Monoclonal Antibodies as Agonists: An Expanded Role for Their Use in Cancer Therapy

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Introduction

The development of technologies to generate MAbs (1) created considerable excitement in oncology because of their potential use for tumor therapy. The initial rationale was to harness the exquisite specificity of antibodies to bind to tumor-specific antigens and, thereby, to kill tumor cells by means of conventional effector mechanisms that have been perfected during the long evolution of the mammalian immune system, e.g., opsonization, ADCC, or complement-mediated lysis (2, 3). When MAbs were evaluated for cross-reactivity with normal tissues, however, it became apparent that the majority of tumor-associated antigens were not tumor specific (4), thus creating an apparent obstacle to the above strategy. However, the density of such antigens (e.g., interleukin receptors and carbohydrate moieties peculiar to tumors) was often increased on cells from particular tumors (5–7), thereby providing an operational window of specificity. In addition, lineage-specific antigens can serve as targets, provided that stem cells in the lineage are antigen-negative and, hence, able to reconstitute the cellular compartment or the tissue involved. Subsequent to selection for MAbs of suitable specificity, the isotypes of such MAbs were then selected to maximize effector functions such as ADCC (8).

Despite this initial intellectual appeal, the general therapeutic efficacy of tumor-reactive MAbs has been disappointing. In particular, the results of clinical studies in patients with solid tumors showed little efficacy (9–13), except in the setting of minimal disease (14). This relates in part to the fact that patients in Phase I trials usually have large tumors with poor access to circulating MAb. In addition, the above criteria for selecting MAbs may not have been optimal, as will be discussed in this article.

In contrast to results with carcinomas, significant success has been reported in treating NHL and T-cell leukemias with tumor-reactive antibodies. Levy and Miller (15) and Hamblin et al. (16) have used anti-idiotpe MAbs to treat NHL and chronic lymphocytic leukemia, respectively. In the majority of cases of NHL, there have been partial or complete remissions using single anti-idiotypic antibodies. Relapses frequently indicated the emergence of idiotope-negative variants (17, 18). Dyer et al. (2) have also obtained impressive anti-tumor effects in NHL with anti-CD52. Finally, anti-CD25 has shown some efficacy in the treatment of human T-cell lymphotropic virus I-induced adult T-cell leukemia (19). These results have demonstrated both the effectiveness of some antibodies in eliminating neoplastic B- and T-cells and the problems associated with the generation of antigen-negative variants.

Despite the results of clinical studies in patients with epithelial tumors and the above mentioned limitations of MAb therapy, we believe that the potential of MAbs as therapeutic agents has not been thoroughly explored. The purpose of this review is to reevaluate the prevalent concept that the major antitumor effects of these antibodies are due to the harnessing of conventional effector mechanisms of the host. We will review evidence supporting an alternative interpretation, i.e., that antibodies directed against cell surface molecules on many types of tumor cells can act as ligands, resulting in powerful antitumor effects mediated by signal transduction. If MAbs are selected by virtue of this characteristic, they may serve as important adjuncts to conventional chemotherapy. We will use B- and T-cell tumors as the major example but will also discuss breast carcinoma.

