Title: Overcoming immune evasion from post-translational modification of a mutant KRAS epitope to achieve TCR-T cell-mediated antitumor activity

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1 **One-sentence summary:** Tumor cell methylation of $KRAS_{G12V}$ epitope in HLA-A2 permits immune

2 evasion, and new TCRs were generated to overcome this with engineered cell therapy.

Abstract

T cell receptor (TCR)-T cell immunotherapy, in which T cells are engineered to express a TCR

targeting a tumor epitope, is a form of adoptive cell therapy (ACT) that has exhibited promise against

various tumor types. Mutants of oncoprotein KRAS, particularly at glycine-12 (G12), are frequent drivers

of tumorigenicity, making them attractive targets for TCR-T cell therapy. However, class I-restricted

TCRs specifically targeting G12-mutant KRAS epitopes in the context of tumors expressing HLA-A2, the

most common human HLA-A allele, have remained elusive despite evidence an epitope encompassing

such mutations can bind HLA-A2 and induce T cell responses. We report post-translational modifications

(PTMs) on this epitope may allow tumor cells to evade immunologic pressure from TCR-T cells. A lysine

side chain-methylated $KRAS_{G12V}$ peptide, rather than the unmodified epitope, may be presented in HLA-

A2 by tumor cells and impact TCR recognition. Using a novel computationally guided approach, we

developed by mutagenesis TCRs that recognize this methylated peptide, enhancing tumor recognition and

destruction. Additionally, we identified TCRs with similar functional activity in normal repertoires from

primary T cells by stimulation with modified peptide, clonal expansion, and selection. Mechanistically, a

gene knockout screen to identify mechanism(s) by which tumor cells methylate/demethylate this epitope

unveiled SPT6 as a demethylating protein that could be targeted to improve effectiveness of these new

TCRs. Our findings highlight the role of PTMs in immune evasion and suggest identifying and targeting

such modifications should make effective ACTs available for a substantially greater range of tumors than

the current therapeutic landscape.

Introduction

T cell receptors (TCRs) specific for a tumor-derived MHC class I epitope can be transduced into

patient T cells for adoptive cell therapy (ACT) to achieve promising antitumor effects (*1, 2*), and a subset

of such TCRs have been advanced into clinical trials (*3-5*). The most desirable TCR-T cell therapies

target antigens are tumor-specific, contribute to and/or are essential to the malignant phenotype, and well-

presented by the tumor being targeted. Mutant KRAS is the most common driver oncogene in human

malignancies (*6*), frequently mutated in pancreatic, colon, and lung cancers. 83% of gain-of-function

KRAS mutations result from a change in the glycine amino acid at the 12th residue (*7*). In particular,

mutation of glycine to valine, among the most common KRAS mutations in tumors (e.g., in 28.3% of all

pancreatic cancers (*8*)), has been postulated to create an epitope ($KRAS_{G12V}$, residues 5-14) presented on

tumor cells by HLA-A2 (*9*), the most common Class I allele worldwide (*10*). As tumors often become

oncogene-addicted to G12-mutant KRAS (*11*), these mutations are unlikely to be lost or revert to wild

type. In pursuit of G12 mutant KRAS as an oncologic target, drugs have recently been developed

targeting $KRAS_{G12C}$ by creating a covalent disulfide bond with the mutant cysteine residue. These drugs

have yielded promising response rates of 40-50%, but tumors rapidly develop resistance via mechanisms

such as structural KRAS mutations outside of G12 that cause steric hindrance of drug activity,

amplification of *KRAS* expression, and/or enhancement of downstream oncogenic signaling (*12, 13*); as a

result, median progression-free survival remains at about 6.5 months, with no evidence of cures (*14, 15*).

Thus, additional strategies for targeting mutant KRAS are needed. The ability to target epitopes

containing G12 mutations of KRAS with TCR-T cell therapy would provide an orthogonal strategy for

treating mutant KRAS-expressing tumors.

TCRs targeting KRAS epitopes containing a mutation at G12 presented by several HLA alleles

including HLA-A3 (*16*), HLA-A11 (*4, 17*), and HLA-C8 (*18*) have been reported to exhibit therapeutic

efficacy (*4, 19*). However, accessibility to this therapeutic strategy is limited by the low frequency of

these alleles in the US (e.g., 20–24% for HLA-A3 and less frequent for HLA-A11 and HLA-C8) (*20*). In

the US, HLA-A2 is the most common allele (47.6% (*21*)); the annual incidence of HLA-A2[+], mutant

KRAS cancers can be estimated to be 93,000 in the United States alone. Thus, targeting an A2-restricted

KRAS epitope would enable therapy for a far more substantial fraction of the population. However,

defining an A2-restricted KRAS epitope has proven problematic, including difficulties confirming within

the sensitivity of mass spectrometry (MS) that an A2-restricted epitope spanning the G12 position is

present in the immunopeptidome (*22, 23*). However, $KRAS_{G12V}$ does have epitopes predicted to bind well

to HLA-A2, particularly residues 5-14 (KLVVVGAVGV) (*9, 24*). As MS has been able to isolate G12V-

containing epitopes and other mutant KRAS epitopes from other HLA alleles (*23*), it has been presumed

the HLA-A2 epitope may not be naturally processed and/or efficiently presented by HLA-A2 (*22, 23*).

Several mechanisms may cause defective processing or presentation of a predicted epitope,

leading to immune evasion. Examples include differential expression of proteasome subunits that can

alter processing of a protein into an epitope (*25*), defective transportation of a processed epitope to the

endoplasmic reticulum for binding to MHC I (*26*), and deficiencies in MHC I expression or structure (*27*).

Additionally, proteins can undergo post-translational modifications (PTMs), and presentation of an

epitope containing a PTM can result in complete (*28*) or partial abrogation of epitope binding or

recognition by a TCR reactive to the unmodified epitope. Such changes include oxidation (*28*),

nitrosylation (*28*), methylation (*29*), phosphorylation (*30*), and glycosylation (*31*). Some PTMs may also

be more prevalent in tumors as a consequence of malignant transformation and enzyme dysregulation (*32,*

33). PTMs do occur in mutated KRAS (*34*), and could interfere with detection of an HLA-A2-presented

KRAS epitope by MS due to an altered migration pattern, contributing to the lack of consensus regarding

an A2 epitope.

Identifying a targetable epitope with a PTM for $KRAS_{G12V}$ is challenging due to experimental and

analytical limitations of MS in detecting PTMs (*35-37*), such as introduction of confounding chemical

artifacts (*37*), and PTMs have generally been overlooked when predicting epitopes for therapeutic TCR

development (*38*). For the KRAS protein, PTMs are known to occur in both the C-terminal region, which

are well-characterized for their signaling functions (*33, 39*), and the N-terminal region with methylation

of the lysine-5 side chain (*34*), which is included in the epitopes predicted to be presented by HLA-A2.

In this investigation, we demonstrate that methylation of the lysine-5 side chain in the $KRAS_{G12V}$

epitope that binds to HLA-A2 may interfere with targeting of $KRAS_{G12V}$ tumor cells by TCRs specific for

the unmodified epitope. Combining machine learning-based computational approaches to model

TCR:pMHC interfaces with high-throughput experimental screens, we developed translationally

promising TCRs that can target both methylated and unmodified epitopes, thereby providing broader anti-

tumor activity against $HLA-A2^{+}$, $KRAS_{G12V}^{+}$ tumor cells. Finally, we uncovered the potential role of a

protein canonically known to diminish histone methylation, SPT6 (*40*), in reducing methylation of the

$KRAS_{G12V}$ epitope. This may be targetable in tumor cells as a method to enhance immunologic

recognition by methylation-targeting TCR-T cells and exemplifies a potential synergistic strategy to

inhibit tumor evasion of T cell immunity.

Results

<u>Post-translational modifications of the HLA-A2-presented $KRAS_{G12V}$ epitope alter its recognition by</u>

<u>MHC class I-restricted TCRs and prevent tumor cell killing.</u>

Computational prediction, by NetMHCPan 4.1 (*41*), of HLA-A2-presented $KRAS_{G12V}$ identified

several epitopes that specifically contain the G12V mutation (**Fig. S1a**). Among the top ten predicted

epitopes encompassing the full mutated KRAS protein, three contained the G12V mutation, and the

epitope consisting of residues 5-14 (i.e., KLVVVGAVGV) was predicted to bind with the highest avidity.

For our initial effort to develop HLA-A2-restricted TCRs targeting this peptide, we isolated

primary $CD8^{+}$ T cells from peripheral blood mononuclear cells (PBMCs) from $HLA-A2^{+}$ healthy human

donors and expanded epitope-reactive clonotypes by stimulation with autologous antigen-presenting cells

(APCs) pulsed with a synthetic $KRAS_{G12V}$ 5-14 peptide that lacked any PTMs (**Materials and Methods**).

We sorted cells with potentially high affinity for the $KRAS_{G12V}$ peptide as measured by binding limiting

concentrations of $HLA-A2:KRAS_{G12V(5-14)}$ tetramers. From the sorted cells, we then quantitated TCR

clonotypes using the ImmunoSEQ assay (Adaptive Biotech) and identified paired TCRa/TCRb sequences

using single cell RNA-seq. TCR clonotypes preferentially enriched within the sorted populations were

synthesized as codon-optimized P2A-linked constructs of TCRa and TCRb in a lentiviral backbone and

used to transduce $CD8^+$ T cells. The cells were stimulated with titrated concentrations of $KRAS_{G12V(5-14)}$

peptide, and the resulting IFNγ expression measured to assess functional avidities for this peptide (**Fig.**

1a; Fig. S1b). Two particularly high affinity TCRs were identified, TCR_{19} and TCR_2, with the former

exhibiting the highest functional avidity. However, in a coculture with the HLA-A2$^+$, $KRAS_{G12V}^+$

pancreatic adenocarcinoma cell line CFPAC1, $CD8^+$ T cells transduced with TCR_{19} unexpectedly

demonstrated poorer inhibition of tumor growth compared to T cells transduced with TCR_2 (**Fig. 1b**),

whereas TCR_{19} conversely demonstrated better inhibition than TCR_2 of DAN-G tumor cell growth, which

are also HLA-A2$^+$ and $KRAS_{G12V}^+$.

