

TIGIT: An Emerging Immune Checkpoint Target

Mike Spencer, Ph.D.

Immune checkpoints play a central role in regulating the magnitude and duration of the body's immune response to infection or malignancy, while also preventing harm to the host from an excessive activation. Dysregulation of these immune checkpoints by malignant cells can promote the growth and expansion of solid tumors and hematological malignancies. For example, cancer cells can mitigate an immune attack through upregulation of programmed cell death ligand-1 (PD-L1) expression on their surface. PD-L1 engages programmed cell death receptor-1 (PD-1) on T cells and functions as a stop sign, suppressing the function of these immune system cells.

Recognizing the ability of cancer cells to use immune checkpoints to their advantage, checkpoint blockade is an anti-cancer strategy designed to unleash the immune system against malignant cells.² Cytotoxic T lymphocyte-associated molecule-4 (CTLA-4), PD-1 and PD-L1 are among the most widely studied checkpoints to date.³ Immunotherapeutic approach towards cancer is highly effective but data involving its limitations have shown that < 13% of U.S.-based patients respond to checkpoint inhibitor drugs.⁴ Furthermore, even when response is achieved, development of resistance to these agents is common.⁵ Given the immense potential of checkpoint blockade as well as the inherent challenges, there is considerable interest in developing novel immune checkpoint therapies.⁶

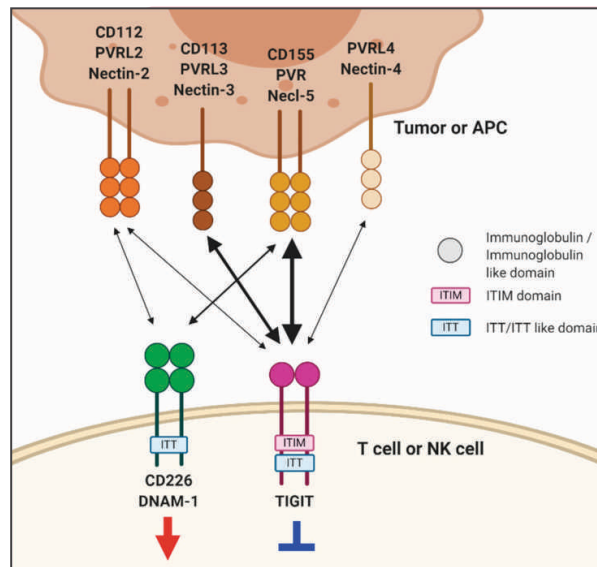


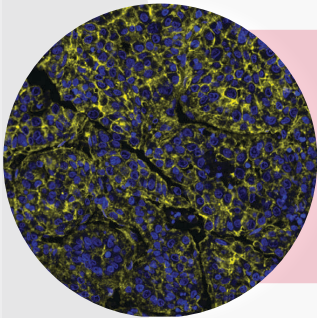
Figure 1. Interactions of T cell immunoreceptor with Ig and immunoreceptor tyrosine-based inhibitory motif (ITIM) domains (TIGIT) and CD226 with nectin and nectin-like molecules. TIGIT and CD226 are mainly expressed on T and natural killer (NK) cells. TIGIT has multiple ligands, including poliovirus receptor (PVR), nectin-2, nectin-3, and nectin-4. TIGIT binds to nectin-2 and nectin-3 with lower affinity than PVR. Upon engagement, TIGIT transmits inhibitory signals through ITIM and immunoglobulin tyrosine tail (ITT)-like motifs in its cytoplasmic domain. CD226 interacts with PVR and nectin-2 to deliver a positive signal. TIGIT binds to PVR with higher affinity than CD226. The integrated signals formed by their complex interactions regulate immune-cell functions, which is important for immunity and inflammatory responses. Interactions between receptors and ligands are depicted by two-sided arrows. The arrows are proportional to the reported affinities of the interactions except nectin-4. Source: PMID: 33670993⁶ used under Creative Commons CC BY 4.

