

# **“Inflammasomes” – Redefining the way we understand cancer**

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# Cancer - A real health concern in Brunei

## 'Cancer patients in Brunei are younger'

RABIATUL KAMIT  
BELAIT

Sunday, June 24, 2012

WOMEN diagnosed with breast cancer in Brunei are younger compared to breast cancer patients from Western countries, according to an oncology specialist at the National Cancer Centre.

Speaking during the Female Day event at the Brunei Shell Recreational Club (BSRC) in Seria, Dato Seri Laila Jasa Dr Babu Sukumaran told The Brunei Times yesterday that the majority of women diagnosed with breast cancer in Brunei are aged between 40 to 50 years old.



Dato Dr Babu, Oncology Specialist at the National Cancer Centre delivering a talk at the Female Day event in Seria. Picture: BT/ Rabiatal Kamit

## Breast cancer leading cause of death among women in Brunei

Posted on October 28, 2013, Monday



BANDAR SERI BEGAWAN: Cancer, heart disease and diabetes are the main causes of death at the global level. Brunei Darussalam faces the same health problems, with cancer being the main cause of death for over a decade now, Borneo Bulletin said.

# Evidence of cancer in Brunei

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## RESEARCH ARTICLE

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### **Cancers of the Young Population in Brunei Darussalam**

Ibnu Ayyub Mohammad<sup>1</sup>, Mas Rina Wati Bujang<sup>1</sup>, Pemasari Upali Telisinghe<sup>2</sup>,  
Muhd Syafiq Abdullah<sup>3</sup>, Chee Fui Chong<sup>4</sup>, Vui Heng Chong<sup>5\*</sup>

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## RESEARCH ARTICLE

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### **Rising Incidence of Primary Liver Cancer in Brunei Darussalam**

Raymond Jih Yeong Chong<sup>1</sup>, Mohd Syafiq Abdullah<sup>2</sup>, Mohammad Moshaddeque  
Hossain<sup>1</sup>, Pemasari Upali Telisinghe<sup>3</sup>, Vui Heng Chong<sup>4\*</sup>

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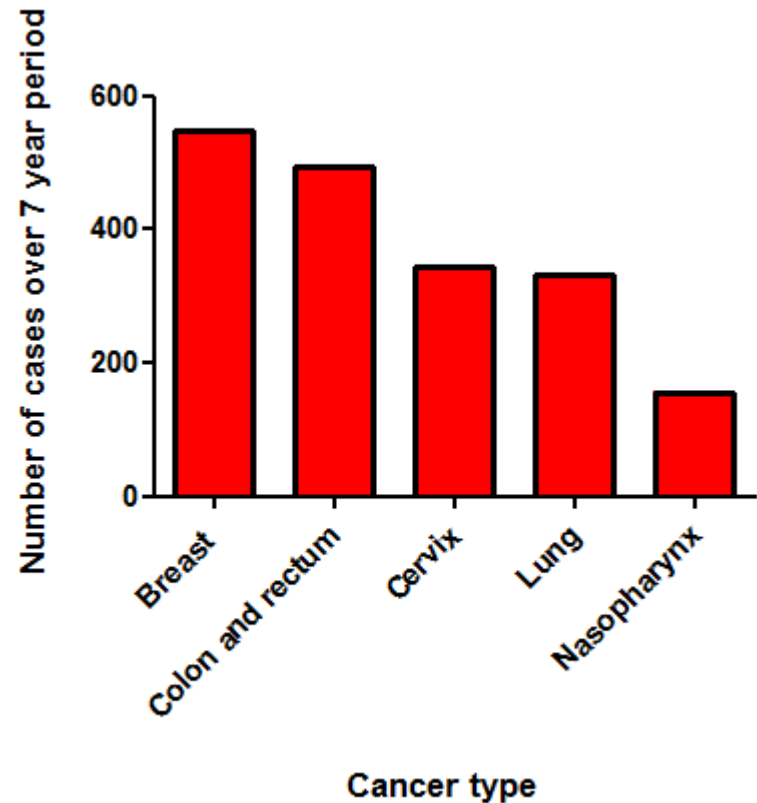
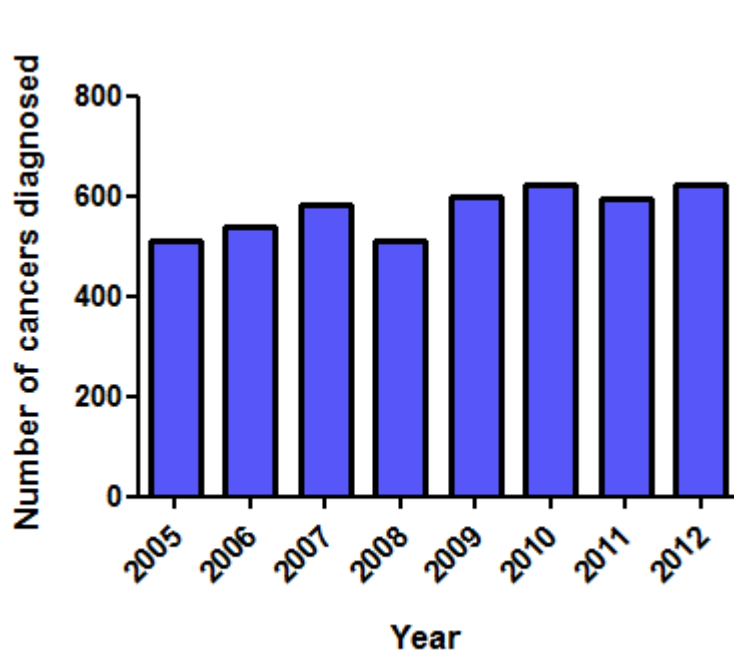
Original Article

Singapore Med J 2009; 50(11) : 1085

### **Colorectal cancer: incidence and trend in Brunei Darussalam**

Chong V H, Abdullah M S, Telisinghe P U, Jaliha A

# Incidence of cancer is rising in Brunei



*Courtesy of Dr Kenneth Kok, Director of The Brunei Cancer Centre (TBCC)*

# HM orders to set up Brunei Cancer Centre

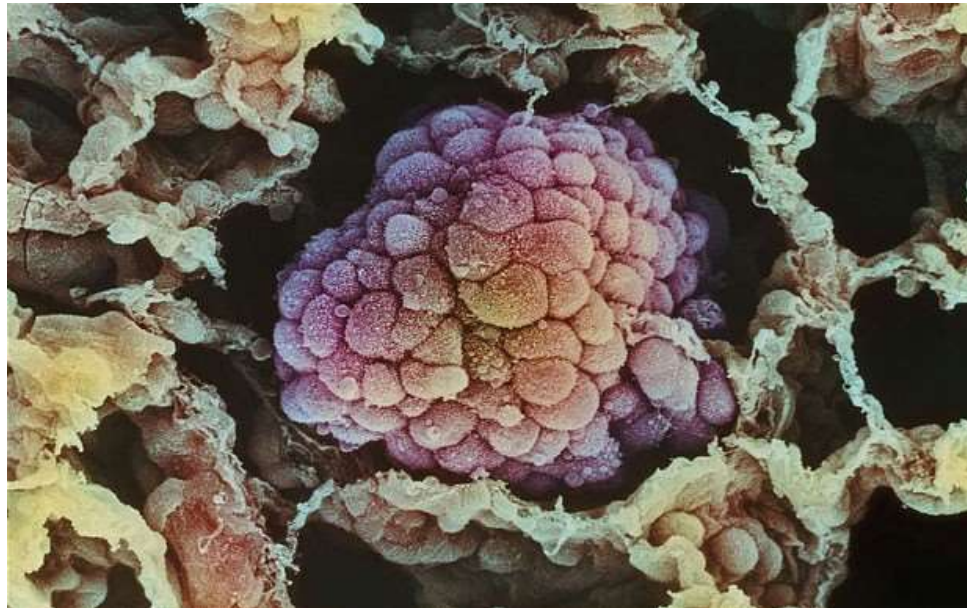




# What is cancer?

*It is a term used for diseases which abnormal cells divide without control and are able to invade other tissues*

