

Video Article

# Ex vivo Expansion of Tumor-reactive T Cells by Means of Bryostatin 1/ Ionomycin and the Common Gamma Chain Cytokines Formulation

Maciej Kmiecik<sup>1</sup>, Amir Toor<sup>2</sup>, Laura Graham<sup>3</sup>, Harry D. Bear<sup>3</sup>, Masoud H. Manjili<sup>1</sup>

<sup>1</sup>Department of Microbiology & Immunology, Virginia Commonwealth University- Massey Cancer Center

<sup>2</sup>Department of Internal Medicine, Virginia Commonwealth University- Massey Cancer Center

<sup>3</sup>Department of Surgery, Virginia Commonwealth University- Massey Cancer Center

Correspondence to: Masoud H. Manjili at [mmanjili@vcu.edu](mailto:mmanjili@vcu.edu)

URL: <https://www.jove.com/video/2381>

DOI: [doi:10.3791/2381](https://doi.org/10.3791/2381)

Keywords: Immunology, Issue 47, Adoptive T cell therapy, Breast Cancer, HER-2/neu, common gamma chain cytokines, Bryostatin 1, Ionomycin

Date Published: 1/14/2011

Citation: Kmiecik, M., Toor, A., Graham, L., Bear, H.D., Manjili, M.H. *Ex vivo Expansion of Tumor-reactive T Cells by Means of Bryostatin 1/ Ionomycin and the Common Gamma Chain Cytokines Formulation. J. Vis. Exp.* (47), e2381, doi:10.3791/2381 (2011).

## Abstract

It was reported that breast cancer patients have pre-existing immune responses against their tumors<sup>1,2</sup>. However, such immune responses fail to provide complete protection against the development or recurrence of breast cancer. To overcome this problem by increasing the frequency of tumor-reactive T cells, adoptive immunotherapy has been employed. A variety of protocols have been used for the expansion of tumor-specific T cells. These protocols, however, are restricted to the use of tumor antigens *ex vivo* for the activation of antigen-specific T cells. Very recently, common gamma chain cytokines such as IL-2, IL-7, IL-15, and IL-21 have been used alone or in combination for the enhancement of anti-tumor immune responses<sup>3</sup>. However, it is not clear what formulation would work best for the expansion of tumor-reactive T cells. Here we present a protocol for the selective activation and expansion of tumor-reactive T cells from the FVB202 transgenic mouse model of HER-2/neu positive breast carcinoma for use in adoptive T cell therapy of breast cancer. The protocol includes activation of T cells with bryostatin-1/ionomycin (B/I) and IL-2 in the absence of tumor antigens for 16 hours. B/I activation mimics intracellular signals that result in T cell activation by increasing protein kinase C activity and intracellular calcium, respectively<sup>4</sup>. This protocol specifically activates tumor-specific T cells while killing irrelevant T cells. The B/I-activated T cells are cultured with IL-7 and IL-15 for 24 hours and then pulsed with IL-2. After 24 hours, T cells are washed, split, and cultured with IL-7 + IL-15 for additional 4 days. Tumor-specificity and anti-tumor efficacy of the *ex vivo* expanded T cells is determined.

## Video Link

The video component of this article can be found at <https://www.jove.com/video/2381/>

## Protocol

### 1. Isolation of Lymphocytes<sup>5</sup>

1. Isolate tumor-draining lymph nodes or spleens from tumor-bearing FVB202 transgenic mice and prepare single cell suspension in ice-cold RPMI1640 supplemented with 10% FBS. B/I activation in 50-ml polypropylene conical tubes results in a greater T cell yield compared to polystyrene tubes. Ketamine and Xylazine are injected i.p. for anesthesia. Cervical dislocation is used as a method of euthanasia.
2. Culture the cells (10<sup>6</sup> cells/ mL) in complete medium containing 15% FBS with bryostatin-1 (5 nM) and ionomycin (1 μM) along with 80 U/ mL of IL-2 (Peprotech) for 16 h.
3. Wash the cells three times with warm medium (37°C) and culture at 10<sup>6</sup> cells/ mL in complete medium with IL-7 (10 ng/ mL) and IL-15 (10 ng/ mL) (Peprotech) for 24 h.
4. Pulse the cells with IL-2 (40 U/ mL) for 24 h.
5. Split the cells and culture them with IL-7 and IL-15 (10 ng/ mL) for 4 more days. Change medium and split the cells if needed every 2 days.

