

## **8° WORKSHOP IN EMATOLOGIA TRASLAZIONALE** DELLA SOCIETÀ ITALIANA DI EMATOLOGIA SPERIMENTALE Firenze - Auditorium CTO - A.O.U. Careggi, 22-23 giugno 2023



### Alterazioni del microambiente e del metabolismo: alleati o punti deboli della leucemia mieloide acuta?

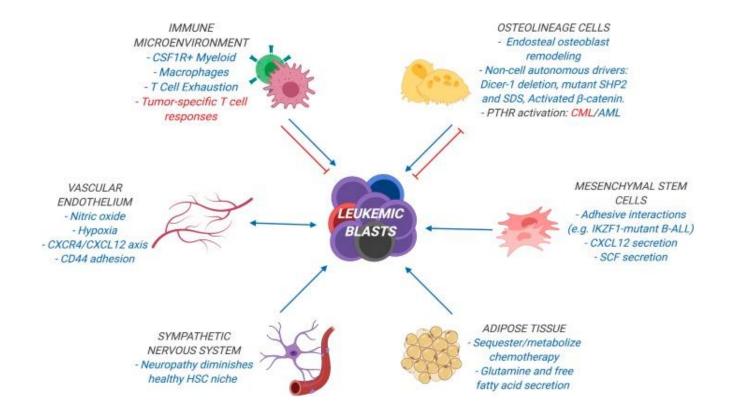
Antonio Curti

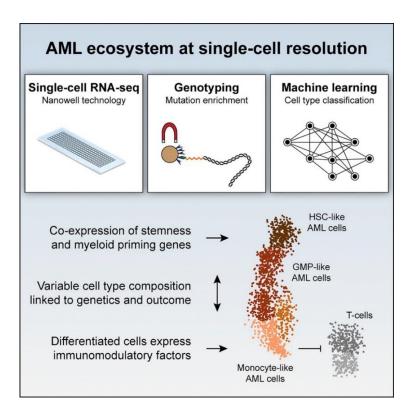
IRCCS Azienda Ospedaliero-Universitaria di Bologna

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#### **Disclosures of Name Surname**

| Company name | Research<br>support | Employee | Consultant | Stockholder | Speakers<br>bureau | Advisory<br>board | Other |
|--------------|---------------------|----------|------------|-------------|--------------------|-------------------|-------|
| Abbvie       | х                   |          |            |             |                    | х                 |       |
| Novartis     |                     |          |            |             |                    | x                 |       |
| Pfizer       |                     |          |            |             |                    | х                 |       |
| Jazz Pharma  |                     |          |            |             |                    | x                 |       |
| Servier      |                     |          |            |             |                    | х                 |       |
|              |                     |          |            |             |                    |                   |       |
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## Single-Cell RNA-seq reveals AML hierarchies relevant to disease progression and immunity

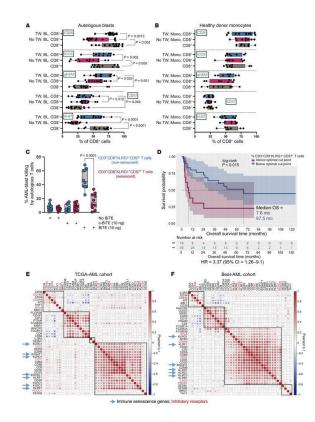
Recent studies using single cell sequencing have revealed the clonal diversity and phenotypic heterogeneity in AML with greater precision.

Cell ontogeny and function of leukemic cells may impact T cell responses, as single-cell sequencing revealed that monocytic AML cells are associated with more suppressive T cell landscapes.

