## Interleukin 12: a new clinical player in cytokine therapy

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Interleukin 12 (IL-12) was identified several years ago, but its potential use in cancer therapy has only been recognised relatively recently. Animal studies have now shown that IL-12 has potent anti-tumour and antimetastatic activity, with less toxicity than that encountered with IL-2. In this editorial, we review the literature concerning the biology of IL-12, focusing on the areas of particular relevance to its possible role in cancer therapy. We propose that an important new cytokine has arrived for use in clinical oncology.

IL-12 (reviewed by Gately, 1993; Brunda, 1994) is a 70-75 kDa glycosylated cytokine which was simultaneously identified and purified from the supernatant of human Blymphoblastoid cell lines by two independent groups and was initially described on the basis of its actions as 'cytotoxic lymphocyte maturation factor (CLMF)' (Gately et al., 1986; Wong et al., 1988; Stern et al., 1990) and 'natural killer cell stimulatory factor (NKSF)' (Kobayashi et al., 1989). It has an atypical structure for a cytokine, being heterodimeric and consisting of a 35 kDa (p35) subunit and a 40 kDa (p40) subunit linked by a disulphide bond. A mixture of soluble recombinant subunits also has biological activity but only at concentrations several orders of magnitude greater than that of the covalently linked heterodimer (Trinchieri, 1993). The genes for both the p35 and p40 subunits have been cloned (Gubler et al., 1991; Wolf et al., 1991) and mapped in humans to chromosomes 3p12-3q13.2 and 5q31-q33 respectively (Sieburth *et al.*, 1992). The predicted amino acid sequences of the human p35 and p40 IL-12 subunits show 60% and 70% identity with the murine sequences and consist of 20% and 10% carbohydrate respectively (Podlaski et al., 1992; Schoenhaut et al., 1992). Bioactivity studies, however, show species specificity, with human IL-12 exhibiting minimal activity in the murine system but with murine IL-12 being active in human systems. The use of interspecies p35/ p40 hybrids suggests that this is determined by the p35 subunits (Schoenhaut et al., 1992). However, as antibodies against the p40 subunit can neutralise IL-12 bioactivity, both subunits may be involved in receptor binding (Chizzonite et al., 1991; D'Andrea et al., 1992), either directly or possibly through one subunit influencing the conformational state of the other.

The main cellular sources of IL-12 are monocytes/macrophages, which secrete IL-12 constitutively and particularly following stimulation with bacterially derived products, and B cells and B-lymphoblastoid cell lines (D'Andrea *et al.*, 1992). Incubation of peripheral blood mononuclear cells (PBMCs) with *Staphylococcus aureus* Cowan I strain or lipopolysaccharide (LPS) increases production of IL-12 but a range of cytokines, including IL-1 $\alpha$ , IL-1 $\beta$ , IL-2, IL-4, IL-6 and tumour necrosis factor alpha (TNF- $\alpha$ ), do not elicit increased production (D'Andrea *et al.*, 1992), and IL-10 has been reported to inhibit synthesis of IL-12 by PBMCs

(D'Andrea et al., 1992; Kubin et al., 1994). Discordant production of the subunits has been demonstrated, indicating independent regulation, with excess uncomplexed p40 being produced by human PBMCs and B-lymphoblastoid cell lines, although production of free p35 has not been observed (Stern et al., 1990; Wolf et al., 1991; D'Andrea et al., 1992). A range of solid tumour-derived, T-cell and myeloid leukaemic cell lines have been found not to secrete IL-12, although many of these cell lines contain mRNA transcripts of the p35 gene alone (D'Andrea et al., 1992). Similarly, in the murine system, p40 mRNA has been found to be restricted to lymphoid tissues, whereas p35 mRNA is detected in both lymphoid and non-lymphoid (lung and brain) tissues (Schoenhaut et al., 1992). However, mRNA for both subunits has been found in two murine thymic epithelial lines and a thymic fibroblastoid clone (Godfrey et al., 1994), although it is not known whether these cell types secrete mature IL-12 protein. It is unclear whether the individual IL-12 subunits can exert as vet unidentified biological effects, but the murine p40 subunit is able to inhibit several biological activities of the IL-12 heterodimer (Mattner et al., 1993). This may be analogous to the IL-1 family, in that IL-1 $\alpha$  and - $\beta$  can bind to and elicit responses in target cells, but the third member, the IL-1 receptor antagonist, can bind to the receptor but does not induce a response and can competitively inhibit IL-1 $\alpha$  or - $\beta$ . In effect, the excess of free p40 produced by some cells may serve to regulate the biological activity of IL-12.

