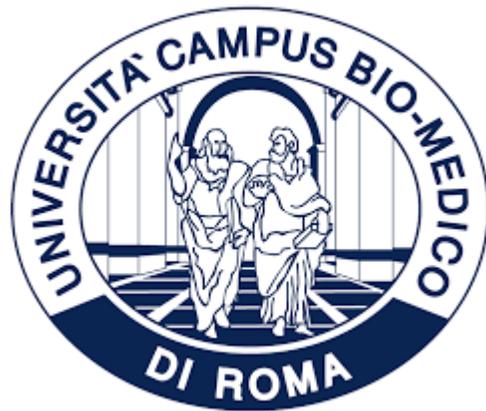


# Sistema immunitario, microambiente osseo e cancro: nuovi target terapeutici

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Università Campus Bio-Medico  
Roma



Roma, 15 novembre, 2017



VI COngressO nAZIONALE della SOCIetÀ ItALIAN A  
di OsteOnCOlogia (ISO)

Padova, 14-15 Novembre 2017  
PALAZZO ZACCO

Presidenti: D. Santini, V. Zagonel

comitato scienti f o ISO: A. Berruti, F. Bertoldo, N. Calipari, R. Casadei, T. Ibrahim, G. Lanzetta

Responsabili scienti f i A. Brunello, S. Zovato



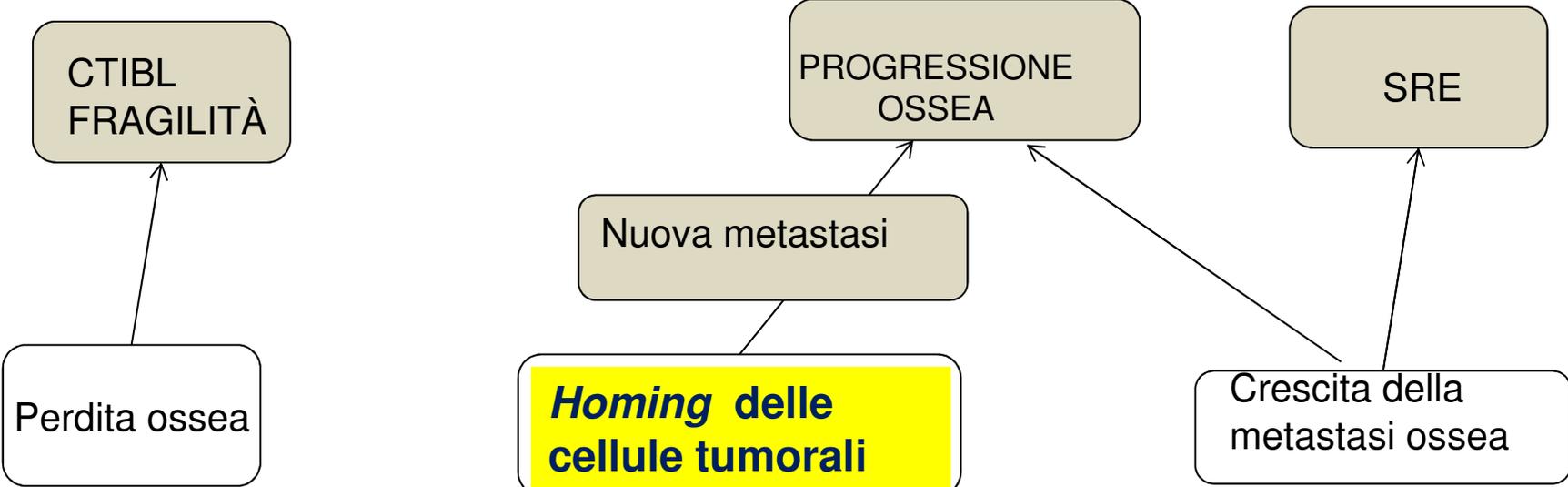
# My disclosures

- Research grants from: Amgen, Janssen, Roche, Ipsen
- Advisory boards from: Amgen, Janssen, Merck-Serono, MSD, Roche, Bayer, Novartis, Bristol, Boeringher

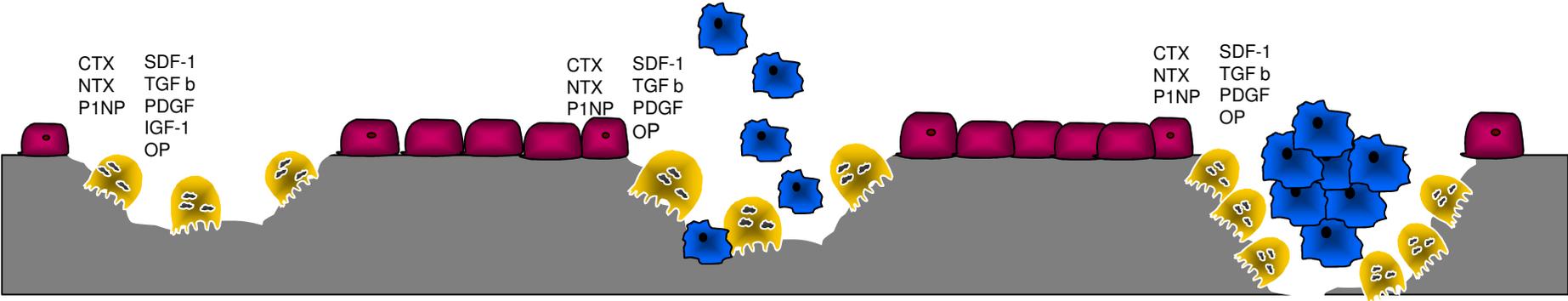
1. High bone turnover increases the risk of new bone metastases and of skeletal progression

# ELEVATO TURNOVER OSSEO

(eta' –livelli vit D – Terapia ormonale adiuvante- metastasi)



