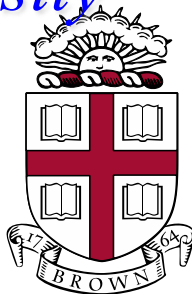


# Immunotherapy for HCC

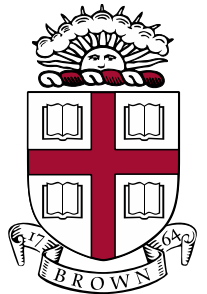
*Jack R. Wands, MD*

*Jeffrey and Kimberly Greenberg - Artemis and  
Martha Joukowsky, Professor in Gastroenterology  
and Professor of Medical Sciences, Director, Division  
of Gastroenterology and Liver Research Center,  
Brown University*

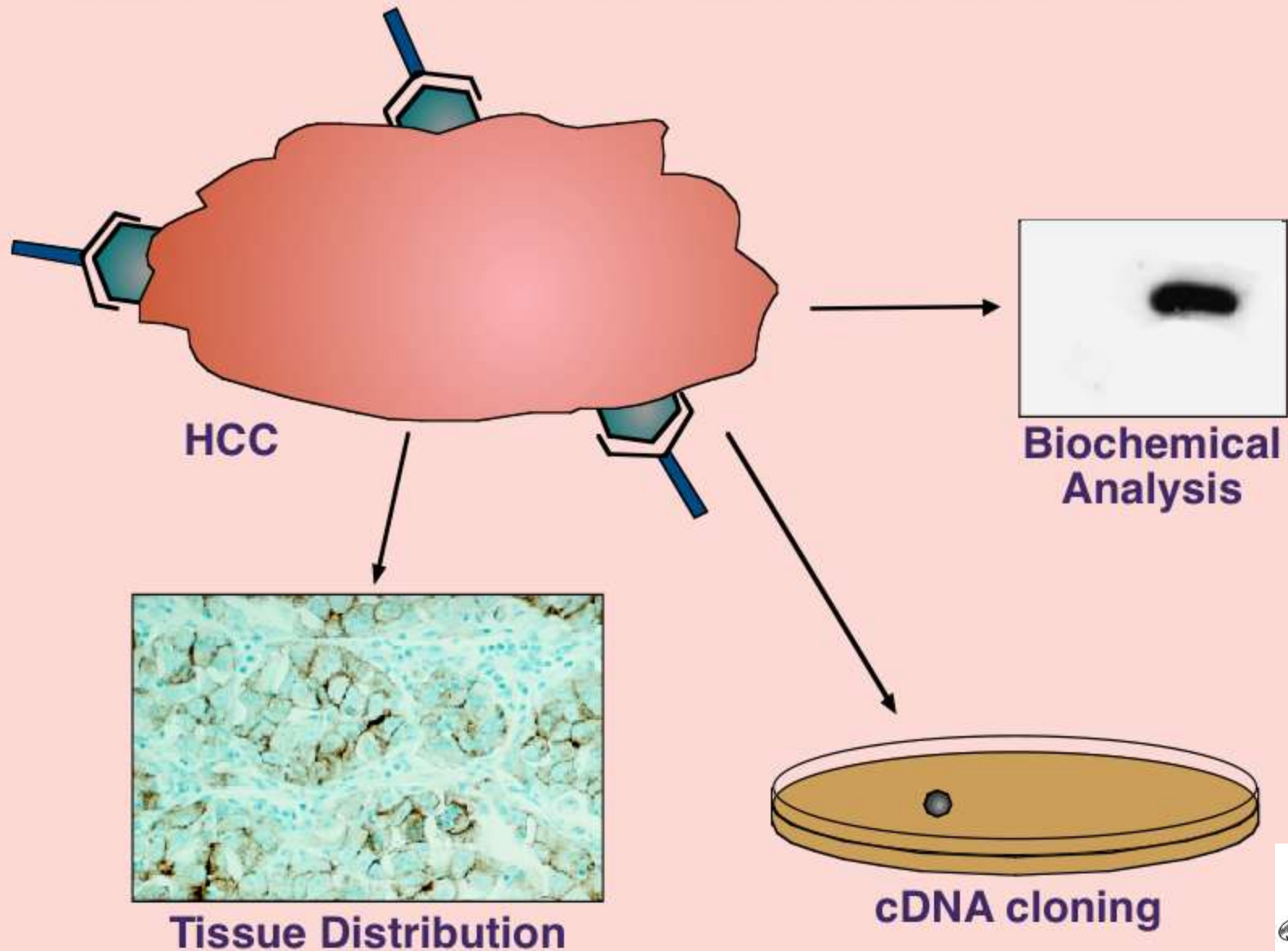


# The Target Antigen

How was ASPH discovered?

