iron from the small intestine [4], eventually resulting in anemia. This is thought to be the relationship between the IL-6/STAT3 pathway in the liver and the host defense system that works against infecting microorganisms. In other words, liver STAT3 may control host immunity by causing anemia with iron deficiency. In summary, the present data indicate that anemia of inflammation is regulated by liver STAT3, which may be involved with the systemic immune system.

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Conflict of interest statement No conflicts of interest exist.

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ORIGINAL ARTICLE

EphA2-derived peptide vaccine with amphiphilic poly(γ-glutamic acid) nanoparticles elicits an anti-tumor effect against mouse liver tumor

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Abstract The prognosis of liver cancer remains poor, but recent advances in nanotechnology offer promising possibilities for cancer treatment. Novel adjuvant, amphiphilic nanoparticles (NPs) composed of L-phenylalanine (Phe)-conjugated poly(γ-glutamic acid) (γ-PGA-Phe NPs) having excellent capacity for carrying peptides, were found to have the potential for use as a peptide vaccine against tumor models overexpressing artificial antigens, such as ovalbumin (OVA). However, the anti-tumor potential of γ-PGA-Phe NPs vaccines using much less immunogenic tumor-associated antigen (TAA)-derived peptide needs to be clarified. In this study, we evaluated the effectiveness of immunization with EphA2, recently identified TAA, derived peptide-immobilized γ-PGA-Phe NPs (Eph-NPs) against mouse liver tumor of MC38 cells (EphA2-positive colon cancer cells). Immunization of normal mice with Eph-NPs resulted in generation of EphA2-specific type-1 CD8+ T cells. Immunization with Eph-NPs tended to provide a degree of anti-MC38 liver tumor protection more than that observed for immunization with the mixture of EphA2-derived peptide and complete Freund's adjuvant (Eph + CFA). Neither Eph-NPs nor Eph + CFA vaccines inhibited tumor growth of BL6, EphA2-negative melanoma cells. Splenocytes isolated from MC38-bearing mice treated with Eph-NPs showed strong and specific cytotoxic activity against MC38 cells. Immunization with Eph + CFA induced liver damage as evidenced by elevation of serum alanine aminotransferase, while Eph-NPs vaccination did not exhibit any toxic damage to the liver. These results demonstrated that immunization with Eph-NPs displayed anti-tumor effects against liver tumor by generating acquired immunity equivalent to the toxic adjuvant CFA, suggesting that safe γ-PGA-Phe NPs could be applied clinically for the vaccine treatment of liver cancer.

Keywords Peptide vaccine · EphA2-derived peptide · Acquired immunity · Liver tumor

Abbreviations

IFA	Incomplete Freund's adjuvant
NPs	Nanoparticles
γ-PGA	Poly(γ-glutamic acid)
Phe	L-Phenylalanine
CFA	Complete Freund's adjuvant
PBS	Phosphate buffered saline
i.p.	Intraperitoneal
ALT	Alanine aminotransferase
DCs	Dendritic cells

Introduction

Immunotherapies using peptide vaccine combined with immunologic adjuvants, such as incomplete Freund's

S. Yamaguchi and T. Tatsumi contributed equally to this work.

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adjuvant (IFA), saponin QS-21, and several cytokines, could enhance the anti-tumor immune response after immunization [1, 2]. To date, these therapies have been clinically applied to patients with several types of cancer and have shown limited anti-tumor effects [3–7]. This is because dose-limiting toxicities of the adjuvant were often observed or the adjuvant effects of the peptide vaccine were too weak to induce a sufficient anti-tumor effect. At present, only aluminum salt has been approved as an immunological adjuvant for clinical use; it appears to have weak activity as an adjuvant [8]. Thus, a new strategy using strong and safe immunologic adjuvant is needed to improve their clinical efficacy in cancer treatment. Recently, advances in nanotechnology have offered promise for application in medical science. Some investigators have reported testing various kinds of nanoparticles (NPs) using efficient antigen-carriers for their biological potential [9–11]. We previously demonstrated the efficacy of immunotherapies using HIV-capturing non-biodegradable polystyrene NPs in an animal model [12–15]. However, non-biodegradable polystyrene NPs would not be applicable in clinical situations as vaccine material due to their safety issues. To improve NP-based vaccines, we have successfully generated biodegradable NPs composed of poly(γ-glutamic acid) (γ-PGA) and hydrophobic amino acid, L-phenylalanine (Phe) [16]. γ-PGA is a naturally occurring poly(amino acid) that is synthesized by certain strains of *Bacillus*. The polymer is made of D- and L-glutamic acid units linked through the α-amino and the γ-carboxylic acid groups, respectively. γ-PGA is water soluble, biodegradable and edible. Therefore, the potential applications of γ-PGA and its derivatives have been of interest in a broad range of fields, including the medical field [17–19]. γ-PGA-Phe NPs can be degraded by γ-glutamyl transpeptidase [20], which is widely distributed in the entire body, and various molecules such as proteins and peptides can be immobilized on the surface or encapsulated into γ-PGA-Phe NPs [21]. We demonstrated that γ-PGA-Phe NPs have an excellent capacity for carrying various proteins and peptides into antigen-presenting cells such as dendritic cells (DCs) and macrophages [22]. However, previous reports were studies that examined the potential of vaccines with γ-PGA-Phe NPs using artificial antigens, such as OVA, which are much more immunogenic than tumor-associated self-antigens. The anti-tumor potential of tumor-associated antigen (TAA)-derived peptide vaccine must be examined in order to establish peptide vaccine therapy using γ-PGA-Phe NPs.

The liver is the most common site of distal metastasis for tumors developing in distal organs, such as the colon, stomach and pancreas, and the physiological status of this organ correlates with the survival of patients with advanced disease, even if the primary tumor site has been resected curatively [23, 24]. We demonstrated that the recently identified TAA EphA2 is overexpressed in colon cancer tissues and that EphA2-derived peptide pulsed DCs showed the high potential as a cancer vaccine in a mouse tumor model [25, 26], suggesting that EphA2-derived peptide could be applicable to evaluate the potential of peptide vaccines with γ-PGA-Phe NPs.

In the present study, we demonstrated that immunization with EphA2-derived peptide-immobilized γ-PGA-Phe nanoparticles (Eph-NPs) displayed anti-tumor effects against EphA2-expressing liver tumor by eliciting EphA2 antigen-specific acquired immunity equivalent to peptide vaccine using the strongest but very toxic adjuvant, complete Freund's adjuvant (CFA). These results indicate that peptide vaccine using γ-PGA-Phe NPs could be a promising candidate for a vaccine adjuvant against liver cancer.

Materials and methods

Mice

Female C57BL/6 mice were purchased from Clea Japan Inc. (Tokyo, Japan) and were used at 6–8 weeks of age. They were housed under conditions of controlled temperature and light with free access to food and water at the Institute of Experimental Animal Science, Osaka University Graduate School of Medicine. All animals received humane care and our study protocol complied with the institution's guidelines.

Cell lines

MC38 as EphA2-positive cell, a mouse colon carcinoma cell derived from C57BL6/J mice, was generously provided by Dr. Kazumasa Hiroishi (Showa University School of Medicine, Tokyo) [25]. BL6 as EphA2 negative cell, a melanoma cell line, and YAC-1, a sensitive cell line to NK cells were purchased from American Type Culture Collection (Rockville, MD) [25]. These cell lines were maintained in Complete Medium (RPMI medium supplemented with 10% fetal bovine serum, 100 U/ml penicillin and 100 μg/ml streptomycin) at 37°C in 5% CO_2.

Preparation of peptide-immobilized γ-PGA-Phe NPs

Nanoparticles composed of γ-PGA-Phe were prepared as previously described [27]. To prepare EphA2-derived peptide-immobilized NPs (Eph-NPs), a carboxyl group of the γ-PGA-Phe NPs (10 mg/ml) was first activated by water-soluble carbodiimide (1 mg/ml in 20 mM phosphate buffer, pH 5.8) for 20 min. The NPs (5 mg) obtained by centrifugation were mixed with 1 ml EphA2-derived peptide (0.5 mg/ml) in phosphate buffered saline (PBS)

and the mixture was incubated at 4°C for 24 h. After the reaction, the centrifuged NPs were washed three times with PBS and resuspended at 10 mg/ml in PBS. Eph-NPs immobilizing 20 μg of EphA2-derived peptide per 1 mg of NPs were prepared. The particle size distribution and the surface charge of NPs were measured by a dynamic light scattering (DLS) and zeta potential measurement using a Zetasizer Nano ZS (Malvern Instruments, UK). The mean diameters of NPs and Eph-NPs were 219 ± 78 and 246 ± 88 nm (mean ± SD), respectively. The NPs and Eph-NPs had a strongly negative zeta potential (−20 to −25 mV) in PBS.

IFN-γ ELISPOT assays for peptide-reactive CD8+ T cells responses

Splenocytes were harvested 5 days after intraperitoneal (i.p.) immunization of normal mice with various amounts of Eph-NPs or equal amounts of EphA2-derived peptide alone twice with a 1-week interval. In another experiments, splenocytes were harvested 5 days after i.p. immunization of normal mice with 10 μg of Eph-NPs or a mixture of 10 μg of EphA2-derived peptide with CFA (Eph + CFA), 10 μg of Eph peptide only (Eph), the γ-PGA-Phe NPs only (NPs) or PBS twice with a 1-week interval. CD8+ T cells were selectively isolated from splenocytes by magnetic cell sorting using CD8 MicroBeads (Miltenyi Biotec, Gladbach, Germany). Mouse IFN-γ ELISPOT assays were performed using a mouse IFN-γ ELISPOT kit (R&D Systems Inc., Minneapolis, MN) according to the manufacturer's instructions. IFN-γ-secreting cells appeared as blue spots. The data are represented as mean IFN-γ spots ± standard deviation (SD) per 100,000 CD8+ T cells analyzed.

Animal experiments

C57BL/6 mice were immunized intraperioneally with Eph-NPs, Eph + CFA, Eph, NPs or PBS twice a week as above. On day 0, at the time of the second injection with these vaccines, mice were lightly anesthetized by isoflurane and 1×10^6 MC38 cells (EphA2-positive) or 1×10^6 BL6 cells (EphA2-negative) were injected under the capsule of the left medial liver lobe by using a 30-gauge needle as previously described [26]. To prevent leakage, a cotton swab was held over the injection site for 2 min. Skin and peritoneum were closed in a single layer using a nylon suture. The procedure was well tolerated by all animals and no intraoperative or anesthesia-related deaths occurred. Mice were killed 14 days after tumor inoculation and the liver weight was measured. Data are reported as the average liver weights ± SD. All the protocols of animal experiments were approved by Institutional Animal Care and Use Committees of Osaka University Graduate School of Medicine.

