Targeting Tim-3 and PD-1 pathways to reverse T cell exhaustion and restore anti-tumor immunity
Kaori Sakuishi, Lionel Apetoh, Jenna M. Sullivan, Bruce R. Blazar, Vijay K. Kuchroo, and Ana C. Anderson

The authors regret their failure to cite support from the National Institutes of Health (grant AI056299). The authors also regret that G. Freeman was not acknowledged for provision of anti–PD-L1 antibody.

The html and pdf versions of this article have been corrected.
Targeting Tim-3 and PD-1 pathways to reverse T cell exhaustion and restore anti-tumor immunity

Kaori Sakuishi,1 Lionel Apetoh,1 Jenna M. Sullivan,1 Bruce R. Blazar,2 Vijay K. Kuchroo,1 and Ana C. Anderson1

1Center for Neurological Diseases, Brigham and Women’s Hospital and Harvard Medical School, Boston, MA 02115
2Department of Pediatrics and Division of Blood and Marrow Transplantation, University of Minnesota, Minneapolis, MN 55455

The immune response plays an important role in staving off cancer; however, mechanisms of immunosuppression hinder productive anti-tumor immunity. T cell dysfunction or exhaustion in tumor-bearing hosts is one such mechanism. PD-1 has been identified as a marker of exhausted T cells in chronic disease states, and blockade of PD-1–PD-L1 interactions has been shown to partially restore T cell function. We have found that T cell immunoglobulin mucin (Tim) 3 is expressed on CD8+ tumor-infiltrating lymphocytes (TILs) in mice bearing solid tumors. All Tim-3+ TILs coexpress PD-1, and Tim-3+PD-1+ TILs represent the predominant fraction of T cells infiltrating tumors. Tim-3+PD-1+ TILs exhibit the most severe exhausted phenotype as defined by failure to proliferate and produce IL-2, TNF, and IFN-γ. We further find that combined targeting of the Tim-3 and PD-1 pathways is more effective in controlling tumor growth than targeting either pathway alone.

© 2010 Sakuishi et al. This article is distributed under the terms of an Attribution–Noncommercial–Share Alike–No Mirror Sites license for the first six months after the publication date (see http://www.rupress.org/terms). After six months it is available under a Creative Commons License (Attribution–Noncommercial–Share Alike 3.0 Unported license, as described at http://creativecommons.org/licenses/by-nc-sa/3.0/).
TIM-3 and PD-1 mark distinct populations of exhausted cells, with cells positive for both PD-1 and TIM-3 comprising the smallest fraction (Jones et al., 2008) of CD8+ T cells. Similarly, another group has shown that TIM-3 is up-regulated on exhausted T cells in patients with HCV (Golden-Mason et al., 2009). In this case, cells that coexpress TIM-3 and PD-1 are the most abundant fraction among HCV-specific CD8+ T cells.

In both studies, blocking TIM-3 restored T cell proliferation and enhanced cytokine production. Because targeting the PD-1–PD-L pathway alone does not result in complete restoration of T cell function (Blackburn et al., 2008), and in some cancers targeting the PD-1–PD-L pathway does not restore T cell function at all (Gehring et al., 2009), there is a need to identify other molecules and inhibitory pathways that are involved in T cell exhaustion. Indeed, one study has identified LAG-3 as being expressed on exhausted T cells, and although treatment with anti–LAG-3 alone did not restore T cell function in LCMV-infected mice, it synergized with PD-1 blockade to improve T cell responses and reduce viral load (Blackburn et al., 2009). Unfortunately, this study did not identify whether LAG-3 and PD-1 are expressed on distinct or overlapping populations of exhausted T cells. Given these observations, it appears that targeting multiple pathways may prove most effective in reversing T cell exhaustion.

