

**DESCRIPTION**

**Source** *E. coli*-derived human IL-15 protein  
Proprietary, engineered based on P40933

**Predicted Molecular Mass**

**SPECIFICATIONS**

**SDS-PAGE** 9-11 kDa, under reducing conditions.

**Activity** Measured in a cell proliferation assay using NK-92 human natural killer lymphoma cells.  
The ED<sub>50</sub> for this effect is 0.0300-0.300 ng/mL.

**Endotoxin Level** <0.10 EU per 1 µg of the protein by the LAL method.

**Purity** >95%, by SDS-PAGE visualized with Silver Staining and quantitative densitometry by Coomassie® Blue Staining.

**Formulation** Lyophilized from a 0.2 µm filtered solution in PBS with Trehalose. See Certificate of Analysis for details.

**PREPARATION AND STORAGE**

**Reconstitution** Reconstitute at 100 µg/mL in water.

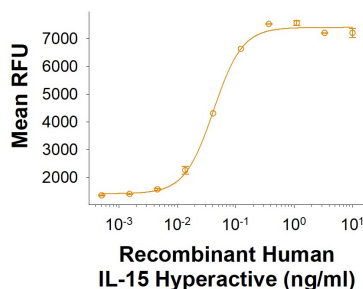
**Shipping** The product is shipped at ambient temperature. Upon receipt, store it immediately at the temperature recommended below.

**Stability & Storage** Use a manual defrost freezer and avoid repeated freeze-thaw cycles.

- 12 months from date of receipt, -20 to -70 °C as supplied.
- 1 month, 2 to 8 °C under sterile conditions after reconstitution.
- 3 months, -20 to -70 °C under sterile conditions after reconstitution.

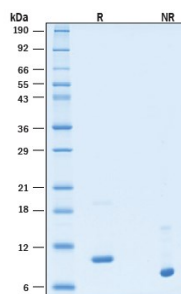
**DATA**

**Bioactivity**



**Recombinant Human IL-15 Hyperactive Protein Bioactivity.**  
The Recombinant Human IL-15 Hyperactive Protein (Catalog # BT-015H) induces proliferation of NK-92 human natural killer lymphoma cells.

**SDS-Page**



**Recombinant Human IL-15 Hyperactive Protein SDS-PAGE.** 2 µg/lane of Recombinant Human IL-15 Hyperactive Protein (Catalog # BT-015H) was resolved with SDS-PAGE under reducing (R) and non-reducing (NR) conditions and visualized by Coomassie® Blue staining, showing bands at 9-11 kDa, under reducing conditions.

