

Research Paper

# A stapled chromogranin A-derived peptide homes in on tumors that express $\alpha\beta6$ or $\alpha\beta8$ integrins

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## Abstract

**Rationale:** The  $\alpha\beta6$ - and  $\alpha\beta8$ -integrins, two cell-adhesion receptors upregulated in many tumors and involved in the activation of the latency associated peptide (LAP)/TGF $\beta$  complex, represent potential targets for tumor imaging and therapy. We investigated the tumor-homing properties of a chromogranin A-derived peptide containing an RGD motif followed by a chemically stapled alpha-helix (called “5a”), which selectively recognizes the LAP/TGF $\beta$  complex-binding site of  $\alpha\beta6$  and  $\alpha\beta8$ .

**Methods:** Peptide 5a was labeled with IRDye 800CW (a near-infrared fluorescent dye) or with <sup>18</sup>F-NOTA (a label for positron emission tomography (PET)); the integrin-binding properties of free peptide and conjugates were then investigated using purified  $\alpha\beta6/\alpha\beta8$  integrins and various  $\alpha\beta6/\alpha\beta8$  single- or double-positive cancer cells; tumor-homing, biodistribution and imaging properties of the conjugates were investigated in subcutaneous and orthotopic  $\alpha\beta6$ -positive carcinomas of the pancreas, and in mice bearing subcutaneous  $\alpha\beta8$ -positive prostate tumors.

**Results:** *In vitro* studies showed that 5a can bind both integrins with high affinity and inhibits cell-mediated TGF $\beta$  activation. The 5a-IRDye and 5a-NOTA conjugates could bind purified  $\alpha\beta6/\alpha\beta8$  integrins with no loss of affinity compared to free peptide, and selectively recognized various  $\alpha\beta6/\alpha\beta8$  single- or double-positive cancer cells, including cells from pancreatic carcinoma, melanoma, oral mucosa, bladder and prostate cancer. *In vivo* static and dynamic optical near-infrared and PET/CT imaging and biodistribution studies, performed in mice with subcutaneous and orthotopic  $\alpha\beta6$ -positive carcinomas of the pancreas, showed high target-specific uptake of fluorescence- and radio-labeled peptide by tumors and low non-specific uptake in other organs and tissues, except for excretory organs. Significant target-specific uptake of fluorescence-labeled peptide was also observed in mice bearing  $\alpha\beta8$ -positive prostate tumors.

**Conclusions:** The results indicate that 5a can home to  $\alpha\beta6$ - and/or  $\alpha\beta8$ -positive tumors, suggesting that this peptide can be exploited as a ligand for delivering imaging or anticancer agents to  $\alpha\beta6/\alpha\beta8$  single- or double-positive tumors, or as a tumor-homing inhibitor of these TGF $\beta$  activators.

Key words: RGD motif,  $\alpha\beta6$  and  $\alpha\beta8$  integrins, TGF $\beta$ , chromogranin A, cancer.

## Introduction

Integrin  $\alpha\beta6$  is an epithelial-specific cell-surface receptor poorly expressed in normal adult tissues and highly expressed during wound healing, tissue remodeling, and embryogenesis [1, 2]. This integrin is

also overexpressed by several types of cancer cells, such as head and neck squamous cell carcinoma, pancreatic ductal adenocarcinoma (PDAC), breast, liver, colon, and ovarian cancers, and others [1-7];

$\alpha\text{v}\beta 6$  expression level is a prognostic indicator of poor survival in patients with various types of tumors [3, 6, 8-10]. The integrin  $\alpha\text{v}\beta 8$  is another cell-surface receptor expressed by astrocytes, dendritic cells, mural mesangial cells, and by various carcinoma cells and tumor infiltrating regulatory T cells [11-13]; enhanced  $\alpha\text{v}\beta 8$  expression mediates radio/chemoresistance in pancreatic cancer [13] and serves as a marker of poor prognosis in colon carcinoma patients [14].

Considering the enhanced expression of these integrins by several types of cancer cells, compounds that target these integrins in tumors are of great experimental and clinical interest, as they could be used either for delivering imaging and therapeutic agents to tumors, or to modulate their activity.

According to this view, various ligands of  $\alpha\text{v}\beta 6$  have been developed, such as the foot-and-mouth disease virus-derived peptide A20FMDV2, the cyclic peptide c[RGDLATK] (Cycratide), the trimerized nonapeptide Trivehexin, the cysteine knot peptides, and the sunflower trypsin inhibitor-derived peptides [15]. These compounds, coupled to tumor imaging agents, are currently being tested in cancer patients [16-20]. Similarly, a radiolabeled trimerized peptide c[GLRGDLp(NMe)K], an  $\alpha\text{v}\beta 8$  ligand, has shown encouraging preclinical imaging results in a murine  $\alpha\text{v}\beta 8$ -positive melanoma model [21]. Furthermore, considering that both  $\alpha\text{v}\beta 6$  and  $\alpha\text{v}\beta 8$  can activate TGF $\beta$  (a potent immunosuppressive cytokine) by interacting with the RGD sequence of the inactive latency-associated peptide (LAP)-TGF $\beta$  complex [1, 7, 11], compounds capable of targeting and blocking this integrin may have therapeutic activity [22]. This view is supported by the results of recent studies showing that anti- $\alpha\text{v}\beta 8$  antibodies can inhibit TGF $\beta$  activation in murine tumors and elicit durable antitumor immunity [12, 23], while anti- $\alpha\text{v}\beta 6$  antibodies can inhibit the growth of  $\alpha\text{v}\beta 6$ -positive tumors, again through a TGF $\beta$ -regulated mechanism [24].

Thus, the development of bi-specific tumor-homing compounds that target the active site of both  $\alpha\text{v}\beta 6$  and  $\alpha\text{v}\beta 8$  integrins in tumors may represent an important advance in this field. With this in mind, we have investigated the tumor-homing properties of a peptide that selectively binds the active site of both  $\alpha\text{v}\beta 6$  and  $\alpha\text{v}\beta 8$  with high affinity [25]. This peptide, derived from the region 39-63 of human chromogranin A (a neurosecretory protein), contains an RGDL motif, followed by an alpha-helix chemically stapled with a triazole bridge, which binds the RGD binding site of  $\alpha\text{v}\beta 6$  with interactions similar to those observed with the proTGF $\beta 1/\alpha\text{v}\beta 6$  complex [25, 26]. To assess its capability to home in on  $\alpha\text{v}\beta 6$ - and/or  $\alpha\text{v}\beta 8$ -positive tumors we have labeled this peptide

with optical- and radio-imaging compounds, analyzed their capability of recognizing various  $\alpha\text{v}\beta 6/\alpha\text{v}\beta 8$  double- or single-positive cancer cells, and investigated their tumor-homing and biodistribution properties in subcutaneous and orthotopic murine models of pancreatic cancer ( $\alpha\text{v}\beta 6^+$  and  $\alpha\text{v}\beta 8^-$ ) and prostate cancer ( $\alpha\text{v}\beta 6^-$  and  $\alpha\text{v}\beta 8^+$ ). We show that this peptide binds  $\alpha\text{v}\beta 6/\alpha\text{v}\beta 8$  single- or double-positive cancer cells *in vitro* and efficiently accumulates in  $\alpha\text{v}\beta 6^-$  or  $\alpha\text{v}\beta 8^+$ -positive tumors through a receptor-mediated mechanism. Furthermore, we show that this peptide can inhibit TGF $\beta$  activation by cancer cells, suggesting that this compound is an inhibitor of  $\alpha\text{v}\beta 6$  and  $\alpha\text{v}\beta 8$  endowed of tumor-homing properties.

