

Article

Dendritic Cell-Derived Exosomes Stimulate Stronger CD8⁺ CTL Responses and Antitumor Immunity than Tumor Cell-Derived Exosomes

Siguo Hao^{1,2}, Ou Bai^{1,2}, Jinying Yuan¹, Mabood Qureshi¹ and Jim Xiang^{1,3}

Exosomes (EXO) derived from dendritic cells (DC) and tumor cells have been used to stimulate antitumor immune responses in animal models and in clinical trials. However, there has been no side-by-side comparison of the stimulatory efficiency of the antitumor immune responses induced by these two commonly used EXO vaccines. In this study, we selected to study the phenotype characteristics of EXO derived from a transfected EG7 tumor cells expressing ovalbumin (OVA) and OVA-pulsed DC by flow cytometry. We compared the stimulatory effect in induction of OVA-specific immune responses between these two types of EXO. We found that OVA protein-pulsed DC_{OVA}-derived EXO (EXO_{DC}) can more efficiently stimulate naïve OVA-specific CD8⁺ T cell proliferation and differentiation into cytotoxic T lymphocytes *in vivo*, and induce more efficient antitumor immunity than EG7 tumor cell-derived EXO (EXO_{EG7}). In addition, we elucidated the important role of the host DC in EXO vaccines that the stimulatory effect of EXO is delivered to T cell responses by the host DC. Therefore, DC-derived EXO may represent a more effective EXO-based vaccine in induction of antitumor immunity. *Cellular & Molecular Immunology*. 2006;3(3):205-211.

Key Words: dendritic cell, exosome, tumor cell, cytotoxic T lymphocyte, antitumor immunity

Introduction

Tumor cells express an array of antigens recognized by cytotoxic T lymphocytes (CTL) (1, 2). However, the nature of the tumor antigens that actually mediate efficient immune responses leading to tumor rejection remains unclear (3). Tumor transplantation studies in mice using carcinogen-induced neoplasia demonstrate that antigens resulting from mutations incidental to the oncogenic process are responsible for protective immunity in tumor bearing animals (4, 5). Shared tumor antigens can serve as tumor-rejection antigens (6).

One general characteristic of tumour cells is releasing or

shedding membrane vesicular, nowadays, called exosomes (EXO), which was initially described by Taylor et al. 25 years ago (7). Recently, tumour derived EXO have attracted much attention as a source of tumour antigens for vaccines (8-10). EXO are small (~100 nm in diameter), membrane-bound vesicles of the endocytic pathway that are externalized by a variety of cell types. They are formed by the fusion of multivesicular bodies with the plasma membrane, followed by exocytosis (11, 12). Such EXO display a discrete set of proteins involved in antigen presentation, that is, major histocompatibility complex class I and II (MHC-I and MHC-II), costimulatory (CD80, CD86) and tetraspan molecules (CD63, CD82) and are selectively enriched in molecules potentially involved in effector cell targeting, that is, CD11b, lactadherin and CD9 molecules (13, 14). These tumor cell-derived EXO and tumor-derived EXO isolated from malignant effusions can transfer tumor antigens to DC and induce specific CTL responses and antitumor immunity (15-17).

Peptide-pulsed dendritic cell (DC)-derived EXO elicited potent antitumor immune responses in tumor-bearing mice (18). It has been shown that DC-derived EXO contain tumor antigens and have antigen-presentation capability of making them become a potentially attractive vehicle for immunotherapy (19-21). It has been demonstrated that DC-derived EXO can trigger potent CD8⁺ T-cell dependent antitumor responses (16, 20, 21) and induce antitumor immunity (15, 22-25) *via* transfer of exosomal molecules to DCs. In recent

¹Research Unit, Division of Health Research, Saskatchewan Cancer Agency, Departments of Oncology, Immunology and Pathology, College of Medicine, University of Saskatchewan, Saskatoon, Saskatchewan S7N 4H4, Canada;

²Siguo Hao and Ou Bai made the same contribution in this study;

³Corresponding to: Dr. Jim Xiang, Saskatoon Cancer Center, 20 Campus Drive, Saskatoon, Saskatchewan S7N 4H4, Canada. Tel: 306-655-2917, Fax: 306-655-2635, E-mail: jxiang@scf.sk.ca.

Received Apr 26, 2006. Accepted May 22, 2006.

clinical trials, tumor specific immune responses were observed by using these DC-derived EXO (26, 27). However, there has been no side-by-side comparison of the stimulatory efficiency of the antitumor immune responses induced by these two commonly used EXO.

In this study, we investigated the phenotype characteristics of EXO derived from a transfected EG7 tumor cells expressing ovalbumin (OVA) and OVA-pulsed DC (DC_{OVA}) by flow cytometry. We also compared the efficiency of EG7 cells-derived EXO (EXO_{EG7}) and DC-derived EXO (EXO_{DC}) in stimulation of OVA-specific CTL responses and antitumor immunity. In addition, we elucidated the important role of the host DC in EXO vaccines.

