

Thermal focused ultrasound ablation combined with vascular normalization drives anti-tumor immunity

**Mark Schwartz
University of Virginia
CRS 2025 Annual Meeting and Exposition
July 15th, 2025**

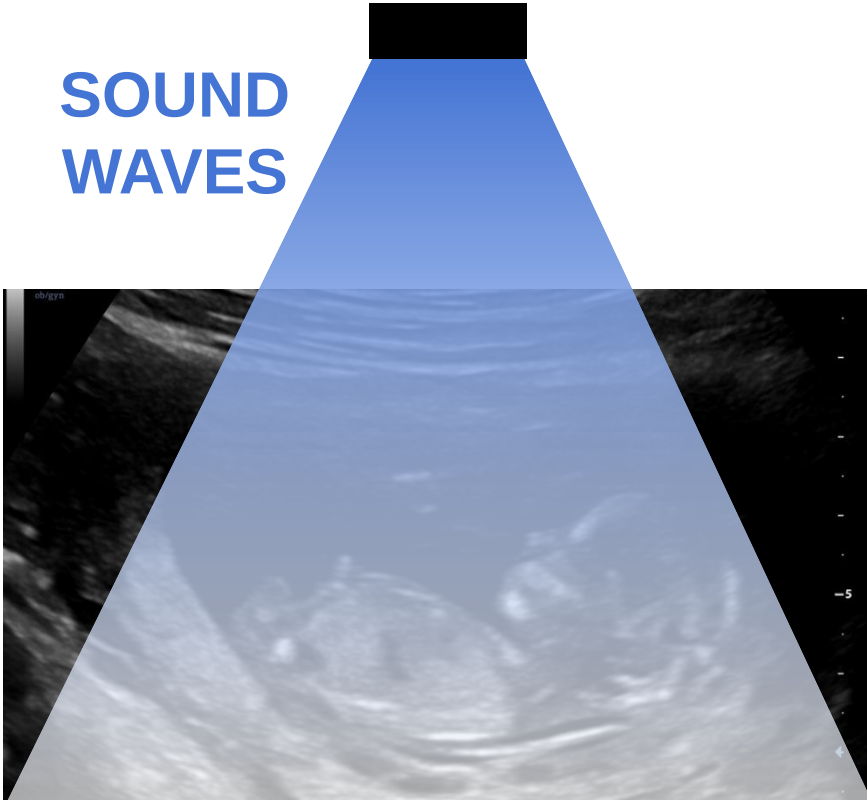
Focused Ultrasound (FUS): Concentrated Ultrasonic Energy

Diagnostic Ultrasound

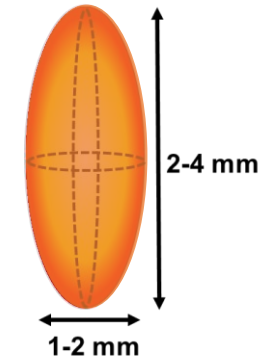
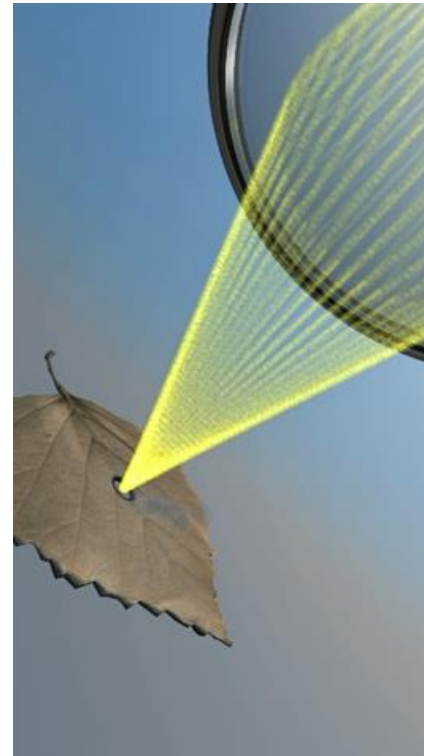
Focusing Sound Waves

Mechanical and/or Thermal Effects

SOUND
WAVES

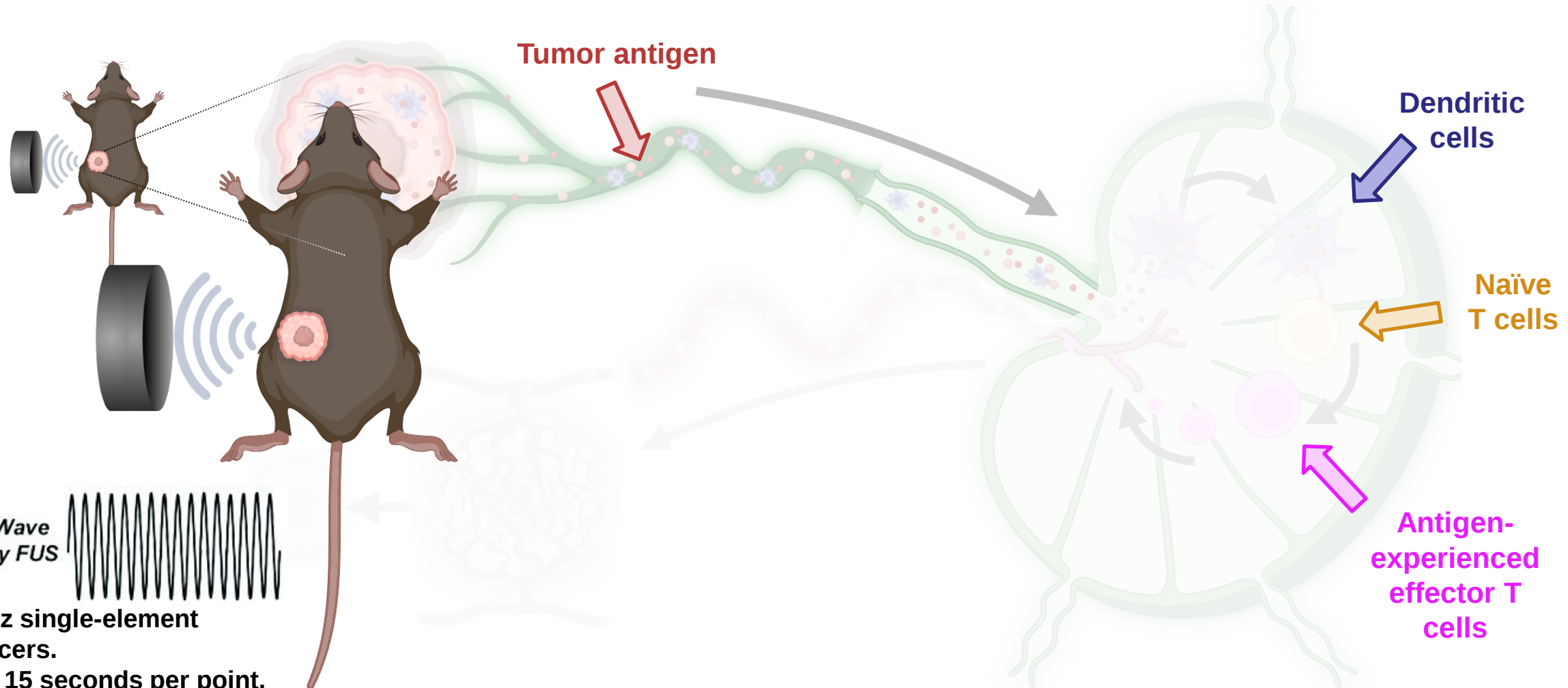


Imaging



Therapy

Thermal FUS (tFUS) augments cancer immunity cycle



- 3.78 MHz single-element transducers.
- 18W for 15 seconds per point.
- Treatment points 1.5 mm apart.
- Tumors were treated in 2 or 3 planes.
- Planes 2 mm apart.

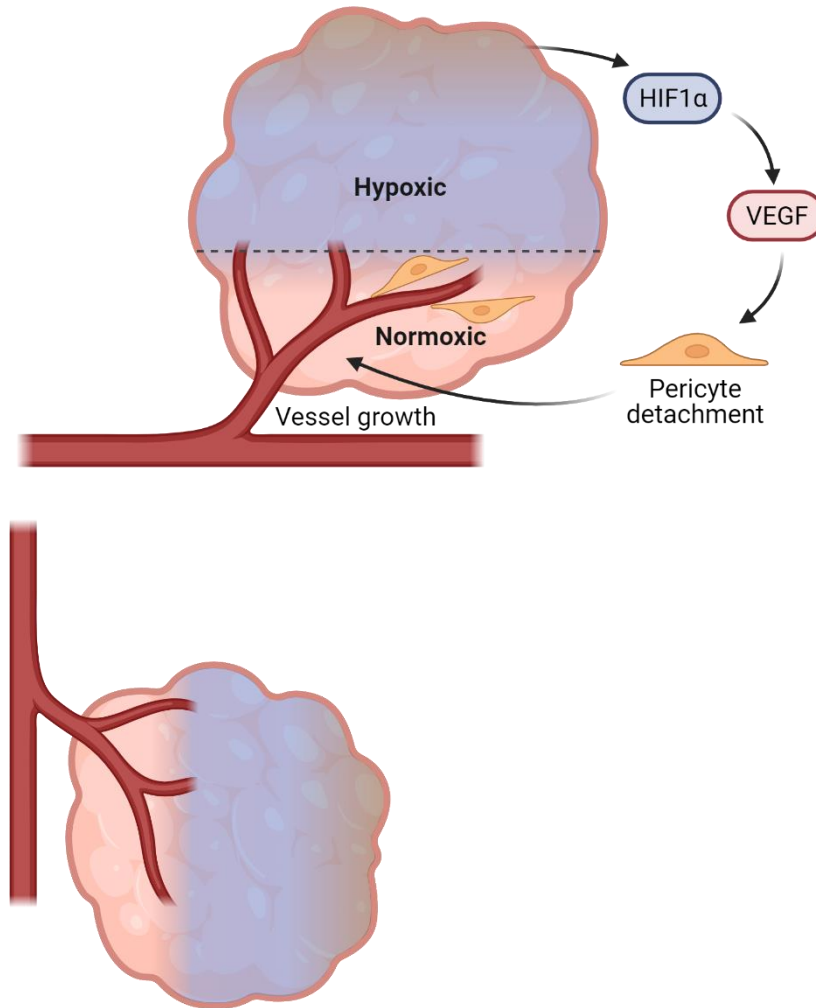
Takeaway: tFUS can destroy tumor tissue and induce immune responses against the tumor
but is often insufficient to generate long-term effects

Tumor blood vessels may be standing in the way of higher FUS efficacy

Tumors grow rapidly, requiring fast vessel growth to accommodate growing tissue

Cell-cell coordination lost in neoplastic tissue, yielding disorganized, leaky network of vessels

Tumor vessels prevent maximal therapeutic efficacy



Vascular normalization – a potential solution!