We report in this paper the coexpression of Tim-3 and PD-1 on a large fraction of tumor-infiltrating lymphocytes...
other cancers, we examined the CD8+ TILs in mice bearing other solid tumors: 4T1 mammary adenocarcinoma and B16F10 melanoma. Consistent with our observations in mice bearing CT26, cells that coexpress Tim-3 and PD-1 also comprise ~50% of the CD8+ TILs in mice bearing 4T1 tumor, with cells expressing PD-1 alone or neither Tim-3 nor PD-1 also comprising smaller populations (~25 and ~15%, respectively; Fig. 1 B). In mice bearing B16F10 melanoma, all three populations of CD8+ TILs (Tim-3–PD-1−, Tim-3−PD-1+, and Tim-3+PD-1+) are present at roughly equal frequency. Interestingly, in all three of the tumor models examined we did not observe any Tim-3+PD-1− TILs (Fig. 1 A and not depicted). We also examined CD4+ TILs; however, these are less abundant, and among these we found that the majority were Tim-3−PD-1− with the Tim-3+PD-1+ and Tim-3−PD-1+ populations being roughly equivalent (Fig. S1).

We also examined Tim-3 and PD-1 expression in the spleens of tumor-bearing mice. Here, we observed a trend toward increased frequency of CD8+ TILs compared with naive mice; however, the extent of this increase was variable among mice bearing different solid tumors (Fig. 1 C). In contrast to the CD8+ TILs, we found little if any evidence for coexpression of PD-1 with Tim-3 among splenic CD8+ T cells in tumor-bearing mice (Fig. S1), suggesting that up-regulation of PD-1 on CD8+ Tim-3+ cells may happen in the tumor environment in response to environmental cues. However, we could distinguish two distinct populations of Tim-3+ cells, Tim-3+PD-1− and Tim-3−PD-1− populations being roughly equivalent (Fig. 1 A and not depicted). Collectively, these data indicate that Tim-3 and PD-1 coexpressing CD8+ TILs comprise a major population of T cell present in TILs infiltrating different solid tumors.

We also examined Tim-3 and PD-1 expression in the spleens of tumor-bearing mice. Here, we observed a trend toward increased frequency of CD8+Tim-3+ cells compared with naive mice; however, the extent of this increase was variable among mice bearing different solid tumors (Fig. 1 C). In contrast to the CD8+ TILs, we found little if any evidence for coexpression of PD-1 with Tim-3 among splenic CD8+ T cells in tumor-bearing mice (Fig. S1), suggesting that up-regulation of PD-1 on CD8+ Tim-3+ cells may happen in the tumor environment in response to environmental cues. However, we could distinguish two distinct populations of Tim-3+ cells, Tim-3+PD-1− and Tim-3−PD-1− populations being roughly equivalent (Fig. 1 A and not depicted). Collectively, these data indicate that Tim-3 and PD-1 coexpressing CD8+ TILs comprise a major population of T cell present in TILs infiltrating different solid tumors.

RESULTS
Tim-3 and PD-1 coexpression on T cells in cancer
To examine a potential role for Tim-3 in T cell exhaustion in cancer, we first examined the expression of Tim-3 as well as PD-1 in T cells from mice bearing the solid tumor CT26 colon carcinoma. We observed that among CD8+ TILs, cells that coexpress Tim-3 and PD-1 predominate among CD8+ TILs and exhibit the most profound defects in T cell effector function. We further show that combined targeting of the Tim-3 and PD-1 pathways is highly effective in controlling tumor growth.
Furthermore, it has been observed that there is a hierarchy of T cell exhaustion with CTL function and production of IL-2 being compromised first, followed by loss of TNF and then IFN-γ (Wherry et al., 2003). Therefore, to determine whether any of the Tim-3– and PD-1–expressing TILs exhibited exhausted phenotype, we isolated CD8+ TILs and examined their production of IL-2, TNF, and IFN-γ directly ex vivo. We found that the Tim-3+PD-1+ TILs exhibited the most profound impairment in production of IL-2, TNF, and IFN-γ when compared with Tim-3−PD-1− and Tim-3−PD-1− TILs (Fig. 3A). Surprisingly, the Tim-3−PD-1+ TILs produced the most IFN-γ among the three populations of TILs and showed significantly less impairment in the production of IL-2 and TNF than the Tim-3+PD-1+ TILs. These data suggest that the Tim-3+PD-1+ TILs represent the most exhausted TILs and that Tim-3−PD-1− cells may contain a mixture of exhausted T cells and effector T cells. To further confirm these observations, we determined the abundance of Tim-3+PD-1+ cells and Tim-3−PD-1− cells within the cytokine-producing and -nonproducing TILs (Fig. 3B). We found that Tim-3+PD-1+ cells are the most abundant (55–60%) population among T cell dysfunction in TILs expressing Tim-3 and PD-1