Materials and Methods

Reagents, cell lines and animals

Ovalbumin (OVA) was obtained from Sigma (St. Louis, MO). OVA I (SIINFEKL) and OVA II (ISQAVHAAHAEINEAGR), are OVA peptides specific for H-2K^b and I^a, respectively (28, 29). Mut I (FEQNTAQP) peptide is specific for H-2K^b of an irrelevant 3LL lung carcinoma (30). All peptides were synthesized by Multiple Peptide Systems (San Diego, CA). Biotin-labeled or fluorescein isothiocyanate (FITC)-labeled antibodies (Abs) specific for H-2K^b (AF6-88.5), I^a (AF6-120.1), CD40 (IC10), CD54 (3E2) and CD80 (16-10A1) as well as FITC-conjugated avidin were all obtained from Pharmingen Inc. (Mississauga, Ontario, Canada). The anti-H-2K^b/OVA I complex (pMHC I) Ab was obtained from Dr. Germain (National Institute of Health, Bethesda, MD) (31). The recombinant mouse IL-4 and granulocyte-macrophage colony-stimulating factor (GM-CSF) were purchased from R&D Systems Inc. (Minneapolis, MN). The highly lung metastatic B16 melanoma cell line BL/6-10 and the OVA-transfected BL6-10 (BL6-10_{OVA}) cell line expressing OVA as a surrogate tumor antigen were generated in our own laboratory (32). The mouse thymoma cell line EL4 and OVA-transfected EL4 (EG7) cell line were obtained from American Type Culture Collection (ATCC). Female C57BL/6 and the diphtheria toxin receptor (DTR) transgenic mice were obtained from the Jackson Laboratory (Bar Harbor, MA). Mice were treated according to animal care committee guidelines of the University of Saskatchewan.

Generation of bone marrow-derived DC

The generation of bone marrow (BM)-derived DC has been described previously (32). DCs at day 6 in culture were further pulsed with OVA protein (0.3 mg/ml) in fetal calf serum (FCS)-free AIM-V medium (GIBCO) for overnight culture and termed DC_{OVA}.

Generation and purification of exosomes

EXO were isolated as described previously (25, 33). Briefly, culture supernatants of DC_{OVA} cultured overnight in FCS-free AIM-V medium containing OVA (0.3 mg/ml) were subjected to four successive centrifugations at 300× g for 5 min to remove cells, 1,200× g for 20 min and 10,000× g for 30 min

to remove cellular debris and 100,000× g for 1 h to pellet EXO. The EXO pellets were washed twice in a large volume of PBS and recovered by centrifugation at 100,000× g for 1 h. The amount of exosomal proteins recovered was measured using Bradford assay (Bio-Rad, Richmond, CA). EG7 cells were cultured in FCS-free AIM-V medium, and the supernatants were harvested and underwent above procedures for isolation of EXO. EXO derived from DC_{OVA} of wild-type C57BL/6 and EG7 tumor cells were termed as EXO_{DC} and EXO_{EG7}.

Phenotypic characterization of DC, EG7 cells, EXO_{DC} and EXO_{EG7}

For phenotypic analysis of DC and EG7 cells, both DC and EG7 cells were stained with a panel of biotin-labeled and FITC-labeled Abs and analyzed by flow cytometry. For phenotypic analysis of EXO, both EXO_{DC} and EXO_{EG7} (25–40 µg) were incubated with a panel of FITC-conjugated Abs on ice for 30 min, and then analyzed by flow cytometry as previously described (34). To determine the optimal voltage suitable for EXO analysis, Dynal M450 beads with a size of 4.5 µm in diameter (DYNAL Inc, Lake Success, NY) were used as a size control by flow cytometric analysis (34) using FACScan (Coulter EPICS XL, Beckman Coulter, San Diego, CA). Isotype-matched biotin-labeled or FITC-conjugated Abs were used as control.

Tetramer staining

C57BL/6 mice were *i.v.* immunized with EXO_{DC} and EXO_{EG7} (10 µg/mouse), respectively. The mice injected with PBS were considered as control. After 6 days of immunization, the tail blood samples were harvested and were incubated with ten microliters of PE-conjugated H-2K^b/OVA₂₅₇₋₂₆₄ tetramer (Beckman Coulter, Mississauga, Ontario, Canada) and FITC-conjugated anti-CD8 (PK135) for 30 min at room temperature. The erythrocytes were then lysed using lysis/fixing buffer (Beckman Coulter). The cells were analyzed by flow cytometry.

Cytotoxicity assays

In *in vitro* cytotoxicity assays, red blood cell-depleted splenic lymphocytes from the mice immunized with EXO_{DC} and EXO_{EG7} were harvested after 7 days of immunization. Splenic lymphocytes (5×10^6) were co-cultured with γ -irradiated (6,000 rad) EG7 cells (1×10^5) in 2 ml of DMEM plus 10% FCS in each well of a 24-well plate (Costar, Cambridge, MA) respectively. Three days subsequently, T cells were harvested. These T cells were used as effector cells in the chromium release assay. While ⁵¹Cr-labeled EG7 or control EL-4 tumor cells were used as target (T) cells. Ten thousands of labeled target cells per well were mixed with effector cells at various effector/target cell ratios in triplicate and were incubated for 6 h. Percentage of specific lysis was calculated as: $100 \times [(\text{experimental CPM} - \text{spontaneous CPM}) / (\text{maximal CPM} - \text{spontaneous CPM})]$. The maximal count per minute (CPM) was released by adding 1% Triton X-100 to wells in experiments (35). *In vivo* cytotoxicity assays were performed as previously described (32). Briefly, C57BL/6 mice were *i.v.*

