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Award Number: DAMD 17-03-01-0032

TITLE: Human Prostate Cancer Infiltrating Lymphocytes: Raft Microdomains, Signaling and Activation in Organ Cultures

PRINCIPAL INVESTIGATOR: Antonella Viola, Ph.D.

CONTRACTING ORGANIZATION: Venetian Institute of Molecular Medicine
Padova, Italy 35129

REPORT DATE: June 2006

TYPE OF REPORT: Final

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

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REPORT DOCUMENTATION PAGE				<i>Form Approved</i> OMB No. 0704-0188	
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1. REPORT DATE 01-06-2006		2. REPORT TYPE Final		3. DATES COVERED 1 Jun 2003 – 31 May 2006	
4. TITLE AND SUBTITLE Human Prostate Cancer Infiltrating Lymphocytes: Raft Microdomains, Signaling and Activation in Organ Cultures				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER DAMD17-03-1-0032	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Antonella Viola, Ph.D.				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Venetian Institute of Molecular Medicine Padova, Italy 35129				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited					
13. SUPPLEMENTARY NOTES Original contains colored plates: ALL DTIC reproductions will be in black and white.					
14. ABSTRACT Prostate cancer is the second leading cause of malignancy-related mortality in males in the Western world. While radical prostatectomy and local radiotherapy are largely successful for patients with localized cancer, available treatments for metastatic prostate carcinoma have demonstrated weak curative efficacy. Thus, androgen reduction often results in the selection of hormone-resistant clones, which seem to be also resistant to radiotherapy or chemotherapy. It is therefore necessary to find alternative therapeutic approaches to hormone-refractory metastatic prostate cancer. Immunotherapy consists in harnessing the immune system to fight cancer and may represent a valid alternative therapy for patients. Cellular immunotherapy consists of giving the patient cells that stimulate anti-tumor activity (tumor and dendritic cell vaccines) or that have intrinsic anti-tumor activity (autologous and allogeneic lymphocytes). However, these approaches have achieved only limited success against established cancer in humans. The fact that human cancers are usually not spontaneously eliminated, together with the modest success of human experimental immunotherapies, has sparked interest in understanding the basis for inadequate anti-tumor immune responses. Our study has demonstrated that human prostate cancers are infiltrated by "armed" cytotoxic lymphocytes, i.e. the cells mainly involved in killing of tumor cell. However, these effector cells are inactive because "narcotized" by the tumor environment. We proved that by inhibiting the activity of two enzymes, arginase(ARG) and nitric oxide synthase (NOS), that are highly expressed in tumor but not in normal prostatic tissue, it was possible to rouse lymphocytes and induce cancer cell death. These results identify a novel and dominant mechanism by which prostate cancer suppress immune responses in situ and suggest novel strategies for tumor immunotherapy.					
15. SUBJECT TERMS TIL, tumor escape, immunosuppression, arginase, nitric-oxide synthase, peroxynitrides					
16. SECURITY CLASSIFICATION OF:			UU	18. NUMBER OF PAGES 37	19a. NAME OF RESPONSIBLE PERSON USAMRMC
a. REPORT U	b. ABSTRACT U	c. THIS PAGE U			19b. TELEPHONE NUMBER (include area code)

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Introduction

Prostate cancer is the second leading cause of malignancy-related mortality in males in the Western world. While radical prostatectomy and local radiotherapy are largely successful for patients with localized cancer, available treatments for metastatic prostate carcinoma have demonstrated weak curative efficacy. Thus, androgen reduction often results in the selection of hormone-resistant clones, which seem to be also resistant to radiotherapy or chemotherapy. It is therefore necessary to find alternative therapeutic approaches to hormone-refractory metastatic prostate cancer.

The immune system possesses the requisites to act as a powerful weapon against cancer. It can be very selective since it recognizes antigens that are preferentially expressed on malignant cells. Cellular immunotherapy consists in giving the patient cells that stimulate anti-tumor activity (tumor and dendritic cell vaccines) or that have intrinsic anti-tumor activity (autologous and allogeneic lymphocytes). The aim is to harness potent immunological weapons to destroy cancer cells. Animal experiments have demonstrated that strong protective immunity can be induced to transplantation of various tumors (Velders et al., 1998; Srivastava, 2000; Gunzer and Grabbe, 2001; Smyth et al., 2001).

Several vaccine trials have demonstrated that epitope-specific vaccination is effective in inducing PCa-specific cytotoxic T lymphocytes (CTLs) in peripheral blood (Timmerman and Levy, 1999; Lodge et al., 2000; Meidenbauer et al., 2000; Nair et al., 2000). However, the critical question is whether tumor-specific CTLs are able to reach the tumor site and to kill tumor cells. We are now starting to appreciate that powerful immune effector mechanisms can be counteracted by evasive measures displayed by the tumors, and only the knowledge of the complex battle going on at the tumor-host interface will provide us with novel insights that might lead to a successful immunotherapy.

During the last three years, we have been studying the role of prostate tumor environment on T lymphocytes activation, using collagen gel-matrix supported organ cultures of PCa and tumor-free prostates (Kasic and Viola, 2005; Appendix 2). TIL from tumor-free samples responded to all the activation stimuli, either acting on the T cell receptor or downstream signaling cascades, as shown by up-regulation of activation markers. On the contrary, TIL from PCa samples were completely unresponsive. Peripheral blood T cells obtained either from PCa patients or healthy subjects were comparable in terms of responsiveness, indicating a tumor-restricted immune deficiency (Bronte et al., 2005; Appendix 1).

We investigated whether alteration of L-Arginine metabolism in tumor explants could be responsible for the induction of TIL dysfunctions. We found that, by culturing small tumor samples in medium containing a combination of arginase (ARG) and nitric oxide synthase (NOS) specific inhibitors, TIL recover their functions, suggesting the presence of a predominant immunosuppressive mechanism based on the altered L-Arg metabolism in prostate cancer (Bronte et al., 2005). These results identify a novel and dominant mechanism by which cancers induce immunosuppression *in situ* and suggest novel strategies for tumor immunotherapy.

Body

Task 1: Rafts expression and function in TIL from prostate carcinomas (PCa)

Raft microdomains, rich in cholesterol and glycosphingolipids (such as GM₁), can be properly defined as dispersed liquid-ordered phase domains to which specific proteins are sequestered while others are excluded (Simons and Ikonen, 1997). It has been proposed that, by partitioning different molecules, rafts can act as platforms for signaling (Brown and London, 1998). Indeed, in addition to glycosylphosphatidylinositol (GPI)-anchored proteins (e.g. CD59), that associate with rafts through their lipid anchor, rafts are also enriched in intracellular membrane-associated proteins involved in signal transduction, such as the Src kinases and the T cell adaptor molecule LAT (Ilangumaran *et al.*, 2000).

The goal of this part of the project was to analyze the expression of the raft marker GM₁ in normal peripheral blood (PB) T cells and in T cells infiltrating PCa samples. The ganglioside GM₁ is a specific marker for membrane lipid rafts, binds to the B subunit of the Cholera Toxin (CT-B) and was visualized using fluorescein isothiocyanate (FITC)-labelled CT-B. In the first part of the study, we analyzed the expression of GM₁ in PB T cells from healthy donors, from PCa patients and from patients affected by lymphoproliferative diseases, in order to understand whether GM₁ expression correlates with T cell alterations. We found that GM₁ expression was normally very low in PB T cells from all the subjects besides patients affected by the lymphoproliferative disease of granular T lymphocytes (LDGL), indicating that GM₁ expression is indeed modulated in T cells *in vivo* (Zambello *et al.*, 2004). PB T cells from PCa patients were comparable to PB T cells from healthy donors in terms of GM₁ expression. However, when CD3⁺ T cells infiltrating PCa were analyzed, we found that GM₁ expression was higher than in PB T cells, suggesting that TIL might have an 'effector' phenotype.

Task 2: Expression of costimulatory molecules in TIL from Pca

The role of the immune system in controlling PCa growth is still obscure. While many papers have shown that proliferation of T cells specific for prostatic antigens may be immunotherapeutically induced, whether specific cytotoxic lymphocytes infiltrate the tumor and are *in situ* activated is unknown. Moreover, it is not clear the relative contribution of CD4⁺ and CD8⁺ T cells to the anti-tumor immune response. It has been recently reported that androgen ablative therapy induces CD4⁺ T cells infiltration of benign glands and tumors in human prostates, and it was speculated that this might favour the tumor-specific response (Mercader *et al.*, 2001). To understand whether the immune system is able to respond to the prostate tumor growth, even in the absence of any vaccination or therapy, and which T cells are implicated in that response, we performed an analysis of the phenotype of TIL in untreated PCa patients. We found that, in contrast to what previously observed in patients under androgen ablative therapy,

TIL of untreated PCa patients are mainly CD8⁺ T cells (more than 60% of the total CD3⁺ T cells). The presence of CD8⁺ T cells was confirmed by immunohistochemical analysis (Bronte et al., 2005).

CD8⁺ T cells were then analyzed for the expression of activation markers and costimulatory molecules and the results obtained indicated that they are terminally differentiated cytotoxic cells (Bronte et al., 2005).

Task 3: TIL activation in PCa organ cultures

The presence of TIL in human cancers demonstrates that tumor antigens are expressed *in situ* and are capable of eliciting specific T cell immune response, which in many cases fails to eliminate tumors. The fact that antigenic human cancers are usually not eliminated, together with the modest success of experimental immunotherapies, has sparked interest in understanding the basis for inadequate antitumor T cell immune responses.

Tumor escape from immune-surveillance is likely due to TIL defects (Radoja and Frey, 2000). The hypothesis that TIL defects can be induced by the tumor environment, either by soluble factors or by cell-to-cell contacts, is widely accepted by tumor-immunologists. However, to date, human TIL functions have been studied by *in vitro* experiments using purified TIL, i.e. TIL that are not under the effect of the tumor environment. We think that the analysis of TIL activation and function inside the tumor would be much more informative. Thus, we started a series of experiments to study TIL in organ cultures of prostate cancer and of prostate benign hyperplasia. Collagen gel-matrix supported organ cultures have been developed to investigate the effects of drugs on tumor growth (Freeman and Hoffman, 1986), but might provide optimal conditions to study TIL activation *in situ*. Indeed, for a cultured tumor to be representative of actual cancer, it is essential that the tumor, as it proliferates *in vitro*, maintains its tissue organization and structure, its oncogenic properties, its differentiated functions, and any cellular heterogeneity present *in vivo*. All these requirements are indeed fulfilled by prostate organ culture (Pretlow et al., 1995; O'Connor, 1999; Varani et al., 1999).

In this study, we analyzed the modulation of TIL responses by the tumor environment using collagen gel-matrix supported prostate organ culture (Kasic and Viola, 2005). We found that TIL infiltrating PCa are mainly CD8⁺ T lymphocytes with an antigen-experienced, terminally-differentiated phenotype. However, they remain in a dormant state that is not altered by cytokines affecting T lymphocyte proliferation such as IL-2. Different from normally responsive lymphocytes in tumor-free prostates and peripheral blood, TIL are not activated locally by powerful signals acting either on TCR (PHA) or downstream signaling pathways (PMA+Ionomycin). The steady-state regulation of the dormant state is dependent on the enhanced intra-tumoral metabolism of the amino acid L-Arginine, since the simple addition of Arginase and Nitric Oxide Synthases (NOS) specific inhibitors was sufficient to rouse these CTL, activate them and start a number of events leading to cytolytic granule polarization and killing of cognate targets. We also demonstrated the presence of high levels of nitrotyrosines in T lymphocytes infiltrating PCa, suggesting a local production of peroxynitrites due to Arginase and

NOS activities, since by inhibiting the activity of the enzymes, reduced tyrosine nitration was achieved.

The metabolic control exerted by the tumor on TIL function was confirmed in a transgenic mouse prostate model, which exhibits similarities with human prostate cancer. These results identify a mechanism by which prostate cancer induces *in situ* immunosuppression and suggest novel strategies for the tumor immunotherapy.

All these data have been included in a manuscript entitled “**Boosting anti-tumor responses of T lymphocytes infiltrating human prostate cancers**”. The manuscript has been published in The Journal of Experimental Medicine (April 18, 2005).

UNPUBLISHED DATA

Our data suggest that reactive nitrogen species (RNS) generated inside the tumor microenvironment inhibit T-cell mediated immunity. Cell membranes offer no significant barrier to diffusion of peroxynitrites from different compartments, within or between cells, at a rate that is faster than the known decomposition pathways of these moieties (Marla et al., 1997). This implies that whenever in a microenvironment O_2^- and NO are generated, from the same or different cells, they will immediately associate and the resulting ONOO⁻ will diffuse freely through cell membranes.

A number of evidence indicate that peroxynitrites are quite toxic for lymphocytes: they can prime T lymphocytes to undergo apoptotic cell death through different pathways involving inhibition of protein tyrosine phosphorylation via nitration of tyrosine residues (Brito et al., 1999) or by nitration of the protein voltage-dependent anion channel, a component of mitochondrial permeability transition pore (Aulek et al., 2001). Nitrotyrosine, a marker of peroxynitrite activity in tissues, is found in thymic extracts and thymic sections co-localized with apoptotic cells suggesting that peroxynitrites are also involved in thymic apoptosis *in vivo* (Moulian et al., 2001). Staining for nitrotyrosine in PCa tissue sections gave a diffuse pattern with some hot spots in the tumor-infiltrating lymphocytes.

