

# ISOLATION, CHARACTERIZATION AND FUNCTIONAL EXAMINATION OF MELANOMA ASSOCIATED FIBROBLASTS

**PhD thesis**

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## Table of Contents

<i>List of Abbreviations</i> .....	3
1. <i>Introduction (with the scientific background and the relevant literature)</i> .....	5
1.1 <i>Tumor microenvironment: definition, cell types and their function</i> .....	5
1.2 <i>Cancer fibroblasts</i> .....	5
1.3 <i>Melanoma associated fibroblasts</i> .....	7
2. <i>Objectives</i> .....	9
3. <i>Results</i> .....	10
3.1 <i>Isolation and characterization of MAFs</i> .....	10
3.2 <i>Early events in CD8+ T cell activation are compromised by MAF supernatants</i> <i>11</i>	
3.3 <i>MAF supernatants selectively interfere with the production and release of</i> <i>CD8+ T cell effector molecules</i> .....	13
3.4 <i>MAF-derived soluble factors interfere with CD8+ T cell-mediated killing</i> ....	14
3.5 <i>MAF disrupts T-cell signaling</i> .....	14
3.6 <i>MAF supernatant modifies CD8+ T cell immune checkpoint receptor</i> <i>expression</i> .....	16
3.7 <i>MAF exhibits a skewed profile of immune checkpoint modulators</i> .....	17
3.8 <i>MAFs show increased L-arginase activity and secrete increased levels of</i> <i>CXCL12</i> .....	17
3.9 <i>MAF-derived L-arginase induces increased expression of TIGIT and BTLA in</i> <i>CD8+ T cells</i> .....	20
4. <i>Discussion</i> .....	22
5. <i>Conclusions</i> .....	26
6. <i>Summary</i> .....	27
7. <i>References</i> .....	29
8. <i>Bibliography of the candidate's publications</i> .....	39
9. <i>Acknowledgements</i> .....	44

## List of Abbreviations

$\alpha$ -SMA alpha-smooth muscle actin  
BEC (S-(2-Boronoethyl)-L-cysteine) hydrochloride  
BM Basal medium  
BMC bone-marrow derived cell  
BTLA B- and T-lymphocyte attenuator  
CAF cancer associated fibroblast  
CM conditioned media  
CTL Cytotoxic T lymphocyte  
DF normal dermal fibroblast  
DiD (1,1'-Dioctadecyl-3,3,3',3'-Tetramethylindodicarbocyanine, 4-Chlorobenzenesulfonate Salt)  
DiI (1,1'-dioctadecyl-3,3,3',3'-tetramethylindocarbocyanine perchlorate)  
DMEM Dulbecco's Modified Eagle Medium  
ECM extracellular matrix  
EGF epidermal growth factor  
FGF fibroblast growth factor  
FAP fibroblast-activating protein  
FBS fetal bovine serum  
FSP-1 fibroblast-specific protein 1  
gzmB granzyme B  
HGF hepatocyte growth factor  
HVEM herpesvirus entry mediator  
IC isotype control  
ICR immune checkpoint receptor  
IDO Indoleamine-2,3-dioxygenase  
IL Interleukin  
IFN- $\gamma$  Interferon gamma  
LAG-3 Lymphocyte-activation gene 3  
MAF Melanoma associated fibroblast  
NO Nitric oxide

NOS Nitric oxide synthase  
POSTN Periostin  
PD-1 Programmed cell death protein 1  
PD-L1 Programmed death-ligand 1  
PDPN Podoplanin  
PDGFR $\alpha$  Platelet-derived growth factor receptor alpha  
PDGFR $\beta$  Platelet-derived growth factor receptor beta  
PGE2 Prostaglandin E2  
Runx3 Runt-related transcription factor 3  
TCR T-cell receptor  
TGF- $\beta$  Transforming growth factor beta  
TIGIT T cell immunoreceptor with Ig and ITIM domains  
TIL Tumor-infiltrating lymphocytes  
TIM-3 T cell immunoglobulin and mucin-domain containing-3  
TNF $\alpha$  Tumor necrosis factor alpha  
VEGF Vascular endothelial-derived growth factor  
VISTA V-domain Ig suppressor of T cell activation

## *1. Introduction (with the scientific background and the relevant literature)*

### 1.1 Tumor microenvironment: definition, cell types and their function

Cancer is a complex unorganized tissue with a dynamic structure. The tumor stroma provides a continually changing environment with pro-, and antitumorigenic effects[1]. It consists of variety of cells, such as immune cells, fibroblasts, endothelial cells, pericytes, adipocytes, and also signaling molecules and extracellular matrix[2].

Communication between the cells of the tumor microenvironment and the cancer cells through soluble factors, exosomes and cell fusion are in dynamic evolution. Transcriptional reprogramming, transition of stromal cells and the changes in the composition in response to oncogenic signals are essential in tumor initiation, growth, progression, metastases and therapeutic resistance[3][4].

The stroma derived cytokines, chemokines and exosomes promote tumor malignancy through local and systemic signals. Largely dependent on these secreted factors bone-marrow derived cells (BMCs) are mobilized to home the tumor and promote progression, invasion, metastasis and therapy resistance. Tumor-activated BMCs also prepare pre-metastatic niche at a distance[5]. Myeloid-derived suppressor cells suppress immun responses against the tumor antigens. Some of the tumor signals act on immune cells and polarize them toward antitumorigenic (Th1) or protumorigenic (Th2) phenotypes[6]. Recruited macrophages increase angiogenesis, intravasation and invasion of tumor cells. Nonimmun mesenchymal cells respond not only to oncogenic signals, but also communicate with each other providing an evolving environment and contributing to tumor heterogeneity[7].

### 1.2 Cancer fibroblasts

Cancer associated fibroblasts (CAFs) are a heterogenous cell population of activated fibroblasts associated with cancer cells at all stages of tumor progression with potent effects on tumorigenesis[8].

They have been called carcinoma-associated fibroblasts[9], cancer associated myofibroblasts[10], peritumoral fibroblasts, reactive stromal fibroblasts and tumour-associated fibroblasts since the 1970s[11].

They are elongated, blast-like cells with spindle-shaped morphology, with an increased proliferation rate, enhanced collagen production and migratory behaviour in vitro with the ability to adhere to plastic. CAFs have a similar phenotype with extraordinary plasticity to fibroblasts associated with inflammatory conditions or wound healing[11]. As a sign of their activation they express myofibroblast markers, such as the prototypical marker alpha-smooth muscle actin ( $\alpha$ -SMA), fibroblast-activating protein (FAP) and vimentin. They also express the fibroblast marker fibroblast-specific protein 1 (FSP-1), and other markers such as neuronglial antigen-2, Thy-1 (CD90), tenascin (TN)-C, periostin (POSTN), paladin, podoplanin (PDPN), platelet-derived growth factor receptor alpha (PDGFR $\alpha$ ) and platelet-derived growth factor receptor beta (PDGFR $\beta$ ). Currently there is *no exclusive marker* that defines CAFs. They may express all of these markers, or only a subset depending the sources and the different stages of activation[12].

The presence of mesenchymal markers, such as  $\alpha$ -SMA, vimentin and absence of epithelial (cytokeratin, E-cadherin) and endothelial (CD31) markers have been used to define CAFs[13].

CAFs secrete a variety of cytokines (eg, interleukin (IL)-1, IL-6 and IL-8), chemokines (eg, CXCL12, CXCL14, and CCL7), and growth factors (ie, vascular endothelial-derived growth factor (VEGF), transforming growth factor beta (TGF- $\beta$ ), hepatocyte growth factor (HGF), epidermal growth factor (EGF), or fibroblast growth factor (FGF)). As a major source of extracellular matrix (ECM) proteins, they secrete collagens and proteoglycans (ie, fibronectin, laminin, TN). CAFs are capable to remodel the stroma through increased secretion of matrix metalloproteinases. [11][12] [14]

This CAF phenotype can persist in vitro, in cell culture without any further oncogenic stimuli[15].

Stromal fibroblasts in cancers are recruited from different sources. Depending on the cell of origin, on site-specific properties and on the prevalent microenvironment they display

heterogenous subpopulations.

Activation/differentiation of CAFs is mainly mediated by TGF- $\beta$ 1. Other growth factors (ie, PDGF, EGF, FGF), cytokines (ie. IL-6) and even epigenetic regulators (ie, miRNAs and oxidative stress) also may take part in this process[11][16][17][18].

The most immediate source of CAFs are local stromal fibroblasts and tissue-resident fibroblast precursor cells.

Differentiated cells within the tumor, such as epithelial cells, endothelial cells, smooth muscle cells, stellate cells, pericytes and adipocytes may transdifferentiate to give rise to CAFs.

BMCs are another important cell type, which not only contribute to CAF population by itself, but also attract local fibroblasts to differentiate into CAFs[5][19][20].

### 1.3 Melanoma associated fibroblasts

CAF can be found in virtually all solid tumors; in some of them, they are present in very high numbers predominating the stroma (e.g. ovarian cancer), while in others they are less abundant (e.g. melanoma). In melanoma, it is well documented that CAF (melanoma associated fibroblasts, MAF) are rather capable suppressors of NK cell activity via multiple ways, including PGE2-dependent suppression[21][22][23], and it seems that this phenomenon is probably not restricted to melanoma [24][25]. Interestingly, it has been shown that activated effector CD8<sup>+</sup> T cells display the prostaglandin receptors involved in MAF-mediated NK cell suppression. Also, CD8<sup>+</sup> T cells exhibit decreased interferon gamma (IFN $\gamma$ ), tumor necrosis factor alpha (TNF $\alpha$ ) and IL-2 production and impaired survival upon exposure to PGE2 [26]. However, it has not yet been analyzed whether MAF could influence CD8<sup>+</sup> CTL responses via PGE2, via the release of immunosuppressive cytokines, metabolic reprogramming, immune checkpoint modulation, or other ways of immunosuppression. Considering that i) CD8<sup>+</sup> T cells play

a pivotal role in melanoma rejection, ii) state-of-the art melanoma therapies may achieve partial to complete patient responses by mobilizing CTLs, and iii) factors contributing to therapy failure remain elusive, in this study, we sought to analyze possible parallels between MAF action on NK cells and CTLs, focusing on the latter[27][28].