**Homing delle cellule tumorali**



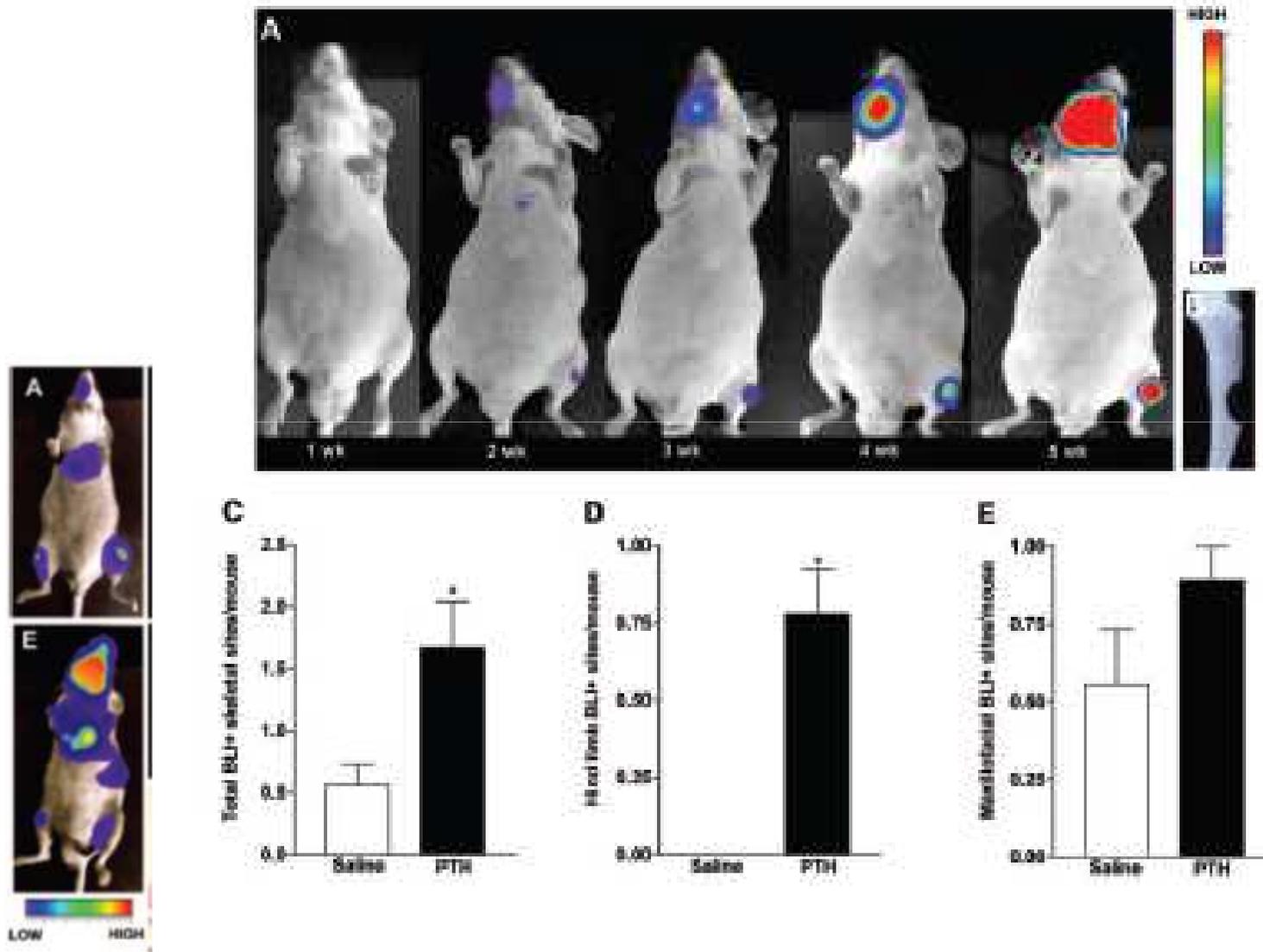
Scheletro non metastatico

Nicchia premetastatica

Metastasi ossea

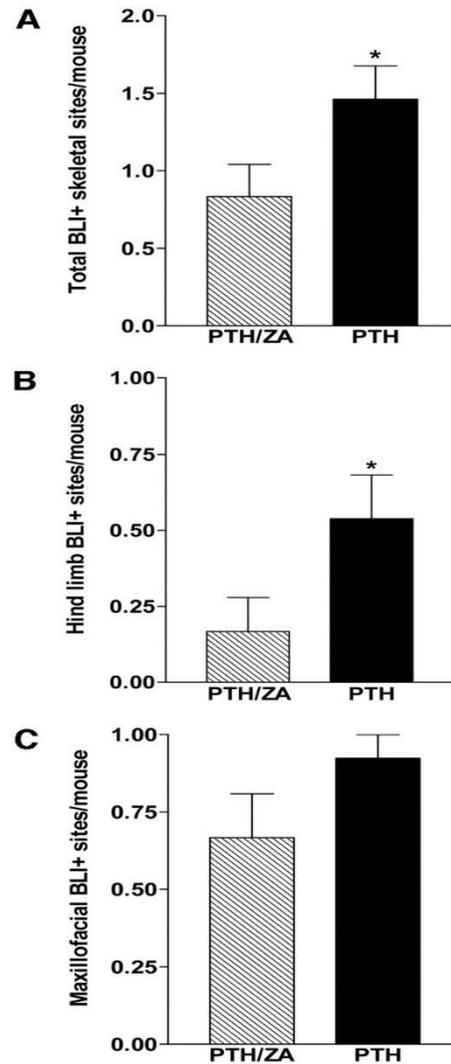
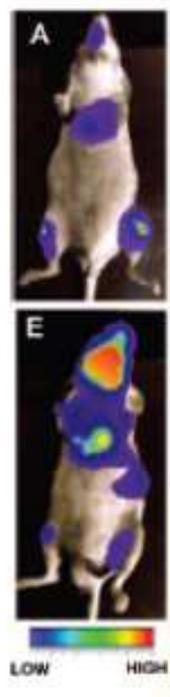
Courtesy by Bertoldo F

# Bone Turnover Mediates Preferential Localization of Prostate Cancer in the Skeleton

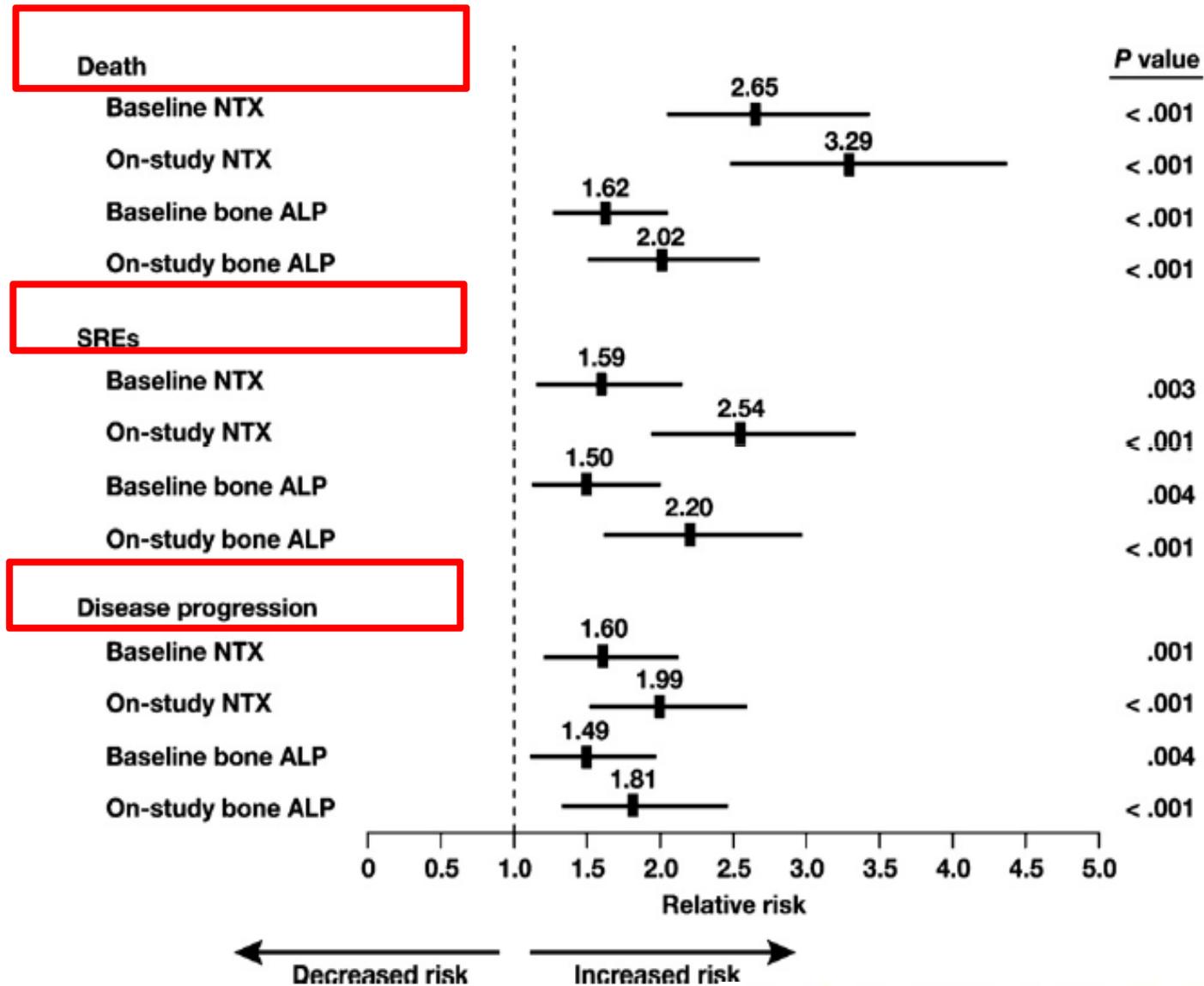


# Bone Turnover Mediates Preferential Localization of Prostate Cancer in the Skeleton

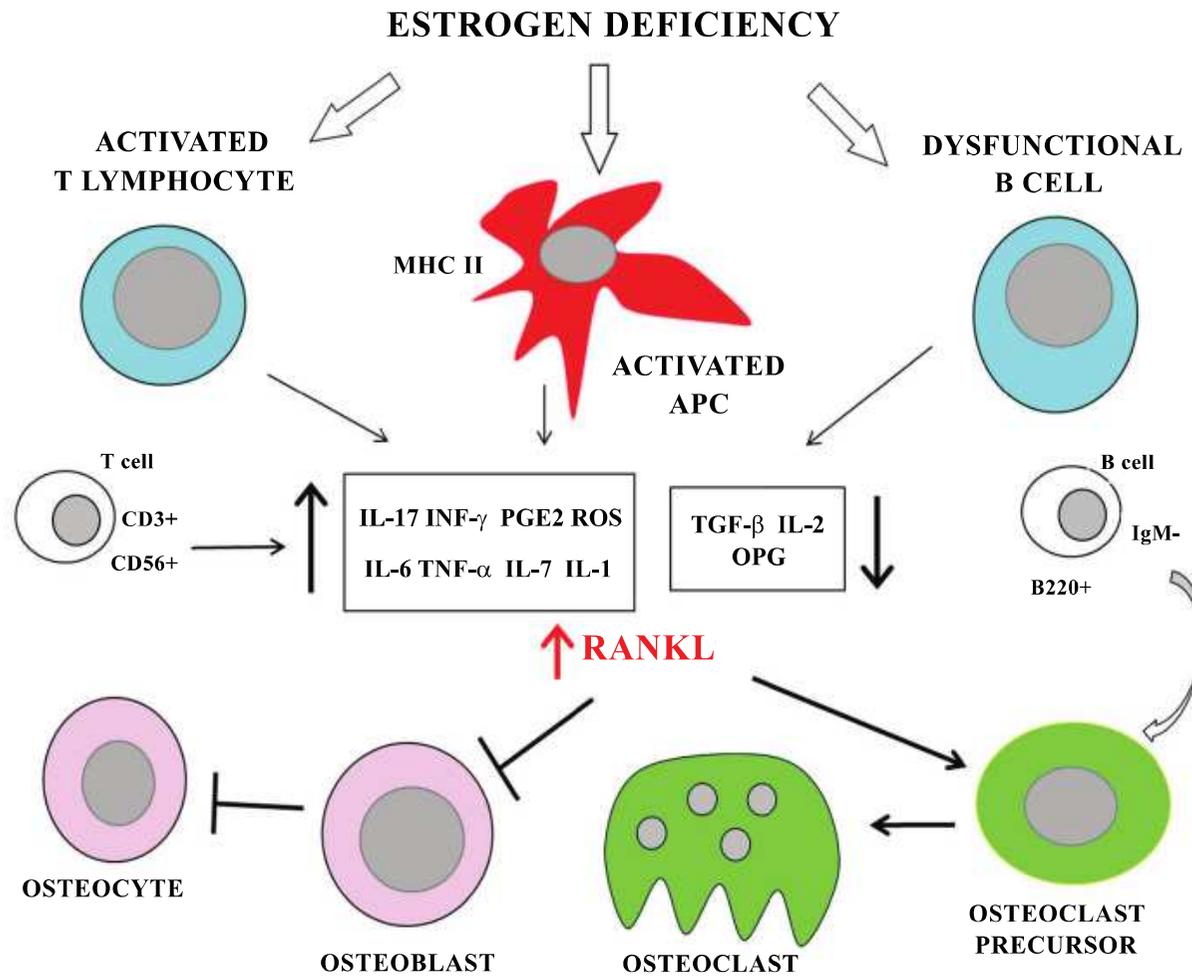
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## CORRELATIONS BETWEEN BONE TURNOVER AND CLINICAL OUTCOME IN PATIENTS WITH BONE METASTASES FROM SOLID TUMORS (NO BPs)



