Reprogramming brain immunosurveillance with engineered cytokines

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Abstract: Immune surveillance of the brain is regulated by resident non-neuronal cells and the blood-brain barrier. Dysregulation of immunosurveillance is a hallmark feature of several diseases including brain tumors that interact with and rely heavily on immune cells, suggesting that disrupting the neuroimmunology of tumors could slow their progression. Yet few tools are available to control brain immunology in vivo with local precision, and fewer yet are used for therapeutic intervention. Here, we propose engineered cytokines as a neuroimmune-modulation platform. We demonstrate that the residence time of cytokines in the brain can be tuned by binding them to the extracellular matrix or synthetic scaffolds. We then show that the aluminum hydroxide adjuvant (alum) is retained in the brain for 2 weeks. Tethering of inflammatory cytokines such as interleukins (IL) 2 and 12 to alum yields extended neuroinflammation and brain immunosurveillance after intracranial administration, while avoiding systemic toxicity. In mouse models of both immunologically hot and cold brain tumors, the intracranial deposition of alum-tethered cytokines causes significant delay in tumor progression. RNA profiling reveals that engineered cytokines engage both innate and adaptive immunity in the brain. These findings suggest that engineered cytokines can reprogram brain immunosurveillance, informing the development of future therapies for neuroimmune diseases.

Classical notions of brain immune privilege and isolation are being challenged as increasing evidence reveals mechanisms of brain immunosurveillance by peripheral immune cells and antigen drainage through meningeal lymphatics. Recent studies demonstrated that enhancing lymphatic drainage through lymphangiogenic factor VEGF-C can improve monoclonal antibody therapy targeting amyloid beta in Alzheimer’s disease or immune checkpoint blockade for brain cancer immunotherapy. Immunotherapy against established brain tumors could also be achieved with patient-specific chimeric antigen receptor (CAR) T cells, and in a recent clinical trial, CAR T cell immunotherapy was shown to improve clinical outcomes for children diagnosed with lethal pediatric gliomas. These elegant experiments highlight the utility of immune modulation and immunotherapy for treating central nervous system (CNS) diseases, and raise the question of whether other immuno-modulatory technologies such as engineered proteins can be adopted for CNS immunotherapy.

Interleukins (IL) 2 and 12 are inflammatory cytokines that polarize immune cells to mount a potent anti-cancer response. It was recently shown that intratumoral IL-12 can enhance CAR T cell immunotherapy in the brain, and that IL-12 synergizes with checkpoint blockade. Despite their therapeutic promise, clinical translation of inflammatory cytokines is impeded by their systemic toxicity stemming from protein activity away from the tumor. Rodent models of peripheral cancers, cytokines fused to substrates with high residence times in tumors have been shown to trigger immune infiltration and activation while eliminating toxicity associated with systemic administration. However, in contrast to the periphery, the ability of engineered cytokines to be retained in the brain and reprogram neuroinflammation is unknown given the putative immune-privileged status of this organ. Here, we test the hypothesis that extending the residence time of cytokines in the brain can similarly enhance immune rejection of established brain tumors and demonstrate anchored cytokines as a promising platform for neuroimmune engineering.

Anchoring of cytokines in peripheral tumors has been previously achieved by fusing them to proteins that bind to collagen in the extracellular matrix (ECM) or to synthetic scaffolds. To explore the utility of these two strategies in brain tissue, we chose the collagen-binding protein lumican as a means to anchor cytokines to the brain ECM, while...
Alum is a weak particle suspension that collapses into a depot in the presence of serum and is retained in the brain for weeks. (a) Graphical illustration of the two engineered cytokine systems used to tune brain immunosurveillance. (b) Retention of various protein systems evaluated using a diffusion-convection-reaction transport model. (c) Frequency sweep done with oscillatory rheology showing the dynamic modulus of alum is on the order of 1-10 Pa. (d) Neither shear/extensional forces via syringe (compared to gentle pipetting) nor temperature trigger the collapse of alum into an agglomerated depot. Serum, or albumin at serum concentrations, is sufficient to cause alum to become unstable and collapse. (e-f) Alum is retained in the brain for at least 2 wks whether injected in the striatum or in the pre-motor cortex (M2).