Role of Effector Functions of MAbs

There is considerable experimental and some clinical evidence to indicate that the effector functions of MAbs can play a major role in tumor immunity. This issue has been studied by two approaches: (a) the use of class switch variants of tumor-reactive antibodies in humans, human tumor/nude mouse models, or murine tumor models as well as in in vitro cytotoxic assays; and (b) analysis of the effects of different human immunoglobulin isotypes involving large panels of tumor-reactive antibodies, both for their experimental in vivo antitumor effects and their cytotoxic effects in vitro. Both approaches have led to the same conclusion, i.e., that in vivo, opsonization and ADCC can play critical roles in antitumor activity (20, 21) and that murine IgG2a (8, 22, 23) is by far the most effective isotype. The effectiveness of IgG2a correlates with its capacity to interact with host effector cells. Similar results were obtained in mice using switch variants of tumor-reactive antibodies (24), i.e., IgG2a was the most effective. However, all isotypes showed some antitumor activity. Although in vitro assays indicated that the ability of MAbs to bind complement was important (25), no evidence was provided to indicate that this effector function operated in vivo. Indeed, complement depletion of Nude mice bearing human xenografts did not affect the antitumor function of IgG2a MAbs (8). Macrophages were thought to play an important role in the antitumor effects of IgG2a because agents that damaged macrophages abolished the tumoricidal effect of the MAb (8). In the studies by Dyer et al. (2), rat or humanized MAb specific to CD52 was used to treat NHL. By studying a switch variant of the rat MAb, they showed that IgG2b was far superior to IgG2a in treating NHL in a study in which two patients were each treated with one of the antibody isotypes. Both MAbs were able to remove peripheral neoplastic lymphocytes, but only the IgG2b antibody produced a long-lasting depletion of lymphocytes from blood and tissues, whereas the IgG2a tumor cells rebounded rapidly. Additional clinical observations support the role of IgG2b in killing lymphoma cells (2). In extensive experimental studies, rat IgG2b was more effective than...
other isotypes in killing lymphoid cells in vivo or mediating cellular cytotoxicity (ADCC) in vitro (20). With regard to human MAb, IgG1 and IgG3 are most effective in inducing ADCC (26), but IgG4 from some patients can demonstrate such function in vitro (27).

In summary, there is evidence that antibody-induced opsonization and cellular cytotoxicity can induce antitumor effects, but their importance in antibody-induced tumor immunity is not clear. Certain immunoglobulin isotypes, depending upon the species of origin and the host, appear to be most efficacious with regard to these effector functions. There are additional issues that remain unsolved. Thus, the relative contributions of ADCC, opsonization, and cytostasis to these antitumor effects are not known. Importantly, there appears to be variation among individuals in regards to the role that the different isotypes can play in MAb-induced tumor immunity (27). Indeed, MAbS display isotypic polymorphisms in the human that may account for these differences.  

\(^4\) If so, these immunoglobulin isotypes with minimal amino acid differences may provide critical clues to the structural motifs involved in ADCC and other effector functions.

**Signaling Functions of Antibodies**

The Immunoglobulin Receptor Complex on B Cells (Fig. 1). B cells usually express cell surface IgM and IgD with identical variable regions (28). By themselves, the heavy chains of these molecules are incapable of signaling because of very short cytoplasmic tails (29, 30). However, each H chain is associated with an Iga and Igβ (or Igγ) molecule (31, 32) that contains structural motifs that can bind members of the src-family protein tyrosine kinases, e.g., Lyn (33), Fyn, Bk (34–36), Lck (36), and SYK (37–39). After cross-linking IgM or IgD on mature B-cells, protein tyrosine kinases become enzymatically active, resulting in the phosphorylation of Iga and Igβ, the kinases themselves, and several other intracellular protein targets (32, 40–43). This initiates a cascade of biochemical events along two major pathways, resulting in cellular proliferation and/or differentiation (41, 44–46). These include phosphoinositide metabolism with activation of PLCγ and generation of Ins P3 and diacylglycerol that result in elevations in intracellular Ca\(^{2+}\) and activation of protein kinase C (47). Protein kinase C (a serine/threonine kinase) then regulates transcriptional activity of the AP-1 complex (48). A second pathway involves activation of Ras and another series of intermediate messengers (GAP, Grb2, Raf, MAPKK, and MAPK; Refs. 49–51), resulting in phosphorylation of c-Jun, a transcriptional regulator (52). Other possible pathways include phosphatidylinositol 3-kinase (42, 53–55), which may act downstream on NF-κB (56) and the recently described Jak proteins involved in signaling by cytokine receptors (57).

In summary, the major pattern for B-cell receptor signaling is that cross-linking of membrane immunoglobulin stimulates activation of protein tyrosine kinases as proximal events which, via a series of intermediates, stimulate serine/threonine kinases, which in turn regulate gene transcription (distal events). However, the precise sequence of reactivities, the relationships between the components of this complex signaling cascade, and their regulation are not yet well defined.