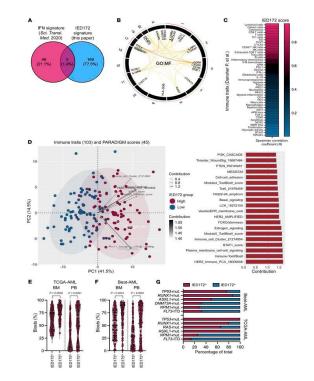
## The immune landscape in AML: major issues

- 1. Increased Treg cell number
- 2. Increased T cell exhaustion, such as through upregulation of immune checkpoint ligands and receptors, and senescence
- 3. Diminished function of T helper and alteration in cytokine production
- 4. Deregulated anti-leukemic NK-mediated cytotoxicity
- 5. Increased myeloid derived suppressor cell and M2-like macrophage populations

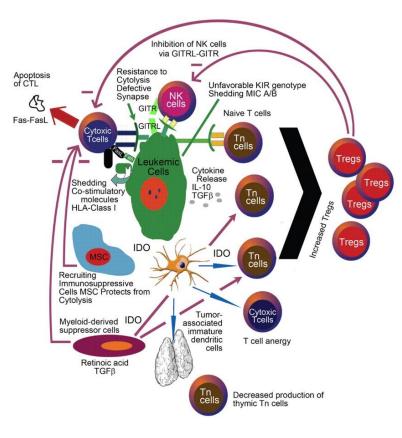
Markers of T cell senescence correlate with impaired T cell killing and poor clinical outcomes



Signatures of immune effector dysfunction correlate with immune infiltration and with adverse-risk molecular features

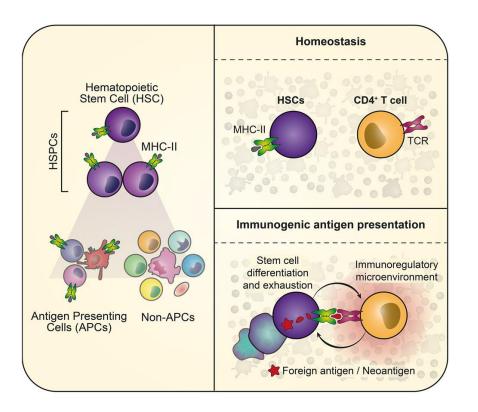


Rutella S et al, J Clin Invest, sept 13 2022



# Tregs in AML: is it time for immunomodulation?

Although the notion that Tregs immunosuppression represents a crucial point in AML immune microenvironment, the mechanisms underlying Tregs induction are still poorly elucidated and largely unknown.



### Antigen presentation safeguards the integrity of the hematopoietic stem cell pool

HSPCs constitutively present antigens via MHC-II

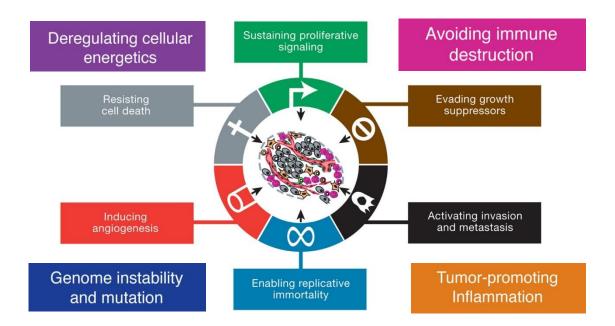
Presentation of immunogenic antigens results in the activation of CD4<sup>+</sup> T cells

Antigen presentation causes differentiation and depletion of immunogenic HSPCs

This prohibits the onset of HSC-derived leukemias presenting neoantigens via MHC-II

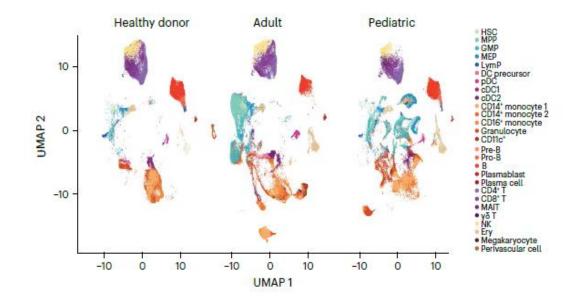
CD4+ T cells activated by HSPCs confirmed that they acquired an immunoregulatory and anti-inflammatory phenotype