Figure 1. Alum is a weak particle suspension that collapses into a depot in the presence of serum and is retained in the brain for weeks. (a) Graphical illustration of the two engineered cytokine systems used to tune brain immunosurveillance. (b) Retention of various protein systems evaluated using a diffusion-convection-reaction transport model. (c) Frequency sweep done with oscillatory rheology showing the dynamic modulus of alum is on the order of 1-10 Pa. (d) Neither shear/extensional forces via syringe (compared to gentle pipetting) nor temperature trigger the collapse of alum into an agglomerated depot. Serum, or albumin at serum concentrations, is sufficient to cause alum to become unstable and collapse. (e-f) Alum is retained in the brain for at least 2 wks whether injected in the striatum or in the pre-motor cortex (M2).

aluminum hydroxide (alum) particles were chosen as a synthetic scaffold for binding cytokines fused to a phosphorylated alum-binding peptide (ABP, (Fig. 1a). Both of these anchoring strategies have been previously shown effective in eliciting immune activation in flank tumors.

To assess the cytokine retention in the brain in the two anchoring scenarios, we first developed a simple finite element model of mass transport in the brain interstitium (Fig. 1b, Supplementary Information). Our model adopts features from recent brain transport simulations into a proton mass transport model we recently reported. To capture the consequences of molecular weight on protein permeability, we rescaled a permeability model recently used to study protein transport in and out of flank tumors.

The model predicts that lumican, which binds to collagen IV, fused to a cytokine of interest (IL-2 chosen as an example) increases its residence time in the brain compared to IL-2 alone or mouse serum albumin (MSA) fused to IL-2 (MSA-IL-2) (Fig. 1b). Since the abundance of collagen relative to other biomacromolecules is lower in the brain compared to many tissues in the periphery, the retention may not be as prolonged compared to flank tumors. In contrast, our model predicts that alum-tethered proteins would remain in brain tissue for over two weeks (77% at 14 d, Fig. 1b), suggesting its applications in longitudinal studies in vivo. Consistent with our model, intracranial administration of lumican-MSA-IL-2 into the striatum (Fig. S1) of immune-competent C57BL/6J mice invoked a local influx of CD3+ cells at 1 week (wk) but not 2 wks following delivery (Fig. S2). For mice injected with alum-tethered cytokines, the presence of CD3+ cells was found even after 2 weeks following delivery (Fig. S3), demonstrating that the duration of neuroinflammation can be predicted and tuned by changing the residence time of cytokines.

Being a common vaccine adjuvant, alum has been safely used in the clinic for nearly a century. However, the effects of intracranially administered alum remain poorly characterized. The prior work in peripheral tissues that informed our finite element model and our experimental observations of inflammatory response in the brain suggest that this material can remain in biological environments for extended periods of time. Yet the material properties of alum under-
Figure 2. Alum-tethered cytokines can safely improve immunosurveillance against established brain tumors in vivo. (a) Graphic illustration demonstrating the strategy used to generate phosphorylated cytokines that adsorb to alum. (b) *In vitro* adsorption assay at 1 h demonstrating that MSA-IL-2 and IL-12 fused to the alum-binding phosphoserine moiety ABP can bind to alum at the same time without displacing the other. (c) Tumor inoculation and treatment strategy using orthotopic GL261 gliomas in the striatum of immune-competent C57BL/6J mice. (d) Weight loss data after treatment, demonstrating that intracranially injected MSA-IL-2 and IL-12 cause significant weight loss, whereas alum-tethered cytokines do not. An ordinary one-way ANOVA statistical analysis was conducted on day 3 weights. ****p<0.0001. (e) Tumor inoculation and treatment strategy using syngeneic B16F10 melanomas in the striatum of immune-competent C57BL/6J mice. (g) Weight loss data after treatment against B16F10 tumors, which included the tumor-targeting antibody TA99 and aPD1. Untethered cytokines in this paradigm cause significant weight loss; all mice reach euthanasia criteria 3 d after treatment. An ordinary one-way ANOVA statistical analysis was conducted on day 3 weights. ****p<0.0001.

