

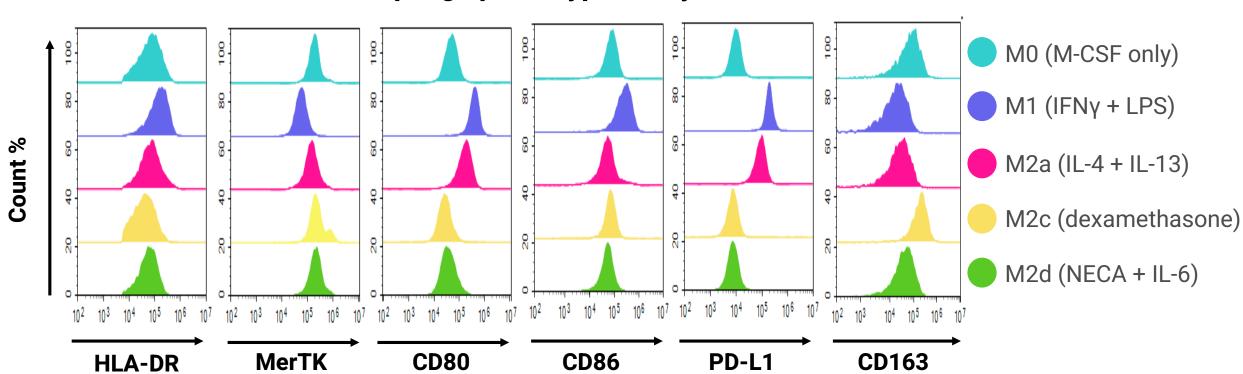
# Primary Human Immune Cell Assays for the Evaluation of New Immuno-Oncology Therapies

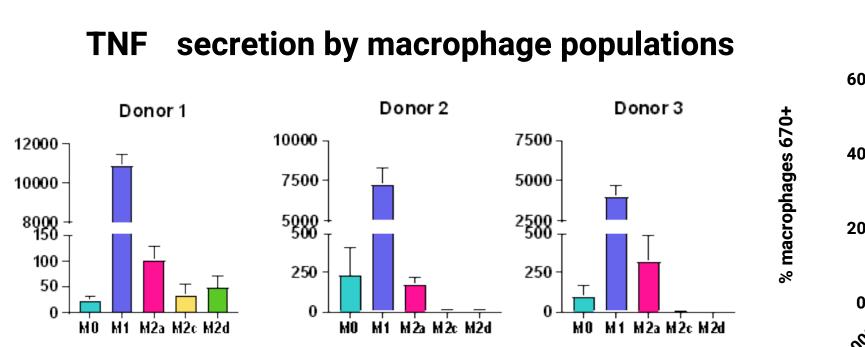
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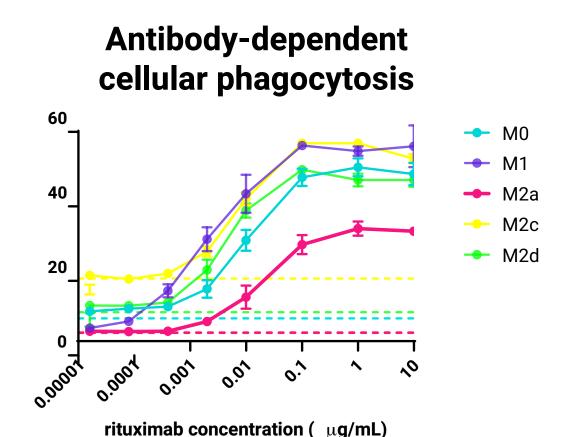
## INTRODUCTION

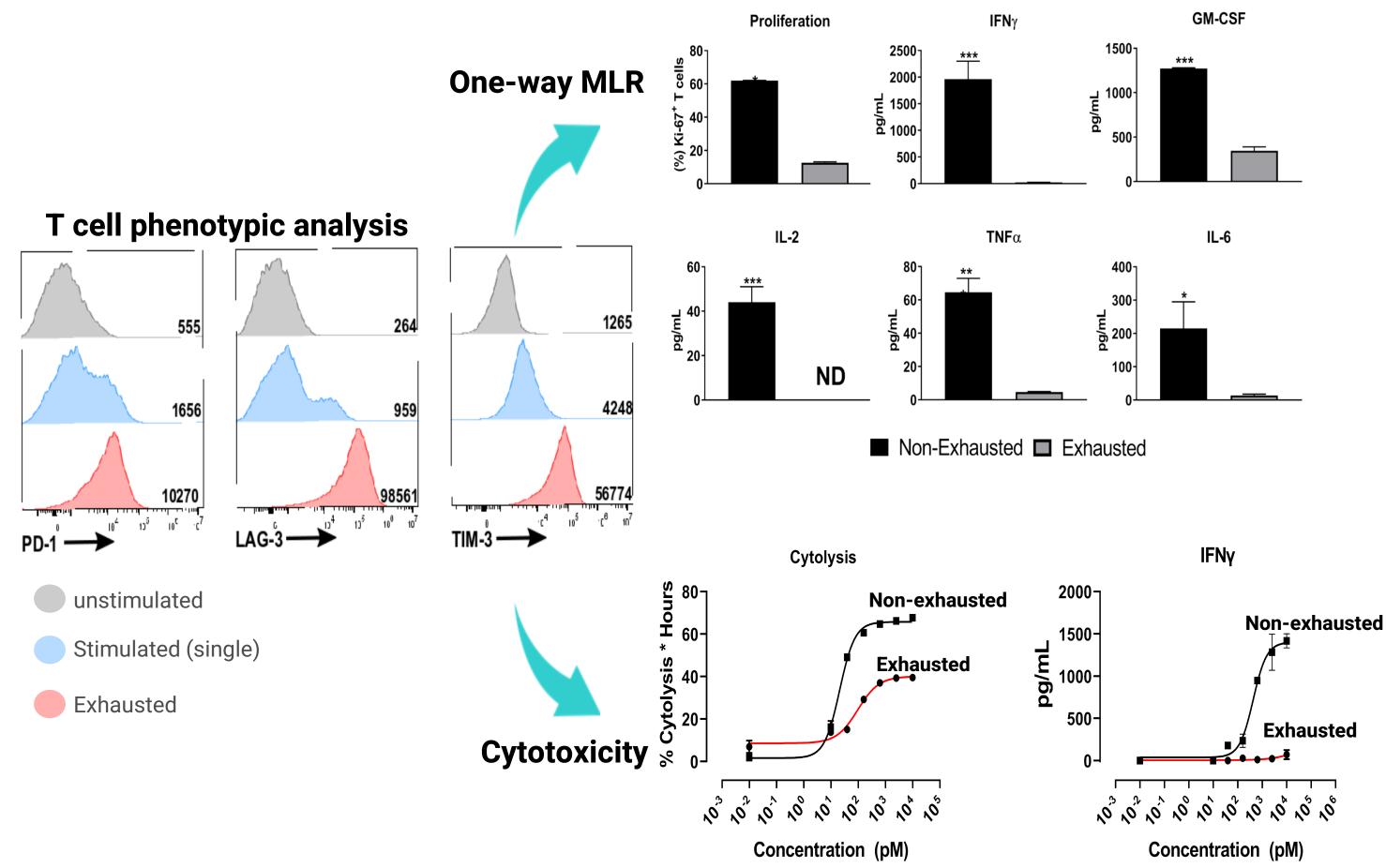
The field of immuno-oncology has gained significant attention in recent years due to the ability of the immune system to recognise and eliminate cancer cells. Different subtypes of primary human immune cells, such as regulatory T cells, NK cells, macrophages, T cells and exhausted T cells, play important roles in the tumour microenvironment. *In vitro* assays using these cells can provide useful insight in the evaluation of new immuno-oncology therapies.

