

## Chapter 10

# Perforin: A Key Pore-Forming Protein for Immune Control of Viruses and Cancer

Jerome Thiery and Judy Lieberman

**Abstract** Perforin (PFN) is the key pore-forming molecule in the cytotoxic granules of immune killer cells. Expressed only in killer cells, PFN is the rate-limiting molecule for cytotoxic function, delivering the death-inducing granule serine proteases (granzymes) into target cells marked for immune elimination. In this chapter we describe our current understanding of how PFN accomplishes this task. We discuss where PFN is expressed and how its expression is regulated, the biogenesis and storage of PFN in killer cells and how they are protected from potential damage, how it is released, how it delivers Granzymes into target cells and the consequences of PFN deficiency.

**Keywords** Cytotoxic granules · Cytotoxicity · Cytotoxic T cells · Familial hemophagocytic lymphohistiocytosis · Granzymes · MACPF · Natural killer cells · Perforin · Pore-forming protein

### Abbreviations

ADCC	Antibody-dependent cell-mediated cytotoxicity
APC	Antigen presenting cells
ASM	Acid sphingomyelinase
CDCs	Cholesterol-dependent cytolysins
CI-MPR	Cation-independent mannose-6-phosphate receptor
c-SMAC	The central region of the immune synapse
CTL	Cytotoxic T lymphocytes
<i>EOMES</i>	Eomesodermin
ER	Endoplasmic reticulum

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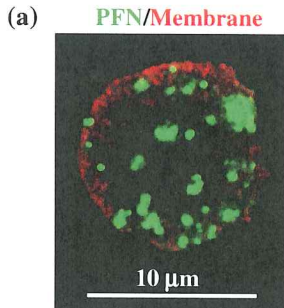
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FHL	Familial hemophagocytic lymphohistiocytosis
GNLY	Granulysin
Gzm	Granzymes
GvHD	Graft-versus-host disease
HGH	Hemophagocytic lymphohistiocytosis
IL2	Interleukin-2
IS	Immune synapse
LCMV	Lymphochoriomeningitis virus
LCR	Locus control region
MAC	Membrane attack complex
MACPF	Membrane attack complex/perforin
MTOC	Microtubule organizing center
NK	Natural killer
PFN	Perforin
SLO	Streptolysin O
SNARE	Soluble N-ethylmaleimide-sensitive factor accessory protein receptor
TCR	T cell receptor

## Introduction

Immune cytotoxic (killer) cells protect us from intracellular infection by triggering programmed cell death to eliminate infected cells; they also help protect us, although less effectively, from transformed cancer cells. The main killer cells are natural killer (NK) cells of the innate immune system and  $CD8^+$  cytotoxic T lymphocytes (CTL) of adaptive immunity, although some  $CD4^+$  T lymphocytes, especially  $T_H1$  and  $T_{reg}$  cells, also deploy the specialized cell death-inducing machinery. All killer lymphocytes contain specialized secretory lysosomes, called cytotoxic granules, filled with death-inducing serine proteases, called granzymes (Gzm, "granule enzyme") (Fig. 10.1). When the killer cell recognizes a cell targeted for elimination, the cytotoxic granules move to the immune synapse (IS) formed with the target cell and fuse their membranes with the killer cell plasma membrane, dumping their contents into the IS. This process is called granule exocytosis (Figs. 10.2, 10.3). The cytotoxic granules also contain perforin (PFN), a pore-forming protein encoded by the *PRF1* gene, which has an N-terminal membrane attack complex/perforin (MACPF) domain (reviewed in [101]) that is similar to the pore forming domain of the cholesterol-dependent cytolysins (CDCs) from Gram<sup>+</sup> bacteria, such as perfringolysin O [77], and to complement components C6–C9 of the membrane attack complex (MAC) [49, 86, 98] (Fig. 10.4). PFN, which is expressed only in killer lymphocytes, delivers the death-inducing Gzms into the target cell cytoplasm. The Gzm proteases activate cell death by cleaving specific target proteins in the cytoplasm and concentrate within mitochondria and

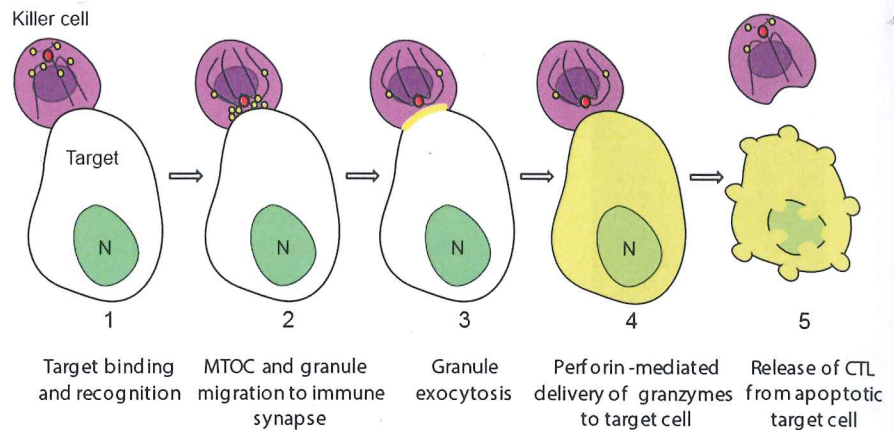


(b)

CTL and NK cell cytotoxic granule contents

Dense core	Function
Perforin	Pore formation; internalization of granzymes
Granzymes	Serine proteases
Granulysin	Microbicidal activity
Calreticulin	Calcium storage and perforin inhibitor
Cathepsin C	Pro-granzyme processing
Serglycin	Proteoglycan matrix
<u>periphery (resident lysosomal proteins)</u>	
Lamp-1	
Lamp-2	Lysosomal membrane proteins
CD63	
H <sup>+</sup> ATPase	Lysosomal acidification
Rab27a	
Munc13-4	Granule exocytosis
VAMP7/VAMP8	
Cathepsin B	Protect CTL against perforin

