Antibodies to TWEAK Receptor Inhibit Human Tumor Growth through Dual Mechanisms

Patricia A. Culp, Donghee Choi, Yongke Zhang, Johnny Yin, Pui Seto, Suzanne E. Ybarra, Mian Su, Mien Sho, Roxanne Steinle, Melanie H.L. Wong, Ferdinand Evangelista, David B. Powers, Vanitha Ramakrishnan, and Robert Dubridge

Abstract

Purpose: Targeted therapeutics have significantly changed the outcome for patients diagnosed with cancer. Still, effective therapeutic intervention does not exist for many cancers and much remains to be done. The objective of this study was to identify novel genes that potentially regulate tumor growth, to target these gene products with monoclonal antibodies, and to examine the therapeutic potential of these antibodies.

Experimental Design: Using cDNA microarray analysis, we identified genes overexpressed in several solid malignancies. We generated a mouse monoclonal antibody, 19.2.1, and its humanized counterpart, PDL192, to one such target, TweakR (TWEAK receptor, Fn14, TNFRSF12A, CD266), and characterized the antitumor activities in vitro and in mouse xenograft models.

Results: Both 19.2.1 (mouse IgG2a) and PDL192 (human IgG1), like TWEAK, the natural ligand of TweakR, inhibited the growth of several TweakR-expressing cancer cell lines in anchorage-dependent and anchorage-independent assays in vitro. Both antibodies showed significant antitumor activity in multiple mouse xenograft models. PDL192 and 19.2.1 also induced antibody-dependent cellular cytotoxicity (ADCC) of cancer cell lines in vitro. A chimeric version of 19.2.1 containing the mouse IgG1 Fc region (19.2.1×G1) exhibited significantly less ADCC than 19.2.1. However, 19.2.1×G1 showed differential activity in vivo, with activity equivalent to 19.2.1 in one model, but significantly less efficacy than 19.2.1 in a second model. These results indicate that PDL192 and 19.2.1 mediate their antitumor effects by signaling through TweakR, resulting in reduced tumor cell proliferation, and by ADCC. Clin Cancer Res; 16(2); 497–508. ©2010 AACR.
TWEAK binding to TweakR seems to exert multiple functions on tumor cells. The functional relevance of this pathway in oncology suggests that an agent targeted to this pathway might be a potent cancer therapeutic.

In this report, we show that TweakR mRNA and protein are overexpressed in several solid tumor types, compared with their cognate normal tissues. We describe the development of the anti-TweakR monoclonal antibody, 19.2.1, and its humanized counterpart, PDL192. Both have antitumor effects, including the ability to inhibit the growth of several TweakR-expressing cancer cell lines in vitro and the ability to induce antibody-dependent cellular cytotoxicity (ADCC). We also show that 19.2.1 and PDL192 inhibit the growth of multiple TweakR-expressing human xenograft tumors in mouse models and that the in vivo antitumor activity of the antibodies is driven by dual mechanisms.

Materials and Methods

Cell lines and reagents. All tumor cell lines were obtained from American Type Culture Collection, except the SN12C cell line, which was obtained from Developmental Therapeutics Program/Division of Cancer Treatment and Diagnosis Tumor Repository at the National Cancer Institute and the HSC3 cell line, which was purchased from the Health Sciences Research Resources Bank or a control mouse IgG1 antibody, and antibody binding was scored by a consulting pathologist. Slides were then incubated with diaminobenzidine (DAKO) for 5 min and were counterstained with hematoxylin. The slides were scored by a consulting pathologist. Tissue sections were deparaffinized, and BORG antigen retrieval (Biocare Medical) was performed, followed by blocking with Background Sniper (Biocare Medical) prior to incubation with diaminobenzidine (DAKO) for 5 min and counterstaining with hematoxylin. The slides were scored by a consulting pathologist.

Cell growth assays. Anchorage-dependent proliferation assays were done by seeding 100 to 500 cells in 96-well
plates in the presence of TWEAK or antibodies. Five to 13 d later, cell viability was measured by exposing cells to Alamar Blue for 2 h at 37°C. Fluorescence was emitted for excitation at 544 nm and emission was measured at 590 nm. Relative viability was calculated by dividing the fluorescence of TWEAK-treated or anti-TweakR antibody-treated samples with that of control antibody-treated cells. In most cases, assay results represent the readings...
from six replicate wells. Each assay was done at least twice, with one representative assay shown.

