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Current research topics in immunology

And their difficulties and pitfalls

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Topics

1. What is happening

a. In a healthy environment

- Development of the immune system
- Interaction of immune cells

b. In a disease environment

- cancer, autoimmunity, disease, substance

2. How can we use the immune system

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What is happening?

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Development of the immune system

The development of immunity occurs during two separate phases.

1. The first takes place during fetal life. It is characterized by the production of immune cells (phagocytes and lymphocytes) with surface receptors for a range of potentially antigenic structures. This **seems likely** to be a highly regulated process in that mechanisms **must exist** even during fetal life to eliminate any newly produced cells that might react with accessible self-components.
2. The second phase of immunity development is characterized by adaptation in response to antigen stimulus, which starts at birth and continues throughout life.

Hayward, A.R. (1986). Immunity Development. In: Falkner, F., Tanner, J.M. (eds) Human Growth. Springer, Boston, MA. https://doi.org/10.1007/978-1-4613-2101-9_19

Difficulties:

1. When is a cell a «macrophage» or «DC»
2. Some cells are replaced by more »mature« versions
3. Annotation difficulties because:
 1. Cells might have different markers
 2. Might not have reached their final destination

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Interaction of immune cells

Interactions between immune cells share principles of cell–cell contacts that are common to other cells such as epithelial and neuronal cells, but they also show a specific uniqueness in their capacity to form and to resolve rapidly, as well as an unforeseen variability in their appearance and function.

Difficulties:

1. By-stander activation
2. Cell – cell interaction (immune- and other)
3. LOTS of interleukins and other cytokines

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The disease environment

The tumor microenvironment is a complex ecosystem surrounding a tumor, composed of cancer cells, stromal tissue (including blood vessels, immune cells, fibroblasts and signaling molecules) and the extracellular matrix.

Difficulties:

1. When is a cell a «macrophage» or «monocyte»
2. Annotation difficulties because:
 1. Cells might have different markers
 2. Contains cells you might not expect there
 3. Cells are mutated to a point where annotation is difficult

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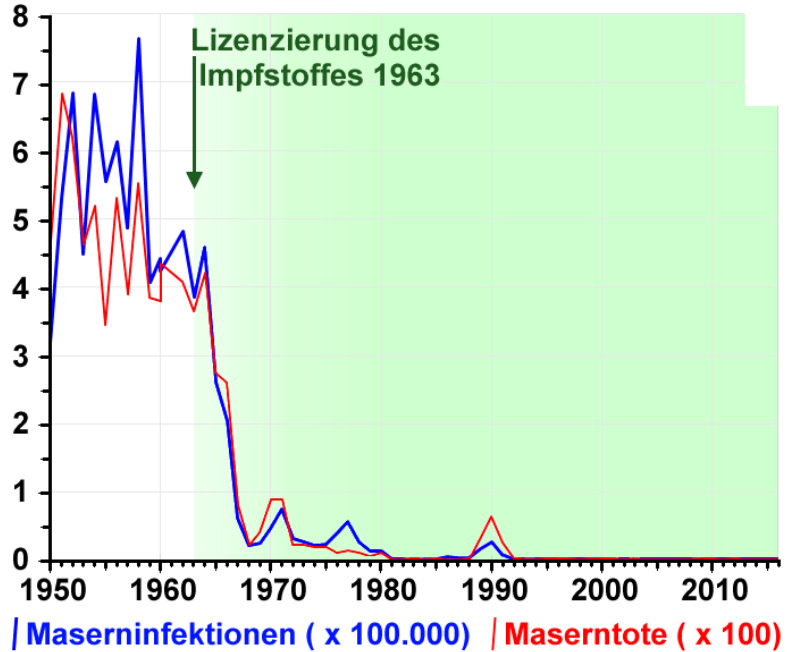
How can we use the immune system