## Materials and methods

Full details of all methods, reagents and equipment used are presented in the Supplemental Materials.

### Peptide synthesis, purification, and characterization

Peptides were prepared by chemical synthesis; their identity and purity were checked by mass spectrometry (MS) and reverse-phase HPLC analysis. The affinity of peptides for  $\alpha\text{v}\beta 6$ -coated plates was determined by competitive binding assay using an isoDGR peptide (an RGD mimetic) labeled with peroxidase as a probe for the integrin-binding site [25]. Cell adhesion assays were carried out as described previously [26].

### TGF $\beta$ bioassay

Quantification of bioactive TGF $\beta$  in TRAMP-C2 cell supernatant was carried using TGF $\beta$ -Reporter HEK-Blue<sup>TM</sup> cells (InvivoGen) according to the supplier's recommendations.

### Conjugation of peptides to maleimide-IRDye 800CW or maleimide-NOTA

Peptides with a N-terminal cysteine were coupled, via a thiol group, to maleimide-IRDye@800CW (IRDye, LI-COR) or 1,4,7-triazacyclononane-1,4-bis-acetic acid-7-maleimidoethylacetamide (maleimide-NOTA, CheMatech). The conjugates were purified by RP-HPLC; their identity and purity were confirmed by MS and HPLC analysis.

### Binding of peptide-IRDye conjugates to $\alpha\text{v}\beta 6$ and $\alpha\text{v}\beta 8$ and to cultured integrin-expressing cells

The affinity of peptide-IRDye conjugates for  $\alpha\text{v}\beta 6$  and  $\alpha\text{v}\beta 8$  integrins was determined by a direct binding assay using microtiter plates coated with

$\alpha v\beta 6$  or  $\alpha v\beta 8$  (Bio-Techne). After 1 h of incubation, the plates were washed; bound fluorescence was quantified by scanning the plates with an Odyssey CLx near-infrared fluorescence imaging system (LI-COR).

To assess the binding of peptide-IRDye conjugates to cells various amounts of conjugates (range 0.32–200 nM) were added to cultured cells and left to incubate for 1 h at 37 °C. After three washings, the cells were fixed and analyzed by scanning the plate with the Odyssey CLx.

### In vivo studies in animal models

Procedures involving laboratory mice and their care were approved by the Ospedale San Raffaele Animal Care and Use Committee and approved by the Minister of Health. The study was performed at the San Raffaele Hospital (authorized organization) according to institutional guidelines and in compliance with national and international laws and guidelines.

The tumor-homing properties of the labeled peptides were evaluated using a) subcutaneous mouse tumor models of pancreatic and prostate cancer, and b) an orthotopic mouse model of pancreatic cancer (see Supplemental Materials).

### Near-infrared imaging studies

Mice were injected with peptide-IRDye conjugate (~1 nmol) into the tail vein and imaged at various time points (0–72 h) using the IVIS Spectrum CT Imaging System (PerkinElmer) (see Supplemental Materials). For blocking experiments, mice were injected intravenously with unlabeled peptide **5a** (128 nmol/mouse) 10 min before **5a**-IRDye.

### PET imaging and biodistribution studies

The **5a**-NOTA conjugate was radiolabeled with  $^{18}\text{F}$  using a modified Tracerlab FX-N automatic module (GE Healthcare). Full details are presented in the Supplemental Materials. The radiotracer uptake (~4 MBq/mice, in 100  $\mu\text{l}$  of water containing <10% ethanol) was monitored by whole-body PET/CT using the preclinical  $\beta$ -cube® and X-cube® scanners (Molecubes), respectively. For *ex vivo* biodistribution, mice were euthanized, and tumor and selected organs were collected, rinsed, weighed, and analyzed for their radioactivity content using a  $\gamma$ -counter (LKB Compugamma CS 1282).

## Results

### Peptide **5a** binds $\alpha v\beta 6$ and $\alpha v\beta 8$ with high affinity and inhibits cell-mediated TGF $\beta$ activation

We previously developed a chromogranin

A-derived peptide (FETLRGDLRILRSILRX<sub>1</sub>QNLX<sub>2</sub>KELQD, peptide **5**), capable of recognizing  $\alpha v\beta 6$  and  $\alpha v\beta 8$  with high affinity and selectivity ( $K_i=0.6$  nM and 3.2 nM, respectively) [25]. This peptide contains the RGD<sub>LXXL</sub> integrin recognition motif followed by an amphipathic alpha-helix chemically stabilized by a triazole bridge between the propargylglycine (X<sub>1</sub>) and azidolysine (X<sub>2</sub>) residues.

To couple peptide **5** to imaging compounds containing maleimide groups, we fused a cysteine residue to its N-terminus (peptide **5a**, see Figure S1). The capability of peptide **5**, **5a** and **2a** (the latter containing RGE instead of RGD) (Table 1) to inhibit the interaction of  $\alpha v\beta 6$  with an isoDGR-peroxidase conjugate (a probe for the RGD-binding site of integrins [25]) was then analyzed. Peptide **5** and **5a**, but not **2a**, could bind  $\alpha v\beta 6$  with similar affinities (Table 1 and Figure S2), pointing to a crucial role of RGD for  $\alpha v\beta 6$  recognition. Peptide **5a**, but not **2a**, inhibited the adhesion of TRAMP-C2 prostate cancer cells ( $\alpha v\beta 6^-$  and  $\alpha v\beta 8^+$ ) to a neutralizing anti- $\alpha v\beta 8$  antibody (Fig. 1A), whereas it promoted cell-adhesion when adsorbed onto the solid-phase (Figure 1B and C); furthermore **5a**, but not **2a**, inhibited the capability of these cells to activate TGF $\beta$  (Figure 1D). Overall, these results suggest that a) the cysteine residue added to peptide **5** does not impair its ability to bind  $\alpha v\beta 6$  and  $\alpha v\beta 8$  and b) peptide **5a** can inhibit cell-mediated TGF $\beta$  activation.

