# ORIGINAL ARTICLE

Takumi Takeuchi · Tetsuo Ueki · Yukihiro Sasaki Takahiro Kajiwara · Baoxing Li · Nobuo Moriyama Kazuki Kawabe

# **Th2-like response and antitumor effect of anti-interleukin-4 mAb in mice bearing renal cell carcinoma**

Received: 9 September 1996 *I* Accepted: 3 December 1996

Abstract Tumor regression in experimental systems has been linked to the activities of Thl cells. It is, therefore, conceivable that Th2 cells interrupt the expression of tumor immunity since interleukin-4 (IL-4) and IL-10 inhibit the generation of Th1 from precursors and modulate the competence of antigen-presenting cells to activate this lymphocyte subpopulation. Naive murine renal cell carcinoma (renca) cells  $(1 \times 10^5)$  were implanted into the subcapsule of the left kidney of Balb/c and Balb/c nude mice at 6-8 weeks of age. After 14 days, Th2 cytokine (IL-4 and IL-10) mRNAs as well as transforming growth factor  $\beta$ 1 mRNA, assessed by reverse transcriptase/polymerase chain reaction were upregulated in the spleen of hosts upon naive renca tumor acceptance, while Thl cytokine (IL-2 and interferon  $\gamma$ ) mRNAs were almost undetectable. In the renca tumor, IL-10 mRNA was detected but IL-2, interferon y, and IL-4 were not. Intraperitoneal administration of anti-(mouse IL-4) mAb  $(11B11)$  reduced the renca tumor size  $(P = 0.018)$  and prolonged host survival  $(P = 0.03)$ , but did not reduce the acceptance rate of the tumor  $(P = 0.18)$ . However, prior depletion of CD4+ or CD8+ cells with monoclonal antibodies abrogated the antitumor effects of anti-IL-4 mAb. In addition, the significant antitumor effect of anti-IL-4 mAb was not observed in Balb/c nude hosts. Renca cells were transfected with the mammalian expression vector pCAGGS containing murine IL-4 eDNA or vector alone, then stable IL-4 transfectants (RencaL or RencaH, low- or high-IL-4-producing respectively) and control renca cells (RencaC) were obtained. RencaL cells, RencaH cells, or RencaC cells  $(1 \times 10^5 \text{ each})$ were implanted into the subcapsule of the left kidney of Balb/c, Balb/c nude, and allogenic C3H/HeJ mice, then tumor formation was evaluated 14 days later. When RencaH cells were innoculated into syngeneic Balb/c

Fax 011 81 3 3816 0554

hosts, tumor volume was marginally suppressed  $(P = 0.03)$ and tumors tended to be rejected  $(P = 0.06)$  compared with RencaC cells. However, those effects were not observed in Balb/c nude mice. RencaC, RencaL, and RencaH cells were not accepted by allogeneic C3H mice with or without FK506 administration or donor-specific transfusion. The administration of anti-(mouse IL-4) mAb to Balb/c mice significantly suppressed renca tumor growth by a CD4+ and CD8+ T-cell-dependent mechanism. By contrast, relatively high levels of IL-4 production by renca cells and T cells seemed to be required to induce the rejection and growth suppression of IL-4-producing renca cells in syngeneic hosts.

Key words Thl · Th2 · Cytokine · Anti-IL-4 mAb · Renca

# **Introduction**

The polar manifestations of the human immune response evolve from expression of the functional programs of lymphocyte subpopulations, Thl and Th2, which possess coordinate profiles of cytokine release homologous to those identified in the mouse [6]. Tumor regression and allograft rejection in experimental systems have been linked to the activities of T cells with the potential to transcribe interleukin-2 (IL-2) and release interferon  $\gamma$  (IFN $\gamma$ ), for example Th 1 [3, 8, 25]. It is, therefore, conceivable that Th<sub>2</sub> cells interrupt the expression of tumor immunity since IL-4 and IL-10 inhibit the generation of Thl from precursors and modulate the competence of antigen-presenting cells to activate this lymphocyte subpopulation [14]. IL-4 and transforming growth factor  $\beta$ 1 (TGF $\beta$ 1) also block cytotoxic T lymphocytes and lymphokine-activated killer cells [12, 17], whereas IL-10 synergizes with IL-4 and TGF $\beta$  in inhibiting delayed-type hypersensitivity, and macrophage cytotoxicity respectively [2, 22]. However, tumor cells engineered to release IL-4 induce the regression of established renal cancers as well as other tumors, an observation

T. Takeuchi ⊠ · T. Ueki · Y. Sasaki · T. Kajiwara · B. Li N. Moriyama K. Kawabe

Department of Urology, Faculty of Medicine, University of Tokyo, 7-3-1- Hongo, Bunkyo-ku, Tokyo, Japan 113 Tel. 011 81 3 5800 8662;

that has variously been attributed to leukocyte (eosinophil) recruitment and/or direct effects on tumor growth [9, 20, 26]. We therefore examined the expression of message for prototypic Thl-type (IL-2, IFNy) and Th2-type (IL-4 and IL-10) cytokines as well as TGF $\beta$ 1 in the syngeneic murine renal cell carcinoma (renca) model, which is often used as a model of immunological tumor [4], to determine whether the renca tumor is associated with a distinct pattern of cytokine expression.

