

## Bölüm 19

# KANSERDE İMMUN SİSTEMDEN KAÇIŞ MEKANİZMALARI

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### GİRİŞ

İmmun sistem tümörün yok edilmesi işlevinin yanında daha tümör gelişmeden bazı infeksiyöz hastalıklar (hepatit C vb.) ve Barrett özofajiti gibi kronik inflamatuvar hastalıklara yanıtta ve tümör gelişmesinde de rol oynayabileceği bilinmektedir. Tümör gelişiminde en çok suçlanan immün sistem hücreleri doğal immunitenin hücreleridir. Doğal immün sistem elemanları anjiogenezisin ve doku remodelliğinin sağlanması başta olmak üzere salgıladıkları serbest oksijen radikalleri ile DNA hasarı, tümör baskılayıcı gen ve onkogenlerde mutasyonlara sebep olabilmektedirler. Bunun yanında T hücrelerinin Th2 ve regülatuar T hücre yönünde farklılaşması da tümör progresyonunda etkili olduğu bildirilmektedir<sup>1</sup>.

Gelişmekte olan tümörün genetik ve biyokimyasal özellikleri tümör gelişimini önleyen ve destekleyen “immün-düzenleme” ile kontrol edilmekte olup, tümörün ilerleyişi “eliminasyon”, “denge” ve “kaçış” süreçleriyle sağlamaktadır<sup>2</sup>. Tümör gelişiminin erken basamaklarında doğal immunitenin elemanlarından özellikle doğal öldürücü (NK) hücreler, tümörle ilişkili makrofajlar ve nötrofiller, miyeloid baskılayıcı hücreler kanser hücrelerine karşı yanıtta ve eliminasyon fazında önemli roller üstlenmektedirler<sup>3</sup>. Tümör eliminasyonu ve gelişimi arasında bir denge oluşuktan sonra kanser hücrelerinin immün sistem tanınmasından kaçtığı ve immünsüpresif bir çevre oluşturduğu kaçış fazı gerçekleşir<sup>4,5</sup>. Tümörlerin immunojenitelerini azaltma, immünsüpresif bir çevre oluşturma, immün kontrol noktaları gibi bazı meleküllerin kullanımı gibi özellikleri sayesinde yeterli düzeyde adaptif immün yanıt oluşturmadıkları bilinmektedir<sup>6,7</sup>.

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tümör dokusu ve lenf nodlarında yüksek düzeylerde Treg saptanmıştır<sup>87</sup>. Yakın zamanda yayınlanmış bir çalışmada, insan mesane dokusundaki Treg düzeyi hem TAM'lerle hem de IL-6-pozitif kanser hücre sayısı ile anlamlı derecede korelasyon göstermiştir<sup>88</sup>. Tümörü infiltrate eden CD4 + FOXP3 + T hücreleri, uyarıcı sonrasında bile IL-2 veya IFN- $\gamma$  üretmediği ve CD4 + efektör T hücrelerini baskıladığı ve fonksiyonel olarak Treg gibi davrandığı bildirilmektedir. Melanom ve over kanseri dahil olmak üzere diğer solid tümörler için benzer fonksiyonel bulgular bildirilmiştir<sup>87</sup>.

## Sonuç

Tümör hücrelerinin immün sistemden kaçması üç aşamada gerçekleşmekte olup son basamak olan "kaçış" aşamasında immün kontrol noktaları, yüzey ekspresyon değişiklikleri ve tümörün mikroçevresindeki değişiklikler tümör gelişimi ve yayılmasında ana rolü üstlenmektedir. Son yıllarda immün kontrol noktaları üzerine yapılan başarılı immunoterapiler uygun ortam sağlanması durumunda kanserin gelişimini engellemede immün sistemin ne kadar etkili olabileceğini gösterir niteliktedir.

