Abstract

Purpose: Acute lymphoblastic leukemia (ALL) remains incurable in most adults. It has been difficult to provide effective immunotherapy to improve outcomes for the majority of patients. Rhabdoviruses induce strong antiviral immune responses. We hypothesized that mice administered ex vivo rhabdovirus-infected ALL cells [immunotherapy by leukemia-oncotropic virus (iLOV)] would develop robust antileukemic immune responses capable of controlling ALL.

Experimental Design: Viral protein production, replication, and cytopathy were measured in human and murine ALL cells exposed to attenuated rhabdovirus. Survival following injection of graded amounts of ALL cells was compared between cohorts of mice administered γ-irradiated rhabdovirus-infected ALL cells (iLOV) or multiple control vaccines to determine key immunotherapeutic components and characteristics. Host immune requirements were assessed in immunodeficient and bone marrow–transplanted mice or by adoptive splenocyte transfer from immunized donors. Antileukemic immune memory was ascertained by second leukemic challenge in long-term survivors.

Results: Human and murine ALL cells were infected and killed by rhabdovirus; this produced a potent antileukemia vaccine. iLOV protected mice from otherwise lethal ALL by developing durable leukemia-specific immune-mediated responses ($P < 0.0001$), which required an intact CTL compartment. Preexisting antiviral immunity augmented iLOV potency. Splenocytes from iLOV-vaccinated donors protected 60% of naïve recipients from ALL challenge ($P = 0.0001$). Injecting leukemia cells activated by, or concurrent with, multiple Toll-like receptor agonists could not reproduce the protective effect of iLOV. Similarly, injecting uninfected irradiated viable, apoptotic, or necrotic leukemia cells with/without concurrent rhabdovirus administration was ineffective.

Conclusion: Rhabdovirus-infected leukemia cells can be used to produce a vaccine that induces robust specific immunity against aggressive leukemia. Clin Cancer Res; 1–12. ©2013 AACR.

Introduction

Acute lymphoblastic leukemia (ALL) is an aggressive hematopoietic malignancy characterized by rapid accumulation of lymphoblasts in the marrow with suppression of hematopoiesis (1). Children are treated with prolonged multiagent radio-chemotherapy, achieving at least 80% long-term survival (2), but this is associated with frequent late adverse effects including secondary malignancies, various chronic medical problems, and psychologic and cognitive impairments (3, 4). Although adults with ALL frequently obtain complete remission, most relapse with only a third surviving 5 years from diagnosis (2, 5). Immunologically mediated graft versus leukemia (GvL) effects are responsible, in part, for improved outcomes in the minority of patients eligible for allogeneic hematopoietic stem cell transplantation (HSCT; refs. 6–12). Unfortunately, the benefits of GvL are difficult to separate from the detrimental effects of GVHD (13). Thus, measures that reduce the intensity or duration of chemotherapy without compromising disease control would improve the quality of life for survivors of childhood ALL, whereas more potent therapies are required for curing adult ALL. ALL is amenable to immunotherapy as shown by the effectiveness of GvL, consequently administering vaccines targeting residual leukemic cells remaining after induction chemotherapy may help achieve these goals.

Leukemia cells often harbor unique antigens with immunogenic potential. For instance, the presence of
autologous CD8+ and CD4+ T-cell immune responses to peptides derived from the leukemia-specific antigen NPM1mut has been shown in patients with acute myelogenous leukemia (AML; ref. 14). The use of adjuvants or mechanisms that upregulate cell-surface immune activation molecules, improve the intrinsic immunogenicity and therapeutic potential of leukemia cell vaccines (15–17). Indeed, allogeneic HSCT recipients with advanced high-risk ALL and AML were shown to generate tumor-specific responses and survive longer following treatment with autologous leukemia cells mixed with syngeneic skin fibroblasts expressing CD40L and interleukin (IL)-2 from adenoviral vectors (18). Phase I/II clinical studies of idiotype and dendritic cell–based vaccines have shown a modest survival benefit for patients with acute and chronic lymphomas (19). Unfortunately, available immunotherapeutic technologies suffer from inefficient recognition and processing of tumor peptide(s), leading to suboptimal antitumor T-cell responses in vivo (20). These challenges limit the potential impact of current immune-based anticancer therapies.

