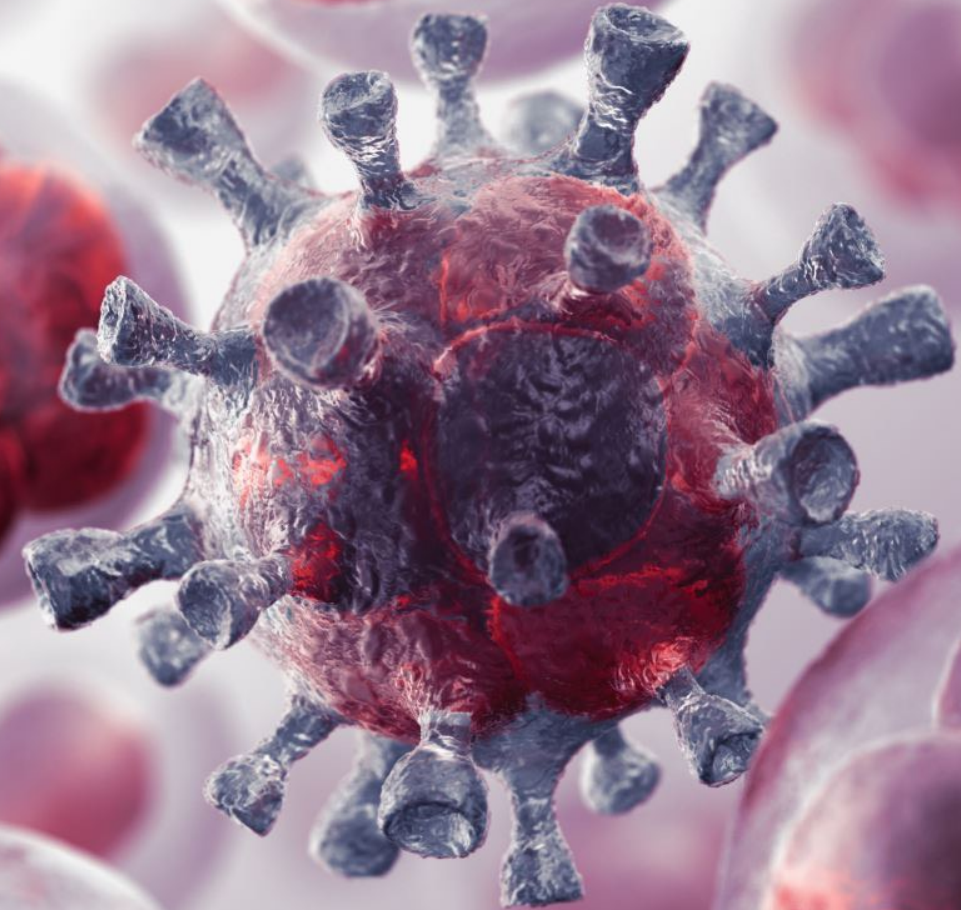


# Exploring Tumor Immune Microenvironment “TIME”



**Dr. Wafaa Abdel-Hadi, MBBCH, MSc, IFMC-MD**  
**Chairperson & co-founder of AWARE clinic**  
**Clinical Oncologist, Cairo University, Egypt**  
**Functional Medicine Consultant, IFM, USA**  
**Advisory board, Keto Live Centre, Switzerland**





# Tumor-Immune- MicroEnvironment “TIME”

- Understanding cancer behavior
- Meet our Mighty Immune system
- Cancer-Immune Interaction
- Understanding Tumor Microenvironment Barriers
- Optimizing Tumor Immune Microenvironment
- Nature is here to help, just a few examples



# Understanding Cancer?

- **Neo** plasia = **New** Growth
- Tumor = Swelling
- Cancer = Crab “ in Greek- Karkinos → *Karkinoma*

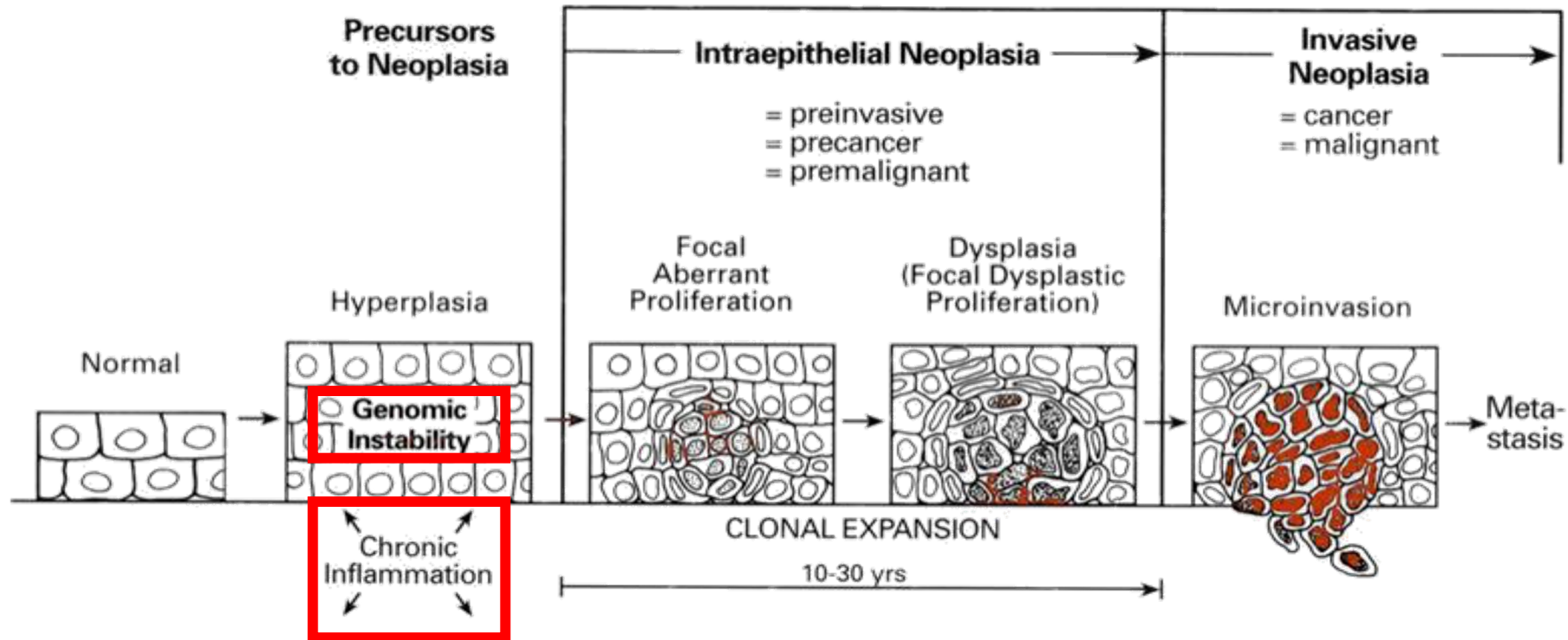
## Definition:

- *Abnormal mass/ growth* of tissue with,
- *Autonomous uncontrolled growth*,
- *Exceeds that of normal tissues*,
- The growth *persists* after stopping the growth signal
- Tumors are either Benign or Malignant.





# Carcinogenesis

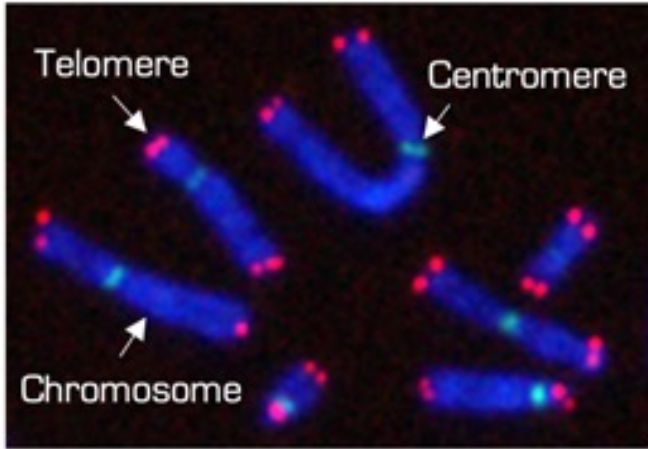


- **Proto-Oncogenes:** normal genes involved in modulation of cell growth
- **When mutated → Oncogenes:** activate the cells to grow indefinitely!!
- **Tumor Suppressor Genes:** normal genes that:
  - Slow down cell division,
  - Repair DNA mistakes, **TP53 & BRCA**
  - Tell cells when to die ( apoptosis or programmed cell death)

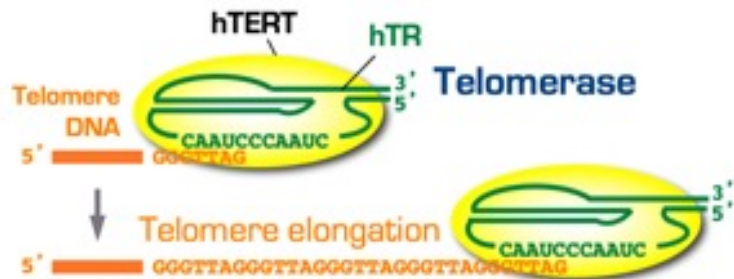


# Telomeres & Cancer

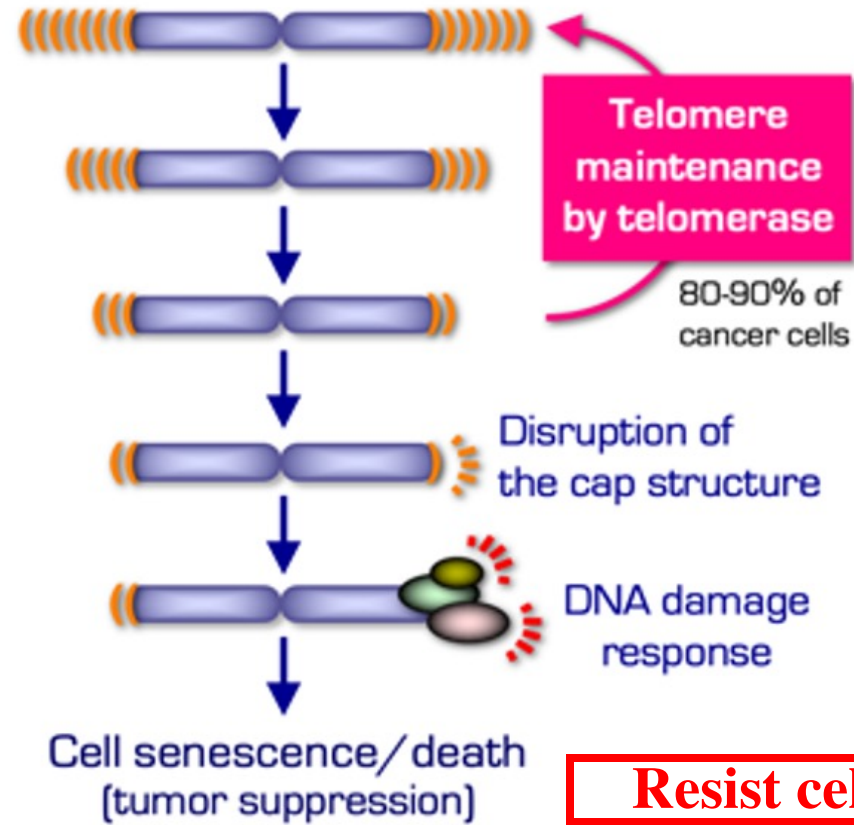
Chromosome caps



Telomerase, the telomere-synthesizing enzyme



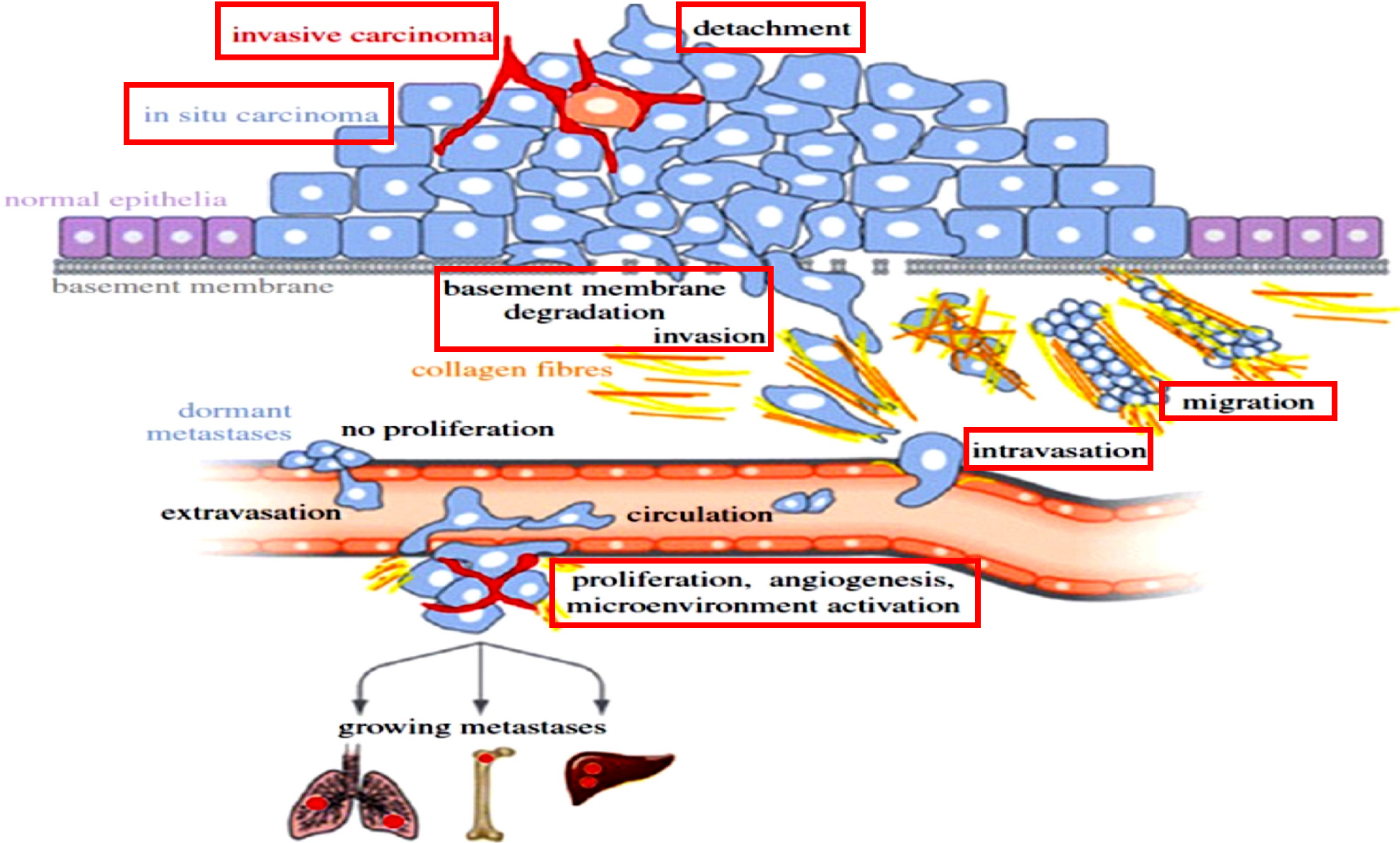
Telomere shortening in a dividing cell



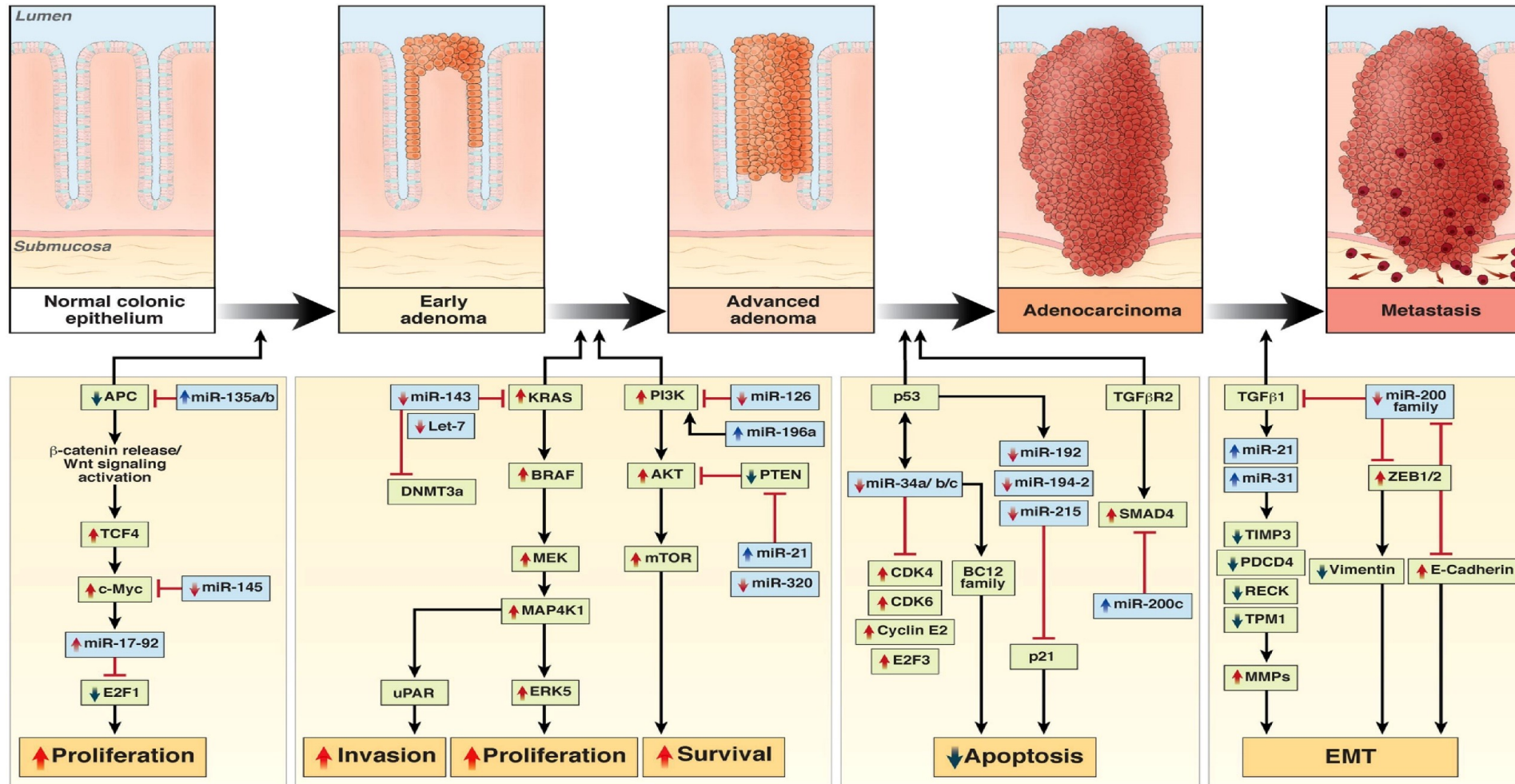
Most cancer cells maintain telomeres by telomerase activation & proliferate infinitely

**Replicative immortality**

# Angiogenesis & Metastases



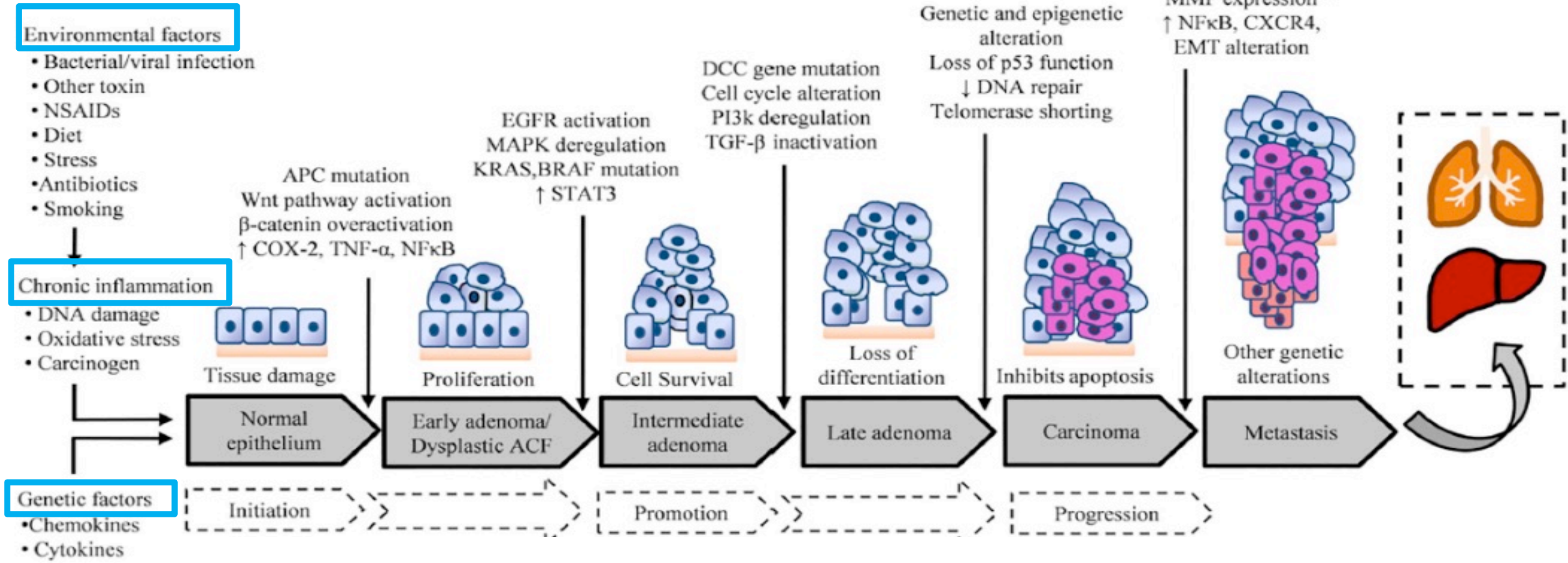
# Epigenetics for Cancer Initiation & Progression in CRC



