

CD73 on Tumor Cells Impairs Antitumor T-Cell Responses: A Novel Mechanism of Tumor-Induced Immune Suppression

Dachuan Jin¹, Jie Fan¹, Long Wang¹, Linda F. Thompson², Aijie Liu¹, Benjamin J. Daniel¹, Tahiro Shin¹, Tyler J. Curiel¹, and Bin Zhang¹

Abstract

CD73, originally defined as a lymphocyte differentiation antigen, is thought to function as a cosignaling molecule on T lymphocytes and an adhesion molecule that is required for lymphocyte binding to endothelium. We show here that CD73 is widely expressed on many tumor cell lines and is upregulated in cancerous tissues. Because the ecto-5'-nucleotidase activity of CD73 catalyzes AMP breakdown to immunosuppressive adenosine, we hypothesized that CD73-generated adenosine prevents tumor destruction by inhibiting antitumor immunity. We confirmed this hypothesis by showing that combining tumor CD73 knockdown and tumor-specific T-cell transfer cured all tumor-bearing mice. In striking contrast, there was no therapeutic benefit of adoptive T-cell immunotherapy in mice bearing tumors without CD73 knockdown. Moreover, blockade of the A2A adenosine receptor with a selective antagonist also augmented the efficacy of adoptive T-cell therapy. These findings identify a potential mechanism for CD73-mediated tumor immune evasion and point to a novel cancer immunotherapy strategy by targeting the enzymatic activity of tumor CD73. *Cancer Res*; 70(6); 2245–55. ©2010 AACR.

Introduction

Accumulating evidence indicates that a dynamic cross-talk between a tumor and the immune system can control tumor growth (1, 2). It is known that many tumors are potentially immunogenic, as supported by the presence of tumor-specific immune responses *in vivo*. However, spontaneous eradication of established tumors by endogenous immunity is often rare. A number of obstacles hinder the generation of effective tumor immunity. During tumor progression, tumor cells foster a tolerant microenvironment and the activation of multiple immunosuppressive mechanisms, which may act in concert to block effective immune responses (3). Obviously, a better understanding of the different aspects of tumor-induced immune suppression would help develop and refine novel immunotherapeutic strategies.

CD73, known as ecto-5'-nucleotidase (5'-NT, EC3.1.3.5) is a glycosyl-phosphatidylinositol-linked 70-kDa cell surface enzyme found in most tissues (4, 5). CD73, originally defined as a lymphocyte differentiation antigen, is expressed on many cell types including subsets of lymphocytes (6), endo-

thelial cells (7), and epithelial cells (8). Several *in vitro* earlier studies reported that CD73 functions as a cosignaling molecule on T lymphocytes (9–11) and as an adhesion molecule required for lymphocyte binding to the endothelium (12). Recently, it is believed that biological actions of CD73 are a consequence (at least in large part) of the regulated enzymatic phosphohydrolytic activity of extracellular nucleotides. This ecto-enzymatic cascade in tandem with CD39 (ecto-ATPase) generates adenosine from ATP/AMP often released from damaged or inflamed target cells into the extracellular environment (13, 14). Extracellular adenosine induces potent immunosuppressive effects, mainly mediated through four adenosine-binding G protein-coupled receptors: A1, A2A, A2B, and A3 (15). Notably, adenosine inhibits the activation and expansion of T cells primarily via the A2A adenosine receptor (A2AAR; refs. 16, 17). Modulation of inflammation by adenosinergic mechanisms has been characterized in various murine models, including T cell-dependent autoimmune encephalomyelitis (18), colitis (19), and viral hepatitis (20), and in antitumor T-cell immunity (21). In addition, it has been recently accepted that adenosine generated from Foxp3⁺CD4⁺ regulatory T cells (Tregs) through CD39/CD73 mediates immune suppression (22, 23).

Interestingly, CD73 is highly expressed in many human solid tumors (24–29), and its elevated expression and activity are associated with tumor invasiveness and metastasis (30, 31) and with shorter patient survival time (32), indicating that CD73 is closely involved in cancer progression. Based on the immunomodulatory property of adenosine, we evaluated the role of CD73 in cancer immunity. Because A2AAR protected tumors from incoming antitumor T cells (21), we hypothesized that extracellular adenosine generated by CD73 on tumor cells would impair antitumor immunity. Indeed, we

Authors' Affiliations: ¹Cancer Therapy and Research Center, Department of Medicine, University of Texas Health Science Center, San Antonio, Texas and ²Immunobiology and Cancer Program, Oklahoma Medical Research Foundation, Oklahoma City, Oklahoma

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Corresponding Author: Bin Zhang, Department of Medicine, Cancer Therapy and Research Center, University of Texas Health Science Center, 2040 Babcock Road, Suite 201, San Antonio, TX 78229. Phone: 210-562-5243; Fax: 210-562-5292; E-mail: Zhangb3@uthscsa.edu.

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found that knockdown of CD73 on tumor cells by siRNA improved antitumor T-cell responses, including both activation and effector functions, completely restored efficacy of adoptive T-cell therapy and led to long-term tumor-free survival of tumor-bearing mice. Therefore, targeting the enzymatic activity of tumor CD73 may be an important new approach to cancer immunotherapy.

Materials and Methods

Mice, cell lines, and reagents. Rag1^{-/-} mice and CD90.1 mice were purchased from the Jackson Laboratory, and C57BL/6 mice were from National Cancer Institute-Frederick. Dr. Hans Schreiber (University of Chicago) provided the OT-1 Rag1^{-/-} mice and the human ovarian cancer line SKOV3. All animal experiments were approved by institutional animal use committees of the University of Texas Health Science Center at San Antonio. ID8 ovarian cells were provided by Dr. George Coukos (University of Pennsylvania). To obtain the ascites-derived ID8 cells, the ascites cells isolated from ID8-bearing mice (~8 wk after tumor injection) were plated in flasks and incubated overnight to allow attachment of cancer cells. After passage twice, the attached cells (ascites-derived ID8 cells) were examined for CD73 expression. Similar to regular ID8, ascites-derived ID8 cells are CD326⁺ CD45⁻, suggesting that they are of epithelial origin (data not shown). To generate ID8 conditioned medium, 5 × 10⁵ ID8 cells were cultured in 10 mL of complete medium in flasks for 2 to 3 d, and the supernatants were subsequently centrifuged and filtered for further experiments. All the cell lines were tested for *Mycoplasma* infections and maintained in complete medium composed of RPMI 1640 with 5% fetal bovine serum. The ovalbumin (OVA)-derived peptide SIINFELK (OVA-I) was synthesized by GenScript. All the antibodies were obtained from eBioscience. The Alexa Fluor 647 Annexin V apoptosis detection kit was from BioLegend. MTT, 5'-AMP, SCH58261 (A2AAR antagonist), α,β-methylene-ADP (APCP), and caffeine were purchased from Sigma. 5'-N-ethylcarboxamidoadenosine (NECA) was from Tocris Bioscience.

Generation of OVA vectors and cells expressing these genes. A complementary DNA encoding full-length chicken OVA (gift of Dr. John Frelinger, University of Rochester Medical Center) was inserted into the retrovirus backbone vector MIGR1-IRES-eGFP. MIGR1-OVA-IRES-eGFP was transfected by electroporation into the PT67 cell line to produce retrovirus. ID8 cells were infected with MIGR1-OVA-IRES-eGFP, and OVA-expressing cells were sorted twice based on green fluorescent protein (GFP) expression. OVA production was confirmed by ELISA (data not shown).