Neoplastic transformation is associated with defects of cellular antiviral defenses allowing selective infection of cancer cells by diverse families of attenuated viruses (21–23). Rhabdoviruses, such as the engineered VSVd51 with deletion at methionine-51 of the matrix protein, and MG1, a recombinant Maraba virus with cooperative attenuating mutations in its matrix protein (L123W) and glycoprotein (Q242R), complement the IFN signaling defects in cancer cells. These specific mutations attenuate virulence and increase their tropism toward malignant cells (24, 25). Vesicular stomatitis virus (VSV) can be rendered incapable of spreading between cells by creating mutants with deletion of the viral glycoprotein gene (VSVG) required for final virion assembly and egress (26). The biology of these enveloped single-stranded negative-sense RNA viruses has been reviewed (24). Infection of tumor cells by these oncotropic viruses initiates a chain of events causing peri-tumor inflammation, activation of natural killer (NK) cells, macrophage-mediated innate immune attack, as well as induction of adaptive antitumor immune responses (21, 27, 28).

VSVd51 generated oncotropic viral particles and for viral-neutralization antibody assays. T-Rex-293 cells (Invitrogen) were used for virus propagation, detection, or enumeration of infectivity limits its broad application. Robust, yet nontoxic leukemia-specific immunotherapeutic could improve outcomes for all patients. Using several murine models of ALL, we test the immunotherapeutic potential of leukemia cells infected with engineered attenuated rhabdoviruses [immunotherapy by leukemia-oncotropic virus (iLOV)]. These preclinical studies show the potency and durability of the anti-leukemic immune response induced by iLOV. This is the first time an oncotropic virus has been successfully used in clinically relevant orthotopic models using syngeneic acute leukemia cells. This novel immunotherapeutic has the potential to advance toward early-phase clinical trials for patients with ALL.
Mice

DBA/2, C57BL/6, athymic nude nu/nu, and B6D2F1 hybrid mice (all 6–8 weeks of age) were purchased from Charles River Laboratories and housed in a biosafety unit at the University of Ottawa (Ottawa, ON, Canada), accredited by the Canadian Council on Animal Care (CCAC). Institutional guidelines and review board for animal care (The Animal Care and Veterinary Service of the University of Ottawa) approved all animal studies.

Oncotropic viruses

The rhabdoviruses, MG1 and VSVd51 were propagated in Vero cells and purified as previously described (22). MG1-eGFP and VSVd51-eGFP, genetically engineered to express enhanced GFP (eGFP) gene, were grown and purified in a similar manner. VSVd51 with deletion of the glycoprotein gene (VSVd51ΔG) was propagated in T-REx-293 cells stably transfected with pcDNA4/TO plasmid expressing VSV glycoprotein gene. VSVd51ΔG was grown by infecting this cell line with virus stock, 24 hours after glycoprotein induction with 1 μg/mL tetracycline. Supernatants were collected 24 hours after infection and virus purified. For certain experiments, 50 μL aliquots of viral preparation were exposed to UVC radiation (Spectrolinker UV Crosslinker XL-1000; Spectronetics); complete inactivation was confirmed by testing for absence of cytopathic effects and infectious particles on Vero cells. Enumeration of virus particles was conducted for absence of cytopathic effects and infectious particles and maintained at 37°C for 4 hours before preparation for use in a manner analogous to iLOV. Necrotic leukemia cell vaccine was prepared by pressure disruption (1,500 PSI) of washed uninfected L1210 cells at 1 × 10^7 cells/mL in a French hydraulic press (AMINCO J5-598A; Newport Scientific).