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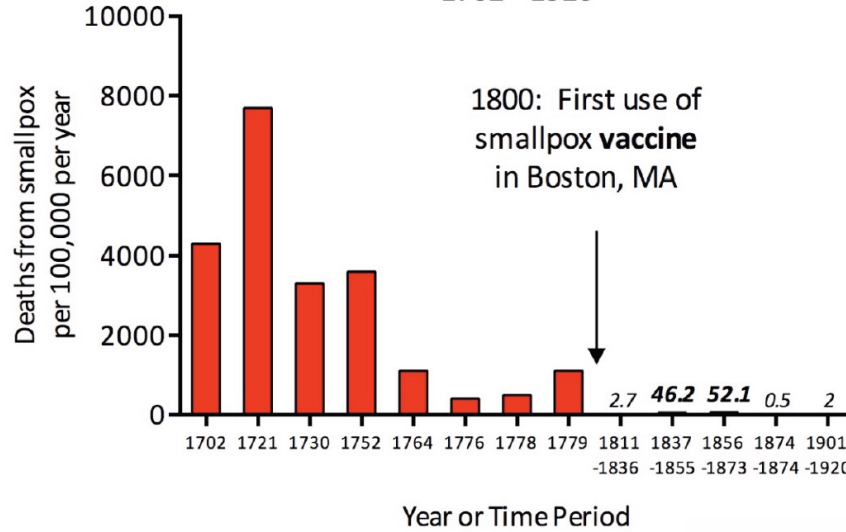
Vaccines



Masern in den USA, 1950 – 2016

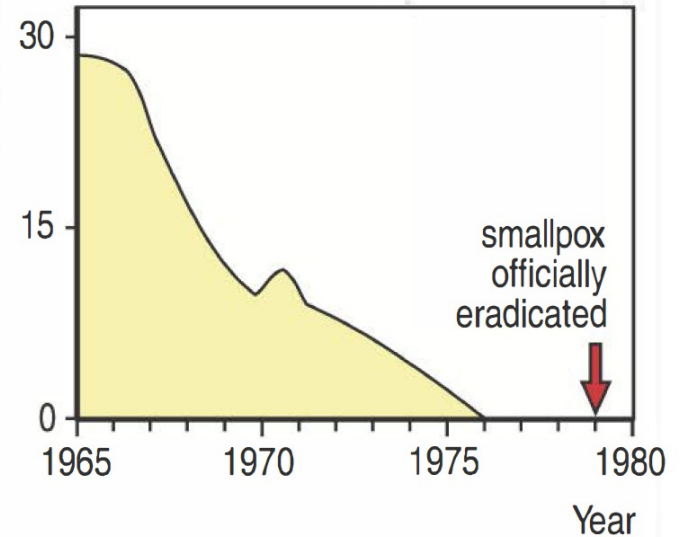


Death Rates from Smallpox in Boston, MA
1702 - 1920



Yes, with alum

Number of countries with one or more cases per month



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Vaccine (Protein)

1.) Formaldehyde

- Used to kill viruses
- Produced by the body when metabolizing alcohol (in toxic amounts).
- Every pear contains more formaldehyde than a dose of vaccine.

$LD_{50} = 100 \text{ mg/kg} \rightarrow 7\text{g (70kg)}$
1 pear contains 0.17% of the deadly dose