## KAYNAKLAR

1. Abbas A. K., Lichtman A. H., Pillai S. (2018), Cellular and Molecular Immunology (9th edition). PA: Elsevier
2. Kim R, Emi M, Tanabe K. Cancer immunoediting: from immune surveillance to immune escape. Immunology. 2007;121:1-17.
3. Spranger S, Sivan A, Corrales L. Tumor and host factors controlling antitumor immunity and efficacy of cancer immunotherapy. Adv Immunol 2016;130:75-93.
4. Schreiber RD, Old LJ, Smyth MJ. Cancer immunoediting: integrating immunity's roles in cancer suppression and promotion. Science 2011;331:1565-1570..
5. Dunn GP, Bruce AT, Ikeda H. Cancer immunoediting: from immunosurveillance to tumor escape. Nat Immunol 2002;3:991-998.
6. Solinas C, Gombos A, Latifyan S. Targeting immune checkpoints in breast cancer: an update of early results. ESMO Open 2017;2:e000255.
7. Steven A, Seliger B. The Role of Immune Escape and Immune Cell Infiltration in Breast Cancer. Breast Care (Basel). 2018;13(1):16-21.
8. Waters, J.C. (2019). Cancer and the Immune System. In J. Punt, S.A. Stranford, P.P. Jones & Owen, J.A. (Eds). Kuby Immunology (8th ed., pp. 1396-1399). New York: W. H. Freeman and Company.
9. Wei SC, Duffy CR, Allison JP. Fundamental mechanisms of immune checkpoint blockade therapy. Cancer Discov. 2018; 8 (9): 1069-1086.
10. Pardoll DM. The blockade of immune checkpoints in cancer immunotherapy. Nat. Rev. Cancer. 2012;12(4):252-264.
11. Brunner MC, Chambers CA, Chan FK. CTLA-4-Mediated inhibition of early events of T cell proliferation. J. Immunol. 1999; 162(10): 5813-5820.
12. Walker LS. Treg and CTLA-4: two intertwining pathways to immune tolerance. J. Autoimmun. 2013;45:49-57.
13. Tang AL, Teijaro JR, Njau MN. CTLA4 expression is an indicator and regulator of steady-state

- CD4+FoxP3+ T cell homeostasis. *J. Immunol.* 2008;181(3):1806–1813.
14. Toor SM, Sasidharan Nair V, Decock J. Immune checkpoints in the tumor microenvironment. *Semin Cancer Biol.* 2019. pii: S1044-579X(19)30123-3.
  15. Lan G, Li J, Wen Q. Cytotoxic T lymphocyte associated antigen 4 expression predicts poor prognosis in luminal B HER2-negative breast cancer. *Oncol. Lett.* 2018;15(4):5093–5097.
  16. Santoni G, Amantini C, Morelli MB. High CTLA-4 expression correlates with poor prognosis in thymoma patients. *Oncotarget.* 2018;9(24):16665–16677.
  17. Muenst S, Soysal SD, Tzankov A. The PD-1/PD-L1 pathway: biological background and clinical relevance of an emerging treatment target in immunotherapy. *Expert Opin. Ther. Targets.* 2015;19(2):201–211.
  18. Keir ME, Butte MJ, Freeman GJ. PD-1 and its ligands in tolerance and immunity, *Annu. Rev. Immunol.* 2008;26:677–704. Doi: 10.1146/annurev.immunol.26.021607.090331.
  19. Kinter AL, Godbout EJ, McNally JP. The common gamma-chain cytokines IL-2, IL-7, IL-15, and IL-21 induce the expression of programmed death-1 and its ligands. *J. Immunol.* 2008;181(10):6738–6746.
  20. Jiao Q, Ren Y, Ariston Gabriele AN. Advances of immune checkpoints in colorectal cancer treatment. *Biomed Pharmacother.* 2020;123:109745.
  21. Das M, Zhu C, Kuchroo VK. Tim-3 and its role in regulating anti-tumor immunity, *Immunol. Rev.* 2017;276(1):97–111.
  22. Wherry EJ, Kurachi M. Molecular and cellular insights into T cell exhaustion. *Nat. Rev. Immunol.* 2015;15(8):486–499.
  23. Fourcade J, Sun Z, Benallaoua M. Upregulation of Tim-3 and PD-1 expression is associated with tumor antigenspecific CD8+ T cell dysfunction in melanoma patients. *J. Exp. Med.* 2010;207(10):2175–2186.
  24. Zhu C, Anderson AC, Schubart A. The Tim-3 ligand galectin-9 negatively regulates T helper type 1 immunity. *Nat Immunol.* 2005;6:1245–52.
  25. Kang CW, Dutta A, Chang LY. Apoptosis of tumor infiltrating effector TIM-3+CD8+ T cells in colon cancer. *Sci Rep.* 2015;5:15659.
  26. Chiba S, Baghdadi M, Akiba H. Tumor-infiltrating DCs suppress nucleic acid-mediated innate immune responses through interactions between the receptor TIM-3 and the alarmin HMGB1. *Nat Immunol.* 2012;13:832–42.
  27. Huang YH, Zhu C, Kondo Y. CEACAM1 regulates TIM-3-mediated tolerance and exhaustion. *Nature.* 2015; 517:386–90.
  28. Nakayama M, Akiba H, Takeda K. Tim-3 mediates phagocytosis of apoptotic cells and cross-presentation. *Blood.* 2009;113:3821–30.
  29. Yu X, Harden K, Gonzalez LC. The surface protein TIGIT suppresses T cell activation by promoting the generation of mature immunoregulatory dendritic cells. *Nat Immunol.* 2009;10:48–57.
  30. Stanietsky N, Simic H, Arapovic J. The interaction of TIGIT with PVR and PVRL2 inhibits human NK cell cytotoxicity. *Proc Natl Acad Sci USA.* 2009;106(42):17858–63.
  31. Wang-Gillam A, Plambeck-Suess S, Goedegebuure P. A phase I study of IMP321 and gemcitabine as the frontline therapy in patients with advanced pancreatic adenocarcinoma. *Invest New Drugs.* 2013;31:707–13.
  32. Brignone C, Gutierrez M, Mefti F. First-line chemoimmunotherapy in metastatic breast carcinoma: combination of paclitaxel and IMP321 (LAG-3Ig) enhances immune responses and antitumor activity. *J Transl Med.* 2010;8:71.
  33. Solomon BL, Garrido-Laguna I. TIGIT: a novel immunotherapy target moving from bench to bedside. *Cancer Immunol Immunother.* 2018;67(11):1659–1667.
  34. Guillerey C, Harjunpaa H, Carrie N. TIGIT immune checkpoint blockade restores CD8(+) T-cell immunity against multiple myeloma. *Blood.* 2018;132(16):1689–1694.
  35. Qin S, Xu L, Yi M. Novel immune checkpoint targets: moving beyond PD-1 and CTLA-4. *Mol Cancer.* 2019;18(1):155. Doi: 10.1186/s12943-019-1091-2.