#### REGULATORY T CELLS Natural killer (NK) cells isolated from freshly collected whole blood or cryopreserved **NK CELLS** PBMCs can be assessed by flow cytometry for phenotypic analysis and used in killing assays in various formats e.g. xCELLigence, luciferase or flow cytometry readouts. Regulatory T cells (Treg) can be isolated directly from PBMCs (nTreg) or naïve CD4 T cells can be induced to differentiate into Treg Phenotypic analysis following cytokine stimulation **Isolated NK cells** (iTreg). These can be used to suppress effector T cell responses such as proliferation and pro-inflammatory cytokine secretion. Isolated nTreg can be employed in defined Treg to target effector cell ratios and used to suppress anti-CD3 effector CD4 and CD8 T 94.52% 0.29% cell proliferation. Candidate therapeutics can be assessed for their ability to reverse regulatory T cell activity. Such assays can be CD69 Day 2 CD69 Day 8 performed at greater scale using iTreg, differentiated from naïve CD4 T cells in the presence of a proprietary cytokine cocktail. 5 ng/mL 0.5 ng/mL Isolated nTreg **Dose dependent nTreg activity** Reversal of nTreg activity □ 0 ng/mL by cbl-b antagonism ੇ 7.81% 91.56% Unstimulated 0.92% CD25 Day 2 CD25 Day 8 104 5 ng/mL CD25 0.5 ng/ml ■ 0 ng/mL **Antibody-dependent cellular** cytotoxicity 0.39% 0.24% No Treg 106 107.2 → FoxP3 NKG2D Day 2 NKG2D Day 8 Death Induced Treg (iTreg) **Dose dependent iTreg activity** ■ 5 ng/mL ■ 0.5 ng/mL □ 0 ng/mL 0.11% 80.40% Unstimulated Freq divided **Concentration (ng/mL)** Freq suppressed 1:2 1:8 NK 18.44% No Treg TUMOUR CELLS cells 10<sup>5</sup> 10<sup>6</sup> 10<sup>7</sup> Tregs efluor670-A → FoxP3 We have developed a novel, Cancer cells Tumor model cell line platform that enables precise control of cells target antigen expression. This can be used in primary cell MACROPHAGES assays to determine activation thresholds and identify the potential "on-target, off tumour" side effects. Isolated monocytes can be differentiated into macrophages for polarisation from M0 macrophages to M1 or M2 populations depending on what best Macrophages ` Exhausted reflects the in vivo conditions being modelled. **Functional** cells assay Receptor number IFNy/LPS cells IL-3, IL-13 M2a ✓ Macrophages can be applied to; EXHAUSTED AND EFFECTOR T CELLS Phagocytosis assays Suppression assays Macrophage phenotyping & cytokine release **GM-CSF Proliferation** Mixed lymphocyte reactions (MLR) glucocorticoids **One-way MLR** IL-6, adenosine T cell phenotypic analysis Macrophage phenotypic analysis









Exhausted T cells are generated from human T cells isolated from PBMCs. These can be employed in a variety of functional assays to assess reinvigoration by test molecules. We are also able to study primary T cell responses employing model antigens (e.g. CMV), alloresponses (MLRs) or polyclonal stimulation utilising a variety of readouts e.g. flow cytometric phenotyping, proliferation, cytokine responses and target cell killing.

## SUMMARY

In vitro assays with primary human immune cells are powerful tools for evaluating the impact of new immuno-oncology therapies on immune cell types that are relevant to cancer. These assays can help elucidate the mechanisms of action of the new therapies and assess their potential for clinical benefit, facilitating the discovery and development of new immuno-oncology therapies that can improve cancer treatment quality for patients.

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