### The **5a**-IRDye conjugate binds recombinant human and murine $\alpha v\beta 6$ and $\alpha v\beta 8$

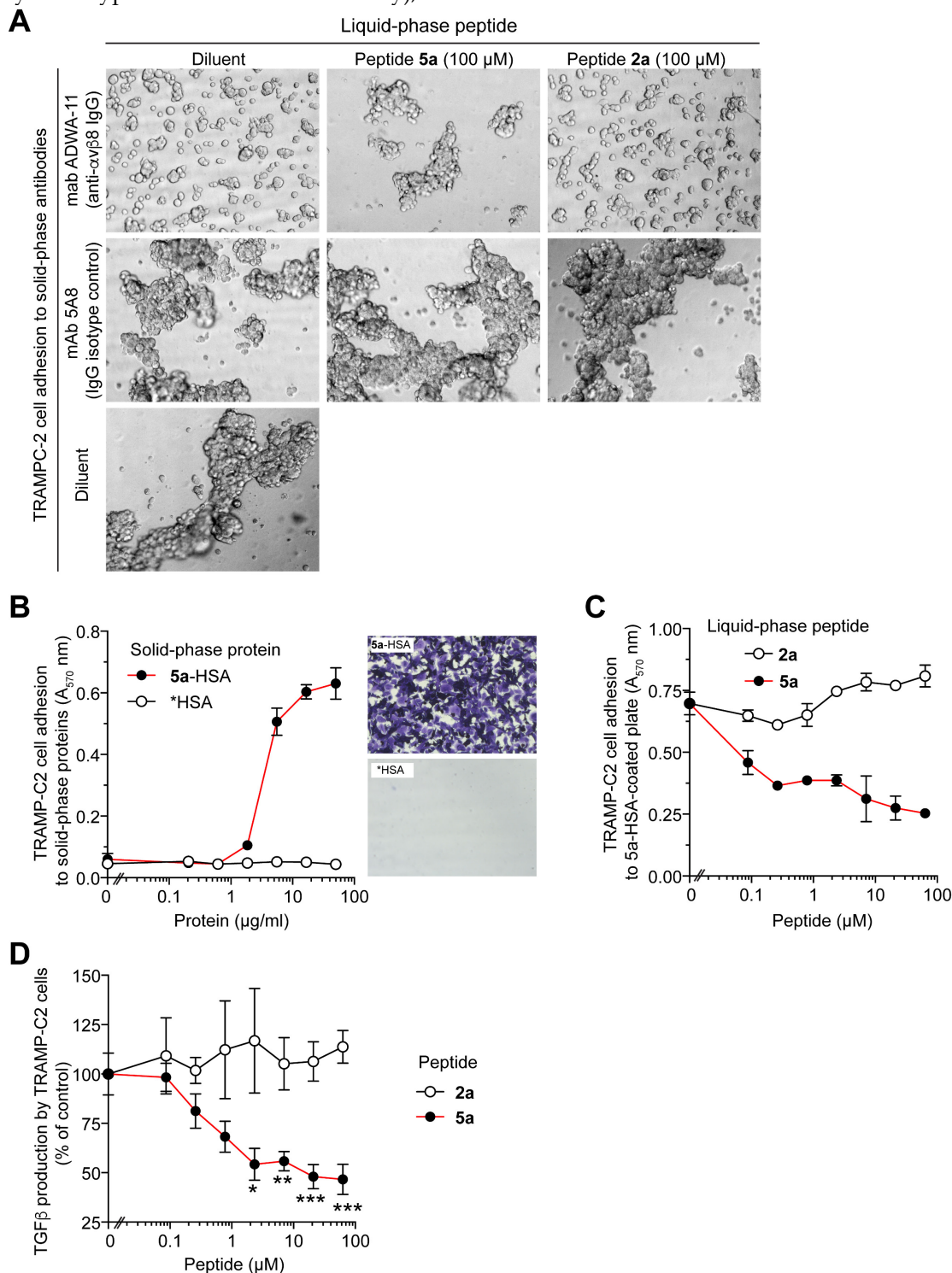
Peptide **5a**, **2a**, and cysteine (Cys) were then coupled to maleimide-IRDye 800CW (IRDye), a near-infrared dye, to generate the **5a**-, **2a**-, Cys-IRDye conjugates (see Table S1, S2 and Figure S3 for product characterization). Direct integrin-binding assays showed that **5a**-IRDye, but not **2a**-IRDye or Cys-IRDye, could bind microtiter plates coated with human and murine  $\alpha v\beta 6$  or  $\alpha v\beta 8$  with affinity in the low nanomolar range (Figure S4). Thus, the IRDye moiety does not impair the  $\alpha v\beta 6$  and  $\alpha v\beta 8$  binding properties of **5a**.

### **5a**-IRDye binds to $\alpha v\beta 6/\alpha v\beta 8$ single- or double-positive cancer cells

To evaluate the ability of **5a**-IRDye to recognize  $\alpha v\beta 6$  on the cell surface, we then analyzed the interaction of **5a**-, **2a**- or Cys-IRDye with  $\alpha v\beta 6$ -positive and -negative cells, including human BxPC-3 cells ( $\alpha v\beta 6^+/\alpha v\beta 8^-$ ), murine 5M7101 pancreatic adenocarcinoma cells ( $\alpha v\beta 6^+$  and  $\alpha v\beta 8^-$ ), and human umbilical vein endothelial cells (HUVECs) ( $\alpha v\beta 6^-$  and  $\alpha v\beta 8^-$ ) (Figure S5A and S6A). As expected, **5a**-IRDye could bind BxPC-3 and

5M7101 cells, but not HUVECs, while little or no binding of **2a**-IRDye and **Cys**-IRDye (control conjugates) to all cells tested was observed (**Figure S5B and S6B**). Binding of **5a**-IRDye to BxPC-3 cells was inhibited by the  $\alpha v\beta 6$ -blocking antibody 10D5 (but not by an isotype-matched control antibody), and

by an excess of **5a** or A20FMDV2 (a known ligand of  $\alpha v\beta 6$ ), but not by **2a** (**Figure S5C and D**). These results confirm the hypothesis that **5a**-IRDye binding to cells is mediated  $\alpha v\beta 6$  and that its RGD sequence is critical for binding.



**Figure 1. Peptide 5a prevents the adhesion of TRAMP-C2 cells ( $\alpha v\beta 8$ -positive) to plates coated with an anti- $\alpha v\beta 8$  antibody or with a peptide 5a-albumin conjugate and inhibits cell-mediated TGF $\beta$  activation. (A)** Effect of 5a and 2a on the adhesion of TRAMP-C2 cells to PVC-microplates coated with anti- $\alpha v\beta 8$  mAb ADWA-11 or mAb 5A8 (a negative control). Cells were mixed with or without the peptides (100  $\mu$ M) and analyzed by bright-field microscopy after 2h. Representative photographs (10x magnification) are shown. **(B)** Adhesion of TRAMP-C2 cells to PVC-microplates coated with a 5a-human serum albumin conjugate (5a-HSA), or with a control conjugate made without peptide (\*HSA), after 2 h of incubation. Non-adherent cells were removed; adherent cells were stained with crystal violet and quantified by spectrophotometric analysis ( $A_{570nm}$ ) (mean $\pm$ SE, n=3). Representative photomicrographs of wells coated with 5a-HSA or \*HSA (16.6  $\mu$ g/ml) are shown. **(C)** Effect of 5a and 2a on the adhesion of TRAMP-C2 cells to PVC-microplates coated with 5a-HSA (10

µg/ml). Adherent cells were stained with crystal violet and analyzed spectrophotometrically (mean±SE, n=2-3). **(D)** Effect of 5a and 2a on TGFβ activation by TRAMP-C2 cells. Cells were seeded on cell culture microplates, left to adhere for 3 h and treated with 5a or 2a for 16 h. The amount of active TGFβ in the supernatant was quantified using a bioassay based on HEK-Blue™ TGFβ cells. Cumulative results of two independent experiments are shown (mean±SE, n=4-6 wells). \*, P<0.05; \*\*, P<0.01; \*\*\*\*P <0.001 by two-tail t-test.

