Effective neoantigen vaccination correlates with generation of antigen-specific

CX3CR1+CD8+ T cells mediated by CD40 and CD80/86 signaling in cDC1s

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Abstract

Background The use of tumor mutation-derived neoantigen represents a promising approach for cancer vaccines. Preclinical and early-phase human clinical studies have shown the successful induction of tumor neoepitope-directed responses; however, overall clinical efficacy of neoantigen vaccines has been limited. One major limitation of this strategy is the lack of a reliable blood-based surrogate marker for clinical response. Here, we investigated a role of CX3C chemokine receptor 1 (CX3CR1), a marker of T-cell differentiation in predicting response to neoantigen vaccination in a preclinical model.

Methods Mice bearing MC38 colon adenocarcinoma cells that harbor a single-epitope mutation within the Adpgk protein were treated with mutant Adpgk peptide (Adpgk$_{Mut}$) in combination with toll-like receptor 3 (TLR3) agonist poly(I:C) and/or anti-CD40 antibody (Ab). Antitumor efficacy of neoantigen vaccination and the frequency of peripheral blood Adpgk$_{Mut}$-specific CX3CR1+CD8+ T cells were assessed. Mechanisms underlying the generation of CX3CR1+CD8+ T cells were examined using knockout and bone marrow chimeric mice.

Results We found that CD40 stimulation significantly enhanced antitumor efficacy of neoantigen and TLR3 agonist vaccination, which was associated with an increased frequency of circulating Adpgk$_{Mut}$-specific effector CX3CR1+CD8+ T cells. Generation of neoantigen-specific CX3CR1+CD8+ T cells by Adpgk$_{Mut}$/CD40/TLR3 stimulation was dependent on CD40 and Batf3 in bone marrow-derived cells. Further mechanistic studies using mixed bone marrow chimeras identified key roles for CD40 and CD80/86, but not CD70 signaling in Batf3-dependent conventional type 1 dendritic cells (cDC1s) for generation of neoantigen-specific cytotoxic CX3CR1+CD8+ T cells and therapeutic efficacy of neoantigen vaccine.

60   **Conclusions** Taken together, our results underscore critical roles of cDC1s and an implication of

61   dual CD40/TLR3 stimulation in neoantigen-based therapeutic vaccines, and demonstrate the

62   potential utility of CX3CR1 as a circulating predictive T-cell biomarker in vaccine clinical trials.

List of Abbreviations

Ab: antibody

Batf3: basic leucine zipper transcription factor ATF-like 3

CTLA-4: cytotoxic T-lymphocyte-associated protein 4

CX3CR1: CX3C chemokine receptor 1

cDC1s: conventional type 1 dendritic cells

GZMA: granzyme A

HEV: high endothelial venules

ICOS: inducible T cell co-stimulator

IFN-γ: interferon-γ

KLRG1: killer-cell lectin like receptor G1

NS: not significant

NT: no treatment

PD-1: programmed cell death protein 1

PB: peripheral blood

MHC: major histocompatibility complex

TLR3: toll-like receptor 3

WT: wild-type

Background

Despite objective therapeutic benefit seen in several clinical trials, the overall clinical success of the peptide-based vaccines has thus far been limited.[1,2] This is due, at least in part, to the low immunogenicity of self-antigens, the incomplete understanding of immunological mechanisms underlying effective priming of tumor-specific T cells, and the lack of a reliable biomarker for clinical response. Somatically mutated genes within tumors can generate neoantigens, which create de novo epitopes for T cells.[3] Since neoantigens have not undergone central thymic selection, they can be deemed as highly immunogenic tumor-specific antigens.[3] Recent advances of neoantigen identification by massive parallel sequencing and computational prediction of neo-epitopes have demonstrated that individualized mutanome-based vaccinations are promising.[4-6]

Intratumoral infiltration of CD8+ T cells is an independent prognostic factor for survival of patients with various cancer types.[7,8] In contrast, increases in peripheral blood (PB) tumor-associated antigen-specific T cells following immunization do not necessarily translate into antitumor effects.[9] Analysis of T-cell infiltrates in serially obtained tumor samples would be ideal to evaluate response to vaccine therapy; however, it is invasive and especially challenging for visceral tumors. Identification of circulating biomarkers that correlate with effectiveness of vaccination and clinical outcome of patients would markedly improve current treatment regimens.