*Epigenetics of Colorectal cancer. Gastroenterology 2012 143, 1442-1460.e1*



Microsatellite instability pathway, CpG island hypermethylation, Chromosomal instability pathway  
Genetic alterations through defective DNA mismatch repair proteins







# Meet our mighty Immune system



**NK Cell**



**Cytotoxic T Cell**



**Helper T Cell**



**Follicular Dendritic Cell**



**Macrophage**



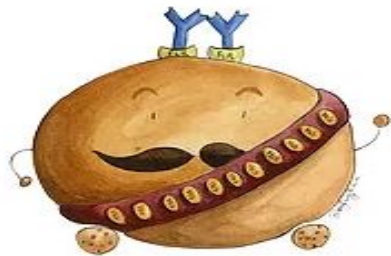
**Treg**



**B Cell**



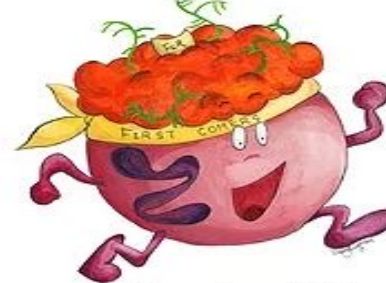
**Plasma Cell**



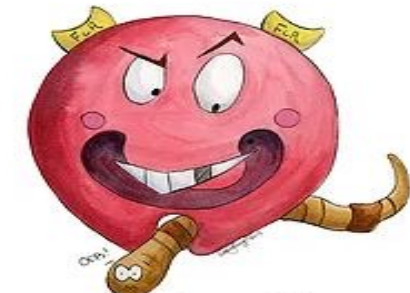
**Mast Cell**



**Basophil**



















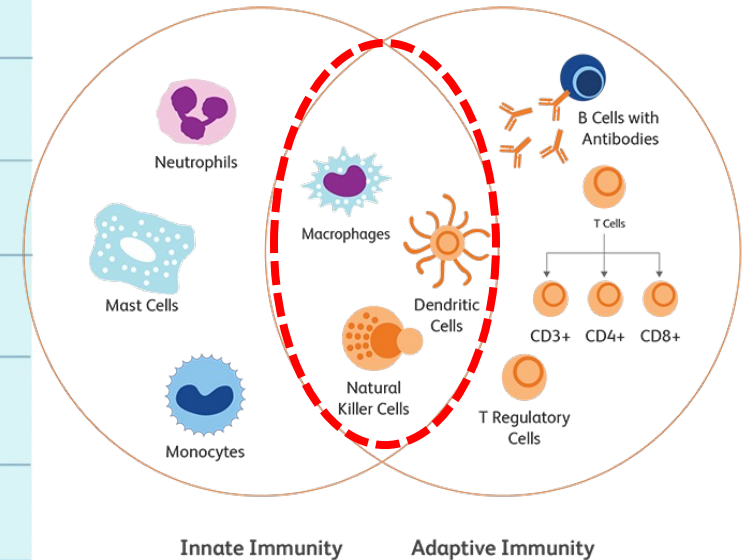
**Neutrophil**



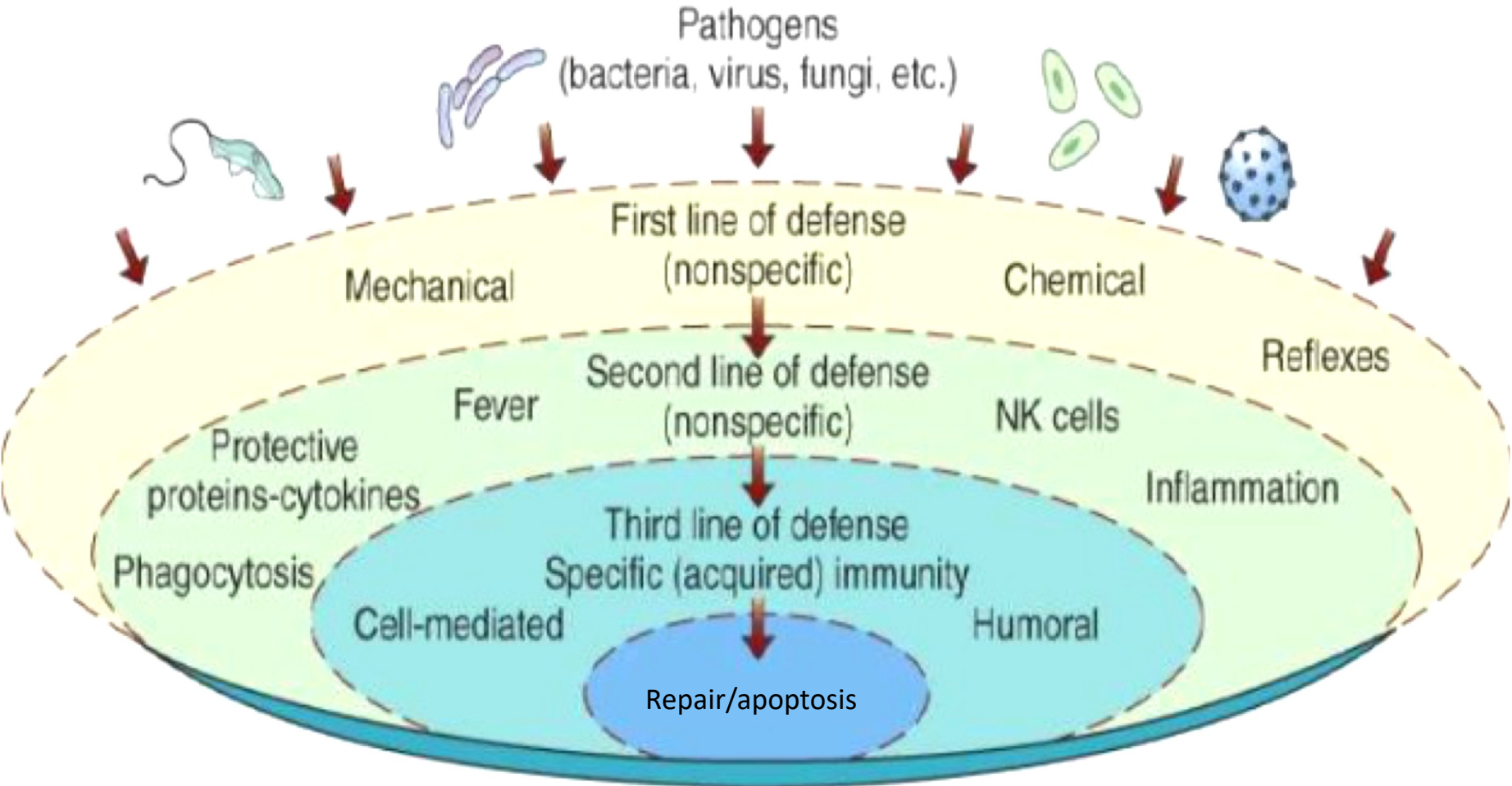
**Eosinophil**



HEMATOPOIETIC STEM CELL					
		SELF-RENEWAL CYTOKINES	EXPANSION CYTOKINES		
	Hematopoietic stem cell	SCF; TPO	Flt3-Ligand; SCF; TPO; IL-3; IL-6		
THE INNATE IMMUNE SYSTEM			THE ADAPTIVE IMMUNE SYSTEM		
		DIFFERENTIATING CYTOKINES	SECRETED CYTOKINES	DIFFERENTIATING CYTOKINES	SECRETED CYTOKINES
	Myeloid progenitor	IL-3; IL-6; EPO; GM-CSF; G-CSF			Lymphoid progenitor IL-7
	Monocyte	GM-CSF; G-CSF			B cell progenitor IL-3; IL-4; IL-6; IL-7; SCF
	Macrophage	IFN-γ; IL-6; IL-10; M-CSF	TGF-β; TNF-α; VEGF; IL-1β; IL-6; IL-10; IL-12		Plasma cell IL-4; IL-5; IL-10; IL-21; TGF-β; IFN-γ
	Dendritic cell	Flt3-Ligand; GM-CSF; IFN-α; IL-4	IL-1α; IL-1β; IL-4; IL-6; IL-10; IL-12; TGF-β; IFN-α; IFN-γ		T cell progenitor IL-2; IL-7; Notch GM-CSF; TGF-β; TNF-α; IL-4; IL-6; IL-10; IL-12
	Eosinophil	IL-3; IL-5; GM-CSF	TGF-β; VEGF; PDGF-BB; TNF-α; IL-1α; IL-1β; IL-2; IL-4; IL-5; IL-6; IL-8; IL-12; IL-13		Helper T cell IL-2; IL-4; IL-6; IL-12; TGF-β; IFN-γ * IFN-γ; TNF-α; TGF-β; IL-4; IL-5; IL-6; IL-9; IL-10; IL-13; IL-17; IL-21; IL-22
	Basophil	IL-3; IL-6; GM-CSF; G-CSF	TNF-α; IL-4; IL-6; IL-13		Cytotoxic T cell IL-2; IL-5; IL-7; IL-12 IFN-γ; TNF-α; TNF-β; IL-2; sFas Ligand
	Mast cell	IL-3; IL-6; GM-CSF; G-CSF	TNF-α; GM-CSF; IL-3; IL-4; IL-5; IL-6; IL-8; IL-13		
	Neutrophil	IL-6; GM-CSF; G-CSF; SCF	APRIL; RANKL; TNF-α; TGF-β; VEGF; IL-1α; IL-1β; IL-6; IL-12; IL-18; IL-21		
	NK cell	IL-15	GM-CSF; IFN-γ; TNF-α; MIP-1α; MIP-1β; IL-5; IL-10; IL-17; IL-22		

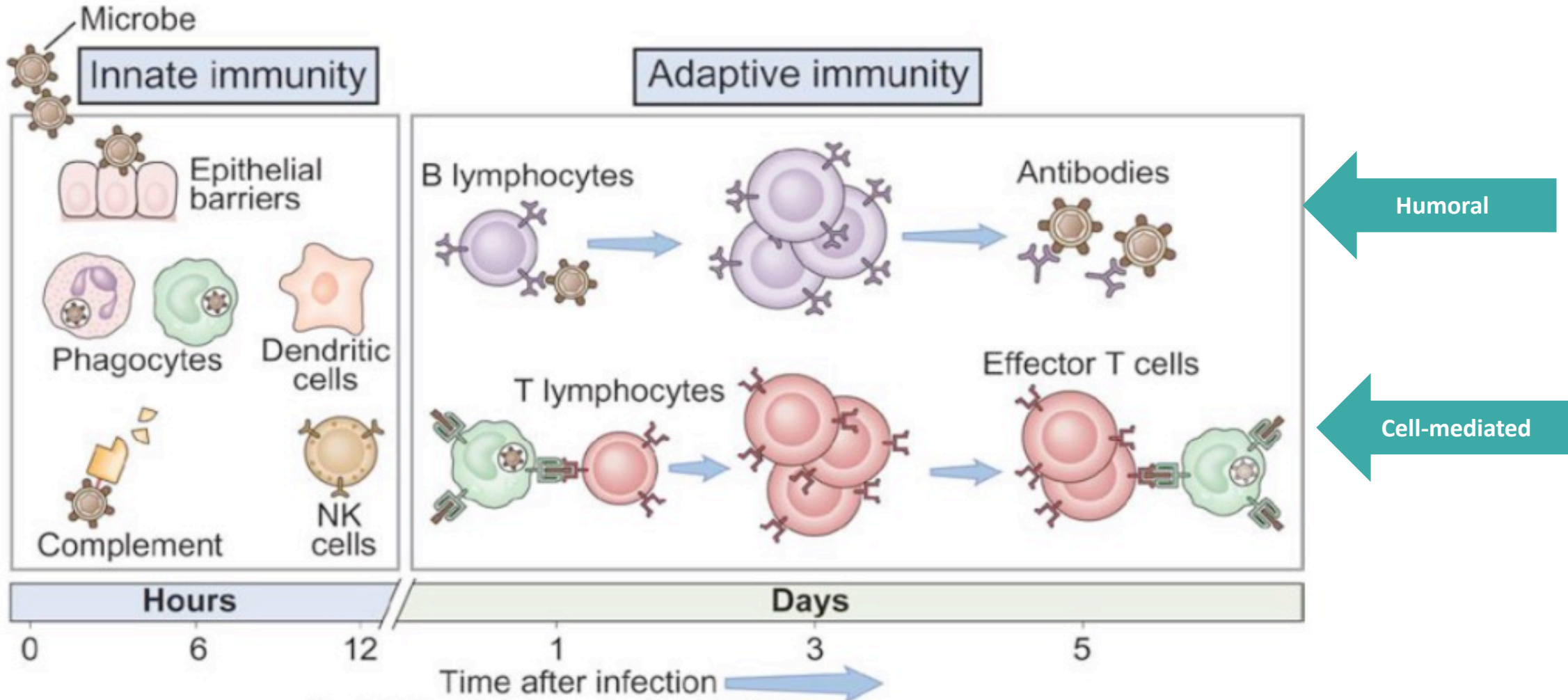


# Timeline of a Pathogen



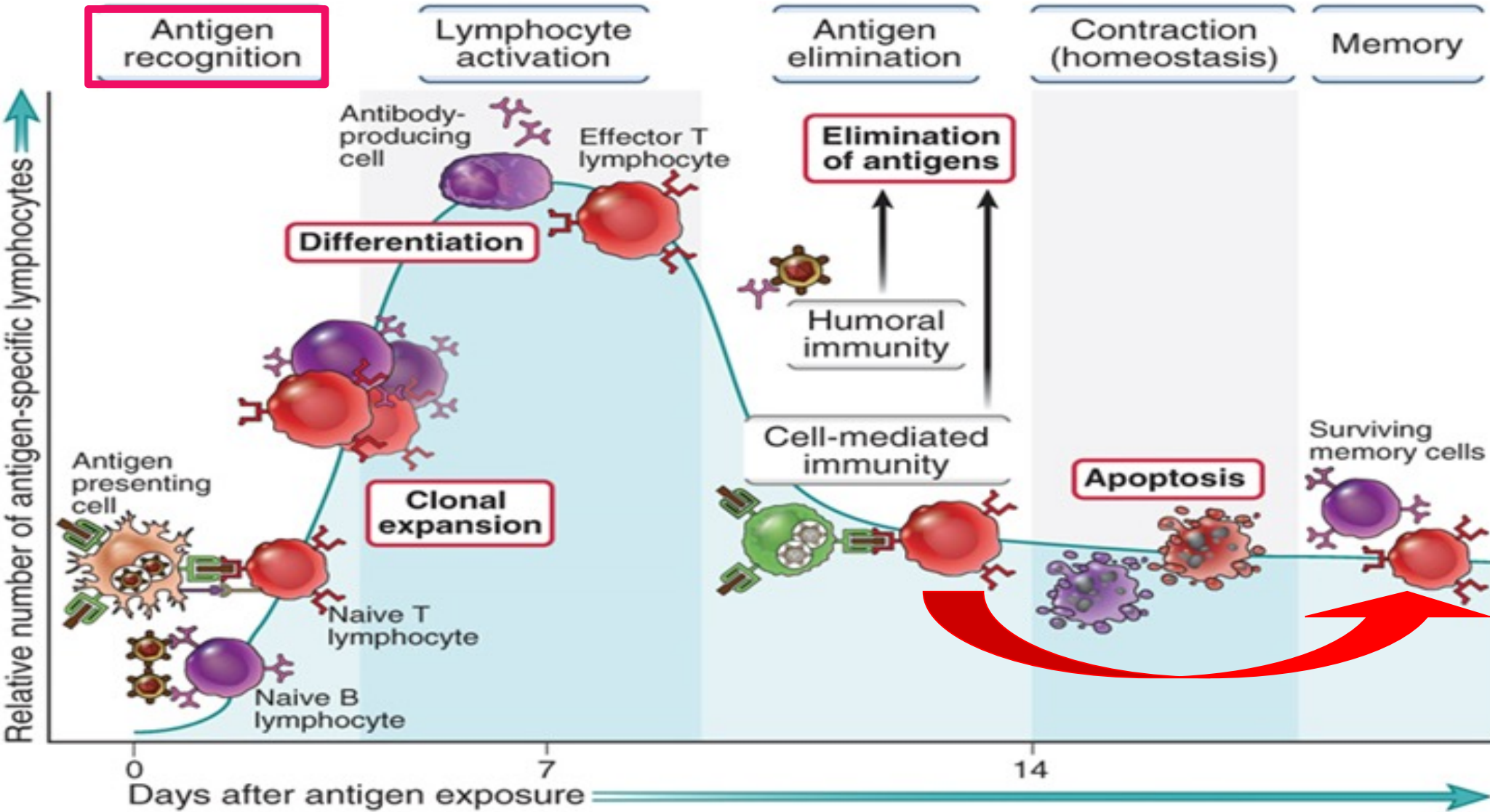


# Timeline of a Pathogen



Abbas & Lichtman: Basic Immunology 3e, Updated Edition.  
Copyright © 2010 by Saunders, an imprint of Elsevier, Inc. All rights reserved.