Knockdown of CD73 expression by shRNA. The vector used to knockdown CD73 (Gene accession: NM_011851) expression was lentiviral pGIPZ, purchased from Open Biosystem. Two different pGIPZ constructs (RMM4431-98751230 and RMM4431-98762273) containing each shRNA sequence targeted to CD73 were selected. The pGIPZ nonsilencing control vector from a Trans-Lentiviral GIPZ Packaging System (Open Biosystem, TLP4615) was used as an expression

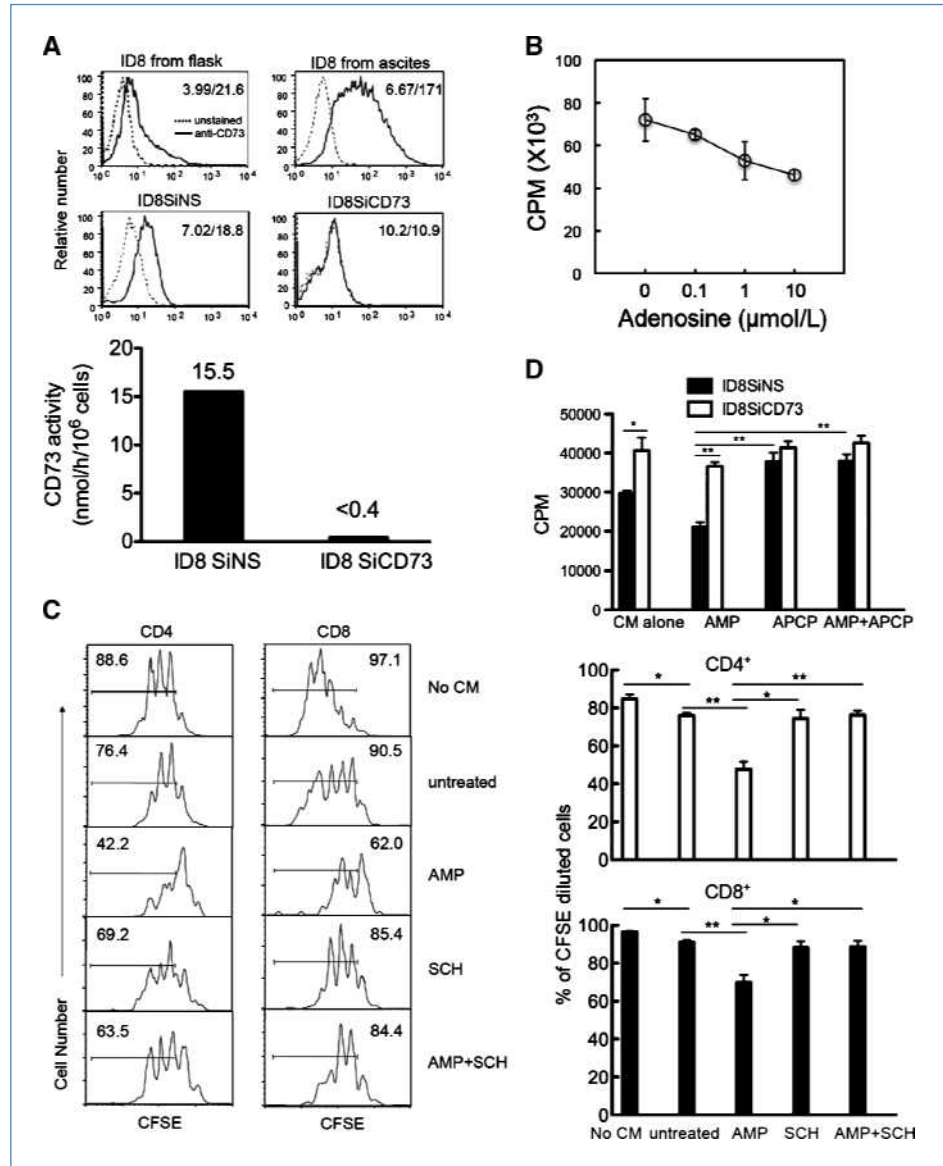
control. To knockdown CD73, cells were transfected with the above vectors using an optimized nucleofector kit for cell lines purchased from Amaxa, a Lonza company. Twenty-four to 48 h later, the transfection efficiency was evaluated by flow cytometry. To obtain stable clones, the transfected cells were selected with zeomycin and/or further sorted with a BD FACSAria Flow Cytometer gating on GFP⁺ populations.

Measurement of CD73 activity. CD73 enzyme activity was evaluated by measuring the conversion of [¹⁴C]IMP to [¹⁴C]inosine as described previously (33). APCP was used as a specific inhibitor of CD73 (34). Thus, CD73 activity was calculated as the portion of the total IMP-hydrolyzing activity that was inhibited by APCP. The results were expressed as nmol IMP hydrolyzed/h/10⁶ cells.

Carboxyfluorescein succinimidyl ester proliferation assay. To examine whether adenosine generated by CD73 on tumor cells suppresses T-cell proliferation, 1 × 10⁴ ID8 cells were incubated with conditioned medium in the absence or presence of 0.5 or 50 μmol/L 5'-AMP alone, 25 nmol/L SCH58261 alone, or 5'-AMP plus SCH58261 for 4 h at 37°C. Splenocytes labeled with 5 μmol/L carboxyfluorescein succinimidyl ester (CFSE) were then incubated at 5 × 10⁵ with conditioned medium from the above ID8 cultures or regular complete medium as a control, and 1 μg/mL anti-CD3 monoclonal antibody (mAb) for 72 h. The CFSE dilution was measured by flow cytometry by gating on CD8⁺ or CD4⁺ cells. To show whether adenosine generated by tumor CD73 affects tumor antigen-specific T-cell responses, ID8, ID8-OVA, ID8-OVA-SiNS, or ID8-OVA-SiCD73 at 1 × 10⁴ cells were incubated with conditioned medium as indicated above, 10 μmol/L NECA, or 10 μmol/L APCP or APCP plus NECA for 4 h at 37°C. CFSE-labeled 5 × 10⁵ OT-1 splenocytes were subsequently added into the above tumor cell cultures. After 3 d, the floating cells were harvested and examined for CFSE dilution and intracellular IFN-γ staining by flow cytometry by gating on CD8⁺ cells. For *in vivo* T-cell proliferation assays, female C57BL/6 mice were inoculated i.p. with 1 × 10⁷ ID8-OVA-SiNS or ID8-OVA-SiCD73 cells. Two weeks later, naive CFSE-labeled OT-1 CD90.1 splenocytes were injected i.p. The proliferation of transferred cells in spleens, mesenteric lymph nodes (MLN), and peritoneal exudate cells (PEC) was monitored by gating on CD8⁺ CD90.1⁺ cells at days 2, 4, and 6. The activation markers CD44 and CD69 or intracellular IFN-γ staining on these transferred cells (CD8⁺ CD90.1⁺) was also measured.

[³H] incorporation assay. To study whether adenosine directly suppresses T-cell proliferation, splenocytes were incubated at 5 × 10⁵ cells with 1 μg/mL anti-CD3 mAb in X-VIVO 15 medium with or without adenosine at various concentrations (0.1–10 μmol/L), and proliferation was measured after 72 h by [³H]thymidine incorporation. To examine whether knockdown of CD73 expression promoted T-cell proliferation, ID8-SiNS and ID8SiCD73 at 1 × 10⁴ cells were incubated with conditioned medium in the absence or presence of 0.5 or 50 μmol/L 5'-AMP or 10 μmol/L APCP alone or APCP plus AMP for 4 h at 37°C. Splenocytes were then incubated at 5 × 10⁵ cells with conditioned medium from the above cultures and 1 μg/mL anti-CD3 mAb for 72 h. Eighteen hours before harvesting, cells were pulsed with [³H]thymidine (1 μCi/well;

Figure 1. Adenosine generated by tumor CD73 suppresses T-cell proliferation. A, CD73 expression on various ID8 ovarian cancer cells was analyzed by flow cytometry (dashed line, unstained/solid line, stained). The efficiency of CD73 knockdown was confirmed by the measurement of CD73 enzymatic activity. B, adenosine directly suppressed T-cell proliferation. Points, mean of triplicate wells; bars, SD. C, adenosine generated by tumor CD73 suppressed T-cell proliferation. ID8 cells were incubated with conditioned medium as indicated. CFSE-labeled splenocytes were then incubated with the above conditioned medium or regular complete medium (No CM) in the presence of 1 $\mu\text{g}/\text{mL}$ anti-CD3 mAb for 72 h. The proliferation (CFSE dilution) was evaluated by flow cytometry by gating on CD8⁺ or CD4⁺ cells. D, knockdown of CD73 expression promoted T-cell proliferation. ID8SiNS and ID8SiCD73 cells were incubated with conditioned medium as indicated. Splenocytes were then incubated with the above conditioned medium in the presence of 1 $\mu\text{g}/\text{mL}$ anti-CD3 mAb for 72 h. Columns, mean of triplicate wells; bars, SD. Data are representative of three independent experiments (C, D). *, $P < 0.05$; **, $P < 0.01$.



Amersham Biosciences). [³H]thymidine uptake was counted using a liquid scintillation counter and expressed as cpm.

In vivo killing assay. Analysis of tumor Ag-specific effector CTL activity *in vivo* was performed as previously described (35). Briefly, OVA-I peptide-pulsed CFSE^{high} and non-peptide-pulsed CFSE^{low} splenocytes were mixed at a ratio of 1:1, and a total of 2×10^7 cells were injected i.p. into recipient animals. PEC, MLN, and spleens were then harvested 24 h after adoptive transfer and CFSE fluorescence intensity was analyzed by flow cytometry. Gating on CFSE⁺ cells, the percentage killing was calculated as follows: $100 - \{[(\% \text{ OVA-I peptide-pulsed cells in OVA}^+ \text{ tumor-bearing mice} / \% \text{ non-peptide-pulsed cells in OVA}^+ \text{ tumor-bearing mice}) / (\% \text{ OVA-I peptide-pulsed cells in OVA}^- \text{ tumor-bearing mice} / \% \text{ non-peptide-pulsed cells in OVA}^- \text{ tumor-bearing mice})] \times 100\}$.