The reasons for this discrepancy between TCR functional avidities for $KRAS_{G12V(5-14)}$ and killing

of different tumor cells were unclear. One explanation could be alloreactivity rather than tumor antigen

specificity. For killing of CFPAC1 cells, alloreactivity to this cell line by TCR_2 would not necessarily

have been predicted by measuring the dose response of cells with this TCR to peptides presented by

another antigen-presenting cell. However, TCR_2 did not induce a reaction against any of the Class I HLA

alleles found on CFPAC1 cells on other targets not expressing mutant KRAS (HLA-A2, A3, B35, B73,

C4, C15; **Fig. S1c**). Alternatively, TCR_{19} killing of DAN-G cells could reflect allorecognition, but similar

studies did not detect recognition of the alleles on DAN-G by TCR_{19}. Thus, alloreactivity was an unlikely

explanation. We therefore hypothesized that, while both of these HLA-A2$^+$ $KRAS_{G12V}^+$ tumor cells may

be presenting the epitope, one may be presenting it in a modified form, and that there was differential

recognition of the modified and unmodified peptide by each TCR.

Before more closely examining the presence of PTMs, we wanted to confirm that the predicted

primary sequence, $KRAS_{G12V}$ 5-14, is in fact efficiently generated by proteasomal cleavage and presented

by HLA-A2. To accomplish this, we used the ARTEMIS technology, which entails MS-based

identification of MHC I epitopes bound to a secreted single-chain dimer (SCD) of the selected HLA I

allele (*42*) (**Materials and Methods**). This provides an abundant source of easily purified peptide-bound

Class I molecules, can detect the majority of peptides that get endogenously processed and loaded on

Class I in the ER, and overcomes the challenge of identifying the limited amount of peptide specifically

presented on the cell surface by an individual Class I allele using MS (*42*). We established an ARTEMIS

system in the 293F cell line, which supports exceptionally abundant protein expression compared to other

mammalian cell lines (*43*). 293F cells were lentivirally transduced to express a secreted HLA-A2 SCD as

well as a truncated version of the $KRAS_{G12V}$ protein (amino acids 1–100 to render the protein

nonfunctional but preserve the N-terminal portion of the protein that contains the G12V mutation), to

increase the availability of $KRAS_{G12V}$-originated peptides that contain the G12V mutation for binding to

HLA-A2. Three HLA-A2-presented KRAS peptides were identified by ARTEMIS, including the

$KRAS_{G12V}$ 5-14 peptide, which was the only HLA-A2-presented peptide containing the mutated G12V

residue (**Fig. 1c**). These results confirmed that the 5-14 epitope is a dominant product of $KRAS_{G12V}$

antigen processing and presentation associated with HLA-A2 and is the correct peptide sequence to target

with TCRs.

Given the known dysregulation of methylation processes in mutant KRAS-driven cancers (*32, 33,*

44, 45), and the previously detected lysine-5 side chain methylation of Ras family proteins (*34*), we

considered the possibility that the $KRAS_{G12V}$ 5-14 epitope presented by tumor cells contains some level of

methylation or other post-translational modification. Having confirmed the primary sequence of the

epitope, we hypothesized that DAN-G cells were presenting $KRAS_{G12V}$ 5-14 epitope such that some

combination of lysine-5-methylated and unmodified epitope was likely being presented. In turn, the

presence of the weakly recognized, modified epitope may have limited the recognition of these tumor

cells by TCR_2 and TCR_{19}, thereby limiting tumor killing. However, as 293F cells may not have the same

protein methylation machinery active in DAN-G, we attempted to design ARTEMIS in DAN-G cells.

Unfortunately, due to the low cell density of cultured DAN-G cells and lower level of protein expression

compared to 293-based ARTEMIS cells, we did not detect sufficient levels of peptide to identify the

methylated epitope. Therefore, to search for differences in methylation activities that can lead to increased

methylation within KRAS in DAN-G cells, we also performed immunoprecipitation of whole-protein

KRAS from DAN-G and CFPAC1 cells, followed by liquid chromatography-MS. This revealed that in

DAN-G cells, but not in CFPAC1 cells, lysine side chain trimethylation was present at lysine-16 (**Fig.**

S1d), representing full replacement of all hydrogens of the amine group by methyl groups. No peptides

containing lysine-5 of KRAS were able to be recovered or detected in this data set, likely due to the

cleavage of the KRAS protein by trypsin immediately after lysine-5 during sample processing for MS

(*46*), producing a short 5-mer peptide that would be difficult to detect with our MS technology. Thus,

while we could not directly confirm the presence of a lysine-5-methylated peptide, a pattern of increased

KRAS lysine methylation was evident in DAN-G cells. Additionally, previous reports clearly

demonstrated methylation of KRAS at lysine residues (*33, 34*) including dimethylation at lysine-5. Lysine

side chain methylation may exist as mono-, di-, or trimethylation, with the former two states being

intermediate degrees of full methylation.

To determine whether the $KRAS_{G12V(5-14)}$ peptide with lysine-5 methylation binds to HLA-A2

with comparable affinity as the unmodified peptide, we assessed the stability of HLA-A2:$KRAS_{G12V}$

pMHC complexes with or without lysine-5 side chain methylation. T2 cells are deficient in Transporter

Associated with Antigen Processing (TAP) protein and express few properly folded Class I molecules on

the cell surface (*47*). Pulsing T2 cells with exogenous peptide can stabilize the conformation of HLA-A2

molecules on the cell surface, resulting in enhanced surface expression that correlates with peptide

affinity for HLA-A2 (*47*). We pulsed T2 cells with $KRAS_{G12V(5-14)}$ with or without methylation and

measured the resulting surface expression of HLA-A2 (**Materials and Methods; Fig. S1e**). Compared to

untreated control cells, HLA-A2 surface expression was higher when T2 cells were pulsed with the

$KRAS_{G12V(5-14)}$ peptide. Moreover, pulsing with the same peptide containing different degrees of lysine-5

methylation further increased A2 expression, indicating that methylation may enhance the stable

presentation of the epitope. Although the unmodified peptide was recognized well by both TCRs, there

were large differences in the abilities of the TCRs to recognize the methylated epitope (**Fig. 1d**).

Therefore, differential lysine 5-methylation may explain the disparities in the killing of different tumor

cells observed with these TCRs.

In addition to the 10-mer KRAS$_{G12V}$ 5-14 sequence detected from ARTEMIS, a 9-mer

(LVVVGAVGV) is another predicted epitope containing the G12V mutation that bind HLA-A2 (**Fig.**

S1a), and a previous study has also reported peptide splicing to produce an HLA-A2-presented epitope

containing residues 5-6/8-14 of KRAS$_{G12V}$ (*24*). To rule out recognition of these alternative epitopes by

the TCRs and to test recognition of methylated epitope, we synthesized these epitope variants as well as

KRAS$_{G12V(5-14)}$, including this peptide post-translationally modified at lysine-5. To determine the

functional avidities of the TCRs for these variant epitopes, we stimulated T cells expressing TCR$_2$ or

TCR$_{19}$ with these epitopes as presented by HLA-A2 and measured resulting IFNγ expression (**Fig. 1d**).

Indeed, while both TCR$_2$ and TCR$_{19}$ recognized unmethylated KRAS$_{G12V}$ 5-14 to similar degrees, only

TCR$_{19}$ produced a response to the peptide with methylation of the amine group on the side chain of

lysine-5. Other forms of the G12V-containing epitope which had lower predicted binding ability from

NetMHCPan 4.1 (residues 6-14 or 5-12), and an alternatively spliced peptide KRAS$_{G12V}$ 5-6/8-14

previously suggested to be processed (*24*), also did not elicit a response from the TCRs. Thus, the DAN-

G cell line may be modifying a fraction of KRAS$_{G12V}$ protein or its resulting epitopes with lysine-5 side

chain methylation, such that the epitope presented by this tumor cell could not be recognized by TCR$_2$.

The presence of lysine-5 methylation is consistent with prior findings examining methylation of RAS

family proteins, including KRAS (*34*), and is consistent with the known dysregulation of protein

methylation in mutant KRAS-driven cancers (*32, 33*).

Based on the evidence supporting contribution of a lysine-5 methylated peptide to TCR

recognition of the HLA-A2-presented KRAS$_{G12V(5-14)}$ epitope, we sought to identify structural changes

that may occur as a result of such methylation. Using the Rosetta (*48*) protein structure modeling tool, we

introduced monomethylation, dimethylation, and trimethylation to the lysine-5 side chain and evaluated

the resulting changes in peptide positioning in the MHC cleft. This computational pipeline indicated that

methylation of the lysine-5 side chain within HLA-A2-presented KRAS$_{G12V(5-14)}$ induces shifts of the

positioning of the amine group of this side chain that could affect TCR recognition of the epitope (**Fig.**

1e): in the unmodified peptide, the amine group of the lysine-5 side chain protrudes out of the MHC I

cleft potentially into close proximity to the TCR chain, suggesting it may serve as a contact point between

the TCR and pMHC complex. Monomethylation leads to displacement of the amine group deeper into the

MHC I cleft by the methyl group, which is further pronounced by dimethylation or trimethylation,

potentially explaining the observed impact of methylation on the recognition of this pMHC complex by

TCR_2 or TCR_{19}.

