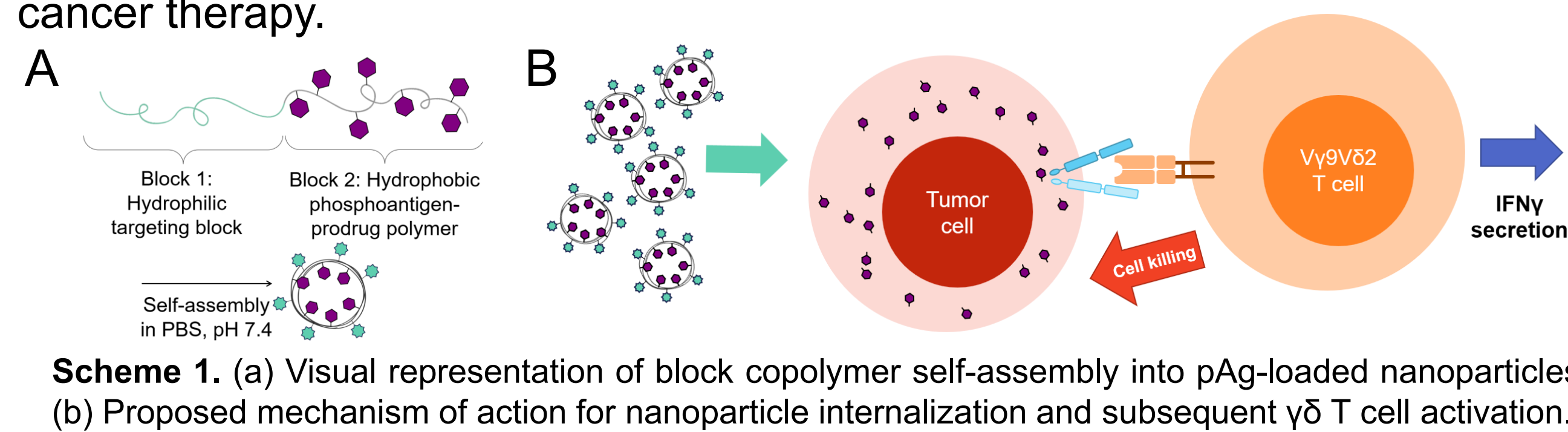


Abstract

V γ 9V δ 2 T cells, a subset of unconventional T cells, can efficiently eradicate tumors upon activation. Adoptive transfer therapies of *ex vivo*-activated V γ 9V δ 2 T cells have been tested in the clinic, but systemic administration of cells and V γ 9V δ 2-activating small molecule phosphoantigens (pAgs) has been met with limited efficacy, likely due to rapid clearance of pAgs and lack of V γ 9V δ 2 tumor localization. Furthermore, adoptive cell therapies are available only in select locations and come with a high price tag. We hypothesize that targeted delivery of large payloads of pAgs directly to the tumor site can facilitate localized V γ 9V δ 2 activation and subsequent tumor cell killing. We have developed a novel **polymeric phosphoantigen prodrug nanoparticle (P³NP)** which has the potential to activate V γ 9V δ 2 T cells *in situ*, sidestepping limitations associated with adoptive cell transfer and systemic delivery of activation agents. We synthesized multiple novel polymers with drug loading over 40% and self-assemble into nanoparticles which demonstrate preferential tumor cell uptake over untargeted controls as well as V γ 9V δ 2-mediated tumor killing *in vitro*. We will next assess P³NPs *in vivo* in xenograft tumor models. If successful, P³NPs could be a powerful, cell-free technology for accessible cancer therapy.



