Metabolic Reprogramming to Improve Immunotherapy

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National Institutes of Health Metabolic Reprogramming to Improve Immunotherapy

The overall goals of this concept are to:

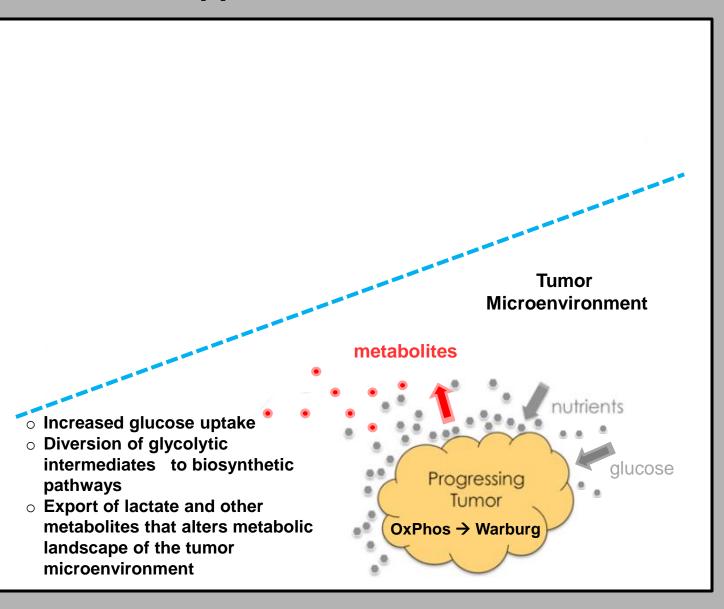
 generate a mechanistic understanding of the metabolic processes that support robust anti-tumor immune responses *in vivo*

 determine how the metabolic landscape of the tumor microenvironment affects immune effector functions

 use this information to manipulate (or reprogram) the metabolic pathways used by the tumor, the effectors of the immune response, or both to improve cancer immunotherapy

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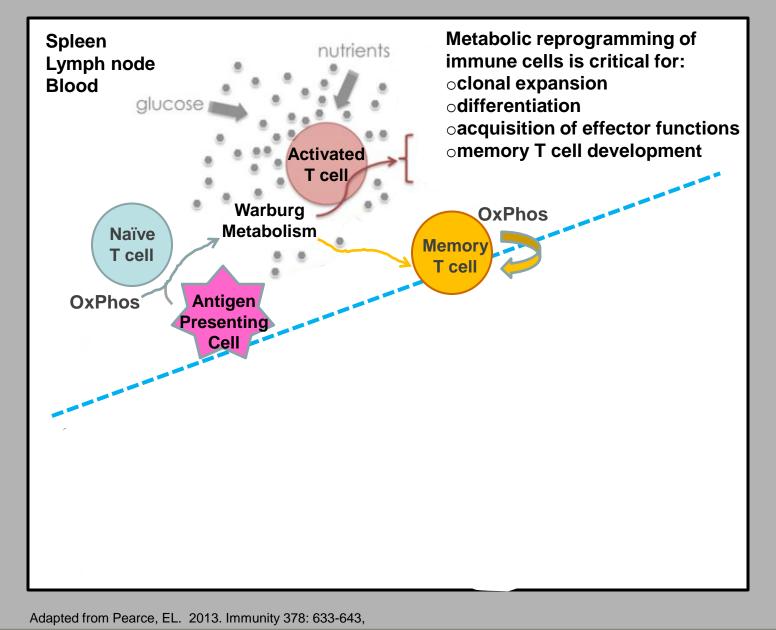
Cancer Cells Reprogram Metabolism to Support Growth and Survival



Adapted from Pearce, EL. 2013. Immunity 378: 633-643,

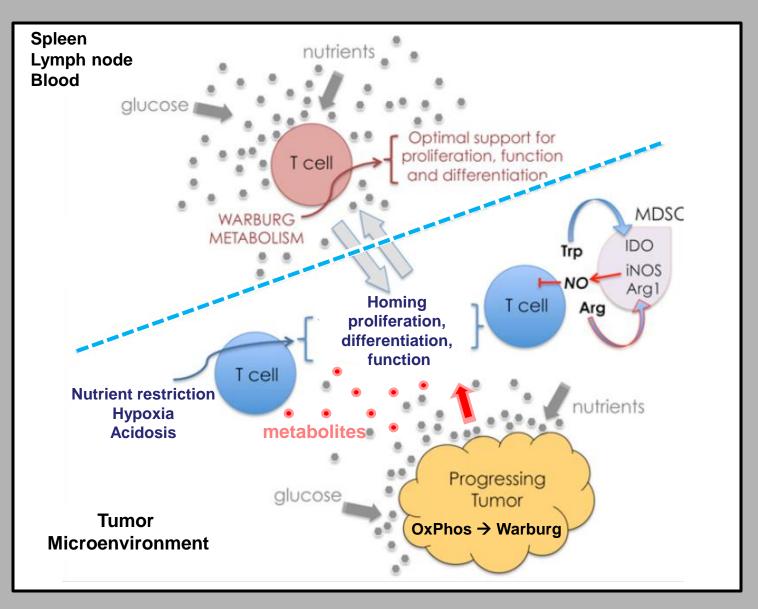
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Activated Immune Cells Undergo Metabolic Reprogramming