# Il riassorbimento osseo è anche mediato dal sistema immunitario



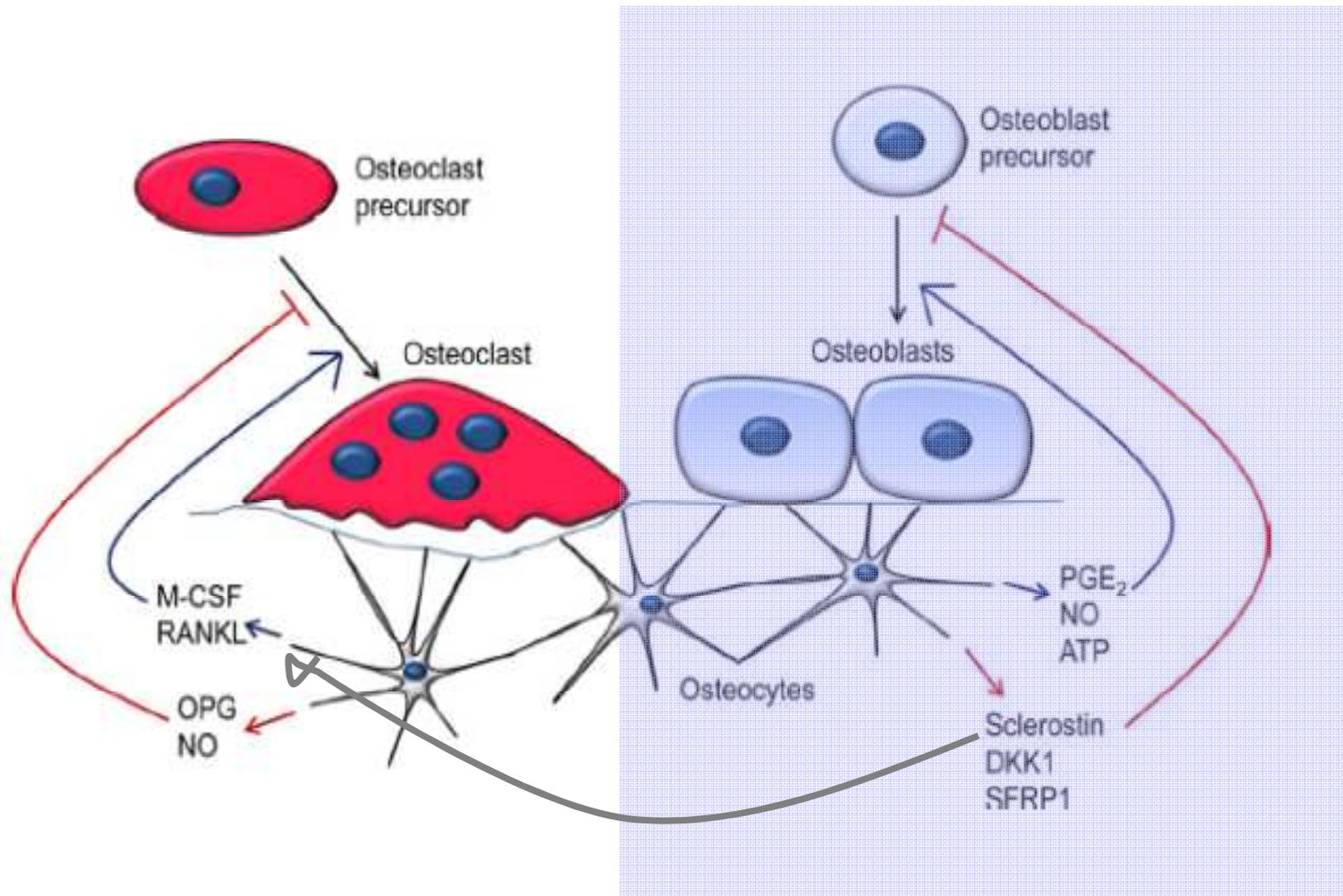
# Linee Guida AIOM 2017

## Bisfosfonati e denosumab in setting adiuvante

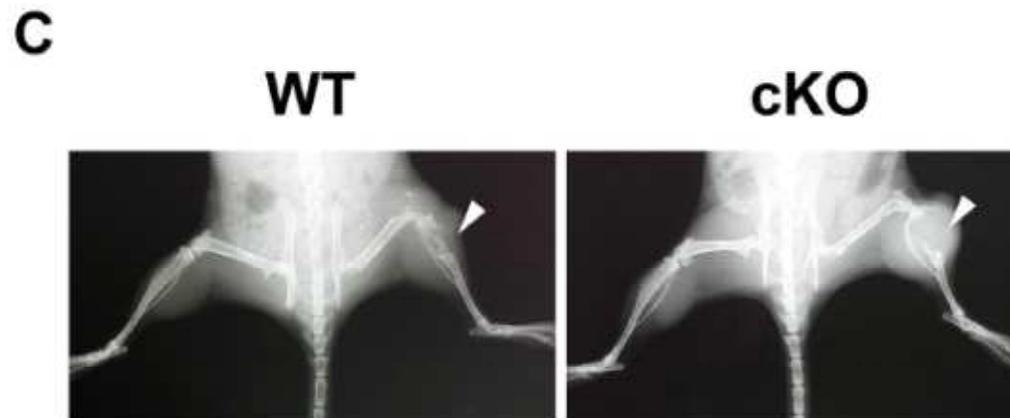
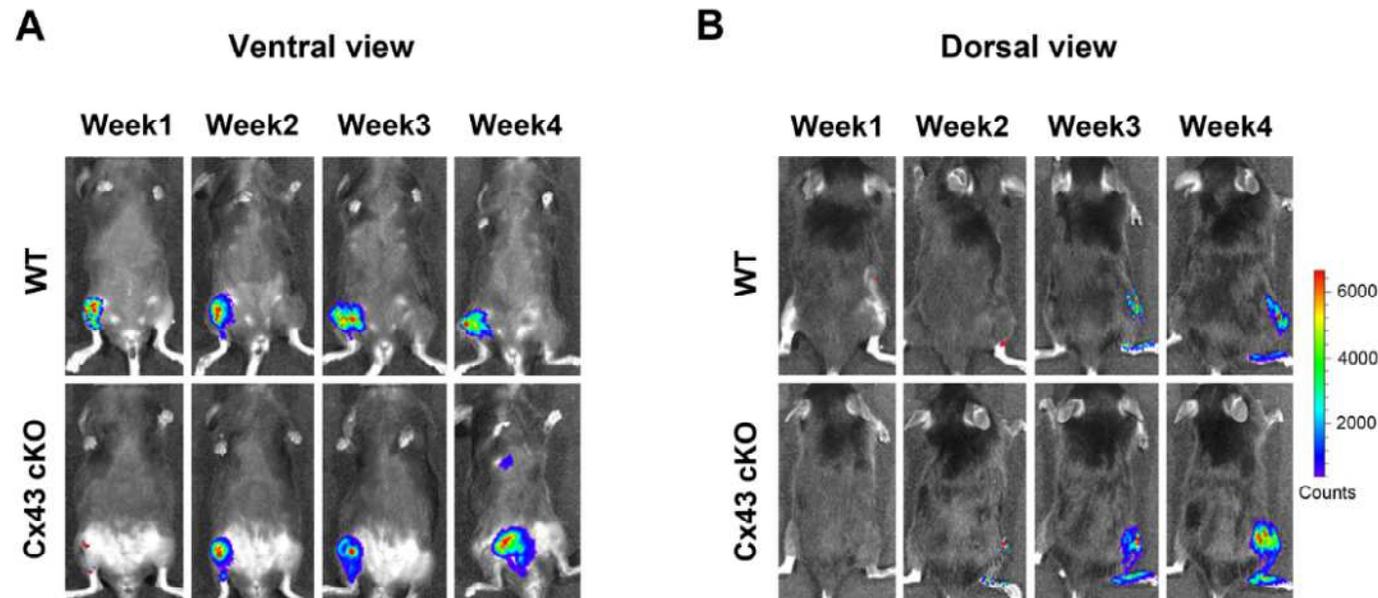
<b>Qualità dell'evidenza SIGN</b>	<b>Raccomandazione clinica</b>	<b>Forza della raccomandazione clinica</b>
<b>B</b>	Nei pazienti affetti da tumore prostatico e tumore polmonare, i bisfosfonati e il denosumab non devono essere utilizzati con l'obiettivo terapeutico di aumentare la sopravvivenza libera da malattia nel setting adiuvante	<b>Negativa Forte</b>
<b>A</b>	Nelle pazienti affetti da tumore mammario in fase post-menopausale, l'acido zoledronico o il clodronato dovrebbero essere considerati con l'obiettivo terapeutico di aumentare la sopravvivenza libera da malattia e di ridurre la mortalità nel setting adiuvante [13]	<b>Positiva Forte</b>