T cell immunoglobulin and ITIM domain (TIGIT), is an inhibitory immune checkpoint receptor which is expressed on memory, regulatory and cytotoxic T cells, and natural killer (NK) cells. TIGIT is emerging as a key target in cancer immunotherapy for several reasons.^{7,16} Expression of TIGIT is weak on naïve

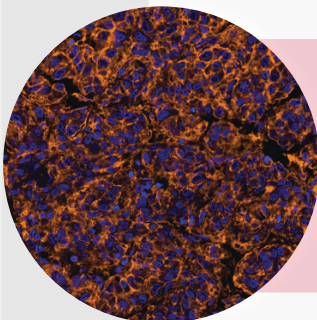
TIGIT: An Emerging Immune Checkpoint Target

cells but is rapidly induced by antigenic challenge or inflammatory stimuli, with high expression on tumor infiltrating lymphocytes (TILs).⁸ TIGIT expression is associated with T cell exhaustion, direct immunosuppression of NK cells, release of the immunoregulatory cytokines and tumor progression.^{9,10} Immune activation of TIGIT-expressing cytotoxic T cells and NK cells is suppressed when TIGIT interacts with one of its ligands, CD155 (polio virus receptor, PVR) or CD112 (PVR-related 2, PVRL2; also known as Nectin 2), which are widely expressed on tumor cells.¹¹

Figure 2. Ligands CD 155 & CD 112



Panel A: Detection of human Nectin-2/CD112 in FFPE hepatic carcinoma by IHC-IF. Antibody: Rabbit anti-Nectin-2/CD112 recombinant monoclonal [BLR071G] ([A700-071](#)). Secondary: HRP-conjugated goat anti-rabbit IgG ([A120-501P](#)). Substrate: Opal™. Counterstain: DAPI (blue).



Panel B: Detection of human PVR/CD155 in FFPE hepatic carcinoma by IHC-IF. Antibody: Rabbit anti-PVR/CD155 recombinant monoclonal [BLR074G] ([A700-074](#)). Secondary: HRP-conjugated goat anti-rabbit IgG ([A120-501P](#)). Substrate: Opal™. Counterstain: DAPI (blue).

Preclinical studies have demonstrated that a dual targeting of TIGIT and PD-1 produces synergistic immune activation.¹² This synergy may be at least partially explained by the understanding that TIGIT inhibits immune responses mediated by both T cells and NK cells, in contrast to CTLA-4, PD-1 and PD-L1. The differential expression and action of the various immune checkpoints highlights their non-redundant, independent functions. Importantly, another feature of TIGIT which makes it an attractive target for immune checkpoint therapy is its high expression on TILs, but low expression in the periphery of the tumor.¹¹

Targeting TIGIT has the potential to focus the immune response directly toward the cancer cells in a tumor while limiting systemic autoimmune activity. Greater understanding of TIGIT's function will also allow for design of complementary or synergistic combination therapies. TIGIT may offer a new strategy for addressing the challenges of immune-associated toxicity, treatment resistance and the limited clinical utility of approved cancer immunotherapies. A number of clinical trials investigating the use of anti-TIGIT agents are currently underway.¹³

TIGIT: An Emerging Immune Checkpoint Target

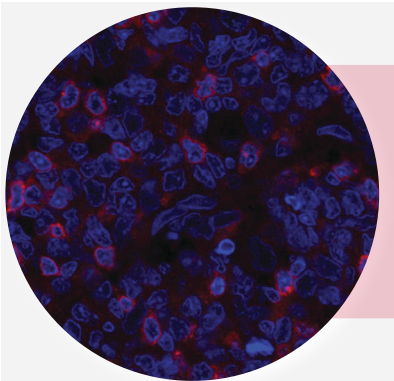
Table 1: TIGIT signaling axis related key immune checkpoints and cell types involved in the immune-tumor microenvironment.

