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# Self-assembled, adjuvant/antigen-based nanovaccine mediates anti-tumor immune response against melanoma tumor

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**Abstract:** Malignant melanoma is a highly aggressive type of cancer that requires radical treatment strategies to inhibit the cancer cell progression and metastasis. In recent years, preclinical research and clinical trials on melanoma treatment are considerably focused on the adjuvant-based immunotherapy for enhancing the immune response of innate immune cells against cancer cells. However, the clinical outcome of these adjuvant-based treatments are inadequate due to improper delivery system for these immune activators to reach the target site. Hence, we developed a vaccine formulation containing tumor lysate protein (TL) and poly I:C (PIC) complexed with positively charged poly (sorbitol-co-polyethylenimine (PEI)(PSPEI). The resulting ionic PSPEI-polyplexed antigen/adjuvant (PAA) (PSPEI-PAA) nanocomplexes were stable at the physiological condition, non-toxic and enhanced intracellular uptake in immature dendritic cells. In murine B16F10 tumor xenograft model, PSPEI-PAA nanocomplexes significantly suppressed tumor growth and did not exhibit any noticeable sign of toxicity. Additionally, the cytotoxic T lymphocytes (CTLs) assay involving co-culturing of splenocytes isolated from the PSPEI-PAA-treated mice with that of B16F10 cells significantly revealed enhanced cancer killing by the TL-reactivated CTLs compared to untreated control mice bearing tumor. Therefore, we strongly believe that PSPEI-PAA nanocomplexes could be an efficient antigen/adjuvant delivery system and also enhance the antitumor immune response against melanoma tumor in the future clinical trials.

**Keywords:** poly I:C, adjuvant, antigen, melanoma, polyethylenimine, immunotherapy

## 1. Introduction

According to the 2018 cancer statistics by American Cancer Society, the overall estimated new cases and death rate in melanoma accounts for 5.2% of the total cancer cases [1]. In the current clinical trials, cancer immunotherapy has been rapidly evolving strategy for the treatment of late stage melanoma cancer [2-4]. The immunotherapy based treatment strategies such as blocking immune checkpoints using PDL-1, PD-1 or CTLA-4 antibodies, adoptive T cell transfers, adjuvants-antigen based vaccine, and dendritic cell-based therapy have the great potential in enhancing anti-tumor immune responses specifically against the

cancer cells [5-7]. Although the recent preclinical studies were more focused on the activation of innate immunity using antigen and adjuvants against the cancer [8-10], antigen/adjuvant based immunotherapy has provided more specific killing of tumor cells, reduced side effects and prevented tumor recursion [11,12]. However, the major challenge to antigen/adjuvant based vaccines are limited accumulation of the administered vaccine in the lymph node, their reduced uptake by the antigen presenting cells and poor immunogenicity [13]. Hence, efficient delivery system becomes essential for transporting antigen/adjuvant agents to target site in order to enhance the anti-cancer immune response and provide better anti-cancer effect.

Nanoparticle based immunotherapy has emerged side by side along with the development and discovery of novel adjuvants and antigens [14]. Nanovaccines are exceedingly capable of initiating antitumor immune response, thereby preventing cancer cell evasion as well as metastasis [15]. Here, the co-delivery of antigen and adjuvants in the nanoparticle form promoted maturation and activation of antigen presenting cells, which in turn led to activation of T lymphocytes for killing of cancer cells [16,17]. The activated T lymphocytes could differentiated further into memory T cells for withholding the proliferation and metastasis of cancer cells to the other organ sites [18]. By utilizing polymeric nanoparticles, proper packaging of the antigenic proteins and adjuvants can be achieved more efficiently for successful delivery to antigen presenting cells like dendritic cells [14,19]. Effective delivery of antigen/adjuvant by the nanoparticles has enhanced the maturation of antigen presenting cells and thus further improved the anti-cancer immune response against cancer cells [14,19]. Polysorbitol based transporters are osmotically active gene transporters used for delivering genes to the cancer cells. Recently Firdous J et al. has also tried to use PSPEI polymer polyplexed with respiratory syncytial virus glycoprotein (RGp) antigen for long term immunity [20,21].

Among all the adjuvant compounds, Toll-like receptors (TLRs) agonists like poly I:C and imiquimod have been studied widely due to its potential ability to boost anti-tumor immune response in cancer immunotherapy [22,23]. Synthetic double-stranded RNA poly I:C (PIC), an TLR-3 agonist, has been known to exhibit anti-cancer activity and activate the pathway responsible for the expression of pro-inflammatory cytokine type I IFN $\alpha$  as well [24-26]. Apart from that, PIC acts as potent DC maturation agent and induces Th1 immune response against antigen specific to the cancer cells [27,28]. For antigen based anti-cancer immune response, novel synthetics peptides and melanoma associated antigens have been simply used for activating cytotoxic T cells (CTLs) to kills cancers [29-31]. However, it has been well known that the use of tumor protein lysate facilitates more robust immune response against multiple unique antigenic determinants in tumors and reduces the immune escape of cancer cells [32]. In the current study, we formulated nanocomplexes by using PSPEI polymer polyplexed with PIC and lysate protein (PSPEI-PAA) from B16F10 cancer cell line for the antigen/adjuvant based immunotherapy against melanoma tumor model.

