IL-12-expressing highly immunogenic recombinant modified vaccinia virus Ankara reprograms tumor-infiltrating myeloid cells to overcome immune resistance

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Abstract

Novel strategies to reprogram tumor-infiltrating myeloid cells for cancer immunotherapy are urgently needed, given that the primary and acquired resistance to immune checkpoint blockade (ICB) therapy has hindered the overall success of immunotherapy. Modified vaccinia virus Ankara (MVA) is a highly attenuated, non-replicative vaccinia virus and an approved vaccine against smallpox and monkeypox. Here we report rational engineering of recombinant MVA, MQ833, by removing three immune suppressive genes, E5R, E3L, and WR199, from the MVA genome and inserting three transgenes encoding Flt3L, OX40L, and IL-12. Intratumoral (IT) delivery of MQ833 generates potent antitumor responses dependent on CD8$^+$ T cells, neutrophils, and M1-like macrophages, the nucleic acid-sensing pathways mediated by MDA5/STING, and interferon feedback loop. IT MQ833 promotes the recruitment and activation of neutrophils and inflammatory monocytes into the injected tumors, depletion of M2-like macrophages, and expansion of M1-like macrophages, generating potent antitumor immunity against tumors resistant to ICB.

Introduction

The tumor immune microenvironment (TIME) comprises heterogeneous types of myeloid cells and lymphocytes, whose antitumor functions are often disabled by the hostile environment of growing tumors[1, 2, 3]. The major challenges of cancer immunotherapy are to reprogram myeloid cells and to reinvigorate lymphocytes for potent and persistent antitumor activities[4, 5, 6, 7, 8, 9]. Immunogenic viruses are one of the strategies to alter TIME for enhancing antitumor immunity[10, 11, 12, 13]. However, whether viral replication and oncolysis are required for viral-induced antitumor immunity is still being debated[14, 15, 16, 17].

Modified vaccinia virus Ankara (MVA) is a large cytoplasmic non-replicative DNA virus derived from replicating vaccinia virus Ankara strain through 570 passages in chicken embryonic fibroblasts leading to its attenuation[18]. The MVA genome contains large deletions and mutations in genes involved in virus-host interaction and viral immune evasion[19]. MVA was recently approved as a vaccine against smallpox and monkeypox[20], and has been investigated intensively as a vaccine vector against other infectious diseases and cancers[21,22]. The advantages of using MVA as a viral vector for cancer immunotherapy include: (i) its safety in the normal population and immune-compromised patients such as those with human immunodeficiency virus (HIV) infection[23]; (ii) its large DNA genome, which offers stability and space for transgene insertion; (iii) its ability to infect multiple cell types including tumor and immune cells and efficient expression of transgenes in the infected cells; and (iv) the immunogenicity of the virus, which can be further improved by removing immune suppressive genes.

We have previously shown that MVA infection of dendritic cells can moderately induce type I interferon production via the cytosolic DNA-sensing pathway dependent on cyclic GMP-AMP synthase (cGAS)[24]. Intratumoral injection of heat-inactivated MVA generates potent antitumor immunity via cGAS and is dependent on CD8$^+$ T cells and Batf3-dependent CD103$^+$ dendritic cells[17]. We also compared the antitumor immunity of live oncolytic vaccinia virus with a heat-inactivated version and found that inactivated oncolytic vaccinia generates more potent antitumor effects[16]. These results led us to conclude that vaccinia viral replication and oncolysis is not essential for the induction of antitumor immunity. Instead, the activation of the innate

immune system within the tumor is crucial for antitumor responses. Based on these results, we

engineered our first generation non-replicative recombinant MVA (rMVA or MQ710),

MVAΔE5R-Flt3L-OX40L, which activates the cGAS/STING pathway and depletes immune-

suppressive OX40^{hi} regulatory T cells via OX40L-OX40 interaction and IFNAR signaling[25].

However, how innate immune sensing and type I IFN pathways contribute to viral-induced

antitumor immunity at individual immune cell type is not well understood.

In this study, we designed our second generation recombinant MVA (MQ833) by deleting two

more immune suppressive genes and adding a third transgene encoding an extracellular matrix-

anchored interleukin 12 (IL-12). Our results demonstrated that in addition to promoting the

generation of effector CD8$^+$ T cells, intratumoral (IT) delivery of IL-12 expressing immunogenic

recombinant MVA results in the recruitment and activation of neutrophils and M1-like

macrophages via the nucleic acid-sensing pathways and IFN signaling. As a result, IT MQ833

demonstrated antitumor efficacy in B2m$^{-/-}$ tumors resistant to CD8$^+$ T cell killing. Collectively,

our results provide novel insights into how IT IL-12 expressing immunogenic virus reprograms

myeloid cells for antitumor immunity.

Results

The design of a highly immunogenic second-generation recombinant MVA (MQ833)

Our previous study identified that the E5R gene of the MVA genome encodes a potent inhibitor of the DNA sensor cGAS[26]. Infection of mouse bone marrow-derived dendritic cells (BMDCs) with MVA lacking the E5R gene (MVAΔE5R) generates high levels of IFN-β production and promotes DC maturation, which is dependent on cGAS[26]. We engineered our first-generation recombinant MVA (rMVA or MQ710), MVAΔE5R-hFlt3L-mOX40L, by inserting an expression cassette containing two transgenes encoding membrane-bound human Flt3L and murine OX40L linked by a P2A self-cleaving sequence into the E5R gene[25]. Flt3L encodes a growth factor for DCs[27], and OX40L encodes a co-stimulatory ligand for OX40-expressing T cells[28]. Intratumoral (IT) delivery of rMVA (MQ710) generates strong antitumor immunity in multiple tumor models, which is dependent on CD8$^+$ T cells, the cGAS/STING pathway, and IFNAR feedback loop[25]. IT rMVA (MQ710) also leads to depletion of intratumoral OX40^{hi} regulatory T cells via OX40L/OX40 interaction and IFNAR signaling[25]. To further potentiate the antitumor efficacy of the virus, we designed our second-generation recombinant MVA (MQ833) by removing two more viral immune evasion genes, E3L and WR199, and inserting the gene encoding interleukin 12 (IL-12) anchored to extracellular matrix to prevent systemic toxicity.

Vaccinia E3 and E5 synergize to inhibit the MDA5/STING-mediated nucleic acid-sensing pathways in tumor cell lines

Our previous work has shown that the vaccinia E3L gene encodes another viral immune evasion factor that attenuates the cytosolic dsRNA sensing pathway[29]. Deleting both the E5R and E3L genes in MVA synergistically boosted type I IFN production in multiple tumor cell lines (Extended Data Fig. 1a). To assess whether this effect is dependent on the MDA5 and STING signaling pathways, we generated *Mda5*$^{-/-}$ and *Mda5*$^{-/-}$*Sting*$^{-/-}$ B16-F10 cell lines using CRISPR-Cas9. MVAΔE3LΔE5R infection resulted in elevated p-IRF-3 production in WT B16-F10 cells. However, in *Mda5*$^{-/-}$ tumor cells, p-IRF-3 induction was dramatically reduced. MVAΔE3LΔE5R failed to induce p-IRF-3 in *Mda5*$^{-/-}$*Sting*$^{-/-}$ B16 cells (Extended Data Fig. 1b). In addition, MVAΔE3LΔE5R induced IFN-β secretion from B16-F10 cells was attenuated in *Mda5*$^{-/-}$ and

Mda5⁻ᐟ⁻Sting⁻ᐟ⁻ B16-F10 cells (Extended Data Fig. 1c). These results indicate that

MVAΔE3LΔE5R-induced IFN production in melanoma cells depends on MDA5 and STING-

mediated pathways.

Deletion of the E3L gene from MQ710 improves the generation of tumor-specific T cells in vivo

We made sequential depletions in rMVA (MQ710) to generate rMVAΔE3L and

rMVAΔE3LΔWR199 (MQ832) and assessed the generation of antitumor T cells in vivo. In a

bilateral B16-F10 murine melanoma model, 5×10^5 and 2.5×10^5 B16-F10 cells were

intradermally implanted into the right and left flanks, respectively. When the tumors were

established, the larger tumors were injected twice three days apart with either heat-inactivated

MVA (Heat-iMVA), rMVA (MQ710), or rMVAΔE3L. PBS was used as a control (Extended

Data Fig. 2a). IT rMVA (MQ710) and rMVAΔE3L generated higher levels of Gzmb⁺ CD8⁺ T

cells in the injected and non-injected tumors compared with heat-iMVA or PBS (Extended Data

Fig. 2b). IT rMVA (MQ710) and rMVAΔE3L reduced OX40⁺ Tregs in the injected tumors

whereas IT heat-iMVA failed to do so (Extended Data Fig. 2c). ELISPOT result showed that

rMVAΔE3L treatment generated stronger antitumor T cell responses in the spleens than rMVA

(MQ710) or Heat-iMVA (Extended Data Fig. 2d).

The vaccinia WR199, also known as the MVA186 gene, encodes a 68-kDa protein consisting of

N-terminal ankyrin repeats and a C-terminal F-box-like domain. WR199 protein interacts with

the SCF (Skp1, cullin1, F-box-containing complex) via the F-box-like domain[30] and is reported

to be involved in poxvirus genome uncoating and DNA replication in mammalian cells[31]. In

addition to E5, WR199 protein was also identified as a cGAS inhibitor[26], although its mechanism

of action is still under investigation. We generated rMVAΔE3LΔWR199 by deleting WR199

from rMVAΔE3L and named this virus as MQ832. IT MQ832 generated slightly higher levels of

Gzmb⁺CD8⁺ T cells and lower levels of OX40ʰⁱTregs than rMVAΔE3L (Extended Data Fig.

2e,f).

Interleukin 12 (IL-12) is a well-studied cytokine for its stimulatory effect on T and NK cells[32,33]

and local delivery of IL-12 expressed by oncolytic viruses enhanced antitumor potential [34,35,36].

IL-12 is a disulfide-linked heterodimer composed of p40 subunit encoded by the Il12b gene and p35 subunit encoded by the Il12a gene. To further potentiate the immunogenicity of our virus, we inserted an expression cassette with Il12b and Il12a linked by sequences encoding the P2A peptides under the control of a modified H5 promoter [37] into the WR199 locus to generate the final product MQ833 (Fig. 1a,b). In addition, the p35 subunit of Il-12 is tagged with matrix-binding sequence at the C-terminus to prevent its systemic release and associated toxicities (Fig. 1a,b).

MQ833 activates the cGAS/STING mediated DNA-sensing pathway and promotes IFN production

We first verified the expression of the three transgenes by flow cytometry and ELISA (Fig. 1c, d). Infection of B16-F10 murine melanoma cells with MQ833 results in the robust expression of hFlt3L and mOX40L on the surface of infected cells at 16 h post-infection (Fig. 1c). MQ833 infection of B16-F10 cells also resulted in the secretion of mIL-12 as determined by ELISA of mIL-12p40 (Fig. 1d). Infection of MQ832 and MQ833 resulted in strong induction of *Ifnb* gene expression and IFN-β production in B16-F10 cells (Fig. 1e, f). Western blot analyses showed stronger induction of phosphorylation of STING and IRF3 in MQ832 and MQ833-infected B16-F10 cells compared with MVA (Fig. 1g). These findings indicate that the triple deletion of E5R, E3L, and WR199 caused dramatic enhancement of the ability of the virus to induce type I IFN production and proinflammatory cytokines and chemokines from infected tumor cells in vitro. In addition, Both MQ832 and MQ833 infection in BMDC led to high levels of IFN-β production in a STING-dependent manner (Fig. 1h). MQ833 infection in BMDCs resulted in activation of the cGAS/STING pathway and elevated p-IRF3 expression (Fig. 1i).

