CCR2 influences T regulatory cell migration to tumors and serves as a biomarker of cyclophosphamide sensitivity

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Abstract

The CCL2 chemokine receptor CCR2 drives cancer by mediating recruitment of monocytes and myeloid-derived suppressor cells to the tumor microenvironment. In this study, we extend the significance of CCR2 in this setting by identifying a new role for it in mediating recruitment of $CD4^+$ T regulatory cells (Treg). Following tumor initiation, an expanded population of $CCR2^+$ Tregs required CCR2 expression to traffic between draining lymph nodes (dLN) and the tumor. This Treg subset was enriched in the fraction of tumor antigen-specific cells in the dLN, where they displayed an activated immunosuppressive phenotype. Notably, in mouse models, low-dose cyclophosphamide treatment preferentially depleted $CCR2^+$ Treg, enhancing priming of tumor-specific $CD8^+$ T cells. In the MMTV-PyMT transgenic mouse model of breast cancer and in oral squamous cell carcinoma patients, tumor development was associated with decreased blood frequency and inversely increased tumor frequency of $CCR2^+$ Tregs. Our results define a novel subset of $CCR2^+$ Treg involved in tumoral immune escape, and they offer evidence that this Treg subset may be preferentially eradicated by low-dose cyclophosphamide treatment.

Introduction

Chemokine-chemokine receptor interactions play major roles in the shaping of the tumor microenvironment (TME). These interactions can induce the differential recruitment of immune cells and by this mean turn the TME into an immunosuppressive site(1,2). CCR2, a chemokine receptor highly expressed by inflammatory monocytes, is crucial for the recruitment of the latter from the bone marrow to inflamed tissues(3) but also displays chemotactic properties for T-cells(4,5). Secretion of the major CCR2 ligand (CCL2) by both the tumor and tumor-stromal cells is common in many tumor types in both human and mouse models(6,7). For these reasons the CCR2-CCL2 axis is an important mechanistic marker of tumor development(8) and can also predict clinical benefit after cancer therapy(6). Beyond tumor-associated myeloid cells, regulatory T-cells (Tregs) have a well-established role in promoting tumor tolerance and represent an obstacle to efficient T-cell-based anti-tumor immunotherapy(9-11). Suppression of anti-tumor effector functions of both $CD4^+$ helper T-cells and cytotoxic $CD8^+$ T-cells by Tregs can occur through various cell-to-cell or soluble mechanisms(12) both in draining lymph nodes (dLN)(13) or in the tumor itself(9). A better understanding of the mechanisms involved in Tregs trafficking and accumulation within the TME is thus needed.

Tregs display different homing properties and their appropriate compartmentalization is crucial for their in vivo activity(14,15). Following thymus emigration, Tregs can enter secondary lymphoid organs in a CCR7, CD62L dependent fashion. This lineage can be maintained throughout time by further recruitment or by continuous self-renewal(16). Activation and antigen priming in secondary lymphoid organs promote down-regulation of CCR7 and CD62L while other memory/effector type trafficking receptors may be upregulated to allow Tregs to migrate into non-lymphoid

or inflamed tissues(14,17-19). To date, few chemokine receptors have been associated with the tumor homing properties of Tregs, though a role for CCL22 in the recruitment of $CCR4^+$ Tregs into human ovarian and/or breast cancer has been described(20-22).

CCL2 is described as a pro-inflammatory cytokine, but contradictory functions have been observed in the absence of CCR2 in non-infectious inflammatory models(23,24). A dual role for CCR2 was described in a model of arthritis because a subset of highly suppressive Treg, expressing CCR2, expanded during the course of the disease(24). The chemokine receptors CCR2, CCR4 and CCR5 and P-and E-selectins were all necessary to ensure efficient homing of Tregs to a graft tissue(25). Finally, in a model of delayed-type hypersensitivity reaction, antigen-specific Tregs required CCR2 to migrate toward the antigen site(26). All together, these findings support a role for CCR2 in the homing of activated Tregs to an inflamed site.

We therefore hypothesized that CCR2 expression on Tregs might play a central role in tumor context. Herein, we studied the role of CCR2 on the compartmentalization and the dynamic of Tregs in different tumor models, as well as, human oral squamous cell carcinoma (OSCC). We showed that $CCR2^+$ Tregs represent a discrete subset that is highly important for suppressing anti-tumor responses. Finally, we observed a selective depletion of this subset by low-dose cyclophosphamide (CP) which provides new interpretation in the Treg mediated effect of CP treatment.

Material and Methods

Ethical statement

All experiment protocols were approved by the French animal experimentation and ethics committee and validated by “Service Protection et Santé Animales, Environnement” with the number A-75-2065 for tumor experiments and A-75-1315 for parabiosis experiments. Human samples were obtained after informed written consent according to local ethic committee authorization.

Human tissue and blood samples

Blood (n=30) and tumors (n=14) samples from patients with primary OSCCs (3 at stage 1, 4 at stage 2, 1 at stage 3, 26 at stage 4) obtained during surgical resection (Department of maxillo-facial surgery, Pitié-Salpêtrière Hospital; Paris, France). Gingival tissues (n=10) were collected from healthy subjects undergoing preventive wisdom tooth extraction (Odontology department, Pitié-Salpêtrière Hospital; Paris, France). Control blood samples (n=42) were obtained from volunteer healthy donors (Etablissement Francais du Sang, Paris, France). The male to female ratio was 1.7:1 for OSCC blood patients (mean age 60.8±10 years); 1.9:1 (mean age 51.6±18.1 years) for control blood and 2.5:1 for tumors patients (mean age 62.5±8.9 years); 1.5:1 for gingival tissues (mean age 40.2±18 years).

Mice

C57BL/6 (10-14 weeks) were obtained from JANVIER LABS (Le Genest-Saint-Isle, France). C57BL/6 *Rag2*$^{-/-}$ TCR (Vα2, Vβ5) transgenic mice (OT1) were crossed to CD45.1 C57BL/6 (Animalerie centrale, Institut Curie, Paris) to obtain OTI CD45.1 mice. Foxp3-EGFP transgenic mice, *Ccr2*$^{-/-}$, *Ccr1*$^{-/-}$, *Ccr5*$^{-/-}$, *D6*$^{-/-}$ and Foxp3-EGFP X

Ccr2$^{-/-}$ mice were bred in the Animal facility (Centre d'Exploration Fonctionelle, Pitié-Salpétrière, Paris). MMTV PyMT-P2A-mCherry-P2A-OVA (PyMT-ChOVA) mice(27) were crossed with *Ccr2*$^{-/-}$ mice. *Ccr2*$^{rfp/+}$ mice were kindly provided by Israel Charo (Gladstone Institute, San Francisco)(28).

Parabiosis

C57BL6 female host parabionts were generated with Foxp3-EGFP X *Ccr2*$^{-/-}$ females, injected with MCA-OVA tumor cells 15 days after surgery to allow establishments of blood chimerism and analyzed 10 days later. The Treg chimerism was evaluated by determining the percentage of EGFP-expressing *Ccr2*$^{-/-}$ Treg out of total Treg intracellularly stained with Foxp3 antibody.

Cells

The MCA-OVA cell line (kindly provided by Dr. C. Théry, Institut Curie, Paris France in 2010) is the MCA-101 cell line, stably transfected with a plasmid encoding for soluble ovalbumin (OVA)(29). After resuscitation, MCA-OVA cell line was cultured in Dulbecco's medium with antibiotics and 10% FCS for a maximum of 4 months. Stability of the cell line is evaluated according to consistent tumor growth throughout the different studies (29-31). $CD8^+$ OT1 T-cells (specific for $OVA_{257-264}$ peptide in a H2-K^b context) were obtained from lymph nodes of OT1 *Rag2*$^{-/-}$ mice (herein called OT1 T-cells, with purity between 94% and 98%).

Tumor engraftment and mice anti-tumor treatment

Protocols from(30,31) were strictly reproduced. Briefly, MCA-OVA cells ($2x10^5$) were injected subcutaneously in the flank of mice. Tumor size was measured twice a week

using a caliper, $V = L \times l \times (L + l)/2$. Low-dose chemotherapy was performed 7 days after tumor inoculation by a single intraperitoneal injection of cyclophosphamide (Sigma-Aldrich, Saint-Quentin Fallavier, France) diluted in phosphate-buffered saline (PBS) at 100mg/kg. Adoptive T-cell transfer was performed on day 10 after tumor inoculation by intravenous (i.v) injection of $5x10^6$ freshly harvested OTI T-cells.