## 2. Objectives

A growing body of evidence suggests that the cancer microenvironment plays a critical role in anti-tumor immunity during cancer development and immunotherapies targeting check-point blockade. Although melanomas are one of the most promising targets for these therapies, studies looking at interactions between melanoma-associated fibroblasts (MAFs) and CD8<sup>+</sup> T cells have not been described.

The aim of our study was to

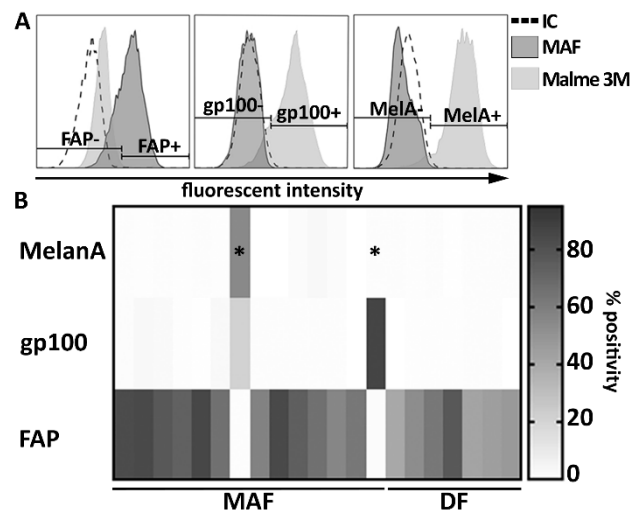
- I. Develop a proper isolation technique for CAFs from surgically resected primary melanomas or cutan metastasis,
- II. Isolate normal dermal fibroblasts (DFs) from normal skin of the same patient.
- III. Analyze the effect of MAFs on CD8<sup>+</sup> T cell activity, and
- IV. Clarify their mechanism of action.

### 3. Results

#### 3.1 Isolation and characterization of MAFs

Skin samples were collected from thirteen melanoma patients. Fibroblasts were isolated from excised cutaneous melanomas (melanoma-associated fibroblasts, MAF) or the healthy distal edge of excised tissue (normal dermal fibroblasts, DF) by enzymatic digestion and differential adhesion[29][30]. Primary cultures of fibroblasts were extensively characterized by flow cytometry to verify their identity and exclude samples contaminated with melanoma cells. A three-marker panel for melanoma specific (melanA and gp100) and CAF markers (fibroblast-activation protein or FAP) was used (**Fig1**). Further experiments excluded MAF cultures showing >3-4% melanA or gp100 positivity (**Fig1**, marked with asterisks); two such cultures were found out of sixteen.

DFs used as controls were obtained from non-tumor intact margins (tissue >1cm from the tumor margin) using the same method. MAF and DF in the same patient were successfully isolated in nine cases. These autologous matched primary cell pairs were used for all subsequent analyses. Cells were used for five passages or less and maintained in standard Dulbecco's Modified Eagle Medium (DMEM) supplemented with 20% fetal bovine serum (FBS), 1% penicillin-streptomycin (P/S) and 1% L-glutamine.[27]

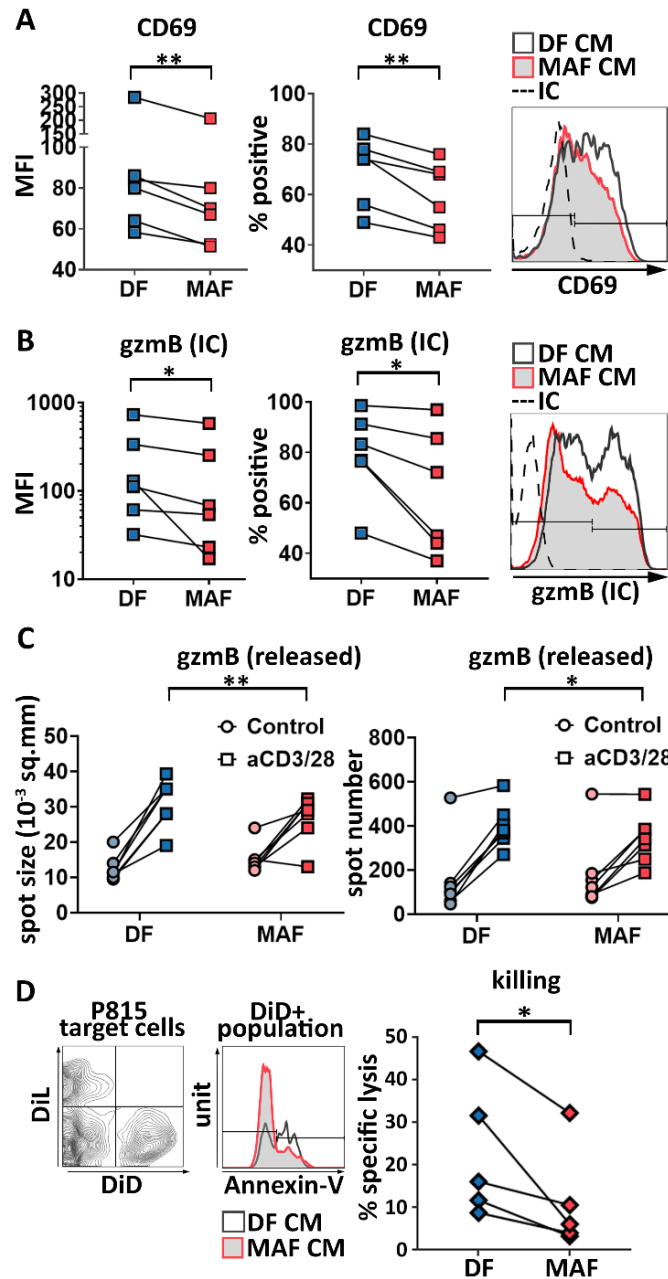


**Fig1 Flow cytometric characterization of primary fibroblast cultures from excised melanoma specimens**

*(A) Representative flow cytometry plots showing typical staining of validated melanoma-free MAF cultures and Malme 3M melanoma cells used as reference. Specific staining for FAP-, gp100- and Melan-A antibodies is shown compared to isotype control (IC) (B) A heat plot summarizes expression patterns of all three markers, as observed on isolated MAF (n=19) and DF samples (n=11). Two of the fifteen primary MAF cultures marked with an asterisk were identified as melanoma contamination and censored. Pooled data from six independent measurements.*

### 3.2 Early events in CD8<sup>+</sup> T cell activation are compromised by MAF supernatants

We first tested whether the early steps of CD8<sup>+</sup> T cell activation are affected by soluble factors released by MAF. To this end, we examined whether MAF-conditioned media (CM) affects the expression of the early T cell activation marker CD69 or the cytotoxic degranulation marker CD107a. We found that CD8<sup>+</sup> T cells activated by anti-CD3/28 in the presence of MAF-CM displayed less CD69 than CD8<sup>+</sup> T cells activated in the presence of DF-CM, as the frequency of CD69<sup>+</sup> cells was reduced. Likewise, the ratio of CD69(+) vs. CD69(-) cells decreased significantly in the MAF-CM vs DF-CM groups (**Fig2A**). However, no significant differences in cell surface CD107a levels were found (not shown). [27]



**Fig2 MAF-CM interferes with CD8+ T cell activation, intracellular granzyme B production, granzyme B release, and in vitro killing**

(A) CD69 expression was examined after exposure of CD8+ T cells from healthy blood donors to MAF- or DF-derived conditioned media and subsequent activation with anti-CD3/CD28. Mean fluorescence intensity (MFI) was compared by paired *t*-test ( $p=0.0053$ ;  $n=6$ ) and the percentage of CD69-positive cells analyzed by paired *t*-test ( $p=0.0058$ ;  $n=6$ ) (results of two independent experiments) and representative staining. (B) Representative flow cytometry data showing intracellular (IC) granzyme B staining of split

*CD8+ T cell cultures activated by aCD3/28 after exposure to MAF-CM or DF-CM. Pairwise analysis of mean fluorescence intensity and percentage of positive cells are shown. (paired t test  $p=0.0346$ ,  $p=0.0327$ ,  $n=6$  respectively; three independent experiments). (C) Comparative analysis of gzmB release (spot area) and gzmB-releasing cell count (spot count) in control and aCD3/28-treated CTLs after exposure to MAF-CM and DF-CM using ELISPOT assay. (Two Way RM ANOVA,  $p=0.0409$ ,  $p=0.0050$ , respectively,  $n=7$ , one experiment) (D) Redirected killing assays were performed using P815 cells DID-prestained and preloaded with aCD3/28 (specific lysis target) and their DIL-stained but untreated counterparts (non-specific lysis controls). Lysed P815 cells were identified using annexin V-staining and data were analyzed by ratio paired t-test ( $p=0.0223$ ,  $n=5$ ) (two independent experiments). Representative staining and data analysis are shown.*

