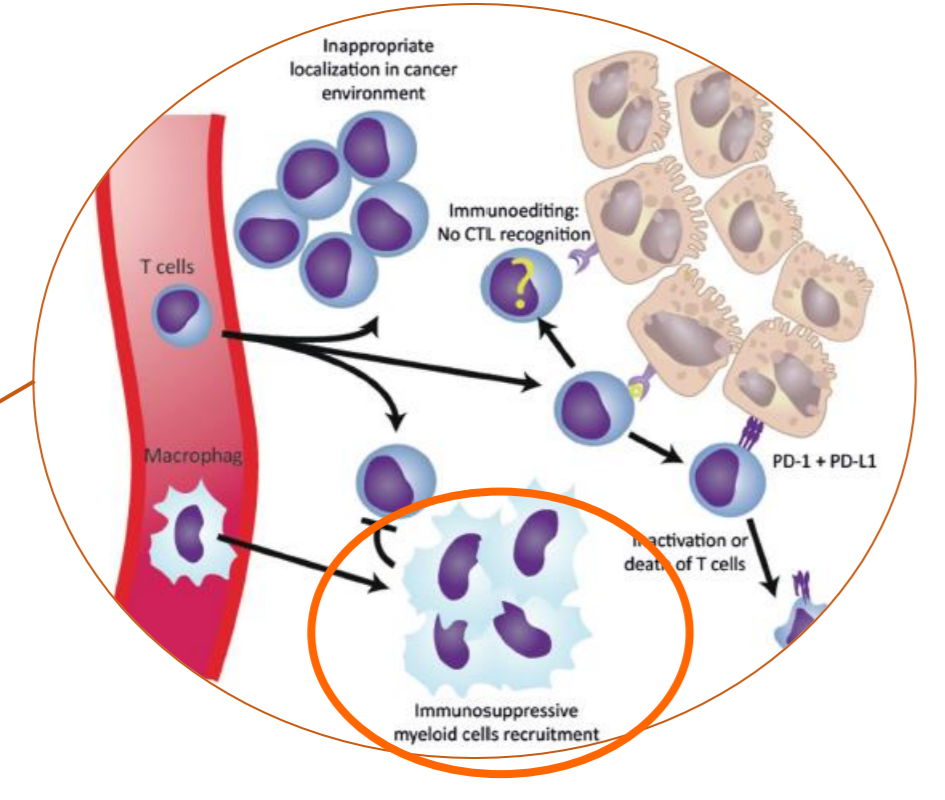
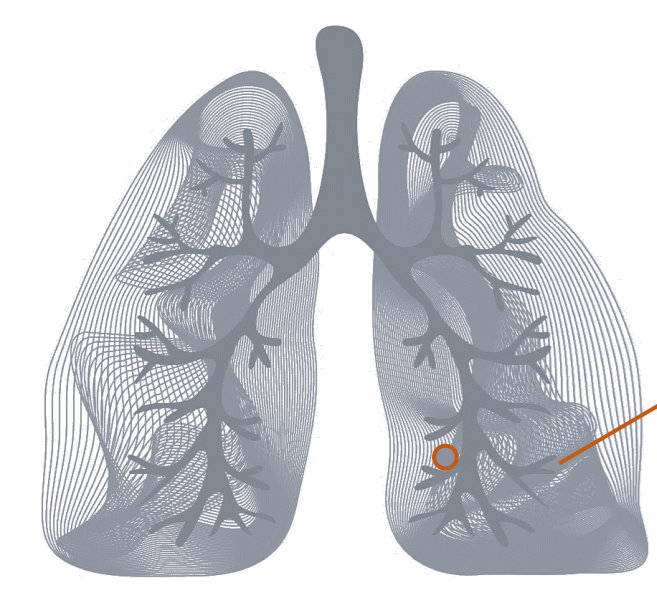


# Introduction



- **< 25%** of NSCLC patients don't respond to anti-PD-(L)1 immunotherapy
- **Myeloid cells**
  - Abundantly present in the lung tumor microenvironment (TME)
  - Linked to tumor progression and resistance to therapy
  - Can be PD-1<sup>+</sup>, PD-L1<sup>+</sup> and FcγR<sup>+</sup>

