Immuno-Colombia: Tumour infiltrating lymphocyte therapy (Part 1)

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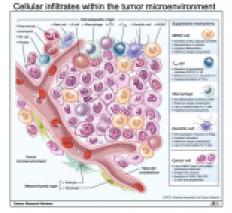
 Tumor-inflitating lymphocyte Lymphocyte populations the and inflitate tamos, recogni antigens, and eliciting direct activity.
 TiL populations: CD8+ T or yST cells, B cells; NK cells.

TiL therapy: Focused on cytotoxic CD6+ CTLs' capacity for untigen-d (FN), granzyma, partorini, c memory formation. Relays on activating the inhitermine scatters in field care

IMMUNO-COLOMBIA 2021 MECHANISMS AND APPROACHES TO IMMUNOTHERAPY FOR CANCER AND CHRONIC INFLAMMATORY DISEASES IUIS-ALACI-ACAAI Immuno-Colombia 2021 course took place remotely between 5th to 16th April. The

theme of this meeting was "Mechanisms and Approaches to Immunotherapy for Cancer and Chronic Inflammatory Diseases". This article highlights a talk by Professor Soraya Zorro which focused on Tumour Infiltrating Lymphocytes (TIL) therapy.

Professor Soraya Zorro began her lecture with an overview of TILs and TILs therapy. TILs are lymphocyte populations that migrate to and infiltrate the tumour. These



Tumor-infiltrating lymphocytes (TIL):

Lymphocyte populations that have migrated to and infittrate tumors, recognizing tumor specific antigens, and eliciting direct and indirect cytotoxic activity.

TIL populations: CD8+ T cells, CD4+ T cells, $\gamma \delta T$ cells, B cells; NK cells.

TIL therapy:

Tumor infiltrating lymphocytes (TIL) therapy

Focused on cytotoxic CD8+ T cells (CTLs). CTLs' capacity for antigen-directed cytotoxicity ((FN₇, granzyme, perforin), clonal expension and memory formation.

Relays on activating the inherent power of the immune system to fight cancer.

lymphocytes recognise specific antigens, elicit direct and indirect cytotoxic activity. The main populations that can be found infiltrating in the tumour microenvironment are CD8+ T cells, CD4+ T cells, $\gamma\delta$ T cells, B cells and NK cells. TIL therapy predominantly uses cytotoxic CD8+ T cells (CTLs) as

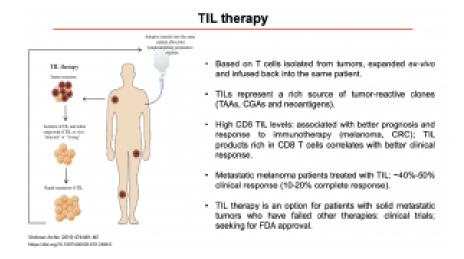
agents of immunotherapy, due to their antigen-specific cytotoxicity, clonal expansion, and memory formation.

Rearbary et al. incread lynghecytes from moun fumom and transferented them task into mise wher any bination, which efficiency constraints burnon growth in the and lang metastases and proved effective in treatment. 1960	 A type of adoptive cell therapy for cancer treatmer (solid turnon). Developed at the U.S. National Cance Institute by Dr. Steven A. Rosenberg.
The heat leaves a bread through store it was	 ACT requires prior lymphodepletion for optimal antitumor effect. *Elimination of regulatory cells. *Reduction of CK sinks, competitors for homeostatic CKS (IL-7, IL-15; IL-21). *Induction of tumor apoptosis/necrosis ⇒ release of tumor antigens ⇒ APC activation.
Solar peterns Reamberg-ot si used TLa for metanome patients. This is the filtra direct trial to demonstrate the efficacy of TL in bandron metanetic metanome	IL-2 administration enhances in vivo ACT with T cells already expanded in IL-2.

Next, she gave an overview of how Dr. Steven Α. Rosenberg and colleagues developed the TIL therapy (Lin B. <u>et al, 2020</u>), using preclinical murine studies. Durina

his studies lymphocytes were isolated from mouse tumours and transplanted back into mice after amplification, effectively controlling tumour growth in liver and lung metastases. In 1988, the technique was used to treat melanoma patients enrolled in clinical trials. During the clinical trial, TIL therapy was made more effective by including prior lymphodepletion for optimal anti-tumour effect and IL-2 administration to enhance *in vivo* activation of T cells.

Prof Zorro then discussed immunotherapy is administered, specifically how anti-tumour T cells isolated from tumours are expanded *ex-vivo* and infused back into the same



patient (<u>Rohaan M. W., Wilgenhof S., Haanen J. B. A. G.,</u> <u>2018</u>). TILs represent a rich source of tumour-reactive clones, and high levels of CD8 TILs have been shown to correlate with a better clinical response. Currently, TIL therapy is only accessible to patients who have had unsuccessful cancer therapies and agree to enrol in clinical trials to access the cutting edge therapy. Another aspect that was raised during the lecture was the fact that TIL Therapy may not be an option for every type of cancer, to be a good candidate it is necessary to seek for tumours with a high mutational burden (Martincorena I. and Campbell P.J., 2015), and have a high proportion of TILs, and a diverse and reactive T cell repertoire.

In the next article, we shall discuss how cells for TIL therapy are produced, considerations for TIL therapy and utility of TIL therapy with other cancer immunotherapies.

- Interested in learning more about TILs: read advanced pre-course material on <u>Tumor-infiltrating Lymphocytes</u> (<u>TIL</u>)
- Full lecture recording available at IUIS-ALACI-ACAAI Immuno-Colombia 2021 Lecture week 2

Summary by Carla Sanzochi Fogolin