Running Title: *CCL22* upregulation in cancer cells via paracrine signaling

Title: *CCL22* is upregulated in cancer cells in response to paracrine signaling by STING-

activated myeloid cells

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ABSTRACT

Solid tumors can evolve mechanisms that facilitate evasion of anti-tumor immune responses.

Recruitment of regulatory T cells (Tregs) to the tumor microenvironment, which can inhibit cell-

mediated immunity, represents one such strategy. A well-described mechanism of Treg

recruitment occurs via the chemokine CCL22. Our lab and others have shown that CCL22 is

upregulated in cancer cells via activation of the STimulator of INterferon Genes (STING).

STING triggers robust immune responses against cytoplasmic DNA, which can accumulate in

cancer cells due to chromosomal instability, damaged mitochondria, and increased expression of

LINE-1 retrotransposons. LINE-1 is highly upregulated in many cancer types, and LINE-1

activation of STING in cancer cells may have clinically relevant outcomes on anti-tumor

immunity. STING has been associated with both anti- and pro-tumor immune responses, and a

potential mechanism of STING-mediated immune evasion is through CCL22 upregulation.

CCL22 was first characterized in macrophages, and here we investigate the effects of STING

activation on *CCL22* expression in macrophages and monocytes. We find that human

macrophages and monocytes are resistant to *CCL22* upregulation by STING, but that STING-

activated macrophages and monocytes release unidentified paracrine factor(s) that dramatically

increase *CCL22* upregulation in cancer cells. This increase exceeds upregulation induced by

direct, pharmacological activation of STING. Moreover, we found that the activity of the

paracrine factors on *CCL22* requires intact STING in cancer cells, as evidenced by the inability

of STING knockout cells to upregulate *CCL22* in response to these factors.

INTRODUCTION

The STimulator of INterferon Genes (STING) is an effector protein that transmits signals

from various cytosolic DNA sensors to downstream transcription factors, including interferon

regulatory factor 3 (IRF3), which robustly activates expression of type I interferon (*IFN*) genes

and downstream immune responses. (1-3). Healthy, non-mitotic eukaryotic cells confine DNA to

the nucleus and mitochondria; thus, the presence of cytosolic DNA often signals infection by

microbes, making STING an important sentinel in innate immune surveillance. Cancer cells are

often characterized by self-DNA mislocalized to the cytoplasm due to chromosomal instability,

damaged mitochondria, and reactivated LINE-1 retrotransposons (4, 5). LINE-1-mediated

activation of STING is thought to contribute to inflammation in multiple disease states, including

age-related neuropathologies and cancer (5-8). In the context of cancer, LINE-1 is robustly

expressed in many epithelial tumors (9-11), and its activation of STING in those cells may have

important clinical implications on host anti-tumor immune responses. STING activation in

cancer can boost anti-tumor immunity due to the release of type I IFNs, and indeed STING

agonists represent promising immunotherapy agents (12, 13). However, the roles of STING in

carcinogenesis, tumor progression, and metastasis are complex, and in some cases STING

activation has been associated with impaired anti-tumor immunity (14-16).

Our lab and others have demonstrated a link between STING activation and increased

expression of a chemokine associated with immunosuppression in the tumor microenvironment,

the C-C-motif ligand 22 (*CCL22*) (17-19). CCL22 recruits regulatory T-cells (Tregs) via its

interaction with the CCR4 receptor, which may reduce tumor immune responses and promote

immunosuppression in some cancers (20, 21). Correlations between *CCL22* expression and

adverse outcomes across various cancer types have been reported in multiple studies (18, 22-26),

although CCL22 has also been associated with increased patient survival in some cancers,

particularly for colon and head and neck squamous cell carcinomas (19 and references therein).

CCL22, also known as macrophage-derived chemokine (MDC), was originally

discovered in macrophages (27, 28). Given that macrophages are a major target of STING

agonists in the tumor microenvironment, we sought to investigate the relationship between

STING activation and *CCL22* upregulation in these cells. Although we found that STING

activation did not increase *CCL22* expression in macrophages or monocytes, we found that

factor(s) released from these myeloid cells dramatically upregulated *CCL22* in cancer cells in a

paracrine fashion. Moreover, we determined that this paracrine effect remains dependent on

STING in the cancer cells. We previously showed that *CCL22* upregulation in response to

STING activation occurs predominantly via the STING-IRF3 axis (19), the same axis that

triggers robust upregulation of type I IFNs. We thus hypothesized that type I IFNs could be the

relevant paracrine factor(s) released by myeloid cells that upregulate *CCL22* in cancer cells.