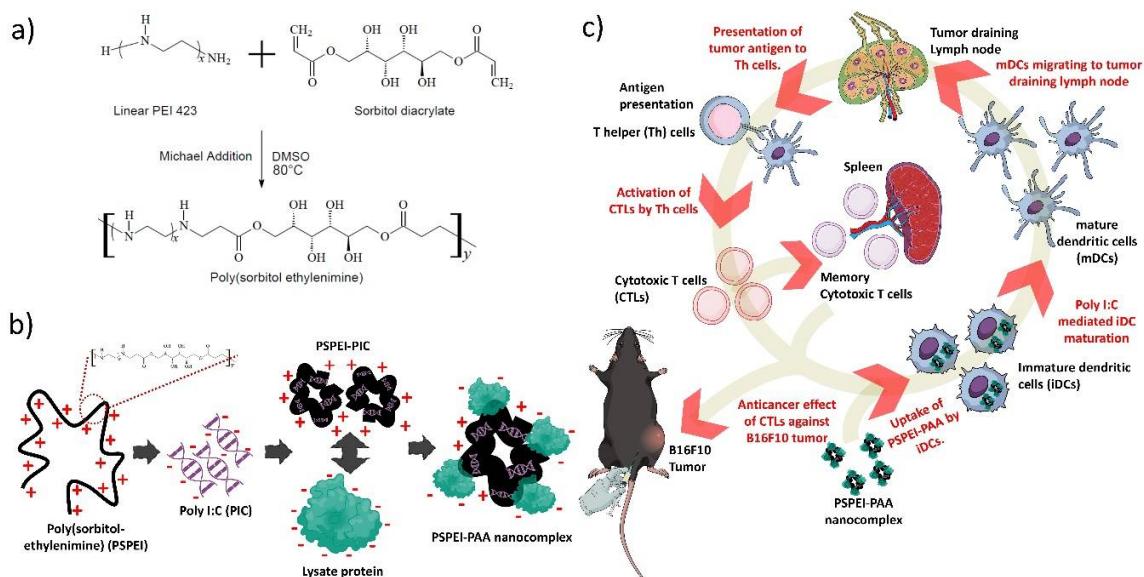


Figure 1: PSPEI-PAA nano-vaccine mediates anti-tumor immune response against melanoma tumor. a) Schematic representation of PSPEI synthesized by Michael addition method, b) pictorial representation of formulation of PSPEI-PAA nanocomplex using PSPEI polymer complexed with poly I:C and lysate protein in sequential manner, and c) PSPEI-PAA administration in B16F10 tumor via peritumoral route initiates the antitumor immune response by maturing dendritic cells and in turn activating the cytotoxic T cells through T helper (Th) cells. The activated CTL kills the tumor and also differentiates into memory cytotoxic T cells. Memory cytotoxic T cells will reside in the spleen and any future encounter with tumor antigen will lead to antitumor immune response.

## 2. Materials and Methods

## 2.1. Materials

Poly I:C, Ovalbumin (OVA), and linear PEI 423 MW were purchased from Sigma Aldrich (Missouri, United States). Sorbitol diacrylate (SDA) was bought from Monomer-Polymer & Dajac Labs (Trevose, PA, USA). GM-CSF, IL-4 recombinant protein and all the fluorescent labelled antibodies for flow cytometry was obtained from Thermo Fisher Scientific Korea Ltd (Seoul, South Korea).

## 2.2. Synthesis of PSPEI

As per the previous reference [33], the synthesis of PSPEI was performed by Michael addition reaction. Briefly, linear PEI (MW 423) and SDA (MW 290.27) were dissolved in DMSO separately and later while stirring, SDA was slowly added to PEI solution at a 1:1 molar ratio. With continuous stirring, the mixture was incubated at 80 °C for 24 h. The product was dialyzed and lyophilized for further use.

### 2.3. Tumor cell lysate

$1 \times 10^8$  B16F10 cells were trypsinized and washed with phosphate-buffered saline (PBS) buffer. Four cycles of freeze-thaw method were followed using liquid N<sub>2</sub> and 37°C water bath. After a brief sonication, complete cell death was confirmed using trypan blue staining and later centrifuged at 10000 RPM for 10

min to obtain the protein lysate. The protein lysate was filtered through 70-mm Falcon filter. The protein lysate was lyophilized and stored as powder in 4°C.

#### 2.4. Formulation of PSPEI complexed PIC and TCL (PSPEI-PAA)

All the components were dissolved in PBS (pH 7.4). First, the PSPEI-PIC polyplex were prepared by mixing PSPEI and PIC at appropriate ratio (50:1) and incubating for 15 min. Later, different amount of lysate protein and polyplex was mixed and incubated for 15 min.

#### 2.5. Characterization of PSPEI-PAA.

The size and zeta potential of the PSPEI-PAA nanocomplex was measured in Zetasizer Nano ZS (Malvern). The condensation of PIC by PSPEI was assessed by running the samples in 1% agarose gel electrophoresis and red fast staining was performed in order to visualized under a gel documentation system.

#### 2.5. Isolation of Bone Marrow derived Dendritic Cells (BMDCs)

Bone marrow cells are harvested from the 8 weeks old mice's femur and tibia bone and cultured in complete dendritic cell (DC) media containing RPMI 1640 media along with 10%FBS/1% antibiotic, 10 ng/ml GM-CSF, and 10 ng/ml IL-4. Media change were done on 3rd and 6th day and finally on 7th day, immature dendritic cells were obtained and confirmed with flow cytometry using CD11c, MHCII, and CD80 antibodies.

#### 2.6. In Vitro Cell Viability Assay using MTS reagent.

*In vitro* cell cytotoxicity in the RAW264.7 cell line and in DC2.4 cell lines was evaluated by MTS cell viability kit.  $1 \times 10^4$  cells/well were seeded onto 96-well plate and incubated overnight in the culture medium. The medium was replaced with samples in 100  $\mu$ L of RPMI 1640 medium and incubated for 24 h and cell viability was assessed by addition of MTS reagent and absorbance reading was taken at 490 nm after 4 h. Similarly, for the BMDCs, cells treated with samples at different weight ratios were incubated for 24 h, and the cell viability was evaluated similarly as previously described method.

#### 2.7 Confocal microscope imaging

To determine the intracellular internalization of PSPEI-PAA nanocomplex, OVA albumin-FITC was used a model antigen in the PSPEI-PAA nanocomplex. iDCs cells were seeded at  $1 \times 10^4$  cells per well in Lab-Tek® Chamber Slides and incubated overnight at 37°C and 5% CO<sub>2</sub>. PSPEI-PAA nanocomplex at different weight ratios in OPTI-MEM® were incubated with the cells for 4 h, and after a brief wash with 1X PBS, the cells were incubated with 4% PFA. Nuclear staining was performed using DAPI in gold anti-fade reagent. The fluorescence in the cells were visualized using confocal laser scanning microscope (CLSM).

#### 2.8. Fluorescence-activated cell sorter (FACS) analysis

$1 \times 10^6$  BMDCs were cultured overnight in 6 well plate containing complete dendritic cell media in 5% CO<sub>2</sub> incubator at 37°C. Then, PSPEI-PAA at different weight ratio were prepared in serum free media. The treatment period was 4 hours and after that cells were washed in PBS twice and stained with CD11c-APC antibody for 30 min. Later, the cells were fixed with 1 % formaldehyde for 15 min. Flow cytometry analysis was performed in BD FACSCalibur. The data was analyzed and plot using winMDI 2.8 software.