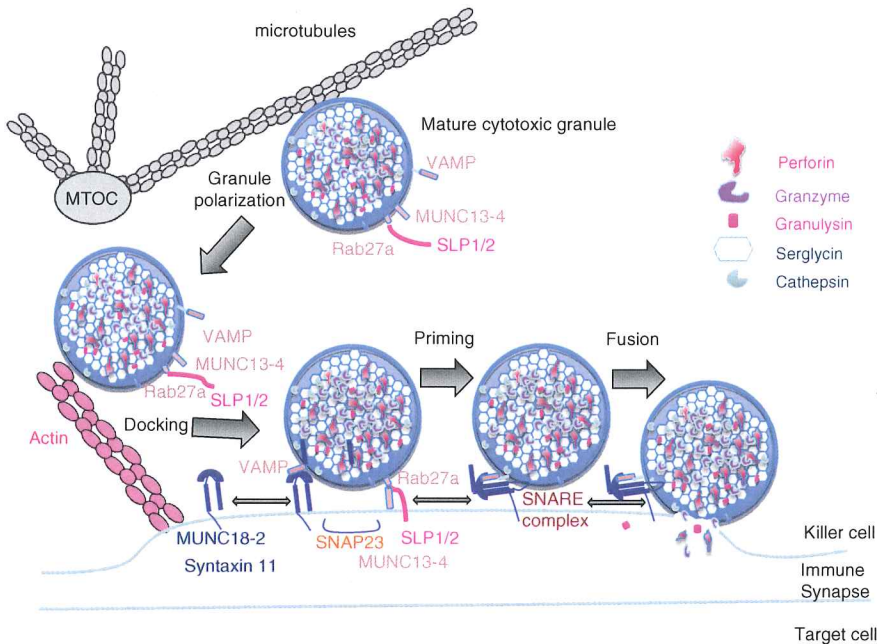
**Fig. 10.1** Key components of cytotoxic granules. **a** Perforin (*green*) is localized within the cytotoxic granules of a Natural Killer (NK) cell. The plasma membrane is stained *red*. **b** The cytolytic effector molecules, perforin, granzymes, and granulysin, are bound in the granule core to the serglycin proteoglycan. Calreticulin in the granule scavenges  $\text{Ca}^{2+}$  to prevent perforin membrane insertion. Cytotoxic granules also contain molecules found in all lysosomes, such as Lamp1 (CD107a), CD63 and cathepsins, as well as membrane-associated proteins specific to secretory lysosomes, such as vesicle-associated soluble N-ethylmaleimide-sensitive factor accessory complex component (VAMP)7 or VAMP8, Munc13-4, and Rab27a, which are essential for granule exocytosis. Cathepsins B and C play a special role in cytotoxic granules—cathepsin C removes 2 N-terminal amino acids from the pro-granzymes to produce the active enzyme; lysosomal membrane-associated cathepsin B may help protect the killer cell from membrane damage in the immune synapse by cleaving and inactivating perforin. Other cathepsins may substitute for these cathepsins when they are absent or mutated



**Fig. 10.2** Steps in granule-mediated cytotoxicity. After the killer cell recognizes a target cell (1), an immune synapse is formed at the interface and the microtubule organizing center moves to the synapse, reorganizing the microtubule network (2). Cytotoxic granules move along microtubules to dock at the killer cell membrane. Granule membranes fuse with the killer cell plasma membrane, releasing their contents (yellow) into the immune synapse (3). Perforin delivers the granzymes into the cytosol of target cells (4) where they initiate apoptotic death (5). The granzymes concentrate in the nucleus of target cells. The killer cell then detaches from the dying cell and is free to seek out additional targets

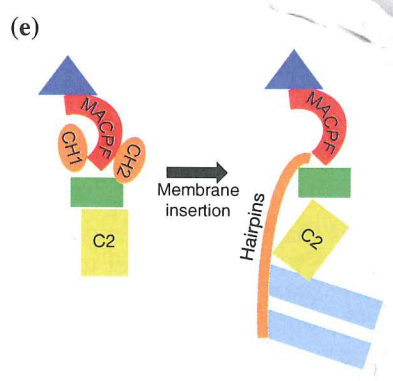
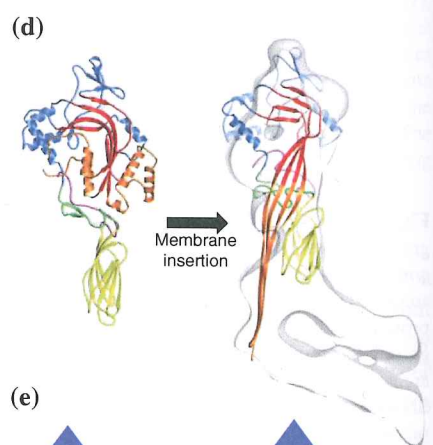
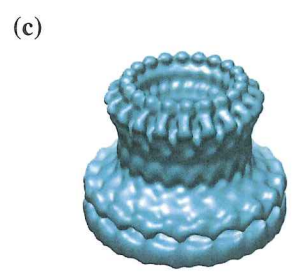
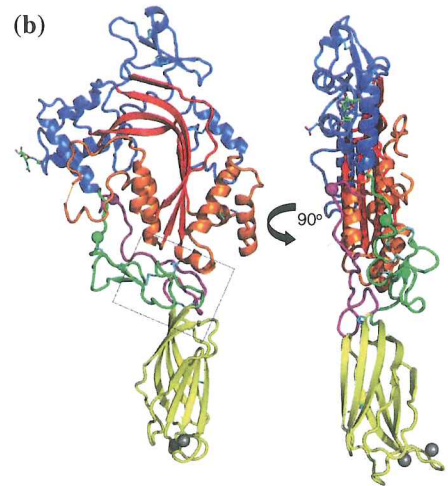
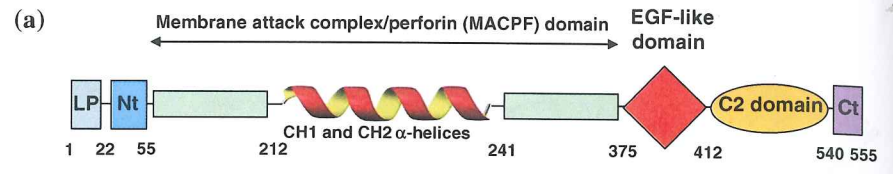
nuclei, where many key Gzm protein substrates reside. In the encounter with a target cell, the killer cell remains unharmed; thus killer cells are *serial* killers that can detach from one target to seek and destroy others. Target cells destroyed by cytotoxic granules die a highly regulated programmed cell death (apoptosis), rather than necrosis. Programmed cell death minimizes inflammation and damage to nearby tissue since target cells and their debris are rapidly removed by immune phagocytes, especially macrophages. Although killer lymphocytes can also activate programmed cell death by recognizing and activating death receptors on target cells, granule-mediated cell death is responsible for immune control of viral and intracellular bacterial infection and cancer.