However, our results indicate that type I IFNs have only modest effects on *CCL22* in HeLa cells

compared to paracrine factors released from myeloid cells. And although MCF7 cells responded

more robustly to exogenous IFNβ than HeLa cells, the effect of paracrine factors released from

STING-activated monocytes was still larger; however, media from STING-activated

macrophages had somewhat less effect on *CCL22* in MCF7 cells compared to IFNβ. In

summary, this work shows that STING-activated macrophages and monocytes can dramatically

upregulate *CCL22* in cancer cells via paracrine signaling in a manner that is STING dependent in

the cancer cells and that appears to be mediated in some cases by factors other than type I IFNs.

MATERIALS AND METHODS

Cells and cell culture

Cell lines used in the study include MCF7 (human mammary gland adenocarcinoma), THP-1

(human monocytic leukemia), both purchased from ATCC, human HeLa cervical

adenocarcinoma cells, a kind gift from Dr. Anthony Furano from the National Institute of

Diabetes and Digestive and Kidney Diseases as described in (19), and HeLa$^{-/-TMEM173}$ STING

(TMEM173) knockout cells, engineered from the aforementioned wild type HeLa with the

CRISPR-Cas 9 system, also described in (19). All cells were cultured in DMEM high glucose

with GlutaMAX and pyruvate (Gibco, cat. 10569010) supplemented with 10% fetal bovine

serum (Gibco OneShot, non-heat-inactivated, cat. A3160401) and 1x antibiotic-antimycotic (100

units/mL penicillin, 100 ug/mL streptomycin, 0.25 ug/mL Amphotericin B; Gibco, cat.

15240096) in a humidified incubator at 37°C with 5% CO_2. THP-1 culture media was

additionally supplemented with 1x 2-mercaptoethanol (Gibco, cat. 21985023).

Cell culture treatments (STING agonists, IFNα, IFNβ, and MMHAR-2 block)

Four commercially available STING agonists were used in the study: a stabilized analog of the

cyclic dinucleotide canonical STING agonist 2'3'-cGAMP (2'3'-cGAM(PS)2(Rp/Sp)), hereafter

referred to as cGAM(PS)2 (Invivogen, cat. tlrl-nacga2srs), a stabilized cyclic adenine

monophosphate-inosine monophosphate (cAIM(PS)2 Difluor (Rp/Sp), hereinafter referred to as

cAIM(PS)2 (Invivogen, cat. tlrl-nacairs-2), E7766, a macrocycle-bridged diammonium salt

(Chemietek, cat. CT-E7766), and the diamidobenzimidazole diABZI (Selleckchem, cat.

S8796). All agonists except diABZI were water soluble and reconstituted using a companion

vial of sterile, endotoxin-free LAL water; diABZI was reconstituted in dimethyl sulfoxide

(DMSO). All agonists were diluted to a final concentration of 30 uM in complete cell culture

media and applied to cells as specified in the figures. Human recombinant IFNα stock (pbl assay

science, cat. 11101-1) was diluted to concentrations indicated in the figure legends in complete

cell culture media. Lyophilized recombinant human IFNb (PeproTech, cat. 300-02) was initially

reconstituted in sterile, endotoxin-free LAL water and further diluted into sterile 0.1% bovine

serum albumin (BSA) in 1x phosphate-buffered saline (PBS) to 100 ng/uL and further diluted to

concentrations indicated in the figure legends in complete cell culture media before adding to

cells. MMHAR-2 blockade was performed by pretreating cells with 8.3 μg/mL of the MMHAR-

2 antibody, then adding indicated treatments diluted in cell culture media, reducing the final

concentration of MMHAR-2 to 5 μg/mL. Cells were then incubated for approximately 30 hours

prior to harvesting for either Western blots or RTqPCR.

Macrophage differentiation and generation of conditioned media

THP-1 cells were differentiated into macrophages by plating cells in complete culture media

supplemented with 150 nM phorbol 12-myristate 13-acetate (PMA) and incubating for 96 hours,

with one media change performed after 48 hours to replenish PMA. PMA-containing media was

then removed, and cells were allowed to rest for 24 hours prior to treatment with cGAM(PS)2.

Conditioned media from both macrophages and undifferentiated monocytes was obtained by

treating cells with fresh complete media, with or without the addition of 30 uM cGAM(PS)2,

incubating for 24 hours, then gently removing media, centrifuging at 300 x g, and transferring to

cancer cells.

Cell imaging

The morphological changes during THP-1 differentiation were imaged using an EVOS FLoid system.

