
Mouse models for the preclinical validation of immune therapies

Dr. Thomas Grunwald

SaxoCell Sparksmeeting

Overview

Mouse models for the preclinical validation of immune therapies

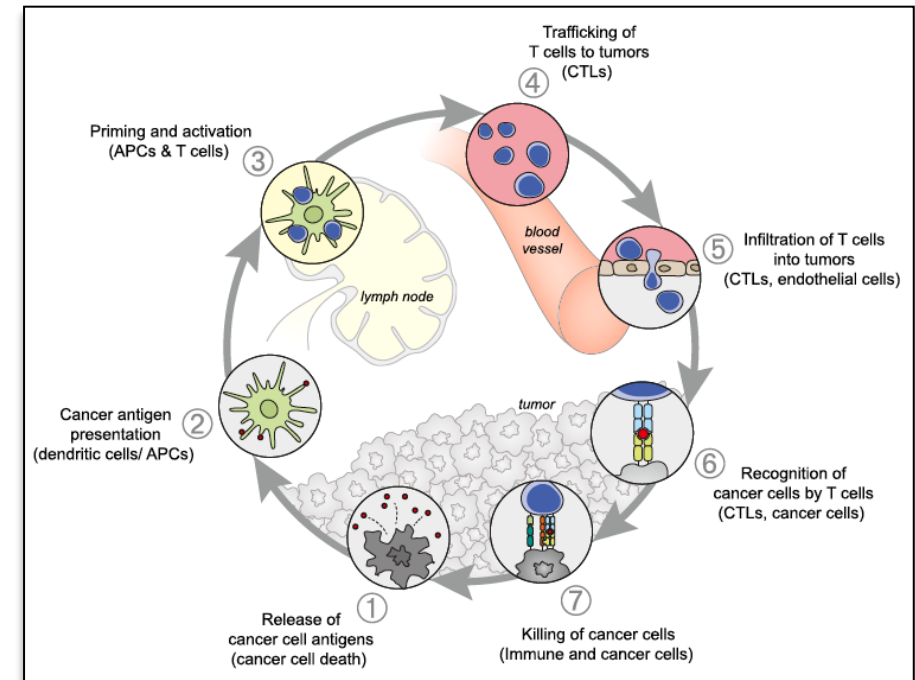
Introduction

Research examples

- in vitro 3D cell culture system
- Tumor model establishment for the analyses of immune therapies / oncolytic viruses

Summary

Immune life cycle of tumors



Chen et al. Immunity 2013 39:1

How to establish an in vivo tumor model

Questions before entering the preclinical phase

Choose the right models (including cancer type, read-out parameters, applications):

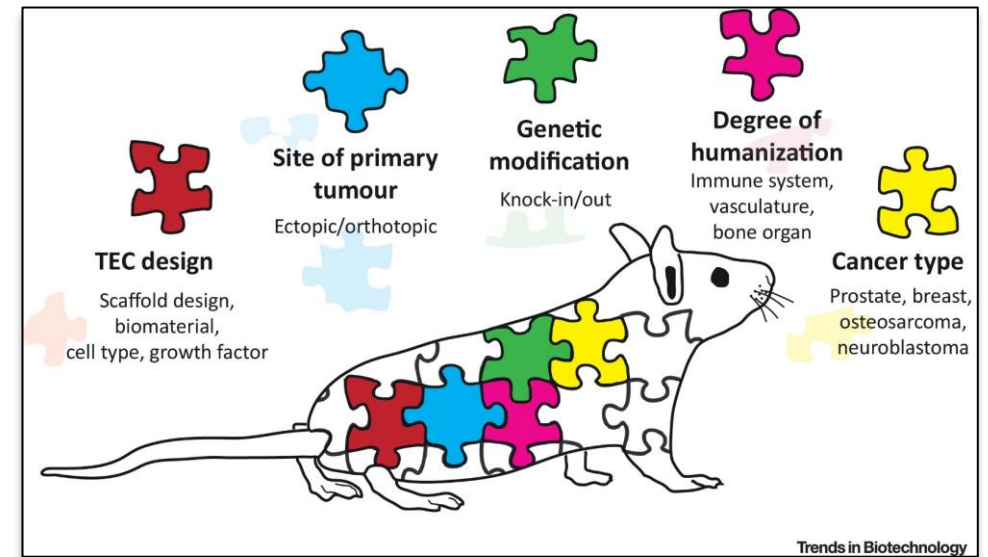
Syngenic models

Cell-line derived xenograft models (CDX)

Patient derived xenograft (PDX)

Humanized mouse models (Hu-NSG, HIS)

Ecotopic/ Orthotopic models



Landgraf et al. Trends in Biotechnology 2018

How to establish an in vivo tumor model

Read out parameter – most are available @ IZI

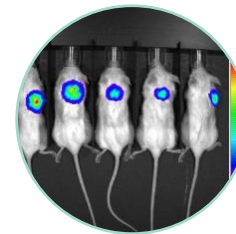
Bio-Imaging (e.g. MRI, PET, bioluminescence, ultrasound)

Cell quantification ex vivo (e.g. FACS, CyTOF, functional assays)

