



# Understanding Immune Suppression in Pancreas Cancer: A Key Role for Gamma Delta T Cells

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# Disclosure of Conflicts of Interest

Johnathan Ebben, MD, PhD, has the following financial relationship to disclose:

- Cofounder, Nano RED

# The Challenge of Pancreas Cancer

Metastatic disease at diagnosis

Complicated stroma

- Desmoplasia
  - Limited penetration of therapeutic agents
  - Highly resistant tumors
- Networks with significant crosstalk
  - Tumor-> stroma
  - Tumor-> tumor
  - Stroma->tumor
  - Stroma->stroma

Immunosuppressive environment

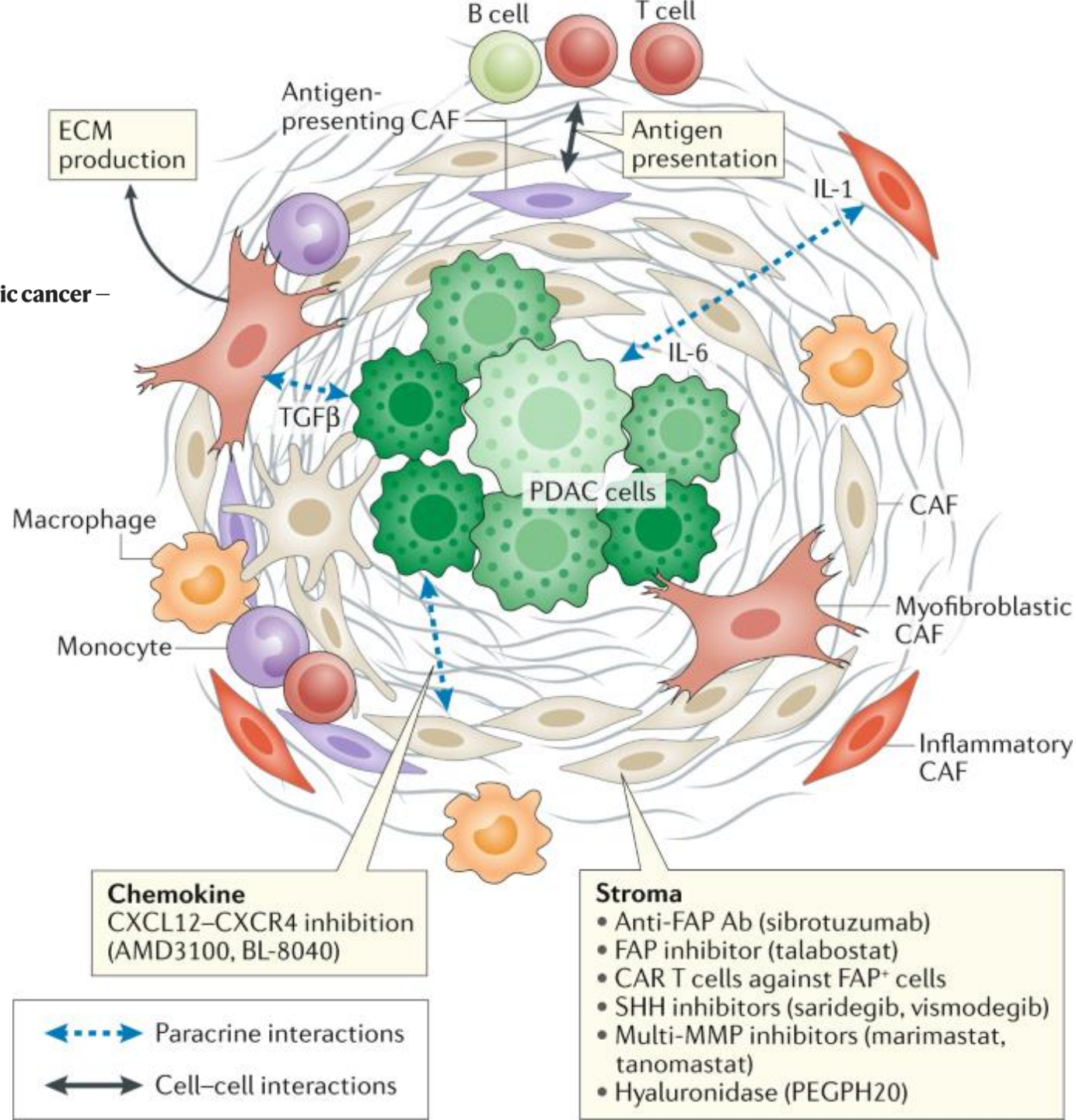
- What drives immunosuppression?