Marker	Significance	Bethyl Catalog #
TIGIT	Immune checkpoint ¹⁴⁻¹⁶	A700-047
DNAM-1/CD226	TIGIT ligand, T-cell cytotoxic activation ¹⁶⁻¹⁷	A700-063
NECTIN2/CD112	TIGIT ligand, modulation of T cell signaling ^{14 17}	A700-071
PVR/CD155	TIGIT ligand, T-cell cytotoxic repression ^{14 17}	A700-074
CD96	TIGIT regulation analogous to CD28/CTLA-4 mechanism ¹⁸	A700-065
TIM-3	Influencing and alternate checkpoint ¹⁹	A700-033
CEACAM1/5	Cytotoxic activating ligand for TIM-3 ¹⁹	A700-032
PD-1	Influencing and alternate checkpoint ^{14 13 21}	A700-076
PDL-1	Influencing and alternate checkpoint ^{14, 20-22}	A700-020
VISTA	Influencing and alternate checkpoint ¹⁴	A700-035
LAG3	Influencing and alternate checkpoint ¹⁴	A700-027
FOXP3	Regulator of TIGIT expression and activity ^{13, 23}	A700-034
Granzyme	Mediator of T-cell apoptosis ²⁴	A700-022
Marker	Cell Type	Bethyl Catalog #
CD3	T-cell ^{25 26}	A700-016
CD4+	T-cell ^{25 26}	A700-015
CD8+	T-cell ^{25 26}	A700-044
AHR	Treg ^{25 26}	A700-118
CD56	NK-cell ^{25 26}	A700-152
CD19	B-Cell ^{25 26}	A700-137
CD20	B-Cell ^{25 26}	A700-017A
CD68, CD11b	Macrophage ^{25 26}	A500-018A, A700-107

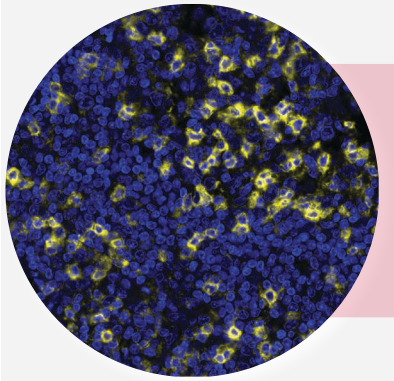
TIGIT: An Emerging Immune Checkpoint Target

A better understanding of the localization, mechanism of action and role of TIGIT in the cancer immunity cycle will inform development of these anti-TIGIT immunotherapies. These studies are enabled by the availability of a rabbit anti-TIGIT recombinant monoclonal antibody from Bethyl.

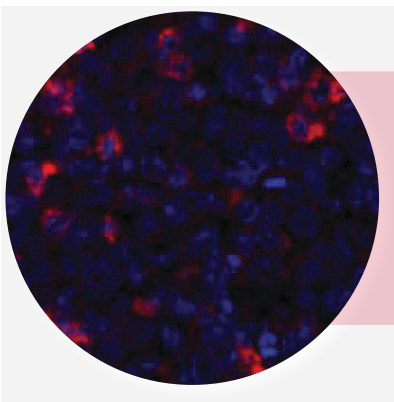
Figure 3. TIGIT Antibodies



Panel A: Detection of human TIGIT (red) in FFPE human tonsil. Antibody: Rabbit anti-TIGIT recombinant monoclonal [BLR047F] ([A700-047](#)). Secondary: Dylight 594 conjugated goat-anti-rabbit IgG ([A120-101D4](#)). Counterstain: DAPI (blue).



Panel B: Detection of human TIGIT (yellow) in FFPE human tonsil. Antibody: Rabbit anti-TIGIT recombinant monoclonal [BLR047F] ([A700-047](#)). Secondary: HRP-conjugated goat-anti-rabbit IgG ([A120-501P](#)). Substrate: Opal. Counterstain: DAPI (blue).



Panel C: Detection of human TIGIT (red) in FFPE tonsil by IHC-IF. Antibody: Rabbit anti-TIGIT recombinant monoclonal [BLR047F] ([A700-047](#)). Secondary: HRP-conjugated goat anti-rabbit IgG ([A120-501P](#)). Substrate: Opal. Counterstain: DAPI (blue).