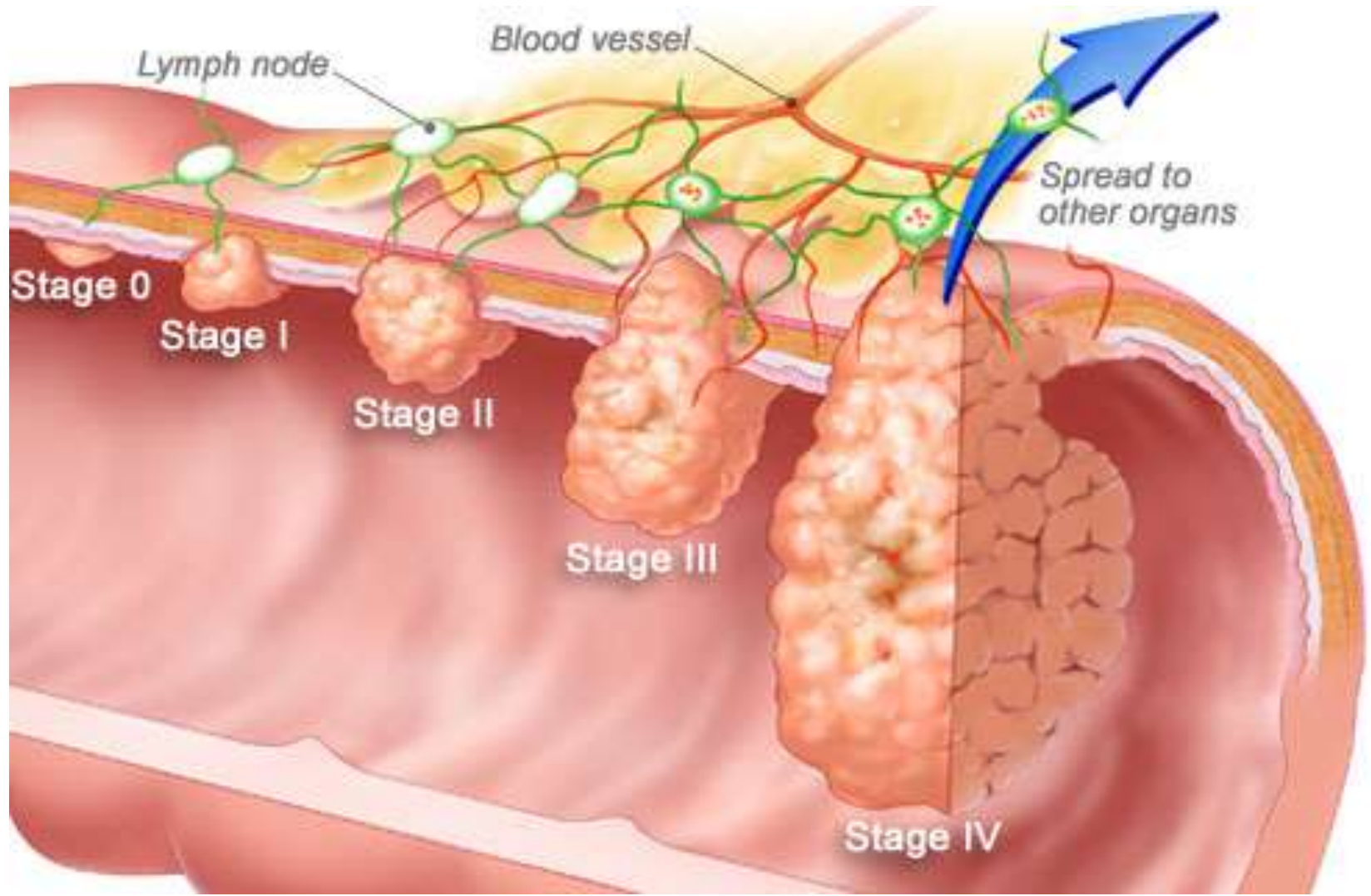
**These dividing cells then form a cell mass known as a “tumor”**



# Stages in cancer progression

- Stage 0: Presence of some cancerous cells but contained within tissue they developed in – **Non-invasive**
- Stage 1: Cancerous cells are notable (tumor) but still contained
- Stage 2: Tumor is larger than that in stage 1. Has not started to spread in surrounding tissues
- Stage 3: Cancer is much larger and has spread into surrounding tissues. Presence of cancer cells in lymph nodes of the area – **Invasive**
- Stage 4: Cancer has spread from where it started to another body organ - **Secondary or metastatic cancer**

# Five critical stages





# Genetic mutations are not the “end all”

- Essential to the development of cancer - accumulation of genetic lesions in cells
- However this is not sufficient for tumor growth
- Tumor development – **Both cancer and non-cancer cells**

**The non-cancer cells that are responsible for this are the cells of our immune system**

# Immune cells are the orchestrators of inflammation

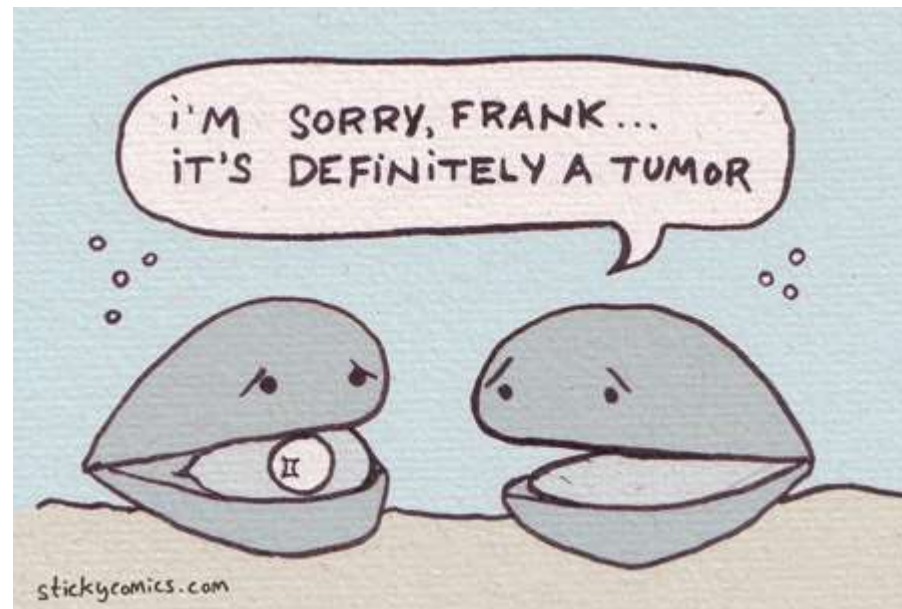
- White blood cells – Cells of our immune system
- Responsible for the production of molecules that cause **inflammation**



White blood cells at home.