**Table 1.** Binding affinity of chromogranin A-derived peptides and A20FMDV2 for human and murine αvβ6 and αvβ8 integrin.

Compound	Code	<i>K<sub>i</sub></i> <sup>b</sup> (competitive integrin binding assay)			
		<i>n</i> <sup>c</sup>	Human αvβ6 (nM)	<i>n</i>	Human αvβ8 (nM)
<i>Free peptide<sup>a</sup></i>					
CFETLRGEERILSRHQNLKELQD-CONH <sub>2</sub>	2a	2	>50000 <sup>d</sup>	1	>50000 <sup>d</sup>
ac-FETLRGDLRILSRX <sub>1</sub> QNLX <sub>2</sub> KELQD-CONH <sub>2</sub>	5	7	0.6 ± 0.1 <sup>d</sup>	6	3.2 ± 1.2 <sup>d</sup>
CFETLRGDLRILSRX <sub>1</sub> QNLX <sub>2</sub> KELQD-CONH <sub>2</sub>	5a	5	1.70 ± 0.26		NA <sup>e</sup>
CIRLDLELINFQSDLQHELLKTRLRG	5a-Scr	1	>>200		NA
NAVPNLRGDLQVLAQKVART	A20FMDV2	8	0.9 ± 0.2 <sup>d</sup>	6	69 ± 0.2 <sup>d</sup>
<i>Peptide-NOTA conjugate</i>					
2a-NOTA		1	>>1000		NA
5a-NOTA		1	2.3		NA
<i>EC<sub>50</sub><sup>f</sup> (direct integrin binding assay)</i>					
<i>αvβ6</i>					
		<i>n</i>	Human (nM)	<i>n</i>	Murine (nM)
<i>Peptide-IRDye conjugate</i>					
2a-IRDye		2	>>100	3	>>100
5a-IRDye		2	2.8 ± 0.05	3	0.9 ± 0.35
Cys-IRDye		2	>>100	3	>>100
5a-Scr-IRDye			NA		NA
<i>αvβ8</i>					
		<i>n</i>	Human (nM)	<i>n</i>	Murine (nM)
2a-IRDye		2	>>100	3	>>100
5a-IRDye		2	1.9 ± 0.37	3	0.65 ± 0.50
Cys-IRDye		2	>>100	3	>>100
5a-Scr-IRDye			NA		NA

**(a)** Single letter code; triazole-stapled residues (X<sub>1</sub> and X<sub>2</sub>, propargylglycine and azidolysine, respectively); ac-, N-terminal acetylated; -CONH<sub>2</sub>, C-terminal amidated. **(b)** *K<sub>i</sub>*, inhibitory constant. Mean ± SE. **(c)** *n*, number of independent experiments. **(d)** Reprinted with the permission of Ref. [25]. **(e)** NA, not analyzed. **(f)** EC<sub>50</sub>, Effective Concentration 50. Mean ± SE.

The ability of 5a-IRDye to recognize αvβ8<sup>+</sup> and αvβ6<sup>+</sup>/αvβ8<sup>+</sup> cells was investigated using human MeWo melanoma cells (αvβ6<sup>+</sup>/αvβ8<sup>+</sup>), murine TRAMP-C2 prostate cancer cells (αvβ6<sup>+</sup>/αvβ8<sup>+</sup>), human 5637 bladder cancer cells (αvβ6<sup>+</sup>/αvβ8<sup>+</sup>) and human BHY oral squamous carcinoma cells (αvβ6<sup>+</sup>/αvβ8<sup>low</sup>) (Figure S7A). As expected, 5a-IRDye could bind these cells in a dose-dependent manner and more efficiently than the control conjugates (Figure S7B), indicating that this peptide can recognize human and murine αvβ8 also when expressed on the cell surface.

### 5a-IRDye homes in on subcutaneous αvβ6<sup>+</sup>-pancreatic adenocarcinomas

The ability of 5a-IRDye to bind αvβ6 *in vivo* was assessed using a subcutaneous xenograft model of pancreatic adenocarcinoma based on human BxPC-3 αvβ6<sup>+</sup>/αvβ8<sup>+</sup> cells implanted in NGS, and a subcutaneous syngeneic model based on murine 5M7101 cells implanted in C57BL/6N mice. *In vivo* NIR-fluorescence analysis of BxPC-3 tumors showed maximal 5a-IRDye uptake 1 h after injection, with a tumor-to-background ratio (TBR) of about 7; significant signal was still visible 24 h later (TBR: ~4) (Figure S8A and B). *Ex vivo* analysis of tumor, pancreas, and kidney showed that the uptake was higher in tumor and kidney than in pancreas (Figure S8C). Of note, the tumor-to-pancreas ratio was ~12, indicating that 5a-IRDye accumulated better in

pancreatic tumors than in normal pancreas.

A TBR of ~8 was observed in the 5M7101 model at 24 h (Figure S8D). These results suggest that 5a-IRDye can home to human and murine αvβ6<sup>+</sup> pancreatic adenocarcinomas.

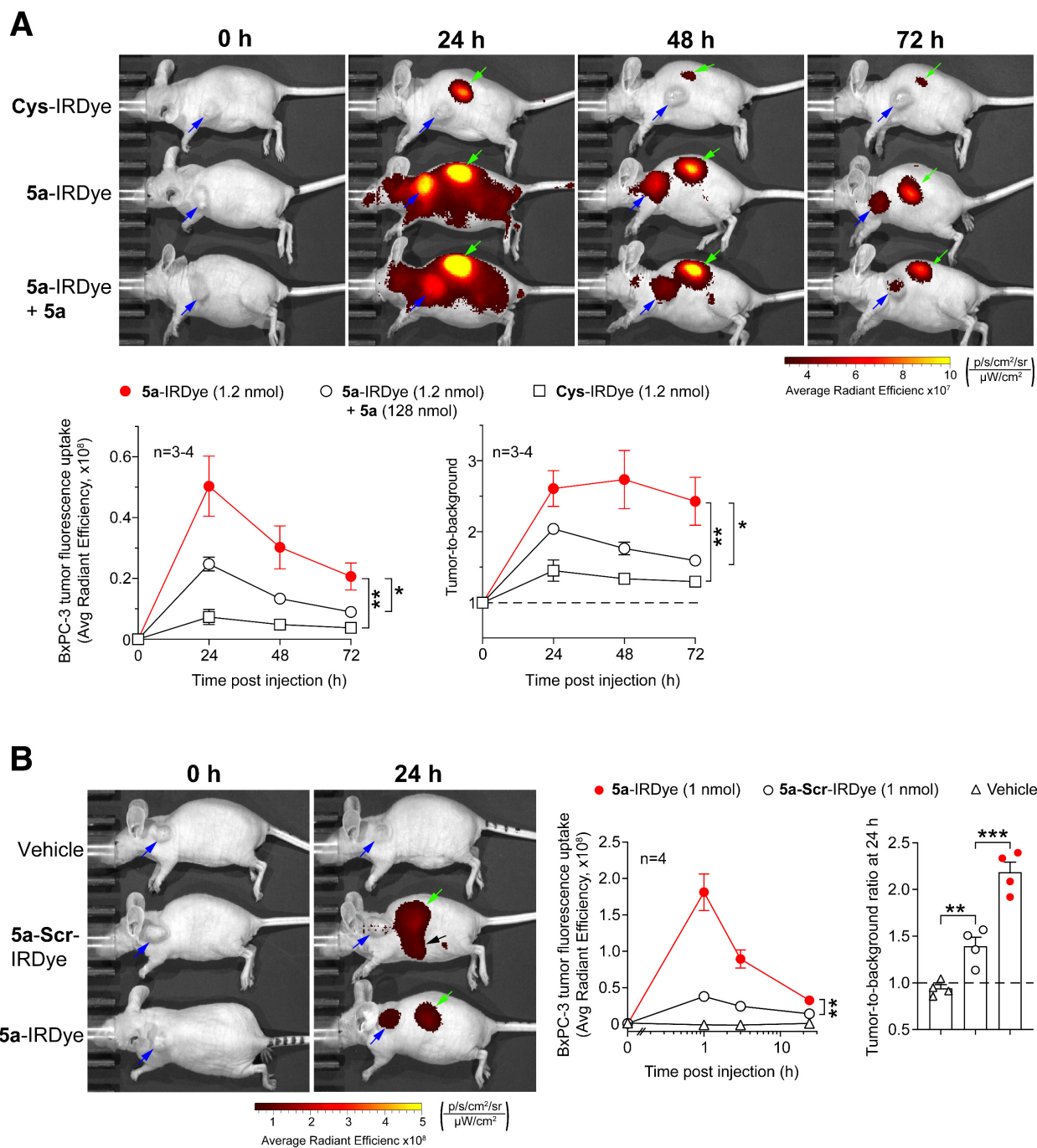
To verify the specificity of 5a-IRDye, we compared the uptake of this conjugate and two controls made with Cys or a scrambled sequence in place of 5a (Cys-IRDye 5a-Scr-IRDye, see Table 1) by BxPC-3 tumors implanted in nude mice, a hairless model. As expected, 5a-IRDye accumulated in tumors more efficiently than Cys-IRDye and 5a-Scr-IRDye (Figure 2A and B). The uptake of 5a-IRDye was significantly inhibited by prior administration of an excess of 5a (Figure 2B), suggesting it was mediated by the 5a moiety.

