Short title: DKK1 as a universal myeloma antigen

DKK1 IS A WIDELY EXPRESSED AND POTENT TUMOR-ASSOCIATED ANTIGEN IN MULTIPLE MYELOMA

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ABSTRACT

The identification of novel tumor-associated antigens, especially those shared among patients, is urgently needed to improve the efficacy of immunotherapy for multiple myeloma (MM). In this study we examined whether Dickkopf-1 (DKK1), a protein that is not expressed in most normal tissues but by the tumor cells from almost all myeloma patients, could be a good candidate. We identified and synthesized DKK1 peptides for HLA-A*0201 and confirmed their immunogenicity by in vivo immunization in HLA-A*0201 transgenic mice. We detected, using peptide-tetramers, low frequencies of DKK1 peptide-specific CD8+ T cells in myeloma patients and generated peptide-specific T-cell lines and clones from HLA-A*0201+ blood donors and myeloma patients. These T cells efficiently lysed peptide-pulsed but not unpulsed T2 or autologous dendritic cells, DKK1+/HLA-A*0201+ myeloma cell lines U266 and IM-9, and more importantly, HLA-A*0201+ primary myeloma cells from patients. No killing was observed on DKK1+/HLA-A*0201− myeloma cell lines and primary myeloma cells or HLA-A*0201+ normal lymphocytes including B cells. These results indicate that these T cells were potent cytotoxic T cells and recognized DKK1 peptides naturally presented by myeloma cells in the context of HLA-A*0201 molecules. Hence, our study identifies DKK1 as a potentially important antigen for immunotherapy in MM.
INTRODUCTION

Multiple myeloma (MM) is still a fatal hematological malignancy characterized by the accumulation of terminally differentiated plasma cells in the bone marrow of patients\(^1\). The outcome of the majority of patients with MM is unsatisfactory, although they benefit from high-dose therapy followed by autologous stem cell support\(^2\). Clearly, there is a need for new treatments to stabilize or even eradicate minimal residual disease achieved after the treatment with high-dose chemotherapy and stem-cell transplantation. Immunotherapy may be an appropriate means to control residual disease as well as to provide an alternative treatment modality to conventional chemotherapy for patients with MM.

The demonstration of autologous idiotype-specific T cells\(^3\) and evidence of clinical response to allogeneic donor lymphocyte infusions\(^4-6\) indicate that antimyeloma responses can be generated. Specific cytotoxic T lymphocyte (CTL)-mediated immunotherapy for MM can be achieved by vaccination using the idiotype proteins isolated from the serum of patients\(^7\). However, the idiotype proteins represent a unique myeloma-associated antigen and thus cannot provide shared immunotherapy for various patients with MM. Although immunotherapy in a combination with high-dose chemotherapy holds great promise for the treatment of MM, clinical studies have not yet delivered the expected results. In addition to optimizing immunotherapy methods, there is an urgent need to search for and utilize novel shared myeloma antigens to efficiently stimulate antimyeloma CTL responses in most treated patients.

Dickkopf-1 (DKK1) is a secreted protein that specifically inhibits the Wnt/β-catenin signaling by interacting with the co-receptor Lrp-6\(^8,9\). Previous studies have shown that the DKK1 gene has a restricted expression in placenta and mesenchymal stem cells (MSCs) only and not in other normal tissues\(^10,11\). Recent studies demonstrated that DKK1 in myeloma patients was associated with the presence of lytic bone lesions\(^12\). Immunohistochemical analysis of bone marrow biopsy specimens showed that only myeloma cells contain detectable DKK1. Recombinant human DKK1 or bone marrow serum containing an elevated level of DKK1 inhibited the differentiation of osteoblast precursor cells in vitro. Furthermore, anti-DKK1 antibody treatment was associated with
reduced tumor growth in myeloma mouse model. These results indicate that DKK1 is an important player in myeloma bone disease and blocking DKK1 activity reduced osteolytic bone resorption, increased bone formation, and helped control myeloma progression\textsuperscript{13}.

Based on its unique properties and restricted expression profile, we hypothesized that DKK1 may be a potent tumor-associated antigen (TAA) in MM. In the present study, we reevaluated DKK1 expression profile, searched for high affinity DKK1 peptides for HLA-A*0201, examined the immunogenicity of DKK1 peptides using peptide immunization in HLA-A*0201 transgenic mice, and generated and characterized DKK1 peptide-specific CTLs from healthy blood donors and myeloma patients. Our study identifies DKK1 as a potentially important antigenic target for antimyeloma immunotherapy.