A high-affinity 110-135 kDa receptor with a  $K_d$  of 100-600 pM has been found on activated human T cells and NK cells but not on B cells, resting PBMCs or several cell lines, including those of T, NK, B, myelomonocytic, epithelial and fibroblast lineage (Chizzonite et al., 1992; Desai et al., 1992). Subsequently, a more detailed analysis has identified three binding sites on phytohaemagglutinin (PHA) activated PBMCs with apparent  $K_d$  of 5-20 pM and 2-6 nM (Chua et al., 1994). The extensive homology between the p40 subunit and the extracellular domain of the IL-6 receptor, together with the more distant relationship between the p35 subunit and IL-6 itself (Gearing and Cosman, 1991; Merberg et al., 1992), has provoked speculation that the IL-12 heterodimer may have evolved from a cytokine/soluble receptor complex, such as occurs with IL-6, which then interacts with a cell-bound receptor analogous to gp130 and induces biological activity. This has been given further support by the recent cloning of the cDNA encoding a human IL-12 receptor subunit of approximately 100 kDa which structurally is a member of the haematopoietin receptor family and most closely related to gp130 (Chua et al., 1994). However, unlike the IL-6/soluble IL-6R-induced dimerisation of gp130 and subsequent signal transduction, the oligomerisation of the IL-12R subunit is not dependent on ligand binding and IL-12 only binds dimeric or oligomeric forms of the subunit. Additionally, whereas gp130 expression is widespread, constitutive and converts the IL-6/IL-6R interaction to one of high affinity, the IL-12R subunit is restricted, highly inducible by mitogens or IL-2 and is thought to represent the low-affinity

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IL-12 binding site ( $K_d$  2-5 nM) requiring an additional subunit to generate a high affinity IL-12R complex. This may be the receptor-associated protein of 85 kDa previously described (Chizzonite *et al.*, 1992).

It is now recognised that IL-12 has several biological actions including playing a pivotal role in the initiation of cell-mediated immunity via regulation of  $T_H1$  and  $T_H2$  subsets (Romagnani, 1992; Germann et al., 1993; Hsieh et al., 1993; Macatonia et al., 1993; Manetti et al., 1993; Trinchieri, 1993; Wu et al., 1993; McKnight et al., 1994; Romani et al., 1994; Schmitt et al., 1994; Yanagida et al., 1994). In both murine and human systems, it appears that IL-12 is an essential factor for T<sub>H</sub>1 generation, with antigenic stimulation in the presence of blocking antibodies to IL-12 preventing the generation of  $T_{H1}$  cells. This may at least in part be independent of interferon-y, although studies with neutralising antibodies have produced conflicting results, but may require NK cells (Macatonia et al., 1993; Manetti et al., 1993; Wu et al., 1993; McKnight et al., 1994). Conversely, IL-4 induces the generation of  $T_{H2}$  cells. Thus, the critical balance of cytokines and particularly IL-4 and IL-12 is essential for determining the  $T_{H1}$  and  $T_{H2}$  response. Appropriate negative and positive feedback mechanisms exist, with the  $T_{H}$ l-derived interferon-y further increasing the monocytic production of IL-12 and decreasing IL-10 production, whereas the  $T_{\rm H}2$  cell products, IL-4 and IL-10, inhibit production of IL-12 (Trinchieri, 1993). Activated but not resting T and NK cells, whether isolated from peripheral blood lymphocytes (PBLs), T-cell lines or tumour-infiltrating lymphocytes (TILs), proliferate in response to IL-12 via a mechanism which is in most cases IL-2-independent (Stern et al., 1990; Gately et al., 1991; Wolf et al., 1991; Bertagnolli et al., 1992; Naume et al., 1992; Perussia et al., 1992; Andrews et al., 1993) although additive, synergistic or inhibitory effects of IL-2 have been reported. However, IL-12 has also been reported to inhibit the proliferative response of NK cells, CD8<sup>+</sup> cells and a T-cell line to high-dose IL-2 (Perussia et al., 1992; Robertson et al., 1992; Mehrotra et al., 1993). Synergy of IL-12 with the B7/CD28-mediated co-stimulation of proliferation and cytokine production of murine and human T cells has also been shown to occur (Kubin et al., 1994; Murphy et al., 1994), with effective concentrations of IL-12 being lower and inducing greater responses than those of IL-2 (Kubin et al., 1994). IL-12 is not, however, an effective stimulus for anergic T cells (Quill et al., 1994). Whether the IL-12-facilitated induction of MHC-restricted cytotoxic T-lymphocyte activity seen in vitro is IL-2 dependent is the subject of dispute (Gately et al., 1992; Mehrotra et al., 1993; Bloom and Horvath, 1994), presumably because of factors such as the nature of the stimulus and the cell populations used. An increase in production of granule proteins such as perforin has been associated with the IL-12enhanced MHC-restricted and non-restricted cytotoxicity (Cesano et al., 1993; Chehimi et al., 1993; Salcedo et al., 1993; Aste-Amezaga et al., 1994; Bloom and Horvath, 1994; Bonnema et al., 1994).

