

INGN-241

Cancer Gene Therapy

Ad-mda7

Ad-mda7/IL-24

Adenoviral vector carrying the melanoma differentiation-associated gene 7 (*MDA-7*)

EN: 296924

Abstract

The profound toxic effects of conventional cancer therapies such as chemo- and radiotherapy and the nonspecific side effects of small-molecule inhibitors of signaling proteins mandate more effective and preferably nontoxic approaches for treating cancer. An ideal cancer therapeutic should specifically and selectively target not only neoplastic cells but also a tumor's blood supply, and should effectively eradicate both primary and metastatic tumors with equal efficiency. Although this combination of properties in a single or even multiple agents seems untenable, melanoma differentiation-associated gene 7/interleukin-24 (*MDA-7/IL24*) exhibits all of these traits, thus attaining the unique status of a potential 'magic bullet' for cancer. This unique IL-10 family member cytokine induces apoptosis only in cancer cells without harming normal cells, inhibits tumor angiogenesis, stimulates an antitumor immune response, synergizes with radiation, chemotherapy, small molecules and monoclonal antibodies, and thereby inhibits both primary and metastatic tumors by eliciting a profound 'bystander' antitumor effect. A phase I clinical trial has been successfully completed using a replication-incompetent adenovirus expressing *MDA-7/IL24* (INGN-241), demonstrating safety, lack of toxicity and significant objective clinical responses. Thus, *MDA-7/IL24* therapy might promote the elimination of primary and distant tumors, resulting in prolonged survival of patients and establishing a 'cure'.

Background

What properties would in principle comprise a perfect cancer gene therapeutic? These would include: 1) selective killing of cancer cells while sparing normal cells from harm; 2) induction of a 'bystander' anticancer effect; 3) facilitating the destruction of both primary and metastatic tumors; and 4) evoking additional multipronged antitumor

effects, thereby maximizing elimination of neoplastic cells (1). Melanoma differentiation-associated gene 7 (*MDA-7*)/interleukin-24 (*IL24*) exhibits all of these characteristics and more. This cytokine induces apoptosis specifically in various cancer cells, without exerting injurious effects to their normal counterparts, reduces angiogenesis, stimulates a potent antitumor immune response, increases the sensitivity of cancer cells to radiation and other modalities of therapy, including chemotherapy and monoclonal antibody (mAb) therapy, and exhibits profound 'bystander' antitumor activity, destroying both primary and distant tumors in animal models (2-17).

Dedifferentiation is a hallmark of many neoplastic cells and reprogramming of differentiation, whereby cancer cells are reverted to a more differentiated normal phenotype, constitutes one modality of anticancer therapy (18). In human melanoma cells, exposure to interferon beta and the protein kinase C (PKC) activator mezerein induces terminal differentiation characterized by irreversible growth arrest and morphological, biochemical, antigenic and gene expression changes characteristic of the phenotype of normal melanocytes (19-21). Differential gene expression analysis identified *MDA* genes whose expression is induced during terminal differentiation, and *MDA-7* was cloned as a novel gene showing marked and sustained augmentation of expression upon treatment with interferon beta and mezerein (21-23). Sequence analysis, chromosomal localization and biochemical properties identified *MDA-7* as a secreted cytokine

Devanand Sarkar^{1,2**}, Paul Dent³, David T. Curiel⁴, Paul B. Fisher^{1,2,5*}. Departments of Pathology¹, Urology² and Neurosurgery⁵, Herbert Irving Comprehensive Cancer Center, Columbia University, New York, NY 10032, USA; ³Department of Biochemistry, Massey Cancer Center, Virginia Commonwealth University, Richmond, VA, USA; ⁴Division of Human Gene Therapy, Gene Therapy Center, University of Alabama, Birmingham, AL 35294, USA. *Present address: Department of Human and Molecular Genetics, Massey Cancer Center, Virginia Commonwealth University, Richmond, VA, USA. *Correspondence: dsarkar@vcu.edu and pbf1@columbia.edu

belonging to the interleukin *IL10* gene family, along with *IL19*, *IL20*, *IL22* and *IL26*, and *MDA-7* was designated *IL24* (24, 25).