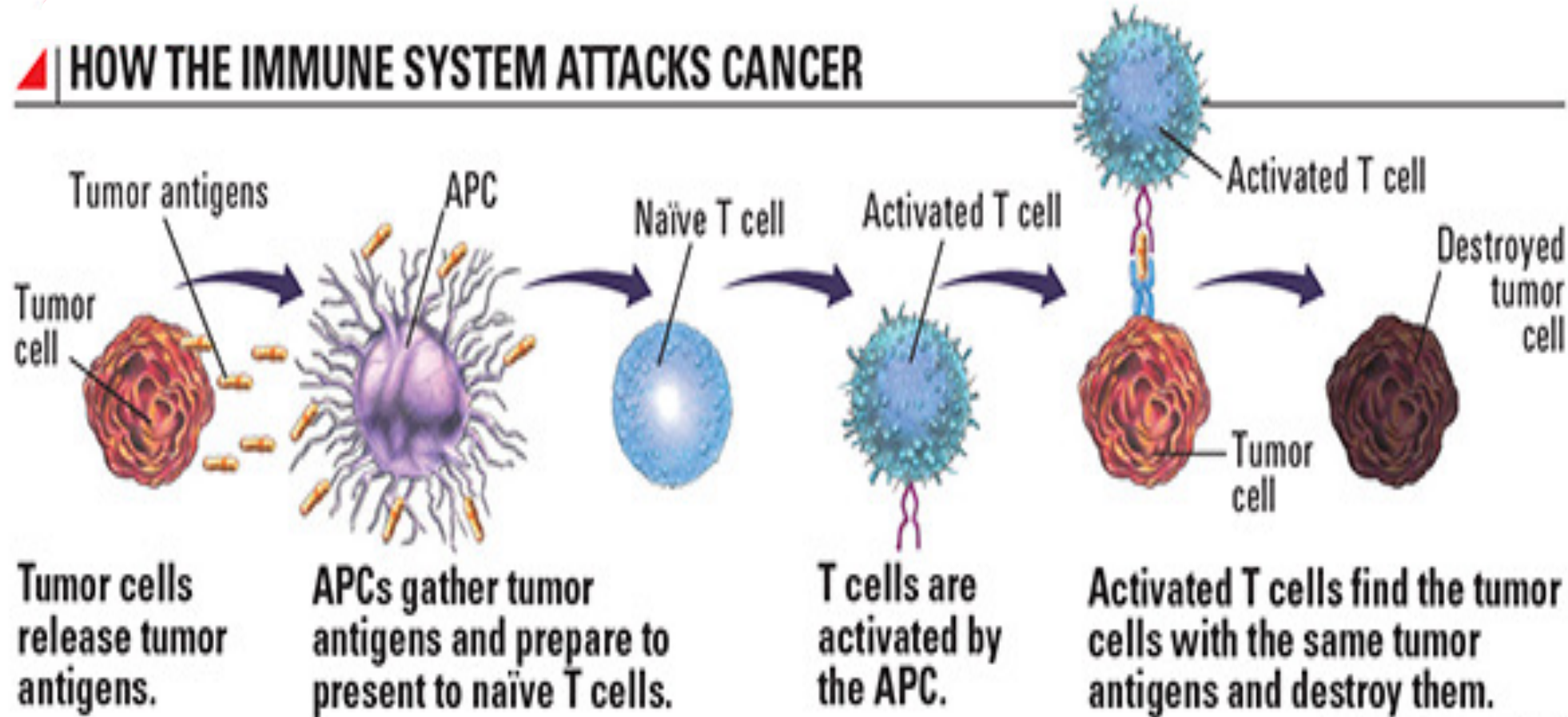
# Timeline of a Pathogen



# Immune- Cancer Interactions



## HOW THE IMMUNE SYSTEM ATTACKS CANCER



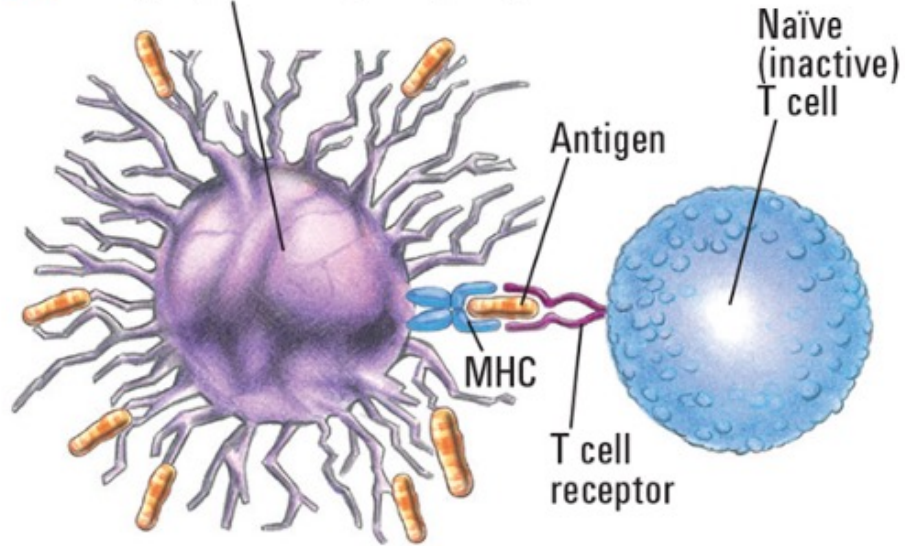
©Patient Resource LLC

# Immune- Cancer Interactions

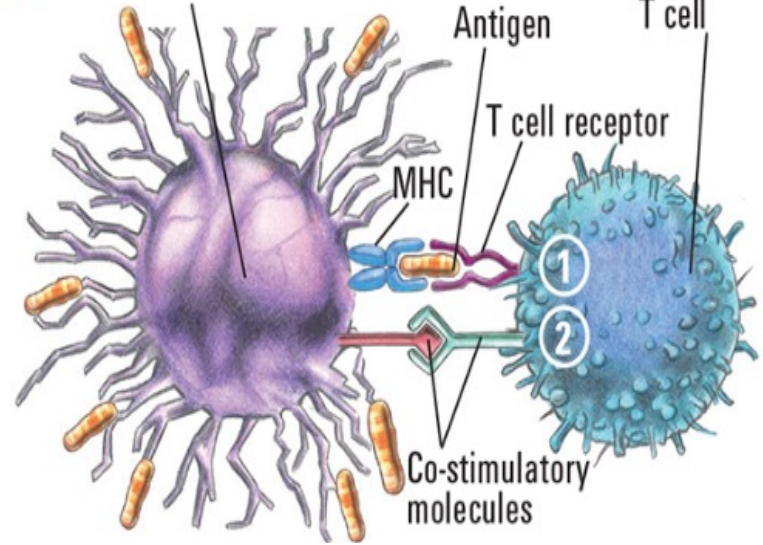


## T CELL ACTIVATION

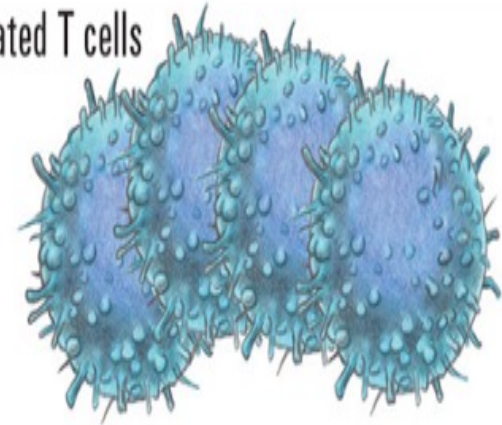
**A.** Antigen-presenting cell (APC)



**B.** Antigen-presenting cell (APC)



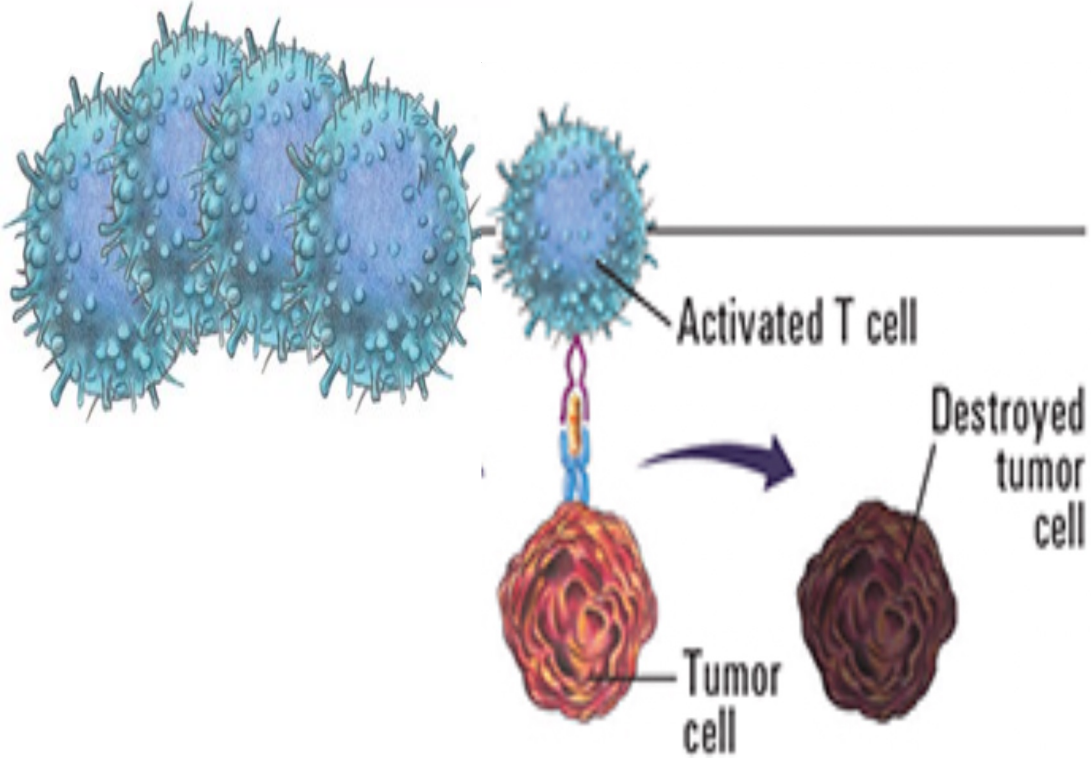
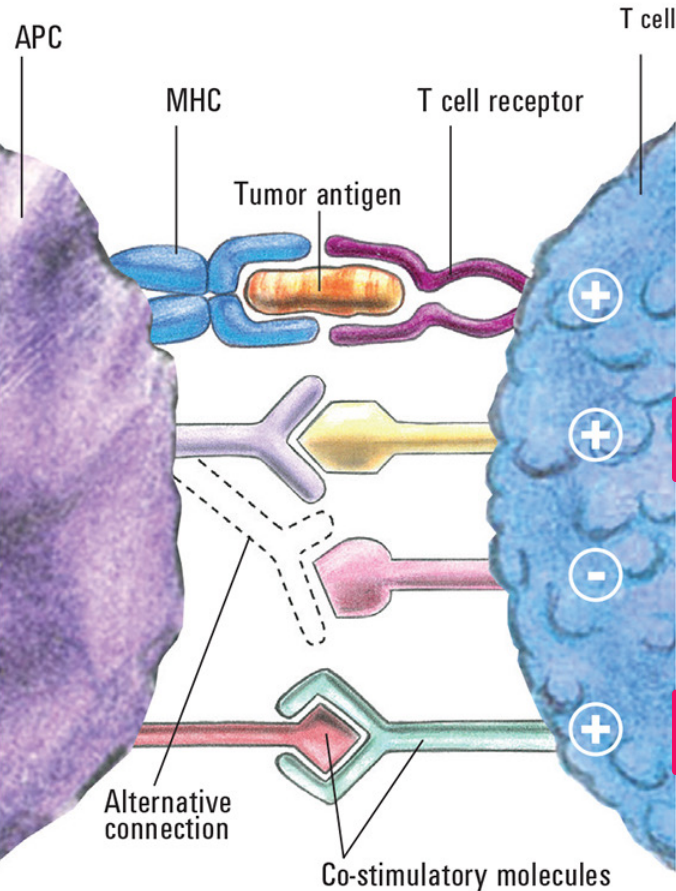
**C.** Activated T cells



# Immune- Cancer Interactions



## CELL SIGNALS



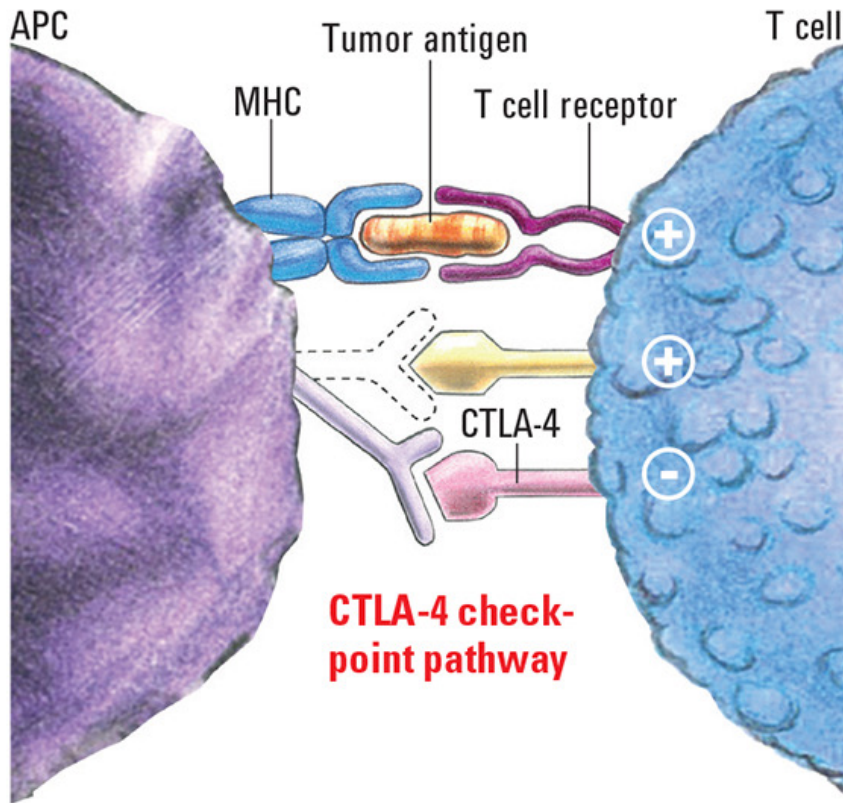


# Immune- Cancer Interactions

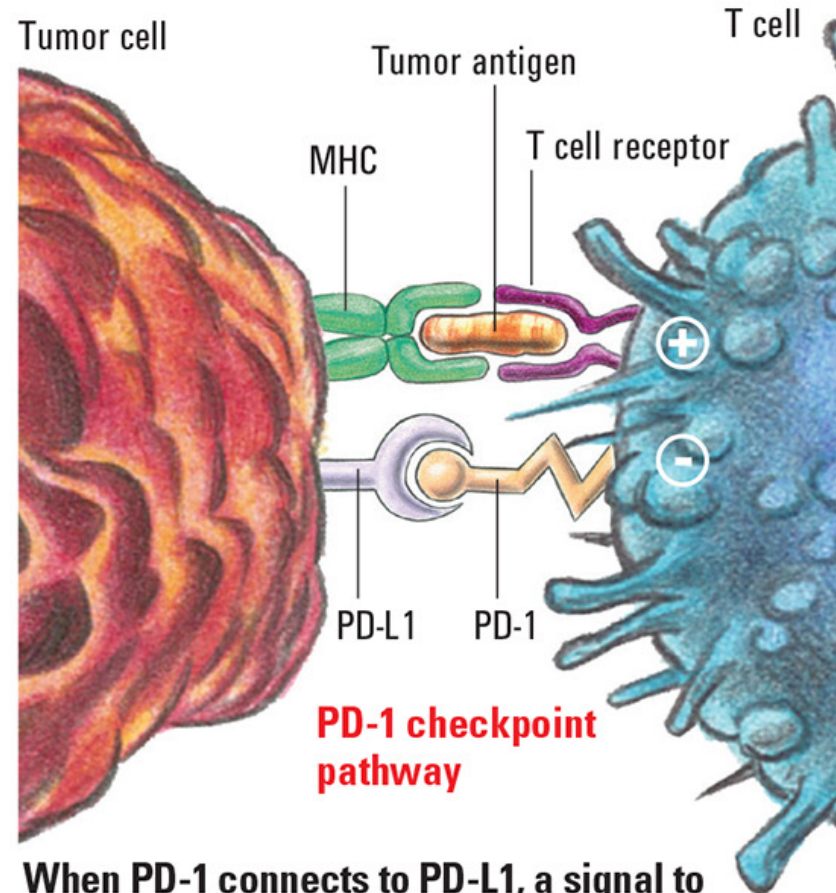


## Evading the Immune System

### CHECKPOINT PATHWAYS



When the CTLA-4 molecule connects instead of other molecules, a signal to shut down (-) is sent to the T Cell.

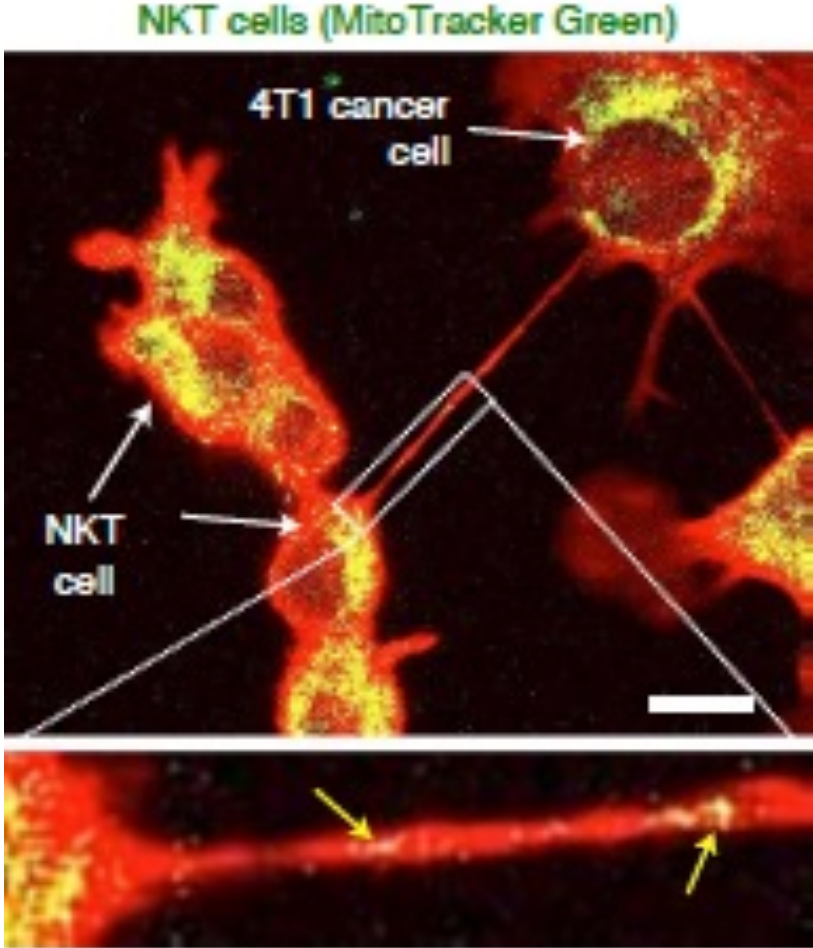
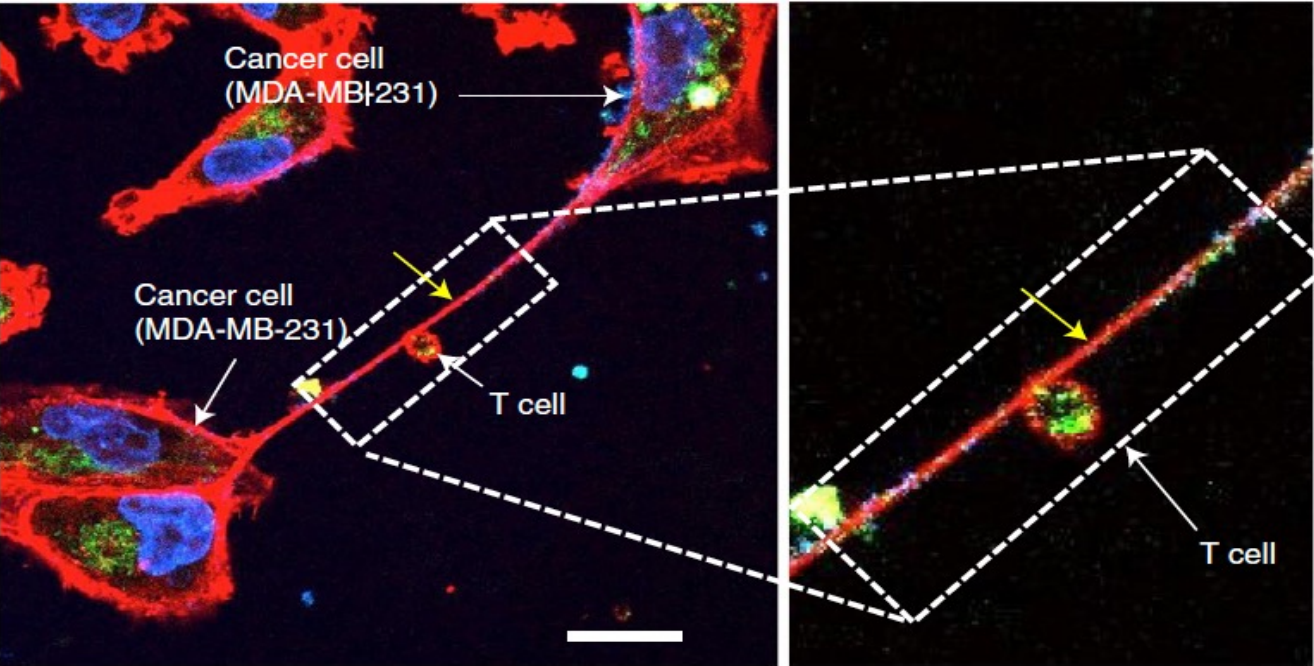
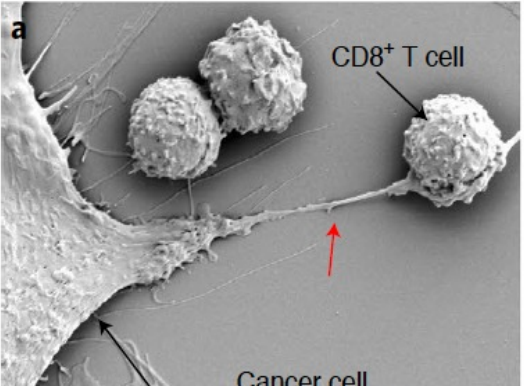


When PD-1 connects to PD-L1, a signal to shut down (-) is sent to the T cell which then becomes inactive.

