Generation of Antimelanoma Cytotoxic T Lymphocytes from Healthy Donors after Presentation of Melanoma-associated Antigen-derived Epitopes by Dendritic Cells in Vitro


Department of Tumor Immunology [A. B. H. B., G. M., A. J. d. B., R. J. F. H., G. J. A., C. G. F.] and Department of Pathology [E. H. J. D.], University Hospital Nijmegen St. Radboud, Philips van Leydenlaan 25, 6525 EX Nijmegen, the Netherlands

ABSTRACT

MHC class I-restricted CTLs specific for antigens expressed by malignant cells are an important component of immune responses against human cancer. Recently, in melanoma a number of melanocyte differentiation antigens have been identified as potential tumor rejection antigens. In the present study, we show that by applying peptide-loaded dendritic cells, induced by granulocyte-macrophage colony-stimulating factor and interleukin 4 from peripheral blood mononuclear cells of healthy donors, we were able to elicit melanoma-associated antigen-specific CTL in vitro. We demonstrate the induction of CTLs directed against HLA-A2.1 presented epitopes derived from tyrosinase, gp100, and Melan A/MART-1. Apart from lysis of peptide-loaded target cells, these CTLs displayed reactivity with HLA-A2.1+ melanoma tumor cell lines and cultured normal melanocytes endogenously expressing the target antigen. These data indicate that these CTLs recognize naturally processed and presented epitopes and that precursor CTLs against melanocyte differentiation antigens are present in healthy individuals. The ability to generate tumor-specific CTLs in vitro, using granulocyte-macrophage colony-stimulating factor/interleukin 4-induced dendritic cells, illustrates the potential use of this type of antigen-presenting cells for vaccination protocols in human cancer.

INTRODUCTION

CTLs that recognize melanoma tumor cells in a T-cell receptor-mediated and MHC-restricted manner have been isolated from tumor-bearing patients (reviewed in Ref. 1). Using a genetic approach, Boon and colleagues (2-4) have succeeded in identifying a number of antigens recognized by antitumor CTLs. Apart from the tumor-specific MAGE-1 and -3 antigens (2, 4), they also identified the melanocyte lineage-specific tyrosinase protein as a target for melanoma-specific CTLs (3). Similarly, we identified the gp100 melanocyte-specific protein as a target antigen for melanoma tumor-infiltrating lymphocytes (5). Recently, two other melanocyte differentiation antigens, Melan A/MART-1 and gp75, were identified as target antigens for antitumor CTLs (6-8).

Cox et al. (9) reported that a naturally processed gp100 peptide (amino acids 280-288), identified by tandem mass spectroscopy, could direct target cell lysis by HLA-A2.1-restricted antitumor melanoma CTL lines (9). We demonstrated that the gp100-reactive TIL 1200 line is reactive with two other HLA-A2.1-presented gp100-derived epitopes (amino acids 154-162 and 457-466; Refs. 10 and 11). Recently, two novel epitopes derived from gp100 were shown to direct target cell lysis by HLA-A2.1-restricted tumor-infiltrating lymphocytes (12). Furthermore, a number of peptides derived from the other melanocyte differentiation antigens, tyrosinase and Melan A/MART-1, have been identified as epitopes for HLA-A2.1-restricted antimelanoma CTLs (13, 14).

The array of epitopes derived from antigens commonly expressed in melanoma tumors now provide a rationale for initiating multistart tumor vaccination studies. However, successful activation of CD8+ cytolytic effector lymphocytes with antitumor reactivity is critically dependent on adequate presentation of the epitopes involved. DCs, expressing high levels of MHC class I and II and costimulatory molecules, have been shown to be intimately involved in the generation of tumor-specific cellular immunity (15). Recently, a method has been developed to generate DCs from peripheral blood by cultivating progenitor cells in the presence of GM-CSF and IL-4 (16). Thus, obtained DCs proved to be very potent stimulator cells as was demonstrated by their capacity to induce allogeneic and autologous mixed lymphocyte reactions (16). Furthermore, these cells are extremely well capable of processing and presenting antigen (17). Taken together, these GM-CSF/IL-4-induced DCs are attractive candidates for the induction of antitumor immune responses.

In the present study, we investigated whether, within the T-cell repertoire of healthy donors, precursor T lymphocytes are present with the capability of recognizing HLA-A2.1-presented peptides derived from the melanocyte differentiation antigens gp100, tyrosinase, and Melan A/MART-1. We demonstrate the in vitro induction of tumor-reactive CTLs using DCs generated from peripheral blood mononuclear cells after culture in the presence of GM-CSF and IL-4, as APCs. These results illustrate the potential use of this type of APC for vaccination protocols of human cancer.