⁵¹Cr release assay. OT-I CD8⁺ T cells were stimulated with irradiated splenocytes and OVA-I peptide in the presence of interleukin-2 for 72 h. For APCP treatment, cancer cells were preincubated with 10 $\mu\text{mol}/\text{L}$ APCP for 4 h. The killing of ID8-GFP, ID8-OVA-SiNS, ID8-OVA-SiCD73, or APCP treated-ID8-OVA-SiNS cancer cells was determined using a standard ⁵¹Cr release assay, as previously described (36).

Cell apoptosis assay. ID8-OVA-SiNS or ID8-OVA-SiCD73 at 1×10^4 cells were incubated with conditioned medium in the absence or presence of 0.5 or 50 $\mu\text{mol}/\text{L}$ 5'-AMP alone or 25 nmol/L SCH58261 alone or 5'-AMP plus SCH58261 for 4 h at 37°C. OT-I splenocytes were preactivated with 1 $\mu\text{g}/\text{mL}$ OVA-I peptide for 48 h. These activated cells were added into the above tumor cell cultures at 3×10^5 . After 3 d in culture, the floating cells were harvested and examined for apoptosis

by double staining with Annexin V and propidium iodide and subjected to flow cytometry. To monitor the apoptosis of adoptively transferred T cells, female C57BL/6 mice were inoculated i.p. with 5×10^6 ID8-OVA-SiNS or ID8-OVA-SiCD73 cells. Three days later, preactivated OT-I CD90.1 splenocytes were injected i.p. PEC were collected and stained with Annexin V at 24 h. Apoptotic cells were calculated as the percentage of Annexin V⁺ cells gated on the CD8⁺ CD90.1⁺ fraction.

Analysis of cells by flow cytometry. All the samples, except for tumor cells, were initially incubated with 2.4G2 to block antibody binding to Fc receptors. Single-cell suspensions were stained with 1 μ g of relevant antibodies and then washed twice with cold PBS. Intracellular IFN- γ staining was performed as previously described (35). Samples were analyzed on a LSR-II, and data were analyzed with FlowJo software.

Tumor challenge and treatments. Cultured cancer cells were trypsinized and washed once with DMEM. Cancer cells (1×10^7) in suspension were injected i.p. into the indicated mice. One week later, tumor-bearing mice ($n = 5-8$ per group) were left untreated or adoptively transferred with 1×10^7 OT-I T cells i.p. Meanwhile, tumor-bearing mice were treated with SCH58261 (5 mg/kg, i.p.) or caffeine given as drinking water (0.1% w/v) at day 7 and adoptively transferred with 1×10^7 OT-I T cells i.p. at day 8. Mice treated with SCH58261 or caffeine alone were used as controls. Mice were treated with SCH58261 thrice weekly until mice gained >30% body weight (indication of ascites formation). For APCP treatment, 1 wk after tumor challenge, mice were given APCP (20 mg/kg i.v.) once daily for 1 wk followed by twice weekly. Survival of the mice was measured.

Statistical analysis. The statistical differences between the survival of groups of mice were calculated according to the log-rank test. The statistical significance of other measurements in different groups was determined by Student's *t* test. Probability values of >0.05 were considered nonsignificant.

Results

CD73 expression on tumor cells negatively modulates T-cell responses in vitro. To determine the roles of CD73 in cancer, we first examined CD73 expression on various cancer cells by flow cytometry. As shown in Supplementary Fig. S1, CD73 was detected at different levels on nine of nine cancer cell lines, indicating that many types of cancers can express CD73. We found that epithelial ovarian cancer ID8 also expressed CD73 (Fig. 1A). Notably, CD73 expression (Fig. 1A) and activity (Supplementary Fig. S3B) were further upregulated on ascites-derived ID8 cells and MC38 colon cancer cells cultured from a biopsy of this tumor (data not shown), suggesting that high levels of CD73 expression are likely induced in the local tumor microenvironment. This concept is supported by showing elevated CD73 expression on cultured ID8 cell treated *in vitro* with malignant ascites from ID8-bearing mice (Supplementary Fig. S2).

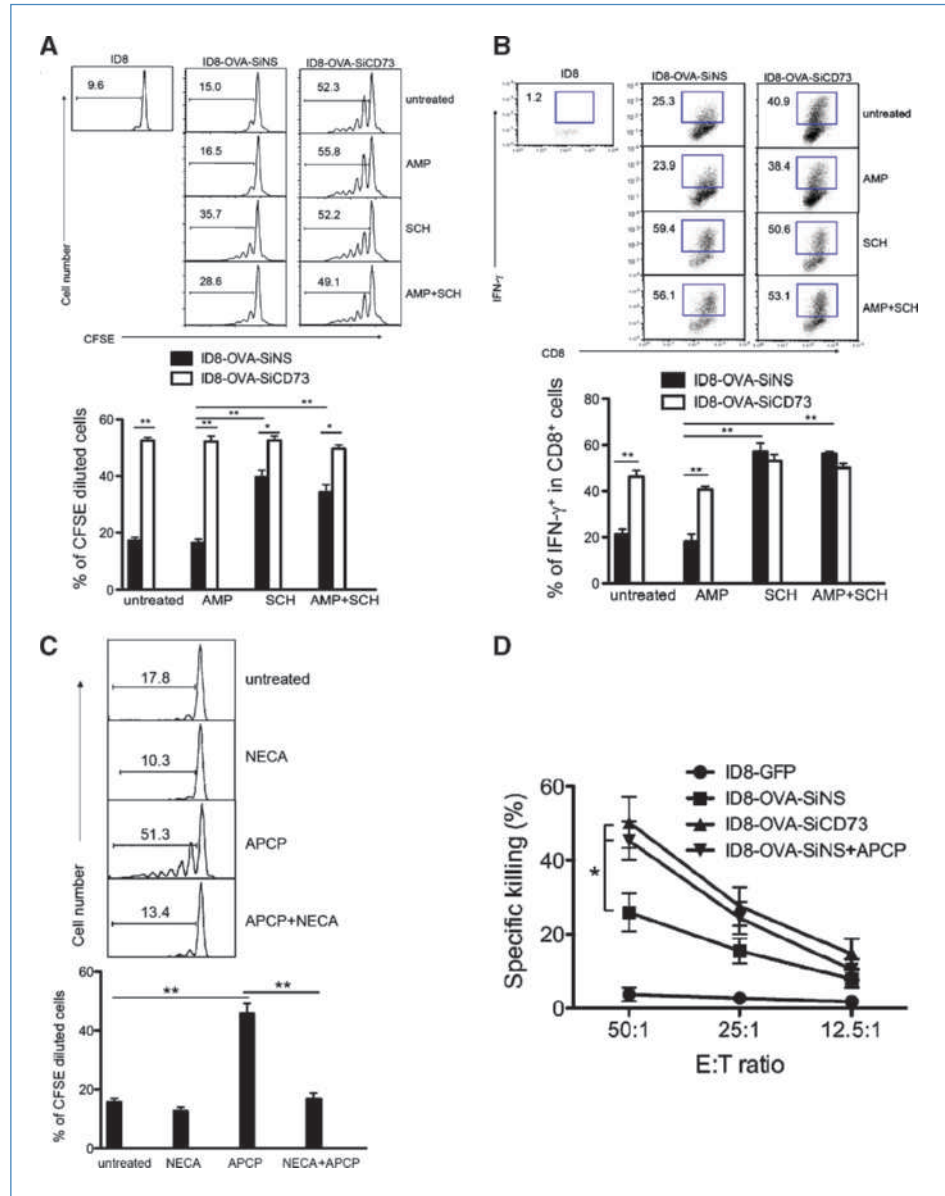
Extracellular adenosine downregulates immune responses by inhibiting T cells. Consistent with a previous study (22), we found that in serum-free medium adenosine, even at a

low concentration of 1 μ mol/L, directly suppressed anti-CD3 mAb-induced T-cell proliferation (Fig. 1B). Because ID8 cells express CD73, we hypothesized that extracellular adenosine generated by CD73 on ID8 cells would negatively regulate T-cell responses. We found that conditioned medium from ID8 cancer cells slightly suppressed anti-CD3 antibody-induced CD4 and CD8 T-cell proliferation (Fig. 1C). Moreover, proliferation of both T-cell populations was remarkably inhibited when ID8 cells were treated with AMP. It has been shown that CD73 hydrolyzes extracellular AMP into bioactive adenosine, which mediates immune suppression of T cells through the A2AAR receptor (22, 23). To test the hypothesis that extracellular adenosine generated by CD73 on ID8 cells suppresses T-cell response through A2AAR, ID8 cells were treated with AMP and the supernatants were added to T-cell cultures with or without the A2AAR antagonist SCH58261 (Fig. 1C). Blocking A2AAR with SCH58261 significantly abrogated AMP-induced suppression of T-cell proliferation. This suppressive effect is not mediated directly by AMP, because direct addition of AMP to T-cell cultures failed to influence T-cell proliferation (data not shown). To confirm whether CD73 contributes to adenosine-mediated immune suppression, we used siRNA to knock down CD73 expression on ID8 cells (Fig. 1A). The efficiency of CD73 knockdown was >95% as shown by immunofluorescence and the measurement of CD73 enzymatic activity (Fig. 1A). As shown in Fig. 1D, knockdown of CD73 expression on ID8 cells promoted T-cell proliferation even in the presence of AMP. AMP did not inhibit T-cell proliferation in the presence of the CD73 selective inhibitor APCP, indicating AMP itself is not immunosuppressive but must be converted to adenosine by CD73's ecto-5'-NT enzyme activity. In addition, SKOV3 human ovarian cancer cells highly expressed functional CD73 (Supplementary Fig. S3), suggesting that our findings may apply to human ovarian cancers.