# **Materials and methods**

## Antibodies

Hybridomas producting anti-(mouse IL-4) mAb (llBll), anti-(mouse CD4) mAb (GK 1.5), and anti-(mouse CDS) mAb (53-6.72), purchased from the American Tissue Culture Collection (ATCC), were cultured in RPMI-1640 medium containing 10% fetal calf serum (FCS). Ascites and culture supernatants were collected and antibodies were purified using a Sephadex-Protein G column kit (Pharrnacia, Sweden), dialyzed in phosphate-buffered saline, pH 7.4, twice, then filter-sterilized.

Reverse transcriptase/polymerase chain reaction (RT-PCR)/Southern hydridization

RNA was prepared as described [25] from macroscopic tumors in vivo, renca host spleens, and naive renca cells (RencaN, described below) cultured in RPMI-1640 medium supplemented with 10% FCS. Individual aliquots of each sample were resolved in denaturing formaldehyde gels to document the integrity of the RNA (data not shown), essentially as reported [25]. The eDNA was synthesized at 42 °C from 10 µg aliquots of total RNA from tumor or spleen in a total volume of 50 µl buffer supplied with avian myeloblastosis virus reverse transcriptase (RAV-2: Amersham Japan, Tokyo, Japan) and an oligo-dT primer (Promega, Madison, Wis.). The quality of the eDNA was assessed by 35 cycles of PCR amplification of  $\beta$ -actin sequences, as described below, and by examining the products following electrophoresis through 1.5% agarose gels containing ethidium bromide. Primers for  $\beta$ -actin were as described [15]. A 1 µl sample of each cDNA synthesis product was amplified in a thermal cycler (Taitec, Japan) for 40 cycles of denaturation (95 °C for 1 min), annealing (55 °C for 1 min) and extension (72  $\rm{°C}$  for 1 min). Sense/antisense oligonucleotide primers for IL-2, IL-4 and IL-10 were as described [25] and those for IFNy and TGFß1 were 5'-AACTCAAGTGGCATAGATGTGG-3'/<br>5'-CCTGTATTCCGTCTCCTTGG-3' and 5'-CTAATGGTGGAC-5'-CCTGTATTCCGTCTCCTTGG-3' CGCAACAACG-3'/5'-CCTGATTCCGTCTCCTTGG-3' respectively. PCR-amplified cytokine sequences (10  $\mu$ l) were resolved in a 1.5% agarose gels containing ethidium bromide, then blotted onto Hybond-N (Amersham) in  $10\times$  standard saline citrate. The blots were hybridized overnight at 46 °C with midregion oligonucleotides for IL-2, IL-4 and IL-10 in a reference [25] and those for IFN $\gamma$  and TGF $\beta$ 1 (5'-ATCAGGCCATCAGCAACAACATAAGCGTCATTGAATCA-7' and 5' -CATTGCTGTCCCGTGCAGAGCTGCGCTTGCAGAGA-3' respectively) labeled with a chemiluminescent residue using a 3' -oligolabeling kit (Amersham). Blots were then processed according to the manufacturer's instructions and exposed to Hyperfilm (Amersham) for 20-30 min.

### Construction of the IL-4 expression vector

Plasmid pUC lS, including 450 bp of synthesized murine IL-4 eDNA, was purchased from BBL (Abington, UK). The insert was excised with *Hindiii* and *BamHI* and blunt-ended with T4 polymerase. After *EcoRI*  adapters had been added (Pharrnacia) using T4 ligase, the IL-4 eDNA was ligated into the *EcoRI* site of the mammalian expression vector pCAGGS [19], which has a cytomegalovirus (CMV) enhancer and a chicken  $\beta$ -actin promoter. Thus, pCAGGS containing murine IL-4 cDNA in the  $5' \rightarrow 3'$ orientation was constructed (pCIL4-7).

