Novel MHC Class I Antigen Cross Priming Ability of Type 2 Innate Lymphoid Cells UBC Stephanie Besoiu^{1,3,4,5}, Pablo de Lucía Finkel^{1,2,3,4,7}, Clara Wenjing Xia^{1,2,3,4,7}, Iryna Saranchova¹⁻⁸, Cheryl G. Pfeifer¹⁻⁸, Wilf Jefferies¹⁻⁸ ¹Michael Smith Laboratories, University of British Columbia, 2185 East Mall, Vancouver, BC, Canada ⁵The Djavad Mowafaghian Centre for Brain Health, University of British Columbia, 2215 Wesbrook Mall, Vancouver, BC, Canada ²The Vancouver Prostate Centre, Vancouver General Hospital, 2660 Oak Street, Vancouver, BC, Canada ⁶Department of Medical Genetics, University of British Columbia, 2350 Health Sciences Mall, Vancouver, BC, Canada ³Department of Microbiology and Immunology, University of British Columbia, 2350 Health Sciences Mall, Vancouver, BC, Canada ⁷Department of Zoology, University of British Columbia, 6270 University Blvd., Vancouver, BC, Canada

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Background

- Current cancer immunotherapeutics (e.g. CAR T cell) lack efficacy in solid tumours, necessitating expansion to other immune cells¹
- Metastatic tumor immune escape involves downregulation of interleukin-33 (IL-33), reducing (Major Histocompatibility Complex (MHC) I processing²
- Type 2 innate lymphoid cells (ILC2s): Conventionally Th2 cytokine secretors activated by IL-33, increasingly identified role in cancer and vaccine immunity^{3,4}
- Lab discovery that ILC2s can promote anti-tumour Th1 cytotoxic T lymphocyte **responses**, unclear mechanism behind this process⁴
- Recently found ILC2s can cross present antigens through MHC I to activate CD8+ T cells (previously unique to dendritic cells)



Objectives/Hypothesis

Novel subpopulations of ILC2s are capable of MHC I crosspriming cytotoxic T lymphocytes, which is predicted to underpin anti-tumour ILC2 Th1 immune responses



Results

Figure 1: OVA model of cross-presentation. The monoclonal antibody recognizes the same structure as CD8+ T specifically and with ovalbuminderived peptide SIINFEKL bound to H-2Kb of MHC but not with unbound H-2Kb or H-2Kb bound with an irrelevant peptide to recognize the





Figure 2: A.) t-distributed stochastic neighbour embedding visualization of clustering of the ta-ILC2 subsets and naïve ILC2 using Seurat. Cluster identities are assigned and labelled by important immune functions. B.) Dotplot shows marker-of-interest expression per cluster. Color intensity indicates log-scaled mean gene expression level. Dot size indicates the fraction of cells in the cluster for each gene.





Figure 3: A.) ILC2s were isolated from saline-injected or IL-33 treated mice and incubated for 1 or 2 hours with DQ-OVA, FITC fluorescence measured via flow cytometry. B.) ILC2 MFI (n=3-6), two independent experiments, and C.) Percentage of DQOVA+ cells for ILC2s. One-way ANOVA multiple comparisons test, each bar represents 2-3 replicates, p < 0.05 (mouse n=10 for each sample).

Lung ILC2s Successfully Process OVA Protein and **Cross-Present the SIINFEKL Peptide**



16607

ILC2 + OVA



Tumour-01 **TCR-related** T cell recruitment Antigen presentatio Th1-related Ifngi IFN induced

ILC2 Treatment Groups

Figure 4: A) Pooled Lung ILC2s from mice (n=20) bearing primary tumours treated with either (TC1) ovalbumin protein (OVA)OVA peptide or (SIINFEKL) for 24 hrs, and then antibody 25-D1.16 was used to detect MHC-I bound to SIINFEKL on the cell surface. Mean B) intensity of fluorescence ILC2 cross presentation (n=3 replicates). Adapted from Pablo de Lucía Finkel.



Figure 5: TC1- tumour derived ILC2s (orange), bone marrow derived dendritic cells (bmDCs) (blue) were co-culture with CFSE labelled OT-I cells in a 1:4 ratio, proliferation rounds tracked and compared to OT-I cells only (red). B) Isolated CD8+ T-cells and C) differentiated bone marrow-derived DCs. Mouse n=50 for ILC2 isolation (25 for TC1 mice + 25 for A9 mice). Proliferation is indicated by a skewing to the left. Adapted from Pablo de Lucia Finkel

- ability to cross prime naïve CD8+ T cells

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pILC2 Treatment group

Results

Conclusions

Lung ILC2s are a heterogenous population, with subtypes involved in pro-inflammatory Th1 cytolytic T lymphocyte responses

Certain subpopulations possess professional antigen presentation

Overall, this work improves our understanding of cancer surveillance

with eventual translation to ILC2 cancer immunotherapy

References

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