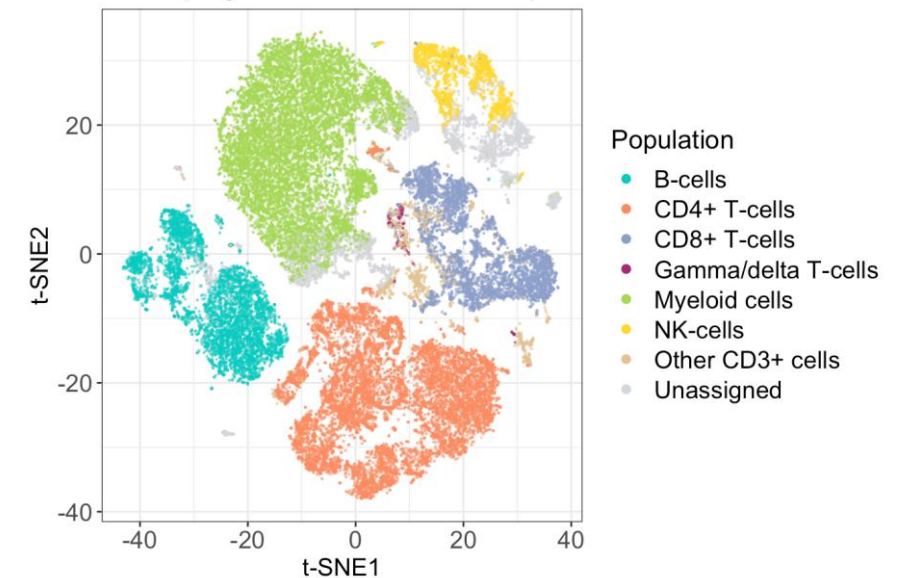
High-throughput technologies (cytokine bead-arrays, etc.)

Biomarkers, NGS-technologies, spatial Omic-technologies

Bio-informatics to analyse in depth of received data



t-SNE projection of 5 PBMC samples

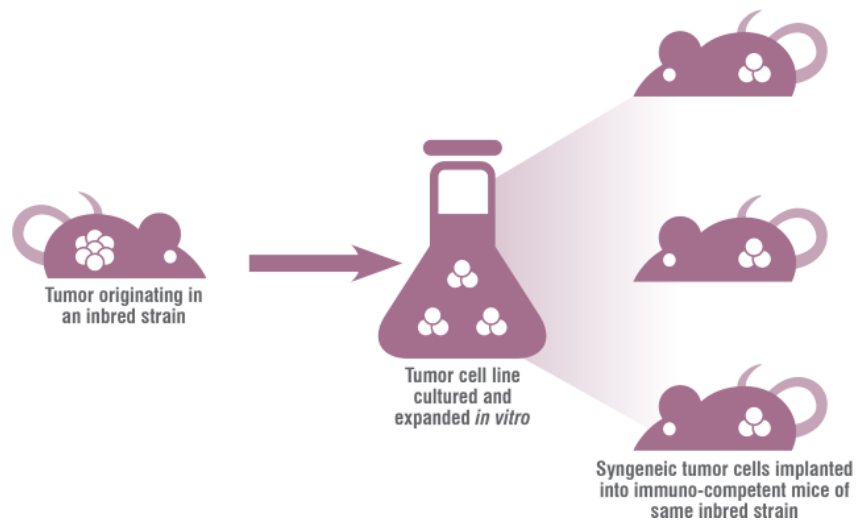


Selection of available animal models for immunotherapeutics

Pros and Cons of immunocompetent and immunodeficient mice

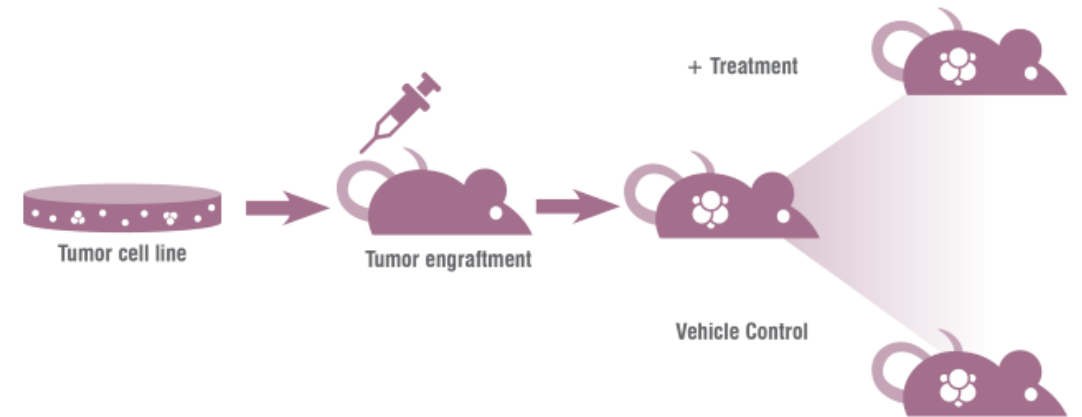
Immunocompetent mouse strain – syngenic mouse model

- + Analysis of impact of the immune system during tumor therapy
- Tumor cells and immune system not derived from human source



