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Award Number: W81XWH-07-1-0025

TITLE: Inhibition of the Protein Tyrosine Phosphatase, SHP-1, in Dendritic Cells to Enhance their Efficacy as Cell-Based Prostate Cancer Vaccines

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REPORT DATE: May 2008

TYPE OF REPORT: Annual

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

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REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
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1. REPORT DATE (DD-MM-YYYY) 01-05-2008		2. REPORT TYPE Annual		3. DATES COVERED (From - To) 15 APR 2007 - 14 APR 2008	
4. TITLE AND SUBTITLE Inhibition of the Protein Tyrosine Phosphatase, SHP-1, in Dendritic Cells to Enhance their Efficacy as Cell-Based Prostate Cancer Vaccines.				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER W81XWH-07-1-0025	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Jonathan M. Levitt, Ph.D. E-Mail: jlevitt@bcm.tmc.edu				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Baylor College of Medicine Houston, TX, 77030				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					
14. ABSTRACT Early preclinical and clinical trials suggest that dendritic cell (DC)-based tumor vaccines are both feasible and safe. However, to date clinical trials of DC-based vaccines have demonstrated only limited efficacy in causing tumor regression despite eliciting measurable systemic T cell responses against prostate cancer. In an effort to enhance the effectiveness of DC-based vaccines against prostate cancer, we have tested the hypothesis that the Src homology region 2 domain-containing phosphatase-1 (SHP-1), is a global inhibitor of DC activation and that by blocking SHP-1 in DC would induce stronger anti-tumor immunity. Our results demonstrate that inhibition of SHP-1 enhances DC activation, survival and migration in vitro. Further, using in vivo mouse models, we show that SHP-1 inhibition in DC enhances the generation of CD8+ effector T cells and skews the CD4+ T cell compartment to a Th1 phenotype while inhibiting the induction of T regulatory cells. These observations suggest that SHP-1 is a pleiotropic inhibitor of DC function and that its inhibition in DCs enhances the strength of immune responses. Finally, using 2 ectopic mouse tumor models (B16 melanoma and TRAMP prostate tumors), we show that SHP-1 inhibition in DC-based vaccines significantly inhibits tumor growth. The implication of these data in concert, is that SHP-1 signaling is a feasible protein to target in the design and implementation of DC-based vaccines against tumors and potentially against other infectious diseases.					
15. SUBJECT TERMS SHP-1 phosphatase, cell-based prostate cancer vaccine, immunotherapy					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			USAMRMC
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INTRODUCTION

An emerging strategy for treatment of late-stage disease is adjuvant stimulation of anti-tumor adaptive immune responses using dendritic cells (DC)^{1, 2}. The use of DC to process and present antigen, with or without ectopic expression of various cytokines has shown potential as anti-tumor treatment^{3, 4}. Early preclinical and clinical trials suggest that tumor "vaccines" are both feasible and safe⁵. To date clinical trials of anti-tumor "vaccines" have demonstrated only limited efficacy in causing tumor regression despite eliciting measurable systemic T cell responses against prostate cancer^{3, 6, 7}. However, these "first-generation vaccines" have given a solid foundation for the use of immunotherapies in the treatment of cancer and provided the impetus to develop the DC vaccine idea further. We proposed modifying DC-based vaccines by genetically altering them to enhance function and to overcome the limitations of the "first-generation vaccines". Our specific approach is to inhibit inhibitors of DC function that normally serve to regulate the initiation of immune responses. We hypothesized that the Src homology region 2 domain-containing phosphatase-1 (SHP-1), is a global inhibitor of DC activation, potentially acting on a number of important signaling pathways, and that by blocking SHP-1 in DC would induce stronger anti-tumor immunity. The experiments described in this report examine the efficacy of knocking down endogenous SHP-1 in mouse bone marrow derived DCs used as vaccines against melanoma and prostate tumors and address the specific mechanisms by which the effects are propagated.

BODY OF REPORT

We developed two strategies in order to inhibit SHP-1 function in wild type mouse DCs, small interfering RNA knockdown and over-expression of a phosphatase dead dominant negative mutant.

SHP-1 specific shRNA

We designed two mouse SHP-1 specific small hairpin RNAs (shRNA) sequences, 272 and 1149, (referred to by their nucleotide position from the start site of the coding sequence in Genbank mRNA Accession # BC012660) and cloned them into the adenoviral vector pAd-BLOCK-iT-DEST RNAi (Invitrogen, Carlsbad, CA) which provides U6 polymerase II promoter-driven expression of the shRNA. Adenovirus carrying the appropriate sequence were produced and expanded in HEK-293 cells (ATCC, Manassas, VA). These viruses were then plaque purified and the ability to knock-down SHP-1 mRNA was tested in RAW 264.7 cells⁸, a murine macrophage-like cell line, by quantitative RT-

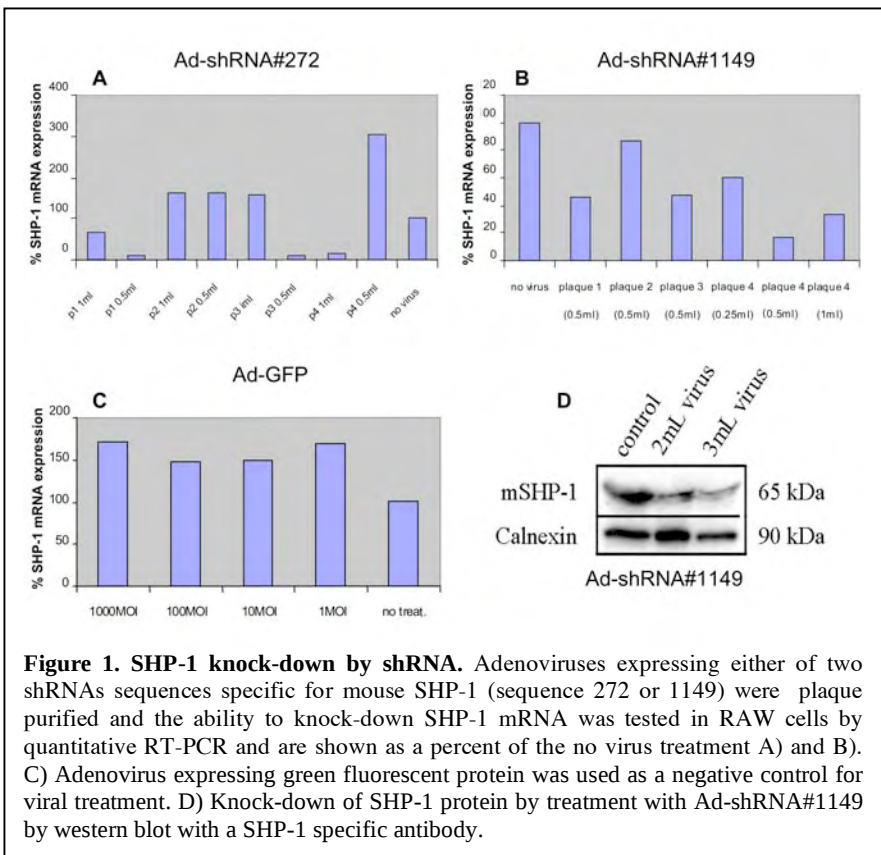


Figure 1. SHP-1 knock-down by shRNA. Adenoviruses expressing either of two shRNAs sequences specific for mouse SHP-1 (sequence 272 or 1149) were plaque purified and the ability to knock-down SHP-1 mRNA was tested in RAW cells by quantitative RT-PCR and are shown as a percent of the no virus treatment A) and B). C) Adenovirus expressing green fluorescent protein was used as a negative control for viral treatment. D) Knock-down of SHP-1 protein by treatment with Ad-shRNA#1149 by western blot with a SHP-1 specific antibody.

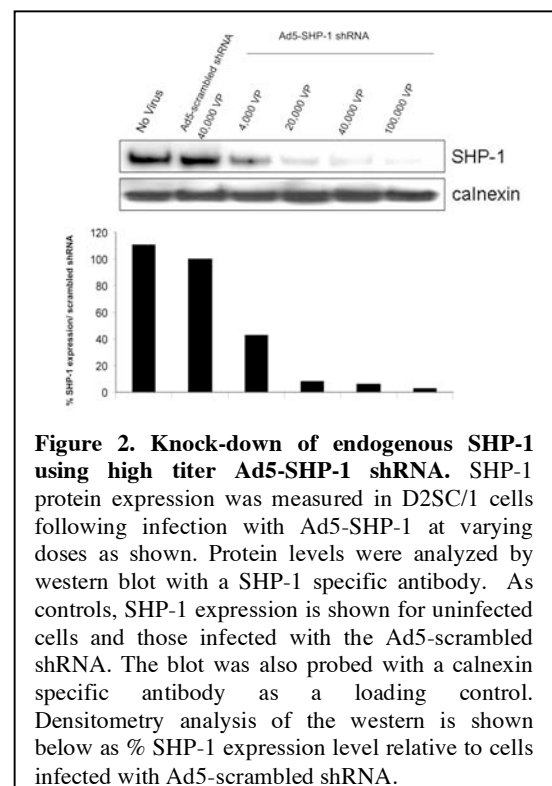


Figure 2. Knock-down of endogenous SHP-1 using high titer Ad5-SHP-1 shRNA. SHP-1 protein expression was measured in D2SC/1 cells following infection with Ad5-SHP-1 at varying doses as shown. Protein levels were analyzed by western blot with a SHP-1 specific antibody. As controls, SHP-1 expression is shown for uninfected cells and those infected with the Ad5-scrambled shRNA. The blot was also probed with a calnexin specific antibody as a loading control. Densitometry analysis of the western is shown below as % SHP-1 expression level relative to cells infected with Ad5-scrambled shRNA.