To assess tumor CD73-mediated inhibitory effects on antigen-specific T-cell responses, we generated CD73-silenced or control nonsilenced ID8 cells expressing OVA (ID8-OVA-SiNS or ID8-OVA-SiCD73). ID8-OVA-SiNS cells did not stimulate T-cell proliferation (Fig. 2A) or IFN- γ production (Fig. 2B) unless treated with SCH58261, implying that there is an endogenous source of adenosine in these cocultures that inhibits T-cell responses. By contrast, massive T-cell division and IFN- γ secretion even in the presence of AMP were observed when T cells were incubated with ID8-OVA-SiCD73 cells (Fig. 2A and B). To further support tumor CD73-generated adenosine as the suppressive mechanism, we treated ID8-OVA cells with APCP, NECA (a general adenosine receptor agonist), or APCP plus NECA. As expected, APCP treatment rescued T-cell proliferation, and this effect was abrogated in the presence of NECA (Fig. 2C).

We next examined whether CD73-mediated adenosinergic signaling affects cancer cell killing by specific CTL. As shown in Supplementary Fig. S4A, cancer cells untreated with OT-I cells grew to complete confluence. ID8-OVA and ID8-OVA-SiNS resisted killing by OT-I CTL and also grew to complete confluence. However, blocking A2AAR with SCH58261 resulted in partial lysis of cancer cells, indicating that adenosine

Figure 2. Tumor CD73 impairs antigen-specific T-cell responses. ID8-OVA-SiNS or ID8-OVA-SiCD73 cells were incubated with conditioned medium as indicated. After 3 d in culture, the floating cells were harvested and examined for the CFSE dilution (A) and intracellular IFN- γ staining (B) by flow cytometry by gating on CD8⁺ cells. Cells incubated with conditioned medium alone were used as control (untreated). C, ID8-OVA cells were incubated with conditioned medium as indicated. OT-1 splenocytes were added into the above tumor cell cultures. After 3 d in culture, the floating cells were harvested and examined for the CFSE dilution by gating on CD8⁺ cells. D, knockdown of CD73 expression promotes tumor cell killing by OT-1 CTL *in vitro*. The killing of ID8-GFP, ID8-OVA-SiNS, ID8-OVA-SiCD73, and APCP-treated ID8-OVA-SiNS by OT-1 CTL was measured in a standard ⁵¹Cr release assay. Data are representative of three independent experiments (A, B, C) or two independent experiments (D). *, $P < 0.05$; **, $P < 0.01$.



helps cancer cells acquire resistance to growth inhibition by antigen-specific effector T cells. Strikingly, ID8-OVA-SiCD73 cell growth was largely inhibited by OT-1 CTL. Furthermore, this growth inhibition of cancer cells remained effective even with addition of AMP. The number of remaining viable cancer cells treated with or without OT-1 cells was quantified by a MTT assay (Supplementary Fig. S4B). The diminished number of ID8-OVA-SiCD73 cells was not due to lower rates of cancer cell proliferation, because there was no *in vitro* growth and adhesion advantage when CD73 on ID8 cells was silenced (Supplementary Fig. S5). In a more quantitative ⁵¹Cr release assay, the ability of OT-1 CTL to kill ID8-OVA-SiNS and ID8-OVA-SiCD73 cells was compared. CD73 knockdown rendered tumor cells more susceptible to T-cell killing. The sup-

pression of killing that occurred when ID8-OVA-SiNS cells were targets required CD73 enzymatic activity, because APCP treatment restored killing to the levels seen with ID8-OVA-SiCD73 cells (Fig. 2D). Therefore, we conclude that tumor CD73 is required for generation of adenosine that compromises cancer cell killing by CTL.

CD73 expression on tumor cells promotes T-cell apoptosis.

It has been reported that extracellular adenosine can trigger apoptosis in thymocytes and peripheral T cells (37, 38). We thus tested tumor CD73-mediated adenosinergic effects on the viability of antigen-specific T cells. As shown in Fig. 3A, knockdown of tumor CD73 promoted T-cell survival *in vitro*. Many more T cells underwent apoptosis in the presence of AMP when incubated with ID8-OVA-SiNS, and adding of

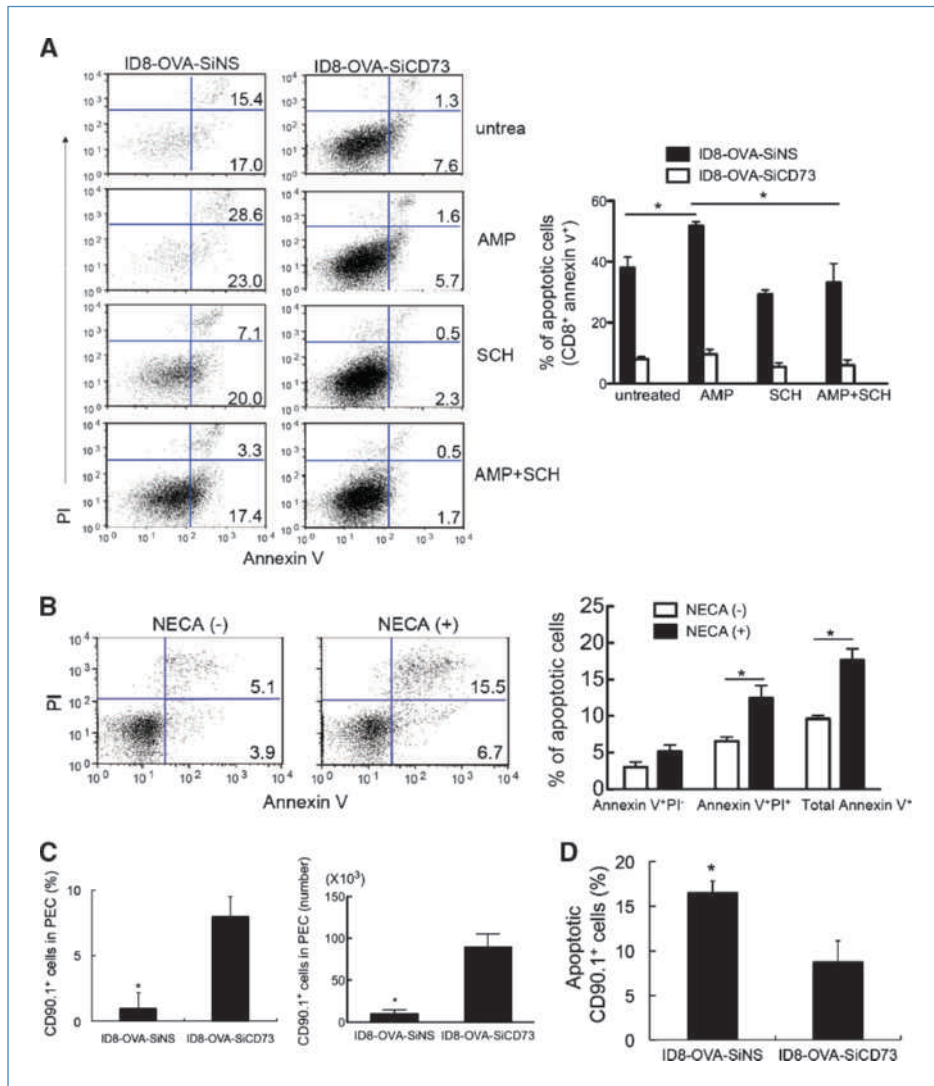


Figure 3. Tumor CD73 promotes apoptosis of antigen-specific T cells. A, ID8-OVA-SiNS or ID8-OVA-SiCD73 were incubated with conditioned medium as indicated. Preactivated OT-I splenocytes were added into the above tumor cell cultures or only incubated with or without NECA (B). After 3 d in culture, the floating cells were harvested and examined for apoptosis by double staining with Annexin V and propidium iodide (PI) and subjected to flow cytometry by gating on CD8⁺ cells. C, female C57BL/6 mice were inoculated i.p. with 5×10^6 ID8-OVA or ID8-OVA-SiCD73 cells. Three days later, preactivated OT-I CD90.1 splenocytes were injected i.p. into each tumor-bearing mouse. PECs were collected and counted at 24 h. The percentage and number of transferred cells (CD90.1⁺ CD8⁺) were shown. D, apoptotic cells were calculated as the percentage of Annexin V⁺ cells gated in the CD90.1⁺ CD8⁺ fraction. Columns, mean of cells from three mice of each group; bars, SD. Data are representative of three independent experiments (A, B) or two independent experiments (C, D). *, $P < 0.05$.