To evaluate the relative contribution of the lysine-5 residue to binding of each TCR to the HLA-

A2-presented $KRAS_{G12V}$ epitope, we performed alanine scans, in which each residue of the HLA-A2-

presented epitope is sequentially substituted with the small, neutral alanine amino acid. Each alanine

mono-substituted epitope was then used to pulse antigen-presenting cells to stimulate $CD8^+$ T cells

expressing TCR_2 or TCR_{19}, and IFNγ was then measured to determine if recognition of the whole epitope

is impacted by the alanine substitution (*49*), which would imply that the substituted amino acid is a

relevant contact point for the TCR. Residue 11 of the 5-14 epitope, which is already alanine, was

alternatively substituted with threonine or glycine. At peptide concentrations of 0.1 µg/ml, the analysis

revealed that substitution of lysine-5 to alanine reduced the response to the epitope from 67.9%

responsive cells to 2.45% for TCR_2 (**Fig. 1f**), suggesting that TCR_2 is sensitive to changes at that position

of the epitope. The pMHC complex with $KRAS_{G12V}$ epitope, as modeled by Rosetta, also indicates

protrusion of the lysine-5 side chain out of the groove of HLA-A2 in the direction where it could interact

with a TCR (**Fig. S1f**, which uses the same models as **Fig. 1e** but is rotated for display from a perspective

showing this protrusion more clearly). By contrast, the alanine scan for TCR_{19} revealed high tolerance for

amino acid substitutions at most positions of the $KRAS_{G12V}$ epitope, which may explain its recognition of

methylated lysine-5 but suggesting it would be promiscuous and less suitable as a potentially therapeutic

TCR to modify for pursuing improvements (**Fig. 1f**).

A rationalized mutagenesis approach can be used to generate TCRs that recognize methylated $KRAS_{G12V}$

epitope to improve targeting of tumor cells.

Identifying TCRs that can recognize lysine-5 side chain mono-, di-, and/or trimethylation of the

KRAS$_{G12V}$ 5-14 peptide alone or in addition to the unmodified version of that peptide could potentially

increase the ability to therapeutically target HLA-A2^{+} tumors with the KRAS$_{G12V}$ mutation. To generate

new TCRs that can target the peptide with the three different degrees of lysine-5 methylation, we first

explored a strategy to mutagenize the CDR3α region of an existing TCR, TCR$_2$, which recognizes the

unmodified peptide with high functional avidity and specificity for the KRAS$_{G12V}$ epitope, to determine if

we could broaden peptide recognition to include methylated variants without acquisition of more general

promiscuity.

To determine the region of this TCR most likely to interact with the methylation site, we

developed a new computational structural prediction workflow (**Fig. S1g**). We first used Alphafold (*50*),

which utilizes deep learning-based approaches to predict the structure of the TCR:pMHC complex

without any PTMs, as the latter are not modeled well by Alphafold. We fed the output into Rosetta, which

utilizes physics-based energy functions to allow for modeling additional molecular changes to that

structure, such as introducing PTMs to the epitope, and then readjusting the structural prediction. Our

workflow, performed on the existing TCR$_2$ that recognized the unmodified KRAS$_{G12V}$ 5-14 peptide

presented by HLA-A2, revealed a core sequence within the CDR3α region most likely to be in close

proximity to the lysine-5 side chain and any potential methylation modifications to this residue (**Fig. 2a**).

Using the structural model as the guide to the most relevant region, we created a rationalized

mutagenesis library of this computationally identified core CDR3α sequence. Library-transduced CD8^{+}

Jurkat cells were stimulated to detect TCR clonotypes that recognized differently modified variants of the

KRAS$_{G12V}$ 5-14 peptide (**Materials and Methods**). Library-transduced T cells were analyzed for binding

to unmethylated or lysine-5-methylated KRAS$_{G12V(5-14)}$ peptide. A broad spectrum of reactivity towards

one or both of these peptides was observed, confirming that the computationally determined CDR3α

sequence plays a key role in recognition of the putative lysine-5 methylation site by TCR$_2$. We identified

several distinct clonotypes able to bind to only the unmethylated peptide (e.g., TCR$_{EDVA}$), to a

combination of unmethylated and mono/di/trimethylated epitopes (e.g., TCR$_{4UM}$, TCR$_{EDST}$, TCR$_{EDRS}$), or

to only methylated peptides (TCR$_{TGNT}$; **Fig. 2b–c**), which were sequenced to identify the corresponding

mutant variants. New constructs were then generated expressing these mutant variant TCRs. A dose

response assay with CD8$^+$ T cells transduced with each mutant variant was performed using the

unmethylated and methylated KRAS$_{G12V}$ epitopes individually. Some mutagenized TCRs, when

compared to TCR$_2$, had improved recognition of the methylated epitope (**Fig. 2d**). A dose response assay

revealed no significant acquisition of recognition of wild type KRAS 5-14 or the alternative KRAS$_{G12D}$ 5-

14 epitope by the mutagenized TCRs compared to TCR$_2$ (**Fig. S2a**). Thus, changes in amino acids within

only this computationally identified core CDR3α sequence were able to alter the TCR's pattern of

recognition for peptides with PTMs (**Fig. S3a–b**) without altering recognition of non-G12V KRAS

epitopes. For TCR$_{EDST}$, labeled as such for the mutagenized 'core' CDR3α sequence, the amino acids in

closest proximity to the lysine-5 side chain of the HLA-A2-presented KRAS$_{G12V}$ epitope were aspartate

and serine. These amino acids are negatively charged and polar, respectively, allowing for electrostatic or

hydrogen bonding interactions with the lysine-5 side chain amine group of the KRAS$_{G12V}$ epitope. While

methylation introduces a hydrophobic methyl group, the polar nature of the amino acids on this TCR may

still allow for binding to the lysine side chain.

We then tested whether CD8$^+$ T cells expressing the TCR variants with enhanced binding to

methylated peptides could efficiently recognize and kill KRAS$_{G12V}$-expressing tumor cells. In coculture

with KRAS$_{G12V}$$^+$ HLA-A2$^+$ tumor cells, CD8$^+$ T cells expressing TCR$_{EDST}$ or TCR$_{EDRS}$, which recognize

unmethylated and methylated KRAS$_{G12V}$ epitopes, demonstrated improved killing of DAN-G cells, which

likely presents methylated and unmethylated KRAS$_{G12V(5-14)}$, and retained similar killing of CFPAC-1

cells compared to TCR$_2$ (**Fig. 2e**). Consistent with the lack of recognition of wild type KRAS$_{5-14}$ or

KRAS$_{G12D(5-14)}$ in the peptide dose response assay, these TCRs did not inhibit growth of HeLa cells, which

express only wild type KRAS$_{5-14}$, or of Panc1 cells, which express KRAS$_{G12D}$ (**Fig. S2b**). Taken together,

mutagenesis of the originally naturally isolated TCR$_2$ yielded new TCRs recognizing different

combinations of unmodified and varyingly methylated KRAS$_{G12V}$ epitopes without increasing "off-target"

recognition of G12D or wild type epitopes of KRAS.

A critical concern with TCRs deployed for ACT is that specificity needs to be limited only to the

intended targets to avoid off-target toxicities, which is of increased concern after a naturally isolated TCR

is mutagenized. To further evaluate the specificity of the selected TCRs, we again performed alanine

scans of the target epitope for recognition by the mutagenized TCRs in Jurkat reporter cells expressing

CD8ab, TCR_2 or mutagenized TCR (TCR_{4UM}, TCR_{EDST}, TCR_{EDRS}, TCR_{TGNT}, or TCR_{EDVA}), and the Nur77-

GFP reporter gene as a specific marker of TCR signaling(*51*). After pulsing with 0.1 µg/ml peptide

concentrations (~106 nM for this epitope), a concentration high enough to induce complete responses to

the original $KRAS_{G12V\ (5-14)}$ epitope, and with tolerance to a change defined as retaining Nur77-GFP

reporter expression in >35% of cells that respond to the original epitope, there were distinct positions

common to both the unmethylated and methylated versions of the epitope that tolerated amino acid

replacements and remained stimulatory (**Fig. S2c**). For TCR_2, TCR_{EDST}, and TCR_{EDST}, the overall

tolerance pattern was K-x-x-V-V-x-A-x-x-x, with x signifying tolerance for an alanine substitution at that

position; among these three TCRs, TCR_{EDST} exhibited the lowest tolerances. Compared to these TCRs,

TCR_{4UM} demonstrated greater tolerance for substitutions, and TCR_{TGNT} and TCR_{EDVA} showed lower

tolerances but demonstrated less effective tumor control. Thus, TCR_{4UM}, TCR_{TGNT}, and TCR_{EDVA} were

determined to be less suitable as candidate therapeutic TCRs. Notably, while some TCRs could recognize

both unmethylated and methylated versions of the lysine-5 side chain, replacement of lysine-5 with

alanine led to a loss of recognition of the presented peptide. The diminution of recognition was greater

than observed with substitutions at other peptide positions, suggesting this lysine amino acid remained a

major contact point for the mutagenized TCRs as it did for TCR_2. A scan of the human peptidome for

epitopes that accommodated any substitution at these permissive residues yielded $PLD3_{396-405}$, $MIGA1_{74-}$

$_{83}$, $NAGPA_{276-285}$, K/N/$HRAS_{5-14}$, $RSLBB_{35-44}$, $CFA61_{23-32/607-616/667-676}$, $CUL9_{635-644/745-754}$, $CLCN6_{80-89}$, and

$MACOI_{33-42}$ as potential off-target hits. These peptides were synthesized and used to stimulate T cells

expressing the TCR. Relative to HLA-A2-presented $KRAS_{G12V}$ 5-14, all of the selected TCRs exhibited

reduced responses against these peptides at 0.1 µg/ml concentration (**Fig. S2d**), suggesting the

mutagenized TCRs had not acquired significant promiscuity compared to the original TCR_2. Additionally,

for TCR_2 and TCR_{EDST}, at more physiologic concentrations of 0.01 µg/ml (~10.6 nM), these peptides

elicited response rates of <6% compared to 18–19% for the $KRAS_{G12V}$ epitope, as measured by

percentage of cells expressing IFNγ (**Fig. S2e**).

