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Uncovering a novel mechanism whereby NK cells interfere with glioblastoma virotherapy

Christopher A. Alvarez-Breckenridge,1,2 Jianhua Yu,3 Michael A. Caligiuri3 and E. Antonio Chiocca2,3,4,*

1Medical Scientist Training Program; The Ohio State University Medical Center; Columbus, OH USA; 2Dardinger Laboratory for Neuro-Oncology and Neurosciences; Department of Neurological Surgery; The Ohio State University Medical Center; Columbus, OH USA; 3Comprehensive Cancer Center; The Ohio State University Medical Center; Columbus, OH USA; 4Department of Neurosurgery; Brigham and Women’s Hospital/Dana-Farber Cancer Institute/Harvard Medical School; Boston, MA USA

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Despite initial promising results, the success of clinical trials testing oncolytic viruses in glioblastoma patients has been limited. Innate immunity appears to be one among several barriers against successful viral oncolysis. Recent findings suggest a mechanism by which natural killer cells limit the efficacy of oncolytic viruses via natural cytotoxicity receptors.

The deleterious impact of innate immunity in virotherapy was first identified in preclinical animal studies demonstrating that the combination of cyclophosphamide (CPA) with an oncolytic herpes simplex virus (oHSV) significantly improves survival.1 Immunohistochemical studies of tumor-bearing rats treated with CPA and oHSV unveiled a significant reduction in the number of macrophages, microglial cells, and natural killer (NK) cells within the tumor microenvironment, which correlated with increased viral replication.4 Additionally, the efficacy of CPA combined with oHSV was improved in mice pretreated with clodronate liposomes (which deplete macrophages) as well as in animals genetically deficient for interferon γ.4,5 As they are endowed with both antiviral and antitumor functions, at least hypothetically NK cells may either inhibit the efficacy of virotherapy or promote additional degrees to tumor-cell killing, resulting in improved antineoplastic effects. Using the vesicular stomatitis virus (VSV) for the treatment of hepatocellular carcinoma, Altmontene et al. demonstrated that the depletion of NK cells enhances viral efficacy and increases overall survival.6 A subsequent study was based on a second generation oncolytic VSV encoding a chemokine-binding protein that limits NK and NKT cell intratumoral infiltration, resulting in improved efficacy.7 While these findings suggest that NK cells constitute an initial barrier to viral oncolysis, several groups have highlighted the necessity of harnessing the antitumor properties of these cells to achieve tumor clearance.8 In this context, by using both xenograft and syngeneic mouse glioma models Alvarez-Breckenridge et al. have recently demonstrated the relevance of NK cells following oHSV infection (Fig. 1).9 Indeed, following the intracranial inoculation of oHSV, NK cells were recruited into the brain and manifested an activated phenotype. In addition, NK cells were found to mediate the inflammatory cytokine and chemokine milieu that stems from viral infection while coordinating the activation of macrophage and microglial cells. Confirming the functional relevance of these findings, the survival of mice bearing either U87ΔEGFR glioma xenografts or 4C8 murine gliomas increased upon the depletion of NK cells prior to oHSV infection. These findings suggest that—presumably owing to their antiviral functions—NK cells play an important role in limiting the efficacy of oHSV-based therapeutic approaches against GBM.

To further understand the mechanisms underlying these observations, NK cell-mediated cytotoxicity was determined in vitro by co-culturing human NK cells with...
not be overlooked. Indeed, to achieve successful therapeutic responses upon virotherapy, there must be a delicate balance between the antiviral and antitumor immunity. Mathematical modeling has proposed that shortly after infection, the innate immune system should be suppressed to achieve multiple rounds of viral replication. Once a sufficient viral load is attained to achieve tumor killing, antitumor immune effectors including NK cells may constitute a valuable partner for tumor clearance. The challenge for future studies will be to identify both a mechanism and a time point for switching from the suppression of antiviral immunity to the activation of antitumor immune responses.

Disclosure of Potential Conflicts of Interest
No potential conflicts of interest were disclosed.

To assess if these preclinical findings can be translated into a clinical setting. In particular, it will be important to determine if human NK cells infiltrate the tumor cell surface of NKp30 and NKp46 ligands. In line with these findings, intracranially inoculated oHSV exhibited elevated rates of replication in NKp46-deficient glioma-bearing mice, and increased the survival of these animals to higher extents than that of wild-type mice.

The study by Alvarez-Breckenridge et al. is the first to provide a potential mechanism whereby NK cells constitute an initial barrier to oHSV-based therapy (Fig. 1). Future clinical trials will need to assess if these preclinical findings can be translated into a clinical setting. In particular, it will be important to determine if human NK cells infiltrate the tumor microenvironment upon infection by oncolytic viruses; to isolate tumor-infiltrating and circulating NK cells and determine their functional profile; to correlate NK cell, macrophagic and microglial responses with the survival of patients subjected to virotherapy. From a preclinical perspective, future studies will have to identify the NKp30 and NKp46 ligands that are upregulated in response to oHSV infection, as the blockage of receptor-ligand interactions may have important therapeutic implications.

While the work by Alvarez-Breckenridge et al. highlights a deleterious role of NK cells in the context of virotherapy, the importance of antitumor immunity should not be overlooked. Indeed, to achieve successful therapeutic responses upon virotherapy, there must be a delicate balance between the antiviral and antitumor immunity. Mathematical modeling has proposed that shortly after infection, the innate immune system should be suppressed to achieve multiple rounds of viral replication. Once a sufficient viral load is attained to achieve tumor killing, antitumor immune effectors including NK cells may constitute a valuable partner for tumor clearance. The challenge for future studies will be to identify both a mechanism and a time point for switching from the suppression of antiviral immunity to the activation of antitumor immune responses.

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