

EDITORIAL

Open Access



Immune pressures drive the promoter hypermethylation of neoantigen genes

Ming Yi¹, Bing Dong², Qian Chu^{1*} and Kongming Wu^{1,2*}

Abstract

Cancer cells with strong immunogenicity are susceptible for elimination by cancer immunoediting, while the subpopulations with weak immunogenicity survive. As a result, a subset of cancer cells evade the immune attack and evolve into overt clinical lesions. During cancer evolution, it has been well established that multiple alterations such as the dysfunction of antigen presentation machinery and the upregulation of immunosuppressive signals (e.g. PD-L1) play important roles in immune escape. Recently, promoter hypermethylation of neoantigen genes has been proposed to be a vital mechanism of immunoediting. This epigenetically mediated immune evasion enriches the mechanisms of carcinogenesis.

Keywords: Immunoediting, Neoantigens, Immune evasion, Hypermethylation, Epigenetics

Neoantigens arise from somatic mutations and are exclusively expressed in cancer cells. These tumor-associated antigens are the ideal targets for immune recognition and attack. Derived by immune pressures, cancer cells down-regulate the recognizable targets on their surfaces and evolve into weakly immunogenic subclones [1]. It is generally believed that the loss of complex formation between neopeptide and major histocompatibility complex (MHC) in cancer cells is responsible for the acquired dysfunction of antigen processing and presentation [2].

Recently, Rosenthal et al. found that the hypermethylation of the promoter of neoantigen genes participated in the decreased cancer immunogenicity [3]. In this study, Rosenthal et al. analyzed immune infiltration statuses of untreated non-small cell lung cancer (NSCLC) patients by RNA-sequencing and tumor infiltrating lymphocyte (TIL) histopathology estimates [3]. The study showed that just 33% clonal neoantigens were ubiquitously expressed in every region of a given tumor [3]. Further investigation revealed that the proportion of ubiquitously expressed clonal neoantigens was significantly decreased

in tumors with abundant TILs compared to tumors with scarce TILs (41% vs. 29%, $P=0.01$) [3]. At the transcription level, the researchers observed immune pressure-caused neoantigen depletions [3]. Using the multi-region reduced representation bisulfite sequencing, it was detected that the genes carrying neoantigenic mutations harbored 11.4-fold increase in hypermethylation of promoters when compared to other genes ($P=0.00016$) [3]. To verify whether this increased hypermethylation was neoantigen-specific or not, the researchers compare the methylation statuses between neoantigens and corresponding wild type genes. The results indicated that these non-expressed neoantigens were more likely to possess increased promoter methylation (odds ratio = 2.33, $P=0.045$) [3].

These findings demonstrated that the neoantigen silencing was the result of immune pressures via promoter hypermethylation. The loss of neoantigens is a core event of immunoediting and immune evasion. Abundant neoantigens released from cancer cells initiate robust anti-cancer immune responses [4]. Then, professional antigen presentation cells (APCs) take in and process these neoantigens [4]. Subsequently, in peripheral lymphoid organs, the naïve T lymphocytes are primed and activated by APCs [4]. These activated T cells could migrate and infiltrate into tumors. Eventually, TILs recognize and kill cancer cells [4]. As a result, the release

*Correspondence: qianchu@tjh.tjmu.edu.cn; kmwu2005@yahoo.com

¹ Department of Oncology, Tongji Hospital of Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430030, China
Full list of author information is available at the end of the article

