



# Activation of dendritic cells by targeted DNA: a potential addition to the armamentarium for anti-cancer immunotherapy

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## Abstract

In the past decade, remarkable progress has been made in immunotherapy against cancer. Specifically, the introduction of immune checkpoint inhibitors has revolutionized the field. However, many patients are unable to benefit significantly from this treatment option. One of the major reasons for this is most likely the absence of an adequate tumor-specific T cell response in these patients. A way to circumvent this problem might be to combine immune checkpoint inhibitor treatment with new strategies to activate tumor-specific T cells. One such strategy could be to activate and mature dendritic cells in situ. Dendritic cells carry an array of external and internal pattern recognition receptors that induce cell activation and maturation when interacting with their corresponding damage-associated or pathogen-associated molecular patterns (DAMPs or PAMPs). Targeting such molecular patterns directly to dendritic cells might be a way to evoke stronger immune responses. Here, we review our recent findings using antibody-targeted DNA. We summarize the results from our experiments showing that dendritic cells can be actively targeted in vivo through the  $\alpha_x\beta_2$  integrin subunit CD11c, and that DNA delivered through this receptor in vitro leads to maturation of dendritic cells via the cytosolic cGAS/STING DNA-sensing pathway.

**Keywords** Cancer · Cancer immunotherapy · Dendritic cells · STING · PIVAC 18

## Abbreviations

cDC1	Classical type 1 dendritic cell
cDC2	Classical type 2 dendritic cell
CDN	Cyclic di-nucleotide
cGAMP	Cyclic GMP–AMP
cGAS	Cyclic GMP–AMP synthase
CR4	Complement receptor 4
DAMP	Damage-associated molecular pattern
ER	Endoplasmic reticulum
IRF3	Interferon regulatory factor 3
moDC	Monocyte-derived dendritic cell
PAMP	Pathogen-associated molecular pattern
pDC	Plasmacytoid dendritic cell
PRR	Pattern recognition receptor
STING	Stimulator of interferon genes
TBK1	TANK-binding kinase 1

## Introduction

One of the crucial steps that allow mutated cells to develop into cancer is the development of resistance to attacks from the immune system [1]. Many innate and adaptive immune mechanisms participate in the defence against neoplasms, but the activation and appropriate function of tumor-specific cytotoxic T cells seem to be particularly important. The remarkable progress in immunotherapy against cancer, brought about by the introduction of immune checkpoint inhibitors, has revealed that many cancer patients have developed tumor-specific T cells that are able to kill cancer cells, once the restraint on the T cells is lifted by treatment with checkpoint-blocking agents [2]. However, clinical trials have also shown that a large fraction of patients do not benefit significantly from the treatment. One of the important reasons for this is most likely that these patients do not have the tumor-specific CD8+ and CD4+ T cells that are necessary for initiating a strong attack on the cancer cells, when the negative checkpoints become blocked [3]. Consequently, it is of great interest to explore approaches that could stimulate the generation of tumor-specific CD8+ and CD4+ T cell clones in these patients.

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The activation of naïve T cells is predominantly executed by dendritic cells (DCs). These cells control whether an antigen is ignored, whether active tolerance develops or whether an adaptive immune response is initiated and if so, they potently shape the type and strength of the response [4]. Consequently, to obtain large numbers of tumor-specific T cells, it is crucial that the DCs are immunostimulatory rather than tolerogenic.

## Dendritic cells in cancer

DCs infiltrate tumors, sample and process tumor-associated antigens (TAA), and then migrate to the draining lymph nodes and activate naïve TAA-specific T cells. TAA-specific cytotoxic effector T cells subsequently migrate to the tumor tissue and kill cancer cells that present the matching peptides on MHC class I. Some activation of T cells may also take place in the tumor tissue [5, 6].