### 2. Determine Fold Expansion of T Cells by Cell Counts and Flow Cytometry Analysis<sup>5</sup>

1. Cell counts by light microscopy
  1. Prepare appropriate cell dilution (1:100) in trypan blue and add few μL onto hemocytometer
  2. Count 9 squares and determine total cell number by dividing cell counts to the number of chambers multiplied by the dilution factor. The results will present number x 10<sup>4</sup> cells/ mL.
2. Determine proportion of CD8+ and CD4+ T cells in the expanded cells by flow cytometry
  1. Block non-specific binding of antibodies to Fc receptors by culturing the cells with anti-CD16/CD32 antibody (Biolegend) for 20 min on ice and then wash the cells two times with 2 mL of ice-cold PBS supplemented with 1% sodium azide.

2. Stain the cells by culturing with FITC-CD4 and PE-CD8 antibodies for 20 min on ice and then wash the cells two times with 2 mL of ice-cold PBS supplemented with 1% FBS and 0.1% sodium azide.
3. Fix the cells with 1% paraformaldehyde and run samples on a Beckman Coulter FC 500 and analyze using Summit version 4.3 software.

### 3. Determine Tumor-specificity of the *ex Vivo* Expanded T Cells

1. Culture the *ex vivo* expanded lymphocytes in complete medium at a 10:1 ratio with irradiated neu positive MMC tumor cells (15,000 rad) for 24 h.<sup>5</sup>
2. Harvest supernatants and store at -80°C until used.<sup>5,6</sup>
3. Detect IFN- $\gamma$  using a Mouse IFN- $\gamma$  ELISA Set (BD Pharmingen) according to the manufacturer's protocol.<sup>5,6</sup>

### 4. Determine Anti-tumor Function of the *ex Vivo* Expanded T Cells<sup>5,6</sup>

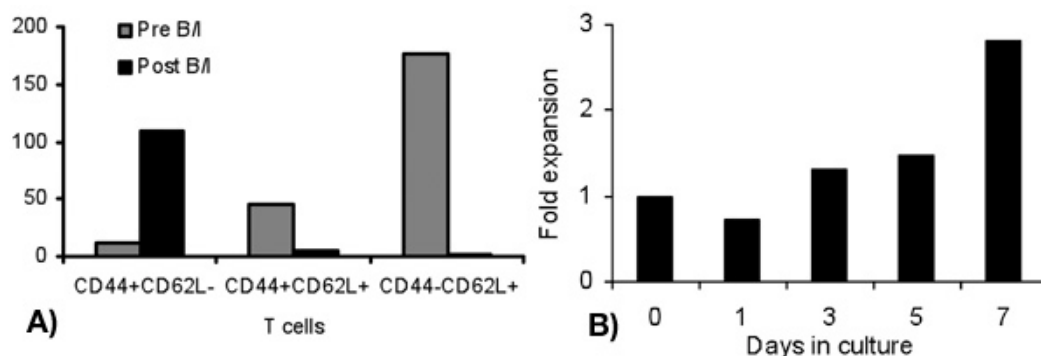
1. Incubate T cells with tumor cells in a 10:1 effector:target ratios for 48 hours in complete medium at 3 mL complete medium (RPMI-1640 supplemented with 100U/ mL of penicillin, 100 $\mu$ g/ mL streptomycin, 10% FBS, glutamine and  $\beta$ - mercaptoethanol) and 20U/ mL of IL-2 (Peprotech) in 6 well culture dishes 37°C /5% CO<sub>2</sub>.
2. Perform three color antibody staining for neu (anti-c-Erb2/c-neu, clone-4, Calbiochem) followed by PE- anti mouse IgG, Annexin V-FITC and Propidium Iodide (PI) according to manufacturer's protocol (BD Pharmingen)
3. Gate on neu positive tumor cells and analyze viability (Annexin V-/PI-) of the tumor cells