### **Emerging Hallmarks of Cancer**

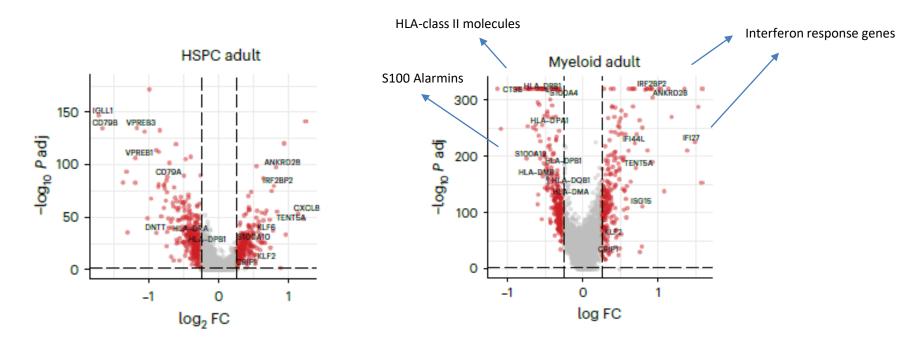


Cell 2011 144, 646-674

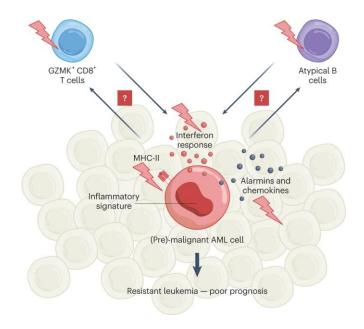
# BM immune microenvironment is strongly altered in patients with AML by using a scRNA-seq approach



# Dysregulated expression of genes associated with inflammatory pathways is a hallmark of AML

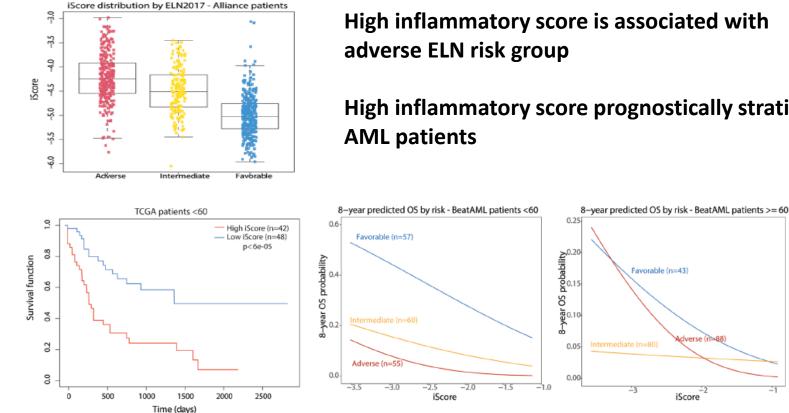


### Atypical B cells and exhausted GZMK+ CD8 T cells are expanded in highly inflamed AML microenvironment



Although the relationship between the intrinsic inflammatory signature and the immune microenvironment is not well characterized, a complex interaction with bi-directional impact (arrows) likely exists, which results in resistant leukemia.

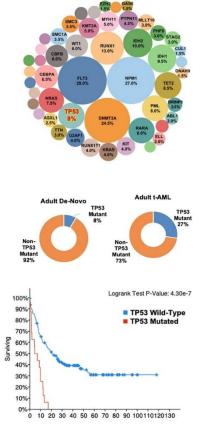
These discoveries pave the road for potential medical interventions, either directly on the intrinsic inflammatory pathways of the leukemic cell, or by targeting the immune cells.



High inflammatory score is associated with

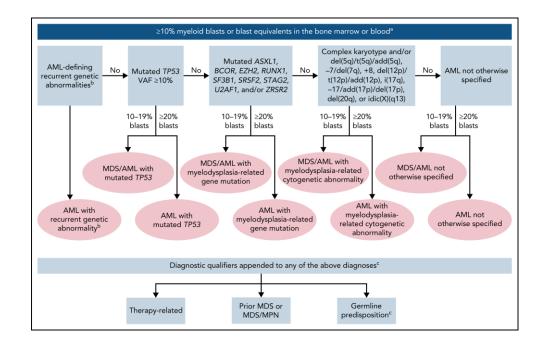
High inflammatory score prognostically stratifies

