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15. From distal locations in the cosmids M2A and M20A, wp's T and Y were derived (Fig. 1). With wp T, M9A and U10A were cloned. Restriction mapping confirmed that these cosmids overlapped M2A. Similarly, M32A, which hybridized to wp Y, shared diagnostic restriction fragments with M20A. The chromosome walk was continued by extension of the TNF cosmid cluster; the cosmid library was successively screened four times. From M9A, wp U was prepared to clone R1A and R9A. The subsequent series of cosmids, R4A, R15A, and R5A was obtained with wp V from R9A. From R5A, wp W was derived to isolate R3A, R4B, R15B, and R17A. Finally, R13C and R5B were identified with wp X from R17A. They were matched by another cosmid, K20A, which had previously been found with wp V from R9A. Therefore, a DNA segment including wp V must be duplicated within the cloned region. Inspection of restriction maps revealed a definitive overlap among R5B, K20A, and M32A. Thus, the genes for the TNFs and HLA-B were linked. Cosmid clones downstream from TNF $\alpha$  were also sought. R2A and R13B were isolated with wp S from O30A. A 600-bp Xba I fragment from BAT2-5 cDNA was the probe for cloning K3A, K19A, K11A, and K4B. From K4B, wp R was prepared to isolate K23C and K22A. Screening with wp Q from K22A yielded K17B and K15A, and screening with wp P from K15A yielded K11B, K13B, and K16A. In the last walking step, K17C, K18B, and K11C were identified with wp O from K16A.
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26 July 1988; accepted 24 October 1988

## Polymerase Chain Reaction with Single-Sided Specificity: Analysis of T Cell Receptor $\delta$ Chain

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In the polymerase chain reaction (PCR), two specific oligonucleotide primers are used to amplify the sequences between them. However, this technique is not suitable for amplifying genes that encode molecules where the 5' portion of the sequences of interest is not known, such as the T cell receptor (TCR) or immunoglobulins. Because of this limitation, a novel technique, anchored polymerase chain reaction (A-PCR), was devised that requires sequence specificity only on the 3' end of the target fragment. It was used to analyze TCR  $\delta$  chain mRNA's from human peripheral blood  $\gamma\delta$  T cells. Most of these cells had a V $\delta$  gene segment not previously described (V $\delta$ 3), and the  $\delta$  chain junctional sequences formed a discrete subpopulation compared with those previously reported.

THE POLYMERASE CHAIN REACTION (PCR) is useful in the analysis of DNA or RNA sequences from minute quantities of starting material (1). PCR, however, requires sequence information on both sides of the region of interest, and thus is of limited use in the analysis of sequences that have variable termini, such as those of the T cell antigen receptor (TCR) or immunoglobulins. We now show that homopolymer tailing of the variable (V) region end of T cell receptor cDNA's and the attachment of an "anchor" sequence can effectively substitute for the unknown sequence information. With an anchor primer and primers complementary to the constant

(C) or joining (J) regions, T cell receptor mRNA's from small amounts of total RNA can be rapidly amplified and analyzed. We term this procedure anchored polymerase chain reaction (A-PCR) and use it to analyze the diversity of TCR  $\delta$  chain mRNA's derived from human peripheral blood lymphocytes.

Most T cells in higher organisms express the  $\alpha\beta$  TCR heterodimer and are of the helper or cytotoxic subsets (2). Another TCR heterodimer,  $\gamma\delta$  (3), whose genes have been isolated and characterized (4-6), is present on up to 10% (3) of normal human peripheral blood lymphocytes of unknown function. The  $\gamma\delta$  TCR has a limited number

of germline V regions available, despite a large amount of junctional diversity (2, 6, 7). There are 11 human V $\gamma$  genes identified, versus 50 to 100 for V $\beta$  and V $\alpha$  (8). Only two V $\delta$  genes have been identified in humans. V $\delta$ 1 is the predominant gene used in thymocytes, but the monoclonal antibody (MAb) TCS $\delta$ 1 for V $\delta$ 1 stains only a small fraction of peripheral blood  $\gamma\delta$  T cell lines (9). Thus, peripheral blood  $\gamma\delta$  bearing T cells present an interesting target population for A-PCR analysis.