Introduction

- V γ 9V δ 2 T cells are a subset of $\gamma\delta$ T cells that can eliminate tumor cells and recruit pro-inflammatory immune cells upon activation.¹ These unconventional T cells have advantages over other immune cell types in antigen recognition and cell activation (**Table 1**).^{2,3}

Table 1. Considerations for adoptive transfer with various immune cell types	TIL	CAR-T cell	NK cell	$\gamma\delta$ T cell
Does not require MHC presentation or antigen processing	✗	✓	✓	✓
Not susceptible to treatment resistance due to antigen escape	✗	✗	✓	✓
Not susceptible to MHC-I, "self" markers	✓	✓	✗	✓
Long-lived responses due to T cell expansion	✓	✓	✗	✓

- Although therapies composed of *ex vivo*-activated V γ 9V δ 2 T cells with bolus injections of pAgs have been tested in the clinic, several roadblocks have stymied the clinical efficacy of these approaches:^{4,5}

- Adoptive cell therapies tend to be expensive and inaccessible due to limited number of centers for sterile cell expansion.
- Free pAgs are small, hydrophilic molecules and thus have fast clearance kinetics in systemic circulation. Systemic exposure to pAgs may also result in global V γ 9V δ 2 anergy.
- Lack of pAg tumor localization may also result in limited V γ 9V δ 2 tumor killing.

- V γ 9V δ 2 T cells are activated by internalization of small molecule phosphoantigens (pAgs) by malignant cells.⁶ pAgs are small and hydrophilic, making them difficult to encapsulate in traditional NP vehicles.⁷
- To overcome issues associated with current experimental V γ 9V δ 2 therapies, we developed a drug delivery platform engineered to maintain activation of V γ 9V δ 2 cells by **providing durable, localized delivery of therapeutic quantities of pAg to tumor cells**.
- We synthesized RAFT polymers that **incorporate pAg directly into the biomaterial backbone and target/retain nanoparticles to tumors**.
- We utilized click chemistry to combine hydrophobic and hydrophilic polymer blocks to allow for **self-assembly into nanoparticles**.