**BACKGROUND**

Interleukin 15 (IL-15) is a widely expressed 14 kDa cytokine that is structurally and functionally related to IL-2 and plays an important role in many immunological diseases (1, 2). Mature human IL-15 shares 70% amino acid sequence identity with mouse and rat IL-15. Alternative splicing generates isoforms of IL-15 with either a long or short signal peptide (LSP or SSP), and the SSP isoform is retained intracellularly (3). IL-15 binds with high affinity to IL-15 R $\alpha$  (4). It binds with lower affinity to a complex of IL-2 R $\beta$  and the common gamma chain ( $\gamma$ c) which are also subunits of the IL-2 receptor complex (5). IL-15 associates with IL-15 R $\alpha$  in the endoplasmic reticulum, and this complex is expressed on the cell surface (6). The dominant mechanism of IL-15 action is known as transpresentation in which IL-15 and IL-15 R $\alpha$  are coordinately expressed on the surface of one cell and interact with complexes of IL-2 R $\beta$ / $\gamma$ c on adjacent cells (7). This enables cells to respond to IL-15 even if they do not express IL-15 R $\alpha$  (6). In human and mouse, soluble IL-15-binding forms of IL-15 R $\alpha$  can be generated by proteolytic shedding and bind up nearly all the IL-15 in circulation (8-10). Soluble IL-15 R $\alpha$  functions as an inhibitor that limits IL-15 action (4, 9). Ligand of membrane-associated IL-15/IL-15 R $\alpha$  complexes also induces reverse signaling that promotes activation of the IL-15/IL-15 R $\alpha$  expressing cells (11). IL-15 induces or enhances the differentiation, maintenance, or activation of multiple T cell subsets including NK, NKT, Th17, Treg, and CD8+ memory cells (12 - 16). An important component of these functions is the ability of IL-15 to induce dendritic cell differentiation and inflammatory activation (11, 14). IL-15 exhibits anti-tumor activity independent of its actions on NK cells or CD8+ T cells (17). It also inhibits the deposition of lipid in adipocytes, and its circulating levels are decreased in obesity (18). Immunotherapy treatment with recombinant IL-15 has the advantage of not stimulating Treg cells like IL-2 does but has the drawback of associated toxicity at higher doses. This has led to increased investigation on mitigating IL-15 toxicity and combination immunotherapy approaches using immune checkpoint inhibitors (19, 20). Preclinical and early clinical studies have shown the potential of also using IL-15 in combination with cancer vaccines to improve their anti-tumor response (20). IL-15 can also be used for the preconditioning of CAR T cells or for engineering cells to express IL-15 in vivo. Adoptive cell transfer of NK cells engineered to express CD19 and IL-15 were well tolerated in patients with CD19-positive cancers (20). IL-15 can be used in combination with other cytokines like IL-21 to increase the efficiency of NK cell expansion and maturation in stem cell culture protocols (21). The combination of IL-15 with IL-7 also promotes expansion of early-differentiated CD8+ T cells in culture with the added benefit of decreasing Treg cell generation, unlike IL-2, for adoptive cell transfer in cancer immunotherapy (22). GMP IL-7 and GMP IL-15 are commonly used in combination for ex vivo expansion of T cells for cellular therapies. rhIL-15 Hyperactive is engineered for increased affinity to IL-15R $\beta$  and IL-15R $\alpha$ , making it a more potent cytokine ideal for expanding challenging cells like TILs and NK cells that require extended ex vivo culture.

**References:**

1. De Sabatino, A. *et al.* (2011) *Cytokine Growth Factor Rev.* **22**:19.
2. Grabstein, K. *et al.* (1994) *Science* **264**:965.
3. Tagaya, Y. *et al.* (1997) *Proc. Natl. Acad. Sci. USA* **94**:14444.
4. Giri, J.G. *et al.* (1995) *EMBO J.* **14**:3654.
5. Giri, J. *et al.* (1994) *EMBO J.* **13**:2822.
6. Dubois, S. *et al.* (2002) *Immunity* **17**:537.
7. Castillo, E.F. and K.S. Schluns (2012) *Cytokine* **59**:479.
8. Budagian, V. *et al.* (2004) *J. Biol. Chem.* **279**:40368.
9. Mortier, E. *et al.* (2004) *J. Immunol.* **173**:1681.
10. Bergamaschi, C. *et al.* (2012) *Blood* **120**:e1.
11. Budagian, V. *et al.* (2004) *J. Biol. Chem.* **279**:42192.
12. Mortier, E. *et al.* (2003) *J. Exp. Med.* **205**:1213.
13. Gordy, L.E. *et al.* (2011) *J. Immunol.* **187**:6335.
14. Harris, K.M. (2011) *J. Leukoc. Biol.* **90**:727.
15. Xia, J. *et al.* (2010) *Clin. Immunol.* **134**:130.
16. Schluns, K.S. *et al.* (2002) *J. Immunol.* **168**:4827.
17. Davies, E. *et al.* (2010) *J. Leukoc. Biol.* **88**:529.
18. Barra, N.G. *et al.* (2010) *Obesity* **18**:1601.
19. Xue, D. *et al.* (2021) *Antib Ther.* **4**:123.
20. Wolfarth, A.A. *et al.* (2022) *Immune Netw.* **22**:e5.
21. Oberoi, P. *et al.* (2020). *Cells.* **9**:811.
22. Chamucero-Millares, J.A. *et al.* (2021) *Cellular Immunol.* **360**:104257.