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the A2AAR inhibitor SCH58261 lessened T-cell death, suggesting that tumor CD73-derived adenosine supports T-cell apoptosis. This notion is further strengthened by the fact that the use of NECA directly induced more apoptosis of activated T cells (Fig. 3B).

We next determined whether T-cell apoptosis *in vitro* correlates with activated T-cell depletion *in vivo*. Twenty-four hours after preactivated OT-I splenocytes were injected into tumor-bearing mice, there were significantly more transferred OT-I cells (CD8⁺CD90.1⁺) in mice harboring ID8-OVA-SiCD73 than in mice harboring ID8-OVA-SiNS (Fig. 3C). In addition, around 2-fold more transferred OT-I cells underwent significant apoptosis in mice harboring ID8-OVA-SiNS cancer cells than in mice harboring ID8-OVA-SiCD73 cancer cells (Fig. 3D). Thus, CD73 expressed by ID8 tumors inhibits the survival of tumor-specific T cells.

Tumor CD73 impairs antitumor T-cell responses *in vivo*. We investigated whether CD73 negatively regulates antitumor T-cell responses *in vivo*. As shown in Fig. 4A (top)

and B, as early as day 2, more adoptively transferred OT-I T cells were divided in ID8-OVA-SiCD73 tumor-bearing mice compared with those in ID8-OVA-SiNS tumor-bearing mice. Similar results were observed at days 4 and 6, indicating that T cells proliferated faster when tumor CD73 was silenced on tumor cells. This proliferation is tumor antigen specific, because OT-I T cells failed to divide in control ID8-GFP tumor-bearing mice lacking OVA antigen expression. Interestingly, much less significant T-cell proliferation was found in PEC than in draining MLNs or spleen from ID8-OVA-SiNS tumor-bearing mice, especially at days 4 and 6 (Fig. 4B), suggesting local tumor microenvironmental factors may preferentially limit T-cell proliferation in the peritoneal cavity. By contrast, T cells proliferated nearly equivalently in PEC, MLN, and spleen from ID8-OVA-SiCD73 tumor-bearing mice (Fig. 4B). Moreover, divided T cells highly expressed the activation markers CD69 and CD44 and produced IFN- γ at day 2 (Fig. 4A, bottom) and days 4 and 6 (data not shown), indicating adoptively transferred T cells were effectively activated. We next

examined the effector cytolytic function of adoptively transferred antigen-specific T cells. Target cell lysis *in vivo* was almost unimpaired in MLN and spleen of ID8-OVA-SiNS tumor-bearing mice compared with that in ID8-OVA-SiCD73

tumor-bearing mice. In contrast, target killing was remarkably suppressed in PEC from ID8-OVA-SiNS compared with ID8-OVA-SiCD73 tumor-bearing mice, suggesting that knockdown of CD73 on tumor cells helps retain T-cell cytolytic activity

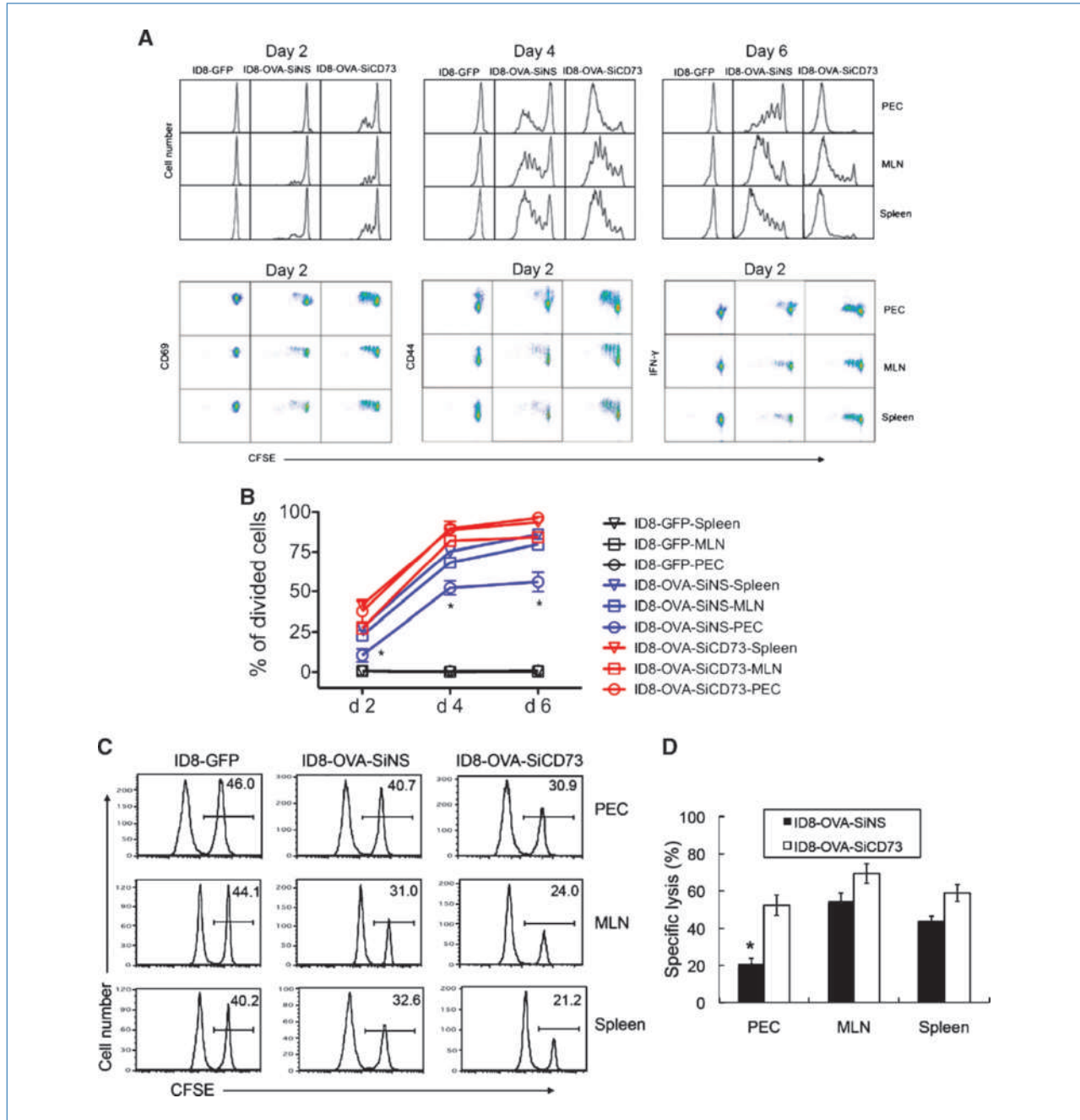


Figure 4. Knockdown of CD73 expression improves antitumor T-cell responses. A, the proliferation of transferred CFSE-labeled OT-I CD90.1 cells in spleens, MLNs, and PEC from the indicated tumor-bearing mice was measured by gating on CD8⁺ CD90.1⁺ cells at days 2, 4, and 6. The activation marker CD44, CD69, or intracellular IFN- γ staining on these transferred cells (CD8⁺ CD90.1⁺) was also measured at days 2, 4, and 6 (data not shown). B, percentage of divided cells among the CD8⁺ CD90.1⁺ cells, as assessed by CFSE dilution, was measured and plotted. Points, mean of cells from three mice of each group; bars, SD. *, $P < 0.05$, compared with ID8-OVA-SiCD73-PEC. C, tumor-bearing mice were injected i.p. with 1×10^7 OT-1 splenocytes. At 5 d later, OVA-I-pulsed (CFSE-Hi) or no peptide-pulsed (CFSE-Lo) target cells from C57BL/6 mice were i.p. transferred into these tumor-bearing mice. Spleens, MLN, and PEC were harvested 24 h later and analyzed for CFSE fluorescence. The number in each histogram indicated the percentage of CFSE-Hi population in all CFSE⁺ cells. D, compiled data of percentage of killing. *, $P < 0.05$, $n = 6$. Data are representative of two (A–D) independent experiments.

