

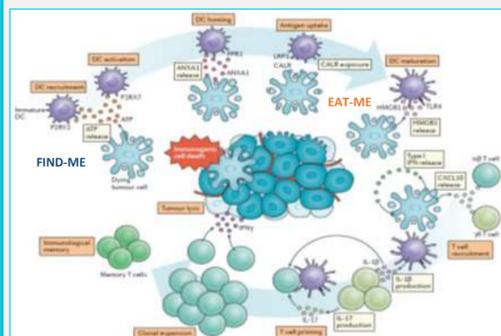
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Vector of innovation.

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OncoDesign (France)

1 CONTEXT & OBJECTIVES

Immunogenic cell death and Nanocyclix®



DAMPs	Localization and mode-of-emission	Referent cell death pathway	Receptors
ATP	Actively or passively released	ICD, apoptosis or secondary necrosis and necrosis	P2Y2 and P2X1
Heat shock proteins (HSPs)	Surface exposure, active secretion or passive release	ICD, secondary necrosis, necrosis	CD91, TLR2, TLR4, SREC-1 and FEEL-1
High mobility group box 1 (HMGB1)	Mostly passively released; sometimes actively released	ICD, secondary necrosis, necrosis	TLR2, TLR4, RAGE and TIM3
Calreticulin (CRT)	Mostly surface exposed; sometimes passively released	ICD	CD91

Galluzzi et al, Nat Rev Immunol (2017) 17-97

Garg et al, Front Immunol (2015) 6-588

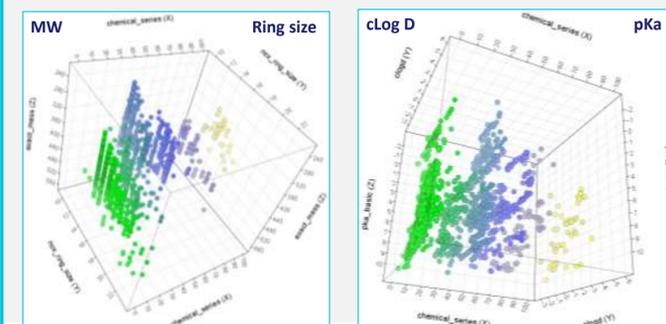
DAMPs (ATP, CRT, HSPs and HMGB1) released during immunogenic cell death (ICD) recruit and activate immune cells (DC, monocytes, T cells) to recognize tumor (neo)-antigens.

Some single-agent ICD inducers in cancer:

ICD inducers	Associated ICD-relevant DAMPs	
	DAMP	Stage of cell death
Anthracyclines (mitoxantrone, doxorubicin, etc.)	Surface CRT	Pre-apoptotic
	Surface HSP70	Mid-apoptotic
	Secreted ATP	Early/mid apoptotic
Bortezomib	Released HMGB1	Post-apoptotic
	Surface HSP90	Early/mid apoptotic
	Surface CRT	Early/mid apoptotic
Cyclophosphamide	Surface HSP70	Early/mid apoptotic
	Released HMGB1	Post-apoptotic

Garg et al, Front Immunol (2015) 6-588

Nanocyclix® is a chemistry technology based on the **macrocyclization** of small molecule hinge binders of kinase ATP active site. This leads to low MW **kinase inhibitors** with a unique binding mode and mode of action. The shape complementarity between the inhibitor and the active site of the kinase is believed to result in **high potency and selectivity**.



A Lead-like set of **2318** compounds was selected to screen for novel ICD inducers.

2 RESULTS

In vitro detection of ICD inducers

ICD, a non-conventional type of apoptosis is associated with the activation of an adaptive immune response against dead cell-associated antigens. Anthracyclines exert immunostimulatory effects that rely on ICD. It is desirable to explore if other molecules can increase cancer cell immunogenicity and be attractive candidates for (combination) immunotherapy. Based on this knowledge, we developed a high throughput *in vitro* screening platform enabling the identification of compounds that induce ATP secretion, CRT exposure and HMGB1 release. We first tested this platform on our Lead-like set, unveiling several Nanocyclix® molecules that render cell death immunogenic.

