

ABSTRACT

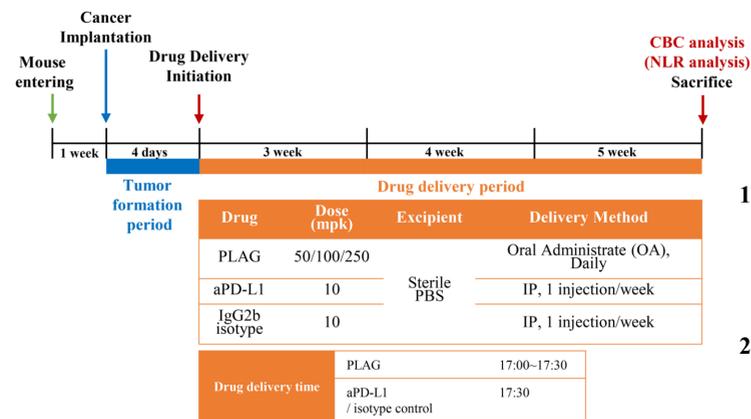
Background : Malignant melanoma (MM) is a representative tumor with a low survival rate due to its early diagnosis difficulty and poor treatment efficacy. Melanoma usually promotes its growth via tumor-infiltrating neutrophils (TINs), which inhibit the activation of immune cells that prevent cancer cells such as cytotoxic T lymphocytes. Therefore, the best option for MM treatment is to prevent excessive neutrophil infiltration into cancer lesions.

Methods ; A syngeneic mouse model was used (n=6) to investigate the enhanced anti-tumor effect of anti-programmed cell death-ligand 1 (aPD-L1) with various dosages of 1-palmitoyl-2-linoleoyl-3-acetyl-rac-glycerol (PLAG). A B16F10 melanoma cell was s.c. inoculated into the C57BL/6 mice and maintained for 4-days. After that, PLAG was daily administered orally with different dosages (50/100/250 mpk) for 3 weeks with or without 10 mpk aPD-L1 (10F.9G2). A PD-L1 antibody was delivered via IP injection once a week. Tumor growth was calculated in 3-day intervals.

Results : In this current study, we investigated the effects of PLAG and aPD-L1 in a B16F10 MM mouse model. We observed significant tumor growth inhibition in the mice treated with both PLAG and PLAG/aPD-L1, but not in aPD-L1 treated one ($p < 0.05$). Abnormal levels of lymphocyte, neutrophil and neutrophil-to-lymphocyte ratio (NLR) shown in tumor-bearing mice have been restored to normal status in PLAG and PLAG/aPD-L1-treatment. In addition, the infiltration of active neutrophils (Ly6G and Myeloperoxidase positive) was significantly reduced ($p < 0.05$). Since PLAG significantly inhibits the release of neutrophil maturation (G-CSF) and infiltration (Mip-2), it seems that active neutrophils couldn't easily penetrate tumors. Furthermore, PLAG effectively reduced the adenosine release in the tumor microenvironment (TME) and serum, thereby controlling unnecessary massive neutrophil migration ($p < 0.05$).

Conclusions : Collectively, our finding shows that PLAG effectively inhibits MM progression and may represent a novel therapeutic strategy for MM with high TINs, which is very difficult to use aPD-L1 therapy.