The Ig signaling complex is not limited to membrane immunoglobulin, Iga, and Igβ (Fig. 1). There are additional molecules on the B-cell surface, e.g., CD19 (58–60), CD20 (60–62), CD21 (58), CD22 (63), CD24 (44), CD32 (44), CD45 (64), leu13 (65), and CD81 (TAPA-1; Refs. 44, 46, 66, and 67), which can interact with or affect signaling by the immunoglobulin complex. Interactions with these molecules (with the exception of CD32; Refs. 68 and 69) usually enhance the immunoglobulin-mediated signals that lead to the activation of normal B-cells. In addition, antibodies directed against these molecules can induce signals in normal B-cells in the absence of IgM cross-linking (66, 70–72). The outcome of signaling after the cross-linking of surface immunoglobulin or the other molecules in the receptor complex depends upon the stage of differentiation of the B-lymphocyte. Mature B-cells proliferate and differentiate into immunoglobulin-secreting and memory cells; immature B-cells and certain B-cell lymphomas undergo CCA or apoptosis (73–79), as will be discussed.

**Negative Signaling in Neoplastic B-Cells.** The earliest studies in vivo indicating that antibodies against surface immunoglobulins on B-cells had antitumor effects were those of Lynch et al. (80) who showed that immunization of mice with myeloma proteins induced an antitumor response following challenge with myeloma cells. This response was attributed to T-cells, which were thought to suppress tumor cell growth. Krolick et al. (81) described the induction of a dormant tumor state in mice bearing an aggressive lymphoma (BCL1) if mice with advanced tumor were treated with irradiation, splenectomy, and an anti-Id or anti-8 immunotoxin. Although treated mice appeared clinically normal for 1 year following treatment, after sacrifice, many of their tissues were able to transfer tumor to naive recipients. The antitumor effect in the donor mice was presumed to be an anti-Id response to the initially massive tumor. In this regard, George et al. (82) and Stevenson et al. (83) showed that immunization with the monoclonal BCL1 immunoglobulin induced an anti-idiotypic response that led to a state of dormancy in mice challenged with the BCL1 tumor cells. Injection of anti-idiotypic-containing serum into naive mice that were challenged with BCL1 tumor cells resulted in a state of dormancy in some of the recipients (82, 83). We have used this model to demonstrate that the major outcome of such immunization in over 500 mice is a dormant state and that such mice carry DLCS for as long as 2 years (79). Dormancy was also induced in the
vast majority of SCID mice receiving antibodies directed against epitopes on the immunoglobulin molecule of the BCL1 tumor cells, proving that antibody can induce dormancy (79). Although insufficient by themselves, Id-immune T-cells could enhance the induction and the duration of dormancy induced by antibody. Thus, just as in humans with B-cell lymphoma (15, 16), anti-Id can be highly effective as an antitumor agent in mice with the BCL1, lymphoma. Multiparameter flow cytometry was used to isolate and characterize the DLCs. The DLCs were physiologically different from BCL1 cells growing in naive mice; they were smaller in size, appeared less “malignant” morphologically, had a different profile of oncogene expression and a proportion of these cells were in CCA (79). Since the size of the population of DLC was stable for many months, it was presumed that cell death was balancing residual cell replication.

There is a large body of in vitro evidence to support the notion that the in vivo results may depend heavily on signal transduction mechanisms. Indeed, it has been shown that there is a correlation between clinical responses to anti-Id and the capacity of anti-Id to induce phosphorylation of proteins in tumor cells freshly prepared from patients with NHL (84). It is known that the cross-linking of IgM on many but not all murine lymphoma cells can result in growth arrest in G1 followed by apoptosis (40, 41, 46, 73, 74, 76, 77, 85–87). Both phosphorylation of tyrosine residues on the src-like kinases and phosphoinositide hydrolysis (47) are important components. It has been postulated that the above events reflect a physiological mechanism underlying tolerance to self by which normal immature B-cells undergo clonal anergy or deletion following interaction with self antigens (88, 89). The generation of CCA can also be induced in mature B-cells when surface IgM is cross-linked in the absence of a T-cell signal (89). However, in some B-lymphomas, cross-linking does not appear to signal negatively (90, 91), either because the cells represent a more advanced stage of maturation or signaling can no longer override the uncontrolled growth signals inherent in these particular tumor cells.