MDA-7/IL-24 is a 206-amino-acid, heavily glycosylated protein. Its expression is detected in human immune tissues, such as spleen, thymus, peripheral blood mononuclear cells (PBMCs) and normal melanocytes (25). This cytokine binds to its cognate receptor complexes, consisting of two sets of heterodimeric chains, *IL-20R1* and *IL-20R2* or *IL-22R1* and *IL-20R2*, and activates signal transducer and activator of transcription 3 (STAT3) signaling (26, 27). *MDA-7/IL-24* production is induced in PBMCs and monocytes by treatment with lipopolysaccharide (LPS), or in T cells, especially in CD4⁺ naïve and memory cells, following activation by an anti-CD3 mAb (11, 28). Treatment of PBMCs with *MDA-7/IL-24* protein induces proinflammatory cytokine production and *MDA-7/IL-24* protein also plays a role in T2 lymphocyte differentiation (regulating humoral immunity) (29). Recent studies demonstrate a role for *IL-24* in the proliferation of primary keratinocytes that express receptors for *IL-24* and in the pathogenesis of psoriasis (30-32). *IL-24*, along with *IL-19*, *IL-20* and *IL-22*, is induced in primary keratinocytes upon *IL-1 β* treatment and its expression is detected in psoriatic skin (30, 31). *IL-24* treatment resulted in acanthosis of reconstituted human epidermis, with induction of psoriasis-associated genes indicating its potential involvement in regulating skin biology (32).

Overexpression studies to elucidate the functions of *MDA-7/IL24* provided clues to its anticancer properties. Interestingly, forced expression of *MDA-7/IL24* at a supraphysiological level, such as via an adenoviral vector (*Ad-mda-7*), did not induce terminal differentiation in human melanoma cells, although there was a profound induction of cell death by apoptosis (33). This induction of apoptosis has been observed in almost all types of cancers, except for pancreatic cancer. The most intriguing observation is the absence of apoptosis induction in any form of normal cells, i.e., epithelial cells, fibroblasts, melanocytes, mesenchymal cells and astrocytes, upon *Ad-mda-7* infection, indicating its possible utility as an anticancer gene therapeutic (2-5). Indeed, multiple groups have confirmed this cancer-selective apoptosis induction in diverse tumor indications, as well as a plethora of indirect antitumor properties for *Ad-mda-7*.

A replication-incompetent adenovirus expressing *MDA-7/IL24* (INGN-241, *Ad-mda7*) has been evaluated in a phase I clinical trial for multiple solid tumors and melanoma, demonstrating safety and significant objective clinical responses in patients (34, 35). A phase II study is in progress evaluating INGN-241 as monotherapy in patients with advanced melanoma (36) and it is in phase III evaluation for solid tumors in combination with radiotherapy.

Preclinical Pharmacology

The most enigmatic question is how *MDA-7/IL24* induces apoptosis differentially in cancer cells while spar-

ing normal cells. The mechanism explaining this phenomenon remains to be elucidated, although certain traits are observed only in cancer cells and not in normal cells that might underlie this differential response. Another intriguing observation is that although the ultimate endpoint of *MDA-7/IL24* action is the induction of apoptosis, depending on the cell type and experimental context this cytokine activates different signal transduction pathways to achieve this objective. *MDA-7/IL24* induces cancer-selective apoptosis by an intracellular mode of action that does not require intact Janus kinase (JAK)/STAT signaling, a classical cytokine signaling cascade, or secretion of the molecule (37, 38). *MDA-7/IL24* localizes predominantly in the endoplasmic reticulum (ER)/Golgi compartment and induces an ER stress response also known as an 'unfolded protein response' (UPR) (39). In the ER, *MDA-7/IL24* interacts with the ER chaperone protein BiP/GRP78 (immunoglobulin heavy chain-binding protein/78 kDa glucose-regulated protein), which results in activation of p38 mitogen-activated protein kinase (MAPK) and subsequent induction of growth arrest and the DNA damage-inducible (*GADD*) family of genes (39, 40). Mutation in the BiP/GRP78-binding motifs in *MDA-7/IL24* abolishes p38 MAPK induction, *GADD* gene induction, as well as apoptosis (39). However, *MDA-7/IL24* interacts with BiP/GRP78 in both normal and cancer cells, although p38 MAPK activation and apoptosis induction are evident only in cancer cells, indicating the possible presence of a cancer-selective mediator of BiP/GRP78 downstream signaling. Identification of this downstream molecule might provide significant insight into the cancer selectivity of *MDA-7/IL24*. Additionally, levels of BiP/GRP78 have been shown to be higher in multiple cancer cells than in normal cells and the relative level of BiP/GRP78 might determine sensitivity to *MDA-7/IL24* (41, 42).