This article is a comment on <https://doi.org/10.1038/s41586-019-1032-7>



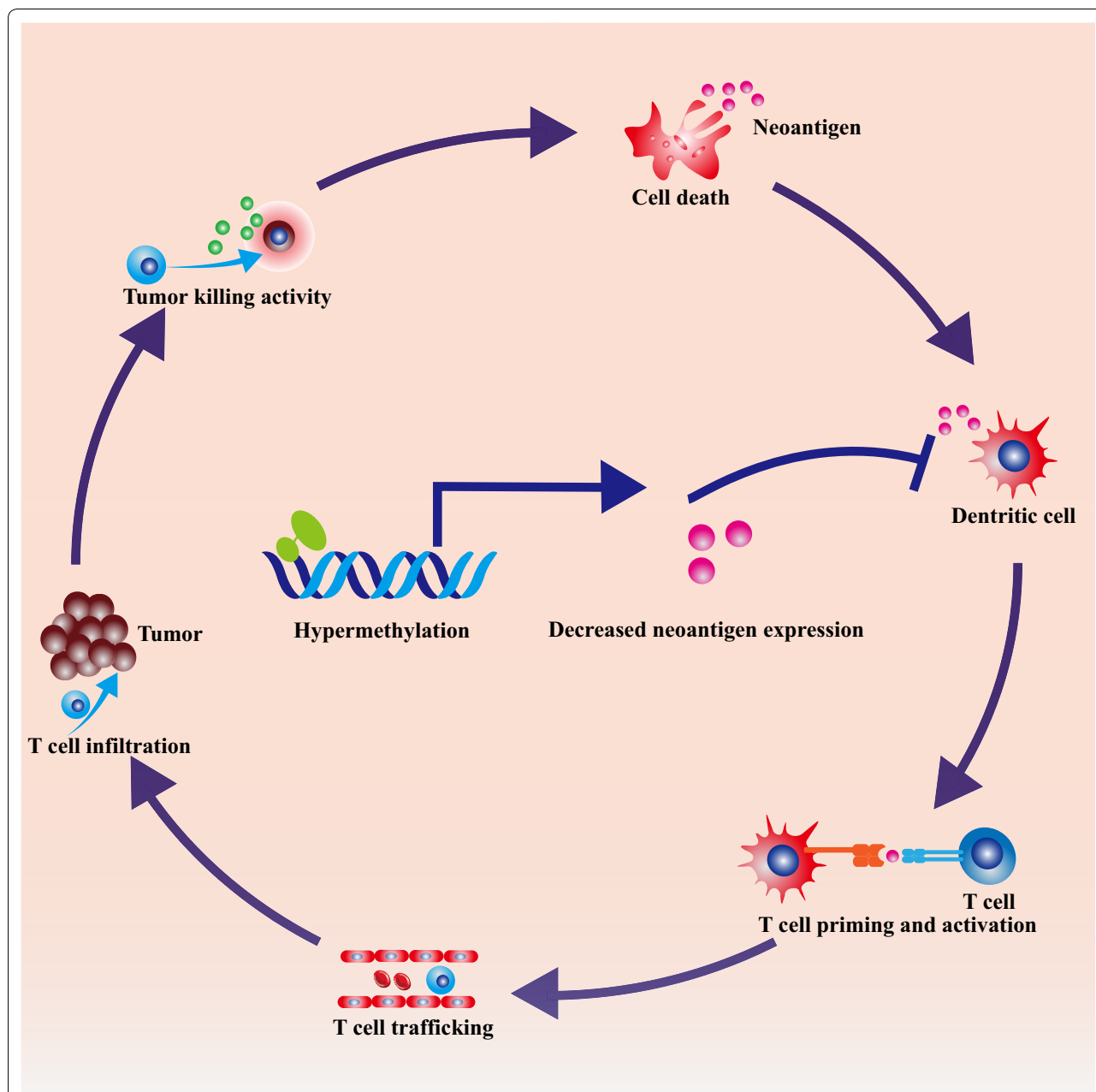


Fig. 1 Promoter hypermethylation-mediated neoantigen downregulation leads to evasion of cancer immune response. Release of abundant neoantigens initiate anti-cancer immune response. Then, professional antigen presentation cells (APCs) take in and process these neoantigens. Subsequently, in peripheral lymphoid organs, the naïve T lymphocytes are primed and activated by APCs. These activated T cells migrate and infiltrate into tumors (TILs). These TILs recognize and destroy cancer cells. As a result, more neoantigens propagate the anti-cancer immune response. Under these immune pressure, cancer cells downregulate neoantigen expression by promoter hypermethylation and evolve into weakly immunogenic subclones

of more neoantigens propagate the anti-cancer immune response [4]. It is well accepted that cancer cells can adopt multiple manners to counteract immune clearance such as secreting anti-inflammation cytokines, upregulating immune checkpoint signals, counter-attacking