# What is inflammation?

- Inflammation - a state when our body is on “high alert” usually in response to an infection or.....what appears to be an infection

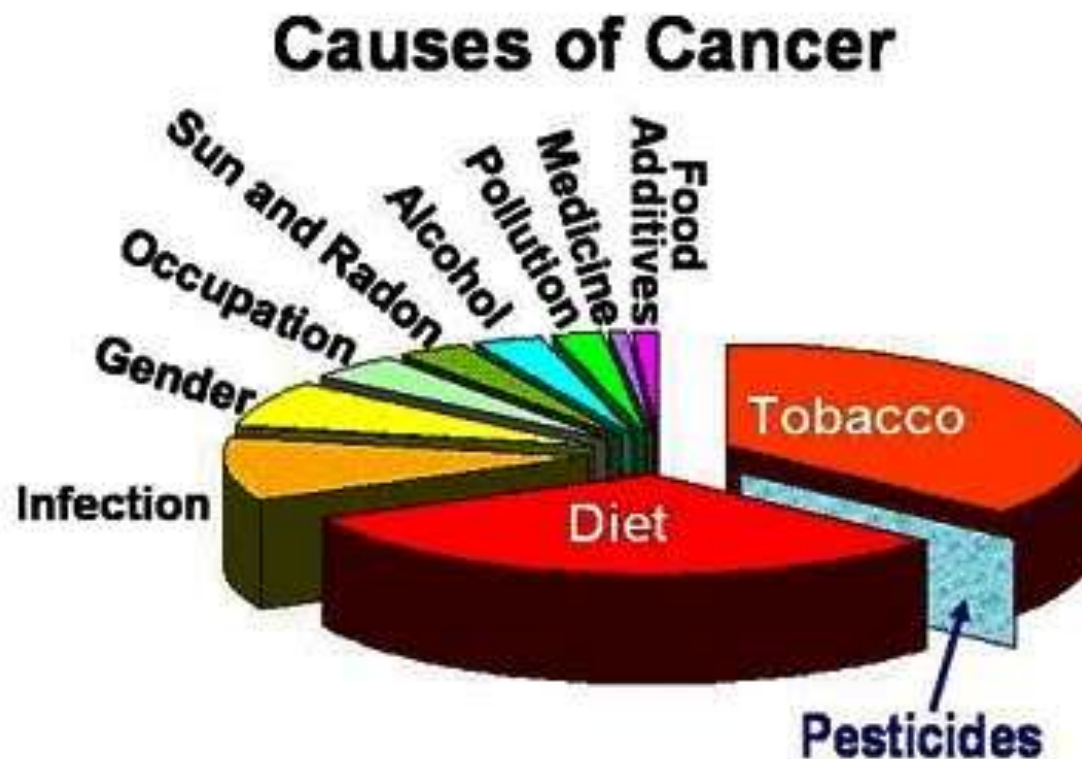


# Cancer and inflammation link...

- The immune system - crucial role in the survival of the tumor
- Inflammatory responses have been long known to be associated with various types of cancers
- These responses play decisive roles at different stages of cancer development

# Ever thought why these things contribute to cancer....

- Many cancer risk factors are associated with inflammation outcomes





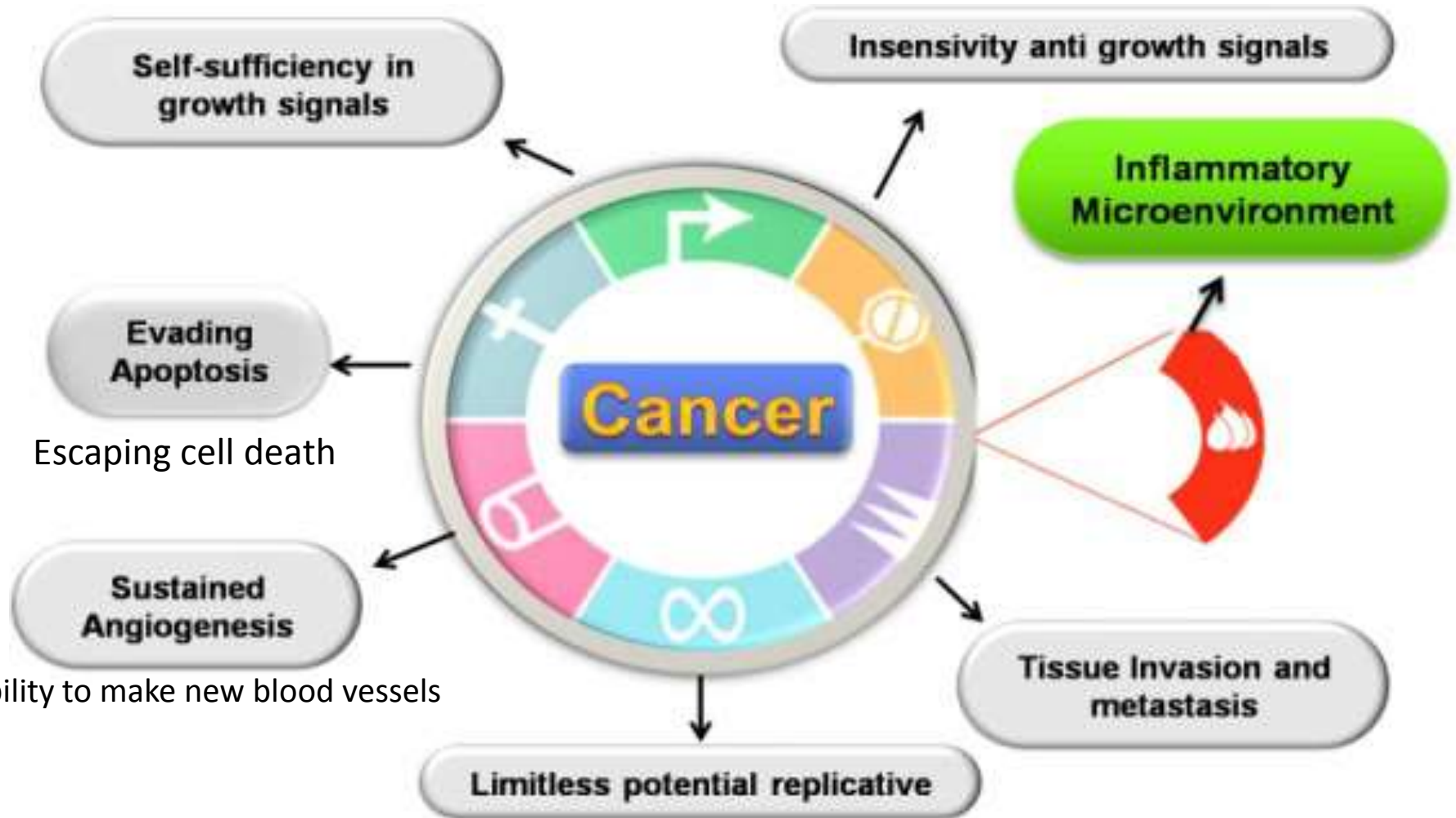
# Great! So just treat cancer with anti-inflammatory drugs....