PCR (Fig. 1A and B). Ad-shRNA#1149 showed the greatest reduction in mRNA (>5 fold reduction) and was selected for subsequent experiments. The ability of this shRNA to knock down SHP-1 protein was examined by western blot (Fig. 1D). A large scale, high titer, preparation of Ad-shRNA#1149 was produced by the Viral Vector Core Laboratory at Baylor College of Medicine and used in subsequent experiments.

The high titer adenoviral preparation of SHP-1 specific Ad-shRNA#1149 (referred to from this point on as Ad5-SHP-1-shRNA), produced in the Viral Vector Core Laboratory at Baylor College of Medicine, was tested for its ability to knock-down endogenous SHP-1 protein in D2SC/1 cells, a murine dendritic-like cell line⁹. As a control for adenoviral infection, we used a scrambled shRNA sequence (Ad5-scrambled-shRNA) that showed no significant sequence similarity to any known mouse gene as determined by a BLAST search of the NCBI Genbank nucleotide database. A titration of Ad5-SHP-1 shRNA viral particles was performed and SHP-1 protein expression was determined by western blot (Fig. 2, SOW Task 1c). A 95% decrease in endogenous SHP-1 protein was observed using 40,000 viral particles/cell a viral dose which also resulted in minimal cell death. This dose was chosen for subsequent experiments using mouse bone marrow derived dendritic cells (BMDCs).

Phosphatase dead dominant negative SHP-1 (dn-SHP-1)

We generated the wild type (wt) mouse SHP-1 sequence (wt-SHP-1) by RT-PCR from mouse spleen. Using a splice overlap extension strategy, we mutated the thymine at position 1503 (Genbank Accession # BC012660) to adenosine to create a cysteine to serine point mutant at position 453 (C453S) in the expressed protein that has previously been shown to abolish SHP-1 catalytic phosphatase activity¹⁰. The C453S mutant has been shown to act as a dominant negative (dn-SHP-1) by competitively binding to SHP-1 substrates and inhibiting endogenous SHP-1 phosphatase activity¹⁰. In addition to creating the dn-SHP-1 construct to inhibit SHP-1 activity, we also sought to create a control construct in which SHP-1 activity was constitutive. Wild type SHP-1 is inactive in its native conformation due to the N-terminal SH2 domain blocking substrate access to the catalytic site (Fig 3; modified from Poole, 2005¹¹). Activation normally requires SH2 domain-dependent binding of SHP-1 to its cognate immunoreceptor tyrosine-based inhibitory motif (ITIM). Thus, we generated a constitutively active (ca) SHP-1 mutant by deleting the N-terminal SH2 domain of SHP-1 that is known to bind and sterically inhibit the catalytic site of SHP-1 when it is not bound to substrate. All three SHP-1 constructs (wt-, dn- and ca-SHP-1) were modified by the addition of a ten amino acid, N-terminal hemagglutinin (HA), coding sequence as an epitope tag to facilitate subsequent detection and differentiation from endogenous SHP-1. These constructs were cloned into the pAdTrack-CMV adenoviral expression vector¹².

Function of the mutant and wt SHP-1 constructs was tested in RAW 264.7 cells by transient transfection of SHP-1 vectors along with a

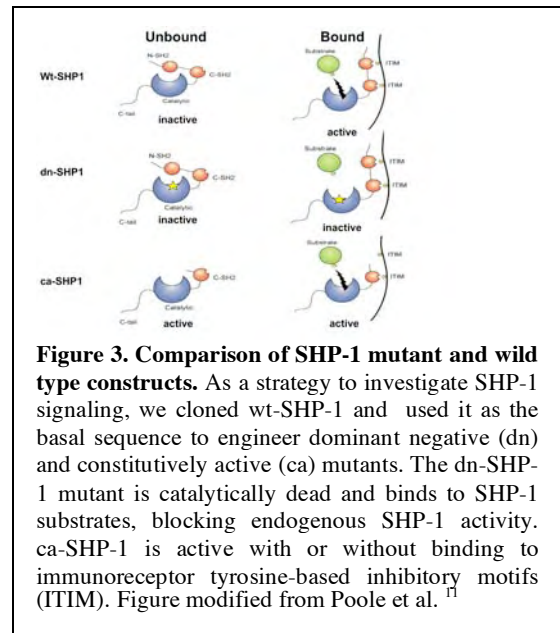


Figure 3. Comparison of SHP-1 mutant and wild type constructs. As a strategy to investigate SHP-1 signaling, we cloned wt-SHP-1 and used it as the basal sequence to engineer dominant negative (dn) and constitutively active (ca) mutants. The dn-SHP-1 mutant is catalytically dead and binds to SHP-1 substrates, blocking endogenous SHP-1 activity. ca-SHP-1 is active with or without binding to immunoreceptor tyrosine-based inhibitory motifs (ITIM). Figure modified from Poole et al.¹¹

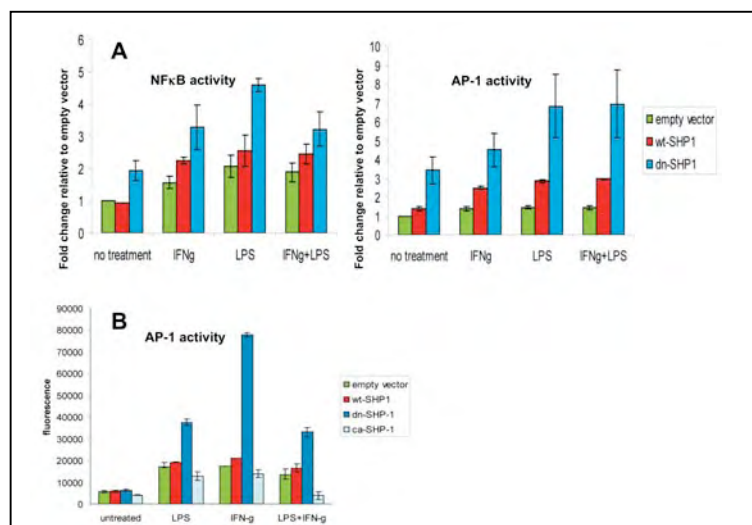


Figure 4. SHP-1 function modulates NFκB and AP-1 signaling. Cells were transfected with a reporter construct for either NFκB or AP-1 and the SHP-1 wt or mutant construct as indicated. Cells were left untreated or incubated with either IFNγ or LPS or both and signaling determined. A and B represent separate experiments and error bars are the standard deviation for 3 replicates per individual treatment within each experiment.

reporter construct expressing a secreted alkaline phosphatase driven by either an NF κ B or AP-1 dependent promoter. NF κ B and AP-1 are major transcription factors stimulated by toll-like receptor (TLR) and cytokine signaling in immune system cells, and represent likely pathways of SHP-1 inhibition on cellular activation. Cells were transfected with the appropriate construct, reporter and then stimulated with interferon- γ (IFN γ) or bacterial lipopolysaccharide (LPS) as ligands for cytokine and TLR receptors respectively. In all experiments transfection of the dn-SHP-1 construct enhanced both NF κ B and AP-1 signaling in response to cytokine or TLR stimulation (Fig 4A), demonstrating that the construct was functional and that SHP-1 normally inhibits these pathways. Transfection with the ca-SHP-1 construct showed the opposite effect to dn-SHP-1 by suppressing AP-1 signaling (Fig 4B), again demonstrating that the construct was functional and that SHP-1 acts on this pathway. All three constructs were sent to the Viral Vector Core Laboratory at Baylor College of Medicine for the production of high titer preparations for use in subsequent experiments. Although these preparations were sent to the vector core back in August 2007, there have been technical difficulties in producing these constructs as high titer virus preparations. Only in the last month have we finally received our quantified high titer preps for the dn-, ca-, and the wt-Ad5-SHP-1 constructs. This has necessitated our proceeding with experiments, outlined in SOW Task 1., using only the Ad5-SHP-1-shRNA inhibition of SHP-1 as described below. In a recent publication, An and colleagues¹³ showed significant qualitative differences in immune signaling when SHP-1 was inhibited by RNAi knockdown compared with inhibition by dominant negative SHP-1 expression. These experiments may be critical in determining which method of SHP-1 inhibition we will ultimately utilize as our tumor vaccine. Thus, these experiments are still of great importance to our research and will have top priority to be completed within the next few months in addition to working on experiments from SOW Task 2. Note: we have already made significant inroads to completing experiments from SOW Task 2. Using the Ad5-SHP-1-shRNA (see results below). We anticipate the experiments in Task 1., not yet undertaken, to be well within our capabilities to complete prior to the conclusion of this grants term.