**MATERIALS AND METHODS**

*This study was approved by the Institutional IRB committee of The University of Texas M. D. Anderson Cancer Center, and informed consent was provided according to the Declaration of Helsinki.*

**Myeloma cells**

Human myeloma cell lines (HMCLs) used include U266, IM-9, XG1, ARP-1, ARK, J41MT, MM1-144, H929, OPM1, OPM2, KMS18, and MM.1S. All cell lines were maintained in RPMI-1640 medium (Fisher Scientific, Herndon, VA) supplemented with 10% fetal bovine serum (Atlanta Biologicals, Lawrenceville, GA). K562 (American Type Culture Collection; Rockville, MD) were used as natural killer (NK) cell-sensitive targets. Primary myeloma cells were isolated from myeloma patients’ bone marrow aspirates by density centrifugation and anti-human CD138 antibody-coated magnetic microbeads (Miltenyi Biotec, Bergisch Gladbach, Germany)\textsuperscript{14}. Aliquots of purified myeloma cells were cryopreserved in liquid nitrogen until use.
Generation of dendritic cells

Monocyte-derived mature DCs were generated from peripheral blood mononuclear cells (PBMCs) using standard protocol 14-17. Briefly, PBMCs were allowed to adhere in culture flasks for 2 h and non-adherent cells were collected and cryopreserved for future use. The adherent cells were cultured in Aim-V medium (Invitrogen Co., Grand Island, NY) supplemented with GM-CSF (10 ng/mL) and IL-4 (10 ng/mL, both from R&D Systems, Minneapolis, MN), with further addition of cytokines every other days. After 5 days of culture, DCs were induced to maturation by addition of TNF-α (10 ng/mL) and IL-1β (10 ng/mL, both from R&D Systems) for 48 h.

Immunophenotyping and intracellular cytokine staining

PE- or FITC-conjugated monoclonal antibodies (mAbs) were added to cell pellets, incubated for 30 min on ice, and washed 3 times before analysis. Intracellular cytokine staining was performed using the Cytofix/Cytoperm kit (BD PharMingen, San Diego, CA) according to the manufacturer’s recommendations. Samples were analyzed using a flow cytometer (FACSCaliber; Becton Dickinson, Mountain View, CA).

Peptide-T2 cell binding assay

All peptides were synthesized in the Peptide Synthesis Facility at M. D. Anderson Cancer Center. Purity of synthetic peptides was confirmed to be >98% by reverse-phase high-performance liquid chromatography and mass spectrometry. Synthetic peptides were dissolved in dimethylsulfoxide (DMSO; Sigma, St. Louis, Mo), and stored at −20°C until use.

Peptides binding to HLA-A*0201 molecules were measured using the T2 cell line according to a protocol previously described 18. Briefly, T2 cells were incubated overnight with 3 µg/mL of β2-microglobulin (Sigma) and different concentrations of peptides, followed by wash and incubation with FITC-labeled anti-HLA-A*0201 mAb BB7.2 (BD PharMingen). After washing, cells were analyzed for the levels of HLA-A*0201 expression by flow cytometry. HLA-A*0201 expression was quantified according to the formula [(mean fluorescence with peptide – mean fluorescence without peptide)/mean fluorescence without peptide] × 100.
Determination of in vivo immunogenicity of the peptides

HLA-A*0201 transgenic (Tg[HLA-A2.1]) mice\textsuperscript{19-21} were purchased from Jackson Laboratory (Bar Harbor, ME). Mice were maintained at the animal facility and studies were approved by the Institutional Animal Care and Use Committees of The University of Texas M. D. Anderson Cancer Center.

For immunization, peptides were diluted in PBS at room temperature, mixed, and emulsified with an equal volume of incomplete Freund’s adjuvant (Sigma). Groups of three mice were immunized subcutaneously (s.c.) at the tail base with 100 µL of peptide emulsion containing 100 µg peptides. Two weeks following the immunization, mice were sacrificed and splenocytes were isolated for in vitro studies.

Reverse transcriptase–polymerase chain reaction (RT-PCR) for detecting DKK1 mRNA expression

RT-PCR was performed using a PTC-100\textsuperscript{TM} programmable thermal controller (MJ Research, Inc) with QuantiTect SYBR Green PCR kit (Qiagen, Valencia, CA) according to the manufacturer’s instructions. Total RNA isolated from tumor cells with an RNeasy Mini kit (Qiagen), and human total RNA master multi-tissue panel from Clontech Laboratory (Mountain View, CA) were used. Random-primed cDNA synthesis was performed using QuantiTect Reverse Transcription Kit (Qiagen). For amplifications, the following primers were designed: DKK1 forward, 5'-AGA CCA TTG ACA ACT ACC AGC CGT -3'; reverse, TCT GGA ATA CCC ATC CAA GGT GCT-3'; and GAPDH forward, 5'-CCT CCG GGA AAC TGT GGC GTG ATG G-3'; reverse, 5'-AGA CGG CAG GTC AGG TCC ACC ACT G-3'. Each of the primer sets was confirmed by running samples on agarose gels. GAPDH transcript levels were used to normalize the amount of cDNA in each sample.