MATERIALS AND METHODS

Cell Culture. HLA-A2.1+ melanoma lines BLM and BLM gp100 H2.3 were cultured as described previously (5). Melanoma lines Mel 397 (HLA-A2.1+) and Mel 624 (HLA-A2.1+) were a kind gift from Dr. Y. Kawakami (National Cancer Institute, NIH, Bethesda, MD) and were grown as was reported previously (18). BLM and Mel 624 cells were screened for tyrosinase and Melan A/MART-1 mRNA expression by PCR using oligonucleotides 5'-TTGGCAGATTGTCTGTAGC-3' and 5'-AGGCAATGGTGCATGCTGGTT-3', and 5'-AGACCAATGATACAGGC-3'/5'-CATGATTAGTTGCTACGCG-3', as primer combinations respectively (the tyrosinase-specific PCR primer combination was a kind gift from Dr. N. Brouwenstein, University Hospital Leiden, Department of Clinical Oncology, Leiden, the Netherlands). COS-7 cells were grown in DMEM (GIBCO, Paisley, Scotland, United Kingdom) supplemented with 7.5% FCS (BioWhittaker, Verviers, Belgium). TAP-deficient (T × B) cell hybrid T2 cells (19) were maintained in Iscove's medium (GIBCO) +7.5% FCS. WEHI 164 clone 13 cells (20) were kindly provided by Dr. P. Coulie (Ludwig Institute for Cancer Research, Brussels, Belgium) and were grown in RPMI 1640 supplemented with 7.5% FCS, L-glutamine (216 mg/liter), L-asparagine (36 mg/liter), and L-arginine (116 mg/liter). Isolation of normal melanocytes from foreskin was performed according to the method of Elsinghor and Marko (21), with modifications as described in accordance with Section 1734 solely to indicate this fact. 1 This study was supported by Grants KUN 91245 and KXJN 91246 from the Dutch Cancer Society.

1 Received 7/13/95; accepted 9/19/95.
2 To whom requests for reprints should be addressed.
HLA-A2.1+ Lymphocytes. Healthy Caucasian volunteers were phenotyped HLA-A2.1+ by flow cytometry using monoclonal antibodies BB7.2 (23) and MA2.1 (24). After obtaining signed consent, the donors underwent leukapheresis, and PBMCs were isolated by Ficoll-Hypaque density gradient centrifugation. The cells were cryopreserved in aliquots of 4 × 10^6 PBMCs.

Peptides. For induction of CTLs and chromium release assays, peptides were synthesized with a free COOH-terminal either by f-moc peptide chemistry using an ABIMED Multiple Synthesizer or by t-boc chemistry on a Biosearch SAM2 peptide synthesizer. All peptides were >90% pure as indicated by analytical HPLC. Peptides were dissolved in DMSO and stored at −20°C.

In Vitro CTL Induction. Using thawed PBMCs, DCs were generated as described by Romani et al. (16). PBMCs were resuspended at 4 × 10^6 cells/ml in Iscove's medium containing 5% FCS and were distributed in 6-well tissue culture plates (Costar, Badhoevedorp, the Netherlands) at 3 ml/well. After 2 h of incubation at 37°C, the nonadherent cells were washed away, and 3 ml Iscove's medium containing 5% FCS supplemented with 800 units/ml GM-CSF (Schering-Plough, Nastalveen, the Netherlands) and 500 units/ml IL-4 (Schering-Plough) were added to the wells. After 5 days of incubation, IL-1α (Hoffman LaRoche Inc., Nutley, NJ) and IFN-γ (Boehringer Ingelheim, Alkmaar, the Netherlands) were added to the medium at final concentrations of 50 LAF units/ml and 500 units/ml IL-4. The APCs were irradiated with 5000 rad, centrifuged, and resuspended in Iscove's medium containing 5% pooled human AB+ serum. Autologous CD8+/-enriched responder T-lymphocytes were prepared by adhering thawed PBMCs for 2 h and by subsequent depletion of the nonadherent fraction of CD4+ T cells using the anti-CD4 monoclonal antibody RIV-7 (26) and sheep antimouse IgG-coated magnetic beads (Dynal, Oslo, Norway). The resulting population consisted of approximately 60% CD8+ T cells and 10% remaining CD4+ T cells. At the onset of stimulation 2 × 10^5 peptide-loaded DCs and 2 × 10^6 responder cells/well were cocultured in a 24-well tissue culture plate (Costar) in 2 ml Iscove's medium containing 5% human serum and 5 ng/ml IL-7 (Genzyme, Cambridge, MA).

