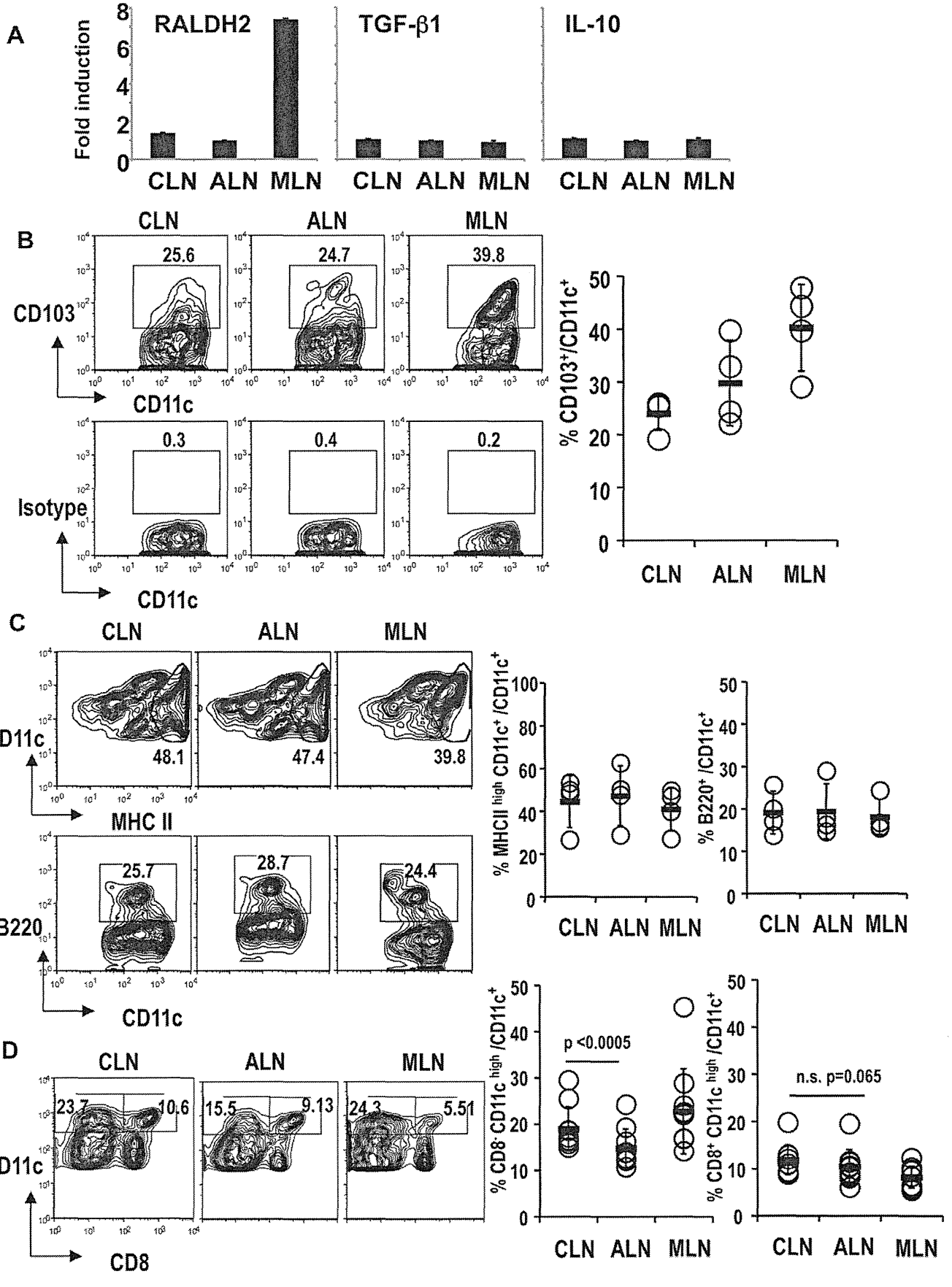
A
RALDH2
TGF-β1
IL-10
Fold induction
8
6
4
2
0
CLN ALN MLN
CLN ALN MLN
CLN ALN MLN
B
CLN
ALN
MLN
25.6
24.7
39.8
CD103
CD11c
0.3
0.4
0.2
Isotype
CD11c
% CD103+/CD11c+
50
40
30
20
10
0
CLN ALN MLN
C
CLN
ALN
MLN
CD11c
48.1
47.4
39.8
MHC II
25.7
28.7
24.4
B220
CD11c
% MHCII high CD11c+ /CD11c+
100
80
60
40
20
0
CLN ALN MLN
% B220+ /CD11c+
50
40
30
20
10
0
CLN ALN MLN
D
CLN
ALN
MLN
23.7
10.6
15.5
9.13
24.3
5.51
CD11c
CD8
% CD8- CD11c high /CD11c+
50
40
30
20
10
0
p <0.0005
CLN ALN MLN
% CD8+ CD11c high /CD11c+
50
40
30
20
10
0
n.s. p=0.065
CLN ALN MLN

Figure 5. Phenotype of dendritic cells from cervical lymph nodes. (A) DCs from CLN, ALN, and MLN were freshly prepared from B6 mice. mRNA was prepared and real-time PCR was performed. Expression of each sample was normalized to GAPDH mRNA expression and fold increase of each sample was calculated relative to the expression at 0 h. One of two separate experiments is shown. (B) DCs from CLN, ALN, and MLN were analyzed for the expression of CD103. The plots were gated on CD11c$^+$ cells. The isotype control for CD103 is shown at the bottom. The graphic shows a summary of four separate experiments. Average +/− SD is shown. (C) As in (B), DCs from CLN, ALN, and MLN were analyzed for the expression of MHC class II or B220. The plots were gated on CD11c$^+$ cells. The graphic shows a summary of four separate experiments. Average +/− SD is shown. (D) As in (B), DCs from CLN, ALN, and MLN were analyzed for the expression of CD8. The plots were gated on CD11c$^+$ cells. The graphic shows a summary of 10 separate experiments. P value provided is by paired t-test. "n.s." = "not significant".
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[6,11]. Thus, it seems possible that CD8$^-$DCs in CLNs may participate in expanding natural occurring Foxp3$^+$T-regs.

Recently, it has been reported that recently activated Foxp3$^+$T-regs from CLNs accumulated in CLNs after adoptive transfer [48]. It was suggested that TCR-mediated signals upon antigen stimulation may play a key role in the site-specific accumulation of Foxp3$^+$T-regs in CLNs. Taken together, oral-cavity-draining CLNs may be a special location where Foxp3$^+$T-regs are induced and also accumulate.

Here we showed that Foxp3$^+$T-regs are induced in oral-cavity-draining CLNs in a Myd88/TICAM1 independent manner and that DCs from oral-cavity-draining CLNs have the capacity to induce Foxp3$^+$Tregs on antigen stimulation. The mechanisms by which DCs to induce Foxp3$^+$T-regs may differ from those in the intestine. We propose that Foxp3$^+$T-regs play an important role in maintaining tolerance in the oral cavity to suppress Th17, as in the intestine. DCs from CLNs play a key role in maintaining tolerance upon oral antigen stimulation in the oral cavity. Further studies are required to identify the mechanism(s) by which DCs to induce Foxp3$^+$T-regs in the oral cavity.

Materials and Methods

Mice

C57BL6J (B6) mice were from Japan Clea (Tokyo). Myd88 KO mice were from Dr. Shizuo Akira (Osaka University). TICAM-1 KO mice were established in our laboratory [29,30]. OT-II OVA CD4 T cell receptor transgenic mice were kindly provided by Dr. Kazuya Iwabuchi (Kitasato University). The mice were maintained in the Hokkaido University Animal Facility in a specific pathogen-free condition. All experiments used mice between 6-12-week-old mice at the time of first procedure. All mice were used according to the guidelines of the institutional animal care and use committee of the Hokkaido University, who approved this study (ID number: 08-0243, "Analysis of immune modulation by toll-like receptors.").

Antibodies and Reagents

PE-conjugated CD103, CD25 (PC61), Alexa-488 conjugated anti-CD25 (7D4), FITC, biotin or APC conjugated CD4 (RM4-5), CD11c, B220, NK1.1, purified anti-CD16/CD32 (2.4G2) antibodies were from Biolegend (San Diego, CA). Anti-CD11c, and streptavidin microbeads were from Miltenyi Biotec (Gladbach, Germany). CFSE was from Molecular Probes (Eugene, OR). PE conjugated anti-mouse ROR-γt antibody and the anti-mouse Foxp3 (FJK-16s) staining kit were from eBioscience (San Diego, CA). LPS free OVA protein was from Seikagaku Co.(Tokyo, Japan).

Cell Isolation

CD4$^+$ T cells were first negatively separated by MACS beads from lymph nodes and spleen cell suspensions (>90%; Miltenyi Biotech). CD4$^+$ T cells were sometimes further purified by FACS Aria II (BD Bioscience, Franklin Lakes, NJ). CD11c$^+$ DCs from spleen, CLNs, ALNs, or MLNs were selected with anti-CD11c beads (Miltenyi Biotech) [7,10].

Co-culture with T cells and DCs

CD4$^+$T cells from OT II transgenic mice were cultured with DCs at 0 or 0.01-μM OVA peptide for 5 days. After 5 days, each culture was stained with Foxp3, following the manufacturer's protocol. Cells were acquired by FACS calibur flow cytometer (BD). Analyses were performed using the Flowjo software (TreeStar, USA).

Adoptive Transfer of OT-II CD4$^+$T cells

CD4$^+$T cells from OT II transgenic mice were labeled with 5 μM CFSE, and 1×10^6 T cells were injected intravenously into B6 recipients. One day later, OVA protein was administered sublingually. After 3 days, mice were sacrificed, and CLNs and ALNs were stained with CD4 and CFSE dilution was investigated. Cells were assessed by FACS calibur (BD). Analyses were performed using the Flowjo software (TreeStar, USA).

Quantitative PCR

Total RNA was isolated with TRIzol (Invitrogen), and reversed-transcribed with the High Capacity cDNA Transcription Kit (ABI) according to manufacturer's instructions. qPCR was performed with the Step One Real-Time PCR system (ABI). All primers for real-time PCR have been reported previously [27,28].

Measuring Cytokine Production

The purified DCs (1×10^5) were cultured in serum free RPMI medium for 20 h. The concentrations of TGF-ß in the supernatants were measured by TGF-ßELISA kit (R&D). Following the manufacturer's instructions, we measured the TGF-ß with or without activation of the latent form of TGF-ß. Culture supernatants with OT II CD4$^+$T cells and DCs were measured for IL-10 by ELISA (eBiosciences) or Cytometric Bead Array (BD Bioscience). Analysis with the Cytometric Bead Array was performed according to the manufacturer's instructions.

Confocal Microscopy

CLNs were sectioned, fixed with acetone, and stained with anti-CD4-FITC and CD11c-APC antibodies. After permeabilization with the buffer from the Foxp3 staining kit (eBioscience), they were stained with an anti-Foxp3-PE antibody. They were washed and observed by confocal microscopy (LSM510 META, Zeiss, Jena, Germany).