In this A-PCR procedure (Fig. 1), mRNA is first transcribed with reverse transcriptase and a poly(dG) tail is added to the 3' end of the strand with terminal deoxynucleotidyl transferase (TdT). The product is then amplified with a specific 3' primer (in this case a J $\delta$ 1 oligonucleotide) and another oligonucleotide consisting of a poly(dC) tail attached to a sequence with convenient restriction sites, termed the "anchor" (10). In pilot experiments, A-PCR generated a single band with known cloned cDNA sequences that had either 12 or 22 G's at the 5' end (due to the way they had been cloned). The first round of DNA synthesis was primed with the anchor-poly(dC) primer (ANpolyC), and subsequent amplification of the poly(dG)-bearing strand was performed with either ANpolyC or the anchor (AN) primer [without the poly(dC) tail] along with the specific 3' primer. These gave roughly equivalent results. The procedure was then tested with total RNA (3  $\mu$ g) from the Molt 13 and Peer cell lines, which express  $\delta$  chain mRNA. First strand synthesis was primed with either a C $\delta$  region primer or with poly(dT). The subsequent amplification was done with ANpolyC and a J region primer (Fig. 1). When the colonies containing the amplified cDNA's were screened with a V $\delta$ 1 region probe, approximately 10% were positive. DNA from several of these colonies were sequenced, and the sequences agreed with the published sequences (11). This demonstrated that A-PCR can isolate the receptors from cell lines, starting with relatively small amounts of total RNA (equivalent to 10<sup>6</sup> cells).

We then used total RNA (~5  $\mu$ g) from a polyclonal cell line, established from interleukin-2 (IL-2)-stimulated peripheral blood

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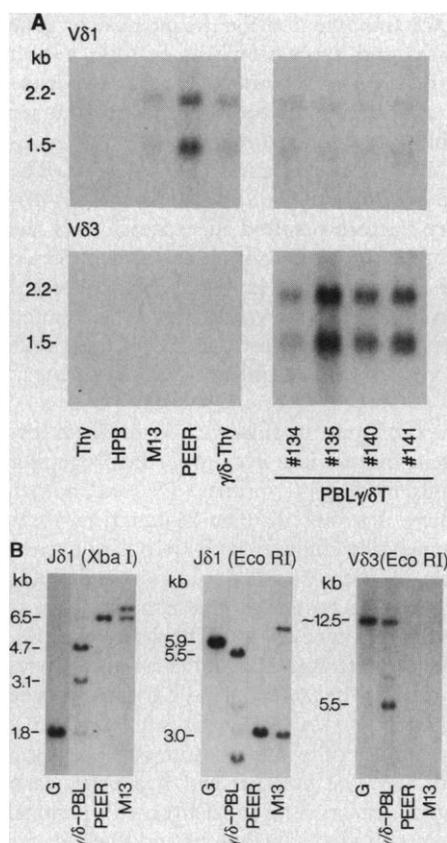