Virus treatment of leukemia

DBA/2 mice received tail vein injections of 1 × 10^6 L1210 leukemia cells. Leukemic mice were treated with 100 μL PBS or PBS containing 1 × 10^6 plaque-forming units (pfu) MG1 by tail vein injection 7, 10, and 14 days later (Supplementary Fig. S1A). Mice were euthanized upon development of typical signs of advanced leukemia such as hind-leg paralysis, focal tumor development, significant weight loss, and/or respiratory distress.

Immunization and leukemic challenge

Immunization was conducted by tail vein injection of 100 μL per mouse per dose of freshly prepared iLOV, an alternative vaccine or PBS. Vaccines were administered once weekly for 3 doses, followed 1 week later by intravenous tail vein injection of viable leukemia cells from suspension cultures. Cells were pelleted by centrifugation, media aspirated, washed once in PBS, and resuspended at 1 × 10^7 cells/mL in PBS. Mice received a dose of 1 × 10^6 cells unless otherwise specified. Mice were euthanized upon development of predetermined signs of advanced leukemia endpoints, (Supplementary Fig. S1B).

Adoptive cell transfer

Under sterile conditions, single-cell suspensions of splenocytes were prepared from donor spleens removed from iLOV immunized or naïve DBA/2 mice using gentleMACS Dissociator (Miltenyi Biotec) according to the manufacturer’s recommendations with red blood cells lysed by ammonium-chloride-potassium lysis buffer. Donor splenocytes were pooled and 15 × 10^7 cells were injected intravenously via tail vein into syngeneic recipients. Spleenocyte recipients received a leukemia challenge of 1 × 10^6 L1210 cells, administered intravenously via tail vein, 1 week after adoptive transfer.

Bone marrow transplantation and vaccination

Eight-week-old DBA/2 mice received total body irradiation (TBI) using two fractions of 450 cGy given 2 hours apart. Under aseptic conditions, 10^6 bone marrow cells, collected from flushed femurs of 8-week-old B6D2F1 donors, were intravenously infused into each TBI-treated recipient. On day 43, cohorts (n = 5–6/group) of bone marrow transplantation (BMT) recipient DBA/2 mice and healthy B6D2F1 mice, received the first of 3 weekly iLOV vaccinations. On day 63, a leukemia challenge of 1 × 10^7 L1210 cells was administered to all mice, including parallel-unimmunized cohorts (n = 5/group). Additional cohorts of unimmunized TBI-treated DBA/2 and naïve B6D2F1 were resuspended in PBS at 2 × 10^6/mL. Ten milliliter of cell suspension was placed in a 150 mm × 25 mm plate and exposed to 500 mL/cm² UVC. Cells were then pelleted, resuspended in fresh media, and incubated at 37°C for 4 hours before preparation for use in a manner analogous to iLOV. Necrotic leukemia cell vaccine was prepared by pressure disruption (1,500 PSI) of washed uninfected L1210 cells at 1 × 10^7 cells/mL in a French hydraulic press (AMINCO J5-598A; Newport Scientific).
erupted at day 43 for enumeration of the major lymphocyte compartments by flow cytometry.

Flow cytometry

Leukemia cell infections were evaluated by flow-cytometric analysis of 10,000 cells using Quanta SC (Beckman Coulter). A 500 µL aliquot of infected cells was stained with 5 µL PI (1 mg/mL) approximately 30 minutes before data acquisition. All vaccine preparations were analyzed by flow cytometry in similar fashion to allow dose standardization and quality control of virus expression. For analysis of apoptosis and necrosis, acquisition was conducted on CyAn ADP (Beckman Coulter) using Annexin V apoptosis detection kit APC and cell viability dye 7-AAD, with minimum of 50,000 cells counted. Cell-surface expression of activation/costimulation molecules CD40 and OX40 ligand (CD252) on L1210 cells incubated for 18 hours with either MG1 (MOI 10), LPS (17 µg/10⁶ cells), or Poly I:C (150 µg/10⁶ cells) was analyzed on CyAn ADP (minimum of 60,000 cells acquired) and conducted in triplicate with background mean fluorescence intensity (MFI) of unstained cells under each condition subtracted from the MFI of stained cells. Single-cell suspensions of splenocytes were collected from unimmunized TBI-treated DBA/2 and naïve age-matched B6D2F1 mice and total cells/spleen were measured by Trypan blue exclusion. Enumeration of B cell (CD19⁺), T cell (CD3⁺/CD4⁺ and CD3⁺/CD8⁺), and NK cell (NK1.1⁺) subpopulations was conducted on CyAn ADP, counting a minimum of 60,000 cells, conducted in technical duplicates for each biologic replicate. Data analysis was conducted with Kaluza software version 1.1 (Beckman Coulter) and Cell Lab Quanta Analysis (Beckman Coulter).