### 5a-IRDye homes in on orthotopic αvβ6<sup>+</sup>-pancreatic adenocarcinomas (BxPC-3)

The ability of 5a-IRDye to home in on pancreatic tumors was also investigated in an orthotopic model of pancreatic adenocarcinoma based on surgical implantation of BxPC-3 cells, suspended in Matrigel, into the head of the pancreas of nude mice. Mice implanted with Matrigel (without cells) served as controls. NIR fluorescence analysis of the surgically exposed pancreas of mice, 24 h after administration, showed higher accumulation of 5a-IRDye in the pancreas of mice with BxPC-3 tumors than in the pancreas of control mice (Figure 3A). NIR

fluorescence analysis of the excised pancreas showed that the ratio of tumor-to-normal pancreas was ~4 (Figure 3B, C and Figure S9). Noteworthy, larger

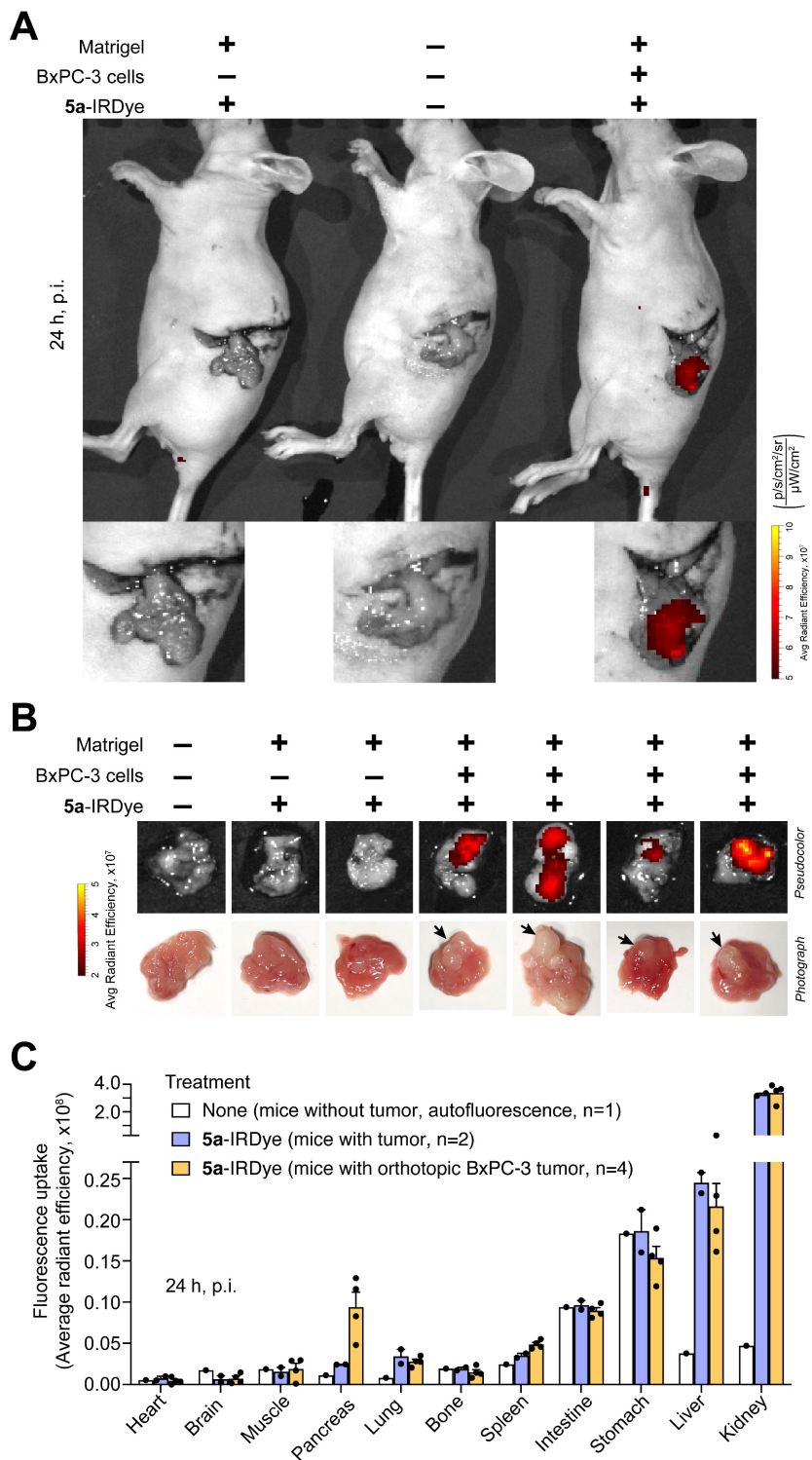
tumor lesions accumulated more dye than small lesions (Figure 3B).