## Characterization of the lung tumor microenvironment upon anti-PD-L1 therapy reveals an ambiguous role for TNF-α

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<sup>3</sup> Liver Cell Biology Research Group, VUB, Belgium  
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<sup>6</sup> Laboratory of Cell Biology & Histology, Antwerp Centre for Advanced Microscopy (ACAM), University of Antwerp, Belgium  
<sup>7</sup> In vivo Cellular and Molecular Imaging laboratory, VUB, Belgium

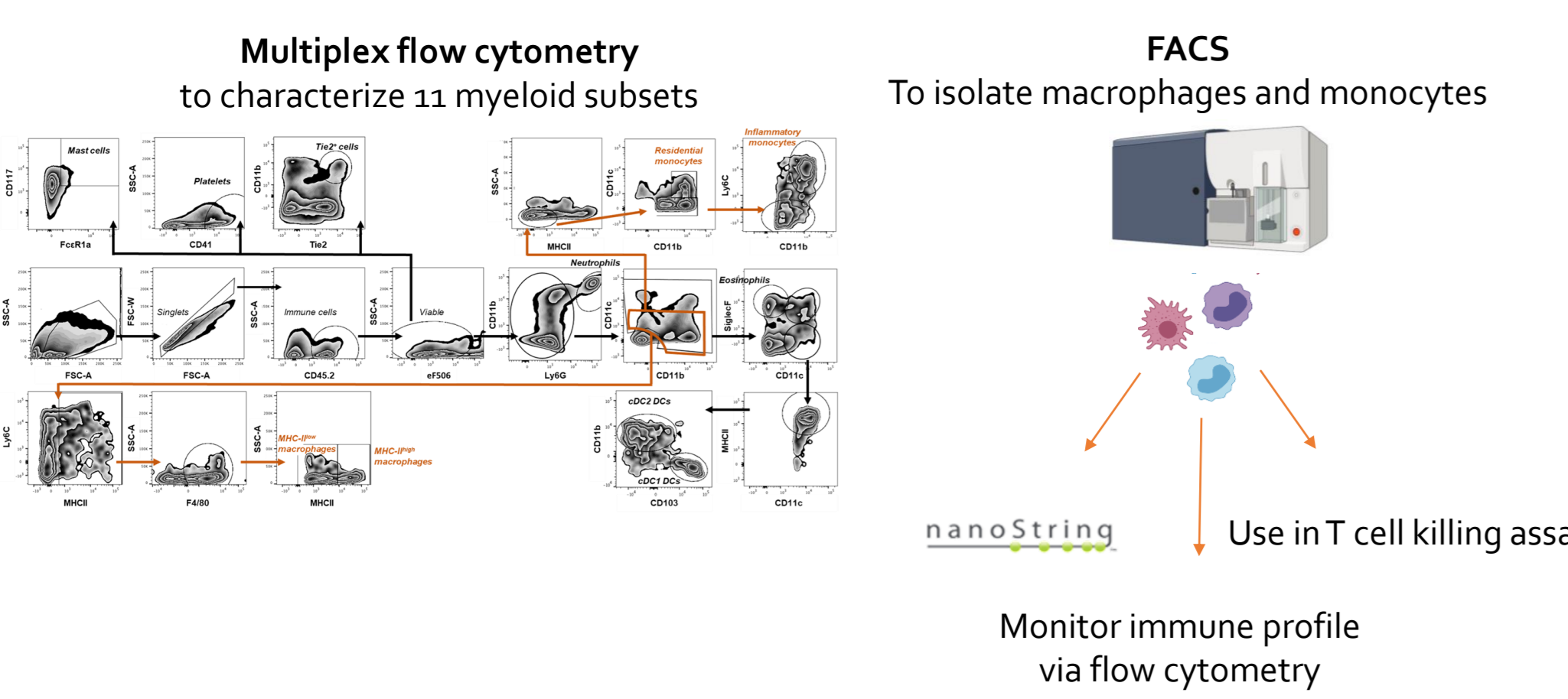
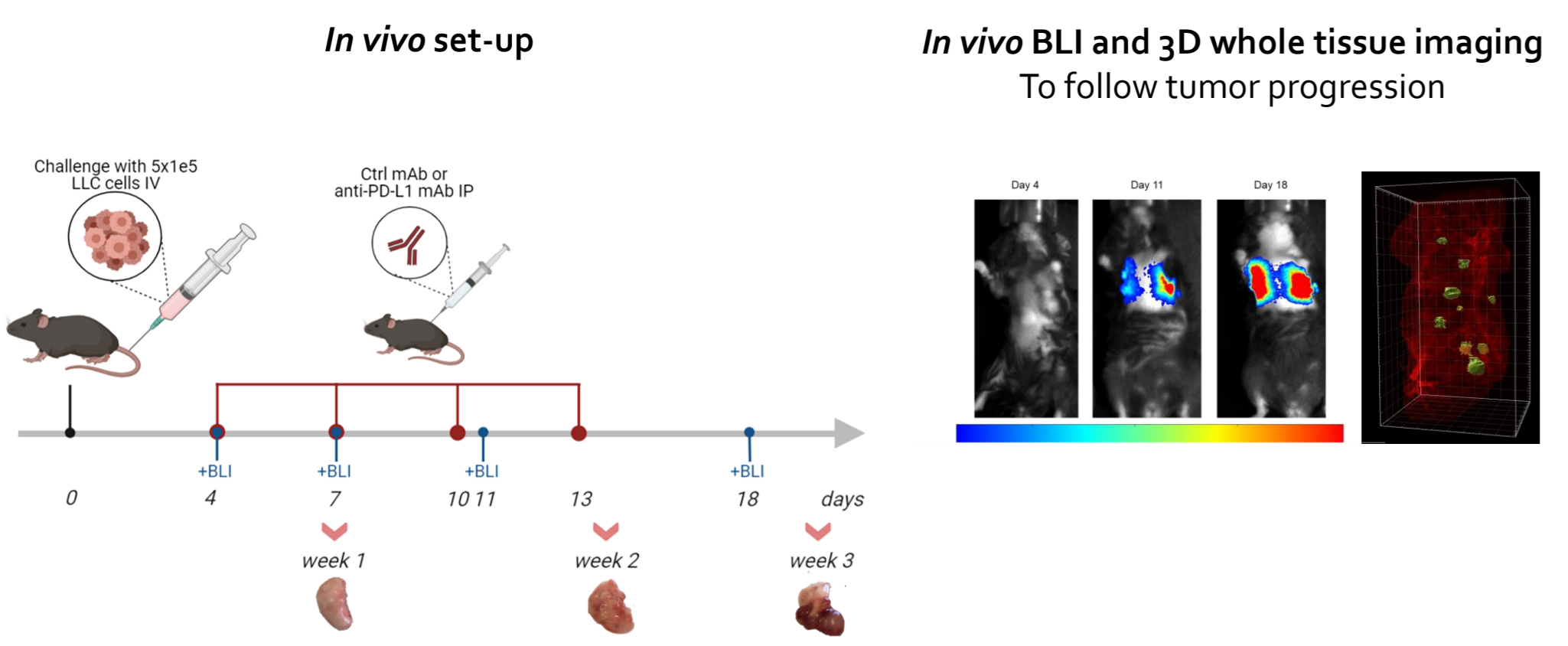
## Hypothesis