Several types of DCs are present in the tumor tissue. Classical type 1 DCs (cDC1) [7], characterized by the expression of CD103 in the mouse, seem to be the most important cell type for transporting TAA from the tumor to the draining lymph nodes, where they prime tumor-specific CD8+ T cells [8]. Monocyte-derived DCs (moDCs), on the other hand, seem to be important for stimulating tumor-specific CD8+ T cells in the tumor tissue [9]. The role of classical type 2 DCs (cDC2) is less clear, but it is possible that activation of CD4+ T cells by this cell type is important for the development of an effective cytotoxic response against the cancer cells [10]. Plasmacytoid DCs (pDC) are also found in the tumor microenvironment and the capacity of this cell type for producing large amounts of type I interferons could potentially strengthen the immune response against the cancer cells [11].

Tumors avoid effective immune attacks by a multitude of mechanisms, including interference with the optimal function of DCs. Tumors can inhibit DC recruitment to the tumor tissue by tumor-intrinsic active  $\beta$ -catenin signaling, which in turn contributes to a lack of T cell infiltration in the tumor tissue, as demonstrated in melanoma by Spranger et al. [12]. Several cytokines produced by cancer cells have been shown to inhibit proper function of DCs. VEGF, important for neovascularization of the tumor tissue and produced by most human tumors, prevents the functional maturation of dendritic cells [13]. IL-6, that may be produced by cancer cells, as well as other cell types in the tumor, may prompt the DCs to decrease expression of MHC class II molecules and the chemokine receptor 7 (CCR7), important for DC homing to the lymph nodes [14, 15] IL-10, which may be produced by some cancer cells and several types of immune cells present in the tumor microenvironment, reduces the ability of DCs to induce T cell responses [16, 17]. These

cytokines, together with many other biomolecules present in the tumor microenvironment (recently reviewed in [18]) create a milieu in which DCs assume tolerogenic or immunosuppressive characteristics instead of immunostimulatory properties.

Potentially, the DC-suppressive regime, induced by the tumor cells in cancer patients, could be lifted if the DCs could be suitably stimulated. One strategy could be to target a strong maturational stimulus to the DCs in situ.

## Dendritic cell targeting

Many groups have shown that targeting antigens to DCs in situ is a potent way to induce both T- and B cell responses. The targeting element has typically been a monoclonal antibody (mAb), either as a full immunoglobulin molecule or a single chain variable fragment (scFv). A number of different surface molecules may function as receptors for antibody-mediated targeting of antigen, including CD11c, CD205, CD209 (DC-SIGN), CD369 (Clec7A) CD370 (Clec9A) (reviewed in [19]).

To directly compare potential DC surface molecules regarding their potential use as targets for antigen delivery, we screened ten different target molecules in parallel. In these experiments, splenocytes from mice immunized with non-targeting rat immunoglobulin isotype controls were isolated and cultured with rat mAbs specific for different surface molecules. T cell activation was evaluated by interferon- $\gamma$  (IFN- $\gamma$ ) and interleukin-4 (IL-4) ELISPOT assays. Targeting the CD11c molecules induced a high number of IFN- $\gamma$ -producing T cells. By flow cytometry and confocal microscopy, we could show that the mAb targeting CD11c was internalized by the DCs [20]. We also targeted eight different DC surface molecules in vivo. Mice were immunized twice with a rat mAb targeting a DC surface marker or an isotype-matched, non-targeting control mAb. In this way, the rat mAb served as both targeting unit and antigen. Blood samples were drawn at different time points and the presence of anti-rat IgG antibodies was determined by ELISA. CD11c proved to be among the best targets for obtaining a strong antibody response upon delivery of antigen in vivo, indirectly confirming the efficiency of CD11c as an effective antigen-delivery receptor for the activation of antigen-specific CD4+ T cells [21]. Other authors have also identified CD11c as an interesting structure for antigen targeting, showing that it is effective for the generation of both CD4- and CD8 T cell responses [22, 23].

CD11c is the  $\alpha$  chain of a heterodimer with CD18, forming the integrin  $\alpha_X\beta_2$ , also known as complement receptor 4 (CR4), and is, thus, a member of the beta-2 integrin family. CD11c/CD18 binds the complement fragment iC3b [24] but over the years, CD11c/CD18 has been shown to

bind to many diverse ligands, including complement fragments, heparin sulfates and bacterial lipopolysaccharide [25]. Binding of a vast repertoire of ligands to CR4, has been proposed to be largely due to a positively charged ridge in the I-domain of CD11c, which binds to negatively charged moieties in the ligand [25]. The large number of possible ligands, including complement fragments, and the demonstrated subsequent internalization of bound ligand place CR4 as a possible antigen-sampling receptor.