(Fig. 4C and D). Taken together, we conclude that in the local tumor microenvironment of the peritoneum of mice bearing CD73-expressing tumors, antigen-specific T-cell responses, including both activation and effector functions, were suppressed and could be improved by knockdown of tumor CD73.

Knockdown of CD73 expression increases overall survival and decreases tumor burden. We asked whether knockdown of CD73 expression on tumor cells prolongs survival of mice challenged with ID8 tumor cells. The median survival was 77 days (range, 65–82) for ID8SiNS-bearing mice and 95 days (range, 80–105) for ID8SiCD73-bearing mice ($P = 0.013$; Fig. 5A). Furthermore, ID8SiNS-bearing mice gained significant weight from ascites earlier than ID8SiCD73-bearing mice (data not shown). A similar survival advantage was observed when ID8-bearing mice were treated by the CD73 inhibitor APCP (Fig. 5B). This pharmacologic benefit is not likely due to targeting tumor CD73 alone, because the activity of host CD73 (e.g., on Tregs) could be equally inhibited. There was also a significant difference in survival between ID8-OVA-SiNS-bearing mice (median, 73 days; range, 70–86) and ID8-OVA-SiCD73-bearing mice (median, 96 days; range, 83–160; $P = 0.006$; Fig. 5C). To test the hypothesis that knockdown of tumor CD73 increases overall survival because tumor CD73 negatively regulates T-cell responses, ID8-SiNS or ID8-SiCD73 cells were inoculated i.p. into T cell-deficient $Rag1^{-/-}$ mice. As expected, there was no significant difference in survival of mice bearing the two types of tumors ($P = 0.119$; Fig. 5D). The survival advantage observed (Fig. 5A) is most likely independent of Tregs, because tumor CD73 knockdown did not alter the infiltration and activity of local Tregs (Supplementary Fig. S6).

Blockade of adenosinergic effects improves adoptive T-cell therapy.

ID8-GFP-bearing and ID8-OVA-bearing mice had nearly equivalent survival (median, 65 versus 60 days; $P = 0.085$), and ID8-OVA-bearing mice treated with OVA-specific OT-I T cells only survived to 60 days (range, 47–66; Fig. 6A), indicating that T-cell therapy is not effective for this tumor. By striking contrast, all ID8-OVA-SiCD73-bearing mice treated with OT-I T cells were tumor-free through 160 days when they were sacrificed (Fig. 6B). Equally remarkable, these T cell-treated mice had no visible peritoneal tumor nodules and no measurable ascites at the end of the study (data not shown). Confirming the role of tumor CD73 in inhibiting tumor-specific antitumor immunity, 90% of ID8-OVA-SiNS-bearing mice treated with OT-I T cells died within 100 days (range, 95–107; Fig. 6B). We therefore conclude that knockdown of CD73 on tumor cells restores efficacy of adoptive T-cell therapy. In confirmation, we tested a second OVA-expressing tumor model (EG7, Supplementary Fig. S7A) and again showed improved proliferation and activation of adoptively transferred OT-I T cells in EG7-SiCD73 tumor-bearing mice (Supplementary Fig. S7B). T-cell therapy also induced significant regression of EG7-SiCD73 but not control EG7-SiNS tumors (Supplementary Fig. S7C).

To test if pharmacologic inhibition of A2AAR rendered antitumor T cells resistant to inhibition by tumor microenvironmental adenosine, we studied the effects of SCH58261, a specific A2AAR antagonist (Fig. 6C), or of caffeine (a general adenosine receptor antagonist, which at physiologically relevant concentrations preferentially antagonizes the A2AAR; ref. 21; Fig. 6D). There was no significant increased survival of ID8-OVA-bearing mice treated with SCH58261 alone compared with that of untreated tumor-bearing mice (median

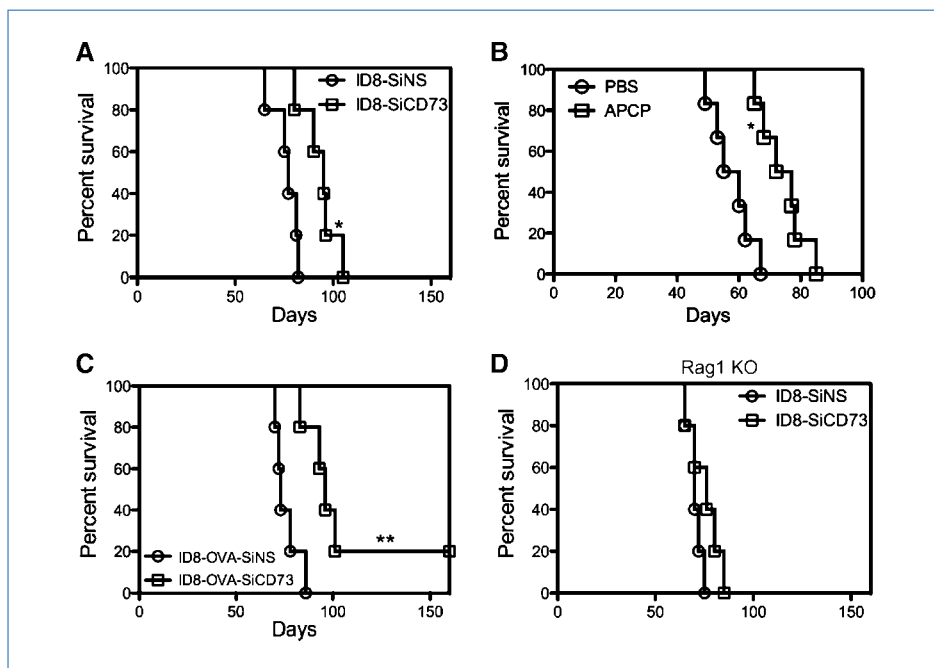


Figure 5. Knockdown of CD73 expression increases overall survival of tumor-bearing mice. Female C57BL/6 wild-type mice (A) or $Rag1^{-/-}$ mice (D) were inoculated i.p. with 1×10^7 ID8SiNS or ID8SiCD73 cells. B, female C57BL/6 mice were treated with APCP 1 wk after ID8 tumor challenge. C, female C57BL/6 mice were inoculated i.p. with 1×10^7 ID8-OVA-SiNS or ID8-OVA-SiCD73 cells, and survival of the mice (5–8 each group) was measured. *, $P < 0.05$; **, $P < 0.01$. Data are representative of two (B, D) independent experiments or three independent experiments (A, C).

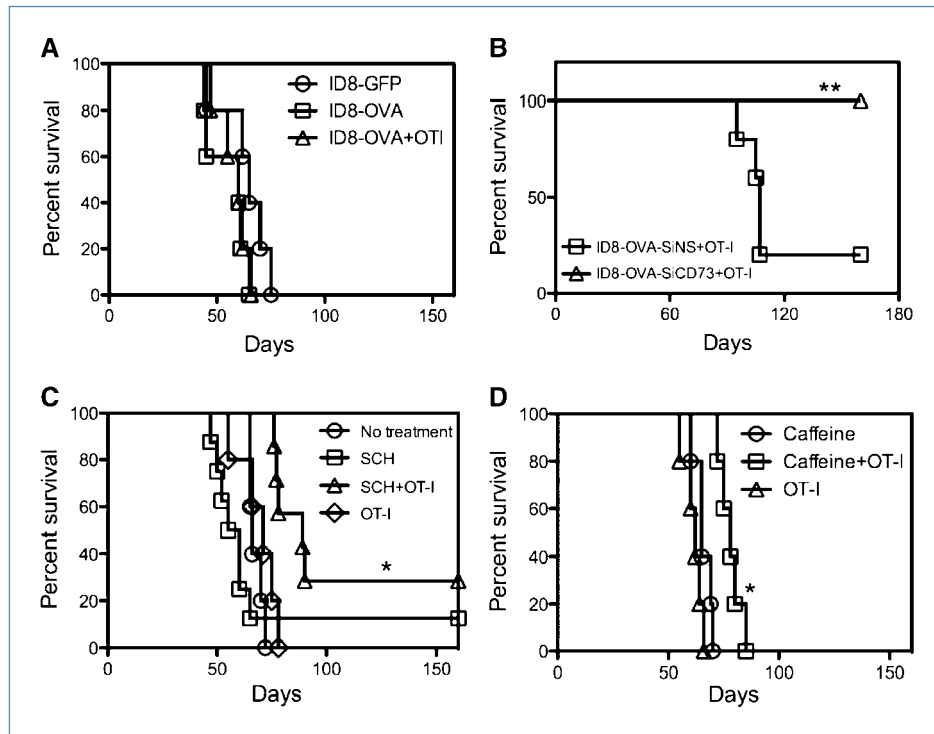


Figure 6. Blockade of adenosinergic pathway augments adoptive T-cell immunotherapy. A, female C57BL/6 mice were inoculated i.p. with 1×10^7 ID8-GFP or ID8-OVA cells. One week later, ID8-OVA tumor-bearing mice were left untreated or i.p. transferred with 1×10^7 OT-I T cells. B, female C57BL/6 mice were inoculated i.p. with 1×10^7 ID8-OVA-SiNS or ID8-OVA-SiCD73 cells. One week later, 1×10^7 OT-I T cells were i.p. infused into those tumor-bearing mice. **, $P < 0.01$. C and D, female C57BL/6 mice were inoculated i.p. with 1×10^7 ID8-OVA cells. One week later, tumor-bearing mice were left untreated or i.p. transferred with 1×10^7 OT-I T cells. Meanwhile, tumor-bearing mice were treated with SCH58261 (C) or caffeine (D) given as drinking water (0.1% w/v) at day 7 and i.p. infused with 1×10^7 OT-I T cells at day 8. Mice treated with SCH58261 (C) or caffeine (D) alone were used as control. Mice were treated with SCH58261 thrice weekly. Survival of the mice (5–8 each group) was measured. *, $P < 0.05$; **, $P < 0.01$. Data are representative of three (A–C) independent experiments.