ELISA

Plasma, tumor and lymph node tissues were harvested on indicated days, stored in PBS at -80°C, thawed and centrifuged to obtain tissue homogenates. Murine CCL2 ELISA was performed using Quantikine ELISA Mouse Immunoassay kits (Bio-techne) following the manufacturer's protocol.

Flow cytometry

Phenotypic characterization was performed using either a FACS Canto II or FACS LSRFortessa (Becton Dickinson, Franklin Lakes, NJ) for murine cells and LSRII flow cytometer (Becton Dickinson) for human cells. For analysis, FlowJo software (Tree Star Inc, Ashland, OR) was used. MCA-OVA tumors, MMTV-PyMT primary mammary tumors (3-4 days after detection by palpation) and dLN (axillary) were entirely mashed in PBS with 0.5% Bovine serum albumin/2mM EDTA (FACS Buffer) and filtered using 70-µm cell strainer (BD Biosciences, San Jose, CA). Blood was drawn and lysed in RBC lysis buffer containing 0.15M NH4Cl, 0.01mM KHCO3 and 0.1mM EDTA. Surface staining was performed by incubating 50µl of cell suspension (1/10th of the total) with 1µg/ml purified anti CD16/32 (2.4G2; BD Biosciences) for 10min at 4°C and for an additional 20min with appropriate dilution of specific surface antibodies. Dead cell were excluded using LIVE/DEAD Fixable stain (Life

technologies) according to manufacturer's instructions. Forward- and side-scatter parameters were used for doublets exclusion. After incubation, cell suspensions were washed once in FACS Buffer. For $CD4^+$ tumor antigen-specific T-cells analysis, cells were stain with the T-select MHC Class II mouse tetramer I-A^b $OVA_{323-339}$ Tetramer-PE (MBL International Corporation) prior to surface staining according to manufacturers' instructions. CCL2 binding assay was achieved as previously described(32). Briefly, after surface staining, cells were incubated in the dark for 45min at 37°C in RPMI medium with GlutaMAX containing 25nM murine $CCL2^{AF647}$(Almac Sciences, Craigavon, UK). Cells were then washed in FACS Buffer. In some experiments cells were pre-incubated with 10µM recombinant human rhCCL2 chemokine (Peprotech, Neuilly-sur-seine, France) at 37°C for 45min. For DNA content analysis, cells were incubated with 16µM Hoechst in a final volume of 500µL of FACS buffer with shaking at 37°C for 45min prior to surface staining and washed with 3mL of FACS buffer. For intracellular OTI IFN-γ staining, cell suspensions were re-stimulated ex vivo with 1µM $OVA_{257–264}$ for 3 hours at 37°C in the presence of 5µg/ml Brefeldin A. For IL-10 staining, cells were pre-incubated for 6 hours with cell activation cocktail with Brefeldin A according to manufacturers' instructions (BioLegend). After surface staining, cells were fixed in 4% paraformaldehyde (PFA) for 20min, washed twice in perm/washsolution (BD Biosciences), incubated 10 min with 1µg/ml purified anti-CD16/32 in perm/wash at room temperature and incubated for 30min in perm/wash in the presence of anti–IFN-γ or anti-IL-10. For intracellular staining the Foxp3/Transcription Factor Staining Buffer Set, anti-Foxp3 and anti-Ki-67 (eBioscience) were used according to manufacturers' instructions. Samples were washed in FACS buffer before acquisition. Calculation of absolute numbers of different cell populations was performed by

adding in each vial a fixed number (10,000) of nonfluorescent 10-µm polybead carboxylate microspheres (Polysciences, Niles, IL) according to the formula: Nb of cells=(Nb of acquired cells×10,000)/(Nb of acquired beads). The number of cells obtained for each sample was extrapolated to the whole organs.

Cell suspensions from human tumor and gingival samples were obtained after non-enzymatic digestion using Cell Recovery Solution (Corning, Avon, France) at 4°C for 1 hour. After filtering, washing and counting, cells were stained with Fixable Viability Dye eFluor780 (eBioscience) at 2-8°C for 30min. Cells from tissues and whole blood were stained with directly labeled surface antibodies at 4°C during 20min, and permeabilized with Foxp3/TFs Staining Buffer Set (eBioscience) for intracellular staining, according to manufacturer's instructions. After staining, whole blood was lysed to eliminate red blood cells.

In vivo proliferation assay

CD45.1 OTI T-cells were incubated for 10min at 37°C in PBS with 5mM carboxyfluorescein diacetate succinimidyl ester (CFSE; Molecular Probes, Invitrogen, Cergy Pontoise, France). Cells (5×10^6) were injected in PBS into CD45.2 tumor-bearing or tumor-free mice. After 4 days, the frequency and number of OTI T-cells that had performed more than three divisions (defined as highly divided) in dLN and tumor were measured while gating on $CD45.1^+CD8^+$ cells.

Supplemental information

Additional information can be found in Supplementary Material and Methods.

Results

CCR2 expression on Tregs is required for tumor-infiltration

We first examined the impact of CCR2 invalidation on tumor growth and on the compartmentalization of Tregs in mice injected subcutaneously with the methyl-cholanthrene induced, ovalbumin expressing, tumor cell line (MCA-OVA). We previously showed the importance of Treg in limiting anti-tumor $CD8^+$ T-cell responses in this model(30). In *Ccr2*$^{-/-}$ mice, tumor growth was slightly reduced by day 13 after tumor inoculation, as compared to wild type (WT) mice. These differences in tumor size became significant on day 20 and were then sustained throughout the monitoring period **(Figure 1A)**. In keeping with a role of the CCR2/CCL2 axis in tumor development, the CCR2 chemokine CCL2 was detected in MCA-OVA cell line supernatants **(Figure 1B)** and was found to increase in inoculated tumor from day 7 to day 19 **(Figure 1C)**. In WT mice, the percentage of tumor-infiltrating Tregs ($CD25^+Foxp3^+$) among $CD4^+$ cells increased between day 7 and day 13. In *Ccr2*$^{-/-}$ mice, the frequency of tumor-infiltrating Tregs was similar on day 7 compared to WT mice but they failed to further accumulate **(Figure 1D and supplemental 1A)** The absolute count of Treg per mg of tumor increased between day 7 and day 10, stabilized between day 10 and day 13 in WT mice but diminished in proportion to tumor weight in *Ccr2*$^{-/-}$ mice **(supplementary figure 1B)**. On the other hand, the numbers of intra-tumor conventional $CD4^+CD25^-Foxp3^-$ helper T-cells (Th) were not significantly reduced by CCR2 deficiency **(supplementary figure 1C)**. In the draining lymph node (dLN), the frequency of Tregs among $CD4^+$ cells was similar **(Figure 1D).** Because the number of Tregs increased similarly with time in WT and *Ccr2*$^{-/-}$ mice, we excluded that the defect of tumor infiltration was due to a defect of Tregs amplification in the dLN. A significantly higher accumulation of Tregs but not

Th in the dLN of *Ccr2*$^{-/-}$ mice was even observed on day 13 **(supplemental Figure 1D and E)**. Thus, we uncovered a role of the CCL2/CCR2 axis in the preferential tumor recruitment of Tregs compared to Th cells over time.

To confirm that the defect of Treg infiltration into the tumor in the absence of CCR2 was intrinsic to Tregs, we performed parabiosis experiment between WT and Foxp3-EGFP *Ccr2*$^{-/-}$ mice **(Figure 1E)**. The proportion of EGFP^{+} *Ccr2*$^{-/-}$ Tregs among total Tregs in the dLN and tumor was determined on day 10 after tumor injection in both parabiont hosts. In the dLN, the absence of CCR2 did not seem to affect Tregs expansion and distribution. In contrast, EGFP^{+} *Ccr2*$^{-/-}$ Tregs that migrated to the tumor tissue represented only 19.8±6.8% of total Tregs in WT host and 20.1±7% of total Tregs in *Ccr2*$^{-/-}$ host **(Figure 1F-G)**. These results indicate that CCR2 expression by Tregs is required for their accumulation to the tumor site.