36. Huard B, Mastrangeli R, Prigent P. Characterization of the major histocompatibility complex class II binding site on LAG-3 protein. *Proc. Natl. Acad. Sci. USA.* 1997;94 (11):5744–5749.
37. Xu F, Liu J, Liu D. LSECtin expressed on melanoma cells promotes tumor progression by inhibiting antitumor T-cell responses. *Cancer Res.* 2014;74(13):3418–3428.
38. Anderson AC, Joller N, Kuchroo VK. Lag-3, Tim-3, and TIGIT: co-inhibitory receptors with specialized functions in immune regulation. *Immunity.* 2016;44(5):989–1004.
39. Workman CJ, Dugger KJ, Vignali DA. Cutting edge: molecular analysis of the negative regulatory function of lymphocyte activation gene-3. *J Immunol.* 2002;169(10):5392–5395.
40. Lichtenegger FS, Rothe M, Schnorfeil FM. Targeting LAG-3 and PD-1 to enhance t cell activation by antigen-presenting cells. *Front. Immunol.* 2018;9:385.
41. Goldberg MV, Drake CG. LAG-3 in cancer immunotherapy. *Curr Top Microbiol Immunol.* 2011;344:269–278.
42. He Y, Rivard CJ, Rozeboom L. Lymphocyte-activation gene-3, an important immune checkpoint in cancer. *Cancer Sci.* 2016;107(9):1193–1197.
43. Garrido F, Algarra I, García-Lora AM. The escape of cancer from T lymphocytes: immunoselection of MHC class I loss variants harboring structural-irreversible 'hard' lesions. *Cancer Immunol Immunother* 2010;59: 1601–1606.
44. Seliger B, Jasinski-Bergner S, Quandt D. HLA-E expression and its clinical relevance in human renal cell carcinoma. *Oncotarget* 2016;7:67360–67372.
45. Respa A, Bukur J, Ferrone S. Association of IFN- gamma signal transduction defects with impaired HLA class I antigen processing in melanoma cell lines. *Clin Cancer Res* 2011;17:2668–2678.
46. Liu Y, Komohara Y, Domenick N. Expression of antigen processing and presenting molecules in brain metastasis of breast cancer. *Cancer Immunol Immunother* 2012;61:789–801.
47. Alegre E, Rizzo R, Bortolotti D. Some basic aspects of HLA-G biology. *J Immunol Res* 2014;2014:657625.
48. Morandi F, Rizzo R, Fainardi E. Recent advances in our understanding of HLA-G biology: lessons from a wide spectrum of human diseases. *J Immunol Res* 2016;2016:4326495.
49. Madjd Z, Spendlove I, Moss R. Upregulation of MICA on high-grade invasive operable breast carcinoma. *Cancer Immun* 2007;7:17.
50. Ishibashi K, Kumai T, Ohkuri T. Epigenetic modification augments the immunogenicity of human leukocyte antigen G serving as a tumor antigen for T cell-based immunotherapy. *Oncoimmunology* 2016; 5:e1169356.
51. Dong H, Strome SE, Salomao DR. Tumor-associated B7-H1 promotes T-cell apoptosis: a potential mechanism of immune evasion. *Nat Med* 2002;8:793–800.
52. Zhivotovsky B, Orrenius S. Carcinogenesis and apoptosis: paradigms and paradoxes. *Carcinogenesis* 2006;27:1939–1945.
53. Fulda S, Meyer E, Debatin KM. Inhibition of TRAIL-induced apoptosis by Bcl-2 overexpression. *Oncogene* 2002;21:2283–2294.
54. Devarajan E, Sahin AA, Chen JS. Down-regulation of caspase 3 in breast cancer: a possible mechanism for chemoresistance. *Oncogene* 2002;21:8843–8851.
55. Coussens LM, Zitvogel L, Palucka AK. Neutralizing tumor-promoting chronic inflammation: a magic bullet? *Science.* 2013; 339:286–91.
56. Mellor AL, Munn DH. Creating immune privilege: active local suppression that benefits friends, but protects foes. *Nat Rev Immunol.* 2008;8:74–80.
57. Spranger S, Spaapen RM, Zha Y. Up-regulation of PD-L1, IDO, and T(regs) in the melanoma tumor microenvironment is driven by CD8(+) T cells. *Science translational medicine.* 2013; 5:200ra116.
58. Holmgaard RB, Zamarin D, Munn DH. Indoleamine 2,3-dioxygenase is a critical resistance mechanism in antitumor T cell immunotherapy targeting CTLA-4. *J Exp Med.* 2013; 210:1389–402.
59. DeNardo DG, Brennan DJ, Rexhepaj E. Leukocyte complexity predicts breast cancer survival