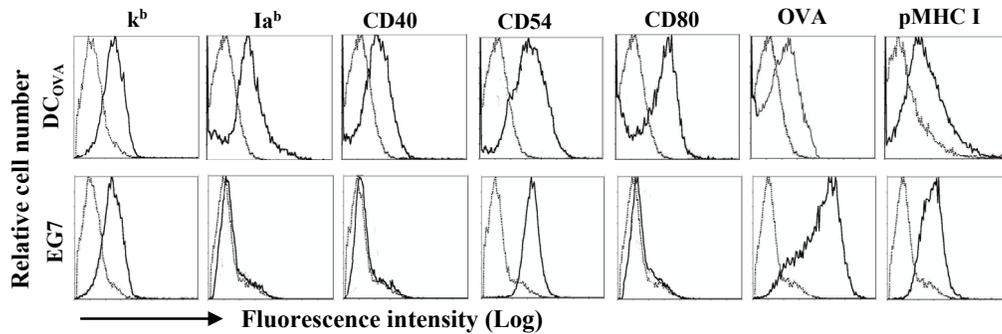


Figure 1. Phenotypic analysis of DC and EG7 cells. BM-derived DC pulsed with OVA (DC_{OVA}) and EG7 tumor cells (solid lines) were stained with a panel of Abs, and then analyzed by flow cytometry. These cells (thin dotted lines) were also stained with isotype-matched irrelevant Abs, and employed as control populations. One representative experiment of two is displayed.

immunized with EXO_{DC} and EXO_{EG7} , respectively. C57BL/6 splenocytes were harvested from naïve mouse spleens and incubated with either high ($3.0 \mu\text{M}$, $CFSE^{\text{high}}$) or low ($0.6 \mu\text{M}$, $CFSE^{\text{low}}$) concentrations of CFSE, to generate differentially labeled target cells. The $CFSE^{\text{high}}$ cells were pulsed with OVA I peptide, whereas the $CFSE^{\text{low}}$ cells were pulsed with Mut 1 peptide and served as internal controls. These peptide-pulsed target cells were *i.v.* injected at 1:1 ratio into the above immunized mice 6 days after immunization. Sixteen hours later, the spleens of immunized mice were removed and residual $CFSE^{\text{high}}$ and $CFSE^{\text{low}}$ target cells remaining in the recipients' spleens were analyzed by flow cytometry.

Animal studies

To examine whether EXO_{DC} and EXO_{EG7} can induce protective antitumor immunity, wild-type C57BL/6 and DC knockout (KO) mice ($n = 8$) were injected *i.v.* with EXO_{DC} and EXO_{EG7} ($10 \mu\text{g}/\text{mouse}$), respectively. The immunized mice were *i.v.* challenged with 0.5×10^6 BL6-10 $_{OVA}$ 6 days later. To investigate the involvement of the host DC in EXO vaccines, we also used diphtheria toxin receptor (DTR) transgenic mice, in which, $CD11c^+$ DC sensitive to diphtheria toxin (DT) (36). The DTR transgenic and wild-type C57BL/6 mice were injected single dose of DT ($1.5 \text{ ng}/\text{g}$ weight), after 2 days, almost no $CD11c^+$ DC were detectable in spleen (36). The treated mice ($n = 8$) were then injected *i.v.* with EXO_{DC} and EXO_{EG7} ($10 \mu\text{g}/\text{mouse}$), respectively, and then *i.v.* challenged with 0.5×10^6 BL6-10 $_{OVA}$ 6 days later. The mice were sacrificed 4 weeks after tumor cell injection and the lung metastatic tumor colonies were counted in a blind fashion. Metastases on freshly isolated lungs appeared as discrete black pigmented foci that were easily distinguishable from normal lung tissues and confirmed by histological examination. Metastatic foci too numerous to count were assigned an arbitrary value of >100 (32).

Results

Phenotypical characterization of DC and EG7 tumor cells

Bone marrow-derived DC_{OVA} pulsed with OVA expressed MHC class I and II, CD40, CD54, CD80 and OVA molecules. In addition, DC_{OVA} also expressed pMHC I (Figure 1). Similar to DC, EG7 cell line also expressed OVA, CD54 and pMHC I molecules, but not MHC class II, CD40 and CD80 molecules.

Phenotypical characterization of EXO_{DC} and EXO_{EG7}

To phenotypically characterize EXO, EXO derived from DC_{OVA} and EG7 tumor cells were stained with a panel of Abs and analyzed by flow cytometry. As shown in Figure 2, DC_{OVA} -derived EXO_{DC} displayed expression of molecules (MHC I and II, CD40, CD54, CD80, OVA and pMHC I) similar to, but in less extent to DC_{OVA} . EG7-derived EXO_{EG7} did not show any MHC II, CD40 and CD80 molecules, indicating that EXO_{DC} may be more immunogenic than EXO_{EG7} .