A transient increased in CCL2 protein level was detected in the dLN on day 7 and day 10 but resumed to basal value by day 13 **(Supplemental figure 2A)**. Plasma CCL2 protein level was also slightly increased after MCA-OVA inoculation at all the time point analyzed **(Supplemental figure 2B)**. We therefore speculated that the CCR2/CCL2 axis could also locally regulate Tregs migration in the dLN. In situ analysis of Tregs dynamic by real-time imaging showed increased motility in tumor dLN compared to non-dLN (mean velocity of 7.3±4.6µm/min vs 2.9±3µm/min respectively) **(Supplemental figure 2C-D)**. Tregs displayed various migratory behaviors ranging from highly motile to completely arrested. In WT mice, up to 36% of Foxp3^{gfp} Tregs were highly motile never making significant arrest during their track **(Supplemental figure 2E)**. In *Ccr2*$^{-/-}$ mice, the mean velocity of FoxP3^{gfp} Tregs in the dLN was slightly reduced compared to WT mice (6±4.3µm/min) **(Supplemental**

figure 2D) and the proportion of highly motile Tregs dropped to 12% **(Supplemental figure 2E)**.

We could not detect any significant differences in the absolute count of 4 different subsets of antigen-presenting cells (APC) between WT and *Ccr2*$^{-/-}$ mice that could affect Tregs interactions or displacement and account for the defect of migration **(Supplementary Figure 2F-G)**.

These results indicated that CCR2 contributed to increasing the dynamic of Tregs within the dLN and might reflect Tregs emigration from the dLN toward the tumor.

CCR2^{+} Tregs accumulate during tumor development

We next investigated whether Tregs express the CCR2 receptor at their surface. CCR2 staining using the antibody that labeled inflammatory monocytes was not detected on Treg. CCR2 is the best known receptor for the chemokine CCL2 and presents high affinity for this chemokine. Using the CCR2 ligand, conjugated with Alexa-647 dye (CCL2^{AF647}) as previously done(32), we revealed functional surface CCR2 receptor expression in both blood inflammatory monocytes and Tregs **(supplementary Figure 3A).** A significant and distinct fraction of Tregs binds the chemokine in the tumor, blood, and dLN **(Figure 2)**. This binding was almost completely abrogated in *Ccr2*$^{-/-}$ mice and in the presence of competitive non-labeled CCL2 **(supplementary Figure 3B)**, but was similar in CCR1, CCR5 and D6-deficient mice, the three other receptors that have been shown to bind CCL2 with lower affinity **(supplementary Figure 3C)**. CCL2-binding was specifically detected on RFP^{+} Tregs reporting *Ccr2* transcription **(supplementary Figure 3D)**. CCL2 binding was assessed in both Th and Treg compartments and the proportion of cells binding the chemokine in WT mice but not in *Ccr2*$^{-/-}$ were therefore considered to be CCR2^{+} T-

cells. At steady state, 8.8±4.9% of Tregs were $CCR2^+$ in the dLN, whereas less than 2% of Th cells bound CCL2 (**Figure 2A)**. The proportion of $CCR2^+$ Tregs peaked to 21.3±8.4% on day 10 and subsequently felt to 16.5±2.3% on day 19. In the blood, the percentage of $CCR2^+$ Tregs was 10.9±5.8% at steady state, increased up to 23.5±5.4% on day 10 and dropped to 17.27±3.4% on day 19 **(Figure 2B)**. In contrast, the proportion of $CCR2^+$ Th did not significantly increase in those tissues over time **(Figure 2A-B)**. In the tumor, the proportion of $CCR2^+$ Tregs was higher compared to dLN and blood but remain stable over time (from 48.1±17.9% on day 7, to 58.2%±13.7 on day 19) The proportion of $CCR2^+$ tumor-infiltrating Th still remained lower **(Figure 2C)**. Finally, $CCR2^+$ Tregs represented both distinct and differentially overlapping subsets with the $CCR4^+$ $CCR5^+$ and $CCR6^+$ Tregs in the dLN and these $CCR2^+$ Tregs were preferentially enriched within the tumor compared to the other subsets. Notably, the proportion of $CCR2^+$ Treg co-expressing CCR4 and CCR6 was lower in the tumor compared to dLN, whereas the one co-expressing CCR5 remained similar **(supplementary Figure 3E)**.

We concluded that the $CCR2^+$ Treg fraction sequentially increased in the dLN and the blood during the early steps of tumor growth while it was constantly highly represented among tumor infiltrating Tregs. Overall our results suggested that CCR2 represents a major Treg homing receptor in tumor context.

$CCR2^+$ Tregs are activated, IL-10 producing and tumor-antigen specific cells

In order to better characterize $CCR2^+$ Tregs, we compared the phenotype of $CCR2^+$ and $CCR2^-$ Tregs in the dLN and in the tumor. In the dLN, $CCR2^+$ Tregs displayed an activated phenotype, expressing higher levels of CD44, lower levels of Ly6C and CD62L as compared to $CCR2^-$ Tregs. In the tumor, $CCR2^+$ and $CCR2^-$ Tregs were all

$CD44^{high}$, $CD62L^{low}$ and $Ly6C^{low}$ **(Figure 3A)**. In addition, $CCR2^+$ Tregs were the cells with the highest capacity to produce IL-10 after phorbol 12-myristate 13-acetate (PMA)-Ionomicyne stimulation compared to $CCR2^-$ Tregs, but also compared to $CCR2^+$ and $CCR2^-$ Th lymphocytes **(Figure 3B)**.

Accordingly, the $CCR2^+$ Treg subset in the dLN was cycling more than the $CCR2^-$ Treg subset as shown by Hoechst and Ki-67 staining **(Figure 3C-D)**.

CD73 and CD39 expression on Tregs have been previously associated with strong immunosuppression(33). CD73 expression was similar in $CCR2^+$ and $CCR2^-$ Tregs but CD39 expression was greater in the former **(Figure 3E)**. Finally, staining with OVA-323-339 MHCII tetramer (I-Ab OVA-323-339) revealed that tumor-antigen specific Tregs were more restricted to the $CCR2^+$ subset **(Figure 3F)**. We concluded that $CCR2^+$ Tregs represent proliferating tumor-activated-Tregs with a high immunosuppressive activity.

$CCR2^+$ Tregs are preferentially depleted by low-dose CP treatment

Low-dose of cyclophosphamide (CP) has been shown to specifically deplete Tregs, thereby enhancing anti-tumor T-cells priming and proliferation(34,35). We thought to analyze the impact of this alkylating agent on dLN $CCR2^+$ Tregs.

As expected, after one single low-dose of CP (100mg/kg) on day 7, the percentage of Tregs in the dLN was reduced by 25% on day 10 and recovered on day 13 in WT mice. The percentage of Tregs remained barely affected in *Ccr2*$^{-/-}$ mice **(Figure 4A)**. The depletion observed in WT mice preferentially affected $CCR2^+$ Tregs. Indeed, the absolute number of $CCR2^+$ Tregs gradually decreased from day 7 to day 10 (93% depletion) whereas $CCR2^-$ Tregs were less affected (52% depletion). For both subsets, Treg recovery occurred within 3 days **(Figure 4B)**. CP sensitivity was

selective to the CCR2$^+$ Tregs compared to CCR4$^+$, CCR5$^+$ and CCR6$^+$ Tregs emphasizing the preferential targeting of the CCR2$^+$ subset (**Figure 4C)**. The frequency of cycling Tregs among total Treg of the dLN confirmed that CP treatment preferentially ablated proliferating Tregs **(Figure 4D)**. Comparative cell cycle analysis in the dLN on day 8 and day 13, first revealed that the proportion of Tregs but not Th cells engaged in cell cycle is higher in WT mice compared to *Ccr2*$^{-/-}$ mice**.** Nevertheless, the absolute numbers of cycling Tregs are identical arguing that non-cycling Tregs accumulate in the dLN of *Ccr2*$^{-/-}$ mice **(Supplementary Figure 4)**. We conclude that CCR2$^+$ Tregs are preferentially targeted by low-dose CP due to their higher activating and proliferating state, and that in the absence of CCR2, non-cycling Tregs are retained in the dLN leading to lower depletion after CP treatment.

Low-dose CP fails to enhance the priming of OT-1 in the dLN of *Ccr2*$^{-/-}$ mice.

We previously showed that low-dose CP treatment transiently enhances anti-tumor CD8$^+$ T-cell response against MCA-OVA tumor(31). In order to assess whether the reduced Treg depletion in *Ccr2*$^{-/-}$ mice treated with low-dose CP has a functional impact, we adoptively transferred naive OT-1 CD8$^+$ cytotoxic T-cells 3 days after CP treatment and analyzed 3 days after transfer cell proliferation and IFN-γ production in the dLN. In CP treated WT mice, the proliferation rate of OT-1 cells was improved by 2.5 fold whereas OT-1 cell count was not significantly changed in *Ccr2*$^{-/-}$ mice. The percentage of IFN-γ producing OT-1 was also increased in WT CP treated mice but not in *Ccr2*$^{-/-}$ mice **(Figure 5A-B)**. Accordingly, the therapeutic combination did yield a significant reduction in tumor growth from day 18, when compared to mice treated with low-dose CP alone, but this beneficial effect was completely lost in *Ccr2*$^{-/-}$ mice **(Figure 5C)**. All together these results indicate that preferential depletion of CCR2$^+$

Tregs is associated with increased priming of tumor specific $CD8^+$ T-cells. On the other hand, in *Ccr2*$^{-/-}$ mice, where Tregs are not as effectively depleted, low-dose CP failed to enhance the priming of tumor-specific $CD8^+$ T-cells.