Commentary | Published: 01 September 2001

Normalizing tumor vasculature with anti-angiogenic therapy: A new paradigm for combination therapy

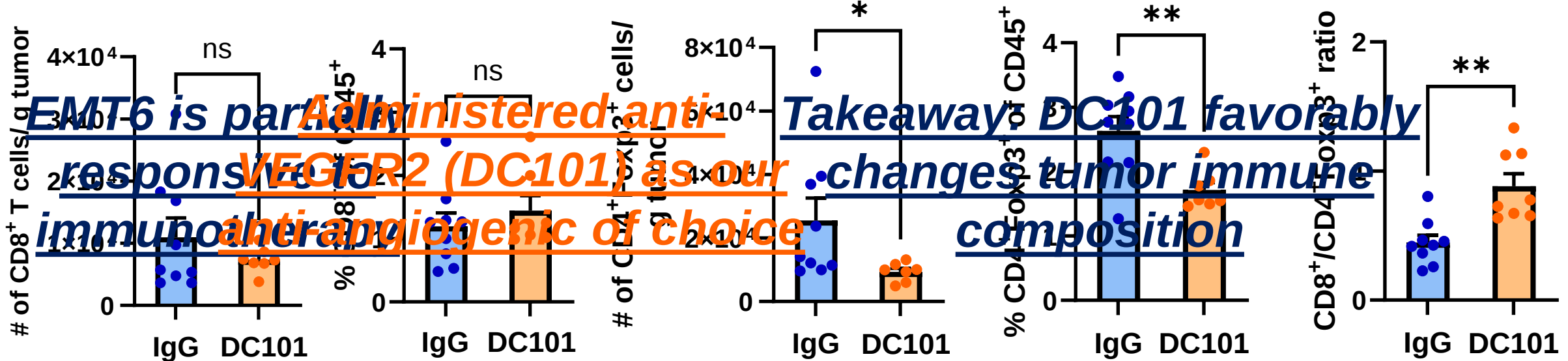
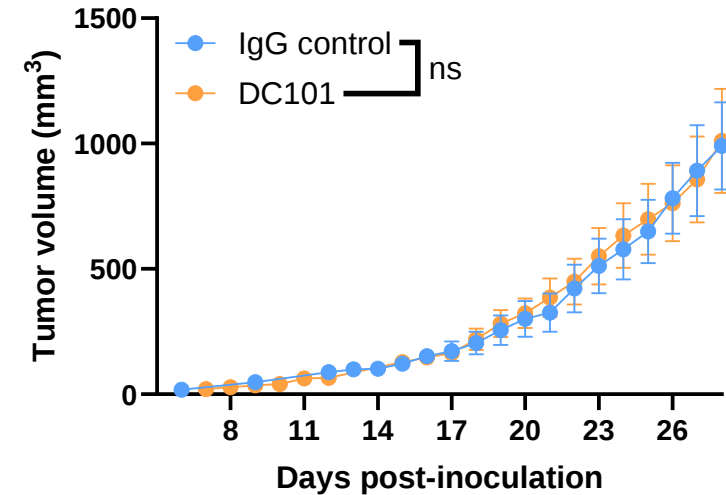
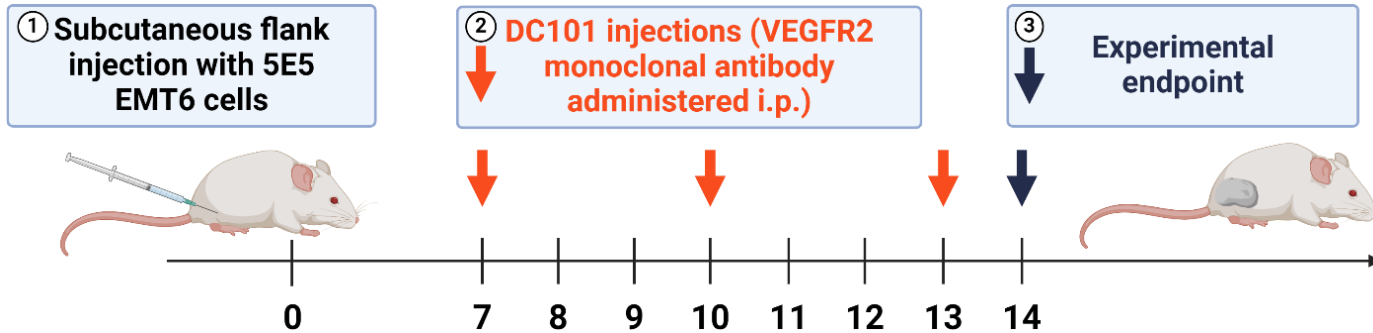
[Rakesh K. Jain](#)

[Nature Medicine](#) **7**, 987–989 (2001)

Hypothesized that partially blocking tumor vessel growth could improve tumor vessel function and therefore improve the efficacy of other therapies

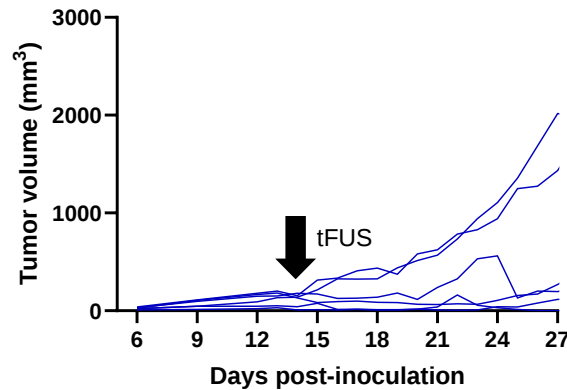
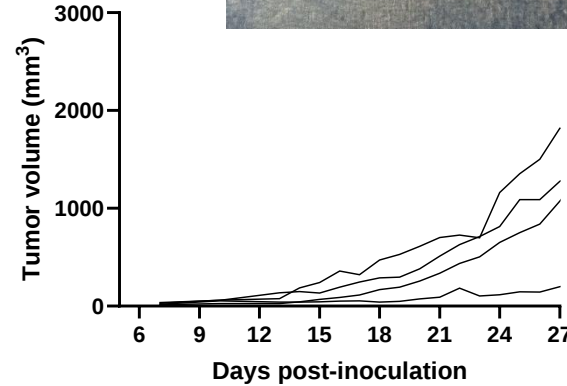
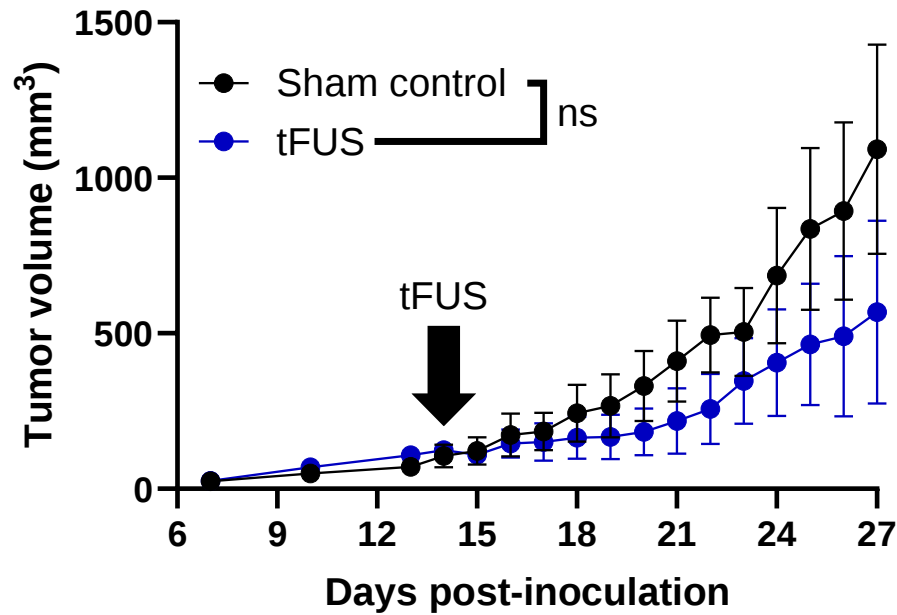
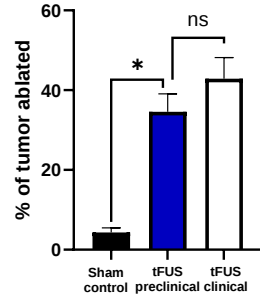
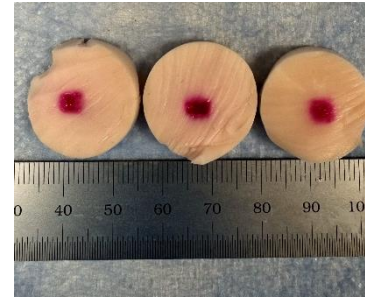
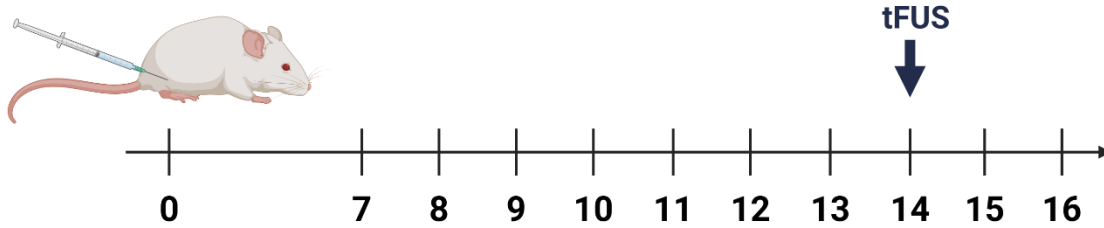
Can anti-angiogenic drugs improve the efficacy of tFUS and potentiate systemic anti-tumor immune responses?