RNA purification and RTqPCR

Cells were harvested using TRIzol reagent (Invitrogen, cat. 15596026) followed by column RNA purification and on-column DNase digestion according to the TRIzol two-step protocol from the Monarch total RNA miniprep kit (NEB, cat. T2010S). Purity and concentration of the RNA were assessed using spectrophotometry. First-strand cDNA synthesis was performed using the LunaScript RT SuperMix Kit (NEB, cat. E3010S) or LunaScript (-) RT SuperMix control with added M-MuLV Reverse Transcriptase (NEB). qPCR was performed on a QuantStudio 3 real-time PCR machine using TaqMan Fast Advanced Master Mix (Applied Biosystems, cat. A44359). Singleplexed and duplexed 5' endonuclease assays were performed using the following TaqMan Assays: *CCL22* (Hs00171080); IFN-β (Hs01077958_s1; beta actin (Hs99999903); and 18s (Hs99999901). For duplexed assays, a beta-actin primer-limited assay (IDT) was used. Samples for qPCR were assayed in technical triplicates, and data were analyzed with the delta-delta Ct method; when multiple housekeeping genes were measured, their combined geometric mean was used for analysis.

Cell lysis and Western blotting

Cells were lysed for immunoblotting in 3% SDS, 25 mM Tris-HCl pH 7.4, and 0.5 mM EDTA supplemented with 3X HALT protease and phosphatase inhibitor cocktail (ThermoFisher, cat. 78440). Lysate homogenization was achieved with QIAshredder columns (Qiagen, cat. 79656),

after which protein concentration was determined using the BioRad DC Protein Assay (cat.

5000112). Equal amounts of lysates were resolved with SDS-PAGE. Transfers were performed

using a wet tank system overnight at 28 V or the BioRad Trans-Blot Turbo Transfer system.

Blots were imaged with an infrared Li-Cor Odyssey CLx Imager and processed using Image

Studio (Li-Cor). Positive controls for phospho-STING (S366) were prepared as commercially

described by transfecting THP-1 differentiated macrophages with dsDNA (pcDNA3.1 (+) puro),

(3.33 ug/mL) using Opti-MEM (Gibco, cat. 31-985-062) as the DNA diluent and TransIT-LT1

(Mirus, cat. MIR 2300) at a ratio of 1 ug DNA: 2 uL TransIT-LT1; cells were harvested 4 hours

after transfection with the lysis buffer described above.

Antibodies

Antibodies for Western blots included: anti-phospho(S366)-STING (Cell Signaling Technology,

cat. 19781S); anti-phospho(Y701)-Stat1 (Cell Signaling Technology, cat. 9167); anti-IFNAR2

(Cell Signaling Technology, cat. 53883); and anti-beta-tubulin (Abcam, cat. ab6046). The

antibody used for IFNAR blockade was anti-human interferon alpha/beta receptor chain 2, clone

MMHAR-2 (pbl assay science, cat. 21385-1).

Statistical analyses

Statistical analyses were performed using GraphPad Prism 9. Tests for significance are described

in the figure legends, and statistical significance was defined as p-value ≤ 0.05.

RESULTS

STING activation in macrophages and monocytes does not upregulate *CCL22*. Macrophages

are a major source of CCL22, reflected in the historical eponymous name of CCL22,

macrophage-derived chemokine (MDC). Since one of the targets of STING agonists are tumor-

associated macrophages, we sought to determine the effect of STING activation on *CCL22* in

these cells. Using the well-established THP-1 monocyte-to-macrophage differentiation model

(Fig. 1A), we incubated THP-1 monocytes with phorbol myristate acetate (PMA) for four days to

establish adherent, differentiated macrophages. Following differentiation, we treated the THP-1-

derived macrophages with the canonical human STING agonist cGAM(PS)2 for 24 hours.

Surprisingly, we found that cGAM(PS)2 did not increase *CCL22* expression but rather reduced it

(Fig. 1B). To ensure that we had not missed an increase in *CCL22* at an earlier time point, we

monitored *CCL22* expression at 0, 6, 12, 24, and 48 hours, which revealed no significant increase

at any time point (Fig. S1). Rather, the time course in Fig. S1 shows a downward trend in *CCL22*

expression at each time point, although these decreases did not reach statistical significance in

the context of a Kruskal-Wallis multiple comparisons test, which generally has less power to

identify differences in means compared with the *t* test used to analyze data in Figure 1B. Indeed,

when analyzing only the 24-hour time-course data with an unpaired, two-tailed *t* test, the

decrease in *CCL22* was again significant (p = 0.0290). To determine whether failure to activate

CCL22 in macrophages was due to a lack of STING activation, we confirmed that cGAM(PS)2

induced STING phosphorylation in macrophages at both 6 and 24 hour time points (Fig. 1C).

Consistent with results from macrophages, undifferentiated THP-1 monocytes also failed to

upregulate *CCL22* in response to cGAM(PS)2 (Fig. 1D). The absence of *CCL22* upregulation in

response to STING activation in THP-1 monocytes and macrophages was completely

unexpected and in contrast to previous work by us and others showing that STING activation in

cancer cells increases *CCL22* expression (17-19).