Supporting Information

Figure S1 CD25$^+$ and CD25$^-$ Foxp3$^+$ T-regs in lymph nodes and spleen. (A) CLN, ALN, ILN, MLN and Sp from B6 mice were analyzed for the expression of Foxp3 and CD25. The isotype control for Foxp3 is shown at the bottom. Plots were gated on CD4$^+$ T cells. Representative of 2 separate experiments is

shown. (B) As in (A), but the frequency of CD25$^+$ or CD25$^-$ Foxp3$^+$ T-regs/CD4+T cells were shown.
(TIF)

Figure S2 The frequency of CD11c$^+$ DC is similar between CLN and ALN. (A) CLN or ALN from one B6 mouse were digested by collagenase and stained with anti-CD11c and CD8 Abs. Representative of 5 separate experiments is shown. (B) The frequency of CD11c$^+$ cells/total LN cells in one mouse is shown. A summary of 5 separate experiments. P value provided is by paired t-test. "n.s." = "not significant".
(TIF)

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Author Contributions

Conceived and designed the experiments: SY. Performed the experiments: A. Maruyama SY KO. Analyzed the data: SY A. Maruyama MM A. Morita TS. Wrote the paper: SY.

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TAMable tumor-associated macrophages in response to innate RNA sensing

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Key words: TLR3, TICAM-1, tumor-infiltrating macrophages, polyI:C, immunotherapy

Antitumor effect of PolyI:C (a viral dsRNA analog) has been attributed to dendritic cell (DC)-maturation activity, that drives antitumor NK cells, DC cross-presentation, cytotoxic T lymphocytes and many IFN-inducible genes. According to a recent paper, tumor-infiltrating M2 macrophages are found to become an additional antitumor effector through polyI:C response.

Interferon (IFN), now categorized as type I, was discovered by Isaacs and Lindeman in 1957. Soon after their discovery, it was expected to be a fascinating medicine opposing to virus infection and cancer development. Type I IFN inducing activity was assigned to the signature of double-stranded RNA generated from viruses, and its synthetic analog, polyI:C, was confirmed to serve as an effective inducer of type I IFN. Talmadge et al. showed that polyI:C mixed with polyL Lysine and methylcellulose (polyI:CLC) effected dramatic regression of syngenic implant tumors in mice. They suggested this reagent might be applied to antitumor therapy. In line with these reports, there have been many reports indicating that spontaneous tumor regression sometimes occurrs in cancer patients when they are exposed to viruses or viral vectors.

PolyI:C induces type I IFN and inflammatory cytokines. In addition, it may contribute to raising cellular immunity. According to recent progress in pattern recognition of innate immunity, polyI:C is a ligand for multiple receptors, including PKR, RIG-I, MDA5 and TLR3.[2] Virus replication usually amplifies dsRNA production inside the cytoplasm of affected cells and stimulates the cytoplasmic RNA sensors. In contrast, TLR3 is activated when dsRNA generated in infected cells is released and internalized into the endosome of bystander phagocytes,[2] such as dendritic cells (DC) and macrophages. dsRNA is delivered through a unique pathway involving Raftlin,[3] then the endosomal TLR3 passes the signal to the adaptor TICAM-1.[2] The multiple functionality of polyI:C may reflect its divergent receptor usage, and knockout mouse (KO) studies have therefore been indispensable for determination of the role of each receptor in antitumor immunity.

In mouse models, growth retardation of syngenic implanted tumor has been reportedly observed by administration of polyI:C, which is now attributable to liberated type I IFN and maturation of DC, that drives NK and killer T cells.[4,5] The mechanisms whereby these effector cells are introduced by dsRNA are being elucidated on a molecular level: the TLR3/TICAM-1 pathway for dsRNA recognition in DC is involved in effector driving. In a recent paper, Shime et al. additionally identified the third antitumor effector induced by ip polyI:C administration.[6] PolyI:C acted on tumor-infiltrating macrophages and induced tumor growth retardation in some tumor species. Administration of polyI:C rapidly (< 12 h) led to tumor hemorrhagic necrosis followed by tumor regression. The results appear to resemble an earlier report by Old's group on the TNFα-mediated fibrosarcoma regression.[7] In fact, TNFα participated in hemorrhagic necrosis in this case also. Shime et al. applied KO mice models for analyzing the signaling pathway by which the polyI:C-derived tumor regression occurs. Ultimately, their conclusion was that tumor-infiltrating macrophages (Mf) characterized by $CD11b^+$/$F4/80^+$/$Gr\text{-}1^{low}$ markers with sustaining tumor-supporting phenotype, M2, serves as a target for polyI:C and changes their properties to antitumor, M1-like, behaving like a tumoricidal effector. In these Mf, TLR3/TICAM-1 pathway, but not the IPS-1 pathway, is also mandatory for TNFα production and tumor regression. Indeed, the marker profile of the Mf was similar to those reported as M2 Mf or tumor-associated Mf (TAM). It is notable that they have high expression levels of TLR3. Hence, the polyI:C tumor growth retardation is mechanically multifarious and involves TNFα hemorrhagic necrosis.

TLR3 is highly expressed in $CD8^+$ splenic DC and $CD103^+$ non-lymphoid DC in mice,[8] and they are strong inducers for cross-priming of CD8 T cells,[5,8] namely cytotoxic T lymphocytes (CTL). TLR3-positive bone marrow-derived DC also reportedly induce type I IFN and potent antitumor NK cell activity.[4] Thus, polyI:C functions through $TLR3^+$ myeloid cells to facilitates antitumor cellular immunity encompassing at least three distinct routes, NK cell activation, CTL proliferation and conversion of TAM to an tumoricidal effector (**Fig. 1**). Hence,

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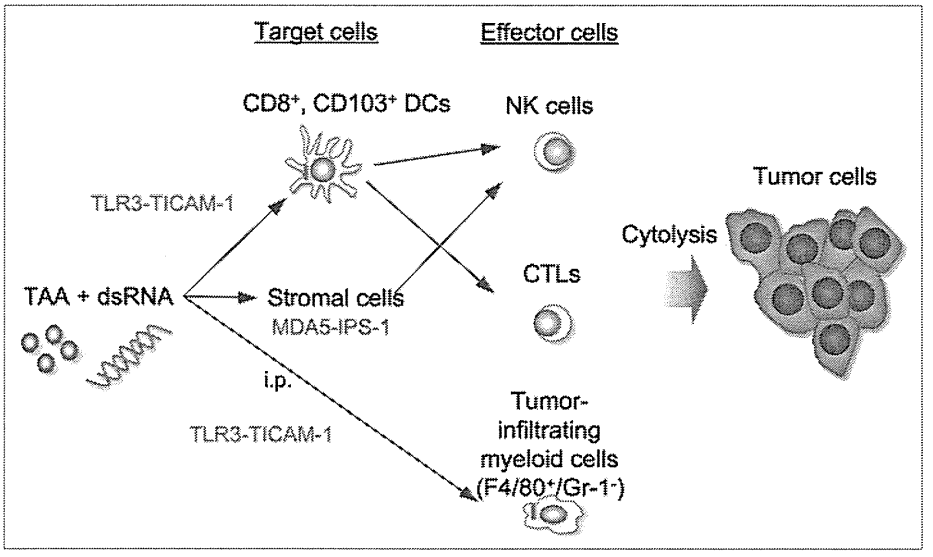

Figure 1. PolyI:C induces three antitumor effectors via different routes. Antitumor activity of polyI:C against tumor cells are assessed in mouse tumor-implant models. A unique point in this review is the third pathway where tumor-infiltrating myeloid cells are involved, effectively damages Lewis Lung carcinoma cells. This tumoricidal activity is mediated by the TICAM-1 pathway in the myeloid cells, and attributed to TNFα. Although polyI:C is i.p. administered, it acts on tumor-infiltrating Mf and converts them to antitumor effectors.

the Janeway/Medzhitov concept[9] may be adaptable to tumor immunology that pattern recognition receptor (PRR) stimulation by a specific ligand triggers innate immune response and facilitates establishment of the cellular immune system.

A tantalizing reagent for successful peptide vaccine therapy against cancer using tumor-associated antigens (TAA) with CD4/CD8 epitopes is adjuvant. Nevertheless, polyI:C therapeutic use has been very restricted in patients. This is because polyI:C has severe side effects, enterocolitis, arthralgia, fever, erythema and sometimes life-threatening hypotonic shock, which have prevented the clinical use of this dsRNA analog. However, a recent study reported that polyI:CLC is applicable to humans, although robust erythema and cytokine upregulation in serum are usually accompanied as side effects with expected therapeutic potential.[10] Dr. Steinman, having won the Nobel prize, proposed a polyI:C/TAA therapy for cancer patients if the TAA is identified in each case of the patients. Shime's data confirmed this issue and further clarified the importance of the TICAM-1 pathway in triggering induction of antitumor Mf in addtion to NK cells and CTL.[6] These sequential studies, together with the direct apoptotic effect of polyI:C on tumor cells, reinforce the need to establish a safer RNA derivative for human immunotherapy in the future.

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TLR3/TICAM-1 signaling in tumor cell RIP3-dependent necroptosis

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Abbreviations: CTL, cytotoxic T lymphocyte; DAI, DNA-dependent activator of IFN-regulatory factors; DAMP, damage-associated molecular pattern; HMGB1, high-mobility group box 1; HSP, heat shock protein; mDC, myeloid dendritic cell; NK, natural killer; NLR, NOD-like receptor; PAMP, pathogen- associated molecular pattern; PRR, pattern-recognition receptor; RIP, receptor-interacting protein kinase; TICAM-1, Toll-IL-1-homology domain-containing adaptor molecule 1; TLR, Toll-like receptor; TNFα, tumor necrosis factor α; TNFR1, TNFα receptor 1

The engagement of Toll-like receptor 3 (TLR3) leads to the oligomerization of the adaptor TICAM-1 (TRIF), which can induces either of three acute cellular responses, namely, cell survival coupled to Type I interferon production, or cell death, via apoptosis or necrosis. The specific response elicited by TLR3 determines the fate of affected cells, although the switching mechanism between the two cell death pathways in TLR3-stimulated cells remains molecularly unknown. Tumor necrosis factor α (TNFα)-mediated cell death can proceed via apoptosis or via a non-apoptotic pathway, termed necroptosis or programmed necrosis, which have been described in detail. Interestingly, death domain-containing kinases called receptor-interacting protein kinases (RIPs) are involved in the signaling pathways leading to these two cell death pathways. Formation of the RIP1/RIP3 complex (called necrosome) in the absence of caspase 8 activity is crucial for the induction of necroptosis in response to TNFα signaling. On the other hand, RIP1 is known to interact with the C-terminal domain of TICAM-1 and to modulate TLR3 signaling. In macrophages and perhaps tumor cell lines, RIP1/RIP3-mediated necroptotic cell death can ensue the administration of the TLR agonist polyI:C. If this involved the TLR3/TICAM-1 pathway, the innate sensing of viral dsRNA would be linked to cytopathic effects and to persistent inflammation, in turn favoring the release of damage-associated molecular patterns (DAMPs) in the microenvironment. Here, we review accumulating evidence pointing to the involvement of the TLR3/TICAM-1 axis in tumor cell necroptosis and the subsequent release of DAMPs.