Other Molecules in the Ig-Signaling Complex. CD19 is part of the multimolecular immunoglobulin receptor complex on the B-cell and can associate with membrane immunoglobulin, leu13, CD81, and CD21 (58, 66). Although CD19 associates with membrane immunoglobulin, signaling through CD19 is apparently distinct, since it displays differences in Ca2+ flux, PIP2 turnover kinetics, phosphoprotein patterns, involvement of protein kinase C (92), and apoptotic responses (71). The importance of CD19 signaling in the antitumor activity of anti-CD19 antibody was suggested by experimental studies on the efficacy of an CD19-ricin A chain IT in SCID mice with Daudi cell xenografts (93). It was demonstrated that the anti-CD19 antibody (HD37) alone was as effective as its respective IT in inhibiting growth of several human B-lymphomas in SCID mice. The inhibition was immunologically specific because isotype-matched control IgG1 or an anti-CD22 (RFB4) antibody alone (although potent as an IT) had no antitumor activity. When HD37 was administered with the RFB4 IT, the combination cured mice of minimal disease; neither IT nor antibody alone (even at high doses) was curative (94). More importantly, the F(ab')2 fragments of HD37 were as effective as the intact antibody when doses were adjusted for the 10-fold longer half-life of the latter in SCID mice (71). These experiments indicate that the antitumor effect of HD37 is not mediated by conventional effector mechanisms in the host and, therefore, suggests that the beneficial results involve signal transduction. This interpretation is fully supported by in vitro studies, which demonstrate that both intact anti-CD19 antibody and its F(ab')2 fragments induce CCA in several human lymphoma cell lines (71).

Using a panel of anti-CD19 MAbs, it was found that their ability to induce CCA depended both on their affinity and the epitope on the CD19 molecule which they recognized (71). This is an important point operationally because it means that, to determine signaling potential, a panel of MAbs against a given molecule should be studied to have a reasonable chance of detecting one that reacts with the appropriate epitope and has the necessary affinity to deliver a signal. In contrast to anti-CD19, treatment of Daudi cells in vitro with anti-μ induced both CCA and apoptosis (78).

Taken together with other findings, these observations raise the possibility that CCA and apoptosis may involve two distinct signaling pathways in neoplastic B-cells. In this regard, anti-sense lyn experiments in Daudi cells treated with anti-CD19 or anti-μ were carried out to determine if src-family kinases are critical for inducing CCA and/or apoptosis. The selection of anti-sense-lyn was based on previous findings that lyn is associated with CD19 (59) as well as membrane immunoglobulin (33). Pretreatment with anti-sense lyn before the addition of anti-CD19 or anti-μ completely prevented the induction of CCA by the cross-linking of CD19 or IgM. In contrast, induction of apoptosis by anti-μ was not inhibited (78). These results are similar to those obtained with a cell line (3B3) derived from the mouse BCL1 tumor cells (78). These results suggest that there are two signaling pathways, a CCA-pathway that is lyn-dependent and an apoptosis pathway that is lyn-independent. Anti-sense studies by Yao and Scott (91) suggest that Bik may be critical for inducing apoptosis.

Additional evidence suggests but does not prove that other B-cell reactive antibodies can deliver negative signals to tumor cells. In the report of a recent clinical trial conducted by Kaminski et al. (95), anti-CD20, coupled to well-tolerated amounts of 131I, was administered to patients with NHL. Durable remissions were achieved in a significant number of patients with few side effects, and the marrow was unaffected. In a human SCID/B-lymphoma model, the cold anti-CD20 MAb was a more potent antitumor agent than its 131I-conjugate (96). Hence, the antibody itself may have played a major role in the antitumor activity observed clinically, although the mechanisms are unclear (97).