The chemokine receptor, CX3CR1, was recently identified as a marker of effector T-cell differentiation.[10,11] Unlike other proliferation, co-stimulatory and co-inhibitory molecules such as Ki67, ICOS, PD-1, and CTLA-4 that are only transiently upregulated on T cells after activation, CX3CR1 is stably expressed on virus- and tumor-specific CD8+ T cells upon

differentiation via unidirectional differentiation from the CX3CR1- subset during the effector

phase.[10-12] Furthermore, our study and others have shown that CD8+ T cells expressing high

levels of CX3CR1 exhibit decreased expression of L-selectin (CD62L) and CXCR3,

trafficking receptors necessary for entry across lymphoid organ high endothelial venules

(HEV) and the tumor microvasculature,[13] [14] respectively, and become dominant subsets of

tumor-specific CD8+ T cells in PB,[11] [12] suggesting a potential advantage as a circulating T-cell

biomarker. These observations prompted us to hypothesize that effective vaccination is

associated with the increased frequency of antigen-specific CX3CR1+CD8+ T cells in PB.

Here, we used a syngeneic mouse model of colon adenocarcinoma with the neo-epitope

presented in major histocompatibility complex (MHC) class I H-2D$_b$ molecules,[15] and

investigated the relationship between antitumor efficacy of neoantigen vaccination and the

frequency of neoantigen-specific CX3CR1+CD8+ T cells. Our results indicate that generation of

circulating neoantigen-specific CX3CR1+CD8+ T cells correlates with successful vaccination

with mutated peptide and CD40/toll-like receptor (TLR) 3 agonists. Mechanisms underlying the

generation of CX3CR1+CD8+ T cells were examined using knockout and bone marrow chimeric

mice. Our results support circulating CX3CR1+CD8+ T cells as a marker of effective T-cell

priming via Batf3-dependent conventional type 1 dendritic cells (cDC1s).

Materials and Methods

Mice

Female C57BL/6 mice, CD40$_{-/-}$ mice (B6.129S2-*Cd40lg$_{tm1Imx}$*/J), CD80/86$_{-/-}$ mice

(B6.129S4-*Cd80$_{tm1Shr}$ Cd86$_{tm2Shr}$*/J), and Basic leucine zipper transcription factor ATF-like 3

(Batf3)-/- mice (B6.129S(C)-*Batf3tm1Kmm*/J) were purchased from the Jackson Laboratory, and

bred in-house (Roswell Park Comprehensive Cancer Center). CD70-/- mice on C57BL/6

background have been previously described.[16] All mice were 7 to 12 weeks old at the beginning

of each experiment, and were maintained under specific pathogen-free conditions at the Roswell

Park animal facility according to approved institutional guidelines.

Cells

A MC38 murine colon adenocarcinoma cell line was gift from Dr. Weiping Zou

(University of Michigan), and was maintained in RPMI (Gibco) supplemented with 10% FBS

(Sigma), 1% NEAA (Gibco), 2 mM GlutaMAX-1 (Gibco), 100 U/ml penicillin-streptomycin

(Gibco), and 55 μM 2-mercaptoethanol (Gibco). Cells were authenticated by morphology,

phenotype and growth, and routinely screened for *Mycoplasma*, and were maintained at 37°C in

a humidified 5% CO_2 atmosphere.

