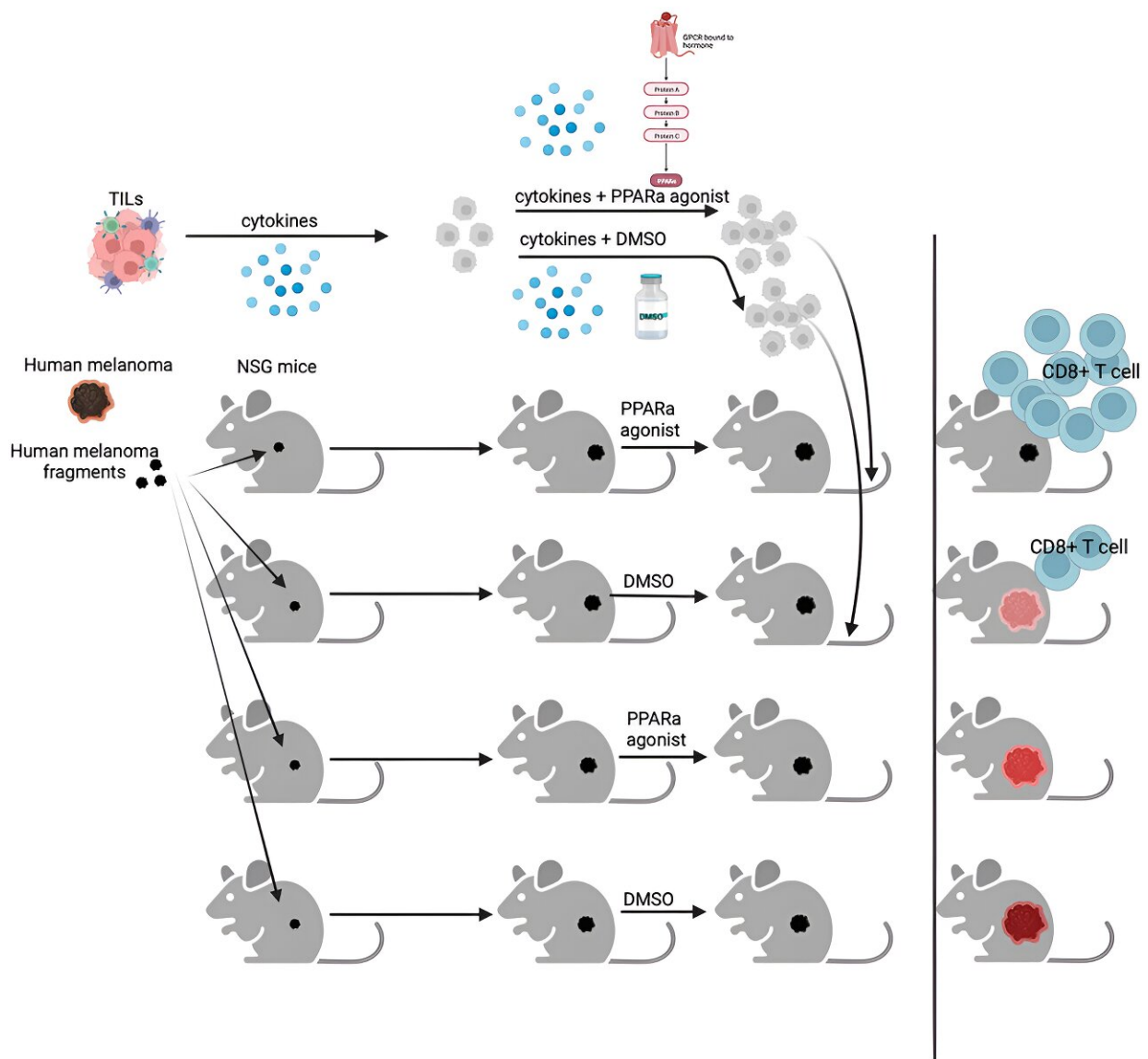


Scientists enhance cell-based therapy to destroy solid tumors

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Graphical abstract. Credit: *Molecular Therapy - Oncolytics* (2023). DOI: 10.1016/j.omto.2023.100744

Wistar researchers successfully tested a simple intervention that could unlock greater anti-tumor power in therapies that use T cells—an approach known as "cell-based therapy," which uses specially designed T cells to fight cancer.

Led by Dr. Hildegund C.J. Ertl—a professor in The Wistar Institute's Vaccine & Immunotherapy Center—the team has proven an exciting concept: that the common cholesterol drug fenofibrate can boost T cells' ability to destroy human tumors, as described in their new paper, "[Treatment with the PPAR \$\alpha\$ agonist fenofibrate improves the efficacy of CD8⁺ T cell therapy for melanoma](#)," published in *Molecular Therapy Oncolytics*.

CD8⁺ T cells work very well in fighting liquid tumors, but for [solid tumors](#) like melanoma, the cell-based therapy approach can stall due to the physical structure of [cancer](#). The T cells infiltrate the tumor, but the cancer adapts and saps the T cells' energy by hijacking the form of metabolism that the T cells use: glycolysis, which turns sugar into energy. Without energy, the T cells first lose functions and then die, and the cancer continues to grow.

However, Dr. Ertl's team has been able to circumvent this problem by forcing T cells to use a different energy source than glucose. They used fenofibrate because, as a cholesterol-lowering compound, the drug is a PPAR α agonist. When PPAR α is upregulated, cellular metabolism is switched from glycolysis to [fatty acid oxidation](#) or FAO.

This mechanism works to improve [cholesterol levels](#) in [human patients](#),

but for Dr. Ertl's purposes, the fenofibrate-induced switch to FAO provided T cells with a form of energy that cancer couldn't exploit—which is how Dr. Ertl proved that fenofibrate has been able to boost the killing power of T cells deployed against cancerous cell lines.

In this paper, the authors wanted to see whether this kind of cancer-killing improvement would have similar effects when deployed against not just cancer cell lines but solid human tumor fragments—a more challenging proposition. The group treated T cells with fenofibrate, and the hypothesis held: Dr. Ertl's team watched the T cells treated with fenofibrate survive longer and kill more cancer in preclinical models with human solid tumor masses than the T cells that didn't receive the treatment.

"Treating T cells with fenofibrate before using them as a [cancer treatment](#) flips a switch of sorts in their metabolism," said Dr. Hildegund Ertl. "Once that switch is flipped, T [cells](#) can destroy the cancer much more effectively. And we've confirmed that this holds for larger human tumor masses."

As a result of these findings, Dr. Ertl and her team think this intervention shows great promise for future anti-tumor therapies.

"Melanoma is the most dangerous form of skin cancer. Anything we can do to chip away at the cancer and destroy more of it—even a simple pre-treatment step like this one—can make a world of difference."

More information: Mohadeseh Hasanpourghadi et al, Treatment with the PPAR α agonist fenofibrate improves the efficacy of CD8+ T cell therapy for melanoma, *Molecular Therapy—Oncolytics* (2023). [DOI: 10.1016/j.omto.2023.100744](https://doi.org/10.1016/j.omto.2023.100744)

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