TIGIT: An Emerging Immune Checkpoint Target

- ¹ Pardoll DM. The blockade of immune checkpoints in cancer immunotherapy. *Nat Rev Cancer*. 2012 Mar 22;12(4):252-64. doi: 10.1038/nrc3239.
- ² Sharma P, Allison JP. Immune checkpoint targeting in cancer therapy: toward combination strategies with curative potential. *Cell*. 2015 Apr 9;161(2):205-14. doi: 10.1016/j.cell.2015.03.030.
- ³ Postow MA, Callahan MK, Wolchok JD. Immune Checkpoint Blockade in Cancer Therapy. *J Clin Oncol*. 2015 Jun 10;33(17):1974-82. doi: 10.1200/JCO.2014.59.4358.
- ⁴ Haslam A, Prasad V. Estimation of the Percentage of US Patients With Cancer Who Are Eligible for and Respond to Checkpoint Inhibitor Immunotherapy Drugs. *JAMA Netw Open*. 2019 May 3;2(5):e192535. doi: 10.1001/jamanetworkopen.2019.2535.
- ⁵ Barrueto L, Caminero F, Cash L et al. Resistance to Checkpoint Inhibition in Cancer Immunotherapy. *Transl Oncol*. 2020 Mar;13(3):100738. doi: 10.1016/j.tranon.2019.12.010.
- ⁶ Yeo J, Ko M, Lee DH, Park Y, Jin HS. TIGIT/CD226 Axis Regulates Anti-Tumor Immunity. *Pharmaceuticals (Basel)*. 2021 Feb 28;14(3):200. doi: 10.3390/ph14030200.
- ⁷ Harjunpaa H, Guillerey C. TIGIT as an emerging immune checkpoint. *Clin Exp Immunol*. 2020 May;200(2):108-119. doi: 10.1111/cei.13407.
- ⁸ Chauvin JM, Pagliano O, Fourcade J et al. TIGIT and PD-1 impair tumor antigen-specific CD8T cells in melanoma patients. *J Clin Invest*. 2015 May;125(5):2046-58. doi: 10.1172/JCI80445.
- ⁹ Marin-Acevedo JA, Dholaria B, Soyano AE et al. Next generation of immune checkpoint therapy in cancer: new developments and challenges. *J Hematol Oncol*. 2018 Mar 15;11(1):39. doi: 10.1186/s13045-018-0582-8.
- ¹⁰ Zhang Q, Bi J, Zheng X, Chen Y et al. Blockade of the checkpoint receptor TIGIT prevents NK cell exhaustion and elicits potent anti-tumor immunity. *Nat Immunol*. 2018 Jul;19(7):723-732. doi: 10.1038/s41590-018-0132-0.
- ¹¹ Manieri NA, Chiang EY, Grogan JL. TIGIT: A Key Inhibitor of the Cancer Immunity Cycle. *Trends Immunol*. 2017 Jan;38(1):20-28. doi: 10.1016/j.it.2016.10.002.
- ¹² Anderson AC, Joller N, Kuchroo VK. Lag-3, Tim-3, and TIGIT: Co-inhibitory Receptors with Specialized Functions in Immune Regulation. *Immunity*. 2016 May 17;44(5):989-1004. doi: 10.1016/j.immuni.2016.05.001.
- ¹³ Chauvin JM, Zarour HM. TIGIT in cancer immunotherapy. *J Immunother Cancer*. 2020 Sep;8(2):e000957. doi: 10.1136/jitc-2020-000957.
- ¹⁴ Pant A, Medikonda R, Lim M. Alternative Checkpoints as Targets for Immunotherapy. *Curr Oncol Rep*. 2020 Nov 3;22(12):126. doi: 10.1007/s11912-020-00983-y.
- ¹⁵ Harjunpaa H, Guillerey C. TIGIT as an emerging immune checkpoint. *Clin Exp Immunol*. 2020 May;200(2):108-119. doi: 10.1111/cei.13407.
- ¹⁶ Yu X, Harden K, Gonzalez LC et al. The surface protein TIGIT suppresses T cell activation by promoting the generation of mature immunoregulatory dendritic cells. *Nat Immunol*. 2009 Jan;10(1):48-57. doi: 10.1038/ni.1674.
- ¹⁷ Maas RJ, Hoogstad-van Evert JS, Van der Meer JM et al. TIGIT blockade enhances functionality of peritoneal NK cells with altered expression of DNAM-1/TIGIT/CD96 checkpoint molecules in ovarian cancer. *Oncoimmunology*. 2020 Nov 8;9(1):1843247. doi: 10.1080/2162402X.2020.1843247.
- ¹⁸ Dougall WC, Kurtulus S, Smyth MJ et al. TIGIT and CD96: new checkpoint receptor targets for cancer immunotherapy. *Immunol Rev*. 2017 Mar;276(1):112-120. doi: 10.1111/imr.12518.
- ¹⁹ Wang Z, Weiner GJ. Immune checkpoint markers and anti-CD20-mediated NK cell activation. *J Leukoc Biol*. 2021 Oct;110(4):723-733. doi: 10.1002/JLB.5A0620-365R.
- ²⁰ Andrews LP, Yano H, Vignali DAA. Inhibitory receptors and ligands beyond PD-1, PD-L1 and CTLA-4: breakthroughs or backups. *Nat Immunol*. 2019 Nov;20(11):1425-1434. doi: 10.1038/s41590-019-0512-0. Epub 2019 Oct 14.