2. Osteocytes have an important role in bone turnover regulation and in the metastatization process

# Functions of osteocytes



# Osteocytic Connexin hemichannel suppress breast cancer growth and bone metastases



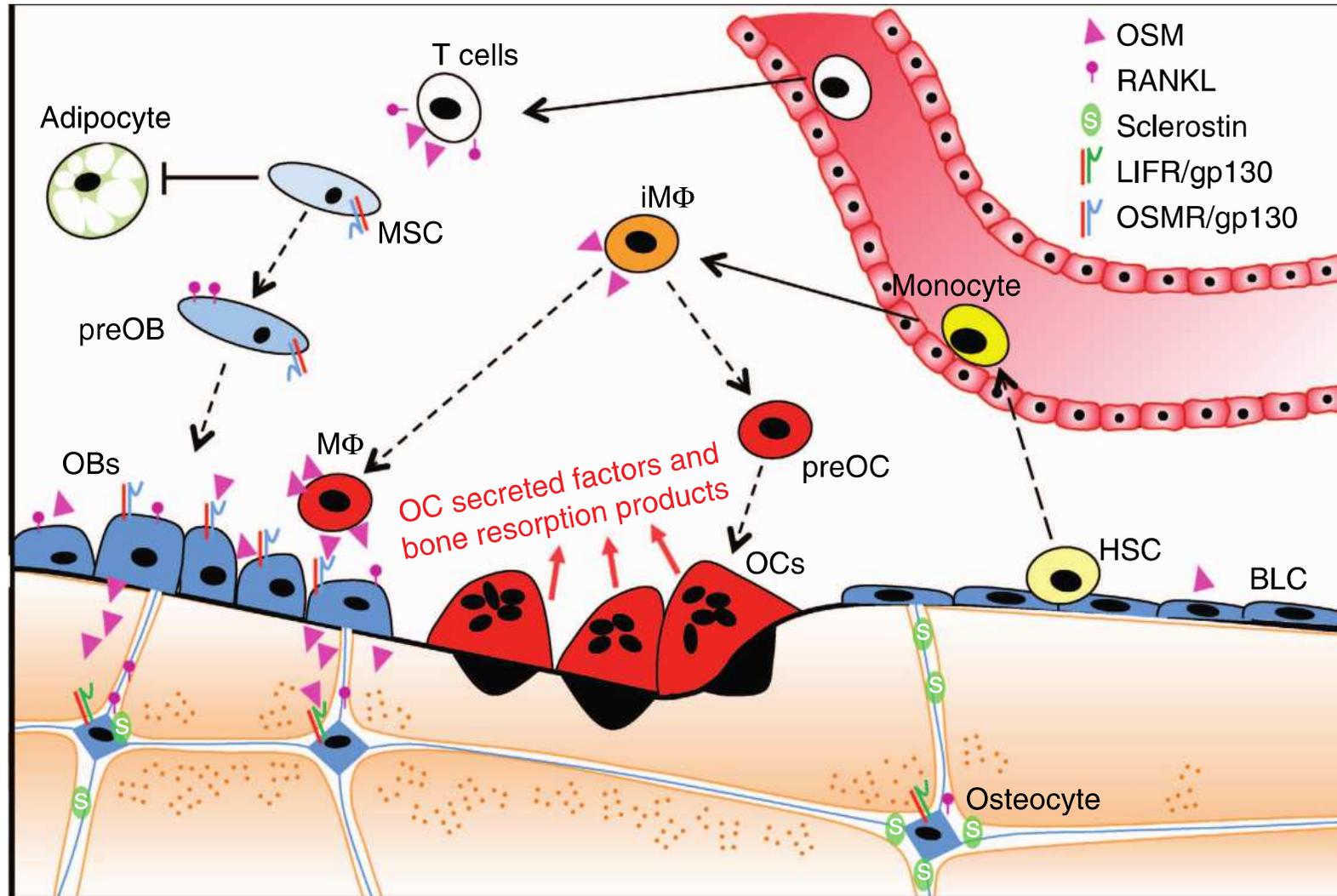
## **Osteocytes: take home messages**

Connexin 43 (Cx43) is an endogenous bone anti-metastatic factor for cancer cells present in osteocytes.

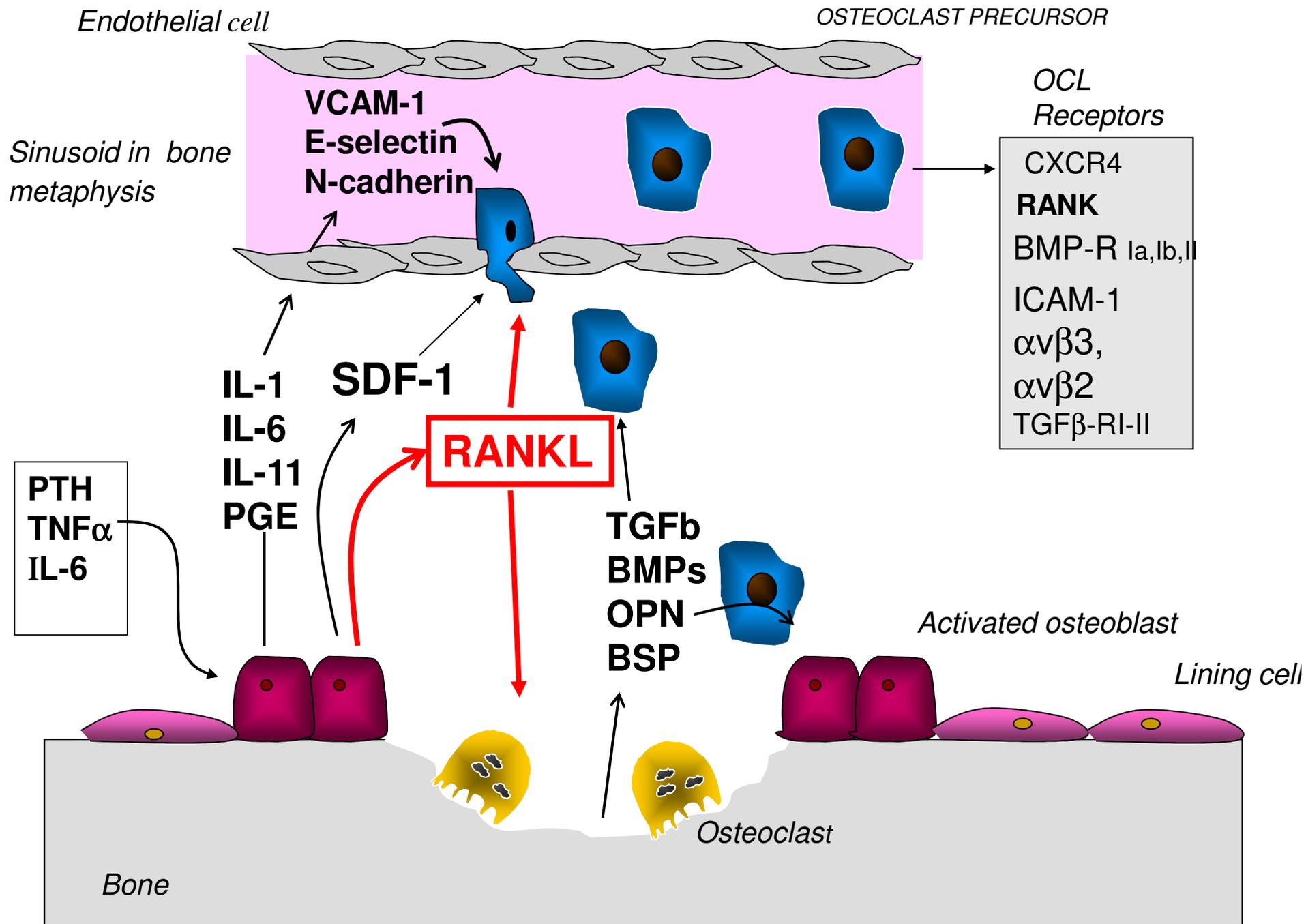
Osteocyte Cx43 proteins function as mechanosensitive hemichannels that release anti-metastatic molecules like ATP.