Do PD-(L)1<sup>+</sup> myeloid cells hamper effective anti-PD-L1 therapy?

## Conclusions

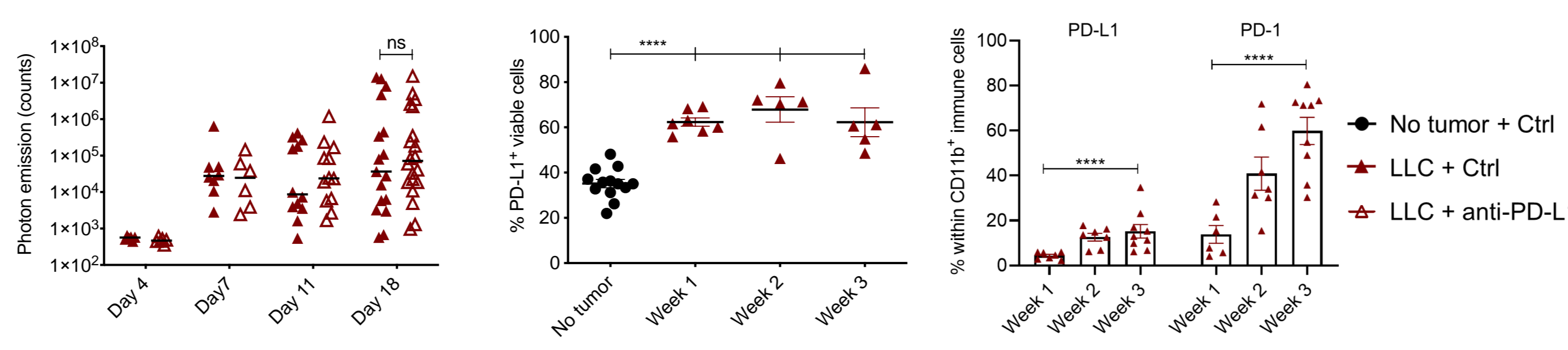
1. Upon anti-PD-L1 therapy, only the lung TME infiltrated monocytes:
  - produce and respond to increased TNF-α levels
  - **increase** their levels of **LAG-3**, **TIM-3**, **SIRP-α** and **VISTA**
2. TNF-α is involved in anti-PD-L1 therapy-mediated checkpoints
3. TNF-α and PD-L1 co-blockade has no increased therapeutic benefit *in vivo*
4. Monocytes are crucial for T cell stimulation via the combination of anti-PD-L1 with anti-SIRP-α or anti-LAG3

