In the name of Allah



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Introduction

• Cancer is a leading cause of death worldwide.

• The lack of effective cancer treatments is the main reason for high mortality among cancer patients.

 Cancer treatment has progressed from surgical resection, radiation therapy and chemotherapy to immunotherapy.

Introduction



Cancer Vaccine

 Cancer vaccines are an attractive alternative immunotherapeutic option with both prophylactic and therapeutic potentials.

Despite considerable efforts to develop cancer vaccines, clinical translations of cancer vaccines into efficacious therapies have remained challenging for decades mostly due to highly variate tumor antigens and relevantly low immune response.

compared to other immunotherapies.

Cancer Vaccines

- FDA approved Cancer vaccin:
 - Preventive or prophylactic strategy
 - HPV preventive vaccine Hepatocellular Carcinoma
 - HBV preventive vaccine Cervical Cancer
 - Therapeutic strategy
 - Bacillus Calmette-Guérin (BCG) Early-stage bladder cancer
 - Sipuleucel-T (Provenge) Prostate cancer

Cancer vaccine platform types







Advantages Of Nucleic Acid Based Cancer Vaccine

- 1- Nucleic acid vaccines allow **simultaneous** delivery of **multiple antigens** covering various TAAs or TSAs.
- 2- Unlike peptide vaccines, nucleic acid vaccines can encode full length tumor antigens.
- 3- It proposed that nucleic acid vaccines are non-infectious, free of protein or virus-derived contaminations during production.



It seems that mRNA vaccine is an appealing alternative to DNA vaccine for infectious disease preventions and anticancer treatments.



mRNA Vaccine disadvantages

 Despite these promising advantages, the development of mRNA vaccines initially faced several limitations:

Instability

Possible innate immunogenicity

Inefficient in vivo transportation

 With the U.S. FDA's approval of two mRNA-based vaccines from Pfizer-BioNTech and Moderna for use in COVID-19 prevention, the mRNA vaccine field will attract widespread interest in both cancer and infectious disease

applications.



mRNA Structure

• The typical mRNA consists of:



Principle of mRNA Vaccine Synthesis and immunity



Qin et al, Zhang et al. Signal Transduction and Targeted Therapy. **2022**, **2023**

RNA sensing by the innate immune system

Exogenous mRNA (LNP enclosed)



Frontiers in Cell and Developmental Biology. 2022

Modulating immunogenicity of mRNA

> Effective methods to reduce the immunogenicity of mRNAs:

Incorporation of Modified nucleotides

Adding poly (A) tails

Improving mRNA purification

1- Modifying nucleotides chemically

Cytidine	5-methylcytidine (m5C)	
	5-methyluridine (m5U)	
	pseudouridine (ψ)	
Uridine	N1-methylpseudouridine (m1ψ)	
	2-thiouridine (s2U)	
	5-methoxyuridine (5moU)	

N6-methyladenosine (m6A)	Adenosine	N1-methyladenosine (m1A)
		N6-methyladenosine (m6A)

Immunity

Suppression of RNA Recognition by Toll-like >ReceptorsnschiedmpstatsomNateledsidenMortBific Rthornd TLR8, and Most EfotherNorlapsi Ortgistion and MDDCs

Katalin Karikó,^{1,*} Michael Buckstein,² Houping Ni,² and Drew Weissman²



Cont....

Modified Nucleosides Reduce the Capacity of RNA to Induce Cytokine Secretion and Activation Marker Expression by DCs



Cont....

Activation of DCs by RNA MDDCs were treated for 20 h with lipofectin alone or complexed with Modified nucleosides RNA.



	TNF-α*	CD80	CD86
5	pg/ml	mean flu	orescence
lipofectin	0	7.6	55.3
poly(I):(C)	45.6	59.4	257.4
R848	48.3	55.2	235.4
RNA-1866 unmodified m5C m6A Ψ s2U m6A/W	1 26.7 0 0 0 0	52.7 16.4 12.4 12.0 8.0	246.4 108.6 78.4 87.5 62.7 68.4

The Journal of Immunology 2- Adding poly BRIEF REPORT APRIL 01 2004 (A) tails

Cutting Edge: Innate Immune System Discriminates between RNA Containing Bacterial versus Eukaryotic Structural Features That Prime for High-Level IL-12 Secretion by Dendritic Cells¹ 📀



Nucleic Acids Research, 2011, Vol. 39, No. 21 e142 doi:10.1093/nar/gkr695

Generating the optimal mRNA for therapy: HPLC purification eliminates immune activation and improves translation of nucleoside-modified, protein-encoding mRNA



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More mRNA Vaccine Modifications

• To improve mRNA stability and translation efficacy



mRNA Vaccine Delivery

- Because of the negatively charged structure of naked RNA and the large molecular size, mRNA is prone to degradation by nucleases and cannot cross the cell membrane.
- To overcome this obstacle, several mRNA vaccine delivery strategies have been developed:
 - Ex vivo loading of mRNA into DCs,
 - Direct injection of mRNA with or without a carrier.