Tumor cell lines were grown in soft agar by adding a suspension of 200 to 1,000 cells in 0.32% SeaPlaque agarose (Cambrex) in cell growth media to 96-well plates containing a solid base of 0.53% SeaPlaque agarose in cell growth media. The wells were then overlaid with cell growth media containing TWEAK or antibodies. Six to 14 d later, the colonies were stained with 0.001% crystal violet at 4°C for 24 h, after which they were imaged and counted using the Discovery-1 software (Molecular Devices). The total colony area was quantified for each well, and relative growth was calculated by dividing the mean total area per well of treated samples by that of the control samples. Each assay was done at least twice, with six replicate wells per assay; one representative assay is shown. Statistical differences between treatments were measured using a two-tailed unpaired t test. Differences were considered significant if \( P \leq 0.05 \).

Caspase assay. HSC3 cells were seeded into 96-well plates, after which TWEAK or antibodies were added and incubated for 5 d. Caspase-3/7 activation was assessed using the Caspase-Glo 3/7 Assay System (Promega Corp.) according to the manufacturer’s instructions.

Table 1. Summary of the immunostaining of TweakR across 1,655 samples from 22 solid tumor subtypes

<table>
<thead>
<tr>
<th>Cancer Subtype</th>
<th>IHC score</th>
<th>( \geq 2^+ )</th>
<th>% pos.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1+</td>
<td>2+</td>
</tr>
<tr>
<td>NSCLC-adenocarcinoma</td>
<td>176</td>
<td>47</td>
<td>26</td>
</tr>
<tr>
<td>NSCLC-SCC</td>
<td>113</td>
<td>50</td>
<td>16</td>
</tr>
<tr>
<td>NSCLC-large cell</td>
<td>53</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>NSCLC-BAC</td>
<td>20</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>93</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Breast-ductal-primary</td>
<td>327</td>
<td>145</td>
<td>76</td>
</tr>
<tr>
<td>Breast-LN metastases</td>
<td>59</td>
<td>40</td>
<td>9</td>
</tr>
<tr>
<td>Breast-lobular</td>
<td>29</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>Renal</td>
<td>67</td>
<td>26</td>
<td>21</td>
</tr>
<tr>
<td>Head and neck</td>
<td>30</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>CRC-primary</td>
<td>150</td>
<td>71</td>
<td>47</td>
</tr>
<tr>
<td>CRC - liver metastases</td>
<td>16</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Esophageal</td>
<td>49</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>Bladder</td>
<td>31</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>HCC</td>
<td>20</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Ovarian</td>
<td>148</td>
<td>102</td>
<td>17</td>
</tr>
<tr>
<td>Melanoma</td>
<td>40</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Gastric-adenocarcinoma</td>
<td>68</td>
<td>38</td>
<td>17</td>
</tr>
<tr>
<td>Sarcoma</td>
<td>36</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Prostate</td>
<td>61</td>
<td>58</td>
<td>3</td>
</tr>
<tr>
<td>Small cell lung</td>
<td>32</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>Bone metastases</td>
<td>37</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>1,655</td>
<td>781</td>
<td>331</td>
</tr>
</tbody>
</table>

NOTE: IHC score is based on the percentage of epithelial cells stained in the tumor portion of the sample: 0, <10% positive; 1+, 11% to 25% positive; 2+, 26% to 50% positive; 3+, 51% to 75% positive; 4+, >75% positive.

Abbreviations: SCC, squamous cell carcinoma; BAC, bronchioalveolar carcinoma; LN, lymph node; CRC, colorectal; HCC, hepatocellular carcinoma.
isolated mouse splenocytes were added, for a final effector/target cell ratio of 50:1. After a 4-h incubation at 37°C, supernatant was collected and counted in a Gamma counter. Experiments with human effectors were done using PBMC from at least two different donors.

Percent specific lysis = (cpm sample
− cpm spontaneous release)/
(cpm maximum release
− cpm spontaneous release)

cpm spontaneous release = cpm from cells incubated in the absence of antibody or effector cells.

cpm maximum release was obtained from cells solubilized in 1% Triton X-100.