### 2.9. B1610 tumor model, animal grouping and immunization

According to the institutional guidelines of the Chonnam National University Medical School and Chonnam National University Hospital (CNU IACUC-H-2015-47), South Korea, all experiments involving live animals were performed. Female BALB/c nude mice (6-8 weeks old) were purchased from Orient Bio Inc., Seongnam-si, South Korea.  $5 \times 10^5$  B16F10 cells were subcutaneously injected into the right flank of the mice and later mice bearing 100 mm tumor volume were used for anti-tumor studies. Here, the tumor volume = (tumor length)  $\times$  (tumor width) $^2$  /2. For immunization, mice were randomly divided into five groups (n=6). Samples were injected peritumoral consequently for 4 days, with PBS alone as control.

### 2.10. Splenocyte proliferation assay

Splenocytes were isolated from the spleen excised from the treatment mice using cell strainer. The cells were cultured in IL-2 (25 IU/ml) and B16F10 cell lysate protein (1  $\mu$ g/ml) for 3 days. Before the co-culture, B16F10 cells seeded ( $1 \times 10^4$  cells/well) in 96 well plate were treated with 30  $\mu$ g/ml of mitomycin C for 3 h. After a brief wash, the splenocytes were added to B16F10 cells at 25:1, 50:1 and 100:1 ratio and incubated for 6 hrs at 37°C in CO<sub>2</sub> incubator. LDH assay was performed using the supernatant obtained from each treatment.

### 2.11. Statistical Analysis

Statistical analyses were performed using GraphPad Prism 5. Graphical data are expressed as the average mean  $\pm$  SEM (standard error of the mean). Two-way ANOVA was used to compare different treatment groups. Differences were considered significant at \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , and \*\*\* $p \leq 0.001$ .

## 3. Results

### 3.1. Physiochemical characterization of polysorbitol-polyethylenimine (PSPEI) complexed with poly I:C (PIC) and tumor lysate (TL) (PSPEI-PAA) nanocomplex.

As shown in Figure 1a, PSPEI polymer was synthesized by Micheal addition reaction between SDA and LMW PEI. A <sup>1</sup>H NMR spectrum with the corresponding proton groups of PEI and PSPEI was shown in Figure 2a. The distinct peaks of protons were visible in the NMR spectra of PEI and PSPEI and the characteristic proton groups of the PSPEI have been assigned. As shown in the Figure 2a, the proton peaks of SDA ranged from 3.4-4.1 ppm appeared after the synthesis of PSPEI confirming the successful reaction between sorbitol and the amine groups of PEI. Polysorbitol-co-polyethylenimine polymer are efficient gene carriers due their positive surface charge enabling them to condense plasmid DNA and siRNA more efficiently [33,34]. Hence, we assessed the condensation of PIC with PSPEI polymer through gel retardation assay. In Figure 2b, the complete condensation of PIC with PSPEI was clearly noticed at the PSPEI:PIC ratio higher than 20:1 (w/w). Schaffert et al., has previously shown that the linear PEI are more efficient in condensing PIC as well as superior delivery efficiency compared to branched PEI [35]. Since, the PSPEI/PIC polyplex has still retained positive surface, we was further complexed it protein lysate at different weight ratio. The cell lysate protein isolated from B16F10 cells through heat shock method has mostly negative surface at pH7.4. As the amount of lysate protein increased, the size of the PSPEI-PAA complex has been increased with reduction in zeta potential, respectively (Figure 2c). Therefore, it suggests that PSPEI/PIC polyplex positive surface charge was compromised with binding of negatively charged lysate protein. Syga et al., has previously shown that albumin protein and plasmid DNA added sequentially to the PEI polymer

has compact and stable polyion complex as well as improved unpacking of the cargo inside the cells [36]. Hence, we prepared this PSPEI-PAA nanocomplex through sequentially mixing process for better stability of the nanocomplex and efficient delivery of the antigen/adjuvant inside the immune cells.

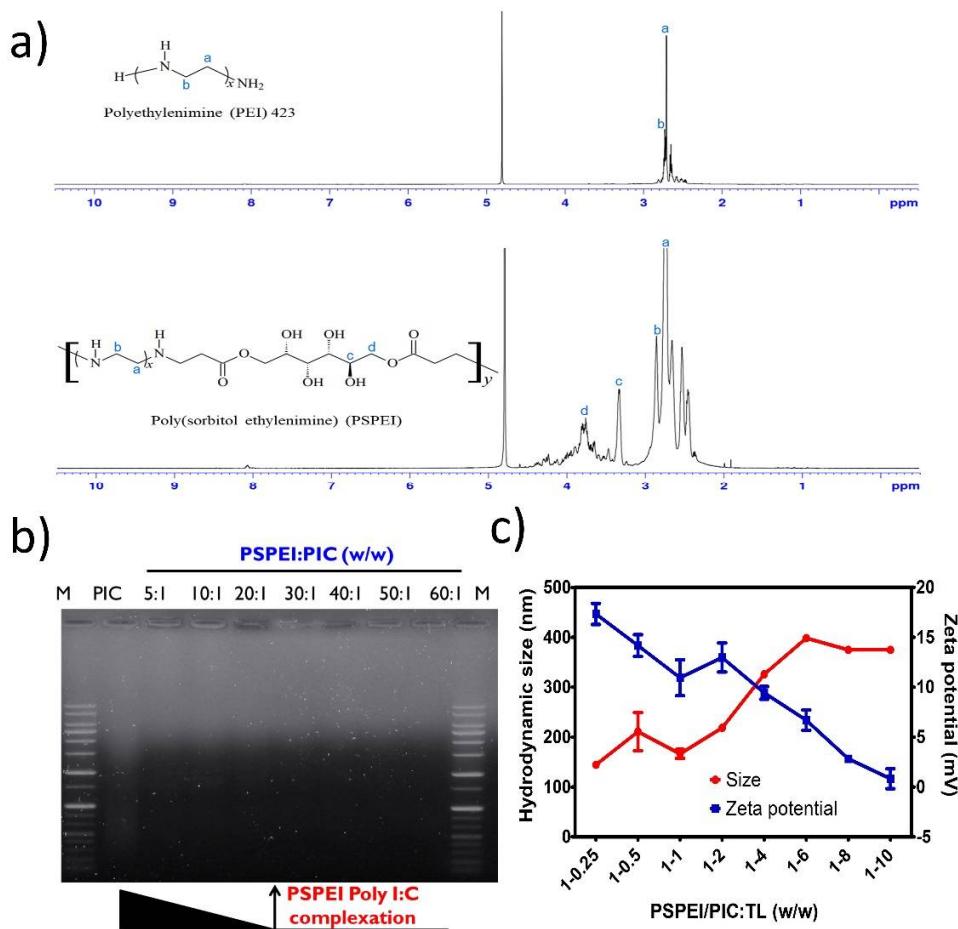


Figure 2: Characterization of PSPEI-PIC-TL nanocomplex. a)  $^1\text{H}$  NMR of PEI435 and PSPEI, b) gel retardation assay of PSPEI complexed with PIC at different weight ratio, c) hydrodynamic size and zeta potential of PSPEI-PIC-TL nanocomplex at different weight ratios of PSPEI/PIC to TL.