The above interpretation is consistent with an earlier study which showed that unlabelled anti-CD20 administered to patients with NHL induced dose-dependent tumor regressions with a partial response (over 50% tumor reduction) in a patient receiving the largest amount of antibody (1 g; Ref. 98). Anti-TAPA-1 (CD81) can also induce a reversible antiproliferative effect on a human lymphoma cell line (66, 99). There is also evidence to suggest that anti-CD21, anti-CD23, and anti-CD24 can down-regulate the growth of Epstein-Barr virus-positive tumors in SCID mice (100) and humans (101). As mentioned before, these molecules are part of the immunoglobulin signaling complex (44, 46, 58–62, 67, 102–106); therefore, it is possible that their antitumor effects result from signal transduction. To distinguish between effector function and signaling, however, experiments comparing IgG antibody and its F(ab')2 fragments in vivo will be necessary.

**Effector Functions versus Signaling**

How can one reconcile the data indicating an important role in tumor immunity for effector functions of MAb with the data indicating that agonist activity is critical and that effector functions may play a minor role? In the past, MAbs were selected as antitumor reagents by virtue of their specificity for the tumor and then, secondarily, for their effector function. The effectiveness of a particular antibody was entirely dependent on its ability to recruit conventional effector function(s), unless it coincidentally possessed negative signaling capacity. It is not surprising, therefore, that the agonist function of antibodies was inadvertently obscured by this biased process of selection. Only when MAbs are selected for negative signaling functions will it be...
possible to assess whether or not there is an additive role for MAbs acting through effector functions. Indeed, it is likely that this will be the case. If so, a signaling antibody could be altered by genetic engineering to introduce the desired Fc portion. Moreover, a nonsignaling antibody could be used on the basis of its effector function, and another antibody with a different specificity could be used simultaneously for its signaling ability. New information regarding signaling will facilitate the design of experiments to address the relative contributions of these two antitumor effects of antibody and to explore various regimens to optimize their therapeutic use.

Anti-erbB-2R Signaling of Carcinoma

Negative signaling of B-cell tumors by cross-linking IgM or other molecules on the cell surface could be considered a phenomenon unique to lymphocytes since the normal cellular counterpart, an immature B-cell, is destined to become anergic or deleted following interaction of its membrane immunoglobulin with self antigens as a means of establishing self tolerance. The question then arises as to whether negative signaling from MAbs can occur in nonlymphoid neoplasms. In this regard, there is considerable evidence that epidermal growth factor receptor (107) and erbB-2R (also known as p185HER2 oncoprotein) on breast, ovarian, and several other types of carcinomas (108, 109) can also function as a suitable target for negative signaling by MAbs (109—113). For simplicity, we will discuss only the erbB-2R. erbB-2R is a member of the epidermal growth factor receptor family (114) and is presumed to act as a signaling receptor for a yet-to-be-identified ligand concerned with regulation of growth and differentiation of breast cells and other cell types. Overexpression of erbB-2R on breast cancer cells is associated with a poor prognosis (115—122). If a MAbs with sufficient affinity against a particular epitope on erbB-2R is added to erbB-2R-overexpressing breast or ovarian carcinoma cells, a strong antiproliferative effect can be induced (109, 111, 123, 124). One example is the MAbs anti-erbB-2R 4D5, which in ng concentrations can inhibit proliferation of breast cancer cells that overexpress erbB-2R (108, 123) and is presently being evaluated in clinical trials. It is presumed to act via signal transduction because of its antiproliferative effect in vitro and the accumulating body of evidence that cross-linking of erbB-2R induces a series of biochemical changes associated with a signaling cascade (125). We have recently shown that 4D5 induces both CCA and cell death in erbB-2R overexpressing breast cancer cells and that these effects require functional tyrosine kinases.6 Thus, as with B-lymphoma cells, in breast cancer cells, there appear to be two pathways, one for CCA and another for induction of cell death.

It is not surprising that nonlymphocytic neoplastic cells can be signaled by cross-linking particular surface molecules since these may play major roles in the regulation of cellular growth and differentiation. This does not imply that all tumor cells will be susceptible to such regulation. However, we would speculate that a proportion of tumors of many cell lineages express surface molecules which, when extensively cross-linked, may deliver sufficiently strong signals to override the malignant phenotype and induce either CCA or death.