STING-activated macrophages and monocytes release factor(s) that upregulate *CCL22* in

cancer cells. Macrophages have important roles in anti-tumor immunity but can also contribute

to immunosuppressive environments (29). We thus sought to determine whether STING-

activated macrophages might release factors that could act via paracrine signaling to alter *CCL22*

expression in cancer cells. *CCL22* has been reported to play a role in breast (22, 24, 26) and

cervical (18, 25) cancers, and we used human breast (MCF7) and cervical (HeLa) cancer cells in

these experiments. These cell lines were also used in our previous study, where we showed that

both CCL22 mRNA and protein were increased upon direct STING activation with cytosolic

DNA or cGAM(PS)2 (19). To investigate potential paracrine activation of *CCL22* in these cells,

we first treated macrophages with cGAM(PS)2 or a mock control for 24 hours, then removed the

media and applied it to cancer cells for 24 hours. Both MCF7 (Fig. 2A) and HeLa cells (Fig. 2B)

exposed to conditioned media from macrophages treated with cGAM(PS)2 exhibited a robust

increase in *CCL22* compared to media from untreated macrophages or treatment with

cGAM(PS)2 alone, although conditioned media from untreated macrophages also increased

CCL22 in HeLa cells, albeit to a lower extent. Monocytes also released factors that increased

CCL22 above levels induced by direct STING activation in MCF7 (Fig. 2C) and HeLa (Fig. 2D)

cells.

Paracrine activation of *CCL22* remains dependent on STING. Our previous study showed

that *CCL22* upregulation in response to cytosolic dsDNA and cGAM(PS)2 in HeLa cells was

dependent on STING. However, in the current experiments, it was possible that paracrine-

mediated activation of *CCL22* in these cells was independent of STING. To investigate this, we

first determined whether conditioned media from STING-activated macrophages had any effect

on STING activation in HeLa cells, as determined by analysis of STING phosphorylation on

serine 366 (30, 31). Figure 3A shows that STING in HeLa cells was indeed activated by media

obtained from STING-activated macrophages, and this activation was greater than when HeLa

cells were treated directly with cGAM(PS)2. Importantly, in our previous study, we confirmed

that free-floating DNA, which could possibly have been present in the conditioned media, did

not activate STING in HeLa cells (19). Notably, the degree of STING activation by each

treatment in Figure 3A generally corresponds to relative levels of *CCL22* upregulation in Figure

2B, including the slight increases observed in response to media from untreated macrophages.

Similar results for STING phosphorylation were observed when treating HeLa cells with

conditioned media from monocytes (Fig. S2A), which again parallels increases in *CCL22* in

Figure 2D. Note that we did not examine STING phosphorylation on S366 in MCF7 cells due to

our previous finding that STING activation in MCF7 cells with cytosolic dsDNA or

pharmacological agonists occurred in the absence of phosphorylation on S366 for unknown

reasons, which are further discussed in that study (19). To determine whether the observed

STING activation was *required* for paracrine-mediated upregulation of *CCL22*, we used a

STING (gene name *TMEM173*) knockout cell line, HeLa$^{-/-TMEM173}$, which we previously

established and characterized from the parental HeLa cells used here (19). Treatment of the

HeLa$^{-/-TMEM173}$ STING knockout cells with media from STING-activated macrophages showed

no statistically significant increase in *CCL22* expression, indicating that intact STING signaling

in the cancer cells was still required for upregulated *CCL22* (Fig. 3B). Similar results were

obtained using media from STING-activated monocytes (Fig. S2B).

Type I IFNs have modest effects on *CCL22* in HeLa cells that remain STING-dependent.

We previously found that STING-mediated *CCL22* upregulation in HeLa cells is mediated

predominantly via the STING-IRF3 axis, which triggers robust expression of type I IFNs (19).

We therefore hypothesized that the relevant paracrine factor(s) leading to the increase in *CCL22*

might be type I IFNs. Overall however, IFNα failed to elicit strong *CCL22* expression in either

cell type, and effects of IFNβ plateaued in dose-response curves, indicating that the relevant

paracrine factor was unlikely a higher concentration of type I IFNs.

In HeLa cells, IFNβ did not significantly upregulate *CCL22* at any dose at 24 hours (Fig.

S3A), and subsequent time-course analyses indicated the maximum response to both IFNα and

IFNβ occurred at 48 hours. However, even at 48 hours, IFNα failed to significantly upregulate

CCL22 in HeLa cells except at the highest dose (100 ng/mL), and then only to an average of 15

fold (Fig. 4A). IFNβ increased *CCL22* at the lowest dose (1 ng/mL) in HeLa cells, but only to

approximately 10 fold, and higher doses of IFNβ failed to elicit any additional increase (Fig. 4B).

