AUTHOR'S VIEW

GITR drives T_H9-mediated antitumor immunity

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ABSTRACT

 T_H9 cells have been implicated in triggering antitumor immunity. We have identified that GITR costimulation inhibits iT_{reg} cell generation but drives T_H9 cell differentiation, thereby suppressing tumor growth via enhancing the function of DCs and CTLs *in vivo*. Our findings provide novel mechanisms by which GITR agonists exert antitumor activity. ARTICLE HISTORY Received 16 November 2015 Accepted 16 November 2015

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Increasing evidence has indicated the advantages of CD4^+ T helper (T_H) cells in the treatment of cancer in experimental animals as well as in humans.^{1,2} The IL-9-producing CD4⁺ T (T_H9) cell population is a newly identified T_H subset and has been shown to play roles in mediating parasite expulsion, allergic inflammation and antitumor immunity.³ Notably, T_H9 cells have been shown to exert the greatest antitumor activity among the T_H subsets in melanoma rejection.⁴ Hence, the induction of T_H9 cell immunity might provide an efficacious strategy for the treatment of tumors in humans.

Glucocorticoid-induced tumor necrosis factor receptor (TNFR)—related protein (GITR) is one of the molecules in the TNFR family that co-stimulates T cells. Treatment with GITR agonists showed strong antitumor effects in various tumor models.⁵ However, it has been unclear how GITR co-stimulation on T cells generates antitumor activity. In a recent study, we have found that GITR signaling profoundly enhances T_H9 cell differentiation and that IL-9 production is required for the antitumor activity mediated by GITR agonists.⁶

First, we examined whether IL-4Ra signaling plays any role in tumor rejection mediated by the anti-GITR agonistic antibody DTA-1 in a CT26 colon cancer model because DTA-1 treatment increased the expression of IL-4 and IL-13 in tumor-bearing hosts. Although T_H2 cell immunity has been suggested as protumorigenic, it is also known to mediate antitumor immunity.⁷ We found that IL-4Ra signaling was essential for GITR agonistinduced tumor regression by showing that the tumor growth in IL-4Ra knockout ($Il4ra^{-/-}$) mice was not affected by DTA-1. Notably, we observed that treatment with DTA-1 substantially enhanced IL-9 expression in WT tumor-bearing hosts, while it failed to do so in $Il4ra^{-/-}$ recipients. This result prompted us to analyze the effect of IL-9 on antitumor immunity induced by GITR stimulation. GITR ligation in vivo upregulated IL-9 expression in CD4⁺ T cells as early as 2 d after DTA-1 treatment. More importantly, the inhibition of tumor growth

induced by DTA-1 was markedly reversed by a neutralizing antibody to IL-9. In addition, we employed a mouse model of B16 melanoma expressing ovalbumin (OVA) and compared the antitumor activity of adoptively transferred OVA-specific T_H9 cells generated with or without GITR co-stimulation. In this experiment, we observed that GITR engagement endowed donor T_H9 cells with superior antitumor efficacy in an IL-9-dependent manner. Based on this finding, we concluded that CD4⁺ T cells are the main cell type that responds to GITR co-stimulation to induce IL-9-dependent tumor regression.

Due to the lack of IL-9 receptor expression on CT26 and B16 tumor cells, we thought IL-9 acted on the intermediary cells rather than the tumors to exert antitumor activity. When we measured CD8⁺ cytotoxic T lymphocyte (CTL) responses, we found that tumor-specific cytolytic activity and cytokine and cytolytic marker expression (granzyme B, IFN- ν , TNF- α and CD107a) were all enhanced in CTLs treated with DTA-1 in an IL-9-dependent manner. Interestingly, although IL-9 expression was rapidly upregulated upon GITR ligation as early as day 2, we hardly detected tumor-specific CTL responses and the expression of related effector molecules in tumor-specific CTLs at the early time points. However, these were detected approximately a week after DTA-1 treatment in our experimental setting. In addition, our in vitro study revealed that IL-9 did not directly affect CD8⁺ T cell cytotoxicity. These observations led us to hypothesize that there must be other mediator(s) that responds to IL-9 and stimulates CTL responses in vivo. In a recent paper, Lu et al. have demonstrated that T cell-derived IL-9 chemoattracted dendritic cells (DCs) into the tumor site, thereby mediating T_H9 antitumor immunity through the activation of tumor-specific CTLs.8 We observed that DCs accumulated in the tumor tissue of DTA-1-treated mice, expressed higher levels of CD80, CD86 and MHC class II, and cross-presented tumor antigen (Ag) more efficiently than those of control IgG-treated mice, which were also affected by IL-9.



Figure 1. A schematic illustration of T_H9 cell-mediated antitumor immunity induced by GITR co-stimulation. GITR triggering inhibits i T_{reg} cell generation and promotes T_H9 cell differentiation. IL-9 production triggers epithelial cells to chemoattract DCs into the tumor and enhances the cross-presentation and costimulatory capacity of the tumor-infiltrating DCs. These tumor-Ag-crosspresenting DCs then potentiate tumor-specific CD8⁺ CTL responses, thereby facilitating tumor regression.

Collectively, we propose that GITR-triggered IL-9 production from CD4⁺ T cells promotes tumor-specific CTL responses by activating tumor-infiltrating DCs *in vivo*, which in turn eradicates tumors (Fig. 1).

Next, by using an *in vitro* culture system, we demonstrated that GITR co-stimulation preferentially enhanced mouse T_H9 differentiation in a cell-intrinsic manner. Additionally, we observed an increase in human T_H9 differentiation when human GITR was triggered by a stimulatory antibody, suggesting that GITR stimulation might be capable of inducing T_H9 responses in humans. Notably, under induced T_{reg} (i T_{reg}) cellpolarizing conditions, GITR co-stimulation inhibited iT_{reg} cell generation and diverted the differentiation of CD4⁺ T cells toward T_H9 effector cells (Fig. 1). Hence, GITR co-stimulation might have two advantages: (i) eliminating potential immune suppressors by inhibiting iT_{reg} cell generation in tumor sites and (ii) promoting antitumor T_H9 effectors that repress tumor growth. A recent study by Xiao et al. supports this notion by showing that this phenomenon could take place in vivo in lymphopenic tumor-bearing hosts.9 Moreover, we demonstrated that reprogramming established T_{reg} cells into IL-9-producing cells is possible when they are simulated with a GITR agonist in the presence of IL-4.

In summary, our study demonstrated a role for GITR costimulation in T_H9 cell development and its functional cascade in the tumor microenvironment. However, it remains unanswered which cell type is the direct target of IL-9 to facilitate tumor-Ag cross-presentation by DCs. We speculate that cytolytic innate cells such as eosinophils,¹⁰ macrophages, NK cells and other cell types might be involved in this process. It will be important to investigate whether the antitumor activity of the GITR-agonistic antibody in human cancer patients is also IL-9dependent. A combination of IL-9-inducing GITR agonists with immune checkpoint blockers likely further improves antitumor immunity *in vivo*.

Disclosure of potential conflicts of interest

No potential conflicts of interest were disclosed.

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