Introduction

Cell death is an important process for both development and homeostasis in multicellular organisms. The mode of cell death is closely associated with other biological responses occurring within the host, including inflammation. Cell death has been categorized as apoptotic or necrotic and, until recently, apoptosis had been considered as a synonym of programmed cell death.[1] Caspases are a family of cysteine proteases that mediate apoptotic cell death in response to ligands of death receptors, including tumor necrosis factor α (TNFα), FAS ligand (FASL) and TRAIL, as well as to intracellular damage, upon the induction of pro-apoptotic BH3-only members of the Bcl-2 family. However, it is now clear that apoptosis is not the only cellular mechanism that mediates programmed cell death. Necrotic cell death, which has traditionally been viewed as a form of passive cell death, may also be regulated, and in this case has been called necroptosis or programmed necrosis.[2] Necroptosis may be induced by TNFα receptor 1 (TNFR1) agonists, but also by innate pattern-recognition receptors (PRRs) such as Toll-like receptor (TLR) 3 and TLR4.[1,4] These two TLRs can recruit the adaptor TICAM-1 (also known as TRIF), leading to Type I interferon (IFN) signaling.[3] In line with this notion, the TLR3 ligand polyI:C (a synthetic double-stranded RNA, dsRNA) can activate either apoptosis or necrosis, depending on the cell lines tested. Cell death induced by the TLR3-TICAM-1 axis may therefore be executed through two distinct subroutines.[5] The mechanisms that dictate the cellular decision to undergo apoptosis or necroptosis in response to TLR3 signaling, as well as the mechanisms that mediate the execution of necroptosis, are the subject of intense investigation.

Toll-like receptors and other PRRs harbor the ability to specifically recognize microbal molecules, known as pathogen-associated molecular patterns (PAMPs).[6] PAMPs trigger the maturation of myeloid dendritic cells (mDCs) through the activation of TLR and/or other pathways, eventually eliciting cellular immunity.[7] In mDCs, nucleic acid-recognizing TLRs (i.e., TLR3, TLR7, TLR8 and TLR9) reside in endosomes and sense their ligands only when they are internalized.[8] The uptake of DNA or RNA of microbial origin therefore allows cross-presentation to T cells and the exposure of natural killer (NK) cell-activating ligands. Besides this extrinsic maturation route, it is known that the formation of autophagosomes may deliver cytoplasmic nucleic acids of viral origin to the endosome via autophagy.[9] In either route, TLR signaling links immunological events to pathological cell death.

Recently accumulated evidence suggests that TLRs serve as receptors not only for foreign PAMPs but also for cellular

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Table 1. Host response to nucleic acids and other DAMPs

PAMP/DAMP	Receptors
Microbial nucleic acids(PAMP)	
cytosolic long dsRNA	MDA5
cytosolic 5'-PPP-RNA	RIG-I
endosomal >140bp dsRNA	TLR3
nonmethylated CpG DNA	TLR9
cytosolic dsDNA	DNA sensors*
Self molecular patterns(DAMP)	
HMGB1	RAGE, TLR2/4
Uric acid	CD14, TLR2/4
HSPs	CD14, TLR2/4,**
S100 proteins	RAGE
Self nucleic acids (DAMP)	
Self DNA	DNA sensors*
Self mRNA	TLR3

*See Table 2; ** D40, CD91, Scavenger receptors etc.

constituents that are liberated from damaged or necrotic cells.[10] Thus, innate pattern-recognition is not only a mechanism for discriminating pathogens from the host, but also a means for inspecting cellular homeostasis. Molecules that, upon release from damaged/necrotic cells, activate the immune system are called damage-associated molecular patterns (DAMPs).[11] The most popular TLR adaptor MYD88 is known to contain death domains, and some reports have suggested that TLR signaling may be involved in cell death secondary to PAMP/DAMP-stimulation. Necroptotic or damaged cells may thus represent a result of TLR death signaling, and generate a functional complex consisting of sources of DAMPs as well as of the phagocytic response.[11,12]

DAMPs refer to intracellular molecules that acquire inflammation-inducing capacities when released from cells. DAMPs do not belong to the cytokine family but rather resemble PAMP in their functional properties, in particular with regard to mDC and macrophages. The functions of DAMPs may be associated with responses including regeneration and tumorigenesis. During the past 5 y, necroptotic cell death has been closely connected with innate immune responses involving pattern-sensing.[12,13] DAMPs include a large number of cytosolic or nuclear molecules (**Table 1**), as well as, surprisingly, self nucleic acids.[14] This implies that, like viral DNA and RNA, autologous nucleic acids can evoke inflammation. Here, we discuss the importance of the immune modulation induced by nucleic acids and necroptotic host cells.

Necroptosis: Programmed Necrosis Induced by TNFα

TNFα has been reported to induce two different types of cell death, apoptosis and necrosis, in a cell type-specific manner.[15,16] Through TNFR1, TNFα is implicated in NF-κB activation and contributes to cell growth in many cancer cell lines. In parallel TNFα-induced hemorrhagic necrosis has been observed in several cancer cell lines, but the molecular mechanisms underlying these differential responses to TNFα remain poorly understood. Recently, several reports have suggested that the formation of the a supracomplex containing the receptor-interacting protein kinase 1 (RIP1) and its homolog RIP3 (which has been named "necrosome") is responsible for the switch from apoptosis to necroptosis.[17,18] RIP1 and RIP3 can assemble only in the absence of functional caspase-8, indicating that this enzyme acts as a key protease for blocking the formation of the necrosome.[5,19] Many viral factors, as well as the genomic instability that frequently characterizes tumor cells, can compromise caspase-8 function, thereby facilitating the induction of necroptosis. Hence, TNFα can promote cell death by signaling through its receptors, including TNRF1 and downstream via RIP1/RIP3, although the output of TNFα signaling is ultimately determined by cell type.

Virus-mediated Necroptosis

It is notable that a necrotic phenotype has been observed in polyI:C-stimulated bone marrow-derived murine macrophages and other cell lines.[13] TICAM-1 and RIP3 are involved in this process, suggesting the implication of the necrosome pathway in dsRNA-mediated cell death.[12,13] It has been reported that viral dsRNA frequently induces apoptosis in infected cells, a process that in general is known as cytopathic effect.[20] TICAM-1 and RIPs, mainly RIP1, may also be involved in virus-derived necrotic cell death.[5,13] This is relatively rare compared with apoptosis since it occurs only when the viral genome encodes caspase-8 inhibitors.[19] Furthermore, this process requires viral dsRNA to be delivered from the cytosol to the endosomes (where TLR3 is situated) of infected cells. This may happen if the dsRNA is engulfed by autophagosomes, which ensure its transfer to endosomes. The possible involvement of another PRR that sense viral RNA, RIG-I/MDA5, in cell death as induced by viral infection cannot be always ruled out. TNFα can be produced downstream of the TLR3- and RIG-I-mediated RNA-sensing pathways and may induce necrotic cell death. Many RNA viruses trigger cell death,[20] but the factors determining the induction of necroptosis in virus-infected cells remain to be clarified.

DNA viruses can induce necroptosis via another mechanism, which involves the DNA-dependent activator of IFN-regulatory factors (DAI, also known as DLM-1/ZBP1).[21] DAI is a DNA sensor[22] and directly activates RIP3 in the absence of Type I IFN induction.[21] This said, the sensing of DNA in the cytoplasm of virus-infected cells is complex, and it may be that DAI is not the only molecule linked to such a necroptotic response. It is unknown whether RIP3-mediated necroptosis can be induced even if caspase-8 is blocked upon the recognition of viral DNA by DAI or via other mechanisms.[20] In fact, this type of virus-derived necrosis has been reported with DNA viruses that encode caspase inhibitors including vaccinia virus (VV), which encodes B13R/Spi2, poxvirus, encoding CrmA, the Kaposi's sarcoma-associated herpesvirus (KSHV), encoding K13 and the molluscum contagiosum virus (MCV), which encodes MC159.[20,23] Generally speaking, the mode of cell death secondary to virus infection differ as a function of viral species. The physiological role of TLR3- and DAI-mediated necroptosis should therefore be analyzed in a virus -specific fashion.

Necroptosis in Inflammation

Apoptosis plays a major role in physiological contexts, while necrosis is very common under pathological conditions.[1] Necroptosis differs from accidental necrosis in its programmed nature, and differs from apoptosis in that necroptosis often stimulates inflammation. When virus-infected cells undergo apoptosis, they are removed by phagocytosis. Viral genomes, be they either DNA- or RNA-based, are degraded in infected cells, thus being able neither to stimulate phagocytes including macrophages and DCs, nor to favor the liberation of DAMPs. In contrast, non-apoptotic cell death is accompanied by the release of DAMPs and viral products, resulting in the activation of macrophages,[13] as it occurs during chronic infection, in which viruses produce caspase inhibitors or render infected cells resistant to apoptosis.[24] A typical model of necroptosis evokes two effectors, namely, viral nucleic acids and DAMPs, to modulate immune and bystander cells of the host. In the context of necroptosis, these effectors allow for the amplification of inflammatory responses by myeloid phagocytes (mDCs and macrophages), These cells accumulate in inflammation as induced by persistent viral infection, and mediate the secondary release of cytokines and other biologically active molecules. In addition, viral factors can result in incipient inflammation, as observed in chronic infections by the hepatitis B or C virus.[24] This, in conjunction with viral nucleic acids and DAMPs, may modify the features of the infectious milieu. Further studies are needed to clarify the importance of viral nucleic acids and DAMPs in the context of virus-dependent chronic inflammation, as it may facilitate tumor progression.

Necroptosis and Oncogenesis

Accumulating evidence indicates that pro-inflammatory signals, including those following the activation of NF-κB, are crucial for oncogenesis. Moreover, DAMPs have been associated with tumorigenesis as well as with antitumor immune responses.[25,26] Tumor progression is not always accompanied by viral infections, and it remains unclear whether DAMPs released from non-infected tumor cells are sufficient to support tumor growth. It has been reported that self mRNA acts as a TLR3 ligand[14] and that self DNA can stimulate host cell sensors.[22,27] Due to the uncomplete identification and functional characterization of DNA sensors and their signaling pathways, however, it is unknown whether host nucleic acids are potent inducers of inflammation as compared with viral RNA or unmethylated CpG DNA of bacterial origin. Moreover, the role of RNA sensors in the tumor microenvironment has not yet been clarified (**Table 2**).

DAMPs have recently been characterized at the molecular level[11] and representative DAMPs (**Table 1**) include HMGB1,[28] uric acid crystal,[10] S100 proteins,[29] naked actin[30,31] and heat-shock proteins (HSPs).[32] The functional features of DAMPs and the mechanisms whereby they provoke inflammation have been delineated,[11,28,29] and these studies have introduced the concept of "inflammasome" in the field of innate immunity.[33] Caspase-1 is activated upon the administration ofwith NOD-like receptor (NLR) ligands, which include some DAMPs as well as inorganic PAMPs. Active caspase-1, together with the upregulation of the immature variants of IL-1 family proteins that ensues TLR stimulation, accelerates the robust release of IL-1β, IL-18 and IL-33.[34] There are many kinds of NLRs as well as TLRs, and the common pathways (including those centered aroung the adaptor ASC) can be activated by a variety of cytoplasmic DAMPs and PAMPs.[33,34] The cytoplasmic immature forms of the abovementioned cytokines are activated by limited caspase-1-mediated proteolysis, and then are secreted into the extracellular microenvironment.[34] Hence, IL-1 family proteins require two DAMPs/PAMP signals for their upregulation and activation.[35] Of note, the tumorigenic properties of asbestos and silica are in part attributable to the activation of the inflammasome, leading to the secreton of IL-1 family proteins. However, not all DAMPs operate as inflammasome activators, even in the broad sense of this term.