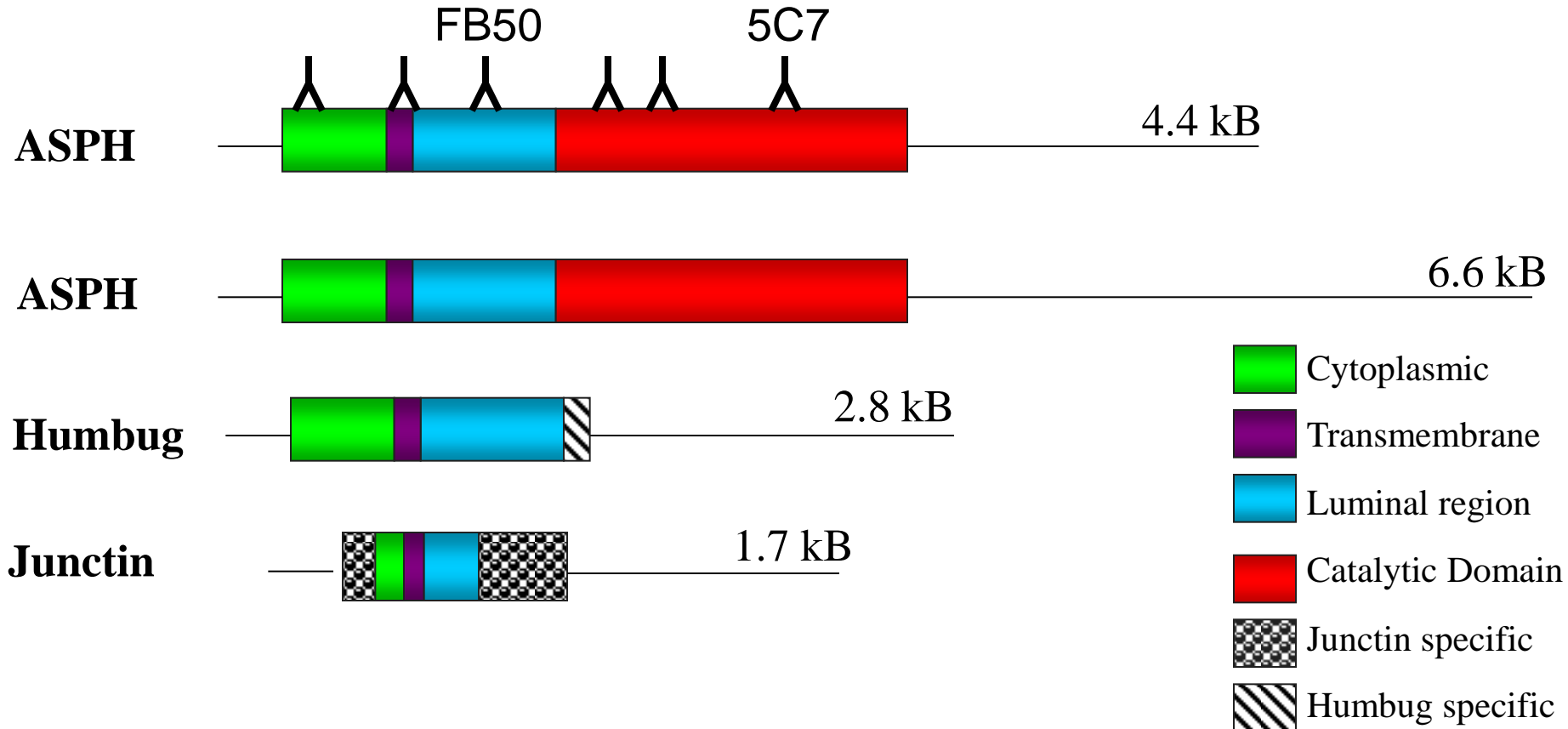


# Immunologic Approach to Hepatocellular Carcinoma

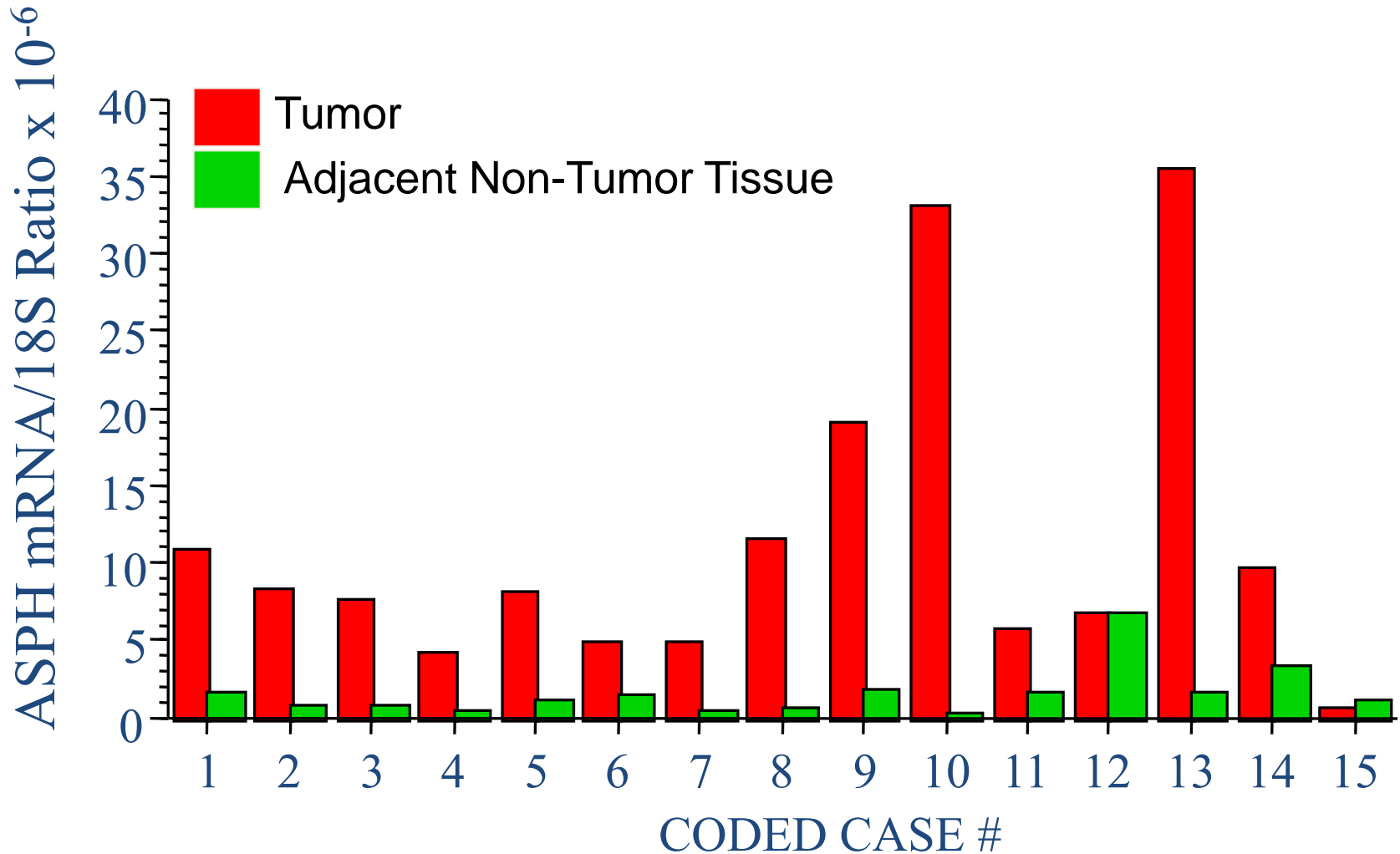


# Structure of ASPH and Splice Variants

- Human Aspartyl (asparaginy)- $\beta$  hydroxylase (ASPH);  $\alpha$ -ketogluterate dependent dioxygenase; Mr ~86 kD
- ASPH gene encodes 3 proteins: ASPH, Humbug, Junctin