Given that these rheological properties of alum do not immediately suggest that it forms a tightly crosslinked depot in vivo, we investigated whether a temperature rise to 37°C, exposure to shear/extensional forces through injection, or the addition of serum (Fig. 1d-e) could change its properties. Neither temperature nor shear/extensional forces triggered macroscopic changes in alum suspensions, whereas the addition of serum proteins induced rapid alum precipitation (Fig. 1d). We then examined the ability of alum to collapse into such a depot in the brain by tagging the alum with a fluorescently labeled phosphoserine peptide and imaging brain slices 2 wks after injection (Fig. 1e-f). Interestingly, alum persists in the brain even 2 wks after injection in both the striatum (Fig. 1e) and pre-motor cortex (M2) (Fig. 1f). The retention of alum in the brain supports its utility in facilitating protein retention and a durable immune response in the context of brain tumors.
tumors.

To investigate the therapeutic potential of alum-bound engineered cytokines, we inoculated immunologically infiltrated ‘hot’ orthotopic glioblastoma (GL261) or immunologically suppressive ‘cold’ syngeneic melanoma (B16F10) in the striatum of immune-competent mice and treated intratumorally with two cytokines, MSA-IL-2 (MSA used to enhance expression) and IL-12. Both cytokines were tethered to alum particles (Fig. 2a) by introducing a C-terminal alum-binding phosphoserine moiety (ABP). These phosphoserine affinity tags provide stable binding of proteins to alum via ligand exchange reactions of the phosphate groups with surface aluminum hydroxide groups. MSA-IL-2-ABP and IL-12-ABP both bind to alum, and binding of one does not sterically exclude the other from adsorbing (Fig. 2a, S4). In established GL261 glioblastomas (GBs), treatment with 4 µg of MSA-IL-2 and 2 µg of IL-12 tethered to 10 µg of alum resulted in a substantial survival benefit over control saline, alum, or unanchored MSA-IL-2 and IL-12 treatments (Fig. 2d-f). Unanchored cytokines evoked systemic toxicity that caused 4 of 8 mice to reach euthanasia criteria 3 days following treatment (Fig. 2e). To treat the more aggressive B16F10 tumors, we increased the dosage to 10 µg of MSA-IL-2 and 5 µg of IL-12 tethered to 12.5 µg of alum. To more closely match previously established treatment paradigms for B16F10 peripheral melanomas, the tumor-targeting antibody TA99 and immune checkpoint blockade (anti-PD-1 monoclonal antibodies; aPD1) were also deployed intraperitoneally (i.p.). At these doses, saline or alum alone had poor survival outcomes (Fig. 2g-i). This dose of unanchored cytokines resulted in potent systemic toxicity, and all mice in that treatment group reached the euthanasia criteria 3 days after treatment. By contrast, cytokines tethered to alum did not elicit such pronounced systemic toxicity and resulted in significant survival benefit over the control groups (Fig. 2i). This therapeutic response was not specific to the striatum. We observed that alum is retained in both deep and more superficial cortical brain regions (Fig. 1e-f). When we inoculated melanoma tumors in the pre-motor cortex and treated mice 4 days later, we also observed a survival benefit (Fig. S5) with significant differences in locomotor behavior between treated and untreated animals (Fig. S6). The ability of the alum depot to collapse near where it was injected enables spatial specificity of cytokine localization for brain cancer immunotherapy.