Ad-mda-7 induces apoptosis of lung cancer cells via a direct interaction, and the involvement of upregulation of double-stranded RNA-activated protein kinase (PKR) and activation of c-Jun kinase (JNK) pathways in mediating *Ad-mda-7*-induced apoptosis has also been documented in the context of radiosensitization (10, 43). All these kinases, p38 MAPK, PKR and JNK, function downstream of the ER stress signaling pathway, suggesting a central role of ER stress induction as a potential mechanism of *Ad-mda-7* anticancer function. *Ad-mda-7* has been shown to inhibit β -catenin and phosphatidylinositol 3-kinase (PI3K) signaling pathways in lung cancer cells and to activate Fas-FasL signaling in ovarian cancer cells (44, 45). *Ad-mda-7* also generates reactive oxygen species (ROS) in the mitochondria, shifts the balance between pro- and antiapoptotic proteins and sets forth the cascade of intrinsic (mitochondrial) apoptotic signaling (46, 47). Forced overexpression of the antiapoptotic protein Bcl-2 or Bcl-X_L renders prostate cancer cells resistant to *Ad-mda-7*, which might be overcome by either ROS generators or radiation (48, 49). Multiple studies have demonstrated that the basal ROS levels in cancer cells are higher than in normal cells (50). As such, exogenous

agents that promote ROS production can overcome natural antioxidants much less efficiently in cancer cells as opposed to normal cells, thus inducing apoptosis and cell death. This is the rationale for using arsenic trioxide and other oxidative stress inducers to promote apoptosis selectively in cancer cells, and this phenomenon might also be the causal event for the cancer selectivity of *MDA-7/IL24*.

Among cancer cells, pancreatic carcinomas are conspicuous for their inherent resistance to *Ad-mda-7*-mediated apoptosis due to selective inhibition of the translation of *MDA-7/IL24* mRNA (51, 52). Activated mutations in the *KRAS* oncogene are observed in > 95% of pancreatic cancer patients and this process appears to occur early in the etiology of the disease. Inhibition of *KRAS* by either chemical or genetic approaches relieves *MDA-7/IL24* translational inhibition and makes both wild-type and mutant *KRAS*-containing pancreatic cancer cells sensitive to *Ad-mda-7* (52, 53). ROS generators also relieve this inhibition in a *KRAS*-independent manner in pancreatic carcinoma cells (47, 53). A single study by Introgen Therapeutics, however, demonstrated that *Ad-mda-7* as a single agent inhibited the growth of human pancreatic cancer cells by inhibiting Wnt/PI3K signaling (54). These discrepant findings might be explained by subtle differences in vector construction, one of the vectors having a β -globin polyadenylation signal and the other an SV40 polyadenylation signal (35, 55), as well as in doses of the viruses used in the studies.

In addition to its direct effect on cancer cells resulting in apoptosis, *Ad-mda-7* also decreases tumor growth by inhibiting angiogenesis. *Ad-mda-7* does not affect the growth of normal human vascular endothelial cells (HUVECs), but inhibits *in vitro* the differentiation of and tube formation by HUVECs and inhibits angiogenesis in nude mice tumor xenograft models (6, 7). Similarly, purified *MDA-7/IL-24* protein inhibits HUVEC differentiation and migration, but not proliferation. Addition of blocking antibody to IL-22R1 protects HUVECs from *MDA-7/IL-24* effects, indicating that a receptor interaction mediates this effect (7). Vascular endothelial growth factor (VEGF) expression is also inhibited by *Ad-mda-7* in lung and prostate cancer cells. In prostate cancer cells, inhibition of c-Src (cellular homologue of avian sarcoma viral oncogene) kinase activity by *Ad-mda-7* confers VEGF inhibition (56).

Ad-mda-7 synergizes with radiation to induce apoptosis in various cancer cells. Its radiosensitizing properties have been demonstrated in glioblastoma multiforme, lung and ovarian cancers, as well as parental or Bcl-2- or Bcl-X_L-overexpressing prostate cancers (8-10, 15, 49). Activation of the JNK pathway plays a key role in this effect (10). In lung cancer cells, *Ad-mda-7* augments the therapeutic effects of epidermal growth factor (EGF) receptor inhibitors, such as gefitinib or erlotinib, bevacizumab, a humanized monoclonal antibody against VEGF, and geldanamycin, a chemotherapeutic (12, 13, 57). *Ad-mda-7* synergizes with trastuzumab, a monoclonal antibody against HER2/NEU, in breast cancer cells

(14). Interestingly, nonsteroidal antiinflammatory drugs such as sulindac induce apoptosis in cancer cells by promoting *MDA-7/IL24* expression, and also augment *Ad-mda-7*-induced apoptosis by enhancing *MDA-7/IL24* mRNA stability (58, 59).