A		V	N?	D <sub>δ</sub> 1	N?	D <sub>δ</sub> 2	N?	D <sub>δ</sub> 3	N	J	>
Germline D <sub>δ</sub>				<u>GAAATAGT</u>		<u>CCTTCCTAC</u>		<u>ACTGGGGGATACG</u>			
PT6	(V <sub>δ</sub> 1) ... TGTGCTCTTGGGGAA	TGGACC						<u>CTGGGGGATA</u>	TTGTAGT	CACCGATAAA	+
PT10	(V <sub>δ</sub> 1) ... TGTGCTCTTGGGCAAC	CTG							GGTGCCTGTGAC	CACCGATAAA	+
PT1	(V <sub>δ</sub> 3) ... TGTGCCTGTGACACC	TT			<u>CCTT</u>			<u>ACTGGGGGA</u>	CCCGT	ACACCGATAAA	+
PT2	(V <sub>δ</sub> 3) ... TGTGCCTGTGAC	CCCGT						<u>ACTG</u>	CCCGTCC	CCGATAAA	+
PT3	(V <sub>δ</sub> 3) ... TGTGCCTGTGACA	A			<u>CCT</u>	G		<u>CTGGGGGATAC</u>	ATATG	ACACCGATAAA	+
PT4	(V <sub>δ</sub> 3) ... TGTGCCTGTGACA	TGG			<u>TTC</u>	CTCACCCATTGCA	<u>ACTGGGG</u>		TCATCTTTCCGGG	TAAA	+
PT5	(V <sub>δ</sub> 3) ... TGTGCCTGTGAC	CT					<u>ACTGGGGGATACG</u>			ACCGATAAA	+
PT7	(V <sub>δ</sub> 3) ... TGTGCCTGTGACACC	TTAT					<u>CTGGGGGATACG</u>		AGGGTCCG	ACCGATAAA	+
PT8	(V <sub>δ</sub> 3) ... TGTGCCTGTGA	TATTATT					<u>ACTGGGGGA</u>	CAAAGGATGT		ACACCGATAAA	+
PT9	(V <sub>δ</sub> 3) ... TGTGCCTGTGACACC	GTC	<u>GAA</u>				<u>ACTGGGGGATAC</u>	T		ACACCGATAAA	+
PT11	(V <sub>δ</sub> 3) ... TGTGCCTGTGACACC	GGAGGGTT					<u>ACTGGGGG</u>	GCGAA		ACCGATAAA	+
PT12	(V <sub>δ</sub> 3) ... TGTGCCTGTGAC	GGGGTGGGG					<u>ACTGGGGGATACG</u>	CGG		CCGATAAA	+
PT13	(V <sub>δ</sub> 3) ... TGTGCCTGTGAC	CGGG					<u>TGGGG</u>	AGGT		ACACCGATAAA	+
PT14	(V <sub>δ</sub> 3) ... TGTGCCTGTGAC	TCT					<u>TGGGGG</u>	G		ACACCGATAAA	+
PT15	(V <sub>δ</sub> 3) ... TGTGCCTGTGAC	CCCC			<u>TCC</u>	GT	<u>ACTGGGGGATAC</u>	A		ACACCGATAAA	+
PT16	(V <sub>δ</sub> 3) ... TGTGCCTGTGAC	CA					<u>ACTGGGGGATAC</u>	TCC		CACCGATAAA	+
PT17	(V <sub>δ</sub> 3) ... TGTGCCTGTGACACC	GGAGGAT					<u>ACTGGG</u>			CCGATAAA	+
PT18	(V <sub>δ</sub> 3) ... TGTGCCTGTGACACC						<u>CTGGGGGAT</u>	CAGGTT		ACCGATAAA	+
PT19	(V <sub>δ</sub> 3) ... TGTGCCTGTGAC	T			<u>CCTT</u>		<u>ACTGGGGGA</u>			CACCGATAAA	+
PT20	(V <sub>δ</sub> 3) ... TGTGCCTGTGAC	CCT			<u>CTT</u>	GGCTCAAGT	<u>ACTGGGGGATAC</u>	CCGGC		CACCGATAAA	+

**Fig. 2. (A)** Junctional region sequences of a set of cDNA sequences from a peripheral blood  $\gamma\delta$  cell line. The V<sub>δ</sub>3 to N region joints are hypothetical since the germline V<sub>δ</sub>3 sequence is not yet available. Homologies to the genomic D regions of at least 3 bp are underlined. The + signifies that the sequences are in frame between the V and J regions. The sequences 5' to the junctional sequences shown depend on the V region and begin with 14 to 20 Cs, while the sequences 3' of the region shown contain the rest of the J region and part of the J<sub>δ</sub>1 primer. The sizes of the complete cDNAs varied from approximately 100 to 450 bp. If necessary, a set of longer clones could have been established with more stringent size selection. **(B)** Deduced amino acid sequence of PT11, which includes a full length V<sub>δ</sub>3 (24). The putative leader sequence is based on homology to other leader sequences. The cysteine residues are boxed. The nucleotide sequence is available upon request and has been deposited at GenBank (accession number M21784).