IL-12 markedly stimulates production of interferon-y from resting or activated PBLs and T and NK cells (Kobayashi et al., 1989; Chan et al., 1991; Wolf et al., 1991; Naume et al., 1993; Wu et al., 1993), acting synergistically with IL-2, although resting cells also require accessory cells. The action of IL-12 in enhancing the cytolytic activity of NK cells and induction of LAK activity (Kobayashi et al., 1989; Stern et al., 1990; Gubler et al., 1991; Wolf et al., 1991; Gately et al., 1992; Naume et al., 1992; Robertson et al., 1992; Chehimi et al., 1993) is not thought to be mediated by IL-2 or interferon- $\gamma$ . However, production of endogenous TNF- $\alpha$  has been implicated in the IL-12-mediated generation of lymphokine-activated killer cell (LAK) activity (Gately et al., 1992; Naume et al., 1992), but whether it is involved in the augmentation of NK cytotoxic activity in short-term cultures may be dependent on whether mature or immature NK cells are used (Chehimi et al., 1993; Jewett and Bonavida, 1994). IL-12 has been reported to both inhibit and act synergistically with IL-2-induced LAK activity depending on the

experimental conditions (Gately et al., 1992; Zeh et al., 1993) and, indeed, endogenous IL-12 may be a partial mediator of the IL-2 response, with antibodies to IL-12 producing a 50% inhibition of IL-2-induced interferon-y production by PBLs in vitro (D'Andrea et al., 1992). Interestingly, in view of IL-10's ability to inhibit IL-12 synthesis (D'Andrea et al., 1993), following IL-12 injection in mice, a decrease in splenic IL-3 and IL-4 production was noted together with an increase in IL-10 production (Morris et al., 1994), possibly indicating a negative feedback mechanism. Other biological actions of IL-12 include the up-regulation of HLA-DR, the adhesion molecules ICAM-1, and LFA-1 and receptors for the cytokines IL-2, IL-12, IL-4 and TNF on NK cells (Naume et al., 1992, 1993; Robertson et al., 1992; Rabinowich et al., 1993; Jewett and Bonavida, 1994), the inhibition of IgE production (Kiniwa et al., 1992; Morris et al., 1994), and actions as a growth modulator for murine and human haemopoietic stem cells (Jacobsen et al., 1993; Ploemacher et al., 1993a,b; Bellone and Trinchieri, 1994).

Clearly, the above actions of IL-12 indicate its potential usefulness as an anti-tumour agent, and this is borne out by recent experimental work. In vitro IL-12 has been shown to augment significantly the NK activity of human PBMCs against a variety of tumour-derived cell lines, including colon and neuroblastoma (Lieberman *et al.*, 1991; Rossi *et al.*, 1994) and to correct the defect of NK activity of PBMCs seen in patients with various solid tumours (Soiffer *et al.*, 1993; Kusher *et al.*, 1994). In those patients receiving IL-2, co-culture of PBMCs with IL-12 produced a dramatic increase in cytolytic activity against NK-sensitive and NK-resistant tumour targets (Soiffer *et al.*, 1993). The cytolytic activity of TILs against autologous tumours including melanoma, breast and ovary (Andrews *et al.*, 1993; Zeh *et al.*, 1993) is also enhanced by IL-12.