Lasry A et al, Nature Cancer, January 2023, 27-42



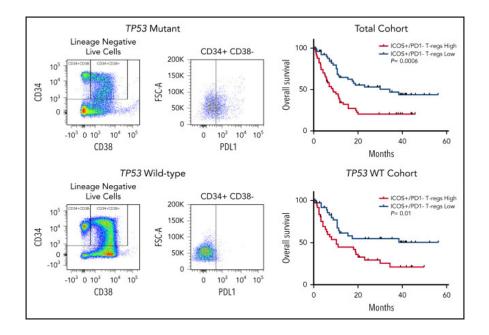
Months Survival

# AML with mutated *TP53:* a separate entity in ICC AML classification

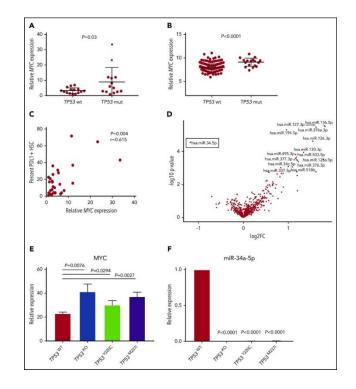


Arber DA et al, Blood. 2022;140(11):1200-1228.

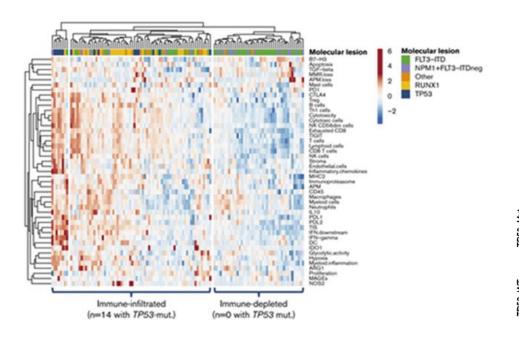
## TP53 mutations in myelodysplastic syndromes and secondary AML confer an immunosuppressive phenotype

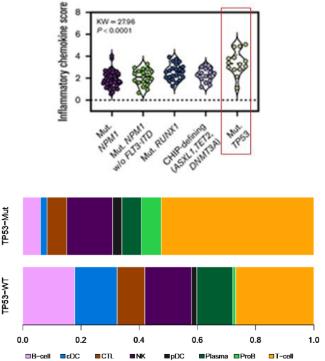


Sallman D et al, Blood. 2020 Dec 10;136(24):2812-2823



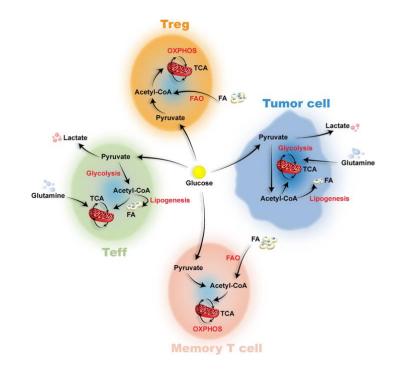
## TP53mut AML patients show an inflammatory immune microenvironment



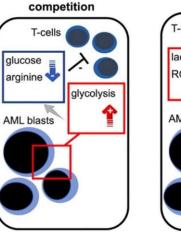


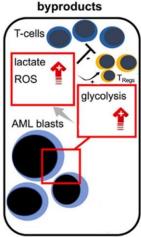
Vadakekolathu J et al. Blood Adv. 2020 Oct 27;4(20):5011-5024

