

# A R I S T O T L E UNIVERSITY OF THESSALONIKI



## "The molecular biology of Lung Cancer."

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# Lung cancer statistics

Lung cancer new cases 2.4 million people and resulted in 2.2 million deaths.(WHO data, 2017)

Is the 1<sup>st</sup> cause of cancer-related death in men.

2nd most common in women after breast cancer.

80-85% of cases of lung cancer are due to tobacco smoking.

15-20% of cases are due to genetic factor or environmental factors.

**References: WHO, ACR** 

### **Gene Mutations in Lung Cancer**

Kras gene: The protein relays signals from outside the cell to the cell's nucleus.

These signals instruct the cell to grow and divide (proliferate) or to mature and take on specialized functions (differentiate).

The K-Ras protein is a GTPase, which means it converts a molecule called GTP into another molecule called GDP.

In this way the K-Ras protein acts like a switch that is turned on and off by the GTP and GDP molecules

Cytogenetic Location: 12p12.1, which is the short (p) arm of chromosome

12 at position 12.1





The **epidermal growth factor receptor** (**EGFR**; **ErbB-1**; **HER1** in humans) is a transmembrane protein. It is activated by various ligands in extracellular space and transmits the cellular response to mediate various cellular activities, including cell proliferation, cell survival, growth and development.

The epidermal growth factor receptor is a member of the ErbB family of receptors, a subfamily of four closely related receptor tyrosine kinases: EGFR (ErbB-1), <u>HER2/neu</u> (ErbB-2), <u>Her 3</u> (ErbB-3) and <u>Her 4</u> (ErbB-4). In many cancer types, mutations affecting EGFR expression or activity result in <u>cancer</u>.

Epidermal growth factor and its receptor was discovered by Stanley Cohen of Vanderbilt University. (1986 Nobel Prize in Medicine)

# FDA APPROVES IMMUNOTHERAPY-BASED DRUG FOR LUNG CANCER TREATMENT

The drug pembrolizumab, marketed as Keytruda, underwent 4 years of testing before receiving first-line approval for the treatment of non-small cell lung cancer (NSCLC). Keytruda is an immunotherapy-based drug, in contrast to older classes of drugs called signal-transduction inhibitors.

# Mutation-based therapy



Signal molecules bind to receptors on a tumor cell's surface membrane

Signaling pathways and reactions are activated inside the cell

These pathways produce proteins required for tumor cell survival and resistance



Mutation-based therapies such as gefitinib – marketed as Iressa – bind to the tumor cell's receptors and inhibit the signaling pathway.

In this case, gefitinib only works on patients with mutated EFGR receptors. Other therapies rely on different genetic mutations to function.



A cytotoxic T cell recognizes an antigen on the surface of a tumor cell. However, the tumor cell overexpresses a protein called PD-L1, which binds to the T cell's PD-1 immune checkpoint. This interaction inhibits the attack; the T cell is deactivated.



Keytruda works by binding to PD-1 on the T cell, allowing it to avoid attachment to PD-L1.



# Price: € 1,892.00/ 50mg

The standard dosage is: NSCLC: 200 mg every 3 weeks.

Administer as an intravenous infusion over 30 minutes.



Programmed death-ligand 1 (PD-L1) is a 40kDa type 1 transmembrane protein that plays a major role in suppressing the immune system

PD-1 on T cells

PD-L1 on cancer cells,

Professors James P. Allison and Tasuku Honjo (Nobel Prize in Medicine, 2018)

#### Immunomodulators

Atezolizumab (Tecentriq®): a checkpoint inhibitor that targets the PD-1/PD-L1 pathway; approved for subsets of patients with advanced non-small cell lung cancer (NSCLC)

**Durvalumab (Imfinzi™):** a checkpoint inhibitor that targets the PD-1/PD-L1 pathway; approved for subsets of patients with advanced non-small cell lung cancer (NSCLC)

**Nivolumab (Opdivo®):** a checkpoint inhibitor that targets the PD-1/PD-L1 pathway; approved for subsets of patients with advanced non-small cell lung cancer (NSCLC) as well as those with metastatic small cell lung cancer (SCLC) that has advanced following treatment with platinum-based chemotherapy and at least one other line of treatment











si-Control





Immunofluorescence analysis of intracellular PKM2 localization in Kras (+) LC-DR cells (magnification  $\times$  400). Drug resistant cells were treated with siKras (4 µg, 48h) and GW-4869 (25 µM) for 24h. Data represent the mean ±SD of three independent experiments (\*P < 0.05; \*\*P < 0.01).

Ly6C

### DAPI

**Ki67** 



T cell/MDSC correlation in primary tumor and LN metastasis following chemotherapy treatment

### The 3Es of Cancer Immunoediting



#### Cancer Immunoediting

## Nanoparticles targeting MDSC chemoresistant immunosuppression