PFN is the only molecule known to deliver the Gzms into target cells *in vivo*. Mice genetically deficient in *Prf1* are profoundly immunodeficient, being unable to protect themselves from viruses and prone to develop lymphoma. Humans genetically deficient in functional PFN are also impaired in their ability to handle intracellular infection and can develop an often-fatal inflammatory syndrome due to unresolved infection that can only be treated by bone marrow transplantation (see Chap. 11). Individuals bearing hypomorphic mutations that do not completely eliminate PFN function can be asymptomatic until adulthood and are susceptible to developing lymphoma. Recently a weakly paralogous protein PFN-2 that contains a MACPF domain and is expressed from the *MPEG1* gene mainly in macrophages has also been identified and is hypothesized to also form membrane pores [54]. PFN-2 may play a role in macrophage defense against bacteria.



**Fig. 10.3** Model of granule exocytosis. In response to antigen recognition, the mature cytotoxic granule moves along microtubules, to dock at the cell membrane at the immune synapse probably with assistance from the actin-myosin cytoskeleton. A cytotoxic granule vesicle-associated soluble N-ethylmaleimide-sensitive factor accessory (SNARE) complex component (VAMP) protein binds to Munc18-2, which is associated with plasma membrane syntaxin 11. Cytotoxic granule proteins Rab27a and Munc13-4, in association with a synaptotagmin SLP1 or SLP2, help anchor the granule to the membrane. A SNARE complex forms between plasma membrane SNAP23 and syntaxin 11 and granule membrane VAMP to initiate fusion of the granule membrane to the plasma membrane. Following membrane fusion, the cytotoxic granule contents are released into the immune synapse. After fusion, granule membrane-associated cathepsin B (*not shown*) is displayed on the killer cell membrane and protects it from perforin membrane damage. Figure adapted from [20]

In this chapter we describe our current understanding of how PFN functions in killer cells. PFN multimerizes to form pores in cholesterol-containing membranes in a  $\text{Ca}^{2+}$ -dependent manner. The structure of PFN, based on the recent crystallization of monomeric PFN and single-particle cryo-EM reconstruction of PFN pores, is described in Chaps. 4 and 6. Here we discuss where PFN is expressed and how its expression is regulated, the biogenesis and storage of PFN in killer cells and how they are protected from it, how it is released, how it delivers Gzms into target cells and the consequences of PFN deficiency. Although the simplest model for PFN-mediated Gzm delivery into target cells would be through PFN pores in the target cell plasma membrane, this model does not fit the data. Plasma membrane delivery leads to cell membrane damage and rapid target cell death by necrosis, rather than the characteristic slower and non-inflammatory immune-mediated death

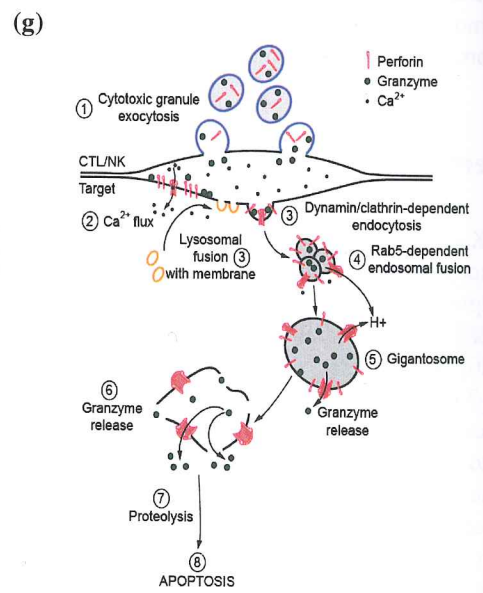
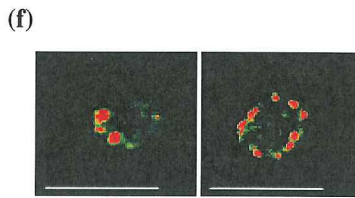
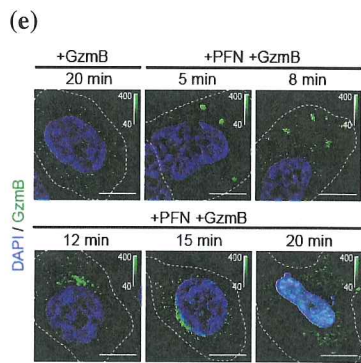
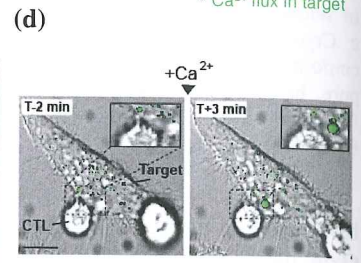
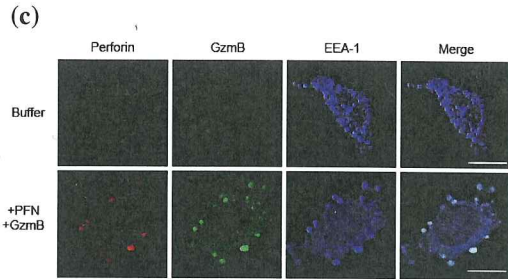
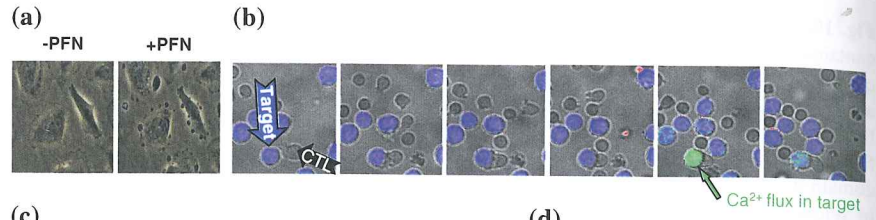