### 5. Mouse Model of Breast Cancer

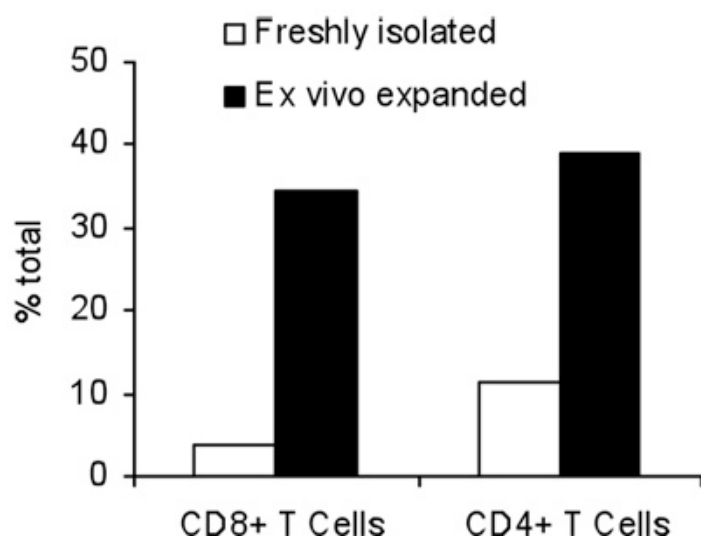
FVBN202 transgenic female mice (Charles River Laboratories) can be used for the source of tumor-reactive T cells. These mice overexpress an unactivated rat neu transgene under the regulation of MMTV promoter and as a result develop spontaneous mammary carcinoma between 4-10 months of age<sup>7</sup>. These mice develop premalignant mammary hyperplasia similar to ductal carcinoma *in situ* (DCIS) prior to the development of spontaneous carcinoma<sup>8</sup>. Spontaneous tumor-bearing mice are used as donors of T cells.

### 6. Representative Results:

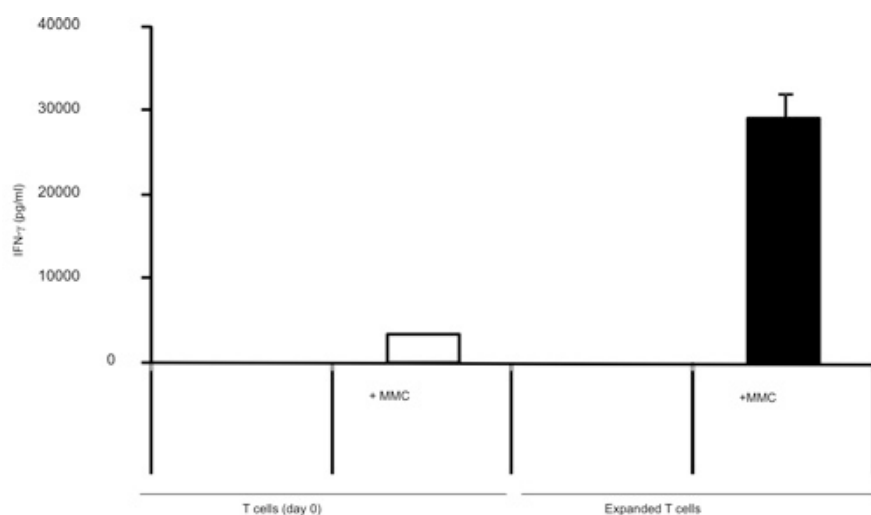
Activation of T cells with B/I for 16 hours results in killing of naïve T cells that are not sensitized with the tumor *in vivo*. After the B/I selectivity of tumor-reactive T cells they expand up to 2.8-fold within a 6-day culture with the gamma chain cytokines (Figure 1). Both CD8+ and CD4+ T cells are equally expanded with the gamma chain cytokines (Figure 2). The *ex vivo*-expanded T cells show high responsiveness against the tumors that donor mice were sensitized to, as evaluated by the production of IFN- $\gamma$  in the presence of neu positive mouse mammary carcinoma (MMC) tumor cells (Figure 3). The *ex vivo* expanded T cells can induce apoptosis in the neu positive MMC tumor cells such that viability of the tumor cells drops from 92% to 61% within 48 hours (Figure 4).