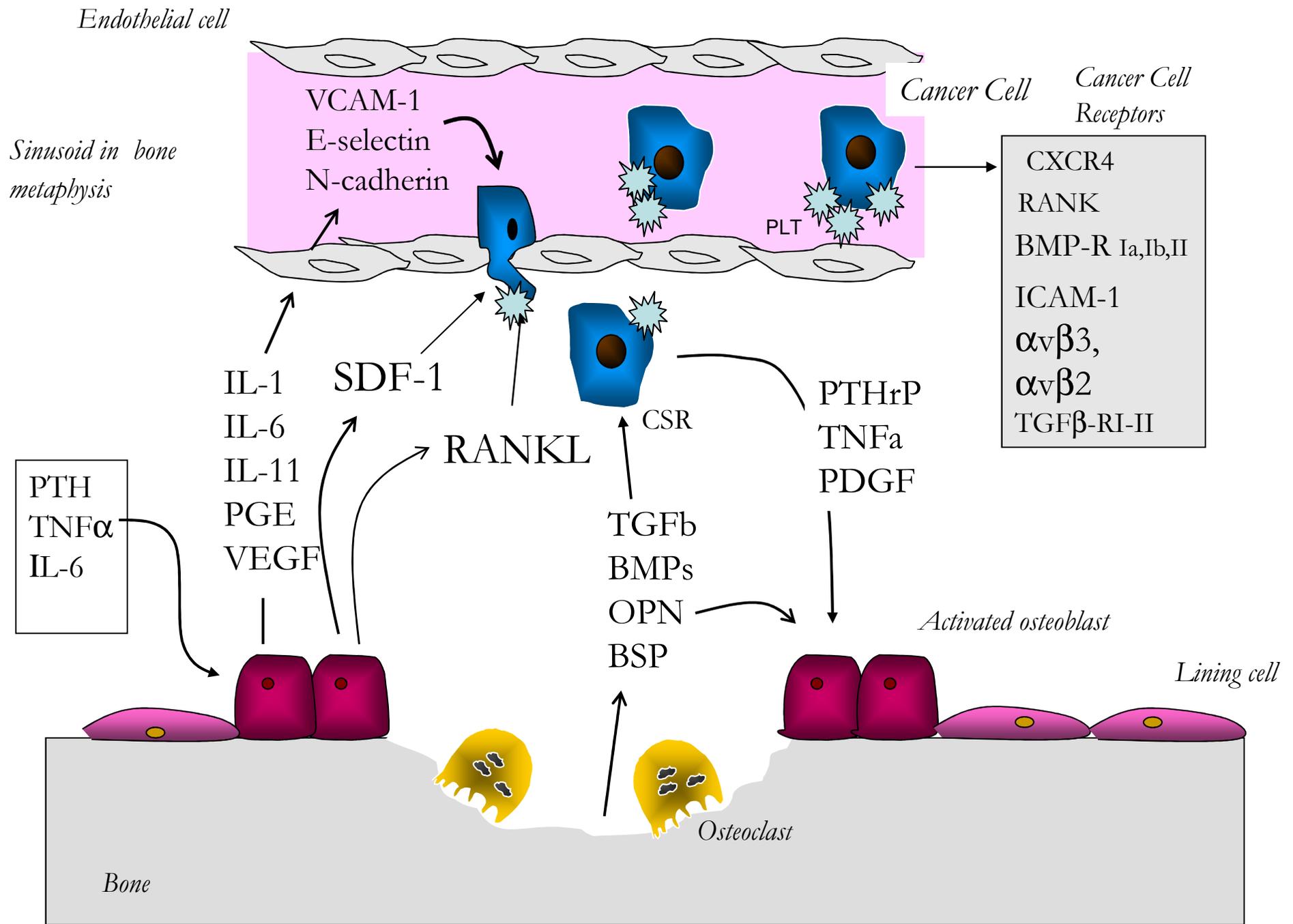
Activation of osteocyte Cx43 hemichannels by mechanical stimulation or bisphosphonate drugs suppresses bone metastases.