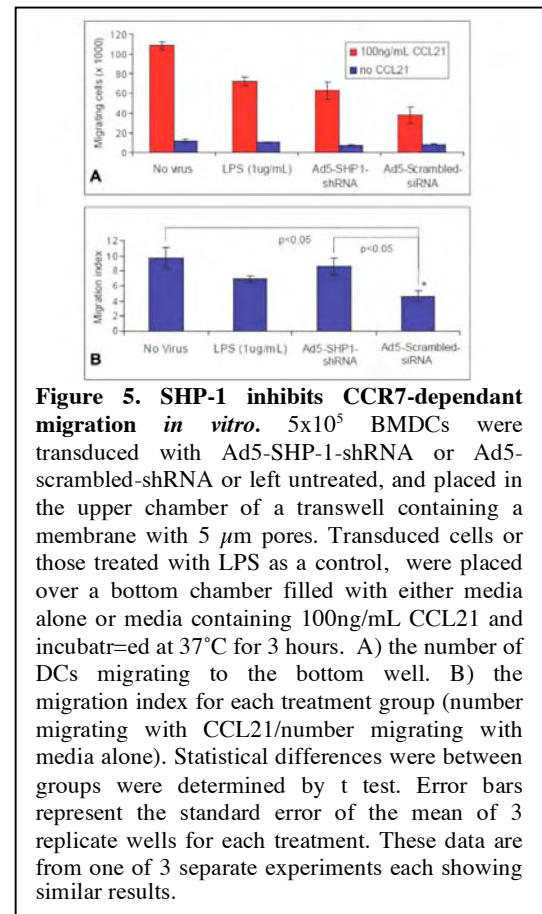


Figure 5. SHP-1 inhibits CCR7-dependant migration *in vitro*. 5×10^5 BMDCs were transduced with Ad5-SHP-1-shRNA or Ad5-scrambled-shRNA or left untreated, and placed in the upper chamber of a transwell containing a membrane with 5 μ m pores. Transduced cells or those treated with LPS as a control, were placed over a bottom chamber filled with either media alone or media containing 100ng/mL CCL21 and incubated at 37°C for 3 hours. A) the number of DCs migrating to the bottom well. B) the migration index for each treatment group (number migrating with CCL21/number migrating with media alone). Statistical differences between groups were determined by t test. Error bars represent the standard error of the mean of 3 replicate wells for each treatment. These data are from one of 3 separate experiments each showing similar results.

SHP-1 modulates DC migration both in vitro and in vivo (SOW Task 1e)

For all subsequent experiments described in this report, we prepared primary bone marrow-derived dendritic cells (BMDCs) from wild type mice in the following manner: Bone marrow cells were flushed from the femurs and tibias of C57BL/6 mice and cultured for 6 days in RPMI media supplemented with 10% FBS, 10ng/mL IL-4 and 10ng/mL GM-CSF along with antibiotics. On day 6, dendritic cells (DCs) were either purified by magnetic bead assisted cell sorting (MACS; Miltenyi Biotec, Auburn, CA) prior to adenoviral transduction, or used as unpurified bulk DCs that were then transduced with adenovirus.

For DCs to initiate an immune response they must capture antigen in the periphery and then migrate to the lymph nodes where they stimulate antigen specific T cells. To determine if SHP-1

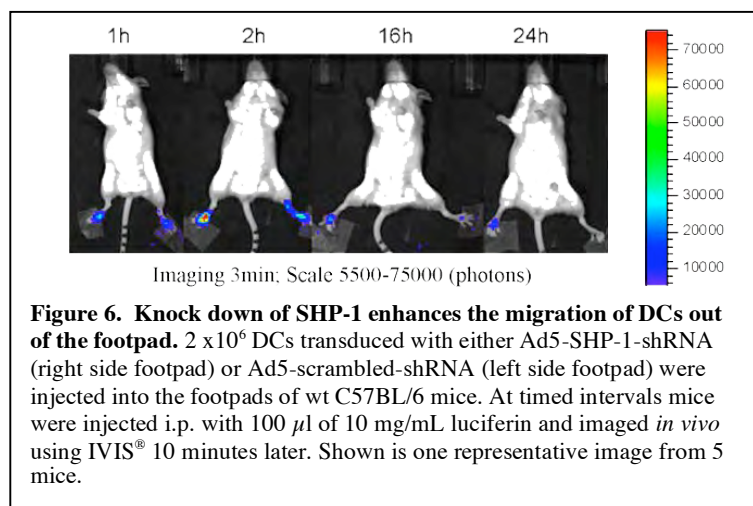


Figure 6. Knock down of SHP-1 enhances the migration of DCs out of the footpad. 2×10^6 DCs transduced with either Ad5-SHP-1-shRNA (right side footpad) or Ad5-scrambled-shRNA (left side footpad) were injected into the footpads of wt C57BL/6 mice. At timed intervals mice were injected i.p. with 100 μ l of 10 mg/mL luciferin and imaged *in vivo* using IVIS® 10 minutes later. Shown is one representative image from 5 mice.

signaling could affected the ability of DCs to migrate to draining lymph nodes, we performed trafficking experiments both *in vitro* and *in vivo*. For the *in vitro* DC migration assays, unpurified bulk BMDCs were transduced with either Ad5-SHP1-shRNA or Ad5-scrambled-shRNA for 48h or left untreated. Half of the untreated cells were treated with 1 μ g/mL LPS for 24h. Cells were collected and washed in serum-free media (SFM) and resuspended at 5 x 10⁶ cells/mL. 500 μ L of SFM containing 100ng/mL CCL21, a CCR7 ligand and one of the chemokines responsible for DC trafficking to lymph nodes *in vivo*, was used as the trafficking media and was added to the bottom chamber of a 24-well transwell plate (5 μ m pores). Wells loaded with 500 μ L of SFM without CCL21 were used as control for basal migration. 100 μ L of the BMDC suspension was loaded in upper chamber of each transwell and was placed over the chambers containing the appropriate trafficking media. Transwell plates were incubated at 37°C for 3h. BMDCs migrating into the lower chamber were counted using a hemacytometer.

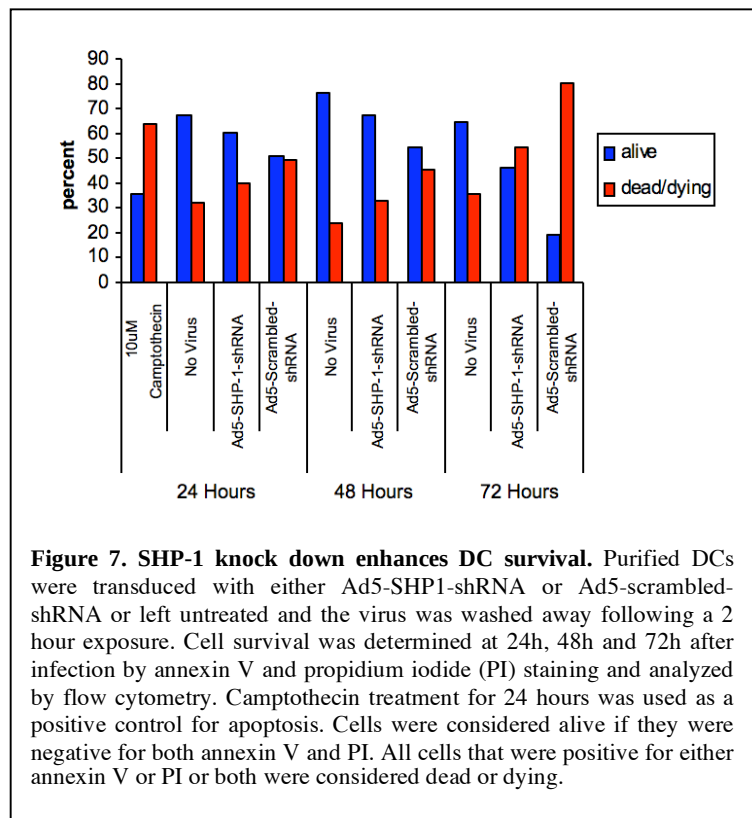


Figure 7. SHP-1 knock down enhances DC survival. Purified DCs were transduced with either Ad5-SHP1-shRNA or Ad5-scrambled-shRNA or left untreated and the virus was washed away following a 2 hour exposure. Cell survival was determined at 24h, 48h and 72h after infection by annexin V and propidium iodide (PI) staining and analyzed by flow cytometry. Camptothecin treatment for 24 hours was used as a positive control for apoptosis. Cells were considered alive if they were negative for both annexin V and PI. All cells that were positive for either annexin V or PI or both were considered dead or dying.

