Bacterial Anticancer Therapy



Sean Huth

MacMillan Group

Lit. Talk November 29th, 2022

Outline



Outline



St. Peregrine's Tumor



St. Peregrine

- Born 1265 in Italy. Initially rebellious against religion.
- Later became a priest and founded a monastery.
- At the age of 60, developed malignant tumor in his foot

Tumor grew until it burst out of his foot as a lesion and became badly infected.



amputation recommended

Introduction St. Peregrine's Tumor



St. Peregrine

- Born 1265 in Italy. Initially rebellious against religion.
- Later became a priest and founded a monastery.
- At the age of 60, developed malignant tumor in his foot

Day of the surgery: The tumor appeared to be recovering

St. Peregrine lived to be 80 years old

Divine Intervention?

Introduction St. Peregrine's Tumor



St. Peregrine

- Born 1265 in Italy. Initially rebellious against religion.
- Later became a priest and founded a monastery.
- At the age of 60, developed malignant tumor in his foot

Day of the surgery: The tumor appeared to be recovering

St. Peregrine lived to be 80 years old

"Spontaneous Regression"

likely the infection that had a curative effect

Outline





Dr. William Coley

Worked at New York Memorial Hospital late 1800s

- Loss of first patient in 1891 severely affected him
- Prompted search for alternatives to traditional treatment

Case: patient with sarcoma on left cheek

repeated excisions -

recurrence twice





Dr. William Coley

Worked at New York Memorial Hospital late 1800s

- Loss of first patient in 1891 severely affected him
- Prompted search for alternatives to traditional treatment

Case: patient with sarcoma on left cheek

wound gets infected high fever

tumor clears over the next 4 months

Van Netten, C.; Van Netten, J.P.; Hoption Cann, S.A. Postgrad Med J 2003, 79, 672-680.



Dr. William Coley

- Worked at New York Memorial Hospital late 1800s
- Loss of first patient in 1891 severely affected him
- Prompted search for alternatives to traditional treatment

patient still alive 7 years later

infected by: Streptococcus pyogenes

Did the infection have a curative effect?

inspired, Coley infected next 10 patients



Dr. William Coley

Difficulties quickly arose:

Inconsistent infection success rate

Dangerous/lethal infections



led to development of Coley's toxin

Dr. William Coley



Difficulties quickly arose:

Inconsistent infection success rate

Dangerous/lethal infections



led to development of Coley's toxin

Coley's Toxins throughout the years



Coley's Toxins throughout the years



Local effects of bacteria



boost in M1 macrophages aids in anti-tumor response

Van Netten, C.; Van Netten, J.P.; Hoption Cann, S.A. Postgrad Med J 2003, 79, 672-680.

Local effects of bacteria



Streptokinase

- bacterial enzyme from streptococcus
- forms dimer with human plasminogen
- degrades fibrin and other plasma proteins

natively: helps bacteria avoid blot clots to aid infection





in tumor conditions: may aid immune infiltration

Coley's Toxin - systemic effects



Coley's Toxin - systemic effects



immune stimulation, trafficking, expression

Coley's Toxin - systemic effects

Fever response in hypothalamus



Coley's Toxin - systemic effects

systemic fever response



Coley's Toxin - systemic effects



systemic fever response

Fisher, Daniel T.; Repasky, Elizabeth A.; Evans, Sharon S. Nature Reviews Immunology 2015, 15, 335–349.

Outline



Why would we use bacteria therapeutically?



Bacteria that manufacture proinsulin



Walter Gilbert

- Harvard initially physics, transitioned into biochemistry
- Pioneer in genomic sequencing 1980 Nobel Prize in Chemistry
- Set out to engineer bacteria to manufacture proinsulin

genetic recombination

piecing together existing DNA fragments in new ways



e.g. restriction cloning

Bacteria that manufacture proinsulin



Walter Gilbert

Harvard - initially physics, transitioned into biochemistry

- Pioneer in genomic sequencing 1980 Nobel Prize in Chemistry
- Set out to engineer bacteria to manufacture proinsulin





Bacteria that manufacture proinsulin



Walter Gilbert

Harvard - initially physics, transitioned into biochemistry
Pioneer in genomic sequencing - 1980 Nobel Prize in Chemistry
Set out to engineer bacteria to manufacture proinsulin



Insulin staining on culture plate, arrow indicates clone

Gilbert was narrowly beaten to this feat by Genentech who built the gene artificially

Gilbert, Walter et al. Proc. Nati. Acad. Sci. 1978, 75, 8, 3727-3731.

