



Distinct functions of CAR-T cells possessing a dectin-1 intracellular signaling domain

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Abstract

Chimeric antigen receptor T (CAR-T) cell therapy has demonstrated remarkable efficacies in treating hematopoietic malignancies, but not in the solid tumors. Incorporating costimulatory signaling domains, such as ICOS or 4-1BB, can positively influence CAR-T cell functions and then the immune responses. These CAR-engineered T cells have showed their enhanced persistence and effector functions with improved antitumor activities, and provided a new approach for the treatment of solid tumors. Here, we designed novel 2nd generation CARs with a costimulatory signaling molecule, dectin-1. The impacts of dectin-1 signaling domain on CAR-T cells were evaluated *in vitro* and *in vivo*. Our data show that *in vitro* cytokine secretions by HER2 or CD19 specific CAR-T cells increase significantly via incorporating this dectin-1 signaling domain. Additional properties of these novel CAR-T cells are affected by this costimulatory domain. Compared with a popular reference (i.e., anti-HER2 CAR-T cells with 4-1BB), *in vitro* T cell functions and *in vivo* antitumor activity of the dectin-1 engineered CAR-T cells are similar to the 4-1BB based, and both are discrete to the mock T cells. Furthermore, we found that the CAR-T cells with dectin-1 show distinct phenotype and exhaustion marker expression. These collective results suggest that the incorporation of this new signaling domain, dectin-1, into the CARs may provide the clinical potential of the CAR-T cells through this signaling domain in treating solid tumors.

Introduction

Chimeric antigen receptor (CAR) T cell immunotherapy has achieved remarkable progress in treating hematologic malignancies, including non-Hodgkin lymphoma (NHL), B-cell acute lymphoblastic leukemia (ALL), multiple myeloma (MM) and chronic Lymphocytic leukemia (CLL). So far, the objective response rate (ORR) in CD19-specific or BCMA-specific CAR-T clinical trials ranges from 48 to 95% [1–6]. Two CAR-T cell products, specific to the B lymphoma, Axicabtagene Ciloleucel (KTE-C19, Kite Pharma) and Tisagenlecleucel (CTL019, Novartis), were

approved by the U.S. Food and Drug Administration in 2017 [7, 8]. In a phase 1/2 trial with Axicabtagene ciloleucel, 2-year follow-up data, involving 108 patients with the refractory large B-cell lymphoma, showed that 83% of patients had an objective response, and 58% of them had a complete response, with a median follow-up of 15.4 months (IQR 13.7–17.3) [9]. This suggests that CAR-T cell therapy can maintain a long-term remission.

However, limited success was observed in the CAR-T cell therapy in treating solid tumors. There are a lot of challenges in the application of CAR-T cell therapy in the solid tumors, such as lack of appropriate tumor-specific antigen, inhibition of tumor microenvironment, and insufficient CAR-T cell localization and persistence [10–12]. In addition, continuous antigen exposure can result in CAR-T cell exhaustion, and then compromising the effectiveness of CAR-T cells. Therefore, new approaches are necessary to design CARs in the treatment of solid tumors.

One costimulatory signaling molecule, 4-1BB, has utilized in the 2nd generation CARs, and revealed its potential in the CAR-T cell immunotherapy [13, 14]. In recent work, a new molecule, dectin-1, one of the characterized C-type

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lectin receptors (CLRs) was identified and investigated [15, 16]. The pattern recognition receptor dectin-1 is a type-II transmembrane protein, expressed on neutrophils, macrophages and dendritic cells [17]. The dectin-1 is specific for β -glucans, which are glucose polymers consisting of β -1,6-glucan and β -1,3-glucan expressed on the cell wall of fungi [18]. Dectin-1 consists of the extracellular domain, transmembrane domain and intracellular domain [16]. Here, we designed this study to evaluate functions and antitumor activity of novel 2nd generation CAR-T cells engineered with the dectin-1 costimulatory signaling domain. We found that the incorporation of this dectin-1 signaling domain into HER2 specific CARs can impact in vitro cytokine secretion and cytotoxicity effects, and in vivo antitumor activity of CAR-T cells. These results provide not only additional knowledge in understanding CAR-T cell responses with signaling domain, but also insights in the potential applications of CAR-T cell therapy in patients with solid tumors.

Materials and methods

Cell lines

All cell lines were obtained from the American Type Culture Collection (ATCC). The K562 (myelogenous leukemia) and NALM6 (lymphoblastic leukemia) were cultured in RPMI-1640 with heat-inactivated 10% fetal bovine serum (FBS) (PAN, Germany. Cat: ST30-3302), penicillin (Gibco, Thermo Fisher, Waltham, MA. Cat: SV30010) (100 U/mL) and streptomycin (Gibco, Thermo Fisher, Waltham, MA. Cat: SV30010) (100 ug/mL). The human cancer cell lines SK-OV-3 (ovarian cystadenocarcinoma) and MDA-MB-468 (breast cancer) were cultured in DMEM with heat-inactivated 10% FBS, penicillin (100 U/mL) and streptomycin (100 ug/mL). SK-OV-3 cells were also engineered to express luciferase as a fluorescent reporter gene as SK-OV-3-luc cells (luciferase [Luc-GFP]-transduced SK-OV-3 cells) for some in vitro and in vivo experiments.

Construction of plasmids encoding CARs

Anti-CD19 or anti-HER2 CARs include a single-chain fragment variable (scFv) specific to CD19 (clone FMC63) [19, 20] or HER2 (clone 4D5) [21]. The scFv was followed by a human CD8 α hinge region, then either a human CD8 α transmembrane domain (TM), 4-1BB and CD3 ζ intracellular domains (ICDs), (h198-BBz [anti-CD19scFv-CD8 α TM-4-1BB-CD3 ζ ICD], hH8-BBz [anti-HER2scFv-CD8 α TM-4-1BB-CD3 ζ ICD]), or a human dectin-1 TM, dectin-1 and CD3 ζ signaling ICDs (h19D-Dz [anti-CD19scFv-Dectin-1TM-Dectin-1-CD3 ζ ICD], hHD-Dz [anti-HER2scFv-Dectin-1TM-Dectin-1-CD3 ζ ICD]).

All the sequences of scFvs above, were synthesized by the Beijing Genomics Institute, and spliced using overlapping PCR to form the CAR sequences. Individual lentiviral plasmid encoding each CAR sequence was constructed using double enzymes digestion with the PCLK lentiviral vector as detailed previously [22] (Addgene, Cambridge, Massachusetts).

Generation of lentiviral particles

HEK-293T cells (embryonic kidney cells) from ATCC were culture in DMEM with heat-inactivated 10% FBS (PAN, Germany. Cat: ST30-3302), penicillin (100 U/mL) and streptomycin (Gibco, Thermo Fisher, Waltham, MA. Cat: SV30010) (100 ug/mL).

