

# Costimulatory and co-inhibitory molecules on tumor-infiltrating lymphocytes from hepatocellular carcinoma and cholangiocarcinoma

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To determine which costimulatory and co-inhibitory molecules are expressed on tumor-infiltrating lymphocytes (TIL) derived from patients with HCC or CCA, and to study the effects of targeting these molecules on their function in ex vivo assays.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruiting
<b>Health condition type</b>	Hepatobiliary neoplasms malignant and unspecified
<b>Study type</b>	Observational invasive

## Summary

### ID

NL-OMON53120

### Source

ToetsingOnline

### Brief title

Costimulatory and co-inhibitory molecules in HCC and CCA

### Condition

- Hepatobiliary neoplasms malignant and unspecified

### Synonym

hepatocellular carcinoma, liver cancer

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Erasmus MC, Universitair Medisch Centrum Rotterdam

**Source(s) of monetary or material Support:** Stichting Leveronderzoek

## Intervention

**Keyword:** cholangiocarcinoma, co-inhibitory molecules, costimulatory molecules, hepatocellular carcinoma

## Outcome measures

### Primary outcome

The main study parameters are:

- 1) Frequencies and absolute numbers of different lymphocyte populations that together compose the tumor-infiltrating lymphocyte pool
- 2) Expression of costimulatory and co-inhibitory molecules on TIL versus lymphocytes isolated from tumor-free tissue versus circulating lymphocytes
- 3) Effect of blocking co-inhibitory molecules or stimulating costimulatory molecules expressed by TIL on their function (proliferation and cytokine production) in ex vivo culture experiments

### Secondary outcome

Depending on the co-inhibitory molecules detected on TIL, immunohistochemistry will be performed on residual formalin-fixed paraffin-embedded tumor tissue that is regularly stored to identify the expression of the ligands of these co-inhibitory molecules (e.g. PDL-1+2, GAL-9) on tumor (infiltrating) cells.

## Study description

### Background summary

Liver cancer is the second most common cause of cancer-related mortality worldwide. The most prevalent primary liver cancer is hepatocellular carcinoma (HCC), followed by cholangiocarcinoma (CCA). The current treatment options for

HCC and CCA are only curative for patients with early disease. Unfortunately, the majority of HCC and CCA patients are not eligible for curative procedures because of late diagnosis and thus have poor prognosis.

Immunotherapy represents an attractive alternative treatment option, because it is highly specific and can induce long-lasting immunological memory that may permanently prevent tumor recurrence. It is our ultimate goal to design effective immunotherapy for HCC and CCA patients. In the present study we aim to identify targets for immunotherapy by focusing on the tumor-infiltrating lymphocytes.

We hypothesize that costimulatory or co-inhibitory molecules on the surface of lymphocytes can be targeted to affect lymphocyte function (a.o. T cell) as an immunotherapeutic strategy to combat HCC and CCA.

### **Study objective**

To determine which costimulatory and co-inhibitory molecules are expressed on tumor-infiltrating lymphocytes (TIL) derived from patients with HCC or CCA, and to study the effects of targeting these molecules on their function in ex vivo assays.

### **Study design**

Cohort study in HCC or CCA patients in our centers that are undergoing resection. Tumor-infiltrating lymphocytes will be isolated from residual tumor tissue and adjacent tumor-free tissue not needed for histological evaluation (\*restmateriaal\*). Their phenotype will be evaluated by flow cytometry and their function, including effects of targeting costimulatory and co-inhibitory surface molecules, in cell culture experiments. Blood is needed for comparison and to provide sufficient antigen presenting cells for in vitro T cell assays. In addition, leukocytes and plasma will be stored in a biobank for future studies.

### **Study burden and risks**

Intervention: invasive measurement of 80 mL of blood collected during surgery. No benefit and negligible risk for the patients. Blood is taken once during surgery and so no additional intervention is needed. Hopefully, the results of the study will benefit HCC and CCA patients in the near future.

## **Contacts**

### **Public**

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adults (18-64 years)

### **Inclusion criteria**

Adult hepatocellular carcinoma (HCC) or cholangiocarcinoma (CCA) patients that will undergo surgery for this disease

### **Exclusion criteria**

Patients who refuse blood donation/participation in the study  
Patients with a severe immunocompromised condition, or patients taking immunosuppressive medication

## **Study design**

### **Design**

**Study type:** Observational invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Other

## Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	03-01-2018
Enrollment:	272
Type:	Actual

## Ethics review

Approved WMO	
Date:	27-07-2017
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO	
Date:	12-04-2022
Application type:	Amendment
Review commission:	METC Amsterdam UMC

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

### Register

CCMO

### ID

NL58958.018.17