

# Retroviral vector integration deregulates gene expression but has no consequence on the biology and function of transplanted T cells

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The use of retroviral vectors in gene therapy has raised safety concerns for the genotoxic risk associated with their uncontrolled insertion into the human genome. We have analyzed the consequences of retroviral transduction in T cells from leukemic patients treated with allogeneic stem cell transplantation and donor lymphocytes genetically modified with a suicide gene (HSV-TK). Retroviral vectors integrate preferentially within or near transcribed regions of the genome, with a preference for sequences around promoters and for genes active in T cells at the time of transduction. Quantitative transcript analysis shows that one fifth of these integrations affect the expression of nearby genes. However, transduced T cell populations maintain remarkably stable gene expression profiles, phenotype, biological functions, and immune repertoire *in vivo*, with no evidence of clonal selection up to 9 yr after administration. Analysis of integrated proviruses in transduced cells before and after transplantation indicates that integrations interfering with normal T cell function are more likely to lead to clonal ablation than expansion *in vivo*. Despite the potentially dangerous interactions with the T cell genome, retroviral integration has therefore little consequence on the safety and efficacy of T cell transplantation.

donor lymphocyte infusion | gene therapy | graft-versus-host disease | insertional mutagenesis | retroviral integration

The clinical use of retroviral vectors has raised safety concerns due to the potential genotoxic consequences of uncontrolled insertion into the human genome. Gamma-retroviral vectors have a propensity to integrate into active chromatin regions and around promoters (1–4), where insertion of LTR transcriptional enhancers may interfere with normal gene regulation (5) and eventually contribute to malignant transformation (6–8). The occurrence of leukemia in patients treated by gene therapy for X-linked severe combined immunodeficiency (X-SCID) has been correlated with insertional activation of a T cell proto-oncogene (9). No malignancy has been reported so far in other preclinical (10) or clinical (11, 12) trials, suggesting the existence of specific risk factors in the X-SCID case (13). In-depth analysis on the consequences of retroviral vector integration is therefore necessary, to provide risk-benefit assessments in different biological and clinical contexts.

We have analyzed retroviral integrations in genetically modified donor lymphocytes administered to patients undergoing allogeneic hematopoietic stem cell (HSC) transplantation for the treatment of leukemia/lymphoma. Donor lymphocyte infusion (DLI) effectively promotes immune reconstitution and antitumor activity in these patients, although its efficacy is limited by the risk of graft-versus-host disease (GvHD). The infusion of lymphocytes transduced with a retroviral vector expressing a suicide gene [the herpes simplex virus-derived thymidine kinase (TK)] and a surface marker ( $\Delta$ LNGFR) allows an efficient control of GvHD by administration of ganciclovir (14–17), with no apparent side effect (18). TK<sup>+</sup> DLI

is currently profiled to provide a graft-versus-leukemia effect to patients in relapse after HLA-identical HSC transplantation (14), or to promote immune reconstitution and prevent relapse in patients undergoing HLA-haploidentical HSC transplantation. In 46 patients treated since 1994 in both contexts, we were able to control GvHD in 100% of the cases, while preserving antiviral and antitumor activity (14–16).

Proviral integrations were analyzed by sequencing the vector-genome junctions in T cells before and after infusion in four different patients. A vast majority of the integrations occurred within or around genes, with a preference for those active in T cells at the time of transduction. Quantitative transcript analysis in individual T cell clones showed that almost 1/5 of the promoter-proximal integrations leads to gene activation. However, transduced T cell populations maintained remarkably stable gene expression profiles, phenotype, biological functions, and immune repertoire *in vivo*, with no evidence of clonal selection up to 9 yr after administration. Analysis of vector integrations before and after transplantation indicates that integrations in growth-controlling genes or interfering with normal T cell function are counterselected *in vivo*. This study indicates that retroviral transduction of mature T cells is clinically safe, and associated with undetectable risk of insertional oncogenesis.

## Results

**Clinical Trials.** In a first clinical trial, patients experiencing disease relapse after HLA-identical HSC transplantation received up to 10<sup>8</sup> donor TK<sup>+</sup> cells per kg to provide a graft-versus-leukemia effect (14). In a second trial, patients with high-risk malignancies and lacking an HLA-identical donor received a T cell-depleted HSC transplantation from a haploidentical relative and one or more infusions of TK<sup>+</sup> cells early after transplantation, to promote immune reconstitution and prevent infections and relapse. Cumulatively, the 46 patients treated since 1994 received a total of >10<sup>11</sup> genetically modified T cells generated by >90 independent transductions. Expansion (up to 40% of circulating cells) and long-term persistence (>10 yr) of transduced T cells were observed in these patients in the absence of any adverse or toxic effects related to the gene transfer procedure (14–16, and C. Bonini, F.C., and C. Bordignon, unpublished data).