***In vivo* vaccination and cancer immunotherapy studies**

Female C57BL/6 mice were injected s.c. with $5\text{-}8 \times 10_5$ MC38 cells. Mice were treated

with 100 μg soluble Adpgk$_{Mut}$ peptide (GenScript) with or without 50 μg poly(I:C) (InvivoGen)

and/or 50 μg agonistic CD40 antibody (Ab) (BioXCell, clone FGK45) twice one week apart. PB

was obtained for immune monitoring one week after the 2nd vaccination. Tumor volumes were

calculated by determining the length of short (*l*) and long (*L*) diameters (volume = $l_2 \times L/2$).

Experimental end points were reached when tumors exceeded 20 mm in diameter or when mice

became moribund and showed signs of lateral recumbency, cachexia, lack of response to noxious

stimuli, or observable weight loss.

Generation of bone marrow chimeras

To generate bone marrow chimeras, C57BL/6 mice were irradiated with 500 cGy followed by a second dose of 550 cGy 3 hours apart. To obtain donor bone marrow, femurs and tibiae were harvested and the bone marrow was flushed out. For CD40-/- bone marrow chimeras, 5×10^6 bone marrow cells from CD40-/- mice were injected per mouse to irradiated C57BL/6 wild-type (WT) mice. For Batf3-/-/WT, Batf3-/-/CD40-/-, Batf3-/-/CD80/86-/-, and Batf3-/-/CD70-/- mixed bone marrow chimeras, 5×10^6 bone marrow cells of a 1:1 mixture were injected to irradiated C57BL/6 WT mice. After 8-12 weeks, recipients were used for the experiments.

Flow cytometry and intracellular granzyme and IFN-γ assay

Fluorochrome-conjugated antibodies are shown in Table S1. DAPI, LIVE/DEAD Fixable Aqua (Thermo Fisher Scientific) staining cells were excluded from analysis. For tetramer staining, PE-labeled MHC class I (H-2Db) specific for mouse Adpgk 299-307 (ASMTNMELM)[15] was kindly provided by the NIH Tetramer Core Facility. Intracellular GZMA and IFN-γ assay was performed as described before.[12][17] Intracellular IFN-γ in splenocytes was assessed after stimulation with PMA (50 ng/ml) and ionomycin (1 ug/ml) (Sigma-Aldrich) in the presence of Brefeldin A (BD Biosciences) for 5h *in vitro*. Samples were analyzed using an LSR II or an LSRFortessa (BD Biosciences) with FlowJo software (TreeStar).

Statistical Analysis

Statistical analysis was performed using Student's *t*-test or Mann-Whitney *U* test for comparisons between two groups, one-way ANOVA for multiple comparisons, or the Mantel-

174 Cox method (log-rank test) for survival analysis using GraphPad Prism 8.02 (GraphPad

175 Software). The p values for comparison of means were determined by two-tailed *t*-test and one-

176 way and two-way ANOVA. *P* <0.05 was considered statistically significant. Data are presented

177 as mean ± SEM.

179 **Results**

Effective neoantigen/CD40/TLR3 agonists vaccination correlates with generation of

antigen-specific effector CX3CR1+CD8+ T cells.

Neoantigen vaccination with a TLR3 agonist increases antigen-specific tumor-infiltrating

lymphocytes in a preclinical model[18] and patients.[4 5] CD40 signaling drives robust DC activation

to generate cytotoxic CD8+ T cells,[19-21] and synergizes with the TLR3 ligand in inducing an

expansion of peptide or DC vaccine-primed and adoptively transferred antigen-specific CD8+ T

cells.[22-25] To delineate a role of CD40 signaling in the context of neoantigen vaccination, we

used MC38 colon adenocarcinoma cells that harbor a single-epitope mutation within the Adpgk

protein (**Supplementary Fig. S1**).[15] C57BL/6 mice bearing MC38 tumors were treated with

different combinations of mutant Adpgk peptide (AdpgkMut), agonistic anti-CD40 Ab, and/or the