Additive Effects

It is of particular interest that, in vitro, simultaneous addition of anti-CD19 (which by itself induces CCA) and anti-μ (which can induce both CCA and apoptosis) to human B-lymphoma cells results in an increase in the proportion of apoptotic cells.7 Besides enhancing negative signaling, an additional benefit to using two (or more) antibodies specific for molecules on the same tumor cell is the inhibition of emergence of antigen- or epitope-negative variants. Thus, Levy and Miller (15) and Kwak et al. (126) have combined two or more anti-idiotopes to lessen the possibility that idiotope-negative NHL cells will escape inhibition.

Similar results have been obtained with anti-erbB-2R antibodies. There are reports of additive antitumor effects when two anti-erbB-2R MAbs are used simultaneously in vitro (127, 128) or in nude mice (112, 127). These experiments, therefore, support the strategy of searching for combinations of MAbs that display such additive effects. There are several types of combinations to consider, none of which are mutually exclusive: (a) a MAb directed against a surface molecule that induces CCA and another directed against a different surface molecule that induces cell death; (b) MAbs that bind to two different molecules, resulting in signaling via the same intracellular pathway; and (c) MAbs that bind to different epitopes on the same molecule. Information concerning these combinations will be critical in developing an in vitro paradigm for predicting the efficacy of antitumor MAbs in vivo.

Are the Negative Signals Physiological?

It seems reasonable to assume that cross-linking of receptors by MAbs that signal CCA and apoptosis are imitating the signals induced by physiological agonists. For example, tolerance induction to self antigens on immature B-cells requires signaling through the immunoglobulin receptor complex as discussed above. However, there are theoretical considerations as well as experimental data that suggest a more complicated interpretation. Thus, the interaction of a physiological ligand with a small percentage of receptors on a cell and cross-linking a proportion of them should be sufficient to deliver a signal. Nature would be expected to provide a considerable excess of such receptors to ensure signaling when required. In contrast, if all the receptors are cross-linked and, indeed, clustered into large aggregates by MAbs, a different signal, quantitatively or qualitatively, might be expected. These theoretical considerations are indirectly supported by a number of studies. Thus, optimal negative signaling of B-cell tumors requires concentrations of antibody that exceed the number of IgM molecules on the cell surface, indicating that both saturation of surface IgM and cross-linking of newly expressed IgM during the incubation period of one or more days is required for a maximum effect (129—131). As previously mentioned, the same is true for studies of cells overexpressing erbB-2R in which increased cross-linking increases the negative signaling (112, 127) and the proportion of cells that die.6 In addition, the frequency and magnitude of elevations of intracellular calcium ions change markedly as concentrations of ligand (132) (including anti-μ) (133) are increased from physiological to pharmacological levels. It is possible, therefore, that the antitumor effects induced by MAbs acting as agonists may be different in intensity and/or quality from those induced by the physiological ligands at their usual concentrations.8 Indeed, such abnormal signaling may be responsible for inducing apoptosis. In this regard, it has recently been shown that anti-μ and anti-δ bound to plastic can induce apoptosis in normal B-cells (134).

8 It is possible, that at particular stages of development, ligand concentrations are markedly increased in order to induce apoptosis in a particular cell lineage and, in that sense, are physiological.
Other Antitumor Effects of MAb

There are other potential uses of MAb in tumor therapy aside from inducing negative signaling or conventional effector mechanisms. Some MAbs may block critical interactions between the tumor cells and neighboring cells, stroma, or matrix that are necessary for either tumor growth or development of metastases or both. For example, a MAb could inhibit one step in the multistep process by which tumors establish metastases. A recent example is the therapeutic use of anti-CD44, an antibody directed against a surface glycoprotein involved in cell migration and adhesion. Injection of this MAb or its F(ab')₂ fragment 1 week after inoculation of a human melanoma cell line into SCID mice prevented metastases but not the development of the primary tumor (135). The antibody showed no effect on growth of the tumor cells in vitro. Thus, blocking the interaction between CD44 and its ligand is presumed to have interrupted an interaction critical to the metastatic process. There are a large number of other candidate molecules that could play similar roles. For example, CD54 has been reported to be expressed on metastatic melanoma (136), and its expression on primary lesions is associated with a poor prognosis, suggesting that it also can contribute to tumor dissemination (137). Anti-CD54 evoked a marked antitumor effect when injected into SCID mice with human myeloma cells (138), perhaps because CD54/CD11a/CD18 interactions are important in homotypic growth of myeloma (139).