Western blot analysis

Western blot analysis was employed to detect DKK1 protein expression in myeloma cells. Cell lysates were prepared from purified primary myeloma cells and cell lines and subjected to sodium dodecyl sulfate–polyacrylamide gel electrophoresis (SDS-PAGE) analysis. After transfer to nitrocellulose membrane and subsequent blocking, the
membranes were immunoblotted with goat anti-human DKK1 antibody (R&D System) and visualized with HRP–conjugated donkey anti-goat IgG antibody (Santa Cruz Biotechnology, Santa Cruz, CA), followed by an enhanced chemiluminescence (Pierce Biotechnology, Rockford, IL) and autoradiography.

**Generation of DKK1-specific T-cell lines and clones**

DKK1-specific T cells were generated from PBMCs of HLA-A*0201+ blood donors and myeloma patients by repeated stimulation of autologous T cells with DKK1 peptide-loaded mature DCs. Briefly, the non-adherent cells of PBMCs (2 × 10^6/mL; used as T-cell population) were cocultured in 50 mL tissue-culture flasks at 37°C in 5% CO₂ for 7-10 days in Aim-V medium supplemented with 10% pooled human serum (T-cell medium) with mature DCs (2 × 10^5/mL) preincubated with DKK1 peptides at a final concentration of 50 µg/mL at 37°C for 2 h. After culture, T cells were collected and restimulated with DKK1 peptide-pulsed autologous mature DCs every week, and the cultures were fed every 5 days with fresh medium containing recombinant IL-2 (20 IU/mL), IL-7 (5 ng/mL) and IL-15 (5 ng/mL; all from R&D System). Induction of DKK1-specific T cells was monitored weekly using T-cell proliferation assay and DKK1 peptide-HLA-A*0201 tetramers (synthesized by MHC Tetramer Laboratory, Baylor College of Medicine, Houston, TX). After 3-4 cycles of in vitro stimulation and selection, T-cell lines were established, and T-cell clones were obtained by limiting-dilution assay. T-cell lines and clones were expanded in T-cell medium containing IL-2 (100 IU/mL), IL-7 (5 ng/mL), and IL-15 (5 ng/mL) for 2 weeks and subjected to functional tests.

**Proliferation assays**

T cells (5 × 10^4/100 µL/well) were seeded into 96-well U-bottom tissue culture plates (Corning Incorporated, Corning, NY) in T-cell medium. Varying numbers of autologous mature DCs loaded with or without DKK1 peptides were added to the plates and cultured for 4 days at 37°C in 5% CO₂. T-cell proliferation was measured after overnight incubation with ³[H]-thymidine (0.5 µCi/0.037 MBq/well). Results are expressed as mean count per minute (CPM) of triplicate cultures.
In some experiments, cultured T cells were labeled with 5(6)-carboxyfluorescein diacetate succinimidyl ester (CFSE, 5 µM; Molecular Probes, Eugene, OR) for 10 minutes at 37°C. After washing, labeled T cells were seeded into 96-well U-bottom plates and incubated with various numbers of stimulatory cells for 7 days. Flow cytometry analysis was used to detect dilution of CFSE.

**Cytotoxicity assay**

The standard 4-h ⁵¹Cr-release assay was performed to measure cytolytic activity of the T cells with target cells including autologous DCs or T2 cells loaded with or without peptides, myeloma cell lines and primary myeloma cells isolated from patients. Target cells were incubated with 100 µCi of ⁵¹Cr-sodium chromate for 1 h, washed extensively, seeded (1 × 10⁴ cells/well) into 96-well U-bottom plates in T-cell medium, and cocultured for 4 h with various numbers of T cells. All assays were performed in triplicates. Results are expressed as mean percentage of ⁵¹Cr release calculated as follows: 

\[
\frac{\text{(sample counts – spontaneous counts)}}{\text{(maximum counts – spontaneous counts)}} \times 100\%.
\]

Spontaneous release was less than 20% of the maximum ⁵¹Cr uptake.