Conflict of interest statement: C. Bordignon and F.M. are paid consultants of MolMed S.p.A., an Italian biotechnology company based in Milan, which sponsors one of the two clinical trials described in this paper.

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Abbreviations: HSC, hematopoietic stem cell; DLI, donor lymphocyte infusion; GvHD, graft-versus-host disease; TK, thymidine kinase; TCR, T cell receptor; CT, cycle of threshold.

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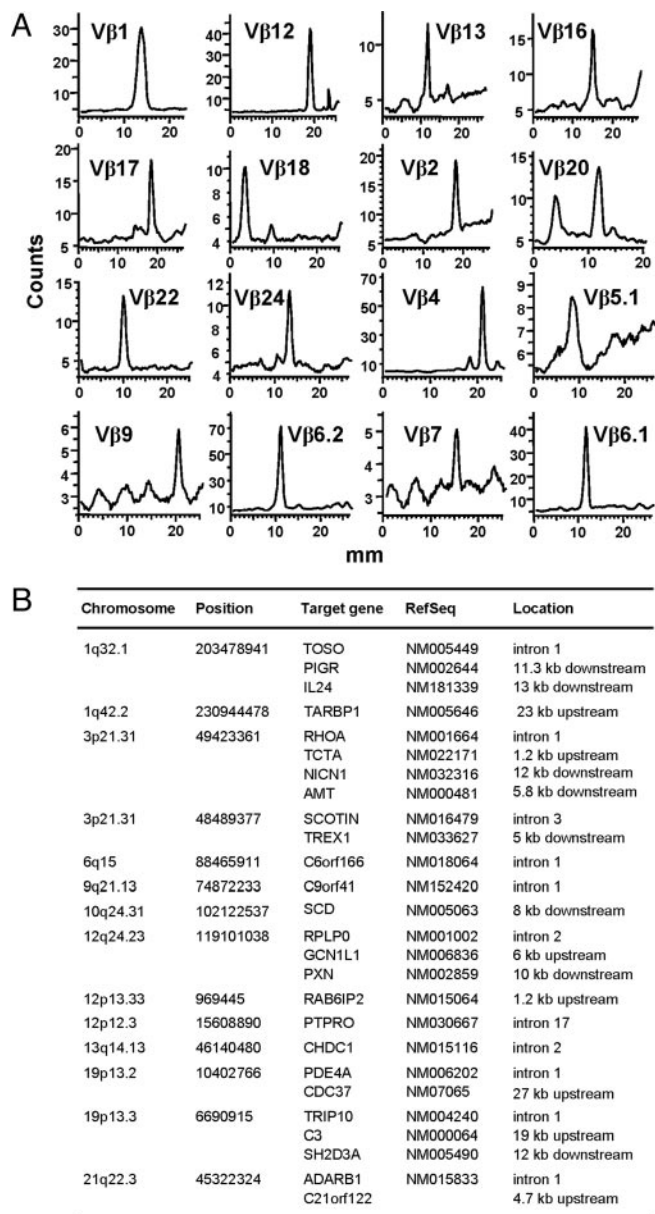












**Fig. 4.** Analysis of long-term surviving T cells, obtained from patient TK8 9 yr after DLI. (A) Spectratype analysis of TCR V $\beta$ -chain rearrangements, after PCR amplification with primers specific for 16/27 different V $\beta$  chains analyzed. (B) List of the 14 different integration sites cloned from the TK8 T cells. The position of the junctions between the vector 5' LTR on the human genome is indicated (position), together with its chromosomal mapping (chromosome) and location with respect to a hit gene (location). Genes are listed by name (target gene) and RefSeq identifier (RefSeq).

recurrent sites containing at least two hits at a distance of <50 kb from each other, within or around active genes. Similar "hot spots" were previously found in hematopoietic cells but at different sites (4, 21), suggesting that they are induced by cell-specific transcriptional complexes and/or chromatin configurations. In fact, 2/3 of the integrated proviruses were found within or around genes active in T cells at the time of transduction.