## The tumour microenvironment in pancreatic cancer – clinical challenges and opportunities

Won Jin Ho, Elizabeth M. Jaffee & Lei Zheng

*Nature Reviews Clinical Oncology* 17, 527–540 (2020) | [Cite this article](#)

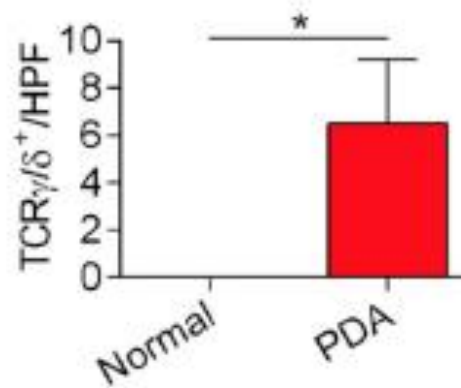
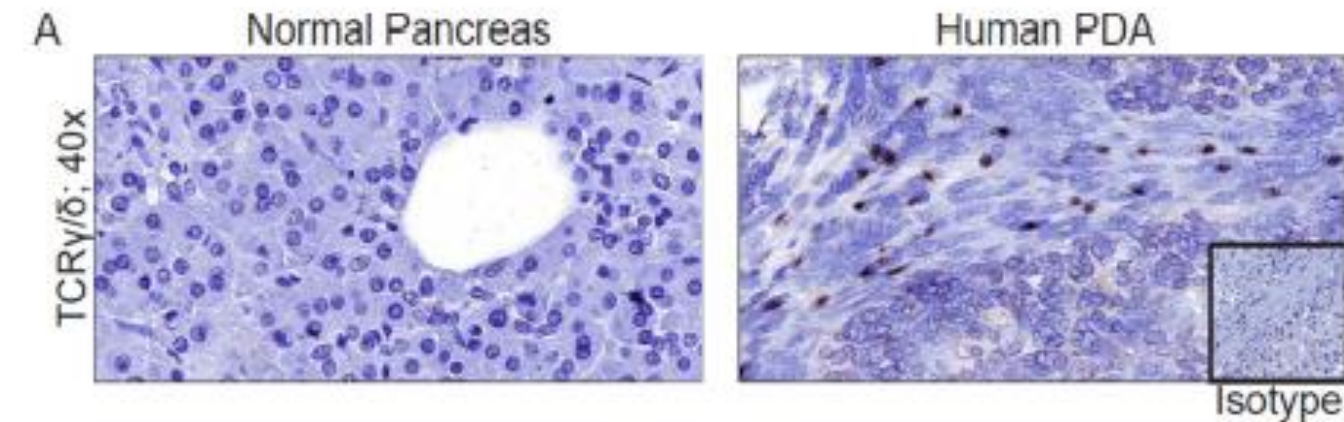
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## $\gamma\delta$ T Cells Support Pancreatic Oncogenesis by Restraining $\alpha\beta$ T Cell Activation

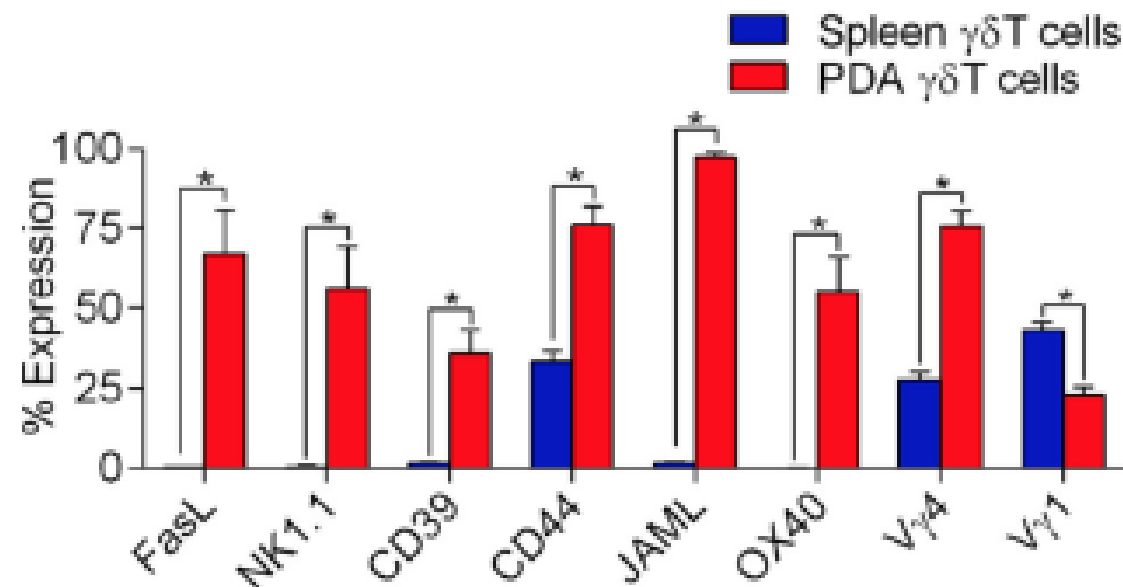
Donnele Daley<sup>1,7</sup>, Constantinos Zambirinis<sup>1,7</sup>, Lena Selfert<sup>1,7</sup>, Neha Akkad<sup>1</sup>, Navyatha Mohan<sup>1</sup>, Gregor Werba<sup>1</sup>, Rocky Barilla<sup>1</sup>, Alejandro Torres-Hernandez<sup>1</sup>, Mautin Hundeyin<sup>1</sup>, Vishnu Raj Kumar Mani<sup>1</sup>, Antonina Avanzi<sup>1</sup>, Daniel Tippens<sup>1</sup>, Rajkshen Narayanan<sup>1</sup>, Jung-Eun Jang<sup>2,3</sup>, Elliot Newman<sup>1</sup>, Venu Gopal Pillarisetty<sup>4</sup>, Michael Loran Dustin<sup>3,5</sup>, Dafna Bar-Sagi<sup>2</sup>, Cristina Hajdu<sup>3</sup>, and George Miller<sup>1,6</sup>