TILs via increasing Fas ligand (Fas-L) expression, and disabling antigen presentation machinery (Fig. 1) [5, 6]. As the hallmark of cancer cells, neoantigens are generated as the by-products of accumulated somatic mutations [7]. Theoretically, tumor-associated neoantigens

are ideal targets for immunotherapies with chimeric antigen receptor T cells (CAR-T) and bi-specific antibodies [8, 9], though in reality, resistance to these cancer neoantigen-targeted immunotherapies still remains a major challenge [10]. The results of Rosenthal et al. provide a novel perspective to the understanding of carcinogenesis and cancer evolution under immune pressure. Moreover, this study suggests that combination of hypomethylating agents with immunotherapy might offer double attack on neoantigen-rich cancers.

Abbreviations

MHC: major histocompatibility complex; NSCLC: non-small cell lung cancer; TIL: tumor infiltrating lymphocyte; APC: antigen presentation cell; Fas-L: Fas ligand; CAR-T: chimeric antigen receptor T cell.

Acknowledgements

We thank Dr. Shuang Qin and Dr. Shengnan Yu of Tongji Hospital for helpful discussion and language editing assistance.

Authors' contributions

MY, BD, QC, and KW contributed to drafting and revising the article and agree to be accountable for all aspects of the work. All authors read and approved the final manuscript.

Funding

This work was supported by the National Natural Science Foundation of China (No's. 81874120, 81572608, 81672984), Wuhan Science and Technology Bureau (No. 2017060201010170), Natural Science Foundation of Henan (No. 162300410266).

Availability of data and materials

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Author details

¹ Department of Oncology, Tongji Hospital of Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430030, China.

² Department of Molecular Pathology, The Affiliated Cancer Hospital of Zhengzhou University & Henan Cancer Hospital, Zhengzhou 450008, China.

Received: 7 November 2019 Accepted: 21 November 2019

Published online: 29 November 2019

References

1. Yamamoto TN, Kishton RJ, Restifo NP. Developing neoantigen-targeted T cell-based treatments for solid tumors. *Nat Med*. 2019. <https://doi.org/10.1038/s41591-019-0596-y>.
2. Yi M, Qin S, Zhao W, et al. The role of neoantigen in immune checkpoint blockade therapy. *Exp Hematol Oncol*. 2018;7:28.
3. Rosenthal R, Cadieux EL, Salgado R, et al. Neoantigen-directed immune escape in lung cancer evolution. *Nature*. 2019;567:479–85.
4. Chen DS, Mellman I. Oncology meets immunology: the cancer-immunity cycle. *Immunity*. 2013;39:1–10.
5. Chen DS, Mellman I. Elements of cancer immunity and the cancer-immune set point. *Nature*. 2017;541:321–30.
6. Yi M, Jiao D, Xu H, et al. Biomarkers for predicting efficacy of PD-1/PD-L1 inhibitors. *Mol Cancer*. 2018;17:129.
7. Bobisse S, Foukas PG, Coukos G, Harari A. Neoantigen-based cancer immunotherapy. *Ann Transl Med*. 2016;4:262.
8. Yu S, Li A, Liu Q, et al. Chimeric antigen receptor T cells: a novel therapy for solid tumors. *J Hematol Oncol*. 2017;10:78.
9. Yu S, Liu Q, Han X, et al. Development and clinical application of anti-HER2 monoclonal and bispecific antibodies for cancer treatment. *Exp Hematol Oncol*. 2017;6:31.
10. Majzner RG, Mackall CL. Clinical lessons learned from the first leg of the CAR T cell journey. *Nat Med*. 2019;25:1341–55.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