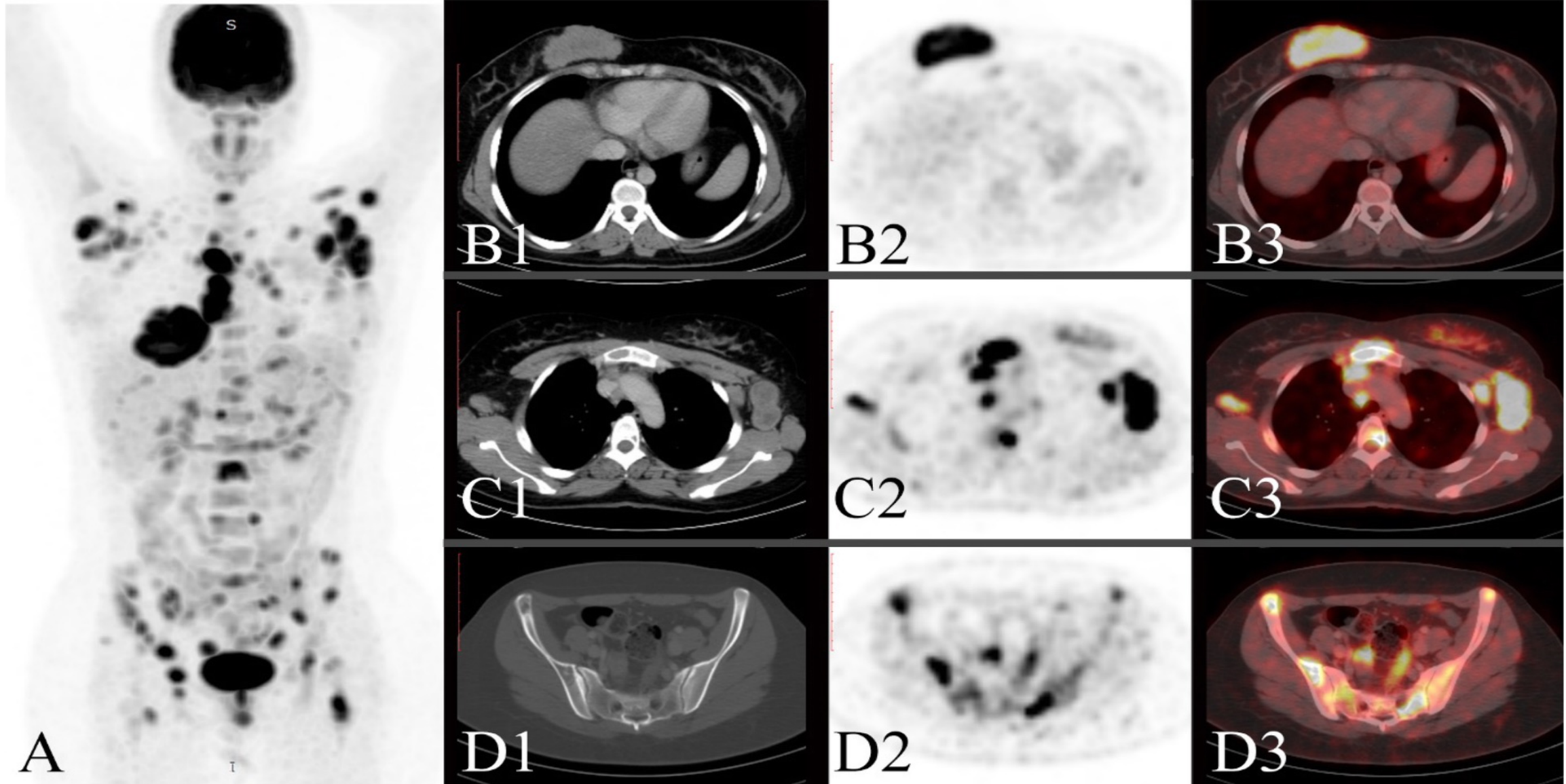
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# Immune- Cancer Interactions

**Stealing- Cellular Energetics**



# A note on Cellular energetics



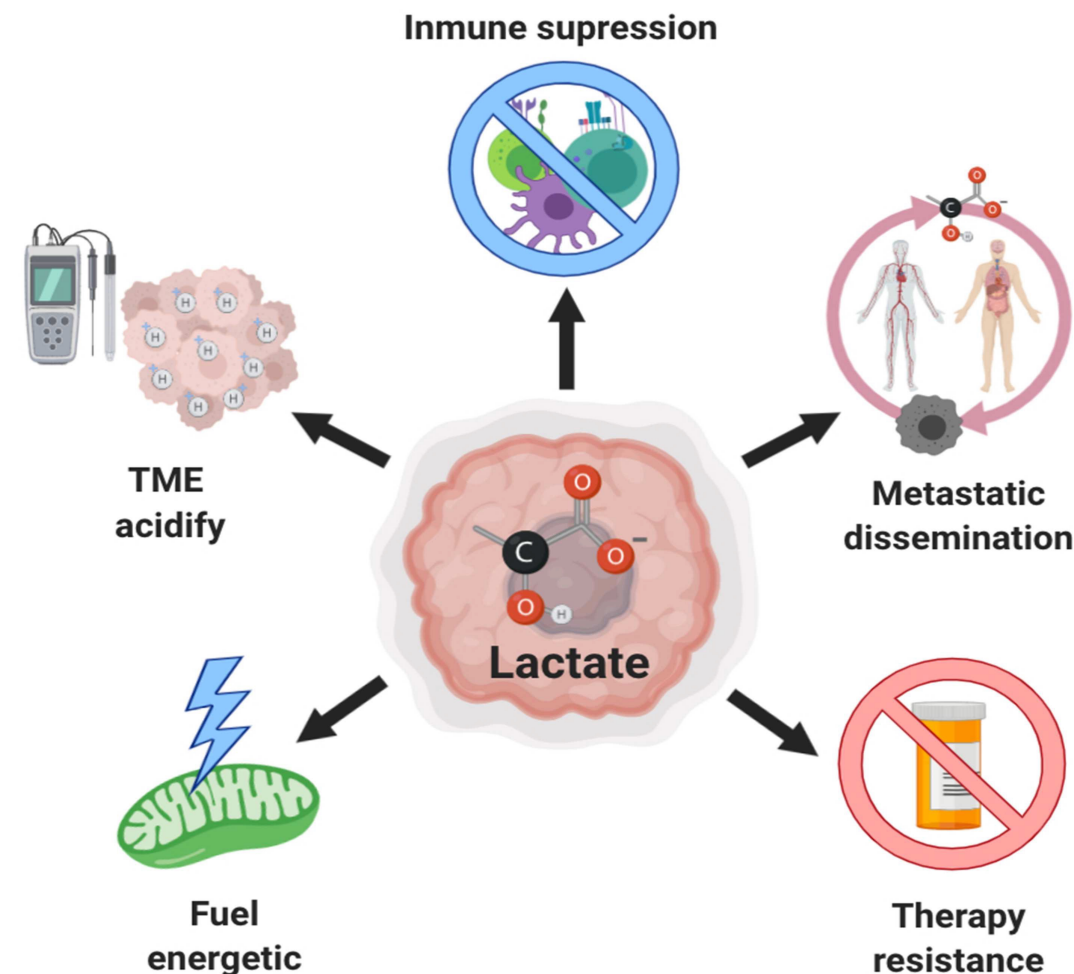
# Just a few words about Lactate...



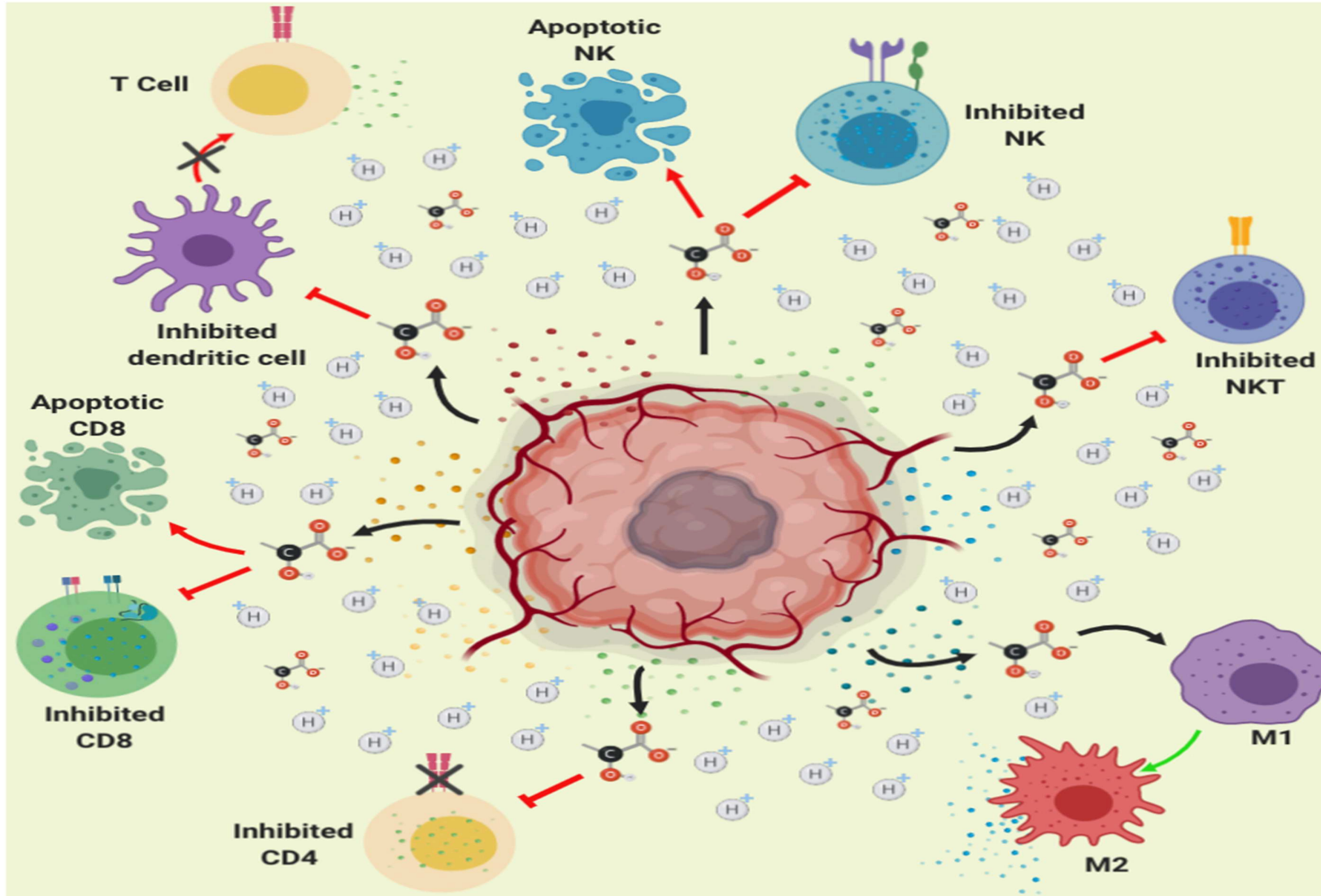
## Lactate in the Regulation of Tumor Microenvironment and Therapeutic Approaches

Karen G. de la Cruz-López<sup>1,2,3</sup>, Leonardo Josué Castro-Muñoz<sup>1,2</sup>,  
Diego O. Reyes-Hernández<sup>4,5</sup>, Alejandro García-Carrancá<sup>2,3</sup> and  
Joaquín Manzo-Merino<sup>2,5,6\*</sup>

<sup>1</sup> Programa de Doctorado en Ciencias Biomédicas, Instituto de Investigaciones Biomédicas, Universidad Nacional Autónoma de México, Ciudad Universitaria, Mexico City, Mexico, <sup>2</sup> Unidad de Investigación Biomédica en Cáncer, Instituto Nacional de Cancerología, México/Instituto de Investigaciones Biomédicas, Universidad Nacional Autónoma de México, Mexico City, Mexico, <sup>3</sup> Laboratory of Virus and Cancer, Subdirección de Investigación Básica, Instituto Nacional de Cancerología, Mexico City, Mexico, <sup>4</sup> Programa de Maestría y Doctorado en Ciencias Médicas, Odontológicas y de la Salud, Maestría en Investigación Clínica Experimental, Universidad Nacional Autónoma de México, Mexico City, Mexico, <sup>5</sup> Biological Cancer Causing Agents Group, Instituto Nacional de Cancerología, Mexico City, Mexico, <sup>6</sup> Cátedras CONACyT-Instituto Nacional de Cancerología, Mexico City, Mexico



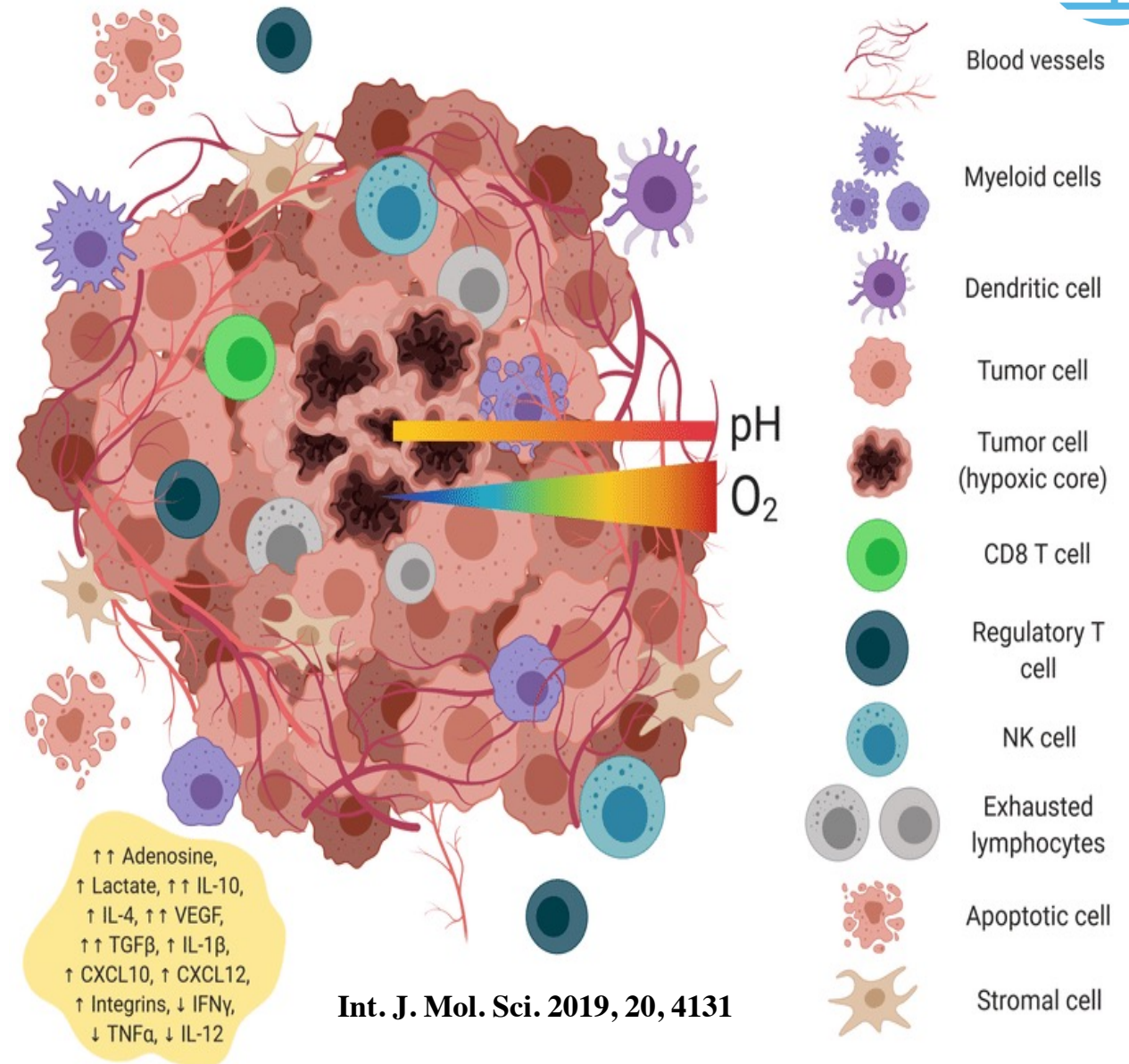
# Just a few words about Lactate



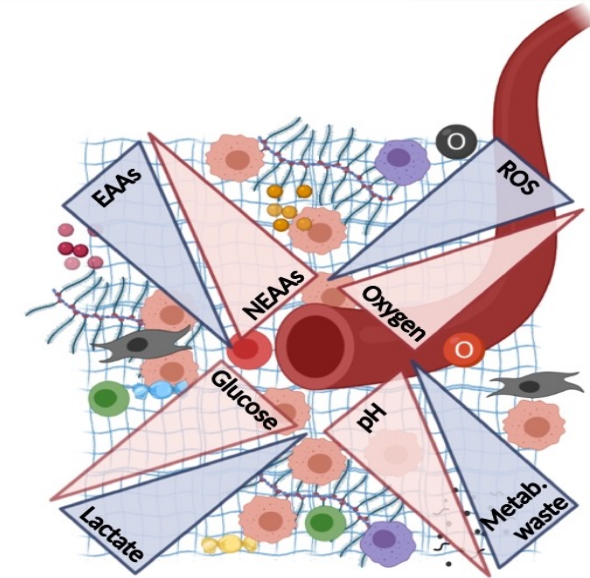
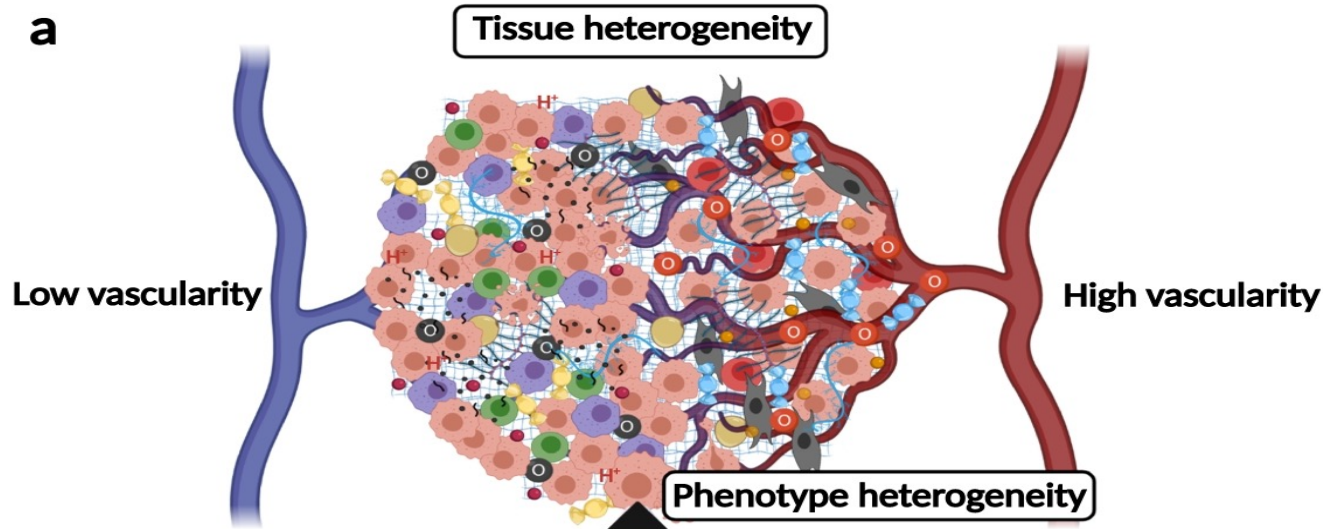
# Tumor Microenvironment milieu



- **Weak/Leaky Vasculature**  
→ Hypoxia, angiogenesis, metastasis, ...
- **Disturbed Immune cells**  
→ suppressed Cytotoxic T cells, NK, ...
- **Dissolved Extracellular matrix**  
→ acting on fibroblasts, collagen, MMP, ...
- **Various Proteins & metabolic molecules**  
→ lactate, pyruvate, glutamate, ...
- **Inflammation, toxic burden & acidity**
- **Mitochondropathy, ROS, ...**



# Tumor Microenvironment & Hallmarks of cancer



- innate/adaptive response
- immune infiltration: macrophages, T cells, APCs, NKs, etc.
- cytokine, chemokine milieu

- cellular origin, differentiation and aging
- tumor cells (subclones, EMT, MET, CSC)
- fibroblast/CAFs
- endothelial cells
- adipocytes
- etc.