On day 10 and weekly thereafter, the responder populations were restimulated. Irradiated PBMCs (4 × 10^6/well) were incubated for 2 h in a 24-well plate, nonadherent cells were removed, and 0.5 ml serum-free Iscove's medium was added per well containing 20 μg/ml peptide and 2 μg/ml β2-microglobulin. After 2 h of incubation, the peptide was removed and 10^6 responder cells/well were cocultured in a 24-well tissue culture plate (Costar) in 2 ml Iscove's medium containing 5% human serum and 5 ng/ml IL-7 (Genzyme, Cambridge, MA). After two more rounds of restimulation, responder cells were tested for cytotoxic activity (Fig. 1). All three bulk CTL populations efficiently lysed HLA-A2.1+ T2 target cells incubated with the relevant peptides, whereas only low background lysis was observed in the presence of an irrelevant peptide. CTLs directed against the gp100 280–288 epitope were particularly efficient in lysing target cells loaded with the YLEPGPVTA peptide (Fig. 2A). Peptide titration showed that half-maximal lysis for this CTL culture was obtained at a gp100 280–288 peptide concentration of approximately 500 pm (Fig. 2B). These results demonstrate that peptide-specific CTL bulk cultures could be obtained with the described induction protocol.

Peptide-induced CTLs Display Reactivity with Melanocyte Differentiation Antigen-Expressing Cells. To address the question whether the CTL responder populations could also recognize endogenously processed and presented antigen, we performed chromium

### RESULTS

Induction of CTLs Recognizing Melanocyte Differentiation Antigen-derived Epitopes. To assess whether within the T-cell repertoire of healthy donors precursor T lymphocytes are present with the capability of recognizing melanocyte differentiation antigen-derived epitopes, we initiated in vitro cultures of peptide-loaded stimulator cells along with autologous responder T lymphocytes. As stimulator cells we used highly potent DCs. HLA-A2.1+ DCs were generated using GM-CSF and IL-4 according to the procedure described by Romani et al. (16). These cells were loaded with 40 μg/ml peptide, irradiated, and added to CD8-enriched T cells. The CTL cultures were initiated in the presence of IL-7. As peptides we used HLA-A2.1-presented epitopes derived from the melanocyte differentiation antigens gp100 [amino acids 280–288, YLEPGPVTA (9)], tyrosinase [amino acids 369–377, YMNGTMSQV (13)], and Melan A/MART-1 [amino acids 27–35, AAAGILTV (14)].

At day 10, the responder populations were restimulated with irradiated adherent blood mononuclear cells pulsed with the appropriate peptide. After 24 h, IL-7 and IL-2 were added to the cultures. Prior to the second restimulation the responder populations were depleted for contaminating CD4+ T lymphocytes (30–50%). The resulting cultures consisted of >90% CD3+CD8+ T lymphocytes (data not shown).

To address the question whether within the T-cell repertoire of healthy donors precursor T lymphocytes are present with the capability of recognizing melanocyte differentiation antigen-derived epitopes, we initiated in vitro cultures of peptide-loaded stimulator cells along with autologous responder T lymphocytes. As stimulator cells we used highly potent DCs. HLA-A2.1+ DCs were generated using GM-CSF and IL-4 according to the procedure described by Romani et al. (16). These cells were loaded with 40 μg/ml peptide, irradiated, and added to CD8-enriched T cells. The CTL cultures were initiated in the presence of IL-7. As peptides we used HLA-A2.1-presented epitopes derived from the melanocyte differentiation antigens gp100 [amino acids 280–288, YLEPGPVTA (9)], tyrosinase [amino acids 369–377, YMNGTMSQV (13)], and Melan A/MART-1 [amino acids 27–35, AAAGILTV (14)].

At day 10, the responder populations were restimulated with irradiated adherent blood mononuclear cells pulsed with the appropriate peptide. After 24 h, IL-7 and IL-2 were added to the cultures. Prior to the second restimulation the responder populations were depleted for contaminating CD4+ T lymphocytes (30–50%). The resulting cultures consisted of >90% CD3+CD8+ T lymphocytes (data not shown).

After two more rounds of restimulation, responder cells were tested for cytotoxic activity (Fig. 1). All three bulk CTL populations efficiently lysed HLA-A2.1+ T2 target cells incubated with the relevant peptides, whereas only low background lysis was observed in the presence of an irrelevant peptide. CTLs directed against the gp100 280–288 epitope were particularly efficient in lysing target cells loaded with the YLEPGPVTA peptide (Fig. 2A). Peptide titration showed that half-maximal lysis for this CTL culture was obtained at a gp100 280–288 peptide concentration of approximately 500 pm (Fig. 2B). These results demonstrate that peptide-specific CTL bulk cultures could be obtained with the described induction protocol.

