

1 **The immunosuppressive ligands PD-L1 and CD200 are linked in**
2 **AML T cell immunosuppression: identification of a new**
3 **immunotherapeutic synapse**

4

5 Long term remission in acute myeloid leukemia (AML) is generally not durable only being
6 achieved in <50% of patients.¹ Consequently there is a need to establish new treatments to
7 prevent relapse. A promising approach is to augment the anti-tumor immune response in
8 these patients; however, it is well established that over-expression of immunosuppressive
9 molecules such as CD200 on the surface of AML cells directly suppresses the anti-tumor
10 response.²⁻⁴ Nevertheless, blocking CD200:CD200R, only partially restores T cell activity,
11 suggesting that alternative immunosuppressive mechanisms need to be explored if the anti-
12 tumor response in AML is to be optimally exploited.⁵

13

14 Recently, promising clinical outcomes using humanized antibodies targeting PD-1 have been
15 reported for melanoma and even for non-small cell lung cancer.⁶ PD-1 suppresses
16 immunological function via interaction with its cognate ligand PD-L1 (aka B7-H1, CD274)
17 and previous work has indicated that PD-L1 may also suppress immunological function in
18 AML.^{7,8} Here we investigate whether the PD-1:PD-L1 axis cooperates with CD200 in
19 mediating immunosuppression in AML patients.

20

21 Initially, we investigated whether CD200 and PD-L1 were co-expressed in AML blasts.

22 Gene expression data from 158 AML diagnostic samples were analyzed and stratified into

23 CD200^{hi} and CD200^{lo} based on upper and lower quartiles of expression.³ As shown in Figure
24 1A, CD200^{hi} AML patients had 10-fold higher levels of PD-L1 mRNA compared to CD200^{lo}
25 patients. Flow cytometric analysis of CD200 and PD-L1 protein expression on AML blast
26 cells confirmed this association at the protein level (Figure 1B). Taken together, these data
27 establish that the immunosuppressive ligands CD200 and PD-L1 are co-expressed on patient
28 AML blast cells, indicating that CD200 and PD-L1 could cooperate in AML cell mediated
29 immunosuppression.

30

31 In common with other malignancies, robust CD8⁺ T cell responses are thought to be
32 important in AML anti-tumor immunity.⁹ We previously demonstrated that CD200
33 overexpression in AML suppresses memory CD8⁺ T cell effector function.⁴ To investigate
34 whether CD200 together with PD-L1 had the potential to inhibit CD8⁺ T cell effector
35 function, we first determined whether these cells expressed the respective negative co-
36 receptors CD200R and PD-1 in AML patients. This analysis showed expression of both
37 CD200R and PD-1 on CD8⁺ T cells from AML patients, interestingly, higher expression
38 levels of PD-1 were observed for CD200^{hi} AML patients (Supplemental Figure 1). To further
39 characterize PD-1⁺ T cells, we analyzed several AML patient CD8⁺ T cell subpopulations,
40 including; CD57⁺ CD28⁻ (late differentiated, poor anti-tumor function in AML)¹⁰ and CD57⁻
41 CD28⁺ (early differentiated, important for robust anti-tumor function).¹¹ Figure 2A shows
42 that the mean frequency of CD57⁺ CD28⁻ PD-1⁺ and CD57⁻ CD28⁺ PD-1⁺ CD8⁺ T cells was
43 almost twice that for CD200^{hi} patients compared with CD200^{lo}. These findings show for the
44 first time a link between CD200 expression level on AML blast cells and the frequency of
45 PD-1⁺ late differentiated and PD-1⁺ early differentiated CD8⁺ T cells, illustrating that CD200
46 and PD-1 are linked at multiple levels of CD8⁺ T cell differentiation.