Transfection of murine IL-4 eDNA into renca cells

Plasmid pCIL4-7 was digested with the unique restriction enzymes, *Sail* or *SnaBI,* to form linear DNA, respectively with/without the influence of CMV enhancer. RencaN cells, which are renca cells cloned by limiting dilution, were co-transfected by electroporation with *Sail*or SnaBI-digested pCIL4-7 and the neomycin-resistance gene in a molar ratio of 10:1 and cloned in RPMI-1640 medium containing 10% FCS, 100 IU/ml penicillin, 100  $\mu$ g/ml streptomycin and 400  $\mu$ g/ml G41S.

Direct action of IL-4 on renca cells

To assess the direct action of murine IL-4 on renca cells,  $1 \times 10^5$  naive renca cells (RencaN) were cultured for S days in 10 ml RPMI-1640 medium supplemented with 10% FCS and various concentrations of murine IL-4 (0, 0.5, 5, 50, 500 pg/ml; Fujisawa, Tokyo, Japan).

## Mice

Renca cells (RencaN,  $1 \times 10^5$ ) were implanted into the subcapsule of the left kidney of 6- to S-week old Balb/c and Balb/c nude mice (Balb/c nude), purchased from Nisseizai (Tokyo, Japan). After 14 days, Thl (IL-2 and IFN $\gamma$ ) and Th2 (IL-4 and IL-10) as well as TGF $\beta$ 1 cytokine mRNA transcripts were assessed by RT-PCR as described above. To assess the effects of anti-IL-4 mAb,  $500 \mu$ g neutralizing anti-(mouse IL-4) mAb (11B11), or the same amount of control IgG1 (Immunotech, SA) was injected intraperitoneally at the time of implantation with  $1 \times 10^5$  RencaN cells. Tumor size (calculated by the formula:  $V = 0.4w^2I$  (mm<sup>3</sup>) was measured 14 days later. Balb/c mouse survival was also evaluated after innoculation with  $1 \times 10^5$  RencaN cells with/ without the introperitoneal administration of 500  $\mu$ g 11B11. To some Balb/c mice, 1 mg depleting anti-(mouse CD4) (GK 1.5) or 400  $\mu$ g depleting anti-(mouse CDS) mAb (53-6.72) was administered 24 h before RencaN cell implantation with/without anti-IL-4 mAb (11B11). The intraperitoneal administration of GK 1.5 and 53-6.72 at these dosages respectively reduced CD4+ and CDS+ cells in splenocytes, as assessed by flow cytometry (EPICS-CS), to less than  $2\%$  ( $n = 2$  in each case) 24 h later. RencaL (a low-IL-4-expressing renca clone: RenlSal) and RencaH (a high-IL-4-expressing renca clone: RenlSnl) cells, which are described in Results (IL-4 transfection into renca cells and its effects), or RencaC (transfected with a vector alone) cells  $(1 \times 10^5 \text{ each})$ were implanted into the subcapsule of the left kidney of Balb/c, Balb/c nude, and C3H/HeJ mice; tumor formation was evaluated 14 days later. FK506 (3 mg/kg; provided by Fujisawa Pharmaceutical Company) was administered to some C3H hosts intramuscularly for 5 consecutive days from the day before RencaC, RencaL, RencaH cell implantation. Heparinized whole donor-strain (Balb/c) blood (0.3 ml) was transfused into the penile vein 9 days before implantation of those cells into other C3H hosts.

#### Histology

Cryostat specimens (renca tumor and recipient spleens) were fixed in acetone for 3 min at  $-20$  °C and incubated with 3% H<sub>2</sub>O<sub>2</sub> then with anti-(mouse CD4) rat mAb (L3T4; 5H10-l), anti-(mouse CDS) rat mAb (Lyt-2; RM4-5), or anti-(mouse asialo-GMl) (NK marker) rabbit mAb for l h at room temperature. After several rinses with phosphatebuffered saline (pH 7.4), specimens were incubated with biotinylated anti-(rat IgG) or anti-(rabbit IgG) for 20 min, washed with phosphatebuffered saline, then incubated with avidin-biotin-peroxidase complex (Vector Laboratory, Calif.). The specimens were immersed for 5 min in 0.5% 3.3'-diaminobenzidine with 0.005%  $H_2O_2$  to visualize the immunoreactive sites. The specimens were then counter-stained with hematoxylin for 1 min.