# Methods

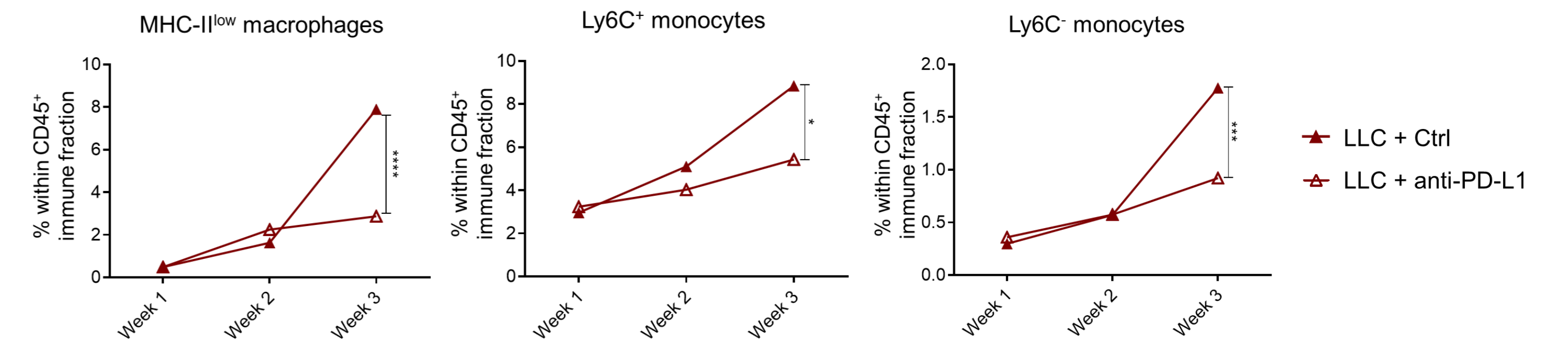


# Results

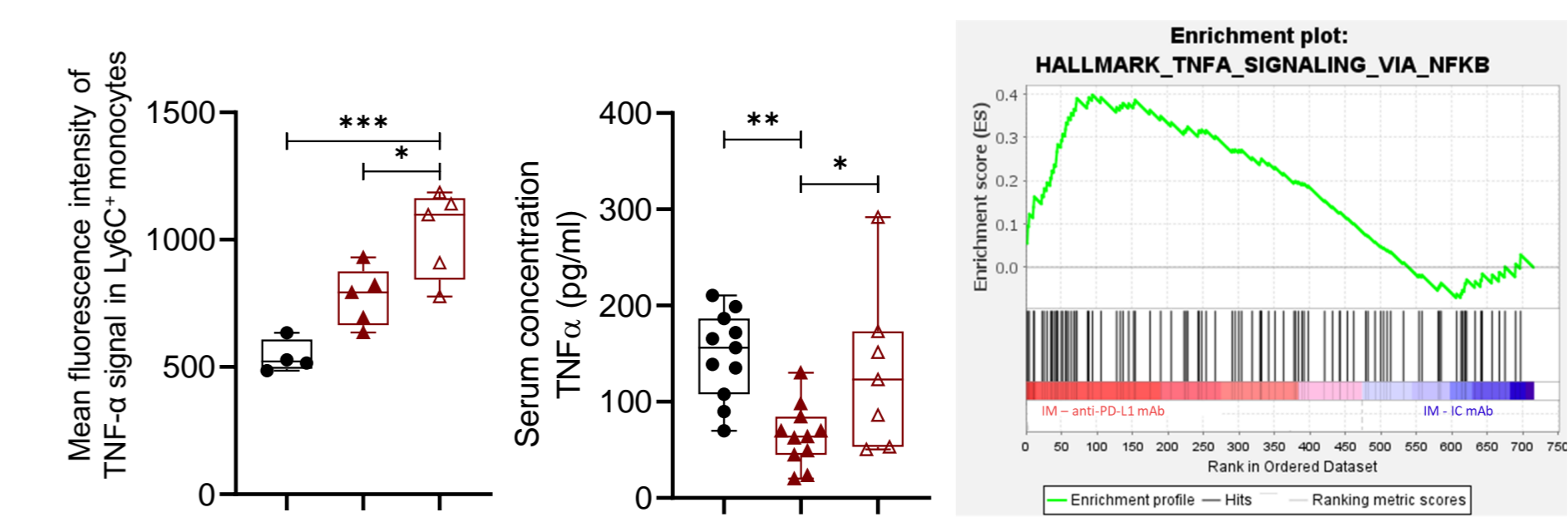
## 1. Anti-PD-L1 therapy has no therapeutic benefit despite elevated PD-L1 