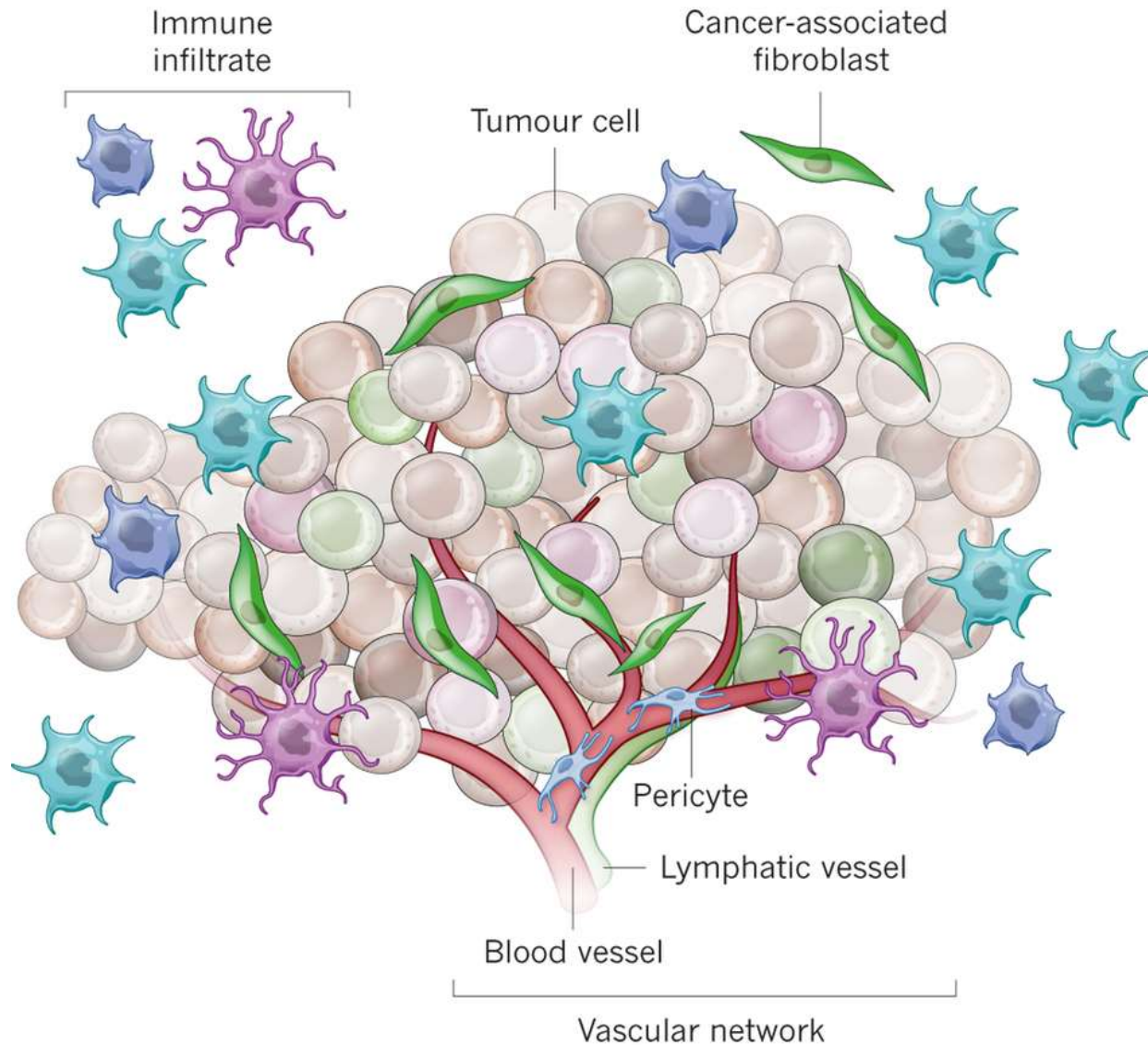
"I need an anti-inflammatory."

## Unfortunately, it is not that simple

# Culprits in cancer



# “Tumour neighbourhood”



# Immune cells are the main orchestrators of inflammation-driven tumor progression

- These cells secrete inflammatory molecules
  - DNA damage
  - Reactive oxidative stress
  - Alters cell division control
  - Genetic “silencing” of anti-cancer genes

Inflammatory microenvironment



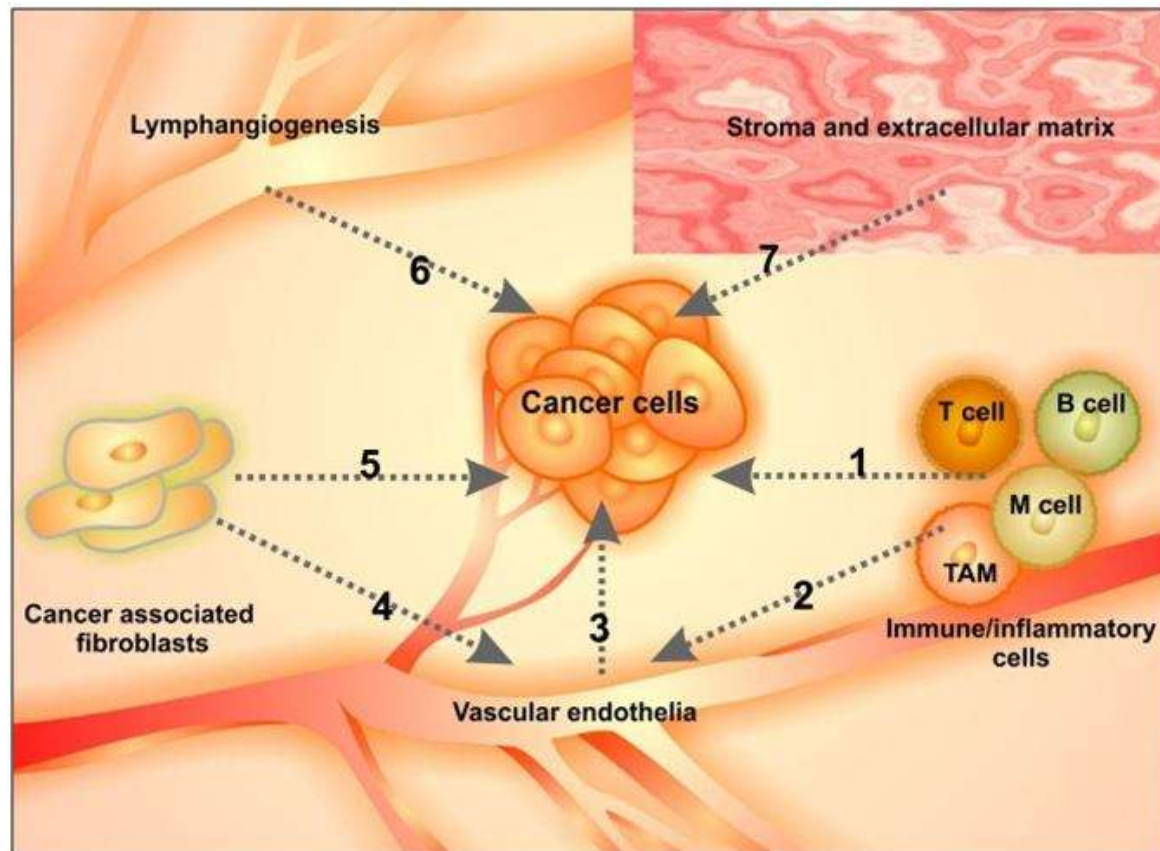
Excessive tumor cells growth and resistance to cell death