EXPERIMENTAL DESIGN



1. Compound concentration

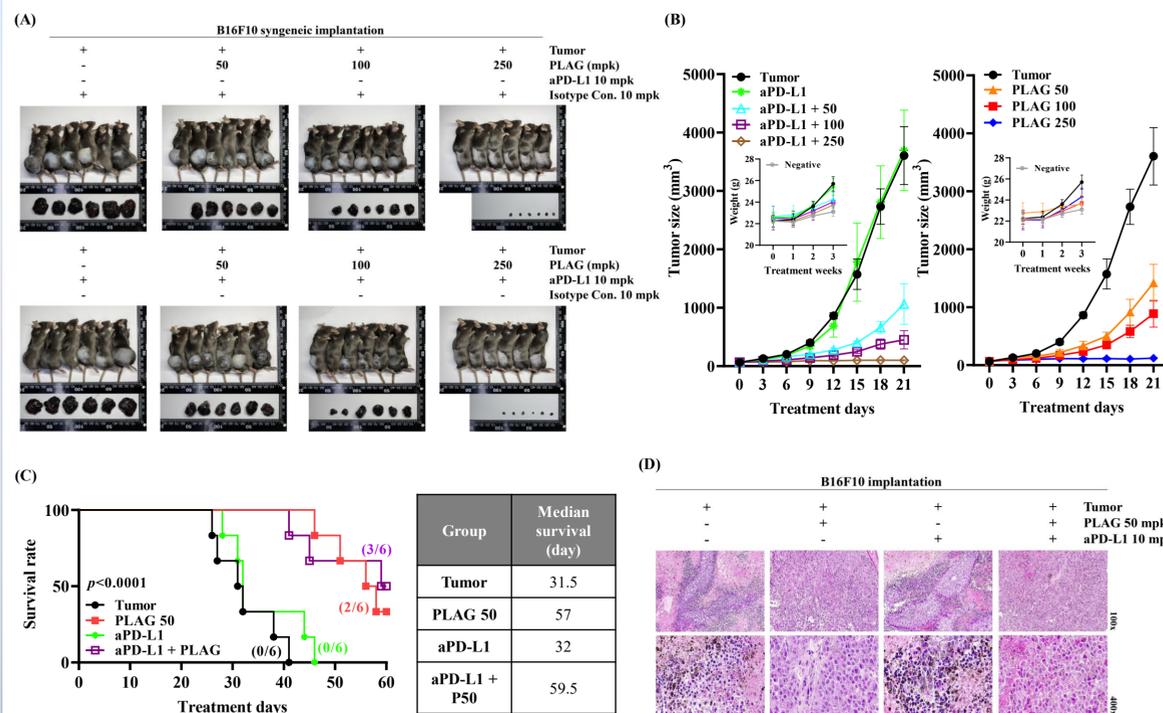
- PLAG : 50, 100, 250 mpk
- aPD-L1 : 10 mpk
- Isotype control : 10 mpk

2. Compound delivery

- O.A : PLAG (QD)
- I.P : aPD-L1, Isotype control (QW)

RESULT

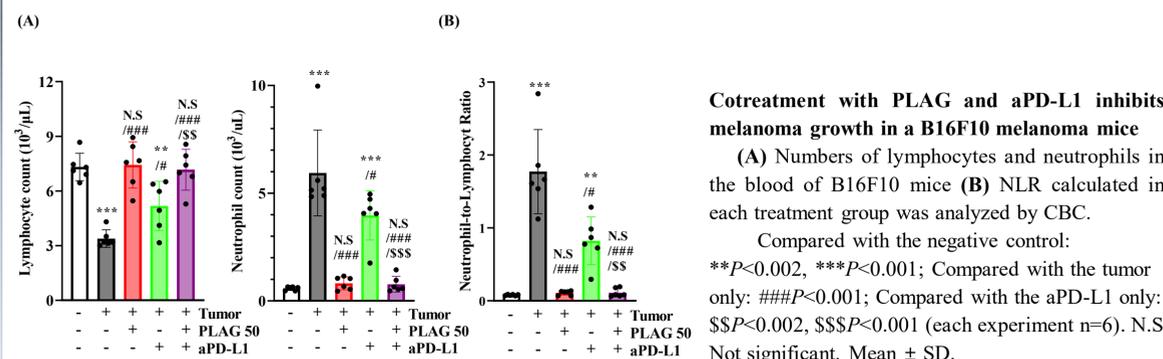
1. PLAG inhibits the overgrowth of melanoma