To determine whether the cytolytic activity was restricted by major histocompatibility complex (MHC) class I or II molecules, 20 µg/mL mAbs against HLA-ABC (W6/32) or HLA-A*0201 (BB7.2; both purchased from Serotec Ltd., Oxford, UK), HLA-DR (B8.12.2; Immunotech, Marseilles, France), or isotypic controls (Immunotech) were added to the cultures at the start of the assay.

**Enzyme-linked immunosorbent assays (ELISA)**

ELISA for IFN-γ was used to measure the secreted cytokine. Supernatants of T cells cocultured with or without antigen presenting cells (APCs) were collected on day 3, and the amounts of secreted IFN-γ in the supernatants were quantified using a commercially available ELISA kit (R&D Systems).

**ELISPOT assay**

Detailed methods of the ELISPOT assay for enumeration of antigen-specific, IFN-γ-secreting cells have been described previously. The number of IFN-γ spots was enumerated by an automate ImmunoSpot analyzer (Cellular Technology Ltd, Cleveland,
All samples were run in duplicates. Data are expressed as the mean number of IFN-γ-secreting cells/10^4 T cells.

**Statistical analysis**

The Student t test was used to compare various experimental groups. A P value less than .05 was considered statistically significant. Unless otherwise indicated, means and standard deviation (SD) are shown.

**RESULTS**

**DKK1 is widely expressed in myeloma but not normal cells**

RT-PCR and Western blot analyses were used to examine the expression of DKK1 in normal human tissues and myeloma cells. As shown in Figure 1A, DKK1 mRNA was not detected in most human tissues except prostate, testis, placenta, and uterus. DKK1 mRNA was detected in all 8 myeloma cell lines and primary myeloma cells from 10 patients examined, and in MSCs but not PBMCs from a healthy blood donor (Figure 1B). Similarly, DKK1 protein was detected in 7 out of 10 myeloma cells lines and all primary myeloma cells from 10 MM patients (Figure 1C).

**Selection of DKK1 peptides**

The sequence of DKK1 was reviewed for peptides that could potentially bind to HLA-A*0201 using peptide binding database (http://www-bimas.cit.nih.gov/molbio/hla_bind/). After comparing the predictive binding scores, we identified and selected two peptides that could potentially bind with HLA-A*0201 molecules; one with the highest binding score (P20) and one with a low score (P66) (Table 1). Heteroclitic peptides, by replacing position-1 amino acid with tyrosine (Py20) or c-terminal amino acid with valine (P66v) were made, which had significantly higher predictive binding scores. Based on the binding affinity (Figure 2A) and stability (Figure 2B) measured by peptide-T2 binding assay, we selected the unmodified P20 and heteroclitic P66v for the following experiments. Peptides from influenza virus matrix protein (Flu-matrix) and HIV type 1 reverse transcriptase (HIV-pol) were used as controls.
In vivo immunogenicity of synthetic DKK1 peptides

To examine whether the peptides were able to immunize HLA-A*0201 transgenic mice, we injected 100 µg per mouse of peptides P20 and P66v, and Flu-matrix peptide as positive control s.c. to the mice (3 mice per peptide) according to established protocol 19-21. Two weeks after the immunization, mice were sacrificed, and splenocytes were collected, restimulated with the immunizing peptides for 5 days, and subjected to analyses. In vivo immunization successfully generated peptide-specific T cells, detected as specific IFN-γ-expressing (Figure 2C) and peptide (P20 or P66v; Figure 2D)-HLA-A*0201 tetramer+ CD8+ T cells. Furthermore, the splenocytes displayed strong cytolytic activity against peptide-pulsed, but not unpulsed, murine DCs (Figure 2E). It appeared that P20 and P66v were as immunogenic as the Flu-matrix peptide in immunizing the mice. These results indicate that the DKK1 peptides were able to induce a strong peptide-specific CTL response in HLA-A*0201 transgenic mice.

Generation of DKK1 peptide-specific T-cell lines

We first examined whether DKK1 peptide-specific CTL precursor cells are present in patients with MM. By using peptide (P20 or P66v)-HLA-A*0201 tetramers to stain T cells of myeloma patients and healthy blood donors, we show that DKK1 peptide-specific CD8+ T cells, although at low frequencies, were detected in two myeloma patients examined, whereas the frequency of such T cells was much lower in the healthy blood donor (Figure 3).