To produce lentivirus-containing supernatant, HEK-293T cells were transfected with the following plasmids as detailed previously [22]: the appropriate CAR-coding plasmids, psPAX2 and pMD2.0G (Invitrogen). The medium was changed 12 h after transfection. The supernatant was harvested and spun to get rid of cell debris. The supernatant was filtered and concentrated by ultracentrifugation at 19,700 rpm for 2 h. The supernatant was discarded. The lentivirus pellet was dissolved in PBS medium and the concentrated lentivirus was stored at -80°C . The concentrated lentivirus titers were measured by quantitative real time polymerase chain reaction.

Isolation, transduction, production and expansion of human CAR-T cells

Peripheral Blood Mononuclear Cells (PBMCs) were isolated from healthy donor blood by the Ficoll-hypaque density gradient (Lonza, Cat:04-418Q). All samples were obtained after informed consent and approval by the Ethics Committee of the State Key Laboratory of Biotherapy.

PBMCs were cultured in X-VIVO 15 medium (Sigma-Aldrich, Cat:10771) with 5% human serum (Sigma-Aldrich, H4522) and 100 U/ml recombinant human IL-2 (rhIL-2) (PeproTech, NJ, USA. Cat: 200-02-10). PBMCs were stimulated with anti-CD3/CD28 magnetic beads (Gibco, Thermo Fisher, Waltham, MA. Cat: 11131D). After 24 h, T cells were cultured with the lentivirus at a MOI of 5 for 48 h, then the cells were washed and cultured in the T cell medium. Transduction efficiency was determined by CAR expressions measured by a flow cytometry assay.

Flow cytometry

All flow cytometry assays were performed on a Novocyte flow cytometer (ACEA Biosciences, Inc.) and data were analyzed with novocyte express (ACEA Biosciences, Inc.).

Transduction efficiency and associated CAR protein expression were evaluated using biotin-SP-conjugated AffiniPure Goat Anti-Mouse IgG, F(ab')₂ Fragment Specific (Cat: 120962, Jackson Immune Research) with PE-streptavidin (Cat: 405203, BD Biosciences).

The following antibodies were used for differentiation phenotype, and exhaustion marker assays: anti-CD3-FITC (clone: HIT3a, Cat: 300306, Biolegend), anti-CD8-APC (clone: HIT8a, Cat: 300912, Biolegend), anti-CD4-PE (clone: RPA-T4, Cat: 300508, Biolegend), anti-CD45RO-PE (BD Biosciences, clone: UCHL1, Cat: 555493), anti-CD62L-APC (BD Biosciences, clone: DREG-56, Cat: 559772), anti-PD-1-APC (clone: EH12.2H7, Cat: 329908, Biolegend), anti-CTLA-4-APC (Cat: 369612, Biolegend), anti-LAG3-APC (Cat: 369212, Biolegend), and anti-TIM3-APC (Cat: 345012, Biolegend).

In vitro cytokine experiments

Target cells (NALM6, K562, SK-OV-3, or MDA-MB-468, at 1×10^4 cells/well) were seeded in 96-well plates and incubated at 37 °C with 5% CO₂ overnight. After that, CAR-T cells were added at an effector/target ratio [E:T] of 5 or 10. The CAR-T cell number was normalized by transduction efficiency. Supernatants were collected 24 h after co-culture with target cells. ELISA kits for cytokine assay from Invitrogen (IFN- γ Cat: 88-7316-88, TNF- α Cat: 88-7346-88, and IL-6 Cat: 88-7066-88) were used to quantify IFN- γ , TNF- α and IL-6 according to manufacturer protocols.

Real-time cytotoxicity assays (RTCA)

The cytotoxic effect of CAR-T cells was measured by the real-time cytotoxicity assay (ACEA Bioscience, Inc. xCELLigence RTCA SP) as previously described [23]. SK-OV-3 or MDA-MB-468 cells at 1×10^4 cells/well were cultured in an E-plate 96 (ACEA Bioscience) for ~24 h. CAR-T cells (hH8-BBz and hHD-Dz) or mock T cells were added to the plates at an E:T ratio of 10. Data were acquired and analyzed according to the protocols specified by the manufacturers (ACEA Bioscience, Inc. RTCA Software 2.1).

In vivo xenograft studies

Six-week old female B-NSG (NOD- PrkdcscidIL2rgtm1/Bcgen) mice used in this study were purchased from Biocytogen. Each mouse received an i.p. injection of 2×10^6 SK-OV-3-luc cells. Tumors were allowed to grow for 3 days, and then each mouse received an i.p. injection of 1×10^7 human CAR-T cells (hH8-BBz or hHD-Dz, or mock). After 3 additional days, another i.p. injection of CAR-T cells was given to individual mouse. Bioluminescent imaging

(BLI) for tumors was performed on scheduled days (day 3, day 10, day 17, day 24, day 31 and day 55) by IVIS (in vivo imaging system) (Caliper Life Science). Tumor fluxes (photons/s/cm²/steradian) were quantified by measuring the photon signal within a delineated region of interest encompassing. Living Image software (v2.50, Xenogen; Caliper Life Sciences) was used to demonstrate the BLI data. The data for survival analysis was established at the death of each mouse.

Statistics

Statistical plotting and analysis were performed using GraphPad Prism v6.01 (GraphPad Software Inc.) and SPSS v17. Data were expressed as the mean \pm SD. One-way ANOVA was used for comparison of three groups in a single condition. Kaplan–Meier survival data were analyzed using a log rank (Mantel–Cox) test. Data were transformed when needed to normalize variance. Symbols indicate statistical significance as follows: * $P < 0.05$; ** $P < 0.01$, and *** $P < 0.001$.

Results

Novel CAR constructs with the dectin-1 costimulatory signaling domain

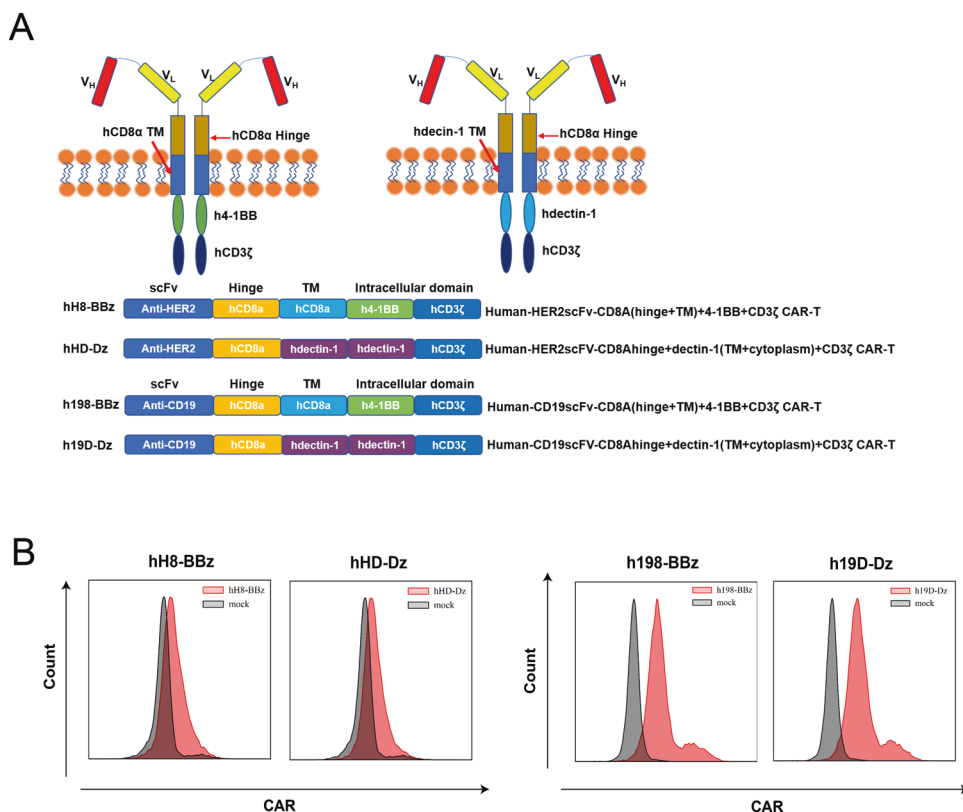
Recently, a pattern recognition receptor, dectin-1, belonging to the C-type lectin family has been identified and evaluated [24]. In this study, we designed novel 2nd generation CAR constructs through the combination of scFv domains targeting either CD19 or HER2 epitope with the dectin-1 TM, dectin-1 and CD3 ζ ICDs (Fig. 1A). Two more CAR constructs were generated with the components of the most popular 2nd generation CAR structure (human CD8 α TM with 4-1BB and CD3 ζ ICDs) [25–27].