To test whether IL-12 expression by MQ833 promotes antigen-specific T cell activation, CD11c$^+$ splenic DCs isolated from WT or cGAS$^{-/-}$ mice were infected with MVA, MVAΔE5R, or MQ833 at a MOI of 3. Cells were then pulsed with OVA and washed after three hours, and then incubated with OT-1 cells at a DC:T cell ratio of 1:3. Supernatants were collected and IFN-γ levels in the supernatants were determined by ELISA (Fig. 1j). MQ833 infection of DCs resulted in much higher levels of IFN-γ production compared with MVAΔE5R (Fig. 1k). Whereas

MVAΔE5R-induced OT-1 T cell activation was largely dependent on cGAS, MQ833-induced OT-1 cell activation was slightly reduced when co-cultured with cGAS$^{-/-}$ DCs (Fig. 1k). These results demonstrated that the IL-12 in MQ833 is functional, and MQ833-induced antigen cross-presentation is only partially dependent on cGAS. We also generated Flt3L-cultured BMDCs and sorted CD103$^+$ DCs for antigen cross-presentation assay. Similar to what we observed in splenic CD11c DCs, infection of cultured CD103$^+$ DCs with MQ833 promoted antigen cross-presentation and antigen-specific T cell activation at a much higher level than MVAΔE5R (Fig. 1j,l). To test whether MQ833-induced T cell activation requires DC and T cell contact, we collected supernatants from infected BMDCs and incubated them with OT-1 cells for three days. Adding supernatants from BMDCs infected with MQ833 stimulated OT-1 T cells to produce IFN-γ, but they produced much lower levels of IFN-γ without DCs compared with DC/T cell co-culture (Fig. 1j,m).

Validation of clinical candidate hMQ833 (MVAΔE5R-hFlt3L-hOX40L-ΔE3L-ΔWR199-hIL-12)

We engineered a humanized MQ833 (hMQ833) by substituting mOX40L and mIL-12 with their human counterparts. Infection of human monocyte-derived DCs (moDCs) with hMQ833 resulted in the expression of hFlt3L and hOX40L on the cell surface of infected cells (Extended Data Fig. 3a) at similar levels as hMQ710 (MVAΔE5R-hFlt3L-hOX40L). ELISA analysis of the supernatants revealed high levels of IL-12p70 protein secreted by moDCs infected by hMQ833 but not by hMQ710 (Extended Data Fig. 3b). Infection of moDCs with hMQ833 resulted in stronger induction of IFNB and CXCL10 gene expression than hMQ710 determined by RT-PCR analysis (Extended Data Fig. 3c).

To test whether human IL-12 (hIL-12) produced by hMQ833-infected moDCs is functional, we performed a co-culture experiment in which human moDCs were infected with either MVA, hMQ710, mMQ833, or hMQ833 for 1 h, then cells were washed to remove the viruses and co-cultured with either allogenic or autologous CD4 or CD8 T cells at a DC:T ratio of 1:5. Supernatants were collected at 72 h post co-culture. IFN-γ levels in the supernatants were measured by ELISA (Extended Data Fig. 3d). In the allogenic DC and T cell co-culture conditions, hMQ833 infection of moDCs resulted higher levels of IFN-γ secretion by activated T

cells compared with mMQ833. Allogenic CD4 T cells secreted more IFN-γ than CD8 T cells.

Neither MVA nor hMQ710 promoted IFN-γ secretion. These results indicate that both hIL-12

produced by moDCs infected with hMQ833 and mIL-12 produced by moDCs infected with

mMQ833 were able to stimulate allogenic CD4 or CD8 T cells to produce IFN-γ, with the hIL-

12 being more potent than mIL-12.

In the autologous DC and T cell co-culture conditions, IFN-γ levels were lower than those

observed in the allogeneic DC and T cell co-culture, and autologous CD4 and CD8 T cells, once

stimulated by DCs, produced similar levels of IFN-γ. hIL-12 was more potent than mIL-12 in

stimulating autologous CD4 and CD8 T cells to produce IFN-γ (Extended Data Fig. 3e).

Intratumoral delivery of MQ833 expressing IL-12 generates more potent antitumor effects

than MQ832

Next, we compared the antitumor effects of MQ833 with MQ832 in a murine B16-F10

melanoma model. Briefly, B16-F10 murine melanoma cells were implanted intradermally in

C57BL/6J mice. MQ833 were injected into the tumors twice weekly (4 x 10^7 pfu per mouse per

injection) and tumor sizes were measured, and mouse survival was monitored (Fig. 2a).

Intratumoral delivery of MQ833 generates a 100% cure in B16-F10 tumor-bearing mice,

significantly higher than the 40% survival rate generated by MQ832 treatment (Fig. 2b-d). IT

MQ833 also resulted in 100% cure in a MC38 murine colon cancer model compared with 60%

cure in the group of mice treated with MQ832 (Extended Data Fig. 4a,b). These results indicate

that in a unilateral tumor model, IT MQ833 treatment resulted in better antitumor efficacy than

MQ832. In a large tumor bilateral MC38 tumor implantation model, we found that IT MQ833

was more effective than MQ832 in delaying tumor growth and extending medium survival time

(Extended Data Fig. 4c-e).

To test the abscopal antitumor response induced by IT MQ833 and whether that could be

enhanced with the combination of systemic delivery of ICB, we used a bilateral B16-F10

implantation model. Briefly, 7.5 x 10^5 and 1.5 x 10^5 B16-F10 were implanted intradermally into

the right and left flanks of C57BL/6J mice. MQ833 or MQ832 were injected into the tumors on

the right flank twice weekly. IT MQ833 eradicated most of injected tumors, significantly delayed

distal non-injected tumor growth and generated a 40% cure in this bilateral model, whereas

tumor-bearing mice treated IT MQ832 had no survivors (Extended Data Fig. 5a-c). Combination

therapy of IT MQ833 with intraperitoneal delivery of anti-PD1, anti-PD-L1, and anti-CTLA-4

antibodies resulted in a survival rate of 60% (Extended Data Fig. 5a-c). Collectively, these

results indicate that IT MQ833 generates stronger abscopal effects in the noninjected tumors than

MQ832, which can be synergized with systemic delivery of ICB.

We hypothesized that modulation of the tumor-infiltrating T cells might account for the MQ833-

induced antitumor efficacy. Using a bilateral B16-F10 tumor implantation model, we

intratumorally delivered MQ833 or MQ832 into the larger tumors on the right flanks twice with

three days apart. Both the injected and non-injected tumors were harvested two days after the

second injection. We observed that both MQ833 and MQ832 treatment resulted in the increase

of Granzyme B$^+$ CD8$^+$ and KLRG1$^+$ CD8$^+$ T cells and reduction of Foxp3$^+$ regulatory CD4$^+$ T

(Tregs) cells. IT MQ833 is more effective in reducing Tregs in both injected and non-injected

tumors than MQ832 (Fig. 2e,f, Extended Data Fig. 6a-c).

MQ833-induced antitumor efficacy is dependent on STING/MDA5-mediated nucleus acid-

sensing pathways and STAT2-mediated type I IFN signaling pathway

Given that MQ833 was designed to activate both the cytosolic DNA and dsRNA-sensing

pathways, we predict that its antitumor effects would be reduced in mice deficient of these

pathways. To test that, we implanted B16-F10 melanoma cells into the right flanks of WT,

Sting$^{Gt/Gt}$, *Mda5*$^{-/-}$, and *Sting*$^{Gt/Gt}$*Mda5*$^{-/-}$ mice. IT MQ833 resulted in 81% cure in WT mice and

45%, 46%, and 40% cure in *Sting*$^{Gt/Gt}$, *Mda5*$^{-/-}$, and *Sting*$^{Gt/Gt}$*Mda5*$^{-/-}$ mice, respectively (Fig. 2g,

h). These results indicate that both the cytosolic DNA and dsRNA-sensing pathways in the

tumor-bearing mice are important for IT MQ833-induced antitumor effects.

We have previously shown that type I IFN signaling pathway is important for rMVA (MQ710)-

induced antitumor effects. Here we found that tumor-bearing *Stat2*$^{-/-}$ mice also responded poorly

to IT MQ833 treatment (Fig. 2g, h) with only an 11% cure rate, confirming the importance of

IFNAR/STAT2 pathway in viral-induced antitumor immunity.

Single-cell RNA sequencing (scRNA-seq) approach to interrogate the remodeling of tumor immune microenvironment (TIME) after IT delivery of MQ833

We next performed a series of scRNA-seq experiments to investigate the following questions: (i) how does IT MQ833 alter TIME? (ii) what are the roles of nucleic acid-sensing and IFNAR/STAT2 signaling pathways in regulating the transcriptomes of the myeloid and T cell populations? and (iii) what is the role of IL-12 expressed in the MQ833-injected tumors in modulating innate and adaptive immune responses?

In the first experiment, we sorted CD45$^+$ immune cells from B16-F10 tumors that had been implanted intradermally in WT, $Sting^{Gt/Gt}Mda5^{-/-}$, and $Stat2^{-/-}$ mice, harvested at two days after one dose of IT MQ833 and performed scRNA-seq analyses (Fig. 3a). Unsupervised clustering revealed a total of 19 distinct clusters among the tumor-infiltrating CD45$^+$ immune cells, including four T and NK cell clusters (C1-4), seven monocyte-macrophage clusters (C5-11), one neutrophil cluster (C12), four DC clusters (C13-16), and one B cell cluster (C17). There are small populations of undefined cells (C19) and melanoma cell contamination (C18) observed (Fig. 3b,c). To verify our annotation for each cluster, we computed the expression score of a set of known cellular markers for each cell type. Expression of markers for T cells (*Cd3d, Cd3g, Trbc2*), regulatory T cells (*Foxp3, Tnfrsf4, Tnfrsf18*), NK cells (*Ncr1, Nkg7, Prf1, Xcl1, Gzma*), DCs (*Itgax, H2-Eb1, Ccr7, Siglech, Wdfy4*), M2-like macrophages (*Apoe, C1qa, Mrc1, Pf4*), M1-like macrophages (*Cxcl10, Chil3, Plac8, Ly6c2*), inflammartoy monocytes (*Fcgr1, Il18bp, Ccl12, Ccl7*), and neutrophils (*S100a9, S100a8, Cxcl2*) correlated well with the cluster annotation (Fig. 3c, Extended Data Fig. 7a).

We are particularly interested in the myeloid cell dynamics in an acute response to IT MQ833. At two days post MQ833 injection, we observed rapid recruitment of inflammatory monocytes (C5) and neutrophils (C12) into the injected tumors. The percentages of C5 and C12 out of CD45$^+$ immune cells expanded from 1% to 29% and 0.3% to 12%, respectively (Fig. 3d, e). On the other hand, the percentages of M2-like resident macrophages decreased from 13% to 0.6%, whereas the percentages of M1-like macrophages increased from 8.3% to 17% (Fig. 3d,e). We identified 4 DC clusters, cDC1, cDC2, pDC, and migrating DCs. The percentages of cDC1s in

the tumors were reduced from 4.7% to 0.5% after IT MQ833, suggesting that activation of cDC1

facilitates its migration to the draining lymph nodes (Fig. 3d,e).