Click-functionalized prodrug RAFT polymers demonstrate high pAg loading capacity

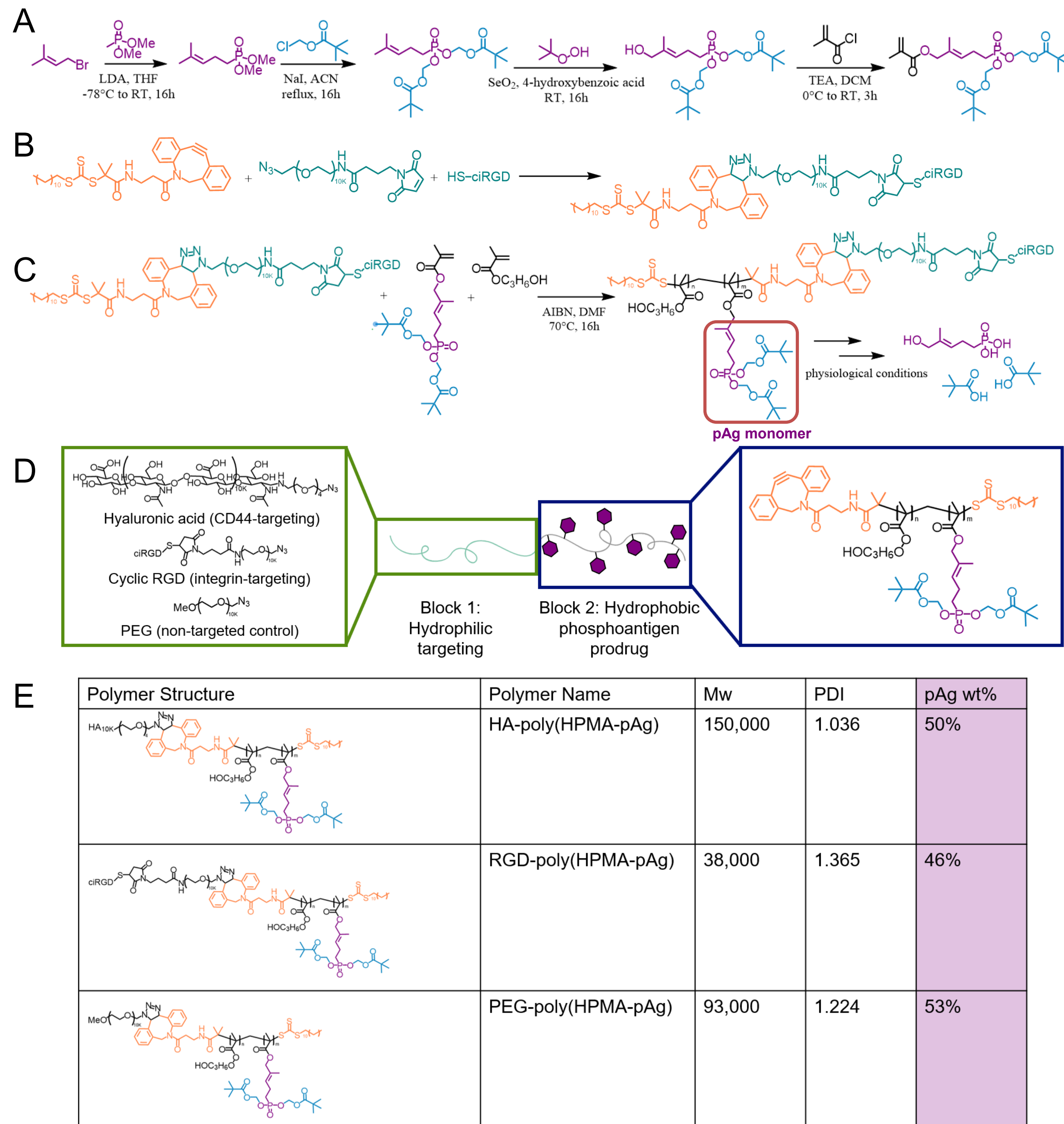


Fig 1. Synthetic schemes for (A) pAg prodrug methacrylate monomer, (B) RGD RAFT agent and (C) RGD-poly(HPMA-pAg) polymer. Biodegradation of covalent ester bonds on pAg monomer under physiological conditions. (D) general structure schematic of pAg prodrug polymers. (E) structure, name, weight-average molecular weight (Mw), polydispersity index (PDI) and pAg loading weight percentage (wt%) of P³NP component polymers as determined by gel permeation chromatography and nuclear magnetic resonance.