<u>Stimulation of primary T cells with selected peptides followed by clonal expansion reveals TCRs from</u>

<u>healthy donor repertoires that recognize methylated $KRAS_{G12V}$ epitope and can target tumor cells.</u>

The TCRs generated from the mutagenesis approach were able to specifically target and

effectively kill HLA-A2 tumor cell lines expressing $KRAS_{G12V}$ with PTMs. However, such TCRs have

not been naturally vetted by the thymic selection process, and thus may pose a risk for cross-reactivity

with other peptides from the human proteome despite the safety testing based on the alanine scan. Thus,

to identify TCRs from normal peripheral repertoires potentially capable of binding to the methylated

KRAS epitopes, primary human T cells from healthy donor PBMCs were stimulated with $KRAS_{G12V}$

peptides including unmethylated, mono-, di-, and tri-methylated lysine-5, and responding T cells were

sort purified based on specific binding to individual HLA-A2:PTM-containing $KRAS_{G12V}$ 5-14 tetramers

at limiting peptide concentrations. Quantitative TCR repertoire analysis was performed on the purified

populations, and highly enriched TCR clonotypes were synthesized and expressed in primary $CD8^+$ T

cells (**Materials and Methods; Fig. S4a, b**).

As measured by IFNγ expression by TCR-transduced T cells after exposure to unmethylated and

methylated $KRAS_{G12V}$ epitopes presented by HLA-A2, these TCRs exhibited dose response patterns

specific to the G12V mutation, responded to methylated and/or unmethylated peptides, and did not

recognize wild type or G12D mutant epitopes (**Fig. 3a**). The functional avidities of these TCRs,

$TCR_{A2UoM1-1}$, $TCR_{A2UoM1-2}$, and $TCR_{A2UoM1-4}$, for the unmethylated and monomethylated peptides were

comparable to those of the mutagenesis-derived TCRs, in particular TCR_{EDST} which exhibited superior

killing of DAN-G cells and strong recognition of unmethylated and methylated $KRAS_{G12V}$ epitopes.

Among the TCRs that exhibited the strongest recognition of methylated and unmodified peptides,

coculture with tumor cells of $CD8^+$ T cells expressing $TCR_{A2UoM1-1}$ demonstrated superior killing

compared to T cells expressing TCR_2 of the HLA-A2$^+$ KRAS$_{G12V}$$^+$ DAN-G tumor cell line, inferred to

present methylated and unmethylated KRAS$_{G12V}$ 5-14 (**Fig. 3b**). $TCR_{A2UoM1-1}$ also exhibited similar killing

as the other TCRs against CFPAC1, which presumably presents unmethylated KRAS$_{G12V}$ 5-14.

$TCR_{A2UoM1-1}$ did not recognize titrated doses of HLA-A2-presented wild type KRAS 5-14 or KRAS$_{G12D}$ 5-

14 (**Fig. S4c**) but did exhibit some inhibition of HLA-A2$^+$ tumor cell lines expressing either wild type or

G12D KRAS (**Fig. S4d**), suggesting that there may be some broader targeting. However, an alanine scan

with $TCR_{A2UoM1-1}$ demonstrated very limited tolerance for amino acid substitutions within the KRAS$_{G12V}$

5-14 epitope (**Fig. S4e**), such that the only potential match in the human peptidome (using the same

criteria as our previous alanine scans) was EPIPL$_{1948-1957}$. A dose response assay performed with this

peptide revealed no recognition by this TCR (**Fig. S4f**), affirming its highly selective specificity.

344   Structural modeling of $TCR_{A2UoM1-1}$ revealed a CDR3α sequence that had amino acids aspartate

and serine in closest proximity to the lysine-5 side chain including the differently methylated versions

(**Fig. 3c**). These TCR amino acids are identical to what was identified in the mutagenized TCR_{EDST}, and

thus may allow for close interaction with both methylated and unmethylated lysine-5 of the KRAS$_{G12V}$

epitope by both TCRs.

<u>SPT6 is involved in the mechanism for demethylation of lysine-5 of the KRAS$_{G12V}$ epitope in tumor cells</u>

<u>and may be a target for creating presentation of a stable epitope with a methylation-specific TCR.</u>

352   We next sought to determine potential genes involved in KRAS$_{G12V}$ epitope methylation. To

address this, we performed a CRISPR-Cas9 library screen targeting genes canonically known to be

involved in DNA or protein methylation (**Materials and Methods; Fig. 4a**). The library was transduced

into the DAN-G cell line, which is inferred to express the methylated KRAS$_{G12V(5-14)}$ epitope and is

recognized by TCRs that have specificity for the methylated epitope but not effectively by TCRs only

specific for the unmodified epitope. Tumor cells were collected before and after co-culture with

methylation-responsive TCR-T cells (TCR_{EDST}) and TCR-T cells that preferentially target unmodified

KRAS (TCR_2), and the frequencies of each gRNA in surviving tumor cells were determined. TCR_{EDST}

was chosen as the methylation-sensitive TCR for this comparison because it differs from TCR_2 only in its

ability to recognize methylated lysine-5. This analysis revealed reduced recovery of certain gene

knockouts when cocultured with TCR_{EDST}, but not when cocultured with TCR_2, suggesting that the

knocked-out gene conferred a survival disadvantage for tumor cells that might reflect increased

presentation of the methylated epitope. In contrast, a higher frequency of gRNAs targeting a given gene in

the same comparison of cocultures would mean that the knockout conferred a survival advantage, thereby

providing a means of immunological escape from the TCR_{EDST}-T cells by diminishing presentation of the

methylated epitope.

In the gene knockout screen, DAN-G cells with *SUPT6H* knockout (encoding the SPT6 protein)

were the single most depleted knockout when comparing tumor cells cocultured with the methylation-

targeting TCR_{EDST}-T cell to the non-methylation-targeting TCR_2-T cell coculture (**Fig. 4b**). This suggests

that SPT6 expression decreased methylation of this epitope. SPT6 is canonically known as a negative

regulator of histone lysine methylation (*40*). From our data, SPT6 appears to have a non-canonical role as

an inhibitor of lysine methylation on the $KRAS_{G12V}$ epitope.

To further investigate the enhanced effectiveness of methylation-targeting TCR-T cells

specifically against SPT6-deficient DAN-G cells, we created a *SUPT6H* knockout DAN-G cell line.

Successful knockout was verified via long-read sequencing of the targeted genomic region (**Fig. S5a**).

Coculture of the *SUPT6H*-knockout DAN-G cells with $CD8^+$ T cells transduced either with TCR_{EDST},

which targets both unmethylated and methylated $KRAS_{G12V}$ epitope, or with TCR_2, which only effectively

targets the unmethylated $KRAS_{G12V}$ epitope, affirmed that knockout of *SUPT6H* increased susceptibility

to killing by T cells expressing either TCR_{EDST} or $TCR_{A2UoM1-1}$ which also targets the methylated epitope

(**Fig. 4c**). Additionally, the knockout did not increase killing by T cells expressing the methylation-

unresponsive TCR_2. Relative to the original DAN-G cells, *SUPT6H* knockout did not increase HLA-A2

expression (**Fig. S5b**) and did not change KRAS expression levels (**Fig. S5c**), indicating that the effect of

SUPT6H knockout was not due to changes in total epitope presentation levels but rather due to changes in

the PTM composition of the epitope.

Data from The Cancer Genome Atlas (TCGA) show that loss-of-function mutations of *SUPT6H*

specifically within the $KRAS_{G12V}$ mutant cancer patient population lead to increased survival compared to

the *SUPT6H*-mutant patient population as a whole (**Fig. 4d**). This mutation-specific behavior may suggest

that the methylated $KRAS_{G12V}$ epitope is more spontaneously immunogenic in the context of a naturally

occurring TCR repertoire, which would be consistent with the more stabilized cell surface expression of

the HLA-A2:$KRAS_{G12V}$ pMHC complex when the epitope is methylated compared to unmethylated, as

we described earlier (**Fig. S1e**).

Discussion

Development of effective ACT using TCRs requires accurate identification of the epitopes

specifically presented by the targeted tumor, which can become increasingly difficult in the context of

PTMs. In this study, we have demonstrated, using two approaches, the ability to isolate/generate TCRs

that recognize and target PTMs that can alter the immunogenicity of a tumor epitope in a therapeutically

consequential manner. Deep learning-guided mutagenesis made it feasible to refine a potentially

promising TCR targeting an HLA-A2-presented $KRAS_{G12V}$ epitope into one able to target both post-

translationally modified and unmodified variants of the epitope, thereby achieving improved killing of

HLA-A2^{+}, $KRAS_{G12V}$ tumor cell types. We also generated TCRs that can achieve similar activity by

selectively expanding rare clonotypes reactive against modified and unmodified $KRAS_{G12V}$ peptide

variants from healthy donor-derived primary T cell populations, thereby selecting for TCRs that have

undergone the thymic central tolerance process, meaning they are less likely to react against self-antigens

and may offer a safer therapeutic profile. For tumor cells that might present the unmodified $KRAS_{G12V}$

epitope together with a mix of variants with different degrees of a lysine-5 methylation, our data suggests

that therapeutic TCRs designed or selected to target a wide range of these variants should prove more

effective at killing a larger subset of $KRAS_{G12V}$-expressing tumor cells, and preclude immune evasion

driven by altered or variable KRAS lysine methylation.

Computational prediction of TCR specificity against pMHC complexes has recently experienced

significant improvements (*52*), but purely computational approaches still require experimental validation

to determine whether TCR specificity is sufficiently high to be safe and effective for antitumor therapy.

Predicting the three-dimensional architecture between a pMHC complex and TCR has the potential to

provide insights for experimentally modifying and improving the affinity/specificity of the TCR for the

pMHC based on proposed contact points, orientation of a peptide within the pMHC, and orientation of the

TCR to that complex. However, the structure of the TCR:pMHC complex has historically been difficult to

accurately determine computationally due to the still somewhat limited number of experimentally

validated structures of TCR:pMHC interactions from which to base new predictions, the bias of

prediction models to overfit based on existing common epitopes, and the lack of negative control data (*53,*

54). Recent innovations in computational protein structure prediction, including Alphafold, have allowed

for improved accuracy (*53*). Nonetheless, Alphafold does not yet support the structural prediction of

changes resulting from PTMs due to the lack of available structural data for training that includes PTMs

(*55*). Alternatively, Rosetta utilizes physics-based energy functions to optimize protein structures, which

better accommodates integration of PTMs into protein structure prediction (*56*). Thus, in this

investigation, we combined these two pipelines into one prediction to yield a more precise guide that

accurately identified pMHC contact sites within the TCR CDR3 sequences that could subsequently be

modified through saturation mutagenesis to specifically enhance TCR association with post-

translationally modified peptide within the pMHC complex. This strategy allowed us to develop new

TCRs that more effectively target HLA-A2$^+$ KRAS$_{G12V}{}^+$ tumors, while maintaining TCR specificity for

mutant KRAS.