Statistical analysis

Survival curves were generated using product limit (Kaplan–Meier) method and comparisons were conducted using log-rank (Mantel–Cox) test, all P values are two-tailed. Elsewhere, data presented as mean ± SEM with significance determined by Welch corrected t test. Statistical significance was determined at level of P < 0.05. Analyses were conducted using Prism 5 software (GraphPad Software).

Results

MG1 infects leukemia lines in vitro but is ineffective in halting leukemia progression in vivo

We first wished to explore whether mice with disseminated ALL could be successfully treated by systemic delivery of live oncotropic rhabdovirus. We first established that MG1 was able to infect and kill various murine and human leukemia cell lines in vitro at low MOI (Fig. 1A and B and Supplementary Fig. S2). L1210 leukemia cells show considerable permissiveness to MG1 infection and result in efficient, rapid cytolysis yet virus production is modest over 24 to 40 hours incubation (Fig. 1C). Next, a cohort of leukemia-bearing mice was given 1 × 10⁸ pfu of MG1-eGFP daily every 3 days for 3 doses. This was unable to prevent disease progression (Fig. 1D). Organs were recovered from all mice at endpoint. Following homogenization, an aliquot of each organ was cocultured for 15 hours on Vero cells and the monolayer was then scanned under a fluorescence microscope for presence of green fluorescing cells. Homogenates from the brain and liver of a single mouse, which died 3 days following the second virus injection, contained MG1 and resulted in GFP positivity on the Vero monolayer. Despite the ability of MG1 to infect and kill leukemic cells in vitro, the oncolytic effect of live MG1 was ineffective at controlling leukemia at doses large enough to cause toxicity in leukemia-bearing hosts.

MG1-infected leukemia cells (iLOV) acts as a vaccine, eliminating otherwise lethal acute leukemia

Barriers to systemic replication-competent virotherapy for leukemia may include inadequate cytolysis at tolerable doses and rapid tumor kinetics that outpace establishment of antitumor immune responses. To address the latter issue, mice were administered 3 weekly doses of γ-IR virus-infected L1210 cells (MG1-iLOV). This was followed, a week later, by injection of viable L1210 cells. Mice that received MG1-iLOV showed more than 90% long-term survival following challenge with viable leukemia cells compared with untreated control mice, which reproducibly reached leukemic endpoints with median survival of 18 days (Fig. 2A), confirming that iLOV was able to establish highly protective antitumor responses. However, when leukemic challenge was administered 1 day before the MG1-iLOV vaccination series, 100% of control mice succumbed to leukemia, whereas 50% of mice that received MG1-iLOV survived (Fig. 2B), illustrating that iLOV is able to induce a protective effect even in the presence of early-disseminated leukemia. This incomplete protection is likely due to rapid growth of L1210 leukemia in this aggressive tumor model, which outstrips the development of antitumor immune responses.

