

## IMMUNOTHERAPY

## Macrophages hijack anti-PD-1 therapy

Anti-PD-1 antibodies ( $\alpha$ PD-1) can provide long-term clinical benefit, but only for a minority of patients with cancer; our understanding of the mechanisms of response or resistance to these agents is limited. Mikael Pittet and co-workers sought to address this knowledge gap by studying the pharmacokinetics and pharmacodynamics of  $\alpha$ PD-1 within the complex tumour microenvironment.

Intravital microscopy was used to investigate, in real-time and at subcellular resolution, the interactions between  $\alpha$ PD-1 and CD8<sup>+</sup> T cells (which express PD-1), tumour-associated macrophages (TAMs), and tumour cells in a mouse model of cancer. Commenting on the major findings, Pittet explains: “binding of  $\alpha$ PD-1 to T cells within tumours occurs soon after infusion, as expected, but  $\alpha$ PD-1 are transferred from T cells to TAMs within only a few minutes.” Notably, evidence indicated that TAMs physically remove the antibodies from the surface of T cells, although phagocytosis was ruled out as the main mechanism of antibody sequestration. Instead, “ $\alpha$ PD-1 uptake by

TAMs depends both on the Fc domain of the antibody, particularly its glycosylation, and on Fc $\gamma$  receptors (Fc $\gamma$ Rs) expressed by TAMs,” Pittet adds. These findings were recapitulated using primary human immune cells and an approved  $\alpha$ PD-1, nivolumab, *in vitro*.

Importantly, interactions of  $\alpha$ PD-1 with TAMs seem to contribute to drug resistance because antibody-mediated blockade of Fc $\gamma$ Rs enhanced the efficacy of  $\alpha$ PD-1 therapy in mice; specifically, no nonresponders were seen with combined treatment, contrary to observations in mice treated with  $\alpha$ PD-1 alone.

Together, these findings indicate that preventing TAMs from ‘hijacking’  $\alpha$ PD-1 might prolong the pharmacological engagement of antitumour T cells, thereby increasing the effectiveness of therapy. Pittet concludes, “this could potentially be achieved by modifying  $\alpha$ PD-1 via Fc engineering or glycan modification, by blocking Fc $\gamma$ Rs, or by targeting macrophages or other cells that express Fc $\gamma$ Rs.

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