**Figure 2. The uptake of 5a-IRDye by subcutaneous BxPC-3 tumor depends on the 5a moiety. (A)** Nude mice bearing-BxPC-3 tumors were injected i.v. with the indicated amount of Cys-IRDye, 5a-IRDye, or 5a-IRDye plus an excess of 5a, and imaged at the indicated time points using an IVIS imaging system, 30-35 days after tumor implantation. Pseudocolor images of representative mice for each group of treatment are shown (blue and green arrows indicate tumor and kidney, respectively). Quantification of the fluorescence uptake by BxPC-3 tumors and tumor-to-background ratio are shown in the lower panels (graphs, means  $\pm$  SE of 3-4 mice/group; \*,  $P < 0.05$  and \*\*,  $P < 0.01$  by ordinary one-way ANOVA of the area under the curve for each tumor using GraphPad Prism software). **(B)** Similar experiment showing the tumor uptake of 5a-IRDye compared to 5a-Scr-IRDye. Blue and green arrows in pseudocolor images indicate tumor and kidney, respectively, while black arrow indicates the intestine. \*\*,  $P < 0.01$ ; \*\*\*,  $P < 0.001$  by ordinary one-way ANOVA. Black arrow indicates 5a-Scr-IRDye accumulation in the intestine (as confirmed by ex vivo analysis of the isolated organ, not shown).

Analysis of other explanted organs showed that **5a-IRDye** accumulated also in kidney, lung, and liver, and little or not at all in heart, brain, muscle, bone, spleen, intestine, and stomach (**Figure 3C and Figure**

**S9**). The higher accumulation of **5a-IRDye** in kidney and urine (not shown), compared with the other organs, is likely related to renal clearance.



**Figure 3.** **5a-IRDye** homes in on orthotopically implanted BxPC-3 tumors. Nu/nu mice were orthotopically implanted with a Matrigel solution containing BxPC-3 cells or a Matrigel solution without cells (n=3-4 mice). After 18 days, mice were injected i.v. with **5a-IRDye** (1.2 nmol), and NIR images were acquired after 24 h. A control mouse, which was not surgically manipulated, was injected with the vehicle and used as a reference for quantification of autofluorescence in the NIR region. **(A)** Representative fluorescence images of the exposed pancreas of control and tumor-bearing mice injected with or without **5a-IRDye** as indicated. **(B)** Ex vivo fluorescence imaging and photographs of the removed pancreas. Arrow, pancreatic cancer lesions. **(C)** Ex vivo biodistribution of **5a-IRDye** in selected organs. Bars: mean  $\pm$  SE of 1-4 mice.

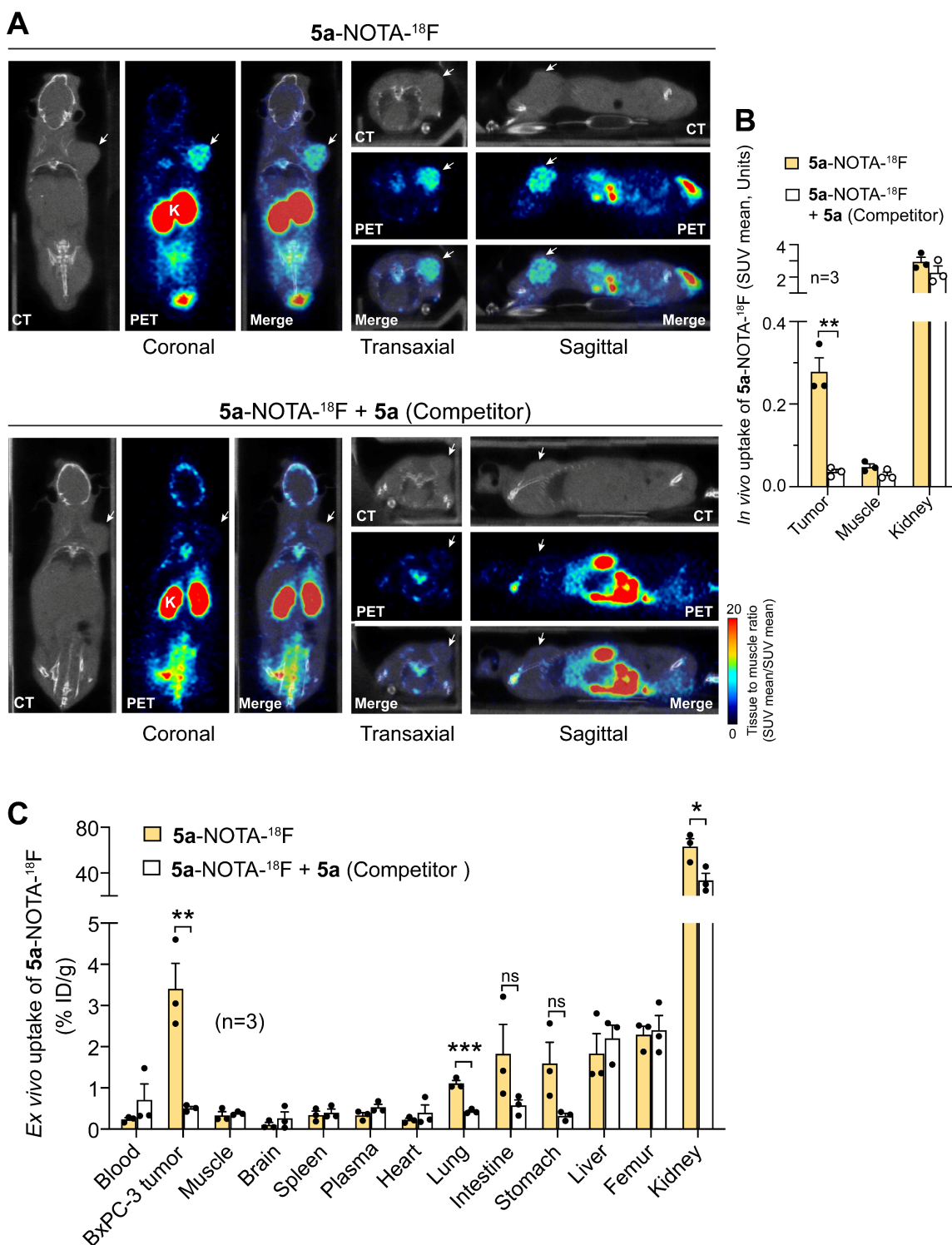
### PET imaging of subcutaneous $\alpha\nu\beta 6^+$ -pancreatic adenocarcinomas (BxPC-3) with **5a-NOTA-<sup>18</sup>F**

To further evaluate the ability of **5a** to recognize  $\alpha\nu\beta 6$  *in vivo* and to home in on  $\alpha\nu\beta 6$ -positive tumors, we coupled this peptide with maleimide-NOTA (**5a-NOTA**) to allow radiolabeling with <sup>18</sup>F (**Table S1, S2 and Scheme S2**). The **2a-NOTA** conjugate was also prepared (negative control). RP-HPLC and MS analysis of the conjugates showed that they were homogeneous and with the expected molecular weight (**Figure S10A and B**).

Competitive  $\alpha\nu\beta 6$ -binding assays showed that **5a-NOTA**, but not **2a-NOTA**, binds  $\alpha\nu\beta 6$  with an affinity similar to that of **5a**, indicating that the NOTA moiety does not interfere with  $\alpha\nu\beta 6$  recognition (**Figure S10C**).

**5a-NOTA**, labeled with <sup>18</sup>F (**5a-NOTA-<sup>18</sup>F**), showed radiochemical purity >96%, specific activity of 2.2-13.9 MBq/nmol, and good stability after 4 h storage at room temperature (**Figure S10D**).