“Tumor maintenance”

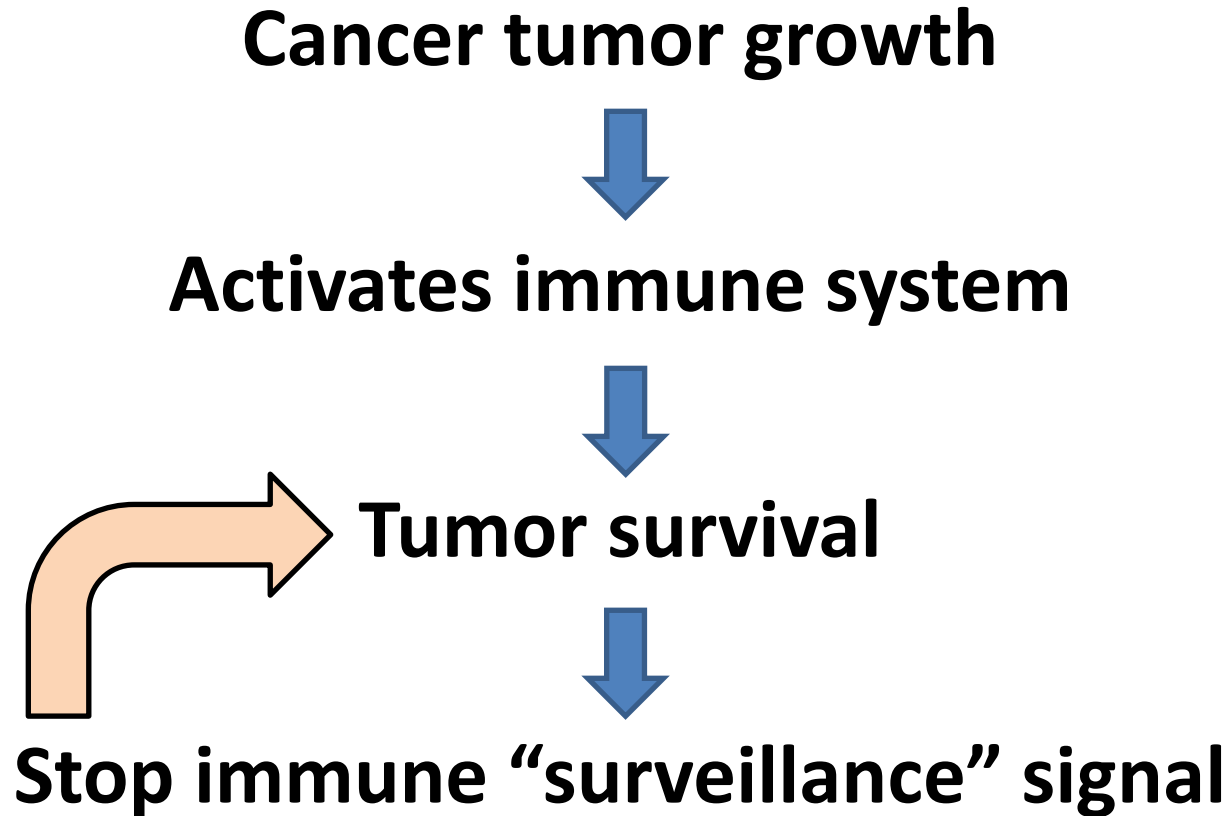
# What is an inflammatory environment?

Where cells of the immune system interact with the “tumor neighborhood” to allow the cancer to thrive





# Our cells are our own enemy



# So what is an inflammasome????



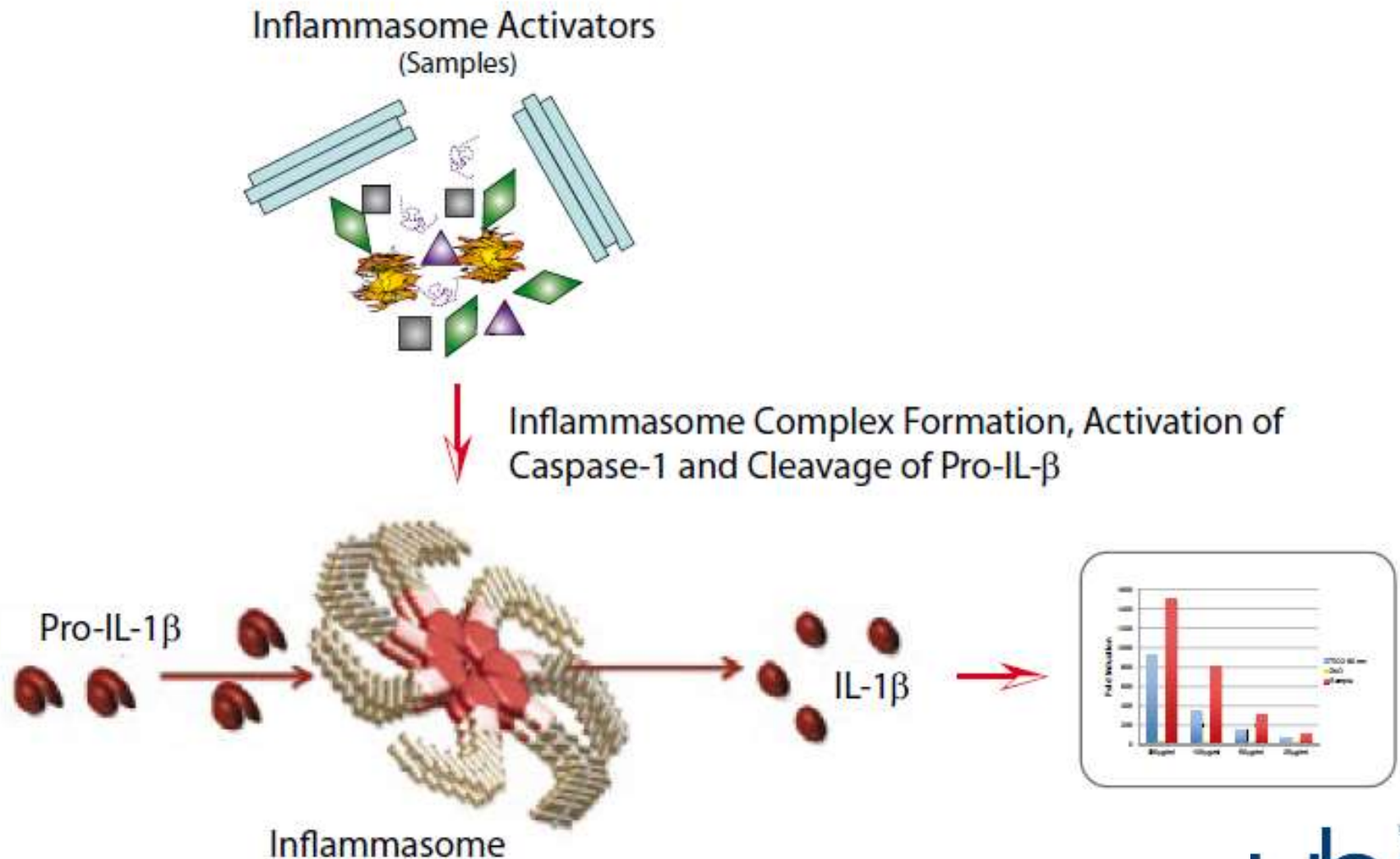
*"Oh for crying out loud, Adi, get to the point."*