### 3.3 MAF supernatants selectively interfere with the production and release of CD8+ T cell effector molecules

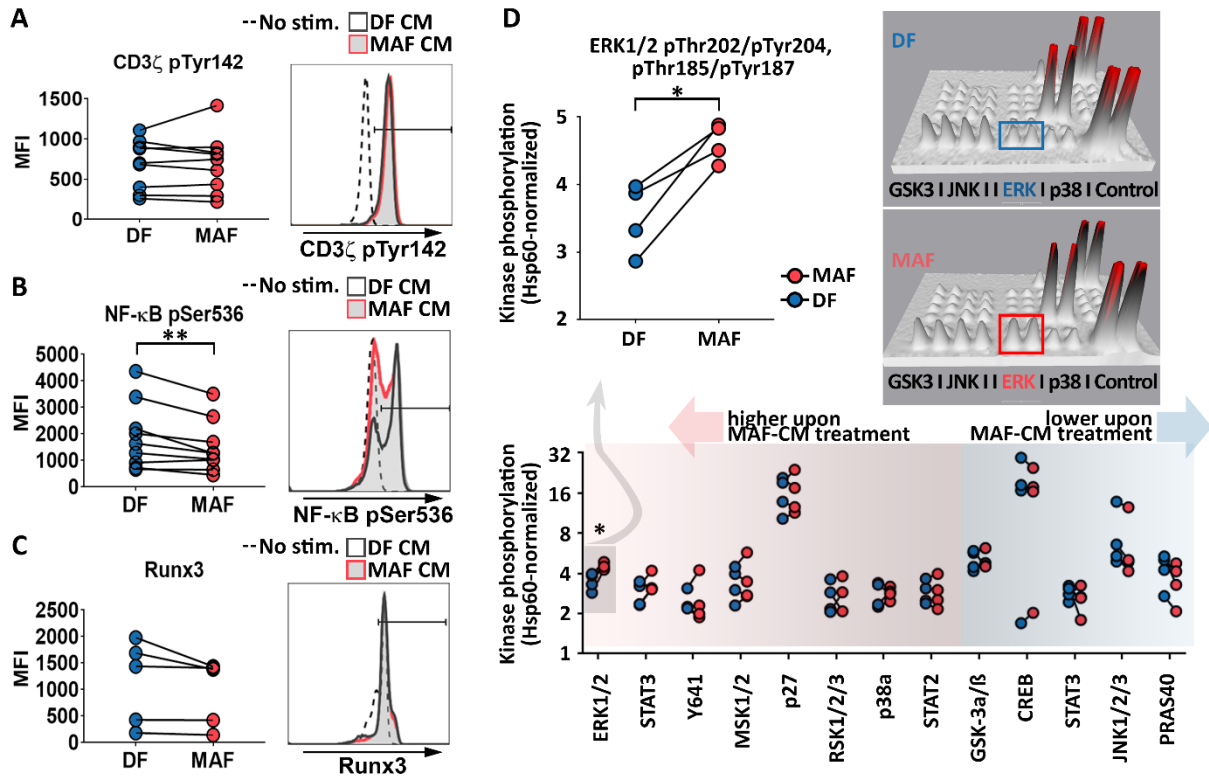
We next examined whether MAF-derived soluble factors could modulate the expression or killing activity of cytotoxic T cell effector molecules. We tested activation-induced IFN- $\gamma$  and granzyme B (gzmB) production by intracellular flow cytometry. There were no significant differences between MAF- and DF-directed CD8+ T cells in terms of IFN- $\gamma$  production. However, intracellular gzmB levels were significantly reduced in the presence of MAF-CM in CD8+ T cells compared to DF-CM-treated cells. Similar to CD69, both gzmB production and the frequency of gzmB-positive cells (**Fig2B**) were reduced. Over the dose range studied, the effect of MAF-CM on gzmB production by CTL was comparable to that of in vitro exposure to TGF- $\beta$ , with or without fibroblast-conditioned medium. Subsequent analysis of gzmB and IFN- $\gamma$  release in MAF-exposed CTLs by ELISPOT confirmed these results. ELISPOT confirmed that both the number of aCD3/28-activated gzmB secreting CD8+ T cells and the amount of gzmB they released were reduced by pre-incubation with MAF-CM (**Fig2C**). However, consistent with flow data, IFN- $\gamma$  release was not affected by MAF.[27]

### 3.4 MAF-derived soluble factors interfere with CD8<sup>+</sup> T cell-mediated killing

Since the production and release of granzyme B (gzmB) correlates with the killing ability of cytotoxic T cells, the *in vitro* cytotoxic effector function of CD8<sup>+</sup> T cells activated in the presence of MAF-CM was also analyzed. Standard redirected killing assays were performed using P815 cells as targets [31][32][33][34][35], either preloaded with anti-CD3/28 antibodies and labeled with DiD (target for specific killing) or left untreated and labeled with DiL (to assess aspecific killing of bystander non-target cells). We observed that the MAF CM-treated CD8<sup>+</sup> T cell group induced significantly less cell death than the DF CM-treated group (**Fig2D**), consistent with the observed attenuation of gzmB production.[27]

### 3.5 MAF disrupts T-cell signaling

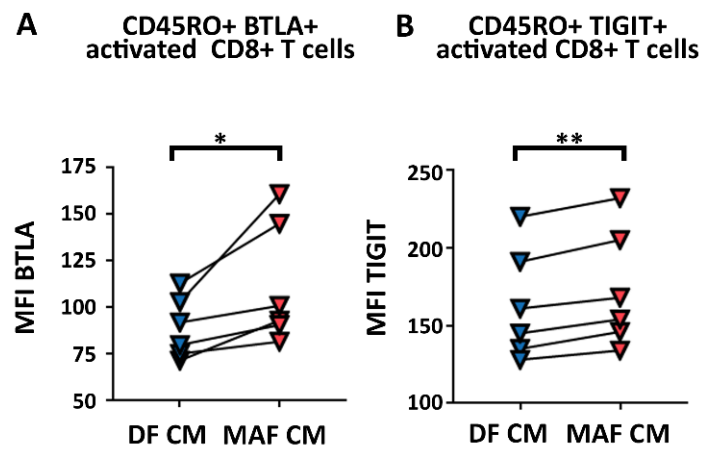
Recognizing that impaired T cell function may result from a lack of adequate co-stimulation or other forms of defective signaling, we next analyzed whether MAF supernatants affected T cell signaling required for full T cell activation and differentiation. In a preliminary study, we examined early (CD3 $\zeta$ -chain activation, Tyr142-P), and downstream of T-cell signaling events (NF- $\kappa$ B activation, Ser536-P) as well as a key transcription factor associated with late CD8<sup>+</sup> T cell differentiation (Runt-related transcription factor 3 or Runx3). MAF inhibited NF- $\kappa$ B phosphorylation, whereas CD3 $\zeta$  and Runx3 were unaffected (**Fig3A-C**). Based on this observation, we next used phosphokinase protein arrays to further understand aberrant T cell signaling downstream of the TCR. Although most TCR-related kinase pathways remained functional, inhibition of NF- $\kappa$ B activation was accompanied by increased ERK1/2 phosphorylation in MAF-exposed CD8<sup>+</sup> T cells (**Fig3D**). Taken together, these data suggest an imbalance between aCD3-mediated TCR signaling and aCD28-provided co-stimulation in MAF CM-exposed T cells.[27]



**Fig3 MAF-CM modulates CTL phosphorylation cascades downstream of TCR**  
 (A) Analysis of CD3 $\zeta$ -chain activation ( $n=9$ ) (B) NF- $\kappa$ B activation ( $n=9$ ) and (C) Runx3 levels ( $n=5$ ) in unstimulated and DF-CM or MAF-CM-exposed CD8 $^+$ T cells after aCD3/28 activation. CD3 $\zeta$ -chain and NF- $\kappa$ B phosphorylation were assessed 10 min post activation; Runx3 levels 48 h post activation. Representative data are shown to the right (Ratio paired  $t$ -test  $p=0.0093$  for NF- $\kappa$ B; results from two independent experiments). (D) Screening analysis of 43 additional phosphokinases in DF- and MAF-CM-treated CD8 $^+$  T cells using a phosphokinase array ( $n=4$ ). Shown are the phosphorylation patterns of 13 typical CD8 $^+$  T cell signaling proteins detected by the array 10 minutes after T cell activation (bottom). ERK1/2 phosphorylation data are magnified (top left, paired  $t$ -test  $p=0.0147$ ). Representative 3D densitometry data showing differences in ERK1/2 activation (top right). Each phosphorylated protein is represented by a pair of spikes; the volume of spike corresponds to the intensity of protein phosphorylation. Results obtained from one experiment.

### 3.6 MAF supernatant modifies CD8<sup>+</sup> T cell immune checkpoint receptor expression

Immune checkpoint receptors (ICR) are known to regulate the activity of CD8<sup>+</sup> T cells during antitumor immune responses. Therefore, we wanted to investigate whether MAF affects the synthesis of selected ICRs in CD8<sup>+</sup> T cells. Expression pattern of PD-1 (Programmed cell death protein 1), TIM-3 (T cell immunoglobulin and mucin-domain containing-3), LAG-3 (Lymphocyte-activation gene 3), TIGIT (T cell immunoreceptor with Ig and ITIM domains) and BTLA (B- and T-lymphocyte attenuator) was analyzed after treatment with MAF and DF-CM. We found increased expression of TIGIT and BTLA in CD45RO<sup>+</sup> non-naïve/memory cytotoxic T cells after exposure to MAF-CM compared to DF-CM (**Fig4**). In contrast to DF-CM, the expression of PD-1, TIM-3, or LAG-3 on CD8<sup>+</sup> T cells was not affected by MAF-CM, regardless of aCD3/28 activation or naïve/memory status.[27]



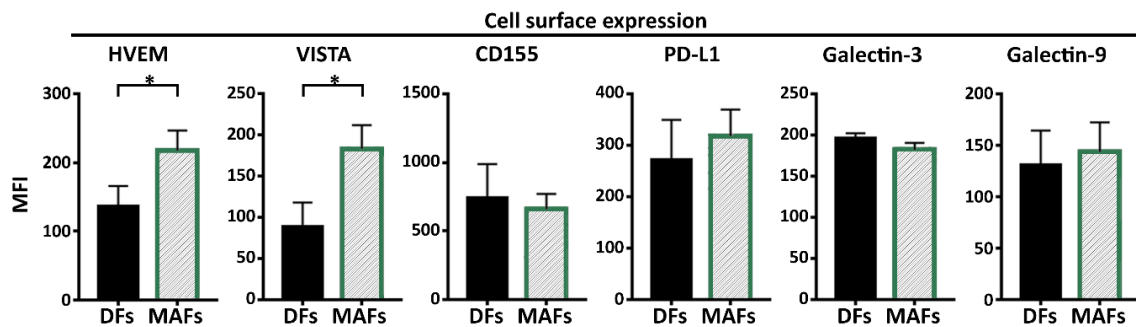
**Fig4 MAF-CM-treatment activated non-naïve CD8<sup>+</sup> T cells increases BTLA and TIGIT checkpoint receptor expression**

*BTLA and TIGIT expression on activated non-naïve/memory CD45RO<sup>+</sup> CD8<sup>+</sup> T cells after exposure to DF- and MAF-conditioned media; paired t-test (BTLA:  $p=0.0353$  and TIGIT:  $p=0.0050$ ,  $n=6$ , data from one experiment.*



### 3.7 MAF exhibits a skewed profile of immune checkpoint modulators

The expression of CAF-ICR ligands and the possible role of these molecules in CAF-mediated immune regulation have been controversial. To analyze the question whether MAF might affect T-cell ICR signaling, the cell surface expression of several ICR ligands was compared between MAF and DF. We tested for the presence and expression of Herpesvirus entry mediator (HVEM), Galectin-3, Galectin-9, Programmed death-ligand 1 (PD-L1), CD155 (poliovirus receptor) and V-domain Ig suppressor of T cell activation (VISTA). We found that the levels of the negative CTL regulators VISTA and HVEM were increased in MAF compared to DF. (Fig5). [27]



