tumor cells

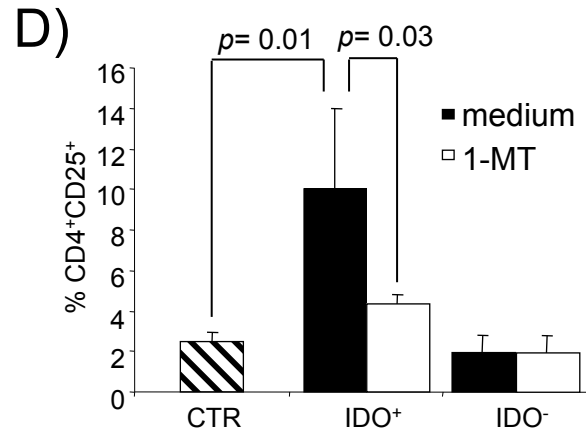
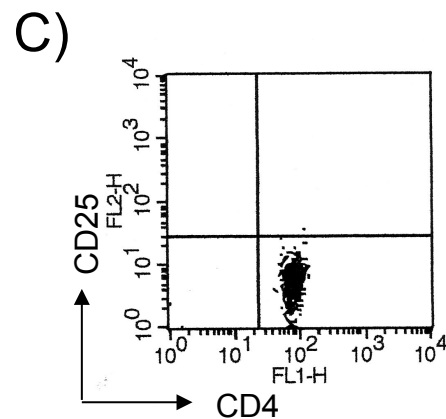
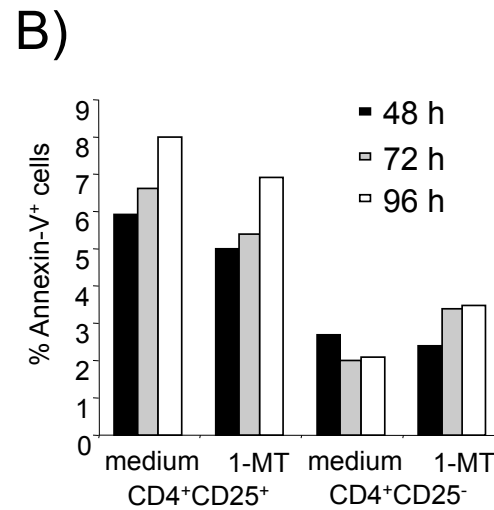
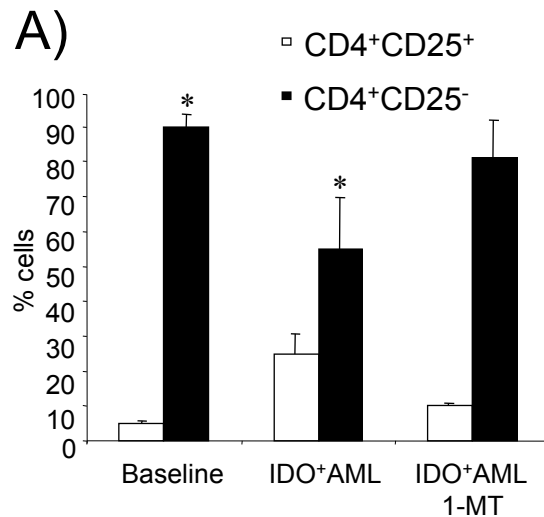


- ↓ T-cell effector function
- ↓ T-cell clonal expansion
- ↓ T-cell survival

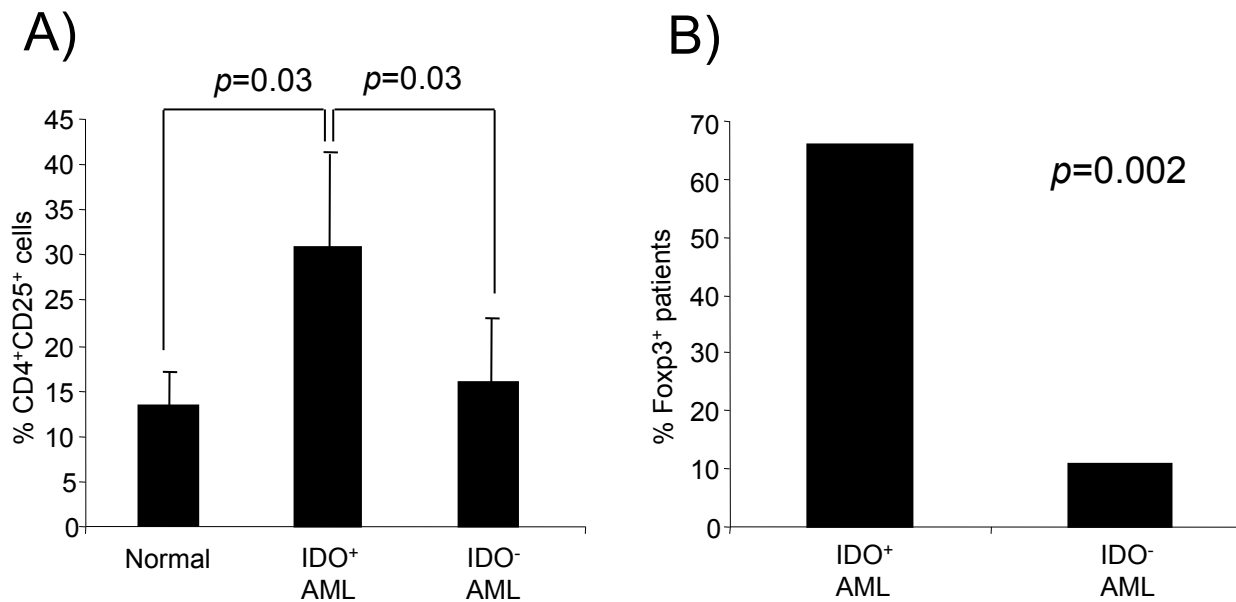
# IDO is expressed and functionally active in AML



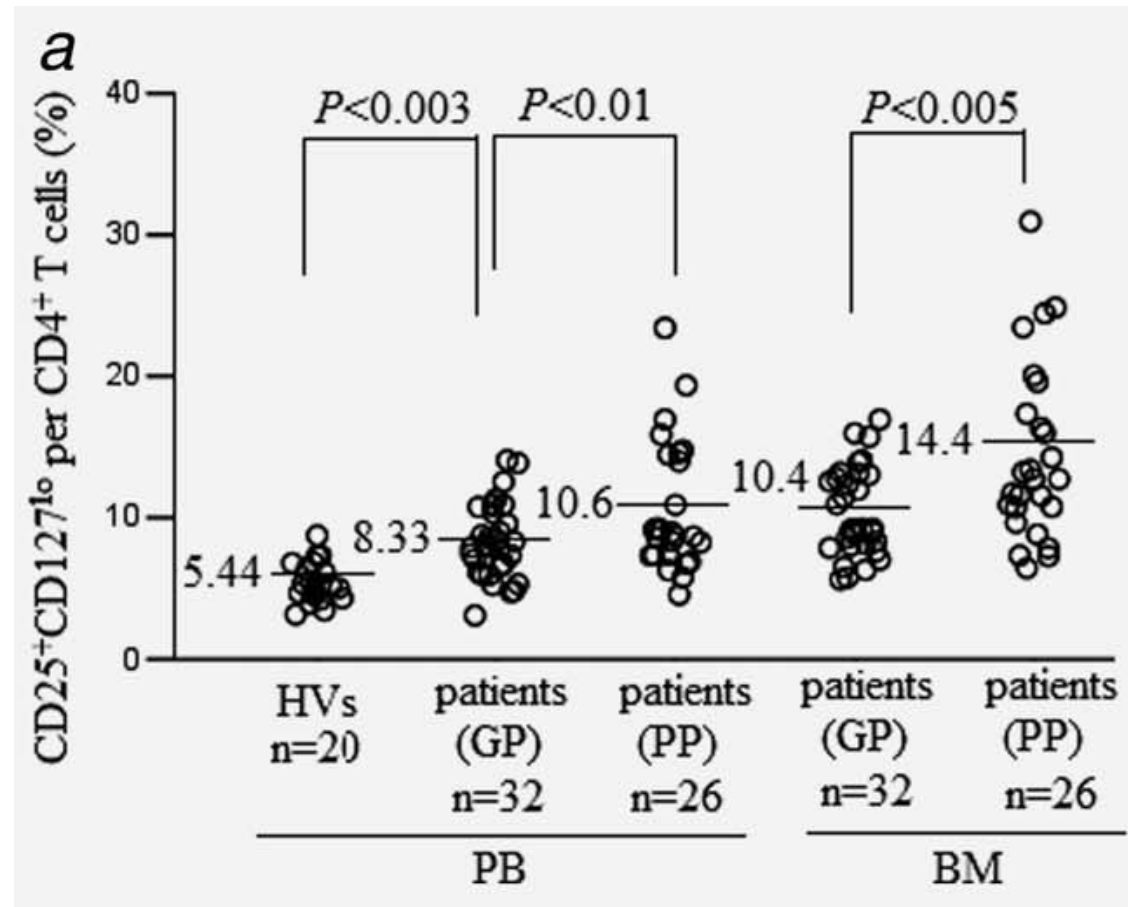
# IDO<sup>+</sup> AML cells induce Tregs through the conversion of CD25<sup>-</sup> into CD25<sup>+</sup> CD4<sup>+</sup> FOXP3<sup>+</sup> T cells



# IDO<sup>+</sup> AML patients have an increased number of T regulatory cells in peripheral blood



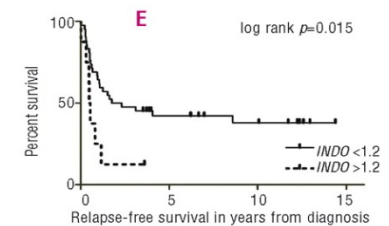
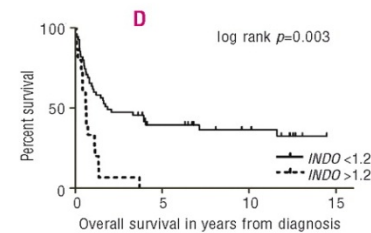
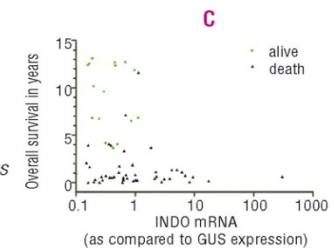
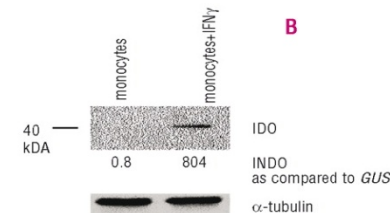
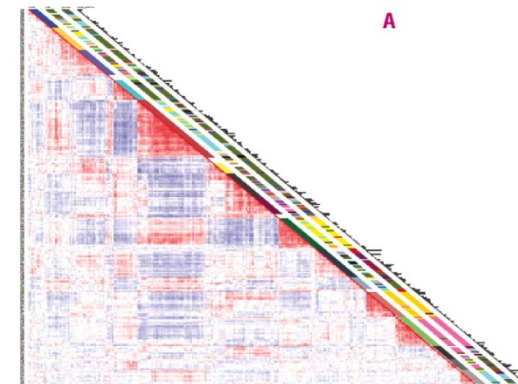
# Elevated frequencies of Tregs are associated with poor prognosis in AML