TLR3 agonist poly(I:C) **(Fig. 1A)**. AdpgkMut peptide vaccination with either anti-CD40 Ab or

poly(I:C) improved survival compared to non-treatment and AdpgkMut alone (**Fig. 1B**). However,

combined anti-CD40 Ab and poly(I:C) stimulation synergistically enhanced AdpgkMut peptide

immunization (referred to as AdpgkMut/CD40/TLR3 hereafter), resulting in significantly

prolonged survival (**Fig. 1B**). We analyzed circulating neoantigen-specific CD8+ T cells one

week after the 2nd vaccination using AdpgkMut tetramer (**Supplementary Fig. S2**), and found that

the frequency of AdpgkMut neoantigen-specific CD8+ T cells expressing the chemokine receptor

CX3CR1 correlated with tumor response (**Fig. 1B**). To gain mechanistic insight into the

generation of this subset, we evaluated the frequency of neoantigen-specific CX3CR1+CD8+ T

cells in mice treated with different combination of vaccination. Interestingly, CD40 but not

TLR3 stimulation contributed to the generation of the CX3CR1+ subset (**Fig. 1C**). Phenotypical

and functional evaluation of the AdpgkMut-specific CX3CR1- and CX3CR1+ subsets revealed the

CX3CR1+ subset contained significantly more CD62L-, 4-1BB+, PD-1+, KLRG+ and granzyme A

(GZMA)+ populations with the ability to produce IFN-γ (**Fig. 1D, E**), suggesting recently-

activated effector T cells.

Generation of antigen-specific CX3CR1+CD8+ T cells by neoantigen/CD40/TLR3 agonists

vaccination is dependent on CD40 expression in hematopoietic cells.

Since the above results implicate the agonistic anti-CD40 Ab to the costimulatory

receptor CD40 as a major driver for the generation of AdpgkMut-specific CX3CR1+CD8+ T cells

in the periphery, we next investigated the requirement of host CD40 molecule using CD40-/-

mice. The lack of increase in the frequency of AdpgkMut-specific CX3CR1+CD8+ T cells in

CD40-/- mice denoted the requirement of CD40-CD40 ligand pathway in this process (**Fig. 2A**).

Since CD40 molecule is not only expressed by antigen-presenting cells, but also by non-

hematopoietic component such as endothelial cells,[26] we generated bone marrow chimeras to

further confirm the direct immunomodulatory effect of CD40 signaling in hematopoietic lineage

cells. Lethally irradiated C57BL/6 mice were reconstituted with bone marrow cells from either

CD40-/- or WT controls. After 8 weeks, the chimeras were implanted with MC38 tumors,

followed by AdpgkMut/CD40/TLR3 stimulation. We found that mice reconstituted with CD40-/-

bone marrow did not generate the CX3CR1+CD8+ T-cell subset, indicating an essential role of

CD40 signaling in hematopoietic cells (**Fig. 2B**).

Critical roles of CD40 signaling in cDC1s for antitumor efficacy of neoantigen/CD40/TLR3

agonists vaccination and generation of antigen-specific CX3CR1+CD8+ T cells.

cDC1s specialize in cross-presentation of exogenous antigens on MHC class I molecules,

and play a key role in antitumor immunity and response to immunotherapy.[18][27-30] To assess

whether cDC1s are necessary for driving the formation of CX3CR1+CD8+ T cells, we employed

mice deficient of Batf3 transcription factor, which is required for the maturation of cDC1s.[31] A

significant decrease of CX3CR1+CD8+ T cells was observed in Batf3-/- mice (**Fig. 3A**),

suggesting the requirement of cDC1s for generation of CX3CR1+CD8+ T cells.

cDC1s express high levels of TLR3, and TLR3 agonist Poly-ICLC has been used in

personalized neoantigen vaccine trials with vaccine-related objective responses.[5][6] However, the

role of CD40 signaling in cDC1s in vaccine-based immunotherapy remains elusive. To address a

direct role of CD40 signaling in cDC1 lineage for CX3CR1+CD8+ T cell development, we

generated CD40-/-/Batf3-/- or WT/Batf3-/- mixed bone marrow chimeras into irradiated C57BL/6