Table 2. RNA·DNA recognition molecules in vertebrates

Receptors	Adaptors	Ligands	Induction of Type I IFN
		TLR family	
TLR3	TICAM-1	dsRNA, stem RNA	+
TLR7/8	MyD88	ssRNA	+
TLR22	TICAM-1	dsRNA	+
PKR	?	dsRNA	-
		RLR family	
RIG-I	MAVS	5'-PPP RNA, dsRNA	+
MDA5	MAVS	dsRNA (long)	+
		NLR family	
NALP3	ASC	dsRNA	+
NOD2	MAVS	ssRNA	+
		DDX family	
DDX1	TICAM-1	dsRNA	+
DDX21	TICAM-1	dsRNA	+
DHX36	TICAM-1	dsRNA	+
		DNA sensors	
TLR9	MyD88	CpG DNA	+
DAI	TBK1	dsDNA	+
Pol3/RIG-I	MAVS	dsDNA	+
IFI16	TBK1	dsDNA	+
DDX41	STING	dsDNA	+
DHX9	MyD88	dsDNA	+
DDX36	MyD88	dsDNA	+
ZAPS	?	dsDNA	+

Immune Response Elicited by the Phagocytosis of Dead Cells

Phagocytosis of dead cells involves not only cell clearance but also the initiation of an immune response. Dead cell antigens are rapidly presented on MHC class II molecules after internalization by DCs, driving the recruitment and activation of various $CD4^+$ T cell subsets, including Th1, Th2, Th17 and regulatory T cells

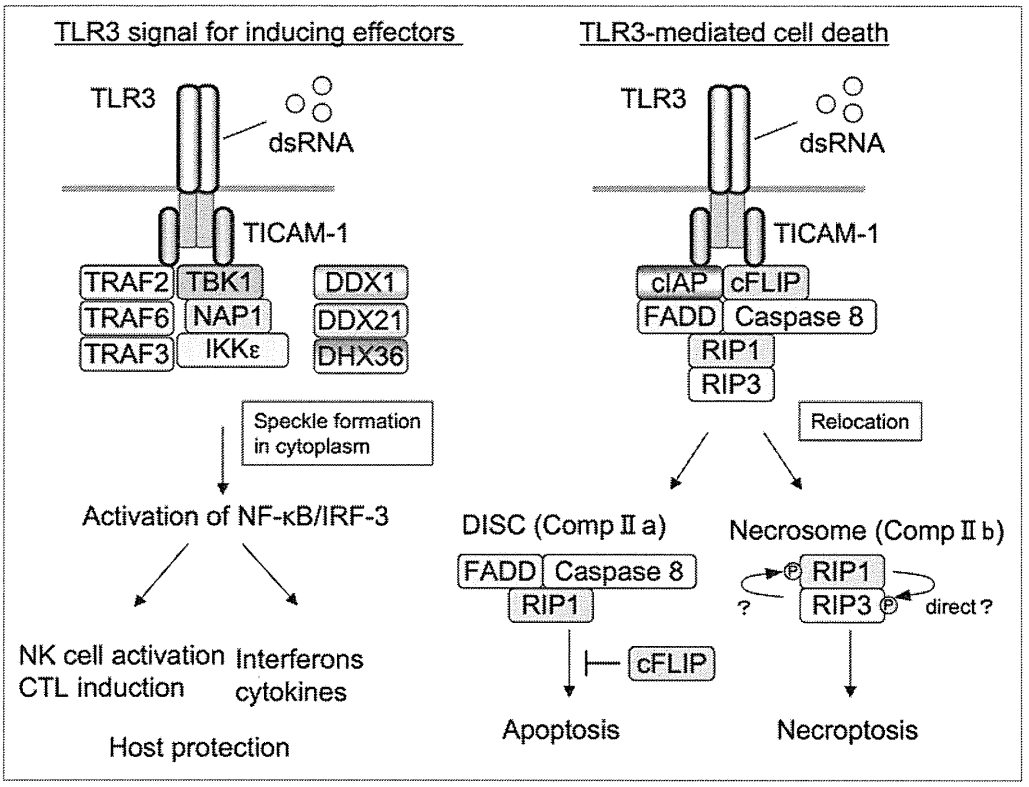

Figure 1. TLR3 signals inducing cell death or effector functions in myeloid cells. Cell survival (left panel) and cell death (right panel) signals are schematically depicted. TICAM-1 assembles in a supramolecular complex around oligomerized Toll-like receptor 3 (TLR3) in the endosome. The complex (named Speckle) then dissociates from TLR3, tranlocating to the cytoplasm. IRF-3 and NF-κB are activated by Speckle, leading to their nuclear translocation and induction of Type I interferon (IFN) and inflammatory cytokines, respectively. In dendritic cells (DCs), natural killer (NK) cell-activating ligands and factors for cross-presentation are induced downstream of IRF-3/7 (left panel). In contrast, cell death signaling culminates in apoptosis and/or necrosis depending on downstream signal transducers (right panel). TLR3-dependent apoptosis has been reported in several cancer cell lines,[7] while TLR3-dependent necroptosis has been observed in mouse bone marrow-derived macrophages.[13] These events rely on RIP1/RIP3 activation, similar to those elicited upon ligation of the tumor necrosis factor α receptor 1 (TNFR1). Whether or not the translocation of the TICAM-1 complex is required for the cell death signaling, as well as the mechanisms determining either cytokine secretion or cell death, remain unknown.

(Tregs) (**Fig. 1**). In the presence of a second co-stimulatory signal provided by TLRs, working as an adjuvant, DCs cross-present antigens on MHC class I molecules to induce the proliferation of $CD8^+$ cytotoxic T lymphocytes (CTLs).[36] The presentation of exogenous antigens by DCs is therefore dependent on the presence of PAMPs/DAMPs.[36] Accordingly, necrotic debris appears to result in CTL cross-priming more efficiently than apoptotic bodies. Cross-presentation is enhanced by molecules such as Type I IFN and CD40, and by immune cells including $CD4^+$ T, NK and NKT cells. Hence, the use of adjuvants to affects many cell types of the immune system other than antigen-presenting cells, and a precise evaluation of the total cross-priming activity appear to be indispensable for the development of efficient adjuvant therapies.

The TLR3/TICAM-1 axis is best known as an inducer of cross-presentation in vivo.[37] The cross-presentation activity of the TLR3 ligands polyI:C and viral dsRNA was first described by Schulz et al. in 2005.[38] While the potency of polyI:C as an adjuvant has been reported by Steinman and colleagues,[37,39] the precise identity of the DAMPs participating in cross-presentation and possessing latent cross-priming (CTL-inducing) capacities has not yet been determined.

It is known that phagocytosis induces functional changes in mDCs and macrophages (**Fig. 2**): phagocytes are skewed toward a regulatory phenotype accompanied by the production of IL-10 and TGFβ during the phagocytosis of apoptotic cell debris, even in the presence of PAMP.[40,41] This suggests that material that cannot be taken up exerts different effects on mDCs than internalizable material during their phagocytic interactions. Phagocytes undergo cytoskeletal rearrangement when they take up cell debris, involving cell adhesion molecules that accelerate the interaction between the phagocyte membrane and cell debris. The opsonization of dead cells further enhances phagocytosis as well as the induction of an immune outcome.[42] Complement-mediated opsonization of dead cells strongly alters the functional properties of mDCs and macrophages.[43] Yet, it has been impossible to discriminate apoptotic and necroptotic cells based on this.[44] Thus, the mechanisms whereby necroptotic cells initiate an immune response upon phagocytosis by mDCs and macrophages, compared with apoptotic cells, remain largely uncharacterized. Elucidating the role of necroptotic cells and DAMPs as adjuvants for NK-cell activation and antigen presentation is highly relevant for antitumor therapy. Since the phagocytosis of dead cells by mDCs usually leads to the generation of tolerogenic mDCs, additional adjuvants appear

to be required for mDCs to presentat tumor antigens in an immunogenic fashion, leading to the induction of an effective immune response against cancer.

Termination of Inflammation

Inflammation often drives tissue repair and regeneration, and the microenvironment formed during inflammation serves a basis for assembling cells that initiate tissue development and reorganization (Fig. 3). The pro-inflammatory microenvironment facilitates cell growth as well as genome instability, thus being prone to the accumulation of cells with multiple mutations. Furthermore, incipient inflammation compromises the immune system so that the abnormal proliferation of transformed cells is tolerated. Thus, malignant cells build up a tissue that involves tumor-associated macrophages serving a scaffold for invasion and metastasis.[45] In this context, a region harboring DAMP-mediated persistent inflammation provides a perfect nest for tumor progression (Fig. 3). Therapeutics for suppressing inflammation, such as aspirin, may constitute an immune therapy irrespective of the presence of infection.[46] We surmise that two types of inflammation exist, namely tumor-supporting and tumor-suppressing, implying that inflammation is a complex phenomenon consisting of multiple distinct aspects. We have shown that some adjuvants can induce tumor-suppressing inflammation, thereby limiting tumor proliferation by DAMPs.[47] The adjuvant-induced switch of cell death/inflammation signals to an antitumor outcome is an intriguing approach for cancer therapy, particularly in view of the fact that the mechanisms of adjuvant signaling are being increasingly characterized at the molecular level.[48,49] The clarification of the role of adjuvant signaling in compromising tumor progression will lead to the discovery of non-toxic synthetic tumor-regressing molecules with potential as novel anticancer therapeutics.[50]

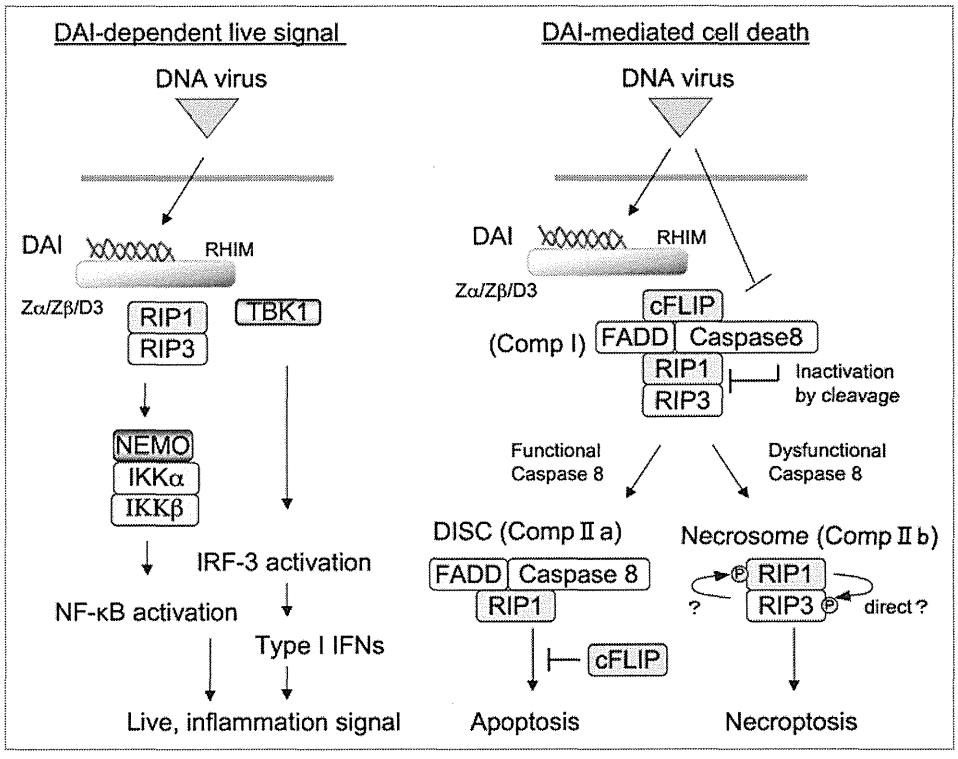

Figure 2. Necroptosis induced by the DAI pathway. Cell survival (left panel) and cell death (right panel) signals transmitted by the DNA-dependent activator of IFN-regulatory factors (DAI) are schematically depicted. Pro-survival signaling involves the activation of IRF-3 and NF-κB to support antiviral responses (left panel). Type I IFNs and inflammatory cytokines are the main effectors induced by IRF-3/NF-κB activation. In contrast, DAI activates RIP3 to induce necroptosis during viral infection, provided that caspases are inhibited. When viruses express caspase inhibitors, the RIP1/RIP3 necrosome plays a dominant role in the activation of cell death via necroptosis (right panel). If caspase-8 is active, RIP3 should get inactivated and apoptosis should be the dominant phenotype, though this scheme has not yet been experimentally confirmed. The mechanisms determining the choice between these two signaling pathways are unknown.