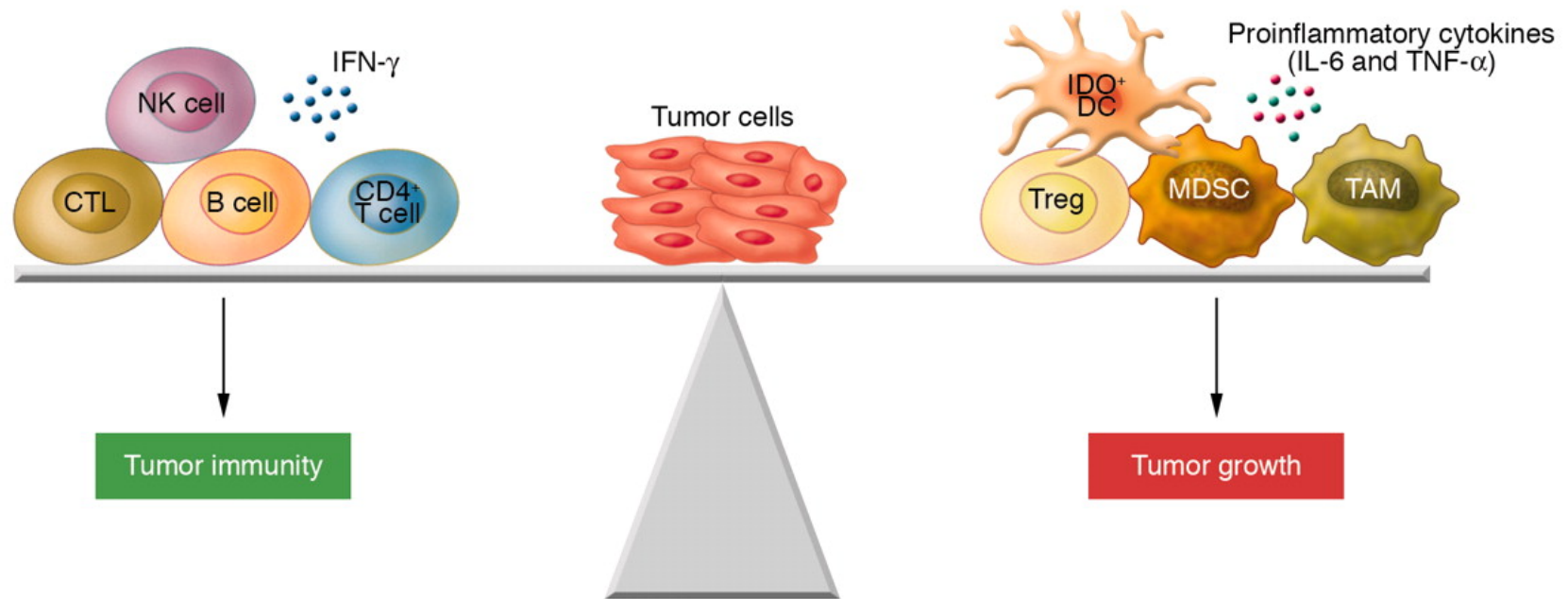


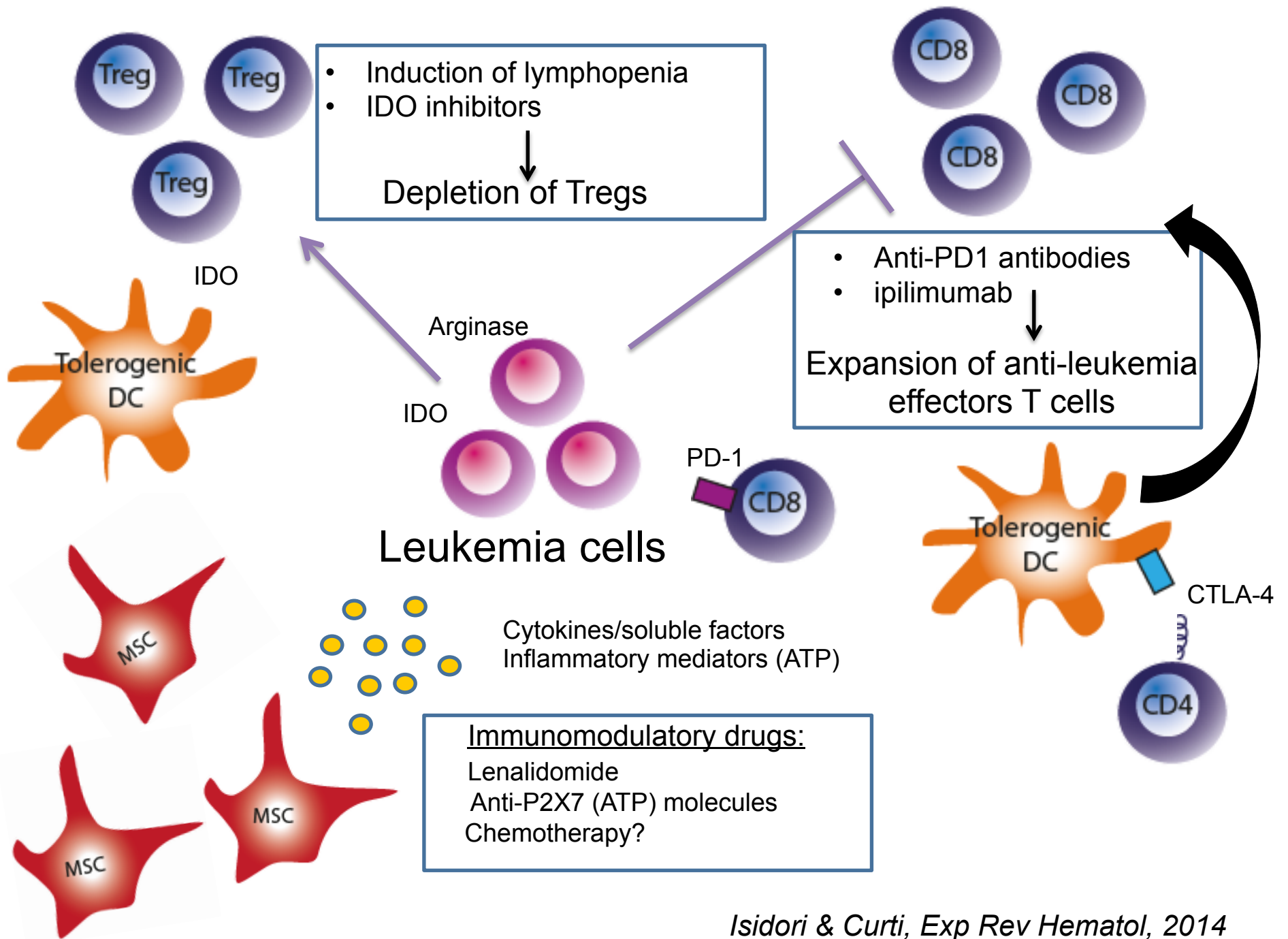
# High *INDO* mRNA level in blasts of AML patients predicts poor clinical outcome

Type of analysis	Gene-expression profiling	qPCR
Number	286	71
Median age in years at diagnosis (range)	44 (15-78)	54 (16-75)
Median white blood cell count at diagnosis ( $10 \times 10^9/L$ , range)	28 (0.3-582)	42 (0.4-282)
Complete remission rate, number (%)	203 (79.6)	55 (78)
Median overall survival in months (range)	13 (0-166)	14.4 (0.03-174)
Median relapse free survival in months (range)	11 (0-166)	16.6 (0.23-173)
FAB classification, number (%)		
AML M0	6 (2)	4 (6)
AML M1	63 (22)	9 (13)
AML M2	66 (23)	20 (19)
AML M3	19 (7)	3 (4)
AML M4	53 (19)	12 (17)
AML M5	65 (23)	20 (28)
AML M6	3 (1)	3 (4)
not determined	10 (3)	
Cytogenetic risk group, number (%)		
Favorable	57 (20)	4 (6)
Standard	176 (62)	40 (56)
Adverse	39 (14)	6 (9)
No metaphasis	13 (4)	6 (9)
Not done		15 (21)
FLT3 status, number (%)		
<i>FLT3</i> ITD pos	78 (27)	19 (27)
<i>FLT3</i> ITD neg	207 (73)	52 (73)
<i>FLT3</i> TKD pos	33 (12)	5 (7)
<i>FLT3</i> TKD neg	252 (88)	66 (93)



# Harnessing the immune system to treat cancer





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Darina Ocadlikova  
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Dorian Forte  
Lara Rossi

**Antonio Curti**

University of Ferrara,  
Ferrara

*E. Adinolfi*  
*S. Ferrari*

*F. Di Virgilio*

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Oncology, Milan

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**F. Bertolini**



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University of Bologna**

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Marilena Ciciarello  
Darina Ocadlikova  
Mariangela Lecciso  
Dorian Forte



**European Institute of Oncology**

Stefania Orecchioni  
Francesca Reggiani  
Prof. Francesco Bertolini

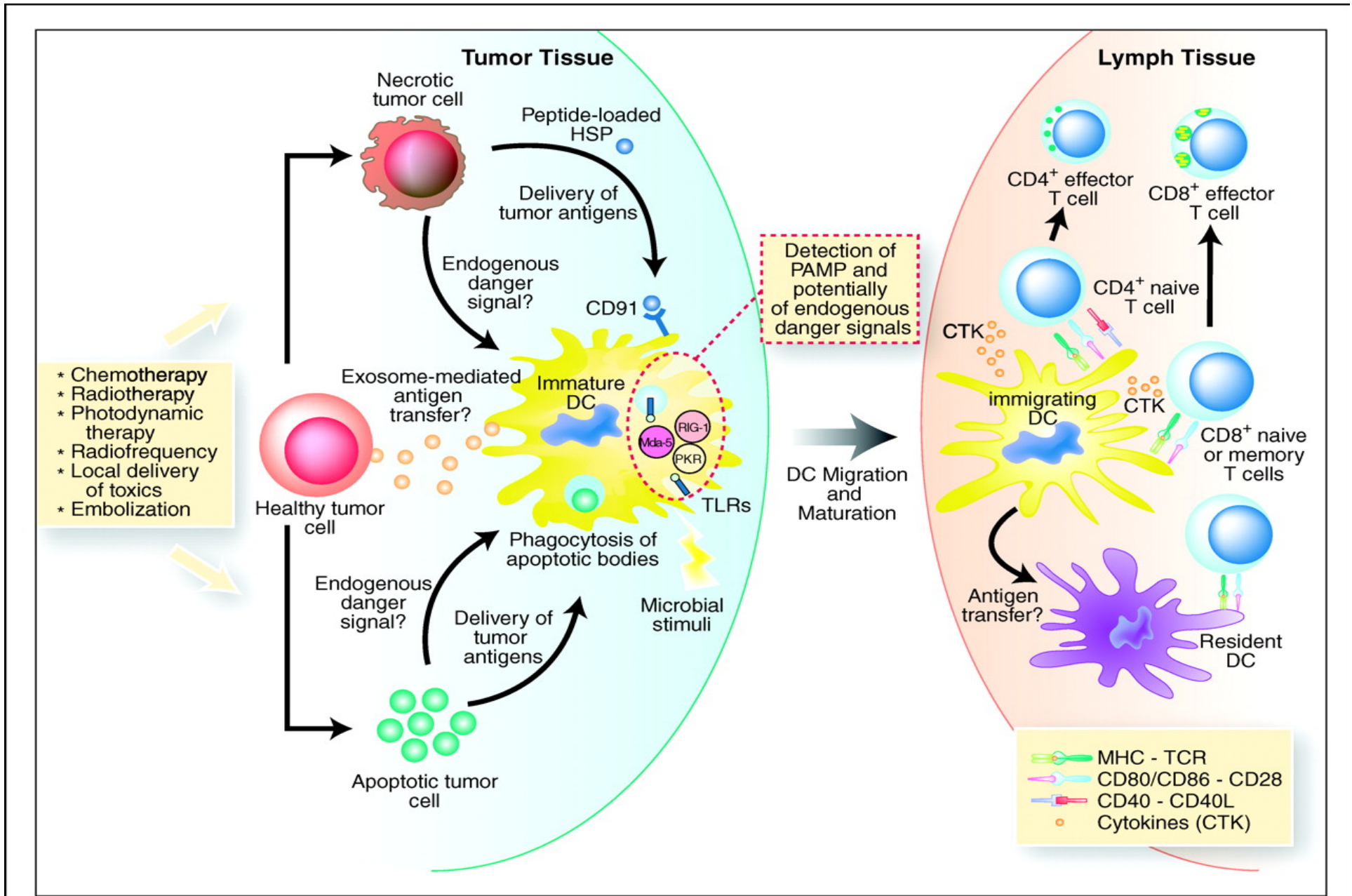
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Elena De Marchi  
Prof. Francesco Di Virgilio