TIGIT: An Emerging Immune Checkpoint Target

- ²¹ Yadav M, Green C, Ma C et al. Tigit, CD226 and PD-L1/PD-1 Are Highly Expressed By Marrow-Infiltrating T Cells in Patients with Multiple Myeloma. *Blood* (2016) 128 (22): 2102. doi.org/10.1182/blood.V128.22.2102.2102
- ²² Rodriguez-Abreu D, Johnson ML, Hussein MA et al. Primary analysis of a randomized, double-blind, phase II study of the anti-TIGIT antibody tiragolumab (tira) plus atezolizumab (atezo). 38 (15) suppl (May 20, 2020) 9503-9503. DOI: 10.1200/JCO.2020.38.15_suppl.9503
- ²³ McMurchy AN, Gillies J, Gizzi MC et al. A novel function for FOXP3 in humans: intrinsic regulation of conventional T cells. *Blood*. 2013 Feb 21;121(8):1265-75. doi: 10.1182/blood-2012-05-431023.
- ²⁴ Voskoboinik I, Whisstock JC, Trapani JA. Perforin and granzymes: function, dysfunction and human pathology. *Nat Rev Immunol*. 2015 Jun;15(6):388-400. doi: 10.1038/nri3839.
- ²⁵ Eyileten C, Majchrzak K, Pilch Z et al. Immune Cells in Cancer Therapy and Drug Delivery. *Mediators Inflamm*. 2016;2016:5230219. doi: 10.1155/2016/5230219.
- ²⁶ Hammerl D, Smid M, Timmermans AM et al. Breast cancer genomics and immuno-oncological markers to guide immune therapies. *Semin Cancer Biol*. 2018 Oct;52(Pt 2):178-188. doi: 10.1016/j.semcancer.2017.11.003.
-

Copyright © 2021. Fortis Life Sciences, All Rights Reserved. All content described by Fortis Life Sciences is copyright of Fortis Life Sciences unless specifically identified otherwise. You may not copy, reproduce, modify, republish, transmit, or distribute any content or images without express written permission.

Research Use Only. Not for any Commercial Use.

Unless otherwise stated in the Product(s) specifications, any Antibody product is sold for internal research use only and may not be used for any other purpose, which includes but is not limited to, any commercial, diagnostic, or therapeutic use.