◀ **Fig. 10.4** Perforin structure and insertion in the plasma membrane. **a** The PFN monomer contains an N-terminal domain (Nt) with a leader peptide (LP), followed by a membrane attack complex/perforin (MACPF) domain (composed of complement homology domains joined by two alpha-helical domains). A calcium-binding C2 domain, responsible for membrane binding, followed by a C-terminal peptide (Ct) are linked to the MACPF domain by an epidermal growth factor (EGF) domain. **b** Crystal structure of the PFN monomer, color coded with the MACPF domain in *red*, the CH1 and CH2 helices in *orange*, the EGF domain in *green*, and the C2 domain in *yellow*. The *grey balls* indicate calcium binding to the C2 domain in the crystal structure. **c** Cryoelectron microscopy reconstruction of the large PFN pore. **d, e** Model of PFN conformational change induced by membrane binding of the C2 domain to form a multimerized pore, based on the structure of the monomer and the reconstruction of PFN pore densities. Domains in **e** are color coded as in **b**. *Light Blue* in **e** indicates the membrane. **b–e** are adapted from [48]

by apoptosis. Here we discuss the experimental basis for an alternate model for Gzm delivery (Fig. 10.5). In this model, PFN causes transient cell membrane damage that mobilizes the target cell to repair the damaged membrane rapidly and remove PFN and Gzms on the membrane by endocytosis. Gzms are then released from endosomes when PFN forms large pores in the endosomal membrane.

## Perforin is Only Expressed by Killer Lymphocytes

NK cells and CD8<sup>+</sup> T cells are the major classes of PFN-expressing killer lymphocytes. Non-lymphoid cells, B lymphocytes and noncytolytic T cells do not express PFN. Cytotoxicity and *PFN1* expression are tightly regulated and correlated. When T cells are released from the thymus and before they encounter antigen, they are “naïve”—they do not express *Pf1* and are not cytotoxic. About 5–7 days after naïve CD8 T cells encounter antigen recognized by their T cell receptor (TCR), they differentiate into effector cytotoxic cells that express PFN and some of the Gzms [36]. At the same time, they down-regulate adhesive and chemokine receptor molecules that retain them in lymph nodes and acquire receptors that allow them to traffic to tissue sites of infection and tumor invasion. Professional antigen presenting cells (APC), macrophages and dendritic cells, are the most effective cells for activating cytotoxic function. Induction of cytotoxic genes requires not only antigen-receptor activation, but also costimulation, and is greatly enhanced by APCs that have been stimulated by danger- and pathogen-associated pattern recognition receptors or by exogenous inflammatory and antiviral cytokines, including the Type I interferons, IL-1 and IFN- $\gamma$ . The combination of these signals leads to production of IL-2 and other related  $\gamma_c$ -dependent cytokines (IL-4, IL-7, IL-9, IL-15 and IL-21), which are needed to activate PFN gene expression. This insures that cytotoxicity is only triggered by *bona fide* antigens on infected cells or cancers and not by “self” antigens that the TCR might recognize. Activated killer CD8<sup>+</sup> T cells also begin to express the Fc $\gamma$  receptor CD16, also present on cytotoxic NK cells, which enables them to recognize and lyse target





◀ **Fig. 10.5** Model of perforin delivery of granzymes into the target cell. **a** PFN treatment of HeLa cells causes dramatic membrane perturbation and blebbing. **b** Killer cell degranulation causes a transient calcium influx in target cells that persists for a few minutes. In this experiment from [45] PHA-activated human cytotoxic T lymphocytes (CTL) were incubated with Fura-2-loaded, anti-cluster of differentiation 3 (CD3)-coated U937 cells and images were obtained every 30 s. The Fura-2 indicator dye is *blue* when calcium is low and *green* when it is elevated. **c** PFN and granzyme B are endocytosed into giant EEA-1—staining endosomes (gigantosomes). When HeLa cells are treated with PFN and granzyme B, within 5 min, granzyme B (*green*) concentrates in gigantosomes and is released beginning after about 10 min. Later the released granzyme concentrates in the target cell nucleus (*blue*). **c** is reprinted from [94]. **d** Large EEA-1<sup>+</sup> endosomes (*green*) form in a target cell after CTL degranulation. EGFP-EEA-1 transfected HeLa target cells were incubated with specific CTL in the absence of calcium to allow cell conjugation. After 2 min, CaCl<sub>2</sub> was added to induce CTL degranulation. Enlarged endosomes form in the target cell within minutes following CTL degranulation. **e** The addition of PFN to granzyme B causes fluorescent granzyme B (*green*) uptake into gigantosomes. After ~10 min, granzymes are released into cytosol and concentrate after 20 min in the target cell nucleus, stained with DAPI (*blue*). **f** High magnification confocal section of representative gigantosomes stained 7 min after HeLa cell treatment with human PFN showing highly localized PFN staining in clumps on the endosomal membrane. **g** Model for PFN delivery of granzymes. After cytotoxic granule exocytosis into the immunological synapse (1), PFN multimerizes in the target-cell membrane to form small pores through which Ca<sup>2+</sup> enters (2), triggering a plasma membrane repair response (3) in which lysosomes fuse with the damaged plasma membrane and PFN and granzymes are rapidly internalized by dynamin and clathrin-dependent endocytosis. PFN and granzyme-containing endosomes then fuse together by rapid Rab5-dependent homotypic fusion in response to the transient Ca<sup>2+</sup> flux (4) to form gigantosomes. Within gigantosomes, PFN continues to multimerize to form new and possibly bigger pores, preventing acidification and causing some granzyme release (5), before inducing endosomal rupture and complete granzyme release into the target-cell cytoplasm (6), where they initiate proteolysis (7) leading to programmed cell death (8). **d–g** are reprinted from [93]. Scale bars 10 μm (**c–e**) or 5 μm (**f**)

cells that have been coated with antibodies in a process called antibody-dependent cell-mediated cytotoxicity (ADCC). In situations of persistent and extensive antigenic stimulation, however, such as occurs in tumors and chronic viral infection, many effector T cells with surface protein expression of CD8<sup>+</sup> no longer express PFN and are not cytotoxic [97, 108, 112]. Effector CD8<sup>+</sup> T cells that lack cytotoxicity are termed “exhausted”.

