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1 Review

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ABSTRACT

Until recently, the intrinsically high level of cross-talk between immune cells, the complexity of immune cell development, and the pleiotropic nature of cytokine signaling have hampered progress in understanding the mechanisms of immunosuppression by which tumor cells circumvent native and adaptive immune responses. One technology that has helped to shed light on this complex signaling network is the cytokine antibody array, which facilitates simultaneous screening of dozens to hundreds of secreted signal proteins in complex biological samples. The combined applications of traditional methods of molecular and cell biology with the high-content, high-throughput screening capabilities of cytokine antibody arrays and other multiplexed immunoassays have revealed a complex mechanism that involves multiple cytokine signals contributed not just by tumor cells but by stromal cells and a wide spectrum of immune cell types. This review will summarize the interactions among cancerous and immune cell types, as well as the key cytokine signals that are required for tumors to survive immunoeediting in a dormant state or to grow and spread by escaping it. Additionally, it will present examples of how probing secreted cell–cell signal networks in the tumor microenvironment (TME) with cytokine screens have contributed to our current understanding of these processes and discuss the implications of this understanding to antitumor therapies.

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Abbreviations: APC(s), antigen presentation cell(s); ARG1, arginase-1; BREG(s), regulatory B (cells); CAF(s), cancer-associated fibroblast(s); CD, cluster of differentiation protein; CD40L, cluster of differentiation protein 40 ligand; C/EBP, CAAT/enhancer binding protein; CCL, C–C motif (chemokine) ligand family member; CCR, C–C motif (chemokine) receptor family member; COX, cyclooxygenase; CTL(s), cytotoxic T lymphocyte(s); CTLA-4, cytotoxic T lymphocyte-associated protein-4; CXCL, C–X–C motif (chemokine) ligand family member; CXCR, C–X–C motif (chemokine) receptor family member; CSF, colony stimulating factor; DC(s), dendritic cell(s); ECM, extracellular matrix; EGF, epidermal growth factor; ELR+, contains amino-acid sequence “glutamate–leucine–arginine”; ENA-78, neutrophil activating peptide 78 (CXCL5); FasL, Fas ligand (TNFSF6); G-CSF, granulocyte colony stimulating factor (CSF3); GM-CSF, granulocyte-macrophage colony stimulating factor (CSF2); Gr-1, granulocytic myeloid marker protein; GRO, growth related oncogene α (KC/CXCL1), β (MIP-2/CXCL2) and/or γ (CXCL3); HIF-1 α , hypoxia-induced factor-1 α ; HNSCC, head and neck squamous cell carcinoma; IDO, indolamine 2,3-deoxygenase; IFN, interferon; IgA, immunoglobulin A; IGF-1, insulin-like growth factor 1; κ B, inhibitor of κ B; IL, Interleukin; IP-10, IFN- γ -induced protein 10 (CXCL10); IRF, interferon regulatory factor; LGALS, galectin (lecithin, galactoside-binding, soluble protein); KC, keratinocyte chemoattractant (mouse CXCL1); M1, type 1 macrophage; M2, type 2 macrophage; M-CSF, macrophage colony stimulating factor (CSF1); MCP-1, monocyte chemoattractant protein-1 (CCL2); MDSC(s), myeloid-derived suppressor cell(s); MHC, major histocompatibility complex; MIG, monokine induced by IFN- γ protein (CXCL9); MMP, matrix metalloproteinase; MPO, myeloperoxidase; MyD88, myeloid differentiation primary response gene 88; N1, type 1 neutrophil; N2, type 2 neutrophil; NF- κ B, nuclear factor kappa B; NK(s), natural killer (cells); NK-T(s), natural killer T (cells); NO, nitric oxide; NOS2, nitric oxide synthase 2; PD-1, programmed death receptor 1; PD-L1, programmed death receptor 1 receptor; PGE₂, prostaglandin E₂; RNS, reactive nitrogen oxide species; ROS, reactive oxygen species; SDF-1, stromal cell-derived factor 1 (CXCL12); SMAD, homolog of *Drosophila* “mothers against decapentaplegic” protein; TAAs, tumor-associated antigens; TCR, T-cell receptor; TGF, transforming growth factor; TGFBR2, type II TGF- β receptor protein; Th0, immature T helper cell precursor; Th1, type 1 T-helper cell; Th2, type 2 T-helper cell; Th17, type 17 T-helper cell; TIMP, tissue inhibitor of metalloproteinases; TME, tumor microenvironment; TNF, tumor necrosis factor; TNFRSF, TNF receptor superfamily member; TNFSF, TNF superfamily member (ligand); TREG(s), regulatory T (cells); TAM(s), tumor-associated macrophage(s); TAN(s), tumor-associated neutrophil(s); VEGF, vascular endothelial growth factor