IT MQ833 treatment on $Sting^{Gt/Gt}Mda5^{-/-}$ (DKO) resulted in the dramatic reduction of recruited

neutrophils compared with that in WT mice (2% in DKO vs. 12% in WT mice), modest

reduction of inflammatory monocytes recruitment (20% in DKO vs. 29% in WT mice), and less

efficient depletion of M2-like macrophages (6% in DKO vs. 0.6% in WT mice), although M1-

like macrophage polarization/activation was similar to that in WT mice (Fig. 3d,e). IT MQ833

reduced cDC1 from 6.2% to 2.1% in DKO mice, suggesting less efficient activation of cDC1 in

DKO mice compared with WT mice (Fig. 3d,e).

Tumor-infiltrating $CD45^+$ immune cells in $Stat2^{-/-}$ mice showed some unique features compared

with WT mice. We observed two M2-like resident macrophage (C10) and M2-like proliferating

macrophage clusters (C11) unique to $Stat2^{-/-}$ mice in PBS mock-treated tumors. Upon IT MQ833

treatment, these two populations decreased from 21% to 0.1% and from 8.5% to 2% respectively.

By contrast, IT MQ833 resulted in a dramatic increase of M1-like macrophage (C9) in $Stat2^{-/-}$

mice from 0.7% to 46%, as well as an increase of neutrophils (C12) from 0.17% to 16.5% (Fig.

3d,e).

Gene set enrichment analysis (GSEA) of differentially expressed genes by $CD45^+$ immune cells

sorted from MQ833-treated tumors vs. PBS mock-treated tumors revealed strong induction of

genes involved in the IFNA and IFNG responses and TNF signaling, followed by

IL6/JAK/STAT3 signaling, apoptosis, hypoxia, complement, IL2/STAT5 signaling pathways

(Fig. 3f,g). On the other hand, genes involved in oxidative phosphorylation and Myc targets are

downregulated after MQ833 injection (Fig. 3f,g).

Heatmap of the expression of genes involved IFNA and IFNG responses showed that IT MQ833

induced the expression of large array of IFN-stimulated genes in $CD45^+$ immune cells from WT

mice and such responses were dramatically attenuated in DKO mice and absent in $Stat2^{-/-}$ mice

(Fig. 3h). For example, $Ifih1$ (which encodes MDA5) was confirmed to be absent in $CD45^+$ cells

from DKO mice. IT MQ833 induced the expression of Ifih1 in WT mice but not in $Stat2^{-/-}$ mice.

Similarly, *Zbp1* and *Adar* expressions were attenuated in DKO mice and absent in *Stat2*^{-/-} mice.

Other examples with similar differential expression patterns include transcription factors *Stat2*

and *Irf7*, cytokines and chemokines such as *Cxcl10*, *Ccl7*, *Il6*, and *Il15*, and ISGs including

Rsad2, *Isg15*, *Ifit3, and Ifitm3*. *B2m* expression was reduced in DKO cells and absent in *Stat2*^{-/-}

cells (Fig. 3h).

Among all the cell clusters, neutrophils are one of the most heavily infected cells by MQ833

injection (Extended data Fig. 7b,c). Therefore, we sought to refine the analysis on the neutrophil

cluster. We analyzed differential gene expression in recruited neutrophils from WT mice after IT

MQ833 vs. PBS. *B2m*, *Isg15*, Gbp2, *Ifit3*, *Cxcl10*, and *Irf7* are among the top regulated genes

(Fig. 3i,j). The comparison of gene expression between neutrophils from WT and *Stat2*^{-/-} mice

showed that neutrophils were sensitive IFN stimulation by expressing innate immune sensors,

cytokines and chemokines, ISGs and activation markers (Fig. 3i,j). Interestingly, MQ833

induced expression of antitumor-related genes from neutrophils such as *Ifng*, *Nos2*, *Fas*, *Il12a*,

Cxcl1, and *Cxcl10*, partially dependent on the MDA5/STING signaling pathway and

IFNAR/STAT2 positive feedback loop.

Collectively, these data demonstrate that IT MQ833 reprograms the tumor-infiltrating myeloid

cell compartment, by recruiting inflammatory monocytes and neutrophils, depleting M2-like

macrophages, and polarizing M1-like macrophages. IT MQ833 also activate neutrophils to

express antitumor genes including Nos2 in a MDA5/STING and STAT2-dependent fashion.

IT MQ833 delivery remodels the T cell compartment of TIME

We performed a sub-clustering analyses of CD3^{+} T cells from the same scRNA-seq dataset and

identified eight T-cell clusters including Tcf7^{+} Stem-like CD4^{+} T cells (C1), Tcf7^{+} progenitor T

cells (C2), Tcf7^{+}ISG^{hi}CD8 (C3), Early effector CD8 (C4), Effector CD8 (C5), Proliferating T

cells (C6), Th1 CD4 T cells (C7), and Tregs (C8) (Fig. 4a,b). C1 expressed *Tcf1*, *Il7r*, *Lars2, and*

low *CD4*, but no activation markers, representing stem-like CD4^{+} T cells in the tumors (Fig.

4c)[38]. C1 was enriched in PBS mock-treated tumors from *Stat2*^{-/-} mice, which was reduced after

IT MQ833 (Fig. 4a,b). C2 expressed *Tcf7*, *Cd7*, *Klra7*, *Gzma*, but lacked CD4 and CD8

expression (Fig. 4a-c) and was designated as Tcf7^{+} progenitor T cells or CD8 Naïve-like[38]. C3

was designated as TCF$^+$ISG^{hi}CD8 because it expressed *Tcf7*, *Isg15*, *Ifit1*, *Ifit3*, but not *Gzma*, *Gzmb* or *Ifng* (Fig. 4a-c). Overall, C1-C3 had the highest Tcf7 expression and had stem-like features. C4 was designed as early effector CD8, because it not only expressed *CD8a*, *Ifg15*, *Ifit3*, but also low levels of *Gmzb* and *Ifng*. C5 was designed as effector CD8 because it had the highest expression of *Gzma*, *Gzmb* and *Ifng* among all of T cell subsets. C6 was designated as proliferating CD8 T cells because it had the highest expression of *Mki67*, *Top2a*, *Hist1hib*. C7 expressed *CD4, Il7r, Cxcr6,* and *CD40lg* and was designed as Th1 CD4$^+$ T cells. Finally, C8 was designed as Tregs due to its expression of *CD4*, *Foxp3*, *Tnfrsf4* (encoding OX40), and *Tnfrsf18* (encoding GITR) (Fig. 4a-c).

Upon IT MQ833, C1, C2, and C3 populations expressing *Tcf7* decreased from 5%, 37%, and 19% in the PBS mock-treated tumors to 1%, 10%, and 10%, respectively, in tumors from WT mice, whereas Early effector CD8 (C4), Effector CD8 (C5) and Proliferating CD8 (C6) were increased from 6.6%, 3.2%, 9.0% to 10%, 20%, and 28%, respectively (Fig. 4b-d). In tumors from DKO mice, we observed an increase of C1 from 2% to 5%, a decrease of C3 from 21% to 15%, and no significant change of C2 (at 14%) upon MQ833 treatment (Fig. 4b-d). Early effector CD8 (C4) decreased from 28% to 12% upon MQ833 treatment, while Effector CD8 (C5) and Proliferating CD8 (C6) increased from 1.5% and 6.2% to 4.8% and 20.4% in DKO mice (Fig. 4b-d). These results indicate that MQ833-induced differentiation of Tcf7$^+$ stem-like T cells and generation of Early effector CD8$^+$ (C4) and Effector CD8$^+$ T cells (C5) were attenuated in DKO mice, whereas the generation of proliferating CD8$^+$ T cells were not severely affected in DKO mice.

In PBS mock-treated tumors from *Stat2*$^{-/-}$ mice, the Tcf7$^+$ Stem-like CD4 T cells (C1) and Tcf7$^+$ progenitor T cells (C2) comprised of 51% and 15% of all CD3$^+$ T cells respectively (Fig. 4b-d). By contrast, Tcf7$^+$ISG^{hi}CD8 (C3), Early effector CD8 (C4), Effector CD8 (C5) were nearly absent in tumors from *Stat2*$^{-/-}$ mice, indicating the essential role of type I IFN signaling in the differentiation of Tcf7$^+$ stem-like T cells into Tcf7$^+$ISG^{hi}CD8 (C3), Early effector CD8 (C4), and Effector CD8 (C5) (Fig. 4b-d). Upon MQ833-treatment, C1 population was decreased from 51% to 11% in *Stat2*$^{-/-}$ mice, proliferating CD8$^+$ T cells (C6) population was increased from 6% to 27%, while C3, C4 and C5 were still absent, suggesting that in the absence of IFNAR/STAT2

372 signaling, (Fig. 4b-d), IL-12 alone cannot drive the differentiation of Tcf7$^+$ progenitor T cells

373 (C2) into transitory effector (C3 and C4) and effector CD8 T cells (C5). In addition, pseudotime

374 and cell trajectory analysis revealed a gradual shift of the T cell transcriptomic profile towards

375 decreased stemness and increased effector function and early exhaustion (Fig. 4e-f).

scRNA-seq in bilateral B16-F10 tumor implantation model

To gain a deeper understanding of the immune responses to MQ833 treatment in the injected and

non-injected tumors, we used the bilateral tumor implantation model in which the larger tumors

were injected with MQ833 twice three days apart, while the smaller tumors were not injected.

Two days after the second injection, we harvested both the injected and non-injected tumors and

performed scRNA-seq of tumor-infiltrating CD45$^+$ cells (Fig. 5a). Unsupervised clustering

revealed a total of 14 distinct clusters, including four T and NK cell clusters (C1-4), five

monocyte-macrophage clusters (C5-9), one neutrophil cluster (C10), three DC clusters (C11-13),

and one B cell cluster (C14) (Fig. 5b,c).

We observed an increase of neutrophil population (C10) from 0.65% in PBS mock-treated

tumors to 15% in tumors after two injections of MQ833 and to 0.5% in the contralateral non-

injected tumors (Fig. 5d,e). The inflammatory monocyte population (C5) increased from 1.8% in

PBS mock-treated tumors to 10.4% in the injected tumors and 12% in the non-injected tumors

(Fig. 5d,e). The M1-like macrophage population (C6) increased from 11% in PBS mock-treated

tumors to 16% in the injected tumors and 12% in the non-injected tumors, whereas the ISG$^+$

macrophage cluster (C7) increased from 0.3% to 4.8% in the injected tumors and 28% in the

non-injected tumors (Fig. 5d,e). By contrast, the M2-like macrophage population (C8) decreased

from 14.5% in PBS mock-treated tumors to 5.3% in the injected tumors and 2.5% in the non-

injected tumors (Fig. 5d,e). These results indicate that IT MQ833 resulted in extensive

remodeling of the TIME, with recruitment of neutrophils to the injected but not to the non-

injected tumors, expansion of ISG$^+$ macrophages and depletion of M2-like macrophages in both

the injected and non-injected tumors.