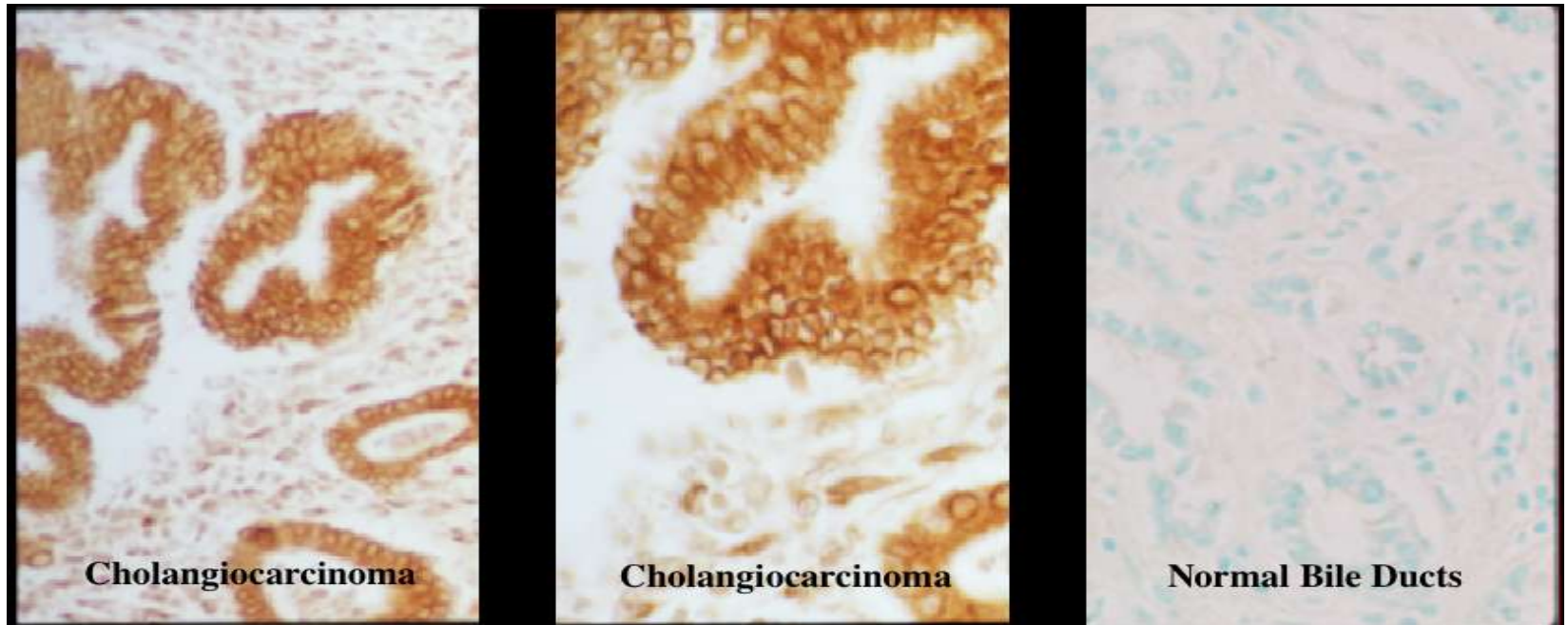


# Expression of ASPH (full length) Gene in HBV and HCV Related HCC



# ASPH expression in Cancer of the Bile Ducts

A



B

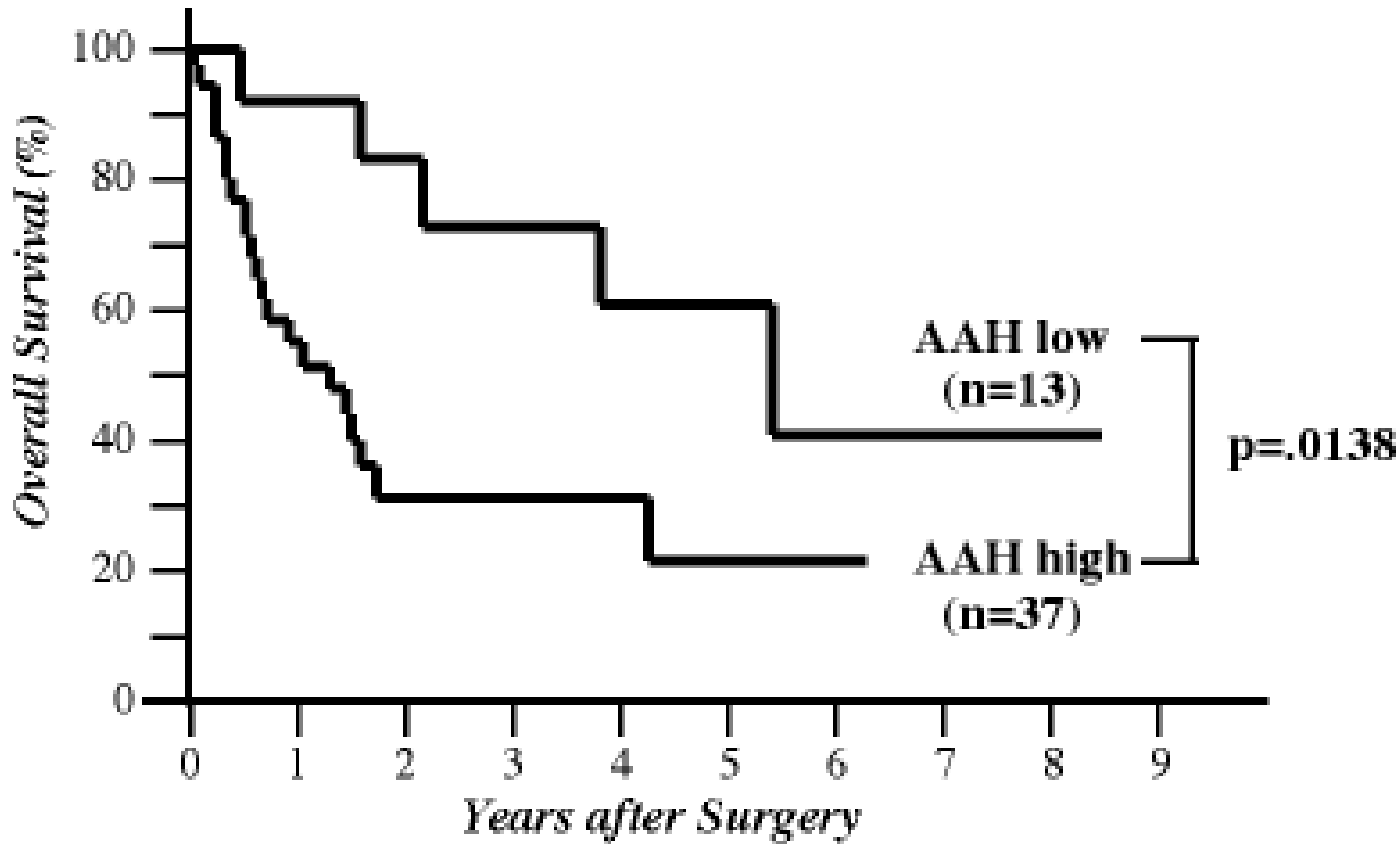
Disease                      No. Pos/No. Studied                      %Positive

---

Cholangiocarcinoma	20/20	100
Sclerosing Cholangitis	0/20	0



# Patient Survival after Surgical Resection of Cholangiocarcinoma



# Properties of ASPH

1. Overexpressed in >90% of HCC.
2. Translocates from the ER to the cell surface during hepatic oncogenesis.
3. Excellent molecular target for immunotherapy.





# Properties of ASPH cont' d...

4. Biologic function to promote tumor cell migration and invasion.
5. Transcriptional regulation by IN/IGF-1/IRS-1, Wnt/ $\beta$ -catenin signaling.
6. Exerts biologic function by downstream Notch activation.