All CAR constructs were well expressed on the surface of T cells (Fig. 1B). The hH8-BBz CAR expression ratio was 49.61%, and the hHD-Dz CAR expression ratio was 46.17%. As to the anti-CD19 CARs, the h198-BBz CAR expression ratio was 92.95%, and the h19D-Dz CAR expression ratio was 95.07%. Although the expression of anti-HER2 CARs was lower than anti-CD19 CARs, there was no clear difference in the expression level of anti-HER2 or anti-CD19 CARs containing different costimulatory signaling domains.

Effector functions of novel CAR-T cells through the dectin-1 signaling domain

Typically, a later effector function by CAR-T cells can be assessed by cytokine secretion.

Fig. 1 CAR constructs and expression. **A** Schematic representation of chimeric receptors that contain the single-chain fragment that binds to HER2 or CD19 and differ in the transmembrane and intracellular domains. **B** Surface expression of the hH8-BBz CAR and the hHD-Dz CAR, the h198-BBz CAR and the h19D-Dz CAR on the human T cells.



Therefore, the impacts of dectin-1 as a costimulatory signaling molecule on cytokine release from the new CAR-T cells were evaluated following exposure to tumor cells that express either HER2 or CD19. Target positive (SK-OV-3 and NALM6) and negative (MDA-MB-468 and K562) tumor cell lines were confirmed by flow cytometry (data on file), which is consistent with literature reported.

The released effector cytokines, including IFN- γ , TNF- α and IL-6, by anti-HER2 or anti-CD19 CAR-T cells increased significantly with incorporating the dectin-1 signaling domain in the target positive cell lines (Fig. 2A, B and C). Anti-HER2 CAR-T cells in this study showed no significant increase of cytokine production against MDA-MB-468 (Fig. 2A, B and C). In SK-OV-3 cell line, the hHD-Dz CAR-T cells showed higher levels of IFN- γ than hH8-BBz CAR-T cells; in contrast, the hH8-BBz CAR-T cells secreted more TNF- α (Fig. 2A, B and C). In NALM6 cell line, the h19D-Dz CAR-T cells produced similar levels of IFN- γ and TNF- α to the h198-BBz CAR-T cells (Fig. 2A, B and C).

The cytotoxic function of anti-HER2 CAR-T cells was further investigated to illustrate antigen engagement and CAR-T cell activation. After co-culture of anti-HER2 CAR-T cells with either SK-OV-3 or MDA-MB-468 tumor cell lines, it was observed that both hHD-Dz and hH8-BBz CAR-T cells effectively lysed the SK-OV-3 tumor cells, and hHD-Dz CAR-T cells showed a much different lytic

cytotoxicity function from the hH8-BBz CAR-T cells (Fig. 2D).

Phenotype and exhaustion marker expression of the anti-HER2 CAR-T cells

The phenotype and exhaustion marker expression of both anti-HER2 CAR-T cells and mock T cells were analyzed after a 7-day period of cell expansion (Fig. 3).

The hHD-Dz, hH8-BBz CAR-T and mock T cells showed similar percentage of CD4⁺ or CD8⁺ T cells (Fig. 3A). Although comparable percentage of effector memory T (T_{EM}, CD45RO + CD62L⁻) was observed in the hHD-Dz and hH8-BBz CAR-T cells, the hHD-Dz CAR-T cells showed a higher percentage of central memory T cells (T_{CM}, CD45RO + CD62L⁺) than the hH8-BBz CAR-T cells (Fig. 3A).

The expression pattern of inhibitory receptors, including PD-1, CTLA-4, TIM3, and LAG3, was assessed for the anti-HER2 CAR-T cells (Fig. 3B). It was showed that there were ~10% less PD-1 or LAG3 positive cells in the hHD-Dz CAR-T cells than in the hH8-BBz CAR-T cells. In terms of TIM3 and CTLA-4 positive cells, a similar percentage was observed in the hHD-Dz and hH8-BBz CAR-T cells (Fig. 3B).

We further explored the time-course of anti-HER2 CAR expression. Although there was a decrease of CAR expression within 96 h, the CAR expression reached to >90% after additional 48 h (Fig. 3C).