To further characterize the different subsets of CD8+ TILs, we first examined their expression of CD44 and CD62L. We found that the pattern of CD62L and CD44 expression was quite different among the Tim-3−PD-1−, Tim-3−PD-1+, and Tim-3+PD-1+ TILs (Fig. 2, A and B). Among the three populations, the Tim-3+PD-1+ population contained the largest fraction of effector/memory (CD44+CD62Lint) cells but the lowest fraction of central memory (CD44hiCD62Llo) cells. Indeed, the majority of Tim-3+PD-1+ TILs were CD62Llow. The majority of TILs in all three populations expressed low to intermediate levels of CD44. Although this CD44int population may comprise some naive cells, it is more likely that this population comprises cells that are transitioning from naive to effector status. The CD44int population was lowest among Tim-3−PD-1+ cells. These data gave the first indication that the three populations of TILs characterized by differential expression of Tim-3 and PD-1 contain cells in different functional states.

In chronic viral infection, PD-1 has been identified as a marker of dysfunctional or exhausted CD8+ T cells (Barber et al., 2006). Furthermore, it has been observed that there is a hierarchy of T cell exhaustion with CTL function and production of IL-2 being compromised first, followed by loss of TNF and then IFN-γ (Wherry et al., 2003). Therefore, to determine whether any of the Tim-3− and PD-1− expressing TILs exhibited exhausted phenotype, we isolated CD8+ TILs and examined their production of IL-2, TNF, and IFN-γ directly ex vivo. We found that the Tim-3−PD-1− TILs exhibited the most profound impairment in production of IL-2, TNF, and IFN-γ when compared with Tim-3+PD-1+ TILs and Tim-3−PD-1− TILs (Fig. 3A). Surprisingly, the Tim-3−PD-1− TILs produced the most IFN-γ among the three populations of TILs and showed significantly less impairment in the production of IL-2 and TNF than the Tim-3−PD-1− TILs. These data suggest that the Tim-3−PD-1+ TILs represent the most exhausted TILs and that Tim-3−PD-1− TILs may contain a mixture of exhausted T cells and effector T cells. To further confirm these observations, we determined the abundance of Tim-3−PD-1− cells and Tim-3−PD-1− cells within the cytokine-producing and -nonproducing TILs (Fig. 3B). We found that Tim-3−PD-1+ cells are the most abundant (55–60%) population among T cell dysfunction in TILs expressing Tim-3 and PD-1

To further characterize the different subsets of CD8+ TILs, we first examined their expression of CD44 and CD62L. We found that the pattern of CD62L and CD44 expression was quite different among the Tim-3−PD-1−, Tim-3−PD-1+, and Tim-3+PD-1+ TILs (Fig. 2, A and B). Among the three populations, the Tim-3+PD-1+ population contained the largest fraction of effector/memory (CD44+CD62Lint) cells but the lowest fraction of central memory (CD44hiCD62Llo) cells. Indeed, the majority of Tim-3+PD-1+ TILs were CD62Llow. The majority of TILs in all three populations expressed low to intermediate levels of CD44. Although this CD44int population may comprise some naive cells, it is more likely that this population comprises cells that are transitioning from naive to effector status. The CD44int population was lowest among Tim-3−PD-1+ cells. These data gave the first indication that the three populations of TILs characterized by differential expression of Tim-3 and PD-1 contain cells in different functional states.

