

Figure 7. (A) Pixel densities of phosphokinase arrays performed on three cell lines. After 12 hours, cells were lysed with lysis buffer and further processed for detection of kinase activation. Pixel densities were evaluated and analyzed using LAS3000 (Fuji Film Co., Tokyo, Japan). (B) Determination of signaling pathways in UT-7/Epo and both types of transduced cells. Phosphokinase arrays performed on three cell lines demonstrated that STAT5a (Y699) activation was markedly reduced in UT-7/Epo cultured without Epo, with a pixel density of ~ 0.4 . In UT-7/Epo cultured with Epo, the level of STAT5a (Y699) phosphorylation was almost at the same as in both types of transduced cells cultured with Epo, with a pixel density of ~ 0.8 . The Akt (T308) and AMPK α 1 pathways were also activated at almost the same level in all cell lines, with pixel densities of ~ 0.8 . CREB, and Lyn kinases were predominantly activated only in transduced cells, with pixel density ratios (transduced cells vs. UT-7/Epo cells) of ~ 2 .

Discussion

Our findings indicate that the overexpression of RPL11 and RDH11 can maintain the growth and proliferation of UT-7/Epo cells in culture conditions in the absence of Epo. Interestingly, the proliferation of both of RPL11- and RDH11-transduced cells was not due to autocrine manner as shown in Figure 3. Gene transfer of *RPL11* to UT-7/Epo cells resulted in more increased number of cells and colonies than that of *RDH11*. In addition, the percentage of apoptotic cells in RPL11-transduced cells was much lower than that in RDH11-transduced cells. Therefore, it is possible that RPL11 has greater potential than RDH11 to induce the proliferation of UT-7/Epo cells. RPL11 has been recently demonstrated to be essential for normal cell proliferation by supporting ribosomal biogenesis and transcription capacity [9]. In the special context of erythroid

proliferation, RPL11 has been previously reported to increase the translation of a specific set of transcripts, such as Bag1, which encodes an Hsp70 cochaperone, and Csd1, which encodes an RNA-binding protein, and both were expressed at increased levels in erythroblasts [10]. A recent report using zebrafish embryos also showed that RPL11 could support hematopoietic iron metabolism and Hb synthesis, whereas the promotion of erythroid proliferation by RDH11 is due to all-*trans*-retinoic acid, an active metabolite of this enzyme's catalytic process [11–13]. As demonstrated in this study, these effects result in promotion of erythroid proliferation by RPL11 and RDH11. Notably, increased expression level of *RDH11* gene in UT-7/Epo cells might not significantly increase the level of retinoic acids produced in these cells, because the substrate for the enzymatic reaction is limited. Moreover, the apoptosis