### 3.2. Viability of immune cells treated with PSPEI-PAA nanocomplex.

The cell viability of immune cells treated with PSPEI polymer and the PSPEI-PAA nanocomplex was assessed by MTS assay. Initially, the cytotoxicity assessment of PSPEI polymer alone was analyzed in the immune cell line. In Figure 3a, RAW264.7 macrophage cell line and DC2.4 dendritic cell line showed no significant toxicity after treatment with PSPEI polymer for up to 50  $\mu\text{g}/\text{ml}$  concentration. Later, the cell viability of the PSPEI-PAA nanocomplex was examined in the immature bone marrow derived dendritic cells (BMDCs). Here, the cells were treated with different weight ratio of PSPEI-PAA nanocomplex

exhibited no sign of toxicity as shown in Figure 3b. As controls, PSPEI/PIC polyplex and lysate protein were used and they also did not show any cytotoxic effect over the dendritic cells.

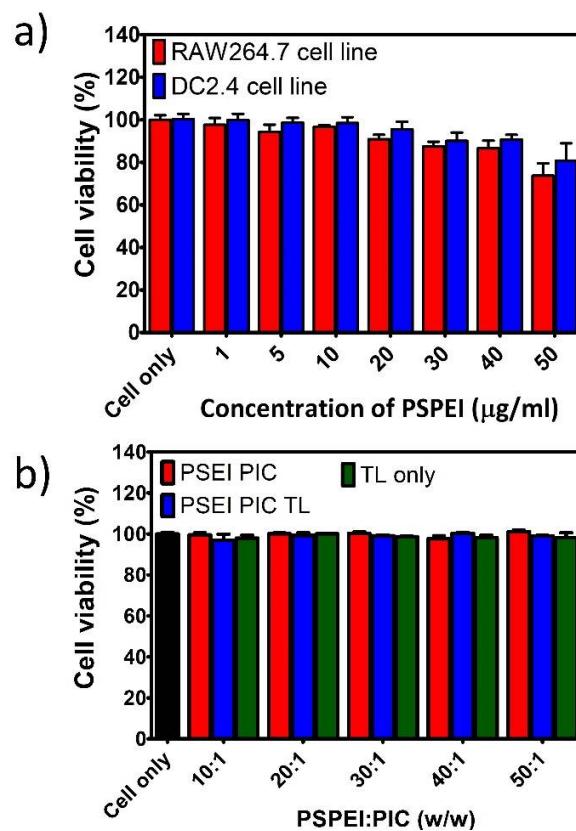


Figure 3: Cell viability of immune cells treated with PSPEI-PAA nanocomplex for 24 hrs. a) Viability of RAW264.7 and DC2.4 cell line treated with PSPEI at different concentration and b) viability of immature dendritic cells treated with PSPEI-PAA nanocomplex at different weight ratios of PSPEI and PIC. (n=4, SEM)

### 3.3. Intracellular uptake of PSPEI-PAA nanocomplex in immature dendritic cells.

Before the assessment of intracellular uptake of PSPEI-PAA in immature BMDCs, OVA-FITC was prepared by conjugating amine group of OVA with isothiocynate group of FITC and confirmed the FITC content through standard plot using the absorbance of fluorescein (495 nm). Immature BMDCs were treated with PSPEI-PAA containing OVA-FITC as model antigen and imaged under CLSM. As seen in figure 4a, the fluorescence intensity of FITC was found to be enhancing in the BMDCs with increase in PSPEI-PAA nanocomplex concentration, whereas the antigen alone showed less fluorescent intensity in the BMDCs. The fluorescence intensity of BMDCs treated with PSEI-PAA 50 (50:1 w/w, PSPEI:PIC) were higher than that of OVA 50. Through FACS analysis, it was confirmed that PSPEI-PAA has shown enhanced intracellular uptake in the BMDCs with respect to increase in the concentration, whereas OVA-FITC alone did not show any significant increase in the intracellular uptake (Figure 4b). This signifies that PSPEI-PAA nanocomplex enhances the intracellular uptake of antigen in the BMDCs compared to antigen alone.