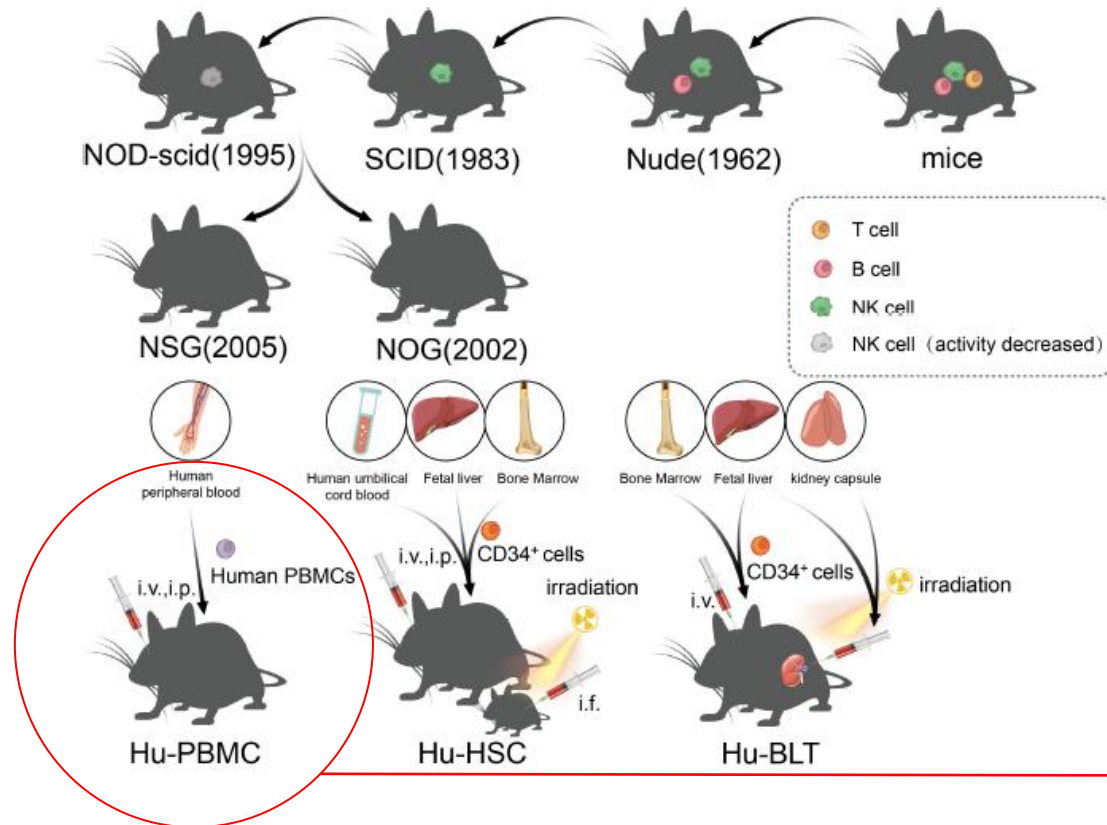
Immunodeficient mouse strains

- + Use of human tumor cells for analyses in regard to the therapy option
- + Longitudinal studies with tumor volumes and genetic modified reporter cell lines
- Immune system transferred experimentally



Establishment of the humanized mouse models

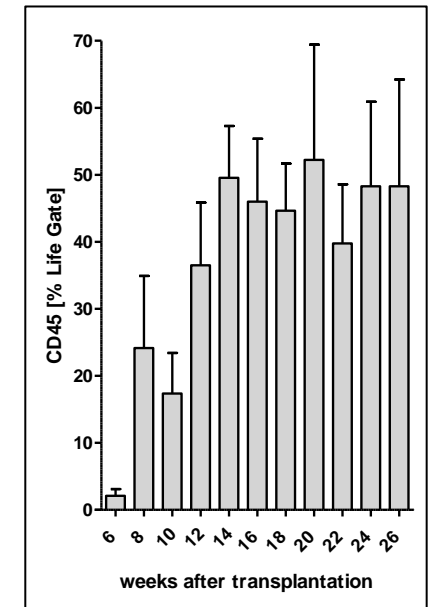
History of famous immunodeficient mouse strains



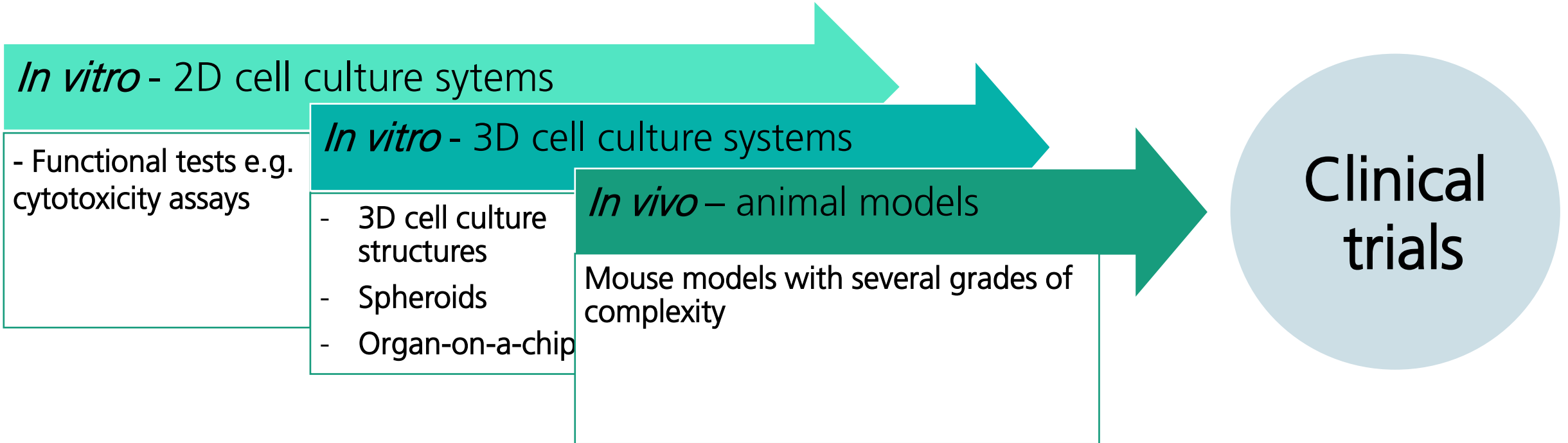
Hu-Mice is used for different tumor models:

Cell derived tumor models (CDX)

Patient derived tumor models (PDX)

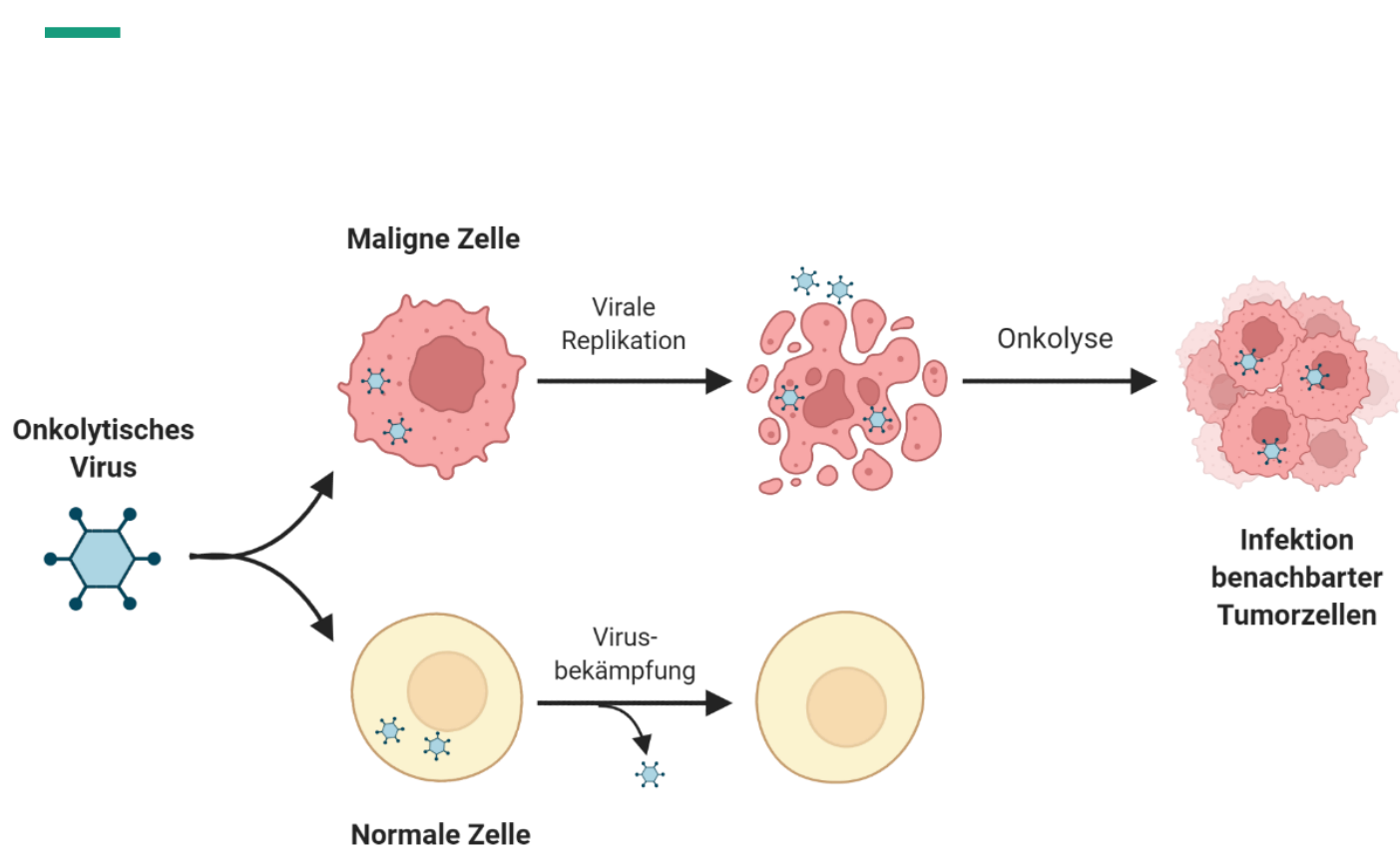


Overview on different translational test systems



Option of tumor therapy by oncolytic viruses

Tumor regression was observed after virus infection previously



THE INFLUENCE OF COMPLICATING DISEASES UPON LEUKÆMIA.*

By GEORGE DOCK, A.M., M.D.,
PROFESSOR OF MEDICINE IN THE UNIVERSITY OF MICHIGAN, ANN ARBOR, MICHIGAN.