## AML metabolic alterations results in microenviromental metabolic remodelling in immune cells

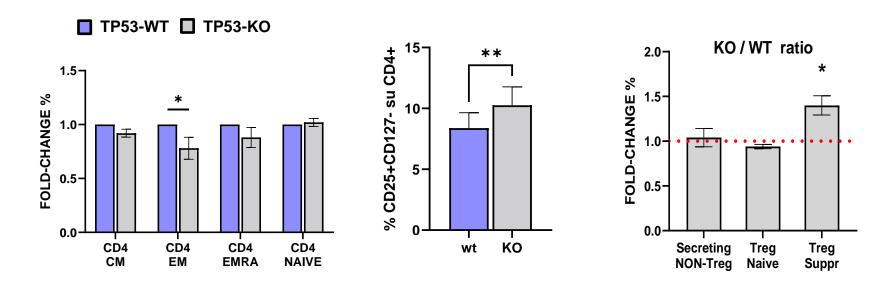


### Which mechanisms?

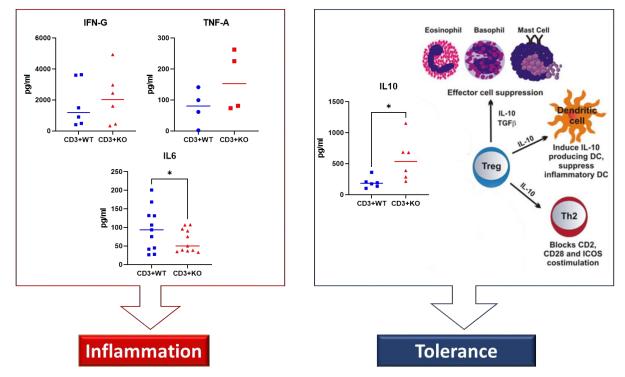




### OCI-AML3 TP53 KO reduces the frequency of effector T cells and drives T reg expansion

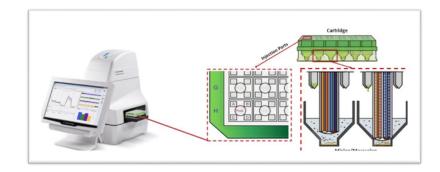


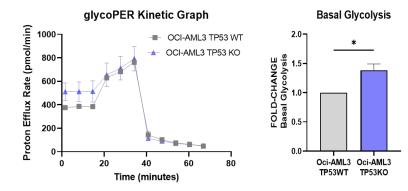
## T cells co-cultured with OCI-AML3 TP53KO have increased secretion of inflammatory and tolerogenic cytokines



Salvestrini et al. In preparation

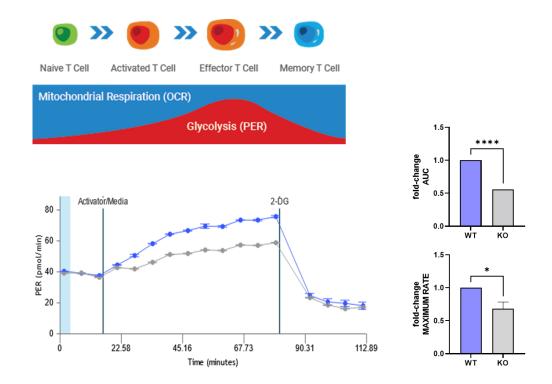
## OCI-AML3 TP53KO cells have a preferential glycolytic metabolic profile





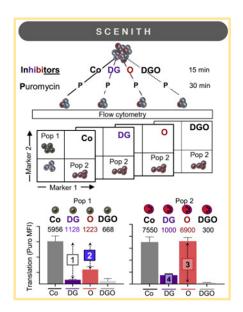
Salvestrini et al. In preparation

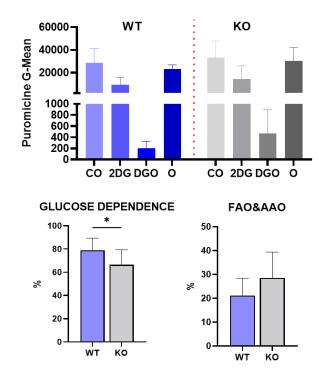
### **OCI-AML3 TP53 KO reduce the activatory potential of effector T cells**