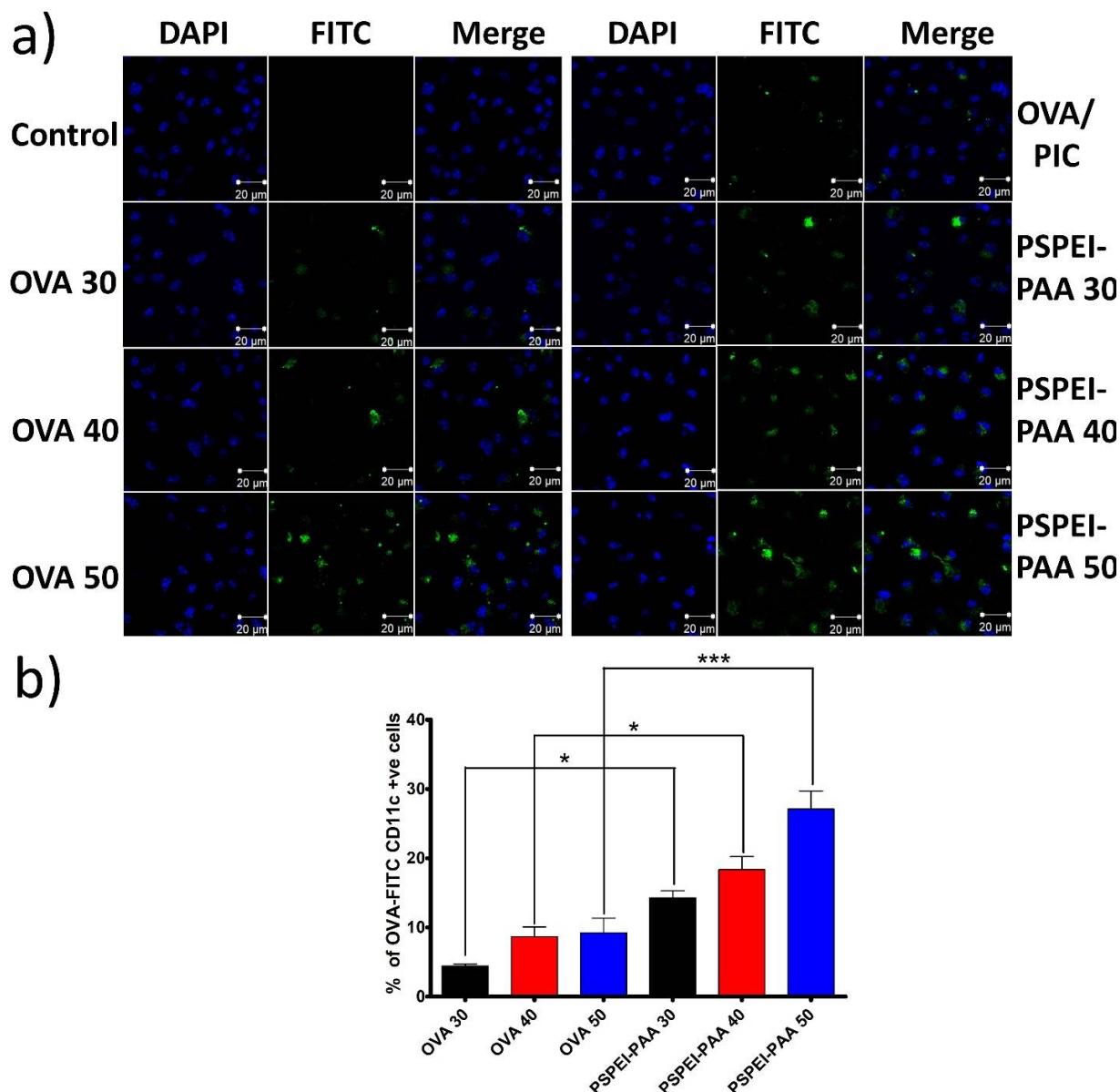


Figure 4: Intracellular uptake of PSPEI-PAA nanocomplex in immature BMDCs. a) CLSM image of immature BMDCs treated with PSPEI-PAA containing FITC labelled OVA, b) flow cytometry analysis of CD11c<sup>+</sup> BMDCs internalized with OVA-FITC in PSPEI-PAA. (n=4, SEM, \*p ≤ 0.05, and \*\*\*p ≤ 0.001)

### 3.6. Antitumor activity of PSPEI-PAA nanocomplex in B16F10 tumor model.

B16F10 subcutaenous tumor model was developed and samples were injected by peri tumorally. The tumor mice were vaccinated for the initial four consecutive days and tumor volume was measured simultaneously for two weeks from the day of first treatment. In figure 5a, shows that the tumor volume of PSPEI-PAA was significantly decreased than that of PBS control or PSPEI/PIC polyplex. Although, the protein lysate mixed with PIC also showed reduced tumor volume, it was not as significant as the PSPEI-PAA treatment

group. The treatment for all the groups showed no effect over the body weight of the mice (figure 5b). This signifies the PSPEI-PAA has no side effects on the mice.

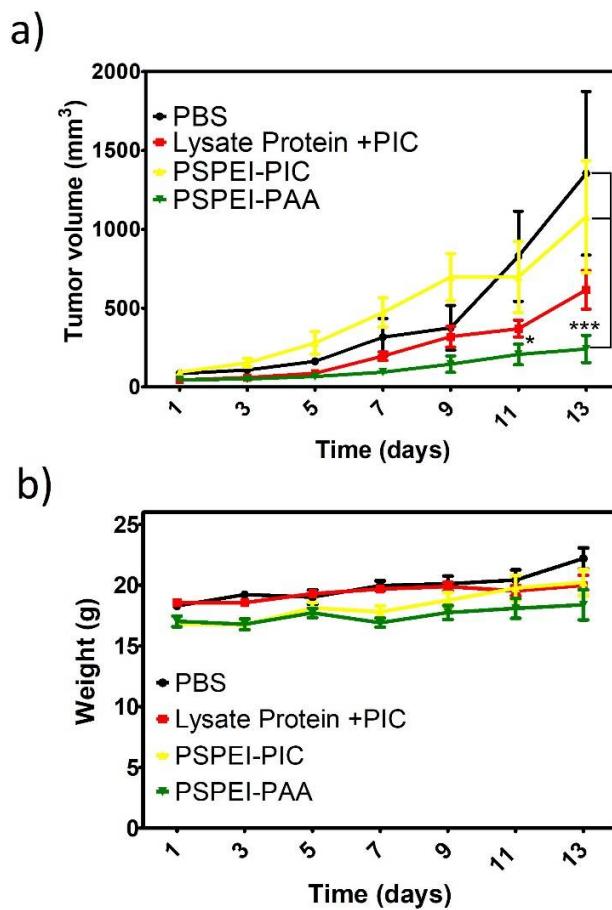


Figure 5: Antitumor effect of PSPEI-PSPEI-PAA in B16F10 tumor model. a) Tumor volume, and b) body weight of the treatment B16F10 tumor mice. (n=4, SEM, \*p≤0.05, and \*\*\*p≤0.001)

### 3.5. Antitumor immune response of PSPEI-PAA nanocomplex in B16F10 tumor model.

Splenocytes were isolated from the spleen obtained from the treatment groups and were cocultured with B16F10 cells for 6 hrs and LDH assay was performed to assess the cell mediated cytotoxicity. In figure 6 shows that the PSPEI-PAA showed enhanced lysis of the B16F10 cells compared to the controls. This signifies that cytotoxic T cells in the splenocytes population in the PSPEI-PAA were showing more killing effect more towards B16F10 cells and also responsible for the anti-tumor immune response in the tumor mice.