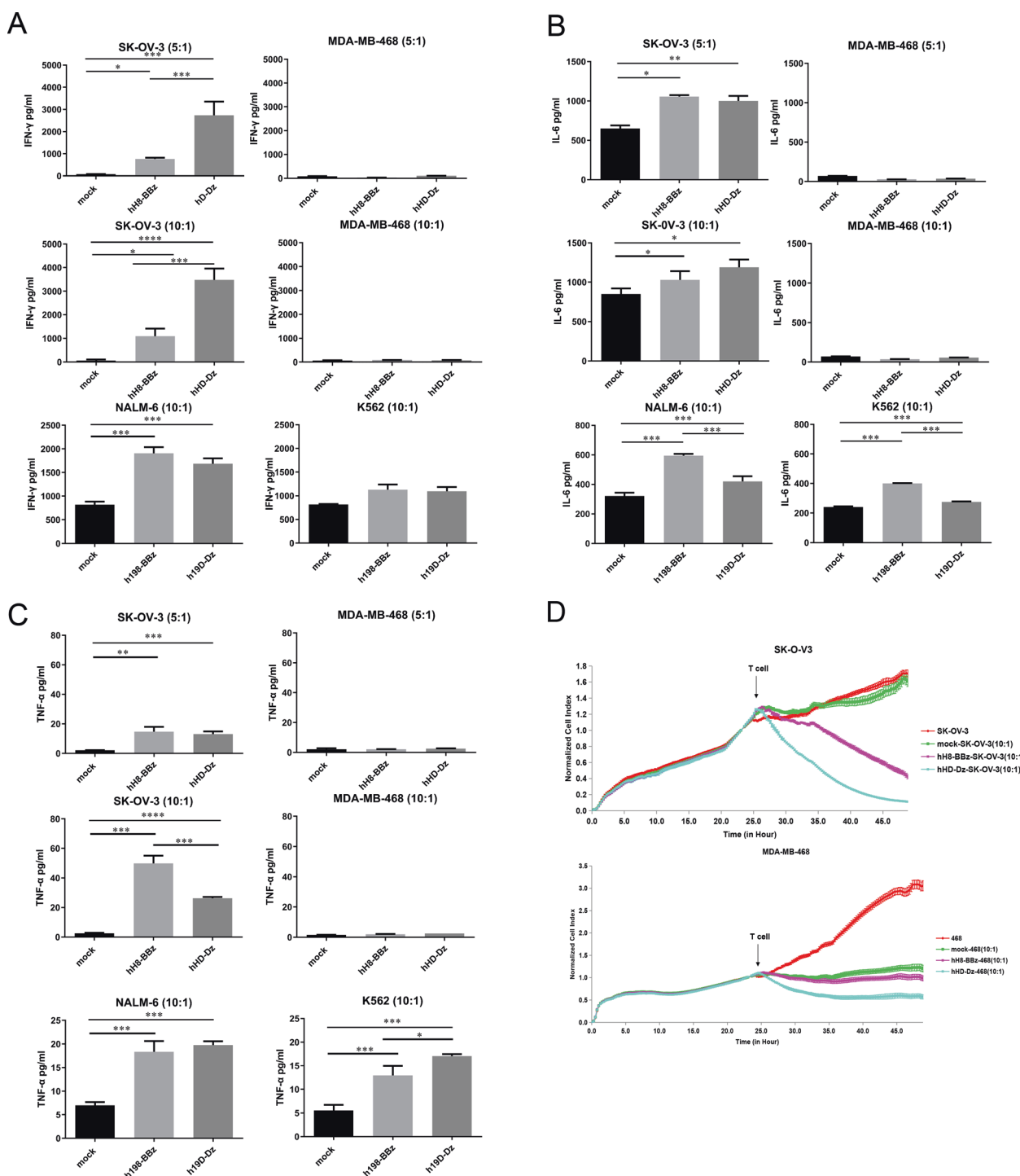


Fig. 2 In vitro cytokine production and cytotoxicity of the CAR-T cells. **A** IFN- γ , **(B)** IL-6, and **(C)** TNF- α production quantified by ELISA in supernatants from four different CAR-T cells or mock T cells co-cultured overnight with target positive or negative tumor

cells (E:T ratio: 10:1 or 5:1) ($n = 3$ per group). Statistical analysis was performed by one-way ANOVA followed by Tukey's posttest analysis. Significance is considered $P < 0.05$. **D** RTCA analysis to show T cell lytic capacity ($n = 4$ per group).

Overall, the above results suggested that the dectin-1 signaling domain in the novel CAR-T cells may result in distinct phenotype and exhaustion marker expression, and discrete T cell proliferation potential.

In vivo antitumor activity of the anti-HER2 CAR-T cells

Using NSG mice bearing xenograft SK-OV-3-luc tumor cells, we investigated in vivo antitumor activity of the

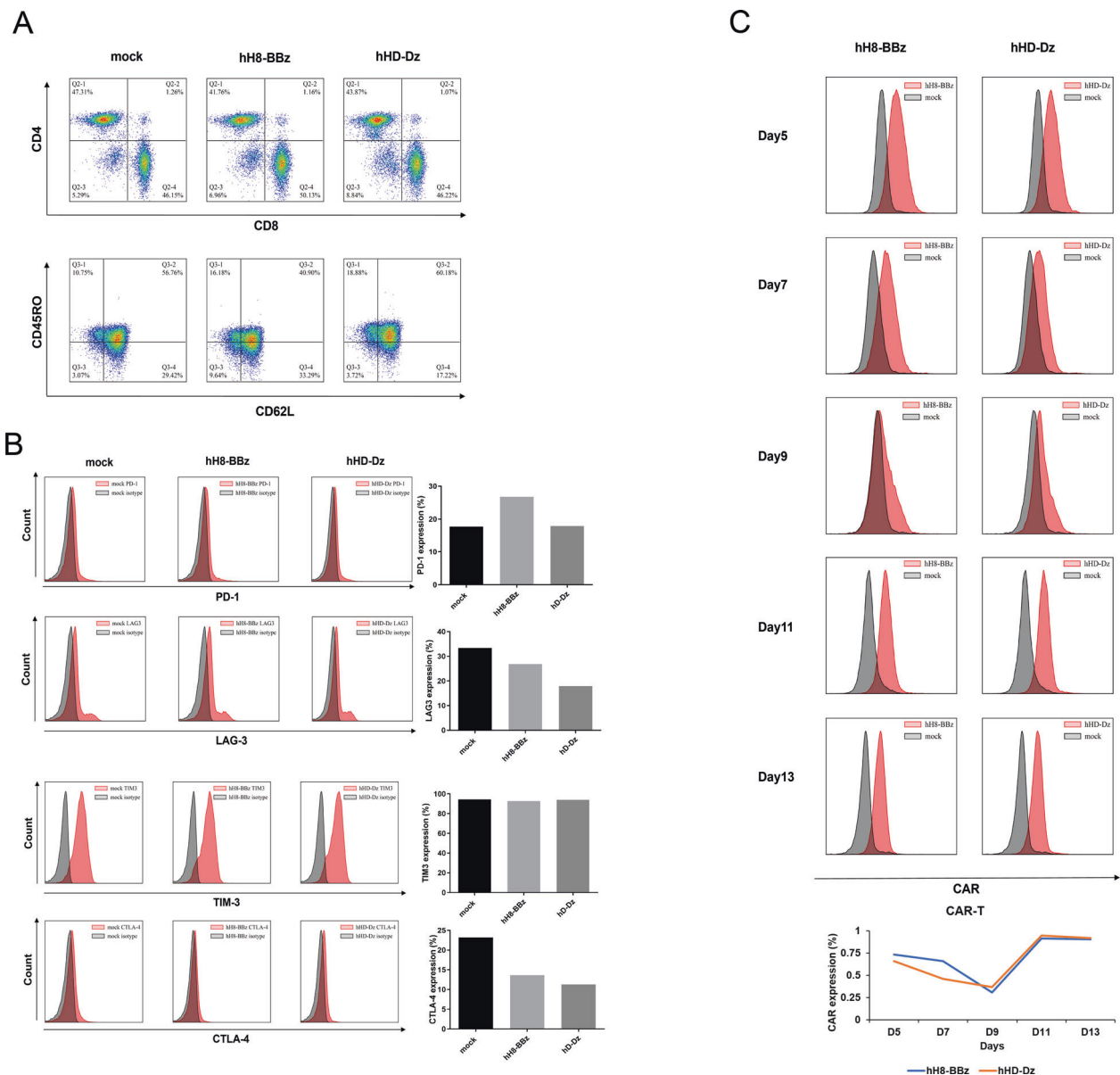


Fig. 3 Phenotype, exhaustion marker expression, and CAR expression of the HER2 specific CAR-T cells. **A** Flow cytometry density plots of phenotypic profile of each CAR-T cell: cells with either CD3, or CD4, or CD8, or a naive (T_N)(CD45RA-/CD62L-) central memory (T_{CM}) (CD45RO +/CD62L +) or effector memory