During the last year, we started to analyze the effect of RNS on human T lymphocytes. We found that exposure of resting T cells to ONOO⁻ induces:

- i) rapid tyrosine phosphorylation of several proteins, including the ζ -chain associated to the TCR/CD3 complex (Figures 1-2);
- ii) inhibition of anti-CD3-induced tyrosine phosphorylation (when T cells were treated with ONOO⁻ before anti-CD3 stimulation) (Figure 1);
- iii) inhibition of T cell activation (Figure 3);
- iv) downregulation of CD4 and CD8 coreceptor expression (Figure 4);

- v) major alteration of calcium signaling, i.e. calcium release from intracellular stores and inhibition of calcium influx (Figures 5-6);
- vi) inhibition of T cell migration toward a chemoattractant gradient (Figure 7).

Altogether, these data indicate that RNS generated inside the tumor microenvironment may modulate immune response to the tumor itself, by inhibiting lymphocyte infiltration as well as activation of their effector functions.

Key Research Accomplishments

1. The demonstration that human prostate cancers are infiltrated by terminally differentiated cytotoxic T cells;
2. The first extended phenotypic analysis of CD8⁺ T lymphocytes infiltrating human prostate cancers;
3. The demonstration that T lymphocytes infiltrating human prostate cancers are in a dormant state because narcotized by the tumor environment;
4. The demonstration that, by reducing the activity of the two enzymes Arginase 1 and iNOS, it is possible to recover T cell mediated cytotoxicity and induce apoptosis of tumor cells.
5. The demonstration that peroxynitrites generated into the tumor microenvironment are responsible for inhibition of T cell responses.

Reportable Outcomes

Relevant Publications:

- G. Gri, B. Molon, S. Manes, T. Pozzan & A. Viola. 2004. The inner side of T cell lipid rafts. *Immunol. Lett.* 94: 247-252.
- R. Tavano, G. Gri, B. Molon, B. Marinari, C.E. Rudd, L. Tuosto & A. Viola. 2004. CD28 and lipid rafts coordinate recruitment of Lck to the immunological synapse of human T lymphocytes. *J. Immunol.* 173: 5392-5397.
- B. Molon, G. Gri, M. Betella, C. Gomez-Mouton, A. Lanzavecchia, C. Martinez-A, S. Manes & A. Viola. 2005. T cell costimulation by chemokine receptors. *Nat. Immunol.* 6(5): 465-471.
- V. Bronte, T. Kasic, G. Gri, K. Gallana, G. Borsellino, L. Battistini, M. Iafrate, T. Prayer-Galetti, F. Pagano & A. Viola. 2005. Boosting anti-tumor responses of T lymphocytes infiltrating human prostate cancers. *J. Exp. Med.* 201(8): 1257-1268.
- T. Kasic & A. Viola. 2005. Prostate cancer-induced immunodysfunction: a lesson from organ cultures. *Immunol Lett.* 100(1): 98-102.
- S. Manes & A. Viola. 2006. Lipid rafts in lymphocyte activation and migration. *Molecular Membrane Biology*, *in press*.

The results obtained and described in the Report were presented at the following **Congresses**:

- 15th Congress of the European Society for Urological research (Trento, Italy, October 24-26, 2002). Winner prize for best presentation;
- XIIIth Congress of the European Association of Urology (Madrid, Spain, March 12-15 2003);
- The 5th World Congress on Urological Research (Kensington, England, October 02-06 2003);

- XIXth Congress of the European Association of Urology (Vienna, Austria, March 24-27 2004);
- Keystone Symposia, Immune Evasion (Taos, New Mexico, USA, March 25-30, 2004);
- 3rd National Conference SIICA (Ischia, Italy, April 24-27, 2004);
- Annual Meeting of the American Urological Association (San Francisco, USA, May 8-13, 2004);
- Trends in Prostate Cancer 2004 – what is new? (Padova, Italy, September 24th, 2004).
- Congress of the European Association of Urology (Athene, Greece, October 25-29 2004);
- 4rd National Conference SIICA (Brescia, Italy, June 08-11, 2005). Winner prize for best presentation.

Conclusions

Our results indicate that CD8⁺ cells infiltrating human prostate cancer are terminally differentiated cytotoxic T cells that are in contact with the target cell but are unable to kill because they are narcotized by the tumor environment. The steady-state regulation of the dormant state is dependent on the enhanced intratumoral metabolism of L-Arginine, because the simple addition of ARG-and NOS-specific inhibitors was sufficient to rouse these CTL, activate them, and start a number of events leading to cytolytic granule polarization and killing of cognate targets. Based on our findings, drugs controlling ARG and NOS might be useful in aiding immunotherapeutic approaches for the treatment of prostate cancer by creating a favorable tumor environment for the T lymphocyte effector program. Therefore, on the one hand, we decided to start a project aimed to find specific dual-inhibitors of NOSII and ARGII. On the other hand we plan to continue our investigation on TIL dysfunctions and tumor biology to identify biochemical pathways responsible for immunosuppression to develop highly specific immuno-protective molecules.

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Supporting Data

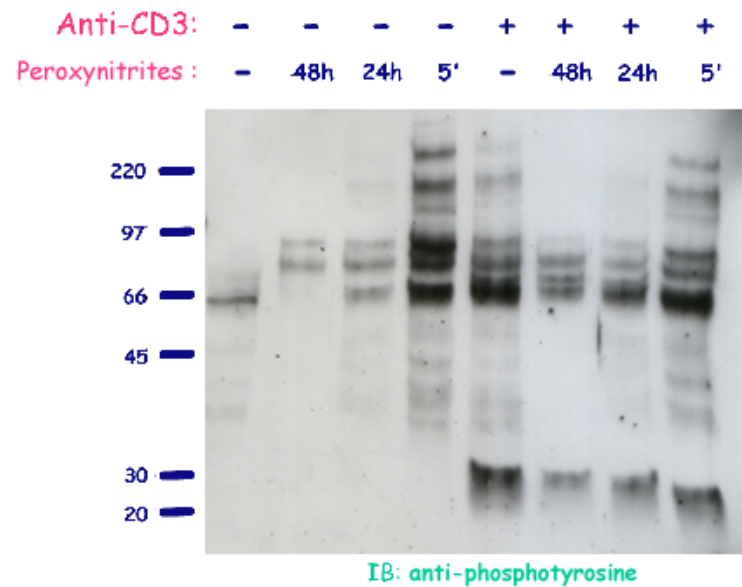


Fig.1. CD3⁺ T cells were cultured for 48, 24 hours or 5 minutes in the presence or in the absence of peroxynitrites (2,4 mM). After the treatment half of the cells were stimulated with anti-CD3 antibody OKT-3 (20 µg/ml) for 5 minutes at 37° C and the other half was considered as unstimulated control. Samples were analyzed by Western blot using an anti-phosphotyrosine antibody. The position of molecular mass M_w markers (in kilodalton) is shown.

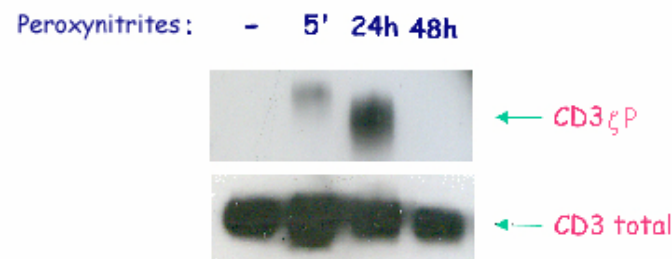


Fig.2. CD3⁺ T cells were cultured for 48, 24 hours or 5 minutes in the presence or in the absence of peroxynitrites (2,4 mM). After the treatment the samples were analyzed by Western blot using anti-CD3 ζ total and anti-CD3 phosphorilated antibody.

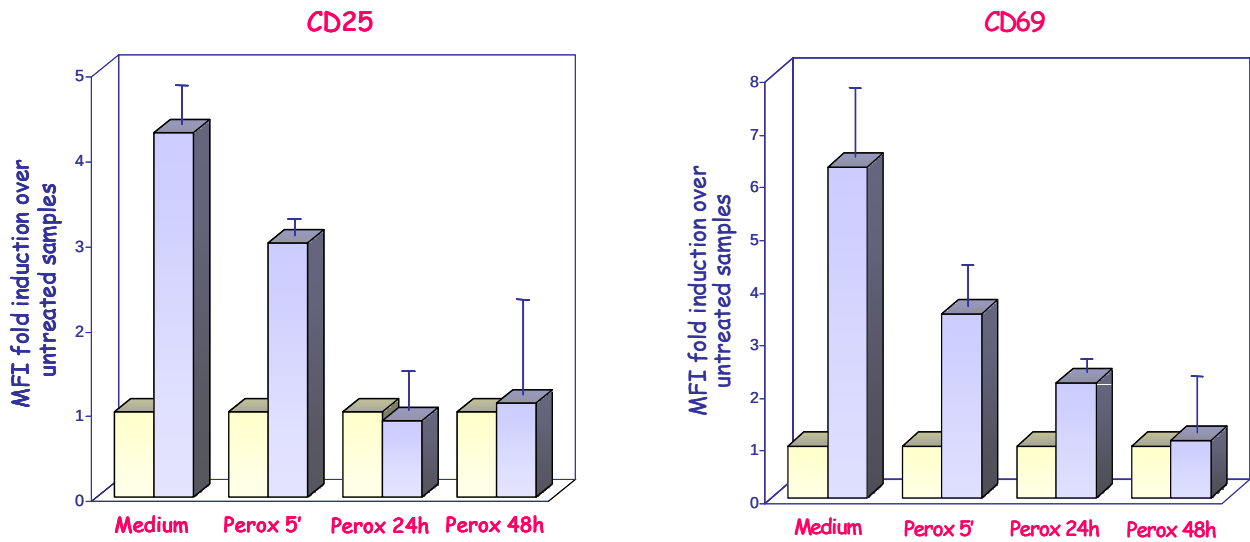


Fig.3. CD3⁺ T cells were cultured for 48, 24 hours or 5 minutes in the presence or in the absence of peroxynitrites (2,4 mM). After the treatment half of the cells were stimulated with PHA (1 µg/ml) for 24 hours and the other half was considered as unstimulated control. Finally, cells were stained to analyze CD3, CD25 and CD69 expression. Flow cytometric analyses were gated on CD3⁺ lymphocytes. Results are expressed as fold of induction above the mean fluorescence intensity of untreated samples, which was taken as one.

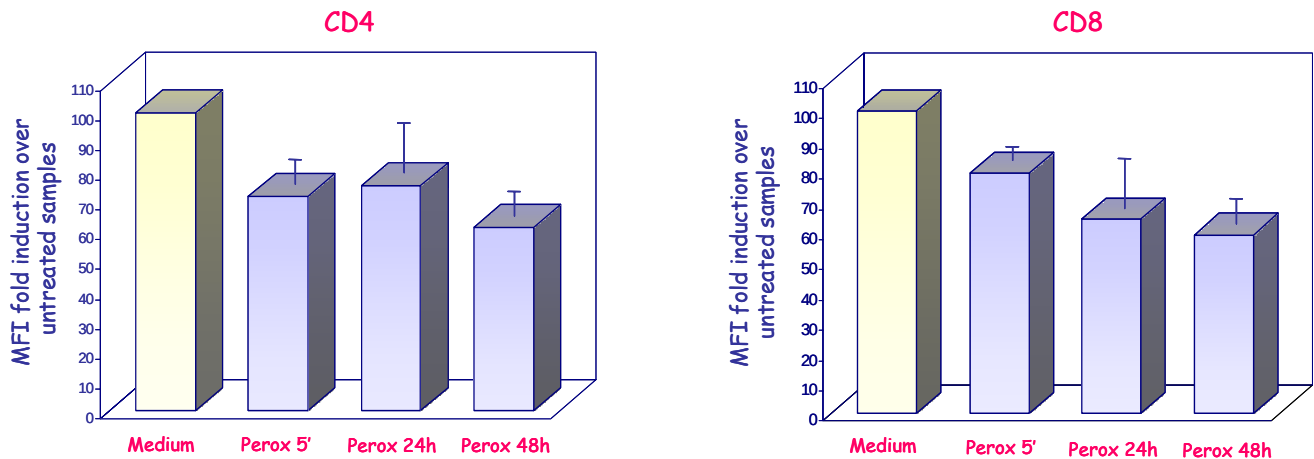


Fig.4. PBMC were cultured for 48, 24 hours or 5 minutes in the presence or in the absence of peroxynitrites (2,4 mM). After the treatment the cells were stained to analyze CD3, CD4 and CD8 expression. Flow cytometric analyses were gated on CD3⁺ lymphocytes. Results are expressed as fold of induction above the mean fluorescence intensity of untreated samples, which was taken as one.

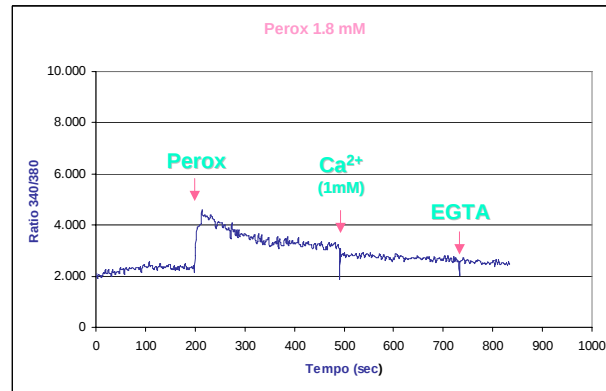


Fig.5. Jurkat T cells loaded with fura-2 were resuspended in Ca^{2+} -free medium and immediately analysed at the fluorimeter. Peroxynitrites induced transient release of Ca^{2+} from intracellular stores which is however not followed by Ca^{2+} influx through plasma membrane channels. Variations in $[\text{Ca}^{2+}]_i$ are express as a ratio of the light emitted at 505 nm upon excitation at the two wavelengths, 340 and 380 nm (R340/380). All figures shown are representative of different independent experiments.

