**In vivo** Characterization of Fusion Protein Comprising of A1 Subunit of Shiga Toxin and Human GM-CSF: Assessment of Its Immunogenicity and Toxicity

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ABSTRACT

**Background:** Most cancer cells become resistant to anti-cancer agents. In the last few years, a new approach for targeted therapy of human cancer has been developed using immunotoxins which comprise both the cell targeting and the cell killing moieties. **Methods:** In the present study, the recombinant Shiga toxin A1 subunit fused to human granulocyte-macrophage colony stimulating factor (A1-GM-CSF), previously produced in E. coli, was further characterized. **Results:** The recombinant protein could cause 50% cytotoxicity and induced apoptosis in cells bearing GM-CSF receptors. The non-specific toxicity of the fusion protein was assessed in C57BL/6 and BALB/c mice. No mortality was observed in either group of mice, with different concentration of fusion protein. **Conclusion:** The lymphocyte proliferation assay, induction of specific IgG response and a mixed (Th1/Th2) response were observed only in BALB/c mice. The mixed response in BALB/c mice (Th1/Th2) could be explained on the basis of the two components of the fusion protein i.e. A1 and GM-CSF.


**Keywords:** Cell line, Fusion protein, Toxicity

INTRODUCTION

In the past several years, immunotoxins have been used to target cancer cells [1]. Nowadays, immunotoxins are designed to contain only the elements required to recognize and kill the tumor cells. This is accomplished by replacing the cell-binding domain of the toxin with portion of the antibody or the growth factor. Growth factors and cytokines as well as immunologic proteins smaller than monoclonal antibodies have also been chemically conjugated or genetically fused to protein toxins [2]. DT-GM-CSF (Diphtheria toxin fused to granulocyte-macrophage colony stimulating factor) is a recombinant toxin that targets the GM-CSF receptor that is present on acute myeloid leukemia cells [3]. The preclinical experiments using recombinant immunotoxins have suggested that these molecules are promising agents for cancer therapy. However, these molecules proved to be difficult to treat cancer due to their non-specific toxicity [4]. Toxicity associated with immunotoxins can be either non-specific or targeted [5]. The high concentration of cytotoxicity can cause non-specific toxicity [6]. The second type of toxicity can cause targeting the toxin to normal tissues that contain the same target antigen as the cancer cell [2]. The A1-GM-CSF (Shiga toxin A1 subunit fused to GM-CSF) fusion protein, constructed in our previous study [7], was further assessed for its toxicity in in vivo assay. Therefore, its toxicity was determined in C57BL/6 and BALB/c mice. In addition, the modulatory effect of A1-GM-CSF on immune response of injected mice was also determined.

MATERIALS AND METHODS

**Purification of hybrid protein.** Medium containing constructed clone was induced by optimized concentration of L-arabinose. After centrifugation, the pellet was used for purification of the expressed protein. The bacterial cells from the pellet were suspended in 0.1% polymyxin B in PBS.

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(pH 7.4) and incubated at 37°C for 60 min. For total protein estimation of periplasmic extract, the preparation thus obtained was applied to EndoTrap column (Profos, Germany). The expressed protein was eluted by Electro-Eluter (Bio-Rad, Life Science Group, USA) and the purified protein concentration was estimated by absorbance at 280 nm with bovine serum albumin as the standard. For determination of A1-GM-CSF concentration, the specific ELISA kit for GM-CSF (R & D Systems, Inc., USA) was used.

**Accession number.** A1-GM-CSF constructed gene under study was sequenced, and the sequence obtained was deposited into GenBank under accession number EF032873.