(T_{EM}) (CD45RO +/CD62L-). **B** Flow cytometry density plots of inhibitory molecules of each CAR-T cell: cells with either PD-1, or LAG3, or CTLA-4, or TIM3. **C** The CAR expression of the hH8-BBz CAR-T cells and the hHD-Dz CAR-T cells with time as measured by flow cytometry.

anti-HER2 CAR-T cells (the hH8-BBz or hHD-Dz CAR-T cells). Overall survival and tumor volume were evaluated (Fig. 4). Treatment with the anti-HER2 CAR-T cells resulted in a delayed tumor progression compared to the mock T cell treated mice (Fig. 4A), and the anti-HER2 CAR-T cell groups at least doubled the median survival of tumor bearing mice (Fig. 4B). The log rank (Mantel-Cox) test demonstrated a statistically significant difference in the survival rates between either anti-HER2 CAR-T cell group and mock T cell group. Moreover, 100% of mice in the hHD-Dz CAR-T cell group were alive by day 55, and the

hH8-BBz CAR-T group showed longer overall survival (Fig. 4B).

Discussion

The CAR-T cell immunotherapy demonstrated remarkable clinical efficacies in the hematological malignancies, including NHL, B-cell ALL, MM and CLL [1, 2, 7–9]. However, the applicability of CAR-T cell therapy is in part limited in the solid tumors, due to many challenges, such as

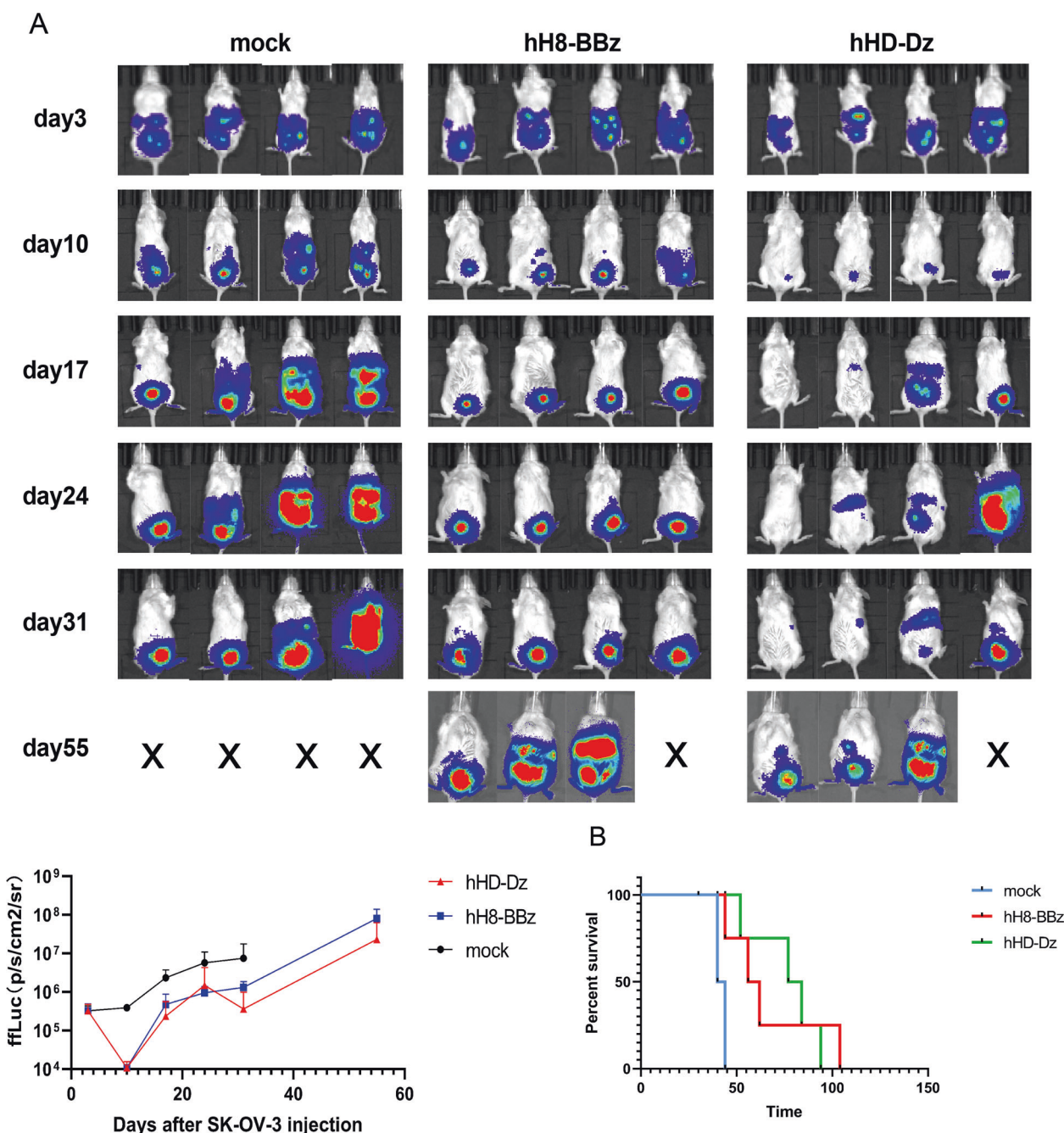


Fig. 4 In vivo antitumor activity of the HER2 specific CAR-T cells. **A** In vivo live imaging of the SK-OV-3-luc tumor bearing model ($n = 4$ per group). **B** Kaplan–Meier analysis of the overall survival for each group.

lack of appropriate tumor-specific antigen, inhibition of tumor microenvironment, and insufficient CAR-T cells localization and persistence [10–12, 28].

A typical CAR mainly consists of three key components, including a scFv to recognize antigen, a hinge and transmembrane domain (TM), such as CD3, CD28 or CD8 protein, and intracellular signaling domains (ICDs), such as CD3 ζ or FcR γ [29–31]. The 2nd generation CARs include one or more intracellular costimulatory signaling domains,

such as CD28, 4-1BB, CD27, OX40, ICOS, DAP10, IL-15R α , MyD88/CD40 and TLR2, to transmit activation signals [14, 32–39]. It has been showed that different TMs or/and ICDs affect T cell expansion, persistence and other functions [40]. Recently, several 2nd generation CARs have been tested in patients with solid tumors, such as metastatic colorectal cancers and sarcoma [41, 42]. The results from these trials were far from exciting compared with that achieved in treating hematological malignancies [43–45].

Therefore, exploring different costimulatory domains may provide a new approach to improve antitumor effects of CAR-T cells in the solid tumors.