Whole-body PET/CT scan of mice bearing subcutaneous BxPC-3 tumors, performed 1, 2, and 4 h after **5a-NOTA-<sup>18</sup>F** administration, showed radiotracer accumulation in tumors and kidneys, but not in muscles or femurs, i.e., tissues that do not express  $\alpha\nu\beta 6$  (**Figure S11A**). Notably, the high and progressive retention of the radiotracer in tumors compared to muscles, but not or much less in femurs, suggest a specific mechanism of uptake (**Figure S11B**). Accordingly, tumor uptake of **5a-NOTA-<sup>18</sup>F**, 2 h post-injection, was almost completely inhibited by prior administration of an excess of **5a** (**Figure 4A and B**), pointing to a specific mechanism involving ligand-receptor interactions.



**Figure 4.** Competition of **5a-NOTA-<sup>18</sup>F** uptake by unlabeled peptide **5a** in the subcutaneous **BxPC-3** tumor model. **BxPC-3** tumors-bearing NGS mice were injected i.v. with or without unlabeled **5a** (130 nmol/mouse, *Competitor*) and 10 min later, with **5a-NOTA-<sup>18</sup>F** (~ 3 MBq/animal, i.v.). Radiotracer uptake was assessed after 2 h by whole-body PET/CT (**A**, **B**) or with a gamma-counter for biodistribution studies (**C**). Bars, mean ± SE (n=3 mice). Arrow, **BxPC-3** tumor. \*, P<0.05, \*\*, P<0.01 and \*\*\*P<0.001 by two-tail t-test.

*Ex vivo* biodistribution data (obtained 2 h post-injection) confirmed that the radiotracer accumulates in tumors in a specific manner, as shown by the marked decrease in tumor uptake (from 3.5% to less than 0.5% of the injected dose (ID)/g of tissue) in mice pretreated with an excess of **5a** (**Figure 4C**).

Lower, albeit specific, accumulation of **5a-NOTA-<sup>18</sup>F** was also observed in lung (1.2% ID/g). Uptake in brain, heart, spleen, blood, and muscle was less than 0.5% ID/g and was not displaced by the free peptide. In addition, some accumulation (about 2% of ID/g) was also observed in intestine, femur, liver, and



stomach. In this case, however, no significant reduction was caused by unlabeled **5a**, arguing against a peptide-mediated mechanism of accumulation in these organs. Finally, high radiotracer levels were also observed in the kidneys (about 80% ID/g), probably due to renal clearance of the conjugate.

### **5a-IRDye accumulates on $\alpha v\beta 8$ -positive prostate tumors (TRAMP-C2)**

Finally, the ability of **5a** to home to  $\alpha v\beta 8$ -positive tumors was investigated in the TRAMP-C2 prostate tumor model ( $\alpha v\beta 6^-/\alpha v\beta 8^+$ ), implanted subcutaneously in immunodeficient mice. Uptake of **5a-IRDye** by these tumors was significantly inhibited by an excess of **5a** (Figure S12), suggesting a **5a**-mediated mechanism of uptake. The low, albeit specific, uptake of **5a-IRDye** in this model compared with  $\alpha v\beta 6$ -positive pancreatic adenocarcinomas, is likely related to the lower  $\alpha v\beta 8$ -expression of TRAMP-C2 cells compared with that of BxPC-3 cells, as observed by flow-cytometry analysis (Figure S5A and Figure S7A). Nevertheless, these results lend further support to the hypothesis that **5a** can recognize  $\alpha v\beta 8$  *in vivo*.

## **Discussion**

This work demonstrates that **5a**, a chromogranin A-derived peptide with high affinity for human  $\alpha v\beta 6$  and  $\alpha v\beta 8$ , homes in on  $\alpha v\beta 6$  or  $\alpha v\beta 8$  integrin-positive tumors. In these experimental setups, **5a** was coupled *via* cysteine to maleimide-IRDye® 800CW (a NIR fluorescent dye) or maleimide-NOTA (a macrocyclic chelating agent for radiolabeling with  $^{18}\text{F}$ ). The resulting conjugates, called **5a-IRDye** and **5a-NOTA**, could bind human and murine  $\alpha v\beta 6$  or  $\alpha v\beta 8$  with an affinity similar to that of **5a** (0.6-3 nM), suggesting that the peptide retains its integrin-binding properties after conjugation. Peptide **5a** could also recognize  $\alpha v\beta 6$  expressed on cell membranes, as suggested by the observation that **5a-IRDye** could recognize  $\alpha v\beta 6$ -positive cells (but not  $\alpha v\beta 6$ -negative cells) *in vitro*, in a manner that was inhibited by a neutralizing anti- $\alpha v\beta 6$  antibody. The binding to cells was also competed by an excess of **5a** or A20FMDV2 (a known ligand of  $\alpha v\beta 6$ ), but not by the control peptide **2a** (containing RGE instead of RGD), suggesting that **5a** recognizes the RGD-binding site of  $\alpha v\beta 6$ .

The uptake of **5a-IRDye** by BxPC-3 PDAC tumors *in vivo* was inhibited by an excess of **5a**, suggesting that also the tumor-homing properties of this compound depend on a receptor-mediated targeting mechanism. This hypothesis is further supported by the observation that a) tumor uptake of **5a-IRDye** was higher than that of **Cys-IRDye** or **5a-Scr-IRDye**, the latter consisting of a conjugate

prepared with a scrambled sequence of **5a**, and b) tumor uptake of **5a-NOTA- $^{18}\text{F}$**  was significantly inhibited by an excess of **5a**.

*On-* and *off-target* peptide accumulation studies performed in the orthotopic model of  $\alpha v\beta 6^+/\alpha v\beta 8^-$  pancreatic cancer showed good uptake of **5a-IRDye** in tumors but not in heart, brain, muscle, bone, spleen, intestine, and stomach. Some degree of dye uptake was also observed in liver, lung, and kidney. The uptake in the kidney might be due, in part, to a specific targeting mechanism, considering that mural mesangial cells can express  $\alpha v\beta 8$  [11]. However, the notion that  $\alpha v\beta 6$  expression in mouse kidney is negligible [27], and the observation that **5a-IRDye** and control **5a-Scr-IRDye** accumulated in this organ to similar extents suggests that most uptake in the kidney was related to renal clearance and not to a specific targeting mechanism. The uptake of **5a-IRDye** by the lung was possibly related to the fact that this organ expresses  $\alpha v\beta 6$  and  $\alpha v\beta 8$  integrins [28, 29].

