




ARTICLE

Bispecific antibody targeting both B7-H3 and PD-L1 exhibits superior antitumor activities

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Clinical application of PD-1 and PD-L1 monoclonal antibodies (mAbs) is hindered by their relatively low response rates and the occurrence of drug resistance. Co-expression of B7-H3 with PD-L1 has been found in various solid tumors, and combination therapies that target both PD-1/PD-L1 and B7-H3 pathways may provide additional therapeutic benefits. Up to today, however, no bispecific antibodies targeting both PD-1 and B7-H3 have reached the clinical development stage. In this study, we generated a stable B7-H3×PD-L1 bispecific antibody (BsAb) in IgG1-VHH format by coupling a humanized IgG1 mAb against PD-L1 with a humanized camelus variable domain of the heavy-chain of heavy-chain antibody (VHH) against human B7-H3. The BsAb exhibited favorable thermostability, efficient T cell activation, IFN- γ production, and antibody-dependent cell-mediated cytotoxicity (ADCC). In a PBMC humanized A375 xenogeneic tumor model, treatment with BsAb (10 mg/kg, i.p., twice a week for 6 weeks) showed enhanced antitumor activities compared to monotherapies and, to some degree, combination therapies. Our results suggest that targeting both PD-1 and B7-H3 with BsAbs increases their specificities to B7-H3 and PD-L1 double-positive tumors and induces a synergetic effect. We conclude that B7-H3×PD-L1 BsAb is favored over mAbs and possibly combination therapies in treating B7-H3 and PD-L1 double-positive tumors.

Keywords: cancer immunotherapy; B7-H3; PD-L1; bispecific antibodies; VHH; antibody-dependent cell-mediated cytotoxicity (ADCC)

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INTRODUCTION

Programmed death ligand 1 (PD-L1), also named B7-H1, belongs to the B7 superfamily and is highly expressed in various tumors [1, 2]. When PD-L1 on tumor cells binds to programmed death 1 (PD-1) on effector T cells, it promotes the immune escape of tumors [3, 4]. PD-1 or PD-L1 antibodies block the interaction of PD-L1 with PD-1 and reduce the occurrences of immune escape, thereby enhancing the adaptive immunity against tumors [5]. However, a large number of patients do not respond to PD-1 or PD-L1 monotherapies [2, 3, 6]. Therefore, these antibodies are often used in combination with other antitumor agents [7].

Both the innate and adaptive immune systems are critical to immunological responses against cancers, and acting on both systems may greatly enhance the antitumor efficacy of immunotherapies for cancers [8, 9]. B7-H3 (CD276), also belonging to the B7 superfamily, may have impacts on both the innate and adaptive immune systems. There are two subtypes of B7-H3, 2Ig (2IgV+IgC) and 4Ig (4IgV+IgC), and 4Ig is the main subtype in human. A broad range of immune and non-immune cells express B7-H3, including dendritic cells (DCs), activated T cells, natural killer (NK) cells, fibroblasts, epithelial cells, osteoblasts,

synoviocytes, and macrophages [10–15]. The counter receptors of B7-H3 have not been confirmed yet, but soluble B7-H3 has been shown to bind to T, NK T, and NK cells [16] and its degree of binding increases when T cells are activated [10]. Upon binding to NK cells, B7-H3 prevents them from the killing tumor cells, thus suppressing NK cells-mediated innate immunity [15]. It also suppresses T cell activation and proliferation, hence promoting the immune escape of cancer cells from adaptive immunity [17–19]. Thus, B7-H3 is potentially a unique immuno-oncology target that can mobilize both the innate and adaptive immune systems.

On the other hand, B7-H3 is a tumor-associated antigen (TSA) that is highly expressed in almost all solid tumors [20–22], as well as tumor-associated vasculature and stroma [23–25]. The level of B7-H3 expression often correlates with both poor prognosis and clinical outcomes in patients [26]. Therefore, solid tumors can be directly targeted by B7-H3-specific mechanisms, for example, antibody-dependent cell-mediated cytotoxicity (ADCC) [20], antibody-drug/radionuclide conjugates [21–23], and chimeric antigen receptor T cells. B7-H3 antibodies may also disrupt the tumor microenvironment and inhibit neovascularization. In

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