**Fig5 MAF maintains increased expression of immune checkpoint regulators**

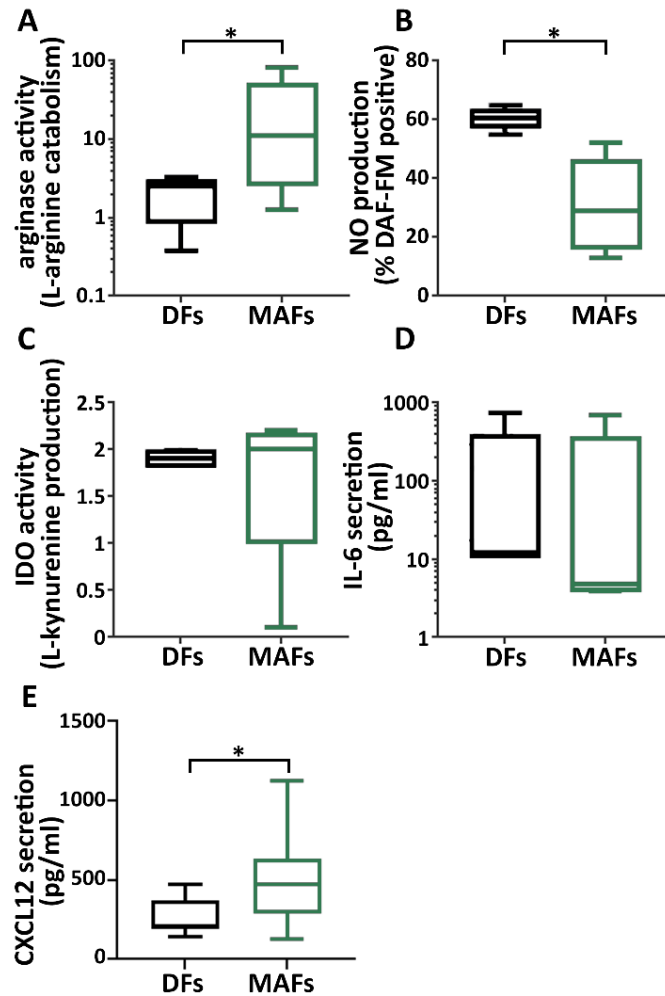
#### HVEM and VISTA

*Comparative analysis of cell surface herpesvirus entry mediator (HVEM), galectin-3, galectin-9, programmed death-ligand 1 (PD-L1), CD155 (poliovirus receptor) and V-domain Ig suppressor of T cell activation (VISTA) expression (mean fluorescence intensity) on MAFs and DFs analyzed by flow cytometry (n=6 Mann-Whitney U test BTLA p=0.029 and HVEM p=0.0311). Data from three independent experiments.*

### 3.8 MAFs show increased L-arginase activity and secrete increased levels of CXCL12

Next, we sought to explore the molecular pathways involved in MAF CD8<sup>+</sup> T cell interactions. Candidate molecules were selected based on previous reports, including

immunomodulatory factors synthesized by CAFs. Secreted TGF- $\beta$  [36], IL-6, CXCL12 [37] and PGE2 [21] were analyzed in MAF-CM and DF-CM by ELISA. L-arginine catabolism by intracellular L-arginase [38] was analyzed in cell lysates using a specific L-arginase activity assay. L-tryptophan catabolism by indolamine-2,3-dioxygenase [39] was assessed by measuring kynurenine in CM. L-arginase activity was detected in both MAF and DF, and it was greatly increased in MAF compared to DF cells (**Fig6A**). To support this finding, we next analyzed NO production by intracellular DAF-FM staining in a similar fashion, comparing MAFs and DFs. L-arginase and nitric oxide synthase (NOS) actively compete for free L-arginine as their common substrate, and it has been repeatedly shown that an increase in arginase activity induces uncoupling of NOS, leading to the reduction of NO production [26]. In fact, we found that MAF produced significantly less NO than DF (**Fig6B**), suggesting that L-arginase upregulation and subsequent L-arginine depletion in MAF reached critical levels sufficient to interfere with normal NO production in these cells. IL-6, and IDO activity were detected, but neither of them showed any significant difference between MAFs and DFs (**Fig6C,D**). No detectable levels of TGF- $\beta$  and PGE2 were found in MAF- or DF-CM (not shown), consistent with our finding that the presence or absence of MAF- or DF-CM did not alter the impact of external TGF- $\beta$  on CTLs gzmB production. Interestingly, increased levels of secreted CXCL12 were detected in MAF supernatants, consistent with other reports describing increased CXCL12 production by CAFs in human and murine carcinomas [37][40] (**Fig6E**).[27]

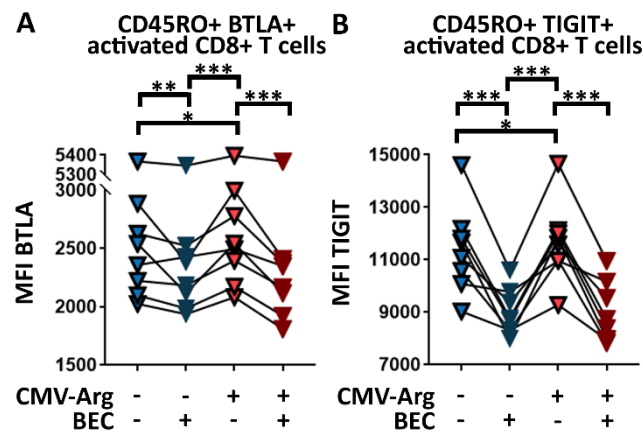


### Fig6 Increased arginase activity and apparent NOS uncoupling in MAF cells

(A) Comparison of intracellular arginase activity in MAF and DF cell lysates derived from the same patients. Results shown have been normalized to total protein content (min to max;  $p=0.0186$ ,  $n=5$ , ratio paired  $t$ -test) (data from two independent experiments). (B) MAFs and DFs from the same patient were stained with DAF-FM and assessed for the abundance of NO producing cells (min to max;  $p=0.0113$ ,  $n=5$ , paired  $t$ -test, data from two independent experiments). There were also significant differences in the amount of produced NO (MFI) per cell ( $p=0.0021$ , data not shown). (C, D) IL-IDO activity/L-kynurenine production, IL-6 and CXCL12 release (paired  $t$ -test,  $p=0.0178$ ,  $n=8$ , one experiment) in MAFs and DFs were assessed of by ELISA.

### 3.9 MAF-derived L-arginase induces increased expression of TIGIT and BTLA in CD8+ T cells

To test whether the increased L-arginase activity in MAF is responsible for the MAF-induced suppression of CD8+ T cells, additional batches of MAF-CM and DF-CM were prepared both in the presence and absence of BEC hydrochloride, a potent and selective inhibitor of both L-arginase 1 and 2. Next, the stability of any previously observed T cell-related dysfunctions was reassessed with and without L-arginase inhibition. These analyses demonstrate that MAF-suppressed CD69 and gzmB expression, and MAF-reduced CTL-mediated killing cannot be recovered by abrogating L-arginase activity in MAF. However, the increased expression of BTLA and TIGIT by MAF-CM could be neutralized by selective inhibition of L-arginase (**Fig7A**). To confirm these findings, we transfected MAF with a mammalian expression vector encoding full-length human arginase 2 under the control of a CMV promoter and examined its effect on both BTLA and TIGIT. We found that forced expression of arginase in MAF further increased BTLA and TIGIT on CD8+ T cells (**Fig7B**). Taken together, these data suggest that MAF-mediated enhanced expression of BTLA and TIGIT on CD8+ T cells is an L-arginase-dependent phenomenon.[27]



**Fig7 Increased MAF arginase activity is responsible for aberrant ICR expression on CTLs**

*Comparative analysis of ICR expression on activated non-naïve/memory CTLs exposed to conditioned media collected from MAF maintained in the presence and absence of BEC hydrochloride, a selective arginase inhibitor, and transgenic arginase overexpression (CMV-Arg). BTLA (A) and TIGIT (B) expression of activated CD45RO+ CD8+ T cells is shown under the influence of BEC and CMV-Arg. (Two-Way RM ANOVA, \*  $p < 0.05$ , \*\*  $p < 0.01$  \*\*\*  $p < 0.001$ ,  $n = 8$ ). Data from two independent experiments.*

#### 4. Discussion

Our data suggest that soluble factors released by MAFs affect various aspects of cytotoxic T cell function. Here, we show that *ex vivo* MAFs can create an environment that affects nearly all stages of T cell activation, from early post-activation events to terminal differentiation and effector function. All observed effects were invariably detrimental to CD8<sup>+</sup> T cell activity. This raises the question of whether MAF can contribute to the complex, multifaceted attack of CTLs by cancer cells *in vivo*, leading to TIL dysfunction in various advanced solid tumors, including melanoma.

This study provides multiple lines of evidence that FAP<sup>+</sup> melanoma-associated fibroblasts exhibit an immunosuppressive, tumor-promoting phenotype, consistent with observations made by others in colon cancer [41] and pancreatic cancer [37]. MAF-derived soluble factors compared to healthy DF significantly downregulated the expression of surface CD69 on activated CD8<sup>+</sup> T cells, suggesting that fundamental destruction of T cells occurs even in the earliest stages of T cell activation. MAF-derived factors reduce granzyme B production and release, but do not alter IFN $\gamma$  production, secretion, or cytotoxic degranulation by CD8<sup>+</sup> T cells, implying impaired selectivity for some components of the T-cell effector machinery in nearby MAFs. Consistent with this finding, we showed in redirected killing assays that MAFs also inhibited the *ex vivo* killing ability of CD8<sup>+</sup> T cells, which may be related to the production of attenuated granzyme B. However, it is important to note that experimental killing assays [42], including the redirected killing assays used here [43][44][32] measuring *ex vivo* killing capacity, should be interpreted with caution, as their results do not necessarily reflect actual antitumor killing activity *in vivo*. Nonetheless, these results suggest that MAFs not only interfere with the T cell activation process, but may also disrupt the efficient elimination of target cells (i.e. cancer cells) in the tumor parenchyma.