**Dept. Internal and Specialty  
Medicine, Chair of  
Hematology, University of  
Genova**

Prof. Roberto Massimo Lemoli





# CELLULAR STRESS RESPONSE

## after chemotherapy

### *early*

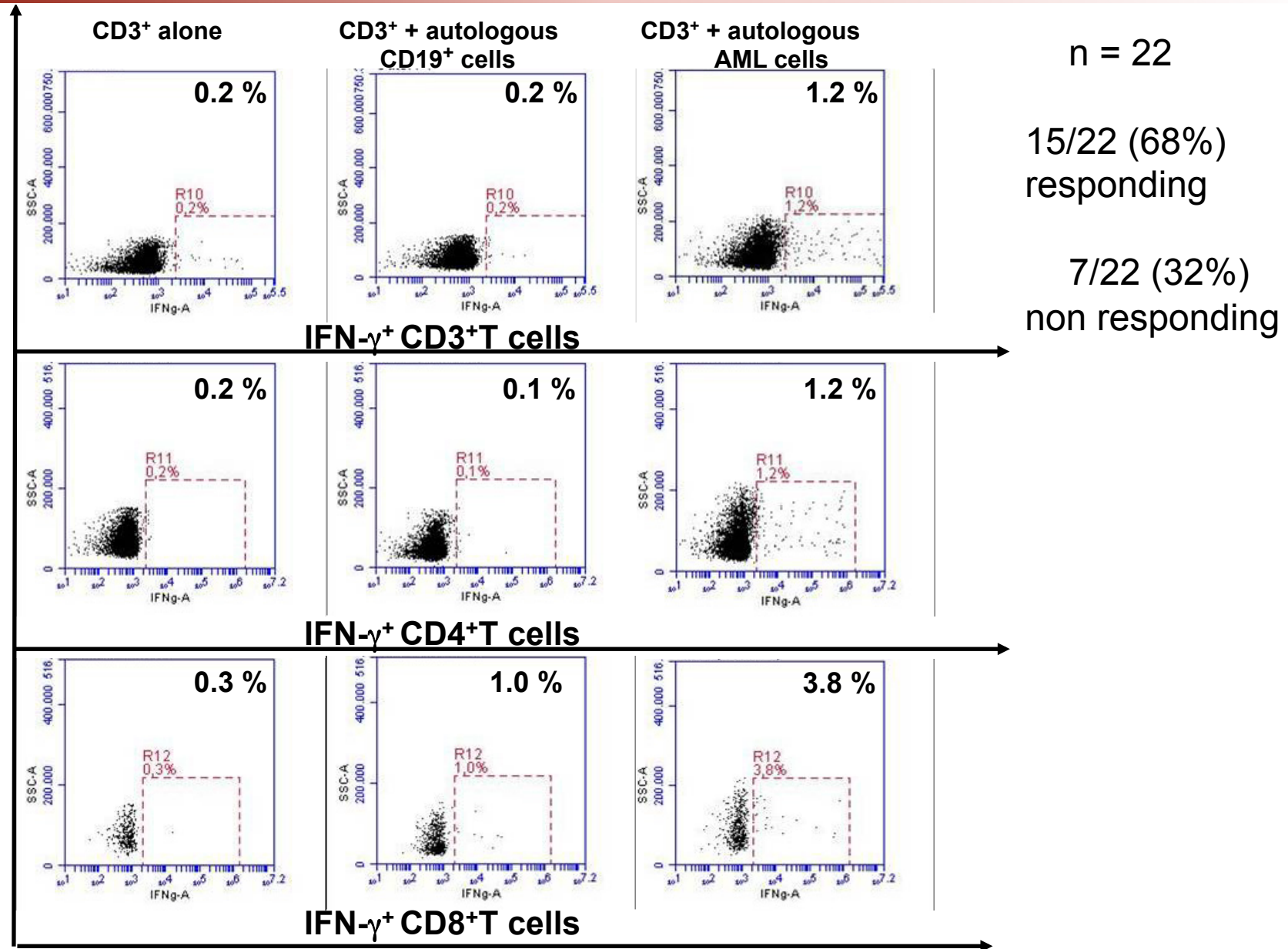
1. Calreticulin (CRT) from endoplasmatic reticulum (ER) to cell surface
  - induction of apoptosis via caspases
2. Cell surface exposure of HSP-TA complexes (heat shock protein–tumor antigen) = “EAT - ME” signal for DCs

### *late*

3. **Autophagy-dependent** release of ATP (immune cells recruitment)
4. Release of pro-inflammatory non-histone chromatin binding protein high mobility group box 1 (HMGB1)
  - binds TLR4 on DCs (maturation) = “FIND - ME” signal for T cells



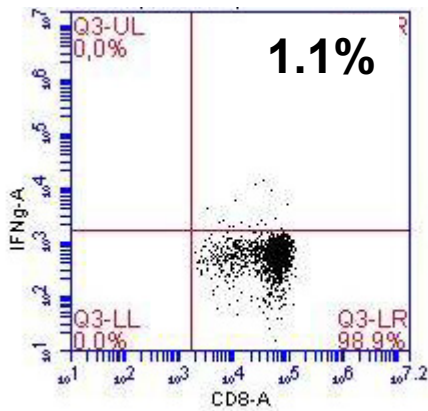
# IFN- $\gamma$ production by T-cells from AML patients after chemotherapy



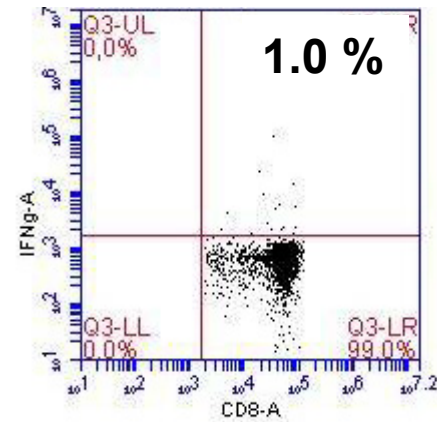
# IFN- $\gamma$ is mainly produced by CD8<sup>+</sup> T cells

IFN- $\gamma$

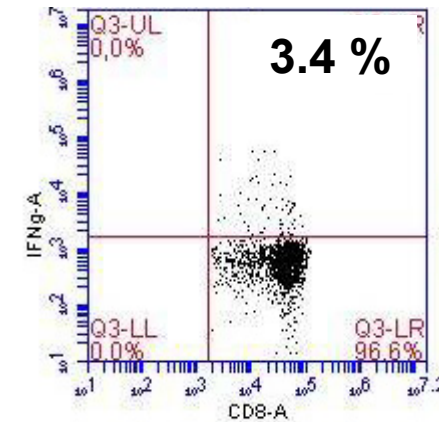
CD3<sup>+</sup> alone



CD3<sup>+</sup> + autologous  
CD19<sup>+</sup> cells



CD3<sup>+</sup> + autologous  
AML cells

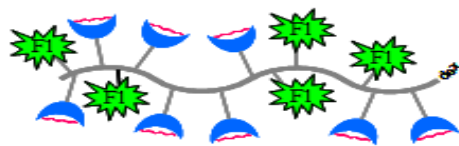
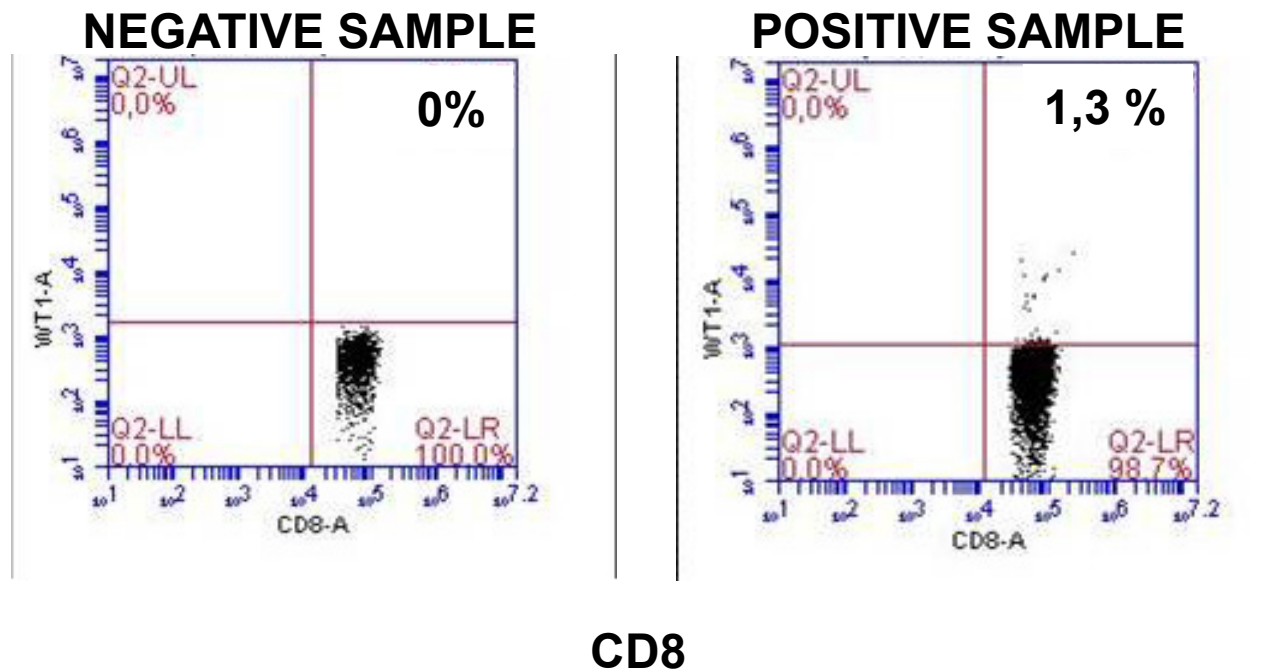


CD8<sup>+</sup> T cells

# CD8<sup>+</sup> T-cells specific for leukemia-associated antigen WT1 are detectable in PB after chemotherapy

*HLA-A\*0201 positive patients; day 21 after chemotherapy*

WT1

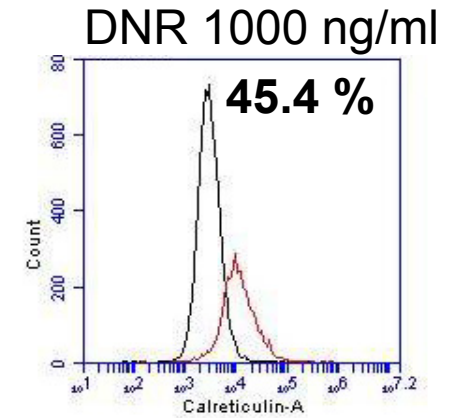
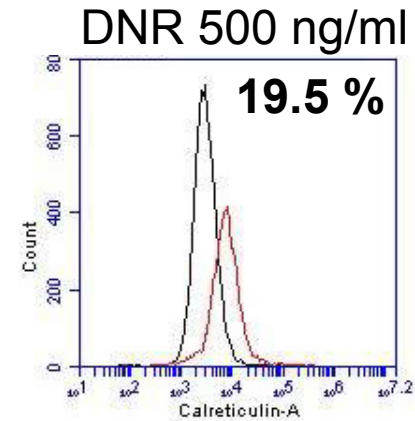
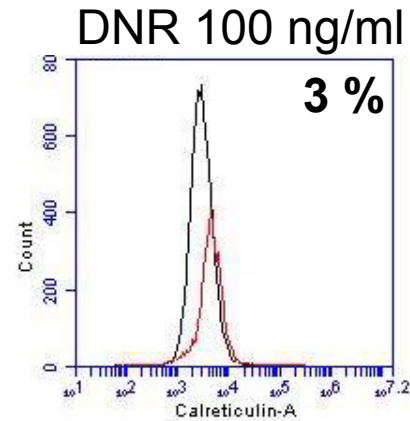
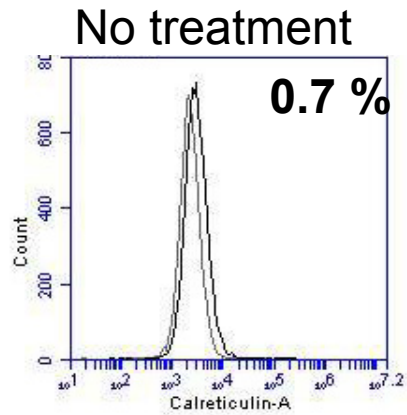


WT1  
MHC protein

Fluorophore  
Dextran

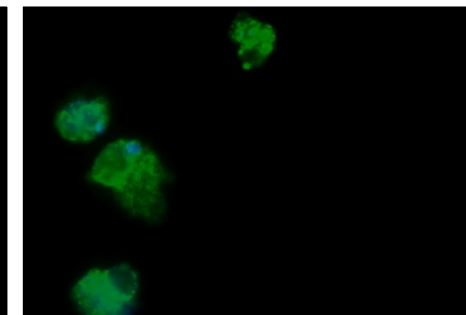
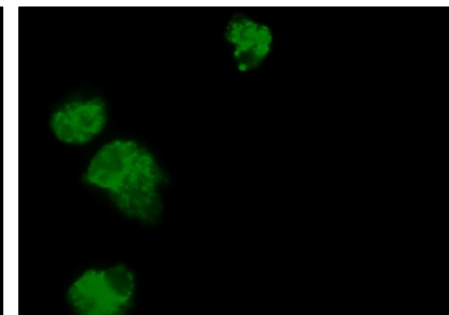
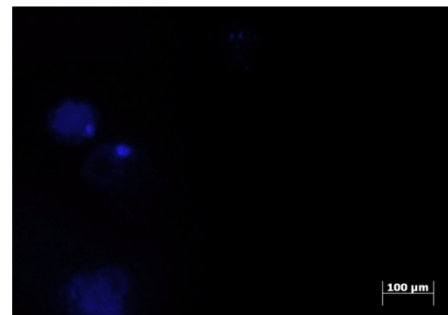
MHC dextramer antibody