- 42 years old women with myeloid leukemia
- Influenza-infection
- Amount of leukocytes was reduced by 70-fold
- Reduction of liver and spleen size
- Leukemia was undetectable

REMISSIONS IN LEUKEMIA OF CHILDHOOD FOLLOWING ACUTE INFECTIOUS DISEASE

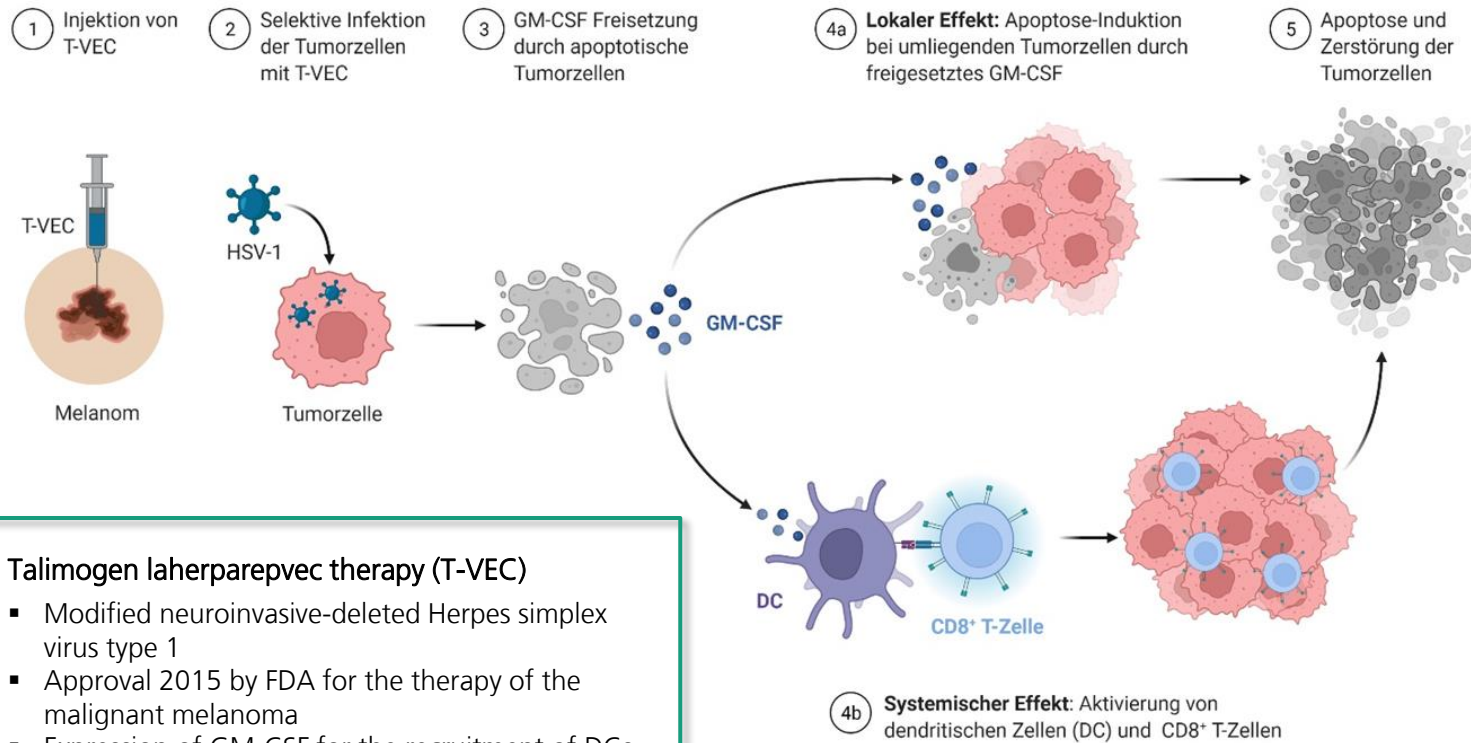
Staphylococcus and Streptococcus, Varicella, and Feline Panleukopenia

HOWARD R. BIERMAN, M.D., D. MICHAEL GRILE, M.D., KENNETH S. DOD, M.D.,
KEITH H. KELLY, M.D., NICHOLAS L. PETRAKIS, M.D., LAURENS P. WHITE, M.D.,
AND MICHAEL B. SHIMKIN, M.D.

- Child 18 month old with lymphatic leukemia
- Varizella-Zoster-Virus + bacterial infection
- 10-fold reduction of leukocytes
- Reduction of liver and spleen size

Oncolytic Viruses

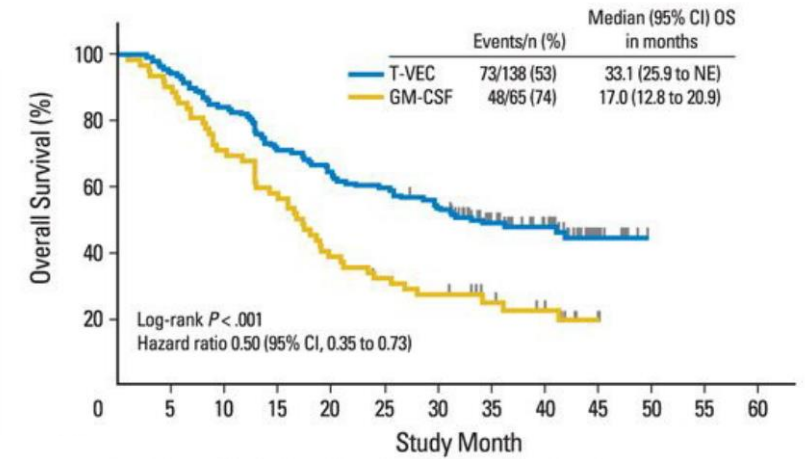
Modified Herpesviruses: T-VEC (Imlygic®) – intratumoral injection in humans