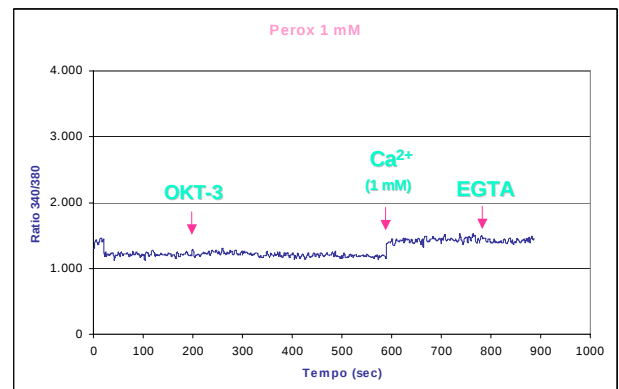
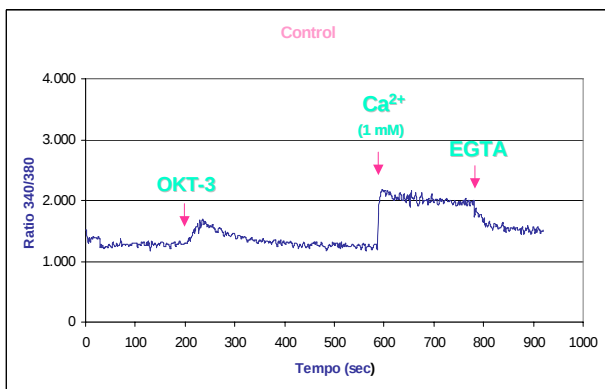


Fig.6. Jurkat Tcells were cultured overnight in the presence or in the absence of peroxynitrites (1 mM). After the treatment, cells were loaded with fura-2, resuspended in Ca^{2+} -free medium and analysed at the fluorimeter. The addition of anti-CD3 antibody (OKT-3; 1 $\mu\text{g}/\text{ML}$), CaCl_2 (1mM) and EGTA (2 mM) are indicated.

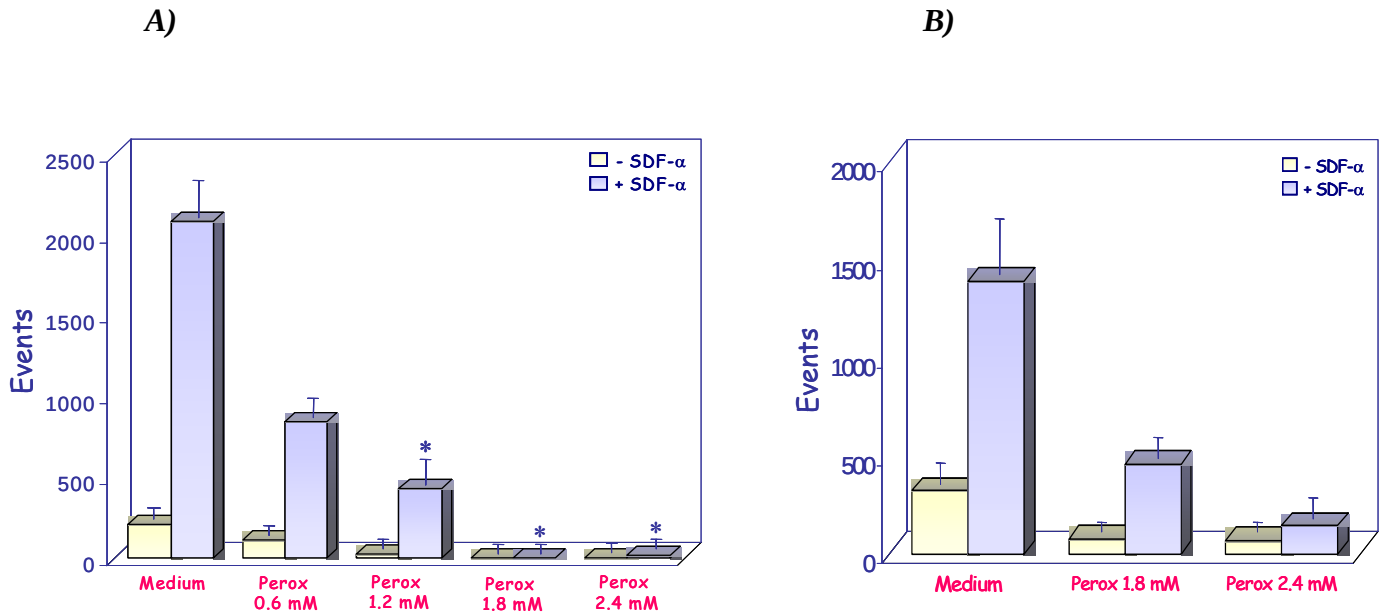


Fig.7. A) CD3⁺ T cells were incubated overnight at 37° C with different concentration of peroxynitrites (0.6 mM, 1.2 mM, 1.8 mM and 2.4 mM). After this treatment, cells were exposed to SDF-1 α gradient in Transwell plates for 2 h and the number of transmigrated T cells counted by flow cytometry. **B)** CD3⁺ T cells were seeded in the upper chamber of a Transwell plate in serum free medium. The lower chambers were filled with serum-free medium alone, serum-free medium containing SDF-1 α (25nM), serum-free medium containing different concentrations of peroxynitrites (1.8 mM, 2.4 mM) or serum-free medium containing peroxynitrites plus SDF-1 α (25nM). After 2 h at 37°C, the number of T cells migrated into the lower chamber was estimated by flow cytometry. * $p < 0.05$ compared to untreated samples.

APPENDIX 1

Boosting antitumor responses of T lymphocytes infiltrating human prostate cancers

Vincenzo Bronte,¹ Tihana Kasic,⁴ Giorgia Gri,⁴ Ketì Gallana,⁴ Giovanna Borsellino,⁵ Ilaria Marigo,¹ Luca Battistini,⁵ Massimo Iafrate,² Tommaso Prayer-Galetti,² Francesco Pagano,^{2,4} and Antonella Viola^{3,4}

¹Department of Oncology and Surgical Sciences, ²Department of Urology, and ³Department of Biomedical Sciences, University of Padova, and ⁴Venetian Institute of Molecular Medicine, 35100 Padova, Italy

⁵Neuroimmunology Unit, Santa Lucia Foundation Scientific Institute IRCCS, 00143 Rome, Italy

Immunotherapy may provide valid alternative therapy for patients with hormone-refractory metastatic prostate cancer. However, if the tumor environment exerts a suppressive action on antigen-specific tumor-infiltrating lymphocytes (TIL), immunotherapy will achieve little, if any, success. In this study, we analyzed the modulation of TIL responses by the tumor environment using collagen gel matrix-supported organ cultures of human prostate carcinomas. Our results indicate that human prostatic adenocarcinomas are infiltrated by terminally differentiated cytotoxic T lymphocytes that are, however, in an unresponsive status. We demonstrate the presence of high levels of nitrotyrosines in prostatic TIL, suggesting a local production of peroxynitrites. By inhibiting the activity of arginase and nitric oxide synthase, key enzymes of L-arginine metabolism that are highly expressed in malignant but not in normal prostates, reduced tyrosine nitration and restoration of TIL responsiveness to tumor were achieved. The metabolic control exerted by the tumor on TIL function was confirmed in a transgenic mouse prostate model, which exhibits similarities with human prostate cancer. These results identify a novel and dominant mechanism by which cancers induce immunosuppression in situ and suggest novel strategies for tumor immunotherapy.

CORRESPONDENCE

Antonella Viola:
antonella.viola@unipd.it

Abbreviations used: ARG, arginase; L-Arg, L-arginine; L-NMMA, N-monomethyl-L-arginine; NO, nitric oxide; NOHA, N-hydroxy-L-arginine; NOS, nitric oxide synthase; PCa, prostate carcinoma; TIA-1, T cell intracellular antigen 1; TIL, tumor-infiltrating lymphocytes; TRAMP, transgenic adenocarcinoma mouse prostate.

Human tumors express antigens recognized by T and B lymphocytes, a recent discovery that has paved the way for the development of novel immunotherapeutic strategies targeting the immune effectors toward cancer-associated antigens (1, 2). Unfortunately, the many attempts to create a therapeutic cancer vaccine for human tumors have been unsuccessful. Although vaccination often succeeds in expanding circulating T lymphocytes recognizing the autologous tumor, only a limited number of clinically objective responses have been reported so far (3). T lymphocytes activated by vaccination acquire an antigen-experienced memory phenotype, and they are virtually competent to attack neoplastic cells (4, 5). Thus, inefficacy of active immunotherapy probably depends either on the inability of sufficient lymphocyte numbers to reach the site of cancer growth or on the countermeasures orchestrated by tumor cells. Tumor escape mechanisms are quite diversified; they include loss of antigen, HLA molecules, or key proteins of the antigen-processing machin-

ery; local production of immunosuppressive molecules; recruitment and activation of suppressive myeloid cells; and loss of costimulatory molecules (6).

Among cancer patients undergoing active immunotherapy, those showing mixed responses are particularly intriguing (7). In clinical trials, in fact, some tumor nodules regress or disappear, whereas in the same patient others progress. The reasons for this heterogeneous response are not clear, but it was proposed that tumor nodules might have different permissive states toward the activity of anti-tumor lymphocytes (7). The interactions between lymphocytes, tumors, and tumor-infiltrating myeloid cells can create a number of functional events that range from full activation of specific immune responses to the induction of tolerance in tumor-specific T lymphocytes (8, 9). However, in general, the tumor microenvironment does not seem to be suitable for T lymphocyte functions, and, indeed, a number of reports indicate that tumor-infiltrating lymphocytes (TIL)

are impaired in both signal transduction and effector systems (10). These findings have been obtained mostly in nonvaccinated tumor-bearing hosts, but it is reasonable to assume that the same constraints might apply to lymphocytes activated by active immunotherapy once they reach the tumor site.

The control of amino acid metabolism is emerging as a relevant immunoregulatory tool shared by different cell types of the immune system, which can also underlie the immune dysfunctions induced by tumors. The activation of the tryptophan-degrading enzyme indoleamine 2,3-dioxygenase in dendritic cells, originally associated with peripheral tolerance and maternal tolerance toward the fetus, was recently shown to be involved in tumor immune evasion. In two different tumor models, systemic administration of a specific indoleamine 2,3-dioxygenase inhibitor resulted in partial reversion of the tumor-induced immunosuppression (11, 12).

Tryptophan is not the only amino acid whose metabolism is increased in a tumor-conditioned microenvironment, and numerous reports suggest also a role for the activation of L-arginine (L-Arg) metabolizing enzymes during tumor growth and development. In tumor-infiltrating myeloid cells, L-Arg is metabolized by arginase I (ARG1), arginase II (ARG2), and by the inducible form of nitric oxide synthase (NOS2).

Cytoplasmic ARG1 and mitochondrial ARG2 hydrolyze L-Arg to urea and ornithine, the latter being converted to polyamines by ornithine decarboxylase (13). NOS2 oxidizes L-Arg to citrulline and nitric oxide (NO), a pleiotropic molecule important for ischemia, inflammation, angiogenesis, immune response, and cell growth and differentiation (14).

Increased ARG activity has long been detected in patients with colon, breast, lung, and prostate cancer (15), and it was proposed that this enzymatic activity sustained the high demand of polyamines necessary to tumor growth (16). However, ARG activity in macrophages infiltrating a mouse tumor was recently shown to impair antigen-specific T cell responses and the expression of the CD3 ζ chain (17). Increased production of NO within various human cancers may contribute to tumor development by favoring neoangiogenesis, tumor metastasis, and tumor-related immune suppression (18). It is commonly believed that ARG and NOS are competitively regulated by Th1 and Th2 cytokines and complex intracellular biochemical pathways, including negative feed-back loops and competition for the same substrate (13). However, simultaneous activation of ARG and NOS in myeloid cells licensed by the tumor can generate powerful inhibitory signals, eventually leading to apoptotic death of antigen-specific T lymphocytes (19, 20).

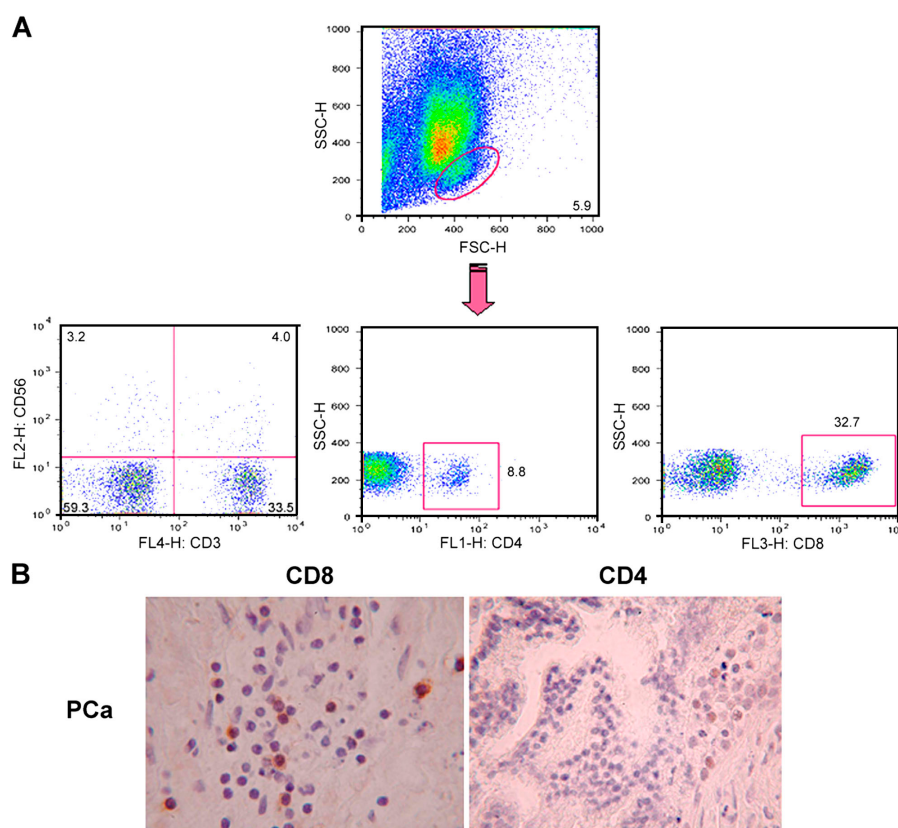


Figure 1. CD8⁺ TIL infiltrate malignant prostate. (A) Single-cell suspensions obtained from 50 prostate samples were incubated with antibodies to various T cell markers and analyzed by flow cytometry. A repre-

sentative experiment is reported. (B) Immunocytochemical detection of CD8⁺ or CD4⁺ TIL in PCa tissues (magnification, ×400).