# Pancreas cancers are heavily infiltrated by $\gamma\delta$ T cells



76% of CD3+ cells

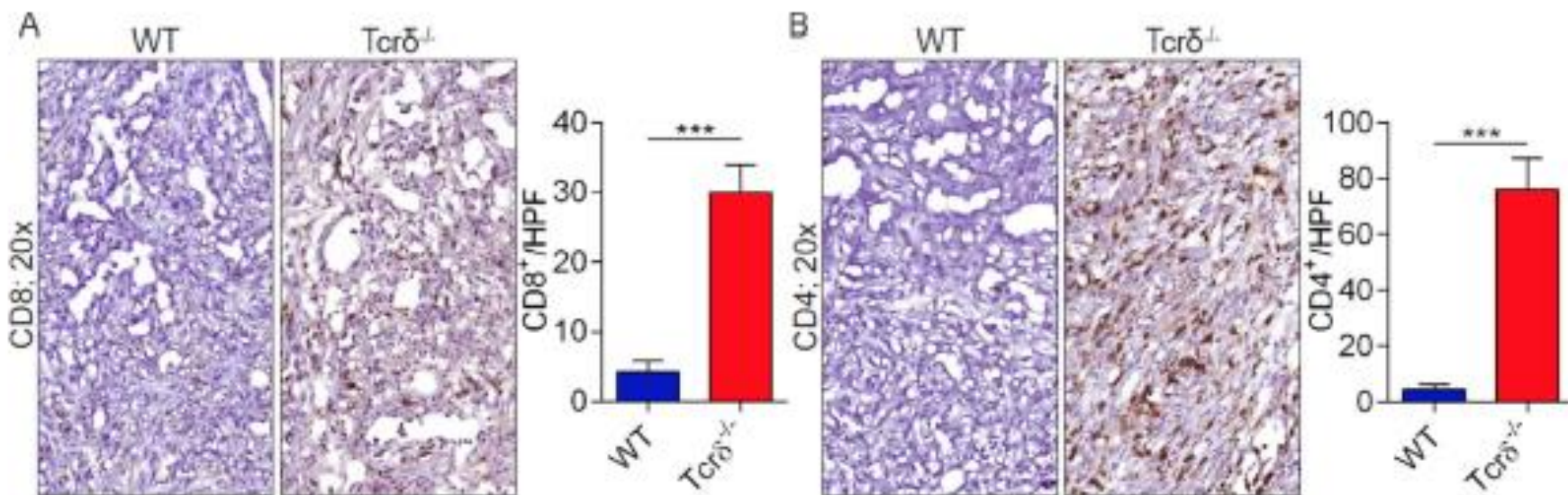
Activated, but with **exhausted** Em phenotype.