WT mice. CD40-/-/Batf3-/- to WT mice (CD40-/- plus Batf3-/-) lack CD40 expression only in

Batf3-dependent bone marrow-derived cells while WT/Batf3-/- to WT mice have an intact CD40

signaling. In CD40-/- plus Batf3-/- mixed chimeras, CX3CR1+CD8+ T cell responses remained

minimal compared to WT plus Batf3-/- mixed bone marrow chimeras, indicating that CD40

expression on cDC1s is crucial for the CX3CR1+CD8+ T-cell induction (**Fig. 3B**). In line with

these results, mice reconstituted with CD40-/- plus Batf3-/- mixed bone marrow chimeras had

significantly decreased antitumor efficacy of AdpgkMut/CD40/TLR3 vaccination compared to

mice with WT plus Batf3-/- mixed bone marrow chimeras (**Fig. 3C**).

Non-redundant requirement of CD80/86 but not CD70 signaling in cDC1s for antitumor

efficacy of neoantigen/CD40/TLR3 agonists vaccination and generation of antigen-specific

CX3CR1+CD8+ T cells.

In addition to CD40, both CD70 and CD80/86 have been reported to play roles in DC-

mediated T cell activation and persistence;[32] however, the role of these molecules on cDC1s for

T-cell differentiation remains elusive. Therefore, the requirements of CD70 and CD80/86

signaling in cDC1s were assessed in mixed chimeric mice of CD70-/- plus Batf3-/- and CD80/86-/-

plus Batf3-/-. There was no difference in the frequency of AdpgkMut-specific CX3CR1+CD8+ T

cells between WT plus Batf3-/- and CD70-/- plus Batf3-/- mixed bone marrow chimeras (**Fig. 4A**)

with similar tumor control (**Fig. 4B**), suggesting a redundant role of CD70 signaling in cDC1s. In

sharp contrast, generation of AdpgkMut-specific CX3CR1+CD8+ T cells (**Fig. 4C**) and antitumor

efficacy of AdpgkMut/CD40/TLR3 vaccination (**Fig. 4D**) were abrogated in the CD80/86-/- plus

Batf3-/- compared to the control WT plus Batf3-/- mixed bone marrow chimeras. Thus, the

CD80/86-CD28 pathway in cDC1s plays crucial roles in mediating antitumor efficacy and

generating antigen-specific effector CX3CR1+CD8+ T cells in the context of neoantigen

vaccination.

Discussion

In this study we have demonstrated that the addition of agonistic anti-CD40 Ab enhances

cDC1-mediated therapeutic efficacy of neoantigen/poly(I:C) vaccination, and identified a novel

link between antitumor efficacy of neoantigen vaccine and an increased frequency of circulating

neoantigen-specific CX3CR1+CD8+ T cells. Moreover, using mixed bone marrow chimeras from

Batf3-/-, CD40-/-, CD70-/-, and CD80/86-/- mice, we have shown critical roles of CD40 and

CD80/86 signaling in cDC1s for generation of neoantigen-specific CX3CR1+CD8+ T cells and

for the *in vivo* antitumor efficacy of neoantigen/CD40/TLR3 agonists vaccination.

Engagement of CD40 on DCs induces costimulatory molecules on their surface,

promotes their cytokine production, facilitates the cross-presentation of antigen,[26] and

synergistically augments expansion of both endogenous and adoptive transferred T cells.[22-24][33]

Our data further demonstrated that cDC1s play a critical role in antitumor efficacy of

TLR3/CD40 stimulation. Although Poly-ICLC (TLR3 agonist) has been used in neoantigen

vaccine clinical studies,[5][6] these findings underscore the implication of agonistic anti-CD40 Ab

in combination with Poly-ICLC to for the maximal engagement of cDC1 in vaccine-based

therapy.