47

48 The above data suggested that stimulation of the CD200:CD200R immune-axis may have the
49 capacity to induce PD-1 expression on target CD8⁺ T cells. To investigate this, we assessed
50 whether CD200:CD200R stimulation was directly capable of mediating PD-1 up-regulation
51 on target CD8⁺ T cells. We carried out a refined co-culture assay in which a CD8⁺ T cell
52 clone (7E7)¹² was incubated with CD200⁺ or CD200⁻ K562 cells.³ CD200R expression on
53 7E7 T cells was confirmed by flow cytometry (Supplemental Figure 2). In these assays, 7E7
54 T cell PD-1 expression was monitored by flow cytometry. Figure 2B illustrates that in the
55 presence of CD200⁺ K562 cells, the frequency of PD-1⁺ 7E7 T cells was significantly
56 increased 1.5-fold compared with 7E7 T cells co-cultured with CD200⁻ K562 cells and
57 exceeded the level of PD-1 up-regulation achieved through CD3/CD28 receptor co-
58 stimulation of 7E7. To verify these data, a CD200 blocking antibody³ was added to the
59 CD200⁺ K562 7E7 T cell assay. Figure 2C illustrates a significant reduction in the frequency
60 of PD-1⁺ 7E7 T cells in the presence of the CD200 blocking antibody, demonstrating that
61 PD-1 expression on target CD8⁺ T cells can be reduced through CD200:CD200R blockade in
62 a CD200^{hi} setting. Taken together, our findings illustrate, for the first time, that
63 CD200:CD200R interaction has the capacity to increase the frequency of PD-1⁺ CD8⁺ T
64 cells.

65

66 To investigate the consequences of CD200 and PD-L1 co-expression on T cell activation, we
67 created a series of K562 lines expressing CD200 or PD-L1 or both molecules in combination
68 (Figure 2D). The 7E7 CD8⁺ T cell clone produces tumor necrosis factor alpha (TNF α) upon
69 stimulation,¹² and was used as an endpoint for 7E7 T cell activation in our assays. Figure 2E
70 shows that both CD200 and PD-L1 induced a similar (>50%) reduction in the frequency of

71 activated 7E7 T cells (compared with co-cultivation with K562 control cells expressing
72 neither molecule); however, when both CD200 and PD-L1 were co-expressed 7E7 T cell
73 activation was almost ablated (~90% reduction). Moreover, the strength of the TNF α
74 response was significantly reduced in co-culture assays where either CD200 or PD-L1 were
75 present, indicating a direct effect at the level of CD8⁺ T cell function (Supplemental Figure
76 3). These data demonstrate that CD200:CD200R and PD-L1:PD-1 engagement on T cells
77 can act in tandem to produce a greater immunosuppressive effect on CD8⁺ T cells when
78 expressed on leukemia cells. This is of particular importance in AML, where both CD200
79 and PD-L1 are frequently co-expressed.

80

81 Previous studies in AML indicate that multiple immunosuppressive mechanisms may work in
82 conjunction; for example co-expression of PD-1 and the negative regulatory receptor, Tim-3,
83 identify a dysfunctional CD8⁺ T cell population;¹³ whilst in other contexts it has been shown
84 that dual blockade of PD-L1:PD-1 and CTLA-4 is required to restore CD8⁺ effector T cell
85 anti-tumor responses.¹⁴ Here we propose that stimulation of the CD200:CD200R immune-
86 axis augments the frequency of PD-1⁺ CD8⁺ T cells and that these in turn engage with PD-L1
87 on AML blasts, exacerbating immunosuppressive effects. Interestingly in AML,
88 overexpression of both CD200 and PD-L1 in have been linked to a worse patient
89 prognosis,^{15,16}. Given the recent progress in PD-1 targeted immunotherapy (e.g. Nivolumab
90 and Pembrolizumab) and also Samalizumab for CD200:CD200R blockade,^{6,17} we propose a
91 novel CD200/PD-L1 immunotherapeutic synapse in AML which should be targeted by
92 combining CD200:CD200R and PD-L1:PD-1 blockade for future immunotherapy of AML.

93 **Word count 1432**

94 **Acknowledgements**

95 This work was funded by Leukaemia and Lymphoma Research U.K and NISCHR, UK. RR is
96 a CU/MRC U.K. funded student.

97 **Author contributions**

98 SJC designed and performed the experiments, analyzed all data and co-wrote the manuscript.
99 MNG assisted with PD-L1 cloning and retroviral transduction. RR assisted with 7E7 T cell
100 expansion. SK and AKB provided resources and clinical insight. SM, AT and RLD
101 contributed to experimental design and co-wrote the manuscript.