In man, the CD11c/CD18 complex is expressed on several subsets of DCs [26] as well as on macrophages, monocytes, granulocytes [27], activated B cells [28], and some T cell populations [29]. In the mouse, CD11c/CD18 is markedly expressed by most DC subsets and less so on other myeloid and lymphoid cells [26]. Consequently, CD11c is widely used as a DC-specific surface marker in the murine system.

With its predominant expression on antigen-presenting cells, CD11c constitutes an interesting receptor for targeted delivery of antigens in both the murine and the human system.

## Activation of dendritic cells by a targeted DNA

Presentation of antigen to T cells by immature DCs leads to T cell anergy, and antigenic tolerance [4]. In case of a vaccination, this is naturally undesirable, and therefore modern vaccines include a stimulatory signal, or adjuvant, that induces DC maturation.

Originally, it was proposed that the immune system discriminates between self and non-self. This paradigm was later challenged by Polly Matzinger, who proposed the so-called danger theory, according to which the immune system discriminates between dangerous vs. harmless stimuli, rather than between self and non-self [30]. Today, it is widely accepted that the immune system reacts strongly to signals indicating tissue damage. These signals, or damage-associated molecular patterns (DAMPs), are typically intracellular constituents that are not normally present in the extracellular compartment. They are recognized by pattern recognition receptors (PRRs), including the Toll-like receptors (TLRs), RIG-I-like receptors (RLRs), NOD-like receptors (NLRs), C-type lectin receptors (CLRs) and the more recently discovered group of cytosolic DNA sensors.

DCs are central players in detecting danger signals and conveying this information to the adaptive immune system, and therefore express a wide range of PRRs. DCs stimulated by various types of DAMPs and pathogen-associated molecular patterns (PAMPs) ultimately display different cytokine profiles, and thereby influence the differentiation of antigen-specific T cells into different effector cell subsets [31]. If a DAMP or PAMP is employed as an adjuvant in a

vaccine, it is, therefore, important to choose one that will induce the desired type of response.