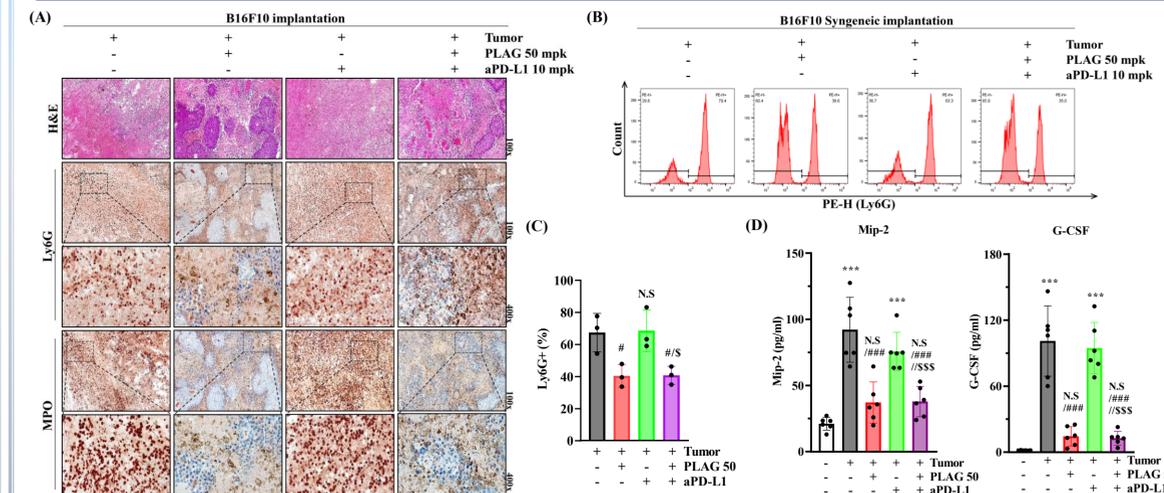
PLAG and PLAG/aPD-L1 inhibit melanoma growth in a B16F10 melanoma

(A) Tumor burden and tumor size were measured on the sacrificed day in control and PLAG/aPD-L1. (B) Tumor size changes in each treatment group, measured at 3-day interval. (C) 60-days survival rate diagram by treatment days. (D) Assessment of pigmentation in MM tissue sections at the marginal area.

2. NLRs in blood of B16F10 mice are restored to normal status by PLAG treatments



3. Tumor-recruited neutrophils are significantly reduced in PLAG-treatments

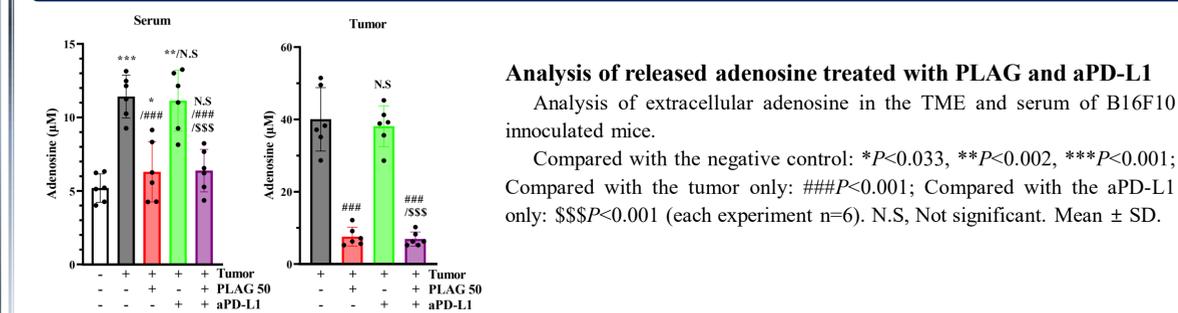


Analysis of tumor-infiltrating neutrophils (TINs) in tumors treated with PLAG/aPD-L1

(A) TINs were measured in B16F10 mice in each treatment group (Control, PLAG alone, aPD-L1 alone, PLAG/aPD-L1) by IHC staining with anti-Ly6G and anti-MPO antibodies. (B) Among CD45⁺ cells (leukocytes), Ly6G⁺/CD11b⁺ (neutrophils) populations were measured by FACS. (C) Quantification of TINs (Ly6G⁺) in tumors. (D) Levels of G-CSF and Mip-2 were measured by ELISA.

Compared with the negative control: *** $P < 0.001$; Compared with the tumor only: # $P < 0.033$, ### $P < 0.001$; Compared with the aPD-L1 only: \$ $P < 0.033$, \$\$\$ $P < 0.001$ (each experiment n=6). N.S, Not significant. Mean \pm SD.

4. Excessive adenosine release is inhibited by PLAG treatments



CONCLUSION

- PLAG inhibits the growth of B16F10 malignant melanoma by an average 85.5% and restored OS.
- Antitumor effect of PLAG was due to the effective control of excessive neutrophil infiltration into the tumor.
- The phenomenon appears to be caused by lowered expression of neutrophil infiltration-related factors (ie, Mip-2, G-CSF) and inhibition of excessive adenosine production.
- These results suggest that PLAG therapy may be leveraged to effectively inhibit malignant melanoma in human patients to help promote complete recovery.

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