survival, 70 versus 76 days; $P = 0.221$). However, the combination of SCH58261 and adoptive T-cell therapy significantly improved survival in tumor-bearing mice. As expected, T-cell therapy alone failed to provide any therapeutic benefit (median survival, 70 days). Likewise, the survival of mice treated with T cells and caffeine was superior to mice treated with caffeine alone or T cells alone. Collectively, these data support our thesis that blockade of the tumor CD73-adenosine-A2AAR pathway rescues tumor-specific immunity and enhances the efficacy of adoptive T-cell therapy.

Discussion

Here we present a new mechanism of tumor-induced immunosuppression: CD73 expressed on tumors negatively modulates tumor antigen-specific T-cell immunity. Extracellular adenosine derived from AMP/ATP is generated primarily through the combined action of CD39 (ecto-nucleoside triphosphate diphosphohydrolase-1, which converts ATP and ADP to adenosine) and ecto-5'-NT (CD73) found on the surface of a variety of cell types. Although upregulation of CD73 expression was found in many human tumors, the function of tumor CD73 remains unclear to date. Recently,

the contribution of CD73-mediated generation of extracellular adenosine to host defense systems has been widely explored because adenosine is a well-known antiinflammatory mediator (39). Interestingly, more recent studies led to the identification of the A2AAR-mediated so-called “adenosinergic pathway” as critical in physiologic regulation of immune responses *in vivo* (40, 41). Thus, CD73 overexpression on cancer cells prompted us to examine its role in immune modulation in cancer.

Cancer cells having CD39 (data not shown) and CD73 ecto-nucleotidases on the cell surface possess the capacity to both generate immunosuppressive adenosine and clear the extracellular proinflammatory factor ATP. Among its distinct antiinflammatory roles, it is believed that adenosine modulates T-cell responses primarily by binding to A2AAR on T cells. A2AAR engagement suppresses T-cell proliferation and inflammatory cytokine secretion and reduces surface expression of cytokine receptors by elevating the intracellular levels of cyclic AMP (cAMP) through adenylyl cyclase stimulation (42). Indeed, increased intracellular cAMP triggers protein kinase A-mediated phosphorylation and activation of carboxy-terminal Src kinase, which in turn abrogates TCR signaling and IFN- γ production by inhibiting Lck (43). Signaling

through A2AAR and/or A2BAR have been reported to inhibit various aspects of CD8⁺ T-cell responses involved in antitumor T-cell immunity (21), including activation and proliferation (16), lethal hit delivery (44), Fas ligand upregulation (45), and secretion of effector cytokines, such as IFN- γ (46). Therefore, adenosinergic signaling in cancer is most likely immunosuppressive (47, 48).

We highlight the major role of tumor CD73-generated adenosine that prevents tumor destruction from antitumor T cells and raise the feasibility of new strategies to overcome this tumor-induced immunosuppression by genetic ablation or pharmacologic inhibition of CD73 activity. Our findings suggest future studies to establish whether CD73 can serve as a primary trigger of tumor-protecting immunosuppressive molecules. Our data are in further agreement with the recent view stated by Ohta and colleagues (21) that targeting the adenosine-A2AAR pathway is a cancer immunotherapy strategy to prevent inhibition of antitumor T cells in the tumor microenvironment. Hypoxia is associated with accumulation of extracellular adenosine that may inhibit antitumor CD8⁺ T cells by increasing their immunosuppressive intracellular cAMP levels (49). More importantly, we believe that extracellular adenosine accumulated in tumor microenvironment is likely in large part produced by CD39/CD73 expressed on tumor cells. Targeting A2AAR either by siRNA or pharmacologic antagonists has limitations because activation of the other adenosine receptors in addition to A2AR may account for CD8⁺ T-cell failure to destroy tumor (48, 50). Indeed, only ~60% of mice with genetically ablated A2AR reject tumors (21). Furthermore, global inhibition of A2AAR may have unwanted side effects. Moreover, CD73 has been directly involved in cancer cell growth and invasion (31). Thus, targeting the enzymatic activity of tumor CD73 seems to have more therapeutic benefits for the tumor-bearing host. We expect that blocking A2AAR signals on T cells and targeting CD73 on tumor cells could improve therapeutic efficacy beyond that achievable with either alone. Whether additional benefits would be obtained by inhibiting the expression of CD39 remains to be explored.

References

- Zou W. Immunosuppressive networks in the tumour environment and their therapeutic relevance. *Nat Rev Cancer* 2005;5:263–74.
- Schreiber H, editor. *Tumor Immunology*. 5th ed. Philadelphia (PA): Lippincott-Williams & Wilkins; 2003.
- Rabinovich GA, Gabrilovich D, Sotomayor EM. Immunosuppressive strategies that are mediated by tumor cells. *Annu Rev Immunol* 2007; 25:267–96.
- Resta R, Yamashita Y, Thompson LF. Ecto-enzyme and signaling functions of lymphocyte CD73. *Immunol Rev* 1998;161:95–109.
- Colgan SP, Eltzschig HK, Eckle T, Thompson LF. Physiological roles for ecto-5'-nucleotidase (CD73). *Purinergic Signal* 2006;2:351–60.
- Yamashita Y, Hooker SW, Jiang H, et al. CD73 expression and fyn-dependent signaling on murine lymphocytes. *Eur J Immunol* 1998; 28:2981–90.
- Koszalka P, Ozuyaman B, Huo Y, et al. Targeted disruption of cd73/ecto-5'-nucleotidase alters thromboregulation and augments vascular inflammatory response. *Circ Res* 2004;95:814–21.
- Strohmeier GR, Lencer WI, Patapoff TW, et al. Surface expression, polarization, and functional significance of CD73 in human intestinal epithelia. *J Clin Invest* 1997;99:2588–601.
- Massaia M, Perrin L, Bianchi A, et al. Human T cell activation. Synergy between CD73 (ecto-5'-nucleotidase) and signals delivered through CD3 and CD2 molecules. *J Immunol* 1990;145:1664–74.
- Dianzani U, Redoglia V, Bragardo M, et al. Co-stimulatory signal delivered by CD73 molecule to human CD45RAhiCD45ROlo (naive) CD8⁺ T lymphocytes. *J Immunol* 1993;151:3961–70.
- Resta R, Thompson LF. T cell signalling through CD73. *Cell Signal* 1997;9:131–9.
- Airas L, Hellman J, Salmi M, et al. CD73 is involved in lymphocyte binding to the endothelium: characterization of lymphocyte-vascular adhesion protein 2 identifies it as CD73. *J Exp Med* 1995;182:1603–8.
- Dwyer KM, Deaglio S, Gao W, Friedman D, Strom TB, Robson SC. CD39 and control of cellular immune responses. *Purinergic Signal* 2007;3:171–80.

Of note, inhibiting CD73 alone fails to cure cancer despite increasing host survival and inhibiting tumor growth. This is likely due to the insufficient number of effector antitumor T cells in the tumor microenvironment that are not only unable to control the cancer but are also readily influenced by other immunosuppressive mechanisms. Interestingly, inhibiting CD73 remarkably improves the therapeutic antitumor effectors of transferred tumor-specific T cells. Therefore, the optimal strategy to counteract immunosuppressive adenosinergic effects of CD73 in the tumor microenvironment is complementary to other approaches directed at improving the development and function of antitumor T cells, such as adoptive T-cell therapy and dendritic cell vaccines.