# The “inflammasome” – Sentinels of cellular distress

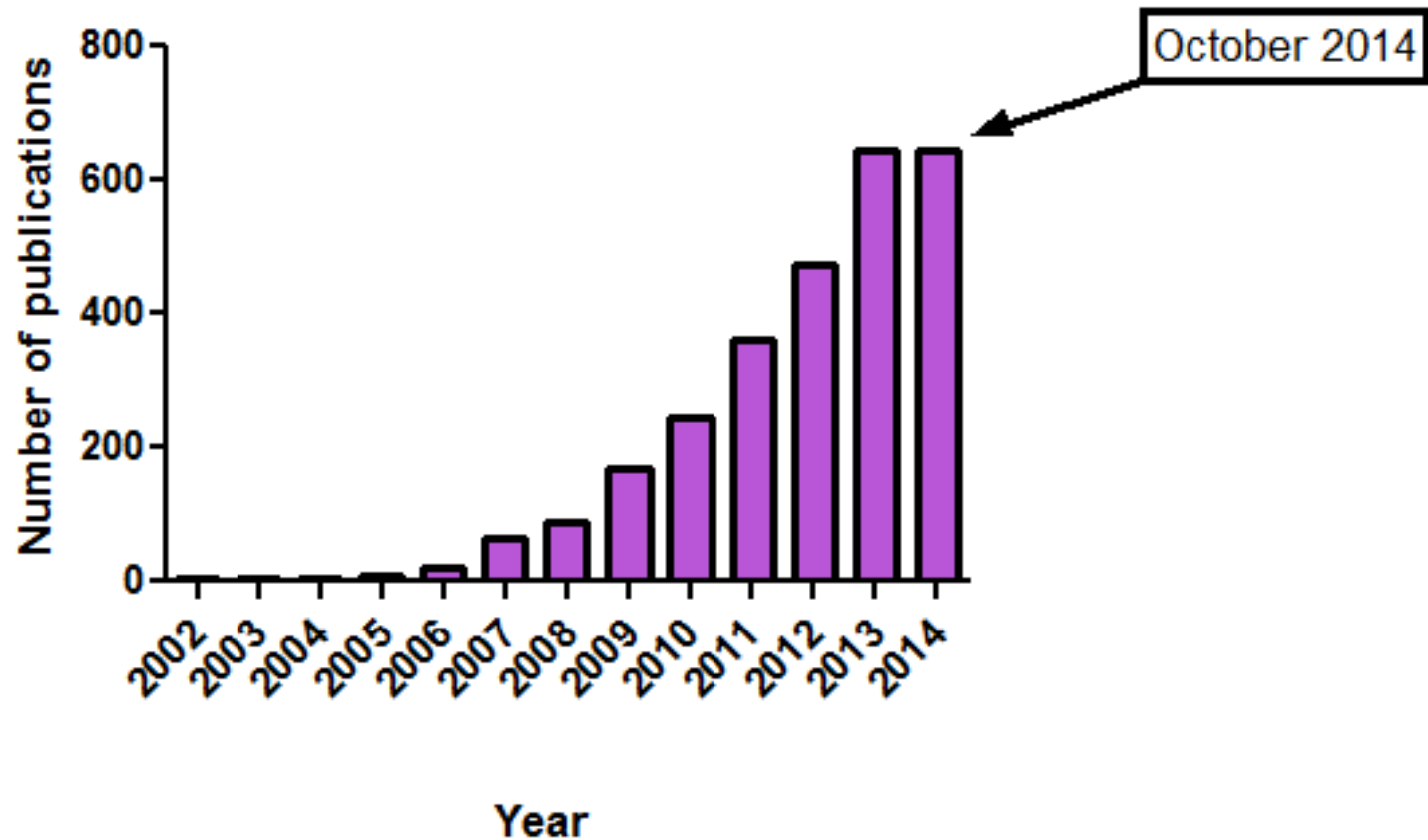
- It is a protein complex that allows the release of “inflammatory molecules” in response to “cellular insults”
  - Environmental pollutants
  - Microbial infection
  - Physiological stress
- Important “inflammasome” molecules are interleukin 1 (IL-1) like-proteins

**IL-1 proteins are detected at high levels in cancer patients**

# The inflammasome – In a nutshell



# Inflammasome research – On the rise





# “Inflammasome” and cancer – An emerging field of research

Associate editor: B. Teicher

Inflammasome: Cancer's friend or foe? 



Michela Terlizzi <sup>a</sup>, Vincenzo Casolaro <sup>b</sup>, Aldo Pinto <sup>a</sup>, Rosalinda Sorrentino <sup>a,\*</sup>

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frontiers in  
**IMMUNOLOGY**

REVIEW ARTICLE  
published: 14 July 2014  
doi: 10.3389/fimmu.2014.00327



NOD-like receptors: master regulators of inflammation and cancer

Mansi Saxena<sup>1</sup> and Garabet Yeretssian<sup>1,2,\*</sup>

nature  
immunology

Inflammasomes in carcinogenesis and anticancer immune responses

Laurence Zitvogel<sup>1-4</sup>, Oliver Kepp<sup>1,4,5</sup>, Lorenzo Galluzzi<sup>1,4,5</sup> & Guido Kroemer<sup>1,5-9</sup>

ubd  
Sommer  
Today

# Creation of an inflammatory microenvironment

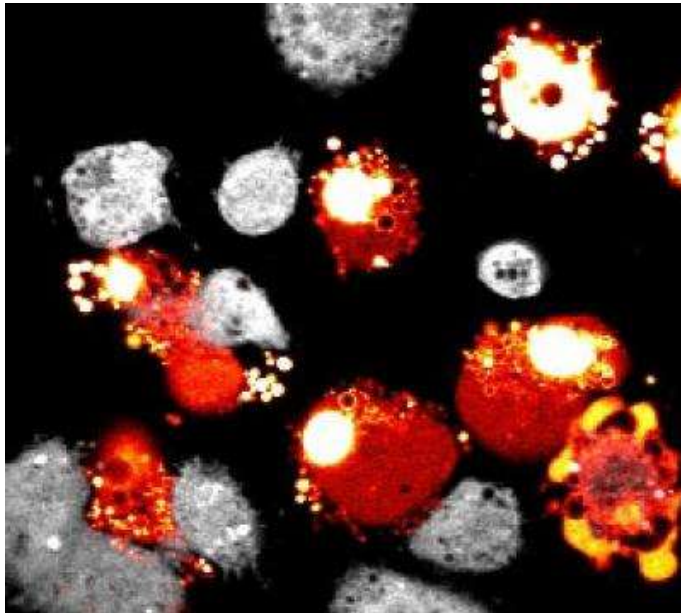
- Inflammatory molecules contribute to a chronic inflammatory environment
- This environment allows cancer cells to escape or reduce “anti-tumor surveillance”