Results

TweakR is overexpressed in multiple solid tumor types. TweakR was identified in a microarray screen as over-expressed in multiple solid tumor types, compared with matched adjacent normal tissue or normal tissues from nondiseased donors. We observed high levels of TweakR mRNA levels in pancreatic (Fig. 1A) and ovarian cancers (Fig. 1B), as well as in both primary and metastatic colorectal cancers (Fig. 1C). TweakR mRNA overexpression was also observed in breast cancer, non–small cell lung cancer (NSCLC; both adenocarcinoma and squamous cell carcinoma), renal cancer, esophageal cancer, head and neck cancer, bladder cancer, uterine cancer, stomach cancer, cervical cancer, and melanoma, but not in hematologic malignancies (data not shown).

Human tumor samples were also screened for TweakR protein expression by IHC (Fig. 1D), and Table 1 summarizes the immunostaining of TweakR across 1,655 samples from 22 solid tumor subtypes. The IHC data corroborated the microarray analysis with TweakR protein being detected on a range of solid tumor types and over-expressed compared with the cognate normal tissue (data not shown). TweakR was detected in most tumor types screened, including pancreatic cancer (60%) and multiple subtypes of NSCLC (average of 55%). Additionally, as shown by microarray, TweakR protein was expressed in both primary colorectal cancer tumors (21%) as well as in liver metastases of colorectal cancer (50%). Moreover, TweakR was detected in 54% of bone metastases, derived from a variety of primary tumor tissues. Thus, TweakR mRNA and protein are overexpressed in a wide variety of solid tumors, including primary tumors and tumors that have metastasized to other sites.

Anti-TweakR antibodies inhibit the growth of multiple tumor cell lines in vitro. Our findings show that TweakR is overexpressed in a variety of cancers, and data from other laboratories have shown that TWEAK treatment results in apoptosis of some cancer cell types, including HSC3 oral squamous carcinoma cells (16). These results, taken together, suggest that TweakR is a compelling target for antibody therapy in oncology. We generated a mouse monoclonal antibody, 19.2.1, which binds specifically to TweakR, and tested 19.2.1 for its ability to kill HSC3 cells in a manner similar to TWEAK. When HSC3 cells were incubated with 19.2.1 or TWEAK, a dose-dependent decrease in cell viability was observed (Fig. 2A). However, on a molar basis, 19.2.1 was less potent than TWEAK (EC50 = 6.15 nmol/L versus 0.38 nmol/L). A control antibody had no effect on cell viability.

The mechanism of apoptosis in HSC3 cells by TWEAK occurs through the activation of caspase-3 and caspase-8 (16). We found that 19.2.1 treatment, similar to TWEAK, resulted in a dose-dependent increase in activated caspase-3/7 in HSC3 cells (Fig. 2B). However, as observed in the proliferation assay, 19.2.1 was found to be less potent than TWEAK, with both a reduced EC50 (16.83 nmol/L versus 0.78 nmol/L) and a reduced Vmax of caspase-3/7 activation. These findings indicate that although 19.2.1 stimulates signaling through TweakR, the level is reduced compared with that induced by the natural agonist ligand, TWEAK. 19.2.1 was also found not to interfere with TWEAK signaling, as treatment of cells with the combination of 19.2.1 and TWEAK exhibited similar levels of caspase-3/7 activation as cells treated with TWEAK alone (Supplementary Fig. S1).

We next determined if other tumor cell lines that express TweakR might be sensitive to TWEAK and/or 19.2.1 treatment. TWEAK and 19.2.1 were tested for their effect on cell viability in two different in vitro assays: an anchorage-dependent proliferation assay and an anchorage-independent colony formation assay. In the proliferation assay, both TWEAK and 19.2.1 inhibited the growth of several TweakR-expressing cell lines, including the A253 salivary gland cell line, the A375 melanoma line, and the MiaPacCa2 pancreatic cancer line (Fig. 2C). Neither 19.2.1 nor TWEAK inhibited the growth of either SN12C renal cancer cells, which express TweakR, or H520 lung cancer cells, which do not express TweakR. In the colony formation assay, treatment with TWEAK or 19.2.1 significantly inhibited the growth of the A253 and A375 cell lines (Fig. 2C). As expected, neither TWEAK nor 19.2.1 had an effect on colony growth of the nonexpressing cell line, H520.