Biodistribution studies performed with **5a-NOTA- $^{18}\text{F}$**  showed a pattern similar to that of **5a-IRDye**, except for some additional uptake in the stomach and femur. Of note, uptake of **5a-NOTA- $^{18}\text{F}$**  in the lung and kidney, but not in the femur, was significantly inhibited by an excess of **5a**. The fact that the uptake in the femur was not blocked by the free peptide is probably due to the presence of some  $\text{Al}^{18}\text{F}$  in our preparation or to a partial release of  $^{18}\text{F}$  from **5a-NOTA- $^{18}\text{F}$** , known to accumulate in the bone [30]. Interestingly, other investigators have shown that similar radiopeptides specific for  $\alpha v\beta 6$  accumulate in the kidney, stomach, and intestine [27, 31]. In these studies, uptake in the stomach and intestine was attributed to the expression of  $\alpha v\beta 6$  in these organs [19, 27], whereas the uptake in kidney was related to an  $\alpha v\beta 6$ -independent mechanism [27, 32], as also suggested by the observation that the accumulation in this organ was significantly blocked by administration of a scrambled sequence [27]. In summary, the *on-* and *off-target* accumulation studies of **5a** in PDAC-bearing mice reveal specific accumulation in  $\alpha v\beta 6$ -positive tumors and *off-target* accumulation in lung, liver, intestine, and kidney, with the last three organs likely mostly related to the excretory pathways of the peptide or its metabolites. On the other hand, the results of *in vitro* studies showing that **5a** can specifically bind  $\alpha v\beta 6/\alpha v\beta 8^+$  cells (in an  $\alpha v\beta 8$ -dependent manner) and the results of *in vivo* studies showing specific accumulation of **5a-IRDye** in  $\alpha v\beta 6^-/\alpha v\beta 8^+$  prostate tumors (TRAMP-C2 model) suggest that this peptide can also accumulate on cells expressing this integrin in tumors, such as carcinoma cells and infiltrating regulatory T cells [12, 23, 33].

These results pave the way for several potential

applications of peptide **5a**, including: a) diagnostic molecular imaging of  $\alpha v\beta 6^+$  tumors with **5a**-NOTA- $^{18}\text{F}$ , b) fluorescence-guided surgery of tumors with **5a**-IRDye, and c) the delivery of other diagnostic, theranostic or therapeutic agents to tumors (such as antibodies, cytokines, drugs, nanoparticles, DNA complexes, and other compounds). Considering that different tumor types may express both  $\alpha v\beta 6$  and  $\alpha v\beta 8$  integrins (e.g., oral squamous cell carcinoma) the dual-receptor-targeting properties of **5a** provide an advantage over other mono-targeting compounds developed to date, as this might improve the tumor-targeting sensitivity and/or detection efficiency. This possibility should be further investigated in appropriate models. An additional advantage could be related to the fact that **5a**, being derived from a human protein (chromogranin A), could be less immunogenic than other peptides carrying viral sequences or containing non-natural amino acids, previously described.

Finally, the fact that **5a** can recognize the LAP-TGF $\beta$  complex-binding site of both  $\alpha v\beta 6$  and  $\alpha v\beta 8$  integrins opens the way to another potential application of this peptide in cancer therapy, i.e., targeting TGF $\beta$  activation in the tumor microenvironment. Indeed, previous NMR and computational/biochemical studies showed that the stapled CgA-derived peptide binds the RGD binding site of  $\alpha v\beta 6$  with receptor-ligand interactions similar to those observed for the proTGF $\beta 1/\alpha v\beta 6$  complex [25], thereby suggesting that **5a** can block the binding of the inactive LAP-TGF $\beta$  complex to this integrin and, consequently, its activation. This view is supported by the results of the present study, showing that **5a** can block the binding of  $\alpha v\beta 6$  and  $\alpha v\beta 8$  to isoDGR-peroxidase, a probe for the RGD-binding site of integrins [25], and inhibit TGF $\beta$  activation by  $\alpha v\beta 8^+$  TRAMP-C2 cells. Thus, this peptide may represent a sort of bi-selective inhibitor of both  $\alpha v\beta 6$  and  $\alpha v\beta 8$  endowed of tumor-homing properties. Interestingly, recent studies have shown that regulatory T cells colonizing tumors express higher levels of  $\alpha v\beta 8$  than those isolated from lymphoid organs, and that these cells, by activating TGF $\beta$  in tumors, induce immunosuppression and favor tumor growth [23, 33]. Other studies have shown that even  $\alpha v\beta 8^+$  tumor cells can activate TGF $\beta$  and favor tumor growth in murine models [12]. Notably, anti- $\alpha v\beta 8$  antibodies capable of blocking TGF $\beta$  activation can induce tumor regression [12, 23]. Similarly, anti- $\alpha v\beta 6$  antibodies can inhibit the growth of  $\alpha v\beta 6$ -positive tumors in mice through a TGF $\beta$ -regulated mechanism [24]. Thus, considering that both  $\alpha v\beta 6$  and  $\alpha v\beta 8$  can activate TGF $\beta$ , both integrins may represent promising targets for cancer immunotherapy. Based on these concepts, a

major novelty of the present study lies in the fact that **5a** might be considered as an efficient bispecific "inhibitor" of both  $\alpha v\beta 6$  and  $\alpha v\beta 8$  with the peculiarity of being also a tumor-homing compound. However, this hypothesis needs to be demonstrated in appropriate animal models. Furthermore, considering the short plasma half-life of **5a**-IRDye ( $\sim 8$  min) (**Figure S13**), the development of derivatives with longer half-life, e.g., PEGylated-**5a**, is likely necessary to enable sustained blockade of  $\alpha v\beta 6/\alpha v\beta 8$  in tumors.

Of note, another dual  $\alpha v\beta 6/\alpha v\beta 8$  peptide ligand has been recently described (RGD-Chg-(NMe)E-CONH $_2$ ) [34]. However, the tumor homing properties of this compound - which inhibits the binding of soluble integrin  $\alpha v\beta 6$  and  $\alpha v\beta 8$  to an immobilized ECM protein with an IC $_{50}$  of 1.6 and 60 nM, respectively - have not been demonstrated.

## Conclusion

The results demonstrate that **5a** can home to  $\alpha v\beta 6$ - and  $\alpha v\beta 8$ -positive tumors. This compound can be exploited as a tumor-homing ligand for delivering imaging and anticancer compounds to  $\alpha v\beta 6/\alpha v\beta 8$  single- or double-positive tumors. Furthermore, considering that **5a** can block the active site of  $\alpha v\beta 6/\alpha v\beta 8$  and inhibit TGF $\beta$  activation (a potent immunosuppressive mechanism in tumors), our results suggest that this peptide is a peculiar tumor-homing bi-selective inhibitor of  $\alpha v\beta 6$  and  $\alpha v\beta 8$  that could be exploited for targeting this immunosuppressive mechanism in tumors.

## Abbreviations

CgA: chromogranin A; TGF $\beta$ : transforming growth factor- $\beta$ ; LAP: latency associated peptide; MS: mass spectrometry; PET: positron emission tomography; CT: computed tomography.

## Supplementary Material

Supplementary materials and methods, figures and tables. <https://www.ijbs.com/v19p0156s1.pdf>

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## Author contributions

*Conception and design:* A.C. and F.C. *Development of methodology:* M.M., P.R., A.G., R.M.M., A.C. and F.C. *Acquisition of data:* M.M., P.R., A.Co., A.G., A.M.G., A.S. and F.C. *Analysis and interpretation of data:* M.M., P.R., A.G., R.M.M., A.C., and F.C. *Administrative, technical, or material support:* M.M., A.Co., A.G., S.V., A.M.G., A.P., A.S., M.A., D.S., A.Ci, B.F., M.P., and L.P. *Writing, review, and/or revision of the manuscript:* A.C., and F.C. *Study supervision:* A.C. and F.C. All authors critically contributed to initial drafting of the manuscript, or critically revised the final version manuscript.

## Competing Interests

AC, AG, and FC are inventors of a patent regarding CgA-derived peptides.

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