Isolation and characterization of NY-ESO-1–specific T cell receptors restricted on various MHC molecules

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Tumor-specific T cell receptor (TCR) gene transfer enables specific and potent immune targeting of tumor antigens. Due to the prevalence of the HLA-A2 MHC class I supertype in most human populations, the majority of TCR gene therapy trials targeting public antigens have employed HLA-A2–restricted TCRs, limiting this approach to those patients expressing this allele. For these patients, TCR gene therapy trials have resulted in both tantalizing successes and lethal adverse events, underscoring the need for careful selection of antigenic targets. Broad and safe application of public antigen-targeted TCR gene therapies will require (i) selecting public antigens that are highly tumor-specific and (ii) targeting multiple epitopes derived from these antigens by obtaining an assortment of TCRs restricted by multiple common MHC alleles. The canonical cancer-testis antigen, NY-ESO-1, is not expressed in normal tissues but is aberrantly expressed across a broad array of cancer types. It has also been targeted with A2-restricted TCR gene therapy without adverse events or notable side effects. To enable the targeting of NY-ESO-1 in a broader array of HLAs, we isolated TCRs specific for NY-ESO-1 epitopes presented by four MHC molecules: HLA-A2, -B07, -B18, and -C03. Using these TCRs, we pilot an approach to extend TCR gene therapies targeting NY-ESO-1 to patient populations beyond those expressing HLA-A2.

NY-ESO-1 | immunotherapy | T cell receptor gene therapy | TCR | MHC

The αβ T cell receptor (TCR) determines the unique specificity of each nascent T cell. Upon assembly with CD3 signaling proteins on the T cell surface, the TCR surveils peptide ligands presented by MHC molecules on the surface of nucleated cells. The specificity of the TCR for a peptide–MHC complex is determined by both the presenting MHC molecule and the presented peptide. The MHC locus (also known as the HLA locus in humans) is the most multiallelic locus in the human genome, comprising >18,000 MHC class I and II alleles that vary widely in frequency across ethnic subgroups (1, 2). Ligands presented by MHC class I molecules are derived primarily from proteasomal cleavage of endogenously expressed antigens. Infected and cancerous cells present peptides that are recognized by CD8+ T cells as foreign or aberrant, resulting in T cell-mediated killing of the presenting cell. T cells can be engineered to kill tumor cells through the transfer of tumor-reactive αβ TCR genes (3). Key to this approach is that the patient expresses the MHC allele on which the therapeutic TCR is restricted and that the targeted peptide is derived from a tumor-associated or tumor-specific antigen. Private (patient-specific) neoantigens resulting from tumor-specific mutations are a potential source of such targets (4). However, implementation of personalized TCR gene therapy is complicated by the need to identify mutations through sequencing, to isolate mutation-reactive, patient-specific TCRs, and to genetically modify patient T cells on demand. This is still more challenging for tumors that cannot be accessed for sequencing and for low-mutational-burden tumors with few or no neoantigens (5). Particularly for these last tumor types, targeting public, tumor-restricted antigens with off-the-shelf TCRs remains an attractive option.

The first public antigen targeted with TCR gene therapy in the clinic was melanocyte antigen MART1/Melan-A, yielding objective responses in 2/15 patients with metastatic melanoma (6). Use of a higher-affinity MART1-reactive TCR (F5) increased the response rate to 30% but also engendered vitiligo, uveitis, and transient hearing loss due to MART1 expression on healthy melanocytes. Antigen-targeted TCR gene therapies will require (i) selecting public antigens that are highly tumor-specific and (ii) targeting multiple epitopes derived from these antigens by obtaining an assortment of TCRs restricted by multiple common MHC alleles. The canonical cancer-testis antigen, NY-ESO-1, is not expressed in normal tissues but is aberrantly expressed across a broad array of cancer types. It has also been targeted with A2-restricted TCR gene therapy without adverse events or notable side effects. To enable the targeting of NY-ESO-1 in a broader array of HLAs, we isolated TCRs specific for NY-ESO-1 epitopes presented by four MHC molecules: HLA-A2, -B07, -B18, and -C03. Using these TCRs, we pilot an approach to extend TCR gene therapies targeting NY-ESO-1 to patient populations beyond those expressing HLA-A2.

Significance

T immune cells can be engineered to express tumor-specific T cell receptor (TCR) genes and thereby kill cancer cells. This approach—termed TCR gene therapy—is effective but can cause serious adverse events if the target is also expressed in healthy, noncancerous tissue. NY-ESO-1 is a tumor-specific antigen that has been targeted successfully and safely through TCR gene therapies for melanoma, synovial sarcoma, and myeloma. However, trials to date have focused exclusively on a single NY-ESO-1–derived epitope presented on HLA-A*02:01, limiting application to patients expressing that allele. In this work, we isolate TCRs that collectively recognize multiple NY-ESO-1–derived epitopes presented by multiple MHC alleles. We thereby outline a general approach for expanding targeted immunotherapies to more diverse MHC haplotypes.