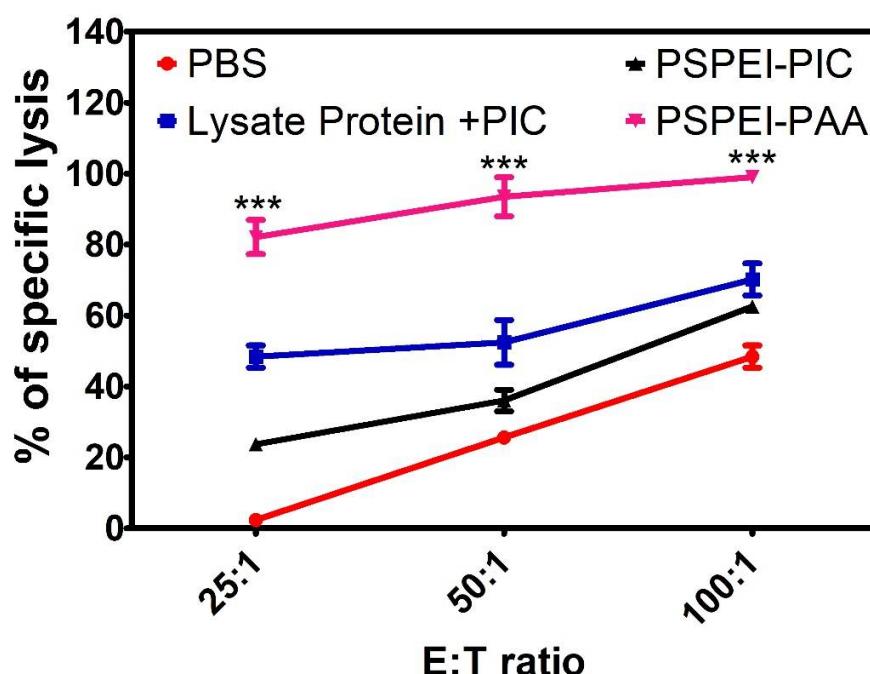


Figure 6: LDH assay of splenocytes cocultured with Mitomycin C treated B16F10 cancer cells. (n=4, SEM, \*\*\*p≤0.001)

#### 4. Discussion

For the immunotherapy against melanoma, nanoparticles based immunomodulatory agent have been designed and engineered for antigen-specific immune responses acting against melanoma tumor. According to the previous study [33], polysorbitol-co-polyethylenimine (PSPEI) polymer was synthesized by Michael-addition reaction between SDA and LMW PEI (MW 423) [37]. Due to the highly positively charge, PSPEI has condensed PIC more efficiently and it was confirmed through gel retardation assay that PSPEI formed stable complex with PIC at 20:1 (w/w) (Figure 2b). Later, PSPEI-PIC polyplex was complexed with lysate protein at different weight ratios and it was observed that the PSPEI-PIC polyplex hydrodynamic size has increased proportionally with the addition of protein lysate and also the surface charge of the PSPEI-PIC polyplex has reduced with increase in protein lysate concentration (Figure 2c). Generally, polyethylenimine based nanoparticle tends to aggregate with the protein molecules and form a large size [38]. Similarly, here the negatively charged lysate protein in excess amount has attributed to aggregation and reduced surface charge of the PSPEI-PAA nanocomplex, hence optimal ratio at 1:1 (w/w) was considered for the further experiment. Cationic polymeric nanoparticles are the promising carriers for delivering biomacromolecules such as DNA, proteins or the combination of both to the target site, since it can load multi-cargo through electrostatic interaction and carry them to the target site more efficiently [39]. Therefore, PSPEI-PAA nanocomplex was further studied to understand its effect over the immune cells required for inducing anti-cancer immune response.

Commonly, branched PEI (bPEI) are considered to be highly toxic to the cells due to its high positive charge density [40]. However, the PSPEI polymer has been prepared using LMW linear PEI and also has comparatively lower surface charge than bPEI, hence it could assumed that cytotoxic effect over the immune cells could be minimal. Henceforth, macrophage RAW264.7 and dendritic DC2.4 cell lines were

treated with PSPEI polymer at different concentration. Ki-Hyun Cho et al., has shown that PSPEI polyplex had reduced cytotoxicity compared to bPEI, because PSPEI polymer are biodegradable whereas bPEI are non-biodegradable polymers [33]. In Figure 3a, in both cell lines, PSPEI polymer displayed no sign of reduction in the cell viability. Also, immature BMDCs treated with PSPEI-PAA nanocomplex at different ratios were highly viable and represented no significant toxicity (Figure 3b). Therefore, PSPEI-PAA nanocomplex can be acknowledged as safe vaccine to be administered for *in vitro* and *in vivo* method.

Dendritic cells have the natural ability to uptake foreign antigen especially in form of proteins, although DCs are in immature state in cancer tumor microenvironment and thus lacks ability to uptake antigen more efficiently. Hence, the intracellular uptake of PSPEI-PAA nanocomplex was analyzed in immature dendritic cells (iDCs) (Figure 4a). Compared to OVA-FITC, PSPEI-PAA has shown enhanced intracellular uptake and it can be recognized through the fluorescent intensity of PSPEI-PAA treated iDCs at 20:1 (w/w) which was higher than that of OVA-FITC. The osmotically active part of PSPEI and cationic surface charge of PSPEI-PAA has supported in the enhanced intracellular uptake in iDCs [37]. Through flow cytometry analysis, it was confirmed that the percentage of OVA-FITC, CD11c<sup>+</sup> iDCs were significantly higher (\*\*P<0.001) in PSPEI-PAA nanocomplex treatment group compared to OVA-FITC treatment alone (Figure 4b).

Then, the PSPEI-PAA was evaluated for antitumor activity in B16F10 tumor model for 14 days. The antitumor response of PSPEI-PAA was enhanced significantly higher than that of PSPEI-A or antigen along with PIC treated tumor mice (Figure 5a). The treatment has showed no side effects based on the body weight change of the treated tumor mice. PSPEI-PAA containing PIC and protein lysate has been uptaken by the antigen presenting cells like dendritic cells and induced antitumor immune response. The antitumor immune response was proved through splenocytes isolated from spleen of treatment tumor mice and later co-cultured with B16F10 cells for 6 hrs. The LDH release from the PSPEI-PAA splenocytes were increased significantly with increase in the ratio between spleenocyte to target cancer cells. PSPEI-PAA administration in B16F10 tumor via peritumoral route initiates the antitumor immune response by maturing dendritic cells and in turn activating the cytotoxic T cells through T helper (Th) cells. The activated CTL kills the tumor and also differentiates into memory cytotoxic T cells [41,42]. Memory cytotoxic T cells will reside in the spleen and any future encounter with tumor antigen will lead to antitumor immune response [42]. From this, it could be assessed that the cytotoxic T cells present in the splenocytes was activated by the lysate protein, thereby leading to the killing of the B16F10 melanoma cancer cells.