To generate DKK1 peptide-specific T cells from HLA-A*0201+ blood donors and myeloma patients, autologous mature DCs pulsed with peptides were used as APCs. After 3 to 4 rounds of in vitro stimulation, T-cell lines were obtained, which proliferated in response to autologous DCs pulsed, but not unpulsed, with DKK1 peptides P20 (P < .01, compared with unpulsed DC; Figure 4A) or P66v (P < .01, compared with unpulsed DC; Figure 4B). The same results were also obtained with a CFSE-labeling assay to measure T-cell proliferation (Figure 4C). Using peptide-tetramer staining, we show that the frequencies of peptide-specific CD8+ T cells increased during in vitro stimulation; from 3 to 4% of specific T cells at the second stimulation to 13 to 15% at fourth stimulation (Figure 4D). The standard 4-h 51Cr-release assay was used to examine
the cytotoxicity of the T cells. As exemplified by the results obtained with a T-cell line specific for P20 (Figure 4E) or P66v (Figure 4F) generated from myeloma patients, the T cells specifically lysed autologous primary myeloma cells and DKK1+/HLA-A*0201+ U266 but not DKK1+/HLA-A*0201− ARP-1 cells. These results suggest that the T-cell lines recognized the DKK1 peptides that are naturally processed and presented in the context of HLA-A*0201 molecules on myeloma cells.

**Cloning and characterizing DKK1 peptide-specific CTLs**

Using limiting-dilution assay, we obtained three T-cell clones (T4, T12 and T16; Figure 5A) from a P20-specific T-cell line and five T-cell clones (T6, T19, T23, T26 and T27; Figure 5B) from a P66v-specific T-cell line generated from patients with MM. These T-cell clones were identified based on secretion of IFN-γ in response to antigen stimulation. After expansion and further selection, we chose clone T16 (P20-CTL) and clone T6 (P66v-CTL) for further functional studies.

We assessed the cytotoxic activity of the clones against T2 cells pulsed with DKK1 or control peptides. First, we examined the cytolytic activity of the T-cell clones against T2 cells pulsed with different concentrations of DKK1 peptides and demonstrate a dose-dependent response (Figure 5C). Second, we show that these T-cell clones lysed T2 pulsed with the specific DKK1 peptides P20 or P66v ($P < .01$, compared with control peptides) but not unpulsed T2 cells or T2 cells pulsed with irrelevant DKK1 or control (Flu-matrix and HIV-pol) peptides (Figure 5D), further confirming the specificity of the T-cell clones.

Next, we examined the cytolytic activity of the T-cell clones against myeloma cells, including HMCLs and primary myeloma cells isolated from patients with MM. As shown in Figure 6A and 6B, the T-cell clones effectively lysed DKK1+/HLA-A*0201+ HMCLs U266 and IM-9 cells, but not DKK1+/HLA-A*0201+ XG1 cells nor DKK1+/HLA-A*0201− ARP-1, and MM.1S cells (data not shown). No killing was observed against K562 cell line, excluding the possibility that NK cells contributed to the cytotoxicity. Furthermore, the T-cell clones efficiently killed DKK1+/HLA-A*0201+ primary myeloma cells from patients #1 and #2 but not myeloma cells from two DKK1+/HLA-A*0201− patients (#3 and #4) (Figure 6C). Altogether, these results demonstrate that the
T-cell clones were not only able to lyse DKK1 peptide-pulsed T2 cells but also myeloma cells including primary myeloma cells from HLA-A*0201+ patients with MM, further confirming our findings that the DKK1 peptides are naturally presented in the context of HLA-A*0201 molecules by primary myeloma cells and shared among patients.

To determine MHC restriction of the T cell-mediated cytotoxicity, we evaluated the inhibitory effects of anti-MHC mAbs. As shown in Figure 6D, mAbs against HLA-ABC or HLA-A*0201 significantly inhibited (70-80% inhibition) T cell-mediated cytotoxicity against peptide-pulsed T2 cells ($P < .01$, compared with medium control). No inhibitory effect was observed with mAb against HLA-DR and isotype control IgG. The results indicate that the cytotoxicity was attributed to MHC class I and more specifically, HLA-A*0201-restricted CD8+ CTLs.

Finally, we examined whether the T cells were cytolytic to normal hematopoietic cells. In these experiments, autologous mature DCs, purified blood B cells (using anti-CD19 antibody-coated microbeads) and PBMCs, and MSCs (DKK1-expressing cells) from HLA-A*0201+ individuals were used as target cells. As shown in Figure 6C, the T-cell clones did not kill DKK1− DCs, B cells or PBMCs but lysed DKK1+ MSCs, although the cytolytic activity against MSCs was weaker than that against myeloma cells.