19.2.1 and its humanized counterpart, PDL192, have comparable in vitro characteristics. The overexpression of TweakR in multiple tumor types and the ability of 19.2.1 to inhibit the growth of tumor cells suggested that this antibody might have potential as a cancer therapeutic. To create a suitable agent for therapeutic investigation, 19.2.1 was humanized to generate PDL192. The affinities of 19.2.1 and PDL192 for TweakR, as measured by surface plasmon resonance, were found to be similar (see Supplementary Fig. S2). The 19.2.1 antibody was found to have an association rate (kA) of 2.5e6 ± 3.4e6 (1/Ms), a dissociation rate (kD) of 1.7e−2 ± 1.3e−2 (1/s), and a resultant affinity (Kd) of 7.1 ± 1.4 nmol/L. Similar kinetics [kA = 2.6e6 ± 7.5e5 (1/Ms), kD = 1.5e−2 ± 4.7e−2 (1/s)] and affinity (Kd = 5.5 ± 0.3 nmol/L) were found for the PDL192 antibody. PDL192 was assessed for its ability to inhibit the growth of tumor cells in the proliferation and colony formation assays and was found to be comparable with 19.2.1 (Fig. 2D).
Therefore, the humanization process retained both the binding and the signaling functions of 19.2.1.

**PDL192 and 19.2.1 inhibit tumor growth in multiple xenograft models.** Given the ability of PDL192 and 19.2.1 to inhibit the growth of several TweakR-expressing cell lines in vitro, we next assessed their antitumor activities in mouse xenograft models. In the A253 model, compared with control-treated tumors, PDL192 treatment significantly inhibited tumor growth during the dosing period and for several weeks thereafter (Fig. 3A). Similar activity was observed with 19.2.1 in the A253 model using two different dosing schedules.
of 3-week (9 doses) or 7-week (22 doses) duration (Fig. 3B). In several xenograft models, including the MiaPaCa2 model, PDL192 treatment resulted in tumor regression (Fig. 3C). In this model, complete tumor eradication was observed in seven of eight animals treated with PDL192 (data not shown). Although PDL192 and 19.2.1 exhibited potent antitumor activity in the majority of xenograft models, in some models, such as the Calu6 model of lung cancer or the HCT116 model of colorectal cancer, the antibodies exhibited moderate or no growth-inhibitory activity, respectively (see Supplementary Fig. S3). TweakR protein was expressed in all of these xenograft models, as determined by IHC (Supplementary Fig. S4).

We also performed a dose-ranging study using the A375 xenograft model to determine the range of PDL192-mediated antitumor activity and to correlate activity with the levels of PDL192 in the circulation (Fig. 3D). Compared with treatment with the control antibody, PDL192 treatment resulted in statistically significant inhibition of growth at every dose level tested. However, the strongest antitumor activity was observed...
at the two highest dose levels tested, 1 and 5 mg/kg every three days. In contrast, minimal-to-moderate activity was observed at the three lowest doses, 0.1, 0.3, and 0.6 mg/kg every 3 days. The serum concentration of PDL192 was also measured at various time points during the study to determine the concentration of antibody required for biological activity. The median pooled trough/peak concentrations were 0.001/0.087, 0.004/1.4, and 0.027/3.0 μg/mL at the 0.1, 0.3, and 0.6 mg/kg dose levels, respectively. At these lower dose levels, the area under the curve at the eighth dose were 4.7, 35.7, and 98.2 μg×h/mL. At higher dose levels, where maximal biological activity was observed, the median pooled trough/peak concentrations were 2.4/5.9 and 62/86 μg/mL, whereas the area under the curve at the eighth dose were 297 μg×h/mL and 5,530 μg×h/mL at the 1 and 5 mg/kg dose levels, respectively. Optimal antitumor activity was observed at similar dose levels in other xenograft models tested (see Supplementary Fig. S5). Thus, PDL192 exhibits potent antitumor activity at clinically achievable drug concentrations.