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melanocytes in the skin, eye, and middle ear (7). T cell therapies targeting other public antigens have similarly engendered morbidity or serious adverse events due to off-target/tumor reactivity. Targeting carcinomaembryonic antigen produces severe colitis in patients with metastatic colorectal cancer due to reactivity with normal colorectal tissue (6). More seriously, T cell therapies targeted at ERBB2 or MAGE-A3 each resulted in deaths due to unappreciated expression of the target antigen (or similar variant) on vital organs (9, 10). Thus, these studies underscore the importance of identifying stringently tumor-specific public antigens (11), particularly when well-expressed, high-affinity targeting receptors necessary for therapeutic success are employed (7, 12).

NY-ESO-1—the product of the CTAGIB gene—is an attractive target for off-the-shelf TCR gene therapy. As the prototypic cancer-testis antigen, NY-ESO-1 is not expressed in normal, nongermline tissue, but it is aberrantly expressed in many tumors (13). The frequency of aberrant expression ranges from 10 to 50% among solid tumors, 25–50% of melanomas, and up to 80% of synovial sarcomas (13–18), with increased expression observed in higher-grade metastatic tumor tissue (14, 15, 19). Moreover, NY-ESO-1 is highly immunogenic, precipitating spontaneous and vaccine-induced T cell immune responses against multiple epitopes presented by various MHC alleles (20–25). As a result, the epitope NY-ESO-1-SLMLMWITOC (presented by HLA-A*02:01) has been targeted with cognate 1G4 TCR in gene therapy trials, yielding objective responses in 55% and 61% of patients with metastatic melanoma and synovial sarcoma, respectively, and engendering no adverse events related to targeting (24, 25). Targeting this same A2-restricted epitope with lentiviral-mediated TCR gene therapy in patients with multiple myeloma similarly resulted in 70% complete or near-complete responses without significant safety concerns (26). The majority of patients who respond to therapy relapse within months, and loss of heterozygosity at the MHCI locus has been reported as a mechanism by which tumors escape adoptive T cell therapy targeting HLA-A*02:01/NY-ESO-1 (27). Thus, NY-ESO-1 is a tumor-specific, immunogenic public antigen that is expressed across an array of tumor types and is safe to target in the clinic but that is susceptible to escape when targeted through a single HLA subtype.

In this work, we had two goals. First, since TCRs of higher strength and affinity are more efficacious, we sought to identify new TCRs that target A2/NY-ESO-1 with comparable or better sensitivity than the clinically employed 1G4 TCR. As affinity-enhanced TCRs can be cross-reactive (28–30), we established a protocol for isolating antigen-reactive TCRs directly from patient blood. Two of these TCRs demonstrated comparable or greater sensitivity than 1G4 both in vitro and in vivo in tumor-killing assays. Second, to broaden the clinical utility of NY-ESO-1 as a TCR gene therapy target, we used our isolation protocol to identify TCRs that target NY-ESO-1 epitopes presented by common MHC alleles other than HLA-A*02:01. We propose that targeting multiple NY-ESO-1 epitopes will enable treatment of a larger patient set and may render treatment more robust toward tumor escape.

Results

Expansion and Isolation of NY-ESO-1–Specific T Cell Clones. We previously reported the presence of T cells reactive with various NY-ESO-1–derived epitopes in the blood of patients with metastatic melanoma (22). To enrich for these reactive T cells, we stimulated expansion of patient peripheral blood mononuclear cells (PBMCs) with a panel of 28 overlapping 18-mers collectively constituting the full NY-ESO-1 protein sequence (Fig. 1A). We then restimulated the expanded cells with individual peptides, performed intracellular staining for IFN-γ to determine which peptides drove expansion, and analyzed stimulatory peptides with a predictive algorithm to identify minimal epitopes relevant to each patient’s MHC haplotype (31) (Fig. 1B). Reactive T cells were reexpanded in the presence of individual 9–10-mer peptides corresponding to immunostimulatory epitopes (Fig. 1C) and sorted via FACS using cognate peptide–MHC tetramers (Fig. 1D). The cell lines grown from these single-cell sorts were clonal and reactive with their cognate epitopes (Fig. 1E). In total, four cell lines reactive with HLA-A*02:01/NY-ESO-1 and four cell lines reactive with epitopes presented by HLA-B and HLA-C alleles were selected for further study.

Cloning and Screening of NY-ESO-1–Specific TCRs. We cloned paired TCRα and TCRβ genes from sorted single cells using a commercial RT-PCR kit with custom multiplexed primers targeting all human TRAV and TRBV gene segments. The resulting Vα and Vβ cDNAs were subcloned into a retroviral vector backbone with either human or murine TCR constant regions (Fig. 2A). To verify the specificity of cloned TCRs, we transfected CD3+ HEK 293T cells with each fully human TCR and stained the transfected cells with peptide–MHC dextramers for each of the targeted NY-ESO-1 epitopes (Fig. 2B). All four HLA-A2-restricted TCRs exhibited the expected reactivity (Fig. 2C). Although analyzed events were gated for similar transfection level, novel TCRs exhibited highly variable dextramer binding. Dextramer binding for the 9D2 TCR was barely discernible from background, whereas the 3A1 TCR exhibited superior dextramer binding compared with the clinically employed 1G4 TCR. Dextramer binding for 4A2 and 5G6 TCRs were intermediate between 9D2 and 1G4.