In all treatments exposure to CCL21 in the lower chamber markedly enhanced the rate of migration of DCs (Fig. 5A). Exposure of mouse BMDCs to LPS is known to cause a decrease in the rate of migration to CCR7 ligands, an effect that differs from that seen in human DCs¹⁴. Similarly, exposure to adenovirus has also been shown to reduce the rate of migration in murine DCs¹⁴. When BMDCs were transduced with Ad5-SHP-1-shRNA, their migration rate to CCL21 was not significantly different from that of untreated cells when compared to the background rate of migration in the absence of CCL21 (the migration index; Fig. 5B). This was in contrast to DCs transduced with the Ad5-scrambled-shRNA virus, which showed a significant reduction in migration index compared to both untreated cells and those treated with Ad5-SHP-1-shRNA (Fig. 5B).

To determine if SHP-1 inhibition enhanced DC migration *in vivo*, BMDCs were prepared as described above but were transduced with an adenovirus expressing a clickbeetle red-shifted luciferase in addition to either Ad5-SHP-1-shRNA or Ad5-scrambled-shRNA. 2 x 10⁶ transduced cells were injected into the contralateral footpads of tyrosinase-deficient albino C57BL/6 mice (B6(Cg)-Tyr^{c-2J}/J, Jackson Laboratory). At the specified intervals mice were injected i.p. with 100 μ L of 10 mg/mL luciferin and imaged *in vivo* using IVIS® (Caliper Life Sciences, Hopkinton, MA). DCs treated with Ad5-SHP-1-shRNA could be seen to migrate out of the footpad by 2 hours post-injection and undetectable in the footpad by 24 hours post injection (Fig 6 right side footpad). In contrast, DCs treated with the Ad5-scrambled-control-shRNA were still evident in the footpad at only marginally reduced levels even at 24 hours post-injection (Fig 6 left side footpad). Taken together, these data indicate that SHP-1 modulates chemotaxis in mouse BMDCs and that inhibition of SHP-1 signaling enhances DC migration.

SHP-1 modulates DC survival

BMDCs were prepared as described above and purified by CD11c (a marker for DC) MACS. Purified DCs were transduced with either Ad5-SHP1-shRNA or Ad5-scrambled-shRNA or left untreated and the virus was washed away following a 2 hour exposure. Cell survival was determined at 24h, 48h and 72h after infection by annexin V and propidium iodide (PI) staining and analyzed by flow cytometry. Annexin V binds to phosphatidylserine and is an early marker of apoptosis. PI is a DNA intercalating dye that can only enter cells when their membrane integrity is disrupted and is a marker of cells late in the apoptotic process. Viral infection of DCs causes cells to undergo apoptosis where approximately 50% were dead or dying within the first 24 hours and 85% were dead or dying by 72 hours post-infection (Fig. 7 Ad5-scrambled-shRNA). In contrast, cells treatment of with Ad5-SHP-1-shRNA showed greater viability with only 35% dead or dying within the first 24 hours and 55% dead or dying by 72 hours post-infection (Fig. 7 Ad5-SHP-1-shRNA). For cells not treated with virus 35% were dead or dying after 72 hours. Taken together these data indicate that SHP-1 signaling can promotes apoptosis in DCs and that inhibiting SHP-1 leads to enhanced survival.

DC survival has been linked with activation of Akt/protein kinase B (PKB) family proteins, major effectors of phosphatidylinositol 3-kinase (PI3K) family members^{15, 16}. We examined LPS stimulated Akt signaling BMDCs to determine if SHP-1 mediated survival might be working through this mechanism. MACS sorted for CD11c positive BMDCs were infected with either Ad5-SHP-1-shRNA or Ad5-scrambled-shRNA or left untreated. 10^7 cells per group were treated with $1\mu\text{g/mL}$ LPS for the times indicated or left untreated. Lysates were analyzed by western blot for phosphorylated Akt. SHP-1 knock down enhanced LPS mediated Akt phosphorylation and also enhanced the steady state expression of total Akt protein (Fig. 8). This observation suggests a mechanism for the increased survival seen when SHP-1 signaling was inhibited (Fig. 7). LPS stimulation also appears to enhance the total level of SHP-1 protein in DCs as shown by the SHP-1 blot for cells treated with Ad5-scrambled-shRNA.

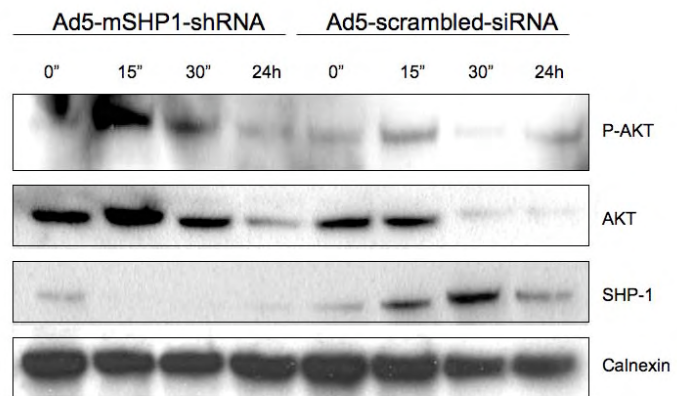


Figure 8. SHP-1 signaling inhibits Akt phosphorylation. CD11c positive BMDCs were transduced with either Ad5-SHP-1-shRNA or Ad5-scrambled-shRNA or left untreated. Cells were treated with $1\mu\text{g/mL}$ LPS for the times indicated and the resulting cell lysates analyzed by western blot for phosphorylated Akt (p-Akt). Blots were stripped and reprobed as indicated for total Akt, SHP-1, and the ubiquitous ER chaperone, calnexin, as a loading

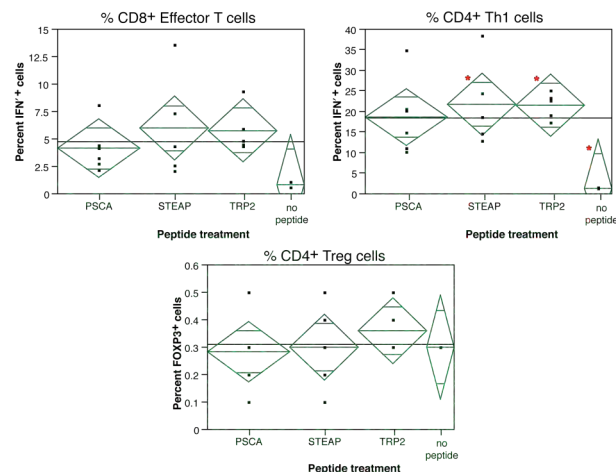


Figure 9. DC vaccination enhances Th1 skewing of T cells. BMDCs vaccines were loaded with one of 3 different peptide tumor antigens: 1) Trp-2 (SVYDFVWL); 2) STEAP₃₂₇₋₃₃₅ (VSKINRTEM; or 3) PSCA₂₉₋₃₇ (AQMNRRDCL). Following peptide loading DCs were left untreated or transduced with one of 3 different adenoviral vectors: 1) Ad5-SHP-1-shRNA; 2) Ad5-scrambled-shRNA; or 3) Ad5-CMV-empty, an adenovirus carrying a CMV promoter expression vector but no insert. Vaccines were injected i.p. into wt C57BL/6 mice and T cell skewing analyzed 7 days later by flow cytometry from total splenocytes. Cells were stained with anti-CD3, anti-CD8 and anti IFN γ for effector and Th1 cells or anti-CD4 and anti-FOXP3 for Tregs. For the peptide specific analysis viral treatments were pooled for each peptide exposure. Data represent the averages 6 mice per peptide treatment and 2 mice in the no treatment control group. The green diamonds represent the mean and 95% confidence interval for each group from the ANOVA. The black line is the mean of means for the experiment and red * indicate significant differences ($p < 0.05$ by Tukey-Kramer HSD multiple comparisons test)

Taken together these data indicate that SHP-1 signaling can promote apoptosis in DCs through the inhibition of Akt phosphorylation and that inhibiting SHP-1 leads to enhanced DC survival.