PFN is also present in NKT cells (a group of T cells co-expressing a TCR and NK cell surface receptors [63]). Some murine CD4<sup>+</sup> T cells, especially T<sub>H</sub>1 cells generated by viral infection, also express *Prf1* mRNA, but about 20 times less than activated CD8<sup>+</sup> T cells [12, 13]. Effector-like γδ T cells and human CD4<sup>+</sup>CD25<sup>+</sup> regulatory T cells [33] also express PFN and can be cytotoxic.

Most effector cells in an immediate immune response die within a few weeks, but some survive and develop into memory cells. Memory cells down-regulate cytotoxic effector proteins, but the kinetics of down-regulation varies with the molecule and with the particularities of the immunostimulatory environment [19, 78]. PFN, as the limiting molecule for cytotoxicity, is down-regulated more rapidly than other effector molecules. Memory CD8<sup>+</sup> T cells rapidly reacquire cytotoxic capability within hours of restimulation. The molecular basis for this

rapid response is not well understood, although recent studies suggest that in memory CD8<sup>+</sup> T cells the chromatin of cytolytic effector gene promoters and of eomesodermin, the master transcription factor that regulates CD8<sup>+</sup> T cell effector genes, bear epigenetic marks that poise them for transcription compared to naïve T cells [1, 2, 24, 62, 113]. These cells might also store *Prfl* and *Gzm* mRNAs that can be rapidly translated upon activation.

It takes a week to ten days for naïve CD8<sup>+</sup> T cells to proliferate and differentiate into a large population of antigen-specific CTLs. In the meantime, NK cells mediate the immediate response to intracellular infection in individuals that have not been vaccinated or previously exposed. NK activating receptors recognize cell surface changes on tumors, stressed cells and infected cells, such as down-regulation of MHC/HLA molecules or cell surface expression of nonclassical MHC molecules, such as MICA and MICB, that are induced by stress. Freshly minted NK cells (at least in mice, but not studied in humans) do not immediately express *Gzms* and PFN [26]. They constitutively express mRNAs for *Gzma* and *Gzmb* and *Prfl*, but only have detectable *Gzma* protein. Hence, they have limited cytotoxicity. However, PFN and *Gzms* and cytotoxicity are up-regulated rapidly when NK cell activating receptors are engaged. Less differentiated NK cells that highly express the neural cell adhesion molecule NCAM or CD56 and lack CD16 are weakly or not cytotoxic, while more differentiated CD56<sup>dim</sup>CD16<sup>+</sup> NK cells are potent killer cells [100]. Once an NK cell has acquired cytolytic activity, the *PRFI* gene is thought to be constitutively transcribed [79]. In the circulation CD56<sup>dim</sup> NK cells have about a log more PFN than CD56<sup>bright</sup> NK cells.

### Perforin Gene Regulation

In mammals and marsupials, PFN is encoded by a single-copy gene, but multiple variants have been described in fish and amphibians, most likely as a result of genome duplication [9]. *PRFI* is closely related in sequence to the terminal complement genes in fish and other species. In mammals another more weakly related pore-forming protein, found in macrophages (MPEG-1, 12 % amino acid identity), may have been a *PRFI* ancestor, since it can be traced evolutionarily to sponges [54]. Sequence alignments show a high degree of conservation of *Prfl* genes from different species. This high conservation may be related to its non-redundant function as a target cell membrane damaging agent, essential for cytotoxicity. Despite a 30 % divergence in sequence, mouse and human PFN can functionally substitute for each other.

Both human *PRFI* and mouse *Prfl* genes are located on chromosome 10 and share a common simple structure comprised of three small exons that span 6 kb [70] as well as 5'- and 3'-untranslated regions. The core promoter and sites of transcription initiation have been mapped, as well as cis-acting functional sequences in the proximal region of the *PRFI* gene. The *PRFI* promoter is GC-rich, does not possess a TATA-box and has one major and several minor sites

of transcription initiation [50]. The promoter is moderately active and not specific for killer cells. However, basal transcriptional activity is repressed in non-cytotoxic cells by a sequence upstream by  $-240$  bp and an unidentified transcriptional repressor [115]. The two key transcription factors, T-bet (*TBX21*) and eomesodermin (*EOMES*), that belong to the T-box family are the key master regulators of cytotoxic gene expression and survival of committed  $CD8^+$  memory cells [31, 67, 90, 107]. After naïve  $CD8^+$  T cell activation, T-bet is induced before eomesodermin [18]. Notch signaling and the Runx3 transcription factor upregulate *Eomes*, but also directly upregulate expression of *Prfl* [17, 18]. Mice deficient in both *Tbx21* and *Eomes* genes are unable to control tumors and intracellular infection [5, 40, 117]. They develop a wasting syndrome caused by anomalous differentiation to IL-17-secreting cells, suggesting that these two transcription factors not only positively regulate cytotoxic gene expression and other genes required for CTL survival and function, but also suppress differentiation to alternate lineages. An uncharacterized Ets family transcription factor also supports *PRF1* promoter activity in killer cells [110].

Two enhancers at  $-15$  and  $-1$  kb have also been described. Interleukin-2 (IL2) signalling induces the STAT-5 transcription factor, which stimulates these enhancers, leading to expression of both human *PRF1* and mouse *Prfl* genes [114]. The  $-1$  kb enhancer links *PRF1* gene expression to signalling from other cytokines through STAT3 or STAT4 [109, 111]. Additional transcription factors can also bind to the  $-15$  and  $-1$  kb enhancers including NF- $\kappa$ B, NFAT, Ikaros and AP-1 [116]. However, the presence of these two enhancers is not sufficient for optimal and physiological expression of PFN. PFN expression is controlled by an extended 150 kb cis-regulatory "territory" that includes a locus control region (LCR) regulating the developmental and activation-specific expression of PFN only in T cells and NK cells [69].