Additionally, three of four of the TCRs restricted on MHC alleles other than HLA-A2 were verified to bind their targets specifically (Fig. 2D). Transfected 293T cells expressing the B7/NY-ESO-1-specific 1E4 TCR, the B18/NY-ESO-1-specific 2B8 TCR, or the Cw3/NY-ESO-1-specific 3C7 TCR each bind their respective dextramers, whereas untransfected cells did not. Cells transfected with the 9G2 TCR—cloned from T cells that were reactive with Cw3/NY-ESO-1—did not detectably bind cognate dextramer relative to untransfected cells. A possible reason for this was that HEK 293T cells do not express the CD8 coreceptor. CD8 increases the avidity of the TCR–pMHC interaction by binding to MHCI directly, enabling lower affinity TCRs to engage (32). We therefore included this TCR for further analysis of CD8 dependency in Jurkat T cells.

Functional Characterization of A2-Restricted, NY-ESO-1–Specific TCRs. The sensitivity of a TCR-transduced T cell is a function of the monomeric affinity of the TCR for its cognate peptide–MHC (Kd ~ 0.1–400 μM) (33) as well as the density of the TCR on the cell surface (12). Transduced TCRs express on the T cell surface at widely varying levels due to variation in the efficiency with which they fold, dimerize, and compete with endogenous TCRs for MHC (33) as well as the density of the TCR on the cell surface (12). Transfected TCRs express on the T cell surface at widely varying levels due to variation in the efficiency with which they fold, dimerize, and compete with endogenous TCRs for assembly with limiting CD3 chains (a property termed TCR “strength”) (34, 35). Therefore, optimal cytotoxic function of TCR-transduced T cells correlates with TCR affinity and surface expression (3, 12), underscoring the importance of selecting high-affinity, efficiently exported TCRs for gene therapy (7).

As higher-affinity TCR–pMHC interactions are less dependent on CD8 participation, we reasoned that high-affinity TCRs can be identified by comparing dextramer binding of TCR-transduced Jurkat T cells with or without coexpression of CD8. Additionally, because the strength of surface expression for human TCRs can be increased through substitution with murine constant domains (36), we expressed each TCR as a fully human or murinized derivative to assess each TCR’s strength. Cells transfected with vehicle only or with a mismatched TCR (MART1-specific F5 TCR) did not exhibit any binding to A2/NY-ESO-1 dextramer (Fig. 3 A and B). By contrast, cells transfected with the well-established 1G4 TCR (Kd = 9.3 μM) (37) bound cognate dextramer whether 1G4 was fully human or murinized, and whether or not CD8 was present. Murinization of...
1G4 increased the intensity of dextramer binding by the mυTCR 1.4-fold over the parental hυTCR, indicating a modest improvement in strength (Fig. 3B and C). The presence of CD8 increased dextramer binding 3.8-fold for 1G4 mυTCR. Dextramer binding for TCRs 4A2 and 5G6 was similar in both magnitude and comparative indices to 1G4 (Fig. 3A–C). The 3A1 TCR exhibited only a 1.9-fold increase in dextramer binding in the presence of CD8, indicating that this TCR binds A2/NY<sub>157–165</sub> with higher affinity than 1G4. This is further supported by the reduced dependence of dextramer binding on CD8 level among CD8<sup>+</sup> cells transduced with 3A1 mυTCR relative to CD8<sup>+</sup> cells transduced with 1G4, 4A2, and 5G6 mυTCRs (compare slopes of green populations in Fig. 3A). Finally, 9D2 exhibited no detectable binding to dextramer on Jurkat cells in the absence of CD8 and only weak binding upon coexpression of CD8. Murinization of 9D2 did not increase its binding to dextramer.

To compare the functional sensitivity of T cells expressing A2/NY-ESO-1-specific TCRs we coincubated TCR-transduced Jurkat T cells with K562 cells expressing either A*02:01/NY<sub>157–165</sub> or A*02:01/MART1<sub>27–35</sub> single-chain trimers (38) and measured secreted IL-2. All TCRs exhibited their expected peptide specificity: The control MART1-specific F5 TCR mediated IL-2 release only in response to MART1 presentation and all NY-ESO-1-specific TCRs mediated IL-2 release only in response to NY-ESO-1 presentation (Fig. 3D). Murinization improved functional sensitivity for all TCRs except for 1G4. Consistent with dextramer staining...
results, 1G4 and 3A1 muTCRs outperformed 4A2 and 5G6 muTCRs. By contrast, despite its weak binding to dextramer, 9D2 exhibited high functional sensitivity to cognate ligand, comparable to 3A1. To quantify this observation, we pulsed A2\(^+\)K562 cells with varied concentrations of NY-ESO-1\(^{157-165}\) or MART1\(^{27-35}\) peptide and then measured IFN-\(\gamma\) secretion from TCR-transduced primary T cells coincubated with peptide-pulsed target cells (SI Appendix, Fig. S1 A and B). As observed with single-chain trimer targets, 3A1, 9D2, and 1G4 exhibited highest sensitivity to NY-ESO-1\(^{157-165}\) peptide. The functional sensitivity of 9D2 was 10-fold higher than 4A2, despite 4A2 binding dextramer with 18-fold higher MFI than 9D2 (Fig. 3 A and B). To evaluate responses to endogenously processed and presented antigen, TCR-transduced primary T cells were coincubated with the human melanoma cell line M257 (Fig. 3 E). Based on these results, we selected 1G4, 3A1, and 9D2 muTCRs for further functional characterization in vivo. We transduced activated human PBMCs with a vector encoding each murinized TCR and a transduction marker [low-affinity nerve growth factor receptor (LNGFR)] (Fig. 4 A). We sorted transduced (CD3\(^+\)LNGFR\(^+\)) T cells (SI Appendix, Fig. S2 C) and retroorbitally i.v. injected these T cells into irradiated NOD/SCID/\(\gamma\c^-\)/\(-\) (NSG) mice preinoculated with PC-3/HLA-A2 (control) and PC-3/HLA-A2/NYESO (target) tumors on opposing flanks (Fig. 4 B). We then monitored T cell engraftment and tumor size until the conclusion of the experiment 2 wk after T cell injection. T cells transduced with 1G4 or 9D2 TCRs persisted or minimally expanded in the peripheral blood, while 3A1-transduced T cells expanded significantly (Fig. 4 C and D). By contrast, T cells transduced only with LNGFR contracted over the course