SHP-1 knock down enhances CD8⁺ effectors and CD4⁺ Th1 while inhibiting FOXP3⁺ Treg induction in vivo (SOW Task 1g)

To determine the effect of SHP-1 inhibition on the initiation of T cell responses, BMDCs were cultured and CD11c⁺ MACS purified as described above. DCs were loaded with one of 3 different peptide tumor antigens: 1) tyrosinase-related protein 2 (TRP-2₁₈₁₋₁₈₈; SVYDFVWL) that binds to H-2K^b and is specific for the B16 murine melanoma tumor line¹⁷; 2) six transmembrane antigen of the prostate (STEAP₃₂₇₋₃₃₅; VSKINRTEM) that binds to H-2D^b and is specific for transgenic adenocarcinoma of the mouse prostate (TRAMP) tumors (we defined this epitope, see tumor experiments below); or 3) prostate stem cell antigen (PSCA₂₉₋₃₇; AQMNNDCL) that binds to H-2D^b and is specific for TRAMP tumors (we also defined this epitope, see tumor experiments below). Following peptide loading DCs were left untreated or transduced with one of 3 different adenoviral vectors: 1) Ad5-SHP-1-shRNA; 2) Ad5-scrambled-shRNA; or 3) Ad5-CMV-empty, an adenovirus carrying a CMV promoter expression vector but no insert. Ad5-CMV-empty was used as an additional negative control to the Ad5-scrambled-shRNA virus, to demonstrate that Ad5-scrambled-shRNA did not have any specific RNAi activity that might facilitate DC inhibition. Using all combinations of peptide and virus treatment yielded 9 experimental vaccines and one no vaccine control. Vaccines (2x10⁶ DCs) were injected i.p. into wt C57BL/6 mice. Seven days following vaccination mice were sacrificed and total splenocytes were analyzed by multi-color flow cytometry for the expression of several T cell subsets. CD3⁺CD8⁺IFN γ ⁺ cells were characterized as CTL effectors, CD3⁺CD4⁺IFN γ ⁺ cells were characterized as Th1 helper T cells, and CD4⁺FOXP3⁺ cells were characterized as Treg cells. Flow cytometry data were analyzed by one-way analysis of variance (ANOVA) and Tukey-Kramer HSD multiple comparisons test for percentage of cells falling within each population following treatment. Cells were stained with anti-CD3, anti-CD8 and anti IFN γ to differentiate CD8⁺ effectors and CD4⁺ Th1 T cell skewing or anti-CD4 and anti-FOXP3 to determine Tregs. To determine

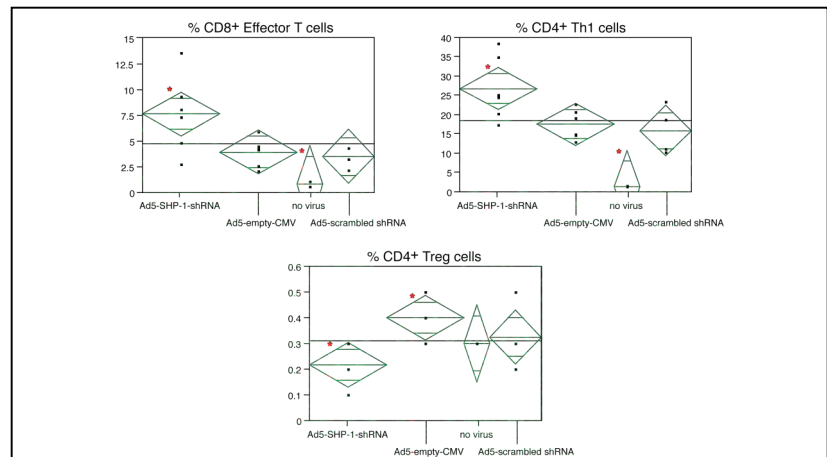


Figure 10. SHP-1 knock down enhances CD8⁺ effectors and CD4⁺ Th1 while inhibiting FOXP3⁺ Treg induction. BMDCs vaccines were loaded with one of 3 different peptide tumor antigens: 1) Trp-2 (SVYDFVWL); 2) STEAP₃₂₇₋₃₃₅ (VSKINRTEM; or 3) PSCA₂₉₋₃₇ (AQMNNDCL). Following peptide loading DCs were left untreated or transduced with one of 3 different adenoviral vectors: 1) Ad5-SHP-1-shRNA; 2) Ad5-scrambled-shRNA; or 3) Ad5-CMV-empty, an adenovirus carrying a CMV promoter expression vector but no insert. Vaccines were injected i.p. into wt C57BL/6 mice and T cell skewing analyzed 7 days later by flow cytometry from total splenocytes. Cells were stained with anti-CD3, anti-CD8 and anti IFN γ for effector and Th1 cells or anti-CD4 and anti-FOXP3 for Tregs. For the SHP-1 specific analysis viral treatments were pooled for each viral treatment. Data represent the averages 6 mice per peptide treatment and 2 mice in the no treatment control group. The green diamonds represent the mean and 95% confidence interval for each group from the ANOVA. The black line is the mean of means for the experiment and red * indicate significant differences ($p < 0.05$ by Tukey-Kramer HSD multiple comparisons test).

if there was a peptide specific effects between the 3 different tumor antigens, viral treatments were pooled for each peptide exposure. Data represent the averages 6 mice per peptide treatment group and 2 mice in the no treatment control group. No significant differences were seen between peptides in the induction of Tregs or CD8⁺ effector cells. Th1 skewing was significant between STEAP and Trp-2 peptides and the no treatment control (ANOVA: df=3, F=3.67, $p < 0.05$ Tukey-Kramer HSD $q^* = 2.91$, $p < 0.05$) suggesting that DC vaccination with any peptide combination induces a Th1 response.

To determine if there was a SHP-1 specific effect between the viral treatments, peptide treatments were pooled for each viral exposure. Data represent the averages 6 mice per viral treatment group and 2 mice in the no treatment control group. SHP-1 specific knock down with Ad5-SHP-1-shRNA induced a significantly higher proportion of CD8⁺ effector cells control (ANOVA: df=3, F=5.06, $p < 0.02$ Tukey-Kramer HSD $q^* = 2.91$, $p < 0.05$) and CD4⁺ Th1

skewed T cells control (ANOVA: $df=3$, $F=9.01$, $p<0.002$ Tukey-Kramer HSD $q^*=2.91$, $p<0.05$) compared to the untreated (no vaccine) control. Treatment with the Ad5-scrambled-shRNA and the Ad5-CMV-empty controls showed a trend towards increased CD8⁺ effector cells and CD4⁺ Th1 T cells but these increases were not significantly different from either the no treatment control or the Ad5-SHP-1-shRNA treated vaccines. Examination of the effect of SHP-1 knock down on the induction of Tregs showed that inhibition of SHP-1 significantly decreased the percentage of Tregs compared to the empty viral control control (ANOVA: $df=3$, $F=3.50$, $p<0.05$ Tukey-Kramer HSD $q^*=2.91$, $p<0.05$). No significant differences were seen between the control virus treated groups or between the control treated and the untreated controls. Taken together these data indicate that inhibiting SHP-1 in DC vaccines significantly increases the induction of CTL responses and Th1 skewing suggesting the likelihood of an enhanced anti-tumor immune response. Supporting this, is the fact that in addition to effector CD8⁺ CTL increases, SHP-1 correspondingly diminishes the suppressive Treg response suggesting an even greater anti-tumor effect may be achieved.

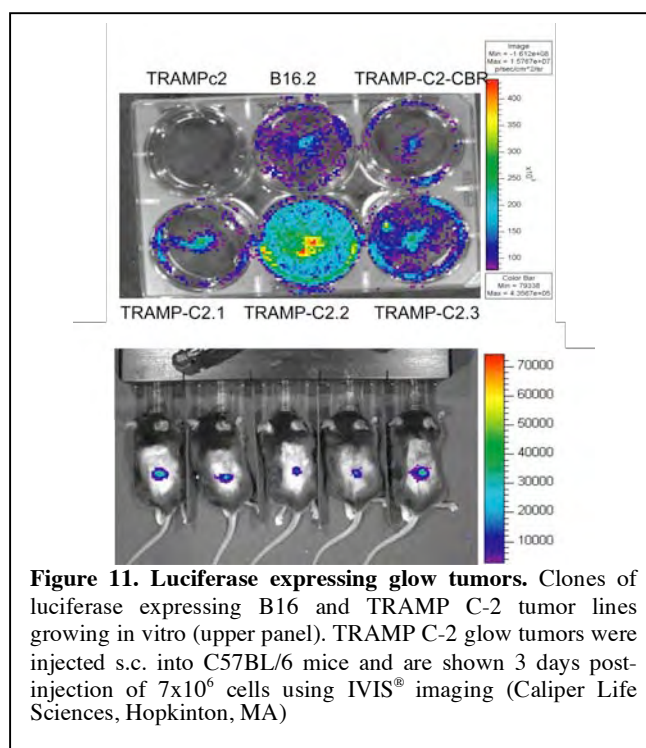


Figure 11. Luciferase expressing glow tumors. Clones of luciferase expressing B16 and TRAMP C-2 tumor lines growing in vitro (upper panel). TRAMP C-2 glow tumors were injected s.c. into C57BL/6 mice and are shown 3 days post-injection of 7×10^6 cells using IVIS® imaging (Caliper Life Sciences, Hopkinton, MA)

Creating tumor cell lines stably expressing red-shifted luciferase for in vivo imaging of ectopic and metastatic tumors in live animals (SOW 2a)

We have created tumor lines that stably express a red-shifted luciferase in order to allow us to monitor the size and location of model tumors in living animals using IVIS™ optical bioluminescence imaging. These various tumor lines were transfected with a luciferase expression vector, cloned by limiting dilution and selected for the brightest expression when exposed to the substrate luciferin (Fig. 11). As a proof of principle for using these tumor lines, we tested the luciferase-transfected B16 and TRAMP C-2 tumor lines for growth in wt C57BL/6 mice. These results showed that luciferase-transfected tumors grew substantially slower than the untransfected tumors *in vivo*. In addition, the transfected tumor lines were for the most part resolved by the animals in the absence of any vaccination. Thus we have not proceeded further with these glow tumors for our experiments and have gone back to using the original tumor lines and taking physical measurements using calipers for all tumor experiments described below.