C-type lectin receptors (CLRs), highly expressed on myeloid cells, show the essential functions in homeostasis and immunity [46]. One function of CLRs is to identify the ligands by pattern recognition receptors to mediate the immunity activity. Recently, dectin-1 (i.e., CLEC-7A), a type-II transmembrane molecule was found to be a new subgroup of CLRs, and well investigated [15, 16]. Dectin-1 consists of the extracellular domain, transmembrane domain, and intracellular domain. The extracellular portion of dectin-1 has been utilized as the scFv of CAR-T cells to target fungus [47]. Dectin-1 is not only predominantly expressed on myeloid cells, including neutrophils, monocytes, dendritic cells and macrophages [48], but also on some subsets of human T and B cells [46]. Dectin-1 plays an important role in tumor growth and metastasis by activating the NK cells [49]. Dectin-1 can also regulate various cell responses, such as DC maturation, antigen presentation and the production of cytokines and chemokines [48]. In addition, dectin-1 can directly induce innate immune memory, and influence the development of CD8, CD4 T and B cells [46, 50, 51]. In our study, we used dectin-1 TM and its ICD as signaling domain in the CAR-T cells, and assessed whether this specific costimulatory design in the CARs can affect T cell functions, such as immunotherapeutic properties.

CD19 and HER2 were widely used as common tumor-associated antigen targets to represent hematological malignancy and solid tumor [13, 52]. A popular costimulatory signaling domain, 4-1BB, was naturally chosen as an effective reference [26, 31]. In this study, CD19 or HER2-targeting scFv domains were coupled to 4-1BB or dectin-1 signaling ICDs to construct four different 2nd generation CARs.

Our data revealed that the novel CAR design influenced T cell functions through dectin-1 signaling domain in both in vitro and in vivo experiments, such as enhanced cytokine secretion and lytic capacity, reduced exhaustion potential, increased cell expansion, and distinct antitumor activity.

In this study, we confirmed previous study results showing enhanced CAR-T cell functions with 4-1BB costimulatory signaling domains [53, 54]. Interestingly, in vitro T cell functions (e.g., increased cytokine production) of the hHD-Dz CAR-T cells are comparable to the 4-1BB based, and both are superior to the mock T cells. As to the HER2 specific CAR-T cells, the IFN- γ secretion of the hHD-Dz CAR-T cells was higher than the hH8-BBz, suggesting possible predominantly Th1 phenotype; while the hH8-BBz CAR-T cells released more TNF- α , consistent with Th1/Th2 phenotype. Similar cytokine production pattern by the anti-CD19 CAR-T cells indicated comparable

phenotype irrespective to the costimulatory signaling domain. In the RTCA, we illustrated the cytotoxic ability of the hHD-Dz CAR-T cells, distinct to the hH8-BBz CAR-T cells. The above results may suggest that the dectin-1 signaling domain provides a new mechanistic approach in CAR-T cell immunotherapy in treating solid tumors.

Due to the immune resistance and T cell exhaustion, one of the biggest challenges in CAR-T cell therapy for solid tumors is the inhibition of tumor microenvironment [55, 56]. However, it has been showed that different T cell phenotype may play an important role in the antitumor immunity, for example, T_{CM} cells are more important than T_{EM} cells in the adoptive immunotherapies [57]. In our study, more T_{CM} and distinct exhaustion marker expression in the hHD-Dz CAR-T cells may suggest that the new CAR-T cells can be less influenced by tumor immunosuppressive microenvironment through the dectin-1 costimulatory signaling in the solid tumors.

It has been well published that the 2nd generation CARs surpass the 1st generation in preclinical and clinical studies [58–60]. Here, we demonstrated the distinct antitumor effects of the 2nd generation CAR-T cells through either dectin-1 or 4-1BB signaling domain in the established tumor xenograft model. However, the CARs with the different costimulatory signaling domains here showed discrete antitumor activity trend on in vivo survival. The hHD-Dz CAR-T cells showed increased effector functions at early timepoints, and the hH8-BBz CAR-T cells demonstrated a later antitumor activity. These observations suggested that different costimulatory signaling domains may result in distinct T cell phenotype. In the majority of recent clinical trials, the CAR-T cell therapy was based on the products from the pooled T cells, and here we also used this unselected “bulk” T cell approach to investigate the functions of this novel hHD-Dz CAR-T cells. However, there are some limitations with this approach as literature showed that some T cell subtypes (e.g., CD4+ and CD8+) exhibited distinct properties, such as proliferative capacity and persistence in the CAR-T therapy [40, 61–63]. Therefore, the other signaling pathway in CARs should be further explored and optimized for the enhanced effector functions and improved persistence of T cells.

In summary, we extended our knowledge on the new costimulatory signaling domain, dectin-1 in the CARs. The dectin-1 engineered novel CARs demonstrated discrete CAR-T cell properties, such as effector functions, T cell phenotype and exhaustion marker expression, and in vivo antitumor effects. All collective results suggest that the incorporation of this new signaling domain, dectin-1, into the CARs may provide the clinical potential of the CAR-T cells through this signaling domain for the treatment of solid tumors.

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Compliance with ethical standards

Conflict of interest WW has submitted a patent concerning the methodology and application. WW is one of the scientific co-founders of Cygenpeutics and CarEne and holds the equity of the company. The authors declare no competing interests.

