Pathogenesis of solid tumors

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If you think we are going to discuss...

- Asbestos...mesothelioma
- Ultraviolet light...melanoma
- HPV...cervical carcinoma
- HHV8...Kaposi sarcoma
- Smoking...lung, urothelial carcinomas...
- Not to speak about oncogens, antioncogens...
- You are wrong!

Which of the following "hallmarks of cancer" of the following was NOT recognized before year 2000?

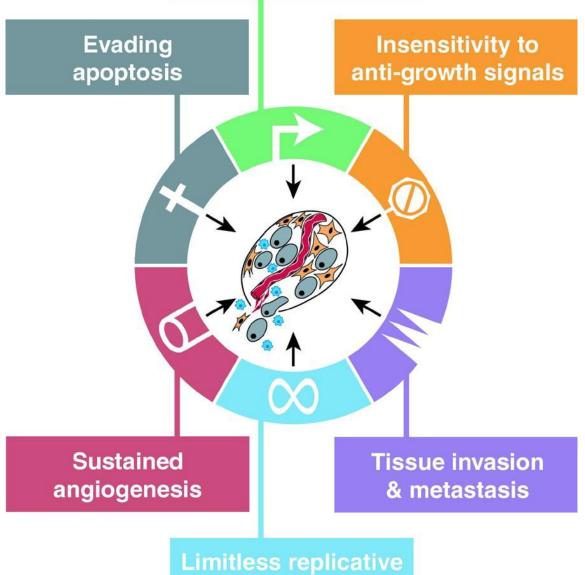
- A) evading apoptosis
- B) self-sufficiency in growth signals
- C) tissue Invasion and metastasis
- D) avoiding immune destruction
- E) sustained angiogenesis

The hallmarks of cancer" (Hanahan D. and Weinberg R.A. 2000, Cell 100: 57-70)





Self-sufficiency in growth signals



Limitless replicative potential

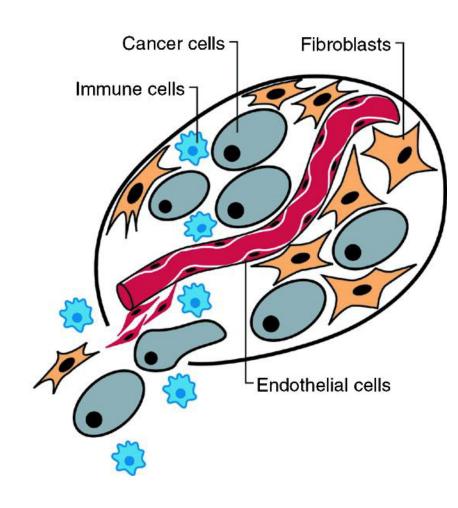
- Self-Sufficiency in Growth Signals: normal cells require mitogenic growth signals before they can move from a quiescent state into an active proliferative state. Cancer cells not.
- Insensitivity to Antigrowth Signals: within a normal tissue, multiple antiproliferative signals operate to maintain cellular quiescence and tissue homeostasis
- Evading Apoptosis
- Limitless Replicative Potential

- Sustained Angiogenesis
- Tissue Invasion and Metastasis

The Reductionist View

Cancer cells -

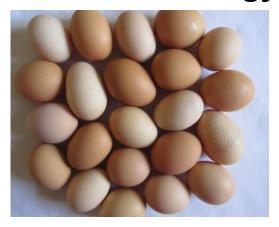
A Heterotypic Cell Biology



 "...a reductionist focus ... has produced an extraordinary body of knowledge...new important new inroads will come from regarding tumors as complex tissues ...mutant cancer cells have conscripted and subverted normal cell types to serve as active collaborators in their neoplastic agenda....these supporting coconspirators will prove critical to understanding cancer pathogenesis and to the development of novel, effective therapies."