α -VEGFR2 modulates tumor immune composition



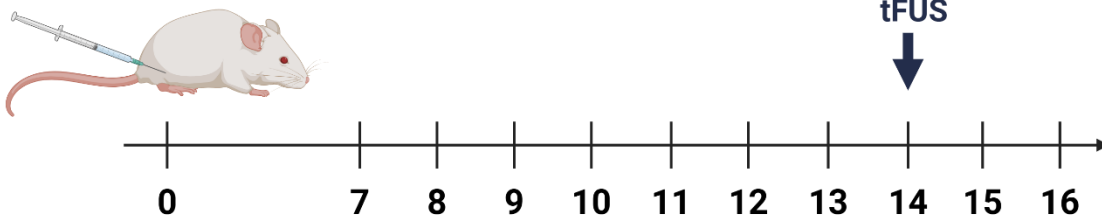
tFUS moderately controls tumor growth

500k EMT6 cells



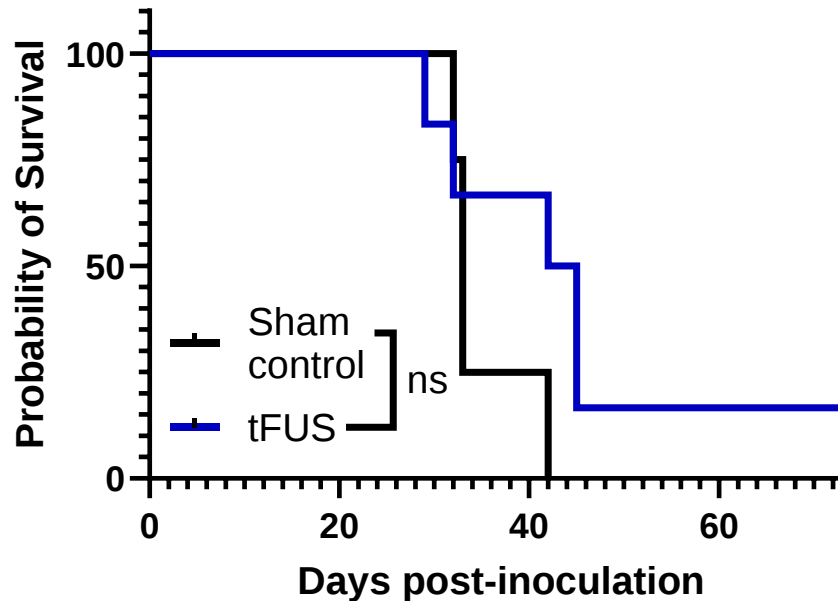
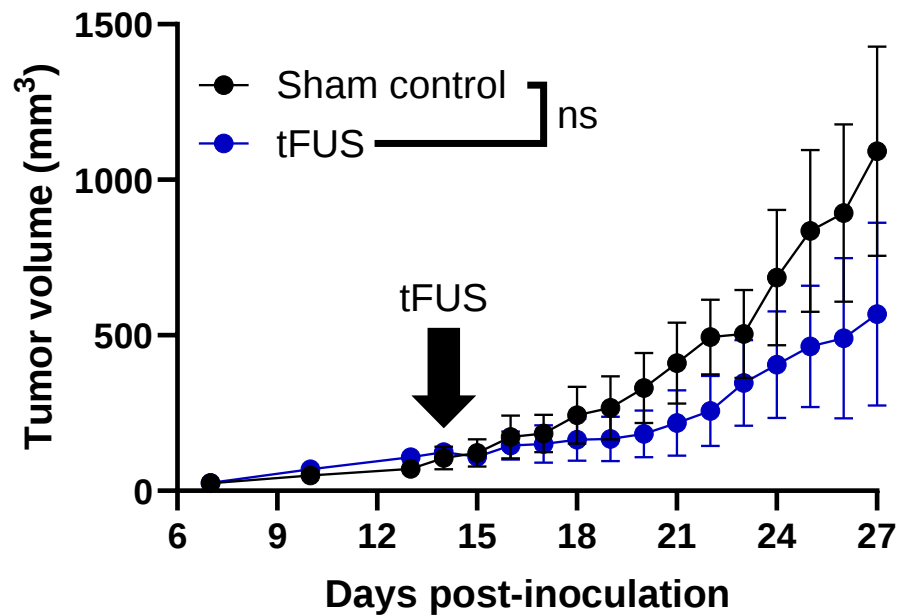
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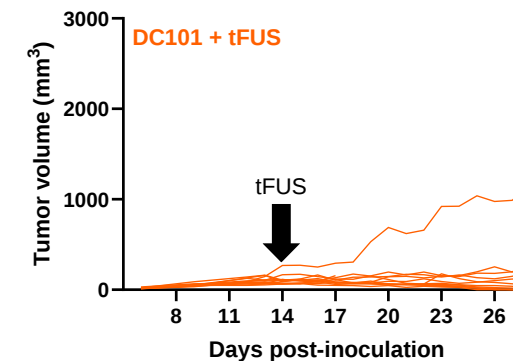
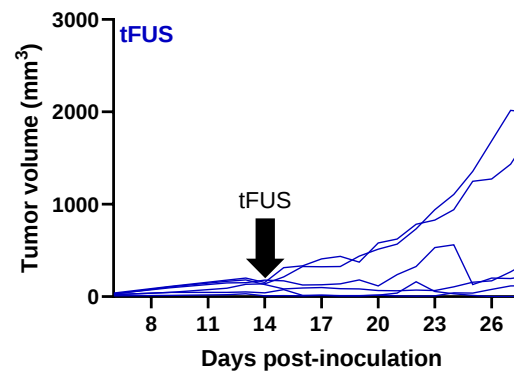
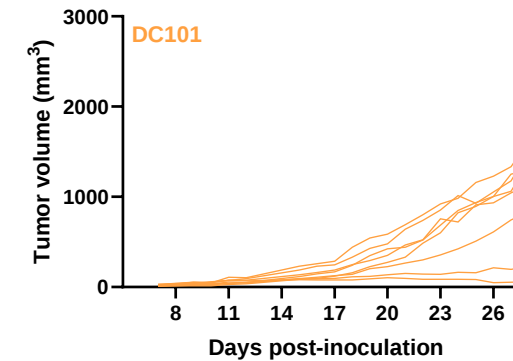
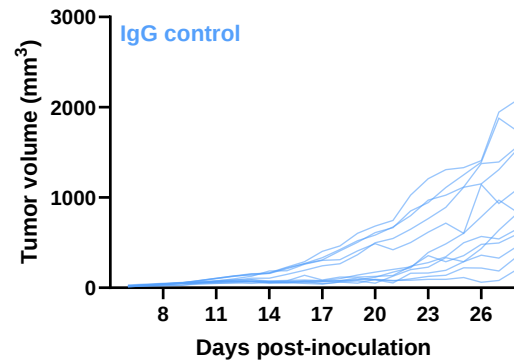
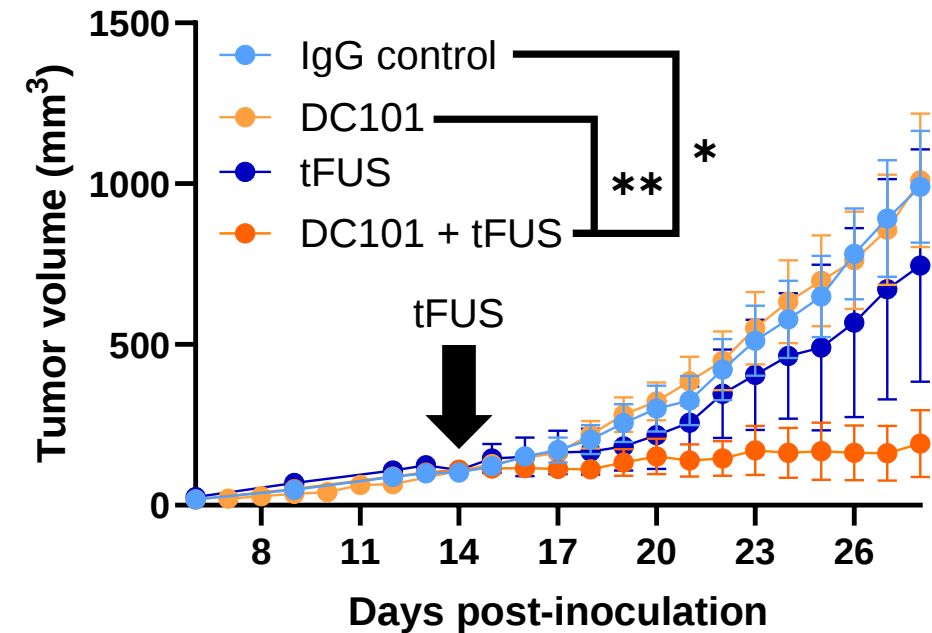
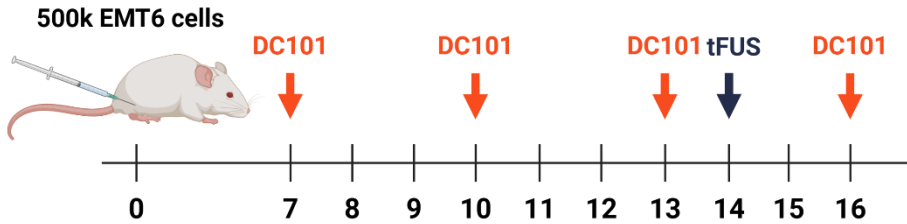