In summary, our data show that extracellular adenosine generated by CD73 on tumor cells negatively regulates both the activation phase and effector phase of the antitumor T-cell response and promotes T-cell apoptosis. We propose that CD73 on tumor cells could be a therapeutic target for the prevention of tumor-induced immunosuppression, although future studies investigating the role of CD73 in endogenous tumors may be needed.

Disclosure of Potential Conflicts of Interest

No potential conflicts of interest were disclosed.

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14. Borsellino G, Kleinewietfeld M, Di Mitri D, et al. Expression of ectonucleotidase CD39 by Foxp3⁺ Treg cells: hydrolysis of extracellular ATP and immune suppression. *Blood* 2007;110:1225–32.
15. Fredholm BB, AP IJ, Jacobson KA, Klotz KN, Linden J. International union of pharmacology: XXV. Nomenclature and classification of adenosine receptors. *Pharmacol Rev* 2001;53:527–52.
16. Huang S, Apasov S, Koshiba M, Sitkovsky M. Role of A2a extracellular adenosine receptor-mediated signaling in adenosine-mediated inhibition of T-cell activation and expansion. *Blood* 1997;90:1600–10.
17. Armstrong JM, Chen JF, Schwarzschild MA, et al. Gene dose effect reveals no Gs-coupled A2A adenosine receptor reserve in murine T-lymphocytes: studies of cells from A2A-receptor-gene-deficient mice. *Biochem J* 2001;354:123–30.
18. Mills JH, Thompson LF, Mueller C, et al. CD73 is required for efficient entry of lymphocytes into the central nervous system during experimental autoimmune encephalomyelitis. *Proc Natl Acad Sci U S A* 2008;105:9325–30.
19. Naganuma M, Wiznerowicz EB, Lappas CM, Linden J, Worthington MT, Ernst PB. Cutting edge: critical role for A2A adenosine receptors in the T cell-mediated regulation of colitis. *J Immunol* 2006;177:2765–9.
20. Ohta A, Sitkovsky M. Role of G-protein-coupled adenosine receptors in downregulation of inflammation and protection from tissue damage. *Nature* 2001;414:916–20.
21. Ohta A, Gorelik E, Prasad SJ, et al. A2A adenosine receptor protects tumors from antitumor T cells. *Proc Natl Acad Sci U S A* 2006;103:13132–7.
22. Kobie JJ, Shah PR, Yang L, Rebhahn JA, Fowell DJ, Mosmann TR. T regulatory and primed uncommitted CD4 T cells express CD73, which suppresses effector CD4 T cells by converting 5'-adenosine monophosphate to adenosine. *J Immunol* 2006;177:6780–6.
23. Deaglio S, Dwyer KM, Gao W, et al. Adenosine generation catalyzed by CD39 and CD73 expressed on regulatory T cells mediates immune suppression. *J Exp Med* 2007;204:1257–65.
24. Durak I, Cetin R, Canbolat O, Cetin D, Yurtarslan Z, Unal A. Adenosine deaminase, 5'-nucleotidase, guanase and cytidine deaminase activities in gastric tissues from patients with gastric cancer. *Cancer Lett* 1994;84:199–202.
25. Canbolat O, Durak I, Cetin R, Kavutcu M, Demirci S, Ozturk S. Activities of adenosine deaminase, 5'-nucleotidase, guanase, and cytidine deaminase enzymes in cancerous and non-cancerous human breast tissues. *Breast Cancer Res Treat* 1996;37:189–93.
26. Vannoni D, Bernini A, Carlucci F, et al. Enzyme activities controlling adenosine levels in normal and neoplastic tissues. *Med Oncol* 2004;21:187–95.
27. Eroglu A, Canbolat O, Demirci S, Kocaoglu H, Eryavuz Y, Akgul H. Activities of adenosine deaminase and 5'-nucleotidase in cancerous and noncancerous human colorectal tissues. *Med Oncol* 2000;17:319–24.
28. Sadej R, Spychala J, Skladanowski AC. Expression of ecto-5'-nucleotidase (eN, CD73) in cell lines from various stages of human melanoma. *Melanoma Res* 2006;16:213–22.
29. Kondo T, Nakazawa T, Murata SI, Katoh R. Expression of CD73 and its ecto-5'-nucleotidase activity are elevated in papillary thyroid carcinomas. *Histopathology* 2006;48:612–4.
30. Sadej R, Spychala J, Skladanowski AC. Ecto-5'-nucleotidase (eN, CD73) is coexpressed with metastasis promoting antigens in human melanoma cells. *Nucleosides Nucleotides Nucleic Acids* 2006;25:1119–23.
31. Wang L, Zhou X, Zhou T, et al. Ecto-5'-nucleotidase promotes invasion, migration and adhesion of human breast cancer cells. *J Cancer Res Clin Oncol* 2008;134:365–72.
32. Spychala J, Lazarowski E, Ostapkowicz A, Ayscue LH, Jin A, Mitchell BS. Role of estrogen receptor in the regulation of ecto-5'-nucleotidase and adenosine in breast cancer. *Clin Cancer Res* 2004;10:708–17.
33. Thompson LF, Boss GR, Spiegelberg HL, et al. Ecto-5'-nucleotidase activity in T and B lymphocytes from normal subjects and patients with congenital X-linked agyglobulinemia. *J Immunol* 1979;123:2475–8.
34. Burger RM, Lowenstein JM. 5'-Nucleotidase from smooth muscle of small intestine and from brain. Inhibition of nucleotides. *Biochemistry* 1975;14:2362–6.
35. Zhang B, Karrison T, Rowley DA, Schreiber H. IFN- γ - and TNF-dependent bystander eradication of antigen-loss variants in established mouse cancers. *J Clin Invest* 2008;118:1398–404.
36. Zhang B, Zhang Y, Bowerman NA, et al. Equilibrium between host and cancer caused by effector T cells killing tumor stroma. *Cancer Res* 2008;68:1563–71.
37. Kizaki H, Suzuki K, Tadakuma T, Ishimura Y. Adenosine receptor-mediated accumulation of cyclic AMP-induced T-lymphocyte death through internucleosomal DNA cleavage. *J Biol Chem* 1990;265:5280–4.
38. Apasov SG, Blackburn MR, Kellems RE, Smith PT, Sitkovsky MV. Adenosine deaminase deficiency increases thymic apoptosis and causes defective T cell receptor signaling. *J Clin Invest* 2001;108:131–41.
39. Cronstein BN. Adenosine, an endogenous anti-inflammatory agent. *J Appl Physiol* 1994;76:5–13.
40. Lukashev D, Sitkovsky M, Ohta A. From "Hellstrom Paradox" to anti-adenosinergic cancer immunotherapy. *Purinergic Signal* 2007;3:129–34.
41. Sitkovsky M, Lukashev D, Deaglio S, Dwyer K, Robson SC, Ohta A. Adenosine A2A receptor antagonists: blockade of adenosinergic effects and T regulatory cells. *Br J Pharmacol* 2008;153 Suppl 1:S457–64.
42. Bynoe MS, Viret C. Foxp3+CD4+ T cell-mediated immunosuppression involves extracellular nucleotide catabolism. *Trends Immunol* 2008;29:99–102.
43. Torgersen KM, Vang T, Abrahamsen H, Yaqub S, Tasken K. Molecular mechanisms for protein kinase A-mediated modulation of immune function. *Cell Signal* 2002;14:1–9.
44. Kagi D, Ledermann B, Burki K, et al. Cytotoxicity mediated by T cells and natural killer cells is greatly impaired in perforin-deficient mice. *Nature* 1994;369:31–7.
45. Koshiba M, Kojima H, Huang S, Apasov S, Sitkovsky MV. Memory of extracellular adenosine A2A purinergic receptor-mediated signaling in murine T cells. *J Biol Chem* 1997;272:25881–9.
46. Ohta A, Madasu M, Kini R, Subramanian M, Goel N, Sitkovsky M. A2A adenosine receptor may allow expansion of T cells lacking effector functions in extracellular adenosine-rich microenvironments. *J Immunol* 2009;183:5487–93.
47. Sitkovsky MV, Kjaergaard J, Lukashev D, Ohta A. Hypoxia-adenosinergic immunosuppression: tumor protection by T regulatory cells and cancerous tissue hypoxia. *Clin Cancer Res* 2008;14:5947–52.
48. Hoskin DW, Mader JS, Furlong SJ, Conrad DM, Blay J. Inhibition of T cell and natural killer cell function by adenosine and its contribution to immune evasion by tumor cells (Review). *Int J Oncol* 2008;32:527–35.
49. Sitkovsky MV, Lukashev D, Apasov S, et al. Physiological control of immune response and inflammatory tissue damage by hypoxia-inducible factors and adenosine A2A receptors. *Annu Rev Immunol* 2004;22:657–82.
50. Merighi S, Mirandola P, Varani K, et al. A glance at adenosine receptors: novel target for antitumor therapy. *Pharmacol Ther* 2003;100:31–48.