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References

- Kochenderfer JN, Dudley ME, Kassim SH, Somerville RP, Carpenter RO, Stetler-Stevenson M, et al. Chemotherapy-refractory diffuse large B-cell lymphoma and indolent B-cell malignancies can be effectively treated with autologous T cells expressing an anti-CD19 chimeric antigen receptor. *J Clin Oncol.* 2015;33:540–9.
- Chimeric Antigen Receptor-Modified T Cells in Chronic Lymphoid Leukemia. Chimeric Antigen Receptor-Modified T Cells for Acute Lymphoid Leukemia; Chimeric Antigen Receptor T Cells for Sustained Remissions in Leukemia. *N Engl J Med.* 2016;374:998.
- Elsallab M, Levine BL, Wayne AS, Abou-El-Enin M. CAR T-cell product performance in haematological malignancies before and after marketing authorisation. *Lancet Oncol.* 2020;21:e104–16.
- Cohen AD, Garfall AL, Stadtmauer EA, Melenhorst JJ, Lacey SF, Lancaster E, et al. B cell maturation antigen-specific CAR T cells are clinically active in multiple myeloma. *J Clin Investig.* 2019;129:2210–21.
- Raje N, Berdeja J, Lin Y, Siegel D, Jagannath S, Madduri D, et al. Anti-BCMA CAR T-Cell Therapy bb2121 in Relapsed or Refractory Multiple Myeloma. *N Engl J Med.* 2019;380:1726–37.
- Yan Z, Cao J, Cheng H, Qiao J, Zhang H, Wang Y, et al. A combination of humanised anti-CD19 and anti-BCMA CAR T cells in patients with relapsed or refractory multiple myeloma: a single-arm, phase 2 trial. *Lancet Haematol.* 2019;6:e521–9.
- Neelapu SS, Locke FL, Bartlett NL, Lekakis LJ, Miklos DB, Jacobson CA, et al. Axicabtagene Ciloleucel CAR T-Cell Therapy in Refractory Large B-Cell Lymphoma. *N Engl J Med.* 2017;377:2531–44.
- Schuster SJ, Svoboda J, Chong EA, Nasta SD, Mato AR, Anak O, et al. Chimeric Antigen Receptor T Cells in Refractory B-Cell Lymphomas. *N Engl J Med.* 2017;377:2545–54.
- Locke FL, Ghobadi A, Jacobson CA, Miklos DB, Lekakis LJ, Oluwole OO, et al. Long-term safety and activity of axicabtagene ciloleucel in refractory large B-cell lymphoma (ZUMA-1): a single-arm, multicentre, phase 1-2 trial. *Lancet Oncol.* 2019;20:31–42.
- Yu S, Li A, Liu Q, Li T, Yuan X, Han X, et al. Chimeric antigen receptor T cells: a novel therapy for solid tumors. *J Hematol Oncol.* 2017;10:78.
- Wang Y, Luo F, Yang J, Zhao C, Chu Y. New Chimeric Antigen Receptor Design for Solid Tumors. *Front Immunol.* 2017;8:1934.
- Robbins PF, Dudley ME, Wunderlich J, El-Gamil M, Li YF, Zhou J, et al. Cutting edge: persistence of transferred lymphocyte clonotypes correlates with cancer regression in patients receiving cell transfer therapy. *J Immunol.* 2004;173:7125–30.
- Ying Z, Huang XF, Xiang X, Liu Y, Kang X, Song Y, et al. A safe and potent anti-CD19 CAR T cell therapy. *Nat Med.* 2019;25:947–53.
- Long AH, Haso WM, Shern JF, Wanhainen KM, Murgai M, Ingaramo M, et al. 4-1BB costimulation ameliorates T cell exhaustion induced by tonic signaling of chimeric antigen receptors. *Nat Med.* 2015;21:581–90.
- Zimara N, Chanyalew M, Aseffa A, van Zandbergen G, Lepenies B, Schmid M, et al. Dectin-1 Positive Dendritic Cells Expand after Infection with Leishmania major Parasites and Represent Promising Targets for Vaccine Development. *Front Immunol.* 2018;9:263.
- Ariizumi K, Shen GL, Shikano S, Xu S, Ritter R III, Kumamoto T, et al. Identification of a novel, dendritic cell-associated molecule, dectin-1, by subtractive cDNA cloning. *J Biol Chem.* 2000;275:20157–67.
- Taylor PR, Brown GD, Reid DM, Willment JA, Martinez-Pomares L, Gordon S, et al. The beta-glucan receptor, dectin-1, is predominantly expressed on the surface of cells of the monocyte/macrophage and neutrophil lineages. *J Immunol.* 2002;169:3876–82.
- Adams EL, Rice PJ, Graves B, Ensley HE, Yu H, Brown GD, et al. Differential high-affinity interaction of dectin-1 with natural or synthetic glucans is dependent upon primary structure and is influenced by polymer chain length and side-chain branching. *J Pharmacol Exp Ther.* 2008;325:115–23.
- Kochenderfer JN, Feldman SA, Zhao Y, Xu H, Black MA, Morgan RA, et al. Construction and preclinical evaluation of an anti-CD19 chimeric antigen receptor. *J Immunother.* 2009;32:689–702.
- Kochenderfer JN, Dudley ME, Feldman SA, Wilson WH, Spaner DE, Maric I, et al. B-cell depletion and remissions of malignancy along with cytokine-associated toxicity in a clinical trial of anti-CD19 chimeric-antigen-receptor-transduced T cells. *Blood.* 2012;119:2709–20.
- Carter P, Presta L, Gorman CM, Ridgway JB, Henner D, Wong WL, et al. Humanization of an anti-p185HER2 antibody for human cancer therapy. *Proceed Natl Acad Sci USA.* 1992;89:4285–9.
- Huang Y, Li D, Zhang PF, Liu M, Liang X, Yang X, et al. IL-18R-dependent and independent pathways account for IL-18-enhanced antitumor ability of CAR-T cells. *FASEB J.* 2020;34:1768–82.
- Cerignoli F, Abassi YA, Lamarche BJ, Guenther G, Santa Ana D, Guimet D, et al. In vitro immunotherapy potency assays using real-time cell analysis. *PloS ONE.* 2018;13:e0193498.
- Geijtenbeek TB, Gringhuis SI. Signalling through C-type lectin receptors: shaping immune responses. *Nat Rev Immunol.* 2009;9:465–79.
- Li D, Li X, Zhou WL, Huang Y, Liang X, Jiang L, et al. Genetically engineered T cells for cancer immunotherapy. *Signal Transduct Target Ther.* 2019;4:35.
- Ying Z, He T, Wang X, Zheng W, Lin N, Tu M, et al. Parallel Comparison of 4-1BB or CD28 Co-stimulated CD19-Targeted CAR-T Cells for B Cell Non-Hodgkin's Lymphoma. *Mol Ther Oncolytics.* 2019;15:60–68.
- Li S, Tao Z, Xu Y, Liu J, An N, Wang Y, et al. CD33-Specific Chimeric Antigen Receptor T Cells with Different Co-Stimulators Showed Potent Anti-Leukemia Efficacy and Different Phenotype. *Human Gene Ther.* 2018;29:626–39.
- Xia AL, Wang XC, Lu YJ, Lu XJ, Sun B. Chimeric-antigen receptor T (CAR-T) cell therapy for solid tumors: challenges and opportunities. *Oncotarget.* 2017;8:90521–31.

