Amelioration of arthritis through mobilization of peptide-specific CD8\(^+\) regulatory T cells

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Current therapies to treat autoimmune disease focus mainly on downstream targets of autoimmune responses, including effector cells and cytokines. A potentially more effective approach would entail targeting autoreactive T cells that initiate the disease cascade and break self tolerance. The murine MHC class Ib molecule Qa-1 (HLA-E in humans) exhibits limited polymorphisms and binds to 2 dominant self peptides: Hsp60\(_{p216}\) and Qdm. We found that peptide-induced expansion of tetramer-binding CD8\(^+\) Tregs that recognize Qa-1–Hsp60\(_{p216}\) but not Qa-1–Qdm strongly inhibited collagen-induced arthritis, an animal model of human rheumatoid arthritis. Perforin-dependent elimination of autoreactive follicular Th (Tfh) and Th17 cells by CD8\(^+\) Tregs inhibited disease development. Infusion of in vitro–expanded CD8\(^+\) Tregs increased the efficacy of methotrexate treatment and halted disease progression after clinical onset, suggesting an alternative approach to this first-line treatment. Moreover, infusion of small numbers of Qa-1–Hsp60\(_{p216}\)–specific CD8\(^+\) Tregs resulted in robust inhibition of autoimmune arthritis, confirming the inhibitory effects of Hsp60\(_{p216}\) peptide immunization. These results suggest that strategies designed to expand Qa-1–restricted (HLA-E–restricted), peptide-specific CD8\(^+\) Tregs represent a promising therapeutic approach to autoimmune disorders.

Introduction

RA is an autoimmune disorder characterized primarily by joint inflammation and erosion. The systemic nature of this disease is reflected in the involvement of multiple organ systems, including skin, lungs, and vasculature as well as diffuse tissue inflammation and increased risk of atherosclerosis (1). Although the identification of effector cytokines, including TNF, IL-1, and IL-6, that contribute to this disease has led to improved therapies, RA has remained relatively refractory to decisive intervention. More effective approaches to RA may require elimination of autoreactive T cells, which, in turn, depends on a precise definition of the Tregs that may target and eliminate the pathogenic T cell subsets that induce disease.

Here we analyze the contribution of Treg and effector T cell subsets to autoimmune arthritis in the collagen-induced arthritis (CIA) animal model. This murine disease model shares several similarities with human RA, including breach of self tolerance, generation of autoantibodies, inflammatory changes in multiple joints, and erosion of bone and cartilage accompanied by pannus formation (2). Murine CIA has been used to establish the potential efficacy of several FDA-approved RA therapies, including anti–TNF Ab, IL-1 antagonists, and methotrexate (MTX) (1, 3). The development of enlarged ectopic germinal centers (GCs) and the contribution of pathogenic autoantibodies in RA and in CIA has suggested that dysregulated follicular Th (Tfh) cell responses may contribute to ectopic GC formation and production of autoantibodies (4–6). A subset of CD8\(^+\) T cells, CD8\(^+\) Tregs, has been shown to efficiently inhibit Tfh cells through recognition of MHC class Ib molecule Qa-1 expressed by this Th subset (5). However, the potential contribution of CD8\(^+\) Treg to the pathogenesis and treatment of this autoimmune disease is not well understood.

CD8\(^+\) Tregs recognize the MHC class Ib molecule Qa-1 (HLA-E in humans) associated with peptide complexes that are upregulated by activated CD4\(^+\) T cells (5, 7). The 2 major peptides presented by Qa-1 (HLA-E) are Qdm (B7sp in humans) and Hsp60\(_{p216}\). The Qdm (Qa-1 determinant modifier) peptide is derived from the leader sequence of MHC class Ia, while the Hsp60\(_{p216}\) peptide is derived from the 60 kD heat shock protein (Hsp60, p216-224). Differential expression of these Qa-1–peptide complexes on activated cells may allow detection of abnormally stressed cells in the context of infection, autoimmunity, or cellular transformation (8–11).