**PDL192 and 19.2.1 exhibit ADCC.** The ability of 19.2.1 and PDL192 to inhibit tumor cell growth directly is one desirable characteristic of an anticancer therapeutic. In addition, some therapeutic monoclonal antibodies in oncology may exert their effect through ADCC, which is mediated in part through the interaction of the Fc portion of the antibody and activating Fc receptors expressed on the surface of immune effector cells (26). PDL192 (human IgG1) and 19.2.1 (IgG2a) are both predicted to confer ADCC due to their isotypes (27, 28). We thus tested the ability of the antibodies to induce ADCC in vitro using both human and mouse effector cells. For this assay, we used a cell line overexpressing TweakR (H520-TweakR) as target cells to maximize the ability to detect ADCC when the antibodies and effectors are derived from different species. PDL192 and 19.2.1 killed the TweakR-expressing cells in a dose-dependent manner (Fig. 4A). As expected, PDL192 exhibited higher ADCC than 19.2.1 when human effectors were used; however, when mouse effectors were used, 19.2.1 had...
higher ADCC (Fig. 4B). Neither PDL192 nor 19.2.1 exhibited complement-mediated cytotoxicity (data not shown).

Both ADCC and direct tumor growth inhibition contribute to the antitumor activity of PDL192 and 19.2.1. Given our findings that PDL192 and 19.2.1 exhibited both the ability to inhibit tumor cell growth directly and to induce ADCC in vitro, we next determined whether one or both of these functions was responsible for their antitumor activity in vivo. A mouse IgG1 version of 19.2.1 (19.2.1×G1) was generated, which was predicted to have reduced ADCC based on the reduced affinity of the mouse IgG1 Fc to activating Fc receptors (27, 29). As expected, 19.2.1×G1 displayed reduced ADCC in vitro, compared with 19.2.1 (Fig. 4C). However, the two antibodies had similar abilities to bind TweakR-expressing cells (data not shown). In addition, 19.2.1×G1 killed HSC3 cells in a dose-dependent manner similar to 19.2.1 (Fig. 4D). These results suggest that only ADCC was affected in the 19.2.1×G1 chimera and that the direct binding and functional component of the antibody was left intact.

We compared the antitumor activities of 19.2.1 and 19.2.1×G1 in two different xenograft models. In the SN12C model of renal cancer, 19.2.1 treatment resulted in complete tumor eradication in all animals (Fig. 5A). In contrast, although 19.2.1×G1 treatment resulted in significant antitumor activity (P < 0.05), its effect was significantly reduced compared with the IgG2a isoform (P < 0.001; Fig. 5A). The modest tumor growth inhibition observed by 19.2.1×G1 in the SN12C model is consistent with the lower ADCC activity of this antibody (Fig. 4C). Thus, in the SN12C xenograft model, ADCC seems to be a major component of the antitumor activity of 19.2.1. Similar results were observed with an FcγR-binding mutant form of PDL192 (data not shown). In the A375 model of melanoma, compared with the isotype control antibody, 19.2.1 and 19.2.1×G1 exhibited equally potent antitumor activity (P < 0.001; Fig. 5B). This suggests that ADCC does not contribute significantly to the antitumor activity of 19.2.1 in this model. These results indicate that the anti-TweakR antibodies mediate their antitumor effects both by signaling through TweakR, resulting in tumor cell growth inhibition, and by ADCC.

Discussion

TweakR is a member of the TNFR superfamily. Several TNFR members have been found to be attractive targets for the development of therapeutics in oncology due to their expression in cancers and functional activity in tumor cells. Based on previous work showing the expression of TweakR in cancers and the ability of the natural ligand, TWEAK, to induce apoptosis in some human tumor cell lines, we hypothesized that antibodies targeting TweakR might have therapeutic potential. Using gene expression profiling and IHC, we show that TweakR is overexpressed in a wide range of solid tumor types. Our studies extend previous findings (12, 17, 18, 20) and show that compared with the cognate normal tissues, both TweakR mRNA and protein are overexpressed in several primary and metastatic solid tumors.