A crucial parameter in the calculation of the potential risks of gene transfer is the frequency by which an integrated provirus leads to activation, or deregulation, of gene expression. We directly addressed this issue by evaluating the expression of targeted genes in randomly selected T cell clones, and found that almost 1/5 of

them are up-regulated independently from the distance of the integrated vector, which varied from 25 kb upstream to >100 kb downstream of transcription start sites, and its transcriptional orientation. Most up-regulated genes are expressed at very low levels or not expressed in T cells, suggesting that proviral insertion is more likely to affect genes that are not already engaged in high-level transcription. Interestingly, insertions as close as 0.5 kb upstream or 0.7 kb downstream of transcription start sites caused no perturbation of gene expression. In one case, a single provirus caused up-regulation 4.5 kb downstream from the insertion site, but had no effect 38 kb upstream. These findings suggest that insertional gene activation is not simply a function of relative distance or orientation of integrated proviruses but may depend on the permissiveness of gene regulatory elements to the activity of transcription factors recruited by the LTRs.

Despite the observed frequency of insertional gene activation, there was no evidence of clonal selection or preferential survival of transduced T cells in a relatively long follow-up of four patients. In all cases, including long-term surviving T cells analyzed 9 years after infusion, we found polyclonal T cell populations with a normal phenotype and gene expression profile, containing many different proviral integrations and a wide functional immune repertoire. In particular, <2% of >16,000 analyzed genes were differentially expressed in transduced T cells in two different patients, and only a handful of genes were consistently over- or underexpressed in both. These data point to a substantial biological identity of T cell populations developed in the patients after HSC transplantation and those administered as DLI and show that genetic modification and expression of TK and  $\Delta$ LNGFR have little or no effect on the average T cell-expressed genome.

The representation of different Gene Ontology categories in the hit genes in T cells before and after infusion was similar and not significantly different from the expected values for a random distribution. Interestingly, a slight overrepresentation of proliferation-related genes in uninfused T cells disappeared in T cells obtained from patients, suggesting that such hits have, if anything, a negative effect on *in vivo* survival of transduced T cells. In cultured T cells, integrations into active genes, in direct transcriptional orientation, or upstream from transcription start sites, are significantly underrepresented, suggesting that, in cells subjected to strong selective pressure, interference with transcription, splicing, and polyadenylation is more likely to lead to clonal ablation than expansion.

Overall, our analysis indicates that genetic modification of T cells with retroviral vectors is safe and is not associated to a measurable risk of insertional oncogenesis. This finding is in contrast with that observed in the X-linked severe combined immunodeficiency trial and reinforces the concept that the risk of gene therapy in general, and of the use of retroviral vectors in particular, must be assessed in each specific experimental and clinical context. This analysis should include the biology of the target cell, the cell activation and transduction procedure, and the nature and function of the transgene, as well as the vector design. Given the therapeutic potential of gene transfer technology, there is no alternative to its testing in carefully designed clinical trials, where the risk-benefit balance must remain the central consideration.

## Materials and Methods

**Patients.** The clinical trials were authorized by Italian regulatory authorities and approved by the Institutional Review Board of the San Raffaele Hospital under informed consent. Patient TK8 (F, 18 yr) was treated with HLA-identical HSC transplantation for chronic myelomonocytic leukemia. She received escalating infusions ( $2 \times 10^7$  total) of T cells transduced with the SFCMM-2 retroviral vector, encoding a TK/Neo fusion suicide gene and  $\Delta$ LNGFR. She underwent complete remission and developed a chronic GvHD that was resolved by ganciclovir administration (14). Patients MMTK1 (M, 54 yr), MMTK8 (F, 53 yr), and HTK7 (M,

30 yr) were transplanted with HSCs from HLA-haploidentical donors and received respectively  $1.1$ ,  $1.0$ , and  $2.5 \times 10^7$  donor lymphocytes transduced with the SFCMM-3 vector, encoding only TK and  $\Delta$ LNGFR (15). TK<sup>+</sup> lymphocytes were purified after transduction by immunomagnetic sorting for  $\Delta$ LNGFR and immediately infused (14–16).

**T Cell Isolation and Cloning.** peripheral blood mononuclear cells (PBMCs) from MMTK1, MMTK8, and HTK7 were isolated by Ficoll-Hypaque gradient separation. TK<sup>+</sup>/ $\Delta$ LNGFR<sup>+</sup> cells were quantified by flow cytometry and immunoselected as described (14, 15). For transcriptional profiling, CD8<sup>+</sup> lymphocytes were selected with a CD8<sup>+</sup> T cell isolation kit (Miltenyi Biotec, Auburn, CA) and further fractionated in a CD8<sup>+</sup>/ $\Delta$ LNGFR<sup>+</sup> and a CD8<sup>+</sup>/ $\Delta$ LNGFR<sup>-</sup> population by immunomagnetic sorting. PBMCs from TK8 were cultured in the presence of 0.7 mg/ml G418 to select TK<sup>+</sup> cells (16). Individual TK<sup>+</sup> cell clones were obtained by plating TK<sup>+</sup> cells in 96-well plates at a concentration of 0.3–3 cells per well as described (16).