Molecular biology methods vs. histo(patho)logy in whole tissue examination

Molecular biology





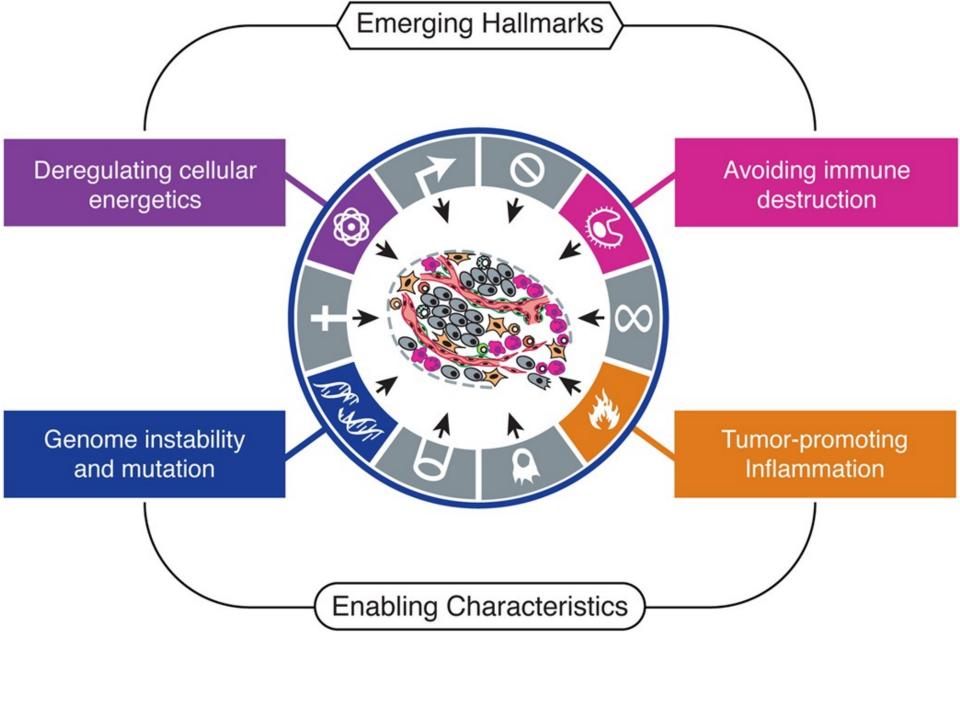
Histo(patho)logy

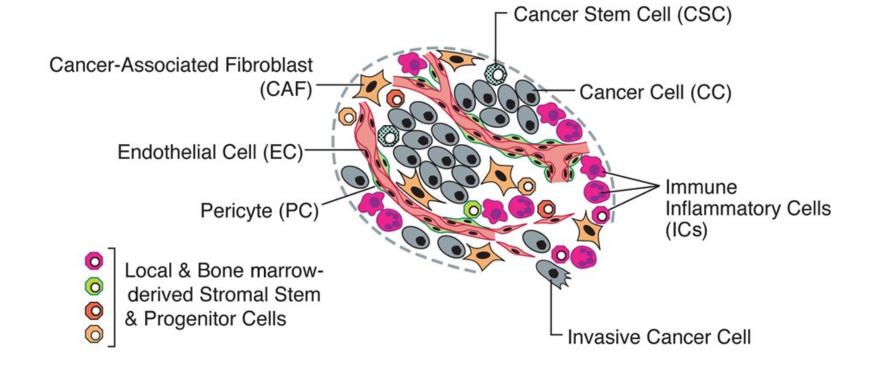


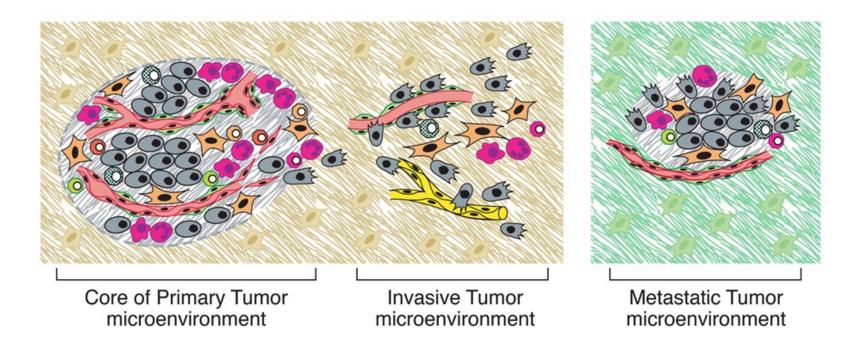


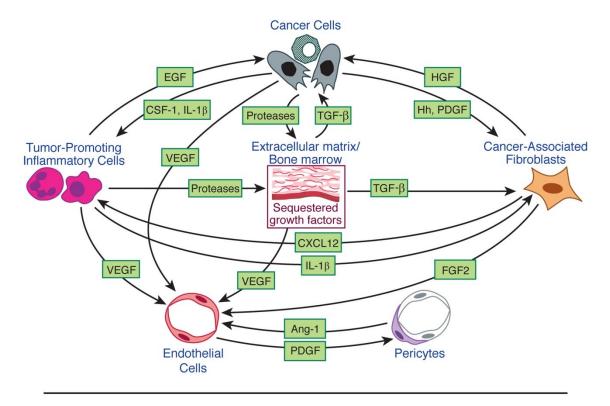
A Component	Acquired Capability	Example of Mechanism
7	Self-sufficiency in growth signals	Activate H-Ras oncogene
	Insensitivity to anti-growth signals	Lose retinoblastoma suppressor
†	Evading apoptosis	Produce IGF survival factors
∞	Limitless replicative potential	Turn on telomerase
P	Sustained angiogenesis	Produce VEGF inducer
	Tissue invasion & metastasis	Inactivate E-cadherin
B P	W P → ∞	
	<u> </u>	Cancer
 	P M ∞	
P P T		

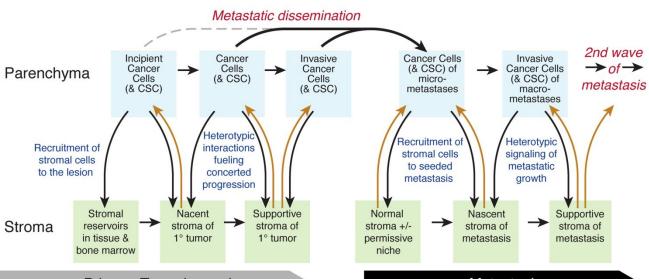
Hallmarks of Cancer: The Next Generation (Hanahan D. and Weinberg R.A. 2011, Cell 144: 646-674)