Table **1** Tumor acceptance and growth. *RencaN* naive renca cells, *RencaC* RencaN cells transfected with vector alone, *RencaL* low-IL-4 producing RencaN cells, *RencaH* high-IL-4-producing RencaN cells

Host	Tumor	Treatment	$\boldsymbol{n}$	Tumor $acceptance (\%)$	$\boldsymbol{P}$	$log_{10} (1+V)$ $(mean \pm SE)$	$\boldsymbol{P}$
Balb/c	RencaN	Control IgG1	9	$100*1$		$1.89 \pm 0.22*1$	
	RencaN	Anti-IL-4 mAb		77.8	$0.18$ to $*1$	$0.38 \pm 0.18$	$0.018$ to $*1$
	RencaN	Anti-CD4 mAb $+$ control IgG1	7	85.7	$0.47$ to $*1$	$1.82 \pm 0.48$ (NS)	$>0.99$ to $*1$
	RencaN	Anti-CD4 mAb $+$ anti-IL-4 mAb	6	100	$>0.99$ to $*1$	$2.36 \pm 0.22$ (NS)	$0.92$ to $*1$
	RencaN	Anti-CD8 mAb + control IgG1	6	100	$> 0.99$ to $*1$	$2.43 \pm 0.17$ (NS)	$0.87$ to $*1$
	RencaN	Anti-CD8 mAb + anti-IL-4 mAb	5	100	$>0.99$ to $*1$	$1.77 \pm 0.34$ (NS)	$>0.99$ to $*1$
Balb/c nude	RencaN	Control IgG1	6	$100*2$		$1.78 \pm 0.45*2$	
	RencaN	Anti-IL-4 mAb	6	83.3	$> 0.99$ to $*2$	$1.62 \pm 0.45$	0.81 to $*2$
Balb/c	RencaC	None	9	$100*3$		$1.99 \pm 0.20$ *3	
	RencaL	None		100	$> 0.99$ to $*3$	$1.54 \pm 0.13$	$0.52$ to $*3$
	RencaH	None	$\overline{7}$	57.1	$0.06$ to $*3$	$0.92 \pm 0.36$	$0.03$ to $*3$
Balb/c nude	RencaC	None	6	100*4		$1.82 \pm 0.40^{*4}$	
	RencaH	None	6	83.3	$> 0.99$ to $*4$	$1.15 \pm 0.42$	$0.27$ to $*4$

\* $1 - *4$  Statistical comparisons. *NS* not significant  $(P > 0.05)$ 

## **Statistics**

Analysis of variance (ANOVA; Scheffe test) or the unpaired *t-test* was applied to compare the logarithms of tumor volume  $[log_{10} (1+V)].$ Fisher's Exact test was applied to compare the tumor acceptance rate.

## **Results**

Direct action of IL-4 on renca cells

RencaN cell growth and morphological figures (data not shown) were not directly influenced by murine IL-4 added to the culture [cell numbers in cultures:  $42.3 \times 4.0$  $(\text{mean} \pm \text{SD})$ ,  $40.1 \pm 3.5$ ,  $39.2 \pm 3.8$ ,  $39.5 \pm 4.2$ ,  $34.8 \pm 3.8 \times 10^5$  cells for 0, 0.5, 5, 50, 500 pg/ml IL-4 respectively,  $n = 2$ ].

Naive renca tumor formation in mice

As shown in Table 1, naive renca cells (RencaN) were accepted by all of Balb/c and Balb/c nude mice. The RencaN cell tumor size in Balb/c was not statistically different from that in Balb/c nude  $(P = 0.81$ , unpaired t-test).

Cytokine mRNA expression in the naive renca tumor and in the spleens of host Balb/c

Th1-type (IL-2 and IFN $\gamma$ ) and Th2-type (IL-4 and IL-10) as well as TGF $\beta$ 1 cytokine transcripts were assessed by RT-PCR. As shown in Fig. 1, naive renca cells (RencaN), cultured in vitro, expressed TGF $\beta$ 1 mRNA. However, Th1-type (IL-2 and IFNy) or Th2-type (IL-4 and IL-10) cytokines were not expressed. As shown in Fig. 2, in the



**Fig. 1** Thl/Th2 cytokine and transforming growth factor  $\beta$ 1 (*TGF* $\beta$ *1*) mRNA expression in naive renal cell carcinoma (renca) cells (RencaN) cultured in vitro. *R* native renca (RencaN) cells. *C* positive control (a sample of a cardiac allograft from a mouse suffering from allograft rejection)

rencaN tumor of the left kidney of Balb/c mice, neither IL-2 nor IFNy mRNA was expressed. IL-10 mRNA as well as TGF $\beta$ 1 was expressed, while IL-4 mRNA was not. In the spleen of rencaN (naive renca cells) tumor-bearing Balb/c mice, Th2-type cytokine mRNAs (IL-4 and IL-10) as well as  $TGF\beta1$  mRNA seemed upregulated during naive renca tumor acceptance, while Th1-type cytokine mRNAs were almost undetectable: IL-2 was not expressed and IFNy was marginally expressed in the spleen of rencaN tumor-bearing Balb/c hosts, except for one intense IFNy signal in a mouse whose tumor was relatively small. None of the tested cytokines was detected in the naive Balb/c spleen.  $\beta$ -actin mRNA was found in all samples tested as shown.