MCF7 cells upregulated CCL22 in response to type I IFNs more rapidly than HeLa cells,

showing higher levels at 24 hours compared to 48 hours (Fig. S3B). At the highest dose, IFNα

increased *CCL22* by an average of only 6.7 fold in 24 hours (Fig. 4C). Paralleling the relative

effects of IFNα and IFNβ in HeLa cells, IFNβ also increased *CCL22* in MCF7 cells more than

IFNα, with an average of 57 fold change in 24 hours at the highest dose (Fig. 4D). However, the

effect of IFNβ was still below that observed from paracrine activation of MCF7 cells by

conditioned media from STING-activated monocytes (76.5 fold, Fig. 2C) but slightly above

levels induced by conditioned media from STING-activated macrophages (46.3 fold, Fig. 2A).

We next tested the effect of exogenous IFNα and IFNβ on *CCL22* upregulation in the

context of STING knockout cells, HeLa$^{-/-TMEM173}$. Surprisingly, neither IFNα (Fig. 4E) nor IFNβ

(Fig. 4F) significantly affected *CCL22* expression in STING knockout cells. These data were

unexpected and indicate that the effect of exogenous IFNα and IFNβ on *CCL22* is dependent on

STING. Although STING is well-known to trigger expression of type I *IFNs* downstream of

IRF3, to our knowledge, activation of STING by exogenous type I IFNs has not been reported

and suggests unrealized crosstalk between them. To confirm that STING was activated by type I

IFN signaling, we treated wild-type HeLa cells with IFNβ and then performed a Western blot to

assess STING phosphorylation (Fig. 4G). We did not test the effect of IFNα due to the

comparatively minimal effect we observed from IFNα on *CCL22* relative to IFNβ. To rule out

the possibility that type I IFNs failed to upregulate *CCL22* in the STING KO cells due to an

inadvertent disruption of the interferon receptor (IFNAR) and downstream Stat1 signaling, we

confirmed that our STING KO cells exhibited the same degree of Stat1 phosphorylation in

response to IFNα and IFNβ as wild type cells (Fig. 4H). As expected, we found that

cGAM(PS)2, which activates STING and STING-mediated type I IFNs, also slightly induced

Stat1 in the wild type cells, but this activation was blocked in the STING KO cells, reflecting the

lack of STING-mediated upregulation of type I IFNs available to bind and activate the IFNAR-

Stat1 pathway in those cells (Fig. 4H). Given that Stat1 phosphorylation was equivalently

induced in wild type and STING knockout cells by type I IFNs, it was unlikely that IFNAR

expression would have been reduced in the STING knockout cells, but to confirm this, we also

show equivalent levels of IFNAR in both cell lines (S3C).

The inability of type I IFNs to activate *CCL22* expression in our STING KO cells,

combined with confirmation of intact IFNAR expression and signaling in STING KO cells,

indicated that *CCL22* upregulation in wild type cells by type I IFNs occurs via STING. To

further examine the role of IFNAR signaling on *CCL22* activation in the context of type I IFNs,

direct STING activation with cGAM(PS)2, or paracrine activation using conditioned media, we

performed an IFNAR blockade using a well-characterized neutralizing monoclonal antibody

from PBL Assay Science, anti-human IFN-alpha/beta receptor chain 2, clone MMHAR-2. To

first confirm that MMHAR-2 exerted a neutralizing effect on IFNAR signaling, we analyzed the

ability of this antibody to reduce Stat1 phosphorylation in response to IFNα and IFNβ, as well as

cGAM(PS)2. MMHAR-2 somewhat reduced levels of phosphorylated Stat1 in response to

IFNα, but not IFNβ (Fig. S3D). This difference might be attributable to the reported higher

affinity of IFNβ for IFNARs compared to IFNα (32, 33). Given that cGAM(PS)2 upregulates

type I IFNs through its activation of STING, we observed as expected that the MMHAR-2

blockade also reduced Stat1 phosphorylation following treatment with cGAM(PS)2 (Fig. S3D).

We also confirmed that MMHAR-2 exerted no activating effect on Stat1 (Fig. S3E). After

establishing the neutralizing potential of MMHAR-2 in our system, we sought to determine the

contribution of IFNAR signaling to *CCL22* upregulation in response to type I IFNs,

cGAM(PS)2, and paracrine factors from STING-activated macrophages. Figure 4I shows the

relative degree of inhibition induced by MMHAR-2 for each treatment. Although not statistically

significant, MMHAR-2 produced an observable downward trend in *CCL22* expression for all

treatments except cGAM(PS)2. The neutralizing effect of MMHAR-2 was most noticeable in

cells treated with IFNα, where the p-value is approaching significance at 0.0659, and these

results parallel those observed for MMHAR-2 inhibition of IFNα-mediated Stat1

phosphorylation in Figure S3D. Also in Figure S3D, the very slight increase in Stat1

phosphorylation from cGAM(PS)2 treatment, as well as its return to baseline with MMHAR-2

pretreatment, most likely reflects the activity of cGAM(PS)2-induced type I IFNs downstream of

STING; however, the IFNAR block had the least effect on *CCL22* upregulation by cGAM(PS)2,

further indicating that *CCL22* upregulation downstream of STING in HeLa cells is not mediated

primarily or solely by type I IFNs.

