POSTER PRESENTATION

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PD-1 and PD-L1 expression on PBMC subsets in normal individuals and cancer patients

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Purpose

Immunotherapies aiming to interfere with the immune checkpoint molecule PD-1 (programmed death-1) and its ligand PD-L1 are currently being investigated in several clinical trials to treat cancer patients. The PD-1 pathway is one of the ways cancer cells evade immune-mediated killing. As little is known about the expression of PD-1 and PD-L1 in cancer patients compared to normal individuals, the aim of this study was to assess PBMC subsets for expression of these markers.

Methods

Twelve immune cell subsets were analyzed by flow-cytometry in 22 cancer patients and 16 normal individuals. The cancer patients consisted of 1 anal, 2 breast, 4 colon, 1 esophageal, 2 mesothelioma, 1 neuroendocrine, 1 non-small cell lung, 1 ovarian, 5 pancreatic, 3 renal cell and 1 squamous cell tracheal cancer patients. The subsets analyzed were CD4 and CD8 T cells, B cells, conventional dendritic cells (cDC), plasmacytoid DC (pDC), natural killer cells (NK), natural killer T cells (NKT), myeloid derived suppressor cell (MDSC), mono-

	CD4	CD8	B cell	Treg	cDC	pDC	NK	NKT	MDSC	mMDSC	gMDSC	Lin ⁺ MDSC
Subset (% PBMC)	=	=	↓	=	=	=	=	=	=	↓	↑	↑
PD-1⁺ (% parent)	↑	=	=	↑	↓	↑	=	=	↑	=	=	=
PD-L1⁺ (% parent)	=	=	=	↑	=	↑	↑	=	↑	=	=	↑

↑, increase frequency in cancer patients compared to normal individuals; ↓, decrease; =, no change
PBMC, peripheral blood mononuclear cell; B cells (CD19⁺); Treg (CD4⁺CD25⁺FoxP3⁺CD127⁻); cDC (CD3⁺CD56⁺CD1c⁺CD303⁻); pDC (CD3⁺CD56⁺CD1c⁺CD303⁺); NK (CD3⁺CD56⁺); NKT (CD3⁺CD56⁺); MDSC (CD11b⁺HLA-DR⁺CD33⁺); mMDSC (CD14⁺CD15⁺MDSC); gMDSC (CD14⁺CD15⁺MDSC); Lin⁺MDSC (CD14⁺CD15⁺MDSC)

Figure 1 Differences in PBMC subsets and PD-1 and PD-L1 expression in cancer patients at baseline and normal individuals.

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cytic MDSC (mMDSC), granulocytic MDSC (gMDSC), and lineage-negative MDSC (Lin-MDSC). We also analyzed surface expression of PD-1 (clone MIH4) and PDL-1 (clone MIH1). See Figure 1.

Results

Compared to normal subjects, cancer patients had some PBMC subsets with changes in frequency but no differences in PD-1 and PD-L1 expression (i.e., B cells, mMDSCs, and gMDSCs). Other subsets showed changes in PD-1 and PD-L1 expression without differences in the frequency of the subset (i.e., CD4, Tregs, cDCs, pDCs, NK, and MDSCs). Lin-MDSCs presented at a higher frequency and greater PD-L1 positivity.

Conclusions

Understanding the differences of PBMC immune subsets between normal subjects and cancer patients, and the surface expression of PD-1 and PD-L1, can provide insights as to which immune subsets can be targeted by therapies aimed at interfering with the PD-1 pathway in cancer patients.

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