Effects of anti-IL-4 mAb administration on growth of renca tumor

As shown in Table 1, neutralizing anti-(mouse IL-4) mAb caused an antitumor effect in Balb/c by reducing renca tumor size  $(P = 0.018)$ , although the reduction in tumor acceptance rate was not significant  $(P = 0.18)$ . Renca tumor host survival was marginally, but significantly prolonged by



Fig. 2 Thl/Th2 cytokine and TGF $\beta$ 1 mRNA expression in the renca tumor and in the spleen of hosts. No spleen of naive Balb/c mouse; *N*  negative control (no eDNA in polymerase chain reaction); *P* positive control for interleukin-2 (IL-2) (a sample of a cardiac allograft from a mouse suffering from allograft rejection), *NS* no sample, IFNy interferon y

the anti-(mouse IL-4) mAb  $(46.2 \pm 4.0$  days: mean  $\pm$  SE) compared with control animals  $(35.0 \pm 2.7$  days) given IgG1  $(P = 0.03, \text{log-rank test}, \text{Fig. 3}).$  However, the prior depletion of CD4+ or CD8+ cells in Balb/c hosts abrogated the antitumor effects of anti-IL-4 mAb.

In addition, the antitumor effects of anti-IL-4 mAb was not observed in Balb/c nude hosts. Immunohistologically, CD4+ and CD8+ cells in renca tumors were observed both in control Balb/c recipients of renca tumor and in renca recipients given anti-(mouse IL-4) mAb (Fig. 4A). Antiasialo GMl mAb, detecting natural killer (NK) cells, failed to find NK cells in the renca tumor, because it also stained renca cells themselves (data not shown). CD4+ and CD8+ cells were detected in the germ center in recipient spleens of the two groups as well as in the normal Balb/c spleen (Fig. 4B), while NK cells were observed more in the paragerm center region. Notably, Balb/c hosts given anti-(IL-4) mAb, which then rejected the tumor, showed marked splenomegaly with prominent multinucleated giant cells (Fig. 5). Balb/c mice administered 500  $\mu$ g anti-IL-4 mAb alone (without renca cells) did not develop splenomegaly and multinucleated giant cell formation *(n* = 3, data not shown).

# IL-4 transfection into renca cells and its effects

We isolated the renca clones, RenlSal (transfected with *Sail* -digested pCIL4-7, with CMV enhancer influence) and Ren1Sn1 and Ren1Sn14 (transfected with SnaBI-digested pCIL4-7, without CMV enhancer influence). A culture of  $1 \times 10^5$  Ren 1 Sal (RencaL) in RPMI-1640 medium contain-



Fig. 3 Survival of host Balb/c mice inoculated with naive renca (RencaN) cells  $(p = 0.03)$ . *Control* control mice given control IgG1, Anti-IL-4 mAb mice administered 500µg anti-IL-4 mAb (11B11)

ing 10% FCS produced I85 pg murine IL-2/ml in 24 h, measured with an IL-4 enzyme-linked immunosorbent assay kit (Endogen, Boston, Mass.), in the culture supernatant, while  $1 \times 10^5$  Ren1Sn1 (RencaH) and Ren1Sn4 cells produced I682 pg/ml and 1287 pg/ml in 24 h respectively. Control RencaC cells  $(1 \times 10^5)$  produced 27 pg/ml in 24 h (background).

As shown in Table I, renca cells (RencaH) producing relatively high amounts of IL-4 tended to be rejected (in 42.9% of Balb/c hosts), while 100% of the cells producing relatively low amounts of IL-4 (RencaL) or control renca (RencaC) cells were accepted (for RencaH versus RencaC,  $P = 0.06$  by Fisher's Exact test) by Balb/c hosts. Tumor volume suppression was also marginally significant when RencaH cells were inoculated, compared with RencaC cells  $(P = 0.03)$ , while RencaL cells did not cause tumor volume suppression  $(P = 0.52)$ . Implantation of Renca<sub>H</sub> cells in Balb/c nude hosts abrogated this tendency towards tumor rejection  $(P > 0.99$  for RencaH versus RencaC by Fisher's Exact test) and tumor volume suppression.  $(P = 0.27$  for RencaH versus RencaC, unpaired t-test). Immunohistologically, CD4+ cells and CD8+ cells were rarely detected in RencaH tumors (Fig. 4A) compared with RencaC tumors. CD4+ cells, CD8+ cells, and NK cells were found in spleens of recipients of RencaH and RencaC tumors (Fig. 4B). In allogeneic C3H mice, control renca (RencaC, RencaH, and RencaL were not accepted with or without FK506 or donorspecific transfusion  $(n = 5$  for each group).