Here we investigate the impact of CD8\(^+\) Tregs on the development of CIA. We find that Qa-1–restricted CD8\(^+\) Tregs efficiently eliminate pathogenic Tfh and Th17 cells and exert strong inhibitory effects on disease progression. Moreover, CD8\(^+\) Tregs that recognize complexes of Qa-1 and Hsp60\(_{p216}\) peptide, but not Qdm peptide, can be mobilized through peptide-based immunization to inhibit development of autoimmune arthritis. The ability to expand Qa-1–restricted CD8\(^+\) Tregs based on their TCR specificity may represent a new and effective approach to treatment of autoimmune disease.

Results

Expansion of Qa-1–restricted CD8\(^+\) Tregs inhibits arthritis. We reasoned that expansion of Qa-1–restricted CD8\(^+\) T cells in vivo might be achieved after immunization with the 2 major peptides that are bound by Qa-1–Qdm and Hsp60\(_{p216}\). The Qdm peptide, derived from the leader sequences of class Ia MHC proteins, is the dominant self peptide associated with Qa-1 at the cell surface. In addition, a peptide derived from the 60-kD heat shock protein (Hsp60, p216-224) replaces the Qdm peptide upon cellular activation and/or stress (12, 13). To selectively expand Qdm- or Hsp60\(_{p216}\)-specific CD8\(^+\) cells, we immunized mice subcutaneously with peptide-pulsed Kb–/Db–/ DCs that do not
express class Ia MHC, but express high levels of class Ib MHC, including Qa-1. Immunization of mice with Hsp60p216 but not Qdm-pulsed Kb–/–Db–/– DCs during the course of CIA inhibited the development of arthritis (Figure 1A).

We then generated Qa-1–peptide tetramers (tet) to determine the frequency of peptide-specific CD8+ T cells. In the case of Qa-1–Qdm tetramers, a Qa-1 protein containing a point mutation (R72A) was used to prevent binding of Qa-1–Qdm to CD94/NKG2A receptors (14) and allow specific detection of CD8+ T cells that express Qa-1–restricted TCR (Supplemental Figure 1A; supplemental material available online with this article; doi:10.1172/JCI66938DS1). We labeled cells with tetramers conjugated to 2 different fluorophores to increase specificity, followed by magnetic enrichment of cells positive for tet+ CD8+ cells. Numbers in plots before enrichment and after enrichment (upper left quadrant) indicate percentage of tet+ CD8+ cells. Numbers in plots before enrichment and after enrichment (upper left quadrant) indicate percentage of tet+ CD8+ cells. (C) B6 mice were immunized with either unpulsed Kb–/–Db–/– DCs or DCs that had been loaded with the indicated peptide as described in A. CD8+ cells from dLNs from each group were analyzed at day 42 for binding to Qa-1-R72A–Qdm-tetramer or Qa-1–Hsp60p216-tetramer. Representative FACS plots are shown. Gates represent percentages of tet+ CD8+ cells. (D) The percentages and numbers of Hsp60p216-tet+ CD8+ cells that expressed the CD122+Ly49+ surface profile and CD122+Ly49– surface profile are shown. *P < 0.05.

**Figure 1**

Selective expansion of Hsp60p216–specific Qa-1–restricted CD8+ Tregs inhibits arthritis. (A) Arthritis was induced in B6 mice as described in Methods. Irradiated LPS-activated Kb–/–Db–/– BM-derived DCs were loaded with or without Hsp60p216 or Qdm peptide and injected subcutaneously (6 × 105/mouse) at the tail base at day 27, day 36, and day 49 (diamonds). Arthritis scores are shown for 5–6 mice per group. The group injected with DCs alone versus the group given Hsp60p216-loaded DCs differed significantly. *P < 0.05. (B) Flow cytometry of dLN cells from CII-immune B6 mice injected with DC-pulsed peptides as in A, after incubation with Qa-1 tetramers labeled with phycoerythrin (Tet-PE) or allophycocyanin (Tet-APC); analysis is shown before and after enrichment by magnetic bead columns for tet+ CD8+ cells. Numbers in plots before enrichment and after enrichment (upper left quadrant) indicate percentage of tet+ CD8+ cells. (C) B6 mice were immunized with either unpulsed Kb–/–Db–/– DCs or DCs that had been loaded with the indicated peptide as described in A. CD8+ cells from dLNs from each group were analyzed at day 42 for binding to Qa-1-R72A–Qdm-tetramer or Qa-1–Hsp60p216-tetramer. Representative FACS plots are shown. Gates represent percentages of tet+ CD8+ cells. (D) The percentages and numbers of Hsp60p216-tet+ CD8+ cells that expressed the CD122+Ly49+ surface profile and CD122+Ly49– surface profile are shown. *P < 0.05.
CD8+ Tregs (CD122+CD44+Ly49+; triad) into adoptive hosts that had been given CD25 + CD4+ T cells and B cells from chicken type II collagen-immune (cCII-immune) donors abolished disease progression (Figure 2A) and reduced titers of anti-CII Ab (Figure 2B). In contrast, infusion of CD122+CD44+Ly49- CD8+ cells failed to inhibit disease progression. The inhibitory activity of Ly49+CD8+ T cells depended on recognition of Qa-1 expressed by CD4+ Th cells, since CD4+ Th cells expressing a Qa-1 point mutation (Qa-1 D227K) that impaired recognition by CD8+ cells (5, 18) were resistant to CD8+ Treg-dependent inhibition (Figure 2B).