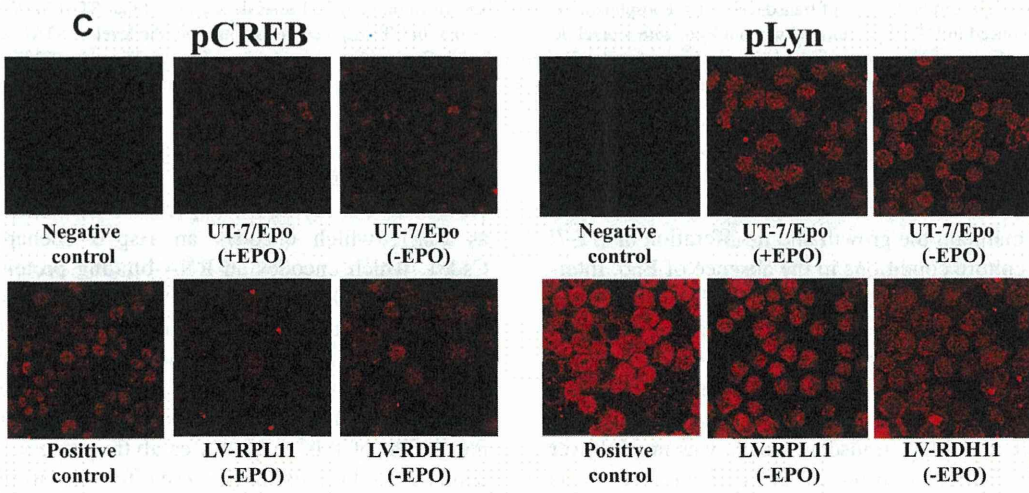
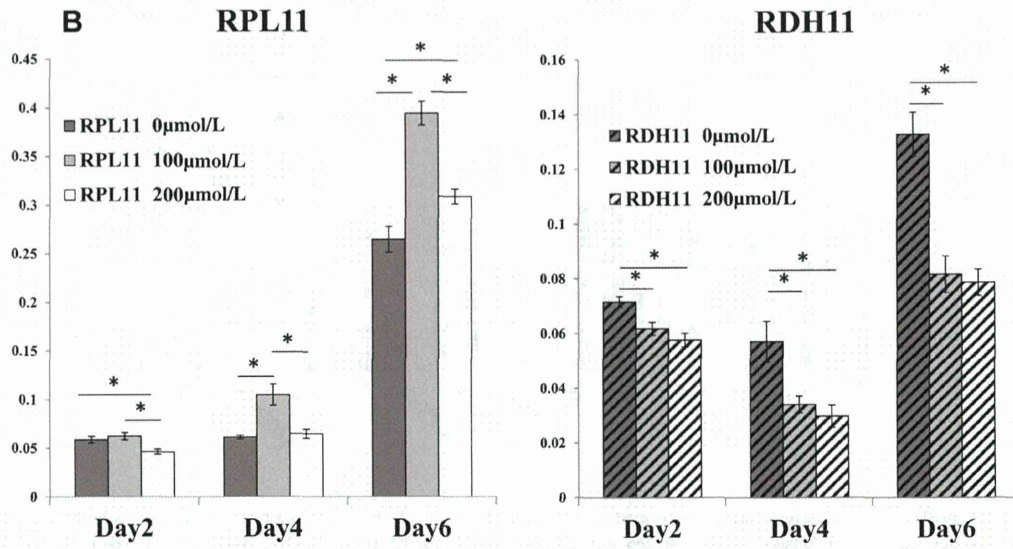
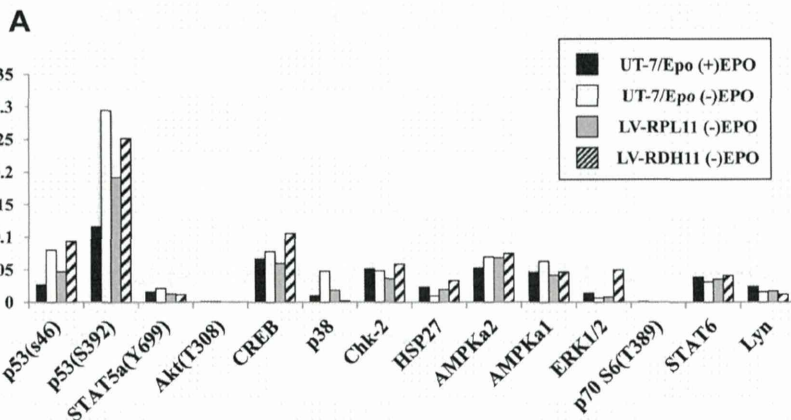


Figure 8. (A) Phospho-kinase array with STAT5 inhibitor at a final concentration of 100 $\mu\text{mol/L}$ for 12 hours. To ascertain the STAT5 signaling pathway involved in RPL11- and RDH11-transduced cells, STAT5 inhibitor was added in the culture medium. STAT5a (Y699) was demonstrated to be significantly decreased by phosphokinase array. (B) Cell proliferation assays of RPL11- and RDH11-transduced cells with STAT5 inhibitor. RPL11- and RDH11-transduced cells were cultured for 2, 4, and 6 days in the presence of STAT5 inhibitor at final concentrations of 100 and 200 $\mu\text{mol/L}$. Cells were harvested and processed for proliferation assay. At day 2, the proliferations of RPL11- and RDH11-transduced cells were significantly inhibited at 200 $\mu\text{mol/L}$ of STAT5 inhibitor. * . (C) The phosphorylation of CREB and Lyn using immunocytochemistry. UT-7/Epo with or without Epo, and RPL11- and RDH11-transduced cells were harvested and processed for immunocytochemistry. The phosphorylation of CREB and Lyn was demonstrated.