To test whether the protective effects of iLOV were mediated through development of antitumor immunity, MG1-iLOV was administered to athymic nude or immunocompetent DBA/2 mice once weekly for 3 doses. Treated and untreated nude mice died from leukemia in a median of 18 and 23 days, respectively, following injection of viable L1210 cells. In contrast, immunocompetent mice that received iLOV rejected L1210 cells (Fig. 3A). To further examine the immune requirements of the host, a BMT model was used. After receiving myeloablative TBI, DBA/2 mice were administered 10⁸ rescue marrow cells from B6D2F1 donors. Following a 43-day recovery, absolute numbers of lymphocyte populations were compared between unimmunized BMT recipients versus healthy donors. Although NK cells, CD3⁺/4⁺ T cells, and B cells were similar in number between the groups, CD3⁺/8⁺ T cells were significantly reduced in the BMT recipients (Fig. 3B). This depletion of CTLs was associated with a reduction in long-term protective immunity against a leukemic challenge by approximately 40% in a parallel cohort of iLOV-vaccinated BMT recipients (Fig. 3B). The additional control cohorts of unimmunized BMT recipients and
unimmunized B6D2F1 mice all reached typical endpoints by day 28. In a separate experiment, we wished to examine the effect of adoptive splenocyte transfer from long-term iLOV-protected mice to naive recipients. Accordingly, 17 mice that received MG1-iLOV and survived between 211 to 349 days following leukemic challenge were used as splenocyte donors. Pooled donor splenocytes were administered to 8 naive DBA/2 recipients followed 7 days later by injection of viable L1210 cells. Long-term survival was observed in 63% of recipients, whereas control mice that received the same number of splenocytes from untreated donors were unable to reject leukemic challenge (Fig. 3C). Collectively, these observations indicate an intact thymocyte compartment mediates the antileukemic protection afforded by iLOV and CTLs are critical for optimal effect.

To examine the strength of the immune response that develops following iLOV, cohorts of unimmunized and MG1-iLOV–treated mice were challenged with increasing amounts of viable L1210 cells. The LD50 of unimmunized mice was approximately 4.9 x 10^4 cells, whereas the LD50 for MG1-iLOV–vaccinated mice was estimated to be 3.8 x 10^6 cells. Thus, iLOV was able to protect mice against an almost 100-fold larger inoculum of leukemia than would be spontaneously rejected by unimmunized mice (Fig. 3D). The durability of such a response is particularly critical as the ability to prevent leukemic recurrence may wane over time. iLOV-treated mice that survived a primary leukemic challenge were administered a second L1210 leukemia challenge either 100, 134, or 255 days after initial L1210 challenge. The majority of mice were able to reject this additional leukemic challenge, but some mice may have a time-

Figure 1. MG1 virus infects human and murine leukemia cells in vitro; however, it is ineffective at halting progression of established murine leukemia in vivo. A, fluorescence microscopy (×10) showing expression of viral GFP at 18 hours after infection of MG1-GFP (MOI 0.1) in human T-cell leukemia lines A301 and Jurkat, human B-cell leukemia OCI-Ly18, murine T-cell lymphoblasts EL4, and murine B-cell lymphoblasts L1210. B, flow cytometry dot plots of the same cell lines in A, pre- and 18 hours post-MG1-GFP infection indicating viral gene replication and protein expression by GFP. Cell viability decreases as indicated by increased PI staining. Dot plots are representative of visiculovirus infections of cell lines conducted on several occasions. C, L1210 cell-viability (PI) versus virus enumeration by viral pfu over time following infection with MG1 at low MOI (0.1). D, survival of DBA/2 mice that received systemic MG1 virotherapy compared with untreated DBA/2 mice for the treatment of established L1210 leukemia (n = 5 each group), P = 0.19.
dependent decline in the ability to reject a late secondary leukemic challenge (Fig. 3E).