# Expression of Calreticulin (CRT) on AML cell surface after DNR treatment

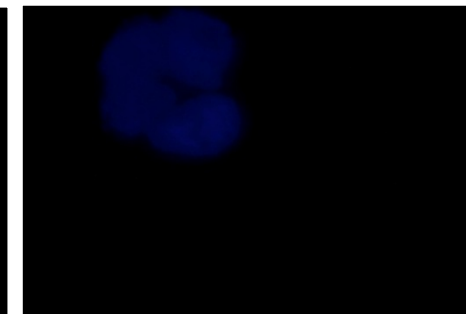
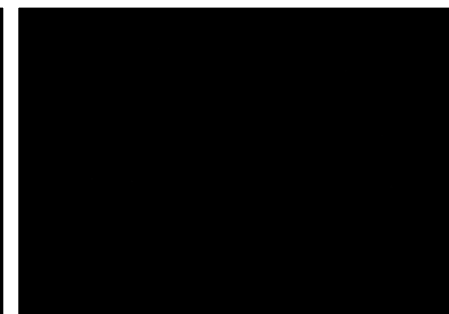
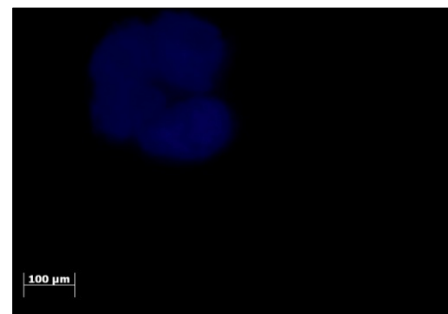