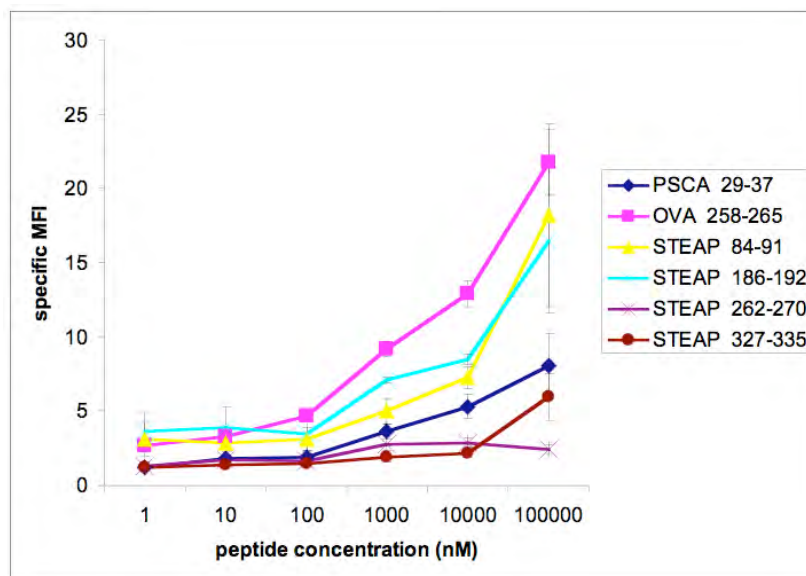


Figure 12. Relative binding affinities of STEAP and PSCA peptides predicted to bind H-2K^b or H-2D^b. 10^6 RMA-S cells were incubated overnight at 37° C with each of the five predicted at the concentrations indicated. Cells were stained with antibodies for H-2K^b (Y-3; ATCC-HB176) or H-2D^b (28-14-8S; ATCC-HB27) followed by a goat anti-mouse-FITC second step and MHC class I surface expression was analyzed by flow cytometry. Specific MFI is the mean fluorescent intensity of the sample- mean fluorescent intensity of goat anti-mouse-FITC second step alone. Error bars represent the standard deviation of triplicate measurements. This is representative of 3 separate experiments.

SHP-1 knock down enhances DC vaccine efficacy against B16 melanoma and TRAMP C-2 prostate tumors (SOW 2b)

Since we had shown that SHP-1 inhibition enhanced DC activation signaling, migration, survival, and CD8⁺ effector function, we wanted to determine if inhibiting SHP-1 in DCs would enhance their function as anti-tumor vaccines. To test this in a prostate cancer model *in vivo* we used TRAMP C2 cells injected subcutaneously on the dorsal flank of C57BL/6 mice. Unfortunately, there have been no good tumor antigens previously defined for the TRAMP

Peptide Epitope	AA Sequence	Bimas*	SYFPEITHI
OVA258-265	SIINFEKL	17.4 (Kb)	25 (Kb)
STEAP186-192	RSYRYKLL	132 (Kb)	29 (Kb)
STEAP84-91	LTFLYTLL	48 (Kb)	22 (Kb)
STEAP327-335	VSKINRTEM	718.829 (Db)	26 (Db)
STEAP262-270	LLLGTVHAL	4.311 (Db)	12 (Db)
PSCA29-37	AQMNNRDCL	10838.473 (Db)	25 (Db)

Table 1. OVA Kb binding peptide SIINFEKL was used as control for a known good binder. 4 peptides were chosen from the STEAP-1 protein that showed a high ranking for predicted binding affinity or showed sequence homology to the known human HLA-A*0201 binding epitopes from human STEAP-1 (suggesting the peptide is likely to be processed *in vivo* and one PSCA peptide was chosen because of its strong predicted binding affinity.

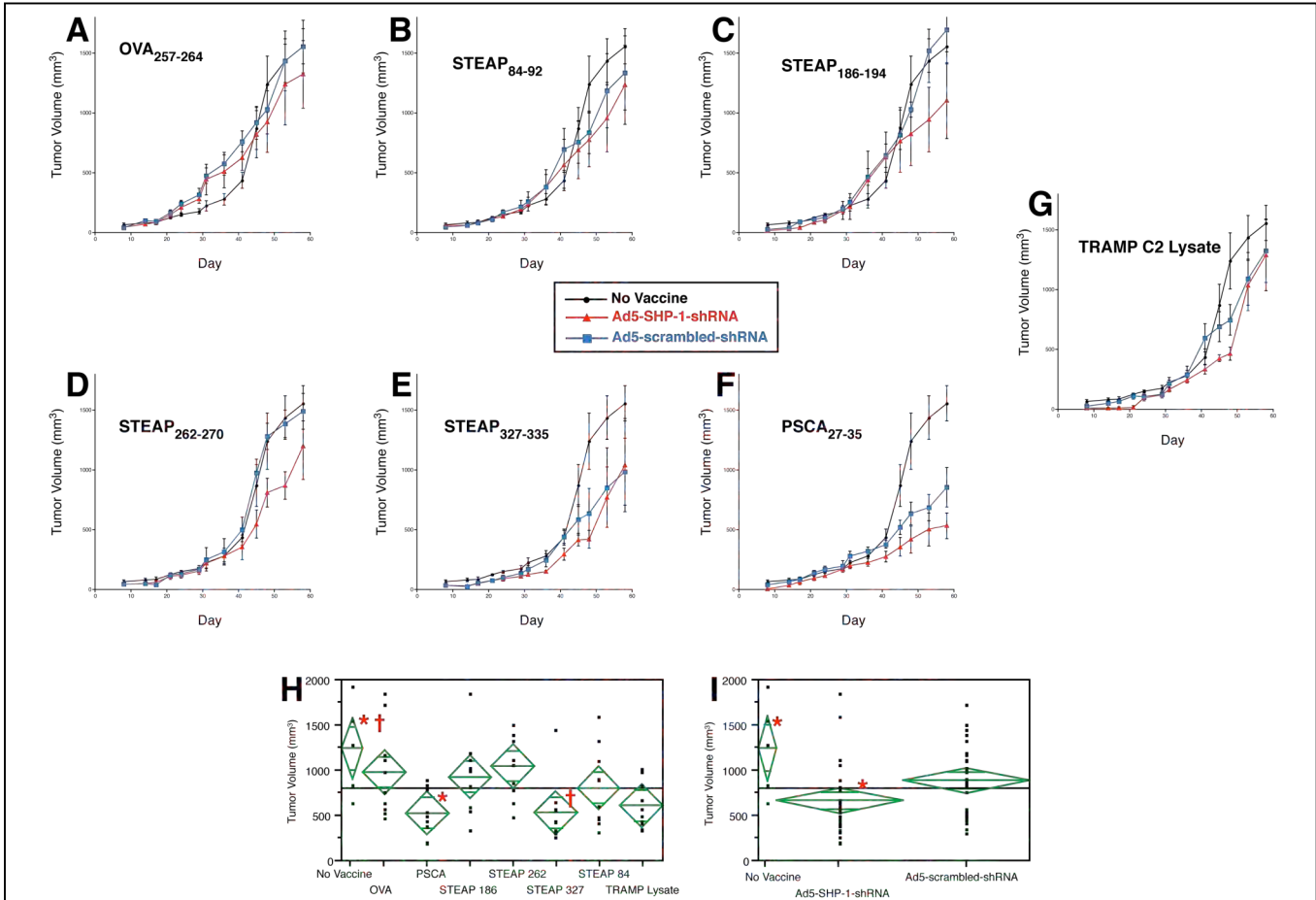
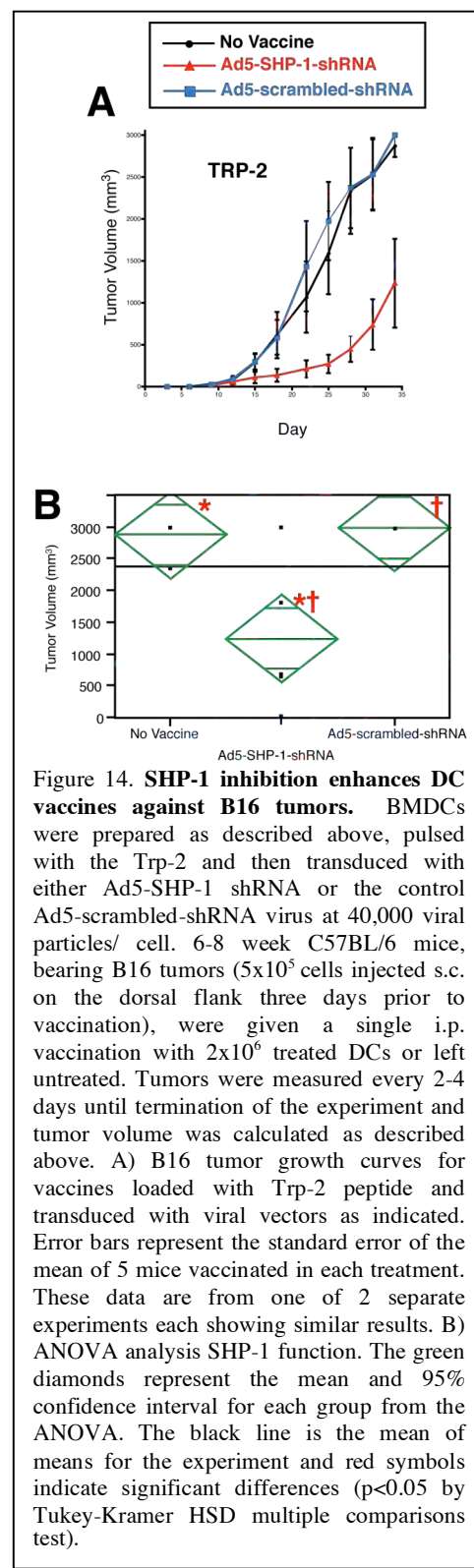