Fig. 3. Function of A2-restricted, NY-ESO-1-specific TCRs. (A) Overlay of representative flow cytometry plots comparing A2/NY\(^{157-165}\) dextramer binding by Jurkat and CD8\(^+\) Jurkat cells expressing A2-restricted TCRs with human or murine constant domains. (B) Dextramer binding mean fluorescence intensity measurements from two independent experiments as in A. (C) Ratio of dextramer binding mean fluorescent intensity measurements from two independent experiments in B. (D) ELISA measuring secretion of IL-2 from TCR-transduced Jurkat cells following 48-h coincubation with K562 target cells expressing A2/MART26-35 or A2/NY\(^{157-165}\) single-chain trimer. Experiment was repeated three times, each with two technical replicates. Means ± SD for a representative experiment are shown. (E) ELISA measuring secretion of IFN-\(\gamma\) from TCR-transduced PBMCs following 48-h coincubation with the melanoma cell line M257 or an A2\(^+\) derivative. Experiment was repeated at least three times, each with two technical replicates. Means ± SD for a representative experiment are shown. (F) IncuCyte measurement of total green object area over time as a measurement of TCR-transduced T cell-mediated killing of GFP\(^+\) A2\(^+\) M257 cells. Means ± SD for four technical replicates are shown.

To enable evaluation of TCR function in a tumor xenograft model, we engineered the PC-3 human prostate cancer cell line to express NY-ESO-1 and HLA-A*02:01 and then verified that this line elicited functional responses from TCR-transduced T cells in an antigen-dependent and MHC-restricted manner (SI Appendix, Fig. S2 A). The relative responses to A2\(^+\)NY\(^-\)PC-3 from our panel of NY-ESO-1-reactive TCRs were consistent with those elicited by A2\(^+\)M257 (Fig. 3 E and SI Appendix, Fig. S2 B).

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of the experiment, suggesting the expansion of TCR-transduced T cells was antigen-driven. The expression level of murine TCRβ was stable over the experimental time course and comparable between T cells transduced with different murinized TCRs (Fig. 4 C and E). The respective staining levels of each TCR-transduced T cell cohort with A*02:01/NY157-165 dextramer+ were also stable over time, but, as expected from results in vitro, were significantly different between TCRs. Approximately 90% of
human T cells transduced with 1G4 or 3A1 were dextramer+ with high MFI. By contrast, only ~1% of 9D2-transduced T cells were dextramer+ and the MFI of staining was not significantly different from LNGFR-transduced controls (Fig. 4 C and F). Nonetheless, T cells transduced with 1G4, 3A1, or 9D2 reduced tumor size comparably and in an antigen-specific manner, while LNGFR-transduced T cells failed to control tumor growth (Fig. 4 G and H).

At the conclusion of the experiment, we killed the mice and analyzed tumors for T cell infiltration by immunohistochemistry. Immunohistochemical staining revealed antigen-specific T cell infiltration only into target tumors in all cohorts receiving TCR-transduced T cells (Fig. 4 I and J). Infiltration was significantly higher in mice receiving 3A1-transduced T cells relative to mice receiving 1G4- or 9D2-transduced T cells.

Functional Characterization of NY-ESO-1–Specific TCRs Restricted on HLA-B and HLA-C Alleles. The majority of immunotherapies targeting NY-ESO-1 have focused on the A2-restricted NY157–165 epitope. To enable broader application of NY-ESO-1–targeted immunotherapies, we cloned TCRs from four non-A2-restricted T cell clones and verified NY-ESO-1 reactivity for three of these in transfected CD3+293T (Fig. 2D). The fourth TCR—9G2, cloned from Cw3/NY92–100-reactive T cells—did not impart specificity for Cw3/NY92–100 on transduced Jurkat T cells even with coexpressed CD8 (Fig. 5 A and B) and was not studied.

