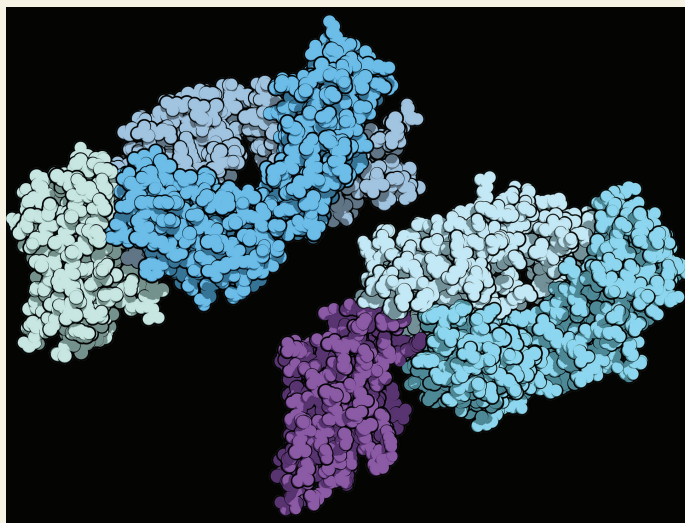


In this issue . . .

Comparing single and combined agents in cancer immunotherapy

More than 250 combination immunotherapies in which a pair of agents simultaneously target the immune checkpoint molecules cytotoxic T lymphocyte antigen-4 (CTLA-4) and programmed cell death-1 (PD-1) are in clinical trials for cancer. However, whether combination immunotherapies, which outperform monotherapies in prolonging survival in some cancers, deploy similar therapeutic mechanisms as monotherapies remains unclear. Spencer Wei et al. (pp. 22699–22709) used mass cytometry-based methods to examine genetically comparable tumors from mice treated with anti-CTLA-4 antibodies, anti-PD-1 antibodies, or both antibodies. Computational analysis of immune cell populations in tumor infiltrates revealed that anti-PD-1 monotherapy led to expansion of an exhausted CD8⁺ T cell subset, whereas anti-CTLA-4 treatment had no effect. Following combination therapy, the numbers of exhausted CD8⁺ T cells were significantly reduced. By contrast, activated effector CD8⁺ T cells increased following combination therapy but not after anti-PD-1 monotherapy. Compared with anti-CTLA-4 monotherapy, combination therapy led to a greater increase in the frequency of a subset of CD4⁺ effector T cells, despite the observation that anti-PD-1 alone had no effect on that subset. Whereas both monotherapies diminished subsets of regulatory T cell (Tregs), which can inhibit tumor immune response, combination therapy showed an additive effect in tamping down Tregs. Comparison of peripheral blood samples from patients with metastatic melanoma previously treated with anti-CTLA-4 monotherapy, anti-PD-1 monotherapy, or combination therapy revealed an increase in terminally differentiated CD8⁺ T cell frequency following combination therapy. Additional experiments revealed that peripheral blood analysis can provide mechanistic insights into therapies but is insufficient to fully characterize treatment-induced antitumor immune responses. The findings indicate the need for preclinical studies and large prospective trials to tease apart the therapeutic mechanisms specific to combination immunotherapies, according to the authors. — P.N.



Anti-CTLA-4 (Left) and anti-PD-1 (Right) antibodies. Images courtesy of Wikimedia Commons/Fvasconcellos.

Early placental cells and pregnancy success

Many pregnancies fail early in human embryo development, before or during implantation. Relatively little is known about the molecular and cellular mechanisms underlying placenta formation and implantation of the embryo into the uterine wall. Rachel West, Hao Ming, Deirdre Logsdon, et al. (pp. 22635–22644) performed single-cell RNA sequencing of human trophoblast (TB) cells that make up the early placenta on days 8, 10, and 12 after fertilization—a time corresponding to the first 5 days after the embryo begins to implant into the uterine wall. During this period, proliferating progenitor stem

cells, called cytoTB cells, gave rise to 2 distinct sub-lineages, syncytioTB (STB) and migratoryTB (MTB) cells. STB cells expressed genes involved in producing placental hormones, which may help ensure successful continuation of the pregnancy. The motile MTB cells expressed genes that play a role in migration and invasion, which may facilitate embryo implantation. In addition, the MTB cells expressed genes associated with interferon signaling, which has a well-known role in defending against pathogens and may affect embryo survival. According to the authors, the findings illustrate how the molecular cross-talk between mother and early placental cells determines pregnancy success and reveals mechanisms that facilitate human implantation. — J.W.