The effectiveness of iLOV treatment was not limited to a single rhabdovirus, leukemic cell line, or mouse strain. Survival following leukemic challenge was observed when animals were administered iLOV prepared using a different rhabdovirus—VSVd51, indicating that the protective effects were independent of the specific rhabdovirus (Supplementary Fig. S3). Similarly, mice survived an otherwise lethal challenge with EL4, a T lymphoma cell line, when MG1-iLOV prepared using these cells was used to vaccinate syngeneic C57BL/6 mice (Supplementary Fig. S4). To examine the specificity of the antitumor protection afforded by iLOV, two cohorts of B6D2F1 hybrid mice were administered 3 weekly doses of MG1-L1210 iLOV. One cohort was subsequently challenged with viable \(1 \times 10^7\) L1210 cells, whereas the other received \(1 \times 10^7\) EL4 cells. Mice that received the L1210-based iLOV were protected from L1210 challenge, whereas survival of EL4-challenged mice was identical to unimmunized mice challenged with EL4 (Fig. 3F). The specificity of the immune response was further examined using reciprocal immunization combinations of EL4-iLOV or L1210-iLOV in cohorts of both DBA/2 and C57BL/6 mice. To control for immune recognition of leukemia cells based on the MHC disparity alone, additional cohorts of C57BL/6 and DBA/2 mice were immunized with γ-IR L1210 or γ-IR EL4 cells, respectively. All groups were subsequently challenged with viable leukemia cells syngeneic to the breed. Only mice that received iLOV produced using syngeneic leukemia cells were protected (Supplementary Fig. S5). Together, these observations suggest that iLOV induces antitumor immunity functionally restricted to the specific antigenic profile of the leukemic cell used to produce iLOV rather than commonly expressed leukemic antigens.

**Virus infection is critical to induction of iLOV-mediated antileukemic immunity**

We examined whether the cellular and viral components of iLOV could be individually effective at inducing protective antitumor immunity. Mice administered 3 doses of γ-IR ex vivo MG1-infected L1210 cells (iLOV) survived subsequent administration of an otherwise lethal dose of L1210 cells, whereas all mice that received γ-IR-uninfected L1210 cells before leukemic challenge succumbed with median survival that was not significantly different from unimmunized mice that received the same leukemic challenge dose. Furthermore, the virus must infect the cell for iLOV to be effective as 3 weekly separate coinjections of γ-IR L1210 cells and MG1, or the administration of 3 weekly doses of γ-IR L1210 cells mixed with MG1 at room temperature for 1 hour before injection, were unable to prevent the lethality of a subsequent L1210 leukemia challenge (Fig. 4A).

In vitro, leukemic cells exposed to UV-inactivated MG1-eGFP virus did not express GFP nor developed cytopathology. In contrast, L1210 cells exhibit green fluorescence following in vitro exposure to live spread-incompetent VSVd51AG-eGFP, and delayed cytolysis occurs as long as 72 hours after infection (Fig. 4B). Immunization with iLOV produced by infection of L1210 cells with VSVd51AG protected 80% of mice from the lethal effects of subsequent L1210 challenge (Fig. 4C), indicating that iLOV is effective even if the virus is incapable of fully completing its lifecycle. Administration of iLOV produced with UV-inactivated MG1 before challenge with viable L1210 leukemia was unable to prevent death from fulminant leukemia in 80% of mice. iLOV preparations fixed with PFA after virus infection but immediately before γ-IR were capable of protecting immunized mice just as effectively as freshly produced, unfixed iLOV preparations (Fig. 4D). PFA-fixed iLOV preparations did not contain detectable viable MG1 in a standard plaque assay. Thus in this model, live rhabdovirus was used for the manufacturing of iLOV but it was not critical at the time of administration.

**MG1-infected leukemia cells exhibit superior immunogenicity**

The protective effects induced by injection of ex vivo virus-infected leukemia cells cannot be mimicked solely by activation of antiviral defense pathways in leukemia cells used
L1210 cells were cultured for 18 hours with either MG1, poly I:C, LPS, or both TLR agonists and inactivated virus, before g-IR and injection. Activation of L1210 cells by virus or TLR agonists was confirmed by measuring cell-surface expression of the B-cell immunopotentiating activation molecules CD40 and CD25 by flow cytometry (Supplementary Fig. S6). Mice that received 3 weekly injections of these TLR-agonist preparations succumbed to subsequent injection of L1210 cells, in contrast to mice that received MG1-iLOV (Fig. 5A). Similarly, pulsed stimulation of host innate immunity by direct injection of either poly I:C or LPS concurrently with 3 weekly injections of g-IR L1210 cells was also incapable of protecting animals from subsequent injection of viable L1210 cells (Fig. 5B).