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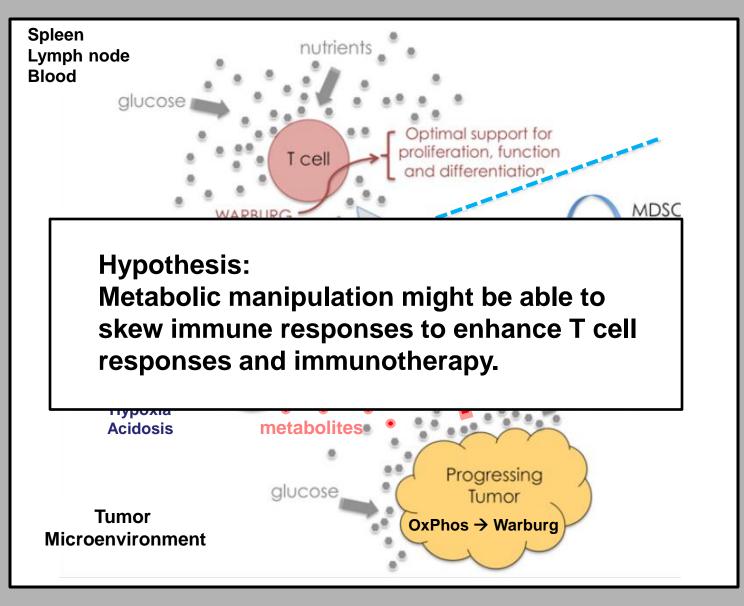
Tumor Metabolic Landscapes can Regulate Anti-Tumor Immune Function



Adapted from Pearce, EL. 2013. Immunity 378: 633-643,

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Address Knowledge Gap and Path Forward

Overarching Directions for Future Studies:

a) Approaches to reprogram the metabolism of anti-tumor immune cells (either *ex vivo* or *in vivo*) to improve immunotherapy (homing, effector function, and/or persistence)

b) Approaches to target cancer cell metabolism to impair cancer cell survival without compromising anti-tumor immunity.

Path Forward:

 Catalyze collaborations between tumor immunologists, cancer biologists, computational modelers and tool/technology specialists aimed at developing innovative approaches to utilize metabolic reprogramming to improve cancer immunotherapy.

Specific Challenges

Examples :

- How do the metabolic environments in normal tissues, immune tissues, and tumors affect immune cell development and/or effector function?
- How do specific metabolites affect various immune states such as activation, anergy, development of long-lived memory cells versus short-lived effector cells, and homing to their proper niche?
- Do metabolites act as signaling molecules in transcription that effect cellular differentiation?

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Goal: Encourage new collaborations focused on tumor immunometabolism

Mechanism:

 Supplement existing NCI funded grants to support collaborative research projects through revision applications (formerly called competing supplements).

Funding Opportunity:

- PAR with no budget set-aside.
- Standard Receipt Dates; beginning March, 2014.
- Active in FY15 FY18.

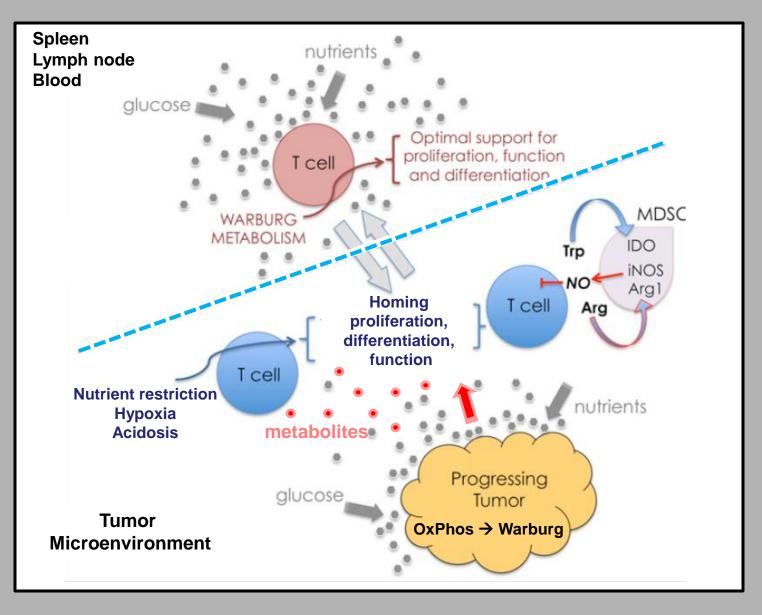
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- A cancer biologist with an existing NCI RO1 focused on cancer cell metabolism could form a collaboration with a tumor immunologist and a systems biologist to develop computational models of metabolic interactions
- A tumor immunologist with an existing NCI RO1 focused on metabolic events associated with activated T cells could form a collaboration with a cancer biologist studying metabolism and with an in vivo imager to study homing.

- Must propose cross-disciplinary research involving cancer biologists and immunologists aimed at complementary areas of metabolic research and, if justified, a metabolomics, computational tools, or imaging component.
- May support up to three collaborating groups, including the PI of the parent grant
- \circ Must be complementary to the parent grant
- Must have a minimum of two years remaining on the parent grant at the time of award

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Questions?

Portfolio Analysis

Searching the NIH Reporter for applications that cross reference the terms immunotherapy, metabolism, and cancer netted only five applications that would minimally meet the outlines of this FOA - only one R21 specifically included metabolic reprogramming of immune cell populations to improve immunotherapy.

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NCI/DCB Activities to Promote Research Collaborations (APRC) 1998-2010

- The APRC program supported new interdisciplinary collaborations to bridge disparate fields and expand the pool of scientists working in cancer research.
- The APRC provided administrative supplements to support 2-3 collaborating units (from complementary fields) focused on achieving specific research objectives by pooling their respective expertise and efforts.
- Funding decisions were made rapidly, allowing collaborations to initiate quickly.
- The annual allocation to DCB for the program was \$1-1.5M. Over the years, it funded 437 collaborations, with a peak in 2004 of 85 consortia.
- An independent evaluation after the conclusion of the APRC assessed its success. Among the conclusions: "Most impressive, the majority of the investigators thought that they could not have accomplished their work without APRC funding."