# Tolerance - 2. Regulatory T cells; why tolerance fails

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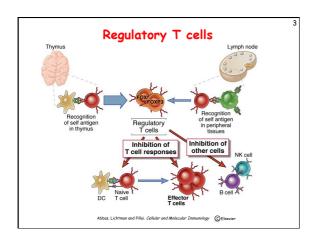
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# Lecture outline

- Regulatory T cells: functions and clinical relevance
- Pathogenesis of autoimmunity: why selftolerance fails
- Therapeutic approaches for immunological diseases



Properties of regulatory T cells

 Phenotype: CD4+, high IL-2 receptor (CD25), low IL-7 receptor, Foxp3 transcription factor; other markers

 Significance: Foxp3 mutations --> autoimmune disease (IPEX); in mice, disease can be corrected by providing normal Foxp3+ cells

 Common autoimmune diseases may be associated with defects in or resistance to Tregs; inconclusive evidence

Take home messages

Populations of Tregs

- · Thymic (natural)
  - Induced by self antigen recognition during T cell maturation
- · Peripheral (adaptive)
  - In response to antigen exposure in the periphery; contribution to preventing inflammatory disease?
- · Induced (in vitro; sometimes called Tr1)
  - Culture with TGFβ + IL-2; therapeutic options
- There are no reliable markers for distinguishing these Tregs in a "bulk" population

Mechanisms of action of Foxp3+ Tregs

- CTLA-4 on Tregs removes B7 on APCs, reduces CD28 engagement and T cell activation
  - Genetic deletion of CTLA-4 in Foxp3+ cells results in severe systemic autoimmunity and lymphoproliferation
- Inhibitory cytokines produced by Tregs (TGF-β, IL-10, others?) suppress immune responses (DCs, Macs, T cells)
  - IL-10 deletion in Foxp3+ cells results in colitis
  - IL-10 is also produced by Foxp3- cells
- · Consumption of IL-2

The life history of regulatory T cells: the concept of regulatory memory				
Thymus (C	Naïve Regulatory T cell 104+CD25+Foxp3+)	Activated	Memory Regulatory T cells	
		(CD4+CD25+Foxp3+ CTLA-4+)	(CD4+CD25+Foxp3+CTLA-4+ CD44+CD127+)	
	Lymphoid organ	Lymphoid organ and peripheral tissue	Peripheral tissue	

## Regulatory memory

- Inflammation is followed by the activation and generation of Tregs
- Some of these Tregs survive as memory cells in tissues and suppress subsequent inflammatory responses
- · Implications:
  - reduced disease flares with chronic or repeated antigen exposure?
  - defect in regulatory memory underlies chronic or remitting/relapsing autoimmune disease?
  - role in peptide-specific immunotherapy (desensitization)?

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 In evolution, the ability to stably express FoxP3 in peripheral Tregs coincides with placentation (Rudensky lab, Cell 2012)

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- Paternal antigens expressed in the fetus induce long-lived (memory) antigenspecific Tregs
- Replacement of fetal antigen-specific Tregs with polyclonal Tregs in mice results in fetal resorption (SS Way lab, Nature 2012)

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# Role of memory Tregs in fetal tolerance

- In evolution, the ability to stably express FoxP3 in peripheral Tregs coincides with placentation (Rudensky lab, Cell 2012)
- Paternal antigens expressed in the fetus induce long-lived (memory) antigen-specific Tregs
- Replacement of fetal antigen-specific Tregs with polyclonal Tregs in mice results in fetal resorption (SS Way lab, Nature 2012)
- · Anatomic restriction of immune regulation?
- Role in humans? Are defects in regulatory memory the basis of recurrent fetal loss?

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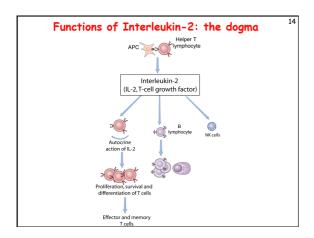
## Regulatory T cells

- Explosion of information about the generation, properties, functions and significance of these cells
- Will cellular therapy with ex vivo expanded Treg become a reality?
- Therapeutic goal: induction or activation of Treg in immune diseases

Take home messages

# The therapeutic potential of regulatory T lymphocytes

- · Cell transfer of autologous Tregs to suppress immune responses
  - Grow up patient's Tregs ex vivo
  - Ongoing clinical trials show it is safe, and has some (modest) benefit
- · Challenges:
  - Non-specific immunosuppression
  - Stability of Tregs
- Administer antigen or antigen mimic in ways that preferentially induce Tregs?
  - Weak stimulus (peptide antigen, anti-CD3); + IL-2?



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# The unexpected biology of IL-2

- Interleukin-2 is the prototypic T cell growth factor (TCGF), required for initiating clonal expansion of T cells in response to antigen
- Prediction: what will be the consequence of eliminating IL-2 or the IL-2 receptor?