**In vitro cytotoxicity of A1-GM-CSF.** Cytotoxicity of the periplasmic extracts of A1-GM-CSF was checked on K562 cell (National Cell Bank, Pasteur Institute of Iran). Cells (10⁵ per well) were grown in 96-well microtiter plates (Nunc, Germany) in RPMI medium (pH 7.4, supplemented with 10% heat inactivated fetal bovine serum, 100 units/ml penicillin-streptomycin) in a 5% CO₂ atmosphere at 37°C for 24 h. Briefly, serial 10-fold dilutions (100 µl) of the periplasmic sterilized sample solution were incubated with 10⁵ cells overnight and observed microscopically. An average percentage of cell death was calculated from three separate experiments. On the other hand, neutralization of the cytotoxicity was performed by incubation of antibody raised against A1-GM-CSF in rabbits with hybrid protein to inhibit the toxicity. Serum from the immunized rabbit was mixed with different dilutions of A1-GM-CSF and incubated at 37°C for 30 min. The mixture was then added to the cells (1.2 × 10³/ml) in a 96-well micro titer plate incubated at 37°C overnight. The cell viability was measured by neutral red assay [8]. Shortly, after 3 h incubation with neutral red solution, viable cells were fixed with 1% CaCl₂ in 0.5% formaldehyde for 3-5 min. Thereafter, washing cells were lysed with 1% acetic acid in 50% ethanol. The absorbance was measured by an ELISA reader (Awareness Technology Inc., USA) in 540 nm. Induction of apoptosis by the recombinant protein was measured by Cellular DNA Fragmentation ELISA kit from Roche Diagnostics GmbH, Germany.

**Animals.** Two groups of animals, C57BL/6 and BALB/c mice (Female, aged 4-5 weeks), were obtained from the Animal Facility of Pasteur Institute of Iran. The animals used in this study were housed in standard Plexiglas cages with free access to food (standard laboratory rodent’s chow) and water. The animal house temperature was maintained at 23 ± 3°C with a 12 h light/dark cycle (light on from 6 a.m.). All animal experiments were carried out in accordance with the European Communities of Council Directive of 24 November 1986 (86/609/EEC) in such a way to minimize the number of animals and their suffering. Each animal was tested once. A New Zealand white rabbit was injected subcutaneously with 500 µg (0.1 ml) purified A1-GM-CSF. This hybrid protein was mixed with an equal volume of Freund’s Complete Adjuvant (Sigma Chemical Co., St. Louis, Mo., USA). The immunization was repeated at 4 and 6 weeks after the first injection with Freund’s Incomplete Adjuvant. All injections were given subcutaneously at multiple sites in the dorsal region. The rabbit was bled 1 week after the third injection and serum was collected.

**Toxicity study.** Five groups of C57BL/6 and BALB/c mice (six in each) were injected i.p. with 10, 20, 50, 100 and 200 µg/day of periplasmic extract containing A1-GM-CSF for 5 consecutive days. The periplasmic extract was checked by Western-blot analysis using Anti-A (polyclonal antibodies against A subunit of Shiga toxin) and Anti-GM-CSF (R&D Systems, Inc., USA) antibodies. As a control periplasmic extract of the construct without the gene was used for injection to mice. Animals were then observed twice daily for mortality until the day 26 (21 days after the last injection of the extract), according to the method described by Hall et al. [6].

**Detection of mouse IgG response to A1-GM-CSF.** On day 26 (21 days after the last injection of A1-GM-CSF), retro-orbital blood samples (50 µl) were drawn. The serum was separated and frozen until assay. The 200 ml per well of purified A1-GM-CSF (10 µg/ml) was plated on 96-well ELISA plates (Nunc, Germany) at 4°C overnight. The plate was then washed four times with PBS plus 0.1% Tween 20 followed by the addition of 200 µl of PBS/skim milk at room temperature for 1 h. Three 10-fold dilutions of the serum were performed, and 200 µl of each sample was added per well at room temperature for 2 h. The plate was then washed four times and 100 µl of a 1:2000 dilution of goat anti-mouse IgG peroxidase (Sigma, USA) was added at room temperature for 1 h. Then, the plate was washed four times, and 50 µl tetramethyl benzidine was added.

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culture to the mean counts per minutes of the control culture (medium). Supernatant of the above cultures was pooled and stored at -80°C for cytokine assay after 72 h incubation. IFN-γ and IL-4 production were detected by mouse IFN-γ and IL-4 Module Set (Bender MedSystems, USA) according to manufacturer’s instructions. All tests were performed in triplicate for three mice.