**Cytotoxicity of the T cells was mediated via the perforin exocytosis pathway**

Flow cytometry analysis was used to examine the expression of granzyme, perforin and Fas ligand (FasL) by the T-cell clones. As shown in Figure 7A, it seems that the T-cell clones killed their target cells via the perforin/granzyme pathways, because they expressed high levels of perforin and granzyme B but not FasL. The T-cell clones also expressed CD45RO, but not CD45RA, indicating that they were memory effector cells.

**Expression and production of IFN-γ by the T cells**

Two independent methods were used to examine the cytokine expression profiles of the T cells. Figure 7B shows a representative experiment of intracellular cytokine staining for IFN-γ and IL-4 expression in the P66v-specific T-cell clone. Upon restimulation with DCs pulsed with P66v peptide, but not with unpulsed DCs, high portion (80%) of the T
cells expressed IFN-γ. IL-4-expressing T cells were very few (3%). To detect cytokine secretion, an ELISPOT assay was used to enumerate IFN-γ-secreting cells. After restimulation with DCs pulsed with DKK1 peptides, or with DKK1+/HLA-A*0201+ U266 and primary myeloma cells, large numbers of IFN-γ-secreting cells were detected (Figure 7C). Other stimulatory cells, such as unpulsed DCs, and DKK1+/HLA-A*0201− ARP-1 or primary myeloma cells did not increase the number of IFN-γ-secreting cells. Taken together, the T-cell clones expressed IFN-γ, but not IL-4, and were thus the type-1 CD8+ T cells.

DISCUSSION

In the present study, we demonstrate that DKK1 gene and protein are expressed in most myeloma cell lines and primary myeloma cells from all patients examined, indicating that DKK1 may be an excellent candidate as a TAA in MM. Therefore, we identified DKK1 peptides for HLA-A*0201 molecules and generated DKK1 peptide-specific CTL lines and clones from HLA-A*0201+ blood donors and myeloma patients. The CTLs had strong cytolytic activity against DKK1 peptide-pulsed T2 cells and autologous DCs, DKK1+/HLA-A*0201+ HMCLs U266 and IM-9, and more importantly, primary myeloma cells from HLA-A*0201+ but not HLA-A*0201− patients. These CTLs did not kill normal blood cells, indicating that they may be promising effector cells for immunotherapy in MM.

In addition to myeloma cells, DKK1 mRNA is detected in some normal tissues such as testis, prostate, placenta, and uterus. Whether DKK1 protein is also expressed in these tissues remained to be examined. Based on the expression pattern, DKK1 resembles cancer-testis antigens, because the most commonly used cancer-testis antigens NY-ESO-1 and MAGE are also found in, in addition to tumors and testis, the uterus, placenta, ovary, and even brain. In this study, we tested the CTLs against normal blood cells, including DCs, B cells, and PBMCs, which do not express DKK1. As expected, the CTLs did not kill these cells but lysed MSCs because MSCs expressed DKK1 protein. However, as MSCs display immunosuppressive activity in both animals and humans, it remains...
to be determined whether the CTLs could kill these cells in vivo. Furthermore, there is
evidence indicating that chemotherapy drugs such as thalidomide and lenalidomide
upregulated DKK1 mRNA expression in myeloma cells \(^{37}\) and dexamethasone enhanced
DKK1 expression in osteoblasts \(^{38}\). Taken together, these observations warrant further
studies to examine the reactivity and impact of DKK1-specific CTLs on normal tissues
that express DKK1 protein, and whether chemotherapy could further enhance the
sensitivity of myeloma cells and MSCs to the CTL-mediated cytolysis.

To determine DKK1 as a TAA in MM, we identified and synthesized two DKK1
peptides P20 and P66 after searching DKK1 sequence for HLA-A*0201 binding motifs.
To enhance their binding affinity, heteroclitic peptides for P20 (Py20) and P66 (P66v)
were synthesized \(^{25,26}\). As P20 and Py20 had similar binding affinity while P66v had
much higher binding affinity than P66, we used P20 and P66v in our experiments. These
peptides were immunogenic in vivo. After a single immunization of HLA-A*0201
transgenic mice with the peptides, splenocytes from immunized mice contained
detectable peptide-specific T cells, analyzed as peptide-tetramer\(^+\) and IFN-\(\gamma\)-secreting
CD8\(^+\) T cells that were able to kill target cells. We detected, by DKK1 peptide-tetramer
staining, naturally occurring DKK1-specific CD8\(^+\) T cells in the PBMCs of myeloma
patients. We have evidence to indicate that DKK1 is a shared TAA among different
patients. In this study, we focused on DKK1 peptides presented by HLA-A*0201
molecules. The finding that DKK1 peptide-specific CTLs recognized and lysed
autologous and allogeneic DKK1\(^+/HLA-A*0201^+\), but not DKK1\(^+/HLA-A*0201^-^\) or
DKK1\(^+/HLA-A*0201^-^\) myeloma cells supports this notion. Furthermore, our findings
indicate that these DKK1 peptides are also naturally processed and presented by
myeloma cells in the context of surface MHC class I molecules.