# Inflammasomes also induces a special type of cell death

## Pyroptosis

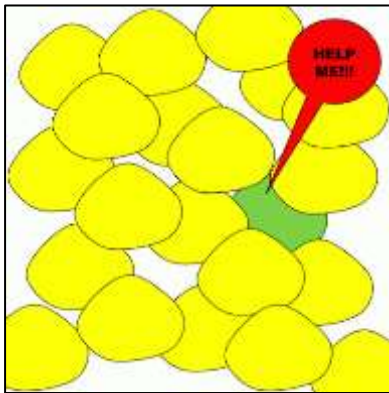
A “messy explosive” cell death – Release of cell contents including inflammatory molecules



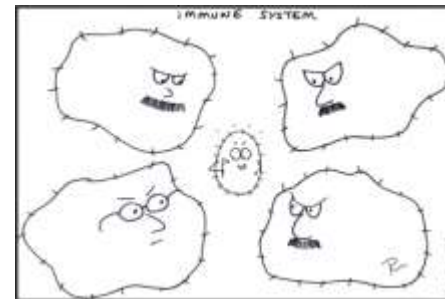
Releases “danger signals” which contribute to the progression/development of cancer

# Inflammasomes: Can be good and bad....but mostly bad

Pro-cancer



Anti-cancer



# Inflammasome- A double edge sword in cancer progression

- Beneficial: Control excessive inflammation
- Detrimental: Promote tumour survival

**Inflammasomes may be a problematic  
therapeutic target**

Protein Cell 2014, 5(1):12–20  
DOI 10.1007/s13238-013-0001-4

Protein & Cell

**REVIEW**

**Inflammasomes in cancer: a double-edged  
sword**

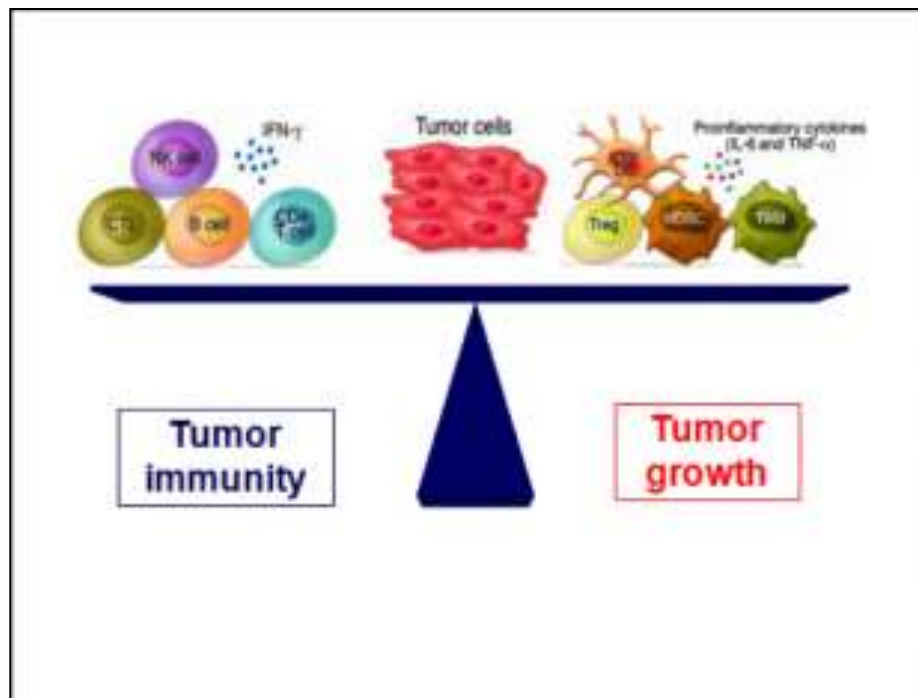
Ryan Kolb<sup>1</sup>, Guang-Hui Liu<sup>2,3</sup>, Ann M. Janowski<sup>4</sup>, Fayyaz S. Sutterwala<sup>4,5,6</sup>, Weizhou Zhang<sup>1,10</sup>

ubd  
Symptoms  
Today



# The main goal of cancer immunotherapy

1. Activate cells that directly kill the tumor
2. To allow the immune system to “see” the tumor



# My previous life

TEAM LEADER

A/Prof Kristen Radford



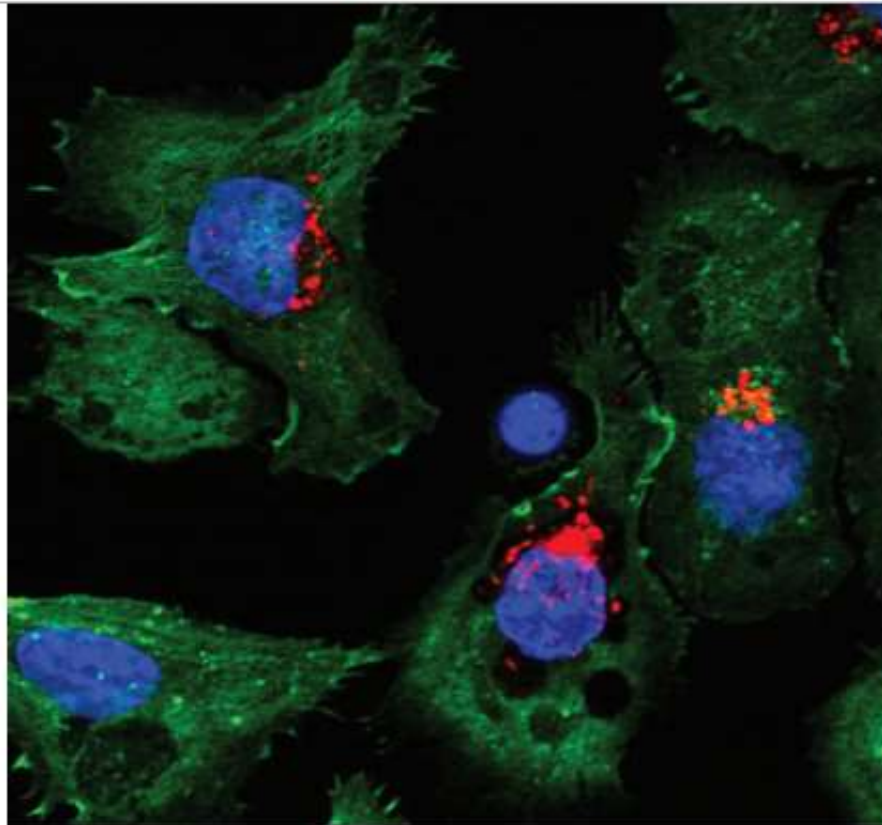
# Generated mice that could make human cells which have anti-cancer potential

FLT3-Ligand Treatment of Humanized Mice Results in the Generation of Large Numbers of CD141<sup>+</sup> and CD1c<sup>+</sup> Dendritic Cells **In Vivo**

*J Immunol* 2014 192:1982-1989; published ahead of print January 22, 2014,



# These cells can indeed “eat” dead/dying cells



Nuclei  
Phalloidin  
Dead DU145

# So is blocking inflammasome “products” therapeutic??

- Several studies support the use of specific inhibitors, antagonists, and monoclonal antibodies against inflammasome products

Cancer Metastasis Rev (2010) 29:317–329  
DOI 10.1007/s10555-010-9229-0

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Why not treat human cancer with interleukin-1 blockade?