## 5. Conclusions

Nanovaccine-based tumor immunotherapy is under rapid stage of development and the approach holds tremendous prospective. Although past studies have harnessed polymeric nanocarriers as vehicles for delivery of chemo drugs and genes, the studies depicting their ability to coordinately delivery tumor antigens and immune stimulatory molecules to DCs are still immature. Hence, we developed self-assembled nanocomplex using polysorbitol-polyethylenimine polymer complexed with lysate protein and poly I:C. The PSPEI-PAA has shown better complexation with nucleotide and protein, enhanced intracellular delivery of cargos and effective anti-cancer immune response against melanoma tumor. Based on the CTL assay, it could be clear that memory T cells were present in the PSPEI-PAA nanocomplex treated tumor mice, which is responsible for the prevention of tumor growth. In general, this approach has generated enhanced positive effects compared to the conventional tumor antigen vaccination, in regards with enhanced augmentation CD4<sup>+</sup> and CD8<sup>+</sup> T-cell responses against the tumor. Overall, the currents results have promised that PSPEI-PAA nanocomplex could be an efficient nano-based vaccine for the future clinical studies.

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## 6. References

1. Siegel, R.L.; Miller, K.D.; Jemal, A. Cancer statistics, 2018. *CA Cancer J Clin* **2018**, *68*, 7-30.
2. Sanlorenzo, M.; Vujic, I.; Posch, C.; Dajee, A.; Yen, A.; Kim, S.; Ashworth, M.; Rosenblum, M.D.; Algazi, A.; Osella-Abate, S., et al. Melanoma immunotherapy. *Cancer Biol Ther* **2014**, *15*, 665-674.
3. Ozao-Choy, J.; Lee, D.J.; Faries, M.B. Melanoma vaccines: Mixed past, promising future. *Surg Clin North Am* **2014**, *94*, 1017-1030, viii.
4. Yushak, M.L.; Chiang, V.L.; Kluger, H.M. Clinical trials in melanoma patients with brain metastases. *Pigment Cell Melanoma Res* **2015**, *28*, 741-743.
5. Goldberg, J.L.; Sondel, P.M. Enhancing cancer immunotherapy via activation of innate immunity. *Semin Oncol* **2015**, *42*, 562-572.
6. Takakura, K.; Kajihara, M.; Ito, Z.; Ohkusa, T.; Gong, J.; Koido, S. Dendritic-tumor fusion cells in cancer immunotherapy. *Discov Med* **2015**, *19*, 169-174.
7. Maus, M.V.; Fraietta, J.A.; Levine, B.L.; Kalos, M.; Zhao, Y.; June, C.H. Adoptive immunotherapy for cancer or viruses. *Annu Rev Immunol* **2014**, *32*, 189-225.
8. Zhang, X.; Kang, Z.; Li, Q.; Zhang, J.; Cheng, S.; Chang, H.; Wang, S.; Cao, S.; Li, T.; Li, J., et al. Antigen-adjuvant effects of icariin in enhancing tumor-specific immunity in mastocytoma-bearing dba/2j mice. *Biomed Pharmacother* **2018**, *99*, 810-816.
9. Seya, T.; Shime, H.; Takeda, Y.; Tatematsu, M.; Takashima, K.; Matsumoto, M. Adjuvant for vaccine immunotherapy of cancer--focusing on toll-like receptor 2 and 3 agonists for safely enhancing antitumor immunity. *Cancer Sci* **2015**, *106*, 1659-1668.
10. Schijns, V.; Tartour, E.; Michalek, J.; Stathopoulos, A.; Dobrovolskiene, N.T.; Strioga, M.M. Immune adjuvants as critical guides directing immunity triggered by therapeutic cancer vaccines. *Cytotherapy* **2014**, *16*, 427-439.
11. Yuan, S.; Shi, C.; Liu, L.; Han, W. Muc1-based recombinant bacillus calmette-guerin vaccines as candidates for breast cancer immunotherapy. *Expert Opin Biol Ther* **2010**, *10*, 1037-1048.
12. O'Hagan, D.T.; Friedland, L.R.; Hanon, E.; Didierlaurent, A.M. Towards an evidence based approach for the development of adjuvanted vaccines. *Curr Opin Immunol* **2017**, *47*, 93-102.
13. Bowen, W.S.; Srivastava, A.K.; Batra, L.; Barsoumian, H.; Shirwan, H. Current challenges for cancer vaccine adjuvant development. *Expert Rev Vaccines* **2018**, *17*, 207-215.