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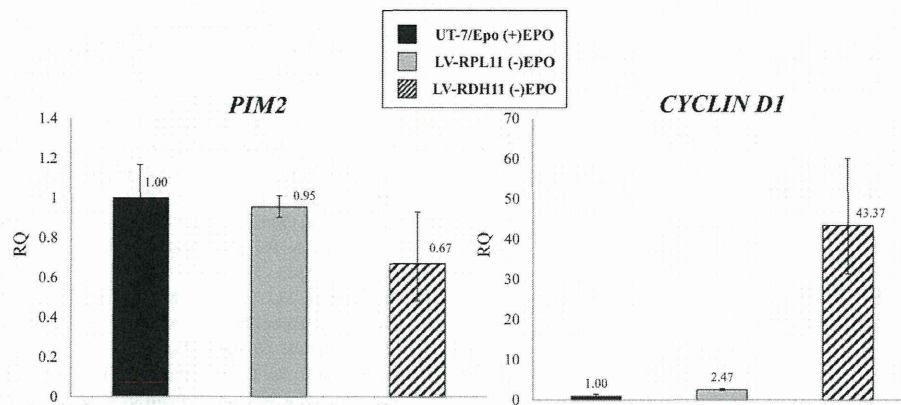


Figure 9. Quantitative RT-PCR of STAT5 target genes. The expression of *PIM2* did not differ significantly among the samples (left). By contrast, *CCND1* was upregulated in RPL11- and RDH11-transduced cells (2.47- and 43.37-fold, respectively) relative to the control UT-7/Epo cells (right). RQ = ■ ■ ■.

induced by retinoic acid might be another reason that RDH11-transduced cells proliferate less rapidly than those transduced with RPL11 [14]. Only 30% of RPL11- and RDH11-transduced cells could produce α -globin, compared with 80% of UT-7/Epo cells. Several possibilities might explain this reverse switching, including increased expression of specific miRNAs [15–18]. In RDH11-transduced cells, retinoic acid can also inhibit HDACs, resulting in activation of transcriptional processes and ultimately increased expression of γ -globin [19].

Our experiments also demonstrated that STAT5a was markedly activated to almost the same extent in all cell lines, whereas the CREB and Lyn kinases were highly activated in RPL11- and RDH11-transduced cells. Lyn is a hematopoiesis-specific kinase, and its role in erythroid precursors has also been identified. Lyn activation triggers phosphorylation of STAT5 molecules by phosphorylation of protein phosphatase SHP-1 [20,21]. Activation of CREB by the cAMP signaling pathway can also induce STAT5 activation [22,23]. By inhibition of STAT5 activity using STAT5 inhibitor, the proliferation of both RPL11- and RDH11-transduced cells significantly decreased, especially at day 2 with the dosage of 200 μ mol/L (Fig. 8B). Thus, it appears that activation of STAT5 was specifically involved in erythroid proliferation in both types of transduced cells, in accordance with a previous report [24]. Surprisingly, our data showed that STAT5 inhibitor could inhibit the proliferation of RPL11-transduced cells, but not as strongly as that of RDH11-transduced cells. This observation indicates that the signaling pathways involving in proliferation of RPL11-transduced cells might be more complex. Moreover, the JAK2 phosphorylation could not be demonstrated in our study. From previous report, JAK2 phosphorylation could be detected for only a 2-hour interval immediately after adding Epo into the Epo-deprived culture medium [25]. Another important pos-

sibility is that JAK2 activation is not the upstream signaling pathway of STAT5 in our conditions. Thus, STAT5 phosphorylation in both RPL11- and RDH11-transduced cells may be the direct activation resulting from Lyn and CREB phosphorylation.

The activation of antiapoptotic proteins, BCL-XL and BCL-2, by STAT5 might also be one of the mechanisms that maintains the growth and survival of these cells [26]. Furthermore, *CCND1* expression was highly upregulated in both types of transduced cells, especially in RDH11-transduced cells. STAT5 can induce *CCND1* expression, thereby stimulating cell-cycle progression and further inducing proliferation [27–29]. However, the high accumulation of *CCND1* at day 3 in RDH11-transduced cells might have been due to their active entries from G₀/G₁ to late S phases, concomitant with the accumulation at G₂/M phases, as demonstrated in RDH11 cell cycle determination at 72 hours [27].

In conclusion, our study demonstrates that both of RPL11 and RDH11 can induce proliferation in the UT-7/Epo cell line in the absence of Epo. Our data provide more insights into the mechanisms underlying induction of erythroid proliferation, a promising treatment strategy for patients with conditions such as Diamond–Blackfan anemia (DBA). DBA is caused by mutations of components of the small and large ribosomal subunits, such as RPL5 and RPL11 [30–32]. Therefore, transduction of RPL11 should help to improve patients' symptoms and signs. In addition, transduction of RDH11 results in increased synthesis of all-*trans*-retinoic acid, a potential therapeutic approach for treating the refractory anemia in myelodysplastic syndromes [33]. Our findings also indicate that STAT5 activation is involved in this proliferation process. Finally, CREB and Lyn protein kinases might participate in the activation of STAT5 in our transduced cells, resulting in further upregulation of *CCND1* expression.