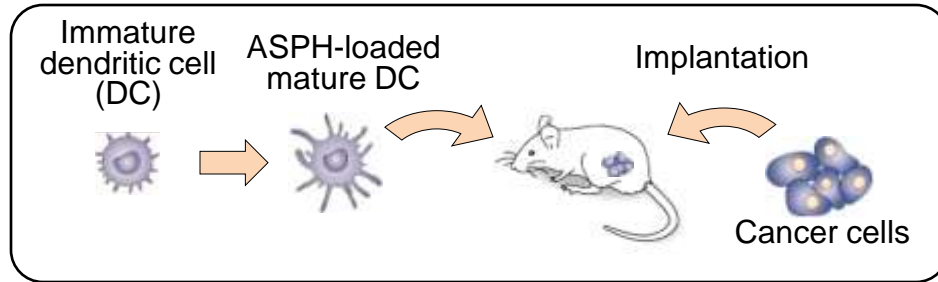


# Immunotherapy of HCC

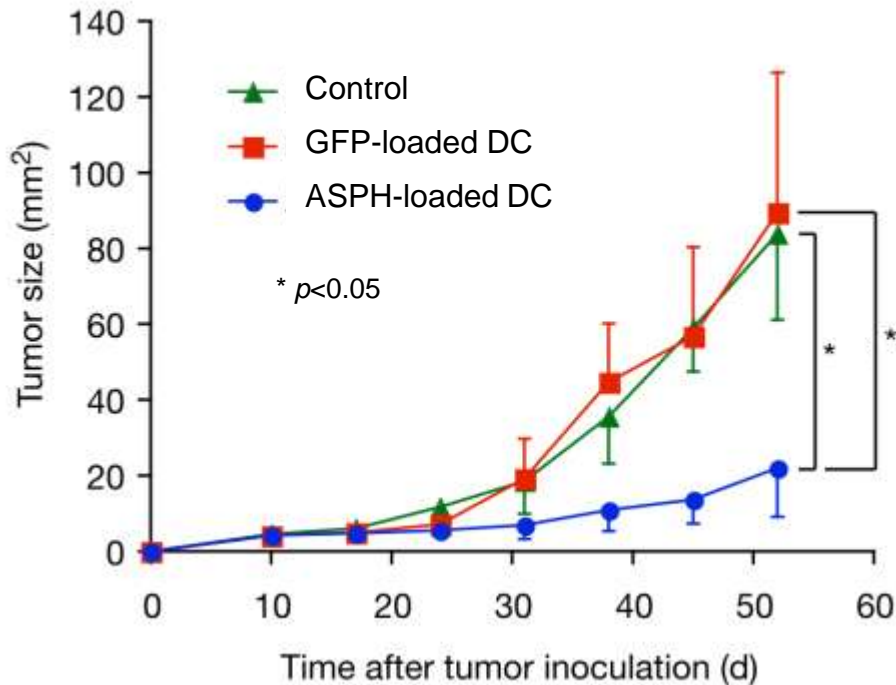
1. Identification and characterization of the target protein.
2. Immunotherapeutic approach.



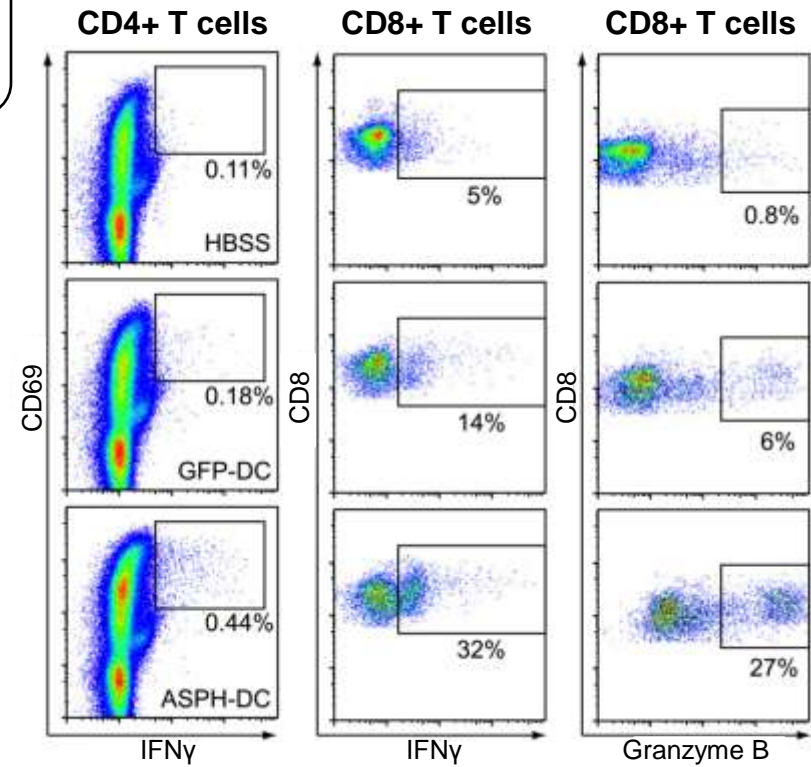
# Anti-tumor effect of ASPH protein-loaded DC immunization in mouse HCC model



**Tumor growth curve**



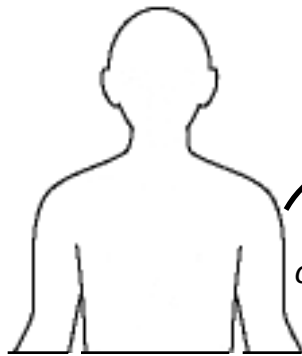
**T cell activation**



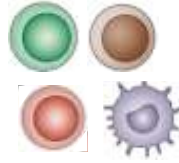
# Induction of antigen-specific CD4+ T cell response

day 1

HCC patients



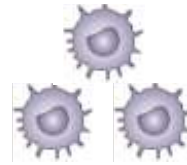
PBMC



Blood collection

MACS sorting

Monocytes  
(CD14+ cells)



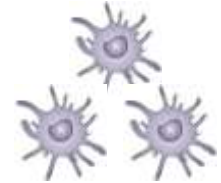
Antigen:  
ASPH/AFP



Incubation with  
GM-CSF, IL-4, TNF- $\alpha$   
[8 days]

day 9

ASPH/AFP loaded-  
monocyte-derived DC

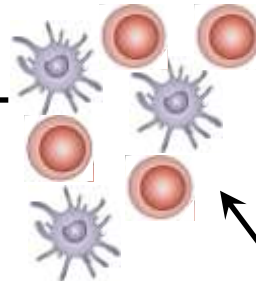


day 17

Analysis by  
flow cytometry

- CD154
- IFN $\gamma$

Re-stimulation  
[7 hours]

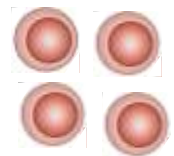


Co-incubation  
[8 days]