### Peptide-induced CTLs Display Reactivity with Melanocyte Differentiation Antigen-Expressing Cells. To address the question whether the CTL responder populations could also recognize endogenously processed and presented antigen, we performed chromium

---

**Fig. 1.** Peptide-specific reactivity of in vitro-induced melanocyte differentiation antigen-specific CTL cultures. Chromium-labeled HLA-A2.1+ T2 target cells were preincubated for 90 min with 1 μM of the indicated peptides. The different CTL cultures were added at an E:T ratio of 4:1. After 5 h of incubation, chromium release was measured.

- gp100 CTL
- tyrosinase CTL
- Melan A/MART-1 CTL

---

5331
TNF production is HLA-A2.1 restricted and gp100 specific, we co-transfected COS-7 cells with the HLA-A2.1 and gp100-encoding cDNAs and used these cells to stimulate the anti-gp100 CTLs (Fig. 5). These double transfectants stimulated the bulk anti-gp100 CTLs to produce a significant level of TNF, while COS-7 cells transfected without DNA or with the HLA-A2.1-encoding plasmid alone failed to stimulate the CTLs. Therefore, we conclude that the anti-gp100 CTLs recognize the gp100 280–288 epitope endogenously presented in HLA-A2.1.

Since gp100 is expressed in all cells of the melanocytic lineage, one would predict that normal melanocytes are also recognized by the gp100 280–288-specific CTLs, as was previously shown for patient-derived antimelanoma CTLs (5, 30). To investigate this, short-term cultures of HLA-A2.1+ and HLA-A2.1- normal melanocytes were used as targets. BLM cells have lost expression of the gp100 antigen, both at the protein and at the mRNA level (29). Furthermore, they lack expression of both tyrosinase and Melan A/MART-1 as was assessed by PCR (data not shown), in contrast, Mel 624 cells express all three antigens. As shown in Fig. 3A, all peptide-induced CTL cultures lysed the antigen-expressing Mel 624 cells, whereas no lysis was observed against antigen-negative BLM cells. These data show that the three different CTL cultures induced using peptide-loaded DCs, all recognized native epitopes derived from gp100, tyrosinase, and Melan A/MART-1 endogenously processed and presented by HLA-A2.1+ Mel 624 cells. The finding that gp100-expressing BLM transfectants were lysed by the anti-gp100 280–288 CTL culture confirmed this notion (Fig. 3B), and demonstrated that transfected BLM cells are able to process and present antigenic peptides.

In addition, we assayed TNF release by the anti-gp100 CTLs to demonstrate engagement of gp100-specific T-cell receptors. Fig. 4 clearly demonstrates that gp100 280–288-specific CTLs are only triggered to secrete TNF by HLA-A2.1+ melanoma tumor cells that express the gp100 antigen. These results confirm the data we obtained with the chromium release assays. To demonstrate that the observed
Pulsed dendritic cells induced from adherent PBMCs using GM-CSF melanocytes failed to do so. Together, these results demonstrate that of incubation, a portion of the supernatant was harvested, and its TNF content was measured in a bioassay using WEHI 164 clone 13 cells. As controls, COS-7 cells transfected without DNA or with HLA-A2.1 cDNA alone were tested.

**DISCUSSION**

In the present report, we demonstrate that HLA-A2.1-restricted CD8+ CTLs specific for three distinct melanocyte differentiation antigens can be induced from peripheral blood lymphocytes of healthy individuals. These CTLs were generated in vitro using peptide-pulsed dendritic cells induced from adherent PBMCs using GM-CSF and IL-4. The obtained bulk CTL populations directed against gp100 (YLEPGPVTA), tyrosinase (YMNGTMSQV), and Melan A/MART-1 (AAGIGILTV) displayed reactivity with HLA-A2.1+ melanoma tumor cells and transfectants as well as by short-term cultured normal melanocytes.