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72 1. Introduction

73 Tumors are not homogenous population of cancerous cells; instead,
 74 tumors are heterogeneous groups of cells from diverse origins, such as
 75 stem cells, stromal cells, endothelial cells and a wide range of immune
 76 cells [1]. These heterogeneous populations secrete multiple signals
 77 that, individually and collectively, may promote or hinder any or all of
 78 the hallmarks of cancer required for tumor growth, development, and
 79 progression, as well as the enabling characteristics of genomic instabil-
 80 ity and tumor-promoting inflammation [2]. The immune system is
 81 constantly patrolling the body for foreign invaders and aberrant cells
 82 to destroy, a process commonly referred to as immunosurveillance [3].
 83 Thus, to remain viable and to continue to grow and thrive, tumors
 84 must not just blunt the antitumor immune response in its microenvi-
 85 ronment, the growing tumor must maintain other hallmarks of cancer,
 86 such as avoiding apoptosis and maintaining self-sufficiency of growth
 87 signals, inflammation, and angiogenesis [4].

88 Tipping the balance of immunosurveillance from tumor elimination
 89 to tumor promotion appears to be a complex process that spans multiple
 90 signal pathways that can be influenced by cytokine expression from
 91 tumor cells [5], immune cells [6], and other non-cancerous cell types,
 92 such as epithelial cells or cancer-associated fibroblasts (CAFs) [7], in
 93 the surrounding tissue. Thus, net cytokine signal inputs from multiple
 94 cell types in the tumor microenvironment (TME) can tip the overall bal-
 95 ance in immunoediting from tumor-promoting to tumor-suppressing, or
 96 vice versa. As we described in a previous review, cytokine biology is quite
 97 complex [8]. How, then, does one go about decoding such a complex
 98 network of multiple signals (some of which may be additive, antagonis-
 99 tic, or synergistic) that may originate from multiple potential sources and
 100 pleiotropic effects on the heterogeneous cell types in the TME?

101 A proteomic technique that has shown great promise in detecting
 102 key cytokines in cancers and in decoding tumor-related cytokine signal
 103 networks is the multiplexed immunoassay [9–13]. The two major types
 104 of multiplexed immunoassays are antibody arrays (wherein capture

antibodies are printed on a planar solid support, such as membranes, 105
 glass slides, or microtiter plates) and bead-based assays, in which 106
 capture antibodies are attached to fluorescently-tagged beads. The ca- 107
 pabilities, challenges, advantages, and disadvantages associated with 108
 these various multiplexed immunoassay technologies—compared with 109
 one another and with more traditional approaches to proteomics and 110
 genomics—have been well documented in the literature [8,13–17] and 111
 are beyond the scope of this review. 112

113 However, the salient aspects of these methods that make them
 114 useful are the sensitivity and specificity of immunoassays and the ability
 115 to detect multiple proteins as once. Low-density bead-based assays and
 116 antibody arrays may detect a dozen or so targets simultaneously, but
 117 high-density (high-content) antibody arrays can potentially screen for
 118 hundreds of proteins in as little as 20 μ l of sample. Thus, targeted screens
 119 for known inflammatory, angiogenic, apoptotic, or growth factors can
 120 help identify key biomarkers related to cancer hallmarks from among
 121 many potential candidates. High-density screens that allow for detec-
 122 tion of cytokines with diverse functions may reveal crucial but unex-
 123 pected expression of key factors by one or more cell types. Moreover,
 124 the heterogeneous nature of tumors lends itself naturally to analysis
 125 of the collective secretion profiles within tumor lysates or to dissect
 126 secretion profiles of single cell types (cancerous or non-cancerous) or
 127 co-cultures in vitro to discover which cells are contributing these critical
 128 signals and which cells are receiving them. After key factors are identi-
 129 fied by these cytokine screens, more traditional methods of cell biology,
 130 molecular biology, and genetics can be used to complement these
 131 results, confirming and further dissecting and defining the complex net-
 132 work of secreted cell–cell signals and intracellular signaling pathways
 133 that contribute to the biological process being studied. Thus, antibody
 134 arrays are extremely powerful tools for the identification of cancer-
 135 specific biomarkers either secreted by cells in the local microenviron-
 136 ment or by the cancer cells themselves.

137 The balance of this review will summarize much of what is known of
 138 the cellular and secreted signaling networks that constitute the native

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