# **Discussion and conclusions**

Although the cellular origins of cytokine transcripts detected in the renca tumor and the recipient spleen cannot be defined by our approach, the data are consistent with the differential expression of Th2-type cytokine mRNAs as



Fig. 4A Immunohistochemical staining of CD4+ cells and CDS+ cells in renca tumor. *Renca+anti-/L-4* RencaN tumor in Balb/c mice given 500µg 11B11, *IL-4 producing Renca* RencaH tumor. *Bar* 100 µm B Immunohistochemical staining of CD4+, CDS+, and natural killer (NK) cells in spleens of renca hosts. *Normal* normal Balb/c spleen,

*Renca,* sleen of Balb/c mouse bearing RencaN tumor, *Renca+anti-/L-4 mAb*, spleen of Balb/c mouse bearing RecaN tumor given 500 µg llBll, */L-4 producting Renca,* spleen of Balb/c mouse bearing tumor. *Bar* 100 µm

well as  $TGF\beta1$  mRNA in the spleen of renca-bearing mice. It is possible that inflammatory and infiltrating cells other than T cells (e.g. NK cells [11] ) in the tumor and tumor cells themselves transcribe cytokine mRNAs. However, naive renca cells did not express Thl-type and Th2-type cytokine mRNA. A defect in IL-2 and IL-4 mRNAs and the selective expression of IL-10 mRNA in human renal tumor

have been described [18] suggesting that they contribute to the impaired immunity that often arises in cancer patients. IL-2 and IL-4 mRNAs as well as IFNy mRNA were consistently undetectable in the renca tumor while IL-10 mRNA was present, suggesting that Thl- and Th2-like T cells were not activated in the tumor. IL-10 down-regulates MHC class II expression on monocytes, leading to impaired



**anti-IL4mAb** 

Fig. 5 Histopathology (hematoxylin/eosin staining) of the spleen of Balb/c hosts inoculated with RencaN cells. *Left* administered control lgGl; *right* administered anti-IL-4 mAb and no macroscopic tumor at 14 days. Numerous multicleate giant cells were observed upon the administration of anti-(mouse IL-4) mAb. Bar 60  $\mu$ m

antigen-presenting ability [7], directly inhibits the growth of T cells  $[23]$ , and suppresses the production of IFN $\gamma$  by CD4+ Th1 cells [16]. IL-10 in renca tumor could have been produced by non-T cells such as macrophages and B cells [7, 21] as its expression was not concurrent with that of IL-4. In the spleen of renca-bearing hosts, marginal IFNy mRNA expression that was not concurrent with IL-2 could have been transcribed by NK cells [11].

IL-4, an autocrine growth factor of Th2 cells, may promote biased differentiation of CD4+Th0 into CD4+Th2 after tumor implantation and maintain renca tumor growth in syngeneic Balb/c hosts. The administration of the anti- (mouse IL-4) mAb at the time of renca cell inoculation into Balb/c mice significantly suppressed renca tumor growth, but did not necessarily cause tumor rejection. Anti-IL-4 mAb also prolonged renca tumor host survival. However, the prior depletion of CD4+ or CD8+ T lymphocytes abrogated the antitumor effect of anti-IL-4 mAb. In addition, the administration of anti-IL-4 mAb in Balb/c nude hosts did not suppress renca growth. Thus, both CD4+ and CD8+ cells are necessary to induce the antitumor effects of anti-IL-4 mAb so activation of Th2-type cytokines and tumor suppression induced by anti-IL-4 mAb in renca hosts may be linked to the activities of T cells. Anti-IL-4 mAb administration might have suppressed renca tumor growth by blocking differential CD4+ Th2-like cell activation and, presumably, by biasing the differentiation of tumor-reactive CD4+Th0 into CD4+Th1 cells in hosts, augumenting cell-mediated immunity. Immunohistological staining detected CD4+ and CD8+ as well as NK cells at comparable levels in control hosts and hosts given anti-IL-4 mAb. However, this may merely imply that lymphocyte

phenotypes do not indicate their functions. It is conceivable that dendritic cells bearing processed tumor-specific antigens migrate to the host spleen [13] and that a host immune response initiated at this level (tumor-specific cytotoxic T lymphocytes) modulates tumor growth. Therefore, localized tumor-induced splenic effects could be related to tumor growth and splenic cytokine mRNA expression may not necessarily be the same as that at the tumor site. Takashima et al. reported that the suppression of concanavlin-A-induced multinucleated giant cell formation in monocyte culture by IL-4, antagonizing the enhancing effect of IFNy, was completely abrogated by anti-IL-4 mAb [24]. Multinucleated giant cell formation in the present study may be a similar event to this in vivo.