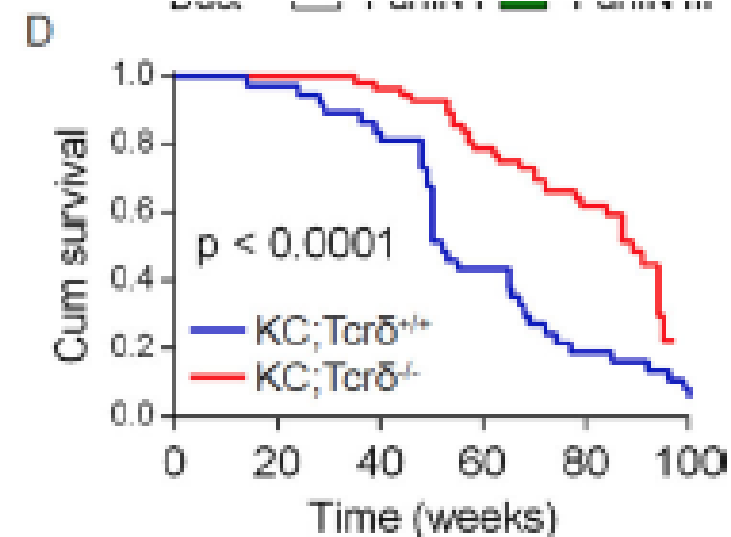
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# How do they impact tumor/immune phenotype?



**TCR gamma depletion leads to increased CD4/CD8 infiltration and improved OS (murine model)**



# Some Questions

If  $\gamma\delta$  T cell infiltration is more than a biomarker:

How do  $\gamma\delta$ T acquire a suppressive state?

- Tumor-  $\gamma\delta$  T interaction: secreted mediator? Cell contact?
- $\gamma\delta$  T stroma interaction?

Is  $\gamma\delta$ T mediated suppression reversible and potentially clinically actionable?

# First Things First



Global hypothesis

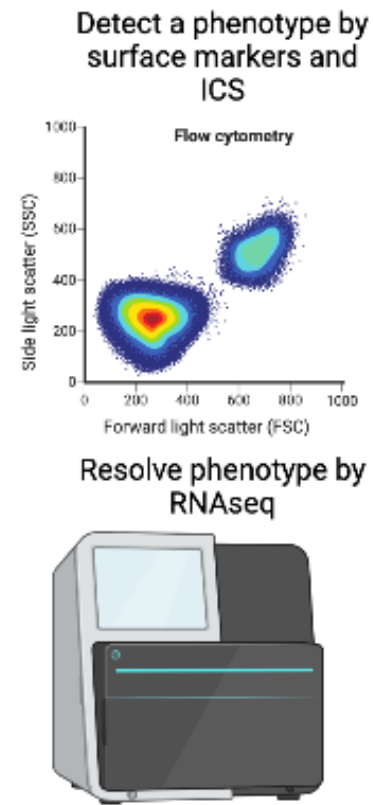
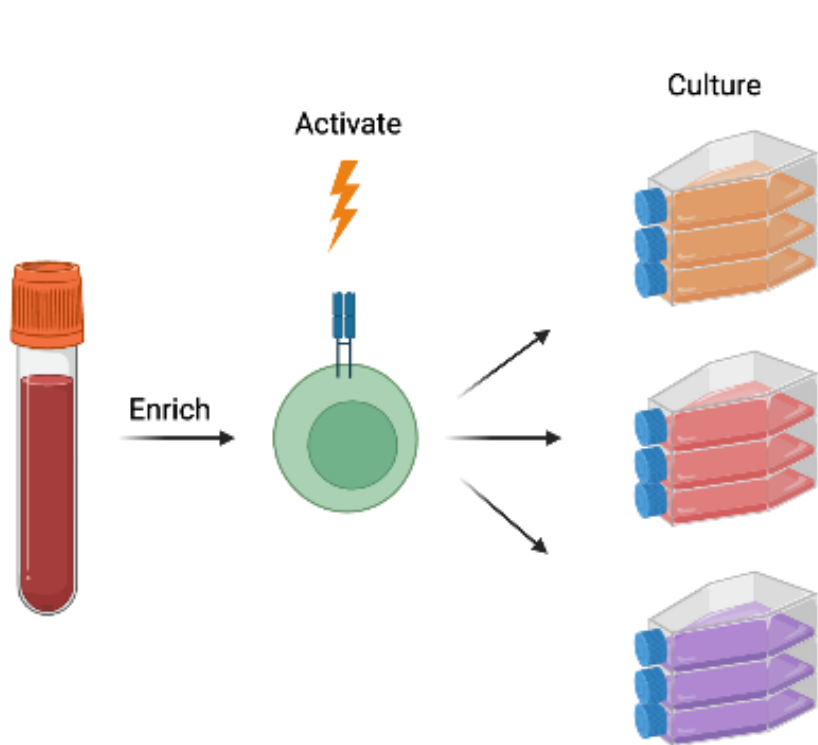


$\gamma\delta$  T cells sit at the nexus of immune suppression in PDAC, driving stromal changes and antagonizing  $\alpha\beta$  T cell infiltration and activation, driven by acquisition of an alternatively activated  $\gamma\delta$  T phenotype, conferred by soluble mediators produced by PDAC



How do we model this/ask these questions?