SCREENING STRATEGY for IDENTIFICATION of HITS – *in vitro*

- Step 1: Identify lowest toxic dose (384-well plate)**
- Cell lines : U-2 OS, MDA-MB-231 and MDA-MB-436 (human), Hepa 1-6, CT26 and Pan02 (mouse)
 - 24-72h incubation followed by assessment of cell viability (CellTiter Glo) using EnVision plate reader
- Step 2: Identify compounds that result in secreted ATP at non-toxic dose (96-well plate)**
- Cell lines : U-2 OS, MDA-MB-231 and MDA-MB-436 (human), Hepa 1-6, CT26 and Pan02 (mouse)
 - 5 doses : highest concentration chosen from Step 1
 - 24-72h incubation followed by evaluation of cell viability and secreted ATP (Enliten)

Compound	Conc	U-2 OS			MDA-MB-231			Hepa 1-6			CT26			Pan02 (24h)			MDA-MB-436		
		Conc	Secreted ATP (72h)	Secreted ATP (72h)	Secreted ATP (72h)	Conc	Secreted ATP (48h)	Secreted ATP (48h)	Secreted ATP (48h)	Conc	Secreted ATP (48h)	Secreted ATP (48h)	Secreted ATP (48h)	Conc	Secreted ATP (48h)	Secreted ATP (48h)	Secreted ATP (48h)		
DMSO 0.2%	0.20%	100%	100%	100%	0.20%	100%	100%	100%	0.20%	100%	100%	100%	0.20%	100%	100%	100%	100%		
ODS336 (µM)	0.625	230%	109%	122%	0.500	188%	169%	147%	1.000	448%	160%	192%	2.500	289%	172%	175%			
	1.250	460%	218%	294%	1.000	448%	160%	192%	5.000	246%	167%	209%	10.000	284%	205%	155%			
	2.500	392%	271%	392%															
	5.000	318%	271%	369%															
	10.000	767%	246%	394%															

ODS336 treatment results in an increase in secreted ATP at non-toxic concentration.

- Step 3: Identify ICD inducers (96-well plate)**
- Cell lines : U-2 OS, MDA-MB-231 and MDA-MB-436 (human), Hepa 1-6, CT26 and Pan02 (mouse)
 - 5-8 doses : highest concentration chosen from Step 2
 - 24-72h incubation followed by assessment of:
 - cell viability, secreted ATP, HMGB1 release (ELISA) and surface CRT (IF / FACS)

HMGB1 release: ELISA

Compound	Conc	MDA-MB-231		Hepa 1-6		CT26		Pan02 (24h)		MDA-MB-436	
		Conc	HMGB1 (48h)	Conc	HMGB1 (48h)	Conc	HMGB1 (48h)	Conc	HMGB1 (48h)	Conc	HMGB1 (48h)
DMSO 0.2%	0.20%	100%	100%	0.20%	100%	100%	100%	0.20%	100%	100%	100%
ODS336 (µM)	0.625	163%	178%	0.500	211%	95%	295%	1.000	609%	153%	501%
	1.250	230%	313%	1.000	609%	153%	501%	2.500	580%	114%	613%
	2.500	248%	671%	5.000	246%	187%	306%	10.000	690%	95%	199%
	5.000	151%	428%								
	10.000	397%	146%								

U-2 OS cells:

- At non-toxic doses, MTX and Dox (positive controls) treatment did not result in an increase in HMGB1 release.
- High concentrations of ODS336 leads to HMGB1 release.

ODS336 treatment results in HMGB1 release in several cell lines at non-toxic concentration.