**CD8+ Treg activity depends on perforin and IL-15 expression.** To further investigate the mechanism of suppression by Ly49+CD8+ Tregs, we asked whether suppression by the Ly49+CD8+ cells depended on IL-15. Transfer of CD8+ cells from IL-15−/− donors failed to inhibit disease severity; indeed, an increase in disease intensity was noted (Figure 2C). Suppression also reflected perforin-dependent elimination, since purified Prf1-deficient CD8+ T cells did not reduce anti-mouse collagen Ab responses (Figure 2D). In sum, IL-15 was essential to the development of CD122+CD44+Ly49+ CD8+ Tregs, and intracellular perforin was required for expression of suppressive activity.

dixed numbers of Qa-1 restricted CD8+ cells or CD8+ cells (but not control Qa-1-restricted peptide) was associated with disease inhibition. Infusion of the fewer than 5% of CD8+ T cells expressing the triad of surface receptors that characterize CD8+ Tregs inhibit arthritis through Qa-1–dependent elimination of pathogenic TFH and Th17 cells. We then investigated the cellular targets of CD8+ Tregs. Expansion of collagen-reactive CD4+ T cells is associated with the development of CIA. Examination of effector CD4+ T cells during the course of CIA revealed that both CD4+ T FH (ICOS+CXCR5+ or ICOS-‘BTLA’+) and CD4+IL-17+ cells in all LNs (not only LNs draining the site of cCII immunization) increased 10- to 20-fold during disease progression (Supplemental Figure 2, A and B), while IFN-γ CD4+ cells were increased to a lesser extent (~5-fold) (Supplemental Figure 2). Analysis of cellular infiltrates in arthritic joints revealed that approximately 50% of CD4+ cells expressed the ICOS and CXCR5 pair, characteristic of T FH cells (Supplemental Figure 2). Th17 cells were also detected in inflamed joints, albeit at lower frequencies (Supplemental Figure 2C). Increased numbers of T FH cells were associated with expansion of GC B cells and increased titers of IgG anti-CII autoantibody, and adoptive transfer of T FH (but not Th17) cells along with B cells induced robust anti-CII autoantibody production (Figure 3A and Supplemental Figure 2). Although transfer of large numbers of T FH or Th17 cells did not induce disease in adoptive Rag2−/−Prf1−/− hosts, transfer of both Th subsets induced strong disease (19).

**Figure 2**

Infusion of CD122+CD44+Ly49+ CD8+ Tregs inhibits arthritis development. (A) Purified CD25−CD4+ cells (1 × 10⁶) and B cells (2 × 10⁶) from arthritic mice were cotransferred into Rag2−/−Prf1−/− mice at day 0 with or without CD122+CD44+Ly49+ or Ly49−CD8+ cells (1.5 × 10⁶) FACS-sorted from cCII-immunized B6 mice. Mice were immunized at day 0 and boosted at days 21 and 35 (black arrows) with cCII. Arthritis scores are shown for 5 mice/group. *P < 0.05 = group (none) versus group (Ly49+ CD8).