### Perforin Structure, Mechanism of Membrane Insertion and Pore Formation

Mature PFN is a 533 amino acid protein consisting of three domains: an N-terminal MACPF domain, an intermediate EGF-like domain and a C-terminal  $Ca^{2+}$ -binding C2 domain responsible for the initial  $Ca^{2+}$ -dependent binding of PFN to membrane surfaces (Fig. 10.4). At high concentrations PFN multimerizes in a cholesterol- and  $Ca^{2+}$ -dependent manner in the plasma membrane of cells to form 5–15 nm pores [48, 59, 71, 81, 98]. Recent crosslinking and biophysical studies suggest that PFN may form at least two types of pores in membranes—small unstable pores composed of about seven monomers, and much larger stable pores [72, 93]. Cryoelectron microscopy reconstructions suggest that the large pores are composed of  $\sim 19$ –24 subunits and have a lumen large enough for Gzm monomers or GzmA dimers to pass through easily. Membrane pore formation by PFN can be separated into three stages, each involving structural transitions: membrane binding, multimerization

and formation of a transmembrane pore. PFN mainly forms pores in cholesterol-containing membranes. However, it can also less efficiently form pores in cholesterol poor membranes that are found in bacteria, fungi and parasites [72]. It is largely inactive against pathogens, which do not synthesize cholesterol.

The PFN C2 domain, which initiates docking with the lipid membrane in a  $\text{Ca}^{2+}$ -dependent manner, contains key aspartic acid residues that coordinate binding of up to four  $\text{Ca}^{2+}$  atoms [105]. The CDCs contain a Thr-Leu motif that binds to cholesterol [25] and causes two nearby hydrophobic loops to insert into the lipid bilayer and anchor the CDC monomer perpendicularly to the membrane surface [74]. However, PFN lacks this motif.

The N-terminal MACPF region of the mature 67 kDa protein (residues 44–410 of the human protein) is homologous to domains in complement proteins C6, C7, C8 $\alpha$ , C8 $\beta$  and C9 that form the complement MAC. The crystal structure of monomeric mouse PFN was recently solved [48]. The MACPF domain is similar in structure to that of bacterial pore-forming cholesterol-dependent cytolysins, although they have been hypothesized to insert into membranes in opposite orientations (although this is uncertain [30]). The PFN (and CDC) MACPF domain are composed of a bent and twisted four-stranded  $\beta$ -sheet flanked by clusters of  $\alpha$ -helices. During pore formation the  $\alpha$ -helices unwind to insert into lipid membranes as amphipathic  $\beta$ -strands, which assemble into a transmembrane  $\beta$ -barrel during multimerization [75, 83]. PFN multimerization involves the association of oppositely charged residues on two "flat faces" of the MACPF domain (R213 and E343) [7]. Between the N-terminal MACPF domain and the C2 domain, a central EGF-like domain lies. Little is known about the function of this domain. However, in the PFN monomer, the EGF-like domain interacts with the  $\alpha$ -helices of the MACPF domain and may help fix their orientation to the membrane [48].

## Perforin Synthesis and Storage

PFN is translated with a leader sequence that directs it to the endoplasmic reticulum (ER), but because it could potentially cause self-destruction of killer cells, the biosynthesis and storage of PFN is carefully controlled. PFN only forms pores at neutral pH, which means that the neutral,  $\text{Ca}^{2+}$ -rich ER milieu would be ideal for activating it. The inactivity of PFN in the ER was initially ascribed to its synthesis as an inactive precursor, which is only activated by removal of a carboxy-terminal glycosylated peptide in cytotoxic granules [99]. Removal of this C-terminal peptide was proposed to be necessary for  $\text{Ca}^{2+}$  to bind to the C2 domain to enable membrane binding. However, this idea is not supported by the solved structure of monomeric PFN in which the C-terminal peptide and the C2 domain are not close enough to interact [48]. More recent data show that PFN is active within the ER, but that glycosylation at 2 sites, in the MACPF domain and in the C-terminal peptide, leads to its rapid trafficking to the  $\text{Ca}^{2+}$ -poor Golgi and thence to safe storage in acidic cytotoxic granules [11]. A conserved C-terminal

tryptophan residue, working through an unknown mechanism, facilitates the rapid transport from the ER to the Golgi [11]. Mutation of the terminal tryptophan leads to enhanced death of the killer cell. In the ER and cytotoxic granules, PFN interacts with calreticulin, an ER chaperone and  $\text{Ca}^{2+}$ -binding protein, which may also inhibit PFN membrane insertion until after the granules are released [21, 27].

Cytotoxic granules are acidic, electron-dense, specialized secretory lysosomes [68] (Fig. 10.1). These granules are mobilized like secretory vesicles in other secretory cells, such as neurosecretory vesicles near the synapses of neurons and melanin-containing vesicles of melanocytes. The acidic environment of the granules not only inhibits PFN binding to  $\text{Ca}^{2+}$  [105], but also contributes to PFN stability. Indeed, PFN levels in CTLs treated with concanamycin, an inhibitor of the vacuolar  $\text{H}^+$ -ATPase, which disrupts granule acidification, are dramatically decreased [44]. In addition to PFN, cytotoxic granules contain the Gzms and a cationic pore-forming molecule, granulysin (GNLY), which is homologous to the saposins and selectively active at disrupting negatively charged bacterial and possibly fungal and parasite cell membranes. GNLY is expressed in humans and nonhuman primates and orthologues are found in some other species (pigs, cows and horses), but not in rodents. Like PFN, GNLY expression is restricted to cytotoxic cells. The positively charged cytotoxic effector molecules are bound in the granule to an acidic proteoglycan, called serglycin, after its many Ser-Gly repeats [53, 57], which has been proposed as another mechanism for reducing PFN multimerization within the granules [29]. However, although the killer cells of serglycin-deficient mice store less GzmB, they have normal amounts of PFN and GzmA and have unimpaired cytotoxicity [34].