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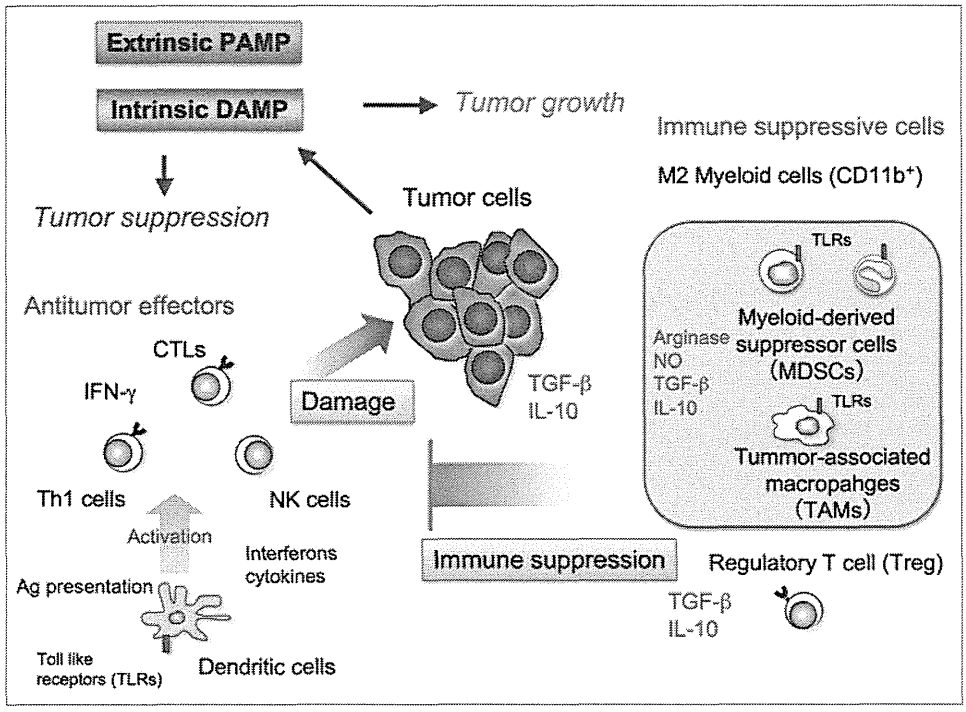

Figure 3. Inflammation provides the microenvironment for infection-related cancer. Immune cells infiltrating the tumor mass may modulate the local microenvironment upon the recognition of pathogen- or damage-associated molecular patterns (PAMP/DAMPs). Cancer cells undergoing necrosis liberate DAMPs and debris containing nucleic acids, which recruit immune cells stimulating an inflammatory response. In some cases, tumors benefit from the inflammatory response, while in other cases they regress following inflammation. The mechanisms determining this switch remain to be clarified.

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Cross-priming for antitumor CTL induced by soluble Ag + polyI:C depends on the TICAM-1 pathway in mouse CD11c$^+$/CD8α^+ dendritic cells

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Keywords: cross-presentation, dendritic cell, TLR3, TICAM-1 (TRIF), tumoricidal CTL

Abbreviations: APC, antigen-presenting cells; CTL, cytotoxic T lymphocytes; DAMP, damage-associated molecular pattern; DC, dendritic cells; IFN, interferon; IPS-1, IFNβ promoter stimulator-1; MDA5, melanoma differentiation associated gene 5; Mf, macrophages; NK, natural killer; OVA, ovalbumin; PAMP, pathogen-associated molecular pattern; PRR, pattern-recognition receptors; PV, poliovirus; RIG-I, retinoic acid inducible gene-1; SL8, an OVA tetramer; TICAM-1, Toll-IL-1 receptor homology domain-containing molecule-1; TLR, Toll-like receptor; WT, wild-type

PolyI:C is a nucleotide pattern molecule that induces cross-presentation of foreign Ag in myeloid dendritic cells (DC) and MHC Class I-dependent proliferation of cytotoxic T lymphocytes (CTL). DC (BM or spleen CD8α$^+$) have sensors for dsRNA including polyI:C to signal facilitating cross-presentation. Endosomal TLR3 and cytoplasmic RIG-I/MDA5 are reportedly responsible for polyI:C sensing and presumed to deliver signal for cross-presentation via TICAM-1 (TRIF) and IPS-1 (MAVS, Cardif, VISA) adaptors, respectively. In fact, when tumor-associated Ag (TAA) was simultaneously taken up with polyI:C in DC, the DC cross-primed CTL specific to the TAA in a syngenic mouse model. Here we tested which of the TICAM-1 or IPS-1 pathway participate in cross-presentation of tumor-associated soluble Ag and retardation of tumor growth in the setting with a syngeneic tumor implant system, EG7/C57BL6, and exogenously challenged soluble Ag (EG7 lysate) and polyI:C. When EG7 lysate and polyI:C were subcutaneously injected in tumor-bearing mice, EG7 tumor growth retardation was observed in wild-type and to a lesser extent IPS-1$^{-/-}$ mice, but not TICAM-1$^{-/-}$ mice. IRF-3/7 were essential but IPS-1 and type I IFN were minimally involved in the polyI:C-mediated CTL proliferation. Although both TICAM-1 and IPS-1 contributed to CD86/CD40 upregulation in CD8α$^+$ DC, H2K^b-SL8 tetramer and OT-1 proliferation assays indicated that OVA-recognizing CD8 T cells predominantly proliferated in vivo through TICAM-1 and CD8α$^+$ DC is crucial in ex vivo analysis. Ultimately, tumor regresses > 8 d post polyI:C administration. The results infer that soluble tumor Ag induces tumor growth retardation, i.e., therapeutic potential, if the TICAM-1 signal coincidentally occurs in CD8α$^+$ DC around the tumor.

Introduction

Cytotoxic T lymphocytes (CTL) and natural killer (NK) cells are two major effectors for antitumor cellular immunity. These effectors are driven through activation of dendritic cells (DC) and/or macrophages (Mf), which is mediated by pattern-recognition receptors (PRRs) for the recognition of microbial patterns.[1,2] Antigen (Ag) presentation and upregulation of NK cell-activating ligands are major events induced in DC/Mf in response to PRRs, which link to evoking CTL- and NK-antitumor immunity, respectively. The immune-potentiating function of specific components of the classical adjuvants are largely attributable to the ligand activity of PRRs (CpG DNA/TLR9, polyI:C/TLR3, monophosphoryl lipid (MPL) A/TLR4, Pam2/TLR2, etc.).[3] That is, the DC/Mf competent to drive effectors are generated through PRR signal in inflammatory nest where affected cells and recruited immune cells encounter exogenous or endogenous PRR ligands. Since studying the functional properties of PRRs in tumor immunity is on the way using a variety of possible ligands and cell biological analyses, immune responses reflecting the total adjuvant potential around Ag-presenting cells (APC) in local inflammatory nests are not always elucidated even in mice.

RNA-sensing PRR pathways, including TLR3-TICAM-1, TLR7-MyD88 and RIG-I/MDA5-IPS-1 participate in driving Type I IFN induction and cellular immunity in DC subsets.[1,4,5] Type I IFN and the IFNAR pathway in DC and other cells reportedly evoke and amplify T cell immunity.[5,6] TLR7 resides exclusively in plasmacytoid DC[7] whereas TLR3 mainly exists in

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myeloid DC/Mf and epithelial cells.[8] They are localized on the membrane of the endosome and deliver the signal via their adaptors, MyD88 and TICAM-1.[7,8] RIG-I and MDA5 are ubiquitously distributed to a variety of mouse cells and signal the presence of cytoplasmic viral products through IPS-1.[9] Thus, TLR3 and RIG-I/MDA5 are candidates associated with DC maturation to drive effector cells.[10] Indeed, viral dsRNA analog, polyI:C, is a representative ligand for TLR3 and MDA5 and induces polyI:C-mediated DC-NK reciprocal activation.[11,12] These are also true in human DC.[13]

The point of this study is by which pathway antitumor CTL are induced for tumor regression in a mouse tumor-implant model. It has been postulated that DC present exogenous tumor Ag to the MHC Class I-restricted Ag-presentation pathway and proliferate CD8 T cells specific to the extrinsic Ag. When tumor cells provide soluble and insoluble exogenous Ag, this Class I Ag presentation occurs mostly TAP/proteasome-dependent, suggesting the pathway partly sharing with that for endogenous Ag presentation. This DC's ability to deliver exogenous Ag to the pathway for MHC Class I-restricted Ag presentation has been described as cross-presentation.[14] DC cross-presentation leads to the cross-priming and proliferation of Ag-specific CD8 T cells in vivo and in vitro.[14-18] A variety of PAMP[15,16] and intrinsic DAMP[17] as well as other factors including Type I IFN,[5,18] $CD4^+$ T cells[19] and NKT cells[20] augment cross-priming in tumor-bearing mice. However, by what molecular mechanism polyI:C enhances CTL induction in tumor-bearing mice remains largely unsettled.

Here, we made an EG7 tumor-implant mouse system and treated the mice with s.c.-injected ovalbumin (OVA)-containing cell lysates (Ag) and polyI:C. Spleen $CD8\alpha^+$ DC turn CTL-inducible when stimulated with Ag and polyI:C. In either case of s.c., i.p., or i.v. injection of polyI:C, the TLR3/TICAM-1 pathway predominantly participates in $CD8\alpha^+$ DC cross-priming and antitumor CTL induction. Earlier studies using non-tumor models, suggested that both TLR3 and MDA5 appeared to participate in polyI:C-dependent CTL induction.[21] TLR3 is predominantly involved in primary Ag response and Th1 skewing,[22] while MDA5 participates in secondary Ag response.[23] Importance of TLR3 in induction of cross-priming was first suggested by Schulz et al., who used OVA/polyI:C-loaded or virus-infected xenogenic (Vero) cells and mouse DC.[16] Here we demonstrate that the antitumor polyI:C activity is sustained by the TICAM-1 pathway in any route of injection in tumor-implant mice: antitumor CTL responses are mostly abrogated in TICAM-$1^{-/-}$ but not IPS-$1^{-/-}$ mice.