**Statistical analysis.** Data were subjected to ANOVA and Student’s t-test for statistical analysis, and a P value of <0.05 was considered to be significant.

**RESULTS**

**Characterization of A1-GM-CSF.** The characterized gene was deposited into GenBank under accession number EF032873. The protein thus obtained [7] was used for further studies.

**In vitro study.** In order to determine the cytotoxicity of the fusion protein before injection to the mice, the ability of the purified protein was assessed on K562 cell Line; the LD50 for hybrid toxin was 100 µg/ml after overnight incubation. The protein was found to be cytotoxic; its effect was neutralized by anti-A1-GM-CSF raised in rabbit, and 12% cytotoxicity was shown after inhibition. The mechanism of cytotoxicity was shown to be due to apoptosis occurred by 50 µg/ml of the hybrid protein (Fig. 1). Cellular DNA fragmentation by ELISA kit was determined and apoptotic cell death was assessed by detection of DNA fragments in the cell lysate of cells treated with hybrid protein.

**In vivo toxicity of A1-GM-CSF.** Initially, C57BL/6 mice were used. The mice received 10, 20, 50, 100 and 200 µg/day of periplasmic extract containing A1-GM-CSF for 5 consecutive days. They survived like the control group which received PBS. We extended the amount of hybrid toxin to 200 µg/day, and still all mice survived. Since no death was observed in C57BL/6 mice, the BALB/c mice were included in the study. Since BALB/c mice are sensitive animal, the toxicity of the A1-GM-CSF was examined and still no death occurred. Sera from each group (6 mice) were pooled, and antibody response was observed by Western-blotting in the BALB/c group who received 200 µg/day of hybrid toxin (Fig. 2A).

![Fig. 1. Cellular DNA fragmentation assay.](http://IBJ.pasteur.ac.ir)
A1-GM-CSF and reacted with A1-GM-CSF protein separated on SDS-PAGE (Fig. 2A).

**Lymphocyte proliferation and cytokine production.** The capacity of splenocytes to proliferate in response to A1-GM-CSF was investigated. Mice that received A1-GM-CSF displayed proliferation that was not observed in the control mice. Similarly, only spleen cell proliferation from BALB/c mice that received 200 µg/day of A1-GM-CSF was observed, but not C57BL6 mice. The stimulation index of splenocytes with A1-GM-CSF antigen was significantly higher (P<0.05) compared to control groups in BALB/c mice receiving PBS (Fig. 3). The level of IFN-γ and IL-4 production was analyzed in the supernatant of spleen cells from all groups (Fig. 3). Significant levels of IL-4 and IFN-γ production were observed during this time period while control groups produced no detectable IL-4 and IFN-γ. It was shown that the production of IL-4 was higher than that of IFN-γ in BALB/c mice receiving 200 µg/day of A1-GM-CSF (Fig. 3). The mixed response in BALB/c mice (Th1/Th2) could be explained on the basis of two components of the fusion protein i.e. A1 and GM-CSF.

**DISCUSSION**

Targeted toxins consisting of tumor-selective ligands coupled to polypeptide toxins represent a new class of cancer therapeutics that kills malignant cells by inactivating cytosolic protein synthesis and inducing apoptosis [10]. When the targeting moiety is a cytokine or growth factor, the molecule is referred to as a fusion protein toxin [10].

In some instances, the targeted toxin receptor is present on normal tissues, and side effects have occurred [11]. In a study conducted by Hall et al. [6], the DT-GM-CSF exhibited non-specific toxicity in C57BL/6 mice (10 µg/day). In our study, a much higher concentration of the protein was not found to be lethal for the C57BL/6 mice. Since GM-CSF receptor is present on mature monocytes, macrophages and neutrophils, early dose-limiting toxicity for DT-GM-CSF and cytokine release or systemic inflammatory response syndrome, were also observed [12-14].

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Further studies are required to determine real clinical impact of this fusion protein.

REFERENCES


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