While tumor cells engineered to release IL-4 induce the regression of established renal cancers by a non-T mechanism [9, 20], we postulated that lower levels of IL-4 produced by tumor cells may differentially activate Th2 like cells, suppress Th1-like cells by releasing Th2-type cytokines, and induce tumor growth even in allogeneic hosts. To test this, we established murine IL-4-transfected renca clones producing relatively high or low amounts of murine IL-4 protein and assessed their growth in syngeneic (Balb/c, H-2d) and allogeneic (C3H/HeJ, H-2k) hosts (Table 1). Renca cells that were high-IL-4 producers tended to be rejected by syngeneic Balb/c hosts  $(P = 0.06)$ , while 100% of the cells producing low amounts of IL-4 or naive renca cells were accepted.

In addition, the growth of high-, but not low-IL-4 producing renca cells was marginally, but significantly, suppressed compared with that of naive renca cells  $(P = 0.03)$ . However, this tendency for renca rejection and growth suppression was not found in Balb/c nude mice  $(P > 0.99$  and  $P = 0.27$  respectively). Thus, the relatively high level of IL-4 production by renca cells and T cells seemed necessary to induce the rejection and growth suppression of IL-4-producing renca cells in syngeneic hosts. CD4+ and CD8+ cells were hardly observed inside the RencaH tumor. T cells may be necessary to induce IL-4 induced tumor suppression but effectors seem to be non-T cells as described [26]. Engineered IL-4 production by renca cells implanted in allogeneic C3H hosts did not cause tumor acceptance, even with the help of immunosuppressive regimens, contrary to what we had expected.

The biological significance of  $TGF\beta 1$  expression in murine/human RCC is unclear. TGF $\beta$ 1 inhibits immediate and delayed-type hypersensitivity and synergizes with IL-10 to inhibit macrophage activation. This factor, therefore, can modulate immune and inflammatory responses. Progressive immunoincompetence and concomitant immunity in the tumor-bearing hosts [1, 5] might be explained by the Th1, Th2 paradigm as appears to be true of other model systems [10, 25].

Acknowledgements We thank Dr. R.H. Wiltrout (the National Cancer Institute) for providing renca cells, Dr. *1.* Miyazaki (University of Tokyo) for providing the pCAGGS vector, and Mrs. E. Tanaka for assistance with cell culture.