EXO_{DC} stimulate stronger $CD8^+$ T cell proliferation via the host DC than EXO_{EG7}

Since EXO harbor immune molecules, they have potent effect on stimulation of $CD8^+$ T cells (20). To assess whether EXO can stimulate $CD8^+$ T cell proliferation *in vivo*, we performed tetramer staining assays (20). As shown in Figure 3, EXO_{EG7} immunization was able to induce 0.85% tetramer-positive $CD8^+$ T cells of the total $CD8^+$ T cell population at day 6 after immunization, indicating that EXO_{EG7} can activate naïve OVA-specific $CD8^+$ T cell responses *in vivo*. However, EXO_{DC} stimulated 1.09% tetramer-positive $CD8^+$ T cell responses, which is stronger than EXO_{EG7} . The diphtheria toxin (DT) treatment itself did not affect the tetramer-positive $CD8^+$ T cell responses since a similar amount of the tetramer-positive $CD8^+$ T cell responses (data not shown) was detected in DT-treated C57BL/6 mice as seen in untreated C57BL/6 mice. Interestingly, no tetramer-positive $CD8^+$ T cells were detected in DT-treated DTR transgenic mice immunized with these two types of EXO, indicating that the induction of $CD8^+$ T cell activation by EXO is dependent upon the host DC to deliver EXO's stimulatory effect to the host T cells.

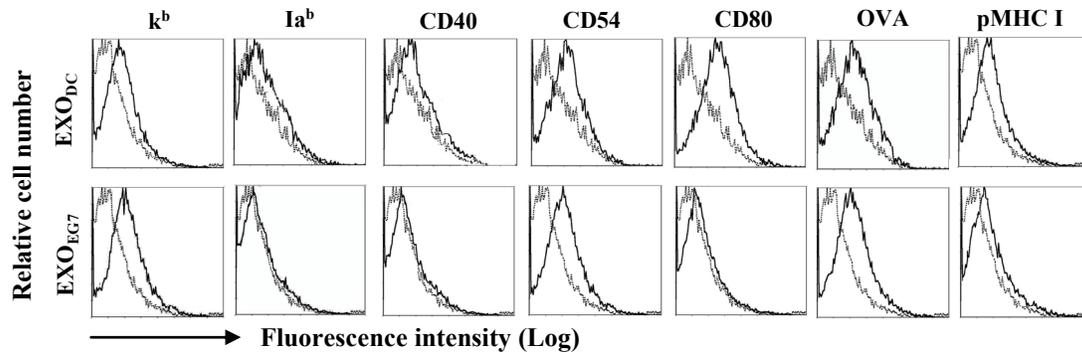


Figure 2. Phenotypic analysis of exosomes. OVA-pulsed DC-derived and EG7 tumor cell-derived EXO (EXO_{DC} and EXO_{EG7}) (solid lines) were stained with a panel of FITC-Abs, and then analyzed by flow cytometry. These EXO (thin dotted lines) were also stained with isotype-matched irrelevant FITC-Abs, respectively, and employed as control populations. One representative experiment of two is displayed.

EXO_{DC} stimulate stronger $CD8^+$ T cell differentiation into CTL effectors than EXO_{EG7}

To examine the functionality of these EXO, we tested their ability to induce $CD8^+$ T cell differentiation into CTL effector, as determined using *in vitro* ^{51}Cr release assays. CTLs from the mice immunized with EXO_{DC} showed stronger killing activities against OVA-expressing EG7 tumor cells (30% killing; E:T ratio, 25:1) than those from the mice immunized with EXO_{EG7} (21%; E:T ratio, 12:1) (Figure 4A). No killing activity against its parental EL4 tumor cells was detectable, indicating that the killing activity of these CTLs is OVA

specific. To assess whether EXO can also stimulate $CD8^+$ T cell differentiation into CTL effectors *in vivo*, we adoptively transferred OVA I peptide-pulsed splenocytes that had been strongly labeled with CFSE ($CFSE^{high}$) as well as the control Mut I peptide-pulsed splenocytes that had been weakly labeled with CFSE ($CFSE^{low}$) into the recipient mice that had been vaccinated with EXO_{DC} and EXO_{EG7} , respectively. As shown in Figure 4B, no $CFSE^{high}$ target cells loss (> 2%) was observed in mice immunized with PBS. As expected, there was a substantial loss of the $CFSE^{high}$ cells (54% losses of the $CFSE^{high}$ target cells) in mice immunized with EXO_{EG7} , indicating that EXO_{EG7} can also stimulate $CD8^+$ T cell differentiation into CTL effectors *in vivo*. However, there was a more substantial loss of the $CFSE^{high}$ cells (66% losses of the $CFSE^{high}$ target cells) in mice immunized with EXO_{DC} , indicating that EXO_{DC} stimulate stronger $CD8^+$ T cell differentiation into CTL effectors than EXO_{EG7} . Interestingly, our data also showed that both EXO_{DC} and EXO_{EG7} did not induce any losses of $CFSE^{high}$ target cells in DT-treated DTR transgenic mice with DC deficiency, indicating that the stimulatory effect of EXO_{DC} and EXO_{EG7} to $CD8^+$ T cell differentiation is mediated by the host DC.