$CCR2^+$ Tregs accumulate within spontaneous mammary carcinoma and are preferentially depleted by low-dose CP

We next evaluated whether the $CCR2^+$ Treg subset expansion could be applicable to a less inflammatory and a more progressive tumor model. $CCL2^{AF647}$ was also used to stain $CCR2^+$ $CD4^+$ T-cells in the spontaneous Cherry-OVA PymT mammary carcinoma model in which tumor apparition occurs at 23±2.1 weeks of age. Consistent with the results in the MCA-OVA tumor model, CCL2 binding defined a higher proportion of $CCR2^+$ Treg compared to Th in the dLN, blood and tumor**.** PymT mice were treated with either PBS or low-dose CP once tumor nodules were palpable and frequencies of $CCR2^+$ Tregs and Th cells were monitored 3 days after treatment. Similarly to the observations made in the MCA-OVA model, low-dose CP led to a preferential depletion of $CCR2^+$ Tregs in the different compartments **(Figure 6A-C)**. Additionally we found that a lower percentage of $CCR2^+$ Tregs in the blood and a higher percentage of $CCR2^+$ Tregs in the tumor correlated with an earlier onset of tumor development **(Figure 6D)**.

$CCR2^+$ Tregs accumulate within human OSCC

Finally, we examined the expression of CCR2 in Tregs ($CD4^+CD25^+Foxp3^+CD127^-$) and Th cells ($CD4^+CD25^{-/low}Foxp3^-$) cells isolated from blood and tumors of OSCC patients and compared to healthy blood donors and non-tumor gingival tissues from patients undergoing wisdom tooth extraction. Compared to the mouse, the human

anti-CCR2 antibody did provide a good signal quality on T-cells**.** The specificity of CCR2 staining was confirmed by pre-incubating the cells with unlabelled CCL2 chemokine which inhibited the binding of the CCR2 antibody and allowed to define our gating for $CCR2^+$ T-cells **(Figure 7A)**. Although, the proportions of $CCR2^+$ Th in the blood were similar between OSCC patients and control blood (13.9±4.9%, 14.1±6.7%), the percentage of $CCR2^+$ Treg was significantly decreased in patients (10.9±4 %) as compared to healthy donors (17.1±5.3%) **(Figure 7B)**.The frequency of $CCR2^+$ Th cells was also similar between tumor tissue and healthy gingiva. However, the percentage of $CCR2^+$ Treg was increased to 38.6±6.5% in tumor tissues as compared to healthy gingival (28.1±7.9). In conclusion, in OSCC patients we observed a reduced frequency of circulating $CCR2^+$ Treg while they accumulated in the tumor microenvironment.

Discussion

Chemokine receptor mediated immune cell migration is usually achieved through combinatorial expression of multiple chemokine receptors(1). So far, most studies on the direct role of the chemokine CCL2 and its main receptor CCR2 have focused on myeloid cells because of their higher CCR2 expression. However, tumor derived CCL2 was shown to be sufficient to mediate the tumor tropism of adoptively transferred T-cells(36). Reduction of intra-tumor Tregs was observed in previous study following CCL2 blockade(37), but the direct role of this axis in mediating the tumor homing of Treg has not been studied in depth.

We investigated whether the CCL2 chemokine could be also used by Tregs for their homing toward solid tumors in vivo. The reduction of tumor growth in *Ccr2*$^{-/-}$ mice was associated with a drastic reduction in both the number and percentage of Tregs inside the tumor. Parabiosis experiments to track the fate of *Ccr2*$^{-/-}$ Tregs in analogous microenvironments suggest that CCR2 expression on Tregs is required for the migration toward the tumor of at least 50% of Tregs, representing approximately the fraction of CCR2^{+} Tregs within the tumor. The CCR2^{+} Treg subset started to expand in the dLN concomitantly with the appearance of differences in tumor size between WT and *Ccr2*$^{-/-}$ mice, as well as the tumor-infiltration of CCR2^{+} Tregs. These observations suggest the induction of two distinct, CCR2-independent and CCR2-dependent, phases of Tregs recruitment. The CCR2^{+} Treg subset phenotype was consistent with one of activated Treg, highly cycling and immunosuppressive compare to CCR2^{-} Tregs. Additionally, the dynamic behavior of endogenous Tregs was affected by CCR2 deficiency in the dLN but not in non-dLN. Indeed, we found a significant enrichment of tumor-antigen specific Tregs in the CCR2^{+} versus CCR2^{-}

fraction. As a result, CCR2 up-regulation by Tregs might follow tumor-induced T-cell activation.

The spontaneous PyMT model relates more to a chronic inflammatory state, where tumors slowly develop compared to the more acute and aggressive inoculated cell lines(38). In this model, Tregs ablation was demonstrated to reduce both primary and metastatic tumor progression though increased IFN-γ production(39). In the same line, increased frequency and suppressive activity of Tregs were associated with advanced stages in OSCC patients(40-42). In both the Pymt model and human OSCC patients we observed a lower blood frequency and higher tumor frequency of $CCR2^+$ Tregs compared to healthy controls. In the Pymt model, the onset of tumor apparition correlated with increased $CCR2^+$ Tregs blood frequency but decreased tumor frequency. In this case, increased recruitment of $CCR2^+$ Tregs to the tumor might explain the lowering of the blood frequency and suggests that intra-tumoral $CCR2^+$ Tregs favor immune suppression and accelerate tumor escape. In the MCA model, both blood and dLN $CCR2^+$ Tregs frequency peaked on day 10 post tumor inoculation and subsequently reduced. This observation might reflect the early establishment of immune tolerance after tumor inoculation that is difficult to observe during spontaneous long-term tumor development in mice and humans.

Preferential depletion of Treg versus non-Treg compartment by the chemotherapeutic agent cyclophosphamide allows for the induction of an improved response to immunotherapies in pre-clinical model and is under investigation in human clinical trials(34,43,44). We observed a more marked Treg depletion in the highly cycling $CCR2^+$ subset following low-dose CP treatment in mice models. These results are

consistent with previous observation that cycling Tregs having a phenotype associated with maximal suppression(45), are depleted by the same alkylating agent(46). Preferential $CCR2^+$ Treg eradication by low-dose cyclophosphamide in human requires further investigations. CP sensitivity in vitro has also been associated with reduced detoxification processes due to lower intracellular ATP(47). We observed that $CCR2^+$ Tregs expressed higher level of the ecto-nucleoside triphosphate diphosphorylase CD39 which could contribute to the higher sensitivity of the subset. No preferential depletion of the $CD39^+CCR2^+$ Tregs was observed in vivo suggesting that CD39 expression does not predict CP sensitivity in contrast to cell cycle. Exogenous CCL2 addition neither enhanced Treg proliferation nor CP sensitivity in vitro (data not shown) suggesting that CCR2 exerts exclusively migratory function on Tregs. Preferential depletion of $CCR2^+$ Tregs after low-dose cyclophosphamide also occurred in the spontaneous MMTV-PyMT mammary carcinoma model. Beyond the weak and transient depletion of the overall Treg population, the preferential depletion of the $CCR2^+$ antigen-specific Treg subset might thus explain the strong combinatorial anti-tumor effect mediated by OTI cells adoptive transfer.

Our data demonstrate a crucial role of CCR2 in the regulation of Treg-mediated immunosuppression and provide more insights in the anti-tumor immune response after low-dose cyclophosphamide. These observations allowed us to define a novel target to improve the efficacy of chemotherapy.

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Figure Legends

Figure 1: CCR2 expression on Tregs is required for tumor-infiltration

(A) MCA-OVA tumor growth in WT mice (black round) or *Ccr2*$^{-/-}$ (white square). Graphs represent mean±SEM, (n=20 mice in each group, from three independent experiments). Two-way ANOVA with bonferoni's multiple-comparison test was used. (B) CCL2 protein level in supernatants of MCA-OVA cell cultures and (C) tumors (n=4-6 mice out of two experiments). ANOVA with bonferoni's multiple-comparison test was performed. (D) Quantification of the percentage of Treg among CD4^{+} cells in tumors (left) and dLN (right) of WT (black round) and *Ccr2*$^{-/-}$ mice (white square). Data represent mean±SEM of at least 10 mice from 3 independent experiments, Two-way ANOVA with bonferoni's multiple-comparison test was used.