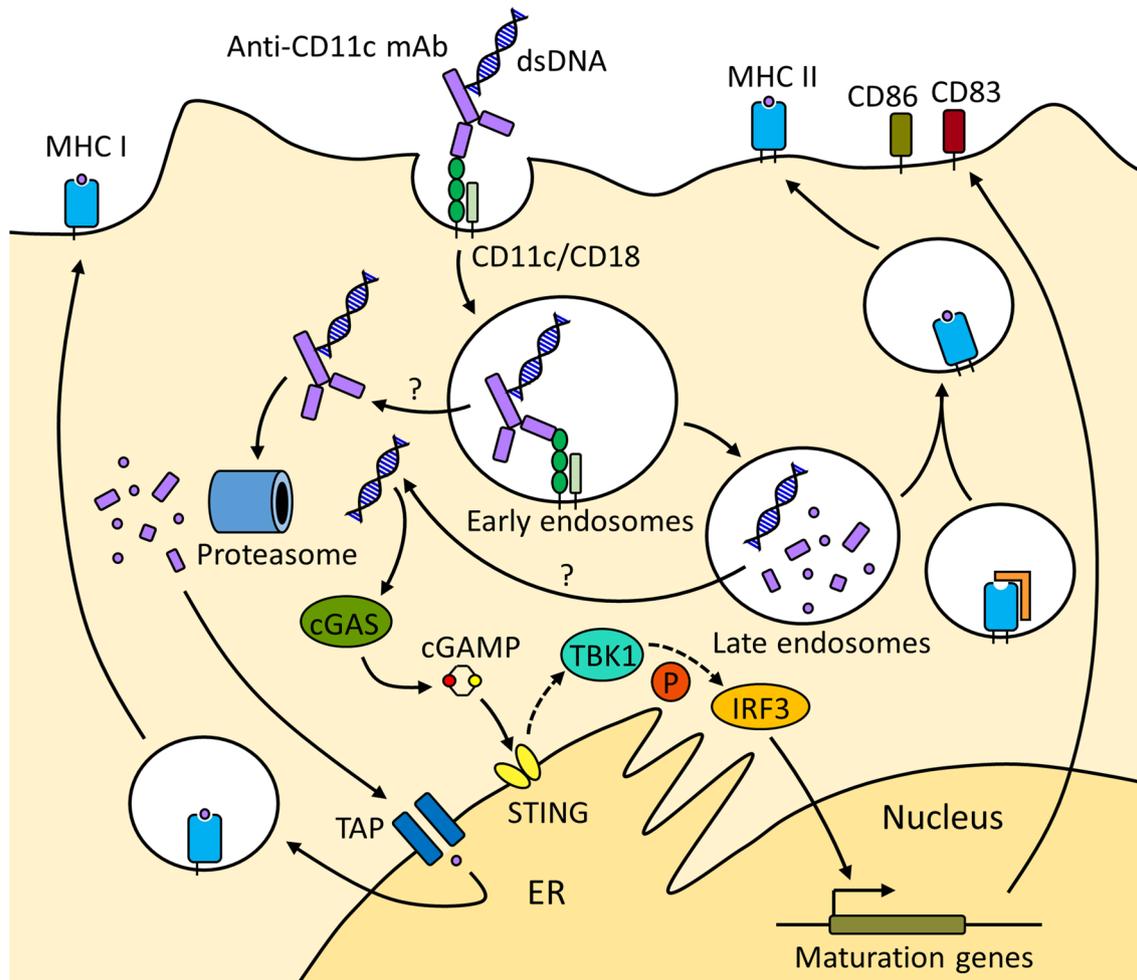
In the case of solid tumors, the most likely DAMPs are substances originating from dying cells within the tumor [32]. They can be proteins like the high mobility group box 1 (HMGB1) protein or the heat shock proteins (HSP), which has been shown to signal through TLR4; or they may be small cytoplasmic molecules, like ATP, which binds to purinergic receptors, including the P2X family [33–36]. Of this family, the P2X7 receptor appears to play an important role during inflammation and cancer immune responses [37, 38]. Another important DAMP is DNA, and it was recently demonstrated by Woo et al. that tumor-infiltrating DCs are able to take up tumor cell-derived DNA in the B16 melanoma model [39]. Using lipofectamine transfection with double-stranded DNA and flow cytometric analysis of the surface markers CD83, CD86 and HLA-DR, we have shown that human moDCs mature after cytoplasmic exposure to DNA [40].

The pathway involved in the recognition of DNA in the cytosol has been under intense investigation in the past decade. In 2008, Ishikawa et al., discovered an endoplasmic reticulum (ER)-associated transmembrane adaptor protein, named stimulator of interferon genes (STING) that was involved in the induction of type I interferon production after cytosolic DNA exposure [41]. After activation, STING translocates from the ER to the Golgi, and recruits TANK-binding kinase 1 (TBK1) [42]. TBK1 phosphorylates interferon regulatory factor 3 (IRF3) and initiates its translocation to the cell nucleus, where it functions as a transcription factor for type I interferons [43–45].

STING is activated by small cyclic di-nucleotides (CDN) of bacterial or host cellular origin [46]. In mammalian cells, the CDN cyclic GMP–AMP (cGAMP) is generated by the cytoplasmic DNA sensor cyclic GMP–AMP synthase (cGAS) after binding of double-stranded DNA [47, 48].

The cGAS/STING pathway was first recognized as an important pathway in the immune response against viral infections and for its role in different autoimmune diseases [49]. However, in recent years it has become clear that this pathway is also an important part of the anti-tumor immune response, specifically in the generation of tumor-specific T cell responses. Therefore, it is of interest to investigate means of activating this pathway for cancer immunotherapy [39, 49].