In chronic viral infection, PD-1 has been identified as a marker of dysfunctional or exhausted CD8+ T cells (Barber et al., 2006). Furthermore, it has been observed that there is a hierarchy of T cell exhaustion with CTL function and production of IL-2 being compromised first, followed by loss of TNF and then IFN-γ (Wherry et al., 2003). Therefore, to determine whether any of the Tim-3− and PD-1− expressing TILs exhibited exhausted phenotype, we isolated CD8+ TILs and examined their production of IL-2, TNF, and IFN-γ directly ex vivo. We found that the Tim-3−PD-1− TILs exhibited the most profound impairment in production of IL-2, TNF, and IFN-γ when compared with Tim-3+PD-1+ TILs and Tim-3−PD-1− TILs (Fig. 3A). Surprisingly, the Tim-3−PD-1− TILs produced the most IFN-γ among the three populations of TILs and showed significantly less impairment in the production of IL-2 and TNF than the Tim-3−PD-1− TILs. These data suggest that the Tim-3−PD-1+ TILs represent the most exhausted TILs and that Tim-3−PD-1− TILs may contain a mixture of exhausted T cells and effector T cells. To further confirm these observations, we determined the abundance of Tim-3−PD-1− cells and Tim-3−PD-1− cells within the cytokine-producing and -nonproducing TILs (Fig. 3B). We found that Tim-3−PD-1+ cells are the most abundant (55–60%) population among T cell dysfunction in TILs expressing Tim-3 and PD-1

To further characterize the different subsets of CD8+ TILs, we first examined their expression of CD44 and CD62L. We found that the pattern of CD62L and CD44 expression was quite different among the Tim-3−PD-1−, Tim-3−PD-1+, and Tim-3+PD-1+ TILs (Fig. 2, A and B). Among the three populations, the Tim-3+PD-1+ population contained the largest fraction of effector/memory (CD44+CD62Lint) cells but the lowest fraction of central memory (CD44hiCD62Llo) cells. Indeed, the majority of Tim-3+PD-1+ TILs were CD62Llow. The majority of TILs in all three populations expressed low to intermediate levels of CD44. Although this CD44int population may comprise some naive cells, it is more likely that this population comprises cells that are transitioning from naive to effector status. The CD44int population was lowest among Tim-3−PD-1+ cells. These data gave the first indication that the three populations of TILs characterized by differential expression of Tim-3 and PD-1 contain cells in different functional states.
examined the ability of TILs to proliferate directly ex vivo by determining expression of Ki-67, a nuclear protein expressed by cells which have entered into cell cycle. However, it has been noted that in individuals chronically infected with HIV, cells that are arrested in G1 can express Ki-67+ (Combadière et al., 2000). We therefore also examined DNA content by simultaneously staining with TO-PRO-3 iodide. By doing so, we can discern cells arrested in G1 from cells that have progressed to S, G2, and M phase. We isolated TILs and stimulated them directly ex vivo before examination of Ki-67 expression and DNA content. We then determined the abundance of Tim-3+PD-1+ and Tim-3−PD-1+ cells in G0, G1, and S-M phases of cell cycle (Fig. 4A). We found that Tim-3+PD-1+ cells are the most abundant population that is stuck in G0, outnumbering Tim-3−PD-1+ cells by 5 to 1 (Fig. 4B). Interestingly, when we examined cells that have progressed to the G1 and S-M phases, we found that Tim-3+PD-1+ cells steadily decrease in number, whereas Tim-3−PD-1+ cells steadily increase with progression through cell cycle. Collectively, our data strongly support that coexpression of Tim-3 and PD-1 marks the most exhausted population of TILs, which fail to proliferate and produce IL-2, TNF, and IFN-γ.

