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The oncogenic fusion protein CFBF-SMMHC downregulates CD48 to evade NK cell recognition

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Chromosomal translocations are often found in acute leukemia and frequently result in the generation of fusion proteins with oncogenic properties¹. We recently studied the immune evasion properties of PML-RARA and AML1-ETO, two common oncogenic fusion proteins in acute myeloid leukemia (AML). We found that both of these fusion proteins downregulate the expression of CD48, a ligand of the NK cell-activating receptor 2B4, thus leading to impaired NK cell cytotoxicity². However, it remained unclear whether other leukemic fusion proteins can manipulate NK cell ligands. To explore this issue, here we tested the effects of several leukemic fusion proteins on the expression of NK cell ligands.

To examine whether NK cell ligands are downregulated by oncogenic fusion proteins other than PML-RARA and AML1-ETO², we cloned several oncogenic fusion proteins associated with acute leukemia into lentiviral vectors. The oncogenic fusion proteins we examined were MLL-AF4, NUP98-HOXA9, DEK-NUP214, and CFBF-SMMHC. MLL-AF4 is associated with acute lymphoblastic lymphoma, whereas the other three fusion proteins are associated with AML. We expressed these fusion proteins in U937 cells (since this is the only cell line that could be transduced and this cell line is commonly used to express leukemic fusion proteins^{3,4}). We confirmed the expression of each of these fusion proteins in U937 cells by qPCR (data not shown). Expression of MLL-AF4, NUP98-HOXA9, and DEK-NUP214 did not affect the level of several NK cell ligands including the NKG2D

ligands MICA, MICB, ULBP1, ULBP2, and ULBP3 (Supplementary Figure S1). The expression of B7-H6, MHC class I (Supplementary Figure S1), and CD48 (Fig. 1a) was also not affected. By contrast, the expression of the fusion protein CFBF-SMMHC led to a nearly complete abolishment of CD48 expression while not affecting the other NK cell ligands (Fig. 1b).

Next, we tested the functional significance of the downregulation of CD48 by CFBF-SMMHC by performing cytotoxicity assays with NK cells. We first used the NK cell line YTS eco since the cytotoxicity of these cells is mainly dependent on the 2B4-CD48 interaction². We found that cells that express CFBF-SMMHC were killed significantly less than the control cells (Fig. 2a). To verify that the killing was indeed mediated by CD48, we blocked CD48 on the target cells and observed almost no killing of any of the targets (Fig. 2b).

We also tested the killing of CFBF-SMMHC-expressing cells by IL-2-activated primary bulk NK cells and found that cells expressing the CFBF-SMMHC fusion protein were killed significantly less than cells that expressed an empty vector (Fig. 2c). The blocking of CD48 on the target cells significantly reduced the killing of all cells to a similar extent (Fig. 2d). Hence, the downregulation of CD48 by CFBF-SMMHC is functional and leads to reduced NK cell-mediated killing.

To test the mechanism by which CFBF-SMMHC influences CD48 expression, we first tested the mRNA levels of CD48 by qPCR after overexpression of this fusion protein. We found that overexpression of CFBF-SMMHC reduced the mRNA levels of CD48 (Supplementary Figure S2). Next, we tested whether the effect of the CFBF-SMMHC protein on the expression of CD48 depends on recruitment of histone deacetylase (HDAC). We generated two deletion mutants of CFBF-SMMHC, which have