Acknowledgement

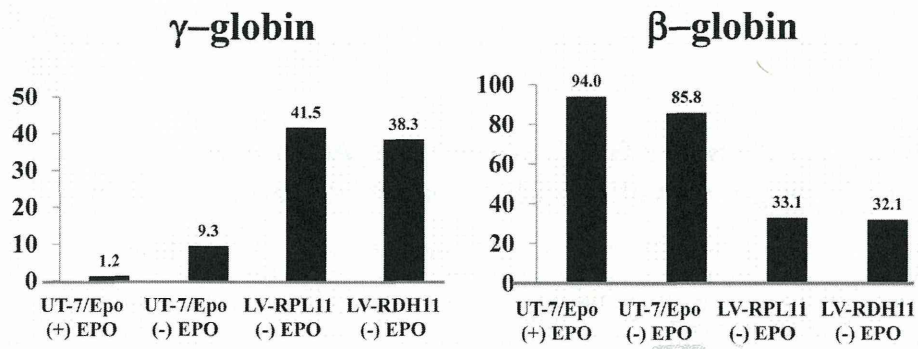
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Conflict of interest disclosure

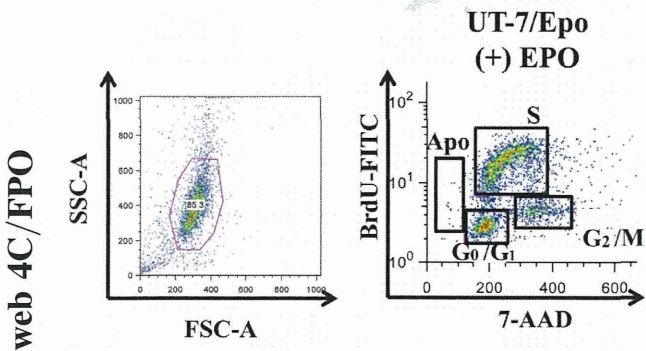
The authors have no competing interests.

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Supplementary Figure 1. Analysis of hemoglobin content in RPL11- and RDH11-transduced cells. Hemoglobin production in both types of transduced cells was compared with that in the parental UT-7/Epo cells. Switching of hemoglobin type was demonstrated to have occurred: adult hemoglobin (β-globin) was highly expressed in UT-7/Epo cells, whereas fetal hemoglobin (γ-globin) was highly expressed in both types of transduced cells.



Supplementary Figure 2. Cell cycle determination using FITC-conjugated anti-BrdU, analyzed by flow cytometry of UT-7/Epo cultured with Epo. The G₀/G₁, S, G₂/mol/L, and apoptotic groups were gated as shown.

Research Article

TLR7 Ligand Augments GM-CSF–Initiated Antitumor Immunity through Activation of Plasmacytoid Dendritic Cells

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Abstract

Vaccination with irradiated granulocyte macrophage colony-stimulating factor (GM-CSF)–transduced autologous tumor cells (GVAX) has been shown to induce therapeutic antitumor immunity. However, its effectiveness is limited. We therefore attempted to improve the antitumor effect by identifying little-known key pathways in GM-CSF–sensitized dendritic cells (GM-DC) in tumor-draining lymph nodes (TDLN). We initially confirmed that syngeneic mice subcutaneously injected with poorly immunogenic Lewis lung carcinoma (LLC) cells transduced with Sendai virus encoding GM-CSF (LLC/SeV/GM) remarkably rejected the tumor growth. Using cDNA microarrays, we found that expression levels of type I interferon (IFN)–related genes, predominantly expressed in plasmacytoid DCs (pDC), were significantly upregulated in TDLN-derived GM-DCs and focused on pDCs. Indeed, mouse experiments demonstrated that the effective induction of GM-CSF–induced antitumor immunity observed in immunocompetent mice treated with LLC/SeV/GM cells was significantly attenuated when pDC-depleted or IFN α receptor knockout (IFNAR^{-/-}) mice were used. Importantly, in both LLC and CT26 colon cancer–bearing mice, the combinational use of imiquimod with autologous GVAX therapy overcame the refractoriness to GVAX monotherapy accompanied by tolerability. Mechanistically, mice treated with the combined vaccination displayed increased expression levels of CD86, CD9, and Siglec-H, which correlate with an antitumor phenotype, in pDCs, but decreased the ratio of CD4⁺CD25⁺FoxP3⁺ regulatory T cells in TDLNs. Collectively, these findings indicate that the additional use of imiquimod to activate pDCs with type I IFN production, as a positive regulator of T-cell priming, could enhance the immunologic antitumor effects of GVAX therapy, shedding promising light on the understanding and treatment of GM-CSF–based cancer immunotherapy. *Cancer Immunol Res*; 2(6); 568–80. ©2014 AACR.