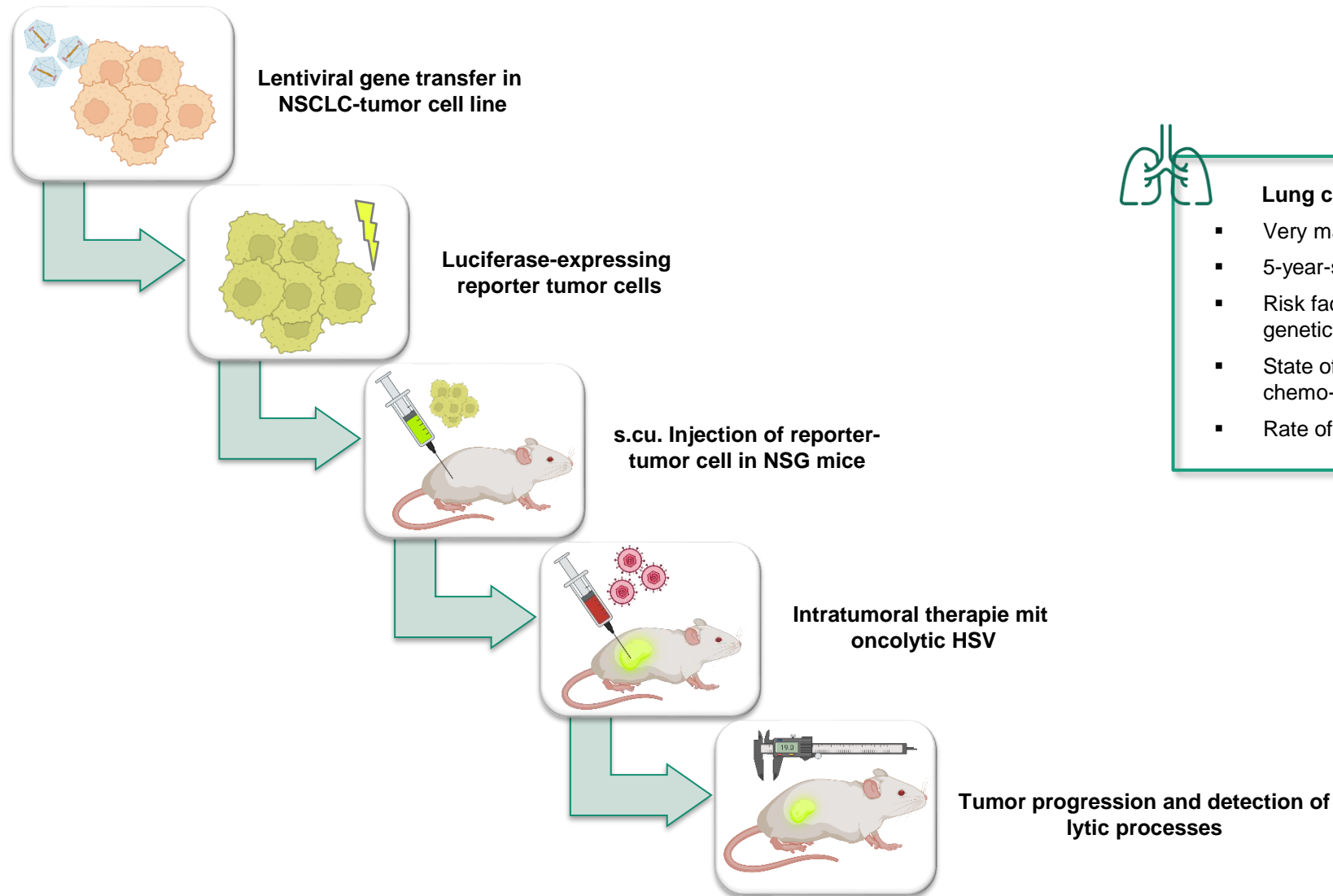
Talimogen laherparepvec therapy (T-VEC)

- Modified neuroinvasive-deleted Herpes simplex virus type 1
- Approval 2015 by FDA for the therapy of the malignant melanoma
- Expression of GM-CSF for the recruitment of DCs and macrophages
- Immune activation and tumor regression also in distant tumors