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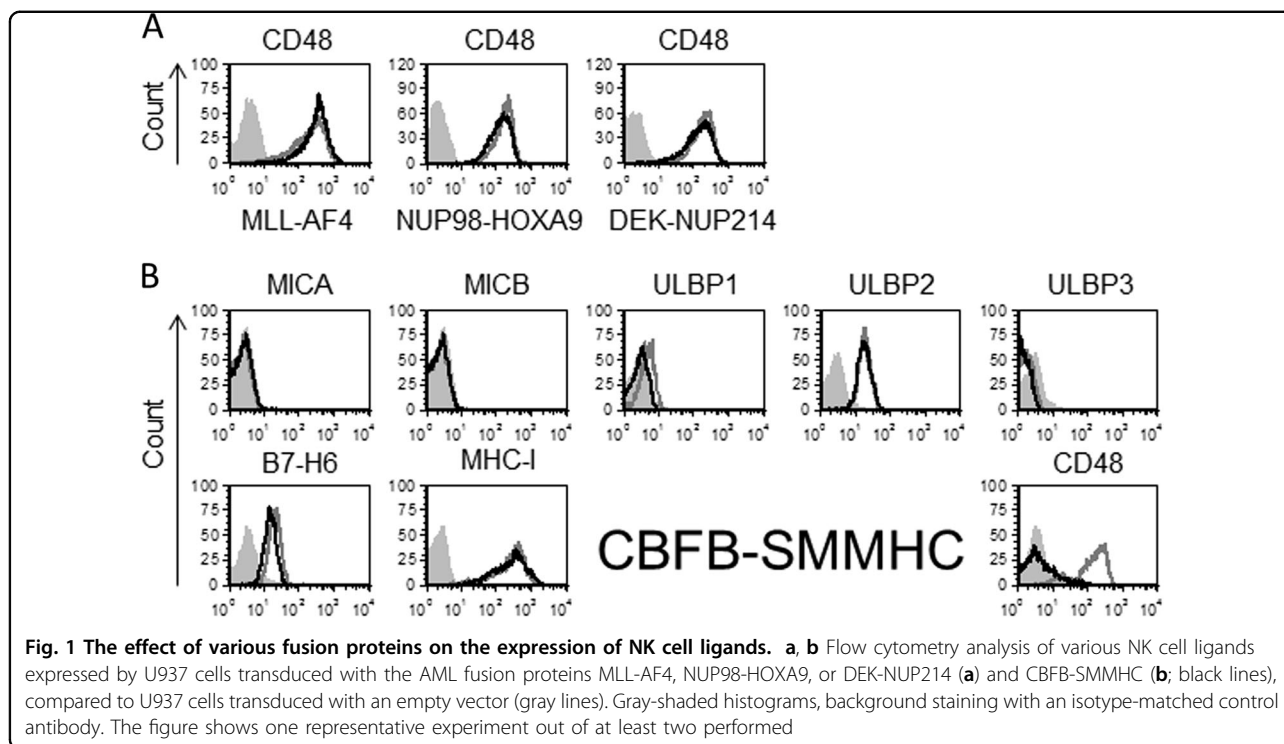
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been shown to affect the activity of this protein by abolishing binding to HDAC^{5,6}: CBF-B-SMMHC Δ 95 (which lacks 95 amino acids at the C terminus) and CBF-B-SMMHC Δ ACD (which lacks amino acids 514–542). Both of these mutated CBF-B-SMMHC proteins were unable to downregulate CD48 expression (Fig. 2e). We also examined the possibility that treatment with HDAC inhibitors (HDACi) could reverse the downregulation of CD48 by CBF-B-SMMHC. Treatment with two specific class I HDACi, mocetinostat and entinostat, upregulated the expression of CD48 in cells that expressed CBF-B-SMMHC (Fig. 2f).