STING agonists differentially upregulate *CCL22* and *IFNβ*

We were curious, given the differential effects of type I IFNs and cGAM(PS)2 on *CCL22,*

whether STING-mediated *IFNβ* upregulation and *CCL22* were correlated. We tested a panel

STING agonists that consisted of two cyclic dinucleotides, cGAM(PS)2 and the stabilized analog

of adenosine-inosine monophosphate (cAIMP(PS)2) (34, 35), and two non-cyclic dinucleotides,

diamidobenzimidazole (diABZI) (36-38) and E7766, a locked, macrocycle-bridged agonist (37,

39, 40). In HeLa cells, all agonists increased *CCL22* but had no significant effect on *IFNβ*

expression (Fig. 5A-5D). STING agonist treatment of MCF7 cells also generally resulted in

higher levels of *CCL22* compared with *IFNβ* (Fig. 5E-5H), although the data spread in

cAIM(PS)2 treated MCF7 cells (Fig. 5F) resulted in failed significance for both *CCL22* and

IFNβ. Correlation analysis for experiments where both *CCL22* and *IFNβ* were significantly

increased in MCF7 cells showed no direct relationship between STING-induced *IFNβ* levels and

CCL22 (Fig. 5I), consistent with our other data indicating that STING-mediated upregulation of

CCL22 does not occur primarily via type I IFNs.

DISCUSSION

Complex intercellular crosstalk within the tumor microenvironment can contribute to

immune evasion. CCL22 has been implicated in tumor immune evasion via recruitment of

regulatory T cells (20, 21), and both STING (41) and CCL22 (42) are implicated in the

polarization of macrophages towards a more pro-tumor phenotype. We previously showed that

epithelial cancer cells treated with cytosolic DNA or the STING agonist cGAM(PS)2 can

upregulate expression of *CCL22* (19). Although few studies have investigated the connection

between STING and *CCL22*, a growing body of evidence suggests that STING-mediated

activation of *CCL22* may play a role in multiple cancers (17, 18). In addition to the potential

effects of CCL22 in cancer immunity, it is possible that CCL22 upregulation downstream of

STING may represent a general conserved pathway in modulating inflammation, as unchecked

STING activity has been associated with a range of autoimmune and inflammatory diseases (43,

44).

In the present study, we show that macrophages, which are important components of

tumor microenvironments and *in vivo* targets of STING agonists*,* do not themselves upregulate

CCL22 in response to STING activation, but rather release unidentified factor(s) that in turn

increase *CCL22* expression in a paracrine fashion in cancer cells. In addition to macrophages, we

found the same paracrine mechanism elicited from STING-activated monocytes. A similar

observation was made by Faget et al., who showed that co-culture of PBMCs and breast tumor

cells led to increased production of CCL22 by the later and recruitment of Tregs, and that

purified monocytes and exogenous interferon gamma (IFN-γ) could also promote CCL22

production by breast cancer cells (45). Our finding that STING activation in macrophages and

monocytes induces paracrine factors that drive *CCL22* expression from cancer cells adds

important new mechanistic insights into how tumor-associated cells may facilitate Treg

recruitment. Notably, we found that STING-induced paracrine activation resulted in higher

levels of *CCL22* in HeLa cells than direct treatment of the cells with STING agonists. As stated,

we considered that these paracrine factors might be type I IFNs, based on our previous study that

showed *CCL22* upregulation by STING in HeLa cells occurs predominantly via the STING-IRF3

pathway. However, our present work indicates that type I IFNs have minimal effect on *CCL22*

expression in HeLa cells. Exogenous type I IFN dose-response curves indicated that *CCL22*

upregulation plateaued at 10 – 20 fold, compared with up to 8,000 fold in response to paracrine

factors released by STING-activated macrophages, as shown in Figure 2B. Also arguing against

a direct effect of type I IFNs on *CCL22* is a previous study reporting that treatment of human

oral squamous carcinoma HSC-3 cells with either poly(dA:dT) or the STING agonist 2'-3'

cGAM(PS)2 induced upregulation of IFNβ by approximately 500 and 12 fold, respectively, but

had essentially the same effects on *CCL22* mRNA upregulation at ~ 8 fold in both cases (17).