Survival with T-VEC as first line therapy



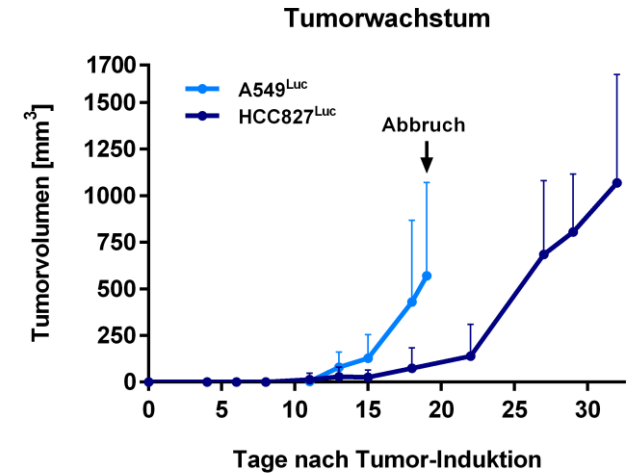
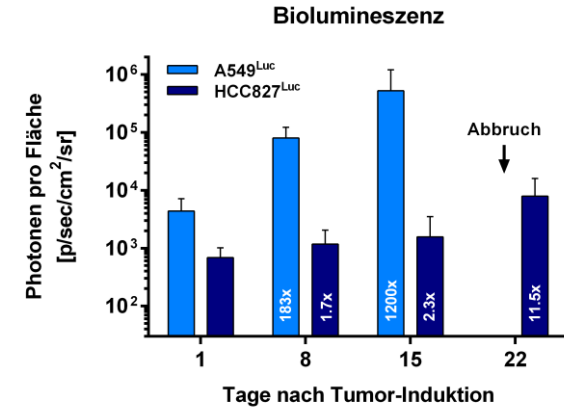
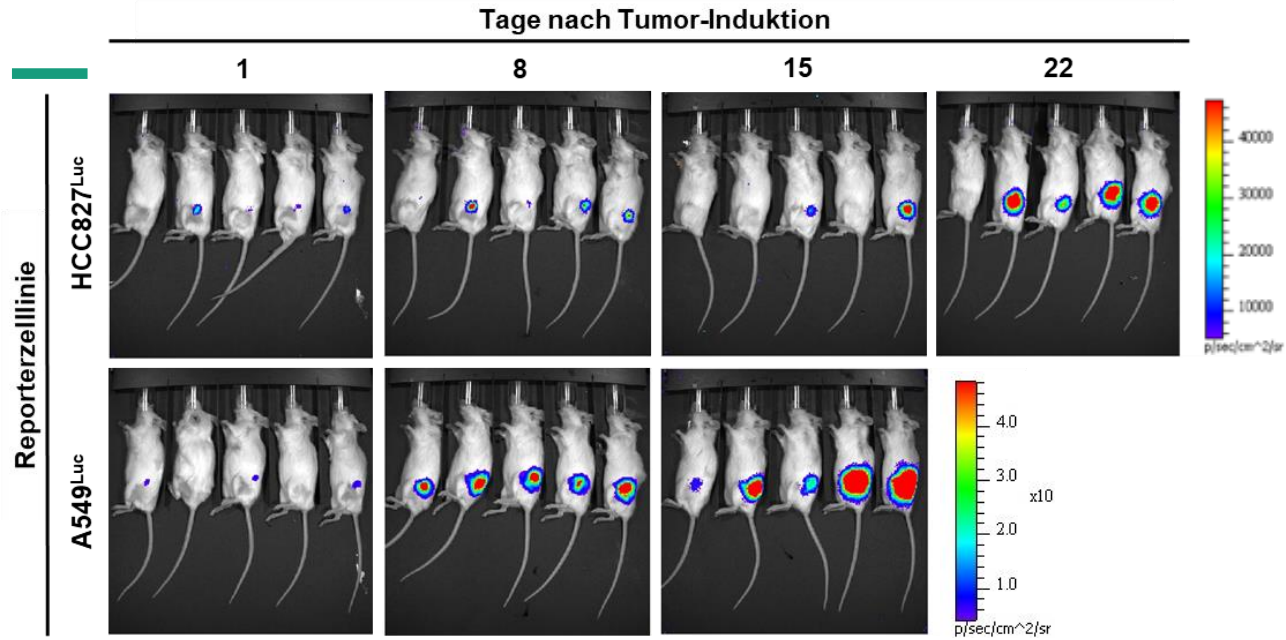
Example of testing an HSV-based oncolytic virus vector



Lung carcinoma

- Very malignant tumor entity
- 5-year-survival: 15.6%
- Risk factors: smoking, air pollution, genetic factors
- State of the art therapy: resection, chemo- and/or radiotherapy
- Rate of remission: 30% - 55%

HSV-based oncolytic virus vector



- Subcutaneous application of 2×10^5 of indicated reporter tumor cells in NSG mice
- Determination of tumor mass 2-3x per week
- Measurements of bioluminescence 1x per week