ASPH/AFP loaded-  
monocyte-derived DC

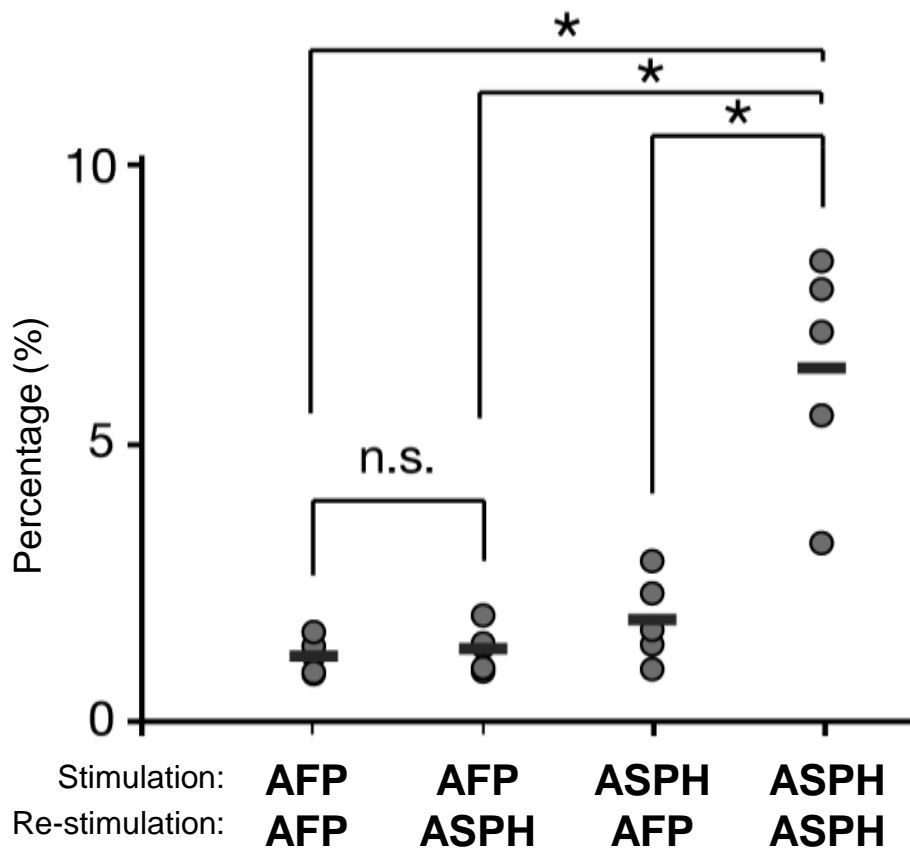


CD4+ T cells

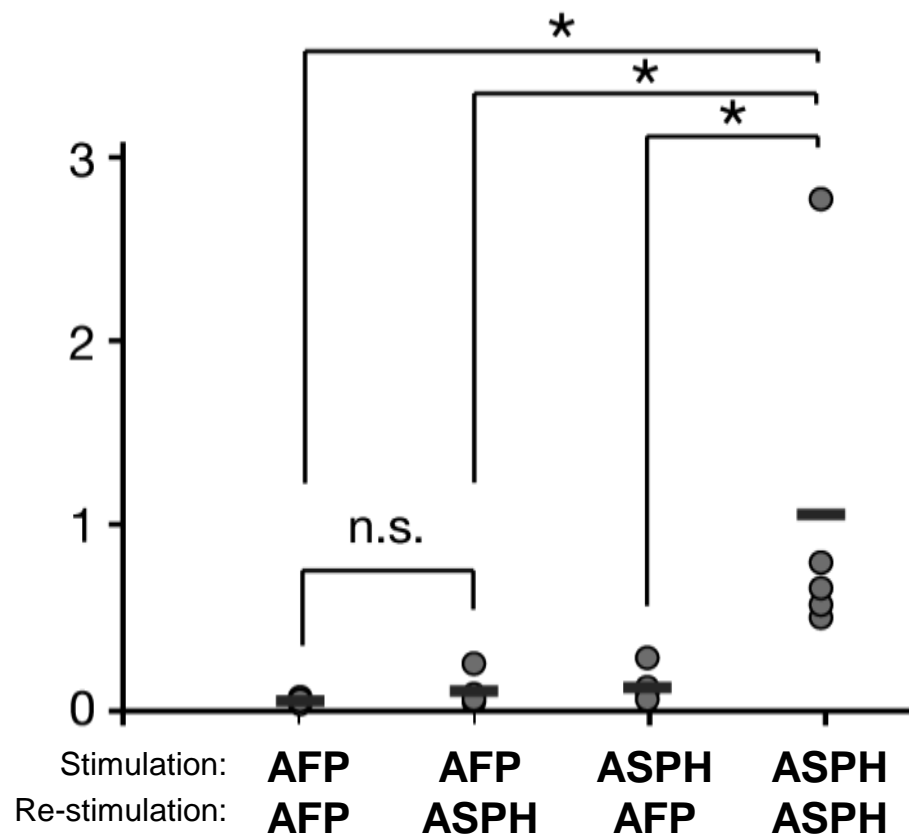


# CD4+ T cell activation in HCC patients

CD154+ CD4+ T cells

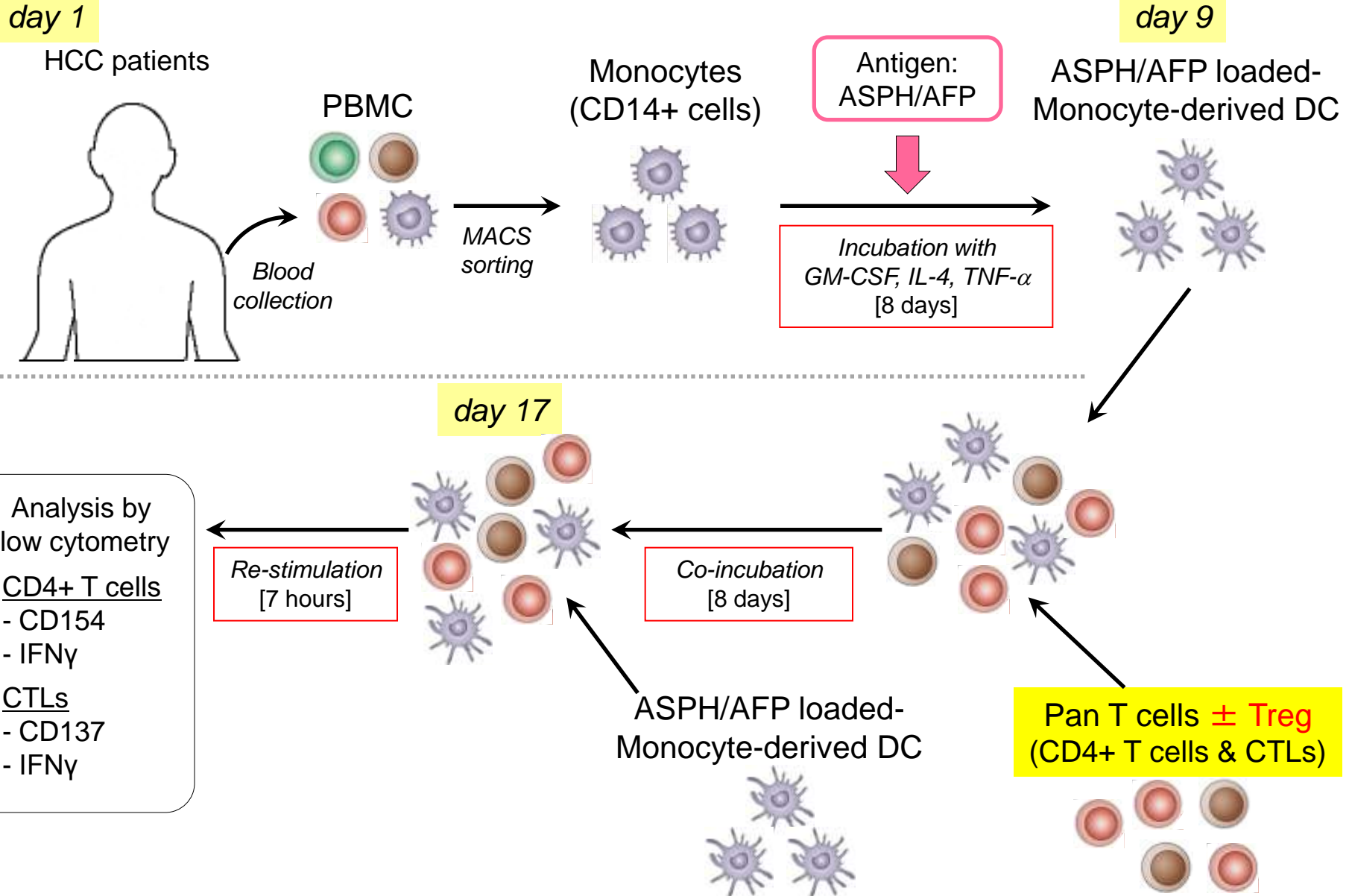


IFN $\gamma$ + CD154+ CD4+ T cells



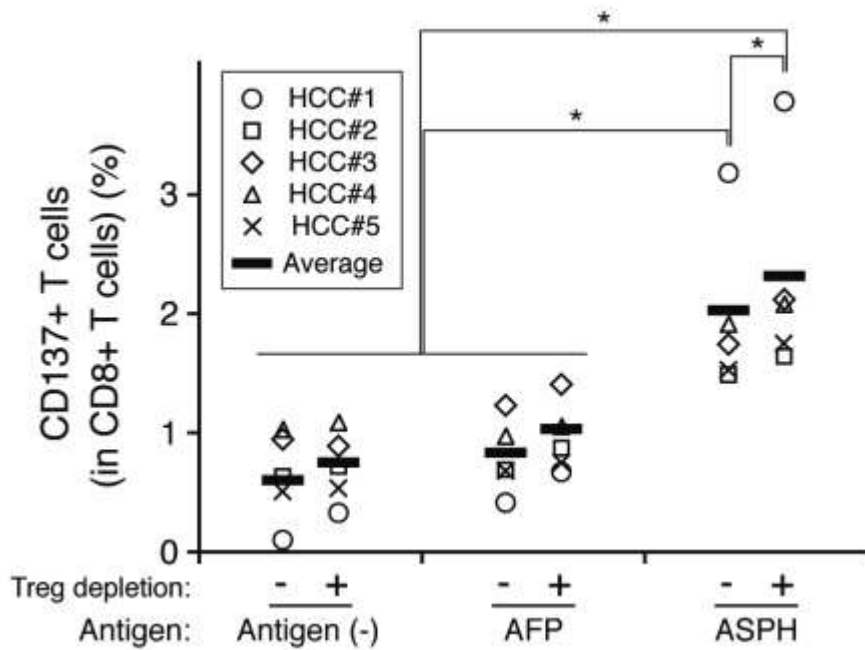
\*  $p < 0.05$

# Induction of antigen-specific CTL response

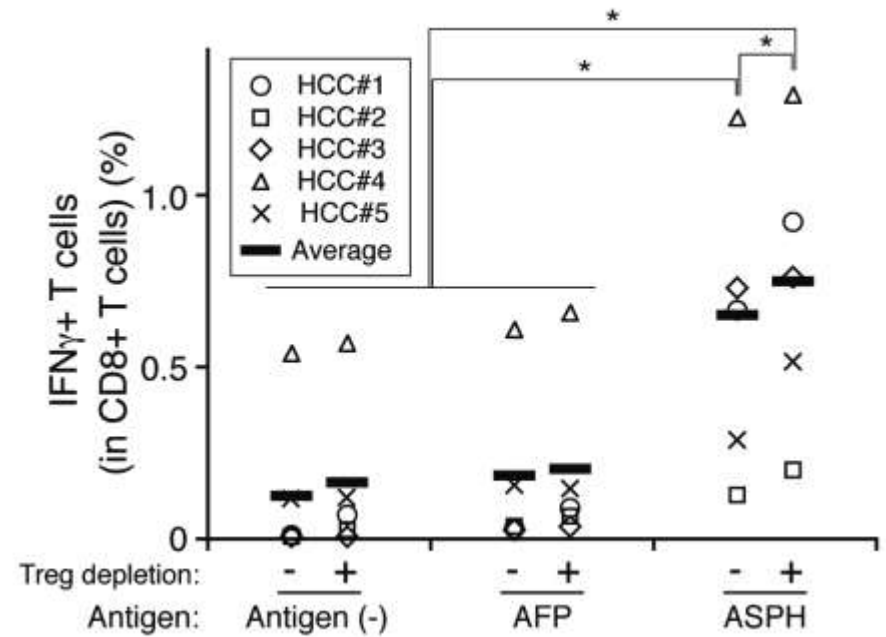


# CTL activation in HCC patients

## CD137+ CD8+ T cells



## IFN $\gamma$ + CD8+ T cells



\*  $p < 0.05$

# Generation of HLA class II-restricted ASPH peptides

- Epitope prediction was performed using EpiMatrix System in EpiVax, Inc..
- Based on the prediction, 15 HLA class II-restricted peptides with >95% binding probability to MHC diversity in the human population were designed.