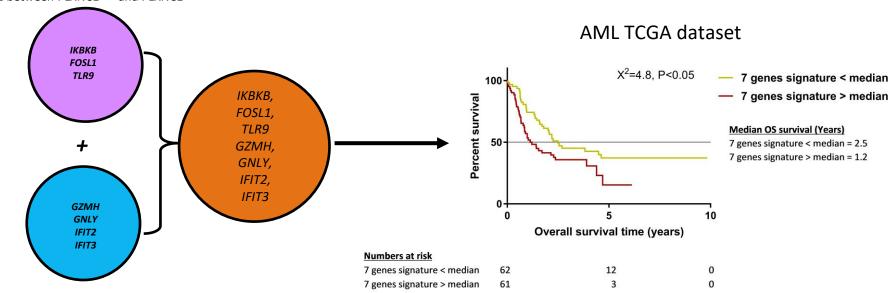
Salvestrini et al. In preparation

### OCI-AML3 TP53KO reduce glucose dependence of Tregs which preferentially utilize FAO for bioenergetics



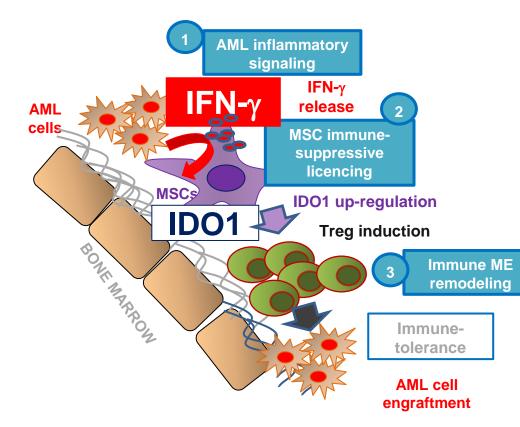


## *IDO1-PLXNC1 Nanostring®* analysis identifies a 7-gene signature predicting outcome in AML



DE between PLXNC1<sup>high</sup> and PLXNC1<sup>low</sup>

DE between IDO1<sup>high</sup> and IDO1<sup>low</sup>

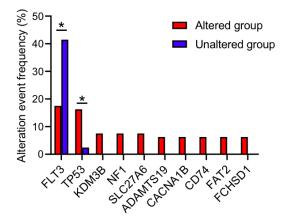


## AML derived IFN-γ: a double-edged sword within immune BM microenvironment of AML

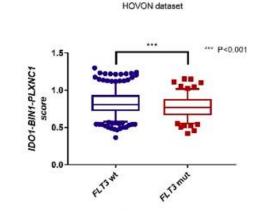
Along with activating pathways, IFN-y-dependent signals produced by AML cells modify MSC functions and favor an immune-modulating milieu Correlation between DEGs in IFNG<sup>high</sup> vs IFNG<sup>low</sup> cases and *FLT3* mutational status (\**P*<0.001)

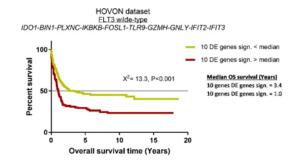
Score values significantly different according to FLT3 mutational status

#### Among FLT3 wt: the score remained statistically significant



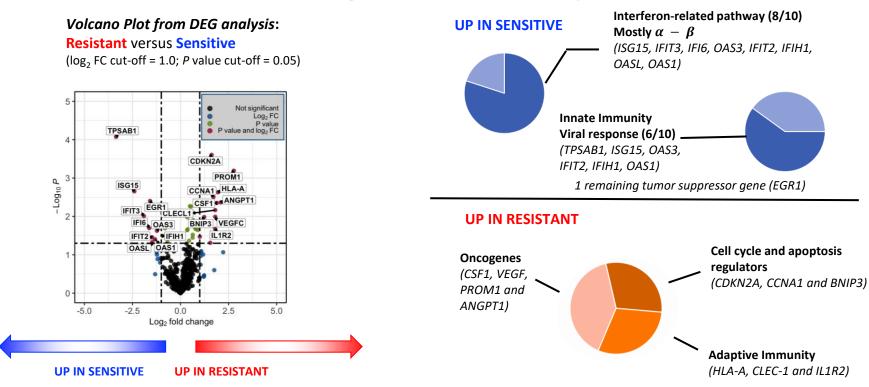
Corradi G et al. Clin Cancer Res, March 29, 2022