$7\text{g}/10\text{mg} = 700 \text{ pears} = 210\text{kg pears}$

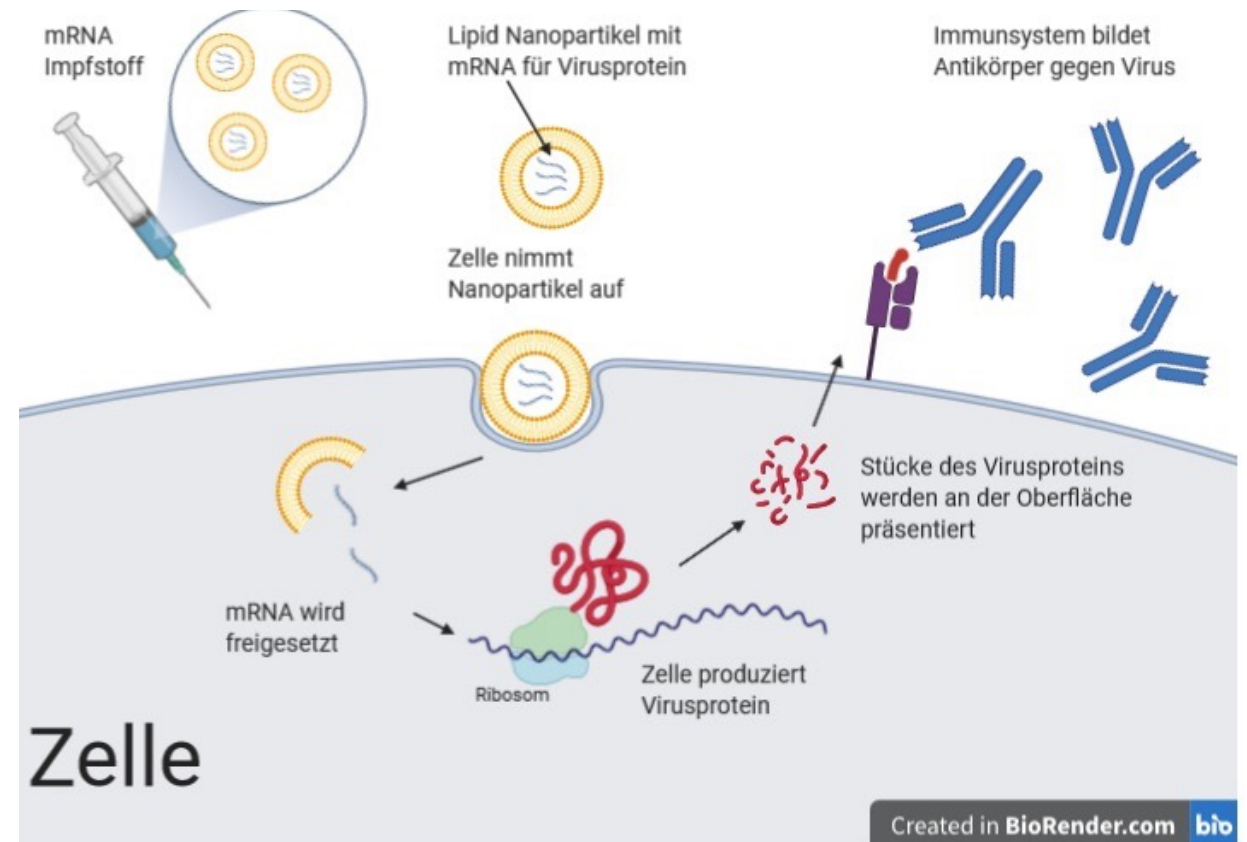
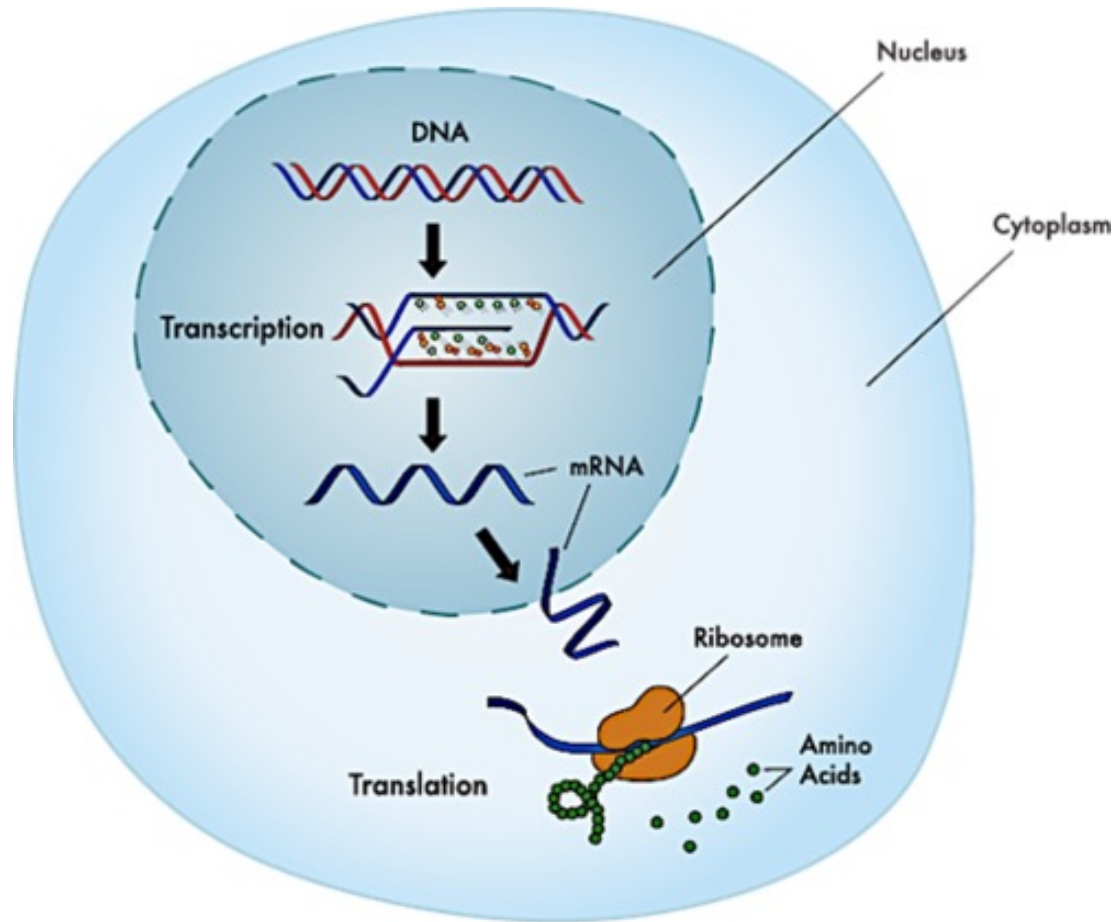
2.) Aluminium