- genetic/epigenetic landscape
- suppressor/oncogene mutations
- driver/balanced/forced new mutations
- subclonal mutations
- genomic instability
- epigenetic alterations

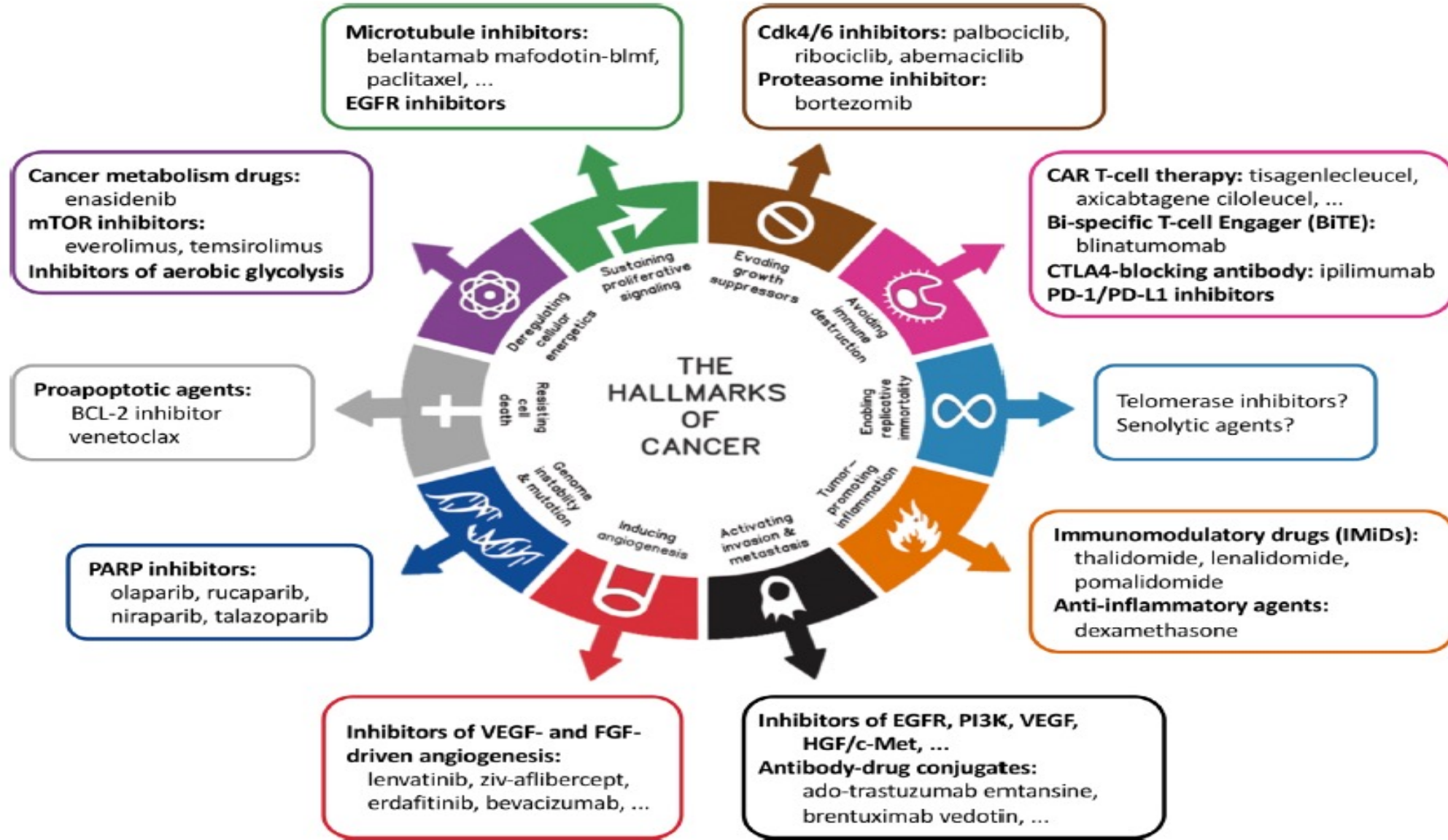
- immunologic heterogeneity
- genomic heterogeneity
- metabolic heterogeneity
- microenvironmental heterogeneity
- cellular heterogeneity

- O<sub>2</sub>, nutrient supply differences
- blood vessels
- drugs, toxins
- niche: proliferating/dormant/stem cell-like
- ECM composition
- ECM remodelling

- metabolic phenotypes, continuous transition (Warburg/OXPHOS/hybrid)
- metabolic symbiosis/plasticity/competition/flexibility/reprogramming
- metabolite exchange mechanisms

	Cancer cells		NEAAs
	Dying cancer cells		EAAs
	Migrating cancer cells		Glucose
	CAFs		Lactate
	Macrophages		Metabolic waste
	Effector T cells		Collagen matrix
	Regulatory T cells		Proteoglycan
	Adipocytes		Glycoprotein
	Oxygen		
	ROS		

# Targeted Therapy, is it?

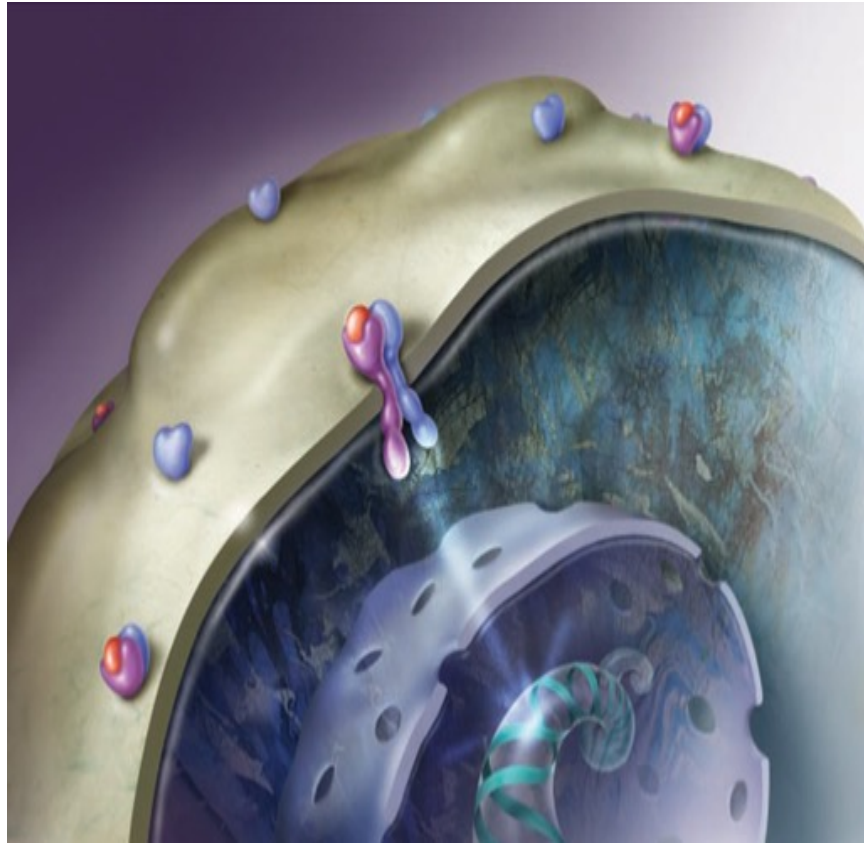




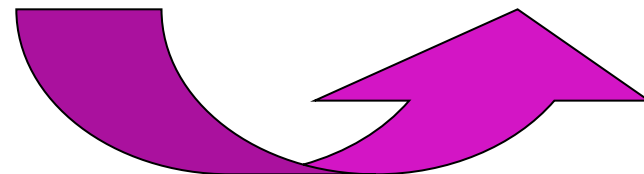
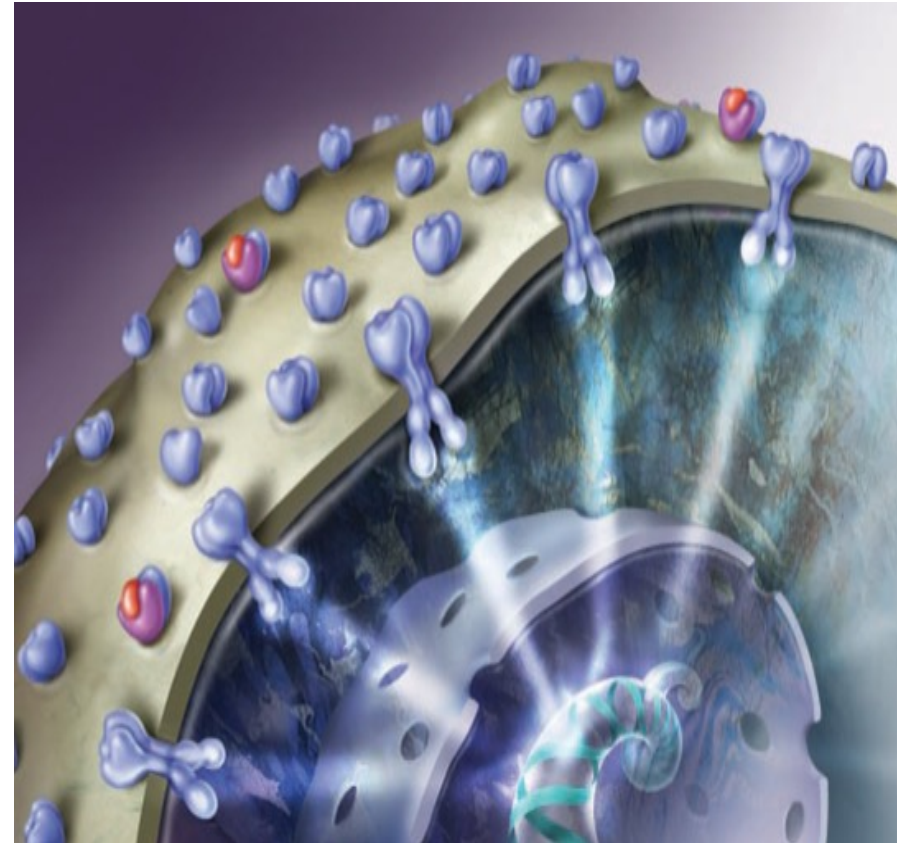
# Examples of Cancer Genetics HER2-*neu* Gene (ERBB2)



**Normal HER2 Expression**  
20 000 receptors/cell



**HER2 Over Expression**  
2 000 000 receptors/cell



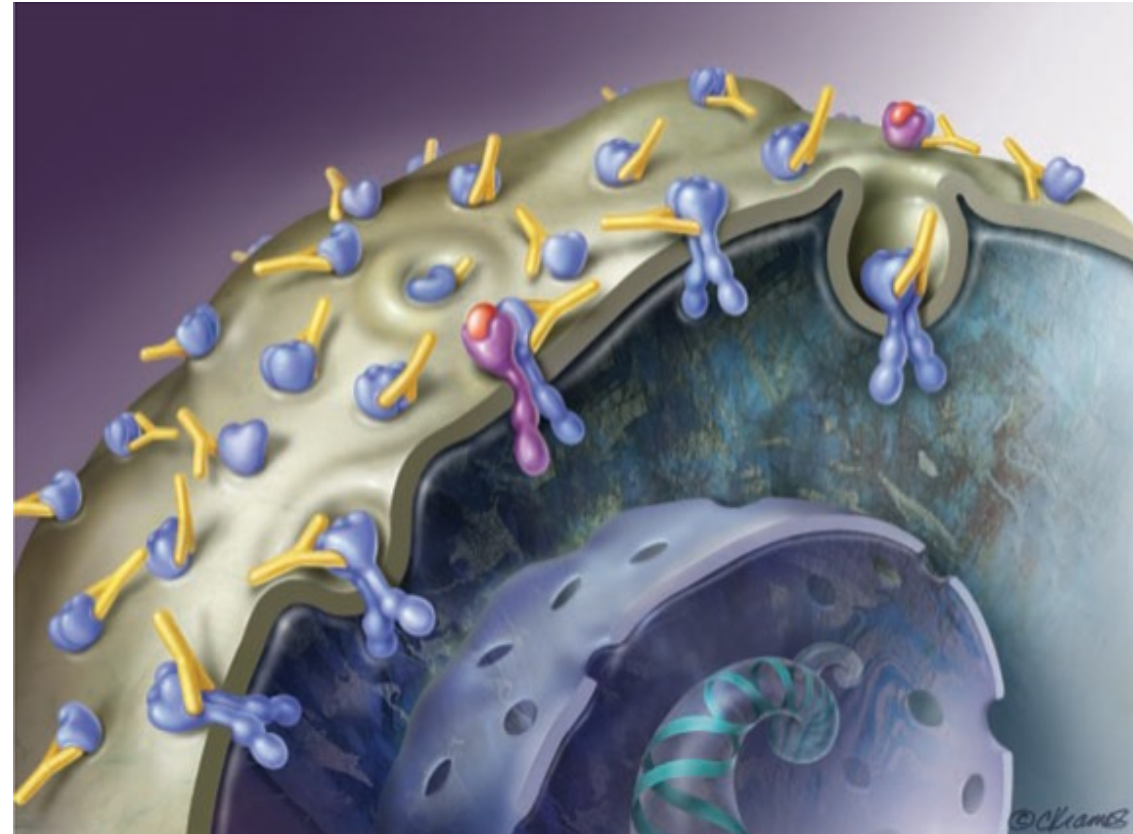
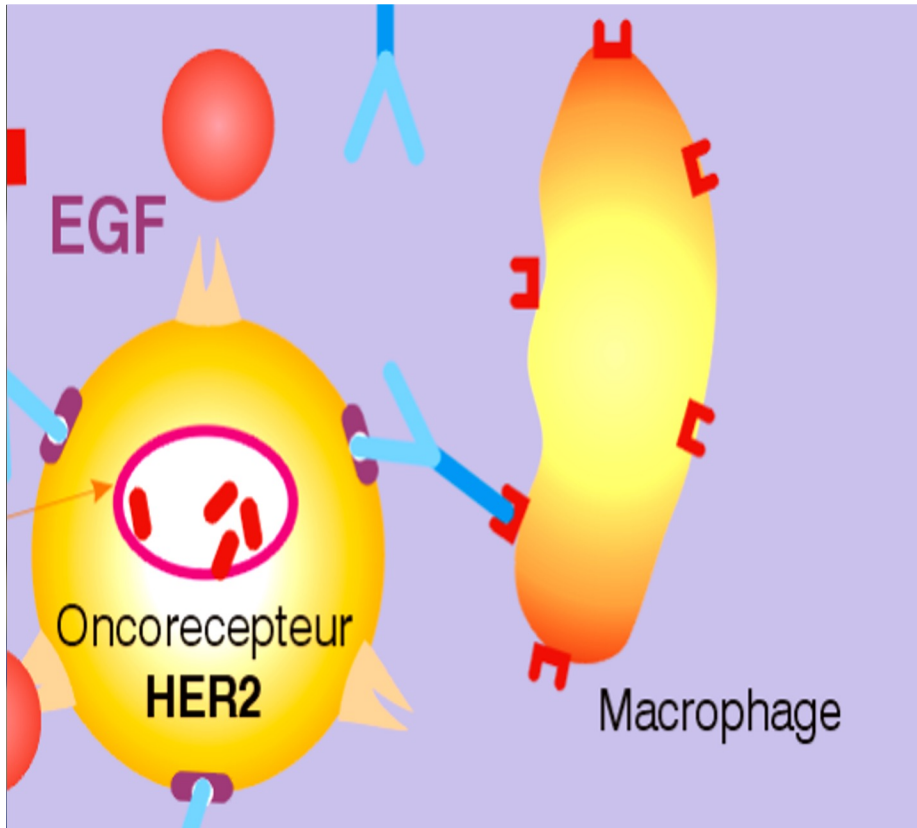
**HER2 Amplification**



# Binding of Trastuzumab to HER2 & mechanism of anti-tumor effect

➤ Enable immune cells to attack tumor target cells (ADCC)

➤ Accelerate internalization & Degradation of HER2 protein receptor  
➤ Antagonizing growth signal properties





Meeting Abstract: 2023 ASCO Annual Meeting I

**FREE ACCESS** | Symptoms and Survivorship | May 31, 2023



# Trastuzumab-induced cardiotoxicity in breast cancer patients: A meta-analysis and review of the literature (2012-2022).

**Authors:** [Fnu Anamika](#), [Akshit Chitkara](#), [Komal Saharan](#), [Tushar Choudhary](#), [Ujjwal Soni](#), [Gabriella Angelina Harmon](#), and

[Anwaar Saeed](#) | [AUTHORS INFO & AFFILIATIONS](#)

**Publication:** Journal of Clinical Oncology • [Volume 41, Number 16 suppl](#)

[https://doi.org/10.1200/JCO.2023.41.16\\_suppl.e24101](https://doi.org/10.1200/JCO.2023.41.16_suppl.e24101)

After a full literature review, selecting four studies that included 1481 patients with cardiotoxicity data in the treatment and control groups.

Cardiotoxicity (specifically LVEF reduction) in patients treated with Trastuzumab were about **seven times higher** than the control group (OR 6.78, 95% CI 2.85-16.09, p-value < 0.0001).

# Targeted Therapy ....Which cells are we killing?



Signal Transduction and Targeted Therapy

[www.nature.com/sigtrans](http://www.nature.com/sigtrans)



REVIEW ARTICLE OPEN

## Advantages of targeting the tumor immune microenvironment over blocking immune checkpoint in cancer immunotherapy

Tianyu Tang<sup>1,2,3,4</sup>, Xing Huang<sup>1,2,3,4</sup>, Gang Zhang<sup>1,2,3,4</sup>, Zhengtao Hong<sup>1,2,3,4</sup>, Xueli Bai<sup>1,2,3,4</sup> and Tingbo Liang<sup>1,2,3,4</sup>

- The incidence of all grades of irAE is reported to range from 15 to 90%, and the frequency of severe irAEs requiring immunosuppression and withdrawal from immunotherapy is estimated to be between 0.5 and 13%.
- Disordered infiltration of immune cells in normal skin, gastrointestinal, hepatic, thyroid, renal, pulmonary, musculo-skeletal, and pituitary tissues has been reported in cancer patients receiving ICP-targeted therapies.
- These irAEs can lead to treatment interruption and even multiple organ failure.

*Advantages of targeting the tumor immune microenvironment over blocking immune checkpoint in cancer immunotherapy.*  
*Sig Transduct Target Ther* 6, 72 (2021)



## Intestinal *Akkermansia muciniphila* predicts clinical response to PD-1 blockade in patients with advanced non-small-cell lung cancer

potential biomarkers to refine patient stratification

Baseline **stool Akk** was associated with increased objective response rates and overall survival in multivariate analyses, independent of PD-L1 expression, antibiotics, and performance status.

However, antibiotic use (20% of cases) coincided with a relative dominance of Akk above 4.8% accompanied with the genus *Clostridium*, both associated with **resistance to ICI**.

*Derosa, et al (2022). Intestinal Akkermansia muciniphila predicts clinical response to PD-1 blockade in patients with advanced non-small-cell lung cancer. Nature Medicine, 28(2), 315-324.*

# Targeted Therapy



 **frontiers** | Frontiers in **Oncology**

TYPE Original Research  
PUBLISHED 25 October 2022  
DOI 10.3389/fonc.2022.887383

The gut microbiota modulates responses to anti-PD-1 and chemotherapy combination therapy and related adverse events in patients with advanced solid tumors

Zhaozhen Wu<sup>1,2,3</sup>, Sujie Zhang<sup>1</sup>, Lingling Li<sup>1,3</sup>, Ziwei Huang<sup>1</sup>, Di Huang<sup>1</sup> and Yi Hu<sup>1,3\*</sup>

<sup>1</sup>Department of Medical Oncology, the Fifth Medicine Center of Chinese People's Liberation Army (PLA) General Hospital, Beijing, China, <sup>2</sup>Beijing Chest Hospital, Beijing, China, <sup>3</sup>School of Medicine, Nankai University, Tianjin, China

**Conclusion:** Beta diversity and differences in the gut microbiota modulated AEs and the response to anti-PD-1 blockade combined with chemotherapy. Dynamic changes in the intestinal microbiome may predict the efficacy of PD-1 inhibitor-based therapy.

*Wu Z, et al (2022) The gut microbiota modulates responses to anti-PD-1 and chemotherapy combination therapy and related adverse events in patients with advanced solid tumors. Front. Oncol. 12:887383.*



“Boss is coming! Discover something!”

# Optimizing Tumor Microenvironment



GUT MICROBES  
2024, VOL. 16, NO. 1, 2341717  
<https://doi.org/10.1080/19490976.2024.2341717>



REVIEW

OPEN ACCESS [Check for updates](#)

## An emerging strategy: probiotics enhance the effectiveness of tumor immunotherapy via mediating the gut microbiome

Shuaiming Jiang<sup>a</sup>, Wenyao Ma<sup>a</sup>, Chenchen Ma<sup>b</sup>, Zeng Zhang<sup>a</sup>, Wanli Zhang<sup>a</sup>, and Jiachao Zhang<sup>b</sup>

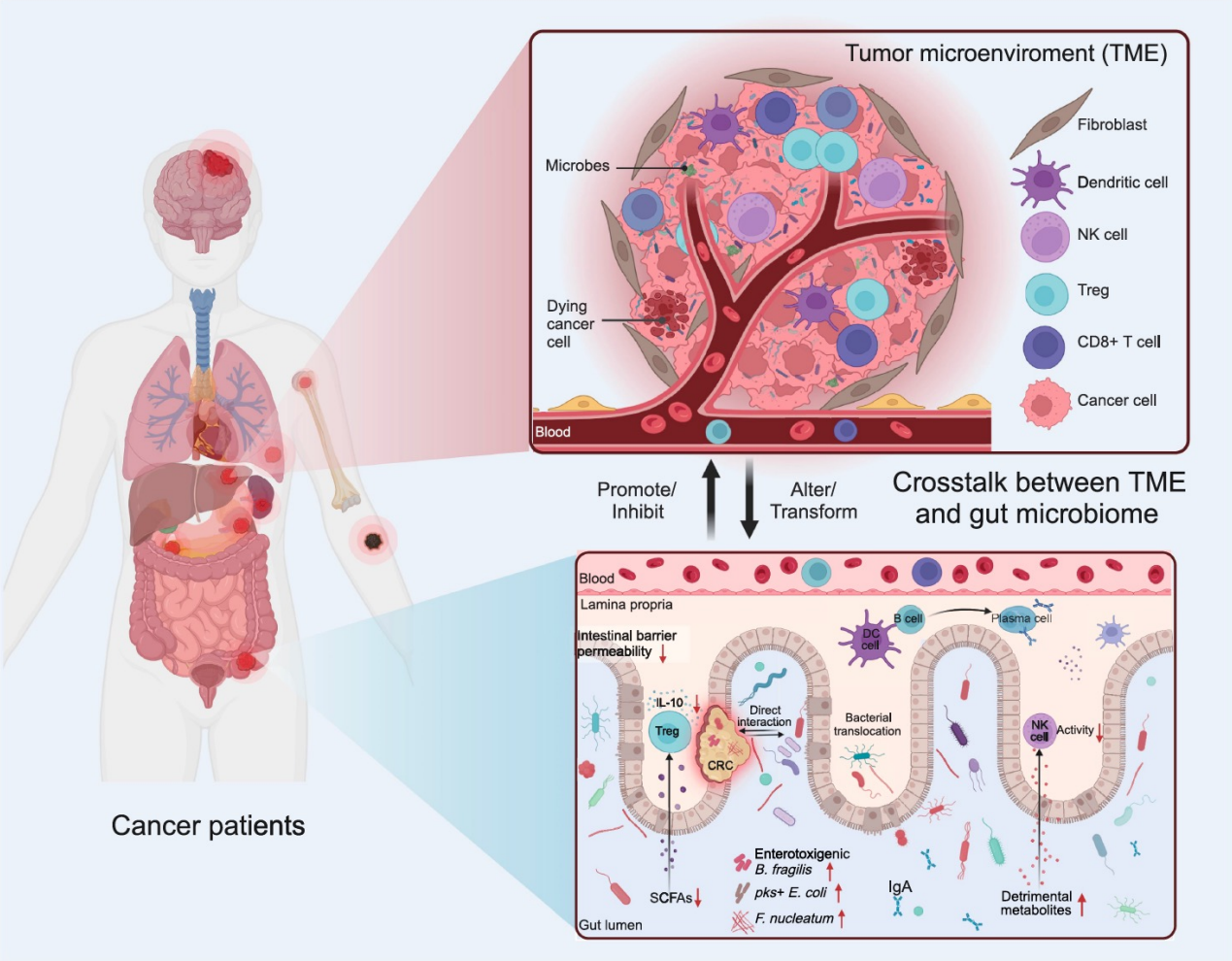


Figure 2. The crosstalk between gut microbiome and TME.