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# The unexpected biology of IL-2

- Interleukin-2 is the prototypic T cell growth factor (TCGF), required for initiating clonal expansion of T cells in response to antigen
- BUT: knockout of IL-2 or the  $\alpha$  or  $\beta$  chain of the IL-2R results not in immune deficiency but in systemic autoimmunity and lymphoproliferation

Induction of immune response

Resting (naive) T cell

Costimulator CD28

Regulatory T cells

Expansion and differentiation: effector T cells

Surprising conclusion from knockout mice: the non-redundant function of IL-2 is in controlling immune responses

Take home messages

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# Therapeutic potential of IL-2: a revision

- IL-2 was originally used to boost immune responses in cancer, HIV infection (promoting effector and memory T cells)
  - · Inconsistent clinical results

# Therapeutic potential of IL-2: a revision

- $\boldsymbol{\cdot}$  IL-2 was originally used to boost immune responses in cancer, HIV infection
- IL-2 treatment can increase number and functional activity of Tregs
- Low-dose IL-2 used to treat steroidresistant chronic GVHD, vasculitis

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# Therapeutic potential of IL-2: a revision

- IL-2 was originally used to boost immune responses in cancer, HIV infection
- IL-2 treatment can increase number and functional activity of Tregs
- The challenge: IL-2 activates both effector and regulatory T cells
  - Forms of IL-2 that preferentially activate one population
  - Combination therapy with agents (e.g. rapamycin) to block effector responses and preserve Tregs

Regulating immune responses: where are we?

- Elucidating the mechanisms of immune regulation is one of the dominant themes of modern Immunology; obvious relevance to immune-mediated inflammatory diseases, therapeutics, vaccines
- · Already leading to new therapeutic strategies
- Continuing challenge is to establish the importance of control mechanisms in the development of inflammatory diseases

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### **Autoimmunity**

- Definition: immune response against self (auto-) antigen, by implication pathologic
- Much of our knowledge of immunological disorders is based on mouse models
- Elucidating the causes of these diseases has been a challenge
  - · Initiating triggers generally unknown
  - Complex interactions between genes and environment
  - Unclear which mechanisms of tolerance fail in any disease

# Genetic susceptibility Reaction to environmental stimuli Susceptibility Reaction to environmental stimuli Tissue injury and inflammation Activation of tissue APCs Failure of self-tolerance Activation of self-reactive lymphocytes Self-reactive lymphocytes Tissue injury: autoimmune Tissue injury: autoimmune Tissue injury: autoimmune

## Genetic basis of autoimmunity

- Multiple genes are associated with autoimmunity
  - Most human autoimmune diseases are multigenic
  - Single gene defects reveal pathways of selftolerance and why it fails (e.g. AIRE, Fas, Foxp3, many others) but are not involved in most, common autoimmune diseases
- · Genes include HLA, many others
  - Each gene individually makes a small contribution
  - Little predictive value

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Genetics of autoimmunity: challenges Relating complex genotypes to phenotypic and functional abnormalities, to better understand pathogenesis Complex interactions between genes and environment, often difficult to define Predictive value of genetic polymorphisms
 Unlikely because of low odds ratios Using polymorphisms to identify therapeutic targets - Difficult because any one gene makes a small contribution 26 Infections and autoimmunity  $\cdot$  Infections trigger autoimmune reactions - Clinical prodromes, animal models - IBD is dependent on gut commensals · Some autoimmune diseases are prevented by infections (type 1 diabetes, multiple sclerosis, others? -- increasing incidence in developed countries): mechanism unknown - The "hygiene hypothesis" · The role of the microbiome?

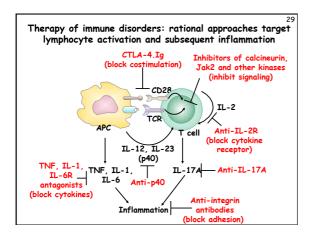
Other environmental influences

- · Hormones
  - Gender bias of autoimmune diseases
  - Mechanisms still not defined
- · UV exposure
  - SLE

### Autoimmune diseases

- Experimental models are revealing pathways of immune regulation and why it fails
- Improving technologies for human genetic and phenotypic analyses are enabling studies of patients
- · Challenges:
  - Defining which mechanisms of immune tolerance fail in different autoimmune diseases
  - Using this knowledge to develop therapies

Take home messages



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# Molecularly targeted therapies for immunological diseases: the rational approach

- Target the molecular basis of lymphocyte activation and effector functions: rationally designed therapies
  - Based on understanding of lymphocyte biology
  - Risks -- reactivation of infections
- Induce antigen-specific immunological tolerance: requires identification of target antigens
  - Being tried in MS, type 1 diabetes (in which the major autoantigens are known)
  - Based on successes in allergic diseases

# Understanding autoimmunity

- Animal models have limited value for understanding etiology and pathogenesis of human diseases
  - They are invaluable for studying mechanisms and for discovery research
- · Need technologies for studying patients
- Emphasis must be on antigen-specific immune responses