- Used as a «danger» signal
- An adult takes in 7 bis 9 mg aluminium per day.
- Vaccines currently on the market contain 0,125mg to 0,85mg

$LD_{50} = 320 - 1587 \text{ mg/kg} \rightarrow 22 - 111 \text{ g (70kg)}$
vaccine (1mg) = 0.004% - 0.0009% of the deadly dose

u^b Vaccine (RNA) (BioNTech, Moderna, CureVac,...)

How does the RNA get into the cell?

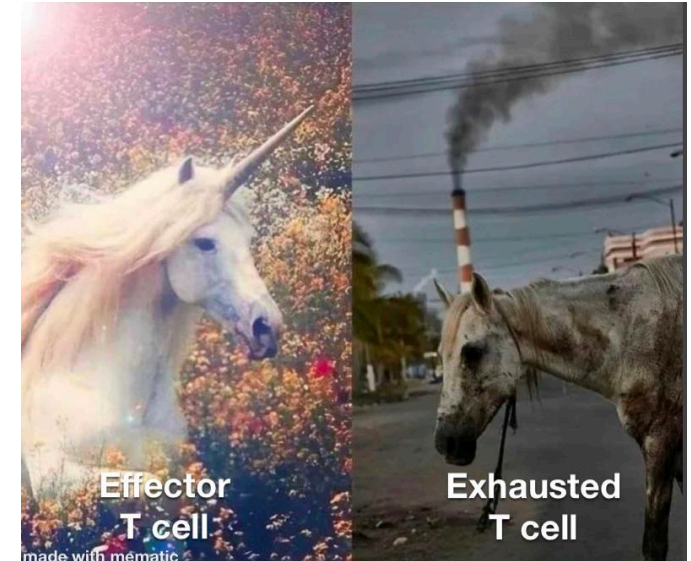


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Cancer treatment

Checkpoint blockade

When T cells (specially CD8⁺ T cells) see “too much” antigen they become exhausted and stop killing their target cells. This is a natural protection against autoimmune activation. Some drugs can prevent exhaustion and keep the T cells activated.



Car T cells

T cells are extracted from a patient and mutated to recognize a specific (tumor) protein. After injecting back into the patient, these CD4 or CD8 T cells get activated.

The protein currently used is CD19, the B cells marker.

Patients who received a car T cell therapy do not have B cells anymore and the treatment can not be stopped or reversed.

Adoptive Cell Therapy

DC or T cells (TIL – Tumor infiltrating lymphocytes) are extracted from the patient and expanded in vitro. DCs are loaded with cancer antigen. After injection back into the patient the hope is they lead to an increased response against the tumor.