# Optimizing Tumor Microenvironment

**Table 1.** Human-Based Studies Reporting on the Gut Microbiome and Anti-Tumor Effect of ICIs

Study (year)	Microbiota positively correlated with ICI efficacy (a)	Microbiota negatively correlated with ICI efficacy (b)	Target of ICI	Intervention	Included malignancy	No. of patients	Significant outcome
Chaput et al. (2017) <sup>14</sup>	<i>Faecalibacterium Firmicutes</i>	<i>Bacteroides</i>	CTLA-4	-	Metastatic melanoma	26	Group with enriched (a) showed longer PFS and OS than group with enriched (b)
Gopalakrishnan et al. (2018) <sup>15</sup>	<i>Ruminococcaceae</i> family	-	PD-1	-	Metastatic melanoma	43	Responders showed higher alpha-diversity and abundance of (a)
Matson et al. (2018) <sup>16</sup>	<i>Bifidobacterium longum</i> <i>Collinsella aerofaciens</i> <i>Enterococcus faecium</i>	-	PD-1	-	Metastatic melanoma	42	Responders showed commensal bacteria composition was more abundant in (a) compared to non-responders
Routy et al. (2018) <sup>17</sup>	<i>Akkermansia muciniphila</i>	-	PD-1	-	NSCLC+ RCC	100	(a) was correlated with clinical response of PD-1 Ab
Routy et al. (2018) <sup>17</sup>	<i>Ruminococcus Alistipes</i> <i>Eubacterium</i>	<i>Bifidobacterium adolescentis</i> <i>B. longum</i> <i>Parabacteroides distasonis</i>	PD-1	-	NSCLC	60	Responders showed commensal bacteria composition was more abundant in (a) compared to non-responders Responders showed commensal bacteria composition was less abundant in (b) compared to non-responders
Baruch et al. (2021) <sup>18</sup>	<i>Enterococcaceae</i> <i>Enterococcus</i> <i>Streptococcus australis</i>	<i>Veillonella atypica</i>	PD-1	FMT	PD-1 refractory metastatic melanoma	10	Clinical response to PD-1 Ab in 3 out of 10 patients who underwent FMT Higher abundance of (a) and lower abundance of (b) in responders to PD-1 Ab after FMT
Davar et al. (2021) <sup>19</sup>	phylum <i>Firmicutes</i> ( <i>Lachnospiraceae</i> , <i>Ruminococcaceae</i> families) phylum <i>Actinobacteria</i> ( <i>Bifidobacteriaceae</i> , <i>Coriobacteriaceae</i> families)	phylum <i>Bacteroidetes</i>	PD-1	FMT	PD-1 refractory metastatic melanoma	15	Clinical response to PD-1 Ab in 6 out of 15 patients who underwent FMT (a) enriched in responders, and (b) decreased in responders
Spencer et al. (2021) <sup>20</sup>	<i>Ruminococcaceae</i> family <i>Faecalibacterium</i>	-	PD-1	-	Metastatic melanoma	132	Responders showed higher abundance of (a)
Spencer et al. (2021) <sup>20</sup>	-	-	PD-1 / CTLA-4	Probiotics	Metastatic melanoma	158	No difference in survival probability between probiotics intake group and control group
Dizman et al. (2022) <sup>21</sup>	<i>Bifidobacterium</i>	-	PD-1 + CTLA-4	Probiotics	RCC	30	Longer PFS in probiotics supplement group

ICI, immune checkpoint inhibitor; CTLA-4, cytotoxic T-lymphocyte-associated protein 4; PFS, progression-free survival; OS, overall survival; PD-1, programmed cell death protein 1; NSCLC, non-small cell lung cancer; RCC, renal cell carcinoma; FMT, fecal microbiota transplantation; Ab, antibody.

# Optimizing Tumor Microenvironment



nature cell biology

Review Article


<https://doi.org/10.1038/s41556-022-01002-x>

## Metabolic communication in the tumour–immune microenvironment

Received: 12 July 2021

Accepted: 29 August 2022

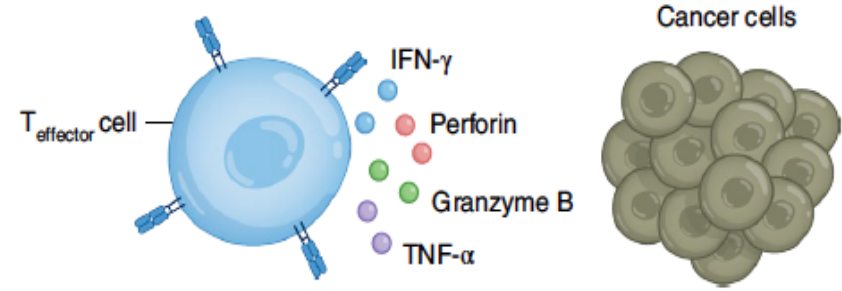
Published online: 13 October 2022

 Check for updates

Kung-Chi Kao<sup>1,2</sup>, Stefania Vilbois<sup>1,2</sup>, Chin-Hsien Tsai<sup>3</sup>✉ and Ping-Chih Ho<sup>1,2</sup>✉

The metabolically hostile tumour microenvironment imposes barriers to tumour-infiltrating immune cells and impedes durable clinical remission following immunotherapy. Metabolic communication between cancer cells and their neighbouring immune cells could determine the amplitude and type of immune responses, highlighting a potential involvement of metabolic crosstalk in immune surveillance and escape. In this Review, we explore tumour–immune metabolic crosstalk and discuss potential nutrient-limiting strategies that favour anti-tumour immune responses.

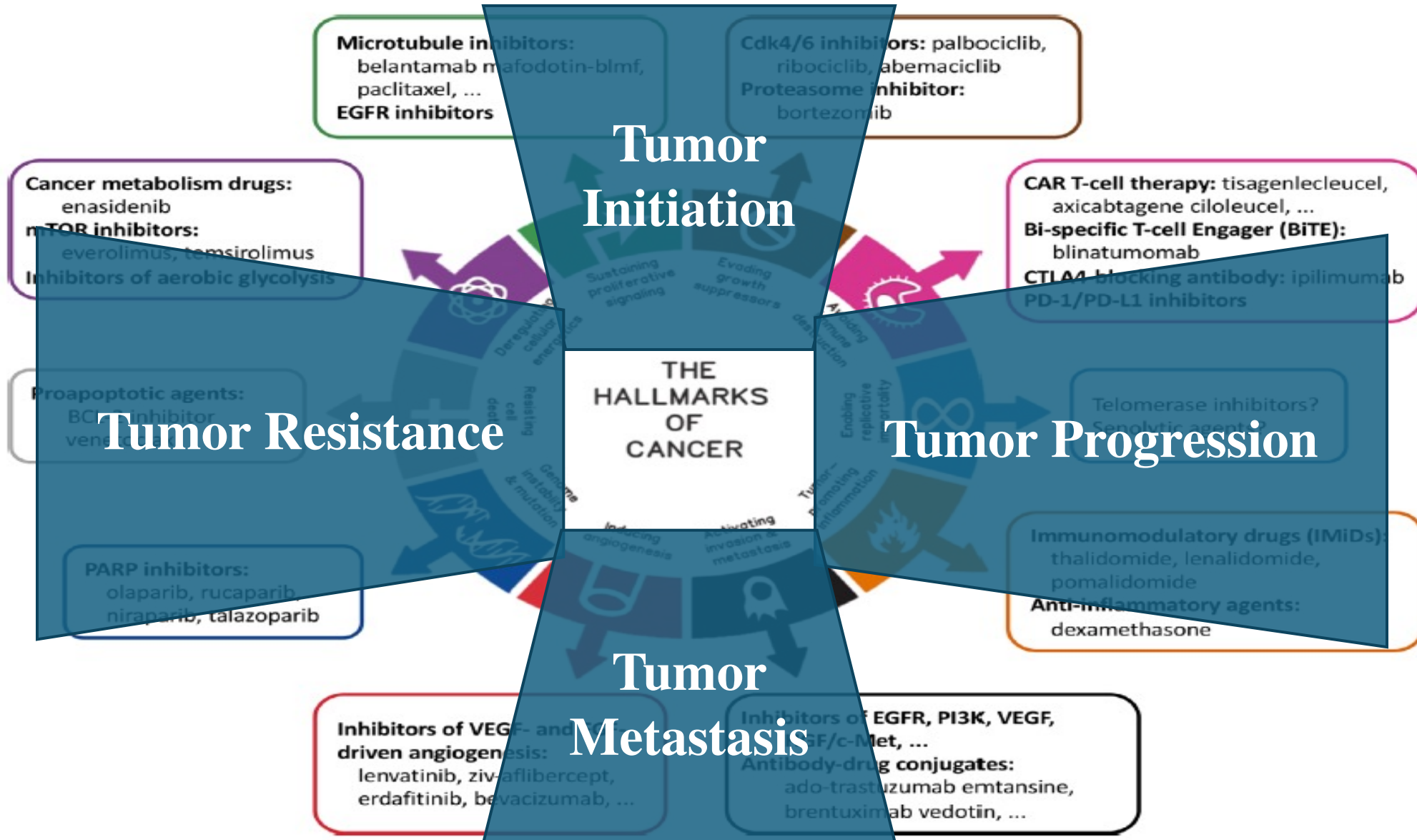
# Optimizing Tumor Microenvironment



## *Influence of Nutritional interventions on the TME*

Ketogenic diet	<p>↑ OXPHOS pathway IFN-<math>\gamma</math>, perforin, granzyme B and TNF-<math>\alpha</math></p>	<p>↓ Warburg effect</p>
Caloric restriction	<p>Expands CD8<sup>+</sup> TIL population Immune signature linked with anti-tumour immunity</p> <p>↑ Protection from chemotherapy toxic effects via caloric restriction-induced autophagy Stem cell-like property via caloric restriction-induced autophagy</p>	<p>↑ Senescence and cell death (in combination with chemotherapy)</p> <p>↓ Survival signal</p>
Intermittent fasting	<p>↑ CD8<sup>+</sup> TIL recruitment to tumour site</p>	<p>↓ Glycolytic pathway Proliferation (in combination with rapamycin)</p>
Amino acids	<p>↑ L-arginine supplementation (switches T cell metabolism from glycolysis to OXPHOS) Improves T cell survival, proliferation and anti-tumoral activity</p> <p>Methionine supplementation (causes the secretion of IL-2, TNF-<math>\alpha</math> and IFN-<math>\gamma</math> from T cells and enhances survival)</p>	<p>↓ Methionine supplementation (inhibits tumour growth) Methionine restriction in cancers using methionine as fuel (inhibits tumour growth)</p>

# Targeted Therapy ....do we have to rethink?



# Understanding TIME .. Barrier or Opportunity?



Tiwari *et al.*  
*Journal of Biomedical Science* (2022) 29:83  
<https://doi.org/10.1186/s12929-022-00866-3>

**NSTC** 國家科學及技術委員會  
 National Science and Technology Council  
 The cost of publication in *Journal of Biomedical Science* is borne  
 by the National Science and Technology Council (NSTC), Taiwan.

Journal of Biomedical Science

**REVIEW**

**Open Access**

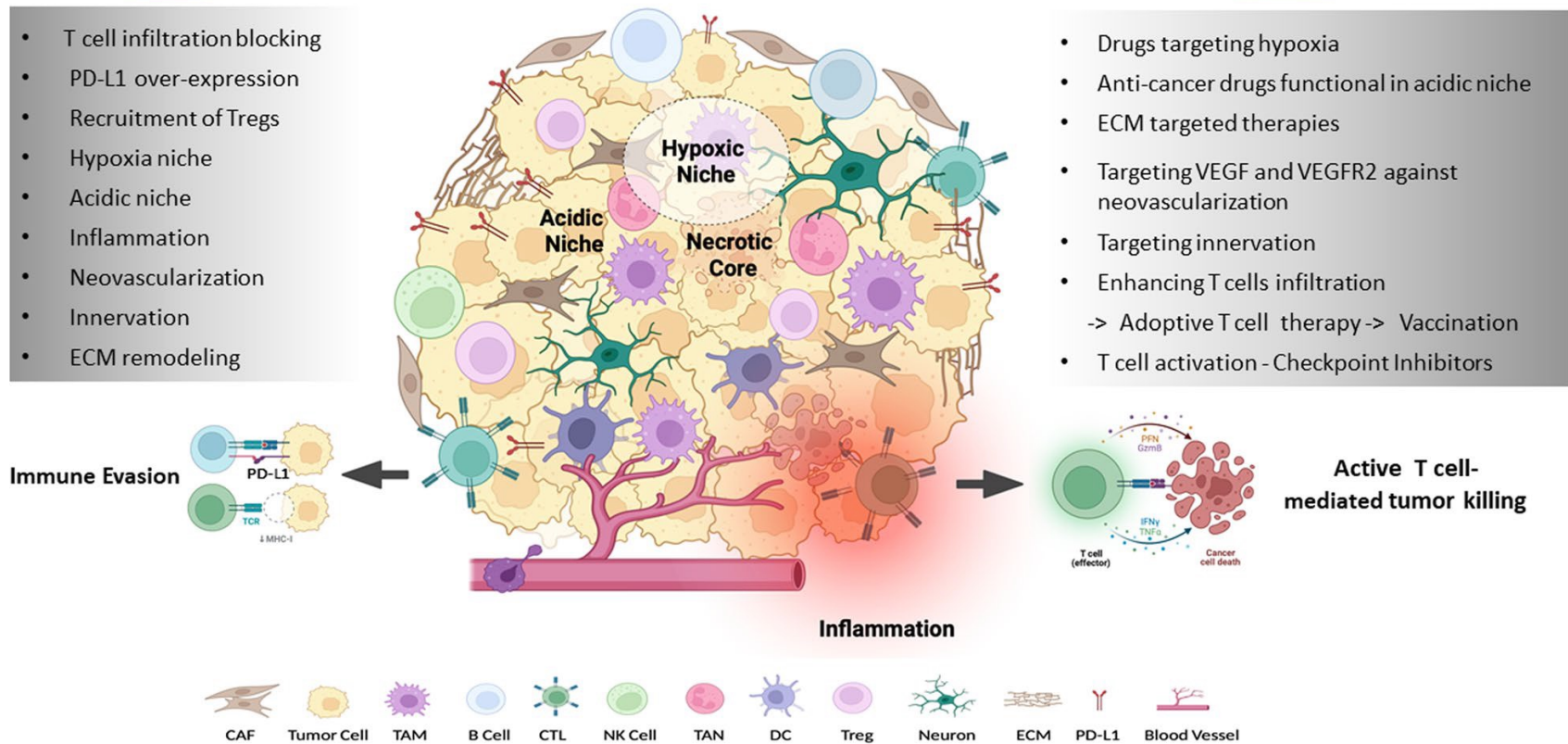
## Tumor Microenvironment

### Barrier

- T cell infiltration blocking
- PD-L1 over-expression
- Recruitment of Tregs
- Hypoxia niche
- Acidic niche
- Inflammation
- Neovascularization
- Innervation
- ECM remodeling

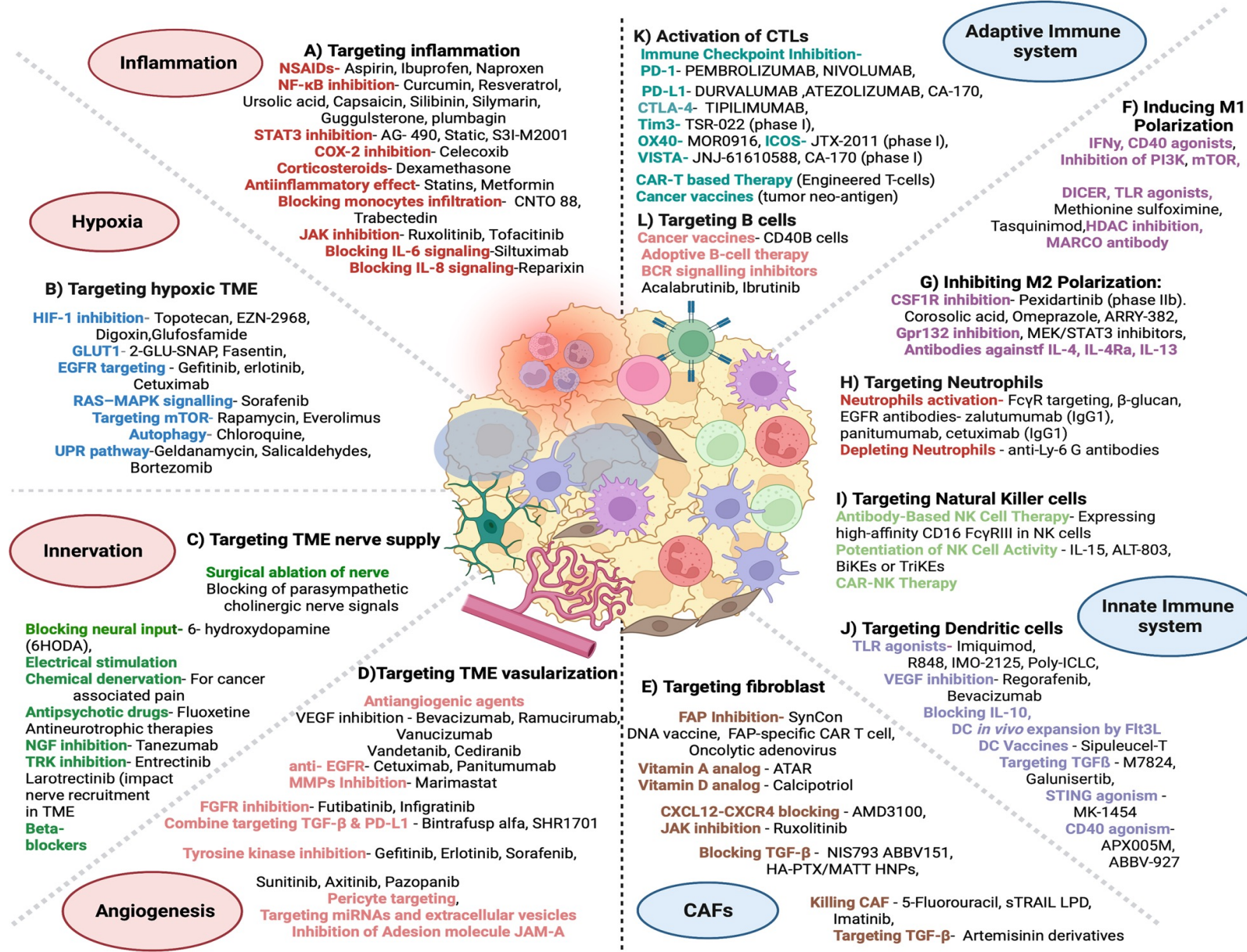
### Opportunity

- Drugs targeting hypoxia
- Anti-cancer drugs functional in acidic niche
- ECM targeted therapies
- Targeting VEGF and VEGFR2 against neovascularization
- Targeting innervation
- Enhancing T cells infiltration  
 -> Adoptive T cell therapy -> Vaccination
- T cell activation - Checkpoint Inhibitors