## CRT

1. DNR-treated cells



2. No treated cells

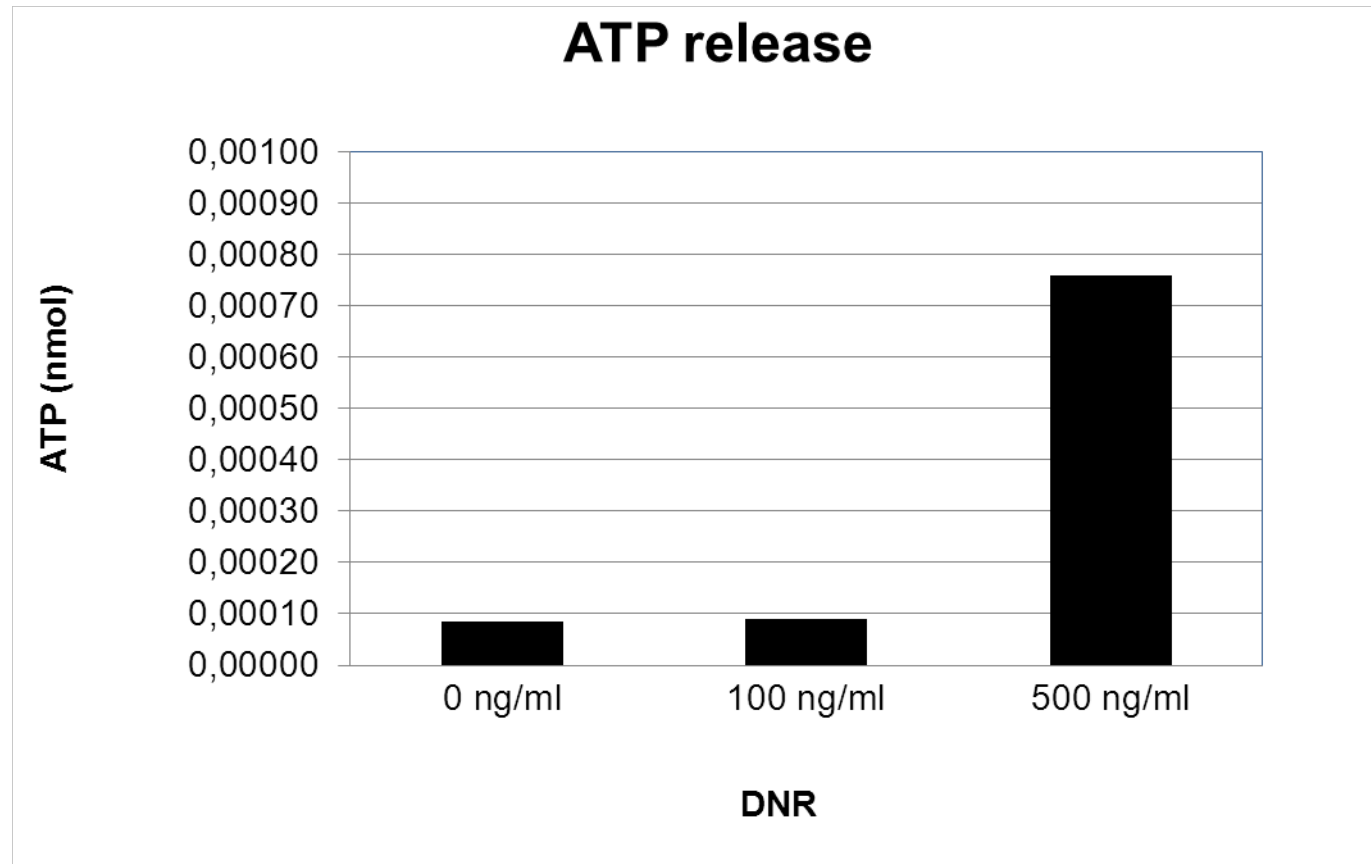


DAPI

FITC

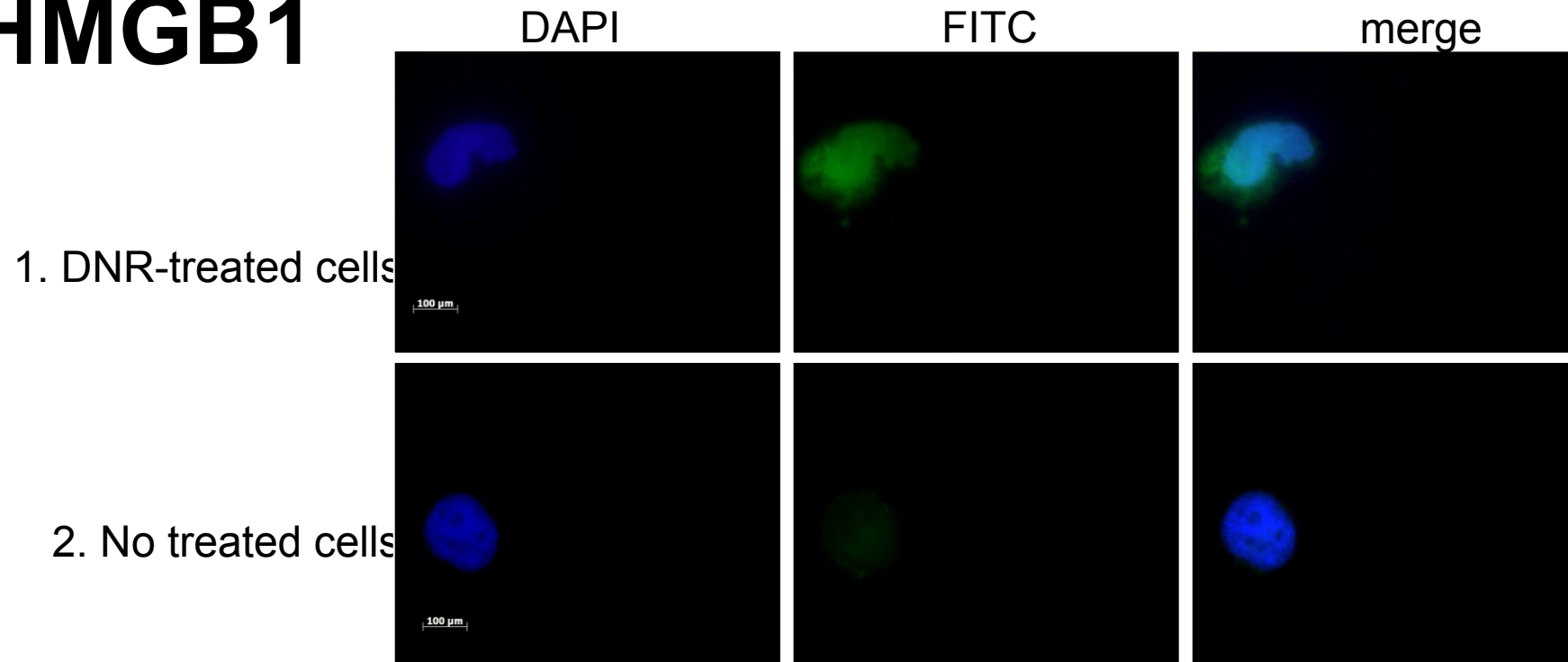
merge

# Release of ATP after DNR treatment (HL-60 cells)



# Expression of HMGB1 on AML cell surface after DNR treatment

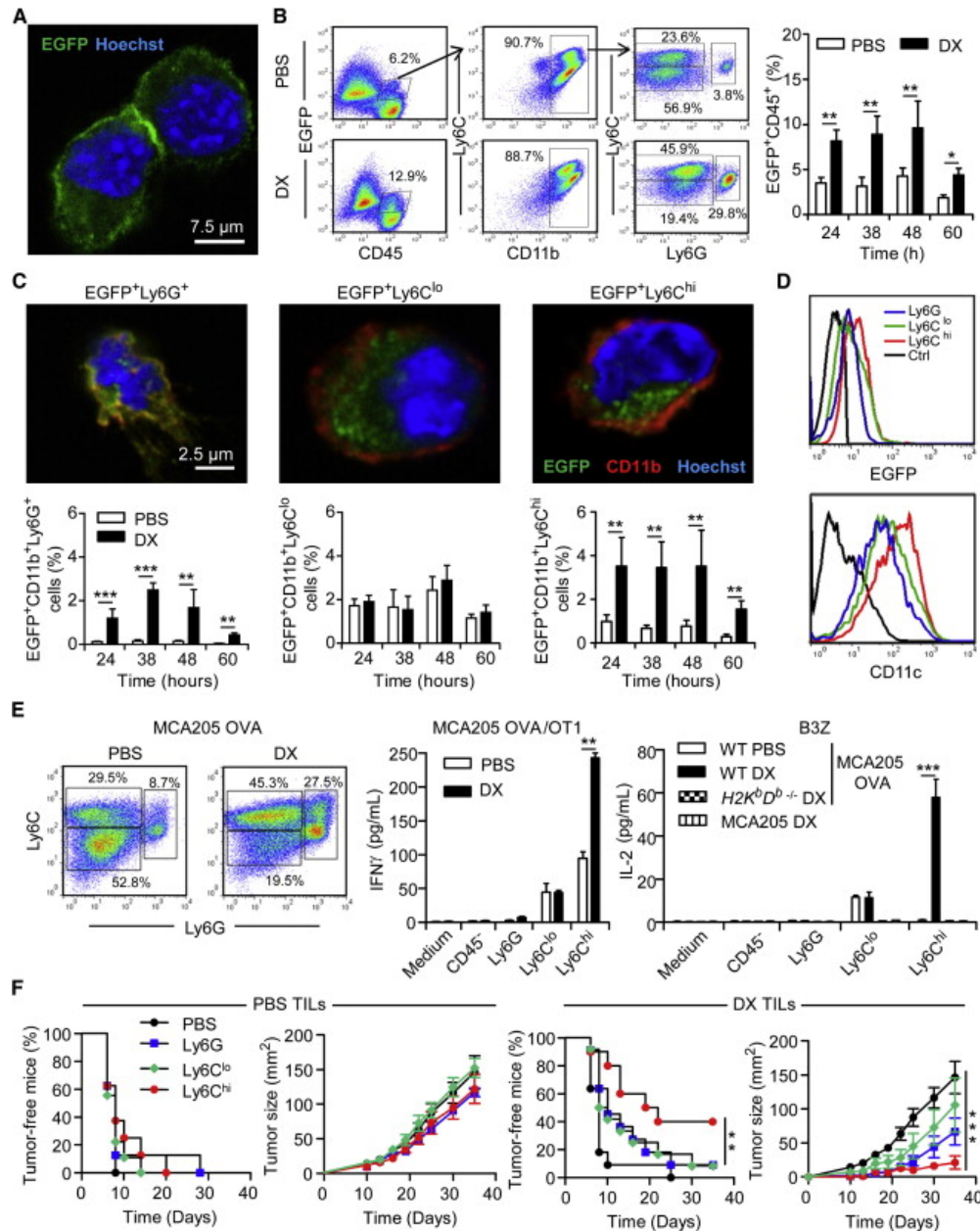
## HMGB1



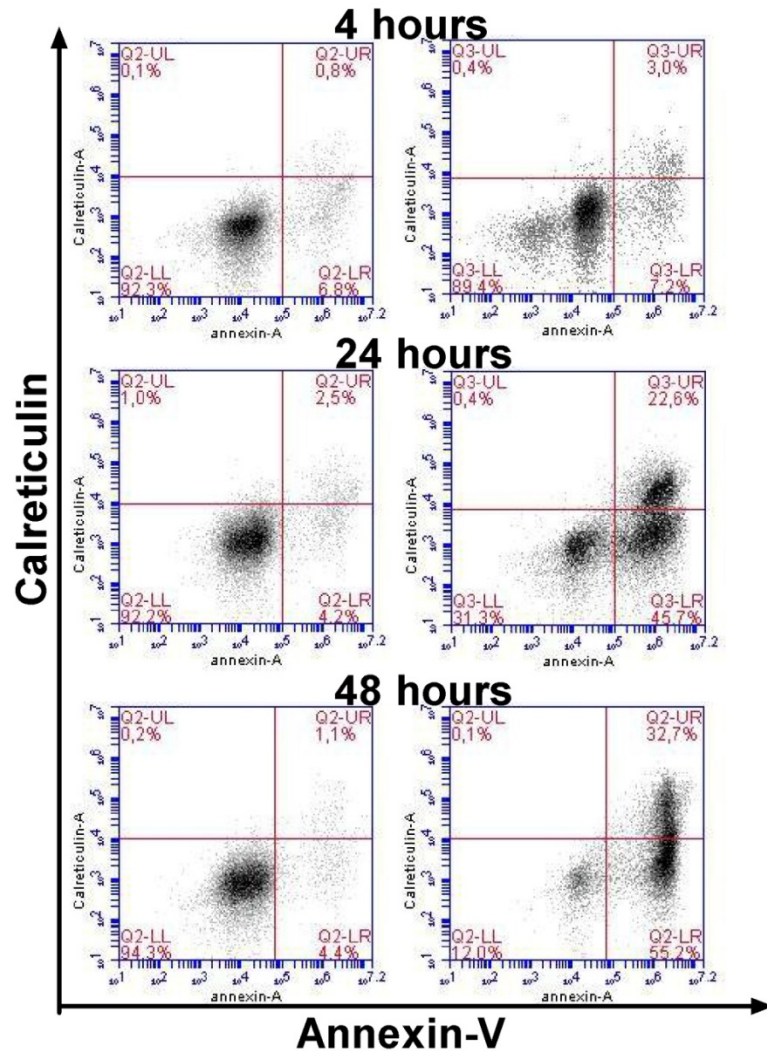
*HL-60 cell line*

# Anticancer Chemotherapy-induced Intratumoral Recruitment and Differentiation Of Antigen-Presenting Cells

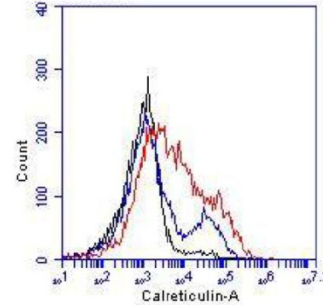
Ma Y et al, Immunity, 2013



## Expression of Calreticulin on untreated and DNR treated HL-60 cells

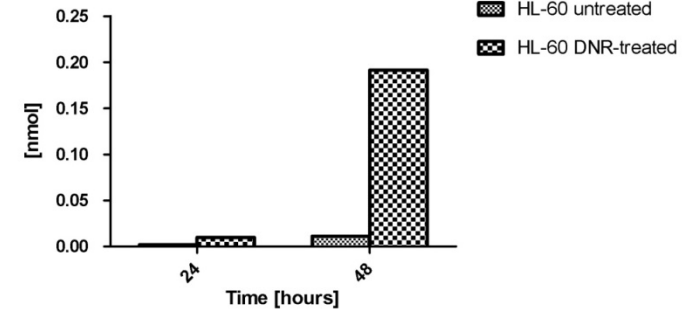


Expression of Calreticulin on HL-60 DNR-treated cells



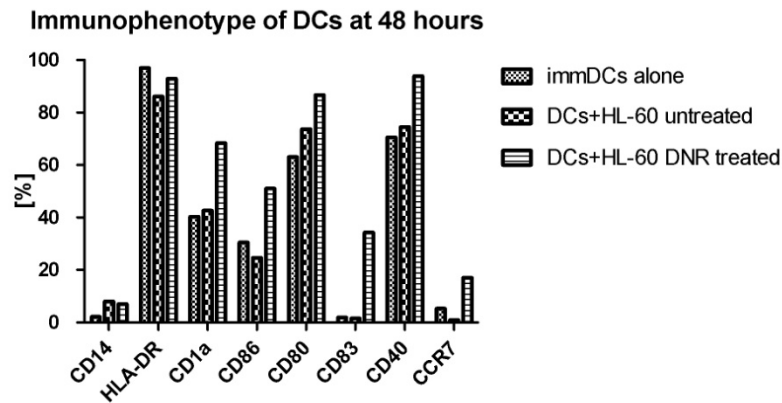
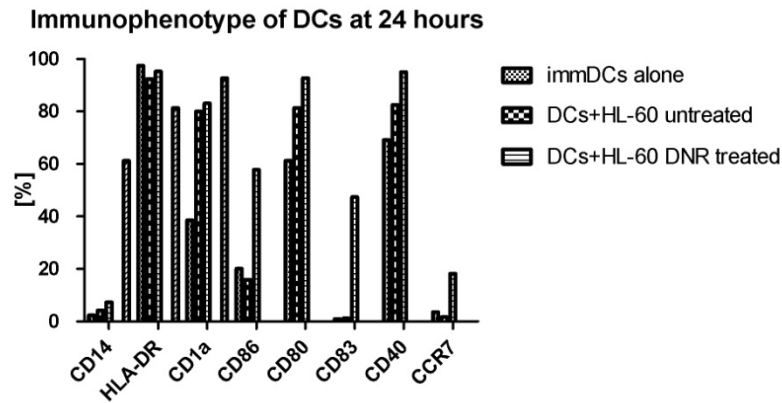
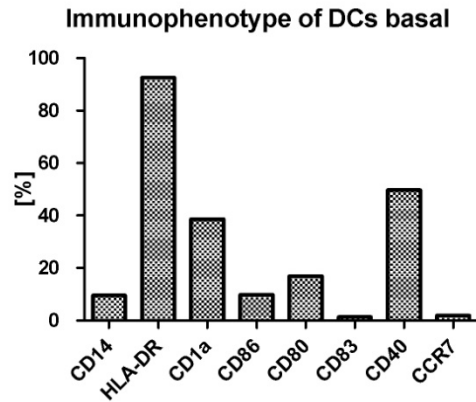
— 4 hours  
— 24 hours  
— 48 hours

ATP release

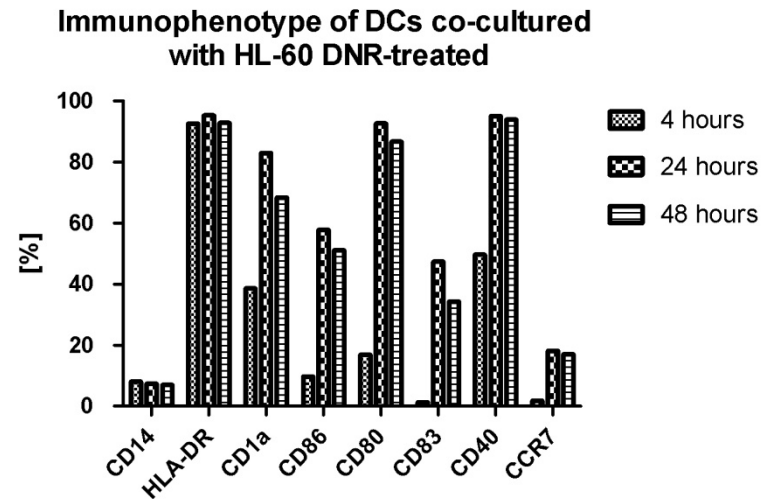


AML were treated with daunorubicin and then incubated with immature DCs. During co-culture with DCs, Calreticulin expression on AML cells and ATP release in the supernatant were evaluated. As shown, expression of CRT and ATP release were enhanced in treated AML samples and, as expected, segregates to apoptotic AML cells