Introduction

In recent clinical trials of patients with diverse solid cancers, cancer immunotherapy such as therapeutic vaccination with granulocyte macrophage colony-stimulating factor (GM-CSF) gene-transduced tumor vaccines (GVAX), as well as sipuleucel-T (Provenge; Dendreon), the first FDA-approved GM-CSF–based therapeutic dendritic cell (DC) vaccine for prostate cancer, induced antitumor immune responses with tolerability (1–3). However, the efficacy of this therapy alone

is not satisfactory, raising an urgent need to improve the antitumor effect of GVAX. Although GM-CSF signaling is essential in conventional DC (cDC) maturation, which leads to effective generation of tumor-associated antigen (TAA)–specific T cells and differentiation, the underlying molecular mechanism of how GM-CSF sensitizes and matures DCs (GM-DC, i.e., GM-CSF–sensitized DCs) to trigger host antitumor immunity remains unclear.

Therefore, in this study, we attempted to improve the antitumor effects of GVAX therapy through identification of the key cluster genes upregulated in GM-DCs that operate T-cell priming in tumor-draining lymph nodes (TDLN) by conducting a cDNA microarray analysis. We used a syngeneic Lewis lung carcinoma (LLC)–bearing mouse, which exhibited remarkable tumor regression following subcutaneous administration of fusion (F) gene-deleted nontransmissible Sendai virus vector–mediated GM-CSF gene-transduced LLC (LLC/SeV/GM) cells (4). Using this experimental system, the expression microarray analysis elucidated that pathways involving Toll-like receptor 7 (TLR7) and interferon regulatory factor 7 (IRF7), which induce type I interferon (IFN) production in plasmacytoid DCs (pDC; ref. 5), were upregulated in GM-CSF–activated mature DCs. Further activation of this pathway using

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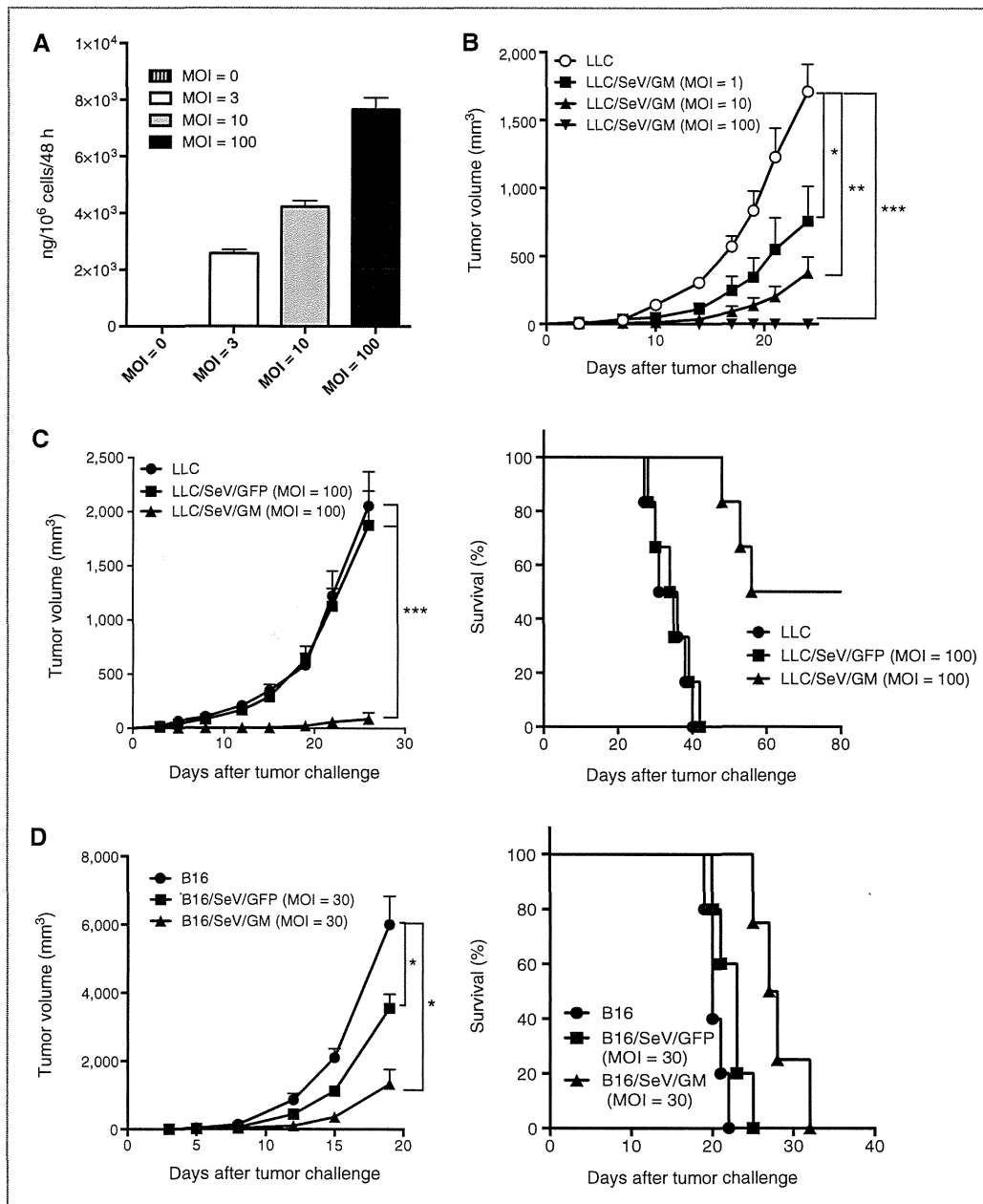