(E) Parabiosis experimental protocol. (F) Representative dot plot showing Treg chimerism in dLN and tumors of mouse parabionts. (G) Graphs represent the proportion of WT and *Ccr2*$^{-/-}$ Tregs in dLN and tumors in WT (left) and *Ccr2*$^{-/-}$ parabionts (right). Two-way ANOVA with bonferoni's multiple-comparison used. (*p< 0.05,**p<0.01,***p<0.001).

Figure 2: CCR2^{+} Tregs accumulate during Tumor Development

CCR2 expression by Th and Treg were analyzed in (A) dLN, (B) Blood and (C) tumors. (Left panels), representative histograms plots showing CCL2-AF647 binding on Th and Tregs in WT (empty histograms) and *Ccr2*$^{-/-}$ mice (filled histograms). Graphs show mean±SEM of the percentage of CCR2^{+} cells (n= at least 9 mice in each group from three independent experiments). One-way ANOVA with bonferoni's multiple-comparison test was used to compare means at each time points with tumor free mice (D0) or with D7 in the tumor. (**p<0.01,***p<0.001).

Figure 3: CCR2$^+$ Tregs are activated, IL-10 producing and tumor-antigen specific cells

The phenotype of Ccr2$^+$ and Ccr2$^-$ Tregs was analysed on day 10 post tumor inoculation.

(A) Representative histograms plots of indicated surface markers .(B) Representative dot plot of IL-10 staining gated on dLN Treg subsets (left panel) and quantification (right panel). Data represent mean±SEM of 4 mice from 2 independent experiments. One-way ANOVA with bonferoni's multiple-comparison test was used. (C) Representative dot plots of CCR2 and DNA staining (Hoechst) (left panel) in dLN. Bars represent mean±SEM of 14 mice from 4 independent experiments (right panel). Student t-test was used. (D) Representative histogram plot of Ki-67 expression (left panel) in dLN. Bars represent mean±SEM of 6 mice from 2 independent experiments (right panel). Student t-test was used. (E) Representative histogram plots of CD73 and CD39 expression in dLN. Bars represent mean±SEM of 6 mice from 2 independent experiments. (F) Representative FACS dot plot of concomitant CCR2 and I-Ab $OVA_{323-339}$ tetramer staining in the dLN of tumor-free and tumor-bearing mice, percentage±SD are indicated (left panel). Quantification of CCR2$^+$ Treg in the tetramer negative and positive fraction (Tet- and Tet+), bars indicate mean±SEM (right panel) of 10 mice from 3 independent experiments. Student t-test was used. (*$p<0.05$,**$p<0.01$,***$p<0.001$).

Figure 4: CCR2$^+$ Tregs are preferentially depleted by low-dose cyclophosphamide treatment

(A) Graphs show percentage of dLN Treg among $CD4^+$ T cells in WT (left panel) and *Ccr2*$^{-/-}$ mice (right panel) treated (dashed lines) or not (full lines) with low-dose cyclophosphamide (CP 100 mg/kg) on day 7. Data represent mean±SEM (n=6 to 10 mice from 2-5 independent experiments). (B) Quantification of the number of Treg $CCR2^+$ (left panel) and $CCR2^-$ (right panel) in WT mice. Data represent mean ±SEM (n=6 to 10 mice from 2-5 independent experiments). **(C)** Bars show the frequency of the indicated chemokine receptor among total Treg in the dLN on day 10. Data represent mean±SEM (n=5 mice per group). One-way Anova tests with Bonferroni's multiple comparison tests were used to compare treated to non-treated mice at each time points. **(D)** Bars represent the frequency of cycling ($Hoechst^+$, left panel and $Ki\text{-}67^+$, right panel) Tregs in the dLN on day 10. Data represent mean±SEM (n=5-8 mice per group, student t-tests was performed). (*p<0.05,**p<0.01,***p<0.001).

Figure 5: Low dose CP fails to enhance the priming of OT-1 in the dLN of *Ccr2*$^{-/-}$ mice

3 days after treatment with low-dose cyclophosphamide, CFSE-labeled OT-1 cells were transferred in tumor-bearing WT and *Ccr2*$^{-/-}$ mice. Proliferation and IFN-γ production of OT-1 in dLN were analyzed 3 days later. (A) Representative dot plots show CFSE dilution gated on $CD45.1^+$ OT-1 cells. (B) Quantification of OT-1 cell proliferation and INF-γ production on day 13. Data represent mean ±SEM (n= 15 mice from three independent experiments). (C) Tumor growth in CP-treated WT and *Ccr2*$^{-/-}$ mice with (white) or without (black) OT-1 adoptive transfer. Graphs represent mean±SEM of 15 to 20 mice in each group from 3 independent experiments. Two-way ANOVA with Bonferroni 's multiple comparison test was used. (*p<0.05,**p<0.01,***p<0.001).

Figure 6: CCR2$^+$ Tregs accumulate within spontaneous mammary carcinoma and are preferentially depleted by low-dose CP

(A) Representative contour plots (left panels) of CCL2 binding on Treg and Th cells from WT and *Ccr2*$^{-/-}$ MMTV-PyMT mice, 3 days after treatment with CP in (A) dLN (B) blood (C) tumor. Graphs show the percentage of CCR2$^+$ Tregs and Th (right panels). One-way ANOVA with Bonferroni's multiple comparison test was used (n=5 to 10 mice). (D) Graphs show correlative analysis between the percentage of CCR2$^+$ Tregs and the age at tumor onset in the blood (left panel) and the tumor (right panel). Linear regression was calculated and Pearson correlation coefficients are indicated. (*p<0.05,***p<0.001).

Figure 7: CCR2$^+$ Tregs accumulate within human OSCC

(A) Gating strategy for Th and Treg cells in human fresh blood (upper panels) and OSCC tumors (lower panels). Mean percentage±SD of Th and Treg among total CD4$^+$ cells in healthy control subjects (c) or OSCC patients (p) are indicated. Histogram plots show CCR2 expression on Tregs after pre-incubation with rhCCL2 competitor (grey histogram) or not (empty histogram). (B) Frequency of CCR2$^+$ Th and Tregs in the blood of healthy (n =42) or OSCC patients (n = 30) (left panels) and healthy gingival tissues (n = 10) or OSCC tumors (n = 14) (right panels). Two-tailed Mann Whitney test was used (p-values are indicated).