Effect of targeting the Tim-3 and PD-1 signaling pathways in cancer

Our observations, along with the previous demonstrations that blockade of either the PD-1 or Tim-3 (Jones et al., 2008; Golden-Mason et al., 2009) signaling pathways can improve T cell function in the context of chronic infections, raised the possibility that combined targeting of these two pathways may prove to be the most efficacious means to restore anti-tumor immunity in vivo. Before commencing in vivo treatments, we first confirmed the expression of the PD-1 and Tim-3 ligands (PD-L1 and galectin-9, respectively) on CT26 tumor (Fig. S2). We then treated CT26 tumor-bearing mice with an anti–Tim-3 antibody, which was previously described...
to have blocking function in vivo (Monney et al., 2002), anti–PD-L1 antibody, anti–Tim-3 plus anti–PD-L1 antibodies, or control immunoglobulins. We found that treatment with anti–Tim-3 alone had little or no effect and treatment with anti–PD-L1 alone showed a trend toward delayed tumor growth, but this varied between experiments and did not reach statistical significance (Fig. 5). However, combined treatment with anti–Tim-3 and anti–PD-L1 resulted in a dramatic reduction in tumor growth, with 50% of the mice exhibiting complete tumor regression. Indeed, the mice from the combined anti–Tim-3 plus anti–PD-L1 group that exhibited complete regression remained tumor free even after rechallenge (unpublished data). Because CT26 tumor expresses PD-L1 but not Tim-3 (Fig. S2), we controlled for the possibility that anti–PD-L1 antibody could have direct inhibitory effects on tumor growth. We cultured CT26 tumor in the presence of anti–PD-L1 or control immunoglobulin and found that tumor proliferation was not affected (Fig. S3). We have also tested the effect of anti–Tim-3 plus anti–PD-L1 treatment in mice bearing B16 melanoma and found that mice receiving the combined treatment exhibit enhanced survival relative to control immunoglobulin, anti–Tim-3, or anti–PD-L1–treated mice (unpublished data).

To address directly whether treatment with anti–Tim-3 plus anti–PD-L1 indeed restores TILs function, we isolated TILs from mice bearing CT26 tumor and cultured them in the presence of anti–Tim-3, anti–PD-L1, anti–Tim-3 plus anti–PD-L1 antibodies, or control immunoglobulins (Fig. 6). We found that although both anti–Tim-3 and anti–PD-L1 alone were able to augment IFN-γ production from TILs, this effect was variable and often weaker when compared with the increase in IFN-γ production observed in TILs treated with both anti–Tim-3 and anti–PD-L1 antibodies. Indeed, these data parallel closely what we have seen in our in vivo treatment experiments, where anti–Tim-3 or anti–PD-L1 alone has a limited and/or variable effect on tumor growth (Fig. 5). We have also examined the effect of anti–Tim-3 plus anti–PD-L1 treatment on peripheral T cell responses from tumor-bearing mice and found that, similar to the effects observed on TILs, both anti–Tim-3 and anti–PD-L1 alone had a variable and often weaker effect on IFN-γ production relative to the effect of anti–Tim-3 plus anti–PD-L1 (Fig. S4). Collectively, our data support that combined targeting of the Tim-3 and PD-1 signaling pathways is highly effective in restoring anti-tumor immunity.

**DISCUSSION**

In this paper, we have examined the expression of the inhibitory receptors Tim-3 and PD-1 on TILs in mice bearing solid tumors and found that CD8+ TILs that coexpress Tim-3 and PD-1 not only represent the most abundant TIL population in multiple solid tumors but also represent the most dysfunctional or exhausted population of TILs. We further show that single targeting of the Tim-3 and PD-1 pathways has variable effects on tumor growth, whereas combined targeting of these pathways is highly effective in controlling tumor growth and restoring T cell production of IFN-γ. Similarly, a recent study has found that simultaneous targeting of the Tim-3 and PD-1 pathways also rescues CD8+ T cells from exhaustion in a model of chronic infection (Takamura et al., 2010). Together, these findings support combined targeting of the Tim-3 and PD-1 pathways as an effective treatment not only for cancer but also for other chronic immune conditions where T cell exhaustion is known to occur.