expression levels in lungTME



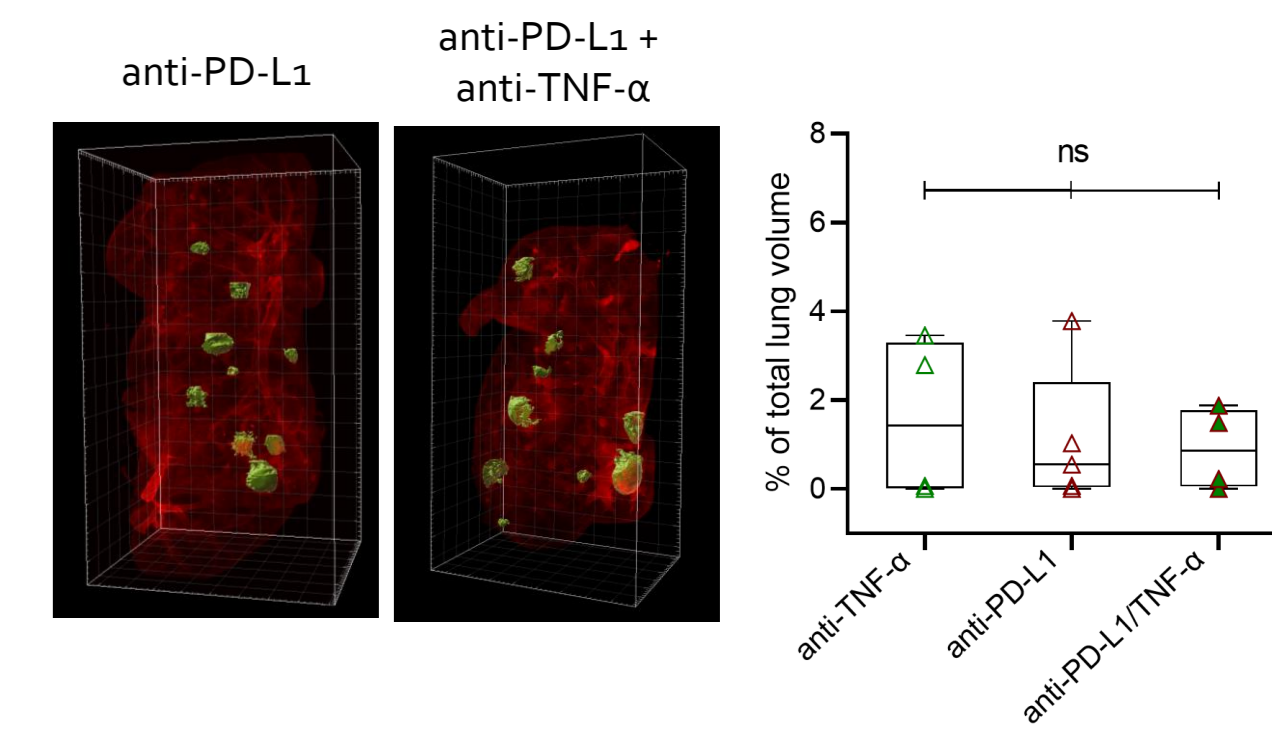
## 2. Anti-PD-L1 therapy abolishes the rise in MHC-II<sup>low</sup> TAMs and monocytes upon LLC progression