# Targeting different TME components for cancer therapy



# Sum up- Optimizing Tumor Microenvironment



## **IT ALL STARTS IN THE GUT!**

- Gut Microbiome optimization
- Applying Nutrigenomics is essential
- Applying targeted Nutraceuticals – right dose- no side effects
- Replenishing Nutritional Deficiencies
- Addressing Vitamin D levels
- Optimizing Methylation - compare with symptoms
- Optimizing detoxification & elimination

**Do not forget Gut-Brain-Immune Axis !**

**Then choose the right Conventional treatment for your patient 😊**

# Applying targeted Nutraceuticals, why?



Biomedicine & Pharmacotherapy 150 (2022) 113054



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Biomedicine & Pharmacotherapy

journal homepage: [www.elsevier.com/locate/biopha](https://www.elsevier.com/locate/biopha)

Review

## Targeting cancer signaling pathways by natural products: Exploring promising anti-cancer agents

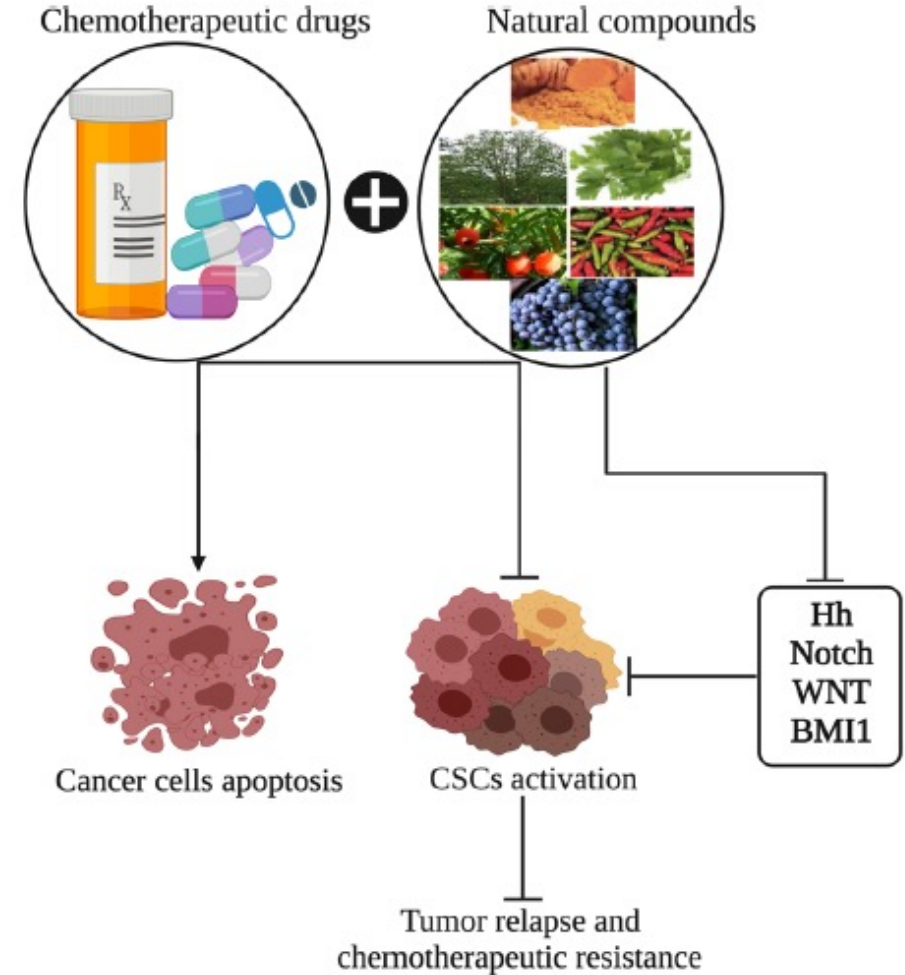
Sheema Hashem<sup>a,1</sup>, Tayyiba Akbar Ali<sup>a,1</sup>, Sabah Akhtar<sup>a,1</sup>, Sabah Nisar<sup>a</sup>, Geetanjali Sageena<sup>b</sup>, Shahid Ali<sup>c</sup>, Sharefa Al-Mannai<sup>d</sup>, Lubna Therachiyil<sup>e,f</sup>, Rashid Mir<sup>g</sup>, Imadeldin Elfaki<sup>h</sup>, Mohammad Muzaffar Mir<sup>i</sup>, Farrukh Jamal<sup>j</sup>, Tariq Masoodi<sup>a</sup>, Shahab Uddin<sup>e</sup>, Mayank Singh<sup>k</sup>, Mohammad Haris<sup>a,l,m</sup>, Muzafar Macha<sup>n,\*</sup>, Ajaz A. Bhat<sup>a,\*\*</sup>

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<sup>b</sup> Keshav Mahavidyalaya, University of Delhi, New Delhi 110034, India

<sup>c</sup> International Potato Center (CIP), Shillong, Meghalaya, India

<sup>d</sup> Division of Translational Medicine, Research Branch, Sidra Medicine, Doha 26999, Qatar





# Applying targeted Nutraceuticals & Food:



Seminars in Cancer Biology 73 (2021) 45–57



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Contents lists available at ScienceDirect

## Seminars in Cancer Biology

journal homepage: [www.elsevier.com/locate/semcancer](http://www.elsevier.com/locate/semcancer)



### Effects of caloric restriction on immunosurveillance, microbiota and cancer cell phenotype: Possible implications for cancer treatment



Francesca Pistollato<sup>a,1</sup>, Tamara Yuliett Forbes-Hernandez<sup>b,1</sup>, Ruben Calderón Iglesias<sup>a</sup>, Roberto Ruiz<sup>a</sup>, Maria Elexpuru Zabaleta<sup>a</sup>, Irma Dominguez<sup>c,d</sup>, Danila Cianciosi<sup>e</sup>, José L. Quiles<sup>f</sup>, Francesca Giampieri<sup>e,g,h,\*</sup>, Maurizio Battino<sup>e,i,\*</sup>

<sup>a</sup> Centre for Nutrition and Health, Universidad Europea del Atlántico (UEA), Santander, Spain

<sup>b</sup> Nutrition and Food Science Group, Department of Analytical and Food Chemistry, CITAGA, CACTI, University of Vigo, Vigo, Spain

<sup>c</sup> Universidad Internacional Iberoamericana (UNINI), Campeche, Mexico

<sup>d</sup> Universidade Internacional do Cuanza, Cuito, Angola

*F. Pistollato et al. Effects of caloric restriction on immunosurveillance, microbiota and cancer cell phenotype: Possible implications for cancer treatment. Seminars in Cancer Biology 73 (2021) 45–57*

# Applying targeted Nutraceuticals & Food:



F. Pistollato et al.

Seminars in Cancer Biology 73 (2021) 45–57

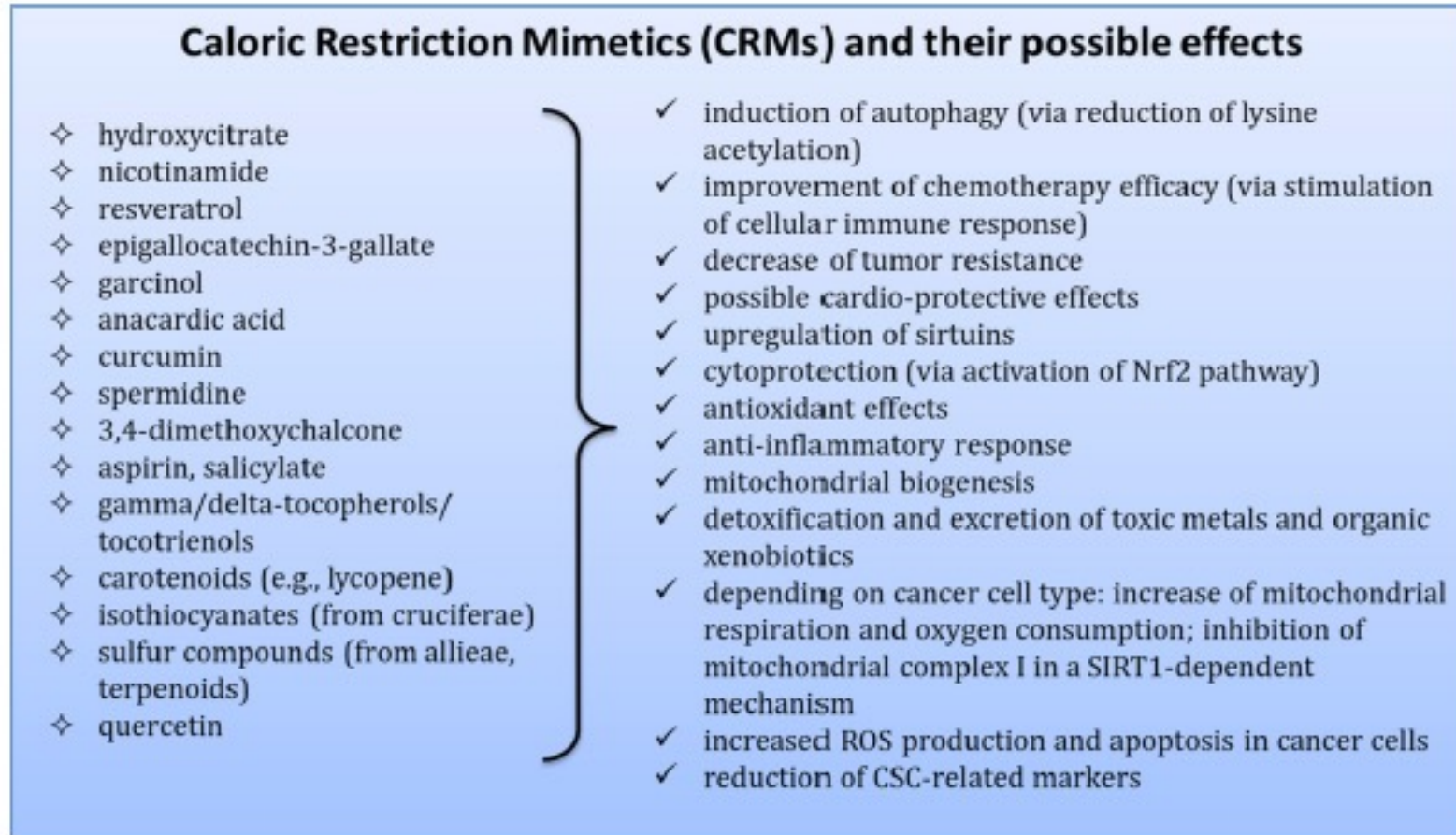


Fig. 1. Summary of the possible effects elicited by caloric restriction mimetics (CRMs).

# Applying targeted Nutraceuticals & Food:



F. Pistollato et al.

Seminars in Cancer Biology 73 (2021) 45–57



F. Pistollato et al. Effects of caloric restriction on immunosurveillance, microbiota and cancer cell phenotype: Possible implications for cancer treatment. *Seminars in Cancer Biology* 73 (2021) 45–57

# Applying targeted Nutraceuticals & Food:



Biotechnology Advances 38 (2020) 107385



Contents lists available at ScienceDirect

## Biotechnology Advances

journal homepage: [www.elsevier.com/locate/biotechadv](http://www.elsevier.com/locate/biotechadv)



Research review paper

## Anti-cancer effects of polyphenols via targeting p53 signaling pathway: updates and future directions




- Stabilize p53 protein
- Overcome chemoresistance of cancer cells by increasing p53 expression.
- Resveratrol can drive cancer cell death in p53-dependent way
- Derivatives of gallic acid; Berries, sea buckthorn, pomegranate in CRC → Caspase 3 ↑, caspase 9 ↑, p53 ↑



*Review*

## Curcumin Combination Chemotherapy: The Implication and Efficacy in Cancer

Bee Ling Tan <sup>1</sup>  and Mohd Esa Norhaizan <sup>1,2,3,\*</sup>

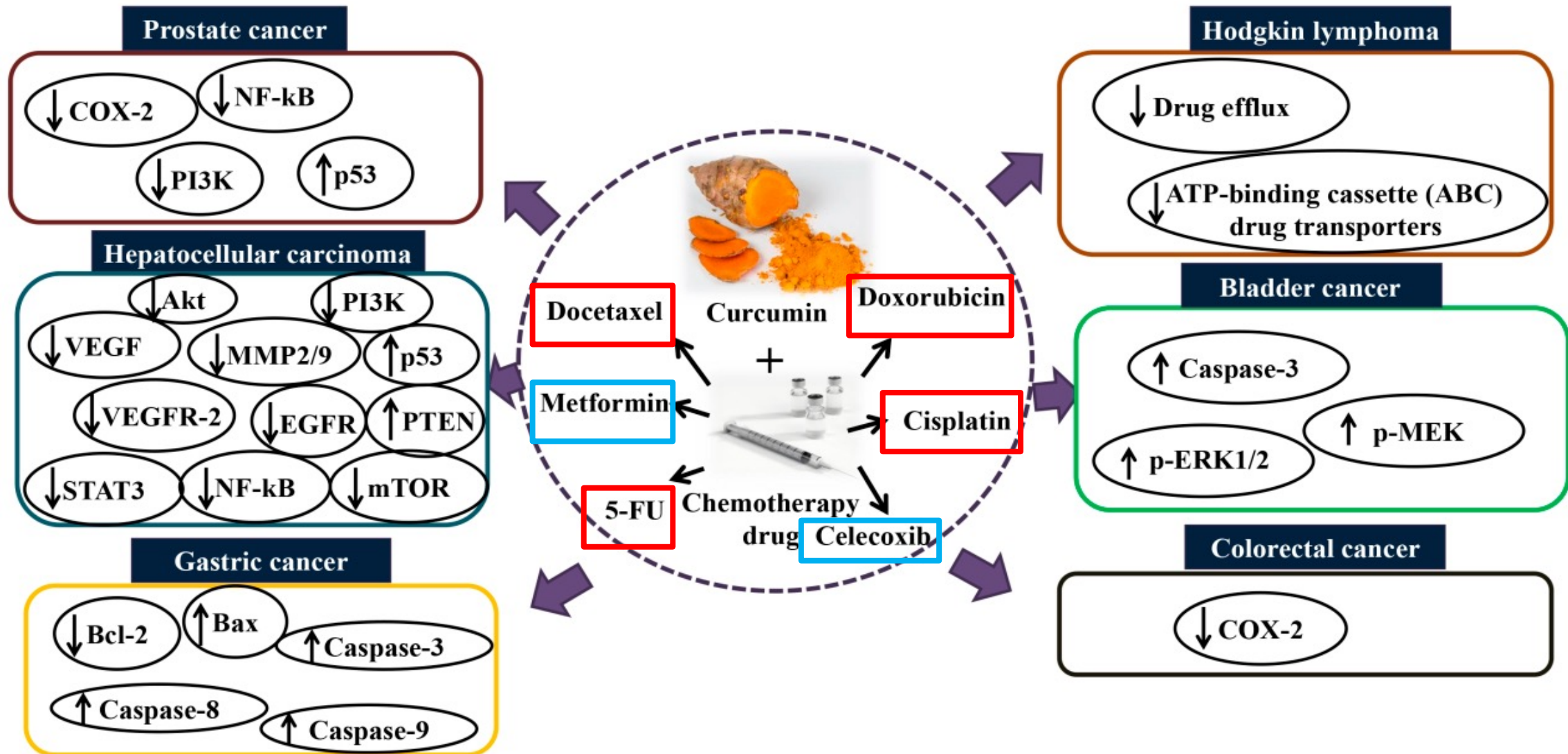
<sup>1</sup> Department of Nutrition and Dietetics, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang 43400, Selangor, Malaysia

<sup>2</sup> Laboratory of Molecular Biomedicine, Institute of Bioscience, Universiti Putra Malaysia, Serdang 43400, Selangor, Malaysia

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# Applying targeted Nutraceuticals & Food:



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## Biotechnology Advances

journal homepage: [www.elsevier.com/locate/biotechadv](http://www.elsevier.com/locate/biotechadv)



Research review paper

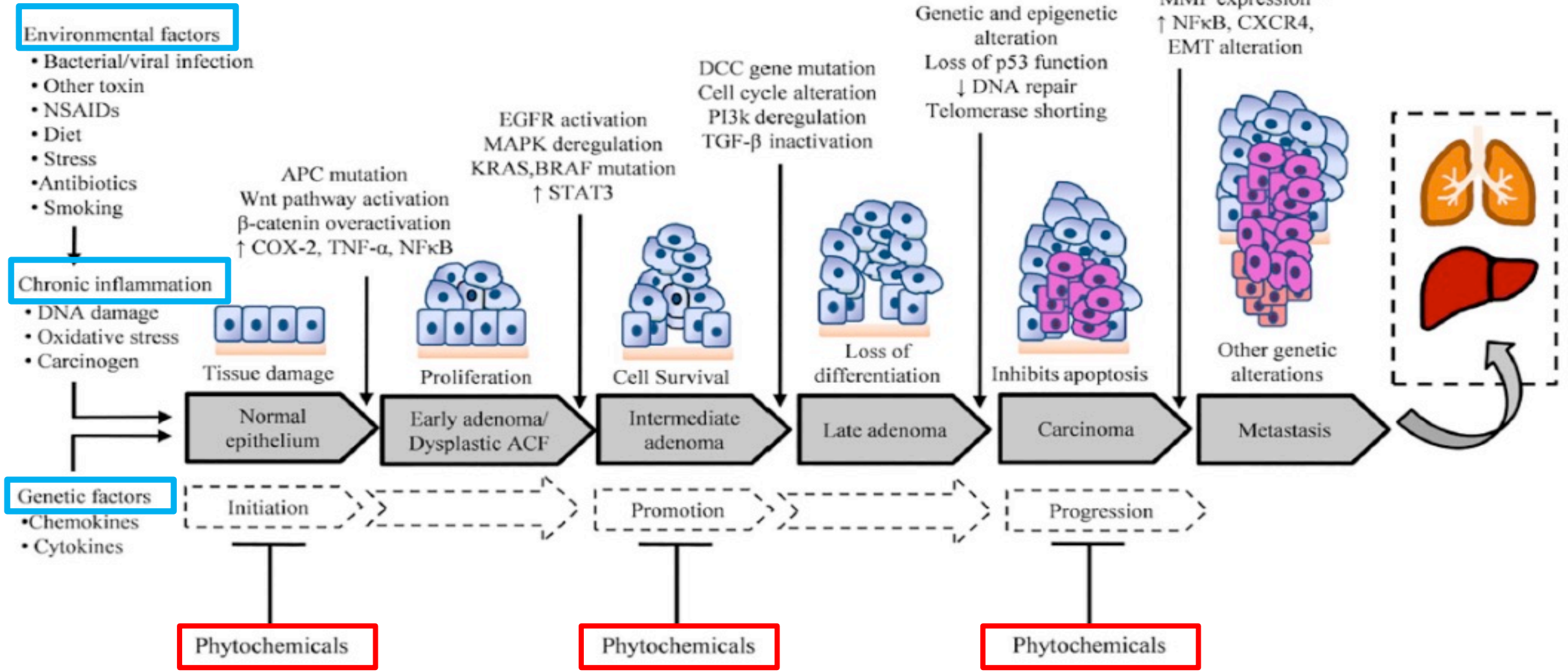
### Dietary phytochemicals in colorectal cancer prevention and treatment: A focus on the molecular mechanisms involved



- **Modulate carcinogenic processes through alteration of different molecular targets, such as:**
  - **Wnt/ $\beta$ -catenin,**
  - **MAPK (p38, JNK and Erk1/2),**
  - **TGF- $\beta$ /Smad2/3,**
  - **STAT1-STAT3, NF- $\kappa$ B, Nrf2**
  - **PI3K/Akt/mTOR,**
  - **EGFR/Kras/Braf,**
  - **Cyclin-CDK complexes**