Arthritis development is also dependent on IL-15 expression by CD8+ T cells. Since CD8+ T cells expressed the ICOS and CXCR5 pair, characteristic of T FH cells during the course of CIA revealed that both CD4+ T FH and Th17 cells (ICOS+CXCR5+ or ICOS-‘BTLA’+) and CD4+IL-17+ cells in all LNs (not only LNs draining the site of cCII immunization) increased 10- to 20-fold during disease progression (Supplemental Figure 2, A and B), while IFN-γ CD4+ cells were increased to a lesser extent (~5-fold) (Supplemental Figure 2). Analysis of cellular infiltrates in arthritic joints revealed that approximately 50% of CD4+ cells expressed the ICOS and CXCR5 pair, characteristic of T FH cells (Supplemental Figure 2). Th17 cells were also detected in inflamed joints, albeit at lower frequencies (Supplemental Figure 2C). Increased numbers of T FH cells were associated with expansion of GC B cells and increased titers of IgG anti-CII autoantibody, and adoptive transfer of T FH (but not Th17) cells along with B cells induced robust anti-CII autoantibody production (Figure 3A and Supplemental Figure 2). Although transfer of large numbers of T FH or Th17 cells did not induce disease in adoptive Rag2−/−Prf1−/− hosts, transfer of both Th subsets induced strong disease (19).
To further define the mechanism of T-reg dependent inhibition of arthritis, we transferred Ly49<sup>+</sup>CD8<sup>+</sup> Tregs into Rag2<sup>−/−</sup>-Prf1<sup>−/−</sup> hosts reconstituted with isolated TFH cells (ICOS<sup>+</sup> CXCR5<sup>+</sup> BTLA<sup>+</sup>CD4<sup>+</sup>) and Th17 cells. Cotransfer of TFH and Th17 cells induced clinical arthritis; infusion of Ly49<sup>+</sup>CD8<sup>+</sup> Tregs diminished disease progression (Figure 4C and Supplemental Figure 6A) and reduced TFH and Th17 cell numbers (Figure 4D and Supplemental Figure 6B) in Rag2<sup>−/−</sup>-Prf1<sup>−/−</sup> recipients of in vitro–expanded CD8<sup>+</sup> Tregs may represent an effective therapeutic approach to CIA. Moreover, transfer of in vitro–expanded CD8<sup>+</sup> Tregs into unirradiated C57BL/6 (B6) mice followed by immunization with cCII suppressed arthritis progression (Figure 4C and Supplemental Figure 6A) and significantly reduced anti-CII Ab titers (Figure 3E), supporting the conclusions drawn from experiments using unseparated CD4<sup>+</sup> cells (Figure 3, C and D).

**Transfer of in vitro IL-15C–expanded CD8<sup>+</sup> Tregs inhibits CIA.** We further defined the contribution of IL-15 to the suppressive activity of CD8<sup>+</sup> Tregs in experiments that analyzed the effects of incubation of CD8<sup>+</sup> Tregs with low concentrations of IL-15/IL-15Rα complex (IL-15C) (20, 21). Ly49<sup>+</sup> CD8<sup>+</sup> T cells incubated in vitro for 1 week in the presence of 10 ng ml<sup>−1</sup> IL-15C maintained their surface phenotype (Supplemental Figure 5) after vigorous expansion: approximately 3 x 10<sup>6</sup> CD122<sup>+</sup> CD44<sup>+</sup> Ly49<sup>+</sup> CD8<sup>+</sup> cells were generated within 7 days from an initial seeding of 10<sup>5</sup> CD8<sup>+</sup> cells that expressed the same triad of surface receptors. Moreover, these in vitro–expanded CD8<sup>+</sup> Tregs abolished anti-mouse collagen Ab responses (Figure 4A) and efficiently inhibited disease development in Rag2<sup>−/−</sup>-Prf1<sup>−/−</sup> hosts given cCII-immune CD4<sup>+</sup> T cells (Figure 4B). The inhibitory activity of IL-15C–incubated CD8<sup>+</sup> Tregs was at least as potent as that of nonincubated CD8<sup>+</sup> Tregs (Figure 4B compared with Figure 2A), suggesting that infusion of in vitro IL-15–expanded CD8<sup>+</sup> Tregs may represent an effective therapeutic approach to CIA. Moreover, transfer of in vitro–expanded CD8<sup>+</sup> Tregs into unirradiated C57BL/6 (B6) mice followed by immunization with cCII suppressed arthritis progression (Figure 4C and Supplemental Figure 6A) and reduced TFH and Th17 cell numbers (Figure 4D and Supplemental Figure 6B) in
both spleen (data not shown) and inflamed joints, reflecting a broad elimination of potential effector Th activity.