Developments in MS technology, including newer technology with greater sensitivity, have

allowed for its use to identify MHC class I-restricted T cell epitopes (*35, 42*). We used such MS to

characterize the primary sequence of the HLA-A2-presented KRAS$_{G12V}$-containing epitope in this study,

analogous to previous studies that identified mutant KRAS epitopes presented by other MHC I alleles (*4,*

9, 19). These MS-based studies have been important for the development of potentially therapeutic TCRs

for mutant KRAS tumors. However, MS can remain unreliable for detecting PTMs. The large size of the

immunopeptidome presented by the multiple MHC I and II alleles expressed by a tumor, the often-

reduced level of MHC expression by tumor cells, the low yield fraction of protein capture, and low

expression of some proteins of interest can result in low and inadequate sensitivity for detection of a

specific epitope and any associated PTMs (*35*). As a result, MS-based workflows can benefit from

maximizing protein expression and MHC capture as we did with ARTEMIS in this study. Additionally,

the introduction of chemical artifacts during sample processing, such as oxidation (*37*), may confound

whether a detected PTM is genuine or not, and PTMs that are not suspected prior to analysis to be on a

peptide may result in missing the detection of that peptide (*36*). To bypass these difficulties associated

with epitope detection and probe for a specific PTM on a presented epitope, TCRs with distinct PTM-

peptide recognition patterns may be used as an alternative to MS, as these TCRs will elicit T cell

activation in response to a target presenting distinct PTMs and can serve as a very sensitive assay for the

presence or absence of the PTM.

Based on the results of our efforts to generate TCRs targeting HLA-A2-presented $KRAS_{G12V}$,

TCR_{EDST} and $TCR_{A2UoM1-1}$ appear to be two promising candidates for further development as therapeutic

TCRs. The former was generated by mutagenesis of an existing TCR that naturally recognized an

unmodified epitope derived from mutant KRAS, whereas the latter was identified by selection from a

healthy donor's TCR repertoire. The mutagenesis approach allows for generation of TCRs that may not

be present in normal repertoires and that have increased affinity for the target. However, because these

TCR sequences are mutated from a TCR naturally existing in the repertoire, they have not been naturally

screened during development against the self-immunopeptidome, and pose an elevated risk of off-target

activity in a therapeutic setting. Thorough testing for TCR recognition of cross-reactive targets *in vitro*, as

we have initiated with alanine scans followed by identification and testing of potential non-$KRAS_{G12V}$

targets in the proteome, should help to mitigate this problem. Additionally, such TCRs may be useful as

probes to identify the presence of particular PTMs on epitopes presented by different tumors. TCR

discovery from the repertoire of a healthy donor that has already been centrally thymically tolerated is

theoretically safer than TCRs generated by mutagenesis, but can be limited if the desired TCR clonotypes

are particularly rare within the repertoire or only of low affinity. Overall, we show that either approach is

feasible to generate potentially effective, therapeutic TCRs able to target a modified and/or unmodified

tumor antigen of interest.

Our findings with the histone methylation inhibitor SPT6 (*SUPT6H*) provide further evidence that

PTMs may be introduced by potentially non-canonical processes (*32, 57*), analogous to the non-canonical

methylation activity of SMYD3 that has been shown to impact other components of the KRAS signaling

pathway (*32*). From our findings, *SUPT6H* knockout in tumor cells enhances the efficacy of KRAS-

targeting, PTM-reactive, TCR-T cells. Diminishing SPT6 activity may provide another opportunity to

increase tumor immunogenicity, such as by combining these TCR-T cells with a small molecule inhibitor

of SPT6.

Our investigation into lysine methylation on $KRAS_{G12V}$ antigen revealed an intriguing role of

PTMs in changing recognition of tumor cells by cytotoxic T cells and provided a strategy to mitigate the

effects of PTMs to produce more consistently performing therapeutic TCRs. PTMs of tumor-associated

antigens have previously been implicated in altering immunogenicity of tumor cells in several tumor

types (*58*), and we build upon this by describing a strategy for the development of TCRs to specifically

target them. This strategy paves the way for developing TCRs that specifically target PTMs, offering a

novel avenue for personalized immunotherapy. Moreover, we have identified TCRs that can target and

kill tumor cells with mutated $KRAS_{G12V}$ and that are restricted to the most common human HLA allele,

which therefore has significant direct potential for clinical development. The widespread expression of

the $KRAS_{G12V}$ mutation across numerous different tumor types, including many solid tumors, means these

TCRs may allow for a substantially broadened therapeutic scope of ACT to combat these otherwise

difficult-to-treat tumors, including a wide variety of solid tumors.

The roles of PTMs found on tumor antigens outside of altering tumor cell immunogenicity are

likely broad. In the case of HLA-A2-presented $KRAS_{G12V}$, lysine-5 methylation in KRAS has been

speculated to affect interactions with relevant signaling proteins in the Ras family pathway signaling (*34*).

Characterizing the mechanistic reasons for and consequences of PTMs on tumor antigens should grant

additional insight into possible molecular pathways that could be targeted synergistically with, or

independently of, immunotherapies targeting these antigens.

Materials and Methods

<u>Computational modeling of TCR:pMHC complexes.</u>

We used Alphafold to generate an initial structural model comprising a given TCR and pMHC

complex with unmodified KRAS epitope. Using the resulting model of the TCR:pMHC complex not yet

including any PTMs, we used PyRosetta (*48*) 2023.49 to introduce relevant PTMs to the epitope, then

reoptimize the binding energy of the TCR:pMHC complex with the PTMs under consideration to create

the final structural model. Subsequent visualizations were generated using VMD (*59*). For modeling only

the pMHC complex, we used PyRosetta to take a pMHC complex with known structure, consisting of

HLA-A2 presenting a peptide with a sequence similar to $KRAS_{G12V}$ 5-14, LLFGYPVAV (PDB: 1QSF

(*60*)), mutated the peptide to $KRAS_{G12V}$ 5-14 with or without PTMs, and reoptimized the binding energy

of the resulting pMHC complex.

<u>Generation and use of lentiviral constructs for TCRs.</u>

We created lentiviral transfer plasmids expressing our TCRs, using pRRLSIN as a basis. We

digested this plasmid with AscI and PstI restriction enzymes (New England Biolabs), with recognition

sites being introduced at appropriate locations beforehand via site-directed mutagenesis, and gel-extracted

the backbone. We then performed Gibson assembly using the Gibson Assembly Kit (New England

Biolabs) on the digested backbone and synthesized DNA blocks (Codex DNA; Integrated DNA

Technologies) encoding codon-optimized versions of our selected TCR sequences. The Gibson assembly

products were transformed into chemically competent 5-alpha *E. coli* bacteria (New England Biolabs).

The final construct thus contained a single open reading frame for the TCR, composed of the TCRβ chain,

P2A, and TCRα chain and driven by the MSCV U3 promoter. To verify sequences of resulting clones, we

used the full plasmid sequencing service from Primordium Labs.

To generate lentivirus for TCR expression, we cultured 293T cells in RPMI 1640 media (Thermo

Fisher) with 5% FBS (Cytiva), 5% human serum (Bloodworks Northwest), 0.6% MEM Non-Essential

Amino Acids solution (Thermo Fisher), 4 mM L-glutamine (Gibco), and 100 U/ml penicillin-

streptomycin (Gibco). To generate lentivirus from the above constructs, we transfected the 293T cells at 3

million cells/10 cm dish with Effectene transfection reagent (Qiagen) following manufacturer guidelines,

using 1.5 μg of an individual TCR construct, 0.5 μg of pMD2.G (Addgene #12259), 1 μg of

pMDLg/pRRE (Addgene #12251), and 1 μg of pRSV-Rev (Addgene #12253). 1 d after transfection, we

changed media, removing transfection reagent; 1 d following that, we filtered culture supernatant through

0.45 μm PVDF filters. The filtered product was stored at –80ºC until used in TCR-T cell generation.

<u>TCR-T cell generation.</u>

We isolated CD8$^+$ T cells from primary human donor PBMCs using the EasySep Human CD8$^+$ T

cell Isolation Kit (STEMCELL Technologies) and activated them overnight using anti-CD3/CD28

DynaBeads (Thermo Fisher). Afterward, we transduced these T cells with lentivirus to express an

engineered TCR targeting HLA-A2-presented KRAS$_{G12V}$ epitope, including spinfection at 1,055 g for 90

minutes at 30°C. Cells were grown in "CTL media": RPMI 1640 media (Thermo Fisher) with 10%

human serum (Bloodworks Northwest), 4 mM L-glutamine (Gibco), 100 U/ml penicillin-streptomycin

(Gibco), and 50 IU/ml IL-2 (Prometheus; obtained via University of Washington Pharmacy, DOH license

#DRRS.FX.60550751), with medium changes every 2-3 d. Cells were sorted for peptide-MHC tetramer

binding 6 d after transduction. These cells were expanded via rapid expansion protocol for 8–14 d as

described previously(*61*). At the end of expansion, the cells were used for functional assays.