Fig. 5. Function of NY-ESO-1–specific TCRs restricted on MHC alleles other than HLA-A2. (A) Overlay of representative flow cytometry plots comparing specified dextramer binding by Jurkat and CD8+ Jurkat cells expressing novel TCRs with human or murine constant domains. (B) Indicated dextramer binding mean fluorescence intensity measurements from two independent experiments as in A. (C) Ratio of respective dextramer binding mean fluorescent intensity measurements from two independent experiments in B. (D and E) ELISA measuring (D) secretion of IL-2 from TCR-transduced Jurkat cells or (E) secretion of IFN-γ from TCR-transduced PBMCs following 48-h coincubation with K562 target cells expressing indicated single-chain trimer. Experiments were repeated three times, each with two technical replicates. Means ± SD for a representative experiment are shown.
Jurkat as human or murine TCRs revealed differences in strength and affinity (Fig. 5 A–C). The B7/NY$_{60-72}$-specific 1E4 TCR exhibited high strength but low affinity, expressing comparably on the Jurkat cell surface as either a huTCR or a muTCR but binding dextramer only in the presence of CD8$^\text{a}$. Dextramer binding to these CD8$^\text{a}$, 1E4-transduced cells was weakly dependent on the level of CD8$^\text{a}$ expressed. By contrast, the B13/NY$_{96-104}$-specific 2B8 TCR bound dextramer in the absence of CD8$^\text{a}$, but binding was substantially higher for the murinized TCR. Finally, the CW3/NY$_{96-104}$-specific 3C7 TCR exhibited intermediate strength of surface expression and an affinity index comparable to 2B8.

These differences in TCR strength and affinity were reflected in functional assays. For all three TCRs, murinization of the TCR constant regions increased production of IL-2 from TCR-transduced Jurkat cells coinfected with cognate target cells. However, this increase was only 1.6- and 3.0-fold over the respective fully human TCRs for 1E4 and 3C7 but was 18.6-fold for 2B8, consistent with the latter’s lower strength (Fig. 5D). In peptide titration assays, 1E4 TCR imparted lower sensitivity for cognate peptide on transduced CD8$^\text{a}$ T cells than did 3C7 or 2B8 (SI Appendix, Fig. S1 C–E), consistent with the presumed lower affinity of 1E4 based on its strictly CD8-dependent dextramer binding.

Primary PBMCs transduced with each TCR responded to the presentation of NY-ESO-1-derived epitopes in a peptide-specific and MHC-restricted manner (Fig. 5E). As such, we expect that TCR gene therapies employing NY-ESO-1-specific TCRs restricted on multiple MHCs can be applied more broadly across patient haplotypes and will be more robust toward tumor evasion via loss of heterozygosity at the MHCI locus. To test this, we transduced NY-ESO-1–expressing human cancer cells with HLA-A2 or HLA-B7. We then coinfected one or both of these tumor targets with human T cells transduced with A2-restricted 3A1 TCR, with T cells transduced with B7-restricted IE4 TCR, or with a mixture of 3A1- and IE4-transduced T cells (Fig. 6). As expected, combination targeting using a mixture of 3A1- and IE4-transduced T cells enabled recognition of tumor cell populations expressing both MHC alleles or either MHC allele alone (Fig. 6A and B). By contrast, T cells targeting a single NY-ESO-1 epitope did not respond to NY-ESO-1–expressing tumor cells that also expressed HLA-B7 but not HLA-A2. These results comprised a mixture of cells expressing different MHC alleles (simulating tumor heterogeneity arising from haploinsufficiency). T cells targeting both NY-ESO-1 epitopes killed tumor cells more completely than did T cells targeting either single epitope (Fig. 6 C and D).

**Discussion**

T cell-mediated immunotherapies are making clinical inroads for previously refractory cancers. Two of the most successful immunotherapy modalities are checkpoint blockade and adoptive transfer of cancer-specific T cells. Checkpoint blockade elicits better clinical responses as tumor mutational burden increases (39–41), suggesting that nonsynonymous mutations go undetected by the immune system unless, fortuitously, they generate neoepitopes that are presented by the patient’s complement of MHC molecules. This interpretation is bolstered by the recent finding that checkpoint blockade results in higher overall survival for melanoma patients who are heterozygous at the HLA-A, HLA-B, and HLA-C loci and thus present a more diverse array of epitopes than those who are homozygous at one or more of these MHCI loci (42). The importance of a diversely targeted antitumor immune response is likewise supported by results from adoptive T cell therapy, which show that loss of heterozygosity is a mechanism by which tumors can evade monospecific immune recognition while continuing to express an otherwise immunogenic antigen (43). Thus, a prominent narrative emerging from these studies is that diverse targeting of multiple epitopes presented by multiple MHC alleles is desirable for successful immunotherapy. A second takeaway is that targeting multiple epitopes derived from a tumor-specific public antigen may be a promising alternative to targeting neoepitopes in cancers with low mutational burden.