29. Sadelain M, Brentjens R, Riviere I. The basic principles of chimeric antigen receptor design. *Cancer Discov.* 2013;3:388–98.
30. Zolov SN, Rietberg SP, Bonifant CL. Programmed cell death protein 1 activation preferentially inhibits CD28.CAR-T cells. *Cytotherapy.* 2018;20:1259–66.
31. Li G, Boucher JC, Kotani H, Park K, Zhang Y, Shrestha B, et al. 4-1BB enhancement of CAR T function requires NF- κ B and TRAFs. *JCI Insight.* 2018;3:e121322.
32. Kowolik CM, Topp MS, Gonzalez S, Pfeiffer T, Olivares S, Gonzalez N, et al. CD28 costimulation provided through a CD19-specific chimeric antigen receptor enhances in vivo persistence and antitumor efficacy of adoptively transferred T cells. *Cancer Res.* 2006;66:10995–1004.
33. Zhang JP, Zhang R, Tsao ST, Liu YC, Chen X, Lu DP, et al. Sequential allogeneic and autologous CAR-T-cell therapy to treat an immune-compromised leukemic patient. *Blood Adv.* 2018;2:1691–5.
34. Hombach AA, Heiders J, Foppe M, Chmielewski M, Abken H. OX40 costimulation by a chimeric antigen receptor abrogates CD28 and IL-2 induced IL-10 secretion by redirected CD4(+) T cells. *Oncoimmunology.* 2012;1:458–66.
35. Shen CJ, Yang YX, Han EQ, Cao N, Wang YF, Wang Y, et al. Chimeric antigen receptor containing ICOS signaling domain mediates specific and efficient antitumor effect of T cells against EGFRvIII expressing glioma. *J Hematol Oncol.* 2013;6:33.
36. Loney C, Verma B, Hendlisz A, Aftimos P, Awada A, Van Den Neste E, et al. Study protocol for THINK: a multinational open-label phase I study to assess the safety and clinical activity of multiple administrations of NKR-2 in patients with different metastatic tumour types. *BMJ Open.* 2017;7:e017075.
37. Nair S, Wang JB, Tsao ST, Liu Y, Zhu W, Slayton WB, et al. Functional Improvement of Chimeric Antigen Receptor Through Intrinsic Interleukin-15 α Signaling. *Curr Gene Ther.* 2019;19:40–53.
38. Mata M, Gerken C, Nguyen P, Krenciute G, Spencer DM, Gottschalk S. Inducible Activation of MyD88 and CD40 in CAR T Cells Results in Controllable and Potent Antitumor Activity in Preclinical Solid Tumor Models. *Cancer Discov.* 2017;7:1306–19.
39. Lai Y, Weng J, Wei X, Qin L, Lai P, Zhao R, et al. Toll-like receptor 2 costimulation potentiates the antitumor efficacy of CAR T Cells. *Leukemia.* 2018;32:801–8.
40. Cheng Z, Wei R, Ma Q, Shi L, He F, Shi Z, et al. In Vivo Expansion and Antitumor Activity of Coinfused CD28- and 4-1BB-Engineered CAR-T Cells in Patients with B Cell Leukemia. *Mol Ther.* 2018;26:976–85.
41. Zhang CC, Wang Z, Yang Z, Wang ML, Li SQ, Li YY, et al. Phase I Escalating-Dose Trial of CAR-T Therapy Targeting CEA (+) Metastatic Colorectal Cancers. *Mol Ther.* 2017;25:1248–58.
42. Ahmed N, Brawley VS, Hegde M, Robertson C, Ghazi A, Gerken C, et al. Human Epidermal Growth Factor Receptor 2 (HER2)-Specific Chimeric Antigen Receptor-Modified T Cells for the Immunotherapy of HER2-Positive Sarcoma. *J Clin Oncol.* 2015;33:1688–96.
43. Garfall AL, Maus MV, Hwang WT, Lacey SF, Mahnke YD, Melenhorst JJ, et al. Chimeric Antigen Receptor T Cells against CD19 for Multiple Myeloma. *N Engl J Med.* 2015;373:1040–7.
44. Wei G, Ding L, Wang J, Hu Y, Huang H. Advances of CD19-directed chimeric antigen receptor-modified T cells in refractory/relapsed acute lymphoblastic leukemia. *Exp Hematol Oncol.* 2017;6:10.
45. Sadelain M, Riviere I, Riddell S. Therapeutic T cell engineering. *Nature.* 2017;545:423–31.
46. Brown GD, Willment JA, Whitehead L. C-type lectins in immunity and homeostasis. *Nat Rev Immunol.* 2018;18:374–89.
47. Kumaresan PR, Manuri PR, Albert ND, Maiti S, Singh H, Mi T, et al. Bioengineering T cells to target carbohydrate to treat opportunistic fungal infection. *Proceed Natl Acad Sci USA.* 2014;111:10660–5.
48. Brown GD, Crocker PR. Lectin Receptors Expressed on Myeloid Cells. *Microbiol Spectr.* 2016;4:5.
49. Chiba S, Ikushima H, Ueki H, Yanai H, Kimura Y, Hangai S, et al. Recognition of tumor cells by Dectin-1 orchestrates innate immune cells for anti-tumor responses. *eLife.* 2014;3:e04177.
50. Kaisar MMM, Ritter M, Del Fresno C, Jonasdottir HS, van der Ham AJ, Pelgrom LR, et al. Dectin-1/2-induced autocrine PGE2 signaling licenses dendritic cells to prime Th2 responses. *PLoS Biol.* 2018;16:e2005504.
51. Zhao Y, Chu X, Chen J, Wang Y, Gao S, Jiang Y, et al. Dectin-1-activated dendritic cells trigger potent antitumour immunity through the induction of Th9 cells. *Nature Commun.* 2016;7:12368.
52. Rimawi MF, Schiff R, Osborne CK. Targeting HER2 for the treatment of breast cancer. *Annu Rev Med.* 2015;66:111–28.
53. Mardiana S, John LB, Henderson MA, Slaney CY, von Scheidt B, Giuffrida L, et al. A Multifunctional Role for Adjuvant Anti-4-1BB Therapy in Augmenting Antitumor Response by Chimeric Antigen Receptor T Cells. *Cancer Res.* 2017;77:1296–309.
54. Chacon JA, Wu RC, Sukhumalchandra P, Mollndrem JJ, Samaik A, Pilon-Thomas S, et al. Co-stimulation through 4-1BB/CD137 improves the expansion and function of CD8(+) melanoma tumor-infiltrating lymphocytes for adoptive T-cell therapy. *PloS ONE.* 2013;8:e60031.
55. Abken H. Driving CARs on the Highway to Solid Cancer: some Considerations on the Adoptive Therapy with CAR T Cells. *Human Gene Ther.* 2017;28:1047–60.
56. Bagley SJ, O'Rourke DM. Clinical investigation of CAR T cells for solid tumors: Lessons learned and future directions. *Pharmacol Ther.* 2020;205:107419.
57. Klebanoff CA, Gattinoni L, Torabi-Parizi P, Kerstann K, Cardones AR, Finkelstein SE, et al. Central memory self/tumor-reactive CD8+ T cells confer superior antitumor immunity compared with effector memory T cells. *Proceed Natl Acad Sci USA.* 2005;102:9571–6.
58. Ma Q, Gomes EM, Lo AS, Junghans RP. Advanced generation anti-prostate specific membrane antigen designer T cells for prostate cancer immunotherapy. *Prostate.* 2014;74:286–96.
59. Till BG, Jensen MC, Wang J, Chen EY, Wood BL, Greisman HA, et al. Adoptive immunotherapy for indolent non-Hodgkin lymphoma and mantle cell lymphoma using genetically modified autologous CD20-specific T cells. *Blood.* 2008;112:2261–71.
60. Till BG, Jensen MC, Wang J, Qian X, Gopal AK, Maloney DG, et al. CD20-specific adoptive immunotherapy for lymphoma using a chimeric antigen receptor with both CD28 and 4-1BB domains: pilot clinical trial results. *Blood.* 2012;119:3940–50.
61. Muranski P, Borman ZA, Kerkar SP, Klebanoff CA, Ji Y, Sanchez-Perez L, et al. Th17 cells are long lived and retain a stem cell-like molecular signature. *Immunity.* 2011;35:972–85.
62. Zhang PF, Huang Y, Liang X, Li D, Jiang L, Yang X, et al. Enhancement of the antitumor effect of HER2-directed CAR-T cells through blocking epithelial-mesenchymal transition in tumor cells. *FASEB J.* 2020;34:11185–99.
63. Gattinoni L, Lugli E, Ji Y, Pos Z, Paulos CM, Quigley MF, et al. A human memory T cell subset with stem cell-like properties. *Nat Med.* 2011;17:1290–7.