Evidence has been accumulating that ARG and NOS are overexpressed in prostate cancers as compared with hyperplastic prostate (21–23), with the intriguing observation that the tumor cells, rather than myeloid infiltrating cells, could be the main source of the enzymes. We investigated whether the alteration of L-Arg metabolism in tumor explants could be responsible for the induction of TIL dysfunctions. When small tumor samples are cultured in medium containing a combination of ARG- and NOS-specific inhibitors, TIL recover their functions, suggesting the presence of a predominant immunosuppressive mechanism based on the altered L-Arg metabolism in prostate cancer.

RESULTS

Phenotypic analysis of prostate tumor-infiltrating lymphocytes

To characterize the phenotype of T lymphocytes infiltrating human prostate carcinoma (PCa), prostate samples obtained from untreated patients who underwent radical prostatectomy for PCa were analyzed by FACS (BD Biosciences) analysis and immunohistochemistry. Initial studies revealed that TIL infiltrating PCa samples were mainly CD8⁺ T lymphocytes (Fig. 1, A and B); therefore the following experiments were focused on CD8⁺ TIL.

CTL are one of the critical effector cells in antitumor immunity (24). T cell differentiation from naive to effector CTL can be analyzed through the expression of CCR7 and CD45RA molecules (25). In PCa samples, CD8⁺ TIL were either CCR7[−]CD45RA[−]CD62L[−] (effector memory phenotype) or CCR7[−]CD45RA⁺CD62L[−] (terminally differentiated CTL) (Table I). Consistent with their phenotype of terminally differentiated cytotoxic cells, CD8⁺ T lymphocytes infiltrating PCa expressed low levels of chemokine receptors; an exception was CCR5, which is known to be expressed in tissue-infiltrating lymphocytes. These cells contained perforin granules, indicating that activated and armed CTL are present within the tumor site (Table I). Interestingly, CD8 TIL expressed high levels of activatory NK receptors, such as p50.3, NKR1A, NKG2D, and CD94 (Table I).

Tumor-infiltrating lymphocyte activation in prostate carcinoma organ cultures

Several studies have documented signaling defects in TIL, and it has been proposed that the tumor itself, or host cells present in the tumor environment, directly inhibits TIL activation (26, 27). To study the effect of prostate tumor environment on T lymphocyte activation, TIL were stimulated *in situ*, using collagen gel matrix-supported organ cultures of PCa and tumor-free prostates (obtained from patients who underwent radical prostatectomy for bladder cancer). The advantage of using PCa organ cultures is that the tumor microenvironment remains intact during the experiment. Thus, all the factors that may affect TIL function, such as cell–cell interactions, cell–matrix interactions, and interstitial fluid

Table I. Phenotypic analysis of CD8⁺ T cells infiltrating human PCa

Antigen	Expression	No. of patients analyzed
T cell markers		
CD5	+++ ^a	4
CD7	+++	4
CD11a	+++	4
CD25	—	50
CD26	—	4
CD27	—	4
CD28	—	25
CD31	—	4
CD45RA	+	12
CD62L	+/-	12
CD69	+	50
CD137	—	50
NK receptors		
p50.3	++	4
p58.1	—	4
p58.2	—	4
NKAT	—	4
NKB1	—	4
NKG2A	++	4
NKG2C	—	4
NKG2D	++	4
NKR1A	+++	4
NKp30	—	4
NKp44	—	4
NKp46	—	4
CD94	++	4
Chemokine receptors		
CCR4	—	4
CCR5	+++	4
CCR6	—	4
CCR7	—	12
CXCR1	—	4
CXCR2	—	4
CXCR3	++	4
CXCR4	++	4
Functional marker		
Perforin	+++	12

^aFraction of cells expressing a given marker: —, 0–10%; +/-, 10–20%; +, 20–60%; ++, 60–80%; +++, 80%.

within this three-dimensional milieu, are preserved (28). We found that, although CD8⁺ T lymphocytes in tumor-free samples responded to the stimuli provided (i.e., PHA or PMA plus ionomycin), as shown by up-regulation of activation markers, CD8⁺ TIL from PCa samples were totally unresponsive to stimulation (Fig. 2). TIL responsiveness was not

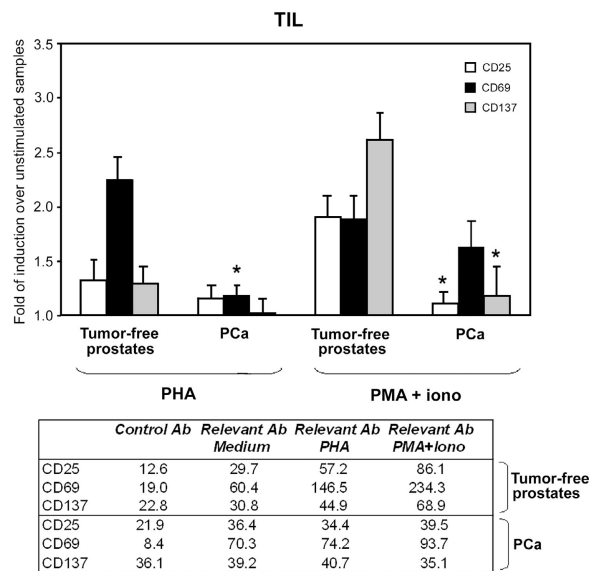


Figure 2. TIL in PCa organ cultures are unresponsive. PCa ($n = 20$) and tumor-free prostate ($n = 10$) samples were cultured for 48 h in the presence or in the absence of PHA ($1 \mu\text{g/ml}$) or PMA (50 ng/ml) plus ionomycin ($0.5 \mu\text{g/ml}$). After enzymatic digestion, the single-cell suspensions obtained from prostate were incubated with antibodies to CD8 plus antibodies to CD25, CD69, and CD137. Flow cytometric analyses were gated on CD8⁺ lymphocytes. Similar results were obtained when prostate samples were cultured in the presence of IL-2 (100 U/ml). Results are expressed as fold of induction above the mean fluorescence intensity of unstimulated samples, which was taken as 1. *, $P < 0.05$ compared with tumor-free prostate samples. Mean fluorescence intensity values from a representative experiment are shown in the accompanying table.

restored by the addition of IL-2 to the culture medium (unpublished data). In contrast, peripheral blood CD8⁺ T cells obtained from PCa patients or healthy donors were similar in responsiveness to the provided stimuli (Fig. 3), thus excluding the possibility that the PCa patients analyzed were immunodepressed. Taken together, these data suggest that the PCa environment is immunosuppressive for CD8⁺ T cells.

Arginine and nitric oxide synthase mediate prostate carcinoma immunosuppression

It has been proposed that alterations of L-Arg metabolism in the tumor environment could impair T cell functions (20). NOS2 is expressed in the prostate of various species, including humans. Up-regulated NOS2 expression was demonstrated in PCa and was shown to be predictive of poor survival (23). Together with the enzyme diamine oxidase, ARG controls polyamine metabolism in prostatic tissue. Experimental evidence indicates that ARG activity is elevated in PCa tissues as compared with benign prostatic hyperplasia, suggesting that this enzyme might play a role in the PCa progression (21). In the light of these data, tumor-free and PCa samples were subjected to immunohistochemical analyses for NOS2 and ARG2. We found that the expression of both enzymes was highly up-regulated in the tumor tissues

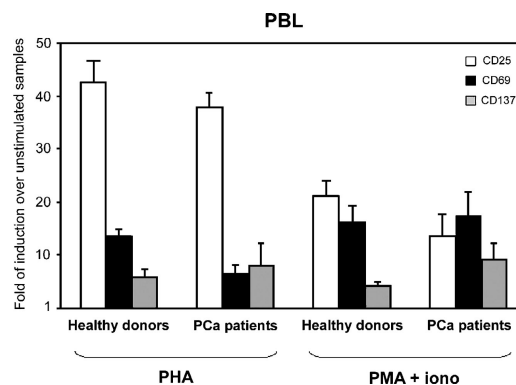


Figure 3. PBL of PCa patients have normal responses to stimuli. PBL from healthy donors ($n = 10$) or from the same PCa patients whose prostate samples were analyzed as described in Fig. 2 ($n = 20$) were cultured for 48 h in the presence or in the absence of PHA ($1 \mu\text{g/ml}$) or PMA (50 ng/ml) plus ionomycin ($0.5 \mu\text{g/ml}$). Cells were incubated with antibodies to CD8 plus antibodies to CD25, CD69, and CD137. Flow cytometric analyses were gated on CD8⁺ lymphocytes. Similar results were obtained when all CD3⁺ T cells were analyzed. Results are expressed as fold of induction above the mean fluorescence intensity of unstimulated samples, which was taken as 1.

(Fig. 4). This finding prompted us to investigate whether the two enzymes might be involved in the selective T cell unresponsiveness that we observed in PCa. Tumor tissue cultures were incubated for 4 d in the presence or in the absence of specific inhibitors of NOS (l-NMMA) and ARG (NOHA); then CD8⁺ T cell phenotype was analyzed. In 64% of the patients analyzed ($n = 33$), CD8⁺ T cells infiltrating tumor tissue cultures treated with l-NMMA and NOHA spontaneously up-regulated the expression of the early-activation markers CD25, CD69, and CD137 (Fig. 5 A). Up-regulation of activation markers was not the result of a direct effect of l-NMMA and NOHA on TIL, because the expression of the same molecules in CD8⁺ T cells infiltrating tumor-free prostates treated with the same protocol did not change (unpublished data). Moreover, if the treatment with NOS and ARG inhibitors was prolonged for 7 d, the number of viable CD8⁺ T cells in PCa organ cultures was significantly higher than in untreated tumors ($0.70 \pm 0.29\%$ vs. $0.22 \pm 0.08\%$ of the gated, live cells recovered after tumor dissociation), indicating that treatment with NOS and ARG inhibitors prevents T cell death in the tumor samples (Fig. 5 B). It is important to note that, in every experiment, each prostate sample was divided in two parts; one part was cultured with inhibitors and the other in normal medium. Only samples from the same patient were compared. Thus, the different phenotypes of TIL in treated or untreated samples can ascribed only to the inhibitor's effects, not to individual variability among the samples. When the two enzymes were not used in combination (i.e., when only NOS or only ARG activity was inhibited), TIL phenotype remained unmodified, indicating that both pathways must be blocked to reverse T cell inhibition (unpublished data).

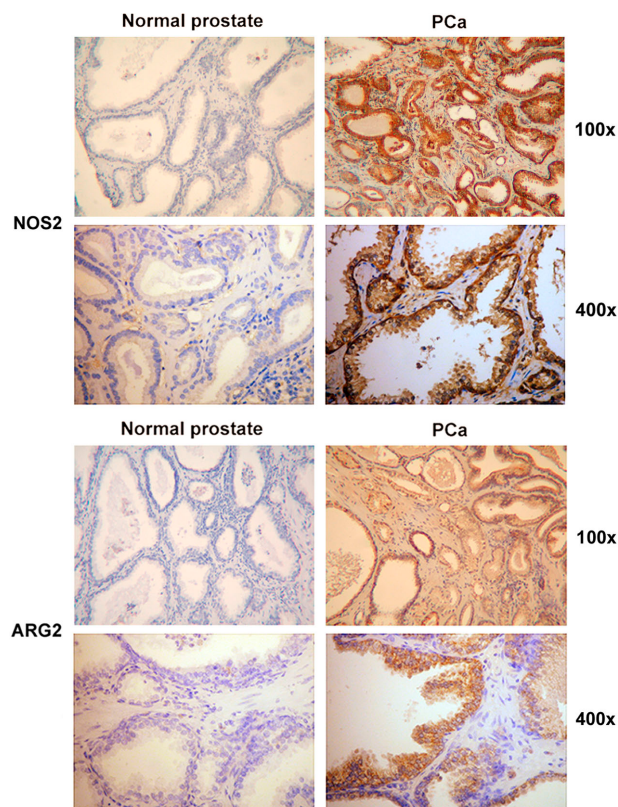


Figure 4. Higher expression of NOS2 and ARG2 in PCa tissues than in tumor-free prostatic tissues. Immunohistochemical detection of NOS2 and ARG2 in control ($n = 2$) and malignant prostatic tissues ($n = 4$).

Arginine and nitric oxide synthase activities induce tyrosine nitration in tumor-infiltrating lymphocytes

We then tried to investigate the downstream events of ARG- and NOS-mediated immunosuppression in PCa. It has been proposed that under conditions of low L-Arg concentrations caused by enhanced ARG activity, NOS generates O_2^- that reacts with NO to generate peroxynitrites ($ONOO^-$) that, in turn, cause protein tyrosine nitration and inhibit activation-induced protein tyrosine phosphorylation (29, 30). To test this hypothesis, we analyzed PCa samples, precultured in the presence or in the absence of l-NMMA and NOHA, for nitrotyrosine expression. PCa tissues contained several cells highly positive for nitrotyrosine staining (Fig. 6 A). Interestingly, in PCa samples cultured in the presence of ARG and NOS inhibitors, the number of nitrotyrosine-expressing cells was considerably decreased (Fig. 6 A), indicating that protein nitration is not permanent and that possible denitration mechanisms might exist within the tissue (31, 32).