Combination of CD8+ Tregs and MTX exerts therapeutic effects on ongoing disease. MTX, the disease-modifying anti-rheumatic drug (22, 23), is thought to prevent arthritis through inhibition of inflammation and joint destruction at the level of synoviocytes (24). In contrast, CD8+ Tregs interrupt the autoimmune pathway much earlier (e.g., see Figure 2). We therefore studied the combined effects of an MTX pulse to block joint inflammation followed by infusion of CD8+ Tregs at later time points to prevent new damage inflicted by a continuing systemic autoimmune response. Attenuation of disease activity was noted using an MTX pulse of 1.5 mg/kg over a short time period (from day 21 to day 23) (Supplemental Figure 7, A and B), while doses lower than 0.75 mg/kg had minimal effects on disease progression (Supplemental Figure 7, A–C). Coadministration of MTX at 0.75 mg/kg with CD8+ Tregs resulted in a marked reduction in disease severity (Figure 4E). The synergistic therapeutic effect of this combination therapy may depend, in part, on the failure of low doses of MTX to diminish the numbers of CD122+Ly49– CD8+ cells (Supplemental Figure 7 and ref. 16). Together, these results suggest the potential contribution of therapy using CD8+ Tregs and MTX to ameliorate ongoing disease.

Transfer of CD8+ Tregs specific for Qa-1–Hsp60 p216 inhibits arthritis. The IL-15 dependence of CD8+ Tregs allowed us to directly test the hypothesis raised by the results of Figure 1: Hsp60 p216–Qa-1–restricted CD8+ cells mediate CD8+ Treg activity. We separated Qa-1–Hsp60 p216-tet+ CD8+ cells from the tet– fraction by consecutive FACS sorting and microbead selection (Figure 5A). After in vitro expansion of enriched tet+ CD8+ cells by IL-15C, adoptive transfer of small numbers (5 × 10^4/mouse) of Qa-1–Hsp60 p216-tet+ CD8+ cells, but not Qa-1 R72A–Qdm-tet+ CD8+ cells, into Rag2–/–Prf1–/– hosts along with cCII-immune CD4 and B cells inhibited autoantibody production and halted arthritis progression (Figure 5, B–E). Analysis of CD8+ cells in these adoptive hosts revealed expansion of Qa-1–Hsp60 p216-tet+ CD8+ cells after transfer of tet but not tet CD8+ cells (Figure 5C). Moreover, transfer of Qa-1 R72A–Qdm tet+ CD8+ cells did not inhibit autoantibody production (Figure 5E), consistent with the failure of Qdm immunization to suppress CIA (Figure 1).

Discussion

Clinical approaches to the treatment of arthritis have focused mainly on downstream elements of this disease process, while sparing the initiating autoimmune events including induction