- and functionally regulates response to chemotherapy. *Cancer Discov.* 2011; 1:54–67.
60. Pages F, Berger A, Camus M. Effector memory T cells, early metastasis, and survival in colorectal cancer. *The New England journal of medicine.* 2005; 353:2654–66.
  61. Galon J, Costes A, Sanchez-Cabo F. Type, density, and location of immune cells within human colorectal tumors predict clinical outcome. *Science.* 2006; 313:1960–4.
  62. Petitprez F, Vano YA, Becht E. Transcriptomic analysis of the tumor microenvironment to guide prognosis and immunotherapies. *Cancer Immunol Immunother.* 2018;67(6):981–988.
  63. Fridman WH, Pagès F, Sautès-Fridman C. The immune contexture in human tumours: impact on clinical outcome. *Nat Rev Cancer* 2012;12:298–306.
  64. Ibrahim M, Scozzi D, Toth K. Naive CD4+ T cells carrying a TLR2 agonist overcome TGF- $\beta$ -mediated tumor immune evasion. *J Immunol* 2018;200:847–856.
  65. Zhu S, Lin J, Qiao G. Tim-3 identifies exhausted follicular helper T cells in breast cancer patients. *Immunobiology* 2016;221:986–993.
  66. Gu-Trantien C, Loi S, Garaud S. CD4+ follicular helper T cell infiltration predicts breast cancer survival. *J Clin Invest* 2013;123:2873–2892.
  67. Katz JB, Muller AJ, Prendergast GC. Indoleamine 2,3-dioxygenase in T-cell tolerance and tumoral immune escape. *Immunol Rev.* 2008;222:206–21.
  68. Dunn GP, Old LJ, Schreiber RD. The three Es of cancer immunoediting. *Annu Rev Immunol.*2004; 22:329–60. Doi:10.1146/annurev.immunol.22.012703.104803
  69. Shou D, Liang W, Song Z. Suppressive role of myeloid-derived suppressor cells (MDSCs) in the microenvironment of breast cancer and targeted immunotherapies. *Oncotarget.* 2016;7:64505–11.
  70. Zhao Q, Kuang D-M, Wu Y. Activated CD69+ T cells foster immune privilege by regulating IDO expression in tumor-associated macrophages. *J Immunol.* 2012;188:1117–24.
  71. Hornyák L, Dobos N, Koncz G. The Role of Indoleamine-2,3-Dioxygenase in Cancer Development, Diagnostics, and Therapy. *Front Immunol.* 2018;9:151.
  72. Okamoto A, Nikaido T, Ochiai K. Indoleamine 2,3-dioxygenase serves as a marker of poor prognosis in gene expression profiles of serous ovarian cancer cells. *Clin Cancer Res* 2005;11:6030–9.
  73. Pak AS, Wright MA, Matthews JP. Mechanisms of immune suppression in patients with head and neck cancer: presence of CD34(+) cells which suppress immune functions within cancers that secrete granulocyte-macrophage colony-stimulating factor. *Clin. Cancer Res.* 1995;1(1):95–103.
  74. Davis RJ, Van Waes C, Allen CT. Overcoming barriers to effective immunotherapy: MDSCs, TAMs, and Tregs as mediators of the immunosuppressive microenvironment in head and neck cancer. *Oral Oncol.* 2016;58:59–70.
  75. Lechner MG, Liebertz DJ, Epstein AL. Characterization of cytokine-induced myeloid-derived suppressor cells from normal human peripheral blood mononuclear cells. *J Immunol.* 2010;185(4):2273–84.
  76. Nagaraj S, Schrum AG, Cho HI. Mechanism of T cell tolerance induced by myeloid-derived suppressor cells. *J Immunol.* 2010;184(6):3106–16.
  77. Nishikawa H, Sakaguchi S. Regulatory T cells in cancer immunotherapy. *Curr Opin Immunol.* 2014;27:1–7.
  78. Horton JD, Knochelmann HM, Day TA. Immune Evasion by Head and Neck Cancer: Foundations for Combination Therapy. *Trends Cancer.* 2019;5(4):208–232.
  79. Lyford-Pike S, Peng S, Young GD. Evidence for a role of the PD-1:PD-L1 pathway in immune resistance of HPV-associated head and neck squamous cell carcinoma. *Cancer Res.* 2013;73(6):1733–41.
  80. Curiel TJ, Coukos G, Zou L. Specific recruitment of regulatory T cells in ovarian carcinoma fosters immune privilege and predicts reduced survival. *Nat Med.* 2004;10(9):942–9.
  81. Räsänen K, Vaheiri A. Activation of fibroblasts in cancer stroma. *Exp Cell Res.* 2010;316(17):2713–22.