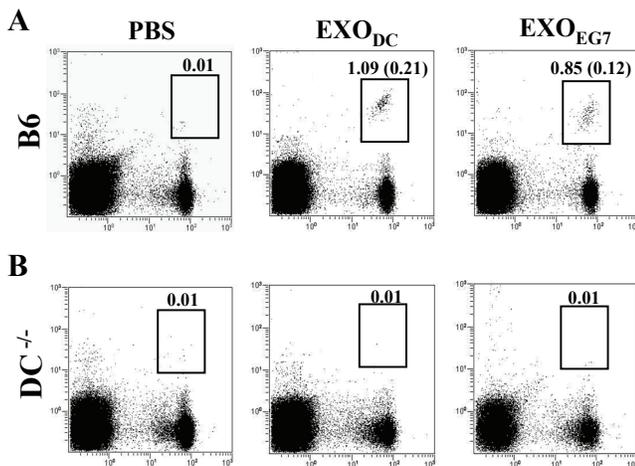


Figure 3. Stimulation of T cell proliferation *in vivo*. C57BL/6 and DTR transgenic mice were immunized *i.v.* with EXO_{DC} and EXO_{EG7} , respectively. Six days after immunization, the tail blood samples were taken from (A) the immunized C57BL/6 mice or (B) the immunized DTR transgenic mice with DT-treatment, and stained with PE-H-2K^b/OVA tetramer-specific TCR and FITC-anti-CD8 Ab. The expression of PE-H-2K^b/OVA tetramer-specific TCR and CD8 molecules was examined by flow cytometry. The results presented are representative of 4 separate mice per group. The value in parenthesis represents the standard deviation. One representative experiment of three is shown.

EXO_{DC} induce stronger immunity against lung tumor metastases than EXO_{EG7}

To investigate the induction of antitumor immunity, mice were *i.v.* immunized with EXO_{DC} and EXO_{EG7} , respectively. Six days after the immunization, the immunized mice were *i.v.* challenged with BL6-10_{OVA} tumor cells. As shown in Exp I of Table 1, all the mice injected with PBS had large numbers (>100) of lung metastatic tumor colonies. EXO_{DC} vaccine protected 5/8 (63%) mice. Similar to EXO_{DC} , EXO_{EG7} also protected 2/8 (25%) mice, indicating that EXO_{EG7} can also induce antitumor protection against tumor challenge, but a weaker protection than EXO_{DC} . The specificity of the protection was confirmed with the observation that both EXO_{DC} and EXO_{EG7} did not protect against BL6-10 tumors that did not express OVA, with all mice having large numbers (>100) of lung metastatic tumor colonies after tumor cell challenge. The diphtheria toxin (DT)

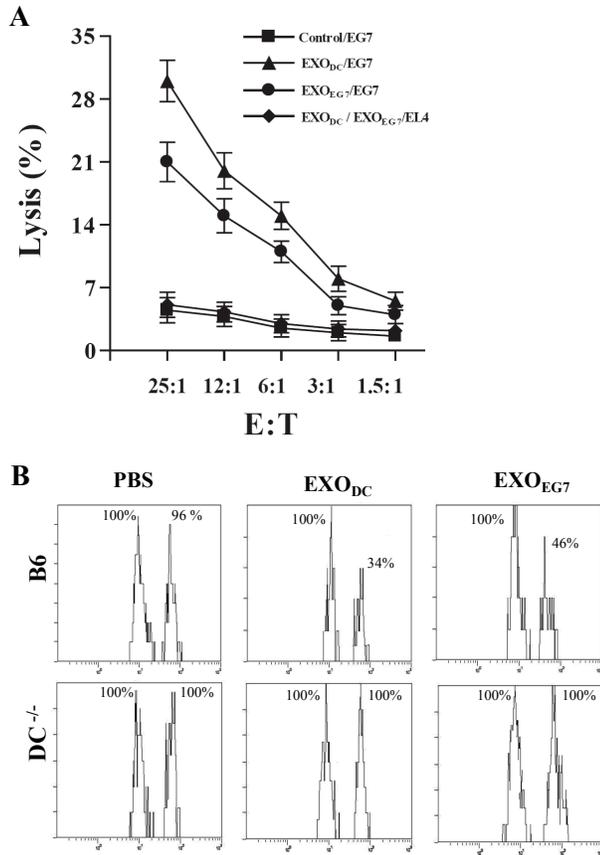


Figure 4. Development of antigen-specific CTL activities *in vivo*. (A) In *in vitro* cytotoxicity assays, splenic lymphocytes from the mice immunized with EXO_{DC} and EXO_{EG7} were harvested after 7 days of immunization and co-cultured with γ -irradiated EG7 cells. Three days subsequently, T cells derived from mice vaccinated with EXO_{DC} (\blacktriangle) and EXO_{EG7} (\bullet) were harvested and used as effector (E) cells in the chromium release assay, while ⁵¹Cr-labeled EG7 tumor cells were used as target (T) cells. T cells derived from naïve mice were used as control effector cells (\blacklozenge). To confirm that T-cell cytotoxicity is OVA specific, we also included EL4 tumor cells as a target control (\blacksquare). Each point represents the mean of triplicates. (B) In *in vivo* cytotoxicity assays, C57BL/6 splenocytes were harvested from naïve mouse spleens and incubated with either high (3.0 μ M, CFSE^{high}) or low (0.6 μ M, CFSE^{low}) concentrations of CFSE, to generate differentially labeled target cells. The CFSE^{high} cells were pulsed with OVA I peptide, whereas the CFSE^{low} cells were pulsed with Mut I peptide and served as internal controls. These peptide-pulsed target cells were *i.v.* injected at 1:1 ratio into the above immunized C57BL/6 mice or DTR (DC^{-/-}) transgenic mice with DT treatment 6 days after immunization of DC_{EXO} and EG7_{EXO}, respectively. Sixteen hrs later, the spleens of immunized mice were removed and the percentages of the residual CFSE^{high} (H) and CFSE^{low} (L) target cells remaining in the recipients' spleens were analyzed by flow cytometry. The value in parenthesis represents the standard deviation. One representative experiment of three is shown.