Figure 13. SHP-1 inhibition enhances DC vaccines against TRAMP C2 tumors. BMDCs were prepared as described above, transduced with either Ad5-SHP-1-shRNA or the control Ad5-scrambled-shRNA at 40,000 viral particles/ cell, and pulsed with one of the six peptides listed in Table 1 (OVA, an irrelevant epitope to TRAMP 2 tumors, served as a negative control peptide) or a lysate of TRAMP C2 cells as a positive control antigen. 6-8 week C57BL/6 mice, bearing TRAMP C2 tumors (7x10⁶ cells injected s.c. on the dorsal flank three days prior to vaccination), were given a single i.p. vaccination with 2x10⁶ treated DCs or left untreated. Tumors were measured (length and width using calipers) every 2-4 days until termination of the experiment and tumor volume was estimated using the formula: Tumor volume (mm³) = x²y x 0.5236, where x is the smaller tumor dimension, and y is the larger tumor dimension. A-G) TRAMP tumor growth curves for vaccines loaded with the indicated peptides. Error bars represent the standard error of the mean of 5 mice vaccinated in each treatment. These data are from one of 2 separate experiments each showing similar results. H-I) ANOVA analysis of peptide function and SHP-1 function. Data represent the averages 10 mice per peptide treatment and 5 mice in the no treatment control group for H) and 35 mice per viral transduction treatment and 5 mice in the no treatment control group for I). The green diamonds represent the mean and 95% confidence interval for each group from the ANOVA. The black line is the mean of means for the experiment and red symbols indicate significant differences (p<0.05 by Tukey-Kramer HSD multiple comparisons test).

model. Recent studies have shown, however, that the six transmembrane epithelial antigen of the prostate (STEAP) is a good candidate for immunotherapies in human prostate cancer¹⁸. In addition, a recent study showed that the mouse homolog of STEAP (which is 80% identical to the human protein) and the mouse homolog of prostate stem cell antigen (PSCA) were expressed at high levels in TRAMP C2 cells¹⁹.

To determine peptide epitopes from these proteins that were potentially immunoreactive, used two online epitope prediction algorithms Bimas (www.bimas.cit.nih.gov) and SYFPEITHI (www.syfpeithi.com) to scan their amino acid sequences. Predictions of peptides binding to the MHC class I molecules H-2K^b and H-2D^b from the C57BL/6 background, yielded a number of candidate epitopes. Of these candidates, we chose epitopes that were either the strongest predicted binders or that had sequences similar to published human epitopes and therefore suggested that they were likely to be processed *in vivo*. The five epitopes chosen for testing are shown in Table 1 and include OVA peptide, as a comparison for strong H-2K^b binding. We tested the binding affinity of the five peptide we had predicted, in a surface stabilization assay, using the TAP1 deficient cell line RMA-S²⁰. RMA-S cells were pulsed with peptide, at the indicated concentrations, and incubated overnight. Cells were stained with antibodies for H-2K^b (Y-3; ATCC-HB176) or H-2D^b (28-14-8S; ATCC-HB27) followed by a fluorescent-labeled secondary antibody and MHC class I surface expression was analyzed by flow cytometry. All peptides bound to their expected class I molecules with the exception of STEAP₂₆₂₋₂₇₀ that showed no detectable binding at any peptide concentration. STEAP₈₄₋₉₁ and STEAP₁₈₆₋₁₉₂ bound with an affinity near that of OVA₂₅₈₋₂₆₅, a well characterized strong binding H-2K^b epitope from chicken ovalbumin. Although PSCA₂₉₋₃₇ and STEAP₃₂₇₋₃₃₅ did not appear to bind as well as some of the other peptides they are predicted to bind to H-2D^b not H-2K^b. Because we did not have a positive control strong binding peptide for H-2D^b in these experiments, we cannot rule out the possibility that the “lower” binding affinity of these peptides may be due to a lower relative expression of H-2D^b on RMA-S cells compared to H-2K^b, or differences in the binding affinities of the different antibodies use to detect each molecule. Taken together, these data suggest that at least 4 of the 5 predicted peptide epitopes for TRAMP C2 tumors could act as immunoreactive antigens when administered *in vivo* as part of an anti-tumor vaccine.

To determine the efficacy of the newly predicted TRAMP C2 peptide antigens, BMDCs were prepared as described above, transduced with either Ad5-SHP-1-shRNA or the control Ad5-scrambled-shRNA at 40,000 viral particles/ cell, and pulsed with one of the six peptides listed in Table 1 (OVA, an irrelevant epitope to TRAMP 2 tumors, served as a negative control peptide) or a lysate of TRAMP C2 cells as a positive control antigen. 6-8 week C57BL/6 mice, bearing TRAMP C2 tumors (7x10⁶ cells injected s.c. on the dorsal flank three days prior to vaccination), were given a single i.p. vaccination with 2x10⁶ treated DCs or left untreated. Tumors were measured (length and width using calipers) every 2-4 days until termination of the experiment and tumor volume was estimated using the formula: Tumor volume (mm³) = $x^2y \times 0.5236$, where x is the smaller tumor dimension, and y is the larger tumor dimension.



In mice not receiving any vaccination ectopic TRAMP C2 tumors grow exponentially and reach maximum allowable size (10% of body weight, 2000-3000 mm³ depending on the age of the mice) in 75-85 days (determined empirically from pilot experiments, data not shown). The growth rate of ectopic TRAMP C2 tumors in mice vaccinated with DCs loaded with the irrelevant control peptide, OVA, was equivalent to mice receiving no vaccine treatment (Fig. 13A). These data indicate that DCs alone in the absence of a cognate tumor antigen cannot stimulate an anti-tumor response. Mice vaccinated with DCs loaded with one of the STEAP or PSCA peptides or the TRAMP C2 lysate, all showed a similar trend of decreased tumor growth rate compared to the untreated mice (Fig. 13B-G). On closer inspection of the differences between the mean tumor volumes (5 mice/treatment), two peptides generated strong inhibition of tumor growth, PSCA₂₉₋₃₇ and STEAP₃₂₇₋₃₃₅ (Fig. 13E and F). To determine if there was a significant difference between the various peptides used in these DC vaccinations, we pooled mice across viral treatments (Ad5-SHP-1 shRNA or Ad5-scrambled-shRNA) employing the same peptide. We performed an ANOVA for differences in mean tumor volume at day 48 post-vaccination (the time at which the majority of the vaccinated tumor growth curves change slope) and Tukey-Kramer HSD multiple comparisons test. A significant difference was seen between peptide treatments (ANOVA: df=7, F=3.80, p<0.005). Multiple comparisons testing showed that there was a significant decrease in tumor growth rate for mice treated with either PSCA₂₉₋₃₇ or STEAP₃₂₇₋₃₃₅ loaded DC vaccines compared to mice receiving no vaccination (Tukey-Kramer HSD q*=3.13, p<0.05; Fig.13H). No significant differences were shown between untreated mice and other peptide vaccinations.

We next asked if vaccines transduced with Ad5-SHP-1-shRNA inhibited tumor growth compared to transduction with Ad5-scrambled-shRNA or no vaccine treatment, irrespective of what peptide was used in the vaccine. To determine if SHP-1 knock down had an effect on vaccine efficacy we pooled mice across all peptide treatments and performed an ANOVA and Tukey-Kramer HSD multiple comparisons test (Fig. 13I). Vaccines where SHP-1 was deficient showed significantly lower tumor volumes compared with those that were untreated. There were no significant differences in tumor volume between untreated mice and mice treated with Ad5-scrambled-shRNA vaccines (ANOVA: df=2, F=5.69, p<0.01; Tukey-Kramer HSD q*=2.93, p<0.05). We have repeated this experiment and have seen identical results for both SHP-1 and peptide effects in both experiments. Taken together these data demonstrate that SHP-1 inhibition significantly enhances DC vaccine efficacy against TRAMP prostate tumors *in vivo*. In addition, these data show that we have defined two new MHC class I tumor epitopes expressed in TRAMP C2 tumors *in vivo* that can be utilized for anti-tumor immunotherapy in this animal model.