Sub-clustering analyses of CD3$^+$ T cells revealed a total of 9 clusters (Fig. 5f,g). Cluster 1

expressed *Tcf7*, *IL7r*, *Klf2*, and *Ikzf2* and lacked *Cd4* and *Cd8a* expression, which represent

Tcf7$^+$ stem-like or progenitor T cells. Cluster 2 expressed *Cd8b1*, *Ccl5*, *Isg15*, *Ifit3*, *Tcf7*, and *Zfp36l2*, representing Tcf7$^+$ISG^{hi}CD8$^+$ T cells. Cluster 3 expressed *Cd8a*, *Itgb1*, *Dennd4a*, *Ccr5*, and *Il2rb*, suggestive of resident memory CD8 T cells. Cluster 4 expressed *Cd8b1*, *Gzmb*, *Gzma*, *Gzmk*, *Ifng*, *Ccl5*, and *Klrg1*, representing effector CD8 T cells. Cluster 5 expressed *CD8a*, *Tox*, *Pdcd1*, *Havcr2*, *Nkg7*, *Klrd1*, and *Ifng*, representing stimulated CD8$^+$ T cells expressing exhaustion markers. Cluster 6 expressed *CD8a*, *Mki67*, *Top2a*, *His1h1b*, and *Ifng*, representing proliferating CD8$^+$ T cells. Cluster 7 expressed *CD4*, *Tcf7*, *Il7r*, *Ifit3*, and *Cd40lg*, representing Th1 CD4 T cells. Cluster 8 expressed *Cd4*, *Foxp3*, *Tnfrsf4*, *Tnfrsf18*, representing Tregs. Cluster 9 expressed *Lyz2*, *CD74*, *Ifitm3*, *Fcer1g*, *Ms4a6c*, *H2-Ab1*, *H2-Aa*, *Cxcl2*, representing activated CD3$^+$ macrophages (Fig. 5f,g).

Upon IT MQ833, the Tcf7$^+$ stem-like or progenitor T cells population (C1) decreased from 35% in the PBS mock-treated tumors to 11.5% in MQ833-injected tumors and to 17% in MQ833-non-injected tumors (Fig. 5h,i). Tcf7$^+$ISG^{hi}CD8$^+$ T cells (C2) population decreased from 8.2% to 0.8% in the injected tumors and to 2.4% in the non-injected tumors (Fig. 5h,i). In addition, Resident memory CD8$^+$ T cells (C3) increased from 3.4% in the PBS-treated tumors to 7.3% in the injected tumors and to 4% in the non-injected tumors (Fig. 5h,i). By contrast, Effector CD8$^+$ cells (C4) increased from 0.8% in PBS mock-treated tumors to 9% in injected tumors and to 26% in the non-injected tumors, whereas Stimulated CD8$^+$ T cells expressing exhaustion markers (C5) increased from 1.1% to 27% in the injected tumors and to 2% in the non-injected tumors (Fig. 5h,i). Proliferating CD8$^+$ T cells (C6) also increased from 2.2% to 12.5% in the injected tumors and 9% in the non-injected tumors (Fig. 5h,i). On the other hand, Th1 CD4$^+$ T cells expressing *Tcf7*, *Il7r*, and *Cd40lg* (C7) decreased from 33% to 7.4% in the injected tumors and to 16% in the non-injected tumors (Fig. 5h,i). In addition, Tregs (C8) decreased from 11.8% to 4% in the injected tumors and 7.5% in the non-injected tumors (Fig. 5h,i). Finally, the unique CD3$^+$ population expressing macrophage markers (C9) expanded from 4.2% to 20% in the injected tumors and to 16% in the non-injected tumors (Fig. 5h,i). These results indicate that after two injections with MQ833, effector CD8$^+$ T cells (C4) undergo expansion in the injected tumors and perhaps trafficking to the non-injected tumors to elicit abscopal effects. Stimulated CD8$^+$ T cells expressing exhaustion markers (C5) became the largest population in the injected tumors after IT MQ833.

MQ833-induced antitumor efficacy requires both innate and adaptive immune systems

To dissect the role of different immune cells in the MQ833-induced antitumor response, we performed an antibody depletion study using the unilateral B16-F10 tumor implantation model. Briefly, B16-F10 melanoma cells were implanted intradermally into the right flanks of C57BL/6J mice. After the tumors were established, depleting antibodies for CD8 (anti-CD8), CD4 (anti-CD4), NK (anti-NK1.1), neutrophils (anti-Ly6G), and macrophages (anti-CSF) were delivered intraperitoneally twice weekly one day prior to IT MQ833. We measured tumor sizes and monitor the survival of treated mice over time (Fig. 6a).

Flow cytometric analysis of peripheral blood confirmed the antibody depletion efficacy for anti-CD4, CD8, NK1.1, and Ly6G (Extended Data Fig. 8a-c). Anti-CSF1 antibody has been shown to deplete macrophages in the tumors[39]. MQ833 treatment alone yielded 55% survival rate. CD8$^+$ T cell depletion abrogated the antitumor effects resulting in no survivors, but extended the median survival from 11.5 days in PBS mock-treated mice to 30.5 days in MQ833 + αCD8 group ($p <$ 0.0001), suggesting that other immune cells also contribute to virus-induced antitumor efficacy (Fig. 6b,c). To our surprise, neutrophil depletion significantly impaired the overall therapeutic efficacy, resulting in 10% survival with a medium survival of 24 days ($p < 0.0001$; PBS vs. MQ833 + αLy6G) (Fig. 6b,c). Macrophage depletion with αCSF1 also resulted in attenuated antitumor effects with a 10% survival rate with a median survival of 34.5 days ($p < 0.0001$; PBS vs. MQ833 + αCSF1) (Fig. 6b,c). Depleting CD4$^+$ T cells or NK cells did not negatively impact the antitumor efficacy (Fig. 6b,c), although we have previously shown CD4$^+$ T cells are critical for generating memory T cell responses in the setting of virus-induced antitumor immunity[17]. Collectively, these findings demonstrate that MQ833-induced antitumor immunity requires both innate and adaptive immunity, and that CD8$^+$ T cells, neutrophils, and macrophages are the most crucial players.

Nos2 **is required for MQ833-induced antitumor effects**

The role of inducible nitric oxide synthase (iNOS or Nos2) in promoting or restricting tumor growth is complicated and context-dependent[40, 41]. Here we analyzed iNOS protein expression in neutrophils and macrophages in tumors harvested two days after second injection (Fig. 6d) using

flow cytometry analysis. We observed that intracellular iNOS protein levels were strongly

induced in tumor-infiltrating neutrophils and M1-like macrophages and was reduced in CD206$^+$

M2-like macrophages upon MQ833 treatment (Fig. 6e).

To determine whether *Nos2* is required MQ833-induced antitumor effects, we implanted B16-

F10 melanoma into the right flanks of *Nos2*$^{-/-}$ mice and age-matched WT C57BL/6J mice.

Tumors were treated with IT MQ833 twice weekly or PBS as a control. IT MQ833 resulted in

50% cure rate in WT mice and only 10% cure rate in *Nos2*$^{-/-}$ mice (Fig. 6g,h). IT MQ833

extended the medium survival from 14 days in PBS mock-treated mice to 61 days in WT mice (*p*

< 0.0001). However, in *Nos2*$^{-/-}$ mice, IT MQ833 extended the medium survival from 17 days to

in PBS mock-treated mice to 40 days (*p* = 0.0003). In PBS mock-treated mice, *Nos2*$^{-/-}$ mice died

3 days later than their WT controls (*p* = 0.029). Our results indicate that *Nos2* is required for

MQ833-induced antitumor effects, but in the absence of viral treatment, *Nos2* plays a pro-tumor

role. To rule out the requirement for *Nos2* is specific for B16-F10 melanoma model, we

compared the therapeutic efficacy of IT MQ833 for MC38 murine colon cancer in *Nos*$^{-/-}$ and age-

matched WT mice. We observed that IT MQ833 generated 100% cure in WT mice but reduced

efficacy in *Nos*$^{-/-}$ mice (Extended Data Fig. 4f,g).

To address how MQ833 regulates Nos2 expression, we first examined whether IL-12 expression

by MQ833 contributes to *Nos2* gene expression. scRNA-seq analysis of CD45$^+$ immune cells

sorted from tumor samples harvested at 2 days post one injection of MQ833, rMVAΔE3L, or

PBS were performed. Unsupervised clustering analysis revealed a total of 14 clusters. MQ833

and rMVAΔE3L treatment reduced M2-like macrophages from 16% to 3.4% and 5%,

respectively and increased inflammatory monocytes from 0.7% to 25% and 30%, respectively.

MQ833 and rMVAΔE3L treatment also increased neutrophils from 0.3% to 13% and 18%,

respectively (Extended data Fig. 9a-c).

CD3$^+$ T cell sub-clustering analysis revealed that upon MQ833 and rMVAΔE3L treatment,

TCF7$^+$ Stem-like T cells (C1) decreased from 32% to 2% and 7% respectively (Extended data

Fig. 9d-g). The most striking difference is that C5 population (expressing *Lars2*, *Vps37b*, *Satb1*,

Plac8, *Emb*, *Dennd4a*) increased from 0.2% to 40% in MQ833-treated tumors and remained

unchanged in rMVAΔE3L-treated tumors. In addition, C7 population (expressing *Nkg7*, *Lag3*,

Ifng, *Cxcr6*, *Ccl4*, *Gzmb*) also increased from 6% to 13.6% in MQ833-treated tumors and

decreased to 4% in rMVAΔE3L-treated tumors. By contrast, C6 population (expressing *Mki67*

and other cell proliferation markers) increased from 4.7% to 12% and 10.5% after MQ833 and

rMVAΔE3L treatment, respectively. These results suggest that IL12-expressing MQ833 is more

efficient in promoting the expansion of effector memory CD8$^+$ and effector CD8$^+$ T cells than

rMVAΔE3L.

We hypothesized that the IL-12-expressing MQ833 might be more efficient in inducing *Nos2*

expression in activated neutrophils and M1-like macrophages than rMVAΔE3L due to its

enhanced ability to induce IFN-γ production by CD8$^+$ T cells. Indeed, *Nos2* expression was

upregulated in neutrophils and M1-like macrophages after IT MQ833 treatment (Fig. 6i).

Heatmap of differential gene expression involved in antitumor activities showed that MQ833

treatment was more effective than rMVAΔE3L in inducing *Fas*, *Tnf*, *Ifng*, *Nos2*, *Cxcl10* in

CD45, neutrophils, M1-like macrophages and monocytes in the tumor microenvironment (Fig.

6j). Flow cytometry analysis revealed that iNOS expression in neutrophils was reduced in

MQ833-treated tumors from *Stat1*$^{-/-}$ mice compared with WT controls, suggesting that IFNGR

signaling might also play a role in iNOS induction. Taken together, our results suggest that the

nucleic sensing pathways, and IFNAR and IFNGR signaling on neutrophils might be important

for promoting iNOS expression and ultimately the production of nitric oxide for tumor cell

killing.