treatment did not affect the OVA-specific antitumor immunity derived from EXO vaccination since a similar extent of the antitumor immunity (data not shown) was found

Table 1. Exosome vaccine protects against lung tumor metastases

Vaccines	Tumor cell challenge	Tumor growth incidence (%)	Median number of lung tumor colonies
Exp. I.			
EXO _{DC}	BL6-10 _{OVA}	2/8 (25)	21 \pm 5
EXO _{EG7}	BL6-10 _{OVA}	5/8 (63)*	29 \pm 8
PBS	BL6-10 _{OVA}	8/8 (100)	>100
EXO _{DC}	BL6-10	8/8 (100)	>100
EXO _{EG7}	BL6-10	8/8 (100)	>100
Exp. II.			
EXO _{DC} (B6)	BL6-10 _{OVA}	2/8 (25)	21 \pm 5
EXO _{EG7} (B6)	BL6-10 _{OVA}	5/8 (63)	29 \pm 8
EXO _{DC} (DC KO)	BL6-10 _{OVA}	8/8 (100)	>100
EXO _{EG7} (DC KO)	BL6-10 _{OVA}	8/8 (100)	>100

In experiment I, wild-type C57BL/6 (n = 8) were *i.v.* immunized with DC_{OVA}-derived EXO_{DC} and EG7 tumor cell-derived EXO_{EG7} (10 μ g/mouse) or PBS. Six days after immunization, each mouse was challenged *i.v.* with OVA transgene-expressing BL6-10_{OVA} or wild-type BL6-10 tumor cells. In experiment II, the diphtheria toxin receptor (DTR) transgenic mice (n = 8) were *i.v.* treated with DT (1.5 ng/g weight). Two days later, these treated mice (termed DC knockout mice) were immunized with EXO_{DC} and EXO_{EG7}. Six days after immunization, each mouse was then *i.v.* challenged with BL6-10_{OVA} tumor cells. The mice were sacrificed 4 weeks after tumor cell challenge and the numbers of lung metastatic tumor colonies were counted. **p* < 0.05 (nonparametric Mann-Whitney U test) (41) *vs* cohorts of mice immunized with the same number of EXO_{DC}. One representative experiment of three is shown.

in DT-treated C57BL/6 mice as seen in untreated C57BL/6 mice. Interestingly, our data also showed that all EXO-immunized DTR transgenic mice with depletion of CD11c⁺ DC by DT treatment having large numbers (>100) of lung metastatic tumor colonies after tumor cell challenge (Exp II of Table 1), indicating that the antitumor immunity induced by these two types of EXO is mediated by the host DC.

Discussion

In recent years, exosomes (EXO) research has attracted more attention by the finding that APC such as B lymphocytes and DC secrete EXO during exocytic fusion of multivesicular MHC class II compartments with the cell surface (18, 19). It has been demonstrated that DC-derived EXO harboring many important immunological molecules, such as MHC class I and class II, costimulatory molecules can elicit antitumor immunity (15, 22-25). Human and mouse tumor cells constitutively release membrane vesicles, similar to DC-derived EXO in their morphology, density and expression of certain membrane markers (16). However, there is no study on side-by-side comparison of stimulatory efficiency in induction of antitumor immune responses by EXO derived from DC and tumor cells. In this study, we selected to study EXO_{DC} derived from bone marrow-derived

DC pulsed with OVA and EXO_{EG7} derived from EG7 tumor cells expressing transgene OVA. We demonstrated that both EXO_{DC} and EXO_{EG7} displayed expression of OVA, MHC class I, CD54 and pMHC I complexes. In addition, EXO_{DC}, but not EXO_{EG7} also expressed the costimulatory molecules such as CD40 and CD80, indicating that EXO_{DC} may be more immunogenic than EXO_{EG7}.

As EXO derived from tumor cells and tumor peptide-pulsed DC were found to be immunogenic (16-18), we further compared the immunogenicity of EXO_{DC} and EXO_{EG7} in eliciting OVA-specific CD8⁺ CTL immune responses. In this study, we demonstrated that EXO_{DC} can more strongly stimulate CD8⁺ T cell proliferation and differentiation into CTL effectors *in vivo*, and induce stronger antitumor immunity against tumor cell challenge both *in vitro* and *in vivo* than EG7_{EXO}. The less immunogenicity of EXO_{EG7} may be possibly due to lacking expression of the costimulatory molecules CD40 and CD80 on EXO_{EG7}, since both molecules have been repeatedly shown to be key elements in the initiation of primary immune responses (37). For example, the interaction of CD40 on DC with CD40 ligand on naïve T cells is critical for generation of antigen-specific T cell responses (37-39). It is also recognized that stimulation of T cells by DC involves at least two signaling events: one elicited by T cell receptor recognition of pMHC complexes and the other by costimulatory molecule signaling (e.g., T cell CD28/DC CD80) (40).