**T Cell Phenotype Analysis.** Phenotype and cytokine production was analyzed by flow cytometry by using FITC-conjugated mAbs to CD25, CD45RA, and IFN- $\gamma$ , and phycoerythrin (PE)-conjugated mAbs to LNGFR and IL-4 (Pharmingen). CCR7 and, in some experiments,  $\Delta$ LNGFR expression were revealed by PerCP-conjugated streptavidin after staining with an anti-CCR7 mAb and biotinylated anti-mouse IgM or with a biotinylated anti-LNGFR mAb, respectively. Expression of IL-4 and IFN- $\gamma$  was evaluated by intracytoplasmic staining upon *in vitro* activation with 50 ng/ml phorbol myristate acetate (PMA) and 1  $\mu$ g/ml ionomycin (Sigma). After 4 h, brefeldin A (10  $\mu$ g/ml, Sigma) was added for an additional 2 h to inhibit cytokine secretion. Spectratype analysis of TCR V $\beta$  families was performed on cDNA obtained from  $2 \times 10^6$  T cells as described (24).

**Analysis of Gene Expression Profiles.** RNA was isolated from  $1$ – $2 \times 10^6$  T cells, transcribed into biotinylated cRNA, purified on Affymetrix spin columns, and hybridized to Affymetrix HG-U133A Gene Chip arrays. Scanned images were processed by the Affymetrix MAS 5.0 suite, and transcript levels were determined with the MAS 5.0 absolute analysis algorithm. Gene expression levels were compared by the MAS 5.0 comparison analysis algorithm and global scaling option, and differences were expressed as signal  $\log_2$  ratio (s.l.r.). To correlate retroviral integration and gene activity, expression values from a mock-transduced T cell microarray were divided

in four classes, i.e., absent, low (below the 25th percentile in a normalized distribution), intermediate (between the 25th and the 75th percentile), and high (above the 75th percentile). Differences in the expression classes were evaluated by a parametric likelihood test, distributed as  $\chi^2$ . To account for the different distributions between each sample, an asymptotic approximation was considered by a Monte-Carlo method based on 10,000 replications.

**Analysis of Retroviral Vector Integration Sites.** Integration sites were cloned by linker-mediated (LM)-PCR, as described (1). Briefly, genomic DNA was extracted from  $1$ – $5 \times 10^6$  cells, digested with MseI and PstI to prevent amplification of internal 5' LTR fragments, and ligated to an MseI double-strand linker. LM-PCR was performed with nested primers specific for the LTR and the linker (1). PCR products were shotgun-cloned by the TOPO TA cloning kit (Invitrogen) into libraries of integration junctions, which were sequenced to saturation. Sequences were mapped onto the human genome by the BLAT genome browser (University of California Santa Cruz Human Genome Project Working Draft, October 2005). A genuine integration contained both LTR- and linker-specific sequences and a genomic sequence featuring a unique best hit with  $\geq 95\%$  identity to the human genome. A two-sample test for proportions was used for pairwise comparison of the integration site distribution groups within the different classes, corrected by the Holm (wise error rate) and Benjamini and Yekutieli (false discovery rate) methods. Functional classification of the hit genes was carried out following the Gene Ontology criteria (20) by the EASE bioinformatic software (25).

**Real-Time PCR Analysis of Gene Expression.** cDNAs were reverse transcribed from total RNA samples (100 ng) by the Archive kit (Applied Biosystems). TaqMan PCRs were carried out onto custom 7900 TaqMan low-density arrays on an ABI PRISM 7900 HT (Applied Biosystems). TaqMan strategies for each gene were developed as “Assay on Demand” by Applied Biosystems. Gene expression profiling was achieved by using the comparative cycle of threshold (CT) method of relative quantification. To normalize data,  $\Delta$ CT was calculated for each detector by using the median of  $\Delta$ CTs in all samples as calibrator. The relative quantity (RQ) of each mRNA was calculated as  $2^{-\Delta$ CT} and plotted as  $\log_2$  values.

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