We isolated and characterized two anti-TweakR antibodies, 19.2.1 and its humanized version PDL192, which mimic some of the biological activities of TWEAK. The antibodies do not interfere with normal TWEAK signaling, and the lack of antagonism of TWEAK may be due in part to the relative affinities of the different molecules to

Fig. 5. Both ADCC and direct tumor growth inhibition contribute to antitumor activity in vivo. Mice bearing established SN12C (A) or A375 (B) tumors were dosed with 19.2.1, 19.2.1×G1, or a mouse IgG1 control antibody (mulgG) at 10 mg/kg thrice per week. Tumor volumes were measured on each dosing day; points, mean; bars, SEM. In the SN12C model, each group contained nine animals; differences in tumor volumes were significant (P ≤ 0.05) between the following: 19.2.1 versus mouse IgG1 control antibody on days 26 to 61, 19.2.1×G1 versus mouse IgG1 control antibody on days 33 to 50, and 19.2.1 versus 19.2.1×G1 on days 31 to 61. In the A375 model, each group contained eight animals; differences in tumor volumes were significant (P ≤ 0.05) only between the 19.2.1 and mouse IgG1 control antibody groups (days 43-50) and between the 19.2.1×G1 and mulgG groups (days 36-50).
TweakR. TWEAK has been reported to have an affinity of 0.8 to 2.3 nmol/L (30, 31), which is somewhat higher than the affinities of 19.2.1 and PDL192, which are 7.1 and 5.5 nmol/L, respectively. In contrast, anti-TweakR antibodies with affinities equal to or higher than TWEAK antagonize TWEAK signaling effectively (Supplementary Fig. S1). Differences in affinities, however, do not seem to contribute to the differences in signaling potencies between TWEAK and 19.2.1 or PDL192, as antibodies with higher affinities do not necessarily exhibit more potent signaling activity (Supplementary Fig. S1). The higher potency of TWEAK relative to 19.2.1 and PDL192 may be due in part to the conformations of the different molecules. Activation of signaling through TNFRs is thought to occur by receptor trimerization, induced by the binding of its trimer ligand (4). In contrast, antibodies are dimers and thus would likely be less efficient at forming trimers of their receptors. Further characterization of PDL192 and TWEAK binding and signaling through TweakR is currently under investigation.

PDL192 and 19.2.1 inhibited the growth of a wide range of human tumor cell lines, both in vitro as well as in multiple xenograft models. We have shown that 19.2.1 inhibited tumor growth in vivo through two distinct mechanisms: direct growth inhibition and ADCC. We also show that preclinical activity of PDL192 in xenograft models is observed at clinically achievable drug concentrations. These findings suggest that PDL192 has potential as a therapeutic agent in a range of solid tumor types.

TweakR expression is necessary for the sensitivity of cancer cells in vitro to 19.2.1, PDL192, or TWEAK, as cell lines that do not express TweakR were resistant to treatment with these agents. However, the sensitivity of cell lines to TWEAK, 19.2.1, and PDL192 did not correlate with the level of TweakR expressed in the different cell lines ($R^2 = 0.09$ and 0.03 for PDL192 inhibition in the anchorageldependent and anchorage-independent assays, respectively; data not shown). A lack of correlation between expression and sensitivity to functional biological therapeutics has been observed for several other receptor targets, including the TRAIL receptors. Various explanations have been proposed for the differential sensitivity of cell lines to TRAIL, including mutations in receptor cytoplasmic death domains (32, 33), or to the differential expression of decay receptors, O-glycosylation enzymes, or the caspase inhibitor FLIP (32, 34, 35). A similar diversity of mechanisms may also be involved in the resistance of different cell lines to the anti-TweakR antibodies.

The ability of 19.2.1 and/or PDL192 to inhibit the growth of tumor cells in vitro did not always correlate with the extent of antitumor activity in vivo. This may be due to the differential contribution of ADCC in various xenograft models. SN12C cells in vitro are not sensitive to 19.2.1 treatment and thus would not be predicted to be sensitive to direct antitumor effects in vivo. Indeed, in this model, the antitumor activity of 19.2.1 is largely dependent on ADCC. In contrast, A375 cell growth is inhibited by 19.2.1 in vitro, and the antitumor activity of 19.2.1 is largely ADCC-independent in vivo. Thus, PDL192 and 19.2.1 seem to be able to mediate their antitumor effects by signaling through TweakR, resulting in reduced tumor cell proliferation, as well as by ADCC.