<u>MS of KRAS protein and ARTEMIS.</u>

We performed ARTEMIS following previously described procedure(*42*) on DAN-G human

pancreatic adenocarcinoma and 293F cell lines. Briefly, we transduced these cell lines with a construct

expressing secreted, His-tagged HLA-A2 single chain dimer (SCD) with mCherry and a construct for

constitutive expression of the first 100 amino acids of human KRAS$_{G12V}$, based on Lenti-mCherry-G12V-

KRAS-IRES-Blast (Addgene #153336). Cells were sorted for SCD expression via mCherry and further

selected for the truncated KRAS$_{G12V}$ expression via blasticidin at 10 μg/ml for 7 d. We expanded these

cells and harvested culture supernatant for two weeks. We filtered out debris from this supernatant using a

0.6 μm filter, captured HLA-A2 SCD-peptide complex with Ni-NTA agarose beads (Invitrogen) in

imidazole equilibration buffer (10mM imidazole, 300 mM NaCl, 50 mM NaH$_2$PO$_4$, pH 8), and eluted the

bound peptides in a denaturing buffer (5M guanidine-HCl, 250 mM NaCl, 50 mM NaH$_2$PO$_4$, 1 mM DTT,

pH 8).

For whole KRAS protein, we performed cell lysis on HLA-A2$^+$ tumor cell lines to collect protein

as described previously(*62*). From the resulting protein extract, we performed immunoprecipitation for

KRAS using MS-compatible magnetic immunoprecipitation kit (Pierce) and anti-KRAS antibody (12063-

1-AP; Thermo Fisher), following manufacturer guidelines. The immunoprecipitated protein was run

through SDS-PAGE, and a protein band at ~21 kDa size was excised and used for liquid chromatography-

MS.

<u>Discovery of new TCRs via mutagenesis of an existing TCR targeting HLA-A2-presented KRAS$_{G12V}$ 5-</u>

<u>14.</u>

To generate rationalized mutagenesis libraries of TCR$_2$ targeting the sequence within CDR3α as

selected from the structural prediction, we performed Gibson assembly to combine synthesized saturation

mutagenesis DNA blocks replacing the identified 'core' residues of CDR3α with the remainder of the

TCR$_2$ construct. We transduced these TCR libraries into populations of Jurkat cells expressing CD8 and

the Nur77-green fluorescent protein (GFP) reporter gene, which specifically permits measurement of

TCR signaling(*51*). These cells were grown in CTL media with the addition of KRAS$_{G12V}$ 5-14, with or

without methylation of the lysine-5 side chain, and presented by HLA-A2. After two weeks, we sorted

these cells for binding to tetramers of HLA-A2 with unmethylated or methylated $KRAS_{G12V}$ epitope and

amplified CDR3α sequences from sorted cells. Amplicons were sequenced by next-generation sequencing

on an Illumina MiSeq v2 flow cell with paired-end 150 bp reads.

To process sequencing results, we used custom code, trimming adapters and using Bowtie2 to

align reads to a reference sequence for the CDR3α region of TCR_2. We then scanned for variations from

the reference sequence and compared the frequencies of individual sequence variants between sorted

populations. The most differentially detected variants were cloned into new lentiviral TCR constructs

based on pRRLSIN, as described in the section "Generation and use of lentiviral constructs for TCRs".

<u>Discovery of new TCRs by stimulation of primary T cells by MHC I-presented peptides.</u>

To enrich T cells expressing TCRs from the centrally tolerated human TCR repertoire that could

recognize HLA-A2-presented $KRAS_{G12V}$ epitope, we isolated primary $CD8^+$ T cells from HLA-A2$^+$,

healthy human donor PBMCs (**Fig. S4a**). From the remaining PBMCs, we generated mature DCs through

a differentiation cocktail consisting of GM-CSF and IL-4 (Peprotech) for 1 d followed by TNFα, IL-1β,

IL-6 (Peprotech), and prostaglandin E2 (MP Biochemicals) for 1 d. The resulting DCs acted as APCs:

they were pulsed for 4 h with synthetic $KRAS_{G12V}$ peptides (Elim Biopharm), with or without PTMs

incorporated, and stimulated the $CD8^+$ T cells with the resulting peptide-presenting DCs. After this initial

stimulation, we continued to expand the T cells with a combination of IL-2 (Prometheus; obtained via

University of Washington Pharmacy, DOH license #DRRS.FX.60550751), IL-7, and IL-15 (Peprotech)

with medium replenishment every 2–3 d. These T cells were brought through multiple cycles of this

stimulation. In subsequent stimulations, peptide presentation was done by peptide-pulsing PBMCs instead

of mature DCs. At the end of the final round of stimulation, we stained T cells with HLA-A2 tetramers

presenting $KRAS_{G12V}$ 5-14 (with or without PTMs) and conjugated to a fluorophore, with a different

fluorophore per PTM/unmodified peptide. These cells were sorted into separate populations based on

tetramer binding patterns.

From the sorted T cells, we quantitated TCR clonotypes using the ImmunoSEQ assay (Adaptive

Biotech) and performed single cell RNA-seq using the Chromium Single Cell V(D)J Enrichment Kit for

T cells (10X Genomics) to identify paired TCRa/TCRb sequences. Using Cellranger 7.0.0 followed by

Loupe VDJ Browser 4.0, for each population, we selected the most highly enriched sequences for cloning

of TCR lentiviral constructs.

<u>Coculture with engineered TCR-T cells and HLA-A2$^+$ tumor cells.</u>

HLA-A2$^+$ tumor cell lines were lentivirally transduced to express either Nuclight-Red or

Nuclight-Green nuclear-localizing fluorescent protein (Sartorius) and sorted for their expression. For co-

culture with TCR-T cells, we plated the tumor cell lines on 48-well plates at a density of 10,000 cells/well

one day before adding T cells to allow for tumor cell adherence. T cells, generated as described above,

were added to these wells at a CD8$^+$ T cell:tumor cell ratio of 4:1 unless stated otherwise, with an initial

dose of 12.5 IU/ml IL-2. Cocultures were imaged every two hours at 10X magnification using an Incucyte

S3 machine (Sartorius).

In vitro peptide assays.

To determine functional avidity of our engineered TCRs against peptides, we used either Jurkat

CD8$^+$ Nur77-GFP reporter cells or primary human HLA-A2$^+$ T cells and transduced them with one of our

TCRs. Cells were incubated with *TAP*-deficient T2 cells and synthetic peptide at set concentrations, in the

presence of GolgiStop and GolgiPlug protein transport inhibitors (BD Biosciences) at 1:1000 dilution

each for 16 h at 37°C. Cells were incubated by themselves in the presence of the same protein transport

inhibitors in addition to synthetic peptides at set concentrations for 4 h at 37°C. At the end of incubation,

live CD8$^+$ cells were measured for expression of IFNγ (primary CD8$^+$ T cells) or Nur77-GFP (Jurkat

CD8$^+$ Nur77-GFP reporter cells) by flow cytometry. CD8$^+$ T cells were stained with eFluor 780 Fixable

Viability Dye (Invitrogen) followed by CD8:BV421 (Biolegend), fixed and permeabilized using the BD

Cytofix/Cytoperm Kit (BD Biosciences), and stained with IFNγ:PE-Cy7 antibody (Biolegend). Nur77-

GFP Jurkat cells were stained with CD8:BV421 (Biolegend) followed by propidium iodide. Flow

cytometry analysis was performed using FlowJo v9 (BD Biosciences).

To measure the stability of peptide presentation on HLA-A2, we incubated T2 cells with

individual peptides of interest for 16 h, then measured live cells for surface expression of HLA-A2 by

flow cytometry, staining with HLA-A2:FITC antibody (Biolegend) and propidium iodide.

<u>CRISPR knockout screen and validation of genes involved in methylation processes.</u>

Genes were selected using the PANTHER database (*63*) which met the criteria of containing

"methyl" in the gene ontology description. The total number of genes selected was 605. A total of 1,813

sgRNA sequences for the genes of interest were collected from existing databases (*64-66*). 30 control

gRNA sequences were added to the library for a total of 1,843 gRNAs (**Table S1**). The list of sgRNAs

was ordered as a custom oligonucleotide pool from Integrated DNA Technologies.

For the creation of the CRISPR knockout library plasmid, we performed cloning following

Canver *et al.*, 2018 (*67*). An oligo pool was cloned into lentiCRISPRv2 (Addgene #52961) which was

digested using Esp3I-HF (New England Biolabs). (2.5 µg) was transfected into HEK293T cells using X-

tremeGENE™ 9 (Roche) with psPAX2 (1.625 µg) and pCMV-VSV-G (0.875 µg) plasmids (Addgene

#12260, #8454). Viral supernatant was collected and filtered using a 0.45 µm PVDF filter 48 hours after

transfection. The plasmid-containing viral supernatant was then transduced into the DAN-G cell line. To

select for the cells which were successfully transduced, the cells underwent puromycin selection for 7

days at 1 µg/ml concentration with medium changes every 2-3 days. The library-containing DAN-G cells

were co-cultured with the KRAS-targeting TCR-T cells for 7 days. Following co-culture, the DAN-G

cells were rinsed with PBS and pelleted for genomic DNA extraction using QIAGEN DNeasy Blood &

Tissue kit. The sgRNA region of the genomic DNA was PCR amplified following the

'sgRNA/shRNA/ORF PCR for Illumina Sequencing' protocol via the Broad Institute Genetic

Perturbation Platform and assessed for fragment length distribution on TapeStation D1000 (Agilent).

Upon verification of fragment length, the samples were pooled and sequenced on an Illumina MiSeq

machine.

Raw NGS reads were adapter-trimmed with Cutadapt v2.9, followed by alignment to the

reference library with Bowtie v1.3. Comparisons between different conditions were performed using the

MAGeCK pipeline, using RRA and MLE algorithms for calculating statistical significance of results.

MAGeCK also predicts gene essentiality by evaluating the ranked list of sgRNAs (*68*).

To verify hits from our CRISPR library screen, we transduced DAN-G cells with lentivirus

inducing single knockouts and puromycin resistance. After 7 days of puromycin selection at 1 μg/ml, the

DAN-G single knockout cells was co-cultured with TCR-T cells at a 4:1 T cell:tumor cell ratio and

imaged every 4 hours at 10X magnification using an Incucyte S3 machine (Sartorius).