In addition, we found selective dysregulation of certain immune checkpoint regulators on CD8<sup>+</sup> T cells by MAFs. Soluble MAF factors significantly increased the proportion of TIGIT and BTLA positive CD8<sup>+</sup> T cells, especially in non-naïve/memory CD45RO<sup>+</sup> T cells. This observation is interesting because several ICRs, including BTLA [33] and TIGIT [45] are potent negative regulators of T-cell activity and are being actively explored as promising targets for next generation immunotherapies. Monoclonal

antibodies against BTLA are the subject of preclinical studies, while TIGIT blockade is in Phase I clinical trials (NCT03119428). Furthermore, CD45RO<sup>+</sup> T cell activity is critical for rejection of various solid tumors [46][47][48], including checkpoint blockade therapy-induced remission in melanoma. Several lines of evidence suggest that the frequency of circulating CD45RO<sup>+</sup> T cells [49], especially treatment-induced systemic [50][51] and intratumoral [52] expansion of the CD45RO<sup>+</sup> subset, is important for the success of checkpoint blockade. Interestingly, the changes observed in CD8<sup>+</sup> T cell ICR expression (higher BTLA levels) were accompanied by complementary changes in MAF-derived ICR ligands (increased HVEM expression). This raises the question whether MAFs can further inhibit CTLs by activating the HVEM-BTLA ICR signaling axis if direct contact occurs between the two cell types [53].

In conjunction with the above results, potential differences were searched between the MAF and DF cells that could shed light on the mechanisms responsible for the apparent dysfunction of MAF-exposed CD8<sup>+</sup> T cells. We found that the intracellular signaling cascade of CD8<sup>+</sup> T cells is affected by chronic exposure to soluble MAF mediators. Increased ERK1/2 and decreased NF- $\kappa$ B phosphorylation suggest that MAF reprograms two important T-cell signaling pathways, possibly the RAS guanyl-releasing protein 1 – ERK1/2 pathway and the protein kinase C $\theta$  – NF- $\kappa$ B pathway. Mature naïve T cells activated by aCD3 (stimulation) and aCD28 (costimulation) similarly depend on both pathways of TCR/CD3 signaling [54]. However, it has been well documented that sufficient CD28-induced co-stimulation depends on the protein kinase C $\theta$ -NF- $\kappa$ B pathway [55][56][57][58]. Since both full T cell maturation and the exertion of effector function are dependent on appropriate costimulation, these data suggest that the phenotypic changes observed in effector function of CD8<sup>+</sup> T cells exposed to MAF may originate in attenuated T cell costimulation.

Furthermore, we found that arginase activity was greatly increased in MAF cells, leading to uncoupling of NOS and a significant perturbation of steady-state NO production. L-arginine deficiency induces T cell suppression by: i) CD3 $\zeta$  downregulation [59], ii) G0/G1 cell cycle arrest due to failure of cyclin D3 protein synthesis and cdk4 activation [60], iii) increased phosphorylation of eIF2 and iv) global suppression of protein synthesis in affected T cells [61] v) interference with lytic function in situ [62]. To date, no direct evidence has been provided that CAF induces T cell suppression via arginase, although

clinical data clearly indicate that ARG2 overexpression by CAF predisposes to decreased overall survival in pancreatic cancer [38] and ARG2 production by CAF has been observed in unrelated solid tumors, too [63]. It has been suggested that cancer-associated fibroblasts may also exploit arginase to interfere with T cell activity [64][65][66], however, to our best knowledge, this is the first study substantiating this hypothesis on the example of melanoma-associated fibroblasts.

We found that selective blockade of arginase activity by the potent, small-molecule inhibitor, BEC hydrochloride neutralized increased TIGIT and BTLA expression on CD45RO+ CD8+ T cells 48h after activation, whereas arginase transfection has the opposite effect. Taken together, these data suggest that aberrant ICR expression on CTLs in the presence of MAF-CM is an arginase-mediated phenomenon. Interestingly, a recent publication also suggested that BTLA may be arginase-dependent, as BTLA mRNA expression in activated CD8+ T cells in the absence of arginase 2 decreased 48h after activation [67]. Notably, BEC hydrochloride maintained its potency even after increasing MAF arginase expression by stable transfection. This is interesting because arginase inhibitors, either alone or in combination with checkpoint inhibitors, are currently being tested as antineoplastic agents in various solid malignancies (NCT02903914). These clinical studies are consistent with preclinical data suggesting that arginase blockade may increase the efficacy of the PD-1/PD-L1 blockade [68][69]. Thus, our data may support the notion that arginase inhibition may be a tool to make some solid tumors more susceptible to multiple forms of ICR blockade.

Last but not least, we have shown that MAFs secrete more CXCL12 compared to autologous DF cells. High levels of CXCL12 may have chemorepellent effects and may be involved in the exclusion of CD8+ T cells from solid tumors [70][37]. Although multiple lines of evidence suggest that increased CAF-secreted CXCL12 is tumor-promoting [40], more studies are needed to explore to exact role of MAF-derived CXCL12 in melanoma biology.

A particularly interesting aspect of our observations is the remarkable robustness of the CTL-suppressive MAF phenotype. In all experiments, MAF was maintained in the absence of melanoma cells for several weeks before being used for CD8+ T cell assays. Our data clearly show that despite extensive *in vitro* cultivation, MAFs do not revert to a rather benign DF phenotype. The CTL-suppressive MAF phenotype remained stable even



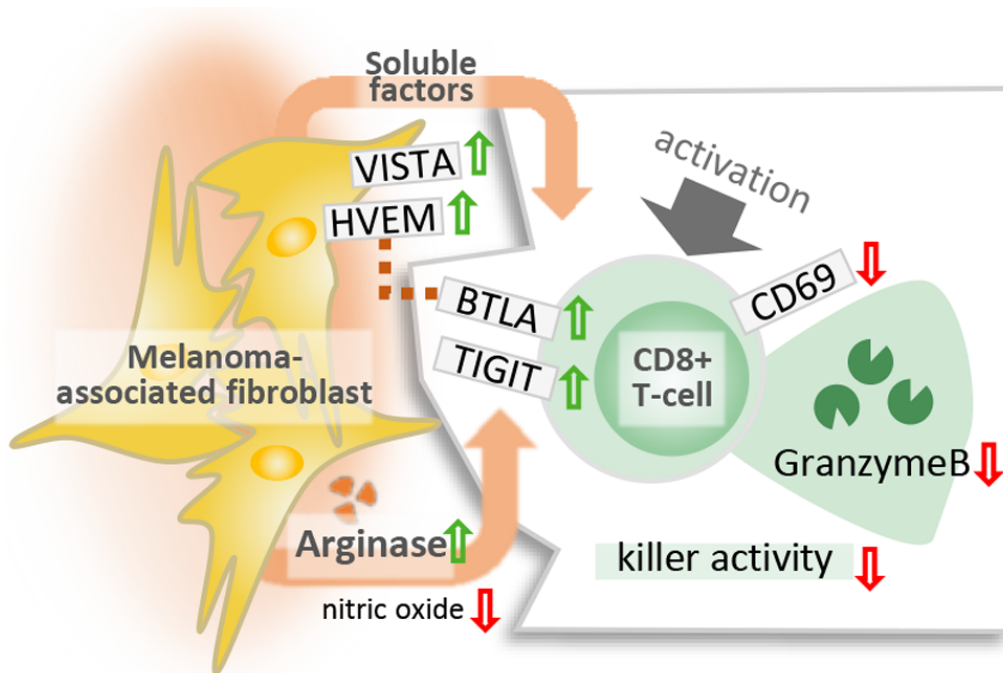
after isolation from the cancer microenvironment. This observation supports a recent view by many leading authors in the field that at least some of the changes that facilitate the transition from DF to CAF may be due to highly stable epigenetic modifications [71][72][73][74]. That is, certain parameters of the MAF phenotype may emerge after a priming event, leading to long-term consequences, rather than being maintained by cancer cells through continuously secreted cytokines or similar mechanisms [64][75]. Although the exact mechanism of this tumor-induced fibroblast transformation is unclear, several studies suggest that direct cell-cell contact as well as cell-derived soluble factors such as TGF- $\beta$  and LIF may play an important role [76][71] in the this process.[27]

## 5. Conclusions

In this study we report that human MAFs inhibit various CD8<sup>+</sup> cytotoxic T cells functions *in vitro* including granzyme B production and redirected cancer cell killing. This suppressive effect correlates with an increased expression of T cell receptors such as TIGIT and BTLA, and a simultaneous increase in MAF-derived activators of these receptors (VISTA and HVEM). A comprehensive analysis of MAF-derived soluble factors and cell lysates revealed a marked increase in arginase/nitric oxide ratios in these cells compared to normal dermal fibroblasts. Inhibition of the arginase/nitric oxide pathway in MAFs abolished the TIGIT/BTLA-increasing effect of MAFs on T cells.

To the best of our knowledge, this is the first study that demonstrates MAF-mediated CD8<sup>+</sup> cytotoxic cell suppression and suggests a direct involvement of MAF-derived arginase in regulating costimulatory molecule expression in T cells. We think that our data add an important piece to the puzzle in an exciting era when next generation immune check-point inhibitors, such as antibodies targeting TIGIT or BTLA, are being developed and molecular therapies targeting arginase are being tested in clinical trials.

## 6. Summary



This study shows that MAFs suppress CD8<sup>+</sup> T cell activity and demonstrates that arginase plays a key role in this phenomenon. MAFs and DFs were isolated from melanoma biopsies as Melan-A-/gp100-/FAP<sup>+</sup> stromal cells. CD8<sup>+</sup> T cells from healthy blood donors were activated in the presence of MAF- and DF-conditioned media and markers related to CTL activation, cytotoxic degranulation, immune checkpoint regulation and in vitro killing activity were evaluated by flow cytometry, ELISPOT and redirected killing assays, respectively. Soluble mediators responsible for MAF-mediated effects have been identified by ELISA, flow cytometry, knock-in experiments and inhibitor assays. Activated/non-naïve CTLs exposed to MAF-CM displayed dysregulated ERK1/2 and NF- $\kappa$ B signaling, impaired CD69 and granzyme B expression, impeded killing activity, and upregulated expression of the negative immune checkpoint receptors TIGIT and BTLA. In addition, MAFs compared to DFs displayed increased amounts of VISTA and HVEM, the ligand of BTLA on T cells, increased endogenous L-arginase activity and CXCL12 release. Transgenic arginase overexpression continued to increase, while selective arginase inhibition neutralized MAF-induced TIGIT and BTLA expression on CTLs. Our data suggest that MAF disrupts intracellular CTL signaling

through soluble mediators, causes CTL anergy and alters immune checkpoint receptor availability via L-arginine depletion[27].