To associate T cell dysfunctions with nitrotyrosine generation, it was essential to show the presence of nitrotyrosines in $CD8^+$ TIL. Therefore, PCa samples were analyzed for nitrotyrosine expression by flow cytometric analyses. Nitrotyrosines were present in PCa TIL, and treatment with ARG and NOS inhibitors reduced their expression (Fig. 6

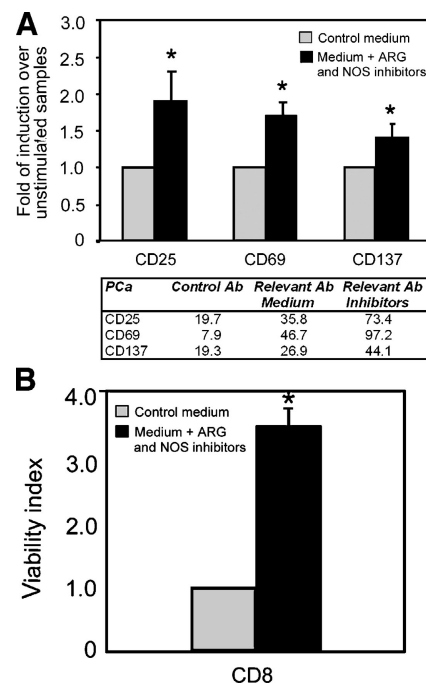


Figure 5. ARG2 and NOS2 mediate PCa immunosuppression. PCa tissues were cultured 4 d in the presence or in the absence of NOS (l-NMMA; 0.5 mM) plus ARG (NOHA, 0.5 mM) inhibitors. (A) After 4 d of culture, the PCa tissues ($n = 33$) were digested, and the cell suspensions obtained were incubated with antibodies to CD8 plus antibodies to CD25, CD69, and CD137. Flow cytometric analyses were gated on $CD8^+$ lymphocytes. Results are expressed as fold of induction above the mean fluorescence intensity of untreated samples of the same patient, which was taken as 1. * $P < 0.05$ compared with untreated samples. Mean fluorescence intensity values from a representative experiment are shown in the accompanying table. (B) After 7 d of culture, the PCa tissues ($n = 21$) were digested, and the cell suspensions obtained were incubated with antibodies to CD8 plus propidium iodide (PI). Data are presented as viability index over untreated tumor cultures of the same patients (number of $CD8^+$ PI $^-$ cells in treated samples/number of $CD8^+$ PI $^-$ cells in untreated samples).

B), indicating that in PCa the enhanced activity of the enzymes ARG and NOS generates peroxynitrite responsible for tyrosine nitration and in situ immunosuppression of TIL.

Arginine and nitric oxide synthase inhibitors restore local tumor recognition by tumor-infiltrating lymphocytes

Frey and collaborators have shown that murine $CD8^+$ TIL do contain cytolytic granules, but these granules are diffused in the cytoplasm and do not polarize in response to T cell stimulation (33). Moreover, they showed that recovery of lytic function, after isolation and culture of TIL, correlated with the capacity of TIL to mobilize and polarize cytotoxic granules. We decided to analyze the subcellular localization of cytotoxic granules in CTL infiltrating PCa samples untreated or incubated for 4 d with ARG and NOS inhibitors. A cytotoxic granule-associated protein, TIA-1, was used as a specific granule marker (34, 35). Immunohistochemical and immuno-

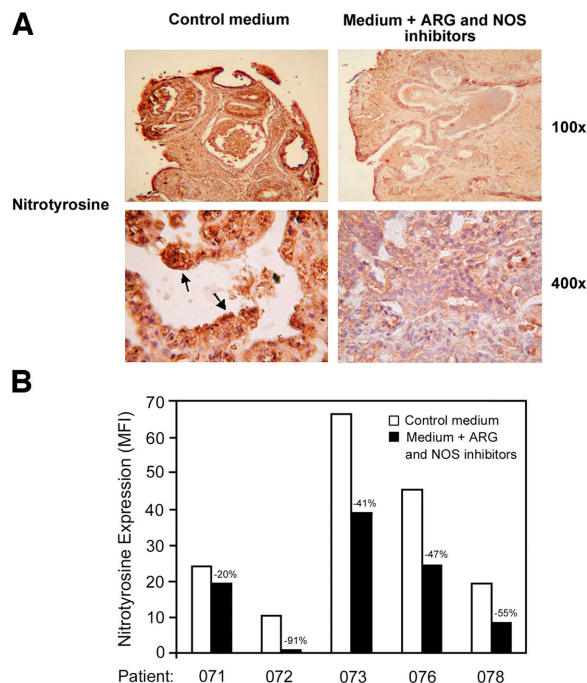


Figure 6. ARG and NOS inhibitors reduce the level of nitrotyrosines in PCa tissues and in TIL. PCa samples ($n = 6$) were cultured 4 d in the presence or in the absence of NOS (l-NMMA; 0.5 mM) plus ARG (NOHA; 0.5 mM) inhibitors. (A) Immunohistochemical detection of nitrotyrosines in treated or untreated samples. Arrows indicate highly positive cells present only in untreated PCa tissues. (B) Flow cytometric analysis for nitrotyrosine expression in CD8⁺ cells infiltrating treated or untreated PCa samples.

fluorescence analysis revealed that lytic granules were evenly distributed in the cytoplasm of CD8⁺ T cells present in PCa samples, suggesting that CTL do not engage productive contacts or are unable to organize a mature immunological synapse inside the tumor (Fig. 7, A and B). However, when PCa samples were precultured with l-NMMA and NOHA, the subcellular distribution of CTL lytic granules seemed to be polarized in a restricted region of the cytoplasm, suggesting that functional immunological synapses between CTL and target cells were organized (Fig. 7, A and B). TIA-1⁺ cells present in PCa samples, treated or untreated with ARG and NOS inhibitors, from three different patients were counted. We found that tumor tissues preincubated or not with l-NMMA and NOHA had comparable numbers of TIA-1⁺ cells. However, polarized granules were expressed by less than 10% of the positive cells in untreated tumors, whereas more than 90% of TIA-1⁺ cells displayed a polarized phenotype in tumors incubated with ARG and NOS inhibitors.

Polarization and release of CTL lytic granules result in killing of the target cell. Thus, we analyzed PCa tissue cultures, preincubated or not with ARG and NOS inhibitors, for the presence of apoptotic cells. Apoptosis was almost undetectable in untreated tumor tissue cultures (less than two apoptotic cells/sample), but more than 20 isolated apoptotic cells per sample were present in tissues incubated with l-NMMA

and NOHA, suggesting that selective killing had occurred (Fig. 7 C). The possibility that the inhibitors used directly induce cell death can be ruled out because (a) few and isolated apoptotic cells were present in the tissues, and (b) the number of apoptotic cells correlated with the number of TIA-1⁺ cells.

To clarify the identity of the apoptotic cells and the role of cytotoxic T cells in mediating the observed apoptosis in tumor samples treated with NOS and ARG inhibitors, we performed a double staining for TIA-1 and apoptosis (Fig. 7 D). The results indicate that apoptotic cells are not lymphocytes but are surrounded by TIA-1⁺ cells, thus strengthening evidence for the role of CTL in mediating apoptosis inside the tumor.

Taken together, these data indicate that CTL infiltrating human prostate cancer are potentially able to kill tumor cells and that their *in situ* lytic function can be restored by inhibiting ARG2 and NOS2.

Arginine and nitric oxide synthase inhibitors restore antitumor activity in prostate carcinoma cultures of transgenic adenocarcinoma mouse prostate mice

We were not able to recover enough human T lymphocytes from PCa organ cultures to perform functional studies. We therefore decided to use a mouse model very close to the human pathology: the transgenic adenocarcinoma mouse prostate (TRAMP) mouse. These mice are transgenic for the SV40 large-antigen (Tag) oncogene under the control of the rat probasin regulatory element and express Tag at puberty. In the following weeks, TRAMP mice progressively develop spontaneous prostatic hyperplasia, adenocarcinoma, and lymph node and lung metastases, closely mimicking progression of human PCa (36). Another interesting analogy with human tumors directly concerns the scope of our studies: the invading, but not the normal, epithelium overexpresses both ARG and NOS (unpublished data). At 22–24 wk of age, prostatic intraepithelial neoplasia and well-differentiated carcinoma comprised the majority of the pathology in TRAMP mice, but the tumor appearance was variable, ranging from microscopic tumors evidenced only histologically to macroscopically visible nodules in the pelvis where the individual mouse prostate lobes were indistinguishable (36). The first type of tumors was infiltrated by a sizeable number of CD8⁺ T lymphocytes ($12.66 \pm 1.09\%$ of the gated, live cells recovered after tumor dissociation) with the phenotype of memory/effector cells, as assessed by the expression of CD62L, CD44, and CD25 (Fig. 8 A). In large tumors, the percentage of CD8⁺ T lymphocytes declined dramatically ($0.15 \pm 0.01\%$ of gated cells), and these lymphocytes had almost completely lost the expression of CD25, the α chain of the IL-2 receptor (Fig. 8 A). Large tumors were then enzymatically dissociated, pooled, and cultured in the presence of high doses of IL-2 to expand TIL. Equivalent numbers of the same cellular preparation were cultured in the presence of the ARG and NOS inhibitors used in previous experiments, low doses of IL-2, or a combi-

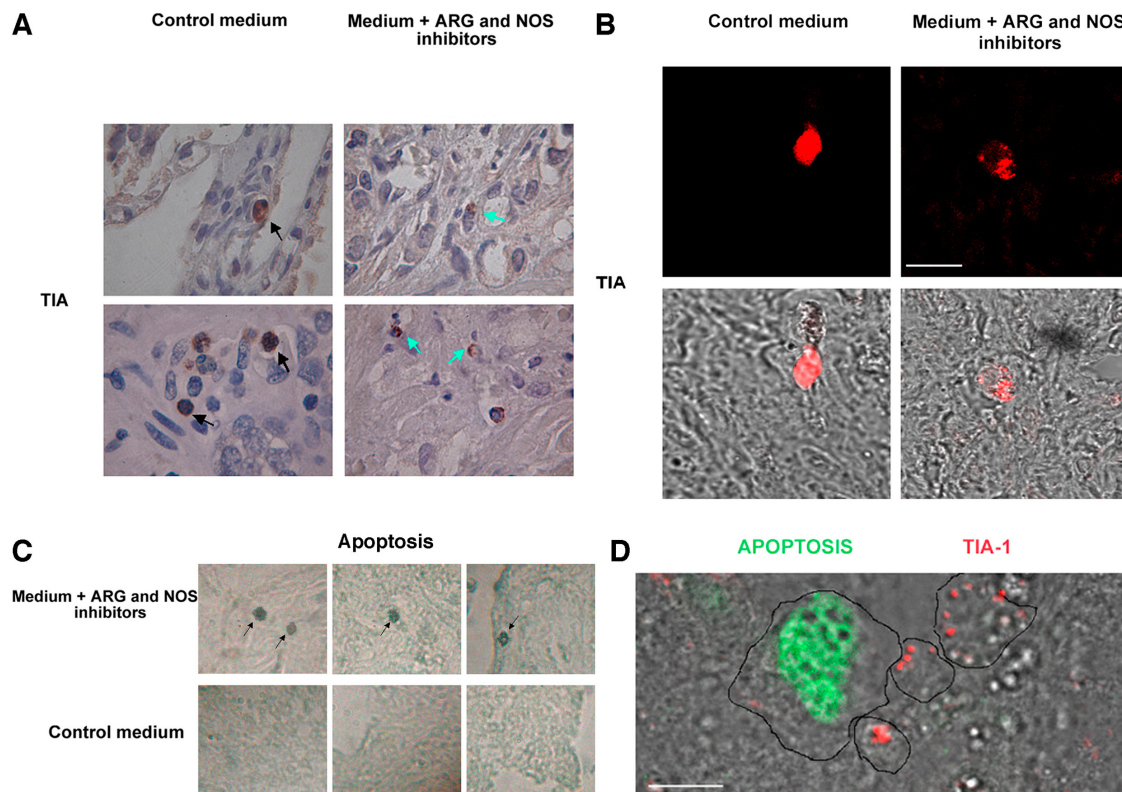


Figure 7. ARG and NOS inhibitors restore CTL lytic function.