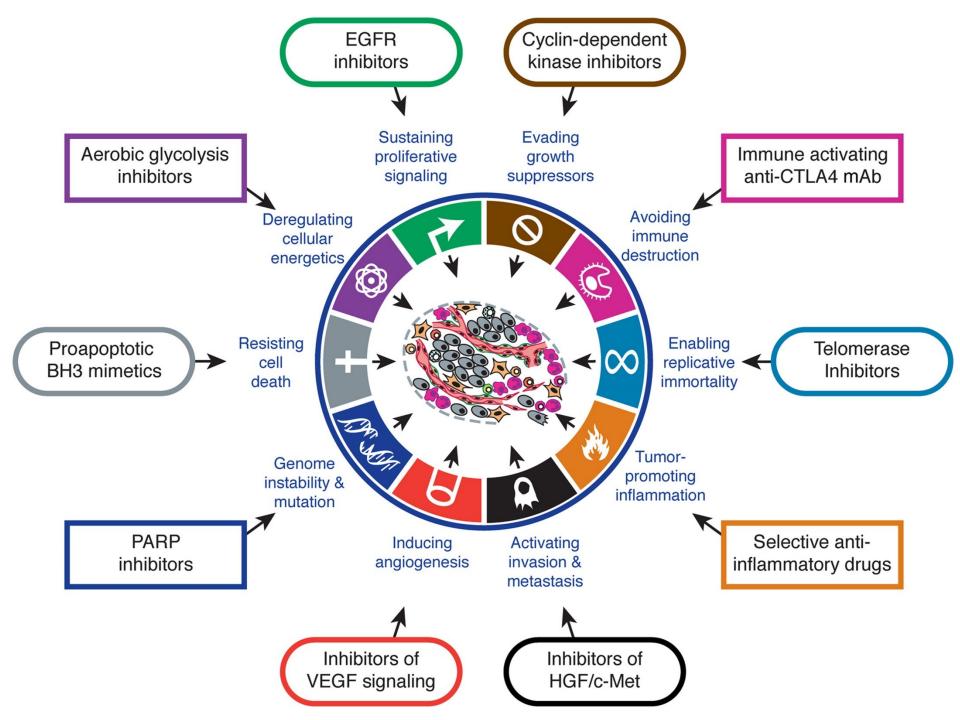






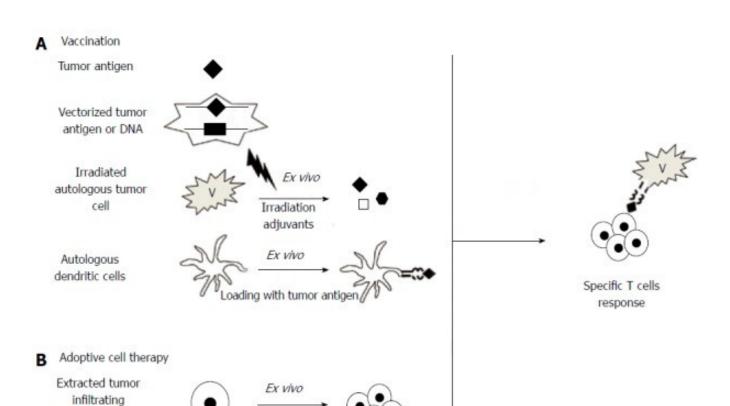


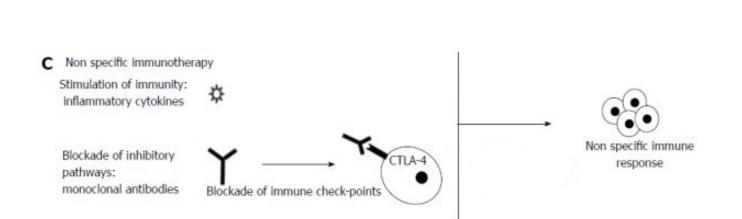




In oncology, therapeutic blockade of CTLA-4 and PD-1 are examples of:

- A) radiotherapy
- B) chemotherapy
- C) specific immunotherapy
- D) non-specific immunotherapy
- E) adoptive cell therapy