Results

Properties of EG7 tumor with high MHC in tumor-loading mice. The properties of the EG7 line we used are consistent with those reported previously.[24,25] It expressed high MHC Class I (H2-Kb) and no Qa-1b or Rae-1 (**Fig. S1**). The expression levels of these proteins were barely changed before and after implantation of EG7 cells into mice. Cell viability was not affected by in vitro stimulation with polyI:C only (**Fig. S1B**). However, a batch-to-batch difference of cell viability may have affected the rate of tumor growth in each mouse tumor-implant experiment.

$CD8^+$ T cells are responsible for tumor retardation by polyI:C. EG7 cells (2×10^6) were inoculated into the back of C57BL/6 (WT), and the indicated reagents were subcutaneously (s.c.) injected around the EG7 tumor (**Fig. 1A**). Growth retardation of tumor was observed by treatment with polyI:C or polyI:C plus EG7 lysate (**Fig. 1A**). EG7 lysate only had no effect on tumor regression. When $CD8\beta^+$ T cells were depleted before EG7 lysate/polyI:C treatment, polyI:C-mediated tumor growth suppression was cancelled (**Fig. 1A**), suggesting the participation of CD8 T cells in tumor growth suppression. The therapeutic potential of polyI:C appeared to be more reproducible in the presence of EG7 lysate than in the absence, judged from the increases of activated $CD8^+$ T cells (**Fig. 1B**) and cytotoxic activity (**Fig. 1C**) of LN T cells isolated from the mice sacrificed after the last therapy. Yet, the EG7 Ag could be more or less supplied from the implant tumor. $NK1.1^+$ cells did not participate in this EG7 tumor regression in this setting (data not shown).

Since EG7 lysate contains OVA, OVA-specific T cells in draining LN and spleen of the WT mice were counted by tetramer assay after the last therapy (**Fig. S2A and B**). The numbers of tetramer-positive cells were prominently increased in LN and spleen in mice with EG7 lysate and polyI:C. We confirmed the importance of simultaneous administration of Ag plus polyI:C for OVA-specific CTL induction as in **Figure S2C**, where pure Ag (OVA) was used instead of EG7 lysate for immunotherapy. The polyI:C adjuvant function appeared to be more efficient in the mixture of pure Ag than in polyI:C alone. Tumor regression (**Fig. S2C**) and OVA-specific CTL induction (**Fig. S2D**) were clearly observed in this additional experiment. To obtain reproducible data, we employed the EG7 lysate/polyI:C combination therapy as follows.

IFN-inducing pathways are involved in PolyI:C-derived EG7 growth retardation. We next inoculated EG7 cells (2×10^6) into the back of C57BL/6 (WT), TICAM-$1^{-/-}$, IPS-$1^{-/-}$, or TICAM-1/IPS-1 double-deficient (DKO) mice (**Fig. 2**). We s.c. administered EG7 lysate with or without polyI:C around the tumor. The EG7 lysate was the soluble fraction of EG7 which removed insoluble debris by centrifugation. The EG7 lysate contained unprecipitated micro-debris and soluble Ag. No other emulsified reagent was added for immunization. Thus, the adjuvant function of polyI:C per se is reflected in the tumor growth, although polyI:C had to be injected into mice twice a week. Retardation of tumor growth was observed $>$ 8 d after immunization with EG7 lysate + polyI:C in WT mice, though no growth retardation without polyI:C (**Fig. 2A**). The polyI:C-mediated tumor growth suppression was largely abrogated in TICAM-$1^{-/-}$ (**Fig. 2B**) and to a lesser extent in IPS-$1^{-/-}$ mice (**Fig. 2C**), and completely in TICAM-1/IPS-1 DKO mice (**Fig. 2D**). Hence, TICAM-1 plays an important role in inducing polyI:C-mediated tumor growth retardation in the s.c. setting we employed.

CD8 T cell activation induced by the TICAM-1 pathway. CD8 T cell activation in the inguinal LN was tested with polyI:C + EG7 lysate in EG7 tumor-bearing mice using CD69 as

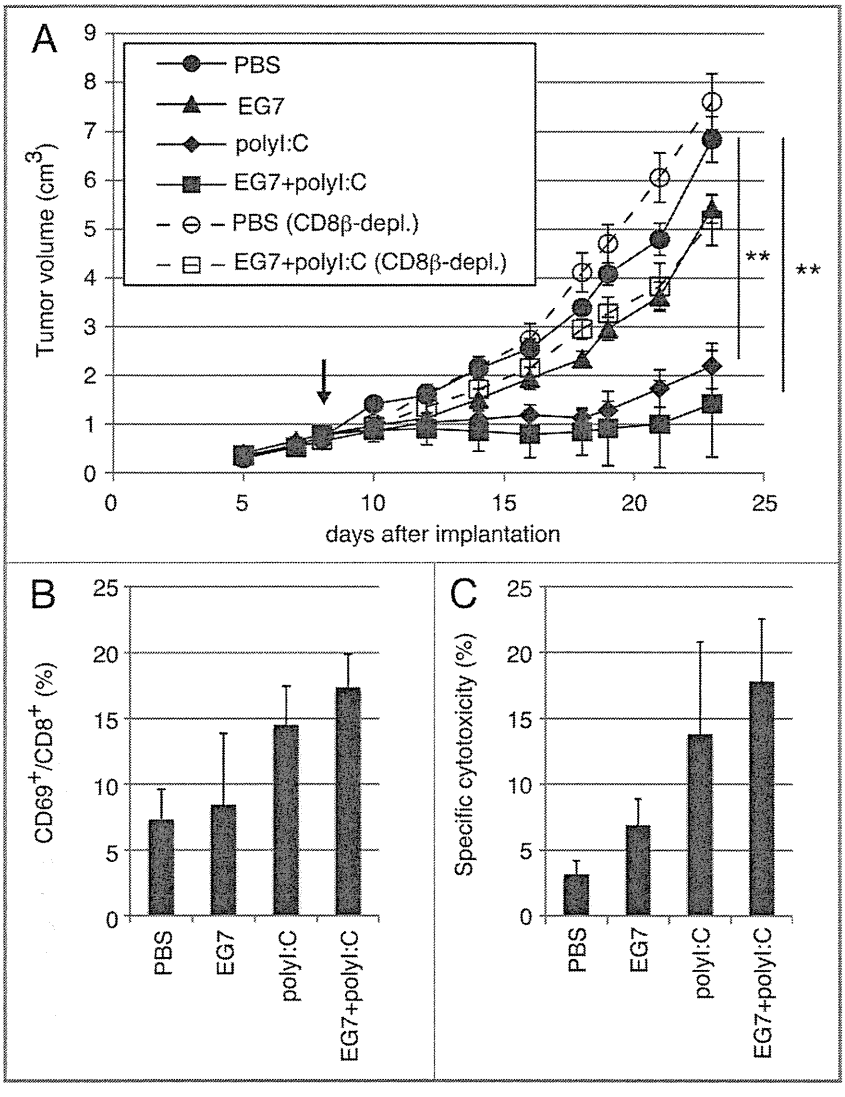

Figure 1. PolyI:C induces CTL-mediated tumor regression. (A) WT mice were challenged with EG7 cells and were treated with PBS (●), EG7 lysates (▲), polyI:C (◆) and EG7 lysates + polyI:C (■). The adjuvant therapy was started at the time indicated by the arrow and the indicated reagents injected twice per week. One of the two PBS groups (○) and one of the two EG7 lysates + polyI:C groups (□) were treated with anti-CD8β ascites in order to deplete $CD8^+$ T cells once a week. Each group had 3–5 mice. (B) Draining inguinal LNs were harvested 24 h after the last treatment and the proportion of CD69-expressing $CD8^+$ cells were counted. (C) LN cells were co-cultured with MMC-treated EG7 cells for 3 d and subjected to ^{51}Cr release assay to evaluate CTL activity. E/T = 50. All error bars used in this figure show ± SEM. Data are representative of two independent experiments. One-way analysis of variance (ANOVA) with Bonferroni's test was performed to analyze statistical significance. **, $p < 0.01$.

an activating marker. Twenty-four hours after the last polyI:C + EG7 sec.c. treatment, cells were harvested from the LN excised (**Fig. 3A**). FACS profiles of total cells from each mouse group are shown in **Fig. S3**. By combination therapy with EG7 lysate and polyI:C, T cells were activated in WT and IPS-$1^{-/-}$ mice, but the proportion of CD8 T cells was not affected by the therapy (**Fig. S4A**). Under the same conditions, T cells were barely activated in TICAM-$1^{-/-}$ mice in response to polyI:C (**Fig. 3A**). The proportion of $CD69^+$ cells are indicated in **Figure 3B**. IL-2 (**Fig. 3C**) and IFNγ (**Fig. S4B**) were highly induced in the WT and IPS-$1^{-/-}$ LN cells, while they were not induced in TICAM-$1^{-/-}$ or DKO cells. IFNγ levels were upregulated only in polyI:C-treated tumor-bearing mice, although the WT > IPS-$1^{-/-}$ profile for IFNγ production was reproducibly observed (**Fig. S4B**).

In vivo proliferation of CD8 T cells judged by tetramer assay and IFNγ induction. We next tested whether i.p. injection of polyI:C plus OVA induces CTL proliferation. PolyI:C and OVA were i.p. injected into mice and the polyI:C-dependent cross-priming of CD8 T cells were examined using the OVA tetramer assay. OVA-specific CD8 T cells were clonally proliferated in WT and IPS-$1^{-/-}$ mice, but not in TICAM-1/IPS-1 DKO and IRF-$3/7^{-/-}$ mice (**Fig. 4A**). Proliferation of OVA-specific CD8 T cells were severely suppressed in TICAM-$1^{-/-}$ mice (**Fig. 4A**), suggesting that polyI:C-mediated cross-priming of CD8 T cells largely depends on the TICAM-1 pathway followed by IRF-3/7 activation in the i.p. route. The results were reproduced in additional experiments using more mice (**Fig. 4B**) and $TLR3^{-/-}$ mice (**Fig. S5A and B**). The polyI:C cytokine response, where IFNα is IPS-1-dependent while IL-12p40 is TICAM-1-dependent, was also confirmed in serum level by polyI:C i.p. injection (**Fig. S5E**). Specific induction of IFNγ (**Fig. 4C**) was also observed in parallel with the results of **Figure 4A**.

Whether or not i.v. injection of polyI:C plus OVA induces Ag-specific CTL and cytotoxicity was next checked. OVA-specific OT-1 proliferation and cytotoxicity (**Fig. 4D and E**) were observed in in vivo analyses of WT and IPS-$1^{-/-}$ CD8 T cells but not of TICAM-$1^{-/-}$, TICAM-1/IPS-1 DKO, and IRF-$3/7^{-/-}$ mice in the i.v. setting.