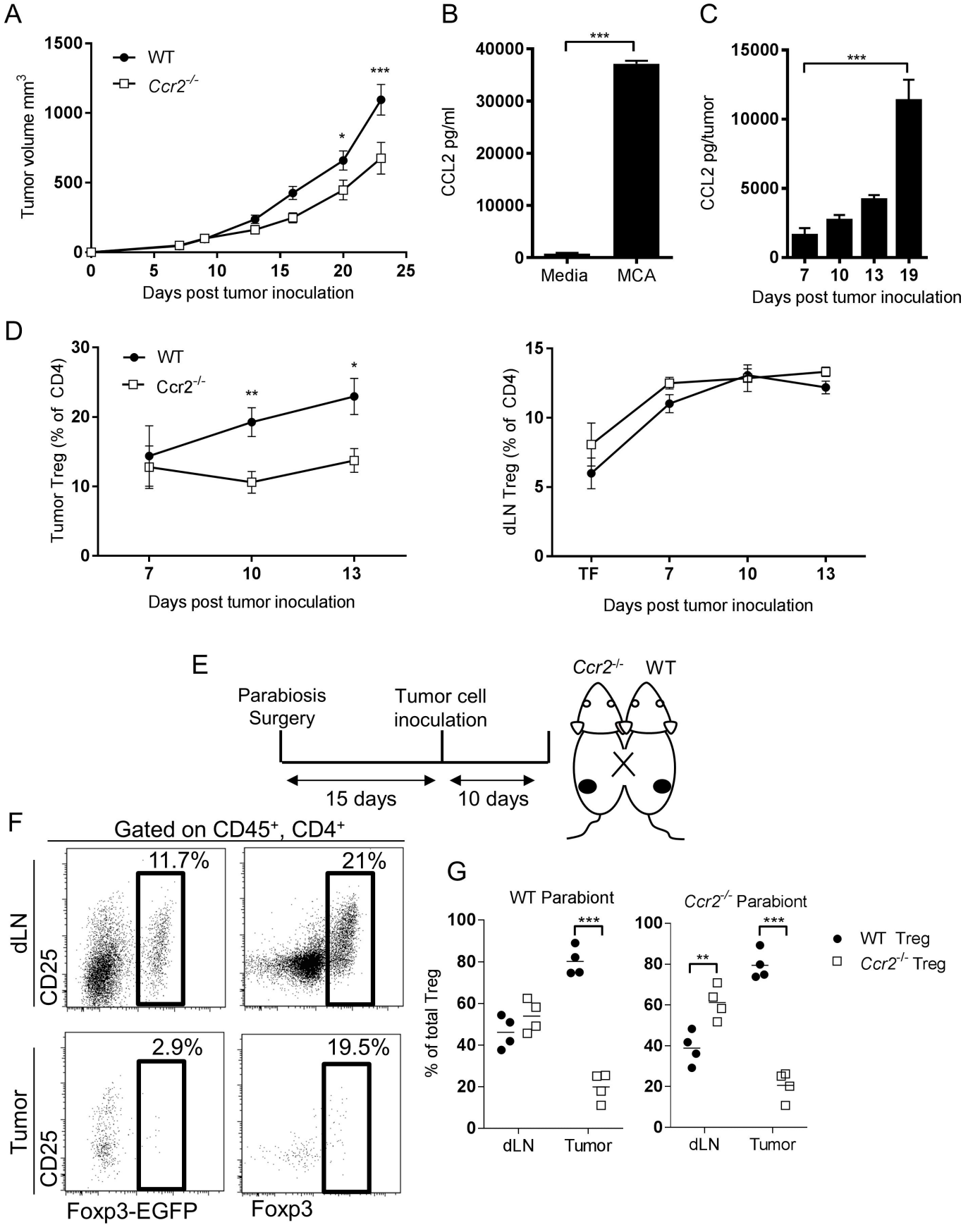

Figure 1: CCR2 expression on Tregs is required for tumor-infiltration

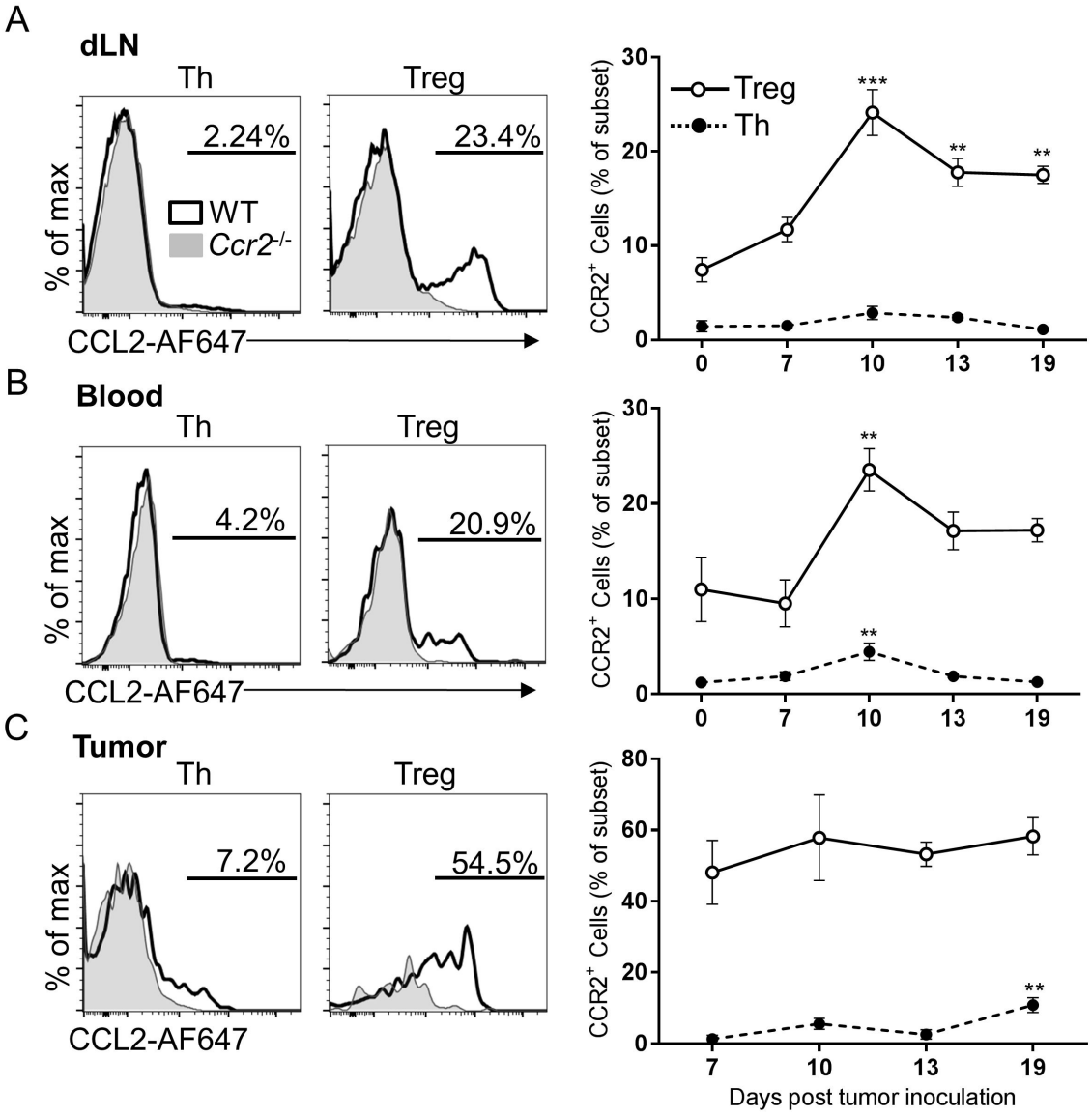

Figure 2: CCR2⁺ Tregs accumulate during Tumor Development

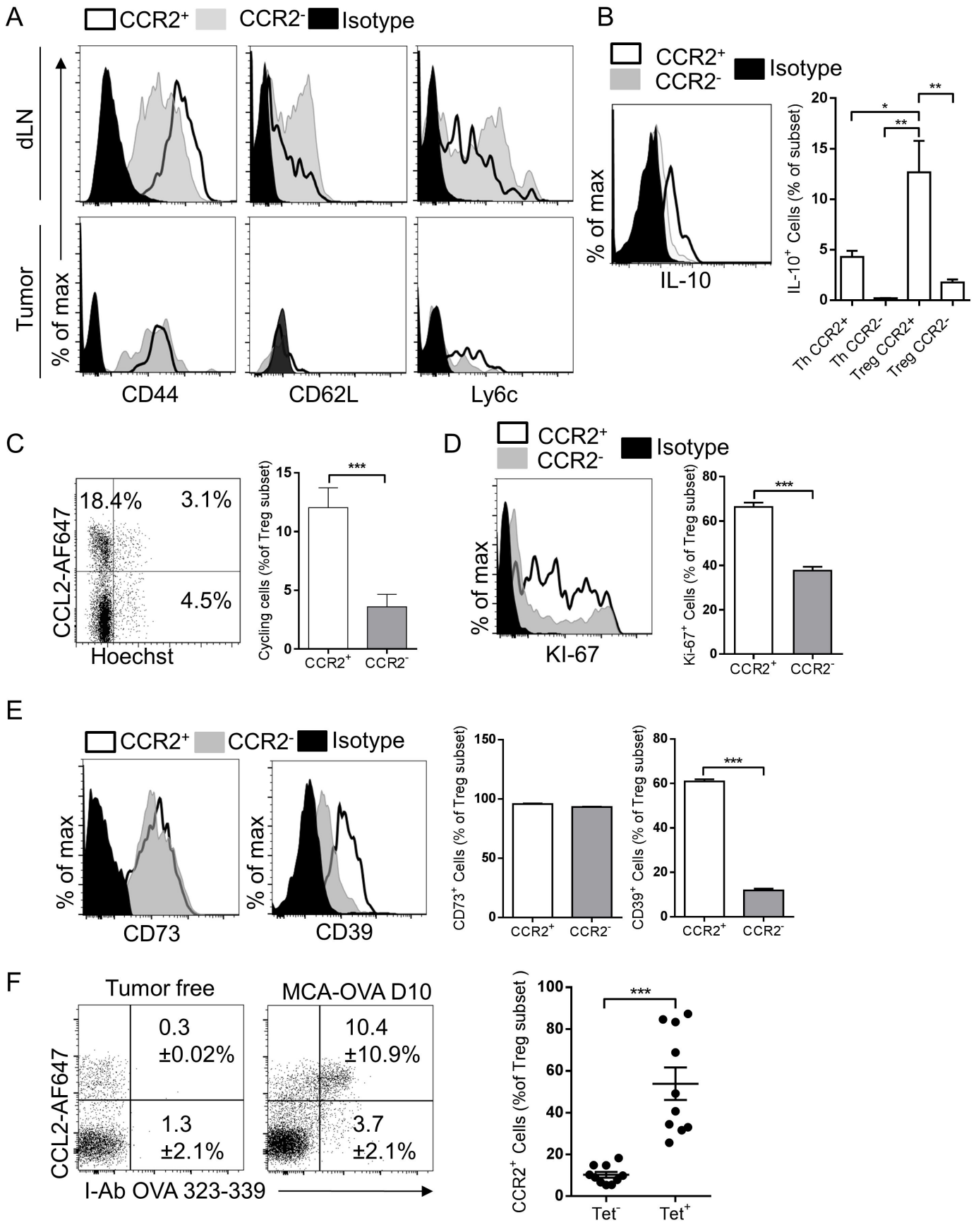

Figure 3: CCR2+ Tregs are activated, IL-10 producing and tumor-antigen specific cells