Figure 1. Tumor development of poorly immunogenic LLC and B16F10 cells modified to produce GM-CSF was markedly inhibited. A, dose-escalation studies to assess GM-CSF production from LLC/SeV/GM cells (MOI = 0, 3, 10, and 100). GM-CSF production levels in the supernatants from the 48-hour culture were measured by ELISA. B and C, tumorigenicity assays using LLC cells. B, a total of 3.0×10^5 LLC and LLC/SeV/GM (MOI of 1, 10, or 100) cells were subcutaneously inoculated into the right flank of C57/BL6N mice ($n = 3$). C, a total of 2.0×10^5 LLC, LLC/SeV/GFP, or LLC/SeV/GM (MOI = 100) cells were inoculated into the right flank of C57/BL6N mice ($n = 6$). Significant tumor regression (left) and prolonged survival (right) was shown in mice treated with LLC/SeV/GM cells. D, tumorigenicity assays using B16F10 cells. In total, 1.0×10^5 B16F10, B16/SeV/GFP, or B16/SeV/GM (MOI = 30) cells were inoculated into the right flanks of C57/BL6N mice ($n = 6$). Significant tumor regression (left) and prolonged survival (right) were observed in mice treated with B16/SeV/GM cells. The asterisks indicate statistically significant differences (*, $P < 0.05$; **, $P < 0.01$; ***, $P < 0.001$). Kaplan-Meier survival curves are shown, and mortality was determined by the log-rank test (LLC vs. LLC/SeV/GM and LLC/SeV/GFP vs. LLC/SeV/GM; $P < 0.001$, LLC vs. LLC/SeV/GFP; $P = 0.67$, B16 vs. B16/SeV/GM and B16/SeV/GFP vs. B16/SeV/GM; $P < 0.05$).