Charles A. Dinarello

# How about killing the tumour itself?

- Targeting the inflammasome
  - it is a desirable target for the tumour but not for the immune cells surrounding it
  - Contents released from dying cells can induce inflammation

WHEN YOU SEE A CLAIM THAT A  
COMMON DRUG OR VITAMIN "KILLS  
CANCER CELLS IN A PETRI DISH,"

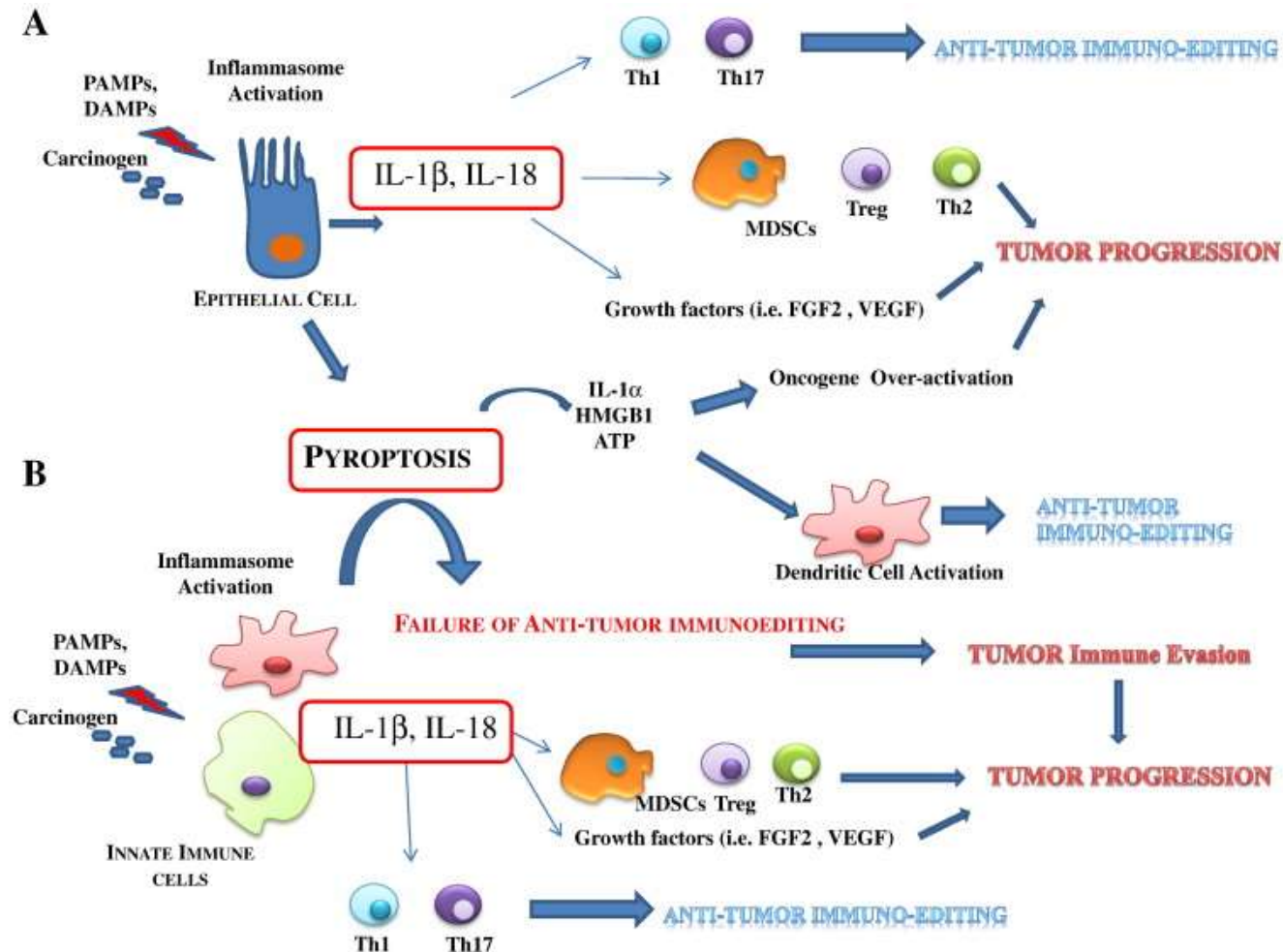
KEEP IN MIND:



SO DOES A HANDGUN.



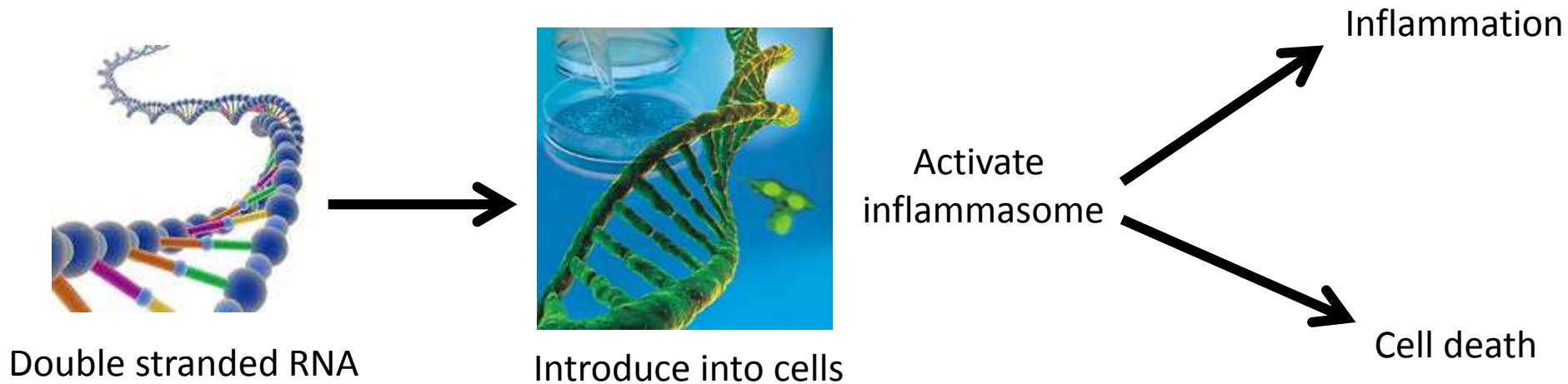
# Inflammasome – Cancer’s friend or foe?





# My current work

To use synthetic nucleic acids to activate the inflammasome inside cells



**THE KEY IS THE DOSE OF THE NUCLEIC ACID!**

# **Other ongoing cancer-related work I am involved in at the IHS**

- Gene microarray expression profile of patient biopsies of all types of cancers in Brunei (Idris A, Mabruk M)
- Investigating the role of potential breast cancer susceptibility genes (Zulkipli I, Idris A, Bujang MR)
- Novel chemotherapeutic drug delivery by solid lipid nanoparticles through the skin (David S, Idris A, Rajabalaya R)

# Inflammation: The difference between medicine and poison is the dose

## Critical questions

1. How does one program the immune system to specifically drive anti-cancer activities?
2. How can we control “excessive inflammation” in cancer?
3. How can we kill tumor cells without killing cells around the tumor?
4. What is the best way to kill the tumor i.e. how “should” the tumor die?

# Host-pathogen biology group



## Research sponsor:

2014 UBD Research Grant



## Collaborators:



**AID**

Australian Infectious Diseases research centre  
The University of Queensland  
QIMR Berghofer



QIMR Berghofer  
Medical Research Institute



Queen Mary  
University of London



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