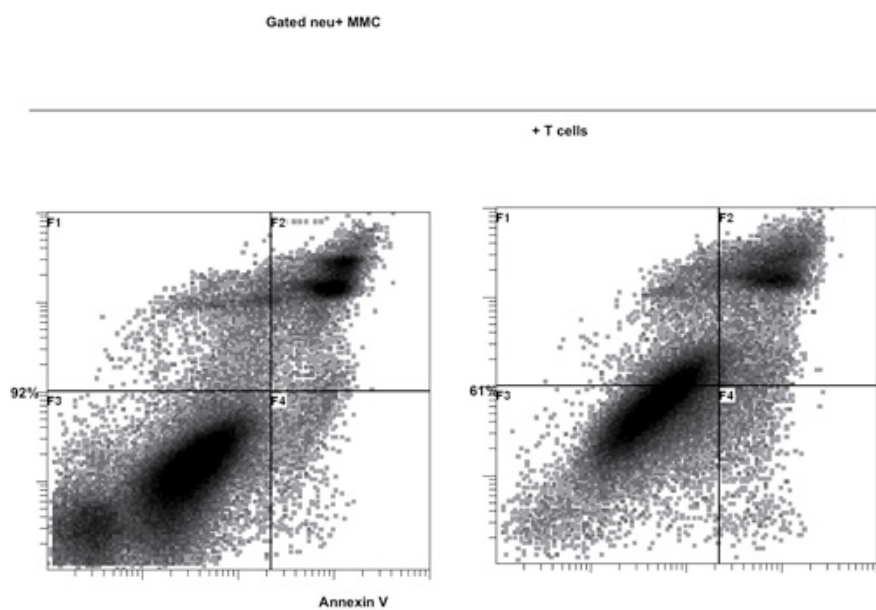
**Figure 1.** Fold expansion of lymphocytes at different time points following B/I activation (day 1) and *ex vivo* expansion with the gamma chain cytokines (days 3, 5, and 7)



**Figure 2.** Total percentage of CD4+ and CD8+ T cells before and after a 7-day expansion with the gamma chain cytokines.



**Figure 3.** Tumor-stimulated IFN- $\gamma$  production by T cells isolated from tumor-bearing mice prior to and after a 7-day expansion with the gamma chain cytokines, using IFN- $\gamma$  ELISA



**Figure 4.** Cytotoxic function of the *ex vivo* expanded T cells with the gamma chain cytokines against neu positive mouse mammary carcinoma (MMC) tumor cells

## Discussion

Selective expansion of tumor-reactive T cells with effector anti-tumor function can be achieved by the proposed protocol using B/I activation and *ex vivo* expansion with the gamma chain cytokines IL-2, IL-7 and IL-15. While IL-2 is a T cell growth factor that can support the differentiation and expansion of antigen-specific T cells, IL-7 can inhibit apoptosis of T cells and support their viability during expansion. IL-15 can support memory T cells that are important for generating long-term anti-tumor responses upon adoptive T cell therapy<sup>9-11</sup>. Changing the order and combination of these cytokines could affect differentiation of the expanded T cells which in turn may improve or reduce their anti-tumor efficacy<sup>12</sup>. The proposed protocol will not require the identification of tumor antigens. Selective expansion of tumor-reactive T cells results in the production of high numbers of anti-tumor T cells that can be used for adoptive T cell therapy of cancer patients. We have previously shown that the *ex vivo* expanded T cells protected animals against breast cancer following adoptive T cell therapy.

## Disclosures

No conflicts of interest declared.

## Acknowledgements

This work was supported by NIH R01 CA104757 Grant (M. H. Manjili). We gratefully acknowledge the support of VCU Massey Cancer Center and the Commonwealth Foundation for Cancer Research.

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