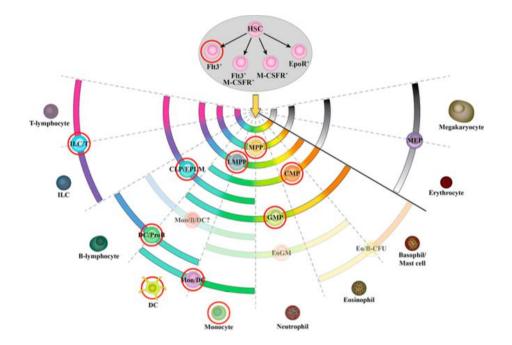


Ragaini et al, Blood Adv. 2022 Jan 11;6(1):87-99

# Response to Gilteritinib is associated with cell-extrinsic pathways involving innate immunity



### FLT3-FL signaling in normal hematopoieisis



Panagiotis T. et al, Int. J. Mol. Sci. 2017, 18, 1115

### Gilteritinib is a selective and potent dual-inhibitor of FLT3 and AXL

TPSAB1

ISG15

IFIT3 EGR1

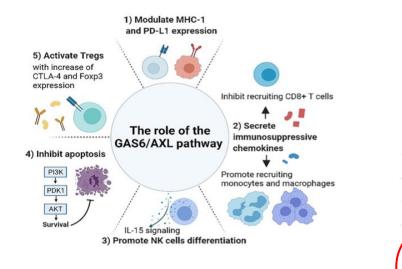
OASL

IFI6 OAS3

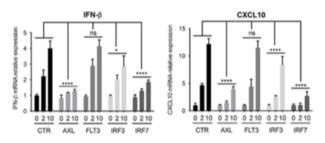
CLECI

### **AXL** signaling exerts several immunomodulatory effects, with a prominent inhibition of innate

**immune response** Chenjing Zhu et al, Molecular Cancer (2019) 18:153 Hye-Youn Son et al, Frontiers in Oncology, 11:756225.







In FLT3-mut AMLs sensitive to Gilteritinib we found upregulated the same Interferon-related genes

AXL long-term inhibition increases PD-1 expression on T-cells



### Conclusions

- Immune microenvironment is emerging as critical component of BM niche
- A better understanding of cellular interactions is critical
- Driver mutations can modulate pathways which results in remodelling of immune microenvironment
- The immunometabolic perspective is an interesting area of investigation
- Therapeutic strategies should consider the impact of new and old drugs on immune microenvironment

### **8° WORKSHOP IN EMATOLOGIA TRASLAZIONALE** DELLA SOCIETÀ ITALIANA DI EMATOLOGIA SPERIMENTALE

#### Seragnoli Institute (Director: Prof. M. Cavo) Acute Leukemia and MDS Group

| <u>Laboratory</u><br>Valentina Salvestrini<br>Marilena Ciciarello<br>Darina Ocadlikova<br>Dorian Forte<br>Giulia Rosaci | <u>Clinical Team</u><br>Cristina Papayannidis<br>Stefania Paolini<br>Sarah Parisi<br>Chiara Sartor<br>Gianluca Cristiano<br>Jacopo Nanni<br>Letizia Zannoni<br>Federico Zingarelli | <u>Study coordinators</u><br>Cinzia Bonajuto<br>Claudia Romano<br>Francesco Ingletto |  |  |
|---|--|--|--|--|
| <b>Collaborators:</b><br>Roberto Maria Pellegrino<br>(University of Perugia)  | Simón Mendéz-Ferrer<br>(University of Cambridge)   |  |  |  |
| Francesco Fabbri<br>Giorgia Simonetti   | Paolo Gallipoli<br>(Barts Cancer Institute, London)  |  |  |  |
| Giovanni Martinelli<br>(IRCCS Meldola)  | Jayakumar Vadakekolathu, Sergio<br>Rutella (Nottingham Trent Universit<br>UK)  |  |  |  |
| Sabina Sangaletti<br>Mario Colombo<br>(INT Milan)   | Alessandro Gulino, Claudio Tripodo   |  |  |  |

(University of Palermo)