RGD-P³NPs display preferential tumor cell uptake

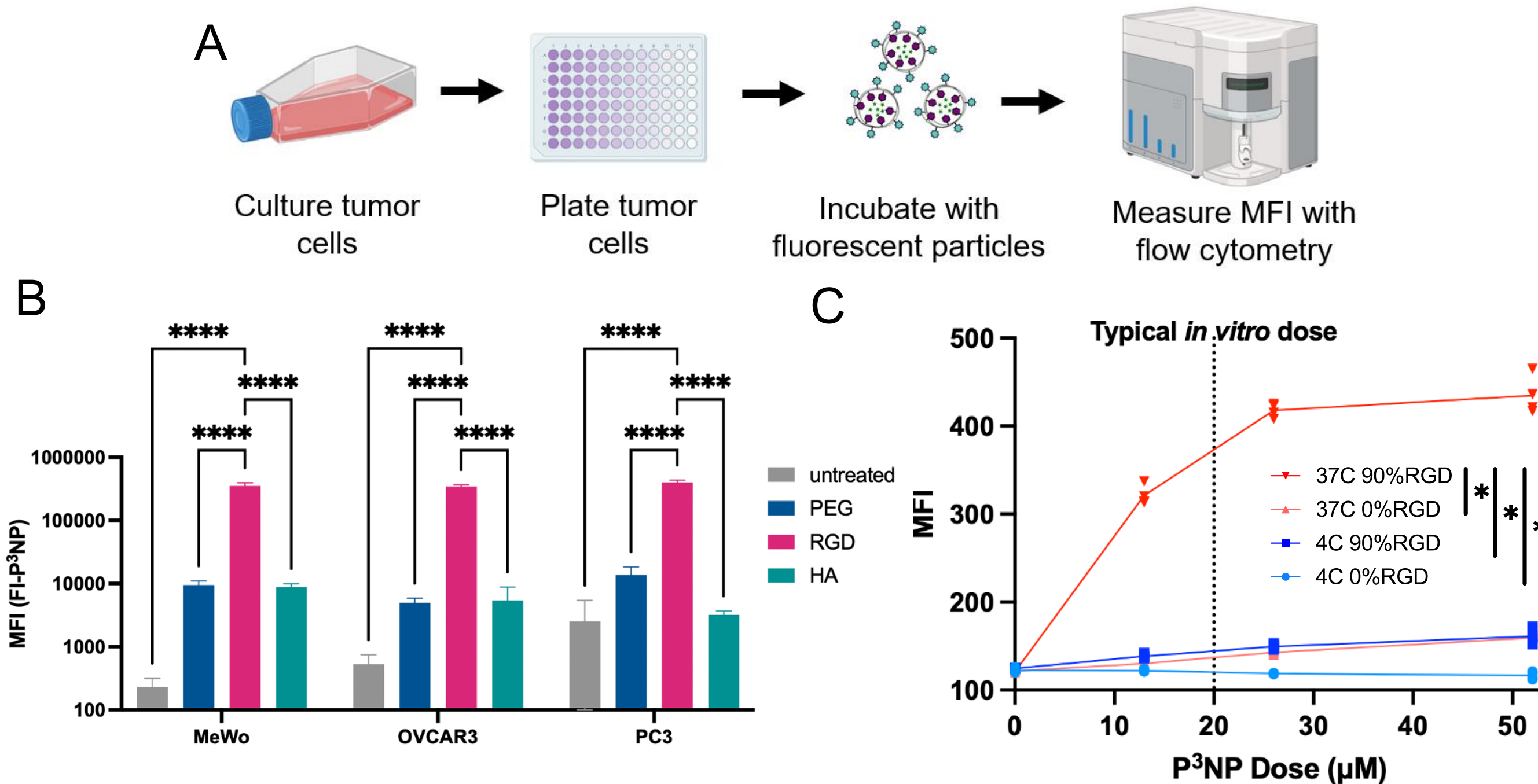


Fig 2. (A) Methods for FI-P³NP uptake (B) FI-P³NP uptake in multiple cancer cell types. n = 4; Two-way ANOVA with Tukey's multiple comparisons. **** = p < 0.0001. All other comparisons ns. Comparisons between treatments within each cell type. (E) FI-P³NP uptake in PC3 tumor cells at 4C and 37C. n = 4; One-way ANOVA with Tukey's multiple comparisons. * = p < 0.05. All other comparisons ns.

RGD-P³NPs facilitate $\gamma\delta$ -mediated tumor cell killing across cancer cell types