7. *References*

1. Bizzarri (2014) The tumor microenvironment as a target for anticancer treatment. *Oncobiology and Targets* 1:3.
2. Sugimoto H, Mundel TM, Kieran MW, Kalluri R (2006) Identification of fibroblast heterogeneity in the tumor microenvironment. *Cancer Biol Ther* 5:1640–1646. doi: 10.4161/cbt.5.12.3354
3. Scherz-Shouval R, Santagata S, Mendillo ML, Sholl LM, Ben-Aharon I, Beck AH, et al. (2014) The Reprogramming of Tumor Stroma by HSF1 Is a Potent Enabler of Malignancy. *Cell* 158:564–578. doi: 10.1016/j.cell.2014.05.045
4. Zeisberg EM, Potenta S, Xie L, Fibroblasts C, Zeisberg M, Kalluri R. (2007) Discovery of Endothelial to Mesenchymal Transition as a Source for Carcinoma-Associated Fibroblasts. 10123–10128. doi: 10.1158/0008-5472.CAN-07-3127
5. Augsten M (2014) Cancer-associated fibroblasts as another polarized cell type of the tumor microenvironment. 4:1–8. doi: 10.3389/fonc.2014.00062
6. Shurin MR, Lu L, Kalinski P, Stewart-Akers AM, Lotze MT. (1999) Th1/Th2 balance in cancer, transplantation and pregnancy. *Springer Semin Immunopathol* 21:339–359. doi: 10.1007/BF00812261
7. Quail DF, Joyce JA (2013) Microenvironmental regulation of tumor progression and metastasis. *Nat Med* 19:1423–37. doi: 10.1038/nm.3394
8. Madar S, Goldstein I, Rotter V (2013) ‘ Cancer associated fibroblasts ’ – more than meets the eye. *Trends Mol Med* 19:447–453. doi: 10.1016/j.molmed.2013.05.004
9. Togo S, Polanska UM, Horimoto Y, Orimo A (2013) Carcinoma-associated fibroblasts are a promising therapeutic target. *Cancers (Basel)* 5:149–69. doi: 10.3390/cancers5010149
10. Sirica AE (2012) The role of cancer-associated myofibroblasts in intrahepatic cholangiocarcinoma. *Nat Rev Gastroenterol Hepatol* 9:44–54. doi:

10.1038/nrgastro.2011.222

11. Kalluri R, Zeisberg M (2006) Fibroblasts in cancer. *Nat Rev Cancer* 6:392–401. doi: 10.1038/nrc1877
12. Valcz G, Sipos F, Tulassay Z, Molnar B, Yagi Y. (2014) Importance of carcinoma-associated fibroblast-derived proteins in clinical oncology. *J Clin Pathol* 67:1026–31. doi: 10.1136/jclinpath-2014-202561
13. Gonda TA, Varro A, Wang TC, Tycko B (2010) Molecular biology of cancer-associated fibroblasts: can these cells be targeted in anti-cancer therapy? *Semin Cell Dev Biol* 21:2–10. doi: 10.1016/j.semcdb.2009.10.001
14. Räsänen K, Vaheri A (2010) Activation of fibroblasts in cancer stroma. *Exp Cell Res* 316:2713–22. doi: 10.1016/j.yexcr.2010.04.032
15. Orimo A, Gupta PB, Sgroi DC, Arenzana-Seisdedos F, Delaunay T, Naeem R, et al. (2005) Stromal fibroblasts present in invasive human breast carcinomas promote tumor growth and angiogenesis through elevated SDF-1/CXCL12 secretion. *Cell* 121:335–48. doi: 10.1016/j.cell.2005.02.034
16. Hinz B, Phan SH, Thannickal VJ, Prunotto M, Desmoulière A, Varga J, et al. (2012) Recent developments in myofibroblast biology: paradigms for connective tissue remodeling. *Am J Pathol* 180:1340–55. doi: 10.1016/j.ajpath.2012.02.004
17. Mitra AK, Zillhardt M, Hua Y, Tiwari P, Murmann AE, Peter ME, et al. (2012) MicroRNAs reprogram normal fibroblasts into cancer-associated fibroblasts in ovarian cancer. *Cancer Discov* 2:1100–8. doi: 10.1158/2159-8290.CD-12-0206
18. Zhang D, Wang Y, Shi Z, Liu J, Sun P, Hou X, et al. (2015) Metabolic reprogramming of cancer-associated fibroblasts by IDH3 $\alpha$  downregulation. *Cell Rep* 10:1335–48. doi: 10.1016/j.celrep.2015.02.006
19. Ohlund D, Elyada E, Tuveson D (2014) Fibroblast heterogeneity in the cancer wound. *J Exp Med* 211:1503–1523. doi: 10.1084/jem.20140692

20. Takebe N, Ivy P, Timmer W, Khan N, Schulz T, Harris PJ. (2013) Review of Cancer – Associated Fibroblasts and Therapies that Interfere with Their Activity. *Tumor Microenviron Ther* 1:19–36. doi: 10.2478/tumor-2013-0001
21. Balsamo M, Scordamaglia F, Pietra G, Manzini C, Cantoni C, Boitano M, et al. (2009) Melanoma-associated fibroblasts modulate NK cell phenotype and antitumor cytotoxicity. *Proc Natl Acad Sci U S A* 106:20847—20852. doi: 10.1073/pnas.0906481106
22. Pietra G, Manzini C, Rivara S, Vitale M, Cantoni C, Petretto A, et al. (2012) Melanoma Cells Inhibit Natural Killer Cell Function by Modulating the Expression of Activating Receptors and Cytolytic Activity. *Cancer Res* 72:1407 LP – 1415. doi: 10.1158/0008-5472.CAN-11-2544
23. Ziani L, Safta-Saadoun T Ben, Gourbeix J, Cavalcanti A, Robert C, Favre G, et al. (2017) Melanoma-associated fibroblasts decrease tumor cell susceptibility to NK cell-mediated killing through matrix-metalloproteinases secretion. *Oncotarget* 8:19780–19794. doi: 10.18632/oncotarget.15540
24. Holt D, Ma X, Kundu N, Fulton A (2011) Prostaglandin E(2) (PGE (2)) suppresses natural killer cell function primarily through the PGE(2) receptor EP4. *Cancer Immunol Immunother* 60:1577–1586. doi: 10.1007/s00262-011-1064-9
25. Inoue T, Adachi K, Kawana K, Taguchi A, Nagamatsu T, Fujimoto A, et al. (2016) Cancer-associated fibroblast suppresses killing activity of natural killer cells through downregulation of poliovirus receptor (PVR/CD155), a ligand of activating NK receptor. *Int J Oncol* 49:1297–1304. doi: 10.3892/ijo.2016.3631
26. Caldwell RW, Rodriguez PC, Toque HA, Narayanan SP, Caldwell RB. (2018) Arginase: A Multifaceted Enzyme Important in Health and Disease. *Physiol Rev* 98:641–665. doi: 10.1152/physrev.00037.2016
27. Érsek B, Silló P, Cakir U, Molnár V, Bencsik A, Mayer B, et al. (2021) Melanoma-associated fibroblasts impair CD8+ T cell function and modify expression of immune checkpoint regulators via increased arginase activity. *Cell Mol Life Sci.*

doi: 10.1007/s00018-020-03517-8

28. Széky B, Silló P, Fábíán M, Mayer B, Kárpáti S, Németh K. (2016) Tumorossejtek szerepe a melanoma progressziójában és heterogenitásában. *Orv Hetil.* doi: 10.1556/650.2016.30487
29. Füredi A, Tóth S, Szebényi K, Pape VFS, Türk D, Kucsma N, et al. (2017) Identification and Validation of Compounds Selectively Killing Resistant Cancer: Delineating Cell Line–Specific Effects from P-Glycoprotein–Induced Toxicity. *Mol Cancer Ther* 16:45 LP – 56. doi: 10.1158/1535-7163.MCT-16-0333-T
30. Szebényi K, Füredi A, Kolacsek O, Csohány R, Prókai Á, Kis-Petik K, et al. (2015) Visualization of Calcium Dynamics in Kidney Proximal Tubules. *J Am Soc Nephrol* 26:2731–2740. doi: 10.1681/ASN.2014070705
31. Pievani A, Borleri G, Pende D, Moretta L, Rambaldi A, Golay J, et al. (2011) Dual-functional capability of CD3+CD56+ CIK cells, a T-cell subset that acquires NK function and retains TCR-mediated specific cytotoxicity. *Blood* 118:3301–3310. doi: 10.1182/blood-2011-02-336321
32. Nelson N, Lopez-Pelaez M, Palazon A, Poon E, De La Roche M, Barry S, et al. (2019) A cell-engineered system to assess tumor cell sensitivity to CD8(+) T cell-mediated cytotoxicity. *Oncoimmunology* 8:1599635. doi: 10.1080/2162402X.2019.1599635
33. Han P, Goularte OD, Rufner K, Wilkinson B, Kaye J. (2004) An inhibitory Ig superfamily protein expressed by lymphocytes and APCs is also an early marker of thymocyte positive selection. *J Immunol* 172:5931–5939. doi: 10.4049/jimmunol.172.10.5931
34. Ghosh S, Carmo M, Calero-Garcia M, Ricciardelli I, Bustamante Ogando JC, Blundell MP, et al. (2018) T-cell gene therapy for perforin deficiency corrects cytotoxicity defects and prevents hemophagocytic lymphohistiocytosis manifestations. *J Allergy Clin Immunol* 142:904-913.e3. doi: 10.1016/j.jaci.2017.11.050