## ASPH sequence (758 amino acids)

MAQRKNAKSSGNSSSSSGSGSGSTSAGSSSPGARRETKHGGHKNGRKGLSGTSFFTWFMVIALLGVWTSVAVVWFDLVDYEEVLGKLGIIYDADGDGDFDV  
DDAKVLLGLKERSTSEPAVPPEEAEPHTEPEEQVPVEAEPQNIEDEAKEQIQSLLHEMVHAEHVEGEDLQQEDGPTGEPQQEDDEFLMATDVDDRFETLE  
PEVSHEETEHSYHVEETVSQDCNQDMEEMMSEQENPDSSEPVVEDERLHHDTDVVTYQVYEEQAVYEPLENEGIEITEVTAPPEDNPVEDSQVIVEEVS  
FPVEEQQEVPPETNRKTDDPEQKAKVKKKKPKLLNKFDKTIKAELDAAEKLRKRGKIEEAVNAFKELVRKYPQSPRARYGKAQCEDDLAEKRRSNEVLRG  
AIETYQEVASLPDVPADLLKLSLKRSDRQQFLGHMRGSLLLTLQRLVQLFPNDTSLKNDLGVGYLLIGDNDNAKKVYEEVLSVTPNDGFAKVHYGFILKA  
QNKIAESIPYLKEGIESGDPGTDDGRFYFHLGDAMQRVGNKEAYKWYELGHKRGHFASVWQRSLYNVNGLKAQPWWTPKETGYTELVKSLERNWKLIRDE  
GLAVMDKAKGLFLPEDENLREKGDWSQFTLWQQGRRNENACKGAPKTCTLLEKFPETTGCRRGQIKYSIMHPGTHVWPHTGPTNCRLRMHLGLVIPKEGC  
KIRCANETRTWEEGKVLFDDSFEHVWQDASSFRLIFIVDVWHPELTPQRRSLPAI