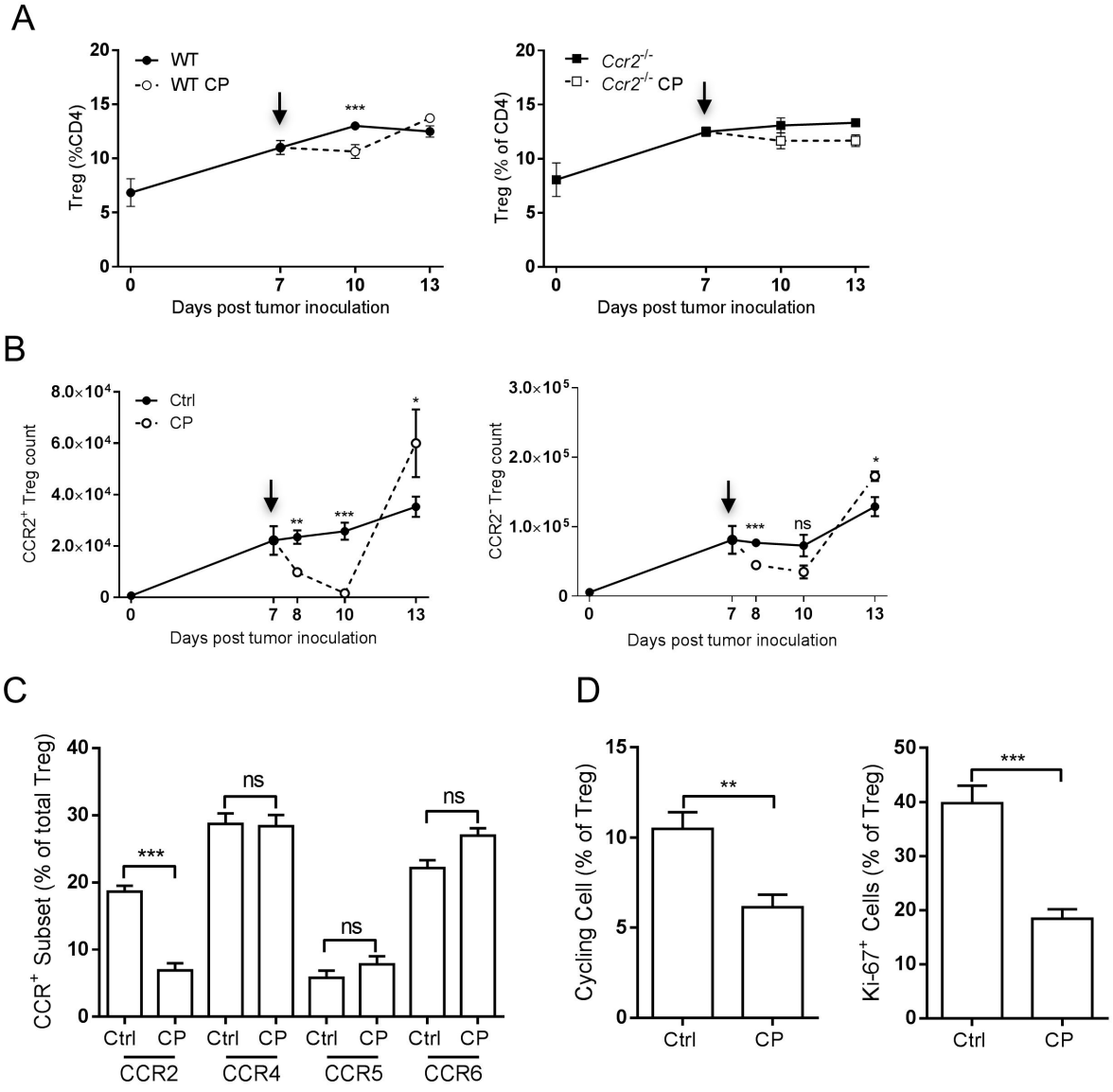

Figure 4: CCR2⁺ Tregs are preferentially depleted by low-dose cyclophosphamide treatment

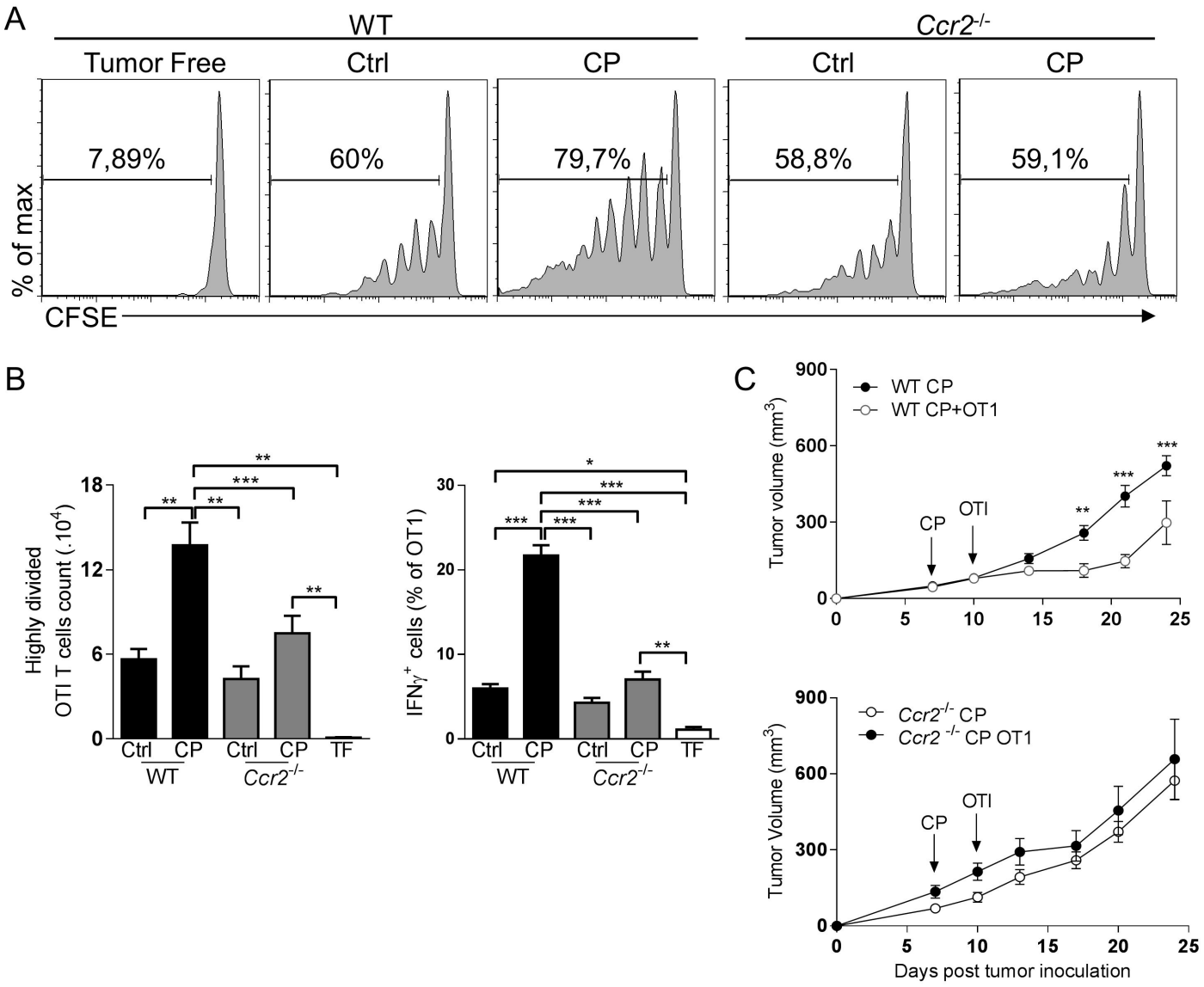

Figure 5: Low-dose CP fails to enhance the priming of OT-1 in the dLN of Ccr2$^{-/-}$ mice