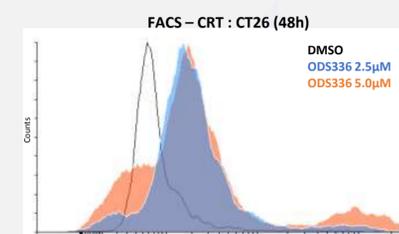
Surface calreticulin detection: IF / FACS (CT26)

Compound	Conc	U-2 OS			MDA-MB-231			Hepa 1-6			CT26			Pan02 (24h)			MDA-MB-436		
		Conc	Calreticulin (72h)	Calreticulin (72h)	Calreticulin (72h)	Conc	Calreticulin (48h)	Calreticulin (48h)	Calreticulin (48h)	Conc	Calreticulin (48h)	Calreticulin (48h)	Calreticulin (48h)	Conc	Calreticulin (48h)	Calreticulin (48h)	Calreticulin (48h)		
DMSO 0.2%	0.20%	100%	100%	100%	0.20%	100%	100%	100%	0.20%	100%	100%	100%	0.20%	100%	100%	100%	100%		
ODS336 (µM)	0.625	125%	113%	96%	0.500	N/A	104%	134%	1.000	166%	152%	202%	2.500	269%	205%	304%			
	1.250	291%	137%	126%	1.000	166%	152%	202%	5.000	275%	209%	165%	10.000	N/A	142%	94%			
	2.500	453%	200%	237%															
	5.000	409%	317%	365%															
	10.000	293%	191%	319%															

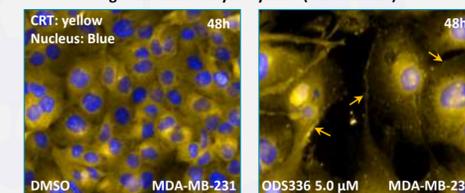
	Cut-off
Cell viability	>70%
Secreted ATP	>150%
Released HMGB1	>150%
Surface CRT	>150%

3 RESULTS

Surface calreticulin detection: IF / FACS (CT26)



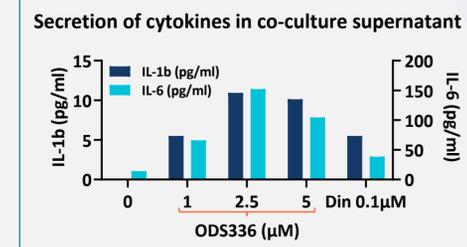
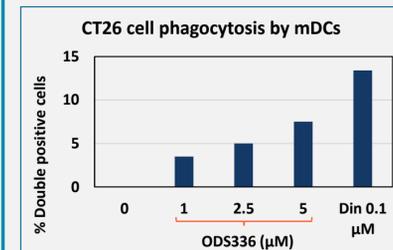
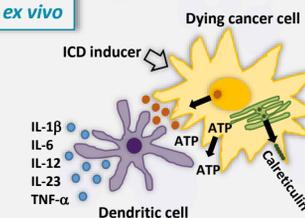
IF image capture and analysis: Operetta High-Content Analysis System (PerkinElmer)



ODS336 treatment results in an increase in surface calreticulin at non-toxic concentration.

CONFIRMATION of HITS (Dendritic cell function) – *ex vivo*

As dendritic cells (DCs) play a key role in the recognition of DAMPs associated with ICD and the subsequent uptake and presentation of tumor antigens, we examined the phagocytosis of ICD inducer-treated tumor cells by DCs.



ODS336 treated CT26 cells enhance DC function.

- Secretion of IL-1β from DCs in response to purinergic receptor agonists (ATP) and TLR4 ligands (HMGB1) plays an important role in antitumor T cell priming.
- In addition, pro-inflammatory cytokine IL-6 that promotes T cell differentiation and NK cell activation was detected.

4 CONCLUSION

- Here, we describe a general strategy for the identification of ICD inducers within large chemical libraries.
- We have validated the capability of our ICD screening platform by identifying ODS336, a compound that elicits an *in vitro* ICD response – secreted ATP, HMGB1 release and surface CRT.
- An *ex-vivo* co-culture assay demonstrated enhanced DC function suggesting that ICD activates both innate and adaptive arms of the immune system.

Cancer immunotherapy: ICD process elicits enhanced adjuvanticity and antigenicity from dying cancer cells and consequently promotes the development of clinically desired antitumor immunity.

Next step (on-going): Cancer cell- DC-T cell co-culture to demonstrate tumor specific T cell activation.