Cytolytic assays

Splenocytes were harvested 14 days after tumor inoculation. After 5 days of in vitro stimulation with mitomycin C(MMC) (Kyowa Hakko, Tokyo, Japan)-treated MC38 cells, lymphocytes were analyzed for their ability to kill MC38 tumor cells in 4-h ^{51}Cr release assays as previously described [28]. In some experiments, liver lymphocytes were isolated 1 day after immunization of Eph-NPs into MC38-bearing mice as previously described [26], and subjected to 4-hr ^{51}Cr release assays against NK-sensitive YAC-1 target cells.

In vivo depletion of immune cells

The procedure used in this study was described previously [25]. The efficiency of specific subset depletions (CD4+, CD8+ T cell or NK cell) was confirmed by flow cytometric analysis. In all cases, 99% of the targeted cell subset was specifically depleted (data not shown).

Blood biochemistry test

Blood samples were obtained 7 days after final immunization. Levels of serum alanine aminotransferase (ALT), total bilirubin (TBil), albumin (Alb), and creatinine (Crnn) were measured with a standard UV method using a Hitachi type 7170 automatic analyzer (Tokyo, Japan).

Statistical analyses

Statistical differences between the groups were determined by applying Student's t test with Welch correction or one-way ANOVA after each group had been tested with equal variance and Fisher's exact probability tests. Statistical significance was defined as $P < 0.05$.

Results

Detection of EphA2-derived peptide-specific CD8+ T cells after immunization with Eph-NPs into normal mice

We performed IFN-γ ELISPOT assays to examine whether i.p. injection of Eph-NPs into normal mice could generate CD8+ T cells specific for EphA2-derived peptide. As shown in Fig. 1a, the frequencies of EphA2-derived peptide-specific CD8+ T cells in mice treated with the NPs immobilized with 10 or 50 μg of EphA2-derived peptides were significantly higher than those observed for mice

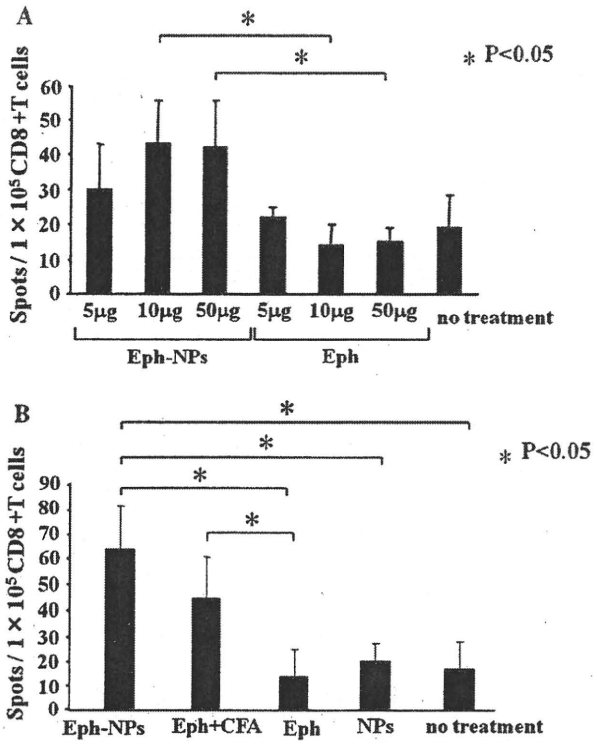

Fig. 1 IFN-γ ELISPOT assays for peptide-reactive CD8+ T cells responses. Normal mice ($N = 3$) were immunized with the indicated dose of Eph-NPs, Eph + CFA, Eph peptide only (*Eph*) or NPs only (*NPs*), and killed on day 5 post-immunization. Spleen cells were harvested and CD8+ T cells isolated using CD8 MicroBeads as described in "Materials and methods". CD8+ T cells were then subjected to IFN-γ ELISPOT assays to detect EphA2-derived peptide-specific CTLs. The data are represented as mean IFN-γ spots ± SD per 100,000 CD8+ T cells analyzed. Similar results were obtained in three independent experiments. *$P < 0.05$

treated with equal amounts of peptides alone. The frequency of EphA2-derived peptide-specific cytotoxic T lymphocytes (CTLs) from mice immunized with the NPs immobilized with 10 μg of EphA2-derived peptides was equal to that from mice treated with NPs immobilized with 50 μg of EphA2-derived peptides. Thus, we used NPs immobilized with 10 μg of EphA2-derived peptides as Eph-NPs vaccines in the following experiments. As shown in Fig. 1b, the frequency of EphA2-derived peptide-specific CD8+ T cells in mice treated with the NPs immobilized with 10 μg of EphA2-derived peptides (Eph-NPs) was significantly higher than that observed for mice treated with NPs alone or EphA2-derived peptides alone. The frequency of EphA2-derived peptide-specific CTLs from mice immunized with Eph-NPs was equal to that from mice treated with mixture of 10 μg of EphA2-derived peptide with CFA (Eph + CFA). These results demonstrated that EphA2-specific type-1 CD8+ T cells (i.e. Tc1) are effectively generated by in vivo immunization with Eph-NPs.

Immunization with Eph-NPs prevents progression of EphA2-expressing liver tumors

We examined whether immunization with the Eph-NPs would promote protective anti-tumor effects against the EphA2-positive MC38 or EphA2-negative BL6 liver tumors. C57BL/6 mice were immunized on day −7 and 0 with Eph-NPs, Eph + CFA, EphA2-derived peptide only (Eph), NPs only (NPs) or PBS. On day 0, at the time of the second injection with these vaccines, mice were lightly anesthetized by isoflurane and 1×10^6 MC38 cells or 1×10^6 BL6 cells were injected under the capsule of the left medial liver lobe. Mice were killed 14 days after tumor inoculation and the liver weight was measured. As shown in Fig. 2a, the liver tumor from mice treated by Eph-NPs tended to be smaller than those from mice treated by Eph + CFA, Eph, NPs or PBS. The liver weights bearing MC38 tumor in mice immunized with Eph-NPs were significantly lighter than those in mice treated with Eph, NPs or PBS. In contrast, those in mice treated with Eph + CFA were not significantly lighter than those in control mice. The liver weights bearing MC38 tumor in mice treated with Eph-NPs tended to be lighter, but not significantly, than those with Eph + CFA (Fig. 2a). Neither Eph-NPs nor Eph + CFA inhibited BL6, EphA2 negative melanoma, tumor growth (Fig. 2b). These results suggest that immunization with Eph-NPs provides specific anti-tumor effects against EphA2-positive MC38 tumors. We also examined the liver weights of mice treated with Eph-NP, Eph + CFA, Eph, NPs or PBS without tumor injection. Mice were treated twice a week with each treatment without tumor injection and evaluated the liver weights 14 days after treatment. The liver weights from all treated mice without tumor injection were almost similar (data not shown), suggesting that each treatment did not affect the liver weight.

Induction of specific CTLs against MC38 cells after immunization with Eph-NPs into MC38 bearing mice

We examined whether immunization of Eph-NPs would induce tumor-specific cytolytic activity against MC38. As shown in Fig. 3a, splenocytes isolated from mice treated with Eph-NPs or Eph + CFA displayed stronger cytolytic activity against MC38 cells when compared with those immunized with EphA2-derived peptide alone, NP alone or PBS. Furthermore, splenocytes harvested from mice treated with Eph-NPs displayed a degree of anti-MC38 cytolytic activity equivalent to those immunized with Eph + CFA. On the other hand, the cytolytic activity was not observed against EphA2-negative BL6 cells in all treatment groups. We next examined whether lymphocytes isolated from the liver 1 day after tumor inoculation displayed cytolytic activity against a NK-sensitive cell, YAC-1 in vitro.

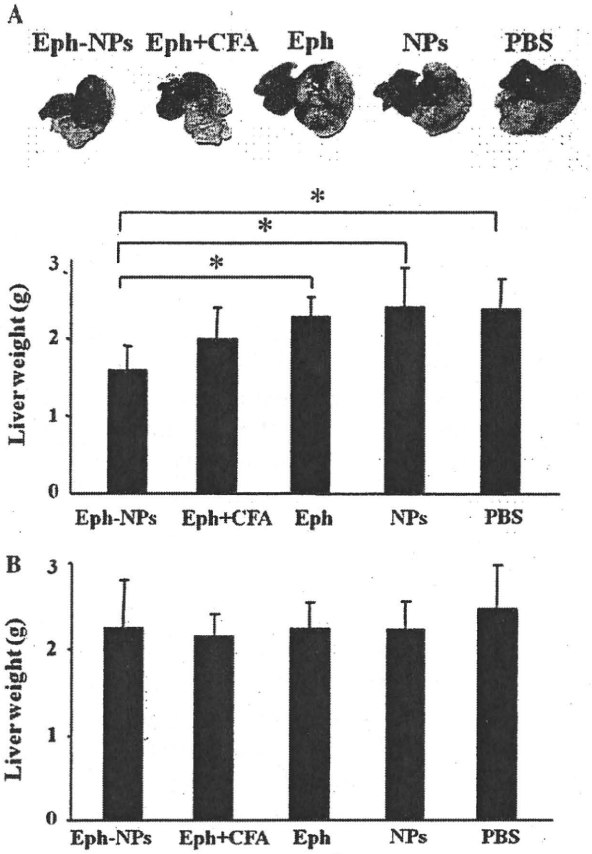

Fig. 2 Anti-tumor effects of immunization with Eph-NPs against liver tumor. C57BL/6 mice were immunized on day −7 and 0 with Eph-NPs, Eph + CFA, EphA2-derived peptide only (*Eph*), NPs only (*NPs*) or PBS. On day 0, 1×10^6 MC38 cells (**a**) or 1×10^6 BL6 cells (**b**) were injected intrahepatically. Fourteen days after immunization, mice were killed and liver weight was examined (**a** *upper panel*). Representative liver macroscopic view of each treatment group (**a** lower panel, **b**). Comparison of liver weight of each group. $*P < 0.05$. $N = 8$/group. Each data point represents the mean liver weight ± SD