Takeaway: tFUS alone is minimally effective

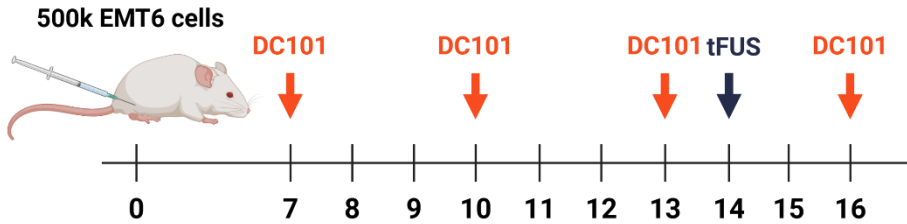
Eradication



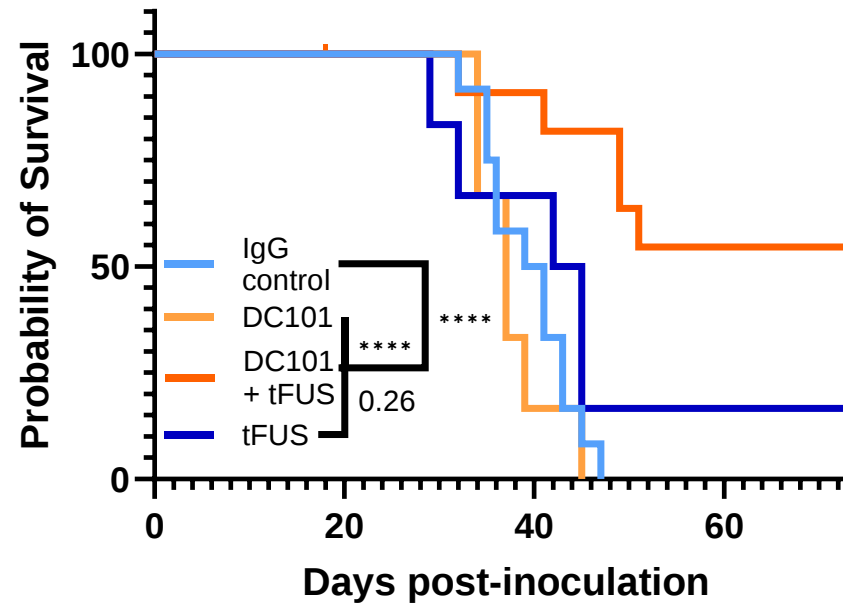
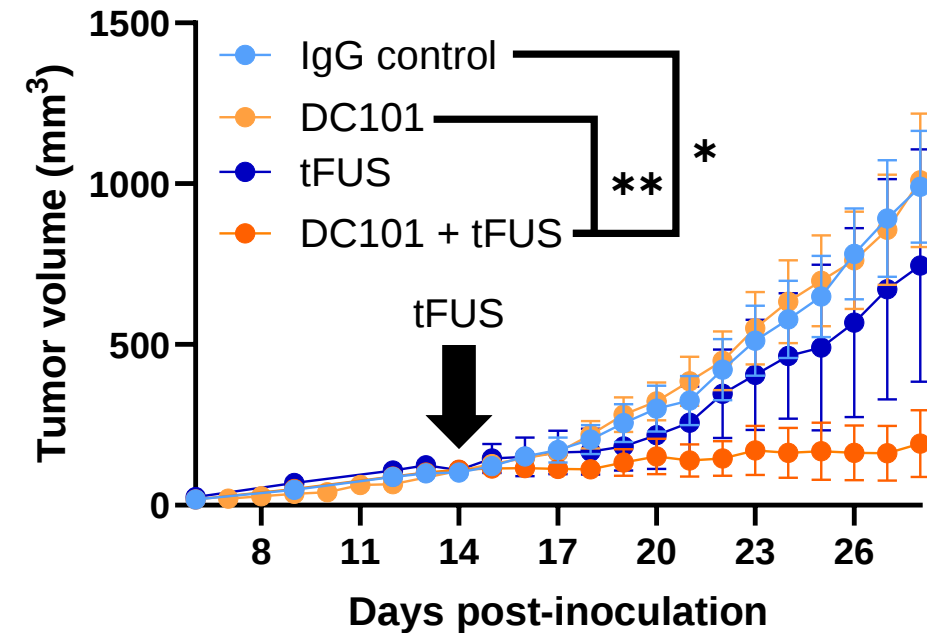
α -VEGFR2 and tFUS synergize to enhance tumor growth control and eradication



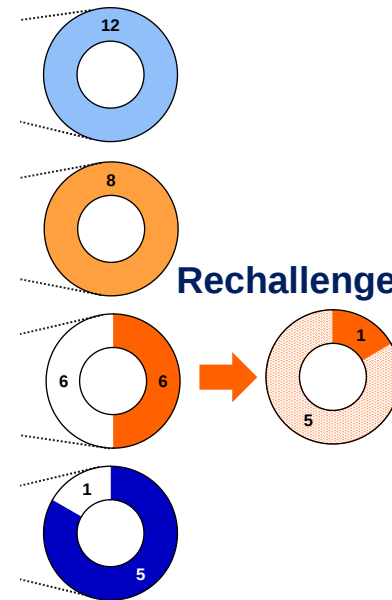
α -VEGFR2 and tFUS synergize to enhance tumor growth control and eradication



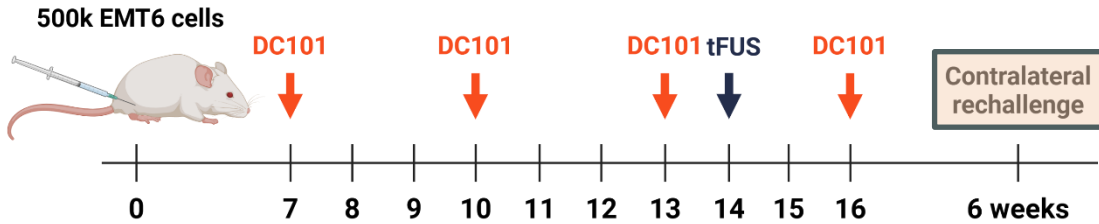
H: If we rechallenge mice, immune memory should prevent tumor growth



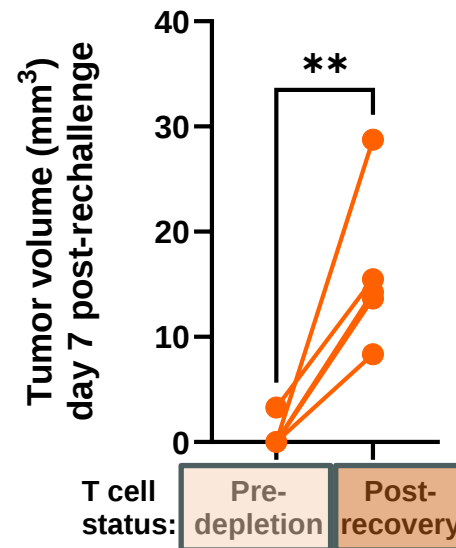
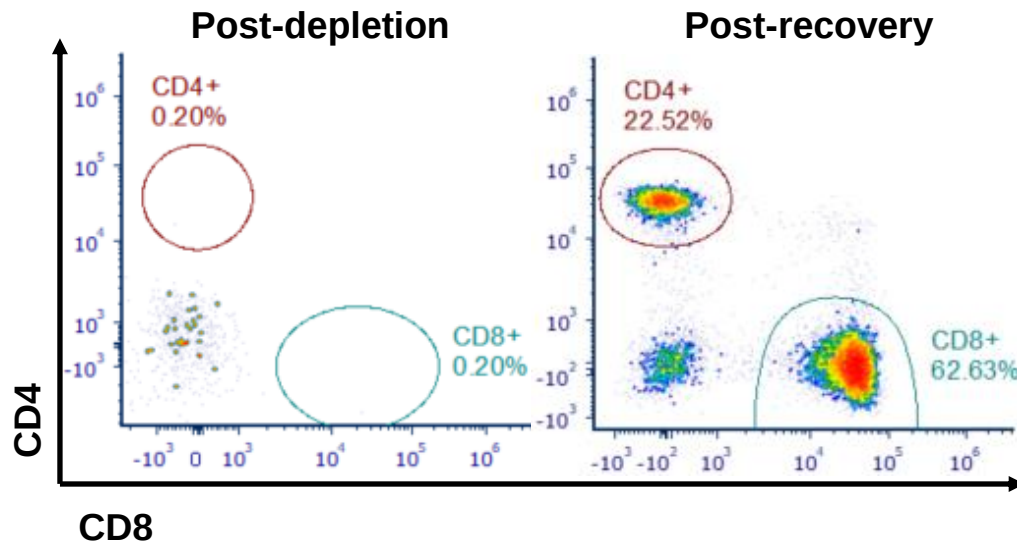
Eradication



α -VEGFR2 converts tFUS into a T cell-dependent, durable immunotherapy

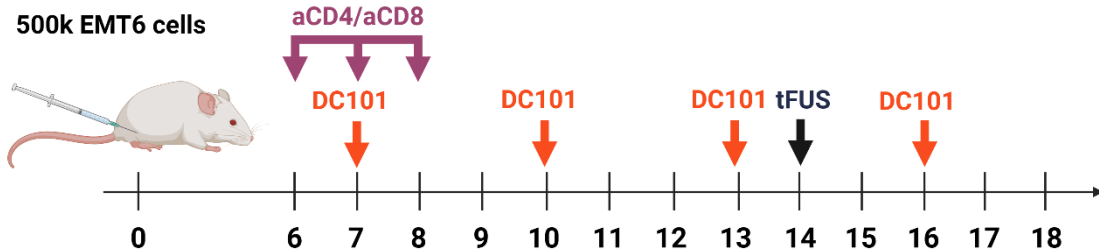


H: If we get rid of memory T cells, rechallenge tumors should grow

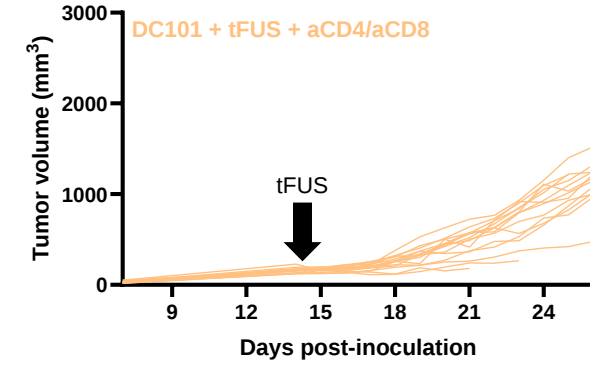
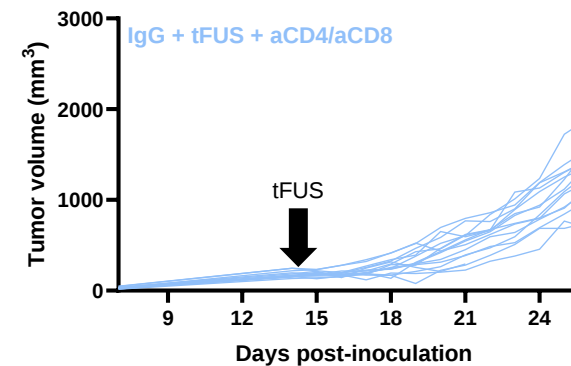
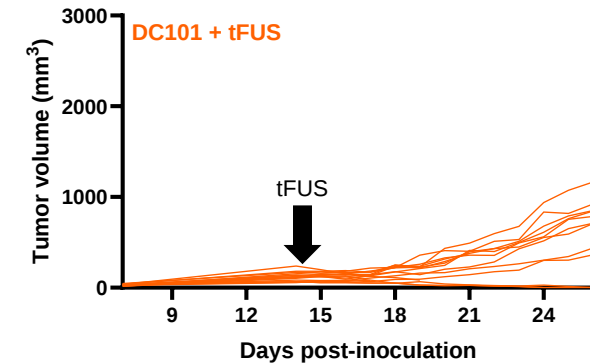
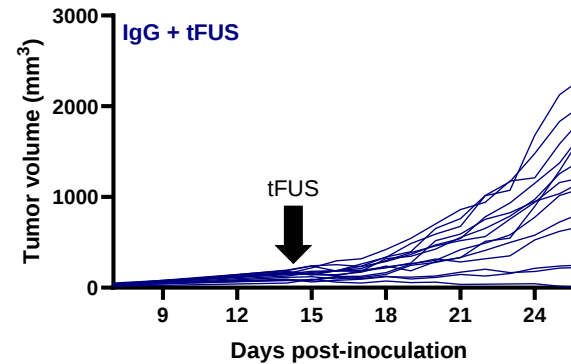
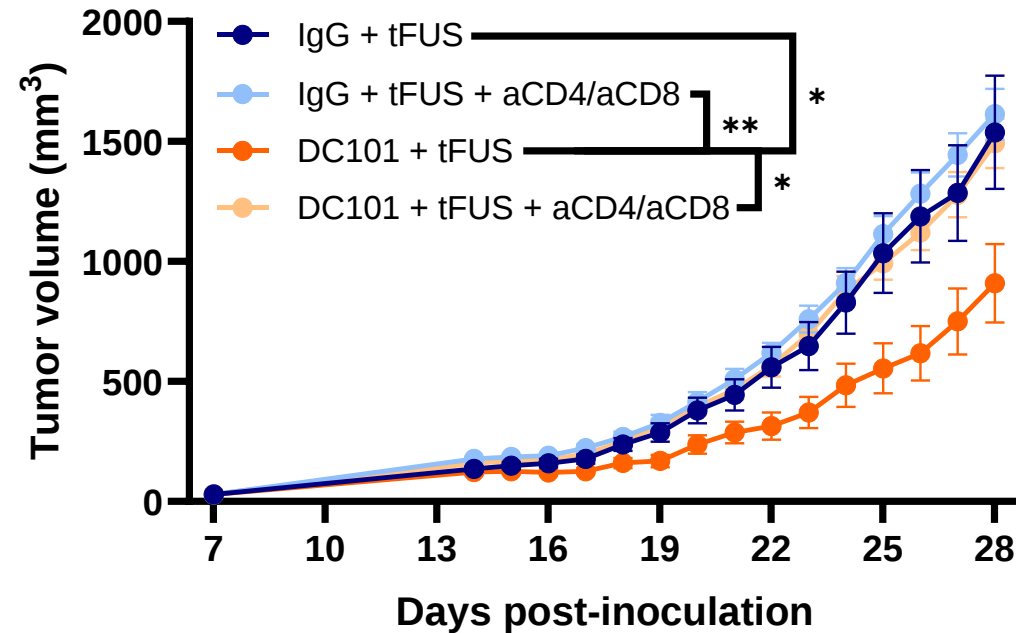