In addition to these specialized molecules, the cytotoxic granules also contain lysosomal enzymes, the cathepsins, and internal lysosomal membrane proteins, such as CD107 (Lamp1). The outside of the granule membrane binds SNARE (soluble N-ethylmaleimide-sensitive factor accessory protein receptor) proteins, synaptotagmins and Rab GTPases, that regulate vesicular trafficking and cytotoxic granule release. Some of these molecules, including Rab27a and Munc13-4, which are important for granule exocytosis, are only incorporated into cytotoxic granules as they mature by fusion of cytotoxic granules with specialized exocytic vesicles, formed in secretory cells by fusion of late endosomes and recycling endosomes (Fig. 10.3). Some of the granule-associated molecules associate with lysosomes in all cells, while some have a specialized function in killer cells.

During target cell killing, PFN is released from the cytotoxic granules into the IS formed between the target and killer cell (Fig. 10.2, see below). In these conditions, PFN is free to act on the target, but also on the effector cell plasma membrane. How the killer cell membrane is protected from PFN is still not completely clear. The granule membrane protein cathepsin B is incorporated in the killer cell plasma membrane when cytotoxic granules fuse with the killer cell plasma membrane during granule exocytosis. Cathepsin B can cleave PFN and potentially inactivate any PFN redirected toward the killer cell [4]. However, CTLs from mice deficient in cathepsin-B survive target cell encounters *in vitro* and *in vivo* [6]. A possible explanation for these seemingly contradictory results could

be that other membrane-bound granule cathepsins also inactivate PFN when cathepsin B is absent.

### Perforin and Cytotoxic Protein Release into the Immune Synapse

When CTL and NK cells form an IS with a target cell, engagement of activating receptors, including the T cell receptor, killer cell activating receptors, and Fc receptors, activates the killer cell to destroy the target cell (Figs. 10.3, 10.4). Their activation for cytolysis is enhanced by binding of CD8 or CD4, costimulatory receptors and adhesion molecules like LFA-1, which cluster in well-defined concentric rings within the IS. Killer cell activation causes a  $Ca^{2+}$  flux that induces lytic granules to cluster around the microtubule organizing center (MTOC) and then align along the immunological synapse [10, 20, 22, 23, 46, 51, 64] (Figs. 10.2, 10.3). Granules move to the immune synapse via both the microtubule network and actin cytoskeleton. Cytotoxic granules then dock to the killer cell plasma membrane in the central region of the immune synapse (c-SMAC). Cytotoxic granule docking is orchestrated by binding of Rab27a on the cytosolic side of the mature granule membrane with synaptotagmin-like proteins, SLP1 or SLP2, which are anchored in the cell membrane. Docked granules are then primed for fusion by the interaction of Munc13-4 on their surface with syntaxin 11 on the killer cell membrane. This triggers the formation of a SNARE complex, the molecular machine for granule membrane fusion, between cytotoxic granule VAMP7 or VAMP8 with syntaxin 11 and SNAP23 on the cell membrane. Granule membrane fusion also requires participation of Munc18-2 to trigger the conformational activation of the SNARE complex. Acid sphingomyelinase may be required for the contraction of docked cytotoxic granules and expulsion of their contents [37]. Once in the presumably pH neutral IS, PFN is probably released from serglycin [53], and can bind  $Ca^{2+}$  to become activated for membrane insertion.

### How Perforin Delivers Granzymes into Target Cells

PFN was originally hypothesized to form large pores in the target cell plasma membrane that allow Gzms to passively diffuse into the target cell. The electron microscopy images of large PFN pores in cell membranes on which this idea was based were all generated by applying very high concentrations of PFN to cells. At these concentrations, PFN causes necrotic cell death by irreversibly damaging the target cell membrane. However, during killer cell-induced death, the simple plasma membrane pore model does not fit the data (Fig. 10.5). In this cell

membrane pore model, Gzms enter the cytosol directly but during killer cell lysis or when cells are treated with the sublytic concentrations of PFN that deliver Gzms into cells to induce apoptosis, Gzms are not detected at first in the cytosol, but instead are initially endocytosed into clathrin-coated vesicles and transported to endosomes [45, 57, 93, 94].

Gzms can bind to the cation-independent mannose-6-phosphate receptor (CI-MPR) or heparin receptors on target cells [60], but cells lacking these receptors are killed just as efficiently [47, 96]. Because the cell membrane is negatively charged and the Gzms are very basic ( $pI \sim 10$ ), the Gzms bind to cell surfaces independently of any receptor via electrostatic interactions [8, 84]. Receptor independence insures that all cells can be targeted and viruses or cancer cells cannot evade immune surveillance by down-regulating a cellular receptor. In the absence of PFN, bound Gzms are inefficiently endocytosed, but because they do not escape from endocytic compartments, there is no cell death without PFN [14, 28, 85].

We found that PFN indeed forms plasma membrane pores in the target cell, but these pores are small and transient and only allow small dyes to begin to enter the cytosol before the damaged area is walled off. However,  $Ca^{2+}$  flows into the target cell through these pores and remains elevated for a few minutes. Because intracellular  $Ca^{2+}$  is low in cells with an intact cell membrane, the cell senses a  $Ca^{2+}$  influx as a sign that the plasma membrane has been breached. The elevated  $Ca^{2+}$  triggers a rapid cellular membrane damage response (also known as cellular "wound-healing" [76]) in which intracellular vesicles move to the plasma membrane and fuse with it to patch holes, removing and internalizing into endosomes any damaged membrane [39, 55, 92, 93]. Some of the damaged membrane may also be removed by blebbing. When the membrane repair response is inhibited then because the cell membrane remains leaky, target cells die by necrosis instead of by the slower, regulated, noninflammatory and energy-dependent apoptosis. Normally, however, membrane wound healing immediately activates endocytosis leading to the rapid internalization of the membrane-bound granzymes, granulysin and PFN. Elevated cytosolic  $Ca^{2+}$  activates endosomal fusion, and the resulting granzyme- and PFN-containing endosomes fuse to form giant endosomes  $\sim 10$  times larger than normal that have been termed gigantesomes. In the endosomal membrane, PFN forms larger and more stable pores through which Gzms begin to leak out into the cytosol. The leakiness of the endosome prevents its acidification, allowing PFN to remain active, and about 10–15 min after cell death has been triggered the gigantesomes become unstable and rupture, releasing any remaining cargo to the cytosol where they activate programmed cell death. Although endosomal uptake, gigantesome formation, rupture and Gzm release have been visualized in cells treated with sublytic PFN and Gzms and during T cell and NK cell-mediated killing, this model is controversial and some researchers still think that the original plasma membrane pore model is correct [52].