It has proven difficult to identify public tumor-associated antigens that mediate tumor regression without also manifesting serious morbidity or deaths resulting from on-target, off-tumor T cell reactivity. We chose to focus on NY-ESO-1 as a public antigenic target based on the criteria that it (i) is expressed exclusively in cancer cells and immunologically privileged germ cells; (ii) is expressed in many patients across various tumor types; (iii) harbors high-affinity ligands for multiple common MHC alleles; (iv) is well-veiled, having yielded objective responses in patients across several tumor types without specificity-related adverse events; and (v) is yet underexploited, as the majority of studies have focused on mobilizing T cell responses solely against the A2-restricted NY-ESO-1-157–165 epitope.

We employed an antigen-specific expansion protocol to isolate NY-ESO-1–reactive T cells from the peripheral blood of patients with metastatic melanoma. Using this approach, we cloned several HLA-A2–restricted TCRs and compared them in terms of their strength of surface expression, affinity (i.e., dependence of target binding on CD8$^\text{a}$), and function (antigen-induced cytokine release and tumor target killing). From these candidates, we identified two that recognized and killed NY-ESO-1–expressing cancer cells as well or better than the clinically employed 1G4 TCR. This expansion-based approach to TCR candidate identification is ideally suited for targeting public epitopes because the speed of isolation is not a critical parameter; once identified, these TCRs can be used as off-the-shelf targeting receptors for any patient expressing the requisite MHC allele. Antigen-specific expansion of neoantigen-reactive T cells from peripheral blood has also been demonstrated (44, 45). However, on-demand isolation of private neoepitope-targeted TCRs will require more rapid approaches than that used here (e.g., direct capture of antigen-specific T cells from blood or expansion protocols optimized for rapidity). As the release of IFN-$\gamma$ is strongly correlated with cytotoxicity (46), candidate evaluation can be accelerated by using IFN-$\gamma$ release as a surrogate for more involved tumor xenograft assays.

As expected, the HLA-A2/NY-ESO-1–reactive TCRs isolated—9D2—exhibited poor staining with cognate multimer but high functional avidity toward cognate antigen-presenting target cells. This is consistent with the observation that multimer staining underestimates functional T cell subsets (47) and may be explained by the higher-affinity threshold for multimer binding relative to that for T cell activation (48). However, another isolated A2-restricted TCR—4A2—exhibited robust multimer staining but poor function in cell-based assays, seemingly at odds with this affinity threshold explanation. While we do not have an explanation for this latter result, both results caution against relying too much on multimer staining when down-selecting immunotherapy candidates.

The HLA-A$^*02:01$ allele is the most prevalent MHCI allele in Caucasian (45%) and Hispanic (41%) US populations, but it is less common among Asian (15%) and African (16%) US populations (2). These latter populations would be particularly well-served by expanding the targeting of TCR gene therapies beyond HLA-A2 to a more expansive panel of targetable MHC alleles. In addition to HLA-A2–restricted TCRs, we isolated and functionally characterized NY-ESO-1–specific TCRs restricted on various HLA-B and HLA-C alleles. In doing so, we demonstrated in principle that TCR gene therapy can be extended to a greater subset of patients/haplotypes and that, when used in combination, TCRs recognizing multiple epitopes from the same antigen can more robustly kill tumors with heterogeneous MHC expression (e.g., resulting from somatic loss of heterozygosity).
Over 80% of people across ethnic groups express at least one allele from three MHC I supertypes (A2, A3, and B7, two of which were represented here) and >99% of people express at least one allele from nine MHC I supertypes (49). Therefore, obtaining a panel of public antigen-specific TCR reagents that enable comprehensive application of TCR gene therapy is a finite and surmountable challenge.

Materials and Methods

Materials. Peptides were purchased from Anaspec, Thermo Fisher Scientific, and Mimotopes. Fluorescent antibodies and 7-AAD used for flow cytometry were purchased from BD Biosciences, BioLegend, or eBioscience. Fluorescent peptide–MHC multimers were purchased from TCMetrix or prepared in-house as described (50) from biotinylated monomers [obtained from NIH Tetramer Core, or expressed heterologously in Escherichia coli, refolded, and biotinylated in-house as described (51)]. Primers were purchased from Integrated DNA Technologies. KOD polymerase master mix and polybrene were purchased from EMD Millipore. Sequencing was performed by Retrogen Inc. Anti-CD3 (OKT3) and anti-CD28 (CD28.2) activating antibodies were purchased from Peprotech, Inc. BioT transfection reagent was purchased from Bioland Scientific. Cell culture media, antibiotics, and FBS were purchased from Corning. Human AB serum was purchased from Omega Scientific. Poly-L-lysine and PHA-L (phytohemagglutinin) were purchased from Sigma.

Cells. Cell lines (293T/17, Jurkat E6-1, and K562) were purchased from the American Type Culture Collection. The 293T cells were grown in DMEM supplemented with antibiotics (penicillin/streptomycin) and 10% (vol/vol) FBS. Jurkat and K562 cells were grown in RPMI medium 1640 supplemented with antibiotics, 10% (vol/vol) FBS, 10 mM Hepes, 50 μM β-mercaptoethanol, 1× MEM NEAA, and 1 mM sodium pyruvate. The cells were split every 2–3 d to maintain adherent cells subconfluently or nonadherent cells at a density of <10^6 cells/mL. Jurkat and K562 cells were transduced with nonreplicative viral vectors, analyzed by flow cytometry, and used directly in cell assays or sorted by FACS to establish derivative cell lines as indicated. Primary human PBMCs used in functional assays were purchased from the CFAR Virology Core Laboratory at the University of California, Los Angeles (UCLA) AIDS Institute, stimulated, transduced, and cultured as previously described (52).