Since TICAM-1 is the adaptor for TLR3 as well as cytoplasmic helicases,[24] we confirmed the level of cross-priming being decreased in $TLR3^{-/-}$ mice and an expected result was obtained (**Fig. S5A and B**). Furthermore, in $IFNAR^{-/-}$ mice, OVA-specific CTL induction was slightly reduced compared with that in WT mice, but higher than in TICAM-$1^{-/-}$ mice (**Fig. S5C and D**). Hence, in vivo cross-presentation induced by polyI:C mostly depends on the TLR3-TICAM-1 pathway followed by transcriptional regulation by IRF-3/7 in any administration route, and is further promoted by Type I IFN presumably produced by the stromal cells through the IPS-1 pathway.[26]

IPS-1 induces DC maturation but not cross-priming in vivo. Spleen DC maturation by i.v.-injected polyI:C was tested ex vivo using $CD8\alpha^+$ DC and $CD8\alpha^-$ DC isolated from WT or KO mice with no tumor as indicated in **Figure 5A**. The maturation markers CD86 and CD40 were upregulated on both $CD8\alpha^+$ and $CD8\alpha^-$

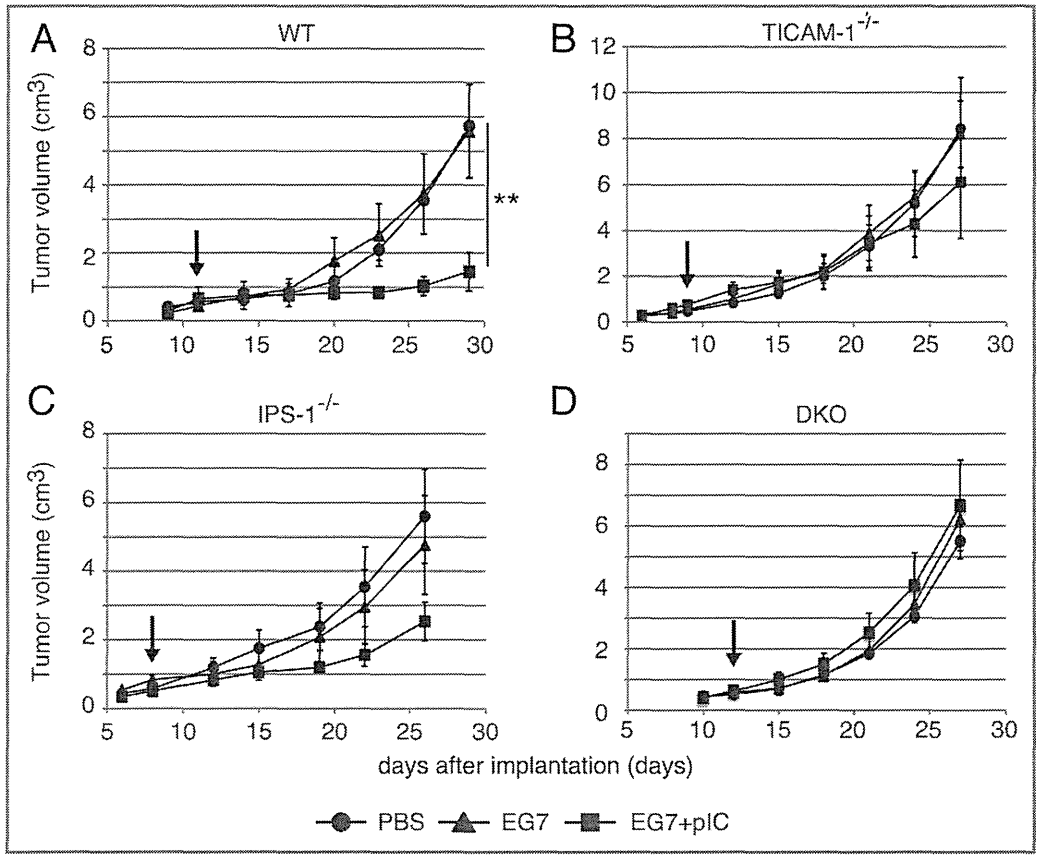

Figure 2. PolyI:C-induced tumor retardation is dependent on the TICAM-1 pathway. Antitumor effect of polyI:C on various KO mice were evaluated by using in vivo mouse tumor implant model. EG7 cells were inoculated to WT (A), TICAM-1$^{-/-}$ (B), IPS-1$^{-/-}$ (C) and DKO mice (D) on day 0. PBS (●), EG7 lysates (▲) or EG7 lysates + polyI:C (■) were s.c. administered around the tumor. The adjuvant therapies were started at the time indicated by the arrows and injected twice per week. Each group have 3–4 mice and error bar shows ± SEM. Data are representative of two independent experiments. **, $p < 0.01$

DC from WT mice when they were stimulated with OVA and polyI:C. Treatment of DC with OVA only did not induce upregulation of CD86 and CD40. Although the expression levels of CD86 and CD40 were a little less in CD8α$^+$ and CD8α$^-$ DC from TICAM-1$^{-/-}$ or IPS-1$^{-/-}$ mice than those from WT mice, both CD86 and CD40 were sufficiently upregulated even in the abrogation of either one pathway in polyI:C-injected mice. The CD86 and CD40 shifts were completely abolished in DKO mice (**Fig. 5A**). Thus, the TICAM-1 pathway participates in both potent co-stimulation and cross-priming, while the IPS-1 pathway mainly participates only in integral co-stimulation in myeloid DC.

We next assessed in vitro proliferation of OT-1 cells. CD8α$^+$ and CD8α$^-$ DC were prepared from PBS, polyI:C, OVA and OVA/polyI:C-treated mice, and mixed in vitro with CFSE-labeled OT-1 cells. WT, TICAM-1$^{-/-}$ and IPS-1$^{-/-}$ mice were used for this study. OT-1 proliferation was observed with CD8α$^+$ DC but not CD8α$^-$ DC when OVA + polyI:C was injected (**Fig. 5B**). Furthermore, the OT-1 proliferation barely occurred in the mixture containing TICAM-1$^{-/-}$ CD8α$^+$ DC. Thus, OT-1 proliferation is triggered by the TICAM-1 pathway in CD8α$^+$ DC. Again, IPS-1 had almost no effect on OT-1 proliferation with CD8α$^+$ DC in this setting. In the mixture, IFNγ was produced in the supernatants of WT and IPS-1$^{-/-}$ CD8α$^+$ DC but not TICAM-1$^{-/-}$ DC by stimulation with OVA + polyI:C (**Fig. 5C**). No IFNγ was produced in the supernatants of CD8α$^-$ DC even from WT mice, which results are in parallel with those of OT-1 proliferation. In any case irrespective of tumor-bearing or not, Ag, polyI:C and the TICAM-1 pathway are mandatory for CD8α$^+$ DC to cross-prime and proliferate OVA-specific CD8 T cells.

We checked the TICAM-1- or IPS-1-specific gene expressions related to Type I IFN and MHC Class I presentation using genechip and qPCR (**Fig. S6**). PolyI:C-mediated upregulation of *Tap1*, *Tap2* and *Tapbp* messages diminished in TICAM-1$^{-/-}$ BMDC (**Fig. S6A**). The levels of these genes were hardly affected in IPS-1$^{-/-}$ BMDC (data not shown). PolyI:C-mediated upregulation was observed with MDA5 (*Ifih1*) in CD8α$^-$ and CD8α$^+$ DCs (**Fig. S6B**). Surprisingly, other factors including TLR3, TICAM-1 and MAVS messages were all downregulated in response to polyI:C in CD8α$^+$ DC (**Fig. S6B**), for the reason as yet unknown.

Effect of TLR3-mediated IFN-inducing pathway on anti-tumor CTL induction. PolyI:C is a dsRNA analog capable of incorporating into the endosome and cytoplasm by exogenous administration in vitro.[27,28] However, no evidence has been proposed that polyI:C is internalized into the endosome of

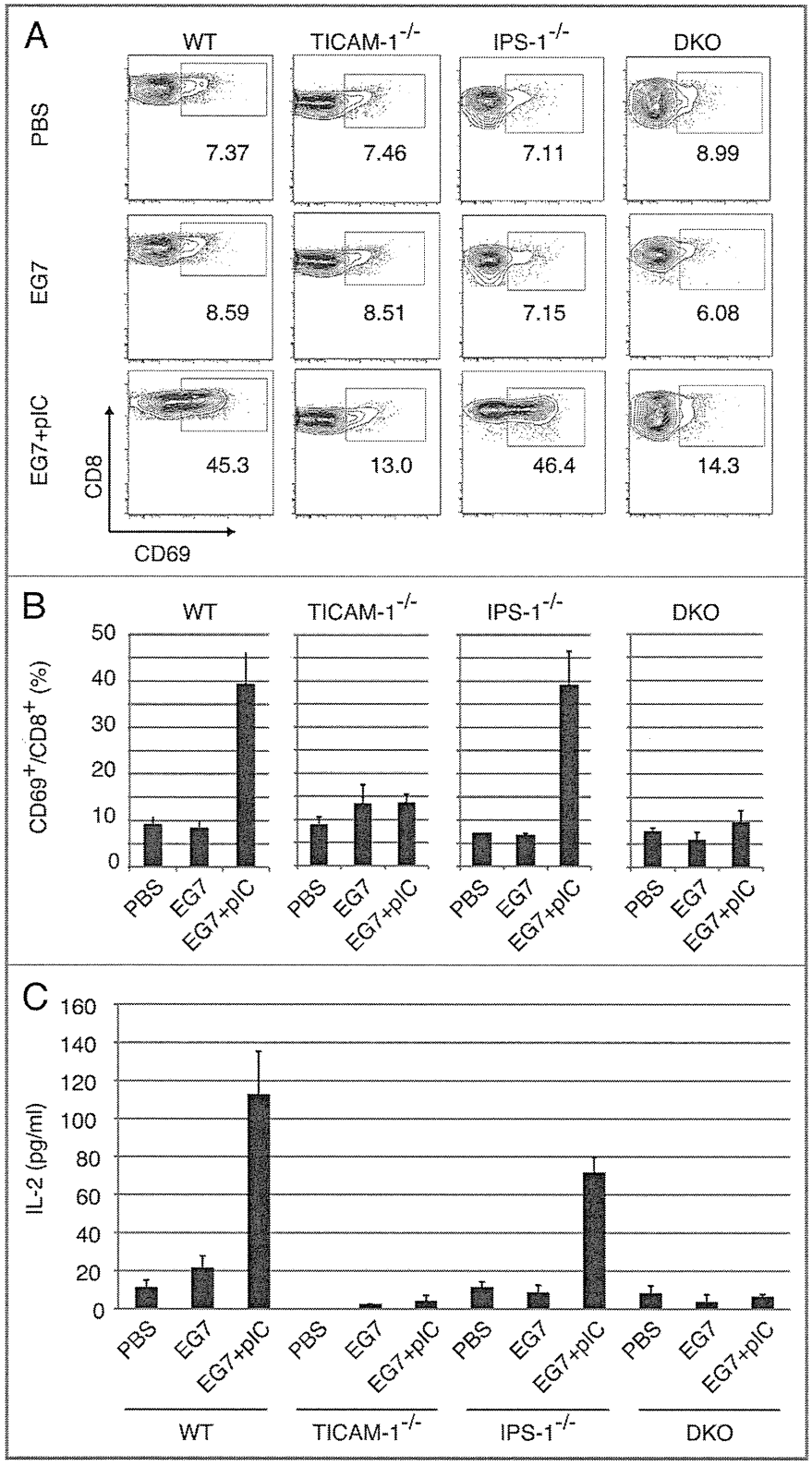

Figure 3. CD8 T cells in the draining LNs are activated through the TICAM-1 pathway by polyI:C. Draining inguinal LNs were harvested from tumor-bearing mice 24 h after the last treatment. LN cells were stained with CD3ε, CD8α and CD69, and the cells gated on $CD3\varepsilon^{+}CD8\alpha^{+}$ are shown (A). Spleen cells in each group of mice were stained separately, the CD8 levels in gated cells being variably distributed in FACS analyses. The average frequency of activated CD8 T cells defined by CD69 expression is shown (B). Alternatively, LN cells from the indicated mice were cultured for further 3 d in vitro and IL-2 production was measured by CBA assay (C).