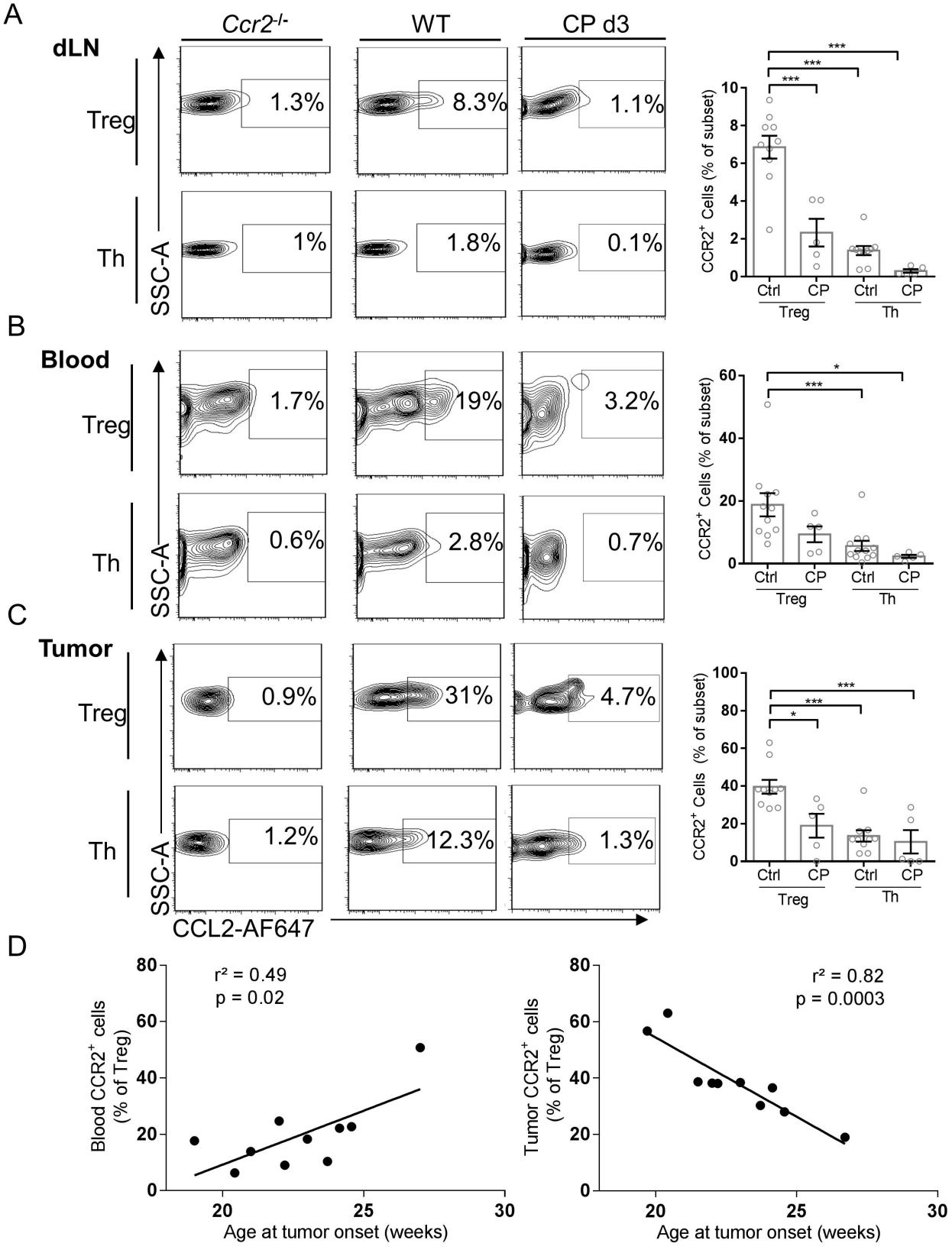

Figure 6: CCR2⁺ Tregs accumulate within spontaneous mammary carcinoma and are preferentially depleted by low-dose CP

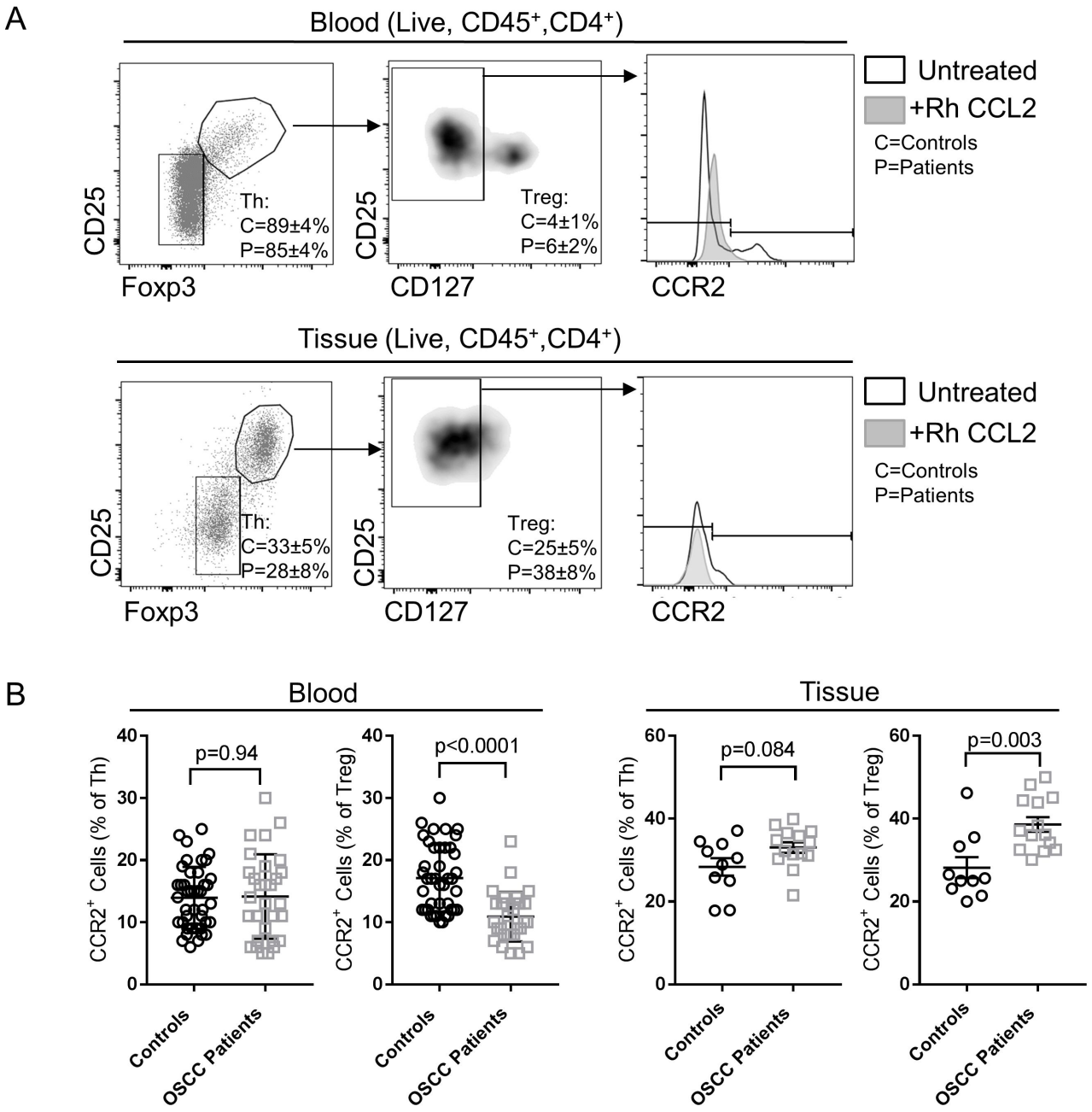

Figure 7: CCR2+ Tregs accumulate within human OSCC