14. Shao, K.; Singha, S.; Clemente-Casares, X.; Tsai, S.; Yang, Y.; Santamaria, P. Nanoparticle-based immunotherapy for cancer. *ACS Nano* **2015**, *9*, 16-30.
15. Zang, X.; Zhao, X.; Hu, H.; Qiao, M.; Deng, Y.; Chen, D. Nanoparticles for tumor immunotherapy. *Eur J Pharm Biopharm* **2017**, *115*, 243-256.
16. Kapadia, C.H.; Perry, J.L.; Tian, S.; Luft, J.C.; DeSimone, J.M. Nanoparticulate immunotherapy for cancer. *J Control Release* **2015**, *219*, 167-180.
17. Song, W.; Musetti, S.N.; Huang, L. Nanomaterials for cancer immunotherapy. *Biomaterials* **2017**, *148*, 16-30.
18. Saleh, T.; Shojaosadati, S.A. Multifunctional nanoparticles for cancer immunotherapy. *Hum Vaccin Immunother* **2016**, *12*, 1863-1875.
19. Fang, R.H.; Kroll, A.V.; Zhang, L. Nanoparticle-based manipulation of antigen-presenting cells for cancer immunotherapy. *Small* **2015**, *11*, 5483-5496.
20. Firdous, J.; Islam, M.A.; Park, S.M.; Cheon, I.S.; Shim, B.S.; Yoon, H.S.; Song, M.; Chang, J.; Choi, Y.J.; Park, Y.M., et al. Induction of long-term immunity against respiratory syncytial virus glycoprotein by an osmotic polymeric nanocarrier. *Acta Biomater* **2014**, *10*, 4606-4617.
21. Nguyen, K.C.; Muthiah, M.; Islam, M.A.; Kalash, R.S.; Cho, C.S.; Park, H.; Lee, I.K.; Kim, H.J.; Park, I.K.; Cho, K.A. Selective transfection with osmotically active sorbitol modified pei nanoparticles for enhanced anti-cancer gene therapy. *Colloids Surf B Biointerfaces* **2014**, *119*, 126-136.
22. Lu, H. Tlr agonists for cancer immunotherapy: Tipping the balance between the immune stimulatory and inhibitory effects. *Front Immunol* **2014**, *5*, 83.
23. Stier, S.; Maletzki, C.; Klier, U.; Linnebacher, M. Combinations of tlr ligands: A promising approach in cancer immunotherapy. *Clin Dev Immunol* **2013**, *2013*, 271246.
24. Ayari, C.; Besancon, M.; Bergeron, A.; LaRue, H.; Bussieres, V.; Fradet, Y. Poly(i:C) potentiates bacillus calmette-guerin immunotherapy for bladder cancer. *Cancer Immunol Immunother* **2016**, *65*, 223-234.
25. Forghani, P.; Waller, E.K. Poly (i: C) modulates the immunosuppressive activity of myeloid-derived suppressor cells in a murine model of breast cancer. *Breast Cancer Res Treat* **2015**, *153*, 21-30.
26. Qu, J.; Hou, Z.; Han, Q.; Zhang, C.; Tian, Z.; Zhang, J. Poly(i:C) exhibits an anti-cancer effect in human gastric adenocarcinoma cells which is dependent on rirs. *Int Immunopharmacol* **2013**, *17*, 814-820.
27. Gupta, S.K.; Yadav, P.K.; Tiwari, A.K.; Gandham, R.K.; Sahoo, A.P. Poly (i:C) enhances the anti-tumor activity of canine parvovirus ns1 protein by inducing a potent anti-tumor immune response. *Tumour Biol* **2016**, *37*, 12089-12102.
28. Salazar, A.M.; Erlich, R.B.; Mark, A.; Bhardwaj, N.; Herberman, R.B. Therapeutic in situ autovaccination against solid cancers with intratumoral poly-iclc: Case report, hypothesis, and clinical trial. *Cancer Immunol Res* **2014**, *2*, 720-724.
29. Pitcovski, J.; Shahar, E.; Aizenshtein, E.; Gorodetsky, R. Melanoma antigens and related immunological markers. *Crit Rev Oncol Hematol* **2017**, *115*, 36-49.
30. Andrews, M.C.; Woods, K.; Cebon, J.; Behren, A. Evolving role of tumor antigens for future melanoma therapies. *Future Oncol* **2014**, *10*, 1457-1468.
31. Pichon, C.; Midoux, P. Mannosylated and histidylated lpr technology for vaccination with tumor antigen mrna. *Methods Mol Biol* **2013**, *969*, 247-274.
32. Liu, L.N.; Shivakumar, R.; Allen, C.; Fratantoni, J.C. Delivery of whole tumor lysate into dendritic cells for cancer vaccination. *Methods Mol Biol* **2008**, *423*, 139-153.

33. Cho, K.-H.; Singh, B.; Maharjan, S.; Jang, Y.; Choi, Y.-J.; Cho, C.-S. Local delivery of ctgf sirna with poly(sorbitol-co-pei) reduces scar contraction in cutaneous wound healing. *Tissue Engineering and Regenerative Medicine* **2017**, *14*, 211-220.
34. Luu, Q.P.; Shin, J.Y.; Kim, Y.K.; Islam, M.A.; Kang, S.K.; Cho, M.H.; Choi, Y.J.; Cho, C.S. High gene transfer by the osmotic polysorbitol-mediated transporter through the selective caveolae endocytic pathway. *Mol Pharmaceut* **2012**, *9*, 2206-2218.
35. Schaffert, D.; Kiss, M.; Rodl, W.; Shir, A.; Levitzki, A.; Ogris, M.; Wagner, E. Poly(i:C)-mediated tumor growth suppression in egf-receptor overexpressing tumors using egf-polyethylene glycol-linear polyethylenimine as carrier. *Pharm Res* **2011**, *28*, 731-741.
36. Syga, M.I.; Nicoli, E.; Kohler, E.; Shastri, V.P. Albumin incorporation in polyethylenimine-DNA polyplexes influences transfection efficiency. *Biomacromolecules* **2016**, *17*, 200-207.
37. Cho, W.Y.; Hong, S.H.; Singh, B.; Islam, M.A.; Lee, S.; Lee, A.Y.; Gankhuyag, N.; Kim, J.E.; Yu, K.N.; Kim, K.H., *et al.* Suppression of tumor growth in lung cancer xenograft model mice by poly(sorbitol-co-pei)-mediated delivery of osteopontin sirna. *Eur J Pharm Biopharm* **2015**, *94*, 450-462.
38. Chou, M.J.; Yu, H.Y.; Hsia, J.C.; Chen, Y.H.; Hung, T.T.; Chao, H.M.; Chern, E.; Huang, Y.Y. Highly efficient intracellular protein delivery by cationic polyethylenimine-modified gelatin nanoparticles. *Materials (Basel)* **2018**, *11*.
39. Menon, J.U.; Ravikumar, P.; Pise, A.; Gyawali, D.; Hsia, C.C.; Nguyen, K.T. Polymeric nanoparticles for pulmonary protein and DNA delivery. *Acta Biomater* **2014**, *10*, 2643-2652.
40. Kafil, V.; Omidi, Y. Cytotoxic impacts of linear and branched polyethylenimine nanostructures in a431 cells. *Bioimpacts* **2011**, *1*, 23-30.
41. Chandran, S.S.; Paria, B.C.; Srivastava, A.K.; Rothermel, L.D.; Stephens, D.J.; Kammula, U.S. Tumor-specific effector cd8+ t cells that can establish immunological memory in humans after adoptive transfer are marked by expression of il7 receptor and c-myc. *Cancer Res* **2015**, *75*, 3216-3226.
42. Sckisel, G.D.; Mirsoian, A.; Minnar, C.M.; Crittenden, M.; Curti, B.; Chen, J.Q.; Blazar, B.R.; Borowsky, A.D.; Monjazeb, A.M.; Murphy, W.J. Differential phenotypes of memory cd4 and cd8 t cells in the spleen and peripheral tissues following immunostimulatory therapy. *J Immunother Cancer* **2017**, *5*, 33.