The receptor-dependent apoptosis-inducing properties underlie the 'bystander effect' of secreted *MDA-7/IL-24* protein. Transfection of only about 8% of pancreatic cancer cells significantly inhibited the growth of established tumors in nude mice (50). *MDA-7/IL-24* protein secreted from the normal cells effectively inhibited the growth of cocultivated cancer cells (16). Subcutaneous xenografts from human breast cancer and resistant prostate cancer cells were established on both the right and left flanks of athymic nude mice and only the tumors on the left side were injected with *Ad-mda-7* (17, 60). Of therapeutic relevance, *Ad-mda-7* not only inhibited the growth of the left-sided tumors that were injected, but also significantly inhibited the right-sided noninjected tumors. Tumors were established in mouse spleen using mouse hepatoma cells that metastasized to the liver. Electroporation-mediated delivery of plasmids expressing mouse *mda-7/IL24* to the quadriceps muscle resulted in a significant increase in survival and a reduction of metastatic foci in the liver, although it did not have any profound effect on the primary tumor established in the spleen (61).

Indirect evidence that *MDA-7/IL24* stimulates the immune system by inducing the production of proinflammatory cytokines has been observed in *in vitro* and clinical studies (11, 29, 34, 35). A recent study employing immunocompetent animals further extended these observations (62). Murine fibrosarcoma UV2237m cells infected with *Ad-mda-7* did not grow in syngeneic immunocompetent C3H mice. These tumor-free C3H mice, when challenged with parental tumor cells, experienced no tumor growth, suggesting induction of systemic immunity. Splenocytes prepared from vaccinated C3H mice demonstrated higher proliferative activity and produced elevated levels of Th1 cytokines compared with those from control mice, and demonstrated a significant increase in the CD3⁺CD8⁺ cell population. Thus, *Ad-mda-7* treatment of syngeneic tumors promotes immune activation, leading to anticancer immunity.

Clinical Studies

The *in vitro* and *in vivo* animal studies demonstrating the profound but nontoxic anticancer efficacy of *Ad-mda-7* paved the way for its translation into the clinic. Presently, only one phase I clinical trial has been carried out using INGN-241, a replication-incompetent adenovirus expressing *MDA-7/IL24* developed by Introgen Therapeutics, in 28 patients with multiple solid tumors administered the therapy by intratumoral injection (34, 35). INGN-241 was created on an Ad5 backbone with E1A and partial E3 region deletions using a cytomegalovirus (CMV) immediate early promoter to drive *MDA-7/IL24* expression, followed by an SV40 polyadenylation signal. In all patients receiving single or repeated intratumoral

injections of 2×10^{10} - 2×10^{12} viral particles (vp), adverse events were mild, consisting of injection-site pain and fever (35). Patients receiving single injections did not show any clinical response. Eight patients received twice-weekly injections for 3 weeks (on a 28-day cycle for 1 or more cycles) and 5 patients completed at least 1 cycle of treatment. Two of these patients demonstrated a clinically significant response to INGN-241, consisting of at least partial regression of the injected lesion. The most dramatic response was observed in a 64-year-old female with widely metastatic melanoma and more than 10 distinct lesions. A lesion in the supraclavicular node (2×2 cm) was injected with INGN-241 6 times, which resulted in gradual regression over the next 2 weeks and no clinical evidence of disease. A lesion on the dorsum of the right hand (1.8×2.3 cm) was treated next and with 5 injections there was an 84% reduction in lesion area, with microscopic lymphoplasmacytic infiltrations and extensive coagulative necrosis. A third lesion in the anterior right thigh (3.5×3 cm) showed a 35% reduction. This patient survived for 773 days after initiation of INGN-241 treatment and an additional melanoma patient exhibited a partial response (33% decrease). Five patients survived more than 2 years, and 4 were still alive at 1,643, 1,550, 1,267 and 1,261 days.

The immunostimulatory activity of *MDA-7/IL24* was demonstrated in the clinical trial (34). Transient increases in circulating cytokines, such as IL-6, IL-10 and tumor necrosis factor α (TNF- α), were observed with INGN-241 injection. The majority of patients also showed a marked increase in CD3⁺ and CD8⁺ T cells at day 15 following injection, suggesting that INGN-241 may be associated with a Th1 response. These initial clinical results revealed that INGN-241 is well tolerated when administered via intratumoral injection and repeated dosing with 2×10^{12} vp/injection could be utilized in subsequent clinical investigations via intratumoral injection.

Conclusions

With the initial success of a phase I clinical trial in multiple solid tumors, it is essential that INGN-241 be evaluated further in phase II/III trials for the treatment of cancer patients. Conditionally replication-competent bipartite adenoviruses that replicate only in cancer cells and simultaneously express *MDA-7/IL24* have shown a profound effect in eliminating primary and distant tumors derived from human breast, colorectal and resistant prostate cancer cells in nude mouse models (17, 60, 63). Additionally, delivery of *MDA-7/IL24* using adeno-associated virus (AAV) has also demonstrated significant efficacy (64). These findings further stress that INGN-241 and modified and improved versions have profound potential for cancer treatment in the future.

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Source

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