MAbs to growth factors or their receptors can also have significant antitumor activity. Thus, antibodies against IL-6 and the IL-6 receptor (140) show efficacy in treatment of a human myeloma in SCID mice (138) and transient responses in patients, if the particular tumor cells are dependent on IL-6 for growth (141). This approach is complicated by the high levels of IL-6 produced in some patients by the bone marrow stroma, as well as the myeloma cells, and the close proximity of the secreted cytokine to the high affinity receptors on neighboring myeloma cells (142). MAbs against the IL-2R (CD25) have been used to treat adult T-cell leukemia with some partial or complete transient remissions (19). These antitumor effects could be due entirely to blocking binding of growth factors necessary for tumor cell growth, but the roles of signal transduction and effector functions have not been excluded. In these examples, one must avoid activation of the receptor with the antibody used. Again, epitope-specific screening is required.

In conclusion, MAbs against some tumors can be selected for their ability to exert potent antiproliferative effects mediated by signal transduction. The cellular effects of this signaling are CCA and cell death, which may operate via partially independent pathways. The maximal effect of two MAbs specific for the same molecule (or signaling complex), each of which activates a different pathway, can be additive. Finally, the effector functions of MAbs may also contribute to the antitumor effects of these signaling MAbs, but these may play a minor role. These considerations should lead to new strategies for selecting and harnessing the antitumor activity of MAbs.

Future Prospects

Clinical Strategy for Using Tumor-reactive MAbs. The most attractive feature of MAbs as antitumor pharmaceuticals is their virtual lack of significant nonspecific side effects in humans (12, 13, 143). There are, however, significant limitations in the use of MAbs as first-line therapy for solid tumors. Only 0.001 to 0.1% of injected MAB will localize to each g of tumor mass (144–146). Moreover, MAbs, even at high serum concentrations, cannot gain access to all the cells in a solid epithelial tumor. The reasons for this are poor, and heterogeneous blood supply (146), increased interstitial pressure in the tumor (147), the blood-tumor barrier (148), and the selective binding of the MAb by the tumor cells closest to the blood supply (148). In addition, MAbs by themselves probably cannot kill the 10⁴-10¹² malignant cells that may be necessary to cure a patient with a disseminated tumor. Hence, the role of MAbs should be considered as an adjunct to conventional therapy. An attractive scenario would be to debulk large tumor masses with cytotoxic therapy and then treat disseminated residual tumor cells with a “cocktail” of MAbS, some of which signal negatively, mediate an effector function, or carry a toxin or isotope to the tumor cells. Clinical and experimental studies indicate that many types of immunonjugates have significant activity (reviewed in Ref. 13). Importantly, the side effects are, in general, nonoverlapping. Thus, the dose-limiting side effect of ITs is vascular leak syndrome (149); they have no effect on bone marrow cells, and in the case of ricin A-chain, no effect on the major organs (149). In contrast, antibody-isotope conjugates at low concentrations are moderately myelosuppressive but have no effect on the permeability of blood vessels (95, 150). Chemotherapy is highly toxic for bone marrow and intestinal mucosa and can damage other organs. Therefore, a mixture of several MABs that will signal apoptosis/CCA and an isotope-labeled IT could be considered as front-line therapy for minimal disease after debulking with conventional chemotherapy (151). It is encouraging that additive antitumor activity has been documented in experimental models in which negatively signaling MAbs are given together with ITs (93) and/or with chemotherapy (94).

Identification of Malignant Progenitor Cells. A fundamental challenge in MAB therapy is to generate antibodies specific for the neoplastic progenitor cells that bear the epitope in question. For example, in the hematopoietic malignancies, this cell has not been definitively phenotyped in the majority of tumor types. The side effects of using signaling MAbs that react with the normal counterpart of the progenitor cells must be carefully examined.