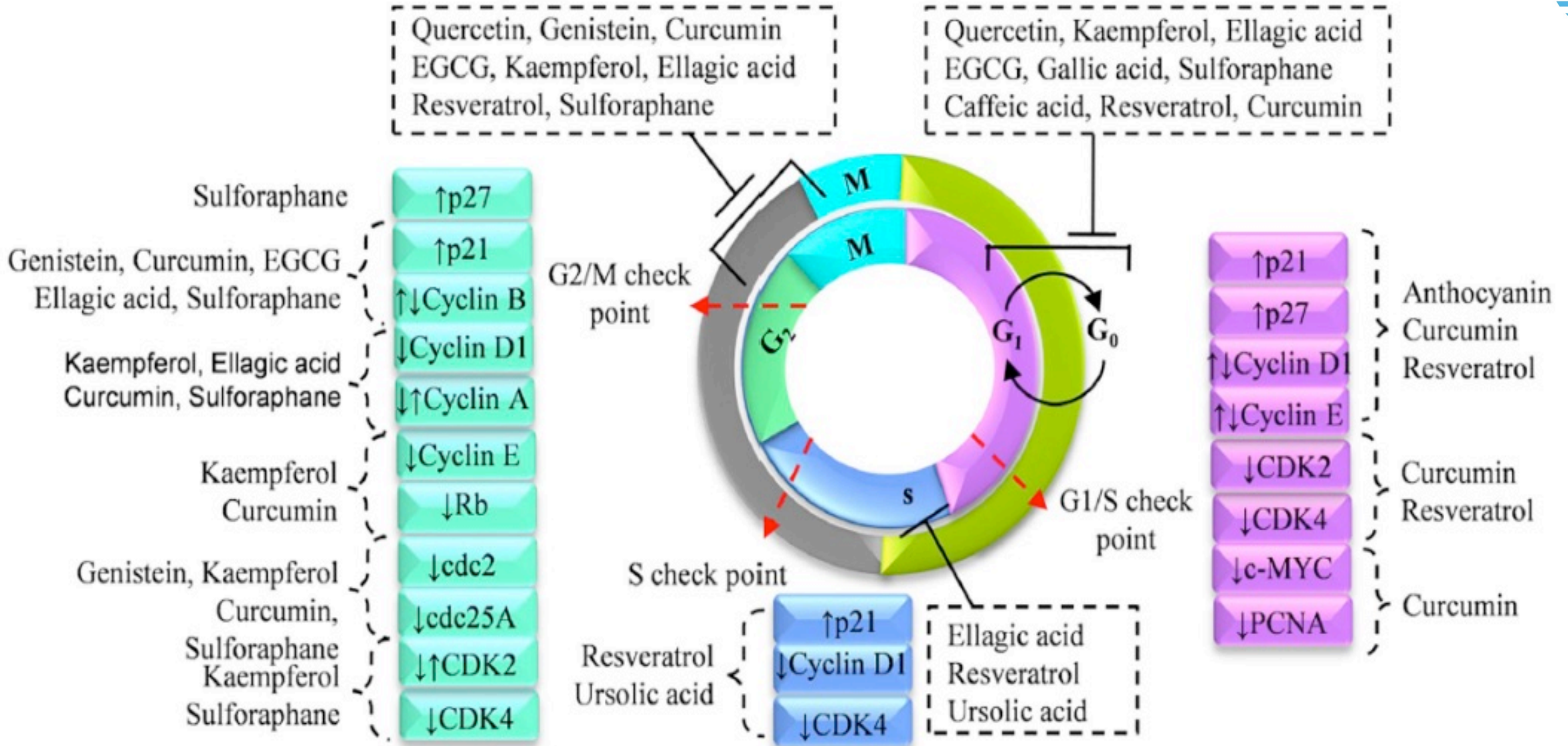


Microsatellite instability pathway, CpG island hypermethylation, Chromosomal instability pathway  
Genetic alterations through defective DNA mismatch repair proteins





# Applying targeted Nutraceuticals & Food:



# Applying targeted Nutraceuticals & Food:



Nutrition 79–80 (2020) 110964



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

## Nutrition

journal homepage: [www.nutritionjrn.com](http://www.nutritionjrn.com)



Review

## Role of vitamin D<sub>3</sub> in selected malignant neoplasms

Anna Markowska Prof.<sup>a</sup>, Michał Antoszczak Ph.D.<sup>b</sup>, Zbigniew Kojs Prof.<sup>c</sup>,  
Wiesława Bednarek Prof.<sup>d</sup>, Janina Markowska Prof.<sup>e</sup>, Adam Huczyński Prof.<sup>b,\*</sup>

<sup>a</sup> Department of Perinatology and Women's Health, Poznań University of Medical Sciences, Poznań, Poland

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<sup>c</sup> Department of Gynecology Oncology, Center of Oncology M. Skłodowska-Curie Institute, Cracow, Poland

<sup>d</sup> Clinic of Gynecological Oncology, Medical University of Lublin, Lublin, Poland

<sup>e</sup> Department of Oncology, Gynecological Oncology, Poznań University of Medical Sciences, Poznań, Poland





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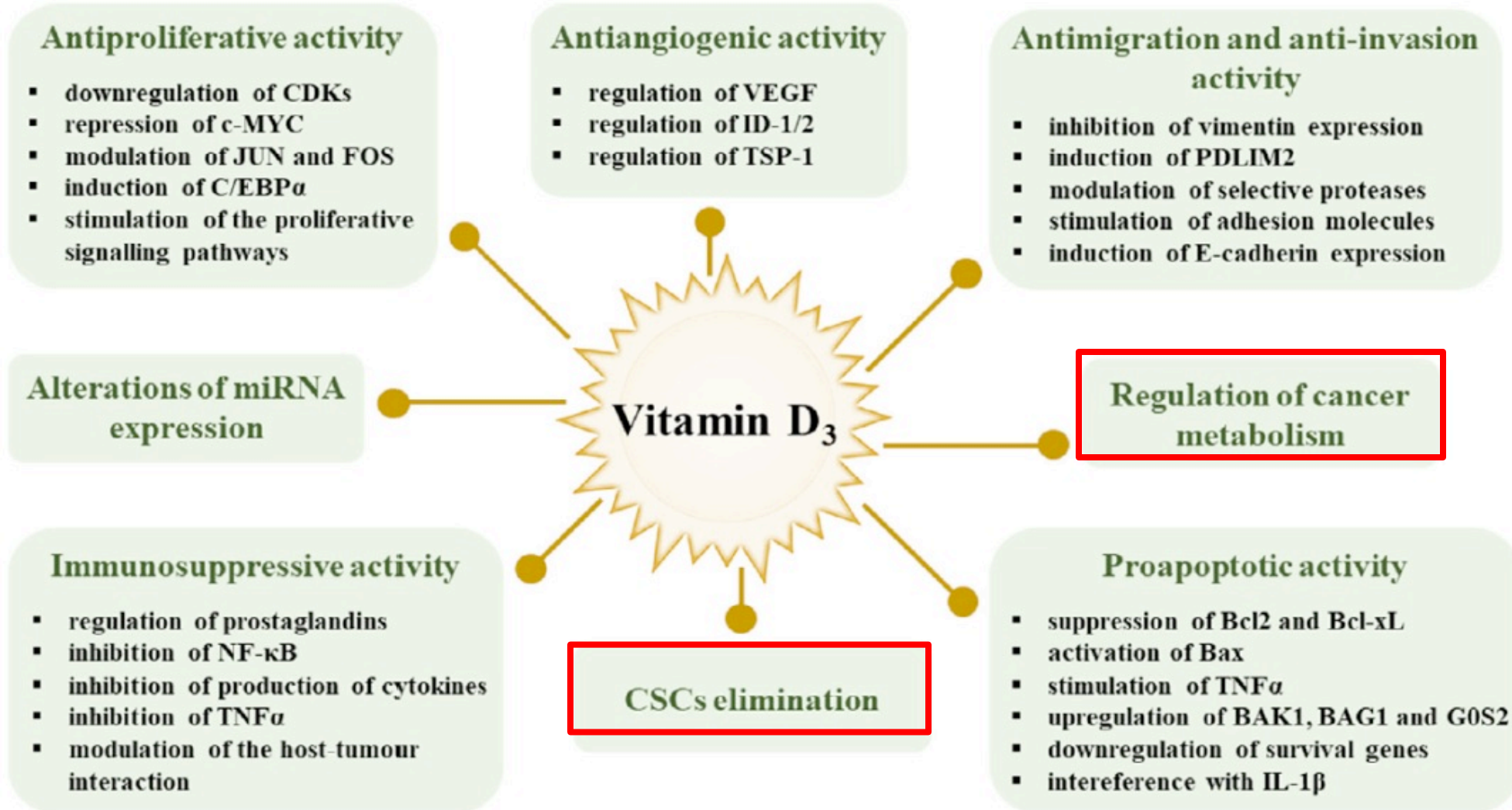
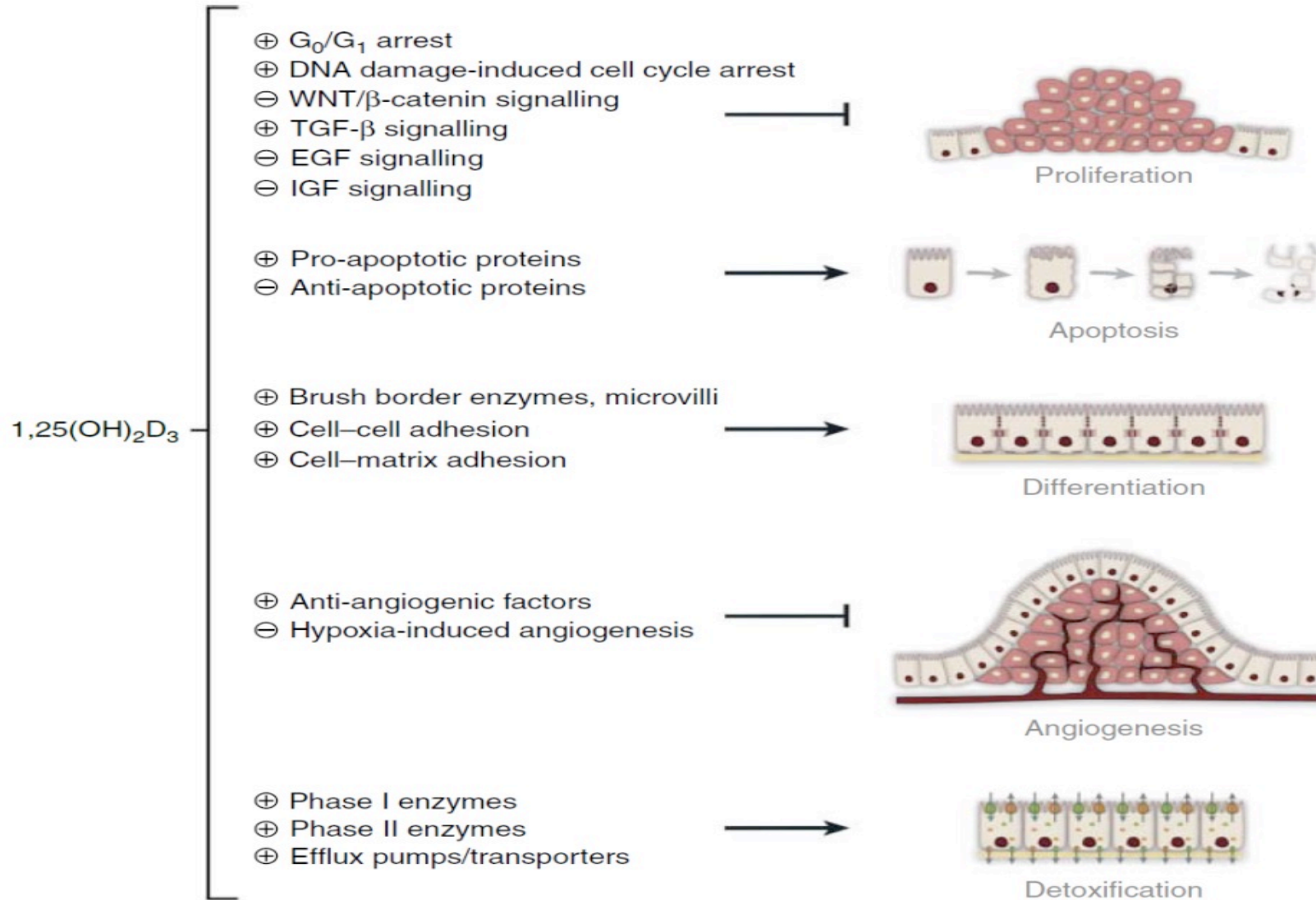
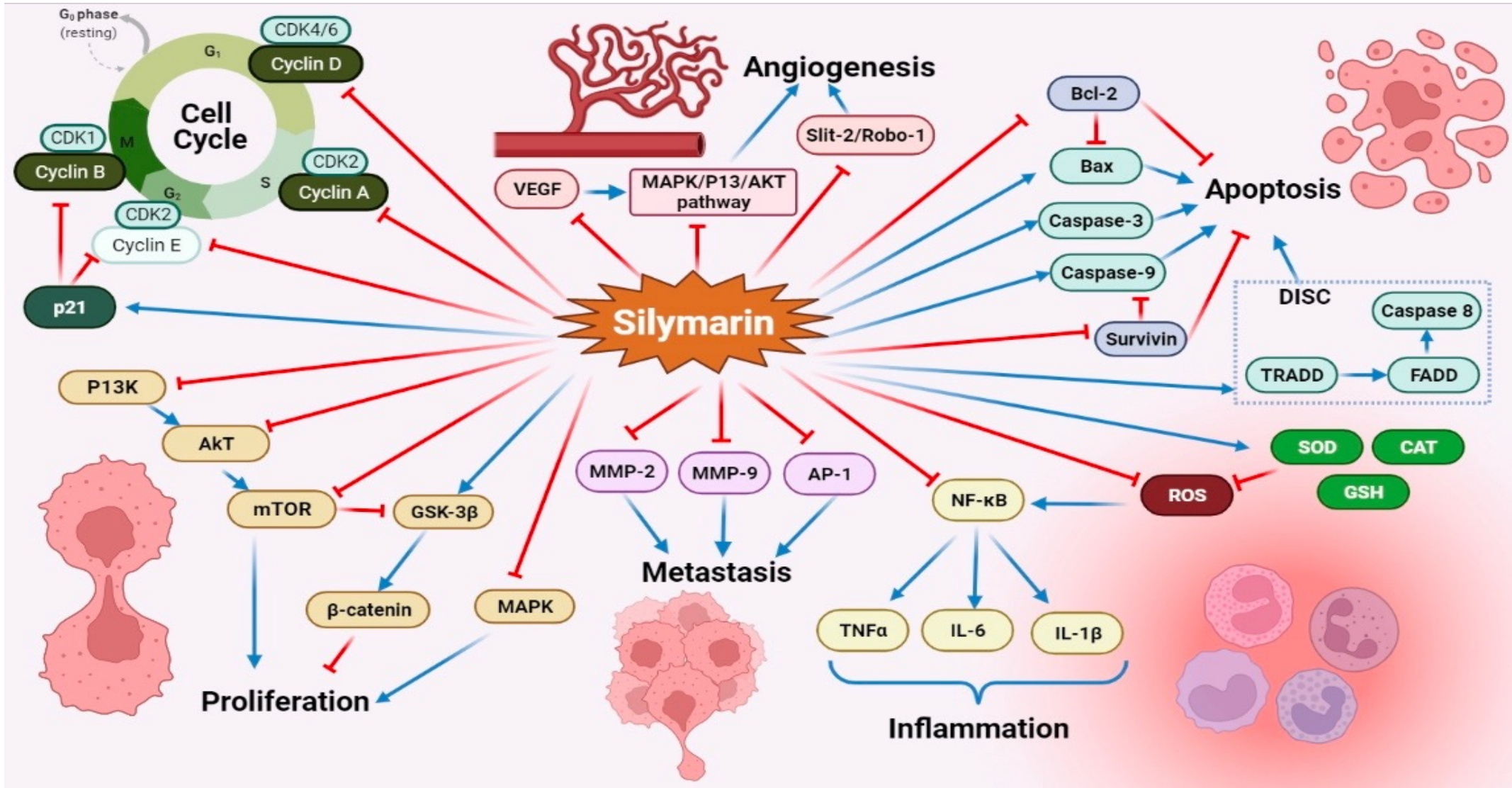


Fig. 1. Anticancer activity of vitamin D<sub>3</sub> in solid tumors.

# Applying targeted Nutraceuticals & Food:



# Applying targeted Nutraceuticals & Food:





# Applying targeted Nutraceuticals & Food:

*Research Article*

## **Intravenous Mistletoe Treatment in Integrative Cancer Care: A Qualitative Study Exploring the Procedures, Concepts, and Observations of Expert Doctors**

**Gunver S. Kienle,<sup>1,2</sup> Milena Mussler,<sup>1</sup> Dieter Fuchs,<sup>3</sup> and Helmut Kiene<sup>1</sup>**

<sup>1</sup>*Institute for Applied Epistemology and Medical Methodology, University of Witten/Herdecke, Zechenweg 6, 79111 Freiburg, Germany*

<sup>2</sup>*Center for Complementary Medicine, Institute for Environmental Health Sciences and Hospital Infection Control, University Medical Center Freiburg, Breisacher Strasse 115B, 79106 Freiburg, Germany*

<sup>3</sup>*Department of Theology, Caritas Sciences, University of Freiburg, Werthmannplatz 3, 79098 Freiburg, Germany*

*Intravenous Mistletoe Treatment in Integrative Cancer Care: A Qualitative Study Exploring the Procedures, Concepts, and Observations of Expert Doctors. Evid Based Complement Alternat Med. 2016;2016:4628287*



# Applying targeted Nutraceuticals & Food:

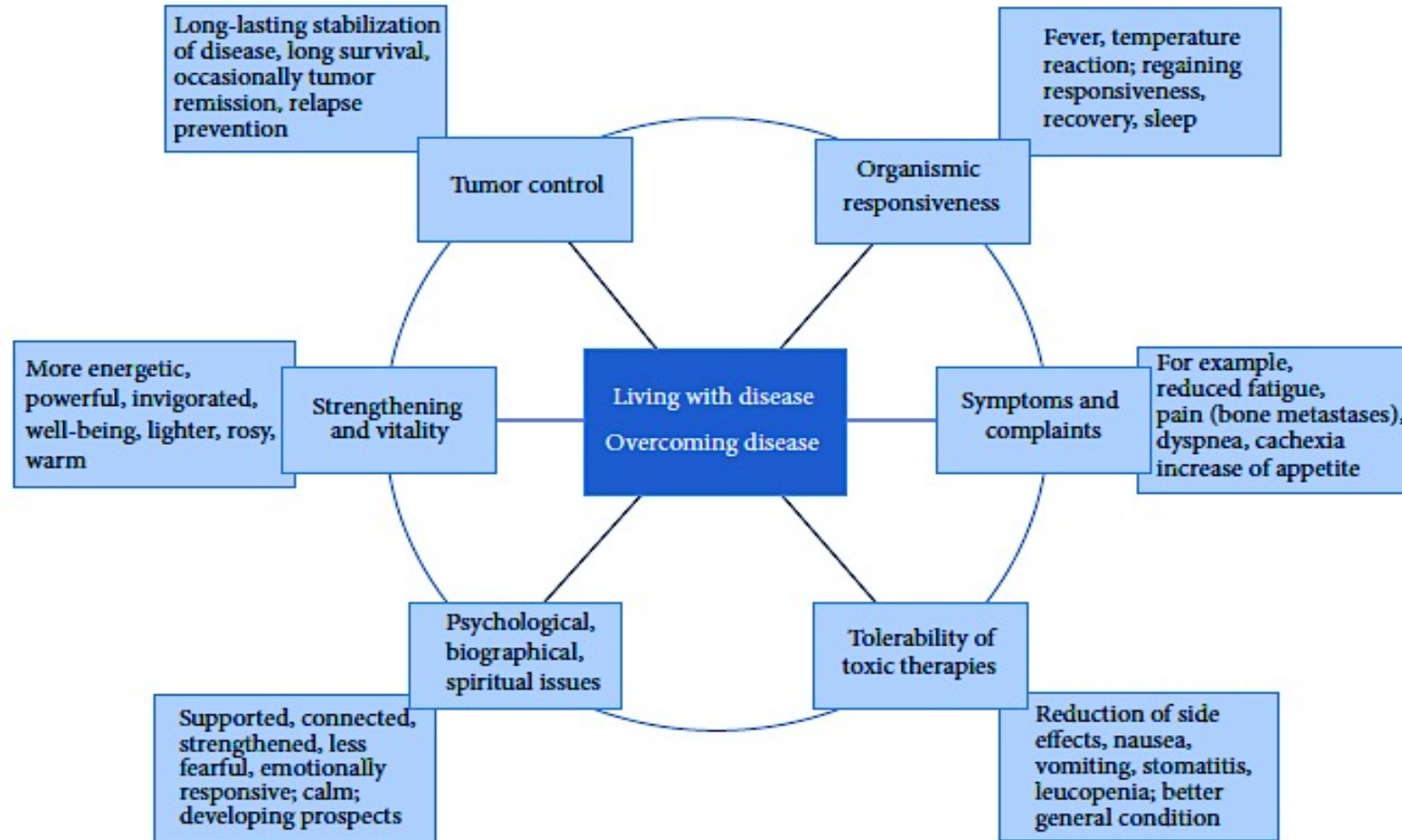


FIGURE 2: Concepts, goals, and observations associated with intravenous MT.

*Intravenous Mistletoe Treatment in Integrative Cancer Care: A Qualitative Study Exploring the Procedures, Concepts, and Observations of Expert Doctors. Evid Based Complement Alternat Med. 2016;2016:4628287*



# Applying targeted Nutraceuticals & Food:

## Benefit for Patients with Advanced Tumors Receiving Mistletoe Therapy



Quality of life during palliative therapy with Helixor®, survey of 54 tumor patients



# Sum up- Optimizing Tumor Microenvironment



## **IT ALL STARTS IN THE GUT!**

- Gut Microbiome optimization
- Applying Nutrigenomics is essential
- Applying targeted Nutraceuticals – right dose- no side effects
- Replenishing Nutritional Deficiencies
- Addressing Vitamin D levels
- Optimizing Methylation - compare with symptoms
- Optimizing detoxification & elimination

**Do not forget the Gut-Brain-Immune Axis !**

**Then choose the right Conventional treatment for your patient 😊**



Thank you 😊 !

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