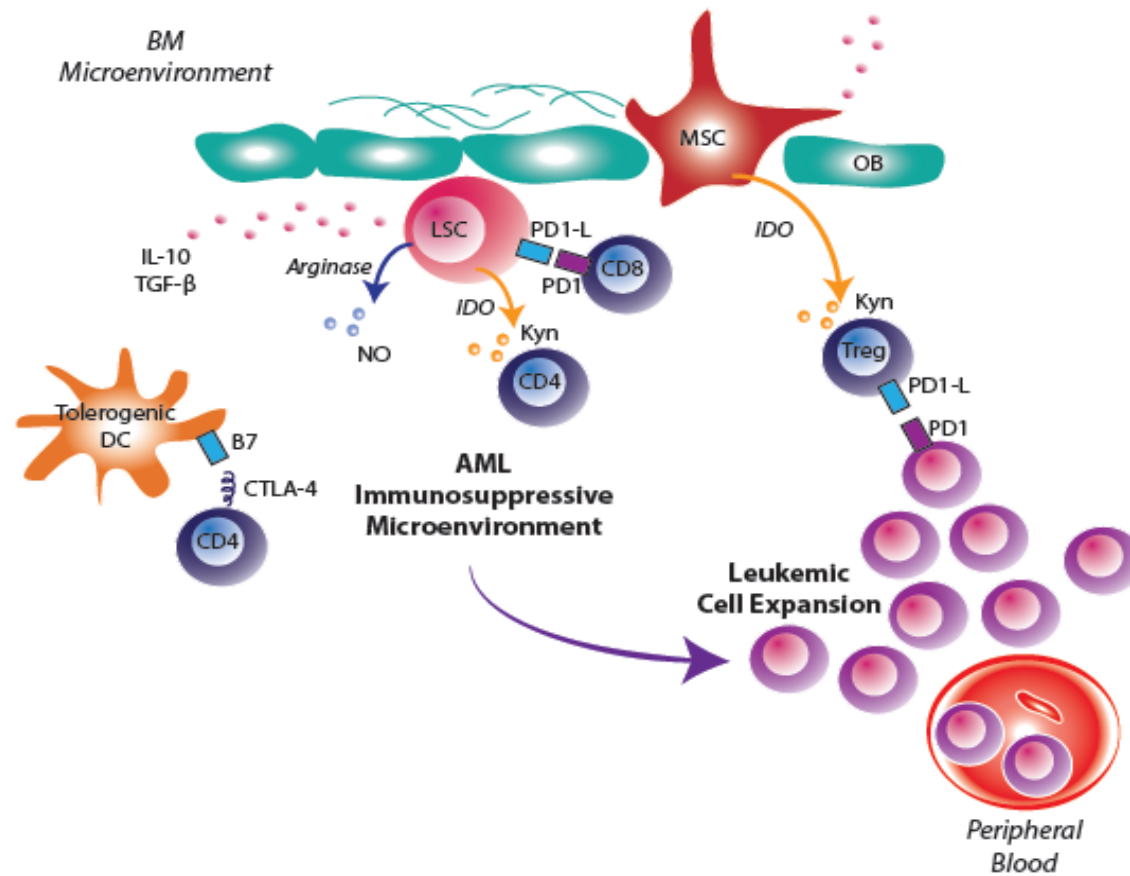




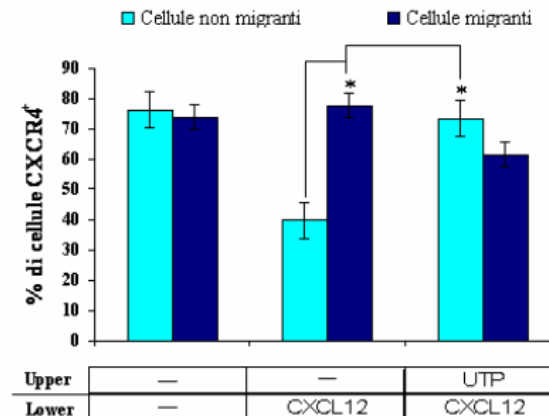
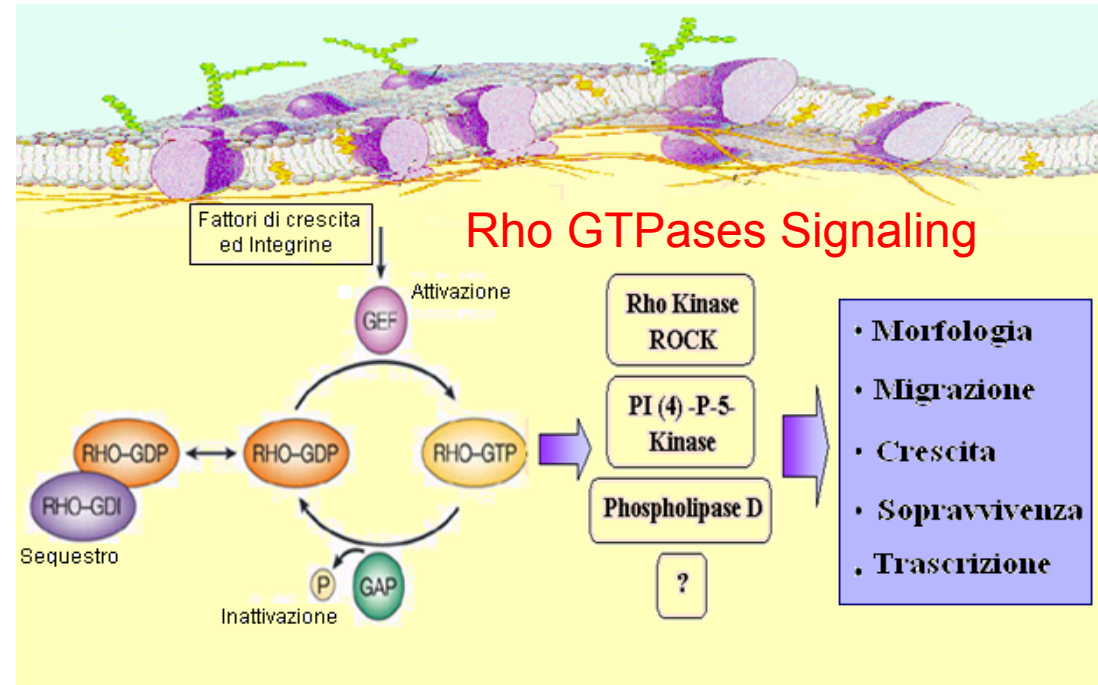
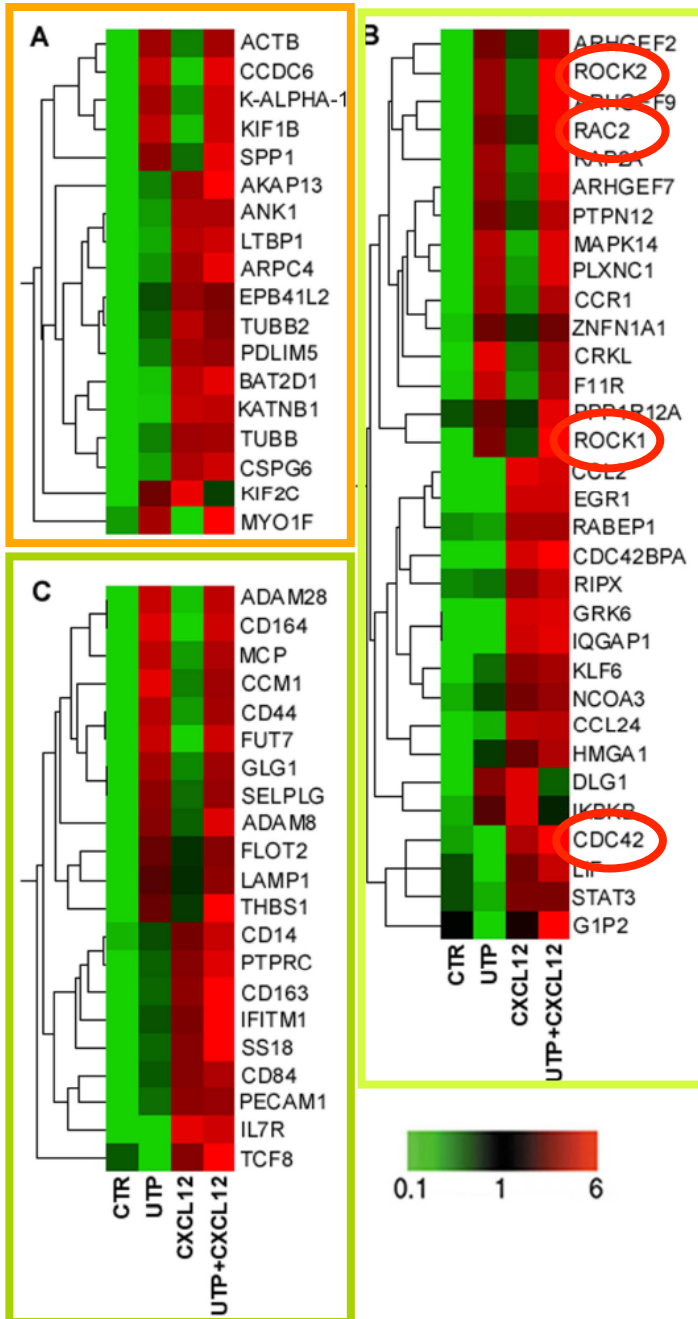
Pulsing of DCs with AML cells, previously treated with daunorubicin, significantly increases DC expression of maturation marker, such as CD86, CD83, CD40.



# Bone Marrow Immunoregulatory Pathways: the immunosuppressive microenvironment in AML

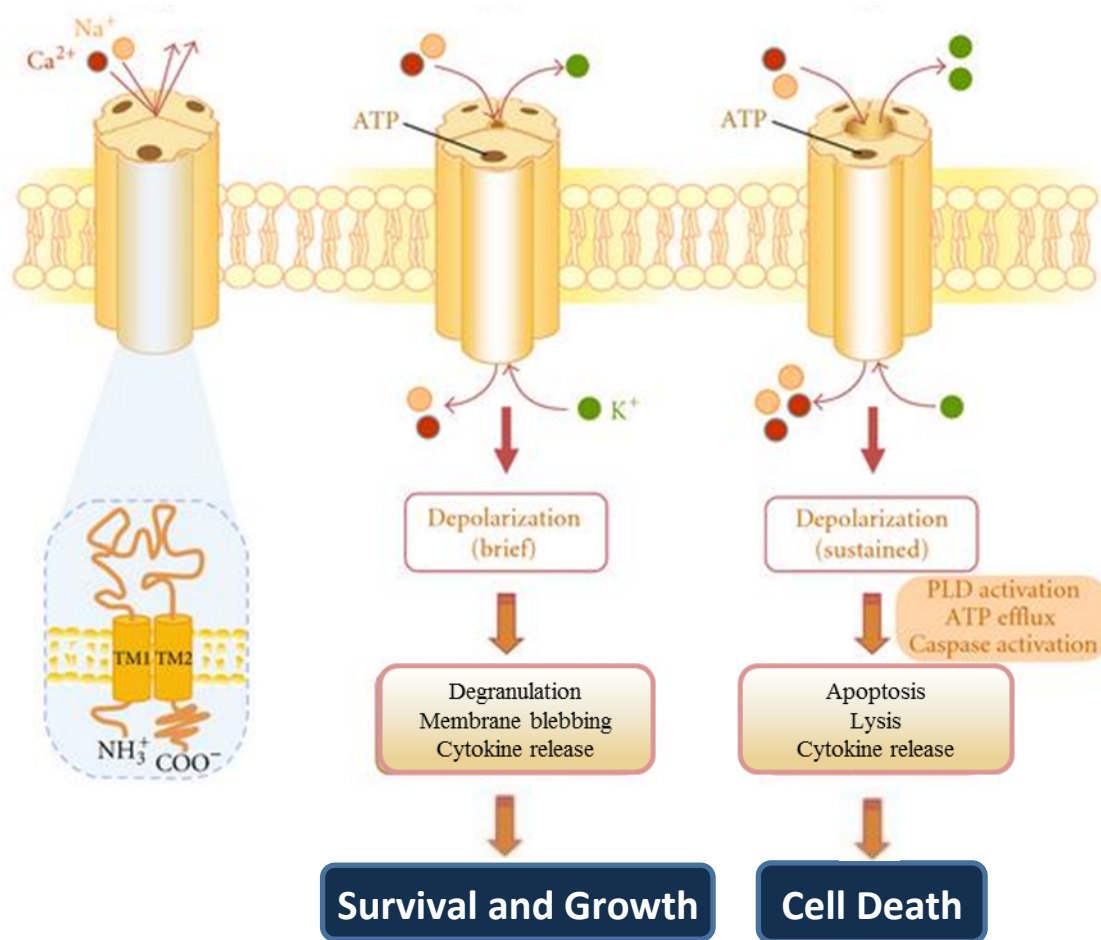


# Gene Expression Profiling in UTP-treated HSPCs

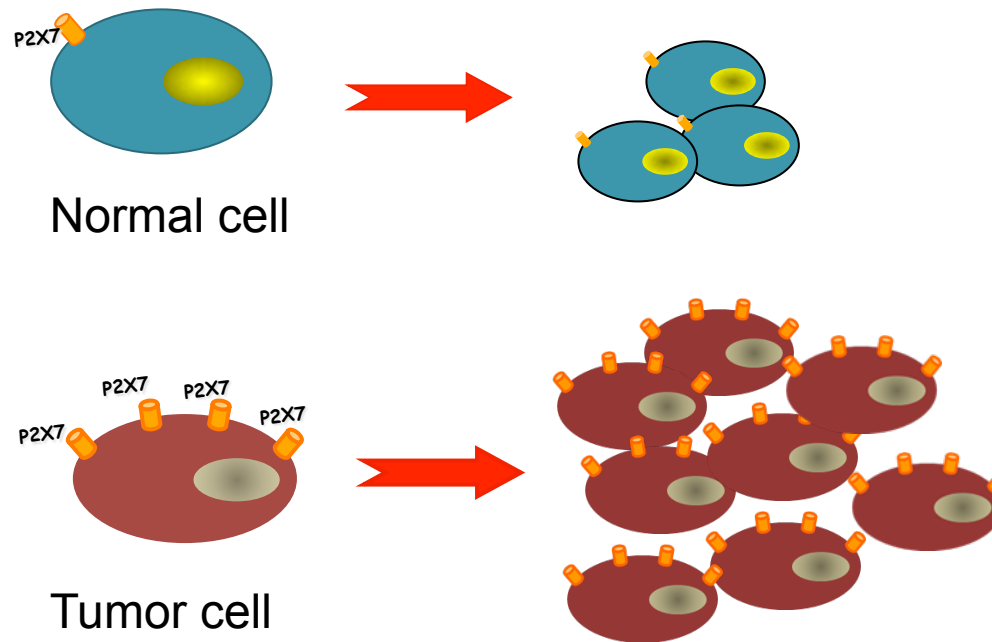


UTP treatment hinders CXCR4 down-regulation and internalization after CXCL12 binding