It has been previously reported that EXO may need the host DC as an adjuvant for induction of immune responses based only upon *in vitro* experiments (23, 30). However, there is no direct evidence on the role of the host DC in EXO-based vaccines. Jung et al. have demonstrated the importance of the host DC in priming of CD8⁺ T cell responses *in vivo* by cross-presentation of exogenous cell-associated antigens using a novel diphtheria toxin-based system that allows the inducible, short-term ablation of DC *in vivo* (36). In this study, we showed that both EXO_{DC} and EXO_{EG7} completely lost their stimulatory effects on induction of CD8⁺ T cell proliferation and differentiation into CTL effectors and on induction of antitumor immunity. Therefore, for the first time, we provided clear evidence that EXO needs the host DC for delivery of their stimulatory effect to CD8⁺ CTL responses *in vivo*.

Taken together, our data showed that OVA protein-pulsed DC_{OVA}-derived EXO_{DC} can more efficiently stimulate naïve OVA-specific CD8⁺ T cell proliferation and differentiation into CTL effectors *in vivo*, and induce more efficient antitumor immunity than EG7 tumor cell-derived EXO_{EG7}. The stimulatory effect of EXO is delivered to T cell responses by the host DC. Therefore, DC-derived EXO may represent a more effective EXO-based vaccine on induction of antitumor immunity.

Acknowledgements

This research work was supported by research grants from Canadian Institutes of Health Research (MOP 67230 and

79415). Siguo Hao was supported by the Postdoctoral Fellowship from Saskatchewan Health Research Foundation (SHRF). We appreciated Mark Boyd for help in flow cytometry.

References

1. Boon T, van der Bruggen P. Human tumor antigens recognized by T lymphocytes. *J Exp Med.* 1996;183:725-729.
2. Rosenberg SA. A new era for cancer immunotherapy based on the genes that encode cancer antigens. *Immunity.* 1999;10:281-287.
3. Gilboa E. The makings of a tumor rejection antigen. *Immunity.* 1999;11:263-270.
4. Klein G, Sjögren HO, Klein E, Hellstrom KE. Demonstration of resistance against methylcholanthrene-induced sarcomas in the primary autochthonous host. *Cancer Res.* 1960;20:1561-1572.
5. Old LJ. Cancer immunology: the search for specificity--G. H. A. Clowes Memorial lecture. *Cancer Res.* 1981;41:361-375.
6. Ramarathinam L, Sarma S, Maric M, et al. Multiple lineages of tumors express a common tumor antigen, P1A, but they are not cross-protected. *J Immunol.* 1995;155:5323-5329.
7. Taylor DD, Homesley HD, Doellgast GJ. Binding of specific peroxidase-labeled antibody to placental-type phosphatase on tumor-derived membrane fragments. *Cancer Res.* 1980;40:4064-4069.
8. Andre F, Scharz NE, Chaput N, et al. Tumor-derived exosomes: a new source of tumor rejection antigens. *Vaccine.* 2002;20 Suppl 4:A28-31.
9. Kim JV, Latouche JB, Riviere I, Sadelain M. The ABCs of artificial antigen presentation. *Nat Biotechnol.* 2004;22:403-410.
10. Chaput N, Scharz NE, Andre F, Zitvogel L. Exosomes for immunotherapy of cancer. *Adv Exp Med Biol.* 2003;532:215-221.
11. Thery C, Zitvogel L, Amigorena S. Exosomes: composition, biogenesis and function. *Nat Rev Immunol.* 2002;2:569-579.
12. Denzer K, Kleijmeer MJ, Heijnen HF, Stoorvogel W, Geuze HJ. Exosome: from internal vesicle of the multivesicular body to intercellular signaling device. *J Cell Sci.* 2000;113 Pt 19:3365-3374.
13. Thery C, Regnault A, Garin J, et al. Molecular characterization of dendritic cell-derived exosomes. Selective accumulation of the heat shock protein hsc73. *J Cell Biol.* 1999;147:599-610.
14. Escola JM, Kleijmeer MJ, Stoorvogel W, Griffith JM, Yoshie O, Geuze HJ. Selective enrichment of tetraspan proteins on the internal vesicles of multivesicular endosomes and on exosomes secreted by human B-lymphocytes. *J Biol Chem.* 1998;273:20121-20127.
15. Andre F, Scharz NE, Movassagh M, et al. Malignant effusions and immunogenic tumour-derived exosomes. *Lancet.* 2002;360:295-305.
16. Wolfers J, Lozier A, Raposo G, et al. Tumor-derived exosomes are a source of shared tumor rejection antigens for CTL cross-priming. *Nat Med.* 2001;7:297-303.
17. Altieri SL, Khan AN, Tomasi TB. Exosomes from plasmacytoma cells as a tumor vaccine. *J Immunother.* 2004;27:282-288.
18. Zitvogel L, Regnault A, Lozier A, et al. Eradication of established murine tumors using a novel cell-free vaccine: dendritic cell-derived exosomes. *Nat Med.* 1998;4:594-600.
19. Raposo G, Nijman HW, Stoorvogel W, et al. B lymphocytes secrete antigen-presenting vesicles. *J Exp Med.* 1996;183:1161-