Interaction between Pathways Leading to CCA and Apoptosis. Another potential problem with MAB therapy is the possibility that antibodies that induce CCA may inhibit those that induce apoptosis. It is clearly more desirable to kill tumor cells than to induce CCA, since the latter could begin to divide again when the negative-signaling ligand is removed, a new activating stimulus is received, or an additional mutation takes place that inhibits the signaling cascade. In addition, noncycling tumor cells are more resistant to many of the chemotherapeutic agents used. Encouraging current evidence suggests that increasing the concentration of an antibody that induces both effects (e.g., anti-μ) or adding a CCA-inducing antibody to an apoptosis-producing one appears to increase the proportion of cells undergoing cell death. However, this problem remains a serious consideration until more is learned about the mechanisms of signaling via these two pathways and their interactions.

Stage of Differentiation of Tumor Cells. An additional consideration in the use of MAbs is that those which induce a negative signal to a tumor cell representing one stage of differentiation could induce replication of tumor cells of the same lineage but at a different stage of differentiation. At present, it is impractical to test the effect of signaling antibodies on each individual tumor in vitro. However, it may be possible to predict reactivity by immunophenotyping the cells, since the latter change their phenotypic pattern with their stage of differentiation. This issue may be further complicated by the heterogeneity of B-cell lymphomas with respect to maturation stages of cells, even within a single lesion. Indeed, this reinforces the need to develop combinatorial therapies. Clearly, much more information is required to develop a paradigm that will allow reliable predictions concerning clinical efficacy.

Immunogenicity. Heterologous MAbs stimulate antibody formation in humans that can preclude further courses of therapy (152, 153). Humanized murine MAbs are markedly less immunogenic (154, 155).
The residual antibody response is usually anti-idiotypic. Theoretically, a panel of humanized antibodies with similar specificities but with different idiotopes might further obviate the problem. Short courses of MAB therapy that suppress the immune response or concurrent use of novel immunosuppressive agents to inhibit an antibody response are other possibilities. Of particular interest are the use of MAB that block T_H functions, such as anti-CD4 (156, 157) or anti-gp39 (158), that allow a window of time for the MAB to tolerate the host immune system via the type of signal transduction mechanisms as discussed in this review. The consequences of such regimens with respect to host immunity to residual tumor cells (and microbial pathogens) must be carefully studied. These considerations also emphasize the advantage of apoptosis-inducing MABs compared to those that induce CCA, because the former would be expected to be efficient in short-term treatment before the onset of a host antibody response, whereas the effectiveness of the latter would presumably be dependent on continued administration.

The concept of using MABs as agonists to control minimal disease in cancer has only recently emerged. Using the targeting specificity of MABs and the probability that micrometases or minimal residual tumor after chemotherapy may be accessible to MABs (14), a renewed search for efficacious antitumor MABs is called for as well as experiments to elucidate the regulation of the pathways that lead to CCA and cell death. In particular, further understanding of the cell surface events and their relationship to signaling is needed to use the power of recombinant DNA technology to prepare new and more effective generations of MAB. Thus, if aggregation of all the surface target antigens is desirable, antibodies of higher valency and multispecificity (directed against epitopes on the same or a different target antigen) as well as an Fc fragment that generates an optimal serum half-life and effector function can be designed. If the polyvalent antibody is rapidly internalized, an antibody directed against another surface antigen that is not readily internalized can be used to ensure that one antibody on the target cell has an available Fc portion. The present in vitro models together with in vivo ones, preferably humanized SCID mice bearing human tumors, should facilitate selection of MABs for therapy. It is also important to develop similar models of primary human tumors whose biology and immunophenotype can be significantly different from those of established cell lines. Indeed, the critical testing of monoclonal antibodies will be their use in established primary tumors from those of established cell lines. Indeed, the critical testing of MAB of the target cell has an available Fc portion. The present in vitro models human tumors, should facilitate selection of MAbs for therapy. It is efficient in short-term treatment before the onset of a host antibody response, whereas the effectiveness of the latter would presumably be dependent on continued administration.

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MONOCLONAL ANTIBODIES AS AGONISTS


Monoclonal Antibodies as Agonists: An Expanded Role for Their Use in Cancer Therapy

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