Recent studies have shown that targeting STING is an efficient strategy to enhance cancer immunotherapy. Corrales et al. demonstrated that the STING agonist DMXAA (5,6-dimethylxanthenone-4-acetic acid), on its own, could induce anti-tumor immune reactions in mice after intratumoral injections [50]. Nakamura et al. tested a system where another STING agonist, the cyclic dinucleotide, c-di-GMP, was delivered to the cytosol of cells via liposomes. They found



**Fig. 1** Targeting DNA to DCs via CD11c leads to internalization and subsequent maturation. Upon binding, the mAb-DNA construct is internalized into early endosomes. From here, the DNA escapes the endosome by a so far unknown mechanism and is released into the cell cytoplasm, where it is free to interact with the cytosolic DNA sensor cGAS. cGAS activates STING via the second messenger, cGAMP, and recruits TBK1. TBK1 phosphorylates IRF3 and this induces transcription of genes involved in DC maturation and expression of CD83 and CD86. The targeting Ab will be degraded to facilitate MHC presentation, and activation of T cells. *dsDNA* double-stranded DNA, *MHC I* MHC class I, *P* phosphoryl group, *TAP* transporter associated with antigen processing

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an increased activation of NK cells and a reduction in tumor load in a B16 lung melanoma mouse model [51]. In another study, Fu et al. used irradiated GM-CSF-secreting tumor cells together with synthetic CDNs (STINGVAX), which introduced anti-tumor responses in several mouse models. When combining STINGVAX and anti-PD-1 therapy, complete tumor regression was seen in the CT26 carcinoma mouse model, with no tumor growth seen after second inoculation of the tumor [52]. In an ongoing clinical study, the human STING agonist CDN MK-1454 has been shown to be safe to use as combinational therapy together with PD-1 inhibitor pembrolizumab on solid tumors or lymphomas. Preliminary data from this trial indicate that monotherapy with MK-1454 had no effect, whereas combinational therapy led to tumor regression in 24% (6 out of 25) of the treated patients [53].

We generated a targeted DNA by conjugating a murine anti-human-CD11c mAb to a 60 base pair, non-coding, string of double-stranded DNA (CD11c Ab-DNA). CD11c-targeted delivery of DNA to moDCs led to internalization of both antibody and DNA, and induced DC maturation, measured by upregulation of the surface markers CD86 and HLA-DR, and production of IL-12 mRNA [40]. Using mixed leukocyte reactions (MLR), we demonstrated that moDCs targeted with CD11c Ab-DNA induced increased proliferation of allogeneic T cells. Further, we used the human monocytic cell line THP1 to generate mature DC-like cells, and demonstrated that these cells upregulated the surface expression of CD86 and HLA-DR, and produced elevated levels of IL-12 in response to lipofectamine-delivered DNA as well as in response to CD11c Ab-DNA. Finally, using CRISPR/Cas9-generated cGAS and

STING knockout THP1 cells, we showed that knockout of either cGAS or STING prevented maturation, thus demonstrating that DNA delivered through the CD11c receptor is exposed in the cytosol and activates STING [40].

In conclusion, our data on targeting antigen to CD11c support and expand the finding by other authors that CD11c is a useful target structure for antigen delivery in vivo, leading to the induction of antigen-specific immune responses. Further, we have demonstrated that CD11c is also an interesting target for the delivery of double-stranded DNA, leading to DC maturation in vitro dependent on the cGAS/STING pathway (Fig. 1).

In the mouse, CD11c is expressed by not only cDC1, but also cDC2, pDC and monocyte-derived DCs [54, 55]. We speculate whether targeting DNA to CD11c on these cells in situ might break the tumor-induced immune suppression in tumor-bearing mice and lead to effective CD4+ and CD8+ T cell responses against the cancer cells.

Since a requirement for a good clinical response to immune checkpoint inhibition in cancer patients is the ability to mount an adequate T cell response, we hypothesize that combining immune checkpoint inhibition with this novel targeted DNA alone, or together with an anti-cancer vaccine, may be a path leading to a more effective immunological clearing of tumor cells. As shown both in pre-clinical and clinical trials [52, 53], activation of STING enhances the anti-cancer effects of immune check point inhibitors. We hope that our way of stimulating the cGAS/STING pathway may eventually improve the effect of the treatment with immune checkpoint inhibitors for cancer patients.

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## Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

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