In an effort to further demonstrate that SHP-1 inhibition is effective in enhancing anti-cancer responses, against tumors other than the TRAMP C2 model, we performed vaccine experiments on mice bearing ectopic B16 melanoma tumors. The B16 melanoma, which is both aggressive and poorly immunogenic, expresses tyrosinase related protein-2 (Trp-2) of which peptide, SVYDFVWL, is recognized by CD8⁺ T cells in the context of H-2K^b. B16 represents a much more difficult tumor to treat than TRAMP and is considered the “gold standard” for ectopic tumor models in the C57BL/6 background. BMDCs were prepared as described above, pulsed with the Trp-2 and then transduced with either Ad5-SHP-1 shRNA or the control Ad5-scrambled-shRNA virus at 40,000 viral particles/ cell. 6-8 week C57BL/6 mice, bearing B16 tumors (5x10⁵ cells injected s.c. on the dorsal flank three days prior to vaccination), were given a single i.p. vaccination with 2x10⁶ treated DCs or left untreated. Tumors were measured every 2-4 days until termination of the experiment and tumor volume was calculated as described above. Even with an inoculation 14 fold lower than that used for TRAMP C2 tumors, B16 tumors grow significantly faster and reach maximum acceptable size in 25-35 days in untreated mice (determined empirically from pilot experiments, data not shown). Mice vaccinated with DCs transduced with Ad5-SHP-1-shRNA showed markedly smaller mean tumor volumes (5 mice/treatment) beginning at day 18 than those vaccinated with Ad5-scrambled-shRNA transduced DCs or untreated mice (Fig. 14A). To determine if this difference was statistically significant, we performed an ANOVA and Tukey-Kramer HSD multiple comparisons test. Mice vaccinated with the SHP-1 deficient vaccine showed significantly lower mean tumor volume compared with either control group (ANOVA: df=2, F=9.82, p<0.005; Tukey-Kramer HSD q*=2.67, p<0.05; Fig. 14B). We have repeated this experiment and have seen the same SHP-1 effect in both experiments. These data demonstrate that SHP-1 inhibition significantly enhances DC vaccine efficacy against B16 tumors *in vivo*.

KEY RESEARCH ACCOMPLISHMENTS

- Created 2 methods (shRNA and dominant negative SHP-1) for inhibiting SHP-1 function in DC.
- Generated high titer adenovirus expressing these inhibiting constructs for DC transduction.
- Demonstrated the efficacy of these constructs in modulating DC signaling through AP-1 and NFκB pathways.
- Demonstrated that SHP-1 inhibition in DC enhances their ability to migrate to CCR7 ligands.
- Demonstrated that SHP-1 inhibition in DC enhances their survival.
- Demonstrated that SHP-1 inhibition in DC enhances effector T cell function by upregulating Th1 skewing and down-regulating Treg induction.
- Defined novel peptide epitopes expressed by mouse TRAMP-C2 prostate tumors that are effective against tumors *in vivo*.
- Demonstrated that SHP-1 knockdown in DC vaccines reduces tumor growth in both B16 melanoma and TRAMP-C2 prostate tumor models.

REPORTABLE OUTCOMES

Abstracts

Dendritic cell prostate cancer vaccine is enhanced by inhibiting the SH2-Domain containing phosphatase, SHP-1.

J.M. Levitt and I. R Ramachandran. 7th World Basic Urological Research Congress meeting, Dublin, Ireland. September 26-29, 2007

The Role of SHP-1 in enhancing dendritic cell-based anti-tumor vaccines for prostate cancer.

A. Tewoldeberhan, I.R. Ramachandran, J.M. Levitt. Department of Defense, Innovative Minds in Prostate Cancer Today (IMPACT) meeting, Atlanta, GA. September 5-8, 2007

Enhancing Dendritic Cell Tumor Vaccines by Inhibiting the SH2 Domain-Containing Phosphatase 1, SHP-1.

I.R. Ramachandran and J.M. Levitt. FASEB/American Association of Immunologists annual meeting Miami, FL. May 18-22, 2007

Patents

US Provisional Patent Application No. 60/938,545 Entitled: "Inhibition of the SH2-Domain Containing Protein Tyr-Phosphatase, SHP-1, to Enhance Dendritic Cell Vaccines against Tumors and Pathogens".

Full US Patent Application in prep and will be filed on 5/17/08

CONCLUSIONS

The results of the B16 and TRAMP tumor experiments (4 independent experiments in 2 different tumor models) clearly demonstrate that SHP-1 signaling in DCs constitutes a major inhibitory pathway, significant in its ability to down-regulate the initiation of antigen specific CD8⁺ T cell responses *in vivo*. These tumor data are augmented by the mechanistic data indicating that SHP-1 inhibition, enhances DC activation signaling, survival, migration, and the ability of DCs to skew signaling towards a pro-inflammatory CD4⁺ Th1 immune response while inhibiting Treg induction. The implication of these data in concert, is that SHP-1 signaling is a feasible protein to target in the design and implementation of DC-based vaccines against tumors and potentially against other infectious diseases.

REFERENCES

1. Banchereau, J. & Palucka, A. K. Dendritic cells as therapeutic vaccines against cancer. *Nat Rev Immunol* 5, 296-306 (2005).
2. Vieweg, J. & Jackson, A. Modulation of antitumor responses by dendritic cells. *Springer Semin Immunopathol* 26, 329-41 (2005).
3. Evel-Kabler, K. & Chen, S. Y. Dendritic Cell-Based Tumor Vaccines and Antigen Presentation Attenuators. *Mol Ther* (2006).
4. Kantoff, P. Recent progress in management of advanced prostate cancer. *Oncology (Williston Park)* 19, 631-6 (2005).
5. Small, E. J. et al. Immunotherapy of hormone-refractory prostate cancer with antigen-loaded dendritic cells. *J Clin Oncol* 18, 3894-903 (2000).
6. Schuler-Thurner, B. et al. Rapid induction of tumor-specific type 1 T helper cells in metastatic melanoma patients by vaccination with mature, cryopreserved, peptide-loaded monocyte-derived dendritic cells. *J Exp Med* 195, 1279-88 (2002).
7. Su, Z. et al. Telomerase mRNA-transfected dendritic cells stimulate antigen-specific CD8⁺ and CD4⁺ T cell responses in patients with metastatic prostate cancer. *J Immunol* 174, 3798-807 (2005).
8. Ralph, P. & Nakoinz, I. Antibody-dependent killing of erythrocyte and tumor targets by macrophage-related cell lines: enhancement by PPD and LPS. *J Immunol* 119, 950-54 (1977).
9. Granucci, F. et al. Modulation of cytokine expression in mouse dendritic cell clones. *Eur J Immunol* 24, 2522-6 (1994).
10. Gupta, N. et al. Negative signaling pathways of the killer cell inhibitory receptor and Fc gamma RIIβ1 require distinct phosphatases. *J Exp Med* 186, 473-8 (1997).
11. Poole, A. W. & Jones, M. L. A SHPing tale: perspectives on the regulation of SHP-1 and SHP-2 tyrosine phosphatases by the C-terminal tail. *Cell Signal* 17, 1323-32 (2005).
12. He, T. C. et al. Identification of c-MYC as a target of the APC pathway. *Science* 281, 1509-12 (1998).
13. An, H. et al. Phosphatase SHP-1 promotes TLR- and RIG-I-activated production of type I interferon by inhibiting the kinase IRAK1. *Nat Immunol* 9, 542-50 (2008).
14. Miller, G., Lahrs, S., Pillarisetty, V. G., Shah, A. B. & DeMatteo, R. P. Adenovirus infection enhances dendritic cell immunostimulatory properties and induces natural killer and T-cell-mediated tumor protection. *Cancer Res* 62, 5260-6 (2002).
15. Brazil, D. P., Yang, Z. Z. & Hemmings, B. A. Advances in protein kinase B signalling: AKTion on multiple fronts. *Trends Biochem Sci* 29, 233-42 (2004).
16. Park, D., Lapteva, N., Seethammagari, M., Slawin, K. M. & Spencer, D. M. An essential role for Akt1 in dendritic cell function and tumor immunotherapy. *Nat Biotechnol* 24, 1581-90 (2006).
17. Bloom, M. B. et al. Identification of tyrosinase-related protein 2 as a tumor rejection antigen for the B16 melanoma. *J Exp Med* 185, 453-9 (1997).
18. Alves, P. M. et al. STEAP, a prostate tumor antigen, is a target of human CD8⁺ T cells. *Cancer Immunol Immunother* 55, 1515-23 (2006).
19. Yang, D., Holt, G. E., Velders, M. P., Kwon, E. D. & Kast, W. M. Murine six-transmembrane epithelial antigen of the prostate, prostate stem cell antigen, and prostate-specific membrane antigen: prostate-specific cell-surface antigens highly expressed in prostate cancer of transgenic adenocarcinoma mouse prostate mice. *Cancer Res* 61, 5857-60 (2001).
20. Ljunggren, H. G. & Karre, K. Host resistance directed selectively against H-2-deficient lymphoma variants. Analysis of the mechanism. *J Exp Med* 162, 1745-59 (1985).

APPENDICES

None