- 1172.
20. Hwang I, Shen X, Sprent J. Direct stimulation of naïve T cells by membrane vesicles from antigen-presenting cells: distinct roles for CD54 and B7 molecules. *Proc Natl Acad Sci U S A*. 2003;100:6670-6675.
 21. Utsugi-Kobukai S, Fujimaki H, Hotta C, Nakazawa M, Minami M. MHC class I-mediated exogenous antigen presentation by exosomes secreted from immature and mature bone marrow derived dendritic cells. *Immunol Lett*. 2003;89:125-131.
 22. Hsu DH, Paz P, Villaflor G, et al. Exosomes as a tumor vaccine: enhancing potency through direct loading of antigenic peptides. *J Immunother*. 2003;26:440-450.
 23. Andre F, Chaput N, Scharz NE, et al. Exosomes as potent cell-free peptide-based vaccine. I. Dendritic cell-derived exosomes transfer functional MHC class I/peptide complexes to dendritic cells. *J Immunol*. 2004;172:2126-2136.
 24. Chaput N, Scharz NE, Andre F, et al. Exosomes as potent cell-free peptide-based vaccine. II. Exosomes in CpG adjuvants efficiently prime naïve Tc1 lymphocytes leading to tumor rejection. *J Immunol*. 2004;172:2137-2146.
 25. Cho JA, Yeo DJ, Son HY, et al. Exosomes: a new delivery system for tumor antigens in cancer immunotherapy. *Int J Cancer*. 2005;114:613-622.
 26. Escudier B, Dorval T, Chaput N, et al. Vaccination of metastatic melanoma patients with autologous dendritic cell (DC) derived-exosomes: results of the first phase I clinical trial. *J Transl Med*. 2005;3:10.
 27. Morse MA, Garst J, Osada T, et al. A phase I study of dexosome immunotherapy in patients with advanced non-small cell lung cancer. *J Transl Med*. 2005;3:9.
 28. Slingluff CL, Jr. Tumor antigens and tumor vaccines: peptides as immunogens. *Semin Surg Oncol*. 1996;12:446-453.
 29. Li M, Davey GM, Sutherland RM, et al. Cell-associated ovalbumin is cross-presented much more efficiently than soluble ovalbumin *in vivo*. *J Immunol*. 2001;166:6099-6103.
 30. Vincent-Schneider H, Stumptner-Cuvelette P, Lankar D, et al. Exosomes bearing HLA-DR1 molecules need dendritic cells to efficiently stimulate specific T cells. *Int Immunol*. 2002;14:713-722.
 31. Porgador A, Yewdell JW, Deng Y, Bennink JR, Germain RN. Localization, quantitation, and *in situ* detection of specific peptide-MHC class I complexes using a monoclonal antibody. *Immunity*. 1997;6:715-726.
 32. Xiang J, Huang H, Liu Y. A new dynamic model of CD8⁺ T effector cell responses *via* CD4⁺ T helper-antigen-presenting cells. *J Immunol*. 2005;174:7497-7505.
 33. Thery C, Duban L, Segura E, Veron P, Lantz O, Amigorena S. Indirect activation of naïve CD4⁺ T cells by dendritic cell-derived exosomes. *Nat Immunol*. 2002;3:1156-1162.
 34. Clayton A, Court J, Navabi H, et al. Analysis of antigen presenting cell derived exosomes, based on immuno-magnetic isolation and flow cytometry. *J Immunol Methods*. 2001;247:163-174.
 35. Zhang W, Chen Z, Li F, et al. Tumour necrosis factor- α (TNF- α) transgene-expressing dendritic cells (DCs) undergo augmented cellular maturation and induce more robust T-cell activation and anti-tumour immunity than DCs generated in recombinant TNF- α . *Immunology*. 2003;108:177-188.
 36. Jung S, Unutmaz D, Wong P, et al. *In vivo* depletion of CD11c⁺ dendritic cells abrogates priming of CD8⁺ T cells by exogenous cell-associated antigens. *Immunity*. 2002;17:211-220.
 37. Mazouz N, Ooms A, Moulin V, Van Meirvenne S, Uyttenhove C, Degiovanni G. CD40 triggering increases the efficiency of dendritic cells for antitumoral immunization. *Cancer Immun*. 2002;2:2.
 38. Banchereau J, Briere F, Caux C, et al. Immunobiology of dendritic cells. *Annu Rev Immunol*. 2000;18:767-811.
 39. Banchereau J, Schuler-Thurner B, Palucka AK, Schuler G. Dendritic cells as vectors for therapy. *Cell*. 2001;106:271-274.
 40. Lenschow DJ, Walunas TL, Bluestone JA. CD28/B7 system of T cell costimulation. *Annu Rev Immunol*. 1996;14:233-258.