IT MQ833 delays tumor growth in the absence of adaptive immune system

We used a *Rag1*$^{-/-}$ mouse model to test whether IT MQ833 generates antitumor effects in the

absence of mature T and B cells. Briefly, B16-F10 melanoma cells were implanted intradermally

into the right flanks of *Rag1*$^{-/-}$ and age-matched WT controls. When the tumors grew to 3 mm in

diameter, they were injected with MQ833 (4 x 10^7 pfu) twice weekly or with PBS as mock

treatment controls (Fig. 7a). IT MQ833 generated 10% cure in *Rag1*$^{-/-}$ mice and extended the

medium survival from 11 days in the PBS mock-treatment control to 42 days in the treatment

group ($p < 0.0001$; Fig. 7b, c). Flow cytometry analysis of tumor-infiltrating myeloid cells in

Rag1$^{-/-}$ mice revealed that more than 55% CD45$^+$ cells in the MQ833-injected tumors were

neutrophils compared with 1.8% in PBS mock-injected tumors, and 31% of them expressed

iNOS (Fig. 7d, e). These results indicate that MQ833-induced neutrophil recruitment and

activation is independent of mature T and B cells and IT MQ833 delays tumor growth in mice

lacking adaptive immune system.

MQ833 cures B16-F10 tumor lacking MHC-I

Mutations in MHC Class I antigen presentation machinery have been observed in the tumors

of patients that relapse after initial response to immune checkpoint blockade (ICB)[42, 43,44]. Beta-2

microglobulin (B2M) is a component of the MHC-I molecule and is essential for MHC-I antigen

presentation and B2M loss or downregulation is associated with acquired resistance to ICB

therapy in melanoma patients[43, 44]. B2M-loss tumors are resistant to $CD8^+$ T cell mediated

killing. Given that IT MQ833 generated antitumor effects independent of $CD8^+$ T cells, we

wonder if it could have therapeutic effects in $B2m^{-/-}$ tumors. To test that, we generated a $B2m^{-/-}$

B16-F10 cell line using CRISPR-cas9 and they were implanted intradermally into the right

flanks of WT C57BL/6J mice. After the tumors were established, they were treated with either

MQ833, MQ832, or PBS. IT MQ833 treatment eradicated 70% of the $B2m^{-/-}$ tumors, whereas IT

MQ832 resulted no cure (Fig. 7f, g). When we rechallenged the survivors with a lethal dose WT

B16 tumor cells two months later, all of the mice rejected the tumor rechallenge, indicating a

long-lasting memory response induced by MQ833 treatment (Fig. 7h). These results highlight the

potential application of MQ833 in treating ICB-resistant tumors in patients.

Discussion

Viral-based cancer immunotherapy has the potential to remodel the tumor immune microenvironment (TIME) to overcome both primary and acquired resistance to ICB therapy. In general, virus infection of tumor and immune cells activates the innate immune system, induces cell death, and promotes antigen-specific T cells. In this study, we engineered an immune-activating recombinant MVA, MQ833, by deleting three immune-suppressive genes (E3L, E5R, and WR199) and inserting three transgenes (Flt3L, OX40L and IL-12). We provided evidence that our stepwise engineering of the virus through rational design improves antitumor immunity. Using antibody depletion, we determined that MQ833-induced antitumor effects are dependent on $CD8^+$ T cells, activated neutrophils, and M1-like macrophages. Using genetically engineered mice deficient in the nucleic acid-sensing pathways and type I IFN signaling, we demonstrated that MQ833 activates the MDA5 and STING-dependent cytosolic dsRNA and DNA-sensing pathways and STAT2-dependent type I IFN signaling. More importantly, using single-cell RNA-seq technology, we examined how IT MQ833 altered the tumor-infiltrating immune cell populations and transcriptomes at a single-cell level.

Based on our results, we proposed the following working model illustrating the mechanisms of action of MQ833 (Fig. 7i). Infection of tumor and immune cells with MQ833 results in the induction of type I IFN and proinflammatory cytokines and chemokines in the tumor microenvironment via the MDA5/STING pathway. Localized IL-12 expression by MQ833-infected cells in the presence of type I IFN further promotes the differentiation of $Tcf7^+$ stem-like CD8 and CD4 T cells into early effector and effector T cells as well as stimulating IFN-γ production, which is important for polarization of M1-like macrophages. Upon MQ833 infection, neutrophils are recruited to the injected tumors and activated by the combination of cytosolic nucleic acid-sensing pathway and IFNAR/IFNGR signaling to produce nitric oxide via iNOS, which results in tumor killing.

IL-12 is a pleiotropic cytokine important for stimulating T and NK cells. Because systemic delivery of IL-12 causes toxicity[45, 46], we engineered MQ833 to express extracellular matrix-anchored IL-12 to stimulate intratumoral T cells and perhaps NK cells. The function of IL-12 was assessed by comparing the antitumor efficacy of MQ833, in which an IL-12 expression

cassette was inserted into the WR199 locus, with MQ832 in which WR199 was depleted but no

transgene was added. In both WT B16-F10 murine melanoma and MC38 murine colon cancer

models, IT MQ833 is more effective than MQ832, which correlates with stronger activation of

$CD8^+$ T cells and more profound reduction of Tregs.

scRNA-seq analyses of tumor-infiltrating T cells provided insights into how T cell subsets

undergo profound changes upon IT MQ833 treatment. Tcf7 encodes a transcription factor TCF1

important for maintaining stem-like memory T cells during chronic virus infection and in

tumors[47, 48, 49]. We observed that $Tcf7^+$ stem-like T cells gradually lost Tcf1 expression and

gained expression of ISGs and effector T cell markers. Such differentiation program was

attenuated in $Sting^{Gt/Gt}Mda5^{-/-}$ mice and absent in $Stat2^{-/-}$ mice, highlighting the importance of

type I IFN production and signaling in promoting differentiation of intratumoral $Tcf7^+$ stem-like

T cell towards effector T cells upon virotherapy.

Our study also demonstrated that MQ833 could exert $CD8^+$ T cell-independent antitumor effects,

likely through the actions of activated neutrophils and M1-like macrophages. First, depleting of

$Ly6G^+$ neutrophils using anti-Ly6G antibody or abrogating macrophages using anti-CSF1

antibody resulted in a dramatic reduction of therapeutic efficacy. Secondary, IT MQ833 delays

tumor growth in $Rag1^{-/-}$ mice, lacking mature T and B cells. Third, IT MQ833 cured B2m-null

B16-F10 cells, resistant to CD8-mediated tumor killing. Analyses from multiple scRNA-seq

datasets revealed that IT MQ833 promoted neutrophil recruitment and activation, depleted M2-

like macrophages, and polarized M1-like macrophages for antitumor effects. Because MHC I

loss is a frequent cause of acquired resistance to ICB therapy, we propose that MQ833 provides

an effective alternative to mobilize and activate myeloid cells for generating antitumor effects.

Neutrophils are one of the most abundant myeloid cells derived from granulocyte-monocyte

progenitors (GMP) in the bone marrow. They provide the first line of defense when encountering

pathogens such as bacteria and viruses. They can also be recruited to sites of injury and play a

role in tissue repair[50]. The role of neutrophils in tumor immunity is complex[51, 52, 53, 54].

Neutrophils can be expanded in response to immune mediators from growing tumors and play a

pro-tumor role in tumor progression and metastasis[55, 56]. Similar to the M1 and M2 dichotomy of

tumor-associated macrophages (TAMs), tumor-associated neutrophils (TANs) can be classified

into anti-tumor N1 and pro-tumor N2 based on their functional status. It has been shown that

TGF-β blockade results in the recruitment and activation of TANs towards N1 polarization[57].

Neutrophils are recruited to the sites of radiation and contribute to antitumor responses[58]. In

addition, concurrent administration of G-CSF enhanced RT-mediated antitumor activity[58].

In our study, IT MQ833 resulted in the recruitment and activation of neutrophils two days post

injection. scRNA-seq analyses of neutrophils in tumors from WT mice treated with MQ833

showed a strong IFN signature, which is attenuated in $Sting^{Gt/Gt}Mda5^{-/-}$ mice and abolished in

$Stat2^{-/-}$ mice. In addition, IT MQ833 induced neutrophils from WT mice to express genes

involved in antitumor activities, including *Fas*, *Il12a*, *Ifng*, *Nos2*, *Cxcl1* and *cxcl10*. By contrast,

IT MQ833 induced neutrophils from $Stat2^{-/-}$ mice to induce genes involved in pro-tumor

functions, including *Arg1*, *Mmp9*, *Elane*, and *Il1b*. These results support that treatment with

immunogenic virus induces TAN polarization to N1 phenotype which is dependent on type I IFN

signaling.

In this study, we showed that neutrophil recruitment is independent of mature T and B cells after

MQ833 treatment, which contributed to the therapeutic effects in $Rag1^{-/-}$ mice. These findings

have important pre-clinical and clinical implications. First, hMQ833 may potentially be tested in

patient-derived xenograft (PDX) models for antitumor effects in immune-deficient mice prior to

clinical administration; Second, hMQ833 can be used in immune-compromised patient

populations in which T or B cells are dysfunctional or depleted.; and lastly, hMQ833 can be

safely administered to these patients due to the non-replicative nature of the virus.

In summary, through rational design, we engineered a second generation recombinant MVA

(MQ833) for cancer immunotherapy either as monotherapy or in combination with ICB. MQ833

is replication incompetent but can profoundly remodel TIME to promote both innate and

adaptive antitumor immunity through (i) recruitment and activation of neutrophils, (ii) depletion

of suppressive cells such as Tregs and M2-like macrophages, and (iii) expansion of M1-like

macrophages, effector memory and effector T cells. Finally, our results suggest that IT MQ833

can be used effectively in patients with primary or acquired resistance to ICB.

Methods

Mice

Female C57BL/6J mice between 6 and 8 weeks of age were purchased from the Jackson Laboratory (Strain #000664) were used for the preparation of bone marrow-derived dendritic cells and for *in vivo* experiments. These mice were maintained in the animal facility at the Sloan Kettering Institute. All procedures were performed in strict accordance with the recommendations in the Guide for the Care and Use of Laboratory Animals of the National Institutes of Health. The protocol was approved by the Committee on the Ethics of Animal Experiments of Sloan Kettering Cancer Institute. *Sting$^{Gt/Gt}$* mice were generated in the laboratory of Dr. Russell Vance (University of California, Berkeley). *cGas$^{-/-}$* (Strain # 026554), *Stat1$^{-/-}$* (Strain # 012606), *Stat2$^{-/-}$* (Strain #023309) and *Nos2$^{-/-}$* (Strain #002609) mice were purchased from Jackson Laboratory. *Mda5$^{-/-}$* mice were generated in Marco Colonna's laboratory (Washington University)[59]. *Mda5$^{-/-}$Sting$^{Gt/Gt}$* were bred in our lab[60].

Cell lines

BHK-21 (baby hamster kidney cell, ATCC CCL-10) cells were cultured in Eagle's minimal essential medium containing 10% fetal bovine serum (FBS), 0.1 mM nonessential amino acids, penicillin, and streptomycin. The murine melanoma cell line B16-F10 was originally obtained from I. Fidler (MD Anderson Cancer Center). The MC38 cell line was obtained from ATCC. The B16-F10 cell line was maintained in RPMI-1640 medium supplemented with 10% FBS, 0.05 mM 2-mercaptoethanol, penicillin, and streptomycin. The B16-F10 cell line lacking B2M gene were generated by using CRISPR-cas9 technology.