Research with HSV-based oncolytic Virus Vector

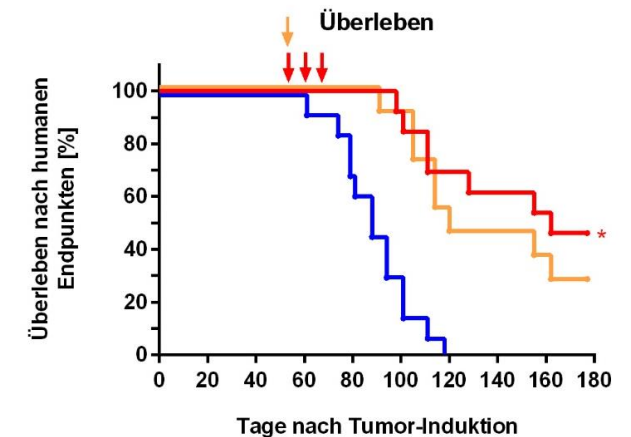
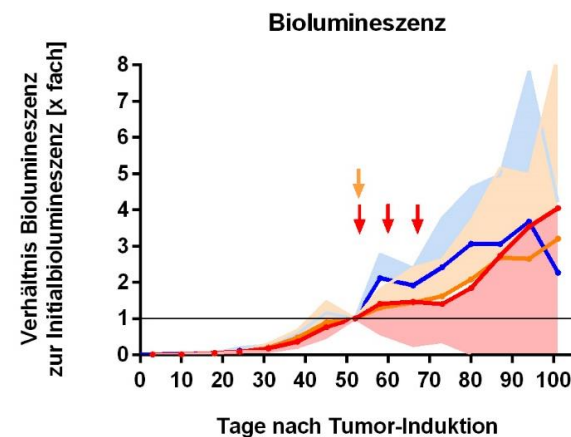
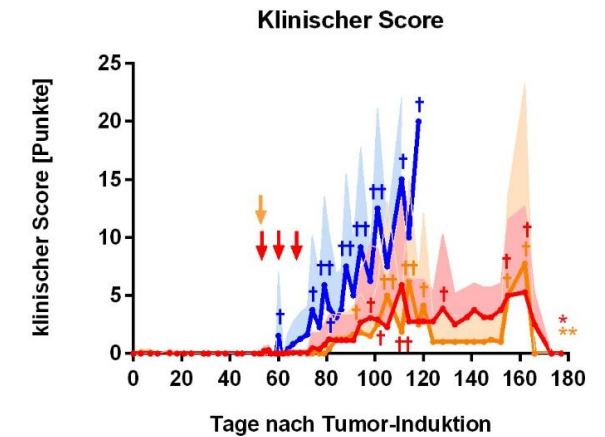
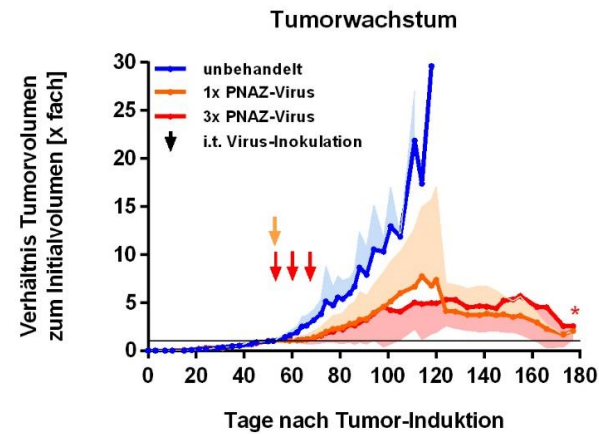


PNAZ-Virus:

- Deletion of neuroinvasion
- Attenuation
- EGFR Tropism



- Injection of tumor cells: 2×10^5 HCC827^{Luc}
- OV application intratumoral: $3,3 \times 10^6$ PFU PNAZ-virus day 53 (day 60, day 67)
- Determination of tumor volumen and bioluminescence 2x per week
- Survival and clinical score



Summary

Several in vivo models are available to monitor cancer therapies.

Establishment of a human immune system in mice is still not perfect – further improvement needed to simulate complex immune processes. Immunodeficient PDX-models and humanized mice models are widely used.

Complex 3D in vitro systems are still missing to substitute in vivo models.

Acknowledgments

Preclinical Validation Unit

Sonya Ciulean

Nadja Uhlig

Valentina Eberlein

Leila Issmail

Joe Fischer

Eric Possardt

Isabell Schulz

Anne-Katrrhin Donner

Nhu-Nguyen Do

Department Gene and Cell Therapy

Julia Uhlig

Theresa Lenz

Paul Franz

Nadja Hilger

André-René Blaudszun

Anna Dünkel

Stefan Fricke

Andrea Quaiser

Ulrike Köhl



and to our partners from Affimed



Living Drugs - Precision Therapy Cluster Made in Saxony

Thank you for your attention!

CONTACT

Dr. Thomas Grunwald

Department of Vaccines and Infection Models

Preclinical Validation Unit

Tel. +49 341 35536-5423

Thomas.grunwald@izi.fraunhofer.de

Fraunhofer-Institut für Zelltherapie und Immunologie IZI

Perlickstraße 1

04103 Leipzig

www.izi.fraunhofer.de

Humanized mouse models

Immunodeficient strains besides NSG/NXG

TABLE 1 | Humanized mice to study ILC-cancer interactions.

Mouse Model	Human Tumor Cells Administered	Human Cells Engrafted	Human Lineage Reconstitution (*lineages with improved reconstitution compared to NSG mice)	References
MISTRG	Me275 melanoma cells	CD34+ HSPCs	*monocytes, *macrophages, *DCs, T, B and *NK cells	(21)
SRG-15	Raji tumor cells and K562 tumor cells	CD34+ HSPCs	myeloid cells, *T, B *NK cells and *ILCs	(68)
NOG-IL-15 Tg	NCI-N87 human gastric cancer cell	Peripheral blood NK cells and <i>in vitro</i> -expanded NK cells	*NK cells	(69)
hIL-7xhIL-15 KI	-	CD34+ HSPCs	T and *NK cells	(70)
BRGSF	-	CD34+ HSPCs	*myeloid cells, T, B, DC, *NK cells and *ILCs	(71)
O-PDX (MISTRG)	Neuroblastoma	CD34+ HSPCs	*NK cells	(72)
Hu-PDX (NSG)	Lung adenocarcinoma	CD34+ HSPCs	T, B and NK cells	(73)
HTM (NSG)	Breast cancer	CD34+ HSPCs	T, B, NK cells and macrophages	(74)