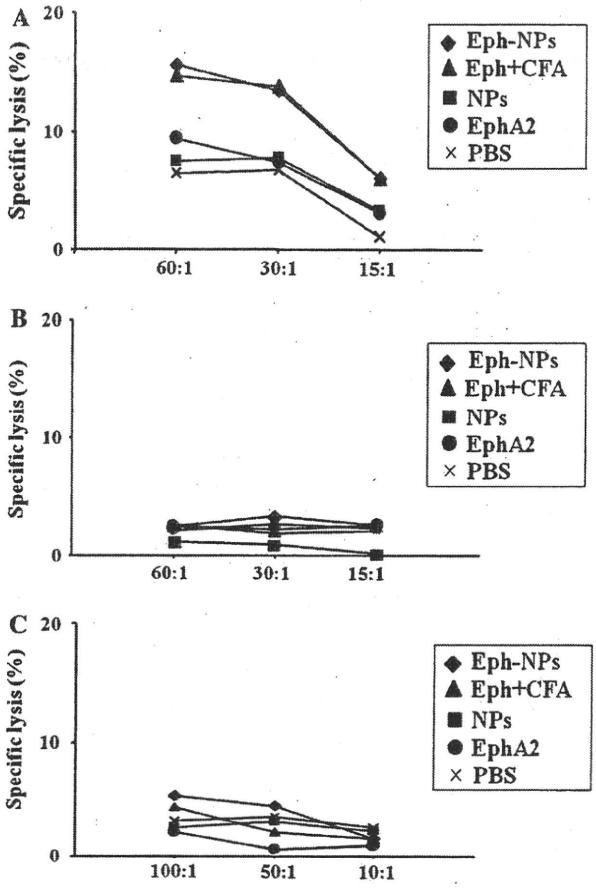

Fig. 3 Eph-NPs vaccines generated tumor-specific CTLs. Splenocytes were harvested from MC38 tumor-bearing mice 14 days after final treatment with Eph-NPs, Eph + CFA, NPs, Eph or PBS. Splenocytes were stimulated in vitro with MMC-treated MC38 cells for 5 days. The cytolytic activity of spleen cells was evaluated using 4-h ^{51}Cr release assays against MC38 (**a**) or irrelevant BL6 (**b**) tumor target cells at the indicated E:T ratios. **c** Liver lymphocytes were harvested 1 day after immunization into MC38-bearing mice. Liver lymphocytes were subjected to 4-h ^{51}Cr release assays against the NK-sensitive cells, YAC-1 as target cells at the indicated E:T ratios. Similar results were obtained in three independent experiments

No cytolytic activity was observed against a YAC-1 target cell in any of the control/treatment protocols (Fig. 3c). These results suggest that immunization using Eph-NPs or Eph + CFA effectively generated MC38-specific CTLs in vivo, which played essential roles in the liver tumor rejection.

Depletion of CD8+ T cells impairs the anti-tumor effects of immunization with Eph-NPs

To prove whether the therapeutic benefit associated with Eph-NPs vaccine in the MC38 liver tumor was dependent on CD4+, CD8+ T cells or NK cells, we performed selective cell subset depletion studies and C57BL/6 mice were immunized intraperioneally with Eph-NPs or PBS twice a week. On day 0, at the time of the second injection with these vaccines, mice were lightly anesthetized by isoflurane and 1×10^6 MC38 cells (EphA2-positive) were injected under the capsule of the left medial liver lobe as above. Mice were killed 14 days after tumor inoculation and the liver weight was measured. The anti-tumor efficacy of Eph-NPs immunization tended to be reduced in CD8+ T cell-depleted mice, while the liver weights of CD4+ T cell or NK cell-depleted mice were similar to those of non-depleted mice if the animals received Eph-NPs vaccines (Fig. 4). These results suggest that CD8+ T cells, but not CD4+ T cells or NK cells, tended to be required for optimal anti-tumor effects associated with Eph-NPs vaccines against liver tumor.

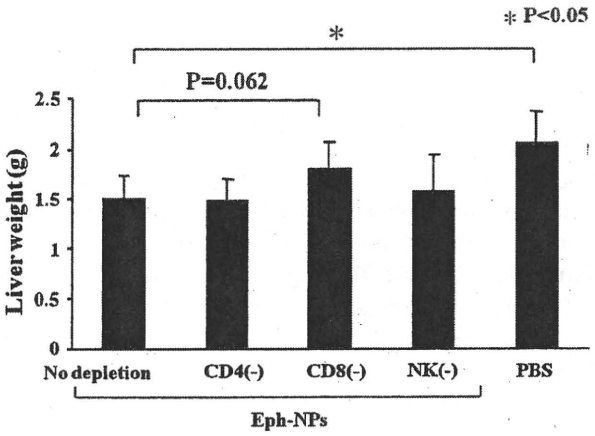

Fig. 4 Eph-NPs immunization tended to require CD8+ T cells, but not CD4+ T cells and NK cells in preventing liver tumor. Ab-mediated in vivo depletion of CD4+, CD8+ T cells, NK cells were performed (as described in "Materials and methods"), with the depleted mice then receiving Eph-NPs intraperitoneally (on day −7, 0) and 1×10^6 MC38 cells intrahepatically (day 0). Mice were killed 14 days after tumor inoculation and the liver weight was measured. $^*P < 0.05$. $N = 8$/group. Each data point represents the mean liver weight ± SD

Safety of Eph-NPs versus Eph + CFA

To evaluate the safety of Eph-NPs vaccine, the serum ALT, TBil, Alb and Crnn were examined for mice immunized with Eph-NPs, Eph + CFA, Eph, NPs or PBS as above. Immunization with Eph + CFA induced liver damage as evidenced by elevated serum ALT levels compared with those for mice treated with PBS. In contrast, other treatments did not lead to liver damage. There was no toxic effect on TBil, Alb and Crnn in all treatment groups (Fig. 5). Immunization with CFA induced granulomatous peritonitis in all of the mice, but immunization with the other regimens did not. These results demonstrated that the Eph + CFA vaccine is toxic to hepatocytes but the Eph-NPs vaccine does not harm the liver or kidney.

Discussion

We created new biodegradable γ-PGA-Phe NPs for use as a new adjuvant [16]. Uto et al. [22] reported that γ-PGA-Phe NPs could activate DCs in vivo and cellular immunity

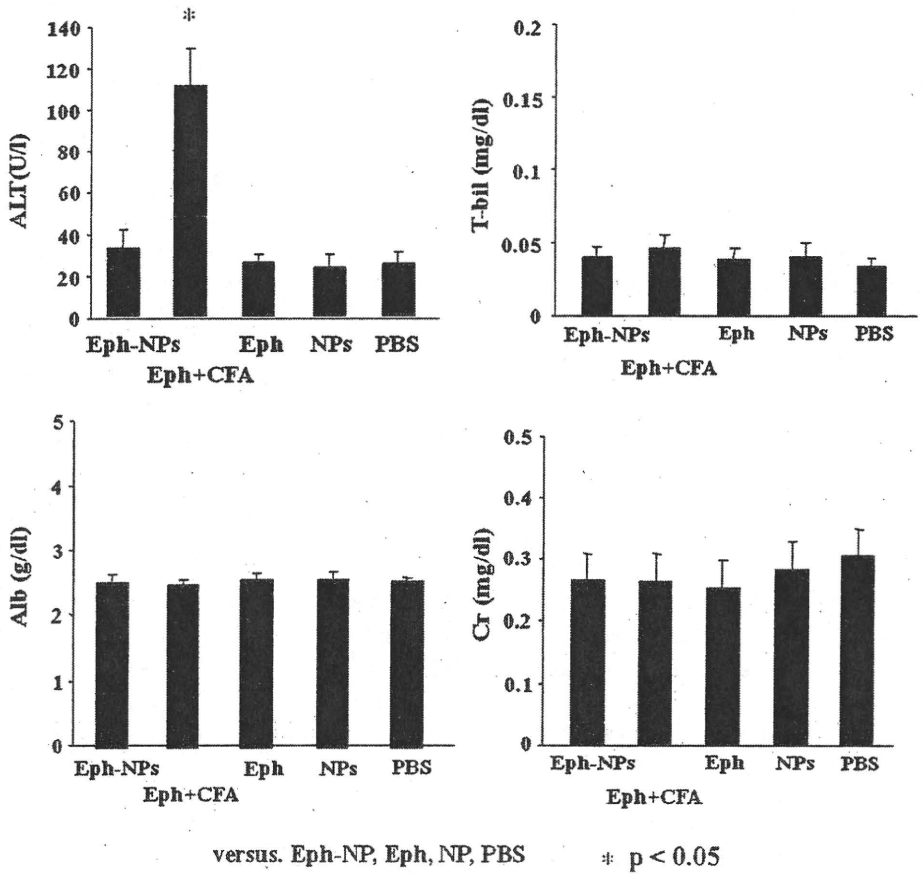

Fig. 5 Safety of Eph-NPs vaccine. Blood samples were obtained 7 days after final immunization of Eph-NPs, Eph + CFA, NPs, Eph or PBS. Levels of serum ALT, TBil, Alb or Crnn were examined. $N = 5$/group. $^*P < 0.05$ versus PBS group

against tumor cells expressing artificial antigen OVA. All previous reports using γ-PGA-Phe NPs as a vaccine adjuvant were evaluated with OVA artificial antigen models [22, 29–31]. Dhodapkar et al. [32] reported that the immunogenicity of peptides derived from self-melanoma antigens were very weak compared with viral protein-derived peptides. Although many TAA-derived peptides may be applicable to clinical use as peptide-based vaccines, most TAAs are self-antigens and not or weakly immunogenic, which is inferior to elicit enough anti-tumor immunity. Thus, the anti-tumor effect of γ-PGA-Phe NPs vaccines should be reevaluated by using self-TAA-derived peptides. In this study, we used EphA2-derived peptide [25] as a self-TAA. EphA2 is of particular interest due to evidence suggesting its involvement in carcinogenesis. EphA2 is a 130 kDa protein normally localized to sites of cell-to-cell contact, where it plays a role in contact growth inhibition [33]. However, cellular overexpression of EphA2, either as a result of its constitutive dysregulation or ectopic gene insertion, results in the disruption of cell-to-cell contacts, and enhancement of cell-to-extracellular matrix attachments [33]. As a result, tumor cells that overexpress EphA2 exhibit increased motility and invasive properties, consistent with a pro-metastatic phenotype [33]. Overexpression of EphA2 has been observed in numerous cancer types [34], including melanoma [35] and carcinomas of the breast [36, 37], lung [38], pancreas [39] and prostate [40]. We demonstrated the usefulness of Eph-NPs vaccine therapy, which revealed the future potential of clinical applications of this treatment in various cancers.