# P2X7 Receptor

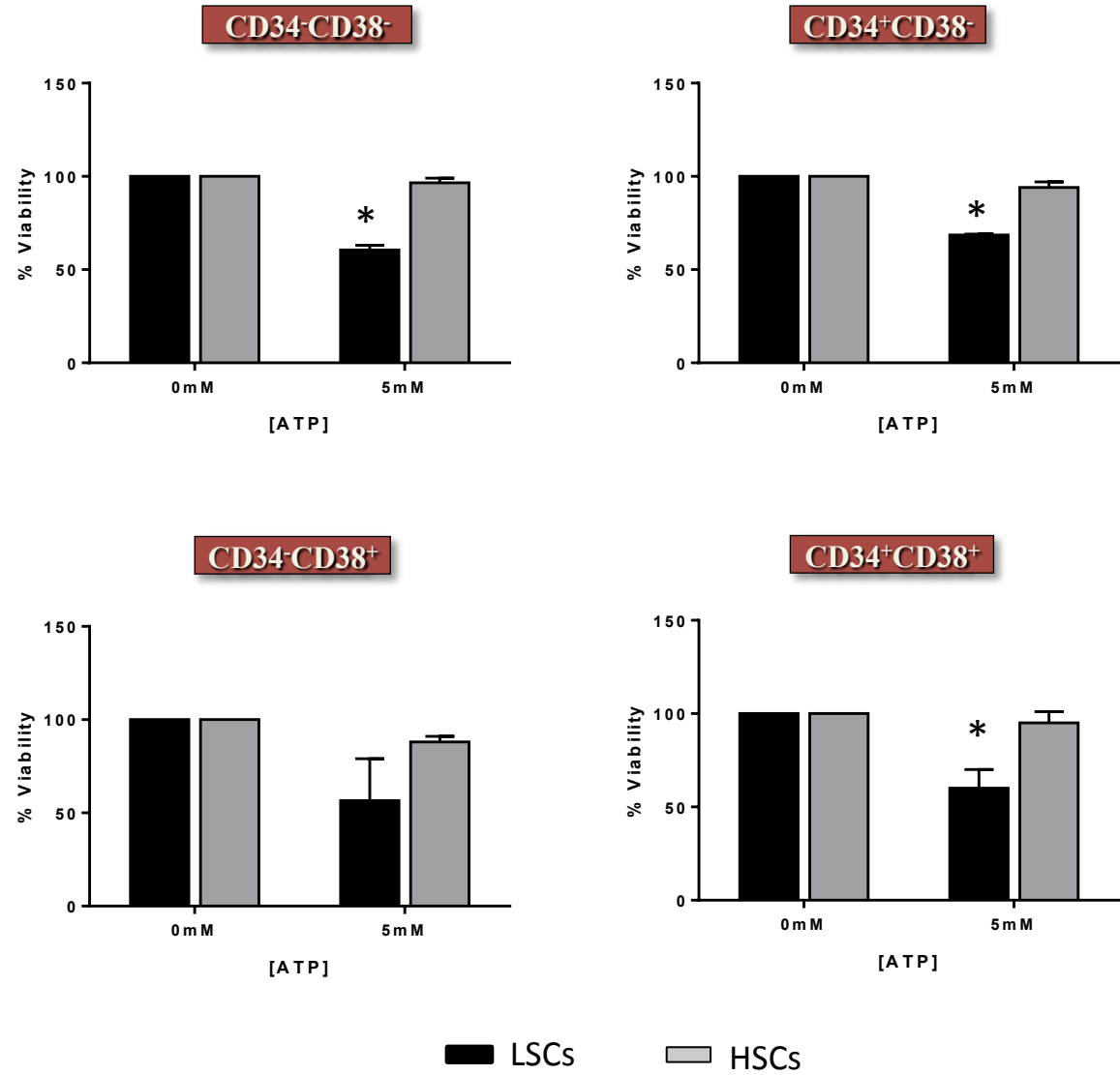


# P2X7 receptor and cancer



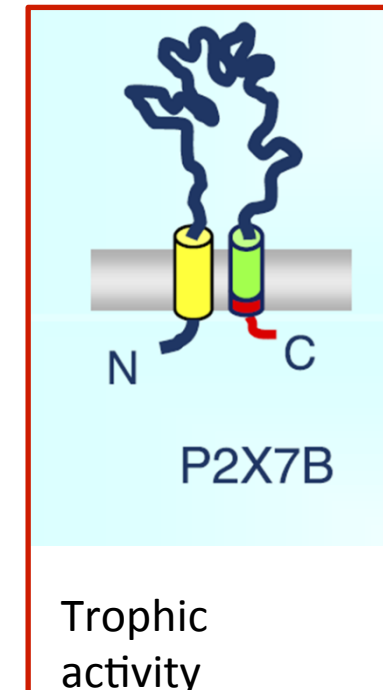
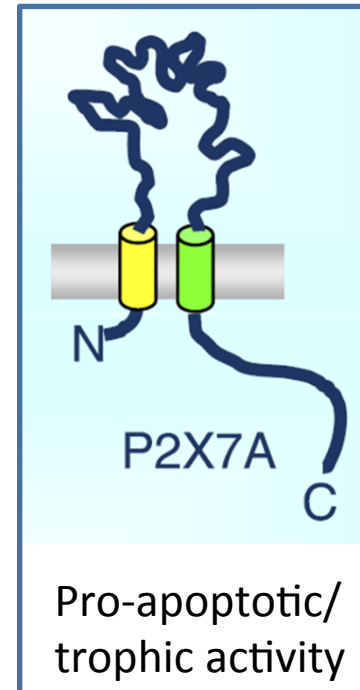
- ✓ P2X7 trophic stimulation supports cell proliferation
- ✓ Tumor cells over express P2X7
- ✓ P2X7<sup>+</sup> tumors show a more aggressive phenotype

# ATP treatment does not affect HSCs viability

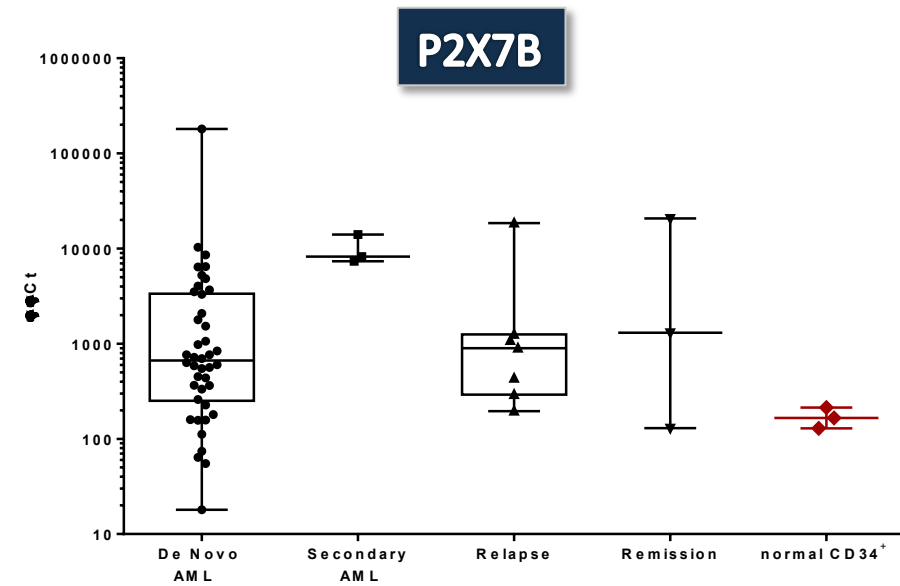
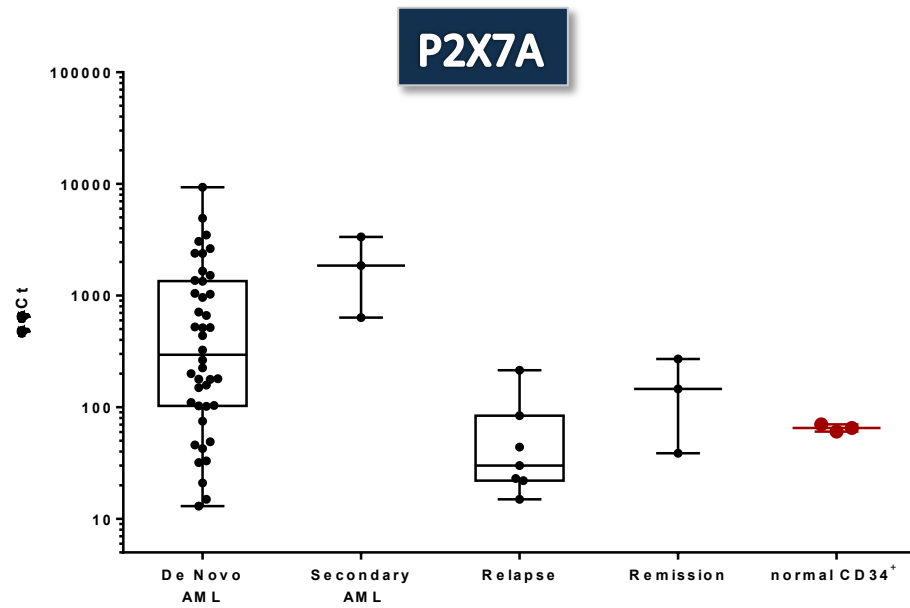


# P2X7 splice variants

	Amino terminus	TM1	Extracellular loop										TM2	Carboxyl terminus
P2X7A	1	2	3	4	5	6	7	8	9	10	11	12	13	
P2X7B	1	2	3	4	5	6	7	8	9	10	■			
P2X7C	1	2	3	5	6	7	8	9	10	■				
P2X7D	1	2	3	4	6	7	8	9	10	11	12	13		
P2X7E	1	2	3	4	5	6	9	10	■					
P2X7F	1	2	3	5	6	7	9	10	11	12	13			
P2X7G	1	2	N3	3	4	5	6	7	8	9	10	■		
P2X7H	1	2	N3	3	4	5	6	7	8	9	10	11	12	13
P2X7I	1													
P2X7J	1	2	3	4	5	6	7	■						
P2X7K*	1'	2	3	4	5	6	7	8	9	10	11	12	13	



# P2X7A and P2X7B characterization in AML patients





# Conclusions

Disease relapse and toxicity of therapy represents the major limiting factors in AML treatment. Novel approaches that aim to reduce toxicity and to improve the efficacy of treatment are needed.

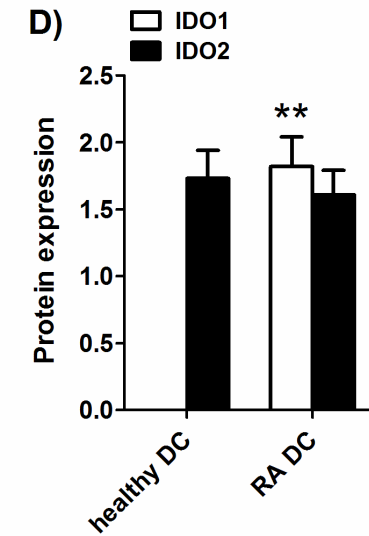
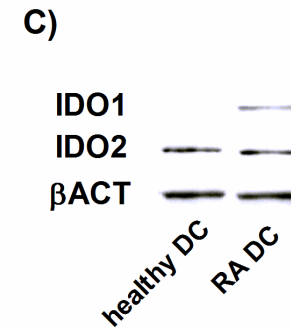
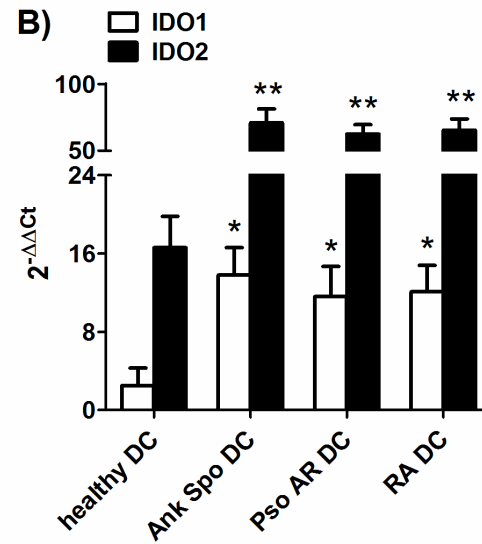
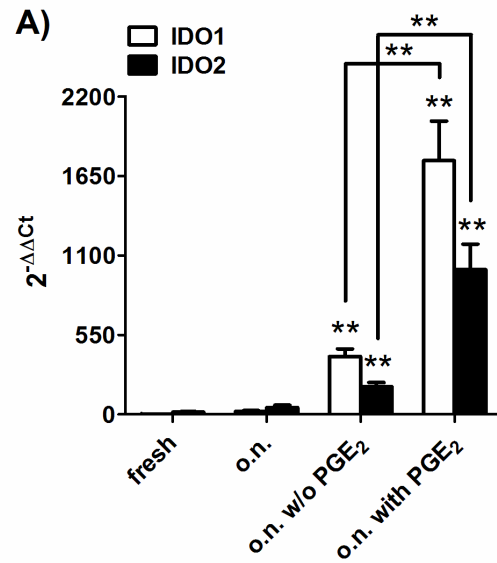
P2X7 stimulation by ATP has:

- direct and **selective toxicity** on leukemia cells and LSCs
- **low toxicity on HSCs**
- **synergistic effect** with anti-neoplastic drugs, allowing to reduce their dose



**Good candidate for innovative therapy**

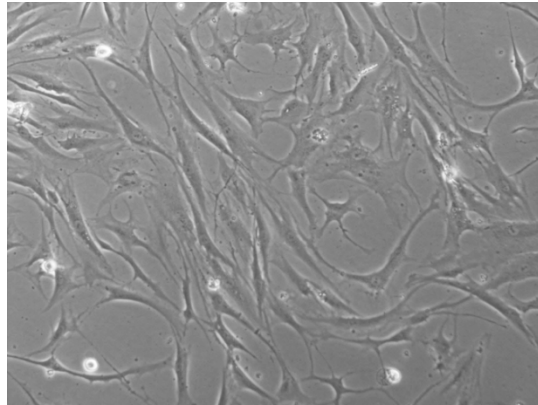
# IDO1 and IDO2 expression is differently regulated by inflammation



