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Engineering Dendritic Cells for Enhanced Cancer and Infectious Disease Immunotherapies

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ABSTRACT

Dendritic cells (DCs) are pivotal in orchestrating immune responses, making them a prime target for immunotherapeutic strategies against cancer and infectious diseases. Advances in bioengineering and molecular immunology have enabled precise modulation of DCs to enhance antigen presentation, optimize cytokine production, and improve T-cell activation. This article explores the latest developments in DC reprogramming, including genetic modifications, nanoparticle-mediated antigen delivery, and cytokine-based modulation. Additionally, we discuss the translational challenges and future perspectives in DC-based immunotherapies.

1. INTRODUCTION

Dendritic cells (DCs) are pivotal antigen-presenting cells that link innate and adaptive immunity by activating naive T cells and shaping antigen-specific responses. However, in cancer and chronic infections, DC function is often impaired, enabling immune evasion. Reprogramming DCs through genetic modifications, cytokine modulation, or metabolic interventions holds promise for restoring their immunostimulatory capacity. By enhancing antigen presentation and pro-inflammatory signaling, engineered DCs can improve immune responses against tumors and persistent infections. Strategies such as ex vivo DC vaccination, in situ DC activation, and nanoparticle-based targeting are being explored to optimize therapeutic efficacy. Additionally, overcoming tolerogenic signals within the tumor microenvironment remains a challenge. Advancements in DC-based immunotherapy could revolutionize treatments for cancer and infectious diseases by promoting durable and specific immune responses. Future research should focus on refining these approaches to enhance safety, efficiency, and clinical applicability.

2. Mechanisms of Dendritic Cell Reprogramming

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Fig.Mechanisms of Dendritic Cell

2.1 Genetic Engineering of Dendritic Cells

Genetic modification techniques such as CRISPR/Cas9 and lentiviral transduction allow precise manipulation of DC functions. Enhancing the expression of co-stimulatory molecules (e.g., CD80, CD86) and cytokines (e.g., IL-12, IFN- γ) can improve T-cell activation.

2.2 Nanoparticle-Based Antigen Delivery

Nanotechnology enables targeted delivery of tumor antigens and pathogen-derived molecules to DCs, improving antigen uptake and presentation. Liposomes, polymeric nanoparticles, and exosomes have shown promise in enhancing DC-mediated immune responses.

2.3 Cytokine and Toll-Like Receptor (TLR) Modulation

Manipulating cytokine signaling pathways can reprogram DCs to adopt a more immunostimulatory phenotype. Agonists of TLRs (e.g., TLR3, TLR7/8, TLR9) have been used to enhance DC maturation and antigen presentation capabilities.

2.4 Quorum Quenching for Enhanced DC Function

Pathogens often use quorum sensing mechanisms to evade immune detection and suppress DC activation. Targeting these pathways using quorum quenching molecules can disrupt microbial communication, enhancing DC-mediated immunity. Recent studies suggest that quorum quenching strategies can reprogram DCs to resist immune suppression in tumor microenvironments and chronic infections.

3. Applications in Cancer Immunotherapy

DC-based cancer vaccines have emerged as a viable strategy for inducing anti-tumor immunity. Ex vivogenerated DCs loaded with tumor-associated antigens (TAAs) can stimulate potent T-cell responses. Combining DC vaccines with immune checkpoint inhibitors (e.g., anti-PD-1, anti-CTLA-4) has further improved therapeutic outcomes in preclinical and clinical settings.

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Approach	Mechanism	Clinical	
		Status	
DC Vaccines	Antigen-loaded DCs	Phase I-III	
	prime T cells	trials	
DC-Tumor	Fusion of DCs with	Preclinical	
Fusion Cells	tumor cells to enhance	studies	
	antigen diversity		
TLR Agonist-	Activation of DCs using	Clinical	
Adjuvanted DCs	TLR ligands	trials	

Table 1: Dendritic Cell-Based Cancer Immunotherapies

4. Applications in Infectious Disease Immunotherapy

Reprogrammed DCs offer potential solutions for chronic infections such as HIV, tuberculosis, and hepatitis. Strategies include loading DCs with viral/bacterial antigens and enhancing their ability to induce memory T-cell responses.

4.1 DC-Based Vaccines for Viral Infections

DC vaccines targeting viral infections, such as HIV and hepatitis B, aim to elicit robust cytotoxic T-cell responses. Studies have demonstrated improved viral clearance using engineered DCs expressing viral epitopes.

4.2 Enhancing DC Function in Bacterial and Parasitic Infections

DCs can be programmed to recognize bacterial components more effectively, thereby enhancing innate and adaptive immune responses. Mycobacterium tuberculosis and Plasmodium falciparum are among the pathogens being targeted through DC-based strategies.

immunotnerapy			
Infection	DC-Based Strategy	Outcome	
Туре			
HIV	DCs loaded with HIV	Induced strong	
	peptides	CD8+ response	
Tuberculosis	TLR-activated DCs	Enhanced Th1	
		response	
Malaria	DCs presenting	Increased memory	
	Plasmodium antigens	T-cell formation	

5. Novel Biomaterial-Based Approaches for DC Engineering

Recent advances in biomaterials have facilitated the design of tailored scaffolds and microparticles for improved DC activation and antigen presentation. Biomaterial-based strategies include:

- **Hydrogel Scaffolds**: Providing a 3D microenvironment to enhance DC survival and functionality.
- **Biodegradable Microparticles**: Delivering sustained antigen release to promote prolonged immune activation.
- Synthetic Polymers: Modulating DC phenotypes to enhance therapeutic efficacy

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6. Challenges and Future Perspectives

While DC-based immunotherapies have shown promise, challenges such as immune tolerance, scalability, and regulatory hurdles remain. Advances in biomaterials, artificial intelligence-driven vaccine design, and combinational therapies hold the potential to overcome these barriers. Future research directions include:

- Integration of AI with DC vaccine design for optimized antigen selection.
- Development of universal DC-based vaccines targeting multiple infectious diseases.
- Combination of quorum quenching with DCbased therapies to enhance immune responses in resistant infections and tumors.

7. CONCLUSION

Dendritic cells (DCs) are key orchestrators of the immune response, acting as antigen-presenting cells that bridge innate and adaptive immunity. Their ability to prime and modulate T cell responses makes them a promising target for immunotherapy in both oncology and infectious diseases. However, tumor-associated immune suppression and pathogen-induced immune evasion often impair DC function, limiting their therapeutic efficacy.Reprogramming DCs offers a strategy to overcome these challenges by enhancing their antigen presentation capacity, cytokine secretion, and ability to activate effector T cells. Various approaches have been explored, including genetic engineering, cytokine modulation, and metabolic reprogramming. For instance, engineering DCs to express costimulatory molecules or cytokines such as IL-12 can boost antitumor immunity, while metabolic interventions targeting glycolysis or oxidative phosphorylation can enhance their functional longevity and resistance to immunosuppressive microenvironments.In infectious diseases, reprogramming DCs to enhance pathogen recognition and memory T cell responses can improve vaccine efficacy and host resistance. Strategies such as toll-like receptor (TLR) agonists, viral vector-based delivery of immunostimulatory signals, and synthetic nanocarriers have shown promise in enhancing DC-mediated immunity chronic infections like HIV against and tuberculosis.Despite these advances, challenges remain in optimizing DC-based therapies for clinical application. Standardizing protocols for DC generation, improving delivery methods, and ensuring long-term immune memory are key areas of ongoing research. Future efforts should focus on translating these strategies into effective and scalable treatments, paving the way for nextgeneration immunotherapies that harness the full potential of dendritic cells.

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