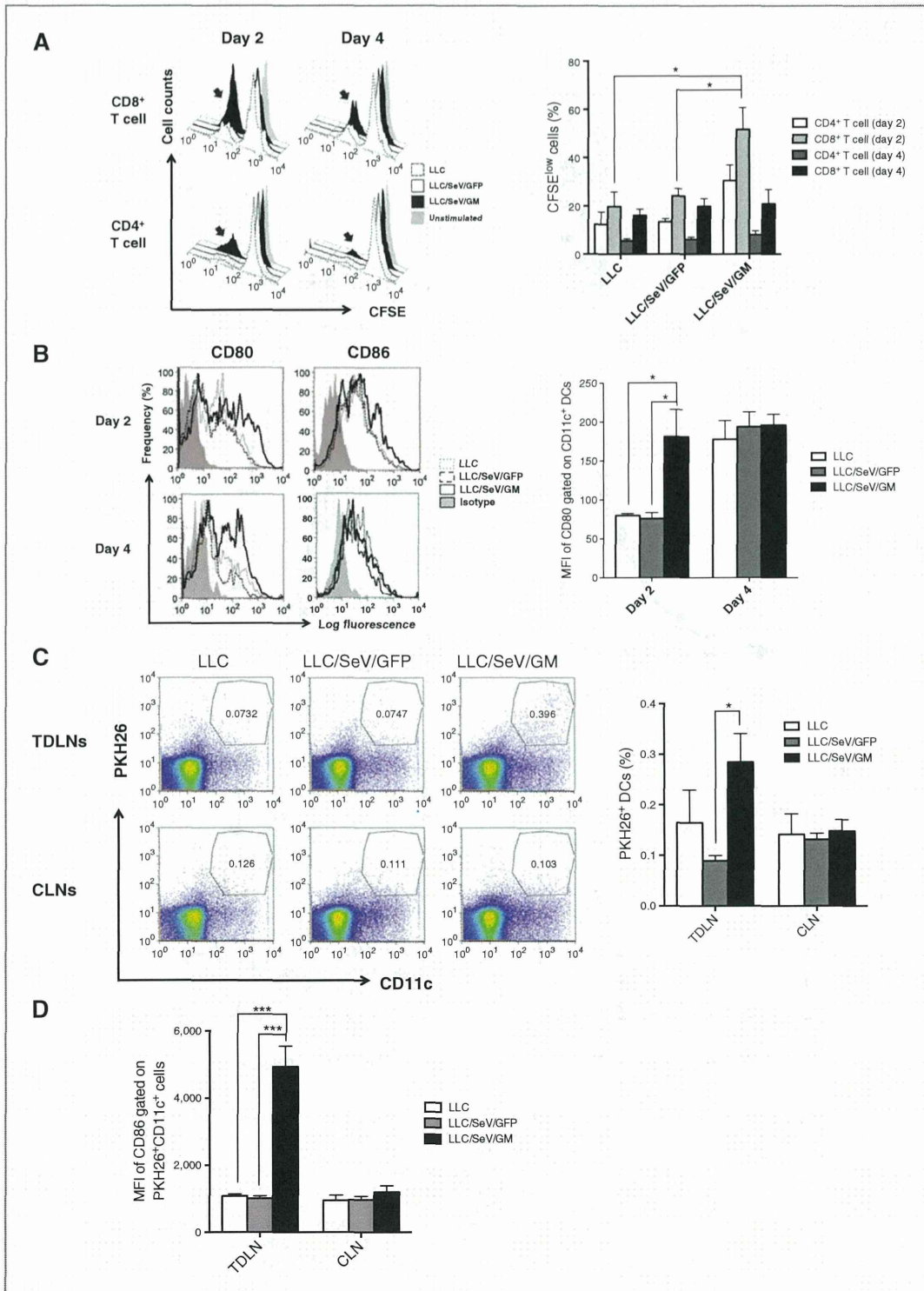


Table 1. Canonical pathways identified by IPA

Pathways	–log (P value)	Molecules
Role of pattern recognition receptors in recognition of bacteria and viruses	7.42E+00	OAS1, C3, OAS2, IL6, CCL5, Oas1f, OAS3, IFNA1/IFNA13, TLR2, IFIH1, IRF7, DDX58, TLR7, PIK3R6, EIF2AK2
Pathogenesis of multiple sclerosis	5.33E+00	CXCL10, CXCL9, CCL4, CCL5, CXCL11
Activation of IRF by cytosolic pattern recognition receptors	4.38E+00	DHX58, IFIH1, IRF7, DDX58, ZBP1, STAT2, IL6, IFIT2, IFNA1/IFNA13, ISG15
IFN signaling	3.96E+00	IFIT3, IFIT1, OAS1, MX1, IFI35, STAT2, IFNA1/IFNA13
DC maturation	3.01E+00	FCGR2A, HLA-DMB, IL6, MAPK13, FCGR2B, TREM2, IFNA1/IFNA13, FCGR1A, TLR2, COL1A2, IL1RN, FSCN1, PIK3R6, STAT2
Hepatic fibrosis/hepatic stellate cell activation	2.58E+00	COL1A2, CXCL3, FN1, CXCL9, IGF1, PDGFA, CCL21, CD14, MMP13, CCL5, IL6, IFNA1/IFNA13
Role of hypercytokinemia/hyperchemokine in the pathogenesis of influenza	2.49E+00	CXCL10, CCL4, IL1RN, CCL5, IL6, IFNA1/IFNA13
Communication between innate and adaptive immune cells	2.47E+00	CXCL10, TLR2, CCL4, IL1RN, TLR7, CCL5, IL6, IFNA1/IFNA13, Ccl9
Role of tissue factor in cancer	2.45E+00	F10, PDIA2, PIK3R6, HCK, MMP13, F7, LIMK2, MAPK13, FGR, F2
LXR/RXR activation	2.26E+00	APOE, SCD, C3, MSR1 (includes EG:20288), IL1RN, LPL, CLU, CD14, IL6, GC