The ability of the alum depot to be retained near the injection site enables spatial resolution of cytokine localization for brain immunotherapy. Outside the CNS, IL-2 and IL-12 therapies rely on T cells. IL-2 and IL-12 promote T cell expansion and differentiation towards effector phenotypes, respectively. IL-12 also has the ability to directly engage with innate immune cells such as natural killer (NK) cells. As a vaccine adjuvant, alum triggers an inflammatory response that enhances trafficking to the depot, with subsequent antigen uptake and migration to the lymph node by infiltrating cells. Surprisingly, 2 wks after an alum-only injection in the brain, CD3+ cells could be found near the depot in both the striatum and the pre-motor cortex (Fig. 3a). This was surprising considering there were no tumors, no neo-antigens, nor any exogenous cytokines. Given this property, we next examined whether alum caused large changes to brain immunosurveillance everywhere, or if this effect was more spatially restricted, focal effect. We dissected out the dura 2 wks after injection and stained for CD3+ cells near the craniotomy or the sinus (Fig. 3b-c). We did not observe a very large population of T cells in the dura, suggesting again the effect on T cell trafficking was more focal.

To further elucidate the neuroimmuno-modulatory effects of alum and alum-tethered cytokines, we quantified transcripts associated with cell proliferation, viability, and inflammation with RNA profiling. Mice were inoculated with B16F10 tumors in the striatum and treated with saline, alum only, or with MSA-IL-2 and IL-12 (all tumor-bearing mice also received TA99 and aPD1) 4 d later. RNA was extracted from brain tissue sections (Qiagen FFPE RNEasy) 10 d following tumor inoculation and analyzed through the nCounter(R) Mouse Neuroinflammation panel (Fig. 3, see Methods). In tumor-bearing mice injected with alum-tethered cytokines, a substantial increase in transcripts of genes associated with multiple inflammatory pathways was detected (Fig. 3d-e), suggesting that alum-tethered MSA-IL-2 and IL-12 engaged with innate and adaptive immune signaling cascades (Fig. 3f-g). This increase was not observed in healthy mice or tumor-bearing mice treated with saline or alum alone.

The tethered cytokines led to an increased count of Gp48/4 transcripts, which are associated with myeloid cells such as microglia (Fig. 3h), as well as Tnf transcripts, which encode for the inflammatory cytokine produced by microglia, T cells, and NK cells (Fig. S7). We also observed upregulation of chemokine transcripts such as Ccl2, which promotes the infiltration of dendritic cells (DCs) and T cells (Fig. 3i). Furthermore, an upregulation of Ctsw (Fig. 3j) and Gzma (Fig. 3k), which are genes associated with cytotoxic T cell function, was observed in tethered cytokine-treated tumor-bearing mice. Overall, in subjects treated with alum-anchored cytokines, 342 genes are differentially expressed over saline-treated controls, compared to 3 genes being differentially expressed in subjects treated with alum alone (Fig. S8). Interestingly, the 3 differentially expressed genes were Ccl2, Ccl7, and Tgml1, supporting the notion that alum itself exhibits inflammatory effects, though significantly lower than those associated with bound cytokines.

Interestingly, the brain tissue of tumor-bearing mice treated with alum-anchored cytokines was enriched for expression of genes commensurate with healthy brain function, including those involved in carbohydrate or lipid metabolism, which was more similar to brain tissue from...
naive subject than the animals bearing tumors but treated with saline or alun alone (Fig. 3d). Similar trends were observed for genes marking neuron and oligodendrocyte viability (Grm2, Myrf, and Tmem88, Fig. S9). Additionally, cells important to blood-brain barrier (BBB) maintenance and function were closer to a healthy brain in mice treated with anchored cytokines (Fig. S9). These findings consistent with observations of behavior (Fig. S6) suggest that alun-tethered cytokines preserve neuronal function and dynamics for greater periods of time at least in part by promoting immune surveillance of tumors.

In this work, we show that engineered cytokines can be used to reprogram the immune profile of the brain and trigger neuroinflammation for different periods of time (Fig. S10). We also show that alun-tethered cytokines impede the progression of established brain tumors. Investigating the material properties of alun revealed that alun forms a depot in the brain that persists for >2 wks. Intratumorally, intracranially injected alun-tethered MSA-IL-2 and IL-12 cause a potent anti-tumor immune response and engage both innate and adaptive immune mechanisms. Our findings indicate that engineered proteins can safely and locally alter the immune profile of the brain, empowering studies of neuroimmune interactions in health and disease.

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