# Interactions between osteocytes and immune cells



3. Osteoblasts have an important role in the bone homing of cancer cells

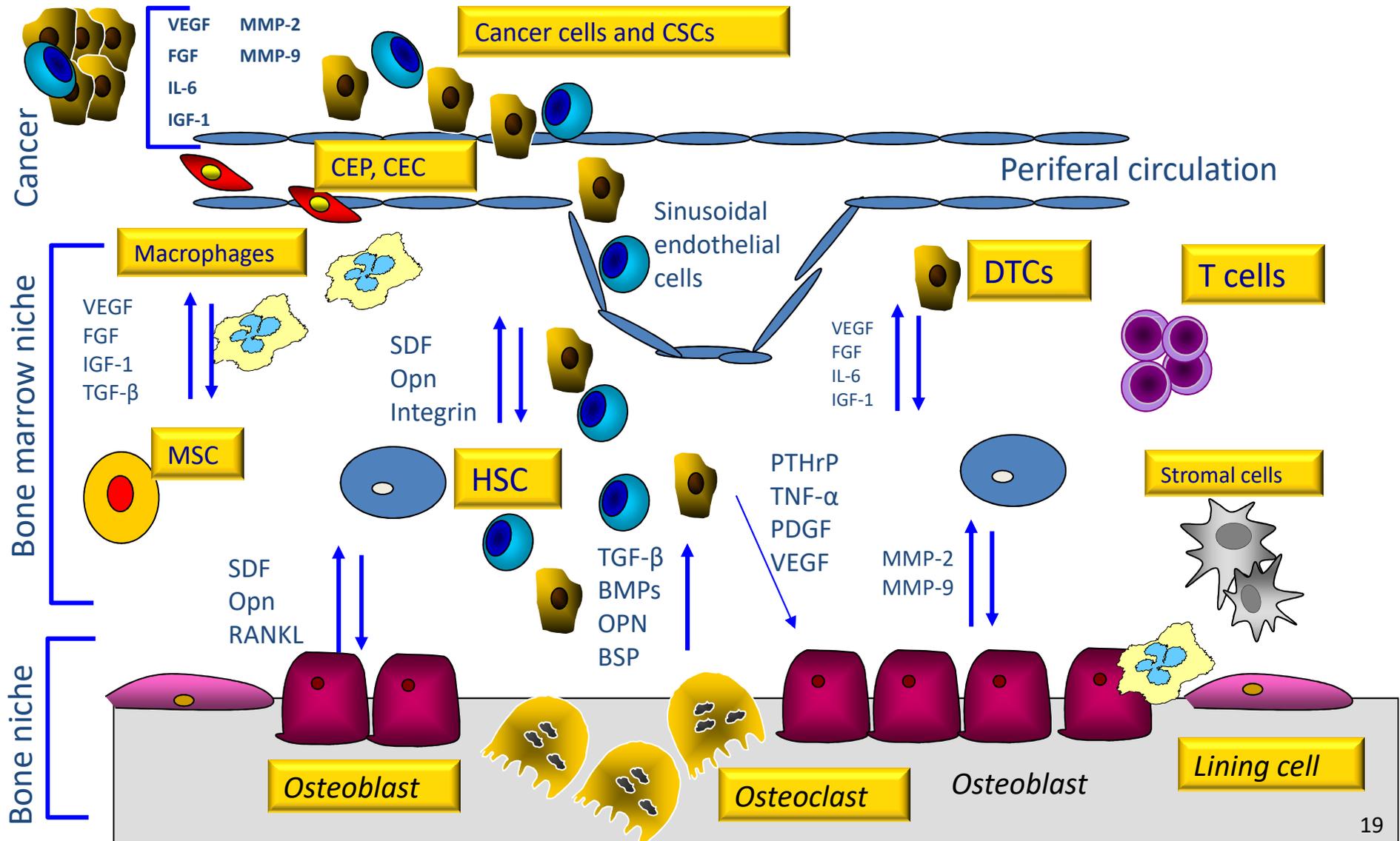




## 4. Role of bone microenvironment bone cells

# Interactions between cancer cells and bone microenvironment cells

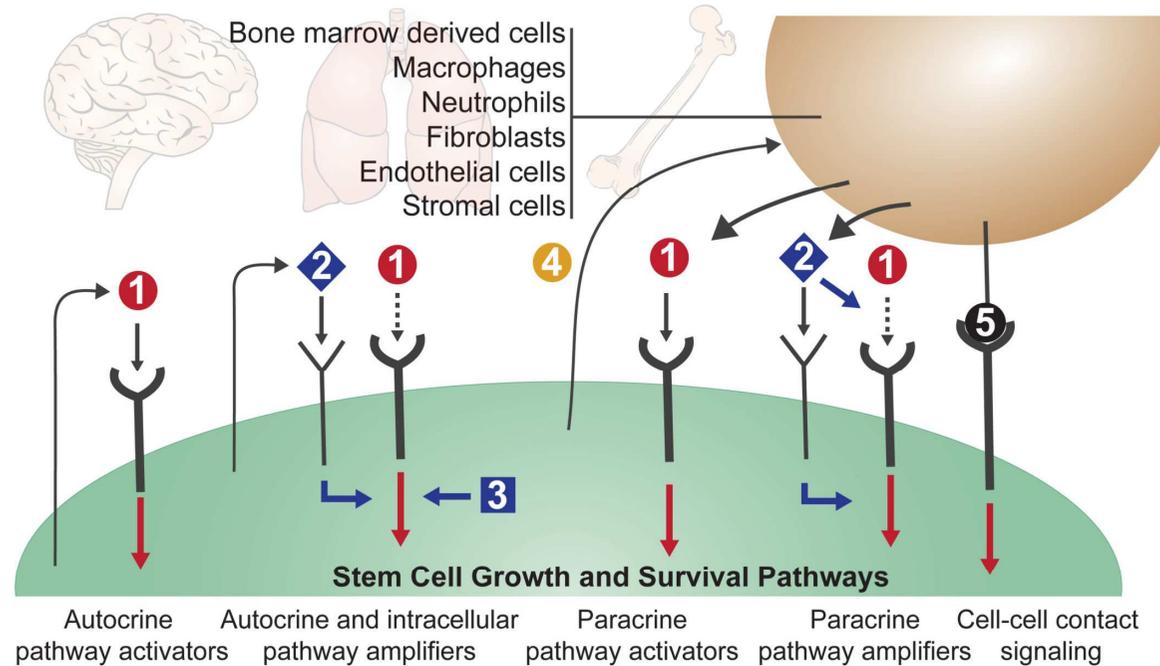
Modified from F. Bertoldo



# Molecular interactions between bone microenvironment and cancer cells

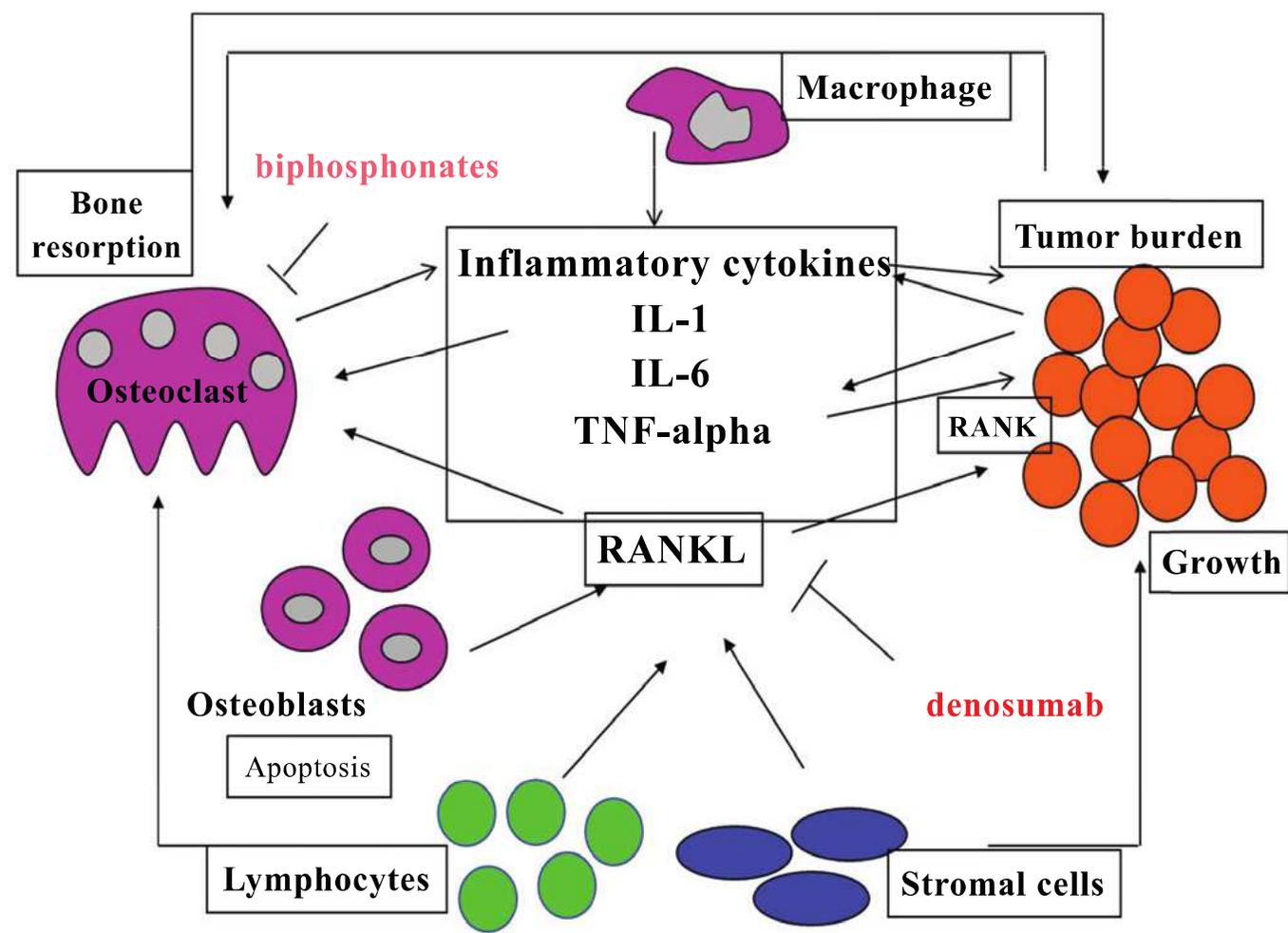
Massagué and Obenauf

Page 22



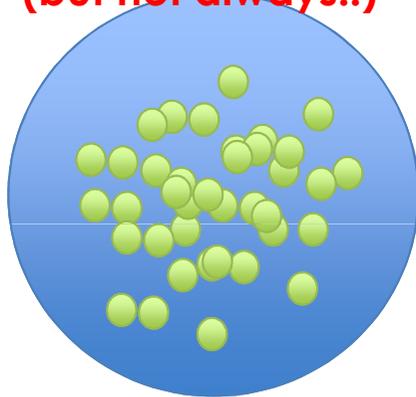
- ① Growth and survival factors: e.g. IL-6, IGF2, WNT, EGF, S100A8/9
- ② Soluble factors or ECM molecules: e.g. TNC, POSTN, LOX, PLOD2
- ③ Intracellular mediator of pathway amplification: e.g. SRC, Ezrin
- ④ Paracrine cytokines and chemokines: e.g. CSF1, CXCL1, TGF- $\beta$ ,
- ⑤ Cell-Cell contact: e.g. VCAM1- $\alpha$ 4 Integrin, Jagged1-Notch

# Le cellule del sistema immunitario interagiscono con osteoblasti, osteoclasti e cellule tumorali



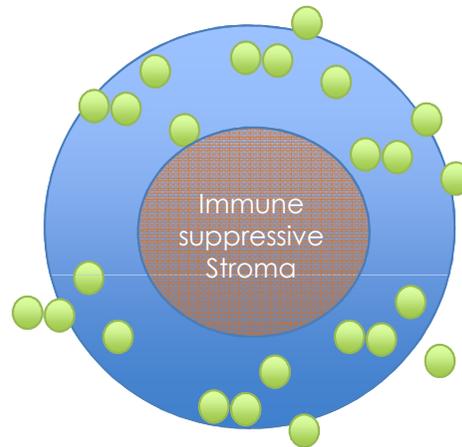
# Ma non tutte le metastasi sono “calde

Immune-inflammed  
more frequent response  
**(but not always!!)**



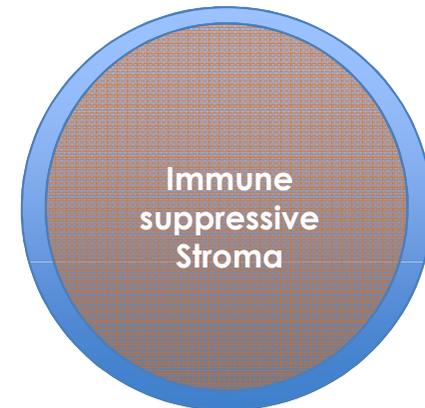
**High tumor immogenicity**  
(high neoantigen load)  
**Low immune suppression**  
**High PD-1/PDL-1 expression**

Immune-excluded  
possible response



tumor immogenicity?  
immune suppression?  
IC expression?

Immune-desert  
quite rare/no response



Need for CTLA4 blockade  
or vaccines or “mutational” therapies?

Low tumor immogenicity?  
High immune suppression?  
Low IC expression?

## REVIEW

doi:10.1038/nature21349

### Elements of cancer immunity and the cancer-immune set point

Daniel S. Chen<sup>1</sup> & Ira Mellman<sup>1</sup>

Nature 2017

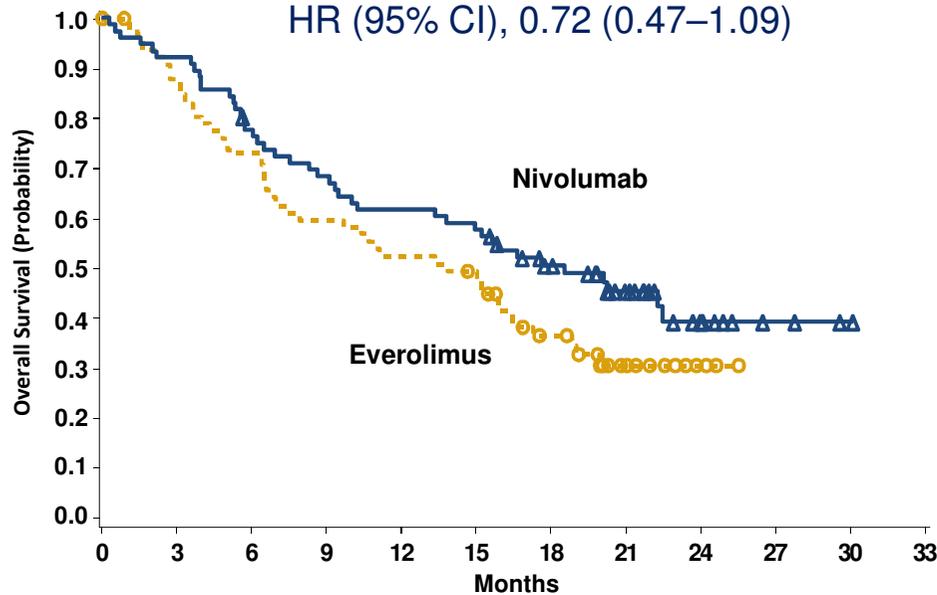
Courtesy of L. Rivoltini

# OS: Bone and liver metastases

## Bone

Median OS, months (95% CI)	
Nivolumab	18.5 (10.2–NE)
Everolimus	13.8 (7.0–16.4)

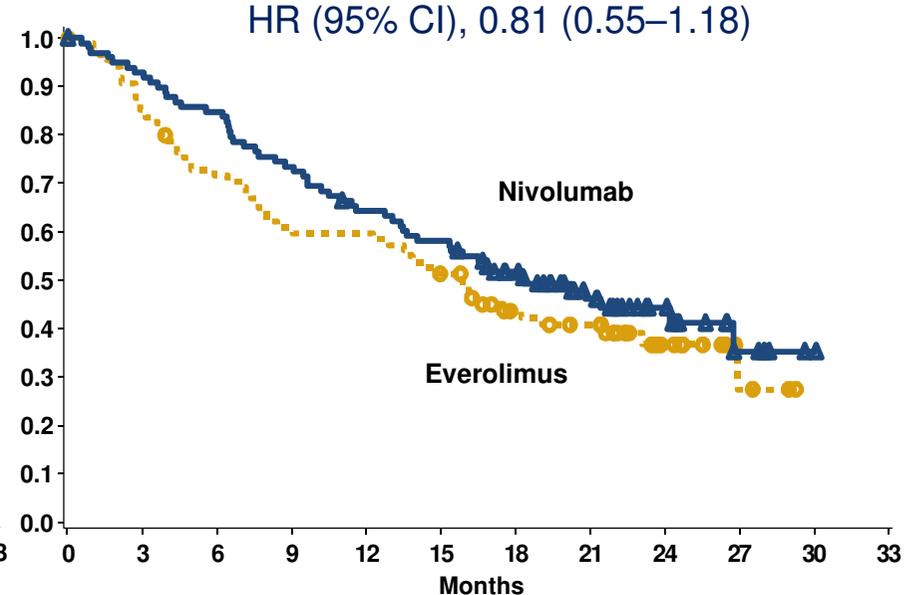
HR (95% CI), 0.72 (0.47–1.09)