Viruses

The MVA virus was a kind gift from Gerd Sutter (University of Munich). MVAΔE5R, MVAΔE5R-hFlt3LmOX40L (rMVA or MQ710), rMVAΔE3L, rMVAΔE3LΔWR199 (MQ832), rMVAΔE3LΔWR199-IL12 (MQ833), and hMQ833 were generated by transfecting pUC57-based plasmids into BHK-21 cells that were infected with MVA at MOI 0.05. Recombinant viruses were purified after 4~6 rounds of plaque selection based on the fluorescence marker.

PCR and DNA sequencing were performed to verify the purity of the recombinant viruses.

Viruses were propagated in BHK-21 cells and purified through a 36% sucrose cushion.

Human monocyte-derived dendritic cell (moDC) generation and T cell isolation

All collection and use of human specimens adhered to protocols reviewed and approved by the

Institutional Review and Privacy Board of Memorial Hospital, MSKCC. Buffy coat products

were obtained from healthy donor at New York Blood Center and peripheral blood mononuclear

cells (PBMCs) separated by standard centrifugation over Ficoll-Paque PLUS (Amersham

Pharmacia Biotech, Uppsala, Sweden). Tissue culture plastic adherent PBMCs comprised the

moDCs precursors, which were cultured in complete PRMI 1640-1% human serum

supplemented with 1000 IU/ml GM-CSF (PeproTech) and 500 IU/ml IL-4 (PeproTech).

Fresh medium and cytokines were replenished every 48 h. T cells were obtained from tissue

culture nonadherent PBMCs, then further purified by CD8$^+$ T cell or CD4$^+$ T cell isolation kit

(Miltenyi Biotec) following manufacturer's instruction.

Tumor processing and flow cytometry staining

Tumor samples were collected in cold RPMI and thoroughly chopped into small pieces with

surgical scissor. Then we added Liberase TL (1.67 Wünsch U/ml) and DNase I (0.2 mg/ml) to

the tube and incubated in 37 °C shaker for 20-30 minutes. Digested tumors were then transferred

to GentleMACs C Tube and homogenized using the Gentle MACs Octo Dissociator (Miltenyi

Biotec) according to manufacturer's instruction. Samples were then filtered through 70 um filter

and quenched with 10 ml cold PBS and spun down. Cells were then washed with MACS buffer

(Miltenyi Biotec) twice, and stained with Fc block (BD), viability dye eFluor506 (eBioscience),

and cell surface antibodies diluted in MACS buffer for 30 minutes on ice in the dark, and

subsequently fixed and permeabilized using the Foxp3 fixation and permeabilization kit (Thermo

Fisher). Cells were then incubated with intracellular antibodies diluted in permeabilization buffer

for 30 minutes or overnight.

The following antibodies were used for flow cytometric staining: CD45 Pacific blue (clone 30-

F11, Biolegend), CD3 BUV395 (clone 145-2C11, BD), CD4 BUV737 (clone RM4-5, BD), CD8

Alexa Fluor 700 (clone 53-6.7, Biolegend), OX40 BV605 (clone OX-86, Biolegend), TIM3

BV711 (clone RMT3-23, Biolegend), PD-1 AF647 (clone RMPI-30, BD), KLRG1 APC-Cy7

(clone 2F1/KLRG1, Biolegend), Foxp3 PerCP-Cy5.5 (clone FJK-16s, Invitrogen), Ki67 BV786

(clone B56, BD), TOX PE (clone REA473, Miltenyi Biotec), Granzyme B PE-Texas red (clone

GB11, Invitrogen), CD11b APC-eFluor780 (clone M1/70, eBioscience), Ly6G PE-Cy7 (clone

1A8, BD), F4/80 APC (clone BM8, Biolegend), CD68 BV421 (clone FA-11, Biolegend), iNOS

PE (clone W16030C, Biolegend).

After staining, cells were washed and resuspended with MACS buffer and transferred into FACS

tubes with 70 um filter caps. Single cell suspensions were run on Cytek Aurora analyzer, and the

data was analyzed with Flowjo.

Generation of bone marrow-derived dendritic cells

Bone marrow cells were extracted from the femur and tibia of mice. After centrifugation, cells

were re-suspended in ACK Lysing Buffer (Lonza) for red blood cell lysis by incubating the cells

on ice for 1-3 min. Cells were then resuspended in fresh medium and filtration through a 70-μm

cell strainer (BD Biosciences). For the generation of Flt3L-BMDCs, the bone marrow cells (5

million cells in each well of 6-well plates) were cultured in complete medium (CM) in the

presence of Flt3L (100 ng/ml; R & D systems) for 7–9 days. Cells were fed every 2–3 days by

replacing 50% of the old medium with fresh medium. For the generation of GM-CSF-BMDCs,

the bone marrow cells (5 million cells in each 15 cm cell culture dish) were cultured in RPMI-

1640 medium supplemented with 10% fetal bovine serum (FBS) in the presence of 30 ng/ml

GM-CSF (BioLegend) for 9-12 days. Fresh medium and cytokine were replenished every 2-3

days.

RNA isolation and Real-time PCR

Cells were infected with various viruses at a MOI of 10 for 1 hour or mock-infected. The

inoculum was removed, and the cells were washed with PBS twice and incubated with fresh

medium for 16 hours or overnight. RNA was extracted from whole-cell lysates with RNeasy Plus

Mini kit (Qiagen) and was reverse-transcribed with cDNA synthesis kit (Thermo Fisher). Real-

time PCR was performed in triplicate with SYBR Green PCR Master Mix (Life Technologies)

and Applied Biosystems 7500 Real-time PCR Instrument (Life Technologies) using gene-

specific primers. Relative expression was normalized to the levels of glyceraldehyde-3-

phosphate dehydrogenase (GAPDH).

ELISA

For IL-12 transgene expression verification, B16 cells were infected with MVAΔE5R or MQ833

at a MOI of 10 for 1 hour. Mock-infected cells were used as a control. The supernatant was

removed, and the cells were washed with PBS twice and incubated with fresh medium for 16

hours. Supernatant was collected from the culture, and IL-12 levels were determined using

Duoset ELISA kit (R&D) following manufacturer's instruction.

For T cell activation assays, supernatant from the co-culture system were collected and IFNγ

levels were determined by Duoset ELISA kit (R&D).

ELISPOT assay

Spleens were harvested from mice treated with different viruses and were mashed through a

70 μm strainer (Thermo Fisher Scientific). Red blood cells were lysed using ACK Lysis Buffer

(Life Technology), and the cells were then resuspended in RPMI medium. Enzyme-linked

ImmunoSpot (ELISPOT) assay was performed to measure IFN-γ+ CD8+ T cells, according to

the manufacturer's protocol (BD Bioscience). 1×10^6 splenocytes were co-cultured with 2.5×10^5

irradiated B16-F10 in complete RPMI medium overnight. IFNγ+ splenocytes were detected by

Mouse IFNγ ELISPOT kit (BD Biosciences)

Western blot analyses

B16-F10 cells or BMDCs were infected with MQ832 or MQ833 at a MOI of 10 for 1 hour.

Mock-infected cells were used as a control. Cells were then washed with PBS twice and cultured

with fresh medium. Cells were lysed in RIPA lysis buffer supplemented with 1x Halt™ Protease

and Phosphatase Inhibitor Cocktail at indicated time points. Protein samples were separated by

SDS-PAGE and then transferred to nitrocellulose membrane. Primary antibodies specific for

phospho-IRF3 (1:500, CST, 4947), IRF3 (1:1000, CST, 4302), cGAS (1:1000, CST, 31659),

STING (1:1000, CST, 13647), phospho-STING (1:500, CST, 72971), TBK1 (1:1000, CST,

3504), MDA5 (1:500, CST, 5321) and phospho-TBK1 (1:500, CST, 5483) were used. GAPDH

antibody (1:5000, CST, 2118) were used as loading controls. Anti-rabbit HRP-linked IgG

antibody was used as a secondary antibody (1:5000, CST, 7074). Detection was performed using

SuperSignalTM Substrates (Thermo Fisher, 34096 or A38555).

In vitro T cell activation assay

For murine MQ833, splenic CD11c+ DCs were sorted from WT mice and subsequently infected

with various viruses at a MOI of 10 for 1 hour and pulsed with OVA (1.25 mg/ml). OT-1 T cells

were isolated from the spleens OT-1 mice using negative selection with CD8a$^+$ T Cell Isolation

Kit (Miltenyi Biotec) according to the manufacturer's instructions. OT-1 T cells were then co-

cultured with DCs (DC:T = 1:3) for 3 days. Alternatively, T cells were incubated with

supernatant collected from the infected CD11c$^+$ DCs for 3 days. IFN-γ levels in the supernatants

were determined by ELISA.

For human MQ833, human moDCs were infected with various viruses at a MOI of 10 for 1 hour

and pulsed with OVA (1.25 mg/ml). CD8 or CD4 T cells were purified from human PBMCs

using isolation kits (Miltenyi Biotec) following manufacturer's instruction. T cells and moDCs

were co-cultured (DC:T = 1:5) for 3 days and supernatant were then collected for IFN-γ ELISA.

Generation of B2m$^{-/-}$, Sting$^{-/-}$, Mda5$^{-/-}$Sting$^{-/-}$ B16-F10 cells

B16-F10 cells were transfected with plasmids for expression of Cas9 and gRNAs against B2M.

Two gRNA expression plasmids targeting exon 2 of B2M were co-transfected. Plasmid

backbones used to create these CRISPR constructs were created by the Church group and

obtained from Addgene (Mali et al 2013). After transfection, cells were induced to express the

complex MHC class I by treating with 100 units of interferon gamma for 2 days. Afterwards,

cells were dissociated with trypsin and staining antibody against H-2Kb-PE (BD, AF6-88.5). The

MHC class I complex (including H-2Kb) requires B2M to be stable on the surface of cells.

Single cells that were negative for surface MHC-I were sorted onto 96 well plates. Single cells

were then expanded to produce clonal isolates. After outgrowth of clones, PCR using primers

specific to the B2M locus was used to confirm which isolates contained a deletion of B2M

(between the two gRNA target sites). The same PCR products were also cloned into TopoTA

plasmids for sequencing. A subsequent western blot confirmed loss of B2M protein using an

antibody against B2M protein (Abcam 75853). PCR, DNA sequencing, and western blot all

confirmed loss of B2M.

$Sting^{-/-}$ and $Mda5^{-/-}Sting^{-/-}$ B16-F10 cells were generated similarly to the $B2m^{-/-}$ except that

instead of sorting, transfected cells were isolated by limiting dilution. Lesions at the target sites

were confirmed by PCR amplification and T7 endonuclease assay.

Tumor challenge and treatment

For flow cytometric analysis and single cell RNA-seq, 5×10^5 B16-F10 tumor cells were

implanted intradermally into the right flanks of the mice for the unilateral tumor implantation

model. For bilateral implantation, 5×10^5 and 2.5×10^5 B16-F10 tumor cells were implanted

intradermally into the right and left flanks of mice. At 8-11 days after implantation when tumors

were established, the tumors at the right flank were injected with 4×10^7 PFU of MQ832,

MQ833, or PBS once, or twice with 3 days apart. Tumors were harvested two days after second

injection.