102 **Conflicts of interest**

103 The authors declare no potential conflicts of interest.

104 **On line supplementary information**

105 Supplementary Information accompanies the paper on the Leukemia website
106 (<http://www.nature.com/leu>).

107 **References**

- 108 1 Shah A, Andersson TM-L, Racht B, Björkholm M, Lambert PC. Survival and cure of
109 acute myeloid leukaemia in England, 1971-2006: a population-based study. *Br J*
110 *Haematol* 2013; **162**: 509–16.
- 111 2 Coles SJ, Hills RK, Wang ECY, Burnett AK, Man S, Darley RL *et al*. Increased
112 CD200 expression in acute myeloid leukemia is linked with an increased frequency of
113 FoxP3+ regulatory T cells. *Leukemia* 2012; **26**: 2146–8.
- 114 3 Coles SJ, Wang ECY, Man S, Hills RK, Burnett AK, Tonks A *et al*. CD200 expression
115 suppresses natural killer cell function and directly inhibits patient anti-tumor response
116 in acute myeloid leukemia. *Leukemia* 2011; **25**: 792–9.
- 117 4 Coles SJ, Hills RK, Wang ECY, Burnett AK, Man S, Darley RL *et al*. Expression of
118 CD200 on AML blasts directly suppresses memory T-cell function. *Leukemia* 2012;
119 **26**: 2148–51.

- 120 5 Norde WJ, Hobo W, van der Voort R, Dolstra H. Coinhibitory molecules in
121 hematologic malignancies: targets for therapeutic intervention. *Blood* 2012; **120**: 728–
122 36.
- 123 6 Lu J, Lee-Gabel L, Nadeau MC, Ferencz TM, Soefje S a. Clinical evaluation of
124 compounds targeting PD-1/PD-L1 pathway for cancer immunotherapy. *J Oncol Pharm*
125 *Pract* 2014. doi:10.1177/1078155214538087.
- 126 7 Berthon C, Driss V, Liu J, Kuranda K, Leleu X, Jouy N *et al.* In acute myeloid
127 leukemia, B7-H1 (PD-L1) protection of blasts from cytotoxic T cells is induced by
128 TLR ligands and interferon-gamma and can be reversed using MEK inhibitors. *Cancer*
129 *Immunol Immunother* 2010; **59**: 1839–49.
- 130 8 Ahmad SM, Svane IM, Andersen MH. The stimulation of PD-L1-specific cytotoxic T
131 lymphocytes can both directly and indirectly enhance antileukemic immunity. *Blood*
132 *Cancer J* 2014; **4**: e230.
- 133 9 Scheibenbogen C, Letsch A, Thiel E, Schmittel A, Mailaender V, Baerwolf S *et al.*
134 CD8 T-cell responses to Wilms tumor gene product WT1 and proteinase 3 in patients
135 with acute myeloid leukemia. *Blood* 2002; **100**: 2132–7.
- 136 10 Beatty GL, Smith JS, Reshef R, Patel KP, Colligon T a, Vance B a *et al.* Functional
137 unresponsiveness and replicative senescence of myeloid leukemia antigen-specific
138 CD8+ T cells after allogeneic stem cell transplantation. *Clin Cancer Res* 2009; **15**:
139 4944–53.
- 140 11 Santegoets SJ a M, Turksma AW, Suhoski MM, Stam AGM, Albelda SM, Hooijberg
141 E *et al.* IL-21 promotes the expansion of CD27+ CD28+ tumor infiltrating
142 lymphocytes with high cytotoxic potential and low collateral expansion of regulatory T
143 cells. *J Transl Med* 2013; **11**: 37.
- 144 12 Youde SJ, McCarthy CM, Thomas KJ, Smith KL, Man S. Cross-typic specificity and
145 immunotherapeutic potential of a human HPV16 E7-specific CTL line. *Int J Cancer*
146 2005; **114**: 606–12.
- 147 13 Zhou Q, Munger ME, Veenstra RG, Weigel BJ, Hirashima M, Munn DH *et al.*
148 Coexpression of Tim-3 and PD-1 identifies a CD8+ T-cell exhaustion phenotype in
149 mice with disseminated acute myelogenous leukemia. *Blood* 2011; **117**: 4501–10.
- 150 14 Duraiswamy J, Kaluza KM, Freeman GJ, Coukos G. Dual blockade of PD-1 and
151 CTLA-4 combined with tumor vaccine effectively restores T-cell rejection function in
152 tumors. *Cancer Res* 2013; **73**: 3591–603.
- 153 15 Tonks a, Hills R, White P, Rosie B, Mills KI, Burnett a K *et al.* CD200 as a prognostic
154 factor in acute myeloid leukaemia. *Leukemia* 2007; **21**: 566–8.
- 155 16 Sun W-J, Li X. B7-H1, a prognostic factor for patient's response to therapy of acute
156 myeloid leukemia. *Zhongguo Shi Yan Xue Ye Xue Za Zhi* 2012; **20**: 1332–5.

157 17 Kretz-Rommel A, Qin F, Dakappagari N, Cofiell R, Faas SJ, Bowdish KS. Blockade
158 of CD200 in the presence or absence of antibody effector function: implications for
159 anti-CD200 therapy. *J Immunol* 2008; **180**: 699–705.

