

**REGULATING NEGATIVE IMMUNE REGULATORS TO ENHANCE IMMUNE CHECKPOINT BLOCKADE ANTITUMOR POTENTIAL**

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**Background** Understanding the exact immunobiology of immune checkpoint blockade (ICB)-related relapse would be essential to augmenting ICB-induced antitumor immunity and overcoming resistance. In response to ICB, a specific and effective immune response is induced. However, the levels of distinct immune cell subsets and the specific signals that draw them into a tumor microenvironment (TME) following broad application of cancer immunotherapies such as immune checkpoint blockade (ICB) remain poorly characterized. We previously showed that lymphocyte function associated antigen-1 (LFA-1) activation is critical for converting CD8 T cell exclusionary tumor microenvironment (TME) and allowing enhanced ICB-induced tumor control.<sup>1,2</sup> Whereas very late antigen-4 (VLA-4) activation did not contribute to anti-CTLA-4 therapy antitumor response. Here, we evaluated the effect of integrin  $\alpha 4\beta 7$  blocker as a strategy to overcome immune resistance in the setting of combination immunotherapy (anti-CTLA-4, anti-PD-1 and/or anti-Lag-3).

**Methods** To evaluate synergy between ICB (anti-CTLA-4 and anti-PD-1 or anti-PD-1 and anti-Lag-3) and VLA-4 integrin blocker, once mice with B16 melanoma, Lewis lung carcinoma (LLC) or pancreatic adenocarcinoma (PAN-02) had developed tumors of approximately 20mm<sup>2</sup>, they were treated with either IgG control, VLA-4 blocker, ICB, or combination of both therapies together.

**Results** We observed no difference in therapeutic benefit between  $\alpha 4\beta 7$  blocker and IgG control ( $p < 0.05$ ) in all tumor models. Interestingly, we observed that  $\alpha 4\beta 7$  integrin blocker demonstrated therapeutic synergy with anti-CTLA-4 and anti-PD-1 but not anti-PD-1 and anti-Lag-3. Likewise,  $\alpha 4\beta 7$  integrin blocker in combination with anti-CTLA-4 and anti-PD-1 significantly enhanced antitumor response in PAN-02 ( $p < 0.001$ ) and LLC tumor ( $p < 0.001$ ) models. Initial immune infiltrates analysis shows improved antitumor response corresponded with increase in CD8<sup>+</sup> T<sub>eff</sub>/T<sub>reg</sub>, CD4<sup>+</sup> T<sub>eff</sub>/T<sub>reg</sub> ratios at the TME.

**Conclusions** Our preliminary results from treatment of mice implanted with tumor and receiving combination checkpoint blockade therapies suggest that  $\alpha 4\beta 7$  could potentially enhance intratumoral CD8<sup>+</sup> effector T cell/T<sub>reg</sub> ratios to establish antitumor immunity.

**REFERENCES**

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