Fig. 6. Targeting NY-ESO-1 epitopes restricted on multiple MHC alleles broadens the application of TCR gene therapy and makes it robust toward loss of heterozygosity at the MHC locus. (A–D) T cells transduced with LNGFR only, A2-restricted 3A1 TCR, or B7-restricted 1E4 TCR—or a 1:1 mixture of 3A1-transduced and 1E4-transduced T cells—were coincubated for 48 h with HLA-A2* eGFP+ target cells, HLA-B7* eGFP+ target cells, or a 1:1 target cell mixture. (A and B) ELISA measuring secretion of IFN-γ from TCR-transduced PBMCs following 48-h coincubation with (A) M257 or (B) PC-3 tumor cell lines engineered to express eGFP and HLA-A*02:01 or HLA-B*07:02. PC-3 lines were additionally engineered to express NY-ESO-1. M257 lines express endogenous NY-ESO-1. Experiments were repeated three times, each with four or eight replicates. Means ± SD for a representative experiment are shown. (C and D) T cell-mediated killing of (C) M257 and (D) PC-3 tumor cell line derivatives measured over time using IncuCyte live-cell analysis. Total green object area (indicative of tumor cell density) at each time point measured over 48 h was normalized for each treatment relative to treatment with LNGFR-transduced T cells. Experiments were repeated three times, each with four or eight replicates. Results from a representative eight-replicate experiment are shown.
T Lymphocyte Clones.

18-mers overlapping by PC-3/HLA-A2 cells (PC-3 cell line overexpressing HLA-A2) were s.c. clones were restimulated in μ for 15 min at 4 °C. Stained cells were purified T cells that were engineered to express target cells. Cells were imaged at two positions per well every μ× total thawed PBMCs were μ× 10^6 of each individual peptide in PBS each, and air-dried briefly. Target cells were added and allowed to settle for 20 min. Mice were killed and tumors were collected for immunohistology analysis. When primary PBMCs were used as effectors, cocultures were performed in T cell media containing 300 U/mL IL-2. Effector cells (50,000 TCR-transduced PBMCs) were coincubated with target cells (50,000 K562 cells transduced with cognate or control single-chain trimers) in 96-well flat-bottom plates. Supernatants from duplicate wells were collected 44–48 h postcoculturing and analyzed by ELISA as described below.

Cloning TCR Constructs. Single NY-ESO-1-reactive T cells were expanded in the presence of their identified cognate 9–10-mer epitope and then labeled with a fluorescent tetramer comprising the relevant peptide and HLA molecule (TCMtxrix) and single-cell-sorted using a MoFlo cell sorter. Clones were reexpanded with poold, allogeneic healthy donor PBMC as feeder cells, 1 μg/mL PHA-L, and 600 U/mL IL-2 (Cetus). After ~20 d, ~10^4 cloned cells were restimulated in the presence of anti-CD3/CD28 antibodies or PHA-L and IL-2 as described above. Clone specificity was confirmed by tetramer staining.

Evaluation of TCR Export and Dextramer Binding on Jurkat T Cells. Jurkat T cells were transduced with MSGV-based retroviruses encoding each novel TCR in the format LNFGR-P2A-TCRα-F2A-TCRβ. Viruses were produced in 293T cells as described (S2). For transduction, Jurkat T cells were centrifuged (1,350 × g for 90 min at 30 °C) with untransduced viral supernatants supplemented with 5 μg/mL polybrene. TCR-transduced Jurkat cells were stained with cognate pMHC dextramer for 15 min at room temperature and then stained with antibodies against LNFGR and CD8 for 5 min at 4 °C. Stained cells were analyzed by flow cytometry using a FACScanto analyzer. Data shown are gated on LNFGR+ (transduced) cells. Transduction efficiency was >95%.

PBMC Activation and Transduction. Primary human PBMCs were purchased from the CFCI Virology Core Laboratory at the UCLA AIDS Institute. The same PBMC donor was used in all reported experiments. Primary human PBMCs were transduced with retroviruses encoding novel TCRs as described (S2). Briefly, 2 d before viral transduction, 1–2 × 10^6 total thawed PBMCs were activated per well in 24-well plates with plate-coated anti-CD3 (clone OKT3), T cell medium containing 1 μg/mL soluble anti-CD28 (clone CD28.2), and 300 U/mL IL-2. After 48 h of activation, the majority of the medium was replaced with unconcentrated retroviral supernatant supplemented with 10 μg/mL polybrene and washed with 200 μL of media and then resuspended in 100 μL of media. Fifty thousand PBMCs prepared in 100 μL of media were then added to each well for coculturing.