Expansion

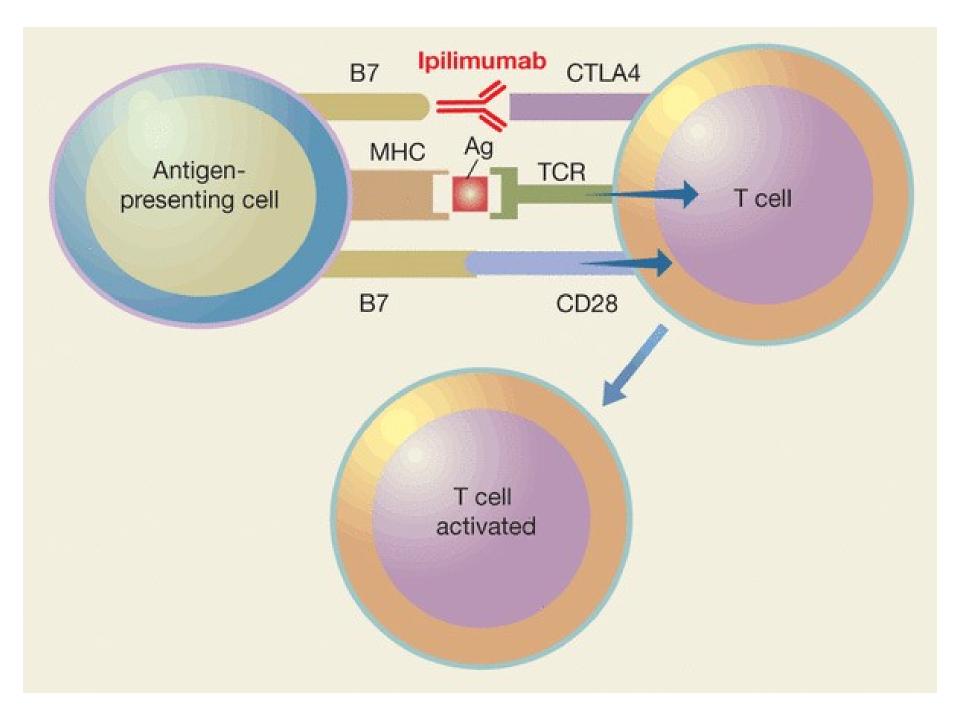
lymphocytes

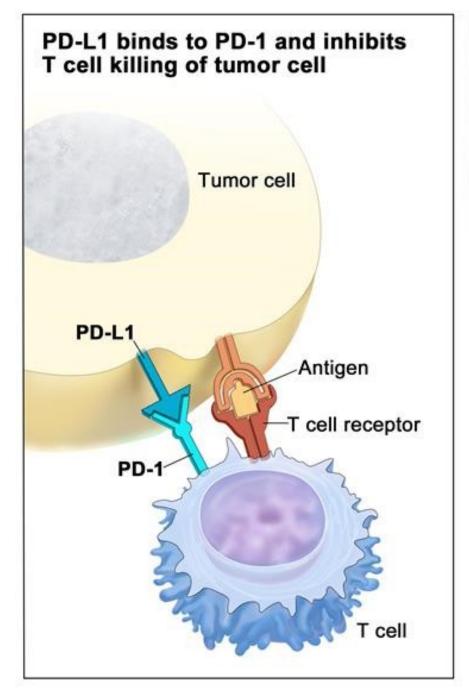
Milestones of anticancer therapy

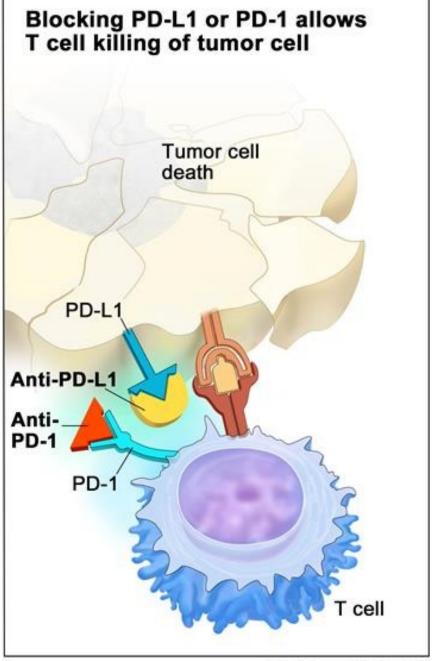
- Ionizing radiation
- Chemotherapy
- Immunotherapy (vaccines, blockade of immune checkpoints