82. Zhang J, Liu J. Tumor stroma as targets for cancer therapy. *Pharmacol Ther.* 2013;137(2):200-15.
83. Takahashi H, Sakakura K, Kawabata-Iwakawa R. Immunosuppressive activity of cancer-associated fibroblasts in head and neck squamous cell carcinoma. *Cancer Immunol Immunother.* 2015;64(11):1407-17.
84. Park HJ, Kusnadi A, Lee EJ. Tumor-infiltrating regulatory T cells delineated by upregulation of PD-1 and inhibitory receptors. *Cell Immunol.* 2012;278(1-2):76-83.
85. Hori S, Nomura T, Sakaguchi S. Control of regulatory T cell development by the transcription factor Foxp3. *Science.* 2003;299(5609):1057-61.
86. Bettelli E, Carrier Y, Gao W. Reciprocal developmental pathways for the generation of pathogenic effector TH17 and regulatory T cells. *Nature.* 2006;441(7090):235-8.
87. Crispen PL, Kusmartsev S. Mechanisms of immune evasion in bladder cancer. *Cancer Immunol Immunother.* 2020;69(1):3-14.
88. Miyake M, Tatsumi Y, Gotoh D. Regulatory T Cells and Tumor-Associated Macrophages in the Tumor Microenvironment in Non-Muscle Invasive Bladder Cancer Treated with Intravesical Bacille Calmette-Guérin: A Long-Term Follow-Up Study of a Japanese Cohort. *Int J Mol Sci.* 2017;18(10). pii: E2186.