## Liver

Median OS, months (95% CI)	
Nivolumab	18.3 (13.4–26.7)
Everolimus	16.0 (8.4–21.6)

HR (95% CI), 0.81 (0.55–1.18)



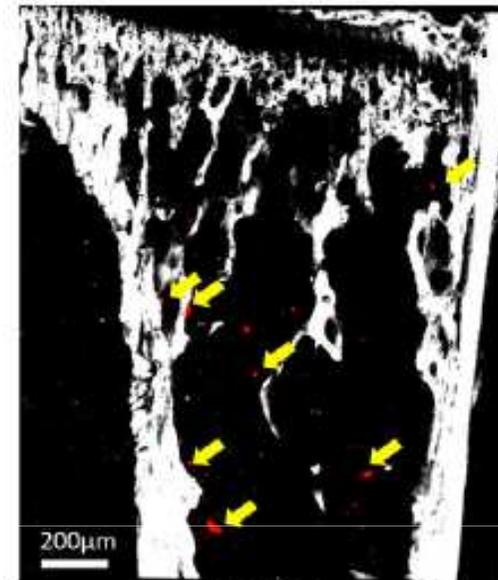
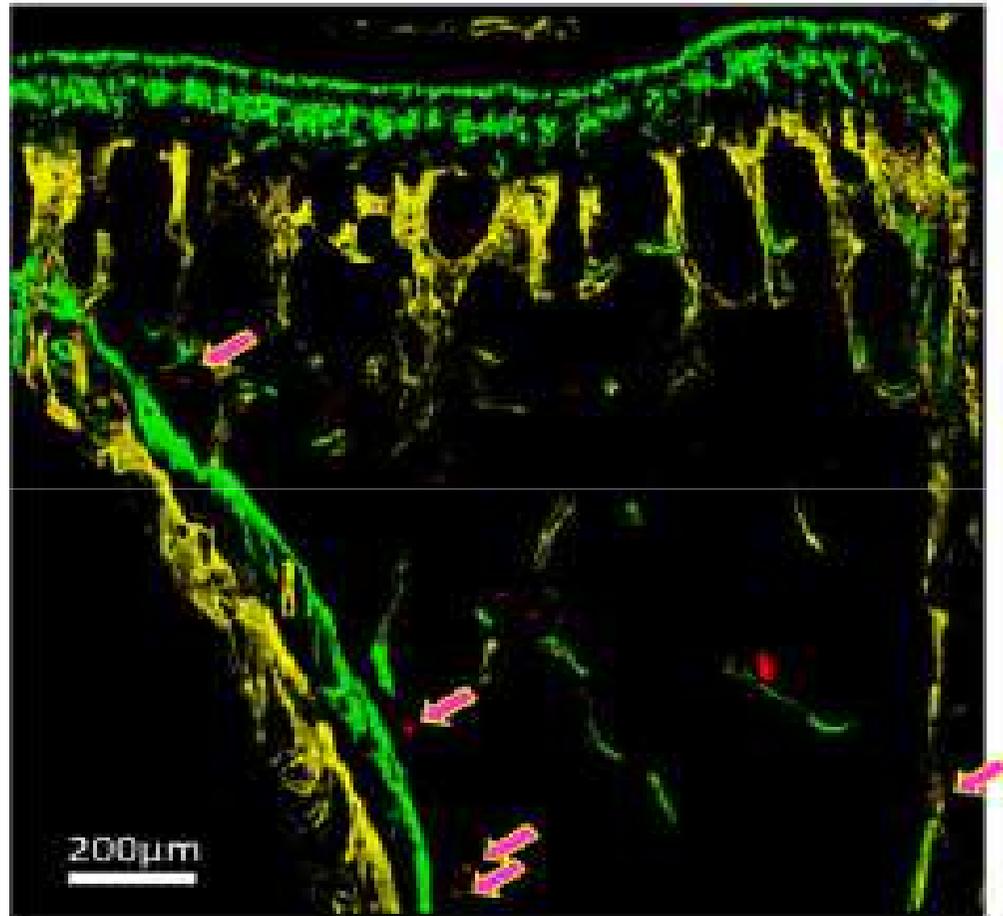
No. of patients at risk

Nivolumab	76	58	46	32	9	1
Everolimus	70	49	35	20	3	0

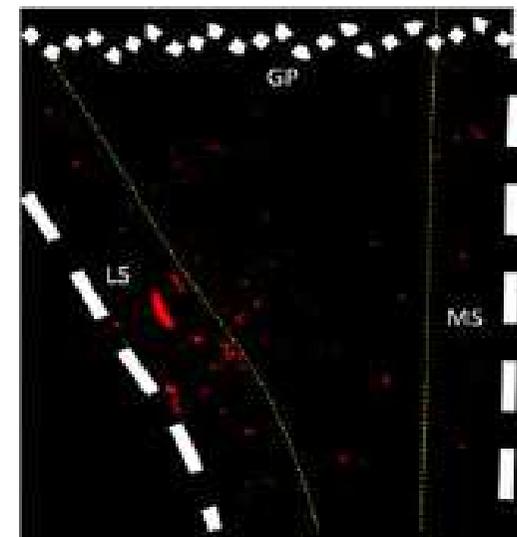
100	83	62	43	15	1
87	60	50	30	11	0

## 5. Role of preneoplastic osteoblastic niche

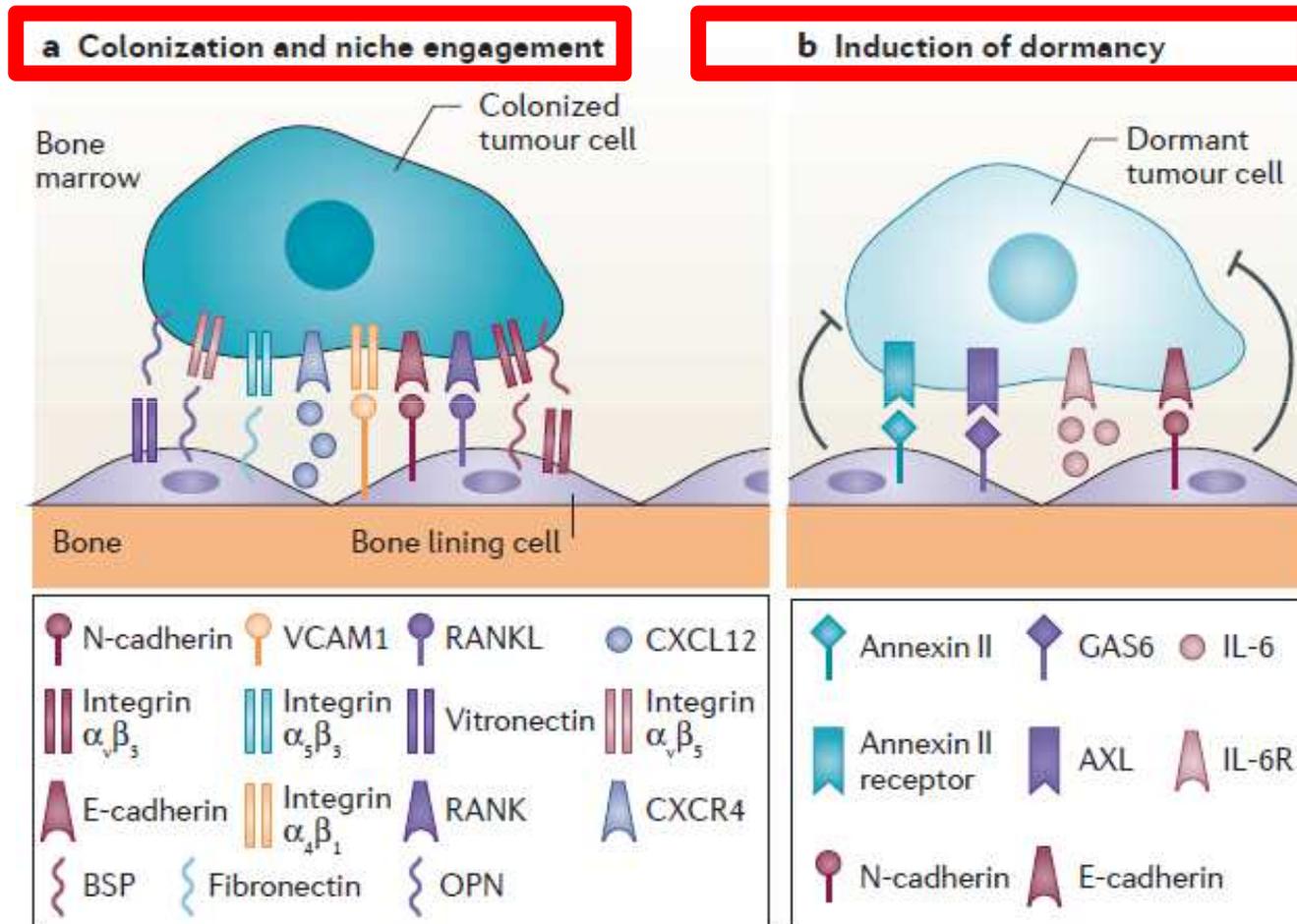
# Prostate Cancer Cells Preferentially Home to Osteoblast-rich Areas in the Early Stages of Bone Metastasis: Evidence From In Vivo Models