160

161 **Authors/Affiliations:** Steven J. Coles^{1,2}, Marie N. Gilmour,² Reiss Reid,² Steven Knapper,²
162 Alan K, Burnett,² Stephen Man^{2†}, Alex Tonks^{2†} and Richard L. Darley^{2†*}

163 ¹*Institute of Science & the Environment, University of Worcester, WR2 6AJ, UK.*

164 ²*Department of Haematology, Institute of Cancer & Genetics, School of Medicine, Cardiff*
165 *University, Wales, CF14 4XN, UK.*

166 [†]*These authors contributed equally.*

167

168

169 **To whom correspondence should be addressed at Dr Richard L Darley, Department of*
170 *Haematology, Institute of Cancer & Genetics and ³Institute of Infection and Immunity, School*
171 *of Medicine, Cardiff University, Wales, CF14 4XN, UK.*

172 *Email: Darley@cf.ac.uk*

173 *Tel: (+44) (0)29 20745507*

Figure legends

Figure 1. Assessment of CD200 and PD-L1 co-expression on AML patient

blasts. The co-expression of CD200 and PD-L1 in AML patients was compared at the transcript level by microarray and at the protein level by flow cytometry. **(A)** Affymetrix gene expression data (U133 plus_2.0) from 158 AML patients was analyzed using GeneSpring v12.6 (Agilent Technologies). Gene expression data were normalized to median gene expression and expressed as Log_2 as previously described.¹⁵ AML patients (Supplemental Table 1) were stratified to CD200^{hi} and CD200^{lo} (probe set; 209582_s_at) based on normalized expression level (n = 39 for each) as previously described.⁴ Data were consistent for the alternative probe for CD200, 209583_s_at (not shown). Data illustrate a significant increase in PD-L1 normalized expression (probe sets; 223834_s_at and 227458_s_at) for CD200^{hi} AML patients (mean \pm s.e). **(B)** The association between CD200 and PD-L1 expression level on AML patient blast cells was analyzed by flow cytometry. AML blast cells were identified through CD45/CD34 bivariate analysis as previously described.² The data illustrate a positive correlation between CD200 and PD-L1 protein expression (normalized mean fluorescence intensity; MFI)² on AML patient blast cells; Pearson's correlation coefficient, $r^2 = 0.4901$, $p < 0.01$ (n = 14). * $p < 0.05$ analyzed by one-tailed unpaired t test. See Supplemental Methods for detailed methods.

Figure 2. Functional assessment of the relationship between CD200:CD200R and PD-L1:PD-1 co-expression. (A) Using flow cytometry, the percentage of PD-1⁺ CD8⁺ T cell subsets was evaluated between CD200^{hi} and CD200^{lo} AML age matched patients, median age; 53 (range, 35-64) and 54 (range, 17-70) respectively (Supplemental Table 1). **(B)** Assessment of PD-1 expression induction upon co-culture of the CD8⁺ T cell clone 7E7 with either CD200⁺ or CD200⁻ K562 cells.³ Assays were performed with or without prior CD3/CD28 receptor co-stimulation of 7E7 using 5µg/10⁶ cells anti-CD3 (OKT3) and anti-CD28 (28.2) as previously described.¹¹ **(C)** Effect of 5µg/10⁶ cells un-conjugated anti-human CD200 (MRC OX-104), on the frequency of PD-1⁺ 7E7 CD8⁺ T cells following co-culture with CD200⁺ or CD200⁻ K562 cells. Isotype matched IgG antibody was used as a control. **(D)** Flow cytometric analysis of K562 cells (CD200⁻PD-L1⁻) following retroviral transduction with CD200 and/or PD-L1 to create, CD200⁺PD-L1⁻ (CD200 single positive), CD200⁺PD-L1⁺ (double positive) or CD200⁻PD-L1⁺ (PD-L1 single positive) K562 cells. **(E)** The effect on 7E7 CD8⁺ T cell activation of co-culture with K562 cells expressing CD200 and/or PD-L1. This was assessed by secretion of TNFα (intracellular cytokine staining)⁴ in CD3/CD28 activated 7E7 CD8⁺ T cells following co-culture with K562 cells (n = 9). Data are mean ± 1s.e. *p<0.05 analyzed by one-way ANOVA with Tukey's multiple comparison test. †p<0.05 and ††p<0.01 analyzed by one-tailed paired t-test.