ADCC seems to be a major mechanism for several monoclonal antibodies used to treat hematopoietic malignancies, including rituximab for the treatment of non-Hodgkin lymphoma (36, 37). For solid tumors, however, the contribution of ADCC to the therapeutic potential for a monoclonal antibody is less clear, given the potential challenge of antibody and immune effector cell penetration into solid tissues. In preclinical studies, both ADCC and direct antitumor activities have been attributed to antibodies directed against HER2, epidermal growth factor factor (EGFR), and insulin-like growth factor IR (38–40); however, the relative contribution of ADCC to the clinical benefit of these antibodies is still under investigation.

Cetuximab and panitumumab are two anti-EGFR antibodies that are effective in the treatment of colorectal cancer. In preclinical studies, both antibodies block epidermal growth factor binding and EGFR phosphorylation (39, 41), but they differ in ADCC activity. Cetuximab exerts potent ADCC, and panitumumab exerts lower levels of ADCC (42, 43). In patients, the anti-EGFR antibodies have been shown not to be effective in patients with activating Kras and Braf mutations, suggesting that blocking EGFR signaling is critical for their activity (44, 45). However, polymorphisms in FcγRIIa and FcγRIIa have recently been found to correlate with clinical response to cetuximab and irinotecan combination treatment (46). This result suggests that the clinical activity of cetuximab and panitumumab may be achieved both through the blocking EGFR signaling and through ADCC.

The potential contribution of ADCC to the activity of trastuzumab has also been explored both preclinically and in patients. Trastuzumab downregulates HER2 protein, inhibits downstream signaling pathways, and inhibits the growth of HER2 overexpressing breast cancer cell lines in vitro (47). In addition, trastuzumab induces potent ADCC in vitro, and its antitumor activity in some xenograft models depends largely on ADCC (48). Although HER2 overexpression seems to be required for clinical response to trastuzumab treatment in breast cancer patients, response to trastuzumab is correlated with several other parameters, including baseline numbers of circulating CD16+ lymphocytes, the ADCC capacity of PBMCs isolated from patients before and after trastuzumab treatment, and the presence of tumor-associated lymphoid cells after trastuzumab treatment (49, 50). Thus, ADCC may contribute to the clinical efficacy of trastuzumab in breast cancer patients.

The ability of PDL192 to inhibit tumor growth through both direct cell growth inhibition and ADCC enhances the potential efficacy of this antibody and the likelihood of
benefit to patients. PDL192 is currently in a phase I clinical study in solid tumors.

Disclosure of Potential Conflicts of Interest

R. Steinle: commercial research grant, Facet Biotech. E.D. Hsi: commercial research grant and honoraria, Facet Biotech. P. Culp, inventor on patents filed by Facet Biotech.

Acknowledgments

The costs of publication of this article were defrayed in part by the payment of page charges. This article must therefore be hereby marked advertisement in accordance with 18 U.S.C. Section 1734 solely to indicate this fact.

References

Antibodies to TWEAK Receptor Inhibit Human Tumor Growth through Dual Mechanisms

Patricia A. Culp, Donghee Choi, Yongke Zhang, et al.


Updated version
Access the most recent version of this article at:
doi:10.1158/1078-0432.CCR-09-1929

Supplementary Material
Access the most recent supplemental material at:
http://clincancerres.aacrjournals.org/content/suppl/2010/01/15/1078-0432.CCR-09-1929.DC1

Cited articles
This article cites 50 articles, 31 of which you can access for free at:
http://clincancerres.aacrjournals.org/content/16/2/497.full#ref-list-1

Citing articles
This article has been cited by 11 HighWire-hosted articles. Access the articles at:
http://clincancerres.aacrjournals.org/content/16/2/497.full#related-urls

E-mail alerts
Sign up to receive free email-alerts related to this article or journal.

Reprints and Subscriptions
To order reprints of this article or to subscribe to the journal, contact the AACR Publications Department at pubs@aacr.org.

Permissions
To request permission to re-use all or part of this article, contact the AACR Publications Department at permissions@aacr.org.