



Multiantigenic peptide–polymer conjugates as therapeutic vaccines against cervical cancer



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ABSTRACT

Immunotherapy is one of the most promising strategies for the treatment of cancer. Human papillomavirus (HPV) is responsible for virtually all cases of cervical cancer. The main purpose of a therapeutic HPV vaccine is to stimulate CD8⁺ cytotoxic T lymphocytes (CTLs) that can eradicate HPV infected cells. HPV oncoproteins E6 and E7 are continuously expressed and are essential for maintaining the growth of HPV-associated tumor cells. We designed polymer-based multi-antigenic formulations/constructs that were comprised of the E6 and E7 peptide epitopes. We developed an N-terminus-based epitope conjugation to conjugate two unprotected peptides to poly *tert*-butyl acrylate. This method allowed for the incorporation of the two antigens into a polymeric dendrimer in a strictly equimolar ratio. The most effective formulations eliminated tumors in up to 50% of treated mice. Tumor recurrence was not observed up to 3 months post initial challenge.

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1. Introduction

Human papilloma viruses (HPVs) are the main cause of cervical cancer.¹ There are currently two prophylactic HPV vaccines, Gardasil and Cervarix, that have been developed and commercialized to the global market.² However, they are only recommended for naïve females aged from 9 to 26, and not for women already infected with HPVs.³ For this reason, a new therapeutic vaccine is required for the treatment of the HPV-infected population.

In the last few decades, peptide-based subunit vaccines emerged as promising prophylactic and/or therapeutic medicines against several infectious diseases.⁴ The main components of peptide-based subunit vaccines are the small peptides derived from the protein of a targeted pathogen.⁵ In contrast to whole-cell or protein vaccines, vaccine non-redundant peptide components are non-toxic and non-infectious, and significantly lower the risks of allergic and/or autoimmune responses in patients.⁶ They have high specificity as their peptide epitopes are purposely designed to recognize certain pathogenic targets. The pure peptides are easily

produced under simple and economical methods, and microbe culturing is not required. They are usually water-soluble and stable at room temperature, and do not require special storage conditions. The use of a peptide-based approach in the development of therapeutic anticancer vaccines in contrast to whole oncogenic proteins reduces the risk of vaccine-induced side-effects. However, one of the drawbacks of using peptides is that they require adjuvants as immunostimulant agents to trigger the desired immune responses. Commercially available adjuvants are often weak inducers of anticancer immune responses and/or toxic, and, therefore, new delivery platforms/adjuvants are needed.^{6,7}

To be effective, a therapeutic vaccine must be able to induce antitumor T-lymphocyte responses to directly kill cancer cells and, subsequently, to regress tumor growth.⁸ The identification of appropriate peptide epitopes capable of initiating effective anti-tumor T-lymphocyte responses is critical for the design of a therapeutic vaccine.⁹ HPV oncoproteins E6 and E7 are continuously expressed and are essential for maintaining the growth of HPV-associated tumor cells. Therefore, E6_{43–57} (QLLRREYDFAFRDL)¹⁰ and E7_{44–57} (QAEPDRAHYNIVTF) epitopes were chosen for this study. E7_{44–57} contains a CD4⁺ T helper cell epitope (E7_{48–54}, DRAHYNI) and a CD8⁺ T cell epitope (E7_{49–57}, RAHYNIVTF),^{11,12}

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