CTL recognition of target cells via their T-cell receptor activates two distinct mechanisms
of cell lysis \(^{39,40}\). The first is granule exocytosis mediated by the pore-forming perforin
and granzyme A and B. The second involves interaction between the FasL on effector
cells and Fas molecules expressed on the target cells. In the present study, the CTLs
appeared to lyse the target cells mainly via the perforin-mediated pathway, since the cells
expressed high levels of granzyme B and perforin but not FasL. These findings are of
special importance in view of published results on Fas expression on myeloma cells. A previous study showed that Fas antigen point mutation was detected in 10% of patients’ bone marrow samples. The mutations were located in the cytoplasmic region that is involved in transduction of an apoptotic signal and, thus, render the cells resistant to Fas-induced apoptosis \(^4\). Furthermore myeloma cells induced to be drug resistant also became resistant to Fas-mediated apoptosis \(^4\). Thus, the use of CTLs that are cytotoxic via the Fas-mediated pathway may be limited, but the pore-forming CTLs can be used for the treatment of drug-resistant myeloma.

In conclusion, our study demonstrates that DKK1 peptide-specific CTLs can be generated by stimulating autologous T cells with DCs pulsed with DKK1 peptides. These CTLs may be promising effector cells for immunotherapy in MM because they are potent killer cells able to specifically and effectively lyse myeloma cells including primary myeloma cells but not normal blood cells in vitro. Our study indicates that DKK1 peptides may be used as universal vaccines to immunize patients. Thus, this study is the first to provide strong and direct evidence to support the application of DKK1-based immunotherapy in MM.

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AUTHORSHIP

Contribution: JQ and QY initiated the work, designed the experiments, and wrote the paper. JQ, JX, SH, JY, LZ, and XH performed the experiments and statistical analyses, MW, FZ, JDS, JE and LWK provided samples and critical suggestion to this study.
Conflict-of-interest disclosure: The authors declare no competing financial interests.
REFERENCES


Table 1. Potential DKK1 and control peptides for HLA-A*0201 molecules

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<sup>a</sup>Estimate of half-time of disassociation and calculated score in arbitrary units

<sup>b</sup>(Mean fluorescence with peptide-mean fluorescence without peptide)/(mean fluorescence without peptide). Results are representative of two experiments.
FIGURE LEGENDS

Figure 1. Expression of DKK1 gene and protein in normal tissues and myeloma cells. (A) RT-PCR showing DKK1 gene expression in placenta, prostate, uterus, and testis, but not in other tissues. (B) RT-PCR showing DKK1 gene expression in all myeloma cell lines and primary tumor cells from 10 patients and in MSCs, but not in PBMCs. (C) Western blots showing DKK1 protein expression in most myeloma cell lines and primary tumor cells from all 10 patients. Representative results of four independent experiments are shown.

Figure 2. Binding affinity and in vivo immunogenicity of DKK1 peptides. Peptide binding assay showing (A) affinity and (B) stability (fluorescence index) of P20 and P66 and their heteroclitic peptides for HLA-A*0201 molecules. HIV-pol and Flu-matrix peptides were used as positive controls. In (A) T cells were incubated with 100 µg/mL peptides overnight, and in (B) T2 cells were incubated with 100 µg/mL peptides for different time points, and analyzed for surface HLA-A*0201 expression. Details are provided in Methods; (C) Intracellular staining for CD8+ IFN-γ-expressing T cells in the splenocytes of mice immunized with Flu-matrix peptide (Flu), P20 or P66v peptides. Splenocytes were restimulated with or without the immunizing peptides for 5 days before analysis; (D) HLA-A*0201-peptide-tetramer staining showing DKK1 peptide-specific CD8+ T cells in the splenocytes. (E) Cytotoxicity of the splenocytes against mouse DCs pulsed with the immunizing peptides (Flu+, P20+, or P66v+) or unpulsed DCs (Flu-, P20-, or P66v-). Representative results of three independent experiments are shown.