To verify knockout, genomic DNA was extracted from single knockout DAN-G cells, and the

gRNA region was PCR amplified using Q5 High-Fidelity DNA Polymerase (New England Biolabs),

yielding amplicon lengths of between 500-800 base pairs. The PCR-amplified samples were sequenced

using the "Premium PCR Sequencing" service from Primordium Labs. The resulting sequence files were

aligned with the reference genome using BWA-MEM to screen for the common mutation sites to confirm

the knockout. To verify the methylation status of HLA-A2-presented $KRAS_{G12V}$ epitope in the *SUPT6H*

knockout DAN-G cells and non-knocked-out DAN-G cells, we expanded these cells and extracted HLA-

A2-presented peptide using the ARTEMIS protocol as previously described.

To compare HLA-A2 expression of *SUPT6H* knockout vs. non-knocked-out cells, the cells were

stained with HLA-A2:PE antibody (Biolegend) and propidium iodide and analyzed via flow cytometry.

To compare KRAS expression, protein lysate was extracted from tumor cell lines as described above and

used as input for Western blots with anti-KRAS antibody (12063-1-AP; Thermo Fisher).

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823 Acknowledgements

We would like to thank the Fred Hutch Genomics, Bioinformatics, Proteomics/Metabolomics, Flow

Cytometry, and Cellular Imaging Shared Resources for their respective roles in helping to run key

experiments. We also thank members of the Chapuis Lab and the Strong Lab at Fred Hutch for their help

setting up ARTEMIS for use in this study.

Funding: This study received financial support from donations to Fred Hutchinson Cancer Center for

"TCR Therapy for Patients with Pancreatic Cancers" (Fred Hutch Reference Number SRA210802) and

Affini-T Therapeutics, Inc. (Fred Hutch Reference Number 20012884). The mass spectrometry

instrumentation used in this research was funded by a grant from the National Institutes of Health Office

of Research Infrastructure Programs (grant S10OD030225). Fred Hutch Shared Resources were supported

by the Fred Hutch/University of Washington/Seattle Children's Cancer Consortium Cancer Center

Support Grant (National Institutes of Health grant P30CA015704).

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Competing interests: PDG is on the Scientific Advisory Board of Celsius, Earli, Elpiscience, Immunoscape, Rapt, Catalio, and Nextech, was a scientific founder of Juno Therapeutics, and receives research support from Lonza. RP, TM, AGC, TMS, and PDG are co-inventors on a patent associated with technology described in this work that is licensed to Affini-T. AGC, TMS, and PDG are co-founders of, have equity in, and receive research support from Affini-T. All other authors declare that they have no competing interests.

835   **Data and materials availability**: Code for structural modeling and TCR sequence data processing from

836   TCR mutagenesis are available at https://github.com/jihoonlee0/A2_KRAS-G12V.

Figures and Tables

Fig. 1: Posttranslational modification on the HLA-A2-presented $KRAS_{G12V}$ epitope alters recognition of

the antigen by MHC class I-restricted TCRs and subsequent tumor cell killing. (a) $Log_{10}(EC_{50}$ (M))

comparison of recognition of different concentrations of a synthetic $KRAS_{G12V}$ 5-14 peptide

(KLVVVGAVGV) presented by HLA-A2 by different MHC class I-restricted TCRs specific for the

epitope. Lower values indicate higher functional avidity. (b) Killing of live CFPAC1 and DAN-G HLA-

$A2^+$ $KRAS_{G12V}^+$ pancreatic adenocarcinoma cells cocultured with $CD8^+$ T cells expressing the TCRs

shown in (a) using a 4:1 T cell:tumor cell ratio. Cocultures were recorded by Incucyte imaging. Tumor

cells expressed nuclear fluorescent protein; NR: red fluorescent protein; NG: green fluorescent protein.

(c) ARTEMIS MS data of peptides eluted from HLA-A2. Data is from the 293F cell line, as commonly

used for proteomics assays requiring high protein expression. All cell lines were transduced with an HLA-

A2 single chain secreted dimer as well as a $KRAS_{G12V}$ constitutive expression construct to increase

presentation and the likelihood of detecting a presented peptide by MS, of $KRAS_{G12V}$-related epitopes.

The first 100 amino acids of $KRAS_{G12V}$ are shown, with the G12V mutation highlighted in yellow.

Epitopes predicted by NetMHCPan 4.1 are shown in purple; epitopes detected from ARTEMIS are shown

in blue. ARTEMIS detection of $KRAS_{G12V}$ 5-14 is outlined in red. (d) Heatmap of $-log_{10}(EC_{50}$ (µg/ml)) of

$CD8^+$ T cells expressing TCR_2 or TCR_{19} against candidate $KRAS_{G12V}$ epitopes, with and without

methylation of the lysine-5 side chain of the epitope, presented by HLA-A2. Higher values indicate

higher functional avidity. EC_{50} values were calculated from T cell exposure to peptide concentrations

ranging from 1 µg/ml to 10^{-5} µg/ml. Gray squares indicate EC_{50} calculations that lacked a stable fit, e.g.,

due to lack of response to peptide even at high doses. (e) Rosetta structural modeling of HLA-A2

presenting $KRAS_{G12V}$ 5-14 and its methylated variants. Red circles indicate the amine group of the lysine-

5 side chain; arrows indicate its movement with different methylation states. A reference point is drawn at

the same position in each image to help illustrate positional changes. (f) Alanine scan of the $KRAS_{G12V}$

epitope and resulting response by $CD8^+$ T cells expressing TCR_2 and TCR_{19}. The epitope with each

individual residue substituted with alanine (or, for alanine-11, substituted with either glycine or threonine)

was presented by antigen-presenting cells to stimulate primary human $CD8^+$ T cells expressing a TCR,

and subsequent IFNγ expression was measured. Higher IFNγ induction indicates greater tolerance for

amino acid substitution at that position. X-axis numbers indicate the residue number on the KRAS

protein, and letters indicate the amino acid substitution. A: alanine; G: glycine; T: threonine. Last column

is unmodified KRAS$_{G12V}$ 5-14.

Fig. 2: A computationally guided, rationalized mutagenesis library to develop MHC class I-restricted

TCRs that recognize methylated epitopes of HLA-A2-presented KRAS$_{G12V}$ and achieve enhanced

targeting of HLA-A2$^+$ KRAS$_{G12V}$$^+$ tumor cell lines. (a) Structural model, as predicted by a combined

Alphafold-Rosetta pipeline, of a 'core' CDR3α sequence (sequence EDNT) of an existing TCR

recognizing KRAS$_{G12V}$ 5-14 and its relation to the lysine-5 side chain (circled in red) of the epitope as

presented by HLA-A2. (b) Generation of TCR mutagenesis libraries by mutagenesis of the core CDR3α

sequence followed by transduction of the TCRs into Nur77-GFP reporter Jurkat cells and subsequent

clonal expansions. Tetramer binding patterns of HLA-A2-KRAS$_{G12V}$ 5-14 peptide with unmodified or

methylated lysine-5 side chain at the end of cell stimulation are shown. Each circle indicates a population

with a specific pattern of unmethylated vs. methylated peptide tetramer binding that was sorted and

sequenced. (c) Examples of mutated CDR3α 'core' sequences resulting from sorted clones of the

mutagenesis library that exhibit the noted different patterns of PTM peptide recognition. (d) Heatmap of –

$\log_{10}$(EC$_{50}$ (μg/ml)) of TCRs derived from the mutagenesis library and the original TCR$_2$ responding to

different degrees of lysine-5 methylation of KRAS$_{G12V}$ 5-14 presented by HLA-A2, as calculated from

dose response assays. Gray squares indicate EC$_{50}$ values that lacked a stable fit, e.g., due to limited

response to peptide even at high doses. TCR$_{4UM}$ is the 4th TCR clonotype identified from an initial

sequencing dataset from sorted Jurkat cells binding to both unmethylated ("U") and methylated ("M")

tetramers; other TCRs are labeled by changes in the 'core' CDR3α sequence (e.g., EDST). (e) Killing of

HLA-A2^{+} KRAS$_{G12V}$$^{+}$ CFPAC1 and DAN-G pancreatic adenocarcinoma cells by CD8^{+} T cells expressing

selected mutagenized TCRs. Cocultures of T cells and tumor cells were recorded by Incucyte imaging.

Tumor cells expressed nuclear fluorescent protein. NR: red fluorescent protein; NG: green fluorescent

protein.

Fig. 3: Stimulation of primary human T cells with unmethylated and methylated HLA-A2-presented

KRAS$_{G12V}$ to generate MHC class I-restricted TCRs from a normal repertoire that recognize methylated

epitopes. (a) Heatmap of $-\log_{10}(EC_{50}$ (μg/ml)) of selected TCRs responding to the unmethylated and

methylated epitopes presented by HLA-A2, as calculated from dose response assays. Higher values

indicate higher functional avidity. Gray squares indicate EC_{50} values that lacked a stable fit, e.g., due to

limited response to peptide even at high doses. (b) Killing of HLA-A2$^+$ KRAS$_{G12V}^+$ CFPAC1 and DAN-G

pancreatic adenocarcinoma cells by CD8$^+$ T cells expressing selected TCRs. Cocultures of fluorescently

labeled tumor cells and TCR-T cells were recorded by Incucyte imaging. Tumor cells expressed nuclear

fluorescent protein; NR: red fluorescent protein; NG: green fluorescent protein. (c) Alphafold-Rosetta

visualizations of TCR:pMHC complexes for TCR$_{A2UoM1-1}$, isolated from expansion of responding primary

human CD8$^+$ T cells from normal repertoires. Structures were generated for unmethylated and

mono/di/trimethylated versions of the epitope, presented by HLA-A2. The four CDR3α amino acids in

closest proximity to the lysine-5 side chain of KRAS$_{G12V}$ are shown with individual molecular bonds.