Complete Freund's adjuvant is an emulsion of water and mineral containing killed mycobacteria and has highly potent activity as an adjuvant. However, CFA administration induces adverse effects such as weight loss, neutrophilia and granulomatous peritonitis [41–43]. Consistent with earlier observations, immunization with Eph + CFA induced liver hepatocyte damage evidenced by elevation of ALT levels and granulomatous peritonitis in all of the mice. We demonstrated that immunization with Eph-NPs revealed anti-tumor effects against liver tumor via the generation of acquired immunity equal to the strongest but very toxic adjuvant, CFA, suggesting that our biodegradable γ-PGA-Phe NPs could be a promising candidate for a vaccine adjuvant against liver cancer.

IFN-γ ELISPOT assays revealed that immunization with Eph-NPs into normal mice resulted in induction of EphA2-derived peptide-specific CD8+ T cells at a level equivalent to Eph + CFA vaccine. Based on these results, we examined the anti-tumor effect of Eph-NPs vaccines in the EphA2-positive MC38 liver tumor model. The Eph-NPs vaccines resulted in eliciting anti-tumor effects against EphA2-positive MC38 liver tumor, but not against EphA2-negative BL6 melanoma, suggesting that EphA2-specific anti-tumor immunity was generated by Eph-NPs vaccines, which is consistent with our IFN-γ ELISPOT assay data. These results suggested that the anti-tumor potential of γ-PGA-Phe NPs vaccine is similar to that of CFA as an adjuvant in peptide-based vaccine. Importantly, Eph-NPs vaccine showed no toxic side effect on liver and kidney function. In contrast, CFA + Eph vaccine caused liver damage. γ-PGA-Phe NPs vaccine is safe and should be clinically applicable. This supports the clinical potential of γ-PGA-Phe NPs vaccine in cancer treatment.

In vitro cytotoxicity assays revealed that the anti-tumor effector cells for killing MC38 cells were CD8+ T cells, and possibly CTLs. This cytolytic activity was specific for MC38 cells because splenocytes did not kill BL6 cells. These results suggested that Eph-NPs vaccines could efficiently generate specific CTLs that recognize and kill relevant EphA2-positive, but not irrelevant EphA2-negative tumor targets. The liver uniquely contains an abundance of not only T cells, but also NK cells and NKT cells when compared with other organs [44, 45]. We have previously reported that not only CD8+ T cells, but also NK cells are required for optimal anti-tumor effects associated with EphA2-derived peptide pulsed DCs vaccines in liver tumors [26]. In this study, liver NK cells were not activated by Eph-NPs vaccination. Spleen NK cells were also not activated by Eph-NPs vaccine, and naïve spleen cells co-cultured with γ-PGA-Phe NPs or Eph-NPs could not display cytolytic activity against YAC-1 targets (S. Yamaguchi et al., unpublished data). These results suggested that the Eph-NPs vaccine could activate acquired immunity specifically. Our in vivo lymphocyte depletion studies demonstrated that CD8+ T cells, not CD4+ T cells and NK cells, tended to contribute to the inhibition of liver tumor growth in Eph-NPs vaccine, although we could not deny the possibility that humoral immune responses against EphA2 may also be generated by Eph-NPs vaccine. Previous reports demonstrated that biodegradable NPs were taken up by dedicated professional antigen-presenting cells, such as DCs, which resulted in their subsequent migration to lymph nodes, increased production of cytokines, and enhanced expression of costimulatory molecules followed by antigen-presentation to T cells [22, 29, 30]. Eph-NPs taken by DCs were directly presented to T cells and the generated Eph-specific CD8+ CTL could serve as effector cells against EphA2 expressing MC38 tumor.

In spite of recent progress and early success reported for adjuvant peptide vaccine trials in the prevention of liver cancer, there remains a great need to develop novel and effective treatment modalities. In this study, we demonstrated that immunization with Eph-NPs vaccines revealed anti-tumor effects against liver cancers via acquired immunity equivalent to the strongest CFA and that Eph-NPs vaccines did not lead liver or kidney damage. These results

suggest that γ-PGA-Phe NPs could be a promising candidate for a vaccine adjuvant against liver cancer. We are now preparing for the clinical application of γ-PGA-Phe NPs-peptide vaccine against liver cancer.

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Sorafenib Inhibits the Shedding of Major Histocompatibility Complex Class I–Related Chain A on Hepatocellular Carcinoma Cells by Down-Regulating a Disintegrin and Metalloproteinase 9

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The ectodomain of major histocompatibility complex class I–related chain A (MICA) is shed from tumor cells, and may be an important means of evading antitumor immunity. This study investigated the roles of a disintegrin and metalloproteinase 9 (ADAM9) in the shedding of MICA in human hepatocellular carcinoma (HCC). Small interfering RNA–mediated knockdown (KD) of ADAM9 resulted in up-regulation of membrane-bound MICA expression on the HepG2 and PLC/PRF/5 cellular surfaces and down-regulation of soluble MICA levels in their culture supernatant. ADAM9 was cleaved at a site between Gln347 and Val348 of MICA *in vitro*. We constructed a plasmid of the MICA gene with mutation or deletion of the ADAM9 cleavage site to examine the detailed mechanism of MICA shedding by ADAM9 protease. The results suggested that MICA might be cleaved at the intracellular ADAM9-recognized cleavage site and was further cleaved at the extracellular ADAM9-independent cleavage site in HCC cells, resulting in the production of soluble MICA. Immunohistochemical analysis revealed that ADAM9 was overexpressed in human HCC compared to normal liver tissues. The cytolytic activity of natural killer (NK) cells against ADAM9KD-HCC cells was higher than that against control cells, and the enhancement of this cytotoxicity depended on the MICA/B and NK group 2, member D pathway. Sorafenib treatment resulted in decreased expression of ADAM9, increased expression of membrane-bound MICA expression, and decreased levels of soluble MICA in HCC cells. Adding sorafenib enhanced the NK sensitivity of HCC cells via increased expression of membrane-bound MICA. *Conclusion:* ADAM9 is involved in MICA ectodomain shedding in HCC cells, and sorafenib can modulate ADAM9 expression. Sorafenib therapy may have a previously unrecognized effect on antitumor immunity in patients with HCC. (HEPATOLOGY 2010;51: 1264-1273.)

Hepatocellular carcinoma (HCC) is one of the leading causes of cancer death worldwide. Chronic liver disease caused by hepatitis virus infection and nonalcoholic steatohepatitis leads to a predisposition for HCC; liver cirrhosis, in particular, is considered to be a premalignant condition.[1,2] With regard to treatment, surgical resection or percutaneous techniques such as ethanol injection and radiofrequency ablation are

Abbreviations: Ab, antibody; ADAM, a disintegrin and metalloproteinase; ELISA, enzyme-linked immunosorbent assay; HCC, hepatocellular carcinoma; HLA, human leukocyte antigen; KD, knockdown; MHC, major histocompatibility complex; MICA, MHC class I–related chain A; mRNA, messenger RNA; NK, natural killer cell; PBS, phosphate-buffered saline; RT-PCR, reverse transcription polymerase chain reaction; siRNA, small interfering RNA.

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considered to be choices for curable treatment of localized HCC, whereas transarterial chemoembolization (TACE) is a well-established technique for more advanced HCC.[3] The liver contains both a large compartment of innate immune cells (natural killer [NK] cells and NK T cells) and acquired immune cells (T cells),[4,5] but the activation of these immune cells after HCC treatment remains unclear. If such treatments can efficiently activate abundant immune cells in the liver, this could lead to the establishment of attractive new strategies for HCC treatment.

Major histocompatibility complex (MHC) class I–related chain A (MICA) is a ligand for NK group 2, member D (NKG2D) receptors expressed on a variety of immune cells.[6] In contrast to classical MHC class I molecules, MICA is rarely expressed on normal cells but frequently on tumor cells.[7-10] The engagement of MICA and NKG2D strongly activates NK cells, enhancing their cytolytic activity and cytokine production.[11] Thus, the MICA-NKG2D pathway is an important mechanism by which the host immune system recognizes and kills transformed cells.[12] In addition to those membrane-bound forms, MICA molecules are cleaved proteolytically from tumor cells and appear as soluble forms in sera of patients with malignancy, including HCC.[13-17] The release of soluble MICA/MHC class I–related chain B (MICB) from tumor cells is thought to antagonize NKG2D-mediated immunosurveillance. Recently, members of the metzincin superfamily, such as disintegrin and metalloproteinase (ADAM) proteins have been reported to play essential roles in the proteolytic release of the ectodomain of transmembranous proteins, including MICA, from the cell surface.[14,18] MICA shedding of 293T fibroblast cells and HeLa cervical cancer cells was found to be inhibited by silencing of the ADAM10 and ADAM17 proteases.[19] We also demonstrated that ADAM10, but not ADAM17, proteases are associated with MICA shedding in human HCC.[20] However, it remains to be determined whether other ADAM proteases can affect MICA shedding.

Sorafenib is a unique multitargeting kinase molecule that inhibits the receptor tyrosine kinases (vascular endothelial growth factor receptor 2 [VEGFR-2], VEGFR-3, Flt-3, platelet-derived growth factor receptor [PDGFR], and fibroblast growth factor receptor 1) as well as Raf serine-threonine kinase in signal transduction. A recent phase III study, the Sorafenib HCC Assessment Randomized Protocol (SHARP), revealed that the median overall survival of sorafenib-treated patients with HCC was significantly higher than that of patients who received the placebo.[21] To develop further uses for sorafenib in HCC treatment, its immunological impact in HCC treatment needs to be evaluated.