(A) Immunohistochemical detection of TIA-1 in PCa samples ($n = 10$) cultured 4 d in the presence or in the absence of NOS (l-NMMA; 0.5 mM) plus ARG (NOHA; 0.5 mM) inhibitors. The pictures show that in untreated tumor samples cytotoxic granules are evenly distributed in the cytoplasm of CTL (black arrow). In contrast, in tumor samples cultured with inhibitors, CTL cytotoxic granules appear polarized in a confined region of the cell (green arrow: magnification, $\times 1,000$). In each experimental condition, 500 TIA-1⁺ cells were analyzed. In untreated samples, we counted 23 TIA-1⁺ cells showing a polarized phenotype (4.6%), whereas in samples cultured in the presence of ARG and NOS inhibitors we counted 461 polarized cells (92.2%). (B) Similar results were obtained by immunofluorescence analysis

of TIA-1⁺ cells. Bar, 10 μ m. (C) Immunohistochemical detection of apoptosis by TUNEL assay in PCa samples ($n = 10$) cultured 4 d in the presence or in the absence of NOS (l-NMMA; 0.5 mM) plus ARG (NOHA; 0.5 mM) inhibitors. Apoptotic cells are indicated (black arrow). In untreated tissues, apoptotic cells were always less than two/sample, whereas in inhibitor-treated tissues we counted >20 apoptotic cells per sample (magnification, $\times 600$). (D) Immunofluorescence analysis of TIA-1⁺ cells and apoptosis. PCa samples ($n = 10$) cultured 4 d in the presence of NOS (l-NMMA; 0.5 mM) plus ARG (NOHA; 0.5 mM) inhibitors stained for TIA-1 (red) and subsequently for DNA fragmentation by TUNEL assay (green). Samples were analyzed by confocal microscopy. Bar, 10 μ m. Cell margins were drawn to facilitate the readers.

nation of inhibitors and low IL-2 concentration. After 3 wk, TIL were recovered and tested for their ability to recognize different targets by releasing IFN- γ (Fig. 8 B). No TIL were recovered in cultures incubated only with the inhibitors (unpublished data), an expected result in the absence of IL-2 driving the expansion of the activated T lymphocytes. High-dose IL-2 allowed the highest cell recovery (3.48×10^6 ; 464-fold expansion), but TIL had a very high background IFN- γ release, which did not allow discriminating any tumor-specific recognition. Low-dose IL-2 combined with the ARG and NOS inhibitors allowed recovery of an intermediate number of TIL (2.56×10^6 ; 341-fold expansion) that recognized the autologous tumor, the syngeneic prostate cancer cell line TRAMP C1, and the SV40-infected fibroblast but not normal splenocytes or tumors of different histology (MBL-2 and B16 tumors), suggesting the expansion of tumor-specific and possibly SV40-restricted effectors.

Low-dose IL-2 alone supported a lower expansion (138-fold; 1.24×10^6 total cells) of TIL that only partially recognized the autologous tumor and SV40⁺ fibroblasts but not TRAMP C1 cells (Fig. 8 B). These data confirm the relevance of ARG and NOS in restraining tumor-specific lymphocytes in PCa and suggest that the lymphocyte repertoire generated by altering the local L-Arg metabolism in the presence of IL-2 might be different from that obtained by the simple IL-2-driven activation.

DISCUSSION

A long-term clinical follow-up of more than 300 patients with prostate adenocarcinomas (PCa) showed a significant correlation between the TIL density and prognosis (37). Absent or weak TIL were found to be signs of increased tumor progression risk and poor prognosis. However, a major limit of similar epidemiological studies (38) is that lymphocytic in-

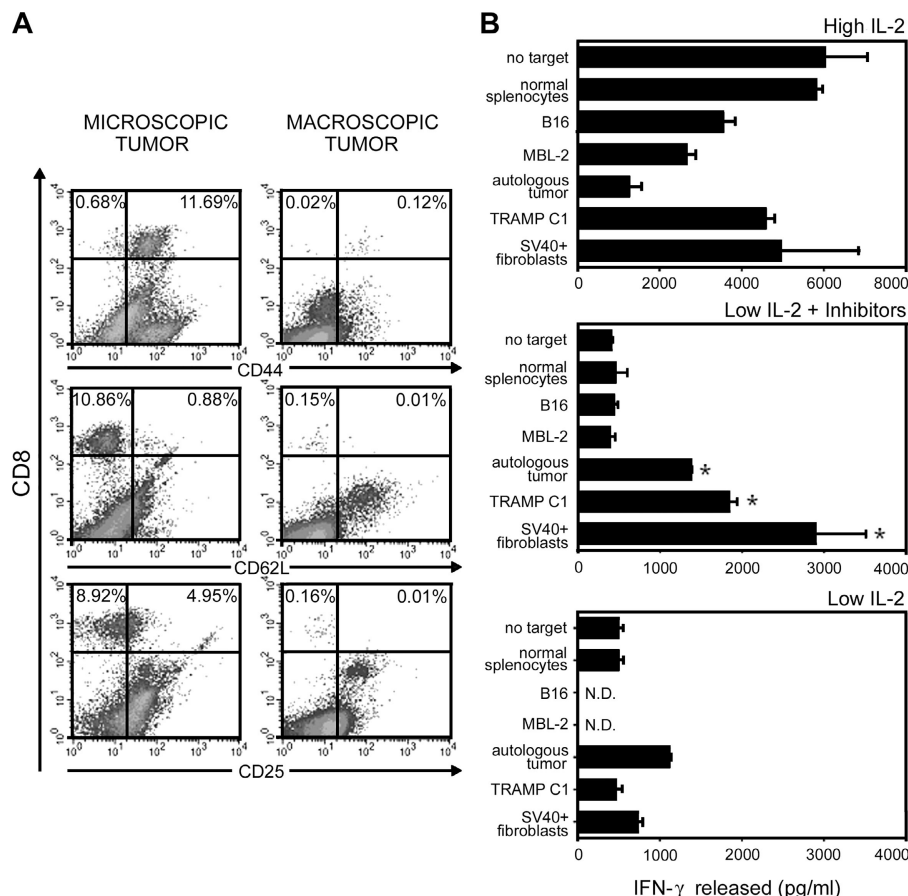


Figure 8. ARG and NOS inhibitors are essential to restore full tumor recognition by TIL. (A) Single-cell suspensions obtained from three or four pooled prostate samples from TRAMP mice with small (left) and large (right) tumors, were incubated with antibodies to various T cell markers and analyzed by flow cytometry. A representative experiment is reported. (B) PCa large nodules from three TRAMP mice were enzymatically digested and, after removal of dead cells, were cultured in complete medium alone (to obtain the autologous tumor), in the presence of 100 IU/ml IL-2 (high IL-2), 10 IU/ml IL-2 (low IL-2), 0.5 mM L-NMMA plus 0.5 mM NOHA (inhib-

itors), or a combination of inhibitors and low-dose IL-2 (low IL-2 plus inhibitors). TIL recovered after 3 wk were used as effectors against a panel of target cells to evaluate the release of IFN- γ after 24-h incubation. The percentage of CD8⁺ T lymphocytes in different preparations was greater than 80%. Data are from triplicate wells $\pm$ SE. The experiment was repeated twice and, although the cell recovery differed, results of the IFN- γ release assay were comparable. *, $P < 0.05$ compared with TIL cultured in low IL-2 alone.

filtration is present in benign hyperplasia as well, leaving unanswered the question whether TIL represent a lymphocytic nonspecific inflammation or a true, evolving tumor-specific immune response. In many melanomas, it has been conclusively shown that TIL are directed against either melanocyte differentiation antigens or mutated proteins, and they can be expanded ex vivo to exert antitumor activity after adoptive transfer to the patient (39). In the case of prostate cancer, there are few reports. However, peptide-pulsed autologous DC were able to stimulate prostate TIL and induce recognition of an HLA-A2-restricted epitope of the antigen parathyroid hormone-related protein, suggesting that TIL separated from their surrounding environment possess full antigen responsiveness (40). In some cases TIL from PCa, isolated and kept in culture in the presence of IL-2 for at least 14 d, were capable of killing tumor cells via perforin-dependent and

-independent pathways only when tumor cells were previously treated with chemotherapeutic drugs (41).

Many of these studies, however, suffer from the limitation that T lymphocytes are activated after repeated in vitro stimulations in a disrupted tumor environment. Within the tumor site, tumor-specific lymphocytes are sensitive to any changes in the microenvironment, and these changes can condition their function and activation state. Most solid tumors are characterized by lymphocyte infiltration, but TIL frequently are unable to kill autologous tumor cells, indicating that they are in an anergic/tolerant state (26, 27, 42, 43). The data presented here provide new insight into the biology of T lymphocytes infiltrating human PCa. TIL within PCa are mainly CD8⁺ T lymphocytes with an antigen-experienced, terminally differentiated phenotype. However, they remain in a dormant state that is not altered by cytokines af-

fecting T lymphocyte proliferation such as IL-2. Unlike normally responsive lymphocytes in tumor-free prostates and peripheral blood, TIL are not activated locally by powerful signals acting either on TCR or downstream signaling pathways. The steady-state regulation of the dormant state is dependent on the enhanced intratumoral metabolism of the amino acid L-Arg, because the simple addition of ARG- and NOS-specific inhibitors was sufficient to rouse these CTL, activate them, and start a number of events leading to cytolytic granule polarization and killing of cognate targets. These data were confirmed and extended in TRAMP mice, allowing us to evaluate the tumor-specific reactivity of TIL rescued from the dormant state by the ARG and NOS inhibitor and expanded by low doses of IL-2.

Our findings suggest that the L-Arg-metabolizing enzymes are up-regulated in prostate cancer cells rather than in tumor-infiltrating myeloid cells such as macrophages, although we cannot rule out the contribution of these latter cells. In line with our results, it is known that several tumor cell lines express high levels of ARG and that inhibition of arginase activity often abolishes *in vitro* cell growth (15). Our data, together with the recent literature, suggest that intratumoral arginase induction might be beneficial for the tumor through different pathways, i.e., supporting tumor growth and development by providing polyamines and suppressing antitumor immune response by negatively affecting TIL.

NOS activity has been detected in many human tumors, including prostate cancer, although its function is unclear (18, 23). NO stimulates angiogenesis, thus enhancing tumor growth and invasiveness (44). Moreover, NO induced an enhanced expression of the DNA-dependent protein-kinase catalytic subunit, DNA-PKcs, that should protect tumor cells from the damaging activity of NO and other DNA-damaging agents, such as X-ray radiation, Adriamycin, bleomycin, and cisplatin (45).

Depletion of cytosolic L-Arg content by ARG might trigger the generation of superoxide (O_2^-) from the NOS2 reductase domain (46, 47). The reductase domain of NOS2 generates O_2^- that reacts immediately with NO generated by the oxygenase domain. The chemical byproducts of this reaction are ONOO⁻, highly reactive oxidizing agents that nitrate protein-associate tyrosines and damage different biological targets (48). Cell membranes offer no significant barrier to diffusion of peroxynitrites from different compartments, within or between cells, at a rate that is faster than the known decomposition pathways of these moieties (49). This lack of a barrier indicates that, whenever O_2^- and NO are generated from the same or different cells in a microenvironment, they will immediately associate, and the resulting ONOO⁻ will diffuse freely through cell membranes.

A number of lines of evidence indicate that peroxynitrites are quite toxic for lymphocytes: they can prime T lymphocytes to undergo apoptotic cell death through different pathways involving inhibition of protein tyrosine phosphorylation via nitration of tyrosine residues (29, 30) or by nitra-

tion of the protein voltage-dependent anion channel, a component of mitochondrial permeability transition pore (50). Nitrotyrosine, a marker of peroxynitrite activity in tissues, is found in thymic extracts and thymic sections colocalized with apoptotic cells, suggesting that peroxynitrites are also involved in thymic apoptosis *in vivo* (29). Staining for nitrotyrosine in PCa tissue sections gave a diffuse pattern with some hot spots in the TIL. Whether T lymphocytes are more prone to the effect of ONOO⁻ and their decomposition by-products or instead activate additional intracellular pathways for nitrotyrosine generation is not known. Indeed, recent data suggest that protein nitration can be considered a cellular signaling mechanism, because it is specific and reversible (51–53). Although the biochemical pathway responsible for tyrosine denitration is not known, our results indicate that CTL possess a mechanism capable of eliminating nitrotyrosines and rescuing T cell functions.

As in previous mouse studies, inhibition of both ARG and NOS was crucial to rescue T cell functions. We are currently investigating the mechanism for such synergy. However, in addition to having a synergistic activity in peroxynitrite generation, ARG and NOS can exert independent inhibitory activities on T lymphocytes, as shown in different tumor models. ARG depletes L-Arg in local microenvironments, leading to loss of the CD3 ζ chain in T lymphocytes and their functional paralysis after antigen recognition (17), whereas NO blocks the signaling through the IL-2 receptors of T lymphocytes by impeding phosphorylation of the intracellular signaling proteins STAT5, Akt, and Erk (20).

A number of studies have proposed that cancers induce immunosuppression by inhibiting CD3 ζ chain expression in T lymphocytes (for review see reference 54). We analyzed the expression of CD3 ζ chain in both PBL and TIL from PCa patients, but we were unable to demonstrate its down-regulation (unpublished data). Moreover, PBL from PCa patients responded normally to all the stimuli we provided, indicating that no evident signaling defects were present. In contrast, TIL from PCa patients were unresponsive even when stimulated with PMA plus ionomycin, stimuli that bypass TCR signaling. Altogether, these data indicate that in PCa the ARG2 activity does not induce immunosuppression through CD3 ζ down-regulation.

Although it seems that the number of TIL in the tumor might correlate with prognosis (37, 38, 55), it is suggested that TIL are functionally deficient and that this deficiency is transient and attributable to the tumor environment because, on purification from tumor cells, tumor-specific killing can be detected (33, 56, 57). CTL kill their target cell by polarized secretion of their lytic granules at the immunological synapse (58, 59). Polarization and secretion of lytic granules are triggered by recognition of MHC class I-peptide complexes on the target cell through the T cell receptor (60). Therefore, our results showing that inhibition of ARG and NOS activities in the tumor results in spontaneous polarization of cytotoxic granules in TIL indicate that CD8⁺ T cells infiltrating prostate cancer are

terminally differentiated cytotoxic T cells that are in contact with the target cell but are unable to kill because they are narcotized by the tumor environment. However, even inside the tumor, CTL activity can be restored pharmaceutically.