However, we also show here that MCF7 cells, in contrast to HeLa cells, respond more robustly

to exogenous type I IFNs and less strongly to conditioned media from STING-activated myeloid

cells, highlighting our and others previous reports of cell-type specificity with respect to *CCL22*

regulation (19).

Surprising, we found that the effect of exogenous type I IFNs on *CCL22* was STING-

dependent. Although STING-dependent expression of type I IFNs is well-described, a

requirement for STING for a functional effect of exogenous type I IFNs has, to our knowledge,

not been reported. One possible explanation could be our finding that IFNβ itself induces

activating phosphorylation of STING, which also has not previously been reported. However,

other studies have shown connections between type I IFNs and the transcriptional regulation of

STING: IFNα is reported to induce transcription of both *cGAS* and *TMEM173,* and IFNβ has

been shown to increase binding of the Stat1 transcription factor to the promoters of *cGAS* and

TMEM173 (46, 47). Taken together, these findings raise important questions regarding feedback

mechanisms between type I IFNs and STING.

This study increases our understanding of the complex crosstalk and potential

mechanisms that can shift the balance between anti-tumor immunity and immune evasion.

However, our work also raises questions regarding the paracrine factor(s) released from STING-

activated myeloid cells. Faget et al. identified roles for TNF-α, INF-γ, and IL-1β in the increase

of CCL22 in breast cancer cells (45), but whether these are the relevant paracrine factors

produced from STING-activated monocytes and macrophages, and whether their action on

CCL22 in cancer cells is also dependent on STING, remains unknown. Identification of STING-

induced paracrine factor(s) could reveal novel therapeutic options to reduce *CCL22* and Treg

accumulation in solid tumors, especially in the context of treatment with STING agonists. One

potential candidate is cGAMP itself, which can be generated and released from various cell

types, including macrophages, and has been shown to function as a secreted, intercellular

immunotransmitter (4, 48-52). Another likely possibility is that a combination of multiple factors

synergistically activate STING in cancer cells to drive CCL22 production. Additional studies

will be needed to unravel the intercellular mechanisms of STING-dependent paracrine activation

of CCL22 in cancer cells.

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    FIGURE LEGENDS

    Figure 1. STING activation in macrophages and monocytes does not upregulate CCL22.

    A) Microscopic images (20x brightfield) of THP-1 monocytes (upper left) and fully

    differentiated THP-1-derived macrophages (lower right) are shown. *B)* THP-1-derived

    macrophages were treated with cGAM(PS)2 (30 μM) for 24 hours, then harvested in TRIzol for

    RNA purification and RTqPCR. Relative *CCL22* gene expression is shown. *C)* THP-1-derived

    macrophages were treated with cGAM(PS)2 (30 μM) for 6 and 24 hours, then whole cell lysates

    (20 μg) and antibody positive control (7 μg) were resolved with SDS-PAGE, transferred to

    nitrocellulose, and probed for phosphorylated STING and beta-tubulin. *D)* THP-1 monocytes

    were treated with cGAM(PS)2 (30 μM) and harvested for RTqPCR and *CCL22* gene expression

    as described in *B*. Error bars represent standard deviations of independent biological replicates.

    Statistical analyses were performed with unpaired, two-tailed *t* test (*B*) or non-parametric

    Wilcoxon signed-rank test (*D*) due to non-Gaussian distribution of the treated sample per

    Shapiro-Wilk test.

    Figure 2. STING-activated macrophages and monocytes release factor(s) that upregulate

    ***CCL22* in cancer cells.** *A)* MCF7 and *B)* HeLa cells were treated for 24 hours with cGAM(PS)2

    (30 μM) or conditioned media (CM) from macrophages that were either untreated or treated with

    cGAM(PS)2 (30 μM) for 24 hours prior to media collection. Cells were harvested with TRIzol

    for RNA purification and RTqPCR to assess relative expression of *CCL22*. *C)* MCF7 and *D)*

    HeLa cells were treated for 24 hours with cGAM(PS)2 (30 μM) or conditioned media (CM) from

    monocytes that were either untreated or treated with cGAM(PS)2 (30 μM) for 24 hours prior to

media collection. Cells were harvested with TRIzol for RNA purification and RTqPCR to

determine expression of *CCL22* as above. For all figures, error bars represent standard deviations

of independent biological replicates. Statistical analyses were performed with one-way ANOVAs

on log-transformed data and Tukey's pairwise comparisons (*A*, *C*, and *D*) or with Brown-

Forsythe and Welch ANOVA (*B*) due to significant differences among standard deviations.