In this study, we investigated the association of ADAM9 proteases with MICA shedding in human HCC cells. Of importance is the discovery that ADAM9 knockdown (KD) experiments revealed the essential roles of ADAM9 protease in the shedding of MICA molecules. Sorafenib, a multikinase inhibitor that has been recently approved as a new anti-HCC molecular targeted chemotherapy, was effective in down-regulating soluble MICA and up-regulating membrane-bound MICA via inhibition of ADAM9 protease, resulting in enhancing the NK sensitivity of sorafenib-treated HCC cells. This study sheds light on previously unrecognized effects of sorafenib on modulating ADAM9 and MICA shedding, and thus suggests promise for its use in chemoimmunotherapy against human HCC.

Materials and Methods

HCC Cell Lines. Human HCC cell lines HepG2 and PLC/PRF/5 were purchased from the American Type Culture Collection (Manassas, VA) and were cultured with Dulbecco's modified Eagle medium (DMEM) supplemented with 10% fetal bovine serum (GIBCO/Life Technologies, Grand Island, NY) in a humidified incubator at 5% CO_2 and 37°C.

Reagents. Sorafenib was kindly provided by Bayer HealthCare Pharmaceuticals Inc. (Wayne, NJ). The compound was dissolved in 100% dimethyl sulfoxide (DMSO) to a final concentration of 100 mM. The dissolved solution was diluted with DMEM supplemented with 10% heat-inactivated fetal bovine serum (Sigma, St. Louis, MO) to 1-15 μmol/L. HCC cell viability was determined at 72 hours after addition of 1-15 μmol/L sorafenib or DMSO by WST-8 assay using cell count reagent sulforaphane (Nacalai Tesque, Kyoto, Japan) as previously described.[20]

RNA Silencing. The small interfering RNA (siRNA) method was used to knockdown ADAM9 as previously described.[20] At 24 hours after transfection, the cells were analyzed for specific depletion of the messenger RNA (mRNA) of ADAM9 by real-time reverse transcription polymerase chain reaction (RT-PCR) according to the manufacturer's instructions (Applied Biosystems, Foster City, CA). The following siRNAs were used: ADAM9, 5′-UGUCCAAACACAUUAAUCCCGCCUG-3′; scramble control, 5′-UGUCGCACAAACACUUAACUCCCUG-3′.

Enzyme-Linked Immunosorbent Assay. HCC cells were cultured with tumor necrosis factor-α protease inhibitor-I (TAPI-I, 50 μmol/L; Calbiochem, San Diego, CA) or sorafenib (1 μmol/mL) for 24 hours and the supernatants were harvested. The supernatants of cultured HCC cells were harvested at 24 hours after transfection

with siRNA. The levels of soluble MICA were determined by DuoSet MICA enzyme-linked immunosorbent assay (ELISA) kit (R&D Systems, Minneapolis, MN).

Flow Cytometry. For the detection of membrane-bound MICA, cells were incubated with anti-MICA antibody (Ab) (Santa Cruz Biotechnology, Santa Cruz, CA) and stained with phycoerythrin-goat anti-mouse immunoglobulin (Ig) (Beckman Coulter, Fullerton, CA) as a secondary reagent and then subjected to flow cytometric analysis using a FACScan flow cytometer (Becton Dickinson, San Jose, CA).

Real-Time RT-PCR. Total RNA was isolated using the RNeasy Mini Kit (Qiagen K.K., Tokyo, Japan), and was reverse transcribed using SuperScript III First-Strand Synthesis System (Invitrogen, Carlsbad, CA). The mRNA levels were evaluated using ABI-Prism 7900 Sequence Detection System (Applied Biosystems). Ready-to-use assays (Applied Biosystems) were used for the quantification of ADAM9 (Hs00177638_m1), and β-actin (Hs99999903_m1) mRNAs according to the manufacturer's instructions. β-Actin mRNA from each sample was quantified as an endogenous control of internal RNA.

Mass Spectrometry Analysis to Determine the Cleavage Site. Peptides of 20 amino acid residues partially overlapping each other, covering the α3 domain to the C-terminal end of MICA were synthesized by Sigma. Each peptide substrate (30 μM) was incubated with 50 nM of recombinant ADAM9 in a buffer containing 10 mM HEPES (pH 7.2) and 0.0015% Brij (Sigma). After digestion, the samples were passed over a C18 media ($ZipTip_{C18}$; Millipore, Billerica, MA), eluted with acetonitrile, and analyzed by matrix-assisted laser desorption/ionization–time of flight/mass spectrometry (MALDI-TOF/MS) to determine the masses of the products and thereby the cleavage site recognized by ADAM9.

Plasmid Construction of pMyc-MICA. An expression vector of MICA, pcDNA-MICA, was constructed by using specific complementary DNA (cDNA) from the human hepatoma-derived cell line, Huh-7, as described.[20] The Myc-tag coding sequence was inserted between the putative leader peptide and the α1 domain of the MICA cDNA using QuikChange Site-Directed Mutagenesis Kit (Stratagene, La Jolla, CA), referred to as pMyc-MICA. For construction of pcDNA-MICA-mut or pMyc-MICA-mut, Val348 and Leu349 were substituted for alanine. pcDNA-MICA-del or pMyc-MICA-del, which expresses MICA (or myc-tagged MICA) truncated at Val348, was generated by introducing a stop codon after Gln347. The stop codon was inserted after Pro298, the C-terminus of the putative α3 domain, to construct soluble MICA expression vectors, pcDNA-MICA-sol or pMyc-MICA-sol. Cells were transfected with the MICA expression vectors using Lipofectamine LTX reagent (Invitrogen). As a control, cells were cotransfected with pEGFP-C1 (Clontech, Mountain View, CA) to monitor the transfection efficiencies.

Immunoprecipitation. The lysates of cells or tissues were prepared as previously described.[20] Immunoprecipitation with anti-c-Myc beads was performed for 1 hour at 4°C. Immunocomplexes were eluted by c-Myc tagged peptide solution (MBL, Woburn, MA). The samples after immunoprecipitation were treated with 250 mU of N-glycosidase F (Roche, Mannheim, Germany) for 3 hours at 37°C.

Western Blotting. The total cellular protein was electrophoretically separated by sodium dodecyl sulfate-12% polyacrylamide gels and transferred onto polyvinylidene fluoride membrane. The membrane was blocked in Tris-buffered saline-Tween containing 5% skim milk for 1 hour, and then probed with anti-Myc mouse monoclonal antibody (mAb) (Cell Signaling Technology, Danvers, MA), anti-ADAM9 mAb (R&D Systems) at 4°C overnight. Horseradish peroxidase–conjugated anti-rabbit Ab and SuperSignal West Pico System (Pierce, Rockford, IL) were used for the detection of blots.

Liver Tissues and Immunohistochemistry. Human HCC tissues (n = 11) obtained at surgical resection were used. Informed consent, under a protocol approved by Institutional Review Board, was obtained from all patients before sample acquisition. Liver sections were subjected to immunohistochemical staining using the ABC procedure (Vector Laboratories, Burlingame, CA). The primary Ab used was anti-ADAM9 (R&D Systems). To confirm the specificity of the staining, primary antibodies were incubated with recombinant ADAM9 protein (R&D Systems) for 3 hours and then applied onto liver sections in parallel with staining of the primary Abs as the absorption test.

NK Cell Analysis. NK cells were isolated from human peripheral blood mononuclear cells by magnetic cell sorting using CD56 MicroBeads according to the manufacturer's instructions (Miltenyi Biotec, Auburn, CA). The cytolytic abilities of NK cells against ADAM9KD/control HCC cells or 0.5 or 1 μmol/L sorafenib-treated HCC cells were assessed by 4-hour ^{51}Cr-releasing assay with or without MICA/B-blocking Ab (6D4; a generous gift from Dr. Veronika Groh and Dr. Thomas Spies, of the Fred Hutchinson Cancer Research Center, Seattle, WA),[7] which binds to the α1 and α2 domains of MICA.

Statistics. All values were expressed as the mean and standard deviation. The statistical significance of differences between the groups was determined by applying the Student *t* test or two-sample *t* test with Welch correction after each group had been tested with equal variance and

Fisher's exact probability test. We defined statistical significance as $P < 0.05$.

Results

TAPI-I Blocked the Shedding of MICA in Human HCC. We added TAPI-I, an α-secretase inhibitor, to human HCC cells and evaluated the membrane-bound MICA and soluble MICA production in human HCC. Both HepG2 cells and PLC/PRF/5 cells expressed membrane-bound MICA and produced soluble MICA in the culture supernatants (Fig. 1A). Membrane-bound MICA expression increased and the production of soluble MICA decreased after TAPI-I treatment in both HepG2 and PLC/PRF/5 cells. These results suggested that the modification of MICA expression on HCC cells might depend on an α-secretase, such as ADAM9, ADAM10, ADAM12, and ADAM17. We had previously investigated the roles of ADAM10 and ADAM17 in the shedding of MICA in human HCC[20] and found that ADAM12 was not expressed in human HCC cells (data not shown). In this study, we further investigated the involvement of ADAM9.

ADAM9 Was Involved in MICA Shedding of HCC Cells. To examine the involvement of ADAM9 in MICA ectodomain shedding, ADAM9 was knocked down in HCC cells using a siRNA-mediated procedure (ADAM9KD). The expression of ADAM9 was clearly suppressed in HepG2 cells and PLC/PRF/5 cells at mRNA levels (Fig. 1B). KD of ADAM9 for both types of HCC cells resulted in increasing membrane-bound MICA and decreasing soluble MICA levels in their culture supernatant (Fig. 1C). These results suggested that ADAM9 is critically involved in the shedding of MICA in HCC cells.

***Identification of the ADAM9 Cleavage Site of MICA* In Vitro.** Because ADAM9 KD clearly suppressed MICA shedding, we next tried to examine whether ADAM9 is capable of cleaving MICA directly. For this purpose, we carried out an in vitro cleavage assay using recombinant ADAM9 and several synthetic polypeptides which carried the MICA amino acid sequences. After the reaction, the polypeptides were subjected to MALDI-TOF/MS analysis. One of the polypeptides, KTSAAEGPELVSLQVLDQHP, was found to be cleaved by ADAM9. According to the calculated masses, the polypeptide was cleaved between Gln347 and Val348 (Fig. 2A). Based on these data, we constructed a plasmid of Myc-tagged MICA gene with mutation at the ADAM9 cleavage site ("VL" to "AA", pMyc-MICA-mut; Fig. 2A,B), a plasmid of Myc-tagged MICA gene with a stop codon at Val348 (pMyc-MICA-del, the truncated type of MICA gene; Fig. 2B) and a plasmid of Myc-tagged soluble MICA (pMyc-MICA-sol; Fig. 2B).