- Cancer Immunotherapy Named <u>Science</u> Magazine "Breakthrough of the Year"
 2013

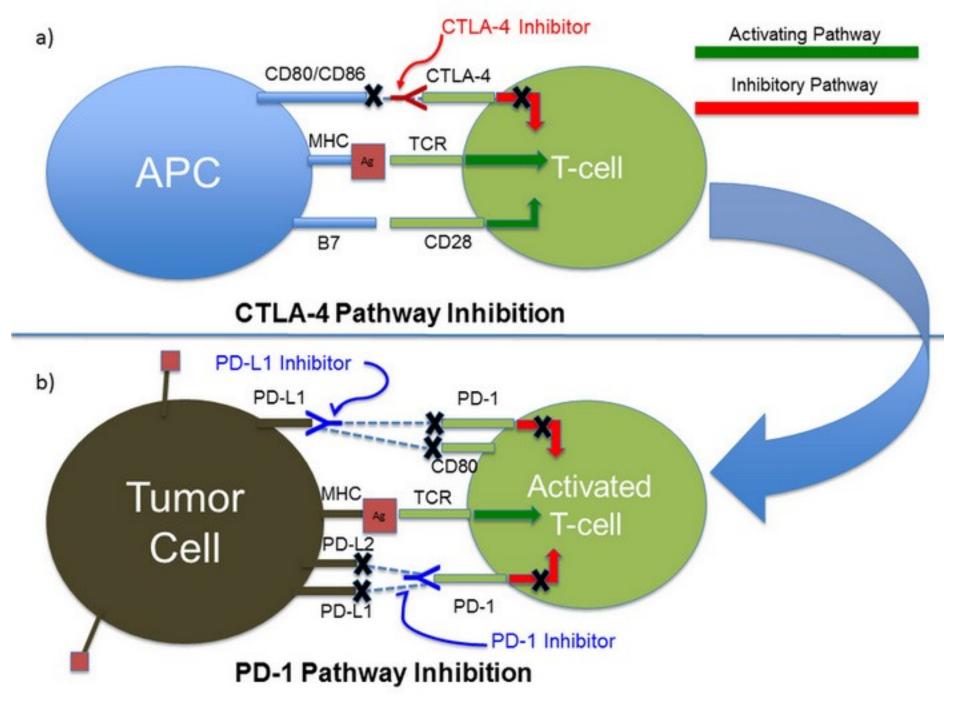
Immune checkpoints (<u>negative</u> feedback in immune reactions – downregulate immune responses)