# HLA binding assay

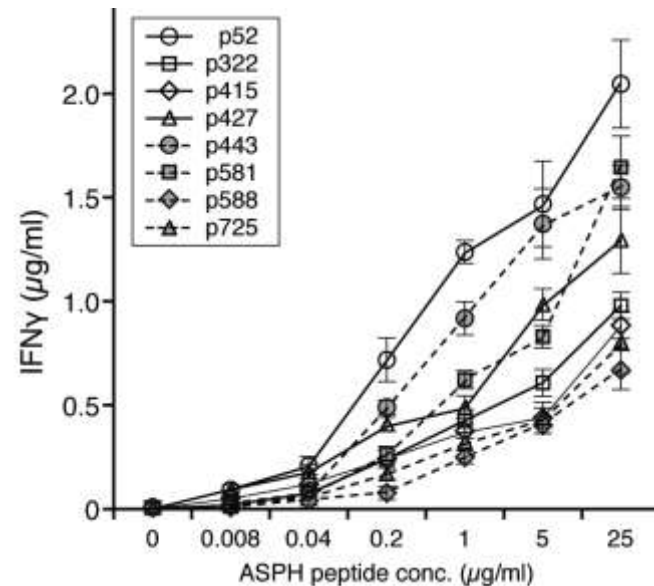
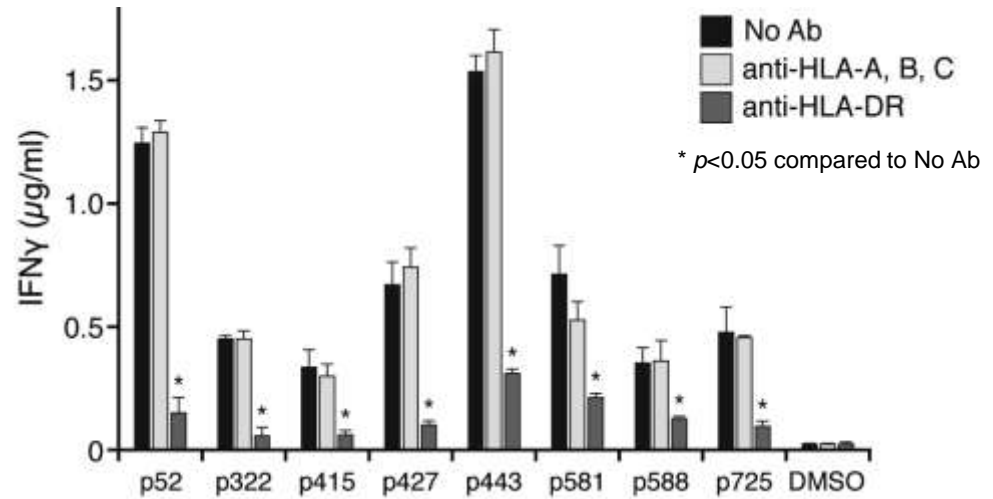
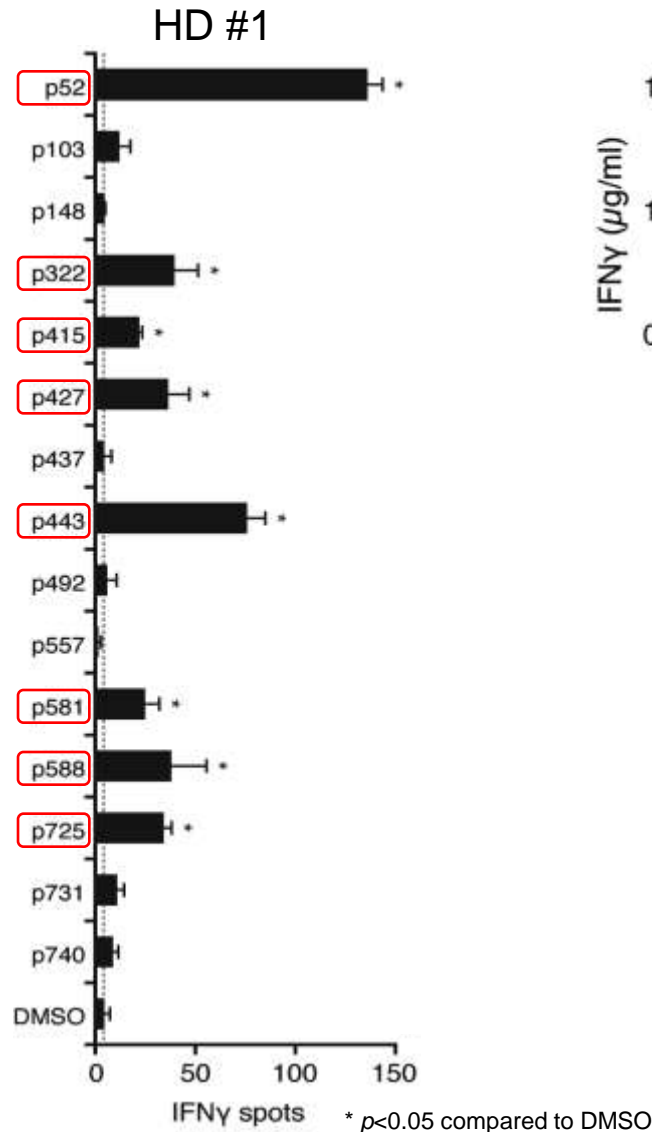
ID	EpiMatrix hits	EpiMatrix cluster score	IC <sub>50</sub> (µg/ml) to HLA-DRB1			
			*0101	*0301	*0701	*1501
p52	14	23.72	294.66	---	6.26	225.24
p103	6	9.47	150.78	11.71	---	33.59
p148	12	16.58	14.62	24.92	16.53	20.35
p322	8	16.05	---	---	---	---
p415	14	27.86	---	---	---	---
p427	8	13.76	< 3.13	---	14.41	7.14
p437	7	12.94	17.47	---	---	< 3.13
p443	8	13.77	< 3.13	37.89	---	< 3.13
p492	16	32.14	< 3.13	---	---	< 3.13
p557	12	18.44	4.94	---	62.29	3.26
p581	8	12.54	126.53	158.00	164.52	13.06
p588	11	17.18	< 3.13	< 3.13	< 3.13	< 3.13
p725	4	7.15	3.63	< 3.13	< 3.13	< 3.13
p731	4	5.36	< 3.13	13.24	< 3.13	< 3.13
p740	7	10.40	---	194.12	---	---



Strong binding affinity  
Moderate binding affinity  
Weak binding affinity

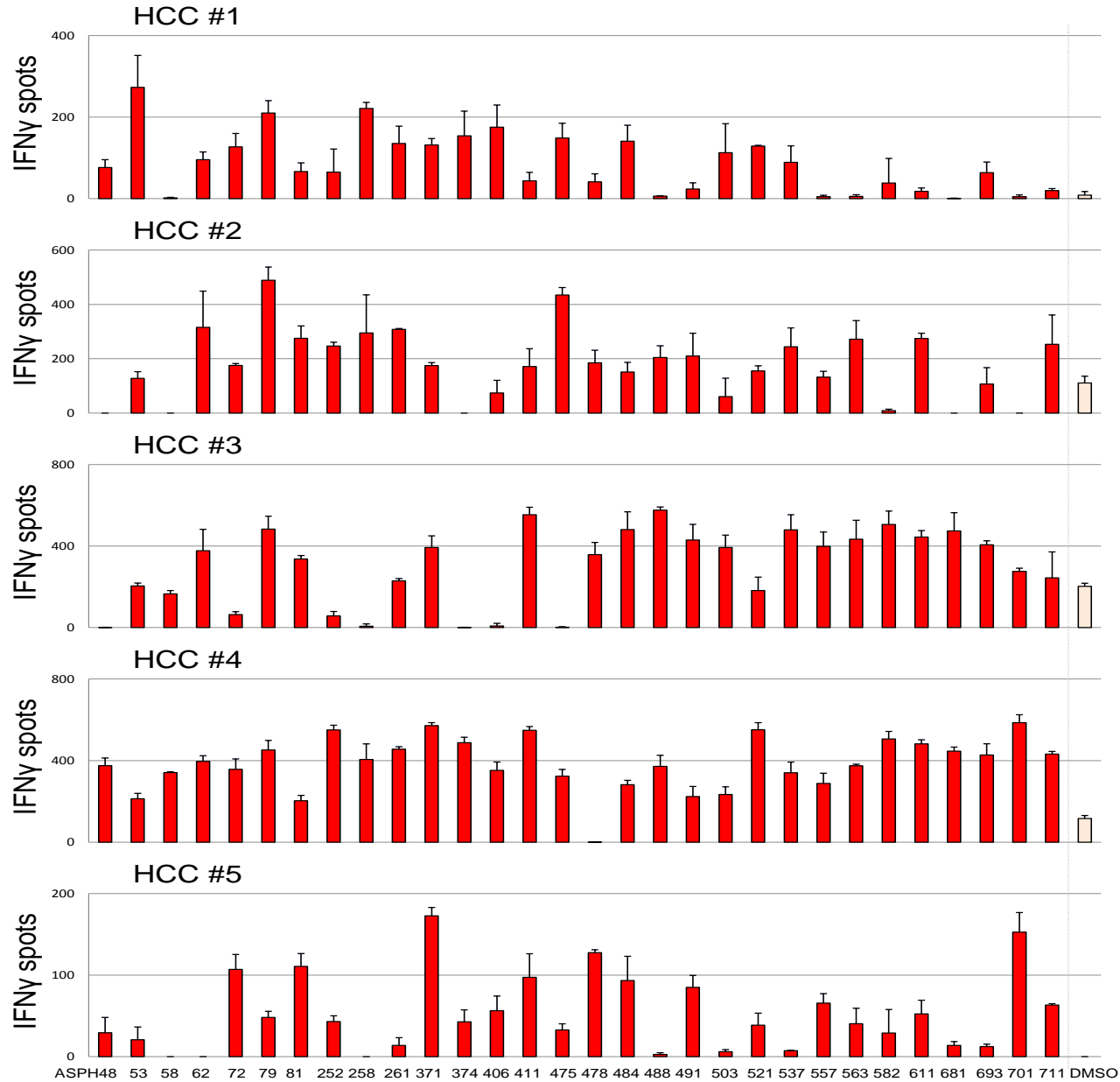
# Characterization of the immune response (2)