The molecular and cellular mechanisms underlying differentiation of CX3CR1- to

CX3CR1+CD8+ T cells remain elusive. Recent studies have indicated that CD4+ T cell help or

agonistic anti-CD40 Ab facilitates generation of CX3CR1+CD8+ T cells.[34][35] Our results further

demonstrated the non-redundant requirement of CD40 signaling in cDC1s for the generation of

neoantigen-specific CX3CR1+CD8+ T cells. The observation that CD70 signaling in cDC1s was

dispensable for generation of the CX3CR1+ subset was unexpected given the several lines of

evidence suggesting that CD40 signaling relays the CD4+ T-cell help signal by the induction of

CD70 expression on DCs.[36] However, not all molecules regulated by CD4+ T cell help are

regulated by CD27, and cytokine signaling may have contributed to the generation of the

CX3CR1+ subset.[35] In support of this notion, IL-21 was found to modulate T-cell differentiation

and generation of CX3CR1+CD8+ T cells.[34][37] Additional mechanistic studies are needed to

further determine the signaling required for generation of the CX3CR1+ subset.

The lack of a reliable surrogate marker for clinical response remains the major limitation

of vaccine clinical trials. Mere presence of vaccine-primed tumor-specific T cells might not

correlate with effective regression of the tumor, and cannot be used as a standalone biomarker

for vaccine efficacy.[9] Our findings of an increased frequency of neoantigen-specific

CX3CR1+CD8+ T cells that have the ability to produce IFN-γ and GZMA after successful

vaccination align with the evidence from previous clinical studies showing that functional

assessment of T cells such as IFN-γ production and/or cytolytic activity was correlated with

response in patients treated with peptide vaccines.[38-40] Furthermore, this observation suggests the

potential utility of CX3CR1 as a blood-based predictive T-cell biomarker for other

immunotherapies such as immune checkpoint inhibitor therapy. Indeed, an increased frequency

of PB CX3CR1+CD8+ T cells has been observed in patients who responded to immune

checkpoint inhibitors.[41][42]

In summary, our study revealed cDC1-mediated potent antitumor efficacy of neoantigen

vaccine with dual CD40/TLR3 stimulation, identified a correlation between antitumor response

and the frequency of antigen-specific PB CX3CR1+CD8+ T cells, and provided the mechanistic

insight into the generation of CX3CR1+CD8+ T cells. These data suggest the maximal

engagement of cDC1s with CD40/TLR3 stimulation for the development of more effective

neoantigen vaccine therapy, and the potential implications of CX3CR1 as a circulating T-cell

biomarker for response in future clinical studies.

Declarations

Ethics approval and consent to participate

All performed animal experiments and procedures were reviewed and approved by the Roswell Park Comprehensive Cancer Center (RPCCC) IACUC. No human subjects were enrolled in any aspect of this study.

Consent for publication

N/A

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare no conflict of interest.

Author contributions

T.Y. contributed development of methodology, acquisition of data, analysis and interpretation of data, writing, review, and revision of the manuscript.

T.H, contributed development of methodology, acquisition of data, analysis and interpretation of data, review, and revision of the manuscript.

T.O. contributed acquisition of data, analysis and interpretation of data, review, and revision of the manuscript.

X.C. provided CD70-/- mice, review, and revision of the manuscript.

F.I. contributed conception and design, development of methodology, acquisition of data, analysis and interpretation of data, writing, review, and finalizing the manuscript.

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Figure 1 Effective neoantigen/CD40/TLR3 agonists vaccination correlates with generation of antigen-specific effector CX3CR1$^+$ CD8$^+$ T cells

(**A**) Experimental scheme for evaluation of neoantigen/anti-(α)CD40 antibody (Ab)/toll-like receptor (TLR3) agonist poly(I:C) vaccinations in an MC38 tumor model.