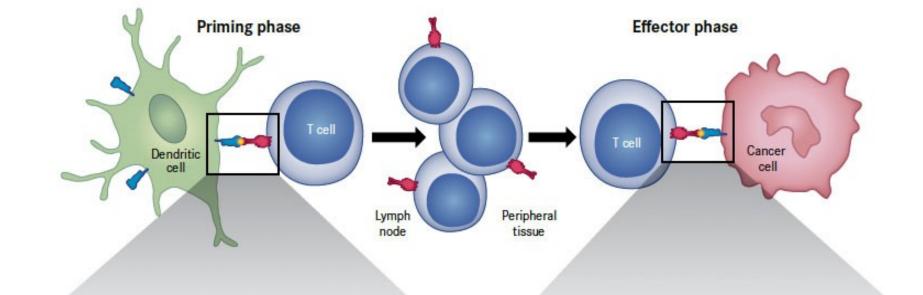
- Normally prevents <u>autoimmune</u> reactions
- Priming, central phase: CTLA-4 (Cytotoxic
 T Lymphocyte Associated Protein 4)
- Effector, peripheral phase: PD-1 (Programmed Death receptor)

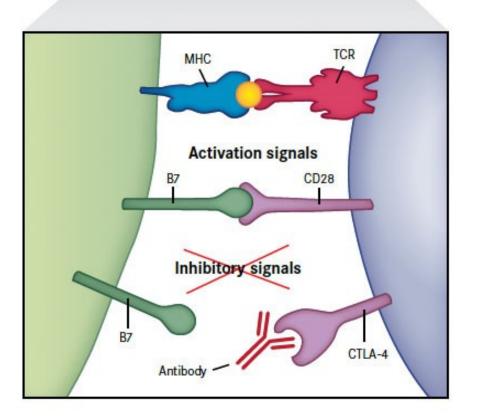


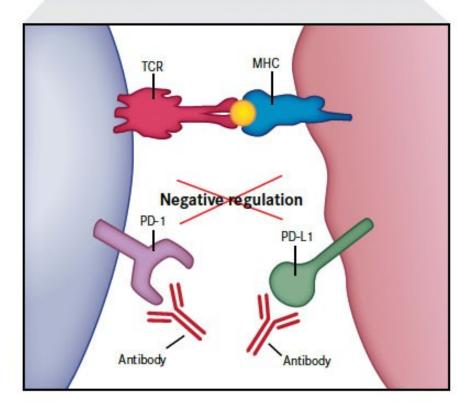


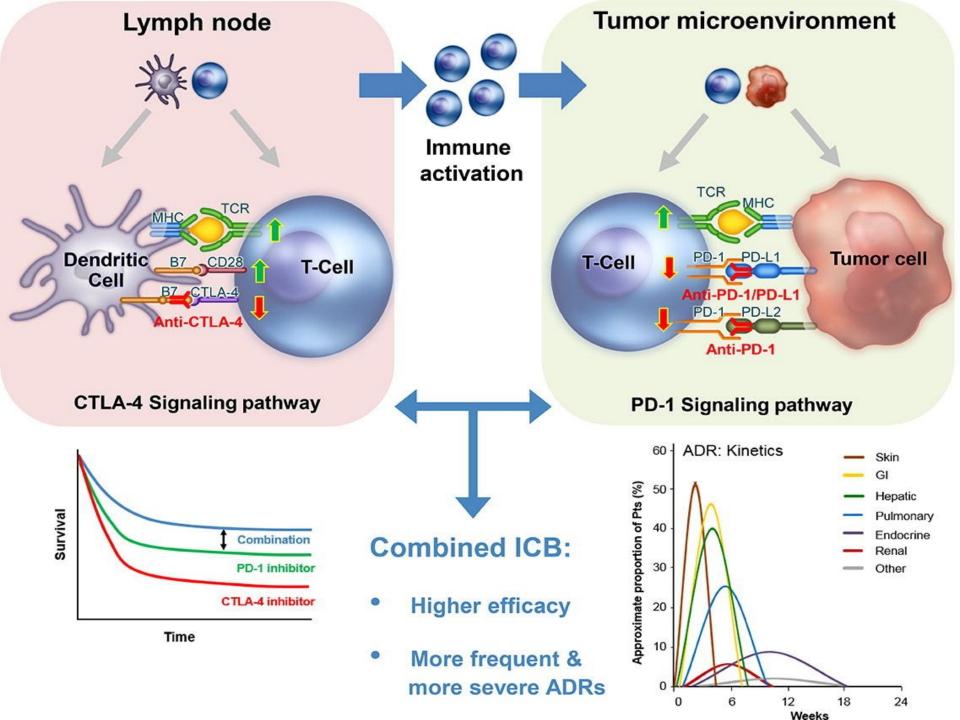












- CTLA-4: ipilimumab...
- PD-L1: nivolumab...

- Disadvantages:
- So far so called <u>financial toxicity</u> (even in the most developed countries)
- Signs of <u>autoimmunity</u>