**Figure 4**
Transfer of in vitro IL-15C–expanded CD8+ Tregs inhibits CIA. (A) CD122+CD44hiLy49+ or CD122+CD44hiLy49– CD8+ cells sorted from cCII-immunized B6 mice were incubated in 10 ng ml⁻¹ IL-15C × 1 week. Purified CD25– CD4+ and B cells from arthritic donors were transferred with or without the indicated CD8+ cells (0.6 × 10^6) into Rag2–/–Prf1–/– mice followed by arthritis induction at day 0 and boost at days 21 and 35 (black arrows). Serum titers of anti-mouse CII IgG are shown. ***P < 0.001. (B) Arthritis scores are shown for 5–6 mice/group. Group (no CD8) vs. group (Ly49+ CD8), *P < 0.05. Data represent 3 independent experiments. (C) In vitro–expanded CD122+CD44hiLy49– CD8+ cells (2 × 10^5) were transferred into B6 mice at days 0 and 18 (triangles). cCII immunization and boosting at days 0 and 21 (black arrows) and arthritis scores over 50 days are shown. (D) Numbers of TFH and IL-17–expressing CD4+ cells from inflamed joints in C are shown for 5–6 mice/group. (E) 0.75 mg/kg MTX was injected into B6 mice from day 21 to day 23 (arrows) after development of arthritis (average score of 4.5). In vitro IL-15C–expanded CD122+CD44hiLy49+ CD8+ cells (2.5 × 10^5) were transferred into mice at days 27, 30, and 38 (triangles). Arthritis scores are shown for 5–8 mice/group. Group (control) or group (MTX) versus group (CD8+ Treg + MTX) difference: *P < 0.05.
The inhibitory activity of CD8+ Tregs is exerted within the systemic Tregs found in arthritic synovia (<1% of total T cells) suggests that CD8+ Tregs inhibit TFH and Th17 CD4+ cells but do not target Th1 and Th17 cells and robust inhibition of disease. The finding that Treg activity (16), resulted in reduction of the numbers of TFH cells and Th17 cells, the major Th subsets that CD122+CD44+Ly49+ CD8+ cells, which represents less than 5% durable inhibition of this autoimmune disorder. Transfer of regulatory CD4+ cells may not result in CD8+ Tregs cannot be excluded. Although definition of the precise findings (5). However, the possibility that activated DCs that asked whether infusion of CD8+ Tregs might therefore confer sustained disease inhibition (28, 29), consistent with our find-ings (Supplemental Figure 8). Possibly, impairment of CD4+ Treg activity in the context of an inflammatory milieu associated with CIA may limit this approach (30). Although the recently defined CXCR5+ follicular CD4+ Treg (TFR) can suppress GC responses (31, 32), whether this CD4+ Treg subset can target TFH cell activity and reduce CIA remains to be determined.

Incubation of CD122+Ly49+ CD8+ cells with IL-15/IL-15Rα complexes induced robust expansion of these cells, which retained potent disease inhibitory activity, possibly reflecting the ability of 2 canonical CD8+ Treg surface receptors — Ly49f and CD122 — to reduce the threshold for IL-15 activation (33). Although the contribution of IL-15 to the development and regulation of autoimmune disease has not been clearly defined (34–38), low doses of IL-15 may allow selective expansion of CD8+ Tregs in vivo. A precedent for such an approach is suggested by recent reports that low-dose IL-2 treatment selectively enhances CD4+ Tregs in vivo and can suppress chronic graft-versus-host disease (GVHD) and HCV-related vasculitis after BM transplants (39–41).

We designed Qa-1 R72A–Qdm and Qa-1–Hsp60p216 tetramers to detect and enrich CD8+ T cells specific for these Qa-1–associated ligands. Although immunization of mice with DCs pulsed with the relevant peptide resulted in selective expansion of CD8+ T cells specific for either Qa-1–Qdm or Qa-1–Hsp60p216, only immunization with the latter peptide efficiently inhibited the development of CIA. Moreover, transfer of a small number of Qa-1–Hsp60p216 tetramer+ CD8+ cells, but not Qa-1(R72A)–Qdm tetramer+ CD8+ cells, inhibited disease progression in adoptive hosts. The CD8+ Treg-mediated suppression we observed following transfer of CD8+ Tregs was selectively exerted on the response to self antigens, since immune responses to foreign proteins (e.g., NP-KLH) were spared (Supplemental Figure 9). Autoreactive TFR and Th17 subsets that are chronically activat-ed by self antigen (e.g., type II collagen) may upregulate stress-related proteins, including Hsp60, and present peptides derived from them in association with Qa-1 to Qa-1–restricted CD8+ T cells. Further studies are required for a better understanding of the functional difference between Qa-1–Hsp60p216 and Qa-1–Qdm–specific CD8+ T cells. Possibly, differential expansion of Ly49fCD8+ T cells by the 2 self peptides may be relevant to their distinct levels of suppressive activity (Figure 1). Inhibitory signaling associated with engagement of the CD94/NKG2A receptor by the Qa-1–Qdm complex expressed by CD4+ target cells may dampen TCR-dependent activation of CD8+ Tregs (19, 42). The Hsp60-related peptides may also include the Hsp60 signal peptide (Hsp60sp) derived from the leader sequence of Hsp60p10-18, since a subset of CD8+ Tregs that recognizes the of autoantibodies and inflammatory responses by autoimmune Th cells. Here, we describe a strategy that depends on targeting of pathogenic Tfh and Th17 cells by CD8+ Tregs.