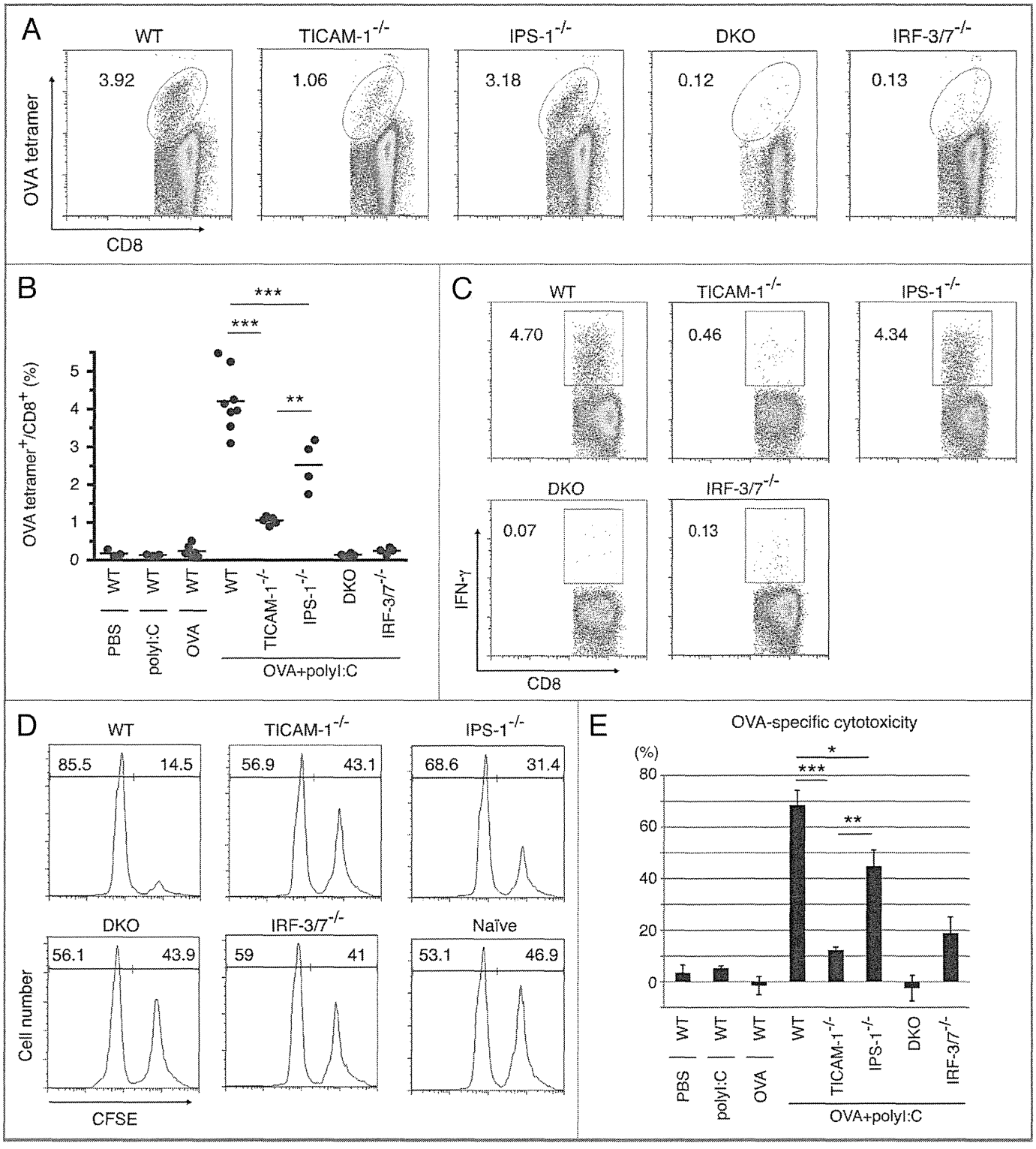

Figure 4. TICAM-1 and IRF-3/7 are essential for polyI:C-induced antigen-specific CTL expansion. WT, TICAM-1$^{-/-}$, IPS-1$^{-/-}$, TICAM-1/IPS-1 DKO and IRF-3/7$^{-/-}$ mice were i.p. administered with the combination of OVA and polyI:C. After 7days, splenocytes were harvested and stained with CD8α and OVA tetramer (A). The average percentages of OVA-specific CTL are shown (B). Alternatively, splenocytes were cultured in vitro in the presence of SL8 for 8 h and IFNγ production was measured by intracellular cytokine staining (C). To assess the killing activity, in vivo CTL assay was performed. The combinations of OVA and polyI:C were administered i.v. to each group of mice and 5 d later, cytotoxicity was measured (D). The data shown are collaborate or representative of at least three independent experiments. One-way analysis of variance (ANOVA) with Bonferroni's test was performed to analyze statistical significance. *, $p < 0.05$; **, $p < 0.01$; ***, $p < 0.001$.

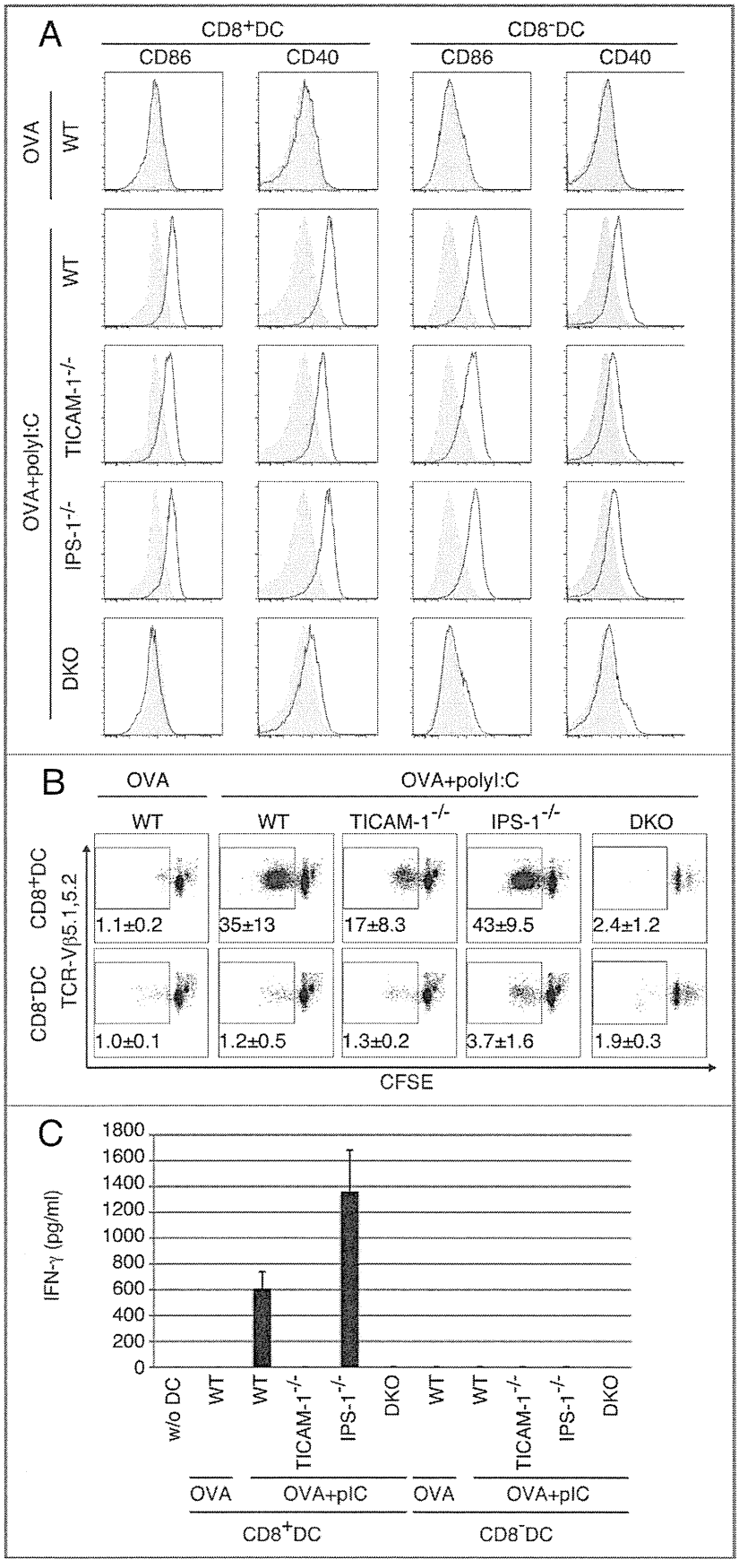

Figure 5. TICAM-1 in CD8α⁺ DC is more important than IPS-1 in polyI:C-induced cross-priming. OVA and polyI:C were administered i.v. and 4 h later, CD8α⁺ and CD8α⁻ DC were isolated from the spleen. CD86 and CD40 expressions were determined by FACS (A). Filled gray and black line show isotype control and target expression, respectively. Alternatively, CD8α⁺ and CD8α⁻ DC were co-cultured with CFSE-labeled RAG2$^{-/-}$/OT-1 T cells for 3 d. The cross-priming activity of each DC subset was determined with sequential dilution of CFSE (B) and IFNγ production (C). IFNγ was measured by CBA assay. The data shown are representative of two independent experiments. Err bar shows SD.

CD8α⁺ DC where TLR3 is expressed in vivo. Peritoneal (PEC) Mf and bone marrow-derived DC[22] usually phagocytoze polyI:C and deliver them into the endosome. In mouse CD8α⁺ DC direct internalization of polyI:C has remain unproven. Using labeled polyI:C and anti-mouse TLR3 mAb, 11F8,[22] we checked whether the exogenously-added polyI:C encountered with TLR3 in CD8α⁺ DC in vitro. TLR3 (green) was merged with TexasRed-polyI:C 30–120 min after polyI:C stimulation in the culture (**Fig. 6A**). The quantities of CD8α⁺ and CD8α⁻ DC where FITC-polyI:C was incorporated were determined by FACS analysis (**Fig. 6B**). Thus, the process by which polyI:C injected reaches the endosomal TLR3 is delineated in the CD8α⁺ DC.

Discussion

PolyI:C is an analog of virus dsRNA, and acts as a ligand for TLR3 and RIG-I/MDA5. PolyI:C has been utilized as an adjuvant for enhancement of antitumor immunity for a long time.[29] However, the mechanistic background of the therapeutic potentials of polyI:C against cancer has been poorly illustrated. It induces antitumor NK activation through DC-NK cell-to-cell interaction when CD8α⁺ DC TLR3 is stimulated in the spleen.[11] Besides myeloid cells, however, some tumor cell lines express TLR3 and dsRNA targeting tumor cells may affect the growth rate of tumors,[30] where the receptor-interacting protein (RIP) pathway is involved downstream of TICAM-1.[31] Here we showed evidence that polyI:C injection facilitates maturation of TLR3-positive CD8α⁺ DC (i.e., APC) to trigger CTL induction against exogenous soluble Ags including EG7 lysate or OVA. The TICAM-1 adaptor for TLR3 and IRF-3/7 are involved in the cross-presentation signal in CD8α⁺ DC, but the molecule/mechanism downstream of TICAM-1 that governs cross-presentation remains elusive. Since most of the tumor-associated Ags (TAA) are predicted to be liberated from tumor cells