(**B**) Left shows survival curves in MC38-tumor bearing C57BL/6 mice in different treatment groups as indicated (n = 5 mice per group). Data shown are representative of two independent experiments. Right shows a scatter plot of tumor volumes against the frequency of Adpgk^{Mut} tetramer (Tet)$^+$ CX3CR1$^+$CD8$^+$ T cells in peripheral blood (PB) one week after 2nd vaccination. Black filled dots represent cured mice. Correlation is shown using Pearson correlation coefficients (R) and significance was determined using Spearman correlation.

(**C**) Representative FACS plots (left) and the frequency of the CX3CR1$^+$ subset (right) in Adpgk^{Mut}Tet$^+$CD8$^+$ T cells in PB of MC38-tumor bearing mice treated with various regimens as indicated (NT: no treatment). Numbers denote percentage of the CX3CR1$^+$ subset in Adpgk^{Mut} Tet$^+$CD8$^+$ T cells. (n = 5-9 mice per group). Data shown are pooled from two independent experiments.

(**D** and **E**) Representative FACS plots of CX3CR1$^-$ (left) or CX3CR1$^+$ (right) cells gated with Tet$^+$CD8$^+$ T cells in PB (**D**) and spleen (**E**) of MC38-tumor bearing mice after Adpgk^{Mut}/CD40/TLR3 agonists vaccinations. Numbers denote percentage of each marker-positive cells. Frequency of marker-positive cells from the CX3CR1$^-$ or CX3CR1$^+$ subset is shown in the right panels for each marker (n = 4 mice per group). PB was harvested one week after 2nd vaccination. NS not significant, *$P < 0.05$, **$P < 0.01$, ***$P < 0.001$ by log-rank (Mantel-Cox) test (B for survival), one-way ANOVA test with Tukey's multiple comparisons (**C**), or paired two-tailed t-test (**D** and **E**). Mean $\pm$ SEM.

Figure 2 CD40-dependent generation of antigen-specific CX3CR1⁺ CD8⁺ T-cell subsets upon neoantigen/CD40/TLR3 stimulation

(**A**) Representative FACS plots (left) and the frequency of the $CX3CR1^+$ subset (right) in $Adpgk^{Mut}\,Tet^+CD8^+$ T cells in PB of MC38-tumor bearing WT or $CD40^{-/-}$ mice treated with or without $Adpgk^{Mut}$/CD40/TLR3 agonists vaccination (Vac) (n = 4 mice per group). Numbers denote percentage of the $CX3CR1^+$ subset.

 (**B**) Representative FACS plots (left) and the frequency of the $CX3CR1^+$ subset (right) in $Adpgk^{Mut}\,Tet^+CD8^+$ T cells in PB of MC38-tumor bearing bone marrow chimeric mice (WT→WT or $CD40^{-/-}$→WT mice) treated with or without Vac (n = 4-8 mice per group). (**A** and **B**) PB was harvested one week after 2nd Vac. ****P <0.0001 by one-way ANOVA test with Tukey's multiple comparisons. Mean ± SEM.

Figure 3 Critical roles of CD40 signaling in cDC1s for antitumor efficacy of neoantigen/CD40/TLR3 agonists vaccination and generation of antigen-specific CX3CR1$^+$CD8$^+$ T cells.

(**A**) Representative FACS plots (left) and the frequency of the CX3CR1$^+$ subset (right) in Adpgk^{Mut} Tet$^+$CD8$^+$ T cells in PB of MC38-tumor bearing WT or Batf3 $^{-/-}$ mice treated with or without Adpgk^{Mut}/CD40/TLR3 agonists vaccinations (Vac) (n = 4 mice per group). Numbers denote percentage of the CX3CR1$^+$ subset.