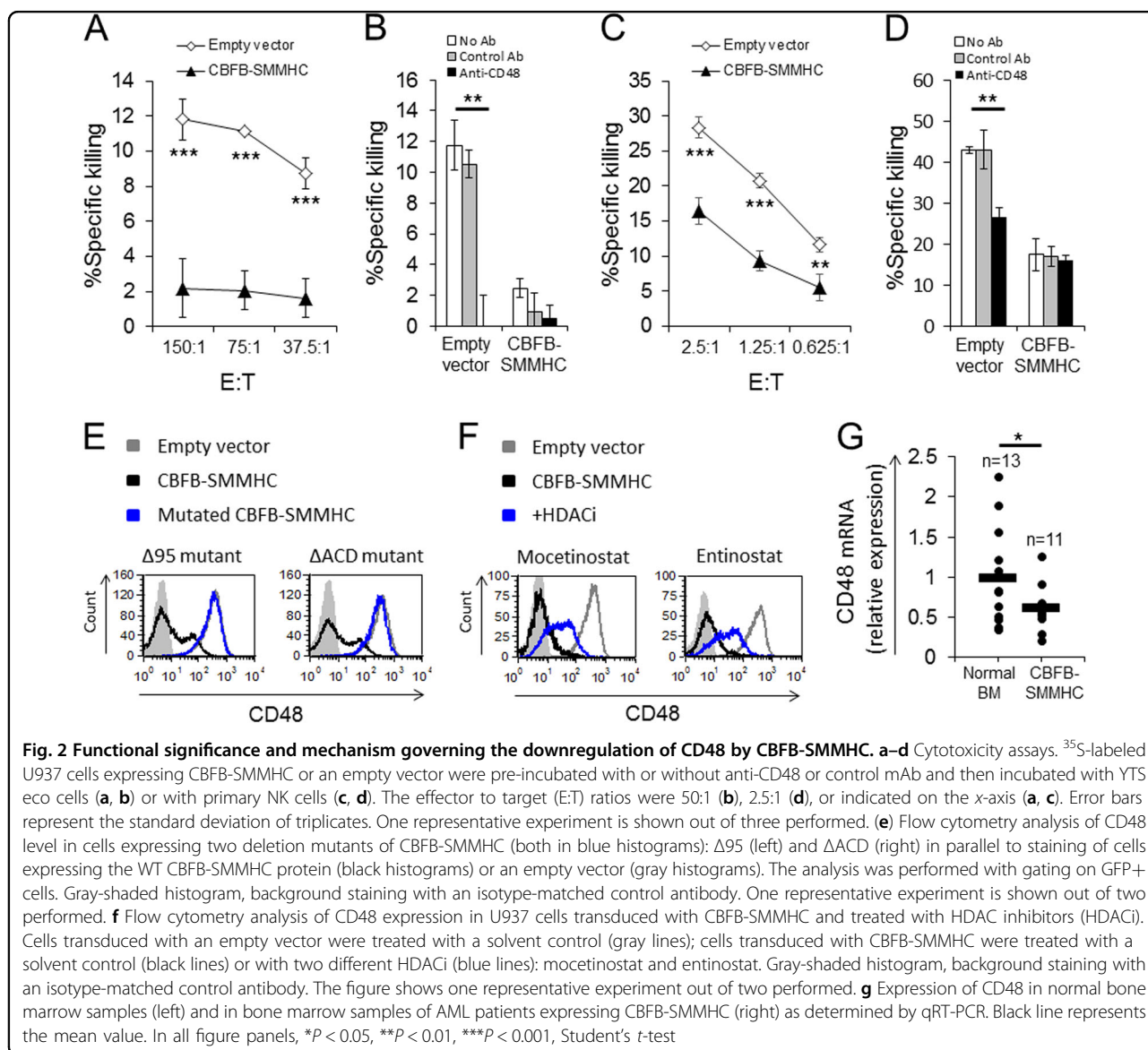
To test whether our findings are relevant to human AML patients, we analyzed the expression of CD48 in AML patients expressing CBF-B-SMMHC. We collected bone marrow aspirations of AML patients who express CBF-B-SMMHC as well as normal bone marrow samples. The relative expression of CD48 in these samples was determined by qRT-PCR using specific primers for CD48. This analysis indicated that AML patients who express CBF-B-SMMHC have lower expression of CD48 as compared to normal bone marrow samples (Fig. 2g).

CBF-B-SMMHC is a common fusion protein in AML that is a result of *inv*(16) or *t*(16;16), which lead to juxtaposition of the CBF-B and MYH11 genes⁷. This fusion protein is related to the AML French-American-British (FAB) subtype M4Eo⁸. In line with previous reports^{5,6}, our findings support the role of HDAC in the oncogenicity of

this fusion protein since deletion of the HDAC-binding site abolished the effect on CD48 and treatment with HDACi reversed the expression of CD48 in cells that express this fusion protein.

Today, it is widely recognized that NK cells play a significant role in eliminating AML cells (see, for example, ref.⁹). We have reported that two common oncogenic fusion proteins in AML, PML-RARA and AML1-ETO, downregulate the expression of CD48². AML with expression of AML1-ETO or CBF-B-SMMHC is clinically classified as core-binding factor (CBF)-AML since both of these fusion proteins involve members of the CBF (RUNX1 and CBF-B, respectively)¹⁰. Although AML1-ETO and CBF-B-SMMHC share several similarities, they differ clinically and mechanistically, for example, in their genomic binding regions^{11,12}.

The three fusion proteins we found to downregulate the expression of CD48 (PML-RARA, AML1-ETO, and CBF-B-SMMHC) are associated with better prognosis in AML¹³. However, ~30% of CBF-AML patients eventually relapse¹⁴. On the basis of our findings we suggest that downregulation of CD48 by these fusion proteins, which leads to NK cell immune evasion, contributes to the persistence of a residual disease in these subtypes of leukemia and eventually to a clinical relapse. The other fusion proteins we tested are associated with more aggressive types of acute leukemia^{13,15} and, therefore, are probably less dependent on NK cell immune evasion.



Thus, NK cell-based therapies (i.e., NK cell infusion) or class I HDACi may be potential adjunctive therapies for CBF-AML or APL.

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Authors' contributions

S.E. designed and performed the experiments, wrote the paper, and supervised the project; S.K. and D.S. performed the experiments; T.U. performed the cloning; D.B.Y. was responsible for the human samples.

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Conflict of interest

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