Figure 3. Naturally occurring DKK1-specific T cells in patients with MM. HLA-A*0201-peptide-tetramer staining showing the presence of DKK1 peptide-specific CD8+ T cells in the blood of two HLA-A*0201+ MM patients. Blood from a HLA-A*0201+ healthy donor was used as control.

Figure 4. Generation of DKK1 peptide-specific CTL lines. Shown are proliferative responses, measured by ³[H]-thymidine incorporation, of a T-cell line specific for P20 (A) or P66v (B) in response to pulsed (P20-DC or P66v-DC) or unpulsed autologous DCs, or (C) Cell proliferation, measured by CFSE dilution, of a T-cell line specific for P20 or P66v generated from a HLA-A*0201+ blood donor in response to unpulsed DCs or DCs
pulsed with P20 or P66v peptides; (D) HLA-A*0201 peptide-tetramer staining showing the frequency of DKK1 peptide-specific CD8+ T cells obtained from a HLA-A*0201+ blood donor in cultures during in vitro stimulations. Similar results were obtained with T-cell lines from other two HLA-A*0201+ blood donors and three myeloma patients. Cytotoxicity of T-cell lines specific for P20 (E) or P66v (F) against autologous primary myeloma cells (MM) and HMCLs U266 and ARP-1. These cell lines were generated from a myeloma patient. Representative results of three independent experiments are shown.

**Figure 5.** Generation and characterization of DKK1 peptide-specific CTL clones. Selection of T-cell clones specific for P20 (A) or P66v (B), by measuring peptide-induced IFN-γ secretion by T-cell clones using ELISA assay. Cytotoxicity of a P20-specific T-cell clone (T16) and P66v-specific T-cell clone (T6) against (C) T2 cells pulsed with different concentrations of the immunizing peptides, or (D) T2 cells pulsed with the immunizing (Imm Pep; for P20-specific CTLs: P20; for P66v-specific CTLs: P66v), irrelevant (Irre Pep; for P20-specific CTLs: P66v; for P66v-specific CTLs: P20), or control peptides. Unpulsed T2 cells (T2) were used as negative control. An effector:target (E:T) ratio of 10:1 was used in C and D. Results of four independent experiments are shown. Similar results were obtained with other T-cell clones from blood donors and myeloma patients.

**Figure 6.** Cytotoxicity of DKK1 peptide-specific T-cell clones. (A) P20-specific or (B) P66v-specific T-cell clones against HMCLs U266, IM-9, XG1, and ARP-1. K562 was used as control for NK cell activity; (C) Cytotoxicity of the T-cell clones (P20 and P66v) against primary myeloma cells from four patients with MM and normal cells including MSCs, DCs, B cells and PBMCs from HLA-A*0201+ healthy donors. Patients #1 and #2 were HLA-A*0201+, and patients #3 and #4 were HLA-A*0201-. All primary myeloma cells expressed DKK1 protein. U266 was used as a positive control; and (D) Inhibition of the T-cell clone-mediated cytotoxicity against peptide-pulsed T2 cells by mAbs against MHC class I (aMHC-I), MHC class II (aMHC-II), or HLA-A*0201 (aHLA-A2). Isotypic IgG was used as control. An effector:target (E:T) ratio of 10:1 was used in C and D.
Results of four independent experiments are shown. Similar results were obtained with other T-cell clones from blood donors and myeloma patients.

**Figure 7.** Cytolytic pathways and cytokine expression profile of the T-cell clones. (A) Flow cytometry analysis showing the expression of FasL, granzyme B, perforin, CD45RA, and CD45RO by the P66v-specific T-cell clone. HLA-A*0201-P66v-tetramer staining was used as control; (B) Intracellular cytokine staining showing the percentages of IFN-γ and IL-4-expressing CD8⁺ T cells in the P66v-specific T-cell clone after restimulation with unpulsed DCs or DCs pulsed with P66v peptide (P66v-DC); and (C) ELISPOT assay showing the numbers of IFN-γ-secreting cells per 10⁴ T cells in P20-specific (T16) or P66v-specific (T6) T-cell clones induced by unpulsed DCs (DC-control), DCs pulsed with P20 (DC-P20) or P66v (DC-P66v), HMCLs (U266 and ARP-1), or primary myeloma cells from 4 patients with MM (MM1-MM4). Figures represent the numbers of spots. Representative results of 4 experiments are shown. Similar results were obtained with other T-cell clones from blood donors and myeloma patients.
Figure 1

A

B

C

Figure 2

A

B

C

D

E
Figure 3

Figure 4
Figure 5

Figure 6
Figure 7
DKK1 is a widely expressed and potent tumor-associated antigen in multiple myeloma

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