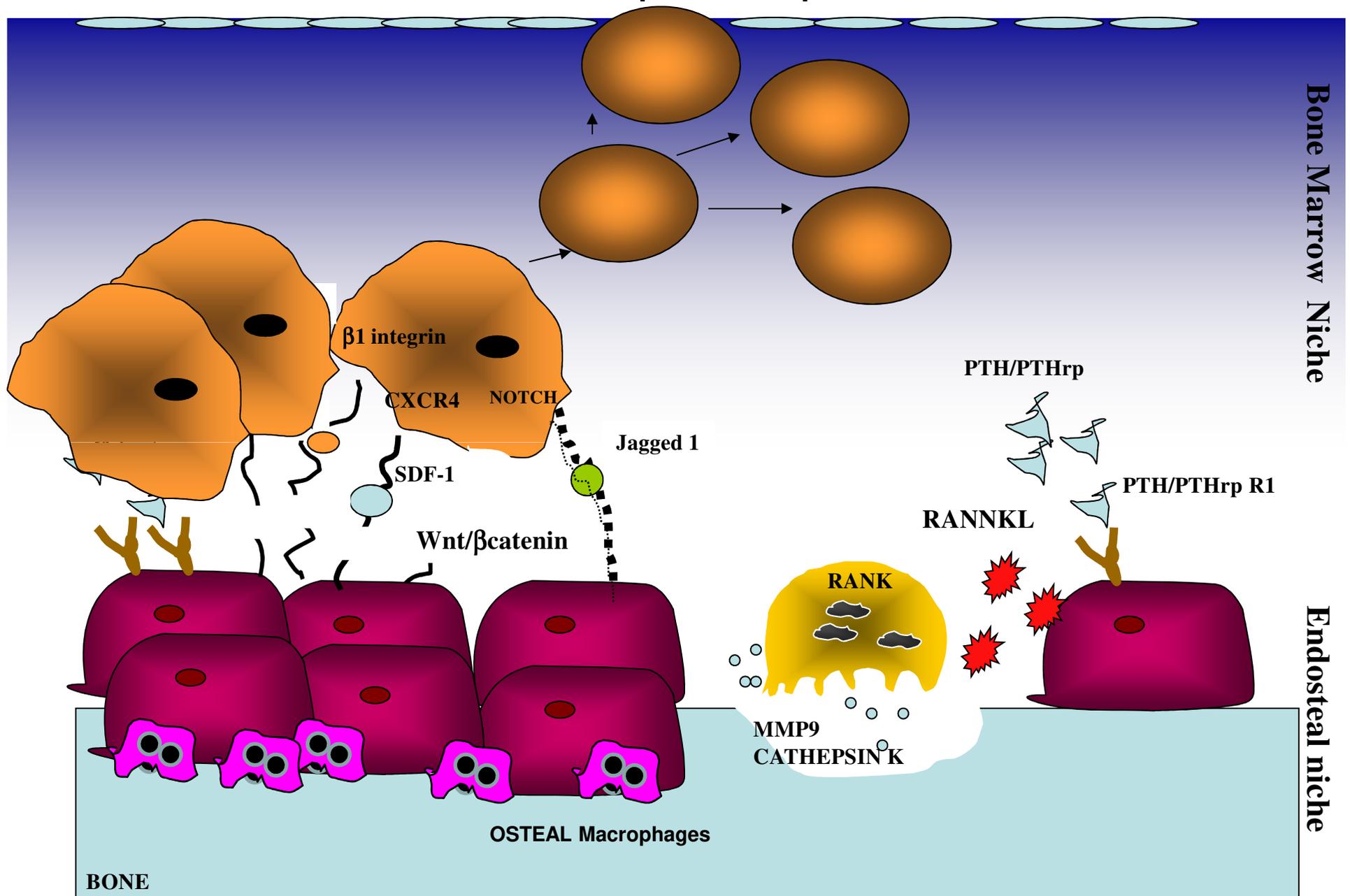
C4 2B4



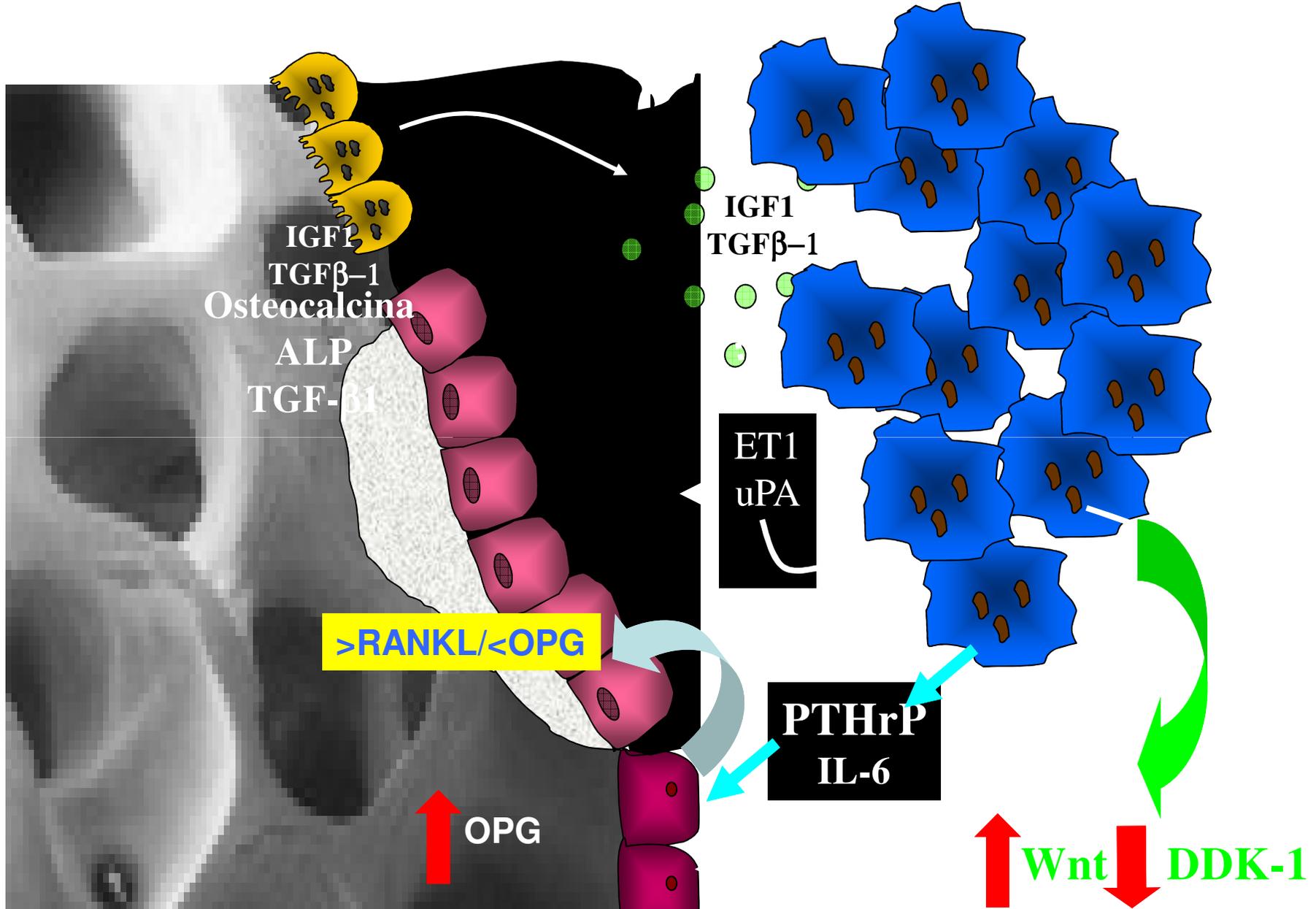
# Osteoblasts regulate the cancer cell *fatus* in the preneoplastic niche



# The osteoblastic preneoplastic niche



## 6. The vicious cycle in the “modern era”



Adapted from Bertoldo F, Santini D Textbook of Osteoncology 2010

# ....in summary

1. High bone turnover increases the risk of new bone metastases and of skeletal progression
2. The osteocytes have an important role in bone turnover regulation and in the metastatization process
3. The osteoblasts have an important role in the *bone homing* of cancer cells
4. The cells of bone microenvironment interact with the cancer cells (the new era of osteoimmunology)
5. The importance of preneoplastic osteoblastic niche
6. The vicious cycle in the “modern era”
7. Targeting immune system suppression can translate in targeting bone metastases

## I believe in a “bone revolution”

- We moved from the “Seed and Soil” to the *preneoplastic niche* “era”: the cancer cells know where to go before homing bone and how to go away from the bone
- We moved from the osteoclast protagonist to multiple cells interactions in bone microenvironment: new cells, new targets, new drugs
- We moved from single molecular pathway to multiple molecular interactions in bone microenvironment: new pathways, new targets, new drugs

## MAIN NATIONAL AND INTERNATIONAL RESEARCH COLLABORATIONS



Prof. Philippe Clézardin

- National Institute of Health and Medical Research (INSERM), Lyon France.



Prof. Robert E Coleman

- The University of Sheffield, Department of Oncology Sheffield, South Yorkshire, United Kingdom



Prof. Aleix Prat

- Vall D'HEBRON, Istituto de Oncologia, Barcelona



Dr. Toni Ibrahim

- Osteoncology and Rare Tumors Center, IRCCS Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (IRST), Meldola (FC)



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Prof. Paolo Casali

- Fondazione IRCCS, Istituto Nazionale dei Tumori



To our Translational Oncology Laboratory *Team*

Thank you for your Attention