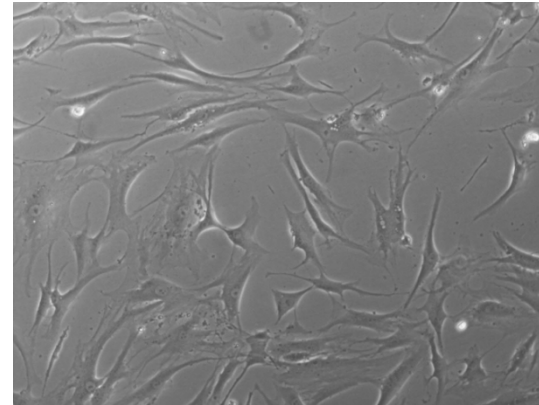
# AML-MSc characterization

## A. MORPHOLOGY

HD-MSCs



AML-MSCs



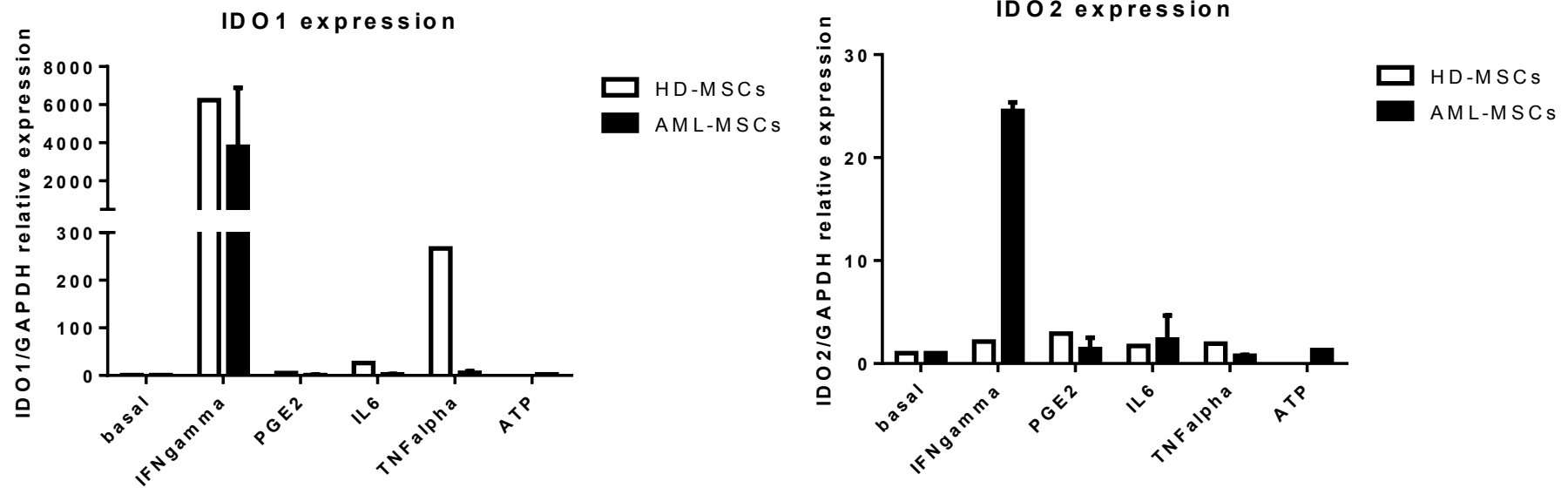
MSCs can be isolated and expanded from AML patients and show normal morphology

HD-MSCs: isolated from healthy donors

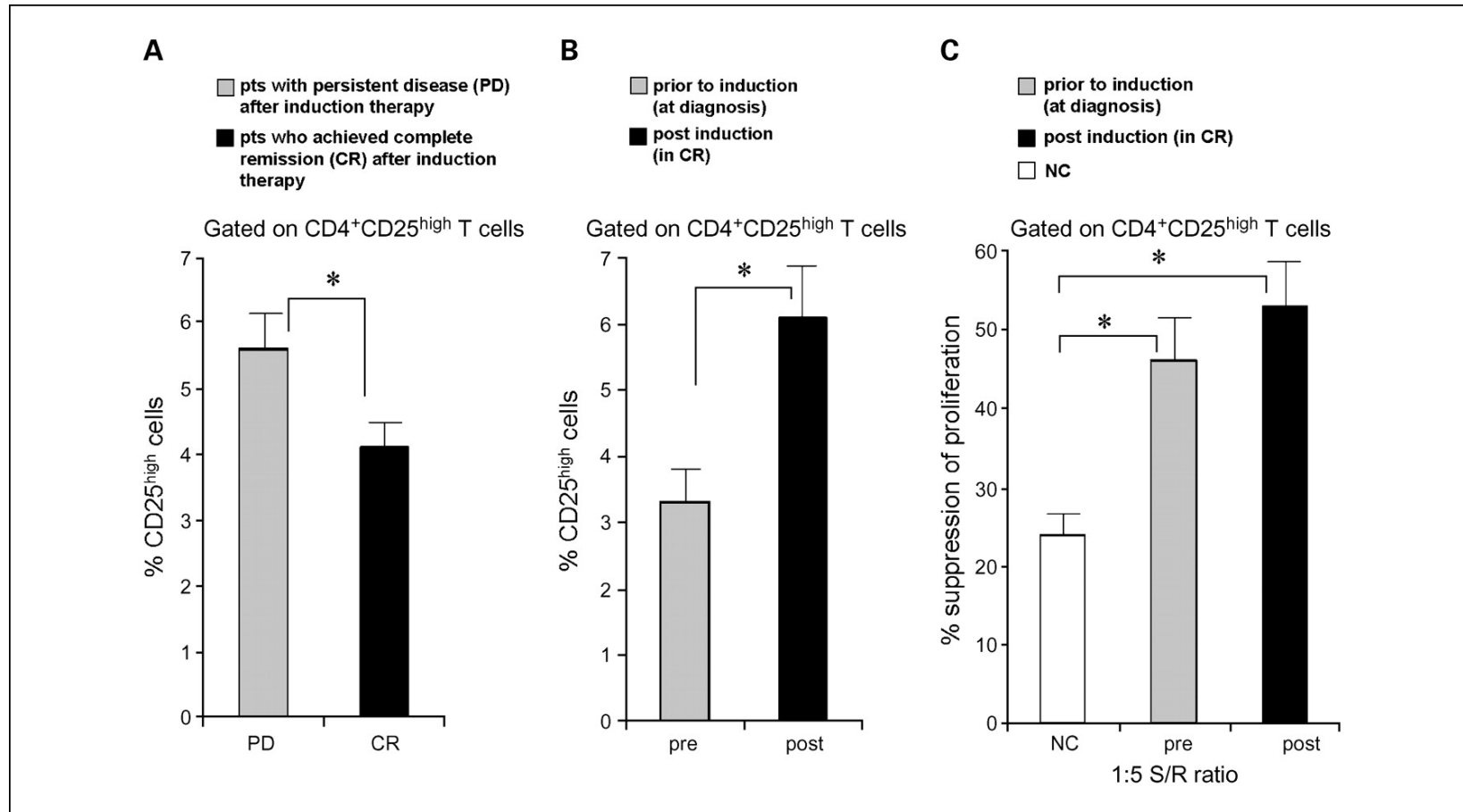
AML-MSCs: isolated from AML patients at diagnosis

# Tolerogenic pathway in AML-MSCs

## IDO1/IDO2 EXPRESSION (mRNA)

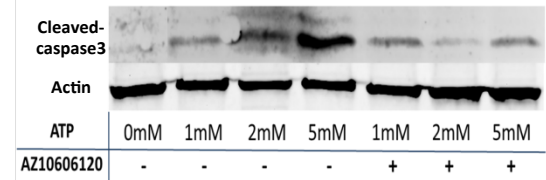
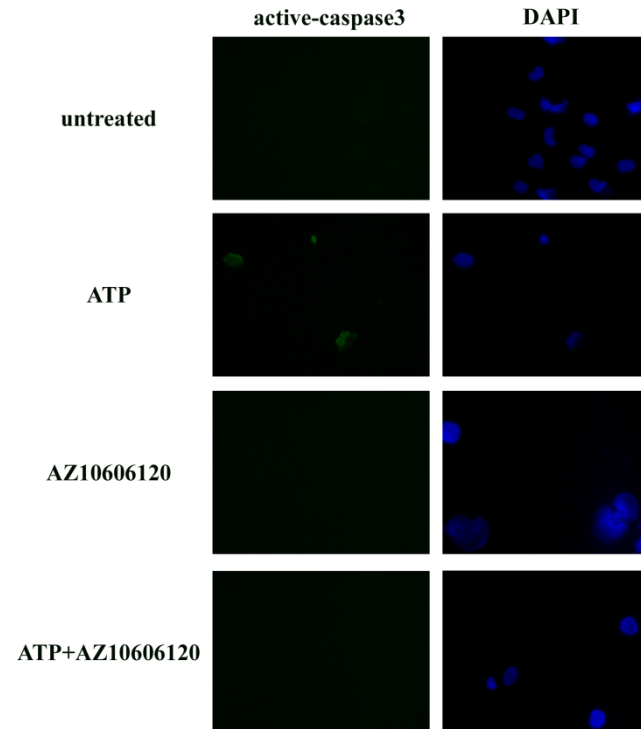
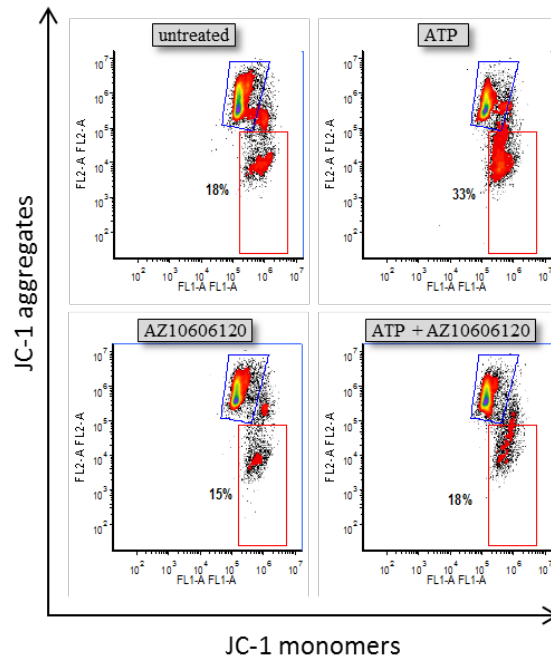
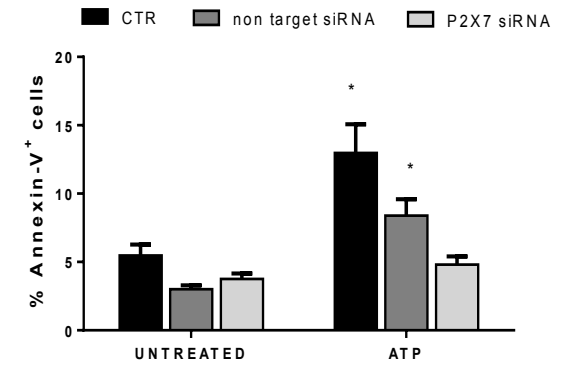
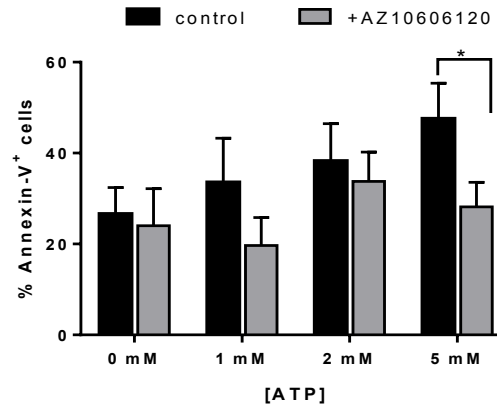
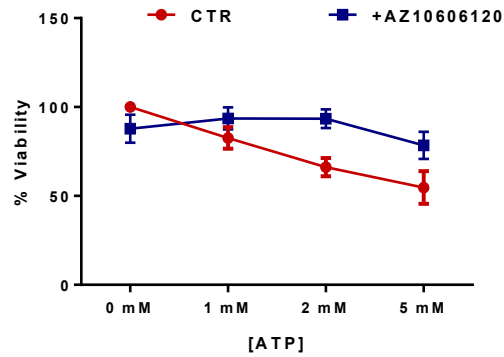


# Frequency and suppressor function of Tregs in AML



Szczepanski M J et al. Clin Cancer Res, 2009

# ATP induces apoptosis of AML cells via P2X7



# Tolerogenic pathway in AML-MSCs

## IDO1/IDO2 EXPRESSION (protein)