Takeaway: DC101 and tFUS synergize to control primary tumor growth and generate long-term, T cell-dependent immunity

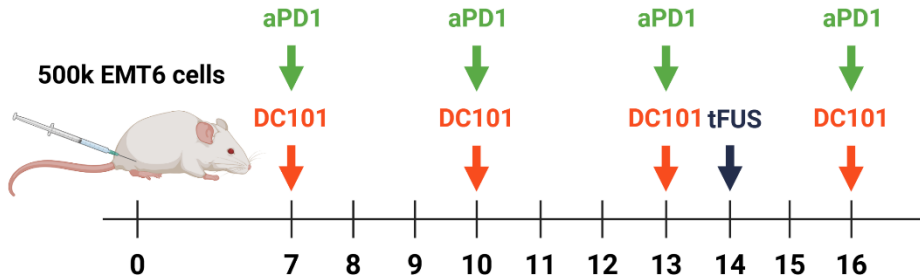
Primary tumor control from α -VEGFR2 + tFUS is T cell-dependent



Takeaway: T cells are responsible for DC101 + tFUS primary tumor control

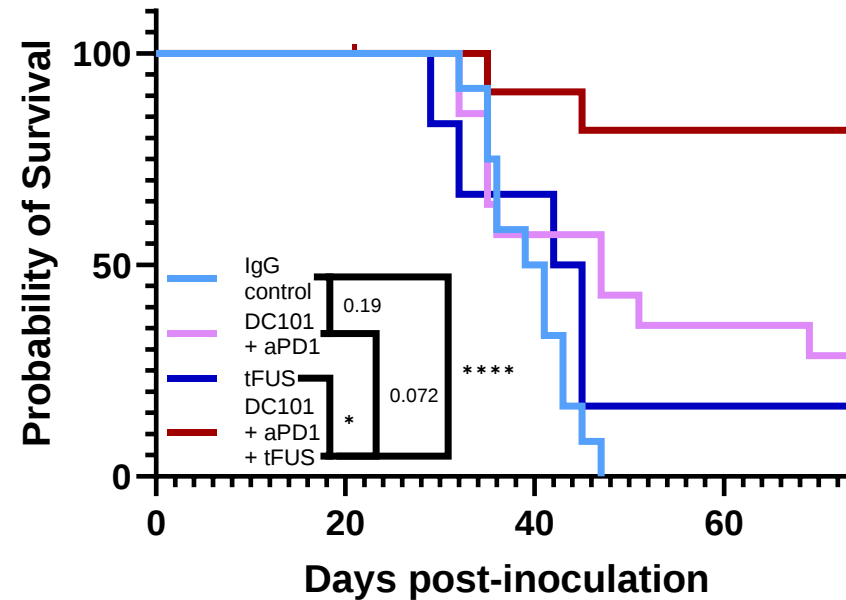
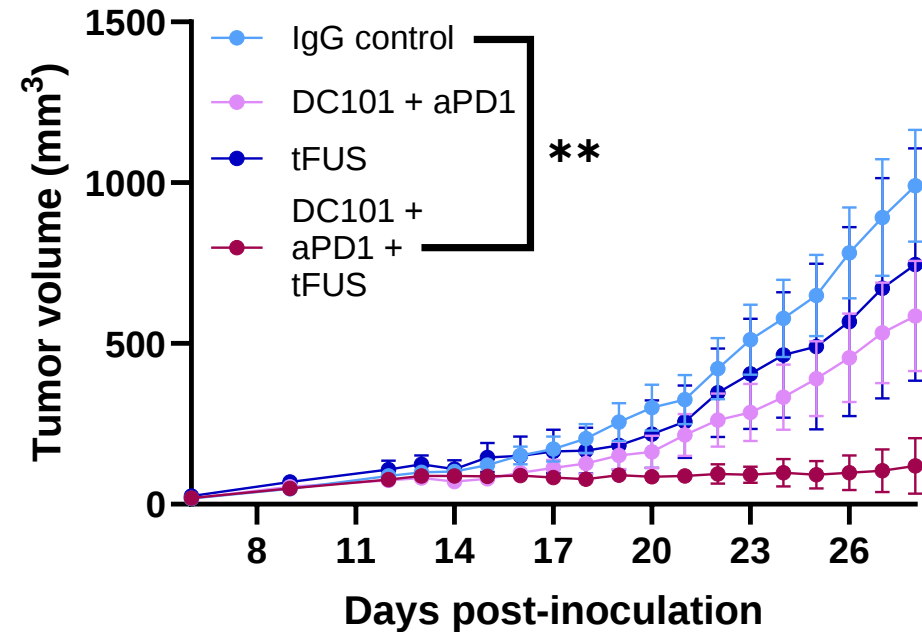


α -PD1 further boosts the efficacy of α -VEGFR2 + tFUS combination therapy

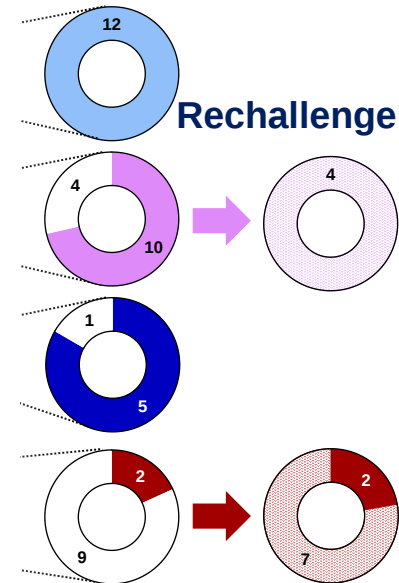


Takeaway: α -PD1 improves α -VEGFR2 + tFUS primary and systemic tumor responses

α -PD1 is a common immunotherapy that operates using separate mechanisms



Eradication



Conclusions and Impacts

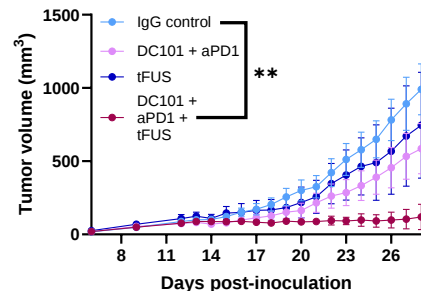
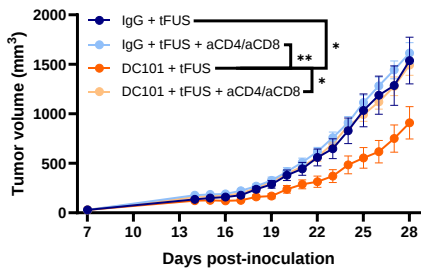
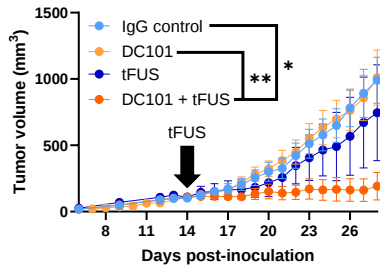
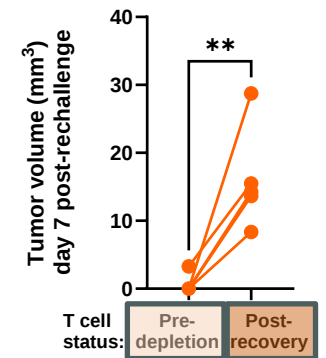
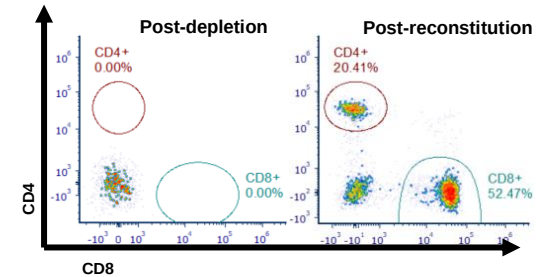
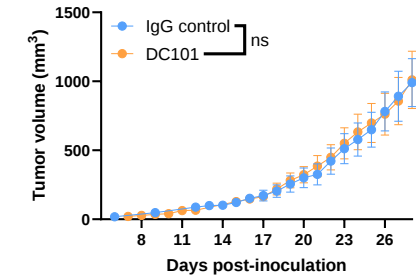
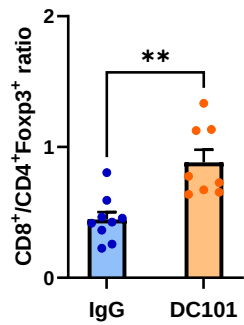
α -VEGFR2 immunologically primes EMT6 tumors to be responsive to immunotherapy

α -VEGFR2 synergistically augments tFUS-mediated tumor control

T cells are necessary for the formation of immune memory and for primary tumor control

α -PD1 further boosts α -VEGFR2 + tFUS efficacy

Given the large number of anti-angiogenic drugs on the market and uses of tFUS in the clinic, this brings us even closer to clinical trials



Acknowledgements

Current Grad Students

Tor Breza
Anna Debski
Mark Schwartz
Kathy Nowak
Matt Hoch
Lydia Kitelinger
Josh Samuels
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Tanya Cruz
Eden Gordon
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Recent Grads/ Postdocs

