Activated WNT/β-catenin pathway induces resistance to

immunotherapies in cancers harboring high tumor mutation burden

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[Highlights]

- A research team mainly based at National Cancer Center Japan identified a novel resistance mechanism to PD-1 blockade therapies in tumors with high tumor mutation burden (TMB).
- The team demonstrated the resistance mechanism mediated by activation of the WNT/βcatenin pathway in cancer cells, which can be targeted by WNT/β-catenin pathway inhibitors.
- The combination of WNT/β-catenin pathway inhibitors with PD-1 inhibitors will be a promising new therapeutic option for cancers with high TMB.

[Summary]

We found that the WNT/ β -catenin pathway was activated in a subset of lung cancers with high tumor mutation burden (TMB), resulting in decreased infiltration of CD8+ cytotoxic T cells (CTLs) into the tumor microenvironment, which was associated with resistance to immunotherapy.

In mouse models, when cancer cells acquired high mutation burden, the activation of WNT/ β catenin pathway was required to grow in immune competent hosts. Activation of the WNT/ β -catenin pathway in cancer cells reduced chemokine CCL4 production, leading to the decreased infiltration of dendritic cells, which prevented CD8+ CTLs infiltration in the tumor microenvironment. Tumors with high TMB and activated WNT/ β -catenin pathway were cured by the combination treatment of anti-PD-1 antibody with WNT/ β -catenin pathway inhibitors, while anti-PD-1 antibody alone was not effective.

This is the first report that demonstrates the mechanism by which lung cancers with high TMB become resistant to immune checkpoint inhibitors through activating WNT/ β -catenin. The combination of WNT/ β -catenin pathway inhibitors with immune checkpoint inhibitors is possibly a new therapeutic strategy for lung cancer with high TMB.

The results of the research were published in the electronic version of the American scientific journal "*Science Immunology*" on 13 November 2021, Japan time.

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