Based on our findings, drugs controlling ARG and NOS might be useful in aiding immunotherapeutic approaches for the treatment of cancer by creating a favorable tumor environment for the T lymphocyte effector program. Molecules are being developed to create novel isozyme-specific inhibitors for both NO synthases and arginases (61, 62), but more must be done to enhance selectivity. ARG1 is found at highest concentrations in the mammalian liver where it carries out the final cytosolic step of the urea cycle, a process that allows the disposal of nitrogenous waste. Arginase inhibitors might thus cause hyperammonemia and interfere with hepatic urea cycle. Moreover, some activities of inhibitors are not predictable. For example, the effect of N ω -nitro-L-arginine methyl ester, considered a selective NOS2 antagonist, requires reconsideration, because it can also inhibit arginase both in vivo and in vitro (63). Thus, the identification of the specific biochemical pathways responsible for immunosuppression, such as the protein nitration described here, may allow the development of more specific and less toxic immunoprotective molecules.

MATERIALS AND METHODS

Prostate specimens. This study was examined and approved by the Ethics Committee of the local Health and Social Services (Azienda Ospedaliera, Padova) in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki.

Prostate cancer specimens from 79 patients (aged 52–76 yr) who had undergone radical prostatectomy were obtained from the Department of Urology, Hospital of the University of Padova. None of these patients had received preoperative antitumor therapy. Benign prostates were obtained from patients who had undergone radical prostatectomy for bladder cancer ($n = 18$). Immediately after the surgery, the prostate specimens were divided and sent to the laboratory. Diagnosis was performed by a team of surgical pathologists at the Hospital.

Isolation of T cells from peripheral blood and tumor. After removing necrotic areas and fat, 100–120-mm³ tumor specimens were washed in PBS and minced into small pieces using bistouries. From this tumor material 10⁴–10⁵ TIL were obtained after 2–h digestion at 37°C using a mixture of enzymes dissolved in RPMI 1640 medium (collagenase type IV, 1 mg/ml; deoxyribonuclease, 30 U/ml; and hyaluronidase, 0.1 mg/ml; all from Sigma-Aldrich). The resulting cell suspension was passed over a 30- μ m filter, washed in RPMI 1640 medium (GIBCO BRL), and prepared for immunocytometric analysis.

PBL from both healthy donors and patients were isolated from heparinized blood by centrifugation on Ficoll gradient (Ficoll-Paque PLUS, Amersham Biosciences). PBL were cultured (37°C, 5% CO₂) in RPMI 1640 medium supplemented with 10% FCS, 1% L-glutamine, and 1% penicillin/streptomycin (all obtained from GIBCO BRL).

Prostate organ cultures. Immediately after surgery, 100–120-mm³ tumor sections were brought to the laboratory. After removal of necrotic tissues, prostate samples were cut in 2–3-mm³ pieces and placed on presoaked collagen sponges (Johnson & Johnson) in complete RPMI 1640 medium (RPMI 1640 with 10% FCS, 1% L-glutamine, 1% penicillin/streptomycin, 1% nonessential amino acids, and 1% sodium pyruvate).

Cultures were placed in six-well plates, and 3 ml of medium was added to each well to reach the upper part of the gel without submerging the

prostate samples. Cultures were incubated at 37°C, in a humidified atmosphere of 95% air and 5% CO₂.

In some experiments, phytohemagglutinin (1 μ g/ml; Sigma-Aldrich) or phorbol myristate-acetate (50 ng/ml; Sigma-Aldrich) plus ionomycin (0.5 μ g/ml; Sigma-Aldrich), with or without IL-2 (100 IU/ml; Chiron Corp.), were added to the cultures. In other experiments, N-hydroxy-L-arginine (0.5 mM; Cayman Chemical) and L-NMMA (0.5 mM; Cayman Chemical) were added to the cultures.

Monoclonal antibodies and flow cytometry. The following panel of commercially available directly conjugated mAbs was included in this study: CD3, CD4, CD5, CD7, CD8, CD25, CD26, CD28, CD45RA, CD45RO, CD56, CD62L, CCR4, CXCR4, CCR5, CCR6, NKAT, NKB1, CD94, and antiperforin obtained from BD Biosciences; CD27 and CD31 obtained from Caltag Laboratories; CXCR3 and CCR7 obtained from R&D Systems; CD137 obtained from Ancell Corporation; NKp30, NKp44, NKp46, p50.3, p58.1, p58.2, NKG2A, and CD161 obtained from Immunotech; and mAb antinitrotyrosine obtained from Upstate Biotechnology. Intracellular markers (nitrotyrosine and perforin) were stained in cells previously fixed and permeabilized with a Fix and Perm kit (Caltag Laboratories) according to the manufacturer's manual.

The expression of these antigens on TIL and PBL was assessed by flow cytometry analysis (FACS-Calibur or FACS Canto; Becton Dickinson) using direct or indirect immunofluorescence assay combining up to six fluorescences (FITC, PE, PE-Cy5, PE-Cy7, APC, and APC-Cy7). A gate on CD8⁺ cells was defined for each sample, and dead cells were gated out based on their scatter properties and propidium iodide (25 μ g/ml; Sigma-Aldrich) incorporation. For the staining of mouse TIL, the following antibodies were used: rat anti-mouse CD8-Tri-color (0.1 μ g/10⁶ cells; clone CTCD8 α , Caltag Laboratories); hamster anti-mouse CD3-FITC (1 μ g/10⁶ cells; clone 145-2C11, Caltag Laboratories); FITC- or BIOTIN-labeled rat anti-mouse CD62L, CD25, CD44 (BD Biosciences); and isotype-matched controls (Caltag Laboratories). Data were processed using CELLQUEST (Becton Dickinson) or FlowJo (Tree Star, Inc.).

Cell lines. B16, a melanoma cell line of C57BL/6 (H-2^b) provided by N. Restifo (Surgery Branch, National Institutes of Health), MBL2 (H-2^b) a Moloney virus-induced lymphoma, and C57SV fibroblasts (H-2^b SV40-transformed fibroblasts) provided by P.L. Lollini (Istituto di Cancrologia, Bologna, Italy) were maintained in DMEM (Invitrogen) supplemented with 2 mM L-glutamine, 10 mM Hepes, 20 μ M 2-ME, 150 U/ml streptomycin, 200 U/ml penicillin, and 10% heat-inactivated FCS (Invitrogen). TRAMP-C1, a cell line established from a primary tumor in the prostate of a PB-Tag C57BL/6 (TRAMP) mouse, was provided by N.M. Greenberg (Baylor College of Medicine, Houston, Texas). This cell line was maintained in DMEM high glucose (Invitrogen) supplemented with 2 mM L-glutamine, 10 mM Hepes, 20 μ M 2-ME, 150 U/ml streptomycin, 200 U/ml penicillin, 10⁻⁸ DHT (Sigma-Aldrich), 5 μ g/ml insulin (Sigma-Aldrich), and 5% heat-inactivated FCS (Invitrogen).

Mice. 6–8-wk-old male C57BL/6 (H-2^b) mice were purchased from Charles River Laboratories. TRAMP mice, a gift from N.M. Greenberg, were bred in our facility and used for experiment at age 22–24 wk. Procedures involving animals and their care were in conformity with institutional guidelines that comply with national and international laws and policies.

Mouse tumor-infiltrating leukocyte generation. Tumor prostates were surgically removed from TRAMP mice. Enzyme medium (DNase, 300 U/ml, + hyaluronidase, 0.1%, + collagenase, 1%) was used for the dissociation of tumor biopsies to single-cell suspensions. After Ficoll centrifugation, these suspensions were cultured for TIL outgrowth. In brief, 0.5 $\times$ 10⁶ cells were cultured in 24-well plates in 2 ml of DMEM/10% FCS with IL-2 and/or enzyme inhibitors, as specified in Results. Cultures were maintained at 37°C and 5% CO₂, and 1 ml of exhausted medium was replaced every 4 d. When used as target cells, normal splenocytes were derived from the spleen of C57BL/6 mice.

ELISA. Mouse TIL (10^5 cells) from 3-wk cultures were coincubated for 24 h with an equal number of target cells. The supernatant was then harvested and tested for released IFN- γ in a sandwich ELISA assay (Endogen), following the manufacturer's instructions. Data were derived from triplicate wells.

Immunohistochemistry. 4- μ m tissue sections were cut from formalin-fixed, paraffin-embedded tissue blocks. After deparaffination, antigen retrieval was performed by microwave heating according to the manufacturer's instructions. For TIA-1 staining, tissue sections were heated in 10 mM buffered citrate, pH 6.0 (UCS Diagnostics), 750 W for 15 min. Slides were cooled at room temperature for 30 min. Sections were incubated with the primary antibodies (anti-CD4, clone 1F6, 1:40 dilution, Novo Castra; anti-CD8, clone C/144B, dilution 1:50, DakoCytomation; anti-iNOS1, dilution 1:50, Lab Vision Corporation; anti-ARG2, clone H-64, dilution 1:200, Santa Cruz Biotechnology; Inc.; anti-TIA1, clone 2G9, dilution 1:100, Immunotech; antinitrotyrosine, dilution 1:200, Upstate Biotechnology) at 37°C for 1 h. Binding antibodies were detected using biotinylated secondary antibody and avidin-conjugated horseradish peroxidase (Ultra-tek HRP antipolyvalent SCY, TECK Laboratories). Peroxidase activity was visualized with diaminobenzidine as a chromogen. Counterstaining with light hematoxylin for 1 min was performed to visualize nuclei. Substitution of the primary antibody with PBS served as negative control.

TUNEL assay. DNA fragmentation associated with apoptosis was detected in 4- μ m prostate sections by TUNEL staining, using the ApopTag kit (S7110-kit, Oncor International) according to the manufacturer's protocol. Sections were counterstained with methyl green 0.1%.

Immunofluorescence. 4- μ m paraffin sections were cut and mounted on xilane-coated slides and heated in a microwave 750 W for 20 min in acetate buffer. Tissue sections were incubated with anti-TIA1 (1:250; Immunotech) for 1 h at room temperature, then washed with PBS and incubated with a Texas red-conjugated anti-mouse IgG1 (1:1,000; Calbiochem).

After washing in PBS, slides were mounted in 2.5% 1,4-diazobicyclo[2.2.2]octane (DABCO, Fluka), 90% glycerol, 10% PBS and were examined using a confocal microscope (Bio-Rad Laboratories) with 60-magnification objective lenses (Nikon). In the case of double staining, after PBS washing sections were stained for DNA fragmentation, according to manufacturer's guidelines (Oncogene Research Products Fluorescein-FragEL DNA Fragmentation detection kit). The negative control was generated substituting PBS for anti-TIA-1 and TdT enzyme. Confocal microscope was performed with a PerkinElmer Ultra View. Images were analyzed using the Photoshop 7.0 program (Adobe Systems, Inc.)

Statistical analysis. Results are expressed as mean $\pm$ SE. Statistical analysis was performed using Student's *t* test (Microsoft Office software; Microsoft Corporation). *P* $\leq$ 0.05 was considered statistically significant.

We are grateful to Dr. M. Gardiman and Dr. G. Basso for critical discussion of our data and to Dr. A. Gugliucci and Dr. M. Mancini for the prostate culture protocols.

This work has been supported by grants from the Italian Ministry of Health (Ricerca finalizzata), Unindustria Treviso, U.S. Army (contract no. DAMD17-03-1-0032), and Italian Association for Cancer Research (AIRC) to A. Viola and from FIRB-MIUR (contract no. RBAU01935A), MIUR-CNR Progetto Strategico Oncologia, and the Italian Ministry of Health (Ricerca finalizzata) to V. Bronte.

The authors have no conflicting financial interests.

Submitted: 30 September 2004

Accepted: 2 March 2005

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APPENDIX 2

Correspondence

Prostate cancer-induced immunodysfunction: A lesson from organ cultures

Prostate cancer (PCa) is the second leading cause of malignancy-related mortality in males in the Western world. While radical prostatectomy and local radiotherapy are largely successful for patients with localized cancer, available treatments for metastatic PCa have demonstrated weak curative efficacy. Thus, androgen reduction often results in the selection of hormone-resistant clones, which seem to be also resistant to radiotherapy or chemotherapy. It is therefore necessary to find alternative therapeutic approaches to hormone-refractory metastatic prostate cancer.

Immunotherapy may provide valid alternative therapy for patients with hormone-refractory metastatic PCa. There are two categories of immunotherapeutic approaches: passive and active immunotherapy. The former implies administration of activated immune system effector elements into cancer patients. The second involves vaccination of patients with agents able to elicit activation of tumor-specific T lymphocytes. The success of both the therapeutic approaches finally depends on the ability of cytotoxic T cells to kill tumor cells. If the tumor environment exerts a suppressive action on antigen-specific infiltrating lymphocytes, immunotherapy will achieve little, if any, successes. Thus, it is paramount to understand the cell biology of tumor-infiltrating lymphocytes (TIL) and the modulation of TIL responses by the tumor environment.

Human tumors express antigens recognized by T and B lymphocytes, a recent discovery that has paved the way for the development of novel immunotherapeutic strategies targeting the immune effectors towards cancer-associated antigens [1,2]. Unfortunately, the many attempts to create a therapeutic cancer vaccine for human tumors have been unsuccessful. Although vaccination often succeeds in expanding circulating T lymphocytes recognizing the autologous tumor, only a limited number of clinically objective responses has been reported so far [3]. Several vaccine trials have demonstrated that epitope-specific vaccination is effective in inducing PCa-specific CTL in peripheral blood [4–7]. However, the critical question is whether tumor-specific CTL are able to reach the tumor site and to kill tumor cells.

T lymphocytes activated by vaccination acquire an antigen-experienced/memory phenotype and they are virtually competent to attack neoplastic cells [8,9]. Thus, ineffi-

cacy of active immunotherapy likely depends either on the inability of sufficient lymphocyte numbers to reach the site of cancer growth or on the countermeasures orchestrated by tumor cells. Tumor escape mechanisms are quite diversified, and they include loss of antigen, HLA molecules, or key proteins of the antigen processing machinery; local production of immunosuppressive molecules; recruitment and activation of suppressive myeloid cells and loss of costimulatory molecules [10].