For survival experiments, 5×10^5 B16-F10 cells or 1×10^6 $B2m^{-/-}$ B16 cells were implanted

intradermally into the shaved skin on the right flanks of WT C57BL/6J mice or age-matched

$cGas^{-/-}$, $Sting^{Gt/Gt}$, $Mda5^{-/-}$, $Sting^{Gt/Gt}Mda5^{-/-}$, and $Stat2^{-/-}$ mice. Once the tumors are 3 mm in

diameter or larger, they were injected with 4×10^7 PFU of MQ832, MQ833 or PBS when the mice

were under anesthesia. Viruses were injected twice weekly as specified in each experiment and

tumor sizes were measured twice a week. For combination therapy with ICBs, the following

antibodies were injected interperitoneally twice weekly: anti-CTLA-4 (100 µg per mouse), Anti-

PD-L1 (200 µg per mouse), anti-PD-1 (200 µg per mouse), or isotype control antibody. Tumor

volumes were calculated according to the following formula: l (length) × w (width) × h

(height)/2. Mice were euthanized for signs of distress or when the diameter of the tumor reached

10 mm.

In the bilateral tumor implantation model, B16-F10 cells were implanted intradermally into right

(5×10^5) and left (1×10^5) flanks of C57BL/6J mice. After 7 days after implantation when the

tumors were established, the tumors at the right flank were injected with 4×10^7 PFU of MQ832,

MQ833 or PBS twice weekly.

For the tumor rechallenge study, the survived mice (more than 60 days after initiation of

intratumoral virotherapy) were rechallenged with intradermal delivery of a lethal dose of B16-

F10 or B2m KO B16-F10 (1×10^5 cells) at the contralateral side.

Purification of anti-CSF-1 monoclonal antibody

The anti-CSF-1 monoclonal antibody (clone 5A1) was purified from cell supernatant of

hybridoma (ATCC, #CRL-2702)[61, 62]. Briefly, hybridoma cells were cultured in Hybridoma-SFM

medium (Thermo #12045076) for 3 weeks to produce antibody. Cell supernatant was collected to

do antibody purification by using LigaTrap Rat IgG purification column (LigaTrap Technologies

#LT-138) according to the manufacturer's procedure. Antibody quality and concentration were

examined by SDS-PAGE gel electrophoresis and nanodrop, respectively.

In vivo antibody depletion experiment

Immune cell subsets were depleted by administering 200 μg monoclonal antibodies i.p. twice

weekly starting 1 day prior to the first viral injection as indicated, continued until the animals

either died, were euthanized, or were completely clear of tumors: anti-CD8-α for CD8+ T cells

(clone 2.43, BioXCell), anti-CD4 for CD4+ T cells (clone GK1.5, BioXCell), anti-NK1.1 for NK

cells (clone PK136, BioXCell). 500 μg of anti-Ly6G (clone 1A8, BioXCell) were given for

neutrophil depletion. 500 μg of anti-CSF1 (provided by Ming Li's laboratory) were given every

5 days for macrophage depletion. Depletion efficacies of CD8 T cells, CD4 T cells, NK cells and

neutrophils were confirmed by flow cytometry of peripheral blood. (Extended Data Fig. 8)

Cell sorting for tumor infiltrating immune cells

Tumors were harvested and single cell suspensions were prepared. Cells were then stained with

Cell Viability Dye eFluor506 (eBioscience) and anti-CD45 antibody Pacific blue (clone 30-F11,

Biolegend). CD45+ live cells were then sorted using BD Aria cell sorter.

Single-cell RNA-sequencing and data analysis.

Library preparation and sequencing

CD45^{+} populations from tumors were purified by FACS sorting. We performed single-cell 5′

gene expression profiling on the single-cell suspension using the Chromium Single Cell V(D)J

Solution from 10x Genomics according to the manufacturer's instructions. Cell-barcoded 5′ gene

expression libraries were sequenced on an Illumina NovaSeq6000 sequencer with pair-end reads.

Gene expression UMI counts matrix generation

The sequencing data were primarily analyzed by the 10× cellranger pipeline (v3.0.2) in two

steps. In the first step, cellranger mkfastq demultiplexed samples and generated fastq files; and in

the second step, cellranger count aligned fastq files to the reference genome and extracted gene

expression UMI counts matrix. In order to measure both human and viral gene expression, we

built a custom reference genome by integrating the MVA virus genome into the 10× pre-built

mouse reference using cellranger mkref. The MVA virus genome was downloaded from NCBI.

Single-cell RNA-seq data analysis

All cells expressing <200 or >6,000 genes were removed as well as cells that contained >5%

mitochondrial counts. Samples were merged and normalized. The default parameters of Seurat

were used, unless mentioned otherwise. Briefly, 2,000 variable genes were identified for the

clustering of all cell types and principal component analysis (PCA) was applied to the dataset to

reduce dimensionality after regressing for the number of UMIs (counts). The top 12-15 most

informative principal components (PCs) were used for clustering and Uniform Manifold

Approximation and Projection for dimension reduction (UMAP). To characterize each cluster,

we applied both the *FindAllMarkers* and *FindMarkers* procedure in Seurat, which identified

markers using log fold changes (FC) of mean expression. To identify differentially expressed

genes between two groups of clusters, *FindMarkers* functions in Seurat and Enhanced Volcano R

package (v1.8.0) were used. For subsequent T cell analysis, we first extracted all the CD3^{+} cells

from the original dataset and repeated the clustering procedures in the T cell subset.

Gene set enrichment analysis (GSEA)

The GSEA analysis was done and visualized using the *clusterProfiler* (v4.0.5) and *enrichplot*

(v1.12.3) packages, which uses predefined gene sets from the Molecular Signatures Database

(MSigDB v7.4) [63]. We used the hallmark gene sets collection for the present study. Genes were

ranked by the test statistic value obtained from differential expression analysis and the pre-

ranked version of the tool was used to identify significantly enriched biological pathways.

Statistical analysis

Two-tailed unpaired Student's t test was used for comparisons of two groups in the studies.

Survival data were analyzed by log-rank (Mantel-Cox) test. The p values deemed significant are

indicated in the figures as follows: *, $p < 0.05$; **, $p < 0.01$; ***, $p < 0.001$; ****, $p < 0.0001$.

The numbers of animals included in the study are discussed in each figure legend.

Lead Contact

Further information and requests for resources and reagents used in this study should be directed

to and will be fulfilled by the lead contact and the corresponding author, Liang Deng

(dengl@mskcc.org).

Materials availability

Materials generated in our laboratory are available upon request.

Data and code availability

The scRNA-seq data reported in this study will be deposited in the Gene Expression Omnibus

database (GEO) and will make it available to the public after the manuscript is accepted for a

publication after peer-review.

Acknowledgements

We thank the Flow Cytometry Core Facility at the Sloan Kettering Institute and Genomic

Resources Core Facility Weill Cornell Medical College. This work was supported by NIH grants

K-08 AI073736 (L.D.), R56AI095692 (L.D.), R03 AR068118 (L.D.), R01 CA56821 (J.D.W),

Cancer Research Institute Irvington Postdoctoral Fellowship (L.L.J), Society of Memorial Sloan

Kettering (MSK) research grant (L.D.), MSK Technology Development Fund (L.D.), Parker

Institute for Cancer Immunotherapy Career Development Award (L.D.), sponsored research

agreement from IMVAQ Therapeutics (L.D.). This work was supported in part by the Swim

across America (J.D.W., T.M.), Ludwig Institute for Cancer Research (J.D.W., T.M.), This

research was also funded in part through the NIH/NCI Cancer Center Support Grant P30
CA008748.
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Author Contributions

Author contributions: G.M. and L.D. designed the constructs and G.M. generated rMVAΔE3L,
MQ832, and MQ833. G.M. generated various knock-out tumor cell lines in this study using
CRISPR-cas9. G.M. and L.D. established the B2m$^{-/-}$ tumor model. S.L. and L.D. were involved
in all aspect of this study, including designing and performing experiments, and data analyses
and interpretation. and manuscript writing. S.L. performed scRNA-seq analyses with
bioinformatics assistance from T.L. and A.T. from Genomic Resources Core Facility. N.Y. and
Y.W. discovered WR199 as an inhibitor of cGAS and established the myeloid cell panel and T
cell panel for flow cytometry. Y.W., S.B.T. and Y.Q.W, assisted some experiments. J.W., W.Y.
J.C. assisted with construct designs and viral engineering. S.B.T produced most of the MQ833
for this study. L.L.J. produced anti-CSF1 antibody. D.H.C provided assistance on neutrophil-
related study. J.D.W., T.M, M.O.L. and J.Z.X. assisted in some experimental design, data
interpretation, and manuscript preparation. All authors are involved in manuscript preparation.
L.D. provided overall supervision of the study.
932

Competing interests

Memorial Sloan Kettering Cancer Center filed a patent application for the use of recombinant
MVA as monotherapy or in combination with immune checkpoint blockade for solid tumors.
L.D., J.D.W., T.M., N.Y. Y.W. G.M. are authors on the patent, which has been licensed to
IMVAQ Therapeutics. L.D., J.D.W., T.M., W.Y., J.C. and N.Y. are co-founders of IMVAQ
Therapeutics. T.M. is a consultant of Immunos Therapeutics and Pfizer. He has research support
from Bristol Myers Squibb; Surface Oncology; Kyn Therapeutics; Infinity Pharmaceuticals, Inc.;
Peregrine Pharmaceuticals, Inc.; Adaptive Biotechnologies; Leap Therapeutics, Inc.; and Aprea.
He has patents on applications related to work on oncolytic viral therapy, alpha virus-based
vaccine, neoantigen modeling, CD40, GITR, OX40, PD-1, and CTLA-4. J.D.W. is a consultant
for Adaptive Biotech, Advaxis, Am-gen, Apricity, Array BioPharma, Ascentage Pharma,
Astellas, Bayer, Beigene, Bristol Myers Squibb, Celgene, Chugai, Elucida, Eli Lilly, F Star,
Genentech, Imvaq, Janssen, Kleo Pharma, Linnaeus, MedImmune, Merck, Neon Therapeutics,

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Fig. 1 | MQ833 infection of tumor and immune cells activates cGAS/STING mediated dsDNA sensing pathway and promotes IFN production. a, Diagram of MQ833 design. **b**, Diagram of the IL12 cassette. **c,d**, B16-F10 cells were infected by MVAΔE5R or MQ833 at a MOI of 10. Cells and supernatant were collected at 16 hours post infection (hpi). **c**, Flow cytometric analysis of mOX40L and hFlt3L transgene expression. **d**, ELISA test for mIL12p40. **e,f**, B16-F10 cells were infected with indicated viruses at a MOI of 10, and cells and supernatant were collected 16 hpi. **e**, RT-PCR for *Ifnb* gene expression. **f**, ELISA test for IFN-β. **g**, Western blot for indicated protein and phosphorylated proteins in the cGAS-STING pathway. B16-F10 cells were infected with indicated viruses at a MOI of 10, and cells were collected at 2, 4, 6, 8, 16 hours post infection (hpi). **h,i**, BMDCs from WT or *Sting*[Gt/Gt] mice were infected with indicated viruses at a MOI of 10. Cells were lysed and collected for western blot at indicated time points post infection. Supernatants were collected at 16 hours post infection. **h**, ELISA for IFN-γ. **i**, Western blot for cGAS, p-IRF3, IRF3, and GAPDH. **j**, Schematic diagram for DC and T cell coculture experiment. **k-m,** ELISA for IFN-γ level in supernatants from the coculture system. **k**, CD11c^{+} DCs were isolated from the spleens of WT C57BL/6J or cGAS^{-/-} mice, pulsed with OVA, and infected with different viruses. OT-1 cells isolated from OT-1 mice were then added to the DCs and cocultured for 3 days. Supernatants were collected and IFN-γ level was measured by ELISA. Data are means ± SD (*n=3; *P < 0.05, ****P < 0.0001, t test*). **l**, CD103^{+} DCs were sorted from Flt3L+ DCs and and subsequently pulsed with OVA and infected with different viruses. OT-1 cells isolated from OT-1 mice were then added to the DCs and co-cultured for 3 days. Supernatants were collected and IFN-γ level was measured by ELISA. **m**, BMDCs were pulsed with OVA and infected with MQ833. OT-1 cells were either cocultured with pulsed and infected BMDCs or cultured in medium from the infected BMDC for 3 days.