35. Poggi A, Massaro A-M, Negrini S, Contini P, Zocchi MR. (2005) Tumor-induced apoptosis of human IL-2-activated NK cells: role of natural cytotoxicity receptors. *J Immunol* 174:2653–2660. doi: 10.4049/jimmunol.174.5.2653
36. San Francisco IF, DeWolf WC, Peehl DM, Olumi AF (2004) Expression of transforming growth factor-beta 1 and growth in soft agar differentiate prostate carcinoma-associated fibroblasts from normal prostate fibroblasts. *Int J cancer* 112:213–218. doi: 10.1002/ijc.20388
37. Feig C, Jones JO, Kraman M, Wells RJB, Deonaraine A, Chan DS, et al. (2013) Targeting CXCL12 from FAP-expressing carcinoma-associated fibroblasts synergizes with anti-PD-L1 immunotherapy in pancreatic cancer. *Proc Natl Acad Sci U S A* 110:20212–20217. doi: 10.1073/pnas.1320318110
38. Ino Y, Yamazaki-Itoh R, Oguro S, Shimada K, Kosuge T, Zavada J, et al. (2013) Arginase II expressed in cancer-associated fibroblasts indicates tissue hypoxia and predicts poor outcome in patients with pancreatic cancer. *PLoS One* 8:e55146. doi: 10.1371/journal.pone.0055146
39. Chen J-Y, Li C-F, Kuo C-C, Tsai KK, Hou M-F, Hung W-C. (2014) Cancer/stroma interplay via cyclooxygenase-2 and indoleamine 2,3-dioxygenase promotes breast cancer progression. *Breast Cancer Res* 16:410. doi: 10.1186/s13058-014-0410-1
40. Orimo A, Gupta PB, Sgroi DC, Arenzana-Seisdedos F, Delaunay T, Naeem R, et al. (2005) Stromal fibroblasts present in invasive human breast carcinomas promote tumor growth and angiogenesis through elevated SDF-1/CXCL12 secretion. *Cell* 121:335–348. doi: 10.1016/j.cell.2005.02.034
41. Chen L, Qiu X, Wang X, He J (2017) FAP positive fibroblasts induce immune checkpoint blockade resistance in colorectal cancer via promoting immunosuppression. *Biochem Biophys Res Commun* 487:8–14. doi: 10.1016/j.bbrc.2017.03.039
42. Zaritskaya L, Shurin MR, Sayers TJ, Malyguine AM (2010) New flow cytometric assays for monitoring cell-mediated cytotoxicity. *Expert Rev Vaccines* 9:601–616.

doi: 10.1586/erv.10.49

43. Saverino D, Tenca C, Zarccone D, Merlo A, Megiovanni AM, Valle MT, et al. (1999) CTLA-4 (CD152) inhibits the specific lysis mediated by human cytolytic T lymphocytes in a clonally distributed fashion. *J Immunol* 162:651–658.
44. Mastelic-Gavillet B, Navarro Rodrigo B, Décombaz L, Wang H, Ercolano G, Ahmed R, et al. (2019) Adenosine mediates functional and metabolic suppression of peripheral and tumor-infiltrating CD8<sup>+</sup> T cells. *J Immunother Cancer* 7:257. doi: 10.1186/s40425-019-0719-5
45. Lozano E, Dominguez-Villar M, Kuchroo V, Hafler DA (2012) The TIGIT/CD226 axis regulates human T cell function. *J Immunol* 188:3869–3875. doi: 10.4049/jimmunol.1103627
46. Galon J, Costes A, Sanchez-Cabo F, Kirilovsky A, Mlecnik B, Lagorce-Pagès C, et al. (2006) Type, density, and location of immune cells within human colorectal tumors predict clinical outcome. *Science* 313:1960–1964. doi: 10.1126/science.1129139
47. Wakatsuki K, Sho M, Yamato I, Takayama T, Matsumoto S, Tanaka T, et al. (2013) Clinical impact of tumor-infiltrating CD45RO<sup>+</sup> memory T cells on human gastric cancer. *Oncol Rep* 29:1756–1762. doi: 10.3892/or.2013.2302
48. Enomoto K, Sho M, Wakatsuki K, Takayama T, Matsumoto S, Nakamura S, et al. (2012) Prognostic importance of tumour-infiltrating memory T cells in oesophageal squamous cell carcinoma. *Clin Exp Immunol* 168:186–191. doi: 10.1111/j.1365-2249.2012.04565.x
49. Tietze JK, Angelova D, Heppt M V, Reinholz M, Murphy WJ, Spannagl M, et al. (2017) The proportion of circulating CD45RO(+)CD8(+) memory T cells is correlated with clinical response in melanoma patients treated with ipilimumab. *Eur J Cancer* 75:268–279. doi: 10.1016/j.ejca.2016.12.031
50. Wistuba-Hamprecht K, Martens A, Heubach F, Romano E, Geukes Foppen M, Yuan J, et al. (2017) Peripheral CD8 effector-memory type 1 T-cells correlate with

- outcome in ipilimumab-treated stage IV melanoma patients. *Eur J Cancer* 73:61–70. doi: 10.1016/j.ejca.2016.12.011
51. Yamaguchi K, Mishima K, Ohmura H, Hanamura F, Ito M, Nakano M, et al. (2018) Activation of central/effector memory T cells and T-helper 1 polarization in malignant melanoma patients treated with anti-programmed death-1 antibody. *Cancer Sci* 109:3032–3042. doi: 10.1111/cas.13758
52. Ribas A, Shin DS, Zaretsky J, Frederiksen J, Cornish A, Avramis E, et al. (2016) PD-1 Blockade Expands Intratumoral Memory T Cells. *Cancer Immunol Res* 4:194–203. doi: 10.1158/2326-6066.CIR-15-0210
53. Sedy JR, Gavrieli M, Potter KG, Hurchla MA, Lindsley RC, Hildner K, et al. (2005) B and T lymphocyte attenuator regulates T cell activation through interaction with herpesvirus entry mediator. *Nat Immunol* 6:90–98. doi: 10.1038/ni1144
54. Gaud G, Lesourne R, Love PE (2018) Regulatory mechanisms in T cell receptor signalling. *Nat Rev Immunol* 18:485–497. doi: 10.1038/s41577-018-0020-8
55. Altman A, Isakov N, Baier G (2000) Protein kinase C $\theta$ : a new essential superstar on the T-cell stage. *Immunol Today* 21:567–573. doi: 10.1016/s0167-5699(00)01749-7
56. Coudronniere N, Villalba M, Englund N, Altman A (2000) NF-kappa B activation induced by T cell receptor/CD28 costimulation is mediated by protein kinase C $\theta$ . *Proc Natl Acad Sci U S A* 97:3394–3399. doi: 10.1073/pnas.060028097
57. Li C-R, Berg LJ (2005) Itk is not essential for CD28 signaling in naive T cells. *J Immunol* 174:4475–4479. doi: 10.4049/jimmunol.174.8.4475
58. Takeda K, Harada Y, Watanabe R, Inutake Y, Ogawa S, Onuki K, et al. (2008) CD28 stimulation triggers NF-kappaB activation through the CARMA1-PKC $\theta$ -Grb2/Gads axis. *Int Immunol* 20:1507–1515. doi: 10.1093/intimm/dxn108
59. Kropf P, Baud D, Marshall SE, Munder M, Mosley A, Fuentes J, et al. (2007) Arginase activity mediates reversible T cell hyporesponsiveness in human

- pregnancy. *Eur J Immunol* 37:935–945. doi: 10.1002/eji.200636542
60. Rodriguez PC, Quiceno DG, Ochoa AC (2007) L-arginine availability regulates T-lymphocyte cell-cycle progression. *Blood* 109:1568–1573. doi: 10.1182/blood-2006-06-031856
61. Rodriguez PC, Hernandez CP, Morrow K, Sierra R, Zabaleta J, Wyczechowska D, Ochoa A (2010) L-Arginine Deprivation Regulates Cyclin D3 mRNA Stability in Human T Cells by Controlling HuR Expression. *J Immunol* 185:5198 LP – 5204. doi: 10.4049/jimmunol.1001224
62. Bronte V, Kasic T, Gri G, Gallana K, Borsellino G, Marigo I, et al. (2005) Boosting antitumor responses of T lymphocytes infiltrating human prostate cancers. *J Exp Med* 201:1257–1268. doi: 10.1084/jem.20042028
63. Costa H, Xu X, Overbeek G, Vasaikar S, Patro C, Kostopoulou O, et al. (2016) Human cytomegalovirus may promote tumour progression by upregulating arginase-2. *Oncotarget* 7:47221–47231. doi: 10.18632/oncotarget.9722
64. Kalluri R (2016) The biology and function of fibroblasts in cancer. *Nat Rev Cancer*. doi: 10.1038/nrc.2016.73
65. Ziani L, Chouaib S, Thiery J (2018) Alteration of the Antitumor Immune Response by Cancer-Associated Fibroblasts. *Front Immunol* 9:414. doi: 10.3389/fimmu.2018.00414
66. Liu T, Han C, Wang S, Fang P, Ma Z, Xu L, Yin R (2019) Cancer-associated fibroblasts: an emerging target of anti-cancer immunotherapy. *J Hematol Oncol* 12:86. doi: 10.1186/s13045-019-0770-1
67. Martí i Líndez A-A, Dunand-Sauthier I, Conti M, Gobet F, Núñez N, Hannich J, et al. (2019) Mitochondrial arginase-2 is a cell-autonomous regulator of CD8+ T cell function and antitumor efficacy. *JCI insight*. doi: 10.1172/jci.insight.132975
68. Grzybowski M, Stanczak P, Pczkowicz-Szyska J, Wolska P, Zdziarska A, Mazurkiewicz M, et al. (2017) 71P Novel dual arginase 1/2 inhibitor OATD-02

- (OAT-1746) improves the efficacy of immune checkpoint inhibitors. *Ann. Oncol.* 28:
69. He X, Lin H, Yuan L, Li B (2017) Combination therapy with L-arginine and  $\alpha$ -PD-L1 antibody boosts immune response against osteosarcoma in immunocompetent mice. *Cancer Biol Ther* 18:94–100. doi: 10.1080/15384047.2016.1276136
  70. Vianello F, Papeta N, Chen T, Kraft P, White N, Hart W, et al. (2006) Murine B16 melanomas expressing high levels of the chemokine stromal-derived factor-1/CXCL12 induce tumor-specific T cell chemorepulsion and escape from immune control. *J Immunol* 176:2902–2914. doi: 10.4049/jimmunol.176.5.2902
  71. Albregues J, Bertero T, Grasset E, Bonan S, Maiel M, Bourget I, et al. (2015) Epigenetic switch drives the conversion of fibroblasts into proinvasive cancer-associated fibroblasts. *Nat Commun* 6:10204. doi: 10.1038/ncomms10204
  72. Jiang L, Gonda TA, Gamble M V, Salas M, Seshan V, Tu S, et al. (2008) Global hypomethylation of genomic DNA in cancer-associated myofibroblasts. *Cancer Res* 68:9900–9908. doi: 10.1158/0008-5472.CAN-08-1319
  73. Du H, Che G (2017) Genetic alterations and epigenetic alterations of cancer-associated fibroblasts. *Oncol Lett* 13:3–12. doi: 10.3892/ol.2016.5451
  74. Vizoso M, Puig M, Carmona FJ, Maqueda M, Velásquez A, Gómez A, et al. (2015) Aberrant DNA methylation in non-small cell lung cancer-associated fibroblasts. *Carcinogenesis* 36:1453–1463. doi: 10.1093/carcin/bgv146
  75. LeBleu VS, Kalluri R (2018) A peek into cancer-associated fibroblasts: origins, functions and translational impact. *Dis Model & Mech* 11:dmm029447. doi: 10.1242/dmm.029447
  76. Rønnov-Jessen L, Petersen OW (1993) Induction of alpha-smooth muscle actin by transforming growth factor-beta 1 in quiescent human breast gland fibroblasts. Implications for myofibroblast generation in breast neoplasia. *Lab Invest* 68:696–707.



