

POSTER PRESENTATION

Open Access

Targeting phosphatidylserine synergizes with immune checkpoint blockade by inducing de novo tumor specific immunity

Xianming Huang¹, Jian Gong², Dan Ye¹, Van Nguyen², Michael Gray², Steven King², Jeff Hutchins², Rolf Brekken¹, Bruce Freemark^{2*}

From 30th Annual Meeting and Associated Programs of the Society for Immunotherapy of Cancer (SITC 2015) National Harbor, MD, USA. 4-8 November 2015

Background

Extensive studies have demonstrated that the inside-out membrane phospholipid phosphatidylserine (PS) actively drives global immunosuppression in the tumor microenvironment and is a major contributor to tumor resistance to immune checkpoint blockade. We have shown that PS targeting antibodies can re-program the tumor microenvironment from immunosuppressive to immune potentiating by reducing the number of myeloid-derived suppressor cells (MDSCs), repolarizing tumor associated macrophages from M2 to M1 and by promoting the maturation of dendritic cells. We have found that PS targeting antibodies synergize with and significantly enhance the therapeutic efficacy of immune checkpoint blockade in multiple tumor models. In the present study, we examined the effect of combination of a PS targeting antibody and anti-PD-1 or anti-CTLA-4 on tumor-specific CD8 T cell immunity.

Methods

B16 tumor-bearing mice were treated weekly i.p. at 5 mg/kg with each antibody or combination. Splenocytes were harvested after three treatments. The number of tumor-specific IFN γ -producing splenocytes was evaluated by ELISPOT in the presence or absence of irradiated B16 tumor cells. Tumors were harvested and single cell suspensions were obtained and immune profiled by FACS.

Results

In the absence of B16 tumor cell stimulation, the combination of ch1N11 and anti-PD-1 resulted in the highest number of IFN γ Elispots (109 \pm 25), significantly better than anti-CTLA-4 (29.4 \pm 4, $p < 0.005$), ch1N11 (16.6 \pm 3.2, $p < 0.001$), anti-PD-1 (41.6 \pm 5.5, $p < 0.001$), and ch1N11+anti-CTLA4 (73.6 \pm 13.9, $p < 0.05$); in addition, the combination of ch1N11 and anti-CTLA-4 was significantly better than anti-CTLA-4 alone (29.4 \pm 4.2, $p < 0.01$), indicating that there were significantly more functional T cells in the spleens of mice treated with combination therapy. Importantly, stimulation with irradiated B16 tumor cells resulted in robust induction of IFN γ production from splenocytes harvested from mice treated with ch1N11 and anti-PD-1. Tumor cell stimulation resulted in a >2-fold increase in IFN γ Elispots (198 \pm 39 vs 70 \pm 5, $p < 0.01$), which was also thirteen-fold higher than that of control group (15 \pm 2.1, $p < 0.001$). These data demonstrate that combination treatment induced significantly more tumor specific T cells. FACS analysis of tumor infiltrating lymphocytes (TILs) indicated that combination of antibody-mediated blockade of PS and PD1 significantly enhanced effector function of tumor infiltrating CD8⁺ T cells, as demonstrated by significant increases in TILs producing IFN- γ , TNF α , IL-2, granzyme B, and Ki-67.

Conclusions

PS targeting antibodies synergize with immune checkpoint blockade to induce strong tumor specific CD8 T cell immunity.

*Peregrine Pharmaceuticals Inc., Tustin, CA, USA
Full list of author information is available at the end of the article

Authors' details

¹University of Texas, Southwestern Medical center at Dallas, Dallas, TX, USA.

²Peregrine Pharmaceuticals Inc., Tustin, CA, USA.

Published: 4 November 2015

doi:10.1186/2051-1426-3-S2-P358

Cite this article as: Huang *et al.*: Targeting phosphatidylserine synergizes with immune checkpoint blockade by inducing de novo tumor specific immunity. *Journal for Immunotherapy of Cancer* 2015 **3** (Suppl 2):P358.

**Submit your next manuscript to BioMed Central
and take full advantage of:**

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