Early animal studies have now shown that IL-12 administered either systemically, directly into the tumour or locally by fibroblasts genetically engineered to produce IL-12 has potent anti-tumour and antimetastatic activity in a number of tumour models, including carcinomas, sarcomas, melanomas and lymphomas (Brunda et al., 1993; O'Toole et al., 1993; Tahara et al., 1994; Mayor et al., 1994; Nastala et al., 1994; Stern et al., 1994). Most importantly, IL-12 was not only able to inhibit growth of new tumours but also caused regression of existing extensive tumours. Whether IL-12 is having any direct effects on the tumours is not clear, although in vitro it has no effect on the proliferation of several murine tumour cell lines (Brunda et al., 1993; O'Toole et al., 1993; Mayor et al., 1994). Both increased NK lytic activity and specific allogeneic cytotoxic T-lymphocyte (CTL) responses have been seen in normal mice injected with IL-12 (Gately et al., 1994), although NK activity was low and declined within 2 days. As IL-12 retains its anti-tumour activity in mice depleted of NK cells but not in nude mice, it has been suggested that activation of T cells rather than of NK cells is the predominant mechanism of its anti-tumour activity (Brunda et al., 1993). This is supported by the reduction of efficacy of IL-12 with depletion of CD8<sup>+</sup> cells but not with CD4<sup>+</sup> cells, the latter finding being somewhat surprising given the actions of IL-12 on  $CD4^+$  T<sub>H</sub>1 cells (Brunda et al., 1993). However, a further study has found that the elimination of both CD4<sup>+</sup> and CD8<sup>+</sup> subsets is necessary before the effect of IL-12 is lost (Nastala et al., 1994). In addition, other studies have found that the anti-tumour effect is present in severe combined immunodeficient (SCID) mice which lack B or T cells, implicating NK cells (O'Toole et al., 1993). Coinjection of NK cells with IL-12 produced no appreciable anti-tumour effect on human melanoma xenografts in SCID mice, but the co-injection of IL-12 with IL-2 and NK cells significantly increased the anti-tumour effect of IL-2 and NK cells alone (Hill et al., 1994).

The extent to which the anti-tumour activity of IL-12 is mediated by the secondary induction of interferon- $\gamma$  is not clear, but dramatically increased serum levels of interferon- $\gamma$ are seen in mice following IL-12 administration (Gately *et al.*, 1994; Hendrzak *et al.*, 1994; Nastala *et al.*, 1994) with antibodies to interferon- $\gamma$  nearly completely abrogating the anti-tumour, and partially reducing the antimetastatic, effects of IL-12 (Hendrzak *et al.*, 1994; Nastala *et al.*, 1994). Administration of interferon- $\gamma$  alone, however, fails to produce the anti-tumour effects, suggesting that, although production of interferon- $\gamma$  is essential for the anti-tumour action of IL-12, other cytokine cascades/actions of IL-12 are also required. Only low levels of TNF- $\alpha$  are found following IL-12 administration and antibodies to TNF- $\alpha$  have no effect on the anti-tumour activity of IL-12 (Nastala *et al.*, 1994). Initial reports indicate that, in contrast to IL-2, little toxicity has so far been associated with administration of IL-12 to mice at effective doses (1 µg day<sup>-1</sup>) (Brunda *et al.*, 1993; Gately *et al.*, 1994; Nastala *et al.*, 1994; Stern *et al.*, 1994).

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IL-12 is clearly a cytokine which plays a central role in directing the immune response. Its involvement in cellmediated immunity, both as an initiator and as a facilitator, makes it a promising agent for immunotherapy. In addition, its interactions with other cytokines in mediating this response suggests that it could be used in combination with already established therapies and additionally may be amenable to gene therapy strategies. Preclinical studies have clearly shown its potential in animal studies, and a plethora of clinical trials will undoubtedly follow to establish if the immunotherapeutic potential demonstrated in animal studies is realised in human malignancies.

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