**MCT 039**

![Fig. 5. Recognition of COS-7 cells transfected with HLA-A2.1 and gp100 cDNA by anti-gp100 CTLs. Bulk anti-gp100 CTLs were added to the transfectants, and after 24 h of incubation, a portion of the supernatant was harvested, and its TNF content was measured in a bioassay using WEHI 164 clone 13 cells. As controls, COS-7 cells transfected without DNA or with HLA-A2.1 cDNA alone were tested.](image)

The presence of CTLs in the T-cell repertoire of healthy donors capable of recognizing melanocyte differentiation antigens indicates that deletion of potential auto-antigen-reactive CTL precursors has not occurred. It may be that these precursor T lymphocytes have not yet encountered their antigen and exist in the periphery as ignorant T lymphocytes (33). In this case, the in vitro activation of melanocyte differentiation antigen-reactive CTLs reflects the induction of a primary immune response. Alternatively, such lymphocytes may have seen melanocyte-derived epitopes in vivo, resulting in an elevated precursor frequency. In this light the described in vitro CTL induction can be regarded as a secondary response. In vivo priming of melanocyte antigen-specific CTLs could be one of the causes of melanocyte destruction as seen in part of the vitiligo patients. The elevated precursor frequency of melanocyte antigen-specific CTLs might explain the results of Rivoltini et al. (34), who were able to generate donor-derived Melan A/MART-1-specific CTLs by just pulsing PBMCs with peptide without applying specialized APCs. Therefore, it remains to be established whether the induced CTL reactivities described here are primary immune responses or reflect weak secondary responses.

So far four melanocyte differentiation antigens have been identified as target antigens for antimalanoma CTLs. Adoptive transfer of tumor-infiltrating lymphocyte populations containing CTL specificities for gp100, tyrosinase, and gp75 resulted in objective tumor regression in melanoma patients (8, 10, 35). This suggests that patients may benefit from an immune response against these antigens. Apart from occasionally occurring vitiligo, no toxic side effects against normal tissues expressing these antigens, like retina and skin, were observed in these patients. The occurrence of T lymphocytes recognizing melanocyte differentiation antigens within healthy donors, as demonstrated by our study and by those of others (32, 34), indicates that the T-cell repertoire is capable of generating responses against these differentiation antigens. Moreover, with these results the two basic requirements for vaccination, well-characterized target antigens and the presence of precursor T lymphocytes capable of recognizing the target antigens, have been fulfilled. Therefore, melanocyte differentiation antigens are attractive candidates for active immunotherapy in melanoma.

DCs have been shown to play a critical role in the initiation of cellular immune responses (15). Hence, it is tempting to speculate that administration of DCs may be effective in generating cellular tumor immune responses. In vivo. Thus, the laborious approach of adoptive transfer of tumor-specific CTLs might be circumvented. So far, in vitro CTL induction protocols using APCs and peptide were only successful when using autologous B lymphoblasts or DCs as APCs. Regarding the in vivo induction of tumor-reactive CTL using peptide-pulsed APCs, usage of autologous DCs may be preferable to usage of autologous B lymphoblasts because, in addition to their antigen-presenting capacity, DCs may be better equipped to migrate throughout the body and home to the lymph nodes. Efficacy of peptide-pulsed DCs as APCs for the induction of antigen-specific CTLs in vivo was demonstrated in a murine setting using marrow-derived, in vitro-generated DCs (36). Until recently, the use of DCs as immunotherapeutical agents has been hampered by their low frequency, causing great difficulty to obtain sufficient amounts of pure DCs. However, with this recently developed method, it has become possible to generate sizable numbers of pure DCs by culturing progenitor cells in the presence of GM-CSF and IL-4 (16). We showed that using such DCs, CTL responses could be elicited in vitro directed against melanocyte differentiation antigen-derived epitopes. The next step would be to generate large amounts of DCs in vitro, expose them to antigen, and reinfuse them into patients. Comitant administration of cytokines like GM-CSF and IL-2 may further support in vivo induction of tumor immunity. Although this promising immunotherapeutical concept may at the moment be only applicable using broadly expressed antigens, the described here are primary immune responses or reflect weak secondary responses.

**MCT 039**

![Fig. 6. Recognition of HLA-A2.1+-cultured normal melanocytes by anti-gp100 CTLs. Bulk anti-gp100 CTLs were added to the transfectants, and after 24 h of incubation, a portion of the supernatant was harvested, and its TNF content was measured in a bioassay using WEHI 164 clone 13 cells. Melanocytes from early passages were used, and HLA-A2.1 expression was assessed by flow cytometry using anti-HLA-A2 monoclonal antibodies MA2.1 and BB7.2.](image)
antigens in melanoma, a similar approach may be applicable to other solid tumors.

ACKNOWLEDGMENTS

We thank the volunteers for donating lymphocytes, Drs. Y. Kawakami and P. Coulie for provision of cell lines, Drs. J-W. Drijfhout and L. Vernie for synthesizing peptides, and Dr. N. Brouwenstein for her gift of the tyrosinase-specific PR1 primer combination. We are indebted to M. Meijer for excellent secretarial help.

REFERENCES