B		Leader	V Region
-19		MQRISSLIHL	1 AIELVPEHQ
		SLFLWAGVMS	10
	20	VPVSI	30
		GVPATLR	40
		SMKGEA	50
		IGNYYINWYRK	60
	50	TQGN	70
		TMTFIYREKDIY	80
		GPGFKDNFQGGDIDI	90
	80	AKNLA	100
		VLKILAPSERDEGSY	
		Y	
		CA	
		AD	
		T	
		GLL	
		G	
		E	
		T	
		D	
		K	
		L	
		I	
		F	

**Fig. 3. (A)** Northern analysis of peripheral blood  $\gamma\delta$  cell lines. The top panels were probed with a V<sub>δ</sub>1 probe (6). The bottom panels were the same blots probed with a V<sub>δ</sub>3 probe (PT11 cut with Sac II and Hpa II, thus deleting the J region sequences). G, granulocyte DNA; HPB, an  $\alpha\beta$  expressing leukemic cell line; M13 and PEER,  $\gamma\delta$  expressing leukemic cell lines;  $\gamma\delta$ -THY, a thymic  $\gamma\delta$  expressing cell line; 134, 135, 140, and 141,  $\gamma\delta$  expressing cell lines from the peripheral blood. **(B)** DNA analysis of a peripheral blood  $\gamma\delta$  cell line. The J<sub>δ</sub>1 probe was as described (6), and the V<sub>δ</sub>3 probe was as in Fig. 2. Both probes were hybridized to the same blots. The 4.7-kb band in the Xba I cut DNA hybridized to the V<sub>δ</sub>3 probe (25), while the 5.5-kb band in the Eco RI cut DNA hybridized to V<sub>δ</sub>3. The Xba I 6.5-kb band and the 3.0-kb Eco RI band hybridize to V<sub>δ</sub>1 (25). V<sub>δ</sub>3 appears as a single band in unrearranged DNA cut with three different restriction enzymes and it is deleted in two tumor lines (Peer and Molt 13) which use V<sub>δ</sub>1. Thus it is likely that V<sub>δ</sub>3 is a single copy gene segment (as are V<sub>δ</sub>1 and V<sub>δ</sub>2) and that it is 3' of V<sub>δ</sub>1.



a million cells, and obtained 2000 TCR  $\delta$  containing subclones. Conventional PCR has been used successfully on RNA derived from a single cell and A-PCR potentially could approach that level of sensitivity.

Variations of the A-PCR procedure may be necessary depending on circumstances. The method of RNA preparation, the conditions and number of cycles of amplification, and the oligonucleotides used are all variables. The central benefit of A-PCR is that specificity need not be provided at both ends of the molecule to be amplified. Specificity can be provided at one end by nested oligonucleotides, used either in amplification or in selection from the amplified clones. The cloning of any TCR or antibody gene from cell clones or tumor material should be easier with A-PCR. In particular, experiments otherwise difficult to do may now be possible, such as the survey of antigen receptors from different tissues or the isolation of receptors from small numbers of cells.

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10. The anchor sequence was used to overcome the theoretical problem of generating progressively longer stretches of poly(dG):poly(dC) with each cycle, which may occur if a simple poly(dC) primer is used that would hybridize to progressively more 5' regions of the poly(dG) stretch.
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12. Several samples had double sequences beginning in the N region and represented mixed colonies, which could have been avoided by rescreeing. Two were sequences with no homology to any V region and represented false positives on the screening with the J<sub>δ</sub>1 oligonucleotide. Four sequences were identical in every way to known sequences that were used as control samples in the amplification. They probably represent contamination from adjacent lanes in the first low-melt agarose gel that were amplified in the second round of APCR. This illustrates the extreme care that must be used to avoid contamination when using this sensitive technique. One sequence was from an unrearranged J<sub>δ</sub>1 that included the known sequences 5' to the germline J<sub>δ</sub>1. This probably represents a real transcript from an unrearranged chromosome as has been found in cDNA libraries screened with a constant region probe.
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15. Rearranged patterns were not seen when Southern analysis was done with DNA from these cells probed with a J<sub>δ</sub>2 probe. Recently, a third potential J region has been described for the human  $\delta$  locus (5), but its utilization has yet to be described.
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25. S. Cwirla, E. Loh, L. Lanier, unpublished results.
26. We thank D. Denny for suggesting the sequence of the anchor polylinker. Supported by a Hulda Irene Duggan Investigator Award from the Arthritis Foundation (E.Y.L.), a Centennial Fellowship from the MRC of Canada (J.F.E.), the PEW Foundation (M.M.D.), and grants from the National Institute of Allergy and Infectious Disease (M.M.D.).