Until recently, PD-1 has been the primary marker for exhausted T cells. However, our data show that PD-1 single-positive TILs likely include bona fide effector T cells that produce IFN-γ, as this population contains the highest frequency of IFN-γ–producing cells, even higher than the PD-1+ Tim-3+ TILs (Fig. 3 A). Thus, our data suggest that PD-1 is an imperfect marker of exhaustion and that coexpression of Tim-3 clearly marks the T cells with the most exhausted phenotype. However, several questions remain. It is known that triggering of Tim-3 can transmit a death signal into T cells. How then do Tim-3+PD-1+ exhausted T cells persist in chronic conditions? One possibility is that differential levels of Tim-3 expression drive different functional outcomes; i.e., high levels of Tim-3 promote T cell death whereas low levels of Tim-3 transmit an inhibitory signal that allows for cells to escape death and persist in a dysfunctional state. In this regard, we have observed the presence of Tim-3low cells in both the CD4 and CD8 compartments in the periphery of tumor-bearing mice (Fig. S1). It will be intriguing to determine if these T cells are in a different state of effector function compared with Tim-3high cells. A second possibility is that coexpression of PD-1 and/or other inhibitory molecules, such as LAG-3, is responsible for preserving cells with exhausted phenotype. Lastly, the decision between exhaustion and
death could be regulated at the level of availability of the Tim-3 ligand galectin-9. In this regard, it still remains to be demonstrated whether development of exhaustion in TILs is dependent on galectin-9 expression on the tumor itself or whether it starts in the periphery and the exhausted phenotype is further amplified by an interaction of Tim-3–Galectin-9 in the tumor.

Aside from the chronicity of disease, little is known about the factors involved in inducing and/or maintaining exhaustion in T cells with the exception of the recent implication of the transcription factor Blimp-1 in promoting exhausted phenotype in CD8+ T cells during chronic LCMV infection (Shin et al., 2009). Our identification of Tim-3–PD-1+ cells as the truly exhausted T cells in chronic conditions will facilitate the examination of the gene programs that drive/maintain exhausted phenotype. A thorough understanding of the signaling pathways downstream of Tim-3 and PD-1 will be an important first step toward identifying molecular mediators of exhaustion.

We have also observed Tim-3 and PD-1 coexpression on CD4+ TILs; however, whether these cells are effector cells, regulatory cells, or exhibit an exhausted phenotype is not known. Whether these cells have an impact on the development of exhaustion in the CD8+ cells is also not known. In spite of all these considerations, one thing is clear: the Tim-3–Tim-3L pathway and PD-1–PD-L pathways, two pathways which likely evolved to limit tissue pathology after infection, have been co-opted in chronic disease states to promote a state of functional impairment in T cells.

MATERIALS AND METHODS
Animals. 6–8-wk-old female BALB/c or C57BL/6 (The Jackson Laboratory) mice were used in all experiments. All experiments performed under animal experimentation protocol #04555, which was approved by the Harvard Medical Area Standing Committee on animals.

Isolation of TILs. TILs were isolated by dissociating tumor tissue in the presence of 1 µg/ml of anti-CD3 for 48 h. Cells were then stained with antibodies against CD8, Tim-3, and PD-1 before fixation and permeabilization. Permeabilized cells were then stained for IL-2 (JES6-5H4), TNF (MP6-XT22), and IFN-γ (XM1G1.2). All data were collected on an LSRII (BD) and analyzed with FlowJo software (Tree Star, Inc.).