In general, ELISA results were converted to concentration (nanograms per milliliter) by interpolation relative to a standard curve and concentrations of replicate ELISAs were averaged. Supernatants were diluted 50- to 100-fold for ELISA analysis. Occasionally, higher dilutions were required to place signal within the range of the standard curve. All reagents for ELISA analyses were from BD Biosciences: OptEIA Reagent Set B (550534) was used for diluent and washes and OptEIA human IFN-γ ELISA kit (553142) and OptEIA human IL-2 ELISA kit (555190) were used for measuring IFN-γ and IL-2 release, respectively.

Functional Coculture Assays: In vivo Challenge. When Jurkat T cells were used as effectors, cocultures were performed in RPMI supplemented with 10% FBS, 100 U/mL penicillin, 100 μg/mL streptomycin, and 4 mM l-glutamine. Effector cells (50,000 TCR-transduced Jurat T cells) were coincubated with target cells (50,000 K562 cells transfected with cognate or control single-chain trimers) in 96-well flat-bottom plates. Supernatants from duplicate wells were collected 44–48 h postcoculturing and analyzed by ELISA as described below.

Animals. NOD.Cg-PkdcsICD12g–2tm1Wjl%S2 (NOD/SCID/IL-2Rγ−−, NSG) mice were purchased from The Jackson Laboratory and maintained in the animal facilities at UCLA. Adult (16 wk old) male mice were used for in vivo tumor challenge experiments. All animal experiments were approved by the Institutional Animal Care and Use Committee of UCLA.

Human Prostate Tumor Xenograft Mouse Model. For xenograft tumor implantation, 10 × 10^5 PC-3/HLA-A2 cells (PC-3 cell line overexpressing HLA-A2) were s.c. injected on one flank of each mouse and 10 × 10^5 PC-3/HLA-A2/NYESO cells (PC-3 cell line overexpressing HLA-A2 and NYESO) were s.c. injected on the other flank. Mice were allowed to develop solid tumors over the course of 1 wk. On day 8 after tumor injection, mice were irradiated (100 rad) and then retro-orbitally i.v. injected with 8 × 10^4 purified T cells that were engineered to express LNGFR only or together with a NY-ESO-1-specific TCR (164, 3A1, or 9D2). Mice were blazed on days 3, 7, 10, and 14 for flow cytometry analysis. On day 14, mice were killed and tumors were collected for immunohistology analysis.
Immunohistochemistry. Solid tumors dissected out from the experimental mice were fixed in 10% neutral-buffered formalin and embedded in paraffin for sectioning. Sections, 4 μm thick, were followed by H&E staining or antibody staining (for human CD3) by using standard procedures (UCSF Translational Pathology Core Laboratory). The sections were imaged using an Olympus BX51 upright microscope equipped with an Optronics Macrofire CCD camera (AU Optronics) at 4x and 40x magnifications. The images were analyzed by using Optronics PictureFrame software (AU Optronics) and ImageJ software (version 1.518). With ImageJ human CD3 antibody-stained slides were quantified by measuring CD3+ area through setting color threshold. Parameters used are as follows: thresholding method: default; threshold color: red; color space: HSB; brightness: 168-215.

Statistical Analysis. Statistical analysis of tumor xenograft experiments was performed with one-way ANOVA followed by Tukey’s multiple comparison test. Data are presented as the mean ± SEM. P < 0.05 was considered significant. ns, not significant; *P < 0.05; **P < 0.01; ***P < 0.001; ****P < 0.0001. All statistical analyses were performed with GraphPad Prism software (version 6.0).

Supplemental Figure S1.
Determination of EC50 for NY-ESO-1-specific TCRs.

(A and B) ELISA measuring secretion of IFN-γ from TCR-transduced PBMCs following 48 hours coinocubation with K562 engineered to express HLA-A*02:01 and pulsed with varied concentrations of (A) MART26-35 or (B) NY157-165 peptide. (C-E) ELISA measuring secretion of IFN-γ from TCR-transduced PBMCs following 48 hours coinocubation with K562 engineered to express (C) HLA-B*07:02, (D) HLA-B*18:01, or (E) HLA-C*03:04 and pulsed with varied concentrations of indicated peptides. Means ± SD for two technical replicates are shown. EC50 values and associated errors determined by non-linear curve fitting are indicated.
Supplemental Figure S2.
Establishment of xenograft tumor line and function of input T cells for *in vivo* experiment. (A) ELISA measuring secretion of IFN-γ from TCR-transduced PBMCs following 48 hours coincubation with derivatives of the PC-3 prostate cancer cell line engineered to express (left) HLA-A*02:01 and NY-ESO-1 full protein, (middle) HLA-A*02:01 alone, or (right) NY-ESO-1 full protein alone. Means ± SD for two technical replicates are shown. (B) ELISA comparing secretion of IFN-γ from TCR-transduced PBMCs following 48 hours coincubation with indicated M257 or PC-3 target cells. On the 4th day post-transduction, TCR-transduced PBMCs were sorted for CD3+/LNGFR+ and then expanded for 13 additional days prior to the co-culture/ELISA assay and the *in vivo* experiment. Means ± SD for a representative experiment with two technical replicates is shown. (C) Flow cytometry contour plots comparing the transduction (LNGFR+) levels of TCR-transduced PBMCs used for the *in vivo* experiment.