Fig. 4: A gene knockout screen for methylation-related genes identifies SPT6 (*SUPT6H*) as a participant

in the demethylation of the HLA-A2-presented KRAS$_{G12V}$ epitope. (a) Overall workflow: DAN-G

pancreatic adenocarcinoma cells were transduced with a CRISPR knockout library targeting methylation-

related genes, and then cocultured with CD8$^+$ T cells expressing either TCR$_2$ or mutagenized TCR$_{EDST}$,

which respectively have weak or strong recognition of methylated KRAS$_{G12V}$ epitopes. Tumor cells

surviving at the end of coculture were sequenced to identify gRNA enrichment or depletion associated

with immune evasion. (b) Volcano plot summarizing log$_2$(fold change) of gRNA read frequencies

targeting individual genes recovered after coculture of DAN-G cells with T cells expressing TCR$_{EDST}$

versus TCR$_2$. The threshold of significance was set at log$_{10}$(p) < 1.2 (p < 0.05) and is denoted by the

horizontal dashed line. Mean counts of all gRNAs per gene were used to calculate fold change values.

The data point for gRNAs targeting *SUPT6H* is specifically labeled. The knockouts depleted or enriched

after cocultures using TCR_{EDST} versus TCR_2 are colored blue and red, respectively. (c) Killing of DAN-G

cells with or without *SUPT6H* knockout in coculture with selected TCR-T cells (untransduced or

expressing TCR_2, TCR_{EDST}, or $TCR_{A2UoM1-1}$). Cocultures of T cells and tumor cells were recorded by

Incucyte imaging. Tumor cells expressed green nuclear fluorescent protein ("NG"). (d) Kaplan-Meier

survival plots for individuals who have tumors with KRAS mutations, using public TCGA data. Left:

only tumors with the $KRAS_{G12V}$ mutant, with or without concurrent *SUPT6H* mutation. Right: tumors

with any KRAS mutant, with or without a concurrent *SUPT6H* mutation.

Supplementary materials

930   Fig. S1 to S5

931   Table S1

a

Peptide sequence	Residues	%ile rank of HLA-A2 binding vs. random peptides
IQLIQNHFV	21-29	1.0784
KLVVVGAVGV	5-14	2.8794
LVVVGAVGV	6-14	3.1117
QLIQNHFV	22-29	3.8599
MTEYKLVVV	1-9	5.3608
GVGKSALTI	13-21	5.6588
TIQLIQNHFV	20-29	5.9529
GVGKSALTIQL	13-23	6.9975
KSALTIQLI	16-24	7.1313
KLVVVGAV	5-12	7.6549

d

Residue
1   5   10   15   20   Detected in:

MTEYKLVVVGAGGVGKSALT

LVVVGAGGVGK★   DAN-G

LVVVGAGGVGK   DAN-G, CFPAC1

★ Lysine side chain trimethylation

f

Unmethylated

Dimethylated

Monomethylated

Trimethylated

g

1: Initial structural prediction by Alphafold

2: Introduction of PTMs in Rosetta

Fig. S1: HLA-A2-presented KRAS$_{G12V}$ epitope includes a lysine residue that can be stably presented with

<u>potential side chain methylation.</u> (a) NetMHCPan 4.1 summary of the top 10 peptide sequences that are

most likely to be presented by HLA-A2 from the first 30 amino acids of $KRAS_{G12V}$. Peptides containing

the G12V mutation (including mutations in red text) are in black text; others are in gray. (b) $Log_{10}(EC_{50}$

(M)) comparison of recognition of synthetic $KRAS_{G12V}$ 5-14 peptide (KLVVVGAVGV) presented by

HLA-A2 by an initially generated set of MHC class I-restricted TCRs isolated to be specific for this

epitope. Lower values indicate higher functional avidity. (c) % $IFN\gamma^+$ T cells, transduced with TCR_2, after

exposure to B-LCL cell lines expressing different Class I HLA alleles found on CFPAC1 cells without

$KRAS_{G12V}$ 5-14 peptide loaded. Cell lines are color coded by allele. (d) MS results of RAS family peptide

fragments detected after tryptic digestion of immunoprecipitated whole KRAS protein from cell lysate of

DAN-G and CFPAC1 pancreatic adenocarcinoma cell lines. Lysine side chain trimethylation is indicated

in red with an asterisk. (e) Reconstitution of properly folded HLA-A2 surface expression on T2 cells after

exogeneous loading by wild type or G12V/D mutant KRAS 5-14 peptides with or without lysine-5 side

chain methylations. (f) Additional views of structural models of HLA-A2-presented $KRAS_{G12V}$ 5-14

peptide including possible lysine-5 side chain methylation, supplementing Fig. 1e by highlighting the

protrusion of the lysine-5 side chain (circled in red) out of the HLA-A2 groove. (g) Overview of structural

prediction of a TCR-pMHC complex using a combined Alphafold-Rosetta pipeline. Alphafold allows for

deep learning-based prediction of proteins and protein complexes, which we applied to predict TCR-

pMHC complex structure. However, this does not yet contain PTMs, which Alphafold cannot incorporate

reliably. Thus, we used the resulting structure as input into Rosetta, which used physics-based energy

functions to introduce PTMs and reoptimize the structure to accommodate them.

Fig. S2: TCRs developed from a mutagenesis library to recognize post-translationally modified epitopes

of HLA-A2-presented $KRAS_{G12V}$ are G12V mutation-specific. (a) Dose response curves of $CD8^+$ T cells

expressing selected TCRs generated from the HLA-A2 $KRAS_{G12V}$ TCR mutagenesis library after

exposure to wild type or G12D KRAS 5-14 peptides presented by HLA-A2. (b) Failure of $CD8^+$ T cell

killing and progressive growth of human HLA-A2$^+$ tumor cell lines that express wild type KRAS (HeLa

cervical carcinoma cell line; left) or $KRAS_{G12D}$ (Panc1 pancreatic adenocarcinoma; right) and no

$KRAS_{G12V}$. Cocultures of T cells and tumor cells were recorded by Incucyte imaging. Tumor cells

expressed nuclear fluorescent protein. NR: red fluorescent protein; NG: green fluorescent protein. (c)

Alanine scan of $KRAS_{G12V}$ 5-14 epitope tested against TCRs selected from the mutagenesis library. Each

cell indicates the resulting expression of Nur77-GFP upon replacement of a $KRAS_{G12V}$ residue with

alanine (or in the case of alanine-11, replacement with either glycine or threonine) and with or without

lysine-5 side chain dimethylation. (d) IFNγ secretion by $CD8^+$ T cells expressing mutagenized TCRs after

exposure to synthetic peptides from the human proteome fitting the K-x-x-V-V-x-A-x-x-x tolerance

pattern identified from the alanine scan shown in (c), with a concentration of 0.1 µg/ml for each peptide.

(e) Dose response curves of $CD8^+$ T cells expressing mutagenized TCRs after exposure to the potential

human off-target peptides demonstrated above to generate the three largest responses at 0.1 µg/ml:

$CFA61_{23-32/607-616/667-676}$, $RSLBB_{35-44}$, and $TRXR1_{342-351}$, compared to the $KRAS_{G12V}$ epitope.

Fig. S3: TCR-pMHC structural models by Alphafold-Rosetta show CDR3α core interactions with N-

terminal lysine side chain of HLA-A2-presented KRAS$_{G12V}$ epitope. Structural predictions of

unmethylated and methylated variants of $KRAS_{G12V}$ 5-14, as well as unmethylated wild type or G12D

peptide, presented by HLA-A2 to interface with (a) TCR_2 and (b) mutagenized TCR_{EDST} TCRs. The

CDR3α 'core' sequence is shown as individual amino acids within the TCRs. In (b), the TCR_2-pMHC

interfaces from (a) are overlaid with transparency to facilitate visual comparison. With TCR_{EDST}, residues

in the core sequence of CDR3α and the lysine-5 side chain of each variant of $KRAS_{G12V}$ epitope appear

closer to each other than with TCR_2.

Fig. S4: TCRs identified from primary human T cells specifically target KRAS_{G12V} epitope presented by

HLA-A2. (a) Experimental workflow to enrich and characterize T cell clones with TCRs recognizing a

defined peptide epitope. (b) Tetramer binding patterns of primary human T cells stimulated with

unmethylated and methylated $KRAS_{G12V}$ peptide presented by HLA-A2. Plots also indicate gates used to

sort cells with different affinities for unmethylated and methylated epitopes. (c) Dose response curves of

TCRs against wild type and $KRAS_{G12D}$ 5-14 peptides presented by HLA-A2. (d) Tumor cell growth

during coculture of CD8$^+$ T cells expressing selected TCRs with HLA-A2$^+$, wild type KRAS HeLa and

$KRAS_{G12D}$ Panc1 pancreatic adenocarcinoma cell lines. Cocultures of T cells and tumor cells were

recorded by Incucyte imaging. Tumor cells expressed nuclear fluorescent protein. NR: red fluorescent

protein; NG: green fluorescent protein. (e) Alanine scan of $KRAS_{G12V}$ 5-14 epitope tested against

$TCR_{A2UoM1-1}$. Each box indicates the resulting expression of Nur77-GFP upon replacement of a $KRAS_{G12V}$

residue with alanine (or in the case of alanine-11, replacement with either glycine or threonine). (f) Dose

response curve of CD8$^+$ Nur77-GFP Jurkat cells expressing $TCR_{A2UoM1-1}$ after exposure to $EPIPL_{1948-1957}$,

the potential human off-target peptide as determined from alanine scan results.

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Fig. S5: Further characterization of CRISPR knockout of *SUPT6H*. (a) Location of the gRNA binding

region in the *SUPT6H* gene and summary of the genomic position of the commonly occurring mutations

detected from DAN-G cells transduced with lentiCRISPRv2 with gRNA targeting *SUPT6H*. Red dots

indicate a mutation detected from long-read sequencing. (b) Surface expression of HLA-A2 with and

without *SUPT6H* knockout in DAN-G cells. (c) Western blot of total expressed KRAS protein with and

without *SUPT6H* knockout in DAN-G cells. KRAS expression in other pancreatic adenocarcinoma cell

lines Panc1 and CFPAC1 are shown for additional comparison. GAPDH protein expression was used as a

control.

Table S1: List of gRNAs for CRISPR knockout screen of methylation-related genes.