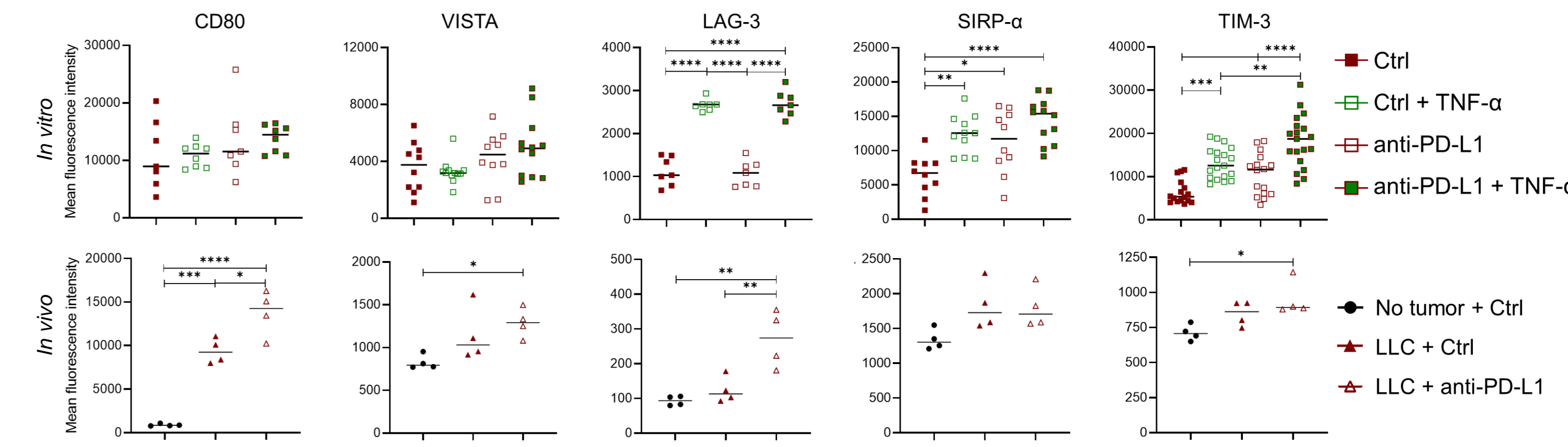
## 3. Anti-PD-L1 therapy results in a monocyte-specific TNF-α response



## 4. TNF-α - PD-L1 co-blockade has no increased therapeutic benefit



## 5. TNF-α fortifies the upregulation of checkpoint molecules on anti-PD-L1 treated monocytes



## 6. Monocytes play a key role in the CTL-stimulating potential of ICB combination therapy