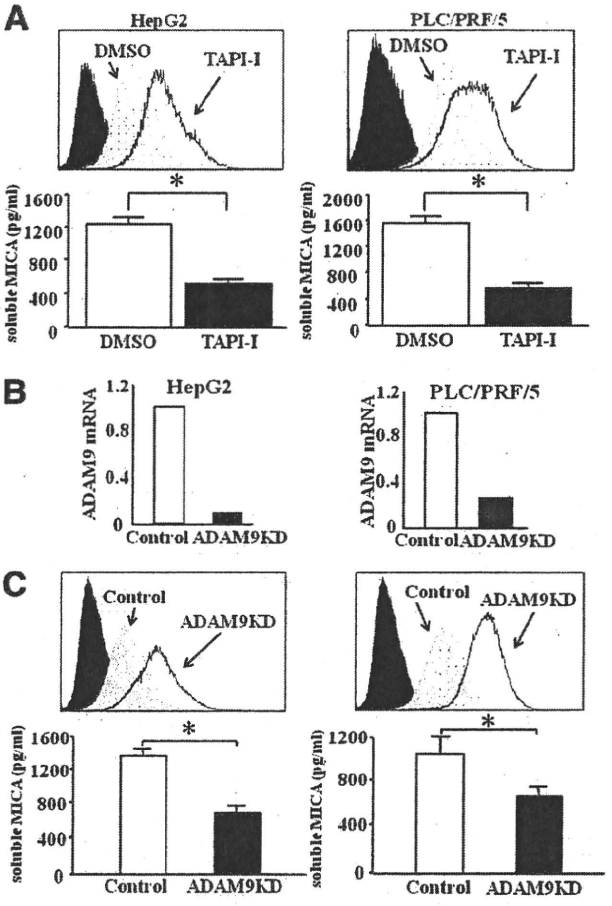

Fig. 1. ADAM9 was involved in the shedding of MICA in human HCC. (A) We added TAPI-I (50 μmol/L) to HepG2 or PLC/PRF/5 cells for 24 hours and evaluated the membrane-bound MICA on HCC cells by flow cytometry and soluble MICA production from HCC cells by ELISA. Black histogram, control IgG staining; gray histogram, anti-MICA staining of control HCC cells. Black line, anti-MICA staining of TAPI-I-treated HCC cells; white or black bar, soluble MICA from control HCC cells or TAPI-I-treated HCC cells, respectively. Representative results are shown. Similar results were obtained from three independent experiments. *$P <$ 0.05. (B) HCC cells (HepG2 and PLC/PRF/5) were treated with ADAM9 siRNA or control siRNA, and subjected to analysis of ADAM9 expressions by real-time RT-PCR. (C) The expressions of membrane-bound MICA on HCC cells treated with ADAM9 siRNA (ADAM9KD, black line) or control siRNA (Control, dotted line) were evaluated by flow cytometry. Closed histograms indicate control IgG staining. Soluble MICA production from HCC cells treated with ADAM9 siRNA or control siRNA were evaluated by specific ELISA. *$P < 0.05$. Representative results are shown. Similar results were obtained from three independent experiments.

Cell-lysates of pMyc-MICA or pcDNA-Myc, a control vector, transfected cells were collected and deglycosylated with tunicamycin. *In vitro* cleavage assay revealed that the size of full-length MICA was 43 kD, whereas the size of the MICA molecule cleaved by ADAM9 was 39 kD (Fig. 2C, lane 1 and 2), indicating

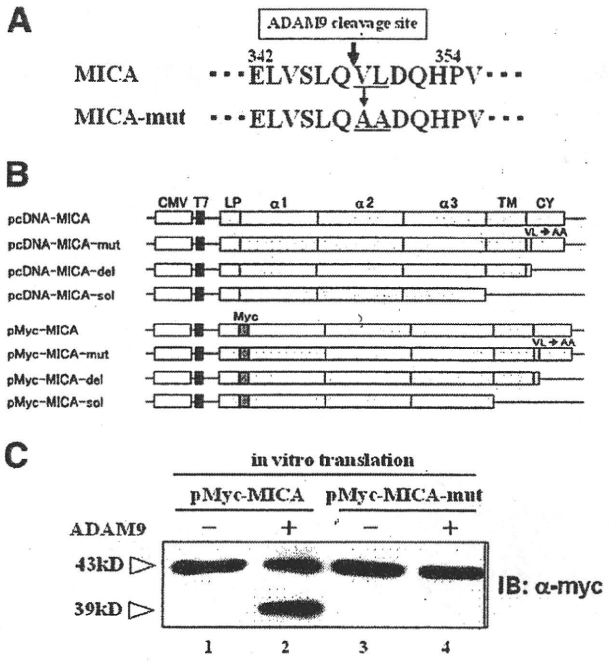

Fig. 2. MICA can be a substrate of ADAM9 according to an *in vitro* cleavage assay. (A) Synthetic polypeptides of MICA were incubated with recombinant ADAM9 and analyzed by MALDI-TOF/MS to identify the cleavage site. One of the synthetic polypeptides, KTSAAEGPELVSLQV-LDQHP, was found to be cleaved between Gln347 and Val348. Underlined amino acids Val348 and Leu349 were substituted with alanine as shown in (B) to construct mutant MICA (MICA-mut). (B) Scheme depicting MICA and Myc-tagged MICA expression vectors. CY: cytosolic domain; LP, leader peptide; TM, transmembrane domain. For details, see Materials and Methods. (C) Cleavage of MICA and mutant MICA by recombinant ADAM9. *In vitro*-translated Myc-MICA and Myc-MICA-mut were incubated with recombinant ADAM9 or left untreated, then analyzed by immunoblot using anti-myc-tag mAb.

that full-length MICA was an ADAM9 substrate as well as the polypeptide with a partial MICA sequence. To examine whether ADAM9 could directly cleave the identified ADAM9 cleavage site of MICA, *in vitro*–translated products of pMyc-MICA and pMyc-MICA-mut were treated with ADAM9, followed by immunoblot analysis. The 39-kD product of MICA cleaved by ADAM9 was not detected in the cleavage reaction using pMyc-MICA-mut (Fig. 2C, lane 3 and 4). These results suggested that ADAM9 directly cleaved MICA at the identified ADAM9 cleavage site *in vitro*.

Ectodomain Shedding of MICA Required a Step of Cytosolic Domain Truncation Mediated by ADAM9. To examine whether ADAM9 cleavage site was associated with the ectodomain shedding of MICA in HCC cells, we transfected a vector of the MICA gene (pcDNA-MICA), a vector of the MICA gene with mutation at the ADAM9 cleavage site (pcDNA-MICA-mut) or a control vector (pcDNA3) into HepG2 cells and collected the culture supernatants. Soluble MICA levels from pcDNA-MICA transfectants were significantly higher than those from pcDNA3 transfectants. In contrast, transfection of pcDNA-MICA-mut yielded similar levels of soluble MICA as seen with pcDNA3 control transfection (Fig. 3A). Transfection efficacies were similar among all transfectants, as indicated by green fluorescent protein (GFP)-positive rates (Fig. 3A).

We next transfected expression vectors of Myc-tagged MICA gene (pMyc-MICA), Myc-tagged MICA gene with mutation at ADAM9 cleavage site (pMyc-MICA-mut), or a control vector (pcDNA-Myc) into HepG2 cells and collected the culture supernatants. Immunoprecipitates from those samples with anti-Myc antibody were subjected to western blot analysis after deglycosylation with N-glycanase. Soluble MICA was detected in the supernatants of pMyc-MICA–transfected cells, but not in either pMyc-MICA-mut or pcDNA-Myc–transfected cells (Fig. 3B, upper panel). To verify whether the myc-tagged MICA molecules expressed in the cells were actually transported to the cell surface, we evaluated Myc-tag–positive cells by flow cytometry. Myc-tag–positive rates of pMyc-MICA and pMyc-MICA-mut transfectants were significantly higher than those of pcDNA-Myc transfectants, whereas those of pMyc-MICA transfectants were similar to those of pMyc-MICA-mut transfectants (Fig. 3B). Suemizu et al. have also demonstrated that the "VL" to "AA" mutation did not influence the polarization of MICA expression to the cell surface, which is consistent with our results.[22] Taken together, although mutation at the ADAM9 cleavage site did not alter the efficiency of the plasma membrane translocation of MICA, it dramatically inhibited the shedding of MICA, suggesting that the ADAM9 cleavage site has a critical role in the development of soluble MICA. To examine the molecular weight of MICA present in the cells, we transfected pMyc-MICA into control HepG2 or ADAM9KD-HepG2 cells. The whole-cell lysates were immunoprecipitated by anti-Myc Ab and then treated with N-glycanase. In control HepG2 cells, in addition to full-length MICA, two bands with molecular weights of 39 kD and 37 kD were detected (Fig. 3C), whereas neither of them was detected in ADAM9KD-HepG2 cells. These results suggested that ADAM9 protease was required for production of both the 39-kD product and the 37-kD product of MICA in HCC cells. The *in vitro* translation experiment revealed that the 39-kD product corresponded to ADAM9-cleaved MICA at the aforementioned ADAM9 cleavage site and the 37-kD product corresponded to final soluble MICA proteins formed by the second cleavage of the 39-kD, ADAM9 cleaved product. With respect to these data, two possibilities were