Flow cytometry. Single cell suspensions were stained with antibodies against CD4 (RM4-5), CD8 (53–6.7), PD-1 (RMP1-30), CD44 (IM7), CD62L (MEL-14; BioLegend), and Tim-3 (8B.2C12; eBioscience). 7AAD was used to exclude dead cells. For intracytoplasmic cytokine staining, cells were stimulated in vitro with 50 ng/ml PMA and 1 µg/ml ionomycin for 3 h in the presence of Golgi plug (BD). Cells were then harvested and stained with CD8, Tim-3, and PD-1 before fixation and permeabilization. Permeabilized cells were then stained for IL-2 (JES6-5H4), TNF (MP6-XT22), and IFN-γ (XM1G1.2). All data were collected on an LSRII (BD) and analyzed with FlowJo software (Tree Star, Inc.).

Ki67 and TO-PRO-3 staining. TILs were harvested and cultured in vitro in the presence of 1 µg/ml of anti-CD3 for 48 h. Cells were then stained with antibodies against CD8, PD-1, and Tim-3 (8B.2C12) before permeabilization and staining with antibody against Ki-67 (BioLegend) and with TO-PRO-3 iodide (Invitrogen). All data were collected on an LSRII and analyzed with FlowJo software.

Tumor experiments. 5 × 10^5 CT26 were implanted into the right flank of wild-type BALB/c mice. Mice were treated with 100 µg of anti–Tim-3 (clone 8B.2C12) i.p. on days 0, 2, and 4, 200 µg of anti–PD-L1 (clone 10F.9G2) on days 0, 3, 6, 9, and 12, or isotype control immunoglobulins (Rat IgG1 and RatIgG2b). Tumor surface was measured in two dimensions using a caliper.

In vitro experiments. TILs were harvested as described and cultured (1–3 × 10^5/well) in the presence of 5 µg/ml of soluble anti-CD3 and 10 µg/ml of anti–Tim-3 (clone 8B.2C12), anti–PD-L1 (clone 10F.9G2), anti–Tim-3 plus anti–PD-L1, or control immunoglobulins (rat IgG1 and rat IgG2b). After 96 h, culture supernatant was collected and IFN-γ measured by cytometric bead array (BD).

Online supplemental material. Fig. S1 shows the Tim-3 and PD-1 expression on CD8 and CD4 cells in the spleen of tumor-bearing mice. Fig. S2 shows the expression of PD-L1, Tim-3, and Galectin-9 on CT26 tumor cells. Fig. S3 shows the effects of anti–PD-L1 antibody on the growth of CT26 tumor in vitro. Fig. S4 shows the effect of in vivo targeting of the Tim-3 and PD-1 signaling pathways in tumor-bearing mice on peripheral T cell responses. Online supplemental material is available at http://www.jem.org/cgi/content/full/jem.20100637/DC1.

The authors would like to acknowledge Rucha Chandwaskar for technical assistance and Dr. G. Freeman for the provision of anti–PD-1 antibody.

This work was supported by grants from the National Institutes of Health (V.K. Kuchroo: AI07348, AI056299, NS053803, NS045937, NS030843; A.C. Anderson: NS504906; B.R. Blazer: CA72669, HL56067, AI056299), the National Multiple Sclerosis Society (V.K. Kuchroo), the Juvenile Diabetes Research Foundation Center for Immunological Tolerance at Harvard (V.K. Kuchroo), the European Molecular Biology Organization (L. Aeppli), an Innovation Award from the Ragon Institute of the Massachusetts Institute of Technology, Massachusetts General Hospital and Harvard (V.K. Kuchroo), and an award form the Sarkyo Foundation of Life Science (K. Sakuishi). V.K. Kuchroo is a recipient of the Javits Neuroscience Investigator Award from the National Institutes of Health.

The authors declare no competing financial interests.

Submitted: 1 April 2010
Accepted: 3 August 2010

REFERENCES