Caveats:

Is reprogramming conferred by a soluble mediator (easiest to model), cell-cell interactions (harder) or both + tissue stroma interactions (hardest)?

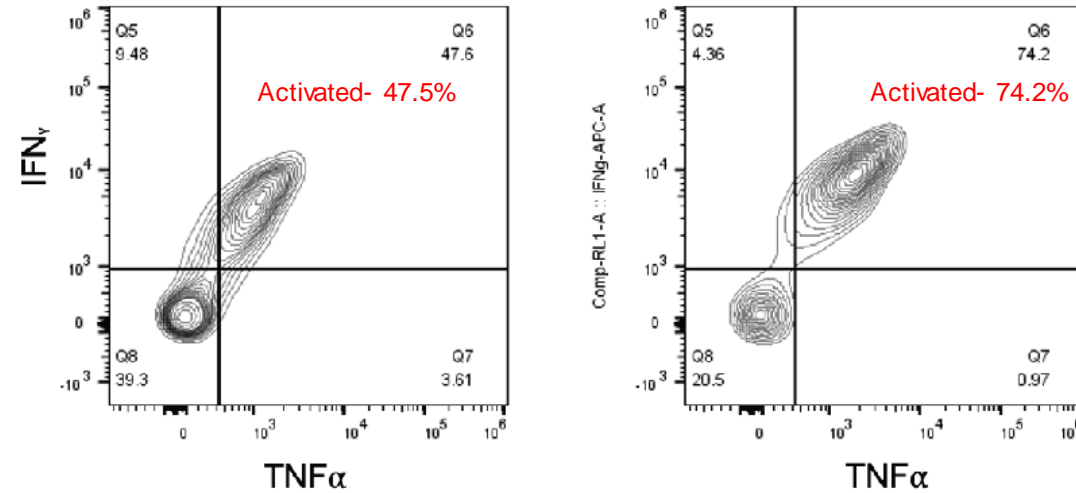
Kinetics of reprogramming?

Predicated on a model where Vd2 circulating  $\gamma\delta$ T home, react, and are subsequently reprogrammed

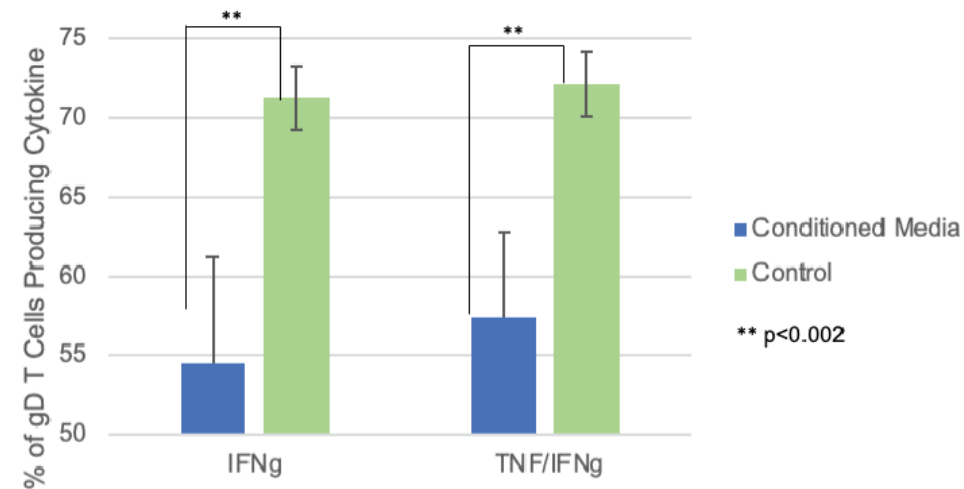
- Alternative approaches:
- Organoid co-culture system
  - Source material from metastatic sites

# Gamma Delta T Cell Activation is Attenuated by Pancreas Tumor Conditioned Media

A



B



# Next Steps

- Understand WHAT soluble mediator drives altered  $\gamma\delta$  T function
  - RNAseq
- Assess  $\gamma\delta$ T interaction with PDAC cell contact
- Assess biomarkers of  $\gamma\delta$ T dysregulation in patient samples
- Apply insights to develop therapies designed to target  $\gamma\delta$ T mediated immunosuppression
- Up-armored  $\gamma\delta$ T cell-based therapies?



**Carbone Cancer Center**

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# Thank You!

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