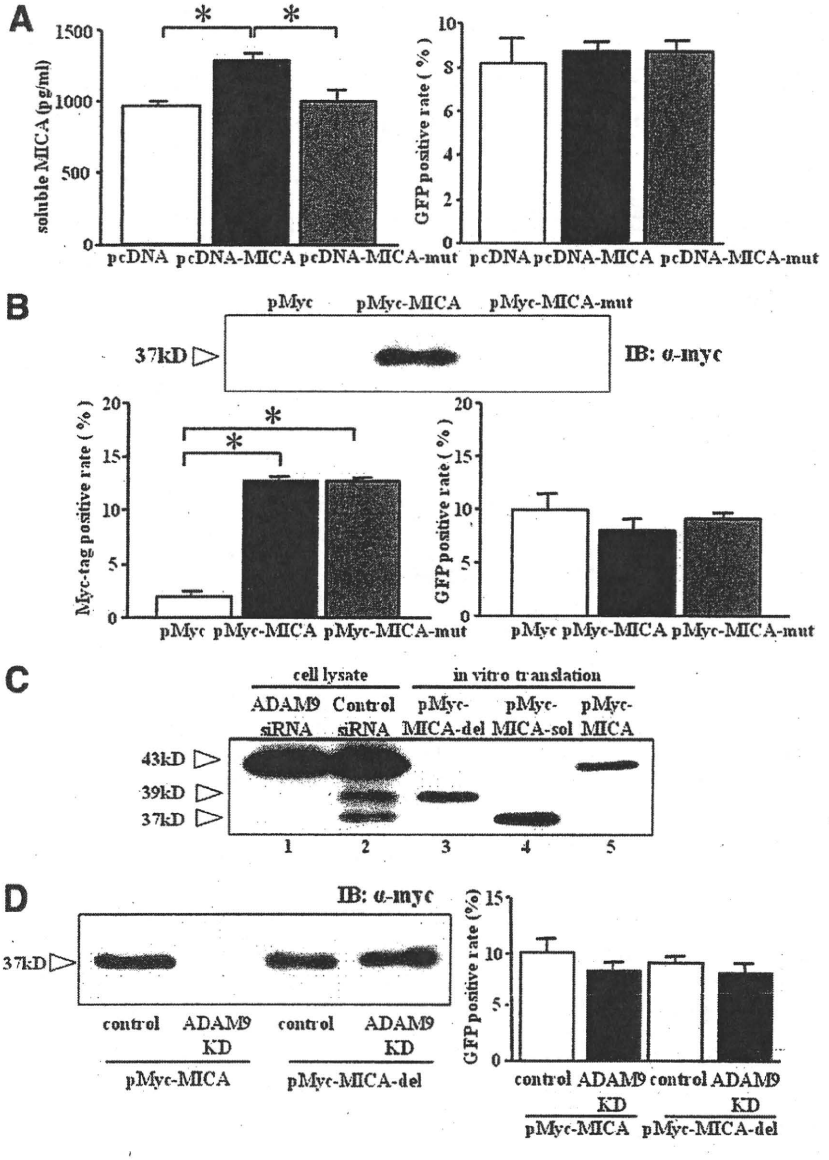

Fig. 3. Truncation of cytosolic domain of MICA by ADAM9 is essential for ectodomain shedding. (A) Blockade of ectodomain shedding of MICA by mutation at the ADAM9 recognition site. HepG2 cells were cotransfected with pcDNA3, pcDNA-MICA, or pcDNA-MICA-mut and pEGFP-C1. After 24 hours incubation, the culture media were collected and assayed for soluble MICA by ELISA. Transfection efficiencies were monitored by measuring GFP-positive cell rates by fluorescent-activated cell sorting (FACS). (B) HepG2 cells were cotransfected with pcDNA3, pMyc-MICA, or pMyc-MICA-mut and pEGFP-C1. After 24 hours incubation, the culture media were immunoprecipitated with anti-myc-tag mAb, deglycosylated with glycanase, and then the expression of myc-tagged MICA was detected by immunoblot (upper panel). Expression of myc-tagged MICA and GFP in the cells was confirmed by FACS (lower panel). (C) Western blotting of cell lysate of HepG2 cells and *in vitro* translation of pMyc-MICA vectors. HepG2 cells were transfected with ADAM9 siRNA (lane 1) or control siRNA transfection (lane 2) followed by transfection of pMyc-MICA. The cell lysates were deglycosylated by tunicamycin as described in Materials and Methods. *In vitro* translation was carried out using pMyc-MICA-del (lane 3), pMyc-MICA-sol (lane 4), and pMyc-MICA (lane 5). Myc-tagged MICA in the samples was detected by immunoblot using anti-myc-tag mAb. (D) No relevance of ADAM9 found to shedding of MICA lacking the cytosolic domain. HepG2 cells were transfected with pMyc-MICA or pMyc-MICA-del after ADAM9 knockdown. The culture media were immunoprecipitated with anti-myc-tag mAb and deglycosylated, then the expression of myc-tagged MICA was detected by immunoblot. Transfection efficiencies were monitored by measuring GFP-positive cell rates by FACS.

raised: (1) ADAM9 activates some protease, which cleaves MICA in the extracellular domain to produce soluble MICA, or (2) 39 kD MICA, which lacks a cytosolic domain, is susceptible to extracellular domain cleavage by some protease. To clarify this, we transfected pMyc-MICA or pMyc-MICA with a stop codon at the ADAM9 cleavage site (pMyc-MICA-del) into control HepG2 or ADAM9KD HepG2 cells. Soluble MICA was detected in the supernatants of pMyc-MICA–transfected control cells, but not of pMyc-MICA–transfected ADAM9KD cells (Fig. 3D). In contrast, pMyc-MICA-del transfection resulted in ectodomain shedding of MICA irrespective of ADAM9 activity. Accordingly, these results suggested that ADAM9 does not directly cleave MICA at the extracellular domain. More importantly, the ADAM9-dependent truncation of cytosolic domain of MICA rendered this molecule susceptible to cleavage to produce soluble MICA.

ADAM9 Is Overexpressed in Human HCC and NK Sensitivity of ADAM9KD HCC Cells. ADAM9 was detected in all human HCC tissues (N = 11) tested by immunohistochemistry, but not in normal liver tissues (Fig. 4A). The data suggest that overexpression of ADAM9 is a characteristic of human HCC, similar to other malignancies.[23] We next evaluated the cytolytic activity of NK cells against HCC cells. The cytolytic activity of NK cells against ADAM9KD-HepG2 or PLC/PRF/5 cells was significantly higher than that against control cells. The cytolytic activities of NK cells against ADAM9KD cells were inhibited by blocking of anti-MICA/B Ab in both HepG2 and PLC/PRF/5 cells, suggesting that the increase of NK sensitivity depended on the

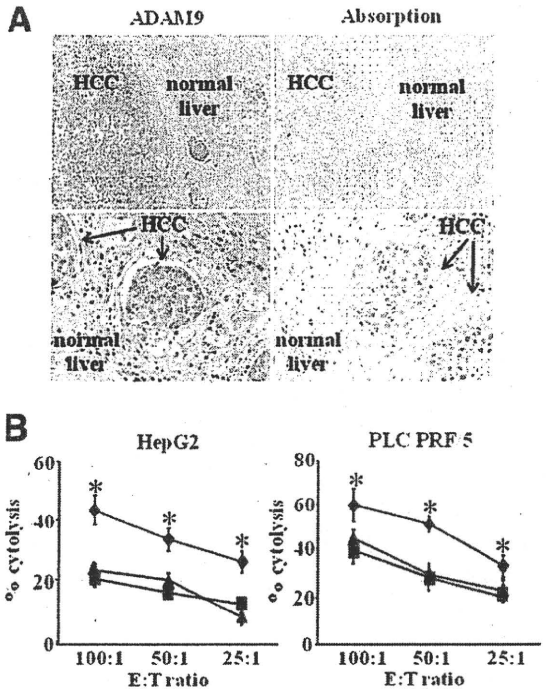

Fig. 4. Expressions of ADAM9 in human HCC tissues and NK sensitivity in ADAM9 KD HCC cells. (A) Immunohistochemical detection of ADAM9 in human HCC tissues (N = 11). Liver sections were stained with the corresponding antibodies (left panels). Primary antibodies were incubated with recombinant ADAM9 protein and then applied to liver sections in parallel as the absorption test (right panels). Representative images are shown. (B) HCC cells (HepG2 and PLC/PRF/5) treated with ADAM9 siRNA or control siRNA were subjected to ^{51}Cr-release assay against NK cells. The cytolytic activity of NK cells against control HCC cells (■) or ADAM9 KD HCC cells without (◆) or with blocking antibody of MICA/B (6D4) (▲).*$P < 0.05$ versus the cytolytic activity of NK cells against control HCC cells at each respective E:T ratio. Representative results are shown. Similar results were obtained from three independent experiments.

increased expression of membrane-bound MICA on ADAM9KD HCC cells (Fig. 4B), although we could not exclude the possible involvement of MICB in this cytotoxicity.

Sorafenib Inhibits MICA Ectodomain Shedding and Enhanced Susceptibility to NK Cells of HCC Cells. The above observations led us to investigate whether sorafenib treatment would affect MICA ectodomain shedding in HCC cells. We first examined the cytotoxicity of sorafenib to human HepG2 cells by WST-8 assay. Adding more than 4 μmol/L of sorafenib resulted in a significant decrease in cell growth of HepG2 cells (Fig. 5A). Based on these findings, we used 1 μmol/L of sorafenib to evaluate the biological effect on HepG2 cells without toxicity. ADAM9 expressions in sorafenib-treated HepG2 cells were decreased in a dose-dependent manner at protein levels (Fig. 5B). The mRNA of ADAM9 was also decreased in sorafenib-treated HepG2 cells (Fig. 5B). We previously reported that anti-HCC chemotherapy including epirubicin and doxorubicin reduced ADAM10 expression resulting in inhibiting the shedding of MICA on human HCC cells.[20] We also examined ADAM10 expression in sorafenib-treated HepG2 cells. The protein and mRNA expressions of ADAM10 did not change between sorafenib-treated HepG2 cell and non-treated HepG2 cells (Supporting Fig. 1).