23 September 1988; accepted 2 December 1988

## High-Level Recombinant Gene Expression in Rabbit Endothelial Cells Transduced by Retroviral Vectors

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By virtue of its immediate contact with the circulating blood, the endothelium provides an attractive target for retroviral vector transduction for the purpose of gene therapy. To see whether efficient gene transfer and expression was feasible, rabbit aortic endothelial cells were infected with three Moloney murine leukemia virus-derived retroviral vectors. Two of these vectors carry genes encoding products that are not secreted: N2, containing only the selectable marker gene *neo<sup>R</sup>*, and SAX, containing both *neo<sup>R</sup>* gene and an SV40-promoted adenosine deaminase (ADA) gene. The third vector, G2N, contains a secretory rat growth hormone (rGH) gene and an SV40-promoted *neo<sup>R</sup>* gene. Infection with all three vectors resulted in expression of the respective genes. A high level of human ADA expression was observed in infected endothelial cell populations both before and after selection in G418. G2N-infected rabbit aortic endothelial cells that were grown on a synthetic vascular graft continued to secrete rGH into the culture medium. These studies suggest that endothelial cells may serve as vehicles for the introduction in vivo of functioning recombinant genes.

THE USE OF RETROVIRAL GENE transfer over the past decade has greatly facilitated the transfer of genetic material into mammalian cells. Retroviruses have a high efficiency of infection, stable integration, and expression in most cells (1). Nonimmortalized cells, which may be transfected at low efficiency (or not at all) by physical and chemical means, are very amenable to retroviral-mediated gene transfer. Although bone marrow hematopoietic progenitor cells have been frequently targeted for retroviral-mediated gene transfer, these cells suffer from drawbacks such as the variable ability to express certain genes in

mouse bone marrow (2, 3) or inefficient gene transfer into hematopoietic progenitor cells in dog (4), primate (5), and human bone marrow (6). The requirement for a genetically engineered cell population capable of both long-term survival and stable expression has led to the consideration of other cell types such as fibroblasts (7–10), lymphocytes (11, 12), human keratinocytes (13), and hepatocytes (14) for use in gene therapy.

The endothelium, because of its contiguity with the bloodstream, is a particularly attractive target for the delivery of functional genes in vivo. The use of endothelium for

gene transfer would permit secretion of a recombinant protein from genetically engineered endothelial cells directly into the blood. Alternatively, endothelial cells expressing a nonsecreted recombinant protein might be able to inactivate a toxic substance that is circulating in the blood.

To determine the efficacy of retroviral-mediated gene transfer while assessing the expression of genes encoding secreted and nonsecreted products, cultured rabbit aortic endothelial cells (RAEC) were infected with three recombinant retroviral vectors containing the neomycin resistance (*neo<sup>R</sup>*) gene alone or in combination with either the adenosine deaminase (ADA) gene or the rat growth hormone (rGH) gene (Fig. 1).

Before infection, monolayers of RAEC (15) were characterized by morphology, uptake of diacetylated low density lipoprotein (diI-ac-LDL) (16), and by the presence of angiotensin-converting enzyme activity ( $4.1 \times 10^5$  molecules per cell) (17). Retroviral packaging lines were made that contained SAX, N2, or G2N (18–21). Vector-containing viral supernatants that exhibited titers of  $5 \times 10^5$  colony-forming units per milliliter or greater were used for infection. After infection and selection in G418-containing

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