## The response is HLA-DR- and peptide dose-dependent



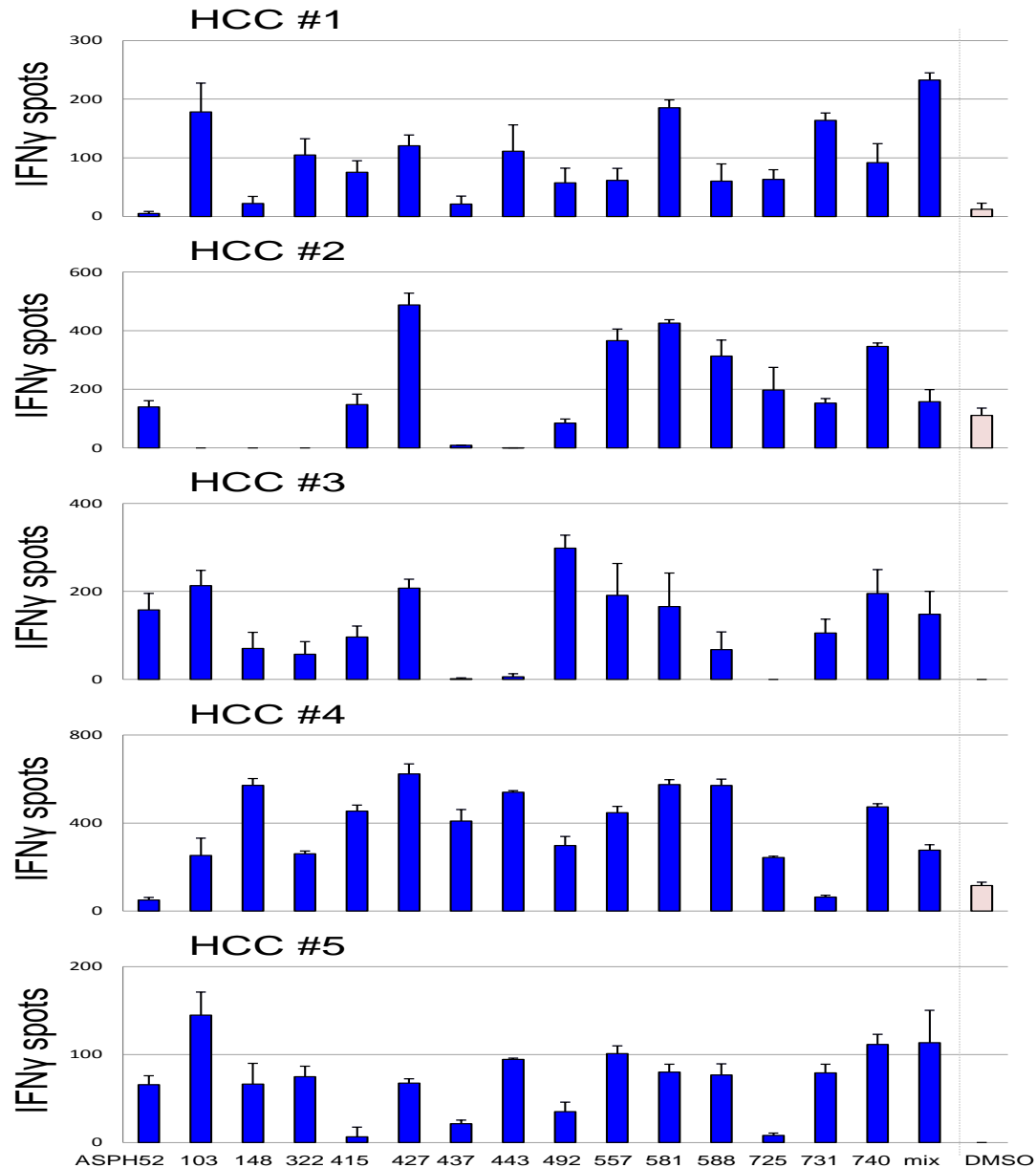
# Immune Response to ASPH Peptides in HCC patients

## IFN $\gamma$ response to class I peptides



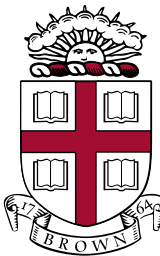
# Immune Response to ASPH Peptides in HCC patients

## IFN $\gamma$ response to class II peptides



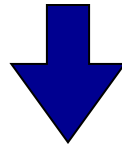
# Conclusions

- ASPH protein-loaded DC immunization induced anti-tumor effect through T cell activation in mouse HCC model.
- ASPH protein-loaded DC triggered antigen-specific immune response of CD4+ T cell and CTL in HCC patients.
- Treg depletion enhanced ASPH protein-inducible T cell activation.
- ASPH-derived HLA class I and II-restricted peptides induced immune responses in healthy donors and patients with HCC.



## *Future plans*

Evaluation of immunogenicity of the ASPH peptides in more HCC patients.



Clinical application of the ASPH peptides as cancer vaccines for immunotherapy against HCC and cholangiocarcinoma.

### *Additional studies...*

- Define vaccine adjuvants
- Vaccine design without Treg-stimulating epitopes
- Application to other ASPH expressing cancers



# *Acknowledgements*

Masafumi Shimoda  
Sasmita Mishra

Kevin Charpentier  
Howard Safran  
Jan A. Clark

Frances Terry  
Ryan Tassone  
William Martin  
Anne De Groot

Donna Pratt  
Rolf I. Carlson