Major delivery methods for mRNA vaccines



mRNA cancer vaccine platforms

• mRNA-based cancer immunotherapies can be divided to:

Tumor-associated antigen (TAA) mRNA vaccine

Neoantigen or tumor-specific antigens (TSAs) mRNA vaccine

Immunomodulatory molecules and tumor suppressor genes mRNA vaccine

Overview of representative mRNA-based cancer vaccine clinical trials

accine type	Antigens and costimulatory molecules	Outcomes	Challenges
utologous dendritic ell	 TriMixDC-MEL: mRNAs encoding CD70, CD40L, constitutively active TLR4 and tumor antigens (134, 180) WT-1 dendritic cell: mRNA encoding WT-1 (181) AGS-003: whole-tumor mRNA and synthetic CD40L mRNA (182) RNA/dendritic cell vaccine: whole-tumor RNA (183) 	 Safe toxicity profile Antigen-specific T cell responses in some patients Proinflammatory changes in TME observed in some patients 	 Costly Laborious to produce Variation in patient-specific dendritic cell preparations limiting Variation in dendritic cell trafficking after injection
Lipid-complexed nRNAs	 mRNA-2416 (Moderna): mRNA encoding 0X40L (188) mRNA-2752: mRNA encoding 0X40L, IL-23, IL-36Y (189) mRNA-4157 (Moderna): mRNA encoding patient-specific neoantigens (190, 191) FixVac, BNT111 (BioNTech): mRNA encoding NY-ES0-1, tyrosinase, MAGE-A3, TPTE (5, 152) 	 Safe toxicity profile, mild adverse events Activation of antigen-specific CD4⁺ or CD8⁺ T cells in large subset of patients Proinflammatory changes in TME Durable disease control for some patients Promising clinical responses in combination with ICB 	 Variable tumor-associated antigen- specific responses in subsets of patients
Protamine-coated nRNAs	 RNActive, CV9201: mRNA encoding NY-ESO-1, MAGE-C1, MAGE-C2, survivin, 5T4 (186) RNActive, CV9103: mRNA encoding PSA, PSCA, PSMA, and STEAP1 (187) 	 Safe toxicity profile, mild to moderate adverse events Activation of T cell responses in small proportion of patients Significant increase in B cell responses 	 Modest immunogenicity
Naked mRNA	 TriMix: mRNA encoding CD70, CD40L, and constitutively active TLR4 (184) IVAC MUTANOME (BioNTech): mRNA encoding personalized neoantigens (4) mRNA-Mix: mRNA encoding MAGE-A1, MUC1, CEA, and survivin (185) 	 Safe toxicity profile, mild adverse events Antigen-specific T cell responses detected after vaccination in subset of patients Promising clinical responses in combination with ICB 	 Short half-life Limited uptake in cells Requires ultrasound-guided injection into lymph nodes

Cancer Immunology, Immunotherapy https://doi.org/10.1007/s00262-0





Vaccine type	Antigens and costimulatory molecules	Outcomes	Challenges
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Personalized cancer vaccine (mRNA-4157)



Current challenges and future perspectives

- 1- Tumor heterogeneity
- 2- Immunosuppressive tumor microenvironment
- 3- Vaccine administration routes
- 4- Biomarkers for monitoring the treatment response

Conclusion

- ✓ It seems mRNA cancer vaccines present a promising new approach to anticancer therapies with both opportunities and challenges.
- ✓The highly personalized and specific nature of this technology offers tremendous potential for precision medicine in the fight against cancer.
- ✓ Further clinical trials are necessary to fully establish the safety and efficacy of mRNA cancer vaccines and additional preclinical studies are warranted to explore the combined use of mRNA cancer vaccine and other anticancer therapies.

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✓Addressing issues such as tumoral heterogeneity, routes of administration and development of methods to assess the efficacy processes will be critical for advancing this technology toward meaningful clinical outcomes.

 With continued research and investment, mRNA cancer vaccines hold great promise as a transformative therapy for cancer patients.

References

- Liu C, Yang M, Zhang D, Chen M, Zhu D. Clinical cancer immunotherapy: Current progress and prospects. Frontiers in Immunology. 2022 Oct 11;13:961805.
- Kciuk M, Yahya EB, Mohamed Ibrahim Mohamed M, Rashid S, Iqbal MO, Kontek R, Abdulsamad MA, Allaq AA. Recent Advances in Molecular Mechanisms of Cancer Immunotherapy. Cancers. 2023 May 11;15(10):2721.
- Miao L, Zhang Y, Huang L. mRNA vaccine for cancer immunotherapy. Molecular Cancer. 2021 Dec;20(1):1-23.
- Wang Y, Zhang Z, Luo J, Han X, Wei Y, Wei X. mRNA vaccine: a potential therapeutic strategy. Molecular Cancer. 2021 Feb 16;20(1):33.
- Huff AL, Jaffee EM, Zaidi N. Messenger RNA vaccines for cancer immunotherapy: progress promotes promise. The Journal of Clinical Investigation. 2022 Mar 15;132(6).

Cont...

- Wang B, Pei J, Xu S, Liu J, Yu J. Recent advances in mRNA cancer vaccines: Meeting challenges and embracing opportunities. Frontiers in Immunology. 2023;14.
- Vishweshwaraiah YL, Dokholyan NV. mRNA vaccines for cancer immunotherapy. Frontiers in immunology. 2022 Dec 14;13:1029069.
- Huff AL, Jaffee EM, Zaidi N. Messenger RNA vaccines for cancer immunotherapy: progress promotes promise. The Journal of Clinical Investigation. 2022 Mar 15;132(6).

Thank you