Sorafenib treatment also led to an increase in membrane-bound MICA expression and a decrease in soluble MICA production in HepG2 cells in a dose-dependent manner (Fig. 6A). Increased membrane-bound MICA expression and a decrease of soluble MICA were observed in

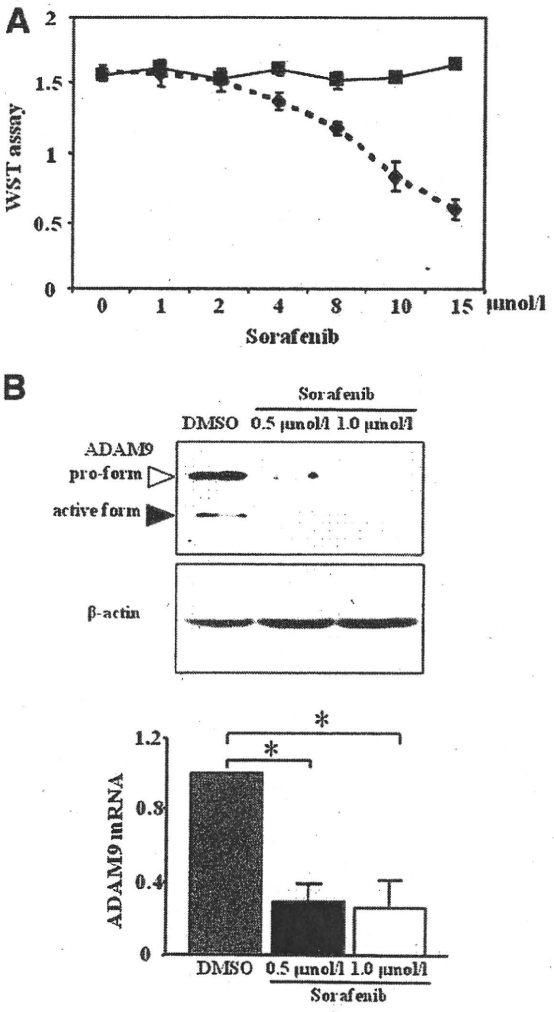

Fig. 5. Expression of ADAM9 in sorafenib-treated HCC cells. (A) The cytotoxicity of sorafenib to HepG2 cells was evaluated by WST-8 assay. Cells were treated with different doses of sorafenib (dotted line) or vehicle (DMSO; solid line) for 24 hours, and the viability of the cells was evaluated by WST-8 assay. (B) HepG2 cells were treated with 0.5 or 1 μmol/L sorafenib or vehicle (DMSO) for 24 hours and their protein and mRNA expressions of ADAM9 by western blotting (upper panel) and real-time RT-PCR (lower panel), respectively. Representative results are shown. Similar results were obtained from three independent experiments. *$P < 0.05$.

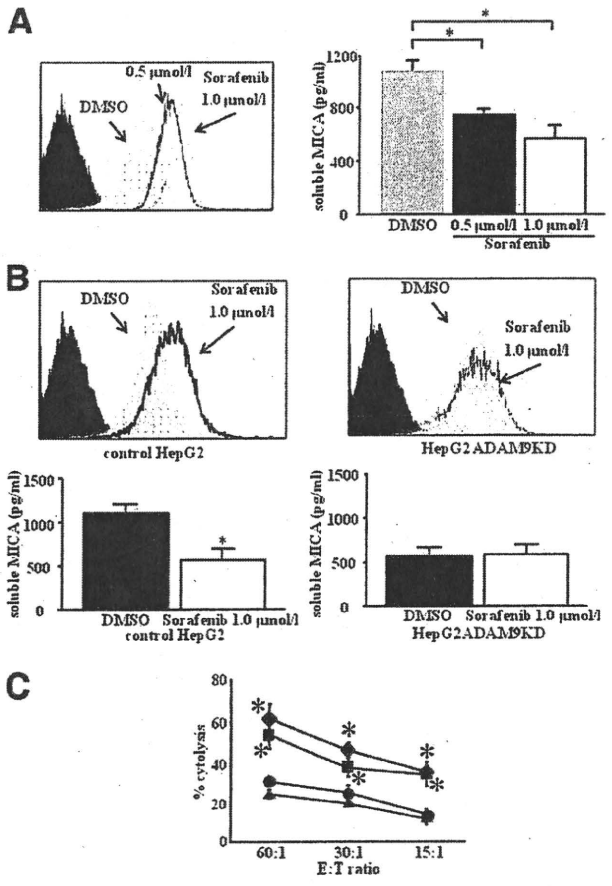

Fig. 6. Expression of MICA in sorafenib-treated HCC cells and NK sensitivity in sorafenib-treated HCC cells. (A) HepG2 cells were treated with 0.5 or 1 μmol/L sorafenib or vehicle (DMSO) for 24 hours and their expressions of membrane-bound MICA and the production of soluble MICA in the culture supernatant were evaluated by flow cytometry and specific ELISA, respectively. Closed histograms indicate control IgG staining in flow cytometry. Similar results were obtained from two independent experiments. *$P < 0.05$. (B) Control HepG2 or ADAM9KD HepG2 cells were treated with 1 μmol/L sorafenib or vehicle (DMSO) for 24 hours, and their expressions of membrane-bound MICA and the production of soluble MICA in the culture supernatant were evaluated by flow cytometry and specific ELISA, respectively. Closed histograms indicate control IgG staining in flow cytometry. Similar results were obtained from two independent experiments. *$P < 0.05$. (C) The cytolytic activity of NK cells against sorafenib-treated HepG2 cells were evaluated by ^{51}Cr-release assay. Vehicle-treated cells (▲), sorafenib-treated cells (0.5 μmol/mL sorafenib [■], 1 μmol/mL sorafenib [◆]), 1 μg/mL sorafenib-treated HepG2 cells with blocking antibody of MICA/B (6D4) (●), respectively. *$P < 0.05$ versus the cytolytic activity of NK cells against vehicle-treated HepG2 cells at each E:T ratio. Representative results are shown. Similar results were obtained from three independent experiments.

sorafenib-treated control HepG2 cells, but not in ADAM9KD-HepG2 cells (Fig. 6B), suggesting that an increase of membrane-bound MICA expression and a decrease of soluble MICA in sorafenib-treated HepG2 cells depended on ADAM9 expression. NK-mediated effector functions are regulated by a balance between inhibitory and stimulatory signals. NK cells can recognize MHC class I molecules on target cells via surface receptors that signals to suppress NK cell function.[24,25] We also examined the human leukocyte antigen (HLA) class I expressions on sorafenib-treated HepG2 cells by flow cytometry. The expression of HLA class I on sorafenib-treated HepG2 cells was similar to that on nontreated HepG2 cells (Supporting Fig. 2), suggesting that sorafenib did not affect the expression of HLA class I molecule.

We next evaluated whether the sorafenib treatment could also modify the NK sensitivity of human HCC cells. The cytolytic activities of NK cells against sorafenib-treated HepG2 cells were significantly higher than those against nontreated HepG2 cells (Fig. 6C). The cytolytic activity against sorafenib-treated HepG2 cells was decreased to the control levels by adding anti-MICA blocking antibody. These results demonstrated that adding sorafenib enhanced the NK sensitivity of HepG2 cells via increased expression of membrane-bound MICA. The sorafenib-treated PLC/PRF/5 HCC cells also showed similar results to those obtained from sorafenib-treated HepG2 cells (data not shown).

Discussion

MICA shedding is thought to be the principal mechanism by which tumor cells escape from NKG2D-mediated immunosurveillance.[13] In this study, we demonstrated that ADAM9 was overexpressed in human HCC tissues and that ADAM9 knockdown resulted in increased expression of membrane-bound MICA, decreased production of soluble MICA, and up-regulation of NK sensitivity of human HCC cells. These results point to ADAM9 as a possible therapeutic target for inhibiting MICA shedding, thereby increasing immunity against HCC.

We identified the ADAM9 cleavage site of MICA *in vitro*, which is located at the intracellular domain of MICA. ADAM9 protease is usually located in the extracellular area, but we revealed that ADAM9 protease is required for the production of not only the 37 kD soluble MICA but also the 39 kD MICA in HCC cells. Based on our present data, it is speculated that ADAM9 protease may enable intracellular cleavage of MICA protein by activating some intracellular protease which can recognize a similar ADAM9-cleavage site of MICA or by direct cleavage of MICA by activating ADAM9 while the intracellular domain of MICA shifts to the extracellular area by a flip-flop mechanism such as that observed with lipids.[26] Further study is needed to clarify the detailed mechanism of the intracellular cleavage. On the other hand, ADAM9 does not directly cleave MICA at the extracellular do-

main, and the ADAM9-dependent truncation of the cytosolic domain of MICA rendered this molecule susceptible to cleavage to produce soluble MICA. These results suggested that 39 kD MICA, which lacks a cytosolic domain, is susceptible to extracellular domain cleavage by some unidentified protease. Interestingly, this unidentified protease is independently activated after ADAM9 activation. This is the first report to show the involvement of ADAM9 in the shedding of MICA in cancer cells, which might offer new insights of the detailed escape mechanism of human HCC cells from the immune-surveillance system.

One of the important findings of the present study is that sorafenib, a new molecular targeted anticancer drug, could remodel HCC cells by down-regulating ADAM9 expressions, thereby inhibiting MICA ectodomain shedding and enhancing sensitivity to NK cells. Liu et al. demonstrated that the antitumor activity of sorafenib in human HCC might be attributed to inhibition of tumor angiogenesis via blocking of VEGF receptor or PDGF receptor and direct effect on HCC cell proliferation/survival through a Raf kinase signaling–dependent and/or Raf kinase signaling–independent mechanism.[27] However, early clinical study revealed that sorafenib treatment did not inhibit the progression of HCC tumor, although sorafenib prolonged the median overall survival of patients with advanced HCC.[21,28] This might be partly because sorafenib may not be distributed to HCC tissues enough to induce apoptosis of HCC cells. The ADAM family proteins, which are highly expressed in some tumors, play a role in secreting growth factors, such as heparin-binding epidermal growth factor, and migration of cells. This study is the first to demonstrate that clinically available molecular targeted anticancer drugs have the ability to modulate the expression of ADAM family proteins and NK sensitivity of tumor cells even if HCC cells were treated with a nontoxic dose of sorafenib. Sorafenib seemed to suppress ADAM9 expression at a transcriptional level, but the precise mechanism of this suppression is not yet known. Because sorafenib enhances NK sensitivity of HCC cells, if liver NK cells are efficiently activated during sorafenib treatment, an additional antitumor effect against HCC cells could be expected. We previously demonstrated that immune modulators such as α-galactosylceramide can efficiently activate liver innate immune cells including NK cells.[29,30] The combination therapy of anti-HCC molecular targeted therapy and immunotherapy targeting activation of NK cells might improve the antitumor effect against unresectable HCC and the prognosis of patients with HCC.

In spite of recent progress and early successes reported for HCC therapies, there remains significant room for improvement, especially with respect to advanced liver cancer. We have shown here that ADAM9 plays essential roles in MICA shedding in human HCC cells and that anti-HCC molecular targeted therapy enhances NK sensitivity of HCC cells via inhibition of the activity of ADAM9 protease followed by modification of MICA expression. These findings indicate that modulation of MICA shedding mediated by ADAM9 might represent a particularly promising approach to suppressing tumor growth and promoting regression in patients with HCC.

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