CD8+ Treg treatment was particularly effective at blunting the autoantibody response in CIA (e.g., Figures 2 and 3). Since CD8+ Tregs target Tfh cells and Th17 cells, the major Th subsets that induce the humoral and inflammatory components of CIA, we asked whether infusion of CD8+ Tregs might therefore confer durable inhibition of this autoimmune disorder. Transfer of CD122+CD44+Ly49+ CD8+ cells, which represents less than 5% of the total CD8+ cell population and carries essentially all CD8+ Treg activity (16), resulted in reduction of the numbers of Tfh and Th17 cells and robust inhibition of disease. The finding that CD8+ Tregs inhibit Tfh cells and Th17 CD4+ cells but do not target Th1 cells suggests direct targeting of Th subsets, consistent with previous findings (5). However, the possibility that activated DCs that upregulate the Qa-1–peptide complexes may also be targeted by CD8+ Tregs cannot be excluded. Although definition of the precise target cells requires further analysis, the low frequency of CD8+ Tregs found in arthritic synovia (<1% of total T cells) suggests that the inhibitory activity of CD8+ Tregs is exerted within the systemic lymphoid organs rather than arthritic joints.

Although defective CD4+ (Foxp3–) Treg activity has been reported in CIA (25–27), regulatory CD4+ cells may not result in sustained disease inhibition (28, 29), consistent with our find-
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Qa-1-Hsp60sp complex suppresses autoimmunity (43). Further definition of this subset of CD8+ Tregs requires successful construction of Qa-1–Hsp60sp tetramers.

Analysis of the activity of tetramer–CD8+ Tregs depended in part on immunization using peptide-pulsed DCs. Since CD8+ Treg are memory cells according to function and surface phenotype (CD122CD44Ly49+), they may also be expanded by antigen in the absence of cell-dependent costimulatory activity. For example, peptide–Qa-1–coated (HLA-E–coated) nanoparticles (NP) may represent an effective and simplified method for CD8+ Treg expansion that does not require cellular therapy. Moreover, since both Qa-1 and HLA-E MHC class Iβ genes exhibit a limited polymorphism, in contrast with the extensive polymorphisms of MHC class Iα molecules (e.g., HLA-E expression is confined to 2 alleles that differ at a single amino acid), peptide–HLA-E–based immunotherapy should not require extensive individualized peptide-MHC design.

In the present studies, expansion of CD8+ cells specific for Hsp60p216 (but not a control self peptide) was associated with efficient inhibition of autoimmune arthritis, a reduction of the Tfh/Th17 pathogenic Th pair, and diminished autoantibody to peptide-MHC design. Hsp60p216 (but not a control self peptide) was associated with efficient inhibition of autoimmune arthritis, a reduction of the Tfh/Th17 pathogenic Th pair, and diminished autoantibody to peptide-MHC design.

Methods

Mice. B6, B6.Pvf1−/−, Rag2−/−, Il15−/−, Kb−/−Db−/− (Taconic Farms), OT-1 TCR transgenic (Jackson Laboratory), and B6.Qa-1 D227K mice (back-crossed for 11 generations) (18) were housed in pathogen-free conditions.

CIA induction and assessment. cCII (MD Bioscience) was dissolved in 0.01 M acetic acid at a concentration of 4 mg ml−1 by stirring overnight at 4°C. All mice used were males between the age of 8 and 12 weeks. To induce CIA, B6 mice were injected intradermally (i.d.) at the base of the tail with 150 μg of cCII emulsified in IFA. A cocktail of 4 monoclonal Abs (1 mg; MD Bioscience) purchased from FlowJo software (Tristar). Mouse-specific Abs to cCD8a, TCR-β, CD44, CD45, CD62L, CD25, B220, Fas, CCR5, IFN-γ, IL-17, ICOS, IgM, Ly49A/B, Ly49G2, Ly49F, Ly49C, and NK1.1 were purchased from BD Bioscience. Abs to Ly49C1/F1/H1, CD112, BTLA, IL-21, NKG2A/B, and Foxp3 were purchased from ebioscience.