The tumor microenvironment does not appear to be suitable for T lymphocyte functions and indeed a number of reports indicate that tumor-infiltrating lymphocytes are impaired in both signal transduction and effector systems [11]. These findings have been obtained mostly in non-vaccinated tumor-bearing hosts, but it is reasonable to assume that the same constraints might apply to lymphocytes activated by active immunotherapy once they reach the tumor site. Thus, the hypothesis that TIL defects can be induced by the tumor environment, either by soluble factors or by cell-to-cell contacts, is widely accepted by tumor immunologists. However, to date, human TIL functions have been studied by *in vitro* experiments using purified TILs, i.e. TILs that are not under the effect of the tumor environment.

Collagen gel–matrix-supported organ cultures have been developed to investigate the effects of drugs on tumor growth [12], but may provide optimal conditions to study TIL activation *in situ* (Table 1). Indeed, for a cultured tumor to be representative of actual cancer, it is essential that the tumor, as it proliferates *in vitro*, maintains its tissue organization and structure, its oncogenic properties, its differentiated functions, and any cellular heterogeneity present *in vivo*. All these requirements are fulfilled by prostate organ culture [13–15]. By adding lymphocyte stimuli in the culture medium, it is therefore possible to analyze T cell responsiveness in normal or tumor tissues (Fig. 1). Moreover, by using cytokines or specific inhibitors, it is possible to modify the tumor environment to revert T cell unresponsiveness.

The study of prostate cancer TILs in organ cultures allowed us to identify a dominant immunosuppressive mechanism by which cancer cells inhibit T lymphocyte activation [16]. We found that in PCa samples CD8⁺ TIL were either CCR7[−]CD45RA[−]CD62L[−] (effector memory phenotype) or CCR7[−]CD45RA⁺CD62L[−] (terminally differentiated CTL). Consistent with their phenotype of terminally differentiated cytotoxic cells, CD8⁺ T lymphocytes-infiltrating PCa

Table 1

The pros and cons of using organ cultures to study TIL responses

	Pros	Cons
Biological significance	Human subjects	In vitro data
Ethics	Animal experiments may be restricted to the very last step	Loss of informative sample ^a
T cell analysis	Stimuli and drugs can be easily tested and combined Intact tumor microenvironment	Limited number of cells
Feasibility	Easy and cheap	Speciman availability

^a To avoid this problem it is necessary that the same sample used for organ cultures is analyzed by the Hospital surgical pathologist.

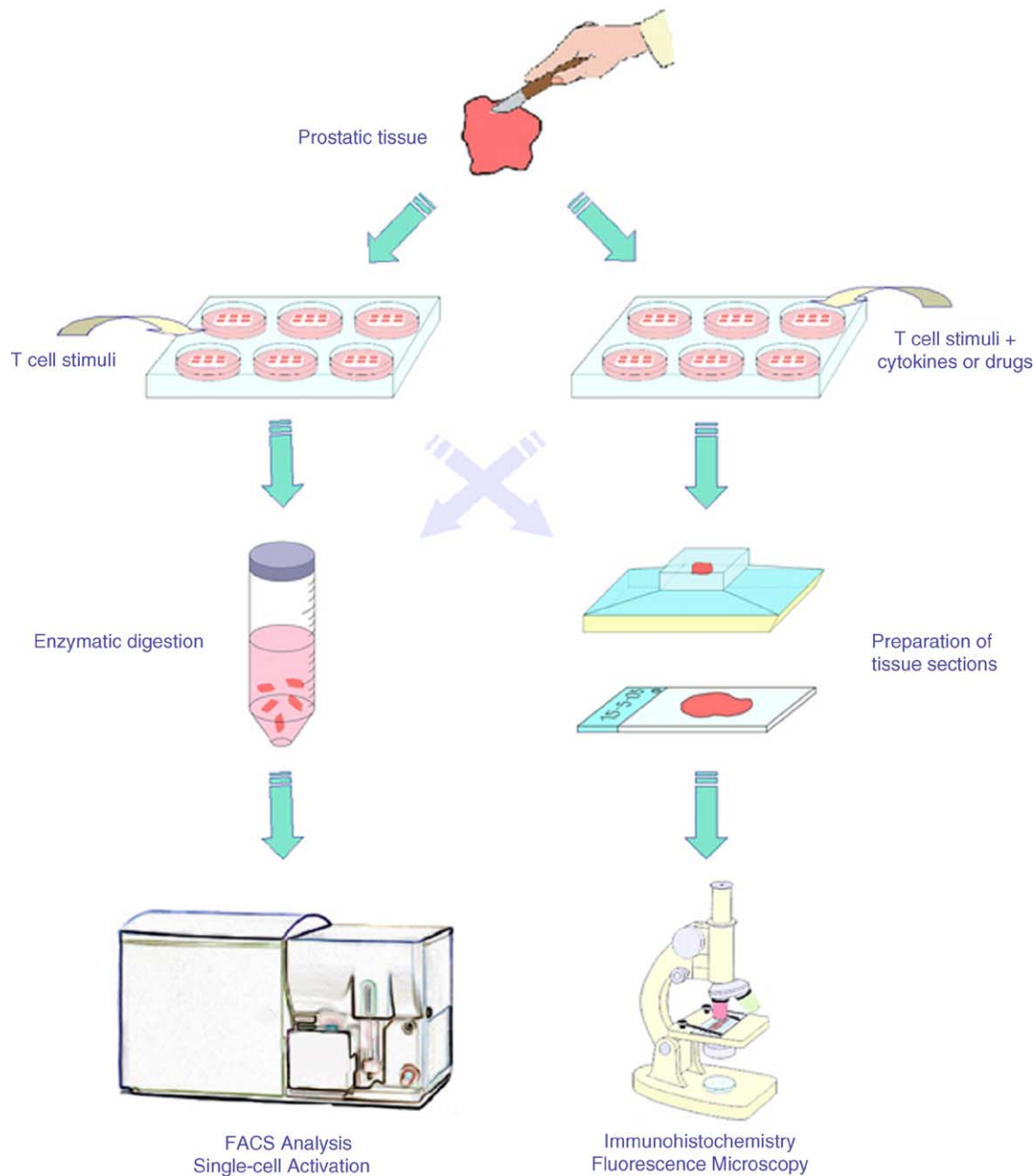


Fig. 1. Collagen gel-matrix-supported organ culture may provide optimal conditions to study the effect of the tumor environment on T lymphocytes. In organ culture experiments, the tumor maintains its tissue organization and structure, its oncogenic properties, its differentiated functions, and any cellular heterogeneity present in vivo. Therefore, all the factors that may affect TIL functions, such as cell-cell interactions, cell-matrix interactions and interstitial fluids, are preserved. Tumor specimens (2–3 mm³) are placed on pre-soaked collagen sponges in complete RPMI 1640 medium and cultured in six-wells plates 37 °C, in a humidified atmosphere of 95% air and 5% CO₂. T cell stimuli can be added to the medium in combination with cytokines or drugs to activate or inhibit specific signaling or enzymatic pathways.

contained perforin granules, indicating that activated and armed CTL are present within the tumor site. When T cells were stimulated in organ cultures, CD8⁺ T lymphocytes in tumor-free samples responded to the stimuli provided, as shown by up-regulation of activation markers, while CD8⁺ TIL from PCa samples were totally unresponsive to stimulation. In contrast, peripheral blood CD8⁺ T cells obtained from PCa patients or healthy donors were similar in terms of responsiveness to the provided stimuli, thus excluding the possibility that the PCa patients analyzed were immunodepressed. Altogether, these data indicate that the PCa environment is immunosuppressive for CD8⁺ T cells.

Evidence has been accumulating that the enzymes arginase (ARG) and nitric oxide synthase (NOS) are over-expressed in prostate cancers as compared to hyperplastic prostate [16–19]. NOS activity has been detected in many human tumors, although its function is unclear [14,20]. Nitric oxide (NO) stimulates angiogenesis, thus enhancing tumor growth and invasiveness [21]. Moreover, NO induced an enhanced expression of the DNA-dependent protein-kinase catalytic subunit (DNA-PKcs) that should protect tumor cells from the damaging activity of NO and other DNA-damaging agents, such as X-ray radiation, adriamycin, bleomycin and cisplatin [22].

Together with the enzyme diamine oxidase (DAO), ARG controls polyamine metabolism in prostatic tissue. Increased ARG activity has long been detected in patients with colon, breast, lung and prostate cancer [23] and it was advanced that this enzymatic activity sustained the high demand of polyamines necessary to tumor growth [24].

Both NOS and ARG utilize L-arginine (L-arg) as common substrate. Whereas cytoplasmic ARG1 and mitochon-

drial ARGII hydrolize L-arg to urea and ornithine, the latter being converted to polyamines by ornithine decarboxylase (ODC) [25], NOSII oxidizes L-arg to citrulline and NO. It was proposed that alterations of the L-arg metabolism in the tumor environment impair T cell functions in mice [26]. In murine macrophages, targeted expression of ARG1 increases the production of superoxide ion ($O_2^{\cdot-}$), which is blocked by a selective inhibitor of the NOSII reductase domain, suggesting that under conditions of low L-arg concentrations, due to enhanced ARG activity, NOSII generates $O_2^{\cdot-}$. In the tumor environment, NO reacts with $O_2^{\cdot-}$ to generate peroxynitrite ($ONOO^-$), a highly reactive oxidizing agent that nitrates tyrosines on proteins, thus inhibiting activation-induced protein tyrosine phosphorylation [27,28] (Fig. 2). We found that the expression of ARGII and NOSII is highly up-regulated in the tumor tissues and that the steady-state regulation of the T cell dormant state is dependent on the enhanced intra-tumoral metabolism of the amino acid L-arg, since the simple addition of ARG and NOS-specific inhibitors was sufficient to rouse these CTL, activate them and start a number of events leading to cytolytic granule polarization and killing of cognate targets [16]. All the data obtained with human prostate cultures were confirmed and extended in the transgenic adenocarcinoma mouse prostate (TRAMP) mice, thus strongly validating the organ culture model to study TIL responses [16].

By using collagen gel-matrix-supported organ cultures of human prostate carcinomas, we demonstrated that in the tumor environment TIL are narcotized by high levels of peroxynitrites generated by the combined action of ARGII and NOSII. Based on these findings, we suggest that drugs controlling ARG and NOS might be useful to aid immunotherapeutic approaches for the treatment of cancer by creating a

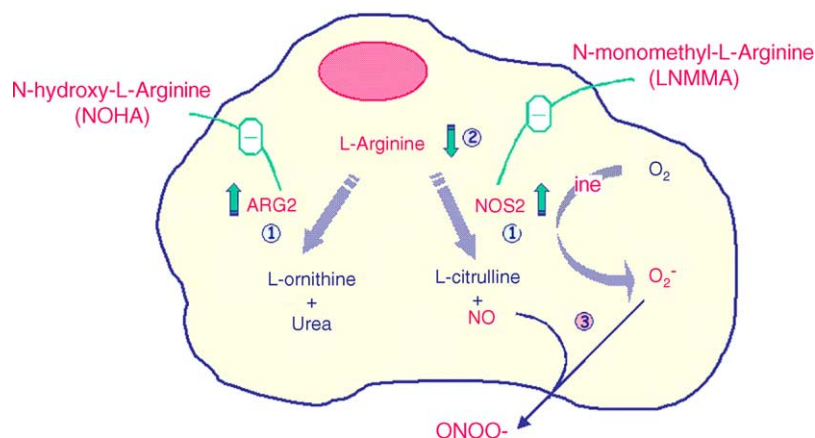


Fig. 2. In normal conditions, L-arginine is metabolized via two enzymes: (1) arginase (ARG) which hydrolizes L-arg to urea and L-ornithine, the latter being converted to polyamines by ornithine decarboxylase, and (2) inducible form of nitric oxide synthase (NOSII) which oxidizes L-arg to citrulline and nitric oxide (NO). In the prostate cancer environment this metabolism is altered due to the up-regulated expression of both ARGII and NOSII. Under conditions of low L-arg concentrations, due to enhanced ARG activity, NOSII generates $O_2^{\cdot-}$ through its reductase domain. $O_2^{\cdot-}$ reacts immediately with NO, generated by the NOSII oxygenase domain. The chemical byproducts of this reaction are peroxynitrites ($ONOO^-$), a highly reactive oxidizing agent that nitrates tyrosines on proteins, thus inhibiting activation-induced protein tyrosine phosphorylation.

favorable tumor environment for the T lymphocyte effector program.

Is ARG/NOS-mediated immunosuppression restricted to human prostate cancer? Probably not. Higher ARG and NOS activities have been associated to various human cancers even if it is not clear whether the tumor cells themselves or myeloid-infiltrating cells are the main source of the enzymes. Recently, CD11b⁺ CD14[−] myeloid suppressor cells have been identified in the peripheral blood of renal cell carcinoma patients [29]. Interestingly, these cells showed increased ARG activity. In mice, myeloid cells with high ARG and NOS activity are responsible of in situ immunosuppression in several cancers [30–32]. It is therefore tempting to speculate that the immunosuppressive mechanism described in human prostate cancer may be responsible for TIL dysfunctions in several human cancers.

Acknowledgments

This work has been supported by grants from the Italian Ministry of Health (Ricerca finalizzata), US Army (contract DAMD17-03-1-0032) and Italian Association for Cancer Research (AIRC).

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Tihana Kasic
Venetian Institute of Molecular Medicine
Via Orus 2, 35129 Padova, Italy

Antonella Viola*
Department of Biomedical Sciences
University of Padova
Via Colombo 3, 35121 Padova, Italy

* Corresponding author
E-mail address: antonella.viola@unipd.it
(A. Viola)

23 May 2005
Available online 25 July 2005