TLR7 agonist enhanced the therapeutic antitumor effects of GVAX therapy using irradiated autologous GM-CSF gene-transduced vaccine cells in both LLC and CT26 tumor-bearing mouse models with augmented pDC activation. These results showed that the combination of GVAX and imiquimod is an effective therapeutic strategy for cancer immunotherapy, and indicate that activated pDCs have a critical role in the GM-CSF–induced induction of antitumor immunity.

Materials and Methods

Mice

Five- to 10-week-old female immunocompetent C57/BL6N and BALB/cN mice were purchased from Charles River Laboratories Japan and housed in the animal maintenance facility at Kyushu University (Fukuoka, Japan). Type I IFN receptor knockout (IFNAR^{-/-}) mice were purchased from The Jackson Laboratory. All animal experiments were approved by the Committee of the Ethics on Animal Experiments in the Faculty of Medicine, Kyushu University. Mouse experiments were carried out at least twice to confirm results.

Tumor cell lines

LLC and CT26 cells were purchased from the American Type Culture Collection (ATCC) and passed for 3 to 4 months after

resuscitation. The mouse melanoma cell line (B16F10) was a kind gift from Dr. Shinji Okano (Kyushu University) and was validated as free from *Mycoplasma* infection; no other validations were performed. Both LLC and CT26 cells were validated as free from *Mycoplasma* infection. No other validations were performed; besides, the former were found as free from ectromelia virus. LLC and B16F10 cells were maintained in Dulbecco's Modified Eagle Medium (DMEM; Nakalai Tesque) supplemented with 10% heat-inactivated fetal bovine serum (FBS) and 1% antibiotic mixture (Nakalai Tesque). CT26 was maintained in RPMI-1640 (Nakalai Tesque) supplemented with 10% FBS and 1% antibiotic mixture.

Gene transduction with nontransmissible recombinant Sendai virus vectors

LLC, B16F10, or CT26 cells were infected with nontransmissible Sendai virus vectors encoding green fluorescence protein (GFP) or mouse GM-CSF (SeV/GFP or SeV/GM, respectively), which were prepared by Dनावेक Corp. (6), at the indicated multiplicity of infection (MOI) for 90 minutes (termed as LLC/SeV/GFP, LLC/SeV/GM, B16/SeV/GFP, B16/SeV/GM, or CT26/SeV/GM cells, respectively). They were cultured for 48 hours after viral gene transduction and used for following mouse studies.

Figure 2. GM-CSF–sensitized DCs elicited superior capacities to stimulate T-cell proliferation and to mobilize TAA-phagocytosed mature DCs into TDLNs. A, CFSE-labeled allogeneic MLR assay. Irradiated CD11c⁺ DCs from mice treated with indicated tumor challenge were mixed with CFSE-labeled allogeneic T cells. After 3 days of coculture, the proliferation rates of T cells were assessed by flow cytometric analysis. Representative histograms depict CFSE expression of allogeneic CD4⁺CD3⁺ or CD8⁺CD3⁺ T cells (left). Bar graphs, mean + SEM percentage of CFSE-diluted cells/total indicated T cells (right). B, representative histograms depict frequency distributions of MFI of CD80 or CD86 expression in CD11c⁺ DCs from indicated mouse groups on day 2 or 4 after the tumor challenge (left). Bar graphs, mean + SEM of MFI of CD80 on DCs in TDLNs (right). C, representative dot plots show PKH26⁺CD11c⁺ cells gated by their FSC/SSC profiles in TDLNs or CLNs (left). Bar graphs, mean + SEM of percentage of CD11c⁺PKH26⁺ cells in TDLNs or CLNs (right). D, bar graphs, mean + SEM of MFI of CD86 expression levels in PKH26⁺CD11c⁺ cells (*, *P* < 0.05; ***, *P* < 0.001).