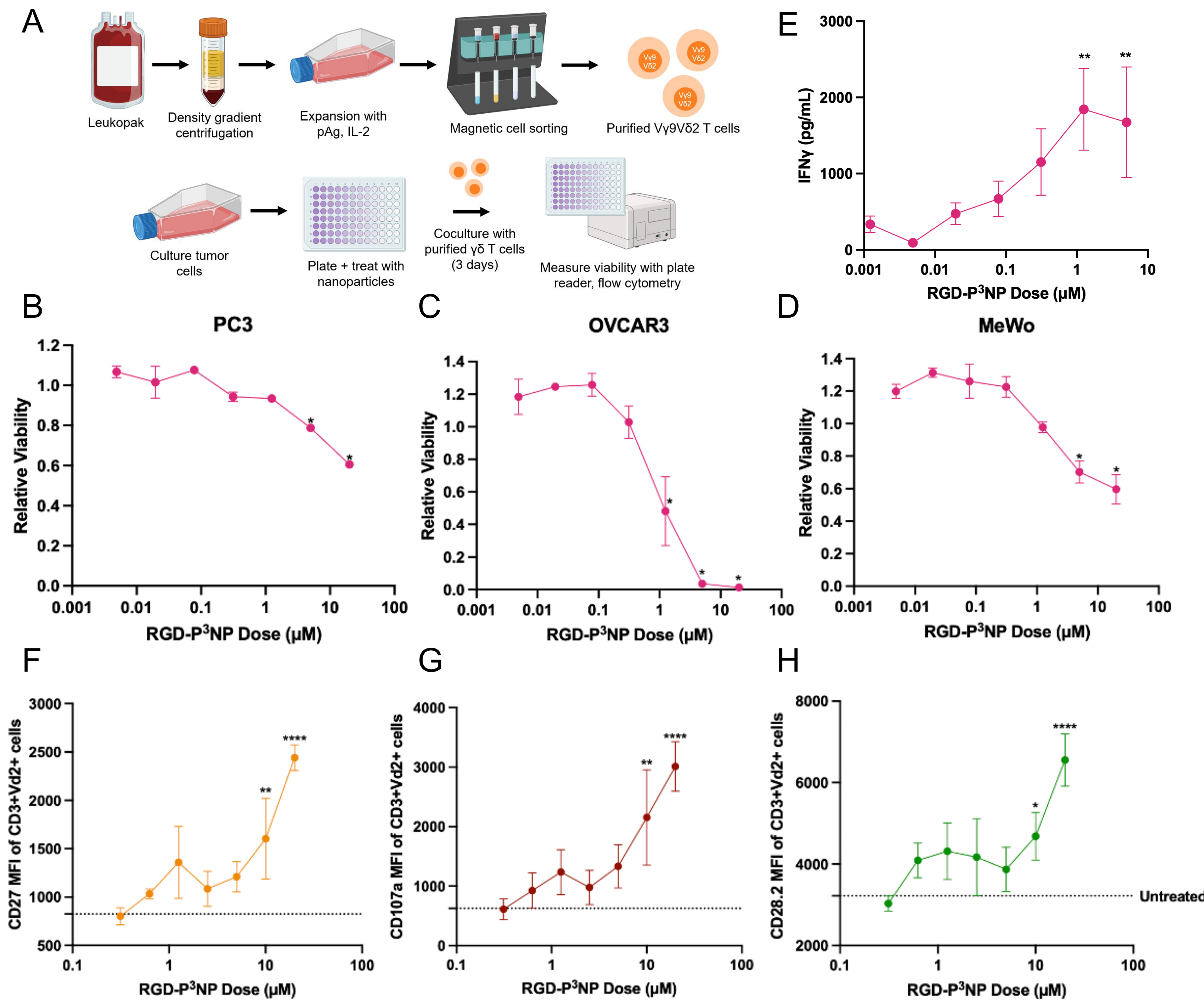


Fig 3. (A) Methods for isolation of PBMC-derived V γ 9V δ 2 T cells and coculture with tumor cells. (B,C,D) Relative viability of tumor cells after 4h treatment with RGD-P³NPs and subsequent 72-hour culture for three tumor cell types. Viability of co-cultured tumor cells normalized to equivalently treated cells in monoculture. Ordinary one-way ANOVA with Dunnett's multiple comparisons test, comparisons to untreated control, * = p<0.0001. All other comparisons ns. (E) Levels of IFN γ in the supernatant media of cultures in (B) as measured by ELISA. Statistical comparisons to lowest dose. ** = p<0.01. All other comparisons ns. (F,G,H) Surface expression of CD27, CD107a, and CD28.2 of V γ 9V δ 2 cells treated with RGD-P³NPs as determined via flow cytometry. Statistical comparisons to untreated control, ** = p<0.01; **** = p < 0.0001, all other comparisons ns.

Conclusions

- Prodrug polymers successfully incorporate pAg at levels three-fold higher than traditional NP encapsulation.⁸
- RGD-P³NPs outperform other P³NP formulations and display active uptake *in vitro*
- P³NPs demonstrate $\gamma\delta$ T cell-mediated cytotoxicity and pro-inflammatory activation, indicating potential translatability to an *in vivo* tumor model.
- We are currently exploring a murine xenograft tumor model to assess the efficacy of P³NPs *in vivo*.

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