Figure 3. Paracrine activation of *CCL22* remains dependent on STING. *A)* HeLa cells were

treated for 24 hours with cGAM(PS)2 (30 μM) or conditioned media (CM) from macrophages

that were either untreated or treated with cGAM(PS)2 (30 μM) for 24 hours. Whole cell lysates

(25 μg) and antibody positive control (5 μg) were resolved with SDS-PAGE, transferred to

nitrocellulose and probed for phosphorylated STING and beta-tubulin. The image shown is

representative of at least three independent experiments. *B)* HeLa$^{-/-\ TMEM173}$ STING knockout

cells were treated for 24 hours with cGAM(PS)2 (30 μM) or conditioned media (CM) from

macrophages that were either untreated or treated with cGAM(PS)2 (30 μM) for 24 hours prior

to media collection. Cells were harvested with TRIzol for RNA purification and RTqPCR to

determine relative expression of *CCL22*. Error bars represent standard deviations of independent

biological replicates. Statistical analysis was performed using one-way ANOVA and Tukey's

pairwise comparisons.

Figure 4. Type I IFNs have modest effects on *CCL22* in HeLa cells that remain STING-

dependent. HeLa *(A-B)* and MCF7 cells *(C- D)* were treated with exogenous type I IFNs at

indicated concentrations for 48 (HeLa) or 24 hours (MCF7), then harvested with TRIzol for

RNA purification and RTqPCR to determine relative gene expression of *CCL22*. *E-F)* HeLa $^{-/-}$

^{TMEM173} STING knockout cells were treated with exogenous type I IFNs at indicated

concentrations for 48 hours, then harvested with TRIzol for RNA purification and RTqPCR

analysis of *CCL22*. Error bars represent standard deviations of independent biological replicates.

Statistical analyses were performed using one-way ANOVA with Dunnett's multiple

comparisons test (*A, C, E*), one-way ANOVA on log-transformed data with Tukey's pairwise

comparisons (*B, D*), and unpaired, two-tailed t test (*F*). ***G)*** HeLa wild type cells were treated

with IFNβ (100 ng/mL) for 48 hours, and whole cell lysates (60 μg) and antibody positive

control (5 μg) were resolved with SDS-PAGE, transferred to nitrocellulose and probed for

phosphorylated STING and beta-tubulin. ***H)*** HeLa wild type (WT) and HeLa ^{-/-TMEM173} STING

knockout (KO) cells were treated as indicated for approximately 30 hours prior to harvesting;

whole cell lysates (15 μg) were resolved with SDS-PAGE, transferred to nitrocellulose, and

probed for phosphorylated Stat1 and beta-tubulin. ***I)*** HeLa cells were pretreated for 3 hours with

MMHAR-2 neutralizing antibody, then indicated treatments were added, including conditioned

media (CM) from macrophages treated with cGAM(PS)2 (30 μM), and cells were incubated for

approximately 48 hours prior to harvest in TRIzol for RNA purification and RTqPCR to assess

relative changes in *CCL22* expression. Statistical analyses were performed using one-way

ANOVA with Šídák's multiple comparisons test.

Figure 5. STING agonists differentially upregulate *CCL22* and *IFNβ*. HeLa *(A-D)* and

MCF7 cells *(E-H)* were treated with 30 μM of each indicated STING agonist or DMSO vehicle

control (diABZI) for 24 hours, then harvested in TRIzol for RNA purification and RTqPCR.

Fold increases of gene expression for *CCL22* (closed circles) and *IFNβ* (open triangles) are

plotted relative to their respective untreated controls. Error bars represent standard deviations of

620 independent biological replicates. Statistical analyses were performed using one-way ANOVA

621 on log-transformed data and Dunnett's pairwise comparisons for all except panel *F*, which was

622 analyzed using the non-parametric Kruskal-Wallis test and Dunn's multiple comparisons due to a

623 non-Gaussian distribution of the *IFNβ* data. *I)* Correlation plot shows the relationship between

624 *IFNβ* and *CCL22* in MCF7 cells, with the Pearson r value shown.

Fig. 1

A

monocytes

Macrophage
differentiation
with PMA

macrophages

B

CCL22

Relative expression mRNA

**

cGAM(PS)2 µM   0   30

C

cGAM(PS)2 30 µM

—   24 hr   6 hr   Ab
                    + control

37 kDa —   pSTING

50 kDa —   β-tubulin

D

CCL22

Relative expression mRNA

ns

cGAM(PS)2 µM   0   30

Fig. 2

A

B

C

D

Fig. 3

A

cGAM(PS)2 (30 µM):   —   +   —   +   Ab
                                CM   + control

37 kDa —   pSTING

50 kDa —   β-tubulin

B

CCL22

ns

Relative expression mRNA

0.1

cGAM(PS)2 (30 µM)	—	+	—	—
CM macrophages, untreated	—	—	+	—
CM macrophages, treated	—	—	—	+

Fig. 4

Fig. 5