Why would we use bacteria therapeutically?





we can genetically ablate toxicity

Why would we use bacteria therapeutically?



E. coli Nissle Strain (*Ec*N)

- nonpathogenic bacterial strain discovered 1917
- used for probiotic delivery of therapeutics



probiotic Mutaflor® consists of EcN

- no toxin production
- no pathogenic adhesion factors
- no antibiotic resistance genes
- no sepsis risk

Why would we use bacteria therapeutically?



bacteria will naturally migrate to necrotic tumors

Why would we use bacteria therapeutically?



Sender, Ron; Fuchs, Shai; Milo, Ron. PLoS Biol. 2016, 14, 8.

Outline



What about bacteria in the clinic?



1. current FDA approved

A current FDA-approved bacterial therapy



BCG Vaccine

Bacillus Calmette-Guérin

Developed against tuberculosis in early 1900s Found widespread use after WWII

Adopted as standard care for bladder cancer in 1977



A current FDA-approved bacterial therapy

Adopted as standard care for bladder cancer in 1977



Function is analogous to coley's toxins - immune stimulation

A current FDA-approved bacterial therapy

Mechanism of action similar to Coley's Toxin



A current FDA-approved bacterial therapy

Adopted as standard care for bladder cancer in 1977



- Function is analogous to coley's toxins immune stimulation
- ➡ Prevents recurrence in 67% of cases of suitable candidates
- In general: more effective than chemotherapy, but also more dangerous

further investigations into colon cancer treatment are ongoing (Vaccinogen)

Sylvester, Richard J. International Journal of Urology. 2011. 18, 113-120.

What about bacteria in the clinic?



- 1. current FDA approved
 - 2. Salmonella

Salmonella for Bacterial therapy



Salmonella Salmonella typhimurium

- Common cause of food borne illness, typhoid fever
- Intracellular pathogen/parasitic infection
- Uses secretion system to enter host cells

1954

adrenal gland tumor colonized by salmonella



Genetic modification to reduce virulence

Giel, Charles P. N Engl J Med. 1954, 251, 980-982.

Zheng, Li-Mu et al. Oncology Research. 2002, 12, 501–508.

Salmonella for Bacterial therapy



genetically modified salmonella

phage usage to insert DNA into Salmonella

- Deletions in msbB and purl loci both virulence factors
- msbB myristic acid moiety of lipid A

purl - phosphoribosylaminoimidazole synthetase



Salmonella for Bacterial therapy



VNP20009 genetically modified salmonella

series of insertion and selection processes to arrive at VNP20009



Salmonella for Bacterial therapy



VNP20009 genetically modified salmonella

- Deletions in msbB and purl loci both virulence factors
 - msbB myristic acid moiety of lipid A
 - purl phosphoribosylaminoimidazole synthetase



Utilization in mouse xenograft model



Salmonella for Bacterial therapy



VNP20009 genetically modified salmonella

- Deletions in msbB and purl loci both virulence factors
- msbB myristic acid moiety of lipid A
- purl phosphoribosylaminoimidazole synthetase



Utilization in mouse xenograft model



Salmonella for Bacterial therapy



genetically modified salmonella



Utilization in mouse xenograft model

- Deletions in msbB and purl loci both virulence factors
 - msbB myristic acid moiety of lipid A

purl - phosphoribosylaminoimidazole synthetase



Salmonella for Bacterial therapy



VNP20009 genetically modified salmonella

- Deletions in *msbB* and *purl* loci both virulence factors
- msbB myristic acid moiety of lipid A
- purl phosphoribosylaminoimidazole synthetase



PBS

Dead VNP20009

Live VNP20009

Clinical Trials: Salmonella

Treatment of Patients With Cancer With Genetically Modified Salmonella Typhimurium Bacteria



No benefit in tumor reduction observed

terminated after phase 1 trials

ClinicalTrials.gov. Trial NCT00004988. Web. Accessed Nov. 2022.

Clinical Trials: Salmonella with Immunomodulators

Attractor

molecule

IL-2



increases killing activity by T-cells and NK cells

narrow therapeutic window, systemic administration difficult

Koten, JW et al. Cancer Immunology, Immunotherapy. 2008, 57 (7): 931-50. Saltzman, Daniel. Cancer Res. 2021, 81, LB161.