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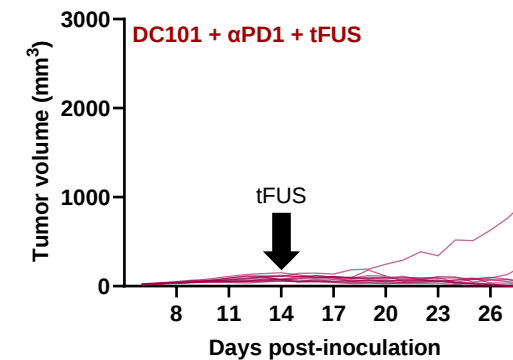
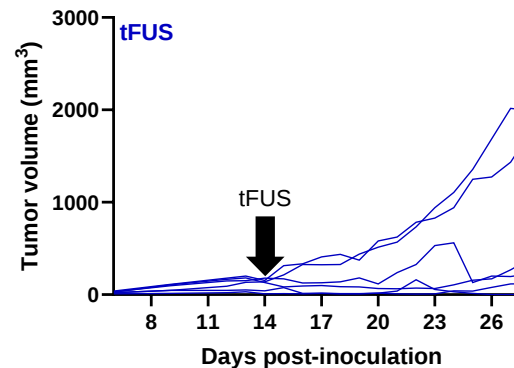
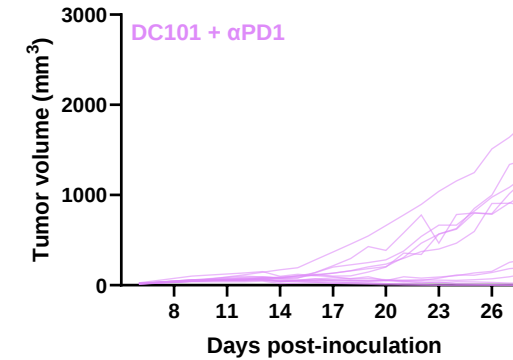
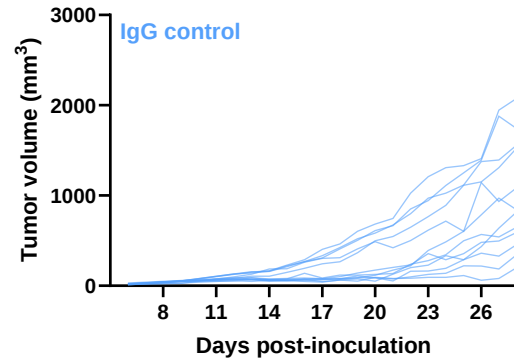
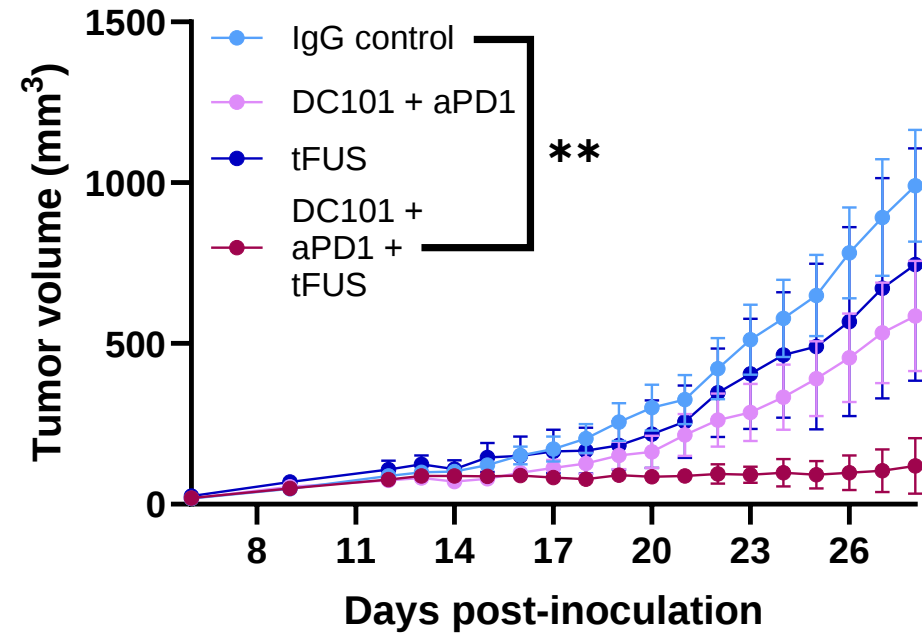
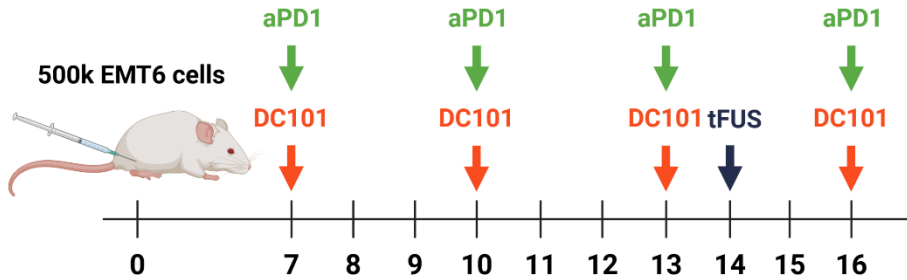
price-lab.org



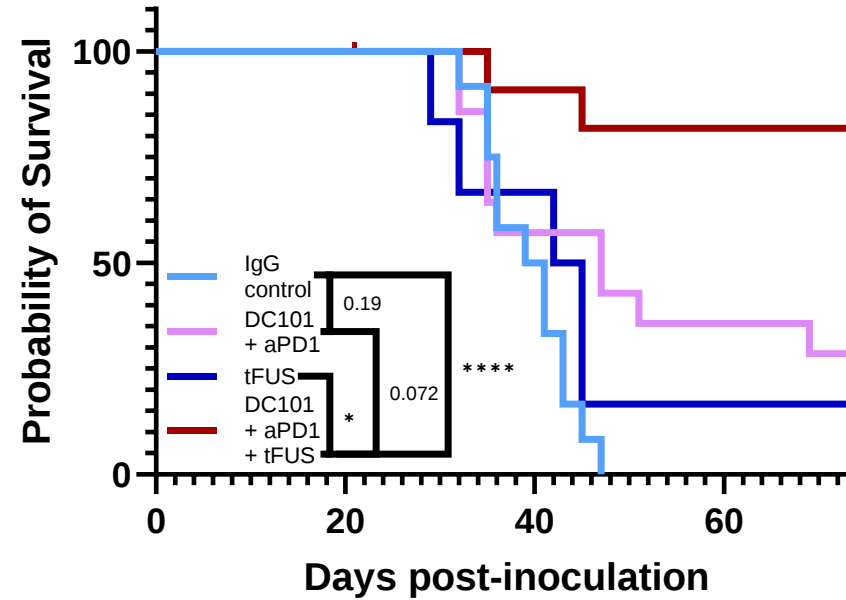
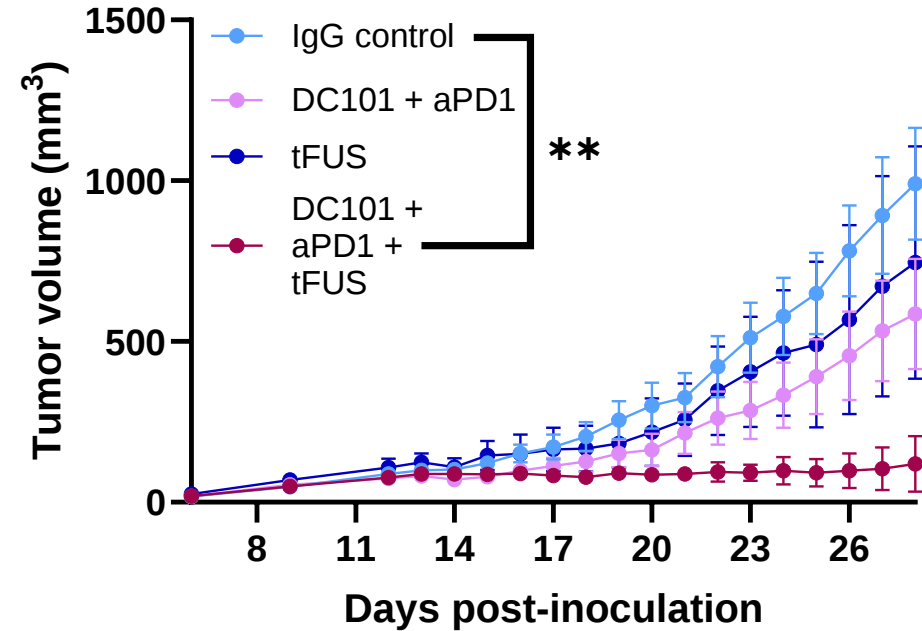
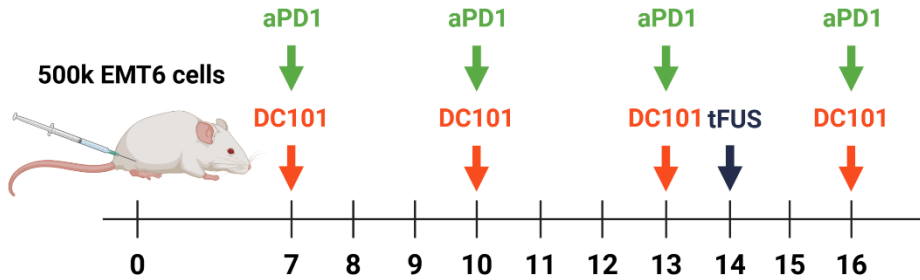
@PriceLabUVaBME



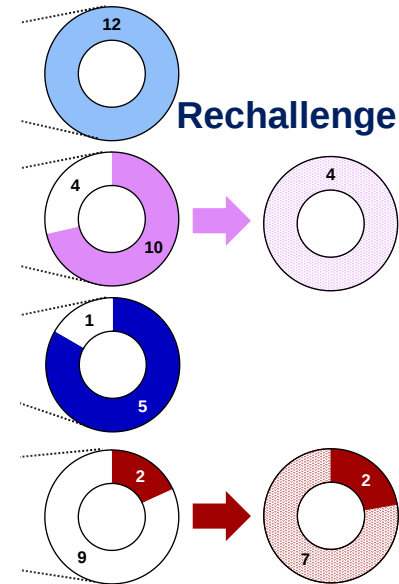
tFUS-mediated growth control is enhanced by DC101 and α PD1