Bacterial and viral endosomolysins can substitute for PFN in vitro (and are widely used as laboratory reagents for intracellular delivery [14]) and potentially might play a similar role in vivo in limited circumstances. A similar repair of injured plasma membrane by rapid  $Ca^{2+}$ -dependent endocytosis has also been

demonstrated with the pore forming protein streptolysin O (SLO) [39]. The release of lysosomal acid sphingomyelinase (ASM) by SLO-wounded cells promotes endocytosis and membrane lesion removal [91]. When ASM is released from the injured cell, it converts sphingomyelin in the outer leaflet of the plasma membrane to ceramide [38]. PFN also induces the formation of large endosome-like invaginations in artificial liposomes [73].

The idea that PFN activity at the plasma membrane leads to pores that are either too small or too rapidly removed to deliver Gzms directly to the cytosol, but that PFN pores formed in endosomal membranes are functional for Gzm delivery to the cytosol is consistent with a recent study of PFN pore conductance and cryo-electron microscopy in planar lipid bilayers and unilamellar vesicles of different lipid compositions and sizes [72]. In this study two different membrane-bound PFN conformations were observed, which were interpreted as pre-pore and pore states of the protein. Small, highly unstable pores preceded the development of stably open and larger pores that retain a size distribution [72]. In another study, PFN monomers formed at the plasma membrane included arc-like structures, representing incomplete PFN pores [58]. These studies suggest that the rapid membrane repair response interferes with the formation of larger pores on the plasma membrane, restricting Gzm entry, but that PFN multimerizes into larger stable pores on the giantosome membrane, where the membrane repair response doesn't operate.

## Perforin Deficiency and Disease

*Prf1* knockout mice are severely impaired in their defence against viruses and immune surveillance of tumors [3, 35, 42, 43, 87, 106]. Moreover, in response to lymphochoriomeningitis virus (LCMV), *Prf1*<sup>-/-</sup> mice develop a hemophagocytic lymphohistiocytosis (HLH) syndrome that resembles the syndrome associated with *PRF1* insufficiency in humans (also called familial hemophagocytic lymphohistiocytosis (FHL) [41, 88]). *Prf1*<sup>-/-</sup> mice are also less able to clear infection with the intracellular bacterium *Listeria monocytogenes* [42]. They are more susceptible to chemically or oncogenically induced tumors, including 3-methylcholanthrene-induced fibrosarcoma [82] and oncogene-driven mammary adenocarcinoma [89]. As they age, *Prf1*<sup>-/-</sup> mice also spontaneously develop highly aggressive disseminated B-cell lymphomas [87]. In a large cohort (n > 800) of aging *Prf1*<sup>-/-</sup> mice, additional tumors developed including thymic lymphomas, sarcomas, and lung adenocarcinoma. The severe immune consequences of *Prf1* deficiency can be contrasted by the mild phenotypes associated with Gzm deficiency, likely because the Gzms have redundant functions. Mice deficient in any one of the 10 Gzms, or even of the 5 Gzms in the Gzm B cluster, only have subtle differences compared to wild-type animals. Requirements for a single Gzm have been shown in some cases by specific immune challenges. For example, Gzm A-deficient mice are more susceptible to the poxvirus ectromelia [61] and Gzm B-deficient mice have

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reduced graft-versus-host disease (GvHD) [32]. No human clinical syndromes have been identified with gene mutations of the 5 human *Gzm* genes.

In humans, *PRF1* bi-allelic mutations are extremely rare, but have been identified in 30–60 % of young children suffering from a rare autosomal recessive disorder called FHL (FHL2 or Type 2 FHL) [88] that is often fatal if not treated with bone marrow transplantation. Mutations that interfere with cytotoxic granule exocytosis (*UNC13D* mutations encoding for Munc13-4 (FHL3); *STX11* mutations encoding for syntaxin-11 (FHL4) and *STXBP2* mutations encoding for Munc18-2 (FHL5)) cause the same syndrome. The genetic defect in some cases has not been identified (FHL1). Killer cell cytotoxicity is profoundly impaired in these patients. FHL is an immune homeostasis disorder characterized by uncontrolled activation and proliferation of CD4<sup>+</sup> and CD8<sup>+</sup> T cells and macrophage activation [101], which is likely secondary to chronic unresolved viral infection, especially of herpesviruses. Macrophage activation is driven by excessive production of IFN- $\gamma$  by activated CD8<sup>+</sup> T cells [65, 66]. In these patients, activated macrophages in the spleen and bone marrow phagocytose erythrocytes, leukocytes, and platelets, resulting in severe pancytopenia and anemia. Moreover, the uncontrolled secretion of inflammatory cytokines (IL-1, IL-6, and TNF- $\alpha$ ) by these activated macrophages results in severe fever and other symptoms.

Sequencing of *PRF1* mutations in FHL patients has identified nonsense, frameshift and missense mutations that disrupt PFN synthesis, folding or activity [102, 104]. Some patients with hypomorphic bi-allelic mutations that affect PFN folding or stability have milder disease that is not diagnosed until adulthood. These patients are prone to develop leukemia and lymphoma [16]. The A91 V allele (the most common *PRF1* genetic variant, found in 3–17 % of Caucasians) leads primarily to misfolding of PFN rather than complete loss of function [95, 105]. The killer cells of patients with A91 V mono or bi-allelic mutations have reduced cytolytic activity [103]. A91 V mono or bi-allelic mutations predispose to acute lymphoblastic leukemia [80], anaplastic large cell lymphoma [15] and BCR-ABL<sup>+</sup> acute lymphoblastic leukemia [56].

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