Clinical Trials: Salmonella with Immunomodulators





n = 1 patient study

Clinical Trials: Salmonella with Immunomodulators

Saltikva for Metastatic Pancreatic Cancer

n = 1 patient study



Clinical Trials: Salmonella with Immunomodulators

Saltikva for Metastatic Pancreatic Cancer

n = 1 patient study



Saltzman, Daniel. Cancer Res. 2021, 81, LB161.

Clinical Trials: Salmonella with Immunomodulators

Saltikva for Metastatic Pancreatic Cancer

n = 1 patient study

Saltikva + FOLFIRINOX administered

significant increase in NK cell levels observed



indicative of immunomodulatory effect

Stage 4 | Cancer is growing in organs beyond the pancreas (e.g. liver).



eventually, patient makes full recovery, healthy 24 months later

Clinical Trials: Salmonella with Immunomodulators

Saltikva for Metastatic Pancreatic Cancer



+ Full patient recovery - healthy 24 months later

currently in phase 2 trials

What about bacteria in the clinic?



- 1. current FDA approved
 - 2. Salmonella
- 3. Listeria monocytogenes

Listeria monocytogenes for bacterial therapy



Listeriolysin O allows for lysosomal escape

Cossart, P. Infection. 1988, 16, 157-159.

Clinical Trials: Listeria

Modified listeria as an HPV induced cervical cancer treatment



Modified listeria that produce HPV antigen fusion protein



3

ADVAXIS

IMMUNOTHERAPIES[™]

ADXS11-001 genetically modified Listeria monocytogenes



Clinical Trials: Listeria

Modified listeria as an HPV induced cervical cancer treatment

S



- Modified listeria that produce HPV antigen fusion protein
- T cells recognize antigen and attack HPV infected cells



DVAX

IMMUNOTHERAPIES[™]

Δ

MHC interaction allows T-cell to recognize HPV antigen



T-cells can now kill HPV-infected cells

Clinical Trials: Listeria

Study of ADXS11-001 in Subjects With High Risk Locally Advanced Cervical Cancer



- 31% of patients saw tumor size reductions +
- Only 1 complete response

currently in phase 3 trials

Why hasn't it been more widely adopted?

1. Toxicity



Lübeck disaster (1930s)

BCG vaccine accidentally contaminated with live tuberculosis strain

they were stored in the same incubator



73 infants ending up dying as a result

Why hasn't it been more widely adopted?

1. Toxicity

2. Efficacy

In all live cell bacterial therapies we have discussed:

response rates peak at around 30%

attenuated toxicity, but lack of true efficacy



Why should we care today?



Article

Effect of the intratumoral microbiota on spatial and cellular heterogeneity in cancer

https://doi.org/10.1038/s41586-022-05435-0

Received: 9 March 2022

Accepted: 10 October 2022

Published online: 16 November 2022

Jorge Luis Galeano Niño¹, Hanrui Wu^{1,9}, Kaitlyn D. LaCourse^{1,9}, Andrew G. Kempchinsky¹, Alexander Baryiames¹, Brittany Barber², Neal Futran², Jeffrey Houlton^{2,8}, Cassie Sather³, Ewa Sicinska⁴, Alison Taylor⁵, Samuel S. Minot⁶, Christopher D. Johnston^{7¹} & Susan Bullman^{1¹}

Bacteria in the intratumoral environment





bacterial distribution is not even



bacterial species vary by cancer type

Bacteria in the intratumoral environment



bacteria change local mammalian gene expression

Bacteria in the intratumoral environment



Epithelial cancer cells F. nucleatum

Why should we care today?



Article

Effect of the intratumoral microbiota on spatial and cellular heterogeneity in cancer

https://doi.org/10.1038/s41586-022-05435-0

Received: 9 March 2022

Accepted: 10 October 2022

Published online: 16 November 2022

Jorge Luis Galeano Niño¹, Hanrui Wu^{1,9}, Kaitlyn D. LaCourse^{1,9}, Andrew G. Kempchinsky¹, Alexander Baryiames¹, Brittany Barber², Neal Futran², Jeffrey Houlton^{2,8}, Cassie Sather³, Ewa Sicinska⁴, Alison Taylor⁵, Samuel S. Minot⁶, Christopher D. Johnston^{7¹²} & Susan Bullman^{1²⁰}

in the future, we will want to consider each patient's tumoral microbiota

Questions?