8. Bibliography of the candidate's publications

*Publications related to the dissertation*

Érsek Barbara<sup>1</sup>, Silló Pálma<sup>1</sup>, Ugur Cakir, Molnár Viktor, Bencsik András, Mayer Balázs, Mezey Eva, Kárpáti Sarolta, Pósz Zoltán, Németh Krisztián  
Melanoma-associated fibroblasts impair CD8+ T cell function and modify expression of immune checkpoint regulators via increased arginase activity

CELLULAR AND MOLECULAR LIFE SCIENCES 78: 2 pp. 661-673. (2021)

<sup>1</sup> Shared first authors

IF: 9,261\*

Çakır Uğur, Hajdara Anna, Széky Balázs, Mayer Balázs, Kárpáti Sarolta, Mezey Éva, Silló Pálma, Szakács Gergely, Füredi András, Pósz Zoltán, Érsek Barbara, Sárdy Miklós, Németh Krisztián

Mesenchymal-Stromal Cell-like Melanoma-Associated Fibroblasts Increase IL-10 Production by Macrophages in a Cyclooxygenase/Indoleamine 2,3-Dioxygenase-Dependent Manner CANCERS 13: 24 Paper: 6173, 22 p. (2021)

IF: 6,639\*

\*Expected IF value

Szeky B, Sillo P, Fabian M, Mayer B, Karpati S, Nemeth K  
Tumorössejtek szerepe a melanoma progressziójában és heterogenitásában [Role of cancer stem cells in the progression and heterogeneity of melanoma]

ORVOSI HETILAP 157: 34 pp. 1339-1348. (2016)

IF: 0,349

*Publications independent of the dissertation*

Lupsa Nikolett, Érsek Barbara, Horváth Andor, Bencsik András, Lajkó Eszter, Silló Pálma, Oszvald Ádám, Wiener Zoltán, Reményi Péter, Mikala Gábor, Masszi Tamás, Buzas Edit, Pósz Zoltán

Skin-homing CD8+ T cells preferentially express GPI-anchored peptidase inhibitor 16, an inhibitor of cathepsin K

EUROPEAN JOURNAL OF IMMUNOLOGY 48: 12 pp. 1944-1957. (2018)

IF: 4,695

Balázs Károly B, Gabriella E, Gyula I, József P, Pálma S, Márk, A

Az epidermolysis bullosa szájüregi tünetei és annak ellátása [Epidermolysis bullosa: oral manifestations and their treatment]

ORVOSI HETILAP 158: 40 pp. 1577-1583. (2017)

IF: 0,322

Görög A, Németh K, Szabó L, Mayer B, Silló P, Kolev K, Kárpáti S

Decreased fibrinolytic potential and morphological changes of fibrin structure in dermatitis herpetiformis

JOURNAL OF DERMATOLOGICAL SCIENCE 84: 1 pp. 17-23. (2016)

IF: 3,733

Görög A, Németh K, Kolev K, Zone JJ, Mayer B, Silló P, Bognár P, Kárpáti S

Circulating Transglutaminase 3 – Immunoglobulin A immune complexes in dermatitis herpetiformis

JOURNAL OF INVESTIGATIVE DERMATOLOGY 136: 8 pp. 1729-1731. (2016)

Mayer B, Sillo P, Mazan M, Pinter D, Medvecz M, Has C, Castiglia D, Petit F, Charlesworth A, Hatvani Z, Pamjav H, Kárpáti S

A unique LAMB3 splice-site mutation with founder effect from the Balkans causes lethal epidermolysis bullosa in several European countries

BRITISH JOURNAL OF DERMATOLOGY 175: 4 pp. 721-727. (2016)

IF: 4,706

Nemeth K, Gorog A, Mezey E, Pinter D, Kuroli E, Harsing J, Kovacs L, Fischer M, Rady P, Sillo P, Tying S, Kárpáti S

Cover Image: Detection of hair follicle-associated Merkel cell polyomavirus in an immunocompromised host with follicular spicules and alopecia

BRITISH JOURNAL OF DERMATOLOGY 175: 6 pp. 1409-1409. (2016)

Hajnalka Szabados, Katalin Uray, Zsuzsa Majer, Pálma Silló, Sarolta Kárpáti, Ferenc Hudecz, Szilvia Bősze

Characterization of Desmoglein-3 Epitope Region Peptides as Synthetic Antigens:



Analysis of their in vitro T-cell Stimulating Efficacy, Cytotoxicity, Stability and their Conformational Features

JOURNAL OF PEPTIDE SCIENCE 21: 9 pp. 731-742. (2015)

IF: 1,951

Medvecz M, Becker K, Silló P, Katona M, Szócs H, Hatvani Zs, Virágh Zs, Glász-Bóna A, Rácz E, Horváth B, Lepesi-Benkő R, Mazán M, Pintér D, Mayer B, Kárpáti S

Epidermolysis bullosa epidemiológiai és molekuláris genetikai vizsgálata

BŐRGYÓGYÁSZATI ÉS VENEROLÓGIAI SZEMLE 91: 1 pp. 10-16. (2015)

Kasperkiewicz M, Tukaj S, Gembicki AJ, Sillo P, Gorog A, Zillikens D, Karpáti S

Evidence for a role of autoantibodies to heat shock protein 60, 70, and 90 in patients with dermatitis herpetiformis

CELL STRESS & CHAPERONES 19: 6 pp. 837-843. (2014)

IF: 3,163

Orbán Annamária, Görög Anna, Silló Pálma, Kuroli Enikő, Hársing Judit, Kárpáti

Sarolta Gyermekkorai lichen sclerosus et atrophicus, alopecia totalis és autoimmun thyreoiditis együttes előfordulása

BŐRGYÓGYÁSZATI ÉS VENEROLÓGIAI SZEMLE 90: 2 pp. 55-59. (2014)

Ostorhazi E, Voros E, Nemes-Nikodem E, Pinter D, Sillo P, Mayer B, Wade JD, Otvos L Rapid systemic and local treatments with the antibacterial peptide dimer A3-APO and its monomeric metabolite eliminate bacteria and reduce inflammation in intradermal lesions infected with Propionibacterium acnes and meticillin-resistant Staphylococcus aureus INTERNATIONAL JOURNAL OF ANTIMICROBIAL AGENTS 42: 6 pp. 537-543. (2013)

IF: 4,259

Szabados H, Bosze S, Sillo P, Karpáti S, Hudecz F, Uray K

The mapping of linear B-cell epitope regions in the extracellular parts of the desmoglein 1 and 3 proteins: recognition of immobilized peptides by pemphigus patients' serum autoantibodies

JOURNAL OF PEPTIDE SCIENCE 19: 2 pp. 84-94. (2013)

IF: 1,862

Bánvölgyi A, Wikonkál N, Fodor K, Hársing J, Silló P, Bausz M, Lukáts O, Fodor E, Kárpáti S

Oculáris cicatrizáló pemphigoid addicionális lokális immunszuppresszió kezelése  
BŐRGYÓGYÁSZATI ÉS VENEROLÓGIAI SZEMLE 88: 3 pp. 87-91. (2012)

Füst Ágnes, Lendvai Zsuzsanna, Imre László, Silló Pálma

A kötőhártya in vivo konfokális cornea-mikroszkópiája okuláris pemphigoidban  
SZEMÉSZET 149: 3 pp. 166-169. (2012)

Silló P, Pintér D, Ostorházi E, Mazán M, Wikonkál N, Pónyai K, Volokhov DV, Chizhikov VE, Szathmary S, Stipkovits L, Kárpáti S

Eosinophilic fasciitis associated with Mycoplasma arginini infection

JOURNAL OF CLINICAL MICROBIOLOGY 50: 3 pp. 1113-1117. (2012)

IF: 4,068

Juhász E, Ostorházi E, Pónyai K, Silló P, Parducz L, Rozgonyi F Ureaplasmas: from commensal flora to serious infections

REVIEWS IN MEDICAL MICROBIOLOGY 22: 4 pp. 73-83. (2011)

IF: 0,370

Silló Pálma, Hársing Judit, Kárpáti Sarolta

Brazil leishmaniasis

BŐRGYÓGYÁSZATI ÉS VENEROLÓGIAI SZEMLE 87: 5 pp. 163-165. (2011)

Pónyai K, Baló-Banga JM, Pónyai Gy, Hársing J, Silló P, Holló P, Berecz M, Marschalkó M, Temesvári E

Morbus Hailey-Hailey, mint kontakt szenzibilizáció Köbner tünete

BŐRGYÓGYÁSZATI ÉS VENEROLÓGIAI SZEMLE 86: 2 pp. 46-50. (2010)

Blazsek A, Silló P, Ishii N, Gergely P Jr, Poor G, Preisz K, Hashimoto T, Medvecz M, Kárpáti S Searching for foreign antigens as possible triggering factors of autoimmunity:

Torque Tenovirus DNA prevalence is elevated in sera of patients with bullous pemphigoid  
EXPERIMENTAL DERMATOLOGY 17: 5 pp. 446-454. (2008)

IF: 3,259

Máté Sz, Silló P, Wikonkál N, Csapó Zs, Sziller I, Ujházy A, Kárpáti S, Papp Z  
Szeméremtesten megjelenő acne inversa sikeres kezelése radikális vulvectomia útján  
ORVOSI HETILAP 148: 13 pp. 609-612. (2007)

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