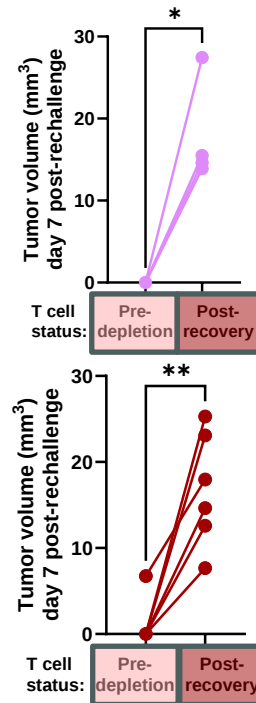
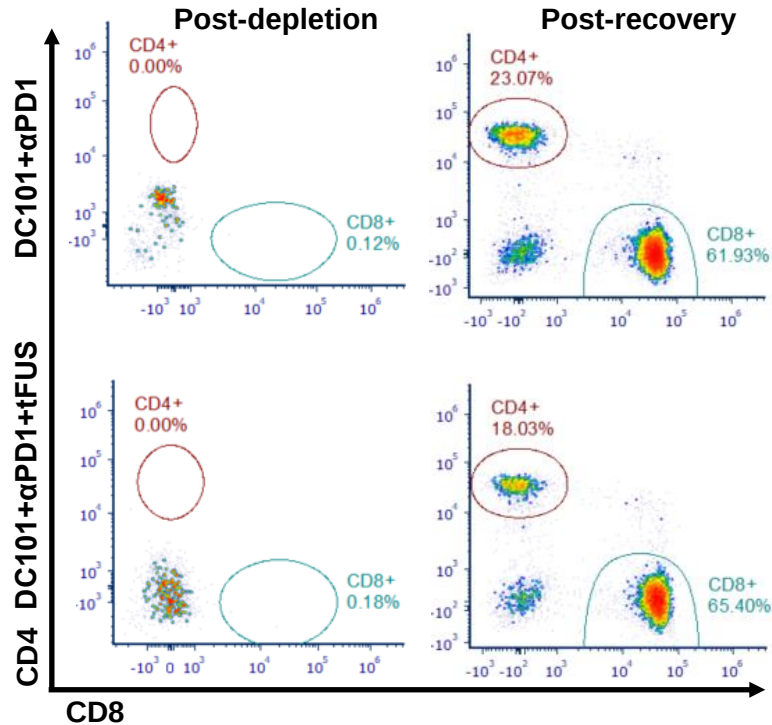
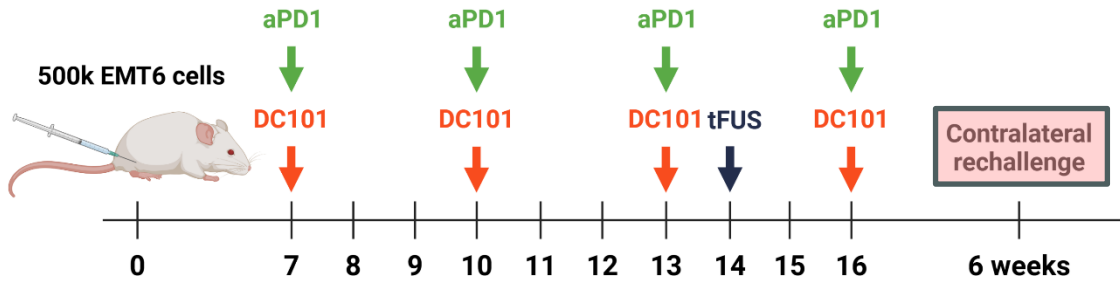
tFUS-mediated growth control is enhanced by DC101 and α PD1



Eradication

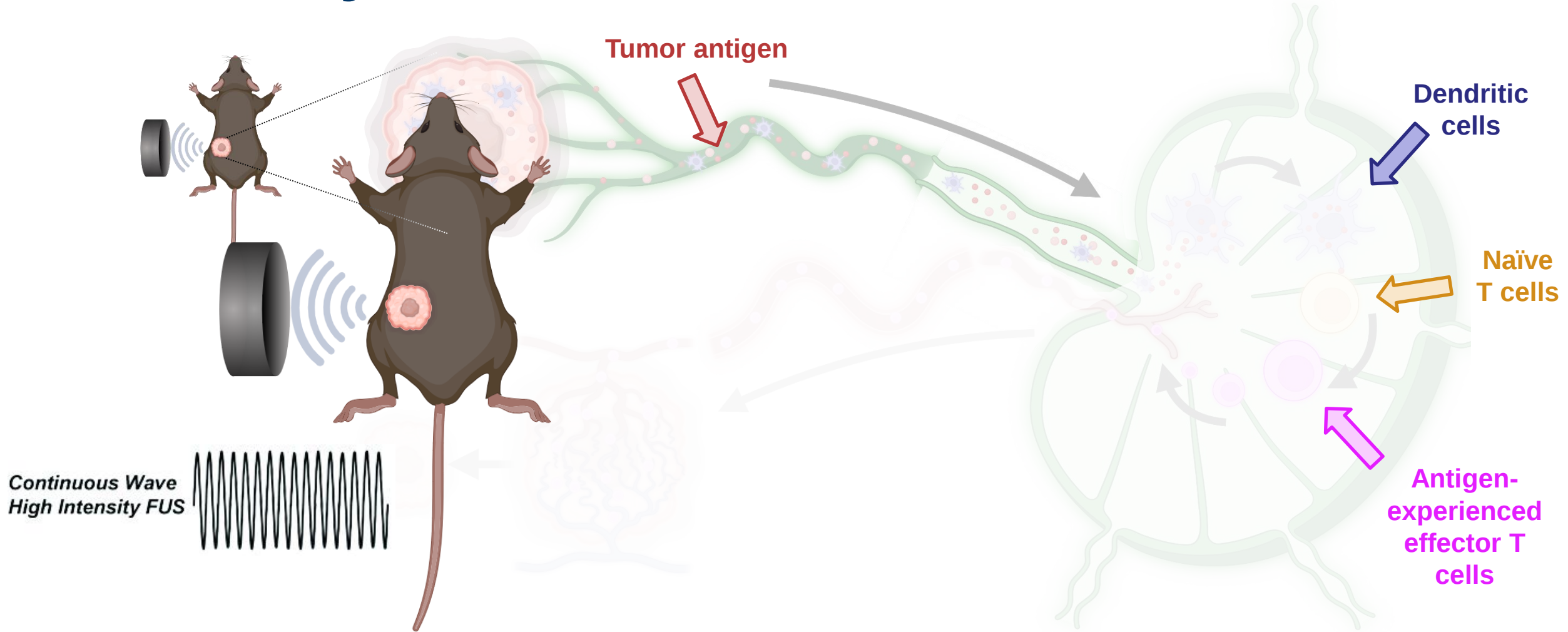


tFUS-mediated growth control is enhanced by DC101 and α PD1



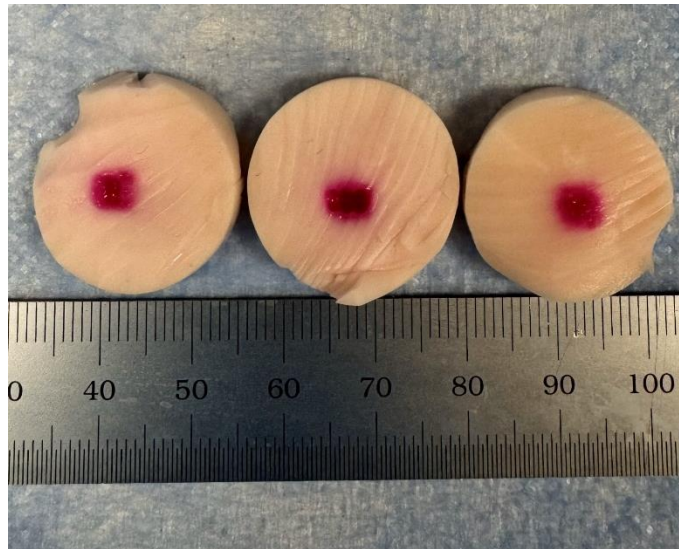
Takeaway: DC101, α PD1, and tFUS maximally control primary tumor growth and generate long-term, T cell-dependent immunity

Thermally ablative focused ultrasound – tFUS

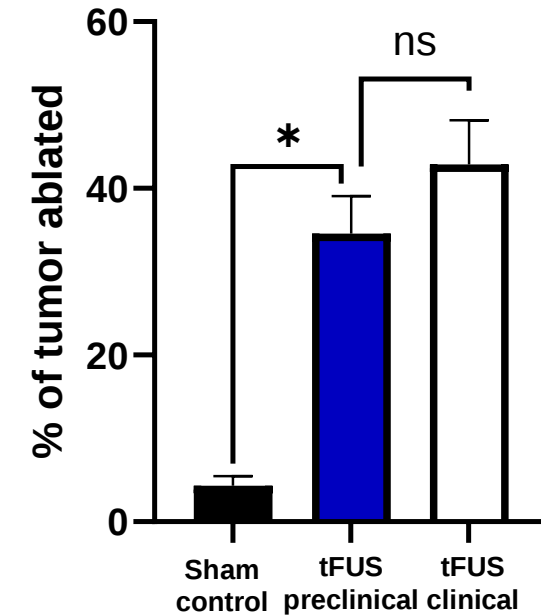
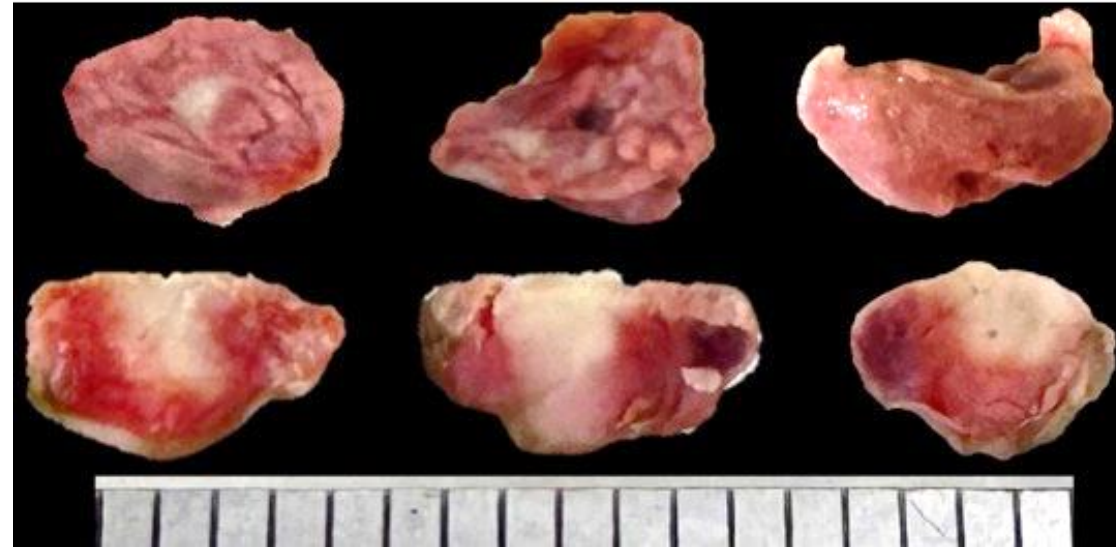