## **References**

- 1. Awwad M, North RJ (1988) Immunologically mediated regression of a murine lymphoma after treatment with anti-L3T4 antibody; a consequence of removing L3T4+ suppressor T cells from a host generating predominantly Lyt-2+ T cell immunity. J Exp Med 168:2193
- 2. Barra! Netto M, Barra! A, Brownell CE, Skeiky YA, Ellingsworth DR, Twardzik DR, Reed SG (1992) Transforming growth factorbeta in leishmanial infection: a parasite escape mechanism. Science 257:545
- 3. Barth RJ Jr, Mule JJ, Spiess PJ, Rossenberg SA (1991) Interferon gamma and tumor necrosis factor have a role in tumor regressions mediated by murine CD8+ tumor-infiltrating lymphocytes. J Exp Med 173:647
- 4. Brunda MJ, Luistro L, Warrier RR, Wright RB, Hubbard BR, Murphy M, Wolf SF, Gately MK (1993) Antitumor and antimetastatic activity of interleukin 12 against murine tumors. J Exp Med 178:1223
- 5. Chakraborty NG, Twardzik DR, Sivanandham M, Ergin MT, Hellstrom KE, Mukherji B (1990) Autologous melanoma-induced activation of regulatory T cells that suppress cytotoxic responses. J Immunol 145:2359
- 6. Del Prete GF, De Carli M, Mastromauro C, Biagiotti R, Macchia D, Falagiani P, Ricci M, Romagnani S (1991) Purified protein derivative of *Mycobacterium tuberculosis* and excretory-secretory antigen(s) of *Toxocara canis* expand in vitro human T cells with stable and opposite (type I T helper or type 2 T helper) profile of cytokine production. J Clin Invest 88:346
- 7. DeWaal Malefyt R, Haanen J, Spits H, Roncarolo MG, Velde Ate Figdor C (1991) Interleukin-10 (IL-10) and viral IL-10 strongly reduce antigen-specific human T cell proliferation by diminishing the antigen-presenting capacity of monocytes via downregulation of class II major histocompatibility complex expression. J Exp Med 174:915
- 8. Gansbacher B, Zier K, Daniels K, Cronin K, Bannerji R, Gilboa E (1990) Interleukin 2 gene transfer into tumor cells abrogates tumorigenicity and induces protective immunity. J Exp Med 172:1217
- 9. Golumbek PT, Lazenby AJ, Levitsky HI, Jaffee LM, Karasuyama H, Baker M, Pardoll DM (1991) Treatment of established renal cancer by tumor cells engineered to secrete IL-4. Science 254:713
- 10. Hall BM, Pearce NW, Gurley KE, Dorsch SE (1990) Specific unresponsiveness in rats with prolonged cardiac allograft survival after treatment with cyclosporine. III. Further characterisation of the CD4+ suppressor cell and its mechanisms of action. J Exp Med 171:141
- 11. Handa K, Suzuki R, Matsui H, Shimizu Y, Kumagi K (1983) Natural killer NK cells as a responder to interleukin 2 (IL-2): IL-2 induced interferon gamma production. J Immunol 130:988
- 12. Kawakami Y, Custer MC, Rosenberg SA, Lotze MT (1988) IL-4 regulates IL-2 induction of lymphokine-activated killer activity from lymphocytes. J Immunol 142:3452
- 13. Larsen CP, Steinman RM, Witmer PM, Hankins DF, Morris PJ, Austyn JM (1990) Migration and maturation of Langerhans cells in skin transplants and explants. J Exp Med 172:1483
- 14. MaggiE, Parronchi P, Manetti R, Simonelli C, Piccinni MP, Rugiu FS, De Carli M, Ricci M, Romagnani S (1992) Reciprocal regulatory effects of IFN-gamma and IL-4 on the in vitro development of human Thl and Th2 clones. J Immunol 148:2142
- 15. Morgan CJ, Hernandez CJ, Ward JS, Orosz CG (1993) Detection of cytokin mRNA in vivo by polymerase chain reaction, problems and solutions. Transplantation 56:437
- 16. Mosmann TR, Moore KW (1992) The role of IL-10 in crossregulation of Thl and Th2 responses. Immunol Today 12:A49
- 17. Mule JJ, Schwarz SL, Roberts AB, Sporn MB, Rosenberg SA (1988) Transforming growth factor- $\beta$  inhibits the in vitro generation of lymphokine activated killer cells and cytotoxic T cells. Cancer lmmunol Immunother 26:95
- 18. Nakagomi H, Pisa P, Pisa EK, Yamamoto Y, Halapi E, Backlin K, Juhlin C, Kiessling R (1995) Lack of interleukin-2 (IL-2) expression and selective expression of IL-10 mRNA in human renal cell carcinoma. Int J Cancer 63:366
- 19. Niwa H, Yamamura K, Miyazaki J (1991) Efficient selection for high-expression transfectant with a novel eukaryotic vector. Gene 108:193
- 20. Obiri NI, Hillman GG, Haas GP, Sud S, Puri RK (1993) Expression of high affinity interleukin-4 receptors on human renal cell carcinoma cells and inhibition of tumor cell growth in vitro by interleukin-4. J Clin Invest 91:88
- 21. O'Garra A, Chang R, Go N, Hastings R, Haughton G, Howard M (1992) Ly-1 B (B-1) cells are the main source of B cell-derived interleukin 10. Eur J Immunol 22:711
- 22. Oswald IP, Gazzinelli RT, Sher A, James SL (1992) IL-10 synergizes with IL-4 and transforming growth factor-beta to inhibit macrophage cytotoxic activity. J Immunol 148:3578
- 23. Taga K, Mostowski H, Tosato G (1993) Human interleukin 10 can directly inhibit T cell growth. Blood 814:2964
- 24. Takashima T, Ohnishi K, Tsuyuguchi I, Kishimoto S (1993) Differential regulation of formation of multinucleated giant cells from concanavalin A-stimulated human monocytes by IFN-y and IL-4. J Immunol 150:3002
- 25. Takeuchi T, Lowry RP, Konieczny B (1992) Heart grafts in murine systems: the differential activation of Th2-like effectors in peripheral tolerance. Transplantation 53:1281
- 26. Tepper RI, Coffman RL, Leder P (1992) An eosinophil-dependent mechanism for the antitumor effect of interleukin-4. Science 257:548