Fig.2 | Intratumoral (IT) delivery of MQ833 generates an 80-100% cure in B16-F10 melanoma model in a STING-MDA5-STAT2-dependent manner

a, 5 x10^5 of B16-F10 cells were intradermally implanted into the right flank of WT C57BL/6J mice (**b-e**), Mda5$^{-/-}$, Sting$^{Gt/Gt}$, Mda5$^{-/-}$ Sting$^{Gt/Gt}$, or Stat2$^{-/-}$ mice (**f,g**). Intratumoral virus treatments were given twice a week once the tumors were established. Tumor size and mice survival were monitored. **b,** Kaplan-Meier survival curve of B16-F10 tumor bearing mice treated with MQ833 virus. PBS was used as a control. Survival data were analyzed by log-rank (Mantel-Cox) test (n=5-10, *$**P<0.01, ****P < 0.0001$*). **c,** Initial tumor volume for each group. **d,** Tumor volumes of mice injected with MQ832, MQ833 or PBS over days post treatment. **e,** Schematic diagram of flow cytometric analysis of tumor infiltrating lymphocytes. WT C57BL/6J mice were implanted with B16-F10 cells on the right (5 x10^5) and left (2.5 x10^5) flanks. Once the tumors were established, 2 doses of 4 x10^7 PFU of MQ833 were intratumorally delivered to the right flanks twice, 3 days apart. Injected and non-injected tumors were harvested at day 2 post the second injection and then stained and analyzed by flow cytometry. **f**, Percentages of CD8$^+$Granzyme B$^+$, KLRG1$^+$CD8$^+$, and CD4$^+$Foxp3$^+$ T cells in the injected and non-injected tumors in different treatment groups. Data are means ± SD (*n=5; *P<0.05, **P<0.01, ***P<0.001, ****P < 0.0001, t test*). **g,** Kaplan-Meier survival curve of B16-F10 tumor bearing mice treated with MQ833 virus. PBS was used as a control. Survival data were analyzed by log-rank (Mantel-Cox) test (n=8-16, *$**P<0.01, ****P < 0.0001$*). **h**, Tumor volume curves in different groups over days post treatment.

Fig. 3 | IT MQ833 injection reprograms the tumor-infiltrated myeloid cells. a, Schematic diagram of the experimental schedule. 5×10^5 of B16-F10 cells were intradermally implanted into the right flank of WT C57BL/6J mice, *Mda5$^{-/-}$ Sting$^{Gt/Gt}$*, or *Stat2$^{-/-}$* mice. One IT MQ833 injection was given once the tumors were established. Tumors were collected and processed into single cell suspension, and CD45$^+$ cells were sorted and scRNA-seq analyses were performed. **b,** UMAP display of sorted CD45$^+$ cells from 6 samples combined following 10X Genomics scRNA-seq workflow (n = 47020 cells). **c,** Expression plots of 8 main cell types using their top marker genes. **d,** UMAP plots of cell clusters separated by sample. **e,** Stacked bar plot showing the percentage of each cluster across different samples. **f,** Dot plot for the top enriched and suppressed gene sets from the Molecular Signature Database (MSigDB) Hallmark immunologic signature gene sets in WT MQ833 versus WT PBS. **g,** Gene set enrichment analysis (GSEA) for individual pathways from the representative enriched and suppressed gene sets in WT MQ833 sample compared with WT PBS. **h,** Heatmaps of the average expression of genes in the hallmark IFNα and IFNγ response gene sets. Selected genes of interest are labeled in the right panel. **i,** Volcano plots of differentially expressed genes in neutrophil clusters between indicated samples. Important genes are highlighted. **j,** Heatmaps of the average expression of representative genes from the hallmark IFNα and IFNγ response gene sets (left panel) and marker genes for anti-tumor or pro-tumor neutrophils (right panel).

Fig. 4 | IT MQ833 injection reprograms the tumor-infiltrated T cells. 5×10^5 of B16-F10

cells were intradermally implanted into the right flank of WT C57BL/6J mice, *Mda5*$^{-/-}$ *Sting*$^{Gt/Gt}$,

or *Stat2*$^{-/-}$ mice. One dose of IT MQ833 injection was given once the tumors were established.

Tumors were collected and processed into single cell suspension, and CD45$^+$ cells were sorting

and sent for scRNA-seq. **a,** UMAP display of subclustered CD45$^+$CD3$^+$ cells from 6 samples

combined following 10X Genomics scRNA-seq workflow (n = 9,540 cells). **b,** UMAP plots of

cell clusters separated by sample. **c,** Violin plot of selected genes across different samples. **d,**

Stacked bar plot showing the percentage of each cluster across different samples. **e,**

Developmental pseudotime of T cells in a UMAP display. **f,** Cell trajectory analysis for T cells.

Fig. 5 | IT MQ833 reprograms TIME in both injected and non-injected tumors in a bilateral B16-F10 melanoma model. a, Schematic diagram of the experimental schedule. B16-F10 cells were intradermally implanted into the right (5 x10^5) and left (2.5 x10^5) flanks of WT C57BL/6J mice. Once the tumors were established, two doses of IT MQ833 injection were given 3 days apart. Tumors were collected 2 days after the second injection and processed into single cell suspension. CD45+ cells were sorted and sent for scRNA-seq. **b,** UMAP display of sorted CD45+ cells from 3 samples combined following 10X Genomics scRNA-seq workflow (n = 21,675 cells). **c,** Expression plots of 7 main cell types using their top marker genes. **d,** UMAP plots of cell clusters separated by sample. **e,** Stacked bar plot showing the percentage of each cluster across different samples. **f,** UMAP display of subclustered CD45$^+$CD3$^+$ cells from 6 samples combined following 10X Genomics scRNA-seq workflow (n = 4,901 cells). **g,** UMAP plots of cell clusters separated by sample. **h,** Stacked bar plot showing the percentage of each cluster across different samples. **i,** Heatmaps of the average expression of representative marker genes for each cluster.

Fig. 6 | MQ33-induced antitumor immunity requires CD8$^+$ T cells, neutrophils, and

macrophages, and *nos2* expression in myeloid cells plays a crucial role. a, Schematic

diagram of the experimental schedule. 5 x10^5 of B16-F10 cells were intradermally implanted into

the right flanks of WT C57BL/6J mice. IT MQ833 injections were given twice a week once the

tumors were established. I.p. αCD8, αCD4, αNK1.1, and αLy6G antibodies were given one day

prior to every virus injection. I.p. αCSF1 were given every 5 days starting at one day prior to the

first virus injection. Tumor size and mice survival were monitored. **b,** Kaplan-Meier survival

curve of mice in each treatment group. PBS was used as a control. Survival data were analyzed

by log-rank (Mantel-Cox) test (*n=10-20; *P < 0.05, **P < 0.01, ****P < 0.0001*). **c,** Tumor

volumes of mice separated by group over days post treatment. (**d,**) Schematic diagram of the

flow cytometry analysis experiment. **e,f,** Contour plots (**e**) and bar graphs (**f**) showing

percentages of iNOS$^+$ cells among CD45$^+$CD3$^-$CD11b$^+$Ly6G$^+$ neutrophils (top row), CD45$^+$CD3$^-$

CD68$^+$CD11b$^+$ macrophages (middle row), and percentages of CD206$^+$ cells among

macrophages (bottom row) in MQ833 or PBS treated tumors. **g,h,** Survival study for B16-F10

tumor-bearing mice treated with MQ833 in a *Nos2$^{-/-}$* mouse model. 5x10^5 of B16-F10 cells were

intradermally implanted into the right flank of *Nos2$^{-/-}$* mice. IT MQ833 injections were given

twice a week once the tumors were established. Tumor size and mice survival were monitored. **g,**

Kaplan-Meier survival curve of mice in each treatment group. PBS was used as a control. (n=10)

Survival data were analyzed by log-rank (Mantel-Cox) test (*n=5-10; *P < 0.05, ***P < 0.001,*

*****P < 0.0001*). **h,** Tumor volumes of mice separated by group over days post treatment. **i,j,**

scRNA-seq analysis of CD45$^+$ cells isolated from rMVAΔE3L or MQ833 treated tumors.. **i,**

UMAP display showing *nos2* expression (right panel) in highlighted clusters (left panel) **j,** Heat

maps showing average expression of selected antitumor marker genes in all the CD45$^+$ cells (first

panel), neutrophil (second panel), M1-like macrophage (third panel), and monocyte (fourth

panel) clusters divided by treatment groups.

Fig. 7 | IT MQ833 treatment overcomes ICB resistance. a, Schematic diagram of the survival and flow cytometry experimental design. 5 x10^5 of B16-F10 cells were intradermally implanted into the right flank of *Rag1*$^{-/-}$ mice. IT MQ833 injections were given twice weekly once the tumors were established. For survival study, tumor size and mice survival were monitored. For flow cytometric analysis, tumors were harvested at day 14 post implantation and tumor infiltrating immune cells were stained by fluorescent antibodies and analyzed by flow cytometry. **b,** Kaplan-Meier survival curve of mice in each treatment group. PBS was used as a control. Survival data were analyzed by log-rank (Mantel-Cox) test (*n=5-10; ****P < 0.0001*). **c,** Tumor volumes of mice separated by group over days post treatment. **d,e,** Dot plots (**d**) and bar graphs (**e**) showing percentage of CD45$^+$CD3$^-$CD11b$^+$Ly6G$^+$ neutrophils among total CD45$^+$ cells (top row) and iNOS$^+$ cells among neutrophils (bottom row) in MQ833 or PBS treated tumors. **f,g,** 1 x10^6 of B2m$^{-/-}$ B16-F10 cells were intradermally implanted into the right flank of WT C57BL/6J mice. IT MQ833 injections were given twice weekly once the tumors were established. tumor sizes and mice survival were monitored. **f,** Kaplan-Meier survival curve of mice in each treatment group. PBS was used as a control. Survival data were analyzed by log-rank (Mantel-Cox) test (*n=10; **P < 0.01, ****P < 0.0001*). **g,** Tumor volumes of mice separated by group over days post treatment. **h,** Mice rejected primary B16-F10 or B2m$^{-/-}$ B16-F10 tumors were rechallenged with a lethal dose of B16-F10 tumor cells. Kaplan-Meier survival curve of the rechallenged mice. **i,** Working model illustrating the mechanisms of action MQ833.