(**B**) Representative FACS plots (left) and the frequency of the CX3CR1$^+$ subset (right) in Adpgk^{Mut} Tet$^+$CD8$^+$ T cells in PB of MC38-tumor bearing bone marrow chimeric mice (Batf3$^{-/-}$ and WT→WT or Batf3$^{-/-}$ and CD40$^{-/-}$→WT mice) treated with or without Vac. Data shown are pooled from two independent experiments. (**A** and **B**) PB was harvested one week after 2nd Vac.

(**C**) Tumor growth and survival curves in MC38 tumor-bearing mixed bone marrow chimeric mice (Batf3$^{-/-}$ and WT→WT or Batf3$^{-/-}$ and CD40$^{-/-}$→WT mice) treated with or without Vac (n = 10-11 mice per group).

*$P < 0.05$, **$P < 0.01$, ***$P < 0.001$ by one-way ANOVA test with Tukey's multiple comparisons (A, B), Mann-Whitney U test (C for tumor volume), or log-rank (Mantel-Cox) test (C for survival). Mean ± SEM (A, B).

Figure 4

Figure 4 Non-redundant requirement of CD80/86 but not CD70 signaling in cDC1s for antitumor efficacy of neoantigen/CD40/TLR3 agonists vaccination and generation of antigen-specific CX3CR1$^+$CD8$^+$ T cells.

(**A**) Representative FACS plots (left) and the frequency of the CX3CR1$^+$ subset (right) in Adpgk^{Mut} Tet$^+$CD8$^+$ T cells in PB of MC38-tumor bearing mixed bone marrow chimera (Batf3$^{-/-}$ and WT→WT or Batf3$^{-/-}$ and CD70$^{-/-}$→WT mice) mice treated with or without Adpgk^{Mut}/CD40/TLR3 agonists vaccinations (Vac) (n = 7 mice per group).

(**B**) Tumor growth curves in different treatment groups as indicated. (n = 7 mice per group)

(**C**) Representative FACS plots (left) and the frequency of the CX3CR1$^+$ subset (right) in Adpgk^{Mut} Tet$^+$CD8$^+$ T cells in PB of MC38-tumor bearing mixed bone marrow chimera (Batf3$^{-/-}$ and WT→WT or Batf3$^{-/-}$ and CD80/86$^{-/-}$→WT mice) mice treated with or without Vac (n = 7-9 mice per group).

(**D**) Tumor growth curves in different treatment groups as indicated (n = 7-9 mice per group).

(**A** and **C**) PB was harvested one week after 2nd Vac. NS not significant, *P <0.05, **P <0.01, ***P <0.001, ****P <0.0001 by one-way ANOVA test with Tukey's multiple comparisons (A, C) or Mann-Whitney U test (B, D). Mean ± SEM.

B16-F10: G C C A G T A T G A C C A A C A G G G A G C T C A T G

MC-38: G C C A G T A T G A C C A A C A T G G A G C T C A T G

Fig. S1 cDNA sequencing of mutated Adpgk neoantigen in MC38 cells

Total RNA was extracted from MC38 cells (Mutated Adpgk) along with B16F10 cells (wild type Adpgk), and subjected to cDNA synthesis for Sanger DNA sequencing. An asterisk indicates the mutation of G→T, resulting in arginine (R) to methionine (M) transformation on 304th amino acid sequences of Adpgk gene.

Fig. S2 Flow cytometry and gating of circulating Adpgk^{Mut} neoantigen-specific CD8$^+$ T cells in MC38-tumor bearing mice. Representative of greater than 5 independent experiments.

Table S1: Fluorochrome-conjugated antibodies used in flow cytometry

Antibody	Clone	Manufacturer
CD8	53-6.7	Biolegend
CD90.1	OX-7	BioLegend
CD90.2	53-2.1	BioLegend
CX3CR1	SA011F11	BioLegend
KLRG1	2F1	BD Biosciences
CD62L	MEL-14	Biolegend
4-1BB	17B5	BioLegend
IFN-γ	XMG1.2	BD Biosciences
Granzyme A	GzA-3G8.5	Thermofisher