In vitro differentiation of Th17 subsets and adoptive transfer. Cells from spleen and LN were collected from B6 mice immunized with 150 μg cCII/CFA, and CD4+CD25+CD4+ cells were purified and enriched using negative selection.

2 × 106 ml−1 CD4+ cells were stimulated with 100 μg ml−1 cCII in the presence of 2 × 105 irradiated total splenocytes. For differentiation of CD4+ cells to Th17 cell phenotype, the following cytokine cocktail was added to cultures: 3 ng ml−1 TGF-β, 20 ng ml−1 IL-6, 20 ng ml−1 IL-23, 10 μg ml−1 anti–IL-12 Ab, 10 μg ml−1 anti–IFN-γ Ab, 10 μg ml−1 anti–IL-4 Ab. At day 5, live CD4+ cells were harvested from cultures by Percoll gradient centrifugation and used for adoptive transfer. Confirmation of Th17 phenotype was performed using FACS analysis of IL-17 expression or using RT-PCR for detection of transcription factor Rorc (19).

Generation of WT and R72A mutant Qa-1 tetramers. A standard tetramer generation protocol was used, as described previously (44, 45). Briefly, an R72A mutant Qa-1 construct was generated using the QuikChange II Site-Directed Mutagenesis Kit (Stratagene) on a WT Qa-1 construct that contained biotin-binding sites for conjugation of monomers to form tetramers. Constructs were then used to transform Rosetta 2 (DE3) competent cells, and inclusion bodies were purified and stored at −80°C. For analysis of refolding capacity of each individual peptide, candidates were refolded with either WT or R72A mutant Qa-1 heavy chain in the presence of βm. The refolding solution was then analyzed by size exclusion chromatography for a distinctly refolded Qa-1/βm/peptide peak that was collected as a monomer and stored at −80°C before conjugation with streptavidin-phycocerythin or streptavidin-allophycocyanin to form tetramers prior to each use.

Enrichment for tetramer-positive cells. Single-cell suspensions from spleen and LNs of cCII-immune B6 mice were incubated with anti-CD8α, anti–TCR-β and PE-labeled Qa-1 tetramers for 30 minutes at room temperature followed by sorting for tetramer-positive and tetramer-negative CD8αTCR-β cells on a BD FACSaria cell sorter (BD Bioscience). Sorted cells were incubated with IL-15C (10 ng ml−1) for 10 days before further enrichment of tetramer-positive cells as described (10). Briefly, cultured cells were washed and incubated with PE-labeled Qa-1 tetramers for 30 minutes at room temperature followed by washing and resuspension in sorter buffer. Anti–PE microbeads (Miltenyi Biotec) were added to each sample and incubated for 15 minutes at 4°C. Cells were washed, and PE-labeled cells were isolated by passage over an LS magnetic column (Miltenyi Biotec) followed by reanalysis of tetramer staining and adoptive transfer.

Statistics. Statistical analyses were performed using 2-tailed Student’s t test or Mann-Whitney test for comparison of 2 conditions. Error bars denote mean ± SEM. A P value of <0.05 was considered to be statistically significant.
Study approval. All experiments involving vertebrates were performed in compliance with federal laws and institutional guidelines and approved by the Dana-Farber Cancer Institute Animal Care and Use Committee.

Acknowledgments

This work was supported in part by NIH research grant AI 037562, a collaborative research agreement with NovoNordisk A/G, and a gift from the LeRoy Sherrer Research Foundation to H. Cantor; and a Swedish Research Council Award and VINNMER—Marie Curie international qualification (VINNOVA, 2011-03458) to X. Wang. J.W. Leavenworth is an National Research Service Award fellow (T32 CA070083); X. Tang is an NRSA fellow (T32 CA009382); H.-J. Kim is a scholar of the Arthritis National Research Foundation. We thank C. Schellack Wenander for critical reading and insightful comments and A. Angel for manuscript and figure preparation.

Received for publication September 18, 2012, and accepted in revised form December 13, 2012.

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