The protective effects induced by injection of ex vivo virus-infected leukemia cells cannot be mimicked solely by the
presence of apoptotic or necrotic cells that are contained in iLOV preparations (Fig. 5C). Apoptosis was induced in L1210 cells by UV irradiation (Supplementary Fig. S7A), whereas parallel samples of L1210 were pressure disrupted into cellular necrosis (Supplementary Fig. S7B). Cohorts of mice received 3 weekly injections of either MG1-iLOV, UV-irradiated apoptotic L1210, or pressure-disrupted necrotic L1210 followed by challenge of viable L1210 leukemia. Mice that received UV-irradiated or pressure disrupted L1210 expired because of leukemia in contrast to the mice that received MG1-iLOV. Administration of 3 weekly injections of apoptotic or necrotic L1210 cells mixed with MG1 virus just before injection, were similarly ineffective (Fig. 5D and E).

Preexisting antiviral immunity does not impair development of antileukemia immunity

We wondered whether preexisting antiviral immunity to the rhabdovirus component would modulate iLOV efficacy as antiviral responses have impeded the efficacy of other vector-based vaccines (30). Accordingly, mice were injected 10^7 pfu MG1 by tail vein to generate antiviral immunity. Before receiving MG1, mice did not manifest serum virus-neutralizing antibody, whereas the titer of MG1-neutralizing antibody was 1:800 in serum of mice 10 days following administration of virus. Three doses of MG1-iLOV were administered starting 18 days after MG1 injection. The survival of MG1-immunized mice was no different than a cohort of mice that received MG1-iLOV without preceding MG1 inoculation when challenged with 10^6 L1210 cells (Fig. 6A). However, when L1210 challenge was increased 10-fold, mice immunized against MG1 before MG1-iLOV treatment had a significant survival advantage over mice that received MG1-iLOV treatment alone (Fig. 6B). These results suggest iLOV efficacy is not dampened but indeed may be augmented following development of antiviral immunity.

Discussion

We show that live-attenuated rhabdoviruses are able to infect and kill leukemia cells in vitro but are incapable of treating mice with established systemic leukemia. An alternative approach, injecting mice with γ-IR virus-infected leukemia cells, or iLOV, controls leukemic progression.
This effect is mediated by development of a robust adaptive antitumor immunity, wherein CTLs are essential for optimal efficacy. The immune response is specifically directed against the cell used to produce iLOV. It is longstanding, protecting the animal from repeat leukemic challenge more than 8 months following immunization. Both cellular and viral components of the vaccine are necessary. In this model, infection of viable leukemia cells with a transcription-competent oncotropic rhabdovirus leads to the induction of protective immune responses; however, virus spread is not essential. Furthermore, the immune effects are not simply a consequence of administering γ-IR leukemic cells.
Preexisting antiviral immunity does not impair the development of antileukemia immunity. A, survival of iLOV-immunized DBA/2 mice, challenged with $1 \times 10^6$ L1210 cells, previously immunized against MG1 acquiring neutralizing antibodies (MG1/iLOV) versus mice that were not preimmunized against MG1 ($-$iLOV) and unimmunized ($-$/$-$; $n = 5$ each group), $P = 0.0019$. B, survival of iLOV-immunized DBA/2 mice, challenged with $1 \times 10^7$ L1210 cells, previously immunized against MG1 acquiring neutralizing antibodies (MG1/iLOV) versus mice that were not preimmunized against MG1 ($-$iLOV) and unimmunized ($-$/$-$; $n = 5$ each group). $P = 0.0486$ (MG1/iLOV) versus ($-$/iLOV); $P = 0.0019$ (MG1/iLOV) versus ($-$/$-$).

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controlling disseminated leukemia. We envision generating autologous iLOV from leukemia cells collected and stored at the time of diagnosis or relapse. Future clinical testing will determine its role in the treatment of patients with ALL.

Disclosure of Potential Conflicts of Interest
J.C. Bell is employed as CSO by Jennerex Biotherapeutics and has ownership interest (including patents) in the same. No potential conflicts of interest were disclosed by the other authors.

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References


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