Takeaway: tFUS can destroy tumor tissue and induce immune responses against the tumor

Confirming partial thermal ablation



Sham control
tFUS

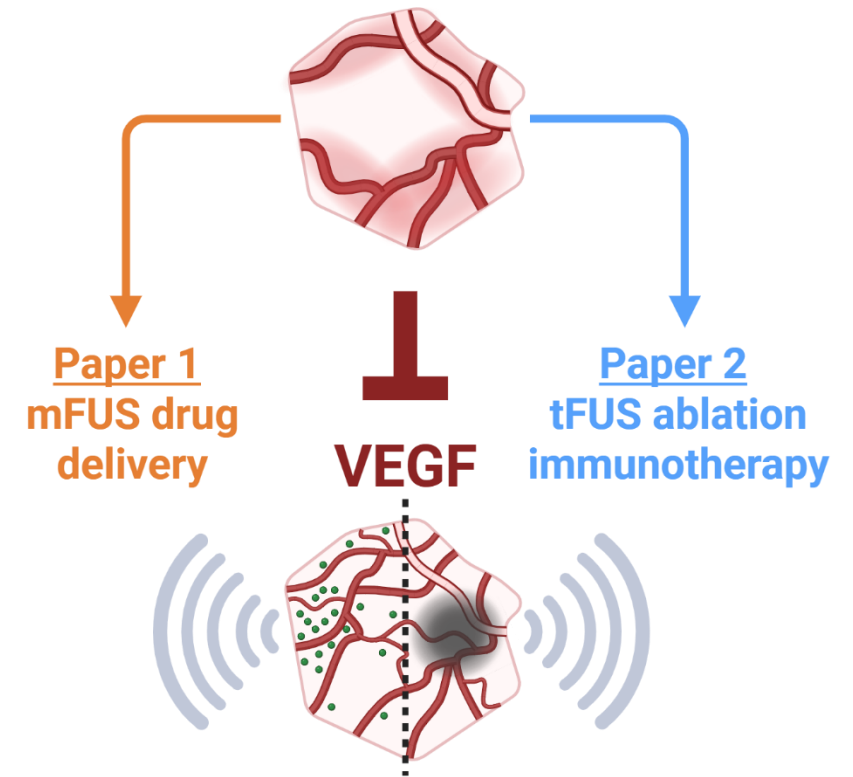


Takeaway: tFUS achieves desired temperature, is partial, and approximates treatment in clinical trials

Goal: Improve Focused Ultrasound Efficacy with VEGFR2 Blockade in Solid Tumors

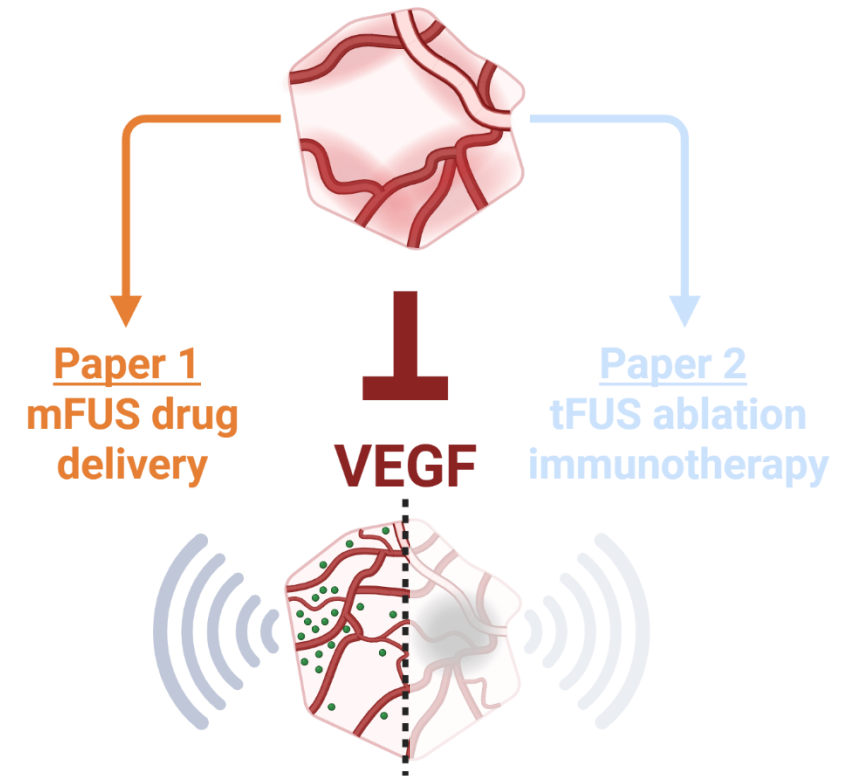
Paper 1: VEGFR2 blockade augments focused ultrasound-mediated model drug delivery to solid tumors

Paper 2: VEGFR2 blockade converts thermally ablative focused ultrasound into a potent driver of T cell-dependent anti-tumor immunity



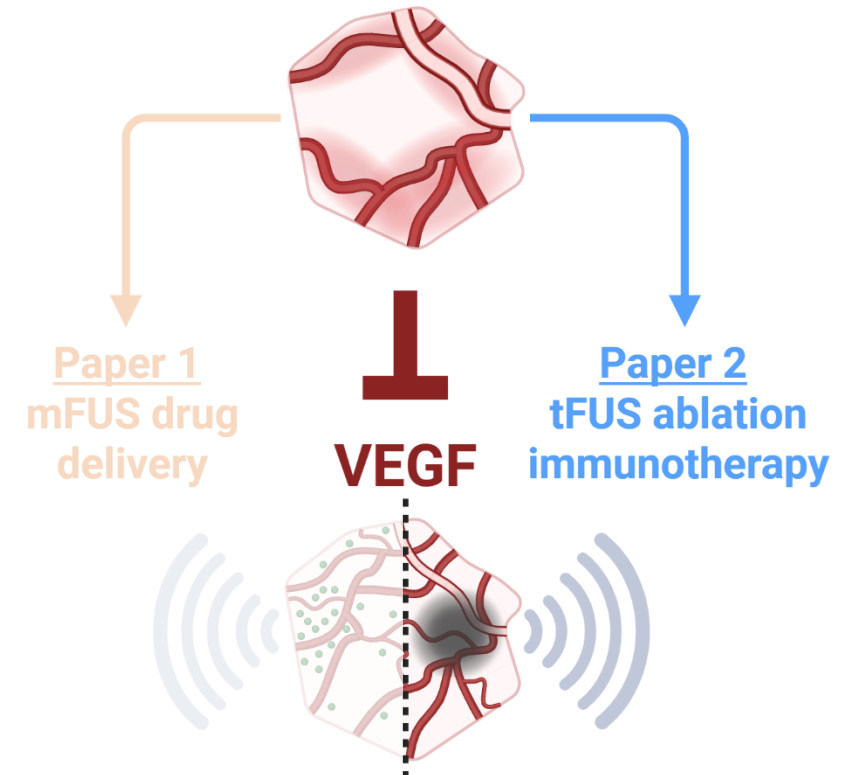
Future Directions:

- Employing even larger model drugs closer to the size of monoclonal antibodies or large nanoparticles
- Track tumor growth effect of antibody delivery following DC101 + mFUS
- Quantify antibody delivery with immunoPET and correlate intratumoral concentration with growth control



Future Directions:

- Examine T cell dependency of primary tumor eradication with tFUS combination therapy
- Exploring antigen acquisition and trafficking post-tFUS therapy
- Interrogate whether tFUS combination therapy generates distal tumor control
- Clinical translation given clinical stages of anti-angiogenics, anti-PD1, and tFUS



Publications

Akerlof, K.L., Schenck, T., Bankston, A., Mitchell, K., Syl, A., Eddy, L., Hall, S.H., Lad, N., Lake, S.J., Ostrom, R.B.J., Rosenberg, J.L., **Schwartz, M.R.**, Sisti, A.R., Smith, C.T., Solomon, L., & Velez, A.K. (2025). Training researchers to engage in policy in the U.S.: Mapping the growth and diversity of program models. *Evidence & Policy*, 24, 00081.

Schwartz, M., & Balkrishnan, R. (2023). Impacts of religious liberty court case outcomes on pre-exposure prophylaxis accessibility for Medicaid beneficiaries. *AIDS*, 37(9), 1493–1494. <https://doi.org/10.1097/qad.0000000000003586>

Nguyen, T. H., Tinz-Burdick, A., Lenhardt, M., Geertz, M., Ramirez, F., **Schwartz, M.**, Toledano, M., Bonney, B., Gaebler, B., Liu, W., Wolters, J. F., Chiu, K., Fiumera, A. C., & Fiumera, H. L. (2023). Mapping mitonuclear epistasis using a novel recombinant yeast population. *PLOS Genetics*, 19(3). <https://doi.org/10.1371/journal.pgen.1010401>

Gorick, C. M.*, Breza, V. R.*, Nowak, K. M., Cheng, V. W. T., Fisher, D. G., Debski, A. C., Hoch, M. R., Demir, Z. E. F., Tran, N. M., **Schwartz, M. R.**, Sheybani, N. D., & Price, R. J. (2022). Applications of focused ultrasound-mediated blood-brain barrier opening. *Advanced Drug Delivery Reviews*, 191, 114583. <https://doi.org/10.1016/j.addr.2022.114583>

Nowak, K.M., **Schwartz, M.R.**, V.R. Breza, and R.J. Price (2022) Sonodynamic Therapy: Rapid Progress and New Opportunities for Non-Invasive Tumor Cell Killing with Sound. *Cancer Letters*. <https://doi.org/10.1016/j.canlet.2022.215592>

Schwartz M.*, Debski A.*, Price, R.J. (2021). Ultrasound-Targeted Nucleic Acid Delivery for Solid Tumor Therapy, *Journal of Controlled Release*. <https://doi.org/10.1016/j.jconrel.2021.10.010>

Pending Publications

Schwartz, M.R., Anwar, N.Z., Kitelinger, L.E., Thim, E.A., Bullock, T.N.J, DeWitt, M.R., Price, R.J. (2025). VEGFR2 blockade converts thermally ablative focused ultrasound into a potent driver of T cell-dependent anti-tumor immunity. *In preparation*.

Schwartz, M.R.*, Hoch. M.R.*, Miller, G.W., Gorick, C.M., Price, R.J. (2025). VEGFR2 blockade augments focused ultrasound-mediated model drug delivery to solid tumors. *In preparation*.

Acknowledgements

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Andrew Thim
Alex Mathew
Aly Witter
Colleen Curley
Kelsie Timbie
Brian Mead
Josh Heuslein

Senior Scientists

Katie Gorick
Matthew DeWitt

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***Thank you for
listening!***